

Boulder County Substance Use Advisory Group

Wednesday, May 19, 2021

9:30-11:30 am

Zoom Meeting

9:30 Welcome and Introductions

10:00 Fatal Drug Overdose and Suicidality Data for 2020

Kristen Daly Quality Assurance Specialist, Boulder County Public Health

- Data comes from vital statistics, oldest inter-governmental data sharing system in public health
 - Register vital events: births, deaths, marriages, divorces, and fetal deaths
 - Comes from many different sources: hospitals, coroners, etc.
- Colorado Health Information Data Set contains additional information and more specific breakdowns: <https://cdphe.colorado.gov/cohid>

Questions/Comments

From Kirk Bol (kirk.bol@state.co.us), manager of the Colorado Department of Public Health and Environment's Vital Statistics Program, as to

- Whether most overdose deaths are counted in these statistics:
 - Virtually all overdose deaths will be investigated by the county coroner (or Denver Medical Examiner's Office), who in turn is responsible for completing the cause of death portion of the death certificate, on which these stats are based. Coroners would generally be reliant on their own post-mortem toxicology testing, and not so much on testing conducted by health care providers (EMS rapid testing or ER/hospital-based testing). While toxicology may not be requested 100% of the time, I think it's conducted most, if not nearly all of the time when drugs are suspected as being involved in the cause of death. On the death certificate, the coroner/medical examiner would indicate the cause of death due to acute drug toxicity or overdose when applicable, listing also the specific drugs identified as being involved (on scene or via toxicology) and contributing in some way. In addition to their determination of the manner of death (i.e. accident, suicide, homicide, natural cause, undetermined manner), this information is all coded and aggregated yielding the categories of stats we typically present.
- Whether data is available about overdose deaths in pregnant, pre and postnatal women:
 - Regarding maternal deaths related to drug overdose, death certificate data are used by [Colorado's Maternal Mortality Review Program](#) and their review committee to explore all maternal deaths, including those directly attributable to complications of pregnancy and delivery, and also those occurring during pregnancy and within a year of delivery for causes other than medical, eg. overdose, suicide, homicide and others. Their latest report is [here](#), which includes some general stats of causes of maternal deaths, including overdose. This program is working on updating these stats, and would be happy to discuss their work more if folks are interested.
- Concern about rise in fentanyl-involved overdose deaths

- Important to instruct individuals in [proper use of fentanyl test strips](#)
- “chocolate chip cookie” effect, fentanyl often isn’t evenly distributed in a drug amount or supply
- Details about accessing the Works Program: <https://www.bouldercounty.org/families/disease/the-works-program/>
 - Contact Madeleine, mevanoff@bouldercounty.org and we are happy to chat with people who are not injecting, but using their substances through other means
 - Works Program provides fentanyl test strips and instructions on properly testing drugs (may be different approaches depending on the substance)
- DanceSafe fentanyl test strips: <https://dancesafe.org/product/fentanyl-test-strips-pack-of-10-free-shipping/>

10:15 State Legislative Update

Jamie Feld External Relations Strategist, Colorado Consortium for Prescription Drug Abuse Prevention

<https://corxconsortium.org/resources/legislature/> | leg@corxconsortium.org

- Nearing the end of this legislative session, last possible day the legislature will meet is June 11th
- Opioid and Other Substance Use Disorder Interim Study Committee will convene this summer
 - Informs bills that will be put forward the following legislative session
 - Opportunities for stakeholders to participate and inform in this process
- Bills being tracked by the Consortium this session
 - [SB21-137](#) Behavioral Health Recovery Act of 2021
 - [HB21-1276](#) Concerning Prevention of Substance Use Disorders
 - [SB21-011](#) Concerning the responsibilities of pharmacists related to opiate antagonists
 - [SB21-098](#) Continuation of the Prescription Drug Monitoring Program
 - [SB21-122](#) Concerning the Bulk Purchase of Opiate Antagonists
 - [HB21-1012](#) Expand Prescription Drug Monitoring Program
 - [HB21-1021](#) Concerning Supporting the Peer Support Professional Workforce
 - [HB21-1090](#) Concerning Certain Criminal Marijuana Offenses

