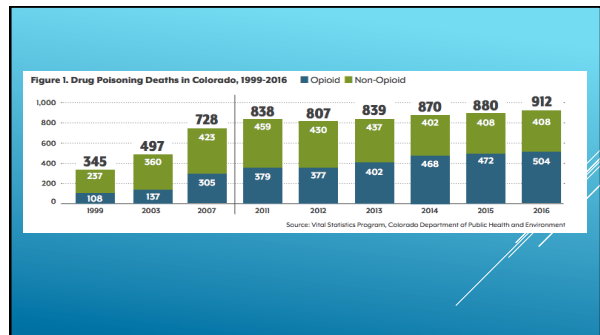
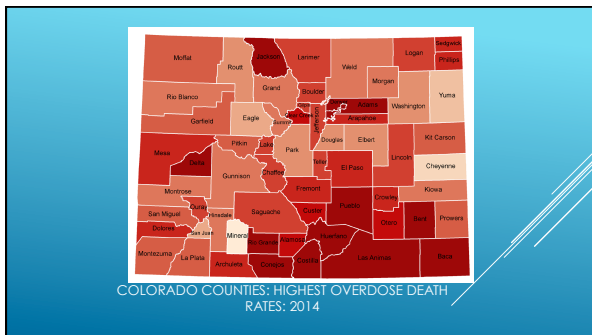
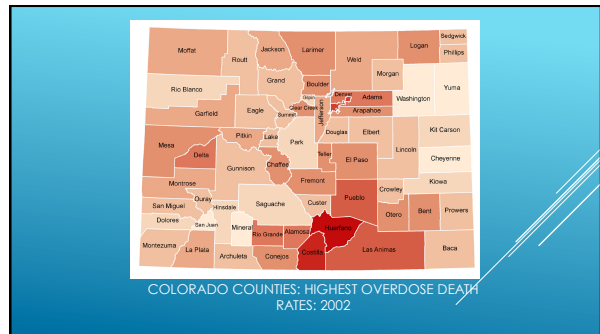
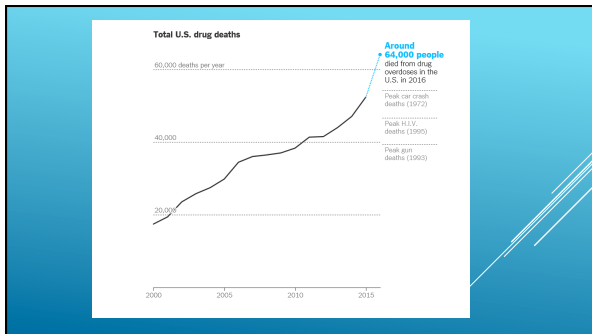
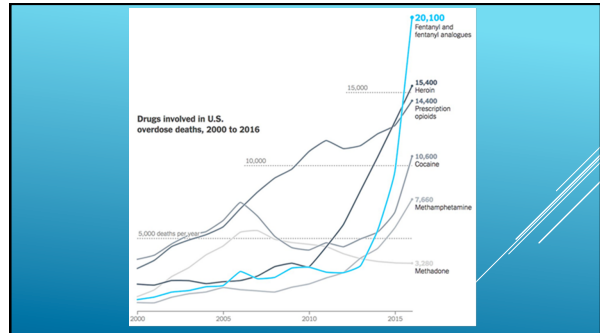
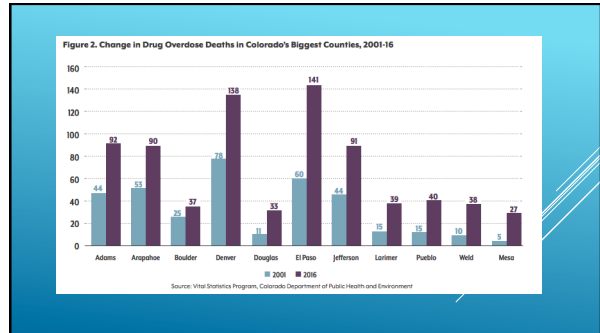
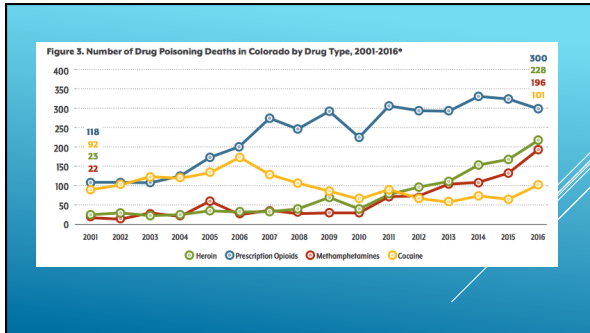


PEOPLE ARE DYING IN YOUR COMMUNITY
 WATCHA GONNA DO ABOUT IT?

