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ANNUAL REPORT

Substance Abuse Trend and Response Task Force

Phil Weiser, Colorado Attorney General, Task Force Chair

Colorado Substance Abuse Trend and Response Task Force

This report is respectfully submitted to the Judiciary Committees of the Senate and the House of Representatives of the General Assembly of the State of Colorado in accordance with Colorado Revised Statute § 18-18.5-103(6)(d)(I-III).

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Founder and Director, Natural Highs – Healthy Alternatives to Drugs & Alcohol

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Letter from Attorney General Phil Weiser

Dear Partners in Substance Abuse Prevention,

In the face of the challenges and tragedies of 2020, the Substance Abuse Trend and Response Task Force stepped up and provided valuable leadership. Notably, the Task Force's members and its partners adapted to the pandemic and redoubled our collective effort and dedication to this important work. I will take this opportunity to highlight four priorities at the Department of Law that fit closely within the work of this Task Force.

First off, addressing opioid abuse, both from the prevention side and the remediation of the harms of the past, remains a top priority of our office. To that end, we [brought on](#) Heidi Williams, former Mayor of Thornton, as the Department's Director of Opioids Response. She continues to work closely with communities across Colorado to prepare for anticipated settlements that will provide much-needed resources and support to our state and our communities to address the harms of the opioid epidemic. Heidi's leadership is crucial to advancing this work. Let me also take this opportunity to thank our many partners who are working closely with her to advance these efforts, including the Colorado Consortium for Prescription Drug Abuse Prevention.

Second, [our office filed](#) and is now litigating a major case against JUUL for targeting youth in its marketing campaigns and for misrepresenting the product's health risks. We will continue to move forward with this important work, which, as demonstrated in the data in this year's report, underscores the challenge we face as a society with increased youth vaping and marijuana use. Unfortunately, Colorado continues to have the highest rate of youth vaping in our nation.

Third, there have been concerns brought to our attention about the sale of CBD products that include THC. Hemp-based products, under the 2018 Farm Bill, must be no more than 0.3 percent THC, but we continue to hear about mislabeling of some CBD products with THC concentrations well above this threshold. You can read my remarks discussing this concern and related topics, including youth marijuana usage, in [this speech](#).

And, fourth, we now live with the uncertainty about what story the data will tell about the pandemic and its impacts. We have serious cause for concern, as the initial data suggests that substance abuse and drug overdose deaths are on the rise during the pandemic.

Our team and I—along with our partners in the Task Force—remain committed to this work, whatever challenges and successes may lay ahead. Thank you to all our partners and the dedicated communities and leaders across Colorado who are on the front lines in this endeavor.

Sincerely,



Phil Weiser

Colorado Attorney General

Task Force Background

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 representation from state government, local governments, private organizations, legislators, child advocates, public health officials, drug treatment providers, child welfare workers, law enforcement officers, judges, and prosecutors.

In 2018, the Colorado General Assembly reauthorized the Substance Abuse Trend and Response Task Force for a period of 10 years.

By statute, the core purpose of the State Substance Abuse Trend and Response Task Force and partners is to:

- (a) Assist local communities in implementing the most effective models and practices for substance abuse prevention, intervention, and treatment and in developing the responses by the criminal justice system;
- (b) Review model programs that have shown the best results in Colorado and across the United States and provide information on the programs to local communities and local drug task forces;
- (c) Assist and augment local drug task forces without supplanting them;
- (d) Investigate collaborative models on protecting children and other victims of substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution;
- (e) Measure and evaluate the progress of the state and local jurisdictions in preventing substance abuse and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution and in prosecuting persons engaging in these acts;
- (f) Evaluate and promote approaches to increase public awareness of current and emerging substance abuse problems and strategies for addressing those problems;
- (g) Assist local communities with implementation of the most effective practices to respond to current and emerging substance abuse problems and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution;
- (h) Consider any other issues concerning substance abuse problems and nonfederal-drug-administration-regulated pharmaceutical drug production and distribution that arise during the task force study;
- (i) Develop a definition of a "drug-endangered child" to be used in the context of the definition of "child abuse or neglect" as set forth in section 19-1-103 (1), C.R.S., and include the definition in its January 1, 2014, report to the judiciary committees of the senate and the house of representatives, or any successor committees.

C.R.S. § 18-18.5-103(4).

In the last few years, data and information from various partners in Colorado raised concerns about continuing impact of the abuse of prescribed and illicit opioids, the continuing increase in use of methamphetamines and cocaine, a trend of increased binge drinking of alcohol (especially among younger adults), teen vaping and substance use, high-concentrate marijuana use, and the potential increase in fentanyl-related overdoses. See Section IV: Colorado Substance Abuse Trends for the most recent Colorado drug trends data.

While concerns have increased surrounding these drug trends, there remains a recognized lack of treatment for substance use disorders, even with effective treatment modalities that could be implemented.

Task Force Membership & 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 28 members.

- Phil Weiser, Colorado Attorney General, serves as the Chair of the Substance Abuse Trend and Response Task Force as specified in C.R.S. § 18-18.5-103(2)(a)(I).
- Avani Dilger, Founder and Director of Natural Highs, serves as the Vice-Chair for Treatment.
- Matthew Baca, the Director of the Office of Community Engagement at the Colorado Department of Law, serves as the Vice-Chair for Prevention.
- Chief Rick Brandt, Evans Police Department, serves as the Vice-Chair for Criminal Justice by appointment of the Governor.

The full Task Force Member Roster is found in Appendix A of this report.

In 2020, the Task Force held four meetings on the first Fridays of February, May, August, and November. Due to COVID-19, February was the only meeting that took place in person, and that meeting was held at the Colorado Municipal League's office in Denver, Colorado. We convened the remaining three meetings of the year virtually via Zoom.

The Vice-Chairs and subcommittee chairs met quarterly to ensure progress on priorities and to plan for the quarterly meetings.

The Task Force seated four committees in 2020, the same four as 2019:

- 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. Elyse Contreras, a program manager at the Colorado Department of Public Health and Environment, and Allison Rosenthal, a DUI statistical analyst at the Colorado Department of Public Safety co-lead the committee.

- The [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) Advisory Council](#) identifies best practice approaches and barriers to implementing Screening, Brief Intervention, and Referral to Treatment as a standard of care throughout Colorado's health and mental health care systems. The council is co-chaired by Bethany Pace-Danley, BSW, MA, CPS II Program Manager, SBIRT in Colorado, Peer Assistance Services, and Kacy Crawford, MPH, Alcohol Epidemiologist, Violence and Injury Prevention-Mental Health Branch, Colorado Department of Public Health and Environment.
- The [Substance Exposed Newborns \(SEN\) Steering Committee](#) is 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.
- 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., Director for the Center for Prescription Drug Abuse Prevention, and José Esquibel, Director of the Colorado Consortium for Prescription Drug Abuse Prevention, Skaggs School of Pharmacy and Pharmaceutical Sciences, Department of Clinical Pharmacy, University of Colorado. The Consortium consists of 10 workgroups responsible for implementing the goals and strategies to mitigate the impact of the opioid crisis in Colorado.

Funding

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.

Progress on Task Force Strategic Priorities

Task Force members discussed and agreed on four priority areas for 2020:

- Opioid crisis response strategy and engagement
- Teen vaping public awareness
- The impact of high THC concentrate on underage marijuana use
- The effects of binge drinking

Opioid Crisis Response Strategy & Engagement

Over the past decade, Colorado has suffered heavily from the opioid epidemic, losing over 5,000 Coloradans to opioid overdose deaths and another 2,000 to heroin and fentanyl overdoses.¹ The Task Force set Opioid Crisis Response Strategy as a priority for this year at the first meeting of 2020.

The Office of the Attorney General and the Substance Abuse Trend and Response Task Force have taken the following actions:

Office of the Attorney General:

- Filed a lawsuit against Purdue Pharma, as well as the Sackler Family.
- Engaged in a range of settlement discussions with other entities involved in opioid manufacturing and distributing, which may result in funds allocated to Colorado for abatement.
- Investigating other entities and individuals who contributed to the opioid epidemic.
- Hired Heidi Williams, former Mayor of Thornton, as Director of Opioid Response.
- Continued engagement and planning with local governments, providers, and stakeholders.
- Advised and participated in 2020 Drug Takeback Day.
- Provided information to Law Enforcement about the Naloxone Bulk Funds.

Task Force:

- Received opioid data collection and reports from the State Epidemiological Outcomes Workgroup (SEOW).
- Continued prevention and education discussion and coordination efforts.
- Heard presentations by providers on the importance and success of Medication Assisted Treatment (MAT).
- Heard a presentation by law enforcement on the release of incarcerated people and the impact on MAT.

¹ CDPHE. (n.d.). Counts of drug overdose deaths due to any opioid in Colorado, 2010-2019. Retrieved from https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/DrugOverdoseDashboard/PoisoningDeathFrequencies?iframeSizedToWindow=true&:display_count=n&:showBanner=false&:origin=viz_share_link&:showVizHome=n&:isGuestRedirectFromVizportal=y&:embed=y

- In response to Senate Bill 20-028, the Substance Abuse Trend and Response Task Force, in collaboration with the Colorado Consortium for Prescription Drug Abuse Prevention, began the process of collecting input on the progress of various policy items in bills that were introduced by the Opioid and Other Substance Use Disorders Interim Study Committee and enacted into law (CRS 8-18.5-103(6)(c.5)).

The Office of the Attorney General will continue to work with the Task Force and our partners around the state to address the opioid crisis. Our response to the opioid epidemic will be most successful when communities, treatment providers, stakeholders, and the State collaborate, respond to new data and actions, and engage in strategic planning. For more information on the Attorney General’s response to the opioid crisis, [please visit the website, found here](#).

Teen Vaping Public Awareness

Members of the Task Force continue to share data about the risks of youth vaping across Colorado, building on data from the 2019 Healthy Kids Colorado Survey and the 2018 and 2020 Rise Above Colorado youth surveys. Rise Above Colorado, a key partner of the Task Force, continues to share this data statewide through adult networks and its youth-facing website where members of its Teen Action Council have created a vaping-specific webpage, [found here](#).

Rise Above’s Colorado Constellation Project provides a substance use prevention infrastructure that enables participating partners to share best practices and resources for preventing vaping and use of other substances. This Constellation network has led partners in 12 communities and made a footprint in 24 Colorado counties, which includes involvement from Task Force members Dr. Elizabeth Hickman (Centennial Mental Health) and Commissioner Wendy Buxton-Andrade (Prowers County).

Rise Above has continued to promote its social norming campaign, “Fill Your World with Good,” which showcases that the vast majority of youth are NOT using drugs and alcohol. In July, Rise Above launched the Positive Community Norms Action Team to deploy this evidence-based approach with focused local efforts in six communities: Clear Creek, Mesa, Prowers, Archuleta and La Plata counties, plus the city of Aurora. These communities will help clarify misperception about substance use by using local data on usage of various kinds of substances—including vaping—to create campaign messaging delivered to public audiences through traditional posters, social media, and local presentations. The Action Team’s approach enables collaboration across communities in the planning and execution of prevention strategies and helps extend this collaboration to the larger Constellation Project learning community.

The Task Force can use—and its members have used—this existing infrastructure to build its vaping prevention efforts, including those reaching into 2021. Rise Above Colorado can explore additional efforts through collaboration with other statewide organizations that have prevention programs and resources for youth and adults, such as UpRise and RMC Health. The Task Force is also considering how to advance data reporting and research through the SEOW.

The Impact of High THC Concentrates on Underage Marijuana Use

High-concentrate THC was a topic of interest at the February 2020 quarterly meeting, and Task Force members discussed the lack of research and regulation surrounding these potencies. The meeting included a presentation from Dr. Libby Stuyt, Addiction Psychiatrist, who is working with the Mental Health Disorders in the Criminal Justice System Task Force on a paper related to the topic that includes a set of recommendations. At the May 2020 meeting, Dr. Stuyt presented her perspective on this issue based on her review of existing literature and various data sources, and additional discussions occurred in the August and November meetings of the Task Force.

The Task Force continues to discuss the impacts of high THC concentrates.

The Effects of Binge Drinking

The Task Force established this priority in response to the continued increase of alcohol use among Coloradans. The increase was seen specifically in excessive drinking, which includes binge drinking. Please see the data trends section, below, for further information on this topic.

The Alcohol Policy Workgroup, under the Data Committee, was formed to research evidence-based policies to reduce excessive drinking. In 2020, the Workgroup focused on several projects related to the effective alcohol policies and resources to support communities and decision makers. The Workgroup continues to develop resources around alcohol outlet density to help Colorado communities, state agencies, and policy makers better understand alcohol outlet density in their communities, how it affects alcohol use, and the potential negative consequences of high alcohol outlet density.

Additionally, the Task Force had a presentation of data regarding changes in excessive drinking during COVID-19, specifically from February to April 2020. Alcohol use, including excessive drinking, increased nationally during these months, with the largest increases in excessive drinking observed in the Western U.S. Members continue to monitor statewide trends as more data becomes available.

Review of Progress on Bills of the Opioid and Other Substance Use Disorders Study Committee

Senate Bill 20-028 mandated that the Substance Abuse Trend and Response Task Force convene stakeholders for the purpose of:

1. Reviewing progress on bills introduced by the Opioid and Other Substance Use Disorders Study Committee, and
2. Generating policy recommendations related to opioid and other substance use disorders, including prevention, harm reduction, treatment, criminal justice, and recovery.

Due to COVID-19, the Task Force decided to use an outline survey to collect input from stakeholders rather than conduct in-person groups. The Colorado Consortium for Prescription Drug Abuse Prevention offered to create and analyze the survey. For the purpose of the survey, the Consortium combined closely related policy items, resulting in a total of 70 policy items for stakeholder input.

The results of the Consortium's survey, including its recommendations for policy consideration, are detailed in Appendix C.

Committee Work & Accomplishments

Substance-Exposed Newborns (SEN) Steering Committee

THE STEERING COMMITTEE & FAMILY ADVISORY BOARD

The Colorado Substance-Exposed-Newborns (SEN) Steering Committee seeks 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 purpose of the Family Advisory Board (FAB) is to elevate the voices of families who have experienced, directly or indirectly, the impacts of substance use during pregnancy to understand barriers in seeking support and health care (including treatment and other services). The FAB is also meant to inform priority setting within the SEN Steering Committee to raise awareness of the impacts of substance use and to best serve the needs of families impacted by substance use.

With the generous support of the Attorney General’s Office, the Steering Committee and the FAB have continued to advance their priorities.

Year-to-Date Progress:

- As part of ongoing strategic planning, the Steering Committee and the FAB revisited their vision and mission statements and developed a complementary equity statement to guide their work to improve the experiences of individuals, children, and families in Colorado.
- The Steering Committee began implementation of an evaluation framework, in addition to reaffirming their strategic priorities for 2020.
- The Steering Committee has also developed a SEN Landscape Analysis of existing and emerging efforts around the state, which continues to serve as an ongoing tool to monitor opportunities for families and communities statewide.
- The Family Advisory Board (FAB) continues to meet quarterly, with near perfect attendance by all members. The FAB provides feedback and guidance to the Steering Committee, with the goal of raising awareness and best serving the needs of families impacted by substance use. The FAB met most recently on January 21st and April 20th.
 - At the January meeting, FAB members participated in a story-sharing training, which members see as one mechanism for supporting families and destigmatizing help-seeking behaviors.
 - In April, the FAB provided feedback on 3 Story Design’s rebranding of Mother’s Connection (now the “Tough as a Mother” campaign), provided feedback on the patient resources included in the Colorado Perinatal Substance Use Provider Education Toolkit, and lent guidance on future priority areas for the SEN Provider Education Workgroup.
- In 2020, four FAB members shared their stories as featured speakers at the October Colorado Hospital Substance Exposed Newborns (CHoSEN) Collaborative Forum. To prepare, all FAB members participated in a story-sharing training at the January in-

person meeting, and four volunteers from the FAB designed the story-sharing panel session.

- FAB members offered critical feedback to multiple projects in 2020. The “Tough as a Mother” campaign joined the April FAB meeting to solicit feedback on campaign messaging and materials. In July, the FAB was joined by the Co-Chairs of the Data & Research Workgroup to discuss the design and implementation of the *Colorado Perinatal Substance Use Qualitative Research Project*. FAB members provided feedback on study recruitment and messaging and discussed ongoing collaboration.

2018 – 2020 SEN PRIORITY AREAS

In the period beginning in 2018 and concluding at the end of 2020, the SEN Steering Committee convened, supported, and guided workgroups to advance the six priority areas outlined below.

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. The CHoSEN Collaborative includes a continuum of ways hospitals, practices, and individual perinatal care providers can better support these best practices, including formal quality improvement work led by University of Colorado School of Medicine and the Colorado Perinatal Care Quality Collaborative (CPCQC), continued perinatal provider education, and events to share best practices.

Year-to-Date Progress:

- CHoSEN has grown to 31 hospitals with 24 in Colorado, one in Montana, and six in Wyoming.
- CHoSEN Quality Improvement Collaborative (QIC) has continued to demonstrate shortened length of stays with the current average down to 6.8 days.
- CHoSEN QIC has started new work focused on family and patient engagement led by the University of Colorado School of Medicine, Department of Pediatrics, Section of Neonatology.
- To support ongoing learning in 2020, CHoSEN hosted all-virtual forums to share insights and best practices, and Illuminate Colorado facilitated an additional offering of the Prenatal Substance Exposure ECHO Series for perinatal providers and support staff, reaching 21 participants.
- A CHoSEN QIC manuscript, published in *Hospital Pediatrics*, outlines successes and challenges.

The SEN Data and Research Workgroup is working to increase statewide data and research capacity to inform our work and to share successes and challenges.

Year-to-Date progress:

- The Data & Research Workgroup launched the Colorado Perinatal Substance Use Data Linkage Project. The project is led by the Colorado Evaluation and Action Lab and involves collaboration of workgroup members to examine trends, predictors, and outcomes associated with prenatal substance use among birthing individuals and infants

in Colorado. Maternal and infant data from vital records and child welfare were securely anonymized and integrated using the Linked Information Network of Colorado. Trend analyses are anticipated in late 2020.

- With support from the FAB, the Data & Research Workgroup began designing the Colorado Perinatal Substance Use Qualitative Research Project, a tertiary prevention and treatment strategy for prenatal substance use that is based on the perspectives of Colorado birthing individuals. The Qualitative Project received approval from the University of Denver’s Institutional Review Board in July 2020, and the Workgroup is in the process of securing additional resources to support research implementation.

The SEN Fetal Alcohol Spectrum Disorder (FASD) Identification Workgroup is working to access the needs related to FASD identification capacity in the state and develop an expansion plan.

Year-to-Date progress:

- The FASD Identification Workgroup planned a series of “FASD Roadshow Events” to raise awareness around FASDs and solicit feedback on priority areas. These roadshows included panels of experts who could speak to the availability of FASD resources in their area and statewide.
 - Pueblo, February 2020, in partnership with the Arc Pueblo County.
 - Virtually, March 2020, in partnership with the Arc of Weld County.
 - Virtually, September 2020, with statewide partnership.
- To continue raising awareness of FASDs among family-serving professionals, the Workgroup partnered with Early Intervention Colorado to draft an “FASD 101” presentation for Community Centered Boards (CCBs).
- In recognition of FASD Awareness month, the Workgroup released the *FASD in Colorado, 2019: Caregiver and Provider Experiences Report*.

The SEN Plans of Safe Care Workgroup is working to promote community-based strategies to meet the Comprehensive Addiction and Recovery Act (CARA) amendments to the Child Abuse Prevention and Treatment Act (CAPTA) requirement regarding plans of safe care for infants and caregivers.

Year-to-Date Progress:

- A kickoff event was hosted in March for over 140 professionals from across the state to raise awareness and build momentum to statewide Plans of Safe Care implementation. Attendees included: hospital staff, behavioral health providers, county human service and public health staff, and state agency partners.
- To begin planning for an adjusted dissemination and rollout plan, the Workgroup continuously discussed the impact of the COVID-19 pandemic on substance use disorders, maternal mental health, hospital practice, child welfare practice, and capacity. The Workgroup also reviewed the results of a Plans of Safe Care rollout readiness survey administered to 93 child welfare county directors, managers, and supervisors.

- Workgroup co-chairs presented on Plans of Safe Care implementation at both the May and October 2020 virtual CHoSEN forums.

The SEN Policy Workgroup is monitoring state policy priorities to increase access to substance use disorder treatment and other services, decrease bias and discrimination in screening and testing, and other issues.

Year-to-Date progress:

- To foster information sharing, the Workgroup shared updates on a bi-monthly basis throughout the extended 2020 legislative session, in conjunction with creating a SEN policy tracker to monitor 14 state policy initiatives and 19 budget items related to substance use and families within categories of behavioral health, early childhood, economic security, and family planning.
- The Workgroup supported the successful passage of SB20-028, which revises Colorado's child abuse and neglect definitions regarding prenatal substance exposure. The bill was signed by the Governor on June 30, 2020.
- The Workgroup reviewed progress on their policy priorities thus far in order to inform the Steering Committee's strategic planning process for 2021 and beyond.

The SEN Provider Education Workgroup 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.

Year-to-Date progress:

- To increase the depth and scope of the Colorado Perinatal Substance Use Provider Toolkit, the Workgroup incorporated feedback from the SEN Family Advisory Board on patient-facing resources, and vetted an additional 50 resources to expand topic areas to include trauma informed care, intimate partner violence, family planning, policy implications, engaging fathers and other caregivers, and more.
- The Workgroup promoted the Colorado Perinatal Substance Use Provider Toolkit through eight professional organizations and also updated the toolkit dissemination plan in consideration of COVID-19 to ensure appropriate timing of widespread circulation.
- The Workgroup began a collaboration with Peer Assistance Services to create an educational patient-facing resource on pregnancy and alcohol use to promote the general wellbeing and health of women and people of reproductive age, including prevention of alcohol exposed pregnancies.

Screening, Brief Intervention, & Referral to Treatment (SBIRT) Advisory Council

2020 HIGHLIGHTS

The SBIRT Advisory Council, established in January 2019, continues to work toward its objective of developing and implementing of a work plan for expanding and strengthening SBIRT in a variety of settings in Colorado. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based prevention and early intervention technique to identify, reduce, or

prevent use of alcohol and other substances in adults and adolescents. When combined with community-level prevention strategies, SBIRT contributes to the prevention of physical and mental health issues resulting from alcohol and other substance use. The SBIRT Advisory Council takes a collaborative approach to identifying best practices and barriers to implementing SBIRT as a standard of care throughout Colorado's physical and mental health care systems.

ADVISORY COUNCIL OVERVIEW

The SBIRT Advisory Council is led by co-chairs Kacy Crawford, Colorado Department of Public Health and Environment, and Bethany Pace-Danley, Peer Assistance Services, Inc. The Council has established two workgroups: Adolescent SBIRT and SBIRT Training and Education. Each workgroup has two Co-Chairs, identified below, all of whom are members of the SBIRT Steering Committee. The SBIRT Steering Committee is led by the SBIRT Advisory Council Co-Chairs, who are responsible for providing leadership to help advance the workgroups towards achieving their goals and ensure that work is carried out efficiently. The SBIRT Advisory Council meets quarterly, providing opportunities for members and community partners to present state and nationwide updates related to behavioral health and SBIRT expansion.