Robin Noble Legislative Aide to State Representative Judy Amabile, House District 13
aide@judyamabile.com

- [HB21-1317](#) Regulating Marijuana Concentrates
 - Seeing negative impacts on young people from the use of high-potency THC marijuana

- Provisions to allow for marijuana to be treated like other medicine and strengthen traditional provider-patient relationship
- Limits people from purchasing from multiple dispensaries at one time
- Creates a monitoring system similar to the Prescription Drug Monitoring Program
- Requests CDPHE to collect and report anonymous toxicology data on drug use involved suicides
- Requires Colorado School of Public Health to review risks of high-potency THC use and create a public education campaign about these risks
 - This bill is not a prohibitionist bill; will not reduce access for people who need it
- Testimony from a wide variety of individuals at the bill hearings; affected youth and families, school district representatives, medical staff, etc.
- Cannabis industry is not opposing the bill but requesting amendments
- Passed second reading in the House, headed to Senate

10:30 Treatment for Stimulant Use Disorder

Dr. Jeremy Dubin, DO, FASAM Medical Director, Front Range Clinic

- Looking at treatment for stimulant use is relatively new founded; much more focus has been placed on interventions/research for opioids and alcohol
- Methamphetamine neurobiology
 - Related to dopamine, norepinephrine, and serotonin systems
 - The craving/need to continue stimulants is similar to other substances of problem use
 - Effects can be both acute and chronic
- Amphetamine related hospitalizations have increased 245% from 2005-2015, compared to a 43% increase in opioid related hospitalizations during this time
- Opioids produce a higher mortality, which is why it is the focal point, but it's also important to remember that stimulants in combination/polysubstance use can cause similar risk of morbidity and mortality
- Treatment course for individual with stimulant use disorder depends on assessment of severity of their disorder:
 - Mild stimulant use disorder- first line of treatment is individual or group counseling
 - Moderate to severe stimulant use disorder- first line of treatment with IOT; can be augmented with contingency management or IOT can be replaced by CBT or motivational interviewing
 - Severe/treatment resistant stimulant use disorder- patients who continue to relapse after 8-12 weeks of treatment with the most intensive psychological intervention can be evaluated for adjunctive medication
 - Evidence in use of medication is newly evolving

- Stimulant replacement/pharmacological intervention for stimulant use disorder
 - Consideration should be made carefully
 - An extended release formula
- Lessons from Front Range
 - Stimulants used in treatment as last resort, and if chosen they need to be used only with:
 - Weekly patients
 - Contracted patients – up to provider to keep up to date
 - Other prescription and psychosocial treatments have failed
 - Patient must be IV dependent on illicit stimulants; not for occasional misuse (exceptions can be made carefully for the non-IV dependent stimulant user)
 - Willingness to discontinue immediately if abusing the prescription or not getting to goals with illicit stimulant use
 - ADHD and methamphetamine abuse- If starting a stimulant secondary to meth dependence, and then patient has or receives a diagnosis of ADHD
 - Continued caution with amount of prescription written at each visit. Remember there is still a vulnerability to stimulant abuse, although treatment for patient's ADHD may help stimulant cravings
 - Always need to weigh out risks vs benefits when prescribing a stimulant to treat stimulant use disorder. We do not want to give patients these medicines if it will enable or allow for a continuation of addictive/high risk behavior
 - Factors that should prompt caution with continuing to prescribe these medicines
 - Patient has an OUD; whether on MAT or not
 - Being prescribed benzos or other controlled substances
 - Illicit findings on POC testing or in confirmation
 - Alcohol use disorder or benzodiazepine use disorder, especially if unstable
 - Living situation and safety with meds- homelessness, sober living, etc
 - IV or nasal abuse history with stimulants
 - Nonadherence to frequency of office visits or treatment plan in general
 - Little to no objective evidence of making progress with stopping illicit stimulants – POC testing/confirmations
 - Not dependent on stimulants
- Overarching message with stimulant use disorder treatment

