DEMOGRAPHICS



INTRODUCTION Demographics

In early 2021, the Colorado State Epidemiological Outcomes Workgroup (SEOW) published this five-part document as an overview of opioid, marijuana, alcohol, and tobacco use and related harms in Colorado. Each substance is presented in its own profile, with a demographics profile provided for additional state context. The profiles were designed to be readily usable to all people working in fields related to substance use. They include many data sources and aim to present the most current and actionable findings.

This demographics profile provides background and context to the four substance profiles on alcohol, marijuana, opioids, and tobacco. Colorado is a geographically, economically, and demographically diverse state. It is important for the reader to use this section as a companion to the alcohol, marijuana, opioid, and tobacco data, which are presented by region, age, and/or gender. The alcohol, marijuana, opioid, and tobacco profiles include youth data from the 2019 Healthy Kids Colorado Survey. In the demographics profile, we provide data and background on risk and protective factors for youth substance use and abuse to supplement data presented in other profiles. Demographic, geographic, health, economic, and populations with special considerations data are presented because of the importance of these factors in risk of and protection from substance use.

Certain considerations were taken into account in compiling these data, including time frame and the intended audience. First, the profiles contain all publicly available data. This ensures that anyone can access the original source for more information on any data point in the profile. It was also important to use a timespan in which the most complete data could be found within and across substances. Lag-time for data to become publicly available can vary widely. While the profiles were in development during the summer and fall of 2020, the most complete data were found and used for calendar year 2019.

Exceptions include figures/charts featuring trend data prior to 2019, data collected biennially for which 2018 was the most recent year, and aggregate data when no single year yields a large enough sample size to make definitive statements. All Healthy Kids Colorado Survey (HKCS) data presented are for high school students, grades 9th - 12th. Each page includes data sources and years. For more detailed information on references, please see our references page.

The SEOW compiled the profiles with deliberate attention to our intended audience. They were designed to be practical and useful for all Coloradans who are interested in talking to others in their communities about substance use and related harms. This includes anyone from youth groups and community organizations to school superintendents and state legislators. The five profiles can be used as stand-alone products or in conjunction with each other, as hard copy hand-outs or as a part of presentations.

WE STRONGLY RECOMMEND REVIEWING AND USING THE **DEMOGRAPHICS PROFILE** TO PROVIDE IMPORTANT CONTEXT TO DATA PRESENTED IN THE SUBSTANCE PROFILES.

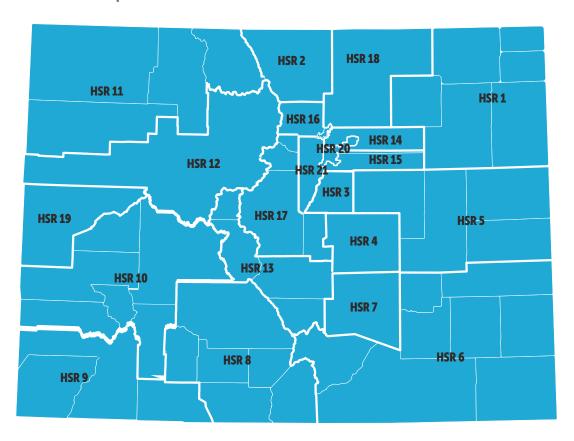
We hope the profiles facilitate conversation among Coloradans about the state of our state. For this reason, the profiles feature data from a variety of sources, include regional data when available, and introduce easily relatable use of benchmarks, such as national comparisons.

The SEOW partnered with The Evaluation Center – University of Colorado Denver on the development of the profiles, including the interpretation and visualization of data.

For more information, contact SEOW representative Sharon Liu (sharon.liu1@state.co.us) at the Colorado Department of Human Services, Office of Behavioral Health.

Colorado is divided into 21 Health Statistics Regions (HSR)

The boundaries of these regions were developed by the Colorado Department of Public Health and Environment and local public health professionals and agencies based on demographic and statistical criteria. Data within Colorado are frequently collected and presented at the HSR level.



