



University of Colorado **Anschutz Medical Campus**

Center for Prescription Drug Abuse Prevention

Overview of Colorado's Addiction Crisis Response

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OUTLINE

- **Highlights of Data on Opioids and Other Substances & Response Efforts**
- **Overview of Previous Bills of the Study Committee 2017, 2018, 2019**
- **Highlights related to the policies & funding of the bills:**
 - **Prevention**
 - **Harm Reduction**
 - **Treatment**
 - **Recovery**
 - **Criminal Justice**
- **Survey Results on Policies from Study Committee Bills**

Addiction as a Brain Disorder

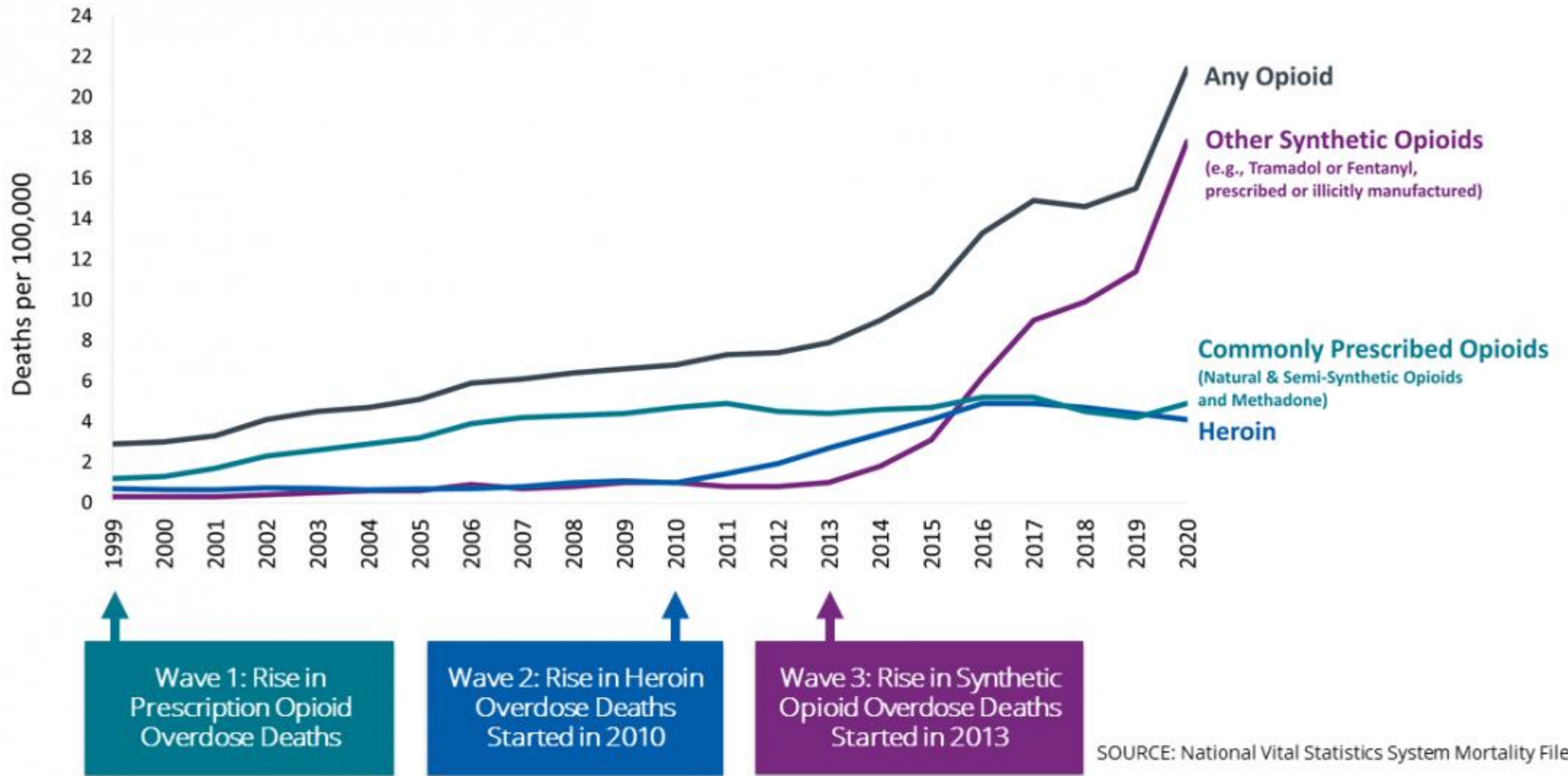
The Bad News:

- Addiction is very common, affecting most of us in some way
- The consequences of addiction are many: illness, loss of employment and relationships, loss of life; very high costs to families, communities
- The market for substances of misuse is strong, the substances are much more potent

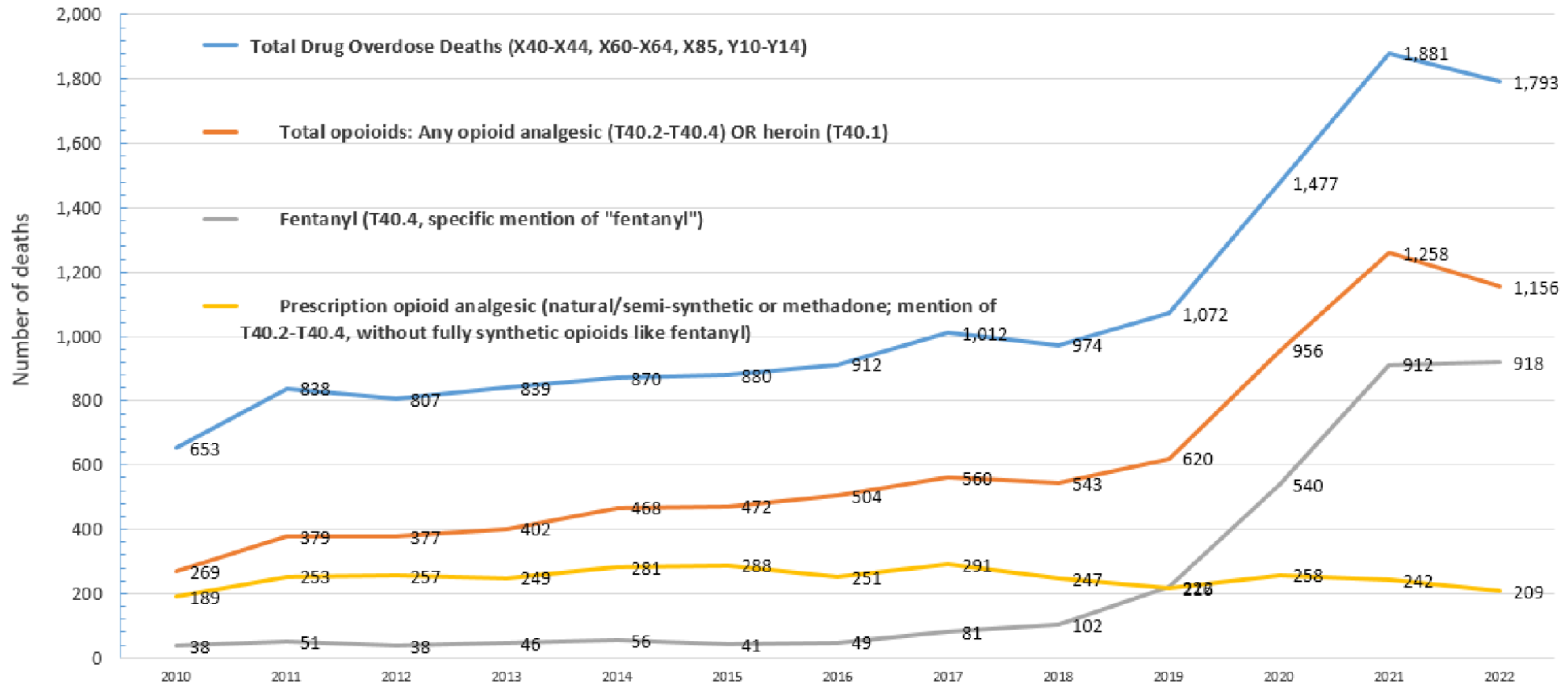
The Good News:

- Addiction is preventable
- Addiction is treatable, recovery is possible
- Colorado has a very collaborative environment
- Progress is being made, lives are being saved, but we need to do more

Three Waves of Opioid Overdose Deaths



Drug overdose deaths by category of specific drug involvement: Colorado residents, 2010-2022