- Don't always go to medications first
- Create a plan with when you would go to medications, but know most current evidence is behind psychosocial interventions
- There are many medications to always try before stimulants
- Final Takeaways
 - There is no current "cure" for stimulant use disorder, however using these medications in treatment can be a form of harm reduction
 - Collective decision should be made between patient and care provider; knowing this is a high risk, off-label treatment but also having awareness that some communities can't wait for increased evidence-based practice behind these approaches (trying to treat a present and increasing crisis as we wait for research to develop)
 - Paramount: the relationship you have with your patient- knowledge of what drugs they use, how they are using it, frequency/level of dependence
 - Whenever possible integrate counseling, groups, or contingency management (best evidence is behind these approaches)
 - Use the opportunity that an OBOT, OTP, or individualized MAT agreement offers, which is the opportunity to increase engagement and ideally promote improved treatment for a co-occurring Stimulant Use Disorder (taking advantage of frequency of visits, weekly contact as part of treatment programming for co-occurring use disorders)

Questions:

- Have you seen Wellbutrin used successfully in stimulant use disorder treatment?
 - Yes; success could be contributed to overall treatment of anxiety/depression in patient
- What do you do with the patient that comes to you relaying that they have problem use with prescription medication, but their primary care psychiatrist is the one prescribing it to them?
 - Comes back to your therapeutic relationship with the patient
 - Enlisting patient in collaboration of care; potential ability to consult with their psychiatrist
- To learn more: Consortium's free training course on stimulant use disorder treatment by Dr. Dubin/Wendy Hoag <https://registrations.publichealthpractice.org/Training/Detail/702>

11:10 Updates and Announcements

SUAG staffing transition

- Arielle will be leaving her position in late June
- Boulder County Community Services will be looking for a new Overdose Data to Action grant manager! This position will be responsible for administrative functions in coordinating SUAG (working along with Trina, hourly facilitator), as well as be involved in implementing strategies of

the CDC grant related to provider education, Naloxone access, data-informed decision making, and community-level SUD interventions.

- A job posting will be sent out to SUAG as soon as it's finalized
- Reach out to Kelly Veit, kveit@bouldercounty.org for any additional information on the OD2A Project Manager position (Arielle's current role).

New SUAG Youth Substance Use Intervention work group

- Rationale for formation of this work group:
 - Youth using substances have unique intervention needs
 - Foundation in SUAG with previous early intervention work group (no longer convening)
 - Opportunities to enhance system coordination and collaboration around substance use services for youth
 - SUAG has many members who currently serve youth with substance use intervention needs, making it an efficient home for this work
 - Different than the work of the Healthy Futures Coalition, whose main focus is primary substance use prevention
 - Seeing an increase in youth substance use and the consequences of that, intensified during COVID pandemic
- Scope
 1. Bring together system and community partners already working on youth substance use interventions with the goals of increasing partner knowledge, coordinating efforts around programming, ensuring a quality service continuum
 2. Identify gaps in youth substance use service continuum and work with community partners towards filling those gaps
 3. Identify, recommend, and implement interventions specific to substance use and youth
- Reach out to Audrey, aschroer@bouldercounty.org and Shannon sbryan@bouldercounty.org to join the work group and/or receive additional information

Colorado Consortium's Opioid Use Prevention and Pain Management CME Learning Modules

- Developed by Consortium's Provider Education work group
- To access free training modules providing CME credit:
<https://registrations.publichealthpractice.org/Training/Detail/424>

BCH Pillar Program MAT Community Lecture

- Preview upcoming lectures and watch recordings of previous events:
<https://www.bch.org/community-events/community-education-lectures-livestream/>

11:30 Wrap Up