SEOW

Colorado
State Epidemiological
Outcomes Workgroup

2021 COLORADO STATE EPIDEMIOLOGICAL PROFILES

Introduction

The Colorado State Epidemiological Outcomes Workgroup (SEOW) is a network of state agencies and data experts brought together to examine the patterns, context, and impact of substance use. To effectively examine these complex issues, participation by experts across state agencies is crucial. The Colorado SEOW is associated with the Attorney General's Office as the data committee for the Substance Abuse Trend and Response Task Force (SATF). This unique relationship allows the SEOW to provide key leaders and legislators with information on substance use trends and to help inform the allocation of resources.

The Colorado SEOW is charged with four core tasks: identify, analyze, profile, and share data from existing state and local sources to create data publications that are meaningful and useful for communities.

These profiles resulted from the collaborative efforts by the Colorado State Epidemiological Outcome Workgroup members and their respective agencies, in addition to The Evaluation Center (TEC) at the University of Colorado Denver School of Education and Human Development. TEC has a contract with the State of Colorado Department of Human Services, Office of Behavioral Health (OBH) to provide services to the Colorado State Epidemiological Outcomes Workgroup.

Additional information pertaining to the Colorado State Epidemiological Outcomes Workgroup is available at our website, www.coloradoseow.org.

These publications were supported by the Substance Abuse Prevention and Treatment Block Grant (SABG) from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not represent the official views of SAMHSA.

The Colorado Epidemiological Profiles on Alcohol, Marijuana, Opioids, and Tobacco are tools for individuals and organizations working in the areas of substance abuse prevention, treatment, recovery, public health, mental health, and others in support of the SAMHSA Block Grant. The purpose of these profiles is to provide a state-level overview that summarizes data from new and established surveillance sources for use in prevention, treatment, and recovery, in planning, monitoring, evaluation, and provides recommendations to ensure comparable data to improve data collection for future surveillance. This will allow agencies and organizations involved in prevention, treatment, recovery, and enforcement efforts to monitor and evaluate interventions associated with alcohol, marijuana, opioids, tobacco and related consequences.

Acknowledgements

Thanks to the many experts who fulfilled data requests and reviewed the 2021 State Epidemiological Profiles to ensure the accuracy and understanding of the data:

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Special thanks to the staff from The Evaluation Center at the University of Colorado Denver, School of Education and Human Development who collected, visualized, and interpreted the information for the Demographic, Alcohol, Marijuana, Opioid, and Tobacco profiles.

SEOW Colorado State Epidemiological Outcomes Workgroup

COLORADO
Office of Behavioral Health
Department of Human Services

The Evaluation Center
UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

DEMOGRAPHICS

SEOW | Colorado State Epidemiological Outcomes Workgroup

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.

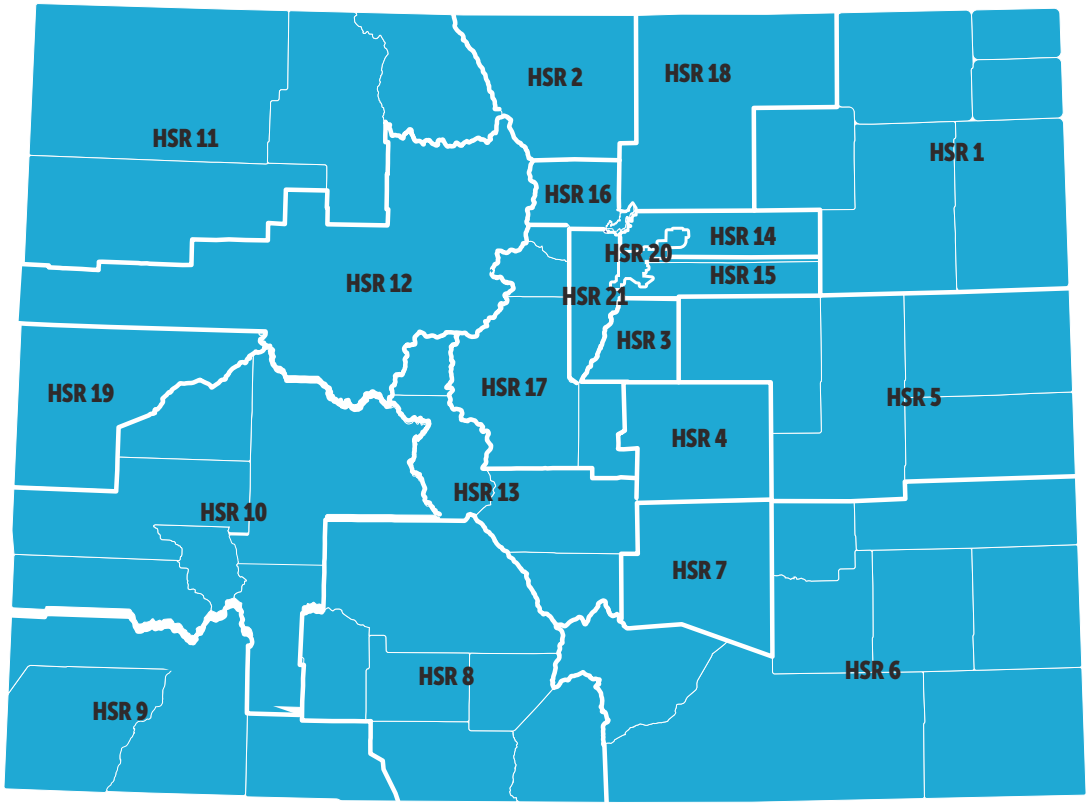
We hope the profiles facilitate conversation among Coloradans about the state of our state. For this reason, the profiles feature data from a variety of sources, include regional data when available, and introduce easily relatable use of benchmarks, such as national comparisons.

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

SOURCE: COLORADO HEALTH AND ENVIRONMENTAL DATA - HEALTH STATISTICS REGIONS MAP KEY, 2020

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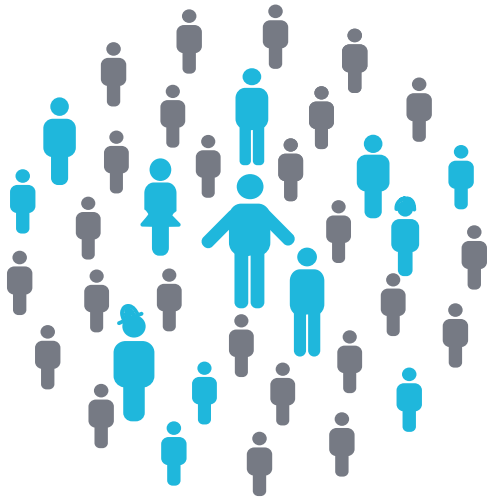
DEMOGRAPHICS

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

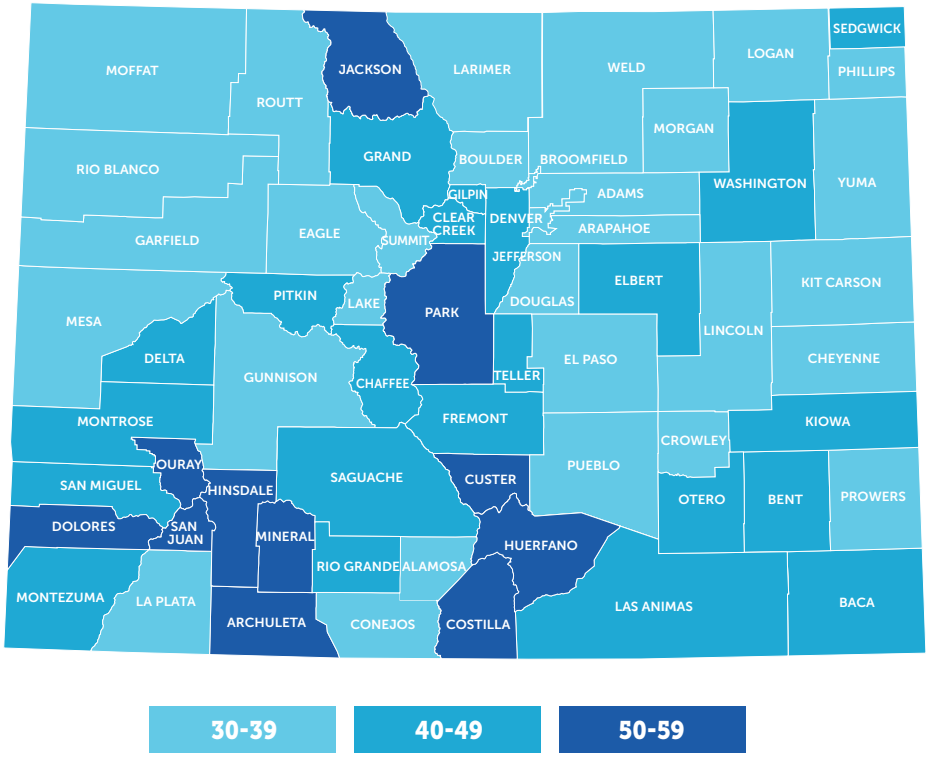
52,183

ranked 8th

among states in the US in 2018.

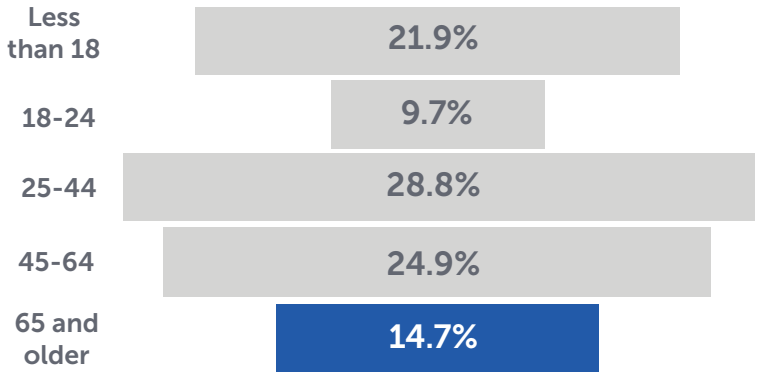
SOURCES: U.S. CENSUS BUREAU, 2019; COLORADO DEPARTMENT OF LOCAL AFFAIRS, 2019

Median Age Range by County in 2019



30-39 | 40-49 | 50-59

Population by Age in 2019



The proportion of the population age

65 and older

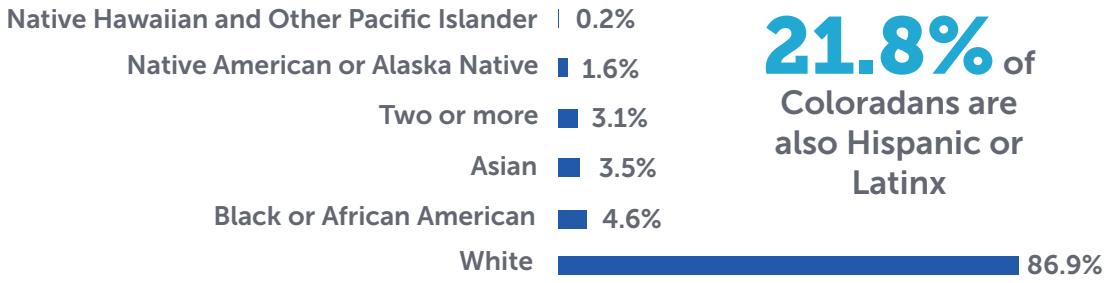
is expected to have the

highest growth

in the **next 5 years.**

Race and Origin of Coloradans in 2019

U.S. Census Bureau



21.8% of Coloradans are also Hispanic or Latinx

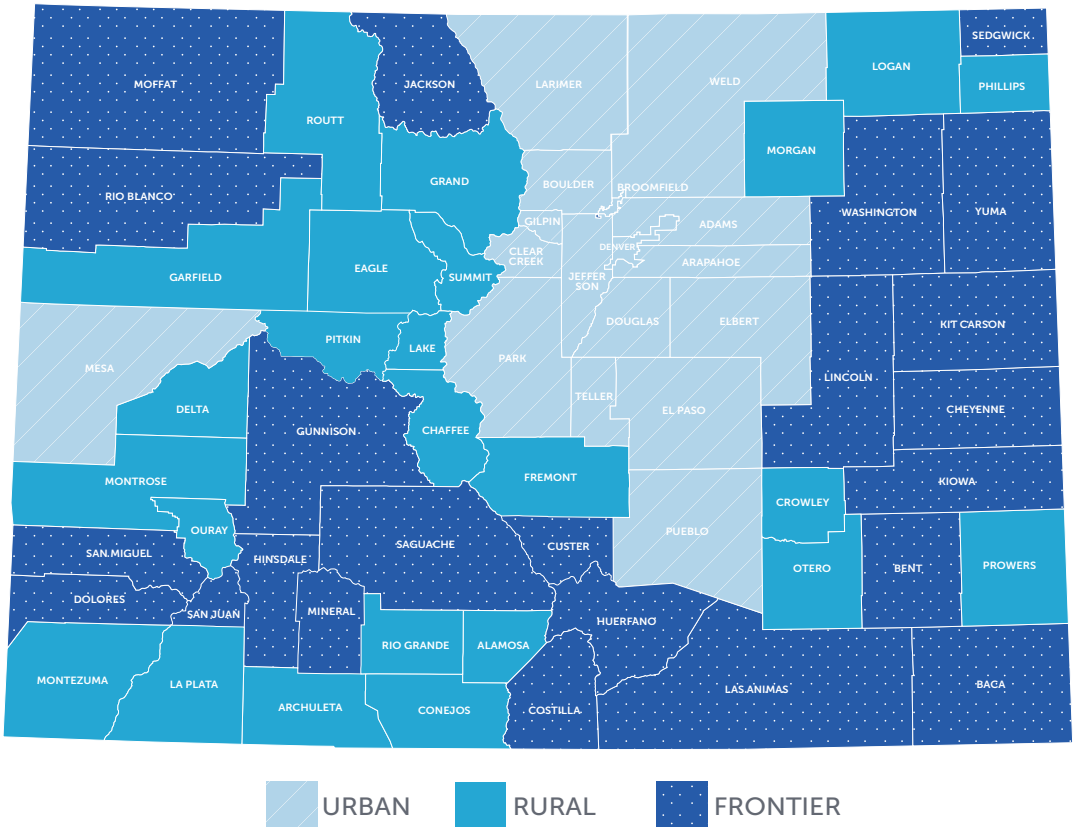
By the year 2050, Hispanic, Black, Asian, Native American, and Pacific Island populations are projected to comprise

45% of the state's population.

SOURCES: COLORADO DEPARTMENT OF LOCAL AFFAIRS, 2019; U.S. CENSUS BUREAU 2019

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.

SOURCE: COLORADO RURAL HEALTH, 2019

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

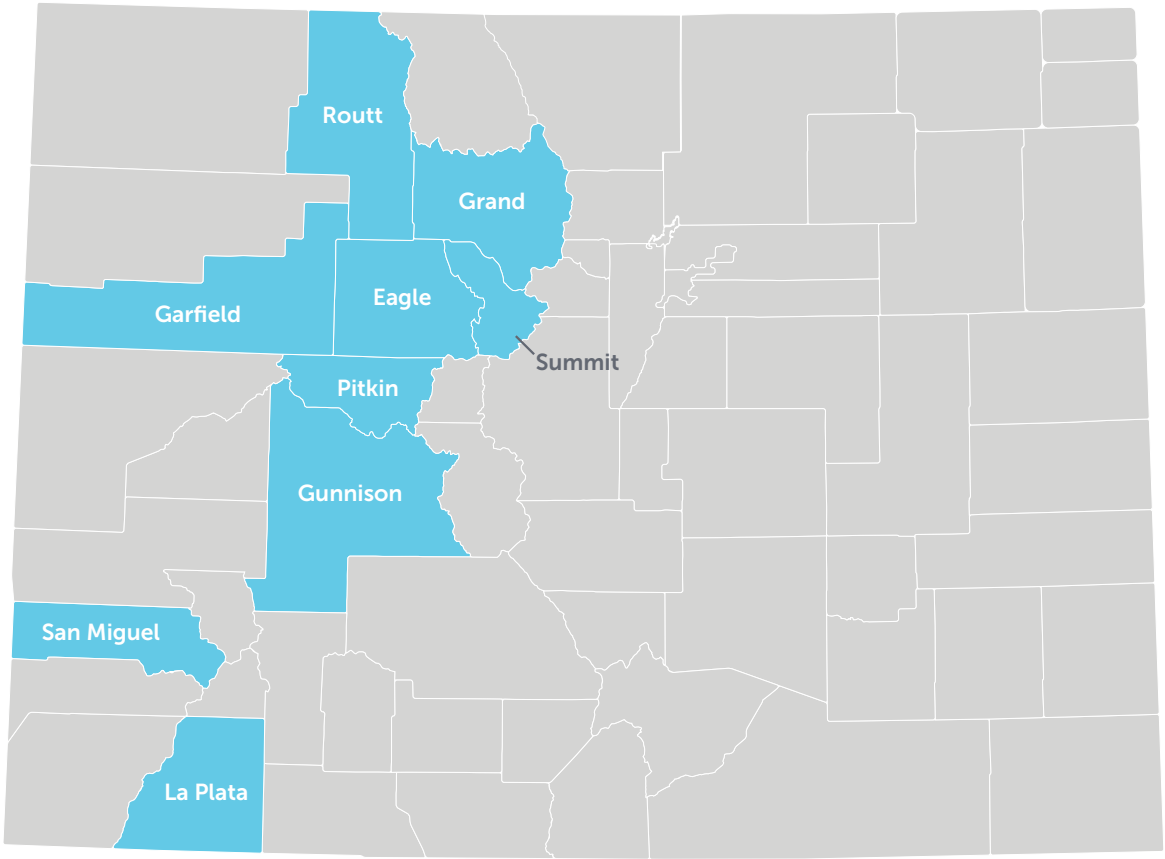
These counties have particularly high economic disparities.

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

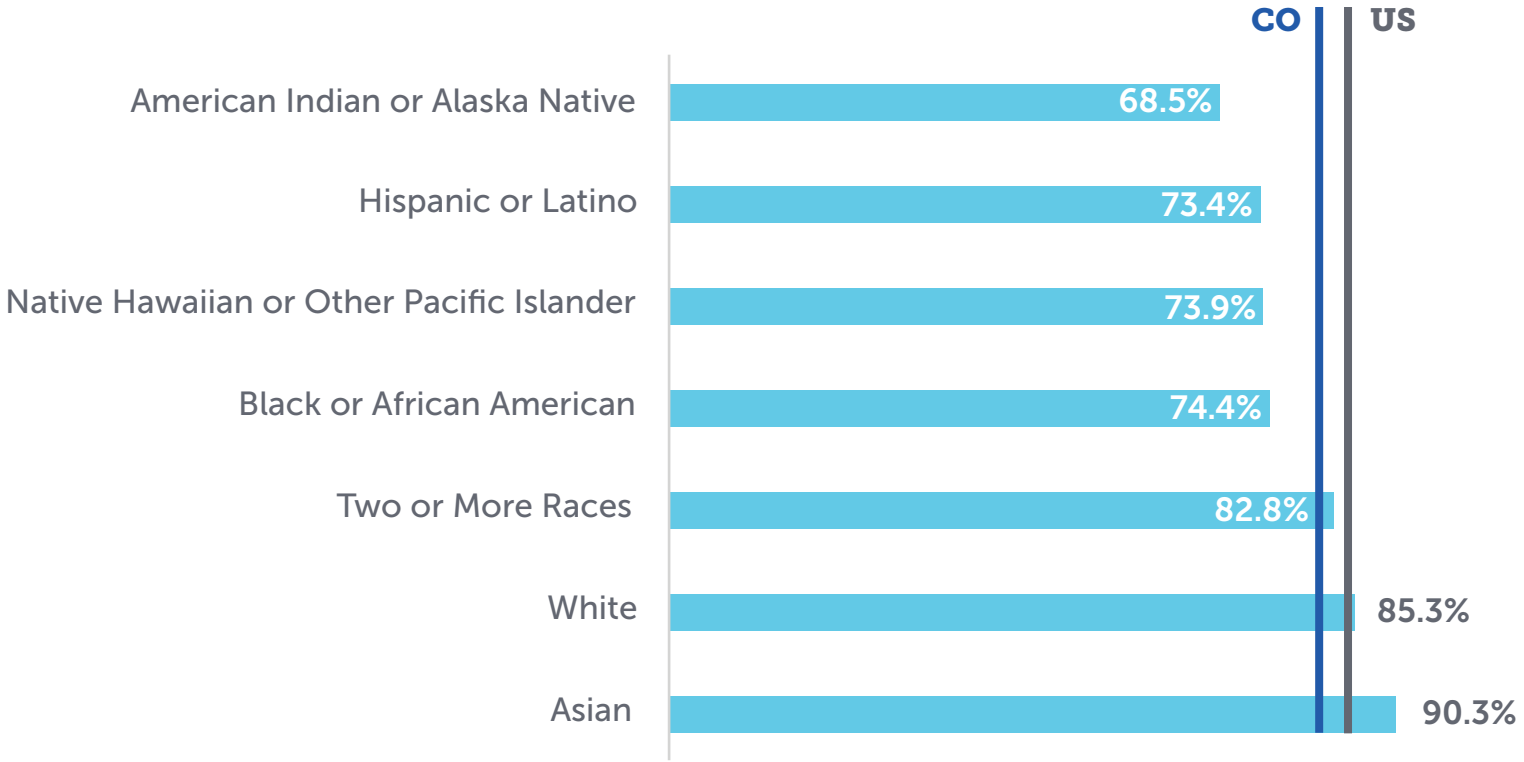


SOURCES: PSYCHOLOGY TODAY, 2020; THE GAZETTE, 2019; NATIONAL GEOGRAPHIC, 2016

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%.

HIGH SCHOOL GRADUATION RATES BY RACE AND ETHNICITY

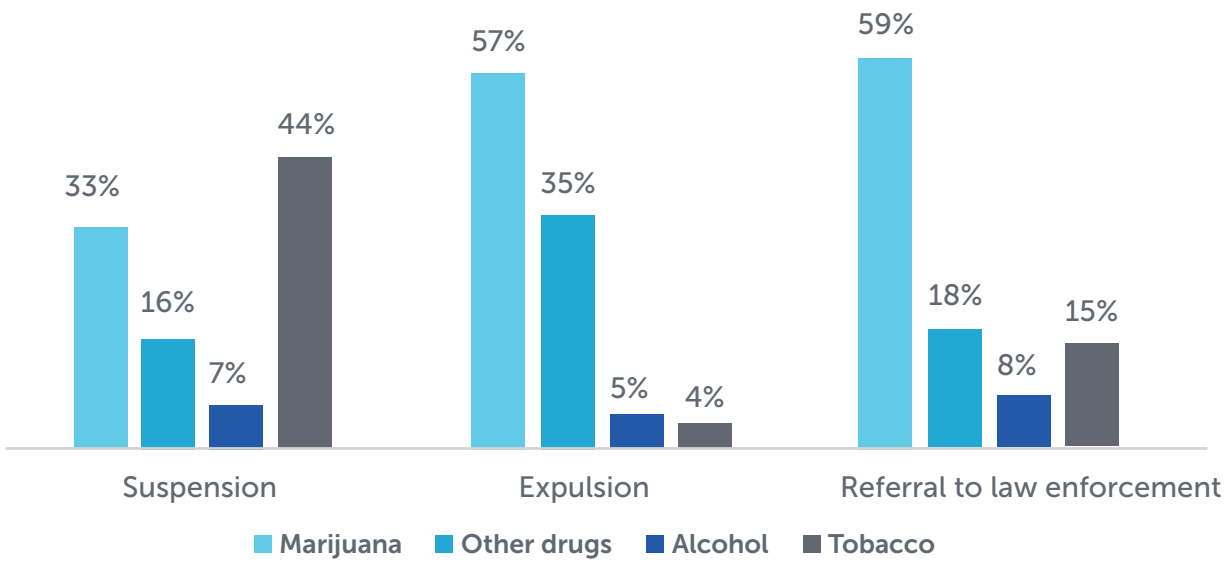


SOURCES: AMERICA'S HEALTH RANKING, 2019; COLORADO DEPARTMENT OF EDUCATION, 2018

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.

Students of Color comprise **47%** of Colorado students yet **58%** of Students of Color received disciplinary actions in the 2018-19 school year.

*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.

SOURCE: THE EVALUATION CENTER - CU DENVER, 2020

STATE OF HEALTH

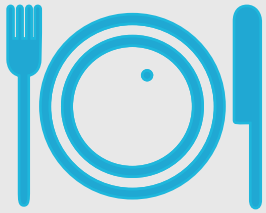
12%

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

22%

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%



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

SOURCES: AMERICA'S HEALTH RANKINGS, 2019; COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE), OFFICE OF HEALTH EQUITY, 2019

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

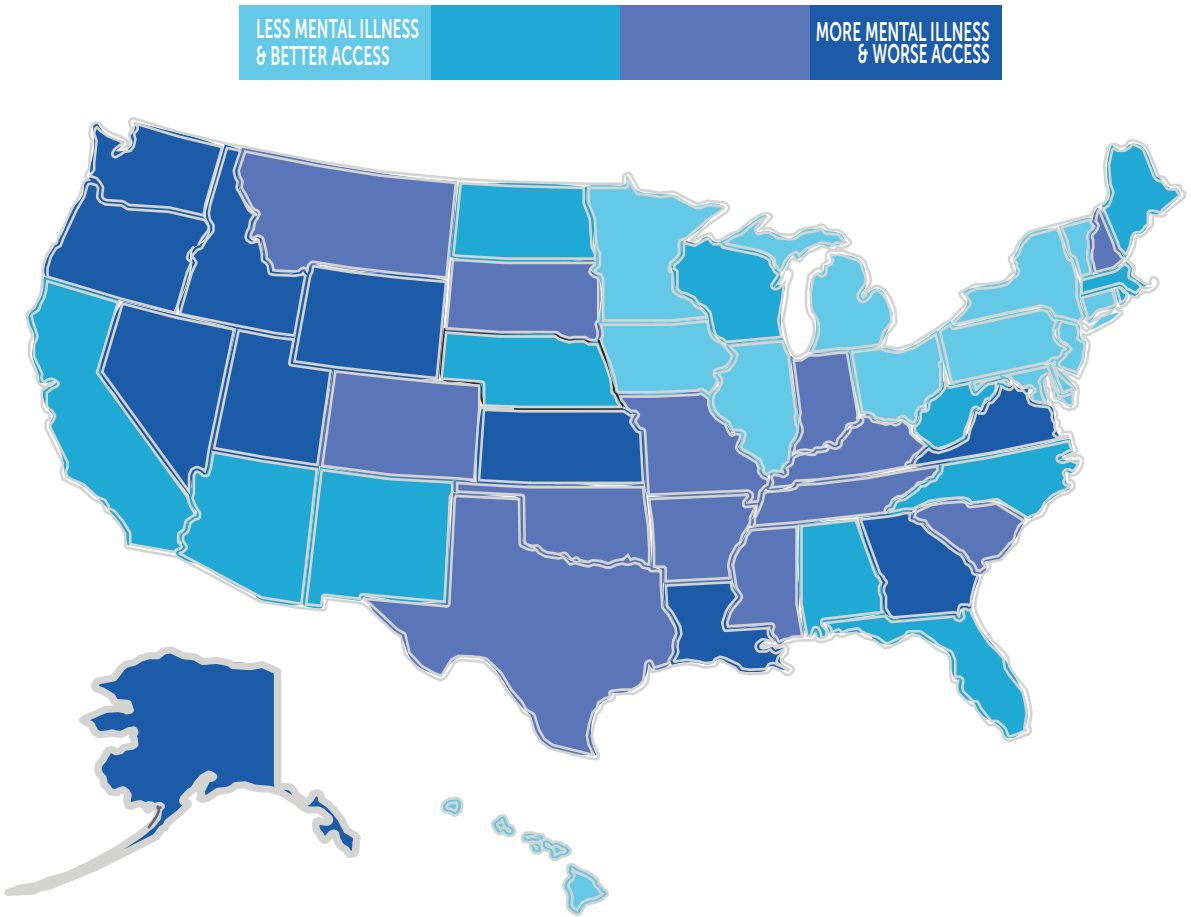
SOURCE: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE), OFFICE OF HEALTH EQUITY, 2019

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.