HSR Key

HSR 1: Logan, Morgan, Phillips, Sedgwick, Washington, Yuma

HSR 2: Larimer

HSR 3: Douglas

HSR 4: El Paso

HSR 5: Cheyenne, Elbert, Kit Carson, Lincoln

HSR 6: Baca, Bent, Crowley, Huerfano, Kiowa, Las Animas, Otero, Prowers

HSR 7: Pueblo

HSR 8: Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache

HSR 9: Archuleta, Dolores, La Plata, Montezuma, San Juan

HSR 10: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel

HSR 11: Jackson, Moffat, Rio Blanco, Routt

HSR 12: Eagle, Garfield, Grand, Pitkin, Summit

HSR 13: Chaffee, Custer, Fremont, Lake

HSR 14: Adams

HSR 15: Arapahoe

HSR 16: Boulder, Broomfield

HSR 17: Clear Creek, Gilpin, Park, Teller

HSR 18: Weld

HSR 19: Mesa

HSR 20: Denver

HSR 21: Jefferson

TABLE OF CONTENTS

Demographics	
Population & Trends	
Geographic Profile	
Resort/Ski Towns	5
Education	6
State of Health	8
Health Disparities	9
Mental Health	11
Economy	14
Employment	
Income	16
Housing	17
Children in Poverty	18
Populations with Special Considerations	20
LGBTQ Population	21
Veteran Population	22

TABLE OF CONTENTS (cont.)

Native American & Tribal Communities	23
Unhoused Populations	24
Pregnancy	25
Youth Risk & Protective Factors	26
Family & School Protective Factors	27
Risk Factors	28
Early Initiation	29
Treatment	30
Treatment Admissions	31
Treatment Access	32

DEMOGRAPHICS

Colorado is the

21st

most populated state with an estimated July 2019 population of

5,758,736.

Population Trends

Colorado has the 7th highest growth rate in the U.S., with an increase of 1.4% in 2018, which is double that of the nation.

The state saw a 14.5% increase in population from April 1, 2010 to July 1, 2019.

95% of the population growth between 2010-18 occurred in the Front Range, with 64% of that growth in the **Denver Metro Area**.



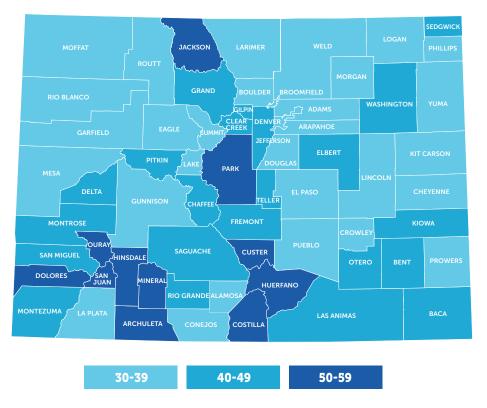
Migration contributes to Colorado's population growth.

Colorado's net migration of

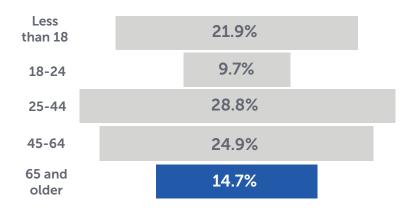
52,183 ranked 8th

among states in the US in 2018.

Median Age Range by County in 2019



Population by Age in 2019



The proportion of the population age

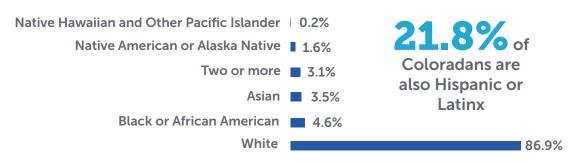
65 and older is expected to have the

highest growth in the next 5 years.

Race and Origin of Coloradans in 2019

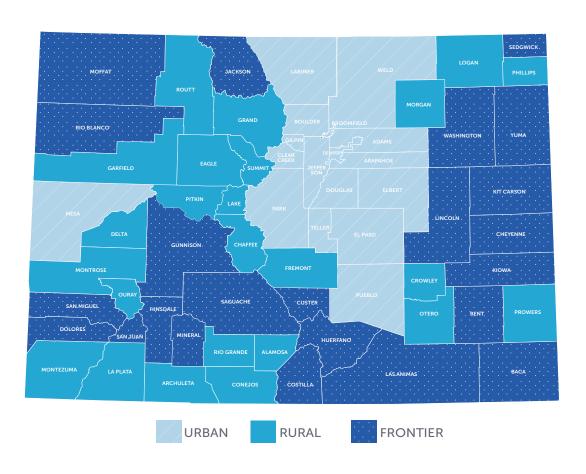
U.S. Census Bureau

By the year 2050, Hispanic, Black, Asian, Native American, and Pacific Island populations are projected to comprise 45% of the state's population.



Over 750,000 Coloradans live in RURAL or FRONTIER areas of the state.

Rural is defined as a non-metropolitan county with no cities over 50,000 residents. Frontier is defined as a county that has a population density of 6 or fewer residents per square mile.



