

Boulder County Response to Increase in Opioid Overdose

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The Problem

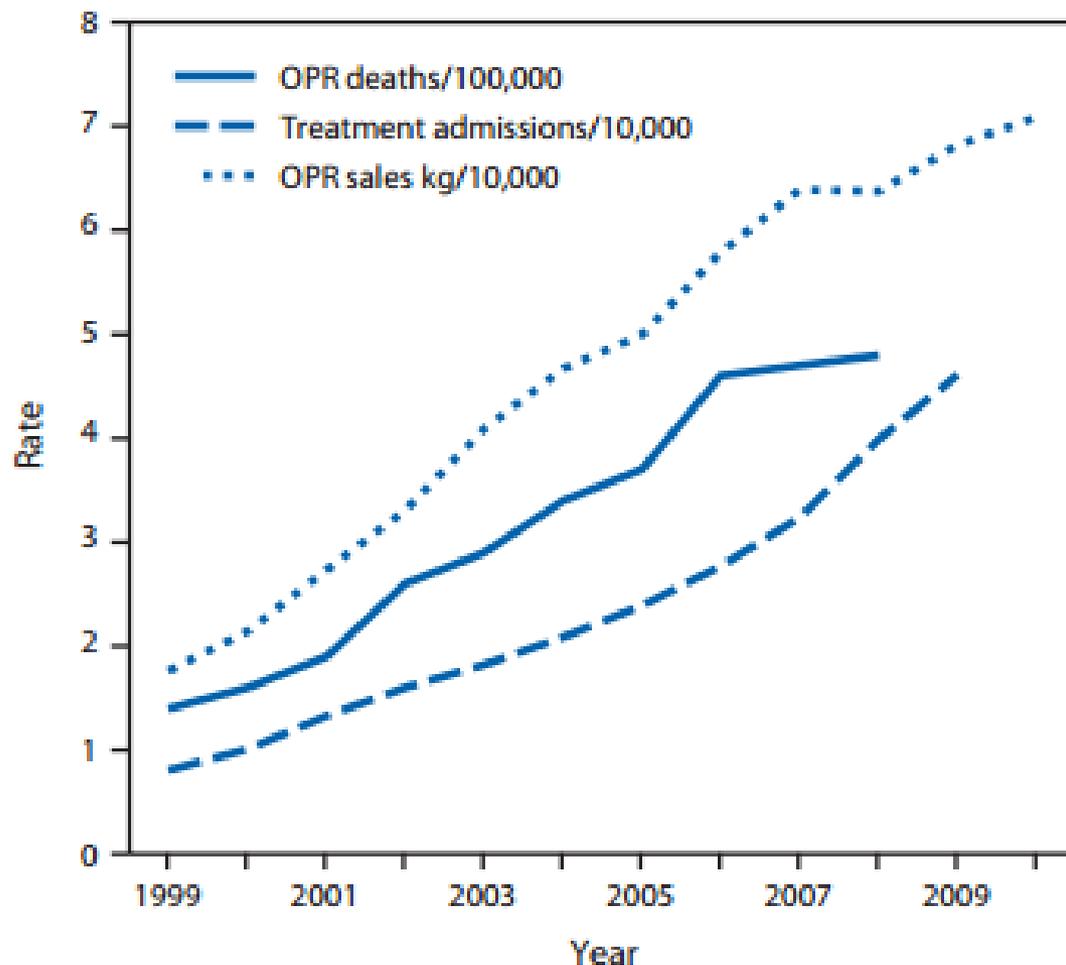
Increase in the number of heroin
overdose deaths in Boulder County



Trends in Public Health Burden of Opiate Overdose

- Between 1997 and 2007, prescriptions for opioids increased by 700% (NEJM)
- In 2010, enough opioid analgesics were prescribed to medicate every adult in the US every 4 hours for 1 month (CDC)
- More than 100 people died of an overdose each day in 2010 in the US (CDC)
- Drug overdose death rates have more than tripled since 1990 (CDC)

Rates of opioid pain reliever (OPR) overdose deaths, OPR treatment admissions, and kilograms of OPR sold - United States 1999-2010



* Age-adjusted rates per 100,000 population for OPR deaths, crude rates per 10,000 population for OPR abuse treatment admissions, and crude rates per 10,000 population for kilograms of OPR sold.



