**Boulder County Substance Use Advisory Group**

**Wednesday, April 19, 2023**

**9:30-11:30 am**

[**Zoom link**](https://www.zoomgov.com/rec/share/YXw5RhYcdHXPkpBuYG_oy1ICtW6o2xq5X_iBZCBKmLiahqew7vTJOFh5wvSStTc.IW0ZycuT-sCmc_qb), password: DLey55\*7

**60 people**

**9:30 Introductions and Community Announcements**

Updates:

* Chris Poma, Recovery Cafe: new volunteer coordinator/peer support specialist (Elyssa Hamilton), Spanish programming coming up
* The BH Hub has had the full roll out for the controlled pilot (co-responders for the jail and the DA diversion team with the county, taking full referrals)
* Dayna, Front Range Clinic: Availability in the clinics, no wait time, medicaid population can be supported. Can get MAT quickly
* Sober Tailgate on Saturday from 11am-1pm at the CU spring game
  + 24th of June sober support tailgate at rockies
  + May
* Elaine Werner, Opioid Therapist with COPE program at Boulder County Jail, people with history of using opioids can be part of their program (includes reentry)
* Jessica Zehm, Denver Recovery Group: Now accepting intakes for MAT from 5am-12am (midnight) Monday-Friday
  + Glenwood springs opened on April 3rd
  + April 10th, DRG acquired a 9th location
* Jonathan Singer, Boulder Chamber: Concluded roundtable on solutions to homelessness. Waiting for board approval for their submitted plan
* Commissioners approved rolling out mobile crisis response at BC Community Services
* Nico Goldberg: Reference OD Map, total of 41 suspected overdose, 8 of which are suspected fentanyl, cocaine, or other drugs. Last fatal overdose was March 21st. Since then we’ve had 12 nonfatal overdoses with different drugs…suspected for majority of events is with fentanyl. Numbers come from law enforcement responses to calls for service.
* Patricia Markwell, Rocky Mountain Crisis Partners, expanding services by providing wrap around support for people who call into the crisis (want to partner with treatment centers/community partners)
* Peggy Jarrett, Good Samaritan and Platte Valley Medical Centers: starting community needs assessment at end of this year. Also trying to get peer support into EDs
* Teresa Cobleigh: Mobilize recovery as they come across the county, build recovery movement nationwide

**9:55 Panel on New Substance Use Trends, Response to Fentanyl Legislation**

*Sophie Feffer (she/her/hers) Drug User Health Coordinator at the Office of STI/HIV/VH, CDPHE Sophie.feffer@state.co.us*

Prevalence of Xylazine

* Xylazine is specifically used to sedate large animals. Being found in the drug supply within the East Coast, but is entering state of Colorado.
  + It is only sold with other substances.
  + Central Nervous System Depressant, it causes amnesia, slow breathing, abscesses (away from site of injection)
  + If wounds get worse, get care. Otherwise, keep them covered.
  + Airway management (keeping airway open) is very important
  + It is not an opiate, so it’s not responsive to naloxone. But, given that it’s still sold with other opiates, naloxone should still be used
  + 4 fatal overdoses since January of 2022 that contained xylazine, within the state of Colorado (in city/county of Denver). Fentanyl was also present, along with other substances
  + Coroner and Toxicology Offices are not always checking for Xylazine when doing fatal overdose reports
* Nitazines, unlike Xylazine, is a potent synthetic opioid.
  + Street name for this is called Pyro, they have a lot of analogs like fentanyl does. Because of this, the definition of Nitazene is extremely broad
  + 8 fatal overdoses involving some sort of Nitazene analog, not specific to Pyro. Overdoses focused in denver county and were poly substances.
* Carfentanil, specific type of fentanyl (fentanyl analog)
  + No fatal overdoses in CO, no reason to believe this is in the drug supply in CO
  + Even more potent than fentanyl.
* Clinician guidance from NY State- <https://www.health.ny.gov/publications/12044.pdf>
* National Harm Reduction Coalition one pager- <https://harmreduction.org/wp-content/uploads/2022/11/Xylazine-in-the-Drug-Supply-one-pager.pdf>
* <https://www.btnx.com/HarmReduction>
* <https://www.cfsre.org/nps-discovery/drug-checking>
* The Rocky Mountain Poison Control center is available 24/7 for toxicology consultation on opioid relatedoverdoses and suspected xylazine exposures. Call 1-800-222-1222 to report any suspected cases and/or foradditional information, clinical guidance and management.
* CDPHE released a HAN yesterday for xylazine. <https://cdphe.colorado.gov/health-alert-network>

