

State of Colorado
Methamphetamine Task Force



Fifth Annual Report
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Colorado Attorney General
Task Force Chair

This report is respectfully submitted to the Judiciary Committees of the Senate and the House of Representatives of the General Assembly of the State of Colorado in accordance with Colorado Revised Statute § 18-18.5-103(6)(d)(I-III).

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To access the State Methamphetamine Task Force meeting minutes, reports, and the *Colorado Blueprint for a Comprehensive Community Response* materials, go to www.coloradodec.org and click on the *State Methamphetamine Task Force* link.

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I. Executive Summary

Overview of the State Methamphetamine Task Force

The core purpose of the State Methamphetamine Task Force and partners is to provide leadership and a statewide strategy to assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distribution, and use and to identify and improve the well-being of drug endangered children. The Task Force also monitors emerging drug abuse issues in order to respond proactively and mitigate escalation of potential negative impacts on the citizens and communities of Colorado.

Given the complexity of responding effectively to methamphetamine and other illegal drug issues, in 2006 and again in 2009 the Colorado General Assembly acknowledged the need for a diverse partnership of state government, local governments, and the private sectors, including legislators, child advocates, public health officials, drug treatment providers, child welfare workers, law enforcement officers, judges, and prosecutors. The 2009 Colorado General Assembly reauthorized the Task Force for second four-year period from January 2010 to January 2014 (see Appendix A for State Methamphetamine Task Force Membership). To this end, the State Methamphetamine Task Force is mandated by the Colorado General Assembly to:

1. Assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distribution, and use;
2. Develop statewide strategies in collaboration with local communities to address prevention, intervention, treatment and enforcement; and
3. Take a comprehensive approach to and provide assistance and recommendations concerning prevention, intervention and treatment and the response of the criminal justice system to the methamphetamine problem in Colorado.

The manufacture, distribution and use of methamphetamine manifest a complex set of issues that affect a variety of social systems. Therefore, a multifaceted approach is necessary for effectively addressing the impact on children, families and communities. The cornerstone priority of the State Methamphetamine Task Force was establishing a *Colorado Blueprint* for comprehensively addressing methamphetamine and other illegal drug use and the affects these drugs have on communities, families, and children. A network of partners was formed in 2007 to conduct demonstration initiatives with leadership from the Colorado Alliance for Drug Endangered Children and financial support from the Daniels Fund for implementing the Comprehensive Community Response Process of the *Colorado Blueprint* (see Appendix B for details on the *Colorado Blueprint*).

In 2010, the network of partners was extended with the formation of a State Action Team for the Colorado Rural Law Enforcement Methamphetamine Initiative, a multi-disciplinary partnership that assists law enforcement and rural communities in assessing service needs, coordinating efforts and keeping communities safe and free from the dangers of methamphetamine and other drugs.

Generous financial support from the El Pomar Foundation and the Daniels Fund has been instrumental in moving forward the work of the State Methamphetamine Task Force and the *Colorado Blueprint*. In-kind support from the Colorado Alliance for Drug Endangered Children and the National Alliance for Drug Endangered Children is beneficial and will continue to be of value to the State Methamphetamine Task Force in refining the *Colorado Blueprint* and assisting communities. In addition, funding from the U. S. Department of Justice/Bureau of Justice Assistance supports the Colorado Rural Law Enforcement Methamphetamine Initiative, which is managed under the auspices of the Colorado Alliance for Drug Endangered Children.

Summary of 2010 Priorities

The State Methamphetamine Task Force held a strategic planning session in February 2010 that was facilitated by Yvonne Keller-Guenther and Bill Betts of the Colorado WIN Partners at the University of Colorado Denver School of Medicine. The agreed upon priorities for the Task Force for 2010 were:

- Provide support and technical assistance to local communities.
 - The Colorado Alliance for Drug Endangered Children was given the lead role with participation of several other State Methamphetamine Task Force members.
 - Colorado is one of seven states selected to participate in the Rural Law Enforcement Methamphetamine Initiative for assisting rural law enforcement and rural communities in continuing to address the impact of methamphetamine use, production and distribution.
- Identification of model approaches to addressing methamphetamine issues.
 - The State Methamphetamine Task Force in coordination with the Colorado Alliance for Drug Endangered Children collected best-practice strategies and programs being utilized in Colorado.
- Understand and address issues related to prescription drug abuse in Colorado.
 - This is a new and emerging issue in the State of Colorado and across the nation. The determination was made that additional information would assist the State Methamphetamine Task Force in understanding the issues and challenges in addressing prescription drug abuse and for fostering

coordination and collaboration with other groups on addressing the issues facing Colorado.

- Completing the State Methamphetamine Task Force Data Dashboard.
 - A State data dashboard template with key social indicator data related to methamphetamine and other drugs was developed and additional funding was sought in 2010 to enter ten years of data into the dash board.
 - The purpose of the data dashboard is to monitor trends in methamphetamine use, production, distribution, and trends of other drug abuse to inform policy decisions. The amount of \$5,000 was allocated for this work from grant funds available to the State Methamphetamine Task Force.

- Disproportionately affected populations.
 - The main focus in this area is pregnant women and substance-exposed newborns.
 - The Substance Exposed Newborns Subcommittee of the Task Force generated a set of recommendations and action steps related to the following five points of intervention:
 1. Pre-pregnancy Awareness of Substance Use Effects
 2. Prenatal Screening and Support
 3. Identification of Alcohol or Drug Exposure at Birth
 4. Responding to Infant and Parent's Needs, and
 5. Responding to Needs of Substance Exposed Children Throughout Their Lives

- Environmental Issues of Methamphetamine Production.
 - Three main environmental issues to address are:
 1. Update cleanup regulation through Board of Health rulemaking process.
 2. Establish training requirements for cleanup contractors and industrial hygienists.
 3. Establish cleanup oversight programs statewide.

Summary of Key Policy Issues in 2010

Prescription Drug Abuse: The abuse of prescription drugs is an emerging issue in Colorado and across the nation. The main types of abused prescription medications are depressants used to treat sleep disorders and severe anxiety; stimulants used to treat behavior disorders such as attention deficit hyperactivity disorder (ADHD), and opiates used to treat pain. The primary issue examined in 2010 was the tracking and monitoring of prescriptions. Tracking and monitoring of prescriptions, by either physicians or

pharmacists, has challenging policy and protocol implications, in addition to the cost for implementing a tracking and monitoring system. One of the recommendations of the State Methamphetamine Task Force Prescription Drug Abuse Committee is to support a change in state policy for the reduction of current 14-day batch submission into the current prescription drug monitoring database to a 7-day batch submission.

