

MINUTES

Opioid Advisory Group Kickoff Meeting

522 Coffman, Longmont Colorado
Thursday, December 15, 2016
1400-1600 (2-4pm)

Attendees:

Name	Agency
Safety (Law enforcement, fire, jail, coroner)	
Dustin Bueno	Boulder County Coroner's Office
Chief Greg Testa	Boulder Police Department
Kurt Johnson	Boulder Police Department
Jeff Goetz	Boulder County Sheriff's Office (BCSO)
Melanie Dreiling	Boulder County Sheriff's Office – Jail (BCSO)
Stan Garnett	District Attorney
Catherine Olquin	District Attorney's Office
Scott Emerson	Lafayette Police Department
Chief Mike Butler	Longmont Public Safety
Jeff Satur	Longmont Police Department
Kay Armstrong	Longmont Public Safety
Clinical	
Richard Estep	American Medical Response (AMR)
Kira Gressman	American Medical Response (AMR)/ Boulder County Public Health (BCPH)
Dr. Chris Urbina	Boulder County Public Health (BCPH)
Dawn O'Keefe	Emergency Department RN
Aaron Poole	Retail pharmacy
Dr. John Stanton	Salud Family Health Center
Treatment	
Karen Elias	Alkermes plc
Paul Egan	Behavioral Health Group (BHG)
Sarah Parece	Behavioral Health Group (BHG)
Kristin Kelley	Behavioral Health Group (BHG)
Michele Ryan	Behavioral Health Group (BHG)
Jessica Berring	Mental Health Partners (MHP)
Parker Smith	Northstar Transitions
Fatina Cannon	Northstar Transitions
Mike Ferrel	Northstar Transitions
Corey Candelaria	Options Treatment
Schools	

Stephanie Faren	Boulder Valley School District (BVSD)
Rebecca Millett	St. Vrain Valley School District (SVVSD)
Prevention	
Lee Scriggins	Boulder County Public Health (BCPH) – Community Substance Abuse Prevention
Marcy Campbell	Communities that Care (CTC Grant) - Lafayette
Marnie Copeland	Healthy Futures Coalition
Patty Brezovar	Boulder County Public Health (BCPH)
Colt Smith	iThrive/Alternatives for Youth
Kelsie McQuinn	iThrive/Alternatives for Youth
Policy	
Arthur Way	Drug Policy Alliance
Robert Valuck	Colorado Consortium for Prescription Drug Abuse
Whit Oyler	Colorado Consortium for Prescription Drug Abuse
Carol Helwig	The ‘Works Program’ Syringe Access Site
Environmental Disposal	
Shelley Fuller	Boulder County Resource Conservation Division
Community	
Melissa Pruitt	Boulder County Area Agency on Ageing
Bill Sweeney	BOHO
Robert Hastings	Public citizen
Backbone Support	
Indira Gujral	Boulder County Public Health (BCPH)
Jamie Feld	Boulder County Public Health (BCPH)
Lauren Marek	Boulder County Public Health (BCPH)
Talia Brown	Boulder County Public Health (BCPH) - Biostatistician

Call to Order and Welcome – Jamie Feld, Epidemiologist, Boulder County Public Health

- Introducing members of Boulder County Public Health team (Carol Helwig, Indira Gujral, Lauren Marek, Marnie Copeland)
- Sharing [Colorado Drug Overdose Death Rate](#) by Colorado Health Institute
- [CDPHE data](#) on overdose rates in Colorado
- [CDC Data on Prescription Opioid Overdose Deaths Nationwide](#)
- 21st Century Cures Act signed with bi-partisan support on December 13th. 92-2 in Senate, 407-5 in House. Addresses the opioid epidemic nationwide.

Successes:

- Many partners attended Overdose Awareness Day, August 31st, 2016 – over 100 individuals in attendance, 6 media outlets
- Angel Initiative and Police Assisted and Addiction Treatment Program (PAARI) announced on August 31st. Longmont is seeking Angels and volunteers.



