Introductions

Amy Dura, Transitional Age Youth Co-occurring Program Manager

Linda Barker, Medication Assisted Treatment/ Prescription Drug Opioid Addiction Project Director

Michael McDonell, PhD Professor, Clinical Psychologist

Disclaimer: The content in this presentation is based on WSU's contingency management training content, slides and manual.
Contingency management (CM) overview

- What & Why of CM?
- Washington Sites
- Training Elements
- Cultural Factors
- Question & Answers
What is contingency management (CM)?

Contingency Management (CM) is an evidence-based behavioral intervention for stimulant use disorder. It provides incentives to individuals contingent upon objective evidence of the target behavior, such as a negative urine drug test, in order to increase the likelihood of these behaviors, which are essential components and outcomes of effective treatment.

Basics of CM For Stimulants

- Stimulant Negative Urine Drug Test
- Increased Abstinence
- Tangible Rewards
More on CM

- Washington State: Voucher-based CM model used to reward stimulant abstinence.
  - Eligibility: Adults diagnosed with a stimulant use disorder
  - Duration: CM lasts for 12 weeks
  - Frequency: Rewards happen 2 times a week
  - Total rewards available: $530, though most will earn half, average cost per patient is $265
Why use CM?

- No FDA-approved pharmaceutical medications for stimulant use disorders.
- CM strongest evidence-based intervention for methamphetamine use.
- Moderate evidence for CBT as a treatment for stimulant use disorders.
- More than 60 clinical trials demonstrating that CM is an effective intervention for co-occurring stimulant use among patients receiving medications for OUD.\(^2\)
- Meta-analysis of behavioral interventions for stimulant use disorder showed CM as the most effective approach.\(^1,3\)
- Multiple studies have found that CM is cost effective.\(^8\)
- Effects of CM can last at least 1 year after completing CM program.\(^4\)
- CM programs focused on stimulant use, also positively impact other health outcomes (e.g., other drug use, psychiatric hospitalizations).\(^6,7\)
Why use CM?

### Increased Overdose Death Rates During COVID-19
12-months Ending June 2020 Compared to 12-months Ending June 2019

<table>
<thead>
<tr>
<th></th>
<th>ALL DRUGS</th>
<th>HEROIN</th>
<th>NAT &amp; SEMI-SYNTHETIC</th>
<th>METHADONE</th>
<th>SYNTHETIC OPIOIDS</th>
<th>COCAINE</th>
<th>OTHER PSYCHO-STIMULANTS (mainly meth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June-19</td>
<td>68,711</td>
<td>14,856</td>
<td>12,148</td>
<td>2,863</td>
<td>33,164</td>
<td>14,894</td>
<td>14,583</td>
</tr>
<tr>
<td>June-20</td>
<td>83,335</td>
<td>14,480</td>
<td>12,966</td>
<td>3,195</td>
<td>48,006</td>
<td>19,215</td>
<td>20,318</td>
</tr>
<tr>
<td>% Change</td>
<td>21.3%</td>
<td>-2.5%</td>
<td>6.7%</td>
<td>11.6%</td>
<td>44.8%</td>
<td>29.0%</td>
<td>39.3%</td>
</tr>
</tbody>
</table>

*Predicted Number of Deaths
In 2020, national interest grew in reaction to the methamphetamine epidemic and federal policy changes.

Statewide implementations:
- Montana piloting CM in 15 sites, submitted a Medicaid waiver that includes CM for stimulants.
- California has provided $58 million to fund a large-scale CM implementation, Medicaid Waiver approved (200 or more clinics).
- HCA/DBHR providing funding for implementation of CM across 25 sites.

WSU leads the country in CM research and training:
- John Roll, Ph.D. - developer of CM, world expert on CM for methamphetamine.
- Michael McDonell, Ph.D. - CM researcher, leading training efforts across the country.
- Five other faculty are leading CM studies and trainings throughout the world.
CM project sites

Project #1 State Hub & Spokes (5 sites): The State Hub & Spoke project completed their CM trainings in September 2021, and they are currently working with WSU staff to implement their programs and engage in the coaching calls.