Synthetic Cannabinoid Products: “Spice,” a name for synthetic cannabinoid products, is an emerging drug abuse issue in Colorado and across the nation. These products can be legally sold to minors as well as adults. JWH -018, a synthetic cannabinod, causes what appears to be a unique set of effects on the central nervous system. On November 24, 2010, the U. S. Drug Enforcement Administration announced that it is using its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol) used to make “fake pot” products. It is proposed that the Colorado General Assembly enact law that bans the sale and possession of all synthetic cannabinods in the State of Colorado, in particular, but not limited to, JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol.

II. State Methamphetamine Task Force

The membership of the Colorado State Methamphetamine Task Force is set forth in C.R.S. § 18-18.5-103 and consists of a chair, three vice-chairs and twenty-three members.

John Suthers, Colorado Attorney General, serves as Chair of the State Methamphetamine Task Force, as specified in House Bill 06-1145, C.R.S. § 18-18.5-103.

Lori Moriarty, Commander (Retired), Thornton Police Department, serves as Vice-Chair for the Criminal Justice System by appointment of Governor Bill Ritter. Commander Moriarty is the Senior Vice President of Education and Outreach of the National Alliance of Drug Endangered Children.

Janet Wood, Director of the Division of Behavioral Health, Colorado Department of Human Services (Retired), served as Vice Chair for Treatment by appointment of the Colorado Speaker of the House of Representatives until her retirement in September 2010.

Charles Smith, Ph.D., Director of the Division of Behavioral Health, Colorado Department of Human Services, serves as Vice Chair for Treatment in place of Janet Wood, appointment pending by the Colorado Speaker of the House of Representatives.

José Esquibel, Director of Interagency Prevention Systems, Prevention Services Division, Colorado Department of Public Health and Environment, serves as Vice-Chair for Prevention by appointment of Colorado President of the Senate.

The list of current members is found in Appendix A of this report.

In 2010 the State Methamphetamine Task Force held four meetings at the Colorado Municipal League on the following dates between 10:00 a.m. and 1:00 p.m.:

- February 5, 2010
- May 7, 2010
- August 6, 2010
- November 5, 2010

In addition, the Vice-Chairs and the Executive Director of Colorado Alliance of Drug Endangered Children met monthly to ensure progress on the priorities and also met with the Colorado Attorney General on implementing and coordinating the activities of the Task Force in accordance with the mandates of the legislation.

The State Methamphetamine Task Force seated three committees in 2010:

- Substance Exposed Newborns Committee: Kathryn Wells, MD and Jade Thomas, Co-Chairs
- Prescription Drug Abuse Committee: Dan Rubinstien, Chair
- Data Committee: José Esquibel Chair

III. Legislative Recommendations of the Task Force

It is proposed that the Colorado General Assembly enact a law that bans the sale and possession of all synthetic cannabinods in the State of Colorado, inclusive of, but not limited to, JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol.

IV. Milestones and Progress on 2010 Priorities

The following milestones mark the progress made by the State Methamphetamine Task Force and partners with regard to the 2010 priorities:

- Maintained an ongoing focus on supporting community level collaboration aimed at identifying and serving children and families impacted by substance use in partnership with the Colorado Alliance for Drug Endangered Children.
- Drafted recommendations for assisting policymakers and service providers in meeting the requirements of the U. S. Child Abuse Prevention and Treatment Act, which requires states to develop policies and procedures that address the needs of infants who are identified as having been born affected by illegal substance abuse or who experience withdrawal symptoms following birth.
- Partnered with U.S. Drug Enforcement Administration and State of Colorado Prescription Drug Take Back programs of the Colorado Department of Human Services and the Colorado Department of Public Health and Environment on

statewide prescription drug take back event held on September 25, 2010, that collected 4.5 tons of unused and unwanted household medications.

- Partnered with the Colorado Alliance for Drug Endangered Children to obtain a \$50,000 grant from the U.S. Bureau of Justice to hire Nicola Erb as the Rural Law Enforcement Methamphetamine Initiative Coordinator in Colorado to assist rural law enforcement agencies and communities in assessing service needs, coordinating efforts and keeping communities safe and free from the dangers of methamphetamine and other drugs.
- Identified the need for state legislation regarding the availability of synthetic cannabinoid products (e.g. Spice, JWH-018, and CP 55940) in Colorado with information provided by staff of the state Colorado Judicial Department/Court Administrator's Office.

V. Policy Issues

A. Prescription Drug Abuse

The State Methamphetamine Task Force established a committee to better understand the issues and challenges related to prescription drug abuse, an emerging concern in Colorado, and to foster coordination and collaboration with other groups on addressing prescription drug abuse in Colorado.

Tracking and monitoring of prescriptions, by either physicians or pharmacists, has challenging policy and protocol implications, in addition to the cost for implementing a tracking and monitoring system. One of the recommendations of the State Methamphetamine Task Force Prescription Drug Abuse Committee is to support a change in state policy for the reduction of current 14-day batch submission into the current prescription drug monitoring database to a 7-day batch submission. This can be implemented by policy from the Colorado Department of Regulatory Agencies without any legislation, as our current state legislation permits the change.

B. Synthetic Cannabinoids

“Spice,” a name for synthetic cannabinoid products, is an emerging drug abuse issue in Colorado and across the nation. These products can be legally sold to minors as well as adults. The latest compound is a substance known as JWH-018, which in a liquid form is sprayed over plant material destined for packaging as “Spice” incense or room deodorant. The treated botanicals are then packaged and labeled in branded products, such as K2.

K2 is well-known to long-time marijuana users. JWH-018 is thought to be 4-5 times more powerful than THC, the prime intoxicant in marijuana. JWH-018 causes what appears to be a unique set of effects on the central nervous system. The K2 incense is smoked and appears to have near instant sedative effects on the users.

The Federal Drug Enforcement Agency is currently testing the drug to determine if it should be declared a controlled substance. JWH-018 is banned in Alabama, Georgia, Kansas, Kentucky, Louisiana and Missouri. States that are looking at banning the drug are Illinois, Michigan, New Jersey, and New York. JWH-018 is legal in forty-four states and is currently legal in Colorado.

