



A Case for a Supervised Use Site (SUS) in Denver, Colorado

**Safety, Housing, Education &
Homelessness Committee Presentation
Councilman Albus Brooks, Dist. 9
11/7/18**



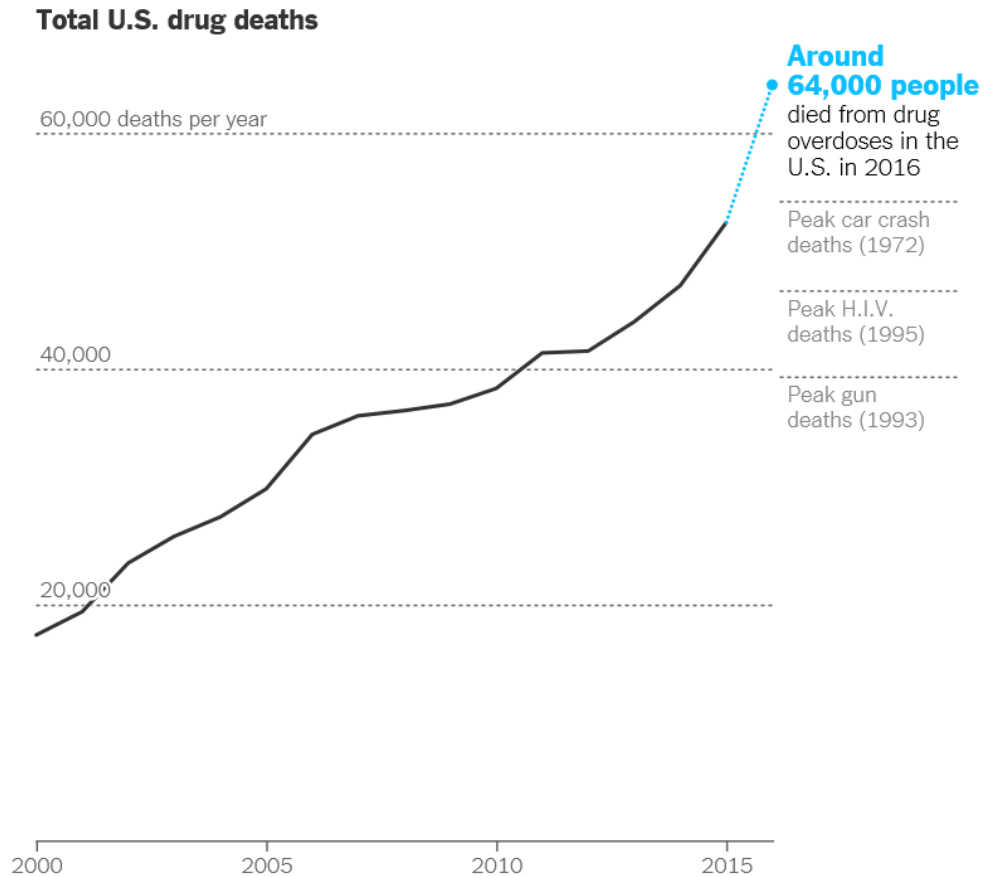
Lisa Raville,
Executive Director
10/31/18

Harm Reduction

- Harm Reduction is Pragmatic
- Harm Reduction Respects Individuality
- Harm Reduction Focuses on Risks and Prioritizes Goals
- Harm Reduction Recognizes that Drug and Alcohol Consumption Exists on a Continuum
- Harm Reduction is Tolerant and Accepting
- Harm Reduction is about Empowerment
- Harm Reduction is NOT the Opposite of Quitting
- Other real life examples: Nicotine gum, seatbelts, airbags, designated drivers, sand in a playground, housing first, condoms, etc.



