

**State of Colorado**

**Substance Abuse Trend and  
Response Task Force**



**Eleventh Annual Report**

**January 2017**

**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).

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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.

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 2016, 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 5, 2016
- May 13, 2016
- August 5, 2016
- November 8, 2016

In addition, the Vice-Chairs, the Executive Director of Illuminate Colorado, and the Coordinator of the Colorado Consortium for Prescription Drug Abuse Prevention met quarterly to ensure progress on Task Force priorities, and also met with the Colorado Attorney General on implementing and coordinating the activities of the Task Force in accordance with the mandates of the legislation.

The Task Force seated four committees in 2016:

- The Substance Exposed Newborns Steering Committee, co-chaired by Kathryn Wells, MD, Medical Director, Denver Family Crisis Center, and Jade Woodard, Executive Director of Illuminate Colorado. 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 nine work groups responsible for implementing the goals and strategies of the Governor's *Colorado Plan to Reduce Prescription Drug Abuse, 2013* (see Appendix B for a diagram of the consortium work groups).
- The Task Force entered into a partnership with the Colorado State Epidemiological Outcomes Workgroup (SEOW) to serve as the official Data Committee of the Task Force. The SEOW consists of representatives of several state departments that manage data relevant to substance use and abuse. The co-chairs of the SEOW/Data Committee are Rebecca Helfand, Ph.D., Director of Data and Evaluation, Office of Behavioral Health, Colorado Department of Human Services, and Daniel Vigil, MD, MPH, Program Manager, Marijuana Health Monitoring and Research Program, Colorado Department of Public Health and Environment. See Appendix C for a summary of the charter of the SEOW.
- A Policy Ad-hoc Committee was seated to explore policy recommendations to present to the Task Force.

## **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 Illuminate Colorado, Rise Above Colorado, the Colorado Consortium for Prescription Drug Abuse Prevention, and from various members of the Task Force is valuable in assisting communities.

## **II. Task Force Strategic Priorities, 2016**

Task Force members discussed and agreed upon three priority areas for 2016:

- Prevention
- Policy and Practice Recommendations
- Task Force Communication

### **A. Prevention**

The Task Force members agreed it is essential to promote researched-informed prevention practices and programs, 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.

Federal funding between 2004 and 2014 helped to enhance and improve community-based substance abuse prevention efforts. There are very good community-based prevention efforts occurring in the state, but this is not well-known and the efforts tend to be underfunded.

In recent years, a lack of financial resources has stunted the ability to take substance abuse prevention to scale across all communities in Colorado. In addition, substance abuse prevention efforts in Colorado are scattered and the funding that is available is fragmented and not well coordinated.

The 2016 Colorado General Assembly approved and allocated \$7,125,000 from the marijuana tax cash fund for community-based youth substance abuse prevention focusing on implementation of the Communities That Care model. The funds are managed by the Colorado Department of Public Health and were disseminated to local public health departments for the state fiscal year 2016-2017. These funds will serve to bolster successful, evidence-based substance abuse prevention practices and programs in the state.

There is a need to convene substance abuse prevention professionals and representatives of local substance abuse prevention organizations and coalitions in order to coordinate statewide prevention efforts. This will be a priority of the Task Force in 2017.

## **B. Practice and Policy Recommendations**

### **1. Increase Access to Naloxone**

The Task Force agreed on increasing access to Naloxone, a drug that reverses opioid overdose, as a strategic priority for 2016.

The Task Force reviewed data analyzed by the Colorado Health Institute showing the statewide rate of drug overdose deaths climbed 68 percent between 2002 and 2014, from 9.7 per 100,000 residents to 16.3 per 100,000 residents (see Maps 1 and 2 in Section III.D below).

The Task Force enlisted the expertise of the Naloxone Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention to determine strategies for increasing access to Naloxone. It was determined that it is essential to increase access to Naloxone among law enforcement personnel and other first responders.

A partnership was formed with various groups, including the Colorado Office of the Attorney General, the Colorado Consortium for Prescription Drug Abuse Prevention, the Harm Reduction Action Center, Denver Hospital and Health Authority, Colorado Municipal League, Rx Assurance, Metro Mayor Caucus, Colorado Association of Chiefs of Police, and Colorado County Sheriffs, to implement training of law enforcement personnel and first responders in the administration of Narcan, an FDA-approved nasal form of Naloxone for the emergency treatment of a known or suspected opioid overdose.



The Colorado Office of the Attorney General provided \$264,500 in funding to make a bulk purchase of 2,500 dual-dose Narcan rescue kits, to pay for six regional trainings, and to upgrade the OpiRescue app to document administration of Narcan and to record drug overdose reversals.

The Colorado Naloxone for Life Initiative was launched in late September 2016. See Section III.D below for additional details.

*“Thanks to our partnership with the Attorney General, we are now equipping our patrol cars with Narcan and training our officers on the administration of the drug. We feel that the ability to administer the potentially lifesaving drug of Narcan as the first responder on scene is one more tool we can use to be able to render immediate aid in overdose situations until medical personnel arrive on scene.”*

—Thornton Police Chief Randy Nelson

## 2. Medication Assisted Treatment

The Task Force asked the Treatment Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention to prepare recommendations for expanding Medication Assisted Treatment (MAT) in Colorado to assist individuals with treatment for opiate addiction.

The co-chairs of the Treatment Work Group, Paula Riggs, MD, and Denise Vincioni, provided presentations to Task Force members on the efficacy of MAT and the gaps and barriers in Colorado to expanding MAT.

Opioid addiction is a neurobiological-based medical illness. Opioid addicts have a high mortality rate, a high incarceration rate, and a high relapse rate. For individuals who desire to seek treatment for their addiction, there is a severe lack of substance abuse treatment in Colorado, especially Medication Assisted Treatment.

The following practice recommendations were generated and recommended action steps will be developed in 2017:

- Support the expansion of Medication Assisted Treatment, which includes the use of the following prescribed medications:
  - Methadone: opioid maintenance treatment
  - Buprenorphine (Suboxone): opioid maintenance treatment
  - Naltrexone (Vivitrol): opioid blocker treatment

- Increase the number of health care providers that prescribe buprenorphine or naltrexone to help stabilize opiate addicts as they wait for substance abuse treatment services.
- Support efforts to secure federal and state funding to expand Medication Assisted Treatment in Colorado.

The following policy recommendations were generated:

- Expand MAT and integrated mental health/substance treatment in mainstream medical healthcare settings, emphasizing the need to more robustly encourage and enforce compliance with Mental Health Parity and Addiction Equity Act (2008) in Colorado.
- Determine solutions for providing Medication Assisted Treatment for inmates entering the Colorado correction system with an opioid addiction and address pre-release coordinated care.
- Support the expansion of school-based substance abuse treatment, which is identified by the President's New Freedom Commission as one of the most effective ways of increasing access and availability of high quality behavioral healthcare for youth and families.

The Task Force will further address these three policy recommendations in 2017, which will include the involvement of stakeholders to determine specific policy actions that are needed to expand MAT and to improve substance abuse treatment for youth and for individuals in the Colorado correction system, with special attention to opioid addiction.

### **C. Task Force Communication**

Information about the Task Force is available on the web site of the Colorado Office of the Attorney General (<https://coag.gov/OCE/substance-abuse-prevention>), including an overview of the legislative charge of the Task Force, meeting agendas and minutes, and presentations. To receive e-mail communications about Task Force meetings, send an e-mail request to [OCE@coag.gov](mailto:OCE@coag.gov).

### **III. Responses to Substance Abuse Issues in Colorado, 2016 Highlights**

#### **A. Community Connections and Assistance**

One of the statutory requirements of the Task Force is to assist local communities with implementation of the most effective practices to respond to substance abuse prevention, intervention and treatment. To this end, the Task Force works in collaboration with partners through two committees to engage with community partners across the state on local responses to substance abuse issues.

A main focus of activities in 2016 was on making connections with local communities and finding ways to be responsive to local efforts related to substance abuse prevention, treatment and interdiction. The Task Force and two of its committees made connections with representatives of communities across the state to better understand what efforts are occurring and what gaps exist in addressing challenges related to substance abuse prevention, treatment, and criminal justice responses.

Through the Colorado Consortium for Prescription Drug Abuse Prevention, connections were made to assist the following communities that recently mobilized to address opiate drug abuse, inclusive of prescribed opioids and heroin:

- Adams, Arapahoe, and Douglas Counties
- Centennial Area Health Education Center (AHEC-North/Northeast Colorado)
- Central AHEC (Mountain Areas Drug Awareness Partnership)
- Colorado Springs/El Paso County
- North Colorado Health Alliance
- Pueblo Heroin Task Force
- Yampa Valley Rx Abuse Task Force (Routt, Moffat and Jackson Counties)
- San Luis Valley AHEC
- Southeast Colorado AHEC
- Southwest Colorado AHEC (Durango/Four Corners)
- Tri-County Opioid Overdose Partnership

*“As a co-founder of the Yampa Valley Rx Task Force, the impact of our work has been amplified 10 fold since we started working more closely with the Colorado Consortium and the Colorado Office of the Attorney General’s Office of Community Engagement. Through sharing best practices on addressing the opioid epidemic around the state, by giving updates on the Naloxone For Life campaign, in making influential connections, and deepening our collaboration together, the rural Northwest Colorado region has benefited and resident lives experiencing opioid drug overdose have been saved! I look forward to addressing this complex challenge together and the ongoing collaboration that strengthens opportunities locally and statewide that are presented in the passage of the Comprehensive Addiction Recovery Act and the 21<sup>st</sup> Century Cures Act.”*

—Ken Davis, PA-C, Executive Director  
Northwest Colorado Community Health Partnership

This effort of community support includes newly established partnerships with Regional Prevention Services/OMNI Institute, with staff in six regions of the state, and with Area Health Education Centers, also with staff in six regions in the state.

