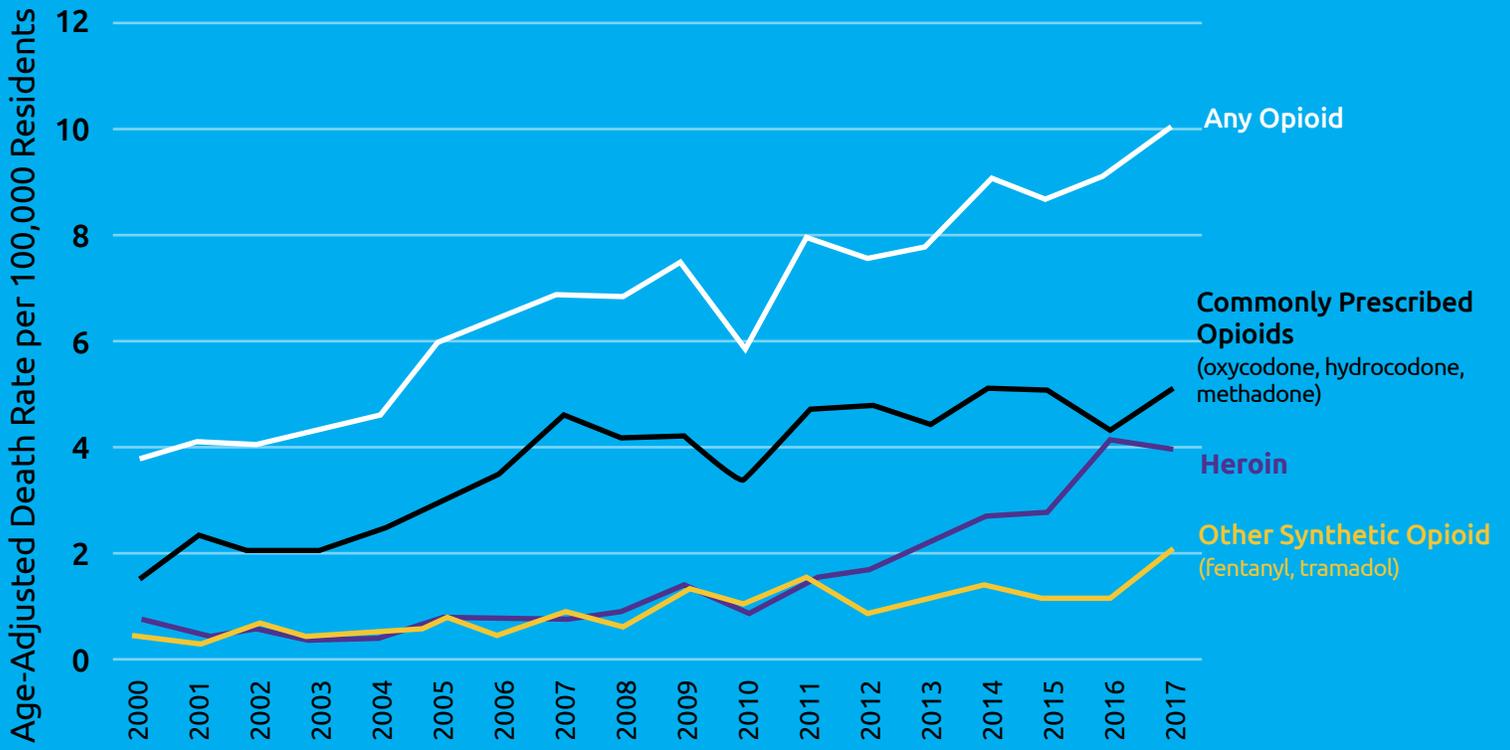


Opioid-Related Drug Overdose Death Rates, Colorado, 2000–2017



Age-adjusted rates are standardized using the 2000 US Population Standard.