Boulder County Heroin Deaths

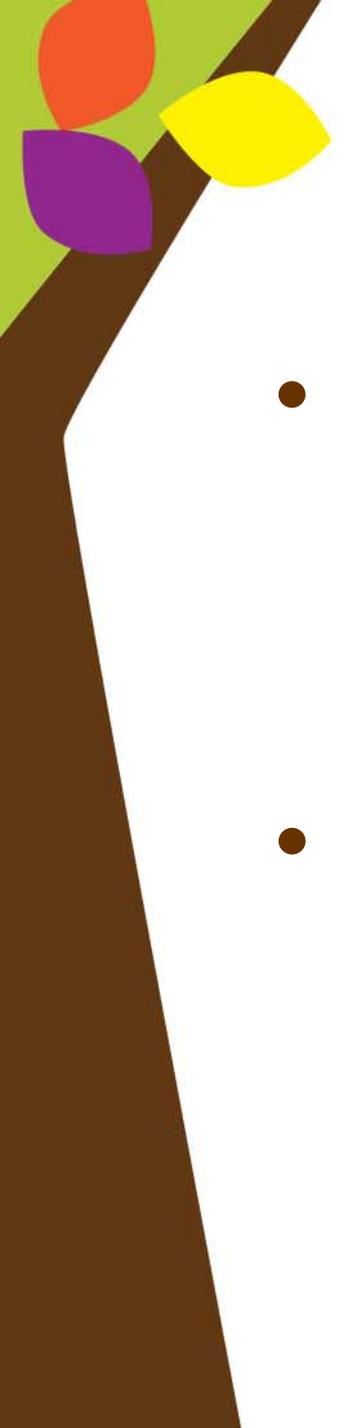
- 2011 6
- 2012 6
- 2013 15

(Boulder County Coroner death certificates)

Detox Admissions in 2010: < 2%

Detox Admissions in 2013 >6.5%

(DACODS number, Office of Behavioral Health)



State and Local Overdose Rates Reflect National Trends

- Colorado overdose death rate in 2010 was above the national average: 12.7 per 100,000 persons.
- Overdose death rates in Boulder County went up over six fold from 1990 (1.7 per 100,000) to 2012 (11.1 in 2012)



CO Syringe Access Legislation

- Passed in 2010 to allowing boards of health to approve programs at the local level, exempting staff and volunteers
- Works Program-although in operation since 1989, approved under law in 2011
- Additional legislation passed in 2013 exempting participants from paraphernalia charges



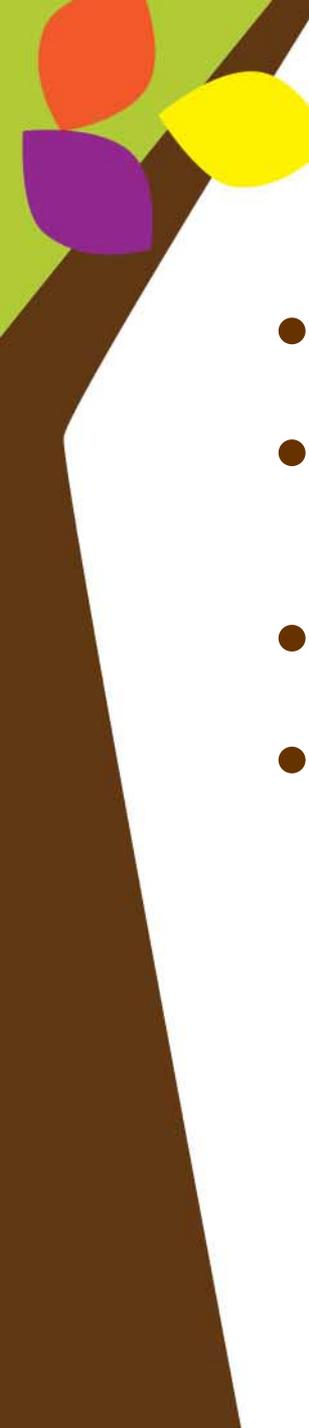
Harm Reduction Legislation

Senate Bill 20, the 911 Good Samaritan law

- signed into law in May of 2012
- provides legal immunity from prosecution for small amounts of drugs and paraphernalia to individuals who call 911 in response to an overdose emergency.

Senate Bill 14 for Third Party Naloxone distribution

- passed in the Colorado Legislature in May, 2013.
- allows medical providers to prescribe 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.



Works Program Components

- Harm reduction supplies and education
- Disposal of used sharps (approximately 90,000 syringes disposed in 2013, over 75% return rate)
- HIV and hepatitis C rapid testing
- Linkages to:
 - Immunizations
 - Treatment options, including medication assisted therapy at the ARC
 - Overdose prevention training with naloxone



Works Program Reaches People Who Need Services

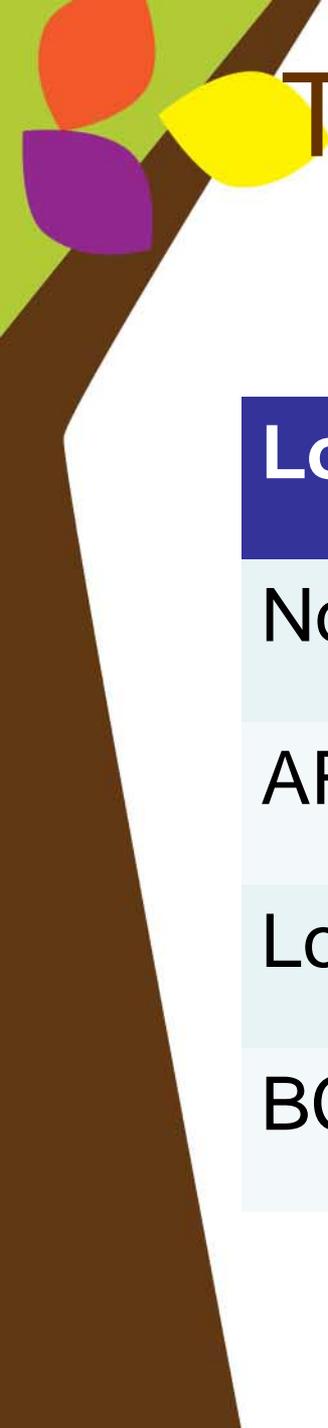
Estimated Number of IDU in Boulder County

