

Racial and ethnic disparities in opioid use outcomes in King County

May 2026

Public Health – Seattle & King County

About these slides

- To view the full report [click here](#) or visit www.kingcounty.gov/overdose/data
- These slides contain the same data as the report in an alternate format.

Introduction

- Reducing racial disparities in overdose and other drug related harms is central to Public Health Seattle & King County's overdose prevention strategy.
- This report describes differences across racial and ethnic groups in four key indicators:
 - Overdose
 - Opioid use disorder (OUD) diagnosis
 - Receipt of medication for opioid use disorder (MOUD)
 - Naloxone possession.

Methods

- Data are presented from:

Data source	Associated indicator(s)
King County Medical Examiner's Office	Overdose deaths
Washington State Department of Health's Rapid Health Information NetwOrk (RHINO)	Emergency department visits for opioid overdose
ProviderOne (Medicaid Claims)	Emergency department visits for opioid overdose Opioid Use Disorder diagnosis Receipt of Medications for Opioid Use Disorder
Syringe Services Program (SSP) survey	Naloxone Possession
'Get High? Get Heard.' survey	
National HIV Behavioral Surveillance (NHBS) survey	

Methods

- All data sources allow for more than one racial and ethnic group to be documented per person.
- Analyses conducted for this report included people in all documented racial and ethnic groups.
- Comparisons are made between a specified group and people that are not in that group
 - E.g. “Asian (alone or in combination with another race)” compared to “people of other racial/ethnic groups”

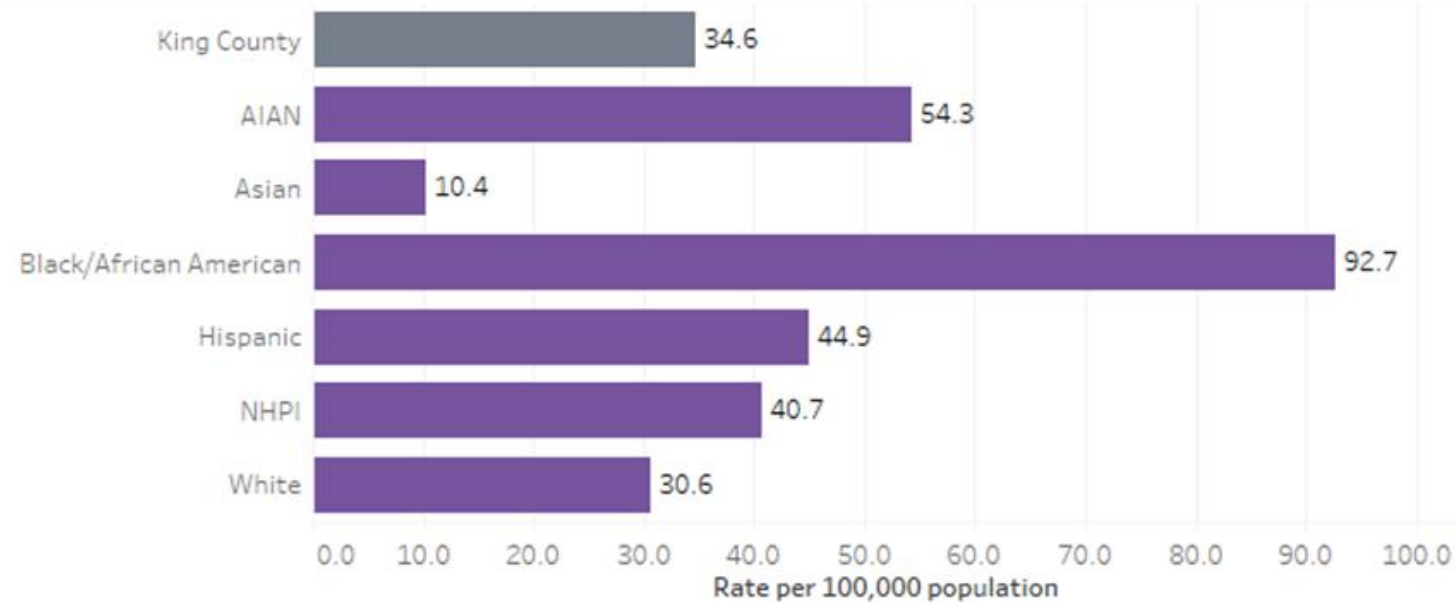
Fatal overdose

Overdose Mortality Rates

- The rate of fatal overdose in 2025 was:
 - **3.2x higher*** among Black/African American people
 - **1.4x higher*** among Hispanic people
 - **Higher** among American Indian/Alaska Native (AIAN) people
 - 1.6x higher* among multi-racial *and* single-race AIAN people
 - 6.4x higher* among single-race AIAN people
 - See next slide for more details

*compared to all other people in King County

Figure 1: Rate of fatal overdose in King County by race/ethnicity, 2025



AIAN = American Indian/Alaska Native, NHPI = Native Hawaiian/Pacific Islander; Race/ethnicity data are presented as alone or in combination with another race or ethnicity.