Total drug overdoses were identified using the following underlying cause of death ICD-10 codes: (X-40, X-44, X-64, X85, Y10–Y14).

Drug overdose deaths were then scanned for the following ICD-10 codes in the multiple cause of death fields:

Any opioid (T40.0–T40.4, T40.6), heroin (T40.1), commonly prescribed opioids (T40.2–T40.43), and other synthetic opioids (T40.4).

Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Data

3



Reliable data is critical to understanding the scope of the opioid crisis and to help identify potential solutions. Data can paint a compelling picture to garner support, as well as track progress as efforts develop.

In this chapter, you will find reliable sources of data at the county, state, and national level. Use this chapter if you are:

- Assessing the opioid crisis in your community;
- Identifying indicators to track your progress; and/or
- In need of experts who can discuss the data with you.

The materials listed below are from a variety of sources. Using these sources and interpreting the data can sometimes be confusing. If you have questions, please reach out to the program manager to be connected with the Consortium's Data Work Group. The work group members are experts in Colorado. Information about this work group may be found at the end of this chapter.

Resources

Consortium RX Data Dashboard

This dashboard compiles existing data into graphs to summarize the opioid crisis in Colorado at both the statewide and regional levels. Communities can use it to monitor the trends on non-heroin opioids, heroin, and benzodiazepines. This dashboard allows users to query data that is most relevant to specific needs. The RX Data Dashboard may be accessed by visiting public.tableau.com/profile/omni#!/vizhome/RXConsortiumdashboard/Readmefirst.

Prescription Drug County Profiles

The Colorado Department of Public Health and Environment (CDPHE) compiled profiles for each county using the Colorado Prescription Drug Monitoring Program (PDMP) of controlled substances on the Drug Enforcement Administration's schedules 2-5. Controlled substances collected by the PDMP are categorized into five classes: opioids, benzodiazepines, stimulants, sedatives, and muscle relaxants. Communities may use these profiles to understand the volume of these

prescriptions dispensed in their county or region. Access these profiles by visiting www.colorado.gov/pacific/cdphe/prescription-drug-data-profiles.

Healthy Kids Colorado Survey (HKCS)

Healthy Kids Colorado is a voluntary, confidential, and anonymous survey of middle and high school students across the state. It is Colorado's only source for representative and comprehensive data on youth health behaviors, including substance use. Coloradans from all corners of the state, in towns big and small, use data from the HKCS to inform their communities on how to support growing the healthiest youth in the country. The results of the HKCS are used in many ways, such as:

- Informing the creation of effective programming to support student success;
- Providing data for youth-serving organizations and communities to use in addressing health needs and health disparities;



- Informing parents on relevant topics that enhance parent-child conversations about their health and well-being;
- Providing schools and school districts data needed to identify trends and changes in youth health and behaviors to better meet student needs; and
- Securing funding for schools, community organizations, and local and state government agencies.

For more information, visit www.healthykidscolo.org or email cdphe_healthykidscolorado@state.co.us.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA administers the National Survey on Drug Use and Health annually and provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental

health in the United States. For more information, visit www.samhsa.gov/data/population-data-nsduh.

National Institute on Drug Abuse (NIDA)

For definitions and information about the scope of the problem at the national level, visit www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs/summary.

Centers for Disease Control and Prevention (CDC)

For a variety of data products at the national, state, or county level, visit www.cdc.gov/drugoverdose/data/index.html.

For the CDC's Behavioral Risk Factor Surveillance System (BRFSS), visit www.cdc.gov/brfss.

Monitoring the Future Survey

For national drug trends in youth since 1975, visit www.monitoringthefuture.org.

