



Contingency Management

The HCA & WSU Training Project

**Division of Behavioral Health and Recovery
(DBHR)**

State Opioid and Overdose
Response Workgroup
March 15, 2022

Washington State
Health Care Authority

Introductions

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Co-occurring
Program Manager

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Drug Opioid Addiction Project Director

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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



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

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

*Predicted Number of Deaths

Source: NCHS Provisional Drug Overdose Death Counts:

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> (Accessed on 1-18-2021)

Current news

- ▶ 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

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.

Rewards should **not** exceed \$599 annually

Regularly evaluate the impact of CM on client outcomes

- Do quality improvement to document CM effectiveness

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 (Hirschak et al, 2021, McDonnell, 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."

Reference list

AshaRani P, Hombali A, Seow E, Ong WJ, Tan JH, Subramaniam M. Non-pharmacological interventions for methamphetamine use disorder: a systematic review. *Drug Alcohol Depend.* 2020;212:108060. doi:10.1016/j.drugalcdep.2020.108060

Bolívar HA, Klemperer EM, Coleman SRM, DeSarno M, Skelly JM, Higgins ST. Contingency Management for Patients Receiving Medication for Opioid Use Disorder: A Systematic Review and Meta-analysis. *JAMA Psychiatry.* Published online August 4, 2021. doi:10.1001/jamapsychiatry.2021.1969

DePhilippis, D., Petry, N. M., Bonn-Miller, M. O., Rosenbach, S. B., & McKay, J. R. (2018). The national implementation of Contingency Management (CM) in the Department of Veterans Affairs: Attendance at CM sessions and substance use outcomes. *Drug and alcohol dependence, 185*, 367-373.

Dutra, L., Stathopoulou, G., Basden, S. L., Leyro, T. M., Powers, M. B., & Otto, M. W. (2008). A meta-analytic review of psychosocial interventions for substance use disorders. *American Journal of Psychiatry, 165*(2), 179-187.

Ginley MK, Pfund RA, Rash CJ, Zajac K. Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. *J Consult Clin Psychol.* 2021;89(1):58-71. doi:10.1037/ccp0000552

Higgins, S. T., Bickle, W. K., & Hughest, J.R. (1994). Influence of an alternative reinforcer on human cocaine self-administration. *Life Sciences, 55*(3): 179-187.

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

McDonell MG, Srebnik D, Angelo F, McPherson S, Lowe JM, Sugar A, Short RA, Roll JM, Ries RK. A randomized controlled trial of contingency management for psycho-stimulant use in community mental health outpatients with co-occurring serious mental illness. *Am J Psychiatry.* 2013; 170: 94-101. PMID: PMC4242089.

Olmstead TA, Petry NM. The cost-effectiveness of prize-based and voucher-based contingency management in a population of cocaine- or opioid-dependent outpatients. *Drug Alcohol Depend.* 2009;102(1-3):108-115.

Rawson RA, McCann et al. (2006). A comparison of contingency management and cognitive-behavioral approaches for stimulant-dependent individuals. *Addiction 101*(2), 267-274.

Questions?

Contact information

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Michael McDonnell: mmcdonell@wsu.edu

Updates to Overdoses in WA State

Recent updates with preliminary 2021 data

Data as of 7March2022

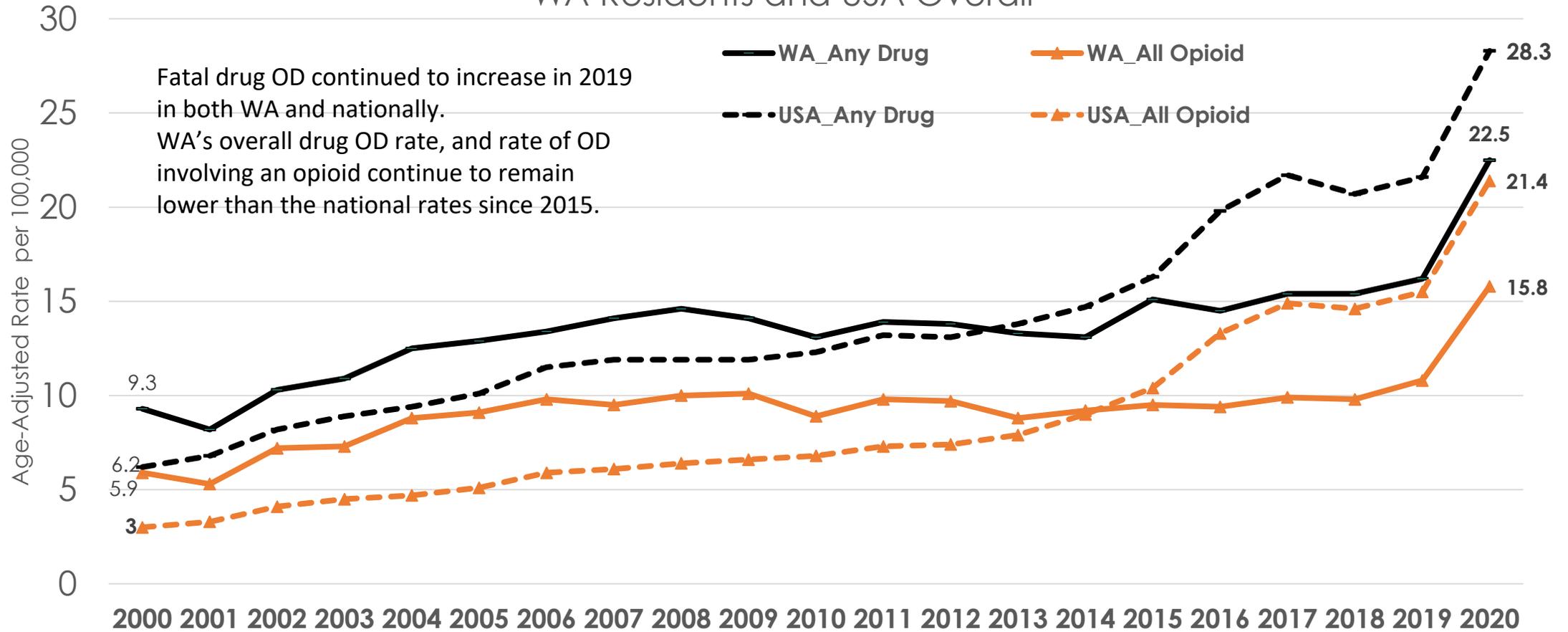
WA DOH – IVP/S&E

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.

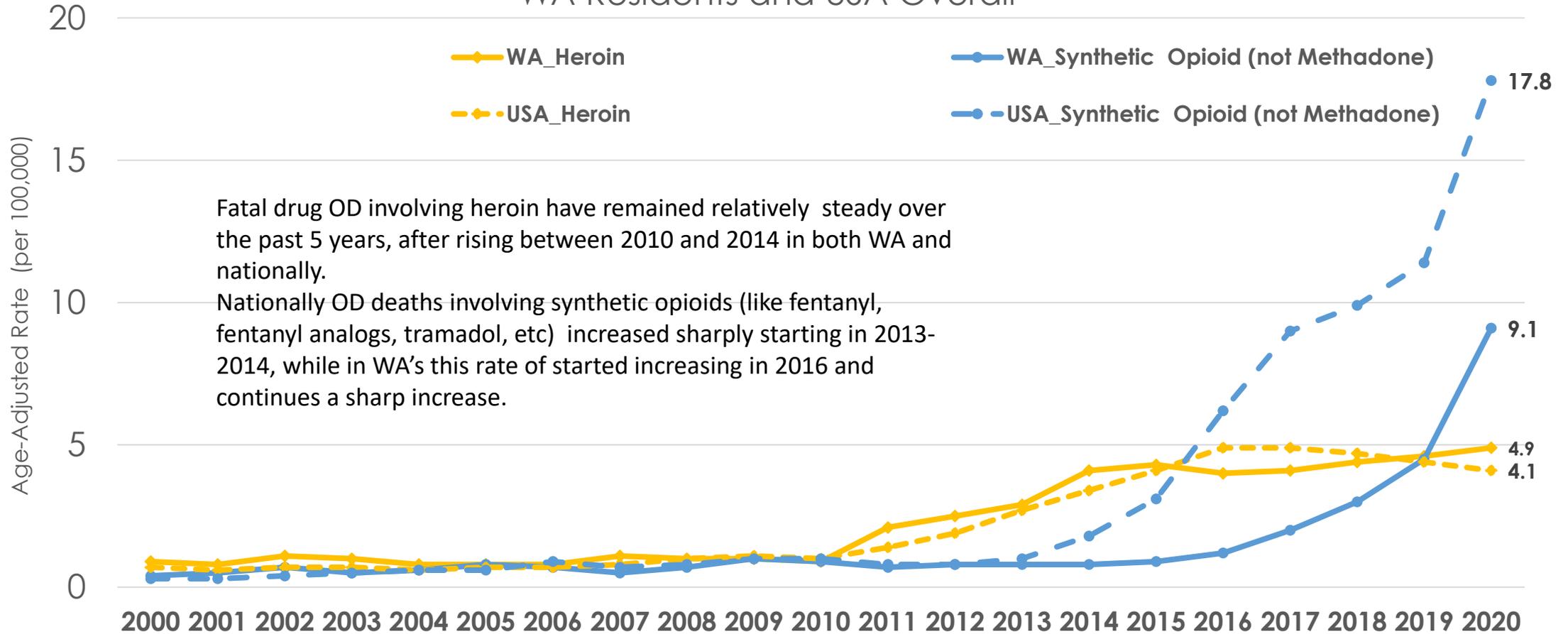
Overdose Death Rate by Drug Type, USA and WA (2000-2020)

WA Residents and USA Overall



Overdose Death Rate by Drug Type, USA and WA (2000-2020)

