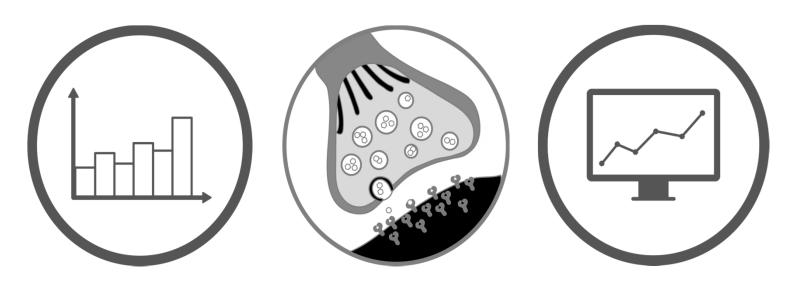
Substance Use Disorder Treatment: Colorado Drug Trends

Presented August 7, 2020



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Purpose/Methods

- Analysis of treatment admission data from OBH licensed facilities based on primary drug to identify trends across common substances.
- This information is used to monitor service quality, utilization and effectiveness, and to report to the legislature and Substance Abuse and Mental Health Services Administration (SAMHSA) on treatment outcomes and service utilization in Colorado.

Focus:

- Treatment admissions for OBH licensed facilities only
- Analysis based on primary drug only
 - Alcohol, marijuana, cocaine, methamphetamine, heroin, and prescription opioids



Drug and Alcohol Coordinated Data System (DACODS)

- Data for this report were collected through the Drug and Alcohol Coordinated Data System (DACODS), the primary client-level data collection instrument used by OBH.
- This report contains information for all treatment admissions at OBH licensed facilities (594 locations). The report excludes clients that received services through private pay or third party insurance providers, or that were served outside of an OBH licensed treatment facility.
- These data are not reflective of unique clients served; they are reflective of the number of admissions to treatment. One client may have more than one admission during the time period.
- The report period spans the 2010 and 2019 calendar years
 (January 1, 2010 through December 31, 2019) and the data was
 pulled on June 25, 2020.



Key Takeaways

- Treatment admissions remained relatively stable across CY2018 and CY2019 with only an increase of 276 treatment admissions (N = 43,731)
- Alcohol has consistently had the highest number of treatment admissions from CY2010-2019
- 42% of treatment admissions in CY2019 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%

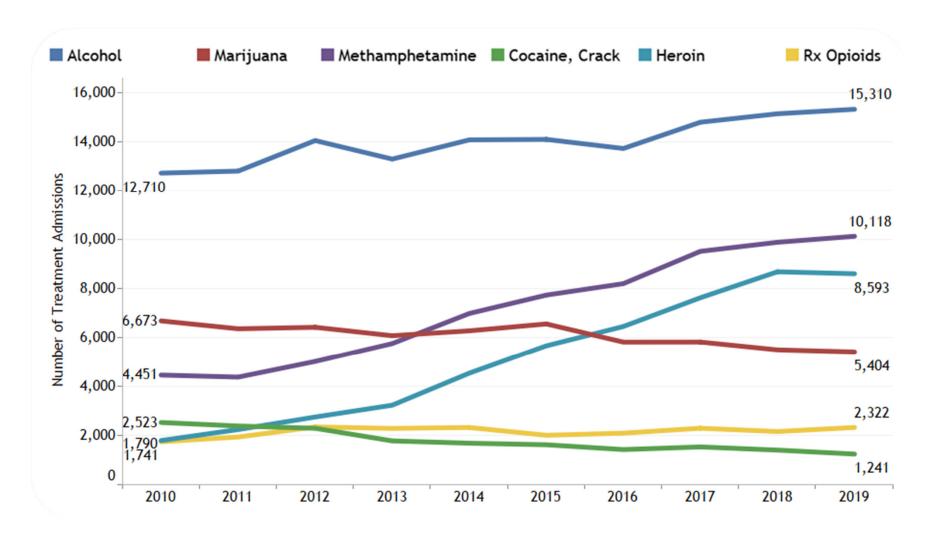


Demographic Trends

- The most frequently observed demographics for the majority of substances for CY2019 were between the ages of 26-39, white race, and male gender.
- The Population in Need Assessment (anticipated release: fall 2020) will examine trends through an equity lens in addition to examining workforce issues.

