



Heroin Response

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The use of illegal opioids such as heroin has increased in recent years, leading to a rise in overdose deaths caused by opioids. Research from the National Institute on Drug Abuse (NIDA) has shown nonmedical use of opioid pain relievers is one of the risk factors for heroin use. Although NIDA found that about four percent of people who misuse pain relievers switch to heroin, the incidence of heroin initiation was 19 times higher among those who reported prior nonmedical pain reliever use than among those who did not. NIDA also found that 86 percent of injection drug users misused opioid pain relievers before using heroin.

Heroin is an opioid derived from the opium poppy plant and has effects similar to prescription pain medicines such as oxycodone and hydrocodone. Increasingly, heroin is being laced with illegally obtained or manufactured fentanyl, a synthetic opioid 50 to 100 times more potent than morphine. Fentanyl was developed as a pain reliever and has legitimate medical use when treatment is overseen by medical providers. However, the combination of heroin and fentanyl is more potent, leading to a greater chance of an overdose. According to the Drug Enforcement Administration, many heroin users are unaware they are using heroin laced with fentanyl.

In this chapter, you will find information about heroin use disorder and the role it plays in Colorado's overall opioid crisis. Heroin is increasingly becoming a problem in communities throughout Colorado. Recent data shows increased rates of heroin seizures and arrests, heroin overdoses, and admissions to treatment for heroin use. Use this section if you:

- Would like to find the latest in-depth information about the increase in heroin use in Colorado;
- Want to know more about ways treatment, public health, and law enforcement stakeholders can partner; and/or
- Seek to know more about programs designed to divert people with opioid use disorder from the criminal justice system to treatment.

This chapter focuses on the law enforcement aspect of Colorado's response to the opioid crisis. The law enforcement and criminal justice communities are increasingly collaborating with experts in other fields, such as substance use treatment and prevention. Information about other elements of the statewide response, such as the use of medication-assisted treatment for opioid use disorders, can be found in other chapters.

Resources

Communities collaborating with local and regional law enforcement agencies in addition to public health and behavioral health service providers are better equipped to address the opioid epidemic. These collaboratives work together to collect and analyze data, develop strategies, and initiate programs to bridge law enforcement and treatment. The Colorado Consortium for Prescription Drug Abuse Prevention's Heroin Response Work Group was created as a venue for these communities to connect.

Consortium RX Data Dashboard

This dashboard compiles existing data into graphs to summarize the opioid crisis in Colorado, at both the statewide and regional levels. Communities can use it to monitor the trends on non-heroin opioids, heroin, and benzodiazepines. This dashboard allows users to query data that is most relevant to specific needs. The RX Data Dashboard may be accessed by visiting public.tableau.com/profile/omni-!/vizhome/RXConsortiumdashboard/Readmefirst.

Heroin in Colorado Report

This document includes an assessment of the heroin problem in Colorado and information from individuals who experience heroin use disorder. The Colorado Consortium for Prescription Drug Abuse Prevention's Heroin Response Work Group compiled the data in this report from the following agencies: Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA), U.S. Drug Enforcement Administration (DEA), Colorado Department of Public Health and Environment (CDPHE), Colorado Department of Human Services (CDHS), the Rocky Mountain Poison and Drug Center, and the El Paso Intelligence Center. Each agency reviewed drafts of this assessment and provided edits to ensure the accuracy of the data presented.

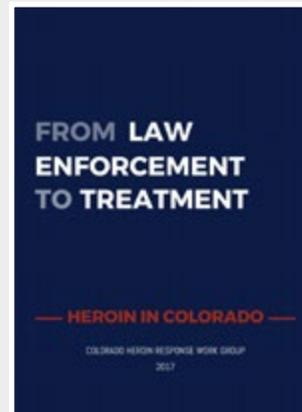
A preliminary assessment was published in 2017 and can be found online at www.corxconsortium.org/wp-content/uploads/Heroin-in-Colorado.pdf. A follow-up report with updated data was published in 2018 and is

online at www.corxconsortium.org/wp-content/uploads/Heroin-in-Colorado-April-2018.pdf.

Forging a Partnership: Law Enforcement & Treatment

This document serves to identify some of the differences that may exist between the treatment and law enforcement professions. This document is not designed to support a particular position. Instead, its purpose is to demonstrate that professional differences do not have to be barriers to relationships or collaboration and to provide each profession a glimpse into some different points of view. This document can be found at www.corxconsortium.org/wp-content/uploads/Forging-a-Law-Enforcement-and-Treatment-Partnership.pdf.

From Law Enforcement to Treatment



Visit www.corxconsortium.org/wp-content/uploads/From-Law-Enforcement-to-Treatment.pdf to read [this report](#)

This document describes two programs designed to divert people with opioid use disorder from the criminal justice system to treatment: Law Enforcement Assisted Diversion (LEAD) and the Police Assisted Addiction Recovery Initiative (PAARI). This document provides suggested steps to implement one of these programs and issues to consider before implementation. This document can be found at www.corxconsortium.org/wp-content/uploads/From-Law-Enforcement-to-Treatment.pdf.

LEAD in Colorado

LEAD is a pre-booking diversion program that aims to improve public health and to end the cycle of recidivism for individuals with substance use disorders. Instead of being charged and booked following an arrest, the arresting officer identifies the arrestee as a potential participant for the diversion program and subsequently connects them with a case manager. The cities of Alamosa and Longmont and Denver and Pueblo counties are currently participating in this pilot project. For more information, please visit www.colorado.gov/pacific/cdhs/law-enforcement-assisted-diversion-lead-program.

Co-Responder Model of Criminal Justice Diversion

The Co-Responder model of criminal justice diversion partners law enforcement officers with behavioral health specialists to intervene on mental health-related calls. These two-person teams work to de-escalate situations by diverting individuals in crisis for immediate behavioral health assessments instead of arrest. Several communities in Colorado will implement this model. For more information, please visit www.colorado.gov/pacific/cdhs/co-responder-programs.

Partnerships With Law Enforcement

In 2018, the Rock Mountain High Intensity Drug Trafficking Area (RMHIDTA), a federal law enforcement task force, launched two initiatives based on LEAD and co-responder strategies. The task force worked with OBH and Rocky Mountain Crisis Partners to hire opioid treatment specialists for its crisis line and to coordinate the care of individuals referred to treatment by law enforcement. RMHIDTA reported that “Operation Helping Hand,” a six-month initiative, led to more than 300 calls to the crisis center’s opioid line, and that 55 people entered treatment following a referral from law enforcement.

The Consortium’s Heroin Response Work Group

The purpose of the Heroin Response Work Group is to establish a coordinated statewide response to Colorado’s emerging heroin problem. Work group members represent diverse backgrounds and include representatives from federal, state, and local law enforcement, prevention, treatment, and recovery organizations. The Heroin Response Work Group’s goals include:

- Collecting and analyzing data on the trends related to heroin availability and abuse in Colorado from various data sources to help shape response strategies;
- Identifying best practice approaches to preventing, intervening with, mitigating the negative impact, and treating opioid abuse, including heroin;
- Enhancing the connection between law enforcement and treatment providers;
- Gaining an understanding of heroin use in Colorado with information collected from individuals who have experienced heroin use disorder to inform strategies for prevention and treatment; and
- Implementing regular information exchange about heroin availability and use in Colorado among and between law enforcement, treatment providers, and prevention providers.

If you have an interest in this area or have questions about this topic, reach out to the program manager at pm@corxconsortium.org. If you would like to join or get more information about the work group, please visit www.corxconsortium.org/heroin-response-work-group. You can also join by emailing info@corxconsortium.org.

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