Boulder County Substance Use Advisory Group

Wednesday, April 21, 2021 9:30-11:30 am Zoom Meeting

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, <u>Heidi.Williams@coag.gov</u> or John, <u>John.Feeney-Coyle@coag.gov</u>
- Contact David Hughes, Deputy Boulder County Attorney <u>dhughes@bouldercounty.org</u>
- 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 being 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, <u>foster@easinganxiety.com</u>
- Contact Dr. Ritvo, <u>alexis.ritvo@cuanschutz.edu</u>
- 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 <u>CLAB website</u> 5/3/21. Early in the meeting the moderator will ask for those 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