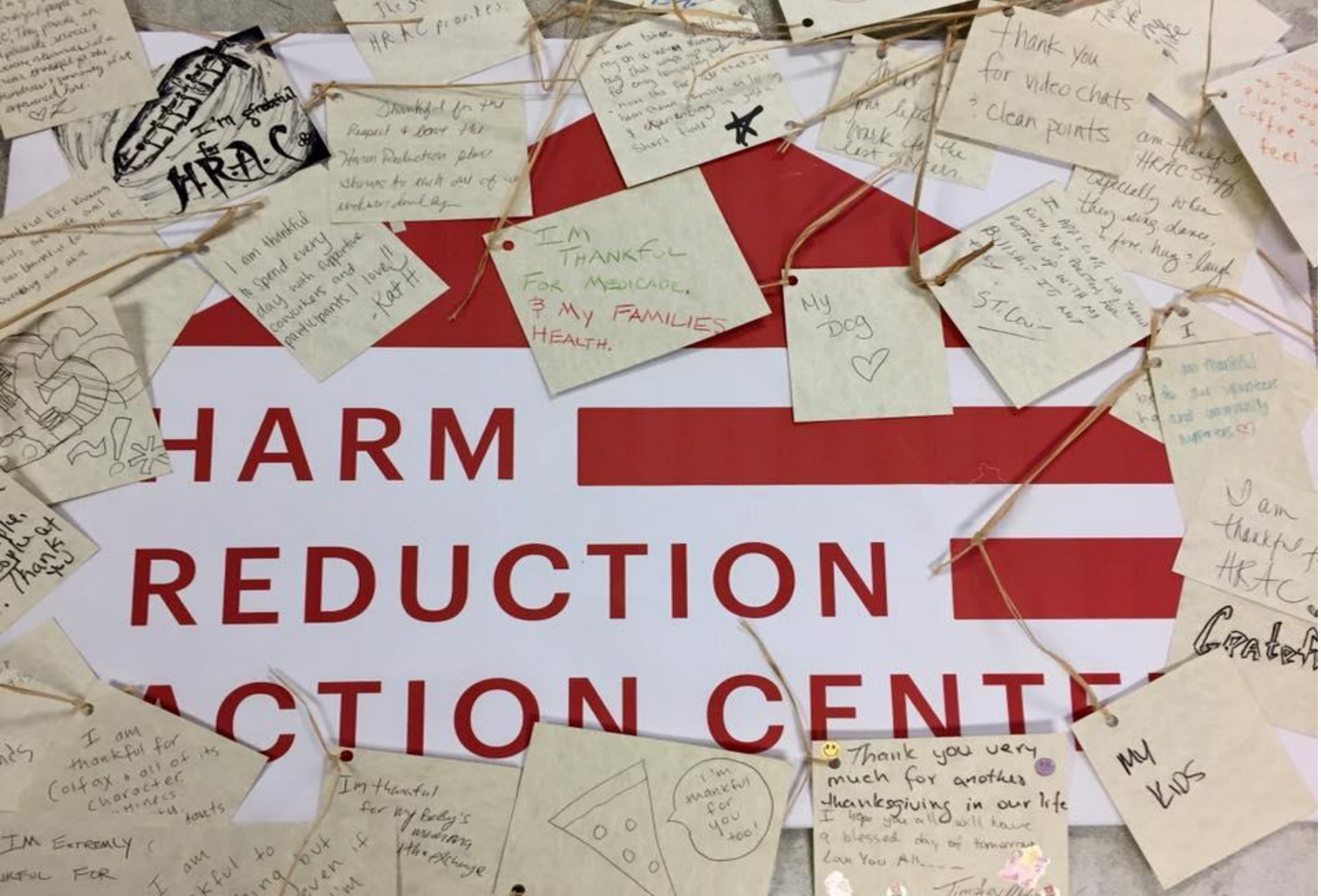

Lisa Raville, Executive Director August 14, 2018

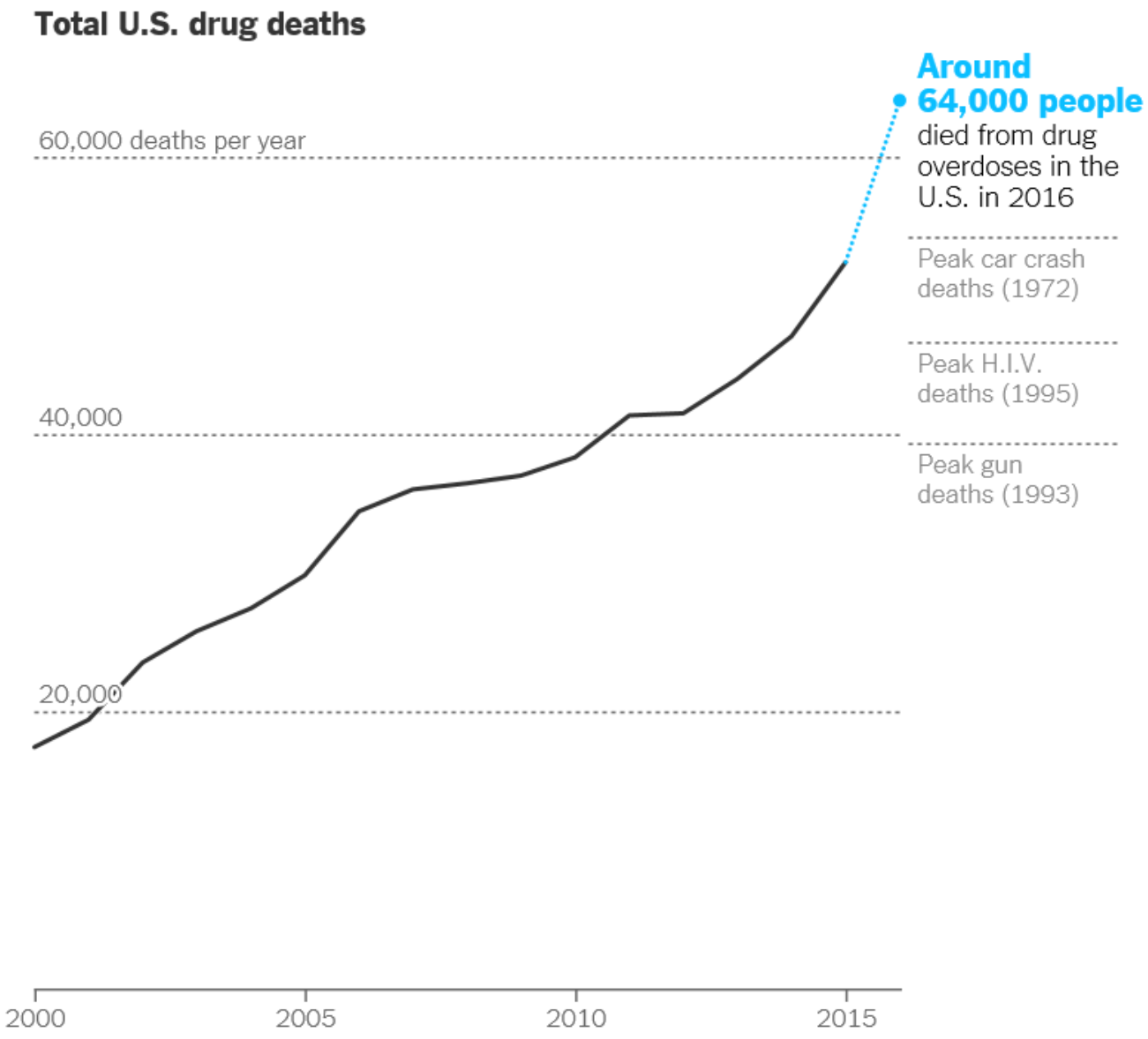

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