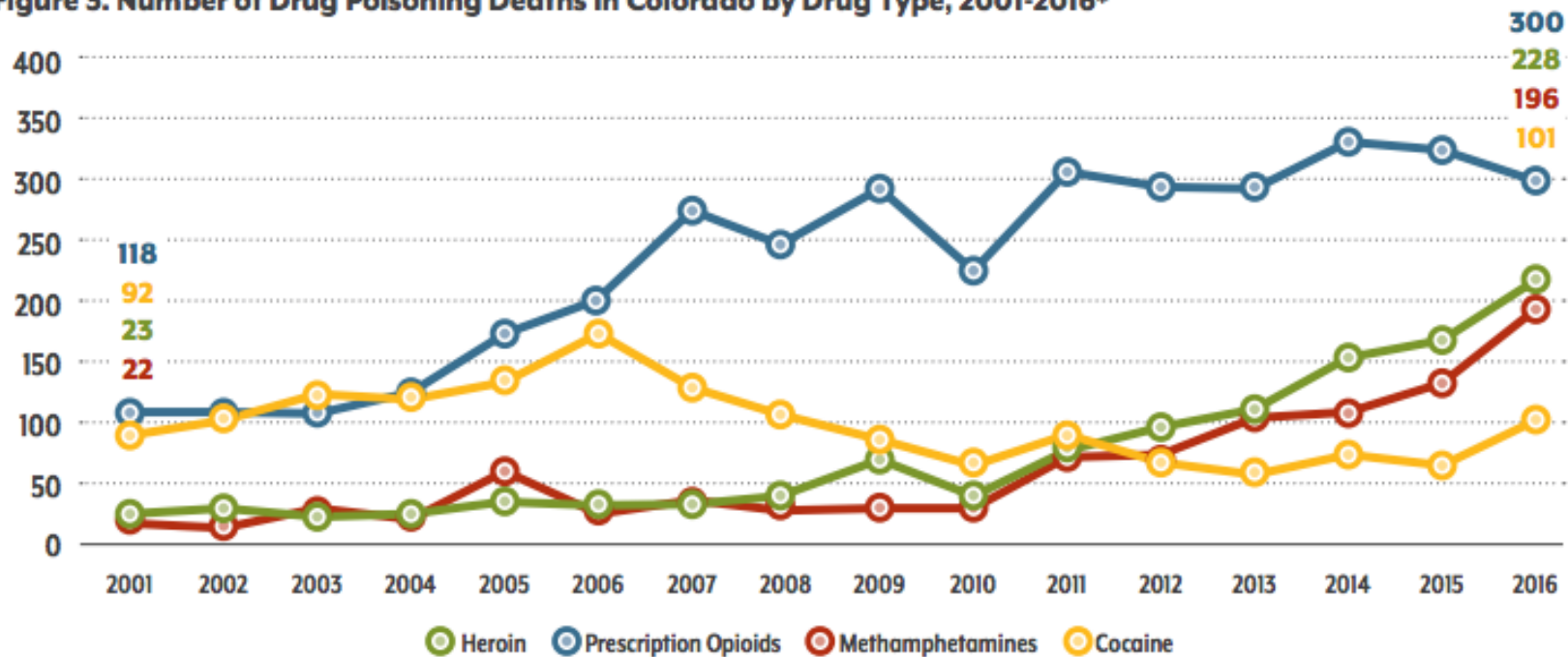
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Photo, courtesy of
Samantha Kerr

Figure 3. Number of Drug Poisoning Deaths in Colorado by Drug Type, 2001-2016*





Top 3 causes of death in Denver County - 2017

Final 2017 Numbers for Denver*:

- Blunt Force Injuries = 222
- Drug Overdoses = 201
- Firearm Deaths = 96

*Office of the Medical Examiner - Denver

- *Sasha - Health Foods Grocery Store
- *Eric - Grocery Store
- *Rachel - coffee shop
- *Jesse - stair well of the parking lot Grocery Store
- *AJ - medical campus outside of their ambulance bay
- *Daniel - abandoned house
- *Andrew - outside in a park
- *Amanda - under a bridge
- *Seth - lawn of an abandoned building
- *Josh - abandoned car
- *Eddie - tent at a camp
- *Luke - tent at a camp
- *Will - abandoned building
- *Trey - abandoned building
- *Joseph - field next to the I25 exit ramp
- *Jack - car
- *Angelina - I25 viaduct
- *Tony - on the bike path

Risks for Overdose

- Change in quality of opioid
- Change in tolerance
- Mixing
- Using alone

Fentanyl Testing Strips

Offered to all participants at the syringe access table

Staff provides a **5 minute training** on how to use the strips

Participants are requested to **return with their results**: which drug they tested, positive or negative, etc.

