



# The Evolving Opioid Epidemic: Observing Changes in the Opioid Crisis through State-level Data

September 4, 2019 – 11:00 AM CDT

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Robert Wood Johnson Foundation

# Technical Items

- For those dialing in: Phones automatically muted
- Submit questions using the chat window at any time during the webinar

## Problems:

- Call Readytalk's help line: (800) 843-9166
- Ask for help using the chat feature

**Download the slides at <https://www.shadac.org/publications/evolving-opioid-epidemic-observing-changes-opioid-crisis-through-state-level-data>**

**Webinar archive will be posted on SHADAC's website**

- E-mail notice will be sent to participants

# Presenters



**Robert Hest, MPP**  
SHADAC Research Fellow



**Colin Planalp, MPA**  
SHADAC Senior Research Fellow

# State Health Compare Demo

**Robert Hest, MPP**

Research Fellow, SHADAC

# SHADAC's State Health Compare

## 45+ State-level measures of:

- Health Insurance Coverage
- Cost of Care
- Health Behaviors
- Outcomes
- Access to Care
- Utilization of Care
- Quality of Care
- Public Health
- Social and Economic Factors

<b>Health Insurance Coverage</b> Coverage Type Workers in Establishments that Offer Coverage	<b>Access to Care</b> Adults with No Personal Doctor No Trouble Finding Doctor Told that Provider Accepts Insurance Had Usual Source of Medical Care
<b>Cost of Care - Dollars</b> People with High Medical Care Cost Burden Average Annual ESI Premium Average Annual ESI Deductible Employee Contributions to Premiums High-Deductible Health Plans Costs of Potentially Preventable Hospitalizations Medicaid Expenses as Percent of State Budget	<b>Utilization of Care</b> Had General Doctor or Provider Visit Had Emergency Department Visit Spent the Night in a Hospital
<b>Cost of Care - Behavior Changes</b> Adults Who Forgo Needed Medical Care Made Changes to Medical Drugs Trouble Paying Medical Bills	<b>Quality of Care</b> Adult Cancer Screenings Adult Potentially Preventable Hospitalizations Child Potentially Preventable Hospitalizations Child Vaccinations
<b>Health Behaviors</b> Adult Binge Drinking Adult Obesity Adult Smoking High School Obesity High School Smoking High School Physical Activity Sales of Opioid Painkillers Opioid-Related and Other Drug Poisoning Deaths	<b>Public Health</b> Weight Assessment in Schools School Nutrition Standards Stronger than USDA Schools Required to Provide Physical Activity Smoke Free Campuses Cigarette Tax Rates Public Health Funding
<b>Outcomes</b> Chronic Disease Prevalence Activities Limited due to Health Difficulty Cancer Incidence Health Status Premature Death Adult Unhealthy Days	<b>Social and Economic Factors</b> Children Considered to be Poor Unemployment Rate Income Inequality Unaffordable Rents

# SHADAC's State Health Compare



Access Policy-relevant breakdowns available for most measures



Generate tables, maps, bar charts, trends, and state rankings

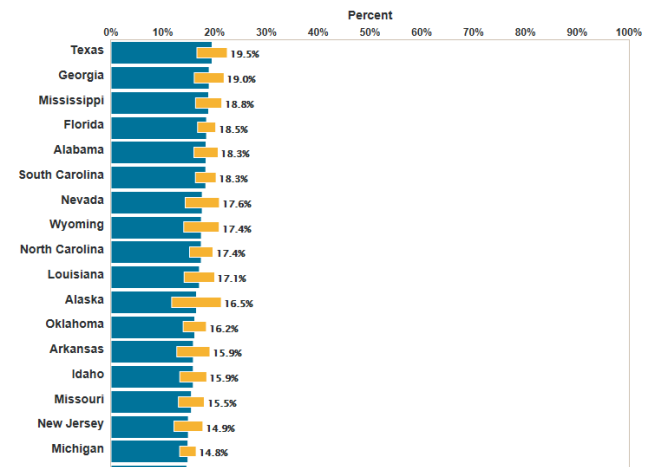
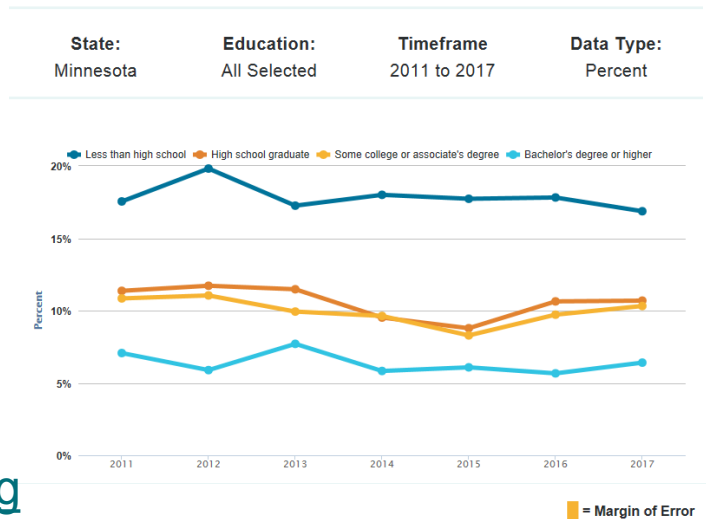


Margins of error in addition to point estimates allows for significance testing



Data can be downloaded in spreadsheet format

Percent of adults who could not get medical care when needed due to cost



# 16 Data Sources, including:

- American Community Survey (ACS)
- Current Population Survey (CPS)
- CDC WONDER Database
- U.S. Drug Enforcement Agency's Automated Reports and Consolidated Ordering System (ARCOS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- National Health Interview Survey (NHIS)
- Other sources



# Virtual Tour

[statehealthcompare.shadac.org/](https://statehealthcompare.shadac.org/)



# Observing Changes in the Opioid Crisis through State-level Data

Colin Planalp, MPA  
SHADAC Senior Research Fellow

# History of the opioid crisis

## 2011 declaration of “epidemic”

- Increased attention since U.S. Centers for Disease Control and Prevention declared overdoses from prescription painkillers an “epidemic”

## Efforts to intervene

- States and federal governments have taken steps to intervene in the crisis

## But the crisis has evolved...

- Growth in deaths from prescription opioids have slowed, but deaths from heroin and synthetic opioids have increased
- 80% of heroin users report earlier use of prescription opioids
- 75% report beginning with their own prescription, or that of a friend or family member



# Background

## What are opioids?

- A family of addictive drugs that act on the opioid receptors in pleasure centers of the brain

## What are their effects?

- Can relieve pain and cause euphoria

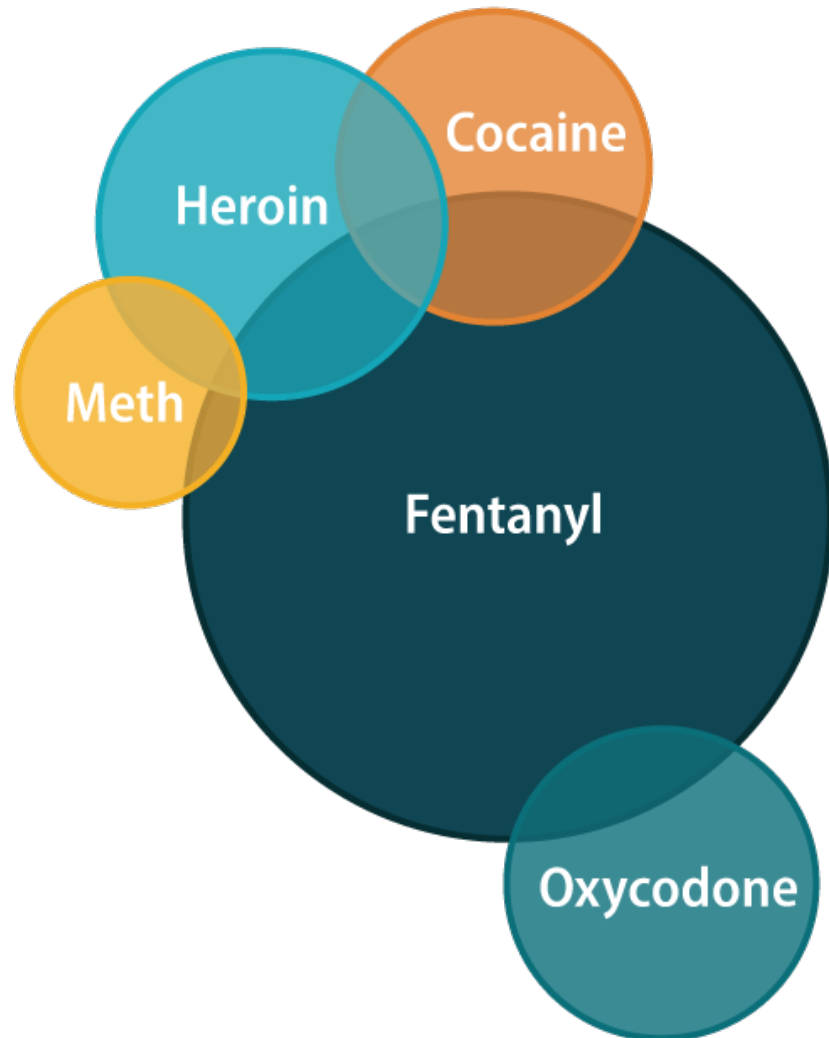
## Types of opioids:

- Natural opioids, derived from opium poppy (e.g., morphine)
- Semi-synthetic opioids, synthesized from natural opioids (e.g., oxycodone, heroin)
- Synthetic opioids, synthesized from non-opioid compounds to mimic opioid effects (e.g., fentanyl)



# Emerging crisis of non-opioid overdoses

- Growing overdose death rates from non-opioids — cocaine and methamphetamine
- Overdoses commonly involve both opioids and non-opioids

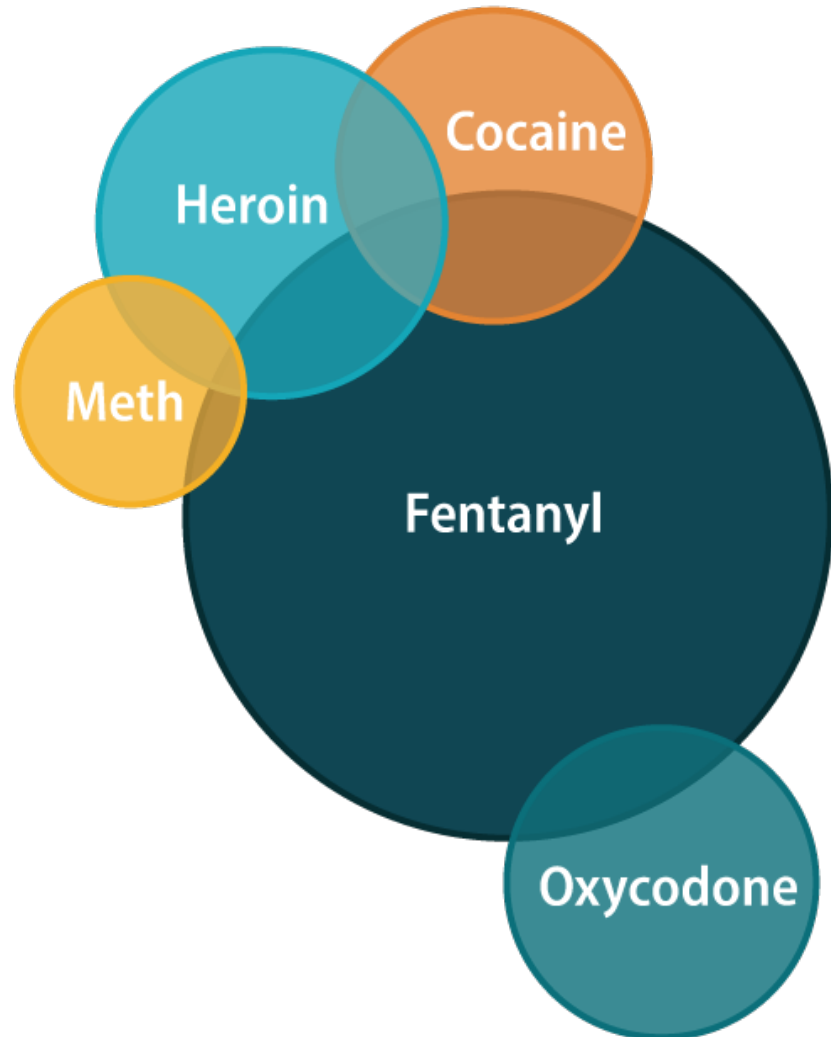


# Emerging crisis of non-opioid overdoses

**Cocaine** overdose deaths overlapping with:

**Fentanyl: 41 percent**

**Heroin: 34 percent**



# Emerging crisis of non-opioid overdoses

**Cocaine** overdose deaths overlapping with:

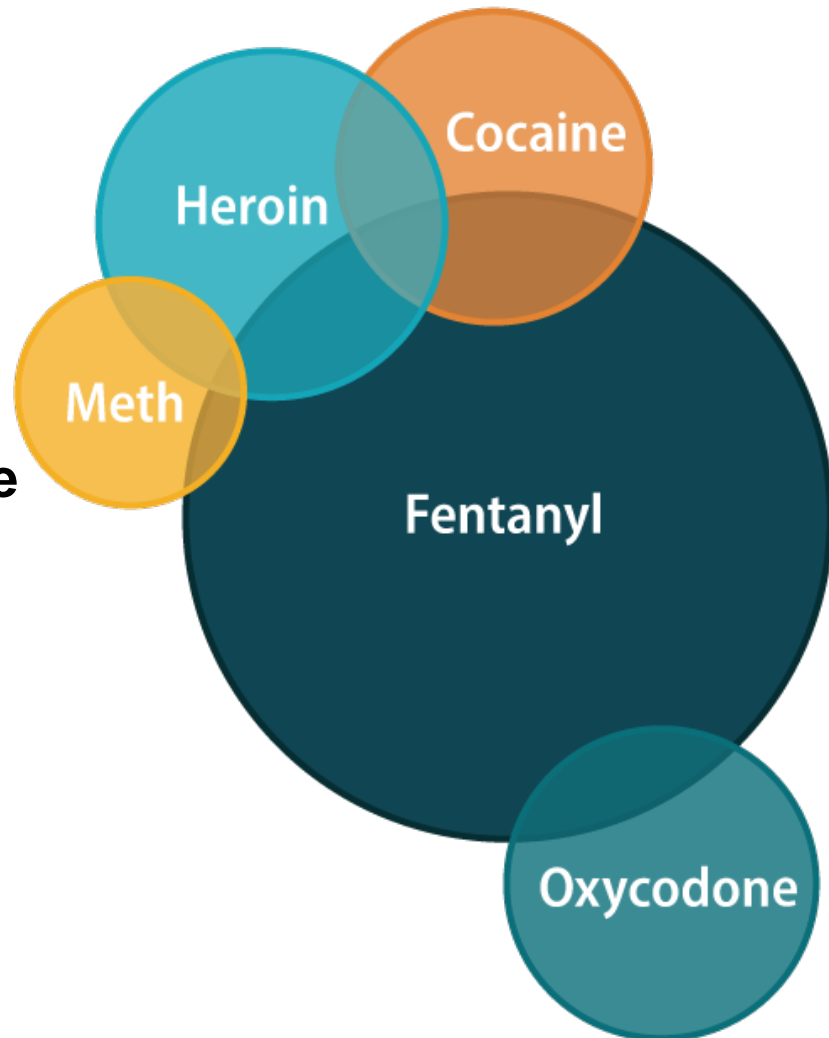
**Fentanyl: 41 percent**

**Heroin: 34 percent**

**Methamphetamine** overdose deaths overlapping with:

**Heroin: 22 percent**

**Fentanyl: 11 percent**

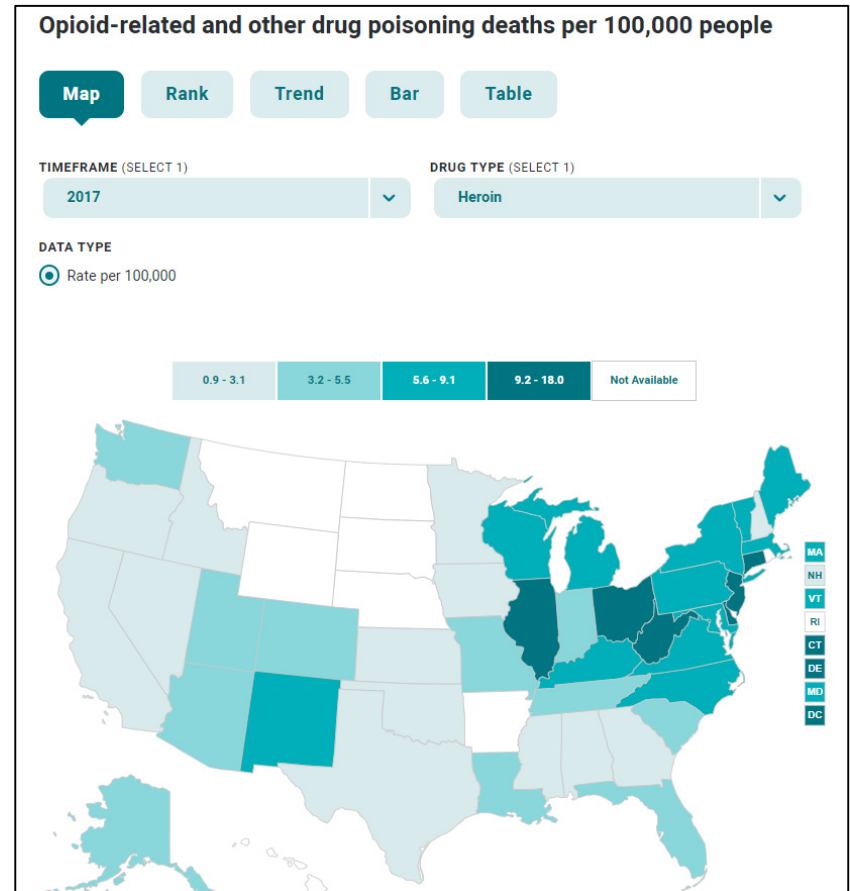


# State Health Compare: *Opioid overdose death rates data*

## Source

U.S. Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System (via WONDER tool)

- States collect and report data to the CDC



# State Health Compare:

## *Opioid overdose death rates data*

### **Categories of opioid overdoses\***

- Natural and semi-synthetic opioids (i.e., prescription opioid painkillers, such as oxycodone and hydrocodone)
- Synthetic opioids (e.g., fentanyl)
- Heroin

### **Categories of non-opioid overdoses**

- Cocaine
- Psychostimulants (e.g., methamphetamine, Ritalin, Adderall)

\*Excludes some opioid types (e.g., methadone, opium, other or unspecified opioids)



# State Health Compare:

## *Opioid overdose death rates data*

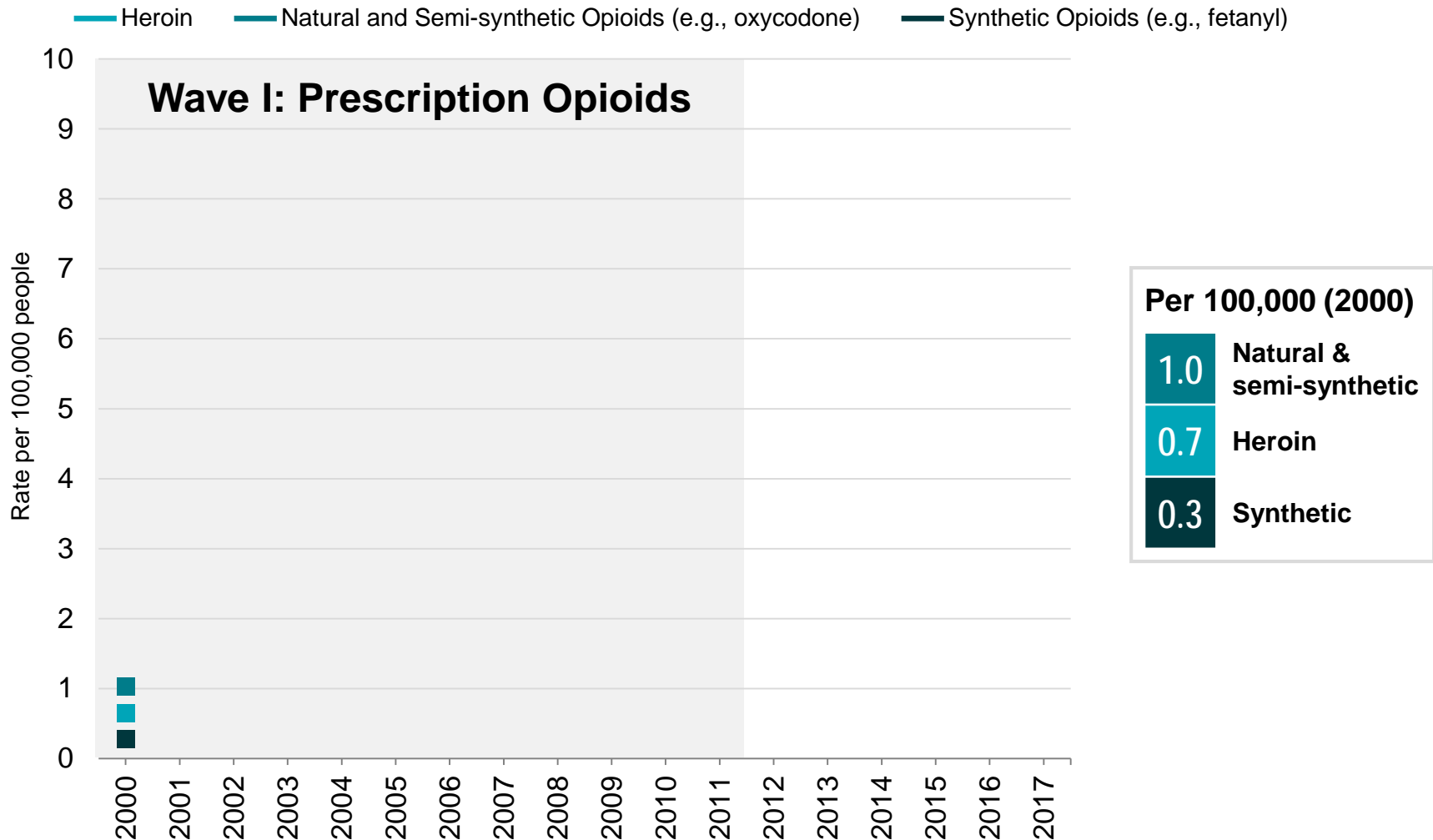
### Limitations/considerations

- Categories not mutually exclusive
- Under-recording/-reporting of opioid deaths (e.g., Indiana)
- Suppression of small numbers (i.e., 20 or fewer deaths)

# U.S. Trends

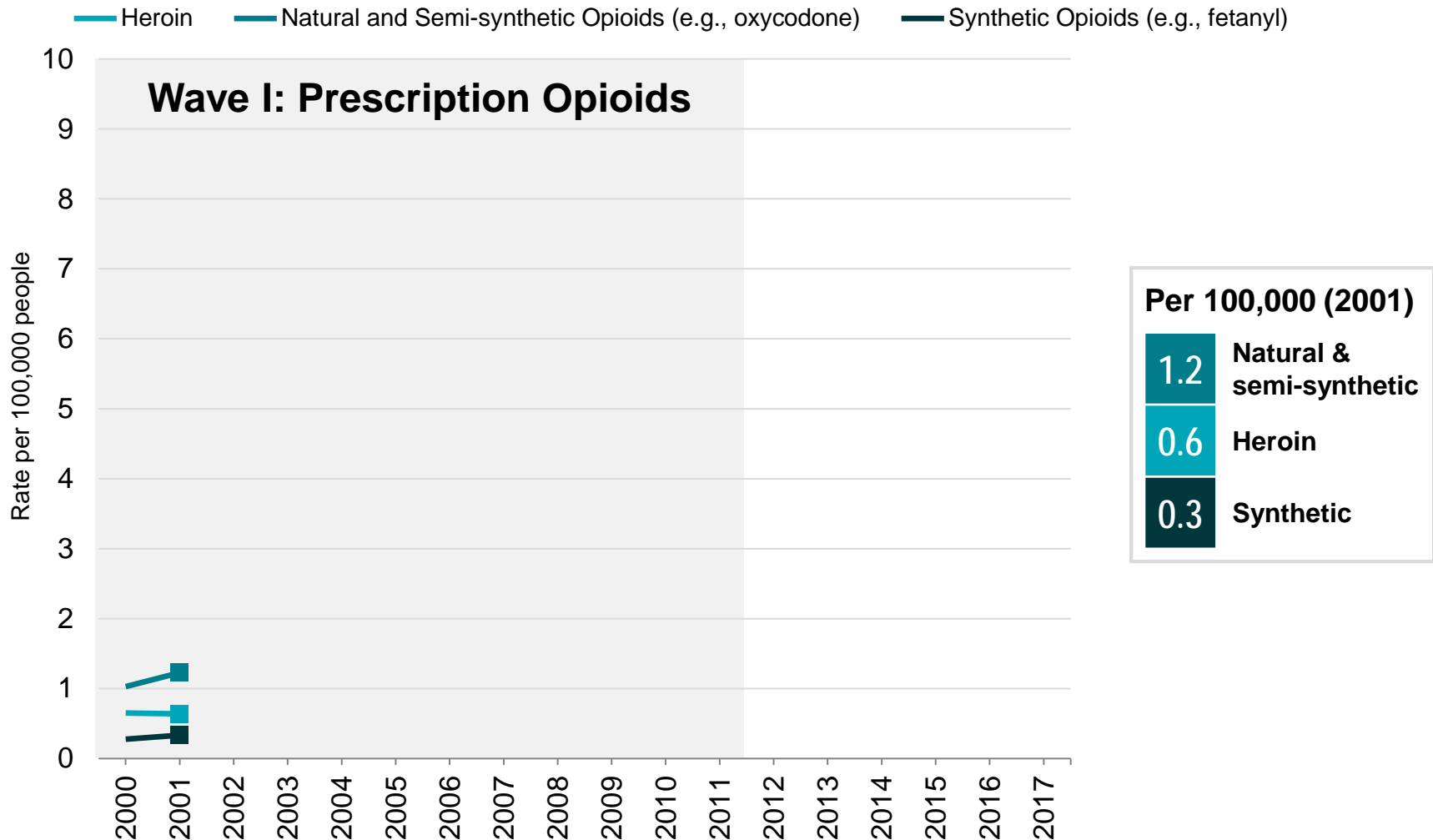
***Natural and Semi-synthetic Opioid, Synthetic Opioid,  
and Heroin Overdose Deaths***

# U.S. Opioid Deaths per 100,000 People, by Opioid Type (2000)



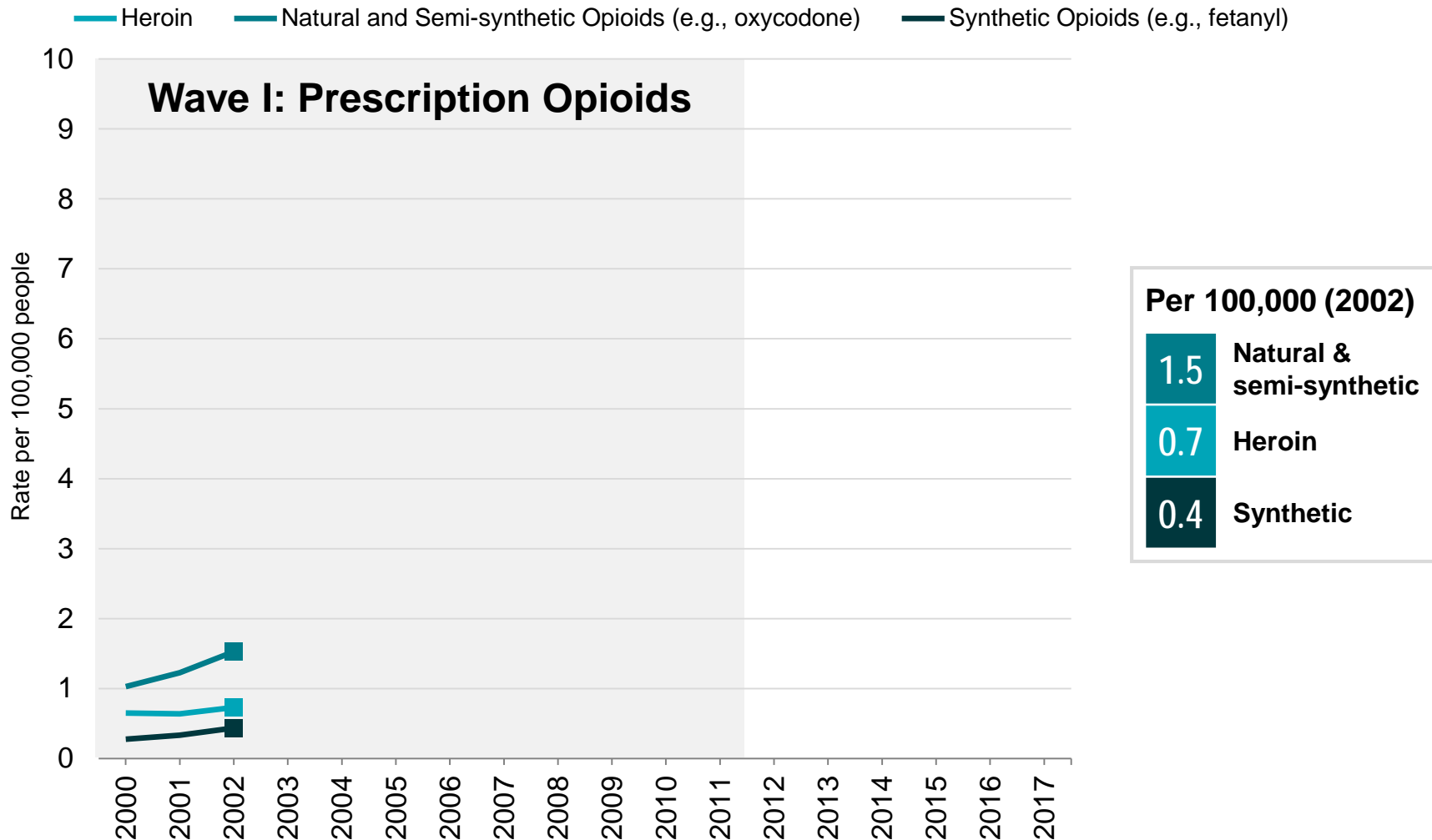
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

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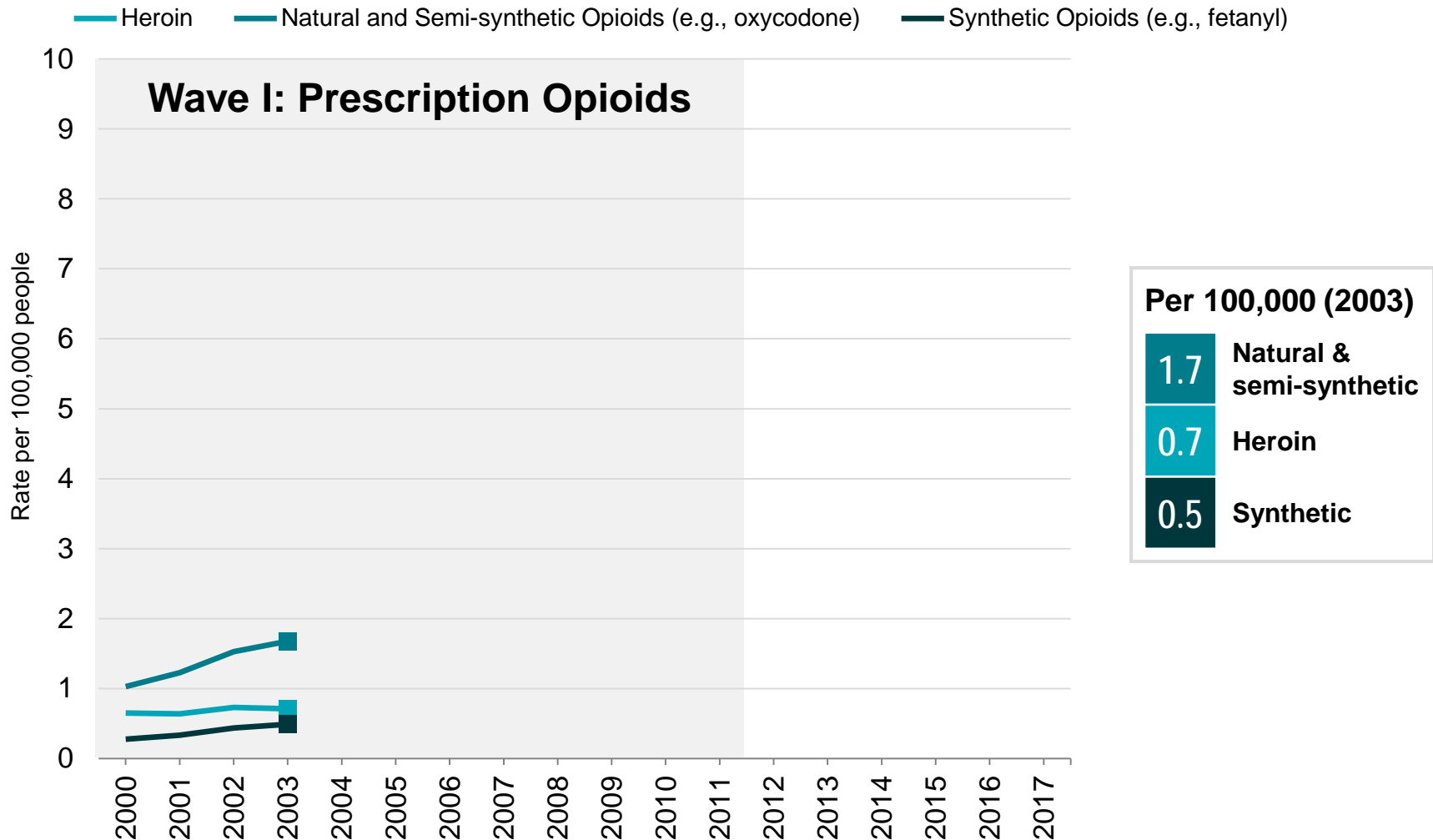
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# U.S. Opioid Deaths per 100,000 People, by Opioid Type (2002)



