



HEALTH EQUITY REPORT

Opioid Overdose

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Health Equity Report-Opioid Overdose

Introduction

In 2015, over 20.8 million Americans were affected by a substance abuse disorder. This number is similar to the number of people who suffer from diabetes, and more than 1.5 times the annual prevalence of all cancers combined. Current use of illicit drugs or misuse of prescription drugs was estimated as having an economic impact of \$193 billion. In 2014, nearly 30,000 people died to an overdose of heroin or prescription opioids. The opioid crisis resulted in a five-fold increase in the number of babies who are dependent on opioids at birth.¹ The US rate of heroin-related overdose deaths increased 286% from 2002 to 2013. The heroin addiction rate increased by 100% over the same time period. An estimated 45% of people who used heroin were also addicted to opioid painkillers.⁴

Prevalence estimates on the use of heroin and prescription pain relievers for non-medical purposes, for the New York population aged 12 and over, showed a 220% increase in heroin use from 2007-08 to 2013-14.⁶ From 2009 to 2013, the number of New York State heroin-related deaths increased 163%, while the opioid analgesic-related deaths rose 30%. Of the 2013 heroin deaths, more than four times as many men died compared to women. Whites died of heroin overdoses at a rate of nearly twice that of blacks, and about 1.35 times that of Hispanics.⁵

The past few years have brought dramatic increases in the number of deaths, hospitalizations, and ED visits due to opioid overdoses in the Capital Region. Between 2005-07 and 2013-15, the Capital Region experienced a 30% increase in opioid overdose mortality rate.¹⁰ Between 2005 and 2014, the Capital Region age-adjusted opioid overdose hospitalization rate increased 65%, while the ED visit rate increased 200%.⁹ Capital Region residents aged 25-34 years, male, White non-Hispanic, and low socioeconomic status had the highest 2012-14 age-adjusted opioid overdose mortality, hospitalization and ED visit rates.^{9,10} The recent Prevention Agenda activities conducted by the local health departments and hospitals identified Substance Abuse, primarily opioid abuse, as a Prevention Agenda Priority for all Capital Region counties.

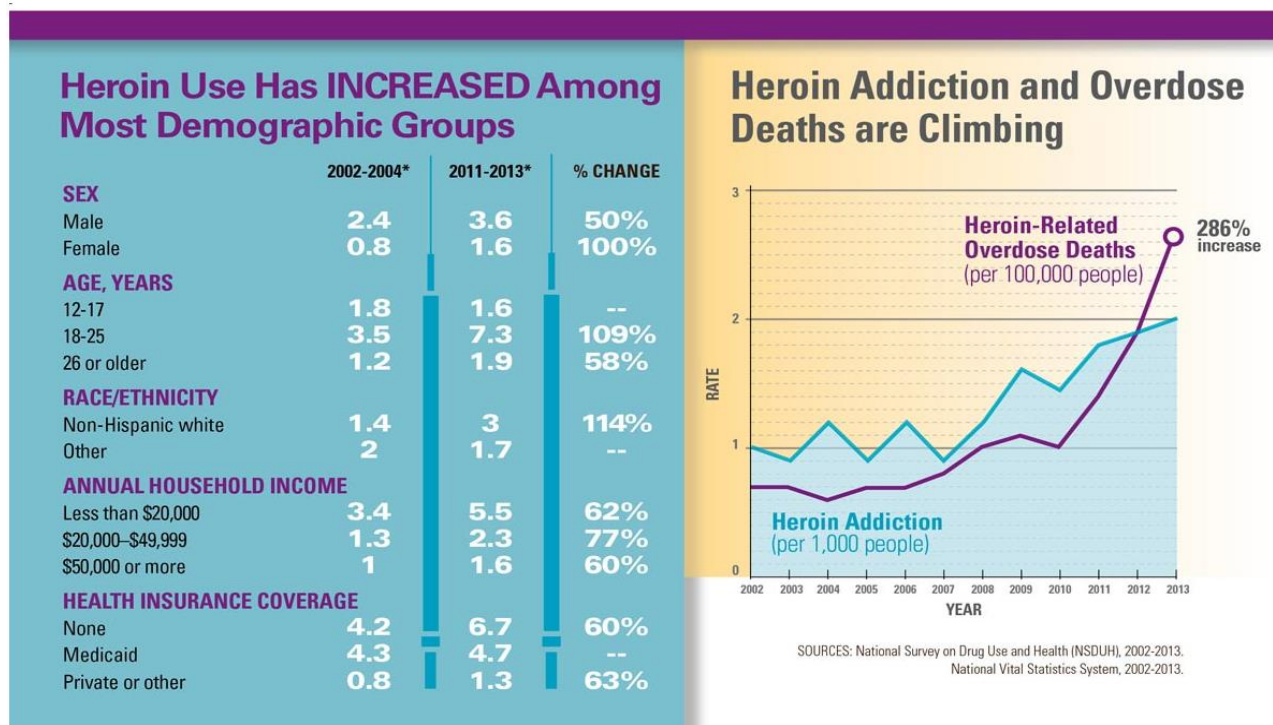
The purpose of this report is to review opioid overdose indicators by health equity in the Capital Region. The report takes a broad definition of equity that includes: race/ethnicity; gender; age; and socioeconomic status.