PROGRESS TO DATE

- The SBIRT Advisory Council has achieved engagement from 52 members ranging from medical and nursing professionals, public health professionals, social workers, educators, administrators, community substance use prevention specialists, SBIRT program managers and trainers, and school-based health center administrators and directors.
- Each workgroup is in its second year, and members are working to expand the priority areas and strategies identified in 2019. Workgroups meet on a monthly to quarterly basis. The goals of the workgroups have evolved as priorities shifted due to the public health emergency; examples are included in the individual workgroup sections below.

ADOLESCENT SBIRT WORKGROUP

Co-Chairs: Kelsey Robinson, MPH, Peer Assistance Services; Christy Boland, Colorado Association for School-Based Healthcare

In 2019, the Adolescent SBIRT workgroup determined its main priority was to assess the level of adolescent SBIRT awareness and practice in healthcare settings. Workgroup members have identified needs and gaps for expanding SBIRT, with the main objective of expanding SBIRT implementation to primary care professionals serving adolescents such as pediatricians, nurse practitioners, and health professionals within schools.

In 2020, the group:

- Connected with the Colorado Chapter of the American Academy of Pediatrics.
- Completed a literature review covering topics including: evidence for adolescent SBIRT; challenges, barriers, and successes in adolescent SBIRT; prevalence of substance use among adolescents in Colorado; effects of COVID-19 on adolescent mental health,

substance use, and primary care; best practices for youth engagement and positive youth development related to SBIRT.

- Completed the first white paper in a series of three papers covering:
 - The importance of Adolescent SBIRT and special considerations for SBIRT and adolescent substance use during and beyond COVID-19.
 - Three recommendations for future work, including: 1) Strengthening adolescent SBIRT advocacy and implementation work throughout the state, 2) Carrying out a state-wide assessment of current adolescent SBIRT practices via provider surveys, and 3) Seeking and integrating youth input.
- Brought questions to CDPHE's Youth Partnership for the December meeting.
- Is currently planning for a state-wide provider survey.
- Is currently planning to incorporate youth voices as part of the white paper series.

SBIRT TRAINING AND EDUCATION WORKGROUP

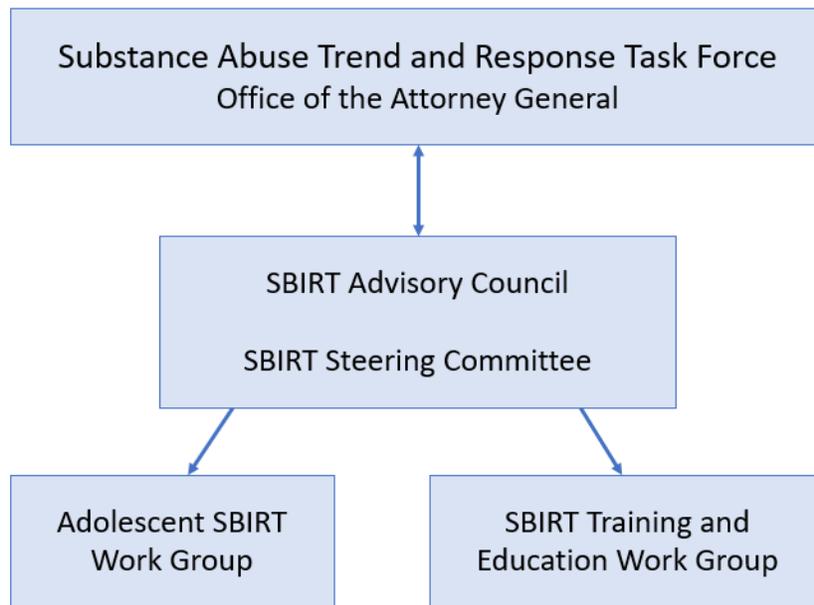
Co-Chairs: Sam Bourdon, Peer Assistance Services; Darlyn Baker, ViewPoints Psychotherapy

In 2019, the SBIRT Training and Education Workgroup determined the expansion of SBIRT training to colleges and universities in Colorado as a major focus area for 2020. A related objective was to identify the needs unique to each campus in order to better offer SBIRT resources and training to behavioral health and student health professionals, as well as peers and other relevant personnel.

In 2020, the group:

- Created and submitted a proposal for the Colorado Community College System outlining the need for SBIRT training and capacity building among healthcare providers working with students on college campuses.
 - In an effort to be responsive to the evolving priorities of higher education due to COVID-19, this work is currently on hold.
- Implemented a survey to identify priority areas for FY20-21.
- Is currently focused on providing resources to member networks as we all navigate the public health crisis.

STRUCTURE OF THE SBIRT ADVISORY COUNCIL



2020 SBIRT HIGHLIGHTS: SBIRT ADVISORY COUNCIL MEMBERS

Colorado Perinatal Care Quality Collaborative (CPCQC), Katie Breen

CPCQC piloted the [AIM Obstetric Care for Women with Opioid Use Disorder](#) patient safety bundle among eight hospital labor and delivery units, which included an SBIRT training hosted by Peer Assistance Services and implicit bias training hosted by March of Dimes. In 2021, the AIM OUD program will open to L&D units across the state and will continue to emphasize provider education in SBIRT, implicit bias, and trauma-informed care.

CPCQC partnered with CU's Practice Innovation program to incentivize clinicians in OB/GYN specialties to complete their DEA X waiver for buprenorphine treatment. Through targeted outreach, 29 OB/GYN providers in the state became waived through this program, including 19 certified nurse midwives, seven nurse practitioners, and three MDs.

SBIRT School-Based Healthcare Project, Jodi Lockhart

Recognizing the importance of universal substance misuse screening, the Colorado Department of Human Services - Office of Behavioral Health (CDHS-OBH) is funding the SBIRT-SBHC (School-Based Health Center) Project. The SBIRT-SBHC Project is a collaborative project between the Colorado Department of Public Health and Environment and the CDHS-OBH to implement SBIRT as a standard of care among participating school-based health centers. This project is a five-year initiative funded through June 30, 2022.

High Plains Research Network (HPRN), Jennifer Ancona

High Plains Research Network has been working with Federally Qualified Health Centers in Northeast and Southeast Colorado during the course of 2020. This work has included:

- Providing monthly support via meetings discussing the challenges, successes, and requests for SBIRT implementation.
- Facilitating, planning, and preparing for SBIRT implementation in 10 clinics.

HPRN has worked diligently to assure SBIRT buy-in from FQHC leadership. Barriers exist in integrating the SBIRT process into HER systems and workflow, however HPRN has been responsive to challenges as they arise.

Facilitating Alcohol Screening and Treatment (FAST) Project, Allyson Gottsman

FAST is funded by the Agency for Healthcare Quality and Research (AHRQ) to support 132 primary care practices in Colorado in improving the care of patients with unhealthy alcohol use (UAU). The program design is built on the SBIRT model plus Medication Assisted Treatment (MAT) for people with alcohol use disorder.

FAST is a six-month intervention that uses an evidence-based practice facilitation methodology. It is provided virtually by a Practice Facilitator and supported by eLearning modules for half of the practices. The practices are randomized to practice facilitation guided by the structured eLearning module, or facilitation using any standard practice facilitation approaches. All practices meet monthly with their Practice Facilitator. The six eLearning modules were developed to train practices in Screening, Brief Intervention, and Referral to Treatment (SBIRT), and they include a module on team-based care and sustainability. The eLearning practices set goals and report quantitative and/or qualitative data on progress at each practice facilitation meeting. The project's research question is whether there is a difference in implementation progress between virtual facilitation with or without eLearning Modules. Practices in both arms of the study submit metrics on screening for UAU, brief intervention, and referral to treatment including MAT (when indicated) to monitor implementation.

Peer Assistance Services, Inc. SBIRT *in* Colorado

SBIRT *in* Colorado is in its 14th year of providing training and technical assistance to clinics and organizations across the state. In 2020, SBIRT *in* Colorado:

- Continued its partnership and collaboration with the Substance Exposed Newborn (SEN) Provider Education Workgroup.
- Partnered with the Colorado Perinatal Care Quality Collaborative (CPCQC) to provide SBIRT training and support for their AIM OUD Bundle Pilot.
- Continued providing SBIRT practice implementation support in Northeastern and Southeastern Colorado and expanded this work to the Denver Metro Area.
- Offered Learning Community Session presentations to school based health center staff in addition to initial and booster SBIRT trainings.
- Provided live SBIRT Skills Training to over 500 healthcare professionals.
- Partnered with Kognito Solutions to offer access to online training simulations for health care professionals.

- Continued to promote awareness of and encourage conversations about substance use through the “One Degree: Shift the Influence” campaign.
- Received funding through the HB20-1411 CARES Act, through which SBIRT *in* Colorado:
 - Established new partnerships with West Slope Casa and AspenPointe Health Network to provide training and technical assistance on the western slope, Colorado Springs, and surrounding counties.
 - Provided new telehealth training resources in partnership with Kognito Solutions.
 - Expanded current work with Signal Behavioral Health Network to provide EMR and telehealth support to clinics in partnership with Health Management Associates.
 - Provided Measurement-Based Care and Enhanced Referral technical assistance to providers within AspenPointe Health Network and Signal Behavioral Health Network in partnership with Health Management Associates.

2020 Advisory Council Guest Presentations

Facilitating Alcohol Screening & Treatment in Colorado (FAST)

Allison Gottsman, Practice Engagement, CU Department of Family Medicine

Co-occurring Mental Health and Substance Use Disorder in Treatment Admissions

Heather Tolle, PhD, Substance Use Disorder Evaluator, Office of Behavioral Health

The Colorado Health eMoms Program: Substance Use

Rebecca Rees, MS, CDC/CSTE Applied Epidemiology Fellow, CDPHE

Colorado AIM: Obstetric Care for Women with Opioid Use Disorder

Katie Breen, MPH, Director of Program Management and Evaluation, CPCQC

Healthy Kids Colorado Survey

Emily Fine, School and Youth Survey Manager, CDPHE

Colorado State Epidemiological Outcomes Workgroup (SEOW)

The [Colorado State Epidemiological Outcomes Workgroup \(SEOW\)](#) serves as the Data Committee of the Task Force. The mission of the SEOW is to provide partners, communities, and policymakers with comprehensive data on the patterns, context, and impact of substance use in Colorado to inform interventions at the local, tribal, state, and federal levels.

The Colorado Department of Human Services, Office of Behavioral Health (OBH) supports the SEOW through the Substance Abuse Prevention and Treatment Block Grant (SABG) funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SABG funding is a five-year funding cycle that started July 1, 2020 and will go until June 30, 2025. The

SEOW Steering Committee has developed a strategic plan that provides a roadmap for planning, processes, and deliverables of the SEOW for the next five years.

The SEOW functions as a workgroup of key stakeholders in substance abuse primary prevention and data monitoring in Colorado to inform the state and stakeholders about substance abuse promotion, prevention, intervention, treatment, recovery, enforcement, and broader policies. Their goals include:

- Characterize substance abuse across the State;
- Identify and address gaps in substance use data;
- Increase substance use data availability; and
- Continue to inform prevention and treatment efforts.

The SEOW has primarily carried out its work through four workgroups: the Alcohol Policy Workgroup, the Epidemiological Profiles Workgroup, the Data Brief Workgroup, and the Training Workgroup. The accomplishments of the SEOW workgroups are outlined below.

ALCOHOL POLICY WORKGROUP

The Alcohol Policy Workgroup was formed to research evidence-based policies to reduce excessive drinking. Binge drinking, which is included in excessive drinking, accounts for over three quarters of costs associated with excessive drinking. According to the 2019 Behavioral Risk Factors Surveillance System, 18.3% of Coloradans age 18 and older binge drank in the past month, which is higher than the national average. In Colorado, binge drinking is most common in people ages 25-34, with 32.2% of this age group reporting binge drinking in the past month.

The Alcohol Policy Workgroup additionally supported the development of a research brief, “COVID-19 and Alcohol Use,” to provide partners with recent data related to alcohol consumption and related harms (Appendix B). Key findings from the brief include:

- COVID-19 has affected alcohol policy and availability in Colorado, with some policies increasing access and others limiting access.
- Alcohol consumption and related harms can be monitored with multiple indicators including alcohol sales, tax revenue, number of drinks per day, DUI citations/crashes, alcohol related poisonings/deaths, and rates of domestic abuse.
- Interpreting data from the above indicators is challenging and may not reveal the full impact of the pandemic on alcohol use.
- It is important to support the capacity of public health professionals to monitor and study the impact of COVID-19 on alcohol consumption and related harms.

DATA BRIEF WORKGROUP

The Data Brief Workgroup was formed to develop short, topical briefs on issues and events that are timely and relevant to policy makers and substance use professionals in Colorado. The Data Brief Workgroup developed three topical briefs in 2020:

- [Polysubstance Use](#);
- [Co-Occurring Mental Health and Substance Use Disorders](#); and
- [COVID-19 and Alcohol Use](#) (Appendix B).

Topical briefs were disseminated to substance use professionals, community partners working in substance use, partners at state agencies, and policy makers at the state level. SEOW representatives provided an overview of published briefs at the August 2020 Substance Abuse Trend and Response Task Force meeting. The Data Brief Workgroup plans to continue developing three topical briefs per year with input from the larger SEOW on what issues are timely and relevant.

EPIDEMIOLOGICAL PROFILES WORKGROUP

The Epidemiological Profiles Workgroup was formed to advise on the creation of the second version of the state profiles. Their goal is to build upon the success of the [2019 profiles](#), expand the substances covered, and improve the reach of profiles' dissemination. Prior to the 2021 profiles, the 2019 profiles were reviewed by the Workgroup and key informants through a systematic process to capture feedback.

The Epidemiological Profiles Workgroup also consulted with relevant epidemiologists and data managers across the state to determine key data to include. As a result of this planning work, the Workgroup identified additional data points to include in the 2021 profiles to enhance their utility. This process helped the Workgroup decide to add a section on tobacco to the 2021 profiles. This addition is an expansion on the 2019 profiles, which included sections on alcohol, marijuana, and opioids. Tobacco is an important topic to cover given the changing nature of its use and the need to synthesize the ample data available on it. The profiles also include a section on state demographics.

The updated profiles will be published in early 2021. The Epidemiological Profiles Workgroup is actively preparing a dissemination plan to expand the availability and use of the profiles. Dissemination will include email outreach and presentations to substance use professionals, community partners working in substance use, partners at state agencies, and policy makers at the state level.

TRAINING WORKGROUP

The purpose of the Training Workgroup is to increase the capacity of local public health and behavioral health professionals to work with data. The Workgroup aims to develop professional development materials and trainings to help local communities collect, analyze, and disseminate local substance use data to identify and prioritize community prevention and treatment needs. The group strives to build professional skills, knowledge, and resources to build a data-literate workforce equipped to use data to inform planning and policy. The Workgroup's primary activity has been the development of a data literacy manual for use by non-data experts in local communities. The contents of the manual are being developed into self-paced online learning modules with support from the University of Colorado – Anschutz–

Rocky Mountain Public Health Training Center. The data literacy training modules will be completed in January 2021.

PRESCRIPTION DRUG DATA WORKGROUP

In the summer of 2020, the Data & Research Workgroup within the Colorado Consortium for Prescription Drug Abuse Prevention officially joined forces with the SEOW as the Prescription Drug Data Workgroup to leverage common goals and to accomplish them together. The goal of the Data Workgroup remains the same: to bring attention to prescription drug misuse and the unintentional negative consequences of prescription drug use in Colorado. Data from 2019 (and preliminary 2020 data) show continued increases in death rates from overdoses involving opioid analgesics. These trends affirm the important role of this workgroup.

Colorado Consortium for Prescription Drug Abuse Prevention

Since February 2013, the [Consortium](#) has grown to over 800 members from multiple disciplines representing numerous organizations that are addressing the opioid crisis within their particular fields. The Consortium has 12 staff and 10 workgroups and is connected to a large network of local and state-level partners and professional associations. From January 2020 through October 2020, the four external relations staff supported 450 events reaching 9,664 stakeholders.

COLORADO OPIOID CRISIS RESPONSE BLUEPRINT: A GUIDE FOR OPIOID SETTLEMENT INVESTMENTS

At the end of 2019, the Colorado Consortium for Prescription Drug Abuse and the Colorado Health Institute implemented a process for identifying strategies for investing potential settlement funds from the litigation with opiate manufacturers, distributors, and large retail pharmacies.

Working in partnership with Colorado Counties, Inc., the Colorado Municipal League, the Colorado Medical Society, and the Colorado Chapter of the American College of Emergency Physicians, a series of strategies for addressing the opioid crisis were identified for allocation of potential settlement funds. The strategies were adapted from the work of New York Times reporter Josh Katz, Dr. Daniel Ciccarone, MD, of the University of California School of Medicine, Dr. Tom Frieden, former Director of the Center for Disease Control, and the work occurring in Colorado's opioid crisis response.

A team of opioid crisis response experts in Colorado, representing a variety of professional fields and associations, were enlisted to select investment options related to 20 strategies in four categories: prevention, treatment and recovery, harm reduction, and criminal justice. The result is a blueprint of a range of strategies that represent best practice approaches for addressing the opioid crisis in Colorado.

The [Colorado Opioid Crisis Response Blueprint](#) (March 2020) serves as a guide for local and state level decision-makers in preparing to use potential settlement funds and engage stakeholders in determining priorities for use of settlement funds.

PROVIDER EDUCATION

The Consortium's Provider Education Workgroup and Treatment Workgroup provided regular provider education opportunities throughout 2020. Prior to the onset of the COVID-19 pandemic, there were 15 in-person healthcare provider training sessions.

Since April, 19 "[Lunch & Learn](#)" trainings were conducted remotely that offered continuing medical education credits for participating providers. Topics included Non-Pharmacological Pain Management, Safe Prescribing, Behavioral Aspects of Pain, Physical Therapy for Pain Management, Opioid Weaning and Discontinuation, Motivational Interviewing, and Medication-Assisted Treatment Best Practices, among others.

Ten online provider education learning modules with certified CME credits were developed and are available for online learning at the convenience of providers.

The Treatment Workgroup conducted four training sessions on the following topics: COVID-19 Response: Adapting SUD Treatment Delivery (March); Telehealth in the Age of COVID-19 (May); State of the State of SUD Treatment (July); and Innovations in Treating Pregnant & Post-Partum Women (September).

There continues to be an emphasis on training for providers in frontier and rural parts of Colorado.

THE CONSORTIUM GRANT WRITING ASSISTANCE PROGRAM

The Colorado General Assembly created a grant writing program to assist non-profit and government agencies with limited capacity for applying for grant funds, especially those in frontier and rural communities.

The Consortium manages the grant writing assistance program and utilizes a pool of professional grant writers.

From August 2019 through October 2020, 67 organizations were provided grant writing assistance at a cost of \$213,114. The types of organizations receiving assistance include recovery organizations, local public health agencies, harm reduction agencies, and drug abuse prevention organizations.

Twenty-three organizations were successful in winning 30 grant awards amounting to a total of \$5,526,325, representing a 24:1 return on investment of money expended on the assistance.

Funding for the grant writer assistance program ends on December 30, 2021.

MEDICATION-ASSISTED TREATMENT (MAT) EXPANSION PROGRAM

The Medication-Assisted Treatment Expansion program is a partnership among the Consortium, the University of Colorado College of Nursing, and the School of Medicine Department of Family Medicine's Practice Innovation Program.

Originally funded as a pilot in two counties through Senate Bill 2017-074, additional funds were approved by the Colorado General Assembly in 2019 through Senate Bill 2019-001 to expand medication assisted treatment from the counties of Pueblo and Routt to the San Luis Valley and two additional rural counties to serve individuals with an opioid use disorder and provide associated behavioral health therapies.

A total of seven clinical service organizations with 35 clinic locations serving 18 frontier and rural Colorado counties received funding under SB 19-001. A "Hub and Spoke" system connects opioid treatment programs ("hubs") with clinical site-based opioid treatment settings (primary care clinics or "spokes") to build a network of treatment expertise and referral resources for under-served rural areas.

Clinical sites funded under SB 19-001 started to deliver services in January 1, 2020. These are the funded organizations:

1. Colorado Treatment Services, Pueblo County.
2. Health Solutions, Pueblo County.
3. Mountain Medical Road to Recovery, Routt County (Acquired by Front Range Clinics and expanded to Jackson and Grand Counties).
4. Valley Wide Health System (SLV Case Management & Care Coordination), Alamosa, Conejos, Costilla, Mineral, Saguache, Rio Grande, and Custer Counties.
5. Las Animas Huerfano Counties District Health Department, Las Animas and Huerfano County.
6. River Valley Family Health Centers, Montrose, Delta, and Ouray Counties.
7. Front Range Clinics, Mesa County.

The COVID-19 pandemic impacted the delivery of MAT services, but clinics adjusted for the provision of services via telehealth and implementation of protocols for protecting the health and safety of providers and their clients.

PUBLIC AWARENESS

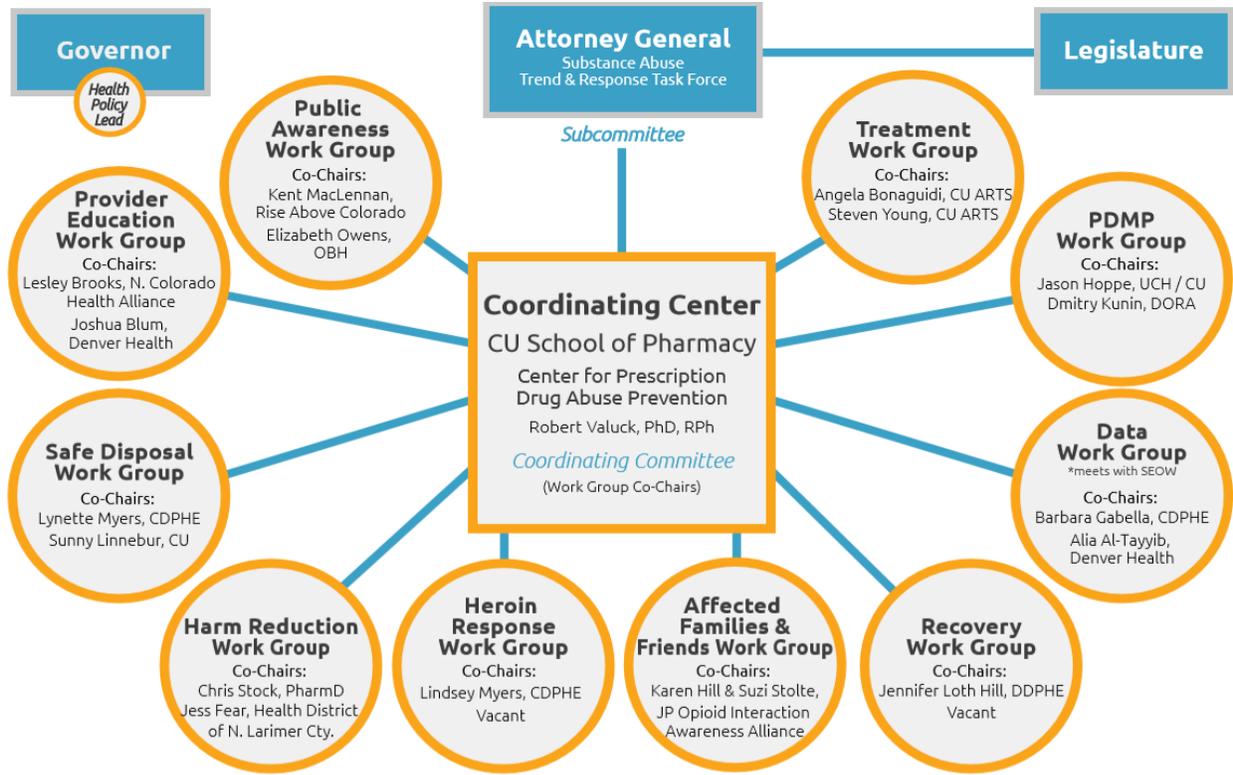
Building on the cornerstone messages of safe use, safe storage, and safe disposal, the Consortium added public campaigns on key topics this past year.