73% of Colorado counties are considered rural or frontier.

26% of the population in rural communities are people of color.

51% of all rural and frontier counties do not have an active. licensed addiction counselor.

Poverty and unemployment rates are higher in rural and frontier counties than urban counties.



Resort towns in Colorado are characterized as having the ski industry being the major economic driver.

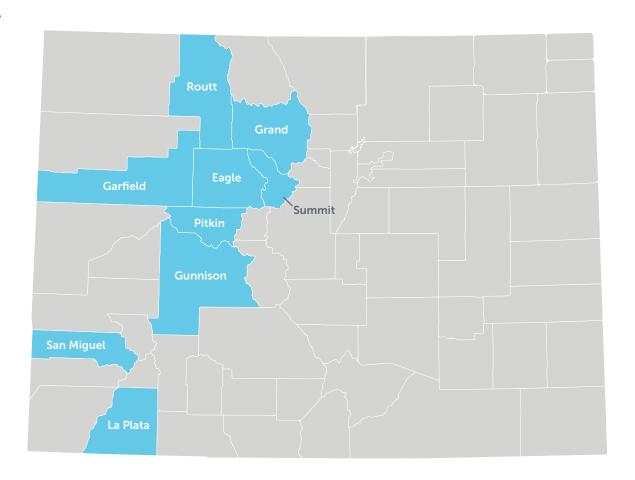
These counties have particularly high economic disparities.

Economies and jobs in these areas are largely seasonal, housing prices are typically high, and communities are frequently changing.

These factors can result in low neighborhood attachment and community disorganization, which is a risk factor for substance abuse.

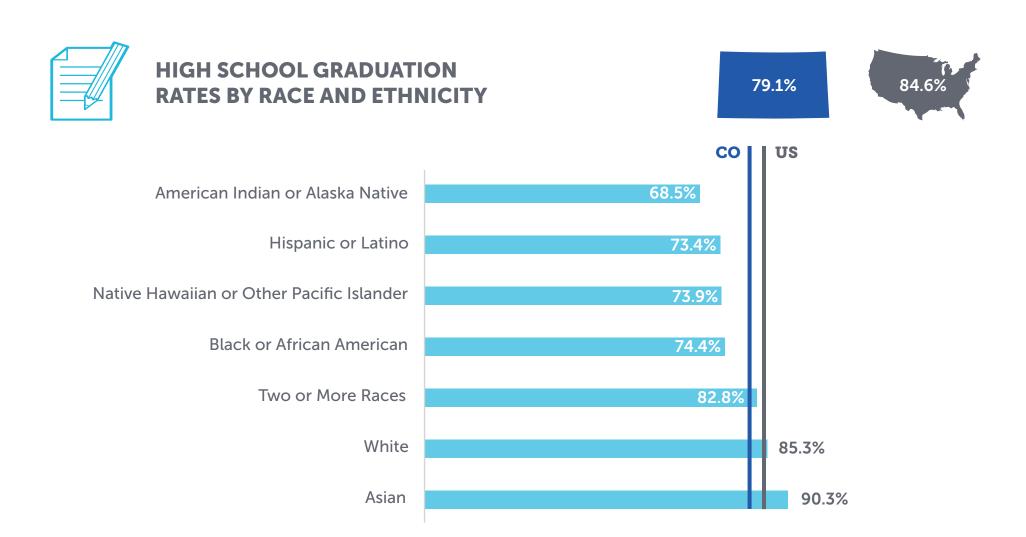
All of Colorado's resort towns are located in rural or frontier counties, meaning they experience the same challenges with poverty, unemployment, high rates of suicide, and access to mental health and addiction resources.

Colorado Counties with Resort Towns



Colorado youth graduate at a lower rate than the national average.

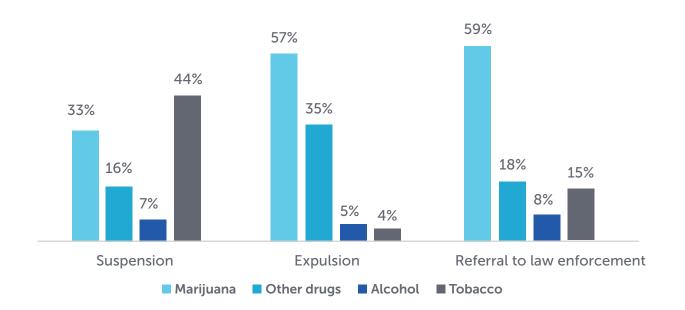
The state ranked 45th in graduation rates in 2019 with 79.1% of high school students graduating. The national average was 84.6%.



