

## **REDUCING THE PREVALENCE OF OPIOID USE AND ACCOMPANYING IMPACT ON THE PUEBLO COMMUNITY**

America is experiencing the greatest opioid addiction since the 1970's when 15% of soldiers returned from Vietnam addicted to heroin.<sup>1</sup> In the last decade, heroin abuse has skyrocketed. The rate of heroin-related overdose deaths increased 286 percent between 2002 and 2013. In 2002, 100 people per 100,000 were addicted to heroin, but that number had doubled by 2013.<sup>2</sup>

Southeastern Colorado has also seen an alarming increase in opioid addiction. The Southeastern Colorado region makes up six percent of the state's population and 18 percent of those who are admitted to a heroin treatment center. Mike Nerenberg, M.D., a Pueblo Human Relations Commission (HRC) Commissioner and retired Emergency Room Physician works with the Needle Exchange Program currently funded by the Southern Colorado AIDS Project. He has witnessed heroin use escalate over the years. He has also seen overdoses increase from four or five heroin overdoses per year to almost daily in Pueblo. Law enforcement has also seen a rise in the number of arrests for heroin possession. HRC Commissioner Kristi Martinez, an Investigator with the Colorado Public Defenders in Pueblo has also seen an increase in the number of arrests for heroin possession since 2012. At all levels of government, initiatives are underway to address the escalating problem. HRC has been active in facilitating the crafting of a comprehensive solution since 2015. Our plan for a comprehensive, community-centric solution is 60% complete, which prioritizes Pueblo us to seek state and federal funding for the implementation of a plan that will be ready early next year.

### **National Response to the Epidemic**

The White House has made it a priority to address the "opioid use disorder." The President's FY 2017 budget includes \$1 billion in new mandatory funding over two years to expand access to treatment. This funding includes:

- \$920 million to support cooperative agreements with States to expand access to medication-assisted treatment for opioid use disorders, with priority to states based on the severity of the epidemic and on the strength of their strategy to respond to it;
- \$50 million in National Health Service Corps funding to expand access to substance use treatment provided in areas across the country most in need of behavioral health providers.
- \$30 million to evaluate the effectiveness of treatment programs employing medication-assisted treatment and help identify opportunities to improve treatment for patients with opioid use disorders.
- \$500 million to continue and build on current efforts across the Department of Justice (DOJ) and Health & Human Services (HHS) to expand state-level prescription drug overdose prevention strategies, increase the availability of medication-assisted treatment programs, improve access to the overdose drug naloxone, and support targeted enforcement activities. Specifically, rural areas will be targeted where rates of overdose and opioid use are particularly high.

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<sup>1</sup> <http://www.npr.org/sections/health-shots/2012/01/02/144431794/what-vietnam-taught-us-about-breaking-bad-habits>

<sup>2</sup> <http://www.usnews.com/news/blogs/data-mine/2015/08/19/the-heroin-epidemic-in-9-graphs>

- A Department of Health and Human Services (DHS) pilot project for nurse practitioners and physician assistants to prescribe buprenorphine for opioid use disorder treatment where allowed by law.<sup>3</sup>

### **State Response to the Epidemic**

The Colorado Attorney General's office has formed the *Heroin Response Work Group* as part of the Colorado Consortium for Prescription Drug Abuse Prevention. The *Heroin Response Work Group's* mission is to enhance partnerships with local community efforts that are addressing strategies to mitigate the impact of the opioid epidemic.<sup>4</sup> On page 1G of the Sunday, July 17, 2016 *Pueblo Chieftain* Senator Scott Tipton acknowledged a need for a comprehensive approach to the epidemic after meeting with citizens in Alamosa and Pueblo. He is working on policies to address those concerns raised by the citizens to address education and community support needs.

### **Pueblo Response to the Epidemic**

The Pueblo Human Relations Commission (HRC) began addressing our community epidemic in 2015. We created the *Heroin Steering Team*, comprised of Triple AIM Corporation, Parkview Behavioral Health, League of Women Voters and Pueblo Human Relations Commission (HRC) to create a framework by which we could address the problem and facilitate a community-centric response to reduce the severity of the opioid crises in Pueblo County.

Teams were identified through three community forums to address the epidemic. The teams (Education and Prevention, Treatment, Healthcare System, Law Enforcement, Community Services and Resources, and Community Members Action Team) have realized that a solution exceeds our financial resources and we intend to tap into the resources available through Federal and State initiatives.

