9:30 Welcome and Introductions

Update on Opioid Litigation

Heidi Williams Director of Opioid Response, Colorado Attorney General's Office
John Feeney-Coyle Senior Assistant Attorney General, Colorado Attorney General’s Office
opioids@coag.gov

- Reached a settlement with McKinsey (consultant of Purdue Pharma) and $10 million dollars will be coming to Colorado. Unclear of how this money will be divided up between jurisdictions at this point.
- Committee made up of local attorneys to develop MOU between state and local governments
- Any type of opioid abatement is allowed by opioid settlement funds
- Purdue bankruptcy is currently in bankruptcy court
- Settlements currently being negotiated with Johnson & Johnson and 3 large distributors, McKesson, Cardinal Health, and AmerisourceBergen
- Exact amounts that local jurisdictions will get are not confirmed yet; hoping to finalize numbers soon
- Heidi has been doing outreach throughout the state to assess unique situations of local jurisdictions with stakeholders in those areas; wanting to address these issues equitably
- Core principles for All Colorado Plan Agreement:
  - Maximize settlement funds
  - Utilize existing infrastructure to the extent possible
  - Ensure equity for all local governments
- Boulder County applying as its own region (19 regions total)
- State Opioid abatement Oversight Council
  - 6 local government appointees
  - 6 Attorney general appointees
  - Chair (will be non-voting)
- Proposed regional governance *should be having conversations about what Boulder County wants their regional governance structure to look like
  - Voting members:
    - 1 county commissioner
    - 1 rep by rotating city within each county (mayor or city council member)
    - 1 rep from public health department
    - 1 rep from housing and human services
    - At least 1 law enforcement rep (Sherriff, police, DA)
    - 1 rep from municipal or county court system
  - Non voting members:
    - Behavioral health care providers
- Health care providers
- Recovery/treatment experts
- Other county/city representatives

- Money will not be coming all at once; possibly distributed in increments over 2 decades
- Contact Heidi, Heidi.Williams@coag.gov or John, John.Feeney-Coyle@coag.gov
- Contact David Hughes, Deputy Boulder County Attorney dhughes@bouldercounty.org
- To sign up for newsletter which will give periodic updates on opioid settlement process: www.coag.gov/opioids

- How will the Attorney General’s office be contacting regional folks about who to select for the governance committee?
  - County commissioners and their attorneys, mayors, Colorado counties, Colorado municipal league, CCAT will all be advised and aware of what’s happening with the MOU
  - AG’s office will be doing a roadshow to have all local governments sign on when finalized. Need all local governments to sign onto MOU to double the amount of money we can receive.
  - Contact county elected officials and express your interest in serving on the governance committee

9:50  Upcoming COVID-Adapted Recovery Programming
Sober AF Entertainment
Louis Piotti  Operations Director, Sober AF Entertainment
https://www.soberafe.com/

- Host sober sections at music festivals, concerts and sporting events with educational component
- Different types of live stream events on Twitch during the pandemic
  - 3 live streamed music festivals, specifically trying to impact the electronic music scene; viewed by 40,000 people
  - Hybrid event down in Tampa with Aftershock and White Sands Treatment Center, streamed to 1500 people across US and Canada for a Buccaneers game
- Upcoming events:
  - June 18th Rockies game, 1000 tickets reserved. Tickets will be on sale on Rockies website and/or Sober AF link at a discounted rate
  - USC at CU game on October 2nd with CRCs in Colorado
  - Country jam/music festival later in the summer
  - Future partnering with Red Rocks
- Project 72 launching this fall, named to honor the 72,000 people who passed from fatal overdose in 2019
  - Working with CRCs, RCOs, treatment centers to host their own sober tailgates
  - Offering support/event management for these organizations to facilitate social connections post-COVID. Wanting to build these positive social connections back.
- Booths available for partner organizations to come and table
- Events provide education and building awareness along with social connection aspect
- Wanting to partner with organizations offering peer specialists to get opinions/refine the way their events cater to needs of this community
- Wanting to partner with other organizations to build a full comprehensive continuum of how this organization interacts with the community and strengthens social supports
- Expanding outside of Colorado region to meet demand and further these conversations
- Contact Duke, duke@soberafe.com