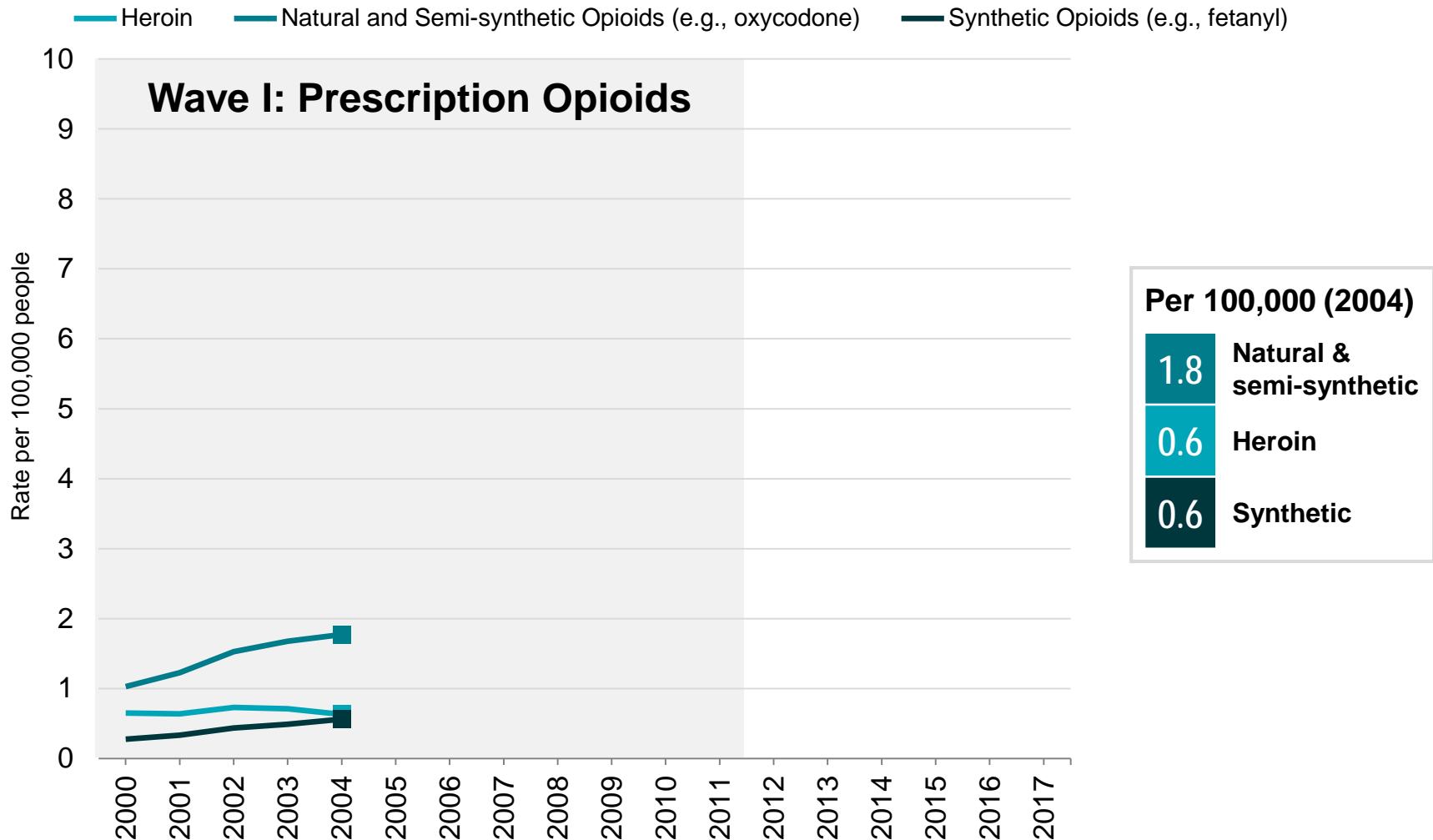
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

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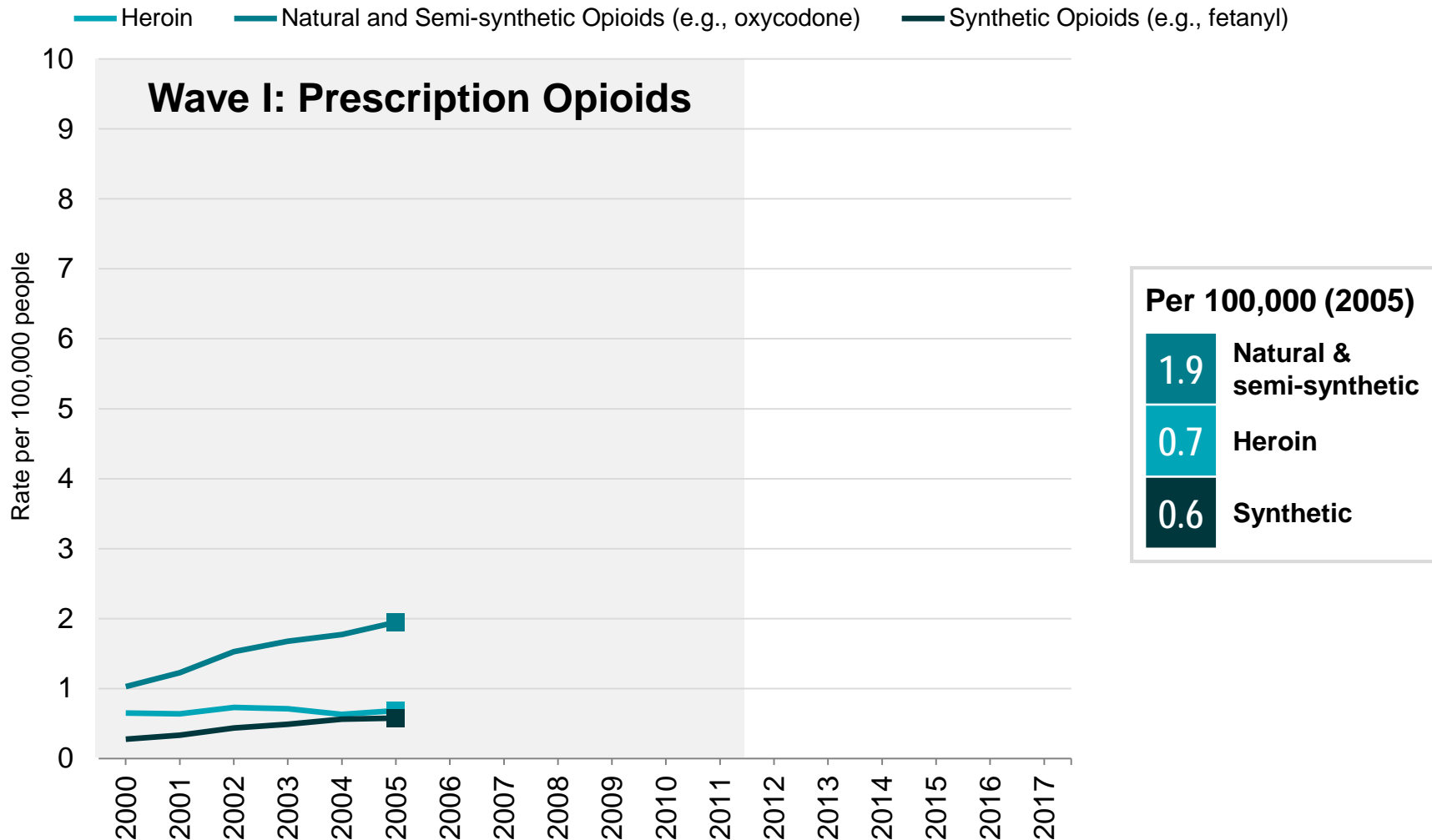
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# U.S. Opioid Deaths per 100,000 People, by Opioid Type (2004)



Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

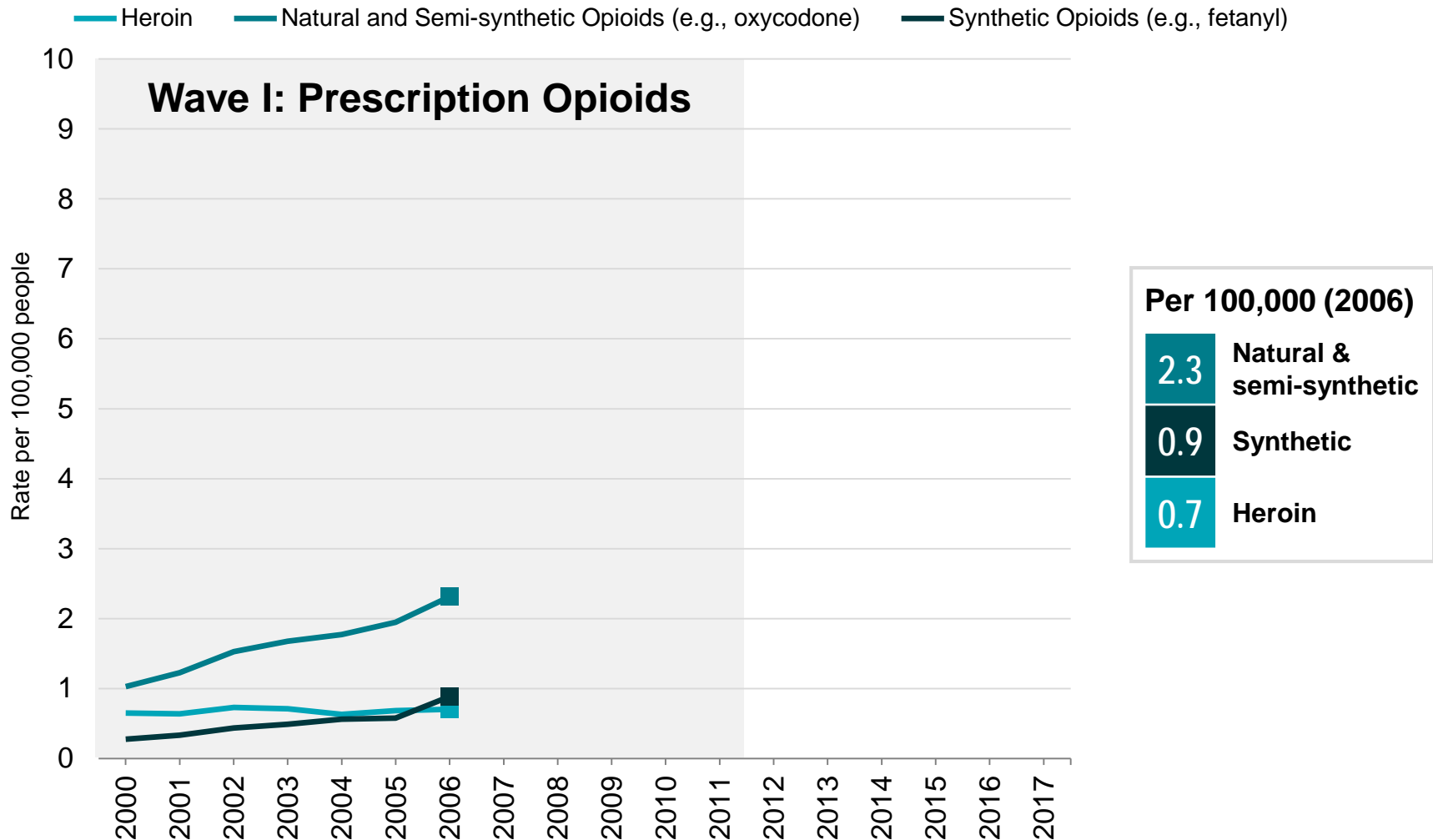
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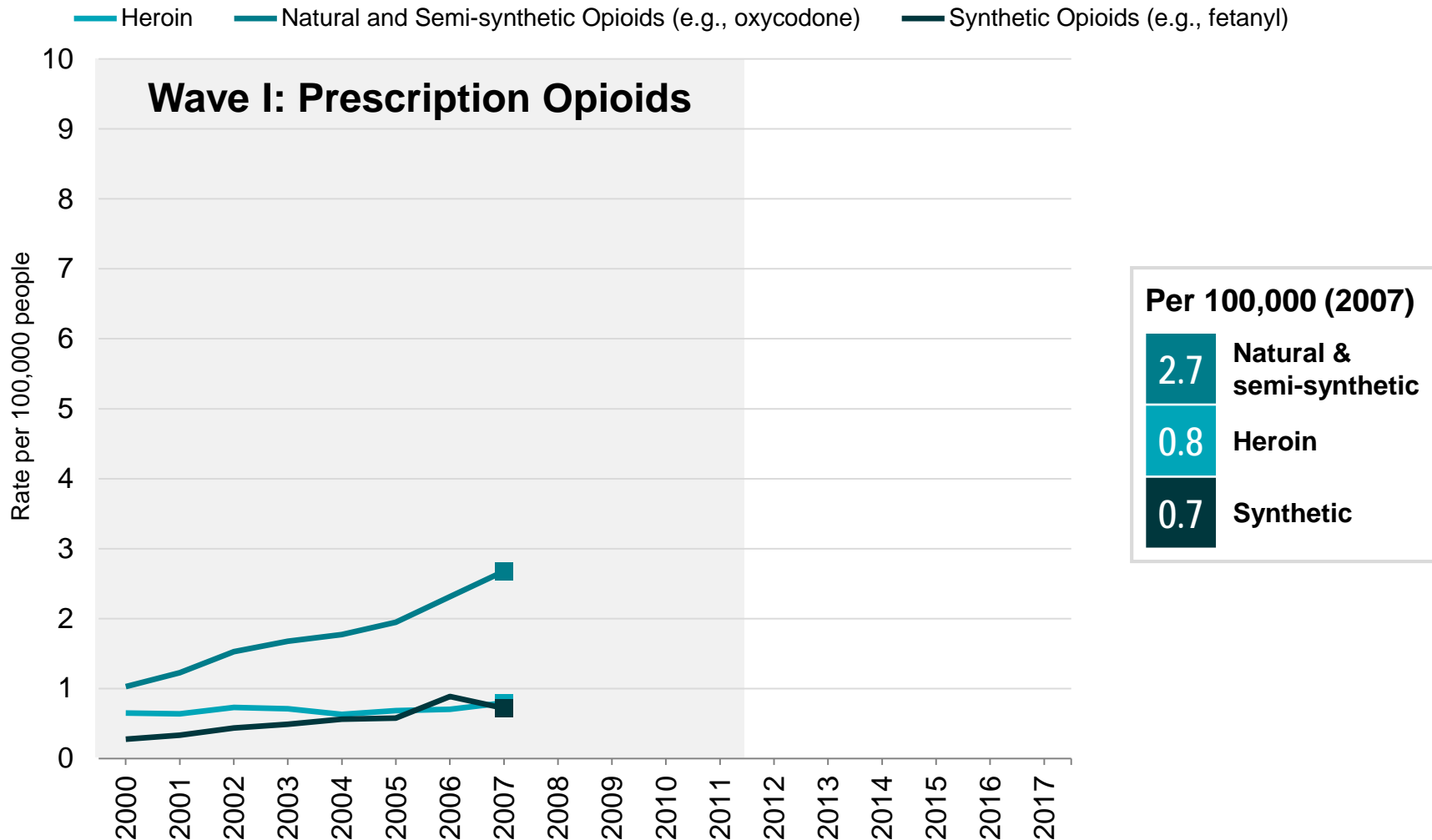


# U.S. Opioid Deaths per 100,000 People, by Opioid Type (2006)



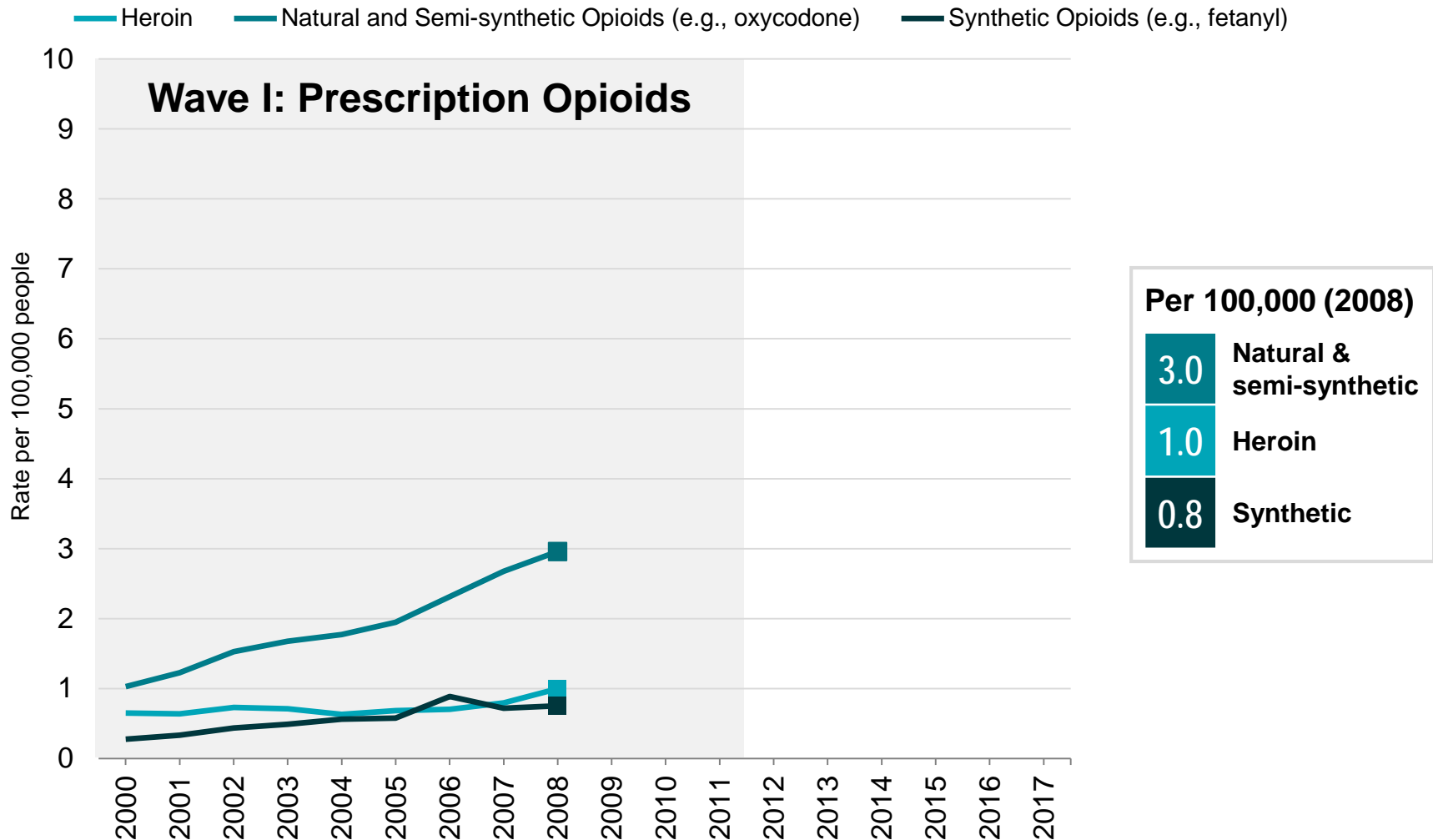
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# U.S. Opioid Deaths per 100,000 People, by Opioid Type (2007)



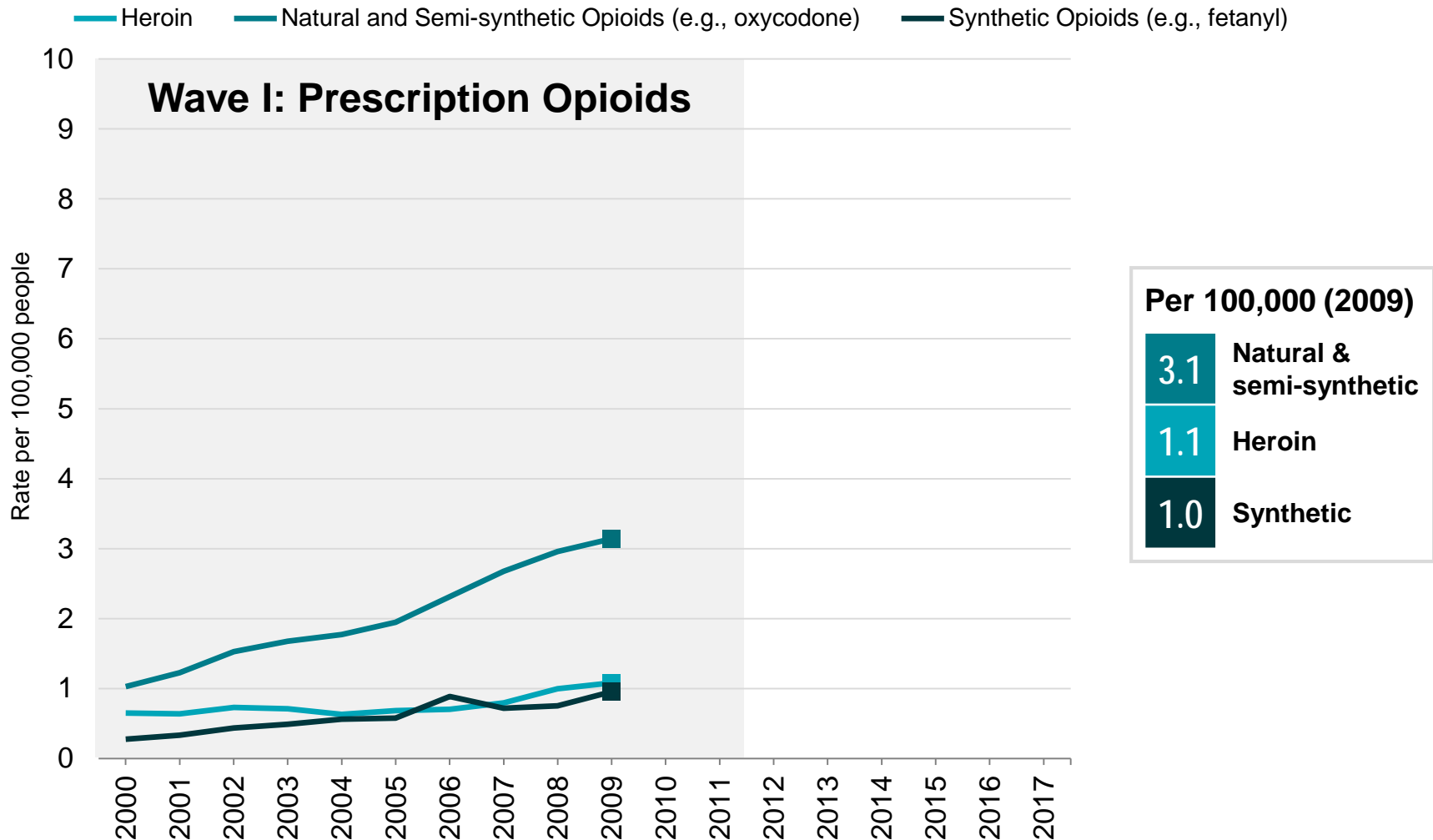
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# U.S. Opioid Deaths per 100,000 People, by Opioid Type (2008)



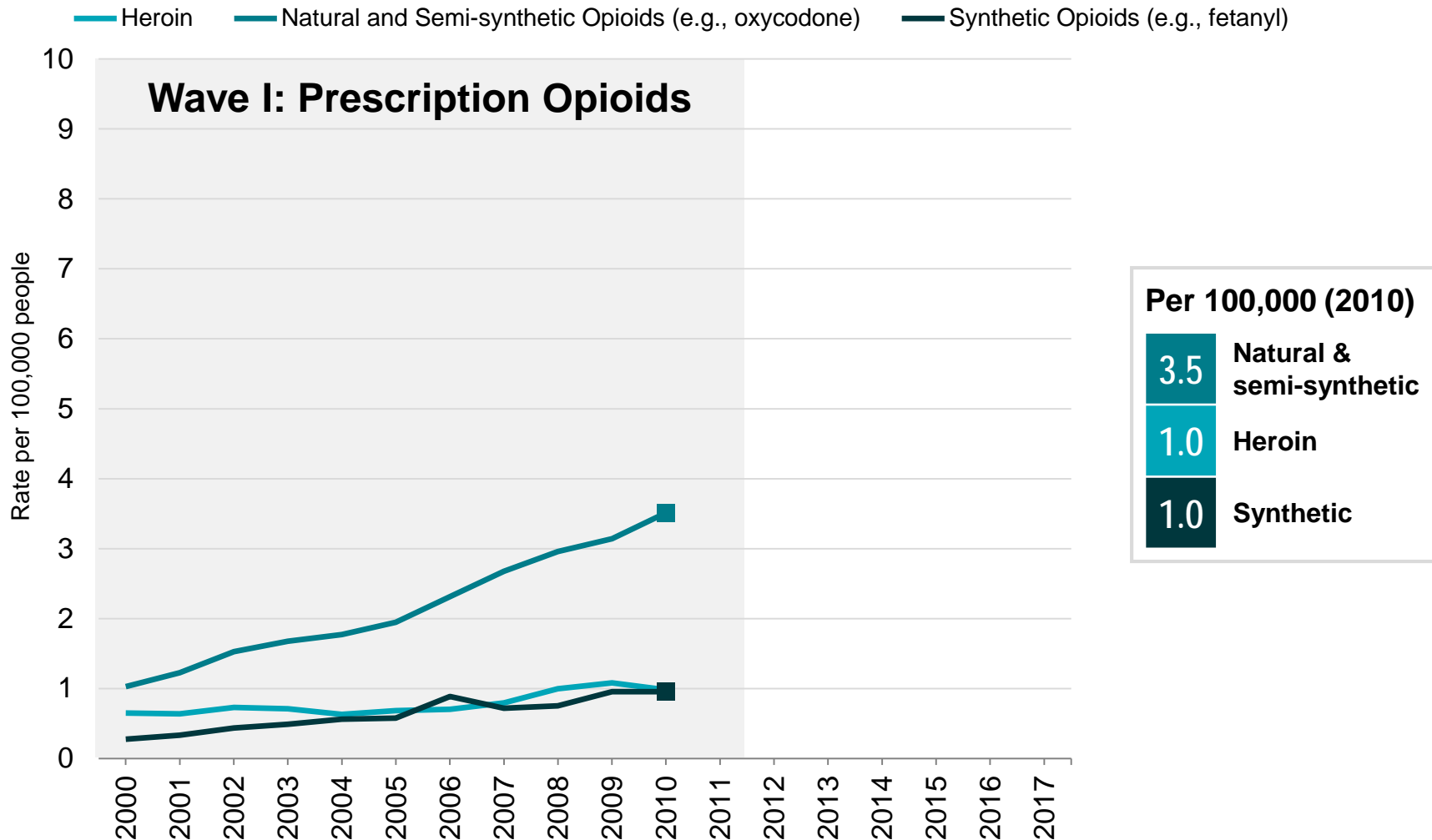
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

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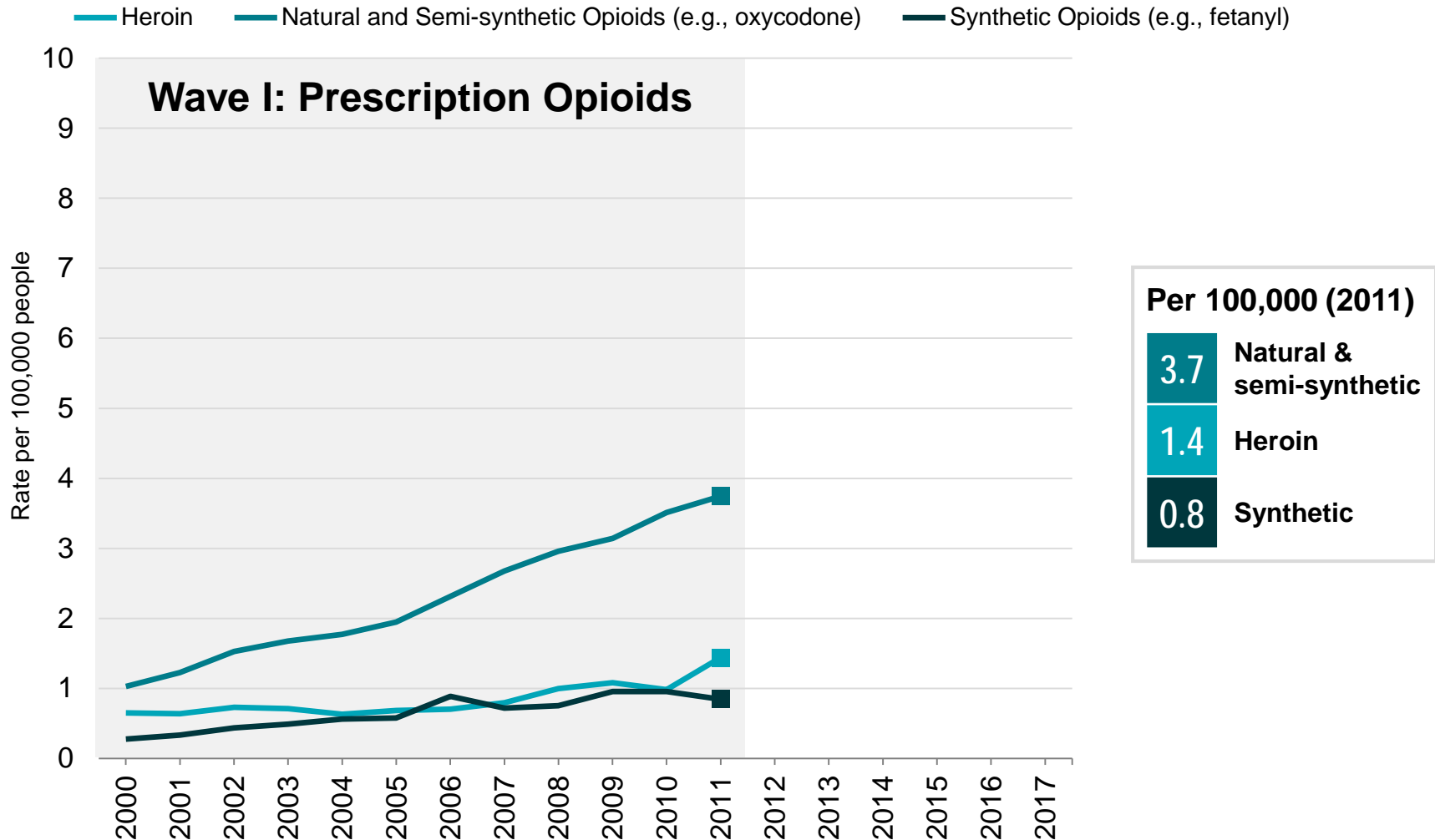
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

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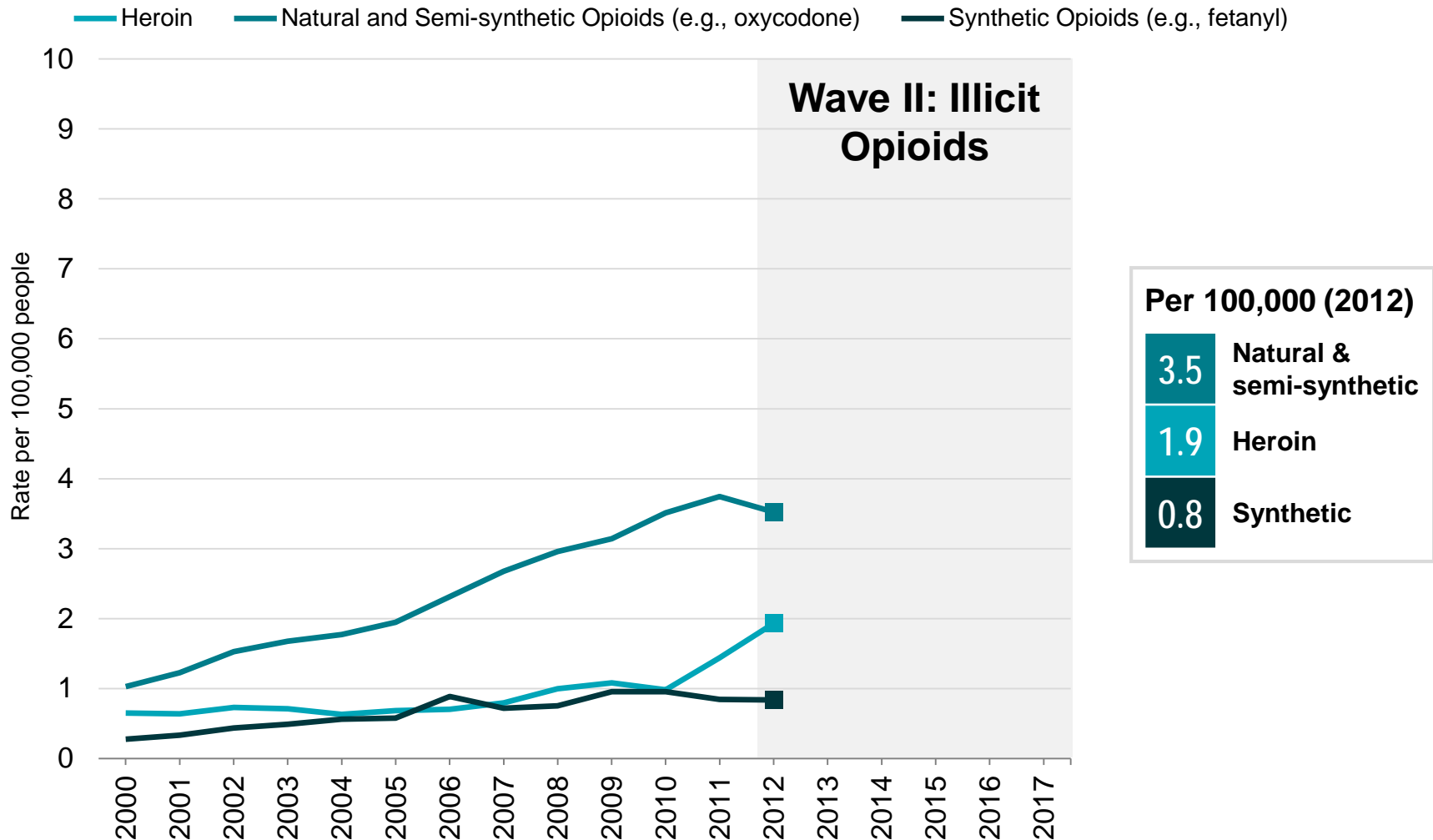
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

