

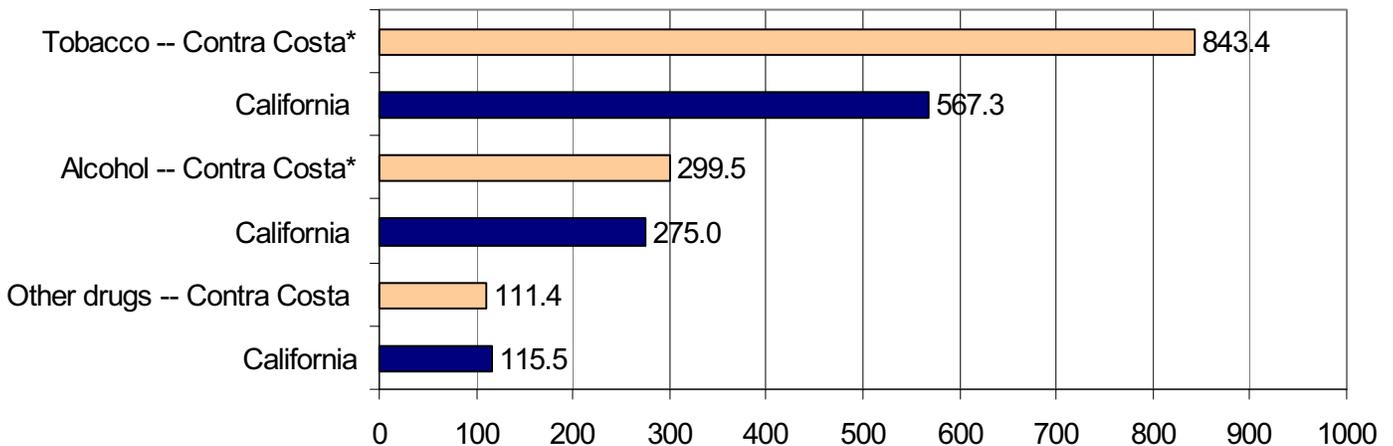
# Substance Abuse – Hospitalizations

Every year thousands of in-patient treatments for tobacco, alcohol and other drugs are provided to residents of Contra Costa.



People in living in Contra Costa are more likely than people living in California to receive hospital treatment for tobacco and alcohol abuse. People in Contra Costa are less likely than people living in California to receive hospital treatment for abuse of other drugs including marijuana, cocaine and heroin.

Figure 20. Crude rate of hospital treatments for substance abuse 2000 - 2002



[ \* ] Indicates that the crude rates per 100,000 of hospital treatment for tobacco and alcohol abuse are significantly higher in Contra Costa. The crude death rates of hospital treatment for other drug abuse are similar in Contra Costa and California.

Over a three-year period 2000-2002, there were 22,640 hospital treatments for tobacco abuse, 8,749 hospital treatments for alcohol abuse, and 3,254 treatments for other drug abuse among Contra Costa residents. (Please see note on interpreting this data later in this section.)

This means that each year Contra Costa residents receive approximately **7,545 hospital treatments for tobacco abuse, 2,915 hospital treatments for alcohol abuse and 1,085 hospital treatments for other drug abuse.**

**Some race/ethnic groups are more likely to receive hospital treatments for substance abuse.**

**African Americans and Whites are more likely to receive hospital treatment for tobacco and alcohol abuse compared to Contra Costa as a whole.** African Americans are also more likely to receive hospital treatment for other types of drug abuse.

Table 68. Crude rate of hospital treatments for substance abuse by race/ethnicity, Contra Costa, 2000-2002

	Tobacco	Alcohol	Other drugs
African American	*1,488.8	*494.9	*309.5
White	*1,033.2	*358.2	116.5
Contra Costa	843.4	299.5	111.4
Hispanic/Latino	321.9	173.3	54.4
Asian/Other Pacific Islander	185.1	43.4	13.0
American Indian/Alaska Native	147.6	--	--

\* Indicates that the crude rate per 100,000 of hospital treatments for tobacco, alcohol or other drug abuse is significantly higher for these groups compared to the county as a whole.