Project #2 State Opioid Response (SOR) Projects (20 sites): The SOR projects for the CM training include the SOR Hub & Spoke (6 sites) and the Opioid Treatment Networks (14 sites). The SOR sites completed their CM training in February 2022.
WSU CM training

**Introduction to CM**
WSU Trainers provide a 1.5-hour training session focus on the overview and introduction of CM, including the research evidence.

**Nuts and Bolts**
Trainers provide a four-hour, in-depth CM training seminar. This training will provide sites with the tools needed to implement a CM program adapted to the needs of their setting. This training includes information about the essential elements of CM, urine drug testing in CM, tracking rewards, and navigating regulatory guidance. Sites will also be provided with a tracking tool that allows them to carefully document urine test results and deliver correct reward amounts.

**Coaching Calls**
In addition to the above stated trainings, follow-up coaching calls occur for each site, as well as fidelity monitoring.
Safe Harbor requirements

- Do not advertise use of rewards
- Document need for CM in treatment plan
- Use a research-based CM program

Rewards should **not** exceed $599 annually

Regularly evaluate the impact of CM on client outcomes
- Do quality improvement to document CM effectiveness

Carefully document that rewards are linked to client outcomes.
- Must closely document each UDT result and the corresponding reward that was given for that UDT negative test.

Avoid tying CM with another Medicaid/Medicare billable encounter
Cultural factors

CM tested in the US, Brazil, China, and other countries throughout the world.

No association between race/ethnicity and outcomes.

The WSU team adapted, tested and found CM to be effective in partnership with four American Indian and Native communities (Hirchak et al, 2021, McDonell, 2020 a,b)

- Reductions in alcohol, stimulant, and cannabis use
- Modifications included family-focused incentives and transportation
Participant feedback

“When I’m at home and see them [prizes] I think ‘hey I got this for staying sober.’ ”

“Something to do besides thinking about everything wrong with the world, and being negative... it gave me a little peace of mind”

“I don’t care about the prizes, seeing myself getting clean, it helped me”

“I still wanted to be clean, even though I knew it wouldn’t be held against me and it wouldn’t be shared. I was conscious of that.”

“It gave me something to look forward to, a schedule.”


McDonell MG, Skalisky J, Burduli E, et al. The rewarding recovery study: a randomized controlled trial of incentives for alcohol and drug abstinence with a rural American Indian community. Addict Abingdon Engl. Published online November 21, 2020. doi:10.1111/add.15349


Questions?
Contact information

Amy Dura: amy.dura@hca.wa.gov
Lora Weed: lora.weed@hca.wa.gov
Linda Barker: linda.barker@hca.wa.gov
Michael McDonell: mmcdonell@wsu.edu
Updates to Overdoses in WA State

Recent updates with preliminary 2021 data
Data as of 7March2022

WA DOH – IVP/S&E
Drug overdose deaths

• The overdose death data are from Washington DOH Death Certificates.
• The definition of drug overdose is based on ICD-10.
• **any_drug** is defined by the following ICD-10 codes as underlying causes of death:
  • X40-X44: Accidental poisonings by drugs
  • X60-X64: Intentional self-poisoning by drugs
  • X85: Assault by drug poisoning
  • Y10-Y14: Drug poisoning of undetermined intent
• Once a case is a drug overdose as defined above, specific drugs can be defined from the multiple causes of death, allowing multiple choices in case of polysubstance.

Washington State Department of Health
Fatal drug OD continued to increase in 2019 in both WA and nationally.

WA’s overall drug OD rate, and rate of OD involving an opioid continue to remain lower than the national rates since 2015.

Source: WA DOH death certificates
CDC Wonder

Washington State Department of Health
Fatal drug OD involving heroin have remained relatively steady over the past 5 years, after rising between 2010 and 2014 in both WA and nationally.

Nationally OD deaths involving synthetic opioids (like fentanyl, fentanyl analogs, tramadol, etc) increased sharply starting in 2013-2014, while in WA’s this rate of started increasing in 2016 and continues a sharp increase.