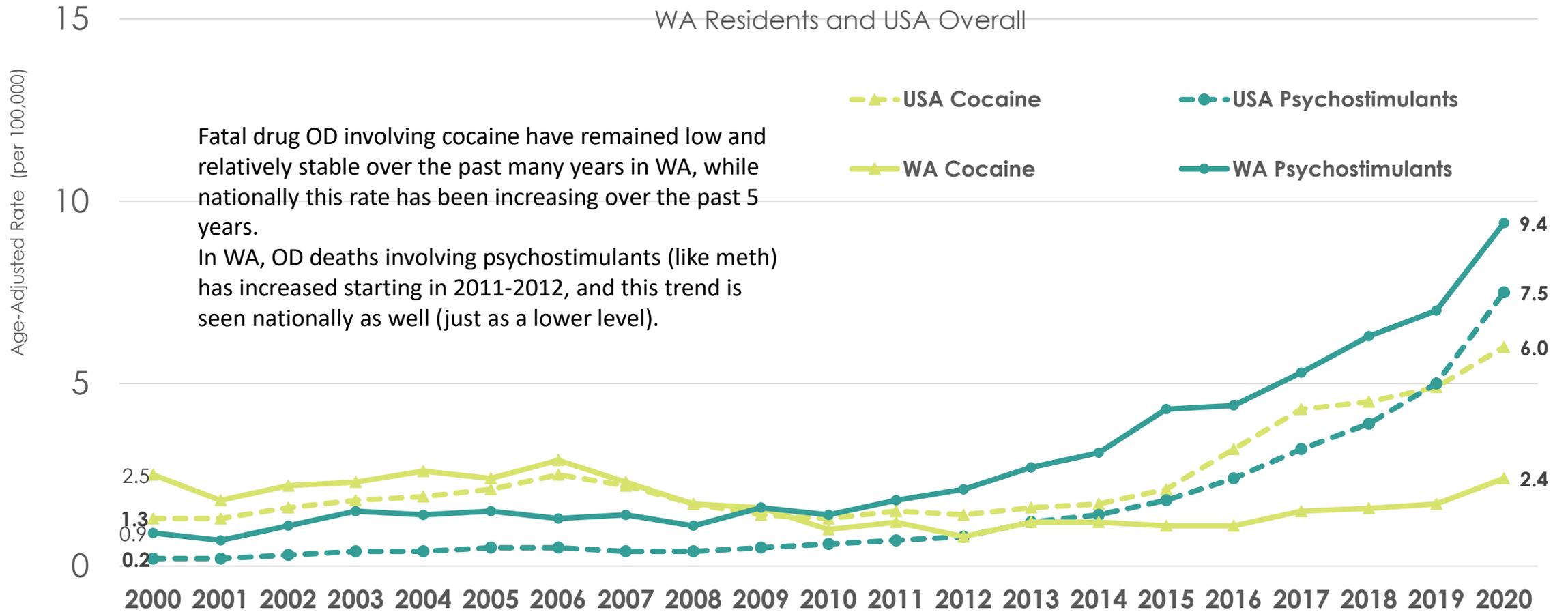
WA Residents and USA Overall



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.

Overdose Death Rate by Drug Type, USA and WA (2000-2020)



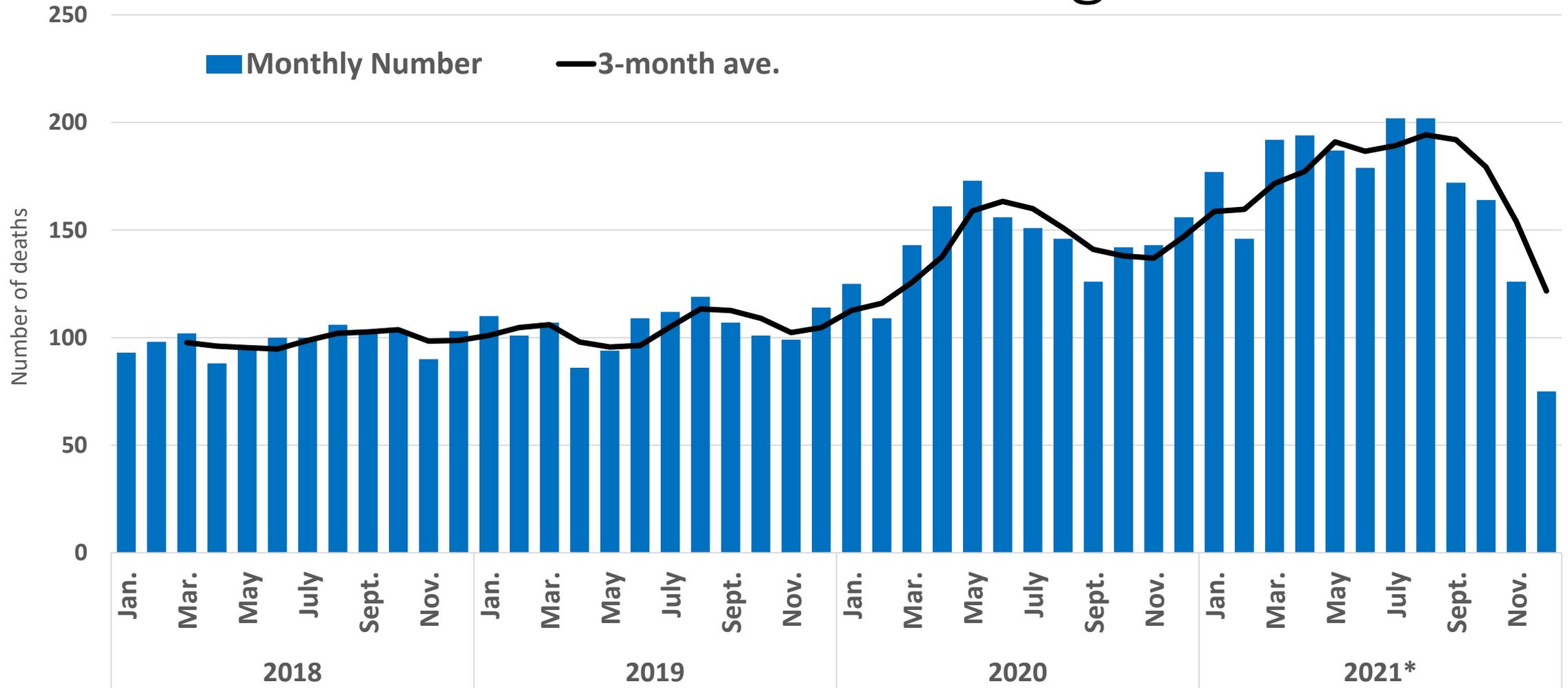
Confirmed WA State Overdose Deaths

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

*2021 data are preliminary and will change.

Data is as of 7March2022. Source: WA DOH death certificates

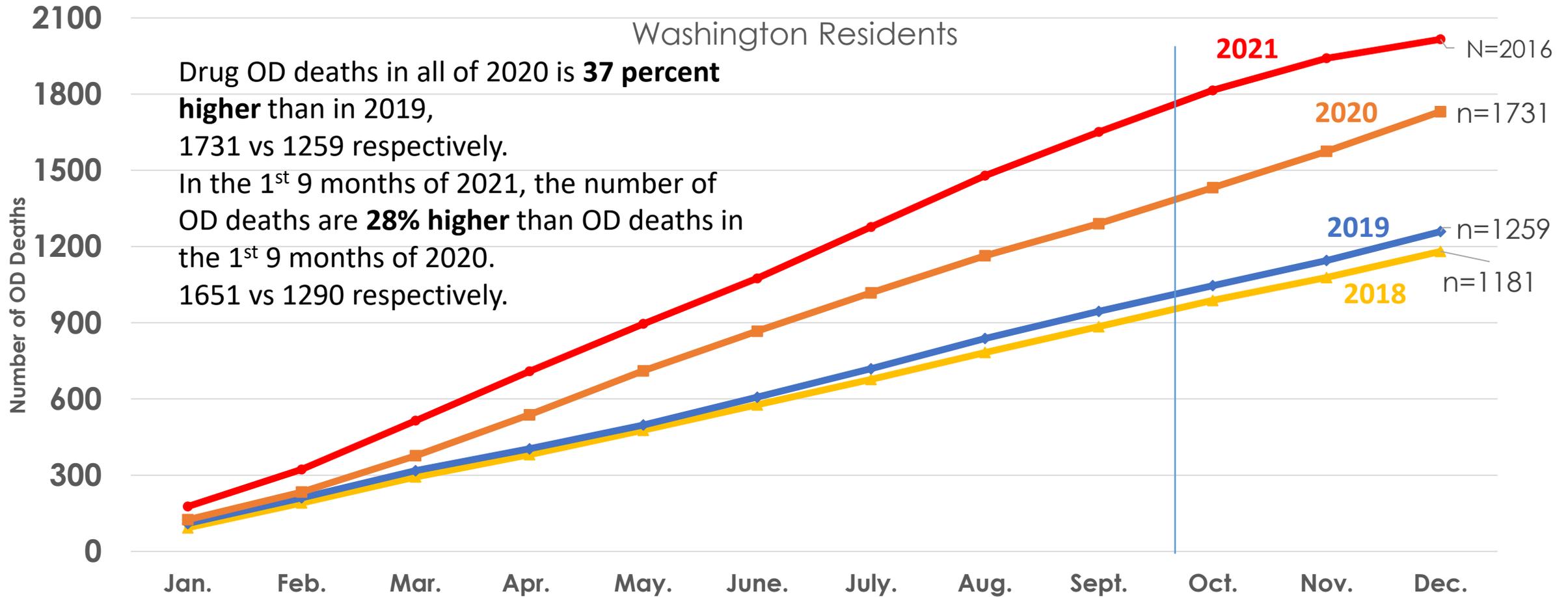
Number of overdose deaths by month and 3-month average



* 2021 data are preliminary and will change.

