BEHAVIORAL HEALTH: POPULATIONS WITH SPECIAL CONSIDERATIONS

SEOW
COLORADO

Table of Contents

INTRODUCTION

In spring 2023, the Colorado State Epidemiological Outcomes Workgroup (SEOW) published this eight-part document as an overview of opioids, cannabis, alcohol, tobacco, and stimulant use and related harms in Colorado. Each substance is presented in its own profile, with demographics, mental health, and populations with special considerations profiles 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 includes information on populations with special considerations. Substance use data for these groups are accompanied by important context to help us understand the factors that intersect with 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 2022, the most complete data were found and used for calendar year 2021. Exceptions include figures/charts featuring trend data prior to 2021, data collected biennially for which 2020 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 public high school students, grades 9-12.**

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 eight 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 recommend reviewing and using all eight reports to inform work in communities.

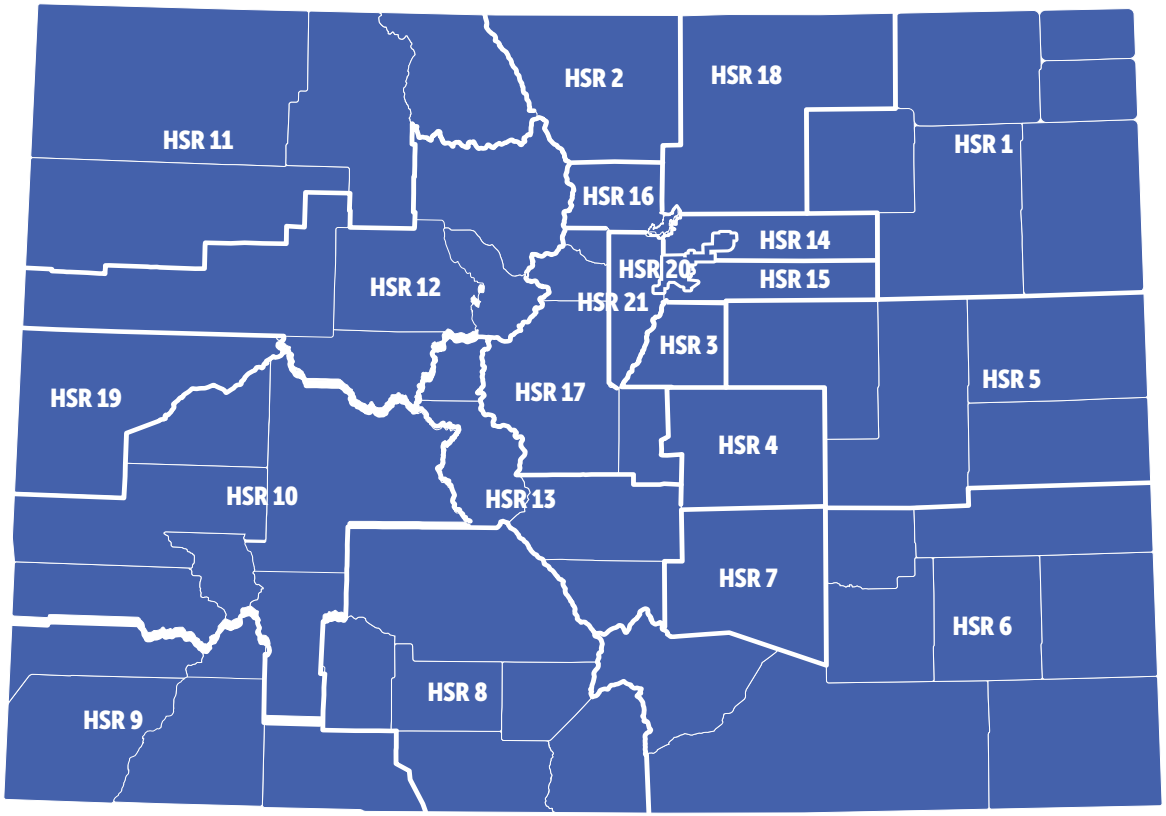
We hope the profiles facilitate conversation among Coloradans about the state of our state. For this reason, the profiles feature data from a variety of sources, include regional data when available, and introduce easily relatable use of benchmarks, such as national comparisons.

