Lisa Raville, Executive Director
Harm Reduction Action Center

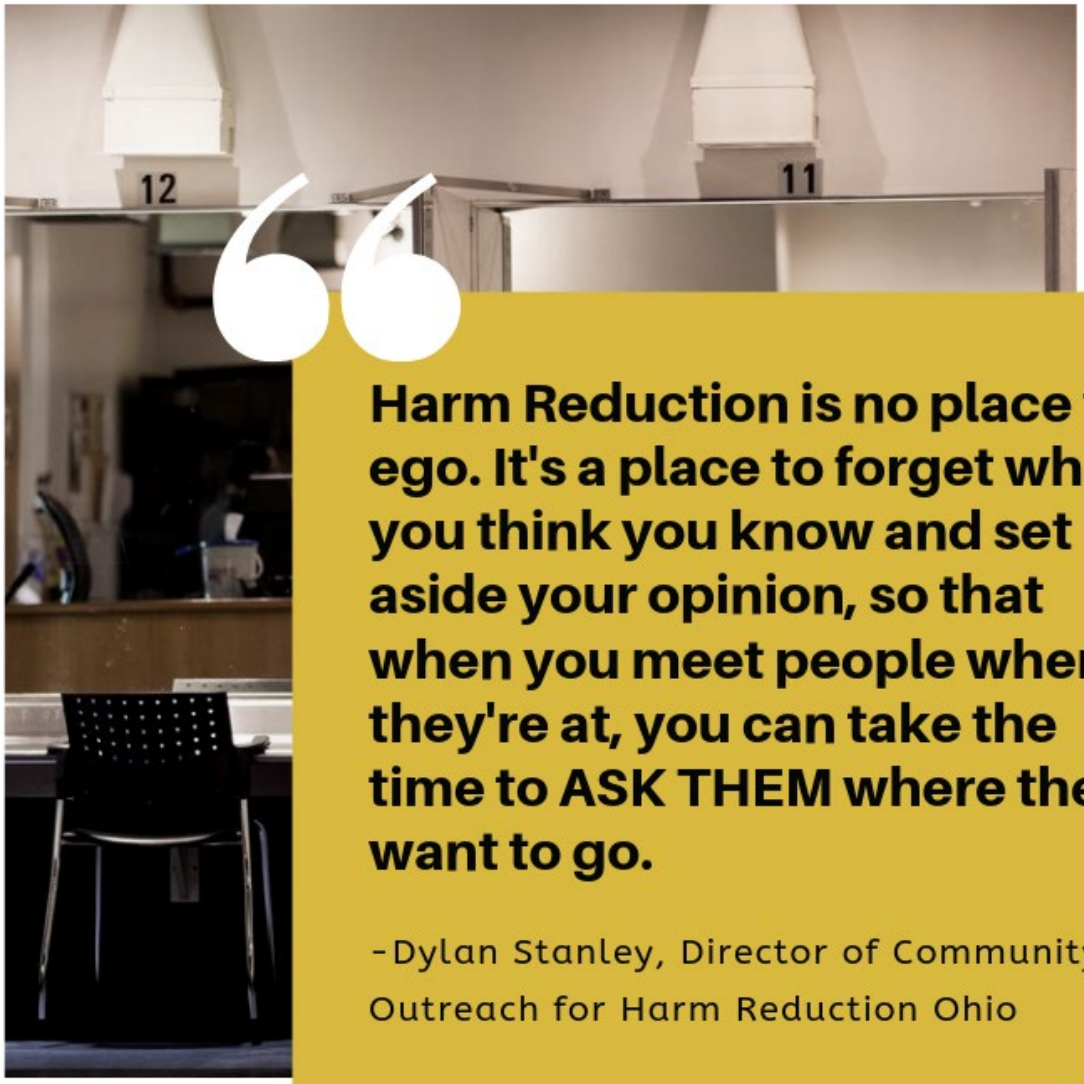

I
SOMEONE
WHO USES
DRUGS

HARM REDUCTION ACTION CENTER

Principles of Harm Reduction

- Accepts, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others
- Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm
- Ensures that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- Affirms people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use and seeks to empower PWUD to share information and support each other in strategies which meet their actual conditions of use
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- Does not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use

HARM REDUCTION ACTION CENTER



Harm Reduction is no place for ego. It's a place to forget what you think you know and set aside your opinion, so that when you meet people where they're at, you can take the time to ASK THEM where they want to go.

-Dylan Stanley, Director of Community Outreach for Harm Reduction Ohio

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KNOW THE RACIST DRUG HISTORY (VERY ABRIDGED)

1800s

- AMA founded
- Opiates introduced to modern surgery
- Prohibition/temperance parties founded

1900s

- Temperance education becomes compulsory
- The Pure Food and Drug Act
- Utah passes the first state anti-marijuana law
- **1919-33: Prohibition**
- Cigarettes are illegal in fourteen states
- Manufacture of heroin prohibited
- Formation of Federal Bureau of narcotics

1970s

Comprehensive Drug Abuse and Control Act: Emphasis on Law Enforcement

War on Drugs Declared by President Nixon

DEA established

Alcohol, Drug Abuse, and Mental Health Administration established

KNOW THE RACIST DRUG HISTORY (VERY ABRIDGED)

1980s

- Crack is first developed in the early '80s, devastating neighborhoods.

- Reagan signs the Anti-Drug Abuse Act of 1986 mandatory minimum penalties for drug offenses and also included that anyone who owned, leased, or rented a property "for the purpose of manufacturing, distributing or using any controlled substance" could be criminally prosecuted.

1990s- Present:

1995 Crime Bill contributed to mass incarceration

The U.S. Sentencing Commission releases a report that acknowledges the racial disparities for prison sentencing for cocaine versus crack. The commission suggests reducing the discrepancy, but Congress overrides its recommendation for the first time in history.

Record amounts of money allocated to drug war. Militarization of domestic drug law enforcement. While rates of illicit drug use remain constant, overdose fatalities rise rapidly

1990s – Present (Continued):

Policy changes reducing the crack/powder sentencing disparity, ending the ban on federal funding for syringe access programs, and ending federal interference with state medical marijuana laws
Does not shift the majority of drug policy funding to a health-based approach.

Marijuana reform gains unprecedented momentum

Attorney General Jeff Sessions makes it clear that he does not support the sovereignty of states to legalize marijuana.

The "Opioid Epidemic" is declared a national emergency.

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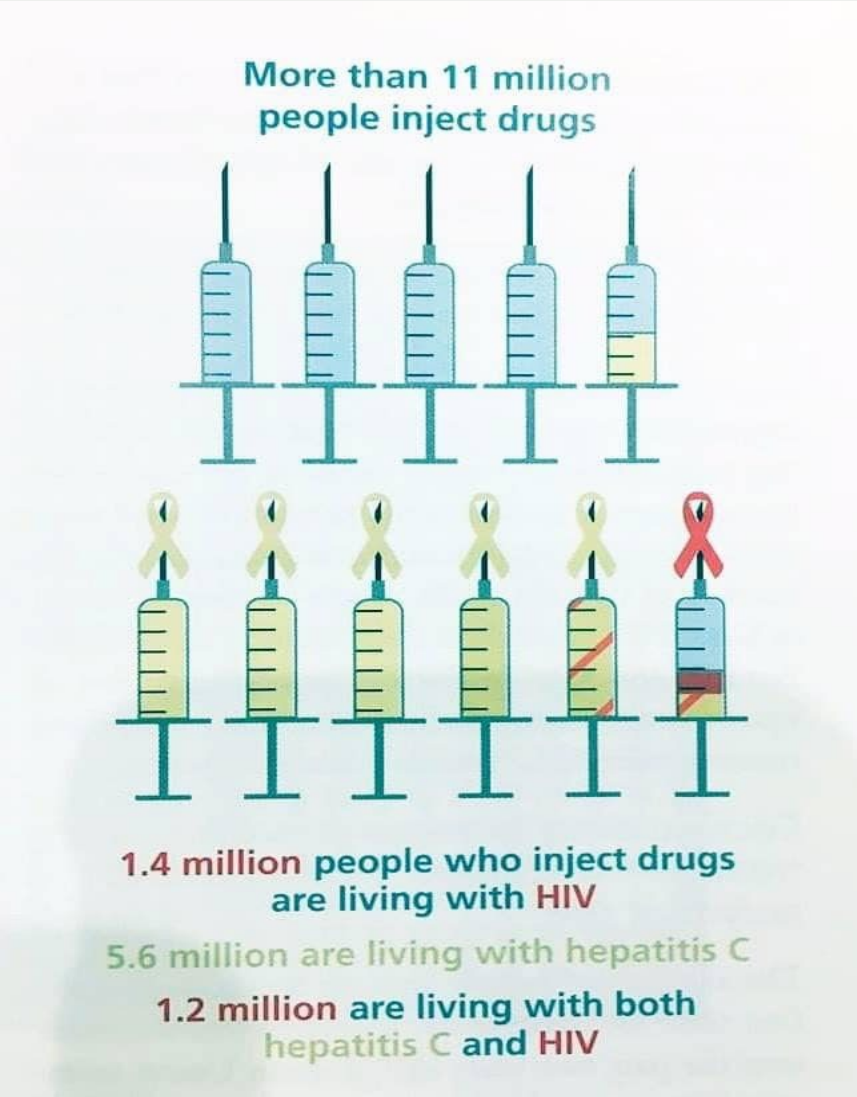
Who Are PWID?



Fun Facts About Syringe Access Programs (SAP)

Reduction of injection-related diseases (HIV, Hepatitis C) and the risk for injection-related bacterial infections

New York City SAP expansion: reduction in rate of new HIV infections from 4% per year to 1% per year.

CDC: SAP's associated with 50% reduction new cases of HIV and HCV

Improvement of Public Safety

In Portland, OR, improper syringe disposal dropped by almost two-thirds after the establishment of SAPs.

In addition, SAPs DO NOT increase crime in the neighborhoods in which they are located.

