



**Lisa Raville, Executive Director  
Harm Reduction Action Center**

# 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
- Harm Reduction ensures PWUD have a voice in the creation of programs and policies designed to serve them
- **Other real life examples:** Nicotine gum, seatbelts, airbags, designated drivers, sand in a playground, housing first, condoms, etc.



“

**Harm Reduction is no place for ego. It's a place to forget what you think you know and set aside your opinion, so that when you meet people where they're at, you can take the time to ASK THEM where they want to go.**

- Dylan Stanley, Director of Community Outreach for Harm Reduction Ohio



# KNOW THE RACIST DRUG HISTORY (VERY ABRIDGED)

## 1800s

- AMA founded
- Opiates introduced to modern surgery
- Prohibition/temperance parties founded

## 1900s

- Temperance education becomes compulsory
- The Pure Food and Drug Act
- Utah passes the first state anti-marijuana law
- **1919-33: Prohibition**
- Cigarettes are illegal in fourteen states
- Manufacture of heroin prohibited
- Formation of Federal Bureau of narcotics

## 1970s

Comprehensive Drug Abuse and Control Act: Emphasis on Law Enforcement

### **War on Drugs Declared by President Nixon**

DEA established

Alcohol, Drug Abuse, and Mental Health Administration established

# KNOW THE RACIST DRUG HISTORY (VERY ABRIDGED)

## 1980s

- Crack is first developed in the early '80s, devastating neighborhoods.
- Reagan signs the Anti-Drug Abuse Act of 1986 mandatory minimum penalties for drug offenses and also included that anyone who owned, leased, or rented a property "for the purpose of manufacturing, distributing or using any controlled substance" could be criminally prosecuted.

## 1990s- Present:

1995 Crime Bill contributed to mass incarceration

The U.S. Sentencing Commission releases a report that acknowledges the racial disparities for prison sentencing for cocaine versus crack. The commission suggests reducing the discrepancy, but Congress overrides its recommendation for the first time in history.

Record amounts of money allocated to drug war. Militarization of domestic drug law enforcement. While rates of illicit drug use remain constant, overdose fatalities rise rapidly

## 1990s – Present (Continued):

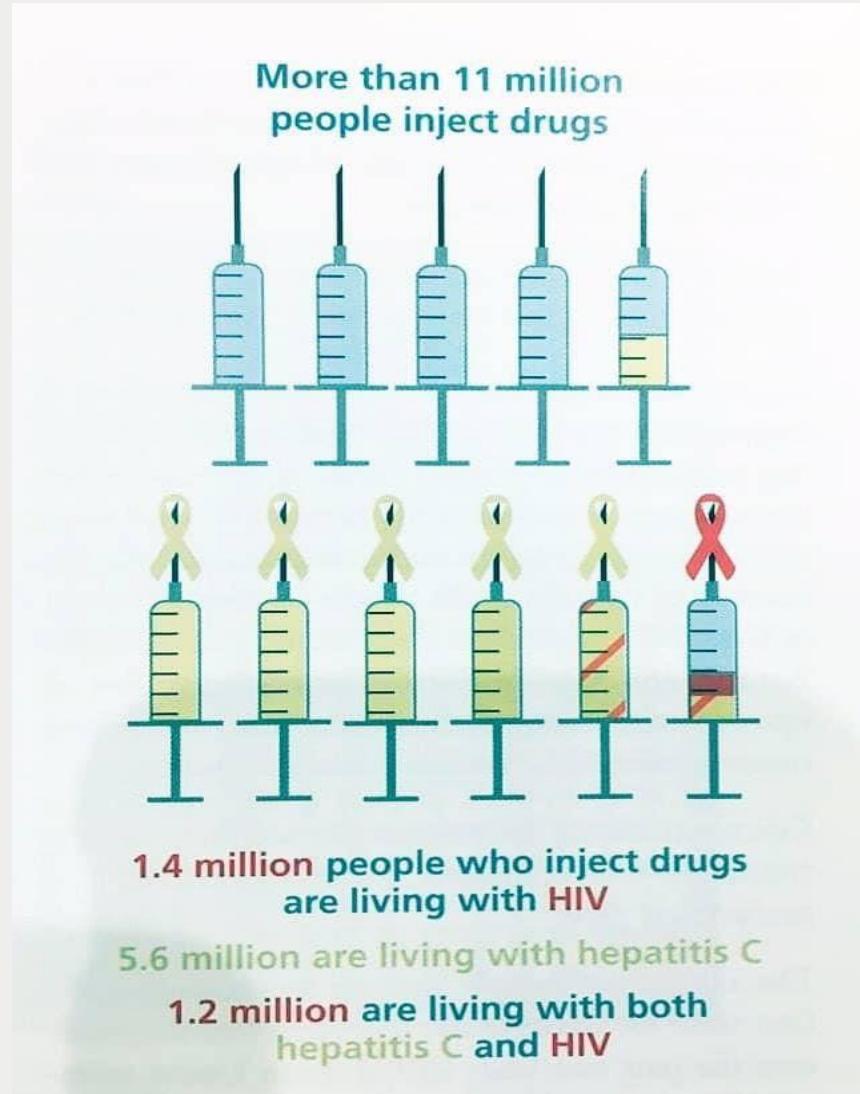
Policy changes reducing the crack/powder sentencing disparity, ending the ban on federal funding for syringe access programs, and ending federal interference with state medical marijuana laws  
Does not shift the majority of drug policy funding to a health-based approach.

Marijuana reform gains unprecedented momentum

Attorney General Jeff Sessions makes it clear that he does not support the sovereignty of states to legalize marijuana.

The "Opioid Epidemic" is declared a national emergency.

# Who Are PWID?



# Fun Facts About Syringe Access Programs (SAP)

## **Reduction of injection-related diseases (HIV, Hepatitis C) and the risk for injection-related bacterial infections**

New York City SAP expansion: reduction in rate of new HIV infections from 4% per year to 1% per year.

CDC: SAP's associated with 50% reduction new cases of HIV and HCV

## **Improvement of Public Safety**

In Portland, OR, improper syringe disposal dropped by almost two-thirds after the establishment of SAPs.

In addition, SAPs DO NOT increase crime in the neighborhoods in which they are located.

## **Protection of Law Enforcement**

A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing SAPs.

## **Taxpayer Money Savings**

People are living longer with HIV/AIDS; needles cost a dime.

## **Evidence-Based**

SAPs are based on rigorously tested best practices to treat chaotic drug use as a health issue, NOT a moral issue

# Fentanyl 101

- Fentanyl is a strong synthetic opioid that has been used in clinical settings for decades. Fentanyl is partly responsible for the current overdose crisis in the U.S., combined with a lack of resources and the criminalization of people who use drugs.
- Heroin is harder to access due to climate change and lack of poppy cultivation. Fields and farmers are not necessary for fentanyl which is a synthetic opioid made in a lab. Much like 1920's alcohol prohibition.

# Fentanyl 101

- Fentanyl moving through the street market comes in the form of a white, gray or tan powder and can be injected, smoked, or snorted. It has also been found in other drugs, like heroin, meth, cocaine, and pressed pills.
- Locally called the 'blues'
- After switching to smoking fentanyl, people noticed many benefits including how the drug felt, improved health, fewer financial constraints, no longer needing vein access (which can be difficult), and reduced stigma. For example, smokers v. snorters v. injectors v. alcohol

# Fentanyl 101

- Fentanyl and fentanyl analogues (some stronger, some weaker) are not “naloxone resistant.” They are opioids and will respond to naloxone in the event of an overdose.
- You cannot overdose simply by touching powdered fentanyl. This is a common myth, but fentanyl must be introduced into the bloodstream or a mucus membrane in order for someone to feel the effects. Transdermal fentanyl patches exist and are used primarily in medical settings, but are uniquely formulated to be absorbed by the skin. This is the official position of the American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT).

# Fentanyl 101

- Not in cannabis
- Cannot vape fentanyl
- Folks have asked if they should be afraid of overdosing from inhaling secondhand smoke of a person who is smoking fentanyl. Smoking is an effective route of administration for many drugs because the lipophilic (fat-dissolvable) molecules can pass into lung cells (then into the blood) very easily. This means that the exhaled smoke contains little of the actual drug itself. There is no overdose risk from secondhand smoke.
  - Most of the drug is filtered out of fentanyl once someone smokes it, so the risk of exposure from secondhand smoke is extremely low. Like secondhand tobacco smoke, the danger is in exposure to carbon monoxide or other byproducts of burning.

