

OPIOID CRISIS RESPONSE PLAN

Colorado Department of Law



April 2021

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Letter from Attorney General Phil Weiser

Dear Coloradans,

It is my privilege to share with you a draft of the Attorney General's Opioid Crisis Response Draft Plan ("OCR Plan") for review and comment. This plan provides the draft framework for how Colorado will use opioid crisis settlement funds to abate the opioid epidemic. These funds result from actions brought by our department and present Colorado with a unique opportunity to foster innovative state, regional, and local partnerships to abate the opioid epidemic. This opportunity promises to help Coloradans suffering from an opioid use disorder ("OUD") and co-occurring substance use disorders ("SUDs") or mental health conditions.

Since 2009, over 4,000 Coloradans died from prescription opioid overdoses, 800 more died as a result of a heroin overdose, and 700 died from fentanyl overdoses.¹ Approximately 80% of heroin users report that their opiate use began with prescription opioids.² Over the last twenty years, the pharmaceutical industry deceived healthcare providers, patients, and the public about the safety and efficacy of prescription opioids, and then flooded Colorado with the deadly drugs. To hold such irresponsible companies accountable, the Colorado Department of Law has opened investigations into, filed lawsuits against, and engaged in settlement negotiations with opioid manufacturers, distributors, and others culpable for the opioid epidemic.³ We have also taken a series of other related actions to crack down on drug cartels pushing fentanyl, sanctioned doctors who have overprescribed opioids, and worked with law enforcement to make naloxone available to first responders to save lives.

¹ CDPHE. (n.d.). Counts of drug overdose deaths due to any opioid in Colorado, 2010-2019. Retrieved from https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/DrugOverdoseDashboard/PoisoningDeathFrequencies?iframeSizedToWindow=true&:display_count=n&:showAppBanner=false&:origin=viz_share_link&:showVizHome=n&:isGuestRedirectFromVizportal=y&:embed=y.

² National Institute on Drug Abuse. (2020, June 10). Opioid Overdose Crisis. Retrieved from <https://www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis>.

³ CHI, Skaggs School of Pharmacy and Pharmaceutical Sciences, Colorado Consortium for Prescription Drug Abuse. (n.d.). *Colorado Opioid Crisis Response Blueprint: A Guide for Opioid Settlement Investments* (p. 4, Rep.).

At present, Coloradans lack sufficient access to treatment and recovery programs, particularly in rural communities.⁴ To address the epidemic, in light of extensive and ongoing collaboration with communities and experts across Colorado, we have prioritized using the settlement funds along three principal lines:

1. *Ensuring there are sufficient evidence-based strategies to expand access to treatment and recovery services for those affected by an OUD and co-occurring SUDs or mental health conditions;*
2. *Supporting robust prevention and education efforts to protect future generations from falling victim to OUD and co-occurring SUDs; and*
3. *Providing effective oversight of those who prescribe, dispense, distribute, and administer opioids.*

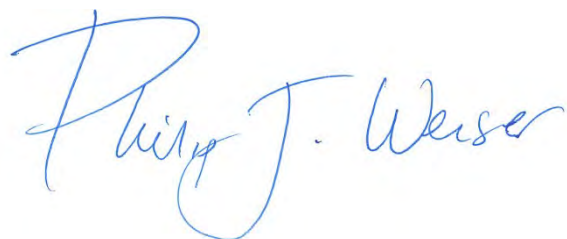
The availability of settlement funds to address the opioid epidemic presents a once in a generation opportunity for Colorado state and local governments, healthcare, addiction medicine and behavioral health service providers, law enforcement agencies, public health departments, nonprofit organizations, community coalitions, and other stakeholders to collaborate and change the paradigm for communities in crisis to communities in recovery. To do so, state and local partners throughout Colorado must spearhead an effort that is unprecedented in its effectiveness, collaboration, and efficiency to support all Colorado communities impacted by the ravages of the opioid epidemic.

