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The Opioid Crisis in Denver: Exploring the harm reduction model

Harm Reduction is Good Public Health

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Break it Down

- 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

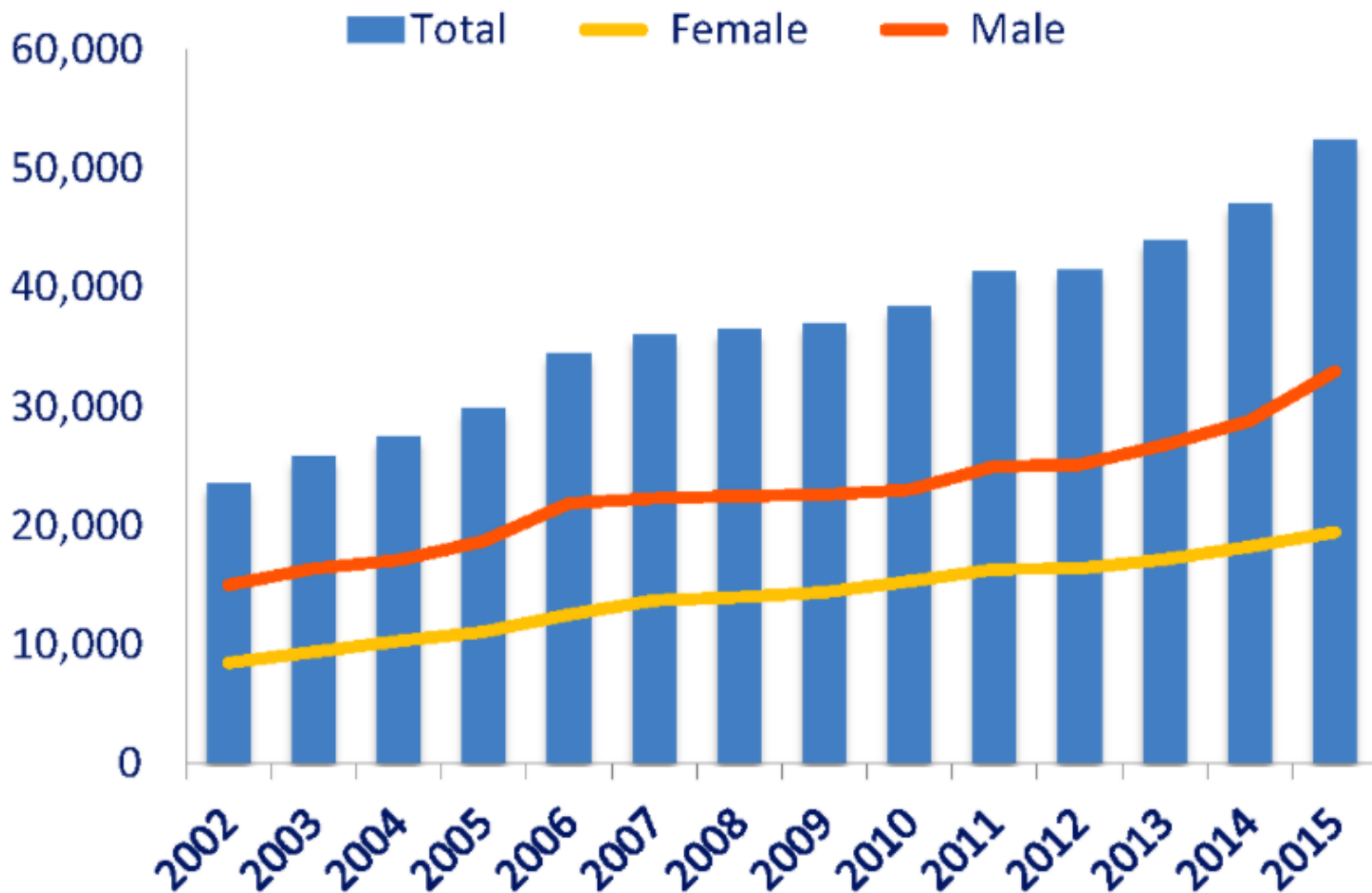
What are Opioids?