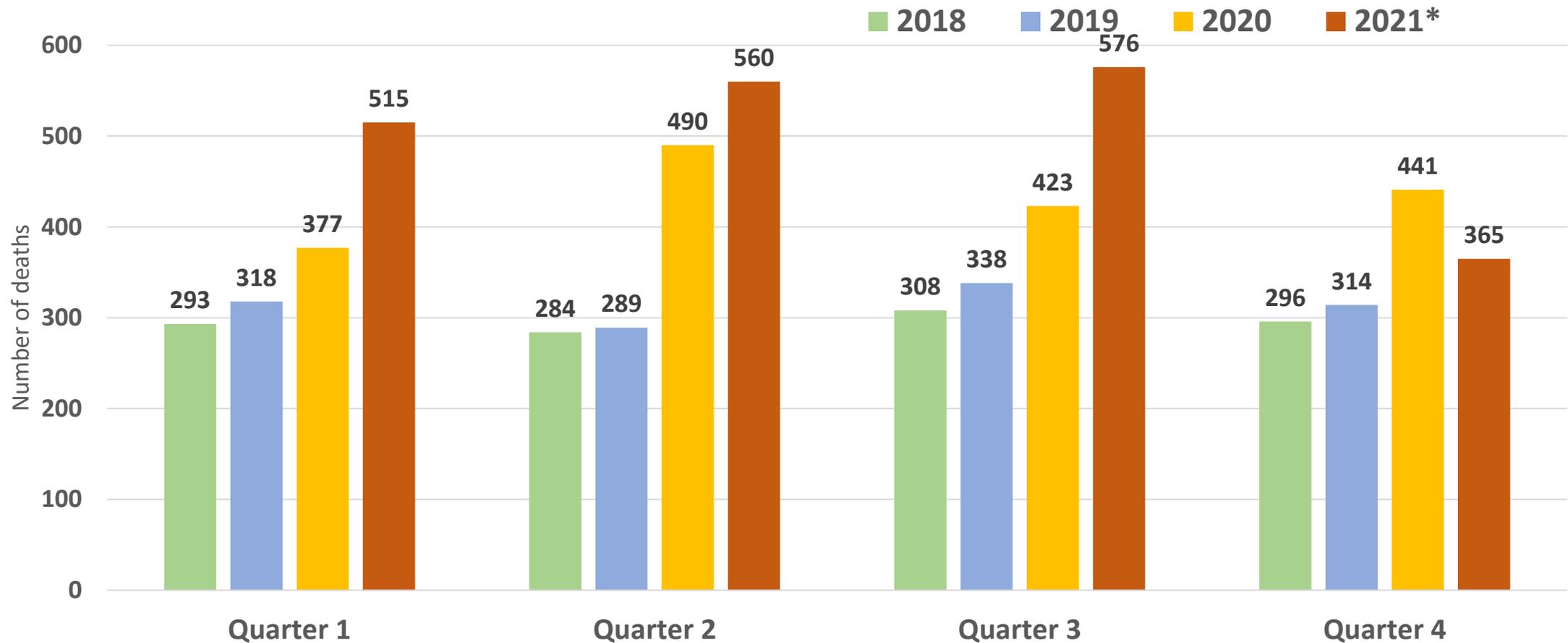
Data is as of 7 March 2022.
Source: WA DOH death certificates

Annual cumulative overall drug overdose deaths by month (2018-2021*)



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

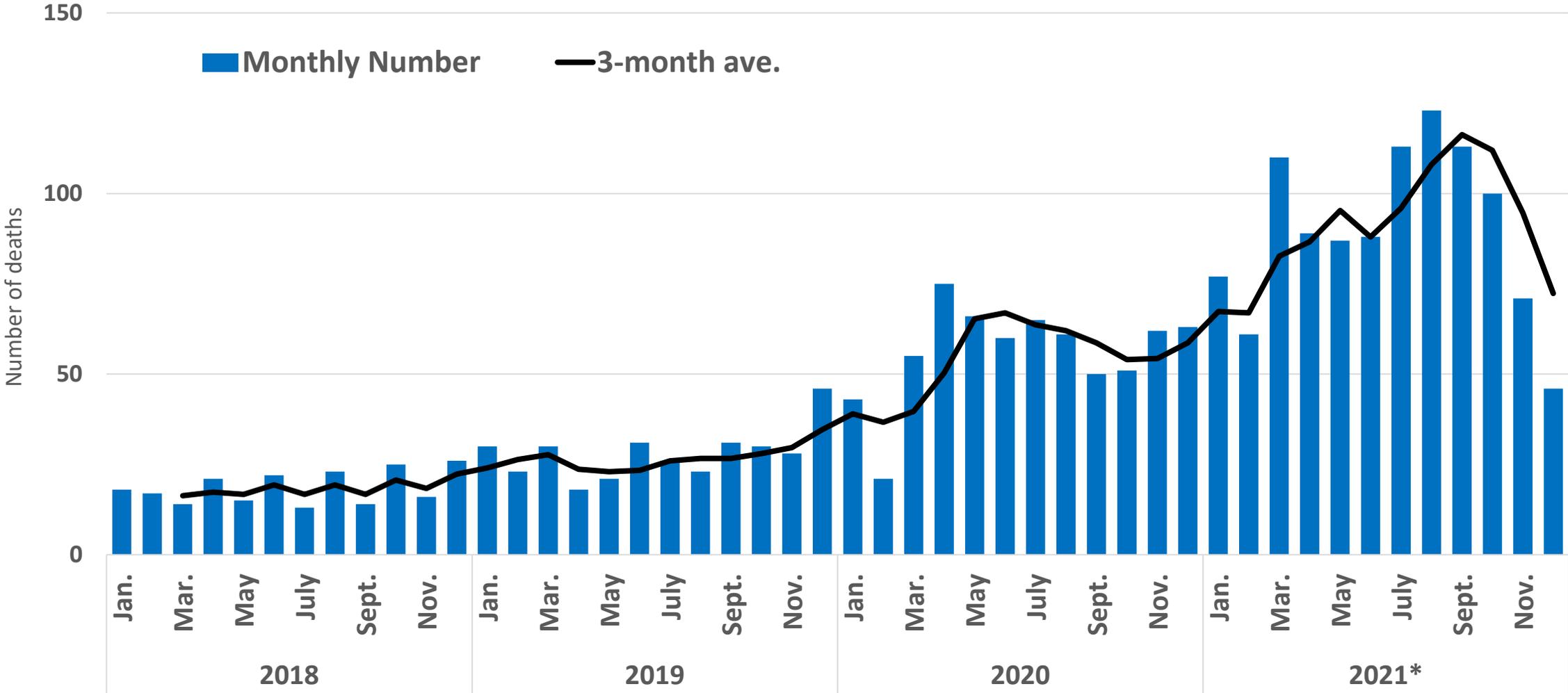
Number of overdose deaths by quarter



* 2021 data are preliminary and will change.

Data is as of 7March2022.
Source: WA DOH death certificates

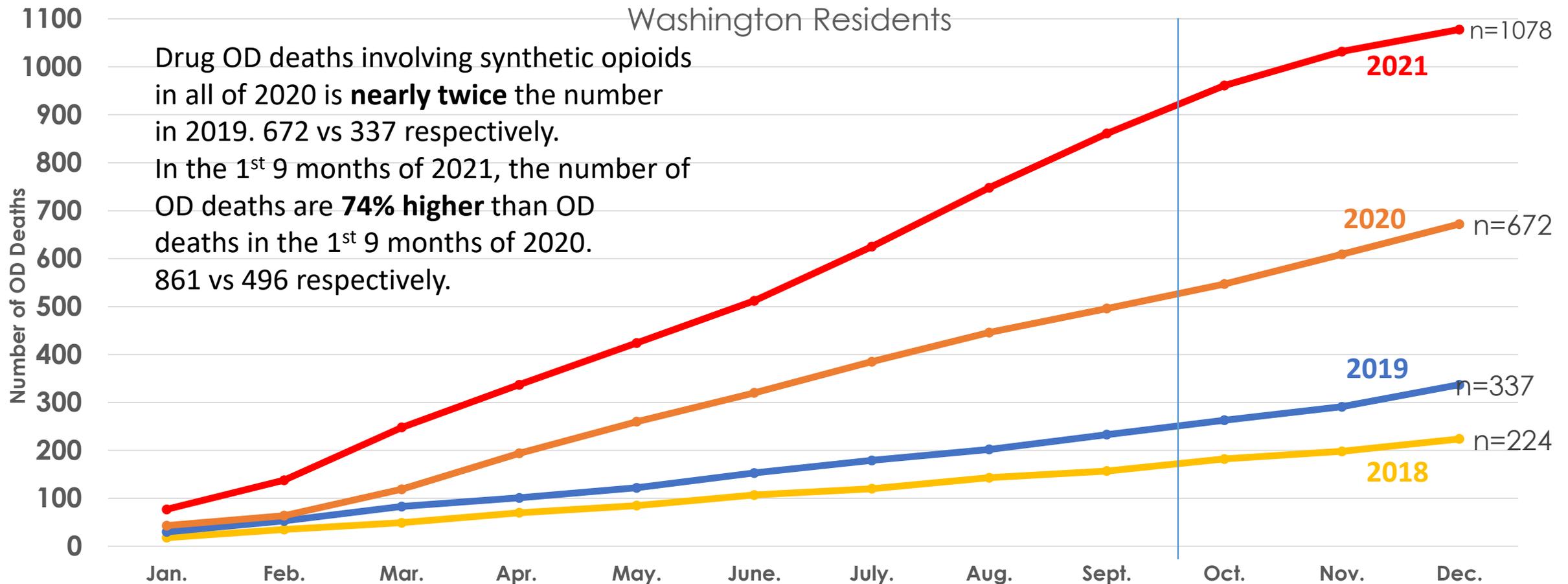
Number of overdose deaths involving a synthetic opioid by month and 3-month average



