

Boulder County Substance Use Advisory Group

Wednesday, March 17, 2021

9:30-11:30 am

Zoom Meeting

9:30 Welcome and Introductions

State Legislation Update

Jose Esquibel, Associate Director, Colorado Consortium for Prescription Drug Abuse Prevention

- 7 bills of interest this session:

- [SB21-011](#) Concerning the responsibilities of pharmacists related to opiate antagonists
 - Put forth by pharmaceutical industry
 - Opposition from chain pharmacies because of the burden it puts on pharmacists
 - Increasing access to naloxone is good thing
 - Pharmacies say they are already having these conversations/offering co-prescriptions of Narcan and a mandate is not needed
 - This bill will not account for cost to consumer of co-prescribing Narcan with opioid prescription
 - Passed out of Senate Health & Human Services committee
- [SB21-098](#) Continuation of the Prescription Drug Abuse Program
 - Extending PDMP through 2028
 - Allowing state board of pharmacy to add other prescription drugs to be tracked through PDMP that are not on current controlled substances list
 - Allowing coroners to authorize deputies access to PDMP
 - Being heard in Senate Health & Human services committee on afternoon of 17th
- [SB21-122](#) Concerning the Bulk Purchase of Opiate Antagonists
 - Cleaning up language of which groups are covered under the state naloxone standing orders
 - Adding a few more groups to those eligible to apply through the state's Bulk Purchase Fund

- Passed out of Senate
- [SB21-137](#) Behavioral Health Recovery Act of 2021
 - Broad array of policy and funding requests, about \$33 million dollars
 - Funds will come from Marijuana tax cash fund, general fund, some possible federal COVID relief funding
 - Arguing for yearly, sustainable funding
 - Hearing rescheduled for March 31st
- [HB21-1012](#) Expand Prescription Drug Monitoring Program
 - To include broader range of substances than those on controlled substances list
 - Heard in House committee on Health & Insurance, layover unamended
- [HB21-1021](#) Concerning Supporting the Peer Professional Support Professional Workforce
 - Helping to professionalize the field of peer support work
 - Passed House committee with amendments, sent to Finance Committee
- [HB21-1090](#) Concerning Certain Criminal Marijuana Offenses
 - Diverting from criminal justice system to treatment
 - Criminalization has disproportionately affected communities of color, bill being introduced to clear some records and assist with rehabilitation back into the community
 - Introduced, not yet assigned to a committee
- Keep an eye especially on SB 137 and HB 1021, two bills that will have most significant impact on SUAG's work
- Opioid and Other Substance Use Disorders Interim Study Committee will convene every other year going forward (they will be meeting starting in July 2021)
- State Representative Yadira Caraveo THC potency bill (no bill number yet)
 - Released a bill draft focused on creating parameters around commercial THC potency
 - Cap on commercial THC potency at 15 percent
 - Not criminalization or prohibition, more providing guard rails
 - Blue rising pact, Boulder based non-profit leading advocacy on this bill

- Bill will definitely be introduced this session; could become an omnibus bill to reduce youth access to high THC drugs which could affect them
- Reach out to Robin to be involved/for more information robingribbon@gmail.com

Questions:

Is SB21-011 for outpatient pharmacy or inpatient as well?

- All pharmacies (both inpatient and outpatient)

Does HB21-1090 have a restorative justice component for those currently incarcerated?

- Didn't see in the bill so far

Will people who are incarcerated for marijuana now be released if HB21-1090 passes or is it only for future convictions?

- No sure how this would apply to past convictions
- If on probation currently, this could cover having records sealed

For any questions surrounding legislation or opportunities to testify, reach out to Jessica at Jessica.eaddy@cuanschultz.edu and she can connect you with Jose.