*Madeleine Evanoff, Acudetox Specialist, Harm Reduction Specialist, The Works Program, Boulder County Public Health (BCPH)*

* Boulder street outreach has said that there are new pills circulating in Boulder, they are white with blue specks and are being referred to as Tranq, street name for Xylazine and Fentanyl mixed together.
* We have not seen, prior to a few days ago from the reported overdoses, an increase of reported overdoses from the community. We’ve not seen an increase of wound care issues
* Have not had any reports of folks saying that naloxone hasn’t been effective
* Withdrawal/dependency - MAT providers need to alter their support for people coming off xylazine
* Rescue breathing needs to be driven home - hand out oxygen canisters to people?
* Overdose can look different with xylazine - their breathing might regulate but could still be unconscious due to sedating qualities of xylazine
* Wound Care - there are well documented cases to be able to provide wound care in a manner that’s effective where amputation and significant health complications are not a result.
* This education is going to be really essential for the health of the people who use substances here
* Need to start being proactive in education to the community, act rather than create hysteria.
* Reduce stigma that fear causes!

*Denise Vincioni, Regional Director, Denver Recovery Group*

* DRG does not test for Xylazine - only have anecdotal information
* White powdery substance, no longer blues being sold, and it has created an instant knock out (what feels like an overdose), you’re instantly out.
* In the next 6 months or so, DRG will be able to add Xylazine to their panel and what is coming through in the patients drugs
* No one has heard or reported “Xylazine” but have heard Tranq (we don’t know if they’re knowingly purchasing Xylazine)
* DRG has started a series of Fentanyl Focus Groups and ask them a series of 40 questions and their experience with fentanyl.
  + Drugs are very very cheap, you can get a blue for $5-$30. You can get rainbow pills as low as a dollar. It’s very easy for them to acquire drugs. They can sell, trade, or barter to get drugs.
  + Most patients do not know about the new penalties happening in 2023 (from the legislative session).
  + A lot of patients are reporting that they have good connection with law enforcement and that law enforcement has been instrumental in getting into treatment, or that they have not been scared to reach out if they could get help
  + If patients are getting pills at a dollar, you can imagine how much they’re getting at one time.
  + Nobody has reported that a reversal has not worked for them.
  + 100% of patients have accessed drugs through social media as well,
* Designer benzo’s - a lot of patients end up testing positive for benzos that they swear they haven’t used…there’s a lot of cross contamination. They’re buying benzos and have fentanyl within it. This will impact their dosing and if we don’t there will be a danger of potentiation of methadone.
* Methadone is the best form of treatment for fentanyl at this point; any form of treatment is valuable but we’re getting more methadone programs going live across the state. Methadone is the medication of choice

*Jane MucCulloch, Prevention Program Manager, Colorado Health Network/Access Point jane.mcculloch@coloradohealthnetwork.org*

