COLORADO METHAMPHETAMINE TASK FORCE
Meeting November 2, 2012
10:00 am – 1:00 pm
Colorado Municipal League
1144 Sherman St., Denver, CO

FINAL FINAL

Chair – Attorney General John Suthers

Vice-Chairs:
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Treatment* – Marc Condojani, Associate Director, Community Intervention Programs, Division of Behavioral Health, CDHS
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Attendees: John Suthers; Elizabeth Hickman; Stan Hicky; Jeannee Smith; Kathy Wells; Jade Woodward; Greg Daniels; Melissa Gallardo; Marc Condojani: José Esquibel; Chele Clark

Guests: Sergeant Jim Gerhardt; Mike Phelps; Rick Tomaselli: Jessica Zender; Abby Kirkbride; Beverly Grierek; Luke Peppish; Aaron Miller; Lillian Gonzalez; Brenda Naranga; Ryan McCarley; Colleen Brisnehan

Introductions:
Attorney Suthers called the meeting to order at 10:05am on November 2, 2012**.**

Review and Approval of Minutes: Minutes from August 3, 2012, were approved by motion.

Announcements from Task Force Members:

Marc Condojani – A newly formed corrections treatment board has additional money to spend, 1.2 million dollars to expand jail based to extend to the counties that already have it. Will work with sheriffs.

Jeanne Smith – Three boards with similar charges were combined in legislation last year and with a charge of overseeing a combined pool of about money, which includes about $1.4 million for mental health services.

Rachel Allen – Eleven cities and towns have passed resolutions to oppose retail sales of marijuana. Denver Post will print an article regarding this.

José Esquibel – The State Meth Task Force Data Committee met as part of the State Epidemiological and Outcome Work Group to look at the drug use data trends. One trend is the increase in the use of heroin in Colorado, even among adolescents. An analysis of the drug trends data will be presented at the February meeting of the State Meth Task Force.

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The Annual State Meth Task Force report is due at the end of this year. A draft of the report will be sent in for review and feedback.

Legislation Update:

Colleen Brisnehan – A bill to establish a training and certification program for meth lab cleanup contractors and consultants will be re-introduced in the upcoming legislative session. It is based on the revisions to SB13-162 that did not make it through the previous legislative session. If passed, the revised bill will provide property owners with a way to ensure that contractors and consultants are qualified to conduct the cleanup. Constituent support for the proposed bill is being sought.

Jeanne Smith – The Criminal and Juvenile Justice Commission will be setting up a new schedule with revised classification levels for offenses. Drug offenses will be taken out of the higher grid. The district attorneys and courts worked together to get this done.

Reauthorizing the State Methamphetamine Task Force:

A committee of the State Meth Task Force met to prepare a draft of proposed revisions to the current statute. It is suggested to change the name of the Task Force to the " Drug Abuse Trend and Response Task Force" to be reflective of the comprehensive work conducted by the Task Force. This will still encompass responses to methamphetamine abuse, production and distribution.

It is suggested that the following representatives be added to the Task Force membership:

A representative of the Colorado Drug Investigators Association.
A representative of a substance abuse recovery organizations.
A expert in environmental protection.
A youth representative.

A draft of the revisions to the statute will be sent to the SMFT members.

Comments:

- How long to extend this task force? We should include a sunset date, which allows for a review of the work of the group and the viability to continue its work. Let's go with a four year period of time, January 2014 to January 2018. This will allow for determining of the group is going in the right direction and to re-evaluate whether to continue or not at that time.
- What is it we are trying to accomplish and what is our role? Do we need to continue to do this?
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- We have done a lot but we still have environmental issues, prescription drug abuse issues. We need to know what our focus is before we can decided what we want to do.
- We need to look at the emerging issue. I don't see a lot change in what we need to do; we need to be an organization that has the power to be able to facilitate the change.
- The work we have done with Colorado DEC has been instrumental in helping meet the statutory requirements and to move forward.
- We have come up with a winning way to make this group to work.
- Even in expanding the range of issues in legislation, we will need to keep a focus. Do we need to hold a retreat to determine and/or reaffirm the focus of our work moving forward?
- What data is used to figure out what the current trends involving the youth are? The State Epidemiological Work Group looks at all types of data involving substance use among youth and adults, in addition to the law enforcement surveys.
- We have numerous youth coming into the cocaine anonymous groups. They may be interested in coming to this group to share some of their knowledge regarding drugs.
- Youth are often not invited to the table for their input.
- Colorado Meth Project does have a youth group and is starting to identify leadership roles within this group and we may be able to reach out to this group.
- The military does exit interviews and we find out a lot of information pertaining to drug availability and usage amount the youth.

National Pharmaceutical Drug Take Back Day #5:

Helen Kaupang of the DEA was unable to attend, but she sent the following highlight of the most recent Pharmaceutical Take Back event:

- 90 local law enforcement agencies supported 136 event locations.
- 12,260 pounds collected in Colorado.
- 65,037 pounds have been collected from all five take back events.
- National 488,395 pounds were collected at this event.
- 18,734 pounds were collected within the Denver Division (CO, MT, UT and WY).