9:50 Presentation on Implementation of SB20-007, Regarding MAT in Residential Substance Use Disorder Treatment Programs

Sandstone Care

Dr. Jennifer Montague, Regional Medical Director

- OUD MAT types
 - Vivitrol (naltrexone) - used for alcohol and opioid dependency
 - Buprenorphine (suboxone, Subutex, sublocade) - only used for OUD, requires an x-waiver
 - Methadone - only used for OUD
- Main bill requirements of SB20-007:
 - Requires insurance carriers to provide coverage for the treatment of SUDs in accordance with American Society of Addiction Medicine (ASAM) criteria
 - Bill is good news for patients in being met with the level of care they're looking for. Previously patients would have to "fail up"- failing out of a lower level of care in order to qualify for a higher level/more intensive care, even if patient met criteria for higher level of care from the start. Insurance companies now have to abide by ASAM criteria rather than cost-saving criteria for treatment options.
 - Prohibits managed service organizations, withdrawal management services, and recovery residences from denying access to medical or SUD treatment services (including recovery services) to individuals on MAT. Additionally prevents courts and

parole, probation, and community corrections from prohibiting use of prescribed MAT as a condition of participation or placement.

- Adjusts duration of initial involuntary commitment from 30 days to up to 90 days
- Removes mandatory hearing for initial involuntary commitment but allows a person to request a hearing if the person does not want to enter into a stipulated order for committed treatment
- Emphasis on use of person-centered language throughout statutory process
- Impact to Sandstone services:
 - Previously Sandstone would have patients wean down and/or off of methadone prescription before starting an alcohol detox, but with this bill it allows the detox facility to partner with Office of Behavioral Health to give their facility a waiver to be able to dispense the supply of methadone to a patient while at a detox center (that don't usually have access to methadone). Goes through a chain of custody and has to be planned in advance.
 - No changes to process with buprenorphine, mainly just with methadone.
- General Sandstone service overview:
 - Adult detox in Colorado Springs.
 - Sandstone emphasizes MAT at that detox level of care, usually goes better getting folks started during inpatient in a controlled setting than trying to initiate MAT through outpatient care
 - Won't try to convert patient into an MAT patient if you have a client going to a continuum not on MAT. Staff will still hand out info about all treatment options, but will respect the referral source and not push MAT.
 - Sandstone has PHP and sober living, a level of care often missed but can stabilize a person looking to reintegrate into community, not remain in a residential bubble
 - Day structured programming 5 days/week to identify core values and do interpersonal work. Will see a doctor to stabilize underlying conditions as well.
 - IOP and OP component focuses on family; weekly family group and family therapy
 - Just started a standalone mental health track for adults age 18-30. You can have an SUD but this won't be the main focus, focus will be on mood disorders. Hoping to expand this to adolescents very soon.
 - Integrated center for family and individual patient

Gina de Peralta Thorne, Chief Marketing Officer

- 70 treatment beds, 22 detox beds
- Harmony's goal is to be able to offer a full continuum of care for those with SUD, from detox to IOP
- Approach used to be solely based on 12 step model, have since introduced other best practices in treatment for patients
- Variable length of stay program: 3-5 days for detox, as long as 30 days depending on drug
- Primary drug of choice usually identified is alcohol, followed by opioids and heroin
- Average length of stay is 20-24 days
- Harmony used to be abstinence based, but made a shift from this 5-6 years ago
 - Needed to change culturally to be more responsive to the opioid epidemic
 - Had to shift the way they do detox with patients experiencing OUD versus those with alcohol use disorder
- Made change to incorporate MAT into their treatment platform
 - Previously not addressing methadone; providers are not currently licensed to prescribe methadone
 - Because of distance of Harmony from locations dispensing methadone, it can be a challenge but they will still accept patients on methadone
 - Trying to work around this and be transparent that their strength is with buprenorphine or naltrexone
- Harmony response to SB20-007:
 - In accordance with Colorado Code of Regulations 502-1-21.210.43, Harmony will support clients who wish to continue Methadone as their form of MAT
 - Harmony will work with the client's OPT provider to ensure Methadone is prescribed for the period of time the client is at Harmony.
 - Logistically, the OTP provider will need to agree to give the client enough Methadone during their stay. They will need to take the client's state mandated take home privilege level into consideration.
 - Medication can be transported by the client/client's family in a locked box. If the prescribing provider prefers, it may be mailed.
 - Methadone will be stored as a controlled substance in Harmony's Nursing Station and distributed by nursing staff under observed conditions.
 - Two Caveats:
 - Suboxone is the preferred medication for Harmony, as our providers are all waived and there is not OTP clinic within an hour from our facility.