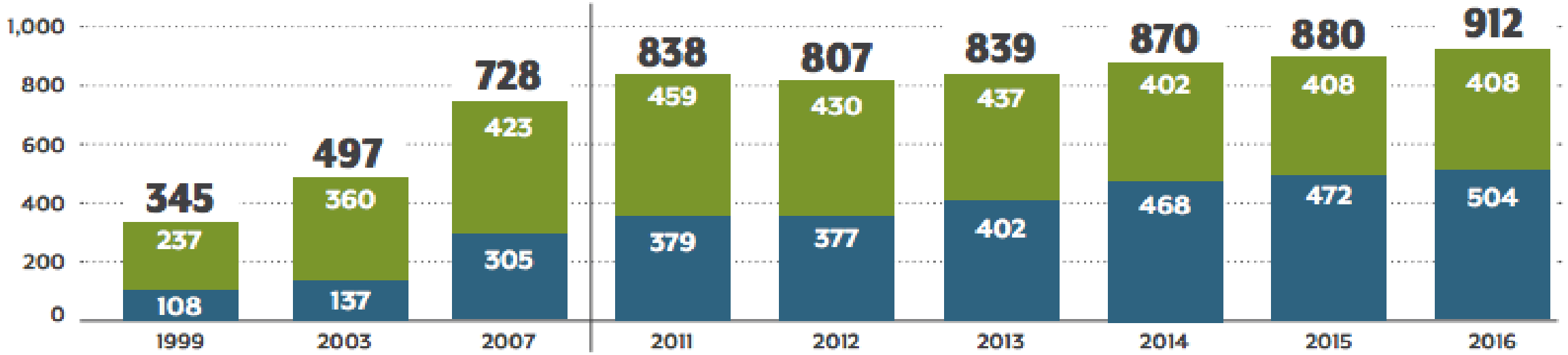
Figure 1. Drug Poisoning Deaths in Colorado, 1999-2016



Source: Vital Statistics Program, Colorado Department of Public Health and Environment