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

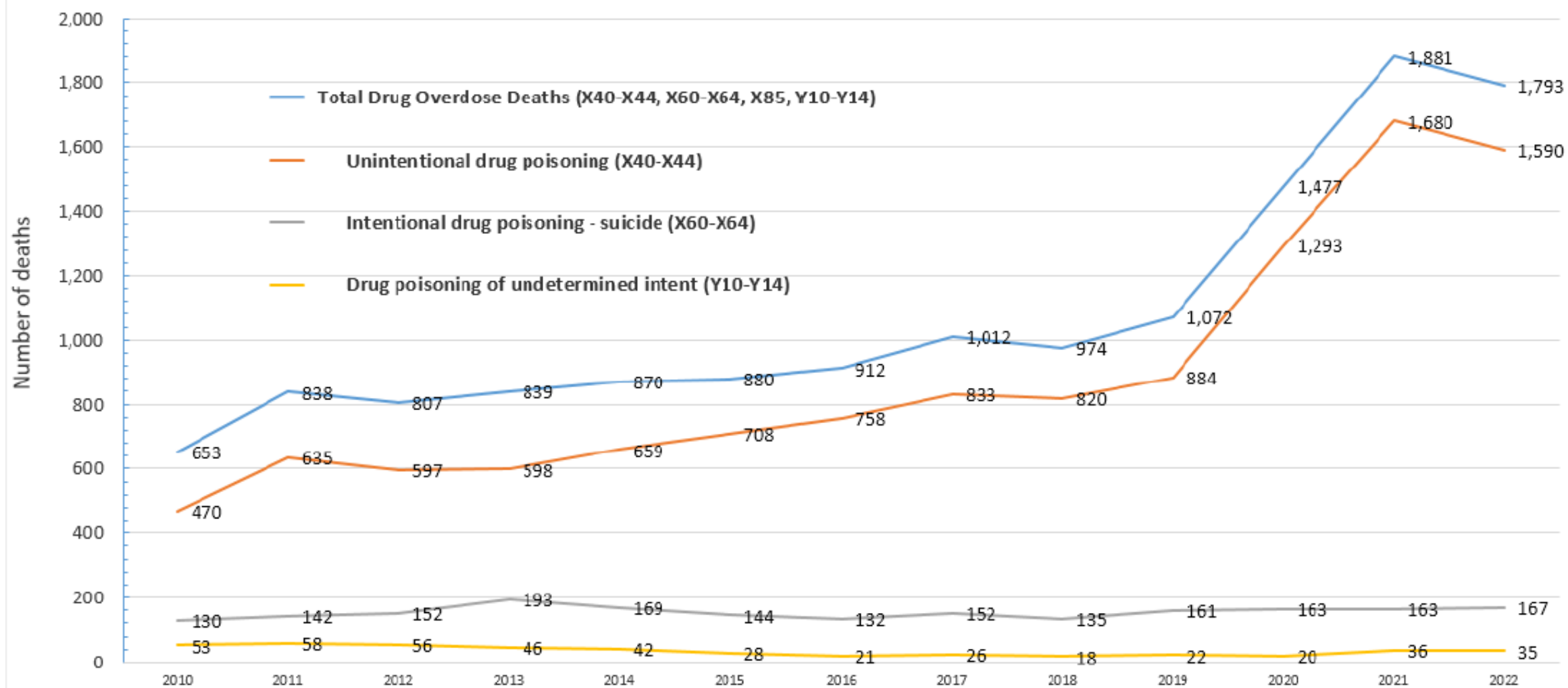


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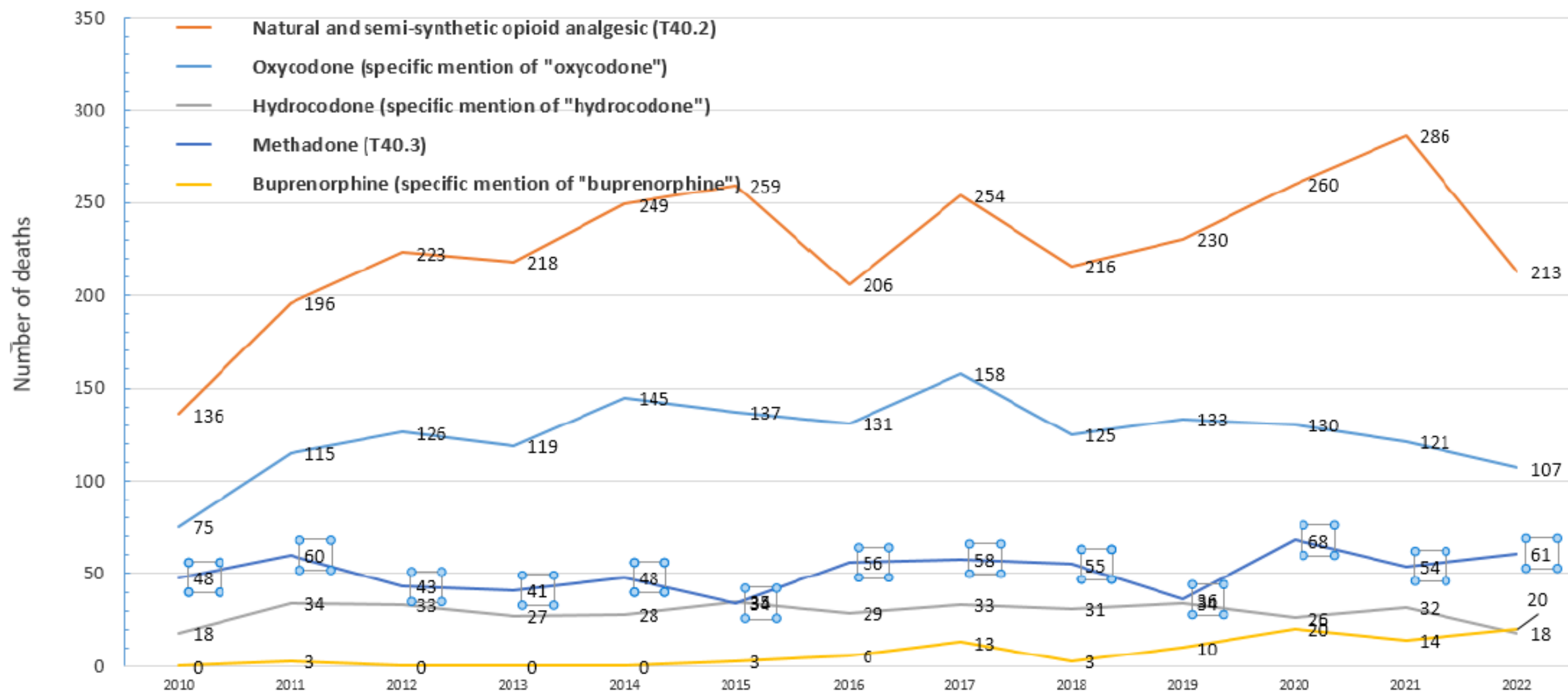
Drug overdose deaths by category of specific drug involvement: Colorado residents, 2010-2022



All categories may include co-involvement of fentanyl.

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

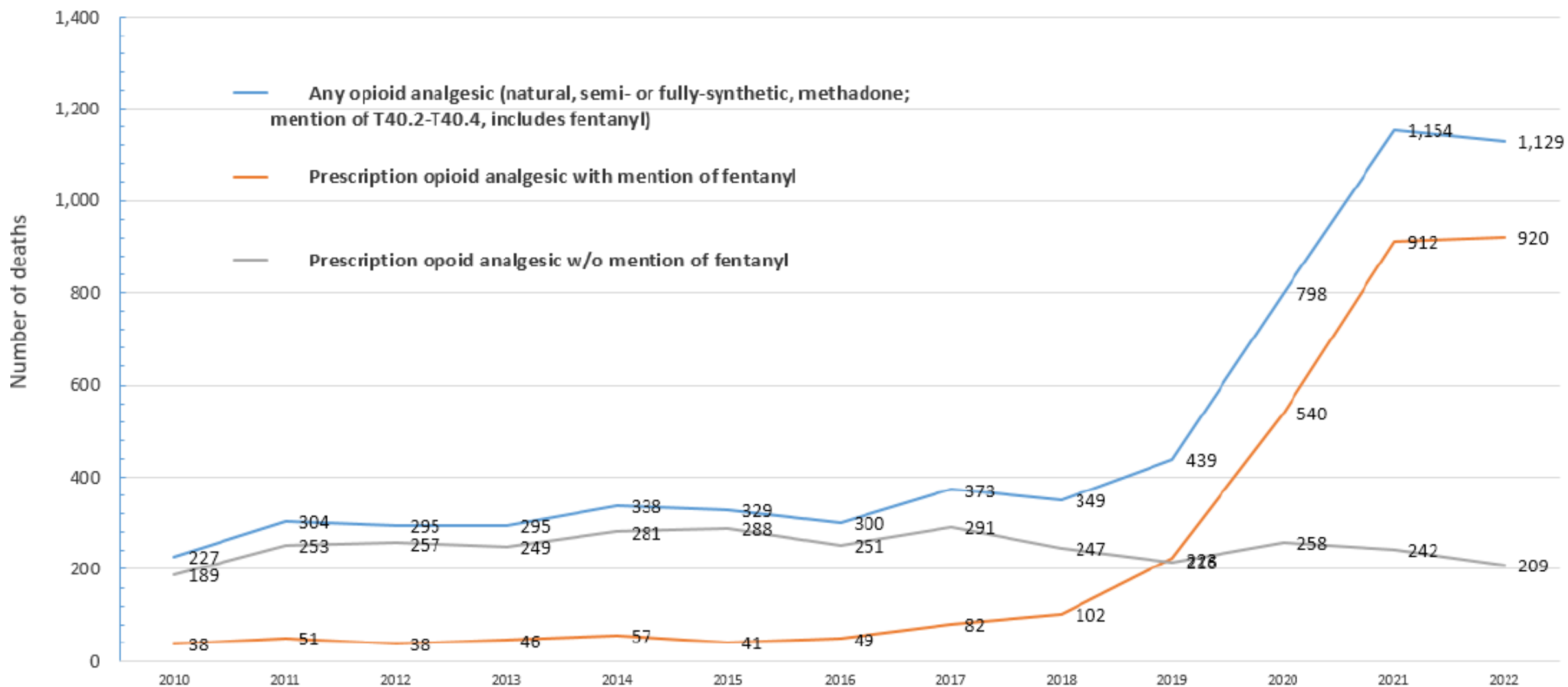
Drug overdose deaths by category of specific drug involvement: Colorado residents, 2010-2022



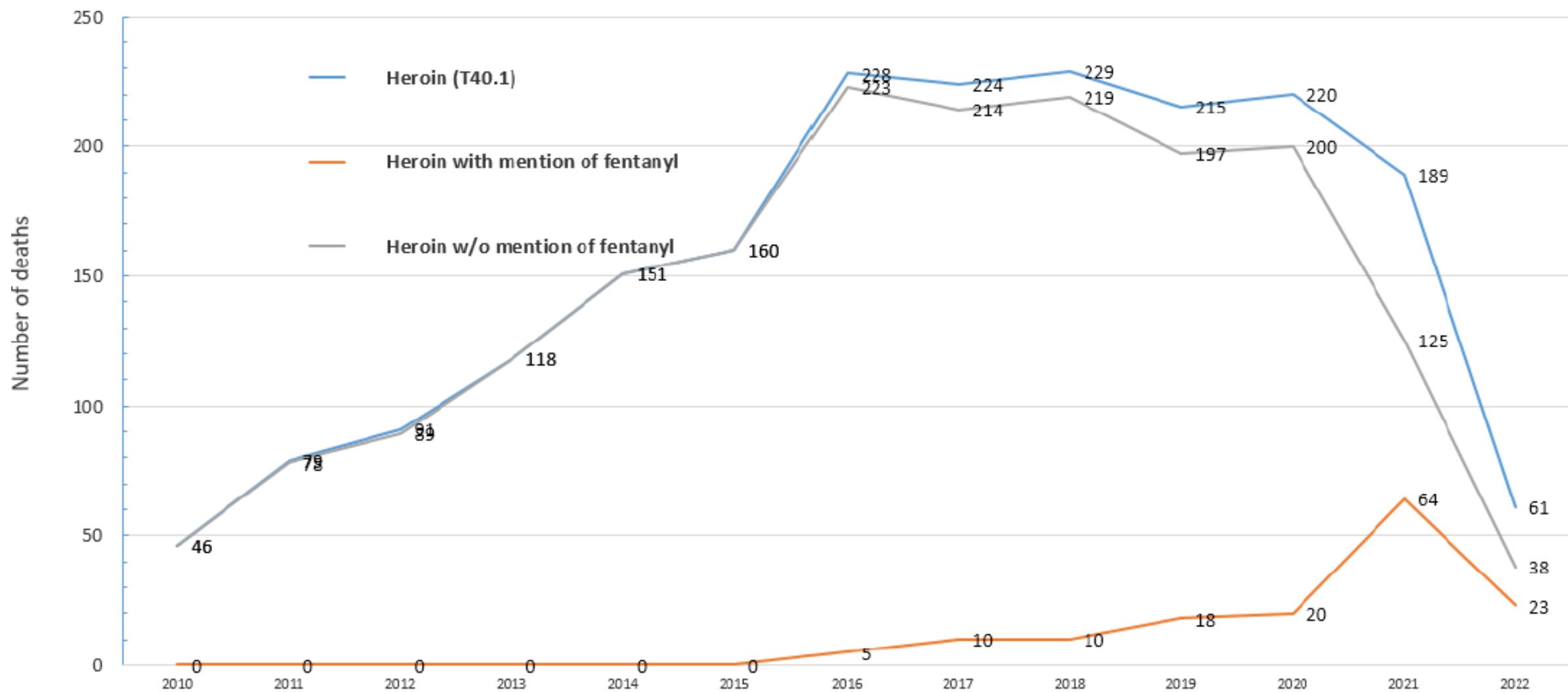
All categories may include co-involvement of fentanyl.

