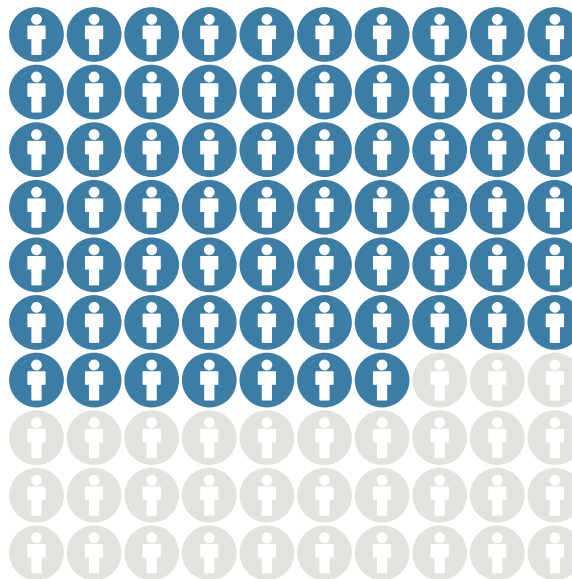


Washington State Opioid Overdose Prevention Data Brief

In 2018 **opioids** were involved in **2/3** of all drug **overdoses** in Washington state and the nation



Drug overdose deaths have exploded across the nation over the last two decades. Opioid-related deaths contributed to this increase and accounted for more than two-thirds of drug overdose deaths nationwide in 2018. In Washington state (WA), after years of increase, the rates of all drug and any opioid overdose deaths have remained relatively steady since 2015 at about 15 per 100,000 and about 10 per 100,000, respectively.

Washington has made progress in reducing deaths involving prescription opioid drug overdoses over the past decade, reaching its lowest rate at 3.9 per 100,000 in 2018, after a high of 7.8 per 100,000 in 2006. The heroin death rate increased between 2010 and 2018 from about 1 per 100,000 to 4 per 100,000, where it has since stabilized. Deaths involving psychostimulants (mostly methamphetamine) have been steadily rising over the past decade, reaching 6.3 per 100,000 in 2018. Deaths involving non-methadone synthetic opioids (mostly fentanyl and fentanyl analogs) have exponentially increased beginning in 2015 from 0.9 per 100,000 to 3.0 per 100,000 in 2018. Even though the number of fentanyl deaths is relatively low, the steep incline is of increasing concern, and deaths involving methamphetamines surpassed deaths involving heroin in 2016.

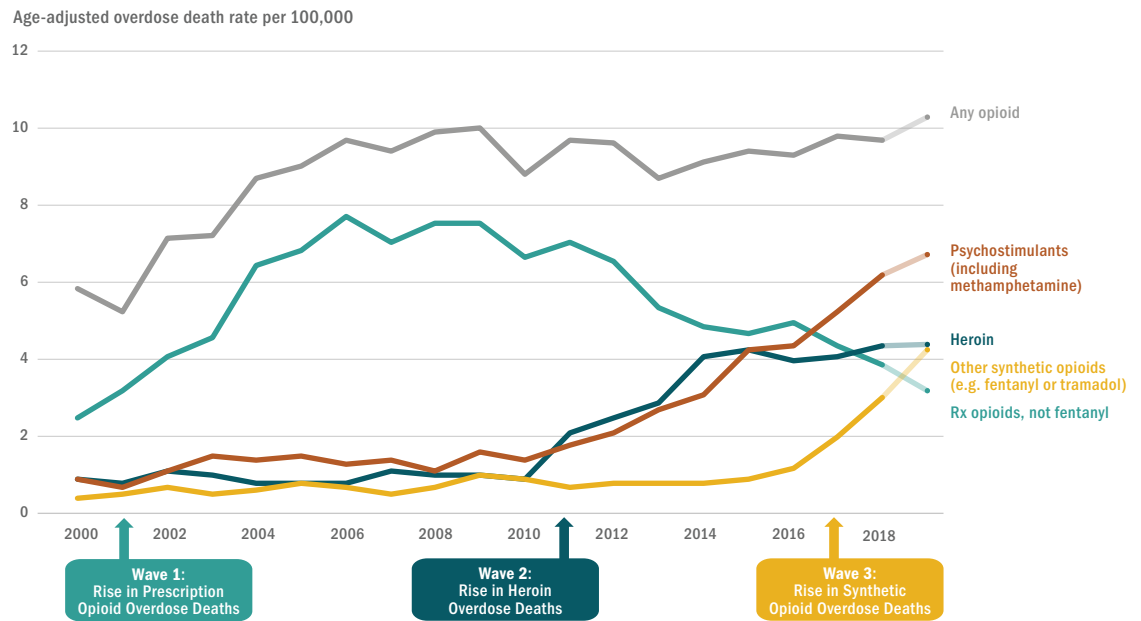
Preliminary 2019 data (October 12, 2020) suggest an increase in drug overdose deaths, especially drug overdoses involving non-methadone synthetic opioids and psychostimulants. However, the trend in prescription opioids continues to decrease while the trend in heroin remains steady. At the time of this report, the 2019 data is not finalized and may change; the demographic data (age, sex, race and county) is based on the most recent finalized data (2014–2018).