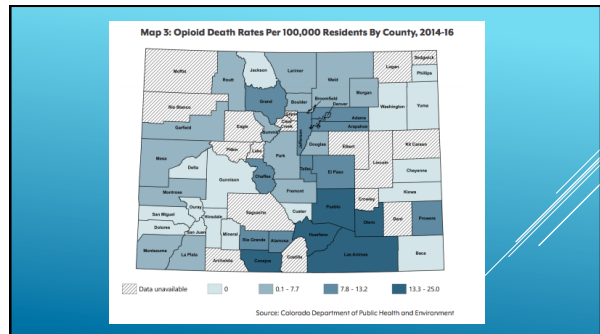
Chief Rick Brandt, Evans Police Department
 Lisa Raville, Executive Director Harm Reduction Action Center





Rank	County	Deaths	Population	Rate
1	El Paso	141	690,207	20.4
2	Denver	138	693,292	19.2
3	Adams	92	497,673	18.6
4	Jefferson	91	571,711	16.4
5	Arapahoe	90	637,254	13.8
6	Pueblo	40	165,109	27.7
7	Larimer	39	338,663	11.2
8	Weid	38	294,397	13.3
9	Boulder	37	321,989	11
10	Douglas	33	328,330	10

Source: Vital Statistics Program, Colorado Department of Public Health and Environment



2017 Overdose Data

Colorado recorded 912 drug overdose deaths in 2016, more than in any previous year. **And new data, while not final, suggest the deaths increased to 957 in 2017.**

That translates to a rate of 16.1 drug overdose deaths for each 100,000 residents, up 83 percent from a rate of 8.8 in 2001.

There are wide variations across Colorado's counties. El Paso County led the state with 141 fatal drug overdoses in 2016, followed by Denver County at 138. Colorado's populous counties, most located along the Front Range, generally have the highest numbers of overdose deaths, reflecting their larger populations.

Huerfano County, with about 4,600 residents, had six overdose deaths in 2016. That's a rate of 152.6 per 100,000, the highest in the state. In fact, nine of the 10 counties with the highest overdose death rates have populations of less than 50,000.

Colorado Health Institute – May, 2018

- ### BREAK IT DOWN
- ▶ Harm Reduction is Pragmatic
 - ▶ Harm Reduction Respects Individuality
 - ▶ Harm Reduction Focuses on Risks and Prioritizes Goals
 - ▶ Harm Reduction Recognizes that Drug and Alcohol Consumption Exists on a Continuum
 - ▶ Harm Reduction is Tolerant and Accepting
 - ▶ Harm Reduction is about Empowerment
 - ▶ Harm Reduction is NOT the Opposite of Quitting

OTHER FORMS OF HARM REDUCTION

- Nicotine gum
- Seatbelts, Airbags
- Designated Driver
- Safety Planning in a domestic violence situation
- Housing first
- Condoms
- Methadone
- Syringe access/exchange programs

THE QUESTION OF ENABLING

"I got into harm reduction to enable people who use drugs. I enable them to protect themselves and their communities from HIV and hepatitis C and overdose. I enable them to feel like they have someone to talk to, someone who cares, someone who respects them and their humanity.

I enable them to ask for help and to help others in turn. I enable them to find drug treatment and health care, to reconnect with their families, to rebuild their lives. And I enable people who use drugs to take personal responsibility for their health and their futures. If that makes me an enabler, I'm proud to claim that term" – Daniel Raymond, [Harm Reduction Coalition](#) (aka, the mothership)

FUN FACTS ABOUT SYRINGE ACCESS PROGRAMS (SAP)

Reduction of Injection-related diseases (HIV, Hepatitis C) and the risk for Injection-related bacterial infections

New York City (1990-2001): reduction in HCV rates from 50% to 15% after SAP implementation

Improvement of Public Safety

In Portland, OR, improper syringe disposal dropped by almost two-thirds after the establishment of SAPs.