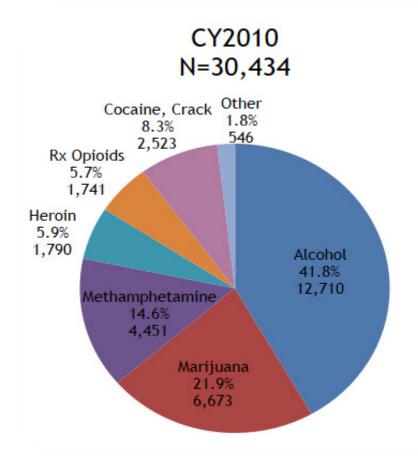


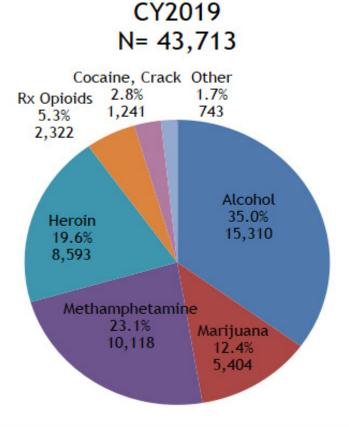
Treatment Admissions by Year





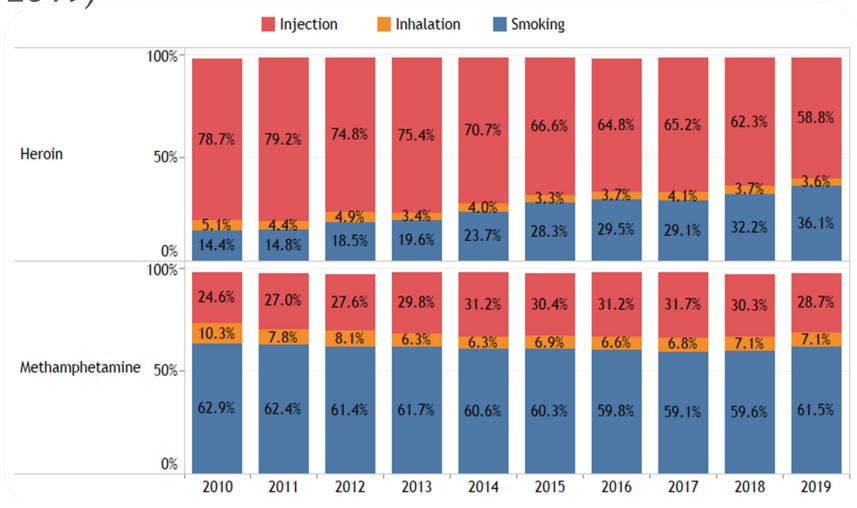
Primary Substance Reported at Treatment Admission





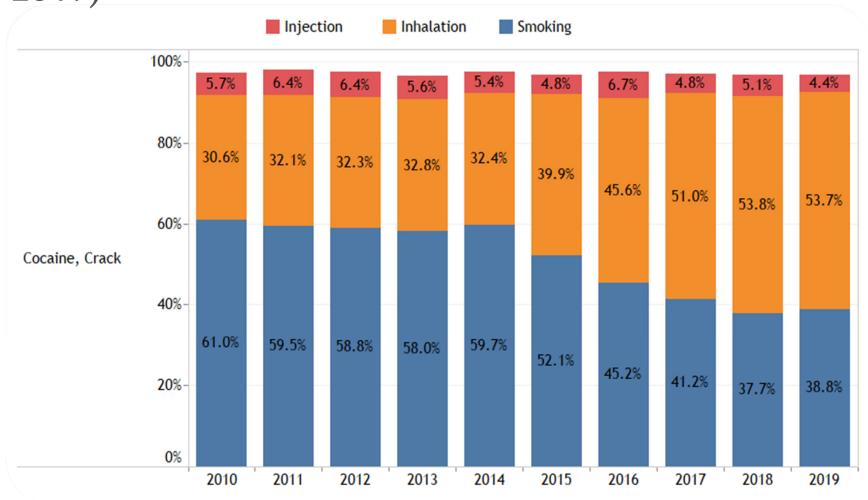


Route of Administration Over Time (CY2010-2019)