The "[Bring Naloxone Home](#)" campaign emphasizes the importance of having Naloxone available whenever an individual has an opioid prescription, given that many overdose deaths occur in the home. The campaign included billboards, television, and a heavy digital push.

The Consortium also partnered with Webb Strategic and Volunteers of America on the “[You’re the Solution](#)” campaign aimed at outreach to older adults.

Finally, the Consortium’s “[Take Meds Seriously](#)” campaign received the honor of being one of only a few statewide public awareness campaigns to have a section of its media materials approved by the U.S. Center for Disease Control for inclusion in the CDC’s new Opioid Research Exchange site, where other states can access and use ready-made public awareness materials.

STRUCTURE OF THE CONSORTIUM



Colorado Substance Use Trends

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, as presented to the Task Force. The data and images are drawn from presentations to the Substance Abuse Trend and Response Task Force, which are available here: <https://coag.gov/task-force/meetings>.

Substance Use Disorders (SUD) Treatment and Trends Data

Substance use disorders treatment data is collected through the Drug and Alcohol Coordinated Data System (DACODS), the primary client-level data collection instrument used by the Colorado Office of Behavioral Health (OBH). Heather Tolle, PhD of OBH, presented this data to the Task Force in August 2020. The information below excerpts key portions of her presentation and is provided only as a non-comprehensive summary; the complete presentation is available for viewing here: <https://coag.gov/app/uploads/2020/08/Drug-Trends-2020-Final.pdf>. This data spans from the 2010 through 2019 calendar years and was pulled on June 25, 2020.

The following are key highlights from the treatment admissions data, which is presented in more detail below:

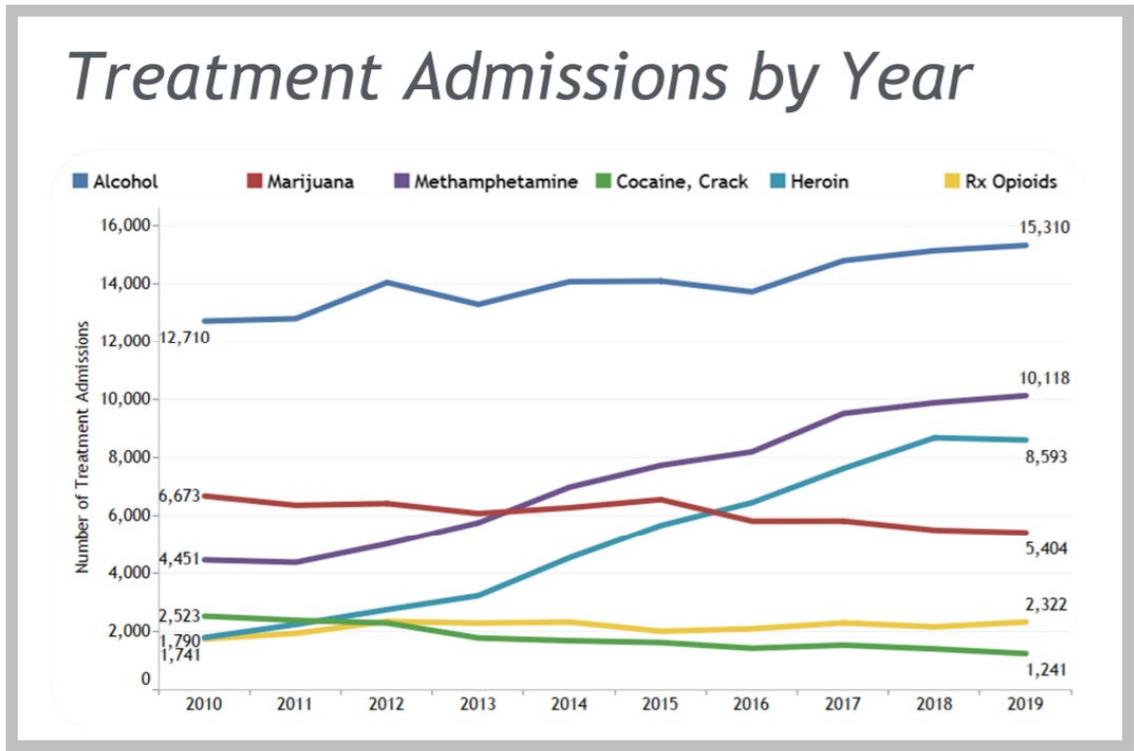
- Treatment admissions remained relatively stable across 2018 and 2019, with an increase of only 276 treatment admissions.
- Alcohol consistently had the highest number of treatment admissions from 2010 – 2019.
- Forty-two percent treatment admissions in 2019 were for heroin or methamphetamine.
- The table below summarizes the percent change in treatment admissions by primary drug:

	Alcohol	Marijuana	Cocaine	Meth	Heroin	Rx Opioids
2015	14,084	6,549	1,619	7,724	5,655	2,004
2019	15,310	5,404	1,241	10,118	8,593	2,322
% Change	+8.7%	-17.5%	-23.4%	+31.0%	+52.0%	+15.9%

- The most frequently observed user demographics for the majority of substances in 2019 were between the ages of 26 – 39, white race, and male gender.

BY YEAR

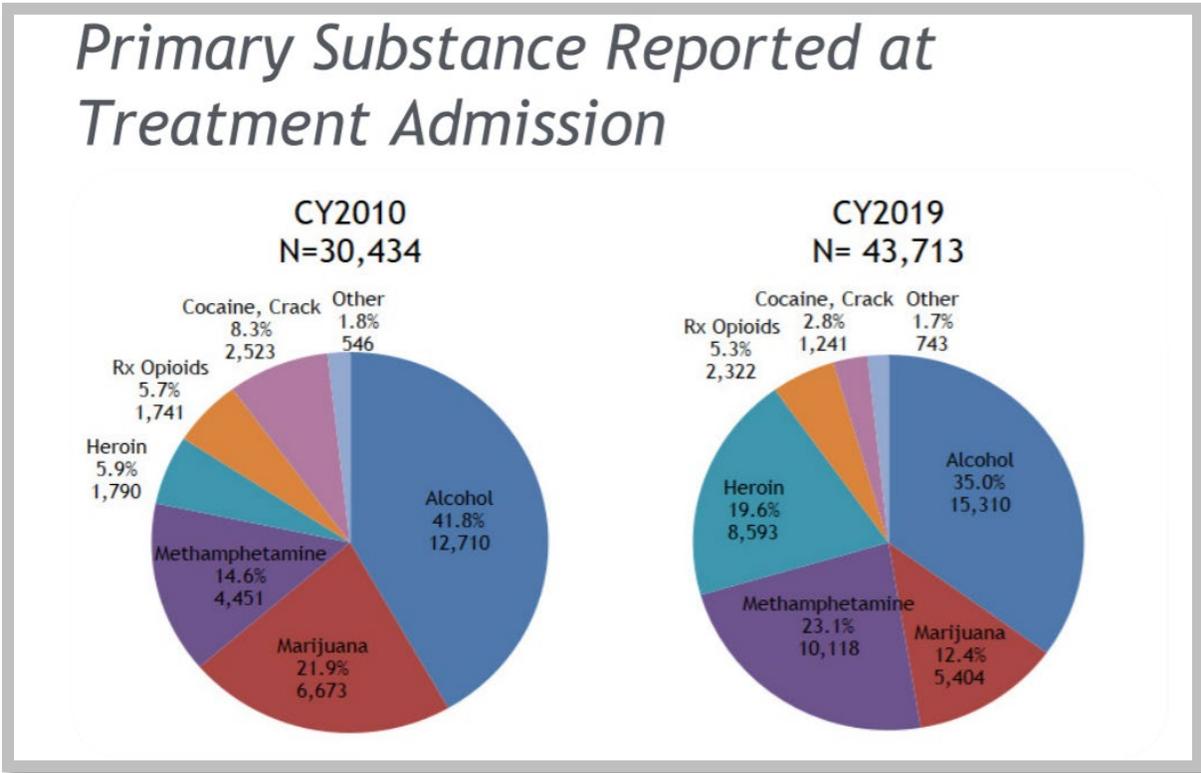
The most recent data regarding treatment admissions by year indicate that alcohol, methamphetamine, heroin, and marijuana continue to be the main substances driving treatment admissions.



Source: Drug/Alcohol Coordinated Data System (DACODS), Office of Behavioral Health (OBH), Colorado Department of Human Services (CDHS).

PRIMARY SUBSTANCE REPORTED AT ADMISSION

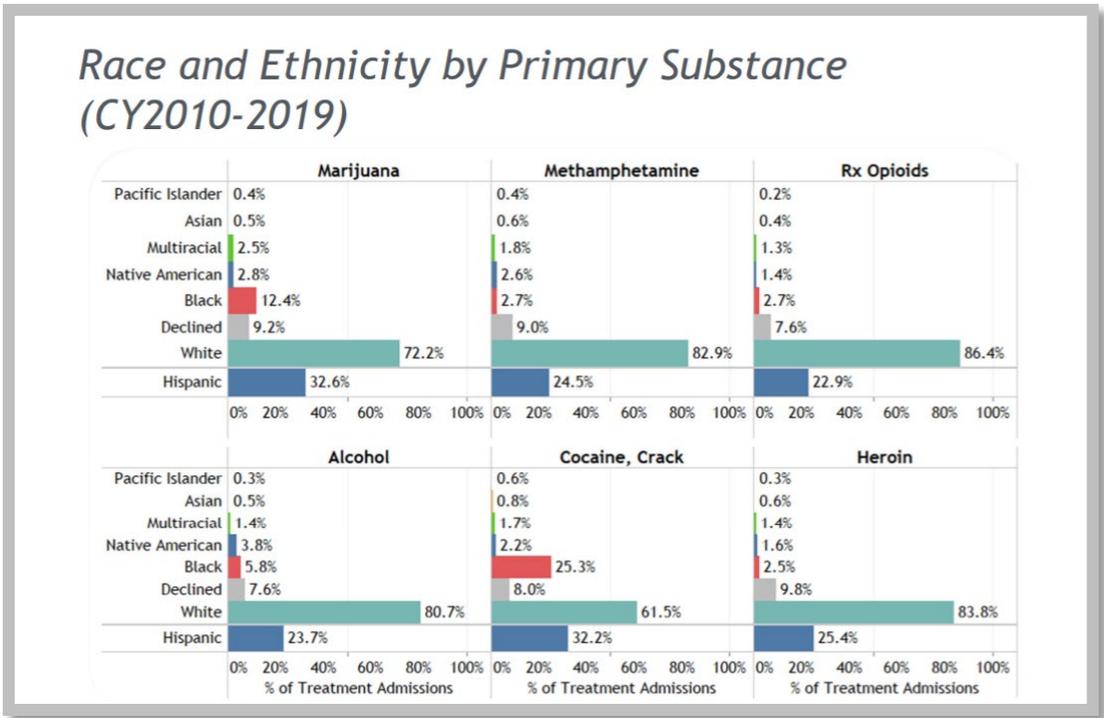
For 2010 to 2019, alcohol, methamphetamines, and marijuana continued to be the most common substances reported at admission. The data showed a marked increase in the proportion of heroin use reported at admission from 5.9% in 2010 to 19.6% in 2019.



Source: DACODS, OBH, CDHS.

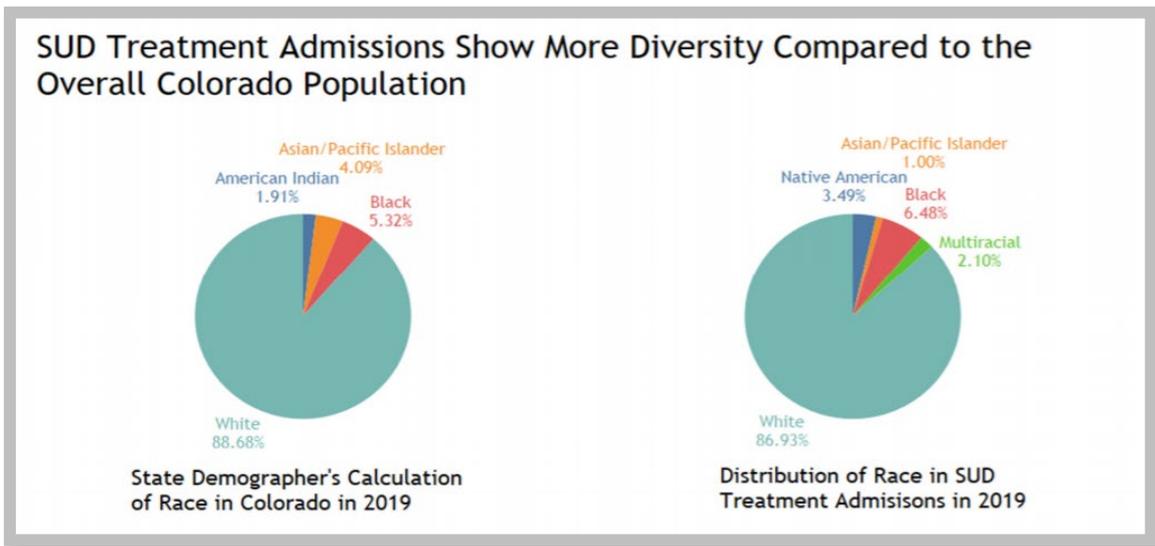
RACE AND ETHNICITY BY PRIMARY SUBSTANCE

“White” and “Hispanic” remain the two most prevalent race and ethnicity categories reported in admissions data. Race and ethnicity are mutually exclusive in the data and may add to greater than 100%.



Source: DACODS, OBH, CDHS.

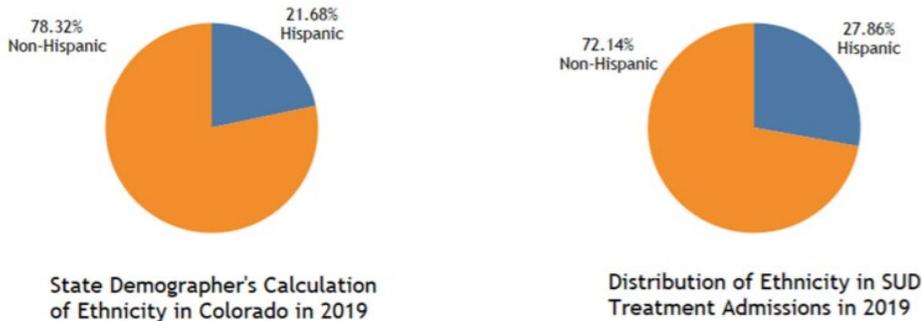
Additionally, the data looked at how the racial distribution of treatment admissions compared to the racial distribution of Colorado.



Source: (Left) Population estimates from the Colorado State Demography Office based on 200 and 2010 census data. (Right) DACODS, OBH, CDHS. Those declining to answer were removed from the dataset.

It was found that individuals of Hispanic origin are over-represented in SUD treatment admissions as compared to their representation in the population.

Individuals of Hispanic Origin are Over-Represented in SUD Treatment Admissions in 2019



Source: (Left) Population estimates from the Colorado State Demography Office based on 2000 and 2010 census data. (Right) DACODS, OBH, CDHS. Those declining to answer were removed from the dataset.

Likewise, males are over-represented in treatment admissions as compared to their representation in the population.

How does the sex distribution of treatment admissions compare to the distribution of Colorado?

Males are Over-Represented in SUD Treatment Admissions in 2019

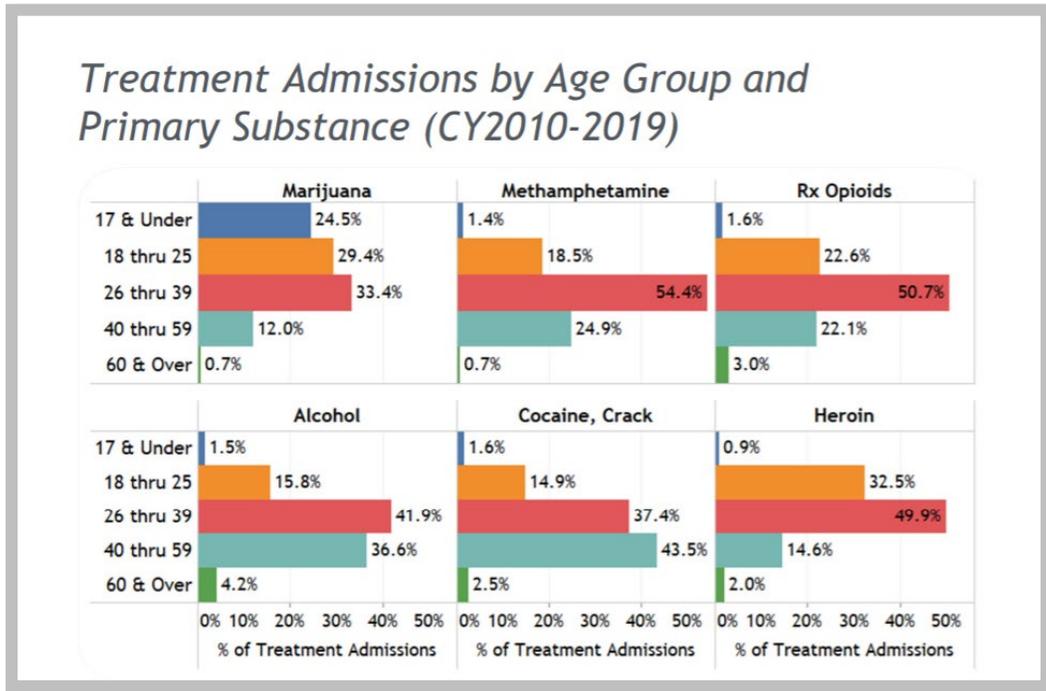


Source: (Left) Population estimates from the Colorado State Demography Office based on 2000 and 2010 Census data. (Right) DACODS, OBH, CDHS.

TREATMENT ADMISSIONS BY AGE GROUP & PRIMARY SUBSTANCE

From 2010 to 2019, the 26 – 39 age group was consistently the most common for treatment admissions in every substance category except cocaine—consistent with prior years. The oldest

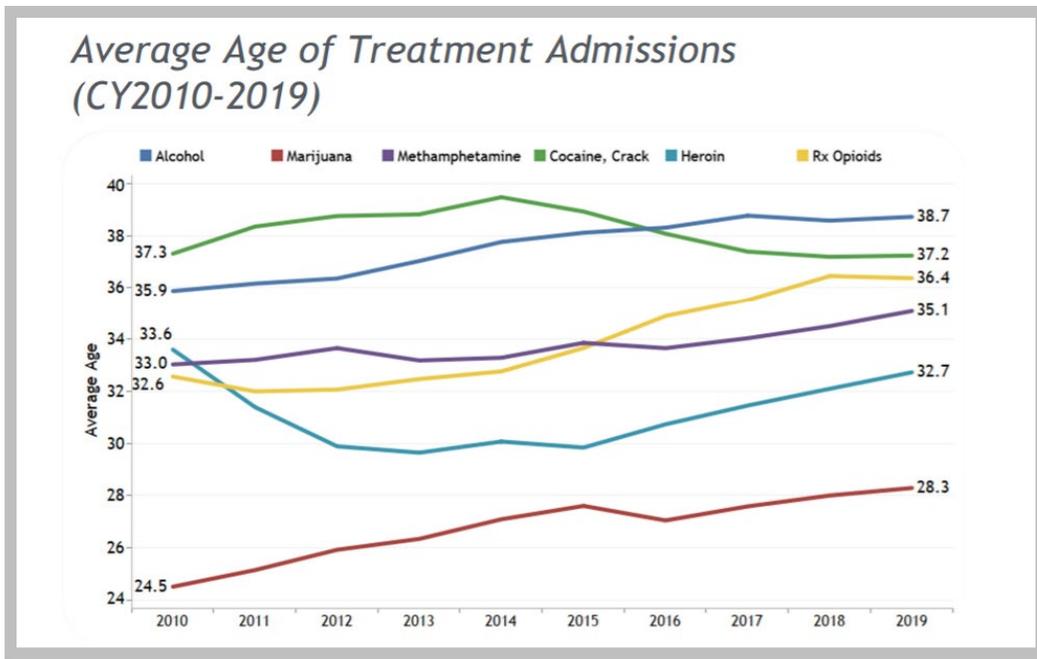
and youngest age groups (17 & Under, 60 & Over) are consistently the least common age groups for treatment admissions.



Source: DACODS, OBH, CDHS.

AVERAGE AGE OF TREATMENT ADMISSIONS

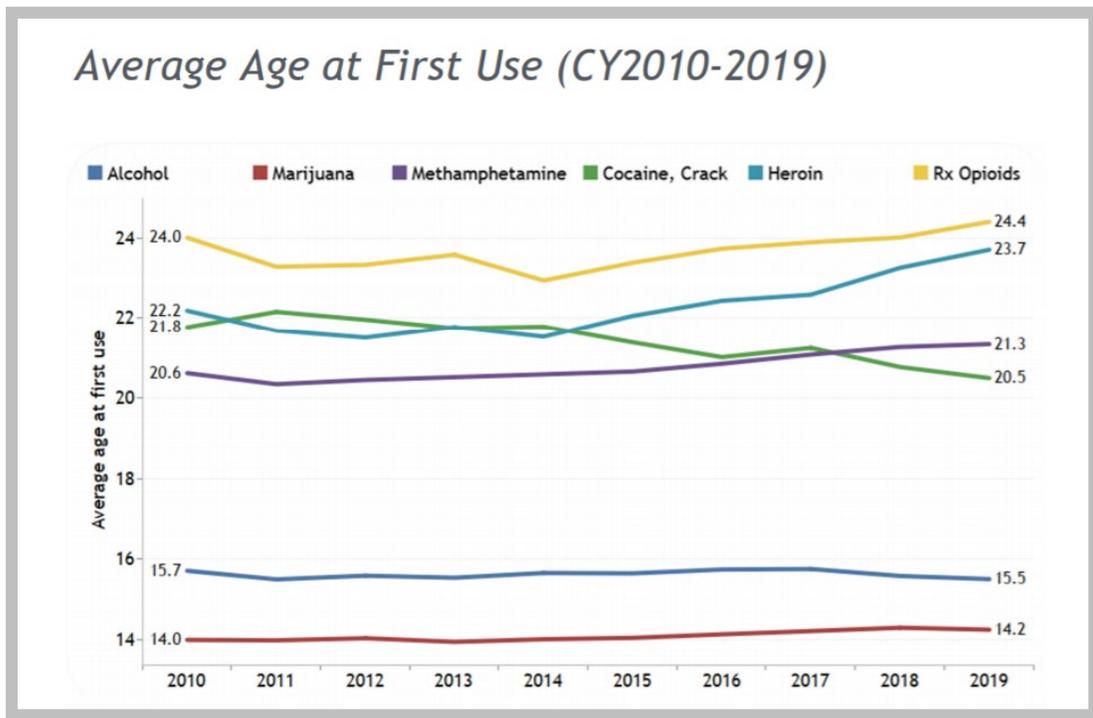
From 2010 to 2019, the average age of treatment admissions for alcohol, marijuana, methamphetamines, and prescription opioids increased, while—especially in recent years—the age for admissions for cocaine decreased.



