

**State of Colorado**

**Substance Abuse Trend and  
Response Task Force**



**Tenth Annual Report**

**January 2016**

**Cynthia H. Coffman  
Colorado Attorney General  
Task Force Chair**

## **Colorado Substance Abuse Trend and Response 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).

Cynthia H. Coffman, Chair  
Colorado Attorney General

Marc Condojani, Vice Chair, Treatment  
Director, Community Treatment and Recovery Programs  
Office of Behavioral Health  
Colorado Department of Human Services

José Esquibel, Vice Chair, Prevention  
Director, Office of Community Engagement  
Office of the Attorney General  
Colorado Department of Law

Jerry Peters, Vice Chair, Criminal Justice System  
Commander, Thornton Police Department

This report is dedicated to the memory of  
Ret. Commander Lori Moriarty (1963 – 2015)



An outstanding champion for drug-endangered children and  
Vice Chair for Criminal Justice of the Task Force from 2006-2014

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## **I. Task Force Background**

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

In 2013, the Colorado General Assembly reauthorized the Colorado State Methamphetamine Task Force under the name “Substance Abuse Trend and Response Task Force” (Senate Bill 2013-244) 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. 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, prevention of 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 the strategies for addressing those problems.
6. Measure and evaluate the progress of state and local jurisdictions in preventing substance abuse and preventing nonfederal-drug-administration-regulated

pharmaceutical drug production and distribution and prosecuting persons engaged 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 Section IV: Colorado Substance Abuse 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.

Cynthia H. Coffman, 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.

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.

Jerry Peters, Commander, Thornton Police Department, and President of the Colorado Drug Investigators Association, serves as Vice Chair for the Criminal Justice System by appointment of the Governor.

José Esquibel, Director of the Office of Community Engagement, Colorado Department of Law, Office of the Attorney General, serves as Vice-Chair for Prevention by appointment of Colorado President of the Senate.

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

In 2015, 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 27, 2015
- May 8, 2015
- August 3, 2015
- November 6, 2015

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 2015 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 Fetal Alcohol Spectrum Disorders Commission became integrated into this committee in 2015.
- 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 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.

### **C. Legislative Recommendations**

There are no legislative recommendations.

### **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, Rise Above Colorado, and various members of the Task Force is of value to the Task Force in assisting communities.

## II. Strategic Priorities, 2015

It was the consensus of the Task Force members to continue to support the collaborative work with the Colorado Alliance for Drug Endangered Children, the work of the Substance-Exposed Newborn Committee, and the work of the Colorado Consortium for Prescription Drug Abuse Prevention. Each of these groups involve multiple partners and focuses on specific action steps aimed at preventing and mitigating the impact of substance abuse on the residents of Colorado.

Task Force members also discussed four areas of focus to assist with identifying drug use issues and determining responses to the substance abuse issues in the state:

- Identifying Drug Issues
- Prevention
- Data and Trends
- Communication

### *Identifying Drug Issues*

Regarding drug issues in Colorado, the Task Force has a unique opportunity for identifying drug issues and coordinating responses to mitigate problems associated with drug abuse. This entails comprehensive dialogue among various partners and communities impacted in order to identify strategic, collaborative responses. Task Force members determined that in addition to drug trend data, information also is needed about the resources and gaps, especially with regard to the availability of treatment and data on treatment outcomes in Colorado.

### *Prevention*

Regarding prevention, the members of the Task Force agree that it is essential to promote researched-informed prevention practices and programs, and not only for educating youth and adults but also for fostering resilience and creating protective environments, whether at home, in school, or in the community. There is a unique role for the Task Force in identifying and recommending substance abuse prevention policy and practice recommendations and to help align various substance abuse prevention efforts.



### *Data and Trends*

A variety of data sources regarding substance use and abuse trends in Colorado are available for tracking and reviewing. The findings from some of these sources are reviewed by the Task Force. It is necessary to continue identifying data sources, especially county level data, to better understand regional differences in drug use and abuse patterns in the state.

### *Communication*

One area for improvement for the Task Force is in regard to communication about the work of the Task Force and its accomplishments. The Task Force could serve as a resource around the state for information on substance abuse issues and data trends. In addition to enhancing a presence on the Internet, communications can be generated with regard to the work of the Task Force committees and developing fact sheets and/or briefs on issues of concern and proposed strategies to address the issues.

### III. Responses to Substance Abuse Issues in Colorado, 2015 Highlights

Numerous response efforts occurred at the local level and statewide level in 2015 to address the abuse of drugs in Colorado. The following are highlighted below:

- Spice Civil Suit Settlement
- Major Heroin Bust
- DEA Prescription Drug Take-Back Event
- Colorado Consortium for Prescription Drug Abuse Prevention
- Take Meds Seriously Public Awareness Campaign
- Colorado Medication Take-Back Program
- Naloxone Standing Orders
- Marijuana Education and Training

#### *A. Spice Civil Suit Settlement*

In 2010, members of the Colorado Methamphetamine Task Force identified an increase in the availability of synthetic cannabinoid products packaged for sale under the general title of ‘Spice.’ Information and data from Colorado and across the nation confirmed the dangerous effects of synthetic cannabinoids on the health of individuals. The Task Force made a recommendation to the Colorado General Assembly to ban all forms of synthetic cannabinoids in Colorado.

Synthetic cannabinoids were outlawed in Colorado in 2011. As a few retailers continued to sell Spice products, the Colorado Office of the Attorney General conducted investigations and pursued civil lawsuits in 2013, 2014 and 2015, resulting in large fines for retailers that sold the unlawful products.