Source: WA DOH death certificates
CDC Wonder

Washington State Department of Health
Fatal drug OD involving cocaine have remained low and relatively stable over the past many years in WA, while nationally this rate has been increasing over the past 5 years.
In WA, OD deaths involving psychostimulants (like meth) has increased starting in 2011-2012, and this trend is seen nationally as well (just as a lower level).
## Confirmed WA State Overdose Deaths

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>2021*</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Drug</td>
<td>2016</td>
<td>1731</td>
<td>1259</td>
<td>1181</td>
<td>1163</td>
</tr>
<tr>
<td>Any Opioid</td>
<td>1436</td>
<td>1194</td>
<td>827</td>
<td>744</td>
<td>739</td>
</tr>
<tr>
<td>Heroin</td>
<td>313</td>
<td>384</td>
<td>347</td>
<td>329</td>
<td>306</td>
</tr>
<tr>
<td>Synthetic opioids</td>
<td>1078</td>
<td>672</td>
<td>337</td>
<td>224</td>
<td>142</td>
</tr>
<tr>
<td>Rx opioid (not fentanyl)</td>
<td>336</td>
<td>328</td>
<td>267</td>
<td>305</td>
<td>342</td>
</tr>
<tr>
<td>Psychostimulants</td>
<td>1021</td>
<td>728</td>
<td>540</td>
<td>473</td>
<td>390</td>
</tr>
<tr>
<td>Cocaine</td>
<td>201</td>
<td>187</td>
<td>132</td>
<td>129</td>
<td>111</td>
</tr>
</tbody>
</table>

*2021 data are preliminary and will change.  
Data is as of 7 March 2022.  
Source: WA DOH death certificates
Number of overdose deaths by month and 3-month average

*2021 data are preliminary and will change.

Data is as of 7 March 2022.

Source: WA DOH death certificates
Annual cumulative overall drug overdose deaths by month (2018-2021*)

Drug OD deaths in all of 2020 is **37 percent** higher than in 2019, 1731 vs 1259 respectively.

In the 1st 9 months of 2021, the number of OD deaths are **28% higher** than OD deaths in the 1st 9 months of 2020. 1651 vs 1290 respectively.

*2021 data are preliminary and will change.
Data run: 7March2022
Number of overdose deaths by quarter

* 2021 data are preliminary and will change.

Data is as of 7 March 2022.
Source: WA DOH death certificates
Number of overdose deaths involving a synthetic opioid by month and 3-month average

* 2021 data are preliminary and will change.

Data is as of 7 March 2022.
Source: WA DOH death certificates
Annual cumulative drug overdose deaths involving non-methadone synthetic opioids by month (2018-2021*)

Drug OD deaths involving synthetic opioids in all of 2020 is nearly twice the number in 2019. 672 vs 337 respectively.

In the 1st 9 months of 2021, the number of OD deaths are 74% higher than OD deaths in the 1st 9 months of 2020. 861 vs 496 respectively.

Source: WA DOH death certificates
Number of overdose deaths involving non-methadone synthetic opioids by quarter

*2021 data are preliminary and will change.

Data is as of 7 March 2022.
Source: WA DOH death certificates
Drug OD deaths involving cocaine in all of 2020 is nearly 42 percent higher than 2019. 187 vs 132 respectively.

The 2021 numbers appear to remain similar to the 2020 numbers.

- 2021 data are preliminary and will change.
- Data run: 7 March 2022
Number of overdose deaths involving cocaine by quarter

Data is as of 7 March 2022.
Source: WA DOH death certificates

*2021 data are preliminary and will change.
Number of overdose deaths involving a psychostimulant by month and 3-month average

Data is as of 7 March 2022.
Source: WA DOH death certificates

* 2021 data are preliminary and will change.
Annual cumulative drug overdose deaths involving psychostimulants by month (2018-2021*)

Washington Residents

Drug OD deaths involving psychostimulants in all of 2020 is **35 percent higher** than in 2019. 728 vs 540 respectively.

In the 1st 9 months of 2021, the number of OD deaths are **56% higher** than OD deaths in the 1st 9 months of 2020. 837 vs 538 respectively.

