

# Northeast Colorado Health Department: Opioid and Substance Use Assessment Survey Results

## Introduction

The Northeast Colorado Health Department (NCHD) partnered with OMNI Institute to conduct an opioid and substance use regional assessment of Health Statistics Region 1 (HSR1), the catchment area which NCHD serves. In conjunction with a secondary data scan, a survey was distributed to key partners in HSR1 to gain a deeper understanding of the landscape of opioid and substance use issues and opportunities for prevention in Northeast Colorado. This document serves to highlight the main themes and lessons learned from this survey.

## Key Findings

The key findings highlight opioid and substance use issues in HSR1 counties as well as input from professionals including healthcare providers and law enforcement:



Methamphetamine and alcohol are considered the **most pressing substance use issues** in HSR1 across survey respondents of different professions and counties.



Illicit drug use disorder and alcohol use disorder are considered the **biggest behavioral health issues** in HSR1 across professions and counties.



Few healthcare professionals provide **OUD treatment or recovery services**, and a general **lack of treatment options was identified as a key issue** across professions and counties.



The majority of law enforcement agencies engage in **drug take back activities** and have **instituted naloxone training for officers** to address opioid misuse.

## Recommendations

The following recommendations were generated based on survey response data and previously reviewed epidemiological data. Other input and sources of data may be important to consider when developing next steps to address substance use issues in northeast Colorado.

1. Develop a strategic plan to **increase availability of substance use disorder treatment**, especially MAT for OUD.
2. Continue to **build support among law enforcement agencies** to engage in drug collection activities and naloxone trainings.
3. Identify **resources or prevention practices needed to address methamphetamine use**, which is an increasing issue in both epidemiological data and survey respondents' feedback.
4. Ensure that **adequate supports and resources are available for alcohol use disorder treatment and prevention**. This remains a consistent issue over time, despite changes in other drug trends.
5. There is a need for **adequate detoxification services** in HSR1.

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## Survey Background & Demographics

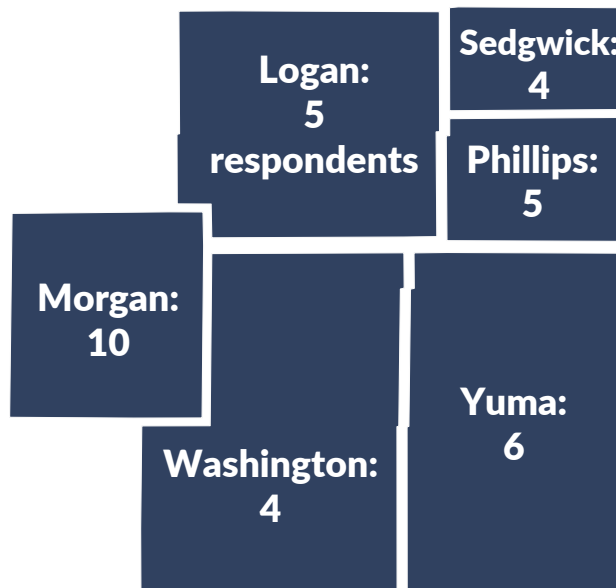
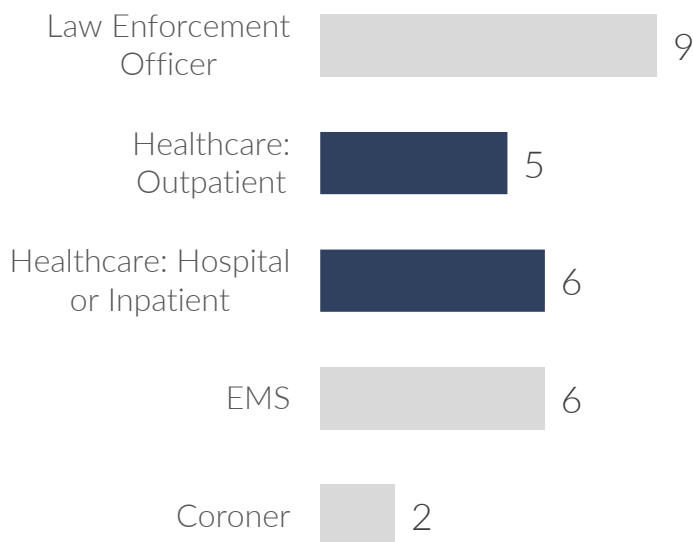
The survey was sent to healthcare professionals that worked in both inpatient and outpatient settings, law enforcement officers, coroners, and emergency medical services (EMS) workers in HSR1 counties. The survey remained available to participants from June 15 through July 17, 2020.