Source: DACODS, OBH, CDHS.

AVERAGE AGE AT FIRST USE

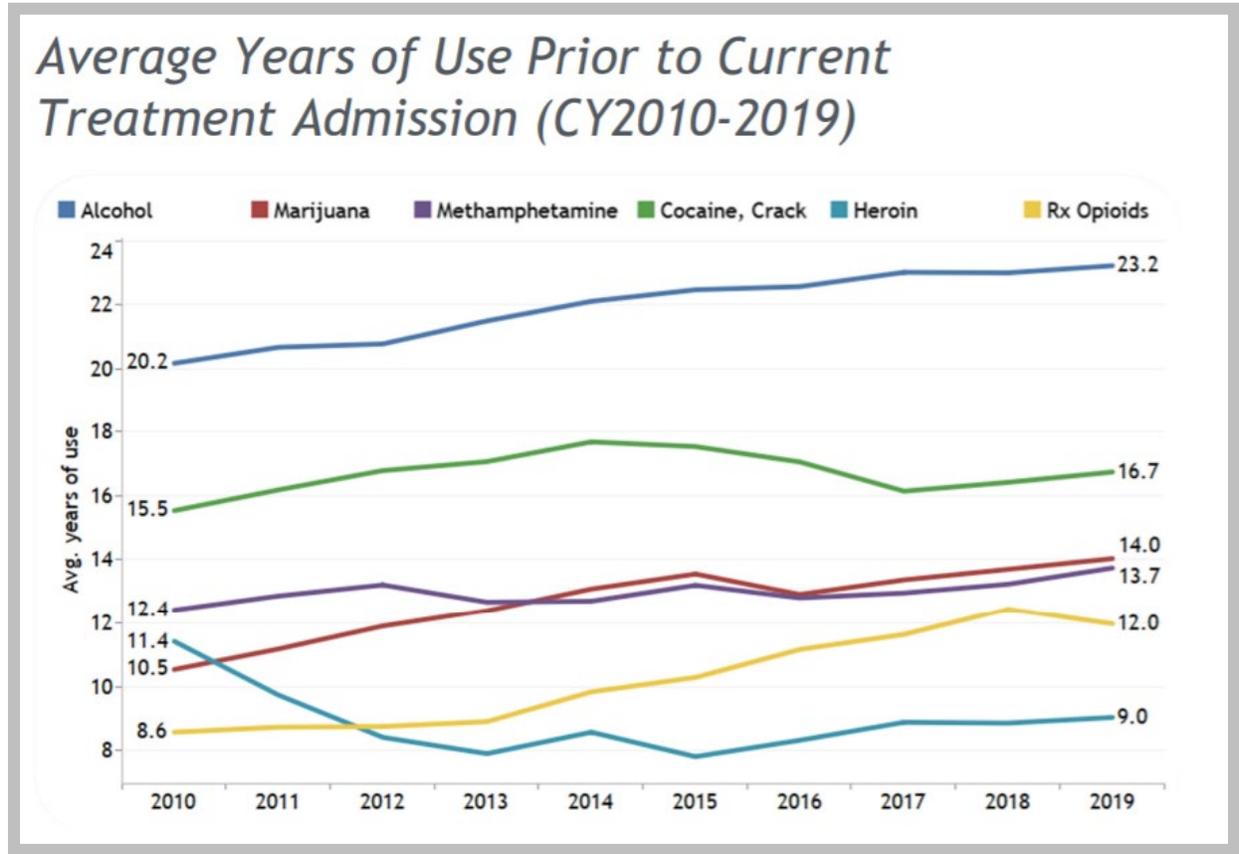
From 2010 to 2019, the average age of first use has stayed relatively consistent in all drug categories.



Source: DACODS, OBH, CDHS.

AVERAGE YEARS OF USE PRIOR TO CURRENT TREATMENT ADMISSION

Average years of use from 2010 – 2019 have increased in all drug categories except for heroin, where there has been a drop from 11.4 average years of use prior to current treatment admission to an average of 9 years of prior use.



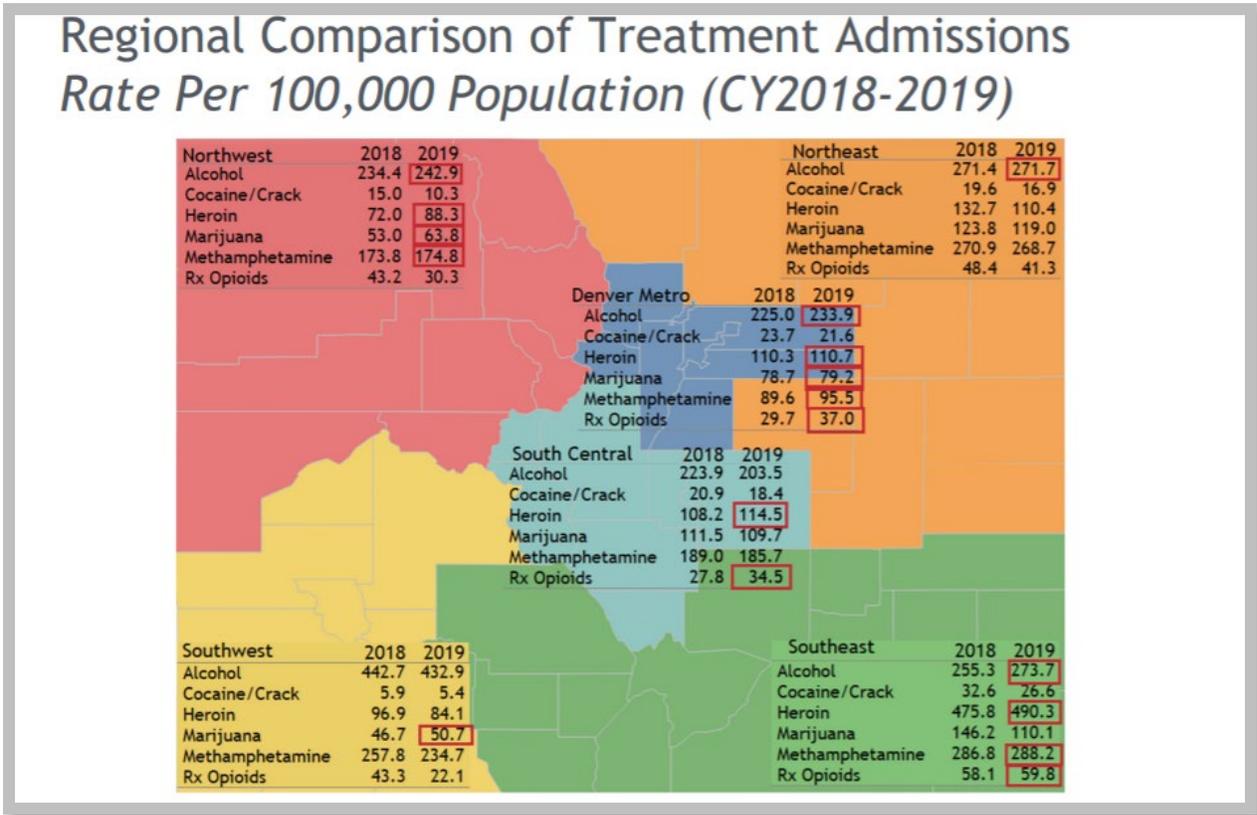
Source: DACODS, OBH, CDHS.

REGIONAL COMPARISONS

From 2018 to 2019, every region of Colorado saw increased treatment admission rates for at least one substance. Data measures six drug categories: alcohol, cocaine, heroin, marijuana, methamphetamines, and prescription opioids. Key highlights from regional data include:

- The Denver Metro area saw increased treatment admissions for 5/6 drug categories, with only cocaine/crack decreasing by 2.1%.
- Northwest Colorado saw increased treatment admissions for 4/6 drug categories: alcohol, heroin, marijuana, and methamphetamines.
- Southeast Colorado saw increased treatment admissions for 4/6 categories: alcohol, heroin, methamphetamines, and prescription opioids.
- South Central Colorado saw increased treatment admissions for only 2/6 categories: heroin and opioids.

- Northeast Colorado saw an increase in treatment admissions in only alcohol.
- Southwest Colorado saw an increase in treatment admissions in only marijuana.



Source: DACODS, OBH, CDHS.

Substance Use Trends & Health Outcomes

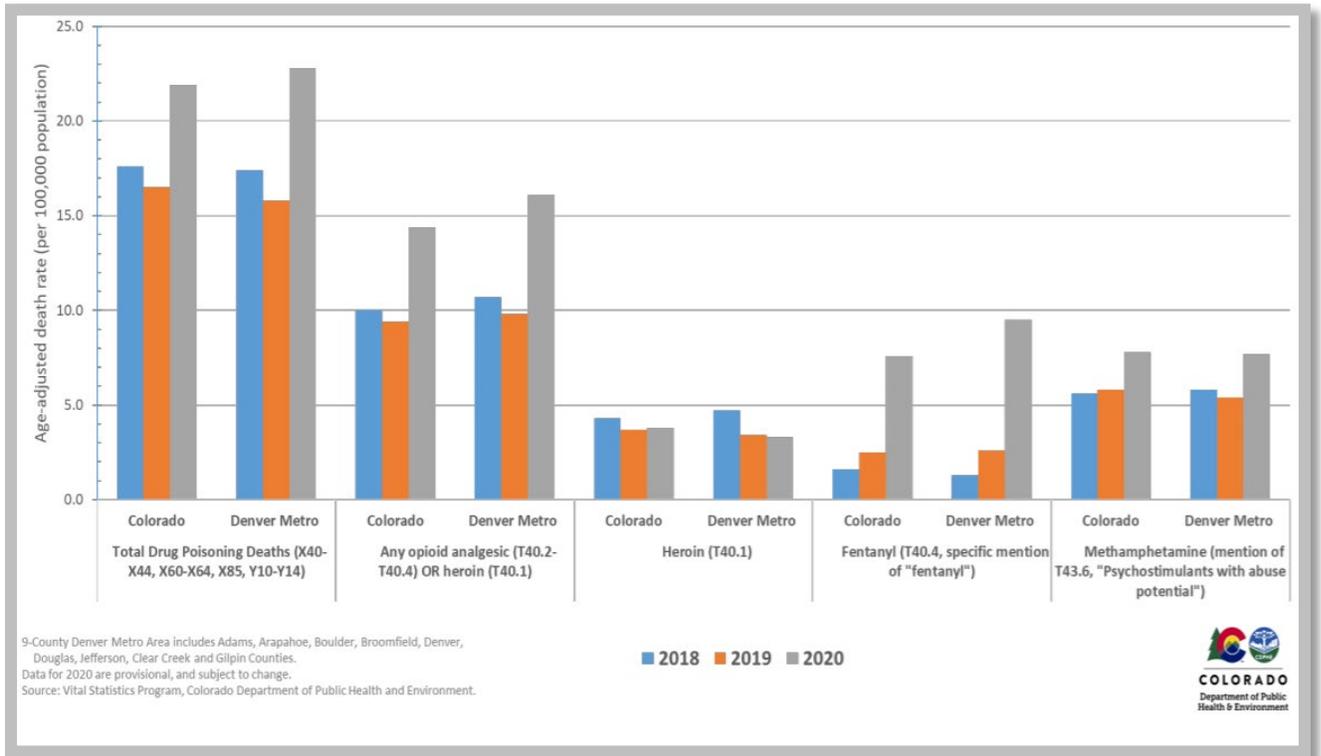
Barbara Gabella, MSPH, and Elyse Contreras, MSPH, of the Colorado Department of Public Health and Environment (CDPHE) presented data to the Task Force in the August meeting of 2020. Below is a summary of key findings, and their complete presentation can be viewed [here](#). They divided their presentation into two sections: 1) misuse and overdose deaths (Barbara Gabella), and 2) updates in monitoring marijuana and substance use trends in Colorado (Elyse Contreras).

MISUSE AND OVERDOSE DEATHS

Key data points from 2019 include:

- The age-adjusted rate of prescription opioids overdose deaths, including fentanyl, increased to 7.3 deaths per 100,000 persons in 2019 from 6.5 deaths in 2018.
- From 2018-2019, the fentanyl death rate doubled in one year and contributed to more than half the prescription opioid death rate.
- The heroin death rate is stable from 2016-2019.
- The age-adjusted rate of psychostimulant overdoses is 5.8 deaths per 100,000 persons. This rate marks an increase from 3.5 deaths in 2016, and it approaches the rate of prescription opioid overdoses.
- From 2012 through 2016, the psychostimulant overdose death rate slowly increased.
- The age-adjusted rate of cocaine overdoses was 2.2 deaths per 100,000 persons, similar to 2016-2018 rates. This rate might be leveling after a single-year doubling from 2015 to 2016.

Drug Poisoning overdose Death Rates: Colorado and Denver Metro Area Residents, January to May 2018-2020.



Source: Vital Statistics Program, Colorado Department of Public Health and Environment.

CDPHE also reported that alcohol is still the most prevalently used substance in Colorado.

**SUMMARY:
ALCOHOL**

- Alcohol is still the most prevalently used substance in Colorado.
- Binge drinking among Coloradans is not just a youth or young adult issue.
- Nationally, excessive drinking has increased during COVID-19, which could increase alcohol-related harms.

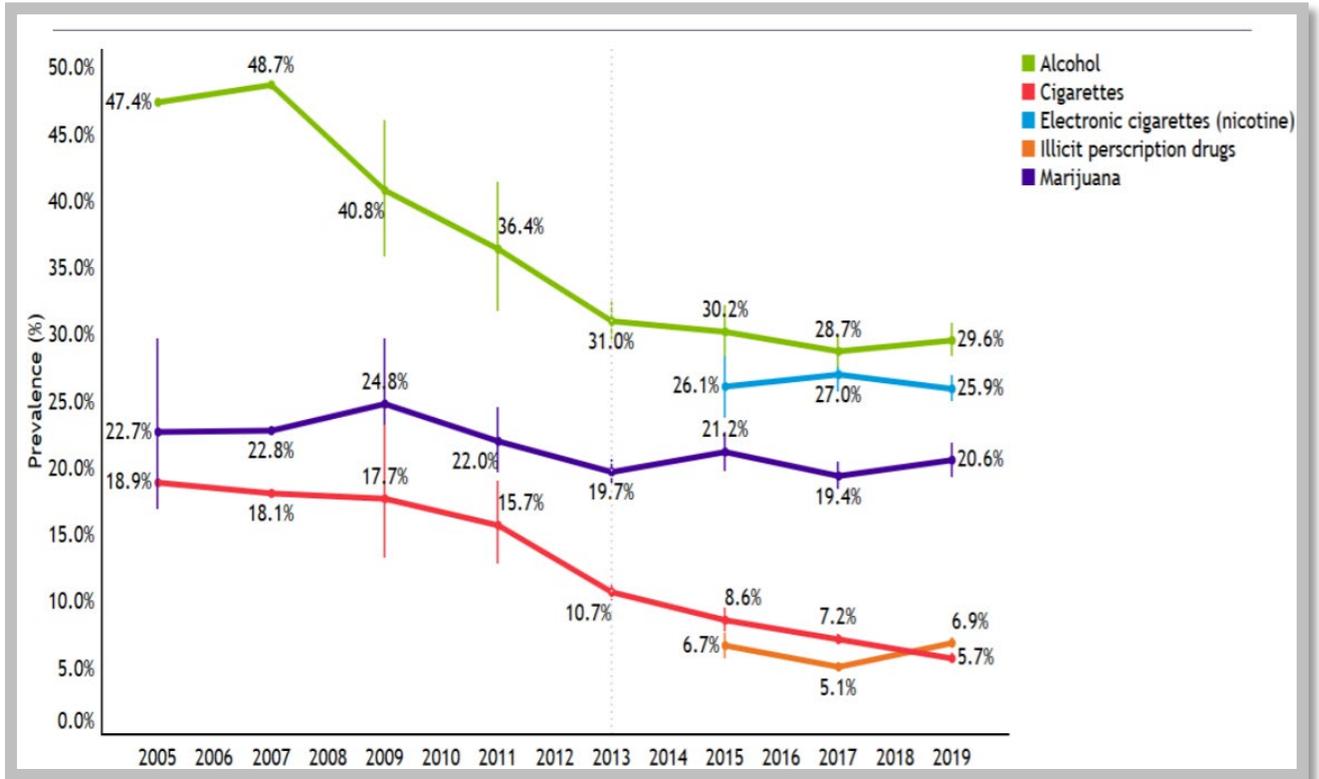
Created by CDPHE, Alcohol Epidemiology
 Sources: Colorado HKCS, 2019; Colorado BRFSS, 2018; Barbosa, C, Cowell, A, Dowd, W. How Has Drinking Behavior Changed During the COVID-19 Pandemic? Results from a Nationally Representative survey. RTI International, July 2020

Source: CDPHE.

YOUTH SUBSTANCE USE & TRENDS

From 2005 to 2010, the data shows past 30-day substance use among high school students declining in all drug categories for the time period for which data is available, with the exception of illicit prescription drugs which rose to 6.9% in 2019 from 5.1% in 2017. Traditional cigarettes have been on a steady decline since 2005.

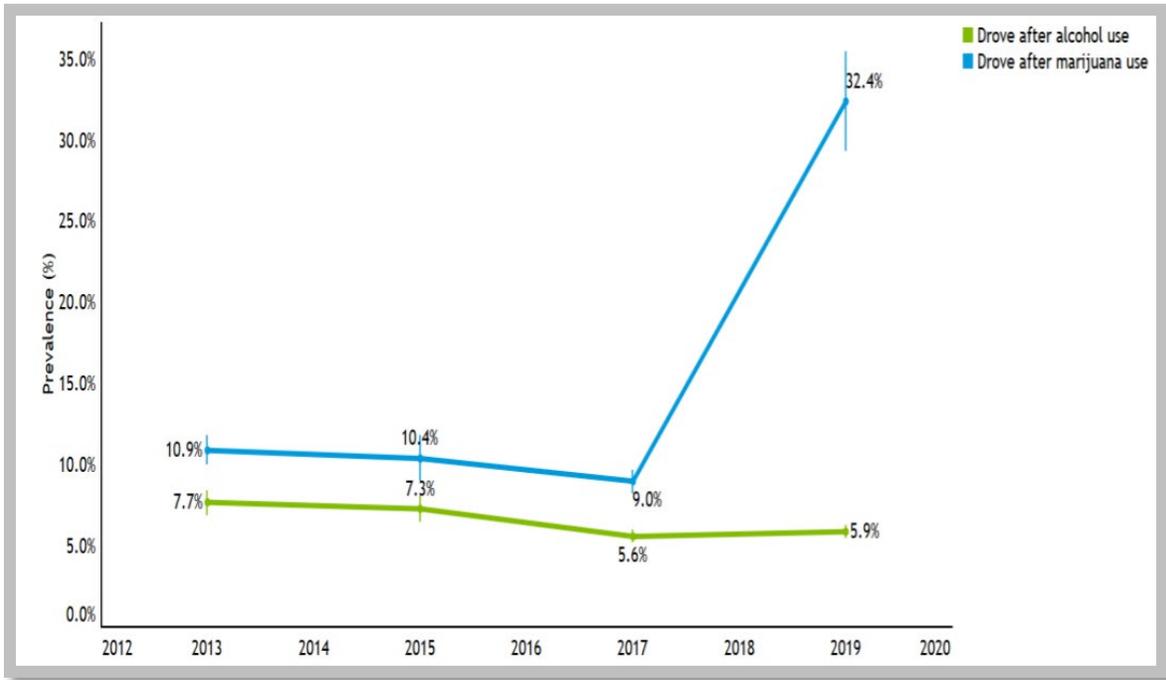
Past 30-Day Substance Use Among High School Students, Colorado, 2005-2019



Source: Colorado Department of Public Health & Environment (CDPHE). Data via Healthy Kids Colorado Survey.

There has been a marked increase in the occurrence of driving after marijuana use among high school students.

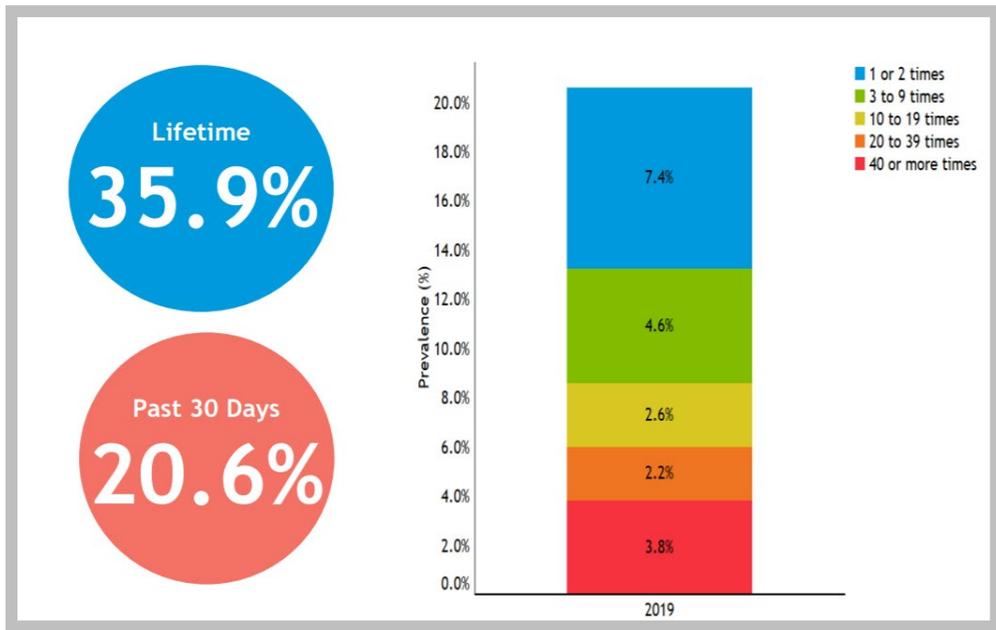
Driving After Substance Use Among High School Students, 2013-2019



Source: Marijuana Health Monitoring Program, Colorado Department of Public Health and Environment (CDPHE) 2020. Data via Healthy Kids Colorado Survey.

The presentation further provided data on marijuana use among high school students, showing 35.9% with lifetime use and 20.6% with use in the past 30 days.

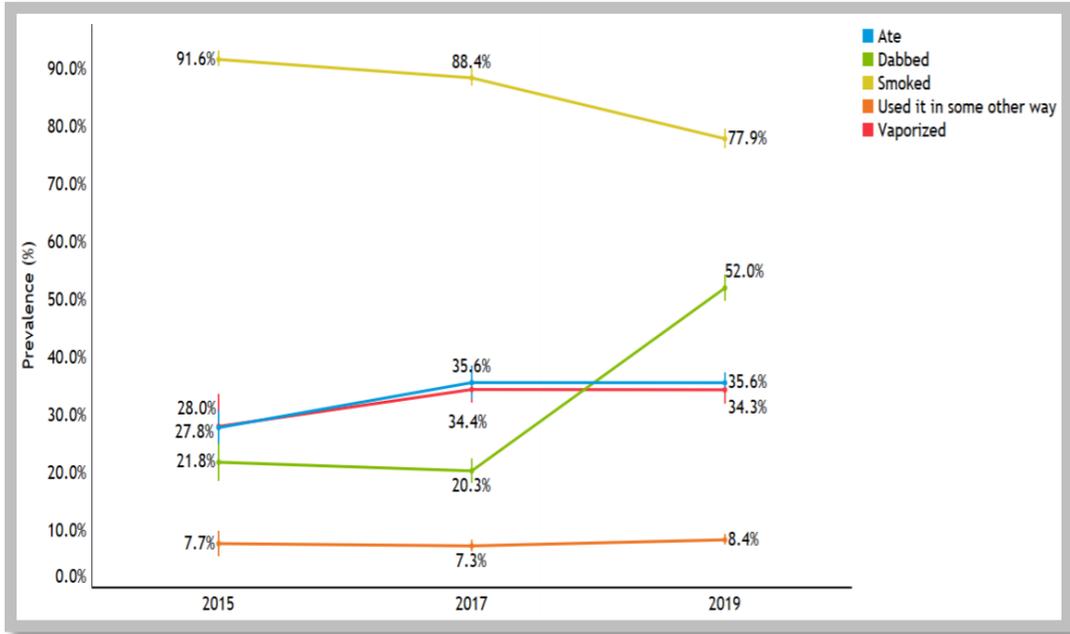
Marijuana Use Among High School Students in 2019



Source: Colorado Department of Public Health & Environment (CDPHE). Data via Healthy Kids Colorado Survey.