In support of assisting these local community efforts, members of the Task Force and the Consortium coordinated with Serve Colorado on a federal grant to assess the role of AmeriCorp volunteers in helping local community-based efforts address the opioid epidemic. Serve Colorado was given a grant award and the ensuing assessment will be completed by June 2017.

The biggest project of 2016, involving multiple partners at the local level, was the Colorado Naloxone for Life Initiative, which focused on outreach and training to law enforcement personnel from over 100 law enforcement departments on Narcan administration.

Through the Substance Exposed Newborns (SEN) Committee with a Children’s Justice Act grant, representatives of five hospital systems and staff of Illuminate Colorado formed the SEN Best Practice Hospital Learning Collaborative. This includes hospitals from the communities of Grand Junction, Denver, Pueblo, Greeley and Ft. Collins. The purpose of the Learning Community is to identify, implement, and document best practice approaches to identifying and responding to prenatally drug-exposed newborns. Additional partners in the project include Kempe Children’s Center and ECHO Colorado at the University of Colorado.

## B. 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.

There is a continuing need for funding to support staffing of the Consortium to ensure coordination across nine work groups. Dr. Rob Valuck provides leadership as the coordinator of the Consortium with assistance from two part-time staff. This backbone support is essential to aligning activities toward common goals and implementing strategies across a broad spectrum of issues.

*“On behalf of the opioid coalition in Colorado Springs, I want to express my appreciation for the support we are receiving from the Colorado Consortium for Prescription Drug Abuse Prevention. The support received to date has conveyed to coalition members that we do not have to start from “scratch” but can build on the work that has already been done.”*

—Mary A. Steiner, BSN, RN  
Community Projects and Pilots Manager  
Health First Colorado

There are 350 Consortium members with 150 active participants on nine work groups. See Appendix B for a listing of the work groups.

Highlights of the work and accomplishments of the Consortium in 2016 include:

1. Public Awareness
  - Take Meds Seriously, the Consortium’s public awareness campaign for Safe Use, Safe Storage, and Safe Disposal of prescribed medications, won three Gold Pick awards from the Public Relations Society of America for its website, communications materials, and press conference.

- Take Meds Back campaign strategy and materials were developed for the Colorado Household Medication Take Back Program scheduled for launch in January 2017.

2. Prescription Drug Monitoring Program (PDMP)

- Utilization of the PDMP increased in 2016, especially among pharmacists.
- Every controlled substance dispensed generates a record in the PDMP within twenty-four hours of dispensing.
- A grant was received to conduct research on the use of PDMP information by providers in five major hospital emergency rooms.

3. Safe Disposal

- Rules and regulations were developed by the Colorado Department of Public Health and Environment with input from numerous stakeholders for medication collection and disposal in Colorado.
- Funds from the Colorado General Assembly are supporting the implementation of the Colorado Household Medication Take Back Program with the goal of having at least one permanent collection site in each of Colorado's sixty-four counties.
- The Safe Medications Storage Information brochure was developed.
- Branding was created for the Colorado Household Medication Take Back Program along with a web site to take the public directly to information about the Take Back program and a map of permanent collection locations: [TakeMedsBack.org](http://TakeMedsBack.org).



**Household Medication  
Dropbox Located Here**

- Community toolkits provide instructions for establishing permanent medication collection locations, organizing local take-back events, encouraging public participation, and accessing available state funds to support the local medication take back programs.

#### 4. Provider Education

- An interdisciplinary team from the Center for Health, Work and Environment and the Colorado School of Public Health crafted online training modules.
- Between January and November 2016, 2,496 prescribers were trained on safe opioid prescribing.
- Training modules were developed for dentists and veterinarians.
- Collaboration on trainings occurred with the Colorado Medical Society, Pinnacle Assurance, Colorado Department of Labor, and the Colorado Veterinary Medical Association.

#### 5. Data and Research

- Monthly Addiction Health Services Research Meetings were conducted to share information on current research findings related to the opioid epidemic.
- Enhancements identified by users and potential user will be added to the Colorado Prescription Drug Abuse Data Dashboard, including more querying features, local and county results, and comparison results.

#### 6. Treatment

- Gaps were identified in the existing substance abuse treatment system that impeded response to the opioid crisis in Colorado.
- Recommendations were developed for addressing gaps and barriers to accessing treatment were presented to the Task Force. See Section II.B.2 above for the recommendations and Section III.E for more details.

#### 7. Naloxone

- Coordinated with partners on increasing access to Naloxone in order to reduce opioid overdose deaths.
- The Harm Reduction Action Center has documented 456 lives saved due to access to and use of Naloxone in Colorado from May 2012 to December 2016.
- Over 250 pharmacies in Colorado are utilizing medical standing orders to allow any individual access to a prescription of Naloxone.
- Coordinated with the Attorney General's Office on the bulk purchase of 2,500 Narcan (nasal Naloxone) kits to distribute to law enforcement and other first responders. See Section III.D below for details.
- Working with partners on increasing Naloxone prescribing by primary care providers and pharmacies.
- Working with partners on increasing access to Naloxone in county jails.

## 8. Heroin Response

- Convened experts from the field of substance abuse prevention and treatment, and from local, state and federal law enforcement to determine strategies for addressing the increase in availability and use of heroin in Colorado. See Section III.F below for details.
- Collected and analyzed data on the trends related to heroin availability and abuse in Colorado from various data sources.
- Conducted survey of individuals who have experienced heroin addiction to inform strategies for prevention and treatment.
- Completed a report titled *Heroin in Colorado: Preliminary Assessment* scheduled for release in January 2017. See Appendix D for a summary of findings.

## 9. Affected Families and Friends

- Working on collecting stories of those who have been affected by the opioid epidemic for use in a variety of traditional and social media outlets.
- Will be recruiting and training individuals who can speak publically about the impact of the opioid epidemic.
- Will build relationships with media outlets in order to establish the Affected Families and Friends Work Group as a respected and trusted source of stories about the opioid epidemic.

## C. **Substance Exposed Newborns (SEN)**

### 1. Fetal Alcohol Spectrum Disorders: A New Sub-Committee

Although the Fetal Alcohol Spectrum Disorders (FASD) Commission was not reauthorized by the Colorado Generally Assembly, the continuing work of this group is critical to addressing best practice approaches for identifying FASD and serving children and youth affected by FASD. As such, the former commission was adopted as a sub-committee of the SEN Committee of the Task Force.

### 2. Best Practice Hospital Learning Collaborative

With grant funding from the Children's Justice Act through the Colorado Department of Human Services, the SEN Committee and Illuminate Colorado partnered with Kempe Children's Center and ECHO Colorado at the University of Colorado to form a Best Practice Hospital Learning Collaborative to address best practice approaches in identifying and responding to pregnant



women who are using drugs and to newborns that are prenatally exposed to drugs.

Participants in the Learning Collaborative include representatives of the following healthcare organizations:

- University of Colorado Health North (UC Health North):
  - Poudre Valley Hospital (Fort Collins)
  - Medical Center of the Rockies (Loveland)
- University of Colorado Anschutz Campus (Aurora)
- Parkview Hospital (Pueblo)
- St. Mary’s Hospital (Grand Junction)
- Banner Health:
  - Fort Collins Medical Center (Fort Collins)
  - McKee Medical Center (Loveland)
  - North Colorado Medical Center (Greeley)

The learning collaborative focuses on effectively implementing best practice policies and practices —as well as lessons learned— for screening pregnant women for drug use and assisting them in abstaining from drugs during pregnancy, which may mean helping them receive treatment.

#### D. Colorado Naloxone for Life

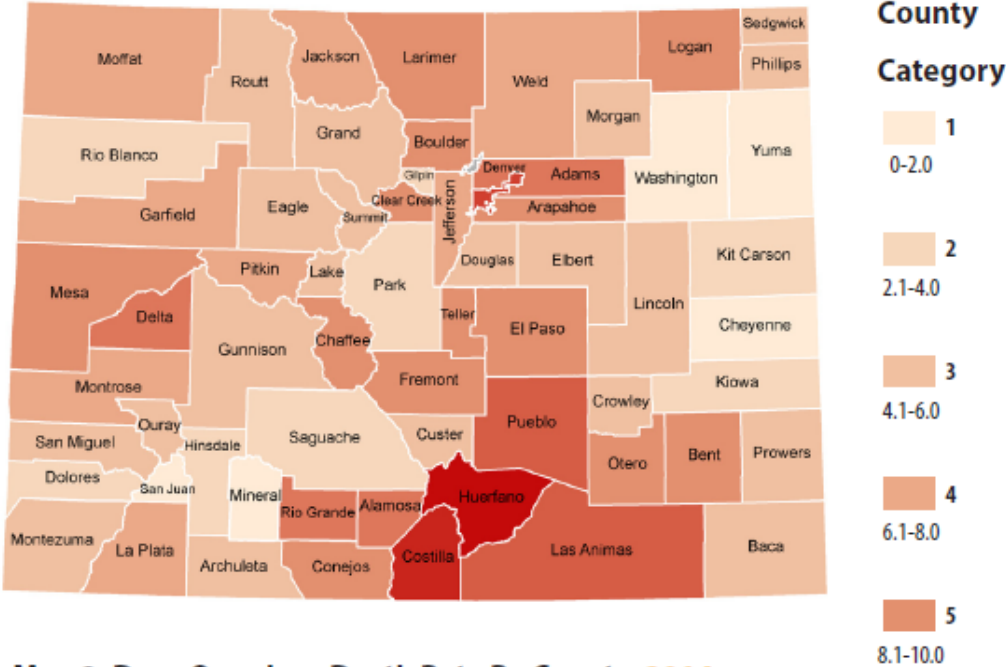
According to state data analyzed by the Colorado Health Institute, the statewide rate of drug overdose deaths climbed 68 percent between 2002 and 2014; from 9.7 per 100,000 residents to 16.3 per 100,000 residents (see Map 1 and Map 2 below).