For a full description of survey methodology, please see Appendix A. The survey included questions specific to respondents' profession as well as questions posed to all respondents, regardless of profession. Please see Appendix B to review all items included in the survey.

**28** respondents completed the survey:

The majority of respondents were **healthcare workers**.

HSR1 includes the following counties. The largest number of respondents worked in Morgan County.

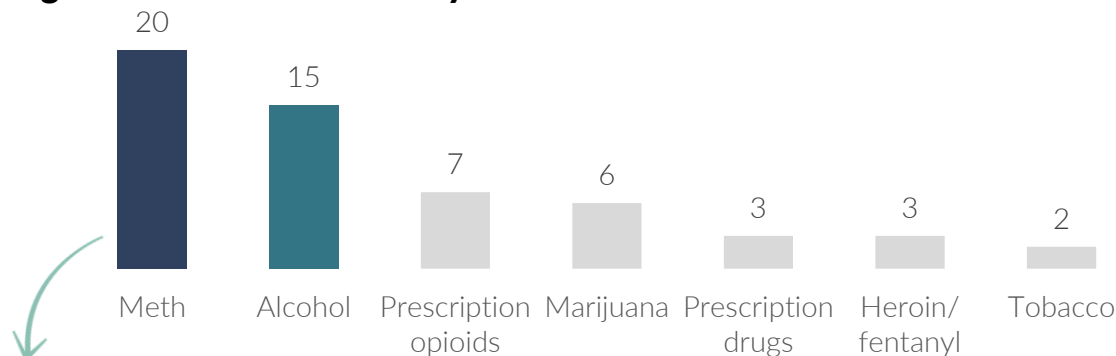


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## Community Substance & Behavioral Health Issues

All respondents, regardless of profession, were asked: (1) "What substance(s) do you think cause the most pressing issue(s) in your community?" and (2) "What do you see as the biggest behavioral health issue currently in the county you serve?" This section provides an overview of responses to these questions.

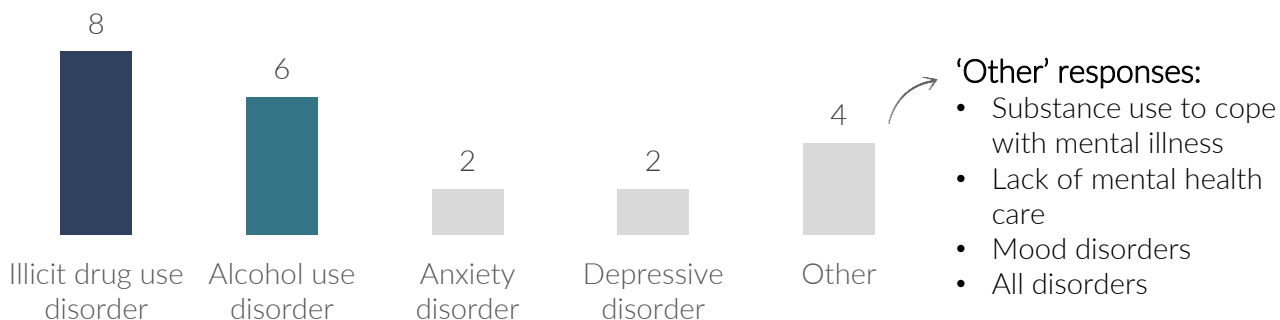
The majority of respondents indicated that **methamphetamine** and **alcohol** were the most pressing issues in their community.\*



**HSR1 Data Connection:** HSR1 saw an increase in the age-adjusted rate of methamphetamine fatal overdoses from 2014-2016 to 2016-2018 (increasing from 1.7 to 3.7 per 100,000).<sup>1</sup>

**This remained true across professions and counties.** The notable difference was more law enforcement officers indicated **methamphetamine**, while more healthcare providers indicated **alcohol** as the most pressing issue.

The majority of respondents indicated that **illicit drug use disorder** and **alcohol use disorder** were the biggest behavioral health issues in the county they serve.



**This remained true across professions and counties.** Notably, the majority of healthcare providers and law enforcement officers indicated **illicit drug use**, while coroners and EMS indicated **alcohol use disorder** as the biggest issue in the county they serve.