- Ever IDU: 6484*
- IDU in the past year: 748*

Total served in 2013: 457

Average peers served: 3

*Calculations derived from total Boulder County population over the age of 13, based on methods developed by Colorado Department of Public Health and Environment :
Applying National Methods to estimate the Number of Injection Drug Users (IDU) to Colorado's Population

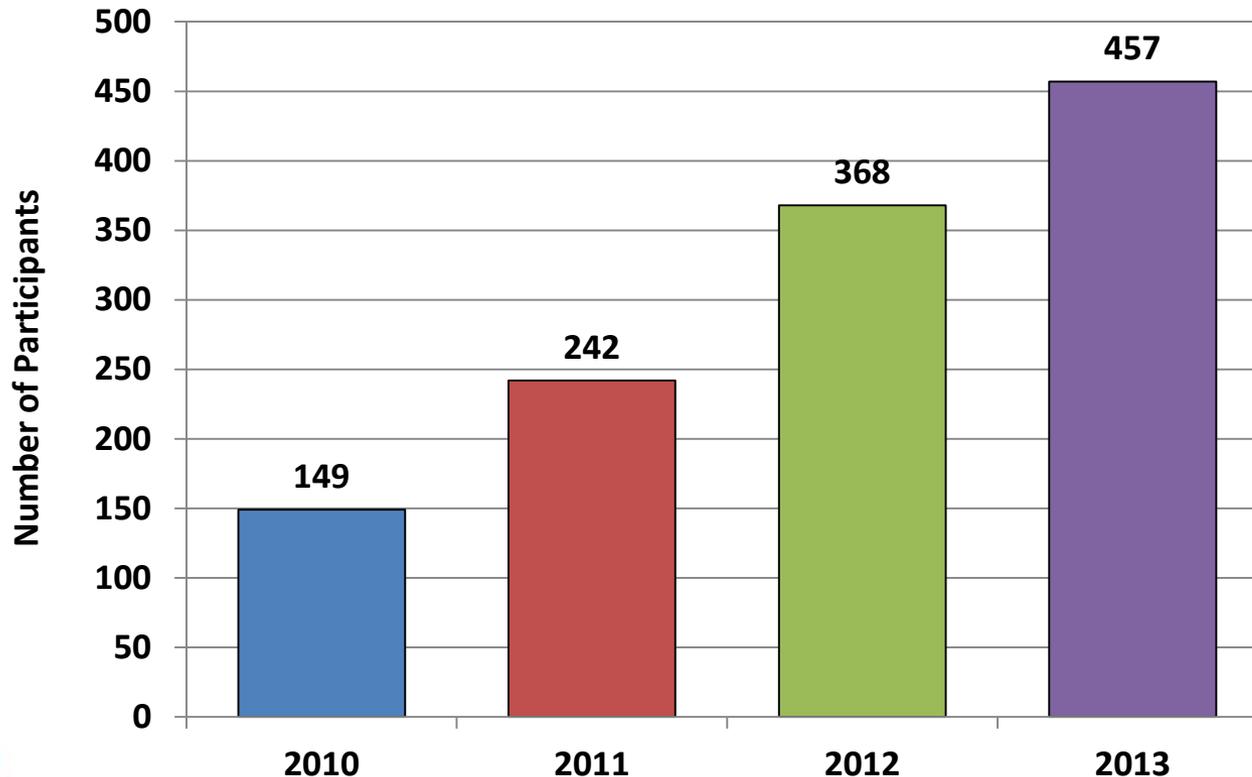


The Works Program Locations

Location	Operation Began
North Broadway	1989
ARC Valmont	2006
Longmont Coffman	2008
BCAP Spruce St.	2013

