Opioid overdoses in SW Washington State

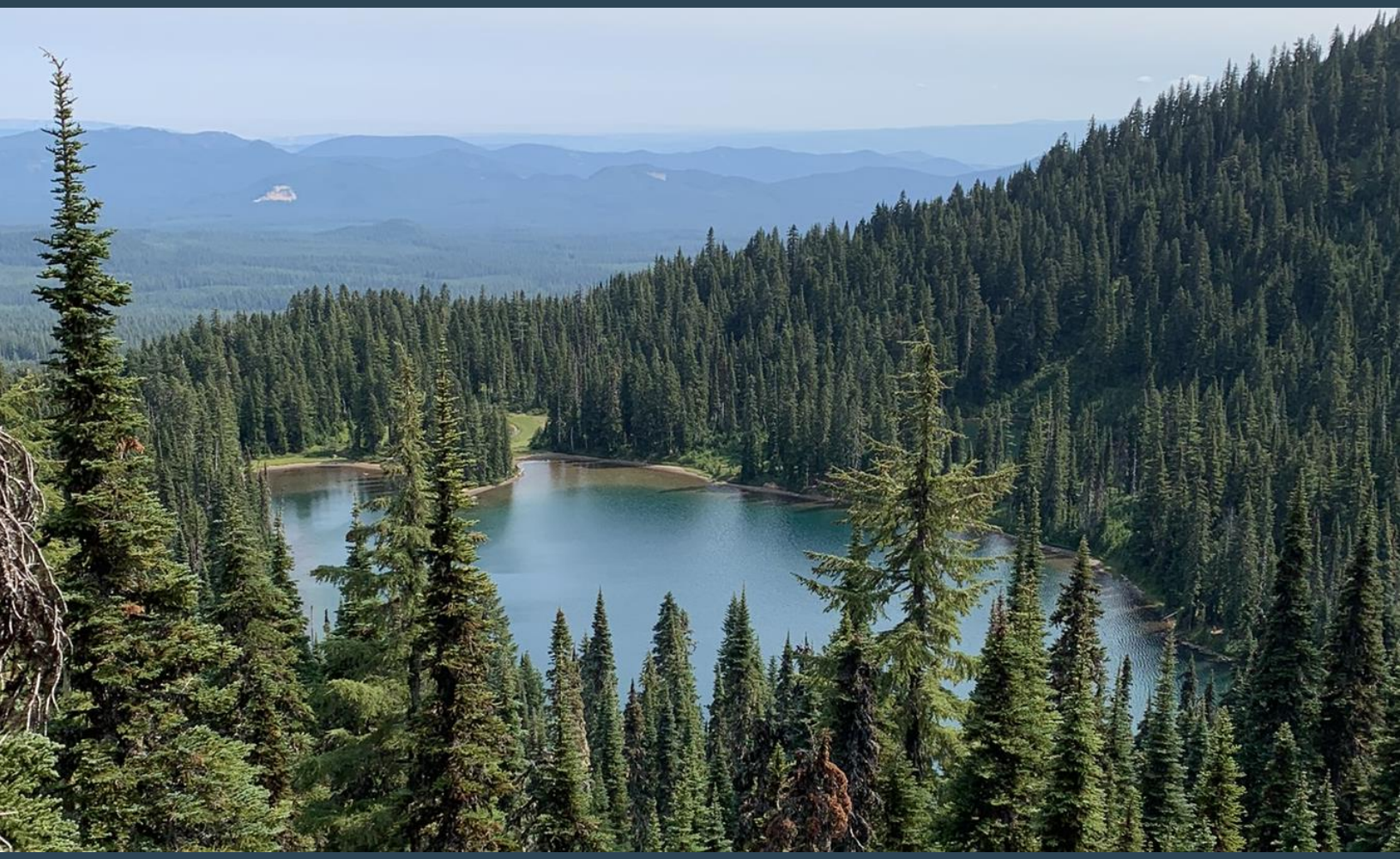

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Photo credits

Cover: Lake Wapiki in Skamania County, WA. Taken by Shannon Hoskins in August 2023.
Chapter 1: Salmon Creek in Clark County, WA. Taken by Shannon Hoskins in March 2024.

Table of contents

Background & intended use

This report was written with two primary objectives in mind: provide data that community partners indicated would help them most effectively address opioid overdoses in their community and provide data to guide communities' decisions in how to use the Opioid Settlement funds most effectively. For this report, SW Washington State includes a six-county region including: Clark, Cowlitz, Lewis, Pacific, Skamania, and Wahkiakum counties.

Community partner interest

Our first objective involves providing data that community members can use in their work to address opioid overdoses. Epidemiologists working at local health jurisdictions covering the six counties reached out to community partners to ask what data would be useful for them in their work. We will include as much of this data as is available.

