



**Metro Mayors Caucus  
Public Safety Committee  
Regular Meeting — April 14, 2016 — 2:00 PM  
Greenwood Village City Hall  
6060 South Quebec St, Greenwood Village, Co 80111**

**Agenda:**

**2:00 PM Welcome and Introductions**

**2:10 PM Guest presenters:**

- Dr. Larry Wolk, M.D., M.S.P.H.  
Executive Director and Chief Medical Officer,  
Colorado Department of Public Health and Environment
- John Douglas Jr., M.D.  
Executive Director, Tri-County Health Department
- M.J. Menendez,  
National Coordinator, U.S. Department of Justice Heroin Initiative
- José Esquibel,  
Director of Community Engagement, Colorado Attorney General's Office

**3:00 PM Colorado Municipal League and National League of Cities Initiatives**

- Sam Mamet  
Executive Director, Colorado Municipal League

**3:25 PM Next Meeting**

- Location
- Agenda Items

**3:30 PM Adjourn**

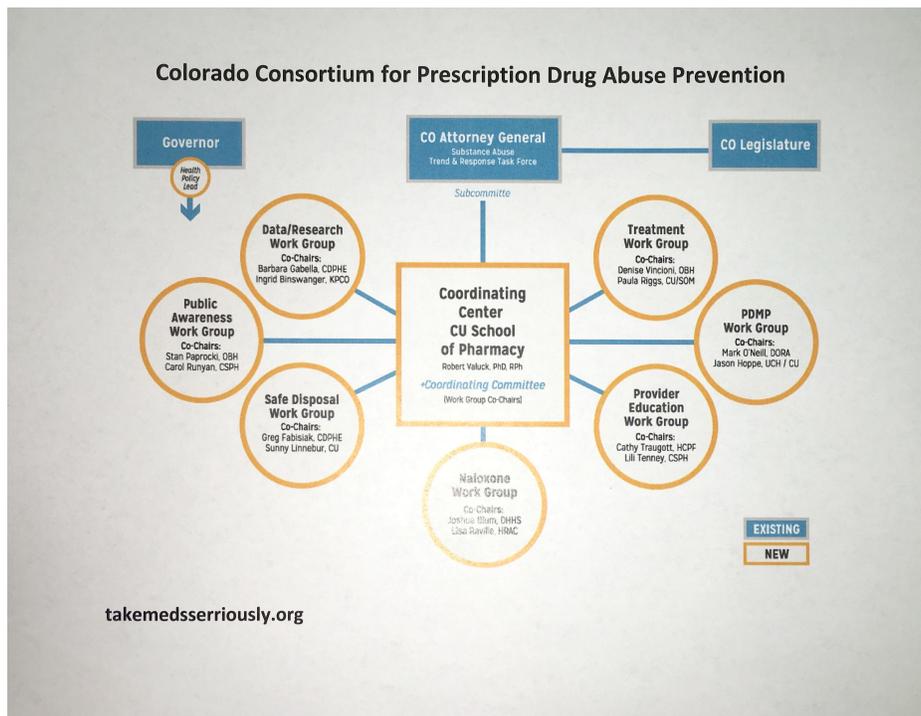
**Metro Mayors Caucus  
Public Safety Committee  
April 14, 2016 — 2:00 to 3:30 PM  
Greenwood Village City Hall**

**Notes:**

**Guest Presentations:**

- **José Esquibel, Colorado Attorney General's Office**
  - AG wants to work with communities
  - Solutions come best from the community
  - Substance Abuse Trend and Response Task Force — Chaired by AG
    - Assist locals
    - Review model programs
    - Investigate collaborative models
    - Measure and evaluate
    - Promote approaches
  - Next meeting May 13 at CML — mayors are welcome to attend
  - We should know:
    - Looking for collaborative response
    - CDPHE has interactive map of the wave of opioid deaths for the decade up to 2014
    - We are in the midst of a strong wave of opioid abuse and OD deaths
    - There is money into a public awareness campaign - Take Meds Seriously
    - Collateral materials including posters and flyers available
    - Social media materials available as well
    - Heroin dealt with separately
      - Heroin is different — always been very illegal, not medicinal
  - Looking at having \$\$ available for bulk purchasing of NARCAN/Naloxone by end of May
    - Focus on highest use counties first - Adams which is currently not covered
    - Other counties have programs underway including Arapahoe, Boulder, JeffCo
    - Will get it out to the first responders and train how to use it
    - 2,500 doses - cover law enforcement and first responders in 17 counties + training
    - Also train the public health providers to train others
    - App for use in tracking reversals with NARCAN
  - What we can do:
    - Education and public awareness
      - Promote availability of Narcan in pharmacies
      - Participate in Take Back programs
    - Active social media like AG's Task Force

