



# State update: substance use and overdose

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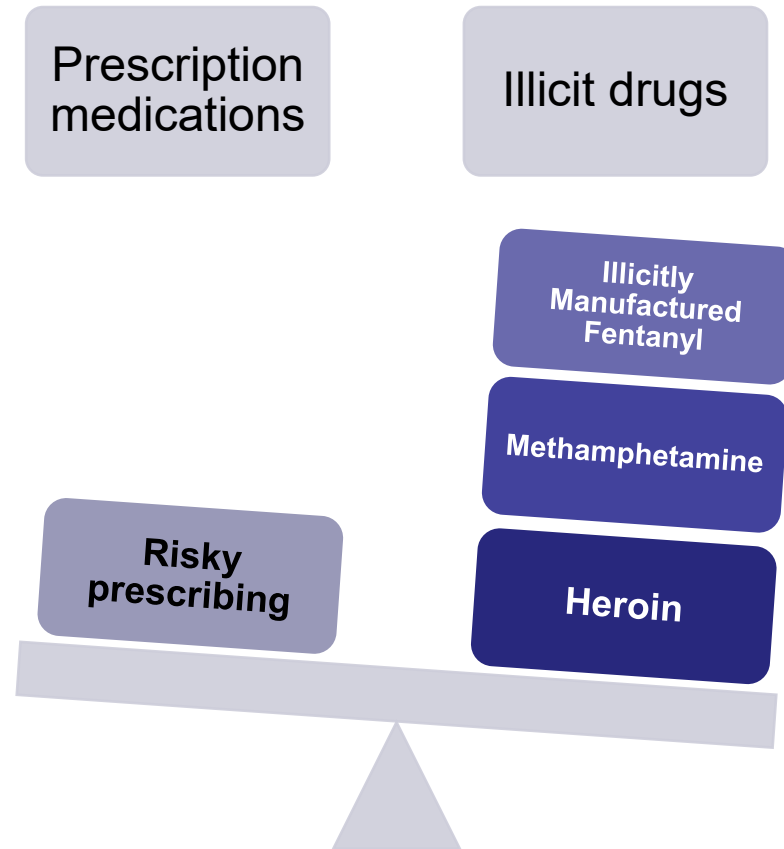
Columbia Pacific CCO Conference  
October 9, 2023

Oregon  
**Health**  
Authority

# Setting the stage

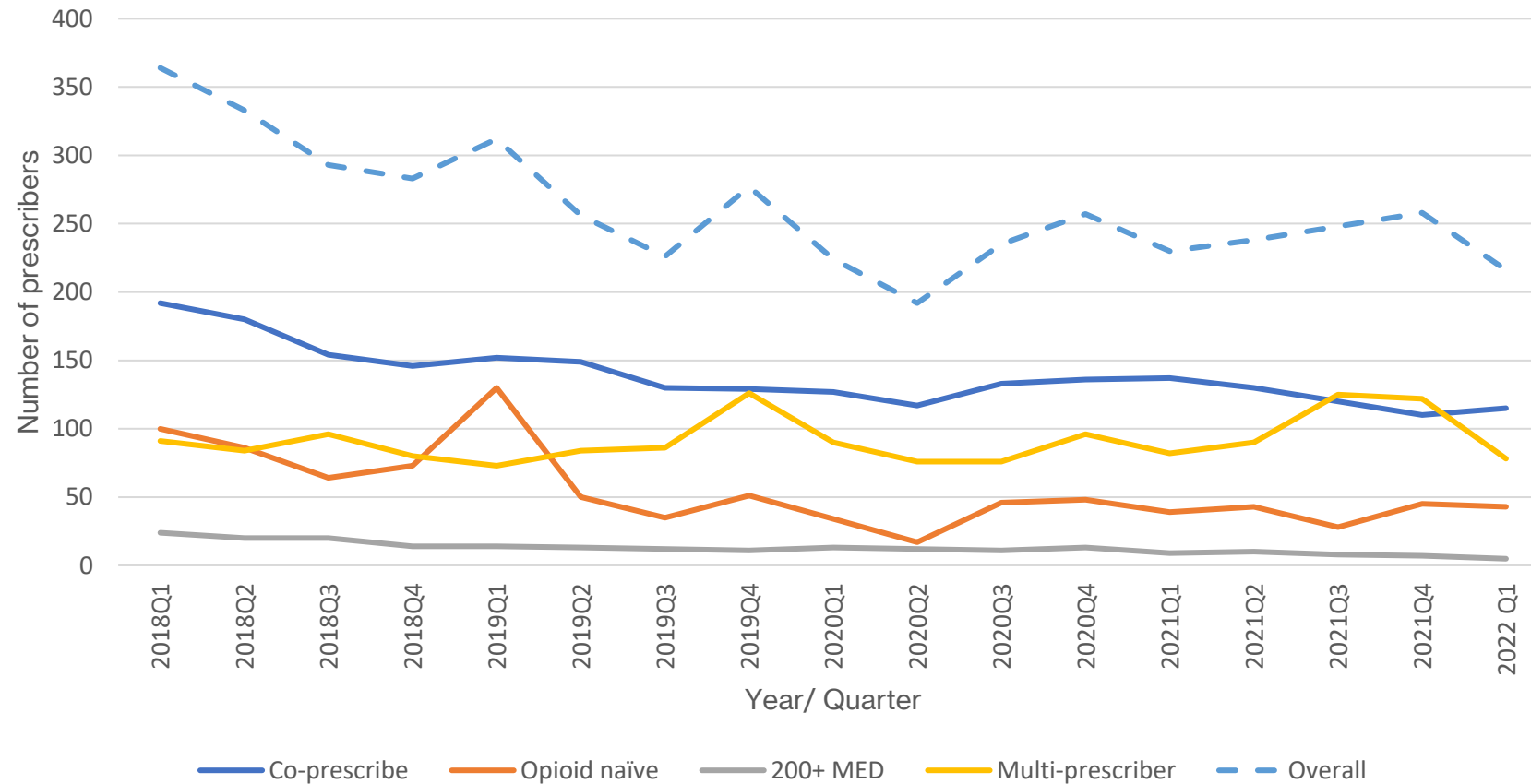
- Overview of substance use data & trends in Oregon
- Measure 110 and BHRNs
- Emerging issues: fentanyl and xylazine
- Program and policy efforts
- Summary

# The changing overdose epidemic



- **Fewer deaths & overdoses from Rx medications**
- **More deaths & overdoses from illicit drugs**

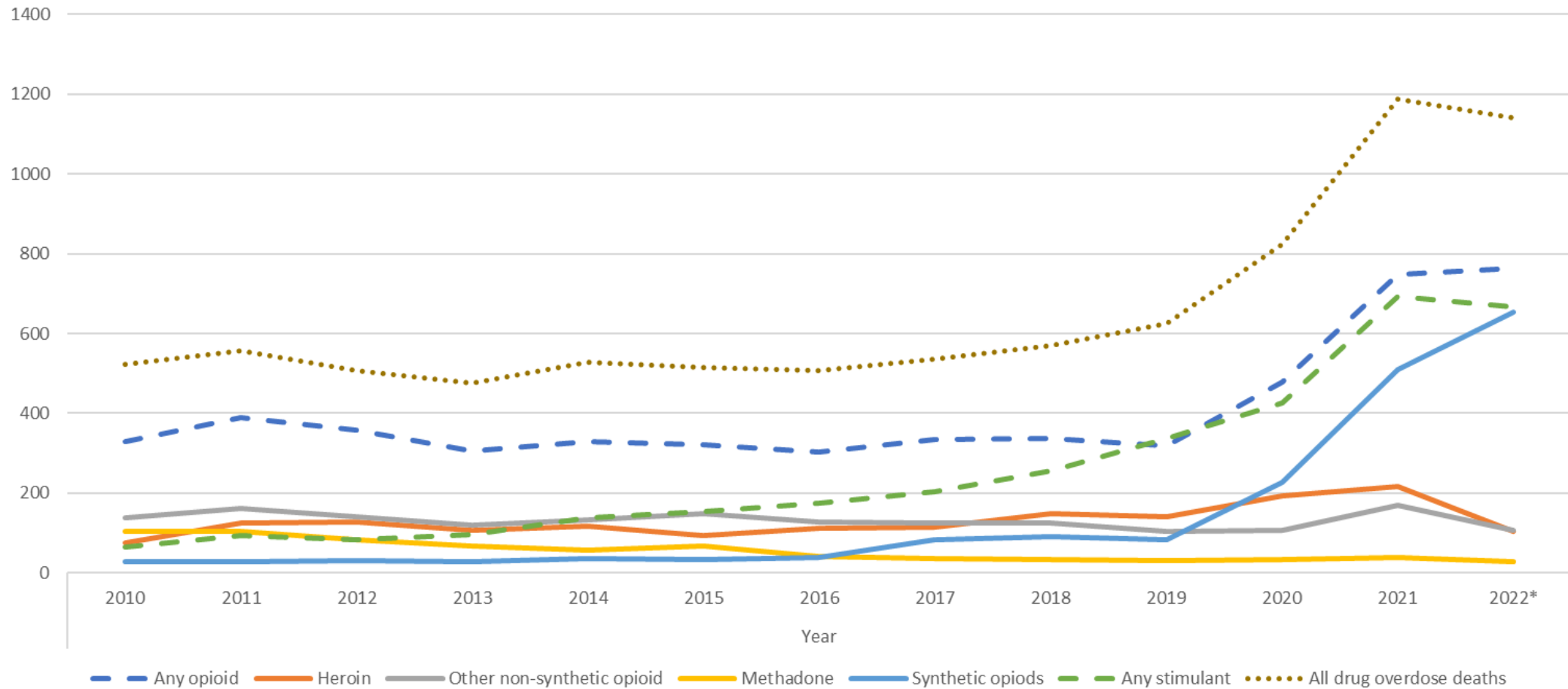
# Risky opioid prescribing practices continue to decrease