On November 24, 2010, the U. S. Drug Enforcement Administration (DEA) that it is using its emergency scheduling authority to temporarily control five chemicals (JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol) used to make “fake pot” products. Except as authorized by law, this action will make possessing and selling these chemicals or the products that contain them illegal in the U.S. for at least one year while the DEA and the United States Department of Health and Human Services further study whether these chemicals and products should be permanently controlled.

Action in the form of proposed legislation to ban all forms of synthetic cannabinoids in Colorado is being initiated and coordinated by the Office of the Attorney General of Colorado.

C. Medical Marijuana Waste Disposal

With the dramatic increase of medical marijuana use in Colorado, questions have recently been raised regarding the disposal of wastes generated from medical marijuana operations. Such wastes could include the woody waste from growing and processing medical marijuana, like the stalks and roots of plants, as well as potentially outdated food products containing various forms of marijuana and/or its derivatives.

Since marijuana is a Schedule I substance, the disposal of marijuana waste falls under the jurisdiction of federal law enforcement. If medical marijuana is not viewed as a Schedule I substance in Colorado, there is currently no State statute or regulations that specifically addresses the process for proper disposal of medical marijuana waste generated by growers and centers; however, non-Schedule I medical marijuana waste can be managed as solid waste subject to the Colorado Solid Waste Regulations. Currently, state solid waste regulations do not specifically address wastes derived from medical marijuana grow or dispensary operations.

Per House Bill 10-1284, medical marijuana waste disposal is under the purview of the Colorado Department of Revenue, which is in the process of considering draft rules for medical marijuana disposal with information provided by the Colorado Department of Public Health and Environment.

VI. State Methamphetamine Task Force 2010 Priorities

A. Support and Technical Assistance to Local Communities

One of the mandates for the Colorado State Methamphetamine Task Force is to assist local communities with implementation of the most effective practices to respond to

illegal methamphetamine production, distribution, and use. In this regard, the Task Force assigned the Colorado Alliance for Drug Endangered Children (DEC) as the lead in the provision of support and technical assistance to local communities. The focus of this assistance is in two main areas:

- support to county level alliances for drug-endangered children, and
- support for rural local law enforcement and rural communities and professionals serving communities that are negatively affected by methamphetamine and related issues.

Colorado DEC exists to promote the health, safety, and well-being of drug endangered children through statewide training, technical assistance, and advocacy.

A primary focus of Colorado DEC in 2010 was the Drug Endangered Children Reporting System (DECSYS). The DECSYS is a secure database developed by Colorado DEC for use by law enforcement and child welfare agencies to improve interagency communication and capture statistics on impacted children. In 2010, the DECSYS was utilized by multiple law enforcement agencies in seven Colorado counties.

Colorado DEC offers a variety of technical assistance opportunities to local communities, including meeting facilitation, strategic planning, statewide networking, policy advocacy, a resource inventory process, data collection and evaluation practices, collaborative relationship building, and documentation of efforts. The implementation of DEC training and statewide technical assistance is essential in order to provide a common focus for local communities to move forward in improving the lives of drug endangered children and enable professionals involved in the criminal justice, child welfare, and treatment systems to function more efficiently and effectively.

Colorado DEC was involved in the development of the National Core DEC Curriculum in partnership with the National Alliance for Drug Endangered Children and is planning a Training of Trainers for early 2011 to increase dissemination of the curriculum, which will include the training and certification of individuals from Colorado.

In collaboration between the State Methamphetamine Task Force and Colorado DEC, the Colorado Rural Law Enforcement Methamphetamine Initiative (RLEMI) was instituted in May 2010 with the hiring of a state coordinator who convened a State Action Team of multi-disciplinary professionals impacted by substance abuse issues. The team began the development of a "State Plan" at the National Rural Methamphetamine Summit in June 2010, following a comprehensive initial data assessment of the state and rural issues. In September 2010, a strategic plan was developed that outlined a detailed assessment process of various rural communities, the selection of four to six areas for implementation and primary objectives of delivering drug endangered children's initiatives, recovery support systems and assessment of specific needs for youth, law enforcement and the judicial branch in each of the communities of focus.

An overall outcome of the RLEMI is to build community strength and capacity through collaboration. The state coordinator is also committed to supporting ongoing activities of related initiatives and partners throughout the state. The RLEMI State Action Team was formed to guide the efforts of the initiative and will reconvene in January 2011 for a retreat in which the specific activities will be scheduled and planned for the communities of focus. The primary counties of focus lie in the east portion of Colorado where the communities expressed a high need for resources and demonstrate a strong desire to participate

See Section VII (State Methamphetamine Task Force Partnerships) for additional information about Colorado DEC and the Rural Law Enforcement Methamphetamine Initiative.

B. Identification of Model Approaches to Addressing Methamphetamine Issues

The State Methamphetamine Task Force, in collaboration with the Colorado Alliance for Drug Endangered Children, collected best-practice prevention, treatment and law enforcement strategies and programs utilized in Colorado to address methamphetamine use, production and distribution, and to address other illegal drug use. In 2010, an intern was utilized to review, catalogue and organize the information. It was determined that the information collected is not complete and there is a need to revisit the process for collecting best-practice information and to provide clarity about what information is needed and the method of distribution that will be most useful in moving forward with this task.

C. Prescription Drug Abuse

In 2010, the State Methamphetamine Task Force established a committee under the leadership of Dan Rubinstein, Chief Deputy District Attorney, 21st Judicial District, in order to better understand the issues and challenges of prescription drug abuse, and to foster coordination and collaboration with other groups on addressing the issues in Colorado.

The main types of abused prescription medications are depressants used to treat sleep disorders and severe anxiety; stimulants used to treat behavior disorders such as attention deficit hyperactivity disorder (ADHD), and opiates used to treat pain. Between 2007 and 2009 there was an increase in the number of law enforcement agencies reporting incidents of prescription drug abuse going from 4.6% (2007) to 9.8% (2009). Yearly deaths related to the most commonly abused prescription drugs in Colorado nearly doubled from 298 in 2000 to 562 in 2008. In particular, commonly abused opiates such as oxycodone, hydrocodone and fentanyl more than doubled from 180 in 2000 to 373 in 2008.