TRAINED:

585 unique participants trained on how to use fentanyl checking strips.

Fentanyl Stats:

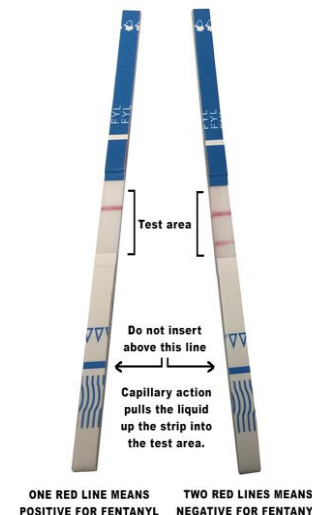
Results collected 6/14/18-10/16/18

RESULTS: (n=263)

POS: 40% (105)

NEG: 59% (154)

DIDN'T WORK: 1% (4)





Fentanyl Testing Strips: Initial Findings

FINDINGS:

Of the 40% of tests results positive for the presence of fentanyl or a fentanyl analogue:

90% of participants using strips report feeling that using a strip to detect fentanyl makes them feel better able to protect themselves.

81% of participants who reported positive results took some kind of action to protect themselves or others ranging from: using less, pushing their plungers more slowly or only part way, snorting instead of injecting, ensuring they had someone with them in the case of overdose, sharing results with a friend, and combinations thereof.

47% of participants with positive results reported either using less, or throwing out their drugs entirely.

Of the 6% of participants who report throwing away drugs (or throwing away their drugs in combination with other methods such as telling others about their results), 83% of participants who reported throwing away their drugs after a positive result also reported checking methamphetamine alone for fentanyl or fentanyl analogues, **reaffirming the importance of the availability of fentanyl checking strips for stimulant and otherwise non opiate tolerant using drug users.**

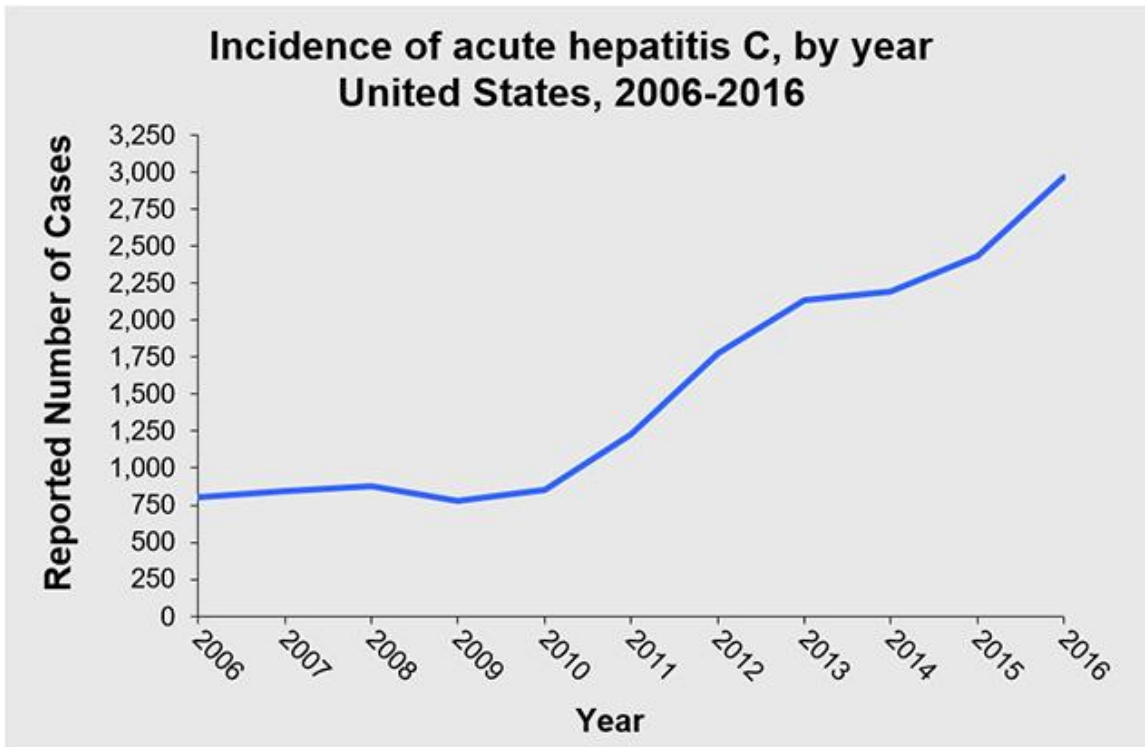
19% of participants with positive results reported using the same amount as planned regardless of positive results.