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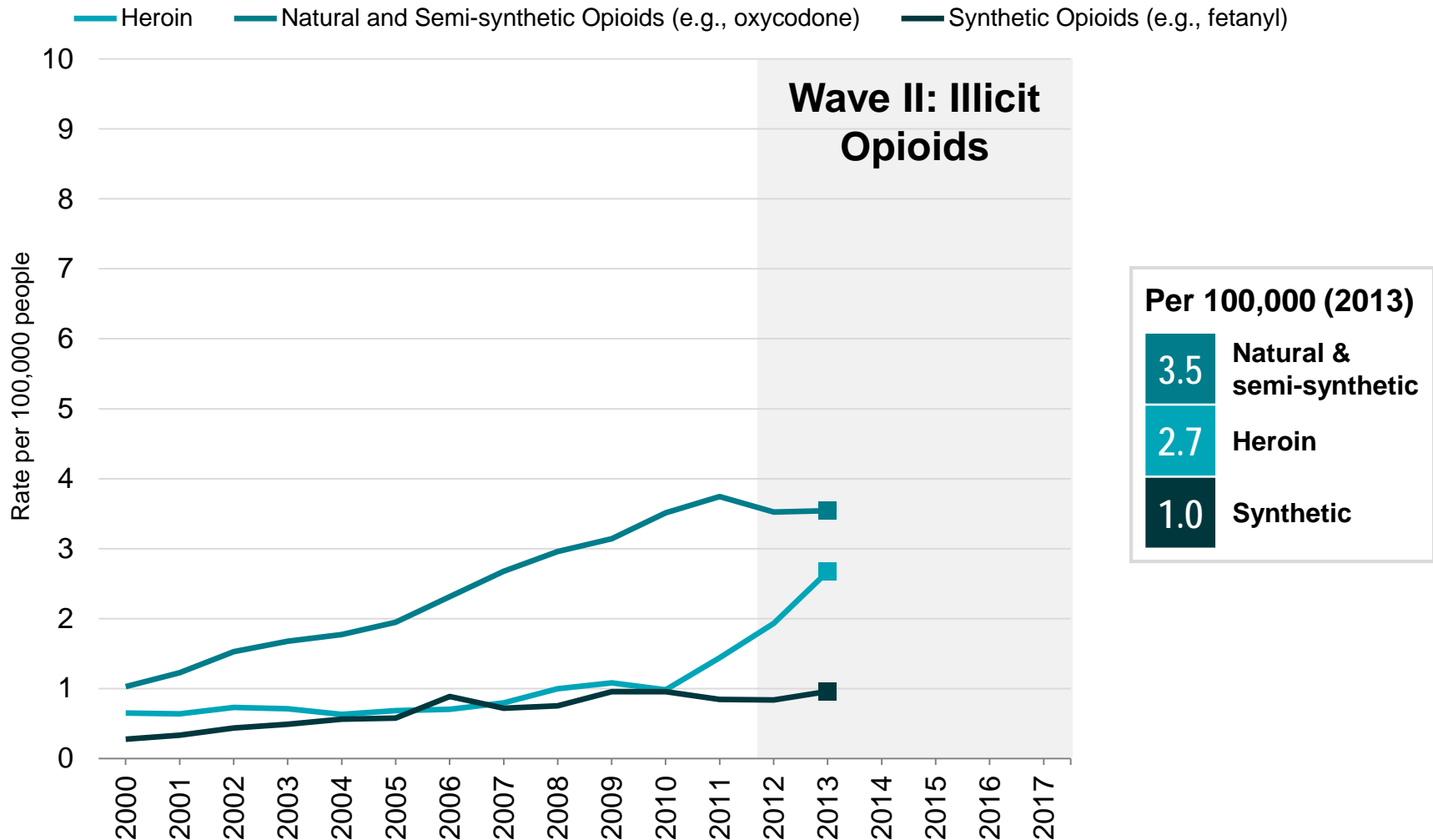
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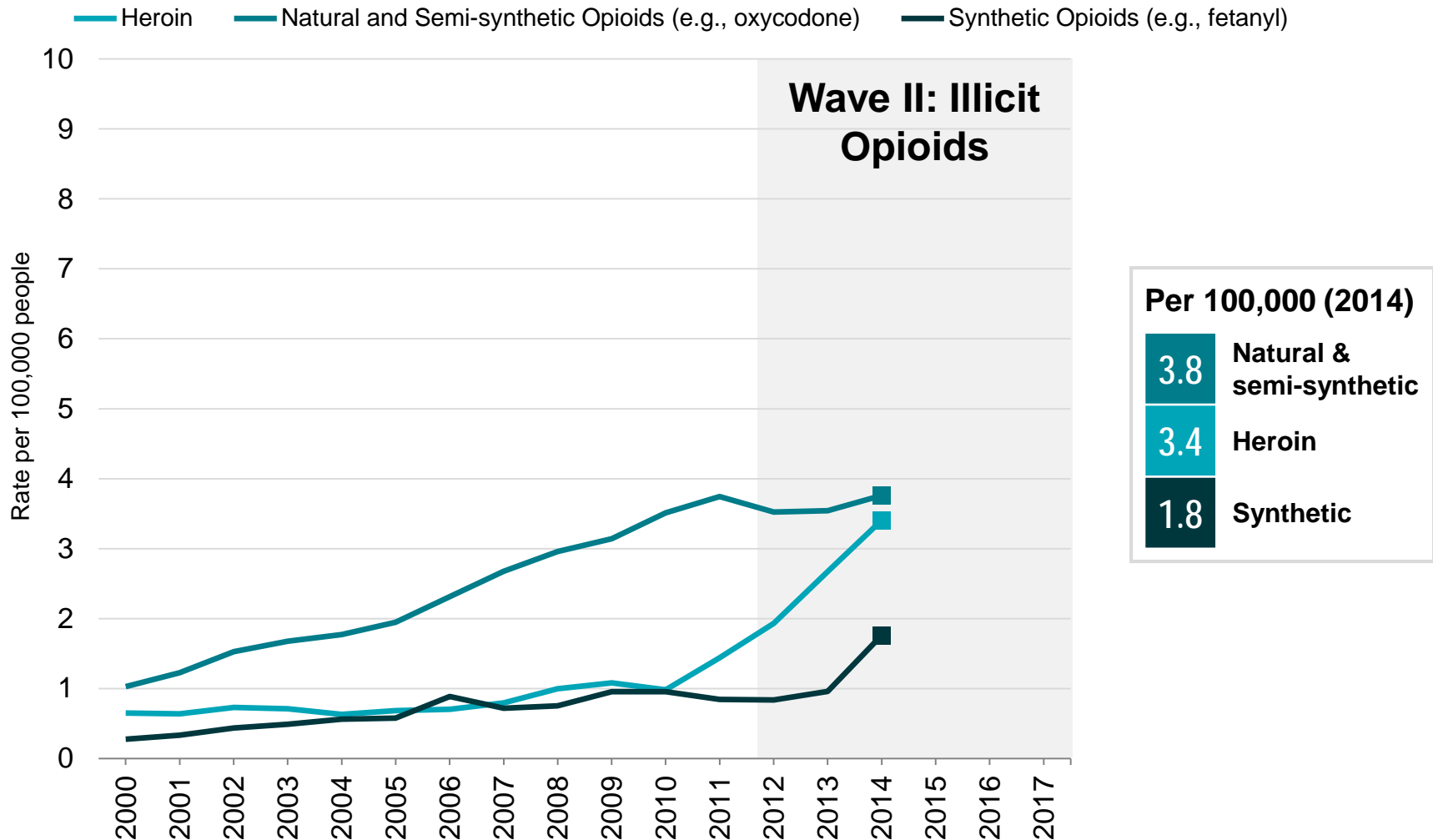
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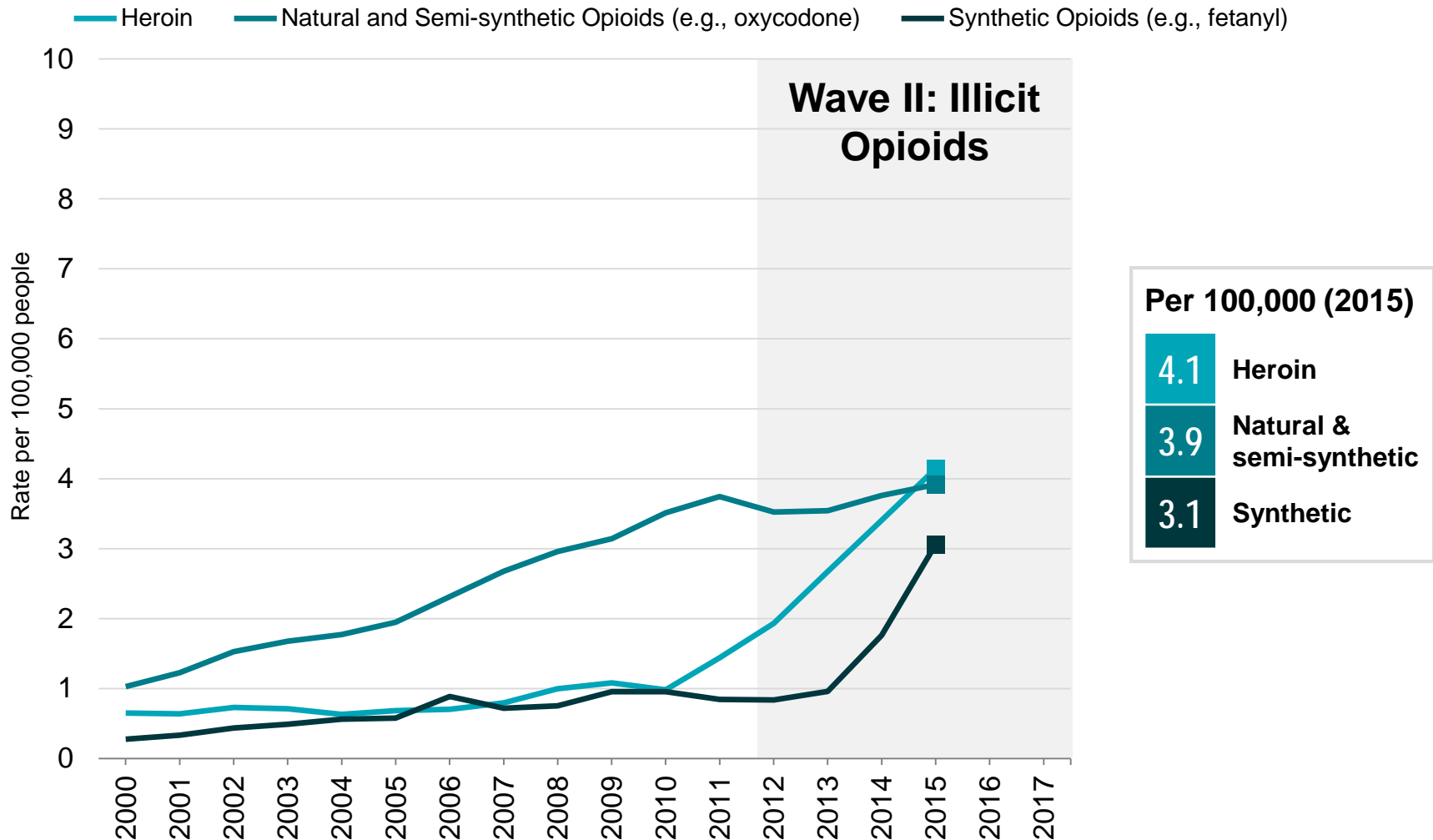


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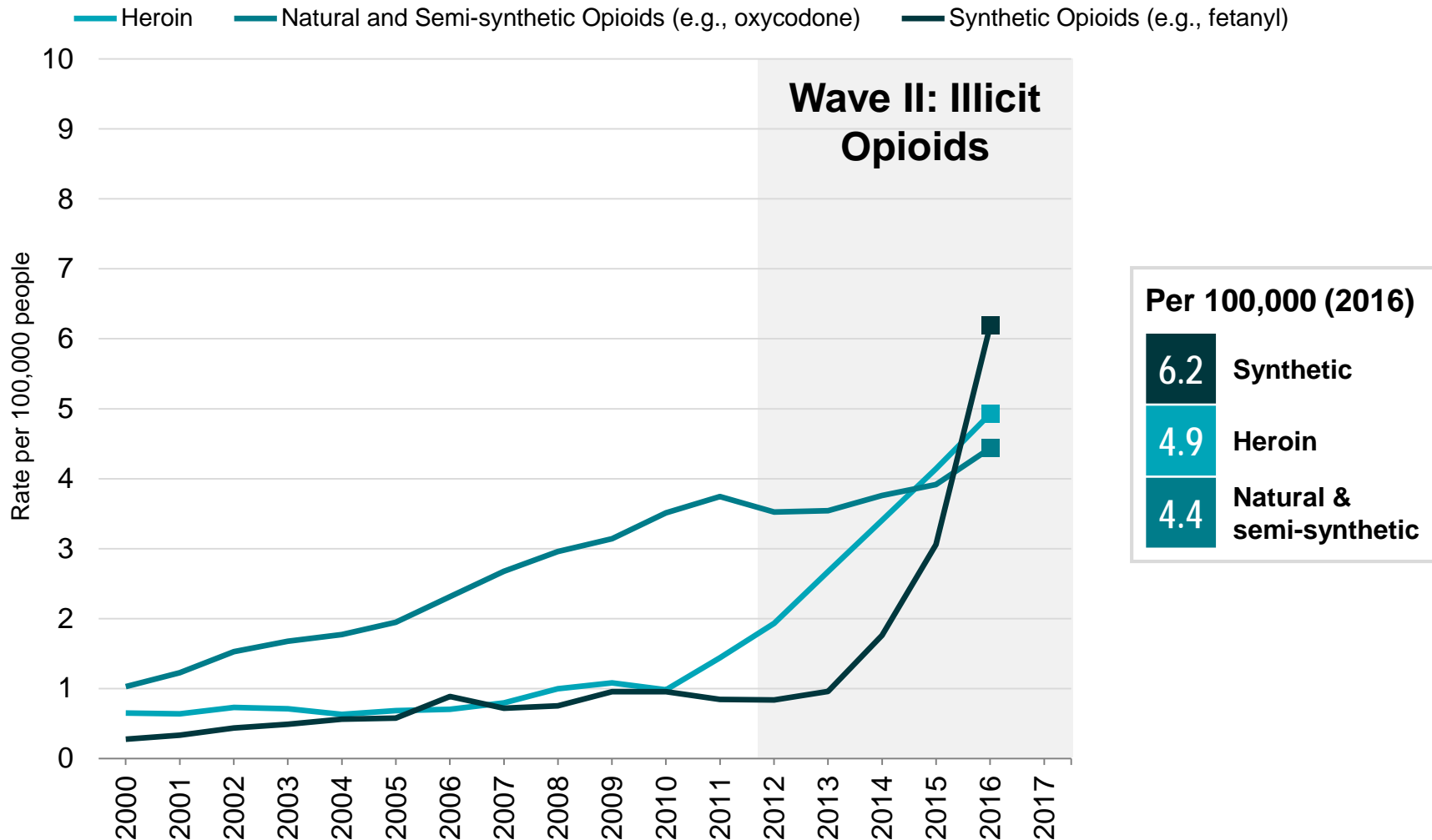
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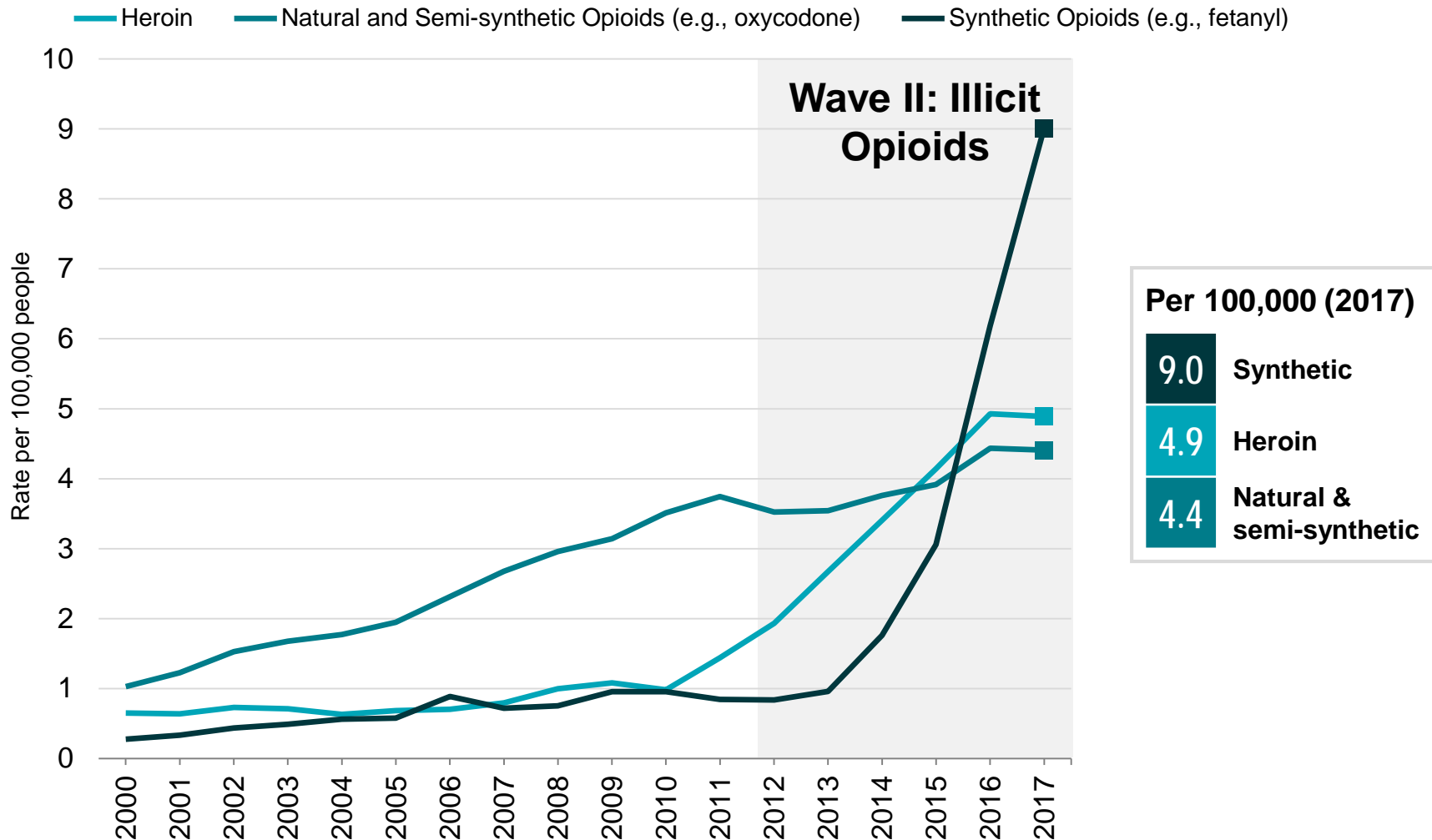
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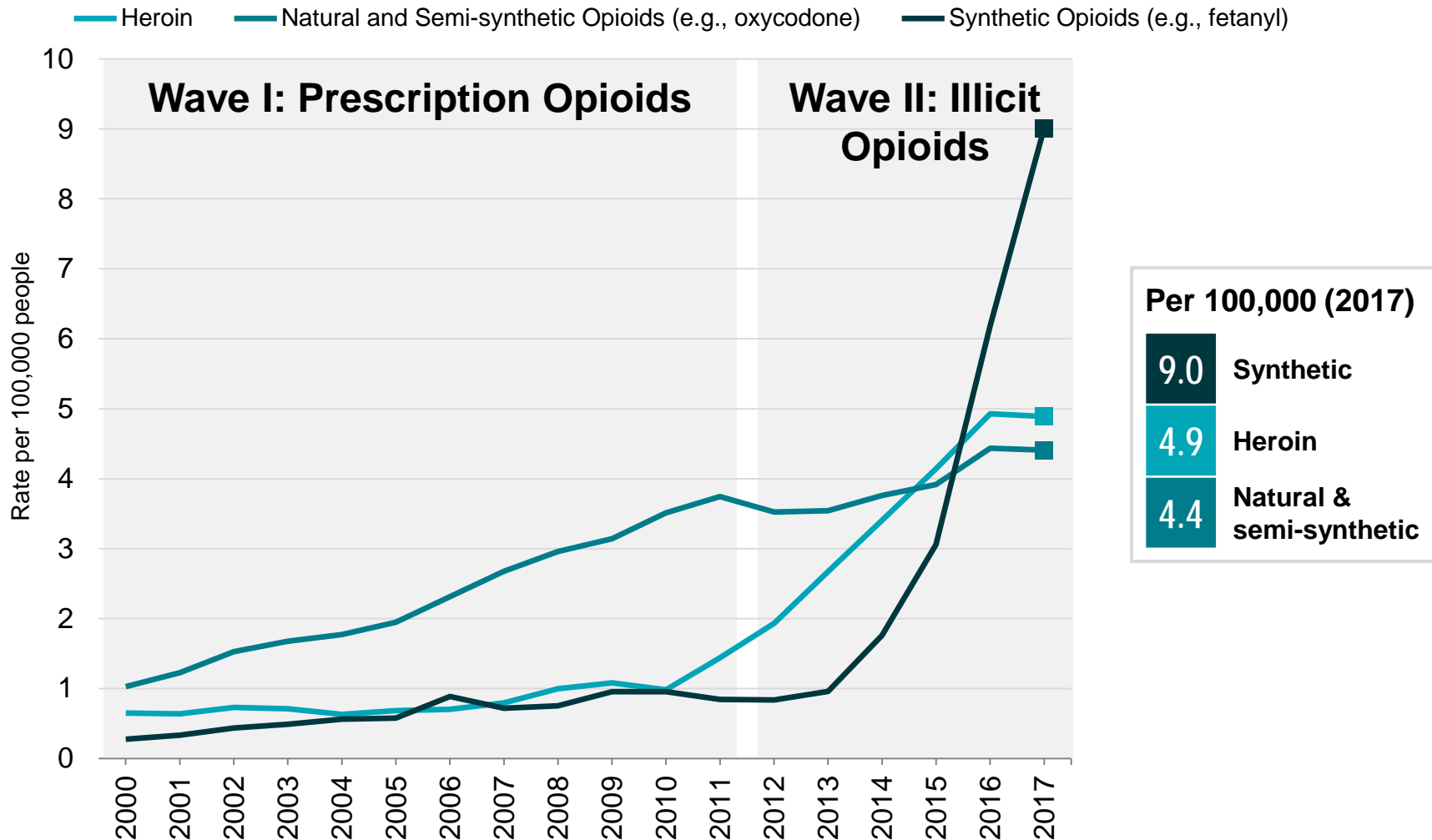
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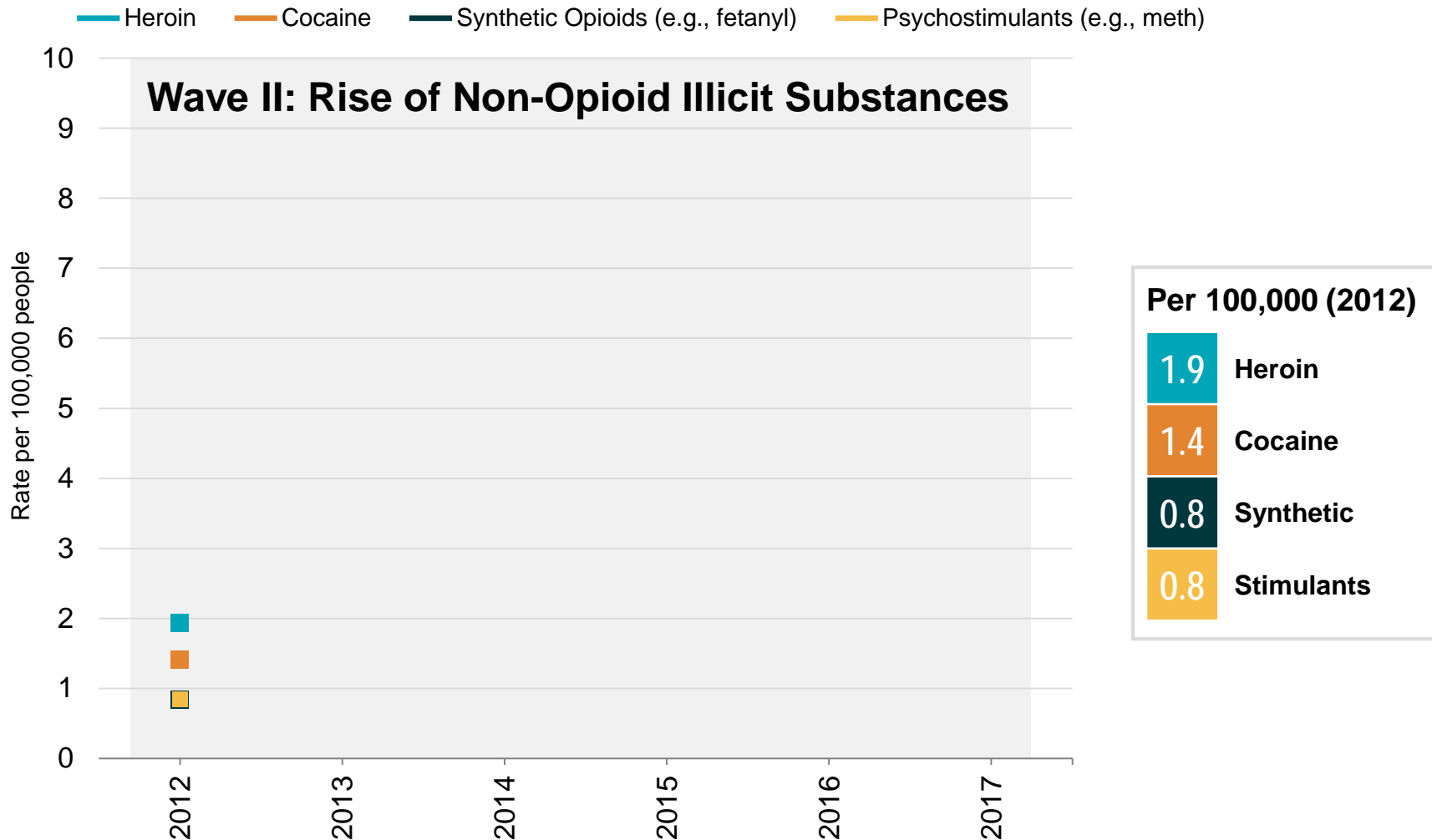
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# U.S. Opioid Deaths per 100,000 People, by Opioid Type (2017)



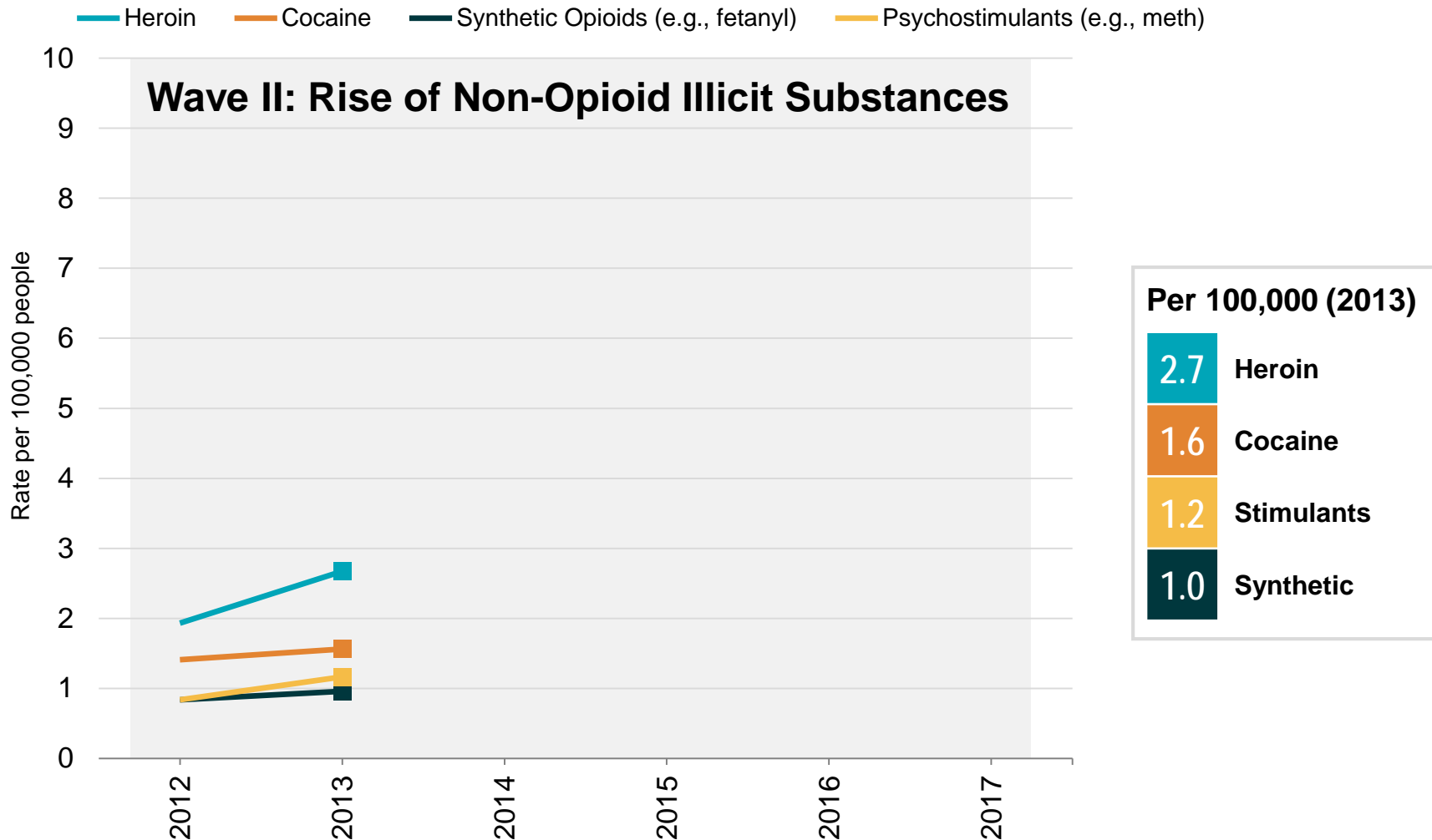
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# U.S. Overdose Deaths per 100,000 People, by Drug Type (2012)



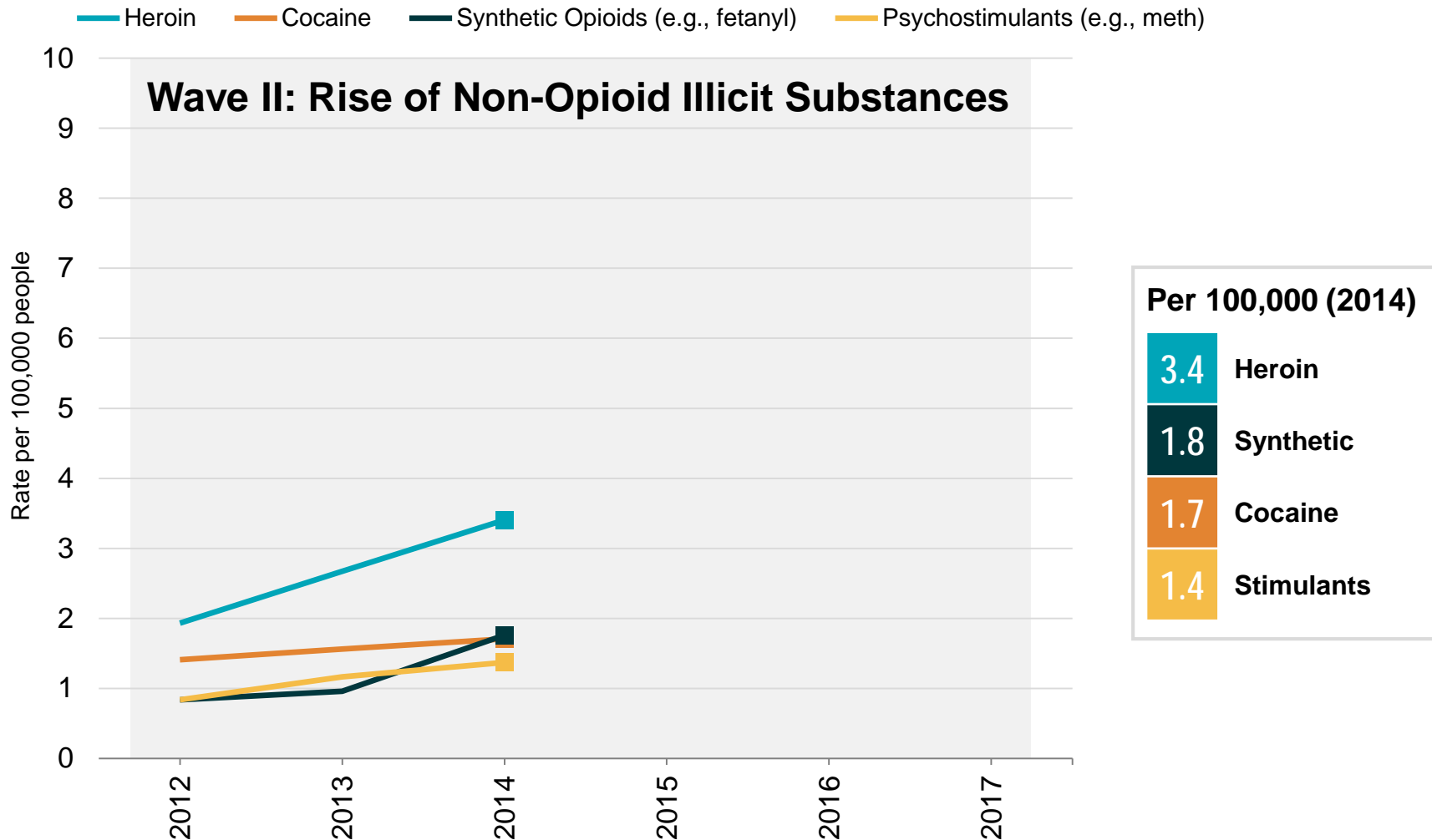
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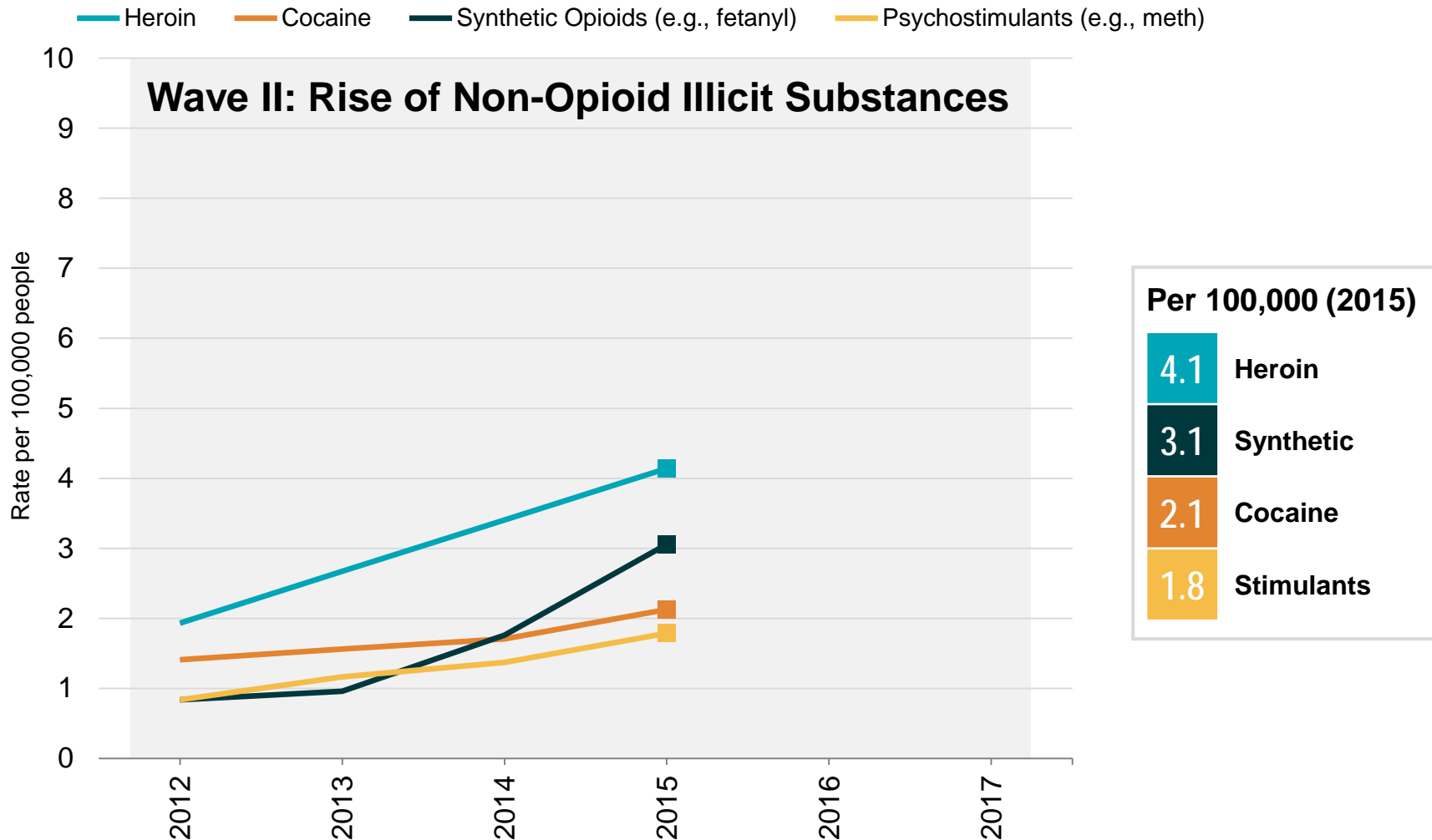
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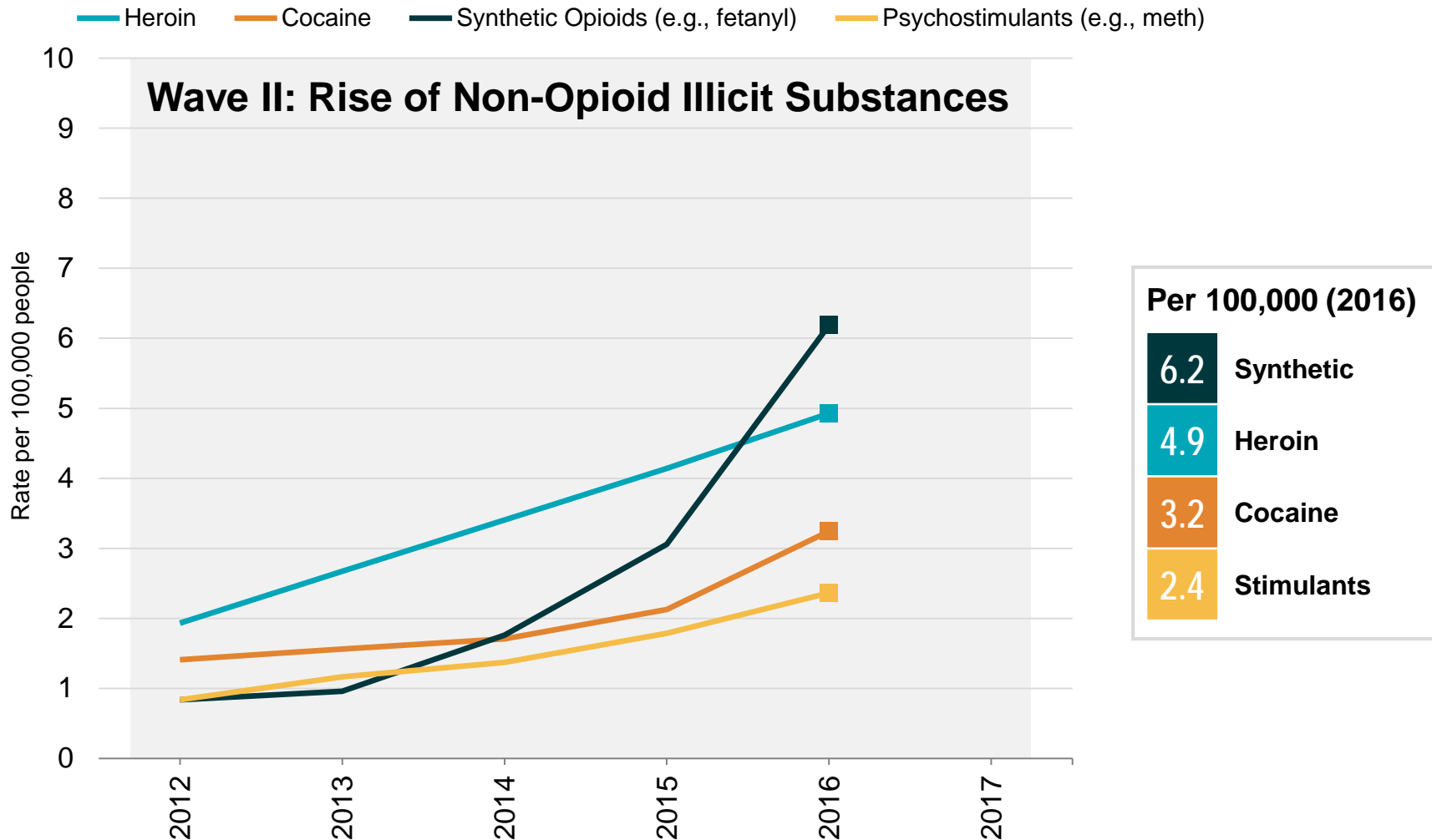