Works Program Participation Has Been Increasing

Works Program Individual Participants Served
2010-2013



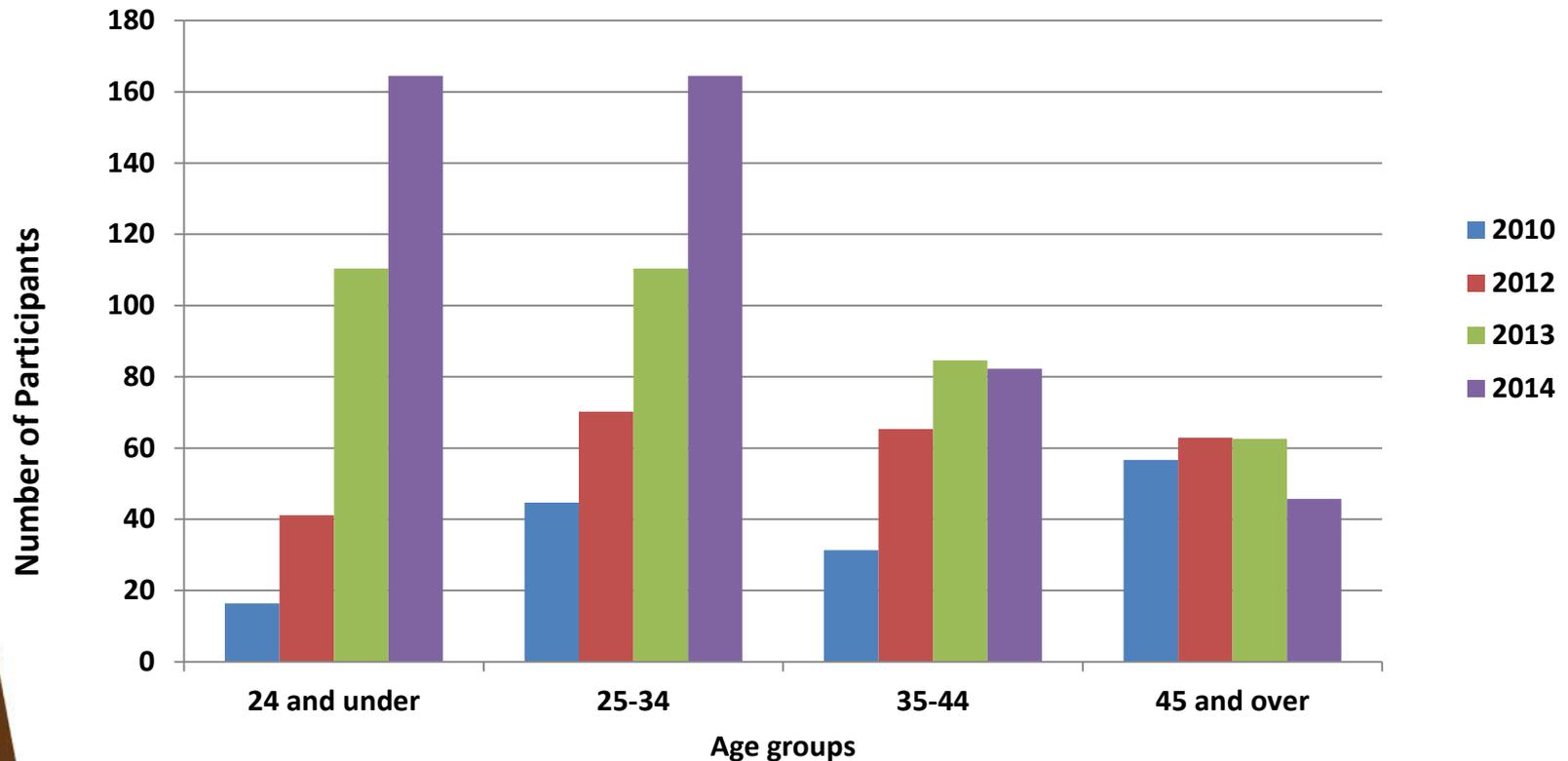
- Three fold increase since 2010
- 20% increase since 2012

The Largest Increase in Participation is Among Younger Age Groups

Mean age: 30 years old

- 30% decrease in past 6 years, down from 43 years old

Works Program Participant Age Distribution 2010-2013





Significant Number...

$$60 - 47 - 2$$



The Plan

Increase access to Naloxone/Narcan in the IDU population in Boulder County.



What does heroin do in the brain?

Heroin is synthesized from the seed pod of the poppy plant. It is converted back into morphine, and sits on the opioid receptors in the brain.

A sense of euphoria immediately overtakes the user, whether it is snorted, smoked, or injected.



What is Narcan/Naloxone?

It is not...





It is more like...



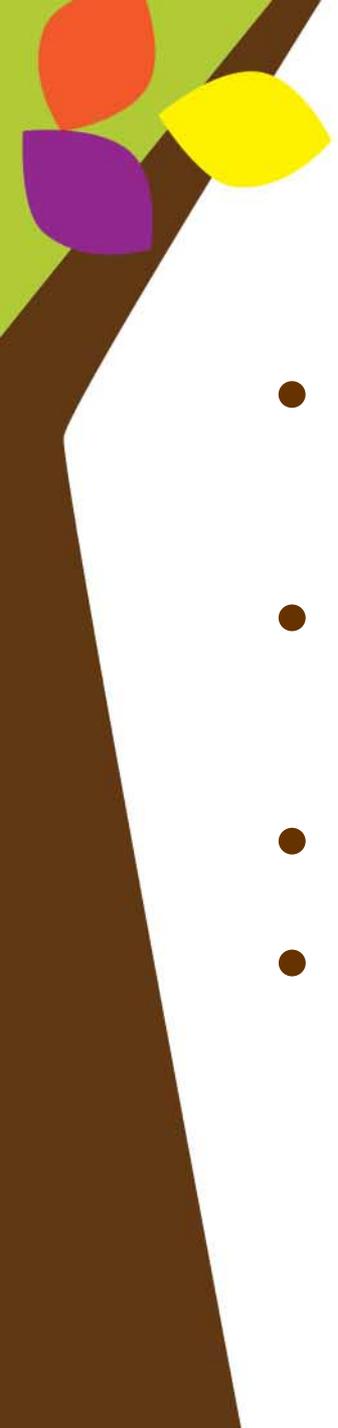


How does it work?