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Source: <https://www.cdc.gov/hepatitis/statistics/incidencearchive.htm>
Division of Viral Hepatitis and National Center for HIV/AIDS, Viral
Hepatitis, STD, and TB Prevention

The number of Coloradans with hepatitis C continues to climb, partly because the opioid epidemic has spurred a rise in people sharing needles and other equipment with infected blood. About 100,000 Coloradans were diagnosed with hepatitis C between 1993 and 2016, according to the Colorado Department of Public Health and Environment (CDPHE), although it is difficult to determine how many still live with it.

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Barriers to proper Syringe Disposal

- Pharmacies can sell syringes but don't allow disposal
- Hours of operation for syringe access programs - limited
- Fear of ticketing, additional days incarcerated
- Difficulty disposing, public disposal access is rare
- Issue for homeless diabetics



Treatment Barriers for PWID

- In-patient: *A Story of Hope*
- Absolutely need medical detox - which is not available
- MAT - Suboxone and Methadone (identification cards)
- Very little treatment for stimulant users
- Lack of housing for folks with felonies
- Fear of warrant check in ED
- Healthcare disparities (abscesses lanced without anesthesia, overhearing providers talk with each other, seen as “drug seeking,” lecture on life choices, curt, etc.)



Syringe Access Programming Results at Harm Reduction Action Center

(February 8, 2012- September 30, 2018)

~8,379+ unique clients to date! = largest SAP in CO

115,673 + syringe access episodes

- Average number of people represented per exchange: 3.4

52,213 referrals (testing, substance abuse treatment, mental health, etc.)

Overdose prevention: **2,608** trained, **919** lives saved.



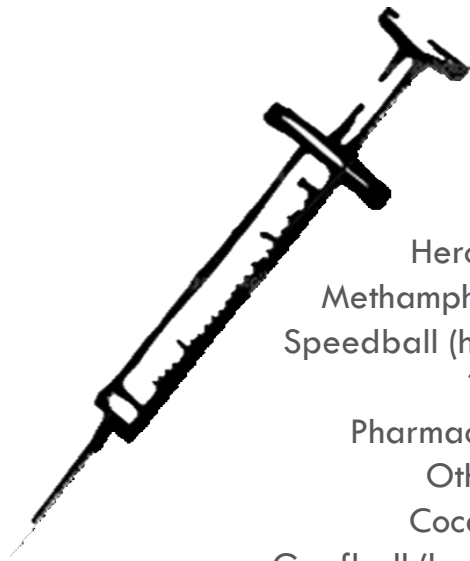
HRAC PWID Behavior

Drugs injected most past
30 days (n=8,379)

