

# SUBSTANCE ABUSE

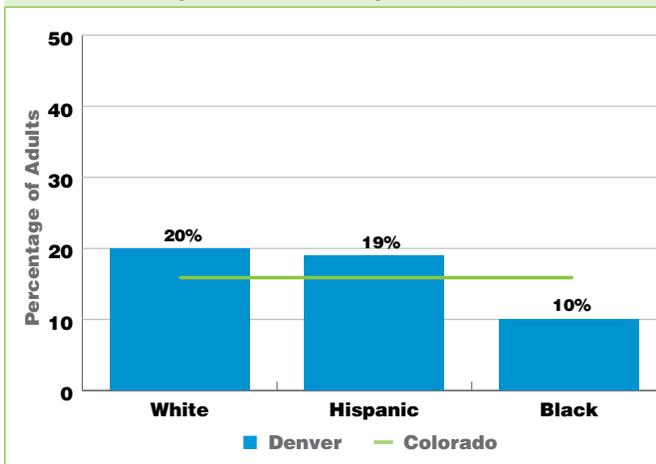
## Overview

Substance abuse is one of the most widespread preventable causes of death and illness. This section focuses on the use of drugs and alcohol, with tobacco covered in its own section in this report (see *Tobacco*). In 2010, about 63,200 Denver residents were dependent on or abused drugs and/or alcohol (12.5% of the population ages 12 and over).<sup>108</sup> Nationally, alcohol consumption is the third leading lifestyle-related cause of death.<sup>109</sup> Alcohol continues to be the most heavily used and destructive drug in Denver (FIGURES 1 AND 2). It contributes to illness, disease, and accidental deaths. While illicit drug use is an ongoing concern, prescription drug abuse has increased dramatically in recent years (FIGURE 3). Additionally, perceptions and use of marijuana have changed in the Denver metropolitan area (FIGURE 4).

Substance use disorders are closely linked to other health issues, both mental and physical. There are high rates of mortality attached to alcohol and drugs (FIGURE 5). For example, between 77% and 93% of individuals in treatment for alcohol or other drugs also use tobacco, more than three times the national average.<sup>111</sup> People with a substance use disorder are twice as likely to have a co-occurring mood or anxiety disorder.<sup>110</sup> Substance use is linked to other social and health issues including violence, crime, sexually transmitted infections, and poverty. Addressing excessive alcohol and drug use has the potential to impact a number of public health and safety measures.

FIGURE 1

Percentage of Adults Engaging in Binge Drinking of Alcohol in Past Month by Race and Ethnicity DENVER, 2009 AND 2010

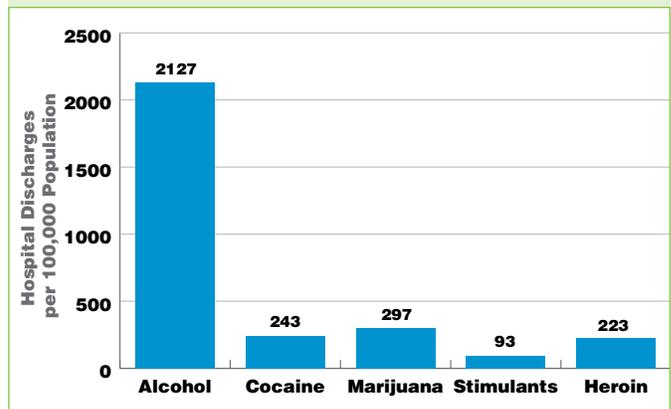


Binge drinking is defined as having five or more drinks on one occasion for men and four or more drinks for women. A higher percentage of Whites and Hispanics report binge drinking than Blacks.

SOURCE: Behavioral Risk Factor Surveillance System

FIGURE 2

Hospital Discharges Rate by Substance DENVER, 2010



Alcohol is responsible for the majority of substance related hospital visits, as shown here in hospital discharges.