### HSR1 Data Connection:

- Mental health is a risk factor for substance use.<sup>2</sup>
- Within HSR1, Morgan and Logan Counties have the highest number of mental health providers, but the lowest ratio of providers to population size.<sup>3</sup>

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## Healthcare Providers

All healthcare providers were asked questions specific to the healthcare profession. **Healthcare providers make up the largest proportion of the survey's sample:**

**11** healthcare providers responded to the survey

- **6** work in a **hospital or inpatient** setting
- **5** work in an **outpatient** setting

## Opioid and Substance Use Treatment

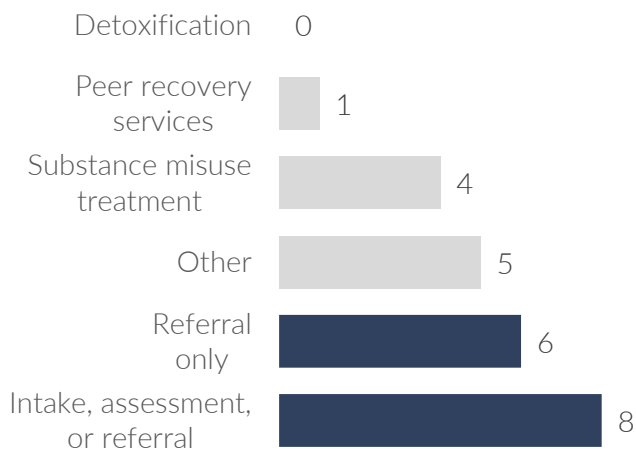
**3 of the 11** providers indicated that their **facility provided opioid use disorder (OUD) treatment** or recovery services.



The majority of providers indicated that their facility does not provide OUD treatment services or their facility accepts medication-assisted treatment (MAT) clients, but the medication originates from another entity.

OUD Treatment Services	Count
Does not provide OUD treatment services	4
Accepts MAT clients but medication comes from elsewhere	4
Prescribes buprenorphine	3
Administers Naltrexone	2
Treats OUD but not MAT	1
Administers methadone or buprenorphine	0

The majority of providers **provided intake, assessment, and referral** for OUD treatment, while **none provided detoxification services.**



“There is not a detox unit nearby, and very limited inpatient services for these disorders. **There are larger numbers of patients needing these services than can be helped.**”

-Healthcare provider survey respondent



### HSR1 Data Connection:

- HSR1 has limited opioid addiction treatment facilities and resources.<sup>4</sup>
- HSR1 has no certified opioid treatment programs and only 11 publicly listed buprenorphine prescribers.<sup>5</sup>

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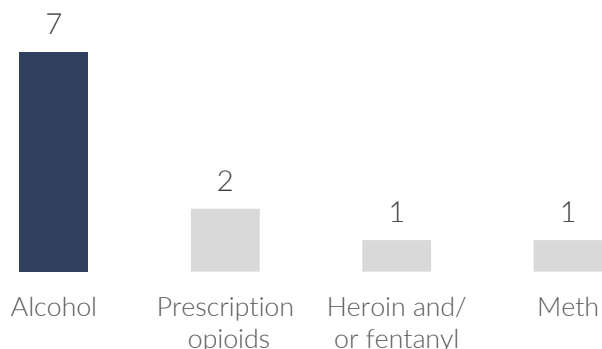
## Healthcare Providers (cont.)

### Referrals & Patient Population

**7** Providers indicated **that 1-10% of their patients are referred** to substance misuse treatment.

**5** Providers indicated **self-referral as the primary referral source** for the OUD patients they serve.

Healthcare providers indicated that **alcohol is the most frequently misused substance** among their patients with a substance use issue.



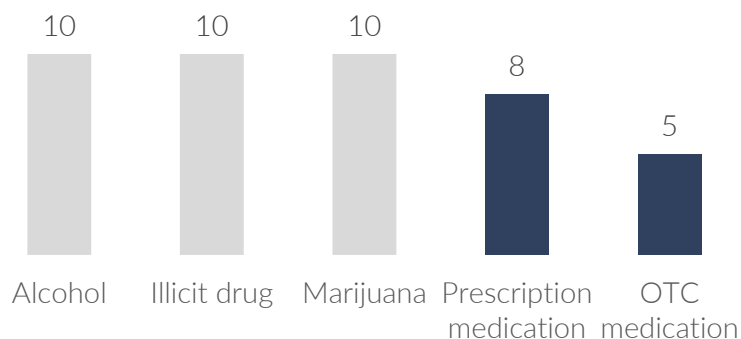
### Provider Behavior

Providers indicated a high level of preparedness in discussing and diagnosing opioid misuse with patients.