Protection of Law Enforcement

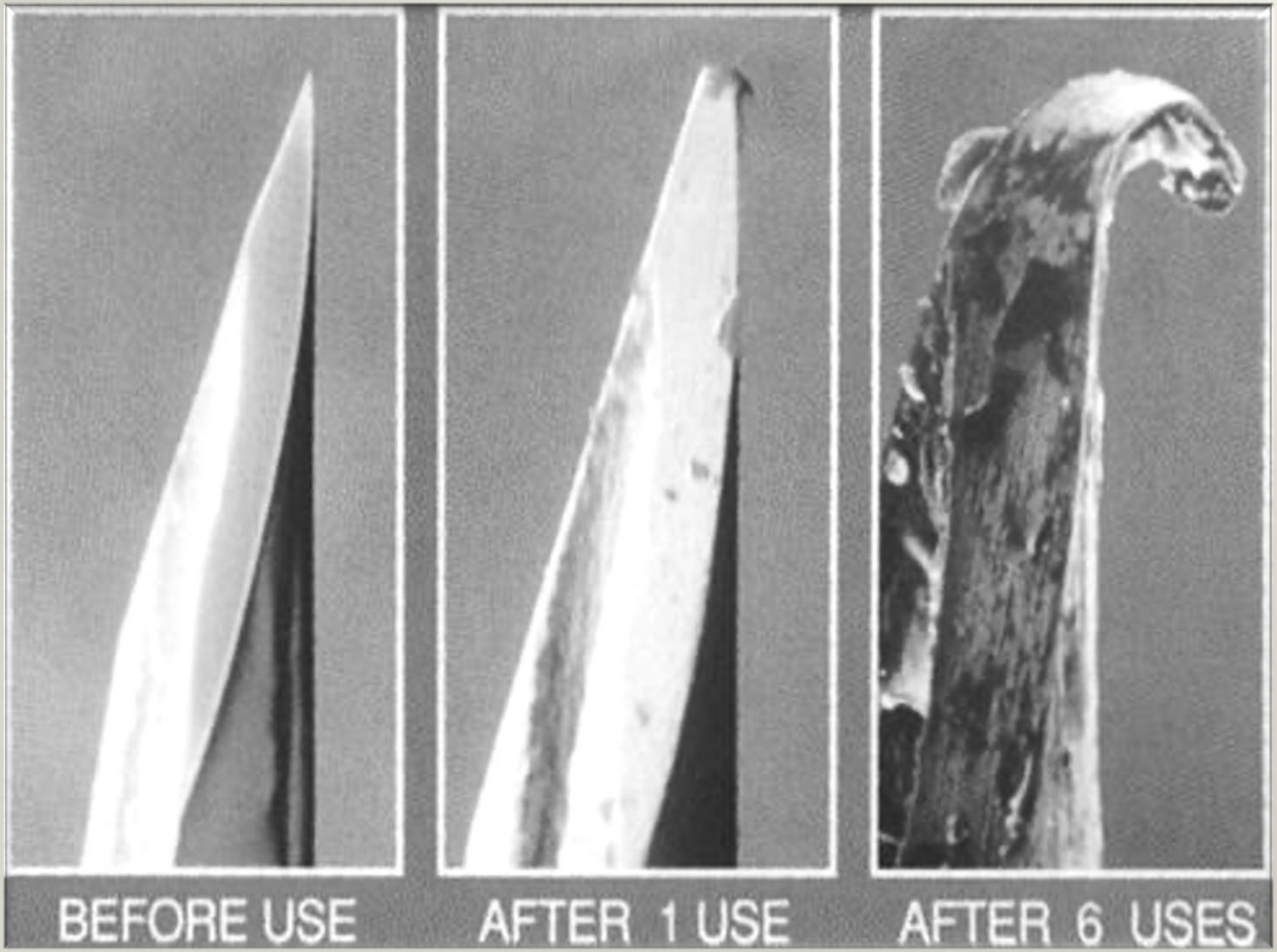
A study of Connecticut police officers found that needle stick injuries were reduced by two-thirds after implementing SAPs.

Taxpayer Money Savings

People are living longer with HIV/AIDS; needles cost a dime.

Evidence-Based

SAPs are based on rigorously tested best practices to treat chaotic drug use as a health issue, NOT a moral issue


BEFORE USE
AFTER 1 USE
AFTER 6 USES

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Fentanyl 101

- Fentanyl is a strong synthetic opioid that has been used in clinical settings for decades. Fentanyl is partly responsible for the current overdose crisis in the U.S., combined with a lack of resources and the criminalization of people who use drugs.
- Heroin is harder to access due to climate change and lack of poppy cultivation. Fields and farmers are not necessary for fentanyl which is a synthetic opioid made in a lab. Much like 1920's alcohol prohibition.

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Fentanyl 101

- Fentanyl moving through the street market comes in the form of a white, gray or tan powder and can be injected, smoked, or snorted. It has also been found in other drugs, like heroin, meth, cocaine, and pressed pills.
- Locally called the 'blues'
- After switching to smoking fentanyl, people noticed many benefits including how the drug felt, improved health, fewer financial constraints, no longer needing vein access (which can be difficult), and reduced stigma. For example, smokers v. snorters v. injectors v. alcohol

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Fentanyl 101

- Fentanyl and fentanyl analogues (some stronger, some weaker) are not "naloxone resistant." They are opioids and will respond to naloxone in the event of an overdose.

- You cannot overdose simply by touching powdered fentanyl. This is a common myth, but fentanyl must be introduced into the bloodstream or a mucus membrane in order for someone to feel the effects. Transdermal fentanyl patches exist and are used primarily in medical settings, but are uniquely formulated to be absorbed by the skin. This the official position of the American College of Medical Toxicology (ACMT) and American Academy of Clinical Toxicology (AACT).

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Fentanyl 101

- Not in cannabis
- Cannot vape fentanyl
- Folks have asked if they should be afraid of overdosing from inhaling secondhand smoke of a person who is smoking fentanyl. Smoking is an effective route of administration for many drugs because the lipophilic (fat-dissolvable) molecules can pass into lung cells (then into the blood) very easily. This means that the exhaled smoke contains little of the actual drug itself. There is no overdose risk from secondhand smoke
- Most of the drug is filtered out of fentanyl once someone smokes it, so the risk of exposure from secondhand smoke is extremely low. Like secondhand tobacco smoke, the danger is in exposure to carbon monoxide or other byproducts of burning.

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xylazine101

What is Xylazine:

- Xylazine is a non-opioid used as a sedative, anesthetic, muscle relaxant, and analgesic for animals, but it is not FDA- approved for use in humans.i It was not approved for human use due to severe CNS depressant effects.
- Xylazine is a strong synthetic alpha2-adrenergic agonist, synthesized in 1962 as an analgesic, hypnotic, and anesthetic. It has chemical properties similar to other drugs like clonidine and may have similar clinical effects.
- Xylazine has increasingly been found in the illicit drug supply, frequently mixed with fentanyl.iii
- It may be referred to as "tranq," or "tranq dope" when combined with heroin or fentanyl.

- **Xylazine Source and Preparation and Route of Administration:**
- Xylazine comes as a liquid solution for injection in 20 mg/mL, 100 mg/mL, and 300 mg/mL strengths for veterinary use. The liquid solution can be salted or dried into a powder. In the illicit drug supply, it can appear as a white or brown powder. Because it can be mixed into other powders or pressed into pills, it can be difficult to identify based on appearance.
- The routes of administration include intravenous, intramuscular, intranasal, and oral; there is currently no information on vaping or smoking.
- It has rapid onset within minutes and can last 8 hours or longer depending upon the dose, the way it was taken, and whether it was mixed with an opioid or other drug(s).

xylazine101

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- **Xylazine Effects:**
- Xylazine is a central nervous system depressant that can cause drowsiness, amnesia, and slow breathing, heart rate, and blood pressure at dangerously low levels.
- At very high doses, or with other central nervous system depressants, xylazine can cause:
    - Loss of physical sensation,
    - Loss of consciousness,
    - Intensification of the effects of other drugs, which can complicate overdose presentation and treatment.

Why Do People Use Xylazine with Fentanyl:

- The "high" from fentanyl lasts for a very short time compared to the effects of heroin and other opioids. Xylazine may be added, at least in part, to extend the effects of fentanyl. However, not everyone who uses fentanyl is intentionally seeking out xylazine. In many cases, people are not aware that xylazine is in the drugs they are buying and using.

- **Why Should Clinicians be Concerned:**
- Use may cause skin and soft tissue wounds, including ulcerations. In Puerto Rico, people using xylazine had a higher prevalence of skin ulcers compared to those who did not use xylazine (38.5% vs. 6.8%).vii Reports from Ohio note necrotic tissue damage and severe abscesses after injecting and/or snorting xylazine that appear to be independent of injection sites. viii
- These wounds are presenting atypically, tending to be on legs and arms (sometimes away from the site of injection), and appear to worsen more quickly than other skin wounds.

nitazenes101

HARM REDUCTION ACTION CENTER

Nitazenes are a novel group of powerful illicit synthetic opioids derived from 2-benzylbenzimidazole that have been linked to overdose deaths in several states (1). Nitazenes were created as a potential pain reliever medication nearly 60 years ago but have never been approved for use in the United States (2). Laboratory test results indicate that the potency of certain nitazene analogs (e.g., isotonitazene, protonitazene, and etonitazene) greatly exceeds that of fentanyl, whereas the potency of the analog metonitazene is similar to fentanyl (3,4).

Naloxone has been effective in reversing nitazene-involved overdoses, but multiple doses might be needed (3,4).

From Vital Statistics:

"We've recorded 13 deaths thus far between August 2021-October 2023 that include mention of 'nitazene' in some form, including N-PYRROLIDINO ETONITAZENE, PROTONITAZENE, ISOTONITAZENE, METONITAZENE, METONITAZENE, and N-DESETHYL ETONITAZENE. It appears all did involve multiple substances, and all were associated with fatal drug overdose as the underlying cause. Ages range from late teens to late 60's, and all occurred in the Front Range (Larimer County to El Paso County)."

BTMPS

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"In mid-June 2024, a new chemical was identified by FTIR-based drug checking harm reduction programs on the West Coast. Within a month, it appeared as far south as Los Angeles, as far north as Seattle, and as far east as Michigan and New York, among samples we have received. In early August, it started to appear in fake blue M30s in Denver and New Mexico, but remained in powder form elsewhere.

Unusual taste, cough, burning sensations have been reported. We do not perceive of this as an overdose risk at the current time.

The substance has been identified as ***bis(2,2,6,6-tetramethyl-4-piperidyl) sebacate (brand name: Tinuvin® 770),*** *with industrial use as a UV-blocking component added to plastic and as a fragrance in candles."*

HARM REDUCTION ACTION CENTER

IRON LAW OF PROHIBITION

THE HARDER THE ENFORCEMENT, THE HARDER THE DRUGS

INCREASING LAW ENFORCEMENT

INCREASING COST OF ILLEGALITY

Need to Avoid Detection
(Less Weight and Volume, Easier to Hide, Store and Transport)

INCREASING POTENCY OF THE SUBSTANCE

Beer and Wine	Spirits	Moonshine
Cannabis	High THC Cannabis	Synthetic Cannabinoids
Coca Leaf/Tea	Powder Cocaine	Crack/Paco/Basuco
Opium	Heroin	Fentanyl/Carfentanyl
Ephedra	Amphetamine	Ice/Methamphetamine

We surveyed ED and inpatient clinicians at local hospitals to find out what needs to change in order to ensure that every PWID who enters the hospital receives respect, high-quality healthcare, and access to harm reduction.

