

Boulder County Substance Use Advisory Group

Meeting Minutes

Wednesday, June 21, 2023

9:30-11:30 am

View the meeting recording [here](#): Passcode: 1Mj*%90v

9:30 Introductions and Community Announcements

- Becky Milanski (Works Harm Reduction at BCPH) - A few suspected xylazine cases in clients based on anecdotal information - more updates later in meeting
- Cindy Cohagen (Mental Health Partners) - collaboration to distribute Narcan and other supplies in kiosks around Boulder County
- Chris Poma (Recovery Cafe) - Closed Friday 6/23
- John Franko (Smart Recovery/Recovery Cafe) - starting a friends/family meeting based on CRAFT at same time/location as Recovery meetings
- Karen Rodriguez (Harmony Foundation)- event 6/22 1pm- Viewing and expert panel discussion on the film "Stay Awake" written and directed by Jamie Sisley. Film is about a mother addicted to prescription drugs and it is from the point of view of the caretakers-her sons. register here:
<https://events.r20.constantcontact.com/register/eventReg?oeidk=a07ejtsp4dd15e25c42&oseq=&c=&ch=> trailer:<https://www.stayawakethefilm.com/> Questions- 516-306-869
- Kelsey Warren (Broomfield Public Health) - Free Narcan at libraries/public buildings in Broomfield
- Lisa Moreno - (Behavioral Health Planning) Roadmap presentation on July 18th at 9am - invite TBD
- Naomi Segel - (Behavioral Health Hub) - new staff member, Alex Benedict, started recently, moving towards launch
- Peggy Jarrett (SCL Hospital) - West Pines Behavioral Health Hospital broke ground in May, opening Fall 2024, replacing current West Pines inpatient facility at Lutheran. Working on getting part-time peer in ED
- Wes Fisher (Boulder Integrated Health) - Thursdays at 6:30 - open paint! First Thursday of the month - sober open mic night. Fridays at 1pm, free, open, sober barbecue with Accudetox - Sober Events! 2429 Broadway, Boulder, CO

10:00 Trends in Substance Use and Toxicology Testing/Info

Scott Lagasse, PharmD, BCPS, Vice President of Medical Affairs, Genesis Reference Laboratories scott.lagasse@genesisreferencelabs.com

Key Terms

See PPT

Where to find patterns of new substance use?

- Medical examiners report - ex: FL has an annual report
- Can only identify substances you look for
- In CO, we have SUDORS, State Unintentional drug overdose deaths (and those of undetermined intent)

- For 2019-2021, fentanyl is top cause of drug overdose deaths, followed by methamphetamine/amphetamine
- Full chart in slides

DEA Emerging Threats report

- Breaks down by drug type

National Forensic Laboratory Information System

- Mid year and full year reports released
- Fentanyl rising the ranks, but methamphetamine most common

Sometimes people don't know they're taking something because it's been mixed in with something new

Center for Forensic Science, Research, and Education

- Education and quarterly reports
- Eutylone being found in meth or molly

World Health Organization Expert Committee on Drug Dependence

National Institute of Drug Abuse

- National Drug Early Warning System

Prescribing Patterns on ClinCalc.com

Fentanyl Analogs

Fluorofentanyl - adding a fluorine ion to molecules in different positions (meta-fluorofentanyl, para-fluorofentanyl, etc.

Xylazine

- Started in Puerto Rico in 2012ish, moved to Philadelphia, now is starting to be more widespread
- Because we don't test for it, it flies under the radar fairly undetected

Other substances that aren't tested

- Tianeptine
- Phenibut - prescription drug sold in some countries, can be sold as dietary supplement, or other things
- Kratom - some people use for detox, has some opioid receptors
- Designer benzodiazepines - small changes not approved by FDA makes it an uncontrolled substance
- LSD - difficult to detect because of small dosage
- DMT - same difficulties as LSD
- Delta-8 THC - used in places where only medical marijuana is legal. Quasi-legal
- And more! - roulette to see what becomes popular and what doesn't

Urine Toxicology

- Differences in people's metabolizing and excretion process makes it impossible to know when a drug was taken or how much

Evolution of drug testing

- Changes from something that is done TO the patient to something that is done WITH them FOR them to help, not to punish

Toxicology testing methods

- immunoassay/presumptive and LG-MS/MS Confirmatory or definitive
- No test strips for field use/office use that are CLIA approved (approved for use of patients). Only for forensic use (law enforcement, court systems, correction systems, military, etc. Other places that use them are not technically approved. There could be a minor penalty, but likely a waiver right now for fentanyl situation

- For testing strips, fentanyl cutoff point is 20 nanograms, but for xylazine it is 100

Issues with tests

- The testing cup itself says positive doesn't necessarily mean positive, and same for negative. You must send to a lab for confirmation because the sample will have a more accurate test
- The test strip is backwards from COVID/pregnancy tests - one line means positive, two lines means negative
- EX: Patient is taking hydrocodone (Opiate) but comes back negative on strip because the strip doesn't detect the change in chemical structure on hydrocodone. The sample is sent to lab and comes back positive.
- Immunoassay is not a great clinical tool. False positives/negatives are not test errors, it is working as designed!
- Immunoassay in lab are run on an analyzer and are different than the POCT cups/strips used in offices/fields