The data shows a marked rise in dabbing as a method of marijuana use among high school students since 2015.

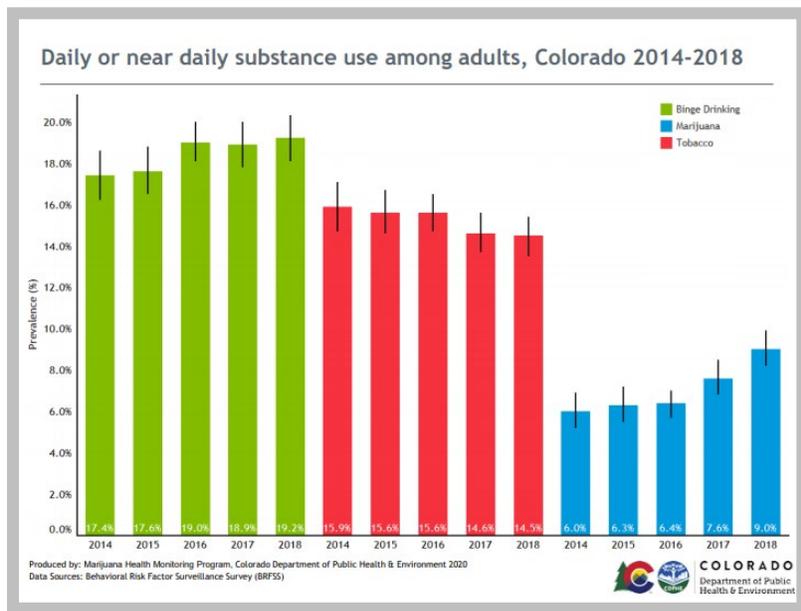
Marijuana Method of Use Among High School Students Currently Using Marijuana, 2015-2019



Source: Marijuana Health Monitoring Program, Colorado Department of Public Health & Environment (CDPHE). Data via Healthy Kids Colorado Survey.

ADULT SUBSTANCE USE & TRENDS

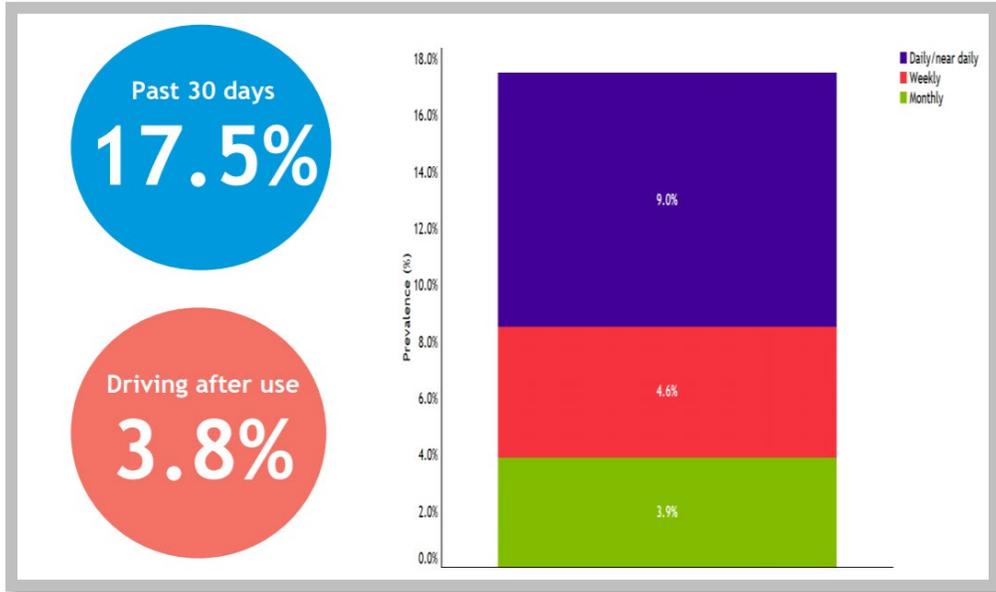
This presentation also covered adult trends in substance use. Please note that the data displayed below was from 2018 while those in the youth section cited 2019.



Source: CDPHE. Data via Behavioral Risk Factor Surveillance Survey.

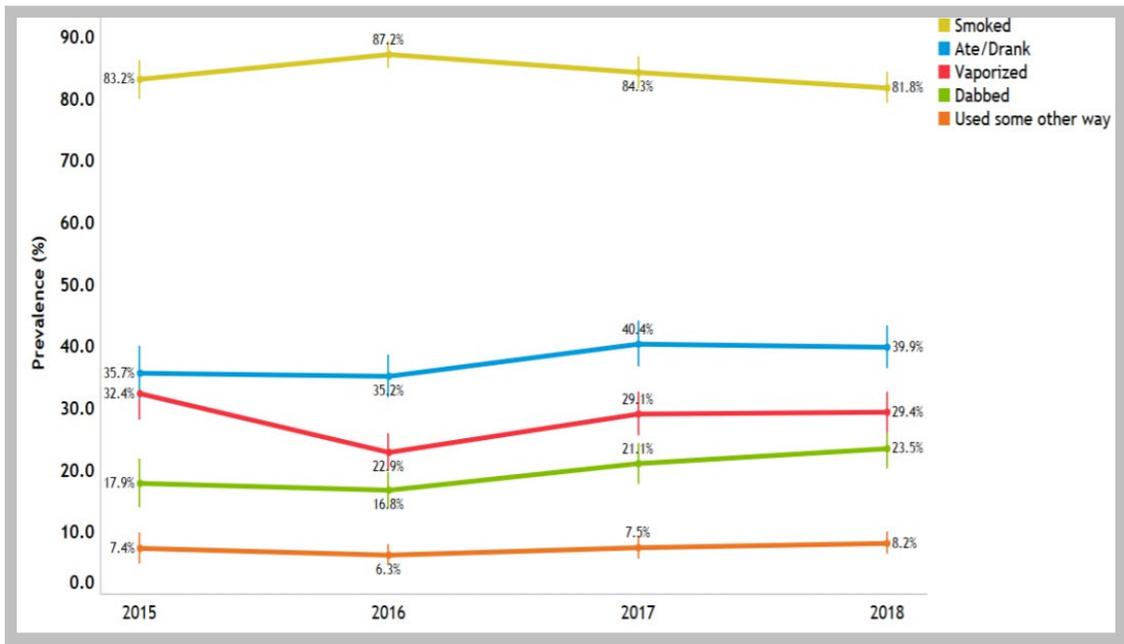
The presentation then homed in on adult marijuana use in Colorado, including frequency of use and method of use.

Marijuana Use Among Adults, Colorado, 2019



Source: CDPHE. Data via Behavioral Risk Factor Surveillance Survey.

Marijuana Method of Use Among Adults That Currently Use Marijuana, 2015-2018

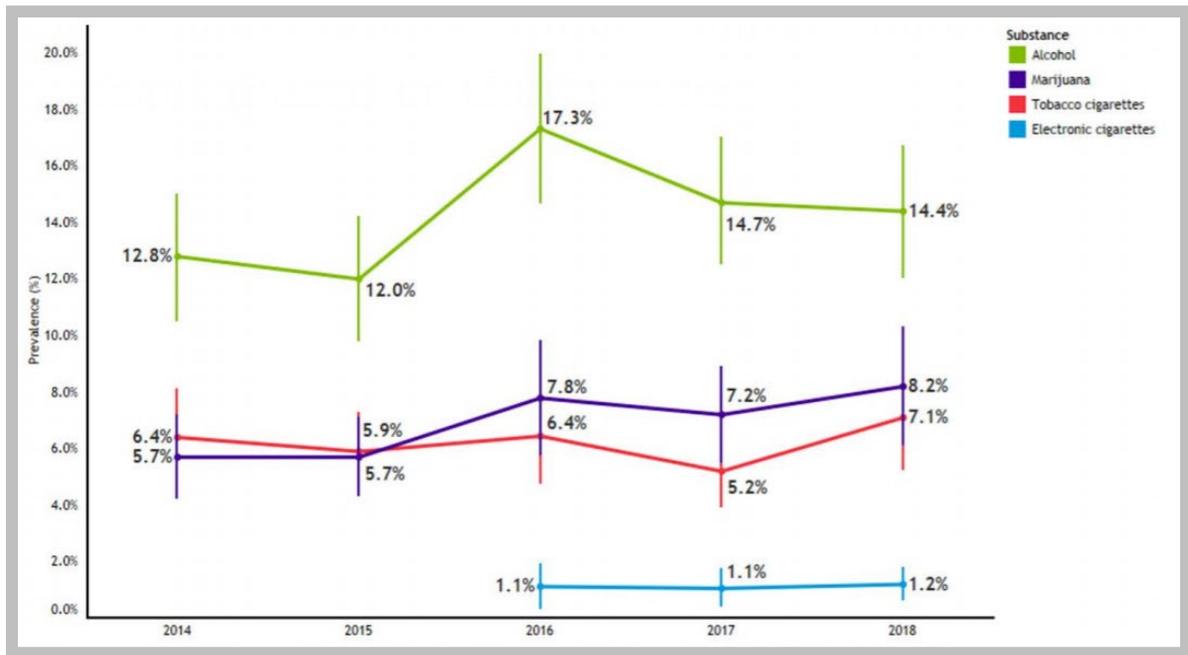


Source: CDPHE. Data via Behavioral Risk Factor Surveillance Survey.

SUBSTANCE USE DURING PREGNANCY

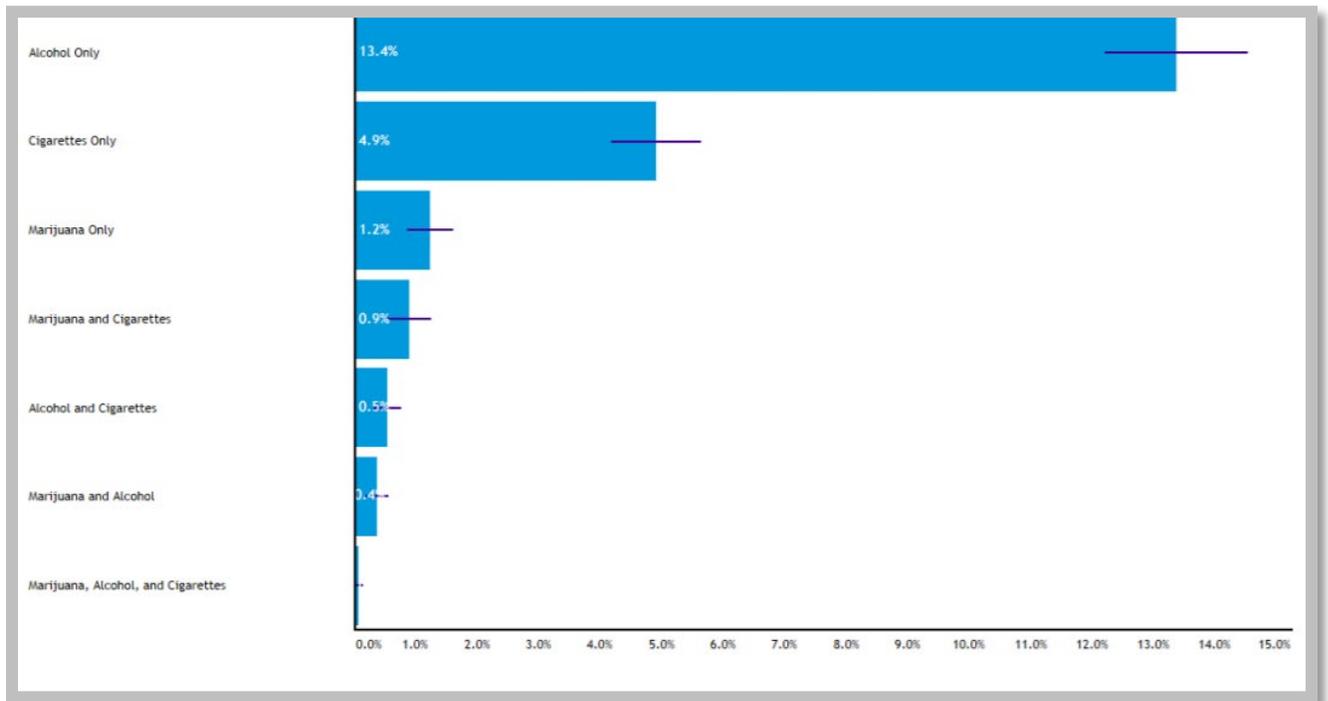
The presentation next covered data on substance use during pregnancy, broken out by substance and polysubstance use.

Substance Use During Pregnancy, Colorado, 2015-2018



Source: CDPHE. Data via Pregnancy Risk Assessment Monitoring System (PRAMS).

Polysubstance Use During Pregnancy, Colorado, 2015-2018



Source: CDPHE. Data via Pregnancy Risk Assessment Monitoring System (PRAMS).

E-CIGARETTE OR VAPING ASSOCIATED LUNG INJURY (EVALI)

In 2019, the United States saw an outbreak of E-Cigarette or Vaping Associated Lung Injury (EVALI) connected to use of e-cigarettes and vaping products.

EVALI Outbreak 2019

- **National Cases**
 - 2807 cases, 68 deaths
 - 66% male
 - median age 24
 - 33% THC only
- **Colorado Cases**
 - 8 cases, 0 deaths
 - 87.5% male
 - median age 25
 - 38% THC only
- **Strong associations**
 - Vitamin E acetate, THC, informal sources
- **Theories**
 - Degradation of vaping devices
 - Changes in chemical composition of vaping liquids



Source: via Colorado Department of Public Health & Environment.

Substance Use Trends & Public Safety

Allison Rosenthal, MPH, of the Colorado Division of Public Safety, Division of Criminal Justice, presented on public safety and substance use trends.

OVERVIEW

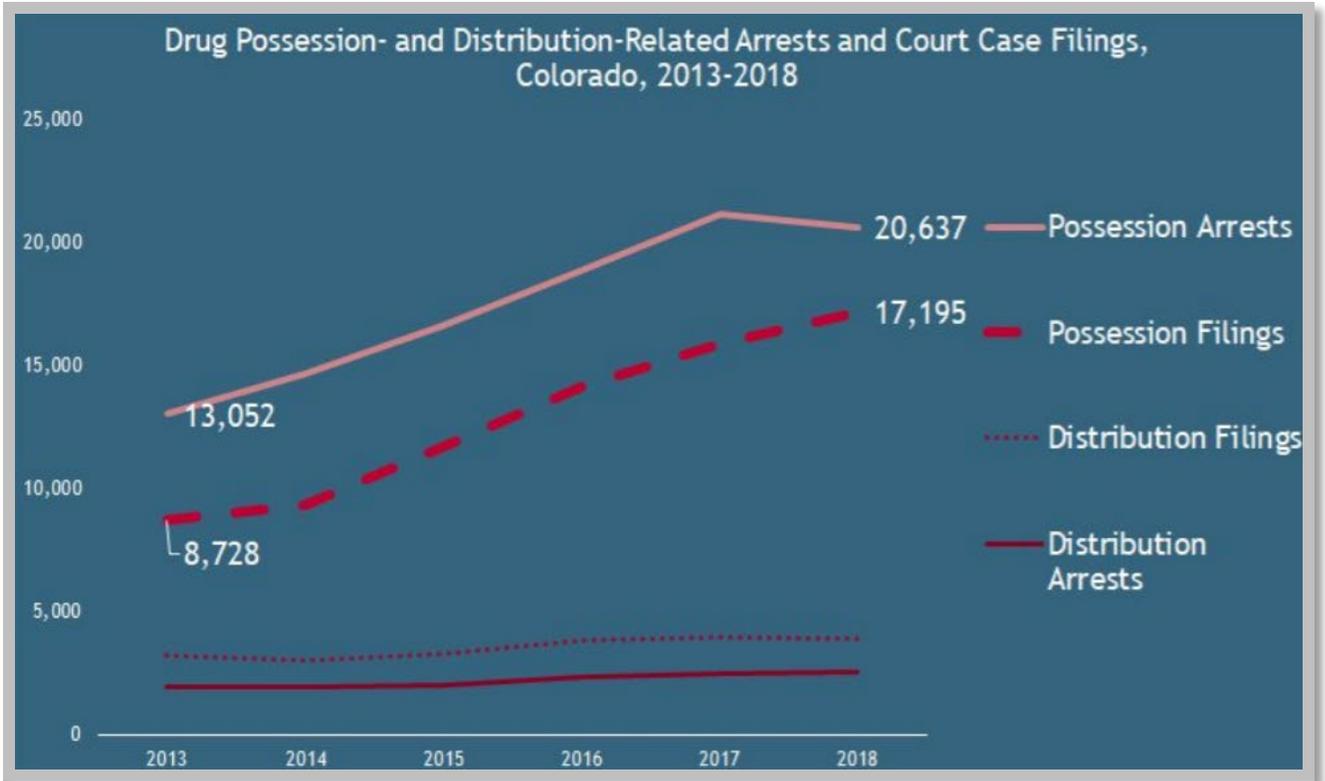
Ms. Rosenthal presented the key findings of her and the Department of Public Safety's work.



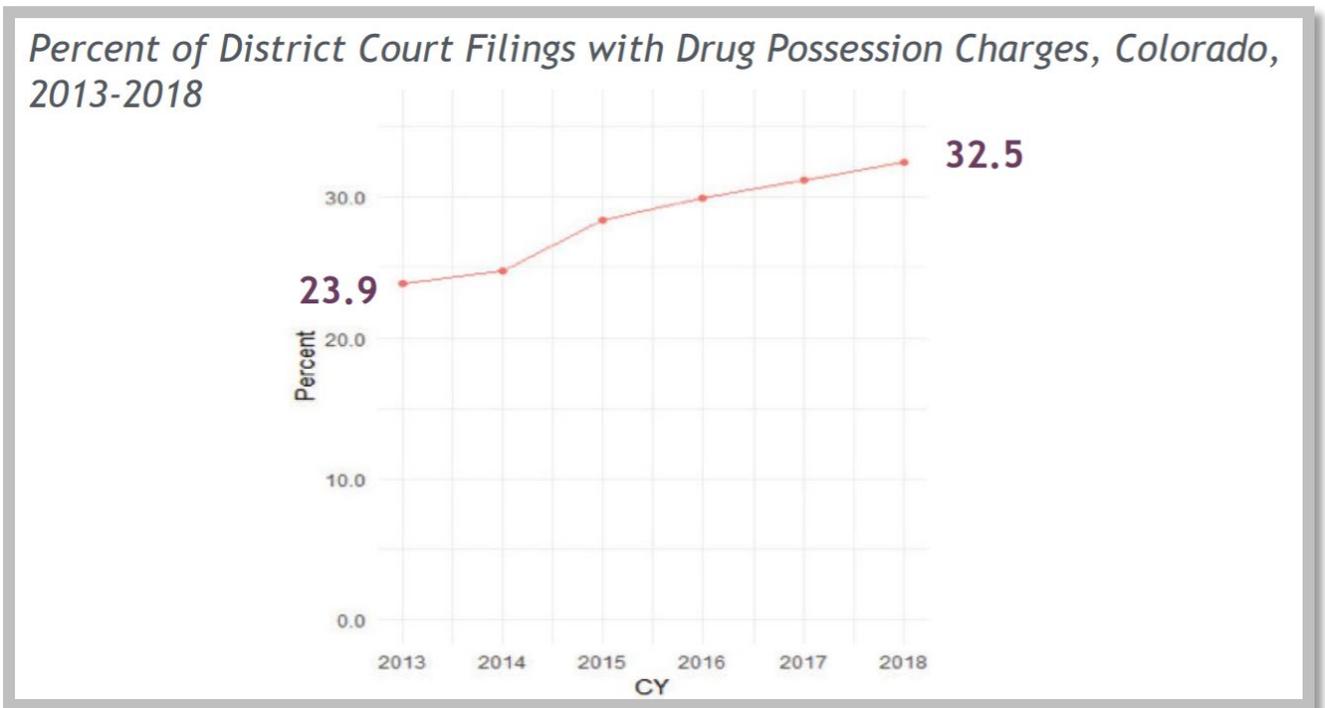
Source: via the Colorado Department of Public Safety.

DRUG CRIMES TRENDS

The Colorado Department of Public Safety presented on the increase in charges filed in district court from 2013 to 2018. Their data shows drug possession (vs. distribution) charges were the main driver of the increase. During this time, Colorado saw a nearly 60% increase in district court case filings and a near doubling of arrests for possession charges. In contrast, drug distribution filings and arrests were stable.

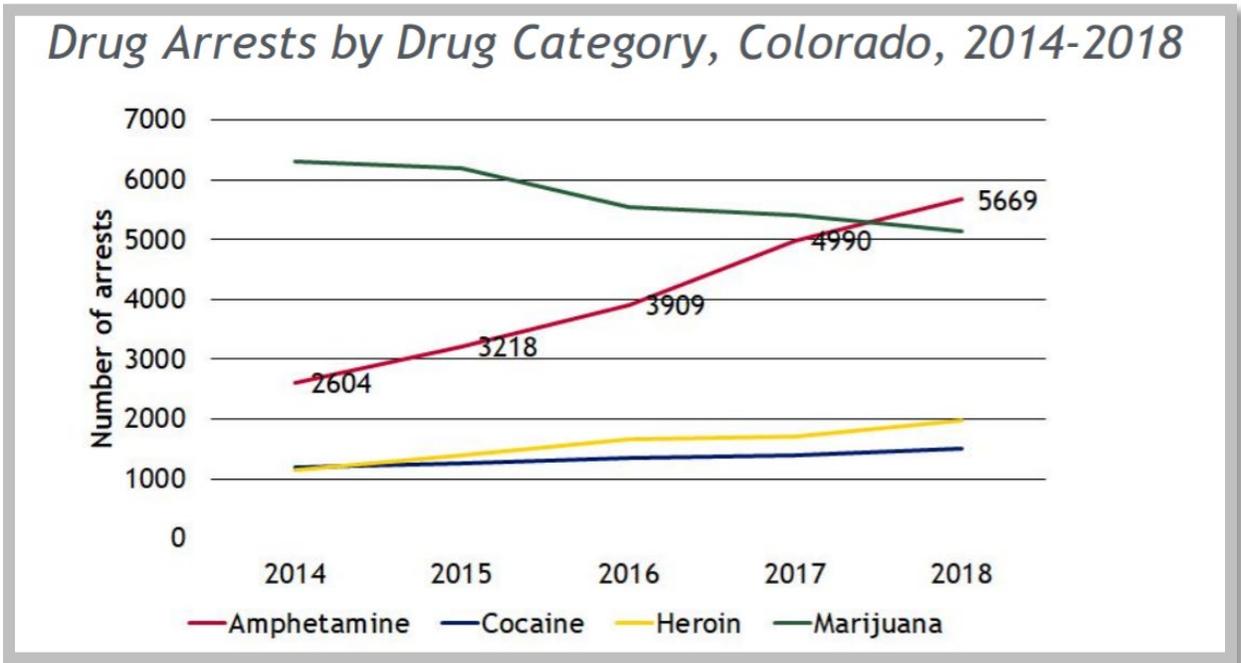


Source: via The Colorado Department of Public Safety, Division of Criminal Justice.