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.liu@state.co.us) at the Colorado Department of Public Health and Environment.

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 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, Delores, 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

LGBTQ+

Understanding health and behavioral health inequities and risk factors among LGBTQ+ Coloradans requires an in-depth examination of historical, social, and political factors. While these profiles are designed to share brief snapshots of broad trends among Colorado LGBTQ+ adults and youth, we encourage readers to dive into more detailed reports listed below to conceptualize diverse intersectional lived experiences among the LGBTQ+ community that inform behavioral health needs and experiences and to understand needed supports.

Factors that contribute to disparities in mental health and substance use

- Stigma, harassment, violence, and isolation
- Adverse childhood experiences
- Lack of social support
- Undiagnosed mental health and or substance use concerns
- Lack of **feeling safe in recovery spaces**
- Lack of **culturally competent mental and physical healthcare**
- Violence not experienced by their heterosexual and cisgender peers.

The State of the State Survey Envision: You Report used a mixed method approach by surveying (n=588) and interviewing (n=17) LGBTQ+ Coloradans on behavioral health related topics. Interview recruitment consisted of partnering with 200 community organizations working in behavioral health spaces or that serve LGBTQ+ Coloradans to support outreach efforts. Surveys were disseminated widely throughout Colorado in English and Spanish using existing surveys addressing behavioral health generally and specifically within the LGBTQ+ community.

Lesbian: A woman who is primarily attracted to other women
Gay: A person who is attracted primarily to members of the same gender. Gay is most frequently used to describe men who are attracted primarily to other men, although it can be used for men and women
Bisexual: A person who is attracted to both people of their own gender and other genders
Trangender: Individuals whose current gender identity differs from the sex they were assigned at birth
Questioning: The process of exploring and discovering one's own sexual orientation, gender identity, or gender expression
Queer: An umbrella term sometimes used to refer to the entire LGBT community
For more information, visit Centers for Disease Control and Prevention Health Considerations for LGBTQ Youth

SOURCE: OMNI INSTITUTE. COLORADO LGBTQ+ BEHAVIORAL HEALTH STATE OF THE STATE SURVEY REPORT. ENVISION:YOU, 2021.

LGBTQ+ adults and youth often lack necessary social and institutional support, leading to poor mental health, low self-esteem, and low self-worth. Finding culturally competent care, which recognizes the nuances between mental health needs and various compounded identities, is a challenge for many LGBTQ+ individuals.

Among LGBTQ+ adults,

COMPARED TO

of heterosexual, cisgender Coloradans.

Among LGBTQ+ adults,

COMPARED TO

of heterosexual, cisgender Coloradans.

Mental health service provider experiences among LGBTQ+ Coloradans

- **28% worried about their mental health and that their concern has not been diagnosed or recognized.**
- **26% did not have their primary provider ask them about their mental health.**

Prevalence of suicidal thoughts among LGBTQ+ Coloradans

- **1 in 2 considered suicide at some point in their lives**
- **1 in 10 trans and non-binary respondents had seriously considered suicide in the past 30 days**

SOURCES: COLORADO HEALTH ACCESS SURVEY, 2019 & 2021; OMNI INSTITUTE. COLORADO LGBTQ+ BEHAVIORAL HEALTH STATE OF THE STATE SURVEY REPORT. ENVISION:YOU, 2021.

Nationally, **34.2%**of **LGBTQ+ adults** (18 years and older) reported having a substance use disorder (SUD). **50.2%** of LGBTQ+ adults reported having a mental illness, and **23.1%** reported struggling with co-occurring mental health and SUD challenges.