# xylazine101

## **What is Xylazine:**

- Xylazine is a non-opioid used as a sedative, anesthetic, muscle relaxant, and analgesic for animals, but it is not FDA- approved for use in humans.<sup>i</sup> It was not approved for human use due to severe CNS depressant effects.
- Xylazine is a strong synthetic alpha2-adrenergic agonist, synthesized in 1962 as an analgesic, hypnotic, and anesthetic. It has chemical properties similar to other drugs like clonidine and may have similar clinical effects.
- Xylazine has increasingly been found in the illicit drug supply, frequently mixed with fentanyl.<sup>ii</sup>
- It may be referred to as “tranq,” or “tranq dope” when combined with heroin or fentanyl.

## **Xylazine Source and Preparation and Route of Administration:**

- Xylazine comes as a liquid solution for injection in 20 mg/mL, 100 mg/mL, and 300 mg/mL strengths for veterinary use. The liquid solution can be salted or dried into a powder. In the illicit drug supply, it can appear as a white or brown powder. Because it can be mixed into other powders or pressed into pills, it can be difficult to identify based on appearance.
- It has rapid onset within minutes and can last 8 hours or longer depending upon the dose, the way it was taken, and whether it was mixed with an opioid or other drug(s).

# xylazine101



## •**Xylazine Effects:**

- Xylazine is a central nervous system depressant that can cause drowsiness, amnesia, and slow breathing, heart rate, and blood pressure at dangerously low levels.
- At very high doses, or with other central nervous system depressants, xylazine can cause:
  - Loss of physical sensation,
  - Loss of consciousness,
  - Intensification of the effects of other drugs, which can complicate overdose presentation and treatment.

## Why Do People Use Xylazine with Fentanyl:

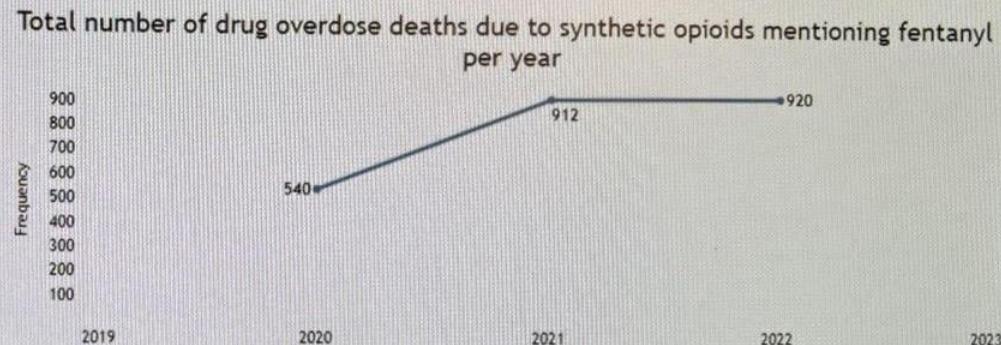
- The “high” from fentanyl lasts for a very short time compared to the effects of heroin and other opioids. Xylazine may be added, at least in part, to extend the effects of fentanyl. However, not everyone who uses fentanyl is intentionally seeking out xylazine. In many cases, people are not aware that xylazine is in the drugs they are buying and using.

## •**Why Should Clinicians be Concerned:**

- Use may be problematic for skin and soft tissue wounds, including ulcerations. In Puerto Rico, people using xylazine had a higher prevalence of skin ulcers compared to those who did not use xylazine (38.5% vs. 6.8%).<sup>vii</sup> Reports from Ohio note necrotic tissue damage and severe abscesses after injecting and/or snorting xylazine that appear to be independent of injection sites. <sup>viii</sup>
- These wounds are presenting atypically, tending to be on legs and arms (sometimes away from the site of injection), and appear to worsen more quickly than other skin wounds.

# Xylazine deaths in Colorado from 2022-2023

- 11 deaths involving xylazine, from early 2022 to October 2023
- All deaths were associated with drug overdose
- All deaths involved multiple drug types:
  - All co-involve fentanyl specifically
  - Many involve methamphetamine



[Source](#)

- Age ranges from mid-teens to early 60's
- Most have occurred in Denver Metro Area



**COLORADO**  
Department of Public  
Health & Environment

# Nitazenes 101



Nitazenes are a novel group of powerful illicit synthetic opioids derived from 2-benzylbenzimidazole that have been linked to overdose deaths in several states. Nitazenes were created as a potential pain reliever medication nearly 60 years ago but have never been approved for use in the United States. Laboratory test results indicate that the potency of certain nitazene analogs (e.g., isotonitazene, protonitazene, and etonitazene) greatly exceeds that of fentanyl, whereas the potency of the analog metonitazene is similar to fentanyl.

Naloxone has been effective in reversing nitazene-involved overdoses, but multiple doses might be needed.

From Vital Statistics:

"We've recorded 13 deaths thus far between August 2021-October 2023 that include mention of 'nitazene' in some form, including N-PYRROLIDINO ETONITAZENE, PROTONITAZENE, ISOTONITAZENE, METONITAZENE, METONITAZENE, and N-DESETHYL ETONITAZENE. It appears all did involve multiple substances, and all were associated with fatal drug overdose as the underlying cause. Ages range from late teens to late 60's, and all occurred in the Front Range (Larimer County to El Paso County)."

# IRON LAW OF PROHIBITION

THE HARDER THE ENFORCEMENT, THE HARDER THE DRUGS

INCREASING LAW  
ENFORCEMENT



INCREASING COST OF  
ILLEGALITY



INCREASING POTENCY OF  
THE SUBSTANCE



Need to Avoid Detection  
(Less Weight and Volume, Easier to Hide,  
Store and Transport)

Beer and Wine



Spirits



Moonshine

Cannabis



High THC Cannabis



Synthetic Cannabinoids

Coca Leaf/Tea



Powder Cocaine



Crack/Paco/Basuco

Opium



Heroin



Fentanyl/Carfentanyl

Ephedra



Amphetamine



Ice/Methamphetamine



# Safety First

A Reality-Based Approach  
to Teens and Drugs

# Brief-ish Denver timeline

- June 2002 - HRAC is founded and located at 8<sup>th</sup> and Lipan
- May 26, 2010 – syringe access legislation is signed in to law
- There is a 1997 Denver ordinance that becomes relevant with schools, childcare centers, exemption of possession of syringes, cap of 3 in the city, etc.
- 2011 – City Council changes to the ordinance.
- January 2012 - HRAC moves to 7<sup>th</sup> and Santa Fe to be in compliance
- February 7, 2012 – Colorado Health Network begins syringe access
- February 8, 2012 – HRAC opens with legal syringe access
- 2013 – City Council allows for mobile syringe exchange anywhere in the city
- 2014 – HRAC moves to Colfax location, across the street from State Capitol
- 3<sup>rd</sup> SAP program begins in Denver – Vivent Health mobile
- November 2018 – City Council passes ordinance for Overdose Prevention Centers 12-1
- January 2020 – HRAC moves to current location, 8<sup>th</sup> and Lincoln

\*\*Denver syringe access programs are most heavily regulated in the state, region, and probably the country.



# Harm Reduction Action Center

(February 8, 2012 – December 29, 2023)

**14,905 unique participants to date! = largest SAP in CO**

**209,495+ access episodes**

**123,178+** referrals made (testing, substance use treatment, mental health, etc.)

Overdose prevention: **7,723** trained, **4,419** lives saved.

# Harm Reduction Action Center (2020 - current)

**2020 access episodes:** 23,273

**2021 access episodes:** 19,207

**2022 access episodes:** 14,688

**2023 access episodes:** 29,182

- Essentially the 86,350 access episodes/visits to our fixed site location.