In 2015, the Colorado Attorney General’s Office reached the largest civil settlement in the U.S. against a store owner for selling Spice. This settlement with Colorado retailer “O’s Pipes & Tobacco” was one of four Spice-related cases that the Attorney General filed between September 2013 and May 2014. Under the terms of the Consent Judgment, Mr. Orlando Martinez, the owner of “O’s Pipes & Tobacco” will pay a civil penalty of \$160,000 as follows: 1) initial payment of \$40,000; 2) a second payment of \$40,000 within four months; and 3) monthly payments of approximately \$2,222.23 for a period of three years.

Although the civil lawsuits have had an impact on the open sale of Spice products, it is essential to remain vigilant and to pursue both criminal and civil action against retailers that decide to sell Spice products.

### ***B. Major Heroin Bust***

The largest heroin bust in the history of the Rocky Mountain Region occurred in May 2015 following a two-year coordinated effort between the U. S. Drug Enforcement Administration, the U.S. Attorney of Colorado, the Colorado Office of the Attorney General, the Federal Bureau of Investigation, the U.S. Immigration and Custom Enforcement Homeland Security Investigations, the IRS Criminal Investigation, Colorado State Patrol, the Denver Police Department, the Aurora Police Department, the Northern Colorado Drug Task Force, and the West Metro Drug Task Force.

Implemented in two phases under the name Operation Chump Change, the investigation led to indictments against 24 individuals for allegedly participating in an international drug trafficking organization that brought heroin, methamphetamine, and cocaine from Mexico to a vast network throughout the Western United States. In all, the investigation netted:

- 273 pounds of brown heroin with an estimated street value of \$40 million
- 31 pounds of methamphetamine with an estimated street value of \$500,000
- 25 pounds of cocaine with an estimated street value of \$1 million
- 25 vehicles worth approximately \$300,000
- \$2,300,000 in cash

Operation Chump Change interrupted and prevented the sale of large quantities of heroin in Colorado and across the Rocky Mountain region.

### ***C. DEA Prescription Drug Take-Back Event***

The Denver Field Division of the U.S. Drug Enforcement Administration (DEA) led a comprehensive collaborative effort to conduct a prescription drug take-back event in Colorado on September 26, 2015, as part of the DEA's National Take-Back Initiative (NTBI). This was the eleventh in a series of periodic take-back events coordinated by DEA. Future NTBI events may or may not occur.

This year, 110 local law enforcement agencies in Colorado oversaw and hosted 138 locations for citizens to drop off unused, unwanted, and expired drugs. Numerous partners at the local level assisted in promoting the take-back day. This resulted in the collection of 20,369 pounds of unused household medications.

The State of Colorado is taking steps to institute regular household medication collection sites and disposal processes. In the meantime, the NTBI addresses a vital public safety and public health issue. Prescribed medicines often languish in home cabinets and are highly susceptible to diversion, misuse, and abuse. Prescription drug abuse in Colorado and the U.S. has reached alarmingly high rates, as well as the number of accidental poisonings and overdoses due to these drugs. Many abused prescription drugs are obtained from family and friends, including from the home medicine cabinet. In addition, many citizens do not know how to properly dispose of their unused medicine, often flushing drugs down the toilet or throwing them away – both potential safety and health hazards.

#### *D. Colorado Consortium for Prescription Drug Abuse Prevention*

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.

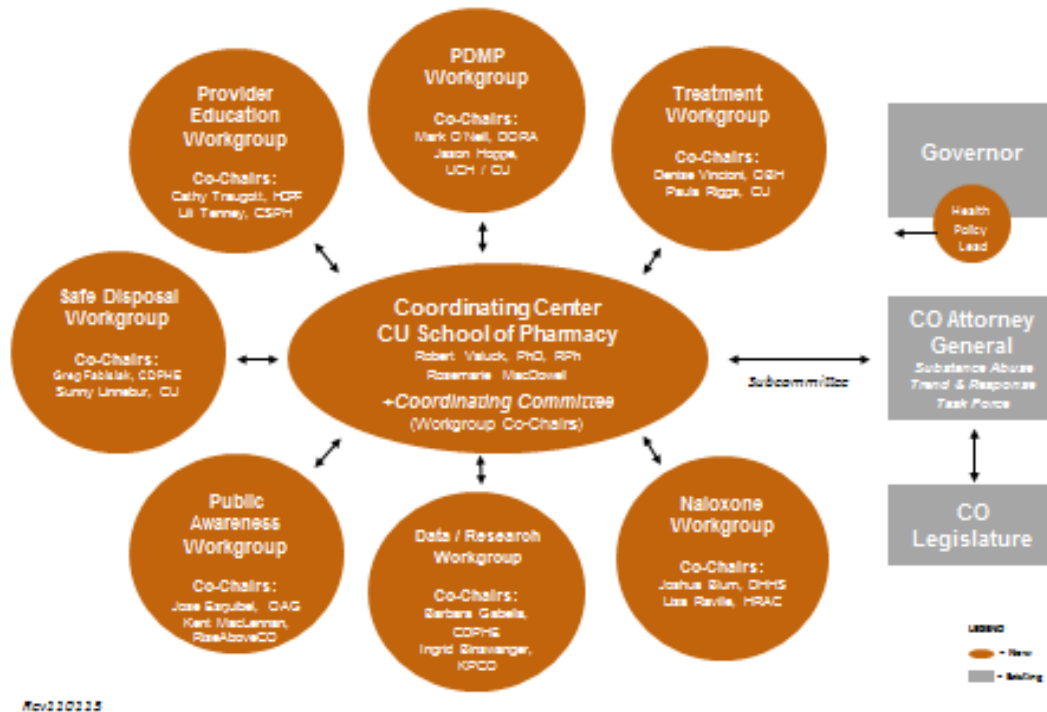
The mission of the Consortium is to reduce the abuse and misuse of prescription drugs in the State of Colorado through improvements in education, public outreach, research, safe disposal, and treatment. Visit [www.corxconsortium.org](http://www.corxconsortium.org) for more information.