The OCR Plan provides an initial outline of suggested programs and strategies for abating the opioid epidemic throughout the state. The Attorney General's Office does not endorse any specific opioid abatement program and acknowledges that each region of the state will develop strategies and fund programs that are most effective in their communities. We also welcome feedback on the strategies proposed herein. *To be sure, funds from the Attorney General's legal actions will not be sufficient to fund all desired programs. Consequently, communities must work with the State and their neighbors to identify and prioritize those programs that will most effectively benefit their communities.*

⁴ Brown, J. (2020, June 23). We're dealing with a pandemic, but remember the opioid crisis? Coronavirus is likely to make it worse. Retrieved January 22, 2021, from <https://coloradosun.com/2020/06/22/opioid-crisis-after-coronavirus/>.

The devastating impact from the opioid epidemic to our communities calls for urgency. By using the settlement funds to forge new strategies and partnerships with local governments, stakeholders, and Colorado citizens, we can improve our prevention and education efforts and expand treatment and recovery pathways. Together, we can address this crisis and work to make Colorado a model for an effective response to the opioid epidemic.

Sincerely,

A handwritten signature in blue ink that reads "Philip J. Weiser". The signature is fluid and cursive, with the first name "Philip" and last name "Weiser" clearly legible, and "J." as a small initial in the middle.

Philip J. Weiser
Attorney General

ATTORNEY GENERAL'S DRAFT OPIOID CRISIS RESPONSE PLAN

The OCR Plan provides a vision and framework to meaningfully impact Colorado's opioid crisis with funds from various opioid legal actions. In January 2020, Attorney General Phil Weiser created the Director of Opioid Response ("Director") position and hired Heidi Williams, former mayor of Thornton, to fill the role. The Director is responsible for outreach and collaboration with local governments, local public health departments, treatment providers, nonprofits, community leaders, and affected persons throughout the state.

In her first year, the Director reached out to every region of Colorado to understand the successes, challenges, and gaps in each community's treatment and recovery infrastructure. Capacity to treat OUD, and co-occurring SUDs and mental health conditions, vary widely across the state. Colorado's rural communities are especially hard-hit by the opioid epidemic, experiencing high rates of OUD and overdose deaths with limited resources to address the crisis.⁵ Supporting the specific needs of Colorado's rural communities is essential to the OCR Plan.

The OCR plan recognizes that a range of programs are needed to effectively abate the opioid crisis. While improving Colorado's treatment services is integral to addressing the opioid epidemic, providing access to related supportive housing, healthcare, workforce, employment, and transportation programs is also essential to addressing this crisis. Many people suffering from OUD also misuse other substances and suffer from multiple SUDs. Where needs exist to improve treatment for poly-substance use and other conditions related to the opioid epidemic, these funding sources can help state and local governments coordinate to address the specific needs of communities throughout Colorado. The programs identified in the Attorney General's OCR Plan should also be considered for those who are uninsured, under-insured or Medicaid ineligible.

Based on feedback and ongoing public discussion with communities around Colorado, the OCR Plan's suggested areas of focus are:



Prevention & Education



Criminal Justice



Treatment



Harm Reduction



Recovery



Opioid Abatement in Rural Colorado

⁵ CDPHE. (n.d.). Counts of drug overdose deaths due to any opioid in Colorado, 2010-2019. Retrieved from https://cohealthviz.dphe.state.co.us/t/PSDVIP-.MHPPUBLIC/views/DrugOverdoseDashboard/PoisoningDeathFrequencies?iframeSizedToWindow=true&:display_count=n&:showAppBanner=false&:origin=viz_share_link&:showVizHome=n&:isGuestRedirectFromVizportal=y&:embed=y.

Prevention & Education

While opioids have been used for centuries, reliable information about the efficacy and safety of prescription opioids has been limited. Certain actors within the pharmaceutical industry capitalized on this information gap to manipulate the healthcare community and public into believing prescription opioids were safer and more effective than the evidence supported. It is therefore essential that we educate prescribers, pharmacists, and patients about responsible opioid prescribing and consumption to prevent future generations of opioid addiction. It is also vital that more be done to educate professionals about the importance of substance abuse treatment in order to build a sustainable statewide infrastructure to help those suffering from an OUD and co-occurring SUDs or mental health conditions.