Source: Oregon Prescription Drug Monitoring Program

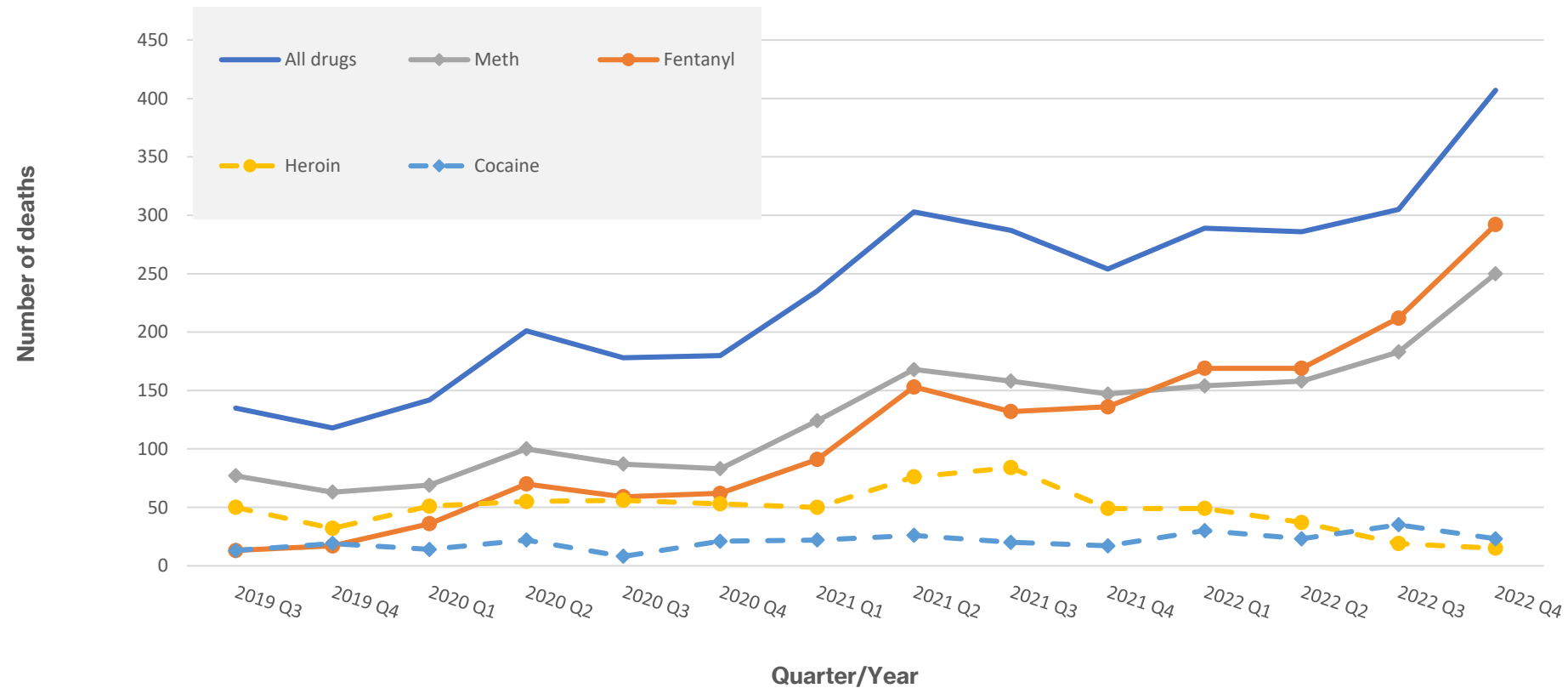
# Drug use and overdose data

# Overdose deaths from stimulants and synthetic opioids are rising

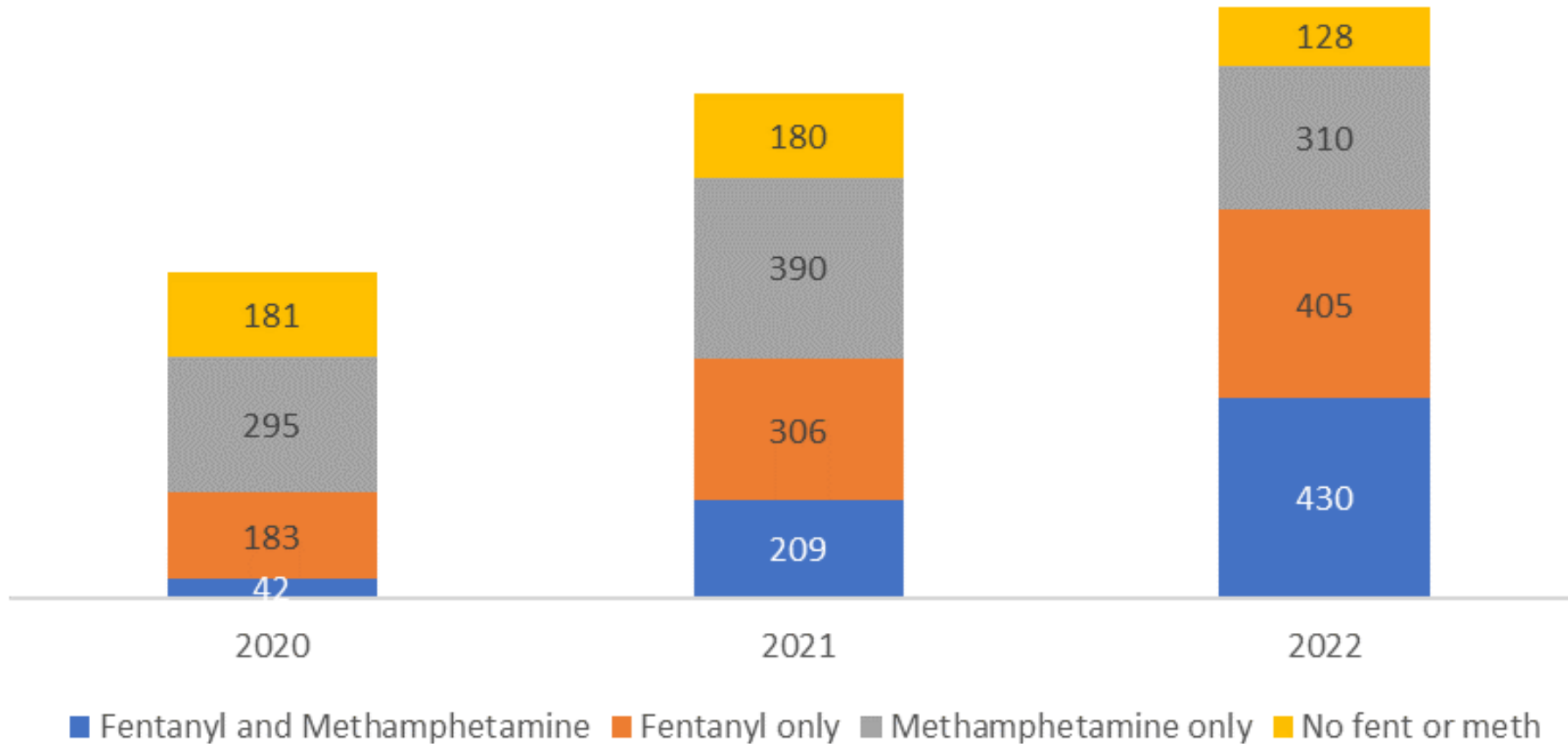


# Fentanyl and methamphetamine account for most unintentional overdose deaths in 2022

Unintentional/undetermined drug overdose deaths by drug and quarter, Oregon, July 2019 - Dec 2022\*

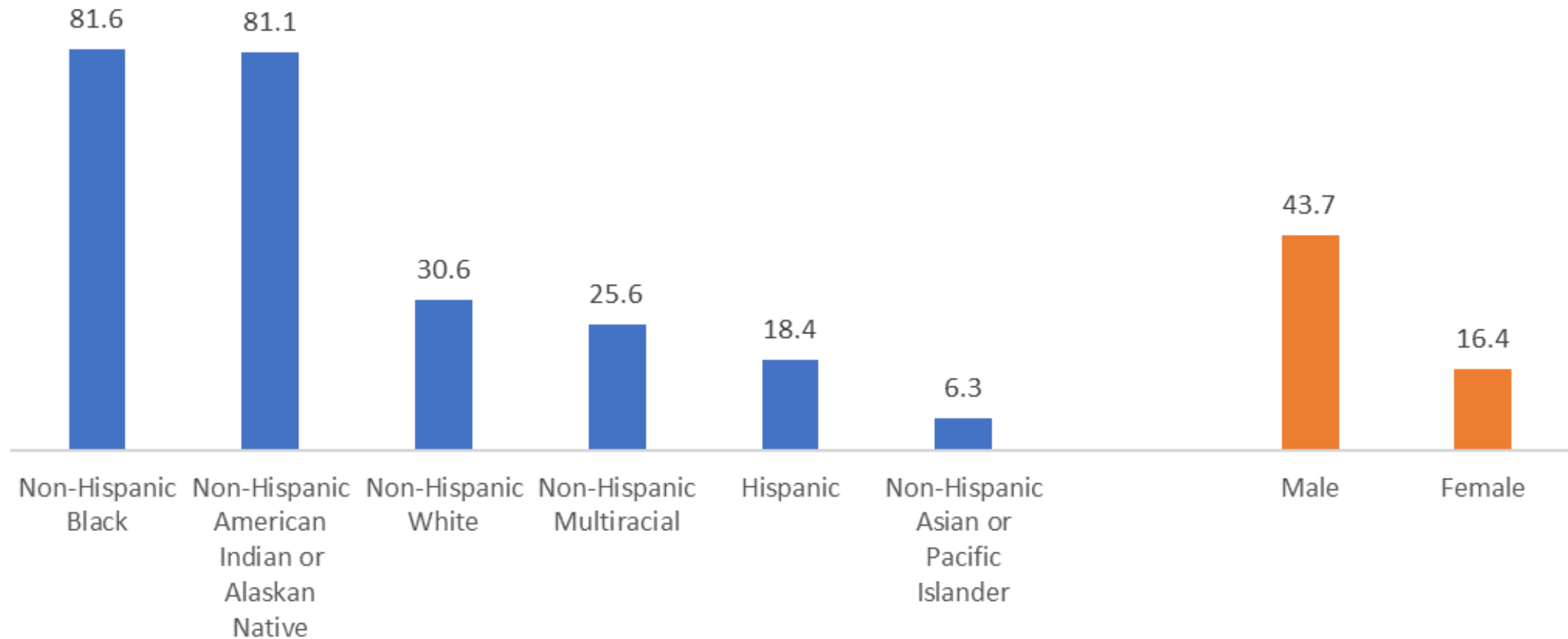


# Fentanyl + methamphetamine account for more than 1/3 of unintentional overdose deaths in 2022





# Some groups are disproportionately impacted by overdose deaths



# Fentanyl overdose deaths by age: 2020–2022

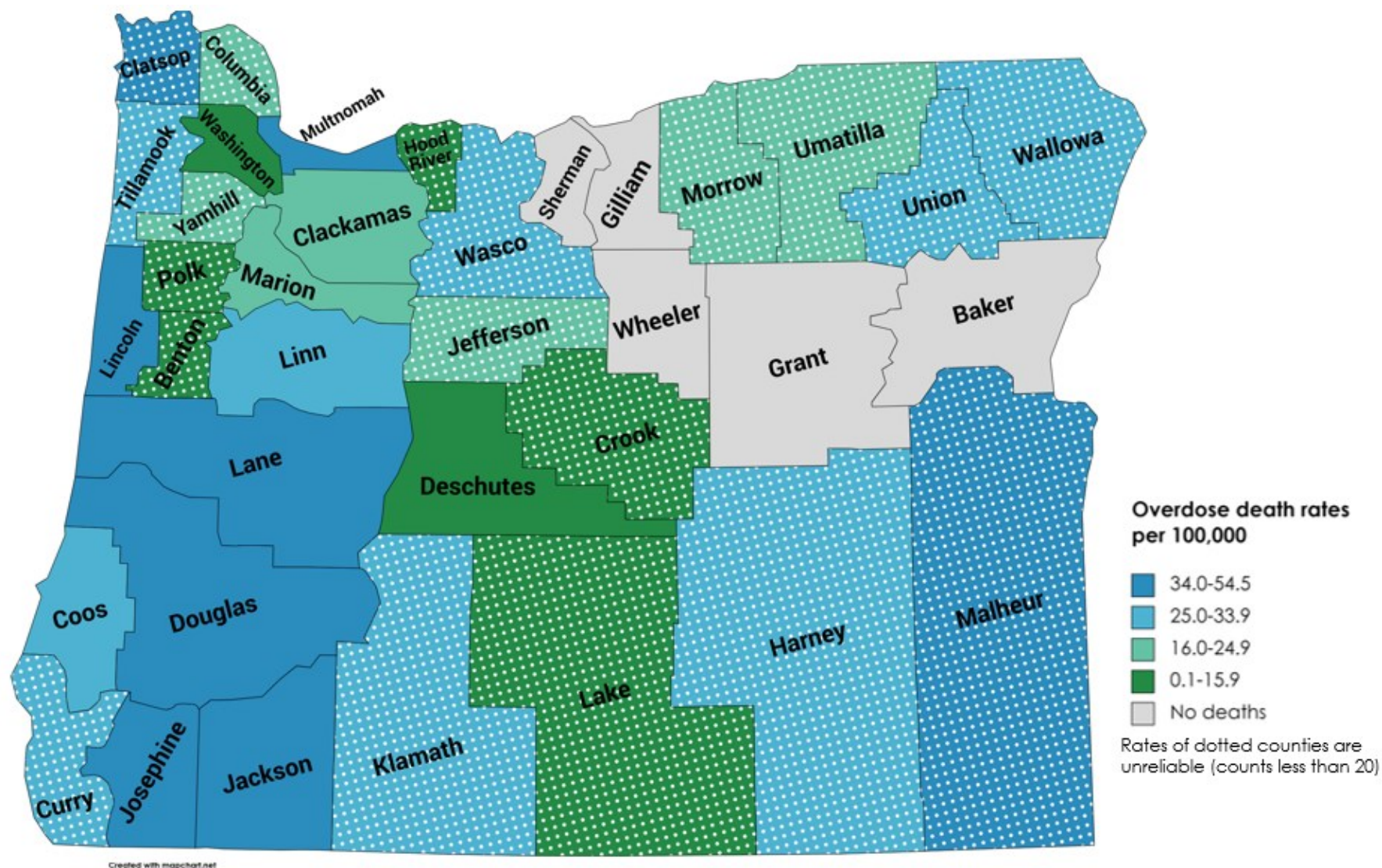
Unintentional/undetermined **fentanyl overdose** deaths by age, Oregon, 2020-2022\*

Year	Ages 0-17	Ages 18-24	Ages 25-44	Ages 45-64	Ages >=65	Total
<b>2020</b>	5	44	128	46	<5	<b>227</b>
<b>2021</b>	12	60	265	152	23	<b>512</b>
<b>2022</b>	15	60	458	273	36	<b>842</b>

Count of deaths where fentanyl was listed as cause of death (may be found in combination with other drugs)

Source: SUDORS. 2022 data are preliminary counts and subject to change

# Unintentional and undetermined drug overdose death rates (per 100,000 residents) by County in Oregon, 2022

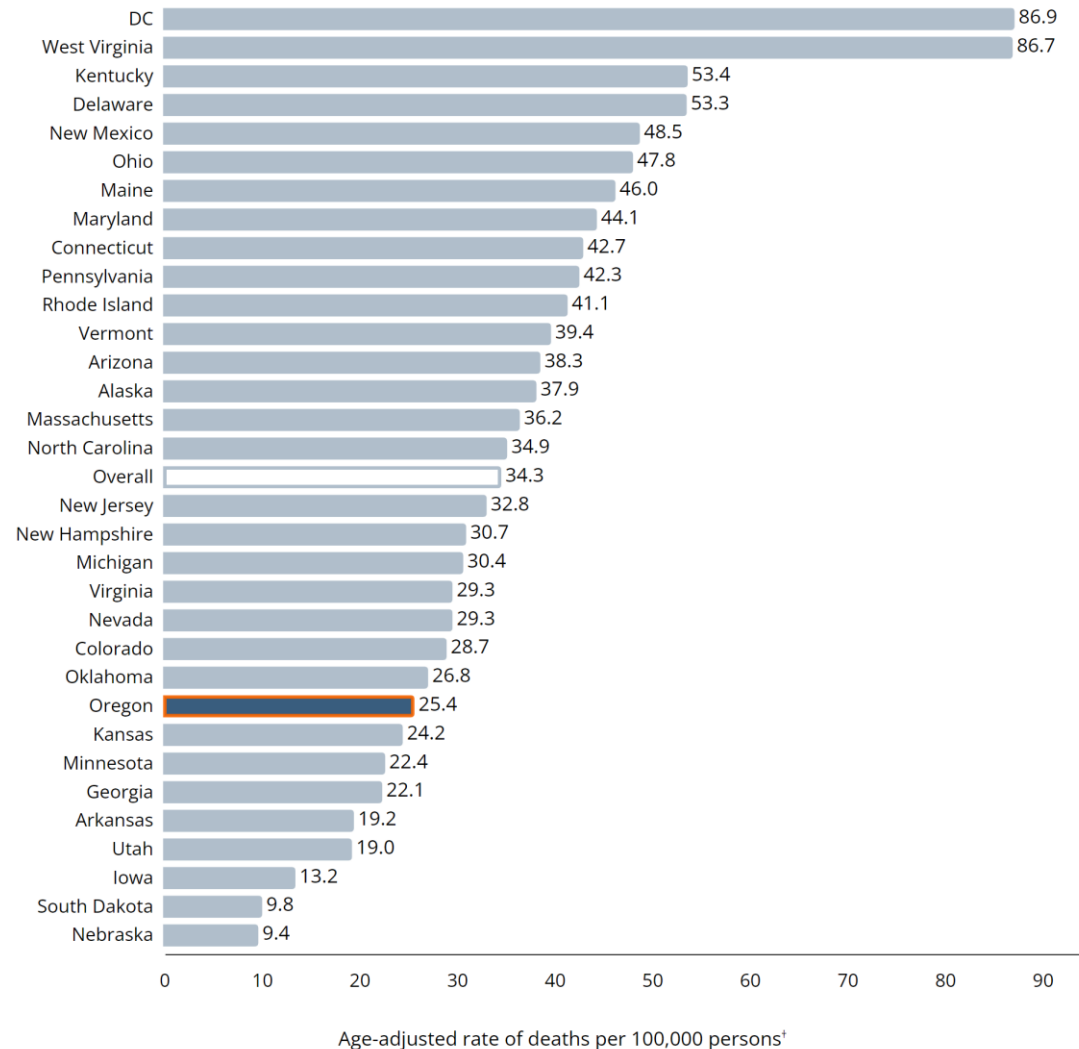


# Characteristics of decedents (2022)

- 69.2% had a documented history of past or current drug use, and no documented history of alcohol use problems
- 35.9% had a diagnosed mental illness
- 17.1% had documented alcohol use problems; alcohol identified as a cause of death for 12.9% (among other substances)
- 19.6% were determined to be houseless at time of overdose
- 78.3% had **no documentation of current treatment** for mental health issues **or** substance abuse

