

»» Reduce harms associated with alcohol and substance use



Alcohol and substance use disorders have a significant social and economic impact on individuals, families and communities. The state health improvement plan addresses harms associated with alcohol and prescription opioid use.

### Opioids

Deaths associated with both prescription and non-prescription opioids (e.g., heroin) are among the leading causes of injury death in Oregon. The number of opioid-related deaths has markedly increased over the last 15 years. In 1999, 29 overdose deaths were associated with prescription opioids; 156 occurred in 2013. The number of prescription opioid deaths has begun to decline since 2006, when there were 239 overdose deaths. Deaths associated with heroin overdose increased from 28 in 2000 to 101 in 2013.<sup>1,2</sup>

Opioid overdose can cause depressed respiration (slowed breathing), coma, permanent brain damage and death. It is estimated the abuse of opioid analgesics results in more than \$72 billion in national medical costs alone each year.<sup>3</sup>

In 2012, Oregon had the highest rate of nonmedical use of prescription pain relievers in the nation. Data from the National Survey on Drug Use and Health (NSDH) show 5.72% of Oregonians used prescription pain relievers for nonmedical reasons, as compared to 4.57% of Americans overall.<sup>1</sup>

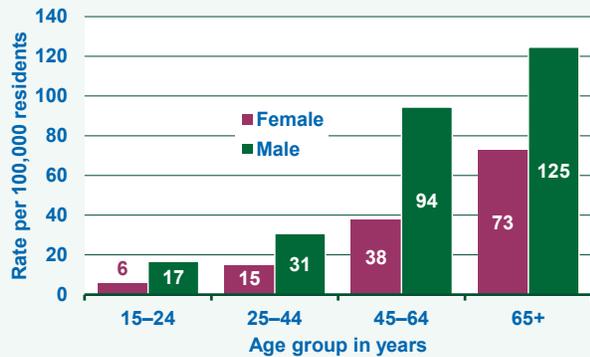
Oregon's Prescription Drug Monitoring Program reports 908,000 individuals in Oregon received at least one prescription for an opioid in 2012.<sup>1</sup>

### Alcohol

Excessive alcohol use has significant impacts on individual and family health and well-being, and affects broader social and economic issues such as public safety and worker productivity. Excessive alcohol use, including underage and binge drinking, can increase a person's risk of developing serious health problems such as brain and liver damage, heart disease, cancer, fetal damage in pregnant women and premature death. It is a risk factor for injuries, violence, unintended pregnancy and motor vehicle crashes. In 2010, 1,546 Oregonians (39.7 per 100,000) died from alcohol-related causes, a 27% increase from alcohol-related deaths reported in 2001.<sup>4</sup>

The economic costs associated with excessive alcohol consumption in 2006 were estimated at \$223.5 billion, or \$1.90 a drink.<sup>5</sup>

### Alcohol-related deaths, by age group and sex, Oregon, 2012



Source: Oregon Death Certificate Data

### Opioid-related overdose deaths, Oregon, 2012



Source: Oregon Death Certificate Data

Disparities exist for those most affected by opioid and alcohol use disorders in Oregon.

#### Opioids:

- In 2012, the unintentional opioid overdose death rate in Oregon was 4.2 per 100,000. The highest average death rates (from 2008–2012) occurred among people aged 45–54 years. Males had higher rates of death due to prescription opioid poisoning for all age groups except those aged 45–54 years;<sup>1</sup>
- Rates were higher among non-Hispanic/Latino men and women (6.5 per 100,000 and 1.8 per 100,000 respectively) than Hispanic/Latino men and women (5.1 per 100,000 and 0.7 per 100,000 respectively);<sup>1</sup> and
- Rates were highest among Alaska Native/American Indian females (7.5 per 100,000) and Caucasian males (4.8 per 100,000), and lowest among Asian females and males (0 per 100,000 for females and 0.7 per 100,000 for males).<sup>1</sup>