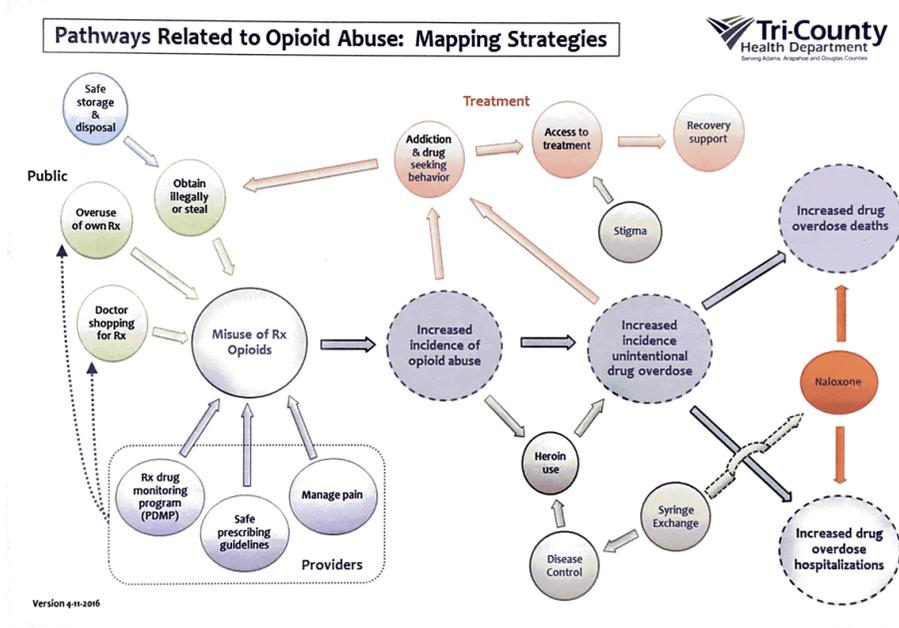
- Coordinate with them
  - Priority to introduce routine use of nasal Narcan by first responders with training
    - actions coming:
      - Purchase 2500 doses
      - 30 more for training
      - Train-the-trainer
      - Collect data and evaluate
      - Start June 2016
  - Consortium and Task Force Structure
    - (See diagram below)



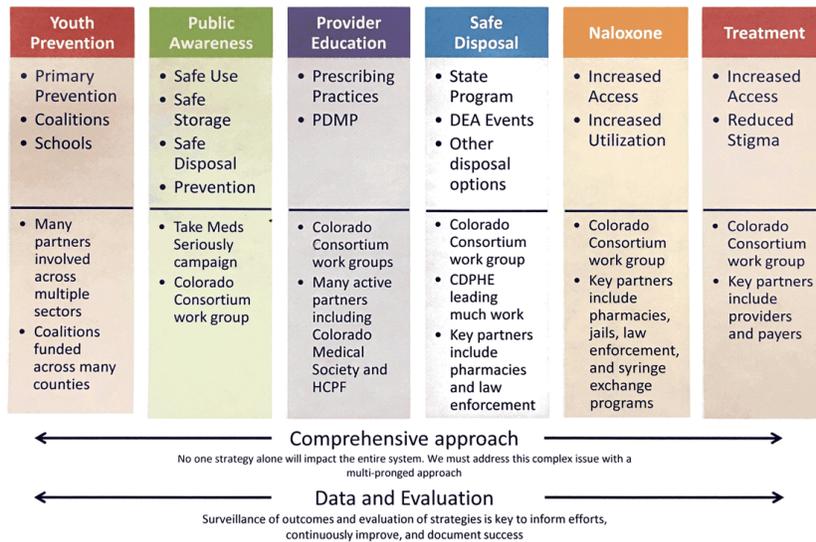
- **Dr. Larry Wolk, ED, Colorado Department of Public Health and Environment**
  - Getting Narcan nasal more readily available
    - Epi pen for opiates
    - Should be available over the counter
    - Standing order at pharmacies around the state to make it available over the counter - need to promote this among public safety committee - all major chains are participating - over 400
    - Narcan nasal administration is covered by Good Samaritan law
    - Information that most people receive is the printout with Instructions and contraindications that many people throw away — need more general public education
  - Improving (within 3 months) designation of sites in every county where people can dispose of old prescriptions