The OCR plan suggests state and local leaders consider the following prevention & education programs and strategies for their communities:

- *Improve training for health-care providers and pharmacies about responsible opioid prescribing:*
 - *Training healthcare providers about the risks and benefits of prescription opioids and responsible opioid prescribing*
 - *Training about opioid-sparing approaches and multimodal pain treatments; and*
 - *Training for prescribers and pharmacists about Screening, Brief Intervention, and Referral to Treatment (SBIRT), including referrals to effective, evidence-based treatment and recovery programs.*
- *Improve training for health-care providers and pharmacies about viable treatment and recovery programs:*
 - *Access to buprenorphine waiver training and education for safe prescribing.*
- *Community prevention strategies and programs that are culturally responsive and address risk and protective factors, such as family connectedness as a protective factor and normalization of substance abuse as a risk factor.⁶*

⁶ C. (2018, December). Putting Prevention Science to Work - [cdpsdocs.state.co.us](https://cdpsdocs.state.co.us/safeschools/Resources/Strategic_Plan_for_Primary_Prevention_of_Substance_Abuse_2019.pdf). Retrieved February 25, 2021, from https://cdpsdocs.state.co.us/safeschools/Resources/Strategic_Plan_for_Primary_Prevention_of_Substance_Abuse_2019.pdf

such as family connectedness as a protective factor and normalization of substance abuse as a risk factor.⁶

- *Expand public service initiatives to educate the public about responsible opioid prescribing and consumption.*
- *Expand public service initiatives to educate the public about effective non-opioid pain management, including pharmacologic and non-pharmacologic options and effective self-management.*
- *Implement or expand community-based programs to reduce stigma surrounding OUD and co-occurring SUDs, or mental health conditions:*
 - *Public service initiatives to educate the public and reduce stigmas.*
- *Partnerships to train community coalitions that support persons with an OUD, co-occurring SUDs, or mental health conditions, including:*
 - *Faith-based communities;*
 - *Recreation centers;*
 - *Community centers;*
 - *Active adult/senior centers;*
 - *Professional sports franchises and recreational athletic programs;*
 - *Educational institutions and facilities – public and private K-12 schools, school districts, and public and private institutions of higher education;*
 - *Non-profit organizations; and*
 - *Community coalitions.*

⁶ C. (2018, December). Putting Prevention Science to Work - cdpsdocs.state.co.us. Retrieved February 25, 2021, from https://cdpsdocs.state.co.us/safeschools/Resources/Strategic_Plan_for_Primary_Prevention_of_Substance_Abuse_2019.pdf

- *Improve pre/neo-natal addiction prevention & education programs:*
 - *Training for healthcare providers and parents about Neonatal Abstinence Syndrome;⁷ and*
 - *Education programs for mothers and soon-to-be mothers about OUD, SUDs, and maternal depression.*
- *Expand school programs and other youth support structures related to opioid use, OUD, and co-occurring SUDs or mental health conditions:*
 - *Education and prevention programs in elementary, middle, high schools, and higher education;*
 - *Education and prevention programs for school athletic programs, coaches, trainers, and student-athletes;*
 - *Education and prevention programs for parent-teacher and student associations;*
 - *Education programs about opioid-alternative pain treatments for school administration, parents, coaches, trainers, and students;*
 - *Training for physicians, mental healthcare providers, educators, and other professionals to identify those at risk for OUD and co-occurring SUD based on Adverse Childhood Experiences (“ACE”) screening and referral;⁸ and*
 - *Training for physicians and mental healthcare providers to identify signs of childhood opioid misuse and trauma related to OUD and co-occurring SUDs or mental health conditions in the home.*
- *Expand access to trauma-informed care and psychological support with community-based mentors and peers.*

⁷ Reporting of NAS Offers Opportunities for Treatment and Prevention. (2019, January 10). Retrieved January 14, 2021, from <https://www.cdc.gov/pregnancy/features/public-health-reporting-of-NAS.html><https://www.cdc.gov/pregnancy/features/public-health-reporting-of-NAS.html> (Jan. 10, 2019).

