

>> Opioid Overdose in Oregon

This report summarizes the burden of opiate and opioid overdose among Oregonians as required by ORS 432.141. It describes progress in reducing opioid prescriptions and overdoses in Oregon.

Oregon
Health
Authority

PUBLIC HEALTH DIVISION

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Acknowledgments

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This report fulfills the OHA annual reporting of opiate and opioid overdoses that
ORS 432.141 requires.

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Executive summary

In 2020, opioid misuse and overdose remain a health threat throughout the United States, including Oregon. Opioids include prescription drugs (“painkillers”) and illicit drugs such as heroin and fentanyl. Despite some progress in reducing opioid misuse and overdose, challenges remain. They include recent increases in overdoses from fentanyl and non-opioid drugs such as methamphetamine, which is often mixed with opioids.

The Oregon Health Authority aims to reduce the burden of opioid misuse and abuse through several key strategies summarized below (more detail on page 5):

- Supporting safe and effective non-opioid pain management
- Increasing access to medication-assisted treatment (MAT) and naloxone rescue
- Decreasing the number of pills in circulation through appropriate prescribing, and
- Collecting and reporting data to inform policy.



Current data show that:

- Prescription opioid overdose deaths decreased more than 50% between 2006 and 2018. However, deaths from synthetic opioids (fentanyl) and heroin have increased since 2015.
- Stimulant-related deaths have been rising.
- Prescriptions for opioids have been steadily declining.

Note: An opiate is a substance made from opium, such as heroin. The term opioid includes opiates as well as synthetic substances such as methadone, oxycodone and fentanyl that act on opioid receptors in the central nervous system.

This report meets statutory requirements by reporting overdoses and deaths caused by heroin (an opiate) as well as by fentanyl and other opioids.

The OHA Opioid Initiative

The OHA Opioid Initiative brings together health experts and communities to reduce deaths, non-fatal overdoses, and harms to Oregonians from prescription opioids, while expanding use of non-opioid pain care.

Strategies

1 Reduce risks to patients by making pain treatment safer and more effective, emphasizing non-opioid and non-pharmacological treatment.

- [Heal Safely](#) media campaign
- Oregon Pain Commission training for providers: [Changing the Conversation about Pain](#)
- [Pain toolkit](#) for providers and patients
- [Technical assistance for health care organizations](#) to support pain treatment, safe opioid prescribing and substance use disorder treatment
- Enhanced Medicaid coverage for back pain and non-opioid care
- Fee-for-service [prior authorization criteria](#) for opioids

2 Reduce harms to people taking opioids and support recovery from substance use disorders by making naloxone rescue and medication-assisted treatment (MAT) more accessible and affordable.

- [Pharmacists can prescribe and dispense naloxone.](#)
- [OHA has expanded access to MAT and substance use disorder treatments.](#)
- [Good Samaritan law](#) protects those who seek medical attention for an overdose.
- [House Bill 3440](#) expands access to treatment and naloxone.
- [House Bill 4143](#) connects people who overdose on hospital campuses to peer services.
- Expand [Naloxone training and toolkit for pharmacists.](#)
- Promote naloxone use for bystanders, employers and employee training: <https://www.reverseoverdose.org/>.
- Collaborate with law enforcement and first responders.

3 Decrease the number of pills in circulation through safe prescribing, storage and disposal practices.

- [Prescription Drug Monitoring Program \(PDMP\)](#) and [PDMP Prescribing Practice Review Subcommittee](#) are reviewing safe prescribing practices.
- Implementation of [Oregon Opioid Prescribing Guidelines implementation](#)
- CCO [Opioids Performance Improvement Project](#)
- Community and clinical interventions in every region of the state
- Annual [state](#) and [tribal](#) pain, opioids and addictions treatment conferences
- [Pharmacy-based disposal programs](#) for unused meds