# HRAC PWUD Behavior Q4 2023

## Drugs injected at intake

Methamphetamine: 86%  
Heroin: 18%  
Goofball (heroin & meth): 6%  
Cocaine: 16%  
Fentanyl: 17%  
Speedball (heroin & cocaine): 4%

7.1% =

participants that  
inject steroids or  
hormones

## Drugs smoked at intake

Meth: 91%

Heroin: 9%

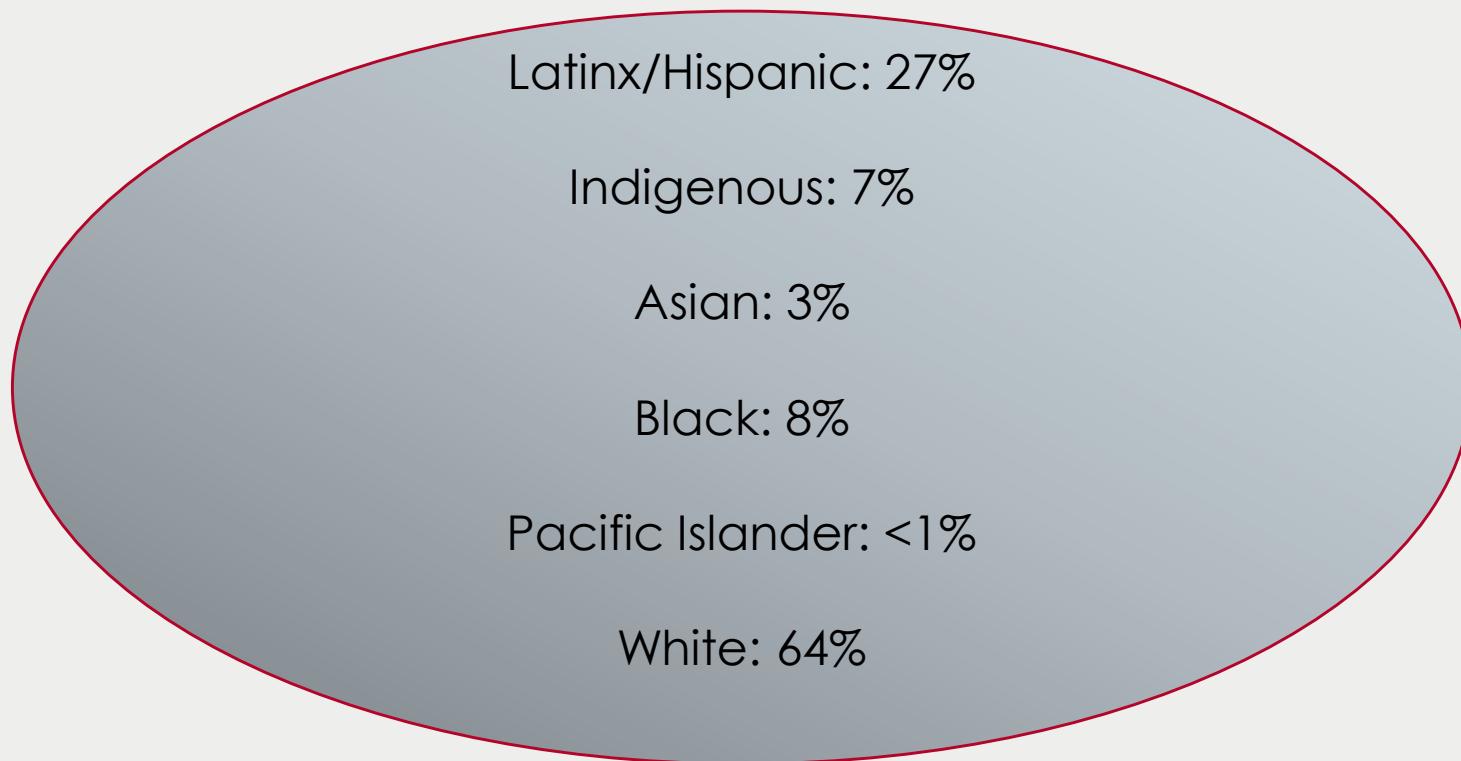
Crack: 23%

Fentanyl: 47%



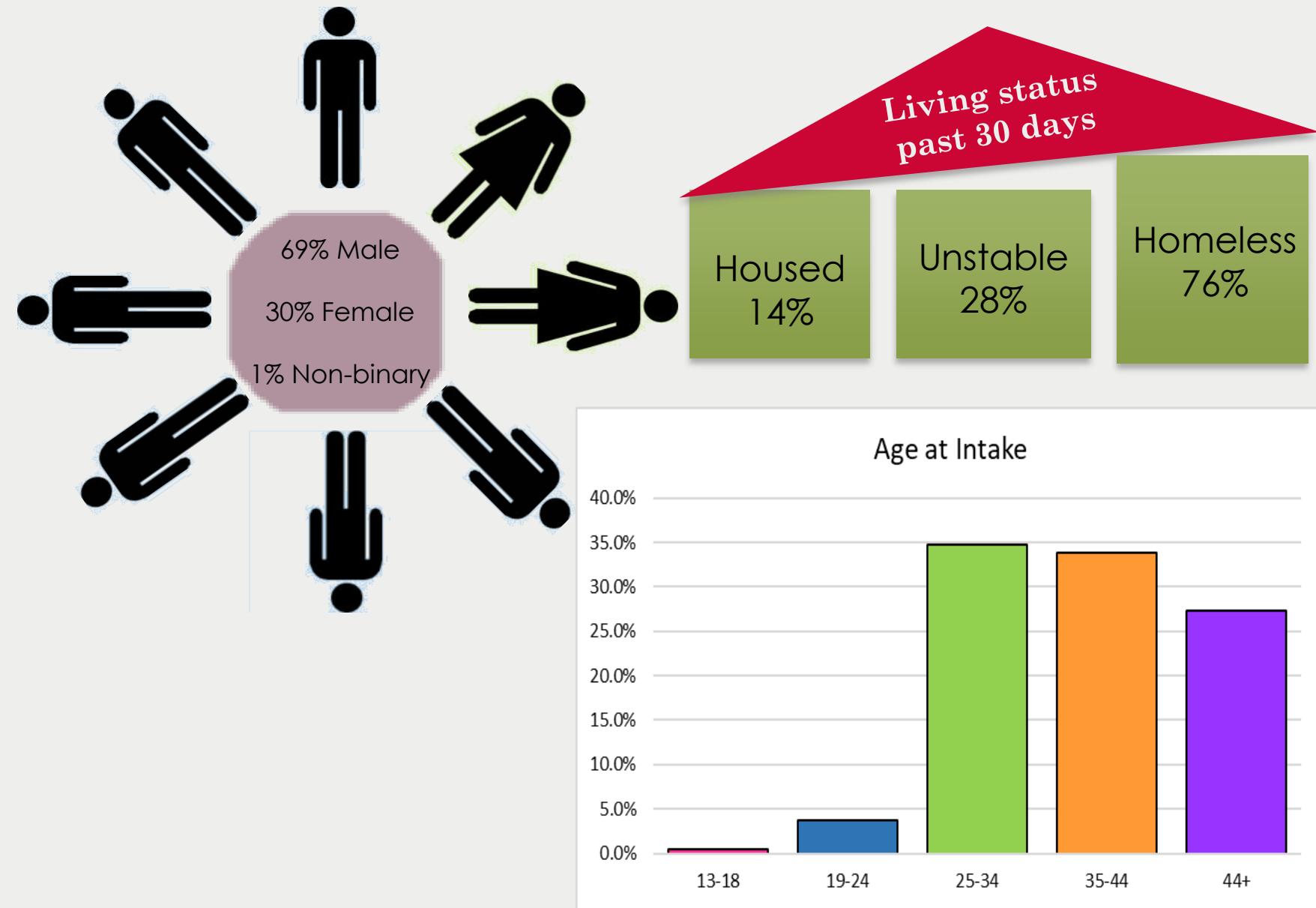
# HRAC PWUD Client Demographics Q4 2023

Race self-reported at intake (participants can select multiple)



# HRAC PWUD Client Demographics

## Q4 2023



# HRAC PWUDs in Denver Q4 2023

Percentage of clients whose first time is at an SAP: **81.5%**

How did you hear about us?

**66% said from a friend**, followed by outreach (11%), online (8%), other including walk-ins (5%), or a referral (3%)

18% had no health insurance at time of intake

<1% had CICP, 75% had Medicaid or Medicare, 1% had Veteran's Assistance, 3% had Private insurance, and <1% had "other" insurance









On top of responding to community syringe clean up requests, HRAC has a street outreach team that conducts outreach 3 afternoons per week in high drug traffick areas and encampments.