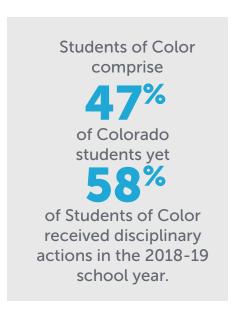
SCHOOL DISCIPLINE

Research shows punitive discipline* is associated with negative student outcomes including decreases in achievement, increases in dropout rates, and continued disciplinary actions. However, research also shows positive outcomes (increased achievement, lower dropout rates, and lower rates of further discipline actions) are associated with alternative discipline methods.** School connectedness is a protective factor supporting school success and reducing youth substance use. School connectedness is lower in schools with a punitive discipline climate.

Marijuana is used by less students than alcohol or tobacco but results in disproportionate expulsions and referrals to law enforcement.



Punitive discipline methods continue to be used disproportionately for students of color and those with disabilities.



^{*}Punitive discipline measures include suspension, expulsion, and referral to law enforcement.

^{**}Alternative discipline practices include approaches designed to improve student relationships and engagement with their education. These approaches seek to address the underlying cause of behaviors.

STATE OF HEALTH



Colorado disparities in selfreported health status based on educational attainment* increased 12% between 2017 and 2019.

77%



69% of Colorado residents with a college degree rate their health as good or excellent while only 22% of residents without a high school diploma rate their health as good.



37% of Non-White Coloradans** struggle with food insecurity compared to 19% of White Non-Hispanic Coloradans.

^{*}Difference between the percentage of adults age 25 and older with at least a high school education compared to those with less education who reported their health is very good or excellent

^{**}Non-White Coloradans include American Indian & Alaska Native, Asian American & Pacific Islander, Black/ African American &Latinx Coloradans

24%

of Coloradans of Color DO NOT HAVE HEALTH **INSURANCE**

while

6.2% of White Coloradans do not have health insurance.



6.0

THE INFANT MORTALITY RATE

of Coloradans of Color is 6.0 compared to a rate of 3.8 for White Coloradans.*



16%

of Coloradans of Color stated that their

MENTAL HEALTH WAS NOT GOOD

8 or more days in the past 30 days, compared to 14.5% for White Coloradans.



Coloradans of color includes American Indian & Alaska Native, Asian American & Pacific Islander, Black/ African American & Latinx Coloradans; White Coloradans includes white, non-Hispanic Coloradans.

*Per 1.000 live births

MENTAL HEALTH Demographics

15.3%

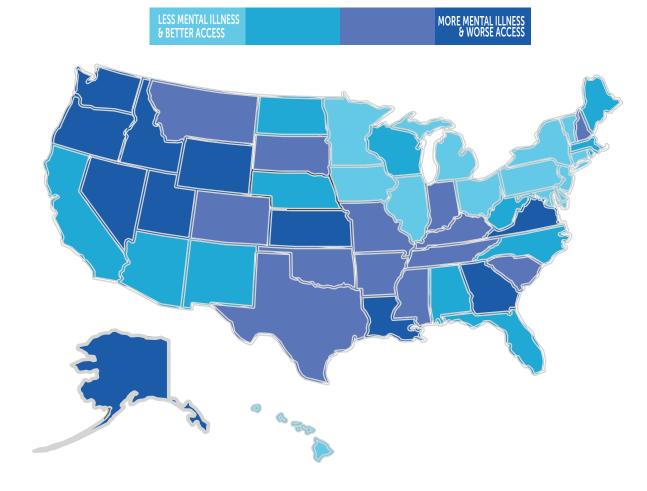
of Coloradans reported poor mental health in 2019, compared with 11.8% in 2017.

Over 1 in 10

Coloradans surveyed in 2019 said they did not get needed mental health care in the past year.

54.3% of adults who identified as transgender reported poor mental health in the past month, compared with 15.7% of cisgender Coloradans in 2019

Colorado ranks 33rd for prevalence of mental illness and rates of access to mental health care.



States that are ranked 1-13 have lower prevalence of mental illness and higher rates of access to care for adults. States that are ranked 39-51 indicate that adults have higher prevalence of mental illness and lower rates of access to care.

Suicide was the **7th** leading cause of death in Colorado in 2018.

The suicide rate in Colorado was

per 100,000 for 2018.

Across all age groups

of suicide fatalities were male.

17.5% of youth seriously considered suicide in the past year.