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

Drug overdose deaths by category of specific drug involvement: Colorado residents, 2010-2022

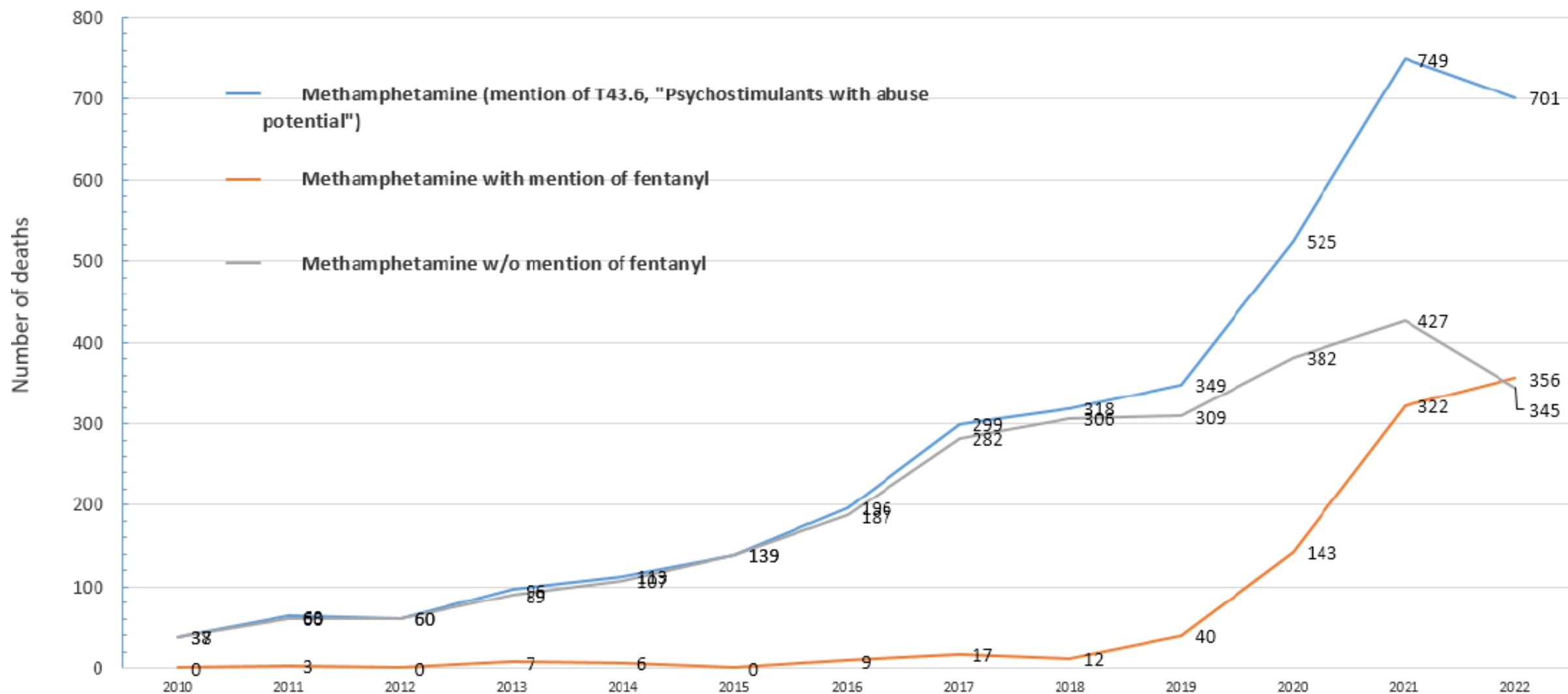


Drug overdose deaths by category of specific drug involvement: Colorado residents, 2010-2022



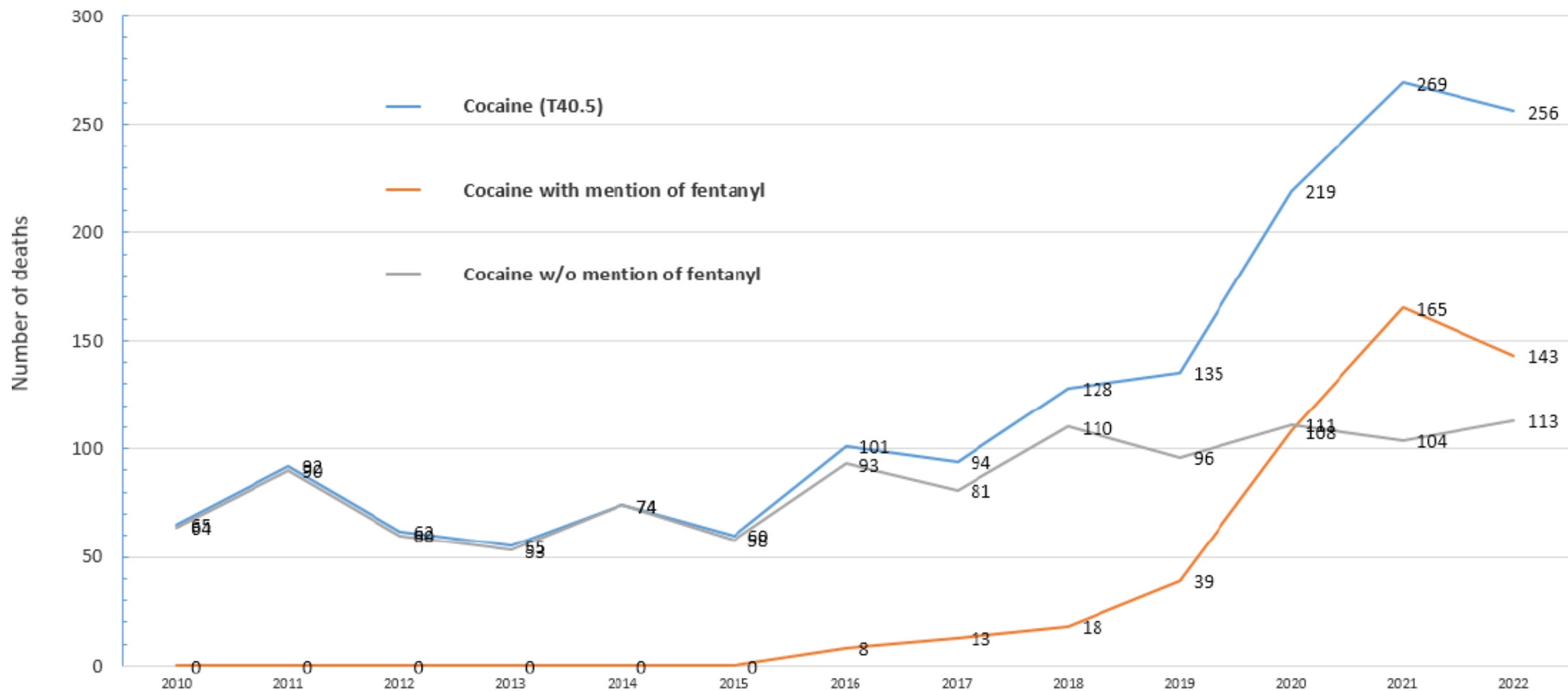
Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Drug overdose deaths by category of specific drug involvement: Colorado residents, 2010-2022



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Drug overdose deaths by category of specific drug involvement: Colorado residents, 2010-2022

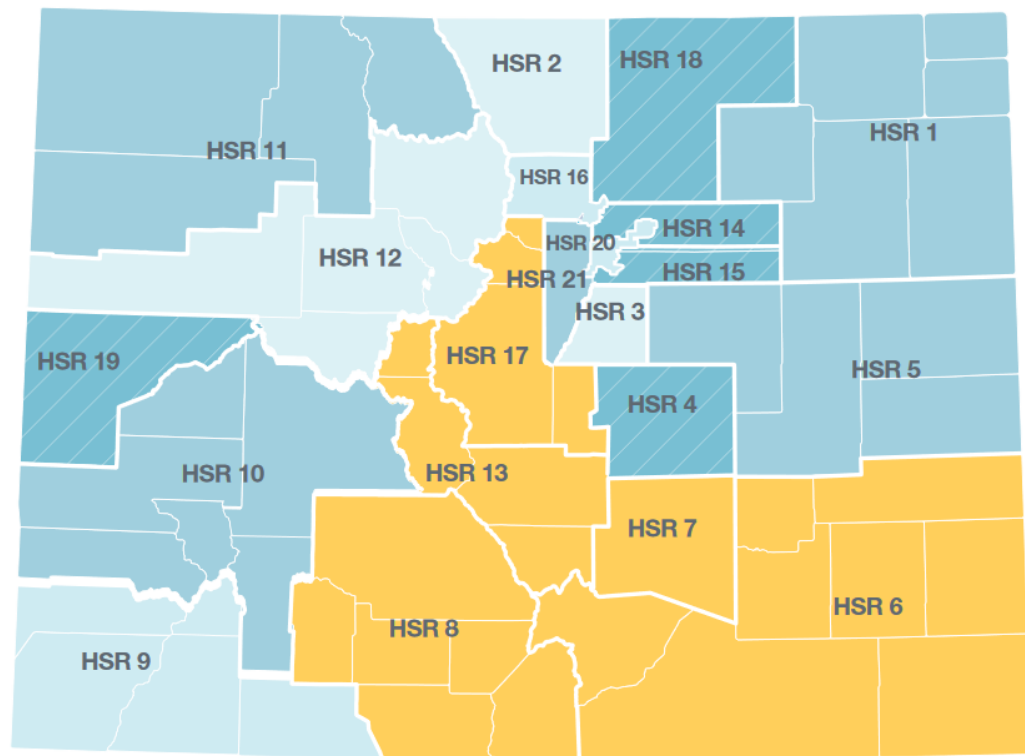


Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

Opioid Prescription Fill Rate

Many health statistics regions in the **southeast** of the state had **a higher fill rate than the state average in 2021.**

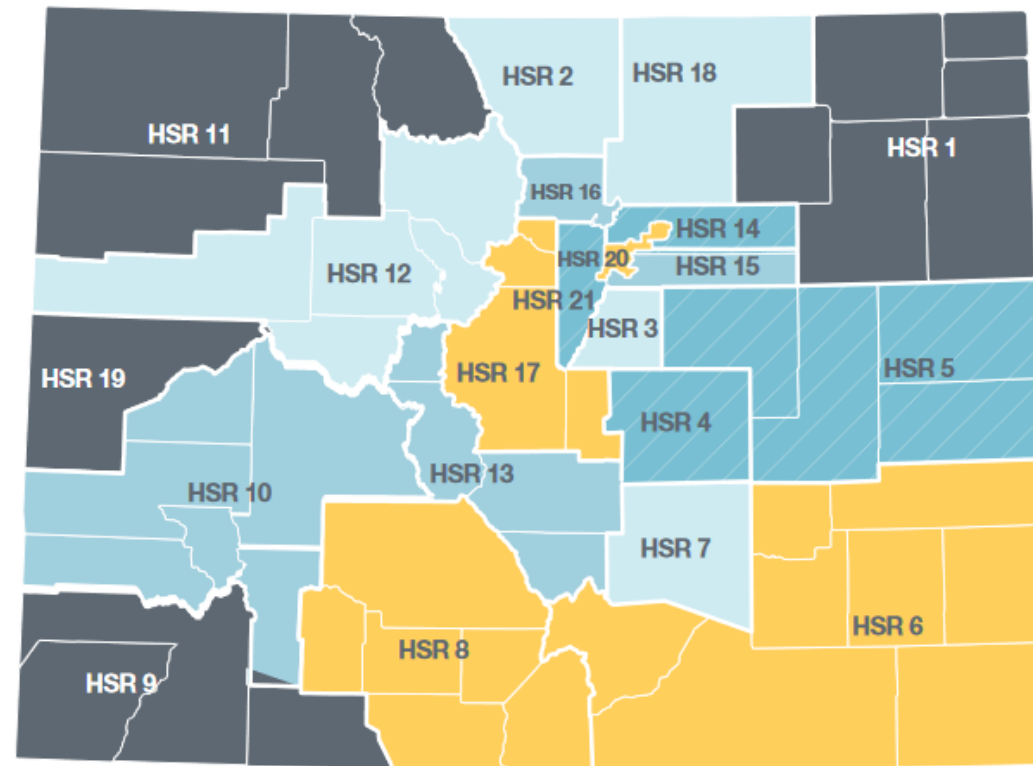
The opioid prescription fill rate in Colorado is 484.8 per 1,000 Coloradans.