“While understandably there were initial questions and concerns with a health center moving into a creative, retail, and cultural district, once the center began operating there were few issues that arose, and those that did were handled quickly, efficiently and with minimal disturbance to our community. The Good Neighbor Agreement we entered was diligently followed by HRAC and the Art District, and our relationship became more one of a partnership than one of adversaries.” – **Jack D. Pappalardo, President of Denver’s Art District on Santa Fe**



“I have always been impressed by their attentiveness and efforts [...] I am certain they will exceed all of their new neighborhood’s expectations, much like they did for us.” – **Bob Hampe, Swallow Hill Neighborhood Association.**

**“I have never said anything to you before, but I want to thank you so much for your hard work. I live down the street. You have support in our community, first and foremost from me.” – former residential neighbor**

**“For 50 years, CHUN has promoted a sense of neighborliness and worked to improve the safety and quality of the community. As HRAC relocates, we are confident the organization will continue to fulfill its critical mission, be a productive, helpful neighbor, and serve as a catalyst for positive change.” – Travis Leiker, Capitol Hill United Neighbors**

**“I consider myself so lucky to be HRAC’s neighbor. Since y’all moved in to the neighborhood pre- pandemic, my family and I have witnessed firsthand the positive impact you have had on the neighborhood as condo owners one block away. It’s clear you love the neighborhood and I’m here to say that the neighborhood loves you and your team right back!” – Current residential neighbor**

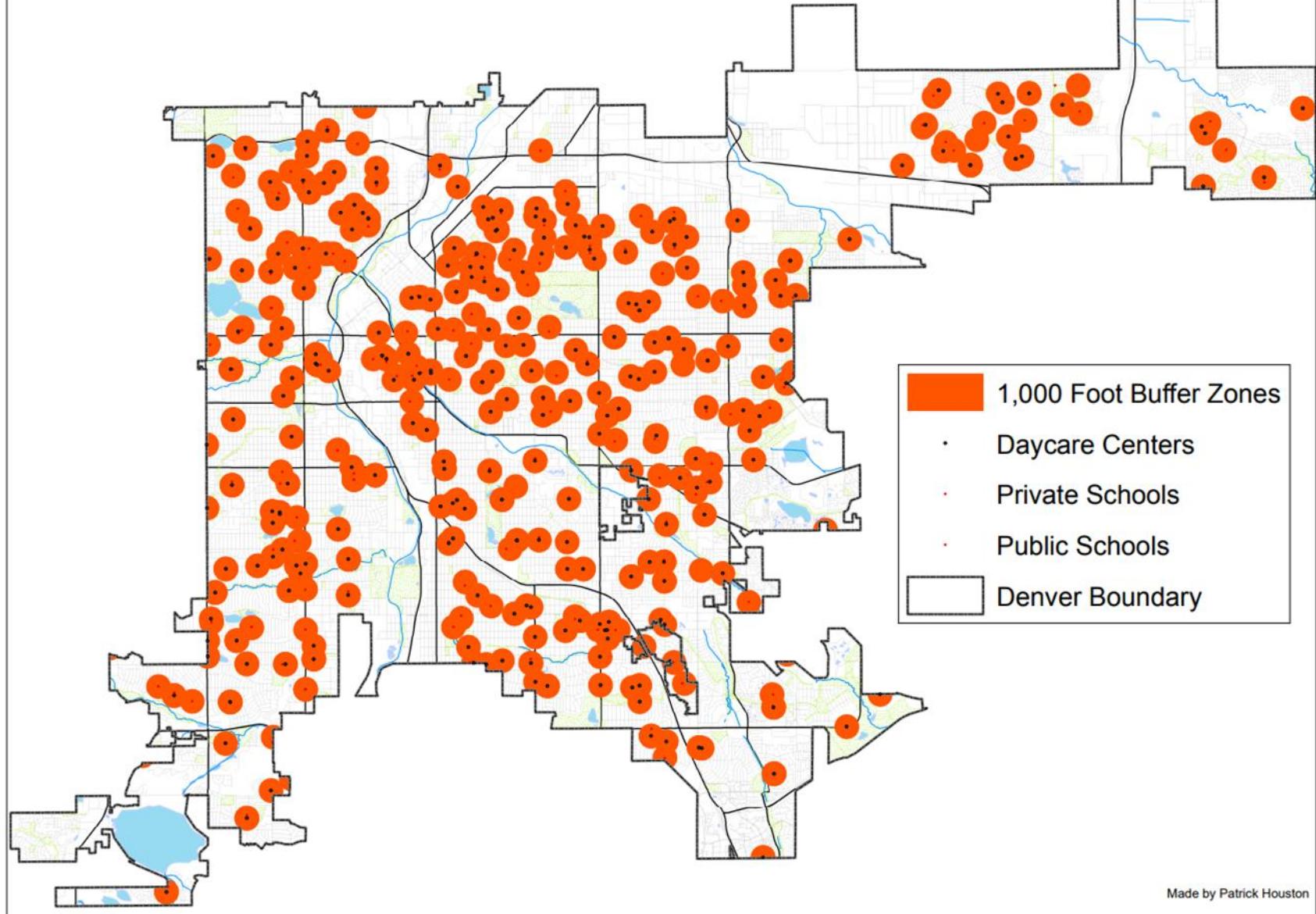
“The HRAC has a Good Neighbor Agreement with the community that they take very seriously and they have worked closely and well with the Registered Neighborhood Organizations that surround them. The effort they put into their relationships with community members is second only to their relationships and service that they provide to their clients [...] Humanity is HRAC’s stock in trade and they bring critical life-saving services to people that sometimes have no other option. **HRAC does the work that we all hope someone will do. Denver needs HRAC.**”

– Frank Locantore

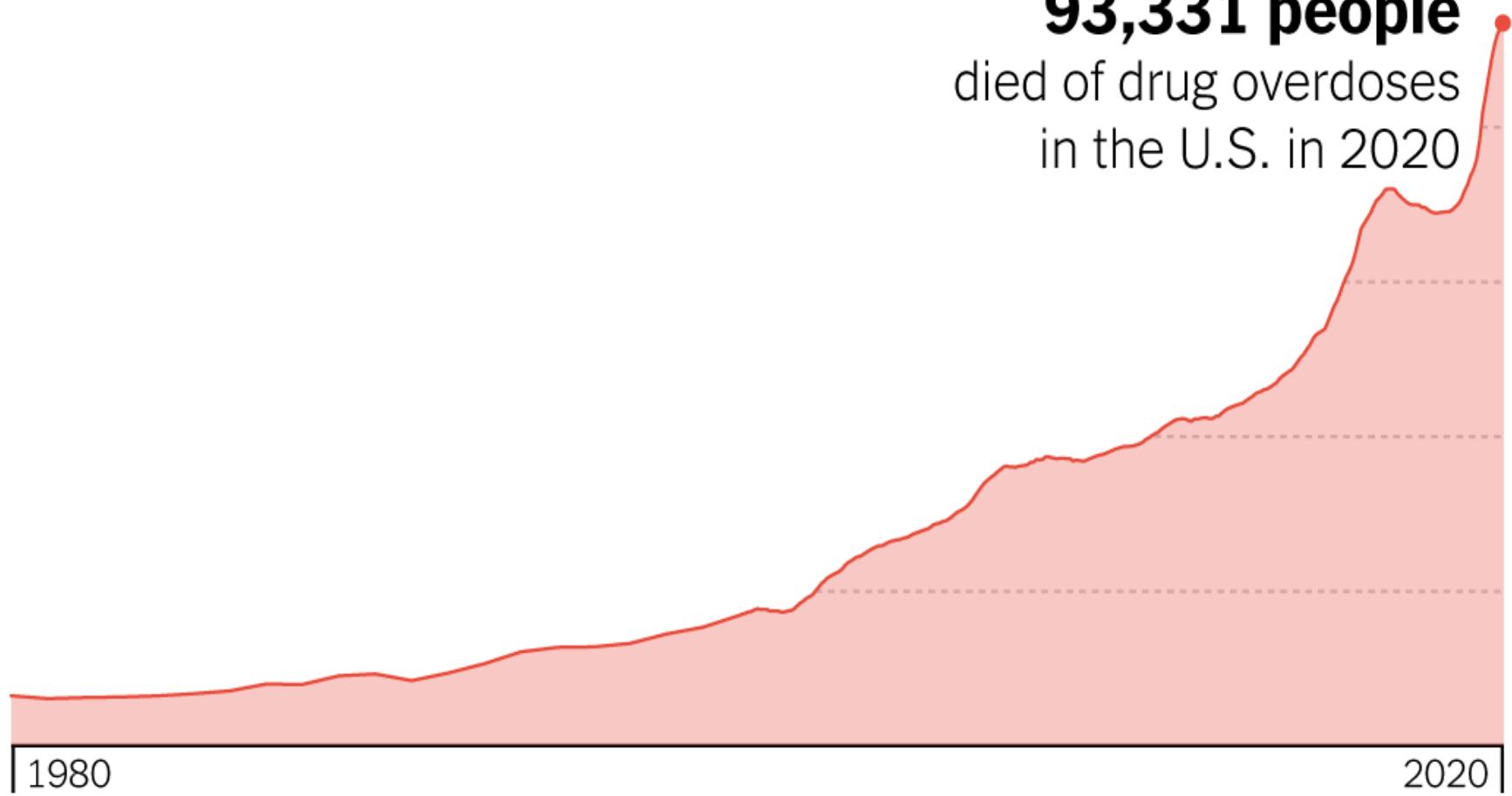
“It is an honor to write in support of Harm Reduction Action Center’s continued presence at the corner of 8th and Lincoln in southwest Capitol Hill. I have been the Center’s closest residential neighbor since it’s opening of February 2020 and have found the staff and guests to be polite, proactive, and kind.

