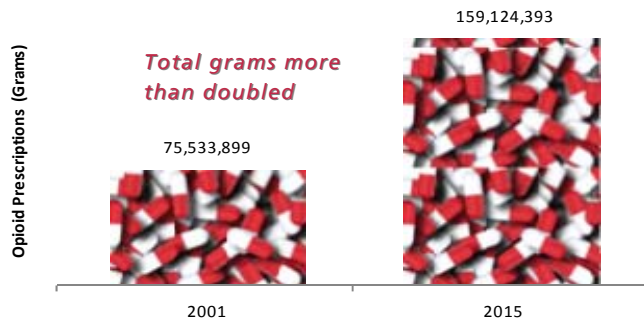


# Opioids in Alameda County



This fact sheet is intended to inform local clinicians and policymakers about the extent of the opioid problem in Alameda County, with special emphasis on trends in prescribing practices and negative consequences of opioid use, both prescription and non-prescription. Where possible, we highlight the populations most affected by opioid use disorders and poisoning.

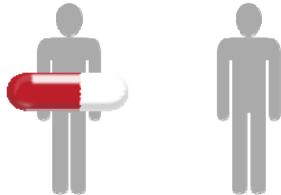
## Opioid Prescriptions, United States



Prescription opioids sold in the U.S. more than doubled from 75 million grams in 2001 to 159 million grams in 2015, yet there has not been a decrease in the amount of pain that Americans report. The amount (in grams) of oxycodone and hydrocodone alone tripled from 2000 to 2015.<sup>1</sup> Health care providers wrote 259 million prescriptions for opioid painkillers in 2012—enough for every American adult to have his or her own bottle of the pills.<sup>2</sup> Across the nation, as more opioids become available, the rates of opioid use disorders and opioid deaths continue to increase.

## Opioid Prescriptions, Alameda County

**One prescription for every two residents**



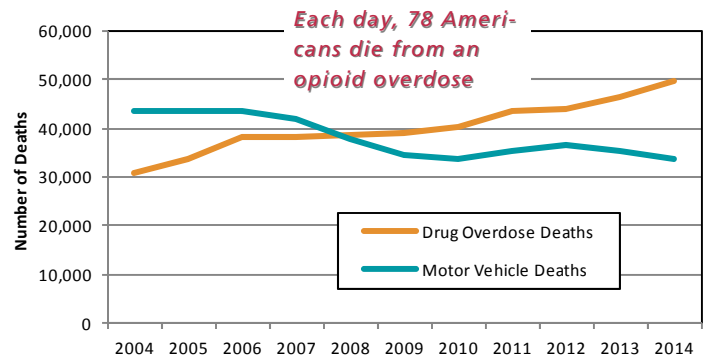
The increased number of prescriptions written and dispensed contributes greatly to the current opioid epidemic. In Alameda County, opioid prescriptions were written at a rate of 536.3 prescriptions per 1000 residents in 2015, roughly equal to one prescription for every two residents of the county.<sup>3</sup>

## Key Opioid Prescription Measures, Alameda County

	2012	2013	2014	2015
Opioid prescriptions per 1000 residents (excl. buprenorphine)	589.9	580.9	571.9	536.3
Hydrocodone (Norco 5mg equivalent) per resident	4.1	3.9	3.7	3.3
Residents on >40 mg methadone daily (for ≥30 days) per 1000 residents	2.2	2.0	1.8	1.6
Residents on combination opioids/benzos (for ≥30 days) per 1000 residents	6.1	6.1	5.9	5.4
Buprenorphine prescriptions per 1000 residents	6.5	8.5	8.8	7.5

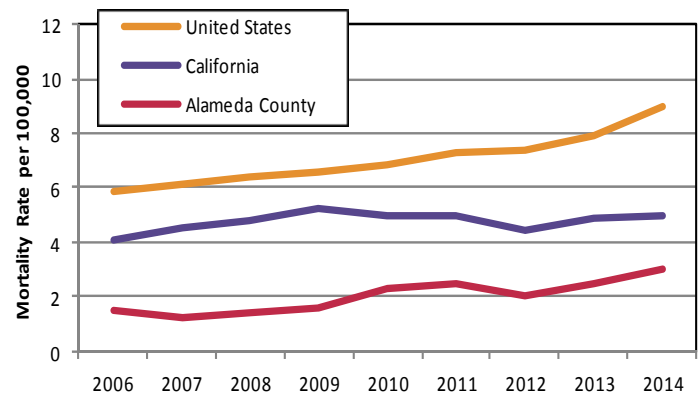
The Alameda County workgroup identified key opioid prescribing metrics that help us understand trends in Alameda County. Overall, prescribing patterns for opioids, amounts of 5mg Norco equivalents, residents on high dose methadone, and patients on combination opioid/benzodiazepines (a high mortality risk population) are declining. Buprenorphine, also known as Suboxone, is often used in medication-assisted treatment in opioid use disorders. Buprenorphine prescriptions are increasing over time, but decreased slightly in 2015.<sup>4</sup>

