Opioid Overdose in Oregon

Report to the Legislature

This report summarizes the burden of opioid overdose among Oregonians as required by ORS 432.141. It describes Oregon’s progress in reducing opioid prescriptions and overdoses.
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Opioid misuse and overdose remain health threats throughout the United States, including Oregon. Opioids include prescription drugs (“painkillers”) and illicit drugs such as heroin. Oregon has made some progress in reducing opioid misuse and overdose. However, challenges remain, including responding to emerging drugs, such as illegally manufactured fentanyl.

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

- 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
- Collecting and reporting data to inform policy.

Current Oregon data show:

- Prescription opioid overdose deaths decreased 45% between 2006 and 2016.
- Opioid overdose hospitalizations have slightly increased.
- Prescriptions for opioids have been steadily declining over several years.
Since peaking in 2006, Oregon’s prescription opioid deaths have decreased 45%. While heroin overdose deaths increased starting in 2006, they have remained stable in recent years.

* The Public Health Division uses data from state death certificates and the state medical examiner to describe drug overdose mortality (deaths) in Oregon. The category “prescription opioids” includes deaths due to ICD-10 codes T40.2 (natural and semi-synthetic opioids), T40.3 (methadone) and T40.4 (synthetic opioids other than methadone). However, the category does not differentiate between the source of these drugs (legal vs. illicit) or whether the deceased took the drugs as intended.
Illicit fentanyl deaths

Deaths due to illicit fentanyl, a powerful synthetic opioid, is an emerging concern in Oregon and the nation. Oregon identified its first death due to an illicit fentanyl overdose in 2014. There were 49 deaths due to fentanyl in 2017. Illicit fentanyl is often mixed with heroin or other drugs with or without the user’s knowledge. Illicit fentanyl is highly potent and potentially lethal.

* The Public Health Division uses data from the state medical examiner to describe illicit fentanyl overdose mortality (deaths) in Oregon. The term “illicit fentanyl” includes non-pharmaceutical fentanyl and its analogs (drugs chemically similar to fentanyl).
Opioid overdose hospitalizations

The rate of opioid overdose hospitalization has generally increased since 2000. The median cost of a hospitalization due to opioids is more than $13,000. The average length of stay is two days.

* 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 classify hospitalization types. This change may affect the number and type of drug overdose hospitalizations. As a result, interpret data trends with some caution.
Oregon opioid prescriptions

Oregon has seen a consistent, prolonged decrease in the amount of opioids prescribed, starting in 2015. Comparing the second quarter of 2015 to the second quarter of 2018 (most current data), opioid prescription fills per 1,000 residents decreased by 28%.

The number of patients receiving a high dose opioid fill (90+ morphine equivalent dose) has decreased 52% since the first quarter of 2014.

Figure 4. Patients on high dose opioids (90+ MED, 120+ MED), Oregon, 2014–2018

Note: MED = morphine equivalent dose
The Oregon Prescription Drug Monitoring Program has more than 26,000 registered users. System use has consistently increased since the program started.

Figure 5. Number of PDMP system queries by quarter and year, Oregon, 2012–2018
Discussion

Oregon has made progress in addressing the opioid overdose crisis. Deaths from prescription opioids in Oregon are decreasing, and opioid prescribing is also decreasing. However, deaths related to illicit opioids, such as fentanyl, are increasing.

The opioid issue is complex and multifaceted. 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, as well as data on opioid deaths and hospitalizations, OHA continues to expand its approach and partnerships to prevent opioid overdoses and deaths.

Response to the increasing threat of illicit fentanyl will require additional collaborations with law enforcement, emergency preparedness, communications and other sectors.

Data notes

Death data: 2014–2016 data do not include deaths outside Oregon. Fentanyl analog deaths are determined 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 upon CDC MME (morphine milligram equivalents) conversion factors. Decrease in opioid prescribing compares Q1 2018 with Q1 2017.

For more information see:
https://www.oregon.gov/oha/ph/PreventionWellness/SubstanceUse/Opioids/Pages/data.aspx.