332.44-438.17 438.18-487.84 487.85-547.36 547.37-808.96

Age-specific crude rates per 100,000 population

PRESCRIPTION OPIOID OVERDOSE DEATHS, 2021

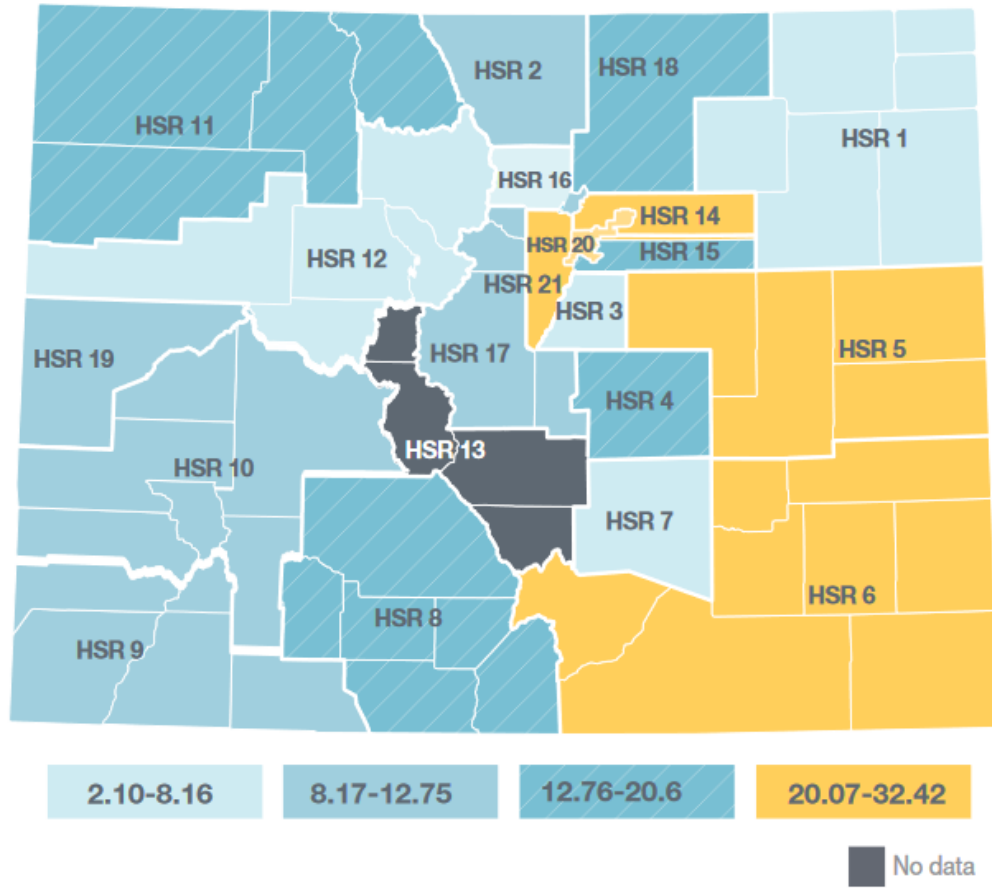


1.02-2.92 2.93-4.03 4.04-8.40 8.41-13.50

No data

Age-adjusted rates per 100,000 population

SYNTHETIC OPIOID OVERDOSE DEATHS WITH MENTION OF FENTANYL, 2021

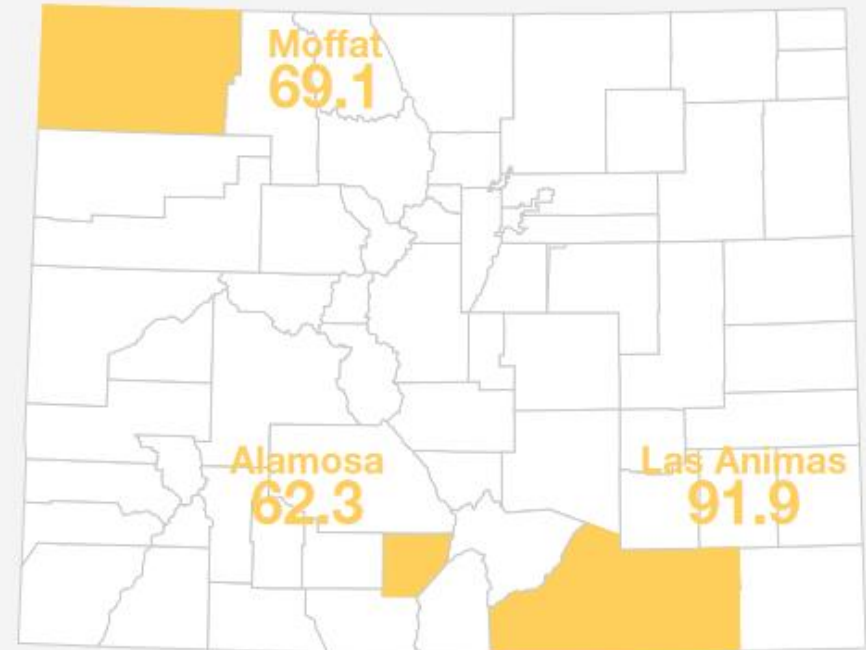


Age-adjusted rates per 100,000 population

TOP THREE COLORADO COUNTIES WITH

HIGHEST RATE OF OPIOID OVERDOSE DEATHS, 2021

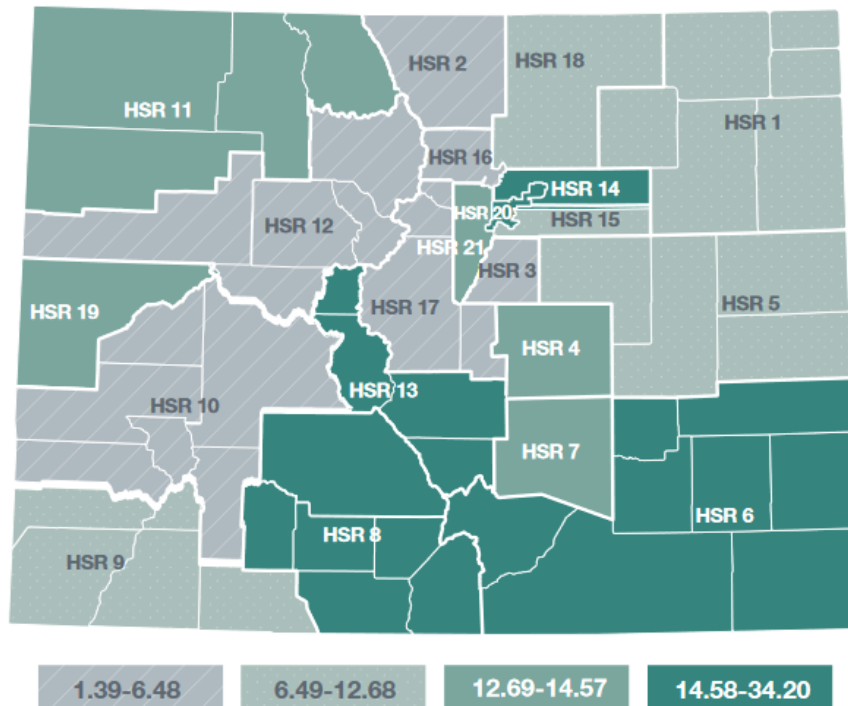
(Prescription or Heroin)¹



State Average 21.5 per 100,000 age-adjusted population

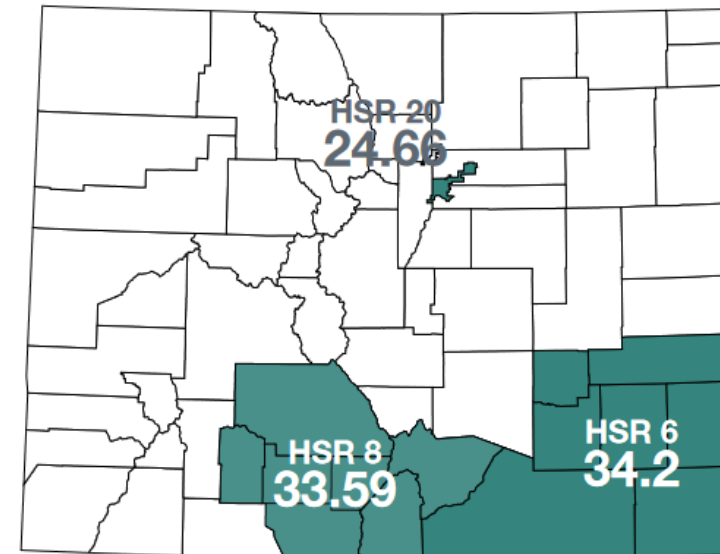
Overdose deaths involving methamphetamine increased in recent years in the U.S. and Colorado. They more than **doubled** in our state from **6.1** deaths per 100,000 in 2019 to **12.9** deaths per 100,000 in 2021.

Overdose deaths involving methamphetamine in Colorado.