At the February 2016 meeting of the Task Force, the co-chairs of the Consortium’s Naloxone Work Group, Lisa Raville (Harm Reduction Action Center) and Josh Blum, MD (Denver Hospital and Health Authority), presented to the Task Force on the status of drug overdose deaths and the need to increase access to Naloxone, a drug used to reverse overdose deaths.

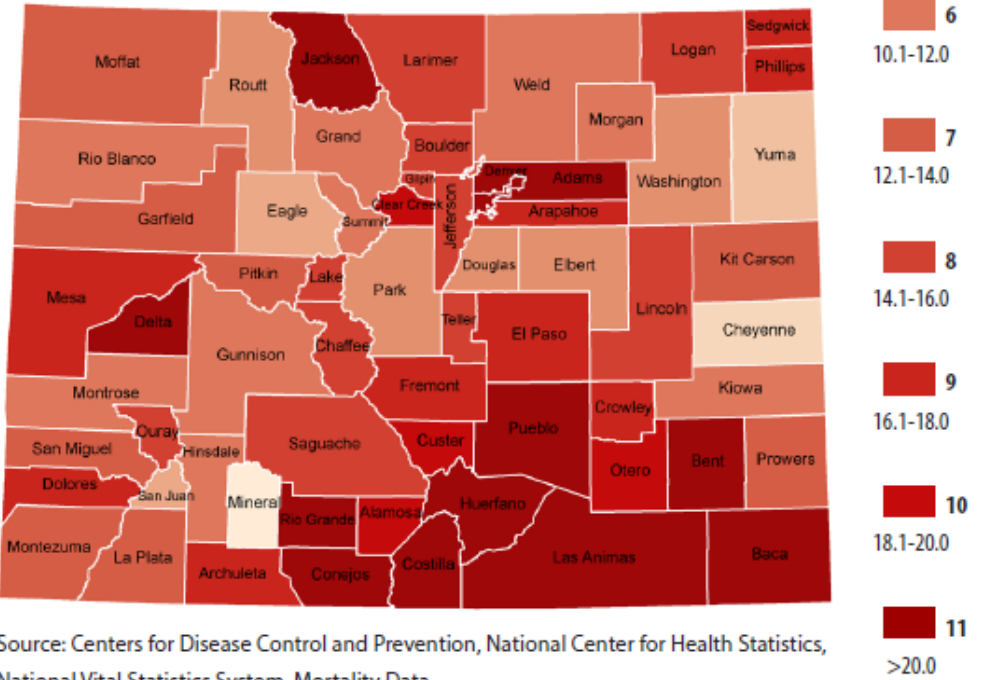
*“The data behind these maps make one thing very clear. This is a widespread problem that is leading to tragedy across Colorado. It is also a clear health policy challenge. The increased access to Naloxone, especially to first responders, is a step in the right direction.”*

— Michele Lueck, CEO  
Colorado Health Institute

**Map 1. Drug Overdose Death Rate By County, 2002**



**Map 2. Drug Overdose Death Rate By County, 2014**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, Mortality Data

From: *Colorado Drug Death Rate Tops U.S. Average*, Colorado Health Institute, February 2016

In September 2016, in collaboration with multiple partners, Colorado Attorney General Cynthia H. Coffman launched the Colorado Naloxone for Life initiative to increase access to Narcan (nasal Naloxone) among law enforcement personnel and other first responders in seventeen counties with the highest rates of drug overdose deaths. The goal of the project is to reduce the rate of overdose deaths in Colorado to below the national average of 14.7 per 100,000.

The initiative consists of three strategies:

**Strategy 1:** Provide Naloxone nasal spray (Narcan) to law enforcement and other first responders in seventeen Colorado counties with the highest rates of opioid drug overdose.

**Strategy 2:** Train law enforcement and first responders in use of Naloxone.

**Strategy 3:** Document the utilization of Narcan and drug overdose reversals using the OpiRescue app and evaluate the effectiveness of increased access to Narcan in Colorado.

The Office of Community Engagement in the Colorado Attorney General's Office partnered with Denver Health and Hospital Authority on the bulk purchase of 2,500 dual-dose kits of Narcan at a cost of \$187,000.

The staff of the Harm Reduction Action Center took the lead on providing training to law enforcement and first responders on Narcan Administration. The three trainers were:

- Lisa Raville, Executive Director, Harm Reduction Action Center
- Josh Blum, MD, Denver Health
- Rick Brandt, Chief, Evans Police Department, and immediate former President of the Colorado Association of Chiefs of Police

The OpiRescue app developed by Rx Assurance allows local agencies to document Narcan administration and overdose reversals. Agency-specific accounts allow for local data collection and reporting. Multiple agency data can be aggregated to document overdose reversals across the state.

Between September 22, 2016 and November 18, 2016, sixteen two-hour regional trainings were conducted in seven locations: Brighton, Steamboat Springs, Sterling, Grand Junction, Durango, La Junta, and Pueblo. A total of 293 individuals were trained representing 91 law enforcement or first responder agencies.

The trainings sessions included a training of trainers option so that local communities can continue to train local law enforcement, first responders, and any interested members of community.

Narcan Rescue Kits were given to law enforcement and first responders from the following seventeen prioritized counties: Adams, Baca, Bent, Clear Creek, Crowley, Delta, Dolores, Fremont, Huerfano, Jackson, Las Animas, Mesa, Otero, Ouray, Phillips, Pueblo, and Sedgwick.

The Colorado Department of Public Health and Environment received supplemental funds to conduct an evaluation of the Colorado Naloxone for Life Initiative. The period of evaluation is from October 2016 through September 2017. The possibility of additional funding, will extend the evaluation into 2018.

## **E. Medication Assisted Treatment**

Medication Assisted Treatment is critical for assisting individuals in recovery from opioid addiction.

Currently, there is a severe shortage of treatment services for opioid addicts in Colorado, especially in rural and frontier regions.

Given that waiting periods to receive treatment services are long, it is necessary to enlist physicians, nurse practitioners, and physician assistants to prescribe some form of medication to address opioid dependence, consisting of either opioid maintenance drug (methadone or buprenorphine) or an opioid blocker (Naltrexone/Vivitrol).

More substance abuse treatment providers also need to adopt Medication Assisted Treatment services, which is a move away from traditional abstinence-only forms of treatment and recovery services.

In 2016, the Treatment Work Group of the Consortium presented to the Task Force on the following gaps and barriers to implementing MAT in Colorado:

- Less than half of suboxone-licensed physicians in practice are prescribing and only about 6% of these accept patients with Medicaid.

- Science has shown beyond a reasonable doubt that addiction is a neurobiological-based medical illness:
  - Medicaid/insurance benefits for substance treatment continue to fall significantly below mental health and medical benefits.
  - Economic incentives are not aligned or consistent with increasing clinical workforce or treatment access/availability.
  
- Critical shortages in treatment services exist due to:
  - Inadequately trained clinical workforce.
  - Limited opioid treatment access and availability.
  - Insufficient integration of mental health and substance treatment services.
  - Lack of coordination or integration with primary medical care.
  - Medicaid and private insurance benefits for addiction treatment are not consistent with the Affordable Care Act or the Mental Health Parity and Addiction Equity Act.
  
- There is a lack of consistent standard of care for opioid addiction and lack of MAT in the Colorado Department of Corrections.
  
- There is a lack of MAT and psychosocial treatment for prisoners and coordinated care pre-release.
  
- There is a lack of coordination or integration with primary medical care and reimbursements are not consistent with Affordable Care Act or the Mental Health Parity and Addiction Equity Act.

Solutions to the above gaps and barriers will be identified and discussed with the involvement of multiple stakeholders. There will be an opportunity to implement solutions as Colorado begins to expand access to Medication Assisted Treatment.

In 2016, the Office of Behavioral Health/Colorado Department of Human Services was awarded a multi-year federal grant to expand Medication Assisted Treatment in Colorado. Local sites are expected to be awarded in 2017.

## **F. Heroin Response Work Group**

Members of the Substance Abuse Trend and Response Task Force have reported on the increase of availability of heroin in Colorado and the increase in the use of heroin. This is supported by data indicating increased rates of heroin seizures and arrests, heroin overdoses, administration of Naloxone, new cases of hepatitis C, opiate Neonatal Abstinence Syndrome (NAS), heroin exposure, and individuals seeking treatment for heroin use.

To reduce the adverse impacts of heroin use and trafficking, greater effort needs to be placed on a coordinated response to the issue. This will require a joint effort by the law enforcement, prevention, treatment, and recovery communities working together to curb the harmful impact heroin is having in Colorado.

In early 2016, a Heroin Response Steering Committee was created to take the lead on this project. The steering committee includes leaders from Rocky Mountain High Intensity Drug Trafficking Area, U.S. Drug Enforcement Agency, Colorado Attorney General's Office, Colorado Department of Public Health and Environment, Colorado Office of Behavioral Health, and the Colorado Consortium for Prescription Drug Abuse Prevention.

The steering committee became a work group of the Consortium and created a subject matter expert group to serve as Advisory Committee.