Nationally, among LGB adults with a substance use disorder:

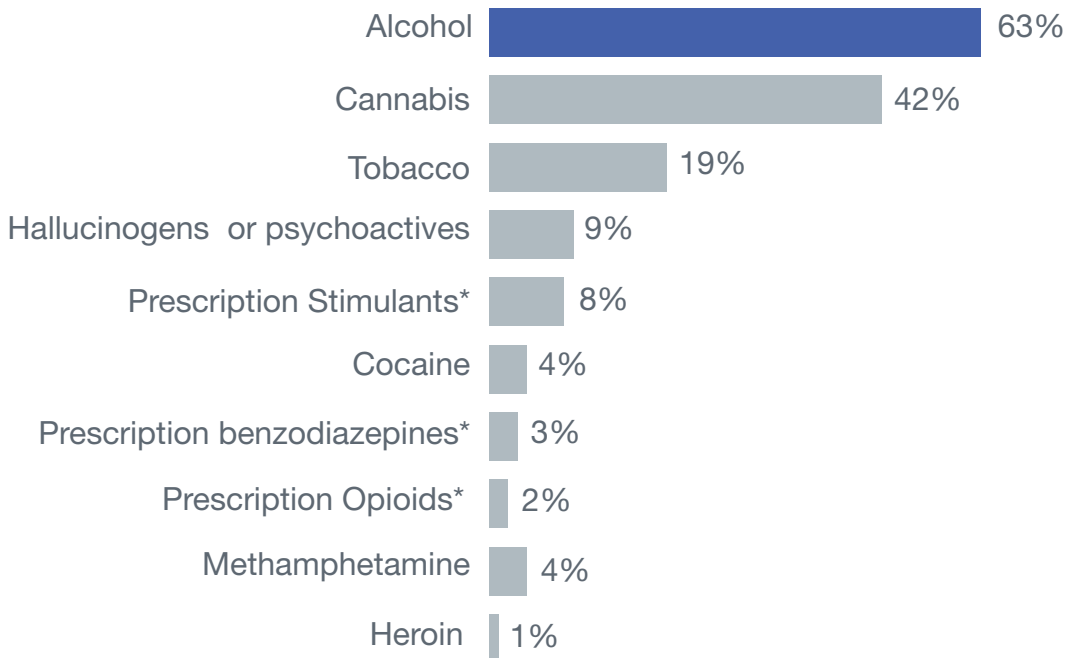
- **3 in 5 struggle with illicit drugs**
- **2 in 3 struggle with alcohol use**
- **1 in 4 struggle with illicit drugs and alcohol**

LGBTQ+ adults and youth experience **stressors** including **stigma, past trauma, isolation and loneliness, discrimination, and expectations of rejection** which shape coping behaviors resulting in disparities in mental health, substance use, and substance use disorders compared to their heterosexual counterparts.

SOURCES: 2020 NATIONAL SURVEY ON DRUG USE AND HEALTH: LESBIAN, GAY, & BISEXUAL (LGB) ADULTS, 2020; OMNI INSTITUTE. COLORADO LGBTQ+ BEHAVIORAL HEALTH STATE OF THE STATE SURVEY REPORT. ENVISION:YOU, 2021.

According to the Envision You State of the State 2021 Report, "Historically, many of the spaces catering to the LGBTQ+ community have been bars and clubs. Such venues are often the most visible spaces where individuals look to find community, thus creating an association between connection to others and engagement in substance use. Substances may also be (mis)used by LGBTQ+ individuals to cope with underlying stressors, including internalized stigma, past trauma; isolation and loneliness; a need to stay in the closet; and day-to-day challenges of life."

Substances Use Types by LGBTQ+ Colorado Respondents in the Past 30 Days (n=548)



*Prescription drugs used without a prescription or in a way not prescribed.

SOURCES: OMNI INSTITUTE. COLORADO LGBTQ+ BEHAVIORAL HEALTH STATE OF THE STATE SURVEY REPORT. ENVISION:YOU, 2021.