The Consortium serves as a backbone group, providing infrastructure to link the many agencies, organizations, health professions, associations, task forces, and programs currently addressing the prescription drug abuse problem, but who 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 seven work groups:

- Data and Analysis Work Group
- Naloxone Access Work Group
- Prescriber and Provider Education Work Group
- Prescription Drug Monitoring Program (PDMP) Work Group
- Public Awareness Work Group
- Safe Disposal Work Group
- Treatment Work Group

**Colorado Consortium for Prescription Drug Abuse Prevention**  
*A coordinated, statewide, interuniversity/interagency network*



***E. Take Meds Seriously Public Awareness Campaign***

In February 2015, the Colorado Consortium for Prescription Drug Abuse Prevention launched a statewide public awareness campaign called Take Meds Seriously. The campaign has three key messages about prescription medications:

- Safe Use
- Safe Storage
- Safe Disposal

The campaign also provides the public with informative statistics, real life stories from affected families, a quiz to test knowledge, and useful links to resources that can help people find ways to protect themselves and their loved ones from the problems and consequences of misuse or abuse of prescription medications.

The campaign website is available in both English and Spanish and had over 57,000 visits in less than six months following the launch. Digital toolkits are available at [TakeMedsSeriously.org](http://TakeMedsSeriously.org) to assist local groups in promoting safe use, safe storage and safe disposal of prescribed medications.

### ***F. Colorado Medication Take-Back Program***

In 2014, the Colorado General Assembly formally established the Colorado Medication Take-Back Program within the Colorado Department of Public Health and Environment (CDPHE) to allow citizens to return unused household medications at designated collection sites for proper disposal.

In 2015, the Colorado General Assembly allocated \$300,000 in funding to advance the Take-Back Program, which resulted in the expansion of Take-Back locations in partnership with local law enforcement agencies and the development of draft Rules and Regulations Governing the Colorado Household Medication Take-Back Program.

The funding is an important boost to providing Colorado citizens across the state regular access to collection sites for unused household medications and for safely and properly disposing of these medications. Currently, the CDPHE is convening stakeholders and developing rules for the implementation of this expanded program.

### ***G. Naloxone Standing Orders***

Naloxone is a life-saving drug, used to reverse overdoses to narcotic drugs such as certain prescription medications and heroin.

The Colorado General Assembly passed Senate Bill 15-053 allowing the Chief Medical Officer of the Colorado Department of Public Health and Environment the authority to issue standing orders for Naloxone to be dispensed by pharmacies and employees of harm-reduction organizations to help expand statewide Naloxone access for those who might benefit from it the most, including:

- A family member, friend or other person in a position to assist a person at risk of overdose.
- An employee or volunteer of a harm-reduction organization.
- A first responder.
- An individual at risk of overdose.

Efforts are underway through the Naloxone Access Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention to increase the access and use of Naloxone among law enforcement and other first responders.

### *H. Marijuana Education and Training*

The Colorado Department of Public Health and Environment launched the ‘Good To Know’ marijuana education campaign, which includes point-of-sale education materials about marijuana laws in Colorado, including kit for retailers with posters, cards, and information for tourists ([goodtoknowcolorado.com](http://goodtoknowcolorado.com)). A second campaign was launched aimed at youth addressing effects of underage use of retail marijuana, including effects on learning and memory, coordination, and judgment, as well as information on legal consequences that can negatively impact a young person’s future.

The Peace Officers Standards and Training Board within the Colorado Department of Law provides training for law enforcement officers across the state, covering the laws and cases regarding civil liability issues, possible defenses, investigations, home grows, traffic stops and searches, DUID, butane hash oil labs, child abuse, possession, and medical marijuana issues and cards. There is also training on marijuana-impaired drivers, and training for School Resource Officers on laws and penalties related to marijuana use by individuals under age 21.

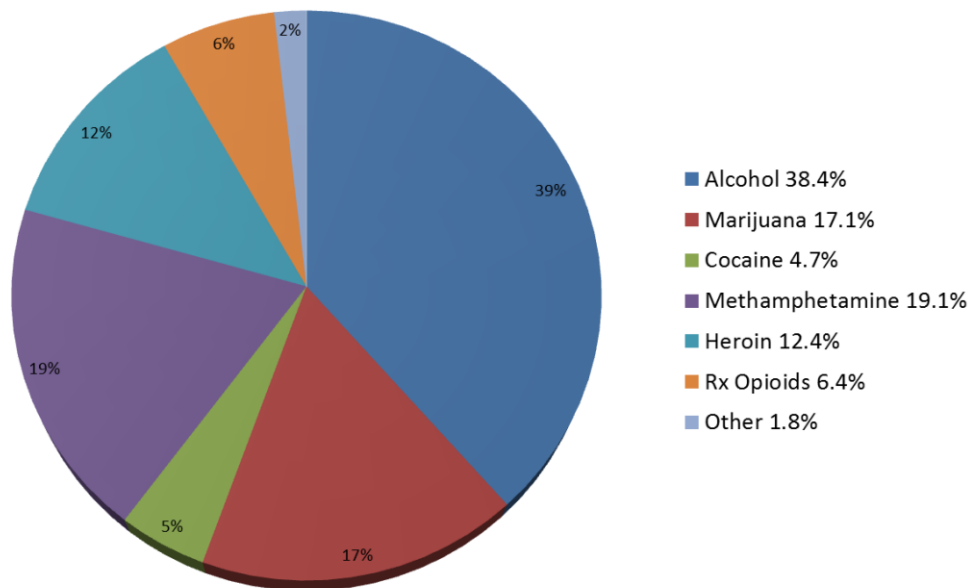
The Colorado Alliance for Drug Endangered Children provides a variety of course offerings for human services professionals through the State Child Welfare Training Academy regarding marijuana use and abuse and the impact on children.