We are hoping that the DEA guidelines will be able to institute permanent drop off points. The guidelines will be coming out by the end of the year. Attorney General Suthers once again attended some of Take Back events. He noticed older citizens bringing large garbage bags of pills. There is certainly a need for the Take Back events.

Medication Disposal Stakeholders Group

The Medication Disposal Stakeholders Group was recently formed and consists of about 31 agencies, organizations and companies working collaboratively to reduce drug abuse and protect our environment through education, outreach and the development of guidance on proper handling and disposal of unused household medications.

Three areas of focus include: 1) implementing and sustaining local medication take back efforts on non-controlled substances; 2) in-state medication disposal options; and 3) public message development about proper disposal of medications.

Mapping Prescription Drug Abuse Prevention and Intervention:

A request was made by Attorney General Suthers to assist in identifying the various prescription drug abuse prevention and intervention efforts and key stakeholders. He asked Marc Condojani to take the lead on this and for Marc with work Kelly Perez of the Governor's Office. Below is a list that was identified at the meeting:

State Meth Task Force
Colorado Prescription Drug Abuse Task Force
Colorado Div of Behavioral Health
Colorado Medication Disposal Stakeholders
CDPHE Household Medication Take Back Pilot Project
Prescription Drug Monitoring Program
US Drug Enforcement Agency
Rocky Mountain Poison and Drug Center
PHRMA
Waste Management

Attorney General Suthers mentioned that it would be worthwhile to educate the members of the State Meth Task Force about prescription drug abuse prevention and related prevention efforts. Vice Chair Condojani will contact Stan Paprocki, Director of Community Prevention Programs, to update members of the State Meth Task Force on prescription drug abuse prevention efforts funded by the Division of Behavioral Health

National Governor's Association's Prescription Drug Abuse Priority

Governor Hickenlooper is the co-chair of the National Governors Association Prescription Drug Abuse Reduction Policy Academy. A team from Colorado went to Alabama to attend a first meeting. Attorney General Suthers was invited to participate in this meeting, but was unable to attend. David Blake, Deputy Attorney General, did participate. A second meeting is scheduled for Colorado in the spring of 2012. In addition there will be a statewide meeting to pull together the multiple prescription drug abuse efforts in Colorado planned for February or March 2013. The lead policy staff on

the effort in Colorado is Kelly Perez, who also represents the Governor's Office on the State Meth Task Force.

Focus areas being considered as priorities for Colorado include proper medication disposal, improving the utilization of the Prescription Drug Monitoring Program by prescribers, education and awareness of prescription drug abuse education for prescribers, as well as increased options for safe disposal. Kelly will be working with partners on organizing the convening of stakeholders from the various prescription drug abuse prevention efforts in Colorado. She is doing a mapping of various efforts and stakeholders and would like to have help.

One of the things we are lacking in Colorado is regular and consistent public messaging about prescription drug abuse and disposals of household medications. Public announcement messages need to be standard across the board. We need to teach people to safeguard their medications. Some of these messages already exist at the national level, and we need to review them and determine how best to use them in Colorado.

Colorado Meth Project
Kent McLennan, Executive Director, Colorado Meth Project

Kent McLennon, Executive Director of the Colorado Meth Project, presented an update on the statewide integrated prevention campaign.

The good news is that meth use among teens has decreased, the concerning news is the increase in availability of meth and the drop in price.
Since 2009, one main focus of the Colorado Meth project is reaching people, mainly youth, via the Internet and social media (http://colorado.methproject.org). The effort has proven very effective.

- More than 1.3 million people have accessed the interactive national Meth Project Web site
- The national Meth Project's videos have garnered more than 56 million video views online since the launch in November.
- There are now over 300 pieces of interactive content as part of Ask MethProject.Org (http://methproject.org)
- Colorado Results
    - Colorado site traffic has increased over 6 fold since the launch of MethProject.org; 140,000 unique visitors; avg. visit 5 ½ minutes The

- Colorado Meth Project Web site is reaching teens where they live online all across the state, including rural and frontier regions.

The Colorado Meth Project has also developed a meth prevention curriculum based on educational and health standards and piloted in 33 classes in 7 middle and high schools.

Substance Exposed Newborns Subcommittee
Kathryn Wells, MD, Denver Health
Jade Woodward, Executive Director, Colorado DEC

The final version of the SEN Committee recommendations on strategies for addressing issues related to substance-exposed newborns is now posted on the Colorado DEC Web site.

With the passage of HB12-1000, which provides a safeguard for primary care practitioners to screen pregnant women for substance abuse without fear of criminal prosecution of the women, the current focus is on working on:

- Promoting more substance use screening of pregnant women
- Decreasing stigma of substance use during pregnancy
- Increasing identification of pregnant women using substance
- Increase access to services

Colorado DEC received a grant for convening seven regional gatherings to educate people from various disciplines about screening pregnant women for substance use.