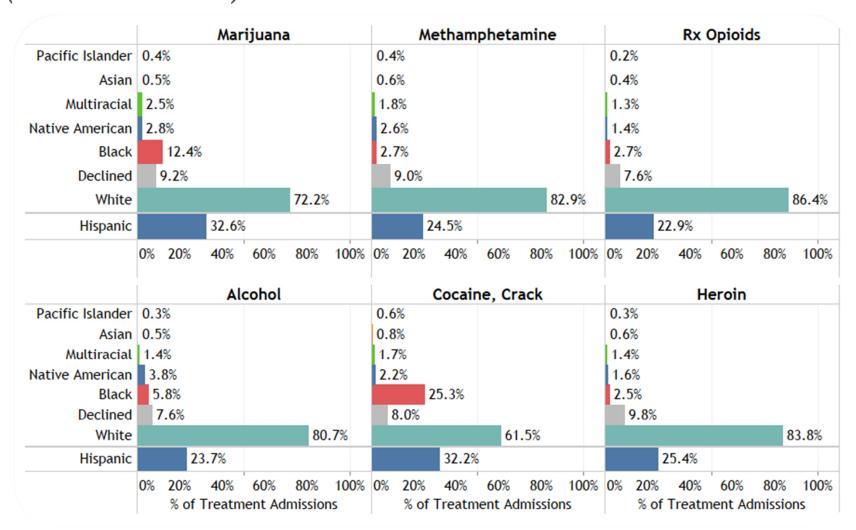


Route of Administration Over Time (CY2010-2019)





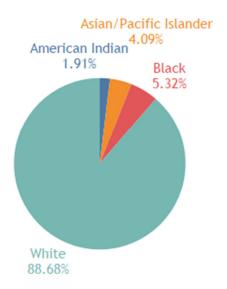
Race and Ethnicity by Primary Substance (CY2010-2019)



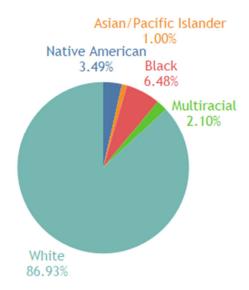


How does the racial distribution of treatment admissions compare to the racial distribution of Colorado?

SUD Treatment Admissions Show More Diversity Compared to the Overall Colorado Population



State Demographer's Calculation of Race in Colorado in 2019

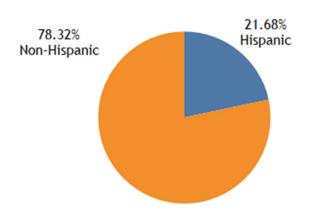


Distribution of Race in SUD
Treatment Admissions in 2019

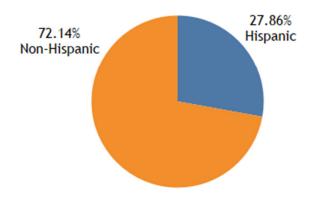


How does the ethnic distribution of treatment admissions compare to the distribution of Colorado?

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



State Demographer's Calculation of Ethnicity in Colorado in 2019

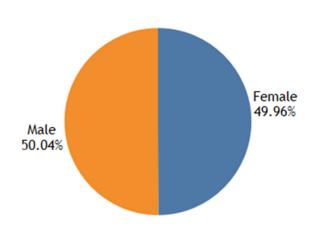


Distribution of Ethnicity in SUD Treatment Admissions in 2019

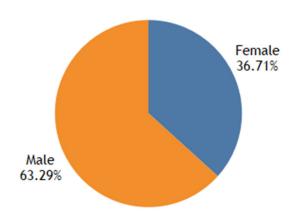


How does the sex distribution of treatment admissions compare to the distribution of Colorado?

