

State of Colorado

**Substance Abuse Trend and Response
Task Force**



Thirteenth Annual Report

January 2019

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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.

In 2018, the Substance Abuse Trend and Response Task Force was reauthorized by the Colorado General Assembly for a period of ten years.

By statute, the core purpose of the 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 2018, data and information from various partners in Colorado raised concerns about the continuing impact of the abuse of prescribed and illicit opioids, the continuing increase in use of methamphetamines and cocaine, a trend in increased binge drinking of alcohol, especially among younger adults, and a concern about the potential increase in fentanyl-related overdoses. See Section IV: Colorado Substance Abuse Trends for the most recent Colorado drug trends data.

In regard to each of the above drug trends, and especially as related to opioids, there is a recognized lack of treatment for substance use disorders in Colorado even though there are effective treatment modalities that can be implemented.

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-nine 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.

Rick Brandt, Chief, Evans Police Department, and past President of the Colorado Association of Chiefs of Police, 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 2018, 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 2, 2018
- May 4, 2018
- August 3, 2018
- November 2, 2018

The Vice-Chairs, the Executive Director of Illuminate Colorado, and the Director of the Colorado Consortium for Prescription Drug Abuse Prevention met quarterly to ensure progress on Task Force priorities. They 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 three committees in 2018:

- The Substance Exposed Newborns (SEN) 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. In 2016, the Colorado Hospital Learning Collaborative was established as part of this committee. See Appendix B for a diagram of the structure of the SEN Steering Committee.
- 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 ten work groups responsible for implementing the goals and strategies of the Governor's [Colorado Plan to Reduce Prescription Drug Abuse, 2013](#). See Appendix C for a diagram of the Consortium Work Groups.
- The [Colorado State Epidemiological Outcomes Workgroup](#) (SEOW) serves as the Data Committee of the Task Force. The SEOW consists of representatives of several state departments and other partners that manage and analyze data relevant to substance use and abuse. Sharon Liu, Manager of Community Prevention Programs in the Colorado Department of Human Services/Office of

Behavioral Health, leads the SEOW/Data Committee. See Appendix D for a summary of the charter of the SEOW.

C. Legislative Recommendations

i. Bills of the Interim Study Committee

Members of the Task Force participated in the stakeholder meetings of the legislative Study Committee on Opioids and Other Substance Use Disorders and some members provided testimony at committee meetings.

The Task Force is supportive of the five legislative priority areas put forward by the Study Committee for addressing the opioid crisis in Colorado: 1) Treatment for Opioid and Substance Use Disorders; 2) Substance Use Disorders Recovery; 3) Harm Reduction and Substance Use Disorders; 4) Prevention of Opioid and Other Substance Use Disorders; and 5) Substance Use Disorder Treatment in the Criminal Justice System.

ii. Substance Exposed Newborns

The Substance Exposed Newborns Steering Committee of the Task Force worked with stakeholders to develop three policy recommendations:

Recommendation #1:

Update the Colorado Children's Code to align with federal Child Abuse Prevention and Treatment Act requirements related to Substance Exposed Newborns and remove the focus on drug testing at birth and tie in statute to Criminal Code Definitions of Scheduled Substances.

The Task Force approved the following recommended change to state statute:

C.R.S. § 19.1.103(1)(a): "Abuse" or "child abuse or neglect" means an act or omission in one of the following categories that threatens the health or welfare of a child:

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

~~lawful intake of such substance as prescribed~~ NEWBORN CHILD IS BORN AFFECTED BY ALCOHOL OR DRUG EXPOSURE AND FACTORS ARE PRESENT THAT THREATEN THE NEWBORN CHILD' S HEALTH OR WELFARE

This policy change would align Colorado with the following Federal Child Abuse Prevention and Treatment Act requirements that states must have in place:

106(b)(2)(B)(ii) “Policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and **identified** as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants **notify** the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to –

- (I) establish a definition under Federal law of what constitutes child abuse or neglect; or
- (II) require prosecution for any illegal action;

Additional policy considerations related to the above recommendations include:

- Direct the State Board of Human Services to promulgate rule related to mandatory reporting, criteria for assessment, and criteria for substantiation to reflect change in statute. Rulemaking process must include a stakeholder process that gathers input from maternal child health advocates and affected families.
- Direct the Colorado Department of Human Services to update the existing mandatory reporter training with changes to the Colorado Children’s Code.

Recommendation #2:

Improve access and utilization of perinatal medical care and substance use disorder treatment by:

- Piloting co-location of obstetric and Medication Assisted Treatment/Substance Use Disorders treatment facilities to provide more holistic care to pregnant women with substance use disorders.

- Piloting practice transformation grants for obstetric practices to increase behavioral health integration using the model developed and tested by the State Innovation Model Practice Transformation Project.

Additional considerations include:

- Increase Access to and Support Continuation of Medication Assisted Treatment (MAT) in jails, specifically for pregnant or postpartum women.

MAT is necessary to prevent acute withdrawal that can be detrimental to maternal-fetal health —particularly for pregnant women who are adhering to a program. Jail and/or incarceration can interrupt a pregnant woman’s adherence to a program, putting both her health and her fetus’s health at risk.

- Support expansion of Special Connections eligibility and provider network.

Recommendation #3:

Support efforts to expand child care options for parents accessing substance use disorder treatment and recovery services.

- Only 3.3% of outpatient treatment providers for substance use disorders offer child care.

The leaders of the Substance Exposed Newborns Steering Committee are available for consultation on each of the above recommendations.

iii. Colorado Law Enforcement Opioid Response

Attorney General Cynthia Coffman convened a group of stakeholders representing local, state, and federal law enforcement agencies, as well as public health and substance abuse prevention and treatment professionals that generated the following five recommendations for improving law enforcement response to the opioid crisis.

Drop-off Services:

Increase drop-off services, especially in rural areas, where law enforcement officers can connect people with mental health conditions and/or SUDs with needed services and supports. These facilities should be available for walk-in and

drop-off support, and when possible, offer pick-up services to alleviate the burden on the patrol officer.

Drug Task Force Expansion:

Expand regional drug taskforces by 20-25 people to expand the current force to focus on heroin trafficking as well as illicit prescription opioids, including fentanyl.

Local Administrative Support:

Increase administrative support to assist with addressing the opioid crisis, especially with regard to collecting and analyzing law enforcement data for better targeting of community-based law enforcement efforts and interdiction of drug trafficking.

Co-Responder Model Expansion:

Expand the Co-Responder Model for substance use disorders in general, in addition to addressing opioid use disorders, allowing law enforcement officers to respond to substance use calls alongside of a substance use disorder professional, linked to community supports and services, to help individuals connect to treatment and/or additional local/state resources.

Rural Law Enforcement Workforce Plan:

Support workforce development coordination and planning within and across law enforcement agencies, behavioral health, substance use disorders treatment, primary care, and rural health to strategically address workforce shortages, especially in rural and frontier regions of Colorado.

See Section II.D below for additional details about the Summit.

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 implementing priorities of the Task Force and in assisting communities in responding to drug abuse trends.

Additional grant funds were received from the following sources to help advance the work of the three Task Force committees:

- The Children’s Justice Act to support the Colorado Hospital Learning Collaborative of the Substance Exposed Newborns Committee and Illuminate Colorado.
- The Corporation for National Community Service National/AmeriCorps-VISTA through Colorado Serve (Office of the Lt. Governor) to support the work of local communities in responding to the opioid crisis. Match funding was provided by the Colorado Office of the Attorney General.
- U.S. Health and Human Services/Substance Abuse and Mental Health Services Administration funding to the state Office of Behavioral Health to support of the State Epidemiological and Outcomes Workgroup, which serves as the Data Committee of the Task Force.
- The Colorado Office of the Attorney General to purchase Narcan (nasal Naloxone) for distribution to law enforcement and other first responders.

II. Progress on 2018 Task Force Strategic Priorities

Task Force members discussed and agreed on four priority areas for 2018:

- A. Impact of Caregiver Substance Abuse on Children
- B. Statewide Substance Abuse Prevention Strategic Planning
- C. Alcohol Policy Action
- D. Law Enforcement Opioid Response Summit

A. Impact of Caregiver Substance Abuse on Children

In 2017, the Task Force prioritized the issue of better understanding the impact of caregiver substance abuse on children.

With funding from the ZOMA Foundation, Illuminate Colorado led a stakeholder process to develop statewide recommendations and strategies to prevent child maltreatment and improve outcomes for children affected by caregiver substance use.

Illuminate Colorado engaged statewide leaders with subject matter expertise to advise and provide guidance on broader stakeholder engagement and the development of the recommendations for policy and practice improvement with regard to the impact on children of caregiver substance use.

Four ad-hoc work groups were convened:

- Child Care and Treatment Work Group
- Law Enforcement Work Group
- Education and Awareness Work Group
- Family Recovery Supports Work Group

The recommendations were presented to and accepted by the Task Force at the May 2018 meeting. The full report is available at <https://www.illuminatecolorado.org/iccsu/>.

Spanning prevention, intervention, treatment, and recovery, the recommendations address impacts on children birth through adolescence, related to caregiver substance use, substance misuse, and substance use disorders to prevent child maltreatment and improve outcomes for families.

The policy recommendations appear in the Section I.C above. There are ten practice recommendations:

1. Embed a professional, such as a family navigator, case manager, or social worker, in law enforcement teams interfacing with families, specifically drug task forces, to provide training to officers, support services to families, and access to outside resources.
2. Promote community-based approaches to expanding child care options for parents accessing substance use disorder treatment and recovery services.
3. Endorse the Child Maltreatment Prevention Framework for Action & encourage inclusion of considerations related to the impact on children of caregiver substance use in child maltreatment prevention community planning efforts.
4. Support existing efforts to scale a continuum of home visiting programs across the state.

5. Disseminate tools that build skills among professionals interfacing with families to have educational conversations with caregivers about substance use, safe storage, and child safety.
6. Support the dissemination of a toolkit to improve social connections in communities to reduce parental stress and increase support systems to promote resilience and buffer potential impacts on children of caregiver substance use.
7. Conduct a review of the educational and awareness needs, review best practices, and develop a plan to address these needs related to the impact on children of caregiver substance use.
8. Partner with existing organizations and coalitions addressing policy approaches to building safe, stable, nurturing relationships and environments and bring the lens of the impact on children of caregiver substance use.
9. Promote community-based strategies to implement plans of safe care for substance exposed newborns and their caregivers as required by the federal Child Abuse Prevention and Treatment Act, known as CAPTA.
10. Increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances and their caregivers at the time of birth across Colorado.
11. Support existing practice improvement efforts to increase accessibility and availability of substance use disorder treatment and recovery support services that meet the needs of parents/caregivers, including pregnant and postpartum women.
12. Expand the use of the Dependency and Neglect System Reform approach in child welfare cases with substance use or co-occurring mental health disorders throughout the state.
13. Increase support services to the whole family to support caregiver's recovery and children's needs and to prevent generational cycles of substance use.
14. Advocate for improved data collection, interoperability of data collection systems, and data sharing to inform decision making and improve practice related to addressing the impact on children of caregiver substance use.

B. Statewide Substance Abuse Prevention Strategic Planning

The Colorado Health Institute (CHI), with funding from the Office of Behavioral Health in the Colorado Department of Human Services, conducted a comprehensive study between June and December 2017 of Colorado's primary prevention landscape.

Working with representatives of statewide prevention funders, CHI staff convened sixteen forums across Colorado with attendance by more than 200 people, including family members and community prevention program representatives.

The report on the prevention needs assessment was released in February 2018 and the findings were presented to the Task Force in that same month. The report is available online and is titled [*Making the Wise Investment Statewide Needs Assessment of Primary Prevention for Substance Abuse*](#).

The key question asked was 'What do communities, local prevention administrators and statewide prevention funders need to strengthen Colorado's efforts in primary prevention of substance use?'

The statewide needs assessment found the following:

1. Colorado's communities need help supporting kids both in school and in their families.
 - Communities need prevention efforts that engage the whole family and change the way that community members view substance use.
2. Local substance use prevention providers need access to effective programs at the right time and the necessary training to deliver those programs.
 - Local substance use prevention program administrators need better coordination among funders, a greater choice of programs appropriate for their communities, and help sustaining their programs.
3. Statewide substance use primary prevention funders need to strengthen their coordination of existing efforts to reduce overlap and address unfunded needs.
 - Many statewide substance use prevention funders expressed the need to better coordinate and align their efforts.

As a result of the needs assessment, three recommendations were generated to help shape the development of a statewide prevention strategic plan:

1. Address community-level prevention needs by investing in family-oriented prevention as well as environmental, or systemic, approaches
2. Address local substance abuse prevention need with the support of the adoption of evidence-based approaches.
3. Address statewide systemic overlap and gaps in substance use prevention to strengthen coordination of statewide primary prevention efforts.

With the above findings, the Colorado Health Institute facilitated a process between March and November 2018 for developing a statewide strategic plan for enhancing prevention efforts in Colorado.