The majority of the hospital treatments for tobacco, alcohol and other drug abuse occurred among Whites (17,119 for tobacco, 5,935 for alcohol and 1,931 for other drugs), followed by African Americans (4,296, 1,428, and 893), Hispanic/Latinos (1,768, 952, and 299), Asian/Other Pacific Islanders (726, 170, and 51) and American Indian/Alaska Natives (51, 16, and 9). In a number of cases (680 for tobacco, 248 for alcohol and 71 for other drugs), the race/ethnicity was classified as other/unknown.

## Some communities have higher rates of substance abuse treatment

People living in Martinez, Richmond and San Pablo, and Pittsburg and Bay Point are more likely to receive hospital

treatment for tobacco, alcohol and other drug abuse compared to the Contra Costa as a whole. People living in Concord are more likely to receive hospital treatment for tobacco and alcohol abuse. People living in Antioch and Oakley are more likely to receive hospital treatment for tobacco abuse, and people living in Walnut Creek are more likely to receive hospital treatment for alcohol abuse compared to the county as a whole.

Table 69. Hospital treatment rates for substance abuse by selected communities<sup>1</sup>. Contra Costa, 2000-2002

	Tobacco	Alcohol	Other drugs
Martinez	*1,690.4	*632.9	*192.7
Richmond & San Pablo	*1,335.8	*476.4	*261.2
Pittsburg & Bay Point	*1,188.0	*374.5	*171.2
Antioch	*1,033.6	259.0	105.1
Concord	*984.2	*348.8	107.9
Oakley	*958.8	251.8	74.2
Contra Costa	843.4	299.5	111.4
Pinole	758.0	267.0	82.7
Brentwood	708.1	252.3	79.2
Walnut Creek	670.2	*374.7	77.7

\* Indicates that the crude rate per 100,000 of hospital treatments for tobacco, alcohol or other drug abuse is significantly higher for these communities compared to the county as a whole.

<sup>1</sup> Due to shared zip codes, the communities of Pittsburg and Bay Point, and Richmond and San Pablo, have been combined for this analysis.

People living in Richmond and San Pablo have the highest number of hospital treatments for tobacco abuse (5,257), followed by people living in Concord (3,657), Antioch (2,941),

**Pittsburg and Bay Point** (2,893), Martinez (1,851), Walnut Creek (1,320), Oakley (750), Brentwood (581) and Pinole (440).

People living in Richmond and San Pablo have the highest number of hospital treatments for alcohol abuse (1,875), followed by people living in Concord (1,296), Pittsburg and Bay Point (912), Walnut Creek (738), Antioch (737), Martinez (693), Brentwood (207), Oakley (197) and Pinole (155).

People living in Richmond and San Pablo also have the highest number of hospital treatments for other drug abuse (1,028), followed by people living in Pittsburg and Bay Point (417), Concord (401), Antioch (299), Martinez (211), Walnut Creek (153), Brentwood (65), Oakley (58) and Pinole (48).

## Using this data to improve community health

For the purposes of improving community health, hospitalization data is particularly hard to interpret because it reflects only the hospitalized (and often extreme) cases of substance abuse, does not take into account an individual's ability to access care and does not provide a count of unique individuals. For these reasons, **hospitalization for substance abuse treatment is not a good indicator of prevalence (rate of cases in a population) of substance abuse.** Hospitalization data can however provide information about how hospital services are distributed in a population by place and race/ethnicity and do allow us to track that distribution over time.

Interventions to address substance abuse could include improving access for non-

English speaking clients, providing more low-cost community substance treatment and support services and messages from doctors and health service providers about the importance of reducing use and quitting.



### Why are crude rates important?

A crude rate controls for differences in population size, and is a good summary statistic for comparing hospital treatments for substance abuse across groups of different sizes.

