

State of Colorado

**Substance Abuse Trend and
Response Task Force**



**Eighth Annual Report
January 2014**

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Colorado Attorney General
Task Force Chair**

Colorado Substance Abuse Trend and Response Task Force formerly the Colorado Methamphetamine Task Force

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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I. Executive Summary

Overview of the Substance Abuse Trend and Response Task Force

Recognizing 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 State Methamphetamine Task Force for a second four-year period from January 2010 to January 2014. Looking toward the future from January 2014 onward, the Task Force members considered the need for officially expanding the focus of the Task Force beyond methamphetamine.

The emergence of several substance abuse trends in Colorado prompted the Colorado Methamphetamine Task Force to recommend to the Colorado General Assembly that the Task Force be reauthorized with a broader emphasis to better reflect the focus of the current Task Force in monitoring and collaboratively responding to current and emerging drug abuse problems in Colorado beyond, but still inclusive of, methamphetamine use, production and distribution.

In recent years, data and information from various partners in Colorado raised concerns about the abuse of prescription drugs, underage use of marijuana and synthetic marijuana, and most recently, an increase in heroin use, especially among youth.

In 2013, the Colorado General Assembly reauthorized the Task Force under the name “Substance Abuse Trend and Response Task Force” (Senate Bill 2013-244) with additional members (see Appendix A for a list of Task Force members and Appendix B for a summary of SB13-244).

By statute, the core purpose of the State Trend and Response Task Force and partners is to:

1. Examine drug trends and the most effective models and practices for the prevention and intervention of substance abuse, the prevention of the negative public health impacts due to improper dispensing, management and disposal of drugs, and the treatment of children and adults affected by drug addiction.

2. Formulate a response to current and emerging substance abuse problems from the criminal justice, prevention and treatment sectors.
3. Investigate collaborative models on protecting children and other victims of substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution.
4. Assist local communities with implementation of the most effective practices to respond to substance abuse prevention, intervention and treatment and review model programs that have shown the best results in Colorado and across the United States in the areas of substance abuse prevention, intervention, treatment and interdiction.
5. Evaluate and promote approaches to increase public awareness of current and emerging substance abuse problems and strategies for addressing those problems.
6. Measure and evaluate the progress of the state and local jurisdictions in preventing substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution and in prosecuting persons engaging in these acts.

Drug-Endangered Children

A network of partners was formed in 2007 to explore issues related to the impact of substance use on children and families with leadership from the Colorado Alliance for Drug Endangered Children (Colorado DEC) and financial support from the Daniels Fund. The primary challenge to helping drug endangered children is the lack of coordination between the social and political systems charged with preventing, intervening, and treating these cases. Colorado DEC supports the effective coordination of multiple systems to maximize the assets of each discipline to break cycles of abuse in families through the provision of an organizing structure, statewide network, and manageable tools.

To meet these program targets, Colorado DEC held the 5th Annual Colorado DEC Conference as a collaborative training summit in September 2013 in partnership with the Colorado Drug Investigators Association. In addition, Colorado DEC received a grant from The Colorado Trust to convene professionals and advocates on the topic of perinatal substance abuse and substance-exposed newborns as a follow-up to the passage in House Bill 2012-1110 to protect women communicating with their prenatal care provider and seeking treatment for substance use during pregnancy.

Over 300 individuals participated at eight locations across the state. See Section VIII.B Task Force Partnerships: Substance Exposed Newborns for details and next steps.

With the passage of Senate Bill 2013-278, the Colorado General Assembly charged the Substance Abuse Trend and Response Task Force with the development of a definition of ‘drug-endangered child’ to be used in the context of the definitions of ‘child abuse or neglect’ and to include the definition in the January 2014 report of the Task Force. An Ad-hoc Committee was formed under the Task Force with representatives of various organizations, including social services, child welfare, substance abuse prevention and treatment, local courts, and law enforcement, and a definition was developed. See Section V: Policy Issues for details.

Prescription Drug Abuse Prevention

The Substance Abuse Trend and Response Task Force coordinated efforts with the regional office of the U. S. Drug Enforcement Administration in support of two National Prescription Drug Take Back events held in Colorado during 2013 that collected and destroyed 39,608 pounds of prescription and over-the-counter medications.

Members of the Task Force, along with staff of the Office of the Attorney General, participated in the development of the *Colorado Prescription Drug Abuse Prevention Plan* (October 2013) with leadership from Governor John Hickenlooper and his policy staff as part of a Policy Academy of the National Governors’ Association. This effort led to the formation of the Colorado Consortium for Prescription Drug Abuse Prevention with staff support from the Skaggs School of Pharmacy and Pharmaceutical Sciences, Department of Clinical Pharmacy, University of Colorado.

The Task Force appointed the Colorado Prescription Drug Abuse Prevention Task Force as the official prescription drug abuse prevention committee of the Task Force with a direct link to the Colorado Consortium for Prescription Drug Abuse Prevention and the implementation of the goals and strategies of the *Colorado Prescription Drug Abuse Prevention Plan*.

Task Force Committees

The Substance Abuse Trend and Response Task Force seated four committees in 2013:

- The Substance-Exposed Newborns Steering Committee, co-chaired by Kathryn Wells, MD, and Jade Woodard, Executive Director of Colorado Alliance for Drug Endangered Children, prepared a set of recommendations for *Serving*

Families Impacted by Prenatal Substance Use, which was approved by the Task Force. This committee provided leadership for the Perinatal Substance Abuse and Substance Exposed Newborns Convenings (See Section VII.B)

- The Data Committee, chaired by José Esquibel, was convened collaboratively with a State Epidemiology and Outcomes Workgroup, a network of people and organizations working together to collect, examine and report substance use and relevant mental health data in Colorado to help monitor emerging epidemiological trends in support of planning, policy and resource allocation efforts.
- The ‘Drug-Endangered Child” Definition Ad-hoc Committee, co-chaired by Lori Moriarty, José Esquibel and Marc Condojani, consisted of professionals and advocates in the fields of social services, law, substance abuse prevention and treatment and law enforcement that worked collaboratively to prepare a draft definition of ‘drug-endangered child,’ in order to fulfill the requirement of Senate Bill 2013-278 to “Develop a definition of a ‘drug-endangered child’ to be used in the context of the definition of ‘child abuse or neglect’ as set forth in section 19-1-103 (1), C.R.S., and include the definition in its January 1, 2014, report to the judiciary committees of the Senate and the House of Representatives, or any successor committees.”
- The Prescription Drug Abuse Committee of the Task Force was approved at the November 1, 2013, meeting of the Task Force and consists of members of the already existing Colorado Prescription Drug Abuse Prevention Task Force. This committee is co-chaired by Robert Valuck, Ph.D., a professor at the Skaggs School of Pharmacy and Pharmaceutical Sciences, Department of Clinical Pharmacy, University of Colorado, and by Helen Kaupang of the U.S. Drug Enforcement Administration, Denver Division Office. This committee is the direct link to the work of the Colorado Consortium for Prescription Drug Abuse, which is responsible for implementing the goals and strategies of the Governor’s *Colorado Plan to Reduce Prescription Drug Abuse* (2013).

Funding

Generous financial support from the El Pomar Foundation continues to be instrumental in moving forward the work of the Substance Abuse trend and response Task Force. In-kind support from the Colorado Alliance for Drug Endangered Children and the National Alliance for Drug Endangered Children is of value to the Task Force in assisting communities.

A grant from The Colorado Trust was awarded to the Colorado Alliance for Drug Endangered Children in the amount of \$20,000. The funds were utilized to conduct regional meetings of stakeholder to address the issue of substance use during pregnancy and substance-exposed newborns in order to facilitate identification of these women, increase referral to services and support, and ensure cross-system collaboration.

Summary of 2013 Key Policy Issue

In compliance with the requirement of Senate Bill 2013-278, the Substance Abuse Trend and Response Task Force respectfully submits the following definition, which was developed with input from professionals and advocates in the fields of social services, law, substance abuse prevention and treatment, and law enforcement (see Section V below for details):

Proposed Legislative Definition of ‘Drug-endangered Child’ 19-1-103 (1), C.R.S.