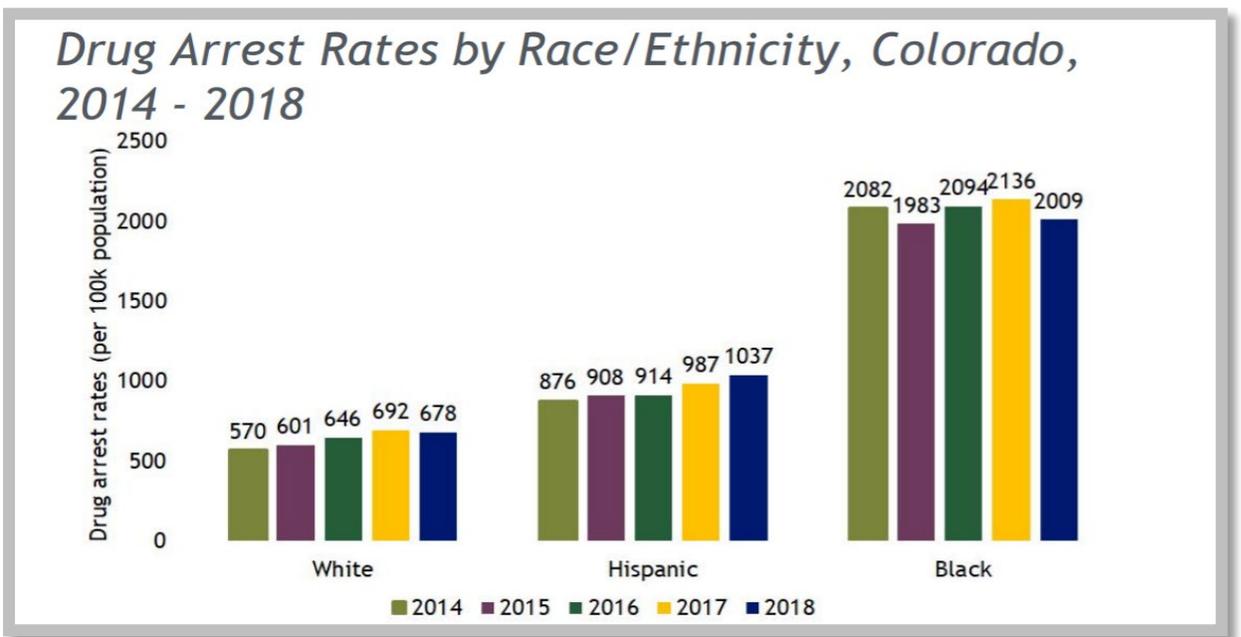
Source: via Colorado Department of Public Safety, Division of Criminal Justice.

Marijuana arrests decreased during the measured period, but amphetamine arrests drove an overall increase.

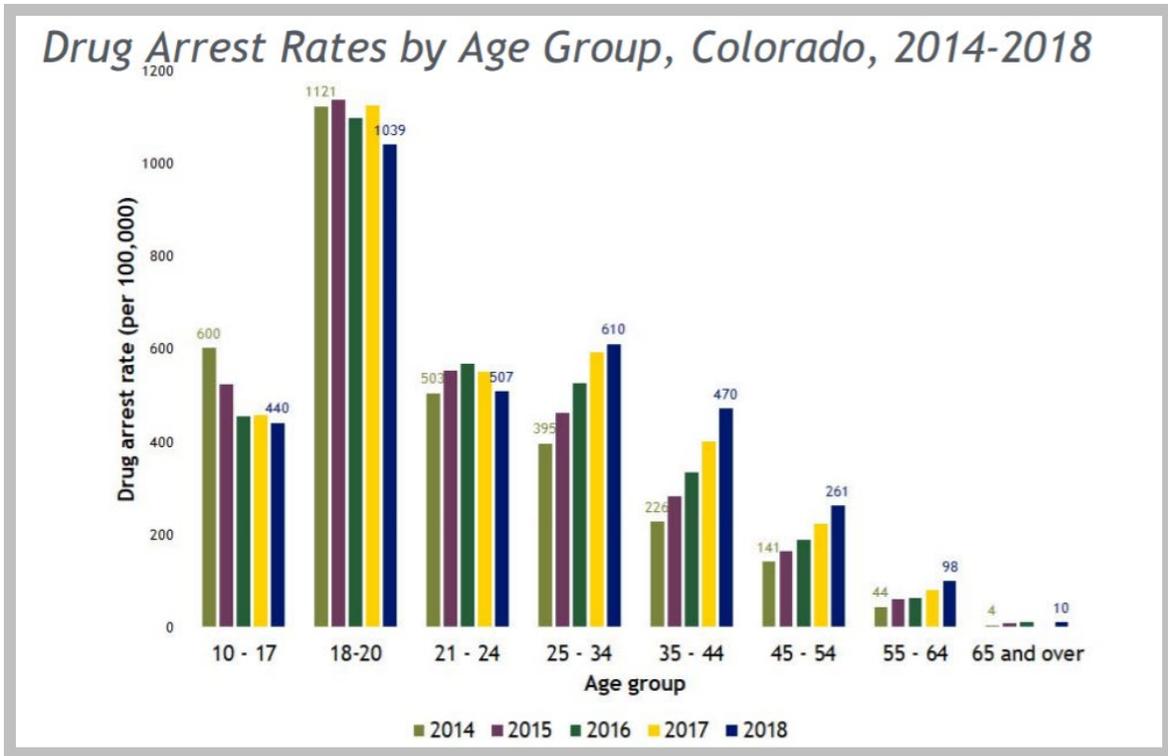


Source: Colorado Bureau of Investigation, National Incident-Based Reporting System.

The presentation also covered arrests by race and ethnicity and age group per 100k population.



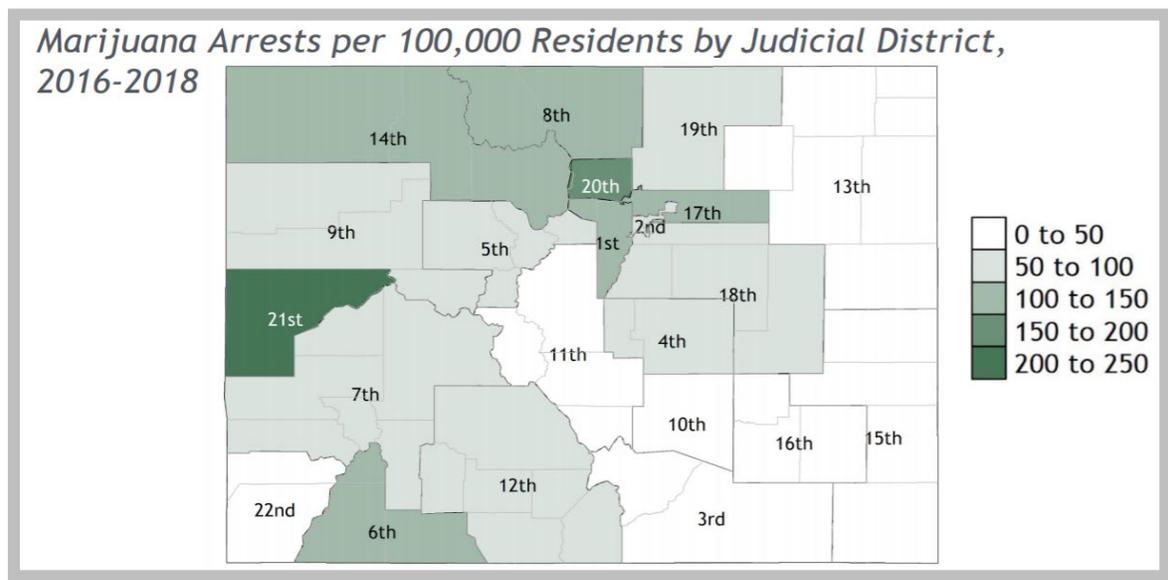
Source: Colorado Bureau of Investigation, National Incident-Based Reporting System; Colorado Office of Demography.



Source: Colorado Bureau of Investigation, National Incident-Based Reporting System; Colorado Office of Demography.

REGIONAL TRENDS

The following maps, presented to the Task Force, show arrests by judicial district per 100,000 residents for marijuana, amphetamines, heroin, and cocaine.



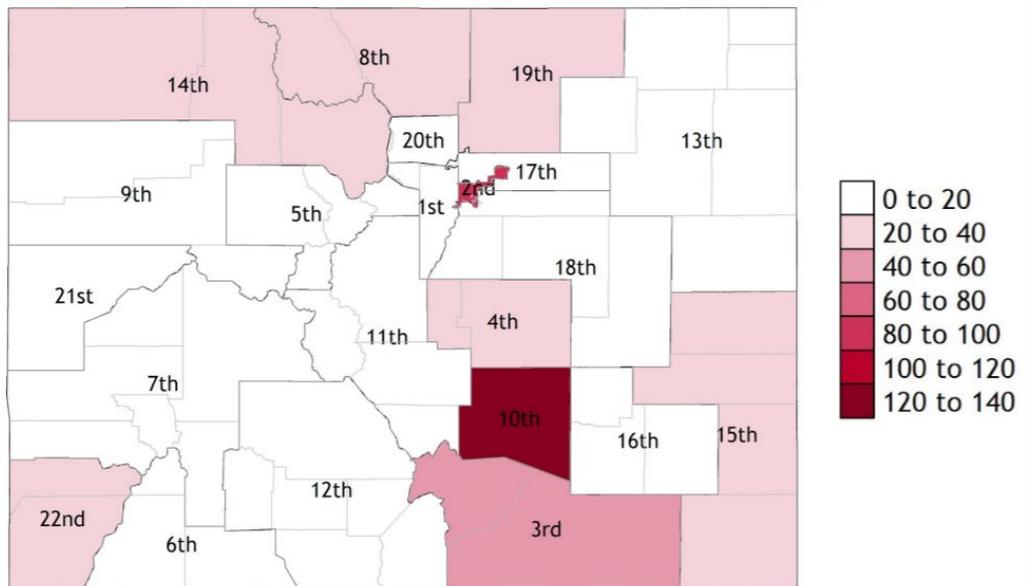
Source: Colorado Bureau of Investigation, National Incident-Based Reporting System; Colorado Office of Demography.

Amphetamine Arrests per 100,000 Residents by Judicial District, 2016-2018

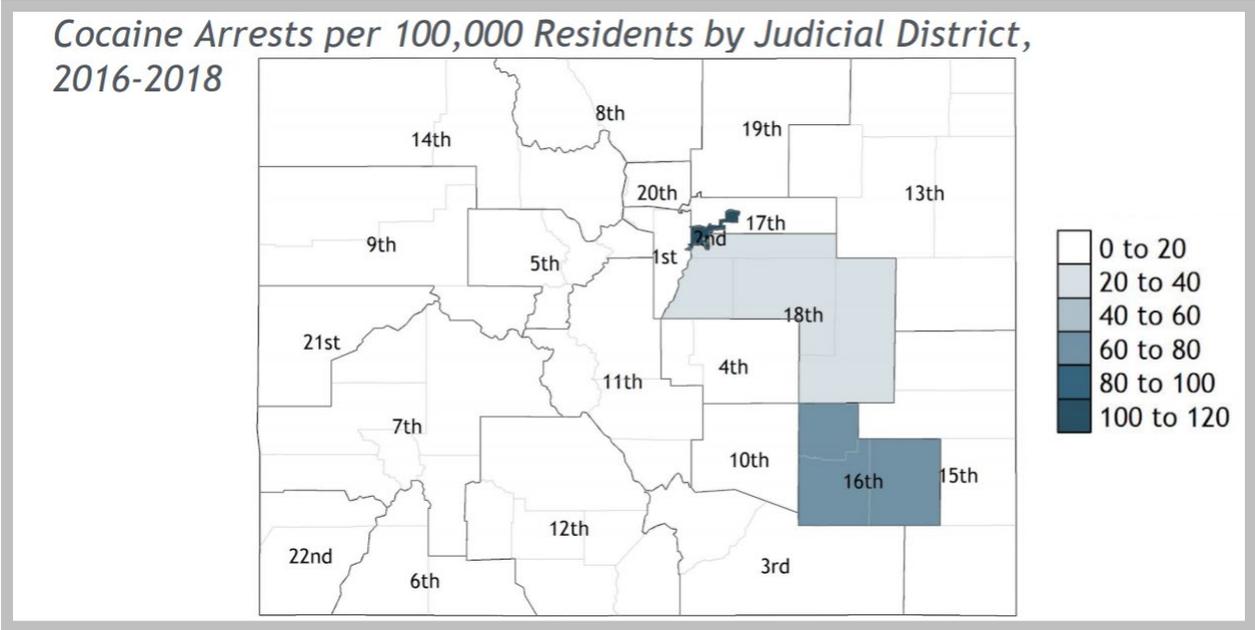


Source: Colorado Bureau of Investigation, National Incident-Based Reporting System; Colorado Office of Demography.

Heroin Arrests per 100,000 Residents by Judicial District, 2016-2018



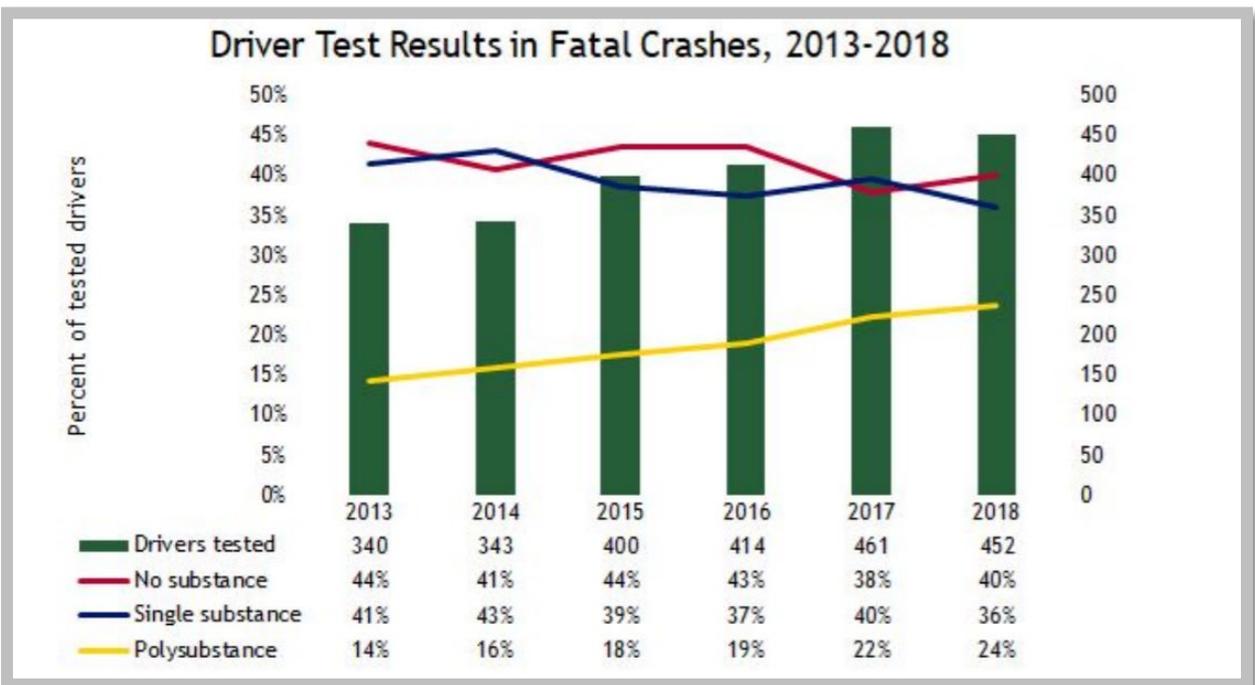
Source: Colorado Bureau of Investigation, National Incident-Based Reporting System; Colorado Office of Demography.



Source: Colorado Bureau of Investigation, National Incident-Based Reporting System; Colorado Office of Demography.

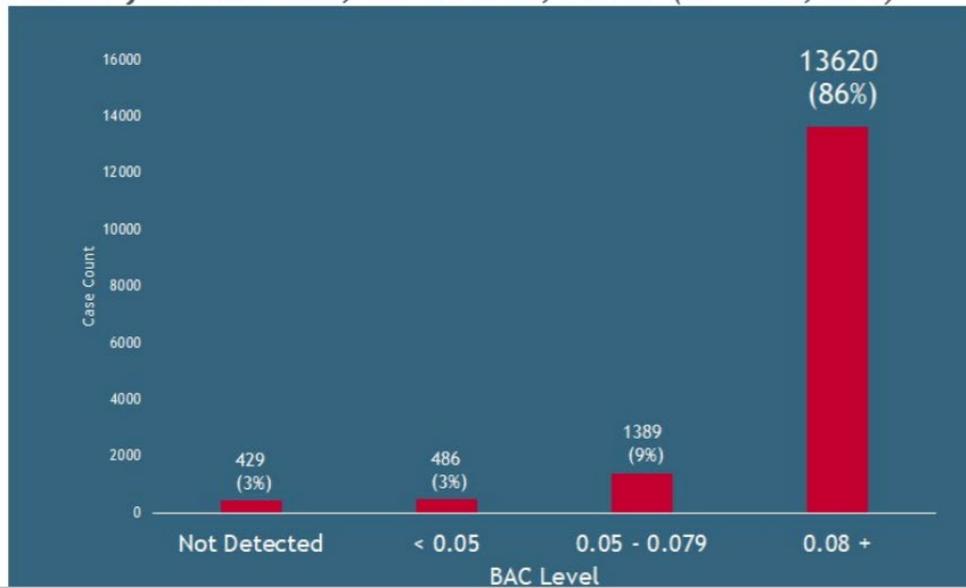
PUBLIC HEALTH HARMS

The presentation also covered a range of driving-related public health harms, including fatalities and fatality rate, substances vs. polysubstance presence in drivers tested, blood alcohol content, and THC levels in drivers tested.



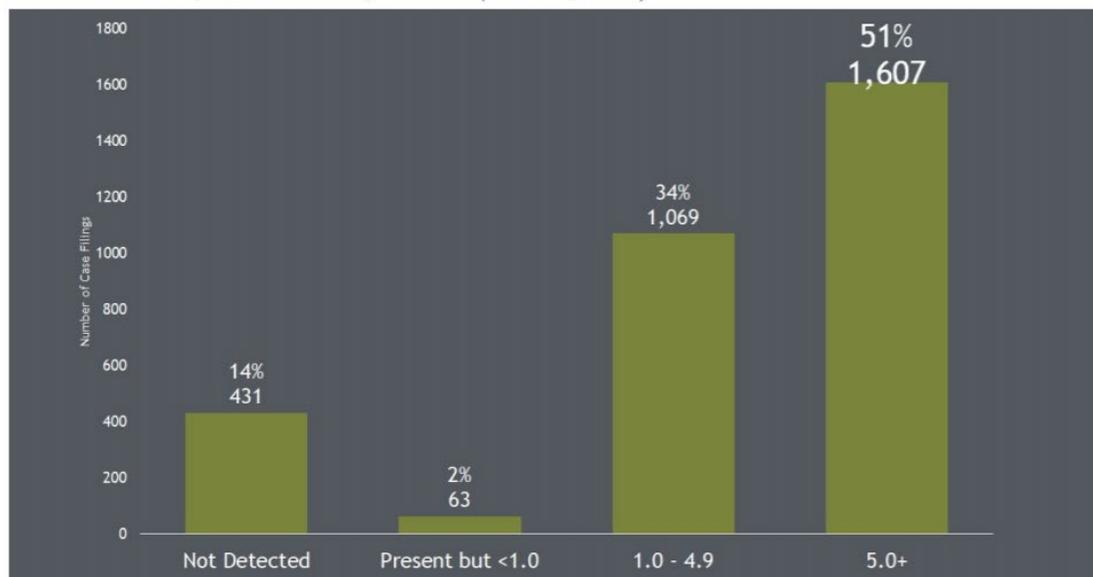
Source: Colorado Department of Transportation.

Blood Alcohol Content Levels for Individuals Charged with DUI and Screened for Alcohol, Colorado, 2017 (n = 15,924)



Source: Colorado Department of Public Safety, Division of Criminal Justice.

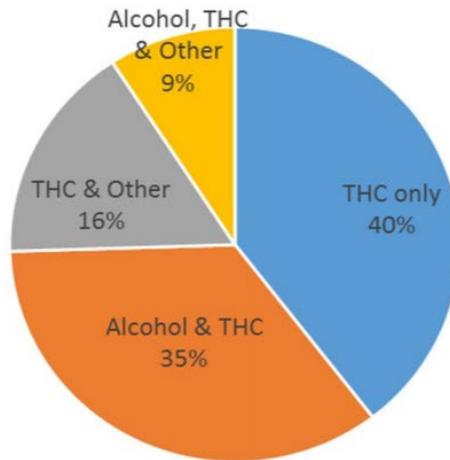
THC Levels Among Individuals Charged with DUI and Who Were Screened for Cannabinoids, Colorado, 2017 (n = 3,170)



Source: via Colorado Department of Public Safety, Division of Criminal Justice.

The presentation also covered testing of those charged with DUI who tested positive for THC and polysubstance use.

Individuals Charged with DUI & Tested Positive for THC & Polysubstance Use, Colorado, 2017

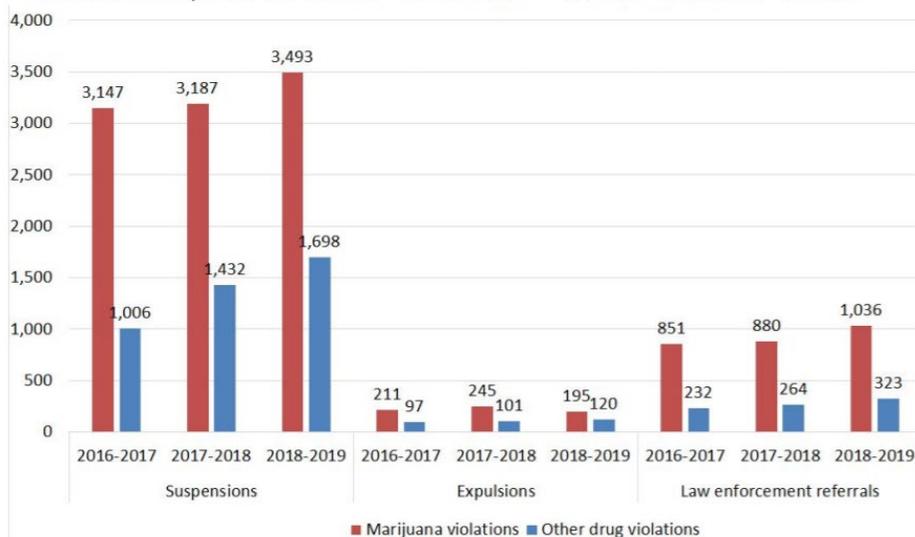


Source: via Colorado Department of Public Safety, Division of Criminal Justice.

