

2019 Harm Reduction Stakeholder Input

Opioid & Other Substance Use Disorders Study Committee

Stakeholders from healthcare, local government, public health, criminal justice, professional associations, and private citizens had the opportunity to submit feedback via paper or electronic form. 232 individuals or agencies submitted 241 stakeholder input forms. In total, 374 policy recommendations were received as each submission could include more than one policy recommendation.

Results are compiled and summarized below related to Harm Reduction. Please see the binder folder or electronic file of all submissions.

Syringe Access Programs (SAPs)

- Include permissive language into statute for syringes to be sold by local pharmacies to non-prescription holders
- Scale funding for syringe access programs to meet statewide need
- Remove Board of Health approval as a requirement for starting a syringe access program
- Establish treatment-on-demand pilots for syringe access programs, including low-barrier access to services
- Incorporate infectious disease prevention and education into opioid response efforts to prevent HIV, HBV, or HCV outbreaks and to address endocarditis and other conditions that affect people who inject drugs
- Fund a pilot program that allows harm reduction programs to carry and utilize TruNarc testing devices
- Increase the use of fentanyl test strips

Naloxone Access

- Amend SB13-014 to extend immunity to those who use an expired naloxone kit when no other source of naloxone is readily available
- Continue to expand access to free or low-cost naloxone and ensure that it is readily available
- Increase public awareness about the importance of having naloxone on hand regardless of risk factors
- Fund naloxone grants or bulk purchasing for hospitals to distribute naloxone to high risk individuals if hospitals encounter regulatory obstacles to billing for naloxone
- Implement take-home naloxone programs in all emergency departments and hospitals
- Support implementation of substance use prevention and intervention programming in local libraries (naloxone education etc.)

Payment Reform

- Prohibit insurers from discriminating against people who fill naloxone prescriptions
- Require insurers to reimburse hospitals for naloxone distributed to high risk individuals or families
- Eliminate co-pays for naloxone

Housing

- Create and fund recovery residences that utilize a harm reduction philosophy and take into account the potential for relapse
- Lower the Family Unification Program housing requirements of a residence to six months rather than one year as requirement for being free of methamphetamine residue

Treatment

- Develop programming to link those whose lives have been saved by naloxone with follow-up treatment to begin and sustain recovery
- Fund treatment programs that are compatible with a harm reduction approach

Pilot Supervised Use Site

- Authorize the establishment of a pilot supervised use site as approved by Denver City Council as a public health intervention to reduce overdose deaths, HIV and viral hepatitis transmission, increase public safety, decrease public injecting and promote access to substance use treatment and other services

Other

- Address stigma for people who use drugs

Federal

- Allow heroin-assisted treatment