

UNINTENTIONAL DRUG OVERDOSE IN OREGON: THE CURRENT AND POTENTIAL IMPACTS OF THE COVID-19 PANDEMIC

Economic hardship, social isolation, disruptions in access to safe housing and mental health services, and other problems exacerbated by the COVID-19 pandemic have heightened new concerns regarding drug overdoses in Oregon.

This *CD Summary* provides the most recent mortality data and characteristics of unintentional drug overdose deaths in Oregon, including data from the new State Unintentional Drug Overdose Reporting System (SUDORS), which began tracking detailed overdose information in July 2019.

DRUG OVERDOSE NATIONWIDE AND IN OREGON

Drug overdoses in the U.S. have increased steadily over the last two decades. From 1999 through 2020, overdose death rates (regardless of intent) more than quadrupled. The age-adjusted rate increased from 6.0 per 100,000 people in 1999 to 28.2 per 100,000 people in 2020.¹ In 2020, U.S. drug overdose deaths reached a

record high of over 93,000 lives lost.² In Oregon, deaths from overdose have tripled: the age-adjusted rate increased from 6.1 deaths per 100,000 people in 1999 to 18.7 deaths per 100,000 people in 2020.¹

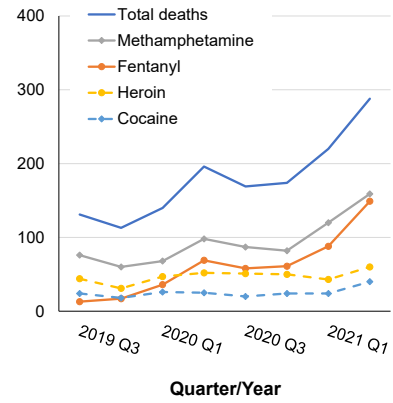
UNINTENTIONAL OVERDOSE DEATHS INCREASED DURING THE COVID-19 PANDEMIC

Unintentional overdose deaths in Oregon significantly increased from a monthly average of 42 deaths in 2019 to 55 deaths in 2020, and over 80 deaths in 2021. The increase was primarily driven by increases in fentanyl and methamphetamine overdoses (Figure 1).

PEOPLE AT HIGHEST RISK FOR UNINTENTIONAL OVERDOSE DEATHS

In 2020, 665 unintentional fatal drug overdose incidents occurred in Oregon, a rate of 15.8 deaths per 100,000 people. High risk categories included people disproportionately affected by stressors and poverty: 8% of those who died were veterans and 14% were homeless. Death rates by racial/

Figure 1. Unintentional drug overdose deaths by drug and quarter, Oregon, July 2019–June 2021



Note: When two drugs are implicated in an overdose death, both drugs may be counted as contributing. This method can result in a total sum >100% for some drugs across categories. Be cautious when attributing drug overdose Source: SUDORS

ethnic groups were highest among Native American/ Native Alaskan residents (42.8 deaths per 100,000) and non-Hispanic Black residents (32.5 deaths per 100,000) (Table). Males were 2.4 times as likely to die from an overdose as females. The highest risk age group was people aged 25 to 54 years (Figure 2, *verso*), and the mean age of the decedents was 42.8 years old.

THE DRUGS DRIVING MOST UNINTENTIONAL OVERDOSE DEATHS

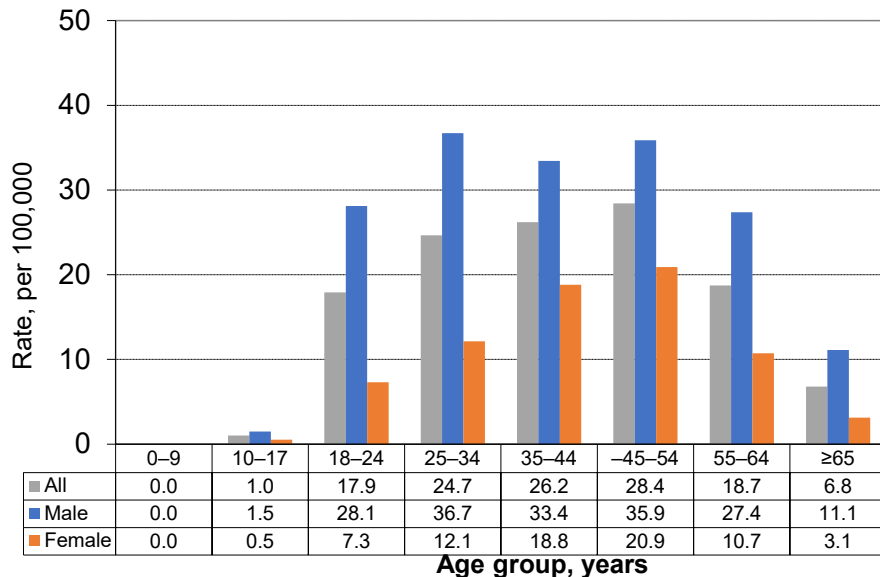
By category, opioids, and stimulants (such as methamphetamine, amphetamine, cocaine, and MDMA) accounted for nearly 97% of total unintentional overdose deaths. The most lethal drugs among these categories were methamphetamine, heroin, and fentanyl, which were involved in 49%, 34%, and 29% of overdose deaths respectively. Used alone or in combination, these three drugs claimed a total