(VI) Any case involving a drug-endangered child as defined in subsection (44.7) of this section.

(44.7)(a) Drug-Endangered Child means:

(I) A situation in which, in the presence of a child, or on the premises where a child is found, or where a child resides, a controlled substance, as defined in section 18-18-102 (5), C.R.S., is manufactured, distributed, cultivated, produced, possessed, or used, or attempted to be manufactured, distributed, cultivated, produced, possessed, or used when such activity threatens the health or welfare of a child. The unrestricted access to the controlled substance, or legal substances, by a child may establish endangerment and endangerment may also be established by other circumstances when a child’s health or welfare is threatened by the drug activity or impairment of the person responsible for care of the child as defined in 19-1-103 (94);...

Summary of 2014 Priorities

A. Provide support and technical assistance to local communities.

- In a lead role and with participation of several members of the Colorado Substance Abuse and Response Task Force, the staff and statewide network of the Colorado Alliance for Drug Endangered Children will continue to offer technical assistance to local communities. Additional funding is needed and being sought to expand efforts to better meet the identified needs of drug-endangered children.
- A partnership between Colorado Alliance for Drug Endangered Children and the Colorado Meth Project will serve to engage Colorado communities utilizing the successful approach that was developed several years ago as part of the Rural Law Enforcement Methamphetamine Initiative. This effort will work to link communities to existing resources to help meet the challenges of substance abuse.

B. Collaborate with partners on strategies to reduce prescription drug abuse in Colorado.

- The Task Force and its members will coordinate with staff of the U.S. Drug Enforcement Administration, Denver Division Office on enlisting local Colorado law enforcement agencies and volunteers to participate in the National Drug Take Back events. Task Force members will utilize their networks to promote the Take Back events.
- Members of the Task Force will participate on work groups of the Colorado Consortium for Prescription Drug Abuse Prevention to assist in implementing the goals and objectives of the *Colorado Prescription Drug Abuse Prevention Plan*. The areas of focus are:
 - Provider and prescriber education.
 - Improving usability and appropriate accessibility of the Prescription Drug Monitoring Program.
 - Proper and safe disposal of prescription drugs.
 - Public awareness about safe use, safe storage and safe disposal of prescription drugs.
 - Data and analysis to monitor prescription drug abuse trends, to educate the public and to inform decision making by multiple stakeholders.

C. Disproportionately affected populations.

- The main focus of this priority is pregnant women and substance-exposed newborns. The Substance-Exposed Newborns Steering Committee of the Task Force finalized the recommendations and action steps that were approved by the Task Force and will be meeting to determine areas of focus for 2014. To read the recommendations, go online to:
<http://www.coloradodec.org/substanceexposednewborns.html>.
- The Substance-Exposed Newborns Steering Committee is currently engaging in strategic planning efforts to determine the best method to support communities in implementing their regional action plans and follow up on the issues identified at the convenings held in 2013 on the topic of “Serving Families Impacted by Prenatal Substance Use.”

D. Impact of marijuana, adolescent marijuana use, and access by children.

- The Task Force will work with partners to monitor data on the impact of marijuana, in particular the impact on youth, and determine responses to address the identified negative impacts.
- An updated report from the Rocky Mountain Drug Trafficking Area on the impact of marijuana use in Colorado is expected in July of 2014.
- The Task Force will monitor data related to access of marijuana by children and generate recommendations, if needed, to ensure the safety of children.
- Strategies will be identified and collaborative courses of actions will be recommended.

E. Heroin use in Colorado.

- The Task Force will determine key strategies and coordinate law enforcement, prevention and treatment responses to address the increase of heroin use in Colorado, in particular, use among youth.

II. Colorado Substance Abuse Trend and Response Task Force

The membership of the Colorado Substance Abuse Trend and Response Task Force, formerly the 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-eight members.

John Suthers, Colorado Attorney General, serves as Chair of the Substance Abuse Trend and Response Task Force, as specified in 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 Vice President the National Alliance of Drug Endangered Children.

José Esquibel, Director of Interagency Prevention Systems, Office of Children, Youth and Families, Colorado Department of Human Services, serves as Vice-Chair for Prevention by appointment of Colorado President of the Senate.

Marc Condojani, Director of Community Treatment and Recovery Programs in the Office of Behavioral Health, Colorado Department of Human Services, serves as Vice Chair for Treatment by appointment of the Colorado Speaker of the House of Representatives.

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

In 2013 the Substance Abuse Trend and Response 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 1, 2013
- May 3, 2013
- August 23, 2013
- November 1, 2013

In addition, the Vice-Chairs and the Executive Director of Colorado Alliance of Drug Endangered Children met quarterly 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 Task Force seated four committees in 2013:

- Substance-Exposed Newborns Steering Committee: Kathryn Wells, MD and Jade Woodard, Co-Chairs.
- Data Committee: José Esquibel, Chair.
- Drug Endangered Children Definition Ad hoc Committee: Lori Moriarty, Marc Condojani, and José Esquibel, Co-Chairs.
- Prescription Drug Abuse Prevention Committee: Robert J. Valuck, Ph.D., and Helen Kaupang, Co-Chairs.

III. Legislative Recommendation of the Task Force

Per Senate Bill 2013-278, the Substance Abuse Trend and Response Task Force was charged by the Colorado General Assembly to “Develop a definition of a ‘drug-endangered child’ to be used in the context of the definition of ‘child abuse or neglect’ as set forth in section 19-1-103 (1), C.R.S., and include the definition in its January 1, 2014, report to the judiciary committees of the Senate and the House of Representatives, or any successor committees.”

In compliance with the requirement of SB13-278, the Task Force respectfully submits the following definition, which was developed with input from professionals and advocates in the fields of social services, law, substance abuse prevention and treatment and law enforcement (see Section V below for details):

Proposed Legislative Definition of ‘Drug-endangered Child’ 19-1-103 (1), C.R.S.

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threatened by the drug activity or impairment of the person responsible for care of the child as defined in 19-1-103 (94);

IV. Milestones and Progress on 2013 Priorities

The following milestones mark the progress made by the Substance Abuse Trend and Response Task Force and partners with regard to the 2013 priorities:

- Legislation was passed reauthorizing the State Methamphetamine Task Force with an expanded focus to address a variety of drug abuse issues in Colorado and officially renamed the Task Force as the Substance Abuse Trend and Response Task Force.
- Completed a definition of ‘Drug-endangered Child’ as required by SB13-278.
- 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.
- The Colorado Alliance for Drug Endangered Children coordinated with partners across the state to promote the use of 1-800-CHILDREN as a resource and referral line for pregnant women using substances.
- The Colorado Alliance for Drug Endangered Children and members of the Substance-Exposed Newborn Committee acquired a convening grant from The Colorado Trust to hold a series of community meetings across the state on the topic of “Serving Families Impacted by Prenatal Substance Use.” The convenings brought together over 300 participants in eight locations and focused on:
 - Facilitating the identification of these women, referral to services and support, and ensure cross-system collaboration for women actively pursuing drug treatment services so they may continue to receive services while keeping children safe.
 - Develop agreed upon guidelines and protocols for physicians, drug treatment and child welfare professionals to utilize in their approaches with this population of women.

- Conduct outreach and facilitate representation from all regions of the state so that such guidelines and protocols may be uniquely tailored to the specific needs of the communities involved.
- Partnered with the U.S. Drug Enforcement Administration, the 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 two statewide prescription drug take back events held in April 2013 and October 2013 that collected a total of 39,608 pounds of unused and unwanted household medications.
- Partnered on the development of the *Colorado Prescription Drug Abuse Prevention Plan* and formally established a prescription drug abuse prevention committee utilizing the existing Colorado Prescription Drug Abuse Prevention Task Force.
- In 2010, the Task Force recognized that the synthetic drug called “Spice,” a name for synthetic cannabinoid products, was emerging as a drug abuse issue in Colorado and across the nation. Known as JWH-018, which in a liquid form is sprayed over plant material, “Spice” was packaged as incense or room deodorant and these products were being sold to minors as well as adults. In response, legislation was proposed and was passed by the Colorado General Assembly to ban all forms of synthetic cannabinoids and to make it illegal to sell in Colorado.