Males are Over-Represented in SUD Treatment Admissions in 2019



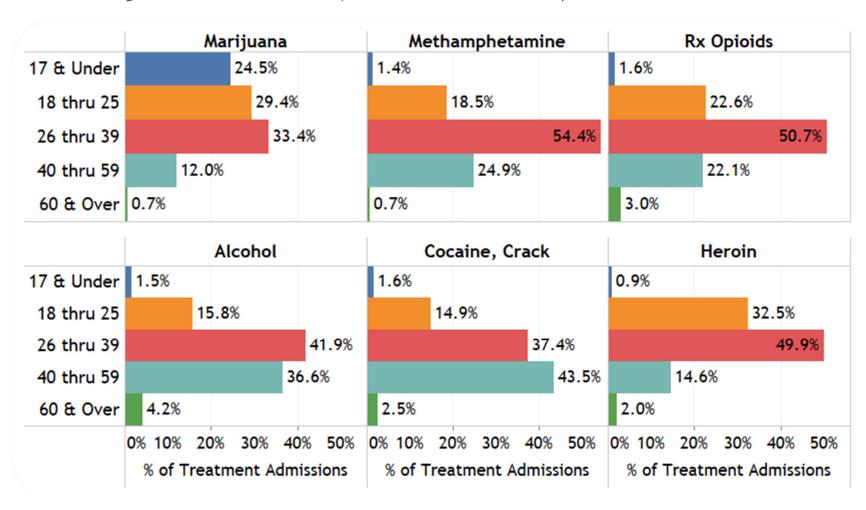
State Demographer's Calculation of Sex in Colorado in 2019



Distribution of Sex in SUD
Treatment Admissions in 2019

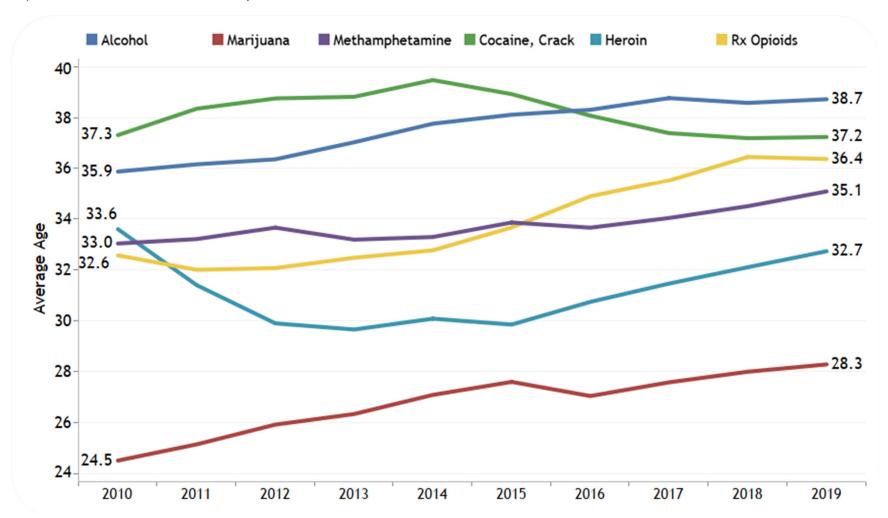


Treatment Admissions by Age Group and Primary Substance (CY2010-2019)



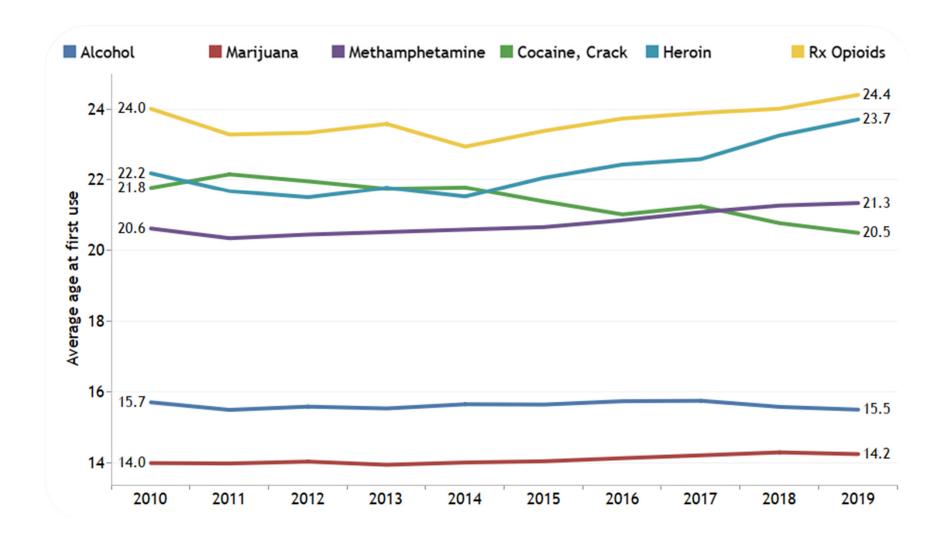


Average Age of Treatment Admissions (CY2010-2019)