The strategic plan is due for publication by January 2019 and the results will be presented to the Task Force at the February 2019 meeting.

C. Alcohol Policy Action

Alcohol continues to be the one drug abused most by residents of Colorado. Research findings at the national and state levels is showing an alarming trend in the increase of binge drinking. For women, binge drinking is four or more drinks consumed on one occasion. For men, it is five or more drinks consumed on one occasion. An occasion is defined as a period of two to three consecutive hours.

The Colorado State Epidemiological and Outcomes Workgroup (SEOW) serves as the Data Committee of the Task Force. An Alcohol Policy Workgroup was formed as a committee of the SEOW to look into data about excessive drinking in Colorado and to research evidence-based policies to reduce excessive drinking to be shared with the Task Force.

It is estimated that one in five adults in Colorado drink alcohol excessively. Excessive drinking can cause injuries, violence and chronic disease, and is estimated to have cost Colorado as much as \$5 billion in 2010, with three quarters of the cost due to binge drinking.

Based on current research findings, four effective policies to reduce excessive drinking are:

- Limit alcohol density: Apply regulatory authority (e.g. licensing, zoning, nuisance ordinances) to reduce density or limit the increase of density of alcohol outlets.
- Limit days and hours of sale of alcohol: Maintain existing limits (e.g. limit extending hours at liquor stores) and expand current limits (e.g. reduce # of hours a bar may be open).
- Strengthen liability laws: Apply liability to the licensee of an alcohol outlet if a patron is served and then causes harm, including death, injury, or other damages to another person.
- Increase alcohol taxes: Alcohol excise taxes are charged to the manufacturers or the first licensee to receive alcohol from out-of-state; a 10% increase in tax on beer, wine and spirits is estimated to produce a decrease in alcohol consumption by 5%, 6%, and 8%, respectively.

Nationally, Colorado is one of the states with the lowest alcohol excise taxes and alcohol is not taxable at the local level. Taxes collected on alcohol do not support prevention efforts.

In Colorado, current excise tax rate by alcohol type is:

Beer = \$0.01 per drink
 Wine = \$0.01 per drink
 Spirits = \$0.03 per drink

It is estimated that the economic cost of excessive drinking in Colorado is \$2.14 for each drink sold.

The data on excessive drinking and the impact on Colorado, along with the above policy recommendations were presented to the Task Force and to the Study Committee on Opioids and Other Substance use Disorder in 2018.

Research shows that communities with stronger alcohol policies have less:

- Adult alcohol-related impaired driving.
- Alcohol-related motor vehicle crash deaths among youth and adults.
- Adult binge drinking.
- Youth drinking, youth binge drinking.

- Alcohol-related homicides, suicides.
- Alcoholic cirrhosis and mortality rates.

D. Law Enforcement Opioid Response Summit

In August 2018, Attorney General Cynthia Coffman convened a group of stakeholders representing local, state, and federal law enforcement agencies, as well as public health and substance abuse prevention and treatment professionals. See Appendix D for a list of participating agencies and organizations.

The group discussed the following:

- What is working well in the current law enforcement responses to the opioid crisis?
- What are some of the most effective use of resources in law enforcement responses to the opioid crisis?
- What adequate resources are needed to continue to implement effective responses?

The discussion produced five strategic priorities to enhance law enforcement response to the opioid crises in Colorado related to:

- Drop-off Services
- Drug Task Force Expansion
- Local Administrative Support
- Co-Responder Model Expansion
- Rural Workforce Plan

See Section I.C.iii (Task Force Background/Legislative Recommendations) for details on the above strategies.

The above strategies were shared in testimony before the study Committee on opioids and Other Substance Use Disorder of the Colorado General Assembly.

In 2019, the Substance Abuse Trend and Response Task Force will work in conjunction with the Heroin Response Work Group of the Colorado Consortium for Prescription Drug Abuse Prevention to reconvene participants of the summit to work on implementing one or more of the priorities.

III. Committee Work and Accomplishments, 2018 Highlights

A. Data Committee

The [Colorado State Epidemiological Outcomes Workgroup](#) (SEOW) serves as the Data Committee of the Task Force. The Colorado SEOW is a network of state agencies and data experts brought together to examine the patterns, context, and impact of substance use. See Appendix D for a list of Colorado SEOW partner organizations.

Supported by a federal grant from the U.S. Substance Abuse and Mental Health Services Administration, the Colorado SEOW is charged with four core tasks: 1) identify; 2) analyze; 3) profile; and 4) share data from existing state and local sources to create data products that are meaningful and useful.

In 2018, there were three workgroups of the SEOW:

- The Alcohol Policy Workgroup produced a brief on the impact of excessive drinking and research-based policies to reduce excessive drinking. The recommendations were presented to the Task Force and to the legislative Study Committee on Opioids and Other Substance Use Disorders. This workgroup is currently diving deeper into the policy area related to alcohol outlet density and is working with an external technical assistance provider, Change Lab Solutions, to understand the regulatory landscape for alcohol outlet density in Colorado and to develop resources for community-level prevention professionals interested in pursuing alcohol policy change locally.
- The Data Workgroup of the SEOW conducted a data-use needs assessment with organizations involved in substance abuse prevention and treatment across Colorado to better understand current data usage, access, challenges, and useful resources or products the SEOW could provide. The results of the survey are informing the development of a new Data Training Workgroup. The Data Workgroup also helped develop and review state epidemiological profiles focused on demographics, alcohol, marijuana, and prescription drugs. The profiles are under review and will be released soon. Members of this workgroup presented updated data on drug use trends to the Task Force.
- The Sustainability Workgroup is continuing to develop a plan for sustaining the SEOW beyond the period of the federal grant support.

B. Substance Exposed Newborns (SEN) Steering Committee

Some of the work of the SEN Steering Committee is described in Section II.A above.

The Colorado SEN Steering Committee, established in 2008, works to identify and implement strategies for reducing the number of families impacted by substance use during pregnancy and for improving outcomes for families across the lifespan.

The SEN Steering Committee exemplifies a collaborative approach to addressing community issues and continues to engage additional partners as appropriate to effectively to intervene with pregnant women using substances during pregnancy.

Progress to Date:

- The Steering Committee has a reaffirmed commitment from 21 members ranging in expertise from medical professionals, substance use disorders treatment providers, child welfare professionals, public health professionals, family and children program providers, and policy experts.
- The Steering Committee established goals and objectives, recruited co-chair s and members, and commenced operations of six work groups. A framework for measuring and evaluating success in accomplishing the objectives of each work group is being developed.
- Funding from the Colorado Office of the Attorney General, the COPIC Medical Foundation, and the Colorado Department of Public Health and Environment supports the advancement of the Steering Committee’s priorities, including support for planning and implementation, the development of a Family Advisory Committee, and the expansion of the Colorado Hospital SEN Collaborative to involve representative of additional hospitals.
- The Plans for Safe Care work group received endorsements on their Plans for Safe Care Discharge Guidelines from Colorado Chapter of the National Association of Social Workers and the Colorado Department of Human Services.

See Appendix B for a diagram of the SEN Steering Committee Work Groups and see Appendix F for the 2018-2020 priorities for each of the work groups.

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 the major public health problem of the opioid crisis. The Consortium was designated as the Prescription Drug Abuse Prevention Committee of the Substance Abuse Trend and Response Task Force in 2013.

The mission of the Consortium is to reduce the abuse and misuse of prescription drugs in the State of Colorado through improvements in education, public outreach, research, safe disposal, and treatment. Visit www.corxconsortium.org for more information and see Appendix C for a diagram of Consortium's structure and work groups.

Since 2013, the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences has provided part-time staff support to coordinate the Consortium's work. In 2018, funding was received from federal and state sources that allowed for hiring additional staff to support the comprehensive efforts of the ten work groups of the Consortium.

The work of the Consortium also expanded to include additional support to local community efforts in addressing the opioid crisis. Key focus areas at the local and regional levels continue to be raising public awareness about the opioid crisis, providing opportunities for prescriber education, promoting the safe disposal of prescribed drugs, increasing access to treatment, increasing access and distribution of Naloxone.

Members of the Consortium also provided testimony before the legislative Study Committee on Opioid and Other Substance Use Disorders, leading to the development of five bills in 2018.

Details on the 2018 accomplishments of the Consortium are found in the [Consortium's 2018 Annual Report](#). Highlights include:

1. Community Reference Guidebook

The Office of Behavioral Health provided funding to develop a prescription drug abuse prevention community reference guidebook to assist local communities in implementing best-practice approaches to addressing the opioid crisis. The guidebook was released in early 2018 and is available at

<http://www.corxconsortium.org/communityreference>. The publication is titled, *Prescription Drug Abuse Prevention: A Colorado Community Reference*.

The community reference guidebook provides guidance and resource information to assist local community responses in the following areas of focus:

- Data and Research
- Public Awareness
- Safe Disposal
- Engaging Affected Families and Friends
- Prescription Drug Monitoring Program
- Provider Education
- Heroin Response
- Naloxone/Harm reduction
- Treatment

2. Community Responses to the Opioid Crisis

The number of Colorado communities that are organizing and implementing local responses to the opioid crisis continues to grow. There are now three staff with the Consortium that are available to provide technical assistance to those community groups and to provide alignment between local and state efforts in addressing the opioid crisis at regional and county levels.

The communities that are addressing the opioid crisis include:

- [Coalition for Prevention, Addiction, & Recovery \(CPAR\)](#) – El Paso County
- [Yampa Valley RX Task Force](#) – Moffat, Jackson, and Routt Counties
- [Boulder Opioid Advisory Group](#) – Boulder County
- [Tri-County Overdose Prevention Partnership \(TCOPP\)](#) – Adams, Arapahoe, and Douglas Counties
- [Substance Abuse Ecosystem](#) – Pueblo County (formerly known as the Pueblo Heroin Task Force)

- [Gunnison County Substance Abuse Prevention Project \(GCSAPP\)](#) – Gunnison County
- [Southeast Substance Abuse Task Force](#) – Baca, Bent, Kiowa, and Prowers Counties
- [North Colorado Health Alliance](#) – Larimer and Weld Counties
- [Huerfano/Las Animas Public Health Division](#): Huerfano and Las Animas Counties
- [Otero/Crowley Communities That Care](#) (CTC): Crowley and Otero Counties
- Chaffee, Custer and Fremont Counties, and Lake: In formation
- [San Luis Valley Area Health Education Center’s \(AHEC\) Opioid Response](#): Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache Counties
- [Park County Mental Health Alliance](#): Park County
- [Denver’s Collective Impact Group](#): City and County of Denver
- [Teller County Public Health & Environment’s Communities that Care](#): Teller County
- [Southwest Area Health Education Center \(AHEC\)](#): Archuleta, Dolores, La Plata, Montezuma and San Juan Counties
- Roaring Fork Valley: Eagle, Garfield and Pitkin Counties
- [Jefferson County Prescription Opioid Overdose Prevention](#): Jefferson County
- [Mesa County Public Health Department](#): Mesa County
- [Centennial Area Health Education Center \(AHEC\) Regional Health Connectors](#): Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma Counties

3. Public Awareness: Safe Use, Safe Storage, Safe Disposal

New education content was developed for the [Take Meds Seriously](#) public awareness campaign, emphasizing the safe use of prescription opioids, especially among older adults. This campaign for older adults, titled “You’re the Solution,” specifically targets Coloradans age 65 and older and was first launched in the counties of Delta, Montrose, Pueblo, and the San Luis Valley.

An awareness campaign for patients and providers was also developed to encourage Coloradans to take an active part in their treatment for pain and to educate them about the potential risks of opioids, as well as about alternative treatments for pain management.

A statewide survey on opioid awareness survey was conducted via phone and online to assess public awareness related to safe use, safe storage, and safe disposal of prescription drugs. The results of the survey are scheduled for release in January 2019.

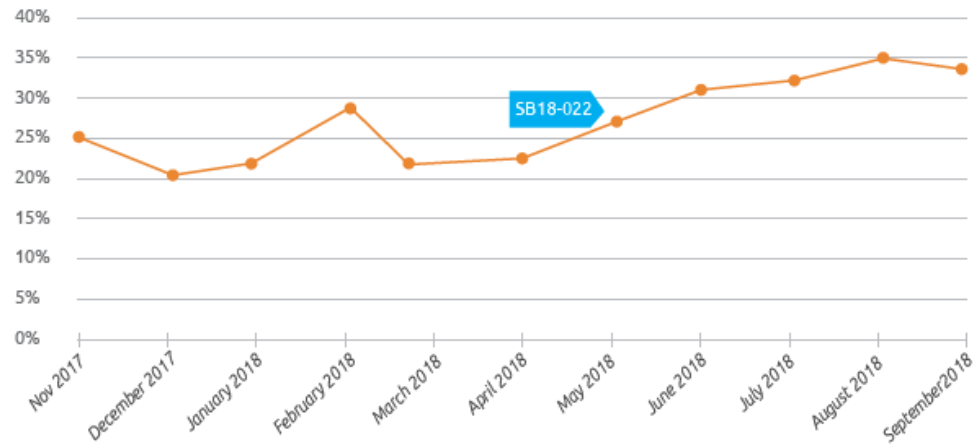
The Public Awareness Work Group partnered with Serve Colorado, the State AmeriCorps Program within the Office of the Lt. Governor, the Colorado Office of the Attorney General, Rise Above Colorado, and the Colorado Area Health Education Centers to implement the AmeriCorps Community Opioid Response Programs, which included efforts related to prevention, provider education, and community education about safe disposal of prescribed medications.