Protection of Law Enforcement

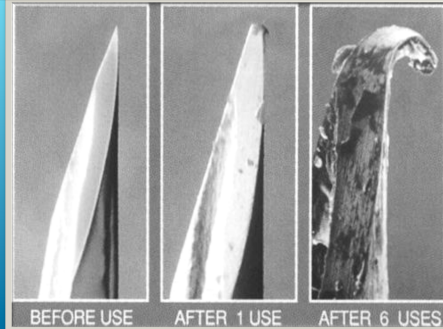
A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing SAPs.

Taxpayer Money Savings

People are living longer with HIV/AIDS; needles cost a dime.

Evidence-Based

SAPs are based on rigorously tested best practices to treat addiction as a health issue, NOT a moral issue.



The number of Coloradans with hepatitis C continues to climb, partly because the opioid epidemic has spurred a rise in people sharing needles and other equipment with infected blood. About 100,000 Coloradans were diagnosed with hepatitis C between 1993 and 2016, according to the Colorado Department of Public Health and Environment (CDPHE), although it is difficult to determine how many still live with it.

About 100,000 Coloradans were diagnosed with hepatitis C between 1993 and 2016, according to the Colorado Department of Public Health and Environment (CDPHE), although it is difficult to determine how many still live with it.

What we do know is CDPHE reported 41 new cases of acute hepatitis C in 2016, up 17 percent from 35 newly reported cases in 2011. Acute hepatitis C is a short-term infection that can, for some, go away without treatment.

Table 1: Top 10 Counties with Highest Screening Rates, per 100,000, 2016

1. Denver	2,586	6. Arapahoe	1,997
2. Gilpin	2,270	7. Adams	1,954
3. Las Animas	2,121	8. Otero	1,888
4. Jefferson	2,021	9. Boulder	1,826
5. Bent	2,008	10. Broomfield	1,818

COLORADO HARM REDUCTION LEGISLATION

Statewide Injection Paraphernalia Exemption—Senate Bill 208
 In May of 2013, Senate Bill 208 granted card-carrying Colorado SAP participants the right to carry clean and used syringes. By decriminalizing syringe possession, SB 208 encourages the return of used syringes for proper disposal. Decriminalizing the syringe has been shown to reduce the overall rates of needle stick injuries to law enforcement by 65%.

"I am a Commander with the (Metro Denver) Police Department. Attached is the email I sent out regarding educating our officers with this program. I appreciate your contact and I support programs that help your patients and keep our officers safe. The syringes all for our possession. This information, I also forwarded this bulletin to our training unit along with the investigation division. Please contact me further if I can answer any questions or help you in any manner.

Promotes proper syringe disposal.

SENATE BILL 15-116: NEEDLE STICK PREVENTION

The Problem

Under Colorado state law SB 13-208, participants of authorized syringe access programs (SAP) are **exempt** from possession of injection devices (syringes). Currently there are 10 SAPs in Colorado. You can also purchase syringes from pharmacies. **However, those that purchase from a pharmacy are not exempt, which can result in a class 2 misdemeanor per new or used syringe, people are ticketed, and it can enhance a sentence if arrested with another crime.**

Criminalization of the syringe promotes improper syringe disposal.

People may also be afraid to alert officers, because of legal consequences, that they have a syringe on them, which can cause unnecessary needle sticks.

The Solution

SB 15-116 creates an exception to ticketing, arrest, and filing of charges for the crime of possession of drug paraphernalia if the person prior to being searched by a peace officer informs the peace officer that he or she has a needle or syringe on his or her person or in his or her vehicle or home that is subject to a search.

HRAC AND LAW ENFORCEMENT



<http://harmreductionactioncenter.org/law-enforcement/>

WHAT ARE OPIOIDS?

- ▶ Heroin
- ▶ Codeine
- ▶ Demerol
- ▶ Morphine
- ▶ Darvocet
- ▶ Fentanyl
- ▶ Dilaudid
- ▶ Methadone
- ▶ Opium
- ▶ Hydrocodone
- ▶ Oxycodone
- ▶ Vicodin
- ▶ OxyContin
- ▶ Tylenol 3
- ▶ Tylox
- ▶ Levorphanol
- ▶ Percocet
- ▶ Percodan

RISKS FOR OVERDOSE - PREVENTION STRATEGIES

- ▶ Change in quality of opioid
 - Ask others
 - Tester shots
- ▶ Change in tolerance
 - After release from hospital, rehab, jail, illness
 - Tester shots
- ▶ Mixing
 - If mixing, use less
 - Opioids first
- ▶ Using alone
 - Leave door unlocked; call someone trusted

