Drug Policy Task Force

Date: August 25, 2010 Time: 1:00 – 5:00 p.m

Attendees:

Members

Grayson Robinson/Arapahoe County Sheriff, CCJJ Member / Chair
Bill Kilpatrick/ Golden Police Chief / CCJJ Member
Don Quick/District Attorney, 17th Judicial District / CCJJ Member
Regina Huerter/Denver Crime Prevention and Control Commission/ CCJJ Member
Maureen Cain/Colorado Criminal Defense Bar
Carmelita Muniz/Colorado Association of Alcohol and Drug Service Providers
Evie Hudak/Colorado State Senator, Senate District 19
Tom Raynes/ Attorney General's Office
Miles Madorin/ District Attorney's Office, 1st Judicial District
Nancy Feldman/ Office for Victims Programs, Division of Criminal Justice
Doyle Forrestal/ Colorado Behavioral Healthcare Council
Christie Donner/ Colorado Criminal Justice Reform Coalition
Paul Thompson/Peer 1 Therapeutic Community
Mark Hurlbert/District Attorney, 5th Judicial District
Sean McAllister/Private Defense Attorney
Shane Bahr/ Problem Solving Courts, Judicial Department
Rod Walker / Colorado Springs Police Department
Janet Wood / Division of Behavioral Health

Absent:

Reo Leslie/ Colorado School for Family Therapy / CCJJ Member
Greg Long/District Attorney's Office, 2nd Judicial District
Brian Connors/ State Public Defender's Office
Kathleen McGuire/ Douglas County Office of the Public Defender
Dan Rubinstein/ District Attorney's Office, 21st Judicial District
Jim Welton/ Department of Corrections
Mark Waller/State Representative, House District 15
Dolores Poeppel / Victims Assistance Unit, Colorado State Patrol

Issue/Topic:	Discussion:
Welcome and Introductions **Action**	Grayson Robinson called the meeting to order at 1:10 and reviewed the day's agenda.

Issue/Topic:	Discussion:
Marijuana and Impaired Driving Presentation **Action** Further discussion is needed to address this issue and how it may be acted on by this task force. The slides from this presentation will be sent to the task force and posted online with the minutes.	Laura Spicer introduced the topic of medical marijuana and its impact on driving. The psycho-active ingredient in marijuana is THC. Current laws do not give a numeric value to the level of THC necessary in the blood before an individual can be declared driving impaired. Marijuana Per Se laws need to be established. Cindy Burbach, the state toxicologist for the Department of Public Health and Environment, spoke on the scientific aspects of marijuana impairment. Prior to the passage of medical marijuana laws, when the state labs tested blood for THC levels, the average level was 2 ng/mL. With the current advances in growing marijuana, the active ingredient of marijuana (THC) is increasing. Current blood tests are showing an average of 30 ng/mL. Cannabis has been shown to affect driving performance. In setting Per Se levels, there would be a numeric standard that would be used to determine if an individual is driving while impaired. Marijuana impairs an individual's short-term memory, attention and judgment. It impairs coordination and balance and an individual's ability to judge distance. The effects of TCH last three to four hours after use. Chronic users can still be affected 24 hours after use. If you ingest marijuana orally, it takes longer to show the effects, but the effects last longer. When using a bong, an individual ingests 95% of the THC. The degrees of impairment observed in laboratory tests found that doses of up to 300 ng/kg TCH were comparable having a blood alcohol level of 0.05 g/dl, the legal limit for driving under influence in most European countries. It is difficult to determine how much marijuana would be equivalent to one drink. Individuals who are on medical marijuana should not be driving, just like someone who is taking oxycodone shouldn't be driving after taking their prescription. They should be ingesting the drug and waiting at least four hours before driving. Having a Per Se level shifts the issue away from when the individual ingested marijuana to their blood levels at the time of driving. The question is what should the benchmark THC level be? 2 ng/mL it is equivalent to DWAI. 5 ng/mL is equivalent to a DUI. Laura Spicer spoke on the effects of medical marijuana and juveniles. Studies show that more and more juveniles are obtaining marijuana from their parents who have medical marijuana licenses. The myths surrounding marijuana need to be addressed through education. Fourteen percent of drivers who sustained injury or died in traffic accidents tested positive for THC. According to Center for Disease Control, vehicle accidents are the leading cause of death among people age 16 to 19. Fifteen percent of teens have reported to driving under the influence of marijuana. This is almost equal to the percentage

	of teens who reported to driving under the influence of alcohol. Isn't the tolerance different among others? Don't chronic users develop skills to compensate for their use? This belief came out of findings from 1990 studies. Newer studies have disproven some of these thoughts. Do the medical marijuana cards have a statement that says that the use of marijuana will impair driving? No. Can we try to educate people that if you want to ingest marijuana, go ahead and ingest, but stay home and do not drive? Can we recommend that the suppliers of medical marijuana give out information about the impacts of medical marijuana?

Issue/Topic:	**Discussion:**
Treatment Funding Group Update **Action** Continue work on finalizing "white paper" for presentation to the Drug Policy Task Force.	The Treatment Funding Group is preparing a report, or "white paper," outlining treatment resources. Regina Huerter stated the committee met on Monday and reviewed a draft copy of the white paper. Kim English (Division of Criminal Justice) is incorporating the suggestions made at that meeting. The report contains recommendations. Are there areas of work that can be targeted on? Yes. An earlier question asked by the Drug Policy Task Force was, "Should the Commission take a 'wait and see' stance to observe the outcome of the recent legislation before moving forward?" The treatment funding group wants the Commission to move forward with other sentencing changes. When looking at treatment facilities, there are a lot of out-patient treatment centers, but not enough of the intensive out-patient or in-patient treatment centers. Residential programs that individuals need are not cheap. What is the plan for the report's distribution? The report and the included recommendations need to be finalized. It should be distributed in October.