SOURCE: Colorado Hospital Association

## Cost Facts

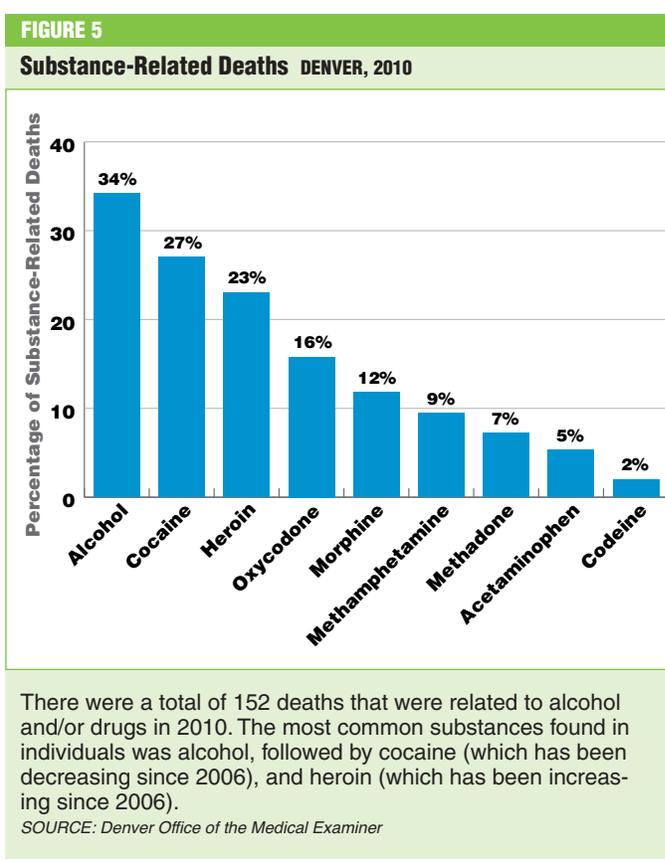
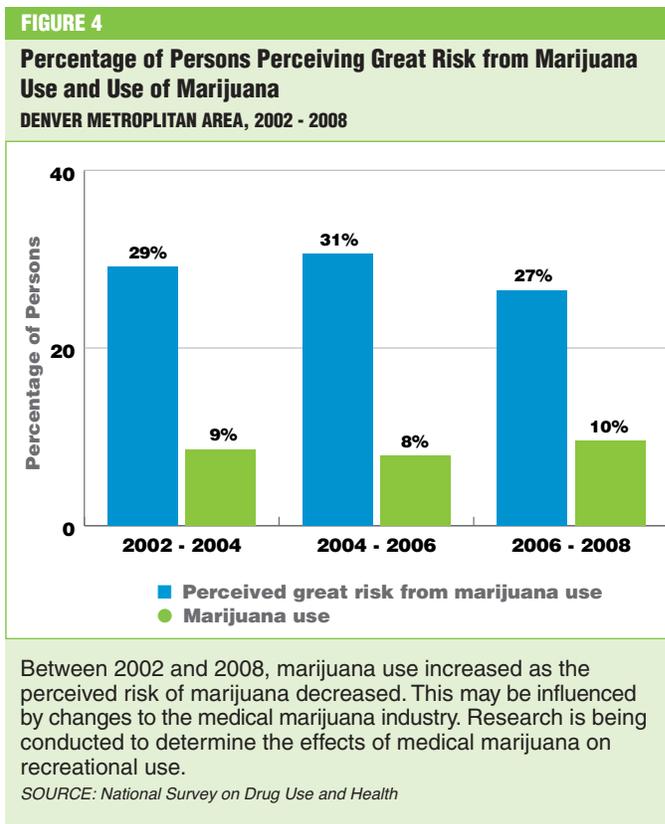
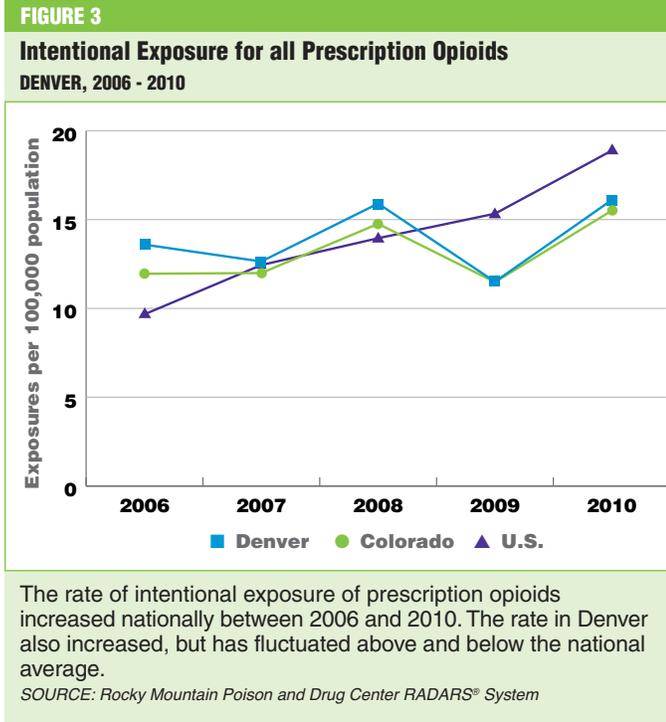