TRAINING

Can be done by staff or pharmacists with standing orders

Must include discussion of:

- ▶ Risk factors for OD
- ▶ Recognition of OD
- ▶ Calling 911
- ▶ Rescue Breathing
- ▶ Administration of Naloxone

RESPONSE MYTHS

- ▶ Salt Water
- ▶ Suboxone
- ▶ Ice On Body
- ▶ Cold Shower
- ▶ Cocaine
- ▶ Milk
- ▶ Burning Skin
- ▶ Punching
- ▶ Slapping



LAW ENFORCEMENT & JAILS

178 Law Enforcement Departments are currently carrying Naloxone

5 Jails are currently training heroin injection drug users in jail and putting intranasal in their property upon release
 - 129 times more likely to overdose post-incarceration
 - JBBS jail contracts have funding in their contracts

COLORADO HARM REDUCTION LEGISLATION

Senate Bill 14 for Third Party Naloxone distribution

Senate Bill 14 passed in the Colorado Legislature in May, 2013. This bill allows medical providers to prescribe the lifesaving medication Naloxone—which reverses the effects of an opiate overdose—to 3rd parties likely to witness an overdose, including friends and family members of opiate users, and all homeless service providers.

There have been 832 lives saved so far!
Harm Reduction Action Center - Denver
Denver Health & Hospital – Denver

COLORADO HARM REDUCTION LEGISLATION

▶ Senate Bill 20, the 911 Good Samaritan law

Senate Bill 20, signed into law in May of 2012, provides legal immunity from criminal liability for small amounts of drugs and paraphernalia for individuals who call 911 in response to an overdose emergency, including the individual who experiences an emergency drug or alcohol overdose, for certain offenses when the person is present (Sec. 2):

- Report an emergency drug or alcohol overdose to law enforcement or 911
- Stay at the scene of the overdose until law enforcement or an emergency medical responder arrives
- Identify themselves and cooperate with law enforcement or the emergency medical responder

Enables that the individuals who experience or report an overdose are immune from prosecution for any of the following offenses, if the offense arose from the same course of events as the overdose (Sec. 2):

- Possession of a controlled substance, except for:
 - Any mixture more than 4 grams of ketamine, fentanyl, or any schedule I or II drug; or
 - Any mixture more than 2 grams of methamphetamines;
- Defined "emergency drug or alcohol overdose" as including, but not limited to, the following conditions (Sec. 2):
 - Physical illness, coma, seizure, hysteria, or death that results from the consumption or use of:
 - A controlled substance;
 - Alcohol;
 - Another substance with which a controlled substance or alcohol was combined; and
 - That a layperson would believe to be a drug or alcohol overdose requiring medical attention.

SENATE BILL 15-053: STANDING ORDERS

• A standing order allows a physician or any medical professional with prescriptive authority to write an order for a medication that can be dispensed by other designated individuals under certain conditions, such as harm reduction organizations and pharmacies.

▶ Over **400** Pharmacies currently with access to Naloxone, many include King Soopers, Rite Aid, Walgreens, Albertsons/Safeway, and CVS Pharmacies

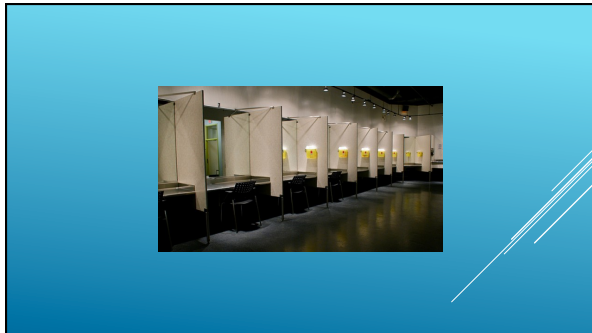
• Access to Naloxone and proven strategies to reduce overdose deaths:



www.stoptheclockcolorado.org



FIGHT FOR OUR PARTICIPANTS LIVES



SYRINGE ACCESS?
 NALOXONE WITH YOUR COPS, JAIL, & PHARMACIES?
 TREATMENT ACCESS?
 LEAD OPPORTUNITIES?
 EMERGENCY DEPARTMENTS?
 PHYSICIAN RELATIONSHIPS?