#### Alcohol:

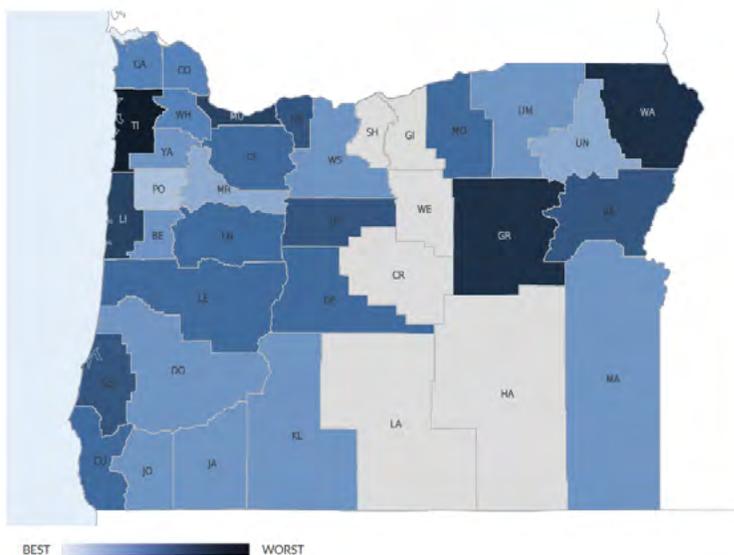
One measure of excessive alcohol use is to track rates of binge drinking. Binge drinking for adults is defined as consuming five or more drinks for men, and four or more drinks for women, during one occasion. For youth, binge drinking is defined as consuming five or more drinks within two hours.

### In Oregon:

- Adult males report binge drinking more frequently than women. Male binge drinking peaks in the 25–34 year age group, while female binge drinking is highest in the 18–24 and 25–34 year age groups. In 2012, 15.2% of adults reported binge drinking on at least one occasion within the last 30 days.<sup>6</sup>
- Levels of binge drinking are similar among boys and girls in the eighth grade, but the rate is higher for boys in the 11th grade than for girls. In 2013, 17.7% of 11th graders reported binge drinking on at least one occasion within the last 30 days.<sup>6</sup>
- Among the Medicaid population, 12.1% report one or more days of binge drinking in the last 30 days. Rates of binge drinking were highest among American Indians/Alaskan Natives (15.6%) and Pacific Islanders (12.7%), and lowest among Asian, non-Pacific Islanders (4.5%).<sup>7</sup>

## Strategies to reduce harms associated with alcohol and opioid use

### Excessive drinking among Oregon adults, by county, 2006–2012



Source: Robert Wood Johnson Foundation.  
County Health Rankings & Roadmaps

Oregon will need to focus its efforts on improving the behavioral health of its citizens to reduce harms associated with alcohol and prescription opioid use. Effective approaches to promote positive behavioral health are primary care screenings for substance use disorders and mental health issues, culturally appropriate mental health care, population-based surveillance such as Oregon's Prescription Drug Monitoring Program, and policy interventions, including increased alcohol taxes and enhanced enforcement of laws prohibiting sales to minors.

## Priorities, strategies and measures

### Priority targets

#### Prescription opioid mortality

**Target:** <3 deaths per 100,000

**Baseline:** 4 deaths per 100,000 (2013)

**Data source:** Death certificate and medical examiner data, and Oregon Violent Death Reporting System

#### Alcohol-related motor vehicle deaths

**Target:** 98

**Baseline:** 125 (2009–13 average)

**Data source:** ODOT data

### Population interventions

#### Strategy 1: Increase the price of alcohol

Justification: The Guide to Community Preventive Services<sup>8</sup> strongly recommends raising alcohol excise taxes as an effective strategy for reducing excessive alcohol consumption and related harms. Higher alcohol prices or taxes are consistently related to fewer motor vehicle crashes and fatalities, less alcohol-impaired driving and less mortality from liver cirrhosis.

##### Measure 1.1: Amount of state tax on alcohol

**Target:** \$24.61/gallon of distilled alcohol (10% increase)

**Baseline:** \$22.37/gallon of distilled alcohol (2015)

**Data source:** Oregon statute

##### Measure 1.2: Percentage of youth that report binge drinking

**Target:** 11th grade: 16%, eighth grade: 5%

**Baseline:** 11th grade: 17.7%, eighth grade: 5.6% (2013)

**Data source:** Oregon Healthy Teens Survey

##### Measure 1.3: Percentage of adults that report binge drinking

**Target:** 13.7%

**Baseline:** 15.2% (2012)

**Data source:** Behavioral Risk Factor Surveillance System (BRFSS)

### **Strategy 2: Reduce disincentives to report drug and alcohol overdoses**

Justification: Good Samaritan laws prevent fatal drug and alcohol overdoses by protecting bystanders who seek medical attention from prosecution. Twenty two states and the District of Columbia have enacted overdose immunity laws for illegal substances. Oregon has a statewide law that offers immunity to bystanders who seek medical attention for alcohol overdoses.