We provide these data to most effectively:

address opioid overdoses

use Opioid Settlement funds

Opioid Settlement funds

Our second primary objective relates to Opioid Settlement funds. These are from "a resolution with three companies found to have played key role in fueling the opioid epidemic." Washington State will receive $518 million under this resolution.

Clark, Cowlitz, Lewis, Pacific, Skamania, and Wahkiakum Counties have all signed on to receive these funds. Government entities within these counties (cities, school districts, etc) may have also signed on to receive funds.

Washington State has an opioid response plan for 2021-2022 and has also provided a list of approved uses for the funds. These resources have been used to inform this plan. This plan will focus primarily on the "Schedule A Core Strategies" listed in the Approved Uses document, as the document indicates that those should be given priority.

Chapter-by-chapter publication schedule

Some data are currently available to us. Other data requires time to gain access, or more complex analysis methods. In order to provide information in the timeliest manner possible, this report will be published in chapters. Each chapter will provide additional data that we gain access to and have capacity to analyze.

Questions? Comments? Additional data you'd like to see?

Please email us – we'd love to hear from you!

Drug categories

Definitions for, and relationships between, drug categories used in this report are provided below. Unless notes, all definitions align with the Washington State Department of Health's (DOH) Opioid and Drug Overdose Dashboard. For more details, click on the "deaths" tab in the upper lefthand corner of the dashboard, and then click on "Learn More".

Drugs

These include all categories of drugs, including those that are prescribed/used legally, and those that are illicit (illegal).

Opioids

Technically, all opioids are synthetic (i.e., made in a lab). (Source)
But, since it is the more widely-used term for this issue,
we use the term "opioids" in this report to refer to all opioids and opiates.

Psycho-stimulants

These include drugs that stimulate the central nervous system. (Source)

In this report, this category includes these substances with abuse potential, such as **methamphetamine**, amphetamine, methylphenidate (a drug used to treat ADHD), and Ecstasy.

Cocaine

This category includes **cocaine**.

While cocaine is technically a psychostimulant, to be consistent with DOH analysis and reporting, it is not included in the psychostimulant category in this report.

Opiates

These are **natural** chemical compounds that come from plants. Examples include **opium**, **codeine**, morphine, and heroin. (Source)

Heroin

This category includes **heroin**.

Synthetic or semi-synthetic opioids

These are made in a lab to mimic the effects of opiates; some are made from naturally-occurring opiates. Examples include: hydrocodone, oxycodone, and fentanyl. While methadone is a synthetic opioid, it is not included in this category in this report.

Prescription opioids

This category includes prescription pain relievers. These include both natural and synthetic substances.

morphine
codeine
hydrocodone
oxycodone
methadone

Synthetic opioids

This category includes synthetic opioids other than methadone. Examples include **fentanyl**, fentanyl analogs (carfentanil), tramadol, Demerol, etc.

Because deaths from illegally-made fentanyl cannot be distinguished from pharmaceutical fentanyl, both legally prescribed and illegally produced fentanyl are included in this category.

Key findings

In our **REGION**, in **2022**, there were

217 total **DRUG OVERDOSE DEATHS**.

140 of those **INVOLVED AN OPIOID**.

Image: adapted from https://fontawesome.com

In 2022, after accounting for our region's age structure, our **PER CAPITA DRUG OVERDOSE DEATHS** were

about 15% LOWER than the **statewide average**.

After accounting for population growth and aging, the data suggest that, **SINCE AROUND 2019**, per capita **DRUG** overdose **DEATHS**:

in our **REGION** have increased **about 75%**

STATEWIDE have increased **85-90%**

Regional opioid overdose death figures are not currently available.

per capita **OPIOID** overdose **DEATHS**:

STATEWIDE have **INCREASED 300% (3X)** since around **2018**

Data suggest that per capita **DRUG** and **OPIOID OVERDOSE DEATHS** are:

HIGHEST among residents who are **NATIVE AMERICAN** or **BLACK**, and higher than average among residents who are aged **25-65**, or **MALE** or **WHITE**.

PACIFIC, **LEWIS**, and **COWLITZ** counties have the highest rates in our region.

lower than average among residents who are **HISPANIC**, or **PACIFIC ISLANDER**, and **LOWEST** among residents who are aged **65+**, or **ASIAN**, or aged **0-17**.

CLARK, **SKAMANIA**, and **WAHKIAKUM** counties have the lowest rates in our region.

- FOCUS ON YOUTH –

STATEWIDE data suggest that **PER CAPITA DRUG OVERDOSE DEATHS** among:

CHILDREN aged 0-9 are currently **MORE THAN 95% LOWER** than the statewide average.

