

# >> Opioid Overdose in Oregon

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

Oregon  
Health  
Authority

PUBLIC HEALTH DIVISION

Injury and Violence Prevention Program



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# Executive summary

In 2019, 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 in Oregon, challenges remain. Recent increases in overdoses from fentanyl and non-opioid drugs such as methamphetamine —often mixed with opioids — is a major challenge.

The Oregon Health Authority aims to reduce the burden of opioid misuse and abuse through several key strategies:

- 1 Supporting safe and effective non-opioid pain management
- 2 Reducing opioid harms and supporting recovery from substance use disorders
- 3 Decreasing the number of pills in circulation through appropriate prescribing
- 4 Using state and local data to inform policy.



Current data show that:

- Prescription opioid overdose deaths decreased more than 50% between 2006 and 2017.
- Despite some progress in decreased deaths and hospitalizations from opioid overdoses, rates remain elevated.
- Prescriptions for opioids have been steadily declining (decreased 9% between 2017 and 2018).

# The OHA Opioid Initiative

Established in 2015, the OHA Opioid Initiative coordinates and aligns OHA activities and policy work across the agency. It brings together health experts and communities to reduce deaths, non-fatal overdoses and harms to Oregonians from opioids. The initiative also expands the use of non-opioid pain care.

## Strategies

1

**Supporting safe and effective non-opioid pain management** that emphasizes 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

Oregon overdose outbreak emergency response plan

2

**Reducing opioid harms and supporting recovery from substance use disorders** by making naloxone rescue and medication-assisted treatment (MAT) more accessible and affordable

[Promote naloxone prescribing and dispensing by pharmacists.](#)

Expand [MAT and substance use disorder treatment programs.](#)

[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 to peer services at emergency departments.

Promote [naloxone training and toolkit for pharmacists.](#)

Support Oregon Department of Corrections peer recovery and housing support.

Collaborate with law enforcement and first responders.

3

**Decreasing the number of pills in circulation through appropriate prescribing** through safe prescribing, storage and disposal practices

[Prescription Drug Monitoring Program \(PDMP\) and PDMP Prescribing Practice Review Subcommittee](#)

[Oregon Opioid Prescribing Guidelines implementation](#)

CCO [Opioids Performance Improvement Project](#)

Community and clinical interventions in every region of the state

Annual [state](#) and [tribal](#) conferences on pain, opioids, other drugs and addictions treatment

[Pharmacy-based disposal programs](#) for unused meds

4

**Using state and local data to inform policy** as well as monitor and evaluate policies and targeted interventions

Update opioid prescribing and overdose outcome measures quarterly and post in an [interactive data dashboard](#).

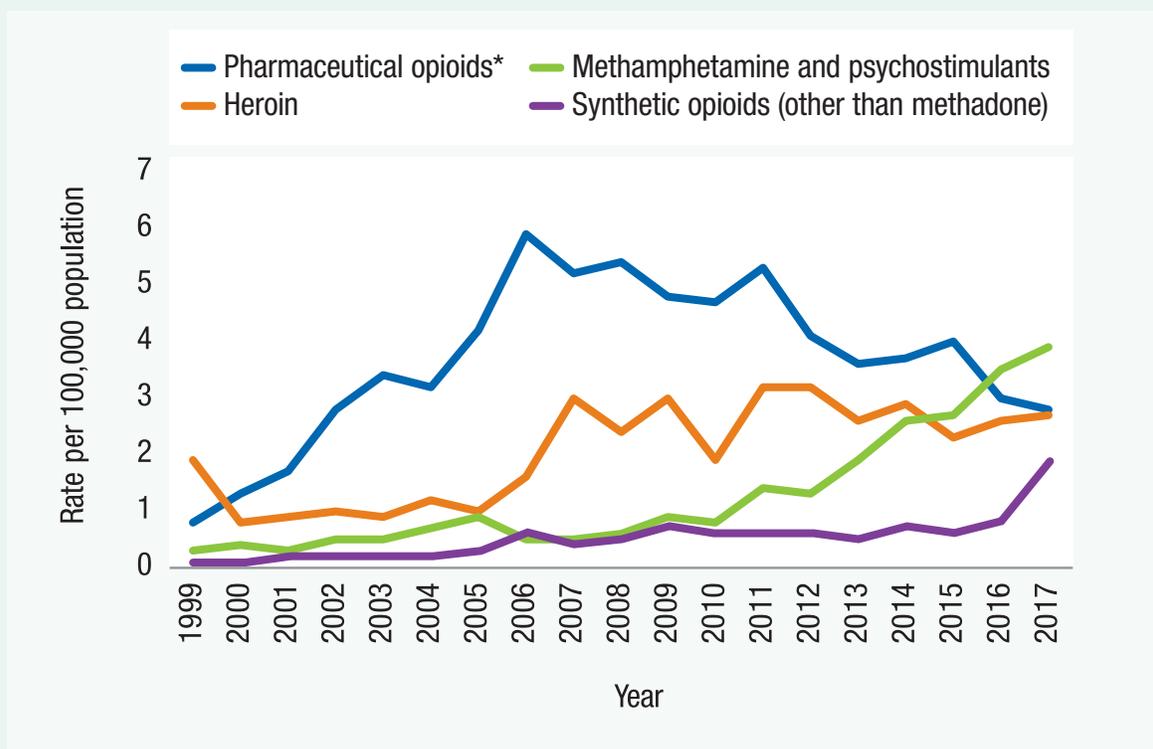
Develop drug overdose (fentanyl) investigative guideline for counties.