- 2021 data are preliminary and will change.
- Data run: 7March2022

Source: DOH death certificates
Number of overdose deaths involving a psychostimulant by quarter

Data is as of 7 March 2022.
Source: WA DOH death certificates

*2021 data are preliminary and will change.
Number of overdose deaths involving a Rx opioid by month and 3-month average

Data is as of 7 March 2022.
Source: WA DOH death certificates

* 2021 data are preliminary and will change.
Annual cumulative drug overdose deaths involving Rx opioids by month (2018-2021*)

- After several years of declining OD deaths involving rx opioids, drug OD deaths involving rx opioids in all 2020 is about 23 percent higher than 2019. 328 vs 267 respectively.
- So far, the 2021 data appears to show a continued increase in the number of rx opioid OD deaths.

Washington Residents

- 2021 data are preliminary and will change.
- Data run: 7March2022

Source: WA DOH death certificates

Washington State Department of Health
Number of overdose deaths involving a Rx opioid by quarter

Data is as of 7 March 2022.
Source: WA DOH death certificates

* 2021 data are preliminary and will change.
Overall drug overdose death counts by county compare 2020 and 2021*

Source: WA DOH death certificates

Data as of 7 March 2022

Preliminary 2021 data, numbers will change.
Drug overdose death involving synthetic opioids counts by county compare 2020 and 2021*

Source: WA DOH death certificates

Data as of 7 March 2022

Preliminary 2021 data, numbers will change.
Drug overdose death involving psychostimulants counts by county compare 2020 and 2021*

Source: WA DOH death certificates

Preliminary 2021 data, numbers will change.
Data as of 7March2022
Overall drug overdose deaths by sex

Compare 2019, 2020 and 2021*

Source: DOH death certificates.

* 2021 data are preliminary and will change.
* Data as of 7 March 2022
Overall drug overdose deaths by age

Compare 2019, 2020 and 2021*

Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 7 March 2022
Drug overdose deaths involving synthetic opioids by sex

Compare 2019, 2020 and 2021*

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>102</td>
<td>235</td>
</tr>
<tr>
<td>2020</td>
<td>188</td>
<td>484</td>
</tr>
<tr>
<td>2021*</td>
<td>314</td>
<td>764</td>
</tr>
</tbody>
</table>

Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 7 March 2022
Drug overdose deaths involving synthetic opioids by age

Compare 2019, 2020 and 2021*

Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 7 March 2022
Drug overdose deaths involving psychostimulants by sex

**Compare 2019, 2020 and 2021***

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
<th>WA residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>166</td>
<td></td>
<td>302</td>
</tr>
<tr>
<td>2020</td>
<td>214</td>
<td></td>
<td>417</td>
</tr>
<tr>
<td>2021*</td>
<td>269</td>
<td></td>
<td>514</td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td>374</td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
<td>514</td>
</tr>
<tr>
<td>2021*</td>
<td></td>
<td></td>
<td>752</td>
</tr>
</tbody>
</table>

Source: DOH death certificates.

* 2021 data are preliminary and will change.

Data as of 7 March 2022
Drug overdose deaths involving psychostimulants by age

Compare 2019, 2020 and 2021*

Source: DOH death certificates.

Data as of 7 March 2022

* 2021 data are preliminary and will change.
Drug overdose deaths disproportionally affect American Indian and Alaskan Native populations

This is to put the previous slide in some context. While the number of overdose deaths among AIAN are low, the rate is very high.

NH:  Non-Hispanic  
AIAN: American Indian/Alaskan Native

NHPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial
Overall drug overdose deaths by race/ethnicity

Compare 2019, 2020 and 2021*

WA residents

<table>
<thead>
<tr>
<th>Year</th>
<th>AIAN-NH</th>
<th>Black-NH</th>
<th>Hispanic</th>
<th>White-NH</th>
<th>Asian-NH</th>
<th>All others</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>39</td>
<td>72</td>
<td>92</td>
<td>943</td>
<td>30</td>
<td>83</td>
</tr>
<tr>
<td>2020</td>
<td>70</td>
<td>123</td>
<td>157</td>
<td>1250</td>
<td>32</td>
<td>99</td>
</tr>
<tr>
<td>2021*</td>
<td>93</td>
<td>179</td>
<td>186</td>
<td>1393</td>
<td>39</td>
<td>126</td>
</tr>
</tbody>
</table>