4. Increasing Utilization of the Prescription Drug Monitoring Program

In 2018, there was a continued rise in the use by prescribers of the Colorado Prescription Drug Monitoring Program (PDMP) and there were continuing efforts to increase integration of the Prescription Drug Monitoring Program (PDMP), with a focus on pharmacies at King Soopers, Walmart, and CVS, among others.

In compliance with Senate Bill 18-022, a plan was developed to evaluate legislation related to PDMP utilization for improving prescribing decisions.

PDMP Utilization (# of Prescriber Queries/# of Controlled Prescriptions Dispensed):

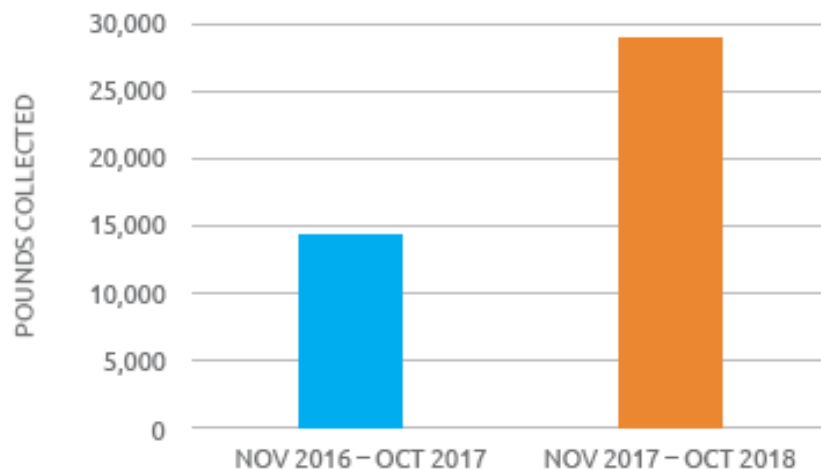


Source: Colorado Prescription Drug Monitoring Program.

5. Promoting Safe Disposal of Prescribed Medications

There continued to be a concentrated effort to expand the Colorado Household Medication Take Back Program. In 2018, there was an increase in the number of counties from 43 to 58 with a permanent take back collection site and more than 20 tons of unused medications were collected.

Medication Collected by Colorado Take-Back Program



The Take Meds Back Public Awareness Campaign continued in 2018 with broadcast radio and television public service announcements in partnership with the Colorado Broadcasters Association.

6. Expanding Provider Education

A new curriculum for prescriber education was developed, expanding the number of available continuing medical education-approved modules from six to twenty-five.

Approximately 500 individuals from across the state, including more than 200 physicians were educated on current prescribing guidelines of opioids.

7. Responding to the Increase of Heroin

The Heroin Response Work Group worked in partnership with the United States Attorney's Office, the Rocky Mountain High Intensity Drug Trafficking Area, harm reduction professionals, treatment professionals, and public health professionals to launch Operation Helping Hands, linking law enforcement officers with Colorado Crisis Services counselors who are designated to provide treatment referral information in those cases where law enforcement encounters individuals in need of treatment for an opioid use disorder.

The Heroin Response Work Group also worked closely with the Colorado Department of Public Health and Environment and the Rocky Mountain High Intensity Drug Trafficking Area on producing a report titled, [*Heroin in Colorado: Law Enforcement, Public Health, and Treatment Data, 2011-2016*](#) (April 2018), which is a follow up to [*Heroin in Colorado: A Preliminary Assessment*](#) (April 2017). The report contains data on:

- Heroin seizures and arrests
- Heroin fatal and non-fatal overdoses
- Naloxone use
- Disease transmissions and heroin use
- Heroin exposure calls
- Treatment admissions and client demographics



8. Harm Reduction

The Harm Reduction Work Group focused its efforts on increase access to Narcan, the nasal form of Naloxone, a medication for reversing an opioid overdose. Those efforts included:

- Partnering with the Office of Behavioral Health on the bulk purchase of 6,500 Narcan kits for distribution to harm reduction programs, treatment programs, recovery programs, and law enforcement agencies.
- Worked with five county jails to be equipped to dispense Naloxone to inmates upon their release.
- Trained and equipped 183 law enforcement departments in Colorado to administer Narcan, in partnership with the Harm Reduction Action Center, the Colorado Office of the Attorney General, and Denver Health and Hospital Authority.
- Trained AmeriCorps members as trainers in overdose awareness and Naloxone education and to assist with distribution of naloxone in their assigned regions.

9. Affected Families and Friends

Unfortunately, the opioid crisis is taking a toll on numerous families in Colorado. Every individual caught in the grip of an opioid addiction or who dies from an opioid overdose is someone's loved one.

Multiple members of the Affected Families and Friends Work Group of the Consortium publically shared their stories at events and gatherings across the state. Funds from Senate Bill 17-193 were allocated to capture the personal stories of Coloradans who have experienced the devastation of the opioid crisis firsthand.

10. Recovery from Opioid and Other Substance Use Disorders

Passage of HB18-1003 delivered a legislative mandate for the Recovery Work Group of the Consortium to develop a strategic plan to address the full continuum of recovery services for individuals with a substance use disorder and to develop a definition for recovery residences.

Funding from the Colorado Health Foundation supported two peer support specialists to serve in two hospital emergency departments to assist with patients in need of recovery support services.

11. Treatment for Opioid and Other Substance Use Disorders

The Medication-Assisted Treatment Pilot for training nurse practitioners and physician assistants in the administration of medication-assisted treatment was supported with funding by the state legislature with a focus on Pueblo and Routt Counties. The pilot was launched in January 2018, resulting in the increase of access to medication-assisted treatment for individuals in those counties with an opioid use disorder.

The Consortium also supported the practice innovation program known as Implementing Technology and Medication Assisted treatment and Team Training (IT MATTRS), which provides incentive to physicians, nurse practitioners, and physician assistants to obtain their U.S. Drug Enforcement Administration X waiver required to prescribe medication assisted treatment.

IV. Colorado Substance Abuse Trends

Data is essential to understanding drug use trends and shaping strategies for 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 trends from the most recently available data.

A. Treatment Admissions

Treatment admissions data is collected with the Drug and Alcohol Coordinated Data System through the Office of Behavioral Health in the Colorado Department of Human Services. In addition to monitoring treatment service quality, utilization and effectiveness, the data collected provides trend data and information on the types of drugs for which people are admitted.

Here are some highlights from the 2017 treatment admissions data, which are presented in more detail below:

- 41,268 treatment admissions for substance use were initiated in 2017, representing 3,130 more admissions than in 2016.
- Alcohol is the drug with the largest number of treatment admissions.
- While alcohol has the highest number of treatment admissions, over 40% of the treatment admissions in 2017 were for heroin and methamphetamine.
- Prescription opioid treatment rates have remained stable, but heroin treatment admissions have increased by 132% since 2013.
- Methamphetamine treatment admissions have increased by 63% since 2013.
- Marijuana treatment admissions decreased by 7%.
- Twenty-five through 34-year olds account for the highest number of individuals admitted into treatment.

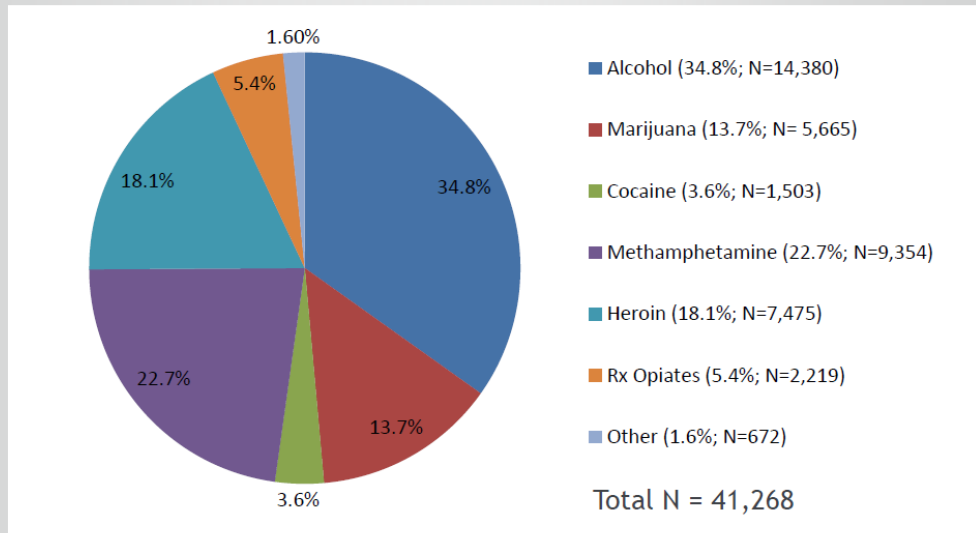
1. Treatment Admissions by Drug

The most recent available data from substance abuse treatment admissions (2017) indicates that alcohol, heroin, methamphetamine and marijuana, continue to be the main drugs used by individuals who were admitted to treatment.

There was an increase in admissions for heroin from 9.7% in 2016 to 18.1% and an increase in admissions for methamphetamine from 12.9% in 2016 to 22.7% in 2017.

2017 Treatment Admissions by Drug

Primary Substance Reported at Treatment Admission (CY2017)



Substance Abuse Treatment Admissions by Drug, 2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

2. Regional Distribution of Treatment Admissions by Drug

The highest number of individuals per 100,000 seeking treatment for drug abuse and addiction in 2017 were from the southeast region of the state for heroin. The northeast, northwest, southeast, and southwest regions of the state saw the highest admissions for methamphetamine. The 2017 drug use trends among those admitted to treatment are similar to 2016, but more individuals were admitted to treatment in 2017 over that of 2016.

A 2017 trend in the number individuals seeking treatment for cocaine is consistent with that of 2016.

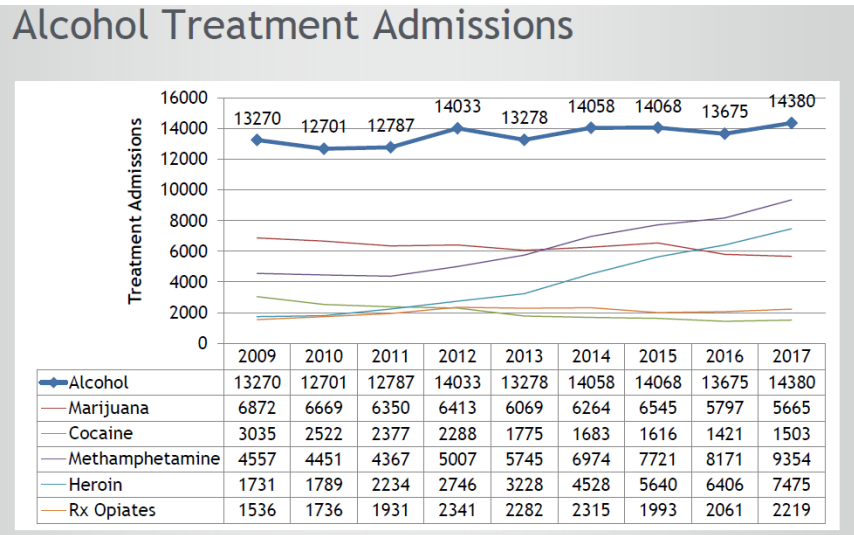
Regional Difference in Drug Use at Time of Treatment Admission
Regional Comparison of Treatment Admissions per 100k Population (2016-2017)

Region (2017 Est. Population)	2016						2017					
	Alcohol	Marijuana	Cocaine	Meth	Heroin	Rx Opioids	Alcohol	Marijuana	Cocaine	Meth	Heroin	Rx Opioids
Denver Metro (3,182,385)	194.8	81	26.9	84.6	96.4	27.7	210	80.8	28.4	90.7	105.4	32.2
Northeast (763,912)	275.1	153.9	20.5	248.8	83.5	44.6	274.2	144.5	17.3	271.5	99.6	52.5
Northwest (377,562)	315.2	95.6	14.2	164.3	58.3	31.4	313.1	80.5	16.7	206.3	73.9	35.2
South Central (822,909)	189.3	90.6	14.8	140.8	78.5	28.9	179.2	90.9	16.6	153.1	93.7	27
Southeast (280,500)	279.4	168.6	28.8	211.4	346.6	76.2	272.7	148.7	27.5	232.8	379.3	69.2
Southwest (203,687)	360.2	83.4	7	182.9	62	51.5	359.9	58.9	7.9	202.8	73.6	40.3
Colorado (5,630,955)	246.9	104.7	25.7	147.5	115.7	37.2	255.4	100.6	26.7	166.1	132.7	39.4