Example of a CDPHE County Profile

Chaffee County Opioid Profile

Total Population in 2017: 19,614

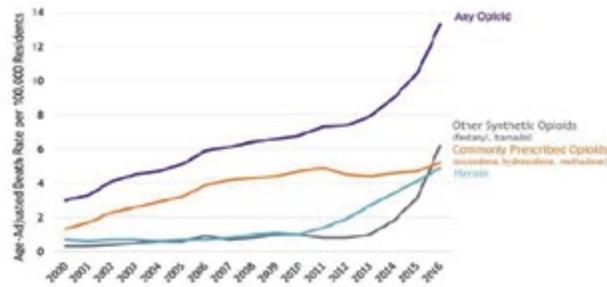


Both nationally and in Colorado, opioid use disorders have emerged as a significant public health concern. While prescription opioids can help people manage their pain, they also come with serious risks and potential complications. Prescription opioids should be prescribed and used carefully. These drugs are chemically similar to heroin and can increase the risk of addiction or overdose, even if taken as prescribed.¹ This report summarizes fatal overdose trends, prescribing practices, and patient behaviors that may increase the risk of an overdose to better understand the scope of the opioid epidemic in Colorado.

National Opioid Overdose Trends

More than 63,000 Americans died from drug overdoses in 2016.² Opioids (either prescription or heroin) were involved in two out of every three of these deaths.² In the United States from 2015-2016, other synthetic opioid-related drug overdose death rates doubled from 3.1 deaths per 100,000 residents to 6.2.² The rate of heroin-related drug overdose deaths and other commonly prescribed opioid-related overdose deaths increased by 20 percent and 10 percent respectively from 2015 to 2016 (Figure 1).³