Of youth who identify as gay, lesbian, or bisexual

20.7%

attempted suicide in the past year, compared to

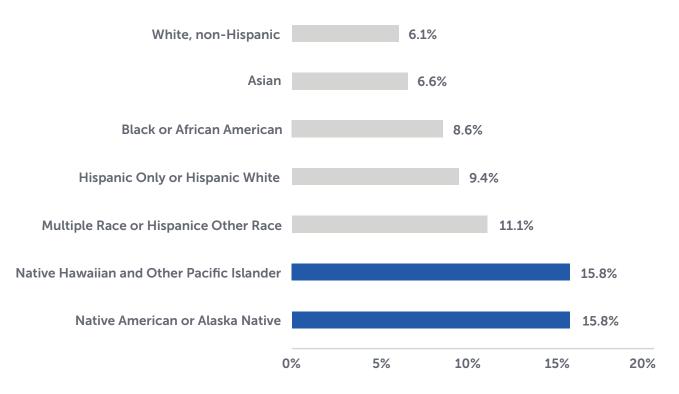
of peer who identify as heterosexual.

Of youth who identify as transgender

attempted suicide in the past year, compared to

of peers who identify as cisgender.

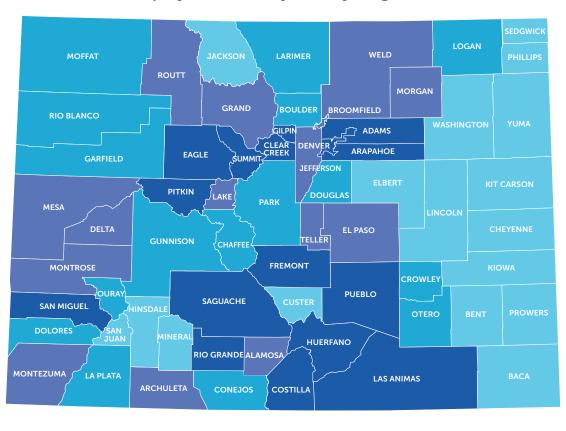
Percent of Youth Attempted Suicides by Race/Ethnicity



15.8% of Native American, Alaska Native, Native Hawaiian and other Pacific Islander students reported that they actually attempted suicide one or more times during the past 12 months, making them the highest in all race/ethnicity groups.

ECONOMY

Unemployment Rate by County, August 2020



5.9-6.7

4.4-5.8

As of August 2020, the unemployment rate in Colorado was

Seasonally adjusted rates are a percentage of the labor force. Estimates were taken during the COVID-19 pandemic, which greatly impacted employment in Colorado and the United States.

6.8-10.7

2.0-4.3

Colorado has the

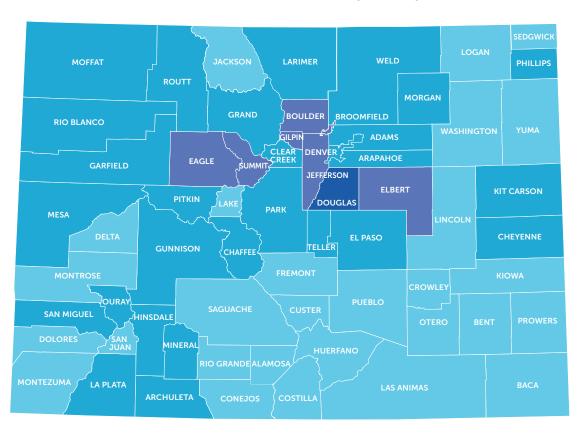
3rd

fastest job growth rate in the nation, with a

21.6% increase since 2010 compared to

14.3% nationally.

Since 2010, 604,000 jobs have been added in Colorado. Median Household Income by County



\$25K-\$50K \$50K-\$75K \$75-\$100K >\$100K

The median household income in Colorado for 2014-2018 was \$68,811.

The median gross rent (monthly, housing) was

\$1196

for Colorado between 2014-2018.

The average Colorado home price increased

in the past decade, while the state's median income increased

Fewer White Non-Hispanic (26%) Coloradans live in households that spend more than 30% of their income on housing compared to Black/African American (39%) Coloradans.

Denver has the nation's second-highest rate of involuntary displacement* of Hispanic residents.

1.2% of White households are overcrowded.** while 4.7% of African American and 8.5% of Hispanic households are overcrowded.

^{*} Involuntary displacement means residents and/or businesses are forced to relocate to neighborhoods where real estate is less costly.