Substance Abuse Treatment Admissions by Drug, 2016 and 2017. Yellow highlights indicate rates higher than the previous year. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

3. Alcohol

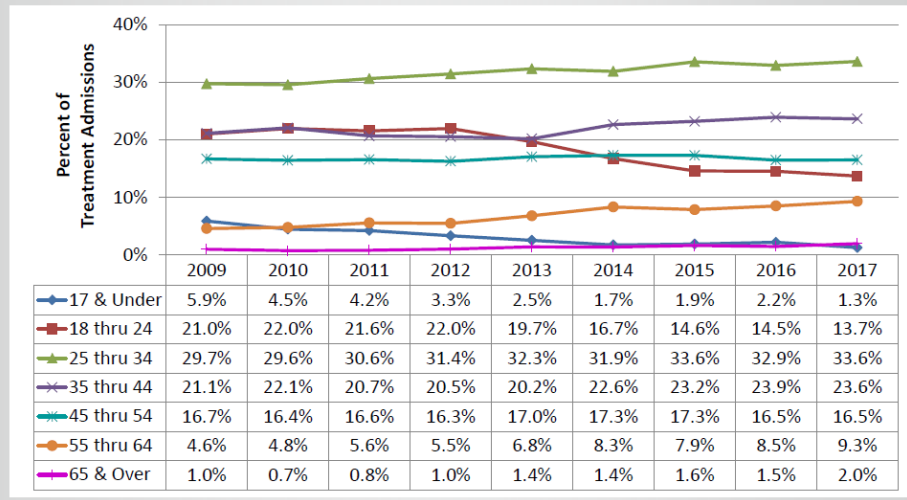
Treatment admissions for alcohol remain far above those related to other drugs. There was an increase in the number of individuals that were admitted for alcohol abuse treatment in 2017.



Substance Abuse Treatment Admissions by Drug, 2009 and 2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

Individuals between the ages of 25 and 34 were more likely to be admitted for treatment of alcohol abuse, which is a consistent trend over several years.

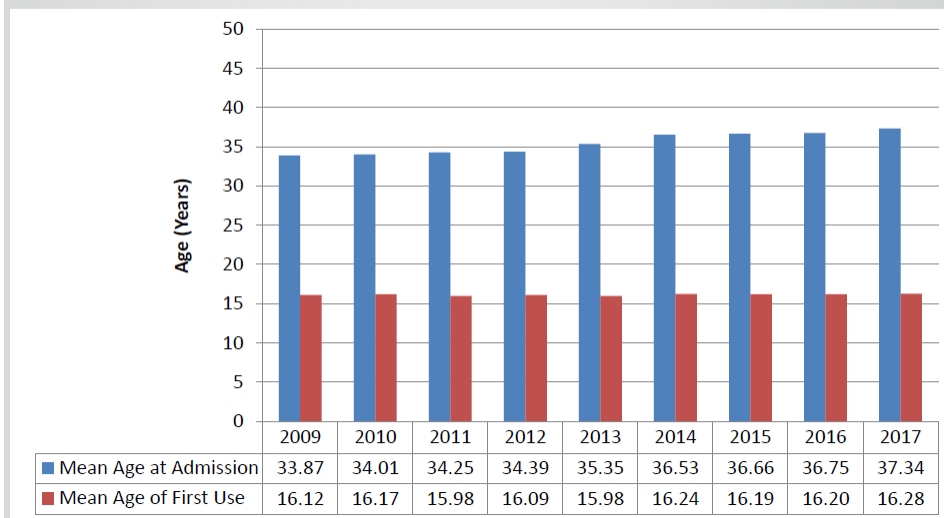
Alcohol Treatment Admissions by Age Group



Substance Abuse Treatment Admissions by Drug, 2009 and 2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

The 2017 data indicates there is an average of a sixteen-year period from the onset of alcohol drinking until an individual is admitted into treatment. This has been a consistent trend for multiple years.

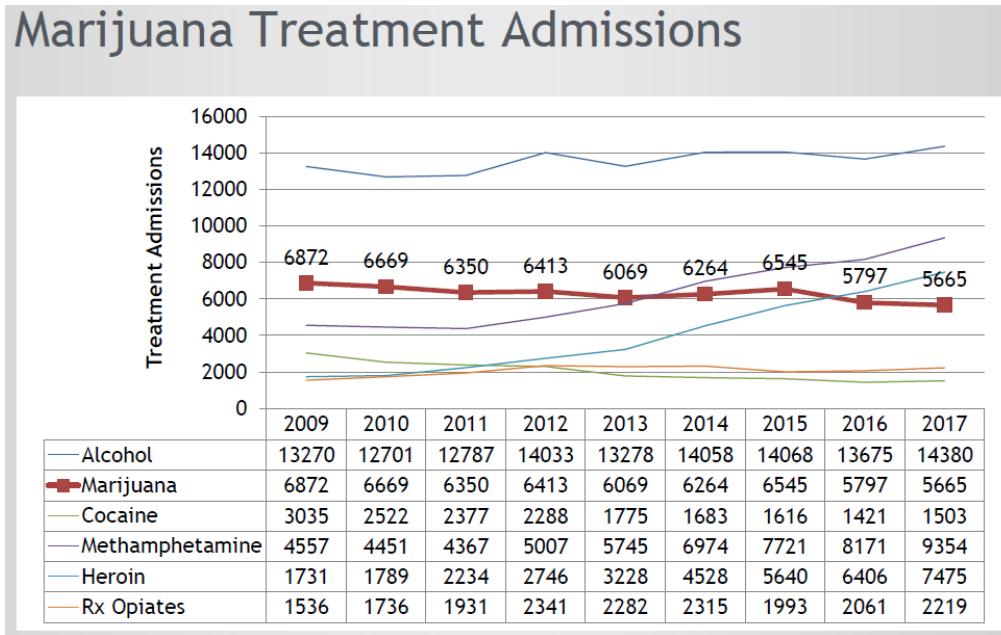
Alcohol Age of First Use Vs. Age at Treatment Admission



Substance Abuse Treatment Admissions by Drug, 2009 and 2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

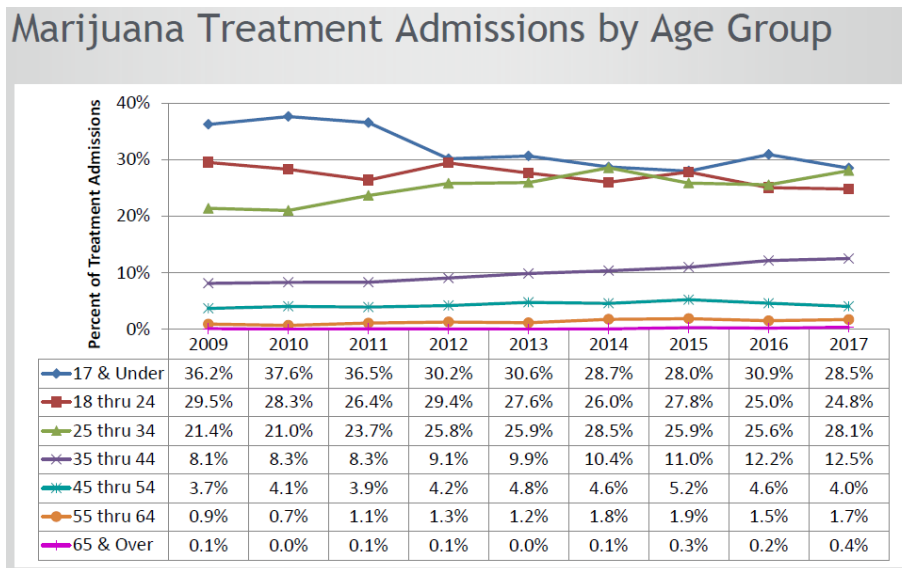
4. Marijuana

Treatment admissions for marijuana decreased slightly from 2016 to 2017.



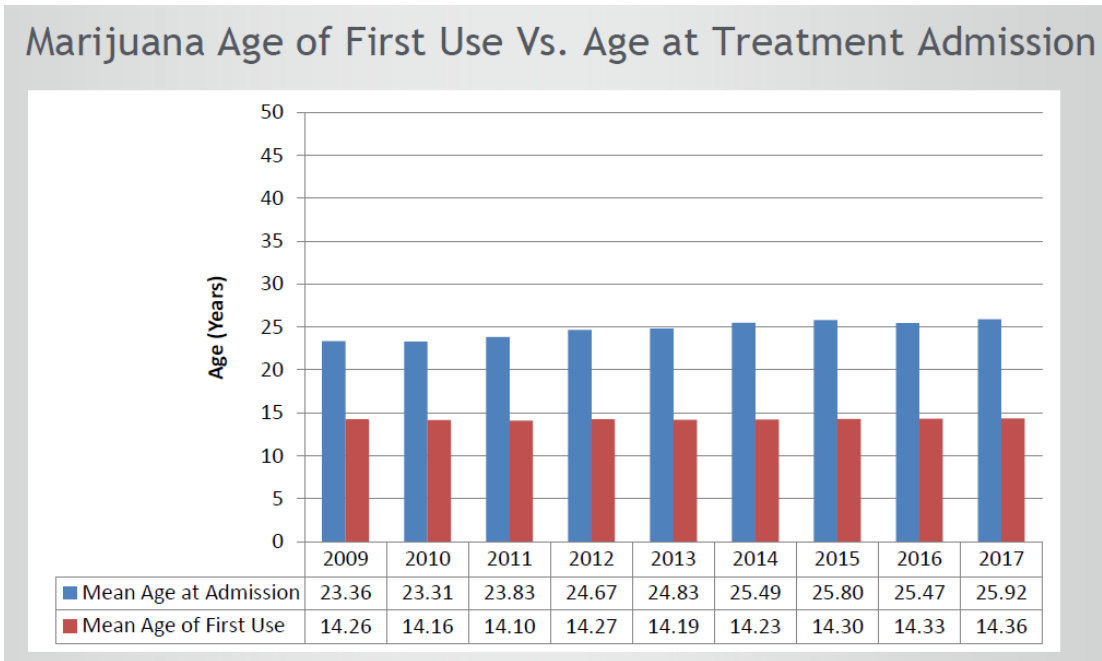
Substance Abuse Treatment Admissions by Drug, 2009 and 2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

Individuals under age 17 and those between the ages of 25 and 34 were more likely to be admitted for treatment of marijuana abuse in 2017.



Substance Abuse Treatment Admissions by Drug, 2009 and 2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

The 2017 data indicates almost an average of a twelve-year period from the onset of marijuana use at age 14 until an individual is admitted into treatment at age 25. This has been a consistent trend for multiple years.



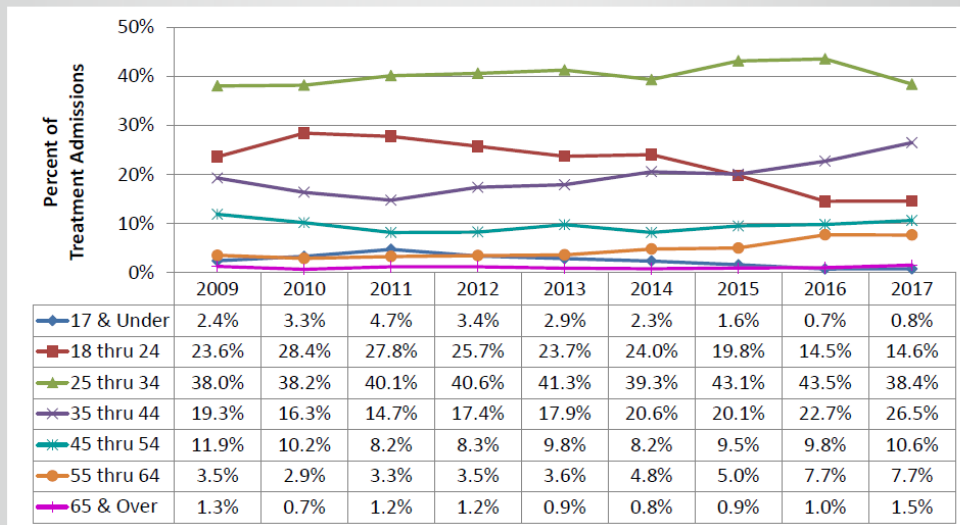
Substance Abuse Treatment Admissions by Drug, 2009 and 2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

Additional data on the [Impacts of Marijuana Legalization in Colorado](#) is available in the October 2018 report from the Colorado Department of Public Safety.

5. 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 2017, non-medical use of prescribed opioids continues to be highest for individuals ages 25 to 34 and for individuals ages 35 to 44. There was a decrease from 2016 to 2017 in treatment admissions for non-medical use of prescription opioids among individuals age 18 to 24.