The primary issue examined in 2010 was the tracking and monitoring of prescriptions. Should tracking and monitoring be moved to the beginning of the sentence? One option is the implementation of a mandatory real-time database for prescribing doctors to track

prescriptions dispensed to patients in order to assure complete and accurate information on prescriptions given to patients before additional prescriptions are written. Another option is converting the current Prescription Drug Monitoring Program (PDMP) operating under the Colorado Board of Pharmacy at the Colorado Department of Regulatory Agencies (DORA) to a real-time system, which would allow pharmacists to determine if a patient is doubling up on prescriptions. In either case, whether data is entered and checked by prescribing physicians or by pharmacists, there are cost issues, access issues (privacy and security), and potential interruption of service if a database system is down. In addition to the price tag to implement a real-time system, there are concerns about possible additional workload for either physicians or pharmacist in populating and consulting a real-time prescription monitoring database.

The Prescription Drug Abuse Committee generated three recommendations for the State Methamphetamine Task Force:

1. Support the reduction of current 14-day batch submission into the current prescription drug monitoring database to a 7-day batch submission. This can be implemented by policy from DORA without any legislation, as our current state legislation permits the change.
2. Help get the message out about the “take back initiative” with an emphasis on promoting involvement of local law enforcement in communities across the State of Colorado.
3. Host a statewide summit in Colorado on addressing prescription drug abuse.

Recommendation #1 is being coordinated with the Colorado Board of Pharmacy and DORA. Recommendation #2 resulted in a partnership with Colorado Prescription Drug Abuse Prevention Program (funded by the Division of Behavioral Health/Colorado Department of Human Services) and the U.S. Drug Enforcement Administration on the National Pharmaceutical Drug Take Back Initiative held in Colorado on September 25, 2010. See Section VIII below for additional details.

D. Disproportionately Affected Populations: Pregnant Women and Substance-exposed Newborns

Due to the health and social consequences for infants and families resulting from prenatal substance use, the identification of women who are using alcohol and other drugs (AOD) during pregnancy has generated much discussion and debate throughout many systems that interact with this population. Because of these concerns, federal legislation was generated in order to increase multiple positive outcomes for children and families.

In 2003, Congress passed the Keeping Children and Families Safe Act. This act amended the existing Child Abuse Prevention and Treatment Act (CAPTA) so that each state was required to develop policies and procedures that addressed the needs of infants who were identified as having been born affected by illegal substance abuse or who experienced withdrawal symptoms following birth. This legislation included a requirement that health

care providers involved in the delivery or care of substance exposed infants notify the child protective services system of the infant's exposure and that a plan of safe care be developed for the infant.

Members of the Substance-Exposed Newborns Steering Committee of the State Methamphetamine Task Force are working on the clear identification of the issues and information that will assist policymakers, service providers and other interested parties in Colorado in meeting the CAPTA requirements. The Committee drafted recommendations for collaborative strategies to address the use of alcohol and other drugs by pregnant and parenting women as well as the environmental conditions for children and infants that will be further vetted with the State Methamphetamine Task Force for action in 2011.

The recommendations are framed around the "Five Points of Intervention" that can reduce the potential harm of prenatal and post-natal alcohol and drug use (Nancy Young, Sid Gardner and Kim Dennis, *Substance-Exposed Infants: State Responses to the Problem*, HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009):

- **Pre-pregnancy**-Promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members;
- **Prenatal**- Identification of substance use in pregnant women and referrals that facilitate access to treatment and related services for women who need those services;
- **Birth**- Interventions to identify substance exposed newborns at the time of delivery;
- **Neonatal**- Enhance the developmental assessment and corresponding provision of services for the newborn as well as the family immediately after the birth event;
- **Throughout Childhood and Adolescence**- Encourage ongoing provision of coordinated services for both child and family.

E. Data Committee: Substance Abuse Data Dashboard

In 2009, the Data Committee of the State Methamphetamine Task Force worked with OMNI Institute to create a Substance Abuse Data Dashboard and Community Page on the Web-based ASPIRE data and resource system, utilizing funds from the Colorado Prevention Partners grant awarded to the Office of the Governor and administered by the Colorado Department of Human Services/Division of Behavioral Health. Without additional funds in 2010, work on the data dashboard became stalled. Some additional funds were secured at the end of 2010 and will be utilized in 2011 to complete the data dashboard.

The purpose of the Substance Abuse Data Dashboard is to publicly display indicators and data points identified as being important for ongoing monitoring and analysis of substance abuse trends in the State of Colorado. The six domains of the dashboard are:

- Treatment Admissions

- Mortality
- Filing Data
- Hospital Discharge
- Emergency Department Visits, and
- Federal Drug Seizures

It is intended that each domain will show data for a variety of drugs and for as many years as data is available over the past 10-20 years. The online ASPIRE database will present data in a format that can be used for analysis, interpretation, presentation, and for planning. State or community people will be able to query the indicators that are part of the dashboard for the purpose of strategic planning and policy making.

ASPIRE (<http://aspire.omni.org>) consists of several components and features that support various uses, including:

- a database of time series social and health indicator data organized at the county level;
- a database of program resources that includes source of funding, purpose of funding, funded organization, organization of information;
- output in the form of tables, graphs and maps;
- main page option – open to the public; and
- community pages – access limited to community partners.

F. Environment Issues

Methamphetamine Cleanup

There are three main environmental cleanup issues to address:

1. Update cleanup regulation through the Colorado Board of Health rulemaking process:
 - draft revisions to regulations;
 - solicited stakeholder input;
 - finalize draft;
 - public comment period; and
 - Board of Health Hearing
2. Establish training requirements for cleanup contractors and industrial hygienists:
 - review/clarify authority to determine if legislation is needed;
 - if authority exists, or is received, establish training program through regulation;
 - establish funding mechanism; and
 - create training program and curriculum.

3. Establish cleanup oversight programs statewide.

- outreach to local agencies to assist in establishing and maintaining oversight programs;
- establish state level oversight in lieu of local oversight; and
- secure resources at the state and local levels to establish and maintain oversight.

Medical Marijuana Waste Disposal

If any aspect of medical marijuana waste management comes under State authority, there are a number of issues to be considered:

- What are the various waste products from growers and centers?
- Are any pesticides and fertilizers utilized in the growing process?
- Some chemicals come under state authority for regulation (CDPHE or Colorado Department of Agriculture) and some come under federal authority (EPA or U.S. Department of Agriculture).
- If any chemicals are used in the growing process, the employees of the growers will very likely need to comply with OSHA requirements.