## IV. Colorado Substance Abuse Trends

Data is essential to understanding drug use trends and shaping strategies in response to prevention, intervention, and criminal justice. The Task Force reviews data from various sources to understand the trends in substance use and abuse in Colorado. This section provides a summary of key data points.

### *A. Treatment Admissions by Drug*

The most recent available data from substance abuse treatment admissions (2014) indicates that alcohol, methamphetamine, marijuana, and heroin are the main drugs used by individuals who seek treatment.



Substance Abuse Treatment Admissions by Drug, 2014. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

### *B. Regional Distribution of Treatment Admissions by Drug*

Although the highest percentage of individuals seeking treatment for drug abuse and addiction are from the Denver/Boulder region, the northeast and south-central regions of the state have high percentages of individuals seeking treatment for



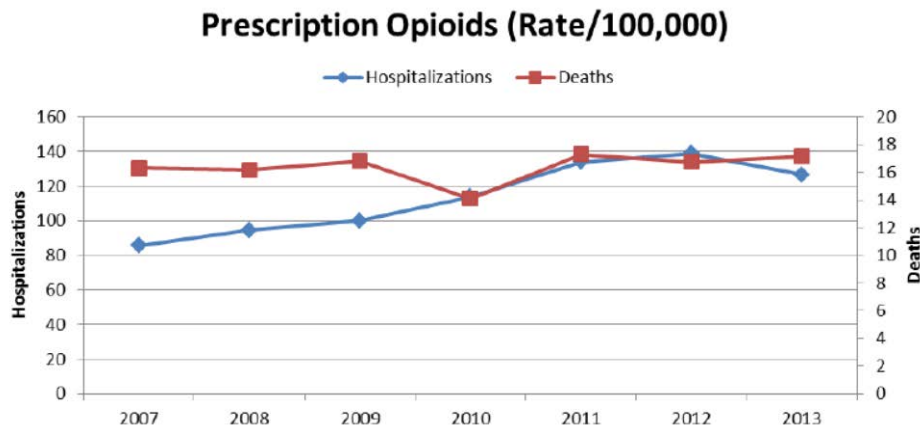
methamphetamine, while the southeast region of the state has a high percentage of individuals seeking treatment for opioid abuse and addiction, inclusive of both prescribed opioids and heroin.

2014						
Region	CO Population	Marijuana	Cocaine	Meth	Heroin	Rx Opioids
Northeast	13.0%	18.0%	7.2%	22.2%	7.9%	13.1%
Denver / Boulder	56.0%	46.4%	61.9%	38.7%	57.0%	44.8%
South Central	14.0%	15.8%	12.7%	17.8%	12.2%	12.9%
Southeast	6.0%	10.0%	14.4%	8.6%	18.1%	21.7%
Southwest	4.0%	2.5%	.7%	4.5%	.9%	1.9%
Northwest	7.0%	7.3%	3.1%	8.2%	3.8%	5.6%

Substance Abuse Treatment Admissions by Drug, 2014. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

### C. Non-Medical Use of Prescription Opioids

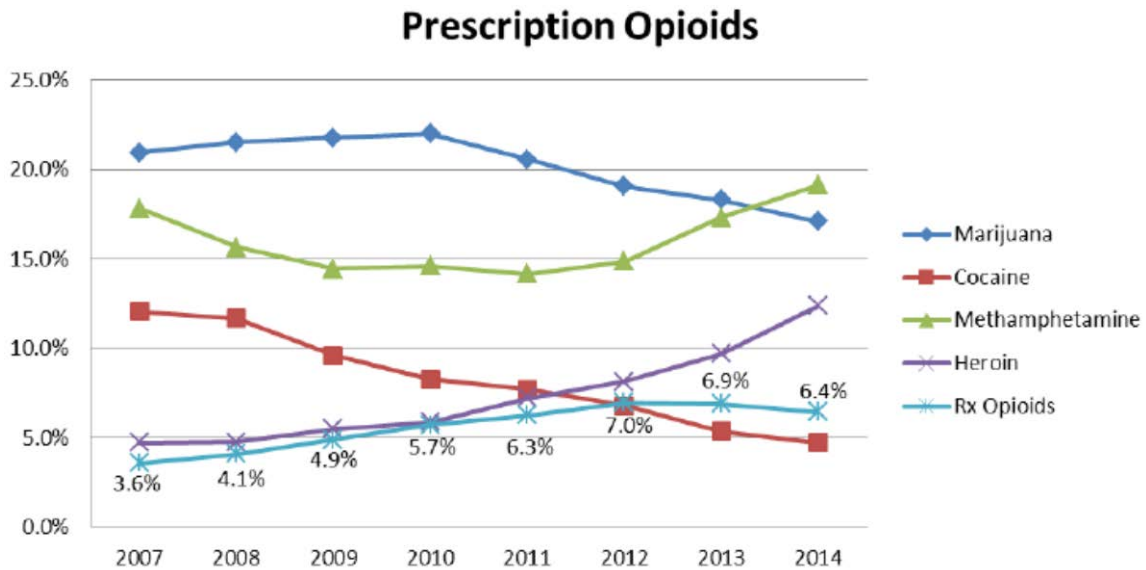
The non-medical use of prescription opioids continues to be a concern in Colorado as deaths associated with prescription opioids remain high.