Figure 1: Opioid-Related Drug Overdose Death Rates, United States, 2000-2016



Age-adjusted rates are standardized using the 2000 US Population Standard. Total drug overdoses were identified using the following underlying cause of death (ICD-10 codes): ICD10-C44, ICD10-C45, ICD10-C46, ICD10-C47, ICD10-C48, ICD10-C49, ICD10-C50, ICD10-C51, ICD10-C52, ICD10-C53, ICD10-C54, ICD10-C55, ICD10-C56, ICD10-C57, ICD10-C58, ICD10-C59, ICD10-C60, ICD10-C61, ICD10-C62, ICD10-C63, ICD10-C64, ICD10-C65, ICD10-C66, ICD10-C67, ICD10-C68, ICD10-C69, ICD10-C70, ICD10-C71, ICD10-C72, ICD10-C73, ICD10-C74, ICD10-C75, ICD10-C76, ICD10-C77, ICD10-C78, ICD10-C79, ICD10-C80, ICD10-C81, ICD10-C82, ICD10-C83, ICD10-C84, ICD10-C85, ICD10-C86, ICD10-C87, ICD10-C88, ICD10-C89, ICD10-C90, ICD10-C91, ICD10-C92, ICD10-C93, ICD10-C94, ICD10-C95, ICD10-C96, ICD10-C97, ICD10-C98, ICD10-C99, ICD10-D00, ICD10-D01, ICD10-D02, ICD10-D03, ICD10-D04, ICD10-D05, ICD10-D06, ICD10-D07, ICD10-D08, ICD10-D09, ICD10-D10, ICD10-D11, ICD10-D12, ICD10-D13, ICD10-D14, ICD10-D15, ICD10-D16, ICD10-D17, ICD10-D18, ICD10-D19, ICD10-D20, ICD10-D21, ICD10-D22, ICD10-D23, ICD10-D24, ICD10-D25, ICD10-D26, ICD10-D27, ICD10-D28, ICD10-D29, ICD10-D30, ICD10-D31, ICD10-D32, ICD10-D33, ICD10-D34, ICD10-D35, ICD10-D36, ICD10-D37, ICD10-D38, ICD10-D39, ICD10-D40, ICD10-D41, ICD10-D42, ICD10-D43, ICD10-D44, ICD10-D45, ICD10-D46, ICD10-D47, ICD10-D48, ICD10-D49, ICD10-D50, ICD10-D51, ICD10-D52, ICD10-D53, ICD10-D54, ICD10-D55, ICD10-D56, ICD10-D57, ICD10-D58, ICD10-D59, ICD10-D60, ICD10-D61, ICD10-D62, ICD10-D63, ICD10-D64, ICD10-D65, ICD10-D66, ICD10-D67, ICD10-D68, ICD10-D69, ICD10-D70, ICD10-D71, ICD10-D72, ICD10-D73, ICD10-D74, ICD10-D75, ICD10-D76, ICD10-D77, ICD10-D78, ICD10-D79, ICD10-D80, ICD10-D81, ICD10-D82, ICD10-D83, ICD10-D84, ICD10-D85, ICD10-D86, ICD10-D87, ICD10-D88, ICD10-D89, ICD10-D90, ICD10-D91, ICD10-D92, ICD10-D93, ICD10-D94, ICD10-D95, ICD10-D96, ICD10-D97, ICD10-D98, ICD10-D99, ICD10-E00, ICD10-E01, ICD10-E02, ICD10-E03, ICD10-E04, ICD10-E05, ICD10-E06, ICD10-E07, ICD10-E08, ICD10-E09, ICD10-E10, ICD10-E11, ICD10-E12, ICD10-E13, ICD10-E14, ICD10-E15, ICD10-E16, ICD10-E17, ICD10-E18, ICD10-E19, ICD10-E20, ICD10-E21, ICD10-E22, ICD10-E23, ICD10-E24, ICD10-E25, ICD10-E26, ICD10-E27, ICD10-E28, ICD10-E29, ICD10-E30, ICD10-E31, ICD10-E32, ICD10-E33, ICD10-E34, ICD10-E35, ICD10-E36, ICD10-E37, ICD10-E38, ICD10-E39, ICD10-E40, ICD10-E41, ICD10-E42, ICD10-E43, ICD10-E44, ICD10-E45, ICD10-E46, ICD10-E47, ICD10-E48, ICD10-E49, ICD10-E50, ICD10-E51, ICD10-E52, ICD10-E53, ICD10-E54, ICD10-E55, ICD10-E56, ICD10-E57, ICD10-E58, ICD10-E59, ICD10-E60, ICD10-E61, ICD10-E62, ICD10-E63, ICD10-E64, ICD10-E65, ICD10-E66, ICD10-E67, ICD10-E68, ICD10-E69, ICD10-E70, ICD10-E71, ICD10-E72, ICD10-E73, ICD10-E74, ICD10-E75, ICD10-E76, ICD10-E77, ICD10-E78, ICD10-E79, ICD10-E80, ICD10-E81, ICD10-E82, ICD10-E83, ICD10-E84, ICD10-E85, ICD10-E86, ICD10-E87, ICD10-E88, ICD10-E89, ICD10-E90, ICD10-E91, ICD10-E92, ICD10-E93, ICD10-E94, ICD10-E95, ICD10-E96, ICD10-E97, ICD10-E98, ICD10-E99, ICD10-F00, ICD10-F01, ICD10-F02, ICD10-F03, ICD10-F04, ICD10-F05, ICD10-F06, ICD10-F07, 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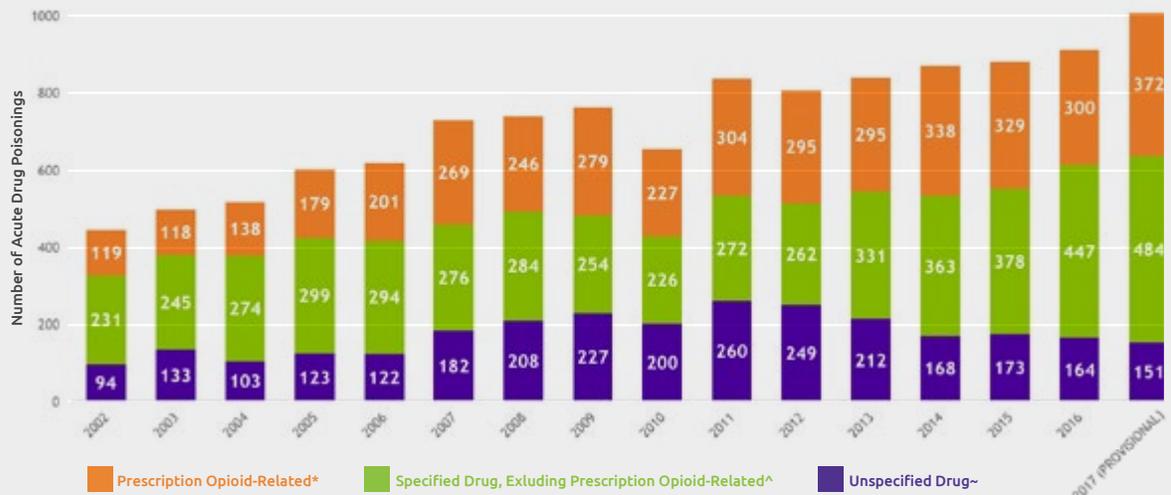
Opioid Overdose Deaths

