

# Drug Overdose & Nonmedical Use of Pain Relievers

Since 2000, the rate of use of opioid pain relievers has increased dramatically, leading to an increase in opioid addiction and related morbidity and mortality.<sup>1</sup> In recent years heroin use has been increasing in most demographic groups. Drug overdose deaths involve prescription opioids, heroin, tranquilizers, methamphetamine and other substances. Not uncommonly, multiple drugs and/or drugs and alcohol are identified at death. Trends in the substances involved in overdose deaths change with drug use trends. In 2016, 1,033 Washington State residents died from drug overdose, an age-adjusted rate of 14 per 100,000 people, and 64% of drug overdose deaths in Washington involved an opioid (heroin or prescription opioid).

The highest rates of drug overdose death in Washington occur among men, those 45-54 years old, and American Indian and Alaskan Natives (AIAN).

Data from the 2013-14 National Survey on Drug Use and Health (NSDUH) show that 4% ( $\pm 1\%$ ) of Washingtonians 12 years old or older have used pain relievers nonmedically, which is similar to the nation. NSDUH also shows young adults 18-25 years old have the highest use (9%  $\pm 2\%$ ).<sup>2</sup>

DOH, along with partner agencies, is working to implement the Washington State Opioid Response Plan.



On average, three Washingtonians died of drug overdose each day in 2016

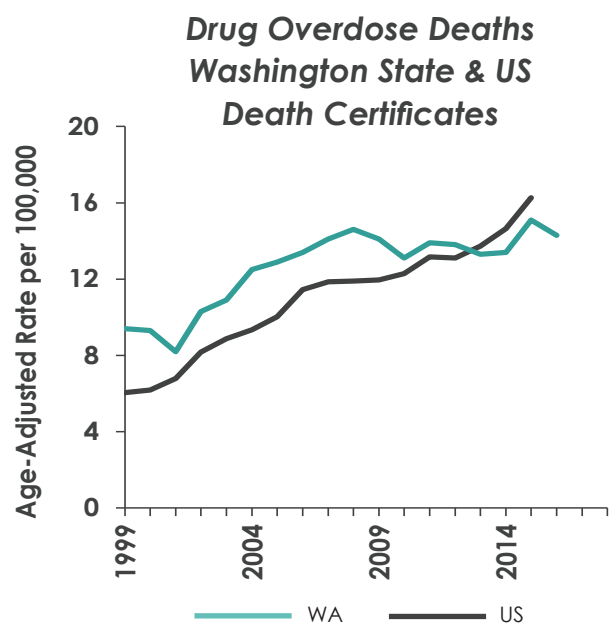


For every overdose death, there were 4.5 hospitalizations and 11 ER visits



## Time Trends

- In 2016, the drug overdose death rate among Washington State residents was 14 per 100,000 population.
- While historically Washington's drug overdose death rate has been higher than the national rate, in the past three years the national rate has surpassed our state's rate.
- Drug overdose death rates in Washington have remained relatively stable since 2007.



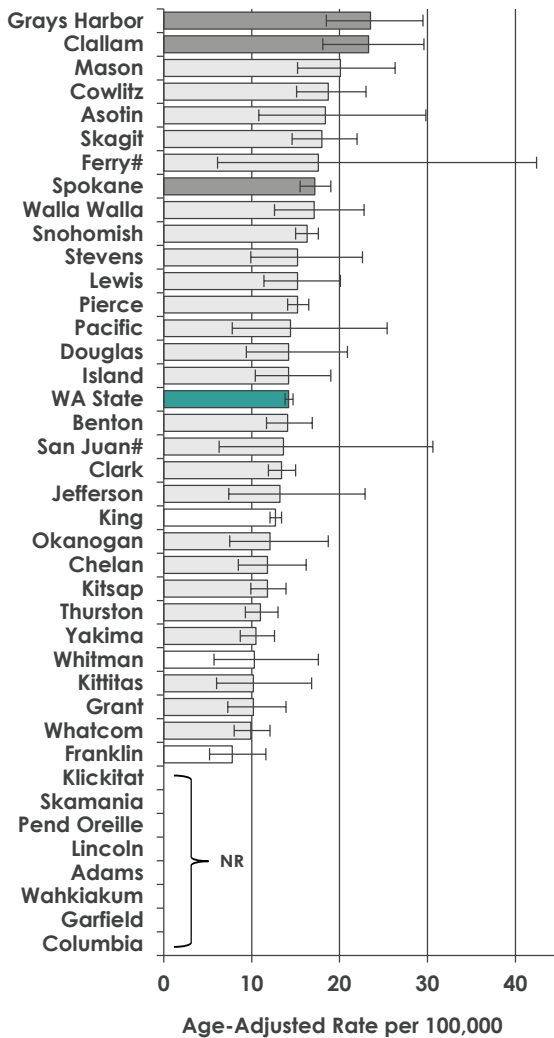
# Geographic Variation

- For 2012-2016, Franklin, King and Whitman counties had drug overdose death rates lower than the state.
- Clallam, Grays Harbor, and Spokane counties had higher drug overdose death rates than the state.