The Phoenix
Dan Hugill Peer Recovery Coach, Colorado Peer & Family Specialist, Fitness Instructor
https://thephoenix.org/

- Sober active community for people in recovery or any person who would like to be committed to a sober lifestyle
- Only requirement is to be 48 hours sober, all programming is free
- ‘First visit’ tab on website will help you view classes and enroll easily
- Wide variety of sober active options: indoor and outdoor classes, trips to Moab, art classes, meditation
- In person classes as well as live streams
- Expanding volunteers to teach classes and/or lead events; access volunteer platform on The Phoenix website
  - Looking for volunteers within the state but also outside of Colorado
- Programming present in 43 cities and 23 states
- 2 peer specialists so far in organization (Dan Hugill in Colorado Springs and Richard Falls in Denver) but looking into providing peer training for more staff
- Any classes for youth under 18?
  - Some events are family friendly, will require adult/guardian to be with child
  - Hoping to expand options for youth
- Contact Dan, dhugill@thephoenix.org

10:20  State Legislative Update
Summer Laws, MPH  Policy Analyst, Boulder County Commissioner’s Office

Major bills being followed this session:
- **HB21-1012 Expand Prescription Drug Monitoring Program**
  - In appropriations to determine fiscal allocation; not currently scheduled
  - Only minor amendments made
- **HB21-1276 Prevention of Substance Use Disorders**
  - Recently introduced, brought back from last year’s session where Governor Polis ultimately vetoed it (said he would veto any bill with a health benefit requirement because he wants to keep healthcare costs low)
  - This version should be stronger and make it through
  - Reach out to Rep. Chris Kennedy for input on this bill
- **SB21-011 Pharmacist Prescribe Dispense Opiate Antagonist**
  - Some opposition from pharmacists that this bill is being run by pharmaceutical industry
- Bill has been moving forward since first discussion
- **SB21-137 Behavioral Health Recovery Act**
  - Largest bill being put forward this session
  - Restores almost $20 million in funding that was cut from behavioral health legislation last year due to cuts/reallocations for COVID Recovery funds
  - Sen. Pettersen would like American Rescue Plan Act dollars to be built into this bill
  - Amendments being proposed from counties that would allocate some funding directly to counties to partner with behavioral health/treatment organizations on implementation of services
- Consortium policy resources: contact leg@corxconsortium.org / https://corxconsortium.org/resources/legislature/

**10:30 Benzodiazepine Presentation**

Dr. Alexis Ritvo  MD, MPH  
Assistant Professor of Psychiatry  
Program Director, Addiction Psychiatry Fellowship  
Interim Associate Practice Director UCHealth Outpatient Psychiatry  
Co-Chair of Colorado Consortium Benzodiazepine Action Work Group  
https://corxconsortium.org/work-groups/benzodiazepine/

D.E. Foster  
Host of The Benzo Free Podcast  
Author of “Benzo Free: The World of Anti-Anxiety Drugs and the Reality of Withdrawal”  
Co-Chair of Colorado Consortium Benzodiazepine Action Work Group