Age-adjusted rates per 100,000 population

TOP THREE COUNTIES WITH HIGHEST RATE OF METHAMPHETAMINE OVERDOSE DEATHS IN 2021

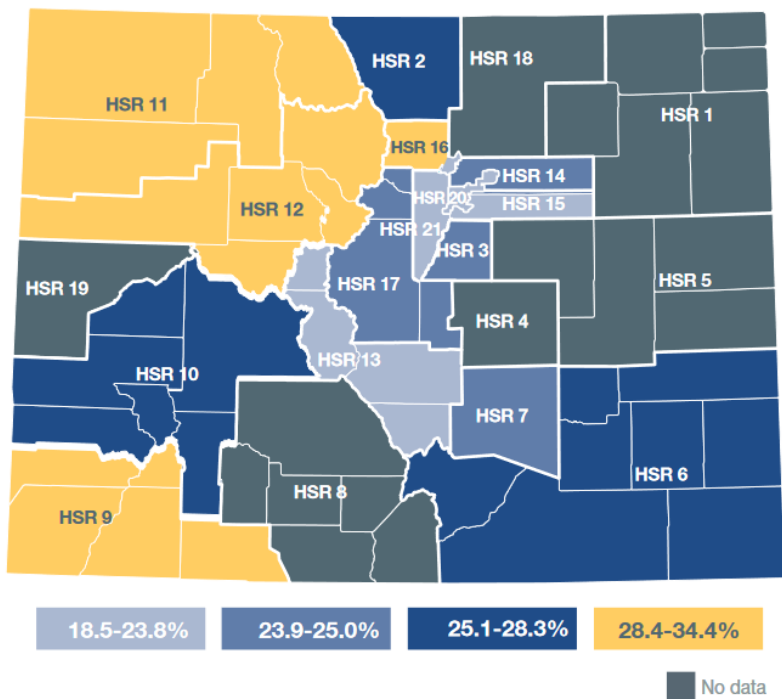


Age-adjusted rates per 100,000 population

95.3% of public high school students have never used drugs in their life. Drugs include cocaine, methamphetamine, heroin, ecstasy, and inhalants.

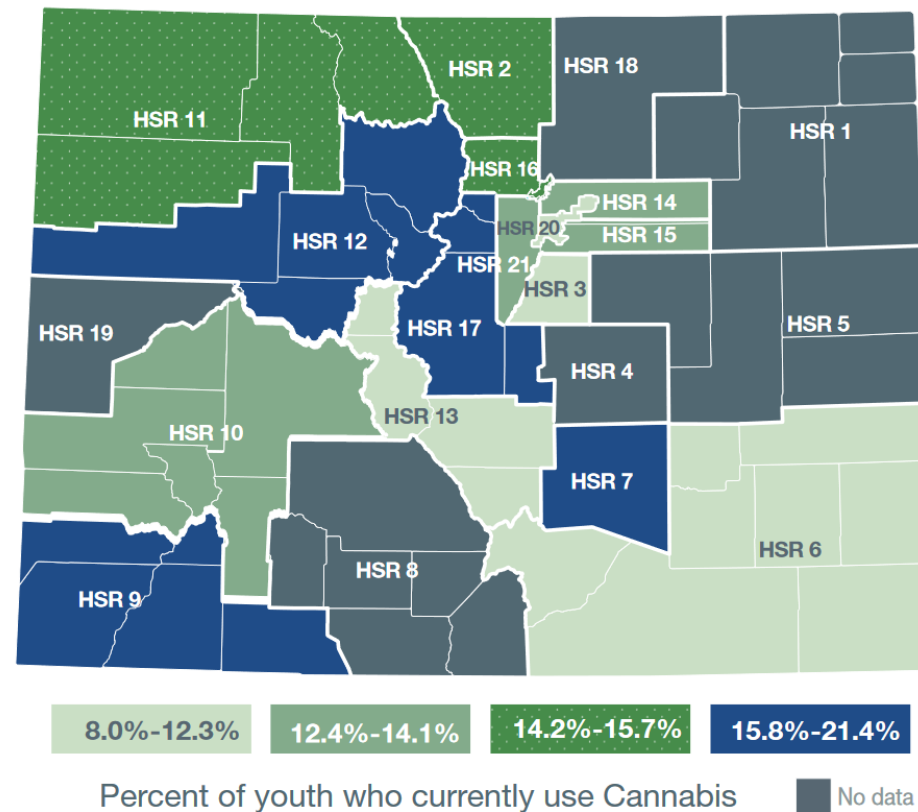
24%

OF YOUTH CURRENTLY USE ALCOHOL.



CURRENT USE IS DEFINED AS HAVING AT LEAST 1 DRINK OF ALCOHOL IN THE PAST 30 DAYS.

From 2019 to 2021, youth cannabis use among Colorado youth significantly 13%



Colorado Epidemiological and Outcomes Work Group

New publication: 2023 Epidemiological Profiles

The profiles provide an overview of various substances, substance use behaviors, and consequences related to substance use. The Colorado SEOW publishes substance use profiles every other year. The 2023 profiles include information on seven topics, including Demographics, Mental Health, Alcohol, Cannabis, Opioids, Stimulants, and Tobacco. Additional profiles on Behavioral Health During the Pandemic and Populations with Special Considerations will be published this summer.

[VIEW EPIDEMIOLOGICAL PROFILES](#)

Colorado Consortium for Prescription Drug Abuse Prevention, Since 2013



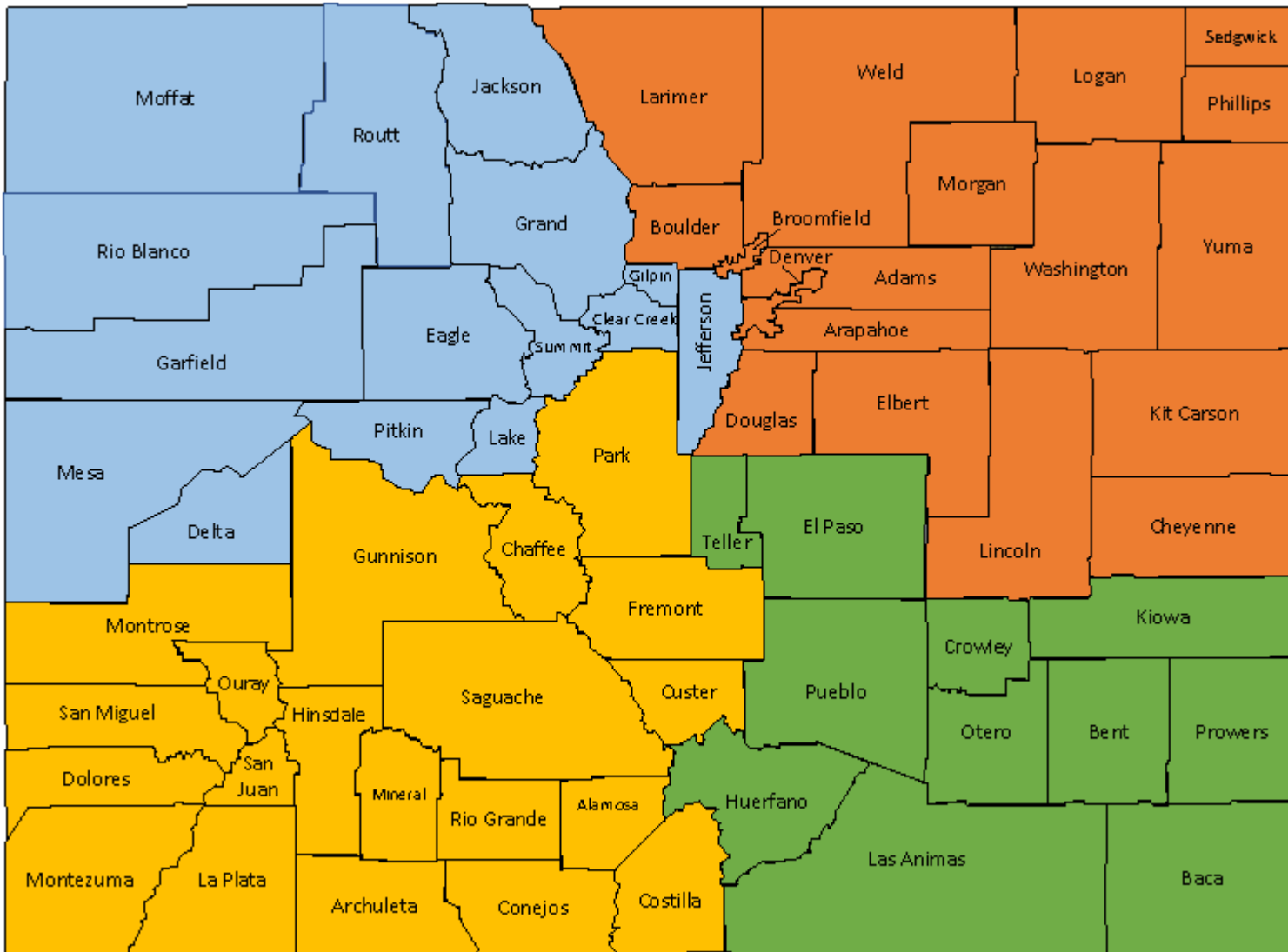
Consortium External Relations Strategy Team

4 staff reside in their respective regions

Provide support on strategies to impact the opioid crisis at the local level

Provide connection to various resources

Focus on coordination of local, state, and federal initiatives



Opioid and Other SUD Response Strategies

- **Prevention**
- **Harm Reduction**
- **Treatment**
- **Recovery**
- **Criminal Justice**

**Evidence-based
approaches**

The American Medical Association, Colorado Medical Society and Manatt Health released a report in 2019 showing that Colorado has implemented meaningful reforms in response to the opioid epidemic.

Dr. Patrice Harris, 2019:

“Colorado has implemented many important policies that are impacting patients’ access to care. Using this momentum, we think Colorado can go even further to save lives of those affected by opioid use disorder.”

State Department's and Opioid Response Efforts

Behavioral Health Administration

- **State Opioid Response Grant (Federal Funds)**
- **Funds from State legislature**
- **Prevention, Naloxone, Treatment (Mobile), Jail-based Behavioral Health Services, Recovery Supports, Peer Support Professionals**

State Department's and Opioid Response Efforts

Colorado Department of Public Health and Environment

- **Overdose to Action Grant (Public Health and Law Enforcement coordination)**
- **Harm Reduction Grant Program**
- **Drug Overdose Dashboard (Data)**
- **Colorado Naloxone Bulk Purchase Fund**

Substance Abuse Trend and Response Task Force

Chair:

- **Attorney General**

Vice Chairs:

- **Prevention (Senate President appointment)**
- **Treatment (House Majority Leader appointment)**
- **Criminal Justice (Governor appointment)**

29 members from various discipline

Legislative Charge:

- **Monitor and report on drug trends**
- **Promote evidence-based approaches to addressing substance misuse and addiction**
- **Submit policy recommendations to the General Assembly**

Opioid Litigation 2014-Present

State and Local Governments as Main Plaintiffs



INTERIM COMMITTEE INTERIM COMMITTEE

Opioid and Other Substance Use Disorders Study Committee

VIEW BY SESSION

2023 Regular Session



SUBJECTS: Health Care & Health Insurance, Human Services

The study committee must review data and statistics on the scope of the substance use disorder problem in Colorado; compile an overview of the current resources available to Coloradoans; review the availability of medication-assisted treatment options and whether pharmacists can prescribe those medications; examine what other states and countries are doing to address substance use disorders; identify the gaps in prevention, intervention, harm reduction, treatment, and recovery resources; and identify possible legislative options to address these gaps.