Here's what we found.

Clinicians identified several barriers to implementing harm reduction with patients who inject drugs. In our survey:

- **47.9%** (136 clinicians) didn't know where to send patients to access harm reduction services
- **34.2%** (97 clinicians) felt they needed to prioritize connecting patients to treatment over harm reduction
- **54.2%** (154 clinicians) defer harm reduction conversations to social workers or similar staff
- **25.4%** (72 clinicians) felt they don't have enough time to discuss harm reduction with patients

HARM REDUCTION ACTION CENTER

Find the full report at: http://harmreductionactioncenter.org/access-to-healthcare/

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Here's what we found.

In our survey, **13.7% (34 clinicians)** agreed that people **should be put in jail/prison** if they are caught with illicit drugs, and 13.3% (33 clinicians) were unsure whether people should be put in jail/prison if they are caught with illicit drugs.

HARM REDUCTION ACTION CENTER

Find the full report at: http://harmreductionactioncenter.org/access-to-healthcare/

Safety First

A Reality-Based Approach to Teens and Drugs

Harm Reduction Action Center
(2020 - current)

2020 access episodes: 23,273

2021 access episodes: 19,207

2022 access episodes: 14,688

2023 access episodes: 29,182

2024 access episodes: 29,567 (5,568 unduplicated folks and 14,046 referrals).

2025 access episodes (Q1): 6,808

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"After reviewing all of the research to date, the senior scientists of the Department [of Health and Human Services] and I have unanimously agreed that **there is conclusive scientific evidence that syringe exchange programs, as part of a comprehensive HIV prevention strategy, are an effective public health intervention that reduces the transmission of HIV and does not encourage the use of illegal drugs."**

-- David Satcher, MD, Assistant Secretary for Health and Surgeon General

HARM REDUCTION ACTION CENTER

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April 1998

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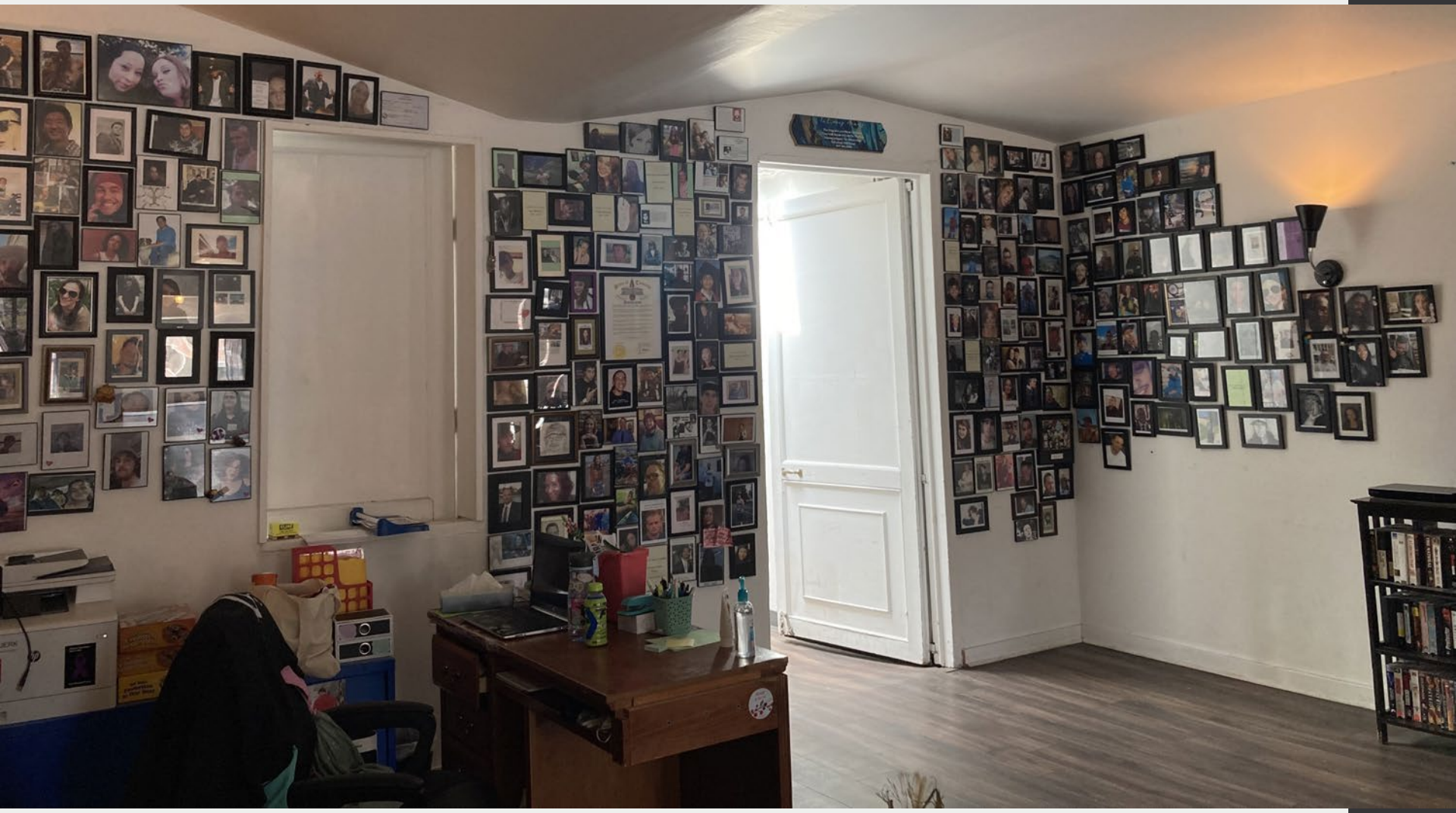
EXIT
Afternoon Volunteering
HIV/HEP C 101 Class
Community Clean Up


EXIT
THE HRAC
REALLY,
DEEPLY, TRULY
COVID-19 VACCINE FACTS




Health Education
HIV/HCV 101, Vein care, wound care class
PWUD Leadership Cultivation & Community litter clean ups
Tours & Presentations
HIV/HCV/STI Testing & Referrals to
treatment, basic needs, mental health, etc
Street Outreach
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Syringe/ Pipe Access
Advocacy
Access to mail and phone
PWUD Advisory Committee
Overdose Prevention
naloxone, fentanyl/xylazine testing strips
Access to on-site Service Providers
Mental Health, Housing, ID's, HCV treatment


Vote by mail official ballot
Why wait? Return your ballot before election day.
Vota por correo boleta oficial
¿Por qué esperar? Devuelva su boleta antes del día de las elecciones.
Denver Votes!
Denver Elections Division
DenverVotes.org
DenverVota.org
elections@denvergov.org
720-913-8683 (Option 8)
#DenverVotes
Notice: This may not be your only ballot. Other elections may be held by other political subdivisions by mail or by polling place.
Aviso: Es posible que esta no sea su única boleta de votación. Otras subdivisiones políticas pueden estar celebrando otras elecciones por correo o en sitios de votación.