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

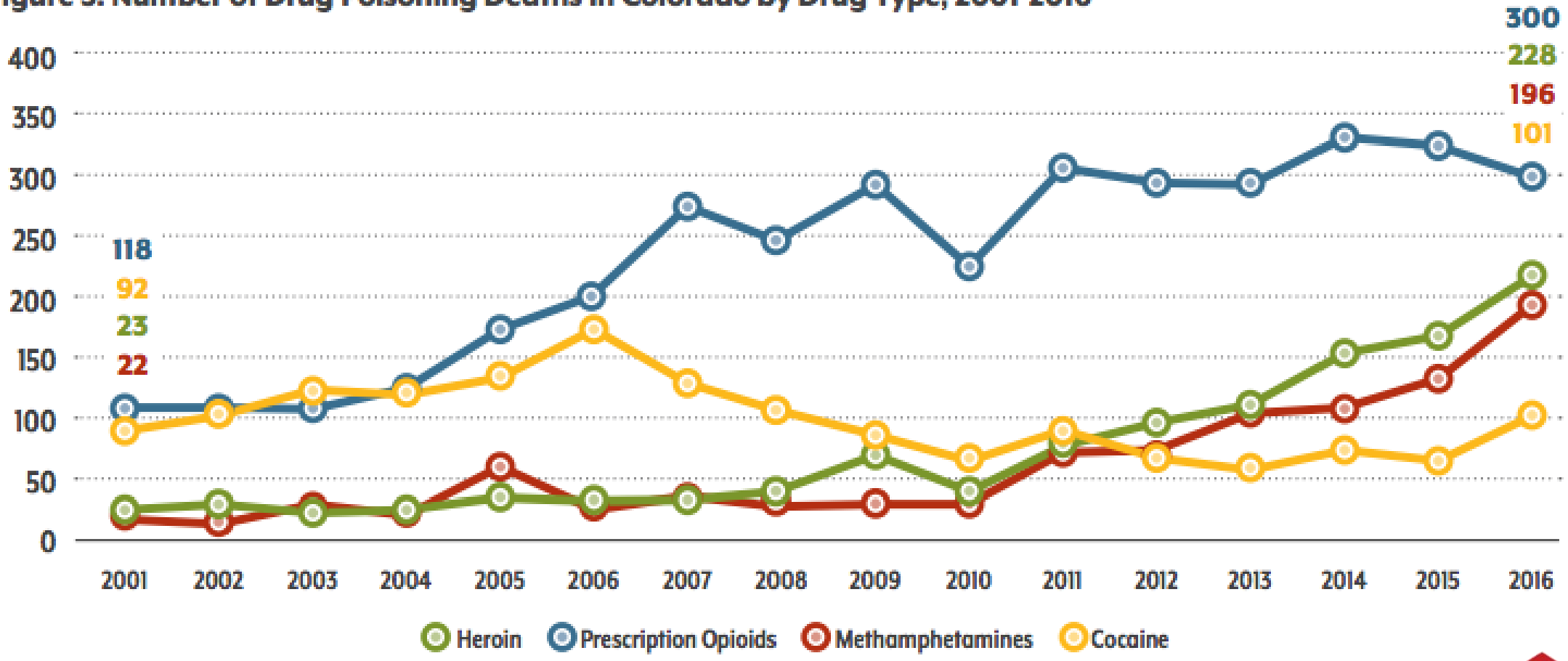

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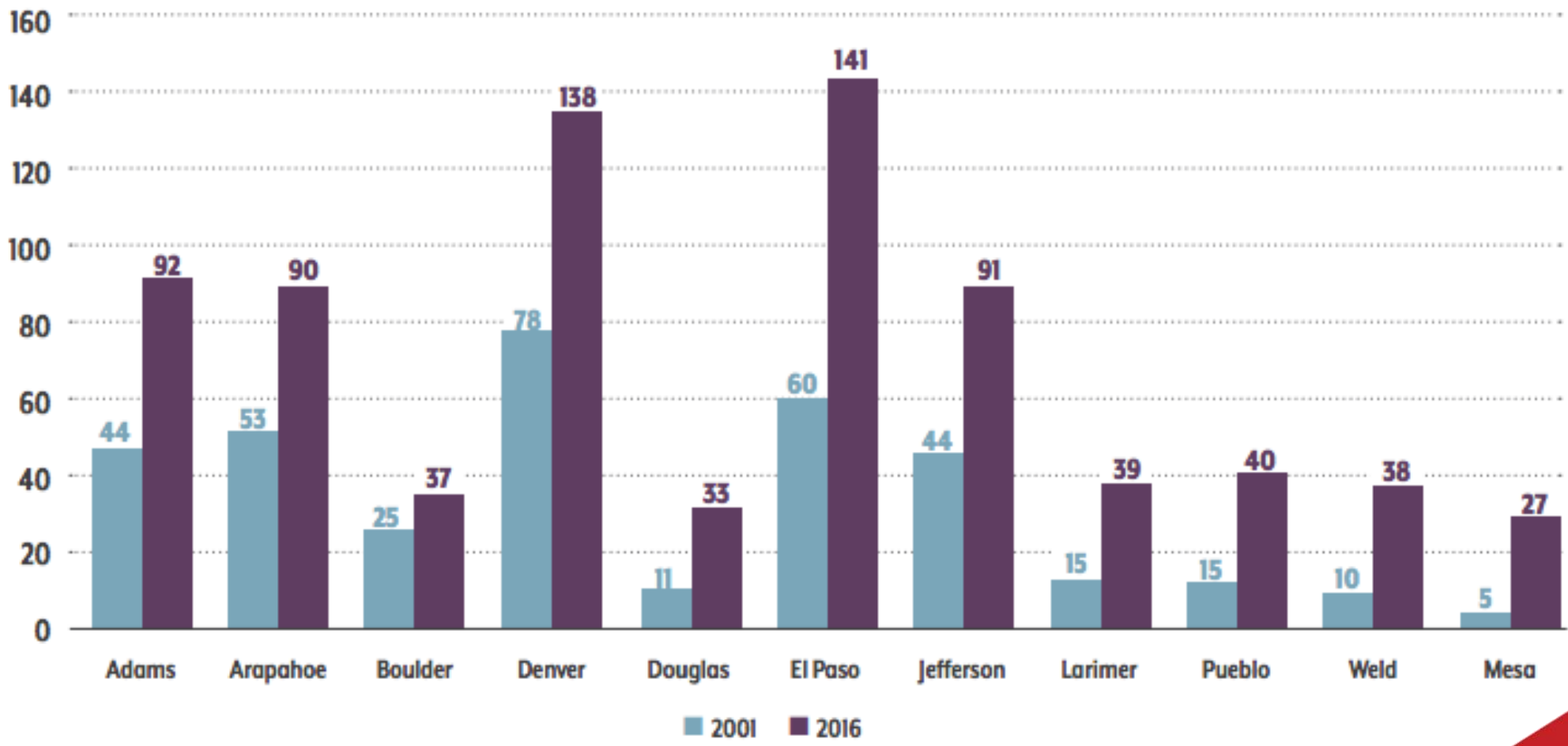
Figure 2. Change in Drug Overdose Deaths in Colorado's Biggest Counties, 2001-16



Source: Vital Statistics Program, Colorado Department of Public Health and Environment

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Table 1: Counties with Highest Numbers of Fatal Overdoses, 2016

Rank	County	Deaths	Population	Rate
1	El Paso	141	690,207	20.4
2	Denver	138	693,292	19.2
3	Adams	92	497,673	18.6
4	Jefferson	91	571,711	16.4
5	Arapahoe	90	637,254	13.8
6	Pueblo	40	165,109	27.7
7	Larimer	39	338,663	11.2
8	Weld	38	294,397	13.3
9	Boulder	37	321,989	11
10	Douglas	33	328,330	10

