Opioid-related Deaths in Our Community: Overdose Deaths among Snohomish County Residents (1995-2014)

Opioid overdose is a difficult subject to talk about.

In Snohomish County alone, it has taken the lives of 900 people over the last 10 years. That’s more than motor vehicle crashes (543 deaths), homicide (151 deaths), and falls (691 deaths) during the same time period. Opioid use often begins with prescription painkillers and leads to heroin. In Snohomish County, use of both substances is alarming.

What are opioids?

Opioids are a group of drugs that are used to treat pain. They include prescription opioids which may be prescribed by doctors for moderate to severe pain (e.g., oxycodone, hydrocodone, morphine, methadone); fentanyl which is a synthetic opioid pain reliever for severe pain; and heroin which is an illegal opioid.

How big is the problem with opioids?

In the United States, more people died from drug overdoses in 2014 than during any previous year on record (about 29,000 deaths). Opioids, primarily prescription pain relievers and heroin, are the main drugs associated with overdose deaths.

What’s happening in Snohomish County?

The age-adjusted prescription pain reliever overdose death rate increased significantly until 2005 and then started to decrease. The heroin overdose death rate trend followed on opposite trajectory. The age-adjusted heroin overdose death rate decreased until 2008 and then started to increase significantly. In 2014, heroin overdose deaths exceeded prescription pain reliever overdose deaths.

Comparison of Age-Adjusted Opioid Overdose Death Rates in Snohomish County, WA, 1995-2014

In 2014, heroin overdose deaths surpassed prescription drug overdose deaths.

Note: Rate per 100,000 age-adjusted to U.S. 2000 population; rates not calculated when counts are fewer than 5.
Taking a closer look at the data

- The age-adjusted prescription pain reliever overdose death rate increased significantly between 1998 and 2005 (annual percent change (apc) = 32.8).

- Beginning in 2005, the age-adjusted prescription pain reliever overdose death rate started to level off and has remained stable since then (apc = -2.9).

- The age-adjusted heroin overdose death rate was relatively stable between 1995 and 2008 (apc = -2).

- Beginning in 2008, the age-adjusted heroin overdose death rate started a sharp and significant increase (apc = 26.3).

What can we do as a county to slow the epidemic of opioid overdose death?

We need to come together as a community to protect residents from becoming dependent on opioids and to help those who are already dependent. We each play a part in the solution. Here’s what we need to do:

- **Dedicate funding** to public health and human services so that they may continue to address mental health, substance use, and other prevention efforts in our community. This includes helping to equip first responders with Naloxone kits that can save lives and continuing to offer needle exchange programs.

- **Increase capacity** so that more voluntary treatment and detox beds are available for those in crisis; and expand integrated involuntary treatment and secured detox facilities available to meet the demand.

- **Recruit providers** to our medical community in order to increase the availability of medication assisted treatment like suboxone and methadone and access to behavioral therapies; and undertake efforts to increase safe prescribing practices of prescription opioids.