

Death by Drugs

Colorado at Record High



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Drugs are killing more Coloradans than ever.

Opioids, methamphetamines, cocaine and other substances claimed the lives of 912 Coloradans in 2016, an all-time high, according to the Colorado Department of Public Health and Environment (CDPHE).

That's more than the 627 Coloradans who died in a car crash in 2016 and more than the 532 who died of flu that year.

While the suffering is pervasive, it is hitting some areas of the state harder than others.

This paper examines the numbers behind the crisis of a generation.

Number of Drug Deaths Head Higher, Rate of Deaths Levels Off

The numbers keep climbing.

Drug overdose deaths increased by 4 percent, from 880 in 2015 to 912 in 2016. Deaths have more than doubled in the past 15 years: Just 406 Coloradans died of a drug overdose in 2001.

Colorado has set records for drug overdose fatalities in 13 of the past 15 years. And the newest data, while not finalized, shows that trend continuing, with drug overdose deaths climbing to a record high of 959 in 2017.

Colorado's rate of drug overdose deaths — the number per 100,000 residents — also increased steadily

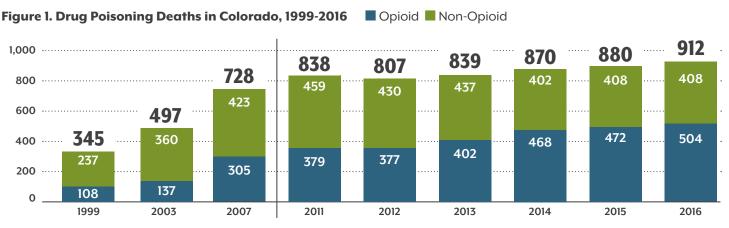
Key Takeaways

- Colorado recorded 912 drug overdose deaths in 2016, more than in any previous year. And new data, while not final, suggest the deaths increased to 959 in 2017.
- That translates to a rate of 16.1 drug overdose deaths for each 100,000 residents, up 83 percent from a rate of 8.8 in 2001.
- There are wide variations across Colorado's counties. El Paso County led the state with 141 fatal drug overdoses in 2016, followed by Denver County at 138. Colorado's populous counties, most located along the Front Range, generally have the highest numbers of overdose deaths, reflecting their larger populations.
- Huerfano County, with about 6,600 residents, had six overdose deaths in 2016. That's a rate of 152.6 per 100,000, the highest in the state. In fact, nine of the 10 counties with the highest overdose death rates have populations of less than 50,000.

between 2001 and 2015, rising to 16.1 deaths per 100,000 in 2016 from 8.8 deaths per 100,000 in 2001.

Still, it appears that the rate may be leveling off: The death rate in 2016, 16.1, was little changed from 15.6 in 2015 and 15.7 in 2014.

From a national perspective, the U.S. recorded 63,500 drug overdose deaths in 2016 for a rate of 19.8 deaths per 100,000, nearly four points higher than Colorado's rate.



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

Numbers of Overdose Deaths: El Paso County Recorded Most in State

While the drug overdose crisis is impacting all of Colorado, some counties and regions have been hit harder than others.

CHI examined trends in the greatest number of overdose deaths, generally in urban and suburban counties, and the highest rates of overdose deaths, generally small rural counties, especially in southern Colorado.

Colorado's more populous counties generally report the highest number of deaths due to overdoses. (See Table 1.) El Paso County led the state with 141 fatal drug overdoses in 2016, followed by Denver County at 138.

Denver County had the state's highest number of overdose deaths each year from 2001 to 2014. Its overdose deaths peaked at 169 in 2009. El Paso County's overdose deaths, meanwhile, have increased each year, and it surpassed Denver for the most overdose deaths in 2015.

In some large counties, however, overdose deaths are dropping:

- Adams County had 92 overdose fatalities in 2016, down from a peak of 100 in 2012.
- Larimer County dropped to 39 in 2016 from 61 in 2013.
- And Boulder County fell to 37 in 2016 from a peak of 54 in 2013.