3.0%

=

percentage of clients
that inject steroids



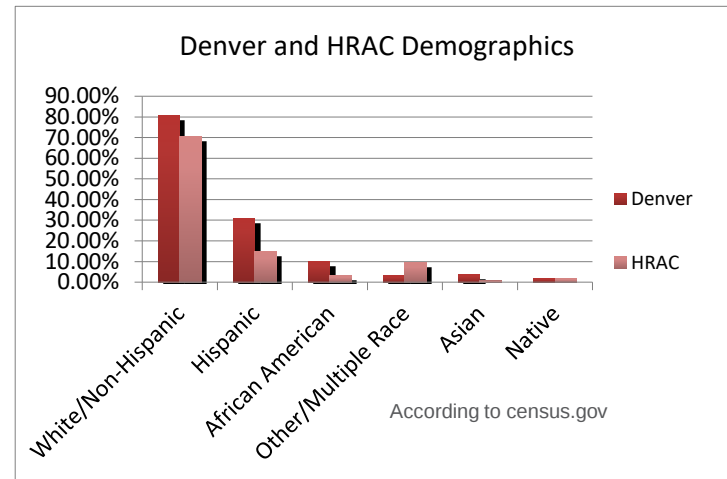
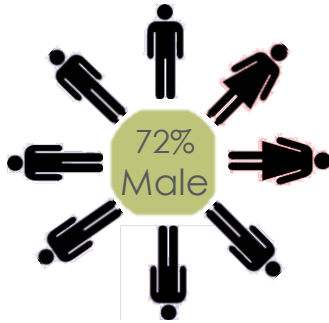
Heroin 50%
Methamphetamine 52%
Speedball (heroin & cocaine)
13%
Pharmaceuticals 4%
Other 2%
Cocaine 9%
Goofball (heroin & meth) 15%



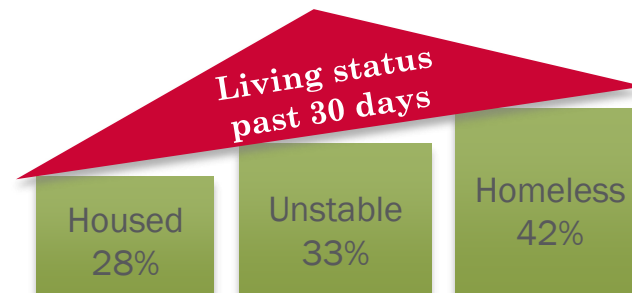
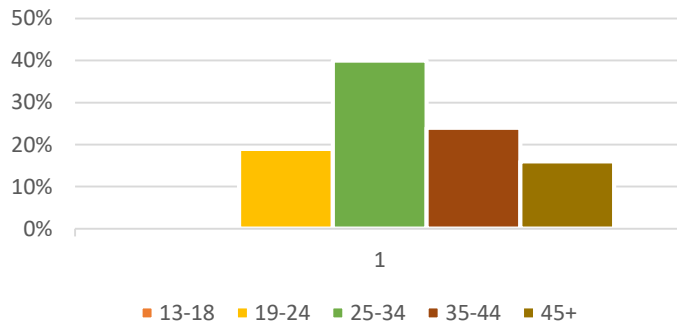
Smoked
Crack? Yes

Only 27% of participants
surveyed had smoked **crack**
in the past year...
36% of them have
shared a crack pipe in the
past 30 days

HRAC PWID Client Demographics



Age At Time of Intake



Percentage of clients whose first time is at an SAP: 90%

How did you hear about us?