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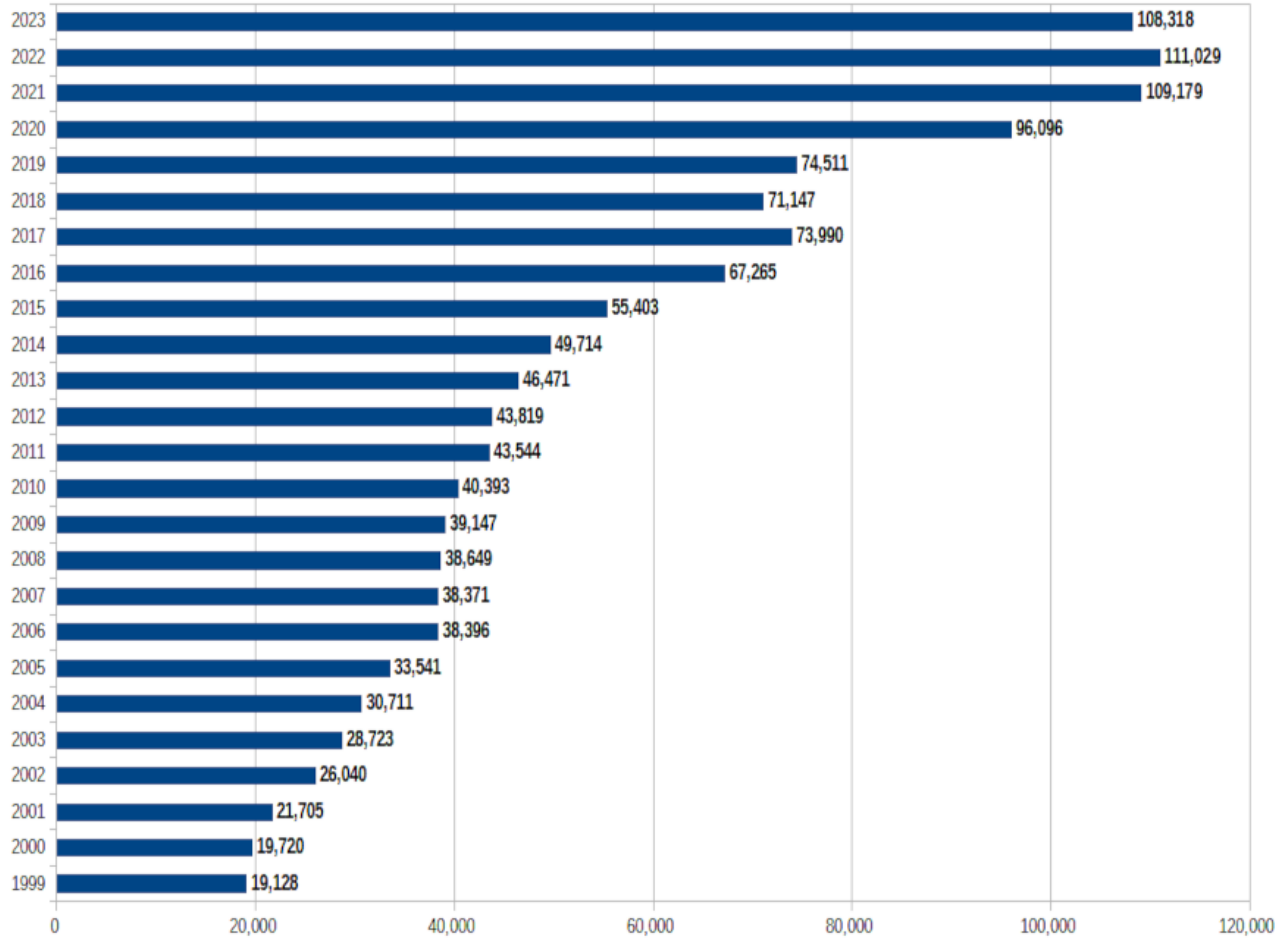
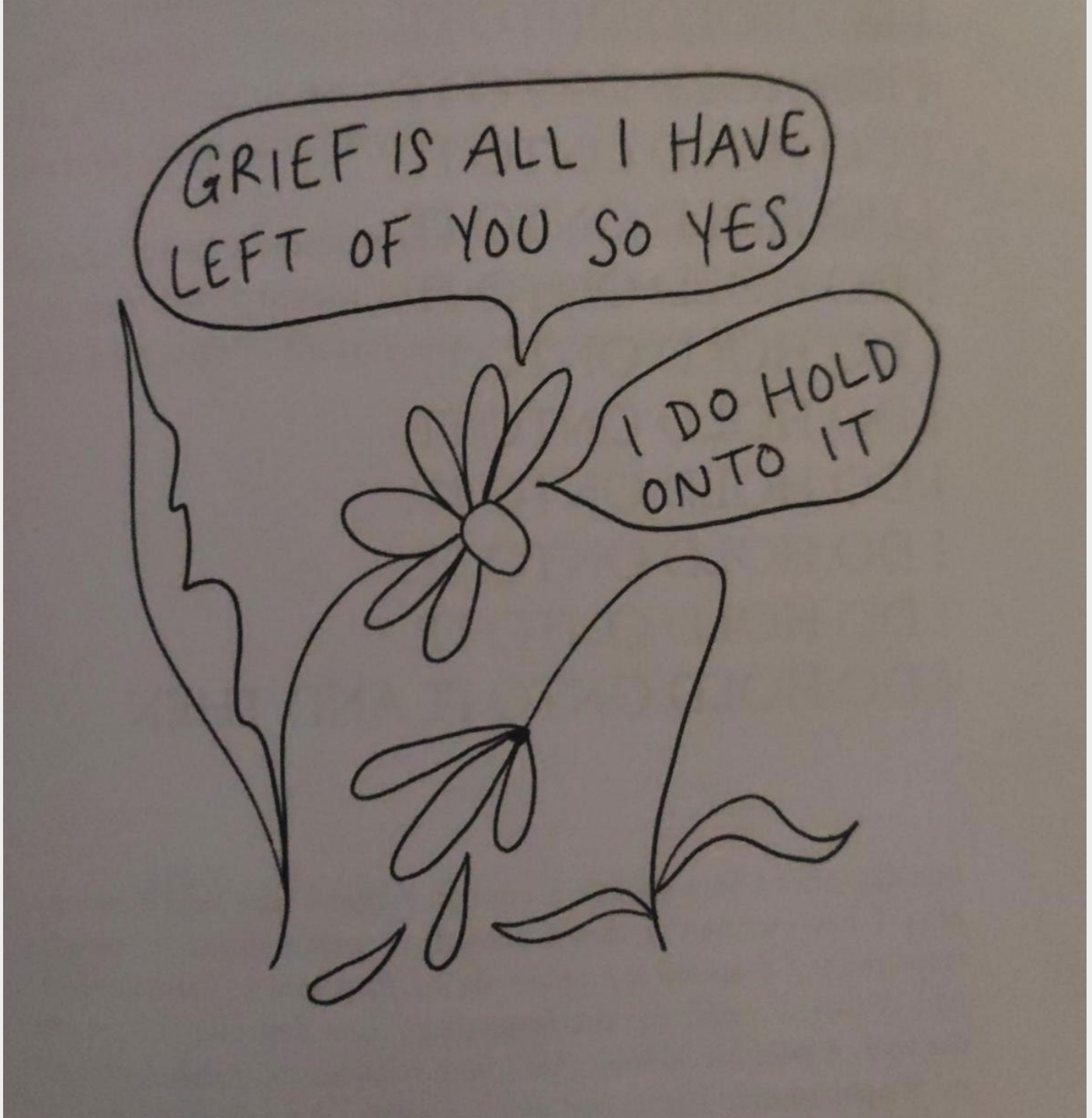
On top of responding to community syringe clean up requests, HRAC has a street outreach team that conducts outreach 3 afternoons per week in high drug trafficked areas.

HARM REDUCTION ACTION CENTER

Deaths in the US Due to the Toxic Unregulated Drug Supply and Overdose, 1999-2023



Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Last accessed on Sep 13, 2024; and Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2024.


GRIEF IS ALL I HAVE LEFT OF YOU SO YES
I DO HOLD ONTO IT

*Sasha – Health Foods Grocery Store
*Eric – Grocery Store
*Rachel - coffee shop
*Jesse - stair well of the parking lot for the 13th and Speer King Soopers
*AJ - medical campus outside of their ambulance bay
*Daniel - abandoned house in Cap Hill
*Andrew - outside in a park
*Amanda - under the bridge at 14th and Speer
*Seth - lawn of an abandoned building in Cap Hill
*Josh - abandoned car
*Eddie - tent at a camp
*Luke - tent at a camp
*Will - abandoned building at 13th and Umatilla St
*Trey - abandoned building in the Baker neighborhood
*Joseph - field next to the I25 and Evans
*Jack - car
*Angelina – I25 viaduct
*Tony – on the bike path 14th & Speer
*John – park
*Mario – parking garage
*Sherika – tent
*Daniel - park

HARM REDUCTION ACTION CENTER

Denver outdoor deaths in March 2025:

March 1

•4600 block of North Quebec Street

•1800 block of Arapahoe Street

March 2

•East 18th Avenue and Emerson Street

March 10

•600 block of North Delaware Street

•44th Avenue and North Pearl Street

•14th Avenue and Race Street

March 13

•22nd and Stout streets

•East Colfax Avenue and Logan Street

March 14

•3500 block of Park Avenue West

•2100 block of South Platte River Drive

March 17

•2000 block of Elitch Circle

March 18

•17th and California streets

March 22

•500 block of South Broadway

March 24

•800 block of North Galapago Street

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Risks for Overdose - Prevention Strategies

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- Change in quality of opioid
  - Ask others
  - Tester shots
- Change in tolerance
  - After release from hospital, rehab, jail, illness
  - Tester shots
- Mixing
  - If mixing, use less
  - Opioids first
- Using alone
  - Leave door unlocked; call someone trusted

OVERAMPING

Overdosing on stimulants has its own special name – it's called overamping. Unlike opioids, overdosing on stimulants doesn't mean respiratory depression. It can look like a lot of things, here are a few of them:

PHYSICAL:

- Overheating (hyperthermia)
- Increased heart rate
- Dehydration
- Sweating
- Rigid (or flailing) limbs

PSYCHOLOGICAL:

- Paranoia
- Anxiety
- Psychosis

If someone is overheating, the easiest way to cool them down is to offer them water to drink. Sometimes people can't sit still and drink water, though! You can cool them down by placing cool/wet towels under their armpits and knees. Remove as much stimulus from the environment as possible (or find a new, cool/quiet space for them to chill out).

***CALL 911 IF:**

- Severe confusion/disorientation
- Trouble seeing/communicating
- Drooling/frothing at the mouth
- Uncontrollable muscle spasms (or stiffness/rigidity of muscles)
- Trouble walking/staying upright (falling)
- Difficulty breathing
- Seizure/heart attack/stroke
- Vibrating vision
- Tactile hallucinations (frequently bugs/mites in skin)
- Intense mood swings
- Extreme paranoia (sketching out)
- Stimulant psychosis
- Aggressive behavior

*Use your best judgement, this list isn't exhaustive, if someone is struggling and you're concerned for their safety, call a medical professional – especially if this behavior is unusual for them and an immediate result of drug use. Some of these symptoms may occur from prolonged sleep deprivation, and may also warrant medical attention

TOP 10 HARM REDUCTION TIPS:

1. SLEEP – forreal. Lack of sleep increases the chance of negative effects & stimulant psychosis.

2. If smoking is your preferred ROA, set your personal limits. Smoking meth is often characterized with compulsive redosing. Set a time limit and consumption limit when smoking.

3. Hydrate and keep sugar free gum around to stimulate saliva production to avoid complications that arise from dry-mouth. Most of the damage caused by dry-mouth can be avoided by staying hydrated.

4. Take breaks! Tolerance breaks can lead to a much easier comedown. In some folks (who use on the lower end of things) it's been found that a 3-7 day break cuts your tolerance in half, and a 1-2 week break gets you back to baseline. For heavier users, it can take weeks to months. Sleep, eat, and drink water during your breaks!

5. Avoid substances (such as alcohol) that dehydrate you further!

6. Sample before slamming. Sometimes the meth you buy isn't always what you think it is. Sample it before injecting to avoid having a bad time. If you can, TEST IT.

7. Take magnesium. Magnesium aspartate, citrate, lactate, chloride, and glycinate are known to be the most effective forms of magnesium. Magnesium oxide, carbonate, sulfate are known to be less effective. 200mg of elemental magnesium (check the label) can help reduce jaw clenching, teeth grinding, and tolerance.

8. DO NOT SKIN POP/MUSCLE meth or other stimulants. This will cause gnarly abscesses and wounds.

9. If injecting, run your meth through a cotton filter. Even if it melts clean, meth can contain cut that isn't what you're looking for. Filtering your meth can lead to less trips to the hospital.

10. Know your risk! Riskier substance combinations include mixing methamphetamine with alcohol, MDMA, MAOIs, and cocaine. Polysubstance use is complicated, do your research before combining drugs!

What are the Signs/Symptoms of an Overdose?