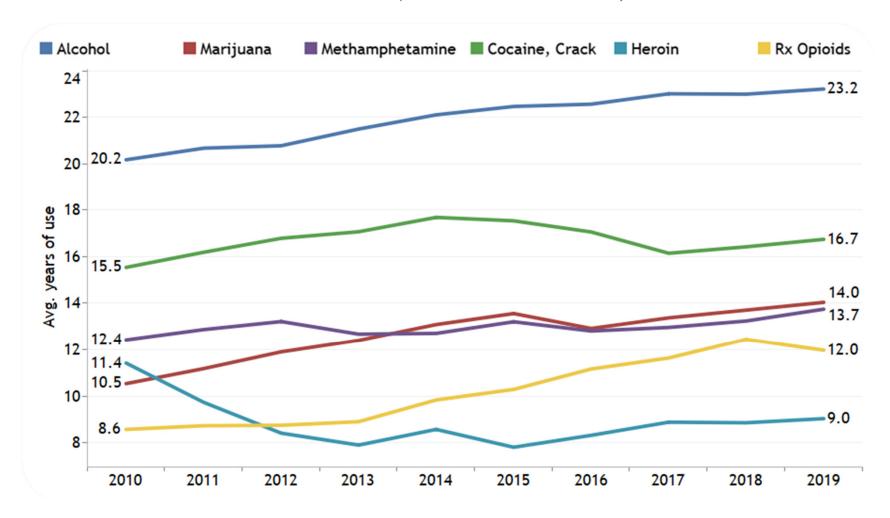


Average Age at First Use (CY2010-2019)



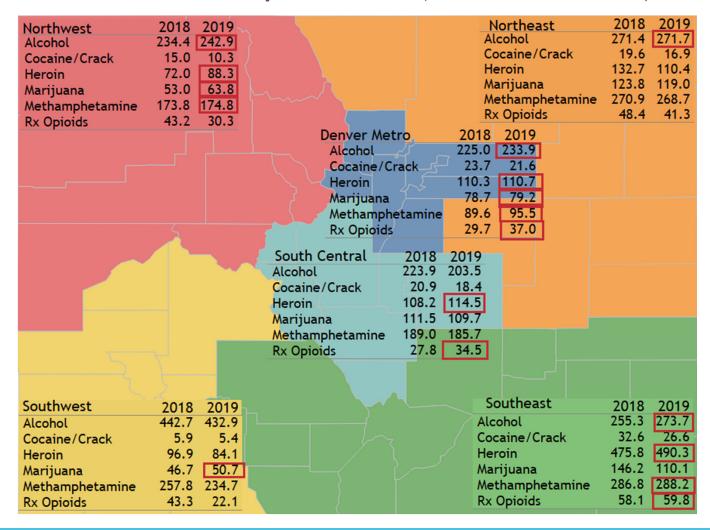


Average Years of Use Prior to Current Treatment Admission (CY2010-2019)



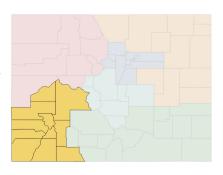


Regional Comparison of Treatment Admissions Rate Per 100,000 Population (CY2018-2019)

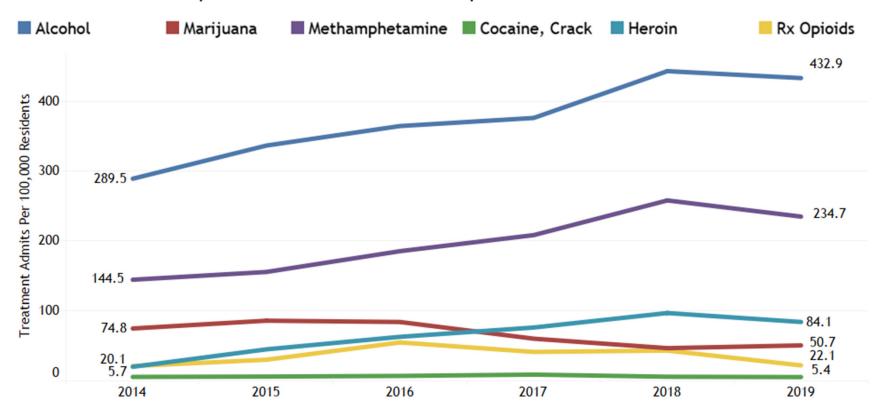




Southwest Treatment Admission Rate Over Time by Primary Substance (per 100,000)

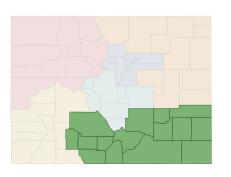


Alcohol and Methamphetamine have been on an upward trend in Southwest Colorado.