Counts are too small to measure time trends.

TWEENS & TEENS aged 10-17 are currently **80-90% LOWER** than the statewide average and have **INCREASED MORE THAN 1,000% (10X)** since **2012**

YOUNG ADULTS aged 18-24 currently ***may* be about 10% LOWER** than the statewide average and have **INCREASED ALMOST 300% (3X)** since **2016**

Synthetic opioids include **FENTANYL**.

STATEWIDE per capita overdose deaths with a contributing cause of synthetic opioids have increased **1,800% (18X)** since around **2016**

In our **REGION,** synthetic opioids are listed as a contributing cause in **about 80%** of **OPIOID OVERDOSE DEATHS**

XYLAZINE

is a **non-opioid veterinary tranquilizer** that may be added to fentanyl to enhance its effects.

Our analysis found that, **STATEWIDE**, about **1 out of every 340** drug overdose deaths involved Xylazine in **2022**.

KRATOM

has been used **similarly to, or in place of, opioids**.

Our analysis found that, **STATEWIDE**, about **1 out of every 80** drug overdose deaths involved Kratom in **2022**.

Suggested talking points

In addition to the Key Findings provided on the previous page, these talking points may help the reader talk about our findings with their communities:

- This *Opioid Overdoses in SW Washington State* report provides data for communities to most effectively address opioid overdoses and using Opioid settlement funds.
- In this report, SW Washington State covers the 6-county region of Clark, Cowlitz, Lewis, Pacific, Skamania, and Wahkiakum Counties.
- In SW Washington in 2022, 217 residents died of a drug overdose death. 140 of those involved an opioid.
- SW Washington residents are currently about 15% less likely to die from a drug overdose than the statewide average.
- The risk of dying from a drug overdose in our region has increased about 75% since 2019. We may have increased slightly less than the statewide average.
- Statewide, the risk of dying from an opioid overdose has tripled (increased about 300%) since 2018.
- Statewide, individuals who are Native American or Black have the highest risk of dying from a drug or opioid overdose. Risk is also higher than average among those who are 25-65 years old, male or White.
- Statewide, individuals who are Asian, children aged 0-17, and adults aged 65+, have the lowest risk of dying from a drug or opioid overdose. Risk is also lower than average among individuals who are Hispanic or Pacific Islander.
- Within our region, residents of Pacific, Lewis, and Cowlitz counites have the highest risk of dying from a drug or opioid overdose; residents of Skamania and Wahkiakum counties have the lowest risk.
- Statewide, the risk of children aged 0-9 dying from a drug overdose is currently more than 95% lower than the average among all age groups. Counts are too small to measure time trends.
- Statewide, the risk of tweens & teens (aged 10-17) dying from a drug overdose is currently 80-90% lower than the average among all age groups. However, their risk started increasing in 2012 has increased more than 10 times (1,000%) since then.
- Statewide, the risk of young adults aged 18-24 dying from a drug overdose may currently be about 10% lower than the average among all age groups. However, their risk started increasing in 2016 and has almost tripled (increased 300%) since then.
- Statewide, the risk of dying from a drug overdose involving synthetic opioids (fentanyl is a synthetic opioid) has increased 18 times (1,800%) since 2016.
- In our region, about 80% of opioid overdose deaths involve a synthetic opioid (fentanyl is a synthetic opioid).
- Xylazine is a non-opioid veterinary tranquilizer that may be added to fentanyl to enhance its effects. Statewide, about 1 out of every 340 drug overdose deaths involve Xylazine.
- Kratom has been used similarly to, or in place of, opioids. Statewide, 1 out of every 80 drug overdose deaths involve Kratom.

Chapter 1

Drug overdose deaths

WHAT IS A "DRUG OVERDOSE DEATH"?

These include all deaths where the **underlying cause of death** was a **drug overdose**. These do not include overdoses from alcohol or tobacco if they do not also include a drug overdose. A drug overdose can have more than one drug listed as a contributing factor. These include overdoses that are unintentional, suicides and homicides (these are intentional), and those where the intent is unknown. These are reported by the decedent's county of residence at the time of death, regardless of where the death itself occurred.

SW WASHINGTON REGION DATA SUMMARY

217

total **DRUG OVERDOSE DEATHS** occurred in SW Washington State in **2022**.

That is about **1** out of every **3,500** residents.