- Heroin
- Codeine
- Demerol
- Morphine
- Darvocet
- Fentanyl
- Dilaudid
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Vicodin
- OxyContin
- Tylenol 3
- Tylox
- Levorphanol
- Percocet
- Percodan

National Opioid Overdose Epidemic

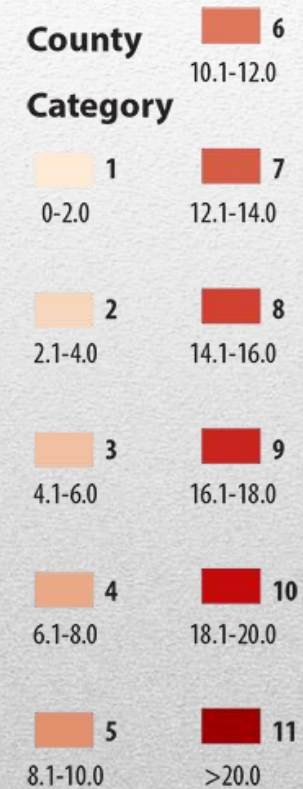
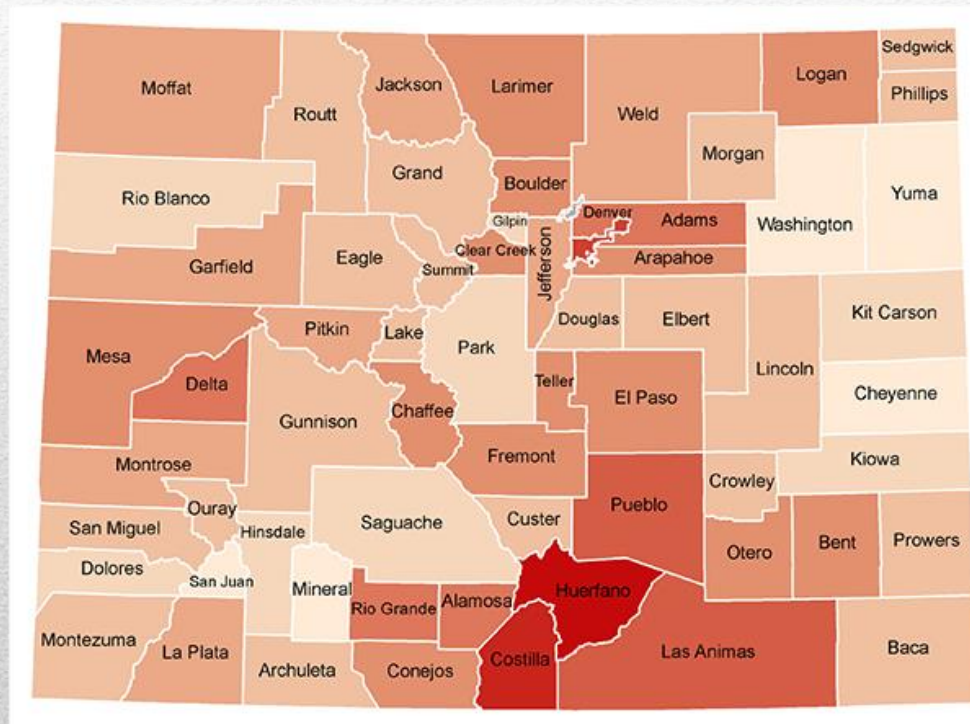
- Accidental drug overdose is currently the leading cause of injury-related death in the United States for people between the ages of 35-54 & the second leading cause of injury-related death for young people.
- According to the Centers for Disease Control and Prevention (CDC), overdose rates have increased roughly five-fold since 1990.
- Drug overdose deaths now exceed those attributable to firearms, homicides or HIV/AIDS.