In 2013, in response to the growing problem of “Spice” products marketed and available to minors and recent hospitalizations of “Spice” users due to the unknown content, the Attorney General’s Office is pursuing spice retailers through civil-based suits on deceptive labeling as well as criminal actions. Three suits were filed so far by November 2013, seeking hundreds of thousands of dollars in fines.

V. Policy Issue

Definition of Drug Endangered Child

With SB13-278, the Colorado General Assembly mandated that the Substance Abuse Trend and Response Task Force” develop a definition of a "drug-endangered child" to be used in the context of the definition of "child abuse or neglect" as set forth in section 19-1-103 (1), C.R.S., and include the definition in its January 1, 2014, report to

the judiciary committees of the Senate and the House of Representatives, or any successor committees.”

When controlled substances, whether legal or illegal, are used, produced, or distributed in the presence of children, a greater likelihood exists for harm to the children, such as from caregiver impairment, child ingestion, unhealthy indoor air quality and exposure to dangerous criminal behaviors.

There is currently no common definition of a “drug-endangered child,” which leads to inconsistency in referrals and responses.

A common definition of drug-endangered child:

- Gives all disciplines a common starting point for identification of risk to children.
- Will assist mandatory reporters with consistency in reporting.
- Increases collaboration among disciplines because everyone is using the same language to respond to the situation.

Stronger collaboration increases information sharing between disciplines which will provide more knowledge about the children and families. More information equals more informed decisions.

Without a single definition of this special problem, law enforcement and social services struggle to identify drug-endangered children. Precedent for a definition of a “drug-endangered child” exists in other states, such as Oklahoma. There was an effort in the last Colorado legislative session to pass a bill with a definition. Instead, the Colorado General Assembly decided to designate the State Methamphetamine Task Force, now the Substance Abuse Trend and Response Task Force, with an obligation to create a definition and submit a definition as part of the Task Force’s annual report to the legislature. There is intent to then introduce a bill to place the definition in state statute. Colorado would become the second state in the nation to put such a definition in statute.

Formation of an ad-hoc committee was established at the August 23, 2013, meeting of the Substance Abuse Trend and Response Task Force and met three times on September 13, 2013, October 4, 2013, and October 25, 2013. See Appendix C for members of the DEC Definition Ad-hoc Committee.

The DEC Definition Ad-hoc Committee drafted and presented the following definition, which was accepted by the Task Force at the November 1, 2013, meeting.

See Section III above for the drug-endangered child definition.

VI. Colorado Substance Abuse Trends and Data

Prescription Drug Abuse

According to data from the National Survey on Drug Use and Health (U.S. Department of Health and Human Services, 2013), Colorado ranks second highest among all states for misuse of prescription drugs. The following data summary was compiled by staff of the Prescription Drug Abuse Prevention Program:

1. Yearly deaths in Colorado due to drug-related poisoning more than doubled from 351 in 2000, to 838 in 2011. Deaths involving the use of opioid analgesics such as morphine, codeine, oxycodone, hydrocodone, methadone and fentanyl nearly quadrupled from 87 in 2000, to 304 in 2011.^A
2. In 2011, nearly twice as many people in Colorado died from poisoning due to opioid analgesics (304) than from drunk-driving related fatalities (161).^B
3. According to the Prescription Drug Monitoring Program, oxycodone prescriptions for Denver residents increased 53.1% from the 3rd quarter of 2007 through the end of 2011. During the same time, the rate of hydrocodone prescriptions increased 10.6%.^C
4. Other opioids (excluding heroin) were the most common type of drug (excluding alcohol) in Colorado death mentions in 2011, at a rate of 7.1 per 100,000. This is an increase from 5.9 per 100,000 in 2010.^D
5. Colorado has the second-worst rate of pain pill abuse in the U.S. according to the 2011 National Survey on Drug Use and Health.^E
6. A 2011 Youth Risk Behavior Survey conducted in Colorado revealed that 29.2% of 12th graders had taken a prescription medication without a doctor's prescription at least once in their lifetime. This is higher than the national average of 25.6%.^F
7. Many teens feel that prescription drugs are "safer to use" than street drugs since they are prescribed by a physician. Teens state that they are "easier to get than beer", because prescription medications are easily obtained from friends and family medicine cabinets.^G

Sources:

- A. Colorado Department of Public Health Environment, Health Statistics Section (2011).
- B. Ibid and National Highway Traffic Safety Administration, Traffic Safety Facts Colorado (Dec. 2012)
- C. Colorado Prescription Drug Monitoring Program, Colorado Department of Regulatory Agencies, Division of Registrations, Board of Pharmacy
- D. Office of Behavioral Health, Data and Evaluation Section (August, 2012)
- E. National Survey on Drug Use and Health (2011)
- F. Youth Risk Behavior Survey (Fall 2011), Colorado High School Survey Summary
- G. Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2011). Monitoring the Future national survey results on drug use, 1975-2012; Volume I, Secondary school students. Ann Arbor: Institute for Social research, The University of Michigan.

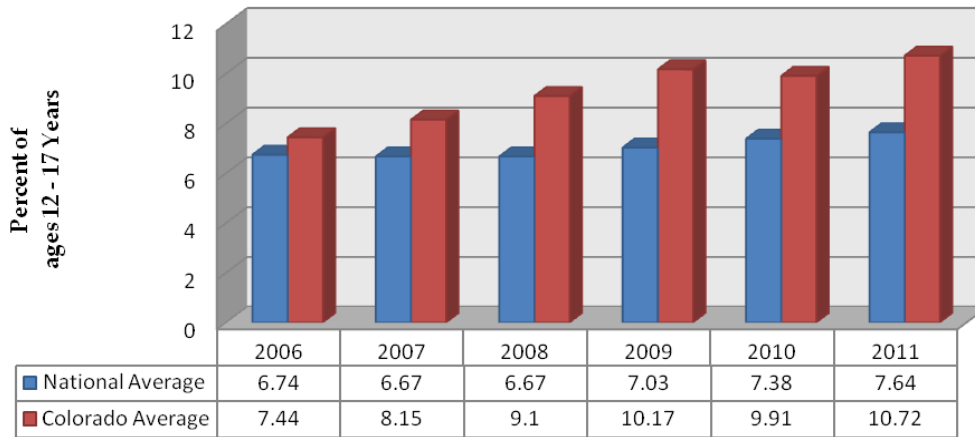
Marijuana

The Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) compiled data on the impact of marijuana legalization in the state of Colorado. The first report was prepared and published in August 2013 and the following results were presented to the Substance Abuse Trend and Response Task Force. A PDF version of [*The Legalization of Marijuana in Colorado: The Impact \(2013\)*](#) is available at www.rmhidta.org (click on the 'Reports' tab)

Colorado Youth Marijuana Use:

- In 2011, the national average for youth 12 to 17 years old considered “current” marijuana users was **7.64 percent** which was the highest average since 1981. The Colorado average percent was **10.72 percent**.
- Colorado was ranked **5th** in the nation for current marijuana use among youth (**29 percent higher**)

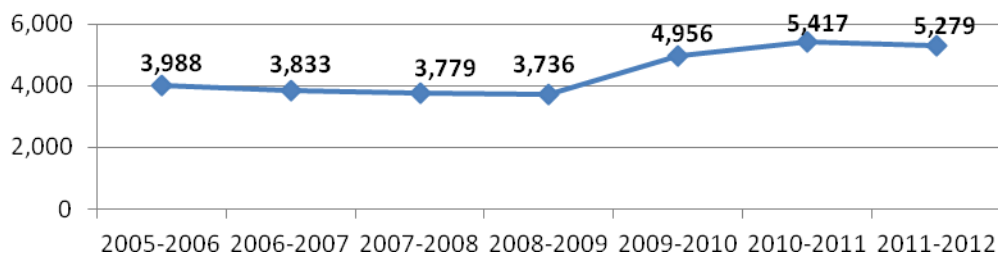
Past Month Usage of Marijuana - National v. Colorado



SOURCE: Data from SAMHSA.gov, National Survey on Drug Use and Health

- In 2011, **7.8 percent** of Colorado's high school seniors reported using marijuana 40 or more times per month, compared to a rate of **6.6 percent** nationally. Another **2.9 percent** of Colorado high school seniors reported using marijuana between 20 and 39 times a month.
- For the academic years ending in 2010, 2011, and 2022, drug-related expulsions/suspensions increased to an average of 5,217, a **37 percent** increase.