**9** out of 11 providers believe it is not difficult to **discuss opioid misuse with patients\***

**10** out of 11 providers feel prepared to **diagnose patients with OUD\*\***

Nearly all providers are screening for alcohol misuse, illicit drug use, and marijuana use, while **fewer providers are screening for prescription and over-the-counter medication misuse.**



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## Law Enforcement Officers

Nine law enforcement officers responded to the survey. All law enforcement officers were asked questions specific to their profession. These responses are summarized below.

### Law Enforcement Agencies



**Drug Collection:** A nationally-recognized law enforcement strategy to prevent and reduce drug addiction and overdose is to facilitate drug collection efforts through “drug take back” events and drug collection boxes.<sup>6</sup>

- Of the surveyed law enforcement officers, all but one officer indicated that they either **host a drug take back event or maintain a drug collection box for their locality**.
- Most officers indicated interest in expanding drug collection efforts in their localities through **increased funding, collaboration partners, or education resources**.



**Naloxone Training:** Naloxone is a medicated nasal spray that can help reverse an opioid overdose. It has become a common practice for law enforcement agencies to receive naloxone training and kits, as they are frequently first responders to opioid overdoses.<sup>7</sup>

**7** of the 9 law enforcement officers indicated that their agency **provides naloxone training and naloxone kits to at least some officers**, 5 of which offer training and kits to all officers.

### Law Enforcement Substance Use Interaction



Law enforcement officers were asked what the **greatest substance use-related problem** was:

- The majority (5) indicated **drug misuse**
- Others indicated driving under the influence (3) and use/sale of schedule drugs (1)

**7** law enforcement officers reported **methamphetamine** as the substance most frequently encountered in their work.



Multiple law enforcement officers noted the **lack of treatment and detoxification services available in HSR1** as an issue in open-ended responses.

“If we truly want to address the problem, **we need to invest moneys in treatment, with the ability to hold people accountable to complete treatment.**”

- Law enforcement survey respondent

“Treatment and recovery **services are pretty much non-existent.**”

- Law enforcement survey respondent

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## References

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2. SAMHSA: Mental health and substance use disorders. Accessed at: <https://www.samhsa.gov/find-help/disorders>
3. Colorado Health Rankings and Roadmaps. County Health Rankings (2019). Accessed at: <https://www.countyhealthrankings.org/app/colorado/2019/rankings/logan/county/outcomes/overall/snapshot>
4. OMNI Institute: Opioid and Substance use Assessment for Northeast Colorado Health Department (2020).
5. SAMHSA. Buprenorphine Practitioner Locator (2020). Accessed at: [https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator/results/\\_none/\\_none/\\_none/CO](https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator/results/_none/_none/_none/CO)
6. Drug Enforcement Administration. DEA National Take Back Day (2020). Accessed at: <https://takebackday.dea.gov/>
7. Narcan. Law Enforcement Roll Call Video (2020). Accessed at: <https://www.narcan.com/first-responders/law-enforcement-roll-call-video/>

## Appendix A: Methods

The survey methodology involved the following steps:

1. Survey Administration
  - a) The survey was anonymous and was administered online in Survey Monkey from 6/15/2020 through 7/17/2020.
  - b) The survey was sent to healthcare professionals, law enforcement officials, coroners, and EMS workers in HSR1. NCHD sent the survey to existing partnerships and networks to gather responses from a variety of professionals and counties within HSR1.
  - c) OMNI and NCHD provided reminders about the survey to the target respondents during the time the survey was open.
2. Survey Analysis
  - a) Descriptive analysis of responses from all quantitative and open-ended responses and subgroup analysis to identify frequencies and key themes.
  - b) Where available, links to secondary data sources were made to contextualize the survey findings.

# Northeast CO Health Department: Opioid and Substance Use Assessment Survey Results

## Appendix B: Survey

The survey questions are below. The survey asked questions of all respondents as well as questions specific to respondents' professions (except for EMS workers) using skip logic. The questions specific to profession are labeled using headers.