4 Use state and local data to inform policy as well as monitor and evaluate policies and targeted interventions.

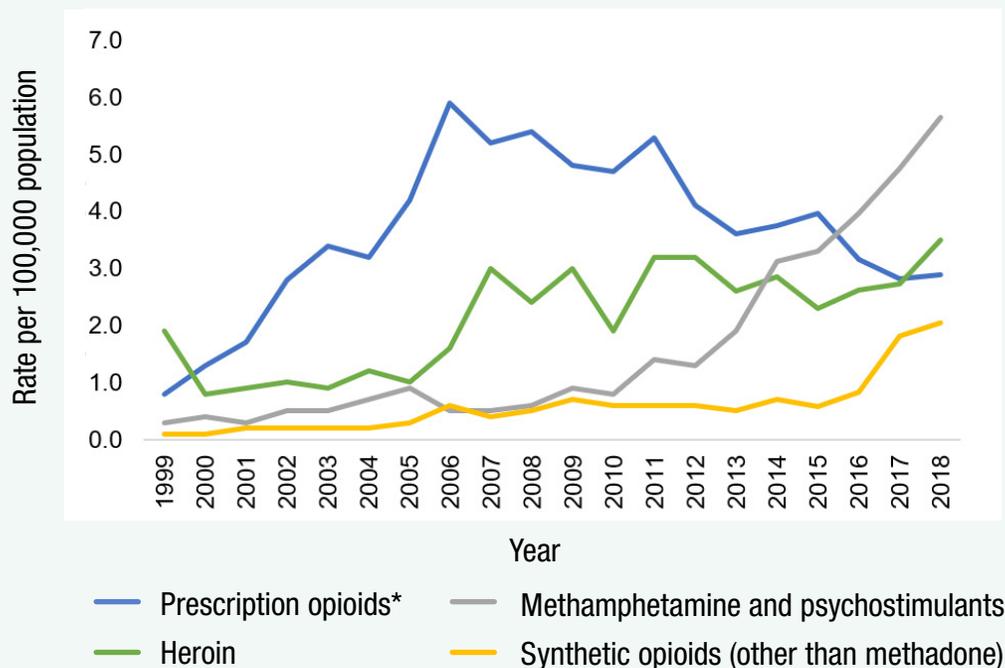
- Opioid prescribing and overdose outcome measures are updated quarterly and posted in an [interactive data dashboard](#).
- Drug Overdose (Fentanyl) Response Team is developing emergency response and overdose planning for counties.
- Public Health is providing training and templates to LPHAs in order to develop emergency response plans.

Opioid overdose deaths

Notable trends related to opiate and opioid deaths in Oregon include:

- Since a peak in 2006, prescription opioid deaths in Oregon have decreased more than 50%.
- Heroin overdose deaths increased in 2018 after remaining relatively steady since 2007.
- Recently, accidental deaths due to methamphetamine and psychostimulants have surpassed accidental deaths due to pharmaceutical opioids and those due to heroin.
- Accidental deaths due to synthetic opioids other than methadone, such as fentanyl, are an emerging concern.

Accidental drug overdose deaths, Oregon, 1999–2018*



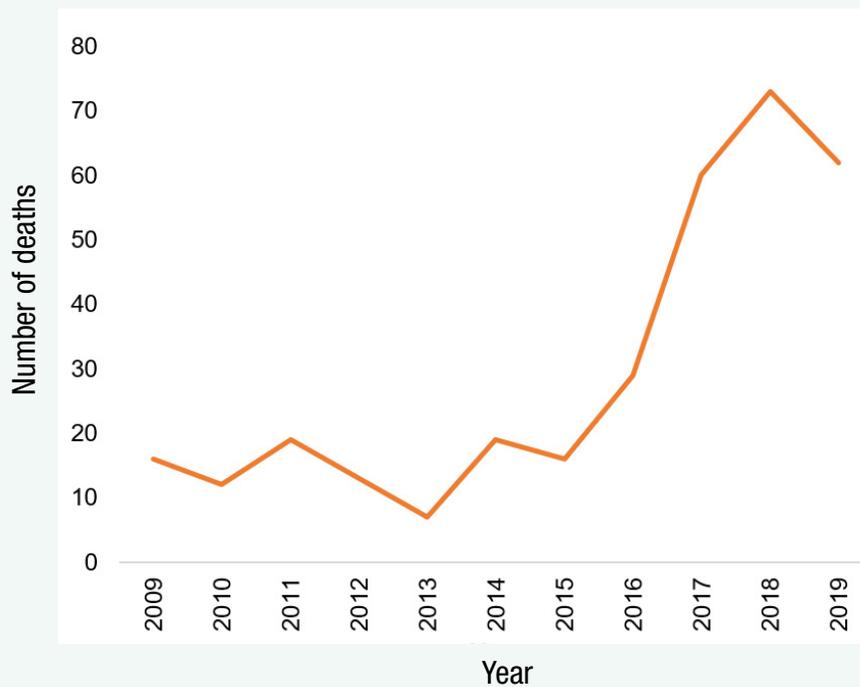
* The Public Health Division uses data from state death certificates and the state medical examiner to describe drug overdose mortality (deaths) in Oregon with 2018 being the latest complete year for reporting. The prescription opioids category includes deaths due to natural and semi-synthetic opioids (ICD10 codes T40.2) and methadone (T40.3). Synthetic opioids (other than methadone) include deaths due to synthetic opioids other than methadone (T40.4). The codes do not differentiate between the source of these drugs (legal vs illicit) or whether the deceased was taking the drugs as intended.