Overdose Deaths and Opioids

According to provisional data from the Colorado Department of Public Health and Environment, in 2017:



Acute Drug Poisoning Deaths, Colorado, 2002 – Provisional 2017



Source: Vital Statistics, Colorado Department of Public Health and Environment
 Notes: (*) Includes records with acute drug poisoning as the underlying cause of death and prescription opioid drug poisoning codes (T40.2-T40.4 ICD-10 codes) in the multiple cause of death fields. (^) Includes records with acute drug poisoning as the underlying cause of death and a non-opioid specified drug poisoning code (T36-T50.8 range, excluding T40.2-T40.4) in the multiple cause of death fields. (-) Includes records with acute drug poisoning as the underlying cause of death and, in the multiple cause of death fields, an unspecified drug poisoning code (T50.9) and no specified drug poisoning codes (T36-T50.8).

States With More Drug-Induced Than Motor Vehicle-Related Deaths



Map Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999–2016 on CDC WONDER Online Database, released December, 2017. Data are from Multiple Cause of Death Files, 1999–2016.

Rise Above Colorado Youth Survey Data on Pain Relievers and Stimulants



The Rise Above Colorado Youth Survey data is available online at www.riseaboveco.org/about.html#drugabuse.

The Rise Above Colorado Youth Survey is a data source for behavioral health and substance use attitudes and behaviors among Colorado teens ages 12 through 17. The 2018 data of more than 600 youth is based on a representative sample of the entire state. Data from this survey is online at www.riseaboveco.org/about.html#drugabuse.

The Colorado State Epidemiological Outcomes Workgroup

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 abuse. More information about this group can be found by

visiting www.colorado.gov/pacific/cdhs-boards-committees-collaboration/colorado-state-epidemiological-outcomes-workgroup.

The Consortium's Data Work Group

The Data Work Group focuses on issues relating to the identification, collection, and communication of data and research regarding prescription and illicit opioid use in Colorado. Data about prescription drug misuse and abuse can be complex. If needed, communities should reach out to the Consortium program manager for assistance.

The goals of the Data Work Group are to:

- Increase the availability and accurate dissemination of indicators related to the health effects of prescription and illicit opioid use in Colorado, such as overdose;
- Provide data and research consultation for the Consortium's individual work groups and the Consortium as a whole; and
- Provide a network in which Consortium members can present and elicit feedback from data and research experts on surveillance, program evaluation, preventive strategies, and research.

If you have an interest in this area or have questions about this topic, reach out to the program manager at pm@corxconsortium.org. If you would like to join or get more information about the work group, please visit www.corxconsortium.org/data-research-work-group. You can also join by emailing info@corxconsortium.org.

Data Work Group Co-Chairs

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