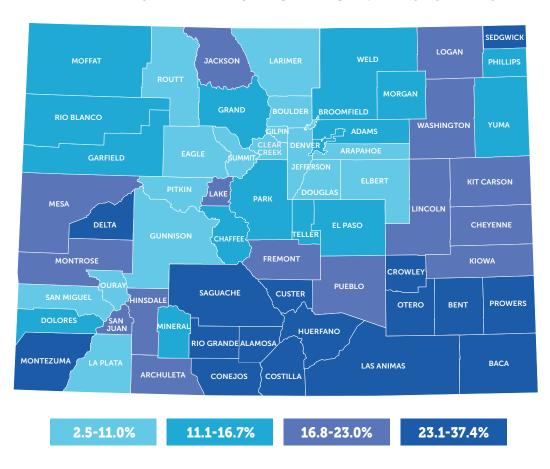
^{**} The U.S. Department of Housing and Urban Development measure overcrowding as more than 1 persons-per-room in a dwelling unit.

Child poverty refers to the percent of children under age 18 who live in families with incomes below the federal poverty line.

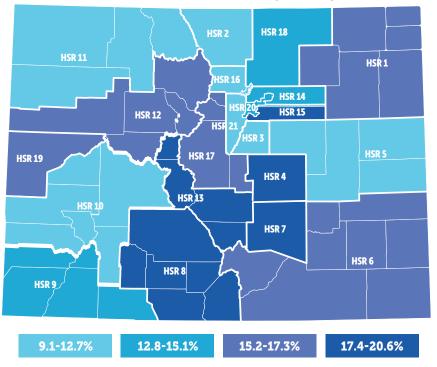
The percent of children living below the poverty line for Colorado in 2018 was



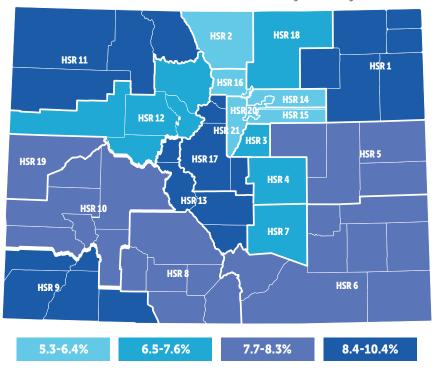
Percent of youth 18 and younger living in poverty by county



Students who went hungry because of lack of food at home by county



Students who slept somewhere other than their home by county



In the past 30 days in Colorado

of students went hungry because of a lack of food at home.

Of students in Colorado.

6.6%

slept somewhere other than their own home in the last 30 days.

POPULATIONS WITH SPECIAL CONSIDERATIONS

Nationally, 17% of LGB adults (18 years and older) reported having a Substance Use Disorder (SUD) while only 7.4% of the general population reported having a SUD in the past year in 2018.

44% of LGB adults reported having a mental illness and 12% struggle with co-occuring mental health and SUD challenges.

Among LGB with a substance use disorder:

- 1 in 2 struggle with illicit drugs
- 7 in 10 struggle with alcohol use
- 1 in 5 struggle with illicit drugs and alcohol

Individuals who are lesbian, gay, bisexual, transgender, or queer/questioning frequently encounter social stigma and exclusion, harassment, institutional discrimination, lack of access to resources, lack of culturally competent mental and physical healthcare, and violence not encountered by their heterosexual and cisgender counterparts. As a result, LGBTQ+ individuals are at increased risk for suffering from mental health and substance use issues.



Nationally, more than 1 in 10 veterans have been diagnosed with a substance use disorder, slightly higher than the general population.

Veterans frequently experience trauma, including Post-Traumatic Stress Disorder (PTSD), challenges with pain management, and mental health issues. All of these are linked to increased risk of substance abuse.



In the United States, veterans are disproportionately affected by suicide, especially those living in rural communities.

The number of veterans in the U.S. who smoke (nicotine) is almost double for those with PTSD (about 6 of 10) versus those without a PTSD diagnosis (3 of 10).

According to the Colorado Health Institute, rural veterans in Colorado have a 20% increased risk of suicide compared with veterans in urban areas.

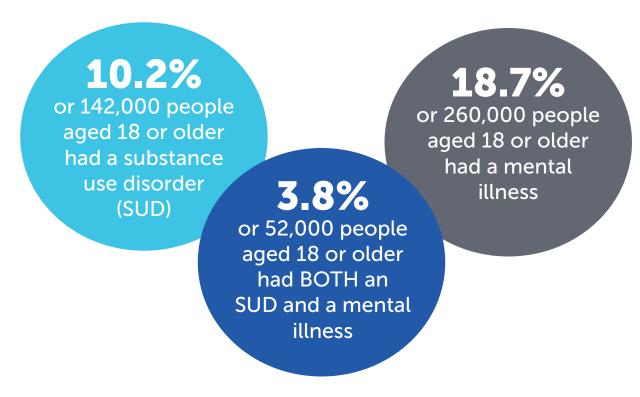


Nationally, disparities and inequities in access to healthcare **stem from historical and structural processes** that disproportionately affect tribal communities.