The communities being assessed in this report include the counties of Albany, Columbia, Greene, Rensselaer, Saratoga and Schenectady. Comparisons will be made to the Capital Region as a whole and New York State, excluding NYC (Upstate). Maps will be presented by county neighborhood groupings (Zip code aggregates).

Federal and State Context

Opioids are a class of drugs that include the illicit drug heroin, as well as the licit prescription pain relievers oxycodone, hydrocodone, codeine, morphine, fentanyl, and methadone.²

Drug overdose was the leading cause of accidental death in the US in 2014, with 47,055 deaths. About 62% of these poisonings were related to opioids-40% to prescription pain relievers, and 22% to heroin.³ Nationally, the rate of heroin-related overdose deaths increased 286% from 2002 to 2013. The heroin addiction rate increased by 100% over the same time period.⁴

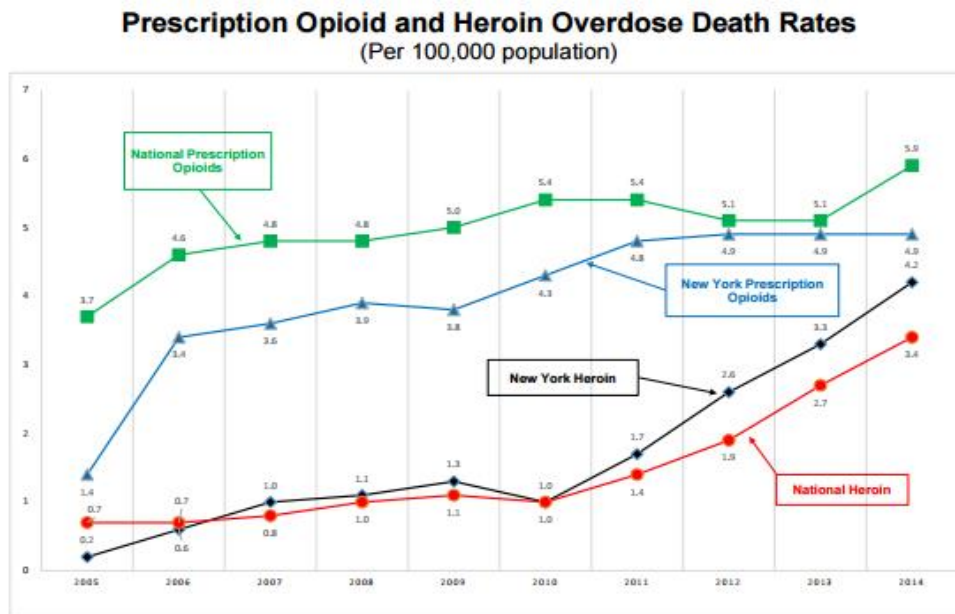


When reviewing the National rates for heroin use between 2002-2004 and 2011-2013, the rates had increased for most demographic groups. Males, the 18-25 year age group, non-Hispanic whites, and low income groups had the highest rates for heroin use.⁴

New York is also experiencing the consequences of opioid use. In 2013, there were 2,175 reported drug overdose deaths, a 41% increase since 2009. From 2009 to 2013, the number of heroin-related deaths increased 163% to 637 deaths, while the opioid analgesic-related deaths rose 30% to 952 deaths. Of the 2013 heroin deaths, more than four times as many men died compared to women. Whites died of heroin overdoses at a rate of nearly twice that of blacks (3.45 vs 2.12/100,000), and about 1.35 times that of Hispanics (2.93/100,000).⁵

The New York age-adjusted heroin overdose death rates have equaled or exceeded the US rate every year since 2006, while the State's age-adjusted prescription opioid overdose death rate

has been consistently below the National rate in each of the last ten years. New York's age-adjusted heroin overdose death rate increased 2000% from 2005 to 2014 (0.2 to 4.2/100,000); prescription opioid deaths increases 289% (1.4 to 4.9/100,000).⁶



Source: CDC, NCHS, Multiple Cause of Death on CDC WONDER Online Database, released 2015. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on December 9, 2015. Rates are age-adjusted by NCHS to facilitate comparisons over time or among groups, such as those living in different geographic areas. This type of measure eliminates differences that would be expected due to variations in age, such as higher or lower rates of heroin or opioid use.