Image: adapted from https://fontawesome.com

In 2022, after accounting for our region's age structure, our **PER CAPITA DRUG OVERDOSE DEATHS** were

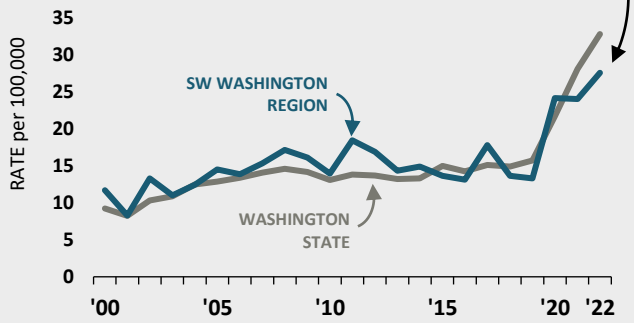
about 15% LOWER

than the statewide average.

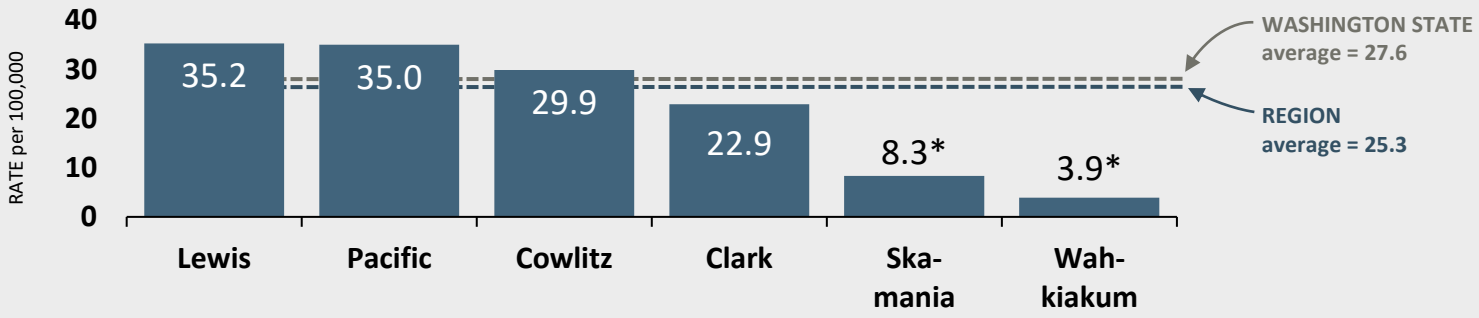
After accounting for population growth and aging, the data suggest that **PER CAPITA DRUG OVERDOSE DEATHS** in our **REGION**:

***may* have increased** a total of **30-35%** from **2000** through **2019** and have **INCREASED about 75% SINCE 2019.**

This **may be a SMALLER INCREASE than statewide** figures, which have increased a total of 85-90% over the same time period.



PER CAPITA DRUG OVERDOSE DEATHS by county, 2020-2022 combined



*Numbers are too small to make strong conclusions about these figures – there was a total of only 4 drug overdose deaths in Skamania county, and 1 in Wahkiakum county, during this 3-year time period.

Drug overdose deaths

STATEWIDE DATA

In 2020-2022, compared to the **STATEWIDE** average,
PER CAPITA DRUG OVERDOSE DEATHS were about:

400% (4X) HIGHER among **NATIVE AMERICAN** residents

200% (2X) HIGHER among **BLACK** residents

60-80% HIGHER among **35-64** year-olds

35-45% HIGHER among **MALES** and **25-34** year-olds

5-10% HIGHER among **WHITE** residents

Numbers are **too small to make strong conclusions**, but may be **about 10% LOWER** among **18-24** year-olds

10-15% LOWER among **HISPANIC** residents

Numbers are **too small to make strong conclusions**, but may be **20-25% LOWER** among **PACIFIC ISLANDER** residents

30-40% LOWER among **65-74** year-olds

70-80% LOWER among **75+** year-olds

80-85% LOWER among **ASIAN** residents

85-90% LOWER among **10-17** year-olds

MORE THAN 95% LOWER among **0-9** year-olds

Drug overdose deaths

STATEWIDE DATA – FOCUS ON YOUTH

Community members have expressed particular concern with the impact of drug overdose deaths on our young people, especially in light of the COVID-19 pandemic. Regional counts are too small to analyze for younger age groups. Here, we display per capita drug overdose deaths for children and young adults, aged 0-24, along with total population figures for context, since 2000.

Note that our analysis on page 8 found that drug overdose death time trends for the total population changed around 2018-2019. Before then, drug overdose deaths may have been increasing at a rate of about 1-2% per year in our region, and about 0.3% per year statewide. After around 2018/2019, drug overdose deaths were increasing 15-20% per year in our region, and 20-25% per year statewide. Our analysis didn't find this pattern among young people – their rates have been increasing at a consistent pace since the early-to-mid-2010's. The overall change in time trends around 2018/2019 appear to have been concentrated among residents aged 25-74.