SOURCES: COLORADO HEALTH INSTITUTE, 2019; MENTAL HEALTH AMERICA, 2020

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

The suicide rate in Colorado was

21.9

per 100,000 for 2018.

Across all age groups

76%

of suicide fatalities were male.

17.5%

of youth seriously considered suicide in the past year.

SOURCES: NATIONAL CENTER FOR HEALTH STATISTICS, 2020; OFFICE OF SUICIDE PREVENTION, 2018-2019; HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

Of youth who identify as gay, lesbian, or bisexual

20.7%

attempted suicide in the past year, compared to

5.4%

of peer who identify as heterosexual.

Of youth who identify as transgender

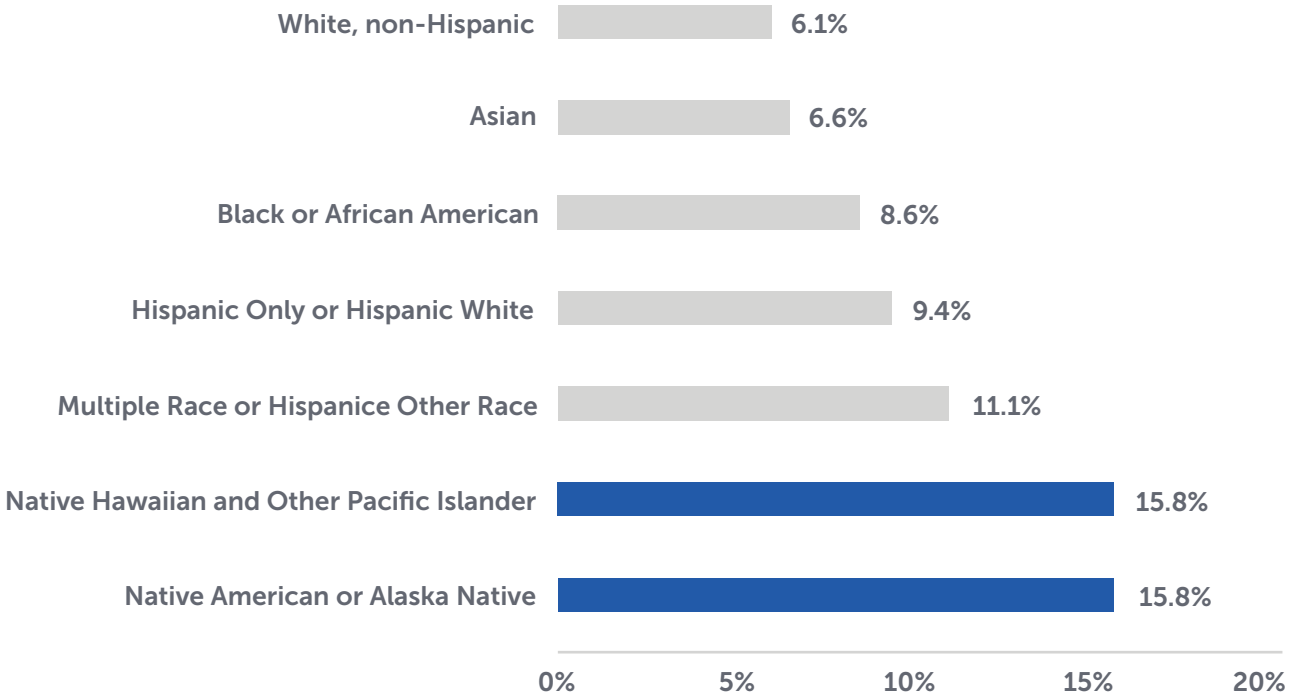
34.6%

attempted suicide in the past year, compared to

6.7%

of peers who identify as cisgender.

Percent of Youth Attempted Suicides by Race/Ethnicity

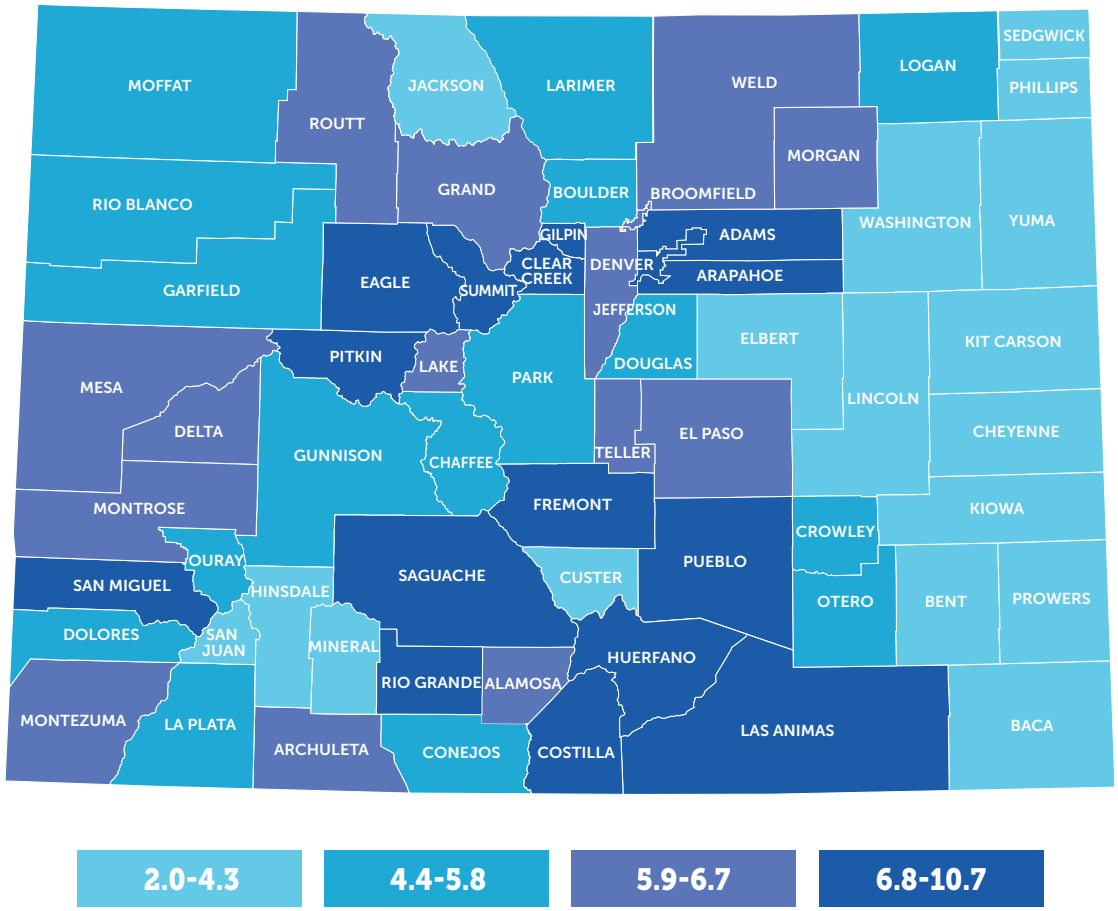


15.8% of Native American, Alaska Native, Native Hawaiian and other Pacific Islander students reported that they actually attempted suicide one or more times during the past 12 months, making them the highest in all race/ethnicity groups.

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

ECONOMY

Unemployment Rate by County, August 2020



As of August 2020, the unemployment rate in Colorado was

6.7%

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.

SOURCE: U.S. BUREAU OF LABOR STATISTICS, 2020

Colorado has the

3rd

fastest job growth rate in the nation, with a

21.6%

increase since 2010 compared to

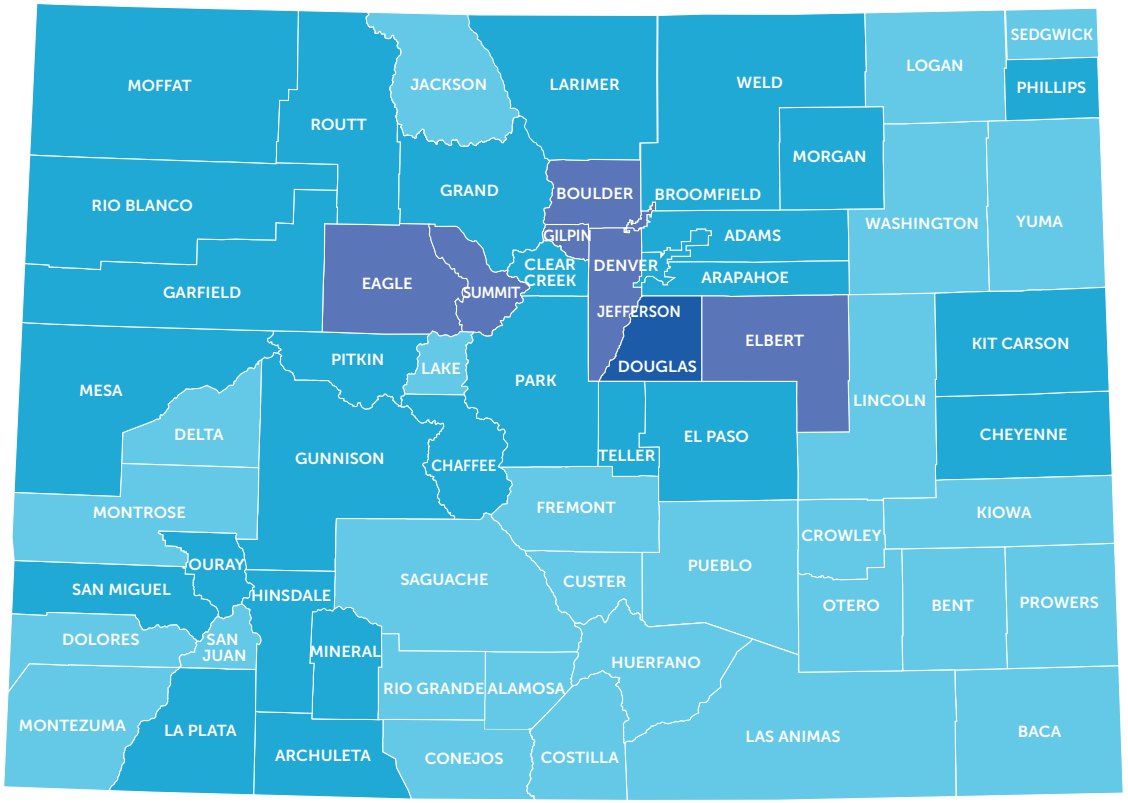
14.3% nationally.

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.

SOURCES: COLORADO DEPARTMENT OF LOCAL AFFAIRS, 2019; U.S. CENSUS BUREAU, 2019

The median gross rent (monthly, housing) was

$1196

for Colorado between 2014-2018.

The average Colorado home price increased

77%

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

4.5%.

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.

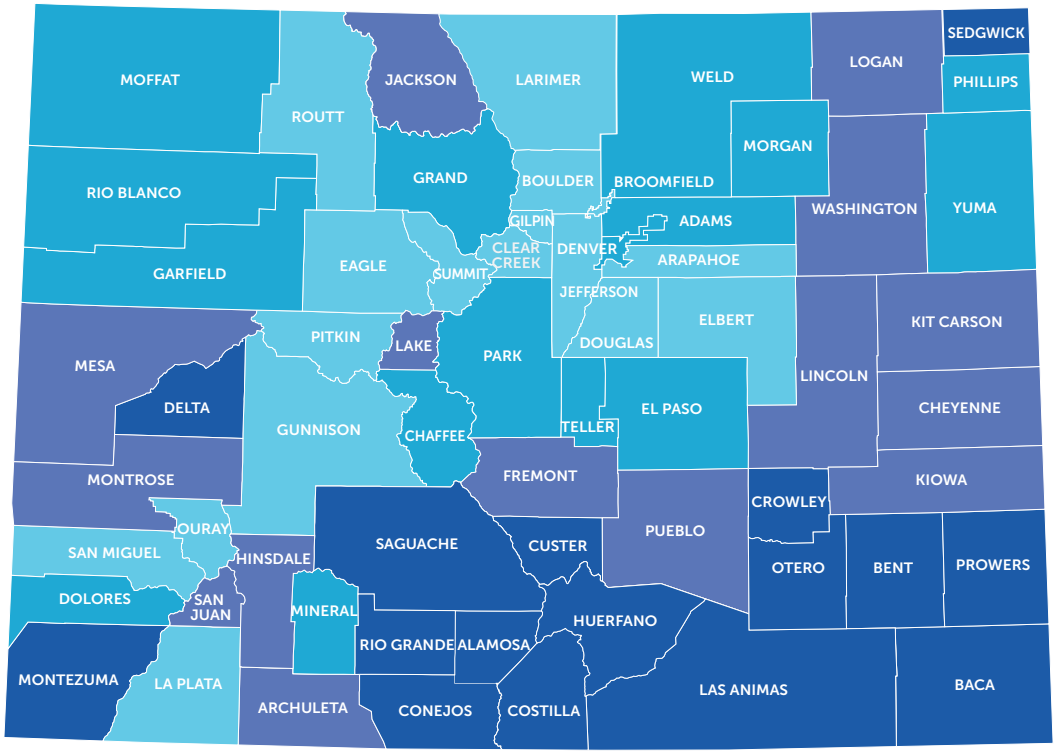
SOURCES: U.S. CENSUS BUREAU 2019; COLORADO HEALTH INSTITUTE, 2019; U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, 2007.

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

12.1%

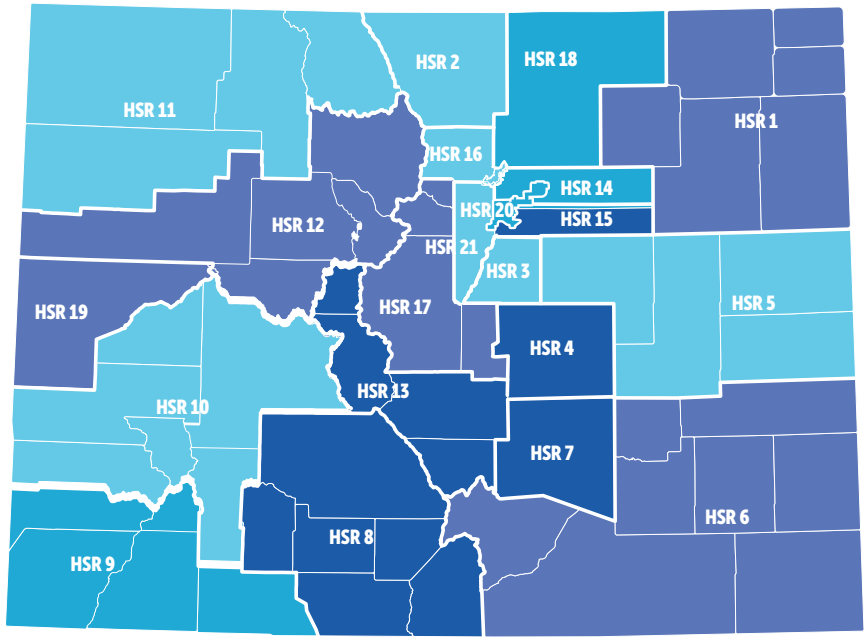
Percent of youth 18 and younger living in poverty by county



2.5-11.0%	11.1-16.7%	16.8-23.0%	23.1-37.4%

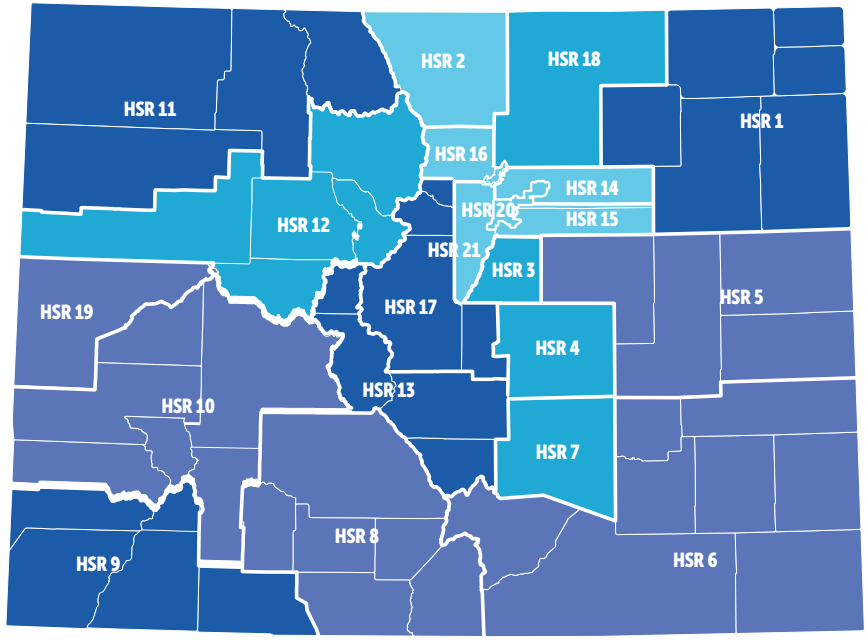
SOURCES: U.S. CENSUS BUREAU, 2018; COLORADO CHILDREN'S CAMPAIGN, 2020

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



9.1-12.7% | 12.8-15.1% | 15.2-17.3% | 17.4-20.6%

Students who slept somewhere other than their home by county



5.3-6.4% | 6.5-7.6% | 7.7-8.3% | 8.4-10.4%

In the past 30 days in Colorado

14.7%

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.

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

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.

SOURCES: SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), 2018; NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), 2020

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.

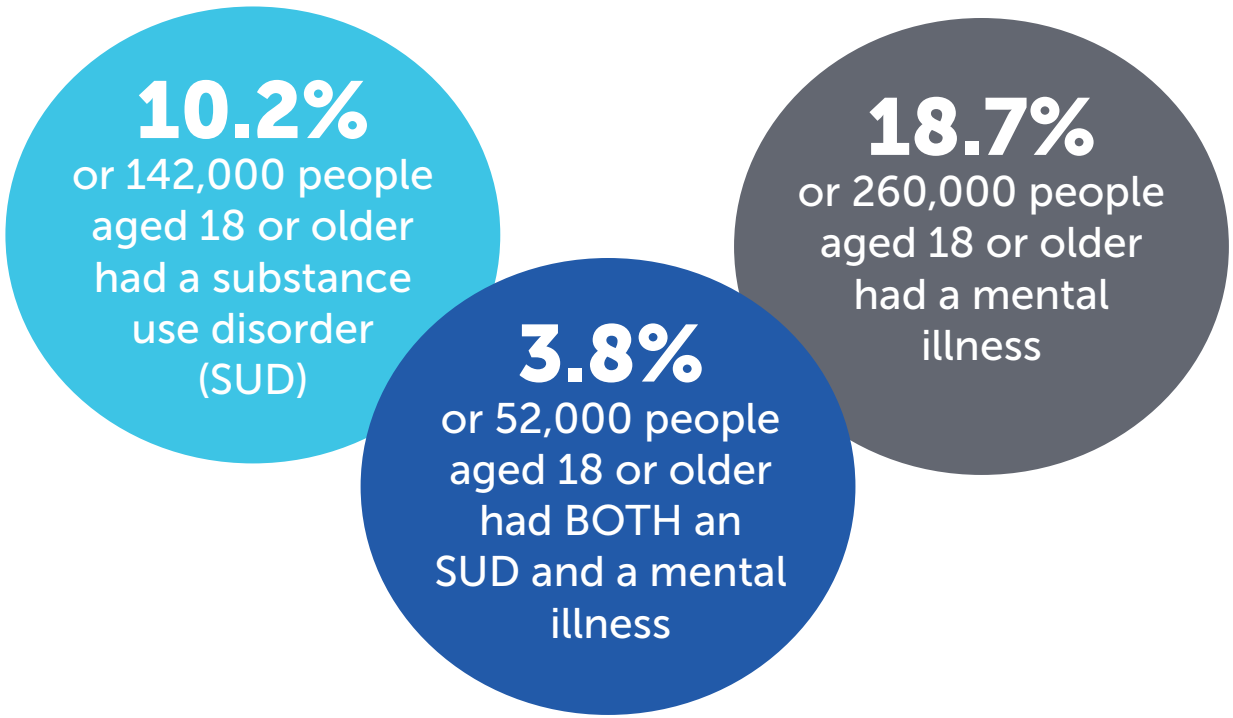
SOURCES: NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), 2019; COLORADO HEALTH INSTITUTE, 2019; U.S. DEPARTMENT OF VETERAN AFFAIRS, 2019

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



SOURCES: RIECKMANN, T., ET AL. 2012; NATIONAL SURVEY ON DRUG USE AND HEALTH, 2012, 2016, AND 2019; AMERICAN PSYCHOLOGICAL ASSOCIATION, 2014; BECKMAN, D., ET AL., 2017

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

9x

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%

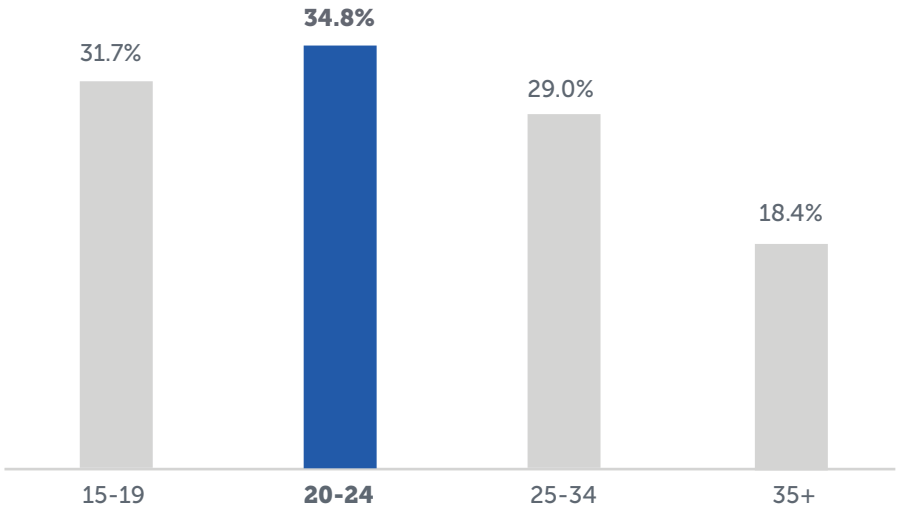
of people experiencing homelessness have a mental illness or post-traumatic stress.

SOURCE: COLORADO COALITION FOR THE HOMELESS, 2019

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

SOURCES: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE), 2019; PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS), 2018

YOUTH RISK AND PROTECTIVE FACTORS

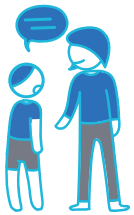
Protective factors are associated with preventing multiple negative outcomes including poor mental health, unhealthy sexual behaviors, substance use, and violence. Ensuring all youth have equitable access to protective factors can help them thrive.

91.7%

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

53.6%

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



72.7%

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

67.3%

percent of students
PARTICIPATE IN EXTRACURRICULAR ACTIVITIES AT SCHOOL.

49.4%*

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

86.2%*

percent of students
FEEL SAFE AT SCHOOL.

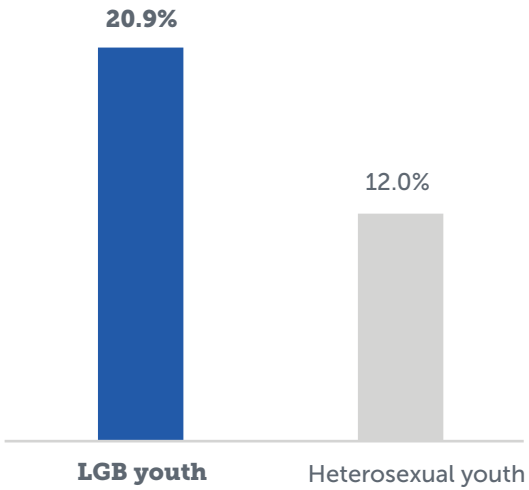
*THESE HAVE SHOWN A STATISTICALLY SIGNIFICANT DECREASE SINCE 2017.

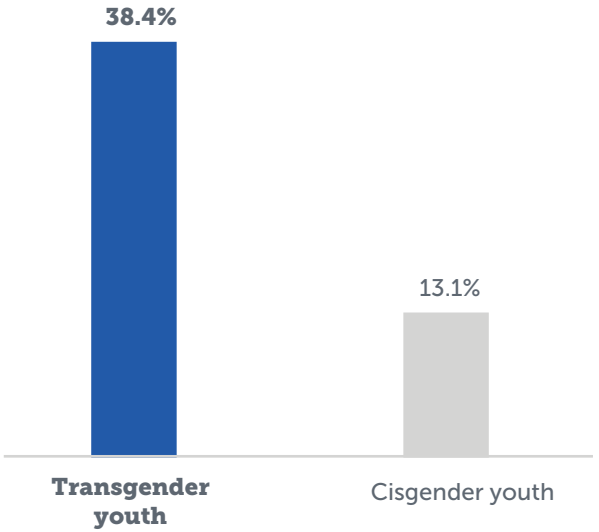
SOURCES: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, 2019; HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

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.





SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

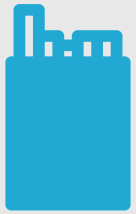
According to the National Institute on Drug Abuse, adolescence (at about age 13) is a risky period for drug abuse due to the challenges youth face at this age coupled with greater exposure to drugs. Early initiation of alcohol or drug use is associated with a higher risk of developing problematic substance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

State Average

% OF STUDENTS WHO BEFORE AGE 13:

18%

FIRST DRANK ALCOHOL
other than a few sips



8%

SMOKED A CIGARETTE
even one or two puffs

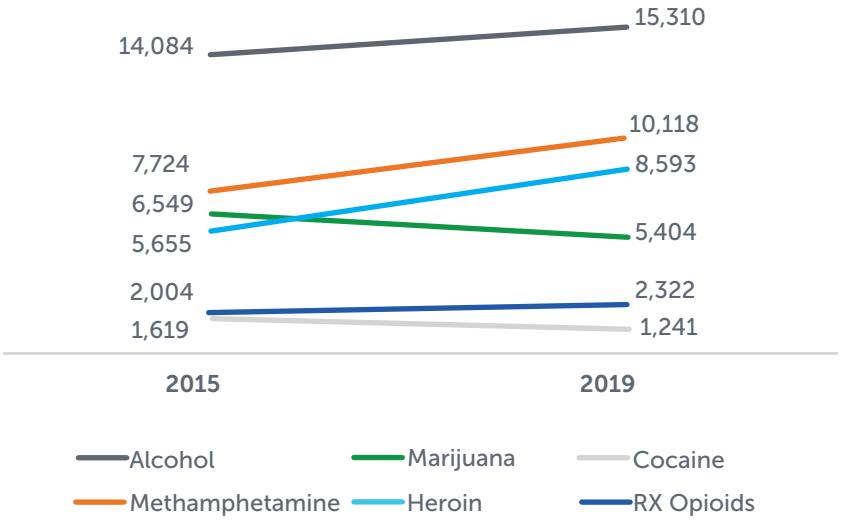
7%

TRIED MARIJUANA

SOURCES: NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), 2014; HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

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

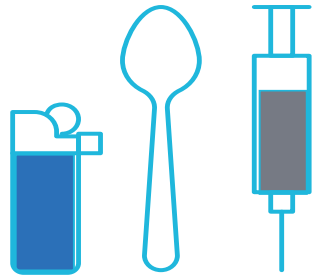
44%

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 in Colorado are for methamphetamine or heroin.