Trends we are seeing

This rise in opioid overdose deaths can be outlined in three distinct waves as [described by the CDC](#). In Washington, the first wave began with increased prescription opioids in the early 2000s. The second wave began in 2010, with rapid increases in heroin overdose deaths. In Washington, this co-occurred with an increase in psychostimulant related deaths. The third wave began after 2015, with significant increases in overdose deaths involving synthetic opioids — mostly illicitly-manufactured fentanyl (IMF).

Overall opioid mortality is stable as prescription drug opioid deaths decrease, and fentanyl and methamphetamine deaths increase.

Figure 1. Shape of the drug overdose epidemic – opioid and psychostimulant overdose deaths, 2000–2019*.

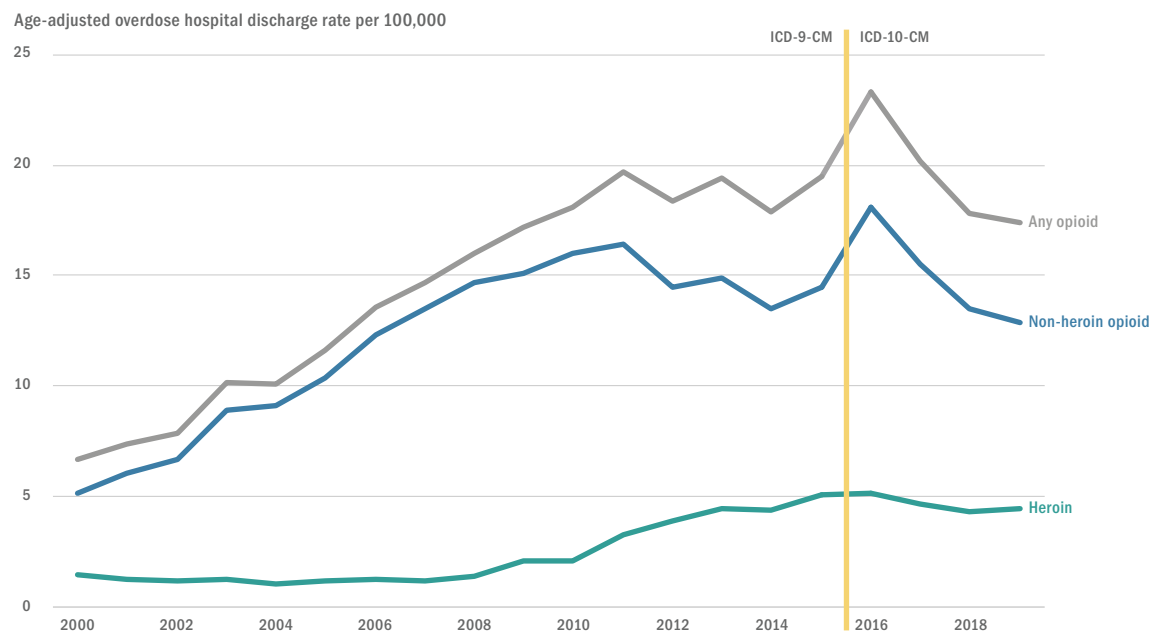


Opioid overdose hospital discharges have remained stable over the past seven years.