Data source: King County Medical Examiner's Office

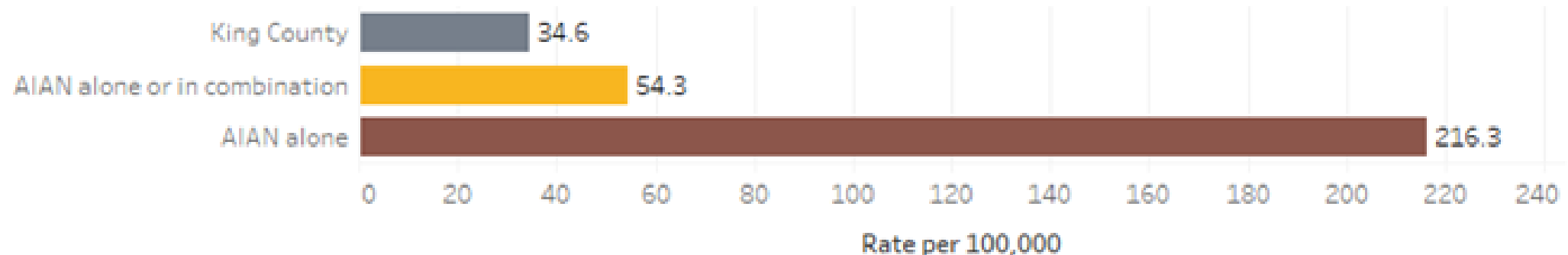
Unique challenges to measuring overdose in the AIAN population

- 1) Data systems commonly misclassify race/ethnicity of AIAN people, resulting in underestimates of morbidity and mortality.
- 2) Calculating population-based rates is challenging, because they use a combination of data sources. If data sources differ in their approaches to collecting race/ethnicity, the resulting estimates may be distorted.
 - This is particularly true for groups where multi-racial identities are common, such as the AIAN population.
 - This contributes to the wide range in rate estimates generated for “AIAN alone” vs “AIAN alone or in combination with other races/ethnicities”

Bottom line: Overdose rates are higher among AIAN people than other people in King County

- Though the magnitude of the disparity is heavily influenced by how race/ethnicity is categorized and analyzed.

Figure 2: Rate of fatal overdose among American Indian and Alaska Native alone vs. alone or in combination with another race/ethnicity, 2025

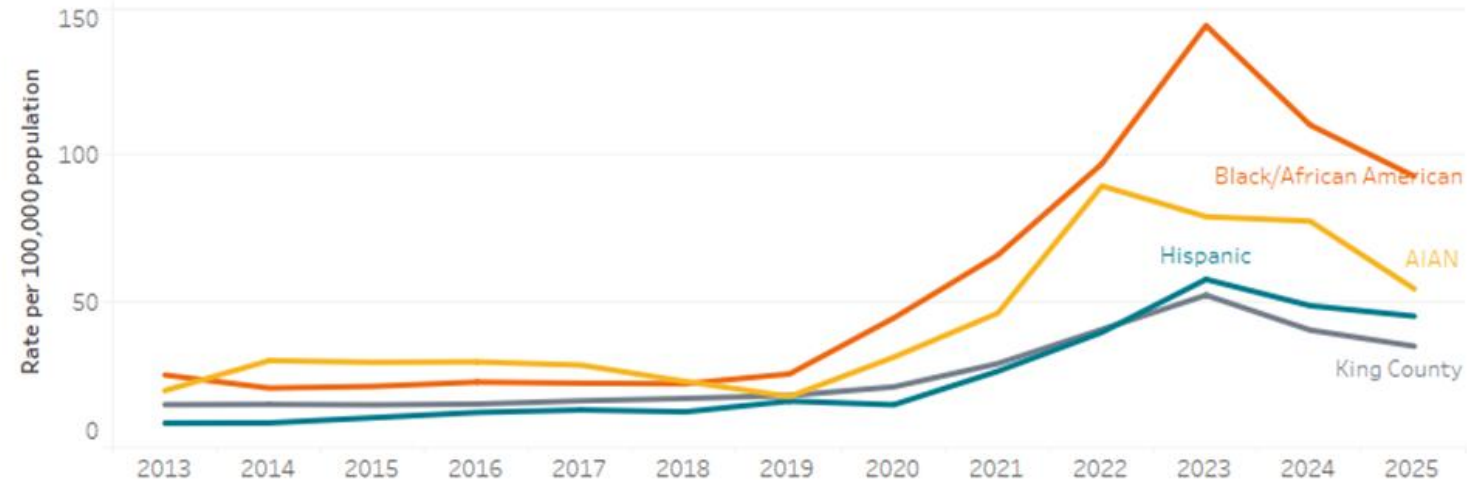


AIAN = American Indian/Alaska Native Race/ethnicity data are presented as alone or in combination with another race or ethnicity.
Data source: King County Medical Examiner's Office

Trends in Overdose Mortality Rates

- The overdose mortality rate for **Black/African American people**, compared to all other people, grew from 1.5 times to 3.2 times higher between 2019 and 2025.
- Prior to 2023, **Hispanic people** had lower overdose mortality rates relative to other people; however, since 2023, overdose mortality rates have been 1.1-1.4 times higher among Hispanic people compared to other individuals.
- Among **AIAN people**, the overdose mortality rate was higher compared to all other people in all years between 2012 and 2025, except for 2019.

Figure 3: Rate of fatal overdose per 100,000 people by race/ethnicity in King County, 2013-2025



Note: Race/ethnicity data are presented as alone or in combination with another race or ethnicity. This graph shows data for Black/African American, AIAN, and Latino or Hispanic populations, as they have a higher overdose rate compared to King County overall.