Polysubstance Use

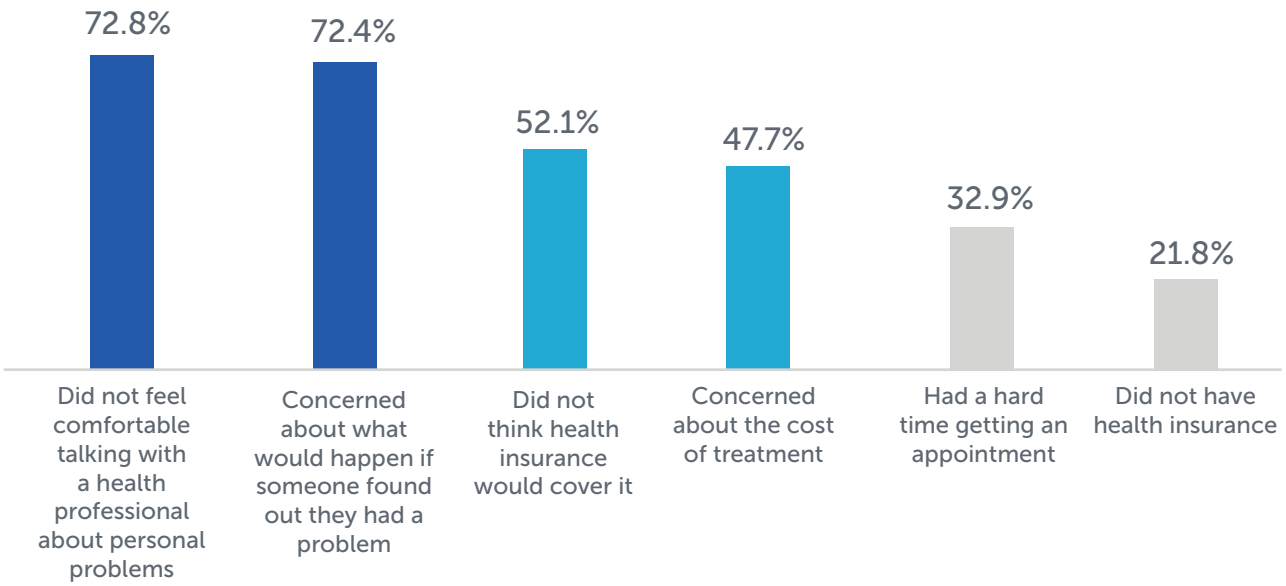
Treatment admissions for the combination of methamphetamine and heroin has risen dramatically since 2014. Overdose deaths due to polysubstance use most commonly occur from methamphetamine and heroin. Individuals with two or more SUDs are **three times less likely to receive treatment** within the past year compared to individuals with either an alcohol use disorder or an illicit drug disorder.



SOURCES: DRUG/ALCOHOL COORDINATED DATA SYSTEM (DACODS), 2014-2019;; COLORADO STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP (SEOW), 2019

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.



12%

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.

SOURCE: COLORADO HEALTH ACCESS SURVEY (CHAS), 2019

We appreciate your feedback!
Click here 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

ALCOHOL

SEOW | Colorado State Epidemiological Outcomes Workgroup

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 profile is a snapshot of alcohol consumption and health effects among Coloradans. Data are presented for adults and youth, with a special section on youth protective factors against alcohol 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.

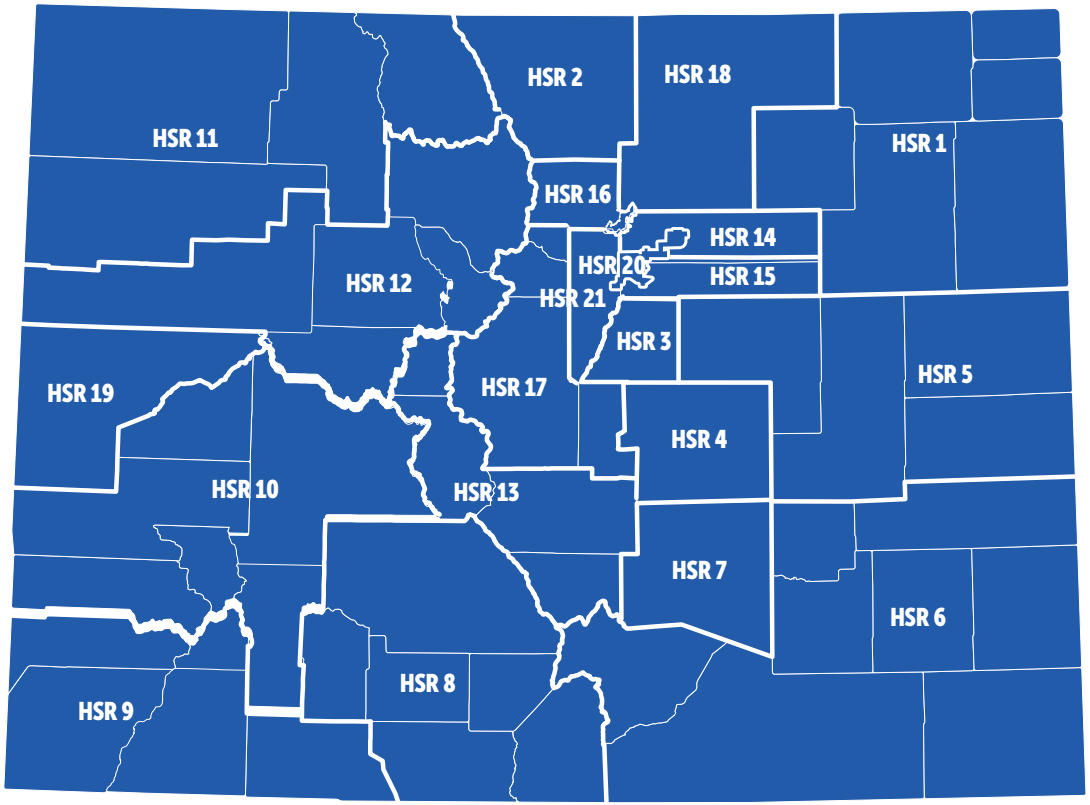
We hope the profiles facilitate conversation among Coloradans about the state of our state. For this reason, the profiles feature data from a variety of sources, include regional data when available, and introduce easily relatable use of benchmarks, such as national comparisons.

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

SOURCE: COLORADO HEALTH AND ENVIRONMENTAL DATA - HEALTH STATISTICS REGIONS MAP KEY, 2020

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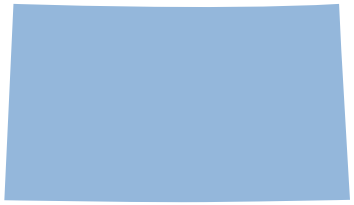
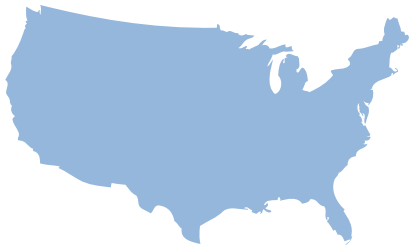
ADULT CONSUMPTION

Colorado per capita alcohol consumption is higher than the National average.



629
standard drinks per person/per year
Colorado



517
standard drinks per person/per year
United States

Representative of the population over the age of 14.

WHAT IS A STANDARD DRINK?

12 fl oz
REGULAR BEER
@ approx. 4.7% alcohol

5 fl oz
TABLE WINE
@ approx. 11.5% alcohol

1.5 fl oz
DISTILLED SPIRITS
@ approx. 36.9% alcohol

Each beverage portrayed above represents one standard drink of "pure" alcohol, defined in the United States as 0.6 fl oz or 14 grams of alcohol. The percent of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

38% of **COLORADO ADULTS** report **NOT DRINKING** in the past 30 days.

47% of **ADULTS NATIONALLY** report **NOT DRINKING** in the past 30 days.

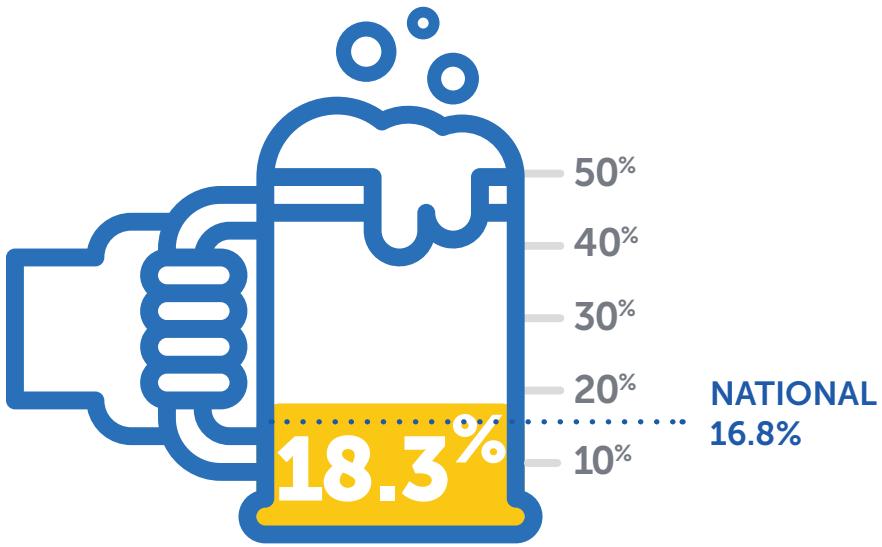
SOURCES: NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, 2018; BEHAVIORAL RISK FACTORS SURVEILLANCE SYSTEM (BRFSS), 2018

18.3% of Colorado adults

report

BINGE DRINKING

during the past 30 days.



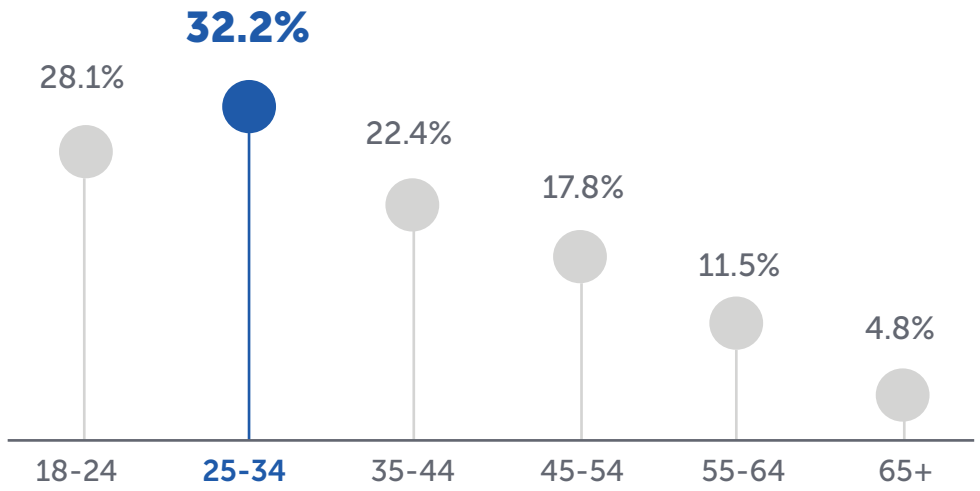
In Colorado, MEN ARE MORE LIKELY TO BINGE DRINK than women.

25% of men

14% of women

Binge drinking is most common among 25-34 year olds.

Almost one third of Coloradans in this age group report binge drinking in the past 30 days.
A trend consistent with past years.



Current prevalence of binge drinking by age

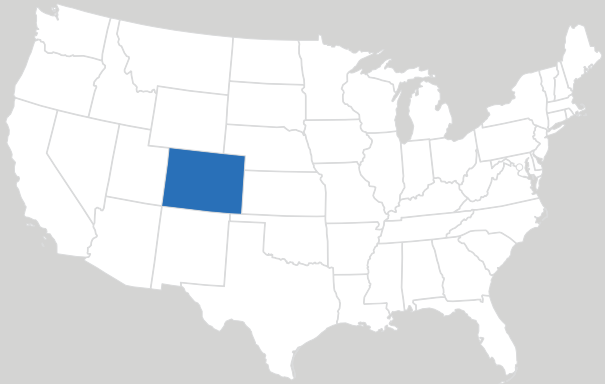
BINGE DRINKING IS DEFINED AS HAVING 4 OR MORE DRINKS IN A ROW FOR WOMEN AND 5 OR MORE DRINKS IN A ROW FOR MEN.

SOURCE: BEHAVIORAL RISK FACTORS SURVEILLANCE SYSTEM (BRFSS), 2018 AND 2019

Colorado has the

8TH

HIGHEST RATE

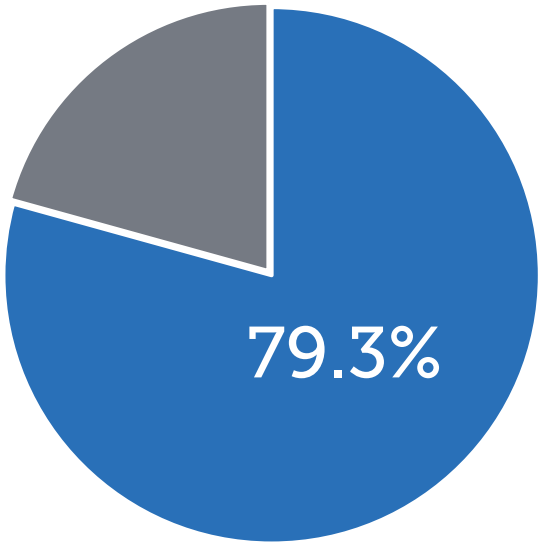


of

EXCESSIVE DRINKING.

Excessive drinking includes either **HEAVY DRINKING** (eight or more drinks per week for women or 15 or more drinks per week for men), or **BINGE DRINKING** (four or more drinks for women or five or more drinks for men, on one or more occasions in the past 30 days).

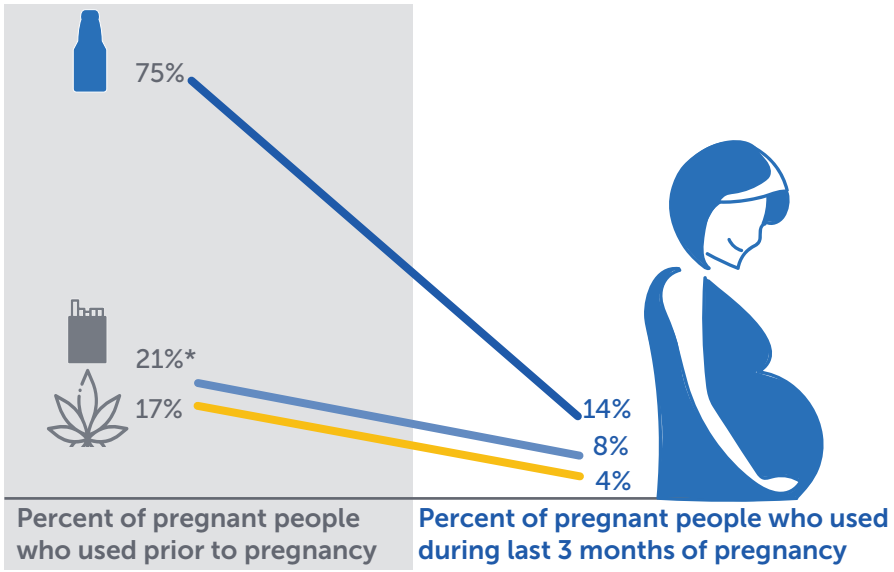
INDIVIDUALS WHO BINGE DRINK
ARE MORE LIKELY TO DRINK AND DRIVE
THAN THOSE WHO DON'T BINGE DRINK.

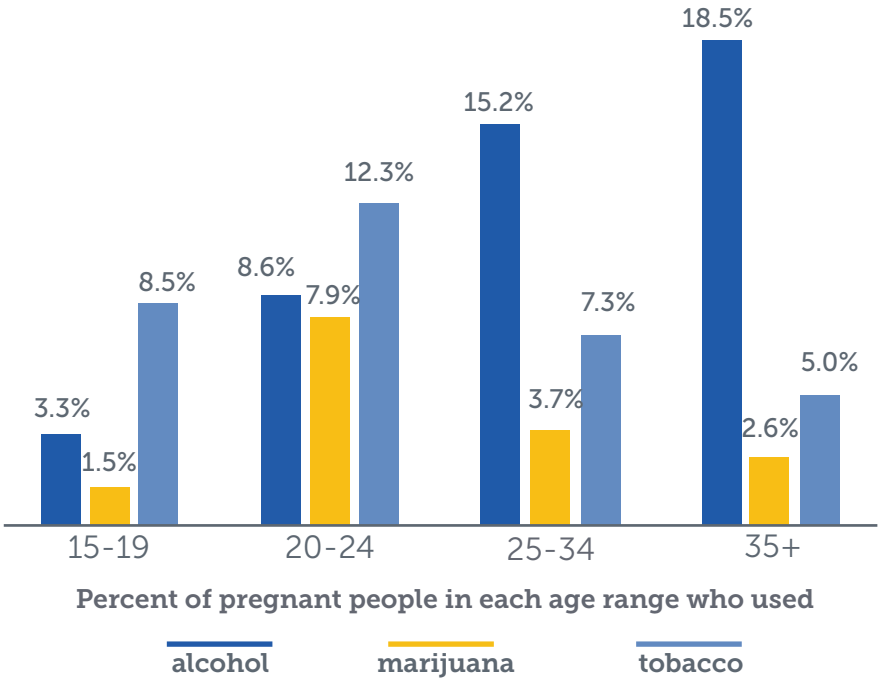


In Colorado, of the people who reported drinking and driving, **79.3%** of them **ALSO REPORTED BINGE DRINKING.**

SOURCES: AMERICA'S HEALTH RANKINGS, 2019; BEHAVIORAL RISK FACTORS SURVEILLANCE SYSTEM (BRFSS), 2018

Most pregnant people in Colorado did not use any substance during the last 3 months of pregnancy.





Alcohol use decreased the most from prior to pregnancy to during the last 3 months of pregnancy.

ALCOHOL	MARIJUANA	TOBACCO
81%	76%	64%

According to the Health eMoms survey,
PEOPLE WHO ARE 12-14 MONTHS POSTPARTUM **BINGE DRINK** AT A HIGHER RATE THAN THE AVERAGE RATE FOR ALL WOMEN OF CHILDBEARING AGE.

*TOBACCO USE INCLUDES CIGARETTES OR E-CIGARETTES.

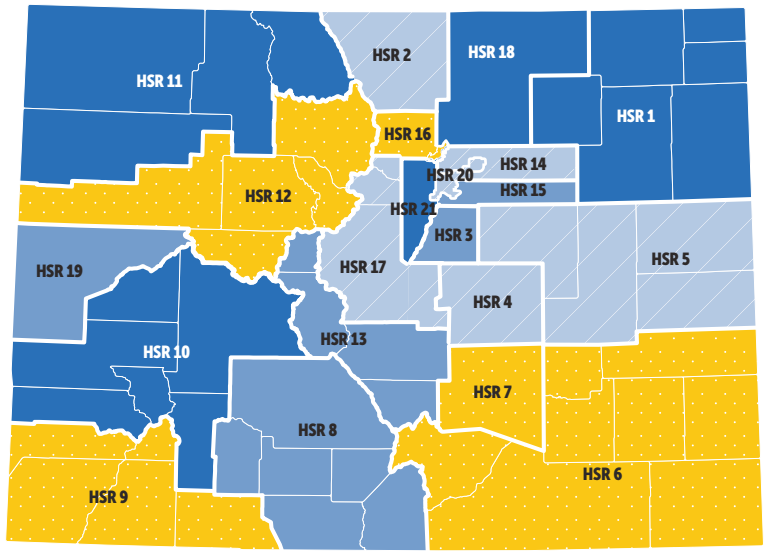
SOURCES: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS), 2018; HEALTH EMOMS SURVEY, 2018

YOUTH CONSUMPTION

TWO OUT OF THREE high school age youth in Colorado DID NOT consume alcohol in the past 30 days.

30%

OF YOUTH CURRENTLY USE ALCOHOL.



QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
24.8%–27.9%	28.0%–29.9%	30.0%–33.3%	33.4%–36.6%

Current use of alcohol among youth in each Colorado HSR

CURRENT USE IS DEFINED AS HAVING AT LEAST 1 DRINK OF ALCOHOL IN THE PAST 30 DAYS.

Of youth who report having at least 1 drink of alcohol in the past 30 days, over half of them,

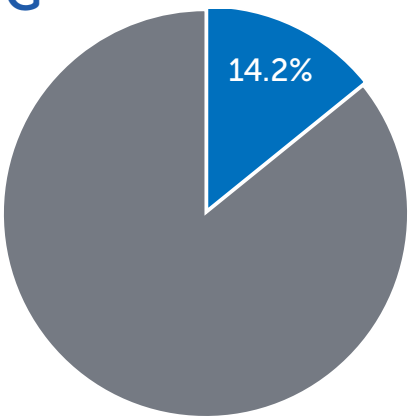
62.4%

report having

3 OR MORE DRINKS WITHIN A FEW HOURS.

14.2% of youth report BINGE DRINKING

in the past 30 days.



BINGE DRINKING IS DEFINED AS HAVING 4 OR MORE DRINKS IN A ROW FOR WOMEN AND 5 OR MORE DRINKS IN A ROW FOR MEN.

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

Early initiation

USE BEFORE 13:

17.6%

of Colorado students had their first drink of alcohol before age 13.

According to the National Institute on Drug Abuse, research suggests that adolescence (at about age 13) is a risky period for drug abuse due to the challenges youth face at this age, coupled with the greater exposure to drugs.

Access

EASY TO GET ALCOHOL:

59%

of Colorado students report that it would be "sort of easy" or "very easy" to get alcohol if they wanted.

SOMEONE GAVE IT TO ME:

40%

students who drink alcohol report they drank alcohol from someone who gave it to them in the last 30 days.

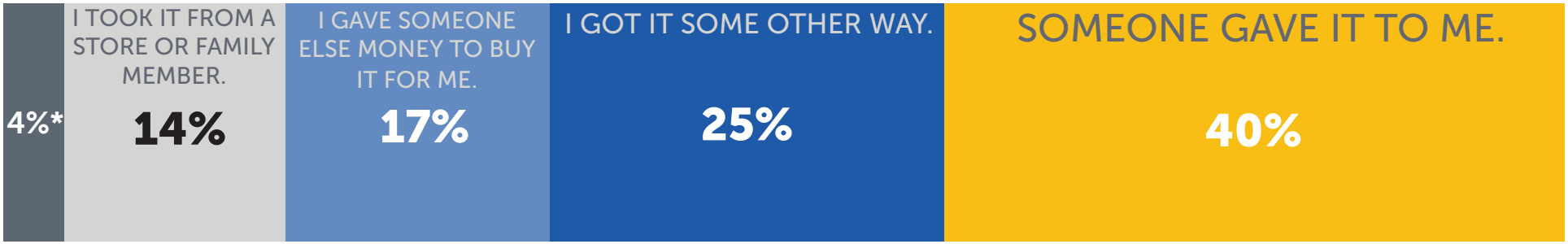
Perception of peer use

INACCURATE PERCEPTIONS:

85%

of Colorado students overestimate how many of their peers drink.

Students who overestimate how many of their peers drink are significantly less likely to consider limited drinking risky and more likely to drink themselves.

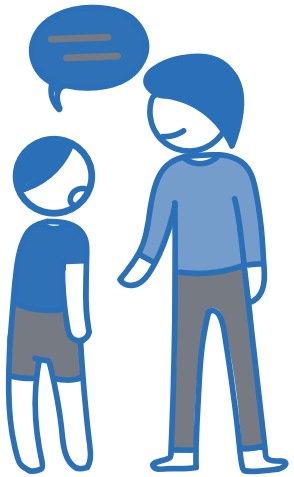


*I bought it in a liquor store/supermarket, restaurant/bar/club, or at a concert/sporting event.

SOURCES: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019; RISE ABOVE COLORADO YOUTH SURVEY (RACYS), AGES 15-17, 2020

82%

OF COLORADO STUDENTS
THINK THEIR PARENT OR GUARDIAN WOULD FEEL IT IS WRONG
IF THEY DRANK ALCOHOL REGULARLY.



70%

OF COLORADO STUDENTS
THINK PEOPLE WHO HAVE ONE OR TWO DRINKS NEARLY EVERY DAY
HAVE MODERATE OR GREAT
RISK OF HARM.

62%

OF COLORADO STUDENTS
THINK IT IS WRONG FOR SOMEONE THEIR AGE TO DRINK
ALCOHOL REGULARLY.

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

USE OF ALCOHOL DIFFERS AMONG COLORADO YOUTH WHO REPORT THE PRESENCE OF PROTECTIVE FACTORS IN THEIR LIFE.

AMONG STUDENTS WHO:

have an adult to go to for help with a serious problem,

27.3% use alcohol

COMPARED TO

36.0%

who do not report this protective factor.

think family has clear rules about alcohol and drug use,

27.2% use alcohol

COMPARED TO

45.3%

who do not report this protective factor.

when not home, their parents/guardians know where they are and who they are with

27.7% use alcohol

COMPARED TO

51.9%

who do not report this protective factor.

participate in extracurricular activities,

28.6% use alcohol

COMPARED TO

30.9%

who do not report this protective factor.

feel safe at school,

28.6% use alcohol

COMPARED TO

35.2%

who do not report this protective factor.

think their teacher notices when they're doing a good job and lets them know,

25.0% use alcohol

COMPARED TO

33.6%

who do not report this protective factor.

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

HARMFUL EFFECTS

6% of Colorado adults report they DROVE AFTER HAVING TOO MUCH TO DRINK

one or more times in the past 30 days.

In 2019 there were

596

MOTOR VEHICLE FATALITIES in Colorado. Out of this total,

27%

WERE CAUSED BY ALCOHOL IMPAIRED DRIVERS.

COLORADO 2018:

3,744

SERIOUS INJURIES AND FATALITIES CAUSED BY MOTOR VEHICLE CRASHES.

21.4%

WERE CAUSED BY DRIVERS UNDER THE INFLUENCE OF ALCOHOL AND/OR OTHER DRUGS.