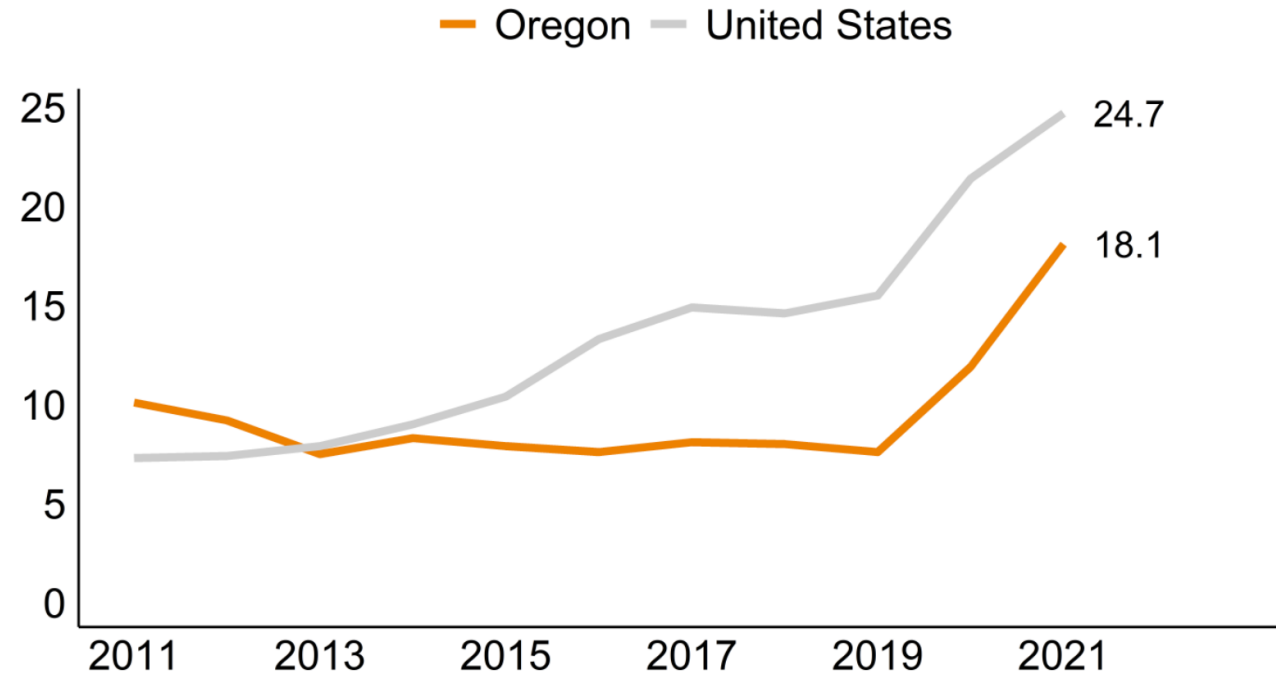
# Oregon vs other states: drug overdose deaths

- 2021 data from SUDORS (latest available final data)
- Oregon's age-adjusted drug overdose death rate was 9<sup>th</sup> lowest out of 32 states



# Oregon vs other states: drug overdose deaths

Age-adjusted Opioid Overdose  
Death Rate per 100,000, 2011-2021

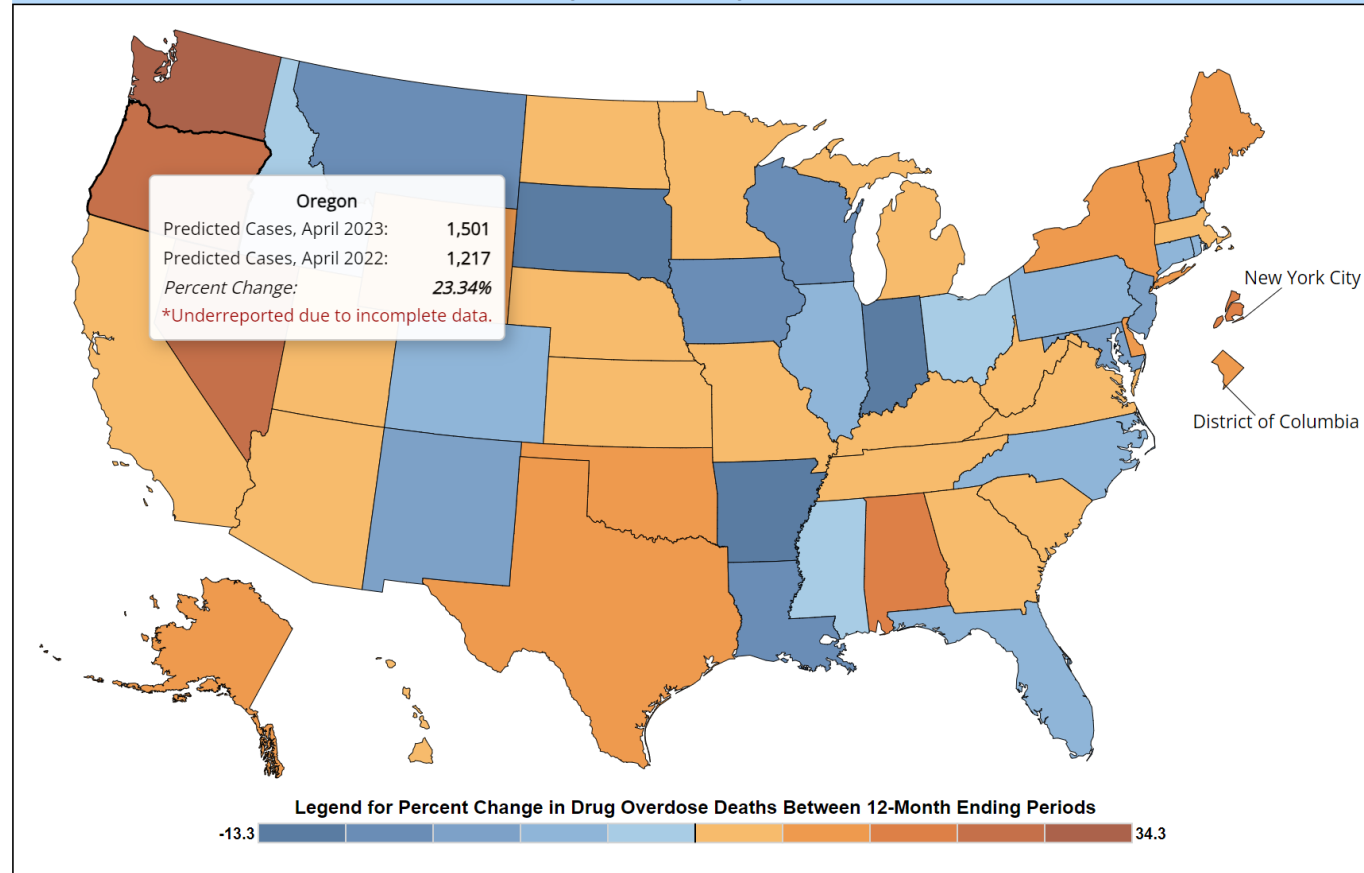


SOURCE: KFF analysis of CDC Multiple Cause of Death 2011-2021 on  
CDC WONDER Online Database.

**KFF**

# Oregon vs other states: drug overdose deaths

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction:  
April 2022 to April 2023



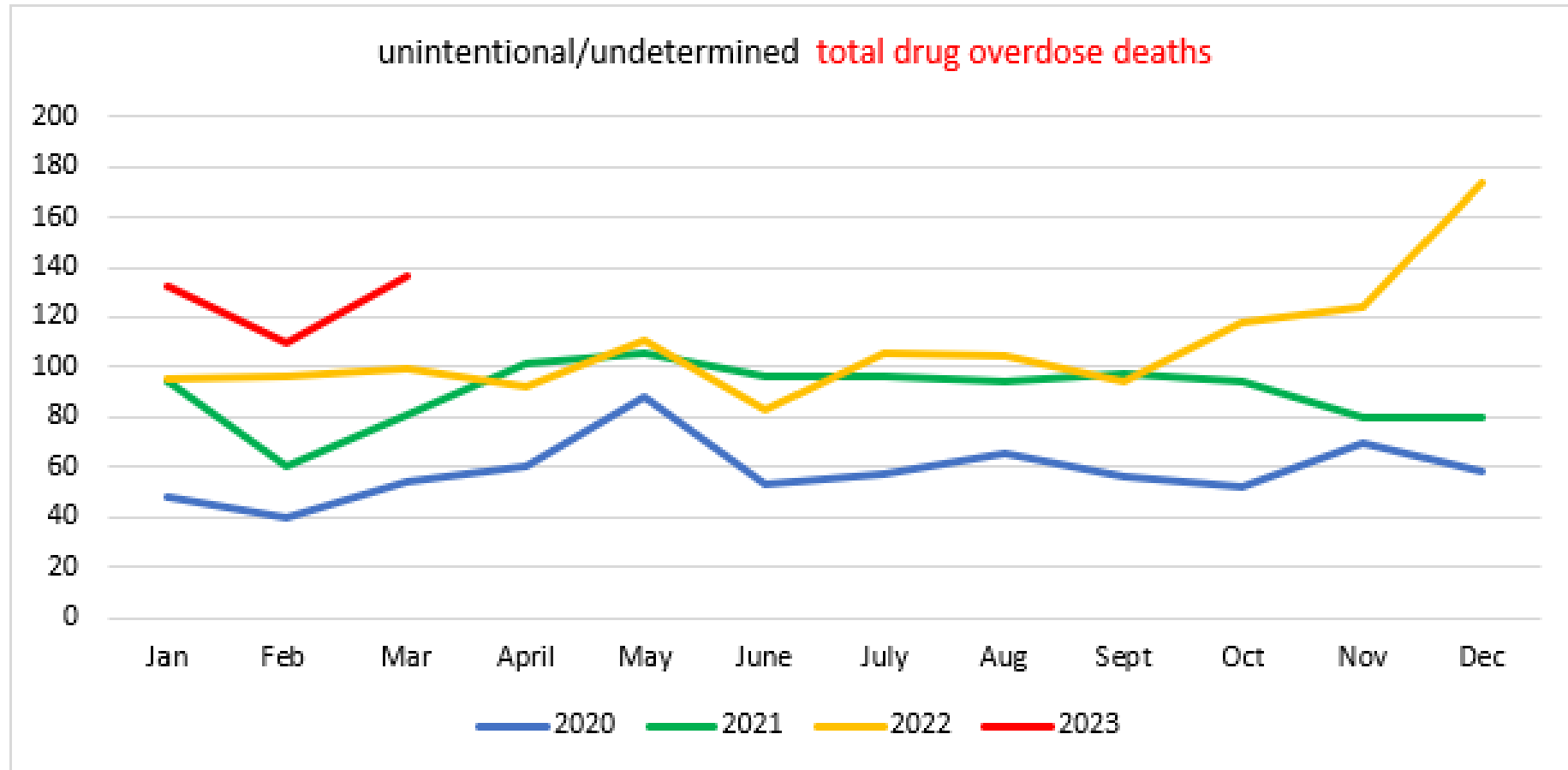


# Drug overdose deaths in Oregon: Latest data

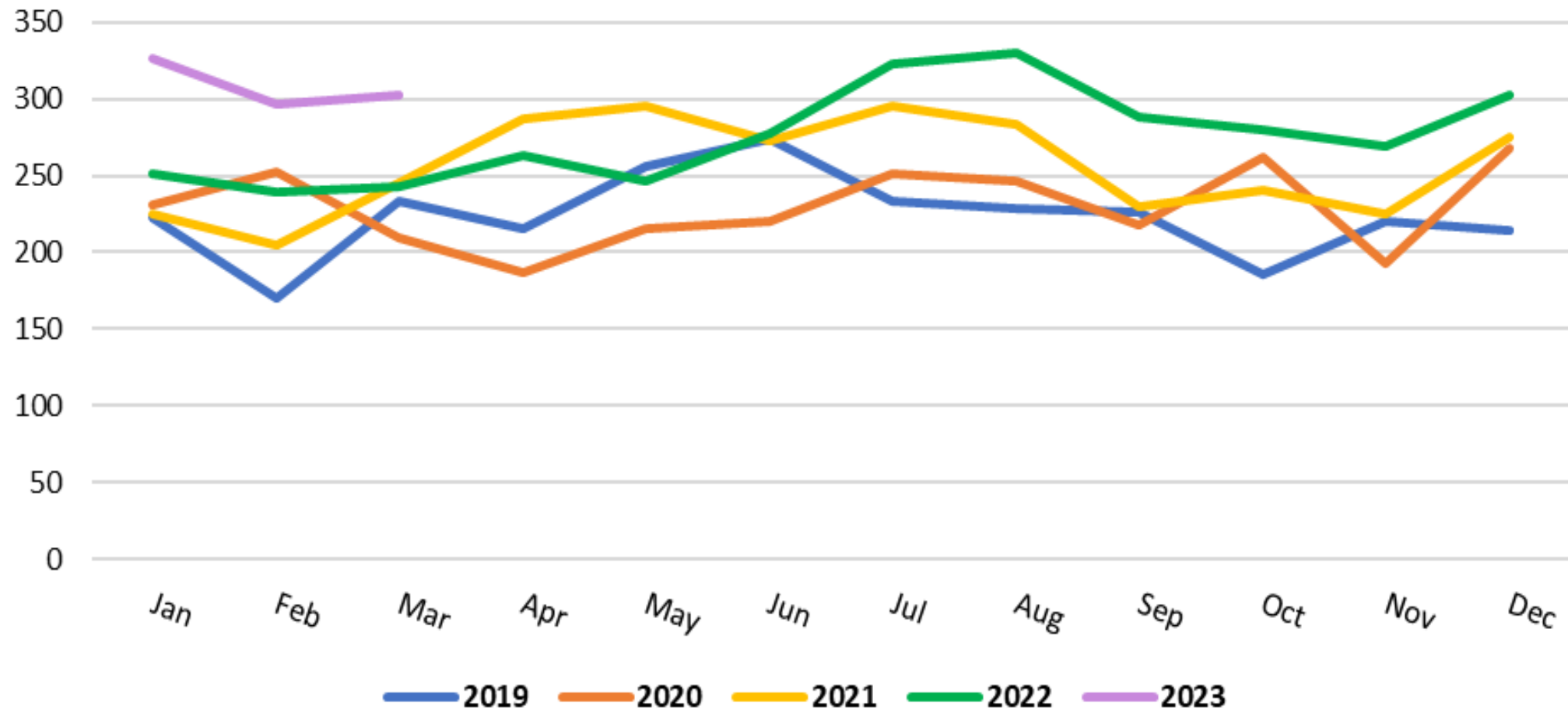
- Comparing Oct 2022 to March 2023 to Oct 2021 to March 2022, the unintentional / undetermined **drug overdose deaths** increased by 46 percent, from 543 to 793
- For the same period, **fentanyl** overdose deaths increased by nearly 93 percent, from 305 to 587