AIAN = American Indian/Alaska Native

Data source: King County Medical Examiner's Office

Overdose deaths by presumed living situation

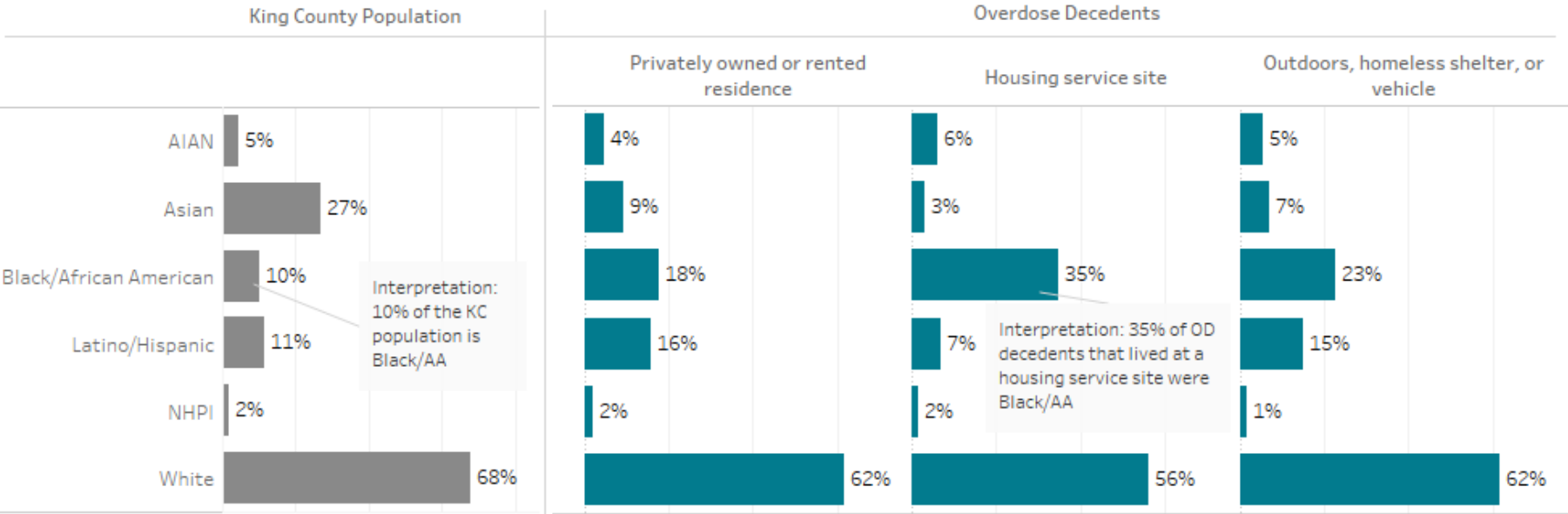
- Nearly **half of all overdose deaths** in King County occur among people who were **unhoused or unstably housed*** at time of death,
- Homelessness and housing instability disproportionately impact people of color, particularly Black/African American and AIAN people

*defined as living at a housing service site, outdoors, in a homeless shelter, vehicle, or some other temporary housing situation.

Overdose deaths by presumed living situation

- The race/ethnicity of overdose decedents varies by living situation.
- Black/African American overdose decedents are overrepresented compared to the general population across all living situations, particularly at housing service sites.

Overdose deaths by presumed living situation in King County in 2025



AIAN = American Indian/Alaska Native, NHPI = Native Hawaiian/Pacific Islander; AA = African American; KC = King County; Race/ethnicity data are presented as alone or in combination with another race or ethnicity.
Note : KCMEC Medicolegal death investigators categorize *presumed living situation* based on where the decedent was living at the time of death based on information collected from place and circumstances of death and/or testimony from witnesses or next of kin.



Overdose deaths by region & presumed living situation

- With such a large percentage of overdose deaths occurring among people who were unhoused or unstably housed, **the geographic distribution of overdose deaths is closely tied to the geographic distribution of housing service sites and encampments in King County**, which are concentrated in Seattle.
- Where do overdoses occur?
 - Across all racial/ethnic groups, 65% of fatal overdoses among people who were unhoused or living at a housing service site occurred **in Seattle**.
 - The rate of fatal overdose measured for Black/African American, AIAN, and Hispanic people who privately owned or rented housing **remained higher in Seattle than other regions of the county**.

Emergency department (ED) visits for opioid overdose

Opioid Overdose (OOD) ED Visits

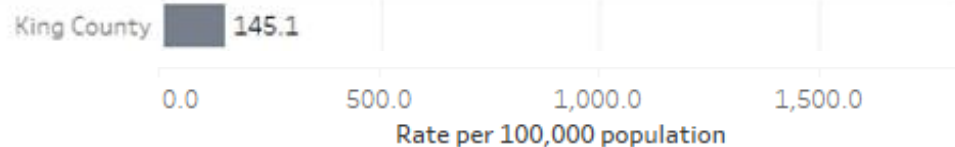
- Two data sources are used to measure opioid overdose ED visits:

WA DOH Rapid Health Information Network (RHINO)	Medicaid Claims
- Includes all non-federally funded EDs in the county - To calculate rates: - Numerator: ED visits - Denominator: population of King County	- Only includes people insured by Medicaid (~24% of the King County population) - Eligibility for Medicaid primarily depends on household income (less than 138% of the federal poverty level for adults). - To calculate rates: - Numerator: ED visits - Denominator: Medicaid population in King County

Opioid Overdose (OOD) ED Visits

- In 2024, the rate of opioid overdose ED visits among Medicaid members was more than 3 times higher than the rate measured for all of King County
 - 501.4 per 100,000 Medicaid members vs. 145.1 per 100,000 King County residents

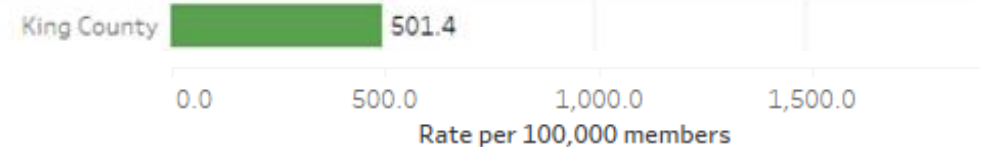
Figure 6a: Rate of opioid overdose emergency department (ED) visits at King County EDs by race/ethnicity, 2024



Data source: Washington State Department of Health, Rapid Health Information NetwOrk (RHINO)
Data presented are suspected opioid overdoses identified by querying various field in the dat source; overdoses are not confirmed.