Opioid overdose hospital discharges sharply increased between 2000 and 2011, peaking at 19.7 per 100,000. In recent years, this rate has remained steady at nearly 20 per 100,000 and started to trend downwards. The rate of overdose hospitalizations involving heroin increased between 2010 and 2014, and has since remained steady at just under 5 per 100,000.

Figure 2. Non-fatal overdose hospital discharge, 2000–2019.

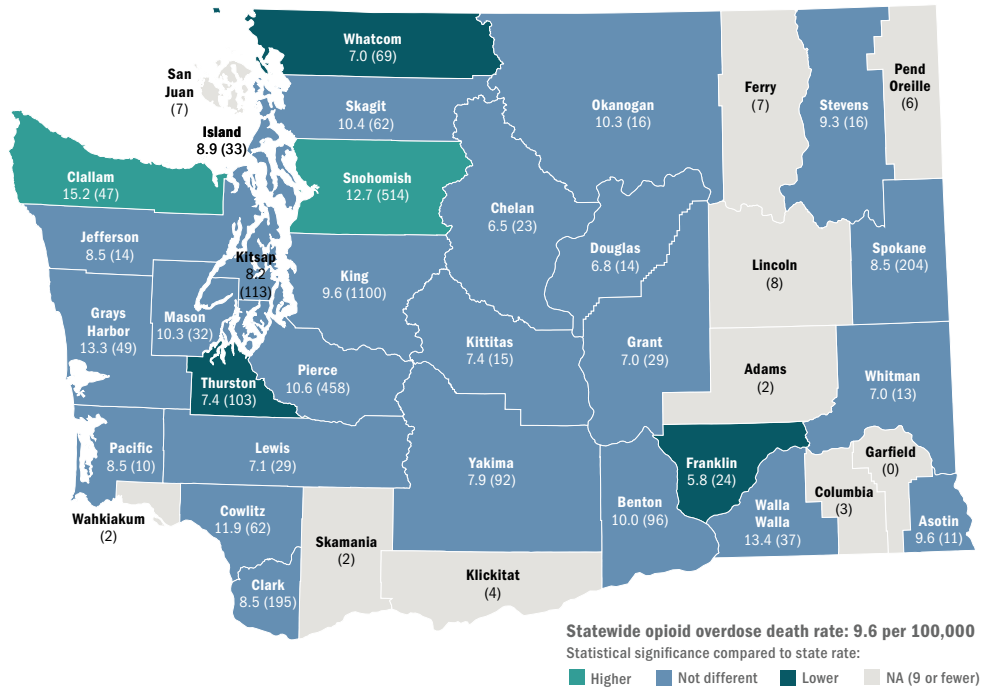
Note: Beginning the last quarter of 2015, hospital discharge data coding was changed, impacting the way health conditions, including overdoses, are coded (indicated by the gold line). Consequently, data pre-2015 and data post-2015 should be viewed as two different sets, and comparing the sets is unreliable. The change included transitioning from the International Classification of Diseases, ninth revision (ICD-9-CM) codes to the tenth revision (ICD-10-CM) codes.



The burden of opioid death is not equally distributed across the state.

All Washington counties have been impacted by the opioid epidemic. However, two counties, Clallam and Snohomish, had opioid overdose death rates significantly higher than the state average age-adjusted rate (9.6 per 100,000) from 2014 to 2018 and more than 80% of the state drug overdoses deaths occurred in 10 counties.