76% said from a friend, followed by online (8%),
outreach (5%), referral (4%) and other (3%)

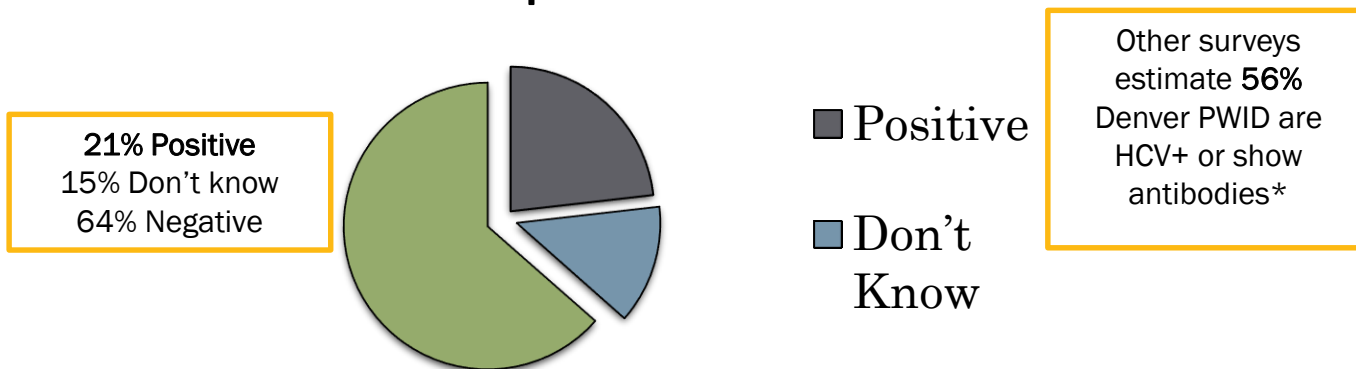
6% of female participants report exchanging sex for money,
drugs, or a place to stay as compared to 3% for males

36% had no health insurance at time of intake

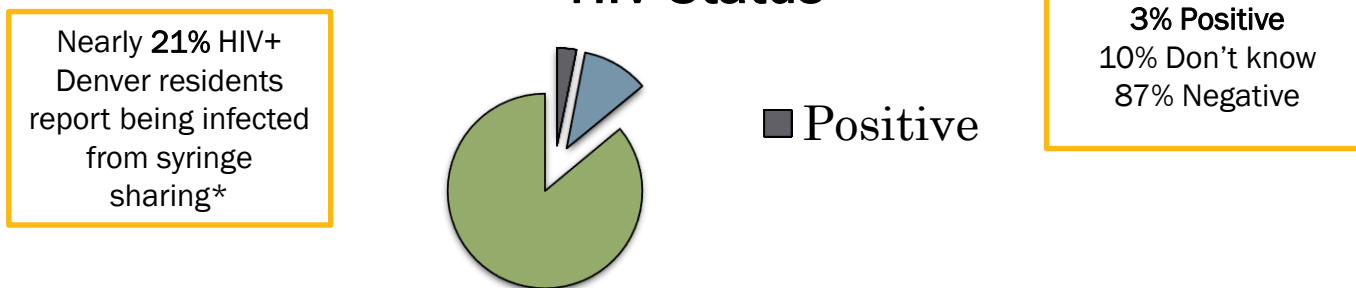
4% had CICP, 47% had Medicaid, 2% had VA assistance, 8%
had Private insurance and 2% had “other” insurance

HCV & HIV status at intake

Hepatitis C Status



HIV Status



*Source: Denver Public Health, NHBS, 2009, 2012, 2015



Public bathrooms become clandestine
epicenter of opioid crisis

The new front line in opioid abuse fight: public restrooms

Overdoses in public bathrooms are turning baristas and
other service workers into unwitting first responders.





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Numerous peer-reviewed scientific studies have proven the positive impacts of Supervised consumption sites.

These Benefits include:

- Reduced public disorder, reduced public injecting, and increased public safety.
- Reduced HIV and Hepatitis C risk behavior (e.g. syringe and other injection equipment sharing, unsafe sex).
- Reducing the prevalence and harms of bacterial infections (e.g. staph infection, endocarditis, abscesses).
- Successfully managing overdoses and reducing overdose death rates.
- Cost savings resulting from reduced disease, overdoses, and need for emergency medical services, and increased preventive healthcare and drug treatment utilization.
- Not increasing community drug use.
- Not increasing initiation into injection drug use.
- Not increasing drug-related crime.