AIAN = American Indian/Alaska Native, NHPI = Native Hawaiian/Pacific Islander; Race/ethnicity data are presented as alone or in combination with another race or ethnicity.

Figure 6b: Rate of opioid overdose emergency department (ED) visits among King County Medicaid members by race/ethnicity, 2024

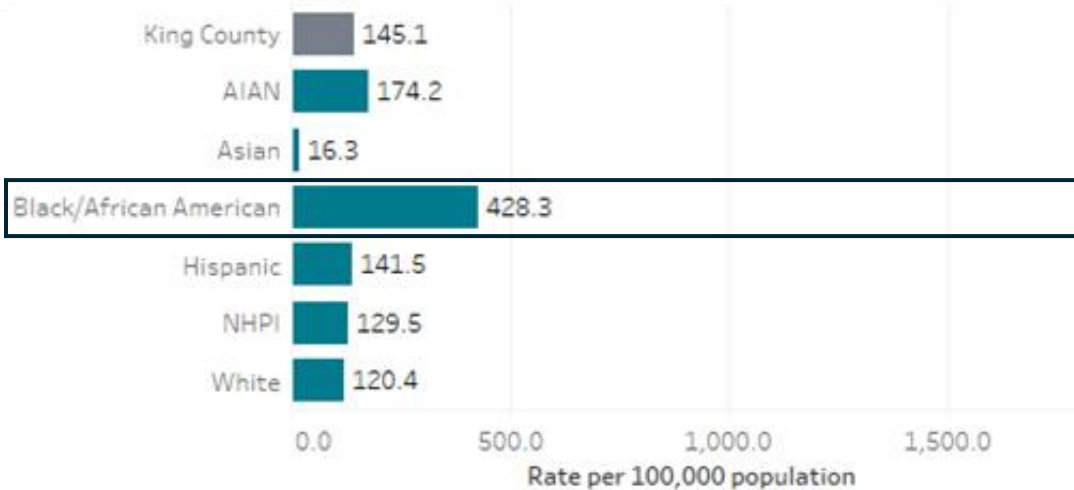


Data source: Medicaid Claims

Opioid Overdose (OOD) ED Visits

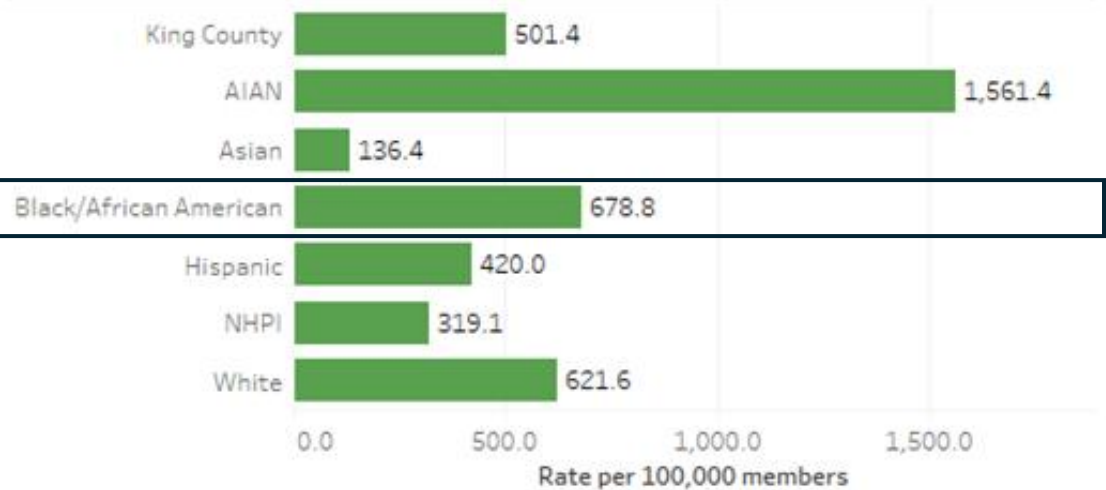
- In both data sets, the rate of OOD ED visits **was higher for Black/African American people** compared to people in all other racial and ethnic groups
 - 3.6x higher (King County EDs)
 - 1.6x higher (Medicaid members)
- This disparity has grown over time, similar to the fatal overdose data.

Figure 6a: Rate of opioid overdose emergency department (ED) visits at King County EDs by race/ethnicity, 2024



Data source: Washington State Department of Health, Rapid Health Information NetwOrk (RHINO)
Data presented are suspected opioid overdoses identified by querying various fields in the data source; overdoses are not confirmed.

Figure 6b: Rate of opioid overdose emergency department (ED) visits among King County Medicaid members by race/ethnicity, 2024