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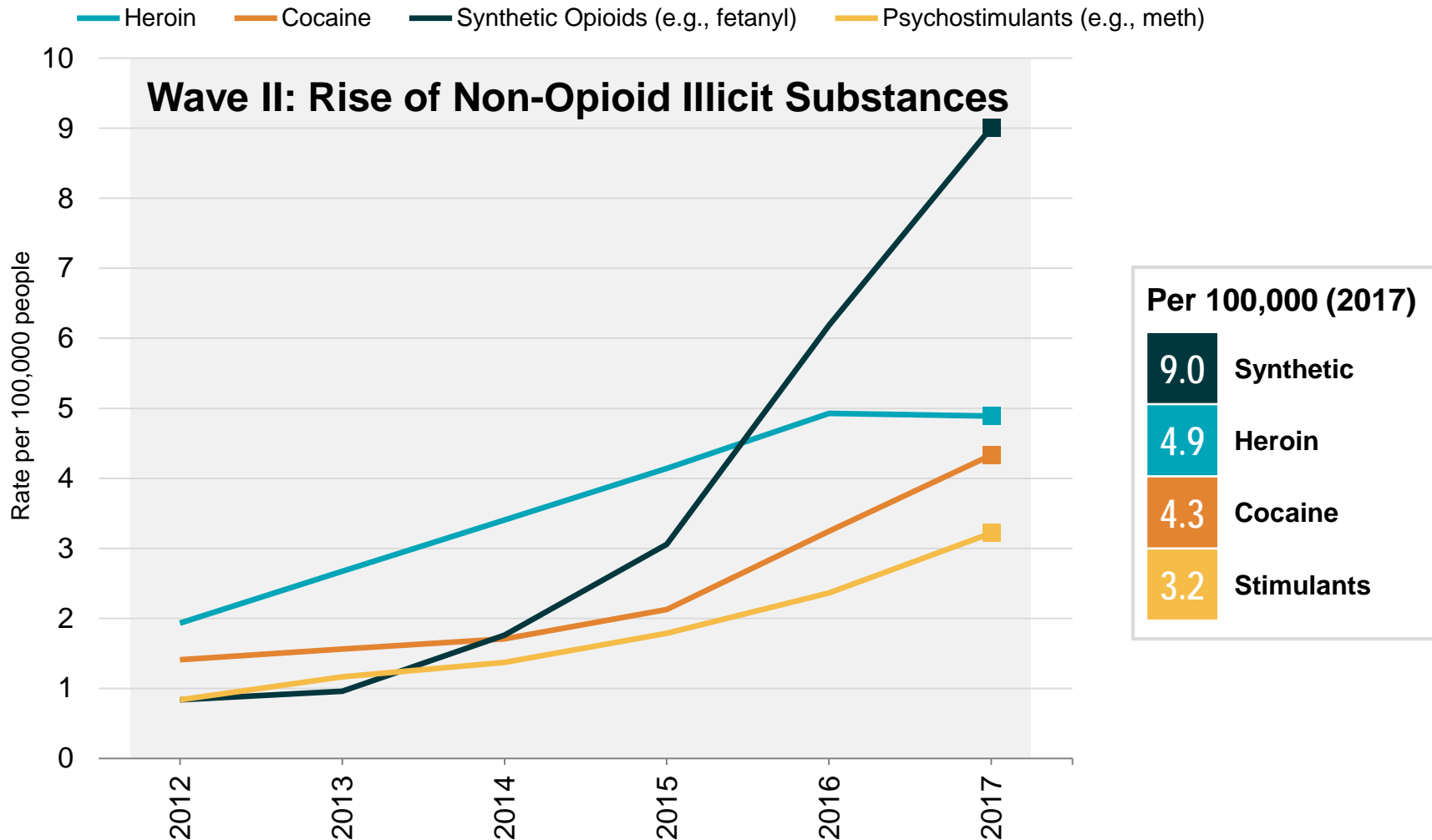
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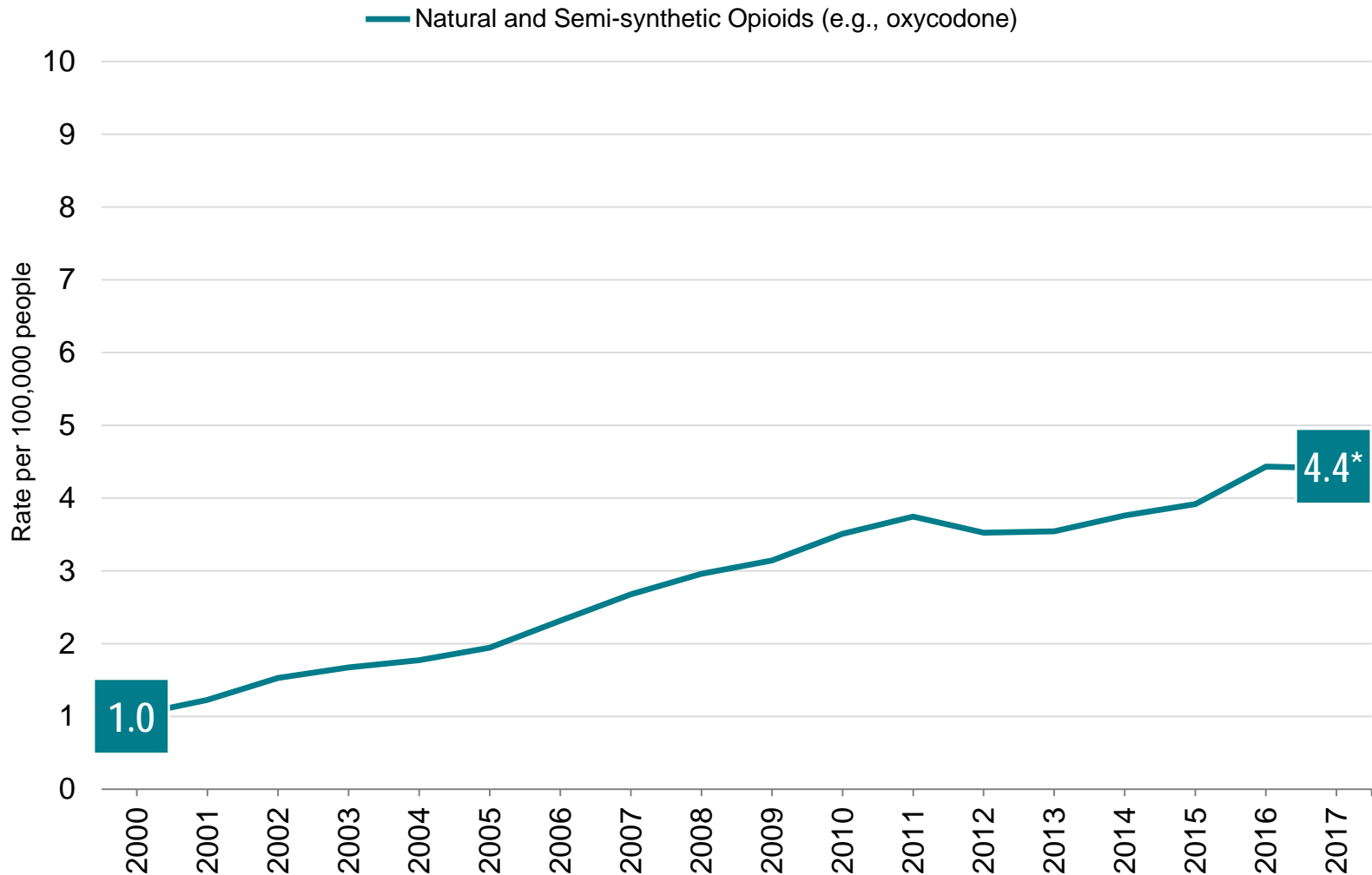
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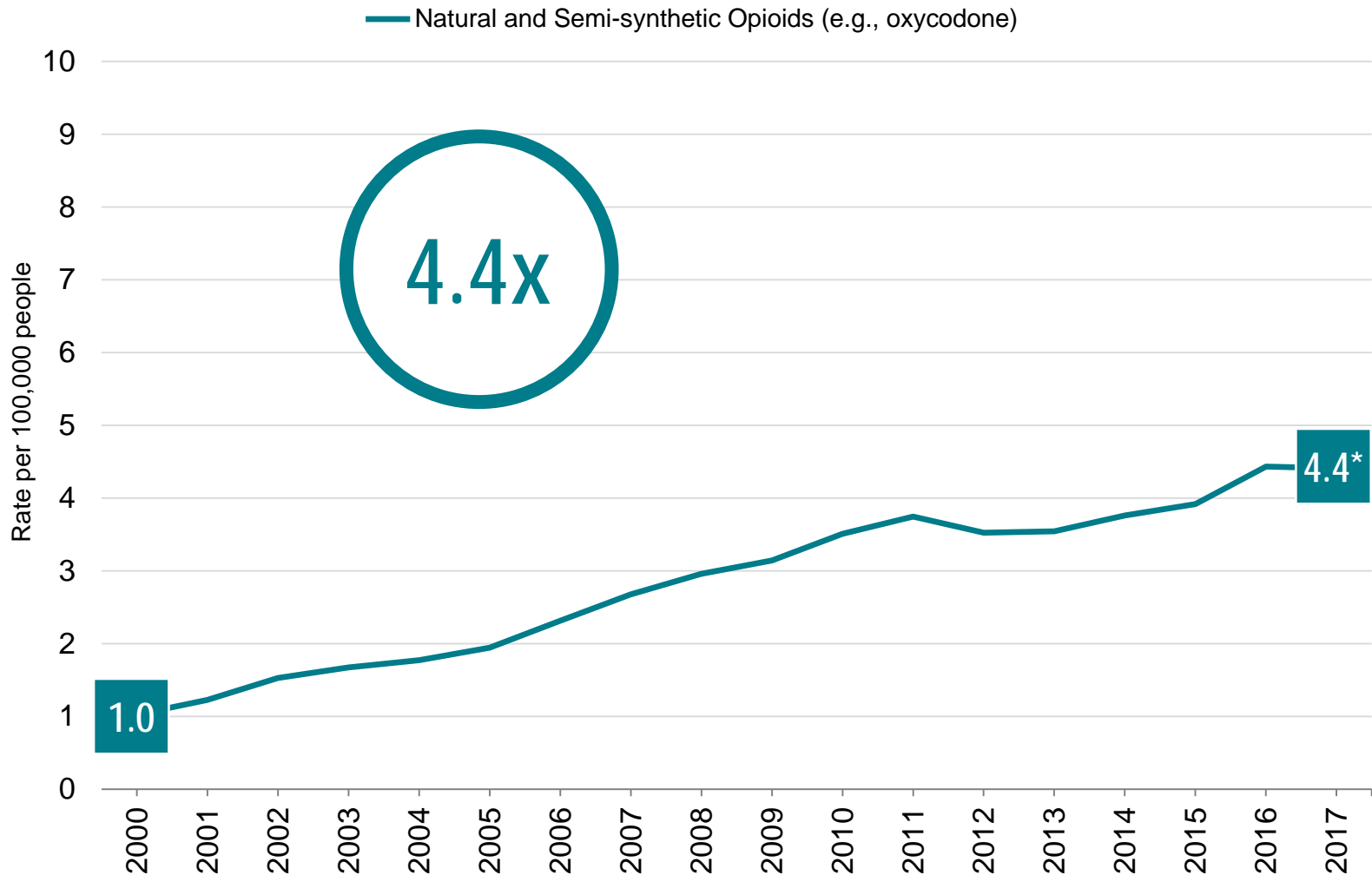
# U.S. Opioid Deaths per 100,000 People, Natural and Semi-synthetic Opioids



\* Statistically significant increase at the 95% level.

Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

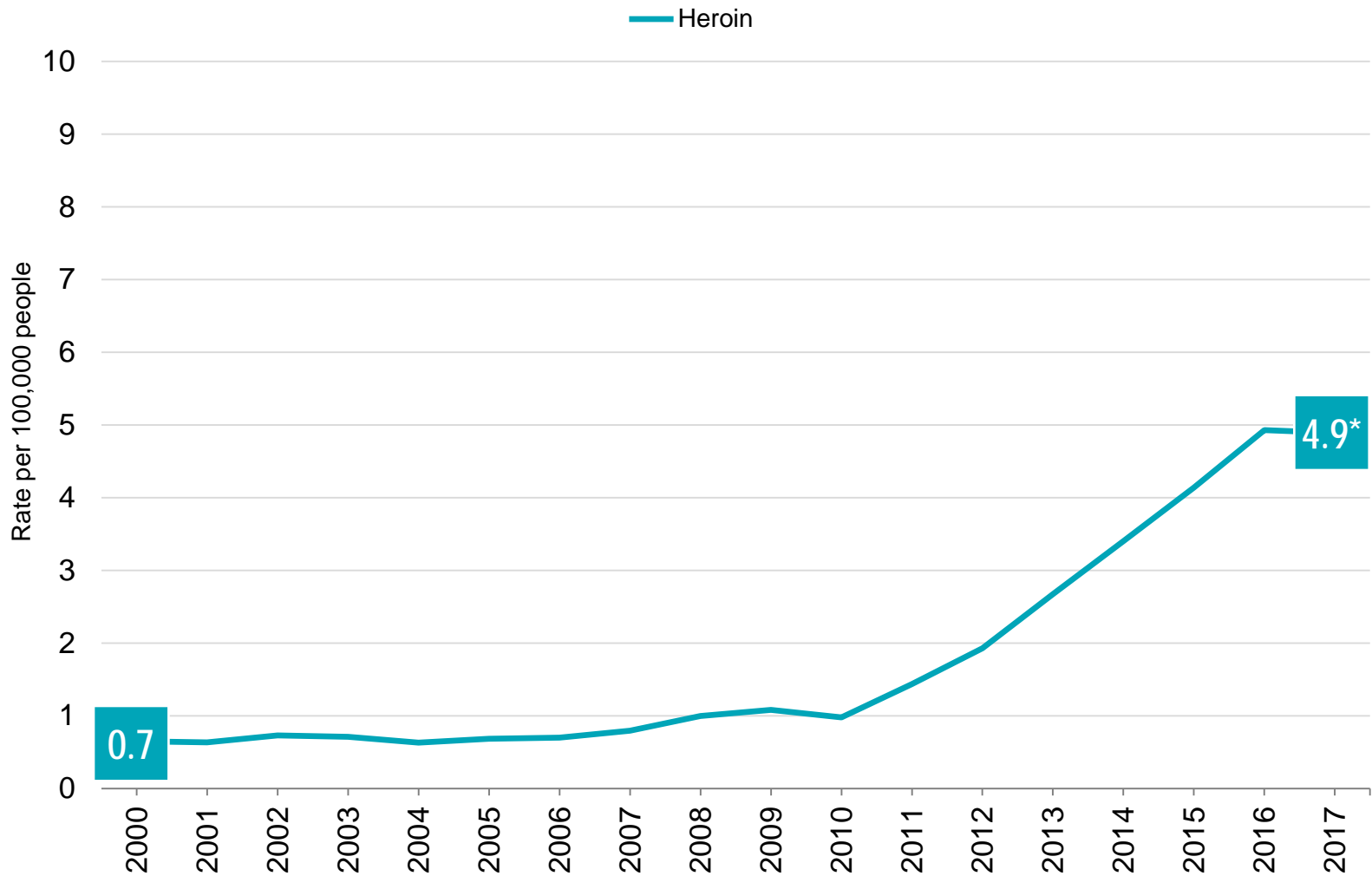
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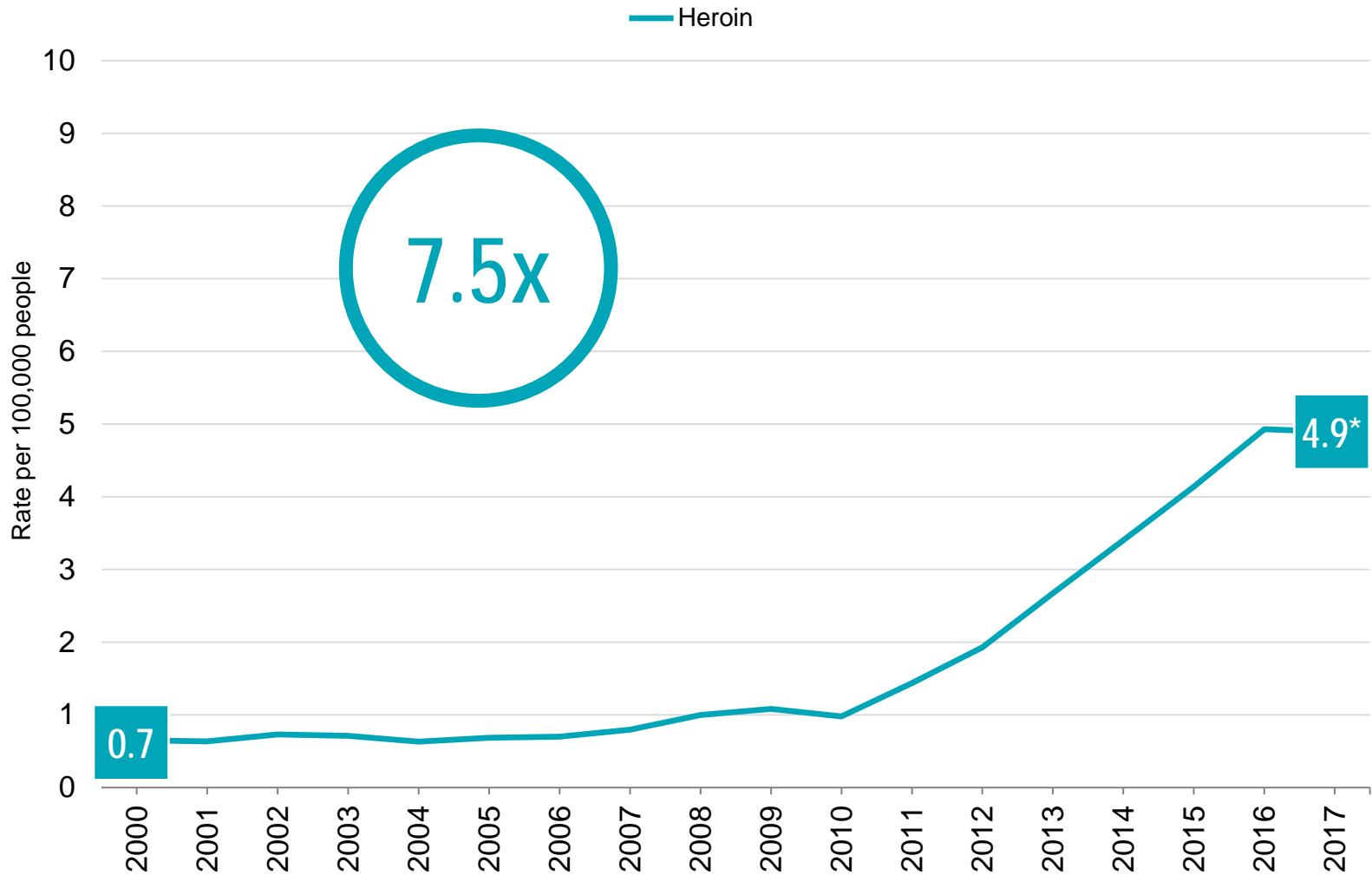
# U.S. Opioid Deaths per 100,000 People, Heroin



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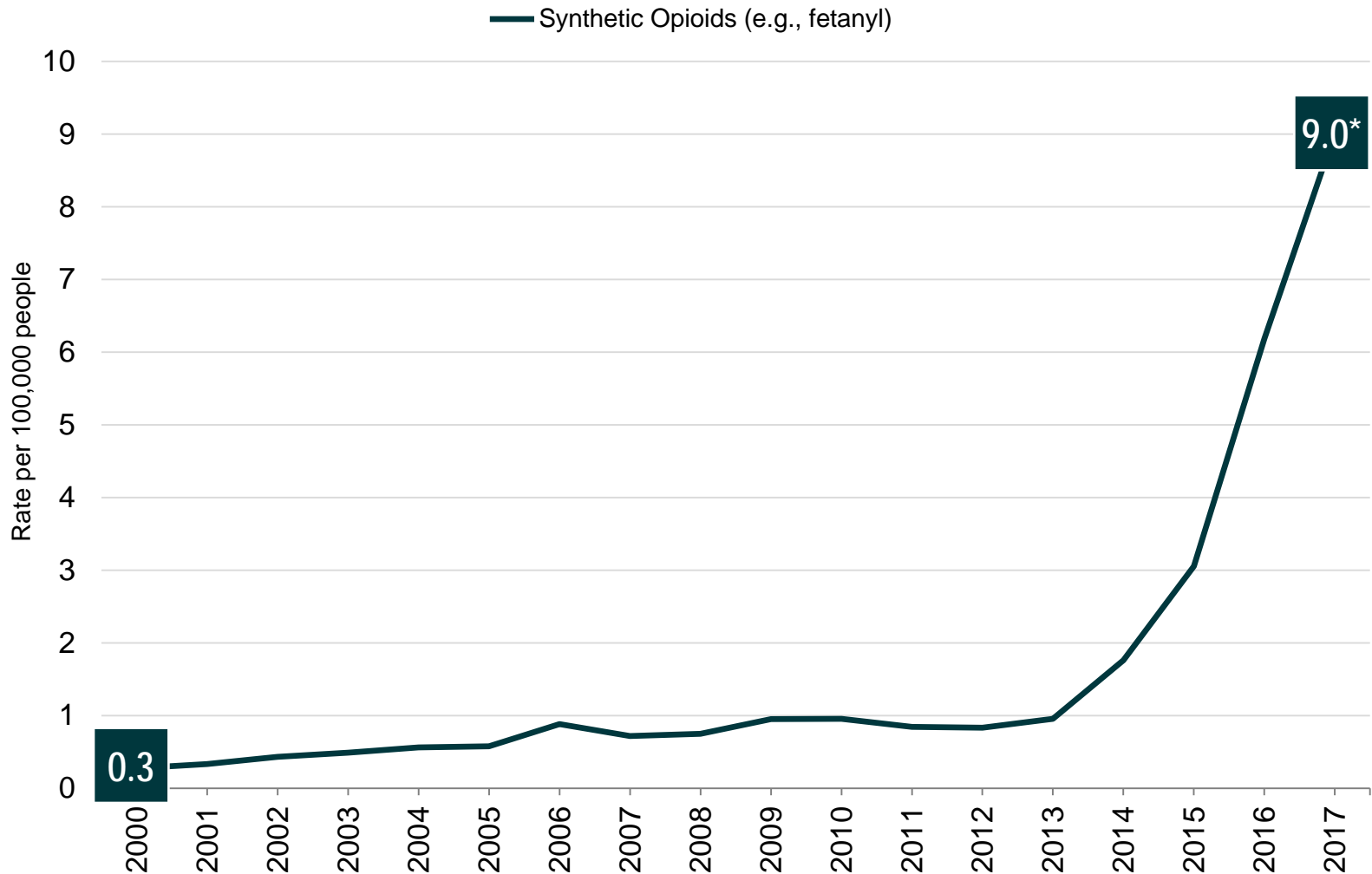
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# U.S. Opioid Deaths per 100,000 People, Synthetic Opioids

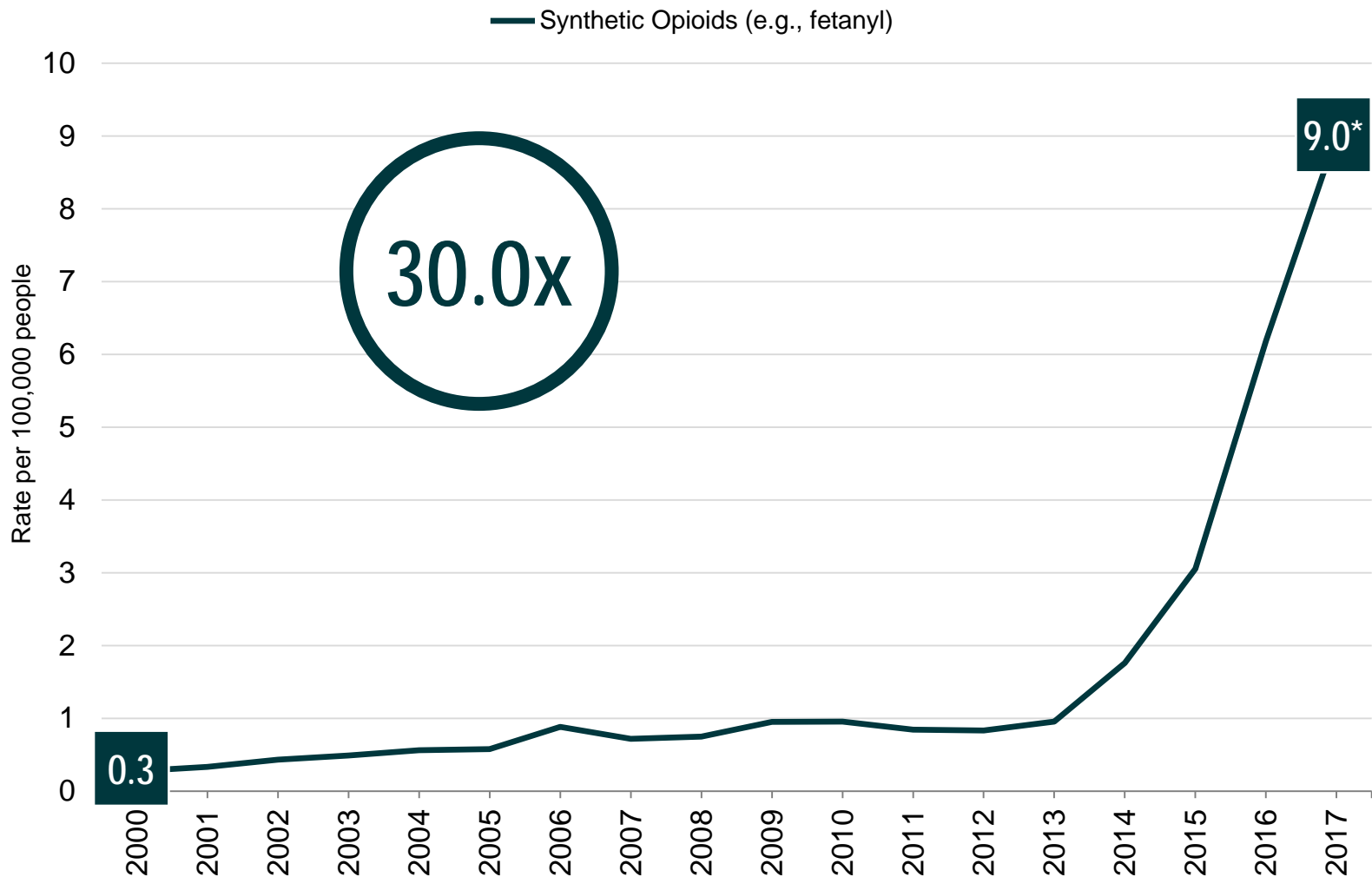


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Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics



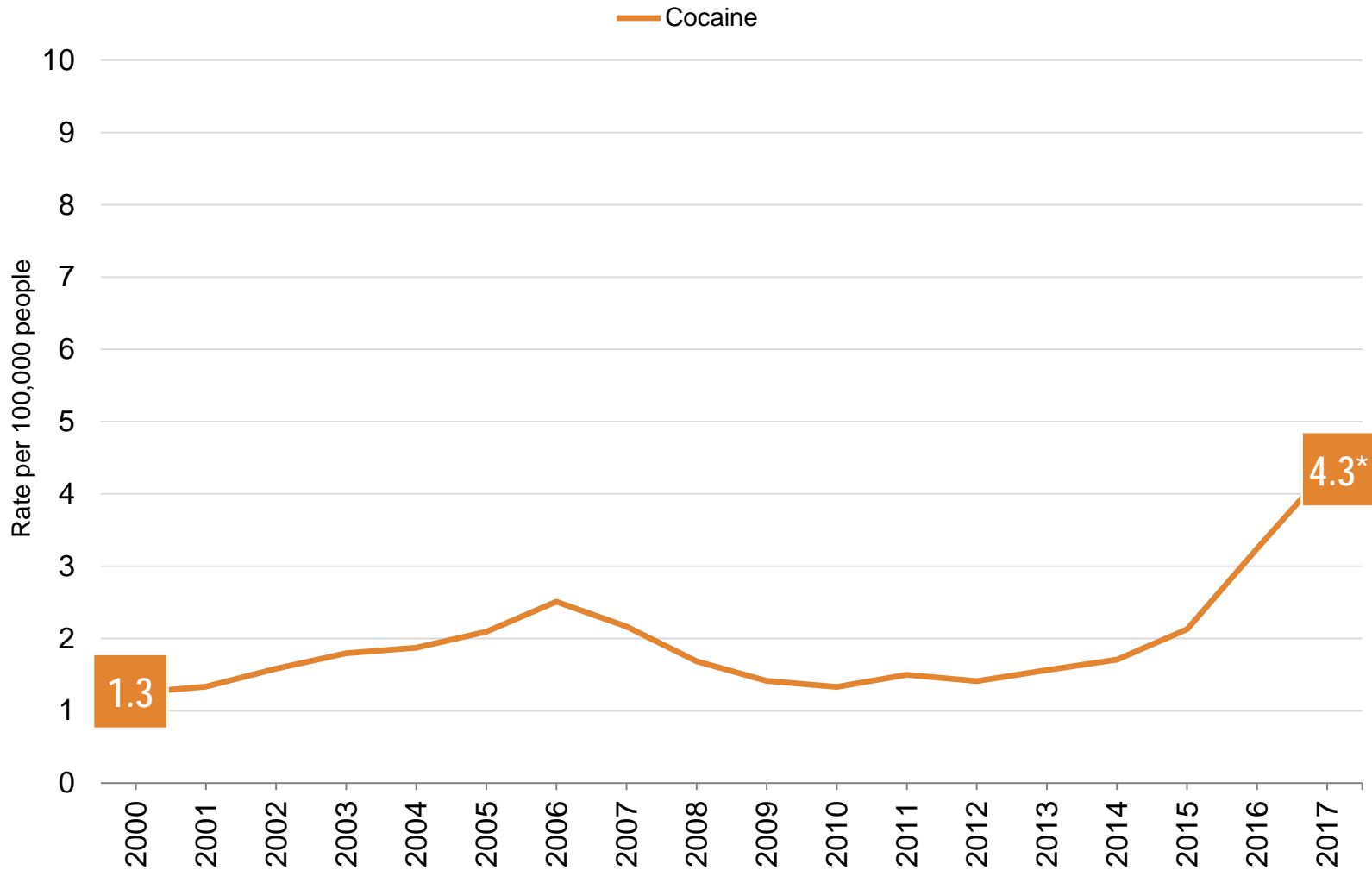
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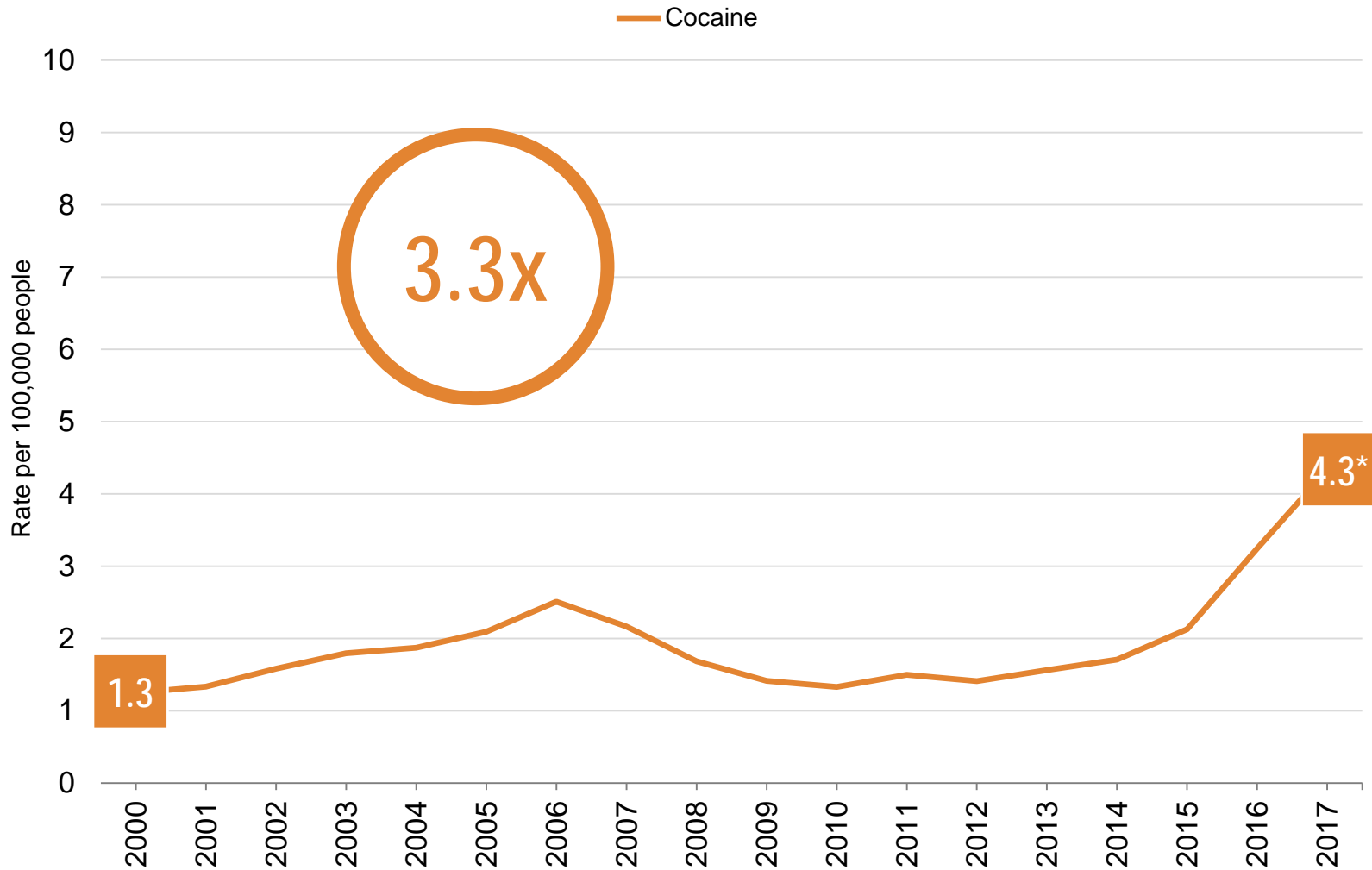
# U.S. Opioid Deaths per 100,000 People, Cocaine