Table. Unintentional drug overdose deaths and rates by sex, race, and ethnicity, Oregon, 2020

	Deaths	Unadjusted Rate	95% CI
Sex			
Male	466	22.3	20.3–24.3
Female	199	9.4	8.1–10.7
Race/ethnicity*			
Non-Hispanic White	540	16.6	15.2–18.0
Non-Hispanic Black	35	32.5	22.7–45.2
Non-Hispanic Am. Indian/Native Alaskan	25	42.8	27.6–63.2
Non-Hispanic Asian/Pacific Islander	11	4.6	2.3–8.2
Hispanic	63	11.1	8.5–14.2

*Race includes any mention (one or multi-race). Hispanic includes all races. Rates are deaths per 100,000. Source: SUDORS and NCHS

Figure 2. Age-specific rates of unintentional drug overdose by sex, Oregon, 2020



Source: SUDORS and NCHS

of 585 lives and represented 88% of all overdose deaths in 2020. Overall, opioids were involved in nearly 69% of overdose deaths.

CONCURRENT DRUG USE FOR UNINTENTIONAL OVERDOSE DEATHS

Approximately 51% of overdose deaths were attributable to use of a single drug. Nearly one in three (30%) overdose deaths involved concurrent use of two contributing drugs and nearly one in five (19%) involved use of three or more contributing drugs to the overdose death. Co-use of alcohol, marijuana, opioids, stimulants, and other drugs was very common among those who died of unintentional overdose. Available toxicology studies showed that among overdose deaths, 21% of decedents tested positive for antidepressants, 26% tested positive for alcohol, 44% tested positive for marijuana, 56% tested positive for amphetamine, and 75% tested positive for opiates.

MENTAL HEALTH, SUBSTANCE ABUSE, AND OPPORTUNITIES FOR PREVENTION

Untreated mental health and substance use concerns represent lost opportunities to prevent overdose deaths. Among 665 overdose deaths in 2020, 31% of decedents were reported to have been diagnosed with a mental illness. However, only 9% were being treated for mental health problems at the time of their death. Even fewer (3%) were receiving treatment for substance abuse at the

time of their death, although nearly all (98%) had a history of non-alcohol-related substance use problems. This is consistent with estimates that only 5% of the Oregonians who need any kind of substance abuse treatment receive it.³

Additionally, nearly 11% of decedents had visited an emergency room or urgent care within a month before their death — an opportunity for rapid assessment of mental health and substance use concerns and referral to treatment, as well as a chance to equip patients using opioid medications with naloxone. Naloxone is an opioid antagonist that, when administered promptly, can reverse the symptoms of opioid overdose. Naloxone kits should be distributed to patients who are prescribed opioids and to their associates as a potentially lifesaving intervention to reverse overdose. The kits include naloxone nasal spray and simple instructions for administration.

HIGH INCIDENCE COUNTIES FOR UNINTENTIONAL OVERDOSE DEATHS

Seventy-four percent of unintentional overdose deaths (n=491) occurred in Clackamas, Jackson, Lane, Marion, Multnomah, and Washington counties. Overdose death rates were significantly higher than the state average in Lane and Multnomah counties and significantly lower than the state average in Benton, Clackamas, Coos, Deschutes, and Washington counties.