For example, data from the National Survey on Drug Use and Health (NSDUH) show that American Indians/Alaska Natives (AI/AN) in the United States were **more likely than persons from other racial and ethnic groups to be in need of substance use disorder treatment.** However in 2018, AIAN received significantly less treatment for illicit drug use in the past year, compared to 2017.

Records of substance use disorder in tribal communities across the country may not fully capture the number of people in need of substance use treatment or the number of Native Americans who suffer from substance use disorder. The lack of data for tribal populations can "impact the ability of tribes to apply for funds to support substance use disorder treatment programs and track their success in implementing these programs."

MENTAL ILLNESS AND SUBSTANCE USE DISORDERS IN AMERICA AMONG AMERICAN INDIANS AND ALASKA NATIVES 18 YEARS AND OLDER IN THE PAST YEAR, 2019



Unhoused Populations

According to the Colorado Coalition for the Homeless,

"Substance use disorders present serious barriers to employment, stable housing, and the ability to provide for one's self and family."

> Nationally, adults age 25-44 experiencing homelessness are

more likely to die from an opioid overdose than their housed neighbors.

59%

of people experiencing homelessness are struggling with long term substance use disorders.

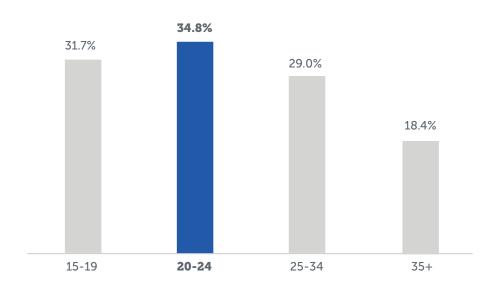
71%

of people experiencing homelessness have a mental illness or posttraumatic stress.

For pregnant people, substance use is associated with preterm birth, low birthweight, stillbirth, maternal death, fetal development problems including brain abnormalities, sudden unexpected infant death (SUID), and childhood developmental problems.

Women in general who are struggling with substance use are also more likely to experience domestic violence, motor vehicle crashes, and involvement in crime.

During pregnancy, young people aged 20-24 more commonly experience three or more stressors.



Pregnant people of color more commonly experience three or more stressors than white pregnant people.



Examples of stressors include:

- Moving to a new address
- Arguing with partner more than usual
- Ill or hospitalized family member
- Death of someone close
- Reduced work or pay
- Lack of money to pay bills
- Close with someone that uses drugs or alcohol
- Unwanted pregnancy
- Separation from partner
- Incarceration of self or partner
- Experiencing housing instability or homelessness

YOUTH RISK AND PROTECTIVE FACTORS

Protective factors are associated with preventing multiple negative outcomes including poor mental health, unhealthy sexual behaviors, substance use, and violence. Ensuring all youth have equitable access to protective factors can help them thrive.

91.7%

percent of students **FEEL THE RULES IN THEIR FAMILY ARE CLEAR.**





67.3%

percent of students **PARTICIPATE IN EXTRACURRICULAR ACTIVITIES AT SCHOOL.** 53.6%

percent of students TALKED WITH PARENTS OR **GUARDIANS ABOUT THE** DANGERS OF TOBACCO, ALCOHOL, OR DRUG USE IN THE PAST YEAR.





49.4%*

percent of students THINK THEIR TEACHER **NOTICES WHEN THEY DO A GOOD JOB AND LET THEM KNOW ABOUT IT.**

72.7%

percent of students HAVE AN ADULT TO GO TO FOR HELP WITH A SERIOUS PROBLEM.





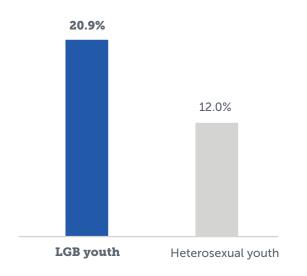
86.2%*

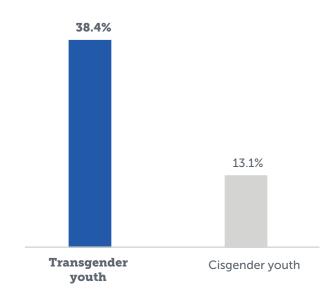
percent of students FEEL SAFE AT SCHOOL. 15%

of Colorado students were offered, sold, or given an illegal drug on school property during the past year.