Drug-Related Suspensions/Expulsions



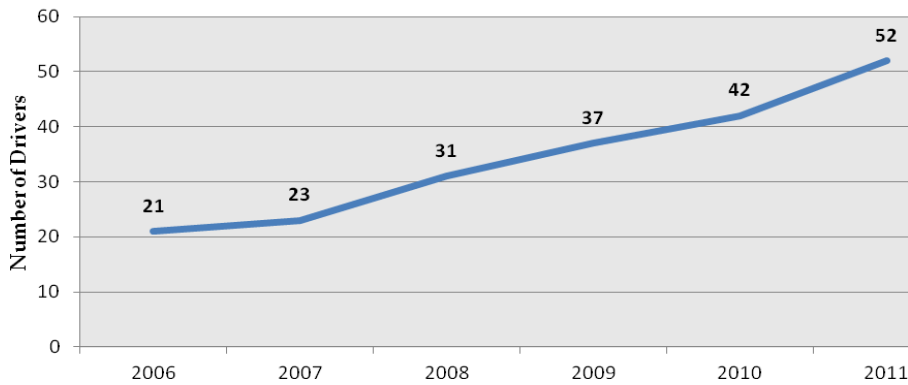
SOURCE: Colorado Department of Education⁷

NOTE: The Colorado Department of Education included all drugs in this data set. However, department officials reported that most drug-related expulsions reported since the 2008-2009 academic year have been related to marijuana.

Marijuana Impacts in Colorado:

Colorado Driving Fatalities: From 2006 to 2011, traffic fatalities decreased in Colorado 16 percent, but fatalities involving drivers testing positive for marijuana **increased 114 percent**.

Number of Drivers Testing Positive for Marijuana Only Involved in Fatal Crashes



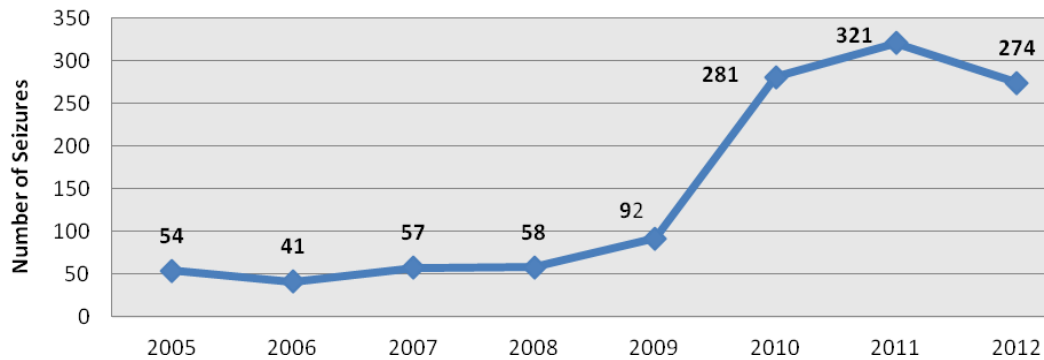
SOURCE: Colorado Department of Transportation Fatality Analysis Reporting System (FARS) 2006 - 2011

Colorado Adult Marijuana Use: In 2011, the national average for young adults ages 18 to 25 considered current marijuana users was at 18.7 percent. The Colorado average was **27.26 percent**.

Colorado Emergency Room Marijuana Admissions: From 2005 through 2008 there was an average of 741 visits per year to the emergency room in Colorado for marijuana-related incidents involving youth. That number increased to 800 visits per year between 2009 and 2011.

Diversion of Colorado Marijuana (General): From 2005 to 2008, compared to 2009 to 2012, interdiction seizures involving Colorado marijuana quadrupled from an average per year of 52 to 242. During the same period, the average number of pounds of Colorado marijuana seized per year increased 77 percent from an average of 2,220 to 3,937 pounds. A total of **7,008 pounds** was seized in 2012.

Colorado Marijuana Interdiction Seizures

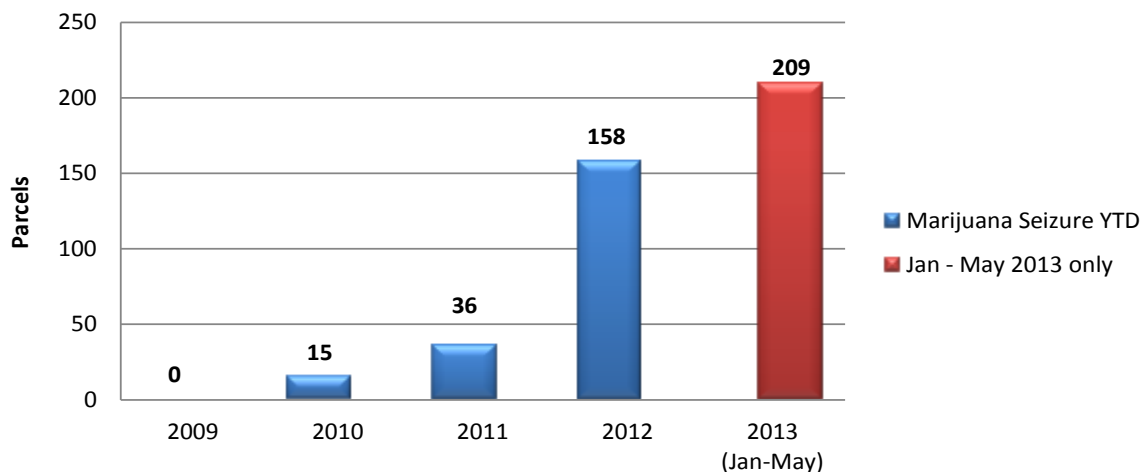


SOURCE: El Paso Intelligence Center, National Seizure System

NOTE: This only includes those cases in which Colorado marijuana was actually seized and reported. It is unknown how many Colorado marijuana loads were not detected or, if seized, were not reported.

Diversion of Colorado Marijuana (Postal Packages): In 2010, the U.S. Postal Inspection Service seized 15 packages with Colorado marijuana destined for other states. Seizures steadily increased through 2012 when **158 parcels were seized**. From 2010 to 2012 Colorado marijuana seized by the U.S. Postal Inspection Service increased from **57 to 262 pounds**.

