State of Colorado

Substance Abuse Trend and Response Task Force

Ninth Annual Report

January 2015

John Suthers
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).

John Suthers, Chair
Colorado Attorney General

Lori Moriarty, Vice Chair, Criminal Justice System (January 2006 – October 2014)
Commander, Thornton Police Department, Retired
Vice President, National Alliance for Drug Endangered Children

Jerry Peters, Vice Chair, Criminal Justice System (November 2014 – present)
Commander, Thornton Police Department

José Esquibel, Vice Chair, Prevention
Director, Interagency Prevention Systems for Children and Youth
Office of Children Youth and Families
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Marc Condojani, Vice Chair, Treatment
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I. Task Force Background

A. Overview of the Substance Abuse Trend and Response Task Force

In 2006 and again in 2009, the Colorado General Assembly acknowledged the need for a diverse partnership to respond effectively to concerns about the abuse, manufacturing and distribution of methamphetamine and concerns raised by the abuse of other illegal drugs. The State Methamphetamine Task Force was formed with representatives 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 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 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 Substance Abuse 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.

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. See Appendix C for Colorado Drug Data and Trends.

B. Task Force Membership and Meetings

The membership of the Colorado Substance Abuse Trend and Response 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 (January 2006 – November 2014). Commander Moriarty is the Vice President the National Alliance of Drug Endangered Children.

Jerry Peters, Vice Chair, Criminal Justice System appointed by Governor John Hickenlooper (November 2014 – present), Commander, Thornton Police Department

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 Speaker of the Colorado House of Representatives.

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

In 2014 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 7, 2014
- May 23, 2014
- August 1, 2014
- November 7, 2014

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 two committees in 2014 and helped convene one stakeholders group session:

- The Substance-Exposed Newborns Steering Committee, co-chaired by Kathryn Wells, MD, Medical Director, Denver Family Crisis Center, and Jade Woodard, Executive Director of Colorado Alliance for Drug Endangered Children.

- The Colorado Consortium for Prescription Drug Abuse Prevention serves as the Prescription Drug Abuse Committee of the Task Force. This committee is chaired by Robert Valuck, Ph.D., Skaggs School of Pharmacy and Pharmaceutical Sciences, Department of Clinical Pharmacy, University of Colorado. The Consortium consists of seven work groups that are responsible for implementing the goals and strategies of the Governor's *Colorado Plan to Reduce Prescription Drug Abuse* (2013) and is supported currently with funds from the Office of the Attorney General.

- Drug-Endangered Child Definition Stakeholders Convening, Senator Linda Newell, Convener, with assistance from Vice Chair Lori Moriarty.

C. Legislative Recommendations Summary

The Substance Abuse Trend and Response Task Force respectfully submits three legislative recommendations for consideration by the Colorado General Assembly regarding:

1. Codifying a definition of 'Drug-endangered Child'
2. Sustaining and expanding prescription drug collection and disposal
3. Sustaining substance abuse prevention efforts

See Section II (Recommendations to the Colorado General Assembly) for details.

D. 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, the National Alliance for Drug Endangered Children, and Rise Above Colorado is of value to the Task Force in assisting communities.

E. Task Force Partnerships

i. Colorado Alliance for Drug-Endangered Children

Children are drug endangered when their caregiver's substance use or involvement in the illegal drug trade results in child maltreatment or interferes with their ability to provide a safe and nurturing environment.

Established in 2003, The Colorado Alliance for Drug Endangered Children (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.

Colorado DEC has successfully increased the identification of drug-endangered children and increased the coordination between multiple service systems in communities across Colorado, in particular between law enforcement and social services.

In 2014, Colorado DEC has:

- Increased access to services and support for struggling families through materials and outreach promoting 1-800-CHILDREN & 1-866-LASFAMILIAS family support line
- Adapted Circle of Parents support group model for parents in recovery and began piloting
- Partnered to promote Child Abuse Prevention Month & DEC Awareness Day
- Began development of a child abuse prevention and education campaign for substance using families
- Held regional convenings and offered support to 12 communities on substance use during pregnancy
- Offered 10 courses through the Child Welfare Training Academy on substance use issues
- Presented over 30 trainings on the impact of marijuana use on children and families
- Participated in the Governor's Amendment 64 Implementation Task Force and Edible Work Group representing child abuse prevention and child health & safety considerations
- Represented substance use issues on the Early Childhood Colorado Partnership, Essentials For Childhood collective impact team, and Prescription Drug Abuse Consortium Work Groups
- Replicated DECSYS in 4 states and introduced DECSYS to all 64 Counties in Colorado
- Partnered with Colorado Substance Abuse Trend & Response Task Force to create a definition of a drug endangered child which was submitted to the Colorado Legislature

ii. U.S. Drug Enforcement Administration

Since 2010, the Substance Abuse Trend and Response Task Force has actively partnered with the divisional office of the U. S. Drug Enforcement Administration in support of two annual National Prescription Drug Take Back events held in Colorado.

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 DEA's Take-Back Days are a significant piece of the White House's prescription drug abuse prevention strategy released in 2011 by the Office of National Drug Control Policy. Disposal of unwanted, unused or expired drugs is one of four strategies for reducing prescription drug abuse and diversion laid out in *Epidemic: Responding to America's Prescription Drug Abuse Crisis*.

On April 26, 2014, 89 Colorado law enforcement agencies coordinated with the regional DEA to host take-back locations at 110 locations across the state and collected 22,782 pounds of unwanted, unused, outdated prescription drugs and over the counter medications.

On September 27, 2014, 102 Colorado law enforcement agencies joined our national initiative to host take-back locations for drugs at 132 locations across the state and collected 17,067 pounds of unwanted, unused, outdated drugs which are no longer accessible for misuse and diversion.

In 2014, a total of 39,849 pounds of prescription and over the counter medications were collected and destroyed. This brought our total Colorado collections for the nine events spanning four years to a grand total of 144,494 pounds, or 72.25 tons, collected and destroyed.

The administrator of the DEA announced in November that the September 2014 Take-Back was the final Take-Back event organized and sponsored by the DEA. This announcement followed the publication of the final rule for Disposal of Controlled Substances. The new rules open the way for guiding local and statewide collection and disposal of pharmaceuticals.

iii. Rise Above Colorado

—Empowering youth to a life free of drug abuse

The Colorado Meth Project transitioned into Rise Above Colorado, which has a broader focus on preventing youth drug abuse, including a new prescription drug initiative and general drug prevention resources in collaboration with The Partnership at Drugfree.org, a national non-profit organization working to help families solve the problem of teen substance abuse.

Rise Above Colorado utilizes social media to reach adolescents, primarily ages 12 to 17, and engage them in conversation about drug abuse and will continue to maintain a focus on methamphetamine use among youth in addition to other drugs of abuse.

Utilizing best practices for public awareness and community outreach, Rise Above Colorado works with community partners to shape the attitudes and perceptions of teens about drugs through proactive education programs with an ultimate goal of reducing usage patterns. There is a staff person dedicated to teen and school outreach and working with the Boys & Girls Clubs, as well as other local partners.

The teen council of Rise Above Colorado has twenty-five youth members and the council is working with Boys & Girls Clubs and the teen-focused marijuana campaign funded through the Office of the Governor.

The #IRise Above campaign, aimed at reducing drug use among teens, is being launched in twelve Colorado communities and includes coordination and implementation of local campaign events and teen engagement. The initial communities are Morgan County, Steamboat Springs, Greeley, Rifle, Pueblo, Cañon City, San Luis Valley, Metro Denver, Durango, Grand Junction, Lamar. Additional communities will be added in 2015.

Members of the Substance Abuse Trend and Response Task Force participate as partners with Rise Above Colorado, such as the work in 2014 to assist Prowers County in addressing concerns about youth substance abuse.

Learn more at www.riseabovecolorado.org.

II. Recommendations to the Colorado General Assembly

Recommendation 1: Codify a definition of "Drug-endangered Child"

The Task Force respectfully recommends to the Colorado General Assembly that a definition of 'drug-endangered child' be codified in Title 18 and Title 19 of the Colorado Revised Statutes.

There is currently no common definition of a "drug-endangered child," which leads to inconsistency in referrals and responses by law enforcement and social services professionals. Having 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; and
- Increases collaboration among disciplines because everyone is using the same language to respond to the situation.

Background:
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 convened a diverse group of stakeholders in 2013 that reached consensus on a proposed definition that was included in the January 1, 2014 report of the Task Force. (see Appendix E for the draft definition) The draft definition was modified through the legislative process in 2014 with language proposed in a bill regarding Title 18 and a second bill regarding Title 19, but neither bill passed.

Senator Linda Newell worked with members of the Task Force to convene a meeting of stakeholders of multiple disciplines on October 28, 2014, at the State Capitol. Approximately forty-five people attended the meeting, including additional individuals that did not participate in discussions about the definition during the previous year. Participants shared their perspective on where they stood on legislation to define 'drug-endangered child,' as well as feedback on the proposed language of the previous bills, and ideas for moving forward in the upcoming legislative session.

Recommendation 2: Sustain and expand prescription drug collection and disposal

The Task Force respectfully recommends to the Colorado General Assembly the amendment of the existing appropriation for the Household Medication Take Back Program named in C.R.S. 25-15-328, to allow for five years of support for the take-back costs and interagency cooperation to dispose of collected medication, including controlled substances.

The estimated cost of this appropriation is $250,000 per year for five years (detailed cost estimates available upon request from the Safe Disposal Work Group, Colorado Consortium for Prescription Drug Abuse Prevention through the Office of the Attorney General). This appropriation will support the processes and infrastructure for citizens of Colorado to return unused prescription drugs and for the destruction of the collected prescription drugs in accordance with rules of the U.S. Department of Justice/Drug Enforcement Administration (DEA).

It is urgent that a solution be discussed and agreed upon, given the groundwork that has been established in Colorado over the course of the past four years and the concerns for the public health and safety of Colorado's citizens and the environment.

Background:
The volume of unused prescription drugs that are kept in homes of Colorado citizens is not only enormous; it is a large public health issue in Colorado. Most people flush their unused prescription drugs down the toilet, throw them in the trash, or keep them in the household medicine cabinet, resulting in various public health and safety concerns such as contamination of the water supply, theft and abuse of the prescription drugs, and accidental ingestion by children.