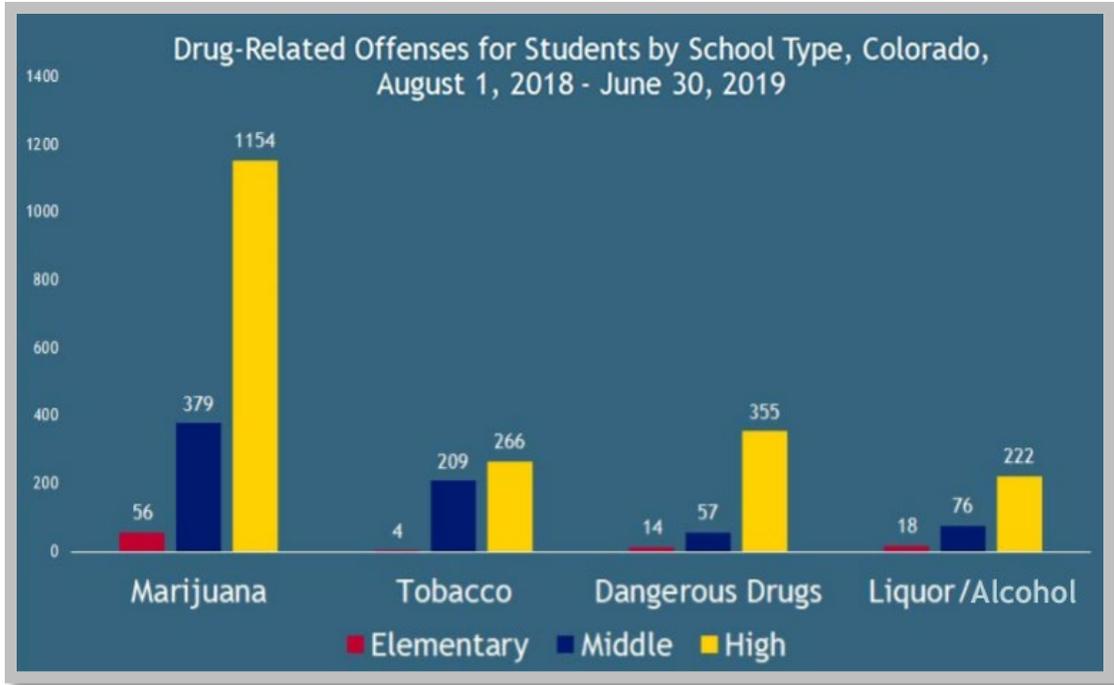
SCHOOL DISCIPLINE & LAW ENFORCEMENT CONTACTS

The data demonstrated that marijuana was the most common drug violation in suspension, expulsion, and law enforcement referrals at school.

School Discipline Outcomes for Marijuana vs. Other Drug Violations, Colorado, 2016-2017 to 2018 - 2019 School Years



Source: Colorado Department of Education.



Source: Colorado Department of Public Safety; Division of Criminal Justice.

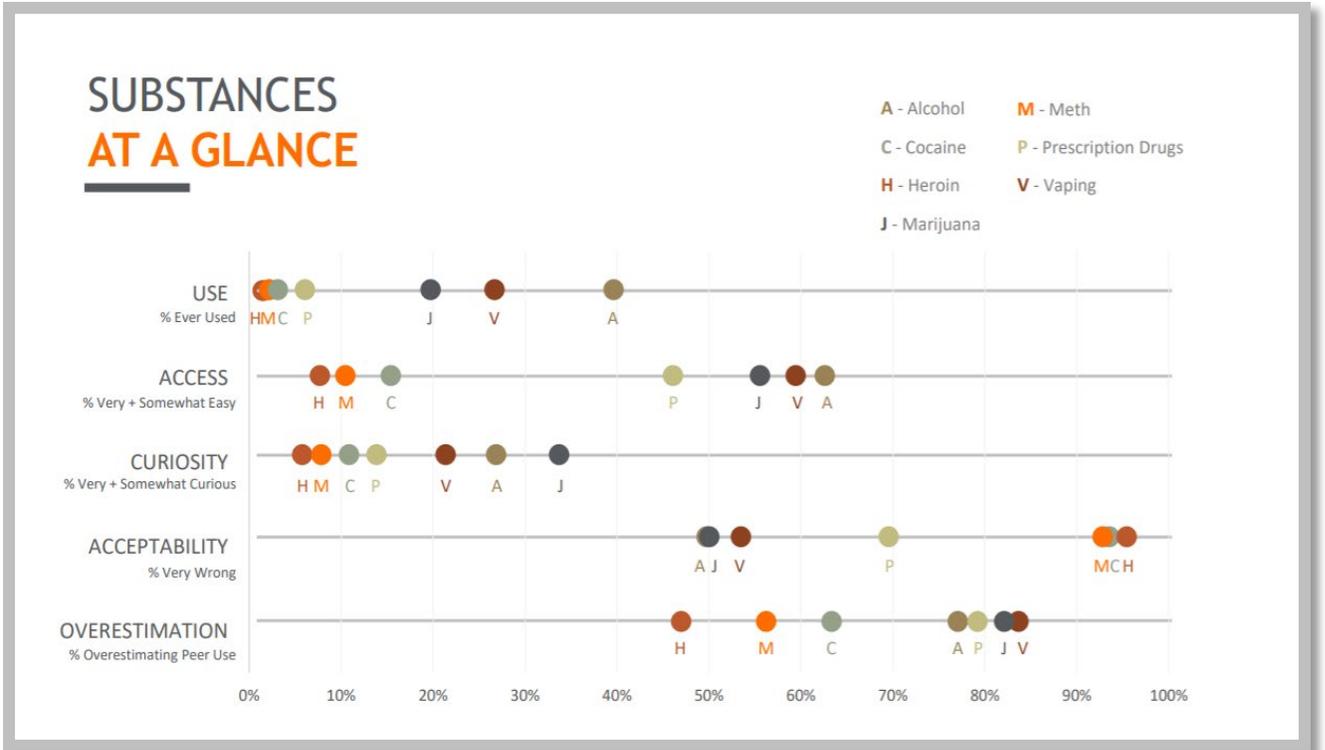
Behavioral Health & Substance Use Among Colorado Teens

Kent MacLennan, Executive Director of [Rise Above Colorado](#), presented preliminary results of the 2020 Rise Above Colorado Youth Survey. The full presentation is [available here](#). The survey measured substance use behaviors among Colorado teens ages 12-17. Over 600 teens were surveyed between the dates of February 27th and March 31st of 2020. Initial results were presented to the Task Force in the fall of 2020 and a complete release of the results is expected in early 2021.

Key findings include:

- Increased acceptability of use as part of adolescence and as a coping mechanism for stress.
- Diminished connection with a trusted adult/parent and lessened interest in school and personal goals.
- Belonging is key: those who are not connected to any school or social group are significantly more likely to use alcohol, marijuana, and vaping products.
- Conversations at school and home are declining, presenting a key opportunity for adults to support youth.
- Youth identifying as LGBT reported increased risk factors in their attitudes about substances and reported the highest rate of having a member of their household with depression or mental health challenges, indicating continued need to reach this group with relevant resources.
- Substance use is holding steady, but risk factors are increasing particularly for marijuana and alcohol.
- There is greater misperception among youth about the prevalence of vaping among their peers than any other substance.
- Despite concerns, there is hope: the vast majority of youth are not using substances, presenting an opportunity to close the gap between actual and perceived use.

The presentation also previewed the survey results on use, access, curiosity, acceptability, and overestimation of use.



Source: Rise Above Colorado, Office of Behavioral Health.



APPENDICES

A

**Task Force
Member Roster**

Substance Abuse Trend and Response Task Force

Member Roster

Chair

Colorado Attorney General, Phil Weiser

Vice-Chairs

Avani Dilger, Vice Chair, Treatment

Founder and Director, Natural Highs—Healthy Alternatives to Drugs and Alcohol

Chief Rick Brandt, Vice Chair, Criminal Justice System

Evans Police Department

City of Evans

Matt Baca, Vice Chair, Prevention

Director, Office of Community Engagement

Office of the Attorney General

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. Jack Tate, Senate District 27

Speaker of the House Designee: Representative Meg Froelich, House District 3

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

Local Child and Family Service Provider: Julia Roguski, Director of Child Protection Services

Youth Representative: Stazi Snelling, Youth Advisor, Rise Above Colorado

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

Last updated 08/07/2020

Human Service Agency: Matt Holtman, Colorado Department of Human Services, Division of Child Welfare

Criminal Defense Bar: Greg Daniels, Daniels Law Firm

Mental Health Treatment Provider: Dr. Liz Hickman, Centennial Mental Health Center, Inc., Sterling

Colorado Department of Education: Ashley Idrees, Director, Dropout Prevention & Student Re-engagement

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: Beauclarine Thomas, Colorado Municipal League

Licensed Pharmacist: Dr. Robert J. Valuck, 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: Ashley Chase, 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: Whitney Hickman, 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

COVID-19 & Alcohol

B

Alcohol Use During the COVID-19 Pandemic

Topical Brief Series: Vol. 2, Issue 1

Introduction

The novel Coronavirus (COVID-19) has changed the world as we know it. Many policies related to alcohol availability have changed, which in turn has an impact on consumption and public health. This brief describes some of the changes in alcohol policy in Colorado, emerging indicators related to alcohol availability and related harms, and considerations on using data to study alcohol consumption changes due to COVID-19. Given the novel nature of the virus, many researchers are still in the process of understanding the impact the pandemic will have on alcohol use. The COVID-19 pandemic has forced many to self-isolate and social distance. Social isolation may negatively impact those already struggling with substance use disorders. For instance, previous research on the impact of similar crises showed that

“A relaxation of alcohol measures and increasing personal distress related to the COVID-19 outbreak could lead to an increase in alcohol consumption and/or a worsening of patterns in the longer term.”

-J. Rehm., C. Kilian, C. Ferreira-Borges,
D. Jernigan, M. Monteiro, C. Parry,
Z. Sanchez, and J. Mantney

**Alcohol Use in Times of COVID-19:
Implications for Monitoring and Policy**

financial difficulties, social isolation, and uncertainty about the future during and after a crisis can worsen patterns of alcohol use and increase alcohol-related harms.¹ In addition, research shows that job loss is associated with increased depression, anxiety, distress, and low self-esteem, and may lead to higher rates of substance use disorder

Key Findings

- COVID-19 has had implications on alcohol policy and availability in Colorado, with some policies increasing access and others limiting access.
- Alcohol consumption and related harms can be monitored with multiple indicators including alcohol sales, tax revenue, number of drinks per day, DUI citations/crashes, alcohol related poisonings/deaths, and rates of domestic abuse.
- Interpreting data from the above indicators is challenging and may not reveal the full impact of the pandemic on alcohol use.
- It is important to support the capacity of public health professionals to monitor and study the impact of COVID-19 on alcohol consumption and related harms.

and suicide.²

This brief covers some of the implications that have been observed thus far and considerations for future research. This brief is intended to provide substance use prevention, treatment, and recovery professionals and policy makers with important information and context around alcohol use in Colorado during the pandemic.

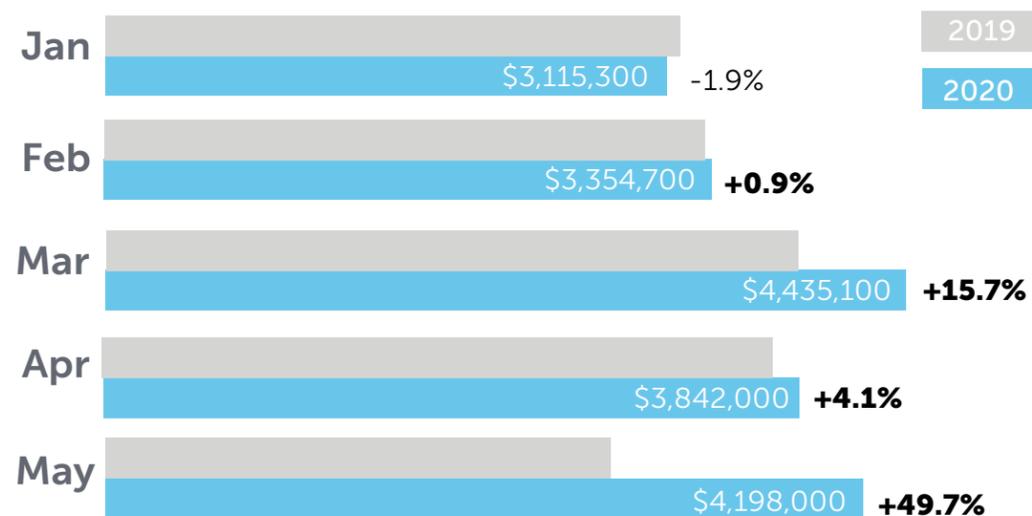
Availability of Alcohol

Recent policy decisions related to COVID-19 have not only changed daily life in Colorado but also changed the availability of various substances nationwide. On March 25, 2020, Governor Jared Polis issued Executive Order D 2020 003, which mandated Coloradans to stay at home due to an increasing number of COVID-19 cases in the state.³ A statewide shutdown of the state required many businesses to close (including bars and some restaurants) that were considered non-essential. Liquor stores in the City and County of Denver were at first ordered to close as they were categorized as non-essential, but hours later were deemed essential businesses and allowed to stay open. In addition, there are currently no limits on the amount of alcohol an individual is allowed to purchase (including beer, wine and spirits) from off-premises establishments (i.e., liquor stores). Senate Bill 20-213 now allows various on-premises establishments and sales rooms (e.g., restaurants, breweries) in Colorado to deliver alcoholic beverages to customers and provide takeout beer, wine, and mixed drinks until July 1, 2021.⁴

Conversely, Executive Order D 2020 142 requires on-premises establishments stop serving alcohol at 11:00 p.m. as a preventative measure against the spread of the virus (policy current at time of

publishing).⁵ The temporary closure of many bars and restaurants with restricted sales hours, in conjunction with the allowance of delivery and takeout of alcoholic beverages from on-premises establishments, could have impacts on public health and safety. Negative impacts may be observed due to the potential for increased availability of alcohol, including among those who are underage, through takeout and delivery from on-premises establishments. Impacts may be observed from limiting hours of alcohol sales and the temporary or permanent closure of alcohol establishments, which may reduce overall alcohol outlet density. In addition, people staying at home more may positively impact alcohol-impaired driving outcomes. The changing availability of alcohol during the pandemic makes it crucial to monitor alcohol

Figure 1. **The Colorado Department of Revenue collected increased liquor excise tax revenues** between February 2020 and May 2020 compared to the same time period in 2019.



Data source: 2019-20 Liquor Excise Tax Revenue, Colorado Department of Revenue

consumption and alcohol-related harms.

Alcohol Use Impacts

Revenue and Sales

Researchers have used diverse metrics to estimate recent changes in alcohol use and access. For example, Nielsen has monitored changes in alcohol sales data. Nationally, off-premise sales of alcoholic beverages jumped by 55% for the week of March 21, 2020 compared to the same week a year earlier.⁶ Liquor excise tax revenues are another indicator of

change in alcohol consumption patterns. These are taxes paid by manufacturers/wholesalers when they sell alcoholic beverages.

The Colorado Department of Revenue collected increased liquor excise tax revenues between February 2020 and May 2020 compared to the same time period in 2019.⁷ Across the entire month of March, revenues raised by the existing excise tax rate increased by 13.6% between 2019 and 2020. The greatest increase in revenues occurred in the month of May, which saw a nearly 50% increase from 2019 to 2020 (Figure 1).

National Changes in Alcohol Use During COVID-19

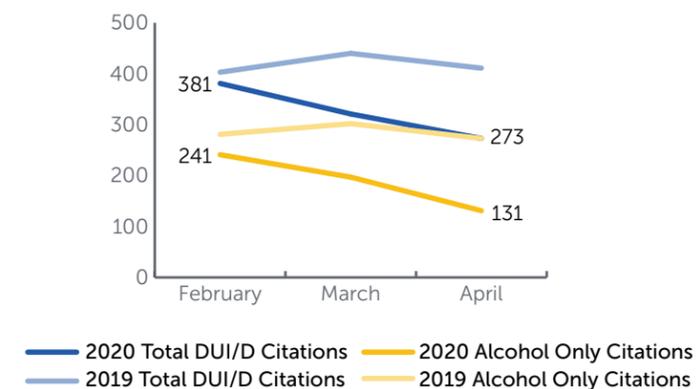
RTI International recently conducted a nationally representative survey to gauge alcohol use since the COVID-19 outbreak.⁸ Participants were asked about their patterns of alcohol consumption in February and April, mental health, employment status, and lifetime alcohol experiences. The researchers aimed to explore how overall alcohol consumption changed following policy changes related to the pandemic.

Of the 993 people surveyed, 555 (55.9%) reported drinking in the month of February. Among this sample, the average number of drinks per day increased by 27% between February and April, with males increasing drinks per day slightly more than females. The survey also found the number of people who exceeded drinking guidelines significantly increased from February to April by 21%. In addition, binge drinking increased by 26%. Another key finding is that the largest increases in all measures were observed in the Western U.S., which includes Colorado. Finally, being female, Black, or having children in the household was associated with significant increases on at least one measure of alcohol consumption.

Citations and Fatal Crashes due to DUI During COVID-19

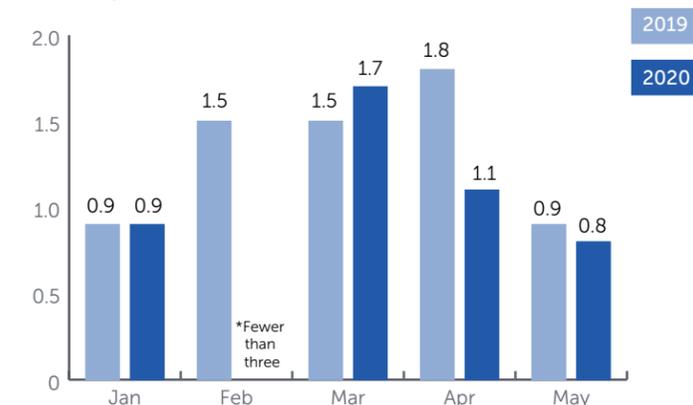
The Colorado State Patrol's Impaired Enforcement Report contains data on crashes and citations from Driving Under the Influence and Driving Under the Influence

Figure 2. **Alcohol citations and total DUI/D citations decreased** across the months of February, March, and April 2020 compared to the same months in 2019.



Data source: Feb-April 2020 Colorado State Patrol Impaired Enforcement Reports

Figure 3. There was **little variation in the age-adjusted rate of alcohol related poisonings/deaths** between January and May of 2020 compared to the same months in 2019.



Data source: Vital Statistics Program, Colorado Department of Public Health and Environment

of Drugs (DUI/D). The report highlights data for the months of February, March and April for 2019 and 2020 and percent changes between these years. Overall, alcohol citations and total DUI/D citations decreased across the months of February, March, and April 2020 compared to the same months in 2019 (Figure 2). Another useful metric to monitor changes in use of alcohol-related harms can be fatal crashes related to DUIs. Preliminary statistics published by the Colorado Department of Transportation show that between March 14th and May 28th of 2020, there were 38% fewer DUI-related fatal crashes compared to the same time period in 2019.⁹ The report mentions several important considerations. The preliminary DUI data for 2020 crashes is based on officer opinion, so final 2020 DUI data based on toxicology could change this result. The final 2019 DUI data is based on official toxicology reports.

Vehicle miles traveled and total number of fatal crashes during the 2020 period were lower than the same period a year earlier, which could factor into the decrease in DUI-related fatal crashes.

Alcohol Related Poisonings

Changes in alcohol use and its impact on health can also be analyzed through alcohol-related overdoses/fatalities. Preliminary data released by the Colorado Department

of Public Health and Environment Vital Statistics Program show that there was little variation in the age-adjusted rate of alcohol-related poisonings/deaths in January-May of 2020 compared to the same months in 2019. Rates are annualized and presented per 100,000 population in year and sex category. Age-adjusted rates are standardized using the 2000 US Population Standard. In March of 2019 the age-adjusted rate of alcohol related poisonings was calculated to be 1.5, compared to 1.7 for March of 2020. Conversely, April saw a decrease from 2019 to 2020. These rates not deviate largely from previous rates (Figure 3).

Domestic Violence

Due to the fact that COVID-19 has forced many people to stay at home, a major concern is an increase of child neglect/maltreatment and domestic violence. The shift from on-premises to off-premises consumption of alcohol may be associated with increased violence in the home due to increased or unsupervised drinking.¹⁰ Many police departments around the U.S. have reported an increase in domestic violence calls during the pandemic.¹¹ However, crime data from Denver Police Department Crime Reporting database shows reported domestic violence cases decreased slightly for the months of March and April in 2020 compared to the same months in 2019.¹²

Fewer opportunities to report abuse could be a reason why domestic violence crimes decreased in Denver.

Quarantine and isolation with abusers could lead to fewer opportunities to report abuse. Schools are often places where reports occur, especially for abuse of children. School closures due to COVID eliminated the opportunity for reporting.¹³ A decrease in reports does not necessarily mean a decrease in violence.

Conclusion

As the pandemic continues in the U.S. and in Colorado, researchers and public health professionals must remain informed and cognizant of how to best study the impact of the virus on substance use, including excessive alcohol consumption. The ease of access to alcohol during this time of social isolation could influence more people to use alcohol excessively as a convenient coping mechanism. The negative health impact of excessive alcohol use has been extensively studied and is known to cause harm to health and safety.¹⁴ Effective strategies to reduce the negative consequences of excessive alcohol use are available.¹⁵ It is critical to ensure public health professionals have the capacity and support to monitor changing alcohol consumption and its potential effects on the health of Coloradans. Researchers and public health officials should continue to monitor and study the impact of COVID-19 on alcohol consumption and related harms to provide important information and support to our state.

Resources for Monitoring Changes in Alcohol Use and Related Harms

- Colorado Department of Revenue [Liquor Excise Tax](#)
- Colorado Bureau of Investigation [Colorado Crime Stats DUI/Drugs](#)
- Centers for Disease Control and Prevention [Alcohol-Related Disease Impact Application](#)
- Colorado Department of Public Health and Environment [Vital Statistics Program](#)
- [Excessive Alcohol Use Prevention & Data](#)
- Colorado Department of Human Services [Community Performance Center](#)

For more information

including references, please visit our website

www.coloradoseow.org



Policy Survey Report

C

Colorado Consortium for Prescription Drug Abuse Prevention

**Progress on Implementation of Bills of the Study Committee on
Opioids and Other Substance Use Disorders**

November 2020

**Prepared for the
Substance Abuse Trend and Response Task Force**

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I. Overview

Senate Bill 20-028 mandated that the Substance Abuse Trend and Response Task Force to convene stakeholders for the purpose of:

- i. reviewing progress on bills introduced by the Opioid and Other Substance Use Disorders Study Committee, and
- ii. generating policy recommendations related to opioid and other substance use disorders, including prevention, harm reduction, treatment, criminal justice, and recovery.

The Opioid and Other Substance Use Disorder Study Committee of the Colorado General Assembly first held a series of committee meeting in the summer and fall of 2017, 2018 and 2019. In all, the Study Committee drafted 16 bi-partisan bills that were introduced for legislation and 14 of those bills were signed into law.

