

Boulder County Substance Use Advisory Group Meeting

Wednesday, March 20th, 2019

9:30-11:30 am

Norton Rooms, 3842 Broadway

Meeting Goals

- Support each other and network
- Expand knowledge surrounding meth usage

9:30 Welcome and Introductions

9:45 Panel of Speakers Regarding Methamphetamine Use in Boulder County

Matt Sundeen Strategic Initiatives Manager, City of Boulder

Jeff Satur Deputy Chief, Longmont Police Services Division/Angel Initiative

Sarah Buss Supportive Housing Programs Manager, Boulder County HHS

Sara Boylan Major Contracts Manager, Boulder County HHS

Jackie Blachman-Forshay Epidemiologist, Boulder County Public Health Works

Mila Long Recovery Community Representative, Peer Recovery Coach

City of Boulder

- Presentation made to city council in October addressing growing meth use in Boulder County
- City manager initiated city-wide work group to address this issue
 - Smaller work group to develop recommendations related to meth use
 - BCPH will be mapping out resources in community
- Complaints about syringes seen in public; a recommendation was created surrounding clean-up
 - Concerns among people experiencing homelessness that these complaints of needle litter are justifying the search of encampments
 - Hard to trace meth usage specifically when looking at general needle litter
- Capacity for treatment of meth seems limited based upon knowledge so far of existing resources

Basics on Meth/ BCPH's Works Program

- Methamphetamines can be used in prescribed and non-prescribed contexts
 - Prescription version of methamphetamine called Desoxyn, which is used to treat ADHD and is sometimes prescribed to obese patients to assist with weight loss.
- Not addictive from first use; dependency and/or addiction built up from repeated uses
 - Methamphetamine does not result in an immediate addiction after the first time that someone uses it. Rather, the addiction develops over time and with continued, chronic use
- Meth overdose different than opioid overdose
 - Narcan cannot be used to reverse meth overdose
 - However, with increase of fentanyl cross-contamination in both heroin and meth supplies, still recommended to try Narcan if possibility that fentanyl contamination could be a factor
- No existing "treatment" for meth (i.e. no MAT equivalent)

- Some doctors have been prescribing amphetamines to help with withdrawal from meth use
- In 2018, 600 individuals completed Works survey on injection practices:
 - 47% reported heroin usage, 53% meth usage, 16% both/together

City of Longmont

- Diversion efforts of Angel Initiative and LEAD have garnered great successes so far
- Angel has had 139 participants in the last two years
 - Of housed participants
 - 38% reported meth addiction
 - 37% reported polysubstance use
 - Participants with unstable housing similar stats
 - Out of those participating in the program for 12 months, there was found to be a 44% decrease in those individuals' contact with police
 - 35% decrease in contact with both police and the fire department for those who have participated in the program for over 12 months
- LEAD, Law Enforcement Assisted Diversion
 - Officers paired with clinicians to work jointly with LEAD participants
- All law enforcement officers are now carrying Narcan
 - Every time an officer uses Narcan, a report is filed; this report is sent to LEAD to try to make contact with the individual at the hospital
- Police Assisted Addiction Recovery Initiative (PAARI) AmeriCorps volunteer now added to team efforts

Housing and Human Services

- If meth is reported being used in unit, appliances have to be removed and replaced
- Smoking meth 1 or 2 times is enough to cause enough damage to unit to necessitate remediation
- Financial Impact on Housing Authorities/Landlords
 - Remediation Costs
 - \$40,000 per unit
 - \$150,000 spent in 2018
 - Inability to convert construction loans to permanent loans (\$100,00/month)
 - 25% increase in insurance premiums
 - Threat of losing insurance coverage all together
 - Vacant units = lost rental income for agency
 - Costs of hotels and food stipends for families during remediation (approx. \$200/day)
- Impact on Tenants
 - Immediate and traumatic eviction with police presence (15 minutes to get out)
 - Instant homelessness
 - Loss of future housing assistance
 - Loss of all possessions, including birth certificates, family photos and heirlooms
 - Owing money to the HA/Landlord – if you use meth in the unit even one time, it equals the cost of a new car
 - FCS & Court involvement