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- Body very limp
- Face very pale
- Pulse (heartbeat) is slow, erratic, or not there at all
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped
- Awake, but unable to respond

REALLY HIGH	**OVERDOSE**
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	***Heavy*** nod, not responsive to stimulation
Will respond to stimulation like yelling, sternal rub, pinching, etc.	Blue/grey skin tinge (usually lips/fingertips)
Normal heart beat	Slow heart beat

Opioid Overdose Deaths Are Preventable

We have the antidote: naloxone (Narcan)

- Safe
- Highly effective

Paramedics use to immediately reverse effects of opiate overdose

Having available before paramedics arrive saves lives and decreases possibility of brain damage

Community programs and first responders expanding access across the country

Naloxone

HARM REDUCTION ACTION CENTER

Opioid antagonist

>40 years experience by emergency personnel for OD reversal

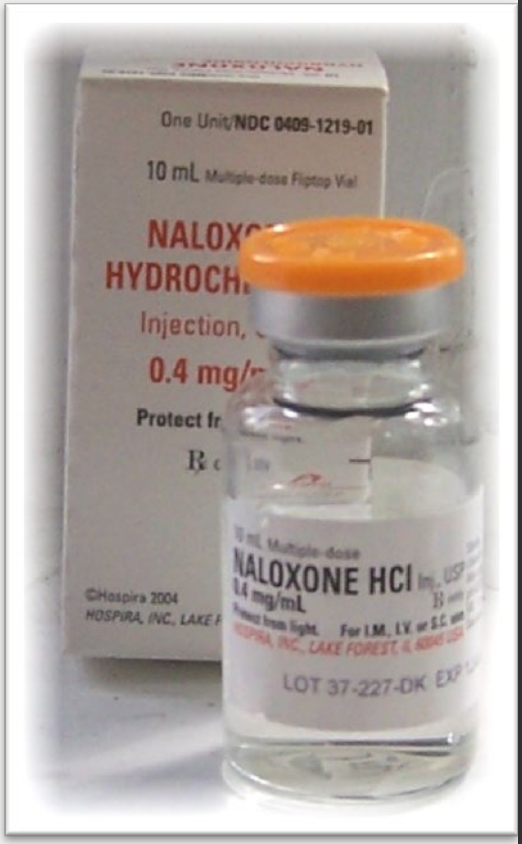
Not addictive; no potential for abuse; no agonist activity

Not a scheduled drug but RX needed

No side effects except precipitation of withdrawal (dose-sensitive)

- Unmasking underlying medical problems

Administered via intramuscular and intranasal routes in community programs



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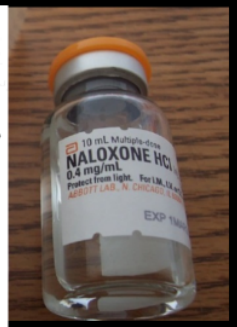
Peer Reversal: We have the antidote

Keeping people alive.
An emergency response to an emergency.

We do NOT distribute high dose naloxone products Because we believe in Compassionate response

NALOXONE HCL



Deaths from Opioid Overdose are almost entirely preventable if oxygen is maintained through rescue breathing.

In addition, we have a safe, highly effective, very safe antidote, routinely used in Pre-hospital and hospital Setting form many decades.

Several brands of nasal spray now available over the counter!

Naloxone

HARM REDUCTION ACTION CENTER

Overview from our friends with Remedy Alliance:

Naloxone hydrochloride was created in 1961 by Jack Fishman and Mozes Lewenstein and approved by the FDA to treat opioid toxicity ("overdose") by blocking the effects of opioids in the brain, restoring respiratory functioning and "reversing" an overdose.

1980's & 1990's:
Instead of giving naloxone to the people who need it most - people who use drugs - it was used exclusively by emergency medical personnel and in hospital settings to reverse overdoses and to manage opioid-involved anesthesia. During this time, naloxone access remained non-existent, although there were whispers of small quantities being distributed quietly by sympathetic EMTs and paramedics who recognized that people who use drugs were witnessing the majority of overdoses, and that naloxone was extremely easy use.

Naloxone

HARM REDUCTION ACTION CENTER

1996:
25 years after the approval of naloxone, the Chicago Recovery Alliance (CRA) lost a co-founder and beloved colleague John Szyler to overdose and decided something more needed to be done. Under the leadership of Dan Bigg, co-founder and director of CRA, and Dr. Sarz Maxwell, they made the decision to start distributing naloxone to the people who used syringe services.

For CRA, this act was based on the recognition of several important concepts:

- People who use drugs are the primary witnesses to overdoses
- People who use drugs have many legitimate reasons to not engage EMS/911 and in fact did so very infrequently
- People who use drugs already employed a whole array of creative methods of reviving their peers that had been passed down through many generations via word of mouth
- There was an easy to use, very safe, and extremely inexpensive "pure antidote" to an opioid overdose

CRA worked with Dr. Maxwell to order a supply of the drug and began giving it out and the world's first coordinated naloxone distribution program was born. Almost immediately people returned to say that they had used the naloxone to revive a friend, peer, partner, stranger, roommate, neighbor, family member.

Naloxone

HARM REDUCTION ACTION CENTER

2010: Received some naloxone from colleagues
Couldn't get a physician to prescribe.
Violence against our unhoused participants/heading to industrial areas.

2012: CHN & HRAC begin legal syringe access in February.
Camping ban goes in to effect quickly.
Dr. Jane Kennedy entered our lives.
HRAC started program in May 2012. She had to prescribe per person.

2013: legislation for 3rd parties – limit civil and criminal liability. It is a prescription drug because it was injectable. (Aguilar/Pettersen)

In 2013, 55% of U.S. syringe service programs (SSPs) had implemented overdose education and naloxone distribution (OEND).

Naloxone

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2013-2015: Physicians in CO weren't prescribing.

From 1996 through June 2014, surveyed organizations in the US provided naloxone kits to 152,283 laypersons and received reports of **26,463 overdose reversals**.

2015: Standing orders legislation – all 100 legislators voted in support.(Aguilar/McCann/Lontine)

2016: Denver Health & Emergency Department dispensing

2018/2019 – Naloxone bulk purchase fund

In 2019, among 263 SSPs responding to an online survey, 247 (94%) had implemented OEND.

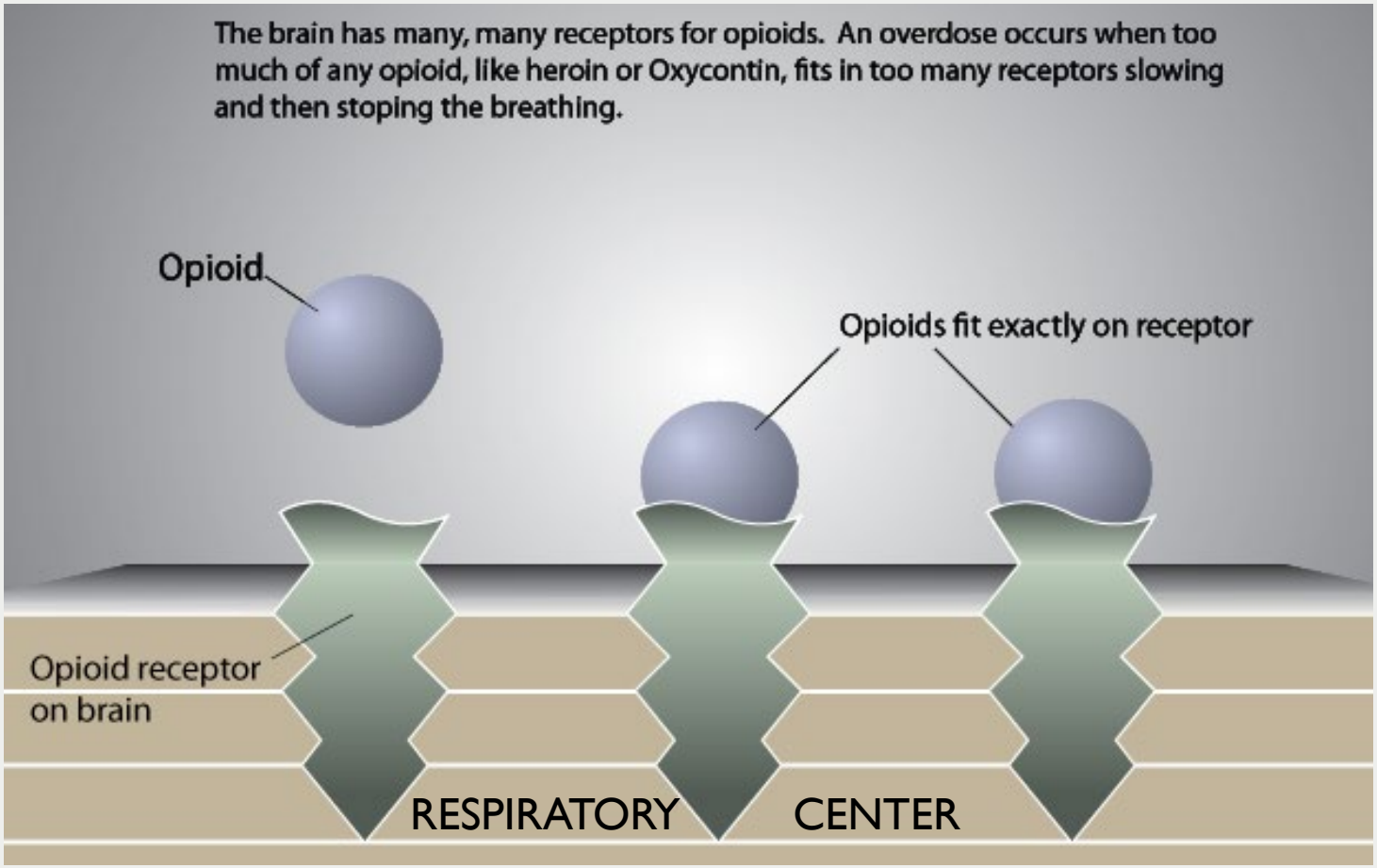
2020: Colorado legislation passed people can use expired narcan