# Drug overdose deaths in Oregon: Latest data

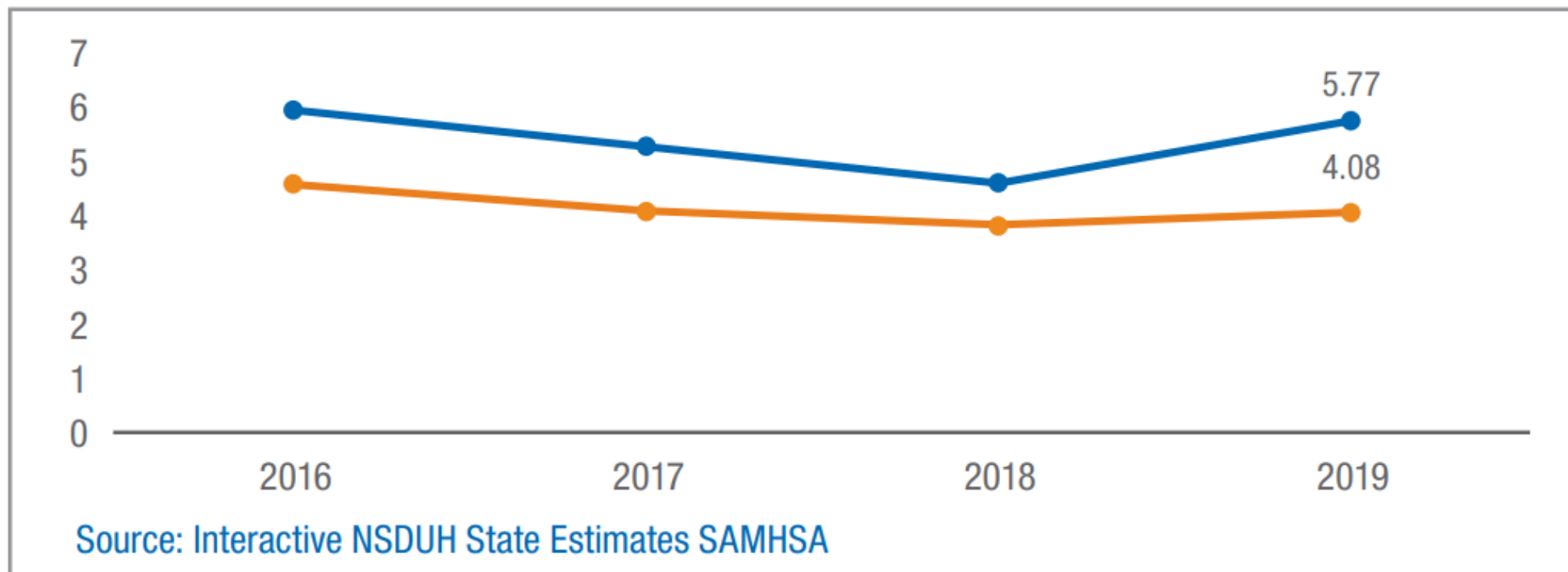


# Emergency department & urgent care visits for opioid overdose increased in 2022–23



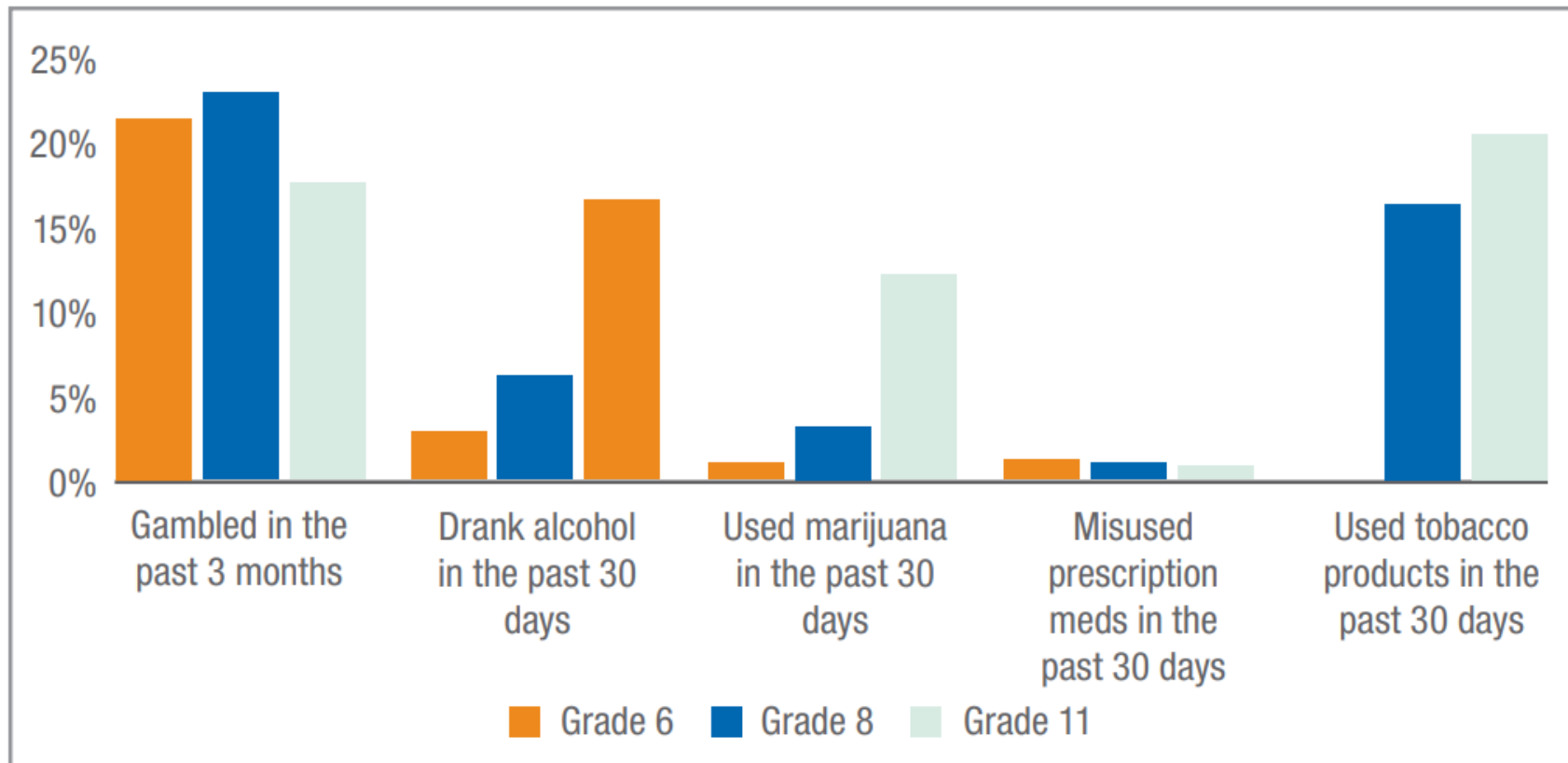
# Youth data

Figure 2: Percentage of youth (ages 12-17) with a documented substance use disorder in the past year, **Oregon** and **national**



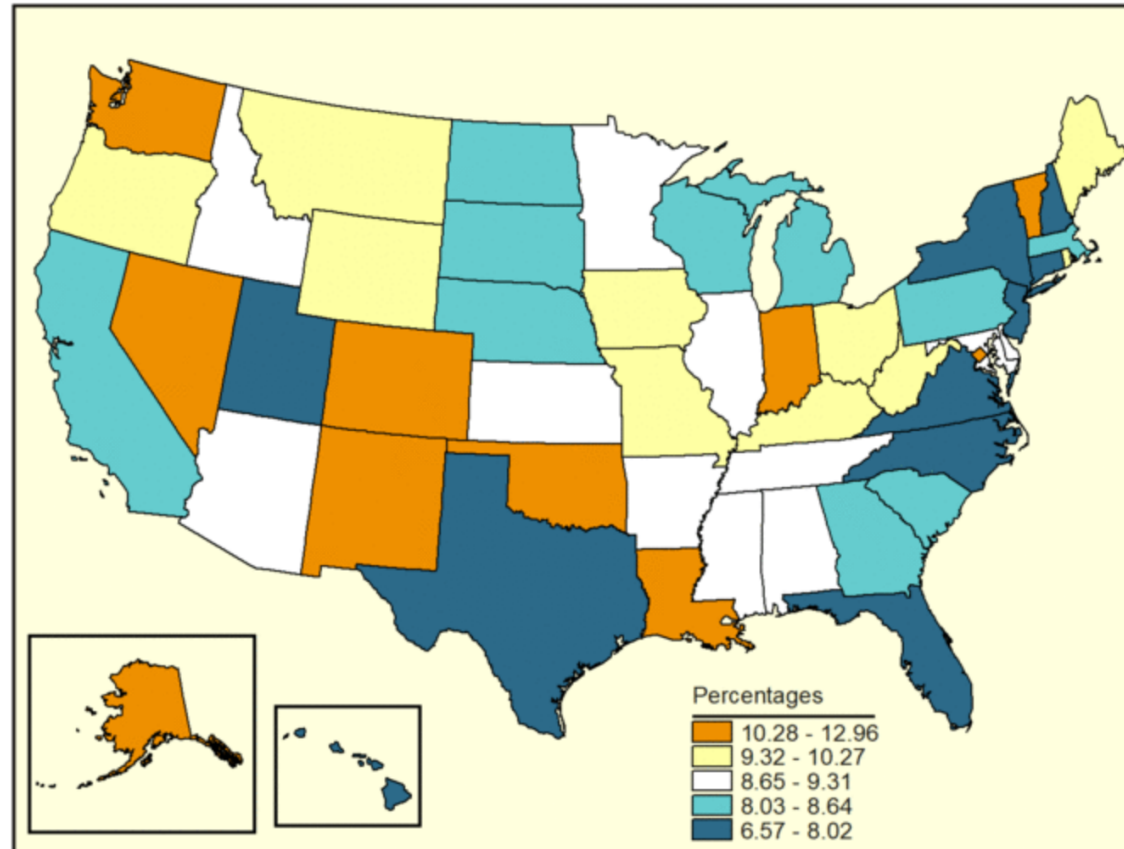
# Youth data

Figure 1: 2022 Student Health Survey data



# Oregon vs other states: drug use disorder

Figure 21a. *Drug Use Disorder in the Past Year: Among People Aged 12 or Older; by State, Percentages, 2021*

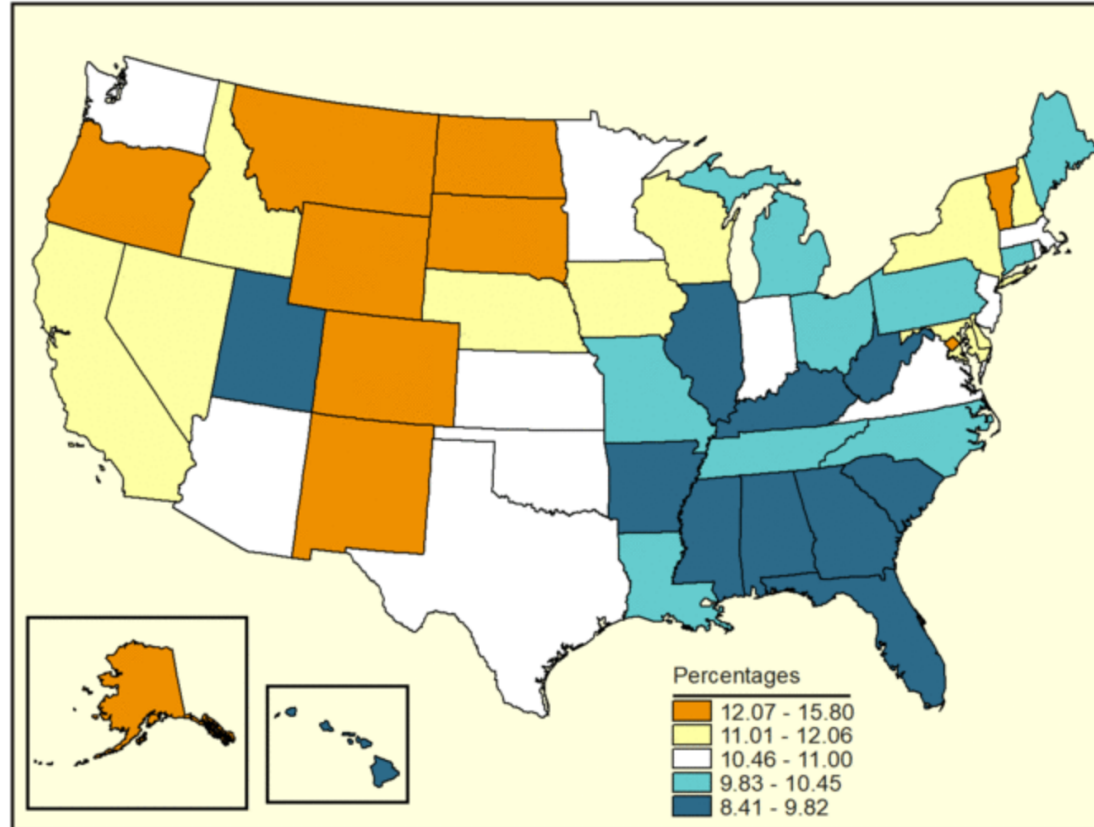


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

Source: NSDUH, 2021

# Oregon vs other states: alcohol use disorder

Figure 24a. *Alcohol Use Disorder in the Past Year: Among People Aged 12 or Older; by State, Percentages, 2021*



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021.