- American Medical Association
- Denver Medical Society
- Colorado Medical Society
- Law Enforcement Action Partnership
- American College of Emergency Physicians
- Colorado Consortium of Prescription
- Drug Abuse Prevention
- The Colorado Health Foundation
- Capitol Hill United Ministries
- National Alliance of State & Territorial AIDS Directors
- First Unitarian Society of Denver
- Colorado Coalition for the Homeless
- Colorado Psychiatric Society
- Colorado Society of Addiction Medicine
- Liver Health Connection
- Boulder County Public Health
- Colorado AIDS Project
- Students for Sensible Drug Policy
- Young People in Recovery
- Colorado Health Network
- Denver Homeless Out Loud
- Broken No More
- Live4Lali
- The Empowerment Program
- DanceSafe
- Colorado Criminal Justice Reform Coalition
- Drug Policy Alliance

- Global Platform for Drug Consumption Rooms
- SWOP Denver
- Colorado Organizations and Individuals
- Responding to HIV and AIDS (CORA)
- American Friends Services Committee
- Senior Support Services
- Tribe Recovery Services
- St. Francis Center
- The Romero Theater Troupe
- Street's Hope
- The Buck Foundation
- mTreatment
- Advocates for Recovery Colorado
- New Leaders Council Denver
- Red Rocks Recovery Center
- Colorado Providers Association
- Jefferson County Public Health
- Colorado Behavioral Healthcare Council
- Rocky Mountain Cares
- Colorado Academy of Family Physicians
- Colorado Attorney General
- Public Health Nurses Association of Colorado
- Healthier Colorado
- The Empowerment Program
- Period Kits for the Homeless



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Businesses

- Icomply
- Stay Current Strategies
- SKS Therapy
- The Law Office of Jennifer E. Longtin
- Genoa a QoL Healthcare Company
- Fancy Tiger Clothing
- Katherine Payge Art
- Satellite Exhibition Services
- A Leg UP NPO Inc.
- Edit Consulting
- The Intrepid Sojourner Beer Project
- Centralize, LLC
- Carol Mier Fashion
- Joe Maxx Coffee Co. Denver
- Pure Brands
- Brighter Day Strategies
- Coffee at The Point
- JFM Consulting
- BGOOD Ventures LLC
- Rosehouse Botanicals
- Crossroads Treatment Center
- Swan Counseling Services
- Terrapin Care Station
- Sincere Solutions
- Walking Raven RMC





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Businesses

- City O' City
- Mutiny Info Café
- Denver Post Editorial Board
- Scales Pharmacy
- Sweet Action Ice Cream
- El Charrito
- Sexy Pizza
- Birdy Magazine
- Luceo Images
- Denver Relief Consulting
- The Culpepper, Esq.
- McAllister Garfield, PC
- Vicente Sederberg
- Make Believe Bakery
- Deer Pile
- Campus Lounge
- Hope Tank
- Roostercat Coffee Co.
- Revelry Kitchen
- Ladybug Magazine
- Ogden Studios LLC
- TWiD Media LLC
- Costello Health Care Consulting
- KSTKL Investments
- The Oriental Theater
- Meadowlark Bar
- Blush and Blu





Questions?
Lisa.harm.reduction@gmail.com



Opioid Response Strategic Plan 2018-2023

GOALS, STRATEGIES, AND METRICS

GOAL 1

PREVENT SUBSTANCE (MIS)USE

STRATEGY A: Enhance capacity for effective prevention programming

STRATEGY B: Promote medication safety

STRATEGY C: Provide peer recovery support services

METRICS

- Increase the number of providers delivering evidence-based programs on adverse childhood events and trauma
- Increase the percentage of youth who report having a parent or adult they can talk to or go to for help
- Reduce the percentage of people who self-report experiencing stigma within the past month
- Reduce the percentage of people who report misusing substances in past year/past 30 days
- Reduce the percentage of patients receiving opioids in emergency departments
- Reduce the number of patients receiving overlapping opioid prescriptions
- Reduce the number of patients with overlapping opioid & benzodiazepine prescriptions
- Increase the number of agencies/providers that provide peer recovery services