Table 1: Counties with Highest Numbers of Fatal Overdoses, 2016

Rank	County	Deaths	Population	Rate
1	El Paso	141	690,207	20.4
2	Denver	138	693,292	19.2
3	Adams	92	497,673	18.6
4	Jefferson	91	571,711	16.4
5	Arapahoe	90	637,254	13.8
6	Pueblo	40	165,109	27.7
7	Larimer	39	338,663	11.2
8	Weld	38	294,397	13.3
9	Boulder	37	321,989	11
10	Douglas	33	328,330	10

Source: Vital Statistics Program, Colorado Department of Public Health and Environment More findings about the number of Colorado drug overdoses between 2001 and 2016 include:

- Overdose deaths tripled in Weld and Douglas counties.
- Mesa County, Colorado's 11th-largest county and home of Grand Junction, saw a bigger percentage increase in the number of deaths in the past 15 years than other large counties, climbing 440 percent, from 5 deaths in 2001 to 27 deaths in 2016.
- Aggregating data for small rural counties helps paint a picture of what is happening in regions where the state does not provide county-level data due to the small number of deaths.
 - Sixteen rural Eastern Plains counties Sedgwick, Phillips, Yuma, Logan, Washington, Morgan, Kit Carson, Cheyenne, Lincoln, Kiowa, Powers, Bent, Otero, Crowley, Baca and Las Animas recorded 93 total deaths between 2014 and 2016, up 158 percent from 36 in the three-year period between 2002 and 2004.
 - Eight counties in the San Luis Valley Custer, Huerfano, Saguache, Alamosa, Rio Grande, Conejos, Costilla and Mineral — recorded 29 overdose deaths between 2014 and 2016, more than double the 14 fatalities between 2002 and 2004.

Rates of Overdose Deaths: Huerfano, Other Small Counties Experience High Rates

Rates of overdose fatalities—the number of deaths per 100,000 residents—increased in every region of the state between 2001 and 2016. (See Table 2.)

The most striking increases took place in rural Colorado. Even though many of these sparsely populated counties had a relatively small number of deaths, the high rates signal significant cause for concern. (See Map 1 and Map 2.)

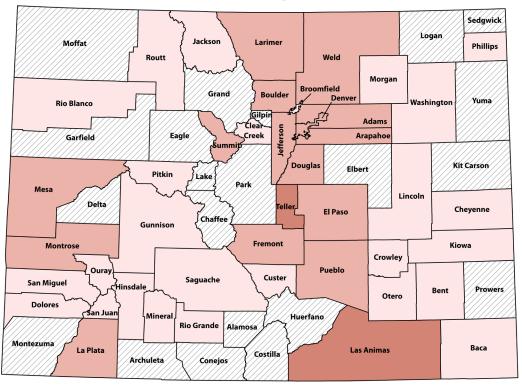
Findings about the rate of Colorado drug overdoses between 2001 and 2016 include:

• Huerfano County, with about 6,600 residents, had six overdose deaths in 2016. That translates into a rate of 152.6 per 100,000, the highest in the state.

Colorado Drug Overdose Death Rates

2001

Colorado Rate: 8.8 per 100,000



Rate per 100,000





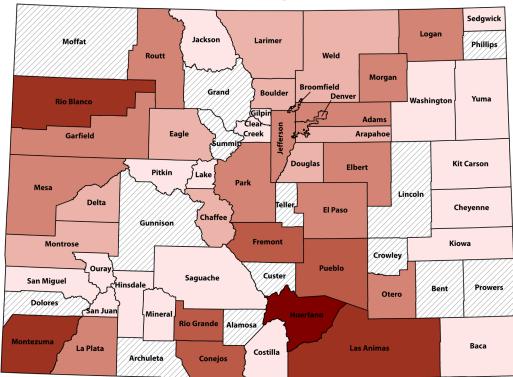
0.1 - 13.8



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

2016

Colorado Rate: 16.1 per 100,000





Go to coloradohealth institute.org/research /death-drugs to view an interactive GIF that shows the year-by-year change in Colorado drug overdose deaths by county from 2001 through 2016.