Narcan is the bully in the room. It knocks opioids off the opioid receptors in the brain.

It lasts anywhere from 30 to 90 minutes.

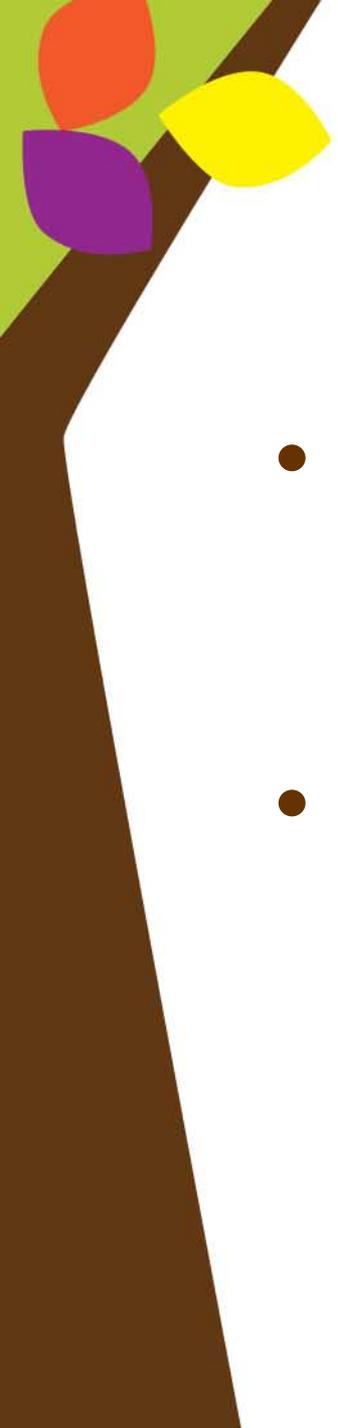
If you were to design a perfect drug or medication, Naloxone would fit into that category.

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- A decorative graphic in the top-left corner of the slide. It features a brown, diagonal tree branch extending from the top-left towards the center. Four stylized, flat leaves are attached to the branch: a red leaf at the top, a yellow leaf to its right, a purple leaf below the red one, and a green leaf at the very top-left corner.
- It can be injected through clothes or exposed skin.
 - People are trained to give it in the shoulder, leg, or other large muscles.
 - You cannot overdose on it.
 - It is not addictive.



Overdose Prevention With Naloxone

- First peer based program began mid-90's
- CO legislation passed in 2013
- In 2010, CDC report surveyed 50 programs in 15 states serving 166 local areas
 - State health department programs:
 - New Mexico (2001)
 - New York (2006)
 - Massachusetts (2007)
 - Statewide NGO program
 - Wisconsin



Peer Based Naloxone Programs 1996-2010

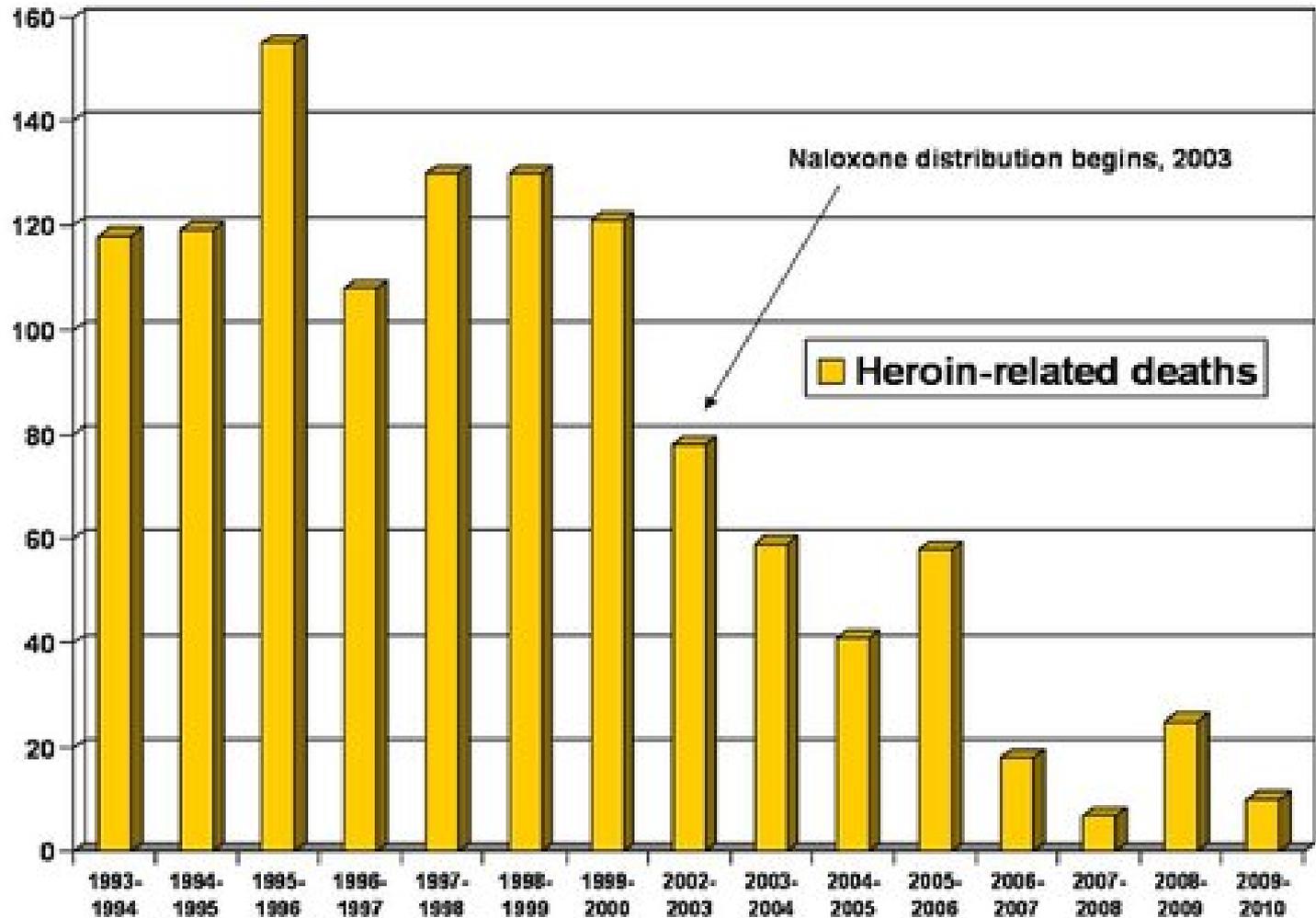
- Total participants across programs:
53,032
- Total overdose reversals reported:
10,171