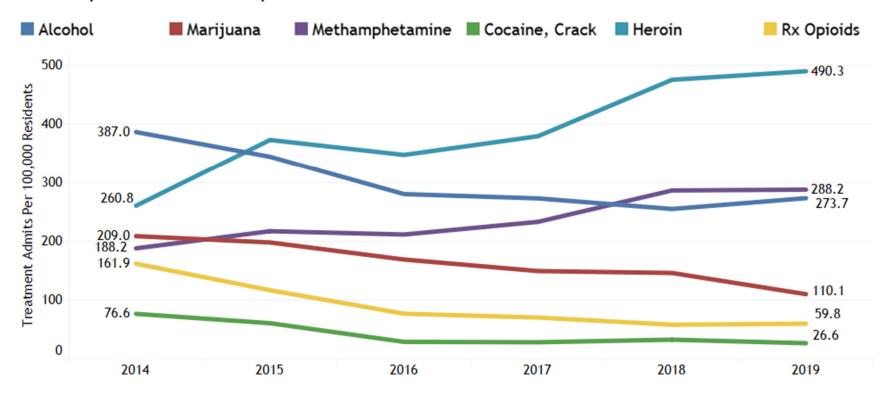




Southeast Treatment Admission Rate Over Time by Primary Substance (per 100,000)

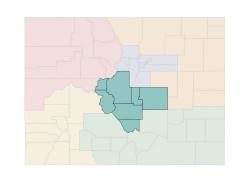


Heroin has been the most common substance used by those admitted to treatment, with Methamphetamine on an upward trend in Southeast Colorado.

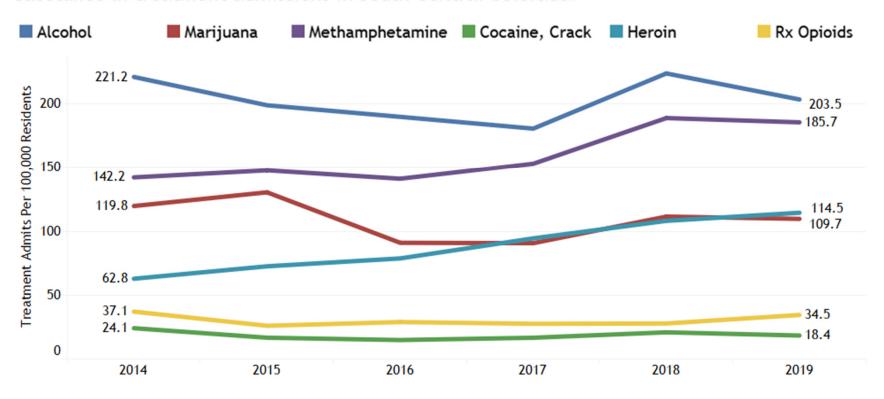




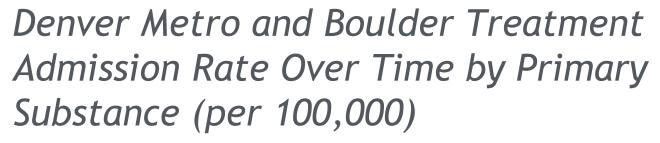
South Central Treatment Admission Rate Over Time by Primary Substance (per 100,000)

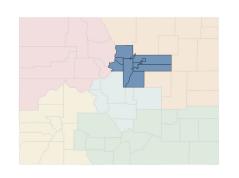


Heroin and Methamphetamine are on the rise, but Alcohol is still the most common substance in treatment admissions in South Central Colorado.

