

OPIOIDS IN OKLAHOMA



OPIOIDS:

A class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and prescription opioids such as oxycodone (e.g. OxyContin), hydrocodone (e.g. Valium), codeine, morphine, among others. Risks include addiction, overdose, and death, especially with long term use.¹

OPIOID USE

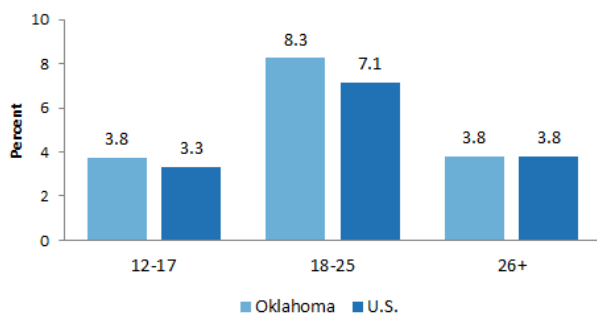
Approximately 140,000 (4.4%) of Oklahomans aged 12 years and older misused pain relievers in the past year compared to 4.2% in the U.S.²

An estimated 14,000 Oklahomans aged 12 years and older used heroin in the past year.²

Oklahoma still ranks in the top 10 among states for the highest rates of opioid prescribing, despite decreasing from 123 prescriptions per 100 Oklahoma residents in 2013 to 88 per 100 residents in 2017.³

The prevalence of past-year pain reliever misuse is approximately twice as high among the 18 to 25 year age group as compared to the 12 to 17 and 26 and older age groups in Oklahoma and the U.S.²

PAST YEAR MISUSE OF PAIN RELIEVERS BY AGE GROUP, OKLAHOMA AND THE U.S., 2016-2017



OPIOID OVERDOSE

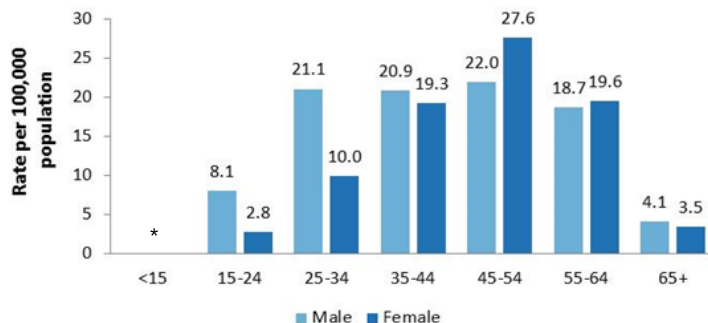
From 2013 to 2017, 2,229 Oklahomans died of an overdose involving an opioid, representing 57% of all drug overdoses.⁴

The unintentional overdose death rate involving an opioid decreased in Oklahoma by 32% from 2008 to 2017. However, opioids are still the most common substance involved in a fatal overdose.⁵

Drug overdose death rates involving an opioid were highest among American Indians (15.0 per 100,000) followed by Whites (12.8 per 100,000).⁶

The opioid overdose death rate among males is twice as high as the rate among females in the 25 to 34 year age group while the rate among females is higher in the 45 to 54 year age group.⁴

OPIOID OVERDOSE DEATH RATES BY AGE GROUP AND GENDER, OKLAHOMA, 2013-2017



*Data suppressed (fewer than 10 deaths)

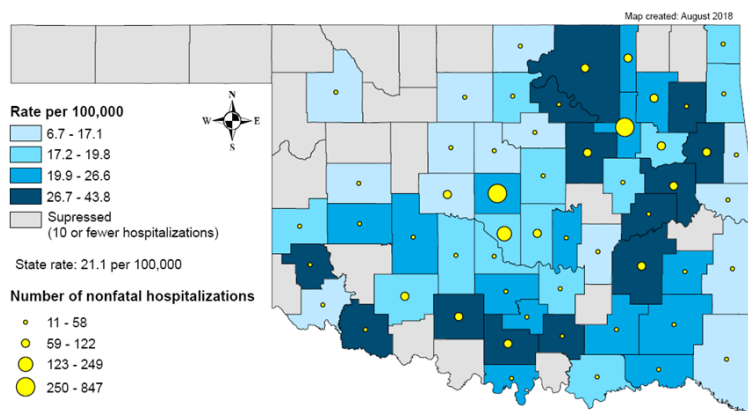
OPIOID OVERDOSE

There were approximately 4,400 nonfatal hospitalizations from 2012 to 2016 because of an opioid-related overdose in state licensed, acute care hospitals. About 95% of these involved a prescription opioid.⁷