Substance abuse costs the nation \$467 billion annually. Denver's share of these costs totals almost \$884 million.<sup>113</sup> Over 95% of these costs are to health care systems, social services, the criminal justice system, and education. Providing substance abuse treatment is a cost-effective intervention. The benefit-cost ratio for treatment is approximately 12:1.<sup>114</sup> Most of these savings are in the areas of criminal justice and health care. It is estimated that if Denver appropriated an additional \$10 million to substance abuse treatment, it could reduce future costs by \$110 million.<sup>113</sup>

# SUBSTANCE ABUSE

Many proven and effective ways exist to address mental health and substance use issues. Prevention programs, such as Strengthening Families (see Local Story), work with youth and families to reduce the likelihood that young children will begin using alcohol and drugs. Quality treatment can help those with substance use disorders transition to a healthy recovery. Treatment with medication-assisted therapies (MAT), such as buprenorphine, suboxone, vivitrol, and methadone, saves money and lives. MAT is a combination of medication, counseling, and behavioral therapy. MAT is proven to be cost-effective. Methadone saved Washington state \$230 per Medicaid member per month.<sup>112</sup> In a study conducted by the Substance Abuse and Mental Health Administration (SAMHSA), 16% of individuals were involved with drug dealing at the start of treatment with buprenorphine. Sixty days later, only 3% indicated they were involved in drug dealing.

Substance abuse treatment admissions in Denver were increasing, but funding cuts have led to a recent downward trend (FIGURE 6). Treatment admissions in Denver are greatest for alcohol and vary widely by drug, race, and ethnicity (FIGURE 8). Policies and funding should be implemented to increase treatment options.



# SUBSTANCE ABUSE

## Local Story

### Strengthening Families Program

The Denver Office of Drug Strategy began implementing the Strengthening Families Program in 2007. A goal of the program is to reduce drug and alcohol use among youth. This program for parents and youth (10 to 14 years old) is offered in Denver schools and organizations. More than 300 families have completed the program, with 95% of those families identifying as Hispanic. More than 75% of the sessions were offered in Spanish. This program was started at Iowa State University and evaluation has shown that each dollar invested in the program yields a return of almost \$8 in benefits. The impact is captured by statements from parents and youth completing the program.<sup>115</sup>



***“I learned how to respect and care about others.”***

**—YOUTH PARTICIPANT**

***“[I learned] how to handle peer pressure, how to handle stress, and when you can tell that you are loved.”***

**—YOUTH PARTICIPANT**

***“I love the way my kids are talking to me about everyday stress and getting along better.”***

**—PARENT PARTICIPANT**

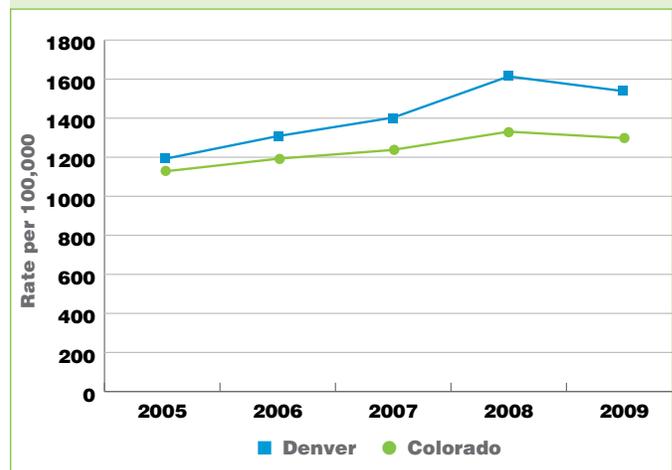
## Comparison Story

### Wet Housing for the Homeless

An estimated 5,000 homeless persons live in Denver, many with substance abuse issues.<sup>116</sup> For some of these individuals, substance abuse treatment has not been effective. These individuals rotate through the emergency room and jail, costing taxpayers money. In Seattle and Minneapolis, a new approach called “wet housing” has been implemented. In a wet housing program, homeless persons with alcohol dependency are provided housing, support services, and a safe place to drink. A goal is to provide support for these individuals to “reduce their use of crisis services and ultimately their consumption of alcohol.”<sup>111</sup> A study found that the Seattle wet housing program saved taxpayers more than \$4 million dollars in the first year of operation. This amounted to a cost savings of 53%, or nearly \$2,500 per month per person in health and social services.<sup>117</sup>