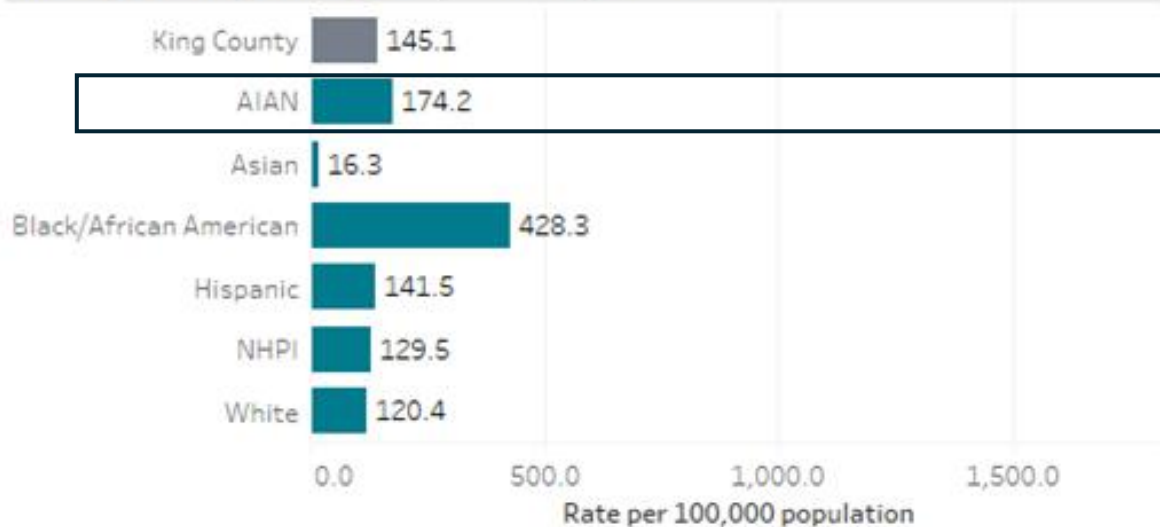
Data source: Medicaid Claims

AIAN = American Indian/Alaska Native, NHPI = Native Hawaiian/Pacific Islander; Race/ethnicity data are presented as alone or in combination with another race or ethnicity.

Opioid Overdose (OOD) ED Visits

- The rate of OOD ED visits **was higher among AIAN people** compared to people in all other racial and ethnic groups:
 - 1.2x (AIAN alone or in combination) - 5.8x (AIAN alone) higher (King County EDs) depending on how race was categorized
 - 2.6x higher (Medicaid members)

Figure 6a: Rate of opioid overdose emergency department (ED) visits at King County EDs by race/ethnicity, 2024



Data source: Washington State Department of Health, Rapid Health Information NetwOrk (RHINO)
Data presented are suspected opioid overdoses identified by querying various fields in the data source; overdoses are not confirmed.

Figure 6b: Rate of opioid overdose emergency department (ED) visits among King County Medicaid members by race/ethnicity, 2024



Data source: Medicaid Claims

Opioid Use Disorder (OUD)

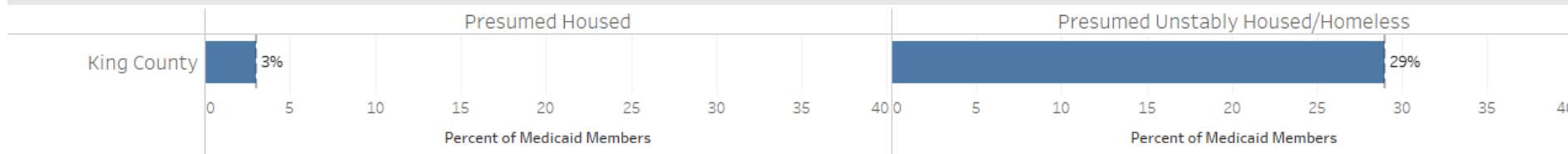
Challenges with measuring prevalence of OUD

- The ‘true’ prevalence of OUD is difficult to measure. Instead, documentation of a ***diagnosis*** of OUD indicated during healthcare encounters is used.
- This may underrepresent people who:
 - Have **limited access to or use** of healthcare services
 - Are less likely to **disclose** their substance use
- It’s also influenced by stigma, provider-level factors and biases (e.g. screening practices), healthcare seeking behavior, and more.

Opioid use disorder (OUD) diagnosis among Medicaid members

- In 2024, 5% of King County Medicaid members were diagnosed with OUD. When stratified by presumed living situation:
 - 3% of Medicaid members who were presumed to be housed had an OUD diagnosis
 - 29% of Medicaid members with evidence of unstable housing had an OUD diagnosis

Figure 7: Medicaid Members with an Opioid Use Disorder (OUD) diagnosis by presumed living situation and race/ethnicity, 2024



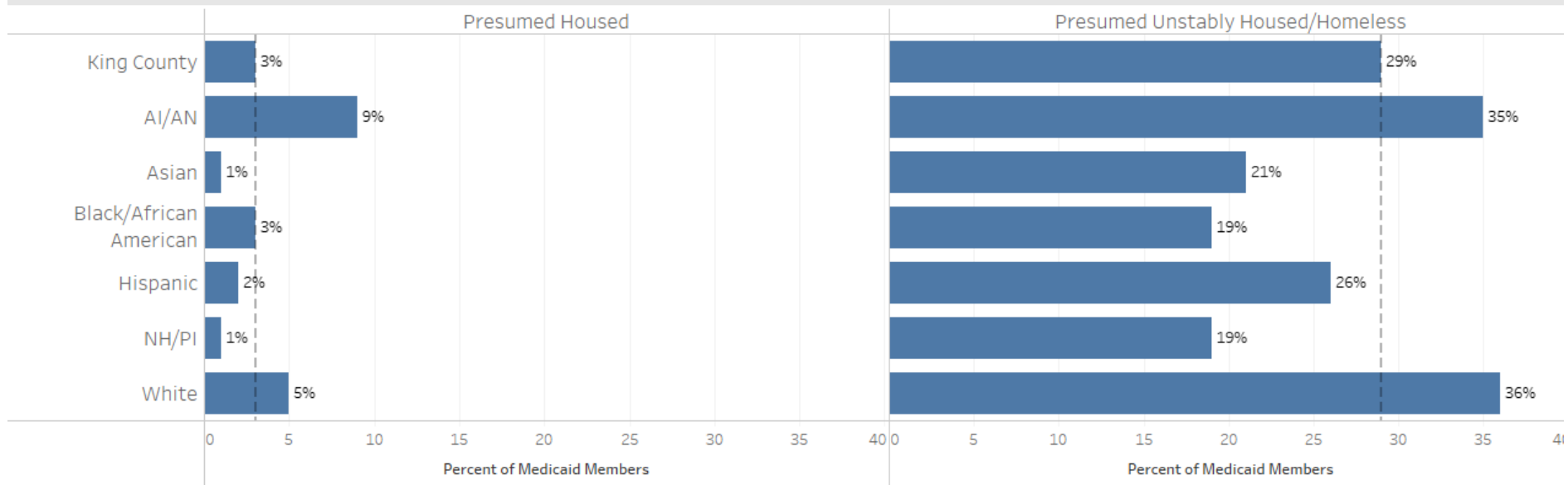
Data source: Medicaid Claims

AIAN = American Indian/Alaska Native. NHPI = Native Hawaiian/Pacific Islander; Race/ethnicity data are presented as alone or in combination with another race or ethnicity.