Since 2010 the U.S Drug Enforcement Administration has sponsored nine National Prescription Drug Take-Back (NPDTB) events. In Colorado, the DEA partnered with members of the Substance Abuse Trend and Response Task Force to set up sites across the state to collect unused prescription medications, including controlled substances, and non-prescription medications. For all nine events held in Colorado, a total of 144,494 pounds (72.25 tons) of unused medications were collected. During the last event, held on September 27, 2014, 102 law enforcement agencies hosted take-back events at 132 locations across the state of Colorado.

In October 2014, the DEA announced it would no longer sponsor the NPDTB events. However, thanks to the efforts of the DEA in sponsoring previous events in Colorado between 2010 and 2014, partners from a variety of fields, such as public health, law

enforcement, pharmacies, waste management, substance abuse prevention and treatment; have come together to establish the basic infrastructure for prescription drug collection and disposal to become a routine practice in Colorado.

The Colorado Department of Public Health and Environment established a pilot for a state-sponsored Medication Take-Back Program, consisting of a network of secure boxes in seven sites for collecting unused and unwanted medications, except for narcotics and controlled substances (Colorado Springs, Durango, Cañon City, Ft. Collins, Mesa County, Walsenburg, and Anschutz Medical Campus in Aurora). Five additional sites installed collection boxes independently of the pilots (Boulder County, Eagle County, Glenwood Springs, Littleton, and Yuma County). The collection boxes allow for citizens to return unused and unwanted prescription drugs more frequently than one or two times a year.

Insufficient funding, mainly from time-limited grants, prevents the expansion of the Colorado Medication Take-Back Program to additional sites and the expiration of the grants threatens to limit or eliminate the collection of medications at current sites.

The DEA take-back events successfully fostered an interest among citizens for dropping off unwanted medications and the efforts help establish a basic infrastructure for a viable collection process with interest from various community partners willing to establish sites for more regular collections of unwanted and unused medications.

Although legislation was passed during the 2014 session of the Colorado General Assembly to establish the Colorado Household Medication Take-Back Program, only a small amount of funding was allocated at the time. The low level of funding is not sufficient to expand the take-back program across the state of Colorado. Additional legislative action and financial support is essential to expand beyond the pilot sites and to make the collection of unused and unwanted prescription medications a regular routine in Colorado.

Recommendation 3: Sustain substance abuse prevention efforts

The Task Force respectfully recommends to the Colorado General Assembly that consideration be given to funding substance abuse prevention efforts over a sustained period of time, especially regarding the prevention of substance use among adolescents.

Background

There is a continual succession of individuals that pass through adolescence, a time of development when peer and societal influences are paramount and the risk of beginning drug use is high. As a result, substance abuse prevention efforts are perennial and need to be maintained over time.

Among individuals admitted for substance abuse treatment, marijuana is the drug of choice for drug users under 17 years of age. Also, the percent of individuals under age 17 admitted for treatment reporting prescription drug abuse more than doubled from 2008-2011, and the good news is that there is a decreasing trend for 2012 and 2013.

Generally, dollars for addressing substance abuse tend to go to higher-cost treatment services. Over the past two decades, prevention science has proven the efficacy and effectiveness of substance abuse prevention efforts, including effective community-wide prevention strategies in addition to evidence-based prevention programs for adolescents. Evaluation of substance abuse prevention efforts in Colorado demonstrates effectiveness and achievement of positive outcomes.

The role of prevention is to create healthy communities where individuals experience:

- healthy environments in homes, schools, and at work
- supportive communities and neighborhoods
- positive connections with families and friends
- drug and crime-free environments

Effective prevention is:

- long term and comprehensive
- designed to prevent use/misuse/abuse of any substance
- multi-strategic to impact individuals and families through a variety of settings, including schools, health care, media, law enforcement, service agencies, and community organizations

The most effective approaches to substance abuse prevention include the implementation the Strategic Prevention Framework, which is utilized for delivering

effective prevention approaches through a process of assessing population needs, identifying resources and gaps, mobilizing partners, determining capacity to meet the identified needs, developing a strategic plan, implementing evidence-based prevention programs, practices, policies, and evaluating, sustaining, and improving strategies within the context of cultural congruence.

In Colorado, efforts have occurred through the use of federal funds to enhance the practice of evidence-based substance abuse prevention through community-based organizations and coalitions. These efforts include the use of the Strategic Prevention Framework in numerous communities across Colorado, which are in need of financial resources for sustaining prevention efforts.

Strategic Prevention Framework
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Administration

III. Task Force Priorities for 2015

A. Sustaining the Colorado Prescription Drug Abuse Prevention Consortium

Leadership from Governor John Hickenlooper and Attorney General John Suthers working with The National Governors Association led to the development of *The Colorado Plan to Reduce Prescription Drug Abuse* in 2013. This effort brought about a coordinated response from a variety of disciplines concerned about the rising rates of prescription drug abuse and related deaths in Colorado.

Funds from the Office of the Attorney General were instrumental in launching efforts to implement parts of *The Colorado Plan to Reduce Prescription Drug Abuse*, which entailed the formation of the Colorado Consortium for Prescription Drug Abuse Prevention (Consortium). The Consortium serves as the official prescription drug abuse committee of the Substance Abuse Trend and Response Task Force. More information about the Consortium can be found at www.corxconsortium.org.

A review of the accomplishments of the first year of implementation of *The Colorado Plan to Reduce Prescription Drug Abuse* by the various Consortium work groups demonstrates that the collaborative model of the Consortium was highly successful in producing results.

It is essential to work collaboratively on solutions to sustain the Consortium, including the acquisition of funding to support implementation of goals and objectives related to:

- Public awareness about safe use, safe storage and safe disposal of prescription drugs
- Collection and safe disposal of prescription drugs by citizens of Colorado
- Education of providers that prescribe medications
- Increasing the utilization of the Prescription Drug Monitoring Program by prescribers
- Analyzing data on indicators of prescription drug abuse (overdose deaths, hospitalizations, emergency room visits, treatment admissions, and self-reported nonmedical use)
- Utilization of pharmacy students as peer educators

Additional funding is required to maintain the existence and functions of the Consortium. The consortium model has been proven to work (see list of accomplishments below), but requires a small amount of ongoing, sustainable funding to continue to exist. A budget of approximately $100,000 per year for five years is

needed to facilitate the continued work of the Consortium, maintain the Consortium website, and facilitate the logistical aspects of the various work groups. Funding for specific initiatives or programs (e.g., Safe Disposal, Public Awareness, etc.) will be sought on an individual, as-needed basis.

B. Ongoing Partnership Regarding Drug Endangered Children

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 Colorado Alliance for Drug Endangered Children (DEC) exists to promote the well-being of drug endangered children through statewide training, technical assistance, and advocacy (www.coloradodec.org).

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

C. Pregnant Women and Substance-Exposed Newborns

There is a continuing need to work with medical providers regarding the screening for and identification of drug-exposed infants and the connection to substance abuse treatment services for pregnant and post-partum women.

A priority is to work toward decreasing the variability in verbal drug screening and drug testing policies and procedures among Colorado prenatal care providers and hospitals. Colorado lacks a standardized method for screening or testing for prenatal substance exposure to any substance, which has resulted in inconsistent screening and testing, which may involve discriminatory practices.

The Substance Exposed Newborns Subcommittee is creating an inventory of current healthcare provider and hospital guidelines and practices. The intent of this effort is to work on aligning policies and increase consistency in the identification of women using substances during pregnancy and infants that were prenatally exposed to substances, as well as increasing consistency in referrals to substance abuse treatment and the child welfare system as appropriate.

D. Responses to Heroin Distribution and Abuse

The seizures of heroin increased dramatically in the past two years. Of particular concern is the use of heroin by youth. This increase is related to diminished access to prescribed opioids.

The Rocky Mountain High Intensity Drug Trafficking Area identified heroin as a notable threat to the region of Colorado, Wyoming and Utah. Seizure of heroin by law enforcement increased considerably in recent years. The North Metro Drug Task Force measured a 912% increase of heroin seizures in the past five years, from 2.16 pounds of heroin seized in 2009 to 21.86 pounds seized in 2013.

Information obtained at both the national and state levels indicate that the majority of individuals using heroin have previously abused prescription drugs. There is an apparent relationship between the abuse of prescription opioids, the reduction in access to prescribed opioids, and the lower cost of heroin and increase in heroin supply.

The Task Force will utilize data on 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 also continue to 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.

E. Community Outreach

The Substance Abuse Trend and Response Task Force will continue to partner with The Colorado Alliance for Drug Endangered Children and Rise Above Colorado to implement effective approaches to working with communities in mitigating the impact of substance abuse in the lives of children, youth, adults, families and in communities.

This will include engaging members of the Task Force in identifying resources, programs, and services that can be leveraged to assist communities in addressing priorities related to implementing effective substance abuse prevention, intervention, treatment and interdiction.

IV. Task Force Committees

A. Substance Exposed Newborns Subcommittee

The Substance Exposed Newborns (SEN) Subcommittee is co-chaired by Kathryn Wells, MD (Denver Family Crisis Center) and Jade Woodard (Colorado Alliance for Drug Endangered Children) and works collaboratively with professional partners – medical, prevention, family support, substance abuse treatment– to implement efforts that improve identification and support of pregnant women using substances, increase utilization of prenatal care and specialized women's substance abuse treatment, and improve outcomes for substance-exposed newborns.

Over the past several years, the SEN Subcommittee authored a white paper with recommendations for intervention of alcohol and other drug use during pregnancy and the postnatal period; recommended legislation through the Task Force to foster substance use screening of pregnant women that was passed by the Colorado General Assembly in 2012; held a series of community meetings across the state on the topic of "Serving Families Impacted by Prenatal Substance Use;" and developed a new collaborative partnership to offer a resource for support services and treatment referrals for pregnant women using substances (1800CHILDREN & 1866LASFAMILIAS).

The SEN Subcommittee is currently working on developing resources to support professionals and local communities in identifying and responding to issues of substance use during pregnancy and substance-exposed newborns.

Current work of the Subcommittee consists of:

- Dissemination of outreach materials for 1800CHILDREN & 1866LASFAMILIAS to connect pregnant women, families, and professionals to statewide resources.
- Development of patient materials to accompany new healthcare guidelines on marijuana use while pregnant or breastfeeding.
- Research on prenatal care provider and hospital policies regarding screening and testing of pregnant women and newborns for substance use/exposure.
    - There is great variability in verbal drug screening and drug testing policies and procedures among Colorado prenatal care providers and hospitals. Colorado lacks a standardized method for screening or testing for prenatal substance exposure to any substance, which has resulted in inconsistent screening and testing, which may involve discriminatory practices. The SEN Subcommittee is creating an inventory of current healthcare provider and hospital guidelines and practices.