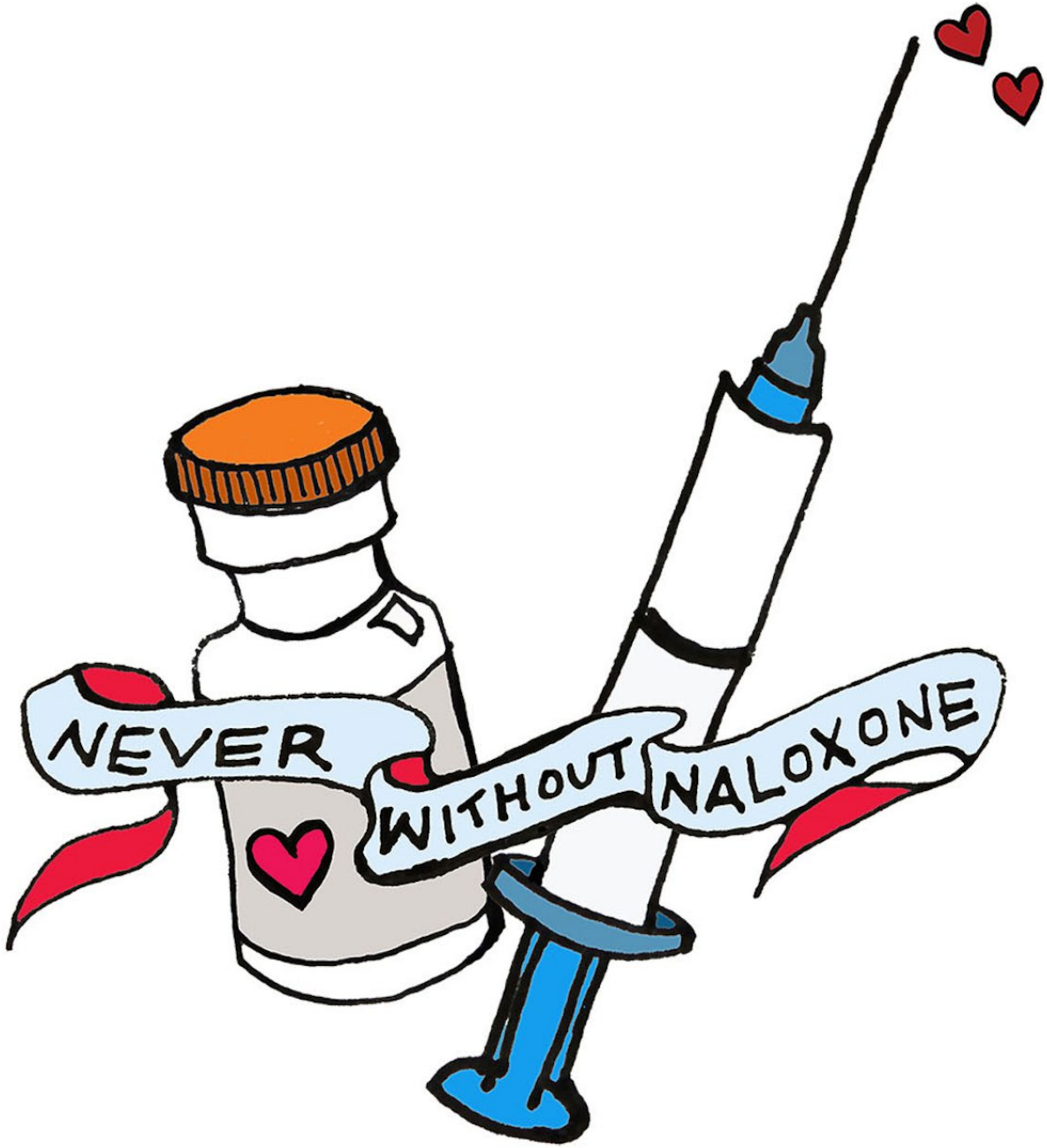
2021: Behavioral Health Taskforce prioritized $20 million dollars of ARPA funding to Naloxone bulk purchase fund.

2022: In last 10 years, HRAC has trained over 6,000 PWUD and 3,323 lives saved to date.

HARM REDUCTION ACTION CENTER

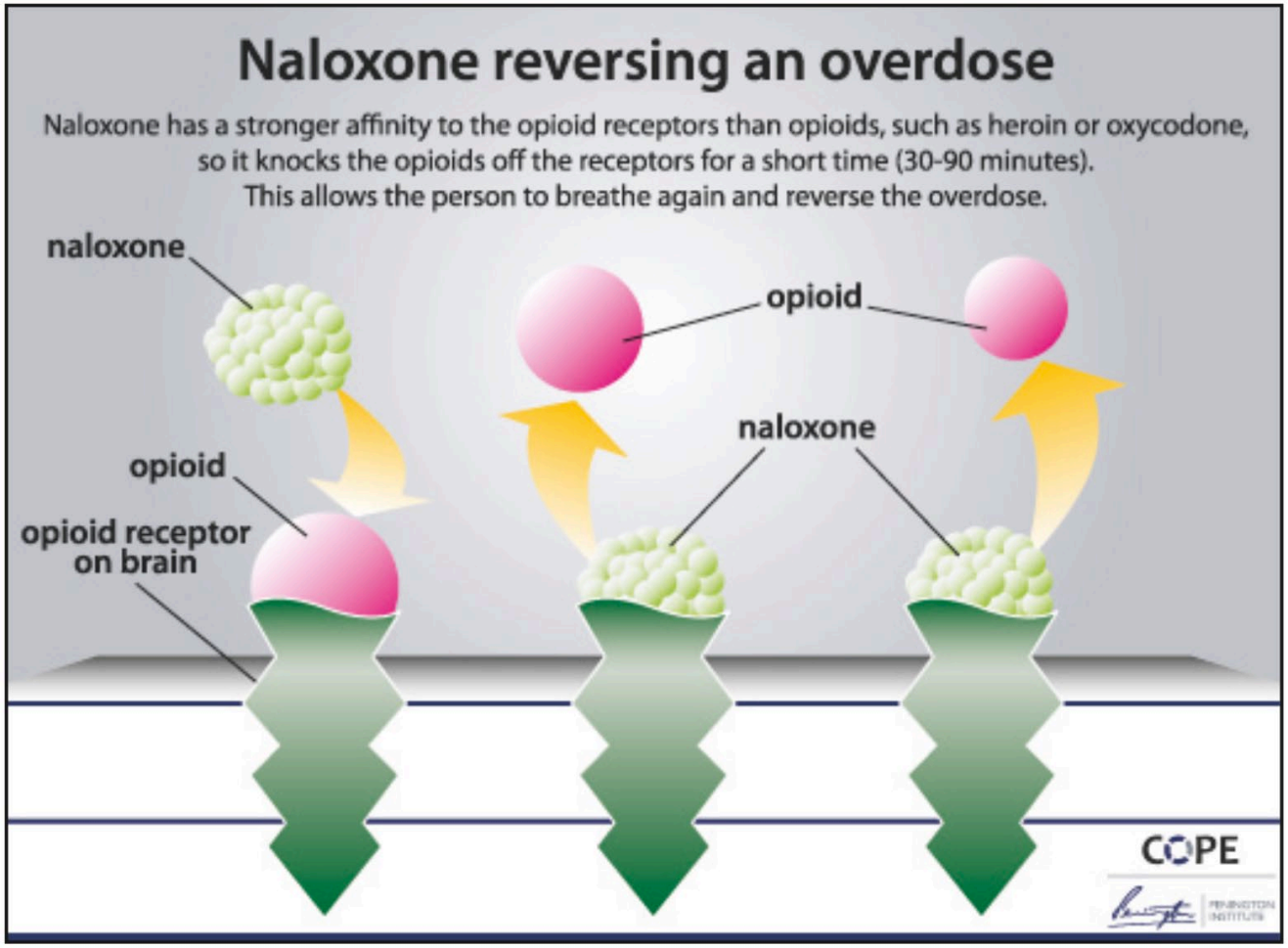
How it works




NEVER
WITHOUT
NALOXONE

HARM REDUCTION ACTION CENTER

How it works



Source: Adapted diagram from *Guide To Developing and Managing Overdose Prevention and Take-Home Naloxone Projects* http://harmreduction.org/our-work/overdose-prevention/

Responding to Overdose

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Are you alright?

Are you ok?

Pain Stimulus

If no response call 9-1-1

Rescue Breathing

Naloxone

Rescue Breathing

Training

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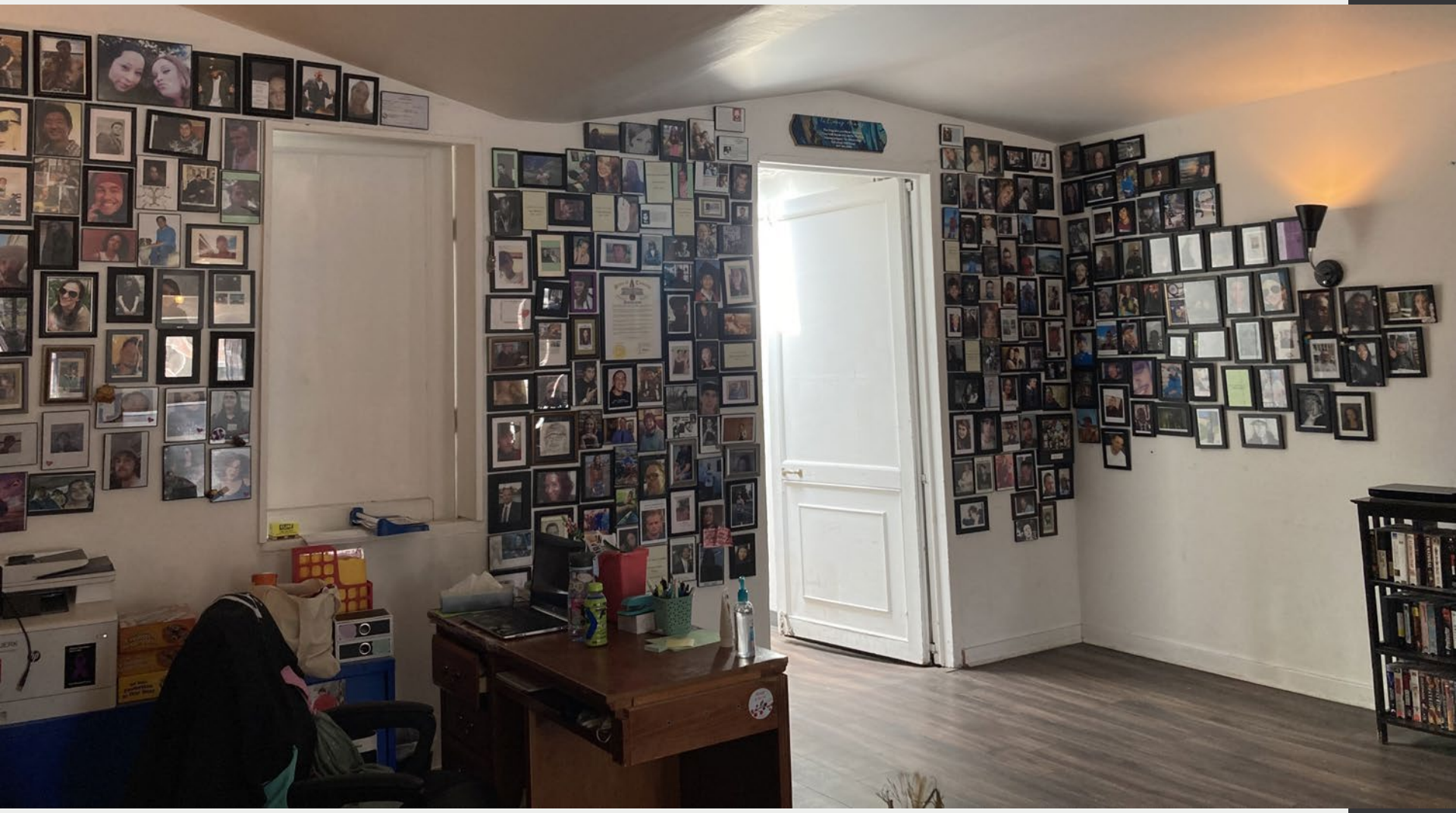
Can be done by staff or pharmacists with standing orders

Must include discussion of:

- Risk factors for OD
- Recognition of OD
- Calling 911
- Rescue Breathing
- Administration of Naloxone



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Below are the last 3 years reversed with naloxone by HRAC participants in outdoors or in public places including encampments, alleys, parks, public bathrooms, bus/train stations, in parking lots, etc

- in 2021: 70% (589) were reversed outdoors/public of 827 lives saved.
- in 2022: 68% (425) were reversed outdoors/public of 611 lives saved.
- in 2023: 587 (79%) were reversed outdoors/public of 748 lives saved.
- In 2024: 70% (366) were reversed outdoors/public of 521 lives saved.