STATEWIDE data suggest that **PER CAPITA DRUG OVERDOSE DEATHS** among:

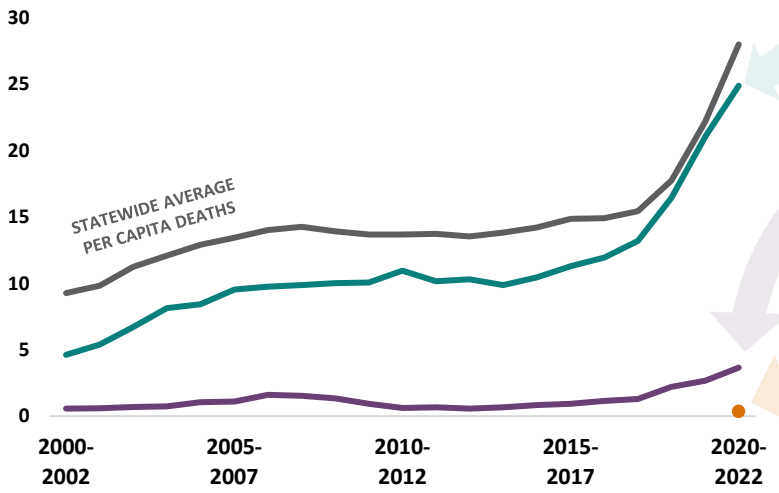
18-24 year-olds

have been increasing by 15-20% per year since 2016.

Per capita deaths in this age group have **INCREASED** a total of **ALMOST 3X (300%) SINCE 2016**

and currently **may be about 10% LOWER** than the statewide average.

On average, in 2020-2022, there were about **170 deaths each year statewide** in this age group.



10-17 year-olds

have been increasing by 25-30% per year since 2012.

Per capita deaths in this age group have **INCREASED** a total of **MORE THAN 10X (1,000%) SINCE 2012**

and are currently **80-90% LOWER** than the statewide average.

On average, in 2020-2022, there were about **25-30 deaths each year statewide** in this age group.

0-9 year-olds

have **counts** that are **too small to measure time trends***.

Per capita deaths in this age group are currently **MORE THAN 95% LOWER** than the statewide average.

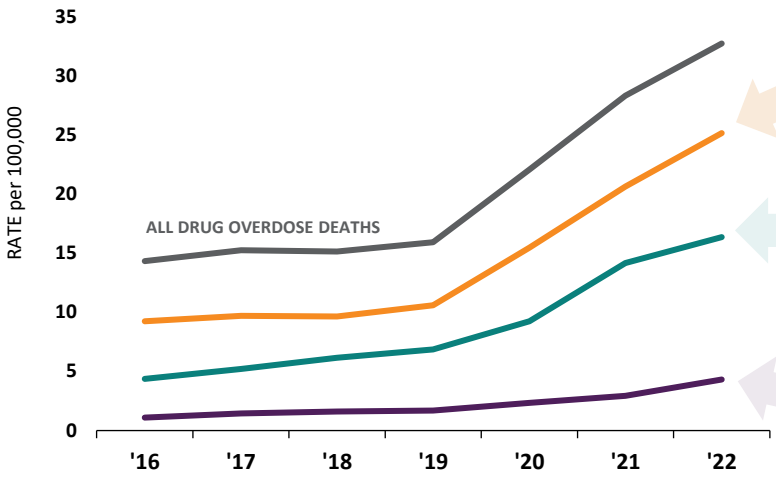
On average, in 2020-2022, there were about **3 - 4 deaths each year statewide** in this age group.

*To protect confidentiality, we do not display rates based on counts of fewer than 10. For 3-year rolled rates displayed in this graph, this corresponds to just over 3 deaths each year. Statewide counts for 0–9-year-olds were lower than this threshold for almost all 3-year time periods before 2020-2022.

Drug overdose deaths

STATEWIDE DATA

After accounting for population growth and aging, since **2016**, **STATEWIDE*** data suggest that **PER CAPITA DRUG OVERDOSE DEATHS** with a contributing cause of:



OPIOIDS, such as heroin, prescription opioids, and fentanyl, have **INCREASED almost 300% (3X)**. These currently contribute to about **3 out of every 4**** drug overdose deaths.

PSYCHOSTIMULANTS, such as methamphetamine and Ecstasy, have **INCREASED almost 400% 4X**. These currently contribute to about **1 out of every 2**** drug overdose deaths.

COCAINE have **INCREASED almost 400% (4X)**. These currently contribute to about **1 out of every 8**** drug overdose deaths.

*Regional data on per capita drug overdose deaths by type of drug are not currently available. We will include these data in the future if we are able to obtain them.
**Some deaths have more than one contributing drug listed, so these figures will add up to more than 100%.