Data is as of 7March2022.
Source: WA DOH death certificates

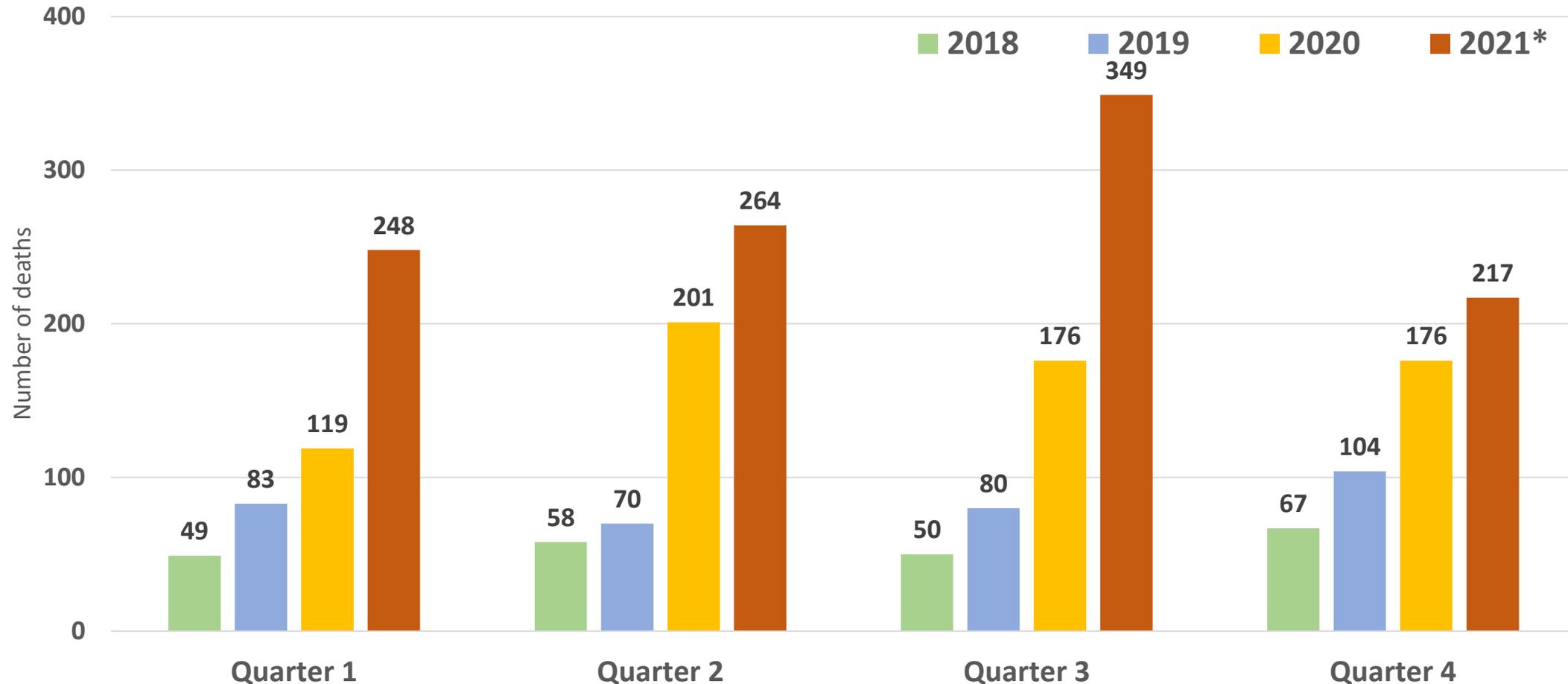
* 2021 data are preliminary and will change.

Annual cumulative drug overdose deaths involving non-methadone synthetic opioids by month (2018-2021*)



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

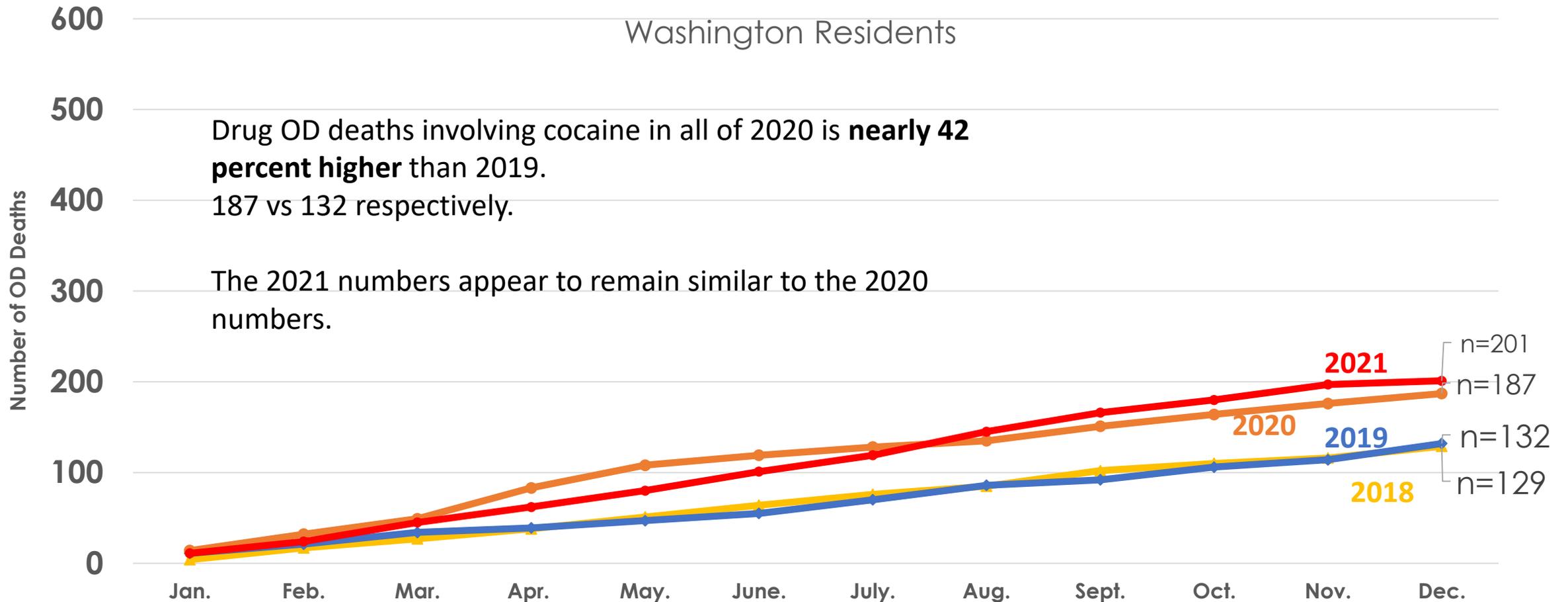
Number of overdose deaths involving non-methadone synthetic opioids by quarter



*2021 data are preliminary and will change.

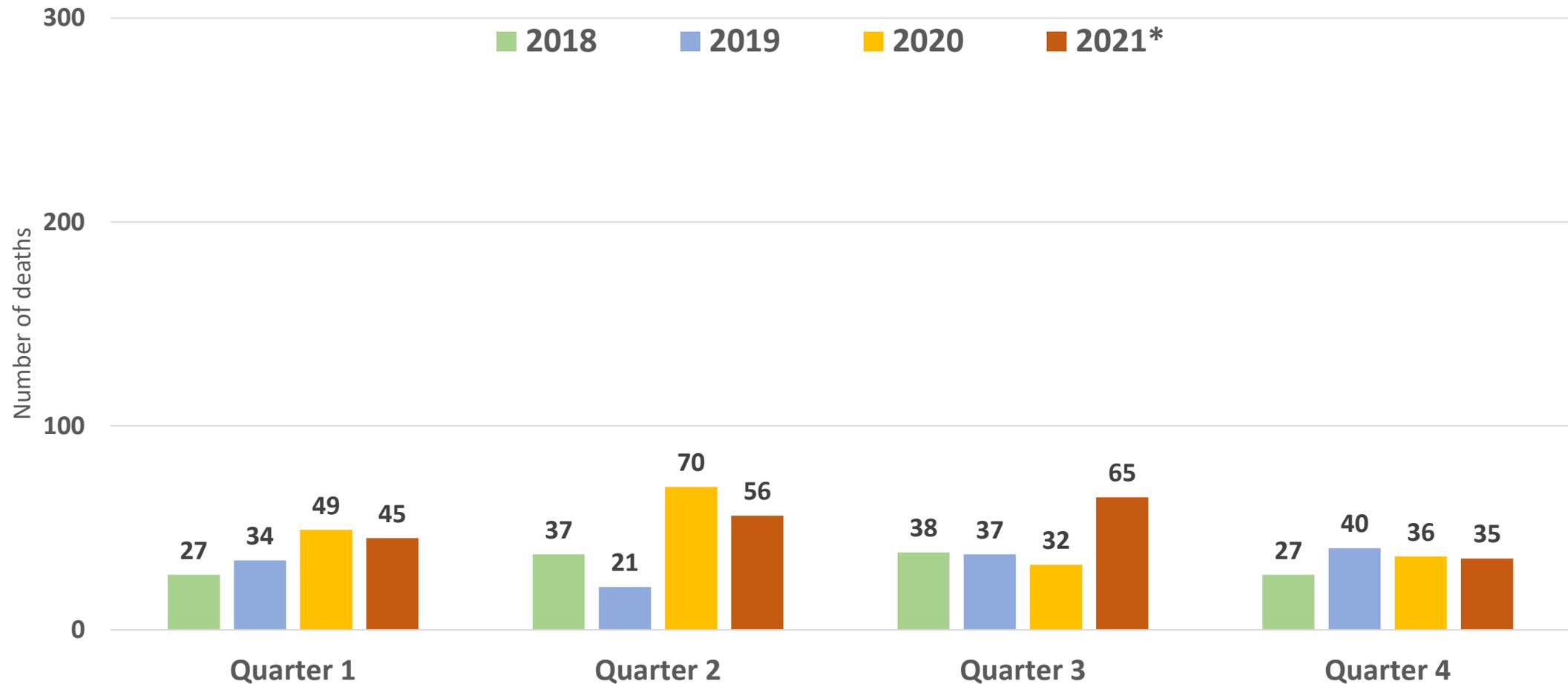
Data is as of 7March2022.
Source: WA DOH death certificates