On numerous Saturdays over the past three years, I’ve witnessed volunteers engaging in trash pick up on at least two city blocks. This is trash - mind you - that is not created by the Harm Reduction Action Center, but by passersby. This selflessness and deep interest in the flourishing of our little corner of Denver is a testament to the Center’s commitment to being a warm neighbor.” – **Current closest residential neighbor**

## 1,000ft Zones Around Schools and Day-Care Centers



**93,331 people**  
died of drug overdoses  
in the U.S. in 2020



**Denver's fatal fentanyl overdoses rose 16% in first half of 2023**

City's public health department asks people not to use drugs alone

**Deaths of people who are homeless in Denver surge 50% since last year**

**Colorado's rate of drug overdose deaths nearly doubles in 4-year period, fueled by fentanyl and meth**

# Denver Drug Related Deaths



*\*Due to pending cases, overdose data is delayed several weeks.*

Select a Page to Visit

Updated 01/19/2024

[Yearly Trends of Drug-Related Cases](#)
[Monthly Trends of Drug-Related Cases](#)
[Drug Classification and Polysubstance](#)
[Yearly Trends of Demographics](#)
[Annual Demographics](#)

Select Year(s)

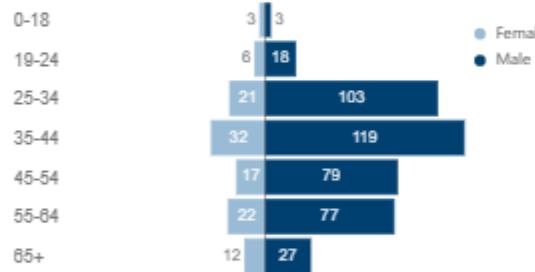
Select Manner(s) of Death

Number of Total Drug-Related Deaths

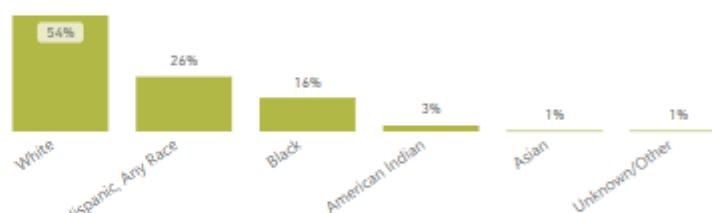
539

OFFICE OF THE  
MEDICAL EXAMINER  
DENVER PUBLIC HEALTH  
& ENVIRONMENT

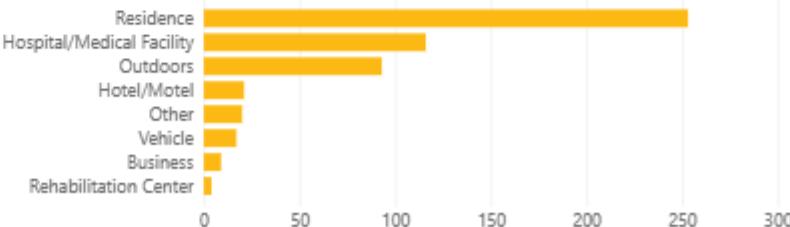
Age Group and Sex of Medical Examiner Cases



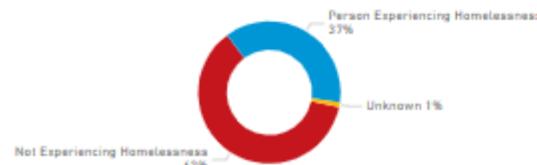
Race of Medical Examiner Cases



Drug-Related Cases by Place of Death



People Experiencing Homelessness



\*All 2023 data are in progress and subject to change. OME annual data is usually closed out 4-5 months after the end of a calendar year, due to reporting and data quality processes. Annual comparisons should not be made with these years until data are final (and noted on this dashboard). Counts of less than 3 are suppressed.



- \*Sasha – Health Foods Grocery Store
- \*Eric – Grocery Store
- \*Rachel - coffee shop
- \*Jesse - stair well of the parking lot for the 13th and Speer King Soopers
- \*AJ - medical campus outside of their ambulance bay
- \*Daniel - abandoned house in Cap Hill
- \*Andrew - outside in a park
- \*Amanda - under the bridge at 14th and Speer
- \*Seth - lawn of an abandoned building in Cap Hill
- \*Josh - abandoned car
- \*Eddie - tent at a camp
- \*Luke - tent at a camp
- \*Will - abandoned building at 13th and Umatilla St
- \*Trey - abandoned building in the Baker neighborhood
- \*Joseph - field next to the I25 and Evans
- \*Jack - car
- \*Angelina – I25 viaduct
- \*Tony – on the bike path 14<sup>th</sup> & Speer
- \*John – park
- \*Mario – parking garage
- \*Sherika – tent
- \*Daniel - park

# Risks for Overdose - Prevention Strategies

Change in quality of opioid

Ask others

Tester shots

Change in tolerance

After release from hospital, rehab, jail, illness

Tester shots

Mixing

If mixing, use less

Opioids first

Using alone

Leave door unlocked; call someone trusted

# What are the Signs/Symptoms of an Overdose?

- Body very limp
- Face very pale
- Pulse (heartbeat) is slow, erratic, or not there at all
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped
- Awake, but unable to respond

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	<b>Heavy</b> nod, not responsive to stimulation
Will respond to stimulation like yelling, sternal rub, pinching, etc.	Blue/grey skin tinge (usually lips/fingertips)
Normal heart beat	Slow heart beat

# Opioid Overdose Deaths Are Preventable

We have the antidote: naloxone (Narcan)

- Safe
- Highly effective

Paramedics use to immediately reverse effects of opiate overdose

Having available before paramedics arrive saves lives and decreases possibility of brain damage

Community programs and first responders expanding access across the country

# Naloxone



Opioid antagonist

>40 years experience by emergency personnel for OD reversal

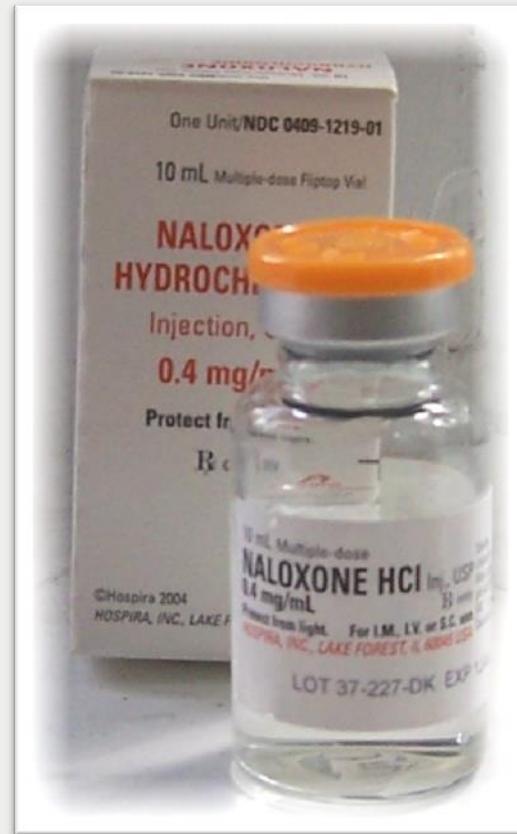
Not addictive; no potential for abuse; no agonist activity