ATTENTION

- Authentic caring and attention
- Asking questions
- Listening
- Affirming experiences
- Avoiding biases and assumptions

ACCEPTANCE

- Acceptance of community members of all identities
- Acknowledgment of related stigmas
- Public displays of inclusivity

TRAINING

- Transparency from providers when they lack knowledge of LGBTQ+ community issues
- Training on LGBTQ+ positive practices for all staff
- Access to cutting-edge, diverse, and evidence-based practices in their care

PRONOUNS

- Addressing people by their name and pronouns
- Avoiding assumptions about identities
- Intake forms with inclusive language and response options
- Comfort discussing LGBTQ+ identities

"WHAT DO YOU WISH BEHAVIORAL HEALTH CARE PROVIDERS COULD DO BETTER?"

TRAUMA INFORMED

- Training to deliver trauma/oppression-informed services and knowledge
- Normalized reactions to topics such as gender oppression

RESOURCES

- Connection and referral to additional services, including non-medical, wraparound, and support groups

AFFORDABILITY

- More affordability in services
- Acceptance of health insurance by providers

ACCESSIBILITY

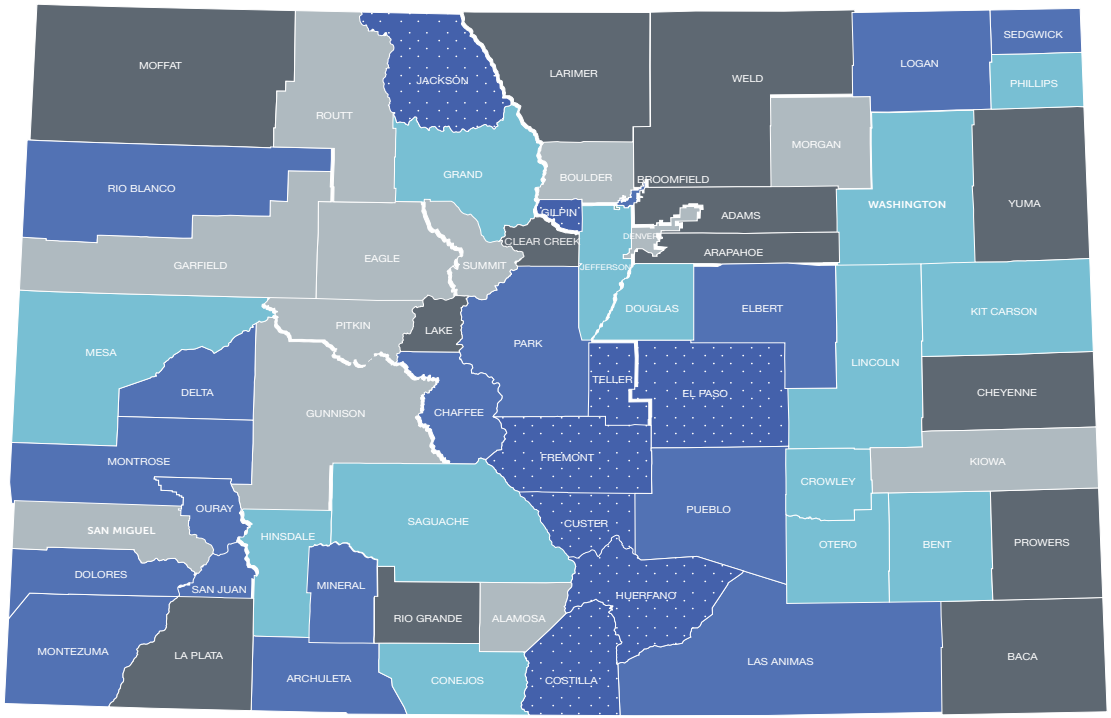
- Drop-in availability and online/phone services

Behavioral health treatment and recovery providers can and should take responsibility to ensure they are being inclusive and meeting the diverse needs of all their clients.

OMNI INSTITUTE. COLORADO LGBTQ+ BEHAVIORAL HEALTH STATE OF THE STATE SURVEY REPORT. ENVISION:YOU, 2021. .

VETERANS

Colorado is home to more than **371,000** veterans. Veterans and active duty military members make up almost **9%** of the state's population.

