

Boulder County Substance Use Advisory Group

Wednesday, September 21, 2022

9:30-11:30 am

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

9:30 Opioid Abatement Conference Recap

Jamie Feld, Deputy Director of Opioid Response, Attorney General's Office

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Colorado Abatement Conference (August 15th and 16th):

- Boulder County made several contributions at the conference
 - Marcy Campbell presented on the Panel about Regional Councils and the work that they are doing to allocate the opioid settlement funds. Marcy's contributions were about Boulder's Operation Group and the influence of SUAG in the mission of allocating such funds. She also made a notable reference that in order to be successful with our funds, it is important that we listen to subject matter experts and those with lived experience - as SUAG holds both.
 - Mila Long presented on the Recovery Panel and spoke about MAT, reducing stigma, and the importance of empowering people in recovery as key and instrumental in this work. (Recording of Mila's presentation on the "[Nothing About Us, Without Us](#) panel")
- Other conversations included in the conference entailed: funds in the state, history and legacy of criminal justice and some of the problems that have been created in this effort, and speakers of harm reduction, recovery, and treatment approaches
- If you have questions on opioid litigation funds, please contact Jim Adams-Berger (jadams-berger@bouldercounty.org) or Jamie Feld for overall questions.
- [Materials](#) from the Conference and [recordings](#)!

9:40 St. Vrain Updates

Sophia Yager, MS, RN, Health Services Coordinator of St. Vrain School District

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St. Vrain School District Updates

- St. Vrain has implemented narcan policy in the district this year! They have been working on this for the past 5 years
- They have 54 schools that are going to have narcan

- Implementing this as their first aid response - taking an approach about “life saving”
- Training all emergency response teams on the use of narcan
- Were able to purchase from the Naloxone Bulk Fund from CDPHE
- Doing an online training for the staff (part of the safety teams for the schools) but will also be available for all staff (required for emergency response teams and for the nurses)

Questions:

- How will this be available for all of the staff?
 - These resources will be in an easily accessible place for everybody (staff). In terms of rolling it out for training, that will not be a requirement, but they will know where training is available and where narcan is located within the schools. This is how the roll-out will go.
- If the teachers opt in to get the training, will they be allowed to carry naloxone in their classrooms or will it be in a specific location?
 - We will provide it in a specific location as part of our emergency response. We are not going to be distributing naloxone outside of the protocol that we have developed.
- Do your protocols relate to BVSD?
 - Pretty much identical. We are following a very similar process and protocol to them. Their model was a little different with training of nurses. I know the policies and standing order looks the same
- When your emergency team goes out, will they have more than one applicator?
 - Yes, they will have 4 narcan kits as they go out (2 boxes). The safety director will be deciding where to put it in the schools.
- Are you carrying Kloxxado or Naloxone?
 - Naloxone
- Any plans brewing for fentanyl education for parents and students?
 - No, we do not currently have any information on fentanyl education. We have the same grant as BVSD where we have students referred to SBIRT.
- What other school districts in Colorado have Narcan, and is it in K-12 or only middle school or high school? And, can only trained nurses access it?
 - We are starting in middle school and highschool. We know that BVSD was the second in the state to have Narcan in the schools to deploy and train. In the spring there were 6 schools that had naloxone. Since the legislation and more money in the Bulk pPurchase Fund, there are now 63 school districts in the process. 18 of them have received their first naloxone order.

- We are going to train 6-8 people in an emergency team, so it will be them and trained nurses who can access it. It will be stored in a place where others can access it. It will be as part of an emergency response kit!
- Is there any policy regarding students carrying naloxone? There was a recent incident at a BVSD school where staff seized naloxone from a child's backpack and I'm just wondering if there are any policies regarding students?
 - No, as of right now there are no policies as to what to do if we found narcan in a student's backpack because this hasn't happened yet. This has crossed our mind but we don't have a policy to address that.
- As you implement the SBIRT assessments, are you finding enough providers in the community to refer to?
 - SBIRT is being used as a tool to start the conversation and identify a student's relationship to substances. Most of the time that students are referred to SBIRT it's related to vaping. It is used as a tool as an alternative to suspension. Most of what they take care of is within the school. If we had to refer out, it would be in collaboration with the school team.
- Could sports coaches have narcan with them?
 - We are just implementing what we described. If coaches wanted to have that, they totally could. We are just distributing to the emergency team to start in this framework
- Do SROs also carry Narcan in schools?
 - Yes SROs also carry narcan
- Do your transportation drivers carry Narcan?
 - No, they will not be carrying. We are not distributing to other folks outside of the emergency response teams. BVSD does carry with the transportation team but Adams12 does not.
- Is there an emergency response person in every St. Vrain school?
 - We have emergency teams/first aid teams in every school with 5-6 people on each team.