Need access to Narcan or naloxone?!

•You can garner over-the-counter intranasal Narcan at all pharmacies in Colorado today. Injectable naloxone is still covered by insurance using standing orders in the pharmacy.

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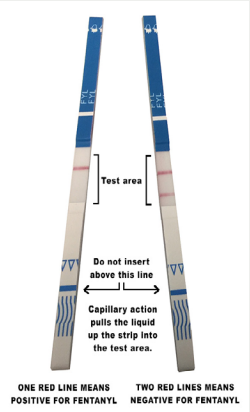
Fentanyl & Xylazine Testing Strips



Offered to all participants **at the syringe access table**
Staff provides a ***5* minute training** on how to use the strips
Participants are requested to **return with their results**: which drug they tested, positive or negative, etc.

Colorado Harm Reduction Legislation

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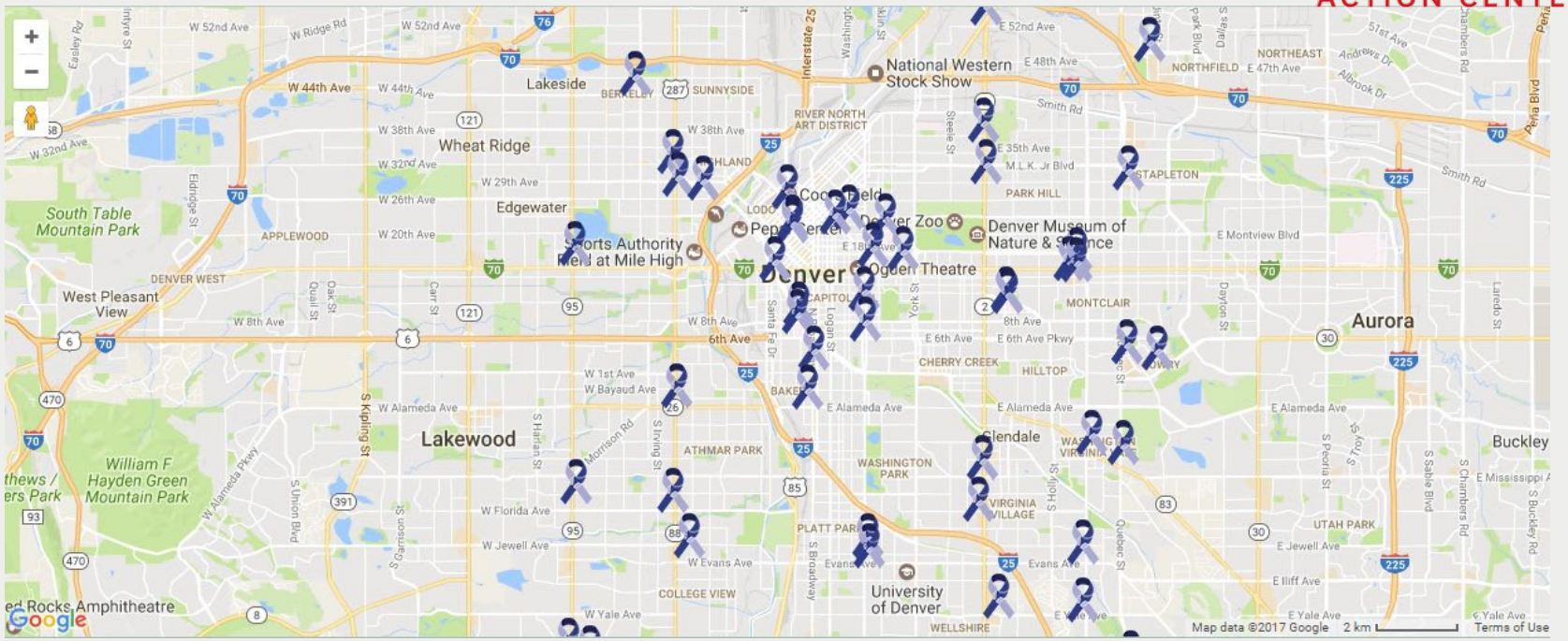
Senate Bill 14 for Third Party Naloxone distribution

Senate Bill 14 passed in the Colorado Legislature in May, 2013. This bill allows medical providers to prescribe the lifesaving medication Naloxone—which reverses the effects of an opiate overdose—to 3rd parties likely to witness an overdose, including friends and family members of opiate users, and all homeless service providers.

Harm Reduction Action Center - Denver
Denver Health & Hospital – Denver
University Hospital

Pharmacies & First responders

HARM REDUCTION ACTION CENTER



- 470 pharmacies including Walgreens, CVS, KS, Rite Aid pharmacies, etc
- 204 Police and Sheriff's Departments
- 8 county jails

http://stoptheclockcolorado.org/map/

HARM REDUCTION ACTION CENTER

~~thoughts & prayers~~

POLICY & CHANGE

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Colorado Harm Reduction Legislation

- Syringe Exchange – SB 10-189
- 911 Good Samaritan Law – SB 12-020 & HB 16-1390
- Participant Exemption – SB 13-208
- 3rd party Naloxone Access – SB 13-014
- Needle stick Prevention – SB 15-116
- Standing Orders with Access to Naloxone – SB 15-053
- Harm Reduction Opioid Interim Committee – HB 24-1037
- + 3 Denver City Council policy changes

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HB 1326 Concerning Fentanyl

- Funding:
  $19.7 million for the bulk purchase and distribution of opiate antagonists
- $300,000 for the purchase and distribution of fentanyl detection tests (plus an additional $300,000 General Fund for a total of $600,000)
- $6 million to the Harm Reduction Grant Program
- $3 million to provide Medication Assisted Treatment (MAT) services in county jails
- $10 million to withdrawal management and crisis services programs
- $5 million to CDPHE to develop, implement, and maintain a fentanyl prevention and education campaign to inform the public about its dangers, prevention, treatment, and laws
- Requires the Medicaid program to reimburse hospitals and emergency departments for the cost of opiate antagonists
- Court mandated treatment and a fentanyl education campaign for those charged with possession

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HB 1326 Concerning Fentanyl

Why we opposed:

- Drug induced homicides
  255 Do Not Prosecute Orders were signed
  Broken No More national statement
- Felonization of fentanyl in 1 gram (10 pills) or more – in any drug
- Mandatory treatment
- Od mapping

We have reached out to our national colleagues about what OD MAP is like in reality and understand this was originally funded by the Bureau of Justice Assistance. The "services" tend more to mean law enforcement surveillance and outreach to the homes if someone has survived the overdose is usually by law enforcement. In many places where it has been employed, there is specific OD incidence data to identify a home or dwelling by the general public, which is problematic and stigmatizing. What we have found is these programs are employed with no protections on immunity for the 'outreach' that may find anything illicit. Warrant checking practices by post-overdose outreach in Massachusetts. *Conclusion: Checking warrants prior to post-overdose outreach visits can result in arrest, delayed outreach, and barriers to obtaining services for overdose survivors, which can undermine the goal of these programs to engage overdose survivors. With the public health imperative of engaging overdose survivors, programs should consider limiting warrant checking and police participation in field activities*

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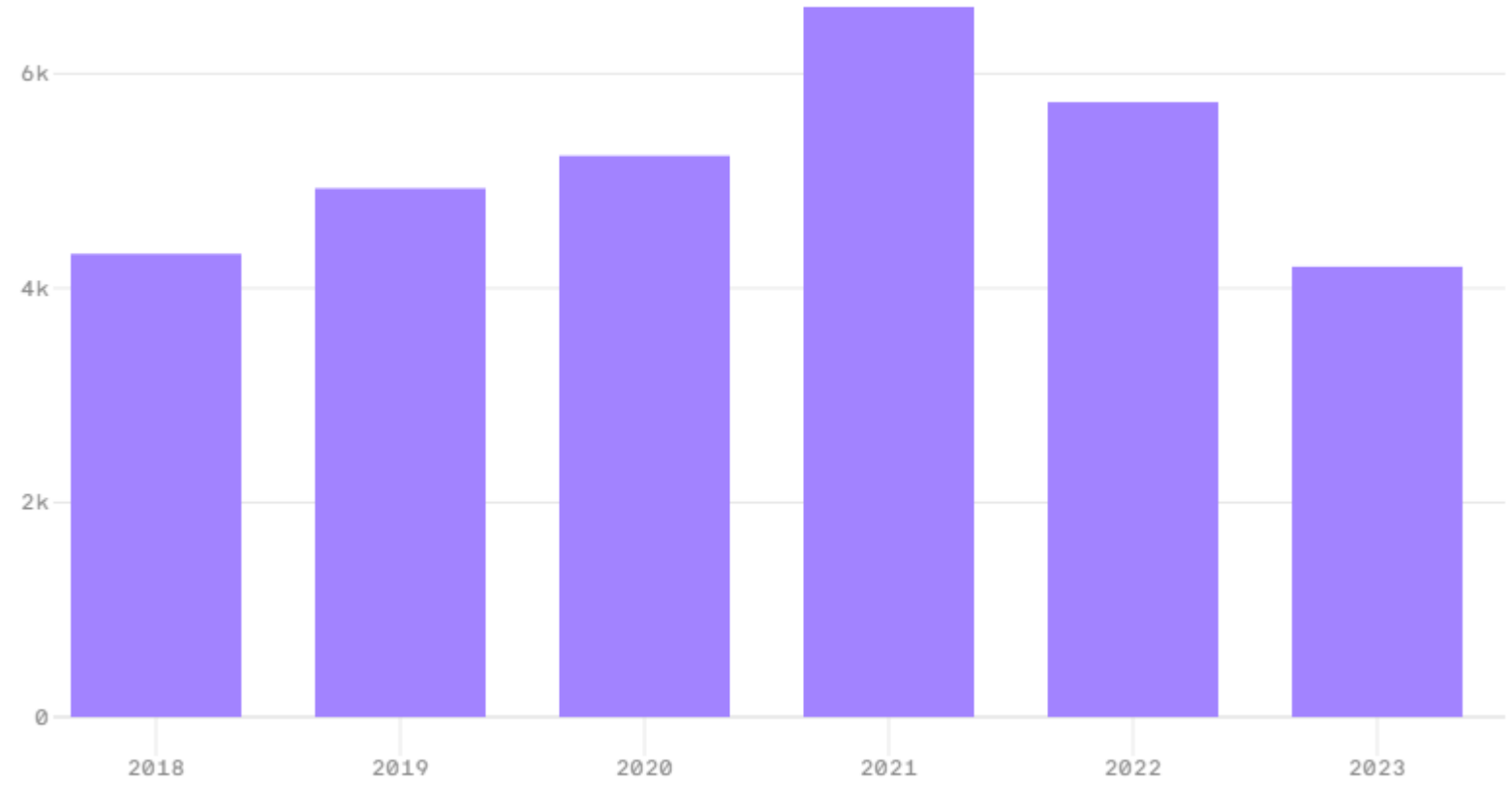
Overdose or poisoning 911 calls in the Denver metro area

Annually; 2018–2023



"WE, THE PEOPLE WHO ARE MOST AFFECTED BY ALL ASPECTS OF DRUG USE AND THE “WAR ON DRUGS”, WILL NOT STAND BY WHILE OUR BROTHERS AND SISTERS ARE LOCKED UP, ABUSED, AND DEHUMANIZED IN OUR NAMES."