The first phase of work for the Heroin Response Work Group is to complete an assessment to determine the extent of the heroin problem in Colorado. The initial five goals of Phase I include:

1. Collect and analyze data on the trends related to heroin availability and abuse in Colorado from various data sources.
2. Gain a better understanding of heroin abuse in Colorado with information collected from individuals who have experienced heroin addiction.
3. Identify various practices and approaches to prevention, intervention and treatment as reference material.
4. Determine a need and appropriate platform for information exchange between law enforcement, treatment and prevention.
5. Enhance the working relationship between law enforcement and treatment providers to develop a mutual partnership.

A preliminary heroin impact assessment report was completed, substantiating the nature and impact of the increased presence of heroin in the state. The report is titled *Heroin in Colorado: Preliminary Assessment* and is scheduled for release in January 2017. In addition, 713 individuals who experienced heroin addiction were surveyed about their use of heroin. The analysis of the surveys will provide valuable information to help determine responses to addressing the increase of heroin use in Colorado. See Appendix D for a summary of findings.

The future use of information from the assessment and the survey of people recovering from heroin addiction, strategies for prevention, intervention, and treatment will be determined in 2017.

## **G. 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 two prescription drug take back events in Colorado as part of the DEA's National Take Back Initiative. These were the twelfth and thirteenth in a series of periodic take-back events coordinated by DEA since 2010. The DEA worked in partnership with numerous groups and local law enforcement departments to host two take back events in 2016.

State level partnerships included the Colorado Office of the Attorney General, the Task Force, the Colorado Consortium on Prescription Drug Abuse Prevention, and the Colorado Department of Public Health and Environment.

The event held on April 30, 2016, involved 145 event locations hosted by 114 law enforcement departments, and yielded 24,170 pounds of unused medications.

On October 22, 2016, 89 law enforcement agencies in Colorado hosted 114 locations for citizens to drop off unused, unwanted, and expired drugs. A total of 17,951 pounds of unused household medications were collected.

The Colorado Department of Public Health and Environment, working in conjunction with the Colorado Consortium for Prescription Drug Abuse Prevention, has promulgated rules for the permanent prescription drug collection sites across the state of Colorado. The Colorado Medication Take Back Program will officially launch

in January 2017 with the goal of having at least one permanent collection site in each of Colorado’s sixty-four counties.

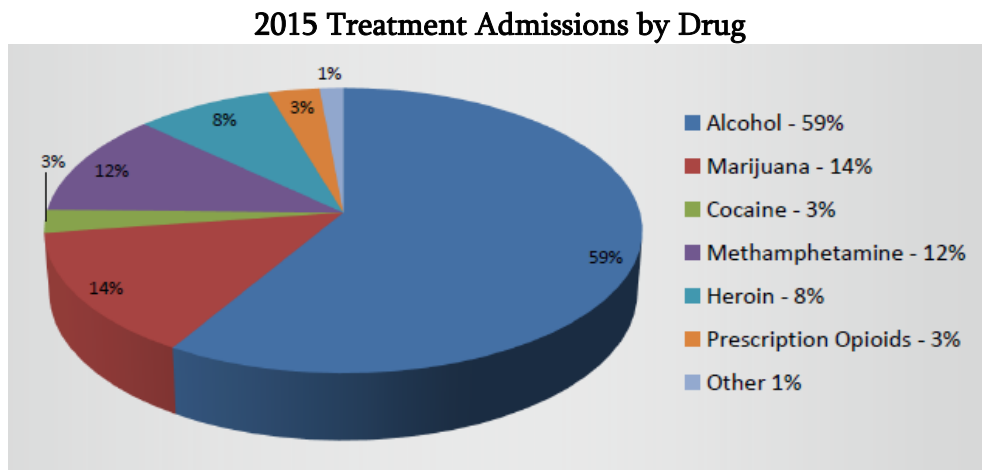
## IV. Colorado Substance Abuse Trends

Data is essential to understanding drug use trends and shaping strategies in prevention, intervention, and criminal justice responses. 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

#### 1. Treatment Admissions by Drug

The most recent available data from substance abuse treatment admissions (2015) indicates that alcohol, methamphetamine, marijuana, and heroin are the main drugs used by individuals who seek treatment.

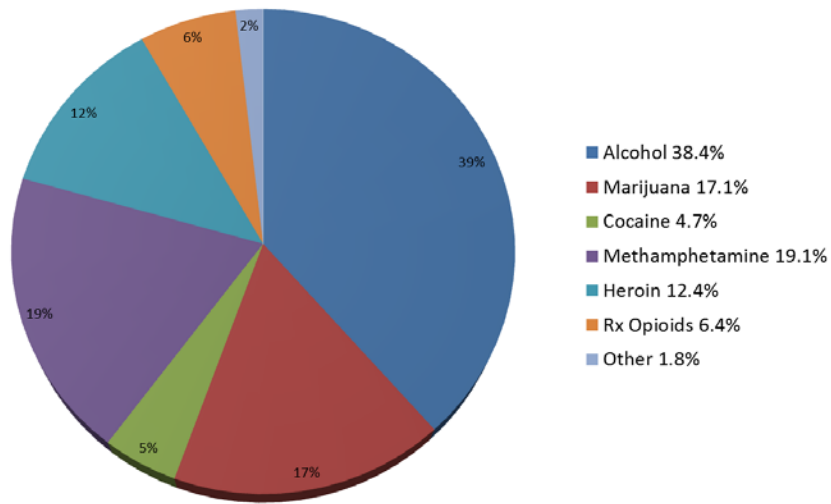


Substance Abuse Treatment Admissions by Drug, 2015. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

In comparison to the 2014 treatment admission data, there was a large increase in alcohol abuse as a presenting issue for people seeking treatment, and slight decreases in marijuana, methamphetamine, heroin, and prescription opioids as the presenting issues.



## 2014 Treatment Admissions by Drug



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

### 2. Regional Distribution of Treatment Admissions by Drug

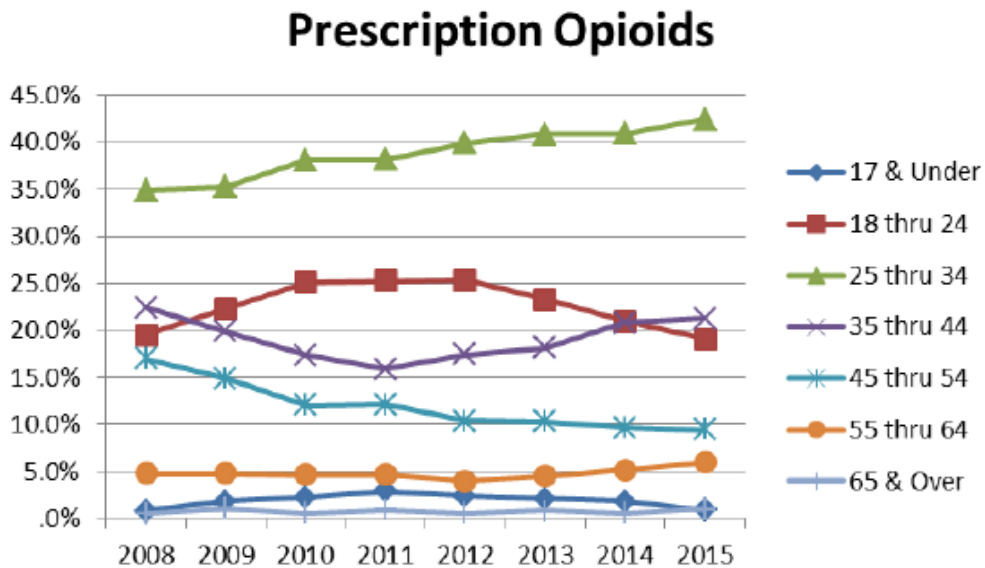
Although the highest percentage of individuals seeking treatment for drug abuse and addiction are from the Denver/Boulder region, the northeast and south-central regions of the state have high percentages of individuals seeking treatment for methamphetamine, while the southeast region of the state has a high percentage of individuals seeking treatment for opioid abuse and addiction, inclusive of both prescribed opioids and heroin. The 2015 findings are consistent with those from 2014.

2014							2015						
Region	CO Population	Drug					Region	CO Population	Drug				
		Marijuana	Cocaine	Meth	Heroin	Rx Opioids			Marijuana	Cocaine	Meth	Heroin	Rx Opioids
Northeast	13.0%	18.0%	7.2%	22.2%	7.9%	13.1%	Northeast	13%	17.2%	8.2%	23.5%	8.7%	14.9%
Denver / Boulder	56.0%	46.4%	61.9%	38.7%	57.0%	44.8%	Denver / Boulder	56%	47.4%	68.3%	37.6%	51.3%	45.2%
South Central	14.0%	15.8%	12.7%	17.8%	12.2%	12.9%	South Central	15%	15.7%	8.9%	16.6%	11.5%	10.9%
Southeast	6.0%	10.0%	14.4%	8.6%	18.1%	21.7%	Southeast	5%	8.3%	11.5%	9.3%	22.4%	18.8%
Southwest	4.0%	2.5%	.7%	4.5%	.9%	1.9%	Southwest	4%	2.7%	.7%	4.4%	1.7%	3.2%
Northwest	7.0%	7.3%	3.1%	8.2%	3.8%	5.6%	Northwest	7%	8.7%	2.4%	8.5%	4.5%	7.0%

Substance Abuse Treatment Admissions by Drug, 2014 and 2015. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

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

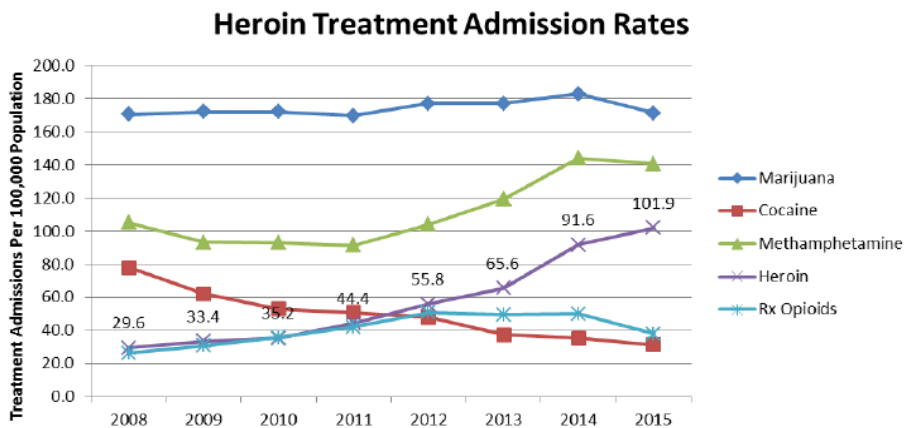
The non-medical use of prescription opioids continues to be a concern in Colorado. Among individuals admitted into treatment in 2015, non-medical use of prescribed opioids continues to rise for individuals ages 25 to 34 and for individuals ages 35 to 44.