Source: DOH death certificates.
NH: Non-Hispanic
AIAN: American Indian/Alaskan Native
All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

* 2021 data are preliminary and will change. Data as of 7 March 2022
Drug overdose deaths involving synthetic opioids by race/ethnicity

Compare 2019, 2020 and 2021*

WA residents

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2019</th>
<th>2020</th>
<th>2021*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIAN-NH</td>
<td>10</td>
<td>24</td>
<td>58</td>
</tr>
<tr>
<td>Black-NH</td>
<td>21</td>
<td>50</td>
<td>110</td>
</tr>
<tr>
<td>Hispanic</td>
<td>40</td>
<td>90</td>
<td>121</td>
</tr>
<tr>
<td>White-NH</td>
<td>224</td>
<td>452</td>
<td>686</td>
</tr>
<tr>
<td>AIAN: American Indian/Alaskan Native</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NH: Non-Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All others: Native Hawaiian and other Pacific Islanders, Multi-racial and Other (NOS)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 2021 data are preliminary and will change. Data as of 7 March 2022.

Source: DOH death certificates.
Drug overdose deaths involving psychostimulants by race/ethnicity

Compare 2019, 2020 and 2021*

Source: DOH death certificates.

NH: Non-Hispanic
AIAN: American Indian/Alaskan Native
All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

* 2021 data are preliminary and will change. Data as of 7 March 2022.
Polysubstance use (2020)

The majority of the drug overdose deaths included more than one drug.
Number of overdose hospitalizations by year and drug type

Number of drug overdose hospital discharges by year

- **Any Drug**
- **Any opioid**
- **Stimulant**

Source: DOH Comprehensive Hospital Abstract Reporting System (CHARS)
Number of overdose hospitalizations by year and drug type

Number of drug overdose hospital discharges by year

- Any opioid
- Non-heroin opioid
- Heroin

Source: DOH Comprehensive Hospital Abstract Reporting System (CHARS)
Number of overdose hospitalizations by year and drug type

Number of drug overdose hospital discharges by year

Source: DOH Comprehensive Hospital Abstract Reporting System (CHARS)
Thank you

Data available at:  www.doh.wa.gov/OverdoseData
Email contact:  Injury.data@DOH.WA.GOV
Fill out this form to request injury data
STATE UNINTENTIONAL DRUG OVERDOSE REPORTING SYSTEM (SUDORS)

Dana Drummond, MPH
DOH Surveillance and Evaluation / Injury and Violence Prevention
State Unintentional Drug Overdose Reporting System (SUDORS)

2019-2020
Case Definition:

- Acute drug toxicity must have caused the death
- Unintentional/accident and Undetermined manner of death
- Death occurred within jurisdiction regardless of residence and location of overdose
- All ages included
- Substance Types: street drugs, prescription drugs, OTC drugs, dietary supplements

Death Certificates
- Demographics
- Decedent residence information
- Cause of death information

Medical Examiner/Coroner Reports
- Scene evidence of drug use
- Timing and context of overdose
- Medical and social history/circumstances

Toxicology Results
- All substances detected
- Substances that caused death
- Prescription status of substances

*Prior to September 2019, SUDORS was limited to only unintentional opioid overdose deaths. OD2A funding has expanded data collection to all unintentional and undetermined drug overdose deaths.*
1. Identify SUDORS Cases

Twice a month IVP Epidemiologist identifies a SUDORS case based on ICD-10 codes (X40–X44, Y10–Y14 and T40.[0-4,6]) and the county of injury from the death certificate data.

The death data are updated weekly and made available by the Center for Health Statistics.

2. Import Cases into SAMS

The epidemiologist prepares the selected cases file following CDC specifications and import into CDC SAMS (Secure Access Management Services).

Notify the SUDORS abstractors of the new uploaded cases.

3. Abstraction of MEC Reports

DOH NVDRS/SUDORS team has MOU with ME/Coroners and Law Enforcement agencies throughout the state for access to MEC and LE reports in violent deaths and overdose deaths.

Those reports are abstracted through the NVDRS/SUDORS online database following CDC guideline.

4. Quality Control

CDC SUDORS review all the drug overdose cases entered through SAMS and send a quality control report for any needed correction or feedback.