[Committee Schedule & Meeting Materials](#) >

[Legislation](#) >

Convened in 2017, 2018, and 2019

Consortium leaders served as Committee Task Force co-chairs

Assisted in convening stakeholders

Collected and summarized policy suggestions from stakeholders

The Opioid and Other Substance Use Disorders Study Committee drafted 16 bi-partisan bills related

- **Prevention**
- **Harm Reduction**
- **Criminal Justice**
- **Treatment**
- **Recovery**

14 bills with 86 policies became law

Report to Congress, 2022

UNITED STATES OF AMERICA

Commission on Combating Synthetic Opioid Trafficking

Final Report

The United States Senate

The United States House of Representatives

The Office of National Drug Control Policy

The Drug Enforcement Administration

The Department of Homeland Security

The Department of Defense

The Department of the Treasury

The Department of State

The Office of the Director of National Intelligence



In addition to supply reduction, reducing demand for illegally manufactured synthetic opioids is paramount to stemming the flow of these drugs.

“The United States must make public health demand-reduction approaches central in the fight against opioid trafficking to reduce the number of potential buyers.”

Recommended strategies related to demand-reduction include:

- **increase public awareness** of the pervasiveness and deadliness of synthetic opioids;
- **expand treatment for opioid use disorders**, including with medication-assisted treatment;
- **bolster appropriate harm-reduction interventions** to prevent fatalities, and
- give people with substance-use disorder **more opportunities to enter high-quality treatment.**

2018 COLORADO OPIOID STUDY COMMITTEE BILLS



HB 1003 PREVENTION

Rep. Pettersen
Sens. Jahn, Priola

- Extends Opioid Study Committee thru July 1, 2020
- Assigns Consortium to develop strategic plan for recovery services
- Funds school-based behavioral health centers
- Funds pilot for SBIRT training for providers serving women of child-bearing age & patient education tool
- Funds provider and law enforcement education

APPROXIMATE FUNDING:
\$925K SBIRT pilot training program*
\$750K Provider education and naloxone awareness
\$775K School-based behavioral health centers
\$39K Extend Opioid Study Committee*

SB 22 CLINICAL PRACTICE

Sens. Aguilar, Tate
Reps. Kennedy, Pettersen

- Limits first opioid Rx to 7-day supply (for opioid-naïve, non-chronic pain, non-palliative patients)
- Requires providers to check PDMP before 2nd opioid Rx refill (with exceptions)
- Restrictions repeal Sept 2021
- Assigns CDPHE to report findings on PDMP integration by Dec 2019

APPROXIMATE FUNDING:
No appropriation required

HB 1136 TREATMENT

Rep. Pettersen
Sens. Jahn, Priola

- Adds inpatient, residential and medical detox substance use treatment as benefit under CO Medicaid, conditional upon federal approval

APPROXIMATE FUNDING:
\$230K Preparation for inpatient treatment covered by CO Medicaid
Estimated \$35million annually*

HB 1007 PAYMENT ISSUES

Reps. Singer, Kennedy
Sens. Lambert, Jahn

- Requires health plans to provide coverage without prior authorization for 5-day supply of MAT
- Requires health plans to prioritize MAT requests
- Prevents carriers from penalizing providers for results from patient satisfaction surveys
- Requires Medicaid reimbursement of naloxone
- Requires payers to provide enhanced fee to pharmacists who administer MAT injections

APPROXIMATE FUNDING:
No appropriation required

SB 24 WORKFORCE

Sens. Jahn, Tate
Reps. Singer, Pettersen

- Adds behavioral health care providers to list of health care providers eligible for loan repayment through Colorado Health Service Corps program
- Requires recipients to serve in a health professional shortage area for 2 years
- Creates loan repayment and scholarship program to cover costs of obtaining certification for behavioral health

APPROXIMATE FUNDING:
\$2.5M Loan repayment for behavioral health workforce*

LEGISLATION NOT PASSED

SB 40 HARM REDUCTION

Sen. Lambert
Rep. Singer

- Would have allowed a single pilot site for supervised injection in Colorado
- Would have specified hospitals allowed as syringe access sites (included in 2019 bill)
- Would have specified naloxone allowed at schools (included in 2019 bill)

APPROXIMATE FUNDING:
No appropriation required

2019 COLORADO OPIOID STUDY COMMITTEE BILLS



SB 228 PREVENTION

Sens. Winter, Moreno
Reps. Singer, Buentello

- Requires prescribers to complete opioid best practice, SUD and PDMP continuing education
- Prohibits prescribers from receiving financial benefit from prescriptions
- Requires warning label for opioid prescriptions
- Funds several prevention efforts

APPROXIMATE FUNDING:
\$2M Local and state public health
\$690K Maternal child health pilot*
\$500K Youth substance use prevention
\$750K Public awareness activities*
\$100K Perinatal data linkage project*
\$250K Grant writer support

SB 227 HARM REDUCTION

Sens. Pettersen, Gonzales
Reps. Kennedy, Herod

- Creates naloxone bulk purchase fund
- Funds public sharps disposal
- Allows naloxone with AEDs in public settings
- Specifies naloxone allowed at schools
- Specifies hospitals allowed as syringe access sites
- Addresses barrier of ID verification for treatment

APPROXIMATE FUNDING:
\$660K Naloxone bulk purchase and public sharps disposal*

HB 1287 TREATMENT

Reps. Esgar, Wilson
Sens. Pettersen, Priola

- Establishes centralized web-based behavioral health tracking system for treatment
- Funds care navigation system
- Funds treatment capacity expansion in rural and frontier communities

APPROXIMATE FUNDING:
\$5M Rural treatment capacity grant*
\$260K Capacity tracking technology
\$160K Care coordination*

SB 008 CRIMINAL JUSTICE

Sens. Pettersen, Priola
Reps. Singer, Kennedy

- Requires county jails receiving behavioral health funding to have policy for medication-assisted treatment (MAT) by January 2020
- Funds expansion of co-responder programs
- Develops Harm Reduction Grant Program

APPROXIMATE FUNDING:
\$1.8M Harm Reduction Grant Program*
\$1.2M Criminal justice diversion programs*
\$490K Dept. of Corrections MAT funding*
\$735K MAT in county jails funding*

HB 1009 RECOVERY

Reps. Singer, Kennedy
Sens. Pettersen, Priola

- Expands housing vouchers for individuals with substance use disorder
- Requires certification of certain recovery residences
- Creates advisory group to advise Attorney General on use of funds from opioid-related litigation

APPROXIMATE FUNDING:
\$1M Housing vouchers*
\$50K Recovery residence certification grants*

ELECTRONIC PRESCRIBING

- Requires certain prescribers to prescribe schedule II, III, or IV controlled substances only via Rx electronically transmitted to a pharmacy, with exceptions

Sens. Priola, Todd; Reps. Esgar, Landgraf

EXPAND MAT PILOT

- Continues pilot in Pueblo and Routt counties to train and fund NPs and PAs to provide medication-assisted treatment
- Expands funding to San Luis Valley and 2 additional counties

Sens Garcia,
Rep. Buentello

APPROXIMATE FUNDING:
\$2.5M Expand College of Nursing pilot program*

Colorado Opioid & Other Substance Use Disorder Bills* 2020

*All bills passing into law except HB1085 which was vetoed by Gov Polis

HB 1085 PREVENTION - VETOED*

Reps Kennedy, Herod
Sens Winter, Priola

- Improves insurance coverage to alternatives to opioids
- Establishes competency based standards for CME for prescribing opioids
- Continues 7-day limit for acute opioid prescribing and required query of PDMP
- Requires PDMP check for 2nd fill for benzodiazepines, limits supply for 1st Rx

HB 1065 HARM REDUCTION

Reps Kennedy, Herod
Sens Pettersen, Priola

- Extends immunity for using expired naloxone
- Reimburses hospitals for take-home naloxone
- Permits pharmacies to provide syringes without Rx, requires pharmacists to educate on naloxone
- Removes barriers for syringe access programs

SB 007 TREATMENT

Sens Pettersen, Winter
Reps Buentello, Wilson

- Requires insurers to provide coverage for continuum of substance use treatment
- Provides coverage for at least one form of naloxone
- Prohibits denying access to services for people on medication assisted treatment
- Updates civil commitment process

HB 1017 CRIMINAL JUSTICE

Reps Herod, Kennedy
Sens Donovan, Priola

- Ensures Medicaid enrollment upon release from jail
- Allows safe stations for disposal of controlled substances
- Allows for sealing of records for a person completing substance use treatment
- Encourages access to medication assisted treatment in jails and corrections

SB 028 RECOVERY

Sens Pettersen, Priola
Reps Buentello, Herod

- Allows biennial continuation of the Study Committee, next year focused on COVID-19 impact
- Modernizes definition of child abuse and neglect

HB 1411 COVID-19 BEHAVIORAL HEALTH

Reps Kraft-Tharp, Michaelson Jenet
Sen Pettersen

\$15.2M for unanticipated behavioral health costs due to COVID-19

- \$3.53M for substance use and recovery providers
- \$3.25M for community mental health centers
- \$2M treatment for school-aged children
- \$3.8M for crisis services, co-responder programs, housing assistance, treatment in rural communities
- \$1.15M for school-based health centers and naloxone bulk purchase fund
- \$250K behavioral health training for school personnel
- \$800K health professional training, grant writing assistance, and PPE and telehealth supplies for MAT providers
- \$120K Safe2Talk Program, \$500K for SBIRT



For More Info Visit: CoRxConsortium.org/Legislature or Email: Leg@CoRxConsortium.org

Response Efforts, Challenges & Opportunities

Recovery

- Professionalize the peer workforce
- Promoting recovery-related services and events
- Promoting Recovery Oriented Systems of Care
- Developing data collection and measurement tools

Challenges & Opportunities

- Reimbursement from Medicaid and private insurance for peer professionals
- Educating on the role of peer professionals
- Utilizing peers in a variety of settings



Response Efforts, Challenges & Opportunities

Treatment

- Expanded access to treatment, especially for medications for opioid use disorders
- Improved benefits coverage for OUD and SUD Tx
- Addressing continuity of care
- Utilizing evidence-based treatment modalities

Challenges & Opportunities

- Workforce shortage, especially in frontier and rural parts of the state
- Improve continuity of care and retention in care
- Improve treatment for pregnant and parenting women
- Collect core metrics on MOUD treatment