National Opioid Overdose Epidemic

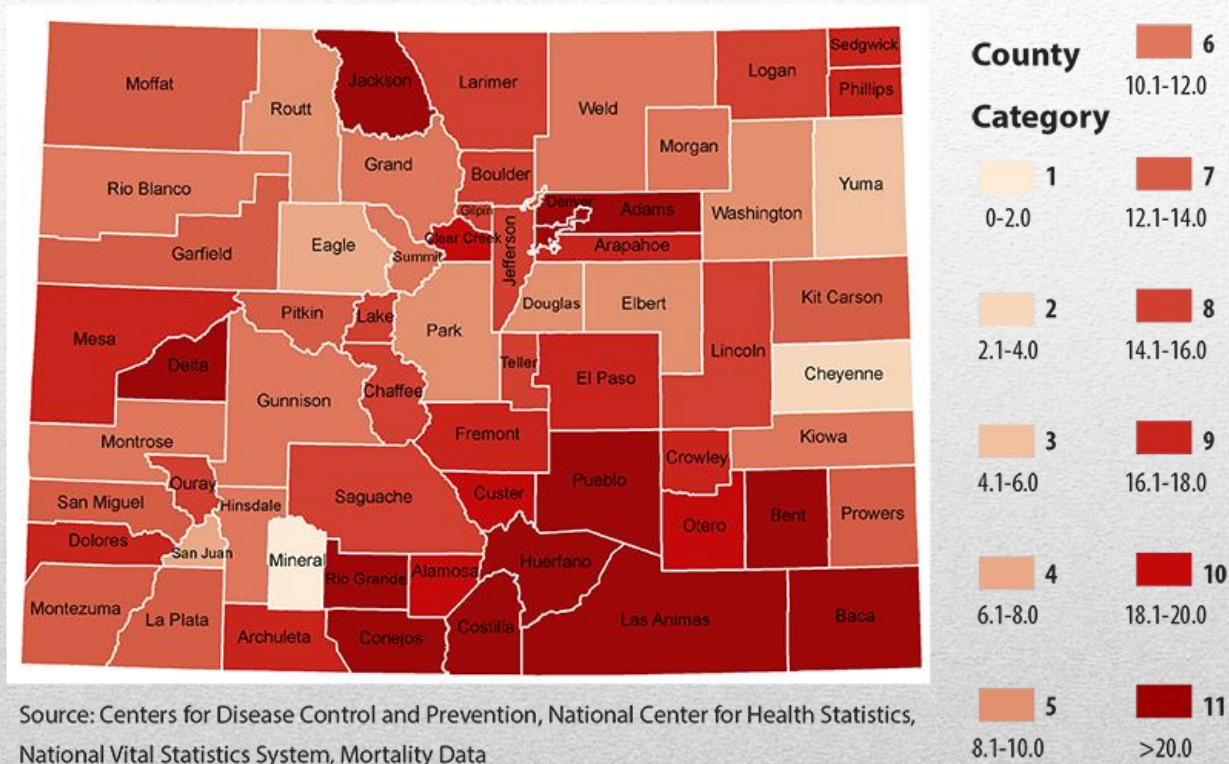


Source: National Center for Health Statistics, CDC Wonder

Map 1. Drug Overdose Death Rate By County, 2002



Map 2. Drug Overdose Death Rate By County, 2014



Overdoses in Colorado

PRIMARY CAUSE OF DEATH

1. Chronic Drug and Alcohol Abuse
2. Heart Disease
3. Blunt Force Injury
4. Pneumonia
5. Hyper/hypothermia

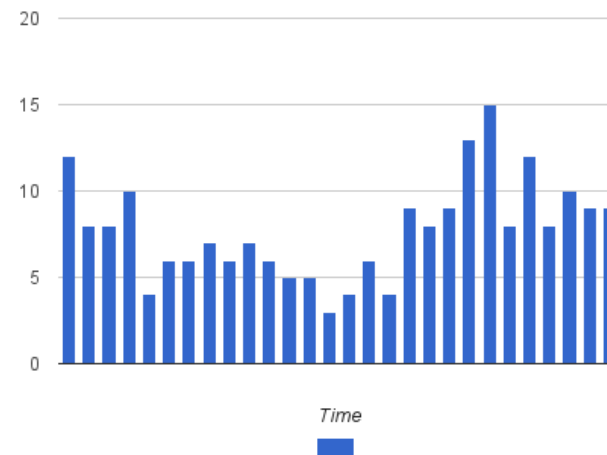
Colorado Coalition for the Homeless. (2013, December). *We Will Remember 2013: Homeless Death Review*. Retrieved from <http://www.coloradocoalition.org/userfiles/Library/Homeless%20Death%20Review%202013.pdf>.

Colorado overdoses 2000-2016
Total drug overdose deaths: 11,456
Opioid-related deaths: 3,650

Denver – 2016: 174

Denver – 2015: 129

Denver Heroin Deaths, 2009-2015



Local Overdose Epidemic

- In Colorado there is a fatal overdose every nine hours and 36 minutes. 174 people died of overdose just in the City and County of Denver in 2016.
- Rates for hepatitis C in Denver and throughout Colorado have increased drastically over recent years, especially among young people. From 2013 to 2016 new hepatitis C infections for people under the age of 30 increased by 186% in Denver County.
- Comparatively, new infections throughout Colorado for people under the age of 30 increased by 33% in that same time period.