# Disparities

- During 2012-2016, males had higher drug overdose death rates compared to females.
- Those 45-54 years old had the highest drug overdose death rates.
- AIAN had the highest drug overdose death rates. Blacks and whites had the next highest rates.

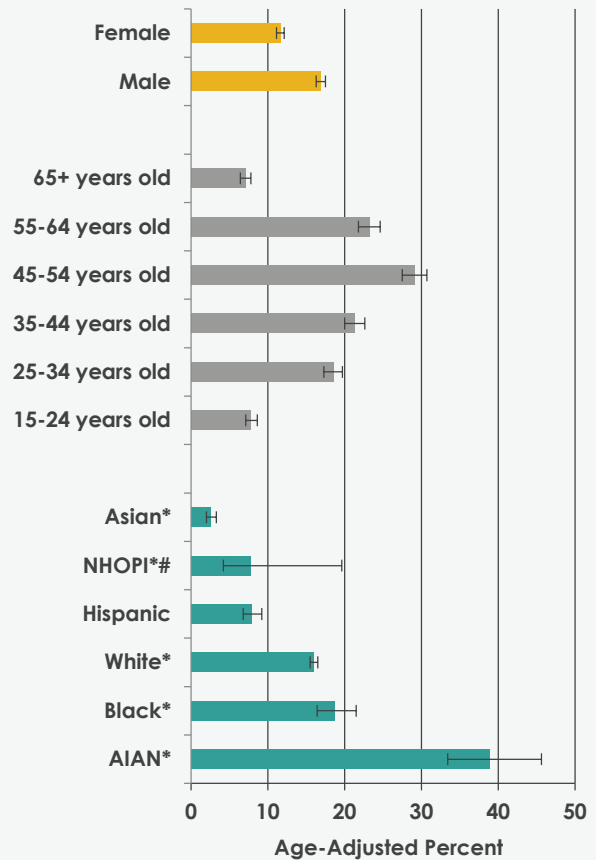
**Drug Overdose Rates  
Washington Counties  
Death Certificates, 2012-2016**



WA State  
 Lower than WA State  
 Same as WA State  
 Higher than WA State

NR: Not reported if RSE ≥ 30% or to protect privacy  
 #Relative standard error (RSE) is between 25% and 29%

**Drug Overdose  
Washington State  
Death Certificates, 2012-2016**

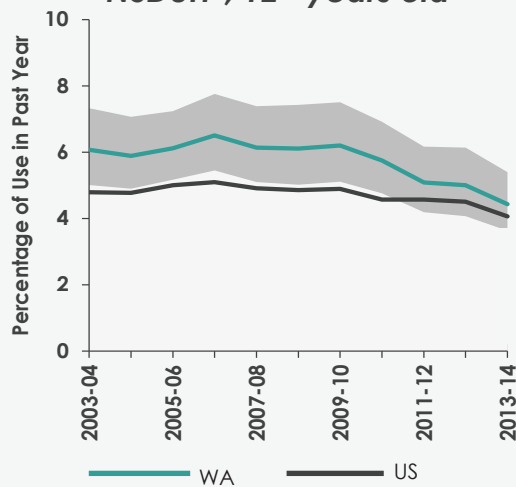


\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

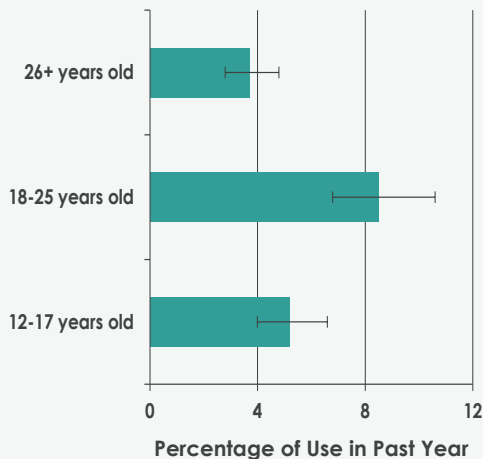
## Non-Medical Use of Pain Relievers

- According to the NSDUH, in 2013-2014 the percentage of Washingtonians 12 years and older that have used pain relievers not medically—that is, without a prescription or for reasons other than they were intended—was 4% (± 1%).
- While Washington had historically slightly higher nonmedical use of pain relievers compared to the U.S., since 2010-2011 the prevalence has been similar to the nation as a whole.

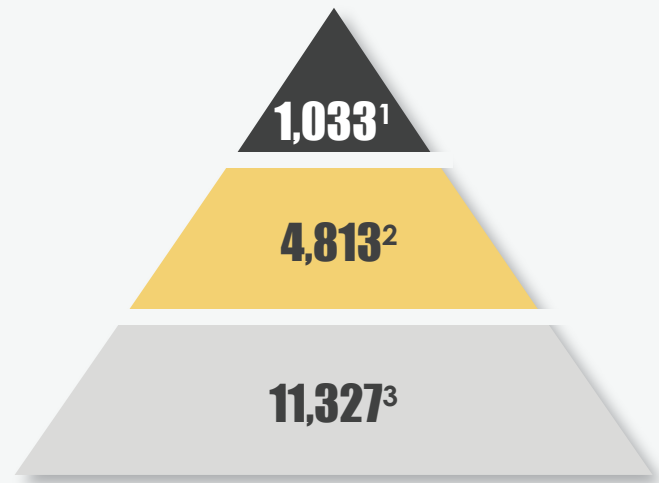
**Non-Medical Use of Pain Relievers  
Washington State & US  
NSDUH\*, 12+ years old**