Source: NSDUH, 2021

# Excessive alcohol use

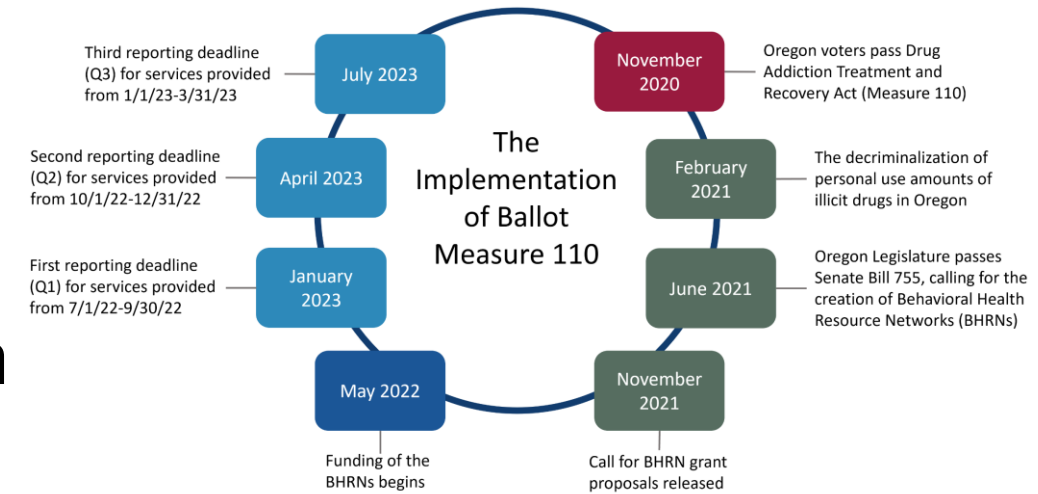
- Excessive alcohol use the **third leading cause of preventable death in Oregon**
  - Over 2,000 deaths each year and rising
  - \$4.8 billion in healthcare expenses, motor vehicle crashes, criminal justice costs and lost productivity
- Per capita consumption of alcohol in Oregon is higher than the national average
  - >1 in 5 Oregon adults report excessive drinking in the past month
  - ~577 drinks are consumed per person age 14+ in Oregon every year

# Measure 110 in context



# Measure 110

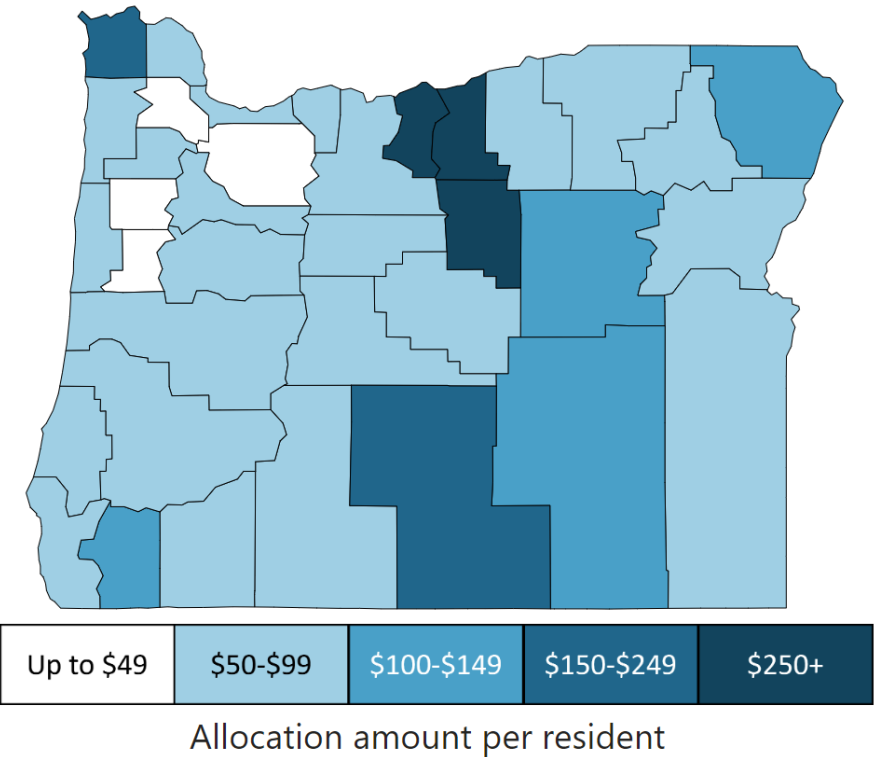
- Goal: establish a more equitable health-based and effective approach to SUD in Oregon
- Passed November 2020
- Made changes to the criminal justice system and the behavioral health system
  - Decriminalization happened fast (February 2021)
  - Funding of Behavioral Health Resource Networks happened slowly (began May 2022)



# Measure 110

- Established Behavioral Health Resource Networks (BHRNs)
  - 42 BHRNs, at least one in each county
  - Each BHRN includes partners that together cover a full spectrum of services including screening and assessments, peer services, harm reduction interventions, low barrier substance use treatment, housing, and employment supports
- Created the Oversight and Accountability Council (OAC)
  - 20 members with professional and lived experience with substance use
  - Approve and oversee grants to BHRNs
- Administered by OHA

# Measure 110 Data Dashboard



County		County	
ALL		Clatsop, Columbia, Tillamook	
Number of BHRNs	Number of Organizations		Organizations
42	233	3	18
Award Amount	Percent of Total Funds Available	Award Amount	Percent of Total Funds Available
\$265M	100.0%	\$12M	2.9%
Total Population	Percent of Total Population	Total Population	Percent of Total Population
4M	100.0%	119K	2.8%

Tribal grantees and allocation information not displayed on map.

Number of Tribal Grants	Tribal Allocation
11	\$11.4M

<https://www.oregon.gov/oha/HSD/AMH/Pages/Measure110.aspx>

# Measure 110 Data Dashboard

## Client Engagement in BHRN Partner Services

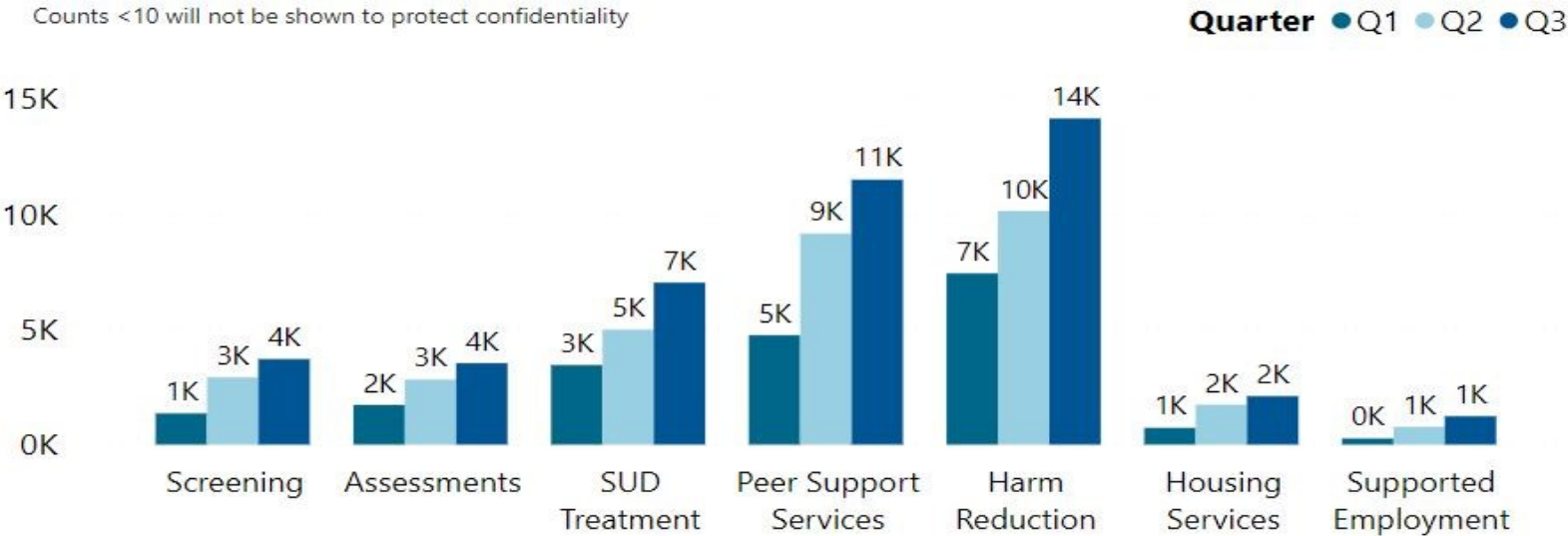
Data displayed on this page was reported by BHRN Partners during quarters 1 (7/1/22-9/30/22), 2 (10/1/22-12/31/22), and 3 (1/1/23-3/31/23) of their grants. BHRN Partners report the number of clients they serve, and the number of service encounters they have with their clients, as a measure of overall engagement. The chart below shows that statewide, the largest numbers of clients and encounters were reported in the areas of Peer Support and Harm Reduction for all quarters. Additionally, the number of clients increased statewide each quarter in all service areas. **Use the buttons below to view either the number of clients or the number of service encounters. Use the menu on the right to filter for a specific county.**

Number of Clients

Number of Encounters

BHRN Client Counts by Service Area - All Counties

Counts <10 will not be shown to protect confidentiality



SUD = Substance Use Disorder

⌵

🔗

⋮

Select a County to filter the chart

☐ Baker

☐ Benton

☐ Clackamas

☐ Clatsop

☐ Columbia

☐ Coos

☐ Crook

☐ Curry

☐ Deschutes

☐ Douglas

Service area	Overall % Change in Client Counts Between Q1 and Q3	
Screening	▲	174%
Assessments	▲	106%
SUD Treatment	▲	104%
Peer Support Services	▲	143%
Harm Reduction	▲	91%
Housing Services	▲	190%
Supported Employment	▲	365%

# Trends since Measure 110

- It's too early to attribute population health outcomes to Measure 110
  - Changes take time to be reflected in health outcomes (compare to tobacco Master Settlement Agreement)
  - Given numerous changes, isolating the effect of M110 will be difficult
- So why are drug seizures, drug hospitalizations, and overdose deaths increasing so rapidly?

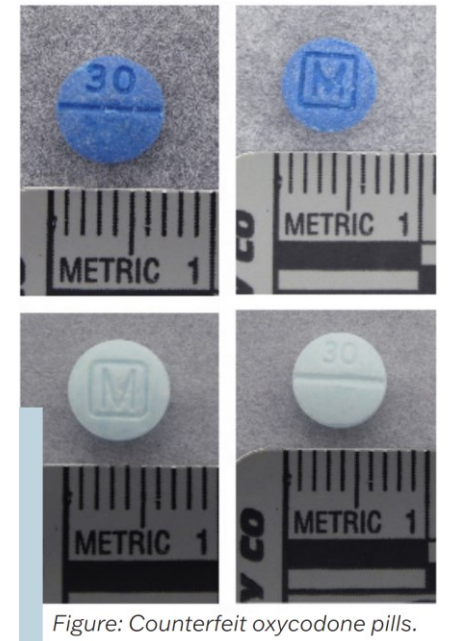


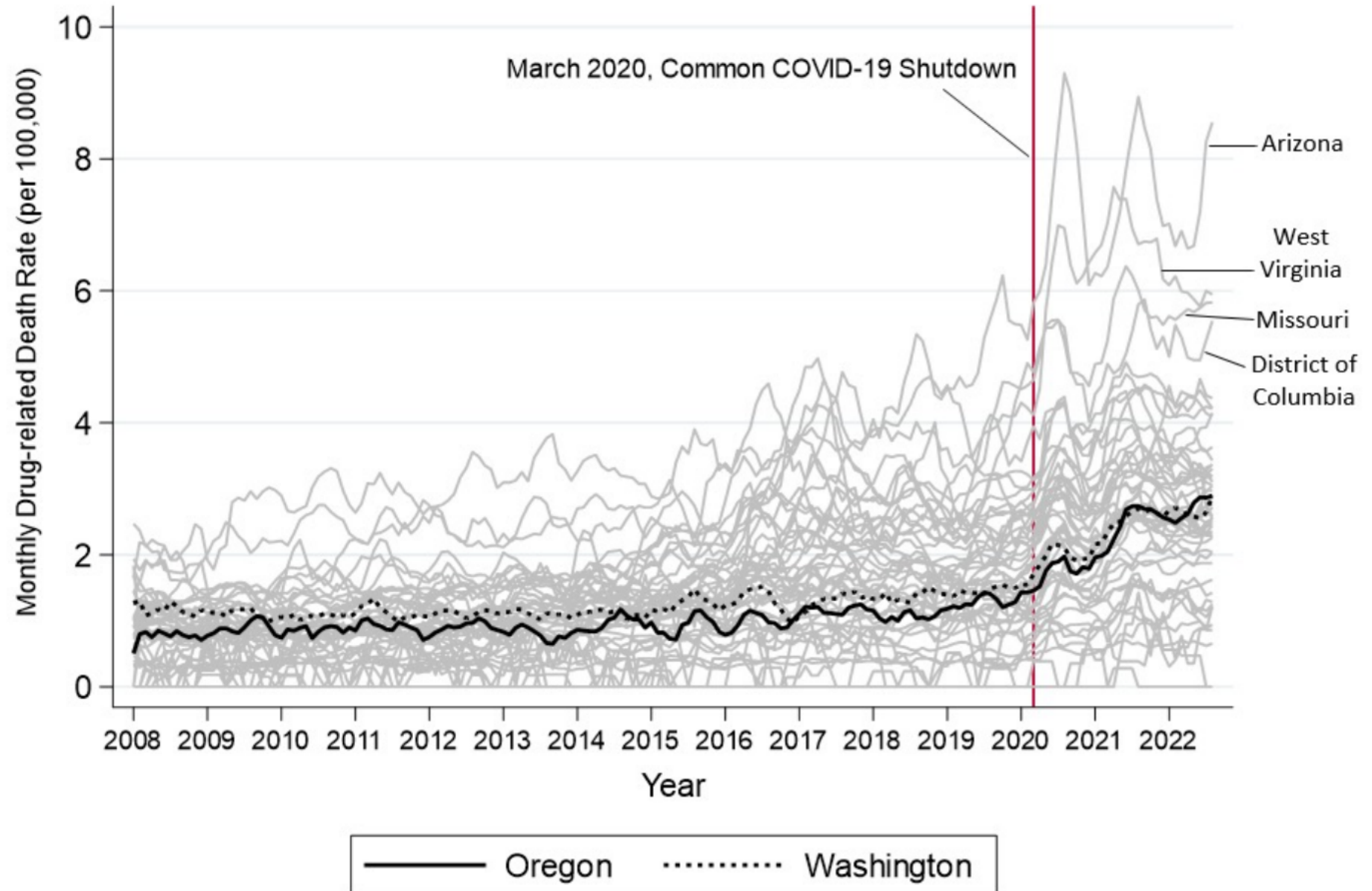
Figure: Counterfeit oxycodone pills.