    - The goal is to align policies and increase consistency in identification of women using substances during pregnancy and infants that were prenatally exposed to substances, as well as increase consistency in referrals to substance abuse treatment and the child welfare system as appropriate.
- Anecdotal reports from medical professionals indicate inconsistent response from the child welfare system to substance exposed newborns.
    - The SEN Subcommittee is also hoping to gain access to data from the state child welfare data system, Trails, or the Administrative Review Division of the Colorado Department of Human Services, on substance-exposed newborns (de-identified and/or aggregated data) regarding child welfare referrals to infants testing positive at birth, number of referrals, number assigned, response time (immediate, 3 day, 5 day), number closed at assessment, number offered on-going services, drug type if known, etc. The Subcommittee is also hopeful that future changes to Trails will include mechanisms for reporting data on substance-exposed newborn issues. Finally, any information on practice related to substance exposed newborns such as county policies, RED (Review, Evaluate, Direct) Team framework, will be helpful to the SEN Subcommittee.
- The SEN Subcommittee is seeking representatives to join the subcommittee from the child welfare system (State government and county levels), women's specific substance abuse treatment providers, children's representatives, youth serving agencies, and others with specific interest in the issue of substance-exposed newborns.
- The SEN Subcommittee is planning a summit to be held in the spring of 2015 to review issues and seek collaborative solutions related to substance-exposed newborns.

B. Prescription Drug Abuse Prevention Committee

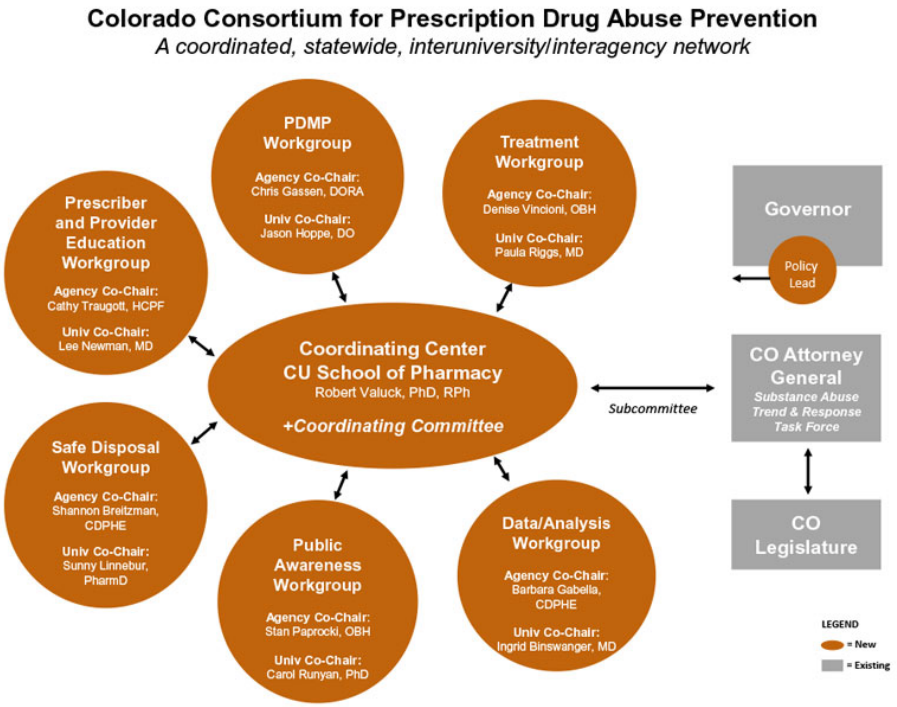
The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) was created in the fall of 2013 to establish a coordinated, statewide response to this major public health problem. The Consortium was designated as the Prescription Drug Abuse Prevention Committee of the Substance Abuse Trend and Response Task Force in 2013.

The mission of the Consortium is to reduce the abuse and misuse of prescription drugs in the state of Colorado through improvements in education, public outreach,

research, safe disposal, and treatment. Visit www.corxconsortium.org for more information.

The Consortium serves as a backbone group, providing infrastructure to link the many agencies, organizations, health professions, associations, task forces, and programs that are currently addressing the prescription drug abuse problem, but are doing so in relative isolation and without the benefit of an organized, coordinated approach.

The Consortium is housed administratively in the Skaggs School of Pharmacy and Pharmaceutical Sciences at the University of Colorado Anschutz Medical Campus and is coordinated by Professor Robert Valuck, PhD, RPh, and consists of six work groups, as shown in the following illustration. There is also a recently established Pharmacy Student Work Group.



The main accomplishments of the Consortium in 2014 include:

- Established and launched the Consortium in September 2013
- Formed six active work groups, and a new Pharmacy Student Work Group brings this to a total seven work groups
- Over 225 members in the Consortium, which includes approximately 100 “regulars” that participate actively on a monthly basis in work group activities

- The Consortium was designated as a committee of the Substance Abuse Trend and Response Task Force
- Hired a part-time staff member to assist with organizing and coordinating Consortium activities
- Supported drafting and passage of House Bill 2014-1283: Prescription Drug Monitoring Program Enhancement Bill
- Created a request for application for funds from the Office of the Attorney General for a Prescription Drug Public Awareness Campaign: *Safe Use, Safe Storage, Safe Disposal*
- Developed provider education continuing education modules and conducted a curriculum scan to determine gaps and needs in health professions training programs for safe opioid prescribing
- Developed Safe Disposal Guidelines, a brochure, and an online map of take-back sites
- Created a prescription drug abuse data inventory and a draft "dashboard" of key indicators
- Generated policy recommendations for improved access to treatment
- Supported community and provider education programs in Loveland, Pueblo, Grand Junction, and Arapahoe County, which were developed in/by those communities, with support from consortium for planning, content development, and speaker identification
- A delegation of the Consortium attended U.S. Department of Health and Human Services Prescription Drug Abuse Prevention Summit in July 2014, a provider focused summit
- The Consortium was designated by the Colorado Department of Revenue as the Prescription Drug Monitoring Program Advisory Task Force (HB2014-1283)
- Launched the Consortium website: www.corxconsortium.org
- Developed strategic plans for Year 2 of the Consortium (summary available in the updated Strategic Plan on the Consortium's website)

C. Drug Endangered Children Definition Stakeholders Convening

Vice Chair Lori Moriarty coordinated with Senator Linda Newell on conducting a Drug Endangered Children Definition Stakeholders Meeting, which was held on October 28, 2014, from 9:30am – 11:00am in room 356 at the State Capitol to discuss options for a bill to codify in law the definition of drug endangered child.

Approximately forty five people attended the stakeholders meeting, which included individuals that participated in the 2013 Drug Endangered Children Definition Ad

hoc Committee of the Task Force and additional individuals that expressed an interest in participating.

Senator Newell solicited feedback from the meeting participants about the two bills that were presented in the 2014 legislative session. She also asked participants for their ideas about moving forward with bills on defining drug endangered children in the upcoming legislation session.

The Substance Abuse Trend and Response Task Force is in favor of legislation that defines a drug endangered child.

Appendix A:
Substance Abuse Trend and Response Task Force Membership

Chair

Attorney General John Suthers

Vice-Chairs

Criminal Justice: Lori Moriarty, Commander, Thornton Police Department, Retired; Vice President, National Alliance for Drug Endangered Children (Term ended October 2014)

Criminal Justice: Jerry Peters, Commander, Thornton Police Department (Term began November 2014)

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: Zach Pierce, 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

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

House Minority Leader Designee: Ken Summers, Lakewood

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

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

Human Service Agency, Vacant

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, Vacant

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

County Sheriffs of Colorado: Sheriff Jim Beicker, Fremont 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: Peggy Heil, Division of Criminal Justice, Office of Research and Statistics

Office of Child's Representative: Dorothy Macias, 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:
Jessica Johnston, Office of the State Court Administrator
Judge Dan Kaup, 8th Judicial District, Larimer County Justice Center

Colorado Department of Public Health and Environment:
Shannon Brietzman, Injury, Suicide and Violence Prevention Branch, Prevention Services Division

Colorado Department of Human Services, Office of Behavioral Health:
Stan Paprocki, Prevention and Early Intervention Programs

Youth: Jack Storti, Student, Metropolitan State University

Substance Abuse Recovery Organization: Tonya Wheeler, Advocates for Recovery

Environmental Protection:
Colleen Brisnehan, Environmental Protection Specialist, Hazardous Material and Waste Management Division, Colorado Department of Public Health and Environment

Community Prevention Coalition:
Lisa Noble, Colorado Prevention Connection and Gold Belt Build a Generation

Recorder

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

Appendix B: Summary of 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: Colorado Substance Abuse Data and Trends

Data from substance abuse treatment admissions collected by the Office of Behavioral Health (Colorado Department of Human Services) and hospital discharge information and mortality data from the Colorado Department of Public Health and Environment were presented to the Substance Abuse Trend and Response Task Force. In addition data analyzed by the staff of the Rocky Mountain High Intensity Drug Trafficking Area were also presented. A summary of the findings are provided below.

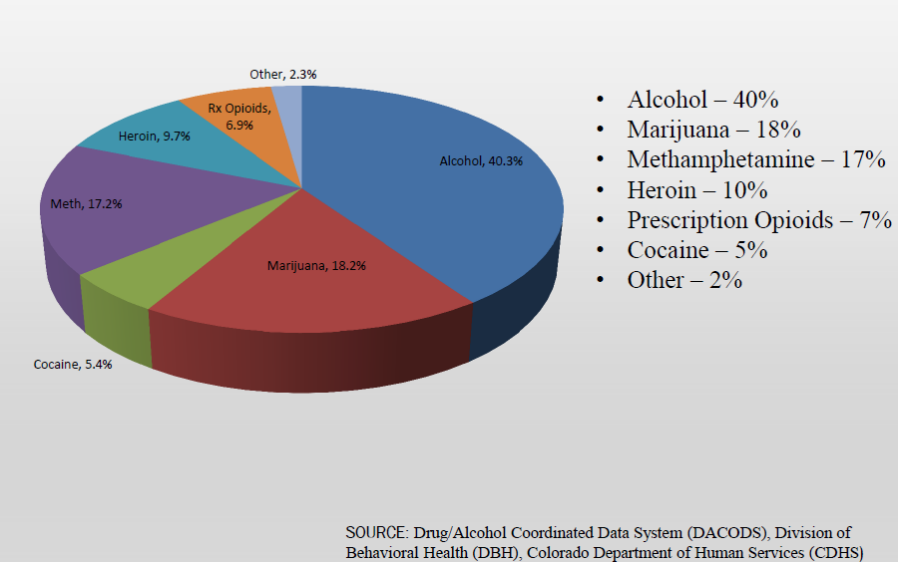
The drug trend data for Colorado indicates that:

- Non-medicinal use of prescription pain medications significantly decreased from 2010 – 2011 according to data from the National Survey on Drug Use and Health
- The number of people seeking treatment for marijuana is steady
- There has been a 27% increase in heroin use among 18-24 year olds since 2008
- There is a slight increase in heroin use among people 17 and under

A. Substance Abuse Treatment Admissions Data

Information collected from individual that participate in substance abuse treatment indicate that alcohol, marijuana, and methamphetamine are the top drugs for which people seek treatment for addition. This is followed by heroin and prescription opioids.