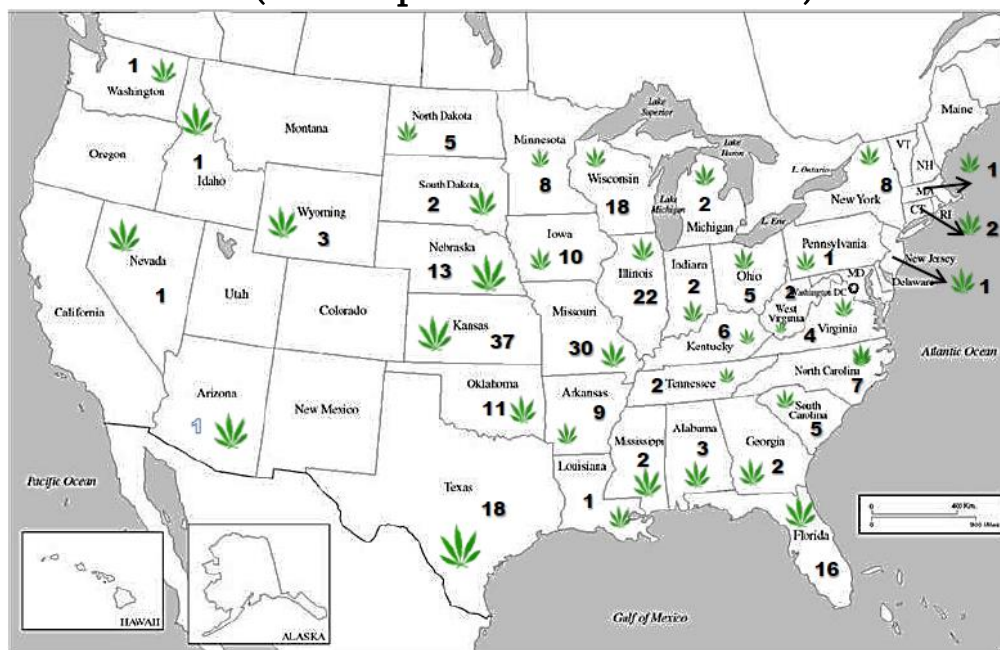
Parcels Containing Marijuana Mailed from Colorado to Another State



SOURCE: United States Postal Inspection Service – Prohibited Mailing of Narcotics

NOTE: These figures only reflect packages seized. They do not count packages of Colorado marijuana that were mailed and reached the intended destination.

States to Which Colorado Marijuana Was Destined (2012) (Total Reported Incidents Per State)



SOURCE: El Paso Intelligence Center, National Seizure System

Heroin Use Trend

Heroin use in Colorado is on a rapid rise. In 2013, more heroin was seized by law enforcement than in several years combined prior to 2013. The use of heroin is increasing, in particular, use by youth, in various communities across Colorado.

There is a pattern of increased presence of heroin in Utah, Montana, Wyoming and Colorado. In 2013, the Rocky Mountain High Intensity Drug Trafficking Area Threat Assessment and Strategy identified heroin as a notable threat to the Rocky Mountain region.

Heroin is being offered at a lower price than black market prescription drugs.

The average age of first use of heroin in Colorado has dropped from age 24.5 in 2008 to 21.65 in 2012.

As of November 1, 2013, the North Metro Drug Task Force made twenty-one arrests for heroin and seized twenty-one pounds of heroin. By comparison, during the same period one pound of cocaine and three pounds of methamphetamine were seized.

Spice: Synthetic Cannabinoids

In 2013, in response to the growing problem of “Spice” products (synthetic cannabinoids) marketed and available to minors and recent hospitalizations of “Spice” users due to the unknown content, the Attorney General’s Office is pursuing spice retailers through civil-based suits on deceptive labeling as well as criminal actions. Three suits were filed so far by November 2013, seeking hundreds of thousands of dollars in fines.

VII. Substance Abuse Trend and Response Task Force 2014 Priorities

A. Support and Technical Assistance to Local Communities

One of the mandates for the Substance Abuse Trend and Response 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 (Colorado DEC) as the lead in the provision of support and technical assistance to local communities. Colorado DEC exists to promote the health, safety, and well-being of drug endangered children through statewide training, technical assistance, and advocacy.

Over the past several years, Colorado DEC provided support to thirty Colorado counties, hosted five annual conferences, and launched the Drug Endangered Children Tracking System (DECSYS).

Additional funding is needed and being sought to expand the efforts of Colorado DEC to better meet the identified needs of drug-endangered children.

One new development is a partnership between Colorado Alliance for Drug Endangered Children and the Colorado Meth Project which will serve to engage Colorado communities utilizing the successful approach that was developed several years ago as part of the Rural Law Enforcement Methamphetamine Initiative. This effort will work to link communities to existing resources to help meet the challenges of substance abuse.

B. Collaborate to Reduce Prescription Drug Abuse

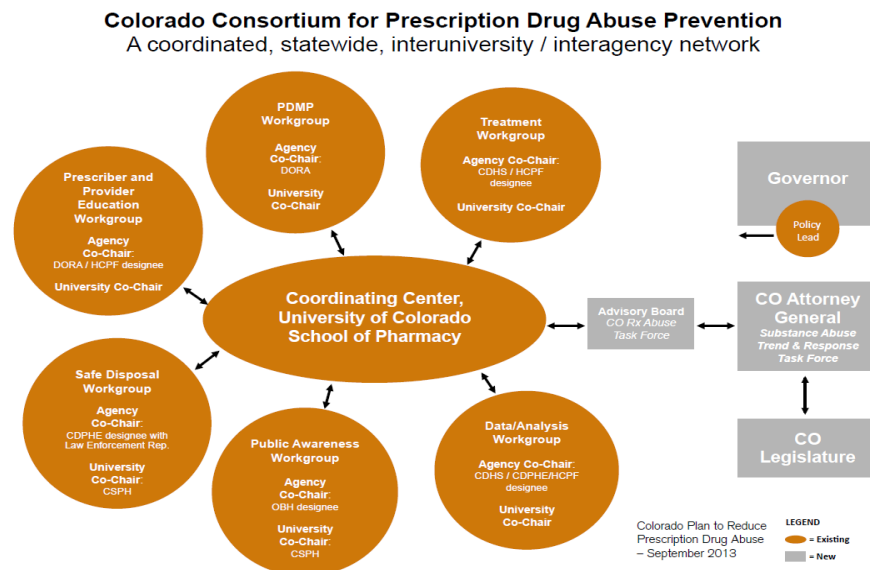
The Task Force will collaborate with partners on strategies to reduce prescription drug abuse in Colorado, in particular, with regard to the National Drug Take Back events and the implementation of strategies of the *Colorado Prescription Drug Abuse Prevention Plan* (October 2013).

The Task Force and its members will coordinate with staff of the U.S. Drug Enforcement Administration, Denver Division Office on enlisting local Colorado law enforcement agencies and volunteers to participate in the National Drug Take Back events. Task Force members will utilize their networks to promote the Take Back events.

Members of the Task Force will participate on work groups of the Colorado Consortium for Prescription Drug Abuse Prevention to assist in implementing the goals and objectives of the *Colorado Prescription Drug Abuse Prevention Plan* (October 2013), which is a twelve-month action plan. The goal areas and strategies of the plan are shown in Table 1 below.

Table 1: Recommendations to Reduce Prescription Drug Misuse and Abuse in Colorado	
Colorado Consortium	• The Colorado Consortium, housed in the CU School of Pharmacy, will serve as the operational lead for the CO Plan to Reduce Rx Abuse with participation from the Governor's Policy Office, a variety of state agencies, and community partners. The Consortium will help to facilitate and implement <i>Workgroup Recommendations</i> mentioned below.
Provider & Prescriber Education	• Change state board policies (or rules) for all DORA-licensed prescribers to include pain management guidelines. • Enlist and support DORA to provide education about the existence and utilization of PDMP as part of the licensing processes for prescribers and pharmacists.
PDMP	• Form taskforce with representation from various agencies to examine the use of PDMP as a public health tool. • Improve usability and appropriate accessibility of the PDMP system through the use of information technology and increased stakeholder access.
Disposal	• Expand take-back program in law enforcement agencies – develop permanent drop-off sites with Law Enforcement. • Expand take-back program to pharmacies (pending DEA approval). • Establish Colorado guidelines on flushing.
Public Awareness	• Develop (or utilize existing) social marketing campaign that targets the General Public and overcomes existing obstacles and misperceptions. • Develop (or utilize existing) social marketing campaign that targets Youth and Young Adults (12-25 year olds) and overcomes existing obstacles and misperceptions.
Data & Analysis	• Map out all sources of data related to prescription drug use, misuse and overdose in the state in order to monitor trends, educate the public and inform decision making by multiple stakeholders. • Identify other efforts that successfully use crosswalks between diverse data sources and successfully standardize their data collection tools across agencies.

The Colorado Consortium for Prescription Drug Abuse Prevention is illustrated below and shows the linkage with the Substance Abuse Trend and Response Task Force.