Within the 14 bills that became law, there are 85 policy items related to the following five categories concerning opioid and other substance use disorders: prevention, harm reduction, criminal justice, treatment and recovery.

Due to COVID-19, it was determined to utilize an online survey to collect input from stakeholders rather than conduct in-person groups. For the purpose of the survey, closely related policy items were combined, resulting in a total of 70 policy items for stakeholder input.

II. Survey Process

For general stakeholders, the survey consisted of modules aligned with five categories of the Study Committee bills: prevention, harm reduction, criminal justice, treatment and recovery.

For stakeholders from the state departments, the survey was formatted by department with the oversight authority for implementing the policies.

For each policy items, there were three questions:

- To what extent has the policy achieved, or is achieving its objective(s)?
- Are there unintended consequences related to any of these policies?

- Do any of these policies need to be revised?

The survey for general stakeholders was launched on October 20, 2020 and remained open until November 6, 2020.

The survey for state department personnel was launched on October 28, 2020 and was closed on November 11, 2020. The request for state department input was directed through the legislative affairs staff of the departments.

III. Key Findings

All policy items received at least one response and 67 received a favorable score of 3.1 or higher in achieving the intended objectives of those policies.

In response to the question “To what extent has the policy achieved or is achieving its objective(s)?” the following 15 policies received the top scores on a range of 1-5 (1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent):

- Extends immunity from civil damage and criminal prosecution for administration of expired naloxone (HB20-1065).
- Considers entry into or successful completion of substance use disorder treatment program by a person as a factor of consideration in determining whether to seal arrest and criminal records (HB20-1017).
- Requires Medicaid reimbursement of at least one FDA approved ready to use overdose reversal drug without prior authorization (HB18-1007).
- Requires the Substance Abuse Trend and Response Task Force to review progress on bills introduced by the Opioid and Other SUD Study Committee (SB20-028).
- Creates the Harm Reduction Grant Program (SB19-008).
- Funds a maternal and child health pilot program grants to two treatment facilities (SB19-228).
- Consolidates Part 1 of Article 82 of Title 27 relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of drugs with Part 1 of Article 81 of Title 27 relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of alcohol use disorders, in order to create a single process that includes all substances (SB20-007).

- Charges the Commission on Criminal and Juvenile Justice to study and make recommendations on alternatives to criminal charges for individuals with and substance use disorders arrested for drug-related offenses and other items (SB19-008).
- Allows for intergovernmental agreements for the purchase of mental health services by courts, counties, municipalities, school districts and other political division (HB19-1287).
- Establishes rules that standardizes utilization management authority timelines for nonpharmaceutical components of medication-assisted treatment (HB18-1007).
- Prohibits Managed Service Organizations from denying access to services for people on medication assisted treatment and establishing rules by the state board of human services (SB20-007).
- Adds behavioral health care providers to list of health care providers eligible for loan repayment through Colorado Health Service Corps program (SB18-024; funding decreased in 2020).
- Allows for sealing of criminal conviction records information for offenses involving possession of controlled substance and the conditions and processes for such sealing (SB19-008).
- Creates the naloxone bulk purchase fund (SB19-227).

Only three policy items received a score of 3.0 or lower with regard to the question “To what extent has the policy achieved or is achieving its objective(s)?” The three are:

- Creation and one-year funding of Charlie Hughes and Nathan Gauna Opioid Prevention Grant (SB19-228).
- Allows hospitals to operate a syringe access program (SB19-227).
- Establishes centralized web-based behavioral health tracking system for locating behavioral health treatment options, including opioid treatment programs (HB19-1287; repealed in 2020).

Both public and departmental stakeholders indicated that it was too early to assess the full impact of many of the policies passed and that more time is needed in the implementation of the policies to determine the impact.

Stakeholders also indicated a need for tracking in order to obtain information on the success of the implementation and impact of the policies.

Both public and departmental stakeholders expressed lack of enforcement mechanisms as a barrier to ensuring implementation.

Public stakeholders expressed some divergent views in terms of changes to treatment policies.

Funding cuts were identified as one barrier to implementation of several policies.

IV. Survey Results

A total of 61 responses were received to the general stakeholder version of the survey. For the second version of the survey, responses were received from the following state departments: Colorado Department of Human Services (CDHS), Colorado Department of Public Health and Environment (CDPHE), Division of Regulatory Affairs (DORA), Division of Corrections (DOC), and Health Care Policy and Financing (HCPF).

The following are aggregate results from public and departmental stakeholders by bill number and category.

A. Policy Recommendations

Bill Number	Submitter	Policy	Proposed Policy Action
1. Prevention			
SB18-022	Public	PDMP check for 2 nd opioid Rx	Address prescribing guidance and PDMP checks for benzodiazepines prescriptions

SB18-022	Public	Limit on 1st opioid Rx to 7-day supply	Continue limit of 7-day supply for 1 st opioid Rx
SB18-022	DORA	Limit on 1st opioid Rx to 7-day supply	Align policy with most recent CDC guidelines for pain management to allow greater flexibility
2. Harm Reduction			
SB18-040 (Not passed)	Public	Supervised injection facility pilot (Not passed)	Reintroduce supervised injection facility pilot
HB19-227	Public	Naloxone bulk purchase fund	Streamline naloxone bulk purchase and standing orders process (make a single step instead of two separate steps)
SB20-007	Public	Naloxone health benefit coverage	Assess enactment of policy requiring health benefit plans to provide coverage for naloxone
HB20-1065	Public	Pharmacists educate on naloxone when filling opioid Rx	Add tracking requirement to ensure pharmacists are informing patients of naloxone when filling an opioid Rx
HB19-227	Public	Naloxone bulk purchase fund	Identify means to increase access to naloxone, such as ongoing funding for the naloxone bulk purchase fund
HB19-227	Public	Syringe safe disposal program	Allow rural areas to participate in safe syringe disposal program
HB19-227	Public	Harm reduction grant program	Increase level of funding for harm reduction grant program to encourage additional syringe access programs around the state

3. Criminal Justice			
SB20-007	Public	Prohibition of discrimination on MAT in drug courts, parole and community corrections	Track and assess implementation of prohibition of discrimination on medication-assisted treatment in drug courts, parole and community corrections
	Public	Various criminal justice measures	Include enforcement mechanism for various policy measures
SB19-008	Public	CCJJ recommendations on criminal justice diversion	Review Commission on Criminal and Juvenile Justice (CCJJ) report for policy recommendations
HB20-1017	Public	Safe stations	Eliminate safe stations provision due to burden on organizations and limited perceived benefit/impact
HB20-1017	CDHS	Safe stations	Review and align federal and state discrepancies for collecting controlled substances
4. Treatment			
HB19-1287	CDHS and Public	Behavioral health tracking system	Provide funding for behavioral health tracking system (was an unfunded mandate; repealed in 2020)
HB19-1287	Public	Care coordination, funding for rural treatment	Provide funding for care coordination and rural treatment grant (repealed in 2020)

HB19-1287	Public	Behavioral health tracking system	Maintain repeal of web-based behavioral health tracking system
HB18-1136	Public	In-patient residential waiver	Reduce pre-authorization period for residential inpatient treatment (can be up to 72 hours); require pre-authorizations to be approved or denied same day
HB18-1136	Public	In-patient residential treatment waiver	Ensure determination of Medicaid reimbursement rate for inpatient residential treatment with sufficient time for planning; allow greater negotiation for treatment providers
HB18-1136	Public	In-patient residential treatment waiver	Reduce redundancy and complexity of contracting separately with Managed Service Organizations (MSOs) and Regional Accountable Entities (RAEs)
Unclear	Public	Multiple	Review and streamline duplicate funding to some agencies (e.g., pilot MAT and Office of Behavioral Health van-based treatment program)
HB18-1136	Public	In-patient residential treatment waiver	Ensure reimbursement of substance use assessments to incentivize intake of individuals with Medicaid
HB18-1136	Public	In-patient residential treatment waiver	Work with OBH regarding prioritization of supplemental funding of inpatient residential treatment (remove prioritization for individuals receiving MAT)
SB18-24 and others	Public	Multiple	Ensure all behavioral health money and loan repayment be coupled with mandatory offering of MAT

SB20-007	Public	Involuntary commitment	Include incentives for treatment providers to accept involuntary commitments
5. Recovery			
SB19-228	CDHS	Maternal and child health pilot program	Extend pilot maternal and child health pilot program to allow for more robust data collection

B. Proposed Policy Actions Recommended from Departmental Feedback

Bill Number	Policy	Proposed Policy Action
SB19-228	Funds maternal and child health pilot program grants to two treatment facilities for integrating prenatal and postpartum health care services and four obstetric and gynecological clinics for integrating SUD treatment	<p>Due to the lengthy time period a participant is antepartum/pregnant/postpartum, it is difficult to accurately capture data within the pilot program window of time.</p> <p>Extending the pilot program would allow for more robust data that captures both prenatal and postpartum health data for participants receiving integrated care.</p>
SB19-008	Requires county jails receiving funding through the Jail-Based Behavioral Health Services Program to have a policy for medication-assisted treatment by January 2020	The statute did not require the policies to be provided to the OBH. The statute was interpreted by some jails as only needing to develop a policy and not as

		<p>needing to provide medication-assisted treatment</p> <p>There is also potential for jails to opt out of Jail-based Behavioral Health Services funding if they are not going to provide MAT policies, which impacts overall behavioral health services that may be provided in jail.</p> <p>If the intent is to require jails to provide MAT, the current law says that the jails’ policy should describe how MAT will be provided and not that the jails have to provide MAT.</p>
<p>HB19-1287</p>	<p>Establishes centralized web-based behavioral health tracking system for locating behavioral health treatment options, including opioid treatment programs (HB19-1287; repealed in 2020)</p> <p>Established a care navigation system to assist clients in accessing treatment services of substance use disorders (HB19-1287)</p>	<p>Due to HB 20-1391, there are currently no funds to change and maintain the system unless the budget request in the FY 2021-2022 budget package is approved by the Legislature.</p> <p>With funds being cut, there are no incentives for provider compliance, nor have penalties for noncompliance been established or enforced. Although “penalties for noncompliance” is allowed pursuant to 27-60-104.5(3)(d), C.R.S., OBH does not have the authority to spend any monetary compliance fees, as no cash fund was established.</p> <p>Once the bed tracking system is implemented, then able to make</p>

		<p>recommendations about potential revisions can be made.</p> <p>One potential concern is provider compliance with updating the availability of the system. Alternatively, there will be an opportunity to drive business to a facility's beds by keeping the system up to date and relevant.</p>
HB20-1017	Allows for mobile crisis services to be required to be delivered by approved criminal justice programs or a crisis response system contractor	<p>There could be barriers or challenges in joining teams with different approaches to responses and different contractual and regulatory requirements.</p> <p>Relevant policy recommendations are being determined that would allow for successful blending of co-responder and crisis programs. No statutory changes are needed.</p>
HB20-1017	Requires CDHS to provide crisis services materials to safe stations	<p>HB 20-1017 allowed for the ability for any individual to turn in any controlled substance to a safe station without being subject to arrest or prosecution for possession of such controlled substance. Although it is not OBH's role to implement or enforce the provisions HB 20-1017 placed on safe stations, safe stations have informed OBH that this requirement of safe stations to receive these controlled substances is not federally allowed.</p>

<p>SB19-022</p>	<p>Limits first opioid Rx to 7-day supply for opioid-naïve, non-chronic pain, non-palliative patients</p>	<p>The Division of Professions and Occupations has implemented this policy to the extent that it can. It is a requirement on the providers and is a complaint-based system.</p> <p>Locking prescribing practices/requirements into statute makes it very rigid and not adaptable to changing best practices and federal guidelines.</p> <p>One revision to consider is making the policy align with the most recent CDC guidelines with pain management (which is where the 7-day limit comes from), which would result in a policy that remains flexible and current over time.</p>
<p>SB19-227</p>	<p>Permits pharmacist to dispense an opiate antagonist to a law enforcement agency school district, school or employee/agent of a school</p>	<p>There wasn't a designated model for measurement of this policy, and thus the Division of Professions and Occupations is unable to determine if the bill had the desired impact, altered prescribing behaviors, improved patient outcomes or led to any unintended consequences.</p>
<p>SB19-228 and HB18-1007</p>	<p>Provides pharmacy reimbursement for injections and patient counseling of substance use disorders</p> <p>Requires payers to provide enhanced fee to pharmacists who administer MAT injections that is aligned with</p>	<p>The Division of Insurance (DOI) did amend its regulations (4-2-49) to implement SB19-228 and requirements for HB18-1007 are considered during the rates and forms process.</p>

	the administrative fee paid to a provider in a clinical setting	
SB20-007	Requires a health benefit plan to provide coverage for at least one opiate antagonist	With respect to health benefit plan coverage and hospital reimbursement, these policies became effective September 2020, and therefore, the Division of feels that it is too early to comment on the outcome these policies.
SB20-007	Mandates use of ASAM criteria for addictive, substance use related and co-occurring conditions by health benefit plans	SB20-007 is still in the process of being implemented and therefore, it is too early to comment. ASAM requirements don't apply until the 2022 plan year, and MAT reporting requirements are on the DOI's regulatory agenda for 2021.

C. Ranking of Policies by Achievement of Objectives: Public Responses

1. Prevention (n=17)

Ranking of responses on the question: “To What Extent Has the Policy Achieved or is Achieving Its Objective?”

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy’s Success in Achieving Its Objective

Policy Item	Ranking
Assigns CDPHE to report findings on PDMP integration method by December 1, 2019 (SB19-022)	4.44
Limits first opioid Rx to 7-day supply for opioid-naïve, non-chronic pain, non-palliative patients (SB19-022)	4.29

Expands access to PDMP by medical examiners who are physicians (SB19-228)	4.27
Prohibits prescribers from receiving financial benefit from prescriptions (SB19-228)	4.18
Requires providers to check PDMP before 2nd opioid Rx refill with exceptions (SB18-022)	4.00
One-year funding to local public health agencies to address opioid and other substance use disorders (SB19-228)	3.82
Prevents carriers from penalizing providers for results from patient satisfaction surveys (HB18-1007)	3.75
Develops labeling requirements for opioid prescriptions about risk for overdose and addiction (SB19-228)	3.69
Provides pharmacy reimbursement for injections and patient counseling of substance use disorders (SB19-228)	3.60
Funds school-based behavioral health centers (HB18-1003)	3.57
Funds provider and law enforcement education (HB18-1003)	3.50
Funds public awareness concerning safe use, safe storage, safe disposal of opioids and availability of naloxone (SB19-228) (Funding decreased in 2020)	3.43
Expands statewide SBIRT training for providers, including those serving women of child-bearing age (funding reduced in 2020); and develops a patient-education tool for women to learn about the risks of substance exposed pregnancies, to be deployed for public use in the state (HB18-1003)	3.21
Creation and one-year funding of Charlie Hughes and Nathan Gauna Opioid Prevention Grant (SB19-228)	2.83

2. Harm Reduction (n=15)

Ranking of responses on the question: “To What Extent Has the Policy Achieved or is Achieving Its Objective?”

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy’s Success in Achieving Its Objective

Policy Item	Ranking
Extends immunity from civil damage and criminal prosecution for administration of expired naloxone (HB20-1065)	4.75

Creates the Harm Reduction Grant Program (SB19-008)	4.62
Creates the naloxone bulk purchase fund (SB19-227)	4.46
Reimburses a hospital's cost for providing naloxone upon discharge (HB20-1065)	4.30
Directs state agencies to submit report on individuals tested for Hep B, Hep C, HIV, funding and plans to increase testing and treatment (SB19-228)	4.30
Implements a state program for safe collection and disposal of syringes (SB19-227)	4.18
Permits pharmacies to sell a nonprescription syringe or needle to any person and exempts pharmacist from laws related to possession of drug paraphernalia (HB20-1065)	4.18
Allows nonprofit organizations with experience operating a clean syringe exchange program to operate a new facility without prior approval of local health board (HB20-1065)	4.18
Allows access to naloxone and expands immunity for school personnel (SB19-227)	4.00
Requires pharmacists to educate individuals receiving a prescription opioid on naloxone (HB20-1065)	4.00
Excludes from the definition of drug paraphernalia testing equipment used or designed for use in identifying or analyzing the strength or purity of controlled substances (SB19-227)	3.90
Allows naloxone with AEDs in public settings (SB19-227)	3.64
Requires a health benefit plan to provide coverage for at least one form of naloxone (SB20-007)	3.64
Allows hospitals to operate a syringe access program (SB19-227)	2.92

3. Criminal Justice (n=7)

Ranking of responses on the question: “To What Extent Has the Policy Achieved or is Achieving Its Objective?”

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy’s Success in Achieving Its Objective

Policy Item	Ranking
Considers entry into or successful completion of substance use disorder treatment program by a person as a factor of consideration in determining whether to seal arrest and criminal records (HB20-1017)	4.75
Charges the Commission on Criminal and Juvenile Justice to study and make recommendations on alternatives to criminal charges for individuals with and substance use disorders arrested for drug-related offenses and other items (SB19-008)	4.60
Allows for sealing of criminal conviction records information for offenses involving possession of controlled substance and the conditions and processes for such sealing (SB19-008)	4.50
Allows for creation, maintenance, or expansion of criminal justice diversion programs to connect law enforcement officers with behavioral health interventions or to divert individuals from the criminal justice system (HB20-1017)	4.40
Prohibits any community corrections program from rejecting any offender referred for placement based on the offender's participation in medication-assisted treatment (SB20-007)	4.20
Requires county jails receiving funding through the Jail-Based Behavioral Health Services Program to have a policy for medication-assisted treatment (MAT) by January 2020 (SB19-008)	4.14
Prohibits condition by a court of ceasing medication assisted treatment as part of a drug or problem-solving court or other judicial program or as a condition of probation or parole or placement in community corrections (SB20-007)	4.00

Ensures continuity of care for persons treated for a substance use disorder while incarcerated in a correctional facility, including provision of post-release resources list of substance use providers, and filing of Medicaid enrollment paperwork upon release from the facility (HB20-1017)	4.00
Requires development of resources for inmates' post-release to assist with successful reintegration into communities, reflecting the needs of diverse underserved populations and communities (HB20-1017)	3.80
Requires the Department of Human Services to ensure that mobile response units are available to respond to a behavioral health crisis anywhere in the state within two hours, either face-to-face or through telehealth (HB20-1017)	3.75
Strongly encourages jails and the Department of Corrections to make available opioid agonists and antagonists to a person in custody of an opioid use disorder throughout the duration of their incarceration as medically necessary (HB20-1017)	3.57
Allows for mobile crisis services to be required to be delivered by approved criminal justice programs or a crisis response system contractor (HB20-1017)	3.20
Allows for safe stations where individuals can turn in controlled substances and request assistance to access treatment for a substance use disorder without being subject to arrest or prosecution for possession of such controlled substances (HB20-1017)	3.17

4. Treatment (n=14)

Ranking of responses on the question: "To What Extent Has the Policy Achieved or is Achieving Its Objective?"

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy's Success in Achieving Its Objective

Policy Item	Rating
Requires Medicaid reimbursement of at least one FDA approved ready to use overdose reversal drug without prior authorization (HB18-1007)	4.73
Funds a maternal and child health pilot program grants to two treatment facilities (SB19-228)	4.60
Consolidates Part 1 of Article 82 of Title 27 relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of drugs with Part 1 of Article 81 of Title 27 relating to emergency treatment and voluntary and involuntary commitment of persons for treatment of alcohol use disorders, in order to create a single process that includes all substances (SB20-007)	4.60
Allows for intergovernmental agreements for the purchase of mental health services by courts, counties, municipalities, school districts and other political division (HB19-1287)	4.57
Establishes rules that standardizes utilization management authority timelines for nonpharmaceutical components of medication-assisted treatment (HB18-1007)	4.57
Prohibits Managed Service Organizations from denying access to services for people on medication assisted treatment and establishing rules by the state board of human services (SB20-007)	4.56
Adds behavioral health care providers to list of health care providers eligible for loan repayment through Colorado Health Service Corps program (SB18-024; funding decreased in 2020))	4.55
Requires a carrier to report to the Commissioner of Insurance on variety of indicators assessing provider MAT prescribing (SB20-007)	4.40
Defines a request for prior authorization for medication-assisted treatment as an urgent prior authorization request (HB18-1007)	4.30
Allows the Commissioner of Insurance, in consultation with CDPHE, to promulgate or revise rules on essential health benefits formulary for MAT (SB20-007)	4.29

Addresses barrier of ID verification for treatment for individuals without identification or individuals experiencing homelessness (SB19-227)	4.25
Requires payers to provide enhanced fee to pharmacists who administer MAT injections that is aligned with the administrative fee paid to a provider in a clinical setting (HB17-1007)	4.13
Mandates use of the American Society of Addiction Medicine (ASAM) criteria for addictive, substance use related and co-occurring conditions (SB20-007)	4.10
Requires health plans to provide coverage without prior authorization for 5-day supply of FDA approved drugs for treatment of opioid dependence (HB18-1007)	4.09
Adds inpatient, residential and medical detox substance use treatment as benefit under CO Medicaid, conditional upon federal approval—scheduled for January 2021 (HB18-1136)	4.00
Continues the Medication-Assistance Treatment Expansion Pilot in Pueblo and Routt counties to train and fund NPs and PAs to provide medication-assisted treatment and expands to other frontier and rural counties (SB19-001)	4.00
Requires statewide managed care system to provide coordination of care for the full continuum of substance use disorder and mental health treatment and recovery (SB20-007)	3.60
Establishes a grant program building SUD treatment capacity expansion in rural and frontier communities (HB19-1287, funding cut in 2020)	3.11
Establishes centralized web-based behavioral health tracking system for locating behavioral health treatment options, including opioid treatment programs (HB19-1287; repealed in 2020)	3.00

5. Recovery (n= 8)

Ranking of responses on the question: “To What Extent Has the Policy Achieved or is Achieving Its Objective?”

1= Not at all, 2=To a small extent, 3=To some extent, 4=To a moderate extent, 5=To a great extent

Items Ranked from Higher to Lower Ranking of Policy's Success in Achieving Its Objective

Policy Item	Ranking
Requires the Substance Abuse Trend and Response Task Force to review progress on bills introduced by the Opioid and Other SUD Study Committee (SB20-028)	4.67
Updates and modernizes the definition of child abuse and neglect related to a child born affected by alcohol or substance exposure (SB20-028)	4.40
Creates biennial continuation of the Opioid and other SUD Study Committee, with 2021 focus on impact of COVID-19 (SB20-028)	4.38
Develops perinatal substance use data linkage project to improve outcomes for families impacted by substance use during pregnancy (SB19-228)	4.20
Authorizes the perinatal substance use data linkage project to improve outcomes for families impacted by substance use during pregnancy and prepare a report for submission by January 1, 2021 (SB20-028)	4.17
Prohibits denial of recovery residence admission of individuals receiving medication assisted treatment by recovery residence receiving state funds (SB20-007)	4.14
Creates the opioid crisis recovery funds advisory committee to advise the Office of the Attorney General on use of opioid-related settlement funds (HB19-1009)	4.14
Requires development of a state strategic plan for recovery services (HB18-1003; completed in 2020)	4.00
Establishes the definition of recovery residence, sober living facility and sober home and requires such entities to be certified as a recovery residence (HB19-1009)	4.00
Expands housing vouchers for individuals with substance use disorder and transitioning from a mental health institute, a psychiatric hospital, or from incarceration, or from a residential treatment program (HB19-1009)	3.57