Source: Vital Statistics Program, Colorado Department of Public Health and Environment

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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.

HARM REDUCTION ACTION CENTER

Syringe Access Programming Results at Harm Reduction Action Center

(February 8, 2012- June 30, 2018)

~8,007+ unique clients to date! = largest SAP in CO

Serve 120-150 per morning

108,566 + syringe access episodes

2,638,293 disposed

49,799 referrals (HIV/HCV testing, substance abuse treatment, mental health, healthcare enrollment, overdose prevention, health education classes, PrEP, basic needs, etc.)

Overdose prevention: 2,383 trained, 843 lives saved

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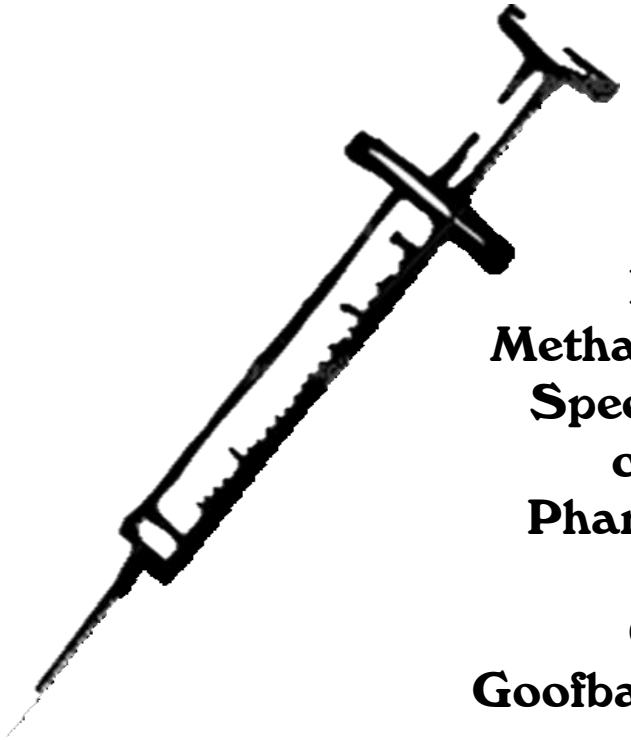
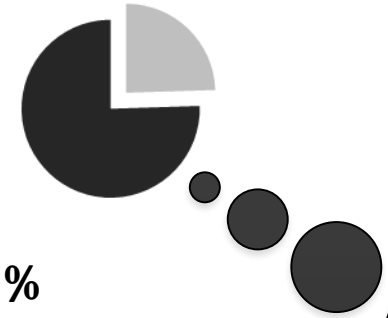
HRAC PWID Behavior

