

Colorado Substance Abuse Trend and Response Task Force

August 1, 2014

10:00 am – 1:00 pm

Colorado Municipal League

1144 Sherman St, Denver, CO

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Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Marc Condojani, Director, Community Treatment & Recovery Programs, Office of Behavioral Health, Colorado Dept. of Human Services
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems for Children and Youth, Office of Children, Youth and Families, Colorado Dept. of Human Services
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police Department, North Metro Drug Task Force; Vice President, National Alliance for Drug Endangered Children (National DEC)

Attendees: John Suthers, José Esquibel, Marc Condojani, Lori Moriarty, Jade Woodward, Julia Roguski, Ken Summers, Shannon Breitzman, Stan Paprocki, Jessica Johnston, Val Kalnins, Dan Kaup, Zach Pierce, Debra Campeau, Michael Root, Colleen Brisnehan, Peggy Heil, Kathryn Wells, Liz Hickman, Robert Valuck, Craig Simpson, and Terri Connell

Guests: Laura Pegram, Karen Teel, Lorendia Schmidt, Jami Vigil, Amy Kingery, Cheryl Reid, Holger Peters, Rob Soper, Annmarie Jensen, Nicola Erb, Kathy McCorkle, Cindy “Red” Vigil, Laurie Lovedale, Renee Jeong, Jim Gerhardt, Aaron Miller, and Tim Griffin.

Introductions: Attorney General Suthers called the meeting to order at 10:03 a.m. and attendees and guests introduced themselves.

Review and Approval of Minutes: Minutes from the May 23, 2014 meeting were approved by motion as submitted.

Announcements from Task Force Members:

Cindy Vigil, Prowers County: In Prowers County, the Southeast Colorado Drug and Alcohol Task Force Colorado raised concerns about the emergence of heroin use and dealing. The attention from several members of the Substance Abuse Trend and Response Task Force (SATF) was instrumental in connecting with staff of Rise Above Colorado and Colorado Alliance for Drug Endangered Children that came to Prowers County to provide assistance in responding to the concerns about heroin use, particularly among teens. The SATF is a valuable connection.

Tim Griffin: There is a pilot to be conducted through the Colorado Department of Corrections regarding the use of Vivitrol with 30 inmates. The pilot is funded by the state legislature to look at how Vivitrol can be used effectively with substance abuse treatment, especially for those with

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opiate addictions. This is a form of medication assisted treatment. Vivitrol is an extended release injection that addresses cravings and is currently a Medicaid paid benefit.

Zach Pierce: The marijuana media campaign is ready to kick off out of the Governor's Office within the next two weeks. Also, there is work being done to prepare for the prescription drug abuse media campaign with message to the public about safe use, safe storage and safe disposal of prescription drugs. Also, a vendor is being selected this week for the prescription drug abuse media campaign work.

José Esquibel: The next National Drug Take Back event is scheduled for Saturday, September 27th. Helen Kaupang of the DEA is coordinating with partners. Expect more information from Helen or feel free to contact her.

Jade Woodard: A campaign to address prevention related to drug endangered children has produced materials for "SmartUse/Safe Kids" and a convening is scheduled for August 19th, 9:00am-12:00pm at the Gill Foundation.

Val Kalnins: The DEA is sponsoring a Pharmacy Diversion Awareness Conference scheduled for August 2 and 3rd in Denver.

Jessica Johnston: The Colorado Department of Public Safety is writing a grant for funds from the Office of Juvenile Justice and Delinquency prevention for implementing Family Drug Court.

Legislative Update:

Regarding the definition of a drug endangered child, as many as 30 people representing a variety of disciplines worked on drafting definitions for Title 18 and Titles 19 of the Colorado Revised Statutes as part of a charge to the Task Force from the State Legislature. Unfortunately, the bill with the definitions did not make it through the recent legislative session. Vice Chair Lori Moriarty will reconvene the group to discuss lessons learned from the recent experience and determine recommendations for next steps. Members of the SATF who are interested in participating in the discussion can contact Lori.

There are concerns about explosions in homes caused by making hash oil. The Office of the Attorney General and representatives of the District Attorneys are looking into this issue. There is support from both major parties to look at legislation to address this issue, particularly as related to the equipment used and the flammable vapors when combined with butane, which place individuals at harm.

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Substance Abuse Prevention in Colorado:

Stan Paprocki, Director, Prevention and Early Intervention Programs

Office of Behavioral Health, Colorado Department of Human Services

See the PowerPoint Presentation for details.

Prevention works! There continues to be efforts in Colorado that strengthen the practice of substance abuse prevention in our state. This is due to having evidence about what works based on prevention science, which has taken the field of prevention way beyond “just say no” and “this is your brain on drugs.”

The Substance Abuse and Mental Health Services Administration (SAMHSA) promotes six prevention strategies that are implemented by substance abuse professionals in Colorado:

- Information dissemination
- Education
- Alternative activities
- Problem identification and referral
- Community-based processes
- Environmental

The Office of Behavioral Health/Community Behavioral Health Services in the Colorado Department of Human Services manages federal dollars for substance abuse prevention. The Office does not receive any state general funds for substance abuse prevention, but does receive some cash funds. The main federal sources of funding are from the Substance Abuse Prevention and Treatment (SAPT) block grants and SAMHSA discretionary grant funds.

There are clear definitions of substance use, misuse, abuse, and disorder. The role of prevention is to work across sectors to create healthy communities where people enjoy a quality of life that is based on healthy environments at work and in schools, supportive communities and neighborhoods, healthy connection with families and friends, and communities that are drug and crime-free.