C. 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 during pregnancy has generated much discussion and debate throughout many service systems that interact with this population.

With the passage of House Bill 2012-1100, efforts were coordinated with partners on educating health and primary care professionals about the importance of substance use screening of pregnant women. A grant was awarded by The Colorado Trust to the Colorado Alliance of Drug Endangered Children to convene regional meetings across Colorado with health and primary care professionals.

The Substance-Exposed Newborns Steering Committee will conduct strategic planning to determine the best method to support communities in implementing their regional action plans and follow up on the issues identified at the convenings held in 2013 on the topic of “Serving Families Impacted by Prenatal Substance Use.” The regional convenings brought together over 300 participants in eight locations.

See Section VIII.B Substance-Exposed Newborns Steering Committee for more details about the regional convenings.

D. Impact of Marijuana, Adolescent Marijuana Use, and Access by Children

- The Task Force will work with partners to monitor data on the impact of marijuana, in particular the use of marijuana by adolescents and access of marijuana by children, and determine responses to address the identified negative impacts.
- An updated report from the Rocky Mountain HITDA on the impact of marijuana use in Colorado is expected in July of 2014.
- The Task Force, working in collaboration with partners and stakeholders from across the state, will identify strategies for collaborative action to address the prevention of marijuana use by minors and treatment for addiction.

E. Heroin Use in Colorado

- The Task Force will work with partners on collecting of data and other information about heroin use and the impact experienced in various settings and disciplines across the state.
- The Task Force will examine the trend of heroin access, distribution, use and treatment to determine coordinated strategies for law enforcement, prevention and treatment professionals, and advocates to address the increase of heroin use in Colorado, in particular, use among youth.
- The Task Force will coordinate with local partners on linking existing efforts and leveraging existing resources to addressing the interdiction of the heroin supply in Colorado and the prevention and treatment of heroin use.

VIII. Task Force Partnerships

A. Colorado Alliance for Drug Endangered Children

Jade Woodard, Executive Director
Colorado Alliance for Drug Endangered Children
www.coloradodec.org

The Colorado Alliance for Drug Endangered Children (Colorado DEC) exists to promote the health, safety, and well-being of drug endangered children through

statewide training, technical assistance, and advocacy. 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. Colorado DEC accomplishes this mission through the following objectives:

- Education and awareness among community based agencies to increase statewide recognition of children living in substance using environments.
- Identification and communication between agencies to increase the identification of drug endangered children.
- Access to immediate and long-term support services for families in need to provide support to communities and organizations.
- Advocating for systemic and policy change to support the development and dissemination of best practices, DEC guidelines, and policy regarding child welfare issues in Colorado related to substance abuse.

The partnership between the Substance Abuse Trend and Response Task Force and Colorado DEC strengthens the work of both groups by providing a link between policymakers and local grassroots movements.

Children & Marijuana: Safe, Unsafe, or At-Risk?

Colorado DEC has been very involved in statewide efforts to ensure child safety in spite of the current drug landscape. The organization has worked collaboratively on a definition of a drug endangered child, participated in the Governor's Amendment 64 Implementation Task Force, and has been involved in the Colorado Consortium for Prescription Drug Abuse Prevention. In addition, Colorado DEC was funded by the Colorado Department of Human Services to provide training to county child welfare agencies across the state on the impact of marijuana legalization on children. Twenty-two trainings were offered in 2013 to more than 400 attendees. The training received excellent reviews and is in high demand from child welfare agencies, schools, parent groups, and community members eager for more information on this topic.

Annual Colorado DEC Conference

Colorado DEC hosted an annual conference on September 4-6, 2013, as a networking forum for professionals who share a passion to help children and families impacted by substance use. This year's conference was held as a collaborative training summit

with the Colorado Drug Investigators Association. Over 300 attendees were present. The collaborative approach provided an opportunity for attendees to engage in multi-disciplinary conversations and collaboration around identifying and supporting children and families affected by substance use, distribution, and production.

Drug Endangered Children's Tracking System

In 2006, Colorado DEC began an effort to create a system for tracking children impacted by drug arrests. The result —The Drug Endangered Children Tracking System (DECSYS)— was well-received and, with further development and pilot testing, has grown into a robust application which supports communication between law enforcement and child welfare agencies and captures statistics on impacted children.

A communication accomplishment by DECSYS is that information on drug arrests is reported to child welfare authorities, regardless of whether children were present on scene, or evidence of children was noted. This allows child welfare authorities to cross-check individuals and locations associated with any drug arrest against their databases to identify affected children that were not apparent to law enforcement. Typically, there would be no reason for law enforcement to notify child welfare agencies of arrests where no children are suspected or present.

DECSYS offers local law enforcement and child welfare agencies a streamlined and automated process for quickly sharing information and identifying children at risk that is predictable, reliable, and measurable. The information sharing made possible through DECSYS helps to ensure that drug-endangered children are recognized as quickly as possible, that appropriate agencies are involved, and that fewer endangered children go unnoticed.

The statistics captured by DECSYS are provided to participating agencies who are encouraged to share the data through public awareness campaigns or other educational materials. The sharing of data is intended to lead to a higher level of community awareness and engagement regarding drug endangered children, along with cultivating the “public will” needed to change policies and direct resources to this issue so that communities can better address the impacts on children of parental substance use and involvement in the illegal drug trade.

The following tables contain data from the first three years of DECSYS use, from March 2010 through March 2013. In that time, thousands of felony drug arrest cases were entered into DECSYS. During the pilot test, 67 percent of the children found

using DECSYS were not present at the scene at the time of the arrest (see Table 1 below), meaning DECSYS is responsible for a 200 percent increase in the number of drug endangered children identified to be associated with felony drug activity and brought to the attention of child welfare. Without DECSYS, Child Protective Services would not have been notified of the drug arrests impacting those children in order to determine an appropriate service level, if warranted.

TABLE 1
CHILDREN IDENTIFIED USING DECSYS

DECSYS Pilot Results: Children		
	Number	Percentage
Total Children Identified	1839	
Children Present on Scene	614	33%
Evidence of Children on Scene, Children Identified by CW	141	8%
No Children or Evidence on Scene, but Children Identified by CW	1084	59%

A majority of the children identified by DECSYS had some history of involvement with child welfare, meaning that DECSYS provided some additional information to child welfare agencies about children of which they were already aware. Nearly three-quarters of the children who were not present on the scene of the arrest had either a current involvement or prior history of involvement with child welfare, as did half of the children present on the scene of an arrest.

However, on the whole, only 16 percent of the children found to be associated with drug arrests had a *current* case or investigation with child welfare, more commonly they had a *prior* history of involvement and would not have received attention from child welfare were it not for the DECSYS notification of the drug arrest. Further, child welfare agencies may not have had enough information to move forward with some of the children with a current investigation status, prior to receiving the DECSYS notification of the drug arrest.

TABLE 2
IDENTIFICATION OF CHILDREN WITH PRIOR
CHILD WELFARE HISTORY

DECSYS Pilot Results: Children with Child Welfare History		
	Number	Percentage
Children Present on Scene	614	
<i>With Prior History with CW</i>	228	37%
<i>With Current History with CW</i>	102	17%
Children Not Present on Scene, but Identified by CW	1225	
<i>With Prior History with CW</i>	717	59%
<i>With Current History with CW</i>	194	16%

Overall, about one-third of the felony drug cases entered into DECSYS had associated children. Of those cases with children associated, a majority did not have children present on the scene of arrest. Only 13 percent of cases had children present on scene, and an additional 21 percent of cases had associated children who were not present on scene, but were identified by child welfare.

TABLE 3
FELONY DRUG CASES WITH ASSOCIATED CHILDREN

DECSYS Pilot Results: Cases		
	Number	Percentage
Total Cases Entered	3026	
Cases with Children Associated	1032	34%
<i>Cases with Children Present on Scene</i>	394	13%
<i>Cases with Children Not Present on Scene, but Identified by CW</i>	638	21%

Thirty-eight percent of children associated with felony drug cases were assigned to a new or existing child welfare case or investigation. However, this is a conservative estimate based on the fact that 23 percent were forwarded to a non-DECSYS participating child welfare agency to determine an appropriate response, therefore the response that was determined for these cases was not recorded by DECSYS.