Opioid and Other Substance Use Disorder Interim Committee Bills
 This bipartisan interim committee met during the summer and fall of 2017 and introduced 6 bills in the 2018 session. Five of the bills were successful, as follows:

HB18-1001 includes the following prevention components:

- Continues the Opioid and Other Substance Use Disorder Interim committee as a "study committee" to meet up to 6 times before 11/1/18 and introduce up to 8 bills in 2019.
- Provides \$775,000 for School-Based Health Centers to use for substance use related services.
- Provides \$750,000 for Screening, Brief Intervention and Referral to Treatment (SBIRT) grants and an additional \$175,000 for an SBIRT module designed for women of childbearing age.
- Provides \$750,000 to the CU Center on Substance Use (Consortium) for continuing education for prescribers and training for law enforcement and first responders.
- Requires the Consortium to develop a recovery services strategic plan, including a definition of recovery residences and a recommendation about potential licensure or regulation of recovery residences. The recommendations are due January 1, 2020.

HB18-1007 includes the following components related to coverage and payment:

- Requires health insurance carriers to cover a 5-day supply of at least one FDA approved drug for the treatment of opioid dependence without prior authorization.
- Prohibits carriers from taking adverse actions against providers based on patient satisfaction with pain treatment.
- Classifies prior authorization requests for MAT medication/services as "urgent".
- Under both Medicaid and private insurance, allows pharmacies with a collaborative pharmacy agreement with a physician to administer long-acting antagonist medication for MAT treatment.
- Requires HCFP and OBH to work with both community mental health AND substance use disorder providers to establish rules that standardize the utilization management authority timelines for the non-pharmaceutical components of MAT.
- Requires Medicaid to cover at least one FDA-approved opioid overdose reversal drug without prior authorization.

HB18-1136 requires HCFP to submit a Medicaid waiver to the federal government to add coverage for medical detox, inpatient treatment, and residential treatment to the Medicaid program. HCFP requires \$350,000 for each of the next 2 years to seek stakeholder input and prepare the waiver request. In FY2020-21, the implemented benefit is expected to cost \$34 million GF, \$11.5 million in Cash Funds (hospital provider fee), and bring in \$128 million in Federal Funds for a total of \$175 million.

SB18-022 includes the following components to reduce and manage opioid prescribing:

- Limits initial prescriptions to 7-days for patients that have not had an opioid in the past 12 months from that prescriber, with the option to allow for one 7-day refill, with exemptions.
- Prescribers subject to the restriction include physicians, physician assistants, dentists, advanced practice nurses, podiatrists, optometrists and veterinarians.
- Requires prescribers to designate their specialty in the Prescription Drug Monitoring Program (PDMP) and to check the PDMP prior to prescribing the second opioid refill unless the person meets certain requirements.

SB18-024 provides \$2.5 million in marijuana taxes to add health professionals with substance use disorder expertise to the Colorado Health Service Corps. Professionals would be eligible for student loan repayment or scholarships for a commitment to serve a high-need area. The goal is to increase the behavioral health workforce available to address the opioid epidemic and substance use generally.

The only bill from this interim committee that did not pass, **SB18-020** would have:

- Specified that hospitals may be used as clean syringe exchange sites.
- Created a supervised injection facility pilot program in the city and county of Denver and provided civil and criminal immunity for the approved facility.
- Allowed school districts and nonpublic schools to develop a policy to obtain a supply of opiate antagonists and have school employees trained to administer the opiate antagonists.
- Required the Commission on Criminal and Juvenile Justice to study certain topics related to sentencing for opioid-related offenses.

RESPONSE TO BEHAVIOR DISORDERS –



L.E.A.D
 CO-RESPONDER MODEL



STRONG CORRELATION BETWEEN DRUG ABUSE AND MENTAL HEALTH



WHAT IS LEAD?

LEAD is a pre booking diversion program.

Divert low level, non violent crime offenders directly into treatment and social support to address the root cause of their criminal behavior.....Addiction.

By diverting offenders into treatment an already overburdened criminal justice system is bypassed and allow it to handle more serious cases. Addiction is viewed as a medical issue and LEAD addresses three fundamental issues in our communities:

Improve lives, reduce crime and save taxpayer dollars.