Opioid overdose deaths

WHAT IS AN "OPIOID OVERDOSE DEATH"?

These include all **drug overdose deaths** that involve **any opioid as a contributing cause of death**. Drug overdose deaths can list more than one type of drug as a contributing cause of death.

SW WASHINGTON REGION DATA SUMMARY

140

total **OPIOID OVERDOSE DEATHS** occurred in SW Washington State in **2022**.

That is about **1** out of every **5,400** residents.

Image: adapted from https://fontawesome.com

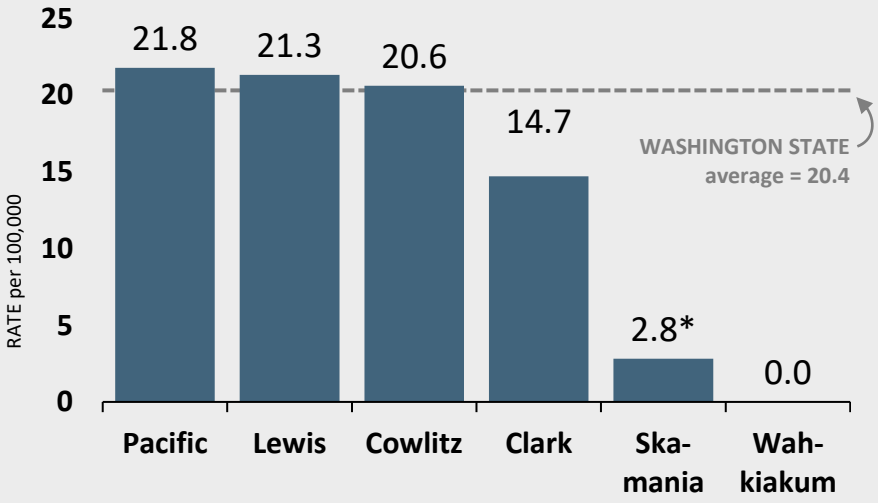
In our **REGION** in 2022, about

2 out of every 3 DRUG OVERDOSE DEATHS

involved an **OPIOID**.

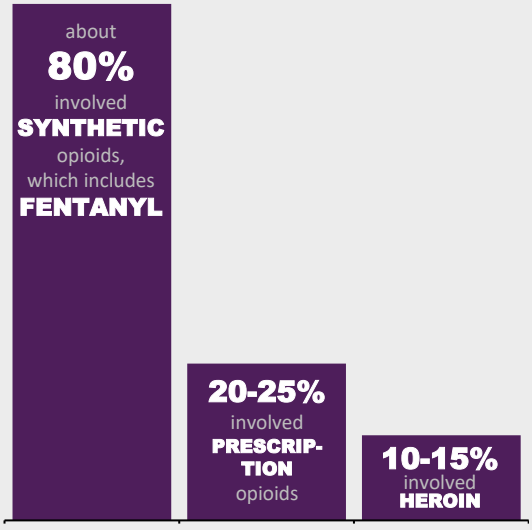
This is a slightly smaller proportion than the statewide average of 3 out of every 4.

PER CAPITA OPIOID OVERDOSE DEATHS by county, 2020-2022



*Numbers are too small to make strong conclusions about this figure – there was only 1 opioid overdose death in Skamania county during this 3-year time period.

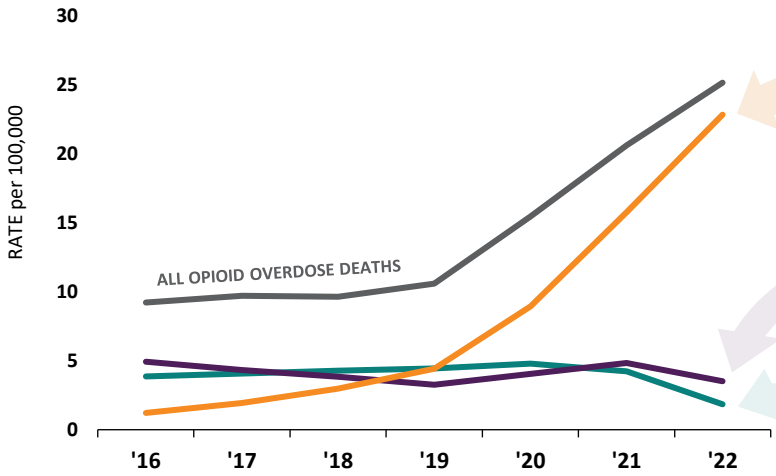
In our **REGION** in 2022, the **TYPE OF OPIOID** listed as a contributing factor, as percent of all opioid overdose deaths, about:



Opioid overdose deaths

STATEWIDE DATA

After accounting for population growth and aging, since **2016**, **STATEWIDE*** data suggest that, as of 2022,
PER CAPITA OPIOID OVERDOSE DEATHS with a contributing cause of:



SYNTHETIC opioids, which include **FENTANYL**, have **INCREASED** about **1800% (18X)**.
These currently contribute to about
9 out of every 10** opioid overdose deaths.