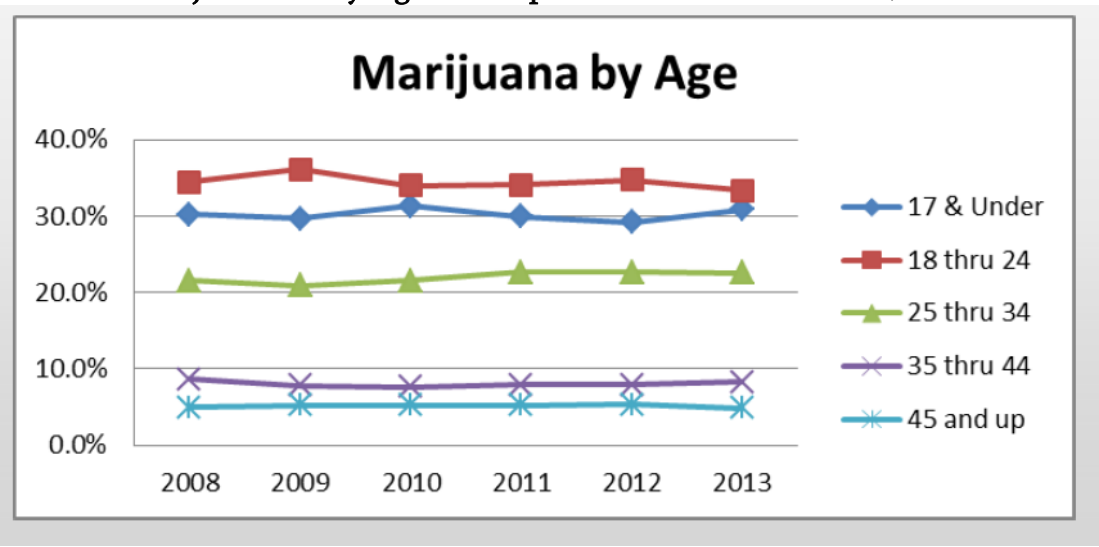
Substance Abuse Treatment Admissions, Calendar Year 2013



Among individuals admitted for substance abuse treatment, marijuana was used most by those ages 18 to 24 followed by those ages 17 and under. Although we are not

seeing any significant changes in treatment admissions for marijuana at this time, it is important to note that there is, on average, a nine year lag between age of first use and age of first treatment.

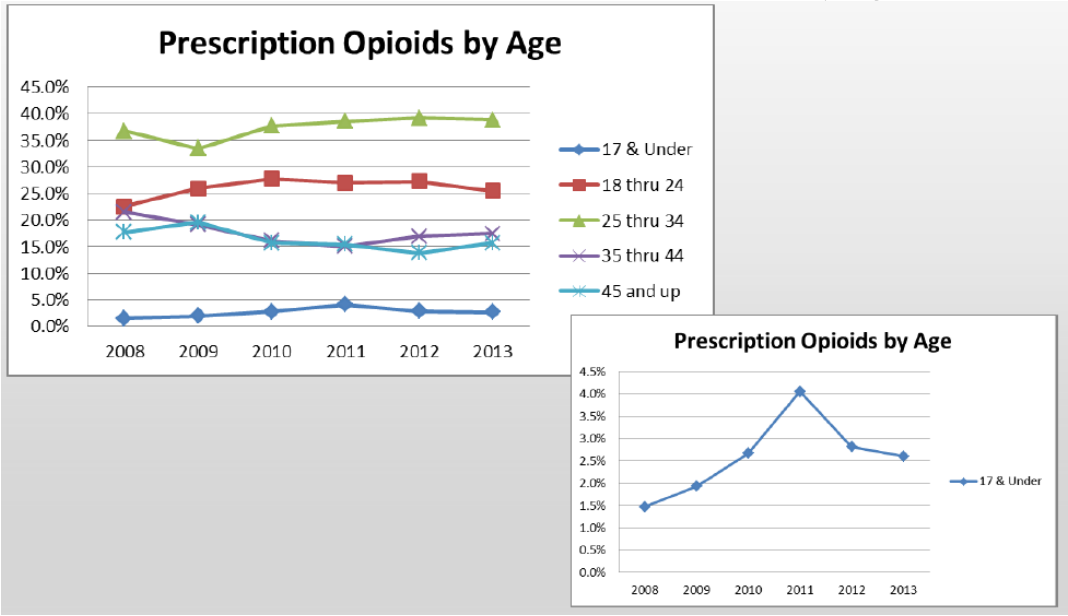
Marijuana Use by Age for People Admitted to Treatment, 2013



Source: Drug/Alcohol Coordinated Data Systems (DACODS), Division of Behavioral Health, Colorado Department of Human Services

Among individuals admitted for substance abuse treatment, non-medical prescription opioid abuse remains most prevalent among individuals ages 25 to 34. Among those ages 17 and under, there continues to be a decline in non-medical prescription opioid abuse following a peak in 2011, but the 2013 percentage is still almost double that of 2008.

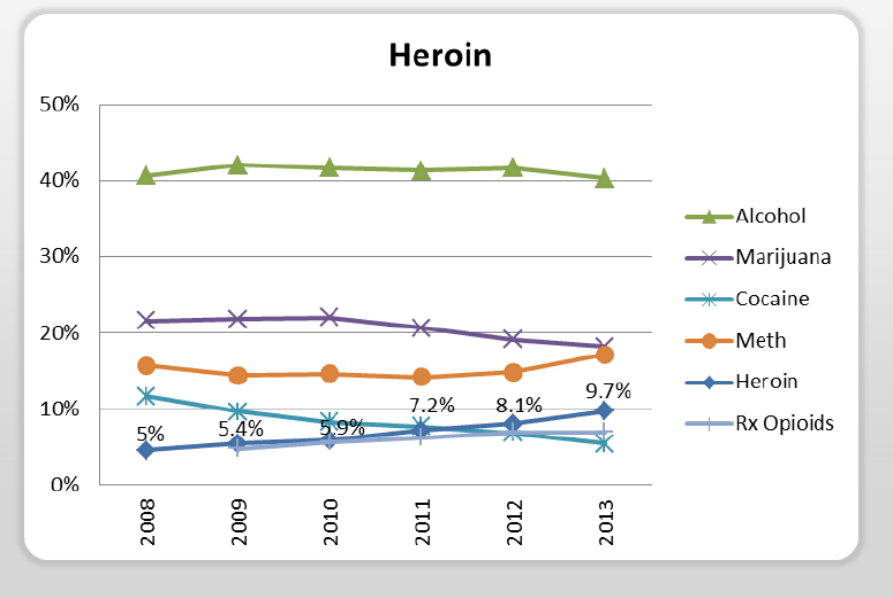
Trend in Non-medical Prescription Opioid Use by Age



Source: Drug/Alcohol Coordinated Data Systems (DACODS), Division of Behavioral Health, Colorado Department of Human Services

The abuse of heroin is gradually increasing among those individuals admitted into substance abuse treatment, from 8.1% in 2012 to 9.7% in 2013.

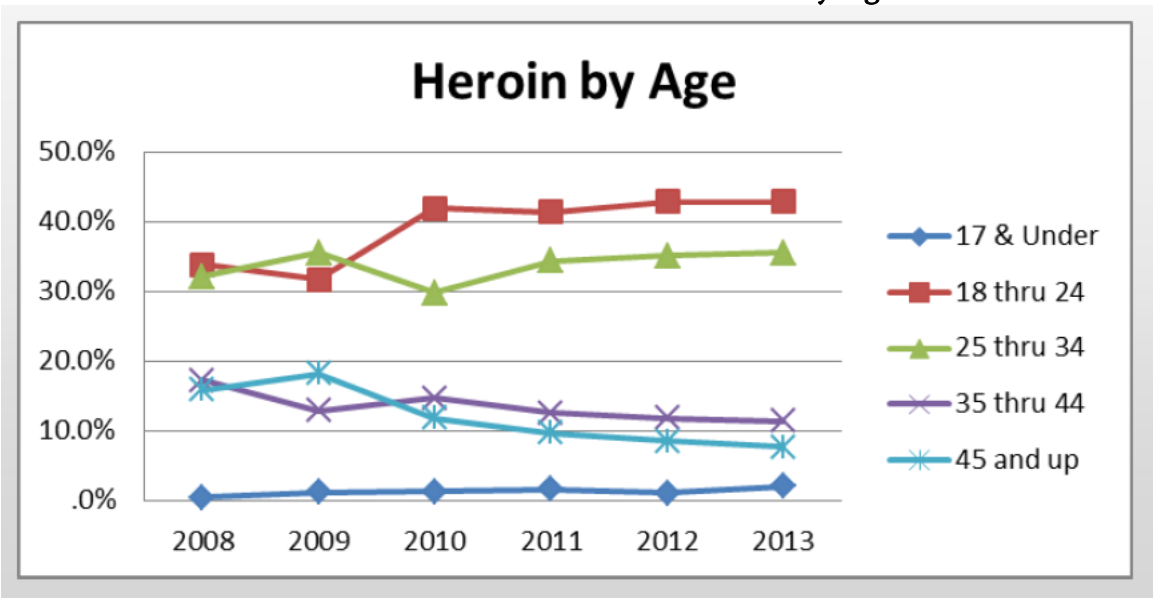
Treatment Admissions by Major Drug, January 2008 – December 2013



Source: Drug/Alcohol Coordinated Data Systems (DACODS), Division of Behavioral Health, Colorado Department of Human Services

There has been a 27% increase in use of heroin among 18 to 24 year olds that have been admitted into substance abuse treatment since 2009, and there is a slight increase among individuals ages 17 and under.