Multitude of Entities Support Overdose Prevention with Naloxone

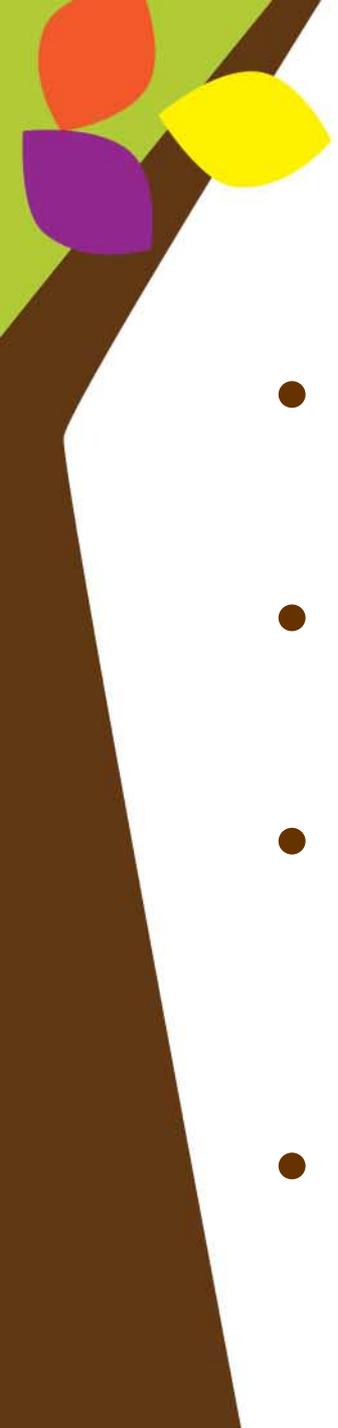
- White House National Drug Strategy
- Substance Abuse and Mental Health Service Administration (SAMHSA)
- American Public Health Association (APHA)
- Centers for Disease Control and Prevention (CDC)
- Department of Justice (Eric Holder statement 3/10/14)
- At least 24 law enforcement agencies currently implementing programming (Quincy MA, 202 reversals)
- FDA fast tracked an epi-pen like naloxone device earlier this year.

Heroin-related Deaths, San Francisco, 1993-2010



*Data compiled from San Francisco Medical Examiner's Reports, www.sfgsa.org

**no data available for FY 2000-2001



The Program

- Started with MSO funds dedicated by OBH for outreach to priority populations.
- Offer free Narcan/Naloxone trainings to prevent accidental overdose.
- Outreach plan approved by OBH to engage IDU's to explore treatment options.
- Total cost...



The Program

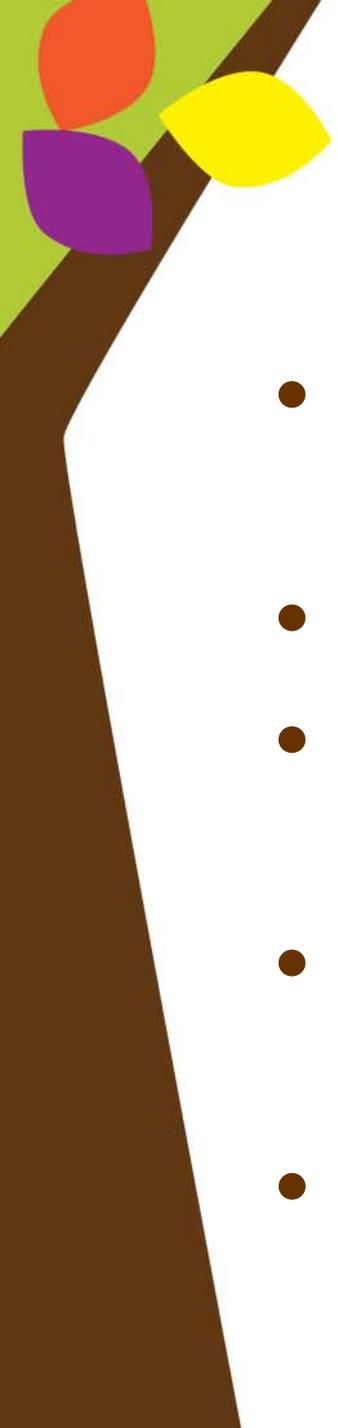
Monthly training for people involved in the syringe exchange program. This includes inviting friends, partners, and family members to attend as well.