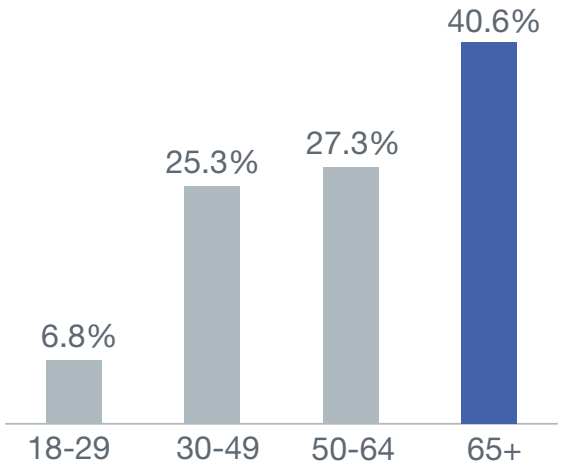


4.7-6.7 | 6.8-8.1 | 8.2-10.1 | 10.2-13.1 | 13.2-17.7

Percent of veteran population by county

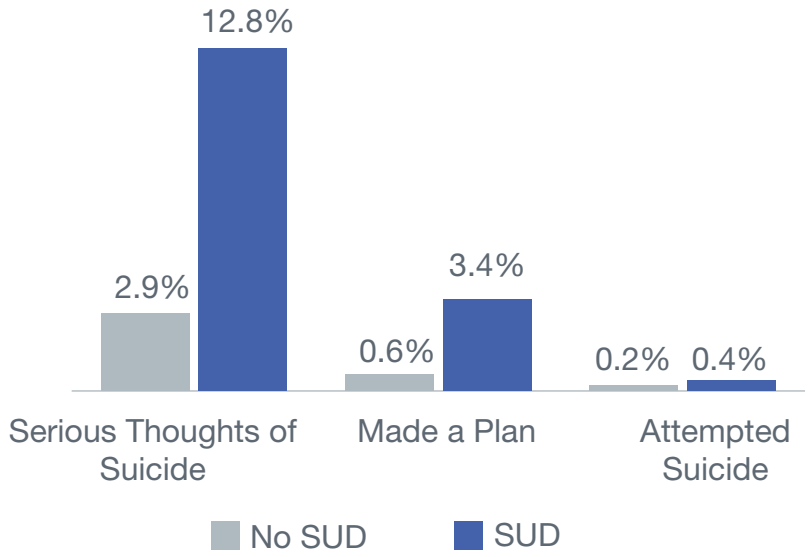
The state is home to seven military bases, five of which are in El Paso County.

Most veterans in Colorado are 65 or older.



SOURCE: COLORADO HEALTH INSTITUTE, 2019 & 2021; HOUSING ASSISTANCE COUNCIL TABULATIONS OF THE CENSUS BUREAU'S 2015-2019 AMERICAN COMMUNITY SURVEY.

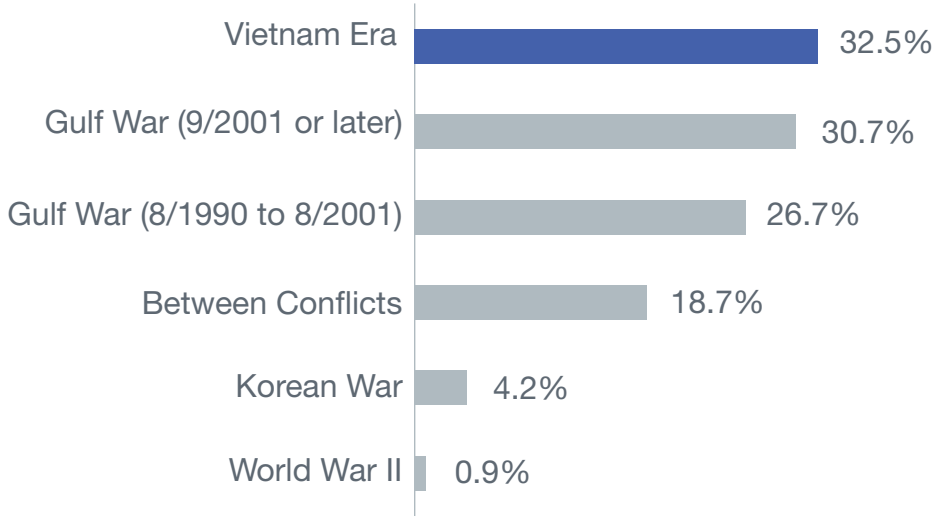
Of the nearly 13,000 Coloradans who died by suicide between 2004 and 2017, **almost 2,600 were veterans.** That's nearly 200 veterans dying by suicide every year since 2004 in Colorado.