- Benzodiazepines fall into two classes, used as sedatives and tranquilizers
- Benzos developed after barbiturates; benzos safer on their own but can becomes synergistic with other drugs like opioids
- Recommended for short term use (2-4 weeks) but most people do continue on a prescription after starting it
- High rise in prescribing of benzos—visits doubled from 2003-2015, mainly in primary care. Speaks to limitations of providing alternatives to sleep, stress and anxiety treatment in the primary care setting.
- Benzos create physical and psychological dependence
- FDA added boxed warning about risks of benzo use (even when taking as prescribed)
- Concern comes from how frequently we see benzos co-prescribed with an opioid
- Risk of opioid overdose increases 5 fold in first 90 days that someone has co-prescription with benzo
  - Concerned about fluctuating use, stopping/starting affects tolerance
  - Need to do better job of promoting/co-prescribing Narcan to patient and/or family member/friend/roommate for this reason
- Alone benzos don’t contribute to as much overdose
- Increased risk of suicidality and self injury behavior, mainly from prescribed benzos
- Most misuse is not from patient being prescribed benzo. Individuals are getting these from a friend/family member or being bought off the street
- Reasons for misuse: mostly to relieve feelings of tension or help with sleep
- Physical dependence (tolerance and withdrawal) alone is expected with regular prescription and is not addiction
- Indications of addiction/Substance use disorder: loss of control, cravings, consequences (social, recreational, occupational, physical, psychological)
- Best practice is not reducing patients or cutting them off too quickly
- Encouraging not withholding addiction treatment/MAT for OUD when there's an active Benzo script
  - From a harm reduction perspective, we can manage the risk much better with them on prescription drugs rather than illicit forms
- Designer/manufactured benzodiazepines (like etizolam) starting to appear in market
- Web resources on emerging designer benzos:
  - ‘PsychonautWiki’ web resource
  - https://benzo.tripsit.me
  - National Drug Early Warning System
- Urine drug testing
  - Pay attention to sensitivity of UA screen; there is cross-sensitivity
  - Use to help inform treatment in positive way
  - Know how to order confirmation due to cross sensitivities picking up on different things
- 30% of opioid overdoses in 2019 involved a benzodiazepine based on CDC data
- Need more supports for individuals with physical dependence on benzos but who face different symptoms than those with misuse/addiction
- Contact D, foster@easinganxiety.com
- Contact Dr. Ritvo, alexis.ritvo@cuanschutz.edu
- Additional resources:
  - www.benzo.org.uk/manual (Ashton manual, discusses slow tapering and accepted weaning practices)
  - www.benzoinfo.com
  - www.benzoreform.org
  - www.easinganxiety.com

Questions:
- Where can individuals turn who are having difficulties with a provider in hearing their concerns on benzo use?
  - Consortium benzo work group looking at ways to improve provider education (future deprescribing/tapering clinic; peer support component)
  - Visit BIC and Alliance guidance for best practices
  - People should feel empowered to seek alternative consultation for a second opinion
  - Can be more difficult to discern when someone has a severe anxiety disorder and also an addiction history with a different substance (that's when consulting addiction psychiatry and addiction medicine is more important)
  - Accessing peer coaching/peer support networks (listed on BIC and D Foster’s websites)
- Important that we acknowledge symptoms of dependence and validate someone’s experience
- Within healthcare there are Alternatives to Opioid (ALTO) models - is there Alternatives to Benzo models? or do you see it starting to get grouped into ALTO practices?
  - Not a similar model yet, need to develop it
  - How to we integrate counseling skills, etc into clinical practice goes hand-in-hand with this concept
  - More challenges to get in with a counselor/psychiatrist (long wait lists, etc)
  - Needs to be tackled from policy level as well as provider level
  - Polydrug use creates complications on how to proceed with withdrawal and distinguishing between side effects of all prescriptions a patient is on
  - Rapid withdrawal not encouraged; if someone’s provider suggests this encourage the person to get a second opinion, or reach out to listed resources

11:10 Updates and Announcements
The City of Boulder Cannabis Licensing and Advisory Board (CLAB)
- Public hearing on marijuana hospitality establishments Monday, May 3rd starting at 3pm.
  - If you would like to participate in the public hearing, a link to access the meeting will be posted on the CLAB website 5/3/21. Early in the meeting the moderator will ask for those who would like to provide verbal comment during the public hearing to raise their hand (through the Zoom feature – you will need to keep your camera turned off). You will have 2-3 minutes to provide comment, depending on how many other people are participating.
  - The public hearing may take a while, so if you are interested in providing comment, please plan adequate time to participate.

Recovery Café Longmont
- Recovery Café Longmont’s hours: now open Tuesday, Thursday, and Saturday from 12:00 to 3:00pm (no more evening shift).

Boulder County Sheriff’s Drug Task Force
- Seeing some flubromazolam and norfentanyl
- No fatal overdoses from the ones Task Force has observed involving benzos were doctor prescribed (obtained through other means)
- Some overdose hospitalizations experienced over the past week in our county
- Other jurisdictions have had overdose hospitalizations with suspected fentanyl contamination more recently
  - Many of these involved polysubstance use which makes it hard to distinguish source of fentanyl specifically

11:30 Wrap Up