Non-medical Use of Prescription Opioids by Age, 2008-2015. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

### 4. Heroin Treatment Admissions

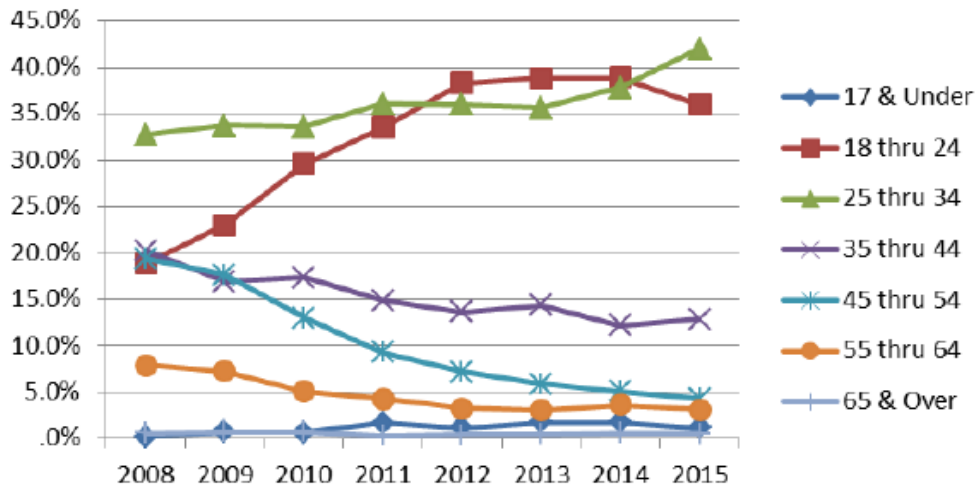
Heroin treatment admissions have increased 244% between 2008 and 2015 in Colorado.



Heroin Treatment Admissions, 2008-2015. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

Treatment admissions for heroin abuse were highest for individuals ages 25 to 34, indicating an increase from 2014.

### Heroin

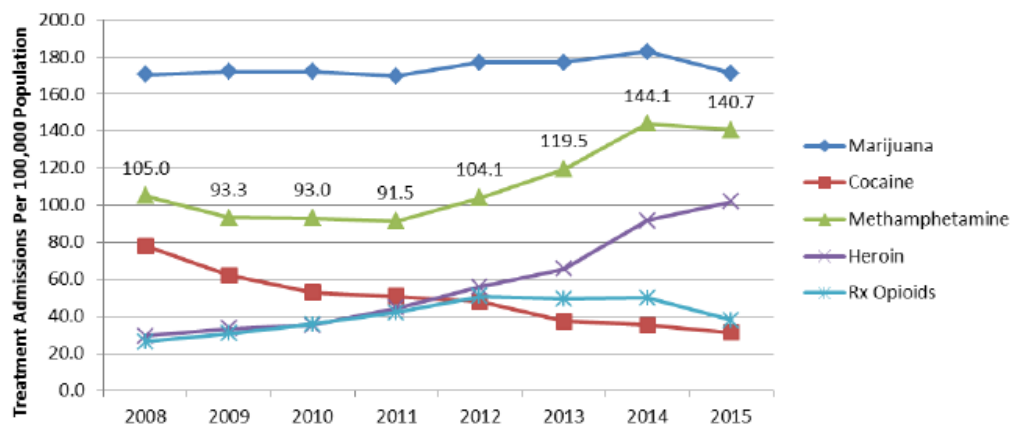


Heroin Treatment Admissions by Age, 2008-2015. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

### 5. Methamphetamine Data

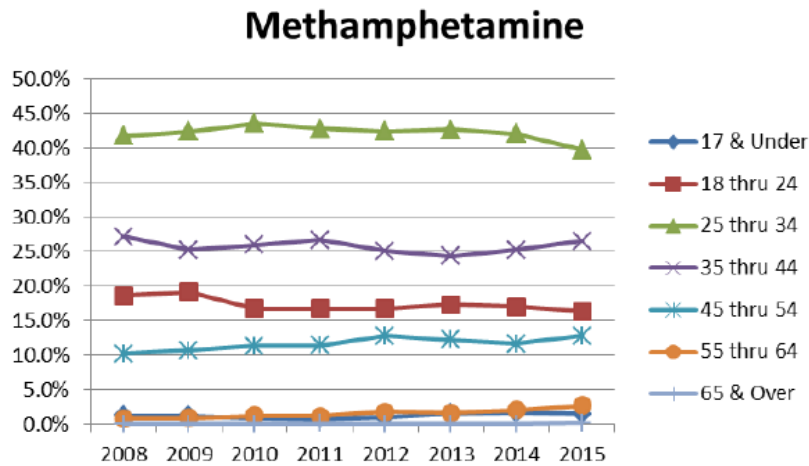
Treatment admissions for individuals addicted to methamphetamine increased 34% between 2008 and 2015. There was a slight downward trend in 2015.

### Methamphetamine Treatment Admission Rates



Substance Abuse Treatment Admissions by Drug, 2008-2015. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

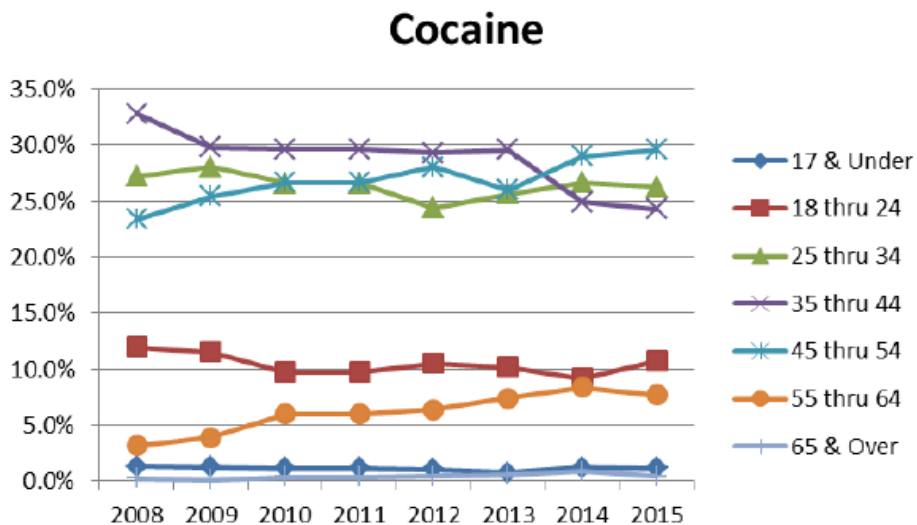
As seen in previous years, individuals ages 25 to 34 are the highest percentage of the population seeking substance abuse treatment for methamphetamine abuse.



Substance Abuse Treatment Admissions by Drug, 2008-2015. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

## 6. Cocaine

Treatment admissions for individuals ages 45 to 54 with cocaine addiction continues to increase while admissions for individuals ages 35 to 44 continues a downward trend.



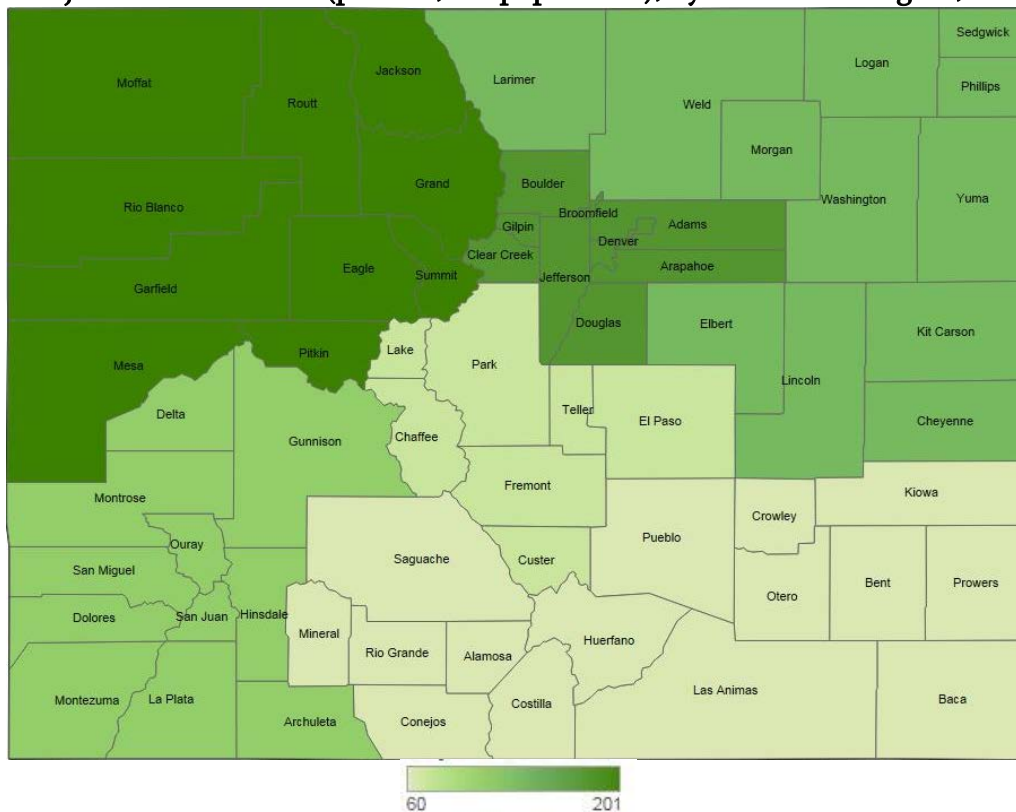
Substance Abuse Treatment Admissions by Drug, 2008-2015. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

## B. Drugs and Criminal Offenses

### 1. Marijuana Offense Rate

According to statistics from the Colorado Bureau of Investigations, marijuana offense rates are highest in northwest and central Colorado. This trend corresponds with data on treatment admission showing high rates of use of marijuana by people entering treatment who are from northwest and central Colorado (see Section IV.A.2 above).

