Wednesday, May 17, 2023
9:30-11:30 am - Norton Room - 1333 Iris Ave.

Link to partial meeting recording - did not get fully recorded due to technical difficulty

Tabling at Creekfest:
- Booth on Arapahoe near library for Saturday, Sunday & Monday
- Volunteers needed – sign up with SignUp Genius for shifts 11am-3pm and 3-7pm Saturday & Sunday
  - https://www.signupgenius.com/go/10c084da9ad2ba5fdc43-boulder#/
  - Lunch provided & $25 giftcard per shift
- Training for volunteers available

9:30  Xylazine Presentation and Q&A Discussion

Madeleine Evanoff, Acudetox Specialist, Harm Reduction Specialist, The Works Program, Boulder County Public Health

Kelsey Weigman, Acudetox Specialist, Harm Reduction Specialist Case Manager, The Works Program, Boulder County Public Health

What is xylazine?
- Not an opioid
- Approved for veterinary use as a sedative and muscle relaxation
- Used in equine medicine, for large animals

History of xylazine
- First seen in illicit drug supply in Puerto Rico in early 2000s
- Discovered on East Coast of US after 2006 in Philadelphia
- Found in 9 states as of 2022

Why is xylazine used?
- Cheaper than fentanyl and other opioids
- Longer half-life than fentanyl as well as heroin and other opioids
- Intentionally added to illicit opioids to extend sedative qualities, rarely used by itself
- Accidental cross contamination of other substances could happen, but not regularly reported

Effects of Xylazine
• Sedative and central nervous system depressant
• Illicit opioids that xylazine is often mixed with are also central nervous system depressants
• Increases likelihood of severe respiratory depression and overdose
• Extended periods of sedation – people using xylazine report no memory for 24-48 hours and be unconscious and could increase risk of adverse health events

Xylazine Wounds
• Known for causing wounds unrelated to route of administration – appear on parts of the body where a person is not injecting
• Wounds have a difficult time healing on their own or will not heal at all without medical intervention – but they can heal!
• Necrosis of tissue around wounds is common – will look black and slough off

Boulder County Resources for wound care
• Boulder Community ED
• Long’s Peak ED
• Clinica Family Health
  ○ People’s Clinic – drop-in Tuesday am and Thursday pm
  ○ People’s Clinic provides medical and wound care at Deacon’s closet
  ○ Salud Clinic

Boulder County Resources – St Benedict’s Health & Healing Ministries

Xylazine OD:
• Likely present similarly to opioid overdose initially
• Still use naloxone, as xylazine is most often mixed with opioids
• Rescue breathing is 10x more important with these ODs than for opioid only ODs due to extended periods of respiratory depression
• Because a person will likely remain unconscious but be breathing, it is important to closely monitor breathing and provide rescue breaths if needed
• Do not keep administering naloxone once someone starts breathing, even if they remain unconscious

Xylazine Dependency:
• Xylazine withdrawal necessitates hospital admittance – can cause rebound hypertension and stroke
• Withdrawal can cause extreme anxiety and agitation – similar to benzo withdrawal

Harm Reduction Tips:
• Shifting injection from limb to limb and no injecting in sores
• Resource breathing could be needed for much longer of time (small oxygen tanks)
• Carry naloxone!
• Testing strips should be available soon!
Look for early signs of wounds
Yohimbine possible reversal medication, more research needed

9:55
Stout Street Foundation Residential Program
Panel Presentation of 40-Year History & Treatment Modality
Sharol Wells, President, Stout Street Foundation
Zackaria Bengheshir, CAS, Director of Outreach & Admissions, Stout Street Foundation
Robyn Winters, Director of Development, Stout Street Foundation
Margaret McConnellogue, Person with Lived Experience/Story of Recovery

https://www.stoutstreet.org/

Video link: https://youtu.be/RSIlw6Ao0-4

Sharol Wells, CEO/President
• Smoke free Campus
• Therapeutic models of SSF

28 day Intensive Residential Treatment High Quality Care at an Affordable Cost:
• Client centered – CBT, DBT, Inner Child, Family Therapy, Experiential Therapy
• All pathways – 12 step and 12 step alternative recover meetings twice weekly
• Accessible care – High quality treatment at a lower cost when compared to local programs

Upcoming Events:
• Community Leaders & Legislators Event – Friday May 19th
• Art & Audi Reception – Thursday October 12th

10:45
Recovery Friendly Workplace Toolkit Initiative
Dr. John Narine, DBA, CEAP, Author of Leading Workplace Addiction, Consultant for Recovery Friendly Workplace, Founder and Executive Director for Recovery Friendly Leader
Jen Place, MA, LPC, LAC, Senior Program Manager, Colorado Consortium for Prescription Drug Abuse Prevention
• Steps for organizations to support employees on their road of recovery

Substance use & work:
• 1 in 12 individuals who are working will develop a substance use disorder
The Initiative:

- **Phase 1**
  - Colorado Recovery Friendly Workplace Toolkit launch 9/2022
  - 4 part peer learning series through 1/2023
  - Recovery Friendly Advisor sessions
- **Currently planning Phase 2**
  - Looking into opportunities for dissemination of toolkit and possible tax credits

Steps
1 – Identify your purpose
2 - Adopt and start practicing principles/core values
3 - Establish the Recovery Friendly Foundational Culture
4 - Implement the core practices
5 – Sustain the Recovery Friendly Workplace

US Department of Labor’s Recovery Ready Resource Hub as a resource for employee training

- Recovery Friendly Leader training empowers leaders with solution-based strategies to support employees impact by addiction and promote safer, healthier, and more productive workplaces.
- 1 hour, 2 hour and half day training option

*To schedule training and discuss pricing, please contact John Narine – john.narine88@gmail.com – 720.787.5802*

Keep the Party Safe - [https://keepthepartysafe.org/](https://keepthepartysafe.org/)

*Jennifer.place@cuanschutz.edu - 303-656-7347*

11:15

**Legislative Updates**

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

See attached document for full summary

- **Good Samaritan Law (passed)**
  - Messaging is coming to different groups
  - People can help/assist with overdoses and still get legal immunity
  - Adds immunity for drug sharing
  - Changes to level of drug misdemeanor
- **Safe Injection Site (did not pass)**
  - What killed the bill? Stigma. People wanted to debate merit of safe injection site instead of debating local control.
○ Goal: Allow local control over this matter.
○ The bill had no fiscal requests or unfunded mandates, but still wasn’t passed due to stigma of the site.
○ The public has concerns relating to stigma
● Secondary School Substance Use (passed)
○ Committee to look at best practices for implementing screening/brief interventions/referrals for students
○ Goal: Intervene at youth level before addiction starts to reduce overdose deaths in long term

Opportunity (coordinate with Policy work group) to give feedback on existing bills and tell legislators what is working and what isn’t, etc. Ask Trina (tfaatz@bouldercounty.org) if you would like to get involved with this.