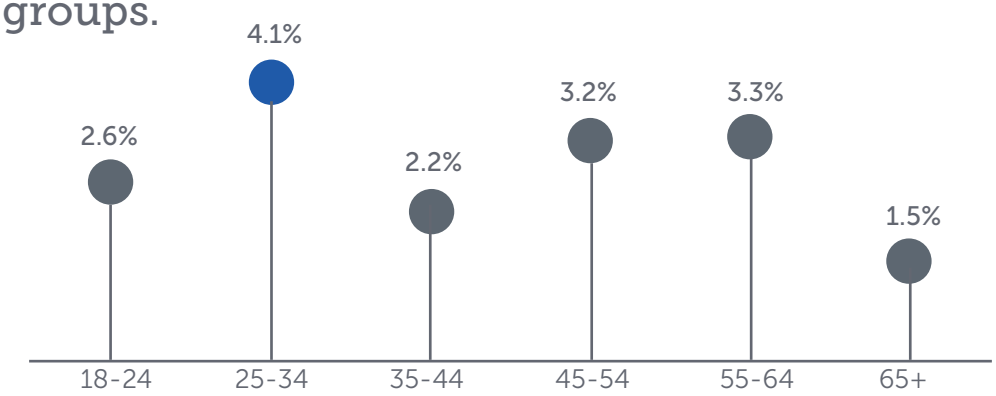
In 2018 there were 15,152 people charged with DUI where the driver was tested for alcohol.

Out of those, **95.6% tested positive for alcohol only or alcohol and other substances.**

In 2019 there were 196,898 adult ARRESTS in Colorado.
Out of those, **10.6% were for driving under the influence.**

25-34 YEAR OLDS HAVE THE HIGHEST PREVALENCE

of drinking and driving in Colorado compared to all other age groups.



Prevalence of drinking and driving reported within the past 30 days in each age group

SOURCES: BEHAVIORAL RISK FACTORS SURVEILLANCE SYSTEM (BRFSS), 2018; COLORADO DEPARTMENT OF TRANSPORTATION, 2018 AND 2019; COLORADO DEPARTMENT OF PUBLIC SAFETY, 2018; COLORADO BUREAU OF INVESTIGATION, 2019

COLORADO 2019:

21,328
TOTAL JUVENILE ARRESTS

210 JUVENILE ARRESTS FOR DRIVING UNDER THE INFLUENCE

Amounting to

1% of total arrests.

1,044 JUVENILE ARRESTS FOR LIQUOR LAW VIOLATIONS

Amounting to

4.9% of total arrests.

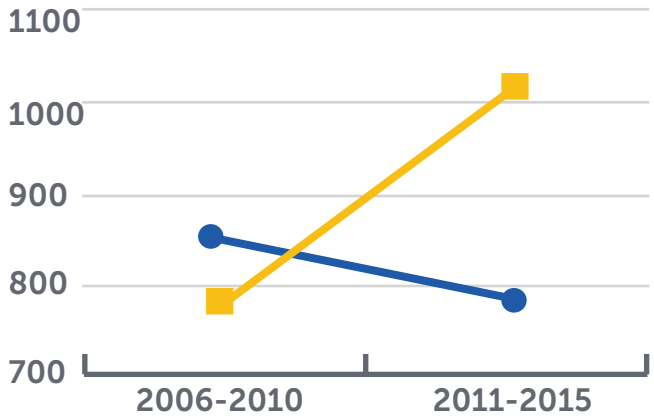
16.3% of Colorado students who report current alcohol use **DRANK AND DROVE ONE OR MORE TIMES** in the past 30 days.

Less than one out of three Colorado students think **POLICE WOULD CATCH KIDS DRINKING ALCOHOL IN THE NEIGHBORHOOD.**

Less than half of Colorado students said **PARENTS OR GUARDIANS WOULD CATCH THEM IF THEY DRANK ALCOHOL WITHOUT PERMISSION.**

SOURCES: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019; COLORADO BUREAU OF INVESTIGATION, 2019

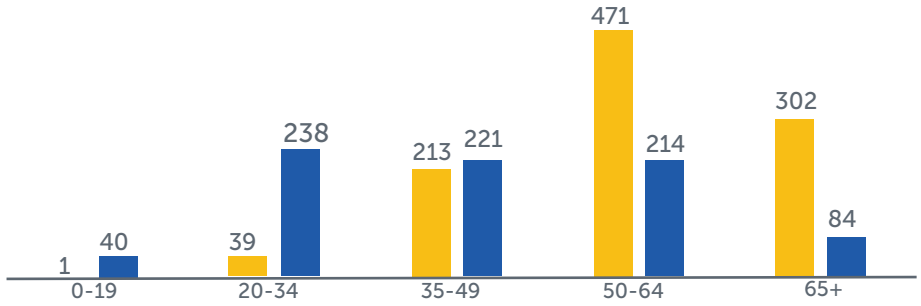
From 2006-2015 in Colorado,
ALCOHOL-ATTRIBUTABLE DEATHS FROM CHRONIC CAUSES INCREASED BY 24%.
Overall alcohol attributable deaths increased by 10%.



ACUTE CAUSES
causes (i.e., illness or injury) with a very short duration from the time of onset to the time of death such as alcohol poisoning, motor-vehicle traffic crashes, and suicide.

CHRONIC CAUSES
causes with a longer duration from the time of onset to the time of death such as alcohol abuse, alcoholic liver disease, and chronic pancreatitis.

50-64 year olds had the most CHRONIC ALCOHOL ATTRIBUTABLE DEATHS from 2011-2015.



Number of chronic and acute alcohol attributable deaths from 2011-2015 by age

From 2011-2015,
MORE THAN 2X AS MANY MALES as females died from alcohol-attributable causes, which is consistent with national trends.

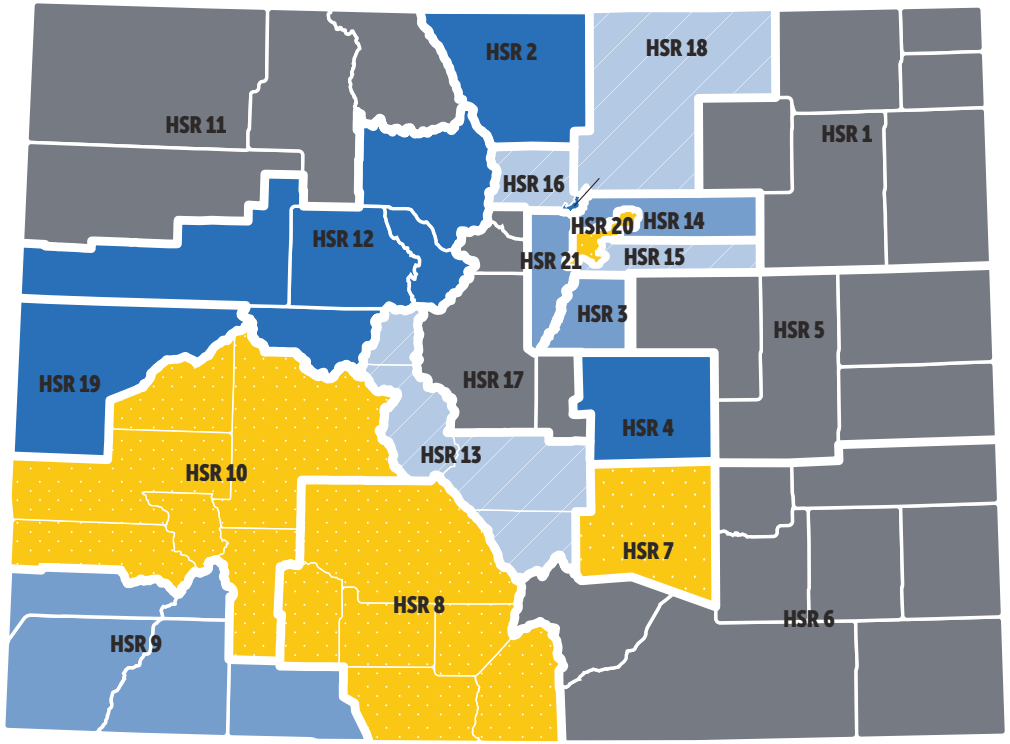
1,248 men	574 women

67,943 men	27,215 women

SOURCE: ALCOHOL-RELATED DISEASE IMPACT (ARDI) APPLICATION, 2006-2015

The state average rate of **EMERGENCY DEPARTMENT VISITS DUE TO ALCOHOL POISONING** was 3.3 visits

per 100,000 people in 2019.

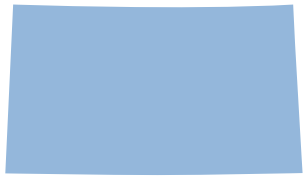


QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:	DATA SUPPRESSED
2.1%–3.9%	4.0%–4.5%	4.6% – 5.6%	5.7% –13.3%	

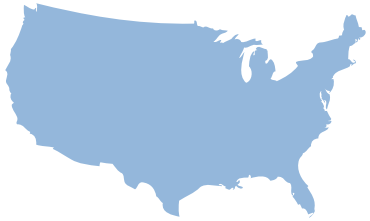
From 2016-2019, **HSRs 8 AND 10 HAD THE HIGHEST RATES OF EMERGENCY DEPARTMENT VISITS DUE TO ALCOHOL POISONING**, at 13.3 and 9.1 respectively. The State average over the same period was 4.5 per 100,00 people.

SOURCE: COLORADO HOSPITAL ASSOCIATION, 2016-2019

The prevalence of **alcohol use disorder** among Colorado residents is **higher than the national average** and the Healthy People 2030 target.



8.3% OF THE POPULATION HAVE ALCOHOL USE DISORDER.



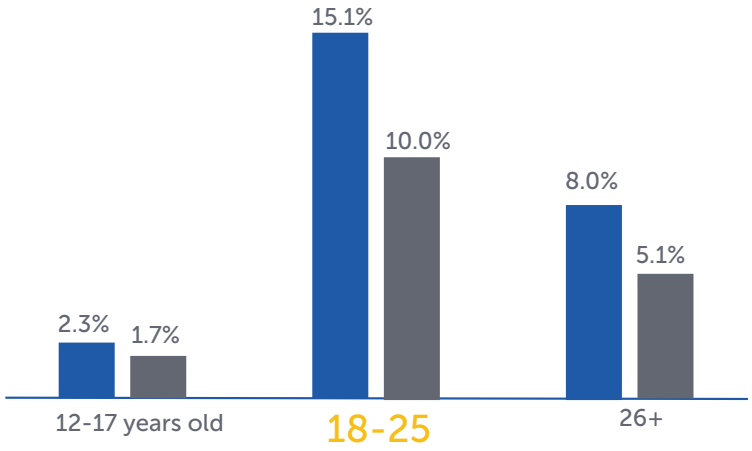
5.4% OF THE POPULATION HAVE ALCOHOL USE DISORDER.

HEALTHY PEOPLE 2030

THE TARGET GOAL IS TO REDUCE THE RATE OF ALCOHOL USE DISORDER IN THE UNITED STATES TO **3.9%.**

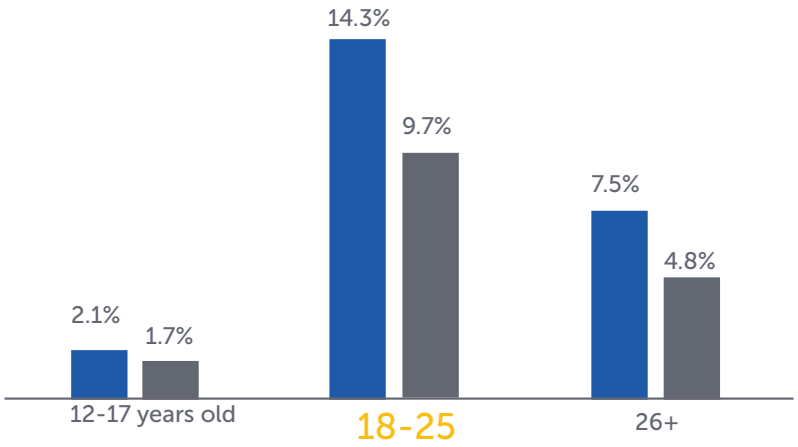
Alcohol Use Disorder is defined as meeting criteria for alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). This includes respondents who used alcohol on six or more days in the past 12 months and were defined as having dependence and/or abuse.

18-25 year olds have the highest prevalence of alcohol use disorder.



COLORADO has a higher prevalence than the **NATIONAL AVERAGE** among each age range for both of these indicators.

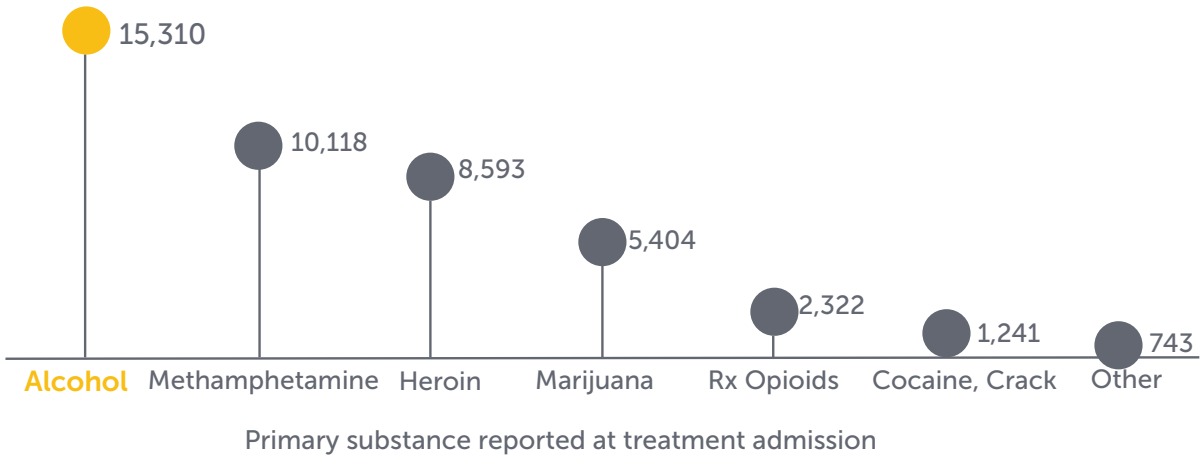
18-25 year olds have the highest prevalence of needing but not receiving treatment for alcohol use disorder.



Prevalence rates reflect everyone 12 years and older.

SOURCE: NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH), 2017-2018

MORE COLORADANS SEEK TREATMENT FOR ALCOHOL
than for any other substance.

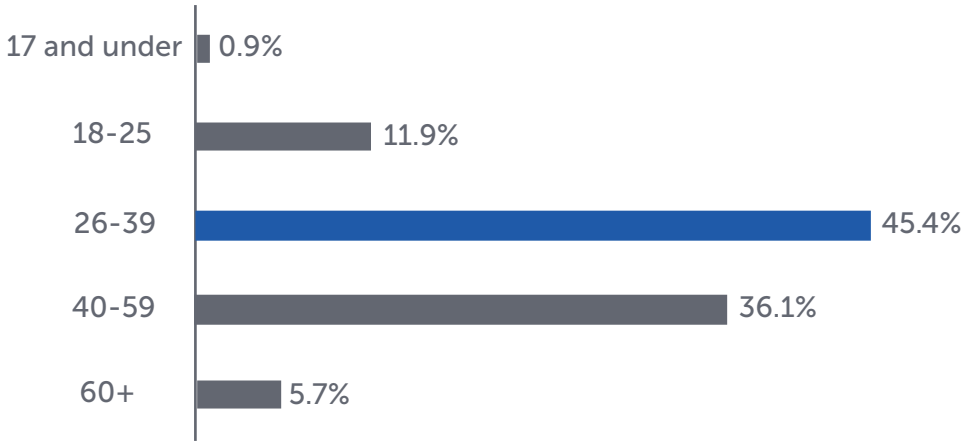


From 2015 to 2019

the number of people in our state seeking treatment for ALCOHOL USE DISORDER increased by 8.7%.

2015	2019
14,084	15,310

26-39 YEAR OLDS
ARE THE LARGEST AGE GROUP OF COLORADANS SEEKING
TREATMENT FOR ALCOHOL USE DISORDER.



The average age of people seeking treatment for alcohol use disorder is 38.7 years old.

Among these people, on average they started using alcohol at age 15.

Treatment admissions refer to the 594 facilities licensed by the Colorado Department of Human Services, Office of Behavioral Health (OBH), and do not include clients who received service through private pay or third party insurance providers, or non-OBH licensed facilities.

SOURCE: DRUG/ALCOHOL COORDINATED DATA SYSTEM (DACODS), 2014-2019;

KEY TERMS	
Acute causes of alcohol-related deaths	Acute causes include but are not limited to alcohol poisoning, fall injuries, motor-vehicle crashes, and firearm injuries. For a full list see the Centers for Disease Control and Prevention: Alcohol-Related Disease Impact (ARDI).
Alcohol impaired driving	Drivers who tested at Blood Alcohol Content (BAC) at greater than or equal to .08
Alcohol Use Disorder	Defined as meeting criteria for alcohol dependence and abuse. In 2016, dependence and abuse was based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). This included respondents who used alcohol on 6 or more days in the past 12 months and were defined as having dependence and/or abuse.
Average	A calculated central value of a set of numbers
Binge drinking	The Behavioral Risk Factors Surveillance System (BRFSS) defines binge drinking as 4 or more drinks for a woman or 5 or more drinks for a man on an occasion during the past 30 days.
Chronic causes of alcohol related deaths	Chronic causes include but are not limited to alcoholic liver disease, chronic hepatitis, fetal alcohol syndrome, and liver cirrhosis. For a full list see the Centers for Disease Control and Prevention: Alcohol-Related Disease Impact (ARDI).
Excessive Drinking	America's Health Ranking defines excessive drinking as engaging in either binge drinking (four or more [women] or five or more [men] drinks on one occasion in the past 30 days) OR chronic drinking (eight or more [women] or 15 or more [men] drinks per week).
Health Statistics Region	A geographic grouping based on demographic profiles and statistical criteria. Colorado has 21 Health Statistics Regions which correspond with existing county boundaries.
Healthy People 2030	Created by the U.S. Department of Health and Human Services, Healthy People 2030 provides data-driven national objectives to improve health and well-being over the next decade.
Liquor Law Violations	Can include sale to minors, sale to intoxicated persons, and minor in possession. Liquor enforcement laws, rules, and regulations are published by the Office of the Secretary of State in the Colorado Code of Regulations.
Per capita	Per unit of population
Prevalence	The proportion of a population who have specific characteristics in a given time period. Prevalence may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people.
Proportion	Two ratios that have been set equal to each other
Protective Factors	Characteristics within the individual or conditions in the family, school or community that help someone cope successfully with life challenges.
Quartile	A group that contains 25% of the data set
Ranking	Relative position
Rate	The ratio between two related quantities
Risk Factors	Characteristics within the individual or conditions in the family, school, or community that increase the likelihood someone will engage in unhealthy behaviors.
Significance	The probability is less than .05 that the difference or relationship happened by chance

We appreciate your feedback!

Click here 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

MARIJUANA

SEOW | Colorado State Epidemiological Outcomes Workgroup

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 profile is a snapshot of marijuana consumption and health effects among Coloradans. Data are presented for adults and youth, with a special section on youth protective factors against marijuana 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 the 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.

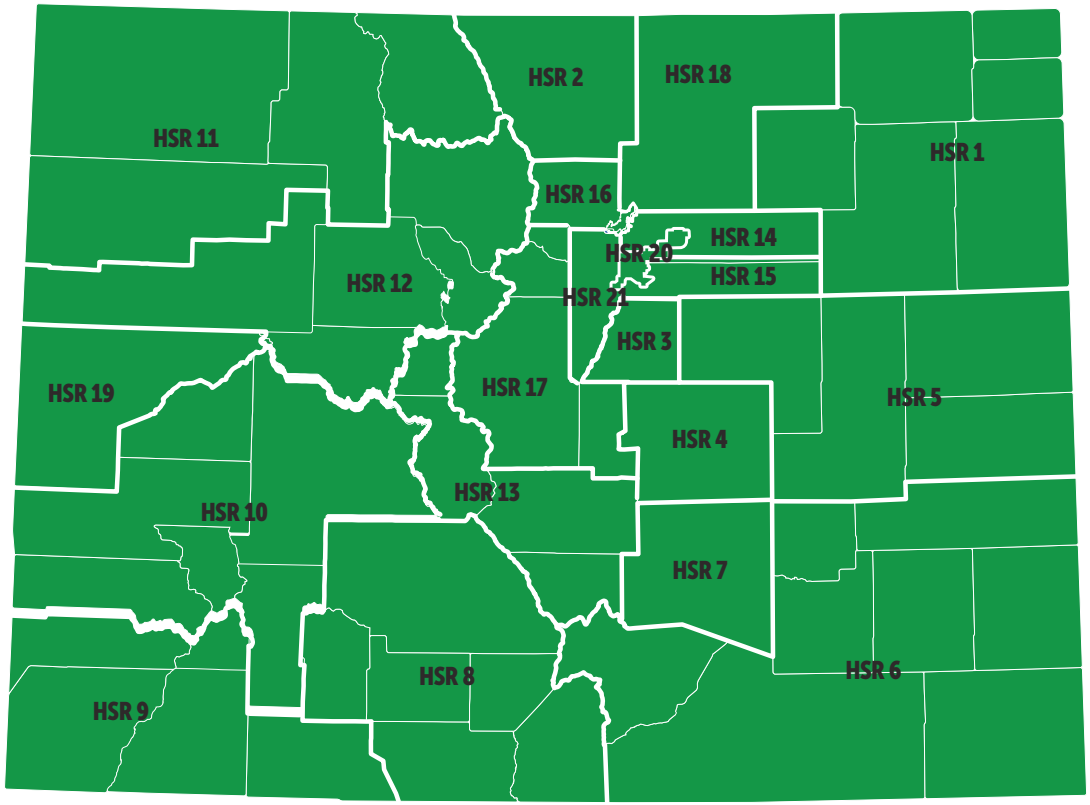
We hope the profiles facilitate conversation among Coloradans about the state of our state. For this reason, the profiles feature data from a variety of sources, include regional data when available, and introduce easily relatable use of benchmarks, such as national comparisons.

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

SOURCE: COLORADO HEALTH AND ENVIRONMENTAL DATA - HEALTH STATISTICS REGIONS MAP KEY, 2020

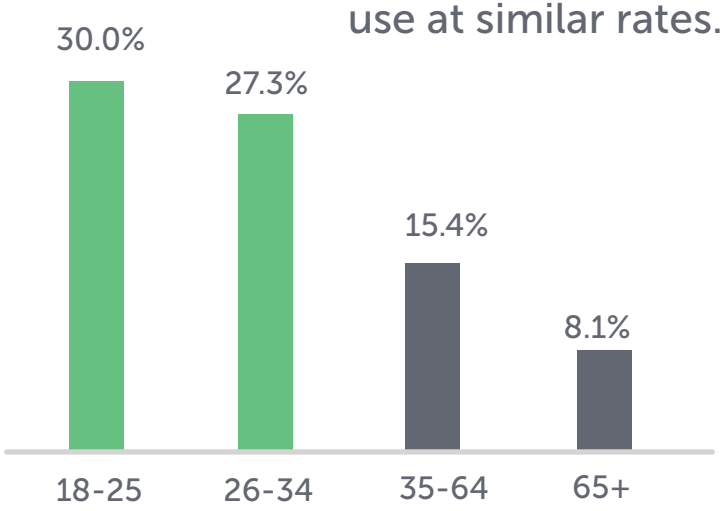
TABLE OF CONTENTS

ADULT CONSUMPTION

17.5%

of adults (age 18+) **in Colorado used marijuana in the past 30 days.**

Use remains higher among younger Coloradans. **18-25** and **26-34** year olds use at similar rates.

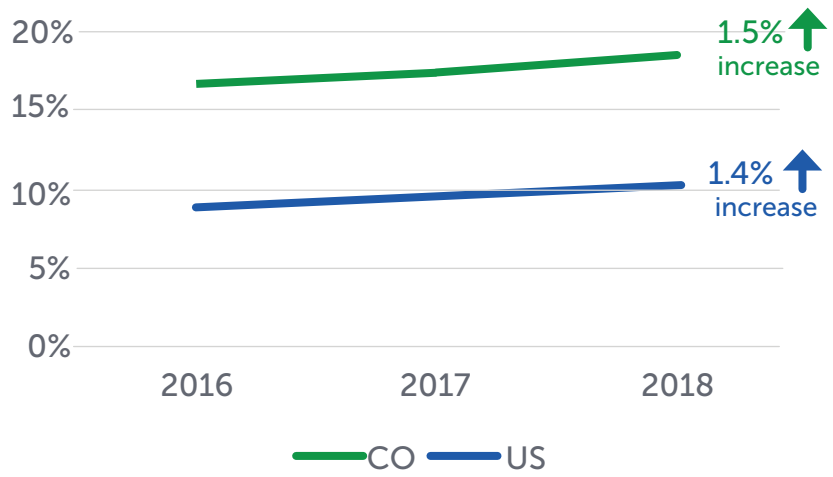


Percent among each age group that currently uses marijuana

While prevalence of use is lower in older age groups, use among older Coloradans (35+) continues to increase since 2016.

According to the National Survey on Drug Use and Health,

Past 30-day use in Colorado increased since 2016, similar to the national trend.



FROM 2016 TO 2018 MARIJUANA USE NATIONALLY INCREASED **1.4%** WHILE COLORADO SAW A **1.5%** INCREASE OVER THE SAME TIME PERIOD.

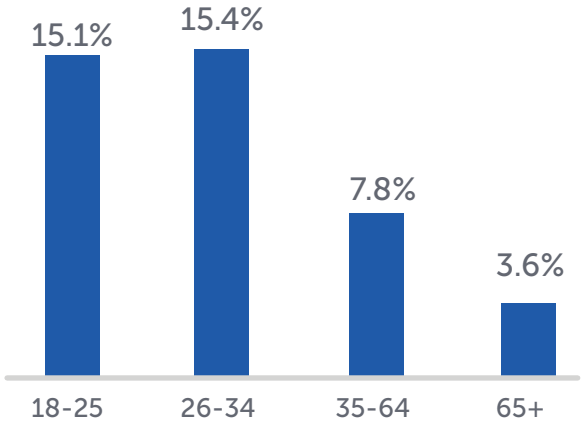
SOURCES: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2018; NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH), 2016-2018

Daily/near-daily use is increasing among Colorado adults.

Since 2016, the percent of Colorado adults who use marijuana daily/near daily

SIGNIFICANTLY INCREASED TO 9%.

Daily or near daily use is highest among adults ages 18-34, however **ages 35+ showed a significant increase** from 2017-2018.