THE UGLY FACTS

- 1 in 100 U.S. citizens is now confined in jail or prison.
- Most inmates are in prison, at least in large part, because of substance abuse.
- 80 percent of offenders abuse drugs or alcohol.
- Nearly 50 percent of jail and prison inmates are clinically addicted.
- Approximately 60 percent of individuals arrested for most types of crimes test positive for illicit drugs at arrest.
- Imprisonment has little effect on drug abuse.
- 60 to 80 percent of drug abusers commit a new crime (typically a drug-driven crime) after release from prison.
- Approximately 95 percent return to drug abuse after release from prison.

National Association of Drug Court Professionals

COMMON FACTORS IN LAW ENFORCEMENT TODAY

- Manpower Issues
- Decreased Budgets
- Lack of Community Support
- Increased Crime Rates
- Mass Incarceration
- Reducing Recidivism
- Increased Safety to the Public and LE
- Making a difference

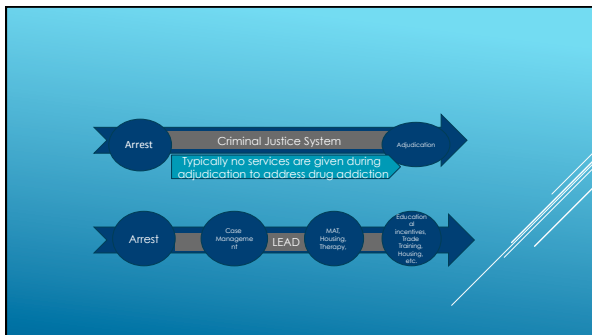
LEAD PROGRAMS ACROSS THE COUNTRY

IMPACTING CRIME AND PRISON POPULATIONS

By diverting low level drug offenders into treatment, LEAD provides immediate wrap around services to the individual to address their addiction. Wrap around services include:

- Immediate intensive case management.
- Emergency housing in DV and prostitution situations.
- Food
- Clothing
- Start addressing drug withdrawal and cravings.
- MAT
- Therapy

Once the addiction component is addressed, the criminal behavior is either stopped or it is drastically reduced.



LATEST OVERDOSE DEATH STATISTICS

- Death from drug overdose is the leading cause of accidental death in the United States.
- In 2015 in the US and Colorado, drug overdoses caused more deaths than firearms and traffic crashes. (Overdose: 904. Firearm: 698. Traffic Accident: 545)
- Everyday 144 people die in the United States from a drug overdose. Of those, 91 people die as a result of an opioid (heroin and/or prescription) overdose (CDC).
- In New Colorado:
 - a) From 2011-2015, the number of heroin overdose deaths in CO doubled, from 69 to 160. Increased 58%.
 - b) Property Crime statistics are revealing a direct correlation to opiate use and abuse.

MENTAL ILLNESS

- One in five American adults experienced a mental health issue
- One in 10 young people experienced a period of major depression
- One in 25 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression

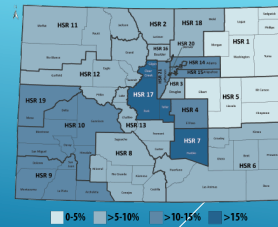
Suicide is the 10th leading cause of death in the United States. It accounts for the loss of more than 41,000 American lives each year, more than double the number of lives lost to homicide.

SCOPE OF THE PROBLEM

CO Leading Causes of Death, 2016	Deaths	Rate	State Rank	U.S. Rate
1. Cancer	7,928	134.4	47th	155.8
2. Heart Disease	7,277	128.4	48th	143.5
3. Accidents	2,880	49.7	29th	47.4
4. Chronic Respiratory Diseases	2,575	46.4	20th	40.6
5. Stroke	1,927	35.2	33rd	37.3
6. Alzheimer's Disease	1,835	34.7	21st	30.3
7. Suicide	1,168	20.5	9th	13.5
8. Diabetes	938	16.2	47th	21.0
9. Chronic Liver Disease/Cirrhosis	751	12.4	11th (tie)	10.7
10. Influenza/Pneumonia	533	9.6	46th	13.5

Poor Mental Health
Percentage of Coloradans who reported 8+ days of poor mental health in the previous month, 2013

- Police calls for mental health have increased over 25% in the past 5 years.
- Police dealing with suicidal individuals continue to increase.
- Suicide by cop.
- Police have limited options in dealing with mentally ill.