- Clients will be offered a change to Suboxone, but if they wish to continue Methadone their wishes will be respected.
- Harmony offers virtual IPO programming
- Will be launching a PHP in 2022
- Increasing engagement with alumni and recovery support services

Colorado Association of Recovery Residences (CARR)

Jean Healey, Executive Director of CARR

- CARR is an affiliate of NARR (National Association of Recovery Residences)
- Every sober living residence within Colorado has to be certified through CARR
 - Looking at safety, ethics, good neighbor policies
- Mission is to ensure high level of safety, compliance and good community support for those participating in sober living
- Several sober livings in Colorado accept those on MAT, several do not
- There is still a stigma in the recovery community about use of MAT
- SB20-007 impact:
 - Sober living facilities who don't allow MAT will not have access to any funding from OBH and other funders included in bill
 - Medicaid generally does not cover sober living facilities, however there are some braided funding models where Medicaid does cover certain types of sober living facilities/services.

Questions:

Do Oxford houses accept people in MAT?

- Some are accepting, some are not. They are democratically run, so it is up to those also living in the house based on majority vote.
- All Oxford houses are exempt under the 007 law. 1009-19 says that all sober livings in CO need to get CARR certified, but there is a written exemption for Oxford houses.
- Oxford houses have a national charter that is very similar to the CARR requirements

10:25 Story of Recovery

10:35 MAT Providers on Recent Drug Composition of UAs

Denver Recovery Group

Jessica Zehm, Program Coordinator

- Results based from Boulder clinic (but Denver clinic is seeing similar results)
- Benzodiazepine results
 - Benzos alone (all types)
 - 2019: 77 positives out of 115 patients
 - 2020: 67 positives

- 2021 so far: 37 positives out of 130 patients
- Fast acting benzodiazepine etizolam (in and out of your system in 4 hours)
 - DRG started testing for it at end of 2020
 - Have had 5 separate patients come up positive for etizolam
 - Etizolam is a research benzo not under controlled substances act; can be purchased online
 - It is 6-10x more potent than valium
 - Can cause major withdrawals
- Fentanyl results
 - 2019: 17 positives out of 115 patients
 - 2020: 43 positives
 - 2021 so far: 23 positives
 - Becoming people's drug of choice
 - 80-100x stronger than morphine
 - Seeing a lot of fentanyl positives in Denver too
- Are clients shocked by fentanyl results? Or are they expecting it?
 - These results were shocking to clients at first, did not expect it and was probably mixed in whatever they were taking. This has changed in the past 2-3 years. Now not as shocking to patients- many taking knowingly.
- Reach out to Jessica with further questions, Jessica@denverrecoverygroup.com / 720.445.5349

Behavioral Health Group

Michele Ryan, Regional Outreach Specialist

- Seeing a lot more meth on board
- BHG not testing yet for new benzodiazepine etizolam
- January 1st 2020 to March 31st 2020, BHG did a total of 2,020 drug screens. Out of these:
 - 5% were illicit benzos
 - 2.8% were meth
 - 0.84% fentanyl
 - 0.32% illicit barbiturates
- From January 20th 2021 to March 17 2021, did 2,523 drug screens and had:

- 5.5% benzos
- 4.4% meth
- 3.72% fentanyl
- 0.55% barbiturates
- Just about every single intake screen has fentanyl in it; screening specifically for fentanyl in the intake process.