HRAC Programs & Services

- Health Education Classes – STRIVE, Vein care, & Overdose
- HIV/HCV/STI testing
- Referrals
- PWID Advisory Committee
- Re-register drug users, homeless, and former felons to vote
- Access to homeless outreach worker, mental health, healthcare enrollment, etc.
- Methadone assistance along with other treatment options
- Access to mail and phone
- Advocacy
- Syringe access during drop-in hours
- Mobile syringe exchange

Syringe Access Programming Results at HRAC

(February 8, 2012- December 31, 2017)

~7,292+ unique clients to date! = largest SAP in CO

95,724 + syringe access episodes

42,933 referrals (testing, substance abuse treatment, mental health, etc.)

Overdose prevention: **2,052** trained, **754** lives saved

Risks for Overdose - Prevention Strategies

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

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

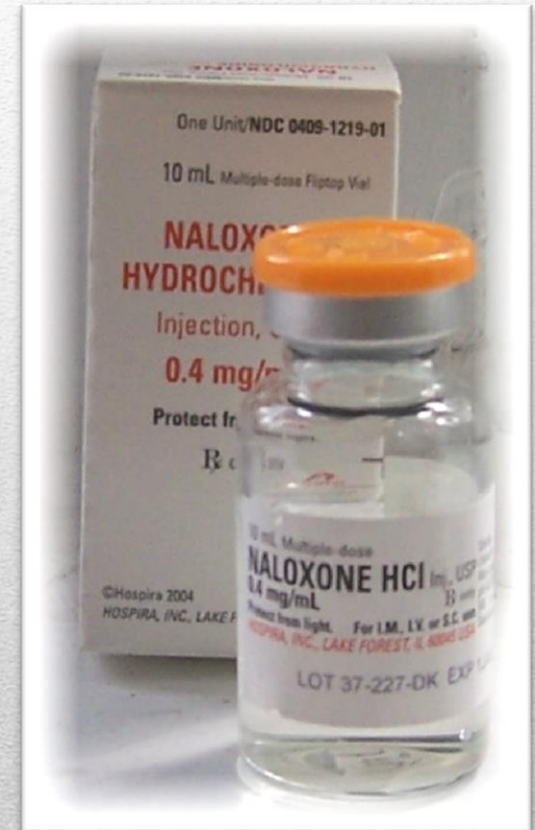
Not addictive; no potential for abuse; no agonist activity

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



Colorado Harm Reduction Legislation

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



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

Commonly, the purpose of SUS'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.



Harm Reduction is Evidence-Based and Proven to be Effective...

In a recent Literature Review, 75 relevant articles converged to find that Supervised Use Sites (SUS) were an effective means of:

- Attracting the most marginalized people who inject drugs
- Promoting safer injection conditions
- Increasing access to primary health care
- Reducing overdose frequency

De-bunking the Myths...

- Supervised Use Facilities do NOT lead to increased drug injecting.
- Supervised Use Facilities do NOT mean a higher crime rate.
- On the contrary, these facilities have been associated with REDUCED levels of public injecting and discarded syringes.



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

- Reduced public disorder, reduced public injecting, and increased public safety.
- Cost savings resulting from reduced disease and overdoses, as well as a reduced need for emergency medical services.
- Increased preventive healthcare and greater utilization of drug treatment programs.
- No increase in community drug use.
- Not increasing initiation into injection drug use.
- No increase in drug-related crime.
- Successfully managing overdoses and reducing overdose death rates.

Questions?

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City Efforts to Combat Opiates

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Collective Impact for Denver's Response to Opiate Misuse

- Effort lead by Denver Department of Public Health & Environment
- Involves 100+ key stakeholders, partners, and city agencies
- Colorado Consortium for Prescription Drug Abuse Preventions consulting this effort



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Multi-Pronged Effort

Several Working Groups have been formed as a part of the collective impact:

- Syringe disposal
- Data and Policy
- Disconnected Youth
- Treatment and Recovery
- Criminal Justice Initiatives

Where is the collective impact now?

Research and Development Stage:

- Strategic Planning
- Developing metrics
- Designing framework

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Completed by Q1 2018



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A Multi-Pronged Effort

- DDPHE has completed a needs assessment on PWID (people who inject drugs) to identify gaps, strengths, and the needs of people actually using these substances. This is expected to be published in the 1st quarter of 2018.
- Denver's Sentinel Community Epidemiologist (SCE) for the NDEWS (National Drug Early Warning System) is located at DDPHE and reports on local drug trends. The most recent report was published in December, 2017 and is available on the [NDEWS website](#)
- The Mayor allocated more than \$1 million for opioid support services, including the creation of a \$500,000 grant fund to provide resources for those in our community who are addressing this crisis.
- The Opioid Resource Coordinator position in the Department of Environmental Health was expanded, and is now a permanent FTE



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How this is impacting public health

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Questions

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