Figure 3. Opioid overdose deaths by county, 2014–2018.

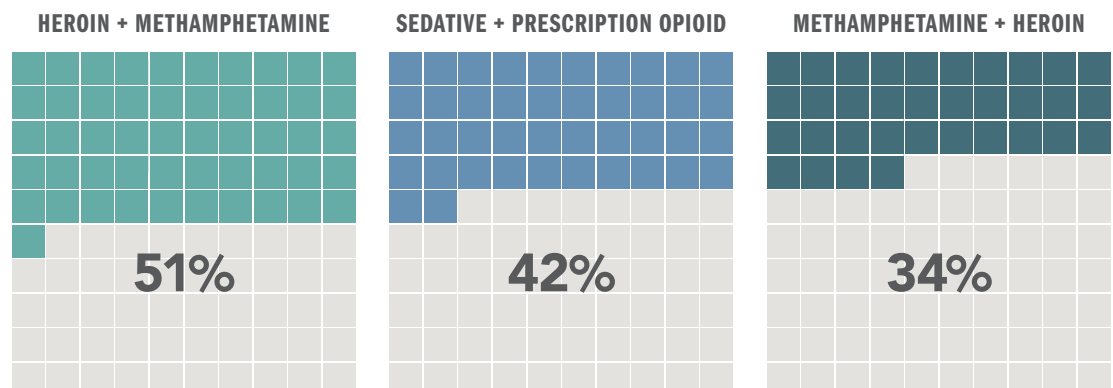


Source: WA DOH Death Certificates, January 2020

Most drug overdose deaths in Washington involved polysubstance.

Overdose deaths involving multiple drugs (polysubstance overdoses) are a major issue in Washington. In 2018, more than two-thirds of overdose deaths that occurred in Washington involved more than one drug type.

- About 51 percent of heroin deaths involved methamphetamine,
- More than 42 percent of sedative overdoses involved a prescription opioid, and
- Nearly 34 percent of meth deaths involved heroin.

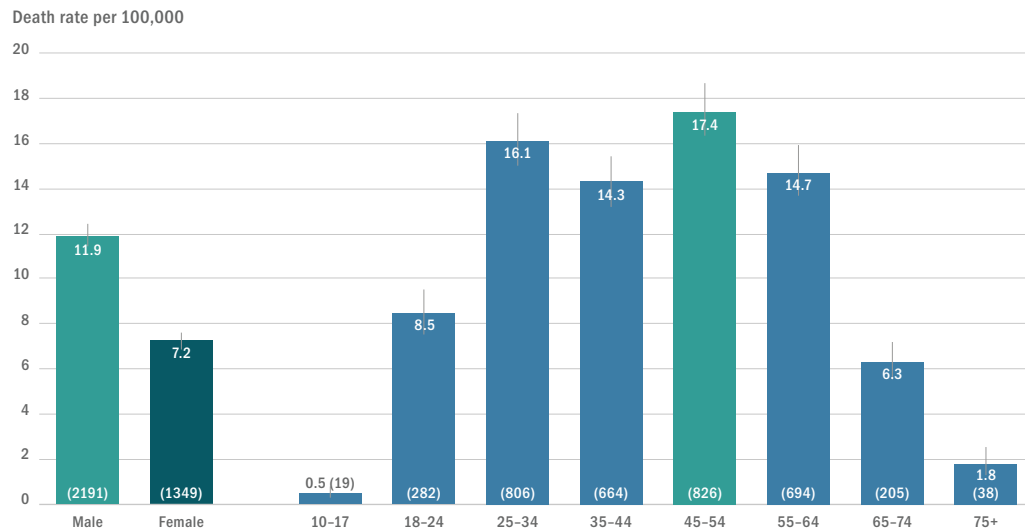


Opioid deaths disproportionately affect males and middle aged people.