- City of Boulder Police Department for first law enforcement in state to carry naloxone
- Mental Health Partners for role in addressing this issue – meeting on treatment earlier in the day; Ann Noonan for facilitating access to naloxone
- Boulder County Sheriff's Office – Jail
- Support by District Attorney, Stan Garnett
- [Colorado Consortium for Prescription Drug Abuse](#) has over 9 workgroups and 250 partner agencies. Reach out to Rob Valuck or Whit Olyer (attending today) to get involved.

Additional Work:

- Hazardous Waste envelope program and sheriffs headquarters reinstated takeback program
- [Website](#) highlights disposal in Boulder County
- Lots of other work by many people not yet mentioned

Indira Gujral- Division Manager for Communicable Disease

Part 1:

- Introduction of all individuals present
- Please see list above of all community members – if name not listed, please let us know

Part 2: What do you see is your role in addressing the opioid issue in Boulder County?

Below are responses organized by various sectors:

Public/Patients:

- Advocacy for people with chronic pain. Their suffering is compounded by the lack of nuance and current harm reduction policies
- A message that ignores chronic pain patients, advocating for patients who are under prescribed and not getting treatment they need.

Healthcare:

- Alternative treatments for chronic pain other than pain medication (western medicine).
- Breaking down stigma amongst colleagues on what addiction is. Promoting the use of naran.
- Work with individuals who are abusing opioids, in a way that integrates them back into the community.
- Stigma against medically assisted treatment. Education to providers.
- Providers are afraid of overprescribing, getting their license taking away, killing a patient.
- Barriers include policy, stigma.
- Pharmacy: Identify fraudulent prescriptions.

Law Enforcement:

- Need to rethink how law enforcement addresses addiction.
- Provide education and treatment options as well as assistance upon release. Reaching out to existing systems already in place.
- Protect, prevent, and provide intervention services.
- Education, prevention, and diversion for some. Distribution, detection, and arrest for others. Addressing at two different levels.



- Public safety has a platform to change the conversation in communities surrounding addiction. Eliminating stigma stems from entire community. Law enforcement can create a new conversation surrounding this issue.
- Decreasing fear that a lot of clients have about calling 911.
- Jail: Identify clients who abuse drugs while also ensuring they are having a safe withdrawal process.

Schools:

- Addressing youth through prevention and education.
- Providing education to both parents and staff on emerging trends and behavioral support.
- Providing protective measures for youth to help mitigate childhood trauma and prevent post-traumatic stress that may lead to increased drug use. Community based projects to help create protective work.
- Providing opportunities for young people to be involved in their community (low cost, after school activities)
- Alert and educate elected officials on current state of opioid epidemic.

Treatment:

- Difference between medically assisted treatment and injecting heroin. Addressing misinformation and myths surrounding methadone.
- Addiction is a brain disease and not a character defect.
- Reducing stigma and rearranging the rhetoric surrounding the discussion of people who inject drugs.
- North Star Transition Center: Working on affecting policy change. There are barriers around development of treatment facilities and shelter for homeless individuals. Provide resources for those who are seeking treatment and reward questioning clients with proper direction.
- Giving people the opportunity to get connected into their community.

Harm Reduction:

- Advocate for better drug policies and include the voices of drug users.
- Reducing stigma and being accepting of all people seeking services.
- Continuing to find revenue streams from marijuana cash fund.
- ARC has busiest site, even though they are detox and in close proximity to the jail. Connecting detox with harm reduction.

Systems perspective for a person experiencing pain – Dr. Chris Urbina

- Everyone experiences pain. Self-medicate through having a drink, talking to a friend, waiting for pain to go away. May access healthcare system depending on severity of pain.
- For those who don't have health insurance, you may find pain medication through alternative means (criminal aspect).
- People with no job, no money, no family support, are left to go into and out of the jails (system) in order to get any support.
- Negative media messages need to change in order to talk about the issues of not having housing, transportation, financial stability.

- Prevention, harm reduction, treatment, safety and law enforcement.
- Not all drug users start because they are in pain, but more experimentation.
- Individuals interact with multiple systems that can either promote or inhibit their drug use.
- The system itself drives people to an isolated and underground, stigmatized system that is criminal by design
- Treatment for chronic pain becomes blurred with treatment for opioid addiction.