5. Data release for Analysis

Every semester CDC prepares cumulative flat files with derived variables accounting for the complexity of the drug classification.

Most of the data analyses are based on those flat files.
What makes SUDORS data so unique?

- It captures unique variables that cannot be found on the death certificate such as circumstances that may have contributed to the overdose and evidence found at the scene.
  - Circumstances: substance use history, school problems, financial problems, employment problems, relationship problems, life stressors
  - Homeless status
  - Mental health diagnosis and treatment
  - Pain management history: prescribed opioids, undergoing pain treatment, past injury
  - Naloxone administration and by whom
  - Route of drug administration
  - Death scene paraphernalia
What makes SUDORS data so unique?

- It includes toxicology results, which provides a comprehensive list of drugs that caused the death as well as additional substances detected that were used at the time of death.

- It provides guidelines to determine if an overdose was due to an illicitly manufactured substance based on evidence found at the scene
  - Fentanyl Guideline
  - Heroin Guideline

- It links to the Prescription Monitoring Program (PMP) to determine the number of opioid prescriptions decedents received prior to the overdose, the number of prescribers, and number of pharmacies.
<table>
<thead>
<tr>
<th>Toxicology positive for:</th>
<th>6-MAM or diacetylmorphine</th>
<th>Morphine</th>
<th>Scene evidence of:</th>
<th>Injection, illicit drug use, or history of heroin abuse</th>
<th>Prescription morphine use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed</td>
<td>✓</td>
<td>✓/✗</td>
<td>✓/✗</td>
<td>✓/✗</td>
<td>✓/✗</td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probable</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
DOH currently partners with 13 county medical examiners and coroners to collect unintentional and undetermined overdose death data.

These county cases represent more than 75% of all unintentional and undetermined overdose deaths in the state.

Between January 1, 2019 and December 31, 2020 there were 2,130 overdose deaths that occurred in the SUDORS counties.

Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020
WHO are the overdose decedents? (2019-2020)

Overdose death decedents were predominately:

- Male (70%)
- White, non-Hispanic (74%)
- Between the ages of 25 and 64 (84%)

### Sex
- **Male** 70% (n=1494)
- **Female** 30% (n=636)

### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>74%</td>
<td>1523</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>8%</td>
<td>175</td>
</tr>
<tr>
<td>Other, Non-Hispanic</td>
<td>9%</td>
<td>196</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8%</td>
<td>171</td>
</tr>
</tbody>
</table>

### Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>10%</td>
</tr>
<tr>
<td>25-34</td>
<td>21%</td>
</tr>
<tr>
<td>35-44</td>
<td>22%</td>
</tr>
<tr>
<td>45-54</td>
<td>21%</td>
</tr>
<tr>
<td>55-64</td>
<td>20%</td>
</tr>
<tr>
<td>65+</td>
<td>5%</td>
</tr>
</tbody>
</table>

Missing values were excluded from percentage calculations.

Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020
### WHO are the overdose decedents? (2019-2020)

Documented circumstances preceding fatal overdose

**99.8% of all decedents had at least one known circumstance**

#### Homeless Status/Recent Release/Veteran Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
<th><strong>N</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless</td>
<td>11%</td>
<td>223</td>
</tr>
<tr>
<td>Recently released</td>
<td>10%</td>
<td>214</td>
</tr>
<tr>
<td>Veteran</td>
<td>7%</td>
<td>152</td>
</tr>
</tbody>
</table>

#### Mental Health History

<table>
<thead>
<tr>
<th>Mental Health Diagnosis</th>
<th>Percentage</th>
<th><strong>N</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression/Dysthymia</td>
<td>54%</td>
<td>312</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>30%</td>
<td>172</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>19%</td>
<td>109</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>10%</td>
<td>55</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>10%</td>
<td>55</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
<td>79</td>
</tr>
</tbody>
</table>

Percentages are among decedents who had at least one known circumstance. Circumstances are based on evidence available in source document; these are likely underestimated as death investigators might have limited information.

Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020
### Documented circumstances preceding fatal overdose

**99.8% of all decedents had at least one known circumstance**

#### Substance Use History

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance use problem (other than alcohol)</td>
<td>95%</td>
<td>2029</td>
</tr>
<tr>
<td>Alcohol Problem</td>
<td>19%</td>
<td>400</td>
</tr>
<tr>
<td>Recent opioid use relapse</td>
<td>11%</td>
<td>230</td>
</tr>
<tr>
<td>Ever treated for substance use</td>
<td>11%</td>
<td>225</td>
</tr>
<tr>
<td>History of prior nonfatal overdose</td>
<td>8%</td>
<td>178</td>
</tr>
</tbody>
</table>

#### Other Circumstances

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated for acute and/or chronic pain</td>
<td>9%</td>
<td>190</td>
</tr>
<tr>
<td>Physical health problem</td>
<td>3%</td>
<td>66</td>
</tr>
</tbody>
</table>

Percentages are among decedents who had at least one known circumstance. Circumstances are based on evidence available in source document; these are likely underestimated as death investigators might have limited information.

Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020
More than half of overdose deaths occur in the decedent’s own home.
WHERE do overdoses occur? (2019-2020)

Overdose Response: EMS

87% (n=1650)

53% (n=695)

Missing values were excluded from percentage calculations.
Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020
WHERE do overdoses occur? (2019-2020)

Overdose Response: Bystanders

A bystander was present in 52% (n=1100) of overdose death cases.

<table>
<thead>
<tr>
<th>Types of Bystanders Present</th>
<th>% of bystanders present (n=1100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member</td>
<td>27% (299)</td>
</tr>
<tr>
<td>Intimate Partner</td>
<td>25% (273)</td>
</tr>
<tr>
<td>Friend</td>
<td>16% (173)</td>
</tr>
<tr>
<td>Roommate</td>
<td>13% (27)</td>
</tr>
<tr>
<td>Stranger</td>
<td>2% (27)</td>
</tr>
<tr>
<td>Person using drugs</td>
<td>2% (19)</td>
</tr>
<tr>
<td>Medical Professional</td>
<td>1% (13)</td>
</tr>
</tbody>
</table>

However, only **18%** (196 out of 1100) of bystanders witnessed the drug use.

Of the bystanders who witnessed the drug use, **10%** (19 out of 196) administered naloxone.

*Missing values were excluded from percentage calculations.*

**Bystander** is an individual who was physically nearby either during or shortly preceding an overdose who potentially had an opportunity to intervene and respond to the overdose. **Witness:** a person, aged 11 years or older, witnessed the decedent use the substance(s) that resulted in his/her overdose.

*Data Source:* State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020
WHERE do overdoses occur? (2019-2020)

Overdose Response: Bystanders

<table>
<thead>
<tr>
<th>Documented reasons bystander did not intervene</th>
<th>% of deaths with bystander who did not intervene (N=829)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spatially separated (i.e., different room)</td>
<td>60% (495)</td>
</tr>
<tr>
<td>Did not recognize any abnormalities</td>
<td>21% (170)</td>
</tr>
<tr>
<td>Reported abnormalities but did not recognize as overdose</td>
<td>20% (163)</td>
</tr>
<tr>
<td>Unaware that decedent was using</td>
<td>14% (114)</td>
</tr>
<tr>
<td>Bystander using and impaired</td>
<td>7% (56)</td>
</tr>
<tr>
<td>Other reason for no bystander response</td>
<td>3% (26)</td>
</tr>
<tr>
<td>Public space and strangers didn’t intervene</td>
<td>1% (&lt;10)</td>
</tr>
</tbody>
</table>

Missing values were excluded from percentage calculations.
Reasons for no response are not mutually exclusive; more than one reason could be reported per death.

Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020

75% (829 out of 1100) of deaths occurred with a bystander present who did not respond or intervene (i.e. administer naloxone, CPR).
WHAT drugs were identified? (2019-2020)

77% of overdose deaths involved an opioid.

Methamphetamine and fentanyl were present in about half of overdose deaths.

Of the fentanyl identified as present, 75% were illicitly manufactured.