3.0% = percentage of clients that inject

Drugs injected most past 30 days (n=8,007)



Heroin 51%
Methamphetamine 52%
Speedball (heroin & cocaine) 13%
Pharmaceuticals 5%
Other 2%
Cocaine 8%
Goofball (heroin & meth) 14%



Only 30% of participants surveyed had smoked crack in the past year…
46% of them have shared a crack pipe in the past 30 days

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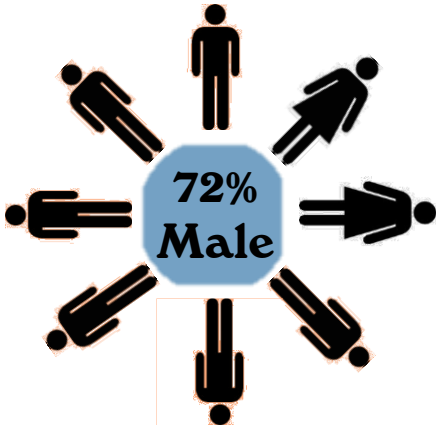
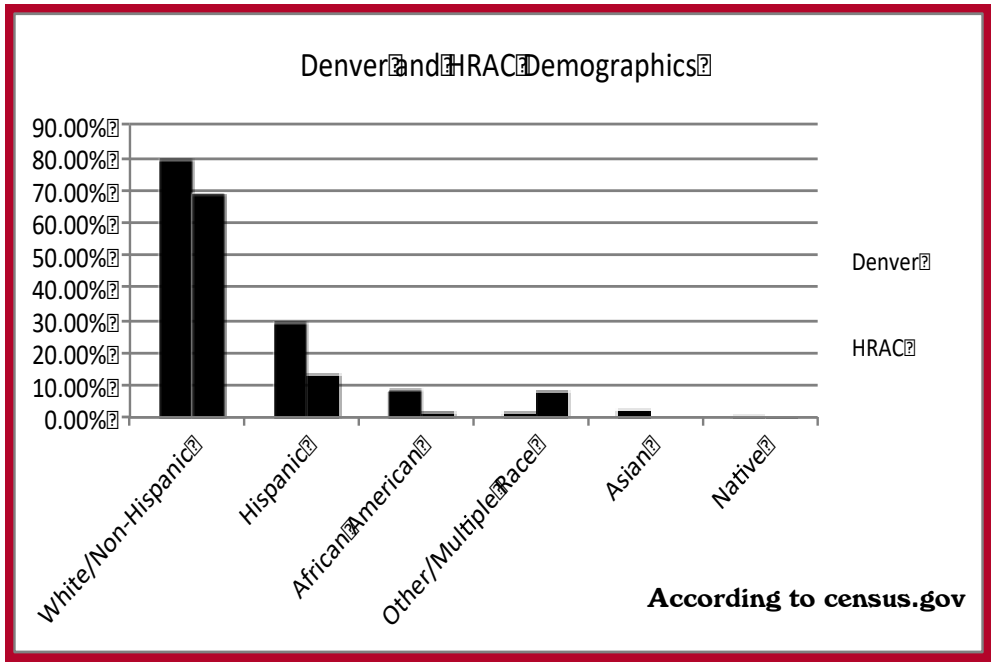
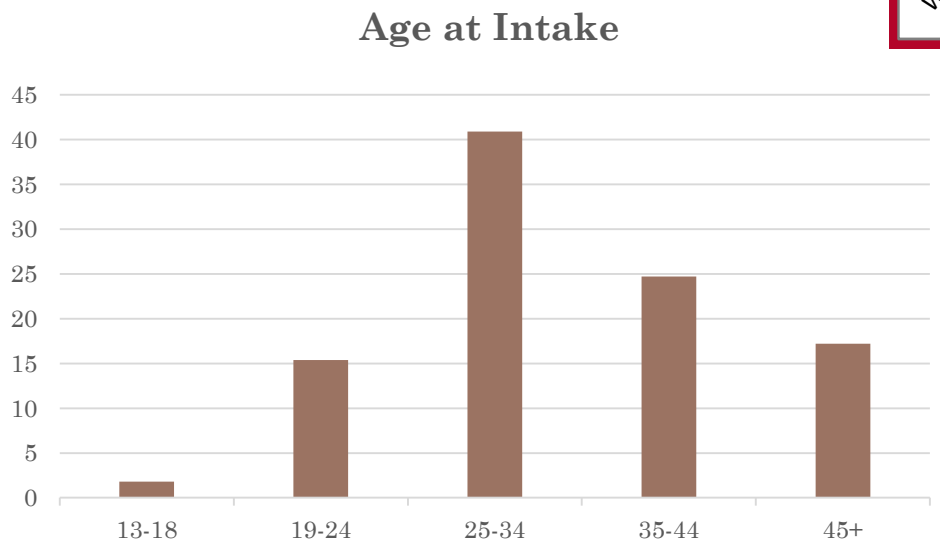
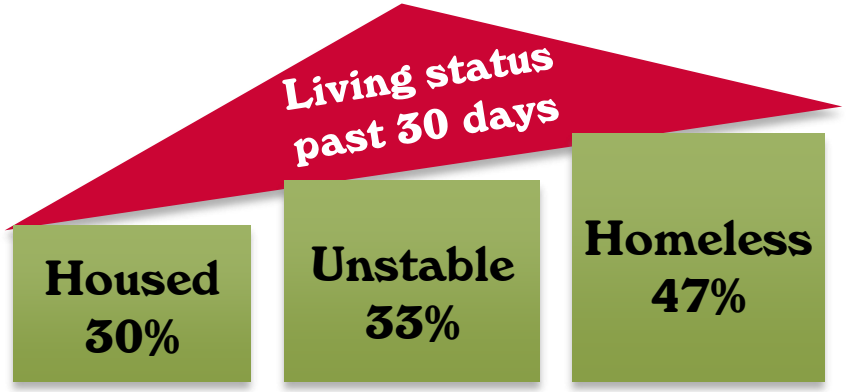
HRAC PWID Client Demographics