Prescription Opioid Deaths and Hospitalizations. Source: Colorado Department of Public Health and Environment.

The number of individuals seeking treatment for non-medical use of prescription opioids declined slightly between 2013 and 2014, but the number of individuals

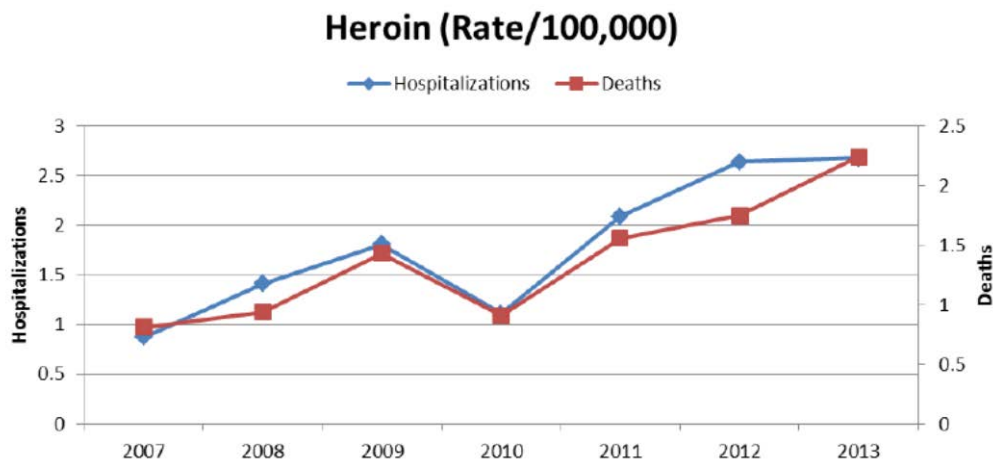
seeking treatment for heroin abuse and addiction rose sharply in that same time period.



Substance Abuse Treatment Admissions by Drug, 2014. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

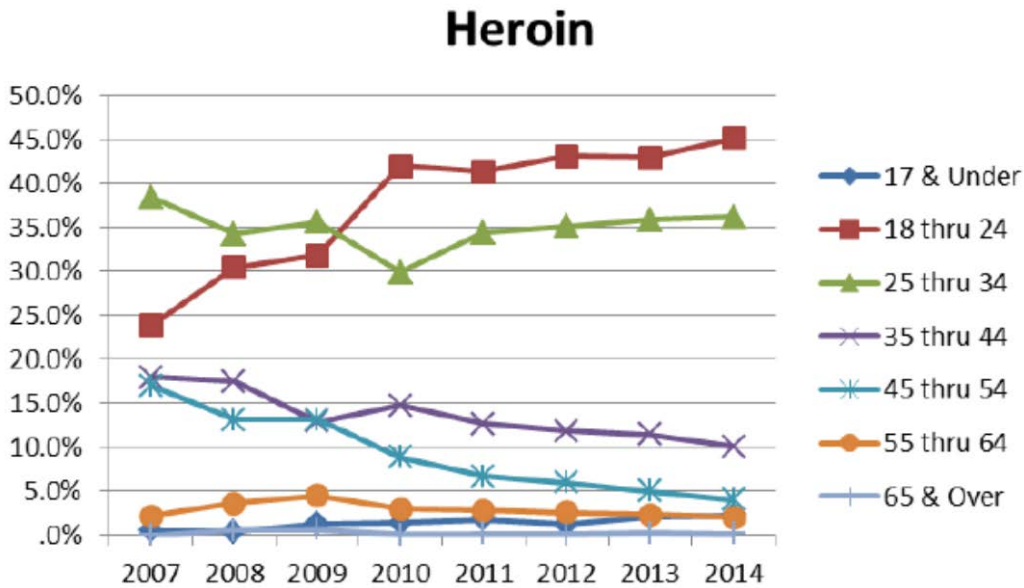
#### *D. Heroin Deaths, Hospitalizations, and Treatment Admissions*

Hospitalizations and deaths related to the abuse of heroin continue to climb with a sharp increase in deaths between 2012 and 2013. This trend is expected to continue in an upward movement for 2014 and 2015.