The opioid overdose death rate was 65 percent higher among males than females from 2014 to 2018. It was highest among people age 45 to 54, followed by 25- to 34-year-olds. Half of the overdose deaths involving fentanyl are among people 35 or younger. Preliminary 2019 data suggest a similar pattern, with males continuing to have a higher rate than females, and people age 25 to 64 continuing to have the highest rates of overdose death.

Figure 4. Opioid overdose deaths by sex and age, 2014–2018.

Note: Opioid overdoses include but are not limited to: heroin, prescription opioids, fentanyl and fentanyl analogs.
ICD-10-CM diagnosis codes: T40.0 (opium), T40.1 (heroin), T40.2 (natural and semi-synthetic opioids), T40.3 (methadone), T40.4 (synthetic opioids, other than methadone), and T40.6 (other and unspecified narcotics).



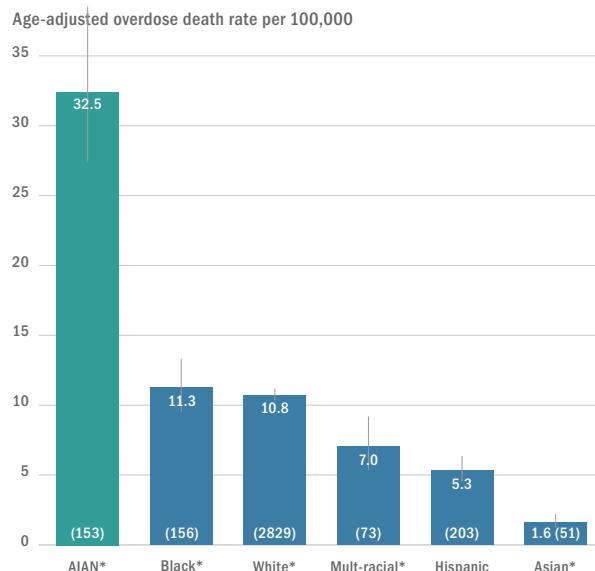
Source: WA DOH Death Certificates

Opioid deaths disproportionately affect American Indian and Alaskan Native populations.

Opioid overdose deaths affect all racial/ethnic groups. American Indian and Alaskan Native (AI/AN) populations are disproportionately impacted. The death rate among AI/AN is more than three times the state rate (9.6 per 100,000). Preliminary 2019 data suggest that this pattern is continuing with AI/AN having the highest opioid overdose death rate among all race/ethnic groups.

Figure 5. Opioid overdose deaths by race/ethnicity, 2014–2018.

Source: WA DOH Death Certificates
* Non-Hispanic
AIAN: American Indian/Alaskan Native
NHOP: Native Hawaiian and other Pacific Islander