AMONG ADULTS WHO CURRENTLY USE,

51.5%

USE DAILY/ NEAR DAILY

15.4%

PERCEIVE DAILY/NEAR DAILY USE AS HAVING MODERATE OR GREAT RISK OF HARM

SUBSTANTIAL EVIDENCE INDICATES HEALTH EFFECTS OF DAILY/NEAR-DAILY MARIJUANA USE:

DAILY OR NEAR-DAILY MARIJUANA SMOKING IS ASSOCIATED WITH:

- **pre-malignant lesions in the airway**
- **chronic bronchitis, including chronic cough, sputum production, and wheezing**

ADULTS WHO USE MARIJUANA DAILY OR NEAR-DAILY ARE MORE LIKELY THAN NON-USERS:

- **to have memory impairments for at least seven days after last use.**
- **to be diagnosed with a psychotic disorder, such as schizophrenia**

INDIVIDUALS WHO USE MARIJUANA DAILY OR NEAR-DAILY:

- **can experience withdrawal symptoms when abstaining from marijuana**

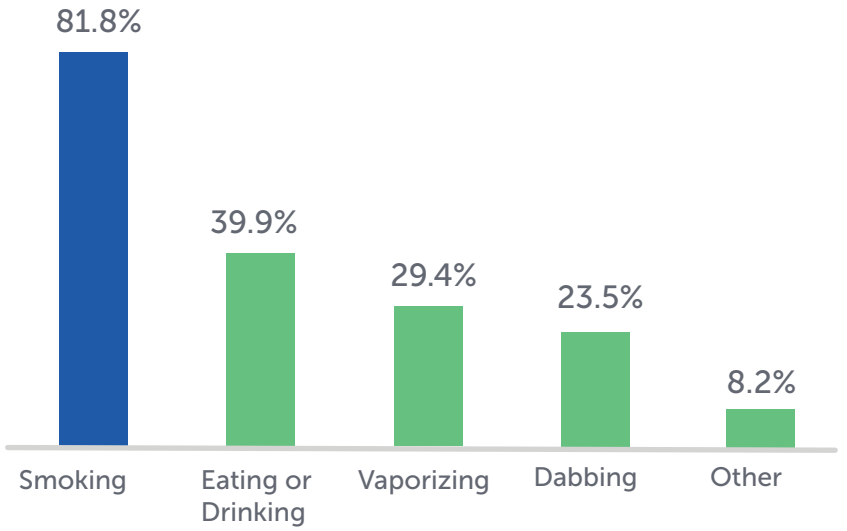
ADOLESCENTS AND YOUNG ADULTS WHO USE MARIJUANA DAILY OR NEAR-DAILY:

- **are more likely than non-users to develop psychotic disorders like schizophrenia in adulthood**

SOURCES: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2018; RETAIL MARIJUANA PUBLIC HEALTH ADVISORY COMMITTEE, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, 2020

SMOKING REMAINS THE MOST COMMON METHOD OF MARIJUANA USE

AMONG COLORADO ADULTS WHO CURRENTLY USE.



Among adults who use marijuana

49.8%

use via multiple methods.

SMOKING: Marijuana can be smoked using a joint, pipe, or bong. This is the most common way people use marijuana.

EDIBLES: The effects of edibles, teas, and sodas can take longer to peak and last longer than smoking. Sometimes this can cause people to take too much. It can take up to four hours to feel the full effects, and effects can last up to ten hours. A serving size is 10 milligrams of THC.

VAPING: Vaporizers heat marijuana to release THC, the active ingredients in marijuana, and the vapor is inhaled. Vape products can contain nicotine, marijuana (THC or CBD), or other substances like flavoring agents and additional chemicals.

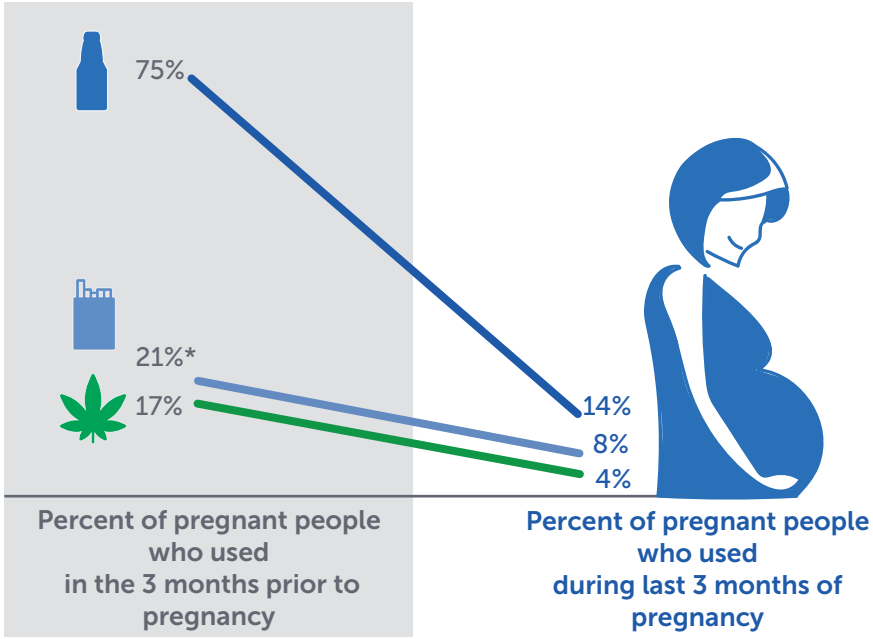
DABBING/HASH OIL: THC extract from marijuana, also called hash oil, shatter or concentrates, can contain up to 60-80% THC and may take effect very quickly. When dabbing, the oil is heated and the vapor is inhaled. We don't know much about how safe dabbing is, but we do know it's extremely potent and shouldn't be used by anyone who hasn't used marijuana before.

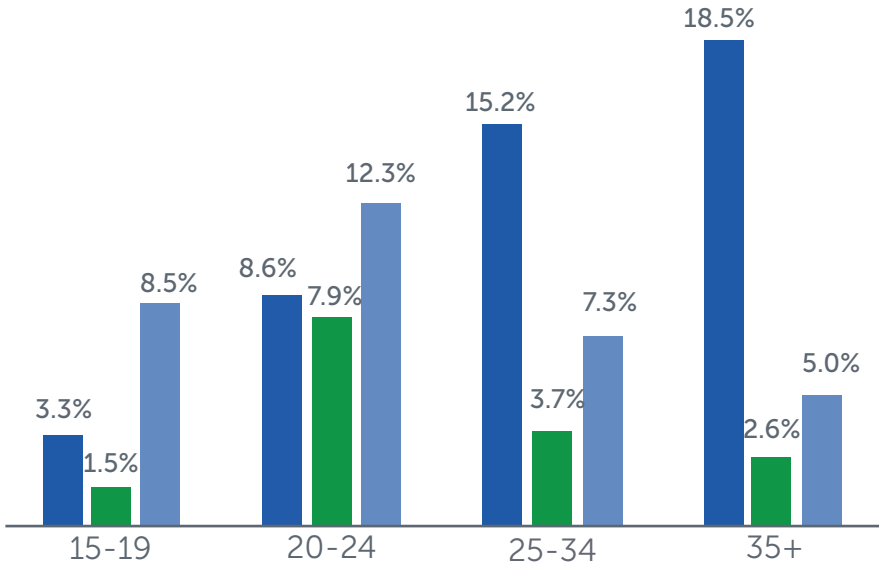
TOPICALS: Infused lotions, salves, and balms are sold for localized pain and inflammation related to skin problems or pain, but do not make the user feel high.

SOURCE: RESPONSIBILITYGROWSHERE.COM

SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2018, RESPONSIBILITY GROWS HERE

Most pregnant people in Colorado did not use any substance during the last 3 months of pregnancy.





ALL THREE SUBSTANCES SEE LARGE DECREASES DURING PREGNANCY.

ALCOHOL — **81%** DECREASE

MARIJUANA — **76%** DECREASE

TOBACCO — **64%** DECREASE

According to the Health eMoms survey, among pregnant people who used marijuana at any time during pregnancy (4.7%), the majority (65.3%) used 3 to 7 times a week. Most common reasons for use were nausea or vomiting, anxiety, and sleep.

*TOBACCO USE INCLUDES CIGARETTES OR E-CIGARETTES.

SOURCES: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS), 2018; HEALTH EMOMS SURVEY, 2018

USE AND STORAGE IN HOMES WITH CHILDREN

8% of households report **using** marijuana in the home.

OF THAT 8% OF HOUSEHOLDS

71.4%

SMOKED, VAPORIZED OR DABBED.

14% of households report marijuana **present** inside or around the home.

OF THAT 14% OF HOUSEHOLDS

10.4%

STORED IT POTENTIALLY UNSAFELY.*

The percentage of homes in Colorado with children ages 1-14 that report marijuana being present in or around the home continues to increase significantly since legalization.

*Safe storage options for marijuana include the following: keeping all marijuana products in child-resistant packaging; clearly labeling and locking marijuana products up; keeping marijuana in the child-resistant packaging from the store; and, making sure your children can't see or reach the locked cabinet or box. Storage options should change as children get older. Safe storage around young children may not stop older children or teens.

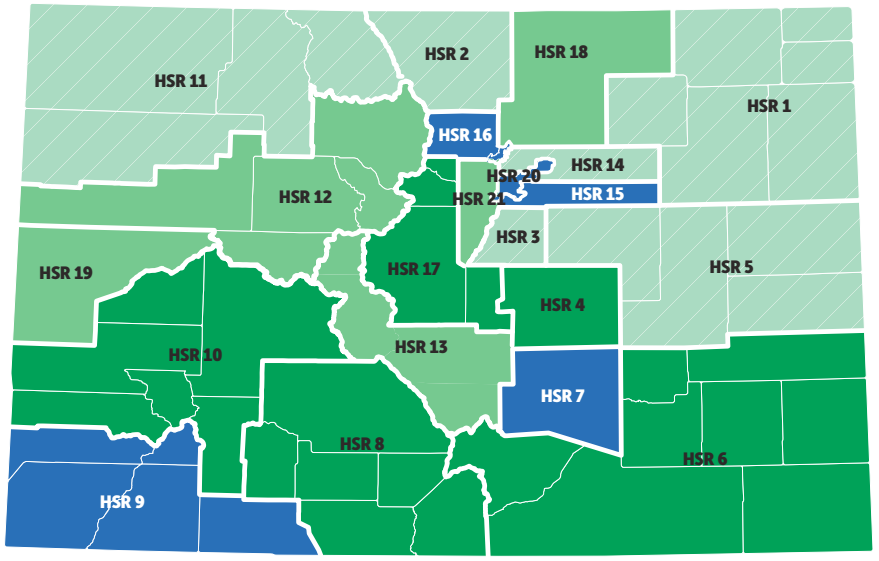
SOURCE: CHILD HEALTH SURVEY (CHS), 2018-19

YOUTH CONSUMPTION

4 out of 5 youth are NOT currently using marijuana.

Youth marijuana usage rates have remained virtually unchanged since legalization, and are similar to national rates.

20.6%
of high school students use marijuana currently.



Percent of youth who currently use marijuana

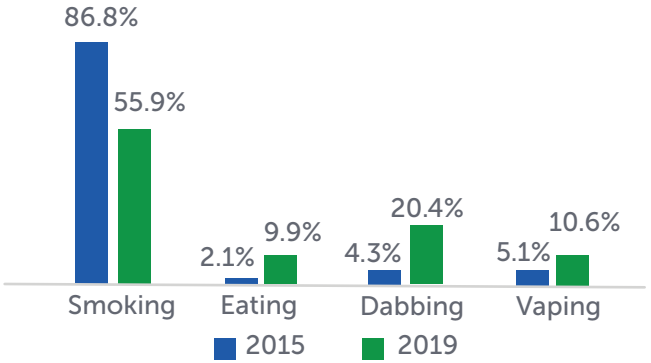
WHITE, BLACK OR AFRICAN AMERICAN, AND HISPANIC OR LATINX YOUTH CONSUME AT SIMILAR RATES.

The use rates of youth who identify as bisexual and gay or lesbian are significantly higher than rates for youth who identify as heterosexual.

Neither race nor sexual orientation determines a propensity to use illegal substances. Rather, the environments in which young people grow up shape their behaviors. Many young people of color and youth who identify as bisexual, gay, and lesbian do not have access to the same protective factors that their peers benefit from, increasing their risk of susceptibility to substance use.

Method of usual use* among youth who currently use has changed since legalization.

DABBING WAS **5X** HIGHER IN 2019 COMPARED TO 2015



*The usual method used for marijuana consumption in the past 30-days.

SOURCES: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019; COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, 2020

Early initiation

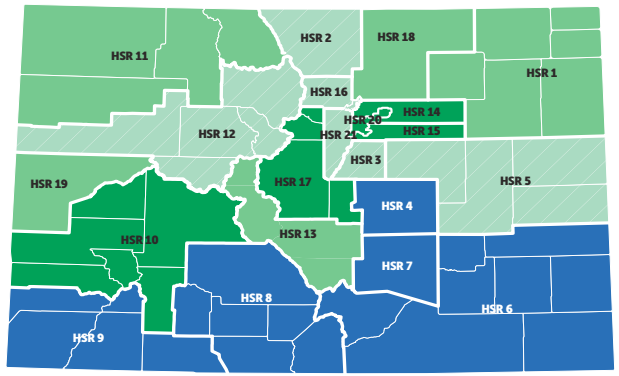
USE BEFORE 13:

6.7%

of students tried marijuana before age 13.

The percentage nationally is virtually the same.*

Any early marijuana use is significantly associated with higher rates of addiction, psychosis, and lower school achievement.**



QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
2.8% – 5.7%	5.8% – 7.1%	7.2% – 8.3%	8.4% – 11.9%

Percent of students who tried marijuana before age 13

According to the National Institute on Drug Abuse, research suggests that adolescence (at about age 13) is a risky period for drug abuse due to the challenges youth face at this age, coupled with the greater exposure to drugs.

Access

EASY TO GET MARIJUANA:

51.4%

of students report that it would be "sort of easy" or "very easy" to get marijuana if they wanted.

MOST COMMON ACCESS

35%

BOUGHT IT FROM SOMEONE ELSE

31%

GOT IT FROM SOMEONE UNDER 21

13%

A FRIEND OLDER THAN 21 GAVE IT TO ME

Perception of peer use

INACCURATE PERCEPTIONS:

89%

of students overestimate how many of their peers use marijuana.

Students who overestimate how many of their peers use marijuana are significantly less likely to consider limited use risky and more likely to use themselves.

* YOUTH RISK BEHAVIOR SURVEY (2019)
** COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE), 2020

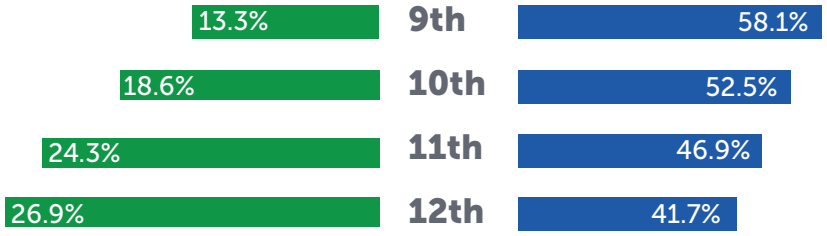
SOURCES: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019; YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM, 2019; RISE ABOVE COLORADO YOUTH SURVEY (RACYS), AGES 15-17, 2020

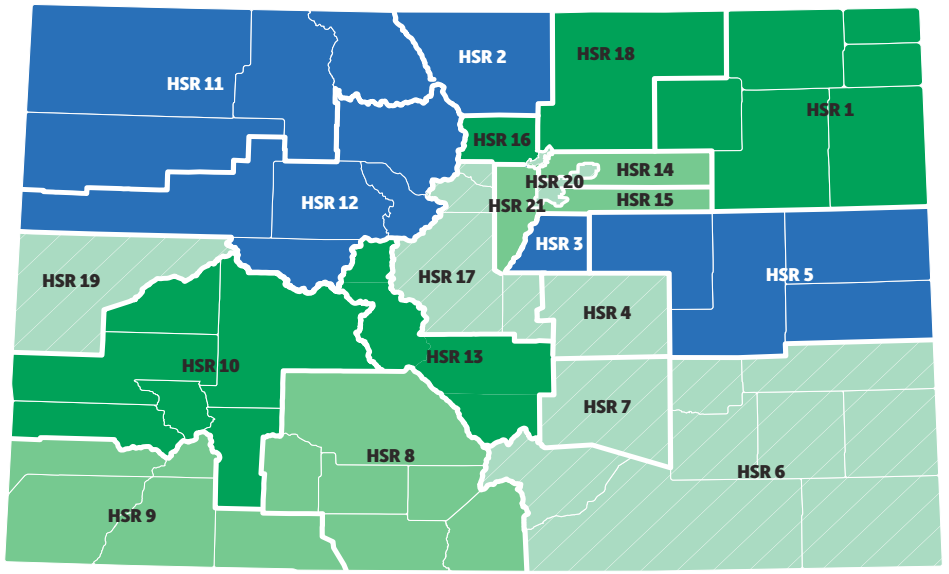
86% OF COLORADO STUDENTS **THINK THEIR PARENT OR GUARDIAN WOULD FEEL IT IS WRONG** IF THEY USE MARIJUANA.

59% OF COLORADO STUDENTS **THINK IT IS WRONG FOR SOMEONE THEIR AGE TO USE** MARIJUANA.

50% OF COLORADO STUDENTS **THINK PEOPLE WHO USE MARIJUANA REGULARLY** HAVE MODERATE OR GREAT **RISK OF HARM.**

As Colorado students reach older grades, **PERCEPTION OF HARM decreases,** and current use increases.





QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
41.7% – 48.1%	48.2% – 50.0%	50.1% – 55.2%	55.3% – 59.0%

Percent of students who think people who use marijuana regularly have a moderate or great risk of harm

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

USE OF MARIJUANA DIFFERS AMONG YOUTH WHO REPORT THE PRESENCE OF PROTECTIVE FACTORS IN THEIR LIFE.

AMONG STUDENTS WHO:

have an adult to go to for help with a serious problem,

18.0% use marijuana

COMPARED TO

27.4%

who do not report this protective factor.

think family has clear rules about alcohol and drug use,

18.0% use marijuana

COMPARED TO

36.3%

who do not report this protective factor.

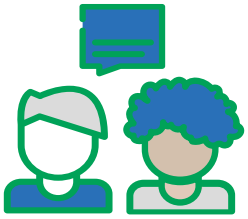
when not home, their parents/guardians know where they are and who they are with,

18.0% use marijuana

COMPARED TO

43.6%

who do not report this protective factor.



participate in extracurricular activities,

17.7% use marijuana

COMPARED TO

24.8%

who do not report this protective factor.

feel safe at school,

18.8% use marijuana

COMPARED TO

27.7%

who do not report this protective factor.

think their teacher notices when they're doing a good job and lets them know,

17.1% use marijuana

COMPARED TO

22.7%

who do not report this protective factor.

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

HARMFUL EFFECTS

The number of marijuana exposures reported to the Poison Center has steadily risen since 2010, with a large increase occurring in 2014 when retail marijuana became available.

Since 2017, two thirds of marijuana exposures reported to the Poison Center have been in the form of **edibles** (ingestible cookie, drink) and **plant** (smokeable dried).

MARIJUANA EXPOSURES AMONG
CHILDREN AGES 0-5
BEGAN INCREASING IN 2012 WITH
THE HIGHEST NUMBER OF CASES IN 2019.

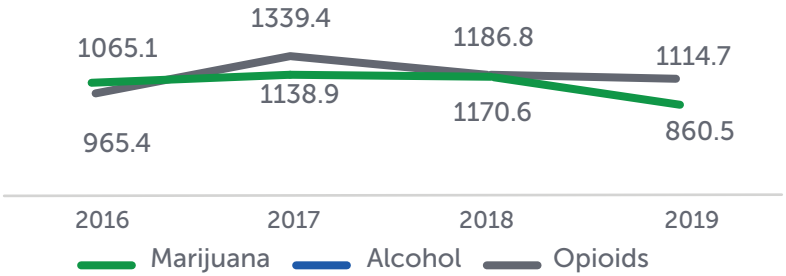
Among all exposures from marijuana edibles
in 2019

46%
were for CHILDREN AGES 0-5.

According to the Colorado Hospital Association,

Marijuana-related emergency department visits significantly decreased in 2019.

However, visits for poisoning or adverse events related to marijuana have increased since 2016.



Annual crude rate of emergency department visits with all marijuana-related billing codes per 100,000 discharges.

ED visits related to marijuana are most common among **18-25 YEAR OLDS** and **MALES.**

SOURCES: ROCKY MOUNTAIN POISON AND DRUG CENTER, 2010-2019; COLORADO HOSPITAL ASSOCIATION, 2016-2019

In 2019
there were

596

MOTOR VEHICLE FATALITIES
in Colorado and out of this total,

12%

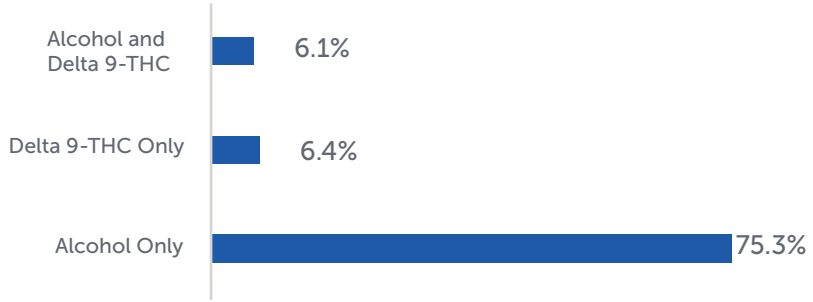
(49) were caused by marijuana-impaired drivers.

Marijuana impairment is defined as drivers who tested at or above the 5 ng/ml level established as a permissible inference of impairment.

2,900

people charged with a DUI tested positive for Delta-9 THC in 2018.

Among people charged with a DUI who has Delta-9 THC detected, alcohol in combination with marijuana was almost as common as marijuana alone.

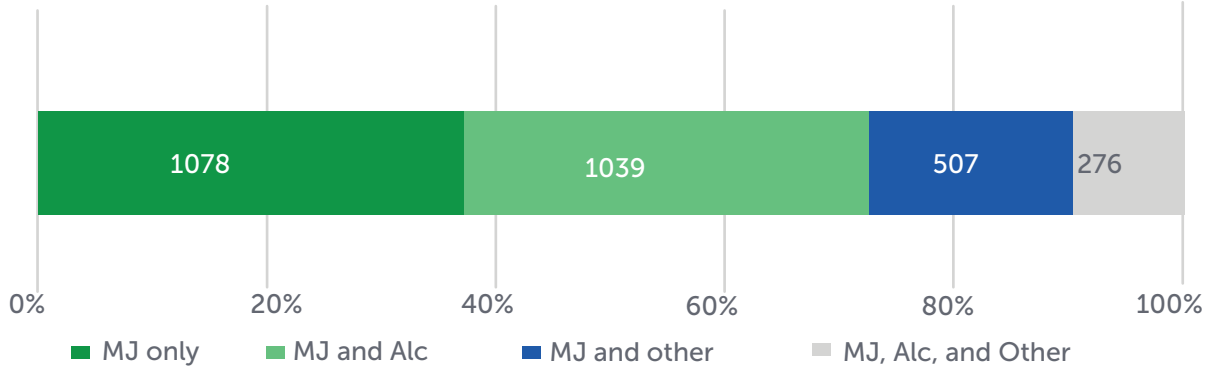


Among the 2,900 people charged with a DUI that tested positive for Delta-9 THC

THE MAJORITY

62.8%

involved a substance in addition to marijuana.



SOURCES: COLORADO DEPARTMENT OF PUBLIC SAFETY, 2018, 2019

11.2%

of high school students report

driving after using marijuana.

THIS IS A SIGNIFICANT INCREASE SINCE 2017.

Among high school students who **have ever used marijuana**, the percent who have driven after use is

26%

Less high school students drive after using alcohol than after using marijuana, indicating that they better understand the risks associated with driving under the influence of alcohol than marijuana.

DRIVING AFTER USING MARIJUANA IS MORE COMMON AMONG **MALE** HIGH SCHOOL STUDENTS (13.1%) THAN **FEMALE** HIGH SCHOOL STUDENTS (9.1%).

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019.

TREATMENT ADMISSIONS IN COLORADO FOR MARIJUANA

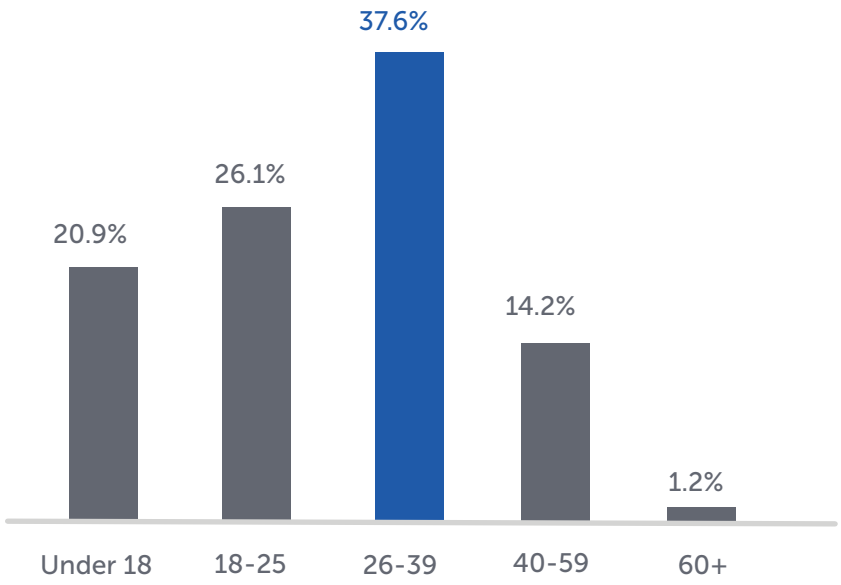
DECREASED BY 17.5%.

Of the

5,404

treatment admissions for marijuana

MOST WERE AMONG THE AGE GROUP 26-39.



Marijuana is the primary substance for 12.4% of all treatment admissions.

Among those seeking treatment, marijuana has the youngest age of first use (14.2 years old).

On average, people seeking treatment for marijuana had used for 14 years prior.

While males are overrepresented in the treatment population (63% compared to 50% in the general Colorado population),

74% of people seeking treatment for marijuana are male, indicating that **males seek treatment for marijuana more than females.**

Treatment admissions refer to the 594 facilities licensed by the Colorado Department of Human Services, Office of Behavioral Health. They do not include clients who received service through private pay or third party insurance providers, or non-OBH licensed facilities.

SOURCE: DRUG/ALCOHOL COORDINATED DATA SYSTEM (DACODS), 2014-2019;

KEY TERMS	
Aggregate	A mathematical computation using a set of values rather than a single value
Average	A calculated central value of a set of numbers
Cisgender	Denoting a person whose sense of personal identity and gender corresponds with their assigned birth sex
Dabbing	A method of marijuana use where a small amount of marijuana concentrate is placed on a pre-heated surface, creating a concentrated marijuana vapor to be inhaled
Daily/Near Daily Use	The prevalence of all adults 18 years and older in Colorado that used marijuana or cannabis between 20 and 30 days in the past 30 days
Delta-9 THC	A cannabinoid molecule in marijuana that is the main psychoactive ingredient, or the ingredient which causes people who use the substance to feel high
Edible	Short for marijuana edible; any product containing tetrahydrocannabinol (THC) that is fit to be eaten
Health Statistics Region	A geographic grouping based on demographic profiles and statistical criteria. Colorado has 21 Health Statistics Regions which correspond with existing county boundaries
Legalization	Recreational marijuana use became legal in Colorado in 2014. https://www.colorado.gov/marijuana
Per capita	Per unit of population
Prevalence	The proportion of a population who have specific characteristics in a given time period. Prevalence may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people
Proportion	Two ratios that have been set equal to each other
Protective Factors	Characteristics within the individual or conditions in the family, school or community that help someone cope successfully with life challenges
Quartile	A group that contains 25% of the data set
Ranking	Relative position
Rate	The ratio between two related quantities
Risk Factors	Characteristics within the individual or conditions in the family, school, or community that increase the likelihood someone will engage in unhealthy behaviors
Safe storage	Storing in a childproof container or packaging
Significance	The probability is less than .05 that the difference or relationship happened by chance
Vaping	A method of marijuana use where marijuana vapor, rather than smoke, is inhaled

We appreciate your feedback!