A greater proporation of students who identify as LGBT do not feel safe at school compared to peers who identify as heterosexual or cisgender.

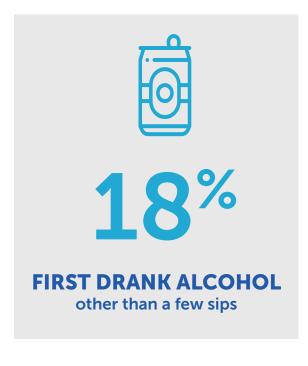


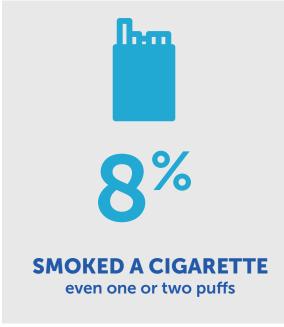


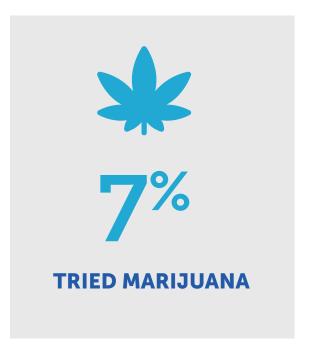
According to the National Institute on Drug Abuse, adolescence (at about age 13) is a risky period for drug abuse due to the challenges youth face at this age coupled with greater exposure to drugs. Early initiation of alcohol or drug use is associated with a higher risk of developing problematic substance behaviors later in life.

> State **Average**

% OF STUDENTS WHO BEFORE AGE 13:

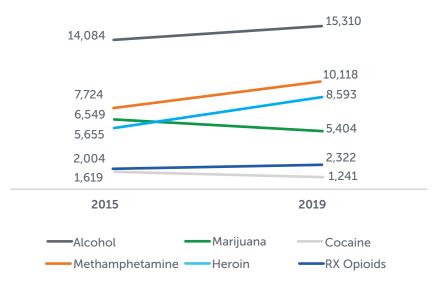






TREATMENT

People seeking treatment for alcohol use consistently had the highest number of treatment admissions in Colorado.



Over the last five years, the number of treatment admissions for marijuana and cocaine have gone down, while admissions for alcohol, methamphetamine, heroin, and prescription opioids have gone up.



Men make up 63% of people seeking treatment.

White males between the ages of 26-39 are the most common demographic in treatment.

Since 2010, there has been a

increase in people seeking treatment in Colorado. This increase is driven almost entirely by those seeking treatment for methamphetamine or heroin.

42% of treatment admissions methamphetamine or heroin.

Polysubstance Use

Treatment admissions for the combination of methamphetamine and heroin has risen dramatically since 2014.

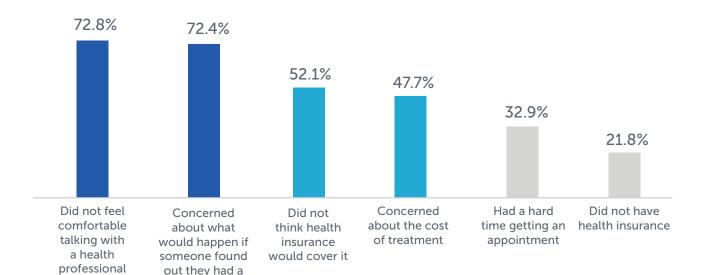
Overdose deaths due to polysubstance use most commonly occur from methamphetamine and heroin. Individuals with two or more SUDs are three times



less likely to receive treatment within the past year compared to individuals with either an alcohol use disorder or an illicit drug disorder.

Over 95,000 Coloradans 18 and older report they are not receiving needed substance use treatment or counseling.

Coloradans most frequently report being uncomfortable discussing their personal problems and being concerned about what would happen if someone found out as the reasons they do not seek treatment.



of adults in Colorado report having a substance use disorder. The national average is 8%.

Concerns about cost of treatment and health insurance coverage were also major concerns that prevented people from getting treatment.



problem

about personal

problems



We appreciate your feedback!

<u>Click here</u> or scan above to take a one-minute survey.

For more information

on the Colorado SEOW and additional publications, please visit our website:

www.coloradoseow.org