Specific treatment intervention aimed at offering immediate treatment access for people that qualify.



Training Components

- Overdose training:
 - Identify signs of an overdose
 - Try to rouse the individual
 - Clear airway
 - Provide rescue breathing
 - Call 911
 - Provide naloxone (1cc)
 - Stay with individual because OD can return



Overdose Prevention with Naloxone in Boulder

- Collaboration between ARC and Works Program
- 1.5 hour hands on training
- Participants leave with naloxone prescription
- Since October: 7 trainings held, 38 people received naloxone kits
- 6 reports of overdose reversals



Intervention

Motivational Interviewing with group around options to enter treatment immediately. We offer Suboxone and Vivitrol, and waive the fee for Detox and weekly CBT treatment group.

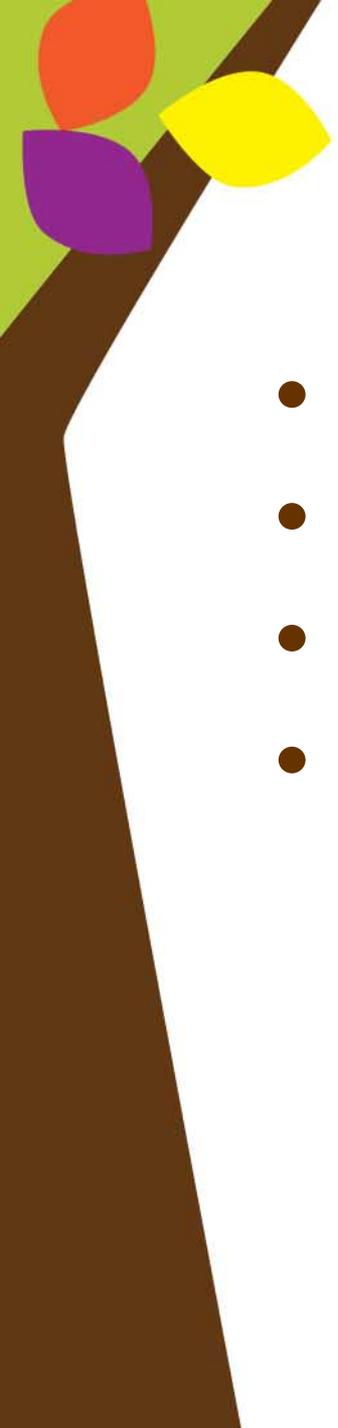
Medicaid clients get MAT services covered at no charge.

A decorative graphic in the top-left corner of the slide. It features a brown, stylized tree trunk that curves upwards and to the right. Three colorful leaves are attached to the branch: a red leaf at the top, a yellow leaf in the middle, and a purple leaf at the bottom. The background behind the leaves is a light green color.

Since no one can predict when a person will decide to get clean and sober, every interaction and encounter matters. Every contact with the public is an opportunity to intervene, and discuss options on how to get your life back.