**FIGURE 6**

**Rate of Treatment Admissions DENVER AND COLORADO, 2005 - 2009**



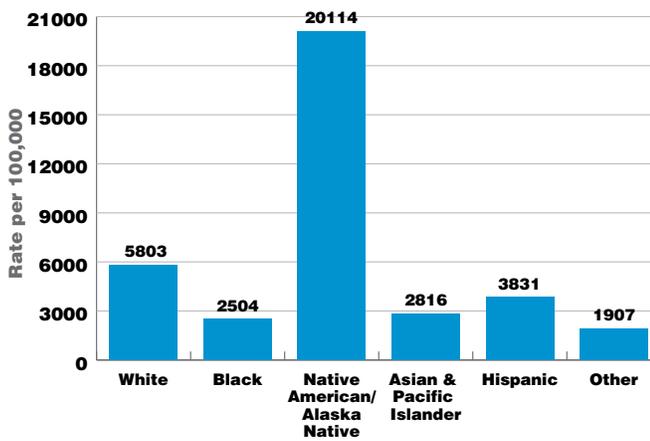
Denver has a higher rate of treatment admissions than Colorado, and admissions were increasing until 2008. Cutbacks in funding contributed to a decrease in admissions in 2009.

*SOURCE: Drug/Alcohol Coordinated Data System*

# SUBSTANCE ABUSE

**FIGURE 7**

**Rate of Treatment Admissions for Alcohol by Race and Ethnicity DENVER, 2010**

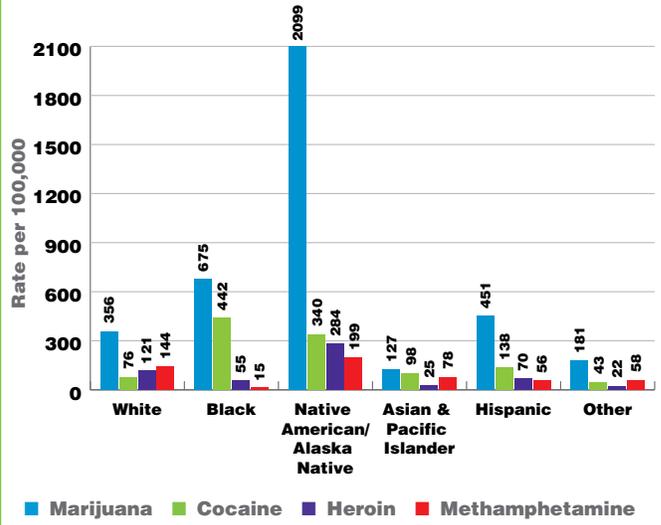


A majority of treatment admissions are for alcohol abuse. The rate of treatment admissions for alcohol is highest in Native Americans/Alaska Natives.

SOURCE: Drug/Alcohol Coordinated Data System

**FIGURE 8**

**Rate of Treatment Admissions by Drug, Race, and Ethnicity DENVER, 2010**



Drugs admissions vary by and race and ethnicity. Excluding alcohol, marijuana is the most common drug for treatment admissions across all races and ethnicities.

SOURCE: Drug/Alcohol Coordinated Data System



## Did You Know

- Prescription drug use continues to increase in the U.S. The second national prescription take-back initiative took place in April 2011. In Colorado, 14,000 pounds of unused and expired medications were collected.
- Substance abuse and HIV/AIDS are closely linked. In Colorado, injection drug use accounts for about 16% of HIV cases. Non-injection drug abuse (alcohol, methamphetamine, cocaine) is also linked to HIV infection. Drug use is associated with poor health care access, poor retention in care, poor adherence to treatment, and increased risk of transmitting HIV to others.
- On average, a youth sees 23 alcohol ads per month. Research shows that youth drink 1% more alcohol for every additional alcohol ad seen.<sup>120</sup>
- In 2008, 24% of Denver youth between sixth and eleventh grade reported that in the past 30 days, they rode in a vehicle with someone who had been drinking. Almost one in ten reported driving a car themselves after drinking.<sup>12</sup>
- The Colorado Prescription Drug Monitoring Program is managed by the Colorado Department of Public Health and Environment to help health care providers and pharmacists in treating their patients. The program can help reduce duplicate prescriptions and divert drug use.<sup>121</sup>