Click here 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

OPIOIDS

SEOW | Colorado State Epidemiological Outcomes Workgroup

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 profile is a snapshot of opioid misuse and health effects among Coloradans. Data are presented for adults and youth, with a special section on youth perceptions and protective factors against opioid misuse.

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.

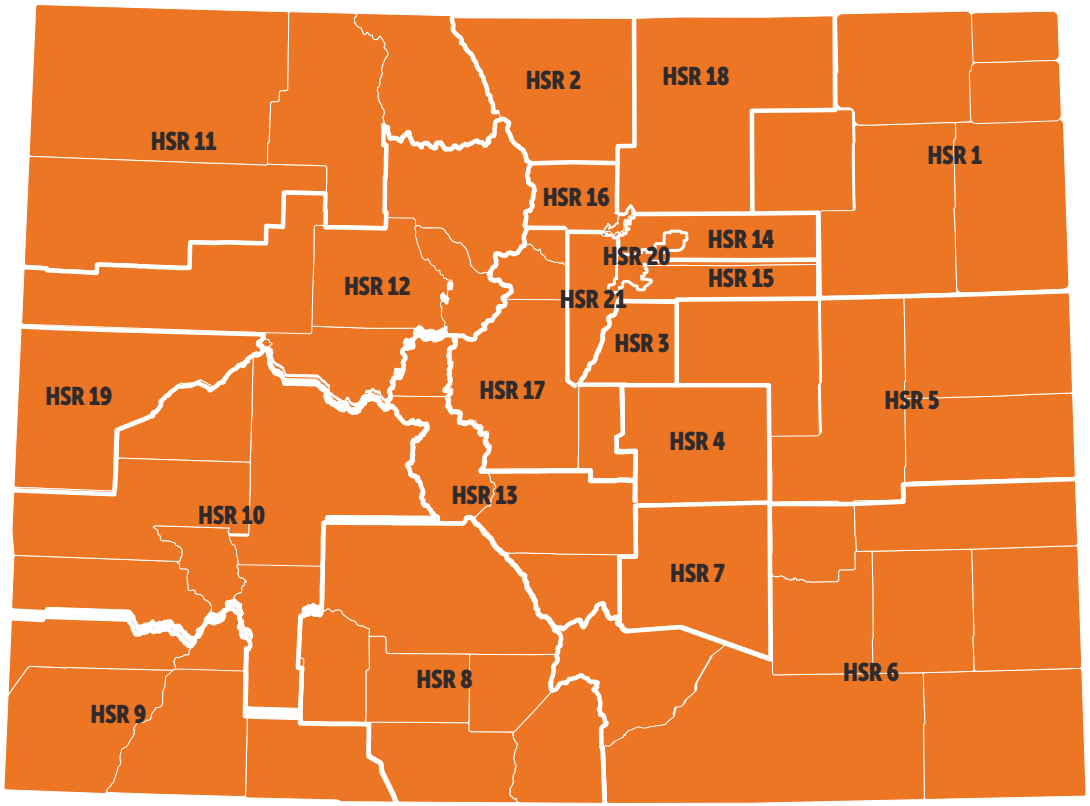
We hope the profiles facilitate conversation among Coloradans about the state of our state. For this reason, the profiles feature data from a variety of sources, include regional data when available, and introduce easily relatable use of benchmarks, such as national comparisons.

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

SOURCE: COLORADO HEALTH AND ENVIRONMENTAL DATA - HEALTH STATISTICS REGIONS MAP KEY, 2020

TABLE OF CONTENTS

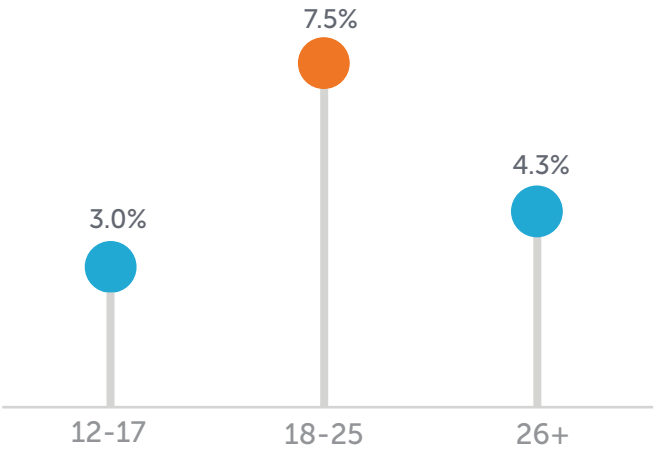
ADULT MISUSE

ADULT CURRENT MISUSE

Misuse of prescription pain relievers* means "use in any way not directed by a doctor, including use without a prescription of one's own or use in greater amounts, more often, or longer than told."

4.8%
of Colorado adults (18+)
misuse prescription pain relievers.
The national average of 3.9%

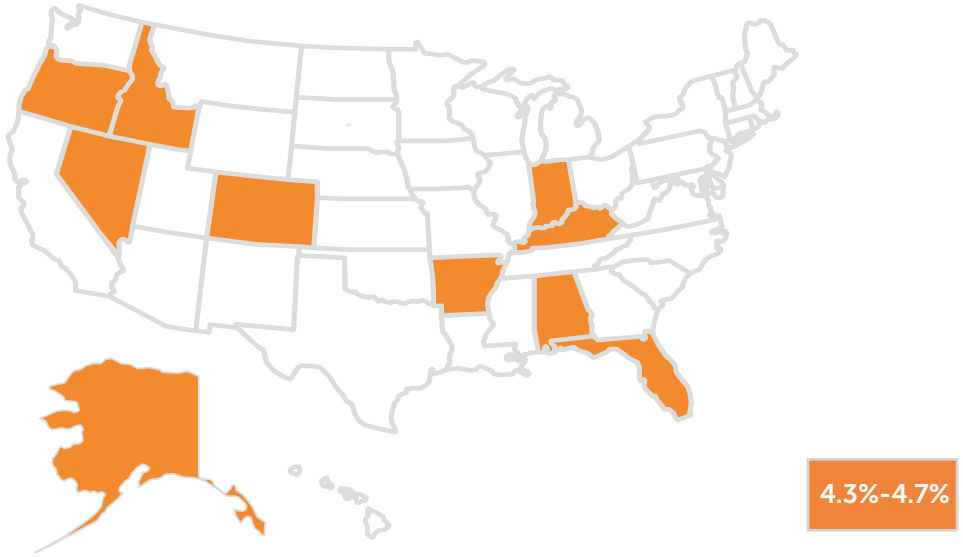
Coloradans, **aged 18-25**, misuse prescription pain relievers at higher rates than other Coloradans.



*Prescription pain relievers include opioids such as hydrocodone, oxycodone, and morphine. Questions about specific pain relievers in the National Survey on Drug Use and Health focus only on opioid pain relievers.

Colorado is among the TOP TEN states for misuse of prescription pain relievers

in the United States for individuals 12 and older.
Several top states are in the Western U.S.



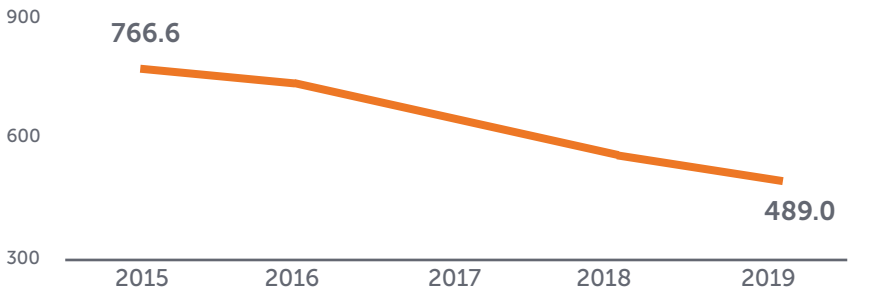
ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION,

"Anyone who takes prescription opioids can become addicted to them."

"As many as one in four patients receiving long-term opioid therapy in a primary care setting struggles with opioid addiction."

SOURCES: NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH), 2017-2018; CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 2017

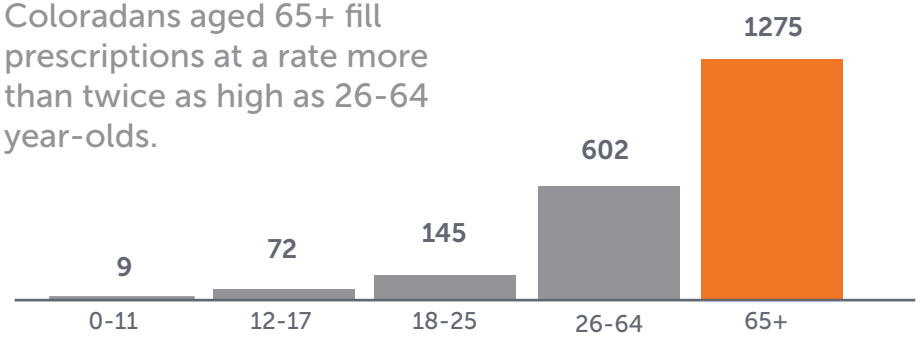
The rate of prescription opioid fills **decreased from 2015 to 2019.**



Age-adjusted prescription fill rates per 1,000 Colorado residents

The rate of prescription fills **increased with age in 2019.**

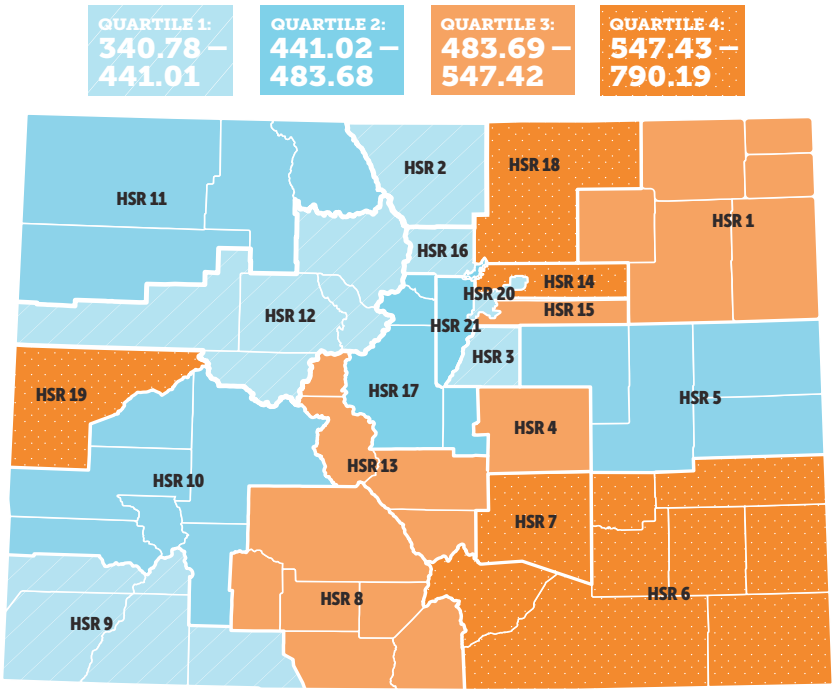
Coloradans aged 65+ fill prescriptions at a rate more than twice as high as 26-64 year-olds.



However, in these four counties (Hinsdale, Jackson, Mineral, and San Juan), 26-64 year-olds had a higher prescription fill rate than those aged 65+ in 2019.

Many counties in the **northeast** and **southeast** of the state had **a higher fill rate than the state average in 2019.**

The opioid prescription fill rate in Colorado is 489 per 1,000 Colorado residents.



Statewide, on average, women filled

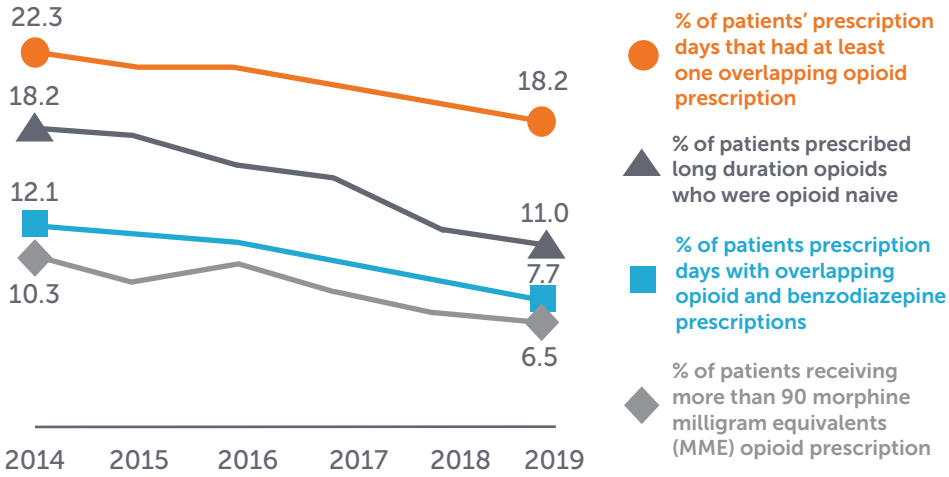
1.35x more

opioid prescriptions than men in 2019.

A figure that remained unchanged between 2016-2019.

SOURCE: COLORADO PRESCRIPTION DRUG MONITORING PROGRAM (PDMP), 2015-2019

Potential high-risk prescribing practices in Colorado **declined from 2014 to 2019.**



PRESCRIBING RATES

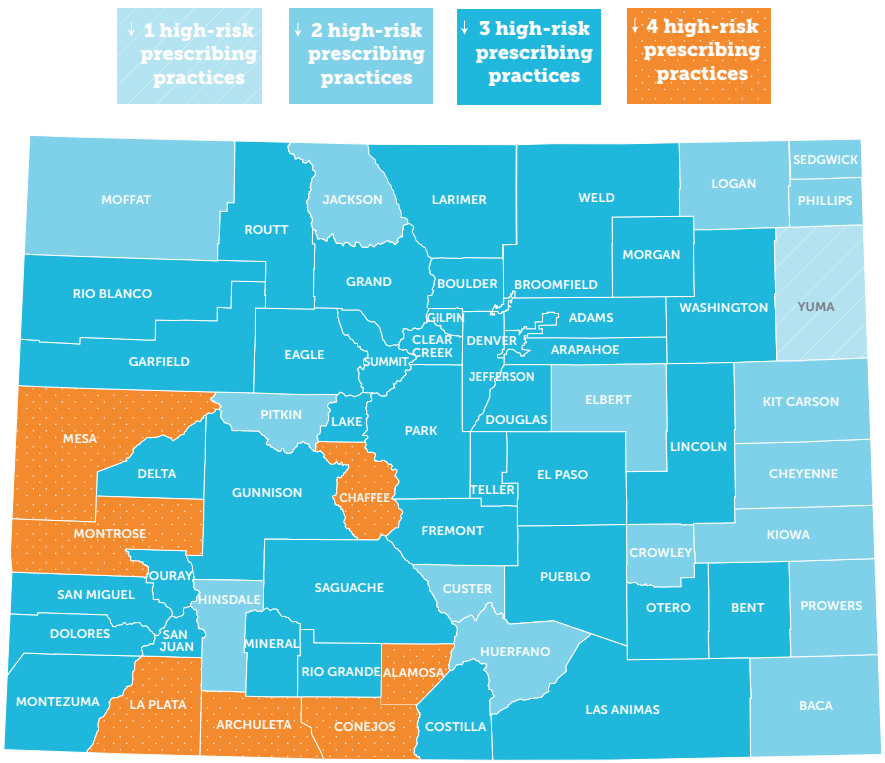
and high dose prescribing rates are declining nationally, while the average number of days per prescription continues to increase.

COUNTIES WITH HIGHER PRESCRIBING TYPICALLY

have the following characteristics:

- Smaller cities or larger towns
- Higher percentage of white residents
- Higher number of dentists/primary care physicians per capita
- More people who are uninsured or unemployed
- More residents who have diabetes, arthritis, or a disability

From 2014 to 2019, 7 counties (Alamosa, Archuleta, Chaffee, Conejos, La Plata, Mesa, and Montrose) **saw a decline** in the percent of patients involved **in all four** potentially high-risk **prescribing practices.**

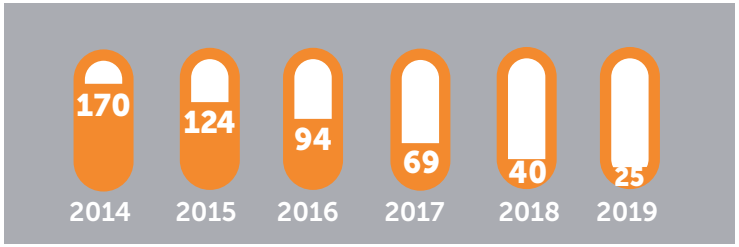


Number of high risk prescribing practices that decreased per county between 2014 and 2019

SOURCES: COLORADO PRESCRIPTION DRUG MONITORING PROGRAM (PDMP), 2014-2019; CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 2019

POTENTIAL HIGH RISK PRESCRIBING PRACTICES & HEROIN

From 2014-2019, Colorado saw a **decrease in the rate of individuals using multiple providers** to access multiple opioid prescriptions.



Rates per 1,000 Colorado residents

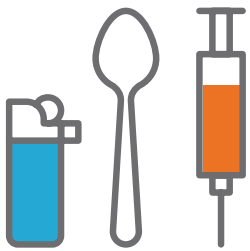
Heroin Use Nationally

The incidence of heroin initiation is

19x higher

among those who report prior nonmedical pain reliever use than among those who do not.

86% of injection drug users misuse opioid pain relievers before using heroin.



Heroin Use in Colorado

Heroin use is **most prevalent among 18-25 year-olds**.

	TOTAL	12-17	18-25	26+
US AVG. %	.31%	.05%	.54%	.30%
CO AVG. %	.35%	.05%	.75%	.32%

Most people in the U.S. and Colorado **think trying heroin once or twice is a great risk.**

	TOTAL	12-17	18-25	26+
US AVG. %	86%	65%	83%	89%
CO AVG. %	84%	63%	81%	87%

SOURCES: COLORADO PRESCRIPTION DRUG MONITORING PROGRAM (PDMP), 2014-2019; COLORADO CONSORTIUM FOR PRESCRIPTION DRUG ABUSE PREVENTION, 2019; NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH), 2017-2018

YOUTH MISUSE

Prescription Pain Reliever Misuse Nationally

14% of U.S. high school students misused a prescription pain reliever in the past year.

7% of U.S. high school students misused a prescription pain reliever in the past month.

Use of other substances, particularly current use of alcohol (59.4%) and marijuana (43.5%), was common among students currently misusing prescription opioids.

Prescription Pain Reliever Misuse in Colorado

THE STATE AVERAGE

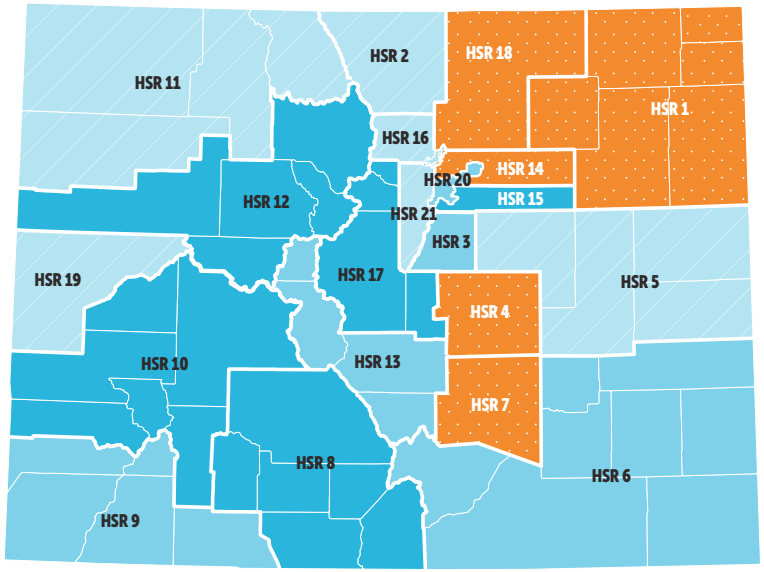
for high school students who have taken a prescription pain reliever without a doctor's prescription one or more times during the past month is

7%

HSR Region 2 is the lowest at 4.1%
HSR Region 4 is the highest at 9.6%

*Prescription pain relievers are referred to as prescription pain medicine on the Healthy Kids Colorado Survey and the Youth Risk Behavior Survey and include drugs such as codeine, Vicodin, OxyContin, and Percocet.

% OF YOUTH WHO MISUSED PRESCRIPTION PAIN RELIEVERS IN THE PAST MONTH



State average 6.9%

QUARTILE 1	QUARTILE 2	QUARTILE 3	QUARTILE 4
4.1% – 5.7%	5.8% – 6.6%	6.7% – 7.8%	7.9% – 9.6%

Percent of high school students who misused a prescription pain reliever in the past month.

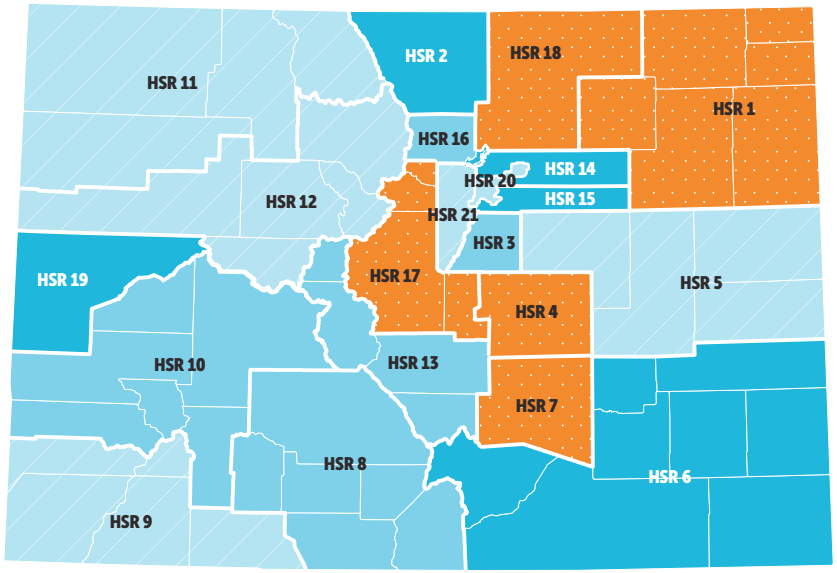
SOURCES: YOUTH RISK BEHAVIOR SURVEY (YRBS), 2019; CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 2019; HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

High School Student Perceptions

25% of Colorado high school students think it is sort of or very easy to get prescription drugs without a prescription.

89% of Colorado high school students think it is wrong or very wrong to use prescription drugs without a prescription.

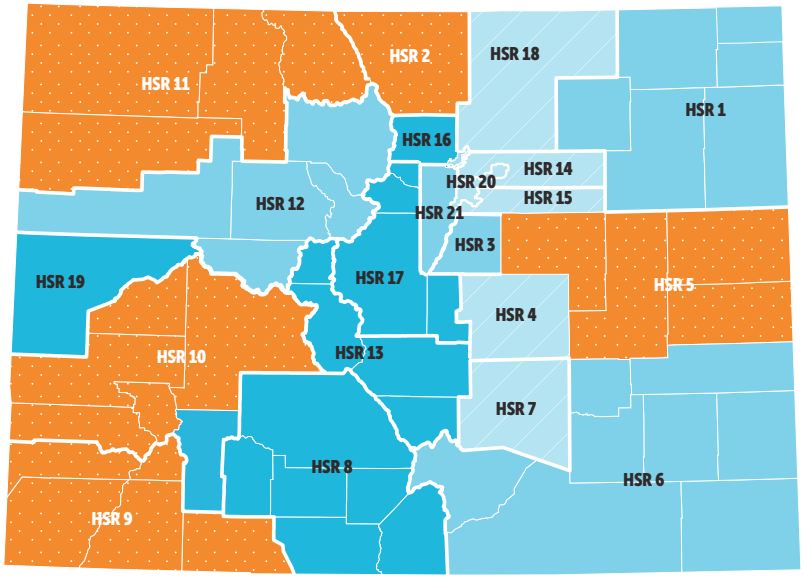
% OF YOUTH WHO THINK IT IS EASY OR SORT OF EASY TO ACCESS PRESCRIPTION PAIN RELIEVERS WITHOUT A PRESCRIPTION



State average 25.1%

QUARTILE 1	QUARTILE 2	QUARTILE 3	QUARTILE 4
20.9% – 23.6%	23.7% – 24.5%	24.6% –25.9%	26.0% – 29.9%

% OF YOUTH WHO PERCIEVE USING PRESCRIPTION PAIN RELIEVERS WITHOUT A PRESCRIPTION IS WRONG



State average 88.9%

QUARTILE 1	QUARTILE 2	QUARTILE 3	QUARTILE 4
86.9% – 88.5%	88.6% – 90.2%	90.3% – 91.3%	91.4 – 92.9%

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

MISUSE OF PRESCRIPTION PAIN RELIEVER DIFFERS AMONG YOUTH WHO REPORT THE PRESENCE OF PROTECTIVE FACTORS IN THEIR LIFE.

AMONG STUDENTS WHO:

have an adult to go to for help with a serious problem,

5.0% misuse Rx drugs

COMPARED TO

11.7%

who do not report this protective factor.

think family has clear rules about alcohol and drug use,

5.4% misuse Rx drugs

COMPARED TO

15.7%

who do not report this protective factor.

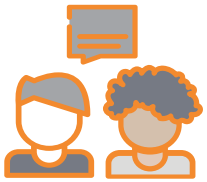
when not home, their parents/guardians know where they are and who they are with,

5.6% misuse Rx drugs

COMPARED TO

19.0%

who do not report this protective factor.



participate in extracurricular activities,

5.5% misuse Rx drugs

COMPARED TO

8.8%

who do not report this protective factor.

feel safe at school,

5.5% misuse Rx drugs

COMPARED TO

13.4%

who do not report this protective factor.

think their teacher notices when they're doing a good job and lets them know,

5.3% misuse Rx drugs

COMPARED TO

7.7%

who do not report this protective factor.

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

HARMFUL EFFECTS

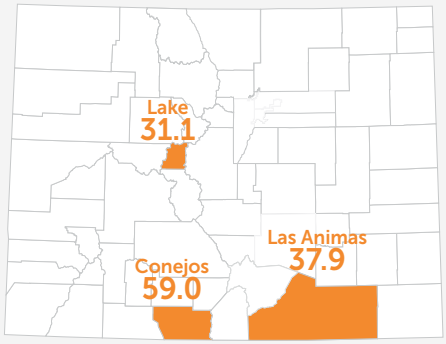
OPIOID OVERDOSE DEATHS

Prescription opioids, also known as opioid analgesics/pain relievers, include fentanyl. Fentanyl is a synthetic opioid 50-100 times more potent than morphine and natural opioids derived from morphine.