Other issues that should be considered include any potential impact on air or water quality due to the growing operations. Potential air quality issues related to growing operations include the low oxygen/high carbon monoxide environments and extensive mold growth due to high moisture growing conditions. Potential water quality issues include possible discharge of chemicals to the sanitary sewer, surface water or groundwater due to improper handling or disposal of pesticides or fertilizers.

Per House Bill 10-1284, medical marijuana waste disposal is under the purview of the Colorado Department of Revenue, which is in the process of considering draft rules for medical marijuana disposal with information provided by the Colorado Department of Public Health and Environment.

VII. State Methamphetamine Task Force Partnerships

A. Colorado Alliance for Drug Endangered Children

The Colorado Alliance for Drug Endangered Children (DEC) exists to promote the health, safety, and well-being of drug endangered children through statewide training, technical assistance, and advocacy (www.coloradodec.org). Children are drug endangered when their caregiver's substance use, or involvement in the illegal drug trade, results in child abuse, child neglect, and/or interferes with their ability to provide a safe and nurturing environment. The partnership between the State Methamphetamine Task Force and Colorado DEC strengthens the work of both groups by providing a link between policy makers and local grassroots movements.

Colorado DEC has four primary goals:

- Increase statewide recognition of the challenges facing children in substance using environments and the positive outcomes associated with collaboration;
- Provide support to communities and organizations to increase the identification of and services to drug endangered children through collaborative community responses;
- Develop and implement projects to collect accurate quantitative and qualitative data on the scope of DEC issues; and
- Support development and dissemination of innovative and effective practices, programs, and policies related to substance abuse and child welfare issues in Colorado.

These goals are accomplished through four primary focus areas:

- Training and technical assistance to local communities and organizations;
- the Drug Endangered Children Reporting System (DECSYS);
- the Colorado Substance Exposed Newborns Steering Committee; and
- identification of drug endangered children by Community Parole Officers.

Additionally, Colorado DEC hosts an annual conference as well as a networking forum for professionals who share a passion to help children and families impacted by substance use. The 2010 Conference had 148 attendees, national speakers, and a focus on innovative community based responses and concrete solutions that can be easily implemented in communities to address the impacts of substance exposure on children and families.

B. Rural Law Enforcement Methamphetamine Initiative

Although progress is being made to reduce clandestine drug labs through precursor chemical legislation and Mexico's restrictions on ephedrine, the production, distribution, and use of methamphetamine disproportionately affects rural communities. In response to methamphetamine remaining the largest drug problem in most rural states, Strategic Applications International (SAI), in partnership with the Bureau of Justice Assistance (BJA), U.S. Department of Justice, launched the Rural Law Enforcement Methamphetamine Initiative with funding from the American Recovery and Reinvestment Act as a two-year project to address unique challenges facing rural law enforcement jurisdictions.

Colorado is one of seven states awarded funding that supports the Colorado Rural Law Enforcement Methamphetamine Initiative (RLEMI). The Colorado RLEMI consists of a collaboration of agencies and leaders who support rural communities that are negatively affected by methamphetamine and related issues. The Colorado State Methamphetamine Task Force supported the Colorado Alliance for Drug Endangered Children as the convening agency for the Colorado RLEMI and for employing a Rural State Methamphetamine Coordinator with the grant funds.

It is the purpose of Colorado RLEMI to serve as the catalyst to building a permanent support structure for rural communities through collaboration, research and networking with professionals in the applicable rural communities affected.

A State Action Team, acting as an advisory board for the Colorado RLEMI, was convened in 2010 to guide the work of the initiative to support law enforcement through community capacity building. The group expressed a strong support for drug endangered children, recovery support systems, and assessing and identifying resources as tools to support the rural communities.

The main outcomes of the Colorado RLEMI are:

- Improved coordination between law enforcement and partnering organizations to decrease the negative impacts of methamphetamine.
- Increased and measurable collaboration for Drug Endangered Children and 100% of reporting through the use of DECSYS reporting system for law enforcement agencies in order to improve services, recovery, and heal the family structure in rural communities.
- Decrease in methamphetamine incidents and need for treatment services.
- Measurable increase in the ease of access to treatment and to recovery support systems.
- Improved outcomes for children through prevention, intervention and education.

VIII. Programs and Practices

One of the main responsibilities of the State Methamphetamine Task Force is to identify best practices and review model programs that have shown best results in Colorado to address methamphetamine and other drug issues and to investigate collaborative approaches on protecting children and other victims of drug production, distribution and abuse. In 2010 several presentations were given at meetings of the State Methamphetamine Task Force focused on the 2010 Task force priority of prescription drug abuse in Colorado. In addition, several statewide programs are making progress in the areas of prevention, intervention and treatment.

A. Colorado Medication Take-Back Pilot Project

Greg Fabisiak, Environmental Integration Manager at Colorado Department of Public Health and Environment

www.cdphe.state.co.us/hm/medtakeback/index.htm

Pharmaceuticals are increasingly impacting the environment, particularly in water systems, to the potential detriment of the health of humans and wildlife.

Pharmaceuticals are widespread throughout our society. They are designed to have a biological effect and some are resistant to degradation and some retain their activity over time. Significant portions of pharmaceuticals pass through the user unchanged or as biologically active metabolites that may be resistant to removal through conventional water and wastewater treatment techniques.

The Colorado Medication Take-Back Pilot Project, with funding from multiple sources for two years through 2011, is working with local businesses (i.e. pharmacies and grocery stores,) to collect unused and unwanted household medications in order to dispose of these items in a convenient, secure and environmentally sound manner.

The Colorado Medication Take-Back Pilot Project is a network of secure boxes for the collection of unused and unwanted household medications. The collection boxes are at eleven locations in the state, nine in the Front Range area and two in Summit County.

The collection method complies with U.S. Controlled Substances Act, is cost effective (no need to sort medications), is convenient and easy to use, and is protective of the environment in that the pharmaceuticals are incinerated. In its first 12 months of operation the project successfully collected and destroyed over 6,500 pounds of medication.