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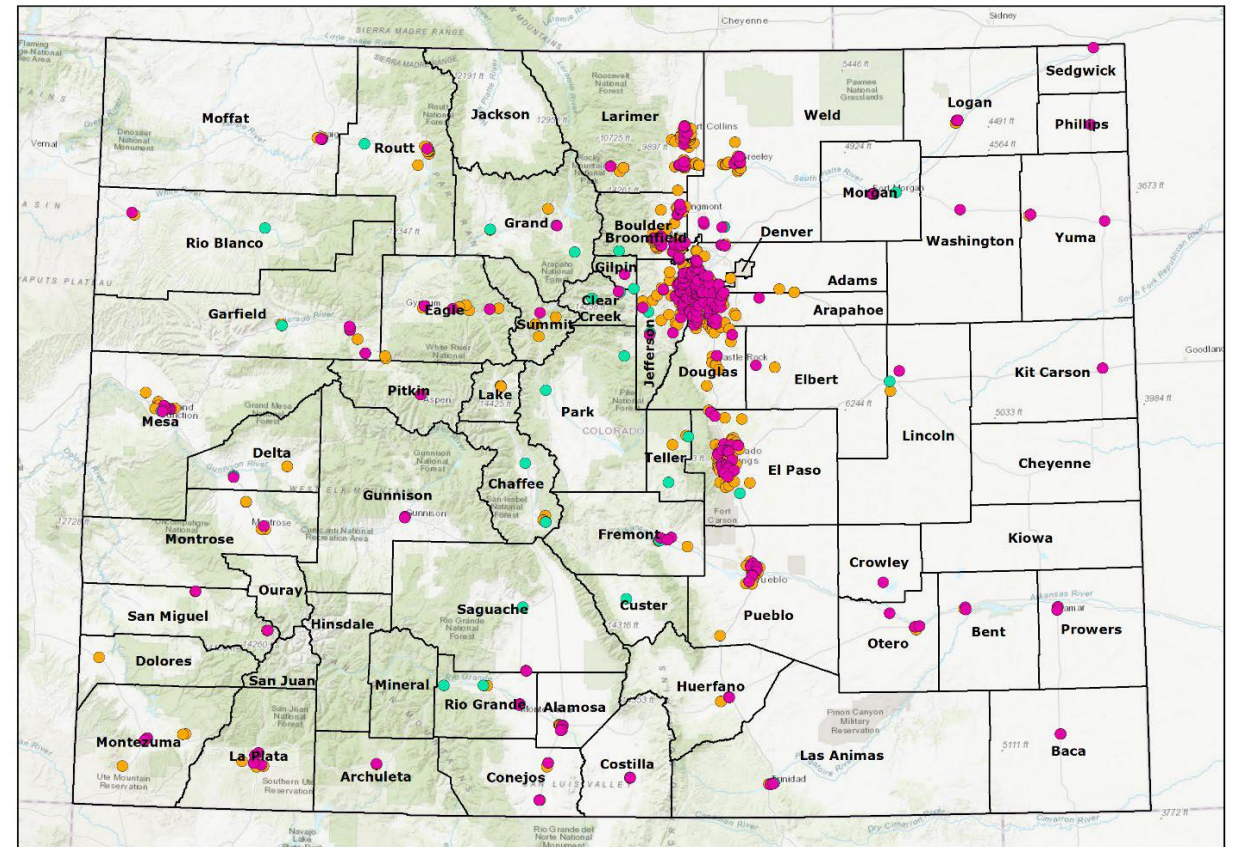


Medications for Opioid Use Disorder Treatment Landscape Analysis

Colorado Consortium and Colorado Health Institute, 2022

Key Takeaways

- The Eastern Plains and northwest Colorado have a low density of opioid use disorder treatment locations relative to the state average.
- Communities of color have less access to nearby opioid use disorder treatment locations.
- Only one in five opioid use disorder treatment facilities across Colorado accepts children/adolescents under age 18.
- Engaging hospitals could increase access to opioid use disorder treatment services, especially in rural and frontier counties.



Provider and Facility Locations

- Opioid Use Disorder Treatment Facility
- Mobile Health Unit
- Buprenorphine Provider

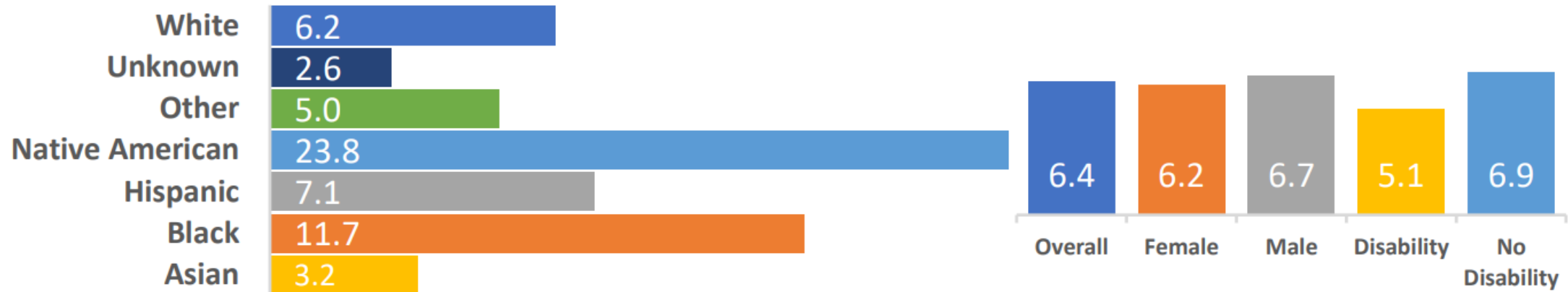
Medication-Assisted Treatment Expansion Program

From July 2019-present

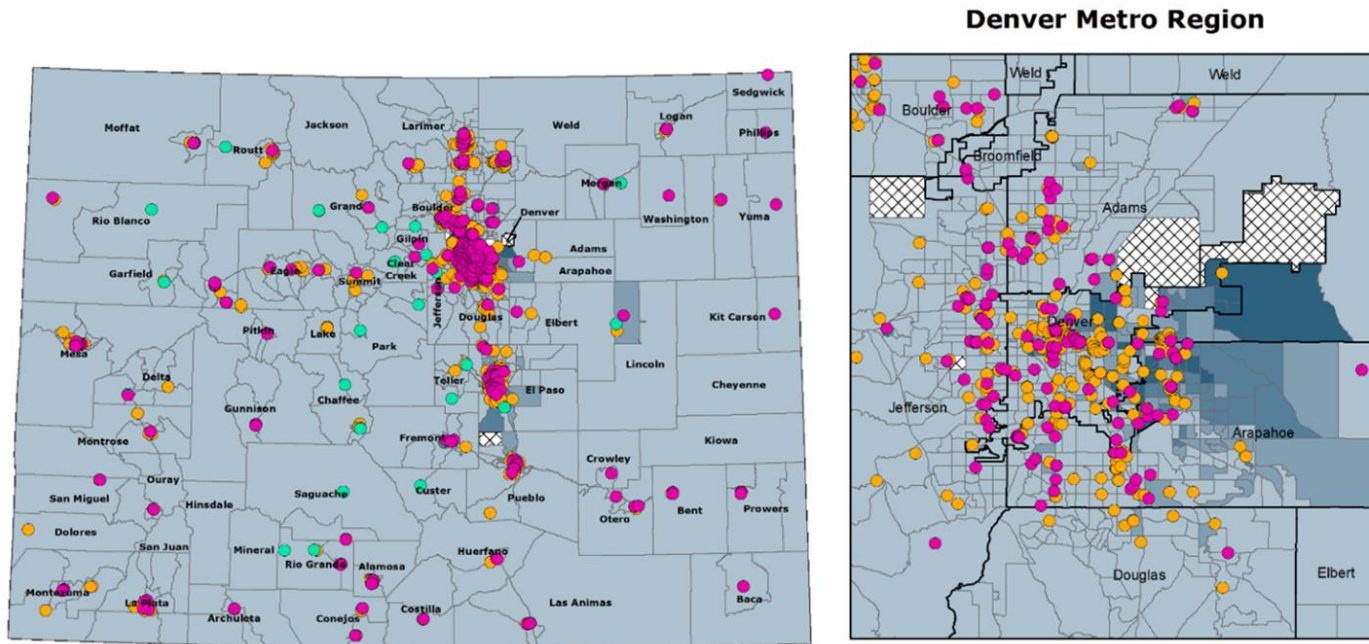
- Service in 21 rural counties
- Statewide outreach & legislative support
- Served >1500 patients in first 18 months
- Supported by 56 FTE MAT providers
- Outcomes:
 - Reduced substance use
 - Improved social determinants of health (disability, work, ER use)
 - Improved physical and mental health



COLORADO Disparities in Medicare Fee-For-Service Opioid Deaths Apr 2020 to March 2021: Above average rates in Black and Native American Beneficiaries

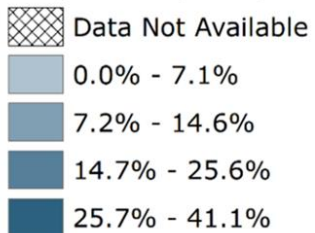


Map 2. Opioid Use Disorder Treatment Locations Compared With Population Densities of Black/African American (non-Hispanic/Latino) Coloradans



Action is needed for increasing access to opioid use disorder treatment, and for other SUDs, in communities that are predominantly Black

Percentage Black/African American (non-Hispanic/Latino)



Provider and Facility Locations

- Opioid Use Disorder Treatment Facility
- Mobile Health Unit
- Buprenorphine Provider

Source: Substance Abuse and Mental Health Services Administration (2022), Colorado Behavioral Health Administration (2022), American Community Survey 5-year Estimates (2017-2021)

Response Efforts, Challenges & Opportunities

Harm Reduction/Compassionate Care

- Anti-stigma efforts
- Access to Naloxone and syringe service programs
- Naloxone trainings and broad distribution
- Clean supplies to prevent disease spread/protect public health
- Access to healthcare and treatment

Challenges & Opportunities

- Reducing Stigma
- Enhance evidence-informed harm reduction efforts
- Enhance drug-checking efforts



U.S. Commission on Combating Synthetic Opioids Trafficking, 2022

One of the Commission’s overarching goals is to reduce the number of overdose deaths.

“Although harm reduction does not directly reduce synthetic opioid trafficking and use, the Commission recognizes the elevated risk of harms from using illegally supplied synthetic opioids (e.g., higher overdose risk).

Therefore, people who continue to use these drugs need to be engaged to reduce the associated risks and harms. Harm-reduction services, such as syringe service programs and naloxone distribution programs, often serve as initial points of entry for long-term treatment by engaging with people who might not be ready for treatment and giving them lifesaving tools (e.g., take-home naloxone, fentanyl test strips) and information (e.g., education on safer use practices) intended to reduce the risk of an adverse outcome, such as overdose or infection.

In addition, harm-reduction services offer a nonstigmatizing opportunity to interact with clients, linking them with other treatment and social services.”