**Marijuana Offense Rate (per 100,000 population), by Treatment Region, 2015**



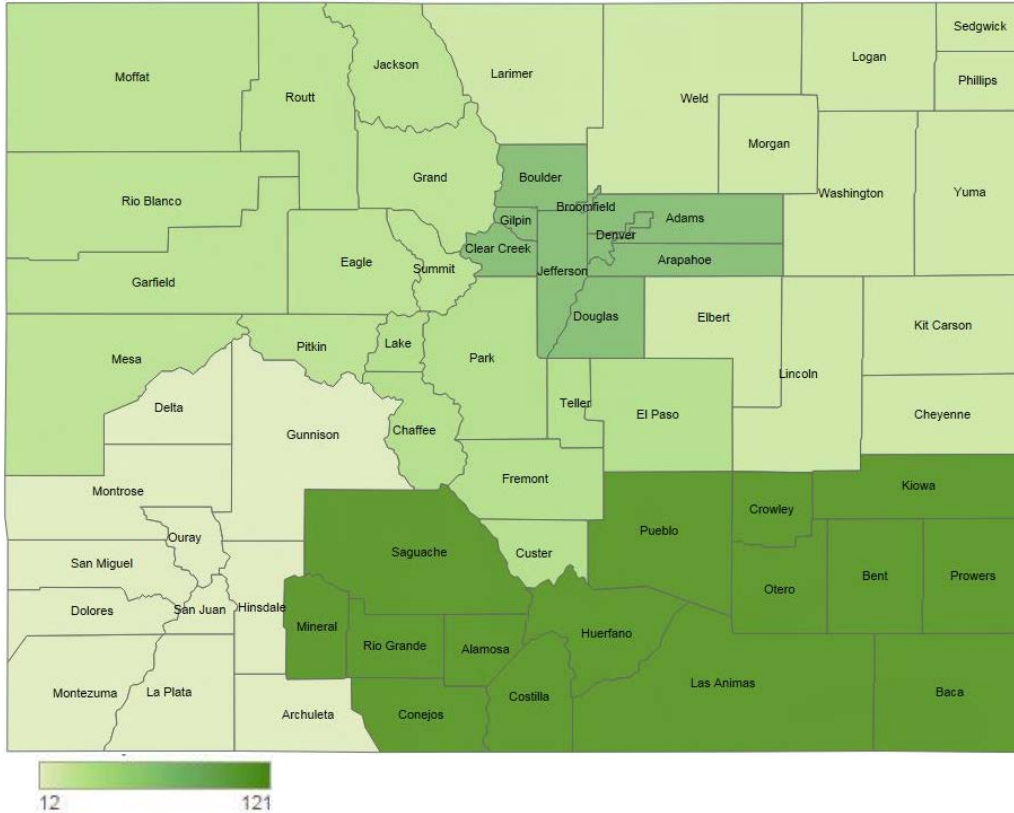
Colorado Department of Public Safety, Colorado Bureau of Investigations, National Incident-Based Reporting System, 2015; Department of Local Affairs, Office of Demography, 2016.

### 2. Heroin/Opium Offense Rate

The heroin/opium offense rate is highest in southeast Colorado. This trend also corresponds with data on treatment admission showing high rates of use of

heroin by people entering treatment who are from southeast Colorado (see Section IV.A.2 above).

### Heroin/Opium Offense Rate (per 100,000 population), by Treatment Region, 2015

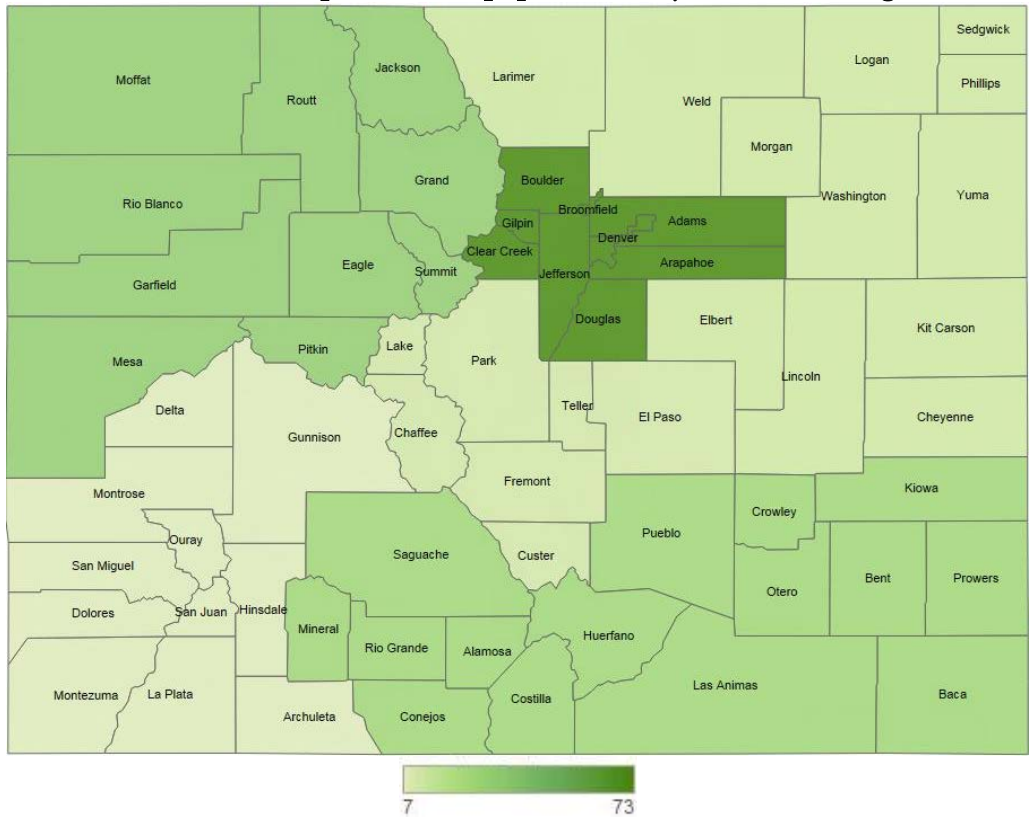


Colorado Department of Public Safety, Colorado Bureau of Investigations, National Incident-Based Reporting System, 2015; Department of Local Affairs, Office of Demography, 2016.

### 3. Cocaine Offense Rate

Criminal offenses rates related to cocaine (per 100,000 population) are concentrated in central Colorado, mainly in the metro region. This is also consistent with data on treatment admission showing higher rates of use of cocaine by people entering treatment who are from the Denver-metro area (see Section IV.A.2 above).

**Cocaine Offense Rate (per 100,000 population), by Treatment Region, 2015**



Colorado Department of Public Safety, Colorado Bureau of Investigations, National Incident-Based Reporting System, 2015.

**C. Youth Substance Abuse**

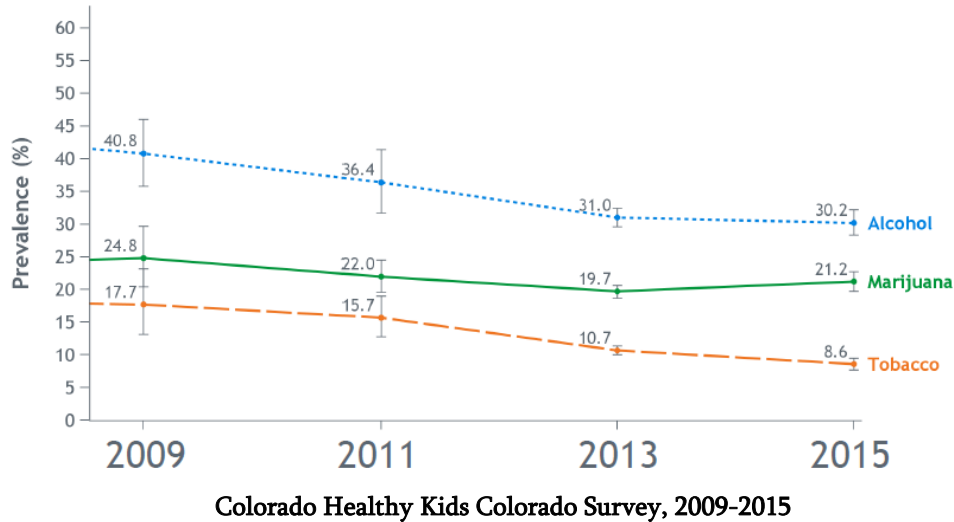
1. Healthy Kids Colorado Survey

Current use of alcohol by high school students continues a downward trend from a prevalence rate of 31% in 2013 to 30.2% in 2015 and is still higher than the use of other drugs.