Several states have proposed legislation in support of medication take-back programs, including Washington, Maine, Oregon, Florida and Minnesota. Colorado is investigating its options for development of a sustainable, statewide program.

B. Prescription Drug Abuse in Colorado—Presentation

Beverly Gmerek, Program Coordinator, Prescription Drug Abuse Prevention, Peer Assistance Services

www.peerassistanceservices.org/prescription/drugabuse.php

The Prescription Drug Abuse Prevention Program is currently funded by the Colorado Division of Behavioral Health as a five-year grant with funds from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Substance Abuse prevention and Treatment Block Grant. Peer Assistance Services, Inc., is the contractor that is implementing the program.

The 2010-2015 program objectives are to:

- increase awareness of the problem of prescription drug abuse;
- increase availability of medication disposal programs statewide;
- encourage responsible prescribing practices;
- encourage patient responsibility; and
- track data and trends.

Yearly deaths related to the most commonly abused prescription drugs nearly doubled from 298 in 2000 to 562 in 2008; commonly abused opioids such as oxycodone, hydrocodone and fentanyl more than doubled from 180 in 2000 to 373 in 2008. In 2003-2008 49% of the drug related deaths in the City of Denver involved prescription drug abuse.

In 2008 three times as many people in Colorado died from prescription drug abuse (562) than from drunk-driving related crashes (173). The number of Colorado residents admitted for treatment for prescription opioid abuse more than tripled, increasing from 305 in 2000 to 1,062 in 2008.

In 2007 – 2008 rates of prescriptions for Oxycodone increased from 86 (per 1,000 prescriptions) to 111 in just one year. Hydrocodone prescriptions also increased from 131 to 150 per 1,000 prescriptions.

In Colorado, there are no legislative regulations for consistent collection and disposal of unused and unwanted household medications. The pilot programs for medication take back in Colorado are not widespread in the state and there is no dedicated funding to support continuous collection and disposal.

The Colorado Prescription Drug Abuse Prevention program launched a media campaign titled “*Rx Drugs Not Yours. Not Safe*” to promote awareness of the issue among the general public.

C. National Pharmaceutical Drug Take Back Initiative

James J. Palestino, Assistant Special Agent in Charge

Helen Kaupang, Diversion Group Supervisor

U.S. Drug Enforcement Administration, Denver Field Office

The U.S Drug Enforcement Administration (DEA) coordinated a collaborative effort with state and local law enforcement agencies on removing potentially dangerous controlled substances from the medicine cabinets of citizens across the nation, including Colorado. The National Pharmaceutical Take-Back Day, September 25, 2010, provided an opportunity for the public to dispose of expired, unwanted, or unused pharmaceutical controlled substances and other medications to law enforcement officers for destruction. This one-day effort brought national focus to the issue of pharmaceutical controlled substance abuse. The program also provided an opportunity for law enforcement, substance abuse prevention and treatment professional, and the business community to collaborate on providing safe collection sites for citizens regardless of where they reside.

In Colorado, the DEA partnered with the Colorado Attorney General’s Office, the Colorado Department of Public Health and Environment, and the Colorado Prescription Drug Abuse Prevention Program’s “*Rx Drugs Not Yours Not Safe*” to coordinate with local law enforcement on the September 25th Take Back event.

On September 25th, there were 95 collection sites in numerous communities across Colorado that were open for a period of four hours. During that time a total of 4.5 tons of unused and unwanted pharmaceuticals were collected.

The DEA provided disposal boxes to all participating agencies as well as promotional materials. The DEA also coordinated the collection of all pharmaceuticals from the participating agencies and completed the disposal process, working with CSI/Waste Management to conduct the disposal at its Bennett facility.

Members of the U.S. Congress who are interested in the results of this national take back effort will be working on federal legislation to further assist in establishing collection and disposal programs.

D. SBIRT Colorado Update

*José Esquibel, SBIRT Project Director
Director, Interagency Prevention Services Program
Colorado Department of Public Health and Environment/
Prevention Services Division
<http://improvinghealthcolorado.org>*

The SBIRT Colorado (SBIRT CO) program is a statewide initiative of the Office of the Governor and is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The program is administered by the Colorado Department of Human Services/Division of Behavioral Health in partnership with the Colorado Department of Public Health and Environment/Prevention Services Division/Interagency Prevention Systems Program, and managed by Peer Assistance Services, Inc (PAS).

Screening Brief Intervention and Referral to Treatment (SBIRT) is a public health approach to preventing risky substance use behavior. The overall goal of SBIRT in Colorado is to improve the lives and health of individuals by providing early substance use screening and intervention in healthcare settings. Patients are assessed for levels of substance use risk behaviors using standardized screening tools. Patients showing risky substance use behaviors are provided a brief intervention, a short conversation incorporating feedback and advice, by a health professional. Patients who screen in need of additional services are also provided a referral to brief therapy or treatment.

SBIRT Colorado is currently providing services to a broad range of patients in urban, rural, and frontier healthcare settings across Colorado. As of December 1, 2010 over 97,000 screens were completed. Sixteen percent (16%) of all patients screened were determined to at-risk for alcohol or illicit substance use. The recommended service delivery for most patients was a brief intervention only (11% of all patients screened scored in the moderate risk range for which the recommended service is a brief intervention only). Only five percent (5%) of all patients screened were in need of specialty substance abuse treatment services.

By administering SBIRT services and learning motivational interviewing techniques, healthcare providers are in a position to directly impact the health and well-being of the majority of patients engaging in risky substance use. In 2010, the Colorado General Assembly passed legislation to activate the SBIRT billing codes for Medicaid, which will allow healthcare professionals to be reimbursed for the provision of SBIRT services for Medicaid eligible patients.

Outcome results for SBIRT CO are similar to national SBIRT findings and demonstrate that patients experienced a significant drop in overall use during the 30 days prior to follow-up as compared to the 30 days prior to intake:

- Days of alcohol use fell by 48% and overall days of illicit substance use fell by 44%.
- Days of binge drinking (consuming 5 or more drinks in a single sitting) fell by 51%.
- Days of cannabis and cocaine use fell by 43% and 88%, respectively.

An analysis of data from SBIRT Colorado indicates:

- Patients reduced their substance use after receiving SBIRT services.
- Providers identified improved quality of care as the primary motivator of participating in SBIRT.
- Patients were appreciative, rather than resistant, to the SBIRT process.
- SBIRT is changing perceptions about substance use and its place in healthcare.