Annual cumulative drug overdose deaths involving cocaine by month (2018-2021*)



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

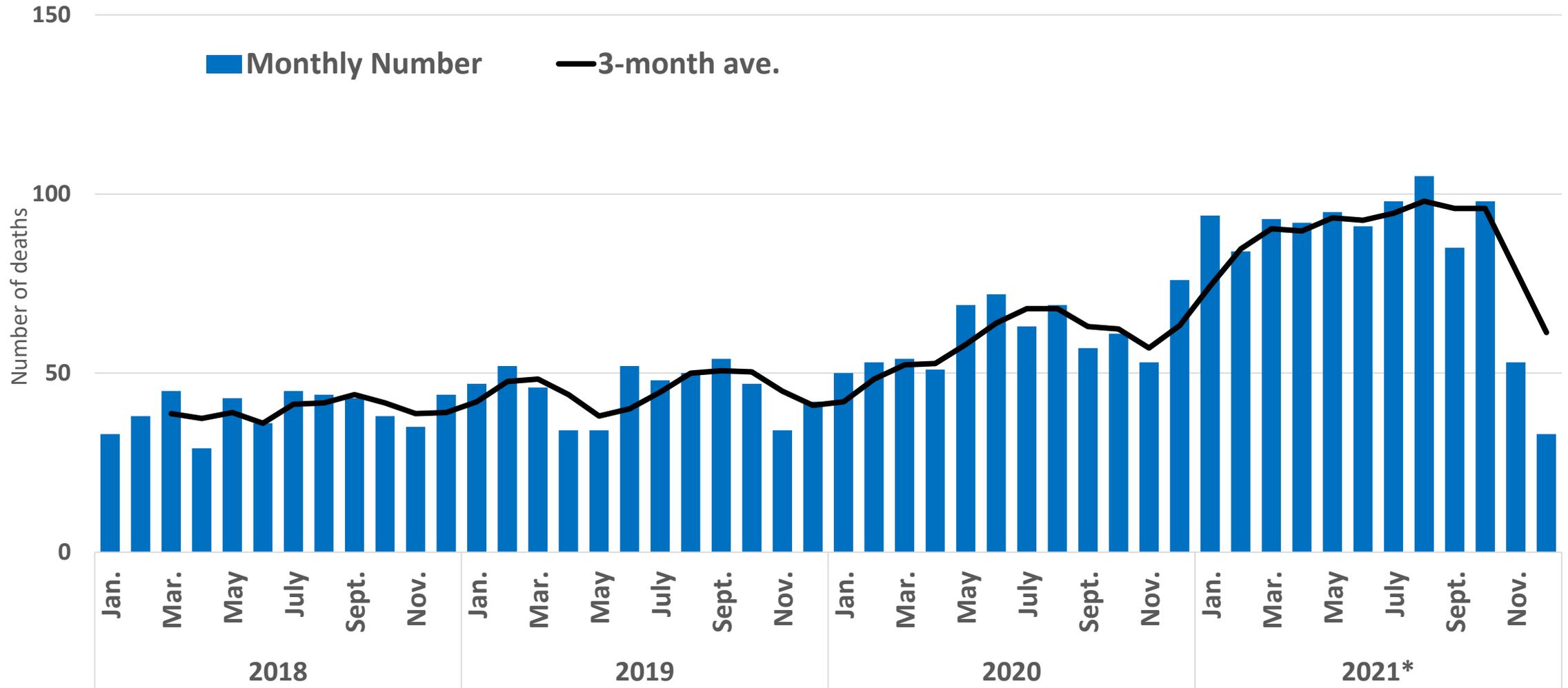
Number of overdose deaths involving cocaine by quarter



*2021 data are preliminary and will change.

Data is as of 7March2022.
Source: WA DOH death certificates

Number of overdose deaths involving a psychostimulant by month and 3-month average

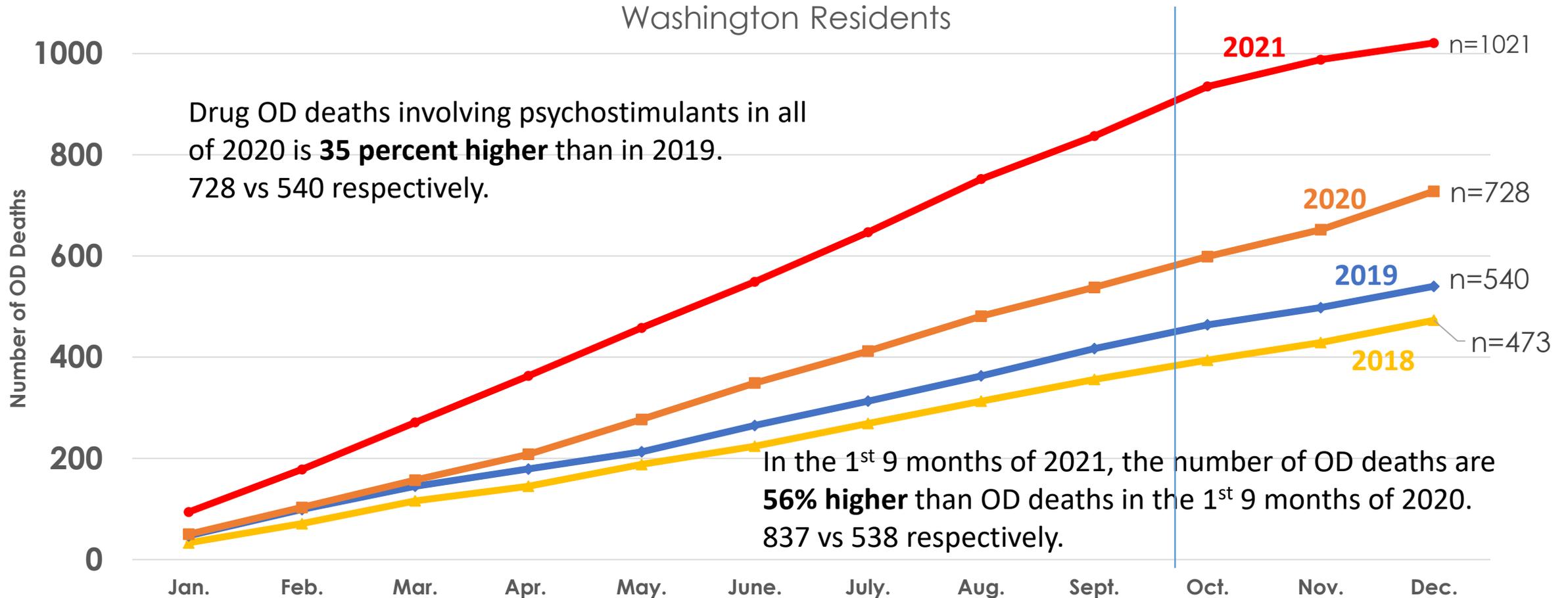


* 2021 data are preliminary and will change.

Data is as of 7March2022.
Source: WA DOH death certificates

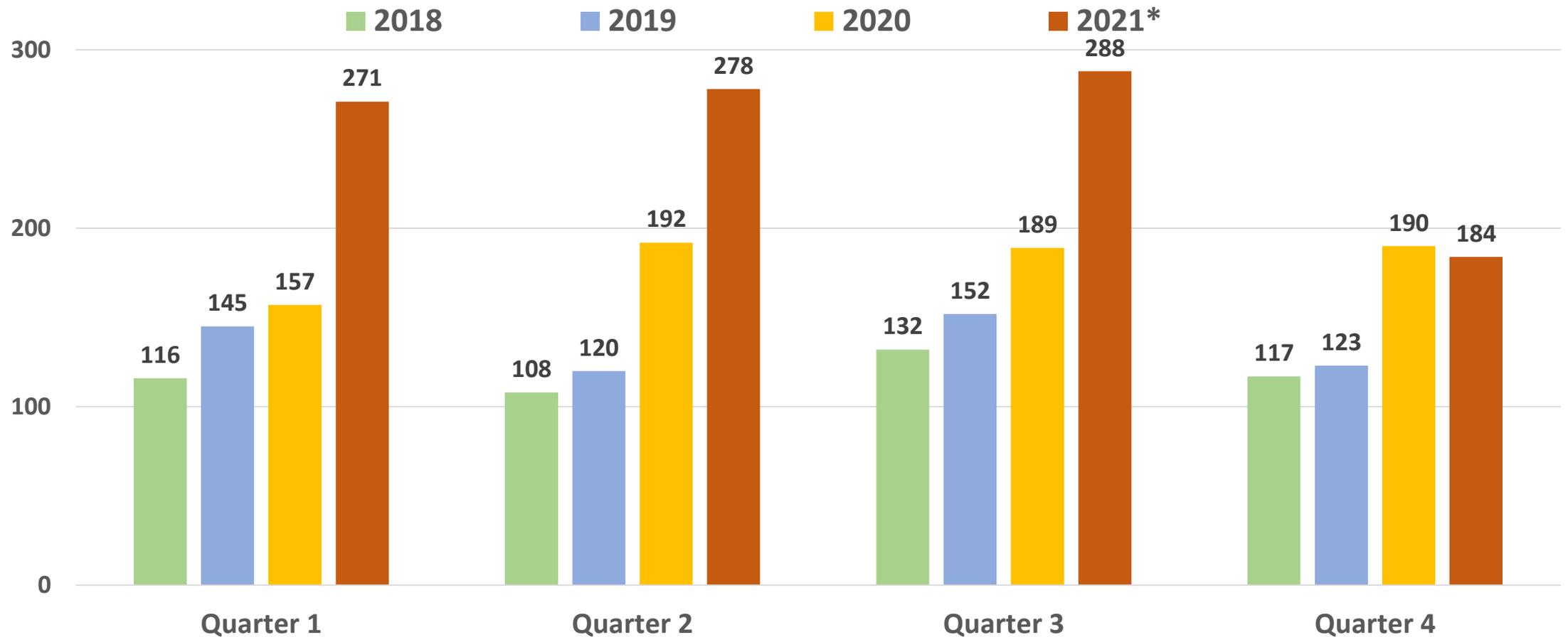
Annual cumulative drug overdose deaths involving psychostimulants by month (2018-2021*)