TABLE 4
CHILD WELFARE ACTIONS FOR ASSOCIATED CHILDREN

DECSYS Pilot Results: Child Welfare Actions		
Action/History	Percentage of Children	Percentage of Actions
Not Assigned for Investigation	38.0%	
<i>Child Welfare History</i>		63.7%
<i>No Child Welfare History</i>		29.9%
<i>Unknown</i>		6.3%
Assigned for Investigation	27.0%	
<i>Child Welfare History</i>		69.4%
<i>No Child Welfare History</i>		29.6%
<i>Unknown</i>		1.1%
Referred to Current Case or Investigation	12.0%	
<i>Child Welfare History</i>		97.6%
<i>No Child Welfare History</i>		2.4%
<i>Unknown</i>		0.0%
Forwarded to Another Agency	23.0%	
<i>Child Welfare History</i>		69.8%
<i>No Child Welfare History</i>		28.8%
<i>Unknown</i>		1.5%

Note: 1) Children identified as living in a community outside the service area for the responding child welfare agency are forwarded to another agency. When children are forwarded to an agency that is not participating in DECSYS, it is unknown what action is taken by the agency they are forwarded to (i.e., assigned to investigation, referred to a current case or investigation). 2) As with any data entry system, data entry errors occur as when a child is marked as referred to a current open case, and is also marked as having no child welfare history.

Currently, there are sixteen Colorado counties that are using DECSYS and there is a desire to have more counties involved with the use of DECSYS.

Because of the groundbreaking work in Colorado, other states that are now implementing DECSYS include Tennessee, Wisconsin, and Texas, and West Virginia.

Colorado DEC is seeking funding and partnerships to help sustain and expand DECSYS.

A full DECSYS Implementation Guide can be accessed through the United States Department of Justice Office of Community Oriented Policing website at: <http://ric-zai-inc.com/ric.php?page=detail&id=COPS-W0719>.

B. Substance Exposed Newborns Regional Stakeholders

Jade Woodard, Executive Director

Colorado Alliance for Drug Endangered Children

www.coloradodec.org

The Colorado Substance Exposed Newborns (SEN) Steering Committee was formed by the Colorado State Methamphetamine Task Force and Colorado Alliance for Drug Endangered Children. Child welfare, pediatricians, public health, family support, law enforcement and judicial representatives created momentum on specific concerns related to substance use during pregnancy to result in these significant milestones:

- Development and dissemination of publication documenting the various challenges and recommended approaches to addressing substance use during pregnancy and caring for substance exposed newborns. See Appendix D: Recommendations for Intervention of Alcohol & Other Drug Use During Pregnancy and the Postnatal Period
- Passage of Colorado House Bill 2012-1100 to protect women communicating with their prenatal care provider and seeking treatment for substance use during pregnancy.
- Coordination in 2013 of partnership to establish, utilize, and promote 1-800-CHILDREN as a resource and referral line for pregnant women using substances.
- Funding in 2013 from The Colorado Trust of the conduct a series of convenings that capitalized on the above accomplishments and encouraged the circle of engagement to broaden into a meaningful mobilization for continued local action on this important issue.

Colorado Drug Endangered Children's Perinatal Substance Abuse and Substance Exposed Newborns Convenings took place in eight Colorado communities to provide an opportunity for research updates, networking, sharing perspectives, and regional action planning regarding substance use during pregnancy.

The convenings brought together over 300 participants in eight locations. In each location, participants were able to gain increased knowledge and awareness of the issues. In addition, each convening included a discussion framed around the National Center for Substance Abuse & Child Welfare's Five Points of Intervention —Pre-pregnancy, Prenatal, Birth, Immediately Postnatal, and Throughout Childhood. Communities then engaged in cross-system regionalized action planning to address

these five points of intervention and other areas of concern related to substance use during pregnancy and substance exposed newborns.

Convening Locations	Number of Participants
Alamosa	26
Colorado Springs	23
Denver/Boulder	80
Durango	30
Fort Morgan	63
Grand Junction	26
Pueblo	39
Vail Valley	21
	308

During the convenings, communities engaged in discussion of the various complicating factors and began the localized action planning process required to reach the level of collaboration necessary to develop formal guidelines and protocols for physicians, drug treatment and child welfare professionals to utilize in their approaches with this population of women.

The connections and networks developed through the convenings provided attendees with tools to utilize in their approaches with this population of women and a foundation for building deeper collaborations within their community.

The Colorado SEN Steering Committee now has direction for continued work at a systems level, including approaches to American College of Obstetrics and Gynecology and the Colorado Perinatal Care Council regarding changes in policy and practice that will benefit the pregnant women and their children.

Many of the communities that hosted a Convening have requested technical assistance in forming a local task force to address the issues that they have identified as critical in their region to reducing the incidence of substance exposed newborns and increasing collaboration among service providers. Professionals and communities that were not selected for a Convening in their location have expressed interest in hosting one to inspire community change in their locality (i.e. Greeley, Craig, & SE Colorado).

Colorado DEC and the SEN Steering Committee are seeking funding to determine and implement the appropriate next steps on all levels.

The Colorado SEN Steering Committee is currently engaging in strategic planning efforts to determine the best method to support communities in implementing their regional action plans and follow up on the issues identified at the Convenings. Additionally, work will be done to support those that have expressed interest in remaining engaged in the issue and creating local level change. Finally, focus will continue to be placed on the development and application of policies, practices, and protocols to build community networks and to address the various issues associated with substance use in pregnancy.

C. National Pharmaceutical Drug Take Back Initiative

*Helen Kaupang, Diversion Group Supervisor
U.S. Drug Enforcement Administration, Denver Field Office*

The National Prescription Drug Take Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications.

The U.S Drug Enforcement Administration (DEA) coordinated two collaborative efforts this year with state and local law enforcement agencies to remove potentially dangerous outdated and unused controlled substances from the nation's medicine cabinets. In Colorado, the DEA's Denver Field Division Office partnered with the Governor's Office, the Attorney General and his staff, the Colorado Substance abuse Trend and Response Task Force, Colorado State Patrol, Colorado Department of Public Health and Environment, Colorado Division of Behavioral Health, Peer Assistance Services, Rocky Mountain Poison and Drug Center, CO HELP, the Colorado Army National Guard Counterdrug Terrorism Task Force, and the Colorado Prescription Drug Abuse Task Force.

The National Pharmaceutical Take Back Days in 2013 (April and October) provided an opportunity for the public to dispose of expired, unwanted, or unused pharmaceutical controlled substances and other medications with oversight by local law enforcement agencies. The events 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 and for the destruction of items collected.

The April event garnered 21,091 pounds of medications and over the counter pharmaceuticals collected at 140 sites managed in collaboration with 106 state and local law enforcement agencies. The October event collected 18,517 pounds from 135 collection sites in Colorado involving 105 state and local law enforcement agencies.

All drugs were collected by DEA from local law enforcement and disposed of by incineration with assistance from the Colorado Army National Guard and the Utah Army National Guard.

The Colorado National Guard stepped in to assist when there was a delay in transporting the collected drugs because the incinerator in Utah was closed for maintenance. The Colorado National Guard, under the leadership of Col. Moger Peters, Acting Counterdrug Coordinator, coordinated with staff of the Denver DEA on storage of the drugs and the use of air transports to efficiently move the drugs from Colorado to Utah for destruction

It is anticipated that the DEA Pharmaceutical Take Back events will continue in 2014.

