Substance Use in Colorado

Presentation to the Colorado Commission on Affordable Health Care

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Takeaways

1. Overdose deaths in Colorado are rising, driven by an increase in opioid-related deaths.

2. The biggest gaps in treatment are related to an insufficient workforce.

3. A small percentage of spending for substance use disorder is for treatment.

4. Activities in Colorado to increase treatment are underway, but opportunities remain.
Colorado Drug Overdose Death Rate, 2002

Legend (rate per 100,000)

0 - 2.0
2.1 - 4.0
4.1 - 6.0
6.1 - 8.0
8.1 - 10.0
10.1 - 12.0
12.1 - 14.0
14.1 - 16.0
16.1 - 18.0
18.1 - 20.0
> 20.0

Source: CHI analysis of CDC National Vital Statistics System Mortality Data
Colorado Drug Overdose Death Rate, 2014

Legend (rate per 100,000)

- 0 - 2.0
- 2.1 - 4.0
- 4.1 - 8.0
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- 10.1 - 12.0
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- 16.1 - 18.0
- 18.1 - 20.0
- > 20.0

Source: CHI analysis of CDC National Vital Statistics System Mortality Data
Opioids Are Driving the Rise in Overdose Deaths

Source: CDPHE Vital Statistics
Alcohol is the Most Common Reason for Treatment

2015 Treatment Admissions by Drug

- Methamphetamine: 12%
- Marijuana: 14%
- Heroin: 8%
- Cocaine: 3%
- Prescription Opioids: 3%
- Other: 1%
- Alcohol: 59%

Source: Drug/Alcohol Coordinated Data Systems, Office of Behavioral Health, Colorado Department of Human Services
Colorado has a shortage of treatment services.

Coloradans in need of substance use treatment services who receive them.

Access to Outpatient Services Only, 2016

Source: Keystone Policy Center analysis of LinkingCare.org
Medication-Assisted Treatment

• MAT is an evidence-based approach to treating opioid dependence
  • Combination of medication plus other social support services, such as counseling.

• Clinically effective by helping reduce the potential for relapse.

• Better adherence to programs than those without medication.

Number of Opioid Treatment Locations by County, March 2017

Source: SAMHSA treatment locator.
Cost To the System: All Substances

- Economic burden of substance use (2015) $700 billion/year

<table>
<thead>
<tr>
<th></th>
<th>Health Care</th>
<th>Overall</th>
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</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>$130 billion</td>
<td>$295 billion</td>
</tr>
<tr>
<td>Alcohol</td>
<td>$125 billion</td>
<td>$224 billion</td>
</tr>
<tr>
<td>Illicit Drugs</td>
<td>$11 billion</td>
<td>$193 billion</td>
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</tbody>
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Source: NIDA (2015)
Cost To the System: Prescription Opioids

Distribution of the Economic Burden of Prescription Opioid Overdose, Abuse and Dependence

- Lost Productivity (Nonfatal) 26%
- Criminal Justice 10%
- Fatal Cost (Lost productivity and Health Care) 27%
- Substance Abuse Treatment 4%
- Health Insurance
  - Private Insurance 18%
  - Medicare 3%
  - Medicaid 7%
  - CHAMPUS/VA & Other 2%
  - Uninsured 3%

Source: Florence et al 2013
Research on Treatment is Strong

- Treatment of substance use disorders is effective in decreasing medical cost and substance use.

- When savings related to health care are added to savings to other systems, total savings can exceed costs by a ratio of 12:1.

Cost Savings: Medication-Assisted Treatment

- Methadone
  - Treatment for opioid addiction with methadone return of $4-5 for every $1 invested.
- Buprenorphine
  - Treatment group saw overall reduced health care expenditures compared to non-adherent group.
  - Found to reduce emergency department utilization, but not hospitalization.

Sources: Center for Substance Abuse Treatment (2005); Tkacz (2014); NIDA (2012); Schwarz (2012)
Timeline of Recent Policies

2008: Prescription Drug Monitoring Program (PDMP) goes live

2008: Mental Health Parity and Addiction Equity Act

2013: Colorado Consortium on Rx Abuse established

2015: Naloxone standing orders

2016: Comprehensive Addiction and Recovery Act

2016: 21st Century CURES
Current Colorado Legislation

- **SB74**
  Create Medication-Assisted Treatment Pilot Program

- **SB146**
  Access to Prescription Drug Monitoring Program

- **SB193**
  Research Center for Prevention of Substance Abuse Addiction
Ideas from Other States

• **New Jersey**
  Parental consent

• **Massachusetts**
  Seven day limit on pain pills

• **Vermont**
  Hub and spoke model

• **California**
  1115 waiver for continuum of care
Other Activities in Colorado

• Colorado Consortium on Prescription Drug Abuse Prevention
• Office of Behavioral Health Needs Assessment
• Keystone Policy Center Stakeholder Assessment
• Substance Abuse Trend and Response Task Force
Potential Recommendations

• **Market advisory recommendations**
  • Enforce parity
  • 1115 waiver for continuum of care

• **Support pilots to expand access**
  • Workforce education and training
References