

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

DRUG OVERDOSE IN OREGON

“When I was in medical school, the one thing I was told was completely wrong. The one I was told was, if you give opiates to a patient who’s in pain, they will not get addicted. Completely wrong. Completely wrong. But a generation of doctors, a generation of us grew up being trained that these drugs aren’t risky. In fact, they are risky.”¹-- Dr. Thomas Frieden, Centers for Disease Control and Prevention.

TRAGIC. SENSELESS. DEVASTATING. PREVENTABLE.

These are some of the thoughts and emotions expressed when people die from a drug overdose. These feelings and more are experienced by countless families around the country when friends and relatives suffer the same tragic end.

The contexts in which people experience drug overdose are as varied as the individuals and drugs that they use. The death of an 80-year old from a pain medication taken in combination with a cardiac drug and alcohol is distinct from the death of a 4-year old from ingestion of a grandparent’s pain medication; so too is the death of a 26-year old from acute alcohol poisoning compared to the death of a 45-year old from heroin use.

Sadly, we see each of these scenarios every year in Oregon. These events have become increasingly common in the last several years. From 2000–2012, 4,182 people in Oregon died due to drug overdose. This *CD Summary* focuses on drug overdose deaths that are unintentional and undetermined (rather than suicide) and hospitalizations.

OREGON DATA

While individual circumstances are varied, data from Oregon’s Injury and Violence Prevention Program (IVPP) illustrate some common patterns in drug overdose deaths and hospitalizations in Oregon.

Deaths: The Table shows drug overdose deaths, including prescribed,

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illicit, and alcohol, by ICD-10 classification. Nearly one third of drug overdose deaths in Oregon in 2012 involved prescription opioids, including methadone, prescribed for pain. The majority of all drug overdose deaths involved prescription medications, although heroin and alcohol each accounted for 16% of overdose deaths.

Drug overdose deaths in Oregon have increased since 2000 (Figure 1). While rates appear to have peaked in 2007 at 11.4 per 100,000, the rate in 2012 (8.9 per 100,000) was still twice as high as in 2000.

The drug overdose death rate was highest among men, those aged 45–54 years, Caucasians, and non-Latinos.

Hospitalizations: During 2000–2012, 15,230 people were hospitalized in Oregon due to drug overdose. Drug overdose hospitalizations have increased from 663 in 2000 to 1,499 in 2012 (38.5 per 100,000 population) (Figure 2, *verso*).

Figure 1. Drug-related deaths by year and sex, OR, 2000–2012

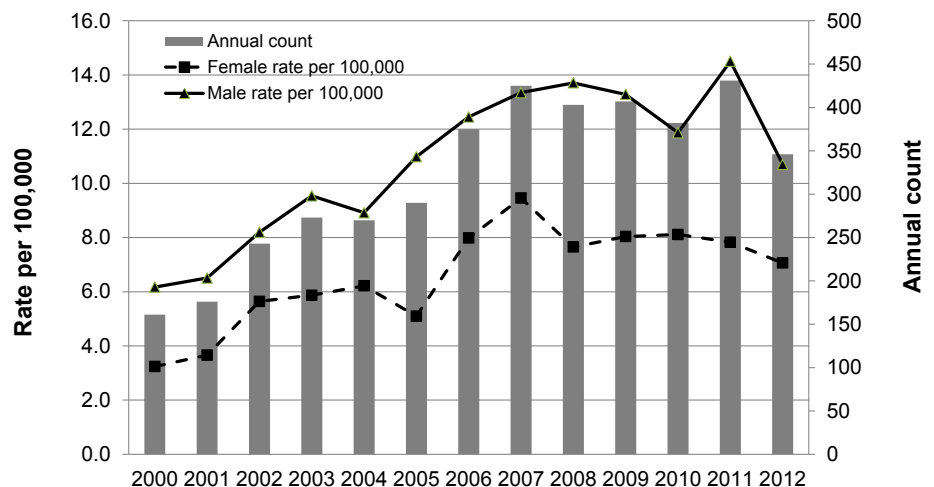


Table. Percent of overdose deaths by type of drug, Oregon, 2012*

Drug	Percent deaths
Prescription opioids	32%
Heroin	16%
Alcohol	16%
Sedative hypnotic, antiepileptic, psychotropic	14%
Other unspecified	10%
Psychostimulants	7%
Benzodiazepines	3%
Unspecified narcotics	2%

*Primary cause of death on death certificates

The rate of hospitalization for drug overdose was highest among females, those aged ≥85 years of age, Caucasians, and non-Latinos. Of note, in 2012, 92 children aged 0-4 years were hospitalized due to drug overdose.

