

Wednesday, April 20, 2022

9:30-11:30 am

Zoom Meeting: <https://www.zoomgov.com/j/1606655089>

9:30 Agency Updates - submit into chat

Updates:

- Peer scholarship from Mental Health Partners is now live:
<https://forms.gle/F7E9vwH4JN2rBLUP7>

9:35 Contingency Management: Evidence-Based Program for Treating Substance Use Disorder

JK Costello, M.D., MPH, Principal and Director of Behavioral Health Consulting, Steadman Group (jkcostello@steadmangroup.com)

What is Contingency Management (CM)?:

- Paying people for desired behaviors
- It is a type of behavioral therapy in which individuals are 'reinforced,' or rewarded, for evidence of positive behavioral change
 - Uses operant conditioning - effectively intervenes on neurological level for clients with complex health issues without clear pharmacological solutions to support a change in lifestyle
 - Addresses delay discounting as part of the intervention
- Evidence-based practice shows that CM has been very effective in many settings (incarcerated, outpatient, shelters/group homes), among many substances, and subpopulations (low-income, justice involved, unhoused, BIPOC, women, pregnant people, MSM, etc.).

Incentives - Best Practices:

- ★ Cash or equivalents (ex: visa debit card)
- ★ Incentive size moderates effectiveness
 - More money = greater abstinence from substance use
- ★ Best outcomes from \$400-\$500 over course of program
 - Typically around \$100 dollars a month
 - Every course of treatment saves about 20,000 dollars in other costs
- ★ Total incentives below ~\$200 are statistically insignificant
- ★ Immediately upon displaying desired behavior
 - This helps train the brain towards positive actions

Barriers:

- Stigma: "You shouldn't pay people for doing what they should do anyway"
- Stigma: Cash might lead to misbehavior
- Logistical: transferring the incentive securely to the client
- Regulatory: limits on incentives
- Regulatory: anti-kickback statute (AKS)

Clinical Application of CM:

- Usually conducted over 3-6 months course of treatment
- Often coincides with individual/group/IOP treatment
 - May serve as a leverage to get people into other forms of therapy
- Immediate, useful incentives
- Variable rewards such as fishbowl method
 - Individuals come to the clinic and get to choose

Future of CM:

- Currently there is a lot of education and advocacy on contingency management
- Grants open to CM:
 - Current 1287 grants
 - Colorado CM pilot grants coming in summer 2022, more info coming soon!
 - Upcoming 222 grants
- SAMHSA update: funding will be increasing in the future
 - \$75 to \$599 dollars
- **Upcoming CM Events:**
 - April 28th 9:30-11AM MT - CM's Medical and Clinical Effectiveness with Dr. David Gastfriend
 - May 12th 9:30-11AM MT - CM's Legal and Regulatory Environment with David Shillcut

Questions:

- SAMHSA is now allowing funding for this type of intervention? Why now?
 - They are not YET allowing this funding. Getting this increase in funds has been a slow federal process - even the \$75 dollars was a huge LIFT. Thus, now that CM is an evidence-based practice they are recognizing the effectiveness of this program and are trying to get more money out the door.
- Is it imperative that you associate reward with abstinent behavior and whether it would work if you reward for a vocational contribution?
 - Contingency management is an incentive for desired behavior. Most of the evidence is to abstinent drug screens. So we want to start with that before jumping to something that isn't evidence based. Work may be a step too far - if you took someone on the streets and told them that we were going to pay them to work...we miss a couple of steps. This is aimed at a very early level to train your mind to eliminate the use of drugs and actualize yourself at higher levels of therapy, as we go down the recovery process.
- Resources:
 - Recent [article](#) of CM from the Washington Post
 - Reach out to JK (jkcostello@steadmangroup.com) for any opportunities at the Steadman Group

10:10 Fentanyl Overdose Reversals and Introduction to Kloxxado

Desirée Crèvecoeur-MacPhail, PhD, Medical and Scientific Advisor, Velocity Bio-Group / Hikma Community Health (dmacphail@hikma.com)

Jen Kuper, Director, Government Alliances / jkuper@Hikma.com

Kala Rogers, Community Health Manager / kalar@velocitybiogroup.com

Background of Kloxxado:

- Kloxxado was approved by the FDA April of 2021 and became available for distribution August 2021
- Kloxxado spray is the same device used with the 4mg and has the same administration
- With the rise in fentanyl-related overdoses, there has been an increase in the number of 4mg naloxone kits needing to be administered which led to Kloxxado
- It is available through your normal distribution channels: [CDPHE Naloxone Bulk Fund](#) Colorado Medicare through Prescription
- Hikma Community Health is a long-standing supplier of generic medicines that is critical to public health providing buprenorphine, naloxone 4mg, methadone, naloxone vials, and now Kloxxado nasal spray

Synthetic Opioids are Driving the Overdose Crisis:

- Overdose mortality has grown 29% during the pandemic
 - For the 12 months through March 2021, overdose deaths reached 96,000 representing a 29.7% increase, primarily attributed to contamination of the drug supply with illicitly manufactured synthetic opioids
- Fentanyl-related overdoses are typically linked to illicitly manufactured fentanyl. It is often laced into other substances, including heroin, counterfeit pills, or cocaine - with our without the user's knowledge.
- 2018 deaths involving synthetic opioids:
 - Cocaine-involved: 52%
 - Benzo-involved: 42%
 - Antidepressant-involved: 27%
 - Psychostimulant-involved: 25%
- Synthetic opioids have been shown to have a faster onset of action making them more lethal
 - With a typical heroin overdose, bystanders may have up to 1-3 hours to revive the patient. With synthetic opioid overdoses, the overdose can set in within minutes
- 75% opioid overdose victims reported more than 1 post-overdose complications such as:
 - Ataxia, Impaired memory, Mental disorientation, Paraplegia, etc.

Community Data on Narcan Use:

- A 2018 study showed that 34% of overdose reversals used 2 or more doses of Narcan Nasal spray (4mg)
 - In 2019, 57% of revivals involved Naloxone multi-dosing
 - 2021 MORE Study: 78% used 2 or more doses of Narcan spray & in 30% of events, 3 or more doses of 4mg nasal spray were used
- 2021 MORE Study results showed that participants preferred an 8 mg spray in spite of some withdrawal concerns
 - Participant preference for 8mg spray vs. 4 mg spray showed that 38% (48 people) said that they strongly preferred 8 mg
 - 38% somewhat preferred 8 mg
 - 14% no preference
 - 8% somewhat prefer 4 mg
 - 2% strong prefer 4 mg
 - 87% were extremely or moderately worried that one box of 4 mg nasal spray may not be enough

- Use of Naloxone multi-dosing by EMS has increased 96% since 2012 (over the course of 8 years)

Questions/Comments:

- Do you know if Kloxxado is going to be available at pharmacies without a prescription like Narcan is?
 - Kloxxado should be available at the pharmacies, it is just a matter of getting it stocked. We find that Walgreens & CVS are more likely to have it stocked. We have co-pay cards that should reduce the cost barrier. Please reach out if there are places that do not have Kloxxado and you would want it stocked.
 - [Kloxxado Savings Card](#)
 - [More information on Kloxxado](#)
- Can anyone direct me to where people can obtain Naloxone doses or who offers training for individuals or our partners/non profits/etc?
 - [The Works Program](#), or contact: gbabatsikos@bouldercounty.org
 - There is also an app called NORA very helpful to have on the phone. It provides you information to recognize overdose symptoms and how to administer naloxone and the next steps.
- Is there other evidence that suggests that the current doses other than 8mg nasal are not effective at reversing overdoses?
 - There are no clinical studies that examine multiple doses of naloxone in individuals who are experiencing an overdose - such studies would be illegal and unethical. There are studies that look at statistical/clinical modeling that show lower doses of naloxone may be insufficient to reverse an overdose or reverse an overdose in a timely fashion. See <https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-019-0195-4>
 - Here is another article as well: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0234683>
- Not all evidence shows this is necessary, and not all evidence shows that the amount of naloxone needed is correlated to fentanyl concentrations in the bloodstream.
 - Yes - there is certainly more data needed. Some of the issues are definitely related to the issues around the overdose. Kloxxado may reverse an overdose faster when compared to other formulations which can be important to individuals who have experienced overdoses before (additive effect of brain hypoxia), for those who are opiate naive, in cases where the person who has gone without breathing for an unknown amount of time, etc. It is not needed in all cases, but there are cases where it can be helpful.
- I'm also curious how 8mg was landed on vs let's say 6mg or somewhere in the middle of doubling the dose which might increase risk of withdrawal symptoms? Were lower doses tested out before settling on 8mg?
 - I think the 8 mg decision was based on some of the study data around multiple doses of 4 mg IN (some of which I presented today). There may have also been pharmacokinetic studies examining 6 mg intranasal which may not have provided enough of an increase in blood levels over and above the 4 mg.