9:55 Overdose Mapping

Commander Nico Goldberger, Boulder County Drug Task Force

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OD Mapping Overview:

- This system is supposed to include law enforcement, EMS, Fire Depts, and Emergency Depts within hospitals

- Currently in Boulder County, we have had every single law enforcement entity say yes to signing up as well as BCPH and the Coroner's office.
- Current standing/orgs within the Drug Task Force:
 - Boulder County Police Dept, DA's Office, Boulder County Sheriff's Office, City of Lafayette, and City of Erie (although they may pull out in January).
- What is OD Mapping?
 - OD Map is a free, web-based, mobile-friendly software platform to support reporting and surveillance of suspected fatal and nonfatal overdoses
 - Once everyone is on board, the premise is: when a law enforcement officer goes to a call, they will continue with their regular reporting process and then immediately send their report information into this system that fits the perimeters of the OD mapping. This includes:
 - How many narcan administrations were used, location, gender, etc.
 - This system will be more effective for community awareness because currently our information about ODs or narcan reversals are from data that is years old (such as the Coroner's office).
 - In theory, each agency will input this data into the OD Map so that we have current standings and real-time information (that will clue us into what is truly happening in our communities).
 - Visit Odmapp.org to learn more on how it will work, spike alerts, training, etc.
 - Spike alerts can provide vital information to stakeholders that notifies agencies if the total overdoses in an area exceeds a predetermined threshold within a 24-hour period. The program can serve as an early warning feature; if a spike in overdoses occurs in a neighboring area, officials can anticipate a spike in their area and prepare.

Drug Task Force Updates:

- There are 17 active cases for OD deaths. There are a few cases that are going to be charged federally and through the DA's office for manslaughter and other charges from drug dealers.

Questions:

- How does the Task Force identify/distinguish what compounds are in the drugs that are found?
 - There are a few instruments in the field to test whether specific drugs are positive for fentanyl. Normally, these tests may show up reading as acetaminophen. With our training experience, this can be determined that those are fake pills distinguishing as fentanyl. Then, these pills are sent to CBI and they

will test it for fentanyl. They don't break down the percentages, they just give clear distinguishing if it contains fentanyl.

- Are they using GCMS/LCMS?
 - Yes, they are using 2 different scientific tools/machines to do so.
- How do we know locally that the police are not going to utilize this in order to arrest their way out of the drug war? How do we know this isn't going to go negatively?
 - The Drug Task Force is not relying on data for arrests, they will be using this for tragic deaths. If we see 3 OD mapping entries, we aren't going into the area to do that. We may interview and ask questions, but we aren't seeing many street sales. We are not going to use the map as that function.
 - Blue Rising was the organization that took the recommendation from the Consortium for the OD map and got it put into the legislation...The legislation includes "notwithstanding any law to the contrary, law enforcement should not use data from the OD mapping program for criminal investigations, warrant checks, etc.". This does not drill down to actual home locations. Everything is geo-coded so you can't extract addresses. We worked to try to make it so that it would not be used in a punitive way.
- If a fatality is confirmed by the coroner, would that be updated in the OD Map?
 - Yes, the coroners cannot enter data but we work directly with them. We work with the coroner's office on a different OD spreadsheet. Any OD comes to a specific file that we have and we cross-match (if it is related to an OD Map incident), then we catch that. If the hospital puts it in there, we still catch this. It is either caught through the Coroners, law enforcement, hospitals/EDs, fire depts, etc. Jurisdiction where the incident occurred or was entered would update this on the OD map (with the correct information) so that it is not duplicative.
- Is ODMapping following the outcome of the overdose? Example, if they were taken to a local hospital and passed away?
 - Yes! Entries will have oversight and will be triangulated through our different entities and stakeholder contact.
- Are there thoughts of having some sort of a meeting about the different hospitals that are in Boulder County, as well as the ambulance services to give them an overview to try and enlist their systems with this project?
 - Mountain View Fire was the first contact to get onboard. We also have been working with the North Central Region of EMS and Fire to have their captain bring this information back to those locations to talk about. There are multiple systems to track this type of information (across entities), changing what a "save" is. Although it is a different system, it would be easy to translate to the

OD Mapping. We want to hit all the ED's that fit and have it presented and implemented/adopted.

- How are we getting consent from people who are overdosing to put their information on this map?
 - We don't have anything personal added to the ODMAP. Just date, location, administered, and hospitalization are added. There is nothing HIPAA related. None of the vital information is entered into the system.