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Safer Syringe Disposal Initiative

- Used syringes are discarded in public places around Denver. Improper disposal of bio-hazardous waste exposes city employees and the general public, to potential needle stick injuries. 1,500 were disposed between October 2015 – October 2016.

Barriers to proper 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

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People living in chaotic drug use tend to be more successful at making positive changes in their lives if they first have their most basic needs met, like food and shelter, access to health care, meaningful connection, and being treated with dignity, regardless of whether or not they continue to use drugs, and not contingent on if the difficult circumstances in their lives have changed.

CHRIS ABERT

SOUTHWEST RECOVERY ALLIANCE

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Overdose Prevention Sites are legally sanctioned and designed to reduce the health and public order problems associated with drug use. They enable the consumption of pre-obtained drugs in an anxiety and stress-free atmosphere, under hygienic and low risk conditions.

Commonly, the purpose of OPS's are to reduce public disorder and enhance public safety, reduce overdoses, reduce transmission of HIV and hepatitis C infections, decrease skin tissue infections, and improve access to other health and social services.

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Numerous peer-reviewed scientific studies have proven the positive impacts of SIFs. 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.
- Attracting and retaining a high risk population of people who inject drugs, who are at heightened risk for infectious disease and overdose.
- 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).
- 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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Public Restrooms Become Ground Zero In The Opioid Epidemic

Public bathrooms become clandestine epicenter of opioid crisis

The new front line in opioid abuse fight: public restrooms

Overdoses in public bathrooms are turning baristas and other service workers into unwitting first responders.

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Jonathan Giftos, MD
@jonathan_giftos

Following

We need to play that game where we require politicians to finish every sentence denouncing supervised injection facilities with the phrase, “and that is why I think injecting alone in a McDonald’s bathroom is better.”

9:03 PM - 5 May 2018

104 Retweets **234** Likes

5 104 234

"Asking police and emergency services to solve the overdose crisis is like asking an engineer to perform heart surgery. Supervised consumption facilities let addiction experts take the wheel and leave police and first responders to focus on issues where we can actually be helpful. Creating more sensible drug policies requires a multi-pronged, evidence-based approach, and these facilities are a key component - they will help repair communities ravaged by drug addiction."

-Major Neill Franklin (Ret.), 34-year police veteran and executive director for the Law Enforcement Action Partnership (LEAP)

Business Coalition

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- *Mutiny Info Café*
- *Denver Post Editorial Board*
- *The Oriental Theater*
- *Meadowlark Bar*
- *Blush and Blu*
- *Scales Pharmacy*
- *Sweet Action Ice Cream*
- *El Charrito*
- *Sexpot Comedy*
- *Sexy Pizza*
- *Birdy Magazine*
- *Luceo Images*
- *Denver Relief Consulting*
- *The Culpepper, Esq.*
- *McAllister Garfield, PC*
- *Vincente Sederberg*
- *Hope Tank*
- *Roostercat Coffee Co.*
- *Revelry Kitchen*
- *Ladybud Magazine*
- *Ogden Studios LLC*
- *TWiD Media LLC*
- *Costello Health Care Consulting*
- *KSTKL Investments*
- *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*
- *Swan Counseling Services*
- *Sincere Solutions*
- *Walking Raven RMC*
- *Little Read Books*
- *Conscious Consulting*

Association and Organizational Support

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National Supporters

- *Drug Policy Alliance*
- *American Medical Association*
- *Law Enforcement Action Partnership*
- *National Alliance of State & Territorial AIDS Directors*
- *Students for Sensible Drug Policy*

Healthcare Supporters

- *Denver Medical Society*
- *Colorado Medical Society*
- *American College of Emergency Physicians – CO*
- *Colorado Psychiatric Society*
- *Colorado Society of Addiction Medicine*
- *Tri County Health Department*
- *Boulder County Public Health*
- *Colorado Behavioral Healthcare Council*
- *Colorado Academy of Family Physicians*
- *Colorado Nurses Association*
- *Colorado Foundation for Universal Health Care*
- *Jefferson County Public Health*
- *Colorado – National Association of Social Workers*
- *Public Health Nurses Association of Colorado*
- *Colorado Library Social Workers*

Organizational Supporters

- *Colorado Coalition for the Homeless*
- *Harm Reduction Action Center*
- *Boulder Colorado AIDS Project*
- *Colorado Health Network*
- *Denver Homeless Out Loud*
- *Broken No More*
- *The Empowerment Program*
- *DanceSafe*

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Organizational Supporters Continued

- *The Colorado Health Foundation*
- *Global Platform for Drug Consumption Rooms*
- *SWOP Denver*
- *Good Cinema*
- *Mental Health Center of Denver*
- *Colorado Organizations and Individuals Responding to HIV and AIDS (CORA)*
- *Senior Support Services*
- *St. Frances Center*
- *The Romero Theater Troupe*
- *Street's Hope*
- *The Buck Foundation*
- *New Leaders Council Denver*
- *Healthier Colorado*
- *Period Kits for the Homeless*
- *Denver Alliance for Street Health Response*
- *Colorado Criminal Justice Reform Coalition*
- *Project Angel Heart*
- *Young Invincibles*

Treatment/Recovery Supporters

- *Tribe Recovery Services*
- *Spero Recovery*
- *Red Rocks Recovery Center*
- *Colorado Providers Association*
- *Advocates for Recovery Colorado*
- *Young People In Recovery Colorado*
- *Urban Peaks Rehab*
- *Crossroads Treatment Center of Denver*

Religious Supporters

- *Capitol Hill United Ministries*
- *First Unitarian Society of Denver*
- *Interfaith Alliance of Colorado*
- *Denver Community Church*
- *American Friends Services Committee*

Other

- *Former Colorado Attorney General – (2018, Cynthia Coffman)*

What is Safe Supply?

Reduces Overdose Deaths - Reduces crime - Improves health

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Advancing Safe Supply Through Options

1 Clinical Programmatic Settings

Examples

- Injectable opioid agonist therapy (iOAT) and tablet injectable opioid agonist therapy (tiOAT)
- Crosstown Clinic

Benefits

- Most studied delivery model
- Generates evidence for future practice

Harms

- Rooted in paternalism
- Flawed metrics for success
- History of mistrust d/t harms towards people who use drugs
- Coercive practices

2 Harm Reduction Initiatives

Examples

- SAFER Initiatives
- Embedding in overdose prevention sites (OPS) and supervised consumption services (SCS)

Benefits

- Reduces death, disease, and community harms associated with higher risk activities
- Flexible and responsive to emerging community trends

Harms

- Underfunded/under-resourced
- Limited capacity and precarious funding

3 Public Health Models

Examples

- Decision-support tools and centralized access lines
- Nicotine replacement therapy (NRT)

Benefits

- Easily replicated based on learnings from naloxone de-scheduling and the de-medicalization of nicotine and cannabis
- Potential for widespread accessibility

Harms

- Regulatory barriers for implementation and lack of buy-in

4 Drug Policy Reform and Regulated Supply

Examples

- Compassion club models
- Legalization/regulation
- Retail dispensaries

Benefits

- Targets the root cause of toxic drugs
- Lowest barrier options
- Competes with the unregulated drug supply
- Acknowledges the many reasons and ways people use drugs

Harms

- Not easily understood or accepted by policy-makers
- Low political will to endorse

david poses
@davidthekick

Alcohol isn't legal because it's safer.

Alcohol OD fatalities surged during prohibition and often involved fermented wood and grain alcohol.

Alcohol is safer because it's legal.

Expectations of Safe Supply

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Just as a safe supply of alcohol was not meant to solve all of the problems of alcoholism, it did provide the starting point eliminating the need to correct the many problems created from it being illegal. Safe supply works toward ending the criminalization of the vulnerable through drug policy. Safe supply brings back the possibility of hope, stability, and dignity for people who use drugs. It will not be a "cure all," or a magic bullet, but it is a necessary component of ending the War on Drugs that has done so much to divide and harm our society. Those who are truly invested in ending prohibition will make expanding safe supply a top priority.

-- Canadian Association of People who use drugs Safe Supply Concept paper

Where is Safe Supply currently practiced?

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- **"Prescribing diamorphine has been part of the UK response to drug problems since the 1920s."** (Metrebian N, Carnwath Z, Mott J, Carnwath T, Stimson GV, Sell L. Patients receiving a prescription for diamorphine (heroin) in the United Kingdom. Drug Alcohol Rev. 2006;25(2):115-121. doi:10.1080/09595230500537175)
- **"Heroin-assisted substitution treatment for severely opioid-dependent drug users has been available in Switzerland since 1994."** (Rehm J, Gschwend P, Steffen T, Gutzwiller F, Dobler-Mikola A, Uchtenhagen A. Feasibility, safety, and efficacy of injectable heroin prescription for refractory opioid addicts: a follow-up study. Lancet. 2001;358(9291):1417-1423. doi:10.1016/S0140-6736(01)06529-1)
- **Also Germany, The Netherlands, Canada, Denmark and Spain**

SPRING FUNDRAISER

HARM REDUCTION ACTION CENTER

Thursday, May 8
5:30-7:30 PM
Space Gallery

HARM REDUCTION ACTION CENTER

Lisa Raville, HRAC Executive Director, Lisa.harm.reduction@gmail.com

Twitter: @HRAC_Denver

FB & Instagram: Harm Reduction Action Center