In the United States, substance use disorder is associated with suicidal thoughts, plans, and attempts among veterans. Furthermore, **substance use disorder significantly increased suicidality among veterans** 18 and older.

Veterans and active-duty service members account for **20%** of all suicides in Colorado.

ERA OF SERVICE FOR COLORADO VETERANS



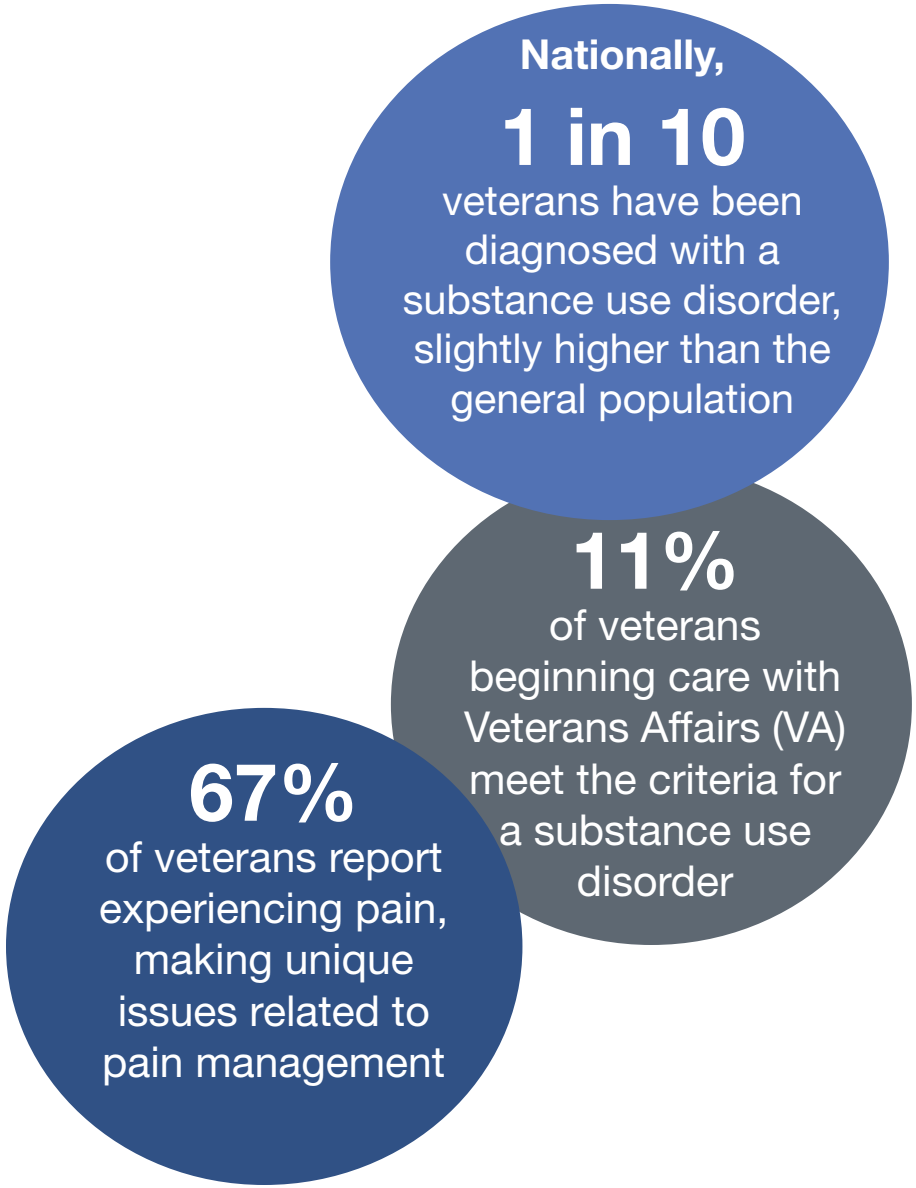
SOURCES: NATIONAL INSTITUTE ON DRUG ABUSE, 2019; COLORADO HEALTH INSTITUTE, 2019; NATIONAL SURVEY ON DRUG USE AND HEALTH, 2019; U.S. CENSUS BUREAU, 2021.