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HRAC PWID's in Denver (N=8,007)

Percentage of clients whose first time is at an SAP: 92%

How did you hear about us?
73% said from a friend, followed by online (8%), outreach (4%) referral (4%) 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, 46% had Medicaid, 2% had VA assistance, 8% had Private insurance, and 2% had "other" insurance

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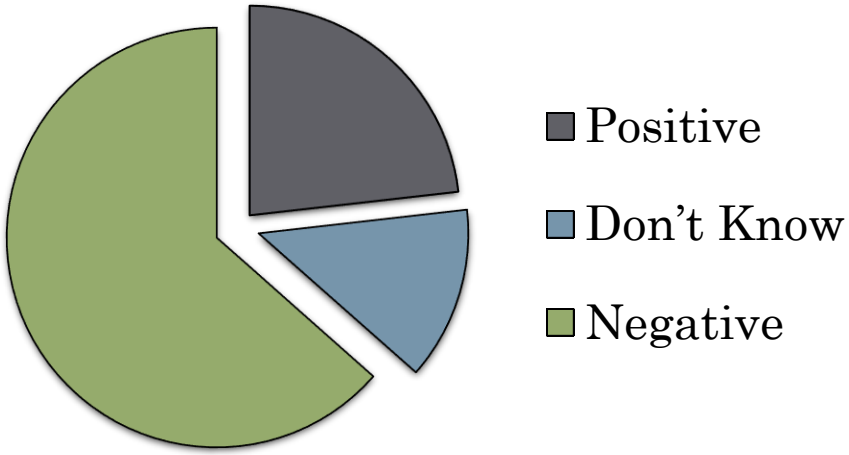
HCV & HIV status at intake

Hepatitis C Status

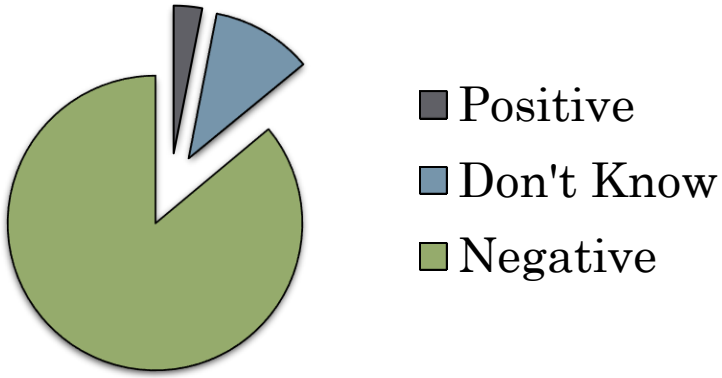
21% Positive
17% Don't know
62% Negative



Other surveys estimate 56% Denver PWID are HCV+ or show antibodies*

HIV Status

Nearly 21% HIV+ Denver residents report being infected from syringe sharing*



3% Positive
12% Don't know
85% Negative

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

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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.

What we do know is CDPHE reported 41 new cases of acute hepatitis C in 2016, up 17 percent from 35 newly reported cases in 2011.

CDPHE reported 4,865 new cases of chronic hepatitis C in 2016, an increase of 67 percent from the 2,908 reported in 2011. Generally, about four of five acute cases become chronic hepatitis C, which can last a lifetime and cause serious, **even fatal**, liver damage.