Dawn Reinfeld, Executive Director, Blue Rising Together (dawn@bluerisingtogether.com)

Blue Rising Background

- This organization was founded to find solutions for challenges in the community that make it hard for children to grow up in.
 - Blue Rising works on issues such as: high potency THC marijuana, gun violence, and the fentanyl issue
 - They were one of the stakeholders at the table on the Fentanyl Accountability Act.
- Their goal is to shape policies by empowering those who have been affected...the most recent initiative being the OD Mapping.
 - They're working with higher ed across the state to try and understand what policy initiatives to develop (and roadmaps) in order to better handle the fentanyl problem and reduce ODs across college campuses.
- Initiatives they are working to accomplish with higher ed:
 - To train RA's and supply them with narcan so they can act right away if there is an OD within the dorms
 - Obtain naloxone through the Bulk Purchase Fund
 - To require all campus police to carry naloxone (4 mg or 8 mg) and to give narcan out at large school events
 - OD Map and Alert System development and implementation
 - Educate students on fentanyl poisoning or OD and what it looks like - creating mandatory educational classes prior to registration of classes.
 - Educate greek life students on the above points and ensure there are signs on campus on what OD looks like and how to use narcan in such circumstances.
 - If there is a death of a student, higher ed should be transparent about this with sharing this data.
 - GOAL of this work is ultimately to save lives of young adolescents

10:35 CU Updates

Chris Lord, Associate Director of AOD Programs and Collegiate Recovery, Health Promotion, University of Colorado Boulder (christopher.lord@colorado.edu)

AOD Prevention, Early Intervention, and Recovery Initiatives:

- CU Boulder provides an integrated approach for individuals and the community to navigate and address substance use
- AOD and Collegiate Recovery works with the communications dept in order to promote educational articles about fentanyl, vaping, general substance use, risk factors, prevention, etc.
 - Outreach and presentations can encapture overall health and wellness
 - There is a peer program that does a lot of tabling to raise awareness among students on such topics
 - 19,403 total contacts (all health and wellness outreach, not only AOD)
- Late night programming has expanded over the past year
 - 2123 students attended late night events such as: silent discos, tailgates, ice skating, bowling, etc.
 - There is collaboration with Rec Center, Center for student involvement, Fraternity and Sorority Life, Res Life, Off-Campus Housing, NEW Student and Family Programs
- There is increased programming on high risk days such as: Welcome week, football games, halloween, St. Patrick's Day, etc.
 - During these days, there are incentivized overdose prevention quiz, specialized AOD focused outreach and marketing, recovery focused events and meetings, well-check pre-arrival
- Harm reduction:
 - Naloxone available for free at:
 - Pharmacy in wardenburg
 - AOD early intervention classes
 - AOD presentations and tabling events
 - Collegiate Recovery Community
- The 2021 end of year reports for the Buffs Discuss and the mandated classes are available on their website: <https://www.colorado.edu/aod/reports>, if you're interested in understanding the impact on students. The 2022 end of year report will be up soon.

Questions:

- How much naloxone (in the past) have you given out?

- In the past, it has only been passed out through the pharmacy. But now, through the Bulk Fund we are able to hand out these resources in a variety of ways. We are trying to close the gap between those that want these resources and those that actually come in to get these resources! CU has been working with different targeted groups to deliver OD prevention.
- With the meetings that you all provide, can outside adults come to the events outside of CU students? (exL Recovery meetings and SBIRT)
 - Recovery meetings are meant for members of the CU community. If there was a prospective student, they could join...but students who are outside of CU cannot join!
- Are people able to report about other substances specifically (in the end of the year report)? Where do you gather that type of information?
 - Those numbers featured on the report are not representative of the entire campus. We ask what substances are most used / are having the biggest impact (ex: alcohol, cannabis, nicotine, others/none) in order to get the larger conversation started.

11:20 Overdose Awareness Day Recap

Ryan Christoff, Outreach and Engagement Workgroup, Community Member / Volunteer
Michele Ryan, Community Programs and Integrations Manager, Community Medical Services
Madeleine Evanoff, Harm Reduction Specialist, The Works Program, Boulder County Public Health

Event Recap:

- 275 kits of narcan were passed out and over 200 individuals were trained on narcan administration.
- A lot of individuals that came to our booth were adolescents/teens that were moving in on CU move in weekend. The turnout of this age group gave us the opportunity to think about potential outreach events that our coalition can host.
- Interactions with community members was one of the best parts of this event given that a safe space was created for those to share their experiences, their substance use, and harm reduction strategies to promote
- The trainings itself were very conversational - from a harm reduction perspective, there were many conversations with people that were socially and recreationally using substances to check in on how they are using and ways that they can be safer.

11:25 Introductions and Announcements

- Shannon Bryan and Audrey Schroer will both be leaving Boulder County and as co-chairs of the Youth Services workgroup.
 - If you interested in learning more about what it means to be a co-chair of the group, please reach out to Shannon Bryan (sbryan@bouldercounty.org) or Trina Faatz (tfaat@bouldercounty.org)
- If anyone is interested in joining the Methamphetamine Use Disorder Group or becoming a co-chair with Carlos Estrella (cestrellarodriguez@saludclinic.org), please reach out to him or Trina in order to get involved - all are welcome!
 - Currently they are working to increase treatment beds within the state and grow awareness and knowledge among prescribers on treatment for Methamphetamine Use Disorder