TOP THREE COLORADO COUNTIES WITH

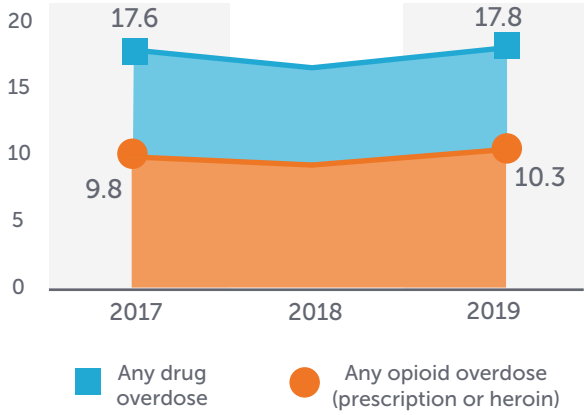
HIGHEST RATE OF OPIOID OVERDOSE DEATHS, 2019

(Prescription or Heroin)[1]



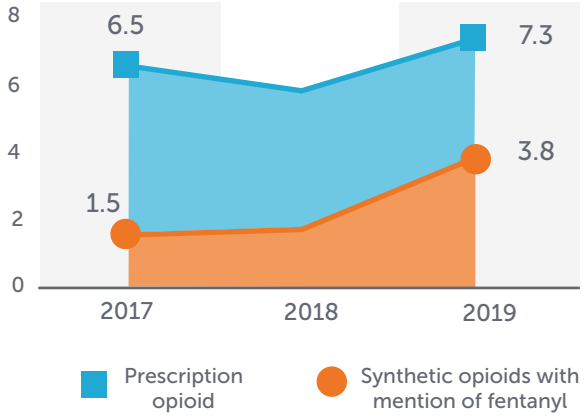
State Average 10.3 per 100,000 age-adjusted population

The rate of drug overdose deaths in Colorado, including those involving opioids, **remained stable** from 2017 to 2019.



Age-adjusted rates per 100,000 population

Drug overdose deaths in Colorado involving **fentanyl** increased from 2017-2019, with a **significant increase from 2018-2019**.



Age-adjusted rates per 100,000 population

The **male overdose death rate** from prescription opioids is **consistently higher** than that for women (though women have higher rates of prescriptions).

	2017	2018	2019
men	7.1	6.9	8.1
women	5.8	4.7	6.4

Opioid analgesics (prescription opioids) overdose deaths, age-adjusted rates per 100,000 population

The death rate for prescription opioids is **higher for individuals aged 26-64** than other ages (though individuals aged 65+ have higher rates of prescriptions).

	2017	2018	2019
Ages 18-25	5.5	5.6	9.4
Ages 26-64	10.0	9.2	11.0
Ages 65+	4.8	4.7	4.0

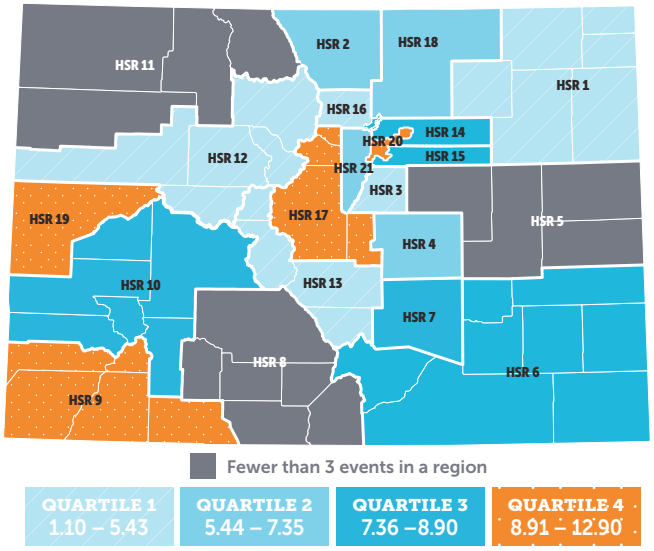
Age-specific crude rates per 100,000 population

SOURCE: VITAL STATISTICS PROGRAM, 2017-2019

Fentanyl, one type of synthetic opioid, is of concern because of **its high potency.** A person taking an illicit drug may not know the drug contains fentanyl.

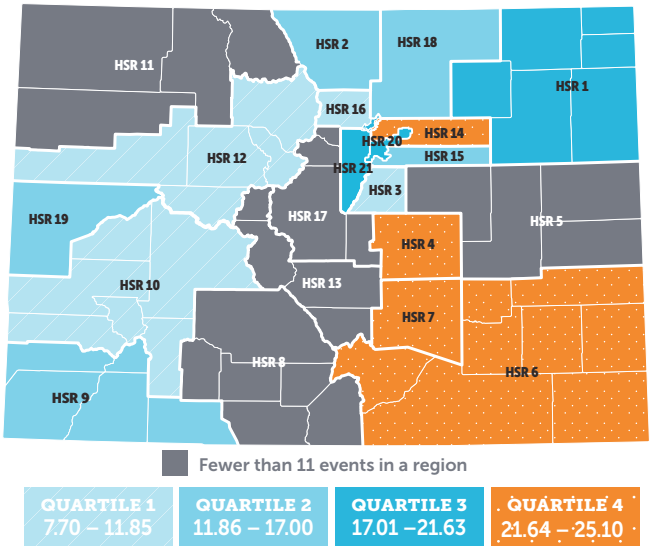
Results could reflect increased testing for fentanyl and/or increased specific substances reported on death certificates.

PRESCRIPTION OPIOID OVERDOSE DEATHS, 2019



Age-adjusted rates per 100,000 population

SYNTHETIC OPIOID OVERDOSE DEATHS WITH MENTION OF FENTANYL, 2019



Age-adjusted rates per 100,000 population

The **male overdose death rate** involving fentanyl is **consistently higher** than that for women.

	2017	2018	2019
Men	1.8	2.3	4.9
Women	1.1	1.1	2.6

Fully synthetic opioid overdose deaths with specific mention of fentanyl, age-adjusted rates per 100,000 population

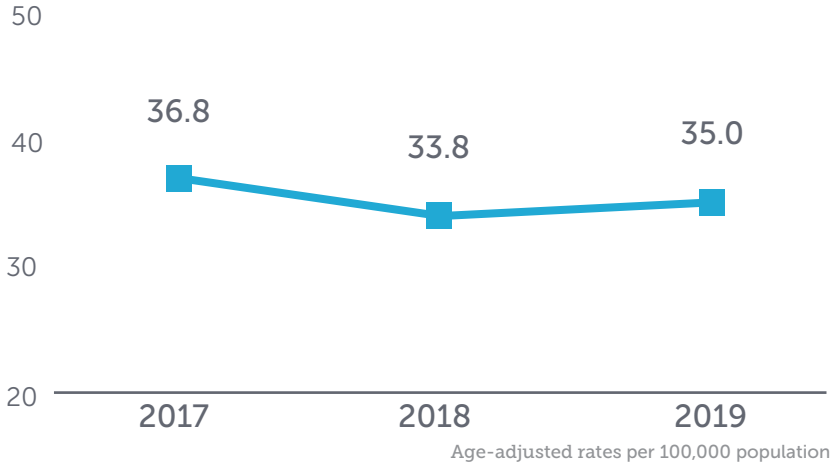
The death rate involving fentanyl **increased for all age groups** from 2018 to 2019.

	2017	2018	2019
Ages 18-25	2.7	3.1	6.5
Ages 26-64	2.0	2.6	5.5
Ages 65+	0.5	0.5	1.1

Fully synthetic opioid overdose deaths with specific mention of fentanyl, age-specific crude rates per 100,000 population

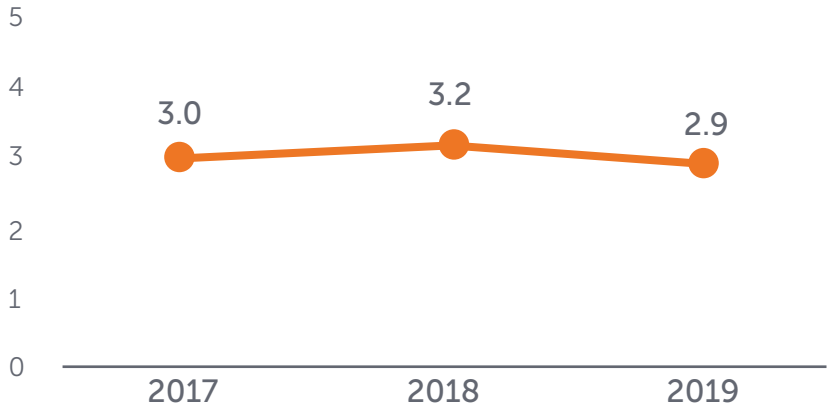
SOURCE: VITAL STATISTICS PROGRAM, 2017-2019

Rates of emergency department **visits involving opioids** (including prescriptions, fentanyl, and heroin) **remain stable** in Colorado.



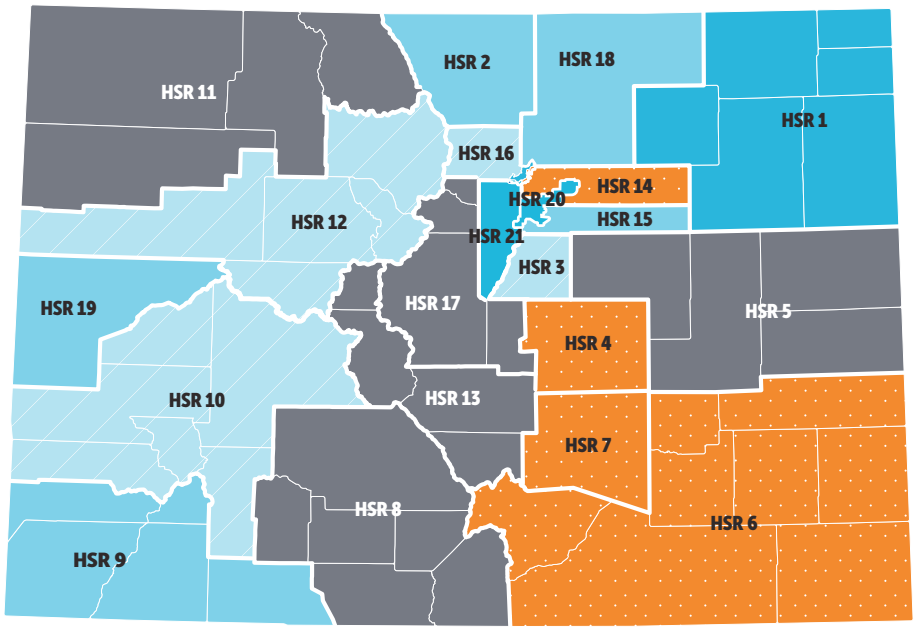
Age-adjusted rates per 100,000 population

Rates of emergency department **visits involving synthetic opioids** (including fentanyl) **remain stable** in Colorado.



Age-adjusted rates per 100,000 population

RATES OF EMERGENCY DEPARTMENT VISITS INVOLVING PRESCRIPTION OPIOIDS



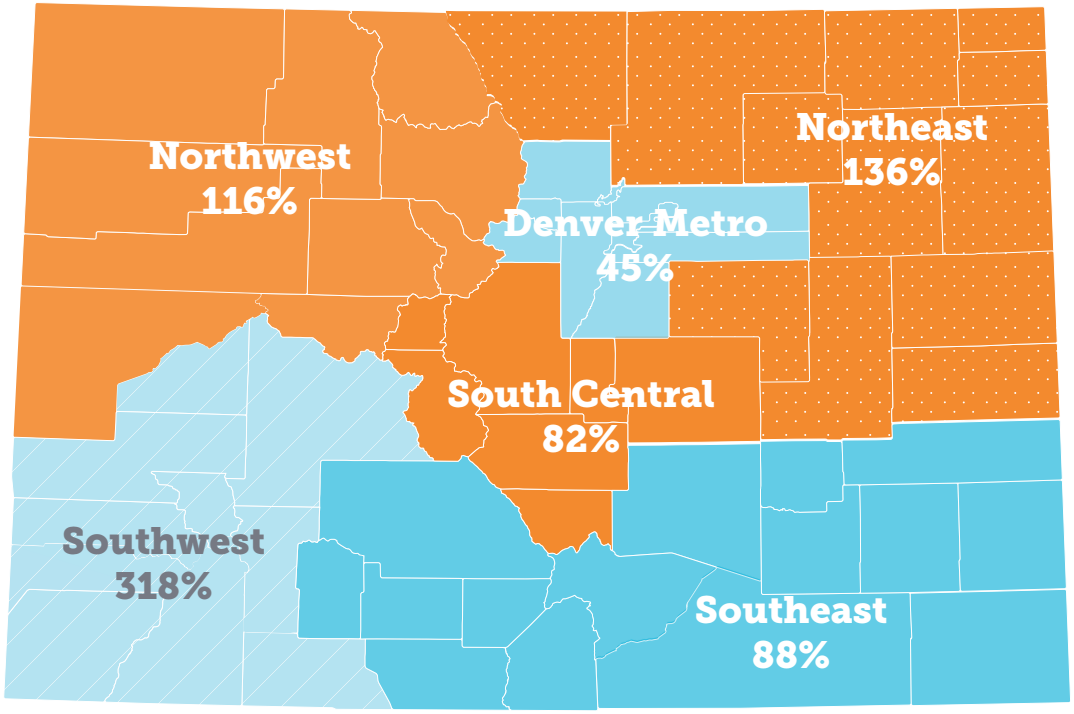
- Synthetic opioids include fentanyl and tramadol.
- Methadone, which is used in the treatment of opioid use disorder, is not included in these results.
- Beginning October 1, 2020, the national coding system for health care billing, such as treatment in emergency department, will include a code for only fentanyl.

SOURCE: COLORADO HOSPITAL ASSOCIATION, 2017-2019

25% of treatment admissions in Colorado were for prescription opioids or heroin in 2019.

TREATMENT ADMISSIONS FOR HEROIN INCREASED IN EVERY REGION ACROSS THE STATE.

Percent increase in treatment admissions for heroin from 2014-2019



Rate per 100,000 residents

Expanding access to evidence-based treatments, including medication-assisted treatment (MAT), is crucial to treating individuals with opioid use disorder. MAT addresses patient needs through a combination of medication, counseling, and behavioral therapies.

24

The average age of first use of prescription opioids and heroin for individuals admitted to treatment

12

The average number of years of use prior to current treatment for prescription opioids

9

The average number of years of use prior to current treatment for heroin

SOURCES: DRUG/ALCOHOL COORDINATED DATA SYSTEM (DACODS), 2014-2019; CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 2017

KEY TERMS	
Age-adjusted rate	Represent what rates would be if time periods or different geographies have the same composition of ages; age-adjusted rates allow for fair comparison of rates across different geographies or periods of time
Age-specific crude rate	A variation of a crude rate in which the number of events are summed within an age group and divided by the total population within the same age group
Aggregate	A mathematical computation using a set of values rather than a single value
Average	A calculated central value of a set of numbers
Fentanyl	A synthetic opioid pain reliever many more times powerful than other opioids and approved for treating severe pain.
Health Statistics Region	A geographic grouping based on demographic profiles and statistical criteria. Colorado has 21 Health Statistics Regions which correspond with existing county boundaries
Per capita	Per unit of population
Prescription opioids/opioid analgesics	Opioids prescribed by doctors to treat moderate to severe pain – common types are oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone. Also referred to as opioid analgesics and include the following: • Natural opioid analgesics (morphine and codeine) • Semi-synthetic opioid analgesics (oxycodone, hydrocodone, hydromorphone, and oxymorphone) • Methadone (a synthetic opoid that can be prescribed for pain reduction or for use in medication assisted treatment for opioid use disorder) • Synthetic opioid analgesics (other than methadone, including drugs such as tramadol and fentanyl).
Prevalence	The proportion of a population who have specific characteristics in a given time period. Prevalence may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people. This measure can include people who newly acquire the characteristic within the time frame and with an existing characteristic.
Proportion	Two ratios that have been set equal to each other
Protective Factors	Characteristics within the individual or conditions in the family, school or community that help someone cope successfully with life challenges
Quartile	A group that contains 25% of the data set
Ranking	Relative position
Rate	The ratio between two related quantities
Risk Factors	Characteristics within the individual or conditions in the family, school, or community that increase the likelihood someone will engage in unhealthy behaviors.

KEY TERMS	
Significance	The probability is less than .05 that the difference or relationship happened by chance
Treatment admissions	Treatment admissions are defined as clients aged 12 years and older admitted to licensed treatment facilities for alcohol and/or drug use.

For information on additional, related terms, see: https://www.cdc.gov/drugoverdose/opioids/terms.html

We appreciate your feedback!
Click here 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

TOBACCO

SEOW | Colorado State Epidemiological Outcomes Workgroup

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 profile is a snapshot of tobacco use and health effects among Coloradans, including data on e-cigarette use. Data are presented for adults and youth, with a special section on youth risk and protective factors related to tobacco use.

Certain considerations were taken into account in compiling these data, including timeframe 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.

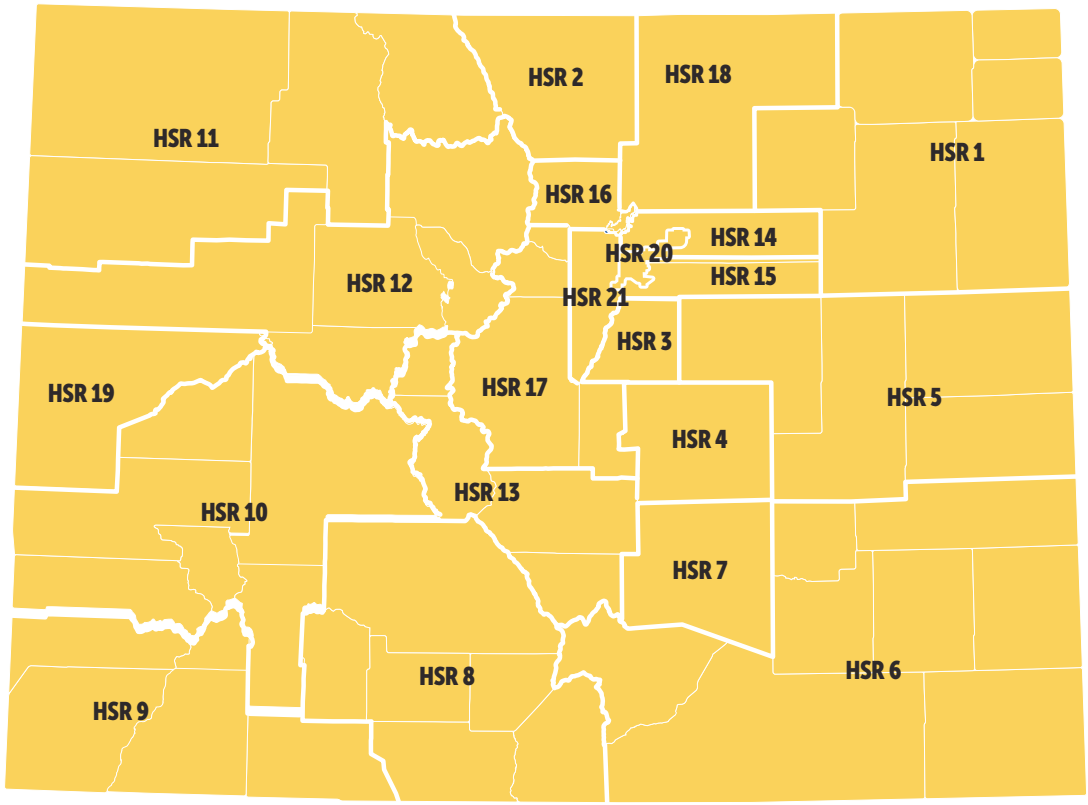
We hope the profiles facilitate conversation among Coloradans about the state of our state. For this reason, the profiles feature data from a variety of sources, include regional data when available, and introduce easily relatable use of benchmarks, such as national comparisons.

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

SOURCE: COLORADO HEALTH AND ENVIRONMENTAL DATA - HEALTH STATISTICS REGIONS MAP KEY, 2020

TABLE OF CONTENTS

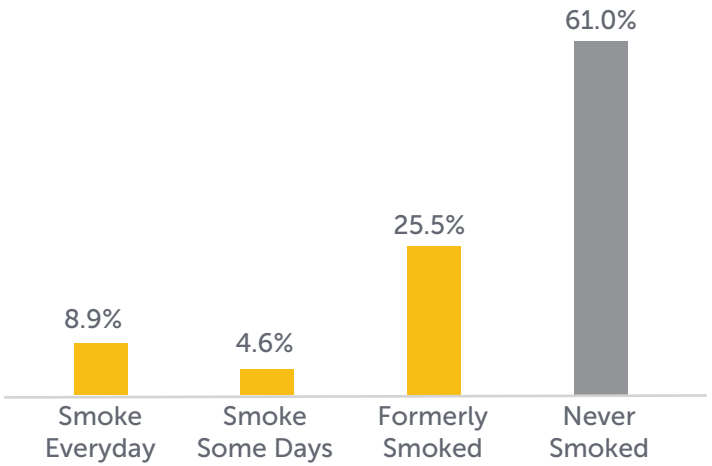
ADULT CONSUMPTION

CIGARETTE CONSUMPTION

13.5%
of adults in Colorado currently use cigarettes.

There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke—even an occasional cigarette or exposure to secondhand smoke—is harmful, according to the Surgeon General and Centers for Disease Control and Prevention.

In addition to the 13.5% that currently smoke, **25.5%** of Coloradans formerly smoked.

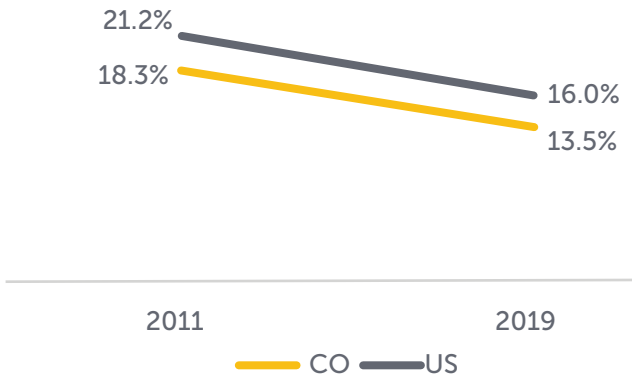


This amounts to almost

40%

of adults smoking cigarettes currently or in the past.

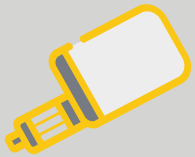
Cigarette use in Colorado is declining similarly to national use.



ADULT CIGARETTE USE IN COLORADO DECLINED **26.2%** SINCE 2011.

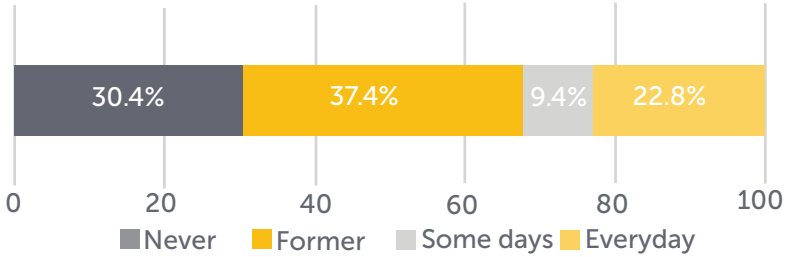
SOURCES: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2011 AND 2019; CENTERS FOR DISEASE CONTROL AND PREVENTION, 2010

6.4% OF COLORADO ADULTS CURRENTLY USE E-CIGARETTES.



E-cigarettes simulate the experience of tobacco smoking.
Many even look like a cigarette.
Other common terms: Vapes, vaporizers, vape pens, hookah pens, electronic cigarettes, and e-pipes.

Nearly one out of three e-cigarette users never smoked cigarettes.



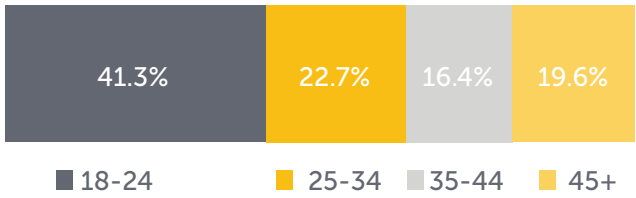
The percentage of former smokers and never smokers who use e-cigarettes is increasing.

CONSISTENT WITH CIGARETTE USE, **E-CIGARETTE USE IS MORE COMMON AMONG MALES THAN FEMALES.**

8.1% of males

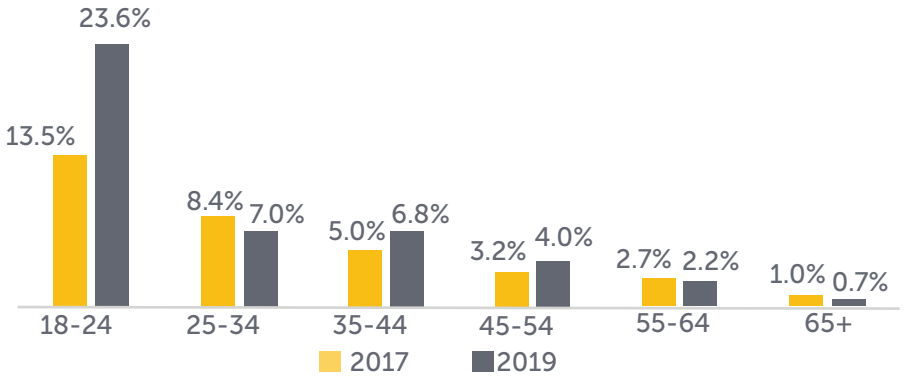
4.8% of females

ADULTS AGES 18-24 MAKE UP **41.3%** OF PEOPLE WHO USE E-CIGARETTES.



Among 18-24 year olds who use e-cigarettes 52% have never used cigarettes.

Since 2017, use among 18-24 year olds increased significantly.

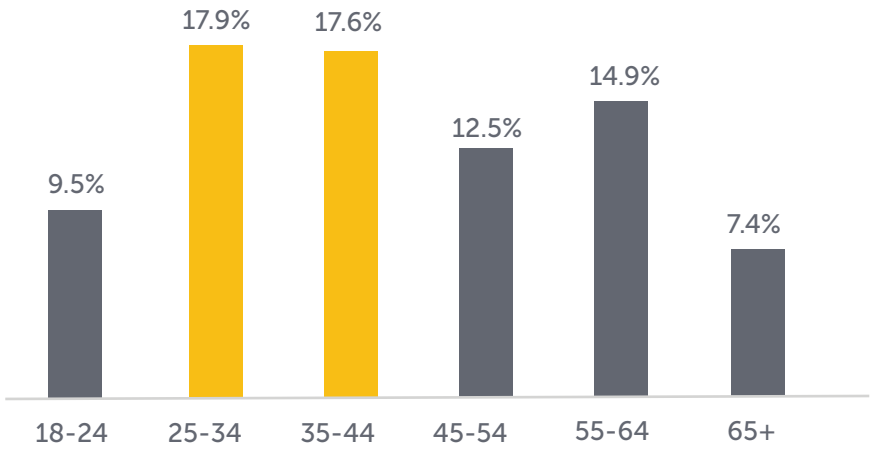


SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2017-2019, COLORADO HEALTH INSTITUTE, 2018

Cigarette smoking in Colorado is more common among males.