Fentanyl-related deaths

Deaths due to fentanyl, a powerful synthetic opioid produced both legally and illicitly, continue to be a concern in Oregon and the nation.

- Oregon identified its first death due to an illicit fentanyl overdose in 2014, with a peak of 73 illicit fentanyl deaths in 2018.
- In 2019 there were 62 deaths in Oregon due to fentanyl.
- Illicit fentanyl* is often mixed with heroin or other drugs with or without the user's knowledge. It is highly potent and potentially lethal.

Fentanyl-related deaths, Oregon, 2009–2019*



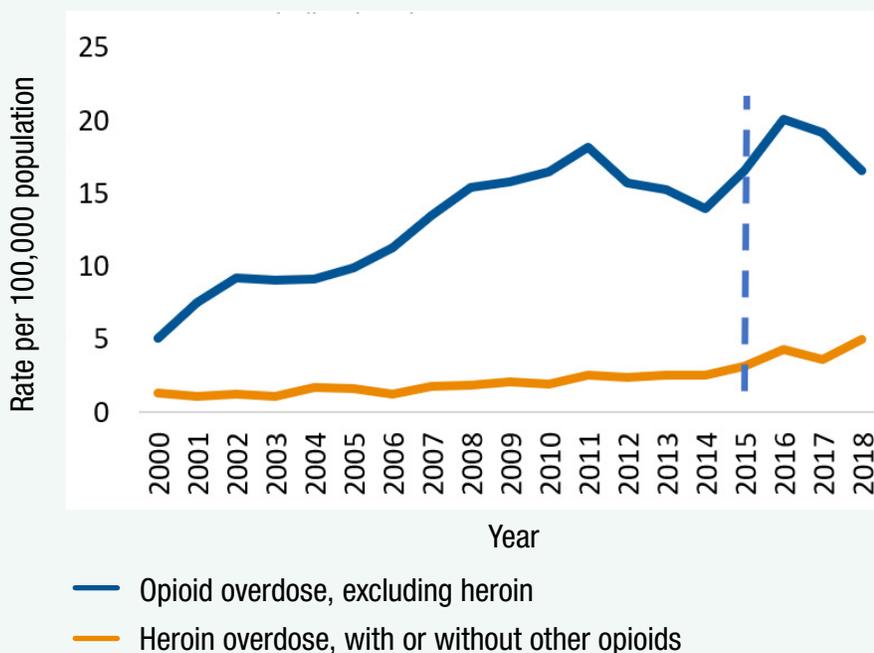
* The Public Health Division uses data from the state medical examiner to describe fentanyl overdose mortality (deaths) in Oregon. Public Health analysis looks for key terms related to fentanyl. The term “illicit fentanyl” includes non-pharmaceutical fentanyl and its analogs.

Opioid overdose hospitalizations

The rate of opioid overdose hospitalization in Oregon has generally increased since 2000.

- However, data indicate a drop in hospitalizations for overdoses due to opioids other than heroin between 2016 and 2018.
- Although the hospitalization rate for heroin overdoses is far lower than for non-heroin opioids, this rate shows a small gradual increase since 2000.
- The median cost of a hospitalization due to opioids is more than \$13,000 and the average length of stay is two days.