Front Range Clinic

Melissa Lowe, NP

- Front Range has been tracking etizolam for over a year. Have been seeing it for a while and continues to come up in screens.
- Etizolam has a different withdrawal for patients, makes it more difficult to do fast switch to valium and taper them (difficult withdrawal period)
- Fentanyl patients:
 - Across all Front Range offices
 - 2019: 6% positives
 - 2020: 12% positives
 - Boulder county offices (Boulder and Longmont)
 - 2019: 3%
 - 2020: 13%
 - These percentages are not broken down by individual patients. Fentanyl stays in UA results for a long time even if a patient hasn't used for a while
 - Have a range of patients where it is their drug of choice, but for many it's a drug of default. Many situations where patients were looking for pills on the street, but there are no more Percocet or oxycodone, so ended up with fentanyl by default.
 - Fentanyl use requires a lot more resources from staff; time it takes to get them off of it and switched over to suboxone. Could require multiple attempts in medical detox due to difficulty of withdrawal.
- Fentanyl positive results come as a surprise to some people using meth or cocaine exclusively, but most other patients who come in are expecting it. Some younger patients using pressed Xanax are now more aware of risk and being more careful about it.

10:50 Methamphetamine Work Group

- Actively looking for members
- Possible projects for this work group

- Promoting evidence-based treatment approaches for those with methamphetamine use disorder
- Advocacy for residential treatment for meth use disorder (based on City of Boulder recommendations)
- Email tfaatx@bouldercounty.org and agross@bouldercounty.org to express interest in participating

11:00 Updates and Announcements

Sober AF Entertainment

- Non-profit that sets up safe zones and sober sections inside music venues, concerts, sporting events
- Plan to be hosting a sober music festival at end of June in Boulder County: Freedom Barbeque Fest on June 26th
 - Will have a lot of opportunities to table and speak about programming
- June 18th Rockies game
 - Sober AF has 1,000 tickets reserved for Recovery Appreciation night
- Because of COVID have adapted a lot of events virtually
- Visit www.soberafe.com to learn about all event offerings
- No age requirement for events. All are family friendly.
- Only requirement is that all participating attendees agree to be sober for duration of Sober AF events

Flatirons Recovery

- Weekly community offerings, free and virtual. Open to all in the community:
- Family and Friends of those struggling with addiction support group every Wednesday
 - Drop in, weekly educational topics (i.e. working with feelings of hopelessness, navigating the treatment world, feelings of codependency)
- Drop-in Meditation for Recovery class every Tuesday night
 - How mindfulness and meditation practice can be used to work through recovery process. No experience necessary.
- Contact Rachael Uris, ruris@flatironsrecovery.com / 303-859-0919 with any questions

Colorado Consortium

- Benzodiazepine Lunch and Learn, March 31st 12:30-1:15 pm: https://www.eeds.com/portal_live_events.aspx?ConferenceID=300640
- Full 2021 Lunch and Learn series: <https://corxconsortium.org/2021-lunch-and-learn-series/>
- Dr. LaTisha Bader recently provided a talk about marijuana and its impacts on women. You can access her talk at <https://vimeo.com/517343226>

Risks of High THC Bilingual Town Hall

- Wednesday, March 17, 6-7.30pm “The Risks of High THC Marijuana And Community Action Steps”

Teens and Parents who have been affected by High THC issues hosted by Natural Highs
<https://us02web.zoom.us/j/83558005297?pwd=UmtQcjlMTec1QzdIYUNkTFNmTUJmZz09>
Meeting ID: 835 5800 5297 Passcode: 448136

UCHealth Longs Peak

- Can initiate suboxone in the ER
- UCHealth in general does not induce methadone in the ER; patients can receive as part of in patient care
- Using COSLAW model from Larimer and Weld counties
- ER has contacts with BHG and Front Range to ensure timely follow up for patients to continue their treatment
- Patient records connected through Epic
- Contact Devin Rickett, Emergency Dept Medical Director at UCHealth Longs Peak Hospital in Longmont, for more info Devin.Rickett@uchealth.org

Centura Health

- Standardized Epic order set going into effect April 11th, 2021
- Should help with continuity of care between hospital systems

Health Promotion at CU Boulder

- Seeing a shift in positive connection for students
- Trying to do some public-facing events to table and offer harm reduction programming for students
- Narcan available on campus at the pharmacy for anyone connected to CU. Any individual who has a BuffOne card can access.
- Chris and team offer overdose prevention training for those associated with CU. Contact Chris, Christopher.Lord@colorado.edu

11:30 Wrap Up