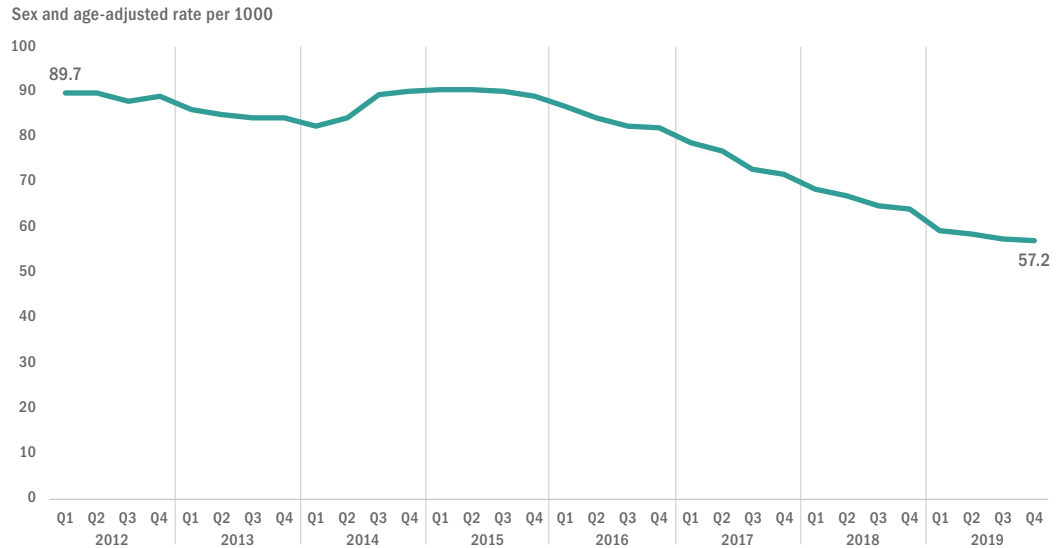


Opioid prescribing has been declining since 2015.

Since early 2015, there has been a decline in opioid prescribing from 90 people with at least one opioid prescription for every 1,000 Washington residents to 57 people with at least one opioid prescription per 1,000 Washington residents in 2019.

Figure 6. Opioid prescribing rate by quarter, 2012-2019.

For more information on opioid prescribing statistics, visit [DOH opioid prescribing dashboards](#).



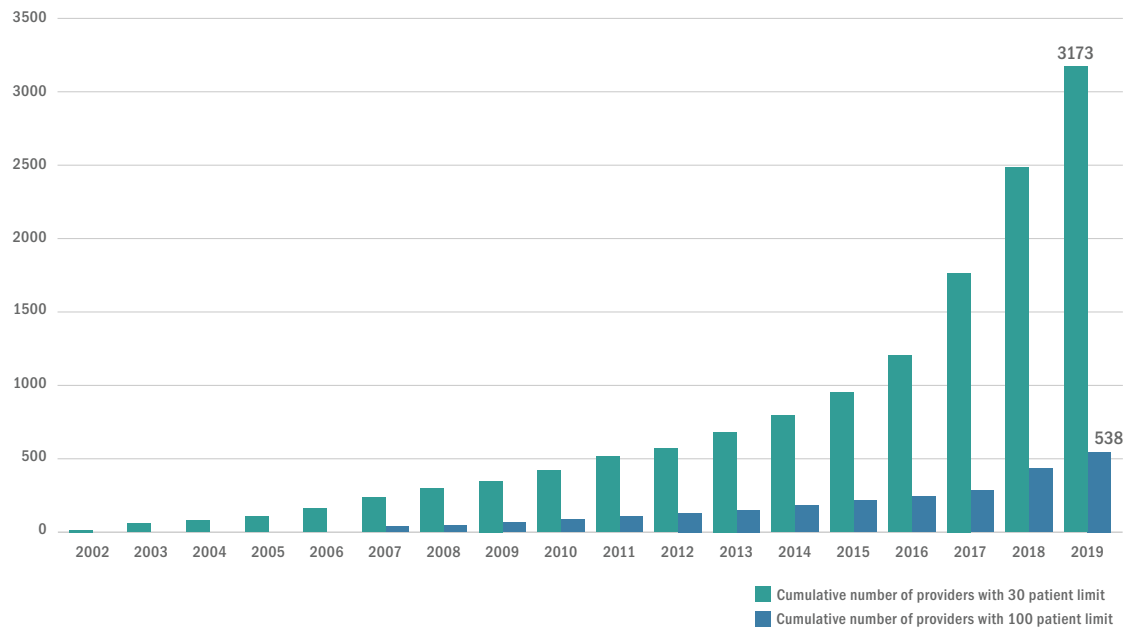
Source: Prescription Monitoring Program - WTN Dashboard

Health care providers who receive waivers to prescribe buprenorphine have steadily increased over the past several years.

The number of health care providers obtaining additional training to prescribe medication assisted treatment for opioid use disorder has increased [dramatically](#).

Figure 7. Washington state yearly cumulative totals of health care providers waived to prescribe buprenorphine medication for opioid use disorder, 2002-2019.

Note: The Drug Enforcement Agency's "X waiver" is required to prescribe buprenorphine for opioid use treatment. After a provider completes 8-24 hours of training they are "waivered" to prescribe buprenorphine.