Opioid use disorder (OUD) diagnosis among Medicaid members

- Racial differences in the prevalence of diagnosed OUD **were more pronounced among Medicaid members with unstable housing.**
 - A higher prevalence of diagnosed OUD was documented for AIAN and White Medicaid members than all other members.

Figure 7: Medicaid Members with an Opioid Use Disorder (OUD) diagnosis by presumed living situation and race/ethnicity, 2024



Data source: Medicaid Claims

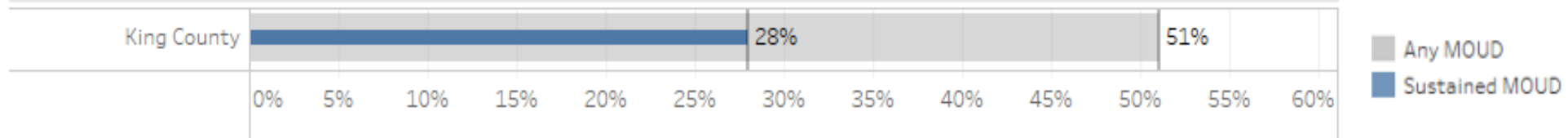
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Medications for Opioid Use Disorder (MOUD)

MOUD Receipt among Medicaid members with OUD diagnosis

- Among Medicaid members with OUD, receipt of MOUD prescriptions (i.e. buprenorphine, methadone, injectable naltrexone) was measured quarterly.
- Among OUD-diagnosed members in the 4th quarter of 2024:
 - 51% received at least one day of MOUD,
 - 28% received MOUD on a sustained* basis (defined as 61 or more days of MOUD in the 90-day quarter).

Figure 8: Medicaid members with an OUD diagnosis who received Medications for Opioid Use Disorder (MOUD), Q4 2024



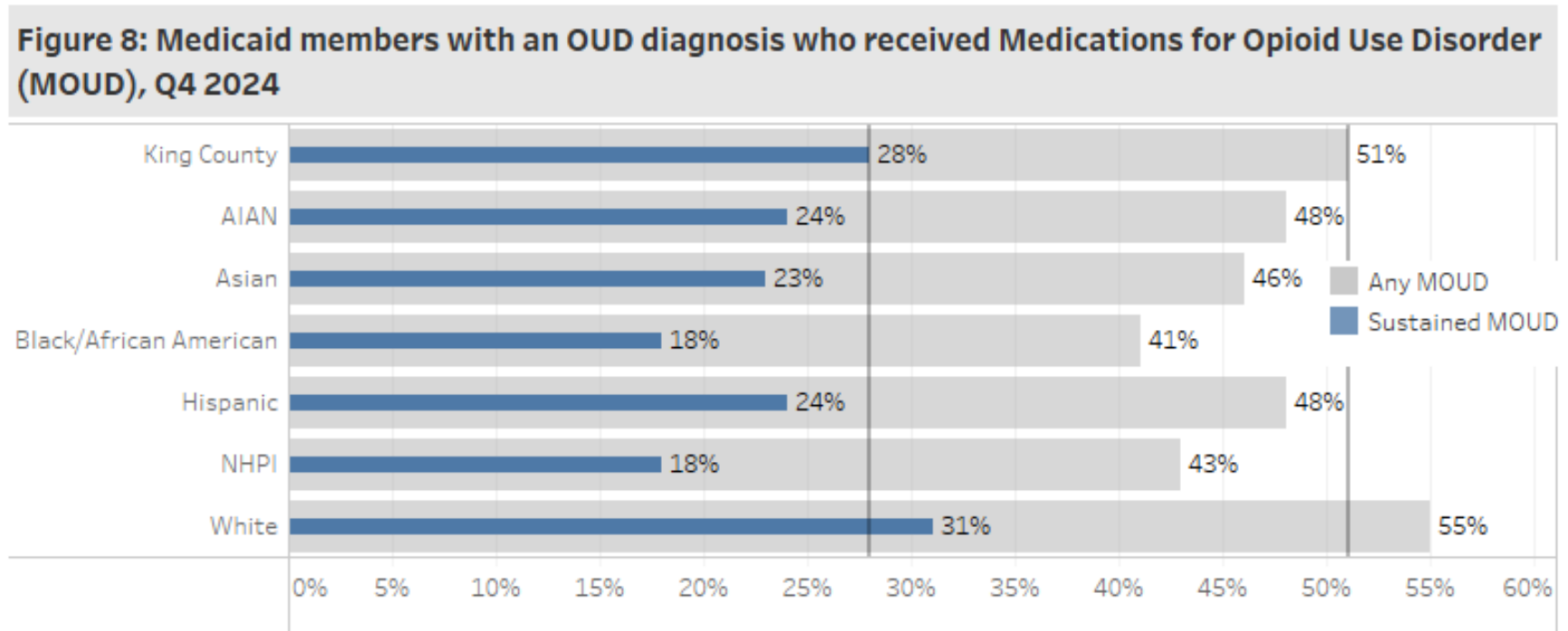
Any MOUD = received MOUD prescriptions that covered 1+ days in a 90-day quarter; Sustained MOUD = received MOUD prescriptions that covered more than 60 days in a 90-day quarter

Note: Percentages represent quarter 4 2024 data. These data include members who had 1 or more days covered by MOUD prescriptions.