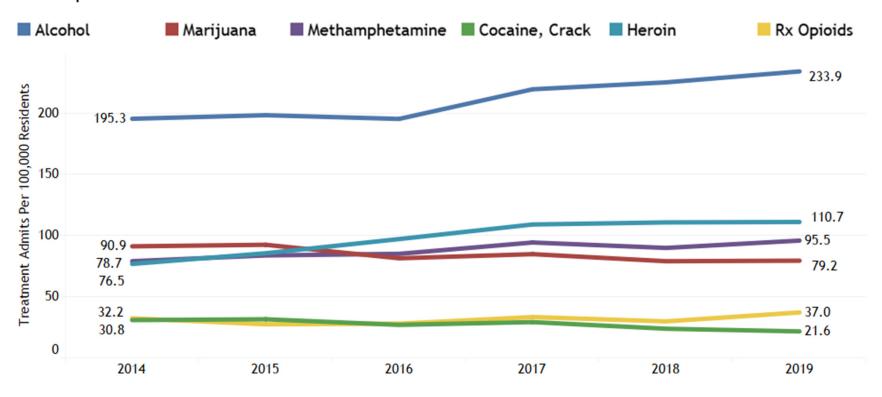






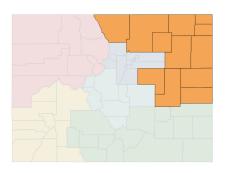


Alcohol continues to be the primary concern for treatment admissions, but heroin has been in an upward trend in Denver Metro and Boulder.

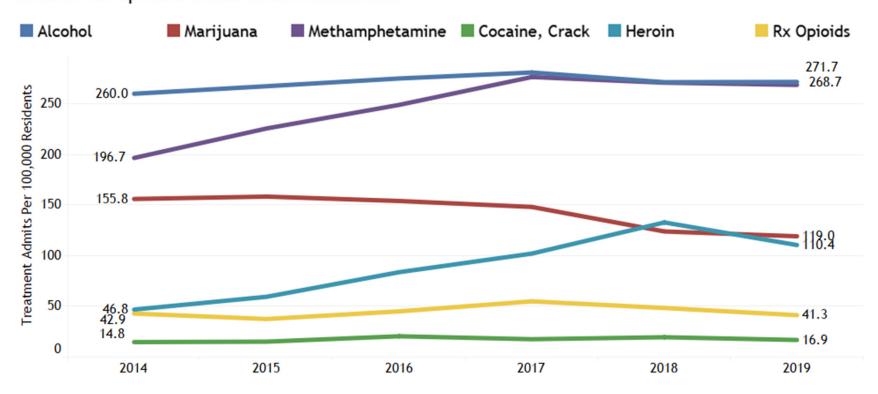




Northeast Treatment Admission Rate Over Time by Primary Substance (per 100,000)

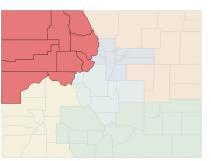


Methamphetamine has reached similar treatment admission rates as Alcohol, Heroin has been in an upward trend in the Northeast.

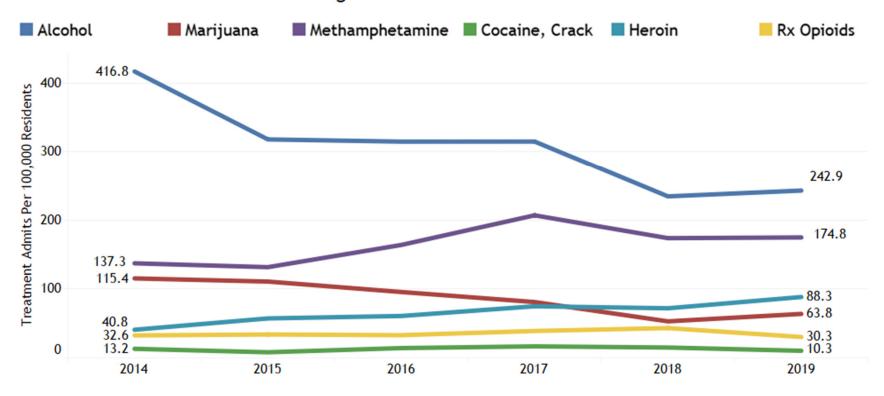








Alcohol treatment admissions are on a downward trend, yet Methamphetamine and Heroin treatment admissions are increasing in the Northwest.





Conclusions

- Treatment needs vary by region. OBH will use the PIN study to help examine treatment need, capacity, and workforce to help tailor strategies to meet client needs across the state.
- Due to the diversity of clients in need, culturally responsive treatment should be a focus. The PIN study looks at need and access to services through an equity lens, and these insights will be used to help inform the OBH strategic plan.
- SATF was started as a response to methamphetamine trends, and the continual increase in treatment admissions for methamphetamine suggest that conversation needs to start again.



Questions/Comments?

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