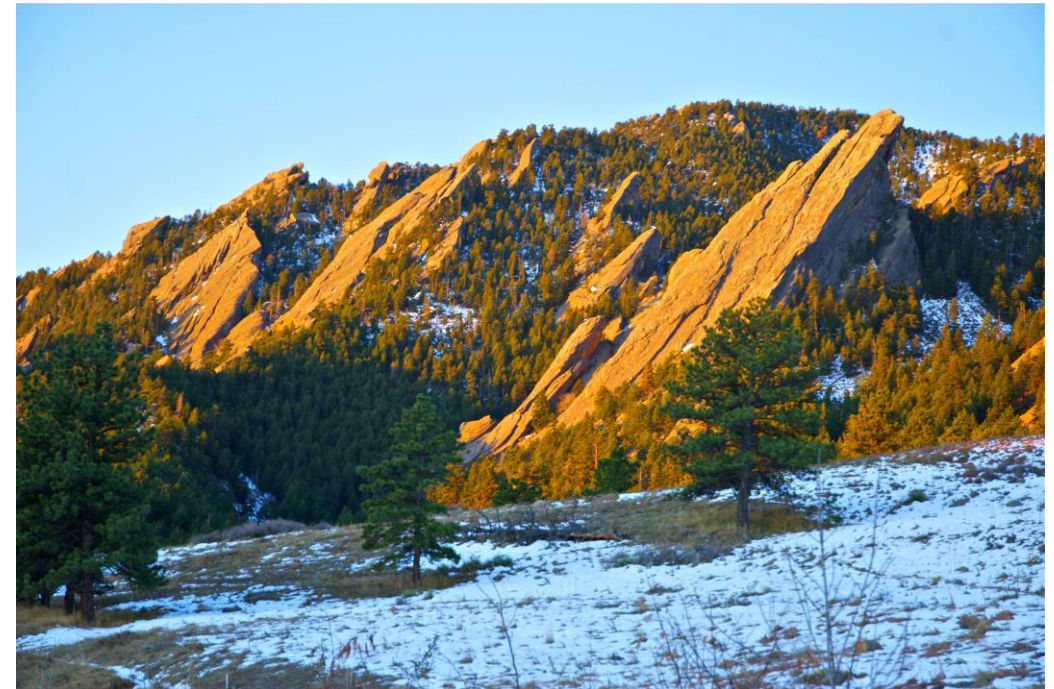
Response Efforts, Challenges & Opportunities

Prescription Drug Monitoring Program (PDMP)

- Boosted registration, integration and optimization of the PDMP across the state
- Implemented mandates of HB21-1276, offering RxCheck for PDMP integration with EHRs and health systems
- Producing reports of prescriber patterns

Challenges & Opportunities

- Examine what is working well and the ongoing challenges to PDMP utilization
- Revise confusing statutory language from SB18-022
- Focus on evaluating PDMP effectiveness



Response Efforts, Challenges & Opportunities

Provider Education

- Educating physicians, dentists, nurses, and other health care providers about opioid prescribing, pain management, and benzodiazepine-induced neurological dysfunction

Challenges & Opportunities

- Large numbers of providers
- Focus in higher risk areas of the state
- Incorporate information on new evidence-based practices



Response Efforts, Challenges & Opportunities

Criminal Justice Response

- Law Enforcement and Public Health Responses
- Diversion to Treatment Programs
- Naloxone and ODMap
- Treatment While in Custody
- Transition and Release
- Assisting jails in meeting the new mandates for treatment and continuity of care

Challenges & Opportunities

- Ensuring people with an addiction receive treatment
- Enhance law enforcement and public health partnerships (e.g. expanding ODMap utilization)



Colorado Consortium Grant Writing Assistance Program

**Prioritizes frontier and rural organizations
and local governments**

**Established in
2019 with State
Funds**



Awarded

\$24,908,402.71

Cost Benefit

\$41.27

is awarded for every \$1 spent.

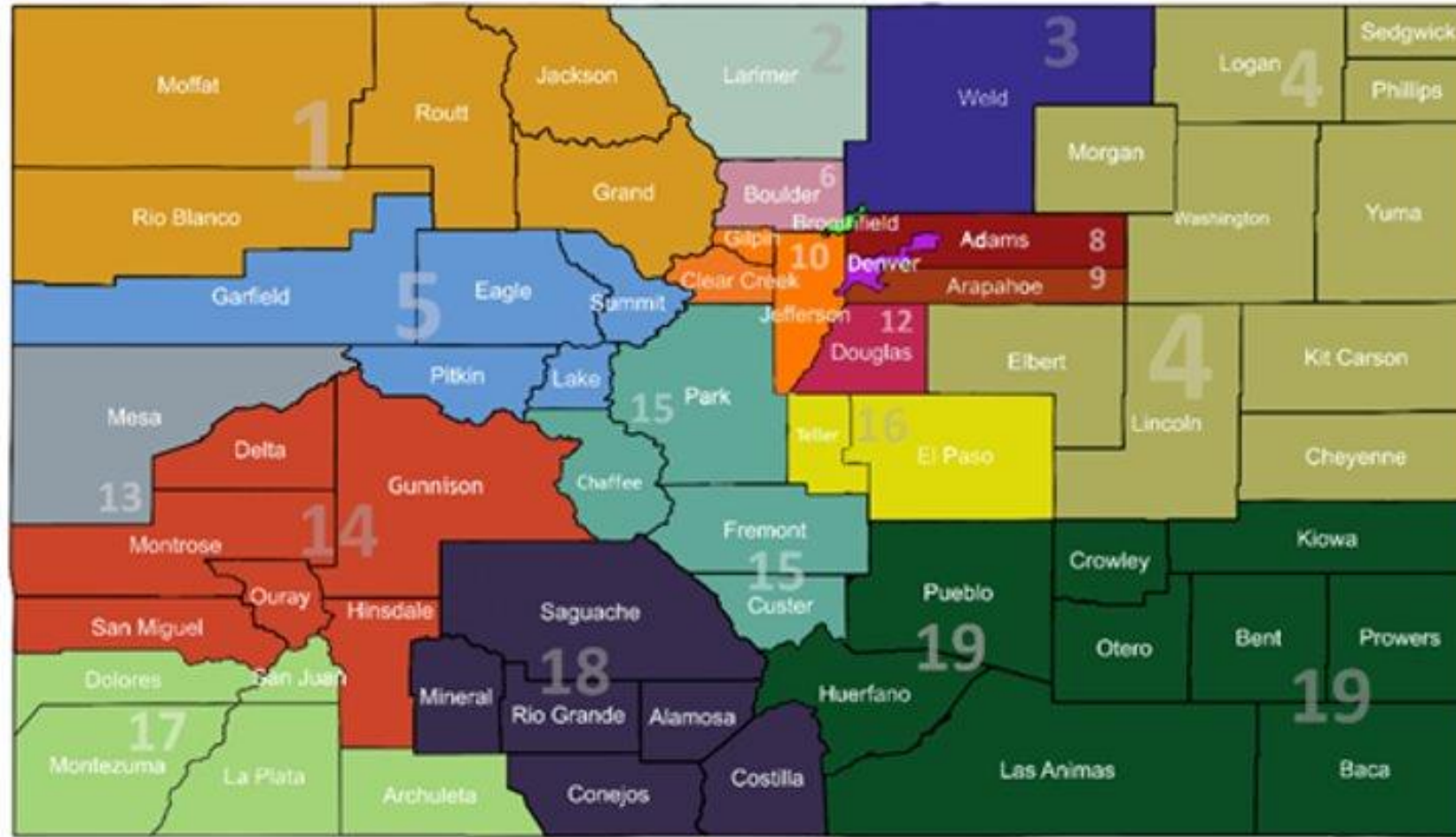
Status of current and past participants

***to see data for "awarded" organizations, click the awarded section of the bar chart and the report will change**

**ARPA Funds in
2021 and 2022**

**Now, only funds
for specific state
grant funding
opportunities**

Regions for the distribution of opioid settlement funds



Region 1	Region 5	Region 9	Region 13	Region 17
Region 2	Region 6	Region 10	Region 14	Region 18
Region 3	Region 7 (Broomfield)	Region 11 (Denver)	Region 15	Region 19
Region 4	Region 8	Region 12	Region 16	



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Johns Hopkins University: Five Principles for Use of Opioid Litigation Funds

Principle 1

Spend the Money to Save Lives

Principle 2

Use Evidence to Guide Spending

Principle 3

Invest in Youth Prevention

Principle 4

Focus on Racial Equity

Principle 5

**Develop a Fair and Transparent
Process for Deciding Where to
Spend the Funding**

**Colorado
Inaugural State Winner of Award
for Excellence in the Application of
the Principles (February 2023)**

Colorado Opioid and Other SUD Policies Survey, 2023

14 bills, 86 policies, plus SB21-137

To what extent has the policy achieved, or is achieving its objective(s)?

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

N/A=No Opinion

1.

Are there unintended consequences to any of these policies that you would like legislators to know about?

2.

What is working well with any of the above policies and/or funding that you would like legislators to know about?

3.

Do any of these policies need to be revised or eliminated?

4.

Other comments, recommendations, or related issues of concern



Colorado Opioid and Other SUD Polices Survey, 2023

Stakeholders →

Individuals in recovery

Clinicians

State agency professionals

Policy advocates

Public health practitioners

Local government officials

Legislative liaisons

Peer support specialists

Registered nurses

Public health physicians

Recovery professionals

EMTs

To what extent has the policy achieved or is achieving its objective(s)

1=Not at all 2=To a small extent 3=To some extent 4= To a moderate extent 5=To a great extent

	Number of policies	Number of respondents	Score range	Score average
Harm Reduction	18	14	3.25-4.92	4.52
Prevention	28	12	3.17-5.0	3.93
Treatment	29	11	2.8-4.6	3.89
Criminal Justice	15	5	2.2-4.5	3.33
Recovery	22	16	3.08-4.46	3.56

% of Policies Rated 4 or Higher

57.1%

Prevention

94.4%

Harm Reduction

4.5%

Recovery

33.3%

Criminal Justice

62.1%

Treatment

Stakeholder Comments: Recovery

Critical need for recovery residences due to lack of affordable housing for the unhoused with SUDs and mental health disorders

Attempts to expand recovery housing have been difficult and/or incomplete in rural Colorado, due to an exorbitant cost of living and real estate market.

Expand the SUD 1115 waiver to allow for additional services including transitional housing support.

Provide funding for programs that support employees in recovery.

Stakeholder Comments: Treatment

In integrated care sites it is hard to schedule both a primary health visit then a separate behavioral health visit as both may not be reimbursed, insurance will not pay providers for patients that are seen in the same setting twice in a day.

Substance use disorders in older adults have been a growing issue and Medicare has not been willing to cover the intensive outpatient level of care for substance use.

Medicaid does not cover partial hospitalization for SUD, especially with the shortages of residential level services in some rural and frontier areas.

Need to increase specialized treatment programs for pregnant women and women with young children, treatment demand continues to outpace the supply of spots.

Part of treatment access for parents is whether or not their children have a safe place to be while the parent is accessing care.

Stakeholder Comments: Criminal Justice

There is a mandate the individuals with an OUD that are released from incarceration must be given Naloxone, but there is no mechanism of reporting on this requirement for accountability.

Good to see that HCPF has two criminal justice policy advisors, one focused on Medicaid and jails.

Follow up on status of HCPF submitting a Medicaid waiver to improve continuity of care for justice-involved persons.

Stakeholder Comments: Harm Reduction

Increase the investment in the Harm Reduction Grant Program (CDPHE) to expand assistance to community-based harm reduction providers specifically. Currently, this grant funding can typically accommodate only 6-7 grantees per cycle.

Allow harm reduction organizations to apply for the Harm Reducation Grant Program without the mandatory inclusion of local law enforcement and local public health agencies. Incentivize the partnerships, but do not make it mandatory for submitting an application.

Current state laws are unclear about glassware distributed through harm reductions programs. Clarifying where glassware distribution falls legally, in alignment with syringe access, would be extremely helpful.

Stakeholder Comments: Prevention

The statewide perinatal substance use data linkage project has been an important tool for informing collaborative efforts to better support families impacted by substance use during pregnancy--helping to identify trends and opportunities.

The investments in screening, intervention, and referral to treatment have important and there is still work to be done to ensure that pregnant women and those of childbearing age are getting appropriately and consistently screened for substance use.

Allow for data to be shared across systems in order to conduct Overdose Fatality Reviews to identify interventions and community responses that could prevention drug overdoses.





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THANK YOU

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