Hospitalizations involving opioid overdose, Oregon, 2000–2018



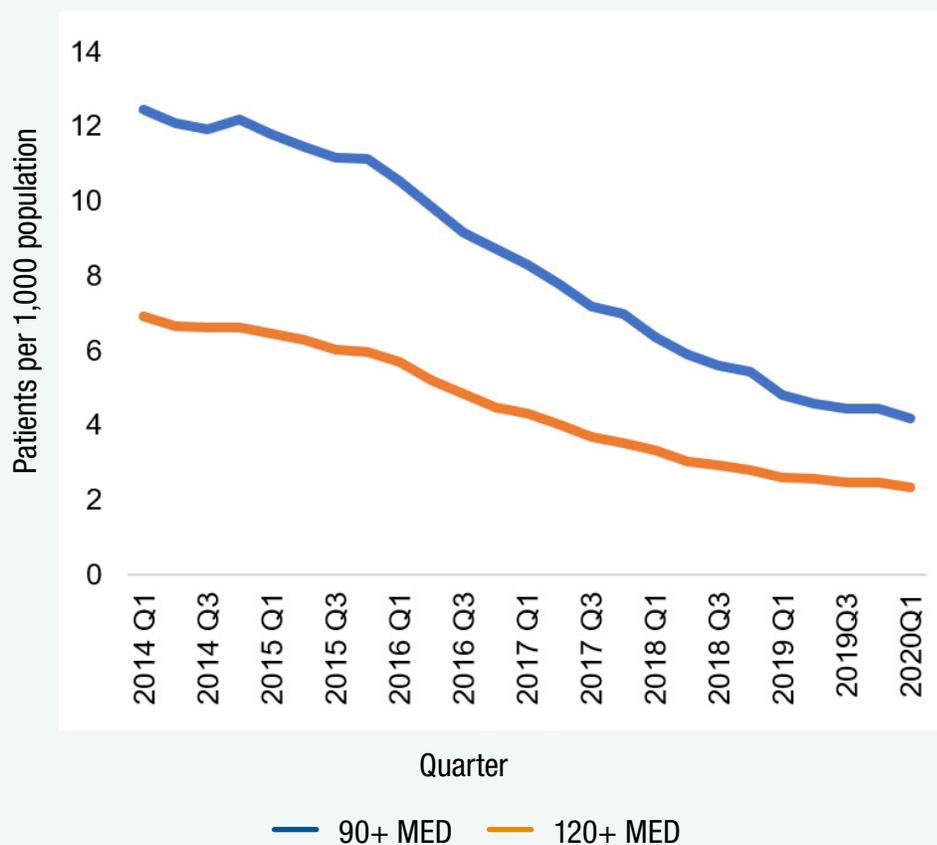
Note: The dotted line in the chart above represents the date (2015) that hospital record coding changed from ICD-9 to ICD-10-CM. ICD codes are used to classify types of hospitalizations, and the change may have an effect on the number of drug overdose hospitalizations, as well as the type of overdose hospitalizations. Interpret data trends with caution when comparing data from before and after 2015.

Opioid prescriptions

Oregon has seen a consistent, prolonged decrease in the amount of opioids prescribed, starting in 2015.

- Comparing the first quarter of 2015 to the first quarter of 2020 (most current data), overall opioid prescription fills per 1,000 residents decreased more than 30% (data not shown).
- The number of patients receiving a high dose opioid fill (90+ morphine equivalent dose, MED) has decreased more than 64% since the first quarter of 2014.