E. Access to Recovery Update

Bert Singleton, ATR Project Director

Colorado Department of Human Services/Division of Behavioral Health

<http://atrcolorado.org>

The Colorado Access to Recovery project, a three year federal grant administered by the Colorado Division of Behavioral Health/Colorado Department of Human Services, completed its final year at the end of August 2010. During the three years the project provided treatment and wraparound support services to over 6,000 individuals. The support services included supportive housing, relapse prevention, peer support groups, life skills (anger management, parenting, financial responsibility, etc), GED and employment assistance, pastoral counseling and support, child care, and other services. Reconstructive dental work was especially successful in helping clients who had ruined their teeth using methamphetamine. The project also launched a successful pilot to provide Suboxone treatment for Drug Court clients.

Seventy percent of the ATR clients reported involvement with methamphetamine and 75% had a current or past involvement with the criminal justice system. Colorado Access to Recovery clients demonstrated statistically significant improvements in maintaining sobriety, employment, stable housing, social connectives, and reduced involvement in the

criminal justice system. In addition, 89% of the clients reported being very satisfied with their experience with the project. The Care Coordinators, who provided ongoing support, encouragement, and problem solving for the clients, were consistently identified by clients as one of the most vital services offered to them.

Colorado was just awarded a new Access to Recovery grant which is funded at \$13,000,000 over four years beginning October 1, 2010. The project will provide services statewide and is available for anyone regardless of age or type of drug used. There will be a special outreach effort to members of the National Guard and U. S. Military, to rural communities, and to the lesbian-gay-bisexual-transgender population. The project will build on the many successful collaborative relationships established during the previous ATR grant to continue to provide treatment and support services for people in need.

F. Colorado Meth Project

Kent MacLennan, Executive Director, Colorado Meth Project
www.coloradomethproject.org

The second wave of the Colorado Meth Project's "*Not Even Once*" messaging and outreach campaigns are ongoing with great success raising awareness about the dangers of methamphetamine. An initiation Colorado Meth Use and Attitudes Survey was administered to youth and young adults in 2009 before the launch of the Colorado Meth Project. This is statewide survey that tracks the attitudes and behaviors of Colorado's young people toward methamphetamine. The same survey was administered again in 2010, and according to the data:

- Availability of meth has remained unchanged in the past year, as 38% of Colorado young adults report that meth easy to get and 31% say they have been offered the drug.
- 93% of our target demographic of Colorado teens and young adults report having seen or heard the Colorado Meth Project commercials.
- 88% of teens and young adults now see great risk in trying methamphetamine, up nine points from a year ago for teens, and up five points for young adults.
- Most (94%) teens report the Colorado Meth Project's ads helped them understand that methamphetamine is dangerous to try even once, and 89% say the ads made them less likely to try or use methamphetamine.

In addition, the *Not Even Once Week* outreach initiative of the Colorado Meth Project successfully engaged local communities in the effort, including programs in Mesa, Montrose, Weld, Pueblo County, Larimer and Moffat counties, along with activities with the Boys & Girls Club in Metro Denver. In 2010, the program reached 10,588 of the youth demographic through direct presentation or curriculum, including 3,960 "at-risk youth", while an additional 125,000 have been indirectly exposed through event-based activities and booths.

Appendix A
Membership
State Methamphetamine Task Force

Chair

Attorney General John Suthers

Vice-Chairs

Treatment: Janet Wood, Director, Division of Behavioral Health, Colorado Department of Human Services (Retired in September 2010)

Charles Smith, Ph.D., Director, Division of Behavioral Health, Colorado Department of Human Services (Since October 2010)

Prevention: José Esquibel, Director, Interagency Prevention Systems, Prevention Services Division, Colorado Department of Public Health and Environment

Criminal Justice: Lori Moriarty, Commander, Thornton Police Department, Retired; Senior Vice President, National Alliance for Drug Endangered Children

Members

Governor's Policy Staff Representative: Leslie Herod

President of the Senate Designee: Dan Rubinstein, Chief District Attorney, Mesa County District Attorney's Office

Senate Minority Leader Designee: Nancy J. Burke, Vice President of Government Affairs, Colorado Apartment Association

Speaker of the House Designee: Carmelita Muniz, Director, Providers Association

House Minority Leader Designee: Repr. Ken Summers, House District 22, Lakewood

Statewide Child Advocacy: Cody Belzley, Colorado Children's Campaign

Major Health Facility: Dr. Kathryn Wells, Medical Director, Denver Health

Human Service Agency, Child Welfare: Lloyd Malone, Director, Division of Child Welfare, Colorado Department of Human Services

Alcohol and Drug Treatment Expert: Dr. Nick Taylor, Taylor Behavioral Health

Criminal Defense Bar: Greg Daniels, Attorney of Haddon, Morgan and Foreman

Mental Health Treatment Provider: Liz Hickman, Ph.D., Centennial Mental Health Center, Inc., Sterling

Colorado Department of Education: Janelle Krueger, Prevention Initiatives

Colorado District Attorneys Council: Bob Watson, District Attorney, 13th JD, Ft. Morgan

County Sheriffs of Colorado: Sheriff Stan Hilkey, Mesa County

Colorado Association of Chiefs of Police: Chief Michael Root, Kiowa Police Department

County Commissioner from a Rural County: Janet Rowland, Mesa County

Organization Providing Advocacy and Support to Rural Municipalities: Rachel Allen, Colorado Municipal League, Staff Attorney

Licensed Pharmacist: Val Kalnins, Colorado Pharmacist Society

Colorado Department of Public Safety: Jeanne Smith, Director, Division of Criminal Justice

Office of Child's Representative: Debra Campeau, Office of Child's Representative

Colorado Department of Corrections/Adult Parole: Melissa Gallardo, Manager, Division of Adult Parole, Community Corrections and Youth Offender Systems

State Judicial Department:

Shane Bahr, State Court Administrators Office

Judge Dan Kaup, 8th Judicial District, Larimer County Justice Center

Appendix B

Colorado Blueprint **Executive Summary**

A Comprehensive Community Response to Address Methamphetamine Production, Distribution, and Use

The core purpose of the Colorado State Methamphetamine Task Force and partners is to provide leadership and develop a statewide strategy to assist local communities with implementation of the most effective practices to respond to illegal methamphetamine production, distribution, and use and to improve the wellbeing of drug endangered children.