Substances Identified as Present on Toxicology

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Opioid</td>
<td>77%</td>
<td>1642</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>48%</td>
<td>1013</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>39%</td>
<td>825</td>
</tr>
<tr>
<td>Heroin</td>
<td>29%</td>
<td>628</td>
</tr>
<tr>
<td>Prescription Opioid</td>
<td>25%</td>
<td>525</td>
</tr>
<tr>
<td>Alcohol</td>
<td>24%</td>
<td>509</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>16%</td>
<td>335</td>
</tr>
<tr>
<td>Cocaine</td>
<td>15%</td>
<td>327</td>
</tr>
</tbody>
</table>

NOTE: Drug specific categories are not mutually exclusive.

Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020
### WHAT drugs were identified? (2019-2020)

**Polysubstance Use**

*97% of all overdose deaths had more than one substance detected in toxicology.*

#### 10 Most Common Drug Combinations

<table>
<thead>
<tr>
<th>Drug Combination</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin and Meth</td>
<td>190</td>
</tr>
<tr>
<td>Fentanyl and Meth</td>
<td>74</td>
</tr>
<tr>
<td>Fentanyl and Alcohol</td>
<td>87</td>
</tr>
<tr>
<td>Fentanyl and Cocaine</td>
<td>60</td>
</tr>
<tr>
<td>Meth and Alcohol</td>
<td>51</td>
</tr>
<tr>
<td>Rx Opioid and Meth</td>
<td>51</td>
</tr>
<tr>
<td>Rx Opioid, Heroin, and Meth</td>
<td>50</td>
</tr>
<tr>
<td>Heroin and Alcohol</td>
<td>45</td>
</tr>
<tr>
<td>Fentanyl, Cocaine, and Alcohol</td>
<td>44</td>
</tr>
<tr>
<td>Fentanyl and Benzo</td>
<td>41</td>
</tr>
</tbody>
</table>

**Abbreviations:**
- Meth – Methamphetamine
- Rx opioids – Prescription Opioids

**Data Source:** State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020
Evidence of non-specific drug use is not available for 2019. Excludes cases with no evidence of drug use or the route of administration was unknown (33%, n=699 missing).

Routes of administration are not mutually exclusive. Multiple routes of administration may be indicated for the same death. Suppository, sublingual, and transdermal routes of administration had counts less than 10. There were no cases with buccal route of administration.

Data Source: State Unintentional Drug Overdose Reporting System, 2019-2020

Route of Drug Administration, SUDORS 2019-2020

*Evidence of non-specific drug use is not available for 2019.
Excludes cases with no evidence of drug use or the route of administration was unknown (33%, n=699 missing).
Routes of administration are not mutually exclusive. Multiple routes of administration may be indicated for the same death. Suppository, sublingual, and transdermal routes of administration had counts less than 10. There were no cases with buccal route of administration.
Data Source: State Unintentional Drug Overdose Reporting System, 2019-2020
73% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action at the time of overdose.

**Potential Opportunities for Intervention**

- **Bystander Present**: 1,101 decedents had a person present or nearby at the time of the overdose. Some bystanders did not actually witness the fatal drug use. 52%

- **Mental Health Problem**: 578 decedents had a documented mental health problem or diagnosis. 27%

- **Recent release from institution**: 214 decedents were released within the month before their death from an institution. The majority of recent releases were from a hospital, prison/jail, or substance use treatment facility. 10%

- **Fatal Drug Use Witnessed**: 213 decedents had someone who witnessed the decedent use the substance(s) that resulted in his/her overdose. 10%

- **Naloxone Administered**: 186 decedents received naloxone at the time of overdose. Only, 10% (19 out of 1100) of bystanders who witnessed the drug use administered naloxone. 9%

- **Previous non-fatal overdose**: 178 decedents had history of a nonfatal overdose. 8%

- **Ever treated for substance use disorder**: 225 decedents were currently in treatment or received treatment in the past for substance use disorder. 11%

- **Current pain treatment**: 190 decedents were treated for chronic or acute pain at the time of the overdose. 9%

*Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020*
Where to find Overdose data?

- **WA State Monthly Overdose Updates**
- **WA State SUDORS Infographic**
- **CDC MMWR**

For overdose or any injury-related data requests, please [complete this form](#).
Thank you

Data available at:  www.doh.wa.gov/OverdoseData
Email contact:  Injury.data@DOH.WA.GOV
Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.