Prescription Opioid Treatment Admissions by Age Group

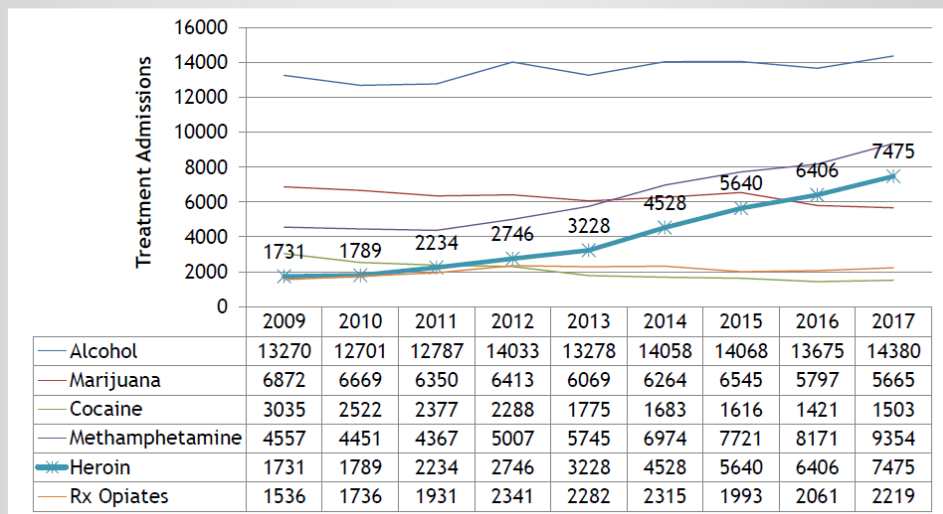


Non-medical Use of Prescription Opioids by Age, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

6. Heroin Treatment Admissions

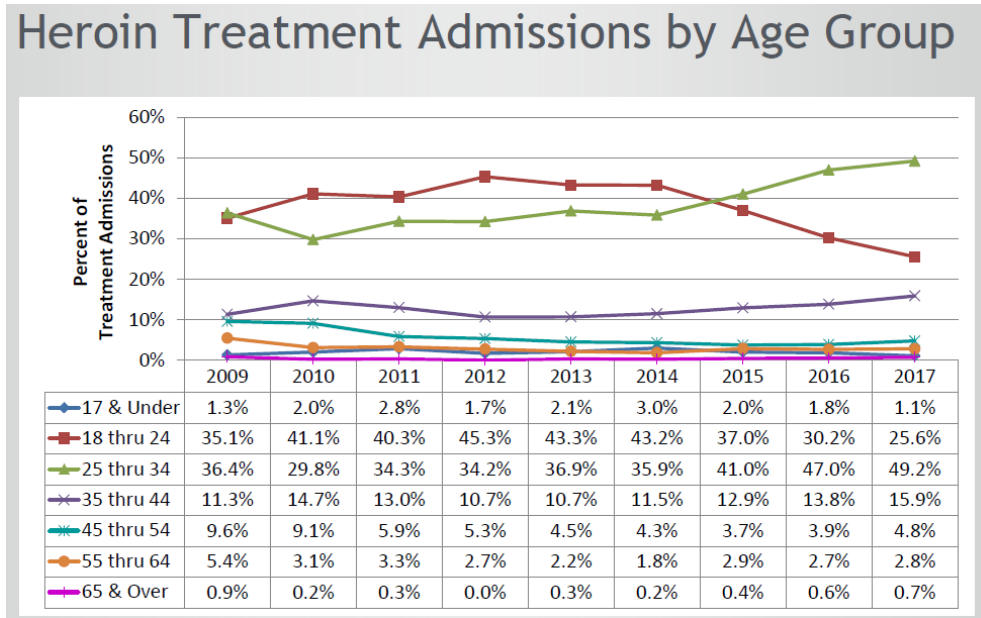
The number of individuals admitted to treatment for heroin continued to rise in 2017.

Heroin Treatment Admissions



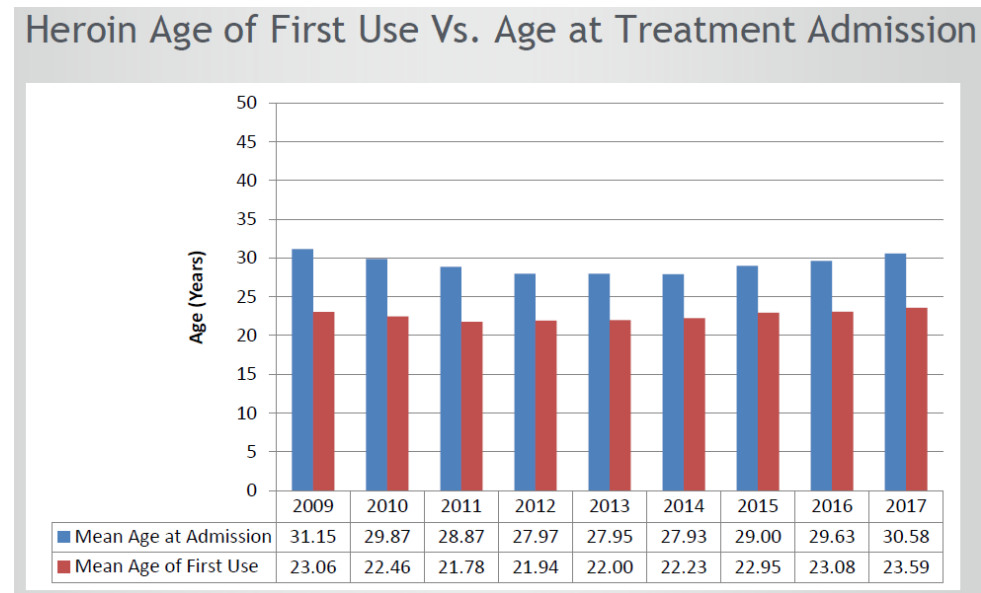
Heroin Treatment Admissions, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

Treatment admissions for heroin abuse were highest for individuals ages 25 to 34, continuing the increase since 2014.



Heroin Treatment Admissions by Age, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

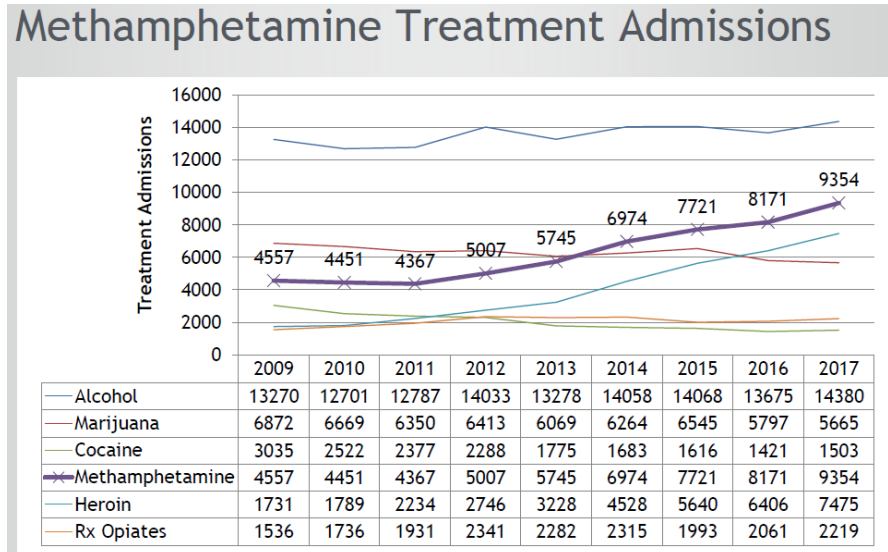
The 2017 data indicates an average of almost a seven-year period from the onset of heroin use at age 23 until an individual is admitted into treatment at age 30.



Substance Abuse Treatment Admissions by Drug, 2009-2017 Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

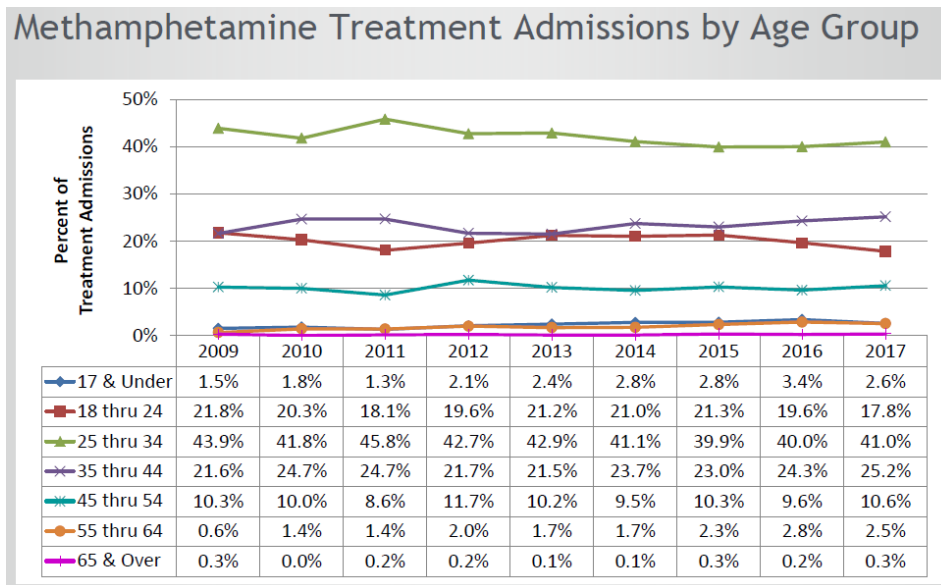
7. Methamphetamine Data

Treatment admissions in 2017 for individuals addicted to methamphetamine increased for the sixth year in row.



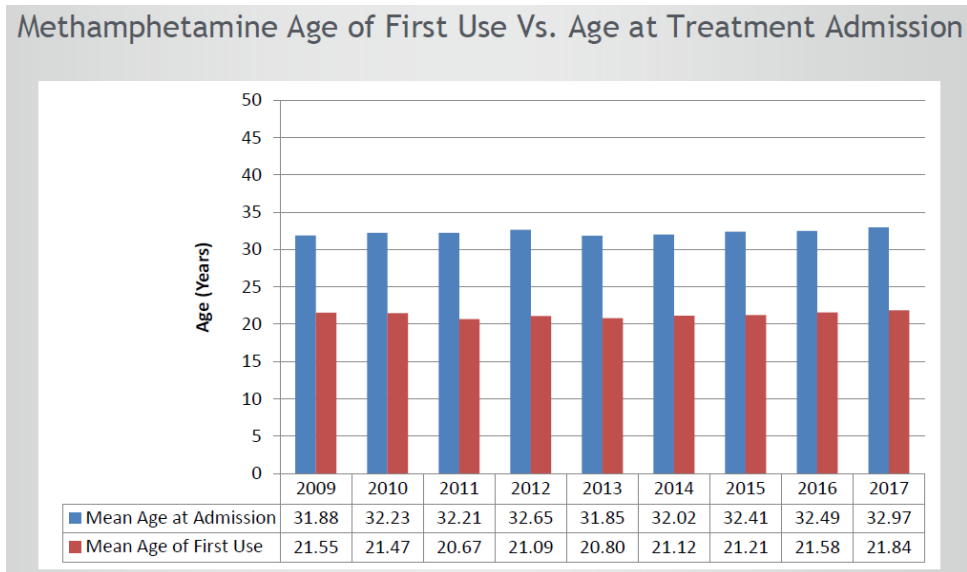
Substance Abuse Treatment Admissions by Drug, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

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



Substance Abuse Treatment Admissions by Drug, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

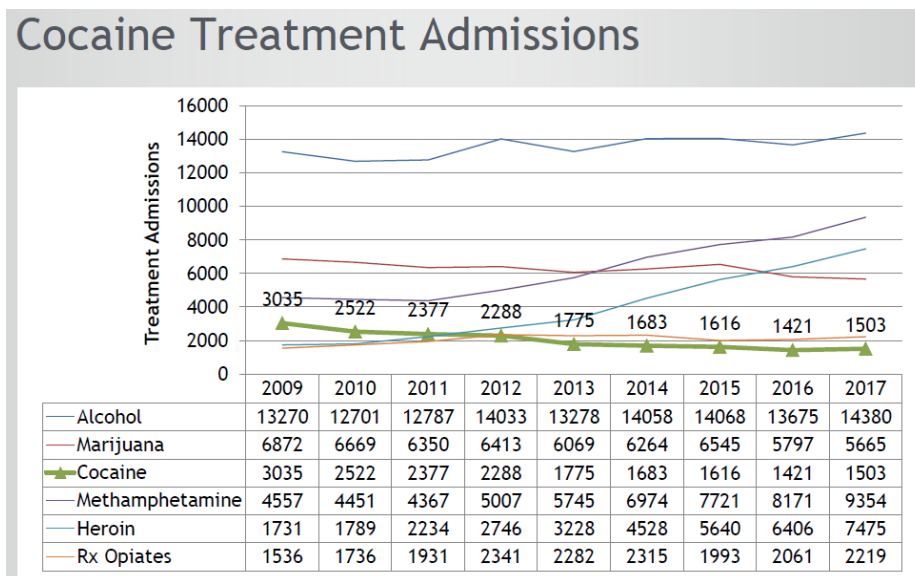
The 2017 data indicates an average of eleven-years from the onset of methamphetamine use at almost age 22 until an individual is admitted into treatment at about age 33.