### Introduction

The purpose of this survey is to conduct a regional assessment of opioid and other substance misuse in the six counties served by Northeast Colorado Health Department (Logan, Morgan, Phillips, Sedgwick, Washington, and Yuma). The regional assessment of opioid and other substance misuse will provide NCHD and its community partners with deeper understanding of the landscape of these issues, and opportunities for prevention. We would like to learn from healthcare providers, law enforcement, and coroners about their understanding of the scope of substance use and misuse problems across northeast Colorado. Information provided in this survey will be used for community assessment only and will contribute to efforts to strengthen community collaboration and strategic planning to address opioid and other substance use in the region.

If you choose to participate in the survey, it will take about 10-15 minutes to complete. If you exit the survey before finishing, your responses will be discarded and the survey closed, so please complete in one sitting.

### About This Survey:

- The survey is completely voluntary.
- You may choose not to participate at any time.
- You can stop the survey by closing this browser window.
- All final reports and data compiled in this assessment will be available to you and to the public when they are completed (summer 2020).
- To protect your privacy, no contact information will be included, and all reports will include summaries of all data; we will not report your survey responses individually.

\* What is your primary role?

- |   |   |
|---|---|
| <input type="radio"/> Health care provider in a hospital or inpatient setting | <input type="radio"/> Law enforcement officer                 |
| <input type="radio"/> Health care provider in an outpatient setting           | <input type="radio"/> Coroner                                 |
| <input type="radio"/> Provider of behavioral health services                  | <input type="radio"/> Emergency Medical Services (EMS) Worker |

\* What counties do you serve through your primary role?

- Logan
- Morgan
- Phillips
- Sedgwick
- Washington
- Yuma



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## Appendix B: Survey

### Hospitals and SUD Facilities

\* Are the following substance misuse services offered by your facility/office? Mark "Yes" or "No" for each:

	Yes	No
Intake, assessment, or referral	<input type="radio"/>	<input type="radio"/>
Referral only	<input type="radio"/>	<input type="radio"/>
Detoxification	<input type="radio"/>	<input type="radio"/>
Substance misuse treatment (services that focus on initiating and maintaining an individual's recovery from substance misuse and on averting relapse)	<input type="radio"/>	<input type="radio"/>
Peer recovery services	<input type="radio"/>	<input type="radio"/>
Any other substance misuse services. Please specify below:	<input type="radio"/>	<input type="radio"/>

Other substance misuse services:

\* Do you provide opioid use disorder treatment or recovery services to your patients (e.g., medication-assisted treatment, cognitive behavioral therapy, recovery groups)?

- Yes  
 No

\* How does this facility treat opioid use disorder (Medication assisted treatment (MAT) includes the use of methadone, buprenorphine and/or naltrexone for the treatment of opioid use disorder)? Select all that apply:

- This facility does not treat opioid use disorder.
- This facility uses methadone or buprenorphine for pain management, emergency cases, or research purposes. It is NOT a federally certified Opioid Treatment Program (OTP).
- This facility treats opioid use disorder, but it does not use medication assisted treatment (MAT), nor does it accept clients using MAT to treat opioid use disorder.
- This facility accepts clients using MAT, but the medication originates from or are prescribed by another entity. (The medications may or may not be stored/delivered/monitored onsite.)
- This facility administers naltrexone to treat opioid use disorder. Naltrexone use is authorized through any medical staff who have prescribing privileges.
- This facility prescribes buprenorphine to treat opioid use disorder. Buprenorphine use is authorized through a DATA 2000 waived physician, physician assistant, or nurse practitioner.
- This facility administers and/or dispenses methadone, buprenorphine and naltrexone and is a federally certified Opioid Treatment Program (OTP).

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## Appendix B: Survey

\* During the past 12 months, what has been the primary referral source for patients who you are providing opioid use disorder treatment to?

- Self-referral
- From another physician or psychiatrist
- From outpatient services
- From in-patient services
- From self-help groups (AA, NA)
- From a substance misuse counselor
- From another counselor, a psychologist, social worker or other non-physician
- Do not know
- From someone else (please specify):

\* During the past 12 months, approximately what percentage of your patients have you referred to a substance misuse treatment or counseling program?

- 1-10%
- 11-20%
- None
- Do not know

\* Where do you refer patients whom you know or strongly suspect have an opioid use disorder?

- I am able to provide services to patients with an opioid use disorder
- Refer to another physician or psychiatrist
- Refer to outpatient services
- Refer to self-help groups (AA, NA)
- Something/someone else (please specify):
- Refer to a substance misuse counselor
- Refer to another counselor, a psychologist, social worker or other non-physician
- Do not know

\* How difficult do you find it to discuss opioid misuse with your patients?