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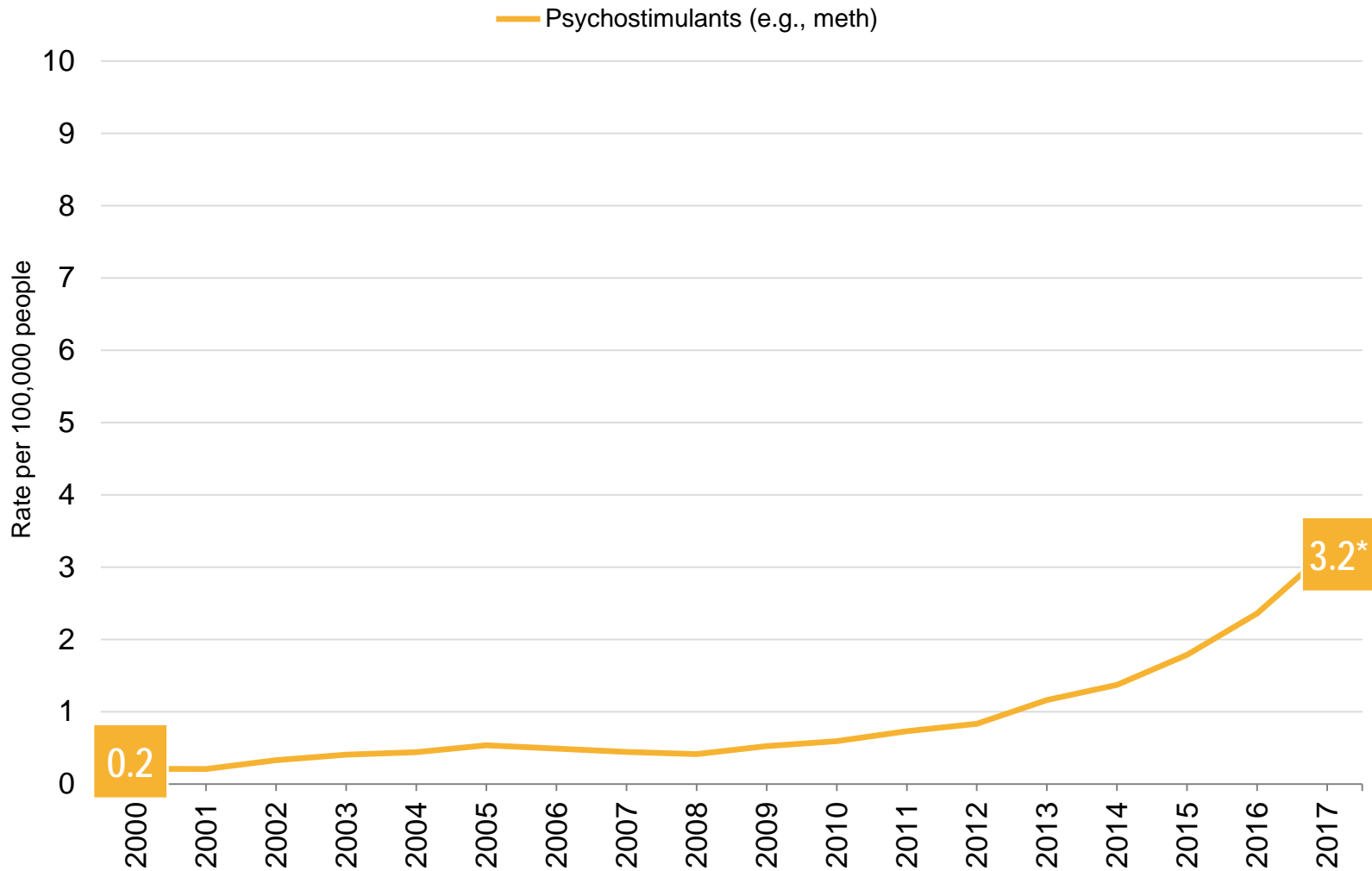
# U.S. Opioid Deaths per 100,000 People, Cocaine



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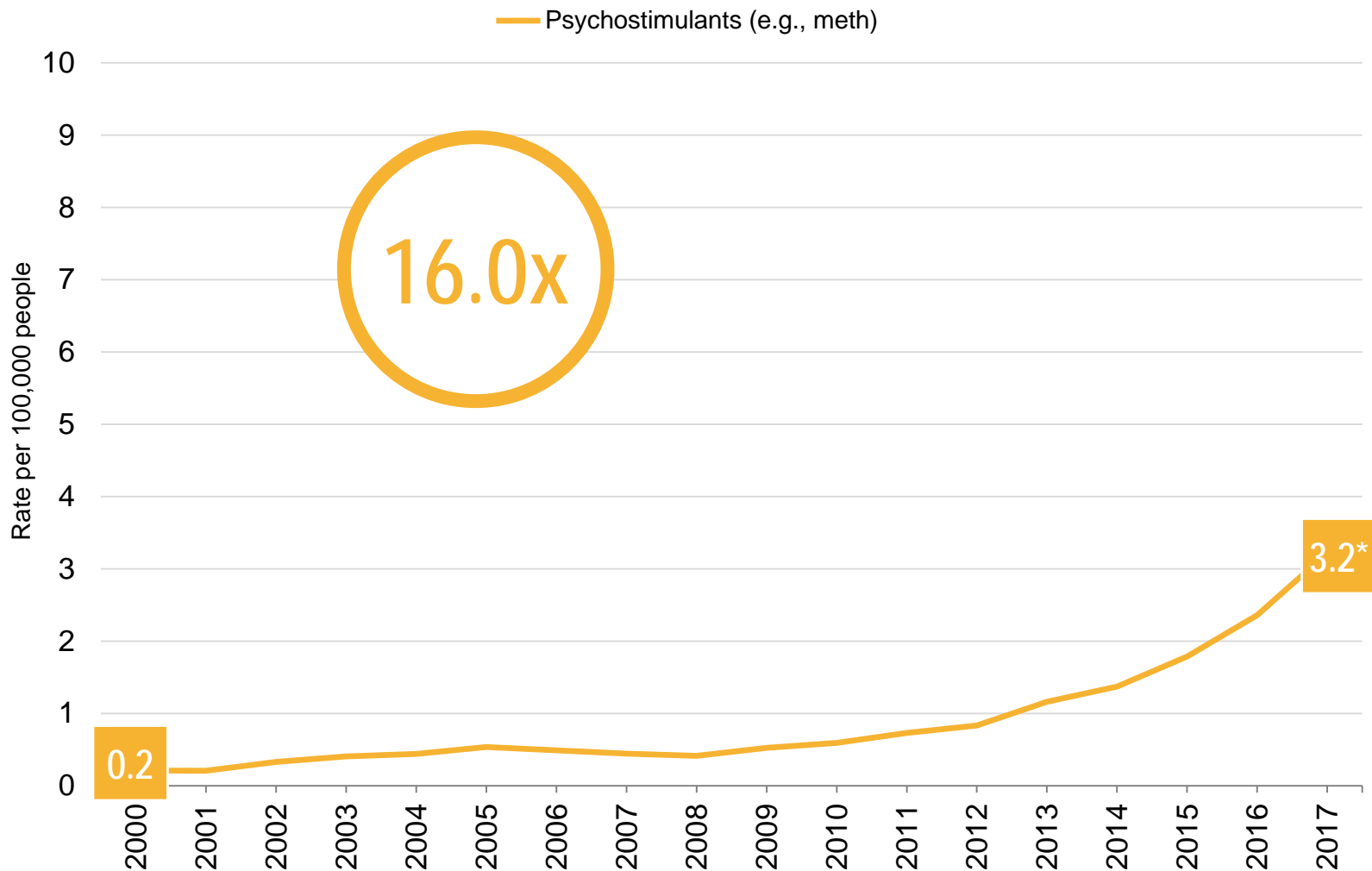
# U.S. Opioid Deaths per 100,000 People, Psychostimulants



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# U.S. Opioid Deaths per 100,000 People, Psychostimulants



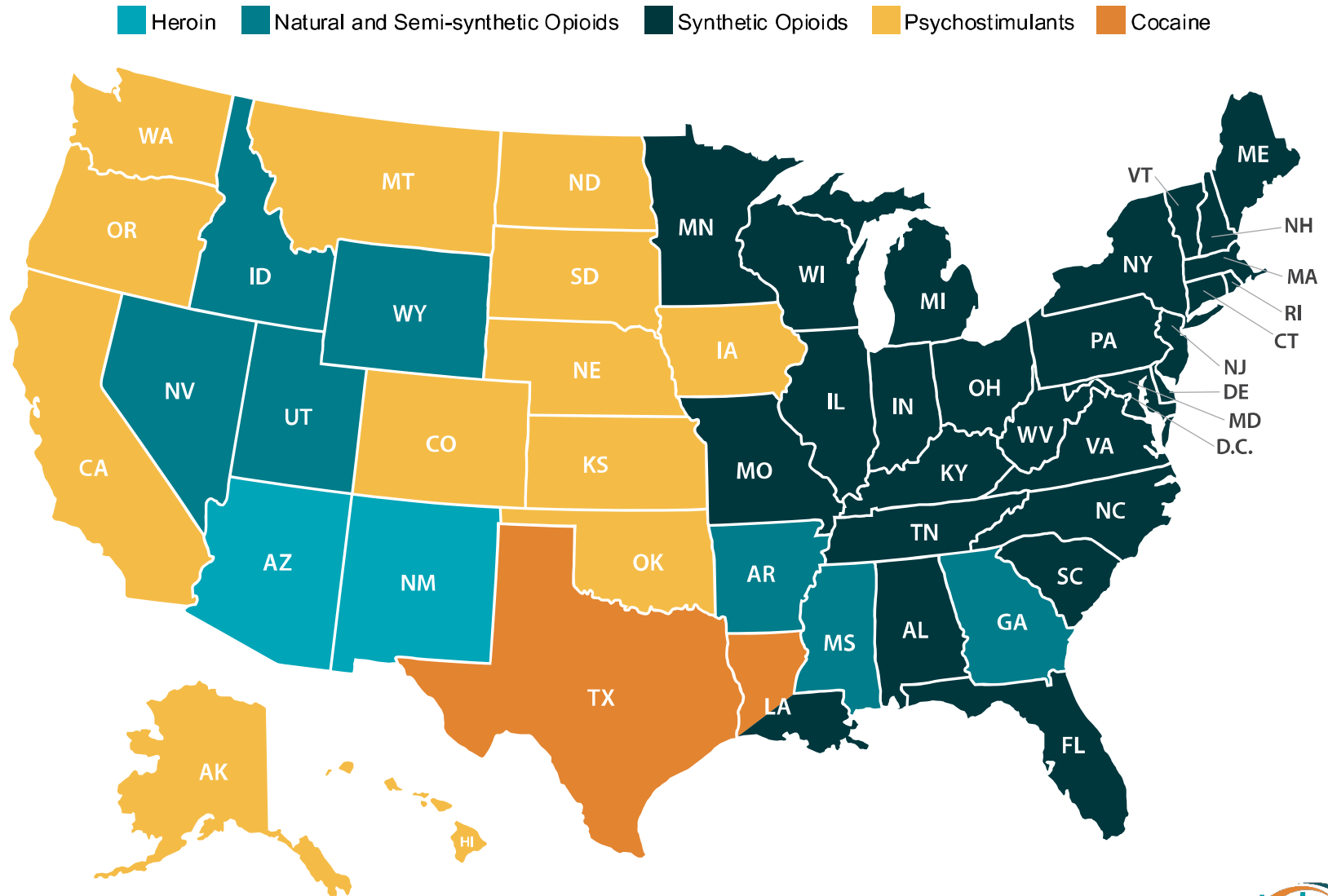
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Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# State Trends and variation

Drug overdose deaths rates

# Highest Rate of Drug Overdose Death by Type, 2017

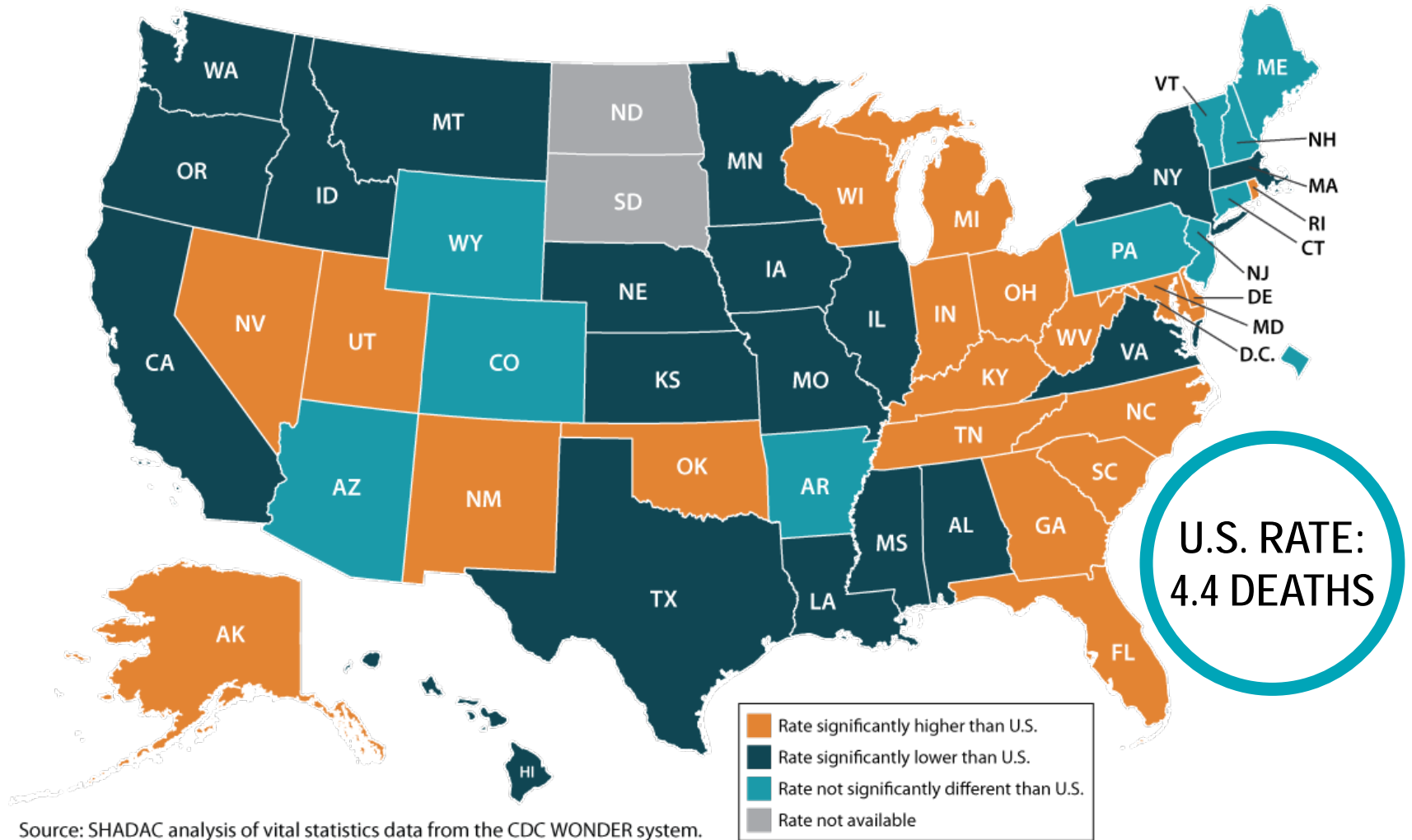


# State Trends and variation

Natural and Semi-synthetic Opioid Overdose Deaths

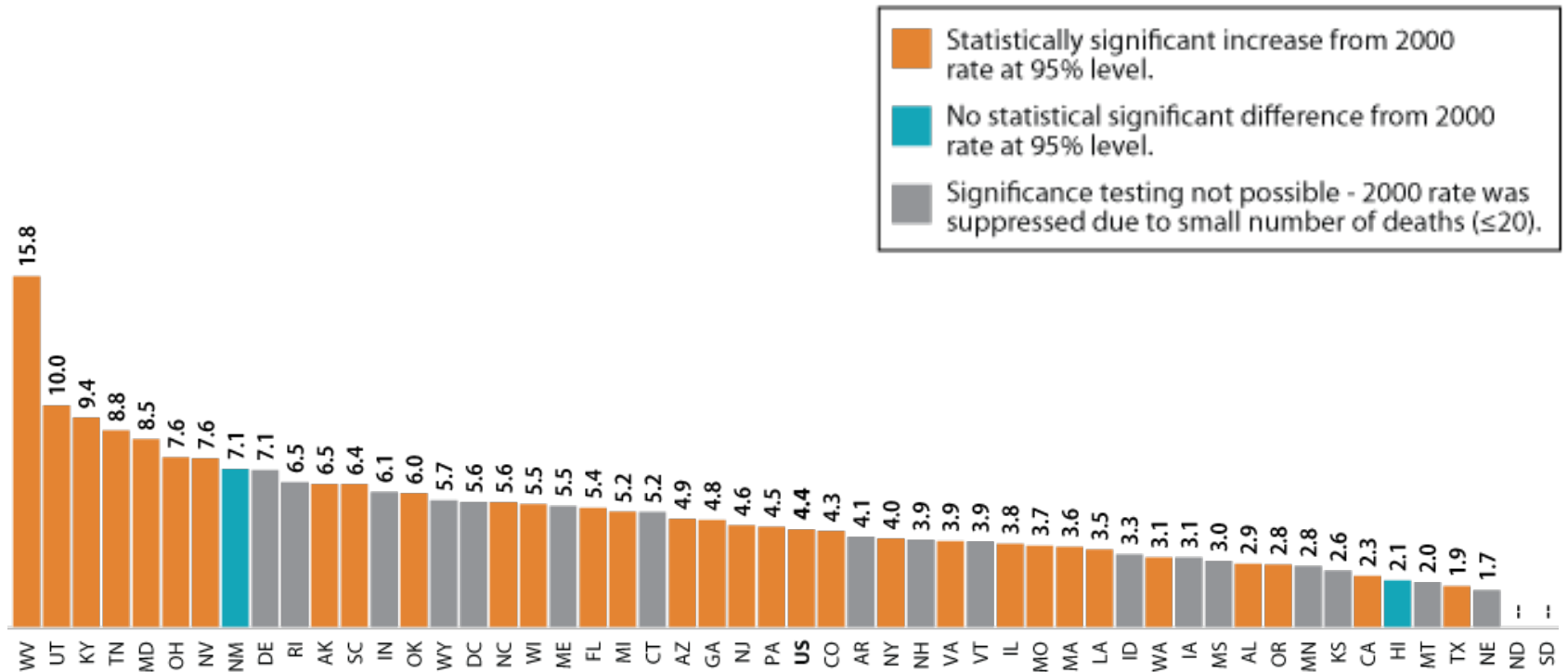


# 2017 Opioid Deaths per 100,000 People, Natural and Semi-synthetic Opioids



Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Natural and Semi-synthetic Opioid Deaths per 100,000 People, 2000-2017

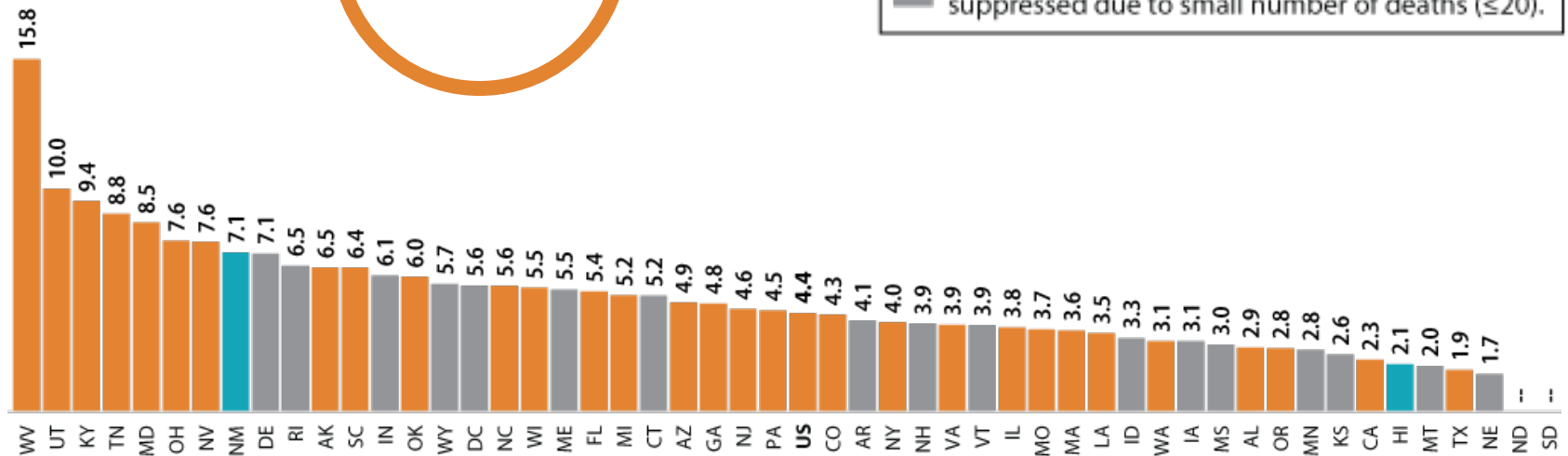


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Natural and Semi-synthetic Opioid Deaths per 100,000 People, 2000-2017

30/51

- Statistically significant increase from 2000 rate at 95% level.
- No statistical significant difference from 2000 rate at 95% level.
- Significance testing not possible - 2000 rate was suppressed due to small number of deaths ( $\leq 20$ ).

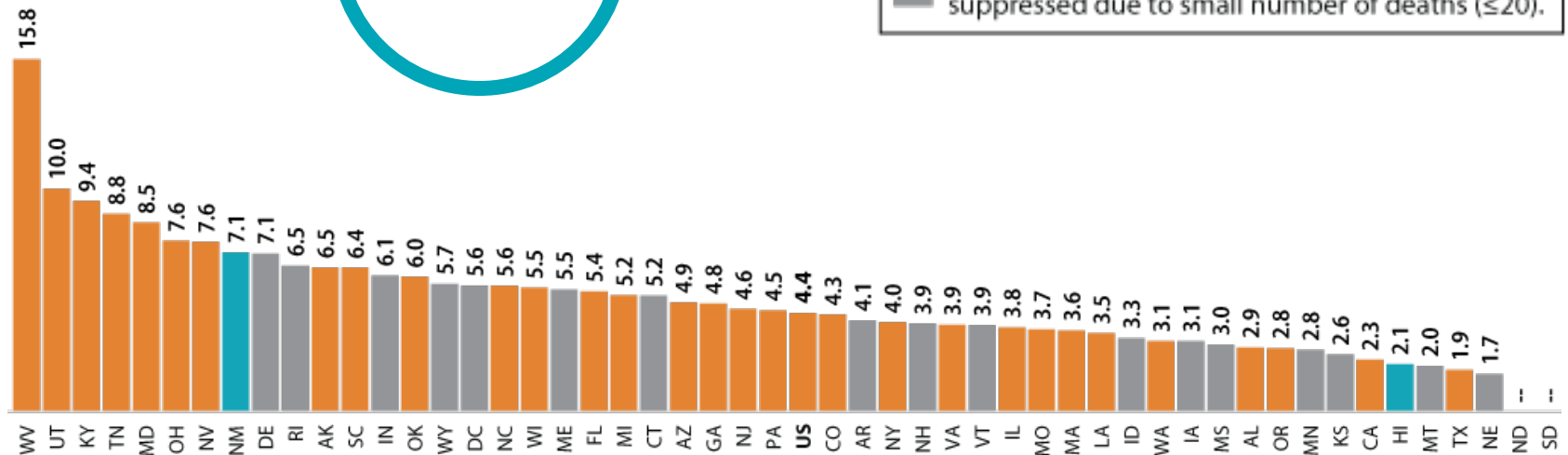


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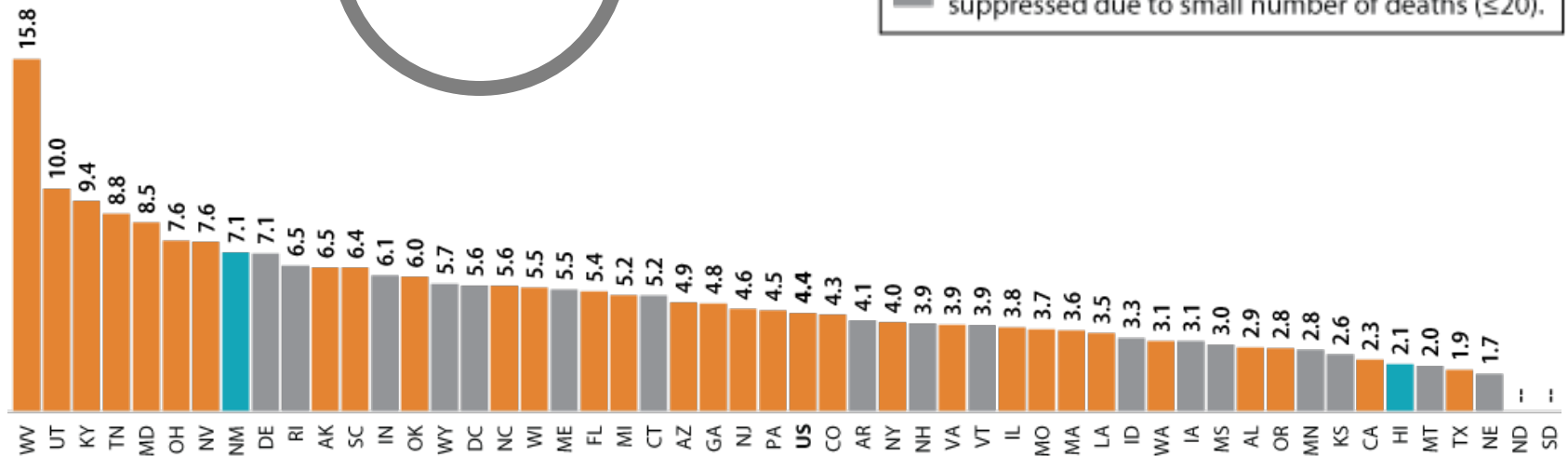


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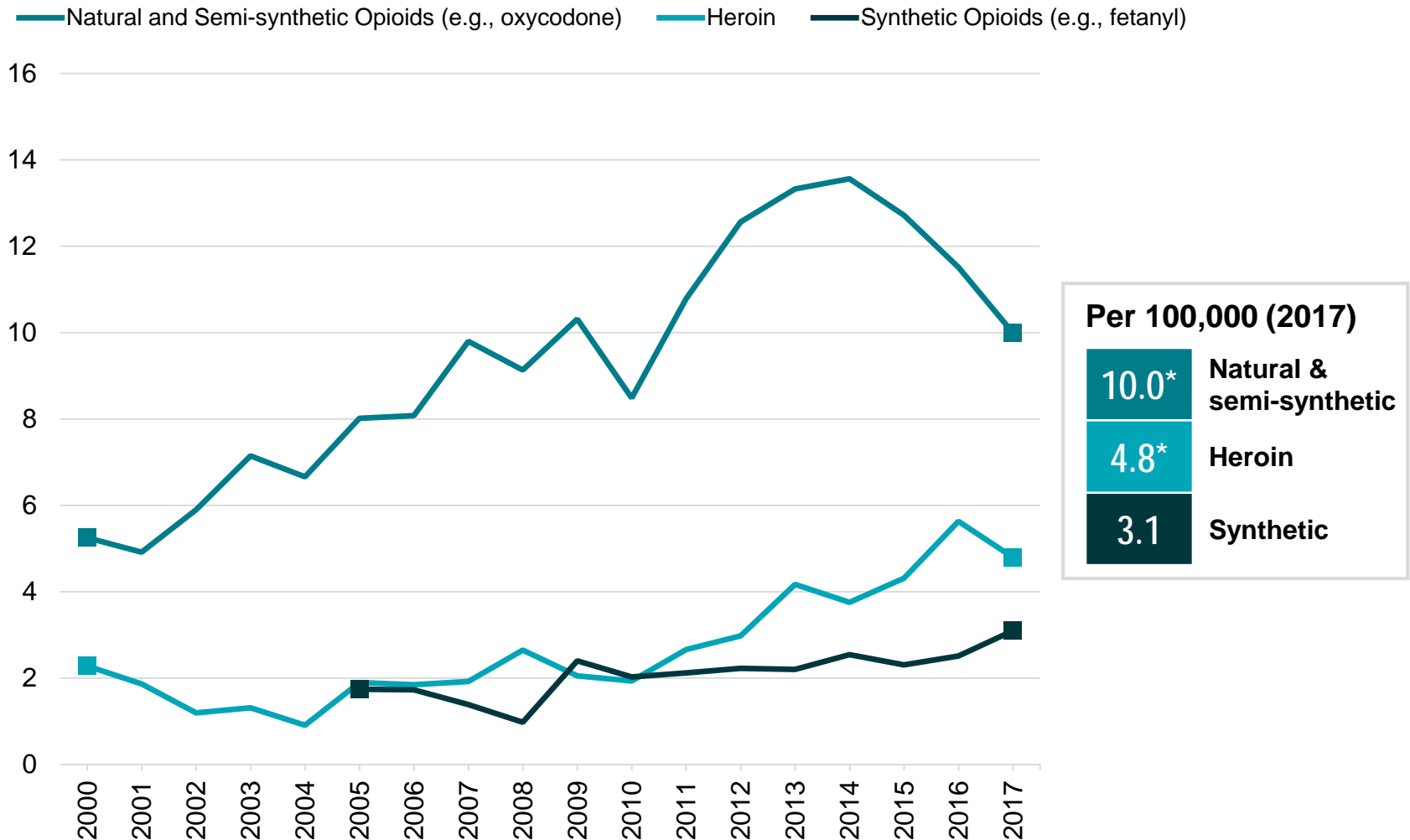


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Natural and Semi-synthetic Opioid Deaths per 100,000 People, 2017



# Utah Opioid Deaths per 100,000 People by Opioid Type, 2000-2017



\* Statistically significant increase at the 95% level.