⁸ Adverse Childhood Experiences (ACEs). (2020, April 03). Retrieved January 14, 2021, from <https://www.cdc.gov/violenceprevention/aces/index.html>.

- *Increase utilization of the Colorado Prescription Drug Monitoring Program (“PDMP”) and train prescribers, pharmacists, and law enforcement to effectively use the PDMP for effective oversight and anti-diversion strategies.*
- *Expand community education and training about anti-diversion strategies, including Drug Take Back programs⁹, safe storage, and disposal programs.*
- *Expand training programs to prevent overdose deaths:*
 - *Educate and train prescribers, patients, first responders, and members of the public to use naloxone and other overdose reversal drugs; and*
 - *Expand and improve technology systems to track overdose and overdose reversal.*
- *Train first responders and law enforcement on handling fentanyl and other dangerous opioid drugs.*
- *Expand access to complementary pain treatments for people living with acute and chronic pain.*

⁹ Colorado Household Medication Take-Back Program. (n.d.). Retrieved January 20, 2021, from <https://cdphe.colorado.gov/colorado-medication-take-back-program>.

Treatment

Any strategy to address Colorado's opioid crisis requires a significant expansion of community treatment infrastructures to help those suffering from an OUD and co-occurring SUDs or mental health conditions. The painful reality in Colorado—and across the country—is that none of our communities have sufficient capacity to provide treatment for everyone that needs help. By some estimates, Colorado has only 20-30% of the treatment services we need.¹⁰ The opioid epidemic affects all Colorado communities and collaboration is essential to build treatment-ready communities and a statewide treatment infrastructure to solve this crisis. The OCR plan recognizes the need to tailor treatment programs to the needs of specific communities, and also encourages statewide collaboration to build an innovative and effective treatment infrastructure to help generations of Coloradans to come. The OCR plan also suggests State and local leaders consider the following Treatment programs and strategies for their communities, especially the capacity for rapid access to these services:

- *Expand access to treatment for an OUD and co-occurring SUDs or mental health conditions:*
 - *TeleHealth MAT, in-person MAT, behavioral health, and other addiction services;*
 - *Transportation programs for MAT and other treatment services;*
 - *Mobile intervention and crisis services;*
 - *Residential treatment programs;*
 - *Outpatient treatment programs;*
 - *Psychosocial treatment programs, including therapy and relapse prevention; and*
 - *Detoxification and withdrawal management programs.*
- *Improve treatment for pregnant women or parents with an OUD and co-occurring SUDs or mental health conditions, and their families:*

¹⁰ Brown, J. (2020, June 23). We're dealing with a pandemic, but remember the opioid crisis? Coronavirus is likely to make it worse. Retrieved January 22, 2021, from <https://coloradosun.com/2020/06/22/opioid-crisis-after-coronavirus/>.

- *SBIRT services to Medicaid ineligible or uninsured women up to 12 months postpartum; and*
 - *Build a network of home-based wrap around treatment services for parents with an OUD and co-occurring SUDs or mental health conditions.*
- *Improve pre/neonatal treatment:*
 - *Treatment and support systems for pregnant or parenting women with an OUD and co-occurring SUDs or mental health conditions, and their families;*
 - *Treatment for Neonatal Abstinence Syndrome (NAS) up to 12 months post-partum; and*
 - *Medical monitoring of NAS for babies and their families.*
- *Improve support systems for youth affected by an OUD and co-occurring SUDs or mental health conditions:*
 - *Behavioral health treatment for children and families who experience trauma related to OUD and co-occurring SUDs or mental health conditions;*
 - *Supportive housing for children removed from their home and/or placed in foster care due to OUD and co-occurring SUDs or mental health conditions; and*
 - *MAT treatment programs for youth and young adults, ages 12-18.*
- *Expand access to MAT:*
 - *Build or expand the number of MAT clinics, including mobile MAT clinics, and increase the number of healthcare providers licensed to prescribe MAT;*
 - *Public education and training programs to eliminate MAT-related stigma;*
 - *Training for emergency medicine providers to connect individuals to MAT following an opioid overdose or other related adverse events; and*