Not a scheduled drug but RX needed

No side effects except precipitation of withdrawal (dose-sensitive)

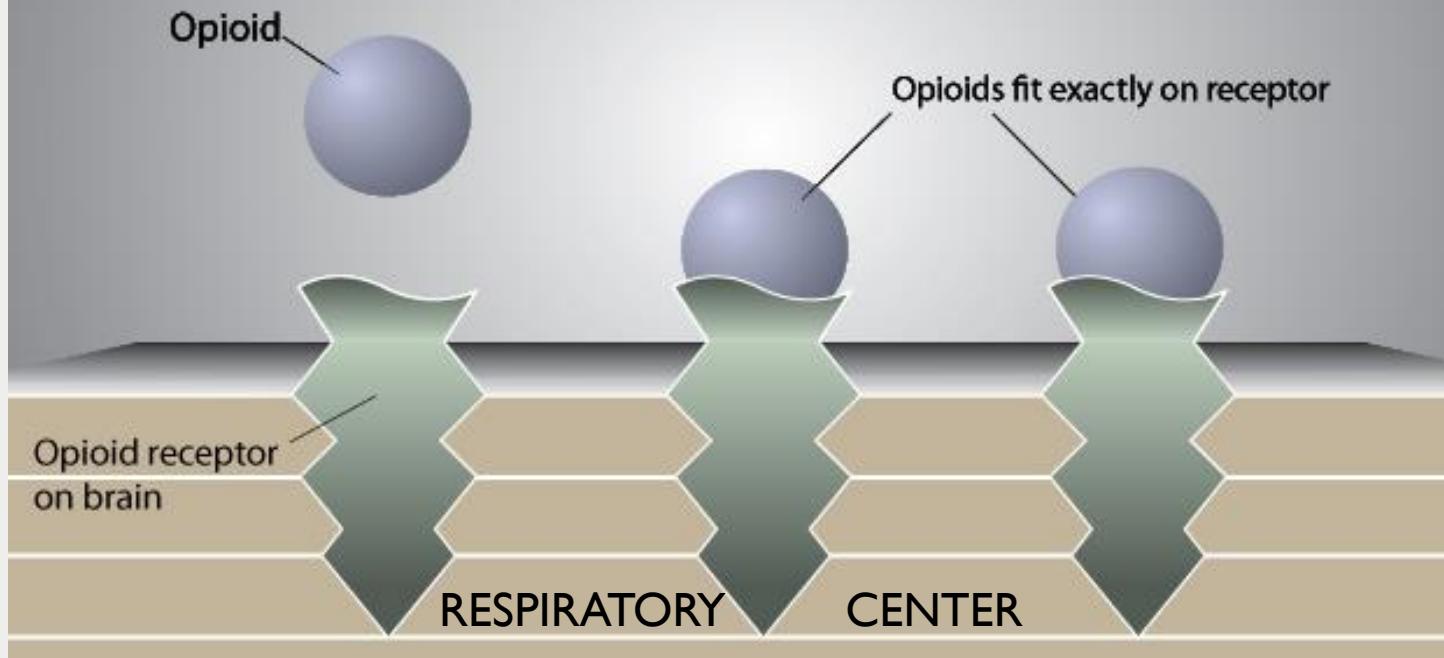
Unmasking underlying medical problems

Administered via intramuscular and intranasal routes in community programs



# How it works

The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.

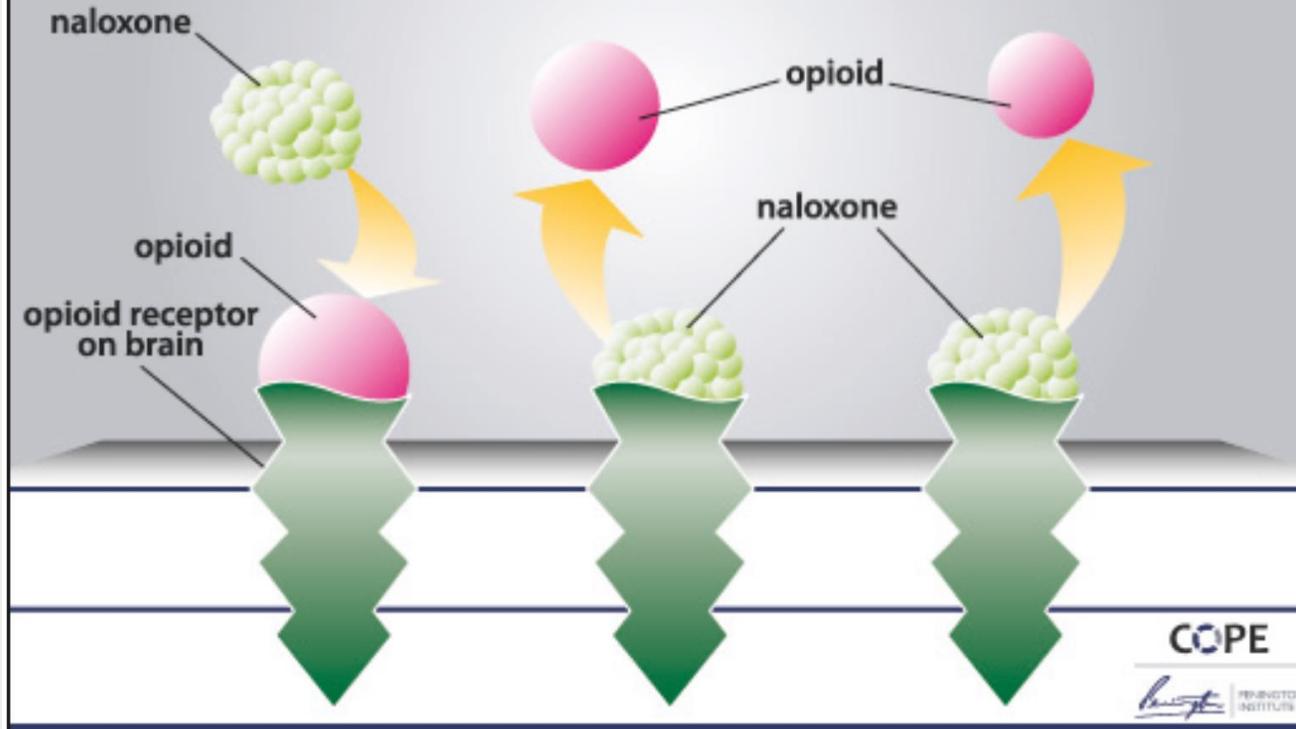




# How it works

## Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocks the opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.



Source: Adapted diagram from *Guide To Developing and Managing Overdose Prevention and Take-Home Naloxone Projects* <http://harmreduction.org/our-work/overdose-prevention/>





Below are the last 3 years reversed with naloxone by HRAC participants in outdoors or in public places including encampments, alleys, parks, public bathrooms, bus/train stations, in parking lots, etc

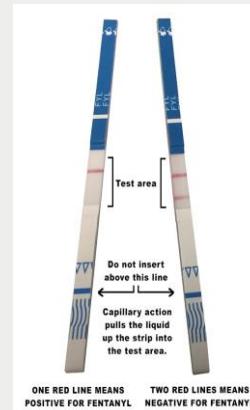
- in 2021: 70% (589) were reversed outdoors/public of 827 lives saved.
- in 2022: 68% (425) were reversed outdoors/public of 611 lives saved.
- in 2023: **587 (79%) were reversed outdoors/public of 748 lives saved.**

Need access to Narcan or naloxone?!

- You can garner over-the-counter intranasal Narcan at all pharmacies in Colorado today. Injectable naloxone is still covered by insurance using standing orders in the pharmacy.
- Live in Denver? You can get it [sent to your home](#) along with fentanyl testing strips.