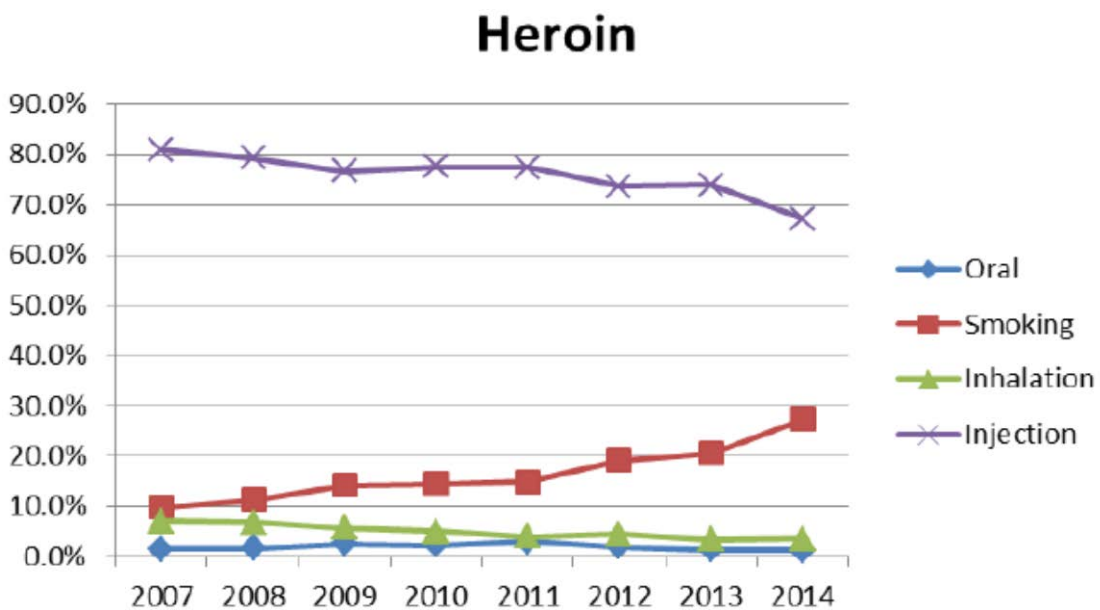
Heroin Deaths and Hospitalizations.  
Source: Colorado Department of Public Health and Environment

Individuals ages 18 through 24 remain the largest percentage of those seeking treatment for heroin abuse and addiction and they are followed by individuals ages 25 through 34.



Substance Abuse Treatment Admissions by Drug, 2014. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

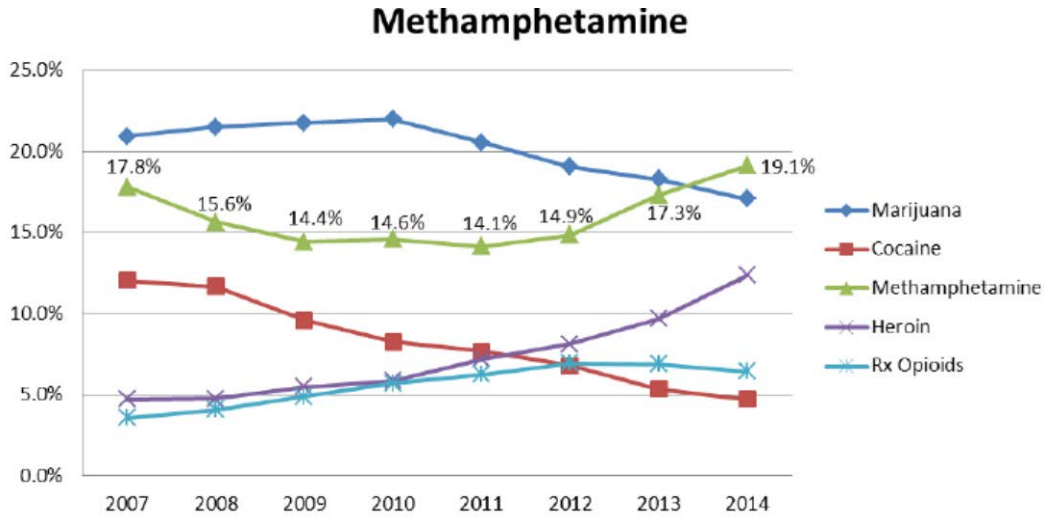
Although injection remains the preferred method for using heroin, smoking this drug is on the increase.



Substance Abuse Treatment Admissions by Drug, 2014. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

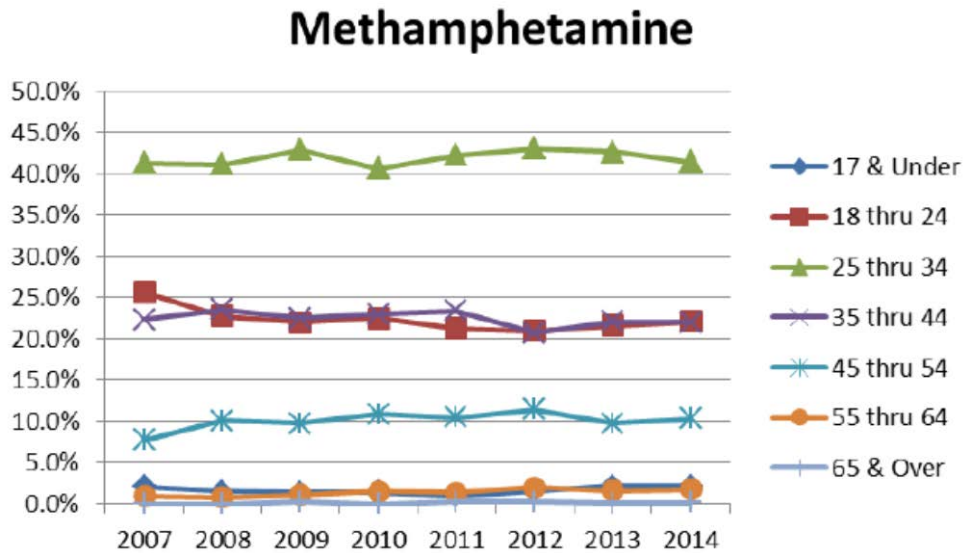
***E. Methamphetamine Data***

Treatment admissions for individuals addicted to methamphetamine is on the rise between 2011 and 2014, reversing a downward trend between 2007 and 2010.



Substance Abuse Treatment Admissions by Drug, 2014. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

As seen in previous years, individuals ages 25 to 34 are the highest percentage of the population seeking substance abuse treatment for methamphetamine abuse.