A MULTI-SECTORAL APPROACH

The causes of drug abuse and drug overdose are complex. A multi-

sector prevention approach is therefore needed to reduce community-level risk factors and increase protective factors. Combating the overdose epidemic in Oregon requires a coordinated approach across public policy, public health, health care, and law enforcement systems, and will be improved by greater involvement of the people most affected by drug overdose in the community.³ Prevention providers, patient advocates, and researchers also need better access to timely overdose data to be more responsive to developing trends.

Millions of dollars in competitive grants have been awarded to Oregon's state agencies. These grants will help to support and provide additional funding in 3 key areas: Oregon Prescription Drug Monitoring Program (PDMP) enhancements, state-wide and community-wide partnerships, and state-wide clearinghouse improvements.

- Enhancements to the PDMP focus on collaboration with community partners, including health care systems, treatment providers, and insurers. These collaborations target improving access to non-opioid pain management options, decreasing risky prescribing practices, and increasing access to substance use disorder treatment.
- Expansion of state-wide and community-wide partnerships focuses on collaboration with public safety and first responders as well as funding communities to implement prevention messaging and local prevention and emergency response strategies.
- Establishing a state-wide harm reduction clearinghouse focused on improving access to harm reduction services, including naloxone, opioid treatment programs, peer-delivered syringe service programs and other social service agencies.⁴

These efforts will be supported by expanded access to timely drug overdose data from SUDORS and other sources to facilitate efforts to target and evaluate these interventions. The Oregon Health Authority Alcohol and Drug Policy Commission's 2020–2025 Statewide Strategic Plan also calls for increasing investment in the most critical areas of prevention, treatment, and recovery.

*The [Oregon Prescription Drug Monitoring Program \(PDMP\)](#) is a tool to help healthcare providers and pharmacists provide patients better care in managing their prescriptions. It contains information provided by Oregon-licensed retail pharmacies. The program was started to support the appropriate use of prescription drugs.

RECOMMENDATIONS

To prevent further increases in the overdose death rate, public agencies need to use a multi-pronged approach, including public messaging on topics such as synthetic fentanyl and its derivatives; deployment of emergency overdose response protocols; expanding access to naloxone, evidence-based substance use disorder (SUD) treatment, and promising new treatment practices such as contingency management for stimulant use disorder.

Several of these interventions and activities, specifically medication for opioid use disorder and harm reduction strategies, have more than a half century of proven results in reducing overdose and death from illicit drug use, preventing the spread of infectious diseases, and reducing criminal activity related to drug use.⁵

Upstream community prevention to reduce inequities is also urgently needed, such as preventing and addressing adverse childhood experiences (ACEs), improving individual and community connectedness, resilience, and disparities in health care among communities who are most affected by SUD and overdose, and who have typically experienced worse health outcomes, including people in tribal communities and communities of color.⁶ While many Oregon communities do have some access to these services, mainly via state and federally funded efforts to increase access, many also have significant gaps in these areas.

Health care providers can implement clinical prevention strategies by providing effective pain treatment,⁷

TRIBUTE

This *CD Summary* is dedicated to the memory of its co-author and our talented friend and epidemiologist — Dr. Catherine ‘Katie’ Moreno Branson, Ph.D., MPH; who passed away August 19, 2021.

promoting pain self-management strategies,⁸ following the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain,⁹ using the Oregon Prescription Drug Monitoring Program,^{*} which promotes safe prescribing practices and limits the ability of patients to obtain controlled substances from multiple prescribers, and providing team-based care for people with chronic pain and/or substance use disorder.

Although healthcare has a long way to go to effectively address health inequities, there are evidence-based approaches for equity-oriented healthcare. This includes patient-centered, trauma-informed, and culturally relevant care. These approaches promote better health outcomes, including lower pain disability scores, fewer depressive symptoms, fewer trauma symptoms and better quality of life.¹⁰ A trauma-informed approach is recommended to address the immense strain Oregon residents have been under in recent years.¹¹

The full impacts of the COVID-19 pandemic on overdose in Oregon will be revealed with time and further study. As public health restrictions are lifted and the death toll from the COVID-19 pandemic recedes, high demand for mental health and social support re-

sources is likely to persist. How well we meet these needs may determine whether we reverse the current trends of increasing drug overdoses or are faced with an epidemic of elevated overdose deaths for years to come.

FOR MORE INFORMATION

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