Create trainings and templates for Local Public Health Authorities to develop emergency response plans for mass overdose events.

# Opioid overdose deaths

- Since a peak in 2006, prescription opioid deaths in Oregon have decreased more than 50%.
- In contrast, heroin overdose deaths increased starting in 2006 and have not decreased notably in recent years.
- Recently, accidental deaths due to methamphetamine and psychostimulants have surpassed accidental deaths due to pharmaceutical opioids and deaths due to heroin.
- Accidental deaths due to synthetic opioids other than methadone such as fentanyl are an emerging concern.

## Accidental drug overdose deaths, Oregon, 1999–2017\*

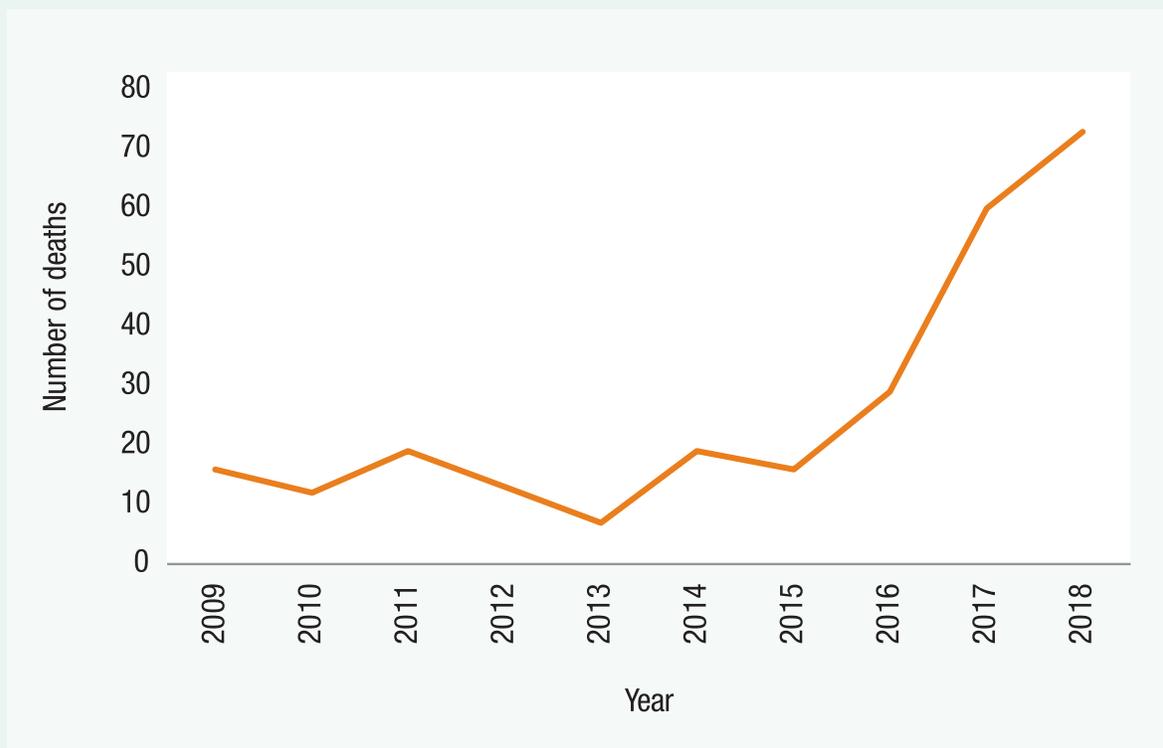