Substance Abuse Treatment Admissions by Drug, 2014. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

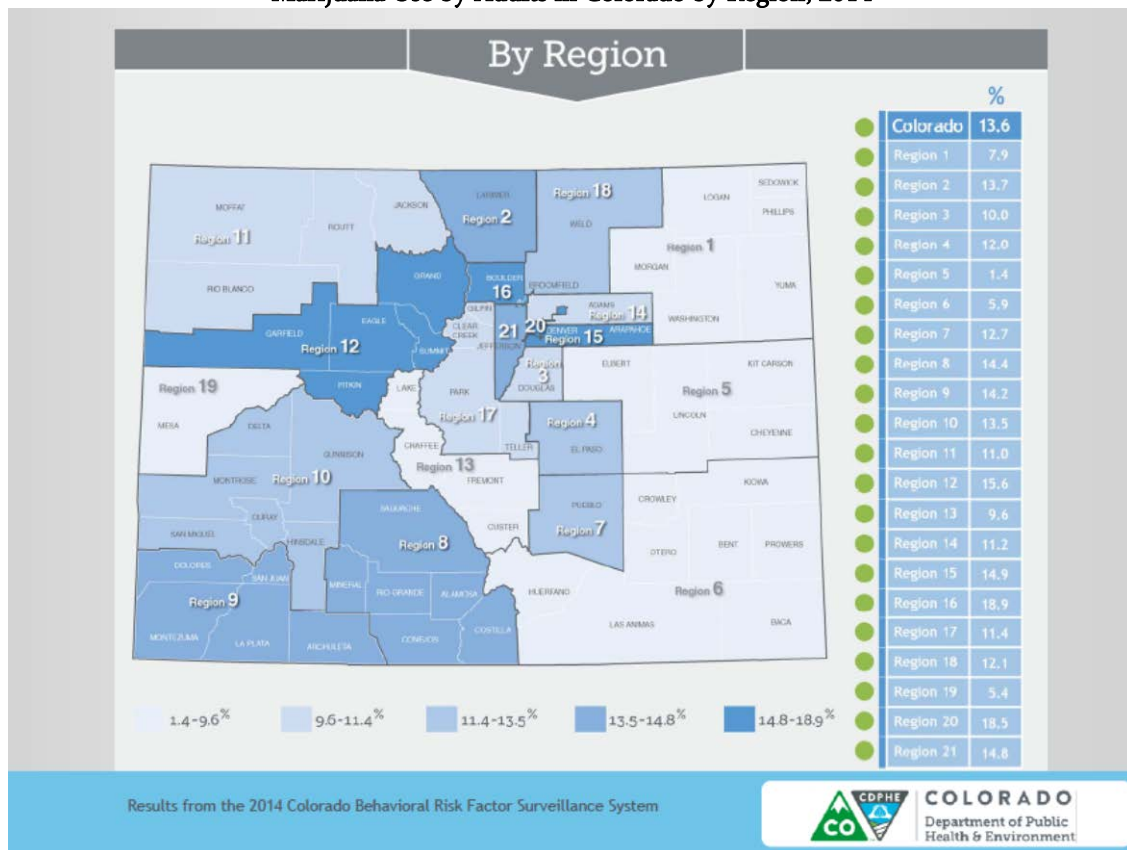
## F. Marijuana Data

The highest percentage of adults who use marijuana regularly are in the northwest region of the state and in Denver and Arapahoe Counties.

The Colorado Department of Public Health and Environment released a detailed report titled, *Monitoring Health Concerns Related to Marijuana in Colorado, 2015: Changes in Marijuana Use Patterns, Systemic Literature Review and Possible Marijuana-Related Health Effects*. According to this report, it is estimated that 13.6% of the adult population (18+ years) in Colorado has used marijuana in the past 30 days. Among current users, 33.2% report using marijuana daily and 18.8% report driving after using. The data shows a big jump in marijuana use from age 11-12 to age 13-14, indicating an area for concentration of prevention efforts for 11 and 12-year olds.

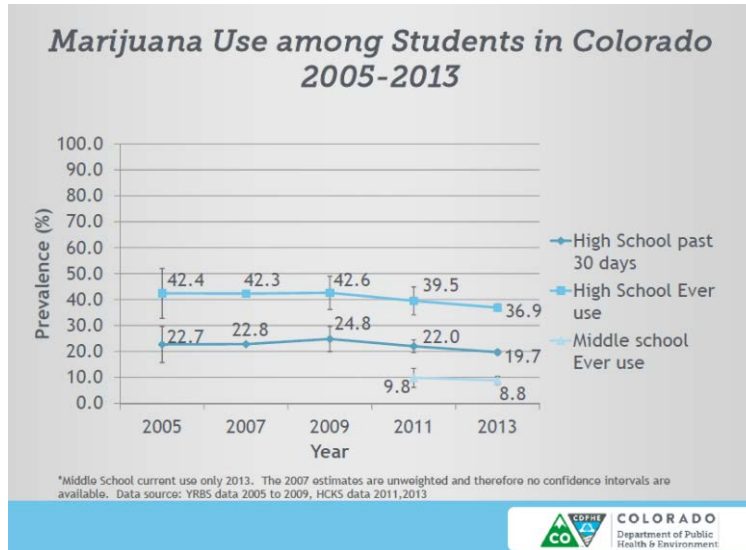
By region, there is a concentration of higher marijuana use in the central and western regions of the state, as well as the Denver metro area.

