



Overdose Death Disparities in Oregon

This document highlights unintentional overdose death disparities in Oregon. The Oregon Health Authority (OHA) presents this information with the acknowledgement that this data represents individuals whose loss of life has had an enormous impact on their families and communities.

Key Takeaways

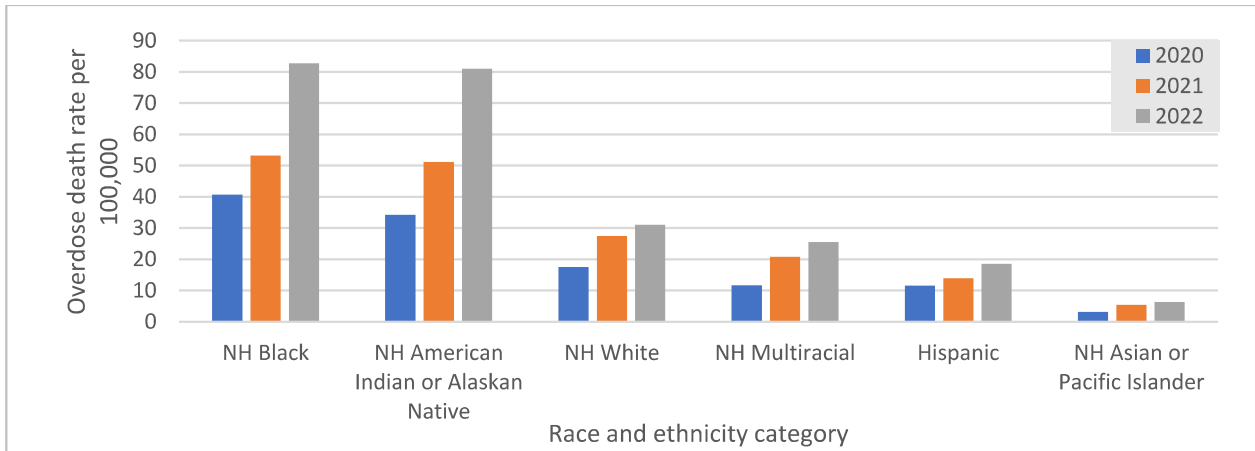
- Unintentional drug overdose deaths are increasing across Oregon, mostly due to fentanyl. The overdose crisis is affecting some communities more than others.
- Black/African American communities and American Indian/Alaska Native communities are experiencing the highest rates of fatal overdoses. These disparities are closely tied to systemic racism, generational trauma, and long-standing health inequities.
- Other populations at higher risk of overdose include males; people aged 35-44; LGBTQIA2S+ people; people with substance use, alcohol, or mental health disorders; people recently released from jail or prison; and people experiencing houselessness.
- There is an urgent need to engage the communities most impacted by the overdose crisis to implement community-driven solutions to reduce overdoses and save lives.

Disparities by Race & Ethnicity

In 2020, 701 Oregonians died from an unintentional or undetermined drug overdose. This number increased to 1,083 in 2021 and 1,289 in 2022.¹ These increases are mostly due to the availability and potency of fentanyl, which began to flood Oregon's illicit drug market in 2019.

Black/African American individuals and American Indian/Alaska Native individuals experience the highest rates of overdose deaths.²

- The overdose death rate among non-Hispanic Black and African American people is the highest in the state at **82.8** overdose deaths per 100,000 people in 2022. This is compared to **31.1** per 100,000 for non-Hispanic white Oregonians.
- The overdose death rate among non-Hispanic American Indian and Alaska Native people in 2022 is **81.1** overdose deaths per 100,000 people (compared to 31.1 per 100,000 for non-Hispanic white Oregonians). Importantly, overdose deaths among American Indian/Alaska Native communities are often under-reported due to racial misclassification on death certificates.³

