

# Colorado Substance Abuse Trend and Response Task Force

May 8, 2015

10:00 am – 1:00 pm

Ralph L. Carr Judicial Center  
1300 Broadway, Denver, CO

FINAL

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**Chair** – Attorney General Cynthia Coffman

**Vice –Chairs:**

- *Treatment* – Marc Condojani, Director, Community Treatment & Recovery Programs, Office of Behavioral Health, Colorado Dept. of Human Services
- *Prevention* – (Vacant)
- *Law Enforcement* – Jerry Peters, Commander, Thornton Police Department

**Attendees:** Cynthia Coffman, Marc Condojani, Jade Woodard, Shannon Breitzman, Colleen Brisnehan, Kathryn Wells, Liz Hickman, Cliff Reidel, Wendy Buxton-Andrade, Mike Root, Greg Daniels, Julia Roguski, Jim Beicker, Rep. Kathleen Conti, Robert Valuck, Lisa Noble

**Guests:** Amy Kingery, Jack Reed, Laurendia Schmidt, Scott Turner, Renee White, Matthew Goldberg, Michelle Leng, Patricia Gonzales, Jon E. Gaskins, Edward David, Whit Oyler, Maureen Carney

**Introductions:** Attorney General Coffman called the meeting to order and attendees and guests introduced themselves.

**Review and Approval of Minutes:** Minutes from the February 27, 2015 meeting were approved by motion as submitted.

**Announcements from Task Force Members:**

Marc Condojani announced that there are grant opportunities at the Colorado Department of Human Services.

**Legislation:**

*Jennifer Anderson, Legislative Liaison for the Attorney General's Office*

Jenn gave an overview of legislation passed this session that is relevant to the work of the Task Force:

SB14 - concerning medical marijuana caregivers, directs the Colorado Medical Board to pass diagnosis rules and guidelines for physicians who recommend medical marijuana. CDPHE is to convene a group of interested parties to explore lab testing options for caregiver and patient grown marijuana. Caregivers must register with the Marijuana Enforcement Division (MED) of the Dept. of Revenue, and law enforcement will be able to verify the 6 plant/6 patient/99 plant maximum amount in the possession of the caregiver. Medical marijuana can be administered on school premises if it is administered by a parent or medical professional.

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SB115 – is a medical marijuana sunset review bill. It puts limited labeling requirements on marijuana infused products, and requires a seed-to-sale tracking system for medical marijuana.

SB196 – allows for testing of retail marijuana and industrial hemp; a license is required. The Dept. of Agriculture is to administer a certified seed program for industrial hemp seeds, and may promulgate rules for labeling and shipping hemp.

HB1267 – amends the conditions of probation to allow for medical marijuana except when there are previous marijuana offenses.

HB1283 – authorizes a marijuana testing lab in CDPHE, or it can be contacted out, by 12/31/15.

HB1305 – prohibits the manufacture of marijuana concentrate in an unregulated environment (i.e. hash oil); to a level 2 drug felony.

HB1273 – requires school discipline reports to include sexual assaults and unlawful use of marijuana at school.

Long Bill - \$300,000 was awarded to CDPHE for prescription drug disposal and destruction.

HB1043 - Felony DUI was passed, allowing for a felony charge after a person's 4<sup>th</sup> DUI conviction.

HB1214 – allows for an opioid analgesic to be administered as an abuse deterrent; an opioid antagonist.

SB53 – allows the prescription and dispensing of an opiate antagonist to prevent overdose and provides for professional immunity when acting in good faith.

HB1031 – requires the state liquor licensing authority to adopt rules surrounding the sale and use of powdered alcohol, but it is banned until the rules are in place.

SB815 – CLEAR Act requires CCJJ to study and report on community law enforcement policing and best practices.

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

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

Rob reported on the newly launched website for the Consortium: [www.corxconsortium.org](http://www.corxconsortium.org). In coordination with the public awareness campaign of “Take Meds Seriously” which launched February 24<sup>th</sup>, there have been over 30,000 hits on the website. King Soopers, Safeway, and Walgreens have all agreed to post material in over 500 prescription drug distribution locations. A post-survey will be done in June.