Treatment Admissions and Heroin Use By Age



Source: Drug/Alcohol Coordinated Data Systems (DACODS), Division of Behavioral Health, Colorado Department of Human Services

B. Data on the Impact of Marijuana

Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) prepared an annual report titled "*The Legalization of Marijuana in Colorado: The Impact," Vol 2, August 2014* that features comparative data in a variety of areas, including, but not limited to:

- Impaired driving
- Youth marijuana use
- Adult marijuana use
- Emergency room admissions
- Marijuana-related exposure cases
- Diversion of Colorado marijuana outside of the state

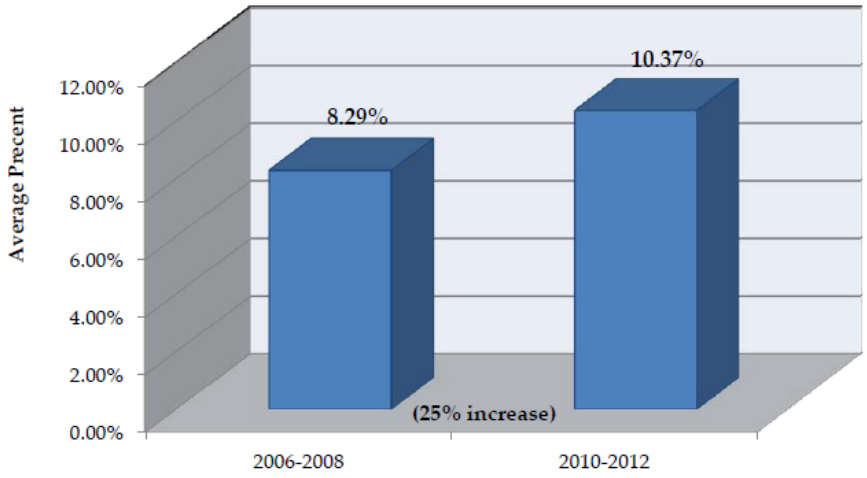
From 2007 to 2012, traffic fatalities in Colorado involving operators testing positive for marijuana increased 100%. In 2007, Colorado traffic fatalities involving operators testing positive for marijuana represented 7.04 % of the total traffic fatalities. By 2012, that number more than doubled to 16.53%.

Fatalities Involving Operators Testing Positive for Marijuana			
Crash Year	Total Statewide Fatalities	Fatalities with Operators Testing Positive for Cannabis	Percentage Total Fatalities (Cannabis)
2006	535	37	6.92%
2007	554	39	7.04%
2008	548	43	7.85%
2009	465	47	10.1%
2010	450	49	10.89%
2011	447	63	14.09%
2012	472	78	16.53%

Source: National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011, and RMHITDA 2012

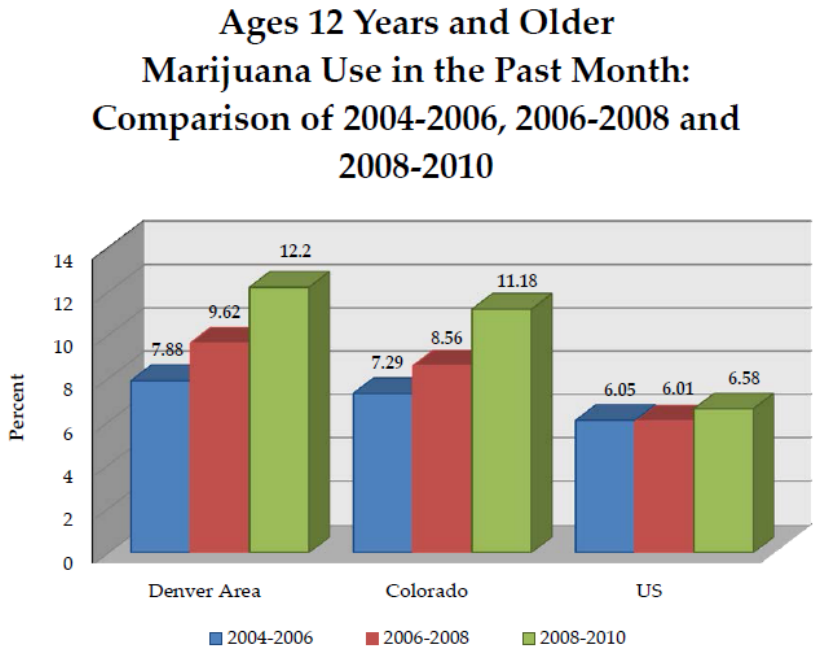
The average percent of past month use of marijuana for youth ages 12 to 17 increased by 25% from the 2006-2008 period to the 2010-2012 period.

Average Past Month Use of Marijuana Ages 12 to 17 Years
Pre-Post Medical Marijuana Commercialization (2009)



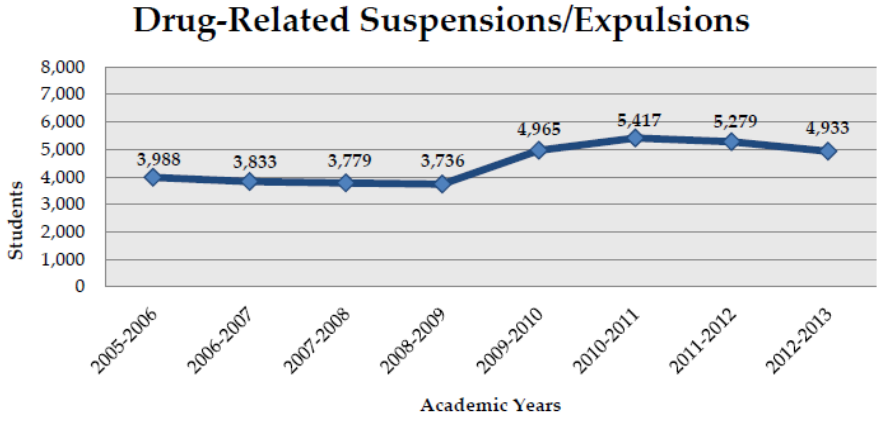
Source: National Survey on Drug Use and Health, 2013, U.S. Substance Abuse and Mental Health Services Administration

For youth age 12 or older, there continues to be a yearly increase in the percent of marijuana use in the past month in Colorado with a higher increase in the Denver area, as shown in data comparing the periods of 2004-2006, 2006-2008, and 2008-2010.



Source: Denver Epidemiology Workgroup, Denver Office of Drug Strategy, April 2014

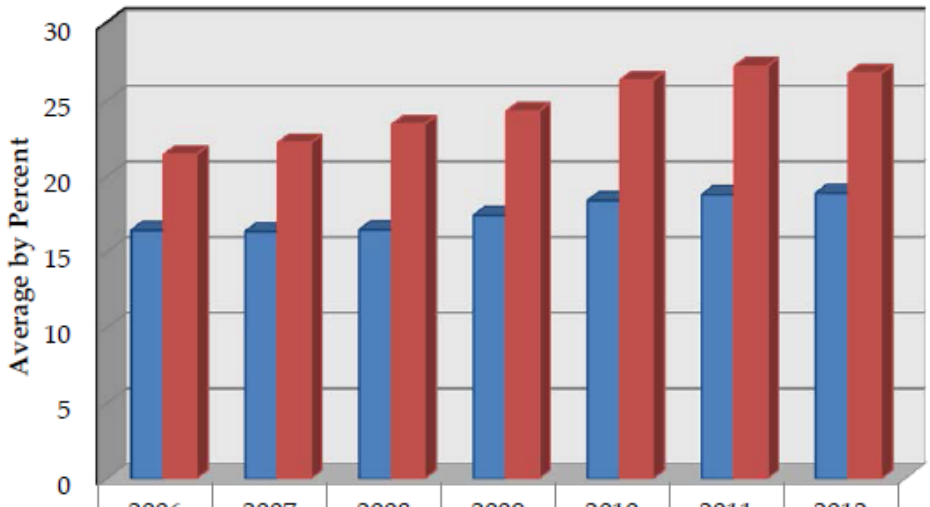
Drug-related suspensions and expulsions for students in Colorado schools increased in the 2009-2010 and 2010-2011 school years and slightly decreased in the 2011-2012 and 2012-2013 school years, but the numbers are still substantial higher than in the 2008-2009 school year. This data includes all drugs, not only marijuana.



Source: Colorado Department of Education, Academic Years 2006-2013

The percentage of college age individuals (age 18 to 25) using marijuana in the past month has remained consistently higher in Colorado than the national average.

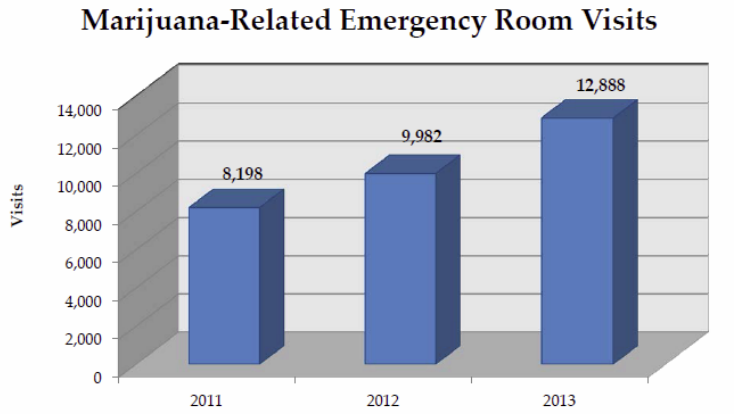
College Age (18 to 25 Years Old)
Past Month Marijuana Use



	2006	2007	2008	2009	2010	2011	2012
National 18 - 25	16.42	16.34	16.45	17.42	18.39	18.78	18.89
Colorado 18 - 25	21.43	22.21	23.44	24.28	26.35	27.26	26.81