Current tobacco use declined further from a prevalence rate of 10.7% to 8.6%.

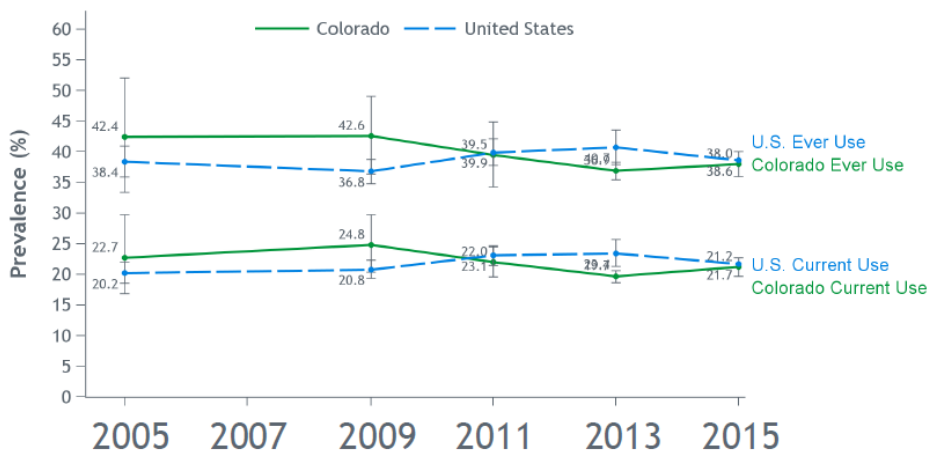
Meanwhile, current marijuana use appears stable, going from 22.0% in 2011 to 19.7% in 2013 and 21.2% in 2015.

## High School Alcohol, Marijuana and Tobacco Use in CO (HKCS)



Marijuana use among high school students also appears stable nationally, and in 2015, prevalence rates for high school students in Colorado ever having used marijuana or currently using marijuana are both relatively even with the U.S. rates.

## High School Marijuana Use in Colorado and Nationally (HKCS)

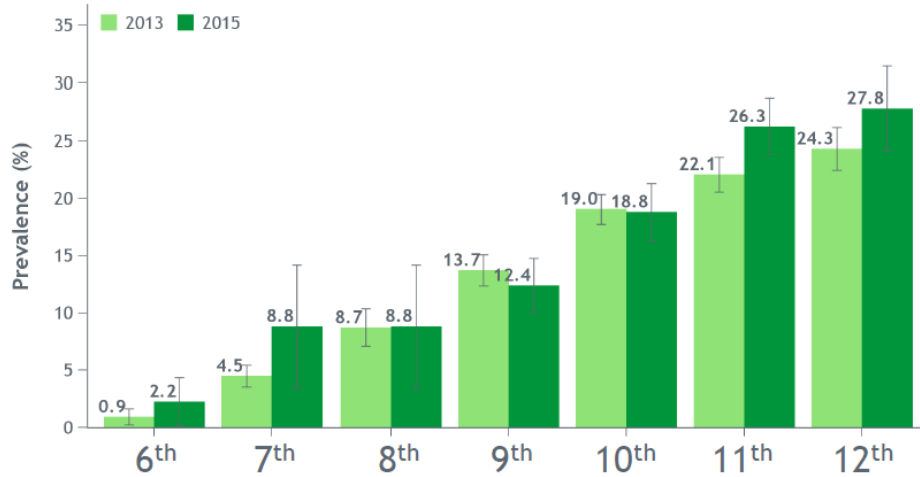


Colorado Data: Healthy Kids Colorado Survey, 2005-2015, and U.S. Data: Youth Risk Behavior Surveillance System, 2005-2015



Marijuana use has increased among 11<sup>th</sup> grade students, and appears to have increased among 7<sup>th</sup> and 12<sup>th</sup> grade students since 2013.

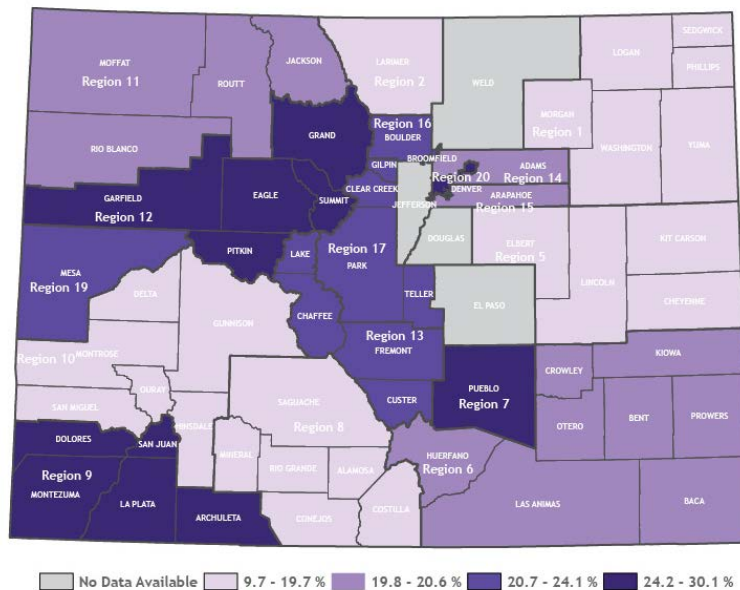
## H.S. and M.S. Marijuana Use in Colorado by Grade Level (HKCS)



Colorado Healthy Kids Colorado Survey, 2009-2015

In 2015, higher rates of marijuana use by students occurred in the southwest part of the state, the west-central mountain region and into Mesa County, Pueblo County, and the Denver metro area.

## Regional Marijuana Use Among High School Students, 2015



## D. Non-Medical Use of Prescription Opioids

The Colorado Consortium for Prescription Drug Abuse Prevention monitors the trends in two unintended harms related to prescription opioids: 1) the non-medical use of prescription (opioid) pain relievers; and 2) opioid-related overdose deaths. These two overarching indicators can reflect the beginning of a problem and its fatal end.

*Non-medical use of prescriptions pain relievers has decreased among Coloradans age 18 to 25 year olds, the age group that typically has the highest percentage of non-medical use, to 9.3 percent among this age group in 2013-2014.* Overall, 4.9 percent of Coloradans age 12 and older reported that they used more prescription pain relievers than as prescribed or for the feeling it provided, according to data for 2013-2014 from the National Survey on Drug Use and Health.

The largest percentage of non-medical use of prescription pain relievers was among Coloradans age 18 to 25 years old —9.3 percent of Coloradans in this age group reported non-medical use in 2013-2014, compared to 10.7 percent in 2012-2013 and 12.2 in 2011-2012. This is a positive trend. The decrease is statistically significant, meaning that it is not likely due to chance or random variation. For more details and upcoming results for 2014-2015, see <https://www.samhsa.gov/data/population-data-nsduh>.

Prescription opioids still contribute to more than a third of drug overdose deaths in 2015. Specifically, 329 (37 percent) of the 880 drug overdose deaths in Colorado involved a prescription opioid pain reliever in 2015.

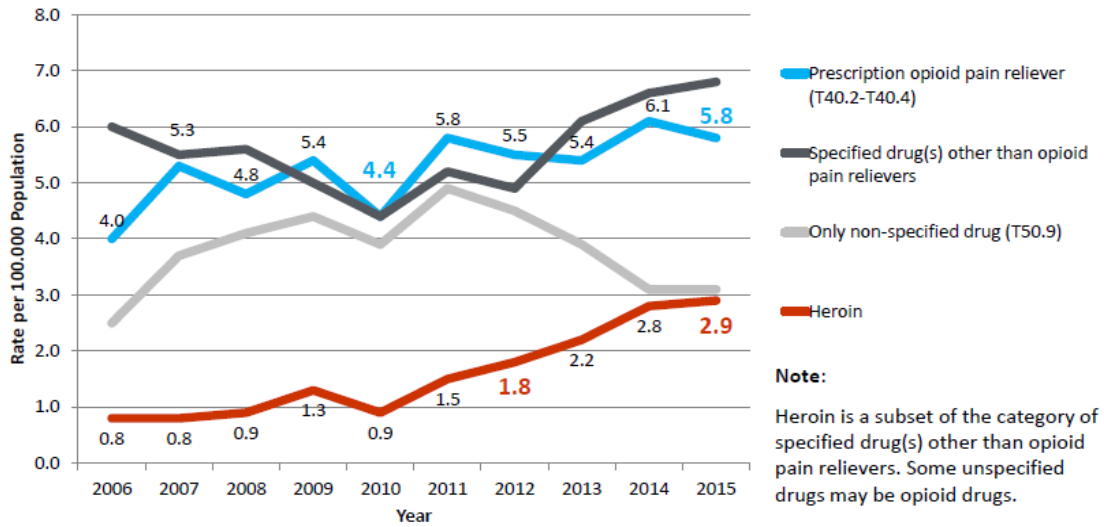
For the period of 2011 to 2015, age-adjusted rates of overdose deaths involving prescription opioid pain relievers varied slightly, with an age-adjusted rate in 2011 and in 2015 of 5.8 overdose deaths involving prescription opioid pain relievers per 100,000 population in Colorado.