# Fentanyl & Xylazine 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.





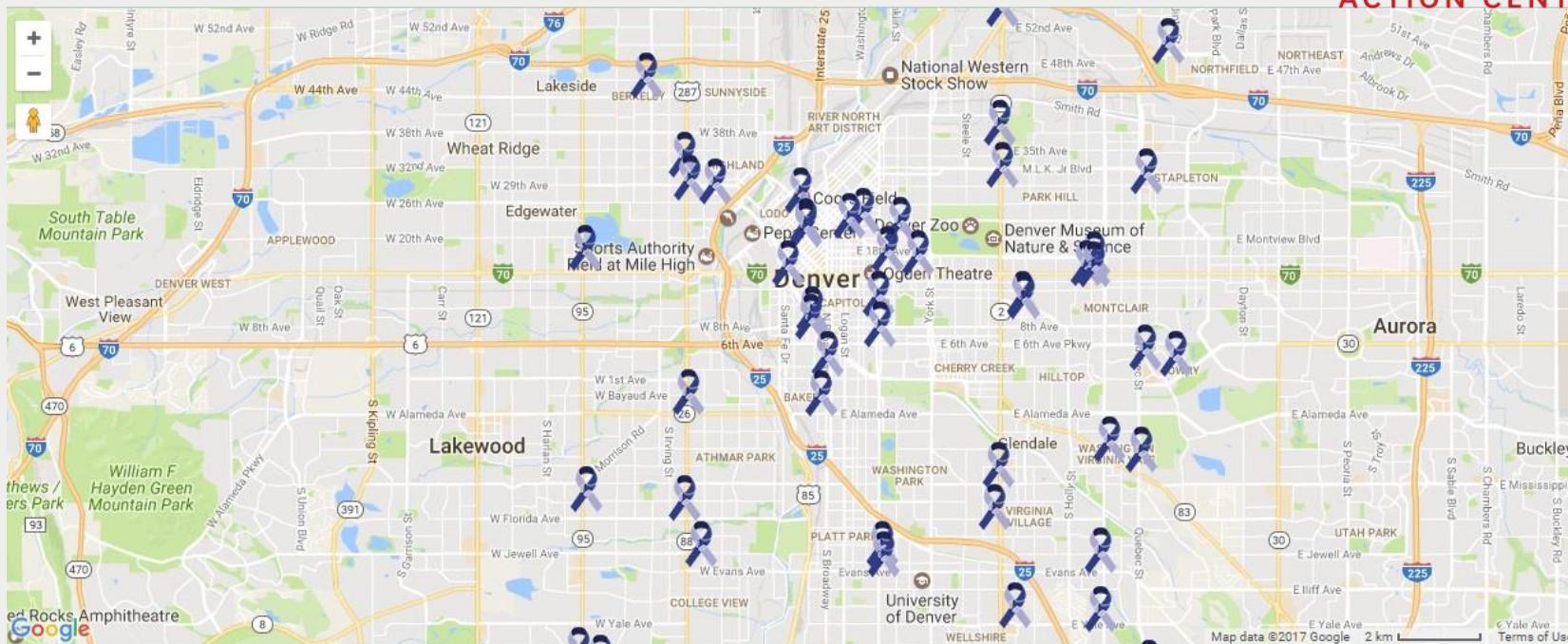
# Colorado Harm Reduction Legislation

## **Senate Bill 14 for Third Party Naloxone distribution**

Senate Bill 14 passed in the Colorado Legislature in May, 2013. This bill allows medical providers to prescribe the lifesaving medication Naloxone—which reverses the effects of an opiate overdose—to 3rd parties likely to witness an overdose, including friends and family members of opiate users, and all homeless service providers.

**Harm Reduction Action Center - Denver  
Denver Health & Hospital – Denver  
University Hospital**

# Pharmacies & First responders



- 470 pharmacies including Walgreens, CVS, KS, Rite Aid pharmacies, etc
- 204 Police and Sheriff's Departments
- 8 county jails

# Colorado Harm Reduction Legislation

- Syringe Exchange – SB 10-189
- 911 Good Samaritan Law – SB 12-020 & HB 16-1390
- Participant Exemption – SB 13-208
- 3<sup>rd</sup> party Naloxone Access – SB 13-014
- Needle stick Prevention – SB 15-116
- Standing Orders with Access to Naloxone – SB 15-053



# HB 1326 Concerning Fentanyl

- Funding:  
\$19.7 million for the bulk purchase and distribution of opiate antagonists
- \$300,000 for the purchase and distribution of fentanyl detection tests (plus an additional \$300,000 General Fund for a total of \$600,000)
- \$6 million to the Harm Reduction Grant Program
- \$3 million to provide Medication Assisted Treatment (MAT) services in county jails
- \$10 million to withdrawal management and crisis services programs
- \$5 million to CDPHE to develop, implement, and maintain a fentanyl prevention and education campaign to inform the public about its dangers, prevention, treatment, and laws
- Requires the Medicaid program to reimburse hospitals and emergency departments for the cost of opiate antagonists
- Court mandated treatment and a fentanyl education campaign for those charged with possession

# HB 1326 Concerning Fentanyl

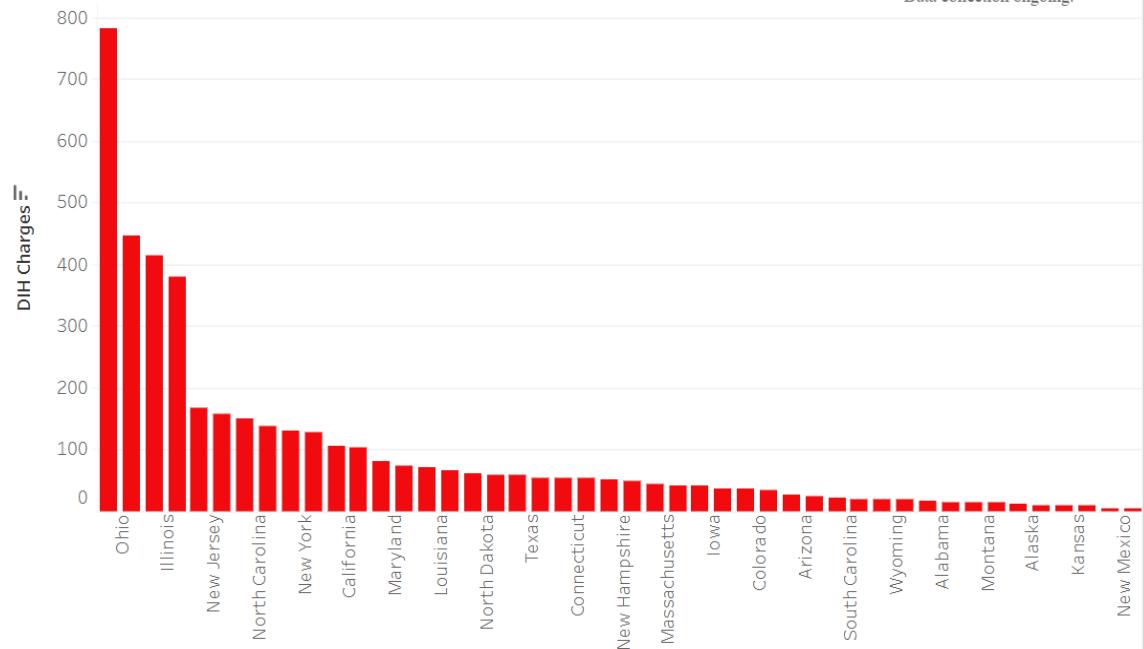
## Why we opposed:

- Drug induced homicides  
255 Do Not Prosecute Orders were signed  
Broken No More national statement
- Felonization of fentanyl in 1 gram (10 pills) or more – in any drug
- Mandatory treatment
- Od mapping

We have reached out to our national colleagues about what OD MAP is like in reality and understand this was originally funded by the Bureau of Justice Assistance. The "services" tend more to mean law enforcement surveillance and outreach to the homes if someone has survived the overdose is usually by law enforcement. In many places where it has been employed, there is specific OD incidence data to identify a home or dwelling by the general public, which is problematic and stigmatizing. What we have found is these programs are employed with no protections on immunity for the 'outreach' that may find anything illicit. Warrant checking practices by post-overdose outreach in Massachusetts. *Conclusion: Checking warrants prior to post-overdose outreach visits can result in arrest, delayed outreach, and barriers to obtaining services for overdose survivors, which can undermine the goal of these programs to engage overdose survivors. With the public health imperative of engaging overdose survivors, programs should consider limiting warrant checking and police participation in field activities*

# HB 1326 Concerning Fentanyl

DIH Charges by State (1974-2018)



**"WE, THE PEOPLE WHO ARE MOST AFFECTED BY ALL ASPECTS OF DRUG USE AND THE "WAR ON DRUGS", WILL NOT STAND BY WHILE OUR BROTHERS AND SISTERS ARE LOCKED UP, ABUSED, AND DEHUMANIZED IN OUR NAMES."**



# Safe Syringe Disposal Initiative

- Used syringes are discarded in public places around Denver. Improper disposal of bio-hazardous waste exposes city employees and the general public, to potential needle stick injuries. 1,500 were disposed between October 2015 – October 2016.