Source: SAMHSA - Physician program data

Washington State DOH's approach

Since 2015, a wide constellation of partners across Washington have worked to address the opioid epidemic by implementing the [Washington State Opioid Response Plan](#). Prevention and treatment strategies have included scale up of the Prescription Monitoring Program (PMP) and medication-assisted treatment, public health awareness campaigns, reducing the number of new chronic opioid users, improving safe prescribing, building and supporting new and better data collection tools and enhancing analyses and data dissemination, and supporting harm reduction strategies such as naloxone distribution and syringe exchange programs.

With funding from the Centers for Disease Control (CDC), the Washington State Department of Health (DOH) works with partners to prevent opioid overdose injury and deaths by:

1 Improving and Sharing Data

- DOH SHARES [monthly reports](#) and [data visualizations](#) of fatal and nonfatal overdoses with the public, accountable communities of health (ACHs) and local health jurisdictions (LHJs).
- DOH FUNDS the Washington State Patrol (WSP) Toxicology Lab to improve the processing and turnaround time of suspected opioid overdose death specimens.
- DOH SUPPORTS medical examiners and coroners by providing eight counties rapid test devices and supplies to improve overdose death surveillance, and assist the Washington Fatal Drug Overdose Surveillance Network.
- DOH LEADS an in-depth investigation of drug overdose deaths through the CDC program SUDORS (State Unintentional Drug Overdose Death Reporting System).

2 Educating

- DOH IMPLEMENTS the Six Building Blocks (6-BBs) model in clinics across Washington to engage primary care teams in more selective and cautious opioid prescribing to chronic pain patients.
- DOH EDUCATES diverse health provider groups across the state on safe prescribing and evidence-based opioid use disorder treatment.
 - The Prescription Monitoring Program (PMP) data helps identify health providers who are overprescribing and provide technical support to ensure compliance with the state opioid prescribing rules.
- DOH DEPLOYS the CDC Rx Awareness campaign tools to educate the general public about the risks of prescription opioids. DOH translated educational materials into Spanish and created a [Spanish language opioid education resource page](#).
- DOH EXPANDS the number of providers who can prescribe buprenorphine as a treatment for opioid use disorder by partnering with local physicians and clinics to teach required courses. As of August 2019, 649 new physicians in Washington received waivers to prescribe buprenorphine treatment compared to 99 new waivers in 2014.

- DOH SUPPORTED the Swedish Addiction Recovery program which offers individual and group therapy to pregnant and parenting women with substance use disorder. Education is patient centered and includes coordination with community resources, relapse prevention, physical and psychological trauma, HIV education, drug education, parenting, and stress management. In 2020, DOH helped organize the first national conference on women with mental health and substance use disorders.
- DOH COLLABORATED with the University of Washington (UW) and Washington State University (WSU) to create and deliver a 15-week Certified Addictions Nursing course for nurses in primary care (2018–2019). [Materials are available online.](#)
- DOH PARTNERED with [WSU's interprofessional education program](#) to build and kickstart an opioid prescribing module used to educate health science students working in rural clinics (2018–2019).

3 Collaborating with LHJs and Tribes

- DOH FUNDS 12 local health jurisdictions (LHJs) — Benton-Franklin, Clallam, Clark, Kitsap, Lincoln, Mason, Seattle-King, Skagit, Snohomish, Spokane, Tacoma-Pierce, and Thurston — to provide various opioid overdose prevention activities targeted towards the local community. LHJs provide vital connections to people who experience an overdose by linking them with substance use treatment, provide public education and provider training, increase local data collection and create public data dashboards, create overdose fatality reviews, make connections to care for inmates upon release, and tailor intervention strategies to the county's needs.
- DOH PARTNERS with the Puyallup Tribal Health Authority to support pharmacists and behavioral health experts provide culturally appropriate education to providers, staff, and patients on best practices for pain management.

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