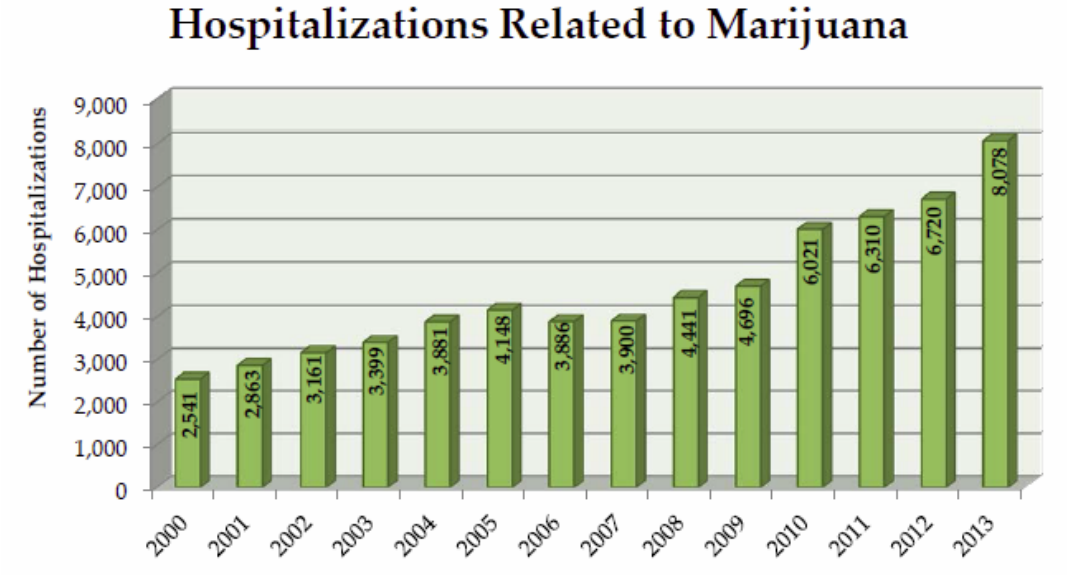
Source: National Survey on Drug Use and Health, 2013, U.S. Substance Abuse and Mental Health Services Administration

Marijuana-related emergency room visits in Colorado continue to increase from 2011 to 2013.



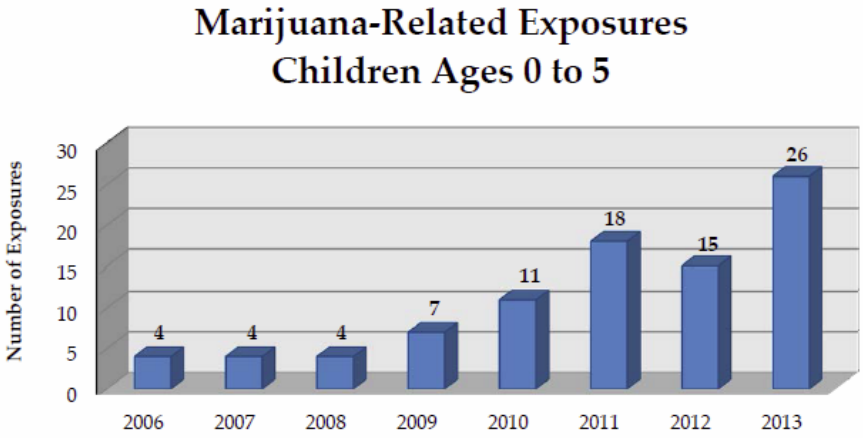
Source: Colorado Hospital Association, Emergency Department Visits Dataset

There was a sharp increase in hospitalizations related to marijuana in 2013 compared to 2012.

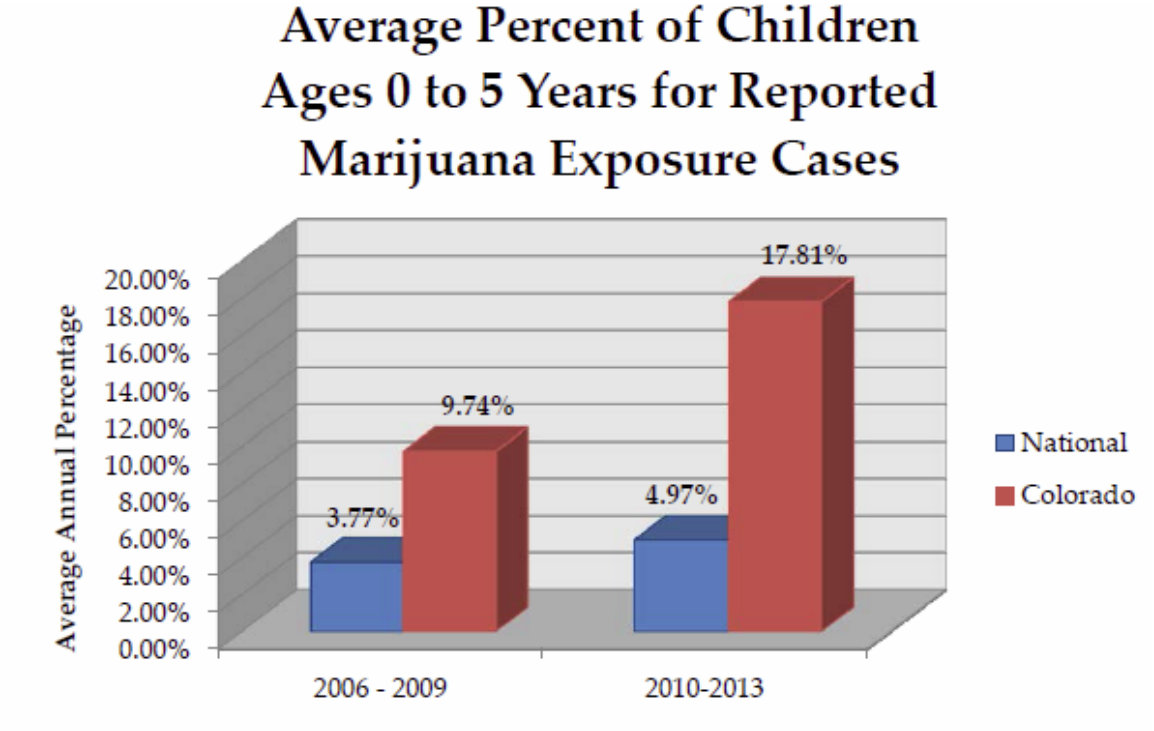


Source: Colorado Hospital Association, Emergency Department Visits Dataset

According to data from the Rocky Mountain Poison Control Center, there was a sharp increase in marijuana-related exposures of young children ages 0-5 in 2013 and the average percent of reported marijuana exposure cases for this age group is 12.83% higher than the national average. The Rocky Mountain Poison Center reports a statistically significant rise in the number of parents calling the Poison Control Hotline to report that their children had consumed marijuana. While the numbers are small they have been rising consistently since marijuana became more available in Colorado beginning in 2009.

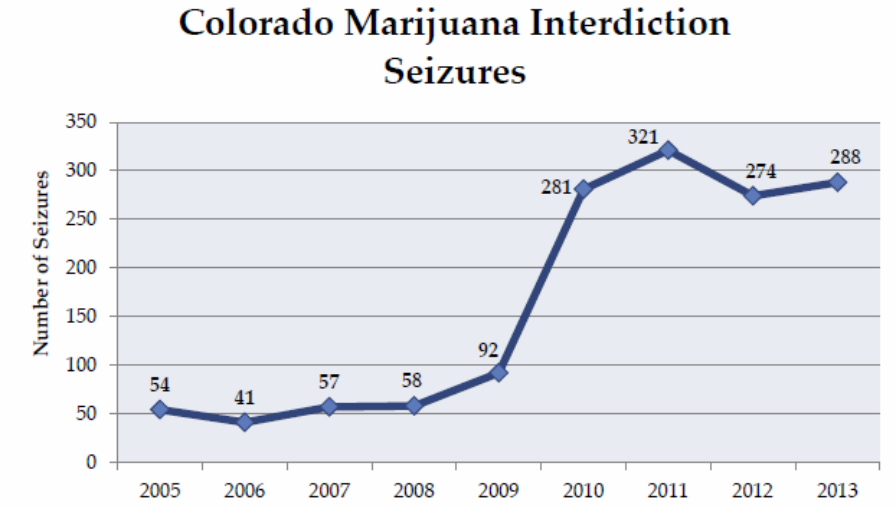


Source: Rocky Mountain Poison Center and American Association of Poison Control Centers, Annual Report



Source: Rocky Mountain Poison Center and American Association of Poison Control Centers, Annual Report

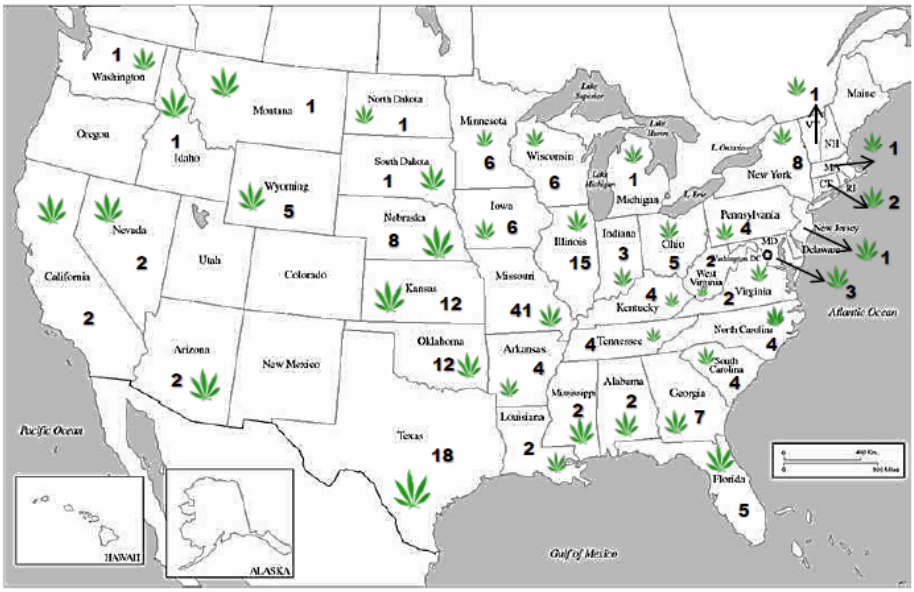
In 2013, there were 288 Colorado marijuana interdiction seizures destined for other states compared to 58 in 2008. The most common destinations were Illinois, Kansas, Missouri, Oklahoma, and Texas. The top three Colorado counties identified as the source for marijuana in 2013 were Denver, Boulder and El Paso.



Source: El Paso Intelligence Center (EPIC), National Seizure System

States to Which Colorado Marijuana Was Destined (2013)

(Total Reported Incidents Per State)



Source: El Paso Intelligence Center (EPIC), National Seizure System

Appendix D: Summary of Presentations to the Task Force, 2014

A. Colorado Household Medication Take Back

Greg Fabisiak, Environmental Integration Coordinator with the Colorado Department of Public Health and Environment, presented on the Colorado Household Medication Take Back Program.