Email Desiree for further presentation questions: (dmacphail@hikma.com)

*Jamey Garmon, Prevention Services Manager, Northern Colorado Health Network
Sarah Money, MPH, Syringe Access Program Manager, Southern Colorado Health Network*

Update from Jamey (Fort Collins):

- In Fort Collins, they have had Kloxxado for about a month available to syringe access clients and community members
- There are varying levels of success with clients. We are a college town and we serve UNC in Greeley so we tend to give out Narcan and Kloxxado to non-clients because they are more used to the naloxone vials.
- More community members are coming in to do trainings with Kloxxado administration, it has been well received here and many people are taking these resources

Update from Sarah (Access Point Pueblo):

- 2022 data:
 - Over 3,000 FTS were given out with 862 reports of substances being tested for fentanyl
 - 69% of Heroin tested positive for fentanyl
 - 72.4% of methamphetamine tested positive for fentanyl
 - Average amount of narcan doses in March for overdoses were 2.65 doses.
 - Folks are very eager to pick up Kloxxado

10:35 Adventure Recovery

Seth Gottlieb, Field Manager and Lead Guide, Adventure Recovery Center

The Wilderness Outpatient Model:

- Entails providing the same support (as intensive outpatient services) while also engaging in outdoor activities
 - Combining traditional outdoor guidance services with peer mentor recovery coaching as well
- Benefits of the Wilderness Outpatient Model:
 - Where we spend our time, who we fill our days with are very significant in our overall well-being
 - Exercise is vital to our health both physically and mentally, as well as social connection and relationships
 - Research from the National Library of Medicine also stated that when we feel a sense of community and purpose, individuals have greater self-efficacy, resilience, and adaptivity to set-backs and challenges.
- Only 2 other programs/organizations use the Wilderness Outpatient model, One in North Carolina, Connecticut and Colorado (Adventure Recovery)
- Wilderness as a way of life can have a powerful effect on mental health of substance use disorder clients by cultivating healthier life habits, increasing self-value, diminishing high risk behavior, and how to handle challenges.
 - Helps give insight on the client's recovery journey / process.

Questions:

- Financial assistance or people of low-income can participate?
 - We are trying to reach lower-income populations through assistance in regards to IOP or residential programs that they are with. Having our funding come from the actual program itself (not out-of-pocket expense for the individual right now) and connecting with their treatment being used already.
 - We do group programming as well and overall operate on a sliding scale and take pro bono cases as well.

- ★ Please contact Seth for any questions you have on the model and Adventure Recovery (sethg@adventurerecovery.com)
 - [Adventure Recovery website](#)

10:55 Fentanyl Bill Review: [HB22-1326](#)

Michael Dougherty, District Attorney for Boulder County - DA Perspective and Updates

Boulder DA Updates:

- Since taking office in 2018, the staff has been very committed to help people suffering with addictions to get the treatment they need and the help/services to get through the addiction
- Boulder County has developed a Fentanyl protocol / drug-related death protocol for responding to any drug-related death in Boulder County. This will help to thoroughly investigate and determine if any criminal charges should result.
 - Last year we had over 27 deaths
 - In Longmont there 34 narcan saves
 - Boulder PD had 31 narcan saves

Fentanyl Bill Review: [HB22-1326](#)