- *Programs to provide “warm handoffs” from emergency departments to recovery service providers.*
- *Develop programs to recruit and retain addiction and mental health professionals:*
 - *Incorporate addiction and mental health professionals into broader professional and workforce development programs; and*
 - *Scholarship, student loan forgiveness, or stipend programs to recruit and retain addiction and mental health professionals.*
- *Expand trauma-informed treatment services:*
 - *Screening education for providers;*
 - *Trauma-informed peer support programs;*
 - *Public education campaigns to eliminate stigma and/or normalize symptoms of trauma related to OUD and co-occurring SUDs or mental health conditions; and*
 - *Wellness and support programs for first responders and others who experience secondary trauma associated with opioid-related emergency events.*
- *Collaborate with local business leaders to support employer-sponsored treatment strategies:*
 - *Training and education programs related to OUD in the workplace;*
 - *Employer-sponsored treatment programs; and*
 - *Employer-sponsored second chance programs that allow employees to receive treatment and participate in recovery programming while maintaining employment.*
- *Implement programs to recruit and retain addiction and mental health professionals from diverse backgrounds and abilities and skilled in the provision of care to populations with diverse identities.*
- *Promote community outreach for treatment programs:*

- *Develop culturally appropriate treatment services, including for tribal members, new Americans, and persons of color;*
- *Engage and encourage community partnerships with:*
 - *Faith-based communities;*
 - *Recreation centers and programming;*
 - *Community centers;*
 - *Active adult/senior centers;*
 - *Professional sports franchises;*
 - *Educational facilities – K-12 schools, school districts, and private and public institutions of higher education;*
 - *Non-profit organizations; and*
 - *Community coalitions.*
- *Support efforts to engage unmotivated drug users to seek treatment.*
- *Implement a Hub and Spoke model to expand programs that provide “warm handoffs” between treatment providers and from treatment to recovery service providers.*

Recovery

Treatment strategies for OUD and co-occurring SUDs or mental health conditions are only the first step in a person's road to recovery. To maximize the effectiveness of Colorado's treatment infrastructure, Colorado state and local governments must build an effective network of services to support Coloradans on their difficult path to recovery. The plan suggests State and local leaders consider the following recovery programs and strategies to implement in their communities:

- *Add and/or expand recovery programs in residential treatment facilities:*
 - *Support inpatient providers offering recovery services for OUD and co-occurring SUD or mental health conditions;*
 - *Support recovery programs for parents and their children; and*
 - *Build a network of service providers to support recovery for persons transitioning out of residential treatment.*
- *Expand outpatient recovery programs that provide support or ongoing Medication Assisted Treatment (MAT) and mental health treatment.*
- *Expand peer recovery coach programs:*
 - *Develop local stand-alone peer recovery coach programs; and*
 - *Partner with telehealth peer recovery coach programs.*
- *Expand supportive housing initiatives:*
 - *Sober living facilities;*
 - *Peer-support and counseling services; and*
 - *Collaboration between housing providers and treatment programs (e.g., faith-based communities, non-profits, and community coalitions).*
- *Build networks of wrap-around service providers, including:*
 - *Peer recovery coach programs;*

- *Transportation programs;*
 - *Legal service programs;*
 - *Childcare programs; and*
 - *Professional training and education programs, including technology literacy programs.*
- *Implement transportation services for recovery programs:*
 - *Partner with transportation management organizations, regional transportation agencies, and transit authorities throughout the State to ensure transportation is available for recovery services; and*
 - *Partner with ride share companies, if possible, for additional transportation options.*
- *Support the creation of recovery schools.*

Criminal Justice

The opioid epidemic has overwhelmed Colorado prisons and jails with persons suffering from OUD and co-occurring SUDs or mental health conditions. To effectively abate this crisis, innovative programs and strategies are needed to help affected persons avoid the criminal justice system and to support those transitioning from incarceration into the community. The OCR plan suggests State and local leaders collaborate with district attorneys, judges, and law enforcement agencies across Colorado to consider the following criminal justice programs and strategies to implement in their communities:

- *Expand and support drug courts, including those inclusive of MAT;*
- *Expand pre-incarceration treatment and recovery programs:*
 - *Diversion programs;¹¹*
 - *Pre-trial treatment programs, including MAT and mental health services;*
 - *Train criminal justice professionals to identify and assist persons with OUD and co-occurring SUDs or mental health conditions; and*
 - *Community corrections programs.*
- *Improve treatment and recovery services during incarceration:*
 - *Expand the use of MAT in jails;¹²*
 - *Provide mental health treatment to incarcerated individuals;*
 - *Train criminal justice professionals to identify and assist incarcerated persons with an OUD and co-occurring SUDs or mental health conditions;*

¹¹ About Criminal and Juvenile Justice. (n.d.). Retrieved January 14, 2021, from <https://www.samhsa.gov/criminal-juvenile-justice/about>

¹² Friedmann, P. D., Hoskinson, R., Gordon, M., Schwartz, R., Kinlock, T., Knight, K., . . . Mat Working Group Of CJ-Dats. (2012). Medication-assisted treatment in criminal justice agencies affiliated with the criminal justice-drug abuse treatment studies (CJ-DATS): Availability, barriers, and intentions. Retrieved January 14, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3295578/>.

- *Provide overdose reversal training and expand the use of overdose reversal drugs (e.g. naloxone) in prisons and jails; and*
 - *Utilize the Hub and Spoke model to provide treatment and recovery services (e.g. MAT and behavioral health) to incarcerated persons reintegrating into the community.*
- *Encourage self-referral to law enforcement, first responders, and treatment and recovery providers. For example:*
 - *The Angel Initiative;*¹³
 - *The Police Assisted Addiction Recovery Initiative;*¹⁴
 - *Drug Abuse Response Teams;*¹⁵ *and*
 - *Naloxone Plus strategies.*¹⁶
- *Train law enforcement and first responders on best practices when coming in contact with persons that are misusing opioids and/or injecting opiates and related substances.*
- *Train law enforcement and first responders about OUD and co-occurring SUDs or mental health conditions:*
 - *Law Enforcement Assisted Diversion program;*¹⁷
 - *Co-responder and/or alternative responder models; and*¹⁸

¹³ City of Longmont, Colorado. (n.d.). Retrieved January 14, 2021, from <https://www.longmontcolorado.gov/departments/departments-n-z/public-safety-department/community-programs/police-assisted-addiction-recovery-initiative-paari>.

¹⁴ Mayblum, J., Proulx, M., Schuler, M., & Potter, K. (n.d.). The Police Assisted Addiction and Recovery Initiative. Retrieved February 9, 2021, from <https://paariusa.org/>.

¹⁵ Toledonews. (2019, September 08). Recovered heroin addicts say DART program saved their lives. Retrieved January 14, 2021, from <https://www.toledoblade.com/local/police-fire/2019/09/09/dart-heroin-addicts-recovery-naloxone-lucas-county-sheriff/stories/20190625001>.

¹⁶ Learn About the Naloxone Plus Strategy that Connects Overdose Survivors to Treatment. (2018, March 14). Retrieved February 9, 2021, from <https://bjatta.bja.ojp.gov/media/news/learn-about-naloxone-plus-strategy-connects-overdose-survivors-treatment>.

¹⁷ Law Enforcement Assisted Diversion (LEAD) Program. (n.d.). Retrieved January 14, 2021, from <https://www.colorado.gov/pacific/cdhs/law-enforcement-assisted-diversion-lead-program>.

¹⁸ City of Longmont, Colorado. (n.d.). Retrieved January 14, 2021, from <https://www.longmontcolorado.gov/departments/departments-n-z/public-safety-department/community-programs/police-assisted-addiction-recovery-initiative-paari>.

- *Critical time intervention (“CTI”) strategies, particularly for individuals living with dual-diagnosis OUD and mental health conditions.¹⁹*
- *Expand post-incarceration treatment and recovery services:*
 - *Partnerships with faith-based communities, employers, and other community coalitions to provide treatment, recovery, and reentry support services;*
 - *Supportive housing programs for persons reintegrating into the community after incarceration, including programs that provide, or are in close proximity to, treatment, recovery, and other wrap-around services; and*
 - *Partnerships with local courts and law enforcement agencies to improve parole, probation, or other supervision programs to assist persons with an OUD and co-occurring SUDs or mental health conditions.*

¹⁹ CTI Model. (n.d.). Retrieved January 14, 2021, from <https://www.criticaltime.org/cti-model/>.