Substance Abuse Treatment Admissions by Drug, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

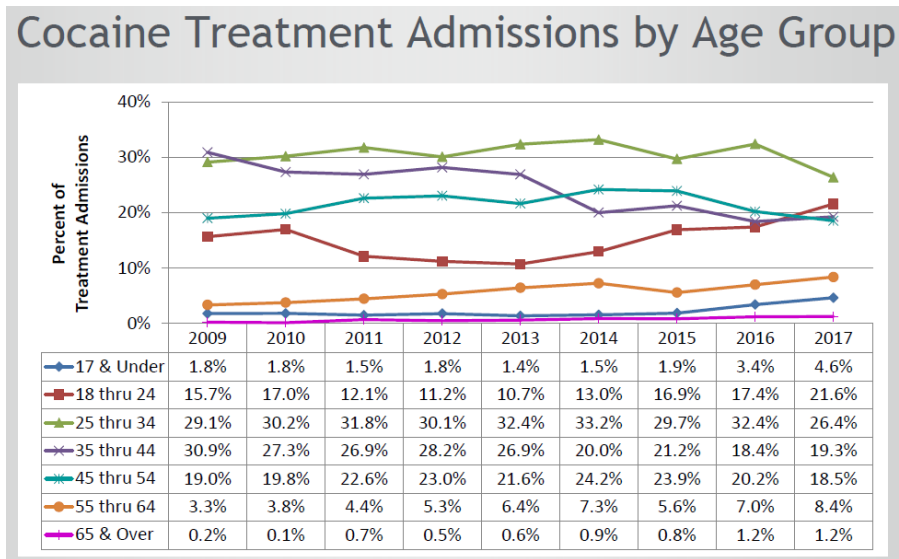
8. Cocaine

Treatment admissions for cocaine addiction rose only slightly in 2017.



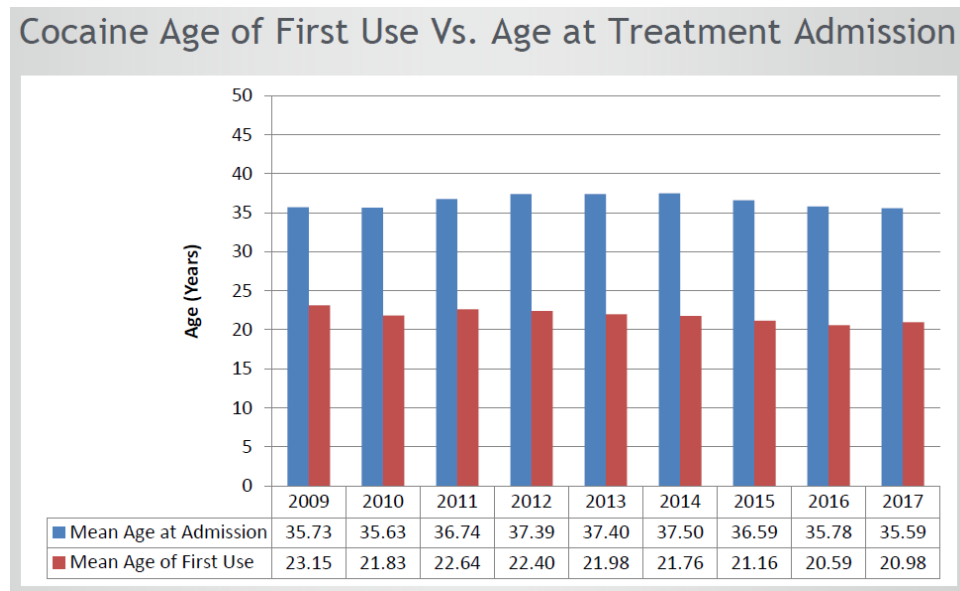
Substance Abuse Treatment Admissions by Drug, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

Treatment admissions for cocaine were highest for individuals ages 25 to 34, although there was a downward trend in 2017. There were slight increases in the number of individuals under age 17, as well as for individuals ages 18 to 24 and 55 to 64 admitted for treatment related to cocaine.



Substance Abuse Treatment Admissions by Drug, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

The 2017 data indicates an average of almost 15 years from the onset of cocaine use at age 20 until an individual is admitted into treatment.



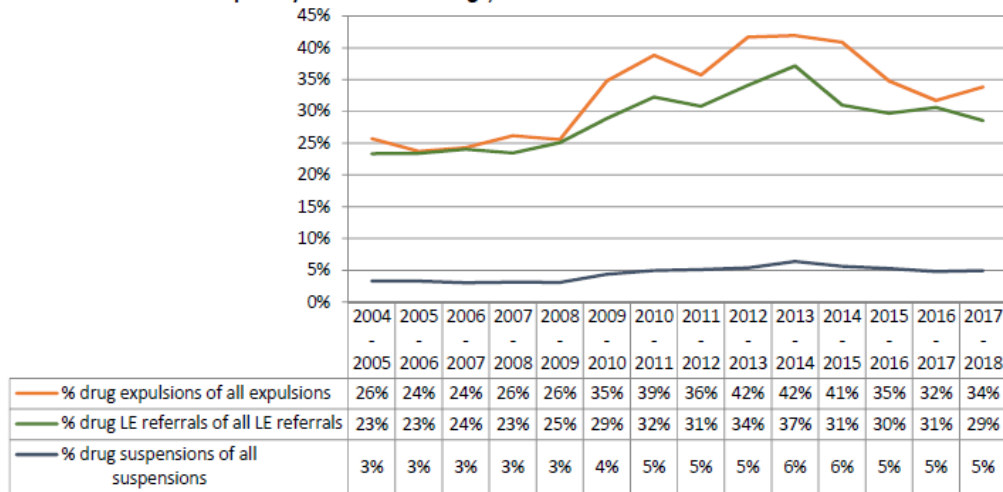
Substance Abuse Treatment Admissions by Drug, 2009-2017. Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services.

B. Marijuana Offenses and Public Schools

The 2016-2017 school year was the first complete year in which marijuana violations were reported separate from other drugs. The data from the 2017-2018 school year is still not enough to determine a trend in regard to disciplinary actions related to marijuana.

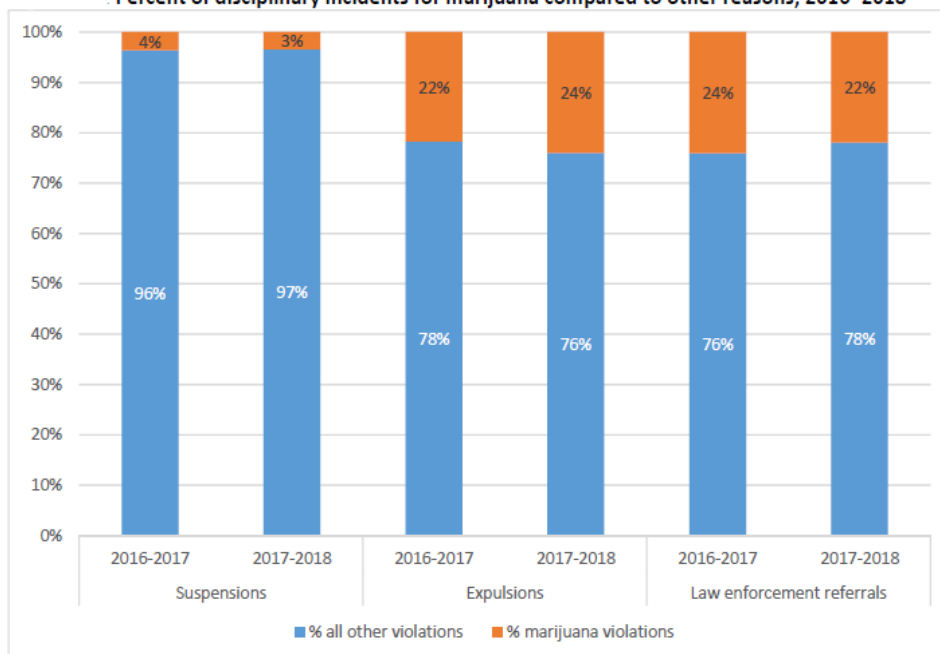
In the 2017-2018 school year, marijuana accounted for about 70% of suspensions or expulsions for drugs and almost 80% of law enforcement referrals for drugs

Percent of disciplinary incidents for drugs, 2004–2018



Source: Colorado Department of Education, at <http://www.cde.state.co.us/cdereval/suspend-expelcurrent>.

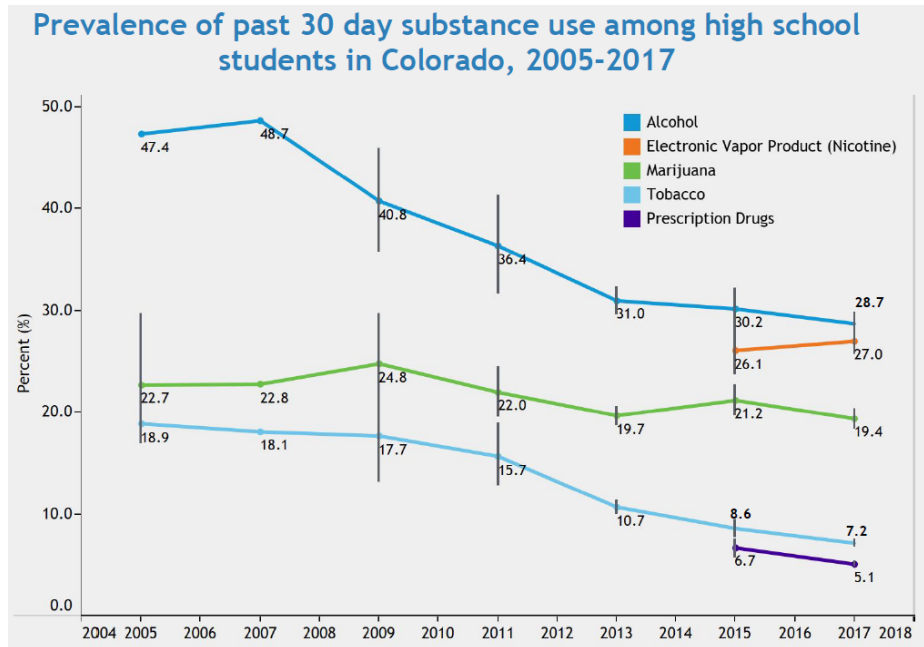
Percent of disciplinary incidents for marijuana compared to other reasons, 2016–2018



Source: Colorado Department of Education, at <http://www.cde.state.co.us/cdereval/suspend-expelcurrent>.

C. Youth Substance Abuse

Alcohol continues to be the drug of choice for high school students. Marijuana use is second and there was a decrease from 2015 to 2017 in reported past 30 use of marijuana by students.



Source: Colorado Healthy Kids Colorado Survey, 2005-2017

The majority of high school students, 81%, do not use marijuana. Of those who do use marijuana, 78% indicated they do so by smoking the drug.

High School Marijuana Use (2017)

MARIJUANA USE

4 out of 5
(81%) Colorado youth have NOT used marijuana in the last month.



CURRENT USE

Colorado youth current marijuana use compared to the national average



HOW YOUTH USUALLY USE MARIJUANA

Among youth who currently use, usual method of use



*Statistically significant increase since 2015.

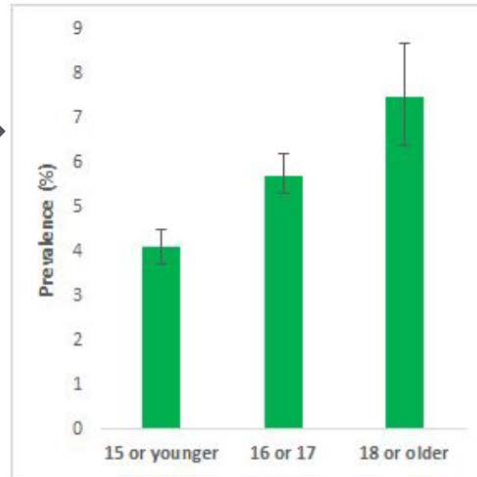
Although the percentage of high school students who reported non-medical use of a prescription drug is low, the percentage increases with age.