For every opioid overdose-related death, there were approximately two nonfatal opioid overdose-related hospitalizations from 2012 to 2016.^{4,7}

The number of hospitalizations related to non-heroin opioid overdose were highest in Oklahoma and Tulsa counties, while rates of hospitalizations related to non-heroin opioid overdose were highest in less urban counties from 2012 to 2016.⁷

NONFATAL INPATIENT HOSPITALIZATIONS DUE TO A NON-HEROIN OPIOID INVOLVED OVERDOSE BY COUNTY OF RESIDENCE, 2012-2016



Source: Oklahoma Discharge Public Use Data File, Center for Health Statistics, Oklahoma State Department of Health. Additional E-codes for the 2014 data, provided by OSDH, Injury Prevention Service, were merged with the 2014 Public Use Data File. Data were analyzed and compiled by the Oklahoma Department of Mental Health and Substance Abuse Services, Prevention Service.

Note: Hospital discharges involving a non-heroin involved overdose are identified using ICD-9-CM Principal diagnosis codes: 965.00, 965.02, 965.09 OR first-listed valid external cause of injury codes (E-codes): E850.1, E850.2. Hospitalizations in 2015 and 2016 are identified using ICD-9-CM codes mentioned above as well as ICD-10-CM principal diagnosis codes: opioid T40.0x, T40.0y, T40.0z, T40.0x, T40.0y AND a 6th character of 1, 2, 3, or 4 AND a 7th character of A, D, or missing. Inpatient hospital discharge data are only collected from Oklahoma state licensed acute care hospitals. This excludes Indian Health Service (IHS)/tribal hospitals, non-acute care, or federal hospitals such as Veteran's Affairs (VA) and military hospitals.

Patients should explore all ALTERNATIVES TO OPIOIDS for managing pain with their health care provider.

NEVER SHARE prescription opioids.

LOCK AWAY & SAFELY DISPOSE of opioid medications.

People who take opioids or know someone who does should CARRY A NALOXONE KIT & know the signs of emergency overdose.

TALK EARLY & OFTEN with children and others about the harms of opioids.

Treatment is available. Call 1-800-522-9054 or visit OKImReady.org

More information: ThinkSmartOK.org Poison.health.ok.gov CDC.gov/rxawareness SAMHSA.gov

References:

1. National Institute on Drug Abuse. Opioids. Accessed at <https://www.drugabuse.gov/drugs-abuse/opioids>.
2. Substance Abuse and Mental Health Services Administration, 2016-2017 National Survey on Drug Use and Health (annual averages). Accessed at: <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH>.
3. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention. U.S. Prescribing Rate Maps. Accessed at: <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>.
4. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released 2018. Accessed at <https://wonder.cdc.gov/mcd-icd10.html>. Underlying cause of death ICD-10 codes: X40-X44, X60-X64, X85, Y10-Y14; Multiple cause of death codes: T40.0, T40.1, T40.2, T40.3, T40.4
5. Oklahoma State Department of Health, Injury Prevention Service, Fatal Unintentional Poisoning Surveillance System.
6. Oklahoma State Department of Health, Center for Health Statistics, Oklahoma Vital Statistics, 2013-2015 combined Indian Health Service-linked mortality rates.
7. Oklahoma Discharge Public Use Data File, Center for Health Statistics, Oklahoma State Department of Health (OSDH). Additional E-codes for the 2014 data were provided by OSDH, Injury Prevention Service.