**Non-Medical Use of Pain Relievers  
Washington State  
NSDUH\*, 2013-2014**



## Drug Overdose Burden Washington State, 2016



- 1. Deaths**  
Drug overdose listed as underlying cause of death. Washington State Death Certificate Data, 2016.
- 2. Drug Overdose Hospitalizations**  
Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS), 2016.
- 3. Drug Overdose ED\*\* Visits**  
Analyzed and provided by the Emergency Department Information Exchange, 2016. Includes data from 96 out of the 100 Washington emergency departments.

### Impact

The burden of overdoses is significantly underestimated when only deaths are considered. In 2016, there were 4.5 times as many hospitalizations and nearly 11 times the number of visits to emergency departments for drug overdose compared to the number of deaths. In addition, many nonfatal overdoses are not treated at a hospital and, therefore, are not counted in currently available data.

\*National Survey of Drug Use and Health

\*\*ED: Emergency Department

# How is Washington addressing drug overdose deaths?

Washington State has been focused on reducing opioid deaths. To reach this goal, state government agencies have been collaborating with local health departments, the University of Washington, professional groups and community organizations across Washington State.

DOH and its partner agencies are implementing the [Governor's Executive Order 16-09: Addressing the Opioid Use Public Health Crisis](#). The *Executive Order* directs state agencies to work with partners across the state to implement the [Washington State Opioid Response Plan](#). The plan outlines four goals and related strategies that are being implemented by a number of stakeholders across diverse professional disciplines and communities:

## Goal 1

Prevent inappropriate opioid prescribing and reducing opioid misuse and abuse.

## Goal 2

Treat individuals with opioid use disorder and link them to support services, including housing.

## Goal 3

Intervene in opioid overdoses to prevent death.

## Goal 4

Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

Collectively, the strategies and specific actions to achieve these goals target individuals, professionals, communities and systems. Four workgroups focused on prevention, treatment, criminal justice, naloxone distribution (drug used to rapidly reverse opioid overdose) and data meet regularly to coordinate the work toward these goals and communicate progress and needs across partners.

Washington State legislation passed in 2017 to assist in addressing opioid overdoses includes:

- [HB 1427](#) will assist with opioid treatment, expand the prescription monitoring program, and create new rules for prescribing opioids.
- [SB 5514](#) will improve the Department of Health's ability to monitor drug overdoses by collecting data from emergency departments.

Department of Social and Health Services/ Division of Behavioral Health and Recovery (DSHS/DBHR) and its partners are implementing the goals of the [State 5-Year Strategic Plan for Substance Abuse Prevention and Mental Health Promotion](#). The plan's strategies are collaborative policy development, public education, and professional workforce development and training for each of the focus areas. Reducing opioid and prescription drug misuse and abuse is one of the focus areas in the strategic plan.

DSHS/DBHR supports the following:

- Reduction of opioid and prescription drug misuse and abuse is a prioritized outcome for many of the 64 community prevention and wellness initiative communities funded by DSHS/DBHR. Communities identify risk and protective factors in their community that relate to youth alcohol and drug use, and address them locally with appropriate evidence-based strategies.
- Provides funding to 29 federally recognized tribes to provide prevention and treatment services. Tribes develop and implement action plans to address their most important needs.
- Behavioral health organizations are funded to ensure substance use disorder treatment services are available to youth and adults across the state.

- Workforce development for prevention and treatment professionals.

Washington State is also working to transform healthcare services. The Health Care Authority, DOH, DSHS/DBHR and partners including managed care organizations, Accountable Communities of Health, local health, healthcare providers and others are working together to integrate physical health services, mental health services and substance use services. These efforts are funded by grants and the [Medicaid 1115 waiver](#) and include integrating clinical practices, supporting providers in identifying, serving and monitoring high need populations, developing systems to support information sharing across providers, and integrating payment systems.

See also [Suicide & Safe Storage of Firearms](#) and [Mental Health](#)

## Technical Notes

*Confidence Intervals*: Definition and examples are described in [Appendix C](#)

*Race and Ethnicity*: Classification described in [Appendix C](#)

*Relative Standard Error*: Definition and how it was used is described in [Appendix C](#)

## Endnotes

<sup>1</sup>Kolodny A, Courtwright DT, Hwang CS, Kreiner P, Eadie JL, Clark TW and Alexander GC. The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction. *2015 Annu Rev Public Health*. 36:559-74.

[www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031914-122957](http://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031914-122957)

<sup>2</sup>Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2003-2014. Substance Abuse and Mental Health Services Administration, Rockville, MD. [www.samhsa.gov/data/population-data-nsduh/reports?tab=38](http://www.samhsa.gov/data/population-data-nsduh/reports?tab=38). Accessed September 29, 2017.