High School Prescription Drug Use (2017)

- **Only 5% of youth** report using prescription drugs without a doctor's prescription in the last 30 days

- This prevalence increases significantly over time as youth grow older

Gay, Lesbian, or Bisexual youth (8.6%) report using prescription drugs without a prescription at a significantly higher prevalence than **heterosexual youth (4.5%)**



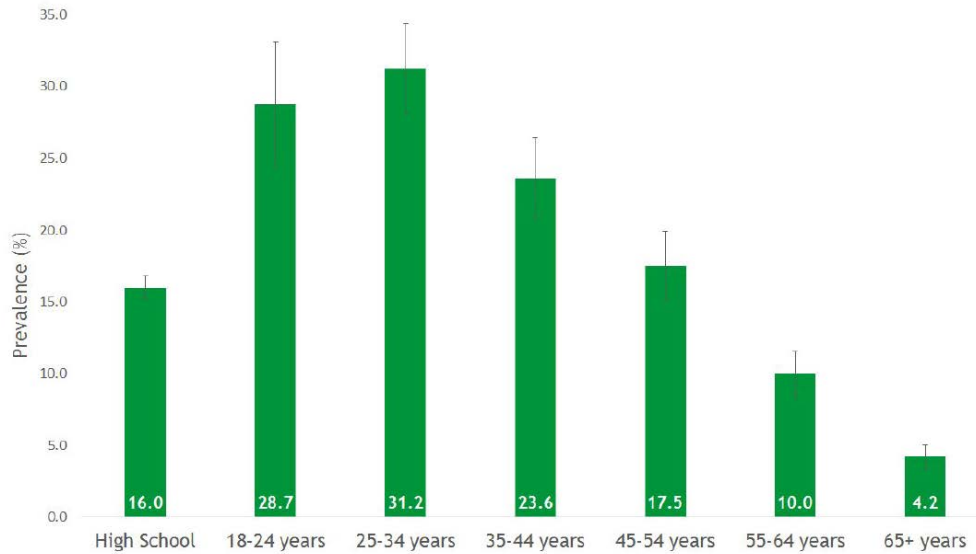
Source: Colorado Healthy Kids Colorado Survey, 2017

C. Binge Drinking of Alcohol

The U.S. Substance Abuse and Mental Health Services Administration defines binge drinking as 5 or more alcoholic drinks for males or 4 or more alcoholic drinks for females on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past month.

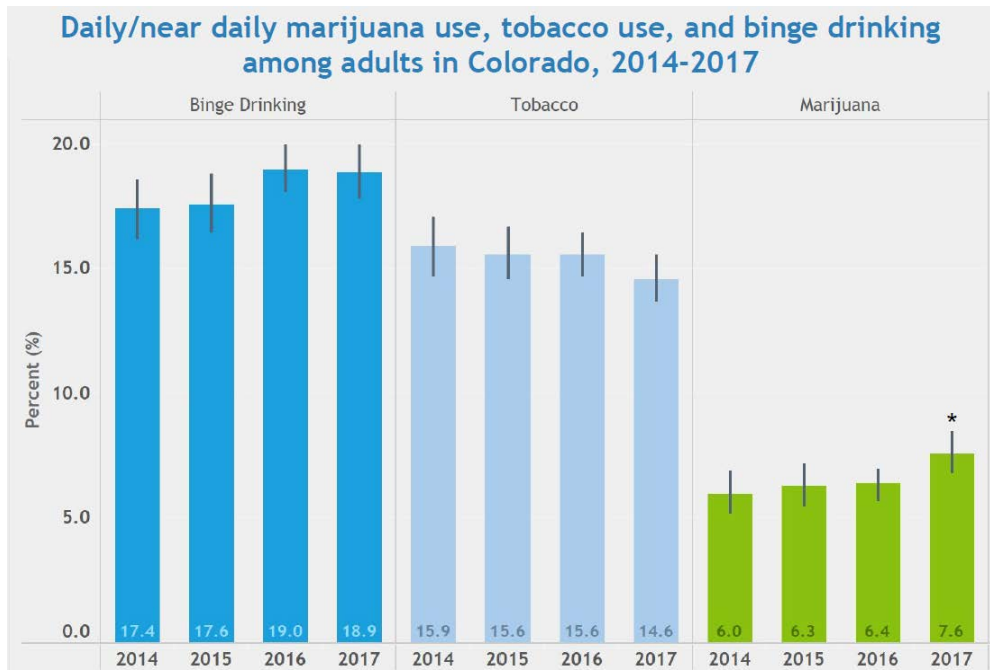
Binge drinking of alcohol in Colorado is highest among individuals ages 25 to 34, followed by those ages 18 to 24, which is a consistent trend.

Colorado Binge Drinking Across the Lifespan



Source: Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance Survey, 2017.

Among adults, daily or near daily binge drinking is more prevalent than daily or near daily use of marijuana. Binge drinkers of alcohol average seven drinks per binge and four episodes of binge drinking per month. And, four out of five adults who drove after drinking also reported binge drinking.



Source: Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance Survey, 2017.

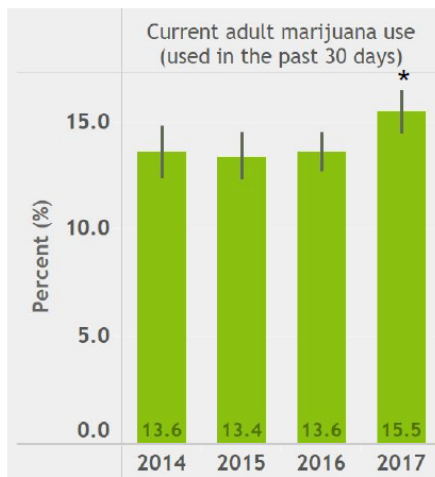
Binge drinkers of alcohol average seven drinks per binge and four episodes of binge drinking per month.

Binge drinking is highest in the north-central region of Colorado, the west-central region, and the Denver Metro area.

E. Adult Marijuana Use

There was a slight increase in adult use of marijuana from 2016 to 2017 with higher rates of marijuana use among adults ages 18 to 34.

Adult Marijuana Use in Colorado

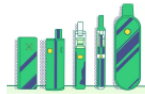


- Increase in past month marijuana use
 - Driven by adults 18-34 years

Among 15.5% using marijuana...



- **40.4%** reporting eating/drinking marijuana products



- **29.1%** reporting vaporizing marijuana



- **21.1%** reporting dabbing marijuana concentrates



- **3.0%** of adults reported driving after recent marijuana use (no change from 2014-2017)

Source: Colorado Department of Public Health and Environment, Behavioral Risk Factor Surveillance Survey, 2014-2017.

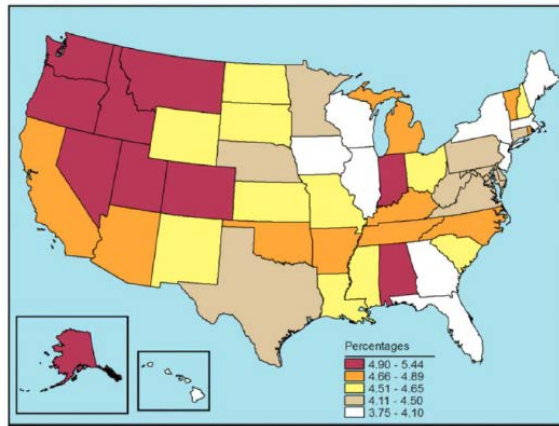
Nearly daily use of marijuana is highest among adults ages 18 to 34.

F. Prescription Opioids

Colorado ranks among the top tier of states with the percentage of individuals age 12 and older that have misused prescription pain relievers in the past year.

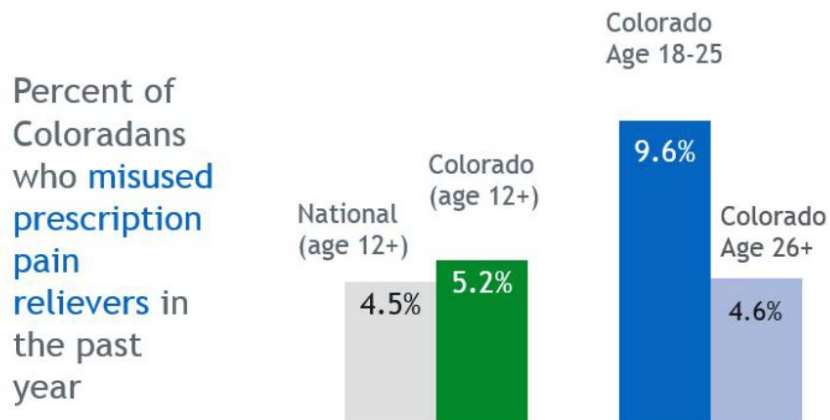
5.2% of Coloradans age 12 or older misused prescription pain relievers in the past year.

Colorado's result is in the top tier of states.



Prescription opioid misuse in Colorado remains highest among individuals ages 18 to 25.

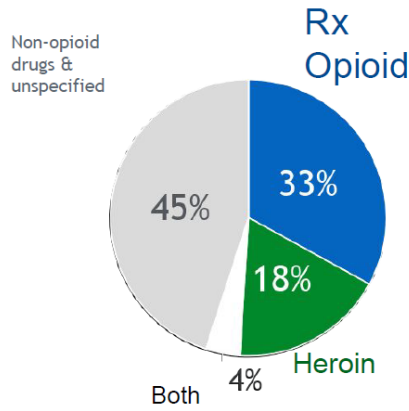
Misuse of Rx Pain Relievers in 2015-2016



Source: National Survey on Drug Use and Health, 2015-2106.

Over a third of all reported drug-poisoning deaths in 2017 involved a prescription opioid drug.

Prescription opioid overdoses



373 (37%) of the 1,012 drug poisoning deaths in Colorado involved Rx opioid pain relievers in 2017.



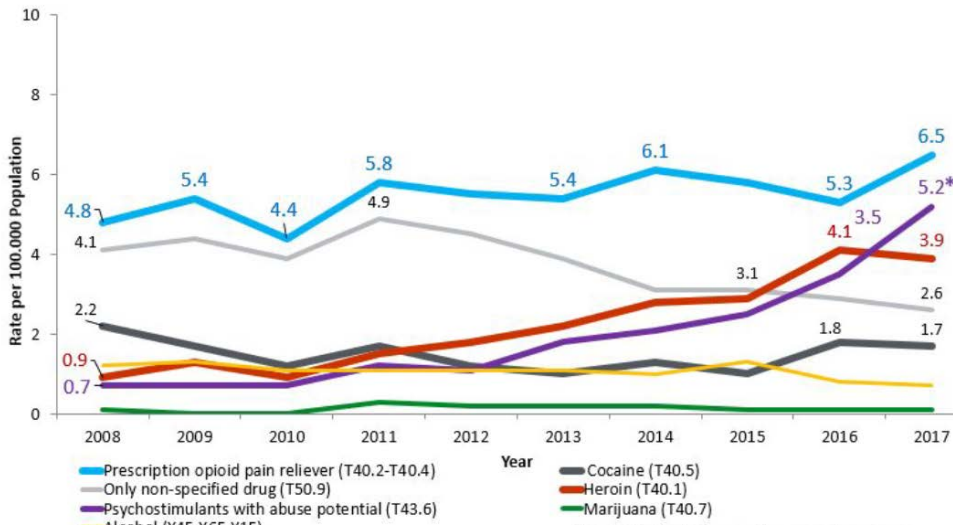
37 person (4%) died from an overdose involving both heroin and prescription opioids.
 Source: Colorado death certificate data 2017, Vital Statistics Unit

Source: Colorado Department of Public Health and Environment, Vital Statistics Unit Colorado Death Certificate Data, 2017.

Heroin overdose deaths declined only slightly from 2016, whereas overdose from prescription opioids increased in 2017.

Health Impact: Drug overdose deaths

Age-adjusted rates, Colorado residents, 2008-2017



Source: Colorado Department of Public Health and Environment, Vital Statistics Unit Colorado Death Certificate Data, 2017.

**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: Rick Brandt, Chief of Police, Evans Police Department, Past President of the Colorado Association of Chiefs of Police.