Marijuana Use by Adults in Colorado by Region, 2014

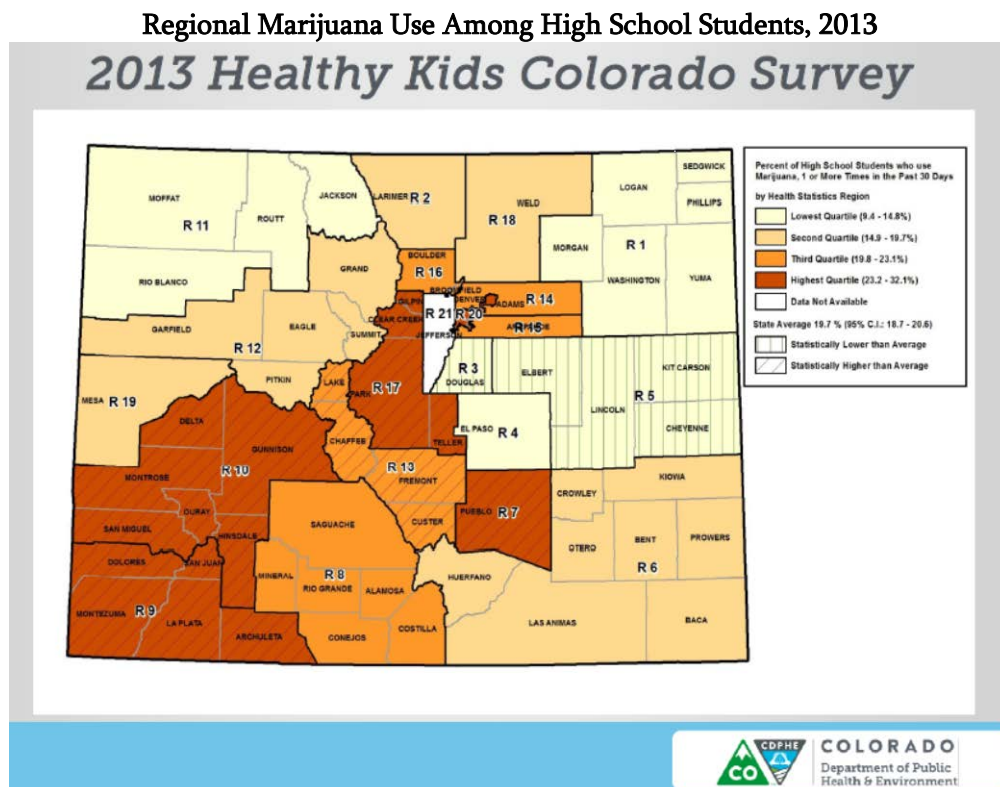


Data on marijuana use for youth under 21 years of age is available up to the year 2013, prior to legalization of marijuana in the state. A higher percentage of youth use

marijuana in Colorado compared to the national average, however, there was a downward trend in past 30-day use of marijuana by high school students between 2011 and 2013.



In 2013, higher rates of marijuana use by students occurred in the southwest part of the state, the central mountain region, Pueblo, and the Denver metro area.



Legalization of marijuana has led to a significant decrease in marijuana-related court filings in the state, dropping from 10,340 case filings in 2013 to 3,268 in 2014 (Colorado State Judicial Department). Among juveniles, court filings for marijuana-related cases in the state dropped from 743 in 2012 to 538 in 2015.

With regard to driving under the influence, toxicology screens testing positive for THC, the active drug ingredient in marijuana, continues to increase.

The 2014 Colorado Child Health Survey provides the following new data findings on children exposed to marijuana in the home:

- Of children ages 1-14, 3.9% live in homes where marijuana had recently been used inside.
- Of parents with children ages 1-14:
  - 6.9% report having marijuana in or around the home.
  - 71.3% of those with marijuana in the home kept it locked away.
- Of parents reporting recent marijuana use inside the home:
  - 76.4% said marijuana was smoked.
  - 38.5% said marijuana was vaporized
  - 14.2% said marijuana was eaten.



**Appendix A:  
Substance Abuse Trend and Response Task Force  
Membership**

**Chair**

Attorney General Cynthia H. Coffman

**Vice-Chairs**

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

Prevention: José Esquibel, Director, Office of Community Engagement, Colorado Department of Law, Office of the Attorney General

Criminal Justice: Jerry Peters, Commander, Thornton Police Department, and President of the Colorado Drug Investigators Association

**Members**

Governor's Policy Staff Representative: Zach Pierce, Policy Advisor

President of the Senate Designee: Dan Rubinstein, District Attorney, 21<sup>st</sup> Judicial District

Senate Minority Leader Designee: Sen. Michael Johnston, Senate District 33

Speaker of the House Designee: Rep. Rhonda Fields, House District 42

House Minority Leader Designee: Rep. Kathleen Conti, House District 38

Local child and family Service Providers: Julia Roguski, Savio House/Child Protection Services

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



Human Service Agency: Lorendia Schmidt, Colorado Department of Human Services, Division of Child Welfare

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: Jessica Bigler, School Health Profession Grant Program Manager

Colorado District Attorneys Council: Cliff Riedel, District Attorney, 8<sup>th</sup> JD, 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: Robert J. Valuck, Ph.D., R.Ph., University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences

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:

Amy Kingery, Office of the State Court Administrator

Judge Dan Kaup, 8<sup>th</sup> Judicial District, Larimer County Justice Center

Colorado Drug Investigators Association: Vacant

Substance Abuse Recovery Organization: Mike Britton, Phoenix Multisport

Environmental Protection:

Colleen Brisnehan, Hazardous Materials 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

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: Vacant

Youth: Vacant

## 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.