\* The Public Health Division uses data from state death certificates and the state medical examiner to describe drug overdose mortality (deaths) in Oregon. The prescription opioids category includes deaths due to natural and semi-synthetic opioids (ICD10 code T40.2) and methadone (T40.3). Synthetic opioids (other than methadone) include deaths due to synthetic opioids other than methadone (T40.4). The codes do not relate to 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, is an emerging concern in Oregon and the nation. By 2018, there were 73 deaths 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, 2009–2018\*

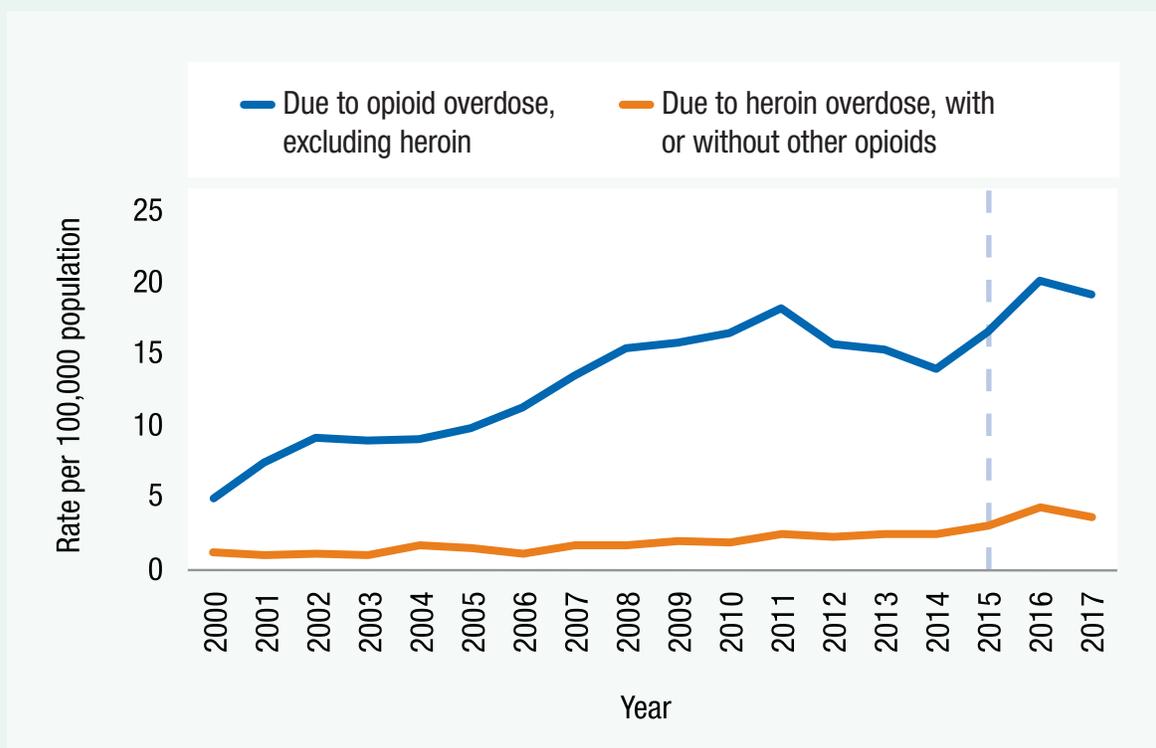


\* The Public Health Division uses data from the state medical examiner to describe fentanyl overdose mortality (deaths) in Oregon. Public Health text mines (looks for) key terms related to fentanyl. The term “illicit fentanyl” includes non-pharmaceutical fentanyl and very similar chemicals.