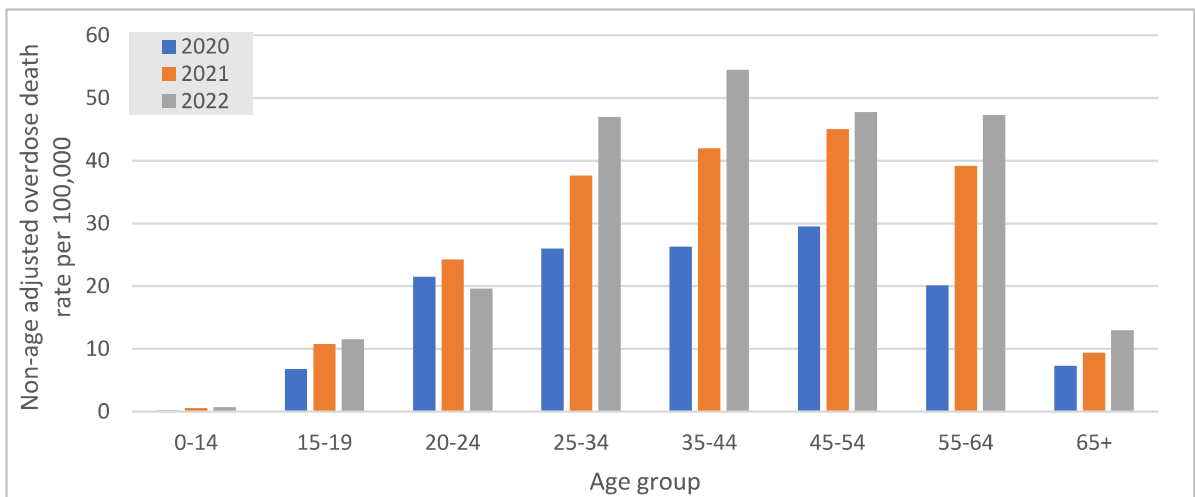


Source: Oregon State Unintentional Drug Overdose Reporting System (OR-SUDORS), 2020-2022.

Black/African American and American Indian/Alaska Native communities have been disproportionately affected by systemic racism, social-economic-political injustices, generational trauma, and systemic bias. Furthermore, these communities have less access to culturally appropriate resources and services. These inequities can worsen health outcomes and increase the risk of experiencing a drug overdose.

Disparities by Age, Gender, & Sexual Orientation

In 2022, people aged 35-44 had the highest unintentional overdose death rate in Oregon. Overdose deaths increased between 2021-2022 among most age groups, with the highest increases occurring among people aged 65 and older (increased by 38%) and 35-44 (increased by 30%).



Source: Oregon State Unintentional Drug Overdose Reporting System (OR-SUDORS), 2020-2022.

In 2022, people who identified as male were nearly three times more likely to die of an unintentional or undetermined overdose than those who identified as female (43.7 male overdose deaths per 100,000, compared to 16.4 female overdose deaths per 100,000).

To protect privacy and confidentiality, overdose deaths by year are not shown here by gender or sexual orientation subgroups. However, transgender, gay, lesbian, bisexual and queer people have been disproportionately affected by biases and inequities that have influenced their risk for experiencing overdoses. Due to limitations of current statewide information systems and reporting processes, overdose deaths among these populations are likely to be under-counted.

Disparities by County of Residence

In 2022, eight out of ten (83%) unintentional fatal overdoses were in urban counties⁴: Multnomah (451), Lane (168), Marion (86), Jackson (76), Clackamas (76), Washington (67), and Josephine (33). Although most overdoses in Oregon were in urban counties, rural counties are also heavily affected by the overdose crisis.

Other Risk Factors

Other risk factors for unintentional overdose death in 2022 included non-alcohol related substance use issues (69.4% of deaths), diagnosed mental illness (36.1%), and alcohol use issues (16.9%).

Individuals involved in the criminal justice system are at higher risk of overdose. People recently released from jail or prison are 10 times more likely to overdose on opioids compared to the general population.⁵ From 2020-2022, 2.6% of all overdose deaths in Oregon occurred among people who were either incarcerated or recently released from jail or prison.

Houselessness is also a risk factor: 19.9% of individuals who died from overdose in 2022 were houseless.

Conclusions

It is important to note that race, ethnicity, sex, gender, and other categorizations may not reflect the way individuals and communities identify themselves. OHA uses broad categories to group people together for data analysis. However, smaller communities within these categories may show different trends. As part of OHA's commitment to data justice, programs are working to provide information that is more reflective of diverse communities to better address community-specific needs.

There is an urgent need to dedicate attention and resources to close the harmful gaps surrounding overdoses disparities in Oregon. OHA is committed to implementing community-driven solutions centered in equity to address Oregon's overdose crisis.

For more information, please contact the OHA Injury & Violence Prevention Program at IVPP.General@odhsoha.oregon.gov.

¹ The Oregon Health Authority (OHA) draws upon information from multiple sources to collect information on overdoses in Oregon. Some datasets have up to a one-year lag between data collection and reporting as the data are processed and analyzed. This report provides data through 2022, which is the most recent data available to compare annual trends.

² On death certificates, people can be identified with multiple racial categories such as Black, American Indian or Alaska Native, Asian, Pacific Islander, White, Other, or Unknown. When someone has more than one race listed, they are usually classified as multiracial. In this analysis, only individuals identified as “Black” were considered. This means that the data and rates presented may not directly match statewide racial trends where multiple race categories are included.

³ Data on substance use disorder and overdose deaths in American Indian (AI) and Alaska Native (AN) populations is unreliable and often underrepresents the impact of impact in those communities. One reason is that AI/AN are often misclassified as another race in health data, which makes it difficult to accurately measure health outcomes. The Northwest Portland Area Indian Health Board has reported that the drug overdose mortality rate may be underreported by up to 46% in AI/AN communities ([Northwest Portland Area Indian Health Board](#)).

⁴ Urban is defined as within a metropolitan/micropolitan statistical area using 2013 US Census Bureau information. The Oregon Office of Rural Health has additional information here: <https://www.ohsu.edu/media/866>.

⁵ Fatal and nonfatal opioid overdose risk following release from prison: A retrospective cohort study using linked administrative data": <https://www.sciencedirect.com/science/article/pii/S2949875923000218>