## Injury Deaths, United States



Since 2008, drug overdose deaths in the U.S. have surpassed deaths from motor vehicles and have been on a steady upward trend. From 2000 to 2014, nearly half a million people died from drug overdoses, with more drug overdoses in 2014 than in any year on record. More than six out of ten drug overdose deaths involve an opioid. Since 1999, the number of overdose deaths in the U.S. involving opioids, including prescription opioid pain relievers and heroin, nearly quadrupled.<sup>5</sup>

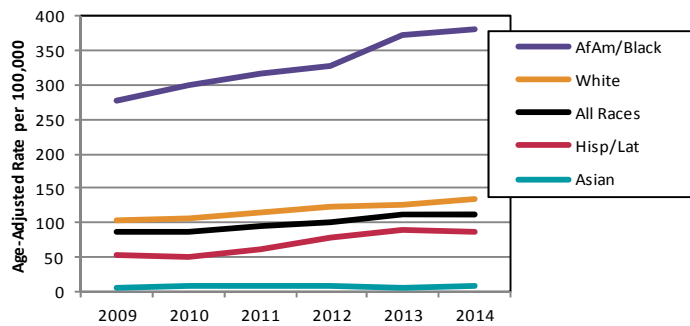
## Opioid Mortality Rates



Nationally, there were 28,647 opioid-related deaths in 2014. Age-adjusted rates of opioid deaths in Alameda County are lower than state and national rates, with the California rate twice as high, and the U.S. rate typically three times the rate in Alameda County. However, like the state and national trends, rates in Alameda County have been increasing in the most recent years.<sup>6</sup>

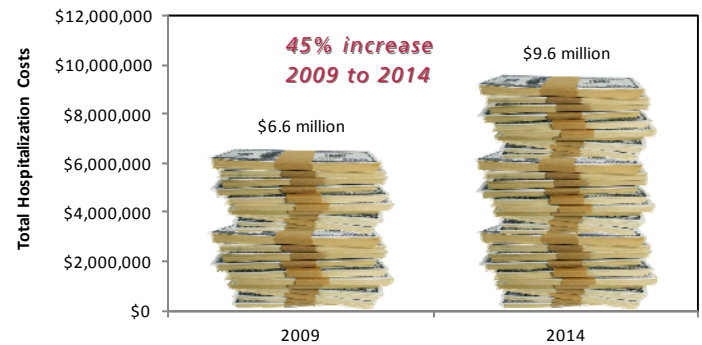
While Alameda County rates may not be as dramatic compared to the national rates, opioid use in Alameda County exceeds that of other countries and continues to be of great concern. According to the United Nations Office on Drugs and Crime, the rate of drug deaths among individuals aged 15-64 in the United States (23.4 per 100,000) is twelve times that of Germany (1.9 per 100,000). By point of comparison, drug death rates in 2014 among this age group for California and Alameda County were 15.3 and 12.8, respectively.<sup>7</sup>

## Opioid-Related Emergency Department Visits, Alameda County



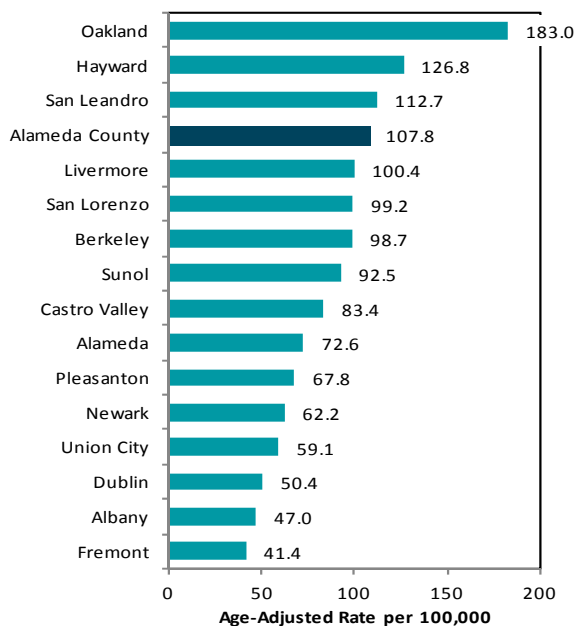
One important measure of adverse consequences resulting from the use of opioids, whether prescription or not, is the number and rate of visits to the hospital emergency department (ED). As currently defined, an opioid-related ED visit is one in which a patient has a diagnosis code, either primary or associated, of opioid use disorders or poisoning. The rate of opioid-related ED visits in Alameda County increased 29% between 2009 and 2014. The rate among African Americans, was three times that of the county rate. Additionally, the rate increase for African Americans from 2009 to 2014 was greater than the increase in the county, at 37%. Over the same period, the rate among Whites increased 22% while among Hispanic/Latinos it increased 63%. Although the Asian rate has remained low, it increased 50% over the time period. Native Americans and Pacific Islanders are not presented here due to small numbers but recent increases in incidents are cause