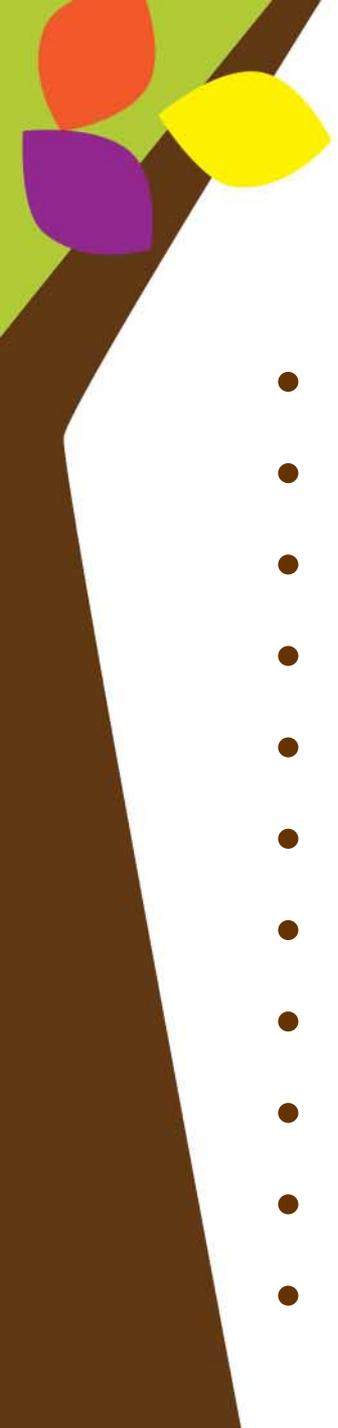


Community Education and Law Enforcement Engagement



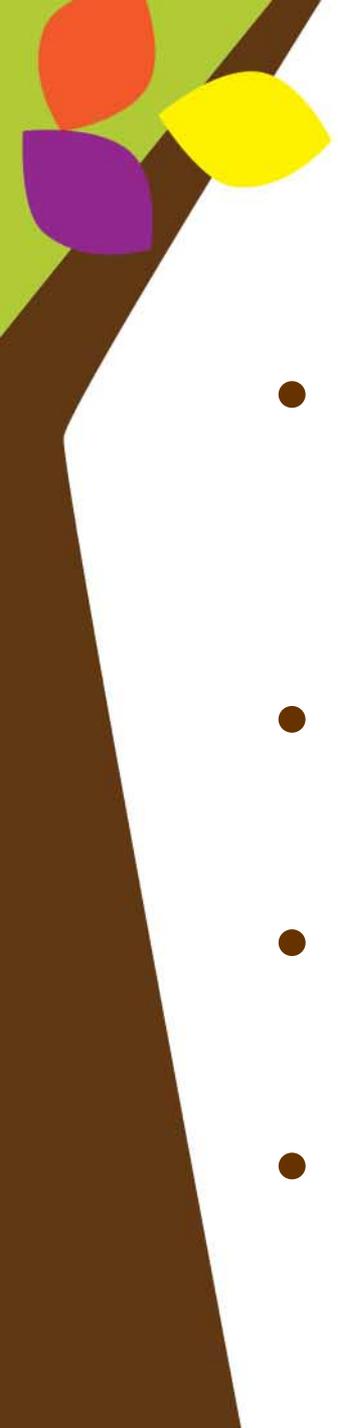
Getting the Message Out

- Trained local medical staff on program.
- Mental Health Partners prescribers
- CU Wardenburg
- Boulder Community Hospital ER staff.



Law Enforcement Meeting

- Boulder County Sheriff
- Boulder Police Department
- CU Police Department
- Longmont Police Department
- Boulder County Coroner
- Boulder County District Attorney
- State Public Defender
- 20th Judicial Probation Department
- Mental Health Partners
- Harm Reduction Action Center
- Boulder County Public Health



Law Enforcement

- Meeting with Boulder Sheriff's Office on August 14th to go over cost and explain the training needs for program.
- Presentation on June 24th to Commanders and Chief at BPD and FD.
- Police Executive Research Forum notes the heroin epidemic across the country.
- Looking at legal ramifications for administering or not administering Narcan.

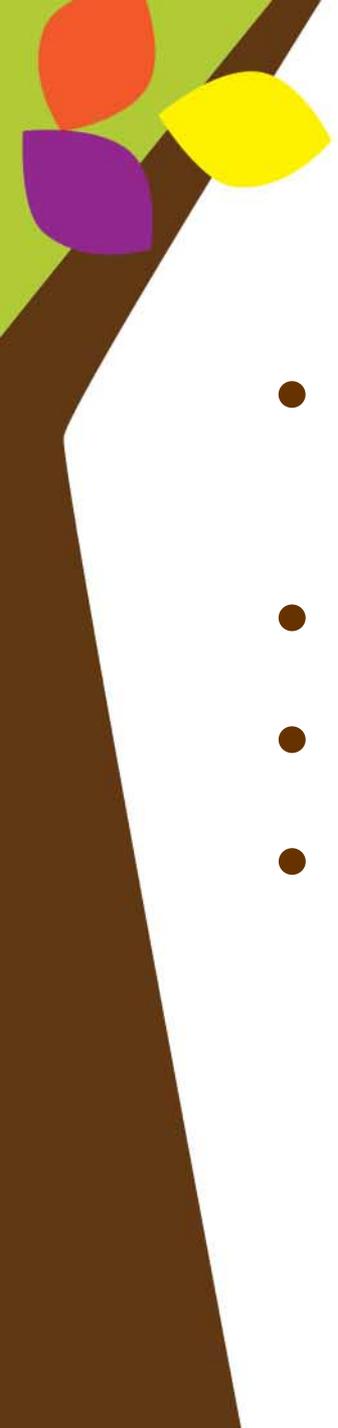


Will having naloxone result in drug users taking more risks?

Studies demonstrate people who access naloxone programming report less use and more treatment access than prior.

Maxwell et al, Prescribing naloxone to actively injecting heroin users: a program to reduce heroin overdose deaths. *J Addict Dis.* 2006; 25:89-96

Seal et al, Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: a pilot intervention study. *J Urban Health:* 2005;82:303-311



Success Stories

- 5 IDU's that took the training entered or are currently in treatment.
- 38 people have taken part in 7 trainings.
- 6 reversals
- Community partners are educated and trained.



Special Thanks

This program would not be possible without the support of the Harm Reduction Action Center. Lisa Raviile, Dr. Jane Kennedy and Ruth Kanaster encouraged us to start the program and continue to provide technical support to the work we do.



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