Boulder County Substance Use Advisory Group

Wednesday, February 15, 2023 9:30-11:30 am Norton Room - Workforce Building; Zoom link for Hybrid

9:35 County Overdose Data - Boulder County Coroner's Office (BCCO)

Emma Hall, County Coroner Katie Becker, Morgue Supervisor Jeff Martin, Chief Deputy Coroner

<u>Drugs Identified in Deceased Persons by Boulder County Coroner's Office (2022 Drug Report):</u>

- The State of Colorado Bureau of Vital Statistics reported 2,567 deaths in Boulder County during 2022. Of the 2,567 deaths, the Boulder County Coroner's Office (BCCO) certified 403 deaths. Of the 403 deaths, toxicology results determined that the drugs listed below were present at the time of death in 194 deaths.
- In 2022, there were....
 - 73 total drug-related deaths
 - o 40 natural deaths where drugs were merely present at the time of death
 - 6 opioid only caused deaths (1 Morphine, 5 Fentanyl)
 - 13 Fentanyl deaths had a benzodiazepine present
 - 11 Fentanyl deaths had methamphetamine present and 8 Fentanyl deaths had cocaine present
- Methamphetamine use by age/rate in BoCo:
 - 0 18-25:3
 - o 26-35: 6
 - o 36-45: 12
- Death by Manner and Substance: 32 minutes into recording
- Frequency of Drugs in Deceased (January December 2022)
 - Out of 194 (total occurrences of drugs found), 44.3% were Ethanol, 39.1% were Cannabinoids, 21.6% were Fentanyl, 20.6% were Methamphetamine, and 11.3% were Cocaine

Questions:

- Did you only sign 403 deaths because they were Boulder County residents?
 - The greater majority of those reported to us are majority hospice cases.
- Do you feel that there are that amount of Fentanyl related deaths because people don't know what is in the substance they're using (tainted) or do you think they're meaning to use Fentanyl as a poly-substance?
 - I don't think people really know what's on the street. 92% of Fentanyl deaths are illicit deaths (it is coming from the street). When an individual gets an M-30 or Blue, they don't necessarily know what's in it.

- The people who are taking the pills are very aware that they are NOT true pills because they're not being prescribed to them. If you didn't get them from a pharmacy, they should have an idea that they are at risk because it's not a pharmaceutical pill.
- Is it fair to say that we are intercepting very little pure fentanyl on the street?
 - We have very rarely seen pure Fentanyl (Fentanyl in the form of powder). We definitely will sometime soon.
- What are you picking up off the street?
 - Majority of what we see are the blues, which primarily have Fentanyl in them. For
 other benzo's out there, the breakdown on the substances are still being
 determined. We haven't heard any intel for the cartel lowering the Fentanyl dose
 put in pills. We have a vast amount of pills and dealers who are selling pills for
 very cheap which means the supply is out there (\$1/\$2 a pill). This means the
 problem will be relevant for a long time.
- I've started looking at provisional data from the CDC, and they're indicating that for 2022 (provisionally), we're seeing a slowing down of trends...Do you see this in Boulder County data and how does this data compare to the previous year?
 - In 2021 we had 27 Fentanyl-related deaths, 14 benzodiazepine related, and 13 cocaine related. From what we see, methamphetamine and cocaine are fairly close from the previous year but Fentanyl deaths have gone up/there's still an upward trend.
- What are the save numbers from 2021-2022?
 - We started entering data in Sept 2022, so there isn't a solid database. But this year, we have really started tracking through ODMap. 26 total saves

10:15 Behavioral Health and Substance-Related Legislation

Robin Noble, Aide to Judy Amabile, Colorado House Representative of the 49th District (robin@judyamabile.com)

Legislative Work - Bills applicable to the Substance Use Advisory Group (SUAG)

- Safe Injections/Use Site: the bill is expected to be announced soon.
- HB23-1071: Psychologist Prescriptive Authority
 - It gives psychologists very limited prescribing authorities to provide mental health medications; Fact Sheet
- HB23-1153: Pathways to Behavioral Health Care
 - Fact Sheet
- HB23-1138: Procedures Related to Adult Competency
 - Fact Sheet
- HB23-1013: Use of Restrictive Practices in Prison
 - Fact Sheet
- When these bills move out of appropriation in the House, testimonies will be needed when they're in the Senate.