# Drug-related deaths are increasing in many states

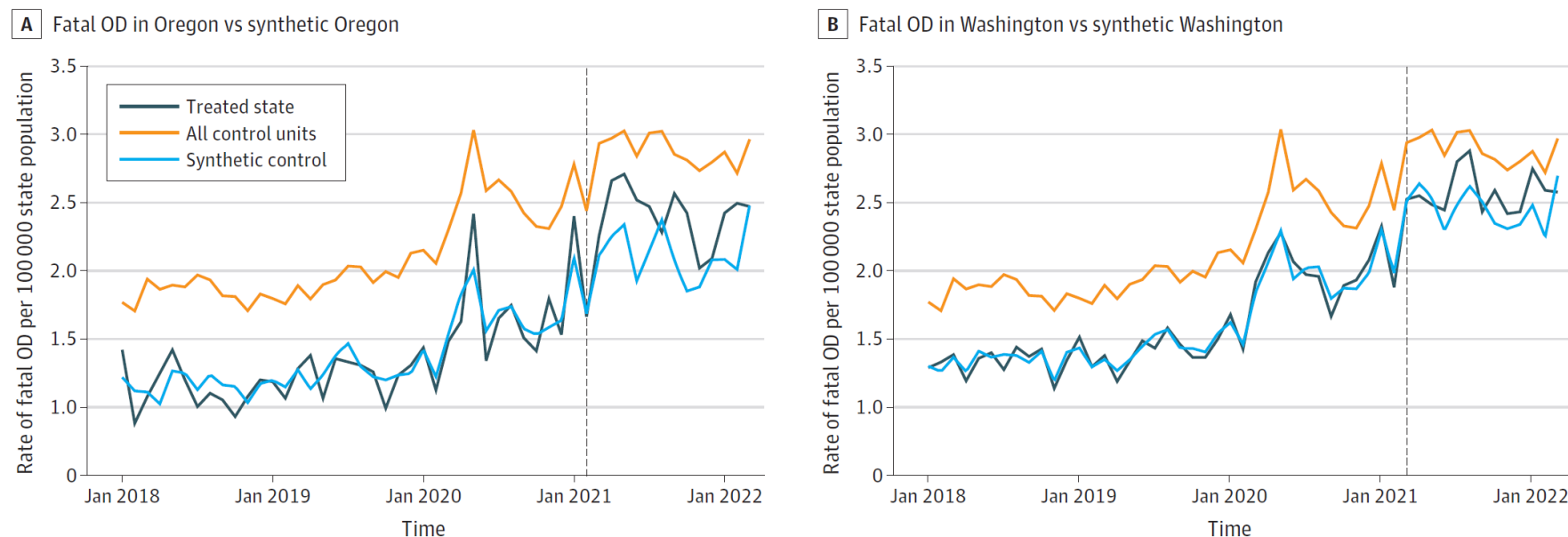
[https://pdxscholar.library.pdx.edu/ccj\\_fac/114/](https://pdxscholar.library.pdx.edu/ccj_fac/114/)

Figure 10. Drug-related Deaths from all 50 States and District of Columbia, 3-month Moving Average from 2008 through September 2022 (not age adjusted)



# Joshi S et al. – One-Year Association of Drug Possession Law Change With Fatal Drug Overdose in Oregon and Washington

Figure 2. Monthly Fatal Drug Overdose (OD) Rates per 100 000 State Population



Oregon vs synthetic Oregon (A) and Washington vs synthetic Washington (B), January 2018-March 2022. The vertical line represents the implementation of Measure 110 and the *Blake* decision. All control units reflect an unweighted

average rate of fatal drug overdose over the study period, inclusive of all 49 control units. The vertical line indicates the implementation of the drug policy change.

## **Joshi S et al. – One-Year Association of Drug Possession Law Change With Fatal Drug Overdose in Oregon and Washington**

- This study found no evidence of an association between decriminalization of drug possession in Oregon and Washington and fatal drug overdose rates
- However, the study only had available about one year of overdose data post-M110 (through March 2022)

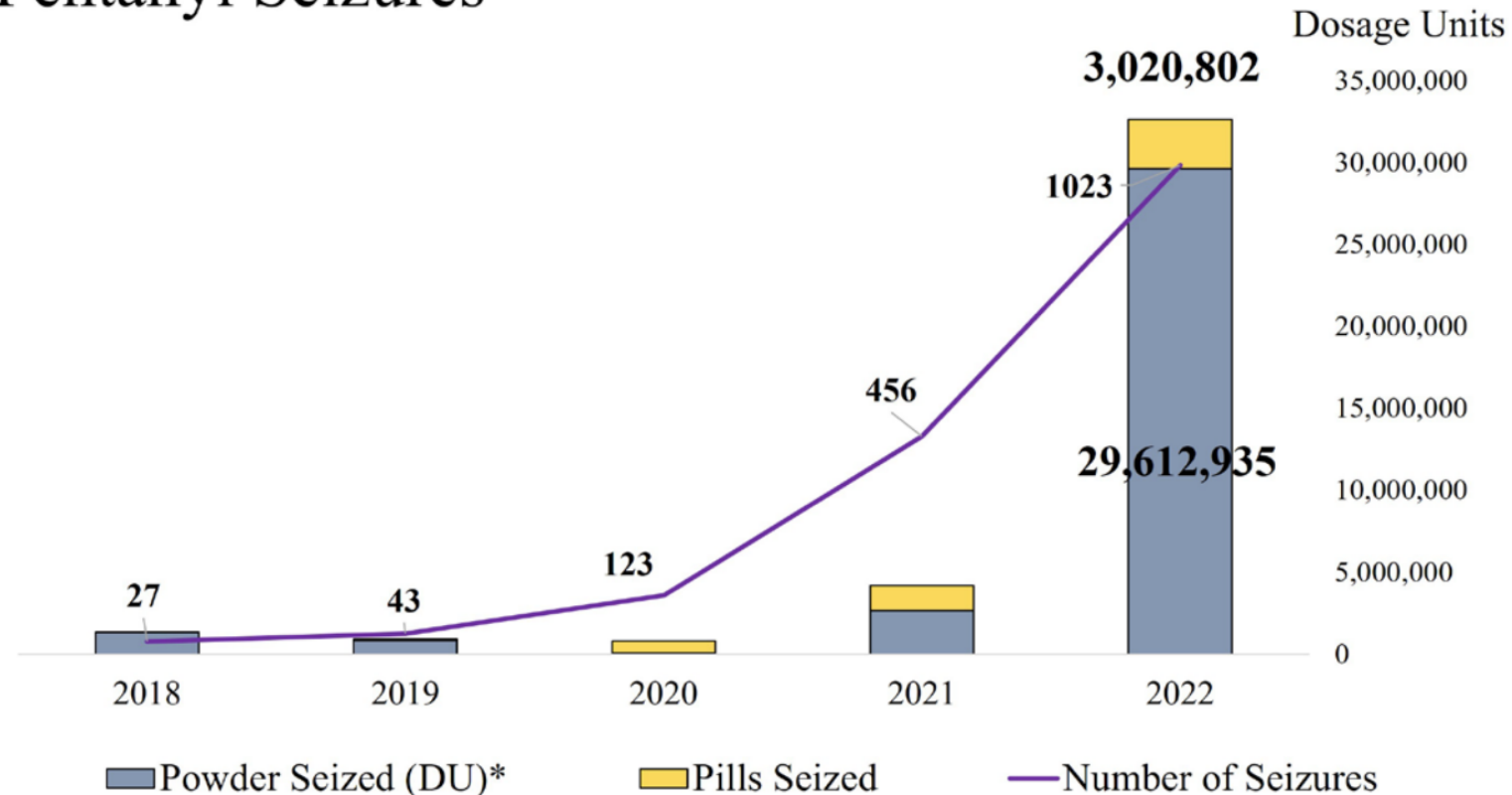


# Major contextual factors – a complex landscape

- **Measure 110** took effect in February 2021
- **BHRN** funding began May 2022
  - Behavioral health workforce gaps and efforts to address gaps
- **COVID-19 pandemic:** hugely disruptive
- **Law enforcement practice changes**
- **Medicaid 1115 waiver** to expand SUD services, fund housing
- **Opioid settlement** funding efforts
- ▶ **Fentanyl:** massive increase in supply in western states

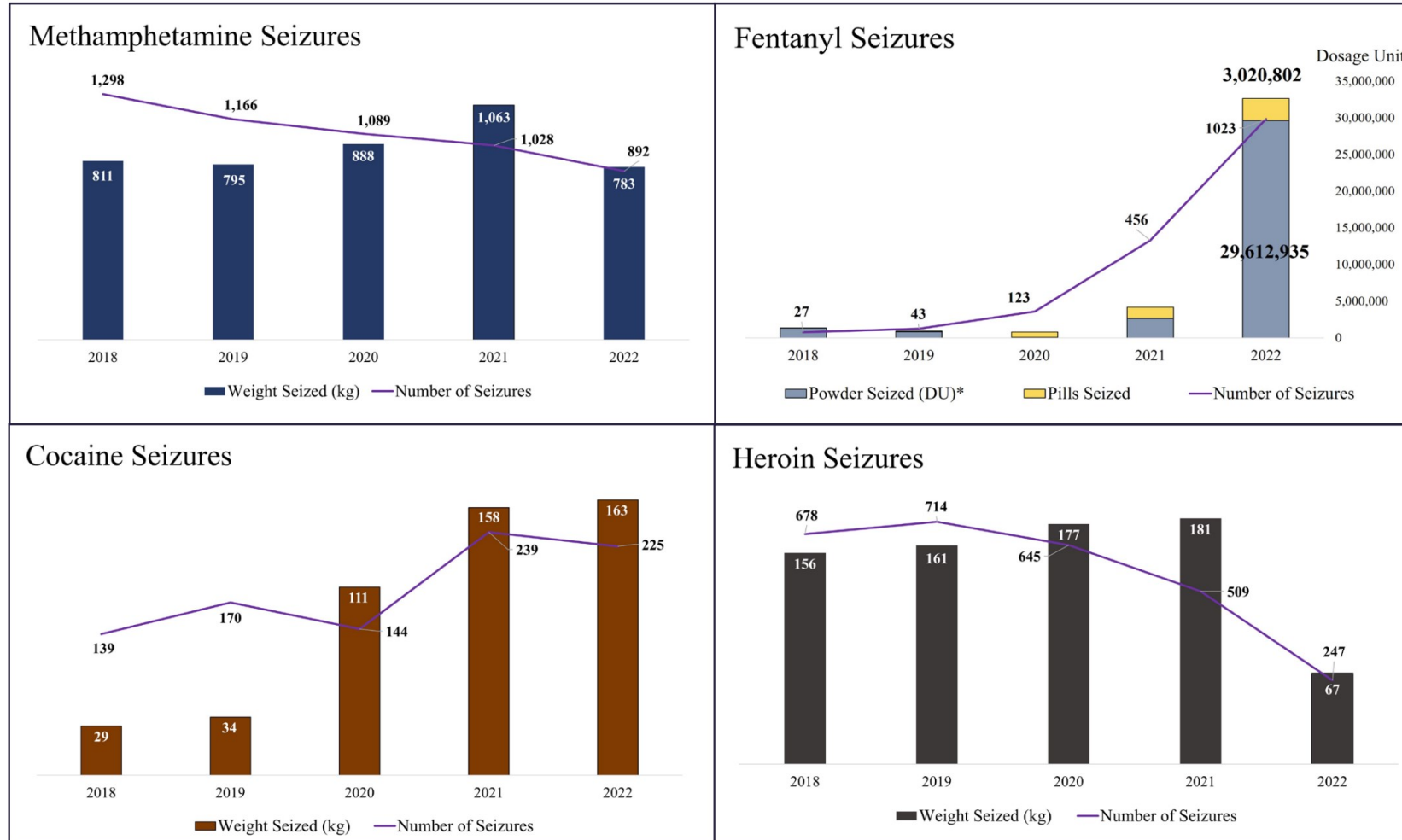
# Fentanyl has rapidly surpassed other opioids in Oregon