- Very difficult
- Somewhat difficult
- Not too difficult
- Not at all difficult
- Do not know

\* Among your patients who have been diagnosed with a substance misuse problem, which substance was most frequently misused?

- Prescription opioids (buprenorphine, butorphanol, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol)
- Prescription drugs other than opioids (benzodiazepines, stimulants, sedatives, muscle relaxants)
- Heroin and/or fentanyl
- Methamphetamine
- Other illicit drug use (cocaine, ecstasy, LSD)
- Something else (please specify):
- Alcohol
- Tobacco
- Marijuana
- Do not know

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## Appendix B: Survey

\* How prepared do you feel you are to diagnose patients with an opioid use disorder?

- Very prepared
  Not at all prepared  
 Somewhat prepared
  Do not know  
 Not too prepared

\* Which of the following health behaviors do you regularly screen for in patient appointments and/or ask your patients to report on a patient health history form? Select all that apply.

- Alcohol misuse
  Illicit drug use  
 Prescription medication misuse
  Marijuana use  
 Over-the-counter medication misuse
  None of the above  
 Other (please specify):

### Law Enforcement

\* As a law enforcement official, which substance do you most frequently encounter in your line of work? (This could be related to substance use, possession, sale, etc.)

- Prescription opioids (buprenorphine, butorphanol, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol)
  Alcohol  
 Prescription drugs other than opioids (benzodiazepines, stimulants, sedatives, muscle relaxants)
  Tobacco  
 Heroin and/or fentanyl
  Marijuana  
 Methamphetamine
  Do not know  
 Other illicit drug use (cocaine, ecstasy, LSD)

Something else (please specify):

\* What is the greatest substance use-related problem within the county you serve?

- Driving under the influence (i.e., alcohol or drugs)  
 Drug misuse (e.g., manufacture, sale, or use of illegal/prescription drugs)  
 Underage drinking  
 Do not know  
 Other (please specify):

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## Appendix B: Survey

\* Within the past 3 years, has your department participated in any of the following events? Check all that apply.

- Hosted a drug take back event
- Maintained a drug collection box in my locality
- Participated in the DEA's annual drug take back events
- None of the above
- Collaborated with another community partner to host a drug take back event
- Other (please specify):

\* If your department has not participated in any prescription drug collection efforts, what is the reason?

- Lack of funding
- Lack of viable destruction options for drugs received
- Lack of education on collection and destruction
- Do not know
- Policy
- Other (please specify):

\* To adopt or expand the practice of collecting prescription drugs, what assistance would your department need? Select all that apply.

- Further education on disposal options
- Funding for drug disposal costs
- Further education on importance of drug disposal
- Collaboration partners
- Funding for purchase of collection box(es)
- Other (please specify):

\* Does your department provide naloxone (also known as Narcan or Evzio) training to officers?

- Yes, all officers are trained in administering naloxone
- Yes, some officers are trained in administer naloxone
- No, we do not provide naloxone training
- Do not know

\* Does your department provide naloxone (also known as Narcan or Evzio) kits to officers?

- Yes, all officers are provided a naloxone kit
- Yes, some officers are provided a naloxone kit
- No, we do not provide naloxone kits to officers
- Do not know

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## Appendix B: Survey

### Coroners

\* Is determining the cause and manner of death reported on death certificates part of your job description?

- Yes
- No

\* What substance(s) do you think cause the most pressing issue(s) in your community? This could be related or unrelated to the work you do. Select up to three.

- Prescription opioids (buprenorphine, butorphanol, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol)
- Prescription drugs other than opioids (benzodiazepines, stimulants, sedatives, muscle relaxants)
- Heroin and/or fentanyl
- Methamphetamine
- Other illicit drug use (cocaine, ecstasy, LSD)
- Alcohol
- Tobacco
- Marijuana
- Do not know
- Something else (please specify):

\* What do you see as the biggest behavioral health issue currently in the county you serve?

- Alcohol use disorder
- Opioid (pain reliever) use disorder
- Illicit drug use disorder
- Other (please specify):
- Anxiety disorder
- Depressive disorder
- Do not know

\* What emerging issues or trends related to substance misuse do you see in your role?

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## Appendix B: Survey

\* What partners, if any, do you work with to address substance misuse issues (e.g., community organizations, hospitals, government)?

\* What do you see as the biggest gaps related to substance use prevention, treatment, or recovery services in the area you serve?

\* What resources are needed to help you and your organization address problems related to substance misuse or addiction?