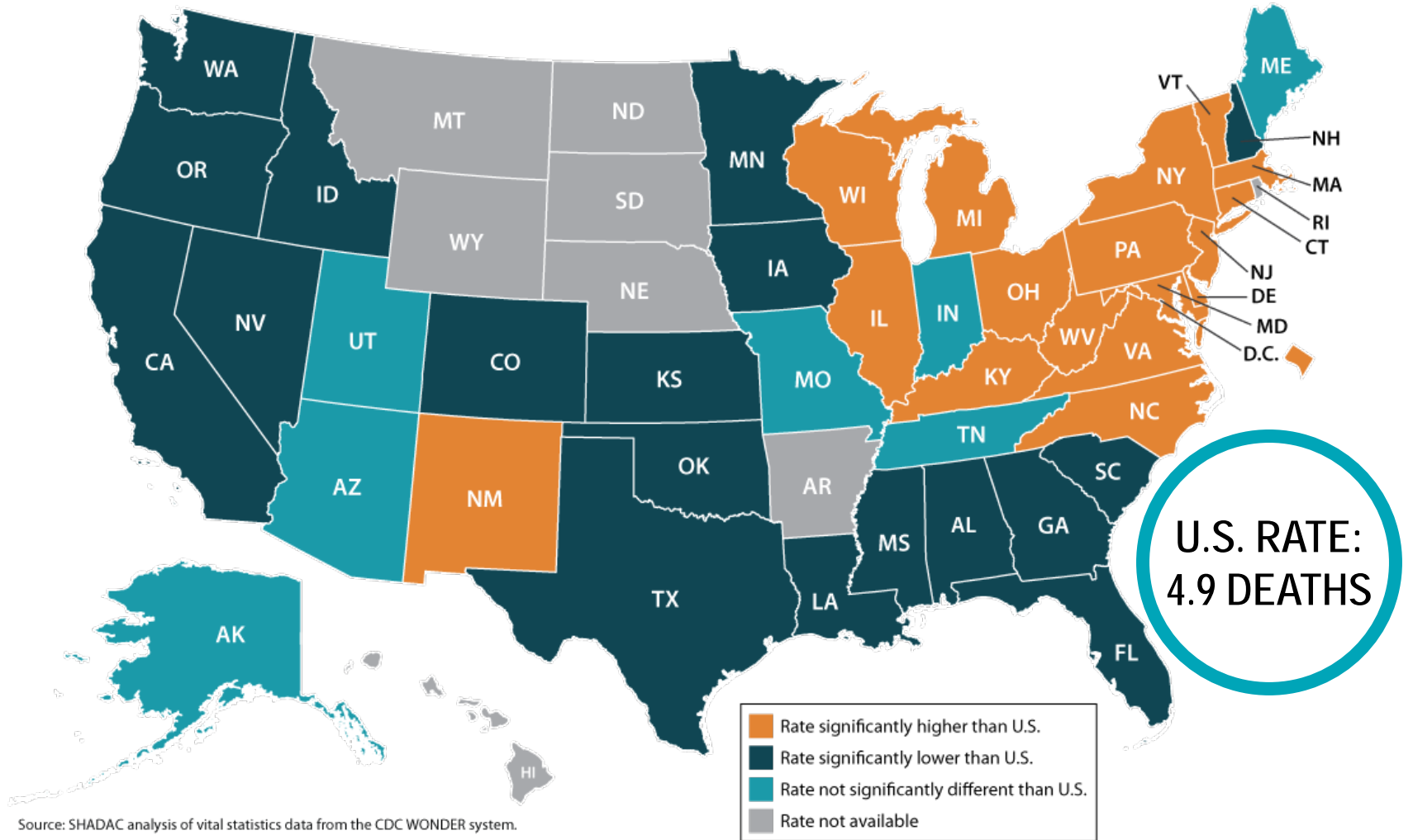
Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# State Trends

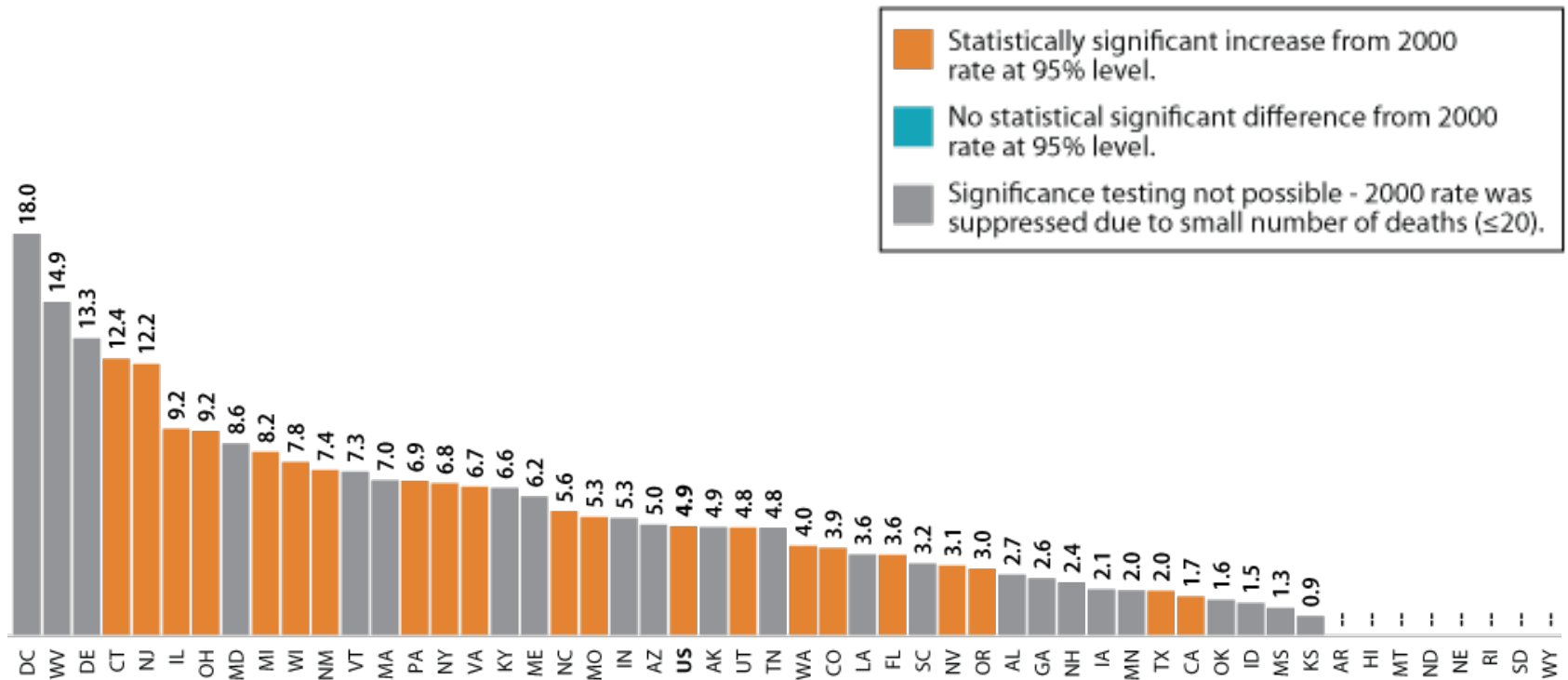
## Heroin Overdose Deaths



# 2017 Opioid Deaths per 100,000 People, Heroin



# Heroin Deaths per 100,000 People, 2000-2017

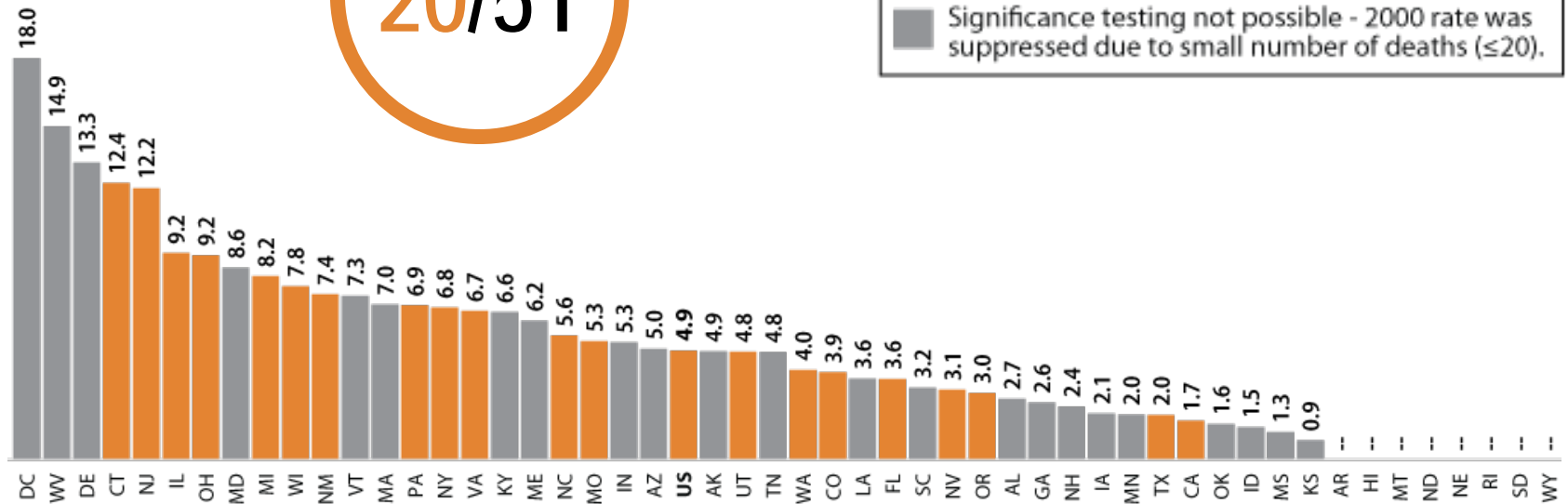


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Heroin Deaths per 100,000 People, 2000-2017

20/51

- Statistically significant increase from 2000 rate at 95% level.
- No statistical significant difference from 2000 rate at 95% level.
- Significance testing not possible - 2000 rate was suppressed due to small number of deaths ( $\leq 20$ ).

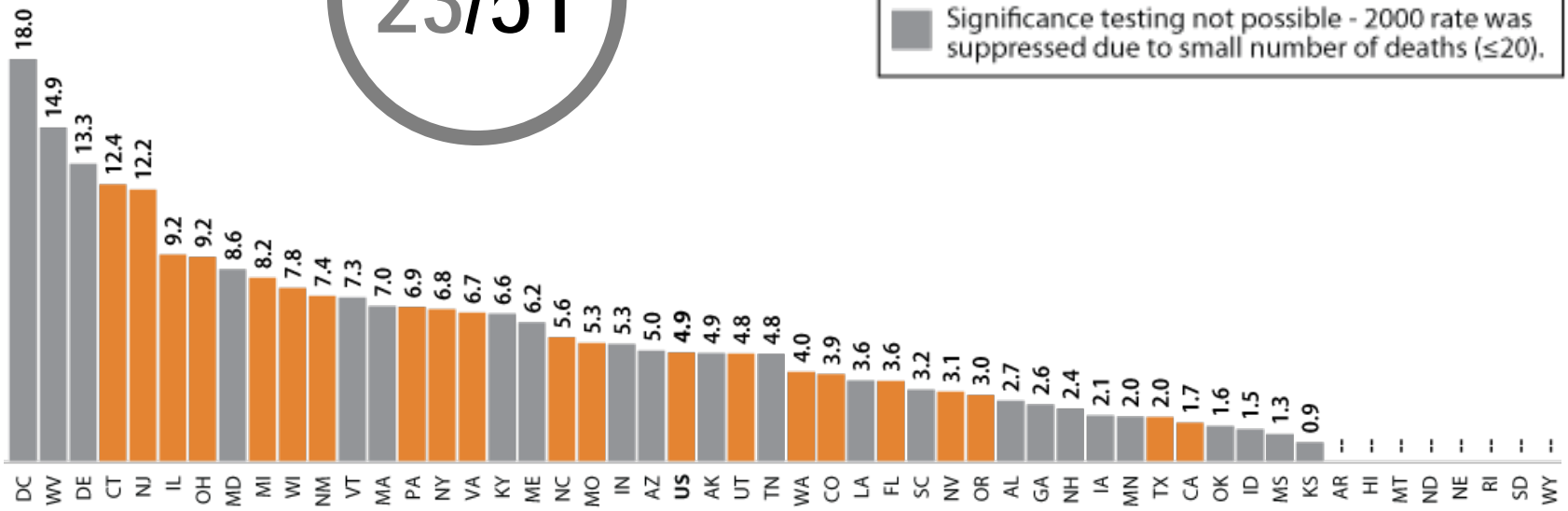


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Heroin Deaths per 100,000 People, 2000-2017

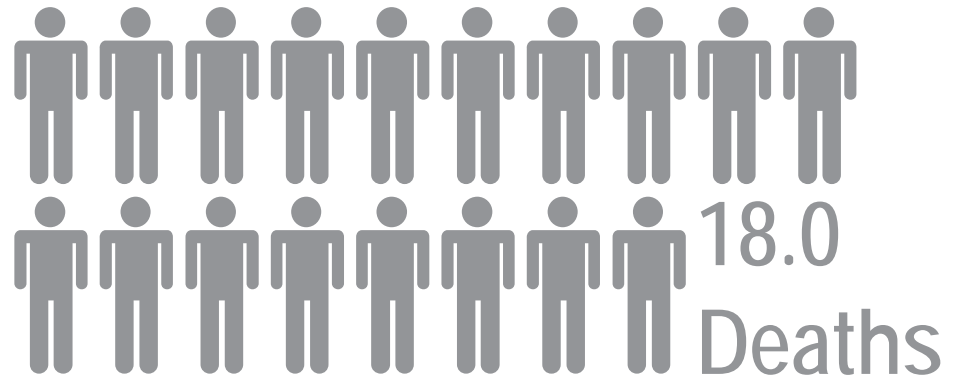
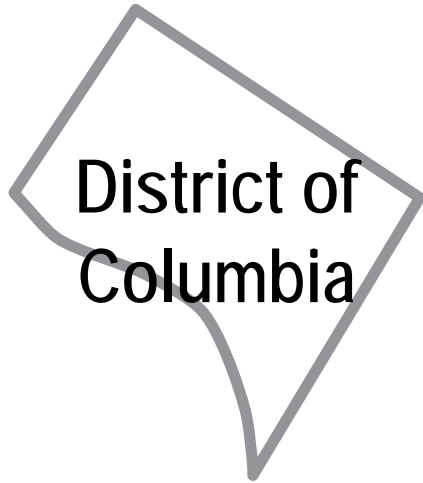
23/51

- Statistically significant increase from 2000 rate at 95% level.
- No statistical significant difference from 2000 rate at 95% level.
- Significance testing not possible - 2000 rate was suppressed due to small number of deaths ( $\leq 20$ ).

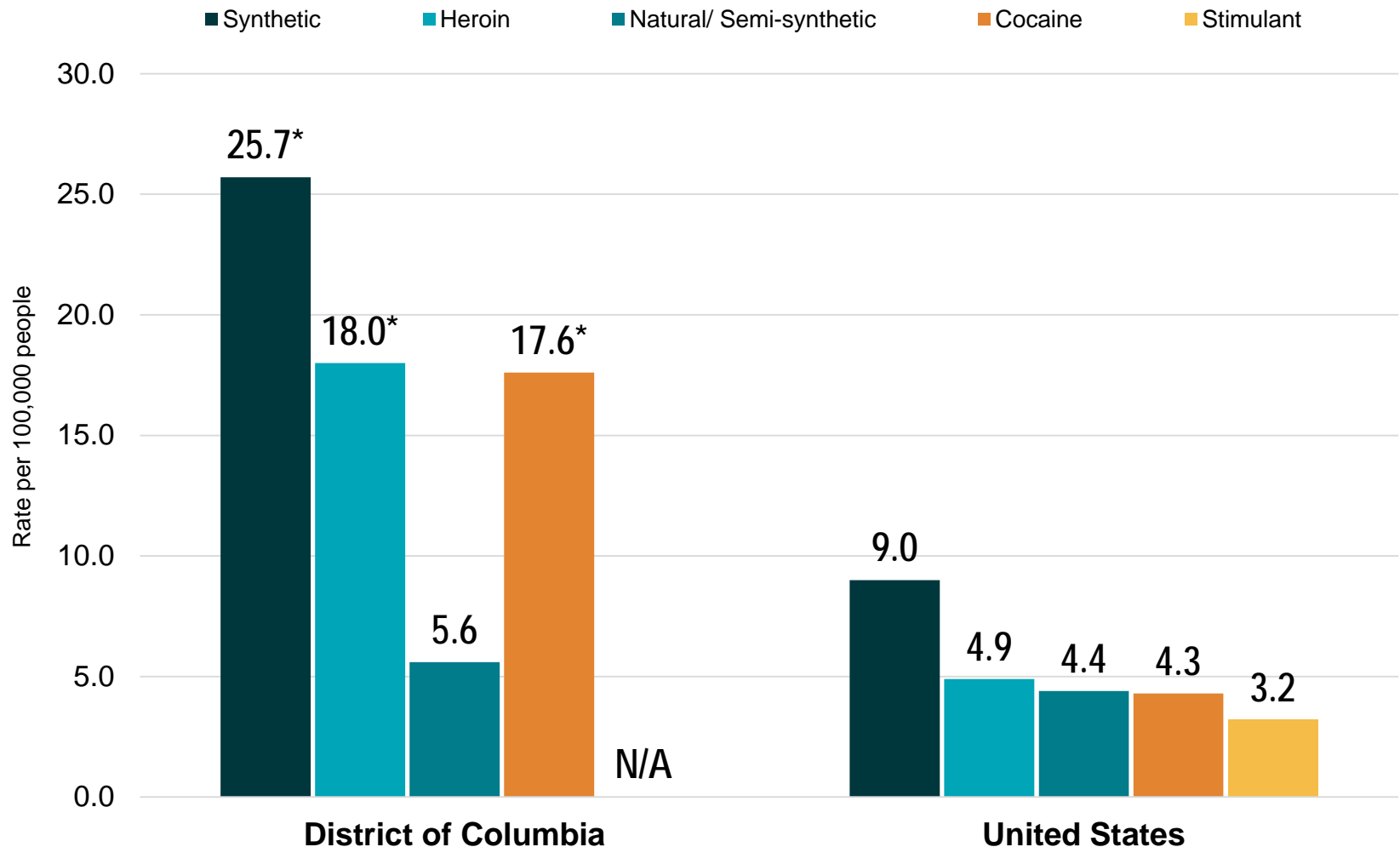


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Heroin Deaths per 100,000 People, 2017



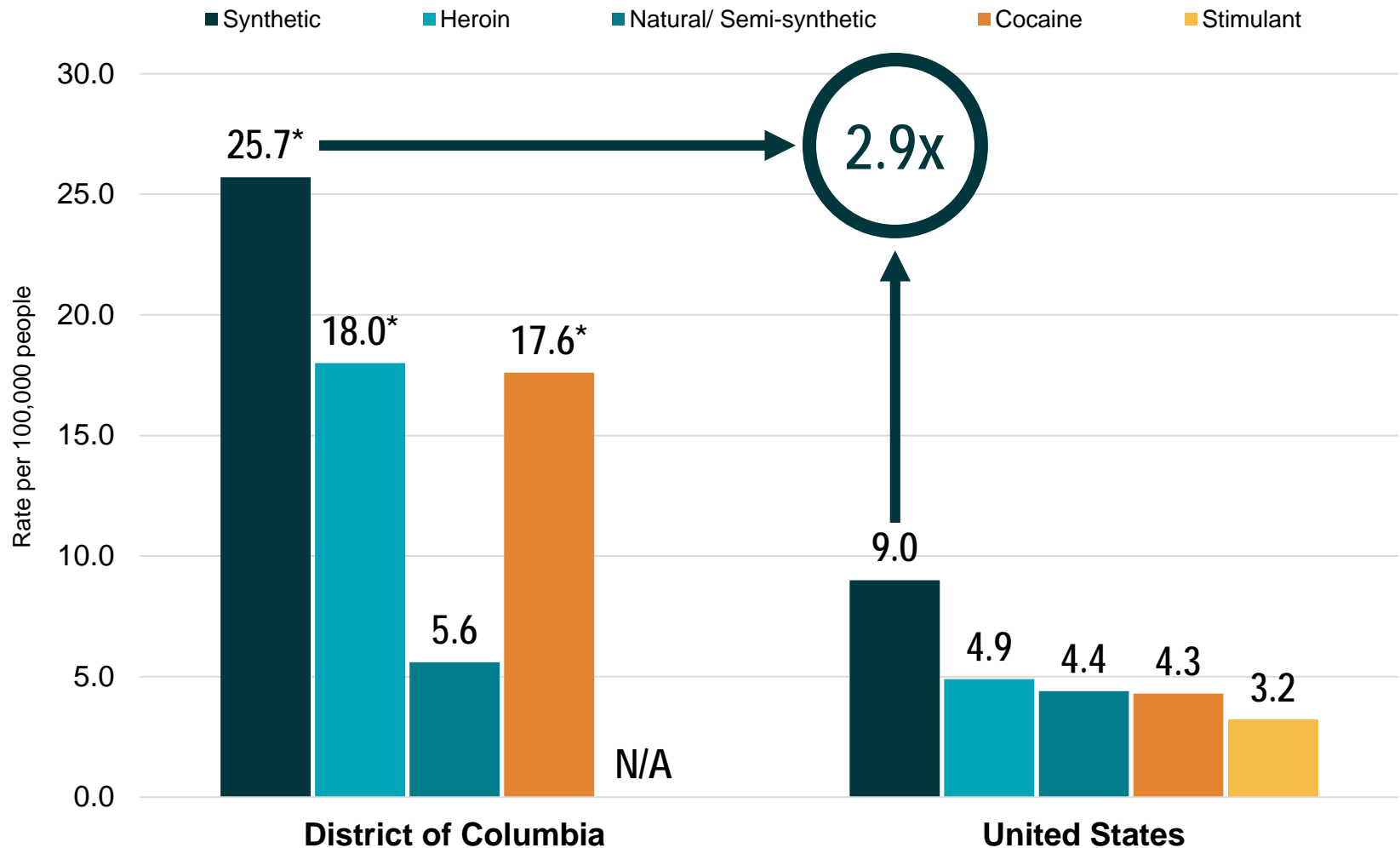
# District of Columbia and U.S. Drug Deaths per 100,000 People by Drug Type, 2017



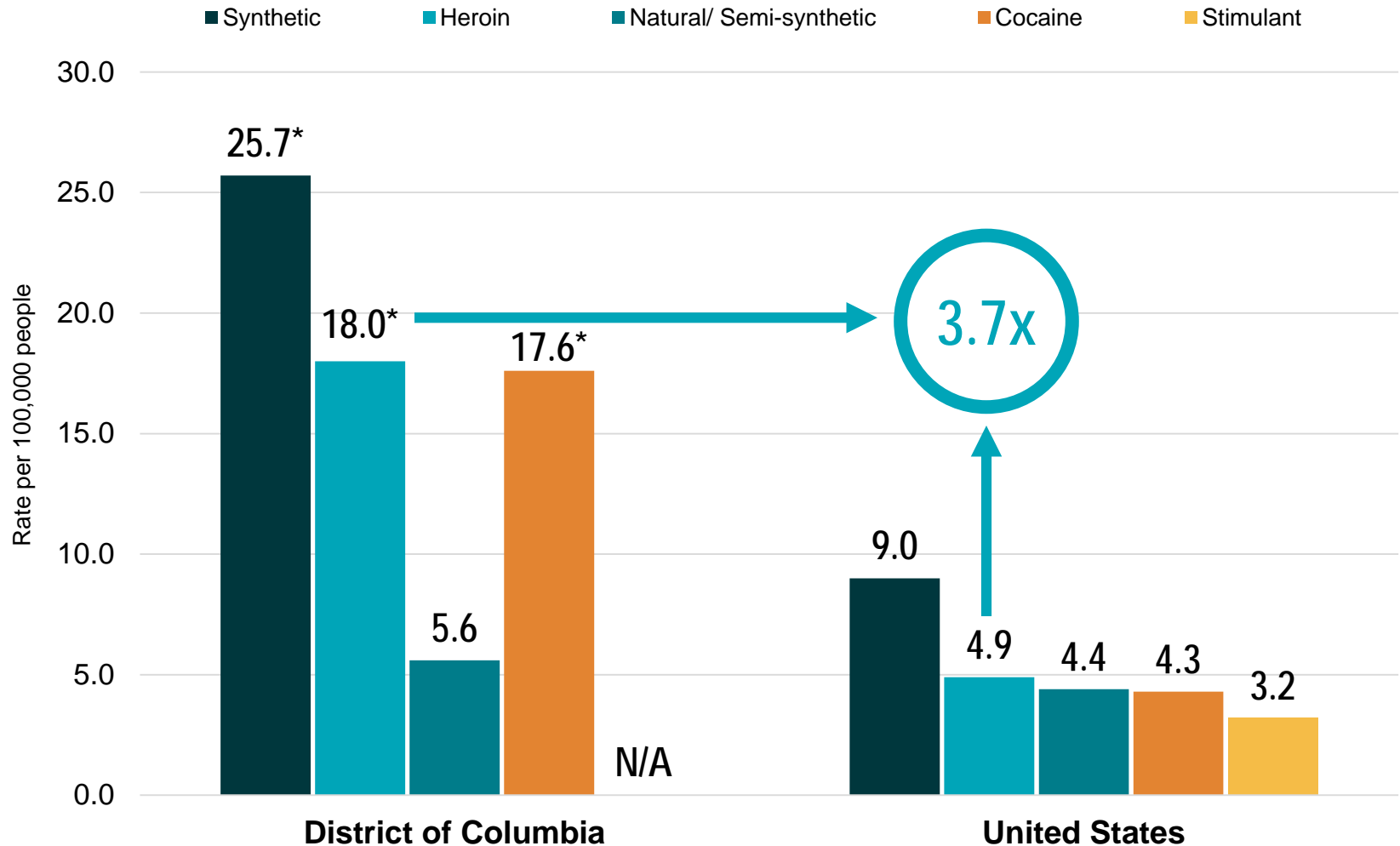
\* Statistically significant increase at the 95% level.

Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# District of Columbia and U.S. Drug Deaths per 100,000 People by Drug Type, 2017

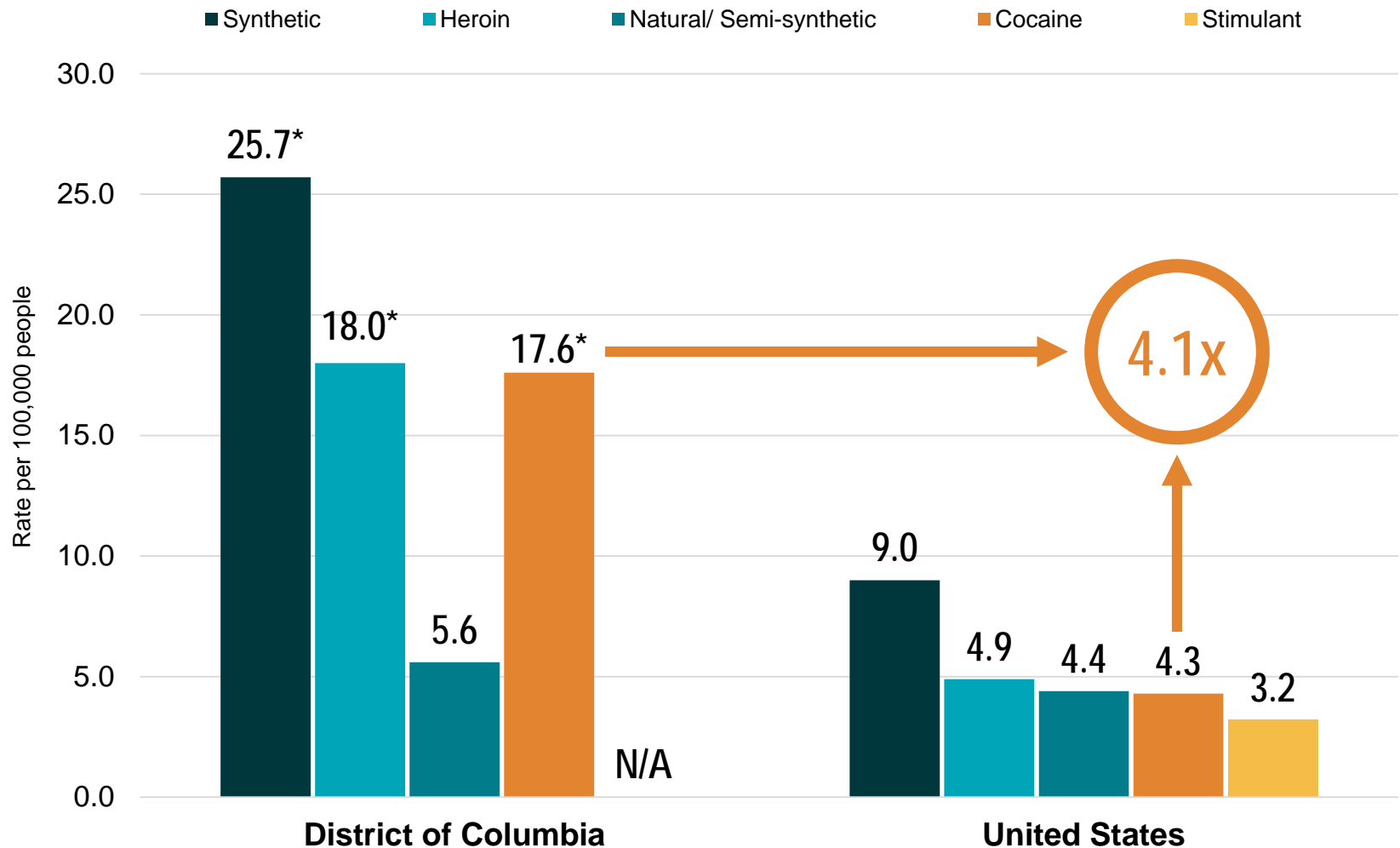


# District of Columbia and U.S. Drug Deaths per 100,000 People by Drug Type, 2017





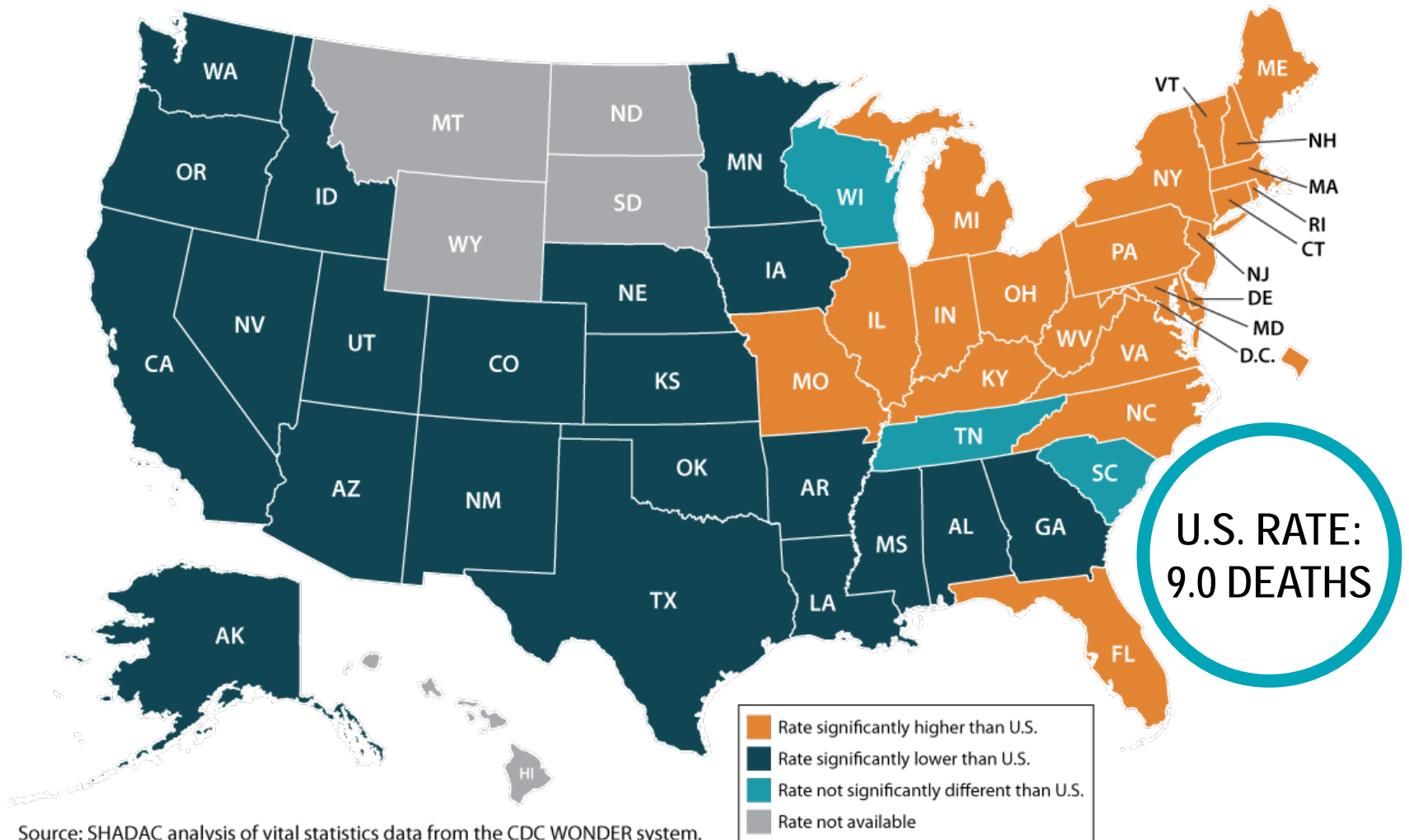
# District of Columbia and U.S. Drug Deaths per 100,000 People by Drug Type, 2017



# State Trends

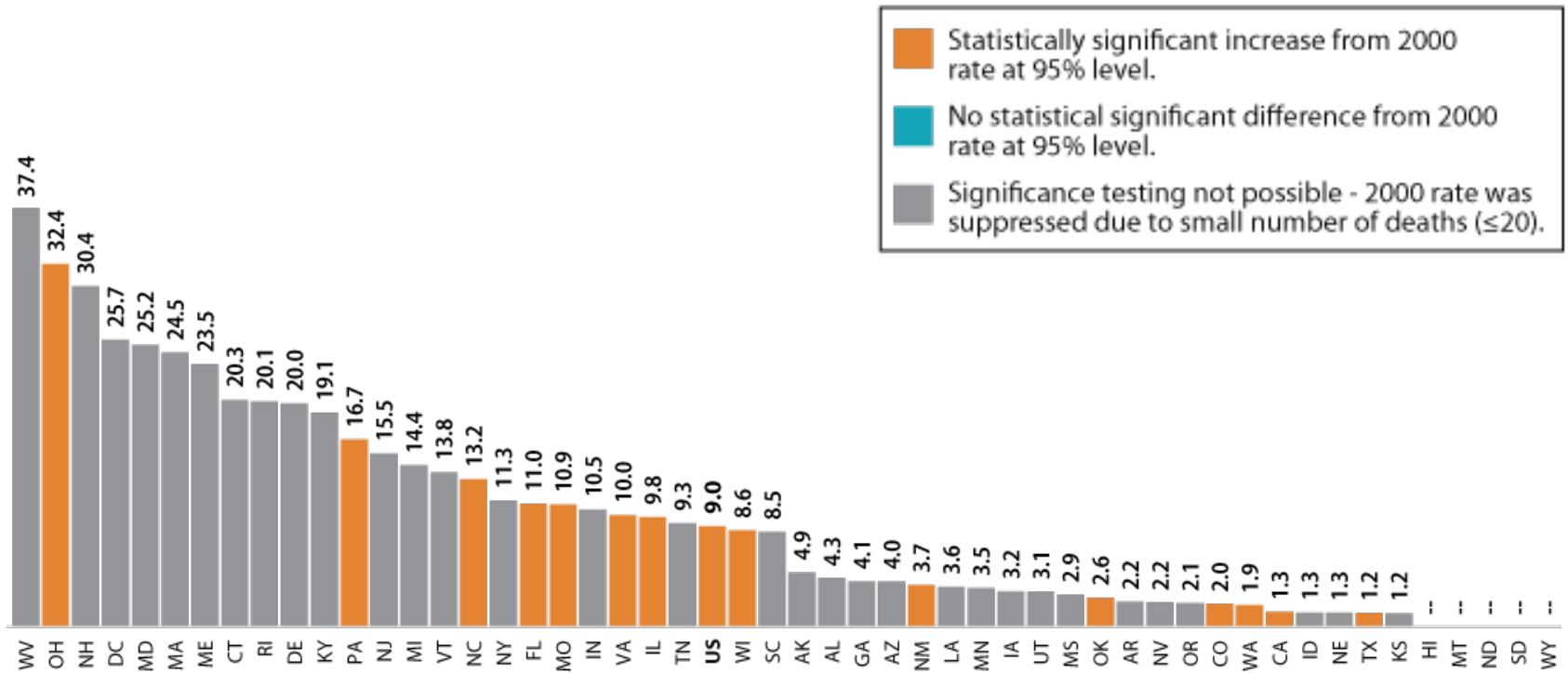
Synthetic Opioid Overdose Deaths

# 2017 Opioid Deaths per 100,000 People, Synthetic Opioids



Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Synthetic Opioid Deaths per 100,000 People, 2000-2017

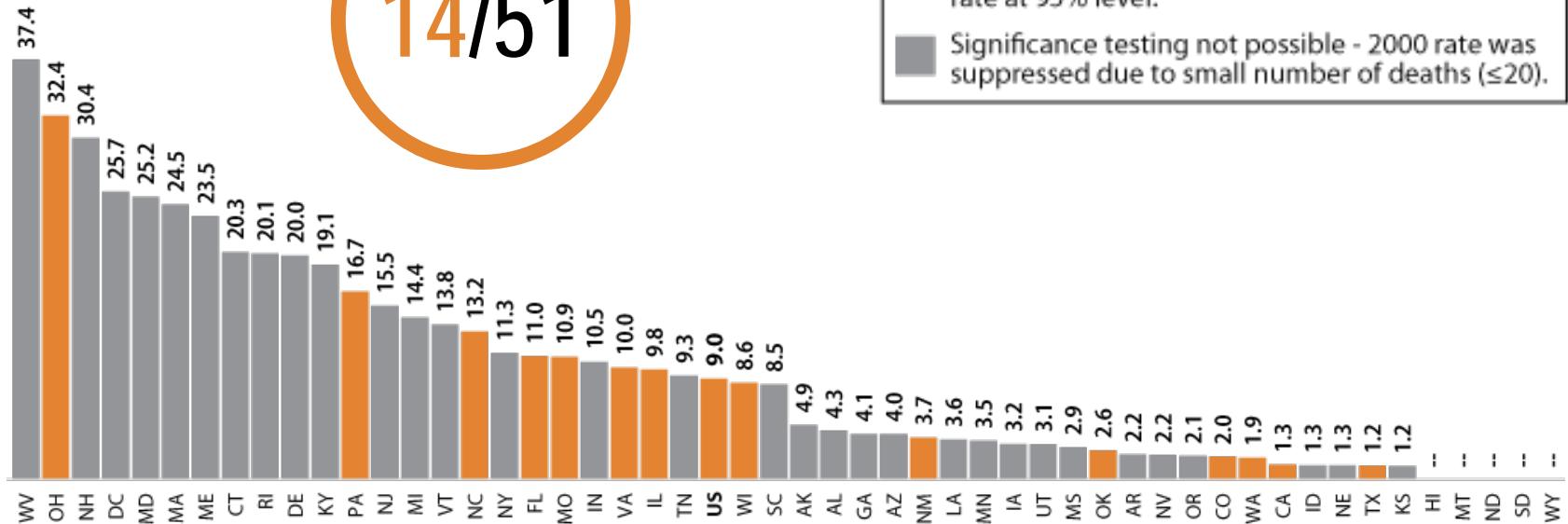


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Synthetic Opioid Deaths per 100,000 People, 2000-2017

14/51

- Statistically significant increase from 2000 rate at 95% level.
- No statistical significant difference from 2000 rate at 95% level.
- Significance testing not possible - 2000 rate was suppressed due to small number of deaths ( $\leq 20$ ).