The unique culture of the military offers both risk and protective factors related to substance use. The veteran population is also **greatly impacted by several risk factors related to substance use** such as pain, suicide risk, trauma, and homelessness.

A number of environmental stressors specific to military personnel have been linked to **increased risk of substance use disorders among military personnel and veterans** including deployment, combat exposure, and post-deployment transition challenges.

Additionally, all veterans experience a transition period as they leave the military and return to civilian life with family, friends, and their community. This transition period is marked by unique mental health challenges.

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



SOURCES: NATIONAL INSTITUTE ON DRUG ABUSE, 2019; TEETERS, J. B. ET AL, 2017.

Most veterans experiencing substance use disorder or mental illness **have not received treatment in the past year.**

Among veterans in the United States in 2019,

85.1%
with a substance use disorder received no treatment

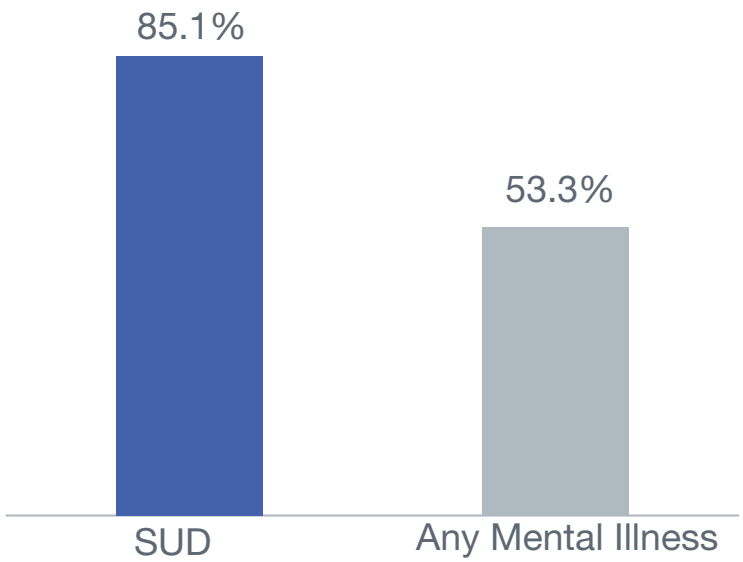
27.4%
with a serious mental illness received no treatment

Among veterans in Colorado in 2013,

69.3%
of veterans who did not receive needed mental health care reported stigma-related reasons as a barrier

Veterans experience a variety of barriers to treating substance use disorder and mental illness including **limited access to treatment, gaps in insurance coverage, stigma, fear of negative consequences, and lack of confidential services.**

Percentage of veterans that recieved no treatment in the United States, 2019



SOURCES: NATIONAL INSTITUTE ON DRUG ABUSE, 2019; COLORADO HEALTH INSTITUTE, 2019 & 2021.

Of veterans in Colorado,

85%
are eligible for VA health care services

45%
of those who are eligible to receive care at the VA are not enrolled in the system

79%
report having unique health needs, versus 50% of civilian Coloradans who report unique health needs

Reasons veterans do not enroll in the VA system can be complex. Some veterans do not know they are eligible for services. For those who do, enrolling in and navigating the VA system can be difficult. Other veterans experience limited access to facilities or mistrust in the VA system. Additionally, some eligible veterans prefer getting health care from their community providers through public or private insurance.