# Opioid overdose hospitalizations

The rate of opioid overdose hospitalization in Oregon has generally increased 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, 2000–2017



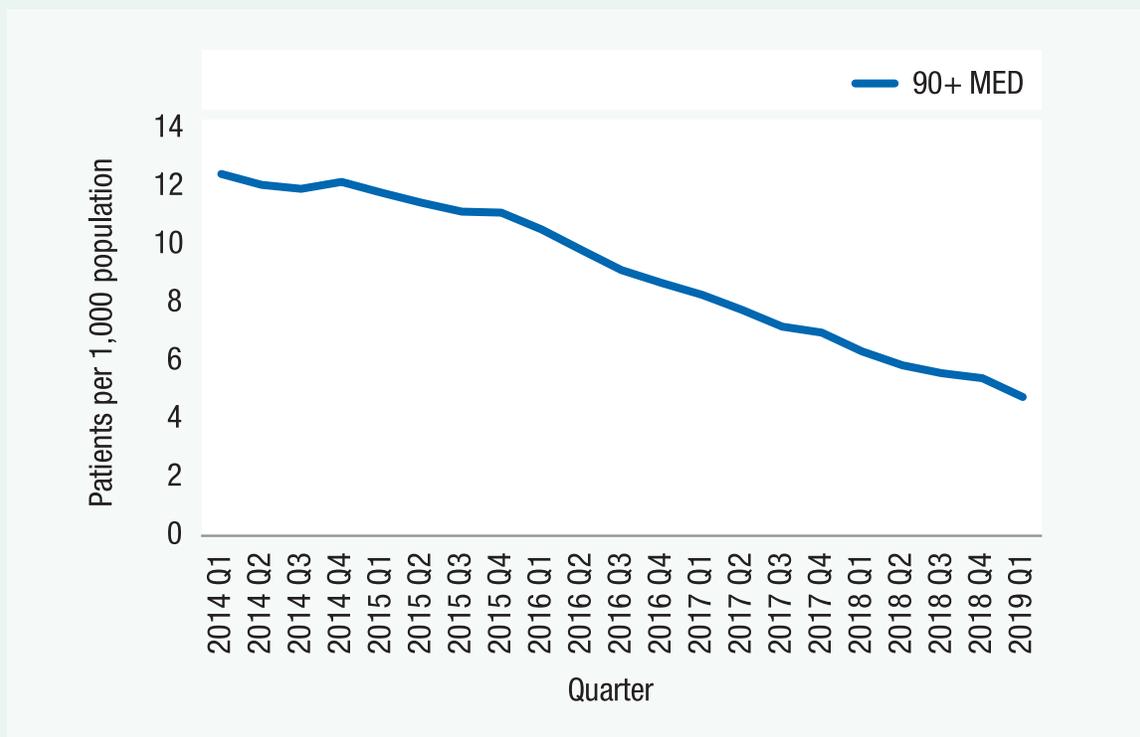
Note: The dotted line in the chart above represents the date (2015) that hospital record coding changed from ICD-9 to ICD-10-CM. ICD codes are used to classify types of hospitalizations. As a result, the change may affect the number of drug overdose hospitalizations, as well as the type of overdose hospitalizations. Trends should, therefore, be interpreted with caution when comparing pre- and post-2015 data.

# Opioid prescriptions

Oregon has seen a consistent, prolonged decrease in the amount of total opioids prescribed, starting in 2015. Overall opioid prescription fills per 1,000 residents decreased by 30% between the first quarter of 2015 and the first quarter of 2019 (most current data).

The number of patients receiving a high dose opioid fill (90+ morphine equivalent dose, MED) has decreased 61% since the first quarter of 2014.