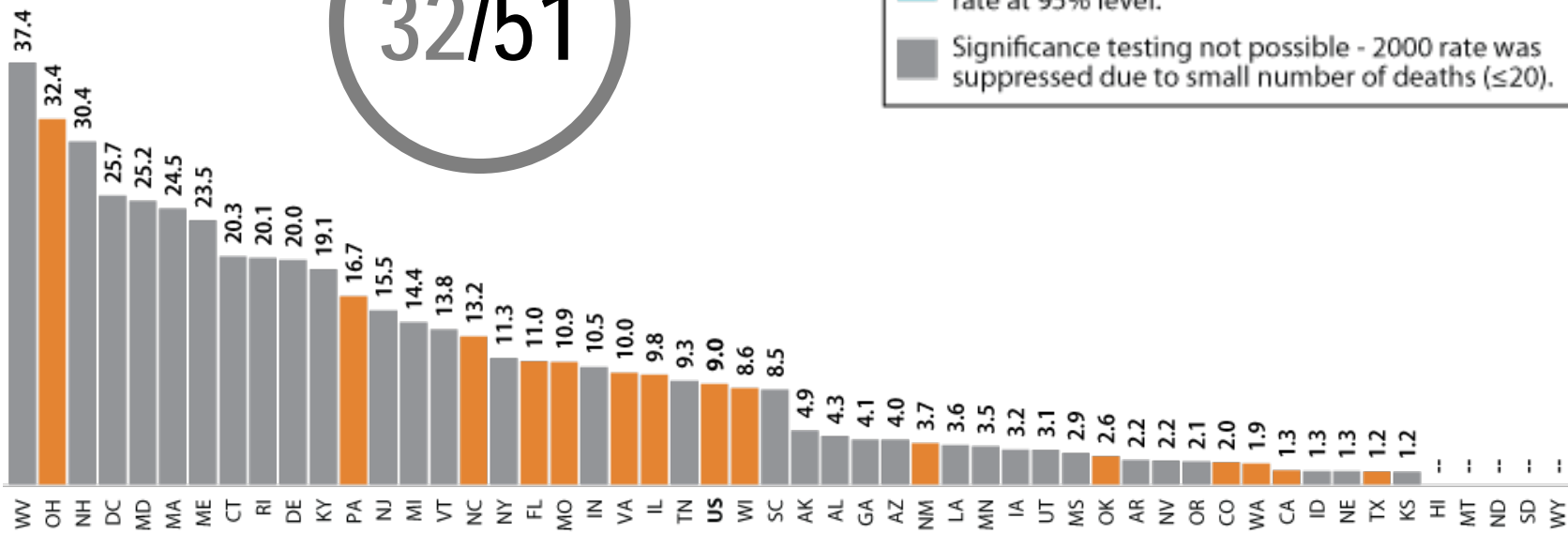


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Synthetic Opioid Deaths per 100,000 People, 2000-2017

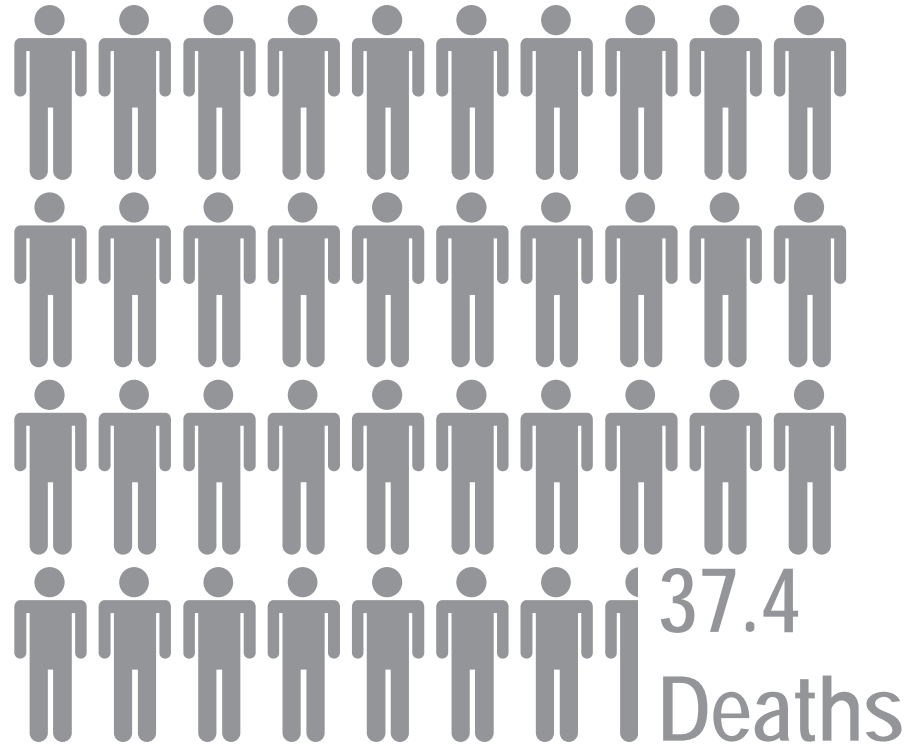
32/51

- Statistically significant increase from 2000 rate at 95% level.
- No statistical significant difference from 2000 rate at 95% level.
- Significance testing not possible - 2000 rate was suppressed due to small number of deaths ( $\leq 20$ ).

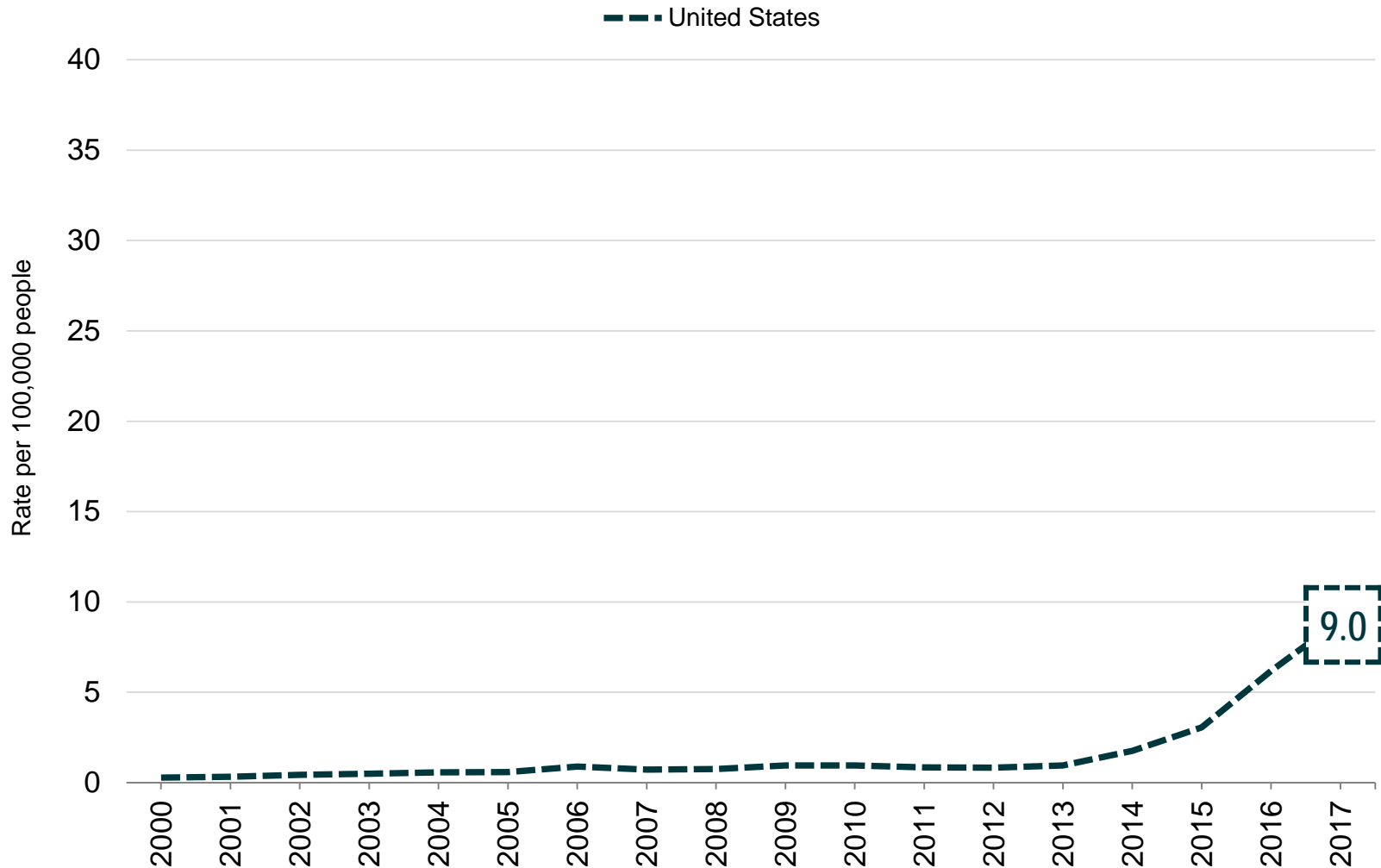


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Synthetic Opioid Deaths per 100,000 People, 2017



# U.S. Synthetic Opioid Deaths per 100,000 People, 2000-2017

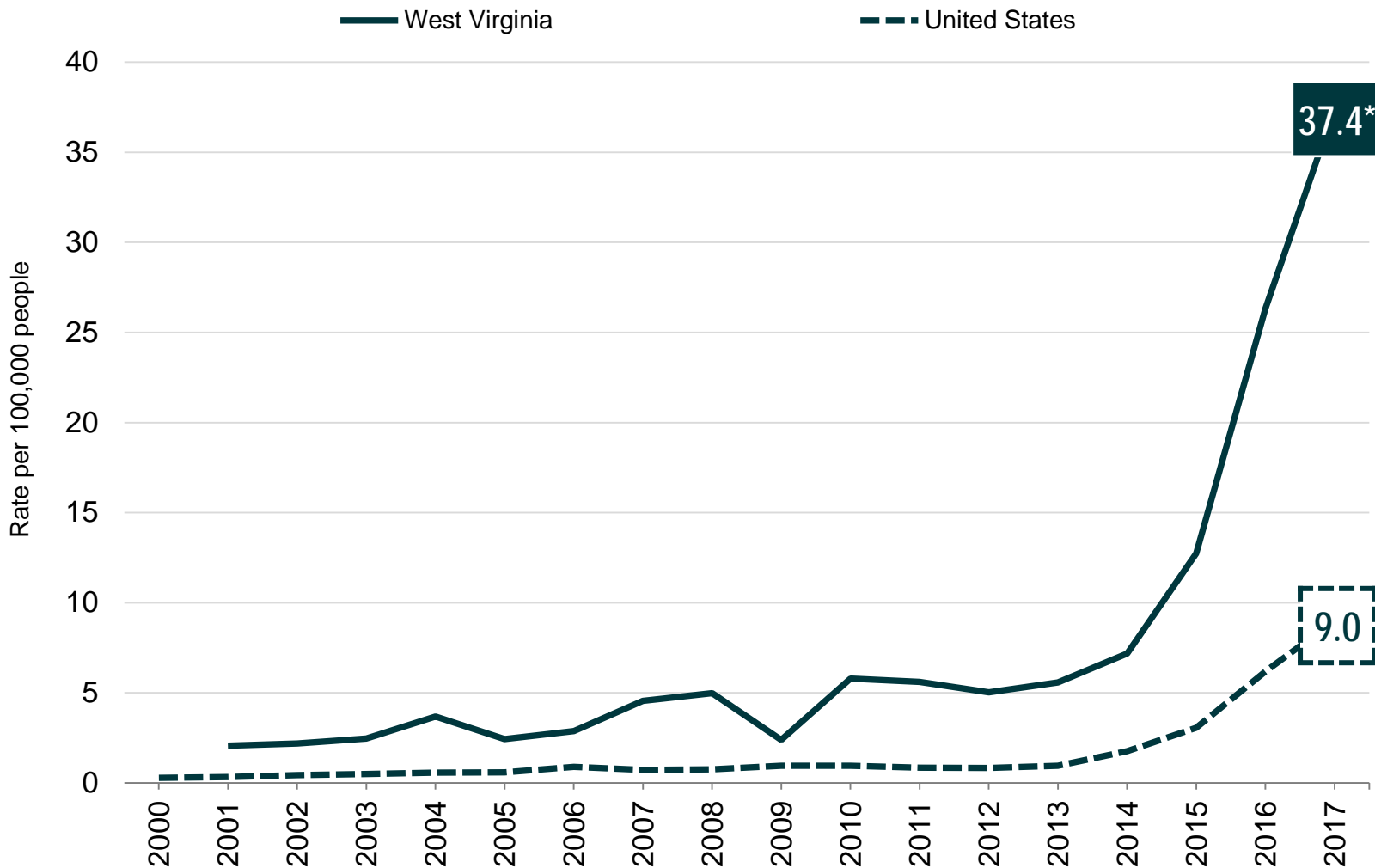


\* Statistically significant increase at the 95% level.

Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics



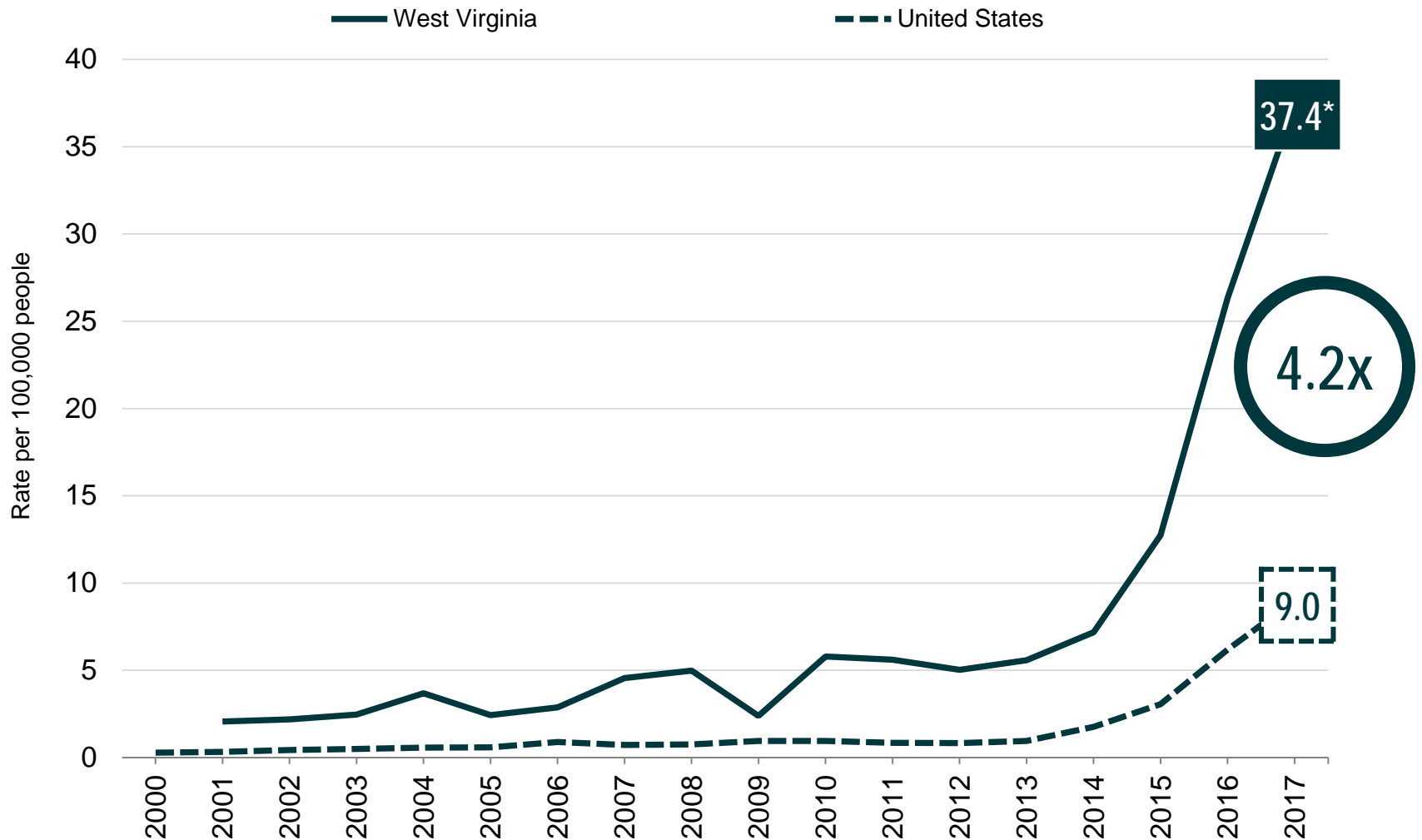
# West Virginia and U.S. Synthetic Opioid Deaths per 100,000 People, 2000-2017



\* Statistically significant increase at the 95% level.

Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# West Virginia and U.S. Synthetic Opioid Deaths per 100,000 People, 2000-2017



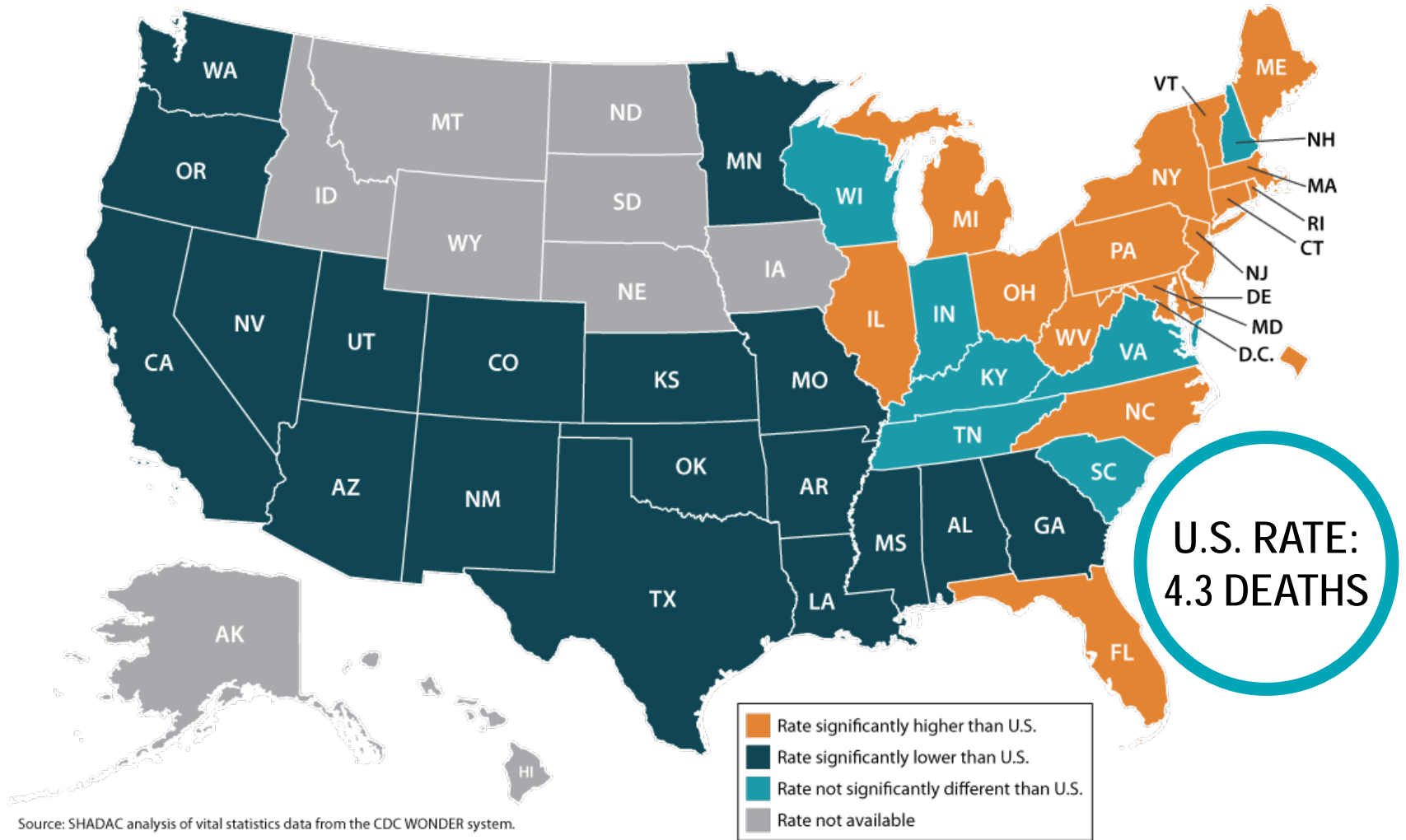
\* Statistically significant increase at the 95% level.

Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

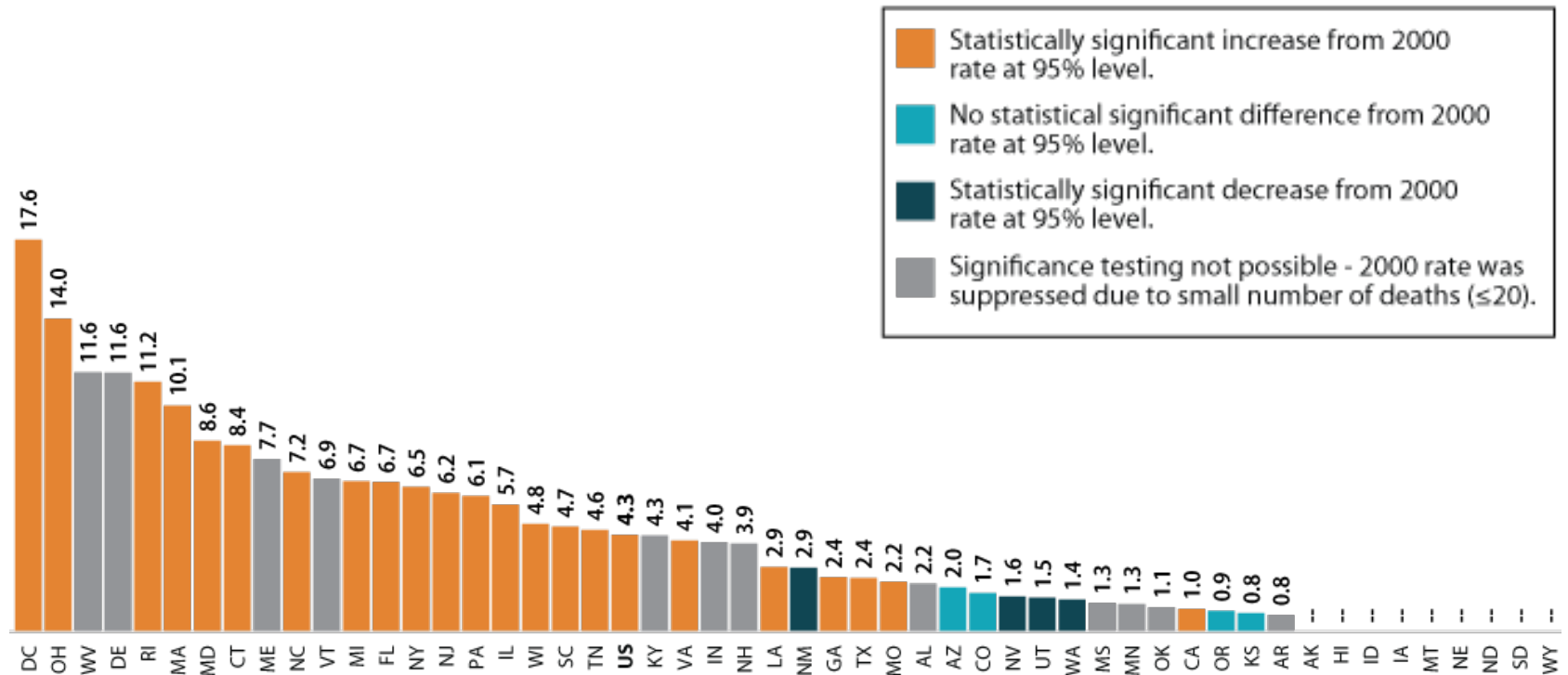
# State Trends

## Cocaine Overdose Deaths

# 2017 Drug Deaths per 100,000 People, Cocaine



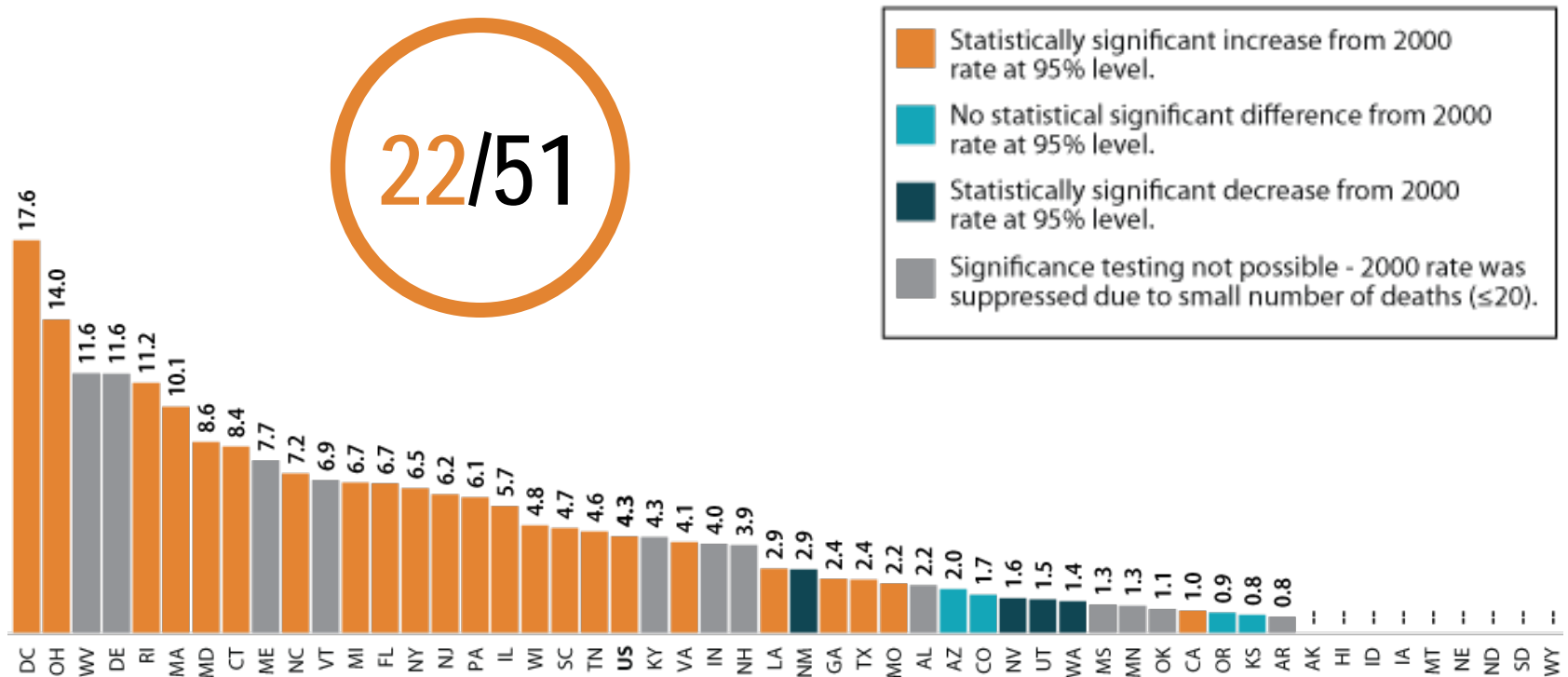
# Cocaine Deaths per 100,000 People, 2000-2017



Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Cocaine Deaths per 100,000 People, 2000-2017

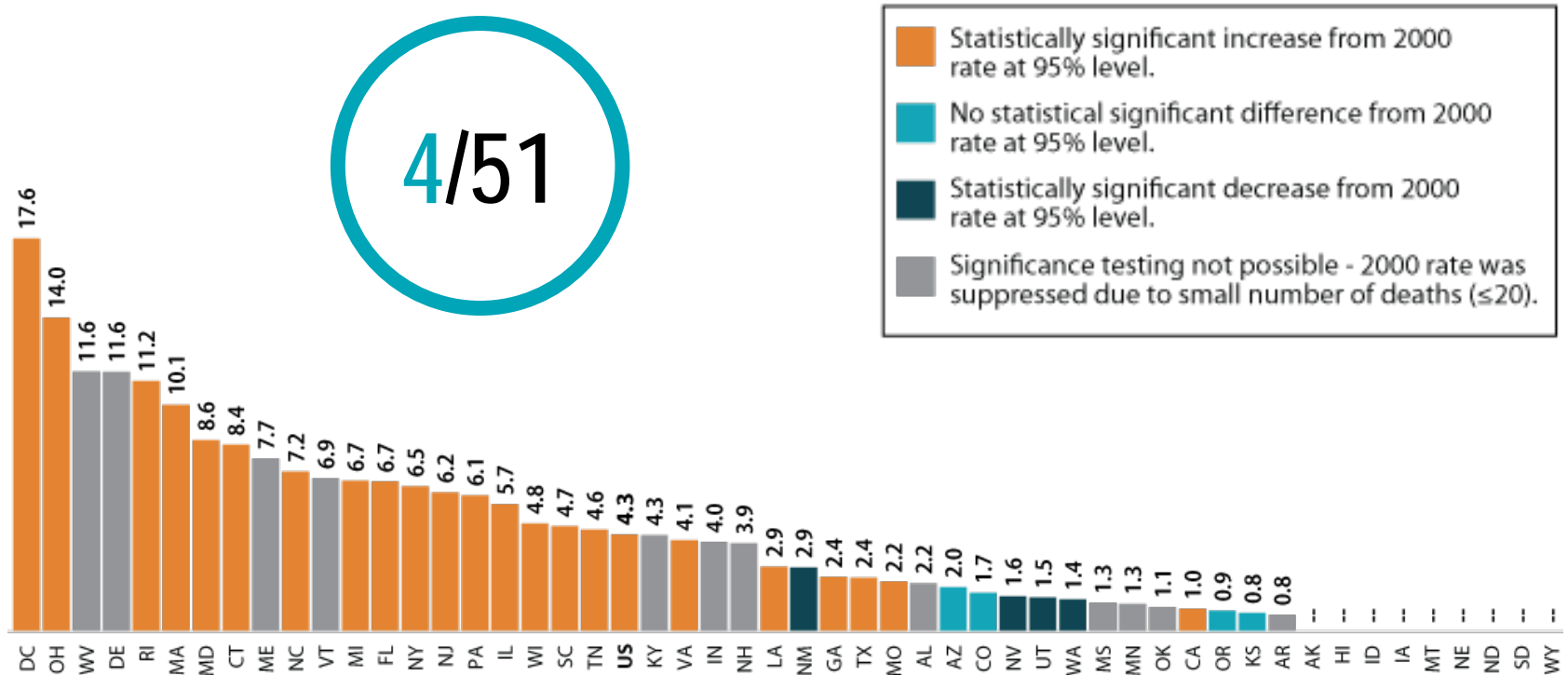
22/51



Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Cocaine Deaths per 100,000 People, 2000-2017

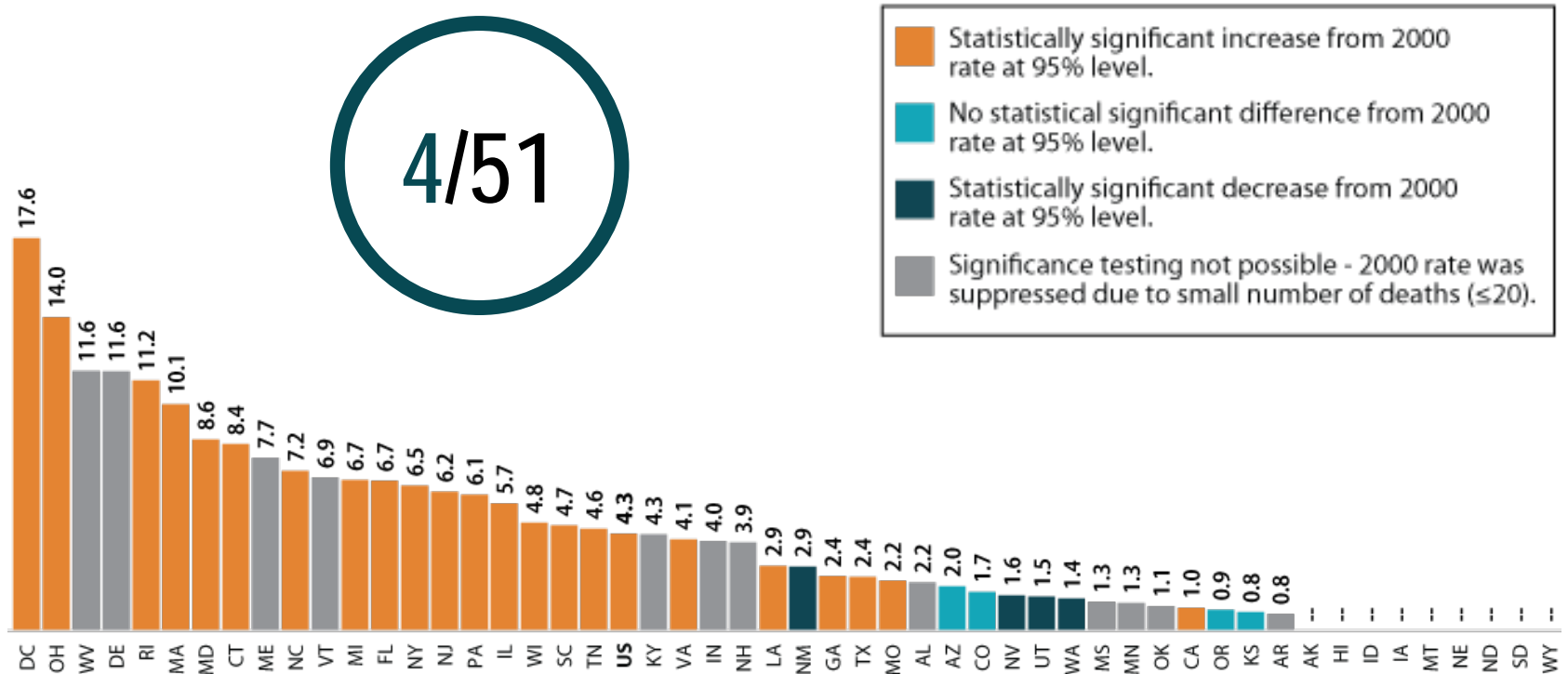
4/51



Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Cocaine Deaths per 100,000 People, 2000-2017

4/51

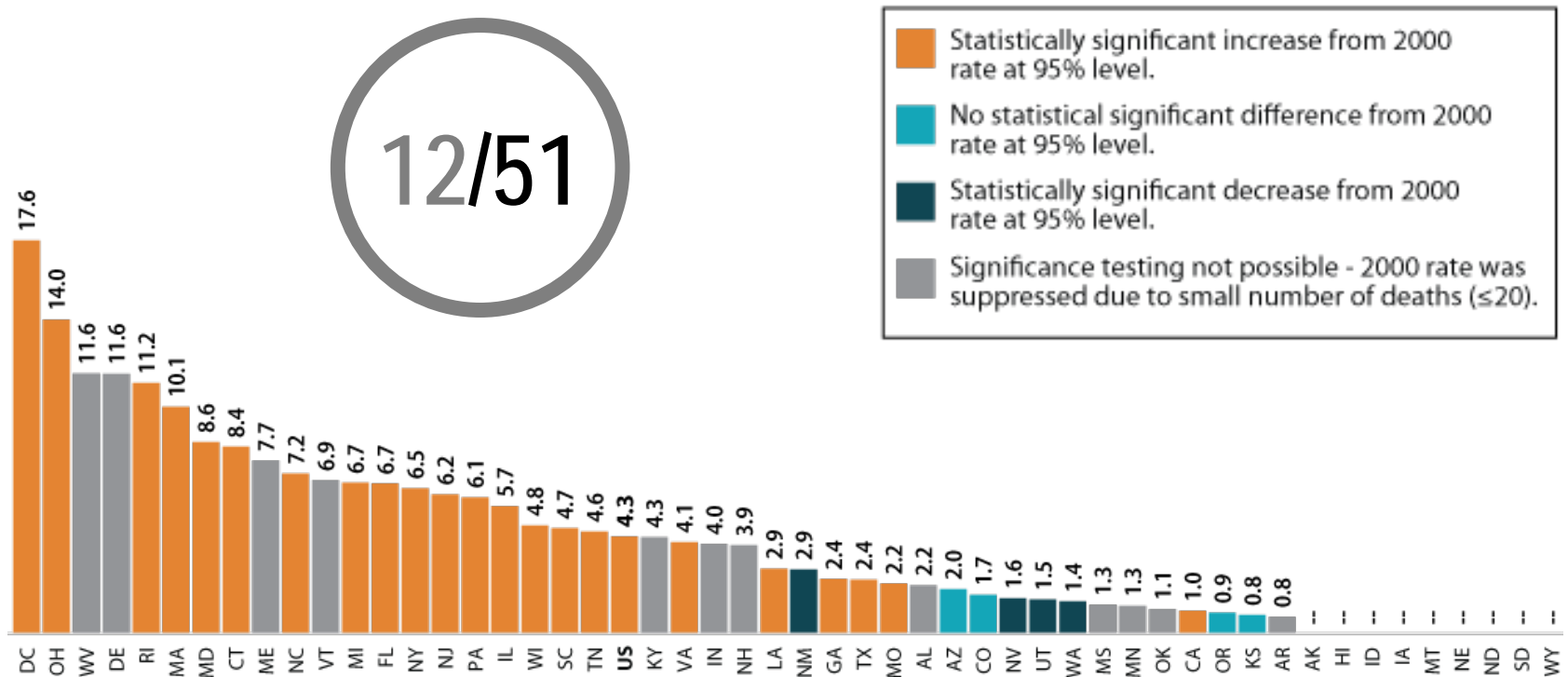


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.