Harm Reduction

Harm reduction seeks to incorporate several strategies for reducing or mitigating the negative consequences associated with opioid and co-occurring substance use. Harm reduction's foundational principles are focused on social justice, respect for substance users, and meeting substance users "where they're at." Many Colorado communities have adopted harm reduction strategies and programs, including syringe exchange and disposal programs. A substance user's first interaction with a harm reduction specialist is often that person's first step on the road to treatment and recovery. The Attorney General does not endorse any specific harm reduction strategy, but recognizes the positive impacts harm reduction may have on substance users, when implemented properly, according to the law, and with community buy-in. Many of the suggestions in this OCR Plan are harm reduction strategies. The OCR plan suggests State and local leaders collaborate to consider harm reduction strategies such as the following for their communities:

- *Expand access to opioid overdose reversal medications:*
 - *Increase access to naloxone for those affected by the opioid disorder, including health care workers, patients, first responders, and members of the public;*
- *Provide Community Reinforcement and Family Training (CRAFT):*²⁰
 - *Offering effective strategies for families to help loved ones receive treatment;*
 - *Reducing drug and alcohol use by loved ones, even if not participating in treatment; and*
 - *Improving the lives of concerned family and friends.*
- *Support staffing, supply, and space needs for harm reduction organizations:*

²⁰ CRAFT Family Support. (2020, December 30). Retrieved January 7, 2021, from <https://www.overdoselifeline.org/craft-family-support/>

- *Connections to care, including:*
 - *Referrals to treatment;*
 - *Referrals for healthcare;*
 - *Referrals for behavioral health;*
 - *Safe syringe disposal and access;*
 - *Fentanyl checking and testing strips.*
- *Support mobile units that offer or provide referrals to harm reduction services.*
- *Training relevant professionals and other affected persons on harm reduction strategies:*
 - *Healthcare providers;*
 - *Students;*
 - *Families affected by opioid use disorder;*
 - *Peer recovery coaches;*
 - *Recovery outreach specialists; and*
 - *Other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUDs or mental health conditions.*
- *Create partnerships with stakeholders to educate and reduce the stigma of harm reduction:*
 - *Treatment providers;*
 - *Healthcare providers and professionals;*
 - *Law Enforcement and Diversion (LEAD) programs;*
 - *Public health departments;*
 - *Pharmacists;*
 - *Business communities;*
 - *Community centers and libraries; and*

- *K-12 and higher education institutions.*
- *Provide testing for, and education on, infectious diseases transmitted by injecting opiates and other opioid-related high-risk behaviors (e.g., HIV, Hepatitis, Hepatitis C and other infectious diseases).²¹*

²¹ National Institute on Drug Abuse. (2020, April 30). Colorado: Opioid-Involved Deaths and Related Harms. Retrieved February 8, 2021, from <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/colorado-opioid-involved-deaths-related-harms>.

Opioid Abatement in Rural Colorado

The opioid epidemic is not bound by city or county borders. The success of Colorado's urban communities in combating the opioid crisis relies on the success of their rural neighbors, and vice versa. In addition to the programs and strategies listed above, the OCR plan suggests State and local leaders consider the following programs and strategies to implement in rural Colorado, and urges urban communities to support their rural neighbors in these efforts:

- *Implement programs to recruit and retain addiction and mental health professionals from diverse backgrounds and abilities and skilled in the provision of care to populations with diverse identities in rural Colorado:*
 - *Collaborate with State and local partners to support incentive programs for recruiting and retaining relevant healthcare professionals, including scholarships, loan forgiveness, stipend, and pipeline programs;*
 - *MAT training and licensure programs for rural and tribal healthcare providers; and*
 - *Continuing medical education for addiction, pain treatment, behavioral health, and other related disciplines, tailored for rural and tribal healthcare providers.*
- *Increase access to rural treatment and recovery programs:*
 - *Expand access to telehealth programs for addiction, behavioral health, and related services;*
 - *Expand access to MAT with mobile treatment facilities, including mobile MAT vans and pop-up clinics;*
 - *Collaborate with regional transportation organizations and transit authorities to build and expand transportation systems for those seeking treatment and/or recovery services;*
 - *Build and expand supportive housing programs near transportation and treatment providers; and*

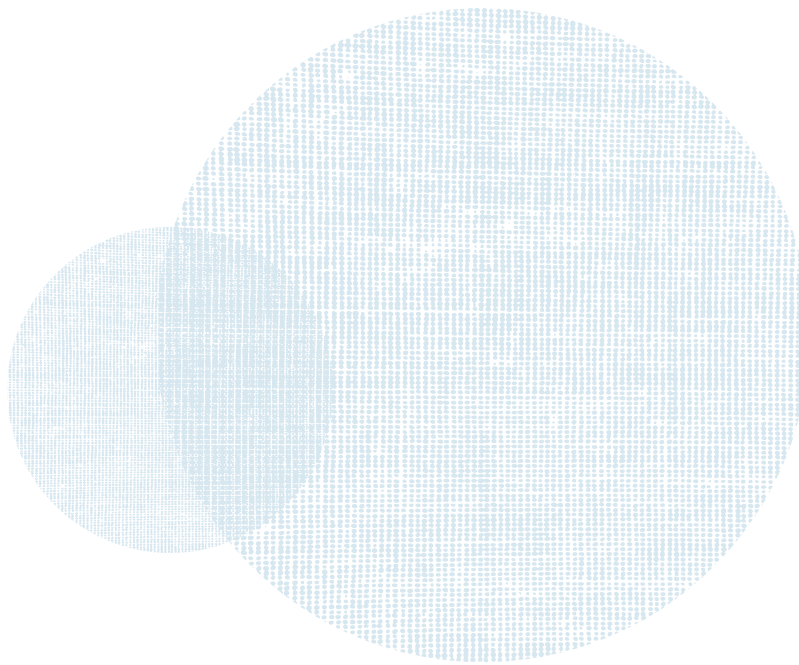
- *Support public service messaging around mental health and substance use in rural communities.*

Conclusion

The Colorado Department of Law (DOL) OCR Plan provides an outline for suggested programs and strategies to assist State and local officials, service providers, and other professionals to abate the opioid epidemic in their communities, and leverage settlement dollars received by the State. State-local partnerships, and collaboration among local governments, are essential to solving this crisis. In addition to the programs and strategies suggested here, other statewide strategies to facilitate collaboration, develop innovative public health infrastructures, and build cutting-edge technology and data collection programs may and should also be pursued.

The OCR Plan is informed by evidence-based and evidence-informed practices, promoted by national, state, and local public health experts. The plan's goal is to help Colorado's state and local governments, public health, law enforcement, and other experts identify and prioritize sustainable programs and strategies that will most benefit their communities.

To confront this crisis most effectively, all of Colorado's public health experts, as well as its State and local leaders, must work together to serve our fellow Coloradans affected by an OUD and co-occurring SUDs or mental health conditions. The Attorney General intends for this OCR Plan to be a significant step towards facilitating that collaboration and providing the assistance desperately needed by so many in our state. The Attorney General and the DOL team looks forward to working with all of Colorado's leaders to best capitalize on this major opportunity to confront the opioid crisis in Colorado.



We thank the following for reviewing the Opioid Crisis Response Plan:

Dr. Joseph (JC) Carrica, III, EdD, Chief Executive Officer, Southeast Health Group

Dr. Lesley Brooks, Chief of Addiction Medicine, SummitStone Health Partners

Elizabeth Hickman, PhD, Executive Director, Centennial Mental Health Center

Heidi McNeely, MSN, RN, PCNS-BC, Children's Hospital Colorado

Jose Esquibel, Associate Director, Colorado Consortium for Prescription Drug Abuse Prevention

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