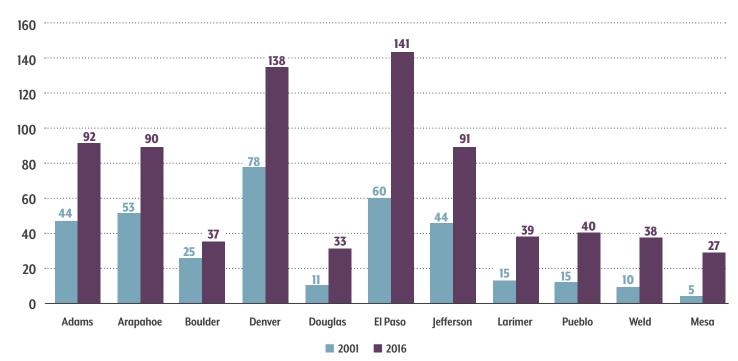


Figure 2. Change in Drug Overdose Deaths in Colorado's Biggest Counties, 2001-16

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

- Rio Blanco County, with about 6,500 residents, had three deaths, posting the second highest overdose death rate of 52.2 per 100,000. Meeker and Rangely are its largest towns.
- Las Animas County in southeast Colorado, Montezuma County in the southwest Four Corners area, and Rio Grande County in the San Luis Valley rounded out the top five counties for highest drug overdose death rates.
- Pueblo County's rate increased nearly threefold in the past 15 years to 27.7 deaths per 100,000 people in 2016. Mesa County saw an even more striking increase, rising to 19.8 deaths per 100,000 in 2016 from 4.5 deaths per 100,000 in 2001.
- Again, aggregating data for small rural counties helps paint a picture of what is happening in regions where the state does not provide local data due to the small number of deaths.
 - Sixteen Eastern Plains counties Sedgwick, Phillips, Yuma, Logan, Washington, Morgan, Kit Carson, Cheyenne, Lincoln, Kiowa, Powers, Bent, Otero, Crowley, Baca and Las Animas — had an overdose death rate of 20.6 per 100,000 residents

- between 2014 and 2016, higher than the 15.8 statewide death rate for that three-year period.
- Eight rural south-central counties Custer, Huerfano, Saguache, Alamosa, Rio Grande, Conejos, Costilla and Mineral – had an overdose rate of 21.6 per 100,000 between 2014 and 2016, also higher than the statewide rate.

Table 2: Top 10 Overdose Death Rates By County, 2016

Rank	County	Deaths	Population	Rate
1	Huerfano	6	6,642	152.6
2	Rio Blanco	3	6,497	52.2
3	Las Animas	8	14,082	50.9
4	Montezuma	10	26,906	42.8
5	Rio Grande	4	11,424	38.5
6	Conejos	3	8,039	34.9
7	Fremont	15	47,487	30.2
8	Pueblo	40	165,109	27.7
9	Logan	6	22,047	24.5
10	Routt	6	24,679	23.2

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

The Rise of Opioids

Opioids — including prescription painkillers and heroin — are a major driver of Colorado's increase in drug overdose deaths. The 504 overdose deaths from opioids in 2016 accounted for more than half (55 percent) of the drug-related deaths, up from about a third (32.5 percent) in 2001. (See Map 3.)

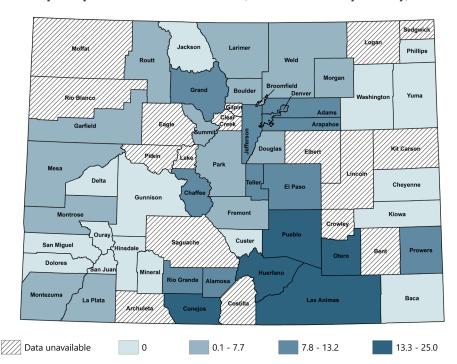
Some Colorado counties are disproportionately impacted by the opioid crisis.