Patients on high dose opioids (90+ MED, 120+ MED), Oregon, 2014–2020

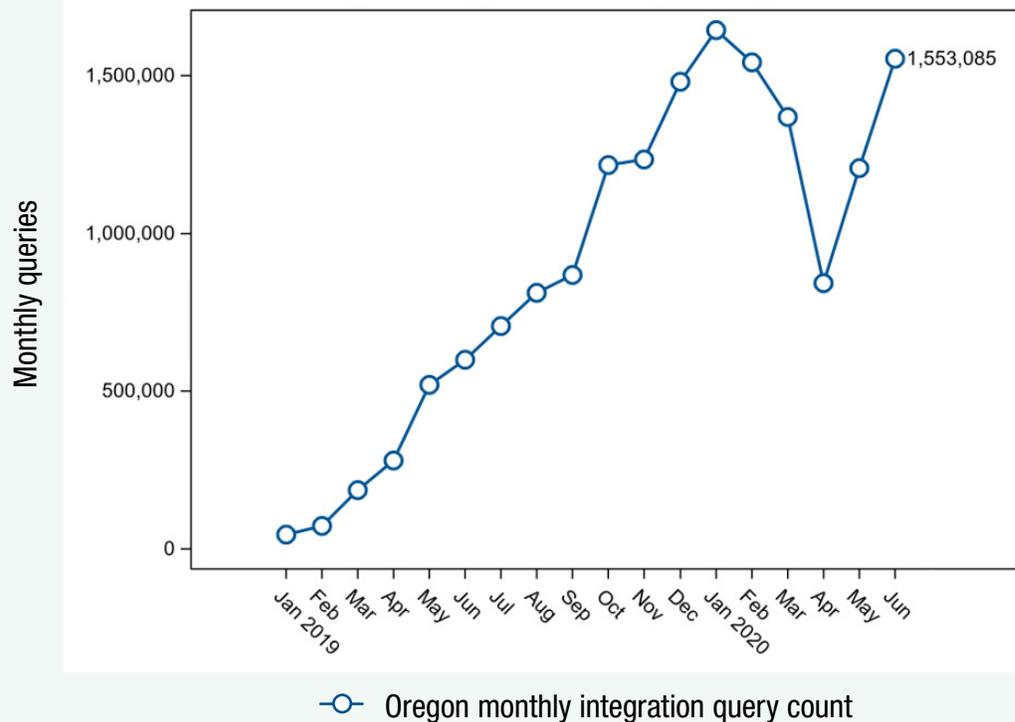


Oregon Prescription Drug Monitoring Program

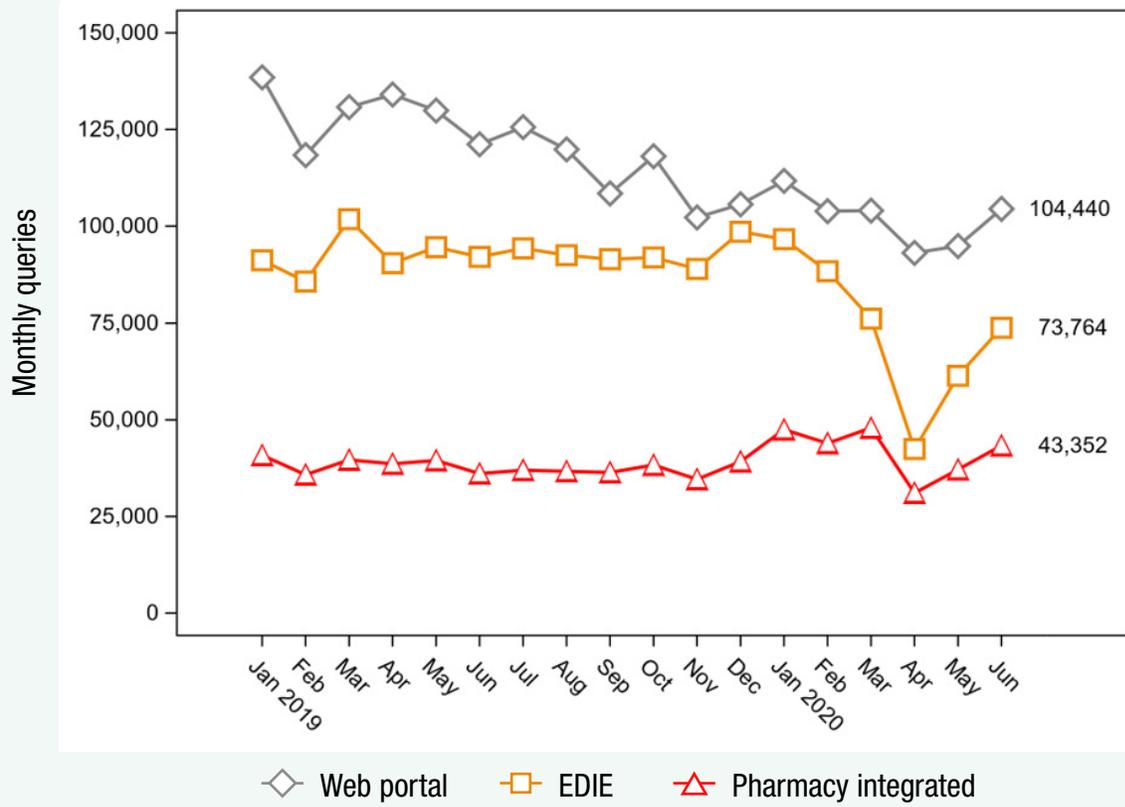
The Prescription Drug Monitoring Program is an important tool for clinicians to access information about drugs dispensed to patients. The system has more than 28,900 registered users, and system use has increased consistently since it began. With recent changes, the Oregon PDMP can now be integrated directly into clinicians' electronic workflows. This removes a commonly cited barrier – that PDMP use requires logging into a separate system. This has led to a substantial increase in the number of queries submitted to the program from electronic health record systems that allow PDMP queries to be triggered automatically. This improvement thus far has been a success. Additional work is needed to ensure that users take full advantage of PDMP access and use the information to benefit patients.