Ways people try to "beat" UDT

- Use someone else's urine
- Use fake urine you buy online
- Dilute the sample (lower concentration below detection level)
- Add other chemicals to sample to destroy structure of drug so cup has trouble detecting
- Pill shaving or spiking - putting a piece of tablet into cup to be sure it shows positive (urate over fingernail where tablet residue is)

Validity testing

- Temperature - checked immediately - should be body temp
- pH - can detect some adulterants
- Specific gravity - can detect if sample is diluted
- Urine creatinine - can tell if it is human urine
- Nitrites/oxidants - detects some chemicals added to try and confuse the test

Most POCT cups/strips have some of these added

Interpreting validity testing

- Some people show up as abnormal - that is their normal - and doesn't mean they are cheating

Oral Fluid toxicology

- Uses saliva instead of urine
- Smaller more limited testing panel
- Shorter windows of detection
- Urine is still gold standard

OTHER TESTING MATRICES

	Blood	Breath	Oral Fluid	Urine	Sweat	Hair
Best use in treatment setting	Determination of acute impairment or intoxication for alcohol	Determination of acute impairment or intoxication for alcohol	Short-term detection in ongoing addiction treatment	Intermediate-term detection in ongoing addiction treatment	Medium-term prospective monitoring	Long-term monitoring; 3-month drug use history
General detection period (varies substantially)	1 – 48 hours	~1 hour per standard drink	1 – 48 hours	1 – 4 days	Continuous, usually for 1 – 4 weeks	7 – 100 days
Primarily detects	Parent drug; blood alcohol concentration	Parent drug; blood alcohol concentration	Parent drug	Drug metabolite	Parent drug	Parent drug

[tps://www.asam.org/quality-care/clinical-guidelines/drug-testing/infographics](https://www.asam.org/quality-care/clinical-guidelines/drug-testing/infographics)

10:50 Community Updates on xylazine and brief Q&A

Works Program at Boulder County Public Health

- Anecdotal experience from patients, unsure if xylazine may be mixed in
- Test strips available in limited quantities. Not giving out freely, but only to clients who specifically ask.

Mila Long, Peer Navigation Outreach Specialist, Denver Recovery Group

- Anecdotal reports of some people who report...
- At Denver clinics, similar things of people who report using and having symptoms of memory loss or loss of consciousness when they use fentanyl/blues that they aren't used to having in the past
- Clients are concerned and don't want to be using it, so are excited about drug testing kits
- Appears to be in the opioid supply or fentanyl/blues

Taylor Bister, PILLAR Patient Navigator, Boulder Community Health

- Anecdotal experience from patients, unsure if xylazine may be mixed in
- Patients are more aware that something else is out there
- Doctors are aware it's out there when working with patients and hearing patient symptoms
- Getting good response from patients saying what they're using and doctors being receptive to the education

Jennifer Mackender, Colorado Consortium for Prescription Drug Abuse Prevention

- Consortium is working on a page specific to xylazine - will be ready in the next month
- Recording of video from xylazine lunch & learn for healthcare providers will be available on the page

Jane McCulloch - been using xylazine test strips for 6 weeks in Denver. Found 2 confirmed positives in fentanyl powder and blues. Also recommending clients test for fentanyl at the same time. Also limited to number of strips that can be passed out

- Wounds can occur regardless if you smoke or inject it
- Likely to be stronger when you inject

11:05 MAT Provider Education Training at BCH

Taylor Bister, PILLAR Patient Navigator, Boulder Community Health

MAT discussion - virtual only, discussion led by physician at Denver Health, providing practical advice and clinical info, CME credits available. Link not available yet, but SUAG will share when link is ready. July 11 at noon

11:10 Overdose awareness day planning

Mila Long, Chair of Outreach & Engagement Group

- SUAG held booth at Creek Fest and gave out 600 packs of Narcan
 - Trained multiple people per pack of Narcan (estimated 1000 trainings)
 - Thanks to Works for supplying Narcan!
 - Thanks to volunteers!
- Planning multiple events in Longmont and Nederland
- Email Mila if you have info that should be added to their info that is handed out at events
- <https://endoverdoseco.com/> the consortium wants to help spread the word about the Colorado IOAD events. Please contact hilary.bryant@cuanschutz.edu

11:20 Opioid & Other Substance Use Disorder Study Committee Update

Jennifer Mackender, External Relations Strategist, Colorado Consortium for Prescription Drug Abuse Prevention

- Study committee starts meeting at end of June

Learn how to get involved in the study committee

<https://leg.colorado.gov/committees/opioid-and-other-substance-use-disorders-study-committee/2023-regular-session>

- Contact Jose Esquibel in the next week if you have anything that could be changed at the state level - chance to advocate!