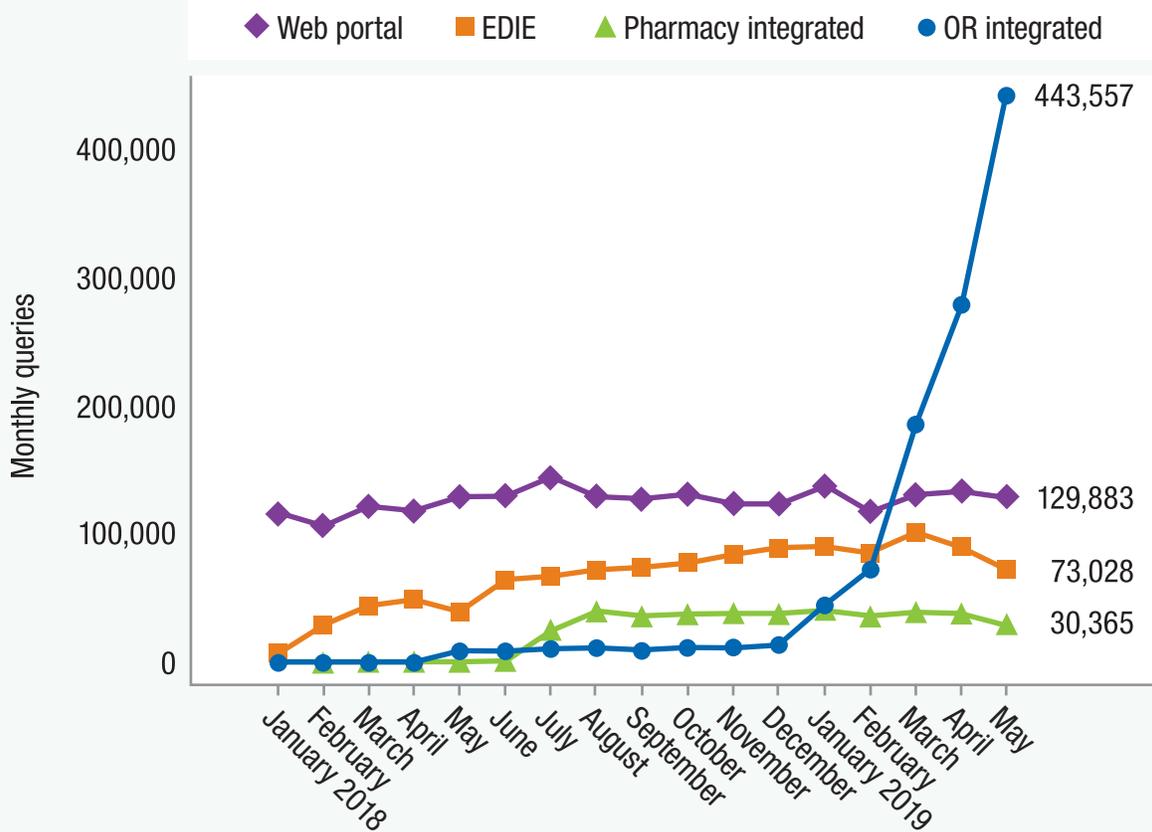
Patients on high dose opioids (90+ MED), Oregon, 2014–2019



# Oregon Prescription Drug Monitoring Program

The Oregon 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 the beginning of the program. With recent changes to the program, 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. Removal of that barrier 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. Implementing this improvement thus far has been a success. Additional outreach to clinicians is needed to ensure users take full advantage of PDMP access and use the information to benefit patients.

Number of PDMP system queries, by month and method, Oregon, 2018–2019



# Discussion

Opioid deaths in Oregon are decreasing, except for those related to fentanyl. Deaths due to methamphetamine and stimulants are a re-emerging concern.

Opioid prescribing is also decreasing. Contributing factors include use of prescribing guidelines for chronic pain, increased availability of non-opioid pain treatments through the Oregon Health Plan, and increased use of the Prescription Drug Monitoring Program.

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.

Oregon's response to the increasing threat of illicit fentanyl and methamphetamine will require heightened collaborations with law enforcement, emergency preparedness, communications and other sectors, both public and private.

We will establish an all-drugs prevention approach, the most effective response to the ever-evolving overdose epidemic.

## Data notes:

Death data: 2014–2017 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 January 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 morphine milligram equivalent (MME) conversion factors. Decrease in opioid prescribing compares the first quarter of 2019 with the first quarter of 2014.

## For more information:

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



You can get this document in other languages, large print, braille or a format you prefer. Contact the Injury and Violence Prevention Program at 971-673-0741 or email [pdmp.health@state.or.us](mailto:pdmp.health@state.or.us). We accept all relay calls or you can dial 711.

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