COLORADO SYRINGE ACCESS PROVIDERS COALITION

LEGISLATIVE PRIORITIES 2019

Presented by Samantha Bourdon for the Interim Committee on Substance Use Disorders Substance Use Disorder Harm Reduction Panel, July 30, 2019

The Colorado Syringe Access Providers Coalition (COSAP) has over 50 members from 29 local, state, and national organizations including representation from every agency in Colorado that is operating a syringe access program-currently 11 agencies provide services in 9 different jurisdictions across the state.

As a coalition of active Harm Reduction service providers, we thoughtfully submit the following policy recommendations. These recommendations represent insight from both professionals in the field and individuals directly affected by current and future policies.

1. **Ensure Harm Reductions Program Funding to Scale**

Syringe Access Programs (SAPs) are often the first entry/re-entry into services for people who use drugs. SAP providers are in a unique position to comprehensively address the complex issues affecting individuals impacted by high acuity substance use. SAP programs continually struggle with funding, staffing, and community buy-in, despite the extensive evidence of their effectiveness. Sustainable funding to scale would ensure SAPs can meet the increasing demand for services and the ability to enhance linkages to, medication-assisted treatment services, behavioral health services, and other resources, particularly in rural communities.

2. **Supervised Injection Facilities (SIF): Authorize the establishment of a pilot supervised use site as approved by Denver City Council Amendments to Existing Policies**

Of the harm reduction policies suggested by stakeholders, piloting a supervised use site made up 52.2% of recommendations. COSAP believes in community engagement and responding to

the priorities of the impacted community served. It is strongly evident that the impacted community, service agency, and political leaders in Denver are ready to move forward. Let's not let politics get in the way of saving lives and serving the community. Extensive evidence supporting supervised use sites or SIF effectiveness is readily available. Supervised use facilities address many of the issues related to substance use that cause concern in communities. These programs provide a space where people who use drugs can access services, attend to their personal safety, and avoid many of the harms associated with every route of substance use administration. These programs have been shown to eradicate the incidence of fatal overdose, reduce soft tissue infections, reduce HIV/HAB/HCV infection, and decrease public injection/hazardous paraphernalia disposal.

3. **Naloxone**

We support all policies that increase the availability and affordability of Naloxone.

COSAP does not support the inclusion of Naloxone/Narcan recorded in the Prescription Drug Monitoring Program (PDMP).

First, PDMPs monitor controlled substances as defined by Federal and State Controlled Substances Laws and Naloxone/Narcan is not a scheduled drug. Only scheduled drugs are tracked, we should be removing barriers to naloxone (making it over-the-counter) as opposed to the opposite.

Naloxone isn't being misused, abused, or diverted. It is unnecessary and overly cumbersome to track it in this database. Tracking will deter people who use drugs (and quite frankly 3rd parties) from obtaining it in pharmacies. This will add further barriers to obtaining the lifesaving drug for fear of implication of drug use, or stigma, mistreatment/judgement within the healthcare system. We understand that the committee is interested in an accurate county by pharmacists. This cannot happen on the backs of people who use drugs. People who use drugs/people who inject drugs and healthcare providers have a very tumultuous relationship for a variety of reasons. Adding naloxone to the PDMP will deter access, not enhance it.

4. Remove Board of Health Approval

COSAP supports removing the BOH approval for syringe access programs, it has been incredibly limiting to establishing these especially in rural areas. BOHs can be comprised of county commissioners, not health care professionals/experts. This brings a much more political vs. evidence-based decision making process into play. These communities are desperate for SAP! Also, in last year's SB 19-227 bill, while they will allow syringe access out of Emergency

Departments, it unfortunately still needs BOH approval, which will not help in expanding in high risk areas.

SAPs are a vital tool in addressing syndemic concerns in communities. Often times, as evidenced in places like Scott County Indiana, SAP programs are only instituted when rates of HIV and HCV are exacerbated. We advocate for SAPs as a prevention tool; it is not in the best interest of communities to delay instituting evidence based programs because of partisanship.

5. Consistent Syringe Sales at Pharmacies

COSAP supports the policy recommendation of consistent syringe sales in pharmacies across the state. Currently, Colorado has no state law that requires someone to have a prescription to purchase syringes over the counter at pharmacies. However, many have stated that pharmacists have the right to refuse sale at their moral discretion. We need pharmacists to assist in the consistent sales of sterile syringes to prevent and eliminate the transmission of HIV and viral hepatitis. Syringe Service Programs are not feasible in every community. Most rural communities, however, have access to a local pharmacy. Codifying the sale of syringes to non-prescription holders into law would help prevent the spread of HIV and hepatitis C virus (HCV), help minimize abscesses, and prevent other illnesses associated with reusing syringes. It appears the Colorado law is nebulous, at best. We need specific language for consistent syringe sales.

6. CO-SAP supports a syndemic approach to develop an integrated state plan that is inclusive of HIV, STIs, and viral hepatitis in the context of the opioid epidemic to make a significant public health impact.

HIV, HCV, and STDs together create a syndemic—a set of linked health problems that interact synergistically and exacerbate poor health outcomes. For example, having an STI increases the likelihood of acquiring HIV. Among people who are living with HCV and HIV, HCV progresses faster and more than triples the risk for liver disease, liver failure, and liver-related death. These epidemics are also driven by similar social and economic conditions and disproportionately impact many of the same disadvantaged communities including gay and bisexual men, people of color, people who use drugs, and women. A comprehensive request to the Joint Budget Committee should ensure that effective tools that eliminate health disparities and inequities including syringe access programs, testing, treatment, pre-exposure prophylaxis, and comprehensive prevention services are brought to scale.

7. Pilot Technology for Early Detection of Novel Drugs

Allow a pilot program where a harm reduction program can carry and utilize advanced drug testing technology to inform program participants in a timely manner of the composition of street drugs. Timely notification of the detection of fentanyl or other dangerous synthetics in the drug supply can support triggering enhanced naloxone distribution and prevention education to save lives. Law enforcement drug bulletins often have a long lag time before they can be released to the public and shared with harm reduction agencies and the public. One-time funding opportunities are coming up in the next few months that may support the one-time purchase of the necessary technology.

8. **Harm Reduction Based Treatment Options**

Require treatment programs to offer harm reduction options: Abstinence based only programs do not work for all people who need treatment. Relapse is a natural and expected part of recovery, yet many times people are excluded and barred from treatment options because of relapse.

Current treatment options are not consistently providing resources for co-occurring disorders or working with participants to create aftercare/long term support.

On-demand treatment (includes funding for treatment, treatment for minors and low income individuals, treatment for non-opiates, Medicaid coverage for inpatient), encourage availability and funding for medication-assisted treatment (low barrier programs) in SAPs and other facilities.

1. Funding priorities around on demand affordable treatment
2. Medicaid coverage for inpatient treatment

9. COSAP Supports Access and Sustainable Funding for Law Enforcement Approaches that Reduce Criminalization and Enhance Support and Lineage to Services to Services for People Who Use Substances