PRESCRIPTION opioids have **DECREASED** by about **30%**.
These currently contribute to about
1 out of every 7** opioid overdose deaths.

HEROIN have **DECREASED** about **50%**.
These currently contribute to about
1 out of every 14** opioid overdose deaths.

*Regional data on per capita opioid overdose deaths by type of drug are not currently available. We will include these data in the future if we are able to obtain them.
**Some deaths have more than one contributing drug listed, so these figures will add up to more than 100%.

In 2020-2022, compared to the state average,
STATEWIDE PER CAPITA OPIOID OVERDOSE DEATHS are about:

400% (4X) HIGHER among **NATIVE AMERICAN** residents

200% (2X) HIGHER among **BLACK** residents

65-75% HIGHER among **25-44** year-olds

40-60% HIGHER among **MALES** & **45-64** year-olds

5-10% HIGHER among **WHITE** residents

Numbers are **too small to make strong conclusions**, but may be
5-10% HIGHER among **18-24** year-olds

10-15% LOWER among **HISPANIC** residents

35-50% LOWER among **PACIFIC ISLANDER** residents & **65-74** year-olds

80-90% LOWER among **ASIAN** residents & **10-17** and **75+** year-olds

MORE THAN 95% LOWER among **0-9** year-olds

Data notes

Technical notes

- We used the same methodology as the Washington State Department of Health's Opioid and Drug Overdose Data dashboard. To find details, on that page, click on "Deaths", then click on "Learn More" at the top of the dashboard window, and scroll down to "Drug Overdose Deaths Definitions".
- State figures include persons living in Washington State at the time of death, regardless of the state in which the death occurred. In other words, someone who lived in Washington State at the time of death, but was in another state when they died, are included in these data. Consistent with the dashboard, our state figures exclude deaths of Washington State residents that do not list a county of residence. Although statewide figures typically *include* decedents with a missing county of residence, we chose this approach so our figures align with other publicly-available data. In 2022, 2% of drug overdose deaths among Washington State residents were missing a county of residence.
- State-, region-, and county-wide per capita rates have been adjusted to account for population growth and aging. This is also true for rates provided for racial/ethnic groups and by gender.

Data sources

- Washington State Department of Health, Center for Health Statistics, Death Certificate Data, 1990-2022.
- Community Health Assessment Tool (CHAT), developed and maintained by the Washington State Department of Health, November 2023 – January 2024.
- Washington State Population Interim Estimates (PIE), March 2022.
- Washington State Department of Health internal Opioid and Drug Overdose dashboard. Accessed November 2023 – February 2024. Public version with small counts suppressed available online.

Average yearly counts, county and region totals

Because rates changed so much in 2020, we've divided this table into pre- and post-pandemic time periods.

Average yearly death counts, pre- and pandemic/post-pandemic

	All drug overdoses		Opioid overdoses	
	Pre-pandemic (2016-2019)	Pandemic/ post-pandemic (2020-2022)	Pre-pandemic (2016-2019)	Pandemic/ post-pandemic (2020-2022)
Clark	66 per year	119 per year	38 per year	75 per year
Cowlitz	20 per year	32 per year	13 per year	21 per year
Lewis	11 per year	29 per year	6 per year	16 per year
Pacific	3-4 per year	7-8 per year	1-2 per year	4 per year
Skamania	1-2 per year	1-2 per year	1 every 1-2 years	1 every 3 years
Wahkiakum	1 every 2 years	1 every 3 years	1 every 2 years	0
SW Washington region total	104 per year	190 per year	60 per year	116 per year

Kratom

WHAT IS KRATOM?

Kratom is made from the leaves of the Kratom tree, native to Southeast Asia. It has been used as a home remedy there for hundreds of years.

It acts as a **stimulant at low doses** and a **sedative at high doses**. It has no legally-approved *medical* uses in the U.S, but the substance itself is not a controlled substance and is legal and accessible in many areas of the country. It is currently being researched for potential medical benefits. Very few deaths have been linked to kratom, and almost all have involved other drugs or contaminants.

Some people have used it **similarly to an opioid** for its calming and pain-relieving effects, while others have used it as an opioid replacement, to **reduce their opioid use** and **manage withdrawal symptoms**. Use can lead to psychological and/or physiological dependence (addiction).