- Next door neighbors may also have to move out
- Impact on Staff
 - Secondary Trauma
 - Immediately and suddenly removing family from their home with little to no warning
 - Police there, prepared for worst case scenario
 - Feeling of kicking families out on the street
 - Lock-outs are very traumatic

Family Services

- Proportion of Withdrawal management Episodes by primary drug July 2017-march 2018
 - Meth 8% (137 cases)
 - Heroin and other opiates 6% (98 cases)
- Number of Parents in Family Court cases involving substance abuse by type of drug used in Boulder County Jan-Oct 2018
 - Meth 55% (34 cases)
 - Heroin 23% (14 cases)
- Services/resources for families in child welfare:
 - Case management
 - Substance Use & Mental Health Treatment
 - Substance Monitoring
 - Life Skills
 - Family therapy
 - Community Infant Program
 - Special economic assistance
 - Attorneys and Guardians at litem
 - Housing assistance
 - Bus passes/gas cards
 - Foster or Kinship care
 - Therapeutic or supervised visitation
 - Evaluations
 - Family group decision making
 - Kinship support
 - Limited access to in-patient drug tx
- High rates of parents having their parental rights terminated; Babies taken into custody
- Possible solutions?
 - Public health mapping; getting creative about using resources for “treatment”

Experience in Recovery

- Started using meth as a supplement to wean off of opioid addiction
- Was prescribed amphetamine by doctor, which helped in recovery process
- Reasons people use meth:
 - Energy
 - Weight loss; causes lack of appetite
 - Sexual stamina; STIs spreading among this community
 - To supplement opioid withdrawal

- Tool for survival among homeless population: stay warm, stay awake
- 7 stages of Meth Experience:
 1. Rush
 2. The high
 - Will feel smarter/false sense of confidence, delusions, fixations, agitations, paranoia
 3. Binge
 - Attempting to maintain high to avoid coming down; can last 3-20 days
 4. Tweaking
 - Hallucinations; can become disconnected from reality
 5. Crash
 - Body shuts down, lifeless, extended sleep
 6. Hangover
 - Can't move; failure to function without dose
 7. Withdrawal
 - Delayed withdrawal can happen: get through hangover, but withdrawal can hit later (up to 90 days post use)
 - 93% will relapse

10:20 Questions for Panelists

- What does treatment for meth look like? Leveraging current resources, without option of MAT
 - Building real supports: extended stay, family support systems, therapy for mental health pieces
 - Housing first model: getting people in a stable, safe place to then be able to work on reducing substance use
 - Housing-first models exist in Boulder County, but current ones are full
 - These programs can exclude meth users (because of risk for remediation of housing)
- Front Range clinic in Longmont now using amphetamines to help treat people with meth addiction (will be coming to April LEAD meeting to discuss this)
- Any evidence to support Colorado's extreme remediation efforts?
 - A two-part problem: levels themselves vs. continued exposure
 - Code needs to be reexamined

10:40 Survey Results on New Name Tagline

- Presented top 3 results based upon survey votes received
- Concern that some options were too ambiguous; want to designate ourselves as a group with illicit substance focus
- Final decision will be made by the steering committee as top options were very similar

10:45 Agency and Community Announcements and Updates

Representative Singer's Office

- Bill updates

Salud

- Now have 8 providers trained to assist with SUD treatment

CU Boulder

- Drug take-back event this afternoon at CU Boulder

Colorado Consortium

- April 10th Friends and Family event: focus on opioids, sharing of personal stories
6:15-8:30 pm at CU Anschutz Medical Campus

11:00 Break into Work Groups

Individual work group meeting time

11:30 Optional Networking Time

Next meeting:

- Agreement on Group Norms
- Presentations TBA