

Prescription Drug Overdoses

In Washington State from 2008-2012, there were 2,728 deaths from unintentional prescription drug overdose; and 2,217 unintentional overdose deaths from prescription opioids (narcotics). Opioids are medicines prescribed by a healthcare provider to relieve moderate or severe pain. People 45-54 years of age had the highest death rates. In this time period, there were also 3,044 overdose hospitalizations for prescription opioids.

Most of these were among adults using prescription drugs (opioids) for pain, or pain drugs taken with other substances. However, even very young children get into unsecured opioids from adult family members, ingest them, and die. Some teenagers misuse these drugs to get high, or sell them to peers. Poisoning is now the leading cause of unintentional injury death in Washington State, surpassing deaths from motor vehicle crashes and falls.

Key Messages to Reduce Risks

- ◆ In the past we worried about children being poisoned from something they found under the sink or a family member prescription. While these still happen, deaths and injuries among young children decreased dramatically with public awareness campaign, availability of poison control hotlines, and child-resistant packaging for medicines and supplements.
- ◆ From 1990 to 2012 unintentional poisoning death rates increased four-fold from 2.3 to 11.9 per 100,000 people in the state.
- ◆ Suicide, homicide, and undetermined poisoning rates remained fairly stable during this time.
- ◆ Why? At the end of the 1990s, prescribing practices to treat chronic, non-cancer pain changed. Before then, people with pain were under-treated so physicians began increasing prescriptions and dosage level for chronic, non-cancer pain.
- ◆ From 2008 – 2012 in Washington State, there were 4,146 deaths caused by unintentional poisoning overdose. Of these, three (3) were to children age 0-9; 92 to children age 10-19; 598 to young adults age 20-29; and, 3,259 to adults age 30 to 64. Over half of these deaths involved opioid medications.
- ◆ From 2008 to 2012, fewer people in Washington died from overdoses involving prescription opioids than the previous five years. The rate dropped by 27 percent, and the number of deaths dropped from 512 in 2008 to 388 in 2012. This success was tempered by an increase in heroin deaths, which rose from 146 in 2008 to 231 in 2012.
- ◆ Overdose poisoning is most common among adults age 45-54. Males and females have similar rates for opioid poisonings and overdoses. See below for specific drug information.

Unintentional Poisoning Deaths Washington State Death Certificate Data, 2012 Total number of deaths = 849	
Drug Identified on Death Certificate	Number of death certificates with drug listed *
HEROIN	198
METHADONE	169
ALCOHOL	157
OXYCODONE	144
METHAMPHETAMINE	130
ALPRAZOLAM	70
COCAINE	61
MORPHINE	57
HYDROCODONE	51
CITALOPRAM	47
DIAZEPAM	45
DIPHENHYDRAMINE	42
PRESCRIPTION MORPHINE	28
FENTANYL	27
HYDROMORPHONE	26
BENZODIAZEPINES UNSPECIFIED	23
OPIOIDS UNSPECIFIED	22

*Because the average number of drugs listed on the death certificate was two and a half per person, the number of times drugs are identified does not add up to the total number of deaths.

† Heroin-related deaths may be underestimated because many are listed as morphine, opiate, or unspecified.

Generic Name	Common Brand Names
Buprenorphine	Buprenex, Subutex, Suboxone
Codeine	Codeine
Fentanyl	Fentanyl, Actiq, Sublimaze, Duragesic
Hydrococone	Vicodin, Vicoprofen
Hydromorphone	Dilaudid
Meperidine	Demerol
Methadone	Methadose, Dolophine
Morphine	MS Contin, Avinza, Oramorph SR
Oxycodone	OxyContin, Percocet, Percodan
Oxymorphone	Opana
Propoxyphene	Darvon, Darvocet

While opioids continue to be effective in managing acute pain, there is no evidence that use of long-acting opioids for chronic pain give better pain relief compared to immediate release opioids. At least two studies show when opioids are prescribed liberally for chronic pain, over the long term pain is worse, health care utilization is higher, and activity levels are lower among those who used opioids compared to those who did not.

- ◆ In addition to legally prescribed opioids, these drugs are obtained from a friend or relative who have a prescription; from emergency rooms by drug-seeking patients; bought on the street; from “pill mills”; from the Internet; and stolen from pharmacies.
- ◆ Know the signs of impending overdose death and call 9-1-1 at once.
 - ◆ Person will not wake up
 - ◆ No response to yelling
 - ◆ Clammy, cool skin
 - ◆ Blue lips or fingernails
 - ◆ Shallow, slow breathing
 - ◆ Pinpoint pupils
 - ◆ Slow heart rate or pulse
- ◆ Many experts at the state level are looking at this complex issue. There are prevention efforts that show promise for prevention. Below are some of them:
 - ◆ Increase awareness of the Washington Poison Center (WAPC). Use of poison control centers helps save lives and has greatly reduced medical costs. Each call to a center saves at least \$175 in other medical spending. Poison control center staff answers questions about a wide range of prescription, illicit, over-the counter medications, and supplements, and their interactions.
 - ◆ Educate medical care professionals about increase and risk of unintentional poisoning deaths, signs of drug tolerance, and signs of unintended overdose.
 - ◆ Screen people at high risk for opiate abuse or misuse. People with ten or more opiate prescriptions from multiple providers are at high risk.
 - ◆ Screening, brief intervention, and referral (SBIRT) for alcohol and other drugs in emergency departments and other medical settings is a best practice to be expanded in the state.
 - ◆ Statewide pharmacy drug take-back programs allow people to return unwanted or outdated medications to the pharmacy for proper disposal.
 - ◆ Safe drug disposal receptacles at law enforcement agencies and community-based special drug take back days.

The Washington State Department of Health and a broad-based coalition of partners continue to seek answers and interventions to this injury issue. Death and hospitalization data is updated and analyzed, promising programs from other states and countries are considered, and communication about the problem continues.

Emergencies: If you or someone you know has taken any kind of drug and needs immediate medical attention, **call 9-1-1**. In Washington State, people who call 9-1-1 to help someone who is overdosing receive immunity for criminal charge of drug possession under the “**9-1-1 Good Samaritan Law**” see <http://stopoverdose.org> for more information.

For non-emergencies, the Washington Poison Center is staffed with medical professionals trained to know how to treat poison exposures of all types; their services are confidential, free, and available 24 hours a day: 1-800-222-1222.

Resources

- University of Washington Alcohol and Drug Abuse Institute: www.stopoverdose.org
- WA Injury and Violence Prevention Guide, January 2013:
[Poisoning and Drug Overdose \(PDF\)](#)
- WA Poison Control Center: 1-800-222-1222 or www.wapc.org
- WA Take As Directed webpage: <http://takeasdirected.doh.wa.gov>

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