Washington Residents



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

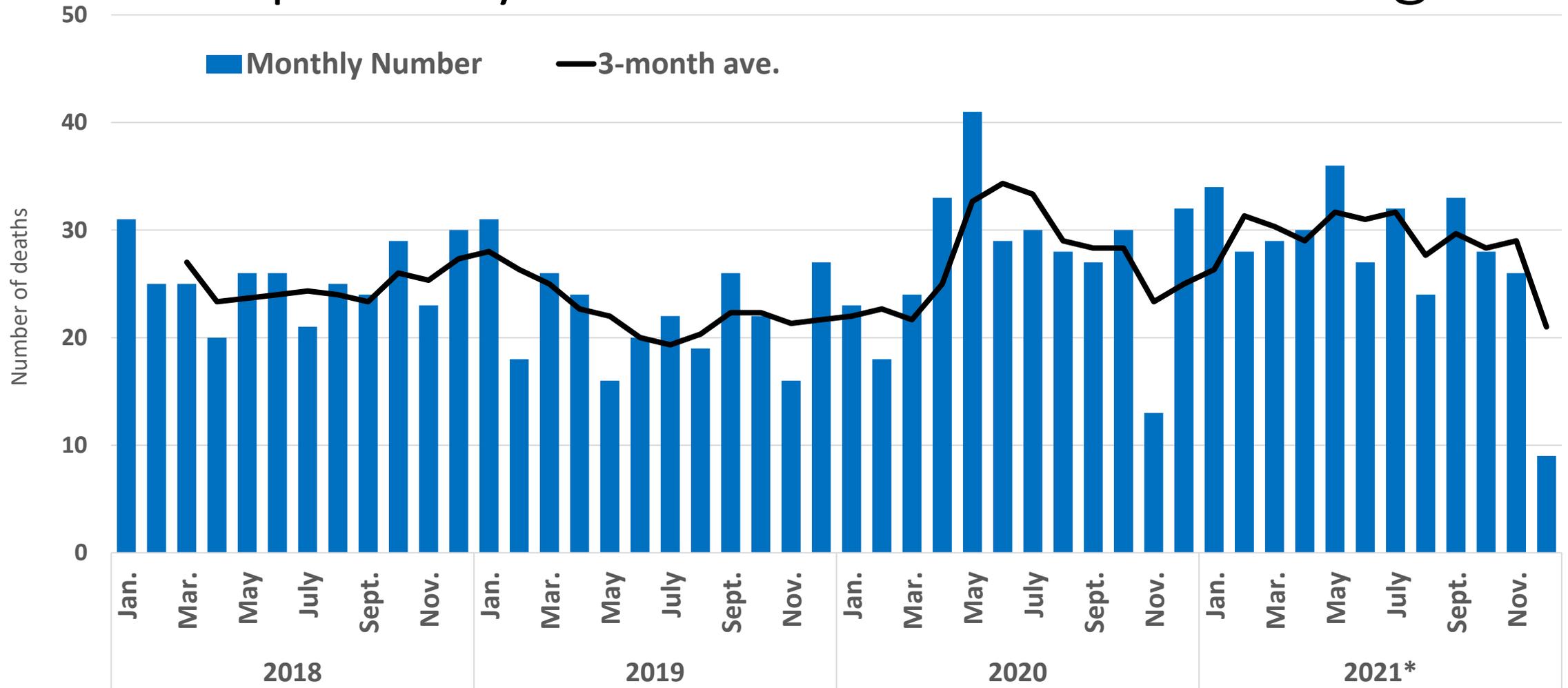
Number of overdose deaths involving a psychostimulant by quarter



*2021 data are preliminary and will change.

Data is as of 7March2022.
Source: WA DOH death certificates

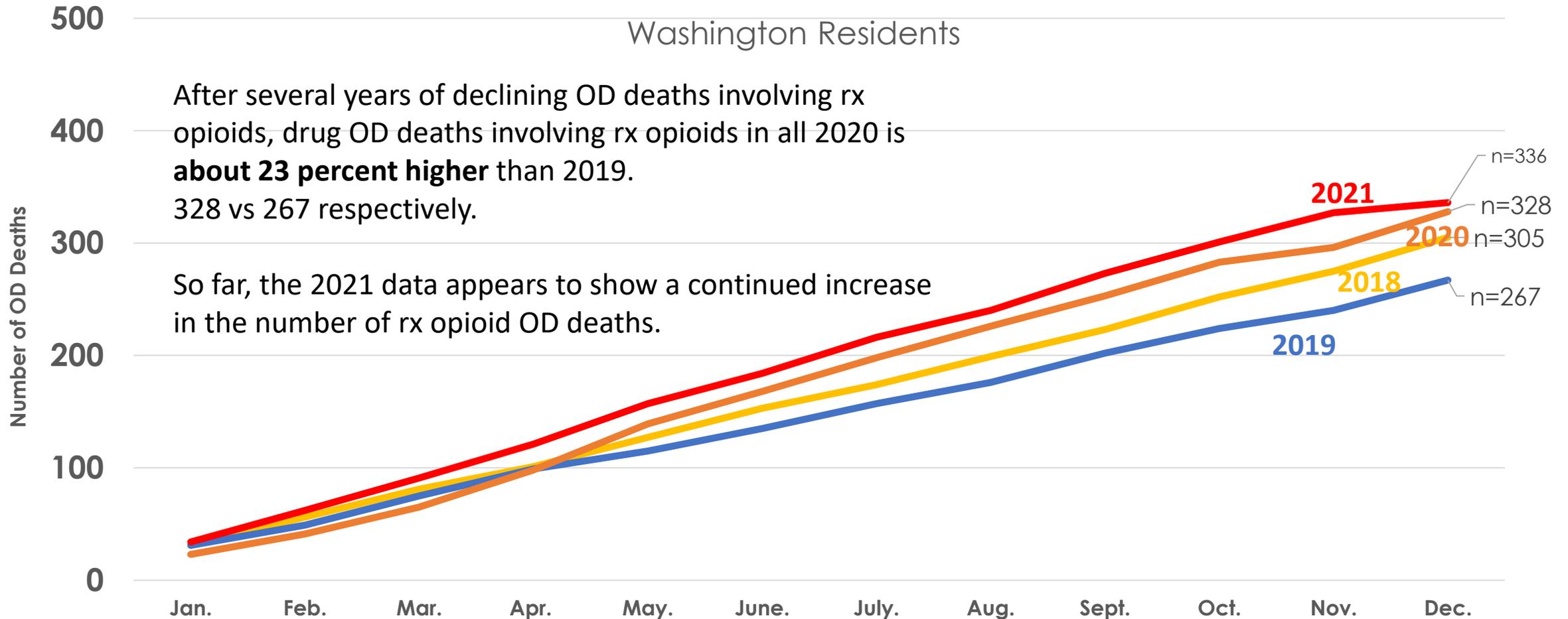
Number of overdose deaths involving a Rx opioid by month and 3-month average



* 2021 data are preliminary and will change.