Measure 2.1: Number of communities with bystander Good Samaritan laws for illegal substance overdose

Target: all communities (met, as of 1/1/16)

Baseline: Unknown, 2014

Data source: Oregon statute

## Health equity interventions

### **Strategy 1: Reduce heroin overdose deaths among homeless youth**

Justification: Nationally, drug overdose is the leading cause of death among homeless individuals, and the majority of overdose deaths involve opioids. Naloxone rescue programs make naloxone available in a variety of settings to reverse opiate overdoses. The World Health Organization estimates 20,000 deaths could be avoided each year in the United States by making naloxone more widely available.<sup>9</sup>

Measure 1.1: Implement naloxone rescue programs in affected communities

Target: 5 communities

Baseline: 1 community, 2015

Data source: OHA administrative data

## Health system interventions

### **Strategy 1: Create incentives for private and public health plans and health care providers to prevent alcohol and substance use disorders**

Justification: Incentive measures and alternative payment methodologies ensure health plans and health care providers are working on a common set of priority areas designed to improve care and access, eliminate disparities and contain health care costs. The measures currently focus on public health plans, but measures will be expanded to include private insurers as data become available.

Measure 1.1: Number of public health plans that receive an incentive or shared savings payment for substance use disorder prevention

Target: 16 CCOs, PEBB and OEBB carriers

Baseline: 0 CCOs, PEBB and OEBB unknown (2015)

Data source: OHA Metrics and Scoring, PEBB and OEBB contracts

Measure 1.2: Number of public health plans that incorporate substance use disorder prevention in alternative payment methodologies for contracted providers

Target: 16 CCOs, PEBB and OEBB carriers

Baseline: Unknown, developmental measure (2015)

Data source: CCO Transformation Plans, PEBB and OEBB contracts

### **Strategy 2: Reduce high risk prescribing**

Justification: High-risk prescribing, such as opioid-benzodiazepine combinations, and patients receiving opioid prescriptions from four or more providers or pharmacies substantially increases the risk of prescription drug-related death.

Measure 2.1: Percentage of the top 4,000 controlled substance prescribers authorized to use the PDMP

Target: 90%

Baseline: 59% (2013)

Data source: Prescription Drug Monitoring Program (PDMP)

Measure 2.2: Number of patients receiving opioid prescriptions from four or more prescribers and filled at four or more pharmacies over six months

Target: 4,457

Baseline: 5,943 (2013)

Data source: PDMP

Measure 2.3: Number of benzodiazepines and opioid co-prescriptions

Target: 158,684

Baseline: 211,579 (2013)

Data source: PDMP

### **Strategy 3: Increase the number of health systems that adopt screening and prescribing guidelines**

Justification: Opioid prescribing and screening guidelines are essential to reduce the number of patients receiving >120 mg morphine-equivalent doses per day, a substantial risk for opioid overdose death. Screening patients for potential misuse, dependency or abuse allows providers

to transition high-risk patients in to alternative pain treatment therapies that don't involve the potential for dependency or addiction.

Measure 3.1: Number of private and public health plans, health systems and hospitals that adopt model PDMP use guidelines

Target: 16 CCOs, PEBB and OEBC carriers

Baseline: 1 CCO (2013), PEBB and OEBC unknown (2015)

Data source: CCO data, PEBB and OEBC contracts

Measure 3.2: Number of private and public health plans, health systems and hospitals that adopt model opioid prescribing guidelines for non-cancer chronic pain

Target: Pending

Baseline: Unknown, developmental measure (2015)

Data source: To be determined

### **Strategy 4: Ensure private and public health plans cover evidence-based alternative pain management therapies for patients with chronic non-cancer pain and patients with history of substance use disorder and mental health problems**

Justification: Although opioids can be effective for treating pain, the use of opioids for pain treatment can result in poisonings that lead to emergency department utilization, hospitalization and death. Transitioning eligible patients to non-opioid pain therapy is key to reducing the number of people in Oregon who misuse and abuse opioids and the adverse outcomes associated with opioid overuse, misuse and abuse. Alternative pain management therapies, such as acupuncture, mind-body therapies and chiropractic treatment, have demonstrated efficacy in the treatment of patients with chronic pain. Unfortunately, because these therapies are often not covered under private and public health insurance plans, many people do not have access to non-pharmacological pain management options.

Measure 4.1: Number of public health plans offering access to medical benefits that cover non-pharmacological therapy for chronic non-cancer pain

Target: 16 CCOs, PEBB and OEBC carriers

Baseline: Unknown, developmental measure (2015)

Data source: PEBB and OEBC contracts, to be determined for CCOs

### **Strategy 5: Ensure private and public health plans cover a full spectrum of inpatient and outpatient services for alcohol use disorder**

Justification: Recovery from alcohol use disorder is most likely to be successful when a range of treatment options are used in tandem and when treatment is tailored to meet the individual's needs.