The Long Bill funded safe disposal efforts with \$300,000 to support the local prescription medication take-back program, which the SATF approved and recommended in the Annual Report. The next phases of the campaign will build on existing infrastructure.

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The Naloxone access working group is working to increase awareness and access, aided by SB53 which provides for standing orders to dispense the opiate antagonist to an individual experiencing an opiate-related drug overdose. Small grants are available. Denver Police saw two reversals (saved lives of overdosed drug users) in the first two weeks.

The Data workgroup is continuing to develop the data dashboard; one unified approach to present the data and work with other source groups to pool resources and provide for efficient collection of data.

The Provider Education workgroup is rolling out new programs for doctors, dentists, pharmacists, nurses and veterans.

Funding is still being sought to sustain Consortium efforts.

## **Substance-Exposed Newborns Subcommittee:**

*Jade Woodard, Colorado Alliance for Drug Endangered Children*

*Kathryn Wells, MD, Denver Health*

Jade and Kathryn commented on legislative action this year. The Fetal Alcohol Spectrum Disorders (FASD) commission was not reauthorized. It included screening for juveniles on probation and there were concerns raised about warning signage being required in certain establishments but not others. The SEN Subcommittee was approached by FASD to see if they could align as one comprehensive body for newborns, which the subcommittee will consider.

There is a need for additional data on marijuana and breastmilk – what amount raises concern and what are the ramifications for child welfare. Is there a difference if the mother is consuming medical marijuana? Different medical institutions and physicians have different screening practices. Rep. Conti asked the reason for these differences and Dr. Wells replied that it primarily stems from the implications. Some are in doubt as to the penalty to the mother of finding drugs in her system, which is worsened because of the threat of discrimination in who is selected for testing. There is also a dichotomy in the law, in that the presence of THC is grounds for child abuse, but the presence of alcohol is not, even though the effects of alcohol are worse on the fetus. Currently they are looking for other indications of child abuse besides the presence of drugs. If universal testing is instituted, there is a concern about false positives and their consequences. Doctors don't usually have the skill set to assess the level of threat to a child in their home.

Jade added that they may consider a pilot project to assess family and baby and other public health models with the goal of getting mothers into early intervention services. Their largest issue for this year is to align screening practices with a non-discriminatory, medically-based, standardized approach.

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The subcommittee is continuing to disseminate educational materials and consider how to return to the legislature with an acceptable definition of a drug endangered child, which they have been directed to do.

They are finding that they have a lot of really good ideas, but need the capacity, primarily funding, to implement some of them to impact mothers and newborns in the state. They are continually asked for information and data. They have determined there is a need for data and outcomes to devise a treatment model as opposed to a criminal model.

## **Retail Marijuana Education Program**

*Shannon Breitzman, Colo. Department of Public Health & Environment*

Shannon explained the larger retail marijuana education program, of which we have only seen a small piece. CDPHE is concentrating on education regarding safe and responsible adult use. The first phase was education about the law surrounding retail marijuana. It was developed with planning and research from adults, who recommended a friendly and approachable campaign, not preachy or judging. Three creative options were tested on 450 Colorado adults. Positive feedback from both sides of this issue was given that an appropriate balance was reached. They are evaluating the campaign and will release the results of that evaluation in November.

The second phase has focused and will continue to focus on health effects and special considerations like negative effects of inappropriate use of edibles. This phase involves a point-of-sale campaign with a kit that includes posters, cards, and information for tourists. They are working on a Spanish language campaign that aims to be more culturally responsive than just a translation. Factsheets will be available on various topics. The funding is \$5.68 million with \$2.6 for the Good to Know campaign, \$1.5 for youth, \$650,000 for program evaluation and trend data, and \$250,000 for staffing, 168 K for training and materials, and 500 K for the driving impaired campaign.

There will be a youth campaign totally separate from the adult campaign, but also from Cactus Marketing Co. Focus groups of primarily youth advised that the #1 deterrent is that they don't want drugs to get in the way of achieving their goals; and the younger people don't want to disappoint their parents. Their immediate concerns are short term as well as long term; making the basketball team as opposed to getting into a good college. They find preachy, judgmental, scare tactic messaging to be biased and not trustworthy. Health effect statements which include "may" and "can" happen, such as the impact of marijuana on their growing brains, they find not believable because they didn't see it actually happen. Forty percent of marijuana users initiate their use by age 15, so they will target their campaign younger.