HARM REDUCTION ACTION CENTER

Table 1: Top 10 Counties with Highest Screening Rates, per 100,000, 2016

1. Denver	2,586	**6.** Arapahoe	1,997
2. Gilpin	2,270	**7.** Adams	1,954
3. Las Animas	2,121	**8.** Otero	1,888
4. Jefferson	2,021	**9.** Boulder	1,826
5. Bent	2,008	**10.** Broomfield	1,818

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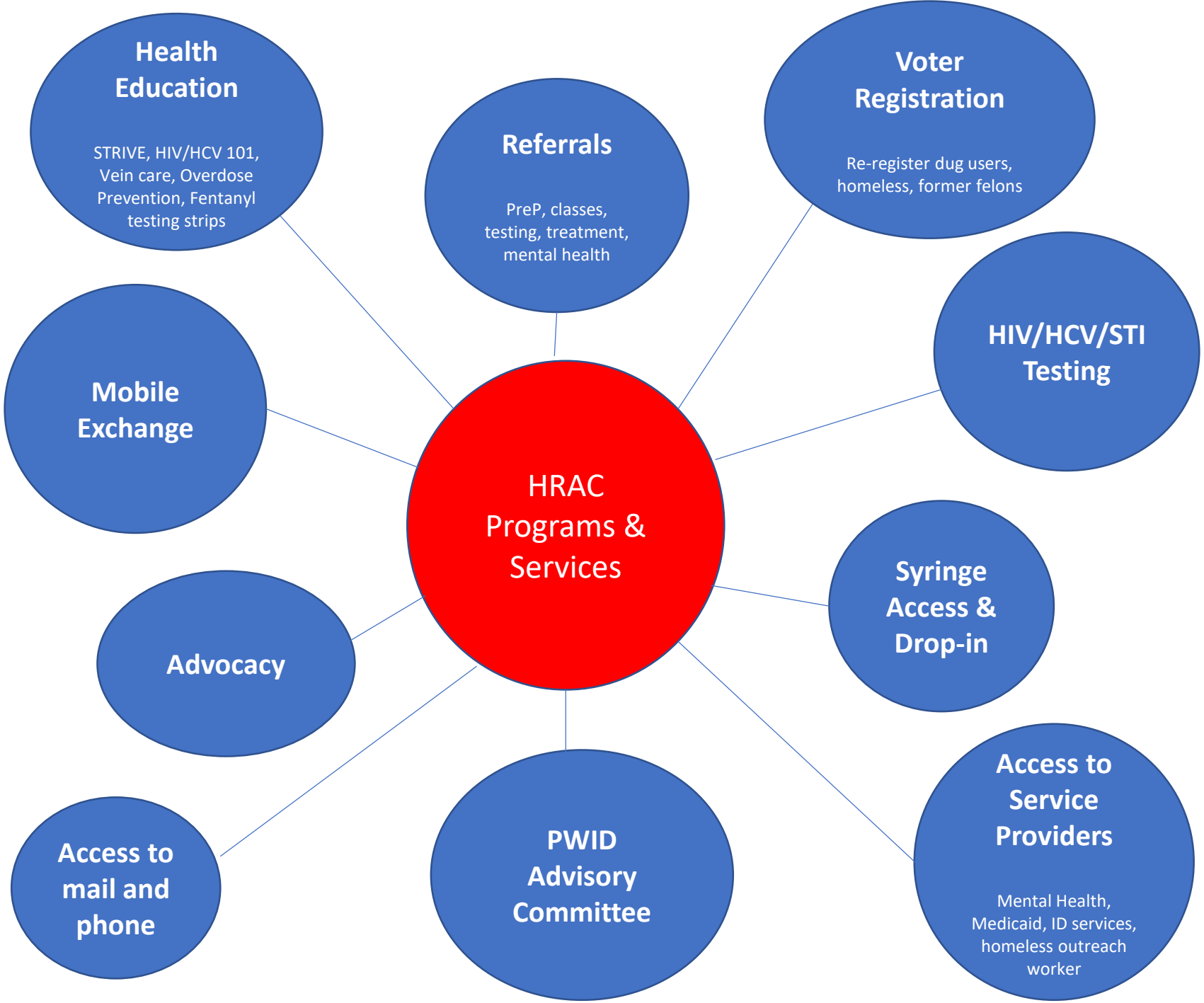