In 2012, hospitalization charges for drug overdose care totaled \$31,117,204, ranging from \$16,000 to \$29,000 per hospitalization.

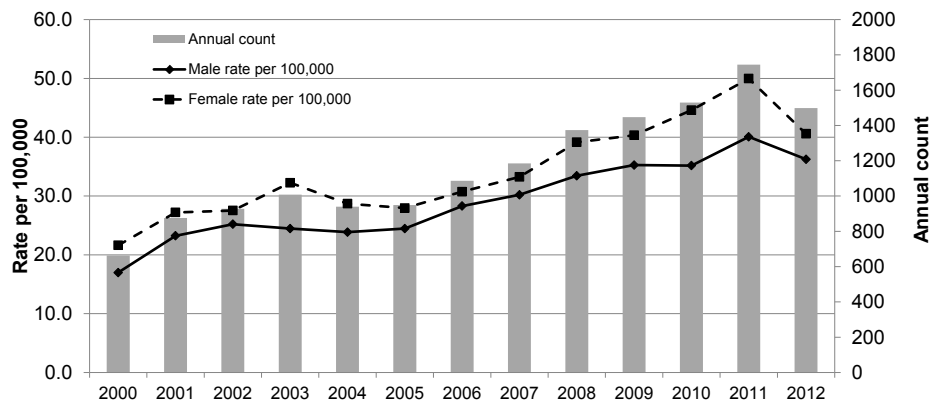
Like overdose deaths, the majority of overdose hospitalizations in 2012 were due to prescription medications; however, the most common drug category causing hospitalization for drug overdose was the sedative hypnotic/antiepileptic/ psychotropic category.



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Figure 2. Drug-related overdose hospitalizations by year and sex, OR, 2000 - 2012



Overdose deaths and hospitalizations are only the tip of the iceberg when it comes to drug use, misuse, and overdose. Lost income, lost productivity, unstable family relationships, and damaged communities are just a few of the other consequences.

REASONS

The rise in the availability and prescriptions of controlled substances has contributed to an increase in overdose. During 1999–2009, the number of prescriptions in the U.S. increased 39% (from 2.8 billion to 3.9 billion), compared with a U.S. population growth of 9%.² The average number of retail prescriptions per capita increased from 10.1 in 1999 to 12.6 in 2009.²

During 1991–2010 in the U.S., prescriptions for stimulants increased from 5 million to nearly 45 million and for opioid analgesics from about 75.5 million to 209.5 million.³ Data from Oregon's Prescription Drug Monitoring Program (PDMP) indicate that Oregon is no exception. In 2013, almost 1 in 4 Oregonians received a prescrip-

tion for opioid medications. The increased use of opioids is paralleled by increases in overdose hospitalizations and deaths, and need for treatment.

Interventions: Experts recommend close oversight and monitoring of patients receiving opioid analgesics for chronic non-cancer pain. Unfortunately, researchers have found there is low use of risk reduction strategies, such as urine drug testing and restriction of early refills, by healthcare providers who prescribe opioid therapy for ≥ 3 months.⁴

Oregon's PDMP provides information on all controlled substances dispensed to patients in Oregon. The state PDMP recommends that healthcare providers check a patient PDMP report on any first visit, anytime they consider adding a new controlled substance medication therapy, upon any request for an increase in medication or early refill, and when writing prescriptions for extending opioid analgesic therapy. Providers should be alert to when patient PDMP reports indicate that a

patient is using multiple providers and pharmacies, using benzodiazepines and opioids concurrently, and using opioid analgesic therapy for ≥ 90 days. The report provides contact information for the patient's other providers and pharmacies. Healthcare providers should be aware that patients with current mental health problems and/or a history of substance abuse problems are at higher risk for misuse, abuse and overdose with opioid pain control therapy.

RESOURCES

- Drug Overdose Deaths, Hospitalizations, Abuse & Dependency among Oregonians: 2014. <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/oregon-drug-overdose-report.pdf>
- Oregon Prescription Drug Monitoring Program: www.orpdmp.com

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