## Fentanyl Seizures



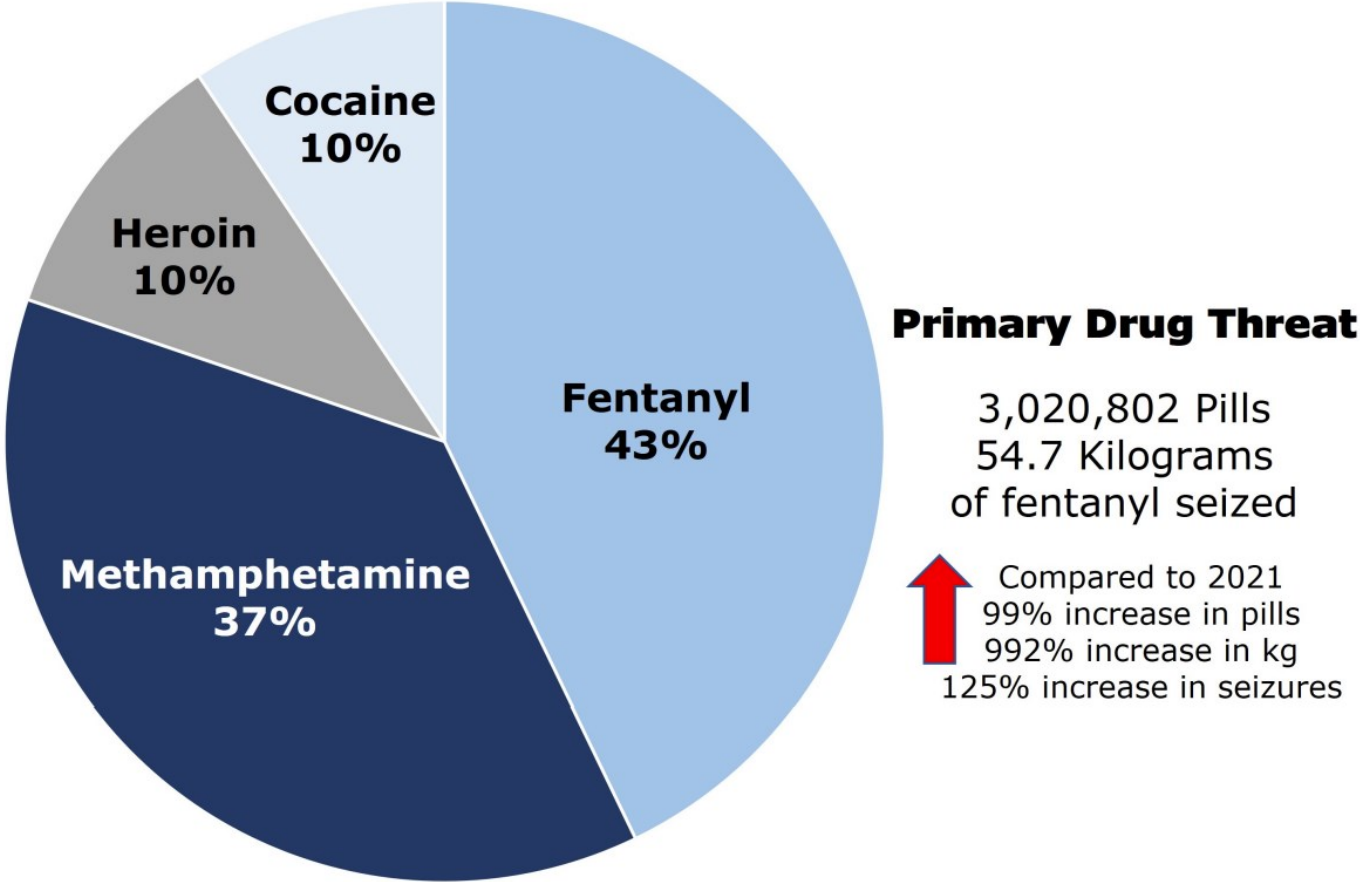
From Oregon-Idaho HIDTA 2022 Annual Report

# Fentanyl has rapidly surpassed other opioids in Oregon



From Oregon-Idaho HIDTA 2022 Annual Report

# 2022 Drug Seizure Incidents Oregon-Idaho HIDTA Initiatives



Source: HIDTA Performance Management Process – Number of seizures related to drug type for 2022. Fentanyl seizure amounts in 2021 and 2022 comparison – Accessed 02/17/2023

From Oregon-Idaho HIDTA 2024 Threat Assessment

# Fentanyl Adulterated with Xylazine

# Xylazine overview

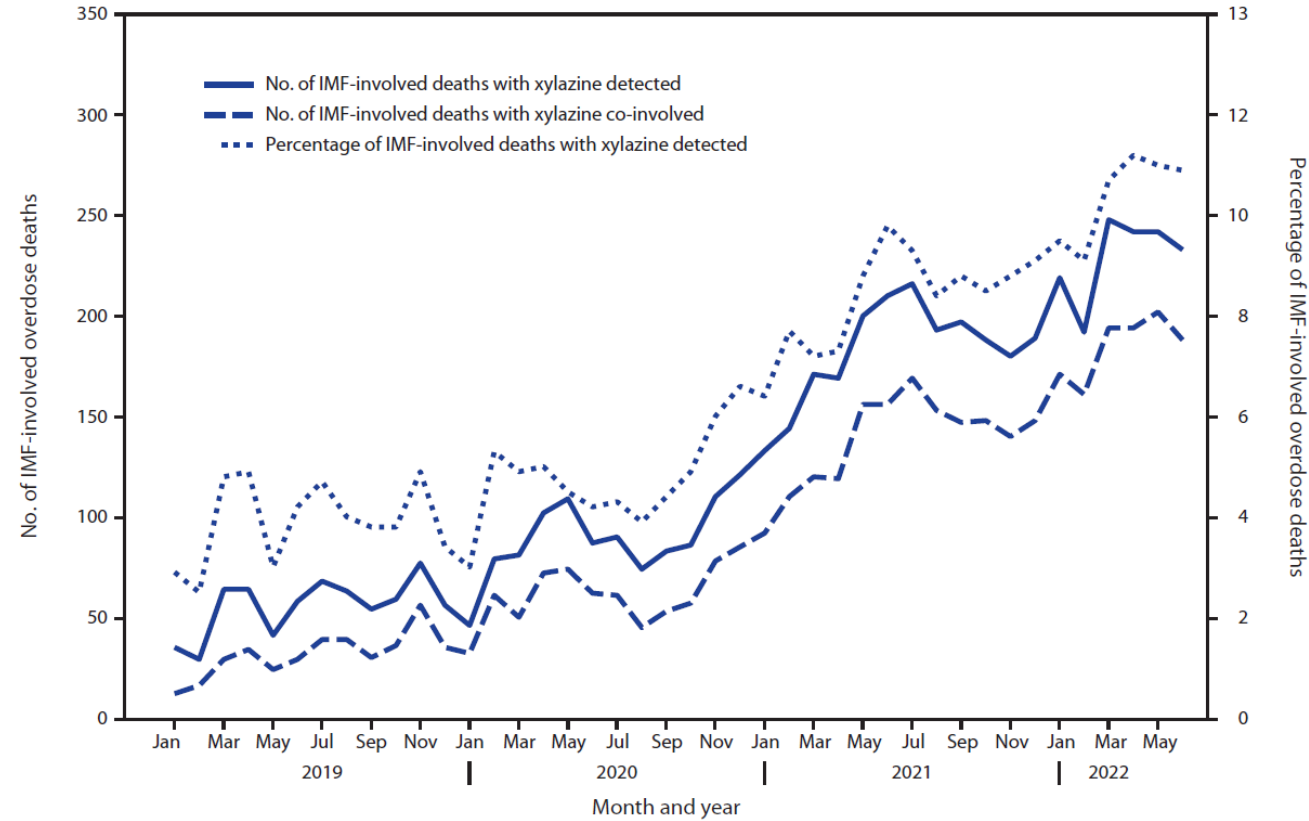
- A veterinary sedative and central nervous system (CNS) depressant
- Increasingly being found as an adulterant in fentanyl
- Not an opioid and not affected by naloxone
- Complicates overdoses, causes serious wounds, and has potential for physical dependency and withdrawal
- Can cause overdose death by itself but is usually found in combination with other drugs such as heroin, fentanyl, and cocaine

# Xylazine Wounds

- Xylazine wounds have been reported from injecting, smoking and snorting, and they need medical care.
- Wounds can start anywhere there is open skin, and often start as shallow looking blisters and ulcers that can progress rapidly.
- Wounds differ from abscesses and can rapidly spread into muscles, tendons, and bones, requiring prolonged medical care to heal.



FIGURE 1. Number and percentage of drug overdose deaths involving\* illicitly manufactured fentanyl,<sup>†</sup> by month and xylazine detection or co-involvement — State Unintentional Drug Overdose Reporting System, 21 jurisdictions,<sup>§</sup> January 2019–June 2022



Abbreviations: IMF = illicitly manufactured fentanyl; SUDORS = State Unintentional Drug Overdose Reporting System.

\* A drug was considered involved or co-involved if it was listed as a cause of death on the death certificate or medical examiner or coroner report.

<sup>†</sup> Fentanyl was classified as likely illicitly manufactured using toxicology, scene, and witness evidence. For the 8% of deaths involving fentanyl that had insufficient evidence for classification as illicit or prescription, fentanyl was classified as illicit because the vast majority of fentanyl overdose deaths involve illicit fentanyl. All fentanyl analogs except alfentanil, remifentanil, and sufentanil, which have legitimate human medical use, were included as IMFs.

<sup>§</sup> Connecticut, Delaware, District of Columbia, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. Illinois, Pennsylvania, and Washington reported deaths from counties that accounted for ≥75% of drug overdose deaths in the state in 2017 per SUDORS funding requirements; all other jurisdictions reported deaths from the full jurisdiction. Jurisdictions were included if data were available for each 6-month period (January–June 2019, July–December 2019, January–June 2020, July–December 2020, January–June 2021, July–December 2021, and January–June 2022), and toxicology reports were available for ≥75% of deaths in the included period or periods. Analysis was restricted to decedents with an available toxicology report or with xylazine listed as a cause of death on the death certificate.



## Numbers of detections and deaths involving xylazine among drug overdose deaths in Oregon

Year	Forensic detection of Xylazine	Overdose deaths implication of Xylazine
2020	2	0
2021	9	1
2022	10	2
2023*	5	5

**\* 2023 data are very preliminary**

**All deaths involving Xylazine were co-involved with fentanyl**

**Source: SUDORS**

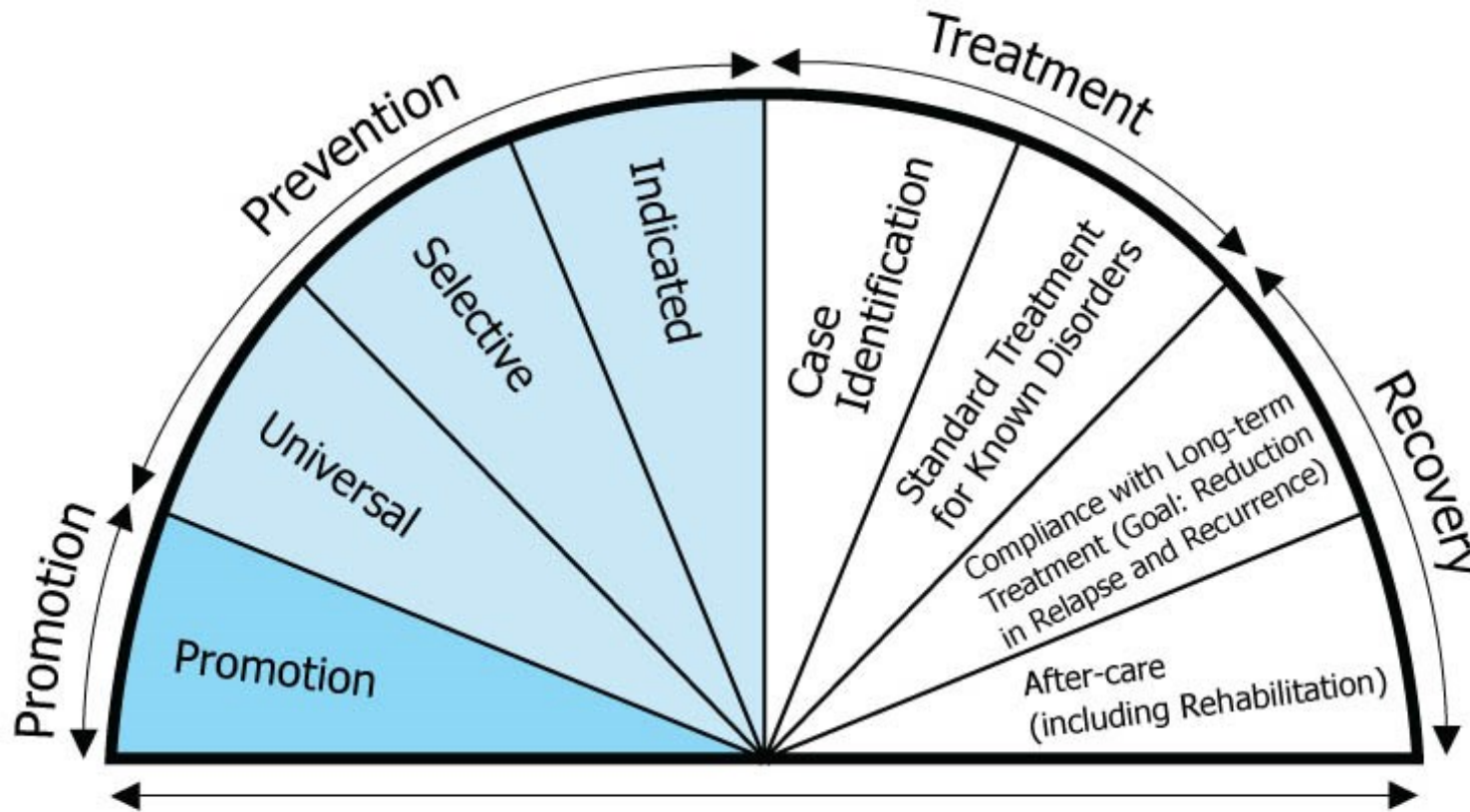
# Oregon's Xylazine Prevention & Response

- Health Intelligence Briefing (HIB): Convened a HIB in May 2023 to discuss OHA's public health surveillance mechanisms, response strategies, and needs related to preparation and response planning
- Cross-Divisional Collaboration: Formed a cross-division workgroup in June 2023 to coordinate OHA's fentanyl-xylazine response
- Surveillance & Response Preparation: Finalizing the Oregon Overdose Response Protocol and Fentanyl-Xylazine Overdose Surveillance Plan
- Communications: Formed a cross-division subcommittee to develop stakeholder-specific resources. Clinician and public guidance coming soon.