**For example**, we expect to see many more hospital treatments for substance abuse in California than in Contra Costa, and this is because the population of California is so much larger than the population of Contra Costa County. Rates allow us to see if Contra Costa County has proportionally more (or less) of its "fair share" of treatment for substance abuse. (See the Methods section at the back of this report for more information about using rates.)

In Contra Costa, there are many more Whites than African Americans, Latinos or Asians, and more people living in Richmond and San Pablo or Concord than in smaller communities such as Brentwood or Oakley. The differences highlighted above are statistically significant. This means that we are 95% certain that these are true differences and not due to chance.

## Interpreting this data

The above statistics present the number and rate of in-patient hospital treatments for tobacco, alcohol and other drug abuse per 100,000 residents.

The statistics apply only to in-patient hospital diagnosis of treatment for tobacco, alcohol or other drug abuse and do not include treatment that takes place in a doctor's office, health clinic or emergency room. The statistics include any in-patient hospital diagnosis of treatment for tobacco, alcohol or other drug abuse, regardless of whether substance abuse was that person's primary reason for being hospitalized. A single person can be counted multiple times for multiple in-patient diagnoses of treatment for tobacco, alcohol or other drug abuse at one visit, or over multiple hospital visits over time.

The statistics indicate that some groups and communities are more likely to receive hospital treatment for tobacco, alcohol and other drug abuse compared to the county as a whole. **They do not tell us whether the increased risk of hospital treatment is due to a large rate of people successfully obtaining treatment for tobacco, alcohol or other drug abuse, or to a disproportional need for substance abuse treatment in that group or community.**

It is difficult to know whether a person may be more or less likely to seek hospital treatment if they have health insurance. A person without health insurance may avoid seeking hospital treatment if they do not have insurance or money to cover their care. On the other hand, a person without health insurance may be more likely to be hospitalized if they delay or forego preventive care.

## Zip code boundaries

We selected the zip codes that "best fit" each of the communities listed above. For this analysis, the zip codes are as follows: Antioch (94509 and 94531), Brentwood (94513), Concord (94518, 94519, 94520 and 94521), Martinez (94553), Oakley (94561), Pinole (94564), Pittsburg and Bay Point (94565), Richmond and San Pablo (94801, 94803, 94804, 94805 and 94806) and Walnut Creek (94595, 94596, 94598). Due to shared zip codes, the communities of Pittsburg and Bay Point, and Richmond and San Pablo, were combined.

Confidence intervals are available

You may download and view all detailed tables with 95% confidence intervals at [http://cchealth.org/health\\_data/hospital\\_council/](http://cchealth.org/health_data/hospital_council/)

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**Data sources**

Hospitalization data from the California Office of Statewide Health Planning and Development, <http://www.oshpd.ca.gov/>, Healthcare Quality and Analysis Division, Healthcare Information Resource Center.

Population data from the California Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2050, and E-4 Population Estimates for Cities, Counties, and the State, 2001-2004, with DRU Benchmark, available online at: <http://www.dof.ca.gov/HTML/DEMOGRAP/Druhpar.htm>. Sacramento, California, May 2004.

Note: City-level denominators were extrapolated from the E-4 file to approximate the mid-year city-level population estimates that are needed to calculate city-level rates. For more information, please see our section on statistical methods.

ICD9 coding for tobacco abuse (305.1), alcohol abuse (291.81, 303.00, 303.91, 305.01, 305.02, 305.03, 305.00), and other drug abuse (292.11, 304.01, 304.11, 304.21, 304.31, 304.41, 304.90, 305.22, 305.52, 305.62, 305.90, 305.92) from the American Academy of Family Physicians Website, ICD-9 Codes for Family Practice 2000-2001: The FPM Long List, available online @ [http://www.aafp.org/fpm/20000900/icd9\\_long.html](http://www.aafp.org/fpm/20000900/icd9_long.html).