* What’s thought to be meth, is not meth. People are believing they’re buying their substance of choice, but their interactions with it are not indicative of what
* There are no longer pure products on the street. All substances are altered.
* Fentanyl test strips helps with this because we know the major adulterer is fentanyl. What we don’t know is what % of Xylazine we’ll be seeing in the product.
* We’re not able to do definitive drug testing which is troublesome because fentanyl test strips are not sufficient enough.
* The narrative and the use of naloxone needs to be changed. People believe the use of naloxone will bring a person back to full lucidity…but really it’s about restoring breath. Narcan does not work with xylazine.
* This is anecdotal information off the street. We need to push for early information/communication/transparency to those that are dealing with on the street, direct client services.
* This is changing the mode of use, less syringes and smoking being used. In a sense, this is a good thing less transference of disease by not using syringes. Because of fentanyl adulteration that is in product, the mode of usage is different in that there is a much greater need (short active life). Need and desire to seek substances increases over time. Distribution of smoking kits has been extremely effective which has led to an increase in volumes of participants we are seeing.
* We’re also seeing a widening of the age group of usage, going into a younger bracket of people thinking they’re smoking blues. They are rarely oxycontin.
* Wound care and treatment of wounds will be an indicator of when we’re going to see xylazine entering the community
* Xylazine does not appear on injection sites

*Ronnie Vasquez, Director of Acute and SUD Services with MHP, Mental Health Partners (MHP)*

* We’re seeing an uptick in folks coming to the facility, as well as a need to send to the ER because of more severity in overdose withdrawals.
* MHP sees the effects of being highly intoxicated, detox, rather than first hand on
* Hasn’t heard of the new pills on the street

*Nico Goldberger:*

* Retained ½ a pill of the white pill with blue specks from a person who overdosed. If you could work with Nico Goldberger to get him more samples, we can inform everyone on what this batch contains by testing it
* Get it tested and report on what the FDA has.
* Dramatic decrease in the pricing of drugs, fake M30s and the reason being that the distribution network is getting more solidified. Bulk and volume can be sold a lot less. $3 a pill or less. Supply and demand, there’s a big bulk of drugs coming from the Denver area.
* Carfentanil - it’s much stronger than fentanyl - so it’s bad business to add it to the supply so we likely won’t see it

Questions:

* How much does it typically cost to add an analog to lab tests to include all the other things on the street? It’s been heard that it can cost up to $5,000 for each specific test.
* That is absolutely false from a cost perspective, cash paid price, insurance opportunity and that would not be true about adding these panels to the lab testing.
* Genesis lab works with and accepts all insurance/medicaid/medicare.
* Xylazine test strips are slowly becoming available to give to participants. Adequate funding for these test strips is needed in order for this to be sustainable!
* Isn’t it true that the addition of xylazine is done at the dealer phase? Blues not coming in that way from Mexico?
* It all depends. A majority of the cartels aim to please. They will design the drugs to what their supply is asking for. If they want a blend, they’ll get it. It’s just business to them. I have not heard about people getting a bulk of powder. Has to be in powder form in order to get xylazine within that
* Is xylazine and the analogs coming in from the same place such as Clandestine labs overseas or is it a different origin?
* A majority of the information, the precursors to make, are coming from China then goes to Mexico. Anything they need they get it from whatever country is furnishing it.
* How are you sharing this information with ER staff and do they know what's going on and how to treat?
* There’s not testing that’s identifying this specific drug in the patient's body. At current state, there is no current clinical management tool.
* CDPHE released a health alert to receive those (HANS) -- guidance specifically targeting providers and folks in clinical settings.

**11:00 Legislative Update**

Jose Esquibel, Executive Director, Colorado Consortium of Prescription Drug Abuse Prevention

Check attached Legislative Update for updates on each bill for progress.

* Overdose prevention centers- it’s about local control!

Duke and substance free seating in entertainment bill:

* 23 people supported, 1 against showed up
* Will try again next year and need a larger coalition to support next year

**11:15 Opioid Operations Group Update**

Kelly Veit, Strategic Implementation Manager, Boulder County Community Services

See attached presentation for full slides/information

* New settlements bringing $30 million into the county (from CVS, Walmart, Walgreens, etc).
* Opioid Operations Group - reviewing RFPs (6) and scored them based on responsiveness, quality, budget, etc.
* Just finished finalist interviews (3) and will put forward a staff recommendation to BCROC
* We know the general funding timeline, don’t know strategic priority areas for funds, funding process, etc.
* Need to hold space for county leadership to put their own priorities forward