The Pueblo Human Relations Commission (HRC) is uniquely positioned to tap into the federal and state resources to mitigate the consequences of opioid addiction. Through the efforts of HRC and the *Heroin Steering Team*, the five teams identified will be meeting with the *Heroin Steering Team* in early August to put together a draft plan that will be presented to the community in September 2016. From that meeting, the *Heroin Steering Team* will combine their action plans into a comprehensive strategy to be presented to the community in 2017.

Because of our work already in progress, we are also positioned to be a model for other communities. We have the support of city and county government, law enforcement and the local community. Dr. Nerenberg and Investigator Martinez are currently working with the Needle Exchange Program. Other HRC Commissioner facilitate each of the focus groups identified in our three recent heroin addiction forums (March 3, March 9, and March 17). HRC has been providing the administrative resources to support this effort with the assistance of the Commissioners and community volunteers since it began in late 2015.

The focus areas and the goals they identified are below.

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<sup>3</sup> (<https://www.whitehouse.gov/the-press-office/2016/02/02/president-obama-proposes-11-billion-new-funding-address-prescription>). Accessed 6/28/2016.

<sup>4</sup>

[http://coag.gov/sites/default/files/contentuploads/oce/Substance\\_Abuse\\_SA/SATF\\_presentations/rx\\_consortium\\_heroin\\_response\\_workgroup\\_summary\\_5-9-16.pdf](http://coag.gov/sites/default/files/contentuploads/oce/Substance_Abuse_SA/SATF_presentations/rx_consortium_heroin_response_workgroup_summary_5-9-16.pdf). Accessed 7/6/16.

Community Members Action Team	Create a safe space to share stories, identify barriers faced by persons affected, and creating a set of action steps to eliminate these barriers.
Community Services and Resources	Provide comprehensive approach to increasing family support resources.
Education and Prevention	Create a system that supports the awareness of opioid addictive behaviors and destigmatizes mental health treatment; educate community on treatment availability.
Healthcare System	Reduce and prevent opioid addiction through increased access to alternative treatment and increase resource availability.
Law Enforcement	Create a system that moves away from punishment for low-level drug crimes toward a treatment approach that addresses addiction and other behavioral health concerns.
Treatment Centers	Increased availability of long-term comprehensive treatment programs to encourage a holistic approach.

The Pueblo epidemic is representative of a trend across the country. Other locations have achieved varying degrees of success in reducing the social and economic costs of opioid addiction. One of the greatest barriers is reaching addicts. Commissioners Dr. Mike Nerenberg and Kristi Martinez are active in *Access Point Pueblo*, the Pueblo Needle Exchange Program which has been active since 2014. What began as a harm reduction activity—reducing the spread of HIV and Hepatitis C—has become an entry point for users seeking help. Currently this program is funded by the Southern Colorado AIDS Project. The Needle Exchange Program, a legal syringe access program, provides several benefits to the community. The group canvasses the areas and properly disposes of used needles and provide clean supplies for the clients. The Needle Exchange Program is held every Friday from 1 to 4 pm at Crossroads Turning Points on E. 13th Street. It has grown from one to more than 600 clients. Those between 30 and 39 years old account for the largest age group served in the program, followed by users between 20 and 29. There are clients as young as 18 and clients over 70. They come from every zip code in Pueblo County.

One of the barriers identified by the *Heroin Steering Team* is addicts’ inability to access treatment. By law, if a user is caught with heroin, arrest is the only course of action. Once in custody, law enforcement does not have the capacity or resources to send them to treatment and the cycle of addiction continues once the offender is released. Pueblo’s Needle Exchange Program has become the gateway by which users can seek treatment. It is likely that the funding from the Southern Colorado AIDS Project will have to be shared between Pueblo and Colorado Springs, an anticipated cut for Pueblo from \$25,000 to \$12,500. The current funding level has

already become insufficient to provide supplies to the current number of clients in the Needle Exchange Program.

Both the Federal and State governments are committed to providing support to those communities already working on a comprehensive solution. The Pueblo Human Relations Commission's plan has been in process since late 2015 and we are on schedule to present a comprehensive plan in place with costs by January 2017. Concerned citizens have brought their ideas and commitment to the planning process. We have the support of the Pueblo County Health Department, City Police Department, Sherriff's Office, District Attorney's Office and Public Defender's Office, all of whom have been an integral part of our conversations since 2015.

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Dr. Margaret Redmond  
Executive Director  
Pueblo Human Relations Commission  
1243 E. Routt Avenue  
Pueblo, CO 81004  
[mredmond@pueblohrc.us](mailto:mredmond@pueblohrc.us).  
[www.pueblohrc.us](http://www.pueblohrc.us)