## Barriers to proper 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





“

People living in chaotic drug use tend to be more successful at making positive changes in their lives if they first have their most basic needs met, like food and shelter, access to health care, meaningful connection, and being treated with dignity, regardless of whether or not they continue to use drugs, and not contingent on if the difficult circumstances in their lives have changed.

CHRIS ABERT

SOUTHWEST RECOVERY ALLIANCE





Overdose Prevention Sites are legally sanctioned and designed to reduce the health and public order problems associated with drug use. They support the consumption of pre-obtained drugs in an anxiety and stress-free atmosphere, under hygienic and low risk conditions.

Commonly, the purpose of OPS's are to reduce public disorder and enhance public safety, reduce overdoses, reduce transmission of HIV and hepatitis C infections, decrease skin tissue infections, and improve access to other health and social services.





Numerous peer-reviewed scientific studies have proven the positive impacts of SIFs. These benefits include:

- Increased access to drug treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own.
- Reduced public disorder, reduced public injecting, and increased public safety.
- Attracting and retaining a high risk population of people who inject drugs, who are at heightened risk for infectious disease and overdose.
- 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).
- 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.





## Public Restrooms Become Ground Zero In The Opioid Epidemic

LET'S  
TALK  
BUSINESS

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.

"Asking police and emergency services to solve the overdose crisis is like asking an engineer to perform heart surgery. Supervised consumption facilities let addiction experts take the wheel and leave police and first responders to focus on issues where we can actually be helpful. Creating more sensible drug policies requires a multi-pronged, evidence-based approach, and these facilities are a key component - they will help repair communities ravaged by drug addiction."



-Major Neill Franklin (Ret.), 34-year police veteran and executive director for the Law Enforcement Action Partnership (LEAP)

# Business Coalition



- Mutiny Info Café
- Denver Post Editorial Board
- The Oriental Theater
- Meadowlark Bar
- Blush and Blu
- Scales Pharmacy
- Sweet Action Ice Cream
- El Charrito
- Sextop Comedy
- Sexy Pizza
- Birdy Magazine
- Luceo Images
- Denver Relief Consulting
- The Culpepper, Esq.
- McAllister Garfield, PC
- Vincente Sederberg
- Hope Tank
- Roostercat Coffee Co.
- Revelry Kitchen
- Ladybud Magazine
- Ogden Studios LLC
- TWiD Media LLC
- Costello Health Care Consulting
- KSTKL Investments
- Icomply
- Stay Current Strategies
- SKS Therapy
- The Law Office of Jennifer E. Longtin
- Genoa a Qol Healthcare Company
- Fancy Tiger Clothing
- Katherine Payne 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
- Swan Counseling Services
- Sincere Solutions
- Walking Raven RMC
- Little Read Books
- Conscious Consulting

# Association and Organizational Support

## National Supporters

- Drug Policy Alliance
- American Medical Association
- Law Enforcement Action Partnership
- National Alliance of State & Territorial AIDS Directors
- Students for Sensible Drug Policy

## Healthcare Supporters

- Denver Medical Society
- Colorado Medical Society
- American College of Emergency Physicians – CO
- Colorado Psychiatric Society
- Colorado Society of Addiction Medicine
- Tri County Health Department
- Boulder County Public Health
- Colorado Behavioral Healthcare Council

- Colorado Academy of Family Physicians
- Colorado Nurses Association
- Colorado Foundation for Universal Health Care
- Jefferson County Public Health
- Colorado – National Association of Social Workers
- Public Health Nurses Association of Colorado
- Colorado Library Social Workers

## Organizational Supporters

- Colorado Coalition for the Homeless
- Harm Reduction Action Center
- Boulder Colorado AIDS Project
- Colorado Health Network
- Denver Homeless Out Loud
- Broken No More
- The Empowerment Program
- DanceSafe

## Organizational Supporters Continued

- The Colorado Health Foundation
- Global Platform for Drug Consumption Rooms
- SWOP Denver
- Good Cinema
- Mental Health Center of Denver
- Colorado Organizations and Individuals Responding to HIV and AIDS (CORA)
- Senior Support Services
- St. Frances Center
- The Romero Theater Troupe
- Street's Hope
- The Buck Foundation
- New Leaders Council Denver
- Healthier Colorado
- Period Kits for the Homeless
- Denver Alliance for Street Health Response
- Colorado Criminal Justice Reform Coalition
- Project Angel Heart
- Young Invincibles

## Treatment/Recovery Supporters

- Tribe Recovery Services
- Spero Recovery
- Red Rocks Recovery Center
- Colorado Providers Association
- Advocates for Recovery Colorado
- Young People In Recovery Colorado
- Urban Peaks Rehab
- Crossroads Treatment Center of Denver

## Religious Supporters

- Capitol Hill United Ministries
- First Unitarian Society of Denver
- Interfaith Alliance of Colorado
- Denver Community Church
- American Friends Services Committee

## Other

- Former Colorado Attorney General – (2018, Cynthia Coffman)

# What is Safe Supply?

Reduces Overdose Deaths - Reduces crime - Improves health



## Advancing Safe Supply Through Options



1



### Clinical Programmatic Settings

#### Examples

- Injectable opioid agonist therapy (iOAT) and tablet injectable opioid agonist therapy (tiOAT)
- Crosstown Clinic

#### Benefits

- Most studied delivery model
- Generates evidence for future practice

#### Harms

- Rooted in paternalism
- Flawed metrics for success
- History of mistrust d/t harms towards people who use drugs
- Coercive practices

2



### Harm Reduction Initiatives

#### Examples

- SAFER Initiatives
- Embedding in overdose prevention sites (OPS) and supervised consumption services (SCS)

#### Benefits

- Reduces death, disease, and community harms associated with higher risk activities
- Flexible and responsive to emerging community trends

#### Harms

- Underfunded/under-resourced
- Limited capacity and precarious funding

3



### Public Health Models

#### Examples

- Decision-support tools and centralized access lines
- Nicotine replacement therapy (NRT)

#### Benefits

- Easily replicated based on learnings from naloxone de-scheduling and the de-medicalization of nicotine and cannabis
- Potential for widespread accessibility

#### Harms

- Regulatory barriers for implementation and lack of buy-in

4



### Drug Policy Reform and Regulated Supply

#### Examples

- Compassion club models
- Legalization/regulation
- Retail dispensaries

#### Benefits

- Targets the root cause of toxic drugs
- Lowest barrier options
- Competes with the unregulated drug supply
- Acknowledges the many reasons and ways people use drugs

#### Harms

- Not easily understood or accepted by policy-makers
- Low political will to endorse

## Expectations of Safe Supply

Just as a safe supply of alcohol was not meant to solve all of the problems of alcoholism, it did provide the starting point eliminating the need to correct the many problems created from it being illegal. Safe supply works toward ending the criminalization of the vulnerable through drug policy. Safe supply brings back the possibility of hope, stability, and dignity for people who use drugs. It will not be a “cure all,” or a magic bullet, but it is a necessary component of ending the War on Drugs that has done so much to divide and harm our society. Those who are truly invested in ending prohibition will make expanding safe supply a top priority.

-- Canadian Association of People who use drugs Safe Supply Concept paper

# Where is Safe Supply currently practiced?

- **“Prescribing diamorphine has been part of the UK response to drug problems since the 1920s.”** (Metrebian N, Carnwath Z, Mott J, Carnwath T, Stimson GV, Sell L. Patients receiving a prescription for diamorphine (heroin) in the United Kingdom. *Drug Alcohol Rev.* 2006;25(2):115-121. doi:10.1080/09595230500537175)
- **“Heroin-assisted substitution treatment for severely opioid-dependent drug users has been available in Switzerland since 1994.”** (Rehm J, Gschwend P, Steffen T, Gutzwiller F, Dobler-Mikola A, Uchtenhagen A. Feasibility, safety, and efficacy of injectable heroin prescription for refractory opioid addicts: a follow-up study. *Lancet.* 2001;358(9291):1417-1423. doi:10.1016/S0140-6736(01)06529-1)
- **Also Germany, The Netherlands, Canada, Denmark and Spain**





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