It's particularly acute in Pueblo and other southern Colorado counties. While the state as a whole saw a rate of 8.8 deaths due to opioids (including prescription drugs and heroin) per 100,000 residents between 2014-16, Huerfano and Las

Animas counties had more than 20 deaths per 100,000 residents, and Pueblo experienced 15 deaths per 100,000 residents in that time period.

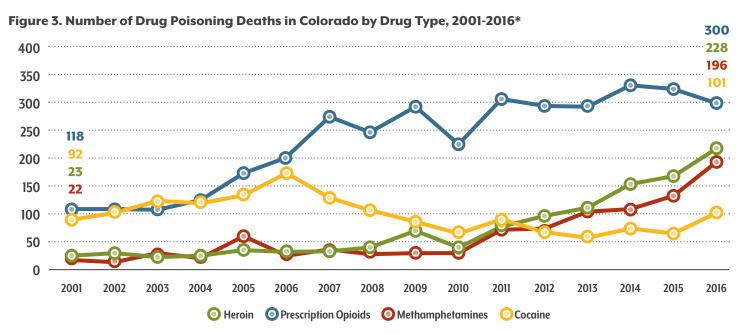
Denver and surrounding metro area counties, El Paso County, and several mountain counties also

Map 3: Opioid Death Rates Per 100,000 Residents By County, 2014-16



Source: Colorado Department of Public Health and Environment

had higher-than-average rates of deaths due to opioids, and, reflecting their larger populations, recorded the largest number of deaths in that time period. Denver lost 249 people due to an opioid or heroin overdose between 2014 and 2016, and El Paso County lost 209.



^{*} Categories are not mutually exclusive (may total to more than 100% of total drug overdoses) or comprehensive (other drugs not listed).

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

Small Population, Big Problem

Huerfano County Has State's Highest Overdose Rate – and That's No Surprise to Huerfano County

Walsenburg, the largest town in Huerfano County, prides itself on its history as a coal town, though its last mine shut down in the 1950s.

Today, there are few job opportunities in Walsenburg and the surrounding county, which sits between Pueblo and Trinidad in the shadow of the Spanish Peaks.

Huerfano is one of the poorest counties in the state. It also has Colorado's highest rate of drug overdose deaths: Six people died of an overdose in 2016. That may not sound like many deaths, but in a county with just 6,640 people, that translates to a rate of 152.6 deaths per 100,000 residents.

For better and for worse, that rate doesn't come as a shock to residents of this rural Colorado county just south of Pueblo.

"Data goes back for over a decade showing Huerfano

as having some of the worst overdose rates in the country," said Vic Meyers, who works for the Las Animas-Huerfano County District Health Department.

"Our challenge is, we're kind of forgotten.We're definitely forgotten."

"It's not a surprise."

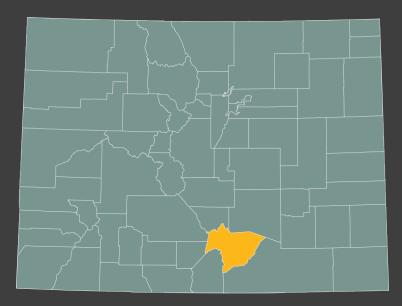
In fact, Huerfano County
— in a first for a local
government in Colorado
— is suing the nation's top

Vic Meyer, Communities
That Care Coordinator

pharmaceutical companies and distributors, claiming that its residents were induced to take opioids for pain management.

Meyers, Huerfano County's coordinator for Communities That Care, a substance use and violence prevention program focused on youth and funded by the state, said that the opioid crisis is confounding for local leaders.

"The good news is when you talk to a county commissioner or city councilmen or Joe on the street,



and you say, 'We have a serious drug problem,' everyone's in agreement," he said.