## Estimated Cost of Opioid-Related Hospitalizations, Alameda County



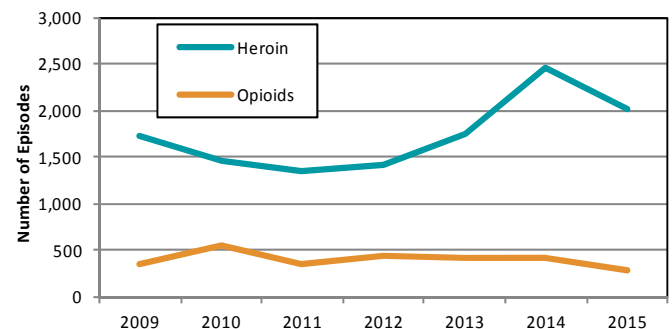
In 2014, the estimated costs of opioid-related hospitalizations in Alameda County exceeded \$9.6 million, a 45% increase from 2009.<sup>10</sup> In 2014, two-thirds of 859 opioid-related hospitalizations were for individuals with a source of payment from public funds (such as Medicare, Medi-Cal, or the Alameda County indigent care program, HealthPAC).<sup>11</sup>

## Opioid-Related Emergency Department Visits, Cities in Alameda County



Opioid-related emergency department visits vary widely across Alameda County locations, from a low of 41.4 per 100,000 in Fremont to a high of 183.0 per 100,000 in Oakland, a four-fold difference. Relatively high rates were also seen in Hayward and San Leandro, suggesting concentration of the burden of illness in central portions of the county.<sup>9</sup>

## Drug Treatment Episodes, Alameda County Behavioral Health Care Services



Over the past seven years, drug treatment episodes for heroin at BHCS-contracted providers have exceeded those for other opioids. Between 2010 and 2012, the number of heroin-related treatment episodes was three times that of other opioids, increasing to seven times in 2015. Drug treatment episodes for heroin use increased from 2011 to 2014 and dropped in 2015, while the number of drug treatment visits for opioid use has remained steady. These numbers do not include those treatments paid for by private insurance or self pay.<sup>12</sup>

### Sources and Notes

- Automated Reports and Consolidated Ordering System (ARCOS), U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division ([https://www.deadiversion.usdoj.gov/arcos/retail\\_drug\\_summary/](https://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/));
- CDC Vital Signs, July 2014 (<http://www.cdc.gov/vitalsigns/pdf/2014-07-vitalsigns.pdf>).
- California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES 2.0), data prepared by Brandeis University PDMP Center of Excellence, from California Department of Public Health.
- California Department of Justice, Controlled Substance Utilization Review and Evaluation System (CURES 2.0), data prepared by Brandeis University PDMP Center of Excellence, from California Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics, Vol 65, No.4; (<https://www.cdc.gov/drugoverdose/epidemic/>).
- Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015 (<http://wonder.cdc.gov/mcd-icd10.html>) (<http://bit.ly/2dMmEg8>).
- United Nations Office on Drugs and Crime (<https://data.unodc.org/>); Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015.
- Alameda County Public Health Department CAPE Unit, with data from the Office of Statewide Health and Development (OSHPD), 2012-2014.
- Alameda County Public Health Department CAPE Unit, with data from the Office of Statewide Health and Development (OSHPD), 2012-2014.
- Alameda County Public Health Department CAPE Unit, with data from the Office of Statewide Health and Development (OSHPD), 2014;
- Costs for 2009 and 2014 are estimated costs paid by payers based on a cost-to-charge percentage of total charges as defined by the Office of Statewide Health and Development (OSHPD) (<http://www.oshpd.ca.gov/HID/Hospital-Financial.asp>).
- Alameda County Public Health Department CAPE Unit, with data from Alameda County Behavioral Health Care Services, 2005-2015.

Produced by the Community Assessment Planning and Evaluation (CAPE) Unit

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