Members

Governor's Policy Staff Representative: Adam Zarrin, Policy Advisor

President of the Senate Designee: Sen. Larry Crowder, Senate District 35

Senate Minority Leader Designee: Sen. Cheri Jahn, Senate District 20

Speaker of the House Designee: Rep. Daneya Esgar, House District 46

House Minority Leader Designee: Dan Rubinstein, District Attorney, 21st Judicial District

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: Lucinda Connelly, Colorado Department of Human Services, Division of Child Welfare

Criminal Defense Bar: Greg Daniels, Daniels Law Firm

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 Jaime FitzSimons, Summit County

Colorado Association of Chiefs of Police: Chief Miles DeYoung, Woodland Park Police Department

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

Organization Providing Advocacy and Support to Rural Municipalities: Mayor Ron Rakowsky, Colorado Municipal League

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

Colorado Drug Investigators Association: Ray Padilla, Westminster Police Department/DEA Task Force

Substance Abuse Recovery Organization: Dana Smith/Whitney Hickman, Colorado Director of Programs and Partnerships, Phoenix Multisport

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

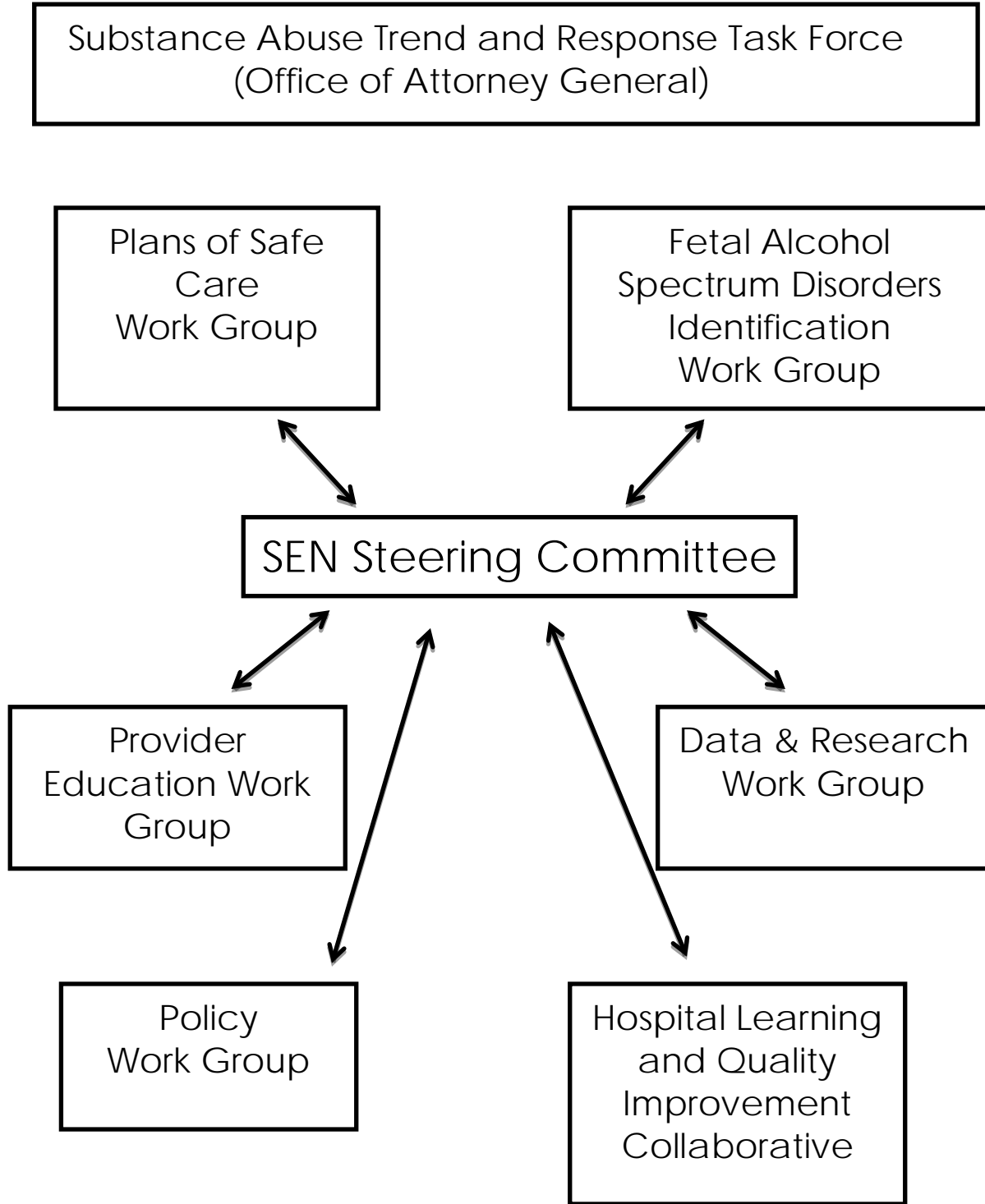
Community Prevention Coalition: Lisa Noble, Gold Belt Build a Generation, Teller County

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: Jenny Corvalan-Wood, Director of Community Prevention and Early Intervention Programs, Office of Behavioral Health, Colorado Department of Human Services

Youth: Anastasia Snelling, Youth Advisor, Rise Above Colorado

Appendix B:
Structure of the Substance Exposed Newborns
Steering Committee



Appendix C:

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.

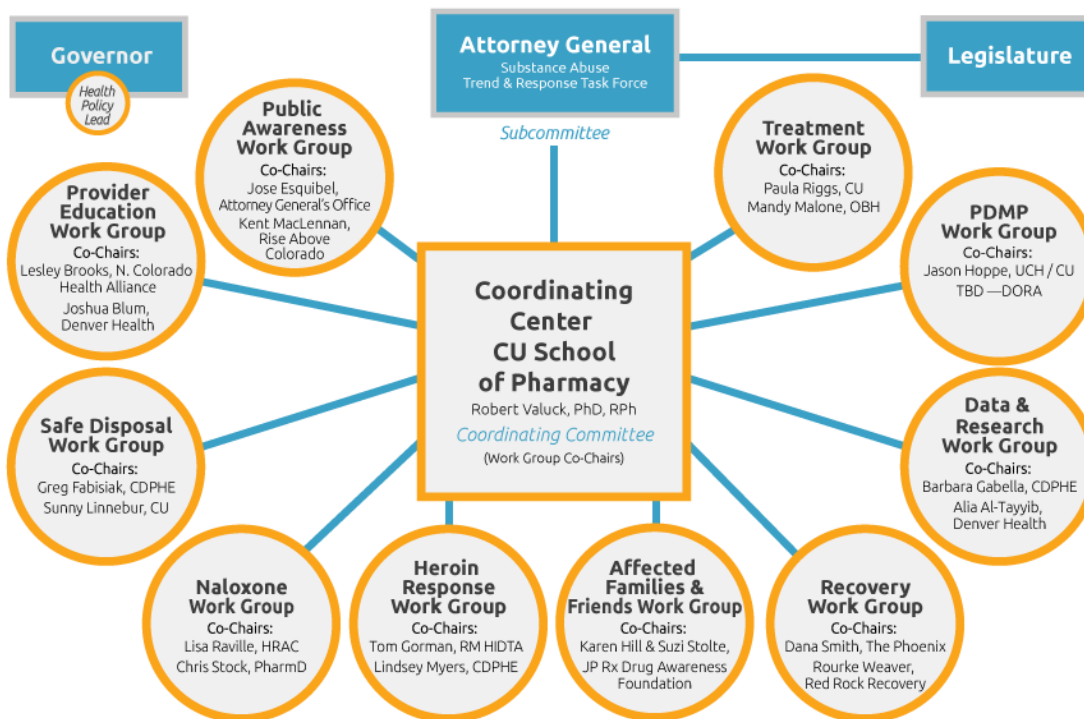
The mission of the Consortium is to reduce the abuse and misuse of prescription drugs in the State of Colorado through improvements in education, public outreach, research, safe disposal, and treatment. Visit www.corxconsortium.org for more information.

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 ten 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
- Recovery Work Group

Colorado Consortium for Prescription Drug Abuse Prevention Structure



Appendix D: 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 partner organizations of the SEOW are:

Arapahoe County
Boulder County Public Health
City and County of Denver, Department of Human Services
Coalition of Colorado Campus Alcohol & Drug Educators
Colorado Association for School-Based Health Care
Colorado Consortium for Prescription Drug Abuse Prevention
Colorado Department of Human Services, Office of Behavioral Health
Colorado Department of Public Health & Environment
Colorado Department of Public Safety
Colorado Department of Revenue
Colorado Office of the Attorney General
Denver Department of Environmental Health
Denver Public Health
Drug Enforcement Agency
Omni Institute
Rise Above Colorado
Rocky Mountain High-Intensity Drug Trafficking Areas
Rocky Mountain Poison Center
Tri-County Health Department
University of Colorado Denver, The Evaluation Center

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 E: Colorado Law Enforcement Opioid Response Summit Participants

Cynthia H. Coffman, Colorado Attorney General
Erik Bourgerie, Colorado Department of Law, Peace Officers Standards and Training
Jessica Diaz, Colorado Department of Law, Criminal Justice Section
José Esquibel, Colorado Office of the Attorney General, Office of Community
Engagement

Lance Allen, Colorado Bureau of Investigation
Cory Christiansen, Colorado Association of Chiefs of Police
Jaime FitzSimons, Summit County Sheriff's Office
Tom Gorman, Rocky Mountain High Intensity Drug Trafficking Area
Scott Happ, Jefferson County Sheriff's Office
Del Kleinschmidt, Jefferson County Sheriff's Office
David Maloney, Colorado Bureau of Investigation
Christian Mohr, Colorado Bureau of Investigation
Mathew Packard, Colorado Department of Public Safety, Colorado State Patrol
Mark Savage, Department of Public Safety, Colorado State Patrol
Dave Swavely, Jefferson County Sheriff's Office
Dan Volz, Colorado Bureau of Investigation

Chip Taylor, Colorado Counties, Inc.
Allison Daley, Colorado Counties, Inc.
Meghan Dollar, Colorado Municipal League

Lin Browning, Colorado Area Health Education Center, Community Opioid Response
Program
Daniel Darting, Signal Behavioral Health Network
Jamie Feld, Boulder County Public Health
Alexis Kuznick, Colorado Human Services Directors Association
Lisa Raville, Harm Reduction Action Center
Joni Reynolds, Colorado Association of Local Public Health Officials
Brad Sjostrom, Colorado Providers Association
Cori Wells, Colorado Area Health Education Center, Community Opioid Response
Program

Marcy Cook, U.S. Attorney's Office for the District of Colorado
Suneeta Hazra, U.S. Attorney's Office for the District of Colorado
William McDermott, U.S. Department of Justice, Drug Enforcement Administration

John Patridge, U.S. Department of Justice, Drug Enforcement Administration
Wendi Roewer, U.S. Department of Justice, Drug Enforcement Administration
Dr. Brian Shiozawa, U.S. Department of Health and Human Services
Dr. Charles Smith, U.S. Department of Health and Human Services, SAMHSA
Robert Troyer, U.S. Attorney's Office for the District of Colorado

Cristen Bates, Colorado Department of Human Services, Office of Behavioral Health
Sarah Edwards, Colorado National Guard, Joint Counterdrug Task Force
Josh Feltman, Colorado National Guard, Joint Counterdrug Task Force
Andres Guerrero, Colorado Department of Public Health and Environment
Peggy Heil, Colorado Department of Public Safety, Division of Criminal Justice
Joseph Homlar, Colorado Human Services Directors Association
Amy Kingery, Colorado Office of the State Court Administrator
Jay Kirby, Colorado Department of Corrections
Brad Stiles, Colorado Department of Public Safety, Colorado School Safety Resource
Center
Dr. Robert Werthwein, Colorado Department of Human Services, Office of
Behavioral Health

Robert Valuck, Colorado Consortium for Prescription Drug Abuse Prevention

Appendix F: Substance Exposed Newborns Work Groups 2018-2020 Priorities

In the period beginning in 2018 and concluding at the end of 2020, the Substance Exposed Newborns Steering Committee will be convening, supporting, and guiding work groups to advance the six priority areas outlined below.

1. **The Colorado Hospital SEN (CHoSEN) Collaborative** is working to increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances and their caregivers at the time of birth across Colorado through education and formal quality improvement efforts. The CHoSEN Collaborative consists of 15 birth hospitals across the state including representation from the along the Front Range, the Western Slope, and the San Luis Valley.
2. **The SEN Data and Research Work Group** is working to increase statewide data and research capacity in order to inform our work and to share successes and challenges. This work group is looking for opportunities to begin a discreet data project linking maternal health records with infant health records.
3. **The SEN Fetal Alcohol Spectrum Disorder (FASD) Identification Work Group** is working to assess the needs related to FASD identification capacity in the state and develop an expansion plan. The group intends to begin by conducting a scan of current places and professionals thought to be resources—including an evaluation of their training needs and referral patterns. This work group is looking to expand its membership to include representatives from the developmental disabilities community and from neuropsychiatry.
4. **The SEN Plans of Safe Care Work Group** is working to promote community-based strategies to meeting the Federal Child Abuse Prevention and Treatment and Comprehensive Addiction and Recovery Act requirements regarding plans of safe care for infants and caregivers. This work group created a Plans of Safe Care Discharge Guidelines and Checklist to guide hospital practice and will focus on dissemination of the guidelines, documentation of plans, and federal reporting requirements in collaboration with hospitals in Colorado.
5. **The SEN Policy Work Group** is working to develop state policy priorities including access to treatment, barriers to engagement, promotion of screening, brief intervention and referral to treatment, and other issues. This work group

will be finalizing their policy engagement guidelines and will begin 2019 with a focus on policy priorities.

6. **The SEN Provider Education Work Group** is working to expand provider education on related issues such as screening every pregnant woman with a validated screening tool in prenatal, hospital and postpartum settings.