"The bad news is ... nobody believes it can get better."

Huerfano County faces challenges common to many rural areas: A downturn in business activity has eaten into the property tax base, leaving less money for substance use prevention and treatment even as more people are using drugs. There are no addiction recovery centers in the county and few programs to deter drinking and drug use by young people.

There are some unique factors at play as well. For instance, Walsenburg disbanded its police department in 2016, leaving all enforcement up to an already-overtaxed county sheriff. And the illegal drug trade of substances, including heroin and methamphetamines, is a significant concern in this region of the state.

Meyers is concerned about the lack of funding and resources targeting his region.

"Our challenge is, we're kind of forgotten," he said. "We're definitely forgotten. We need state leaders to do a better job recognizing the value of our community."

While programs like the state-funded Communities That Care are a good first step, he said, "we need people to come down here and say, 'Things can be better,' to put some effort into improving conditions in rural Colorado."

There is some good news: Since 2007, overdose deaths due to prescription opioids have been leveling off. In 2016, 300 people died of an overdose due to a prescription, down from a high of 338 in 2014. This trend is most likely occurring as physicians become more mindful about prescribing opioids.

But there could be a downside to this trend. Coloradans with a dependence on opioids may be turning to heroin, which is becoming cheaper and more readily available. In 2016, 228 Coloradans died of a heroin overdose, up from 160 in 2015 and just 21 in 2003. Early numbers suggest that trend continued in 2017.

While the opioid crisis has been at the center of the state and national discussion, Colorado overdose fatalities due to other substances also have increased since 2001. (See Figure 3.)

Deaths due to methamphetamines, for example, increased consistently in the past 15 years. Colorado saw 196 deaths due to methamphetamines in 2016, up from 139 in 2015 and just 22 in 2001. This trend is likely connected to the increase in heroin overdoses, as the drugs are often sold together.

Policy Options

The overdose crisis is the result of a complex set of dynamics, including the development, promotion and over-prescribing of potent legal painkillers, easy access to substances through the illegal drug trade, and diverse personal, social and economic pressures.

It can be difficult for policymakers to know where to target limited resources.

Will statewide programs and policies be most effective? Should the focus be on opioids or should other substances receive targeted attention? Should policymakers target regions with the highest numbers of overdose deaths — primarily the urban Front Range counties? Or should there be more attention paid to the highest rates of overdose deaths — mostly rural counties?

Colorado lawmakers are hard at work on some potential policy changes.

An interim committee focused on opioids and substance use developed six bills for the 2018 session. Five are still active as of March 2018. They range from

requiring Medicaid to cover residential treatment for substance use to allowing school-based health centers to apply for funds to address substance use.

But a problem this complex will require multisector solutions extending beyond the legislature.

Medical professionals are changing prescribing practices and searching for alternative approaches to treating pain. Health policy experts are working to ensure people have access to the best treatment possible. Law enforcement agencies are addressing the illegal drug trade while also developing solutions for the growing number of people in their custody who are addicted to drugs. Social workers, schools and courts tend to the children and families struggling with the consequences of overdose deaths and substance use. And other community organizations are working on prevention and addressing the factors that lead people to seek substances in the first place.

Conclusion

Colorado lost 912 people to drug overdoses in 2016. Each person had a story. But each is part of a bigger picture as well. Deaths due to drugs are increasingly, and distressingly, common across Colorado. While each community is unique, no region is immune.

As Colorado confronts the drug overdose crisis, this analysis is a reminder of the thousands of Coloradans who have lost their lives to drugs in the past 15 years, and the families and communities that have been affected by substance use and addiction.

Methodology

The Colorado Department of Public Health and Environment's Vital Statistics Program provided the data for this paper.

This analysis uses age-adjusted death rates (deaths per 100,000 residents). Because different diseases or causes of death may be more likely to occur in certain age brackets, it is helpful to age-adjust to prevent data from being biased simply because a population skews older or younger.



Notes	



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