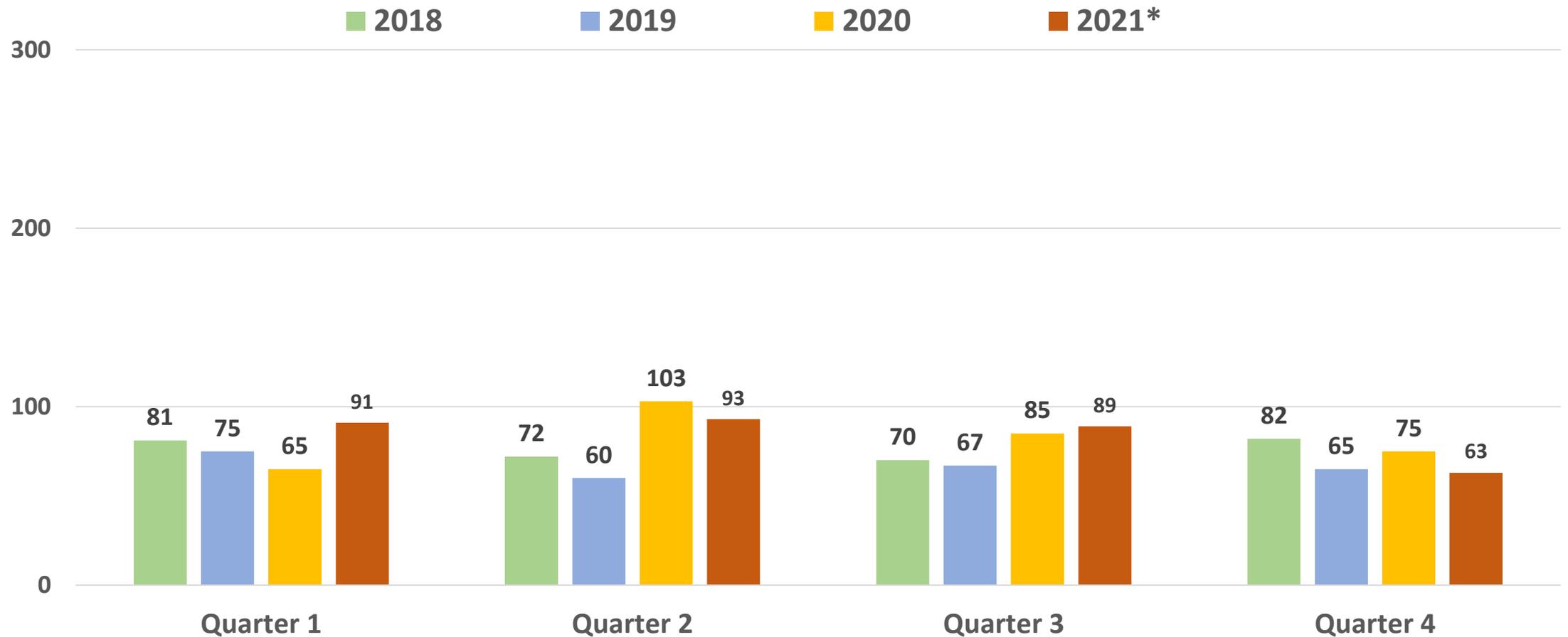
Data is as of 7March2022.
Source: WA DOH death certificates

Annual cumulative drug overdose deaths involving Rx opioids by month (2018-2021*)



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

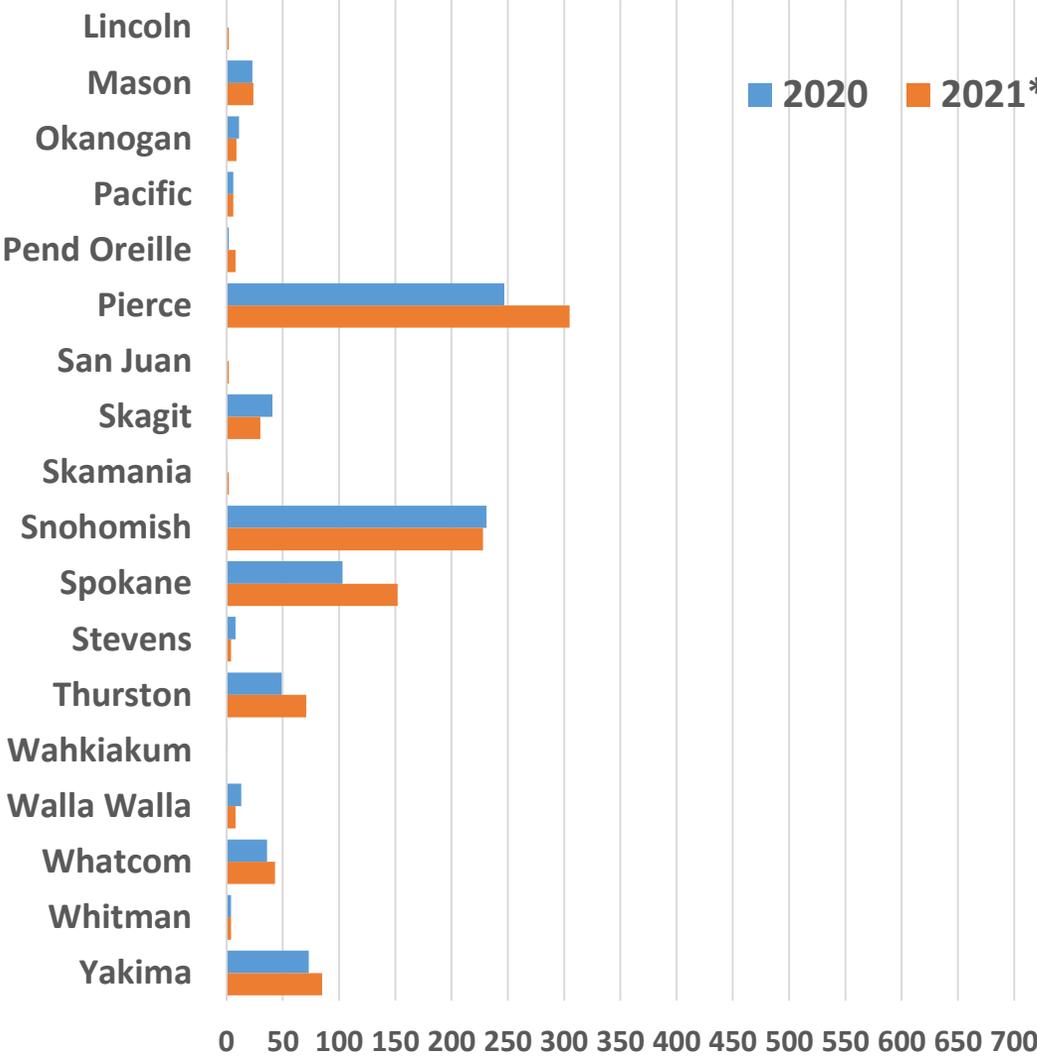
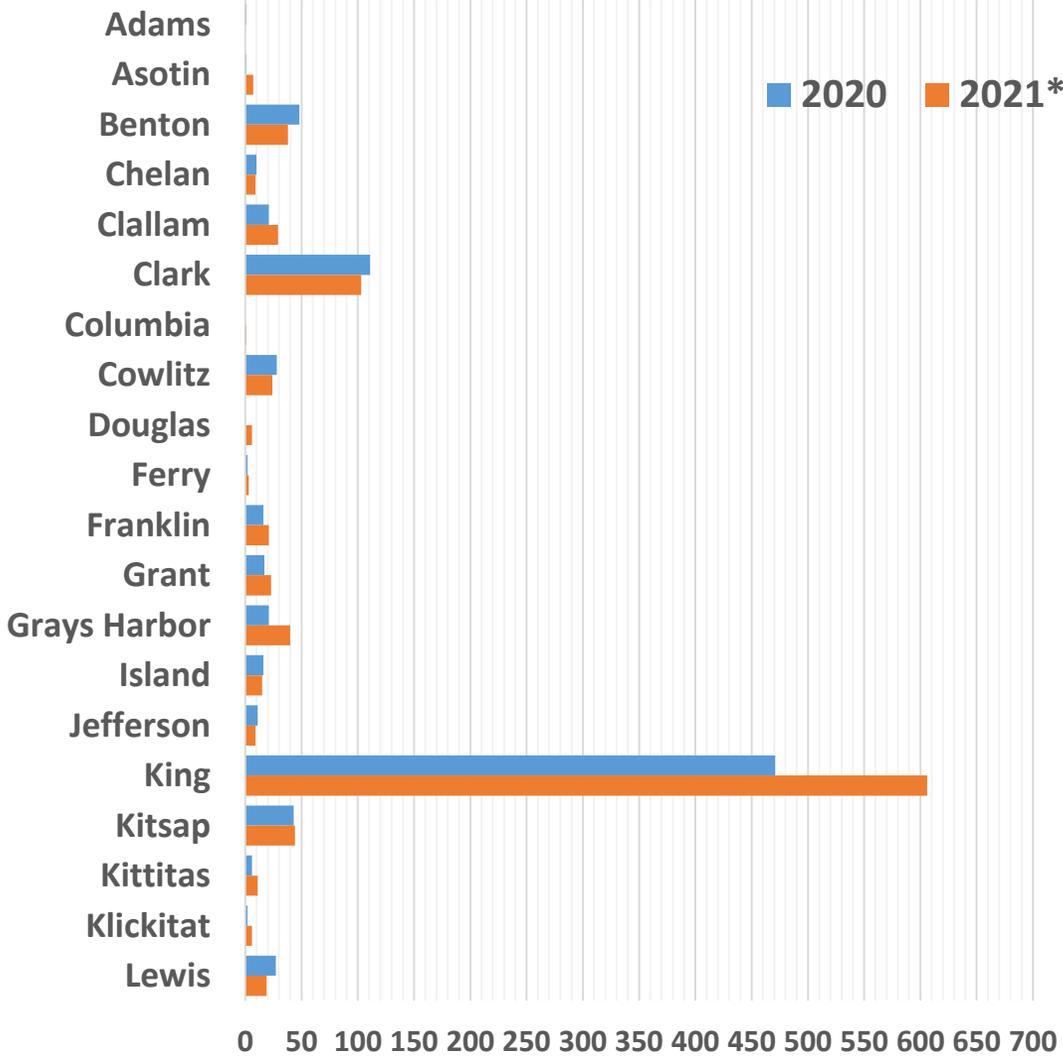
Number of overdose deaths involving a Rx opioid by quarter



* 2021 data are preliminary and will change.