Appendix A
Membership
Substance Abuse Trend and Response Task Force

Chair

Attorney General John Suthers

Vice-Chairs

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

Prevention: José Esquibel, Director, Interagency Prevention Systems for Children and
Youth, Office of Children, Youth and Families, Colorado Department of Human
Services

Treatment: Marc Condojani, Director, Community Treatment and Recovery
Programs,
Division of Behavioral Health, Colorado Department of Human Services

Members

Governor's Policy Staff Representative: Kelly Perez, Policy Advisor

President of the Senate Designee: Sgt. Craig Simpson, Colorado Springs Police
Department

Senate Minority Leader Designee: Dan Rubinstein, Deputy District Attorney, 21st
Judicial District, Grand Junction

Speaker of the House Designee: Rep. Daniel Kagan, House District 3, Cherry Hills
Village

House Minority Leader Designee: Ken Summers, Lakewood

Statewide Child Advocacy: Julie Roguski, Savio House/Child Protection Services

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

Human Service Agency, Tiffany Flores, Division of Child Welfare, Colorado Department of Human Services

Criminal Defense Bar: Greg Daniels, Attorney, Daniels Law Firm

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

Colorado Department of Education: Joyce Washington, Title I, Part D Coordinator

Colorado District Attorneys Council: Cliff Riedel, District Attorney, 8th JD, Larimer County

County Sheriffs of Colorado: Sheriff Stan Hilkey, Mesa County

Colorado Association of Chiefs of Police: Chief Michael Root, Town of Platteville

County Commissioner from a Rural County: Wendy Buxton-Andrade, Prowers County Commissioner

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:

Brenidy Rice, State Court Administrators Office

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

Youth: Vacant, pending appointment.

Recorders

Chele Clark, Program Manager, Colorado Department of Public Health and Environment

Terri Connell, Executive Assistant, Colorado Office of the Attorney General

Appendix B

Summary

Senate Bill 2013-244: Concerning a Task Force to Study Substance Abuse

The general assembly finds that substance abuse, including that related to illicit drugs, prescription drugs, underage marijuana use, and methamphetamine labs and abuse, harms citizens of Colorado.

Responses to substance abuse should be supported in the criminal justice system, the public health system, mental health services, social services, child welfare and youth services, community task forces, and with treatment for parents who abuse drugs and prevention and treatment for children affected by substance abuse and non-federally regulated pharmaceutical drug production and distribution, and other systems affected by substance abuse.

The general assembly, therefore, determines and declares that it is necessary to change the state Methamphetamine Task Force into a Substance Abuse Trend and Response Task Force to:

- (a) examine drug trends and the most effective models and practices for:
 - (i) the prevention of and intervention into substance abuse;
 - (ii) the prevention of unintended harmful exposures due to Nonfederal-drug-administration-regulated pharmaceutical drug production and distribution;
 - (iii) the prevention of potential negative public health impacts due to improper dispensing, management, and disposal of drugs; and
 - (iv) the treatment of children and adults affected by drug addiction;
- (b) formulate a response to current and emerging substance abuse problems from the criminal justice, prevention, and treatment sectors; and
- (c) make recommendations to the general assembly for the development of statewide strategies and legislative proposals related to these issues. The recommendations made to the General Assembly shall be made in coordination with the task force and the Department of Human Services, the agency responsible for the administration of behavioral health programs and services.

The task force, in collaboration with state agencies charged with prevention, intervention, or treatment of substance abuse, shall:

- (a) assist local communities in implementing the most effective models and practices for substance abuse prevention, intervention, and treatment and in developing the responses by the criminal justice system;
- (b) review model programs that have shown the best results in Colorado and across the united states and provide information on the programs to local communities and local drug task forces;
- (c) assist and augment local drug task forces without supplanting them;
- (d) investigate collaborative models on protecting children and other victims of substance abuse and nonfederal- drug-administration-regulated pharmaceutical drug production and distribution;
- (e) measure and evaluate the progress of the state and local jurisdictions in preventing substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution and in prosecuting persons engaging in these acts;
- (f) evaluate and promote approaches to increase public awareness of current and emerging substance abuse problems and strategies for addressing those problems;
- (g) assist local communities with implementation of the most effective practices to respond to current and emerging substance abuse problems and nonfederal-drug- administration-regulated pharmaceutical drug production and distribution;
- (h) consider any other issues concerning substance abuse problems and nonfederal-drug-administration- regulated pharmaceutical drug production and distribution that arise during the course of the task force study;

In addition, the task force shall meet at least four times each year from the date of the first meeting until January 1, 2018, or more often as directed by the chair of the task force and shall submit a written report to the judiciary committees, or any successor committees, of the senate and the house of representatives of the General Assembly by January 1, 2014, and by each January 1 thereafter through January 1, 2018.

Appendix C

Members of the Drug-endangered Children Definition Ad-hoc Committee

Co-Chairs:

Lori Moriarty, Vice Chair for Law Enforcement
José Esquibel, Vice Chair for Prevention
Marc Condojani, Vice Chair for Treatment

Participants:

Christine Agosta (Denver DEC/Denver District Attorney's Office)
Debra Campeau (Office of the Child's Representative, Guardian Ad-litem)
Christine Chauche (Judge, Arapahoe County)
Michelle Dossey (Arapahoe County Department of Human Services)
Kendra Dunn (Prevent Child Abuse Colorado)
Tiffany Flores (Colorado Department of Human Services/Division of Child Welfare)
Melissa Gallardo (Colorado Department of Corrections/Parole)
Jim Gerhardt (Colorado Drug Investigators Association)
Deb Hutson (Office of Behavioral Health/Community Prevention Programs)
Annmarie Jensen (Colorado Association of Chiefs of Police)
Robin Kimbrough-Melton (Kemp Center/University of Colorado)
Angela Lytle (Arapahoe County Department of Human Services)
Marilee McWilliams (Arapahoe County Attorney's Office)
Julie Madden-Rodriguez (Denver DEC Denver District Attorney's Office)
Jessica Mayes (Law Enforcement)
Shannon Meddings (Denver City Attorney's Office)
Eugene Medina (Arapahoe House)
Dr. Judith Miller (Treatment Provider/Courage to Change)
Dr. Karen Moreau (Treatment Provider's Alliance of Colorado)
Tsgt. Jennifer Neville (Colorado National Guard/Joint Counterdrug Task Force)
Jerry Peters (Colorado Drug Investigators Association)
Jean Powers (Attorney, Guardian ad-litem; formerly Denver District Attorney's Office)
Gretchen Read (Denver County Department of Human Services)
Ruby Richards (Douglas County Human Services)
Julia Roguski (Child and Family Services)
Lorendia Schmidt (CDHS/Div of Child Welfare)
Kris Ward (Guardian ad-litem)
Kathryn Wells, MD (Pediatrician)
Tonya Wheeler (Advocates for Recovery)
Jade Woodard (Colorado Alliance for Drug Endangered Children)

Appendix D

Recommendations for Intervention of Alcohol & Other Drug Use During Pregnancy and the Postnatal Period

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 during pregnancy has generated much discussion and debate throughout many service systems that interact with this population.

Members of the Substance-Exposed Newborns (SEN) Steering Committee of the Colorado Substance Abuse Trend and Response Task Force worked on the clear identification of the issues and information that will assist policymakers, service providers and other interested parties in Colorado in meeting the requirements of the U.S. Child Abuse Prevention and Treatment Act (CAPTA).

The full report on the final recommendations of the SEN Steering Committee were approved by the Task Force and are available online at <http://www.coloradodec.org/substanceexposednewborns.html>.

The recommendations are organized around the five points of intervention:

- **Pre-pregnancy Public Awareness of Substance Use Effects:** Promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members.
- **Prenatal Screening and Support:** Identification of substance use in pregnant women and referrals that facilitate access to treatment and related services for women who need those services.
- **Identification at Birth:** Identification of substance use by pregnant women to provide early access to intervention and/or treatment for the mother/infant dyad.
- **Immediate Postnatal Services for Newborns and Families:** Enhance the developmental assessment and corresponding provision of services for the newborn as well as the family immediately after the birth event.
- **Respond to Child & Family Needs Throughout Their Lives:** Encourage ongoing provision of coordinated services for both child and family.