Source: Colorado Health Access Survey

MENTAL ILLNESS IN COLORADO

- 260,000 adults and children need treatment for severe mental illness disorders
- Tens of thousands go untreated – only about one third get treatment
- In 2010 Colorado spent \$887 million on mental illness
 - Half went to the treatment of patients
 - The rest went to jails, prisons, emergency rooms and child welfare services.
- In 2016, 28,000 people were placed on an emergency mental health hold.
 - The majority had threatened or attempted suicide
 - Nearly 10% were committed more than once during that year.


HOMELESSNESS AND BEHAVIORAL HEALTH






GREELEY EVANS MOBILE (GEM) CO-RESPONDER TEAM

► GEM Overview:



- 2017 - Colorado Department of Human Services (CDHS) released RFA for \$2,900,000 to be awarded to 8 sites across Colorado
- Duration of the grant – 5 years, resulting in \$362,500 per year
- Evans Police Department initiated partnership between North Range Behavioral Health and Greely Police, as well as several others
- The City of Evans was selected as a recipient of the grant!



► Current Community Struggle:




- Many 911 dispatch calls are behavioral health in nature
- Community members receive a costly public safety response, when they need a behavioral health service
- Law enforcement are forced to place M1 holds to get individuals to mental health support
- Waste of resource deployed
- Extensive time on scene
- Repeated cycle of system use

► GEM Team Mission:



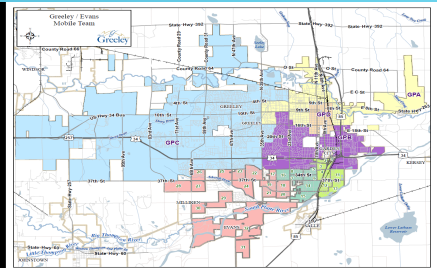
- Intervene on scene at time of law enforcement contact
 - Invitation of officer
 - Self-deployed support
- Assess, de-escalate, align resources as appropriate
- Coordinate placement if necessary
- Secure comprehensive safety plan with support system
- Educate around more appropriate crisis supports
- Arrange follow-up care
- Get officers back in circulation as quickly as possible
- REDUCE FUTURE 911 SYSTEM UTILIZATION

► GEM Team Structure:



- 1 Coordinator
 - Role: reports to the Steering Committee, supervision of GEM team, procedure/policy oversight, liaison between all partners, training protocol compliance, quality review
- 3 Master's level clinicians
 - Will be assigned across EPD/CPD as call volume indicates
 - Respond to scene of behavioral health calls
 - Role: de-escalation, assessment, placement if needed, resource alignment
- 2 peer specialists
 - Individuals in recovery who have history of lived experience – behavioral health and criminal justice involvement
 - Role: provide follow-up contacts to clients who have had a contact with GEM team, offer support to get connected to the behavioral health system
- Steering Committee
 - Members: Evans PD, Greely PD, North Range Behavioral Health, Evans Fire, Greely Fire, UHealth, and Community Representative
 - Role: provide oversight and recommendations to maximize community benefit

GEM Mobile Team Response Area



Resources:

- ▶ 2 fully caged vans
- ▶ Cell phones
- ▶ Lap tops
- ▶ Radios
- ▶ Client engagement incentives
- ▶ Office Space at EPD & GPD

Trainings:

- ▶ Mental Health First Aid – Law Enforcement
- ▶ Crisis Prevention Institute de-escalation skills
- ▶ Question Persuade Refer
- ▶ FTO – Field Training Opportunity (ride alongs, scene staging, etc.)



▶ COLORADO CRISIS SERVICES

▶ 1-844-493-TALK (8255) or text TALK to 38255

▶ www.coloradocrisiservices.org

▶ Walk-in Centers:

- ▶ Westminster: 2551 W 84th Avenue Westminster
- ▶ Lakewood: 12055 W. 2nd Place Lakewood
- ▶ Littleton: 6509 S. Santa Fe Drive Littleton
- ▶ Boulder: 3180 Airport Road Boulder
- ▶ Denver: 4333 E. Colfax Avenue Denver
- ▶ Aurora: 2206 Victor Street Aurora
- ▶ Fort Collins: 1217 Riverside Ave Fort Collins
- ▶ Greeley: 928 12th Street Greeley
- ▶ Grand Junction: 515 28 3/4 Road Grand Junction
- ▶ Pueblo: 1302 Chimook Lane Pueblo
- ▶ Colorado Springs: 115 S Parkside Drive Colorado Springs

WHAT DO I DO WITH PEOPLE ASKING FOR DRUG OR BEHAVIORAL HEALTH TREATMENT?

QUESTIONS?