The cornerstone priority of the State Methamphetamine Task Force is establishing a *Colorado Blueprint* that will assist in comprehensively addressing methamphetamine issues and other drugs of abuse and the affects these drugs have on communities, families, and children. The *Colorado Blueprint* is a starting point for defining a common and comprehensive community response process for the State of Colorado.

The *Colorado Blueprint* is intended to ensure that efforts across multiple-disciplinary groups and community systems are well coordinated and that evidence-based strategies, both short and long term, address the needs of children, families, communities, and the state. The *Colorado Blueprint* articulates a process for:

- clarifying expectations;
- creating an environment and the tools for shared learning;
- developing a shared, unifying understanding of case flow processes;
- defining roles within an architecture where common approaches are known and used to improve overall performance; and
- specifying state-of-the-art practices across the range of stages in the *Comprehensive Community Response*.

The *Colorado Blueprint* aligns efforts and outcomes from the level of children and families to the level of professional disciplines to the level of local community to the level of the state and to the national level. At the core of the *Colorado Blueprint* is a four part continuous course of action of policy, implementation, practice and science, which is referred to as a learning nexus (see Figure 1 below). In this regard, evidence and practice inform implementation as well as policy and legislative improvements.

The *Colorado Blueprint's* Comprehensive Community Response Process (see Figure 2 below) is a means of clarifying the variety of roles and responsibilities of community partners working at different stages to prevent and intervene in problems created by methamphetamine abuse and addressing the needs of children in dangerous drug environments. This process serves to:

- ensure all disciplines with a role at each stage are identified;
- identify a full set of roles and responsibilities for each discipline;
- identify the inventory of resources used at each stage; and
- identify who is doing each stage well.

What emerges from this process is an understanding of the state-of-the-art practices relied on individually and collectively by various disciplines to achieve outcomes. This understanding is expected to reveal opportunities to share knowledge and create innovation, and to identify the strengths, weaknesses, and opportunities in communities for aligning various efforts. In the *Colorado Blueprint* this is referred to as a Shared Practice Framework (see Figure 3 below), which specifies practices within and across disciplines and highlights the areas of convergence and the areas of unique expertise tied to roles in each discipline.

The *Colorado Blueprint* is in a multiple phase implementation and refinement process. The following action steps will further determine the specific statewide strategies that are capable of producing outcomes:

- Action Step #1: Further develop and refine components of the *Colorado Blueprint*.
- Action Step #2: Create a shared-knowledge base of strategies, programs and practices.
- Action Step #3: Conduct demonstration initiatives related to the Comprehensive Community Response Process.
- Action Step #4: Produce “Knowledge Papers” for each stage of the Comprehensive Community Response Process.
- Action Step #5: Utilize the refined *Colorado Blueprint* for articulating a statewide strategy for developing and implementing a stronger planning and implementation capacity at community, county and state levels to protect children, families and communities from the effects of methamphetamine and other illegal drug use.

Figure 1: Learning Nexus for Evidence-based Practice

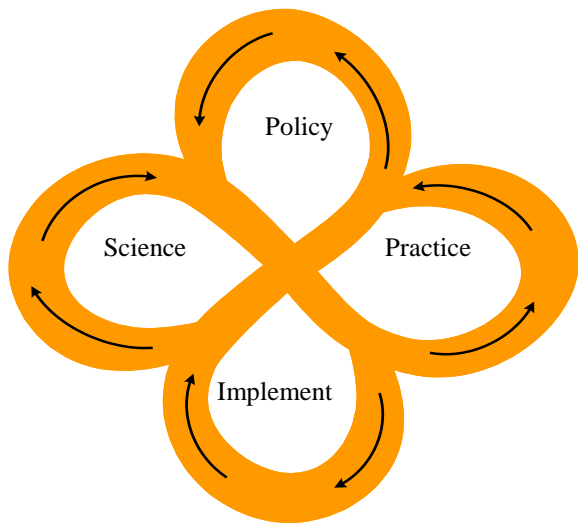


Figure 2: Comprehensive Community Response

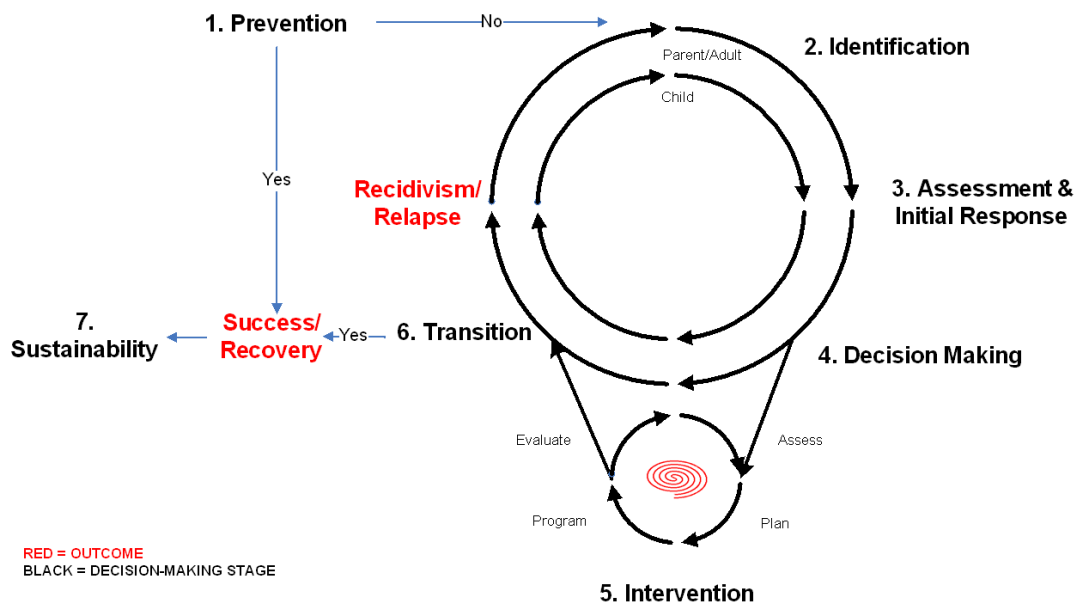


Figure 3: Shared Practice Framework

Building Horizontal Alignment

Tuesday, April 03, 2007