GOAL 2

IMPROVE TREATMENT ACCESS AND RETENTION

STRATEGY A: Increase participation/enrollment of people with substance use disorders (SUD) in treatment services

STRATEGY B: Increase retention of people with substance use disorders in treatment services

METRICS

- Increase the number of people enrolled in treatment for SUD
- Increase the number of people seeking SUD treatment enrolled within 24 hours
- Decrease the number of repeat treatment admissions over calendar year



GOAL 3

REDUCE HARM

STRATEGY A: Reduce rate of overdose deaths

STRATEGY B: Improve health outcomes among people who use drugs

STRATEGY C: Implement innovative service facilities

METRICS

- Increase the number of sharps collected at public kiosks
- Decrease the number of improperly discarded sharps in the community
- Decrease the number of fatal overdoses
- Decrease the number of nonfatal overdoses
- Decrease the number of new HIV cases attributable to drug use
- Decrease the number of HCV cases
- Increase the number of people who use substances who are retained in health care
- Increase the number of people utilizing innovative facilities
- Increase the number of facilities offering new or innovative services
- Reduce the number of emergency department visits and hospital discharges related to substance use

STRATEGY C: Implement innovative service facilities

There is a need to implement innovative service facilities that are open and welcoming to people who use drugs. These facilities should co-locate or integrate mental health services, substance (mis)use treatment, and health care. This includes preventative screenings, support services, educational programming, case management, safe places to "ride out" a high (or low) and receive essential drug-related health services (such as vein care), access to basic services (including showers, restrooms, communication devices, and food). This strategy prioritized creating safe places for people to use substances.

YEAR 1 ACTIVITIES

Reduce barriers to a safe use site (SUS).*

*Note: One of the proposed activities under the "Implement innovative service facilities" strategy was to implement a supervised injection facility (SIF). The group did not come to consensus regarding the preferred language, and what agencies were able to support at this time. While there was some strong support for the implementation of a SIF, others felt that there was more research that needed to be done and/or that the current legal regulations prohibit the implementation, and therefore would not be something that could be supported by agencies at this time. Therefore, this activity is listed as "Reduce barriers to a safe use site" because this moves in the direction of implementation, but recognizes the multitude of barriers that must be overcome prior to possible implementation. Additionally, the language was changed from "SIF" to "SUS" to encompass people who (mis)use illicit substances but may not inject them, and to reflect the language change that was made to the state bill that would have allowed for this pilot site.

Source: Opioid Response Strategic Plan 2018-2023

Denver's Collective Impact Group
City & County of Denver
Dept. of Public Health and Environment (CDPHE)

Supervised Use Site, District 9

Survey Results

Our nation is experiencing an opioid epidemic that is leaving destruction and loss in its wake. The fate of future generations hangs in the balance.

Cities are on the front lines of this battle. In Denver overdose deaths (w/ Opioids) were the 2nd leading cause of death.

In early October 2018, I asked my constituents how they were going to respond to the threats of this health crisis. Our office conducted a survey asking them to share their thoughts about one solution that can prevent overdose deaths and serve as a pathway to treatment: Supervised Use Sites.

To the right is a summary of the results.



Section 1 of the Bill authorizes a pilot supervised use site.

- Drafted in a similar manner as the needle exchange.
- Contemplates site will be run by the non-profit.
- Requires the cite to operate in compliance with the rules and regulations of the department of public health and environment.

Section 2 of the Bill creates an exception in our local city nuisance laws for the qualified operation of a pilot supervised use site.

Section 3 of the Bill creates an exception in our local laws for possession of injection devices for those in the supervised use site program.

Section 4 of the Bill makes the bill contingent on the passage of state legislation authorizing the operation of sites in Colorado.