For more information on substance use and mental health research and resources for veterans, please visit https://nida.nih.gov/publications/drugfacts/substance-use-military-life.

SOURCE: NATIONAL INSTITUTE ON DRUG ABUSE, 2019; COLORADO HEALTH INSTITUTE, 2019 & 2021.

UNHOUSED INDIVIDUALS

2021 COLORADO POINT-IN-TIME COUNT

6,627 total homeless households in Colorado

4,871 living in an emergency shelter

1,323 living in transitional housing

The 2022 Point in Time Count was conducted in January over a 24-hour period across several rural and urban regions across Colorado. Regional coordinators working in diverse community based organizations provided trainings and coordinated surveyors to survey sheltered people experiencing homelessness. For further information click here to review the full report.

RELATIONSHIP BETWEEN HOMELESSNESS AND SUBSTANCE USE

Research suggests a bi-directional relationship between drug use and homelessness. An individual experiencing one may be pre-disposed to the other. Once a person becomes homeless, the opportunity to obtain and use drugs increases, in large part to cope with daily living challenges.

SOURCES: OMNI INSTITUTE. 2022 HOMELESS POINT-IN-TIME STUDY SHELTERED COUNT. COLORADO COALITION FOR THE HOMELESS, 2022; SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION, 2021; SHELTON ET AL., 2009.

According to the Substance Abuse and Mental Health Services Administration, "Ending homelessness is an important public health issue in the United States. **Many experiencing homelessness have high rates of chronic and co-occurring health conditions, mental and substance use disorders.** Individuals who are homeless also may be dealing with trauma, and children experiencing homelessness are at risk for emotional and behavioral problems Additionally, research has shown that individuals who are homeless have a risk of mortality that is 1.5 to 11.5 times greater than the general population."

- Unhoused individuals are at elevated risk for experiencing substance use disorders (SUDs), mental disorders, trauma, medical conditions, employment challenges, and incarceration.
- People experiencing homelessness present unique treatment challenges, as both treatment and housing needs must be concurrently addressed for treatment to be most effective.
- Preventive services for people experiencing homelessness, including mental health, substance use, medical care, and social supports, are critical for mitigating risks of SUDs and mental disorders and improving health outcomes.

RISK FACTORS ASSOCIATED WITH HOMELESSNESS

According to the Colorado Department of Public Health and Environment, "When people are forced to live without a stable home, they are exposed to many risk factors for poor health and well-being including harsh living conditions, violence and unsafe conditions, drug and alcohol use, reduced access to health care services, and physical and behavioral health issues."

Furthermore, people experiencing homelessness "are exposed to risk factors that cause poor health. These factors may happen after becoming homeless or are made worse by being homeless. These risk factors may be a combination of structural factors such as the lack of affordable or low-cost housing, and individual risk factors such as mental health and substance use disorders, and may result in both causing and continuing homelessness."

"The health conditions of homeless individuals including mental health issues and substance use disorders, are also risk factors for violent criminal activity that can result in incarceration."

PREVALENCE: MENTAL HEALTH AND SUBSTANCE USE ISSUES IN COLORADO

The number of Coloradans **with severe mental illness increased from 2,047 in 2017 to 3,274 in 2022.**

The number of people experiencing homelessness in Colorado with **substance use issues has increased from 1,740 in 2017 to 2,564 in 2022.**

HARMS CAUSED BY HOMELESSNESS

- Congregate setting of homeless shelters increases risk for TB and COVID-19.
- People experiencing homelessness who use drugs are at an increased risk for Viral Hepatitis, HIV, and other bloodborne pathogens.
- People experiencing homelessness are at risk of developing mental illnesses, such as anxiety, depression, and post-traumatic stress disorder (PTSD).
- Delayed care seeking and lapses in care can lead to worse health outcomes, such as severe illness or death.

SOURCES: OMNI INSTITUTE. 2022 HOMELESS POINT-IN-TIME STUDY SHELTERED COUNT. COLORADO COALITION FOR THE HOMELESS, 2022; COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT, N.D.; CENTERS FOR DISEASE CONTROL & PREVENTION, 2022.

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