Disposal of prescription drugs and household medications is one of the focus areas of the Colorado Consortium to Reduce Prescription Drug Abuse and is working to expand the efforts being implemented by the Colorado Department of Public Health and Environment through the Colorado Household Medication Take Back Program, which is funding a few sites across the state to collect prescription drugs and household medications.

A recent grant allowed for expansion to more law enforcement sites in Durango, Colorado Springs, Ft. Collins, Walsenburg, Canyon City, and Mesa County. Also, several pharmacies are collecting non-controlled medications with nine locations in the Denver metro area and two in Summit County. These nine pharmacy take-back locations have collected almost 35,000 pounds of unused and unwanted non-controlled medications since December 2009.

The growing interest in the collection of non-controlled medications is positive but is also creating challenges regarding:

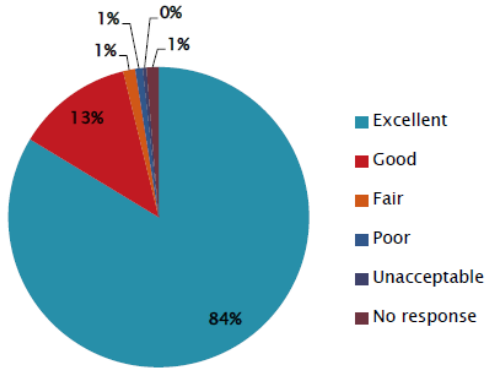
- Storage requirements
- Capacity requirements
- Handling unwanted materials
- Too little or too much promotion
- Financing options for continuing and expanding take back efforts

Grant funding does not create sustainability and when grant funding ends, the ongoing collection of non-controlled medications is diminished or discontinued at local sites. Regular funding is needed to sustain these take-back efforts and to possibly expand to additional sites.

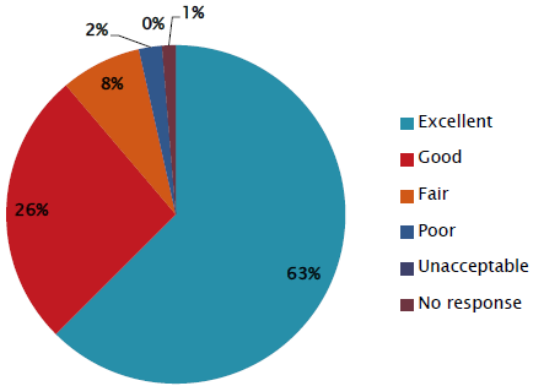
The results of a survey of individuals that utilized the local drop boxes for collecting non-controlled medications between December 2009 and July 2013 indicate a very high degree of satisfaction with the take-back program.

Colorado Take-Back Program Survey Results
232 Respondents, December 2009– July 2013

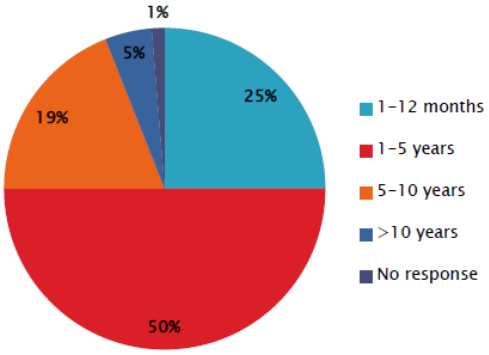
Indicate your degree of satisfaction with the Non-controlled Medicine Drop Box Program:



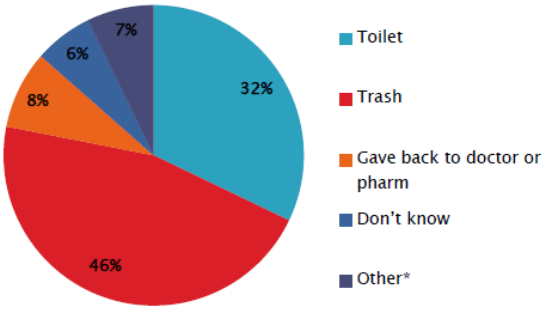
Please rate the convenience of this Medicine Drop Box Program:



How long had the medicine you dropped off been accumulating?



How have you disposed of your unwanted medicines in the past? (circle all that apply)



In 2014, the Colorado General Assembly passed House Bill 1207 regarding the establishment of the Colorado Department of Public Health and Environment Household Medication Take-Back program, subject to available funds, to collect and dispose of unused household medications.

With the finalization of the Federal Rules for Disposal of Controlled Substances, the state can begin to explore options for destruction of non-controlled medications and controlled substances, including the associated policies, costs and financing options.

B. Neonatal Abstinence Syndrome

Judy Zerzan, MD, Chief Medical Officer, Colorado Department of Health Care Policy and Financing
Margaret Ruttenberg, Colorado Department of Public Health and Environment

The State Medicaid Office in the Colorado Department of Health Care and Financing examined data on births and identifying trends in Neonatal Abstinence Syndrome. In 2012 there were 208 cases and in 2013 the number rose to 293 cases of Neonatal Abstinence Syndrome among births paid for through Medicaid. This represents 1% of births through Medicaid payment, which is on the high side. By comparison, Tennessee has a higher rate of 2%.

In Colorado, messaging is not clear for mothers or for providers regarding Neonatal Abstinence Syndrome, especially regarding use of prescription opioids and marijuana during pregnancy. Currently, Denver Health is conducting a pilot with pregnant women regarding messaging about drug use and pregnancy.

The State of Florida is disseminating messages to pregnant women and educating providers, especially about babies born with the presence of opioids. Also it is known that THC, the active drug ingredient in marijuana, crosses the placenta and this may have some implications for babies born with the presence of THC in their bodies.

The Substance Exposed Newborns Subcommittee will continue to look into this issue and will consider preparing a brief with recommendations to the Task Force for responses.

C. Colorado's Naloxone Distribution

Widd Medford, LMFT CAC III , Addiction Recovery Centers
Intensive Services Program Manager, Boulder County Public Health

Naloxone is allowed for use in Colorado in preventing overdose deaths due to use of opioids, in particular heroin.

Legislation was passed in 2010 allowing boards of health to approve naloxone programs at the local level, exempting staff and volunteers from liability in the administration of naloxone. Additional legislation was passed in 2012 exempting participants from paraphernalia charges for individuals who call 911 in response to an overdose emergency. In 2013, the Colorado legislature passed a law allowing medical providers to prescribe naloxone to third parties that are likely to witness an overdose, including family and friends of opiate users.

There is now an effort underway to increase awareness of the use of naloxone by public health workers, health care workers, and family members and to increase access to naloxone within the intravenous drug using population.

In Colorado there has been a 700% increase in the use of prescription opioids and drug overdose rates rose in the state.

In Boulder County, there was a six-fold increase in overdose deaths going from 1.7 per 100,000 individuals in 1990 to 11.1% in 2012.

In Boulder County the naloxone distribution is part of a broader harm reduction approach to overdose prevention. Part of this approach includes overdose training, which is provided by staff of the Harm Reduction Action Center.

Community education and law enforcement engagement are important strategies for getting the message out about the use and access to naloxone for overdose prevention.

D. Young People in Recovery

Anthony J. Senerchia, Vice President, Youth in Recovery

Young People in Recovery (YPR) is a national volunteer network of chapter leaders and members providing peer-to-peer services for young people in, or seeking, recovery from substance abuse addition.

There are thirty-one chapters of YPR in twenty-one states, including a chapter incorporated in Denver in 2013, dedicated to improving access to treatment, educational resources employment opportunities, and secure, stable housing that sustains young people in recovery.

YPR focuses on four areas adopted from the World Health Organization to improve recovery for youth:

- access to treatment
- equitable employment
- safe and affordable housing that sustains recovery, and
- continuing/completing one's education (GED, higher education, vocational schools, professional degrees).

All YPR services are 100% free to the general public. Workshops are offered in:

- *Employment*– how to write a resume/cover letter; finding recovery-friendly employers, how to explain "gaps" in experience or incarceration due to addiction.
- *Housing*– how to find safe, affordable housing that supports long-term recovery.
- *Education*– how to continue/complete one's education, Collegiate Recovery Programs, filling out forms for applications/financial aid, explaining "gaps."

In addition, YPR works to educate the public and treatment providers about the need for community-based support for youth in recovery and advocating for youth-specific programs and services.

More information is available at www.youngpeopleinrecovery.org.

Appendix E: Draft Definition of Drug Endangered Child

Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 14-0907.03 Jane Ritter x4342 **SENATE BILL 14-177**

SENATE SPONSORSHIP

Kerr and Newell,

HOUSE SPONSORSHIP

Young,

Senate Committees
Judiciary

House Committees

A BILL FOR AN ACT

CONCERNING THE DEFINITION OF A DRUG-ENDANGERED CHILD FOR PURPOSES OF CASES OF CHILD ABUSE OR NEGLECT IN THE CHILDREN'S CODE.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://www.leg.state.co.us/billsummaries.)

The bill establishes a definition for a "drug-endangered child" for purposes of cases of child abuse or neglect in the children's code.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) 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 from caretaker incapacitation, access to dangerous drug-production components, lack of supervision, unhealthy indoor air quality, exposure to dangerous non-drug criminal behaviors, and other circumstances that pose a danger to children;

(b) Law enforcement agencies, human services, family courts, and the criminal justice system currently do not have a common definition of a "drug-endangered child";

(c) Law enforcement agencies, human services, and statutorily mandated reporters of suspected child maltreatment need common tools and training to identify a child at risk of abuse and neglect as a result of the use, production, and distribution of drugs in a child's environment;

(d) Effective training needs to stem from a common definition of "drug-endangered child"; and

(e) While criminal penalties may be appropriate in some cases, such as the possession, production, and distribution of certain drugs as well as other offenses defined in part 4 of article 18 of title 18, Colorado Revised Statutes, the welfare and safety of children is paramount and requires that human services and law enforcement agencies work from a common definition of "drug-endangered child" so they can best meet the needs of children whose health, welfare, and safety may be at risk.

(2) The general assembly further declares that the stability and preservation of the families of this state, as well as the safety and

protection of children, are matters of statewide concern and that the purpose of Colorado's Children's Code is to make a commitment to make "reasonable efforts" to unify the family unit whenever appropriate.

(3) Therefore, the general assembly declares and adopts a definition of a "drug-endangered child" for the Colorado Children's Code.