# Program & Policy Efforts

*How we can bolster our response to the statewide overdose crisis*

# SUD Continuum of Care Framework



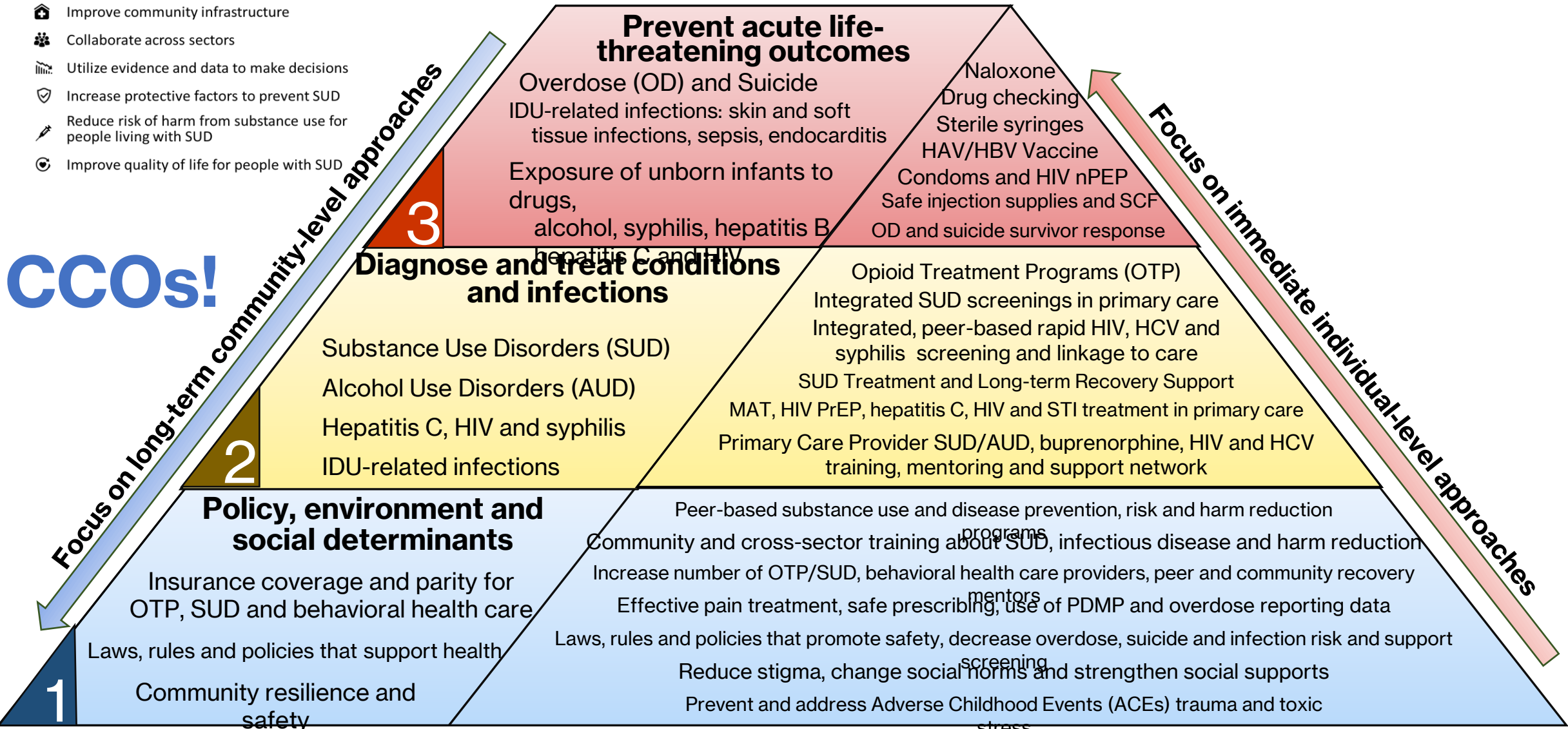
- **Promotion** increases resilience and well-being for everyone
- **Prevention** reduces the risk of developing high-risk behaviors
- **Treatment** diagnoses and provides services to individuals with SUD
- **Recovery** links individuals to positive, supportive activities, environments, and opportunities to support long-term treatment

# Conceptual Framework of Public Health & Health System SUD Syndemic Approach

## Key Strategies

- ♥ Reduce SUD stigma
- 🏠 Improve community infrastructure
- 🤝 Collaborate across sectors
- 📊 Utilize evidence and data to make decisions
- 🛡️ Increase protective factors to prevent SUD
- 📌 Reduce risk of harm from substance use for people living with SUD
- 👁️ Improve quality of life for people with SUD

CCOs!



# Oregon's 1115 Medicaid waiver

- \$138 million to strengthen state capacity; OHA is adding 131 positions to address health-related social needs
- Extended Oregon Health Plan (OHP) eligibility for young children, youth, and adults
  - Continuous OHP eligibility and enrollment for children up to age six
  - Two years of continuous enrollment for OHP members ages six and older
- Health-related social needs (HRSNs) supports including housing, nutrition and climate supports
- Coverage for young adults with special health care needs up to age 26

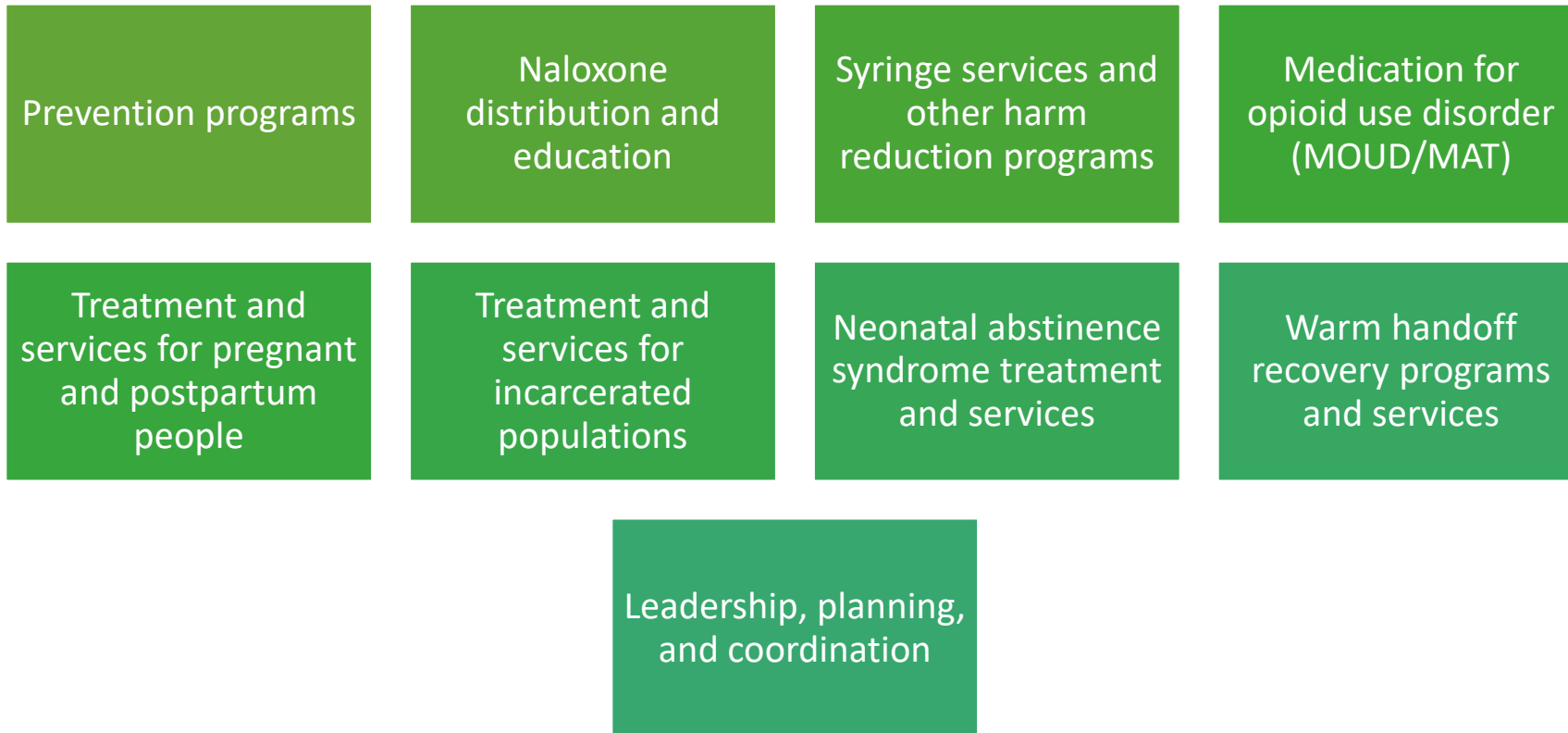
# Opioid settlements

Estimated total of >\$325 million coming to Oregon

- **55% to Cities and Counties**
  - Approx. \$179 million paid by the national settlement administrator directly to cities and counties (pop. >10,000)
  - Allocation decisions are made locally
  - DOJ will publish and present annual report with public meeting
- **45% to State of Oregon Opioid Settlement Prevention, Treatment & Recovery Fund**
  - Approx. \$146 million in 18 payments through 2038
  - OHA staffing the state portion of the settlement
  - Allocation decisions made by Opioid Settlement Prevention, Treatment, and Recovery Board
  - All meetings are public: [Oregon.gov/opioidsettlement](https://Oregon.gov/opioidsettlement)

# Opioid settlement priority strategies for all funds (state and local)

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# State portion of opioid settlement funds

- 2023 approximate total: \$62M
- 2024: \$12.1M
- 2025: \$15.3M (Payments will come in through 2038)
- On March 1, the Opioid Settlement Prevention, Treatment, and Recovery Board allocated:
  - \$4M for a statewide data system to collect, analyze and publish data about the availability and efficacy of substance use prevention, treatment and recovery services
  - \$13M to Save Lives Oregon, to expand access to naloxone and harm reduction supplies

# Programs and policies

A comprehensive response to addressing overdose/polysubstance use in Oregon

- The Alcohol and Other Drug Prevention and Education Program (ADPEP) funds primary prevention programs in every tribe and county in Oregon
- Local & Culturally Specific Overdose Prevention
  - Tribal Opioids and Other Drugs Training Academy
  - Funding to Local Public Health Authorities
  - Funding to Community Based Organizations (CBOs)

# Programs and policies

## Pain Management & Safer Opioid Prescribing

- PINPOINT: Statewide clinical quality improvement project for safe pain treatment and opioid prescribing in primary care
- Heal Safely: Non-opioid acute pain management campaign
- Oregon Pain Management Commission Training for providers
- Oregon Pain Guidance for patients and providers

# Programs and policies

## Harm Reduction

- **Save Lives Oregon:** Harm reduction resource hub and clearinghouse to provide lifesaving supplies to local organizations and tribal communities serving people who use drugs [www.savelivesoregon.org](http://www.savelivesoregon.org)
- **Reverse Overdose Oregon:** Media campaign to empower employers and bystanders to recognize and respond to overdoses in the workforce by administering Naloxone
  - Over 4000 overdose reversals reported with earlier SAMHSA State Targeted Response (STR) and State Opioid Response (SOR)-1 funded naloxone alone

# Programs and policies

## Health Systems Initiatives - Substance Use Treatment

- Medication Assisted Treatment Expansion
  - Since 2017, established/expanded services in 7 opioid treatment programs and 12 Office-Based Opioid Treatment sites
- ECHO Network
  - Rural providers trained on OUD issues through Project ECHO
  - 749 providers have participated since 2017

# Summary

# Key Takeaways

- Overdoses have rapidly increased in Oregon since 2020. Fentanyl has surpassed methamphetamine as the most frequent drug involved in overdose deaths accounting for 90% of opioid overdose deaths in 2022.
- Overdoses involving multiple drugs, including alcohol (polysubstance overdoses), now account for more than half of all fatal overdoses.
- Overdose death disparities continue to worsen for Oregon's American Indian/Alaska Native and Black communities, who experienced overdoses at more than double the rate of White communities in 2022.

# Key Takeaways (continued)

- Xylazine has been found in a small but increasing number of overdose deaths since 2020. So far, all overdose deaths in Oregon where xylazine was present also involved fentanyl.
- OHA is monitoring xylazine prevalence and incorporating fentanyl-xylazine into existing response strategies.
- Oregon's surveillance systems are imperfect and do not adequately capture overdoses or the contributing substances in real-time.
- There are solutions to expand data collection and improve data quality, requiring cross-sector coordination and new resources.



# Key Takeaways (continued)

- OHA is well positioned to mobilize resources to address this crisis as part of a comprehensive, polysubstance use response.
- State leadership can advance cross-sector infrastructure that includes tribal nations, communities, and people with lived experiences.
- CCOs will continue to play a key role in substance use prevention, treatment, and recovery

# Looking ahead

- Oregon needs system transformations to comprehensively address the complex factors contributing to substance use and overdose
  - Integrated harm reduction approaches across the substance use disorder continuum of prevention, care, treatment and recovery
  - Improved culturally specific resources and services
  - Community-level prevention interventions to address intergenerational substance use and root causes of factors that contribute to substance use and overdose, including racism, stigma and the many forms of trauma

# Where to find data

- **Prescribing and Drug Overdose Data Dashboard:** State and county-level data on controlled substance prescribing and drug overdose health outcomes
- **Overdose Prevention Dashboard:** Mortality; emergency department and hospital discharge data; and annual, statewide, county-level, and demographic trends for 11 drug categories, including fentanyl, heroin, and stimulants.
- **Opioid Overdose Public Health Surveillance Update:** Quarterly public report of statewide opioid overdose death and hospitalization data

# Where to find OHA data

- **Annual legislative report:** Summarizes overdose burden in Oregon, as required by ORS 432.141; 2023 report in progress with expected release in September 2023
- Local public health authority and tribal health authority quarterly reports, which summarize overdose death and hospitalization data by county

# Thank you

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