The two query graphs show the significant impact of COVID-19 and PDMP queries specifically to the hospital and clinic portal and the Emergency Department Information Exchange system (EDIE). There was a rapid drop and return in accessing the PDMP between February and May 2020.

PDMP integrated hospital and clinic monthly queries, 2019–2020



PDMP web portal, integrated pharmacy and EDIE monthly queries, 2019–2020



Discussion

Opioid deaths in Oregon are decreasing, except for those related to fentanyl. However, deaths due to methamphetamine and stimulants continue to increase.

Opioid prescribing is also decreasing. Contributing factors include use of prescribing guidelines for chronic and acute pain, increased availability of non-opioid pain treatments through the Oregon Health Plan and increased use of the Prescription Drug Monitoring Program (PDMP) to inform prescribing decisions. Reduced utilization of health care services during the early months of the COVID-19 pandemic had a significant but temporary effect on queries to the PDMP, especially for those using the integrated hospital and clinic portal or the EDIE interface.

OHA's capacity to monitor and report opioid and opiate overdoses is increasing. In future reports, the agency will add overdose data from emergency department and urgent care visits from the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) syndromic system. The agency will also include provisional data on suspected drug overdoses.

The opioid issue is complex and multi-faceted. OHA is taking a multi-sector approach that includes public health, health care systems, law enforcement and community awareness and response. Informed by data from the Prescription Drug Monitoring Program, OHA continues to expand its approach and partnerships to prevent opioid overdoses and deaths as well as other drug overdose deaths.

Response to the threat of illicit fentanyl and methamphetamine will continue to require collaboration with law enforcement, emergency preparedness, communications and other sectors. Oregon's emerging comprehensive approach to addressing substance use disorder will be the most effective response to the ever-evolving overdose epidemic. The Oregon Alcohol and Drug Policy Commission Strategic Plan⁽¹⁾ outlines this strategy. It emphasizes the importance of systems-based prevention, recovery and treatment augmented by intervention and harm reduction. It also describes the importance of addressing primary contributors as well as ensuring equitable and culturally, linguistically and gender-specific services. Additionally, the OHA 2020–2024 State Health Improvement Plan⁽²⁾ prioritizes behavioral health as well as related causative factors such as institutional bias; adversity, trauma and toxic stress; economic drivers of health; and access to equitable preventive health care.

Data notes

Death data: 2014–2018 data do not include deaths that occurred outside Oregon. Fentanyl analog data are text-mined from state medical examiner data. Not all counties report data to the state medical examiner.

Hospitalizations: Categories of opioid overdose hospitalization are based on different ICD coding classification systems: ICD-9 from 2000 to September 2015, and ICD-10-CM from Oct. 1, 2015 onward. Drug overdose hospitalizations include all intents (accidental, undetermined, intentional).

PDMP: Opioid drug class definitions and high-dose opioid fill definitions are based on CDC MME (morphine milligram equivalents) conversion factors. Decrease in opioid prescribing compares the first quarter of 2020 with the same time period in 2014.

For more information see:

<https://www.oregon.gov/oha/ph/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx>

Endnotes

1. Oregon Alcohol and Drug Policy Commission. 2020–2025 Oregon statewide strategic plan. 2020 [cited 2020 Sept 1]. Available from: <https://www.oregon.gov/adpc/Pages/index.aspx>.
2. Oregon Health Authority. Healthier Together Oregon: 2020–2024 state health improvement plan. [cited 2020 Sept 14]. Available from: <https://www.oregon.gov/oha/PH/ABOUT/Pages/HealthImprovement.aspx>.



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