The SEN Committee asked for support with regard to the regional convening's. More details are forthcoming from Dr. Wells and Jade Woodard.

ACTION STEPS:

- Increase public awareness and education
- Increase sensitivity and education of professionals and the public
- Increase engagement strategies from working with pregnant women
- Investigate public health approach to identification and provide access points
- Disseminate information on identification of pregnant women advocate for treatment for pregnant women
- Advocate for support services for pregnant women
- Increase services for infant and children

1-800- Children partnership is our partner. This has been populated in information
We have printed posters, brochures and business cards to share, also magnets. This is our first attempt at getting this information out there. We have meet with a number of doctor

groups to get the word out. We have tried to make this as easy as possible. We have had a lot of support from the medical community.

- Colorado Trust Fund to do regional convening
- 7 regional convening by May 2013
- Medical, child welfare, treatment
- Education and creation of action steps

At these convening we will discuss the issues and decide the next steps. We will look at what is needed to go forward. We are looking at communities that we can bring the physicians to the table. We will look for champions within the doctors. We do have a researcher to look at the community data. With this community data we can ask each community if the data is correct. There is no standard way that hospitals report on testing on babies.

Ask the division of child welfare to track the reason the family was referred. We have a drop down list that the family can choose from.

There are standards around what doctors can prescribe to newborn that are suffering withdrawals

Support of the State Meth Task Force is needed:
- To continue as a subcommittee of the task force
- To support regional convening focused on identification
- To identify sources of funding and opportunities to meet goals

It was approved by the Task Force for the SEN Subcommittee to continue its work and to move forward in implementing the SEN recommendations.

Child Protection Ombudsman
Becky Miller Updike, Ombudsman
Office of Colorado's Child Protection Ombudsman

New office was established with legislation in 2010. Ombudsman is a trusted entity and child welfare was grateful for this. There are 28 states that have ombudsman. This is a contract position, NACC, bid for this contract and they won. The charge of the office is to work with child welfare:

- an inquiry to work through the system, a review and look into their case
- look at case and review the actions taken
- look to see if it is out of compliance,
- and finally an investigation.

The idea is to look at the individual level as well as track what is being done. Our office has an annual report. 156 reports came in this year; these included, 80% of our calls dealing with substance abuse.

We are training our welfare intake workers. Mandatory reporting of child abuse, we worked with Kathy Wells to see what can be done. We have good mandatory reporting laws and find that training is an issue. The community levels are where we need to focus. We are doing webinars to training across the boards.

If you would like to contact, please email www.protectocoloradochildren.org

Exposures Associated with Indoor Marijuana Grows
Sergeant Jim Gerhardt, North Metro Task Force

Acknowledgements: The Colorado Drug Investigators Association in coordination with National Jewish Health developed this training program. It is funded by Bureau of Justice Assistance grant 2010-DJ-BX-0316. Additional funds come from the Colorado Association of Chiefs of Police and the County Sheriffs.

We have a forensics specialist that goes with us when we pull down illegal marijuana growing operations.

Sergeant Jim Gerhardt, North Metro Drug Task Force, presented on the findings of a study of health risks of indoor marijuana grow operations (MGOs) and the physical protection measures that law enforcement is beginning to take when dismantling illegal marijuana growing operations. Also, there are particular concerns about health risks to children who live in or visit residential settings with MGOs).

The Colorado Drug Investigators Association in partnership with Dr. John Martyny, Associate Professor of the Department of Medicine at National Jewish Health, completed the most extensive study to date of the health risks of indoor MGOs. In the past several years, the number of indoor MGOs has increased, including operations within homes, high density housing complexes, as well as commercial building. None of these locations are designed for such activity.

The principal concern in indoor marijuana grow operations is the presence of excessive mold spore levels due to the elevated temperatures, humidity, and organic material in these operations. Over 60% of the MGO's that we sampled had mold spore levels or penicillin spore levels that exceeded outdoor levels by at least 10 times. In some cases, the levels were in excess of 100 times the outdoor level.

It is very possible that individuals working for long periods of time in these facilities could develop pulmonary problems such as hypersensitivity pneumonitis, asthma, and allergic rhinitis.

Also, THC, the active ingredient in marijuana, was found to be present on many environmental surfaces. Although adults would not normally be expected to show symptoms, children exposed to this contamination may have some health risk.

The findings of the study recommend risk management policies and practices for workers of indoor MGOs and law enforcement that encounter indoor MGOs, such as protective clothing and equipment.

In addition, there are policy considerations that need to be discussed and implemented with regard to children and indoor MGOs.

Meeting dates for next year:

1st Friday of the following months:

February 1, 2013
May 3, 2013
August 2, 2013
November 1, 2013