American Indian & Alaska Native Drug & Alcohol Mortality DATA BRIEF

Northwest Portland Area Indian Health Board
www.npaihb.org/idea-nw
503.228.4185 • ideanw@npaihb.org
2121 SW Broadway, Suite 300 • Portland, OR 97201
Among AI/AN in the NW, the death rate from drug overdose was 31.6 per 100,000 people in 2016.

The NW AI/AN rate is:
- 2.4 times higher than the overall NW rate
- Over twice as high as the US AI/AN rate
- Over 1.5 times the US rate

The overdose death rate among AI/AN in the Northwest is 2.4x the NW region average.

The drug overdose death rate in the NW has remained relatively stable over time, however the rate among AI/AN in the NW increased 43% from 2006 to 2016.

The US and US AI/AN rates have also increased, but not as much as the NW AI/AN rate and only over the past 5 years.

The NW AI/AN rate has historically been much higher than the NW region, the US AI/AN, and the US average.
Drug overdose deaths are most common among NW AI/AN between the ages of 30 and 59. The rate is highest among those aged 40 to 49.

Among all age groups, the rate for NW AI/AN is about double the rate of the NW average, but the overall age distribution is similar.

In the Northwest, male and female AI/AN have similar overall rates of drug overdose.

This is different from what is seen nationally and in the NW region overall, where the death rate among men is consistently higher than women.

The overdose death rate is higher among AI/AN men and women than the region averages.
Drugs Involved in AI/AN Overdose Deaths*

- Any Opioid: 67%
- Prescription Opioid: 36%
- Heroin: 36%
- Methamphetamine: 30%
- Methadone: 12%
- Cocaine: 8%

MOST overdose deaths involved an OPIOID

Heroin & Prescription Opioids were most common

Prescription opioids are drugs 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%
The death rate from alcohol among NW AI/AN in the Northwest is **45.7** per **100,000** people in 2016.

This rate is **almost 5 times higher than the national average**, 3.4 times higher than the NW region average, and 1.5 times higher than the USA AI/AN rate.

The alcohol death rate among NW AI/AN has historically been **much higher than NW region, US AI/AN, and national averages**.

The rates for **all groups** have increased over time.

The overall **NW and US alcohol death rates are increasing at a faster rate than the NW AI/AN and US AI/AN alcohol death rates**.
Alcohol deaths are most common among NW AI/AN aged 40 or older. The highest rates are among AI/AN in their 50s.

While the rates are lower among AI/AN in their 20s and 30s, these rates are 5.0 and 6.4 times as high as the NW region averages for these age groups.

The alcohol death rate has historically been higher among AI/AN men and women than the NW male and female averages.

In 2016, the rate for female AI/AN was 4.2 times higher than the NW female average. The rate for male AI/AN was 3.0 times higher than the NW male average.

Over time, the rate for female AI/AN has slightly decreased, whereas the rates for all other groups have increased.
**AI/AN people are often misclassified as another race in health data.** For example, an AI/AN person may be incorrectly recorded as “white” (or another race) at their doctor’s office, in their hospital visit record, or on their death certificate. While this type of misclassification can happen to anyone, it happens more often for AI/AN people.

This incorrect race information often causes AI/AN health reports to become inaccurate because they do not include all the AI/AN people who were recorded as another race. This can make it difficult for Tribes to set health priorities and track changes in their communities’ health over time.

The Northwest Portland Area Indian Health Board’s IDEA-NW project works to address racial misclassification of AI/AN people by identifying incorrect race information in health datasets. **The race information is corrected and used to create more accurate health reports for AI/AN communities.** This report was made using race-corrected death certificate information.

- **Northwest States Data Sources:** Death certificates from Washington, Oregon, and Idaho, corrected for AI/AN racial misclassification
- **National Data Source:** Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death 1999-2016 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
- Alcohol deaths include records with the following ICD-10 codes for underlying cause of death: X45, X65, Y15, F10, K70, E24.4, G31.2, G62.1, G72.1, I42.6, K29.2, K85.2, K86.0
- The data presented in this brief may not be comparable to information published by state or federal agencies due to differences in racial classification

**Without race correction, this report would have excluded:**

- **97** Overdose Deaths
- **82** Alcohol Deaths

**The rates for AI/AN would have been incorrectly lower by:**

- **23%** Overdose Rate
- **20%** Alcohol Rate
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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This publication was produced by The Northwest Portland Area Indian Health Board IDEA-NW project and was supported by funding from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement Number NU58DP006385-01. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.