AIAN = American Indian/Alaska Native, NHPI = Native Hawaiian/Pacific Islander; Race/ethnicity data are presented as alone or in combination with another race or ethnicity.

MOUD Receipt among Medicaid members with OUD diagnosis

- Receipt of MOUD was highest among White Medicaid members and lowest amongst Black/African American and NHPI Medicaid members.
- Overall, AIAN, Asian, Black/African American, Hispanic, and NHPI members with OUD diagnoses were all less likely to receive MOUD and they were less likely to sustain use.



Any MOUD = received MOUD prescriptions that covered 1+ days in a 90-day quarter; Sustained MOUD = received MOUD prescriptions that covered more than 60 days in a 90-day quarter

Note: Percentages represent quarter 4 2024 data. These data include members who had 1 or more days covered by MOUD prescriptions.

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Naloxone Possession

Naloxone possession

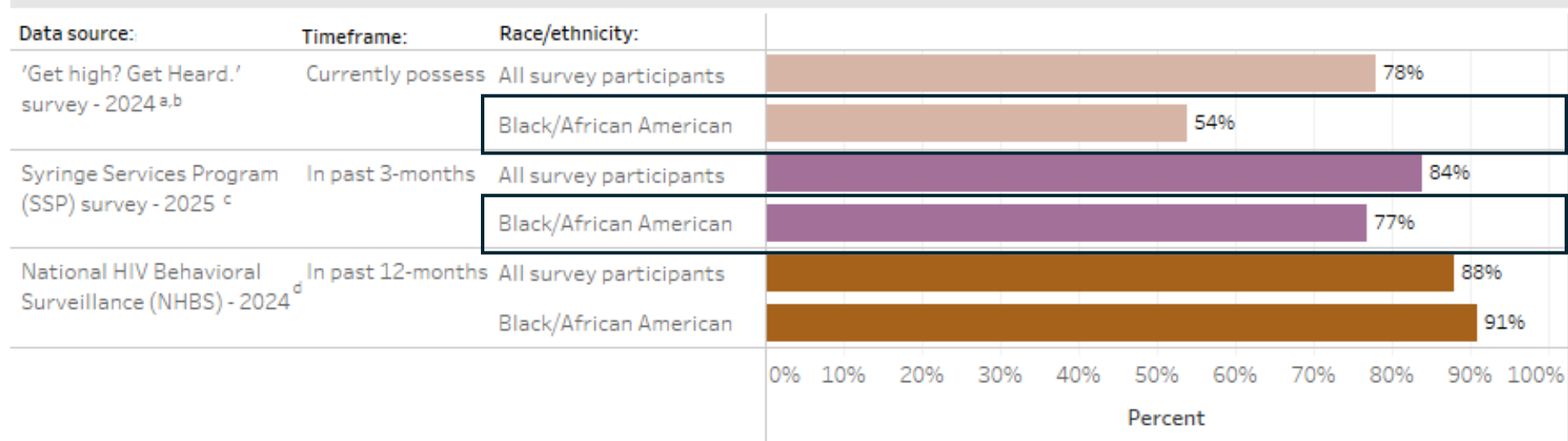
- Three King County surveys measure possession of naloxone, a life-saving medication that reverses opioid overdose:

	'Get High? Get Heard' Survey	Syringe Services Program Survey	National HIV Behavioral Surveillance
Sample population	Seattle-area people ages 16-35 ; History of opioid or stimulant use	Syringe services program (SSP) clients who used opioids in past 3 months	People who inject drugs who used opioids in the past 12 months
Mode of Recruitment	Print and online advertisements	SSP locations in King County (primarily downtown)	Respondent Driven Sampling
Assessed whether naloxone was possessed...	Currently	In past 3 months	In past 12 months

Naloxone Possession Survey Findings

- Majority of respondents reported recent naloxone possession
- Naloxone possession was **lower among Black/African American** people who use opioids in 2 surveys

Figure 9: Naloxone possession



AIAN = American Indian/Alaska Native, NHPI = Native Hawaiian/Pacific Islander, AA = African American; Race/ethnicity data are presented as alone or in combination with another race or ethnicity.

^aData are suppressed when numbers are less than 10 to protect confidentiality.

^b Among survey participants who used fentanyl, heroin, or prescription opioids in the past 12 months

^c Although data collection spanned Nov 2023 through Feb. 2025, most (83%) surveys were completed 2024

^d Among survey participants who used opioids in the past 3 months

^e Among survey participants who used opioids in the past 12 months..

Implications of findings

Key Takeaways

- Despite recent declines in overdose rates in King County, **racial and ethnic disparities persist in key opioid-related outcomes.**
- **Black/African American** people experience a rate of opioid overdose **approximately 3 times higher** than people of all other racial/ethnic groups and are **significantly less likely to receive MOUD and possess naloxone.**
- The overdose rates measured for **American Indian/Alaska Native** people **are higher than that of other groups**, though the magnitude of the disparity is heavily influenced by how race/ethnicity is categorized and analyzed.

Key Takeaways (cont.)

- The percentage of King County Medicaid members diagnosed with OUD varies by race/ethnicity and housing status.
- Among Medicaid members diagnosed with opioid use disorder, **MOUD receipt was lower among all people of color**, particularly Black/African American and Native Hawaiian and Pacific Islander members.
- Most survey participants who use opioids reported recent possession of naloxone. **Black/African American respondents were less likely to possess naloxone.**

Implications of findings

- Strategies to **increase access to harm reduction and treatment services** for communities disproportionately impacted by overdose and other opioid-related outcomes are **urgently needed**.
- PHSKC and community partners are working together to expand the implementation of overdose prevention programs that reach disproportionately affected populations, including:
 - Black and African American people
 - American Indian and Alaska Native people
 - People with a history of unstable housing

Implications of findings (cont.)