15.1% of males use cigarettes compared to **11.9% of females.**

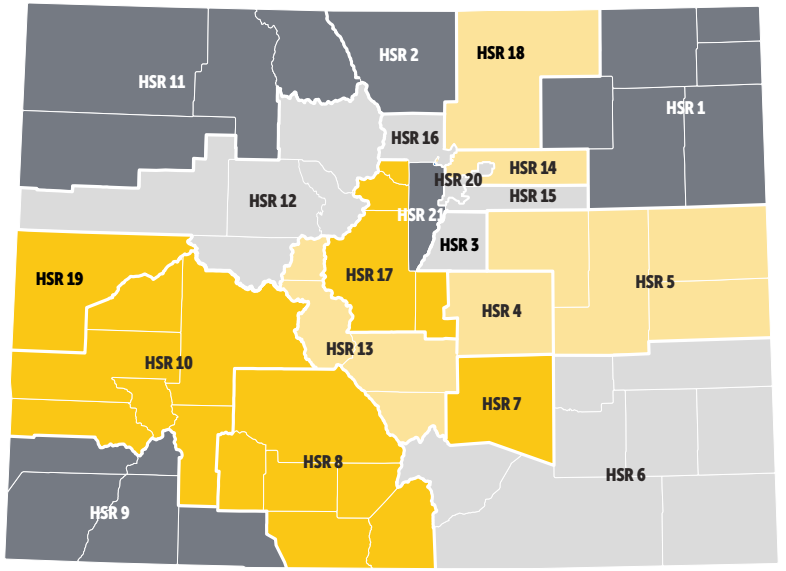
Smoking cigarettes is most common among 25-44 year olds in our state.



THE PREVALENCE OF CIGARETTE SMOKING IN COLORADO REGIONS

ranges from

LESS THAN 8% TO ALMOST 25%.

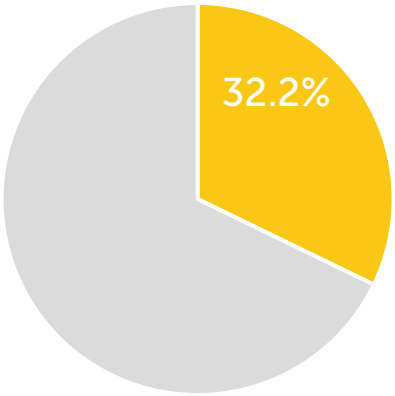


QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
7.77% – 12.55%	12.56% – 13.95%	13.96% – 15.77%	15.78% – 24.47%

SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2019

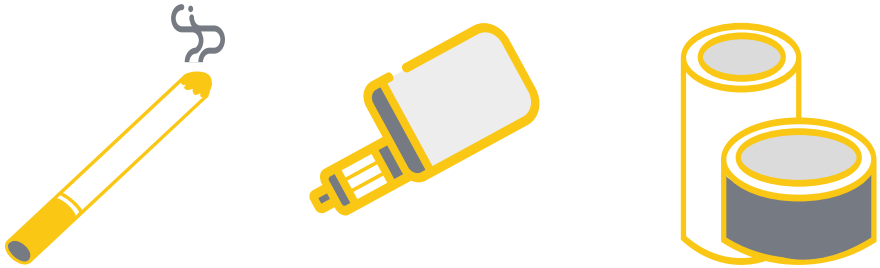
DUAL USE AND ALL TOBACCO CONSUMPTION

AMONG E-CIGARETTE USERS IN COLORADO 32.2% ALSO USE CIGARETTES.



18.6% of Coloradans use tobacco.

Including cigarettes, e-cigarettes, and chewing tobacco.



SMOKELESS TOBACCO (CHEW, SNUFF, SNUS) IS USED BY 3.9% OF COLORADANS.

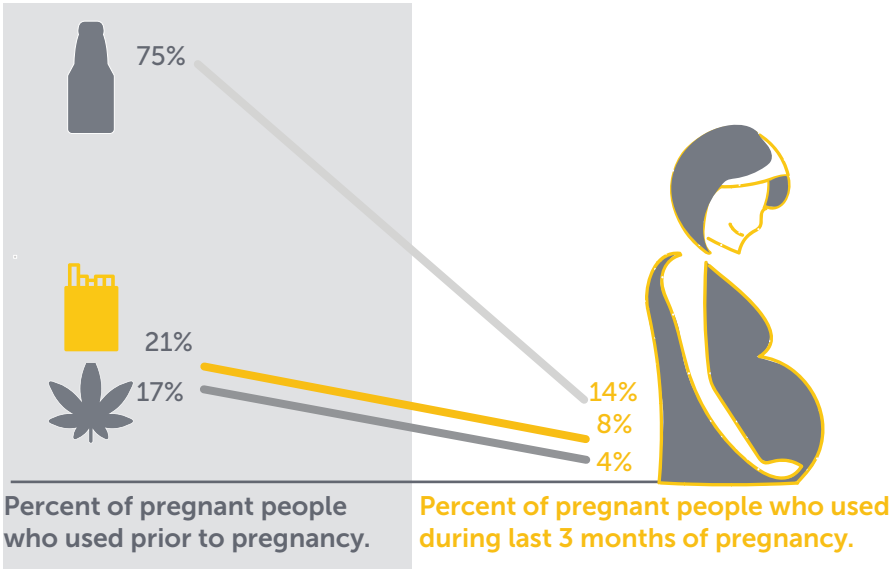
2.2% every day

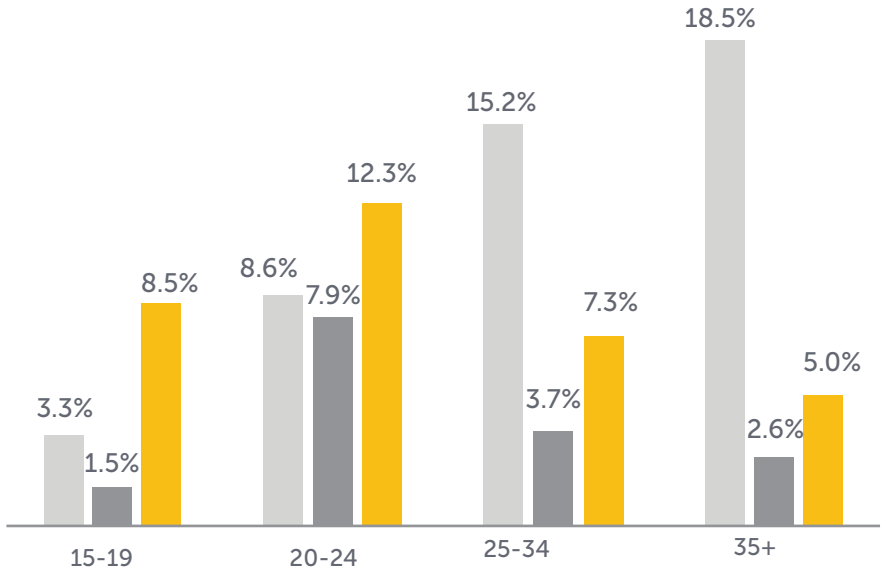
and

1.7% some days

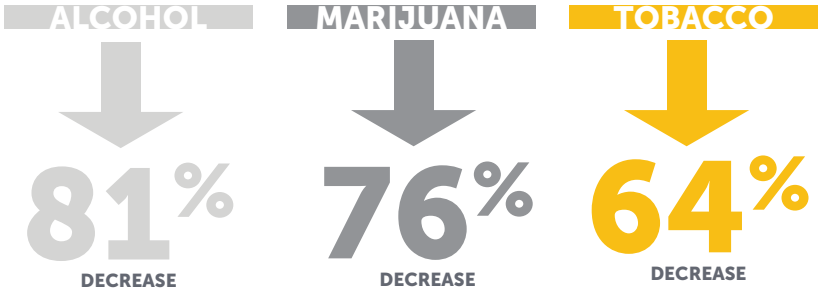
SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2019

Most pregnant people in Colorado did not use any substance during the last 3 months of pregnancy.





ALL THREE SUBSTANCES SEE LARGE DECREASES IN USE DURING PREGNANCY.



*Cigarettes or e-cigarettes combined

According to the Health eMoms survey,
ONLY 2.4% OF POSTPARTUM PEOPLE REPORT USING TOBACCO OR E-CIGARETTES AS A COPING ACTIVITY WHEN FEELING DOWN OR DEPRESSED.

TOBACCO USE INCLUDES CIGARETTES OR E-CIGARETTES.

SOURCES: PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS), 2018; HEALTH EMOMS SURVEY, 2018

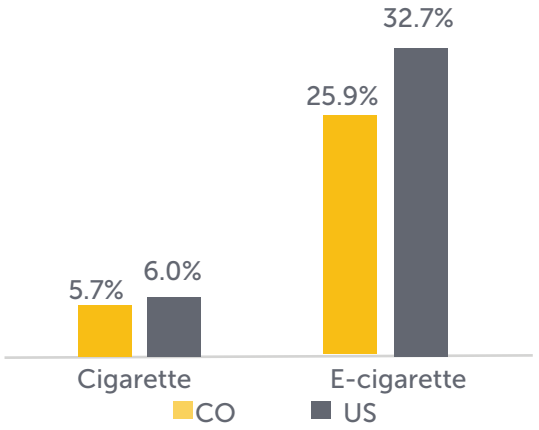
YOUTH CONSUMPTION

Among high school students in 2019

26% use e-cigarettes

and

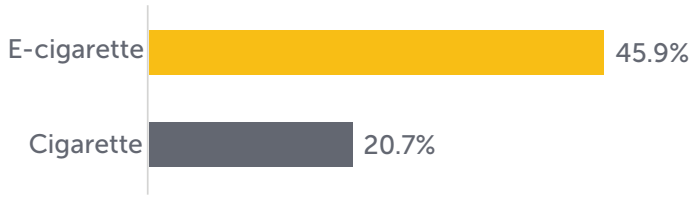
6% use cigarettes.



Colorado youth tobacco use is lower than national use.

MORE THAN 2X

AS MANY COLORADO HIGH SCHOOL STUDENTS HAVE EVER USED E-CIGARETTES COMPARED TO CIGARETTES.

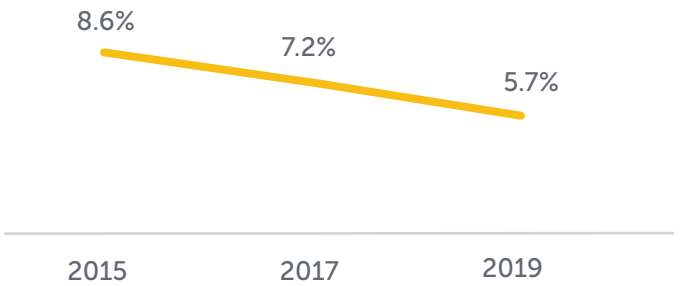


Research points to e-cigarettes potentially being an entry point to additional tobacco use and nicotine addiction.*

After declining in 2017, the number of Colorado high school students who ever used cigarettes significantly increased in 2019.

*Temple, J.R. et al. 2017. E-cigarette use of young adults: motivations and associations with combustible cigarette, alcohol, marijuana, and other illicit drugs.

Current cigarette use continues to decline among Colorado youth.



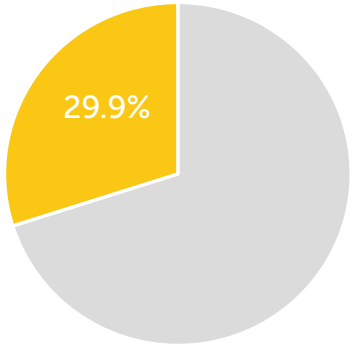
Cigar and chewing tobacco use is also declining.

E-cigarette use in Colorado is unchanged since 2015; however, use nationally is increasing.

SOURCES: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2015, 2017, AND 2019; YOUTH RISK BEHAVIOR SURVEY (YRBS), HIGH SCHOOL, 2019

93.3%
MOST COLORADO YOUTH DO NOT
CURRENTLY USE CIGARETTES.

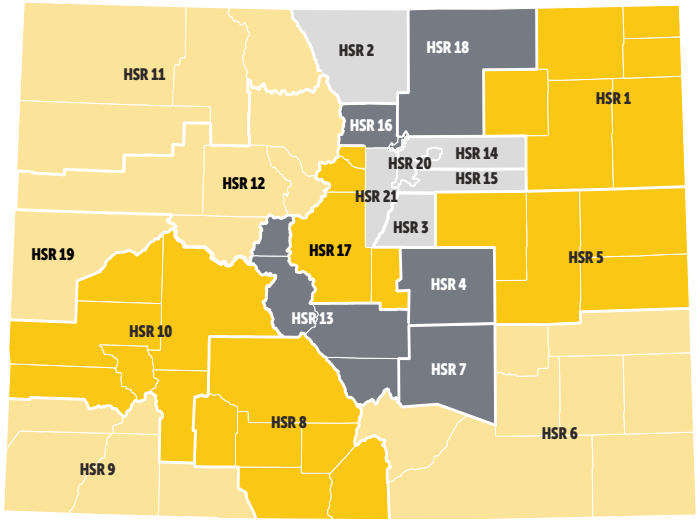
Use is **higher** among males (6.8%) than females (4.6%).



AMONG HIGH SCHOOL STUDENTS WHO SMOKE CIGARETTES
29.9%
SMOKE MENTHOLS.

Among students who are lesbian, gay, bisexual or unsure of their sexual orientation, use significantly declined, yet remains higher than among their peers who identify as heterosexual.

PREVALENCE OF YOUTH CIGARETTE SMOKING REACHES ALMOST 11% IN SOME REGIONS.

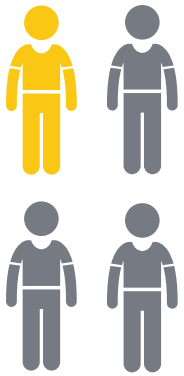


QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
4.10% – 5.20%	5.21% – 6.80%	6.81% – 8.50%	8.51% – 10.70%

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

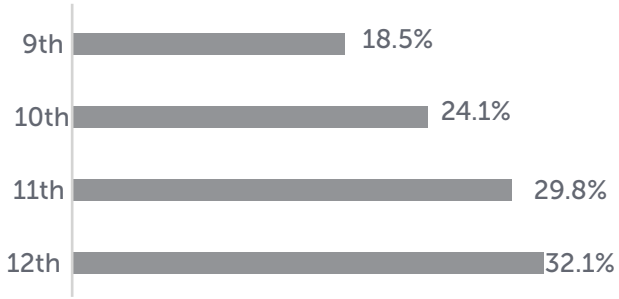
YOUTH E-CIGARETTE USE

25.9%
OF YOUTH CURRENTLY USE E-CIGARETTES.



Use is **similar** among males (25.5%) and females (26.4%).

USE INCREASES AS GRADE LEVEL INCREASES.



Among e-cigarette users

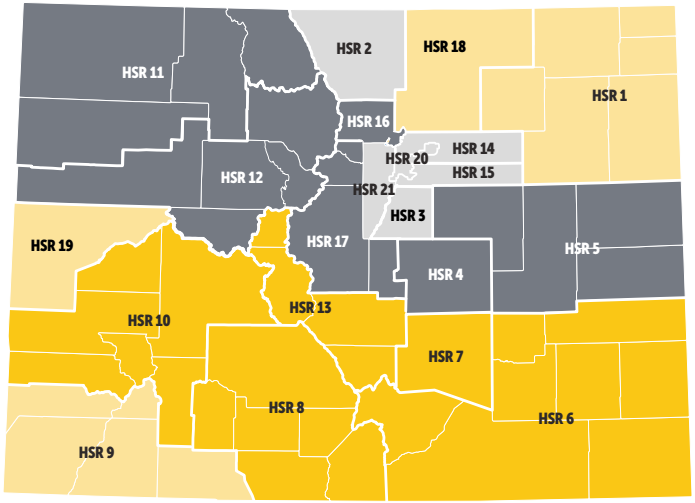
17.9% also use cigarettes
(compared to 1.3% of non e-cigarette users)

AND

54.8% also use marijuana
(compared to 8.5% of non e-cigarette users)

Similar to cigarettes and other substances, use is higher among lesbian, gay, or bisexual youth, who may not have access to the same protective factors as their peers who identify as heterosexual, increasing their risk of susceptibility to substance use.

PREVALENCE OF YOUTH E-CIGARETTE SMOKING EXCEEDS 40% IN SOME REGIONS.



QUARTILE 1:	QUARTILE 2:	QUARTILE 3:	QUARTILE 4:
19.5% – 26.0%	26.1% – 28.6%	28.7% – 31.6%	31.7% – 40.7%

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

Early initiation

USE BEFORE 13:

13.2%

of students tried **e-cigarettes** before age 13.

7.6%

7.6% of students tried **cigarettes** before age 13.

According to the National Institute on Drug Abuse, research suggests that adolescence (at about age 13) is a risky period for drug abuse due to the challenges youth face at this age, coupled with the greater exposure to drugs.

Access

EASY TO GET:

63.2%

of students report that it would be "sort of easy" or "very easy" to get **e-cigarettes** if they wanted.

52.3%

52.3% of students report that it would be "sort of easy" or "very easy" to get **cigarettes** if they wanted.

YOUTH CONSIDER E-CIGARETTES EASIEST TO ACCESS followed, in order by:
ALCOHOL,
CIGARETTES,
MARIJUANA, and
PRESCRIPTION PAIN RELIEVERS

Perception of peer use

INACCURATE PERCEPTIONS:

88%

of students overestimate how many of their peers use **e-cigarettes.**

Students who overestimate how many of their peers use e-cigarettes are significantly less likely to consider limited use of e-cigarettes risky and more likely to use e-cigarettes themselves.

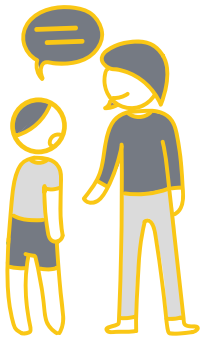
SOURCES: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019; RISE ABOVE COLORADO YOUTH SURVEY (RACYS), AGES 15-17, 2020

YOUTH E-CIGARETTE RELATED PROTECTIVE AND RISK FACTORS

90% OF STUDENTS **THINK THEIR PARENT OR GUARDIAN WOULD FEEL IT IS**

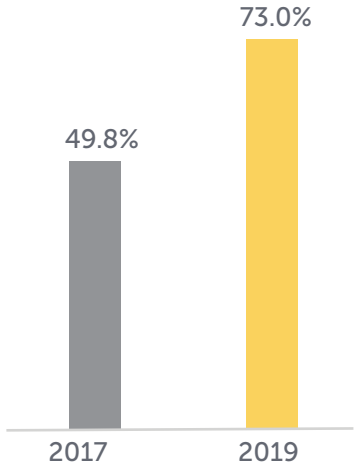
67% OF STUDENTS **THINK IT IS WRONG FOR SOMEONE THEIR AGE TO USE** E-CIGARETTES.

73% OF STUDENTS **THINK PEOPLE WHO USE E-CIGARETTES DAILY** HAVE MODERATE OR GREAT **RISK OF HARM.**

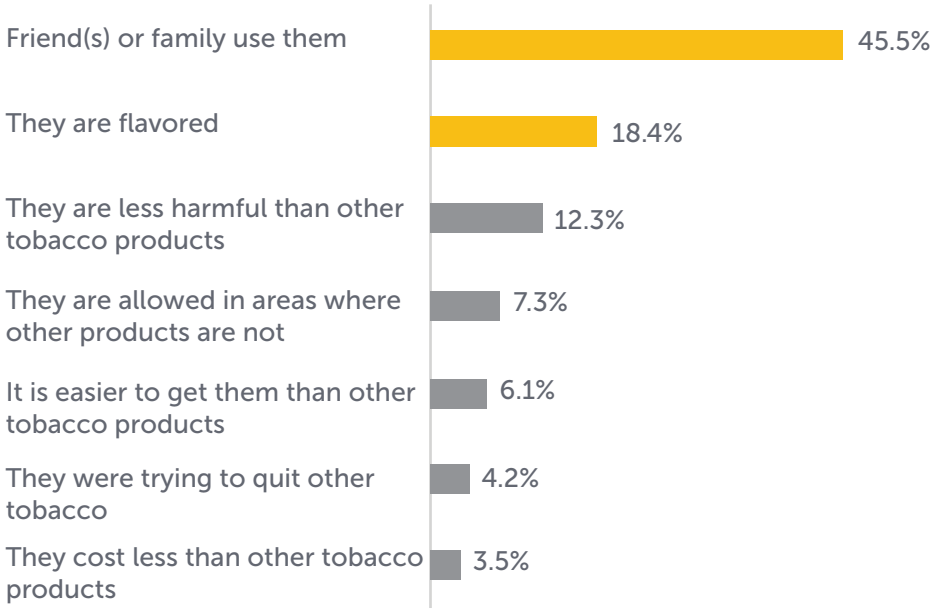


Perception of harm from using e-cigarettes daily significantly increased.

Perception of harm from breathing second hand vapor also significantly increased (from 40.9% to 55.1%).



The top two reasons youth use e-cigarettes are **FAMILY OR FRIENDS USE THEM** and **THEY ARE FLAVORED.**



SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

USE OF E-CIGARETTES DIFFERS AMONG YOUTH WHO REPORT THE PRESENCE OF PROTECTIVE FACTORS IN THEIR LIFE.

AMONG STUDENTS WHO:

have an adult to go to for help with a serious problem,

23.6% use e-cigarettes

COMPARED TO

32.0%

who do not report this protective factor.

think family has clear rules about alcohol and drug use,

24.7% use e-cigarettes

COMPARED TO

40.0%

who do not report this protective factor.

when not home, their parents/guardians know where they are and who they are with,

24.8% use e-cigarettes

COMPARED TO

46.0%

who do not report this protective factor.

participate in extracurricular activities,

24.5% use e-cigarettes

COMPARED TO

30.2%

who do not report this protective factor.

feel safe at school,

25.1% use e-cigarettes

COMPARED TO

34.5%

who do not report this protective factor.

think their teacher notices when they're doing a good job and lets them know,

22.2% use e-cigarettes

COMPARED TO

30.4%

who do not report this protective factor.

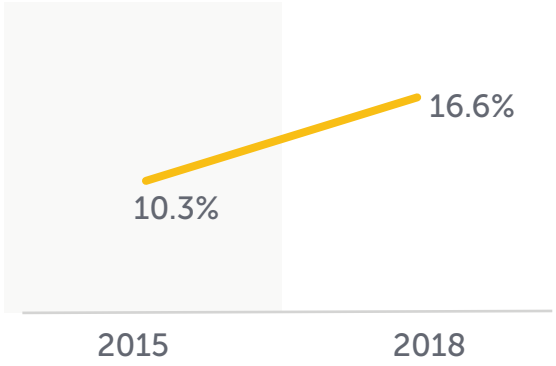
SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

HARMFUL EFFECTS

SUCCESSFUL QUITTING SIGNIFICANTLY INCREASED AMONG ADULTS

(AT LEAST THREE MONTHS ABSTINENT)

FROM 10.3% IN 2015 TO 16.6% IN 2018.



During the same time

QUIT SUCCESS RATES AMONG ADULT SMOKERS OF LOW SOCIO-ECONOMIC STATUS MORE THAN DOUBLED

from

7.2% to 15.7%.

From 2011-2019 past year quit attempts remained flat, close to 70%.

11.9%

of households with smokers and children report

smoking occurred in the home

in the past 30 days.

36.9%

of households with smokers and children report

smoking occurred in the car

in the past 30 days.

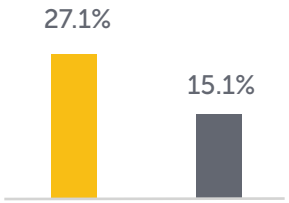
SOURCES: THE ATTITUDES AND BEHAVIORS SURVEY (TABS), 2019; BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2011-2019

Compared to adults who do not use tobacco,

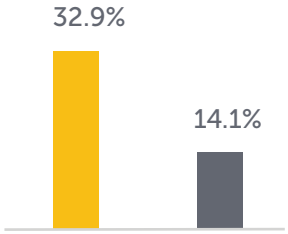
ADULTS WHO USE TOBACCO

are more likely to:

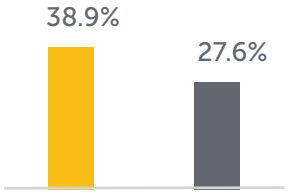
have been told they
HAVE A DEPRESSIVE DISORDER.



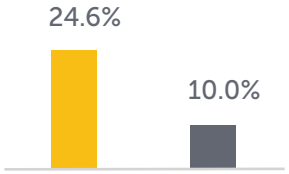
currently
BINGE DRINK.



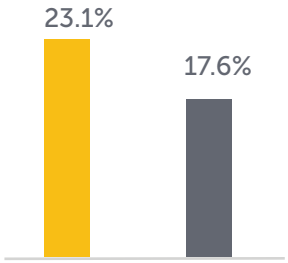
currently
USE MARIJUANA.



experienced 14+ days
in the past 30-days of
POOR MENTAL HEALTH.



currently
NOT HAVE PHYSICAL ACTIVITY OR EXERCISE.



have ever been
diagnosed with
COPD.

SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), 2019

AMONG YOUTH WHO CURRENTLY USE,

HALF TRIED TO QUIT

CIGARETTES (48%) OR E-CIGARETTES (53%).

19%
of youth who use e-cigarettes
HAVE INTOLERABLE CRAVINGS AFTER A FEW HOURS.

17%
of youth who use e-cigarettes
REACH FOR THEM WITHOUT THINKING ABOUT IT.

MAJOR DEPRESSIVE EPISODES* ARE MORE COMMON AMONG YOUTH WHO USE TOBACCO.

52%
among youth who used any tobacco
COMPARED TO
29%
among youth who do not use any tobacco.

*Where they felt so sad or hopeless and stopped doing usual activities almost every day for 2+ consecutive weeks during the past 12 months.

SOURCE: HEALTHY KIDS COLORADO SURVEY (HKCS), HIGH SCHOOL, 2019

KEY TERMS	
Aggregate	A mathematical computation using a set of values rather than a single value.
Average	A calculated central value of a set of numbers
Electronic cigarette	A battery-powered device that heat a liquid into an aerosol that the user inhales. Usually containing nicotine derived from tobacco, flavorings, and other additives. Can also be used as a delivery system for marijuana and other illicit drugs.
Health Statistics Region	A geographic grouping based on demographic profiles and statistical criteria. Colorado has 21 Health Statistics Regions which correspond with existing county boundaries.
Nicotine	A highly addictive chemical compound present in the tobacco plant. Tobacco products, including cigarettes, cigars, smokeless tobacco, hookah tobacco, and most e-cigarettes, contain nicotine.
Per capita	Per unit of population
Prevalence	The proportion of a population who have specific characteristics in a given time period. Prevalence may be reported as a percentage (5%, or 5 people out of 100), or as the number of cases per 10,000 or 100,000 people.
Proportion	Two ratios that have been set equal to each other
Protective Factors	Characteristics within the individual or conditions in the family, school or community that help someone cope successfully with life challenges.
Quartile	A group that contains 25% of the data set
Ranking	Relative position
Rate	The ratio between two related quantities
Risk Factors	Characteristics within the individual or conditions in the family, school, or community that increase the likelihood someone will engage in unhealthy behaviors.
Tobacco	A plant that contains the chemical compound of nicotine. Products derived from tobacco are made for human consumption.
Significance	The probability is less than .05 that the difference or relationship happened by chance

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