Law enforcement perspective:

- Patrol officers on street are not in a position to take action and help people access system. Law enforcements needs to be able to provide access and accessibility to people who need to be more connected to individual systems. Getting people access to help earlier on before they become incarcerated.

Review of Boulder County Opioid Landscape Analysis – Indira Gujral - BCPH

Law enforcement:

- Having a greater awareness of services, a **comprehensive referral list** that can be used by law enforcement, EMS.
- List of treatment providers, their contact information, what insurance they take, that is accessible to the public.
- Referral list not limited to Boulder County but Denver and other counties.
- Angel Program: Collecting list of treatment facilities (100+ providers) from all over the state.
 - Disseminate this referral list to ALL community partners
- Treatment available for families or groups
- Presentations to law enforcement, fire, and other first responders on risk with synthetic opioids.
- Fentanyl exposure, need for PPE when dealing with synthetic opioids.
- Knowing and understanding value of 12 step programs.
 - -Drug that law enforcement most commonly sees is alcohol, meth being second. Hence need for 12 step program referral.
- AMR: More education on the nature on pain. Doing a thorough assessment on who is actually in pain.
- Education on provider burnout, defining what is success in a typical day.
 - -Law enforcement getting burned out after working with difficult cases.
- Mental health and substance abuse are intertwined because of self-medication. Takes time to differentiate from mental health issue and addiction because patient must detox first. Mental health treatment available when person leaves the jail. Follow up, community involvement so people are getting treatment when they leave the jail, therefore not coming back (cycle of abuse).
- Wanting to build mental health and addiction treatment in close proximity to the jail.
- Missing academic institutions, DEA in response.

Harm Reduction Policy:

- Lack of drug user voices
- Not a lot of funding for wrap around services

- More funding for harm reduction services, expanded qualifications for people who can provide counselling
- Expand access for those seeking treatment
- Process of getting into treatment facilities (barriers through transportation, phone call tree)

Clinical

- Narcan is being given to clients who identify with opioid abuse disorder
- Strong measurement for pain and tolerance (how can medical personnel figure this out?)
- Increase knowledge for doctors and nurses about addiction and opioid prescribing
- More treatment providers within Boulder County. Not enough beds to meet the demand. Medicaid doesn't cover residential level care.
- JACO (Joint commission to come in and accredit hospitals)
- PDMP is a gap because not all doctors are using the PDMP. It slows their workload down. All pharmacies must submit controlled substance scripts. Doctors do not want pharmacists questioning their prescription.
- PDMP doesn't control where the source of drugs is coming from. Colorado does NOT have mandatory PDMP training. 33 states do have mandatory checking in the US.
 - **Opioid work group should support mandatory checking as a coalition**
- Trauma informed language in EDs. Stigma is an issue in ED.

Education:

- Gaps identified: The value of health and health services is not always understood by administration.
- Social emotional learning needs more resources (not enough counsellors or school nurses)
- Identifying affected children early and getting them the support they need so they don't turn to drugs.
- Students are under high stress at high performing schools. Not enough focus on high achievement stress and how that affects substance use.
- Support for students through after school activities. Pro-social activities.

Public:

- Chronic pain patients are treated like criminals when they actually need proper treatment
- Negative media attention is not supporting people in chronic pain.
- Same people end up turning to alcohol or other medications in order to treat their pain.
- Need more public and policy advocacy.

Final thoughts:

- We need greater representation from the following: judicial system, drug courts, CU, media and community.
- We will continue to spin our wheels unless we involve community.
- Agreement by group that media would be desired to be invited to future meetings. If anyone does not agree, please send us feedback.

Upcoming Opioid Prescribing Information Dinner:

- 'Moving from What to How: Practical Tools for Safe and Effective Opioid Prescribing for Chronic Pain' – **Thursday, January 19th, 2017, 5:30-8:30pm**, Boulder County Clerk and Recorder Office , Houston Room, 1750 33rd St. in Boulder
- Register at <https://opioidrx.eventbrite.com>