During this same period of 2011-2015, the age-adjusted death rate of drug overdoses involving heroin, though much lower than for prescription opioids, almost doubled. In 2011, the age-adjusted death rate for heroin increased from 1.5 heroin-related deaths per 100,000 population, to 2.9 deaths per 100,000 population. Because the size of a population and the size of the age groups can influence the number of deaths, age-adjusted rates take that into account and allows for a fair comparison of death rates over time. For more details, see Health Watch #100 on “Examining Opioid and Heroin-Related Drug Overdose in Colorado at:

<http://www.chd.dphe.state.co.us/Resources/pubs/Colorado-Opioid-and-Heroin-Overdose.pdf>.

## Health Impact: Opioid overdose deaths

Age-adjusted rates, Colorado residents, 2006-2015



Source: Colorado death certificate data 2015, Vital Statistics Unit

**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: Adrienne Russman, 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: Vacant

Colorado District Attorneys Council: Vacant

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: Jim Gerhardt, Thornton Police Department

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:

Lindsey Meyers, Injury, Suicide and Violence Prevention Branch, Prevention  
Services Division

Colorado Department of Human Services, Office of Behavioral Health: Vacant

Youth: Vacant

## Recorder

Renie Dugwyler, Communication Coordinator, Office of Community Engagement,  
Colorado Office of the Attorney General

## **Appendix B:** **Colorado Consortium for Prescription Drug Abuse Prevention**

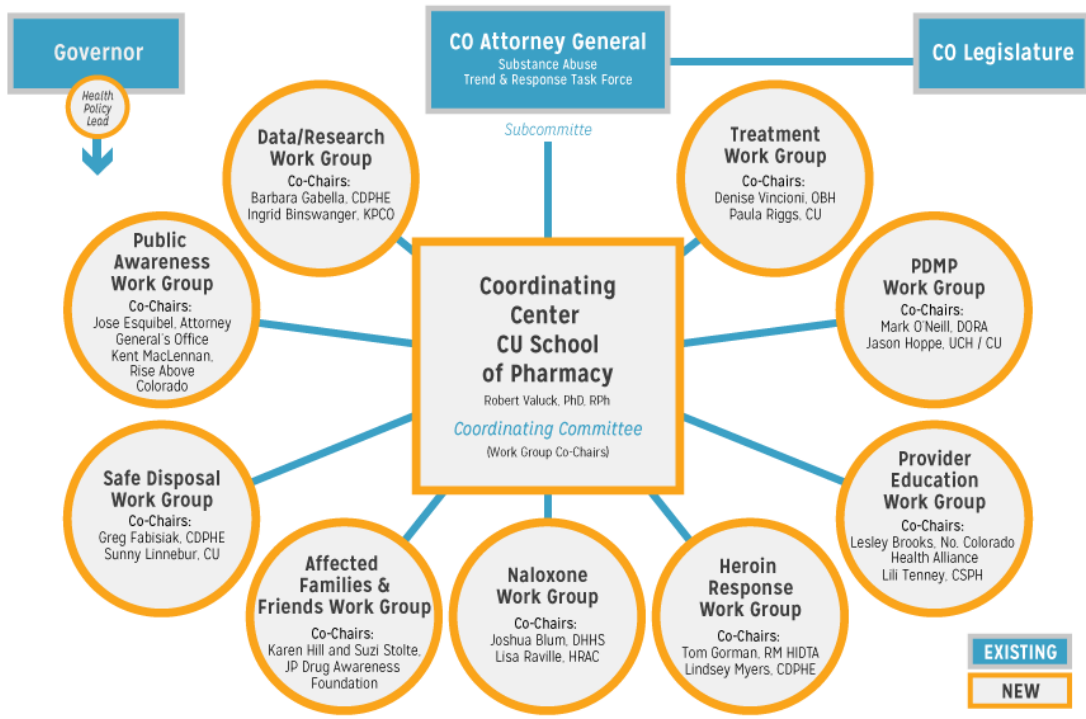
The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) was created in the fall of 2013 to establish a coordinated, statewide response to this major public health problem. The Consortium was designated as the Prescription Drug Abuse Prevention Committee of the Substance Abuse Trend 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 nine 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
- Affected Families & Friends Work Group
- Heroin Response Work Group





## Appendix C: Colorado State Epidemiological Outcomes Workgroup

The Colorado State Epidemiological Outcomes Workgroup (SEOW) is a multi-disciplinary working group with the goal of promotion, collection, analysis, and clear communication of data to support improved health in Colorado. To accomplish this, the SEOW is tasked with increasing access to data and data products that address substance use and health issues to inform promotion, prevention, intervention, treatment, recovery, enforcement, and broader policy.

The goals of the SEOW are:

**Goal 1: Catalog Existing Efforts:** Identify existing groups/organizations across the state focusing on current primary prevention efforts around substance use, and data sources on substance use patterns, health risks and protective factors to inform those primary prevention efforts.

**Goal 2: Characterize the Problem:** Characterize substance abuse in Colorado, specifically alcohol, marijuana, and prescription drug (opioid) misuse, illicit drug use and related health risks and protective factors across the state.

**Goal 3: Identify and Address Data and Knowledge Gaps:** Identify gaps in substance use data and knowledge and begin to address these gaps.

**Goal 4: Call to Action:** Publish and disseminate findings and primary prevention priorities to stakeholders and the general public in a meaningful and timely manner.

**Goal 5: Connect Data:** Connecting existing data sources through the creation of a web-based platform that stakeholders and the general public can access.

**Goal 6: Sustainability of the SEOW:** Develop objectives and update goals annually including the deliverables and functions of the group.

## **Appendix D: Colorado Heroin Threat Assessment Findings**

A detailed report titled *Heroin in Colorado: Preliminary Assessment* is scheduled for release in January 2017. The following is a summary of findings from that report.

Numerous data sources indicate that Colorado is experiencing an increasing problem with heroin. This is supported by data indicating increased rates of heroin seizures and arrests, heroin overdoses, administration of Naloxone, new cases of hepatitis C, Neonatal Abstinence Syndrome, heroin exposure and treatment for heroin use.

### **Section 1: Heroin Seizures and Arrests**

- Reported heroin seizures in Colorado by law enforcement have increased during the period of 2011 to 2015:
  - The number of incidents of heroin seizures increased 2,035 percent from 20 to 427 incidents.
  - Pounds of heroin seized increased 1,562 percent from 16.1 to 268.7 pounds.
- Reported arrests for heroin offenses in Colorado have increased by 515 percent from 743 in 2011 to 4,575 in 2015.

### **Section 2: Fatal and Non-Fatal Overdoses**

- Heroin-related deaths among Colorado residents have doubled in four years:
  - 2011: 79 deaths (an increase from 46 deaths in 2010)
  - 2015: 160 deaths
- The age-adjusted rate of heroin-related overdose deaths have increased:
  - 2011: 1.5 deaths per 100,000 Colorado residents
  - 2015: 2.9 deaths per 100,000 Colorado residents
- The age-adjusted heroin-related hospitalization rate increased by 41 percent from 2011 to 2014:

- 2011: 2.07 hospitalizations per 100,000 residents
  - 2015: 2.92 hospitalizations per 100,000 residents
- The age-adjusted rate of heroin-related emergency department visits has doubled from 2011 to 2014:
  - 2011: 4.45 per 100,000
  - 2014: 9.28 per 100,000

### **Section 3: Naloxone**

- The documented use of Naloxone by emergency medical services in Colorado to treat suspected heroin overdoses has increased 240 percent between 2011 and 2015:
  - 2011: 997 events
  - 2015: 3,393 events

### **Section 4: Hepatitis C Virus (HCV) Infection**

- Reported cases of HCV have increased and most people become infected with the hepatitis C virus by sharing needles or other equipment for injection drug use (IDU).
  - Although HCV surveillance systems do not directly measure acute cases attributed to IDU, potentially related new cases of hepatitis C have increased 80 percent between 2011 and 2015:
    - 2011: 379 cases (7.4 cases per 100,000 population)
    - 2015: 749 cases (13.4 cases per 100,000 population)

## **Section 5: Neonatal Abstinence Syndrome (NAS)**

- Cases of opiate withdrawal syndrome in Colorado newborns have increased, while state birth rates have remained relatively stable:
  - From 2010 to 2015, NAS rates have increased by 83 percent:
    - 2010: 132 cases
    - 2015: 242 cases
  - Heroin use during pregnancy can be a contributing factor in NAS cases.

## **Section 6: Heroin Exposure Calls**

- Calls for heroin-related exposures in Colorado have increased 60 percent between 2011 and 2015:
  - 2011: 40 calls
  - 2015: 64 calls

## **Section 7: Heroin Treatment Admissions and User Information**

- The number of people in treatment for heroin addiction has increased 128 percent from 2,994 in 2011 to 6,815 in 2015.
- The majority of the clients in treatment for heroin use are white males between the ages of 18 and 42 who have never married and are unemployed.

## **Section 8: Denver Metro Treatment Client Survey**

- In an effort to learn more about heroin abuse in Colorado, an anonymous and voluntary survey was conducted in all nine of the Denver Metro methadone clinics and in one substance abuse treatment clinic resulting in a total of 713 respondents.

- The majority of survey respondents were white, non-Hispanic between the ages of 19 and 75, with a median age of 35, including some college educated individuals and individuals who own or rent their own residence.
- The rates of male and female were fairly evenly distributed, 55.1 percent and 44.3 percent respectively, and 38.7 percent were never married.
- Almost half of the respondents, 46.5 percent, had one to three years of collegiate experience.
- Over half, 62.3 percent, rented or owned their own residence.
- Thirty-seven percent were employed for wages, and 48 percent had a household income of less than \$25,000.
- Seventy (70) percent of respondents reported that prescription pain killers played a role in their decision to use heroin.
- The majority of respondents, 64 percent, reported that the first time they used heroin it was given to them by a friend.