Measure 5.1: Number of public health plans offering comprehensive inpatient and outpatient services for alcohol addiction.

Target: 16 CCOs, PEBB and OEBC carriers

Baseline: Unknown, developmental measure (2015)

Data source: To be determined for CCOs, PEBB and OEBC contracts

### **Strategy 6: Ensure availability of medication-assisted treatment for opioid use disorder**

Justification: Medication-assisted treatment (MAT) for opioid use disorder involves drugs such as buprenorphine, which can help dependent patients transition from opioid addiction.

Measure 6.1: Number of medical professionals certified to administer MAT for opioid dependence

Target: Pending

Baseline: Unknown, developmental measure (2015)

Data source: To be determined

Measure 6.2: Number of private and public health plans or provider networks that meet a 20:1 ratio of patients in need to certified medical professionals

Target: Pending

Baseline: Unknown, developmental measure (2015)

Data source: To be determined

### **Strategy 7: Increase screening for alcohol use in women who are pregnant or considering pregnancy**

Justification: Alcohol use during pregnancy increases the risk of miscarriages, stillbirth and fetal alcohol spectrum disorders.

Measure 7.1: Alcohol use during pregnancy

Target: Pending

Baseline: Unknown, developmental measure (2015)

Data source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Measure 7.2: Screening for alcohol use in those women considering pregnancy

Target: Pending

Baseline: Unknown, developmental measure (2015)

Data source: To be determined

### Measure 7.3: Screening for alcohol use in pregnant women

Target: Pending

Baseline: Unknown, developmental measure (2015)

Data source: To be determined

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<sup>1</sup> Oregon Health Authority, Public Health Division, Injury & Violence Prevention Section. Drug Overdose Deaths, Hospitalizations, Abuse & Dependency among Oregonians. 2014. Retrieved from: <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/oregon-drug-overdose-report.pdf>.

<sup>2</sup> Personal communication. Oregon Health Authority, Public Health Division, Injury & Violence Prevention Section. September 23, 2015.

<sup>3</sup> Oregon Health Authority, Public Health Division. Oregon State Health Profile, Opioid-related Overdose Deaths. 2014. Retrieved from: <https://public.health.oregon.gov/ProviderPartnerResources/PublicHealthAccreditation/Documents/indicators/opioidrelateddeaths.pdf>.

<sup>4</sup> Oregon Health Authority, Public Health Division. Oregon State Health Profile, Alcohol-related Deaths. 2014. Retrieved from: <https://public.health.oregon.gov/ProviderPartnerResources/PublicHealthAccreditation/Documents/indicators/alcoholdeaths.pdf>.

<sup>5</sup> Centers for Disease Control and Prevention (CDC). 2015. Alcohol and Public Health. Retrieved from: [www.cdc.gov/alcohol/](http://www.cdc.gov/alcohol/).

<sup>6</sup> Oregon Health Authority, Public Health Division. Oregon State Health Profile. Binge Drinking among Adults and Youth. 2014. Retrieved from: <https://public.health.oregon.gov/ProviderPartnerResources/PublicHealthAccreditation/Documents/indicators/bingedrinking.pdf>.

<sup>7</sup> Oregon Health Authority, Office of Health Analytics. 2014 Medicaid Behavioral Risk Factor Surveillance System (MBRFSS) Survey. Indicators by Race/Ethnicity. 2015. Retrieved from: [www.oregon.gov/oha/analytics/MBRFFS%20Docs/2014%20MBRFFS%20Race%20Ethnicity%20Indicators%20Data%20Tables.pdf](http://www.oregon.gov/oha/analytics/MBRFFS%20Docs/2014%20MBRFFS%20Race%20Ethnicity%20Indicators%20Data%20Tables.pdf).

<sup>8</sup> Community Preventive Services Task Force. The Guide to Community Preventive Services. Preventing Excessive Alcohol Consumption: Increasing Alcohol Taxes. 2015. Available at: [www.thecommunityguide.org/alcohol/increasingtaxes.html](http://www.thecommunityguide.org/alcohol/increasingtaxes.html).

<sup>9</sup> World Health Organization. Community Management of Opioid Overdose. 2014. Available at: [www.who.int/substance\\_abuse/publications/management\\_opioid\\_overdose/en/](http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/).