New York prevalence estimates of use of heroin and prescription pain relievers for non-medical purposes for the population aged 12 and over showed a 220% increase in heroin use from 2007-08 to 2013-14 (139 to 444/100,000), but a 13% decrease in use of prescription pain relievers for non-medical purposes (3957 to 3443/100,000). There is speculation that strengthening the State's prescription monitoring program may have the unintended result of leading some patients who became addicted to prescription opioids to switch to heroin because it is less expensive and easier to obtain.⁶

Hospital Emergency Departments (ED) are seeing many individuals for treatment of drug poisonings. The New York State rate for opioid-related ED visits increased 73.1% from 2010 to 2014 (112.5 to 194.8/100,000). There was a modest 3.4% increase in opioid-related hospital admissions during this same time period (374.8 to 387.6/100,000).⁵

Opioid Overdose—Data Summary

Heroin vs Opioid Pain Medications

- Heroin overdoses are driving the increasing number of opioid-related hospitalizations and ED visits in the Capital Region. From 2005-07 to 2012-14, heroin overdoses rose from 11% to 31% of the total opioid overdose-related hospitalizations; and 37% to 54% of total opioid overdose-related ED visits. All Capital Region counties experienced similar heroin overdose increases.

Mortality-Trend

- The Capital Region experienced a 30% increase in the rate of opioid overdose mortality from 2005-07 to 2013-15. Columbia (227%) and Greene (156%) experienced the largest increases, while Schenectady had a 14% decrease during this time period.
- Greene (10.4/100,000) and Columbia (8.6/100,000) counties had the highest 2013-15 opioid overdose mortality rates in the Capital Region.

Hospitalization-Trend

- The Capital Region experienced a 58% increase in the opioid overdose hospitalization rates from 2006-08 to 2013-15.
- Greene not only had the highest 2013-15 opioid overdose hospitalization rate in the Region (27.1/100,000), it had the highest rate of change between 2006-08 and 2013-15 with a 302% increase. Saratoga was the only county without a hospitalization increase during this time period.

ED Visit-Trend

- Between 2006-08 and 2013-15, the Capital Region experienced a 177% increase in the opioid overdose ED visit rate.
- All Capital Region counties showed large increases in the opioid overdose ED visit rates, ranging from 91% for Albany to 295% for Schenectady. Greene had the highest 2013-15 opioid overdose ED visit rate (37.5/100,000) followed by Schenectady (30.8) and Columbia (28.9).

Age

- For Capital Region residents in 2012-14, the 25-34 year age group had the highest age-adjusted opioid overdose mortality rate, hospitalization rate, and ED visit rate.

Gender

- For 2012-14, males had an 80% higher age-adjusted opioid overdose mortality rate, a 17% higher hospitalization rate, and a 78% higher ED visit rate than their female Capital Region counterparts.

Race/Ethnicity

- For 2012-14, white non-Hispanic Capital Region residents had the highest age-adjusted opioid overdose-related rates: mortality—38% higher than black non-Hispanics, 300% higher than Hispanics; hospitalization—80% higher than black non-Hispanics, 40% higher than Hispanics; ED visit—25% higher than black non-Hispanic, 215% higher than Hispanics.

Socioeconomic

- For 2012-14, the Capital Region age-adjusted opioid overdose rates decreased as socioeconomic status increased. Compared to SES 5 (high), SES 1 (low) had 224% higher mortality, 237% higher hospitalization, and 240% higher ED visit rates.

Costs

- The 2014 opioid overdose hospitalization costs for Capital Region residents was \$2.52 million. Albany residents (32% of population) contributed 50% of the total cost; Greene (5% of population) contributed 11% of the cost.
- The 2014 opioid overdose ED visit costs for Capital Region residents was \$573,000. Albany and Saratoga residents each contributed about 24% of the total cost while Greene residents contributed 11% of the cost.

Data, Methods, and References

[See attached](#) for more about the data sources and methods that went into this report.

Appendices

[See attached](#) for Appendix I and Appendix II.

Appendix I presents opioid overdose mortality, hospitalization and ED visit rates for the **Capital Region** by age, gender, race/ethnicity and socioeconomic status (SES). The Appendix includes bulleted highlights, charts and sub-county maps.

Appendix II contains county comparisons of the Capital Region and Upstate for opioid overdose mortality, hospitalization and ED visit rates in bulleted highlights, tables and charts. In addition, this Appendix includes a **County-Specific** Section presenting opioid overdose mortality, hospitalization and ED visit indicators over time; and by age, gender, race/ethnicity and SES categories for each of the six Capital Region Counties.