- Goal is one in every county and municipality
    - Need public awareness about disposal as well
  - Good Samaritan protections
  - Take Meds seriously - misuse from excess Meds being left around and/or being taken by others
  - Safe disposal - every county in state will have one safe disposal site
    - Should have these publicized in about 3 months
  - Data working group - CHI, CDPHE and CDC - all using the same data set
  - Working with physicians - PDMP - prescription drug monitoring program is now mandatory for all controlled substances
  - Provider education - docs, PTs, podiatrists, dentists, nurses - to help them understand the extent of the problem
  - Training program - mandated for certain physician specialists - 1000 trained so far
    - Unsure number of hours
    - Online and continuing Ed points
  - Lack of medication assisted opiate addiction programs in rural areas is a big problem - must have medication to break addiction - non-medicated programs set people up for failure
  - Reduced malpractice costs - "accrues points"
    - Prescription drug monitoring program is mandatory so we can track who is providing what drugs
    - Provider education is the last piece
  - Colorado lacks adequate medication assisted treatment and it is the only way with opiate addiction — people have to drive hundreds of miles for treatment and they lose their motivation
    - HHS grant will help with that
- **Dr. John Douglas, Tri-County Health Department**
  - Tri-County has had participants in these groups but we haven't had a focused strategy until recently
  - Request came from Commissioners Bill Holen and Steve O'Doriso
  - Trying to collaborate with the Colorado Consortium and fill in gaps as necessary
  - Youth focused mental health - Denver Public Health, Douglas County Mental Health and several other county initiatives coordinating - in its infancy
    - Looking at up-stream issues that may result in youth drug abuse including but not limited to opiates
    - Funding coming down for mental health outreach Board of Health approved needle exchange program
      - Most effective harm reduction strategy
      - Beginning in early July, working with Aurora Police Department & Harm Reduction Commission
      - Meeting with police chiefs to inform them and ensure their concerns are met and to ask them to consider Narcan

- Proposed creating needle disposal boxes in public places
- Syringe exchange program in Aurora - focused on limiting spread of communicable disease
  - Incredibly effective
  - Want to get feedback from cities to make sure that concerns are addressed
  - Considering needle disposals in public places
- Also working with harm reduction action committee -on measuring reversals from NARCAN
- Overview of Framework Handout - youth prevention, public awareness, provider education, safe disposal, Naloxone, treatment
- Focus on reducing stigma and criminalization
- Working on the possibility of a drug take-back that would be in conjunction with a hazardous chemicals take back
- Future strategies
  - Strategy Map & Strategic Framework



### Strategic Framework for Local Level Opioid Prevention Work



- Narcan
- Treatment expansion
  - Reduce the stigma of treatment
  - Reduce the stigma of criminality
- Data and evaluation
- Quality improvement of the process
- Alignment of efforts
  - No one department is going to solve this problem
- Add drug take back to hazardous waste collection efforts
- **M.J. Menendez, U.S. Department of Justice Heroin Initiative**
  - Take back days by DEA is a major part of their strategy
  - DEA and FBI know that you cannot arrest way out of this problem
  - Runs 60 Initiatives for the Organized Crime Enforcement Task Force
    - Initiative is focused on immediate action
    - Pull best proposals from local areas and fund their efforts
    - Fund hardware and software
    - Need coherent community impact plan that is at both state and federal level
  - Funding Strategy
    - Take out the cartels and major suppliers
    - Diversion
    - Community outreach
    - Organized Crime Drug Enforcement Task Force is charged with taking out the big sources
    - Analysts — and their equipment
    - Relationship building

