The public health toll of the opioid epidemic is a stark reality in communities throughout the United States. In 2017, 2.1 million people had an opioid use disorder. Despite vigorously disseminated campaigns to reduce opioid prescribing as a strategy to reduce opioid risks, there were still 58 opioid prescriptions written for every 100 Americans in 2017. In that same year, 2 million people misused prescription opioids for the first time. Smaller cities or larger towns with higher percentages of white populations and more people who are unemployed or uninsured tend to have higher rates of opioid prescribing.

The opioid epidemic is lethal. On average 130 Americans, adolescents to older adults, die every day from an opioid overdose. There have been three distinct causative waves of opioid deaths: 1) commonly prescribed opioids 2) heroin 3) synthetic opioids (primarily fentanyl).

The opioid epidemic is a local reality. California is one of 23 states demonstrating a statistically significant rise in drug overdose deaths between 2016-2017, and 68% of all drug overdose deaths are related to opioids.
The California Opioid Surveillance Dashboard is a useful resource that provides state and county level data on opioid deaths and opioid prescribing: https://discovery.cdph.ca.gov/CDIC/ODdash/

In 2017, there were 2,196 opioid overdose deaths in California and 4,281 opioid overdose ED visits, without including heroin overdoses. Although prescription opioid deaths peaked in 2009 and have subsequently leveled off, they remain the most common source of overdose death. 21,787,042 opioid prescriptions were written in California in 2017.

Although nationally the white, non-Hispanic population has demonstrated the highest rates of overdose death, in California the Native American population is disproportionately at risk for opioid overdose. The most at risk age groups for opioid overdose death in California are ages 55-59 and 25-34.

Image 2. Age-adjusted opioid overdose death rates per 100k residents by race/ethnicity (2017)
Rural counties in Northern California have demonstrated a comparatively high risk for opioid overdose. Counties with high overdose rates tend not to have access to specialized narcotic treatment programs (NTP). 5,6 It is estimated that in California there are between 165,977 to 245,093 persons with an opioid use disorder without access to opioid agonist treatment.8 This reinforces the need to increase the number of opioid agonist prescribers and further integrate treatment for opioid use disorder within primary care and other community-based programs.

The Urban Institute Health Policy Center estimates that adding 3,525 opioid agonist prescribers in California could fill 31.9% of the treatment gap. County level fact sheets on opioid treatment gaps and strategies to address community need are available from the Urban Institute: [https://www.urban.org/policy-centers/health-policy-center/projects/california-county-fact-sheets-treatment-gaps-opioid-agonist-medication-assisted-therapy-oa-mat-and-estimates-how-many-additional-prescribers-are-needed](https://www.urban.org/policy-centers/health-policy-center/projects/california-county-fact-sheets-treatment-gaps-opioid-agonist-medication-assisted-therapy-oa-mat-and-estimates-how-many-additional-prescribers-are-needed)

Opioid use disorder is pervasive throughout California and the need to extend the reach of effective treatment is critical. It can be expected that healthcare trainees will encounter opioid use disorder in their clinical training and future practice settings. It is essential to heighten awareness of the treatment need and prepare the next generation of healthcare providers to effectively address the opioid epidemic.

Some resources for opioid use disorder epidemiologic data:

2) Substance Abuse and Mental Health Services Administration: [https://www.samhsa.gov/find-help/atod](https://www.samhsa.gov/find-help/atod)
3) National Institute on Drug Abuse: [https://www.drugabuse.gov/drugs-abuse/opioids](https://www.drugabuse.gov/drugs-abuse/opioids)
6) California Department of Public Health Opioid Dashboard: [https://discovery.cdph.ca.gov/CDIC/ODdash/](https://discovery.cdph.ca.gov/CDIC/ODdash/)
References