Issue/Topic:	**Discussion:**
Structure Group Update **Action**	Tom Raynes stated that the Structure Group identified a few areas in criminal law that could be addressed this year. The habitual criminal statute can be reviewed as well as laws surrounding the sealing of records. The group wanted to know if they should move forward on a separate sentencing grid for drug charges or should they hold off? There was an unintended consequence that resulted from the new DUI bill regarding multiple offenders, that needs to be cleaned up. The issue of DUI bond issue was left out. The issue of Marijuana Per Se issue was brought up today could also be addressed as well as Christie Donner's parole option idea (this idea would allow people in prison when HB 1352 passed last year to be eligible for parole when this new bill would allow rather than the existing law when they were convicted).

	It was noted that the Interagency Task Force on Drunk Driving is pushing to lower the DUI level from 0.7 to 0.5.

Issue/Topic:	**Discussion:**
Review of DBH documents **Action**	Following the last meeting, Janet Wood had data collection documents sent to the group. Today she spoke about the information sent out to clarify what the Division of Behavioral Health is doing to regulate and measure various substance abuse treatment programs. The substance abuse disorder treatment rules. There are 350 programs established in the state with a total of 780 sites. The rules are updated on a continual basis. The rules are not ready to be posted on the web for review. Of 350 programs, DBH funds 42. What data is collected: The manual was sent that explains what DACODS data is collected. Any change made regarding what data is collected needs to be reviewed because the federal government requires most of the data being collected. DPHE does regulate their providers. DUI recidivism study: Overall an average .07 recidivism rate was found for those individuals who completed treatment. DBH has created a web-based reporting system which benefits the providers as well as probation. Additional codes were added to the web-based system. There are still agencies that do not use the web-based system. Local agencies are not provided funding to change their systems. The federal funds that DBH has used in the past to prepare the reporting system will not be forthcomings.

Issue/Topic:	**Discussion:**
Prevention Group Presentations and Discussion **Action**	Doyle Forrestal gave a presentation on prevention. There is a segment of the population that has substance abuse and mental health issues that are falling through the cracks. The state expansion of Medicaid to childless adults is a new category. It will have a comprehensive substance abuse and mental health treatment component to it. We have not funded prevention in the state in the past. Talking about prevention after someone has developed a substance abuse issue is called a "second chance" Doyle also announced that she will be leaving the Task Force next month when she takes a new Federal job. Her potential replacement will be discussed with Grayson Robinson and Kathy Sasak.

Issue/Topic:	**Discussion:**
Presentation on Prevention Leadership Council **Action**	Stan Paprocki, Director of the Community Prevention Programs and Jose Esquibel, Director of the Interagency Prevention Systems Program, spoke about prevention and intervention for youth. Mr. Paprocki asked what the Drug Policy Task Force was most interested in. It is

interested in what works. What are the programs that are available? What are the criteria used to measure the success of a program? Who sets the criteria?

The Prevention Leadership Council is established in statute, specifically CRS 25-20.5-101 through 109.

1. The primary goal of this legislation is to improve the health and well-being of Colorado's children and youth by coordinating programs within and across state departments to ensure that those programs are responsive to the needs of communities.
2. Requires uniform minimum standards for prevention.
3. Has an MOU between five state departments. Ten agencies have also joined.
4. There are 42 programs that fall within this legislation. Most are prevention programs. When taking out the food programs, they have $163 million for prevention. The majority of the $163 million is directed toward education. The $2.3 million for Safe and Drug Free Community money was lost.
5. The vast majority of prevention dollars in the state come from the federal system. $33,000 of state funds are used for prevention. There are also cash funds obtained from offenders.
6. The State plan is to be reviewed and revised every two years.
7. Goals: Coordinate and streamline state processes, utilize a system of care approach, coordinate and integrate training and technical assistance, improve sharing and utilization of data, ensure collaborative planning and decision making.
8. Uniform minimum standards: focus on contributing factors, have intended outcomes. Utilize evidence-based programs, have a system of evaluation and collaboration.
9. Have a best practices website.
10. Have an assessment tool that identifies competencies for the standards.

Substance Abuse Prevention and Treatment (SAPT) Block Grant state priorities:

1. Workplace assistance program
2. Prescription drug abuse prevention
3. Family education, resources and training.
4. Fetal alcohol syndrome disorder prevention (Through Colorado Health Sciences Center)
5. Prevention information center
6. Data collection and program evaluation (monthly data collection and analyze the data.)
7. Statewide training and technical assistance.

Does recidivism reduction fit under any of these priorities? The federal grant priority is for substance abuse or substance abuse disorder prevention.

Need a state prevention system that has policy setting initiative, data utilization and infrastructure, training, technical infrastructure and community support and development.

Issue/Topic:	Discussion:
Next Meeting **Action**	The next meeting is September 8th from 1:00 – 5:00 in the third floor conference room at 710 Kipling. Del Elliott was to be the guest speaker but he is not available. The next meeting will have an update of the subgroups. Other agenda items could be the Per Se Marijuana levels, clean-up issues, etc.