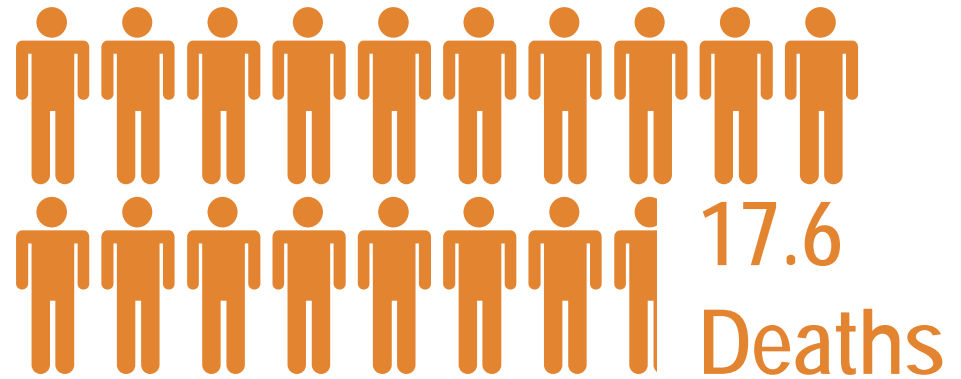
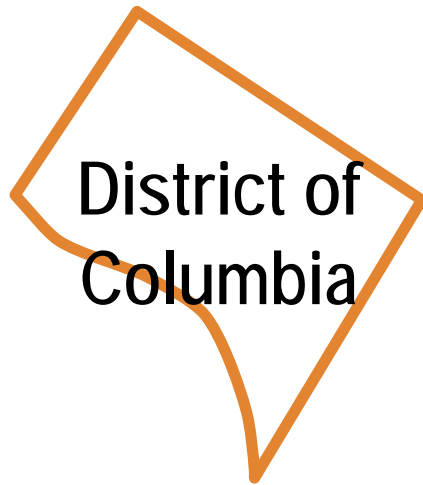
# Cocaine Deaths per 100,000 People, 2000-2017

12/51

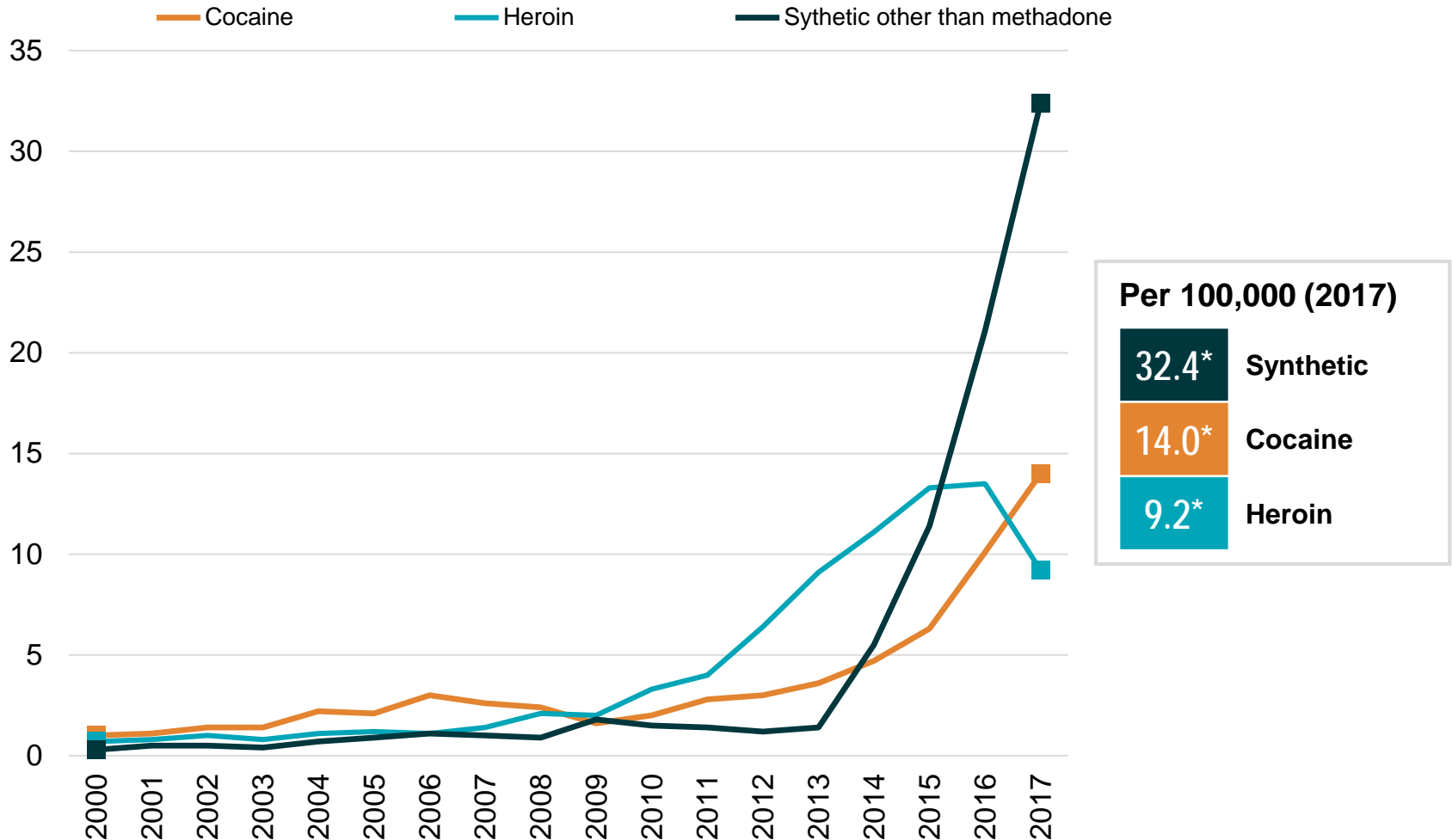


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Cocaine Deaths per 100,000 People, 2017



# Ohio Drug Deaths per 100,000 People by Drug Type, 2000-2017



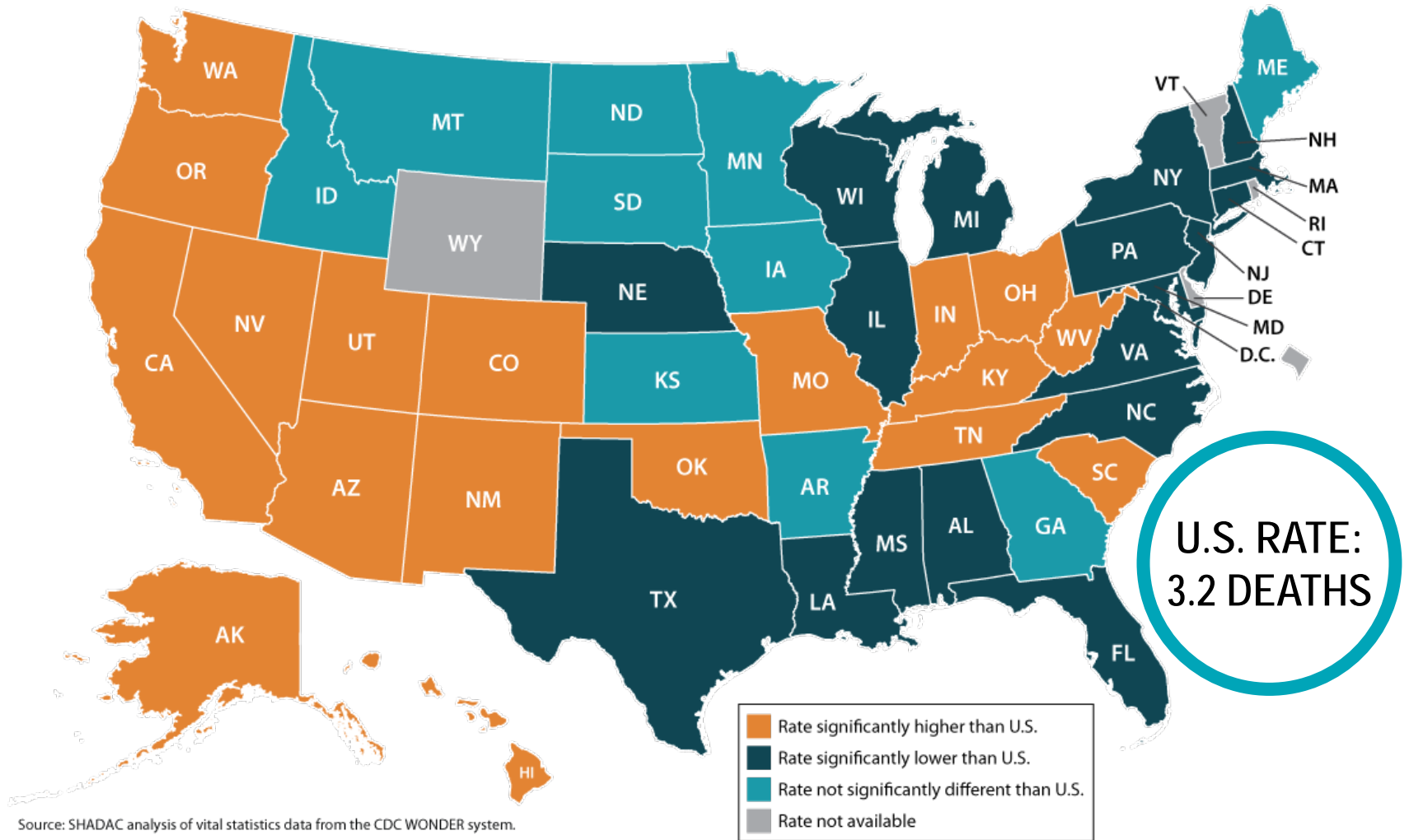
\* Statistically significant increase at the 95% level.

Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

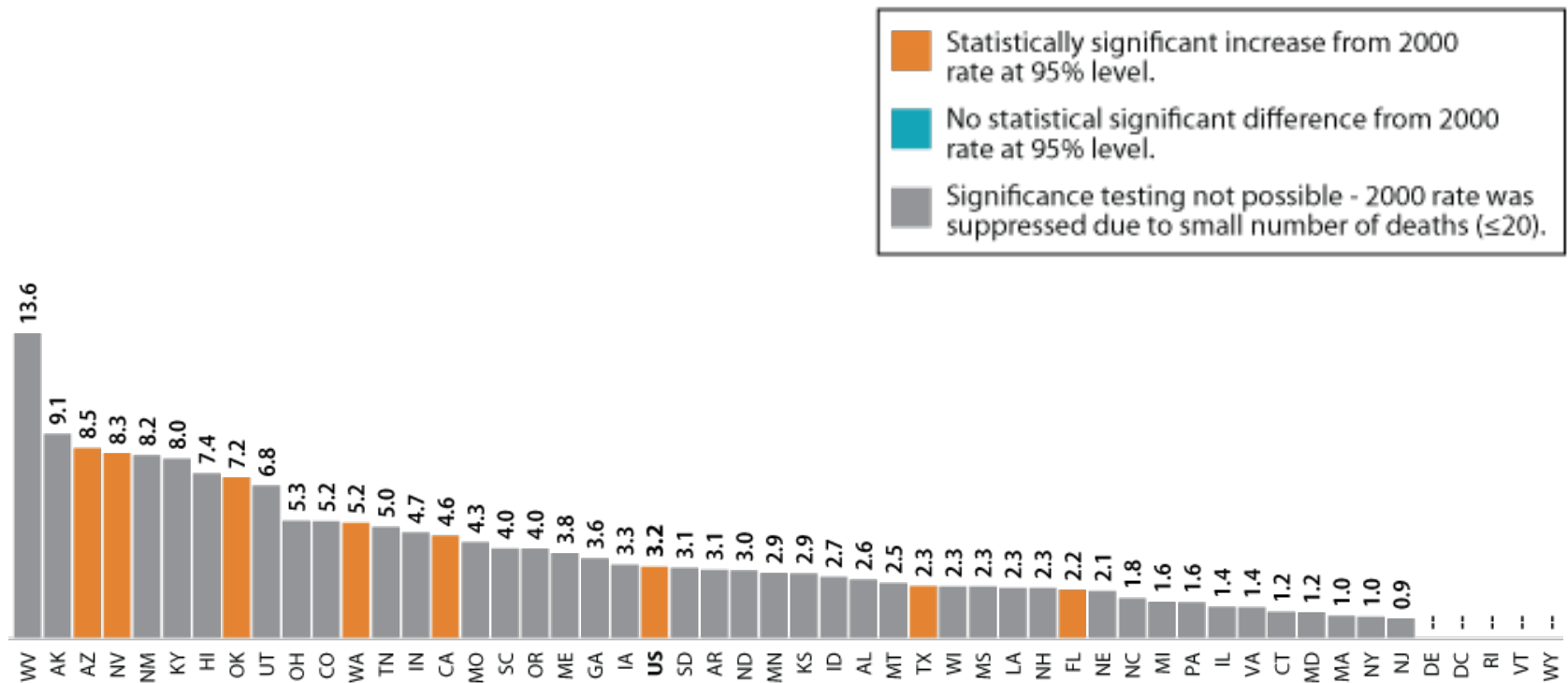
# State Trends

Psychostimulant Overdose Deaths

# 2017 Drug Deaths per 100,000 People, Psychostimulants



# Psychostimulant Deaths per 100,000 People, 2000-2017



Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Psychostimulant Deaths per 100,000 People, 2000-2017

7/51

- Statistically significant increase from 2000 rate at 95% level.
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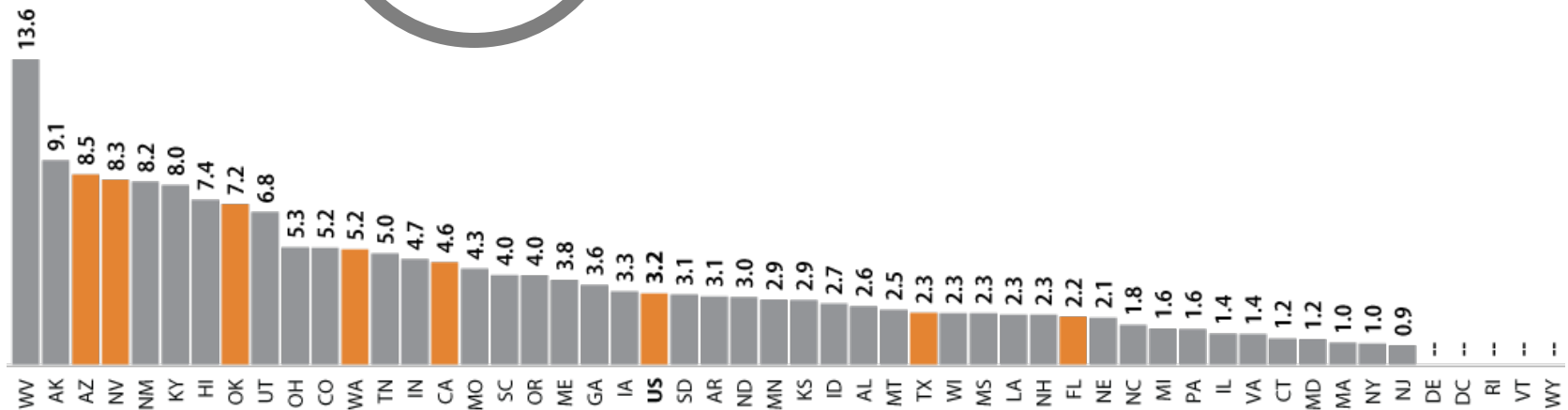


Source: SHADAC analysis of vital statistics data from the CDC WONDER system.

# Psychostimulant Deaths per 100,000 People, 2000-2017

38/51

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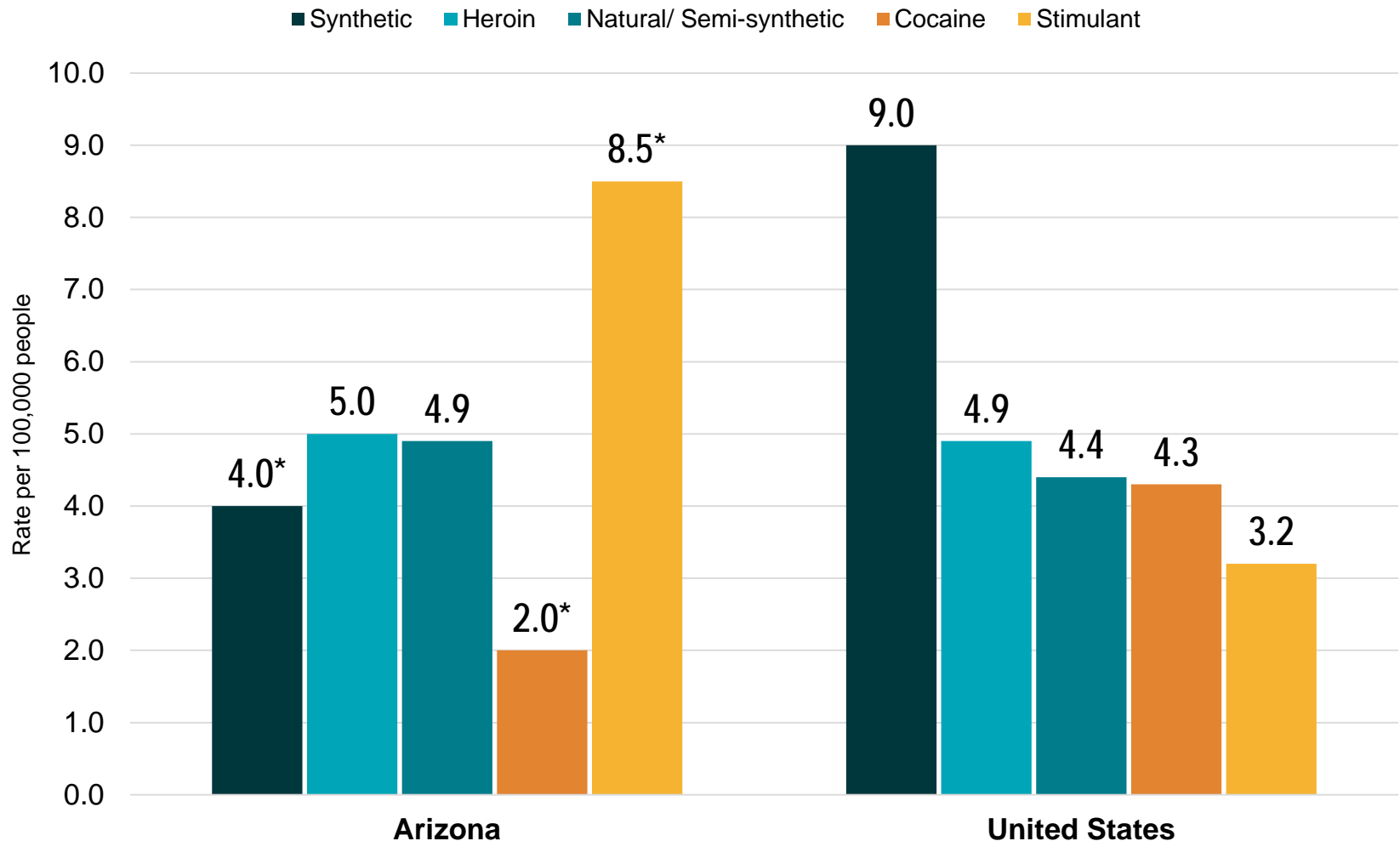
Source: SHADAC analysis of vital statistics data from the CDC WONDER system.



# Psychostimulant Deaths per 100,000 People, 2017



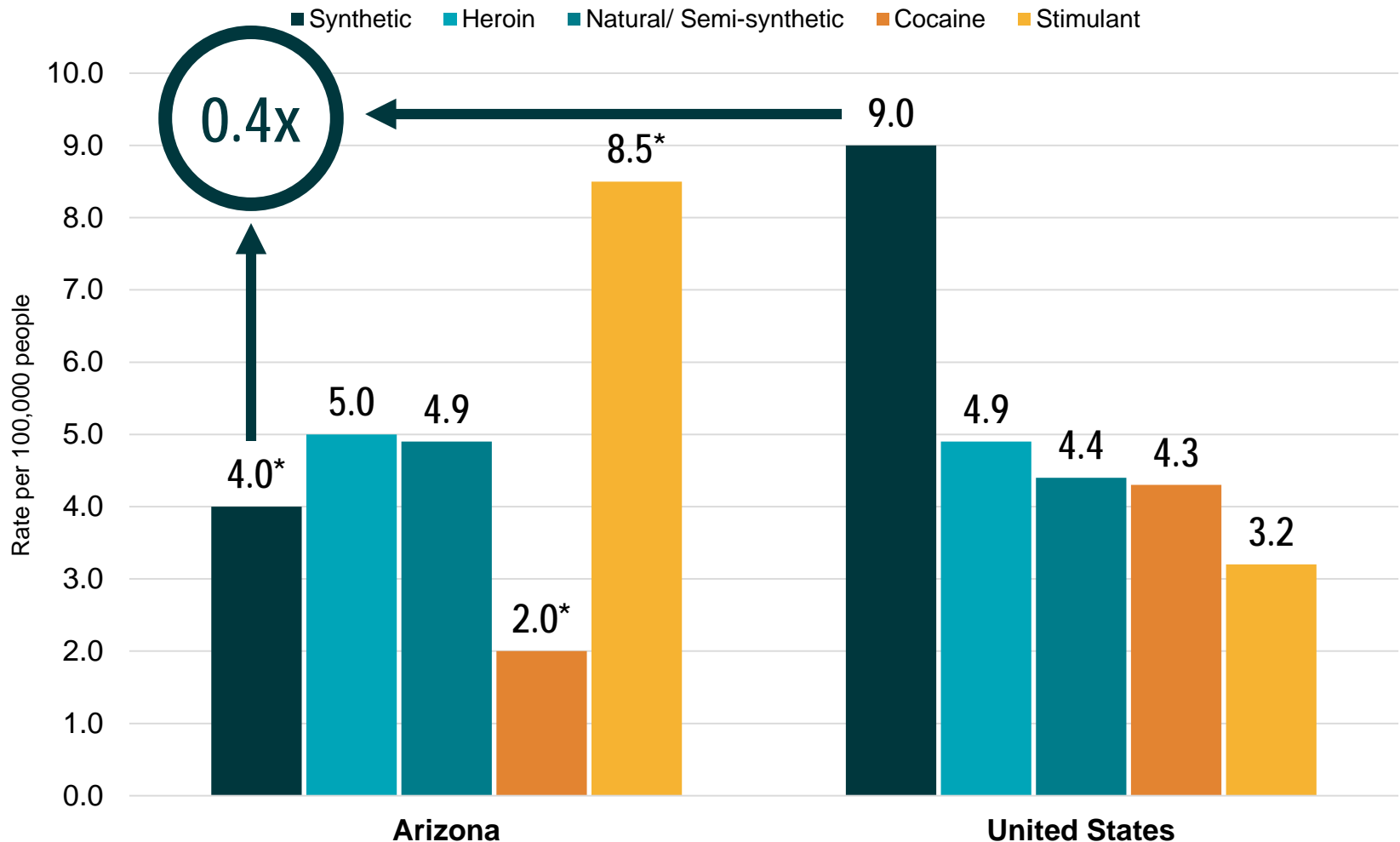
# Arizona and U.S. Drug Deaths per 100,000 People by Drug Type, 2017



\* Statistically significant increase at the 95% level.

Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

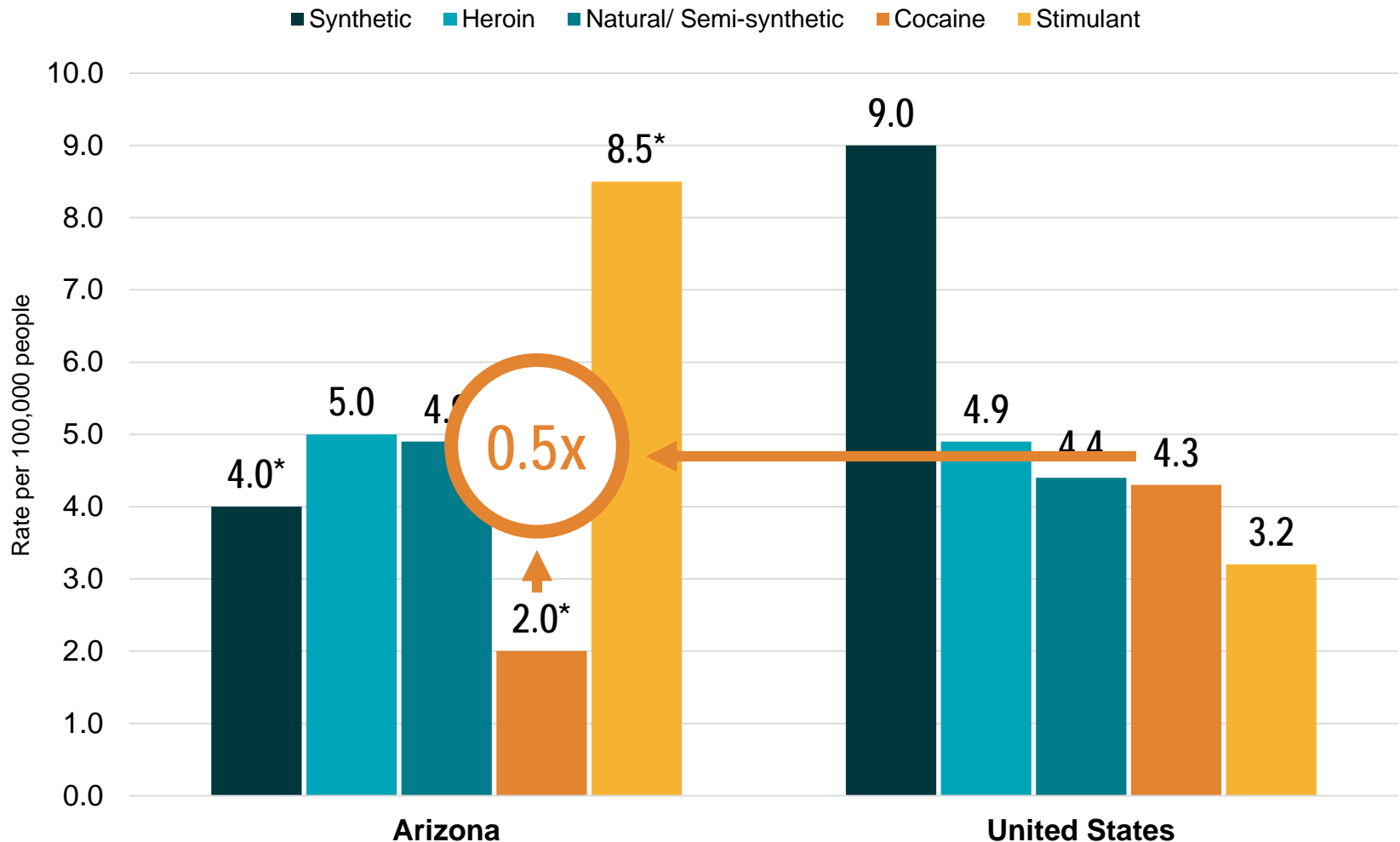
# Arizona and U.S. Drug Deaths per 100,000 People by Drug Type, 2017



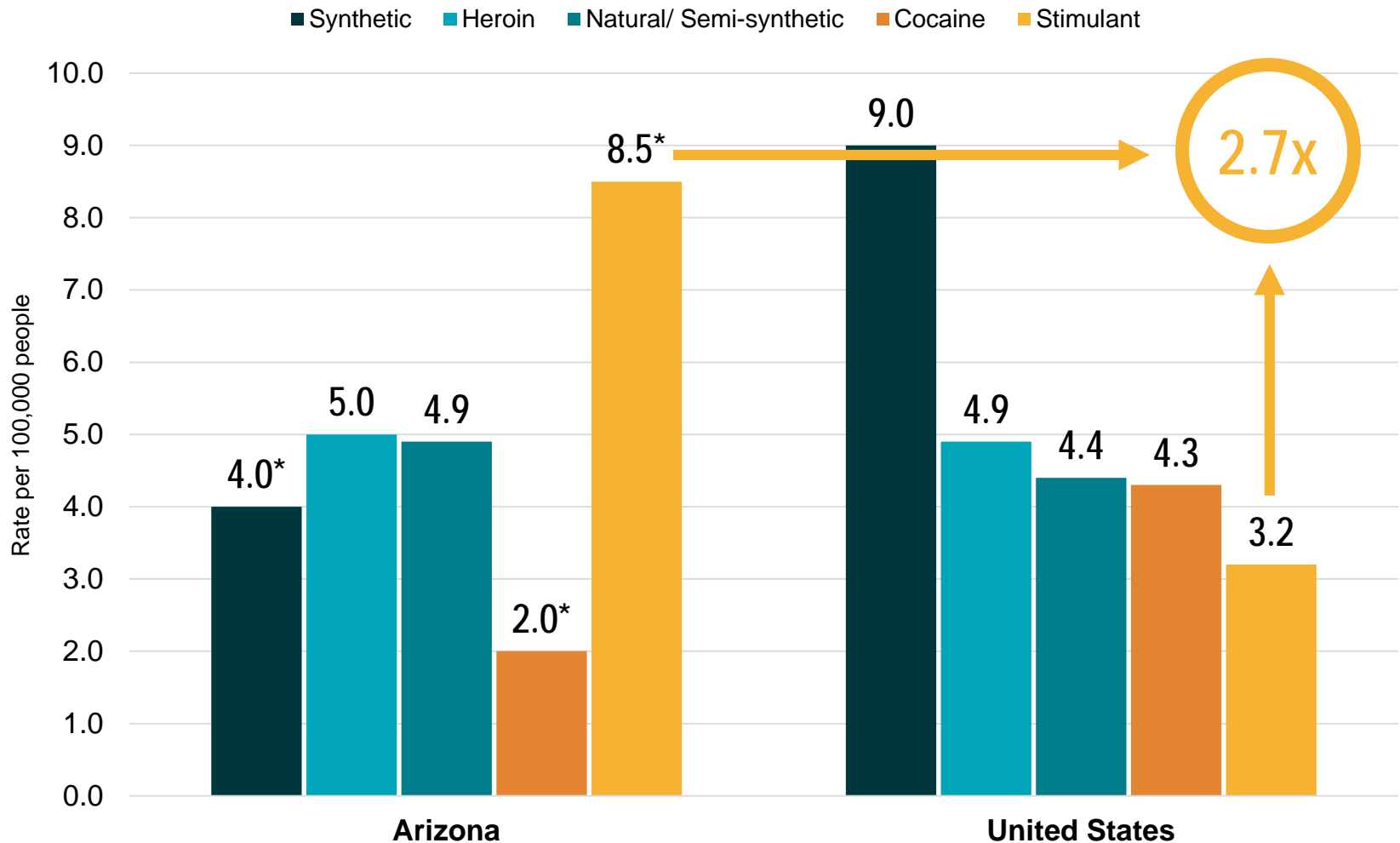
\* Statistically significant increase at the 95% level.

Source: SHADAC analysis of age-adjusted rates of drug poisoning deaths, National Center for Health Statistics

# Arizona and U.S. Drug Deaths per 100,000 People by Drug Type, 2017



# Arizona and U.S. Drug Deaths per 100,000 People by Drug Type, 2017



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- Health Insurance Coverage**
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  - Workers in Establishments that Offer Coverage
- Cost of Care - Dollars**
  - People with High Medical Care Cost Burden
  - Average Annual ESI Premium
  - Employee Contributions to Premiums
  - High Deductible Plans
  - Costs of Potentially Preventable Hospitalizations
  - Medicaid Expenses as Percent of State Budget
- Cost of Care - Behavior Changes**
  - Adults Who Forgo Needed Medical Care
  - Made Changes to Medical Drugs
  - Trouble Paying Medical Bills
- Health Behaviors**
  - Adult Binge Drinking
  - Adult Obesity
  - Adult Smoking
  - High School Obesity
  - High School Smoking
  - High School Physical Activity
  - Sales of Opioid Painkillers
  - Opioid-Related Drug Poisoning Deaths
- Outcomes**
  - Chronic Disease Prevalence
  - Activities Limited due to Health Difficulty
  - Cancer Incidence
  - Health Status
  - Premature Death
- Access to Care**
  - Adults with No Personal Doctor
  - No Trouble Finding Doctor
  - Told that Provider Accepts Insurance
  - Had Usual Source of Medical Care
- Utilization of Care**
  - Had General Doctor or Provider Visit
  - Had Emergency Department Visit
  - Spent the Night in a Hospital
- Quality of Care**
  - Adult Cancer Screenings
  - Adult Potentially Preventable Hospitalizations
  - Child Potentially Preventable Hospitalizations
  - Child Vaccinations
- Public Health**
  - Weight Assessment in Schools
  - School Nutrition Standards Stronger than USDA
  - Schools Required to Provide Physical Activity
  - Smoke Free Campuses
  - Cigarette Tax Rates
  - Public Health Funding
- Social and Economic Factors**
  - Children Considered to be Poor
  - Unemployment Rate
  - Income Inequality
  - Unaffordable Rents



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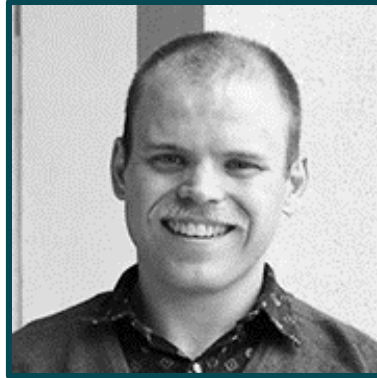


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# Questions for Presenters?



**Robert Hest, MPP**  
SHADAC Research Fellow



**Colin Planalp, MPA**  
SHADAC Senior Research Fellow

# Thank you

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University of Minnesota, Minneapolis  
[www.SHADAC.org](http://www.SHADAC.org)

