Welcome New Members

General Updates

Task Force members were asked to come prepared to share the trends they are seeing in the respective fields regarding substance misuse and abuse and its impacts.

Legislative Interim Study Committee on Opioids and Other Substance Use Disorders

The Legislative Interim Study Committee on Opioids and Other Substance Use Disorders has held two sessions to date. All materials and PowerPoint presentations are available at: [https://leg.colorado.gov/committees/opioid-and-other-substance-use-disorders-interim-study-committee/2017-regular-session](https://leg.colorado.gov/committees/opioid-and-other-substance-use-disorders-interim-study-committee/2017-regular-session) (click on the link for Committee Documents). The next session is scheduled for August 22nd and will focus on law enforcement and judicial perspective of the impact, current responses, and policy and practice recommendations.
Coordination of Federal Agencies on the Opioid Crisis Response

Dr. Charles Smith, Regional Administrator for the Substance Abuse and Mental Health Services Administration Region VIII, and Dr. Christina Meade, PharmD, Regional Pharmacy Consultant for the US Health Resources & Services Administration, our federal partners of the US Department of Health and Human Services, shared about Region VIII coordination efforts among 15 federal agencies in addressing the opioid crisis. This group is also meeting quarterly with teams from the states within Region VIII, including Colorado. There are opportunities for coordination not only with state government, but also with local jurisdictions. There will be follow up on a few areas of focus based on the conversation at the meeting, especially regarding rural health as it relates to the Substance Exposed Newborns Hospital Learning Collaborative. Dr. Meade shared some other state based entities funded by HRSA who could be valuable partners in the fight against opioids.

### HRSA State Level Grantees

**Maternal and Child Health Title V Block Grant**
Colorado Contact: Karen Trierweiler
karen.trierweiler@state.co.us

**Maternal and Child Health Home Visiting Program**
Colorado Contact: Julie Becker
julie.becker@state.co.us

**State Offices of Rural Health**
Colorado Contact: Michelle Mills
mm@coruralhealth.org

**State and Regional Primary Care Associations**
Colorado Contact: Annette Kowal
annette@cchn.org
Colorado Contact: Julie Hulstein
julie@champsonline.org

**State Primary Care Office (Workforce)**
Colorado Contact: Stephen Holloway
steve.holloway@state.co.us

Handouts on the Region VIII Opioid Consultation Team and on opioid use, misuse, and overdoses in women are available online at: [https://coag.gov/SATF-agenda-minutes](https://coag.gov/SATF-agenda-minutes) (scroll down to the list of handouts).

### Prevention Needs Assessment

Jenny Wood shared that the Office of Behavioral Health is contracting with the Colorado Health Institute (CHI) on conducting a state prevention needs assessment. Staff of CHI will be making contact with prevention organizations across the state.
Provider Education Funding

Lindsey Myers of the Colorado Department of Public Health and Environment announced that another round of funding for prescriber education will be available soon for application by local communities. When the request for proposal is released, the information will be sent to Task Force members to pass along to their networks.

Substance Exposed Newborns Summit

The Task Force members approved a request of the Substance Exposed Newborns Committee to include the Task Force as a sponsor for the upcoming Substance Exposed Newborns Summit, which is scheduled for November 2nd at the Anschutz Medical Campus. The invitation will be forward to members of the Task Force to share within their networks.

Substance Use Data and Trends Presentations

The data presentations are available in PDF at: https://coag.gov/SATF-agenda-minutes (scroll down to the list of presentations).

**Colorado Drug Trends Presentation:** Dr. Becky Helfand of the Office of Behavioral Health/Colorado Department of Human Services (OBH) presented data from state substance use disorders treatment admissions. The presentation focused on alcohol, marijuana, prescription opioids, heroin, cocaine, and methamphetamine. This was data only from treatment admissions of OBH licensed facilities and based on reported primary drug abuse.

**Alcohol** continues to be the most common substance leading to treatment. Overall alcohol-related treatment admissions are down 21%. **Marijuana** has seen a slight increase in time between first use and first treatment from 9 years in 2008 to 11 years in 2016. Non-medical use of prescription **opioids** has seen steady treatment admission rates. **Heroin** has increased 262% in treatment admissions between 2008 and 2016. Overall treatment for **cocaine** admissions is down 53%. **Methamphetamine** overall treatment admissions are up 72%.

Dr. Helfand has included an interesting article produced by SAMHSA that highlights opioid use in women. **SAMHSA Opioid Use, Misuse, and Overdose in Women** addresses the gender disparities were discussed throughout the presentation. The article is available in PDF at: https://coag.gov/SATF-agenda-minutes (scroll down to the list of handouts).

**Substance Use Patterns and Health Impacts Presentation:** Presented by Kacy Crawford, Alcohol Epidemiologist, MPH; Daniel Vigil, MD, MPH, Marijuana Health Monitoring and Research; and Barbara Gabella, MSPH, Senior Scientist in Injury Epidemiology, all from the Colorado Department of Public Health and Environment.
Alcohol is still the most prevalently used substance. 19% of adults reported binge drinking in the last 30 days, drinking on average 7 drinks. Binge drinking has both short term and long term adverse health outcomes. Binge drinking is not just a youth or young adult issue; it happens across the lifespan. Rates of alcohol poisoning-related ED visits, hospitalizations, and deaths are 4 to 30 times greater than other drugs, depending upon the specific drug, data source, and year.

Marijuana use is highest in young adults and older teens and the trend is stable. Almost three percent (2.7%) of all adults drove after using marijuana in 2016. Poison center calls and ED visits related to marijuana increased during 2012-2014 and may now be declining in 2016.

Opioid trends: Prescription opioid death rate for 2016 is similar to 2014 and 2015 and might be decreasing. The heroin death rate of 4.1 deaths per 100,000 persons in 2016 is statistically higher than 2015 and has doubled since 2012 (when 2.2 deaths per 100,000 persons occurred). Heroin is driving the increase in drug overdose death rate.

Other drugs: Psychostimulant overdose rate of 3.5 deaths per 100,000 in 2016 continued to slowly increase since 2012. (Psychostimulants include methamphetamines.) Cocaine overdose death rate doubled in 1 year, though still very low at 1.8 deaths per 100,000 population. (Note: The overdose death rates are age-adjusted rates).