- ★ Link to updates for Bill / checking its status: <https://leg.colorado.gov/bills/hb22-1326>
- ★ Holds those distributing fentanyl to a greater penalty
 - Those that are distributing fentanyl that results in death there is a tier approach such as that of Drug Felony 1 (DF1), Drug Felony 2 (DF2), Drug Felony 3 (DF3).
 - These categories are differentiated by the amount of fentanyl possessed by the one who distributes the fentanyl - although the common factor is that someone has died in connection with the distribution.
 - There is a Good Samaritan Immunity provision for DF3 distribution: who is someone that possesses 0-4 grams of fentanyl that results in a death
 - If they remain on scene and contact law enforcement they will receive immunity.
- ★ Bill in part focuses on people that distribute fentanyl and the distributions that result in death
 - There are particular provisions with possession intent. Such that there are greater penalties from those that seek to profit from the public health crisis by intending to distribute or actually distributing fentanyl that have led to death, rather than those who were unaware.
 - Bill has significant amount of treatment dollars tied to it
 - 20 million going to Behavioral Health Cash Funds
 - 300,000 to Department of Public Health & Environment for purchase and distribution of detection tests that are going out to eligible entities including schools
 - Money will be given for medicated assisted treatment (MAT) at the jails
 - 6 million grant program for behavioral and mental health programs out in the community as well
 - In order for a person to receive a possession charge that is a felony, they have to have 4 grams or more. This is a result of 2019 legislation. At the last hearing there was an amendment introduced taking it from 4 grams to 1 grams on

fentanyl but it also included language that the individual would have to know/should have known that the drugs contained fentanyl

- This is to prevent individuals who don't know that there is fentanyl in the substance they possess from being prosecuted for a felony. This would be the only drug to have that explicit language, making it incredibly challenging to prosecute in that way.
- There are going to be a lot of changes to the possession pieces of this bill in the coming weeks and as it switches to the Senate.
- Overall, the DA's Office would like to see more resources for law enforcement for investigation. There is a lack of investigative resources/equipment needed to thoroughly investigate each of these cases as a possible homicide.

Questions:

- What do we expect to happen when other stronger opioids start showing up, such as Isotonitazene? It seems as if this will have unintended consequences and more dangerous drugs come from this...
 - There are other substances that are arguably stronger or just as dangerous as fentanyl and could be or should be included in the bill. When legislation is introduced, there are no amendments allowed that go outside of the bill title. This bill only focuses on Fentanyl. Procedurally not allowed.
- The possession part might be lowered from 4 to 1 gram and we will see people who are using recreationally and those choosing to use fentanyl will be convicted of felonies. Will people really be protected for possession if they call 911?
 - The legislation targets distribution more than anything else. There is DF1, DF2, DF3. DF1 targets more than 50 grams, DF2 is 4-50 grams, DF3 is from 0-4 grams for distribution. The bill focuses on how we stop people from dying. If this bill dies then people will continue to die at a constant rate, and we will have little to no control over it.

Commander Nico Goldberger, Boulder County Drug Task Force - Law Enforcement Perspective

Investigation / Law Enforcement on Fentanyl:

- Law enforcement has discretion and opportunities to give people a chance if they are caught with substances containing fentanyl although this is now in legislation.
- Currently we are trying to understand the sources of fentanyl. We know they are coming from Mexico, but pill color / characteristics are changing making it harder to keep track.
- Distributors/Dealers from Mexico have dropped their fentanyl concentration to 7-9% per kilo, and for individual pills they are down to 1.7mg per pill. Early 2015, mexican cartel had a problem because they made their product very potent (it was too deadly)

Mila Long, Addiction Counselor, Denver Recovery Group

Community Perspective:

- There are many concerns on this bill based on front-line perspectives:
 - 90% of clients who are using report fentanyl to be their drug of choice. We know that a lot of people are going to end up with felonies for using.
- Intakes have tripled since 2021-2022 at DRG where we provide methadone and suboxone treatment for opioid use disorder - which is because of fentanyl

- Clients are purchasing these M30 pills for \$3-7 dollars a piece and carry around 20-30 pills at a time, which makes it hard to break down the amount of fentanyl being carried based on prosecution standards set.
 - Clients who will get charged for such felonies are dramatically impacted by their criminal record (not able to get housing or jobs).

Georgia Babatsikos, MPH, PhD, Harm Reduction Program Manager, The Works Program - Harm Reduction Perspective and Nationwide Comparisons

Harm Reduction Program Perspective:

- Current concerns are that evidence has shown that sometimes harsher penalties do not stop people from using and selling
 - In regards to the Immunity provision, people may not report overdoses/stay with the person...in return, potentially resulting in more overdoses.
 - Need to consider
- Racial and ethnic minorities or people of low-income are oftentimes hit harder with this type of legislation (e.g. if you don't have the resources to get a good lawyer, if you are a person of color you may get targeted differently) so that may exacerbate the health disparities further