DATA SUMMARY

In **2022** in **Washington State**, our analysis found that

34 total
drug overdose deaths
involved **Kratom**.

This represents about

1 out of every **80**
drug overdose deaths
in the state that year.

1.7 million

Americans aged 12 or older
used kratom in **2021**.

That's about **1 out of every 170**
Americans aged 12 or older.

WHERE CAN I GET MORE INFORMATION?

Additional information can be found online at the sources used for the information on this page:

- The U.S. Drug Enforcement Administration's Kratom Drug Fact Sheet and website.
- The National Institute on Drug Abuse's Kratom webpage
- The Food and Drug Administration's FDA and Kratom webpage
- WedMD's Kratom webpage
- Journal article astract about the use of Kratom with stimulants.

Xylazine

WHAT IS XYLAZINE?

Xylazine is a **non-opioid veterinary tranquilizer**. It is not approved or safe for use in people. It is not currently a controlled substance.

It has been **detected in an increasing number of drug overdose deaths**.

Xylazine may be **added to illegal drugs**, especially illicit fentanyl, to enhance the drugs' effects.

Because it is not an opioid, **naloxone may not be able to reverse a xylazine overdose**. But, because xylazine is often found in combination with opioids, **naloxone should still be administered** if an overdose is suspected.

DATA SUMMARY

In **2022** in **Washington State**, our analysis found that

8 total
drug overdose deaths
involved **Xylazine**.

This represents about
1 out of every **340**
drug overdose deaths
in the state that year.

One study from **Maryland** found **xylazine** in almost

80%

of **drug samples that contained opioids**. The samples were collected from eight (8) needle exchanges in 2020-2021.

WHERE CAN I GET MORE INFORMATION?

Additional information can be found online. Some of these sources were used for the information on this page:

- The Centers for Disease Control and Prevention's What you should know about Xylazine
- The National Institute on Drug Abuse's Xylazine webpage
- Clark County Public Health's Xylazine: Know the risks fact sheet
- Rx and Illicit Drug Summit's Xylazine in the Illicit Drug Supply presentation

Additional resources

COST OF OPIOID ABUSE

In **2017**, the most recent year for which data are available, the Centers for Disease Control and Prevention estimated that opioid use disorder and opioid overdose deaths cost **Washington State** residents a total of **$23.61 Billion**. That is **$3,200 for every resident**, which is on par with the national per capita average. The costs associated with opioid overdose deaths account for about one-third of these costs, while opioid use disorder accounts for the other two-thirds.

RISK AND PROTECTIVE FACTORS FOR SUBSTANCE ABUSE

The Washington State Department of Social and Health Services publishes annual Risk and Protection Profiles for Substance Abuse Prevention Planning reports. The reports include data on 50 indicators and are available at the state, county, and school district levels. These data can be used to understand underlying factors that contribute to youth substance abuse.

FENTANYL

University of Washington's Addictions, Drug & Alcohol Institute published a report on people using fentanyl in Washington State, in June 2023. It includes **findings from 30 interviews conducted with people who use fentanyl**, along with **recommendations for effectively addressing** this issue.

The Northwest Center for Public Health Practice hosted a webinar on addressing fentanyl as a public health issue. It covered **data trends**, **myths & misconceptions**, and **local initiatives**. Slides are available online.

PRESCRIPTION OPIOID OVERDOSE DEATHS

University of Washington's Addictions, Drug & Alcohol Institute published a report on pharmaceutical opioid overdose deaths, in November 2022. It includes **Washington State data**.

NALOXONE

StopOverdose.org's Washington State Naloxone Finder provides information on where to find Naloxone in local communities.

Naloxone can be ordered through the mail for free from The People's Harm Reduction Alliance.

Additional resources

ADDITIONAL DATA & RESOURCES

Additional data can be found from these resources:

- Washington State Department of Health Opioid and Drug Overdose Dashboard website.
- University of Washington's Addictions, Drug & Alcohol Institute's Center for Community-Engaged Drug Education, Epidemiology and Research (CEEDER) website.
- King County's Overdose prevention and response website.
- Clark County Public Health's Overdose Dashboard.

Future analysis considerations

We are currently investigating the following data to include in future chapters of this report:

- Youth substance abuse
- Opioid prescriptions
- Crime labs
- Substance abuse treatment
- Naloxone
- Risk and protective factors for youth that influence decisions to use substances
- Overdose hospitalizations
- Overdose emergency department visits
- Emergency medical responses for suspected overdoses
- Neonatal abstinence syndrome
- Medication-assisted treatment

Are you interested in data that aren't listed, or are you particularly interested in something specific on this list that you'd like us to prioritize? Email us and let us know!