The death rate from drug overdose among American Indian & Alaska Natives (AI/AN) in Oregon was **18.9 per 100,000** people in 2017.

This rate is **higher than the national AI/AN rate and the Oregon State average, but lower than the national average.**

### 2017 Drug Overdose Death Rates

<table>
<thead>
<tr>
<th></th>
<th>OR AI/AN</th>
<th>OR</th>
<th>USA AI/AN</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>18.9</td>
<td>11.6</td>
<td>16.2</td>
<td>21.7</td>
</tr>
</tbody>
</table>

### Drug Overdose Deaths Over Time

The overdose death rate among AI/AN in Oregon has **historically been higher than national, state, and US AI/AN averages.**

However, the national and US AI/AN rates have been increasing faster in the last 5 years while the **statewide Oregon and AI/AN rates have begun to slow.**
Overdose deaths are most common among Oregon AI/AN between the ages of 20 and 59. There are more deaths in the 20-29 age range than seen nationally, but this is similar to the overall Oregon average. Most deaths in this younger range are men.

In Oregon, male and female AI/AN have similar rates of drug overdose. This is different than what is seen nationally and statewide where the death rate among men is consistently higher than women.
### Drugs Involved in AI/AN Overdose Deaths*

**Oregon State, 2013-2017**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Opioid</td>
<td>65%</td>
</tr>
<tr>
<td>Prescription Opioid</td>
<td>46%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>24%</td>
</tr>
<tr>
<td>Heroin</td>
<td>22%</td>
</tr>
<tr>
<td>Methadone</td>
<td>10%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>6%</td>
</tr>
</tbody>
</table>

The most common drugs were opioids typically prescribed for pain relief, such as morphine, codeine, oxycodone (OxyContin, Percocet), hydrocodone (Vicodin), hydromorphone (Dilaudid), and oxymorphone (Opana). The individual may or may not have had a valid prescription for the drug.

*More than one drug may be involved in an overdose; therefore categories do not equal 100%.

### Polysubstance Deaths

**AI/AN, Oregon State, 2013-2017**

- **18%** of all overdose deaths involved more than one drug.
- **7%** involved more than one opioid.

### Common Combos

- **75%** of deaths involving COCAINE involved an OPIOID.
- **35%** of deaths involving METH involved an OPIOID.
- **19%** of deaths involving HEROIN involved a PRESCRIPTION OPIOID.
Oregon State Data Source: Death certificates from the Oregon State Center for Health Statistics, corrected for AI/AN misclassification

National Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2017 on CDC Wonder Online Database

Overdose deaths include records with the following ICD-10 codes for underlying cause of death: X40-X44, X60-X64, X85, Y10-Y14

The data presented may not be comparable to information published by state or federal agencies due to differences in racial classification.

About the Data

AI/AN are often misclassified as another race in health data systems, making it difficult to accurately measure health outcomes. The Northwest Portland Area Indian Health Board’s IDEA-NW PROJECT works to reduce AI/AN misclassification in data systems and provide accurate health data for Northwest Tribes.

The project corrects inaccurate race data for AI/AN through record linkages with health data systems. Without this correction, the data in this publication would have under-counted AI/AN overdoses by 32 deaths and underestimated the age-adjusted rate by up to 46%.

Northwest Tribal Opioid and Overdose Resources

INDIAN COUNTRY ECHO
Substance Use Disorders (SUD)
This program increases access to treatment and recovery services for persons with SUD in tribal communities by training providers on best practices and evidence-based treatments, including DATA Waiver certification, telehealth sessions, and more. Contact David Stephens at dstephens@npaihb.org for more information.

TRIBAL OPIOID RESPONSE
Consortium (TOR)
This project assists NW Tribes in developing the capacity to implement a complex, comprehensive opioid response, including increasing awareness of and preventing SUD, as well as developing a Tribal Opioid Strategic Plan. Contact Colbie Caughlan at ccaughlan@npaihb.org for more information.

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