This work also highlights the **need for:**

- **A better understanding of the barriers to care and services** for disproportionately impacted groups.
- **Multilevel strategies** that address
 - (i) the social drivers of health
 - (ii) structural racism in healthcare and human service systems
 - (iii) systemic barriers to treatment and harm reduction services
 - (iv) substance use-related stigma and bias.

Data in context

- The disproportionate impact of the opioid epidemic on communities of color – particularly Black/African American people and American Indian and Alaska Native (AIAN) people – is the result of targeted historical and ongoing structural racism which has defined drug policy and public policy generally, influenced social drivers of health (e.g. access to healthcare, housing, employment), and shaped economic investment in the United States.
- In the 1970s, governmental policies in the United States (declared the ‘war on drugs’) intensified the approach of addressing illicit drug use through punitive tactics overwhelmingly targeting Black and African American communities and other communities of color, including unequal enforcement of drug laws, mass incarceration, and family separation. Communities of color across the country – including in King County – continue to suffer the far-reaching consequences of these past and present racist laws and enforcement. Colonization and other forms of erasure and marginalization have impacted AIAN communities in a myriad of ways that have direct implications on this group’s health outcomes, in addition to the policies mentioned above. The historical and present context that has led to disparities in overdose and opioid-use outcomes can be understood in more detail through the citations listed below.

Friedman, J., Beletsky, L., Jordan, A. Surging Racial Disparities in the US Overdose Crisis. *Am J Psychiatry*. 2022;179(2):166-169

Bailey ZD., Feldman JM., Bassett MT. How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities. *N Engl J Med* 2021;384(8):768–73.

Cohen, A., Vakharia, SP, Netherland, J., Frederique, K., How the war on drugs impacts social determinants of health beyond the criminal legal system. *Ann Med*. 2022;54(1):2024-20238

Cunningham, M. (2009). Health. United Nations, State of the world’s Indigenous peoples (pp. 155–187). Retrieved from https://www.un.org/esa/socdev/unpfii/documents/SOWIP/en/SOWIP_web.pdf

Alexander, Michelle. (2020) *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. The New Press.

Data limitations

- There are limitations to the representativeness of the data presented.
 - Overdose data are limited to those that are fatal or treated in an ED; an unknown number of non-fatal overdoses are not treated in the ED and thus are not included here.
 - Medicaid data are limited to people in King County insured by Medicaid.
 - People who have private insurance, Medicare, utilize the Indian Health Service (and aren't Medicaid insured) or who are uninsured are not represented.
 - Survey data are not representative of all people that use opioids in King County

Public data dashboards: www.kingcounty.gov/overdose/data

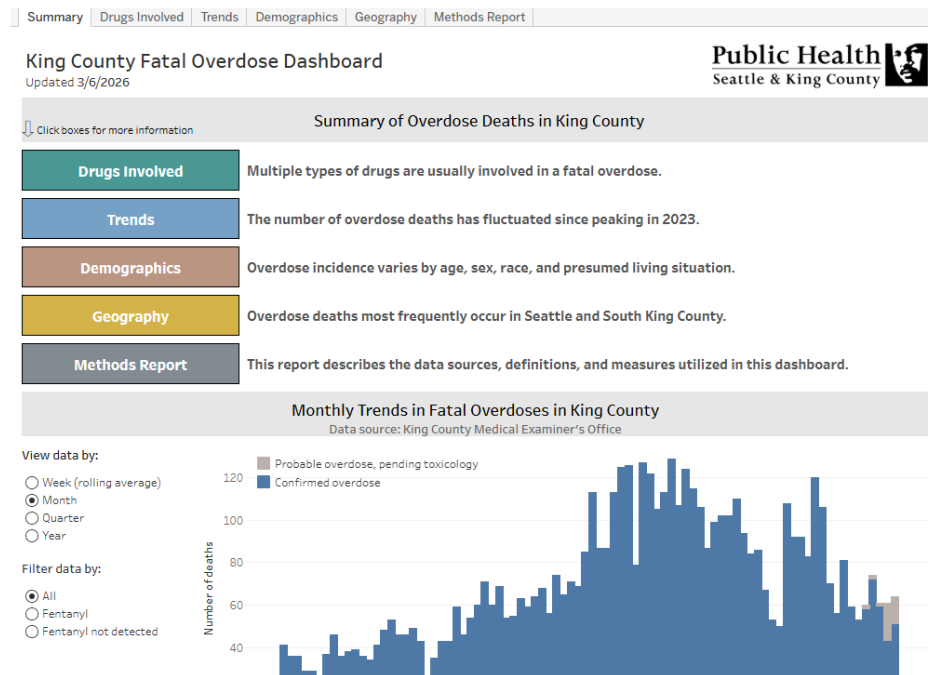
- Dashboards include data on fatal overdose, opioid overdose treated by Emergency Medical Services and EDs, and Receipt of MOUD

Overdose deaths in King County

[Watch this tutorial to learn how to use the dashboards](#)

This dashboard presents close to real-time information about fatal overdose, including the type of drugs involved, trends over time, demographics, and geography.

- [Methods Report: Documentation and Analysis of Fatal Overdose Data](#) (295 KB)



Receipt of medications for opioid use disorder

This dashboard presents information regarding King County Medicaid beneficiaries' receipt of medications for opioid use disorder (MOUD).

- [Methods Report: Analysis of Medicaid Claims Data to Assess Diagnosis of Opioid Use Disorder and Receipt of Medications for Opioid Use Disorder](#) (162 KB)