 Additionally, the SUAG Policy & Advocacy workgroup will be working to do advocacy for certain bills, if you're interested in learning more and being a part of this group, please reach out to Trina (<u>tfaatz@bouldercounty.org</u>) or Robin Noble (<u>robin@judyamabile.com</u>)

Questions:

- What's the impetus behind doing Safe Use Sites?
 - You would have to talk to Rep. Amabile for exact reasons on her co-sponsorship, but for background: the City and County of Denver passed a resolution that said they would be interested in opening Overdose Prevention Centers...so this bill would be focused on local control with the intention of proving whether these centers will save lives (give more evidence for further legislation down the line).
 - Denver is being impacted severely by public drug use. The intent of a center
 would bring people into a safe place with physicians and doctors to help those
 people and get them help...keep them alive and access treatment services they
 would need. Could a center help curb some of this that is the hope? Nobody
 wouldn't be able to go there without being assessed for having an addiction.

Jose Esquibel, Executive Director, Colorado Consortium of Prescription Drug Abuse Prevention (jose.a.esquibel@cuanschutz.edu)

Legislative Update - February 15, 2023

- As of February 15, six bills have been introduced
 - SB23-041: Prescription Drugs for Off-Label Use
 - SB23-109: Criminal Penalty Controlled Substance Supplier
 - If anyone provides Fentanyl to someone that person can be charged with a Level 1 Felony
 - SB23-140: Fentanyl Study Deadline and Appropriation
 - o SB23-144: Prescription Drugs for Chronic Pain
 - HB23-1009: Secondary School Student Substance Use
 - Seeks to set up a committee that will Identify and modify practices for SBIRT for young people in schools
 - o HB23-1164: Opioid Harm Reduction
 - HB23-1167: Reporting of Emergency Overdose Events

Questions:

- Does <u>SB23-109</u> apply to all controlled substances?
 - If the person sells or dispenses any controlled substance (not specific to Fentanyl), they can risk criminal penalties.

10:25 Peer Support Work at Boulder County Jail

Hector Gonzalez, Peer Support Professional, Mental Health Partners (MHP) PACE Program, Boulder County Jail (hgonzale@mhpcolorado.org)

Behavioral Health Assistance Program (BHAP) and BoCo Jail Peer Support:

- <u>BHAP</u> is a program within the Jail that started in 2019; partnership merged with MHP in 2021
- Peer Support within the Jail just recently started in September
 - A lot of the peer support work happens in continuous sessions where the specialist and client can have open ended conversations on what they look forward to, what help they need to be successful once out of jail, and speaking to both of their personal experiences.
- Case managers and therapists are part of the program, but it is dependent on funding through 2 federal grants: 1) mental health 2) substance use focused
- Clients who are interested in working with a Peer Specialist via BHAP must first be in jails before they can be referred to BHAP.

Questions:

- How would you recommend becoming a Peer Support Specialist if someone was interested?
 - There's a lot of different places that hire peer support specialists if you want to go through MHP, you can contact Victor King (vking@mhpcolorado.org) who offers the training to become a specialist. Recovery Cafe in Longmont is also hiring specialists, so you could reach out to them and ask. Additionally, individuals interested should check out COPA's website which presents requirements, but Coaches can typically take a CCAR course and go from there.
- What is the difference between a Peer Coach and Peer Support Specialist?
 - Peer Coach only requires a 30 hour class and Peer Support Specialists requires
 100 hours for training (so just a difference in the hours needed for training)

11:00 Introductions and Announcements

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