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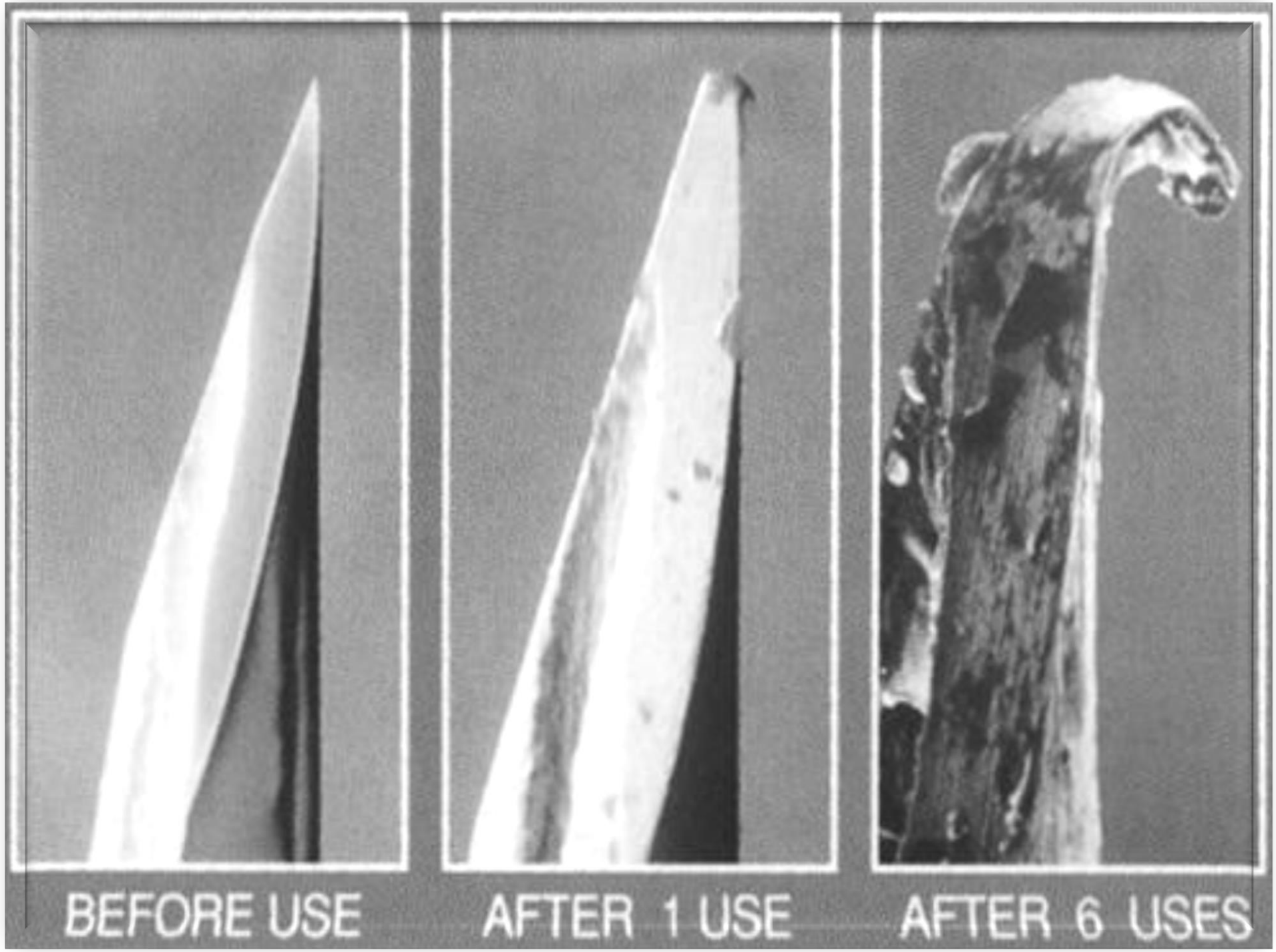

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Barriers to proper Syringe Disposal

- 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
- Communities need funding & support for syringe disposal (landowner consent, political support)

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Treatment Barriers for PWID

- In-patient: *A Story of Hope*
- Absolutely need medical detox
- MAT – Suboxone and Methadone (identification cards)
- Daily for methadone for awhile (sometimes for suboxone if they are homeless) – ability to flourish, work, etc.
- Very little treatment for stimulant users
- Lack of housing for folks with felonies

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Healthcare provider barriers

- 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.)
- Didn't get training in Medical School re: drug users
- Not being kept ‘well/out of withdrawal in hospital to be able to prioritize other needs (2 things happen …)
- $6,000 per day to treat skin tissue infections (alcohol pads cost less than a penny.)

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UNFINISHED BUSINESS

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NUMEROUS PEER-REVIEWED SCIENTIFIC STUDIES HAVE PROVEN THE POSITIVE IMPACTS OF SUPERVISED CONSUMPTION SITES. 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.

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.

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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 (continued)

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

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ORGANIZATIONS

Drug Policy Alliance
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
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

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ORGANIZATIONS (continued)

Global Platform for Drug Consumption Rooms
SWOP Denver
Colorado Organizations and Individuals Responding to HIV and AIDS (CORA)
American Friends Services Committee
IMPACT Network
Senior Support Services
Tribe Recovery Services
St. Francis Center
The Romero Theater Troupe
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

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Harm Reduction Needs in Colorado

- Support a Supervised consumption site pilot
- Public syringe disposal kiosks - $$ and political will
- Syringe exchange out of emergency departments
- Continued access to naloxone and syringes from pharmacies
- MAT in jails – and keeping on current MAT
- Continued $ for Naloxone for harm reduction organizations, out of the jails, schools, universities, law enforcement, etc.
- August 31 – International Overdose Awareness Day

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Questions?
Email: lisa.harm.reduction@gmail.com

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