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## Substance Abuse Task Force Strategic Planning: Members

Task Force members and attendees were asked to divide into smaller groups to discuss the themes of Drug Issues, Prevention, Data and Trends, and Communication. Participants were asked to discuss what information they would like to have presented to the Task Force to better inform them on the topic area, where they saw the role of the task force on that topic area, what they see as the top priority for the Task force to address, and how we should proceed. Here are their responses.

- Drug Issues
  - Information needed:
    - Drug trends (meth, pot), and training issues
    - Treatment outcomes & sustaining positive results
    - Resources/gaps – ex. Availability of treatment, progression of drug use, drug court
  - Task Force Role:
    - Coordination of responses
    - Leadership role – subcommittees
    - Identify funding – AG funding
    - Support legislation
  - Priorities:
    - Quickly respond to the trends that are identified
    - Comprehensive dialogue on substance abuse
  - How to Proceed:
    - Continue collaborative effort to identify and address continuing drug trends
- Prevention
  - Identify correlations between youth use and demographics
    - Ethnicity
    - Socioeconomic
    - Rural/Urban
  - Use research-informed prevention
    - Is research generalizable?
    - Increase utilization
  - Access to all of the state programs
    - Connection
  - Shared risk and protective factors across issues
    - Violence/suicide/substance use
    - Child abuse/DEC
  - Empowering/alternatives/promoting resilience

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- Education
  - People just don't know
  - Misconceptions (ex. Okay to drink wine in 3<sup>rd</sup> trimester)
  - Need balanced message
    - Not scare tactics or overstated
    - True, honest, consistent, build awareness
  - Medical community
- Community & Social Norms Change
  - Create protective environments
  - EFC, project launch
  - Multiple strategies over multiple domains
- Need more data
  - New S & R Assessment (trials)
    - safety concern related to sa vs. sa as a factor
  - Enhanced screening?

## Task Force Role:

- Continued focus on and support of
  - SEN Committee
  - DEC Efforts
  - Coalition (consortium) efforts
- Data tracking
- Policy & practice recommendations
- Make data, recommendations, + best practices available
- Align efforts
- Weigh in? Endorse?

## How to implement recommendations:

- More updates throughout legislative session on bills
- More involvement in legislative issues, priorities

## • Data and Trends

- Variety of data sources. Ex. In my community we're seeing a \_\_\_% increase in arrests related to \_\_\_\_\_
- Schedule – script group
- Need to narrow focus area to the greatest potential harm to citizens, impact of THC v. people dying from heroin.
- Regionally needs differ, how to focus regionally?
  - Analytic capacity.

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- How to get the people from these specific areas to come and report statistically valid info.
- Schedule “regionally based” epidemiological group work.
- Sort need, want, and wish for in a perfect world, levels of response.
- Task Force Role:
  - There is a role for the task force in this state.
  - County level, sub levels, state data use agreements.
  - Denver ept workgroup is an example.
  - Link activities for various programs such as Medicaid.
  - Detox – 90% only go once.
  - Data on all substances, then 5-6 data points.
- Top priority:
  - Identify data sources, points to track, and develop form/spreadsheet.
  - Data sources get together, prioritize data point to track.
  - Create goals - what are potential data sources which we want to go after.
  - Data points state aps work group – data sharing
- Communication/Info Sharing
  - Information Needed:
    - Communicate what the task force has already accomplished
  - Task Force Role:
    - A resource around the state for information on substance abuse and trends
    - Gather research that has already been done, such as the Rural Law Enforcement Methamphetamine Initiative
  - How to Proceed:
    - Develop a website
      - Possibly through Attorney General’s office of community engagement which is planned to start up later this year
      - Link to other organizations and initiatives
      - Interactive portal where people can ask questions
    - Get minutes out sooner so the information is more timely
    - Get more information to the legislature so they may be more involved
    - Fact Sheets
    - Subcommittees
    - A communications subcommittee that could help the other subcommittee get their message out

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**Meeting Adjourned:** 1:10 p.m.

**Next Meeting:**

Friday, August 7, 2015, 10:00 a.m. – 1:00 p.m.

Colorado Municipal League, 1144 Sherman St., Denver