- Need to talk about heroin
  - In the East heroin overdoses are extremely high
- Heroin is now injected, taken as capsules, pills
  - People are selling heroin pills that look just like a prescription drug and bringing them to "pharm parties"
  - Cartels have learned that pills are an appealing way to move drugs
- We have to be able to say the word "Heroin"
  - Vicodin is heroin
  - Heroin is pills today
  - Looks like Xanax
  - Changing heroin to pills has created our problems
  - Daily cost of heroin use is about \$10
- Mexican cartels have changed the processing to make the brown tar heroin white and package it more attractively
- Fentanyl - addicts are ingesting entire patches at once
- Fentanyl being added to heroin and so when combined extremely dangerous
- NARCAN doesn't work on Fentanyl first time - takes multiple doses
- Asking for data - need better data - gathering it from highest trafficking areas to keep CDC up to date on data - high level persons tasked in each state
- Decentralized medical examiner system is at heart of problem - non-criminal deaths not being reported?
- Overdose scenes should be treated as criminal investigations - not to criminalize the victim but to find out where the supply chain is
- Investigation checklist provided in packet
  - Need to understand the behavior around the overdose
- Fentanyl patches — they suck the gel out and get the full dose at once
- Now they are adding fentanyl to heroin
  - Narcan doesn't work well with fentanyl
  - No street kit available to test for it except one that costs \$60,000
- For every officer involved shooting in the last year, every suspect had fentanyl in their bloodstream
- We don't have good data
  - CDC has worked on 100% vetted data - which has slowed data collection
    - They are working on a parallel model using situational awareness data that helps to understand where problems are and where funding might be needed
- Best Practices
  - Partners: law enforcement
    - Rapid response teams to go to overdose scenes and do the investigation to find their source, and their source, and their source — Heat Teams
  - Need situational awareness data to ensure quick and effective response
- Heroin point of contact in Denver Susan Knox, Brad Giles, Beth Gibson
- This problem will be fixed by leaders in the community and no one else

- **Sam Mamet, ED CML**
  - Became interested in subject because of 60 Minutes coverage
  - Called by Ron R. To consider getting involved in this
  - NLC and NACO have formed joint task force
  - Have started to do a couple of things:
    - Statewide issue definitely
    - City leaders can focus on:
      - Drug disposal sites
      - Narcan distribution
    - Sam & Ron Op-Ed piece
    - Outlined 8-point plan for city leaders
    - Talk publicly about this
    - Acknowledge it is a problem in every community
    - Narcan:
      - National purchasing cooperative — CML & CCI are members
      - Could purchase in bulk at extreme discount
      - AG's office could help underwrite this
      - Make some form of this treatment available to every public safety agency in Colorado
    - State disposal sites
      - Drop offs somewhere in every county
- **Mayors Comments:**
  - Very different world - heroin is now a suburban problem
  - Is there a relationship with camping bans?
    - There is a problem of needle sticks among parks and rec employees and staff at solid waste sites
  - Interesting to explore a summit around this - push specific initiatives
    - Other states are doing this and are tying in with treatment facilities
    - Bring in University of Colorado
    - Bring in today's speakers
  - Should this come out of the Governor's office and focus on Consortium and universe of people working on this
  - Dr. Richard Dart with Rocky Mountain Poison Control - website - street RX
  - Woman in charge of HARM reduction
  - First responders need next steps after Naloxone administration - need to give them actionable best practice - getting people into treatment
  - Cities wondering about protocols - does it make financial sense for police to have it if paramedics will be on scene shortly thereafter
    - Concerns about cities carrying in cars - liability issues
    - Needs to be heightened awareness of this throughout the committee
- Need education for law enforcement and other first responders about the upside of Narcan
- Ron

- Support efforts for a statewide summit — we should participate
- Generate template for any city to begin to develop local strategies
  - Consider Dr. Botticelli as a speaker

**Next Meeting**

May 12, 2016 if we will have a quorum

Meet in Arvada if Marc is available or GV if not.