SECTION 2. In Colorado Revised Statutes, 19-1-103, **amend** (1) (a) (VI); **repeal** (1) (a) (VII); and **add** (44.7) as follows:

19-1-103. Definitions. As used in this title or in the specified portion of this title, unless the context otherwise requires:

(1) (a) "Abuse" or "child abuse or neglect", as used in part 3 of article 3 of this title, means an act or omission in one of the following categories that threatens the health or welfare of a child:

(VI) Any case ~~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 or attempted to be manufactured~~ INVOLVING A DRUG-ENDANGERED CHILD, AS DEFINED IN SUBSECTION (44.7) OF THIS SECTION;

(VII) ~~Any case in which a child tests positive at birth for either a schedule I controlled substance, as defined in section 18-18-203, C.R.S., or a schedule II controlled substance, as defined in section 18-18-204, C.R.S., unless the child tests positive for a schedule II controlled substance as a result of the mother's lawful intake of such substance as prescribed.~~

(44.7) "DRUG-ENDANGERED CHILD" MEANS ANY CHILD IN A CASE IN WHICH ANY OF THE FOLLOWING SITUATIONS OCCUR:

(a) IN THE PRESENCE OF A CHILD, OR ON THE PREMISES WHERE A CHILD IS FOUND OR 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, AND WHEN SUCH ACTIVITY THREATENS THE HEALTH OR WELFARE OF THE CHILD; OR

(b) A CHILD'S HEALTH OR WELFARE IS THREATENED BY UNRESTRICTED ACCESS TO EITHER A CONTROLLED SUBSTANCE, AS DEFINED IN SECTION 18-18-102 (5), C.R.S., OR ANY LEGAL SUBSTANCE CAPABLE OF CAUSING A MENTAL OR PHYSICAL IMPAIRMENT; OR

(c) A CHILD'S HEALTH OR WELFARE IS THREATENED BY THE IMPAIRMENT OF THE PERSON RESPONSIBLE FOR THE CARE OF THE CHILD, AS DEFINED IN SECTION 19-1-103 (94), IF THE IMPAIRMENT IS DUE TO THE USE OF EITHER A CONTROLLED SUBSTANCE, AS DEFINED IN SECTION 18-18-102 (5), C.R.S., OR ANY LEGAL SUBSTANCE CAPABLE OF CAUSING A MENTAL OR PHYSICAL IMPAIRMENT; OR

(d) A CHILD TESTS POSITIVE AT BIRTH FOR EITHER A SCHEDULE I CONTROLLED SUBSTANCE, AS DEFINED IN SECTION 18-18-203, C.R.S., OR A SCHEDULE II CONTROLLED SUBSTANCE, AS DEFINED IN SECTION 18-18-204, C.R.S., UNLESS THE CHILD TESTS POSITIVE FOR A SCHEDULE II CONTROLLED SUBSTANCE AS A RESULT OF THE MOTHER'S LAWFUL INTAKE OF SUCH SUBSTANCE AS PRESCRIBED.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 14-0933.01 Jane Ritter x4342 **SENATE BILL 14-178**

SENATE SPONSORSHIP

Kerr and Newell,

HOUSE SPONSORSHIP

Young,

Senate Committees
Judiciary

House Committees

A BILL FOR AN ACT

CONCERNING THE DEFINITION OF A DRUG-ENDANGERED CHILD FOR PURPOSES OF CASES OF CHILD ABUSE OR NEGLECT IN THE CRIMINAL CODE.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://www.leg.state.co.us/billsummaries.)

The bill establishes a definition, as formulated by the state substance abuse trend and response task force, for a "drug-endangered child" for purposes of cases of child abuse or neglect in the criminal code. The bill creates the crime of child abuse for a person who is responsible

for creating a situation or unreasonably permitting a child to be placed in a situation in which a child is drug-endangered and establishes penalties.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. In Colorado Revised Statutes, 18-6-401, **amend** (1) (c), (7) (e) (IV), and (7) (e) (V); and **add** (7) (d.3), (7) (d.4), and (7) (e) (VI) as follows:

18-6-401. Child abuse. (1) (c) A PERSON COMMITS CHILD ABUSE IF HE OR SHE IS RESPONSIBLE FOR CREATING A SITUATION IN WHICH A CHILD IS DRUG-ENDANGERED. AS DESCRIBED IN THIS PARAGRAPH (c), A CHILD IS DRUG-ENDANGERED IF ANY OF THE FOLLOWING APPLY:

(I) ~~A person commits child abuse if,~~ In the presence of a child, or on the premises where a child is found, or where a child resides, or in a vehicle containing a child, the person knowingly engages in the manufacture or attempted manufacture of a controlled substance, as defined by section 18-18-102 (5), or knowingly possesses ephedrine, pseudoephedrine, or phenylpropanolamine, or their salts, isomers, or salts of isomers, with the intent to use the product as an immediate precursor in the manufacture of a controlled substance. It shall be no defense to the crime of child abuse, as described in this subparagraph (I), that the defendant did not know a child was present, a child could be found, a child resided on the premises, or that a vehicle contained a child.

(II) A parent or lawful guardian of a child or a person having the care or custody of a child ~~who~~ knowingly allows the child to be present at or reside at a premises or to be in a vehicle where the parent, guardian, or person having care or custody of the child knows or reasonably should know another person is engaged in the manufacture or attempted manufacture of methamphetamine. ~~commits child abuse.~~

(III) A parent or lawful guardian of a child or a person having the care or custody of a child ~~who~~ knowingly allows the child to be present at or reside at a premises or to be in a vehicle where the parent, guardian, or person having care or custody of the child knows or reasonably should know another person possesses ephedrine, pseudoephedrine, or phenylpropanolamine, or their salts, isomers, or salts of isomers, with the intent to use the product as an immediate precursor in the manufacture of methamphetamine. ~~commits child abuse.~~

(IV) (A) EXCEPT AS OTHERWISE PROVIDED IN THIS PARAGRAPH (c), IN THE PRESENCE OF A CHILD, OR ON THE PREMISES WHERE A CHILD IS FOUND OR RESIDES, OR IN A VEHICLE CONTAINING A CHILD, A PERSON KNOWINGLY AND UNLAWFULLY DISTRIBUTES OR OBTAINS, OR ATTEMPTS TO DISTRIBUTE OR OBTAIN, A CONTROLLED SUBSTANCE, AS DEFINED IN SECTION 18-18-102 (5), WHEN ANY SUCH ACTIVITY POSES A THREAT OF INJURY TO THE CHILD'S LIFE OR HEALTH. FOR THE PURPOSES OF THIS SUB-SUBPARAGRAPH (A), IT IS NOT A DEFENSE TO THE CRIME OF CHILD ABUSE THAT THE DEFENDANT DID NOT KNOW A CHILD WAS PRESENT, A CHILD COULD BE FOUND, A CHILD RESIDED ON THE PREMISES, OR THAT A VEHICLE CONTAINED A CHILD.

(B) A PARENT OR LAWFUL GUARDIAN OF A CHILD OR A PERSON HAVING THE CARE OR CUSTODY OF A CHILD KNOWINGLY OR RECKLESSLY ALLOWS THE CHILD TO BE PRESENT IN ANY LOCATION WHERE A PERSON UNLAWFULLY DISTRIBUTES OR OBTAINS, OR ATTEMPTS TO DISTRIBUTE OR OBTAIN, A CONTROLLED SUBSTANCE, AS DEFINED IN SECTION 18-18-102 (5), WHEN ANY SUCH ACTIVITY POSES A THREAT OF INJURY TO THE CHILD'S LIFE OR HEALTH.

(V) IN THE PRESENCE OF A CHILD, OR ON THE PREMISES WHERE A

CHILD IS FOUND OR RESIDES, OR IN A VEHICLE CONTAINING A CHILD, A PERSON KNOWINGLY CULTIVATES, PRODUCES, POSSESSES, USES, OR ATTEMPTS TO CULTIVATE, PRODUCE, POSSESS, OR USE A CONTROLLED SUBSTANCE, AS DEFINED IN SECTION 18-18-102 (5), IS, OR IS ATTEMPTED TO BE, POSSESSED OR USED, WHEN ANY SUCH ACTIVITY POSES A THREAT OF INJURY TO THE CHILD'S LIFE OR HEALTH.

(7) (d.3) WHEN A PERSON COMMITS CHILD ABUSE AS DESCRIBED IN SUBPARAGRAPH (IV) OF PARAGRAPH (c) OF SUBSECTION (1) OF THIS SECTION, IT IS A CLASS 1 MISDEMEANOR; EXCEPT THAT, IF IT IS COMMITTED UNDER THE CIRCUMSTANCES DESCRIBED IN PARAGRAPH (e) OF THIS SUBSECTION (7), IT IS A CLASS 5 FELONY.

(d.4) WHEN A PERSON COMMITS CHILD ABUSE AS DESCRIBED IN SUBPARAGRAPH (V) OF PARAGRAPH (c) OF SUBSECTION (1) OF THIS SECTION, IT IS A CLASS 2 MISDEMEANOR; EXCEPT THAT, IF IT IS COMMITTED UNDER THE CIRCUMSTANCES DESCRIBED IN PARAGRAPH (e) OF THIS SUBSECTION (7), IT IS A CLASS 5 FELONY.

(e) A person who has previously been convicted of a violation of this section or of an offense in any other state, the United States, or any territory subject to the jurisdiction of the United States that would constitute child abuse if committed in this state and who commits child abuse as provided in subparagraph (V) or (VI) of paragraph (a) of this subsection (7) or as provided in subparagraph (I) or (II) of paragraph (b) of this subsection (7) commits a class 5 felony if the trier of fact finds that the new offense involved any of the following acts:

(IV) The defendant committed a continued pattern of acts of domestic violence, as that term is defined in section 18-6-800.3, in the presence of the child; ~~or~~

(V) The defendant participated in a continued pattern of extreme deprivation of hygienic or sanitary conditions in the child's daily living environment; OR

(VI) THE DEFENDANT COMMITTED A CONTINUED PATTERN OF CREATING A SITUATION IN WHICH A CHILD IS DRUG-ENDANGERED, AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (1) OF THIS SECTION.

SECTION 2. Potential appropriation. Pursuant to section 2-2-703, Colorado Revised Statutes, any bill that results in a net increase in periods of imprisonment in the state correctional facilities must include an appropriation of moneys that is sufficient to cover any increased capital construction and operational costs for the first five fiscal years in which there is a fiscal impact. Because this act may increase periods of imprisonment, this act may require a five-year appropriation.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.