AODA
Alcohol-Related Hospitalizations in Dane County

Year

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>3148</td>
<td>3239</td>
<td>3216</td>
<td>3526</td>
<td>3706</td>
<td>3688</td>
</tr>
</tbody>
</table>

Number of Hospitalizations

2016-2020 Strategic Plan
2016-2020 Strategic Plan

Drug-Related Hospitalizations in Dane County

Number of Hospitalizations

Year


1014 1054 1032 1167 1251 1075
2016-2020 Strategic Plan

Opioid-Related Hospitalizations Per 1,000 Population, Ages 12-25 in Dane County and Wisconsin

Moving Two-Year Hospitalization Rate

- Dane
- Wisconsin

Hospitalization Rate

- 2008-2009: 0.9
- 2009-2010: 1.0
- 2010-2011: 1.1
- 2011-2012: 1.2

Hospitalization Rate

- 2008-2009: 1.2
- 2009-2010: 1.3
- 2010-2011: 1.5
- 2011-2012: 1.7
Heroin Cases
2009
2016-2020 Strategic Plan

Heroin Cases
Based on Cases in 2012/2013/2014

2014 Heroin Cases by County
- No Crime Lab Cases in 2014
- 1-9 Crime Lab Cases in 2014
- 10-19 Crime Lab Cases in 2014
- 20-29 Crime Lab Cases in 2014
- 30+ Crime Lab Cases in 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Cases</th>
<th>Number of Counties with Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1,130</td>
<td>63</td>
</tr>
<tr>
<td>2013</td>
<td>1,056</td>
<td>59</td>
</tr>
<tr>
<td>2012</td>
<td>646</td>
<td>56</td>
</tr>
</tbody>
</table>

Numbers based on cases analyzed by the Wisconsin State Crime Laboratories

Information Cutoff: December 31, 2014
2016-2020 Strategic Plan

Hepatitis C Positive Cases in Dane County by Year

- 2011: 175 cases
- 2012: 173 cases
- 2013: 183 cases
- 2014: 218 cases
Rate of Newly Reported Hepatitis C Virus Cases Per 100,000 Residents for Dane County and the State of Wisconsin
2016-2020 Strategic Plan

Gender of Persons with New AODA Episode by Year (Percent)

- **2013**: Male 66.9%  Female 33.1%
- **2014**: Male 68.7%  Female 31.3%
- **2015 to 9.30.2015**: Male 70.6%  Female 29.4%
2016-2020 Strategic Plan

Race/Ethnic Status of Persons with New AODA Episode by Year
(Percents)

- White
- Unknown
- Pacific Is.
- Native Amer.
- Hispanic
- Bi-Racial
- Black
- Asian

2013: 9.0 (White) + 13.7 (Unknown) + 1.4 (Pacific Is.) + 0.0 (Native Amer.) + 1.0 (Hispanic) + 0.0 (Bi-Racial) + 11.4 (Black) + 0.0 (Asian) = 72.9%

2014: 7.9 (White) + 12.7 (Unknown) + 0.0 (Pacific Is.) + 0.0 (Native Amer.) + 1.0 (Hispanic) + 0.0 (Bi-Racial) + 11.4 (Black) + 0.0 (Asian) = 75.4%

2015 to 9.30.2015: 8.9 (White) + 11.4 (Unknown) + 0.0 (Pacific Is.) + 0.0 (Native Amer.) + 1.0 (Hispanic) + 0.0 (Bi-Racial) + 11.4 (Black) + 0.0 (Asian) = 75.4%
### Primary Substance Abuse Problem for Persons with New Admissions by Year (Percent)

<table>
<thead>
<tr>
<th>Substance Problem</th>
<th>2013</th>
<th>2014</th>
<th>2015 (to 9.30.2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>78.9</td>
<td>80.2</td>
<td>82.6</td>
</tr>
<tr>
<td>Marijuana</td>
<td>5.6</td>
<td>7.3</td>
<td>5.8</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>2.8</td>
<td>2.3</td>
<td>1.8</td>
</tr>
<tr>
<td>Heroin</td>
<td>8.0</td>
<td>6.6</td>
<td>6.5</td>
</tr>
<tr>
<td>Other Opiates</td>
<td>2.1</td>
<td>2.0</td>
<td>1.5</td>
</tr>
</tbody>
</table>
Dane County Youth Assessment – 2015
High School Youth – Drug Use in Past 12 Months

<table>
<thead>
<tr>
<th>Drug</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Not provided</td>
<td>34.8</td>
</tr>
<tr>
<td>Over the Counter (Non-Prescription Drugs) to get high</td>
<td>928</td>
<td>5.4</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>843</td>
<td>4.9</td>
</tr>
<tr>
<td>Prescription Drugs not prescribed for you</td>
<td>827</td>
<td>4.8</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>619</td>
<td>3.5</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>461</td>
<td>2.7</td>
</tr>
<tr>
<td>Inhalants</td>
<td>359</td>
<td>2.7</td>
</tr>
</tbody>
</table>
2016-2020 Strategic Plan

Feedback from presentations

• AODA – Who will be responsible for childless adults after their 4 years of eligibility are up?

• CYF – There are increased AODA/MH needs in the JJ population.

• ACS – We need an integrated service system for AODA/MH.

• ACS – There is a desire to have more services for people leaving Jail/Prison.

• ACS – There are pressures to use DCDHS funded inpatient hospitalization as locked preventative detention for individuals deemed potentially dangerous, regardless of treatment need.