Prevention work is conducted in a variety of domains:

- Society at-large
- Neighborhoods and communities
- School environments
- Family environments

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- Peer groups and specific populations
- Individuals

Prevention science is defined as the scientific study of systematic efforts to reduce the incidence of unhealthy or maladaptive behavior and to promote health and adaptive behavior across the life span through designing and evaluating interventions, and utilizing knowledge about them.

Effective prevention is long term, comprehensive, designed to prevent use/misuse/abuse of any substance, and multi-strategic involving a broad range of components, such as social competence, resistance skills, positive peer influences, anti-drug as the social norm.

Substance abuse work in Colorado is data-driven, outcome-based, and seeks to have an impact at the community level in addition to individuals.

As sophisticated and effective as substance prevention is in Colorado, which has demonstrated success in reducing adolescent substance use, there is a need for dollars to support current community-prevention efforts and to expand these efforts across the state.

Data Trends on Marijuana:

Tom Gorman, Director, Rocky Mountain High Intensity Drug Trafficking Area

Rocky Mountain HIDTA is preparing an annual report titled “[The Legalization of Marijuana in Colorado: The Impact,” Vol 2, August 2014](#) that features data from a variety of sources and is an update from last year’s report. Rocky Mountain HIDTA collected and reported comparative data in a variety of areas, including, but not limited to:

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

Tom Gorman presented preliminary highlights from the report. *See the full report for details, available at <http://www.rmhidta.org>.*

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Prescription Drug Abuse Consortium and Actions:

Dr. Robert Valuck, University of Colorado Skaggs School of Pharmacy

The Prescription Drug Abuse Consortium serves as the Prescription Drug Abuse Committee of the Substance Abuse Trend and Response Task Force. The following are status updates of its different work groups.

Public Awareness Work Group

- Progressing on the public awareness campaign based on messages for Safe Use, Safe Storage, and Safe Disposal.
- Received 16 proposals in response to a request for proposals for the public awareness campaign and a recommendation for a vendor was forwarded to the Governor on July 24.
- Anticipate contracting in August with a vendor to run the media campaign.

Safe Disposal Work Group

- Completed creation of safe disposal brochure, which is being circulating widely across the state through major pharmacy chains, health plans, provider groups, etc.
- Preparing a press release to generate additional awareness.
- Funding obtained for the Household Medication Takeback Program of the Colorado Department of Public Health and Environment for 15 months (thru summer 2015).

Prescription Drug Monitoring Program (PDMP) Work Group

- HB14-1283 signed into law in May, 2014 makes several enhancements to PDMP.
- Focus is now turning to the Colorado Department of Regulatory Agencies (DORA) regarding implementation of provisions.
- All prescribers and dispensers must be registered with the PDMP system by Jan 1, 2015.
- The Consortium/PDMP Work Group will serve as the Advisory Task Force to DORA as named in the legislation.
- The Advisory Task Force will study possible additional improvements and report to DORA and the legislature annually (first annual report due July 1, 2015).
- Held “HIT Integration Demonstrations” for the Work Group at School of Pharmacy on Thursday, July 31.
- Final rulemaking session is scheduled for Aug 21 regarding daily uploading of data into the PDMP system by pharmacies.

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Provider Education Work Group

- Expanding physician education module (originally sponsored by Pinnacol/COPIC, via CDPHE) to all professions with prescribing or dispensing authority (dentists, pharmacists, veterinarians, ANPs, optometrists).
- Finishing health professions curriculum scan to determine what is being taught in health professions schools re: addiction, opioid prescribing, etc.

Treatment Work Group

- Analyzed and discussed current state of affairs in treatment systems; identified gaps needing improvements.
- Creating three sets of recommendations for action: for providers, for payers, and for policy makers.

Data/Research Work Group

- Created inventory of available data sources relating to prescription drug abuse.
- Reviewing indicators of misuse and abuse, and related consequences, for recommendations to the consortium and collaborating organizations.
- To allow for description of size and scope of the problem, identification of trends.
- To allow for tracking of progress of both the consortium and specific initiatives.
- Working on draft “data dashboard” models to present at consortium annual meeting for input.

Student Work Group

- The group is off for the summer and will resume activities in September, focusing on train the trainer, peer to peer prevention education in middle schools, high schools, colleges in Colorado during 2014-15 school year.

Substance Exposed Newborns Subcommittee:

Jade Woodard, Colorado Alliance for Drug Endangered Children

Kathryn Wells, MD, Denver Health

A presentation was provided to the Task Force on Neonatal Abstinence Syndrome by Judy Zerzan, MD, Chief Medical Officer, Colorado Department of Health Care Policy and Financing, and Margaret Ruttenberg, Colorado Department of Public Health and Environment.

The State Medicaid office is looking at data on births and identifying trends in Neonatal Abstinence Syndrome. In 2012 there were 208 cases and in 2013 the number rose to 293 cases of

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Neonatal Abstinence Syndrome among births paid for through Medicaid. This represents 1% of births through Medicaid payment, which is on the high side. By comparison, Tennessee has a higher rate of 2%.

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

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

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

Colorado's Naloxone Distribution:

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

See the PowerPoint slides for more details.

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

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

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

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In Boulder County, there was a six fold increase in overdose deaths going from 1.7 per 100,000 individuals in 1990 to 11.1 in 2012. The naloxone distribution is part of a broader harm reduction approach to overdose prevention. Part of this approach includes overdose training, which is provided by staff of the Harm Reduction Action Center.

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

Those with an interest in obtaining more information or accessing the training are invited to contact Widd Medford: smedford@bouldercounty.org

Meeting Adjourned: 1:00 p.m.

Next Meeting:

Friday, November 7, 2014, 10:00 a.m. – 1:00 p.m.

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