Data is as of 7March2022.
Source: WA DOH death certificates

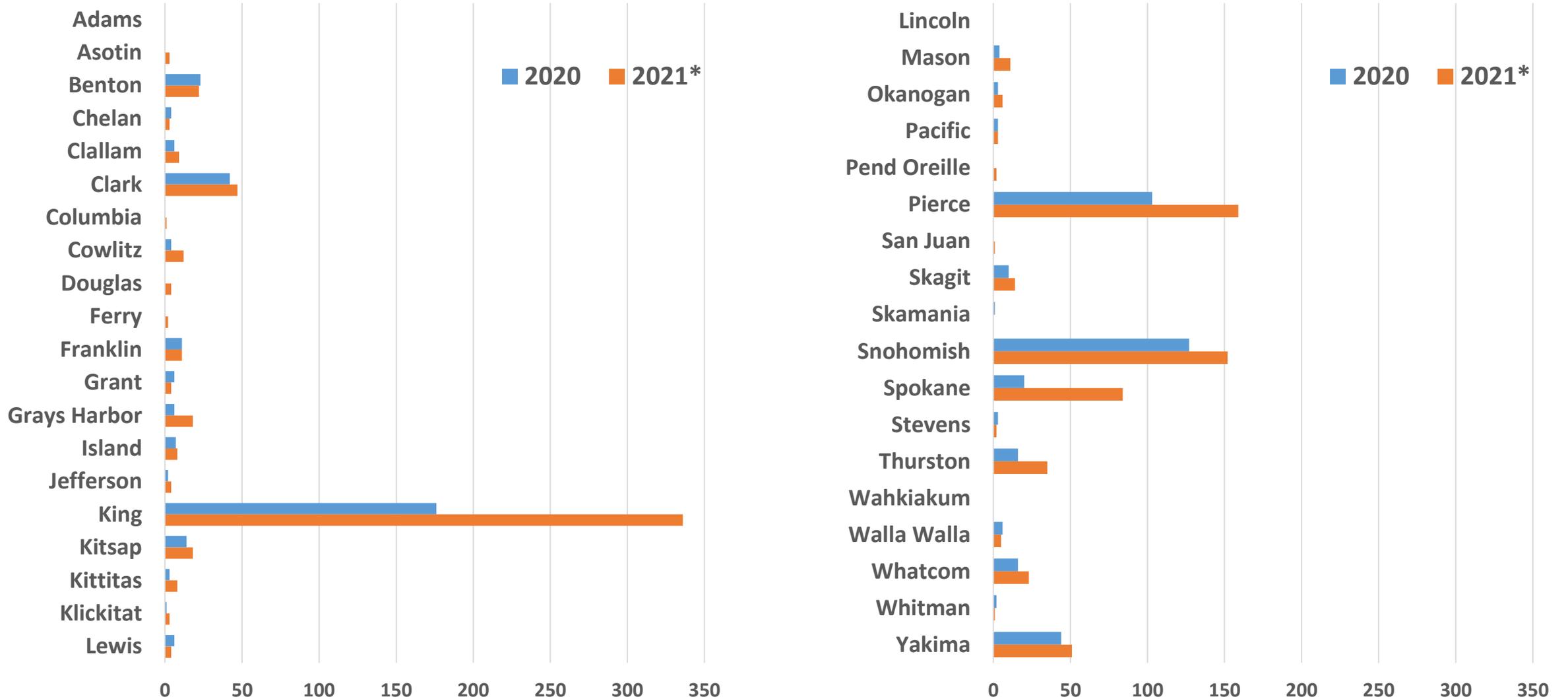
Overall drug overdose death counts by county compare 2020 and 2021*



Source: WA DOH death certificates

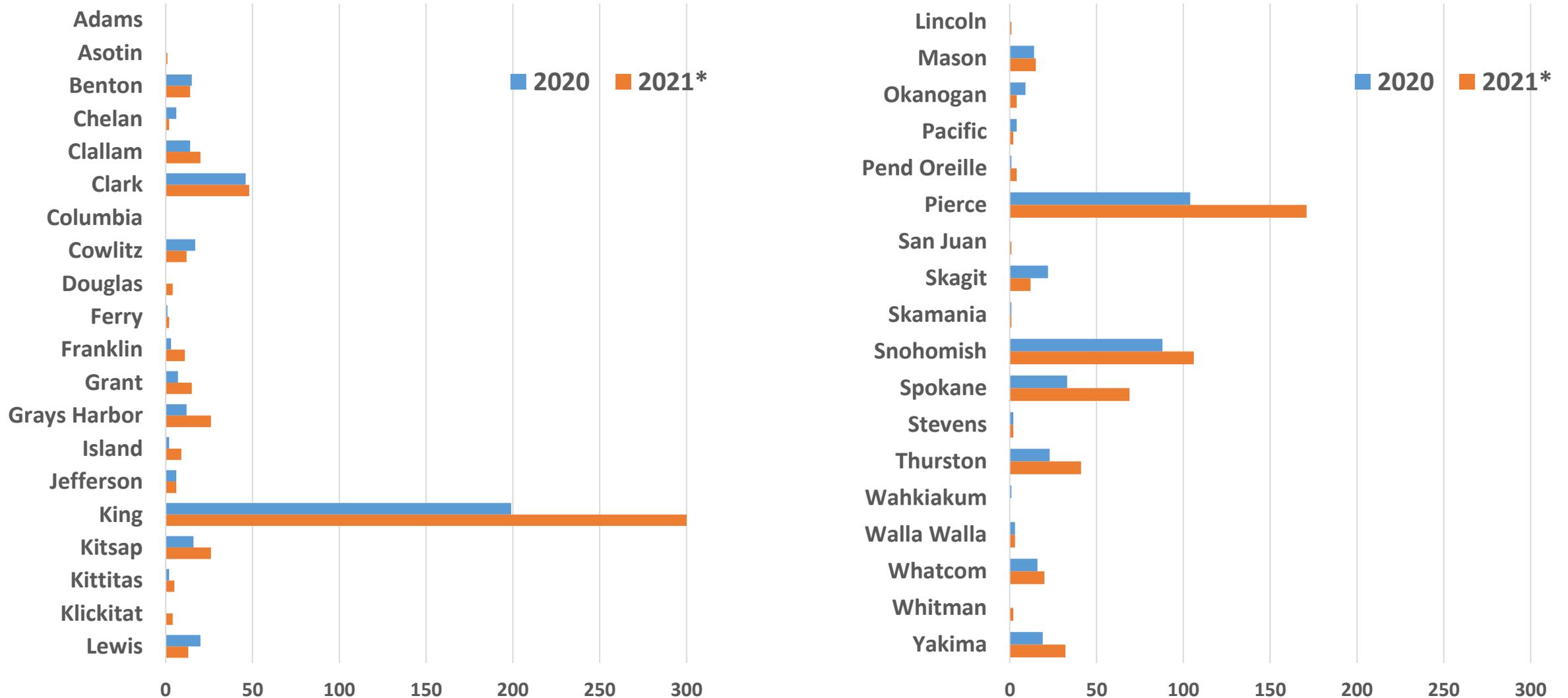
Preliminary 2021 data, numbers will change.
Data as of 7March2022

Drug overdose death involving synthetic opioids counts by county compare 2020 and 2021*



Preliminary 2021 data, numbers will change.
Data as of 7March2022

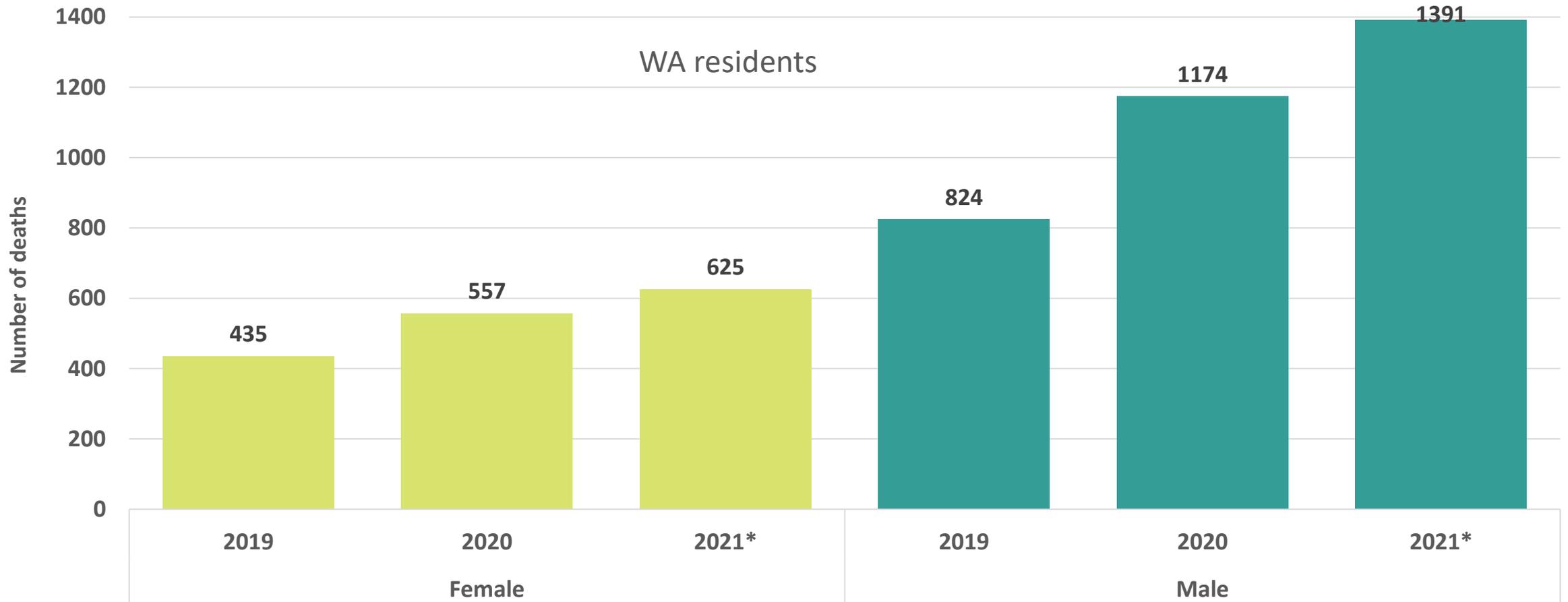
Drug overdose death involving psychostimulants counts by county compare 2020 and 2021*



Preliminary 2021 data, numbers will change.
Data as of 7March2022

Overall drug overdose deaths by sex

Compare 2019, 2020 and 2021*



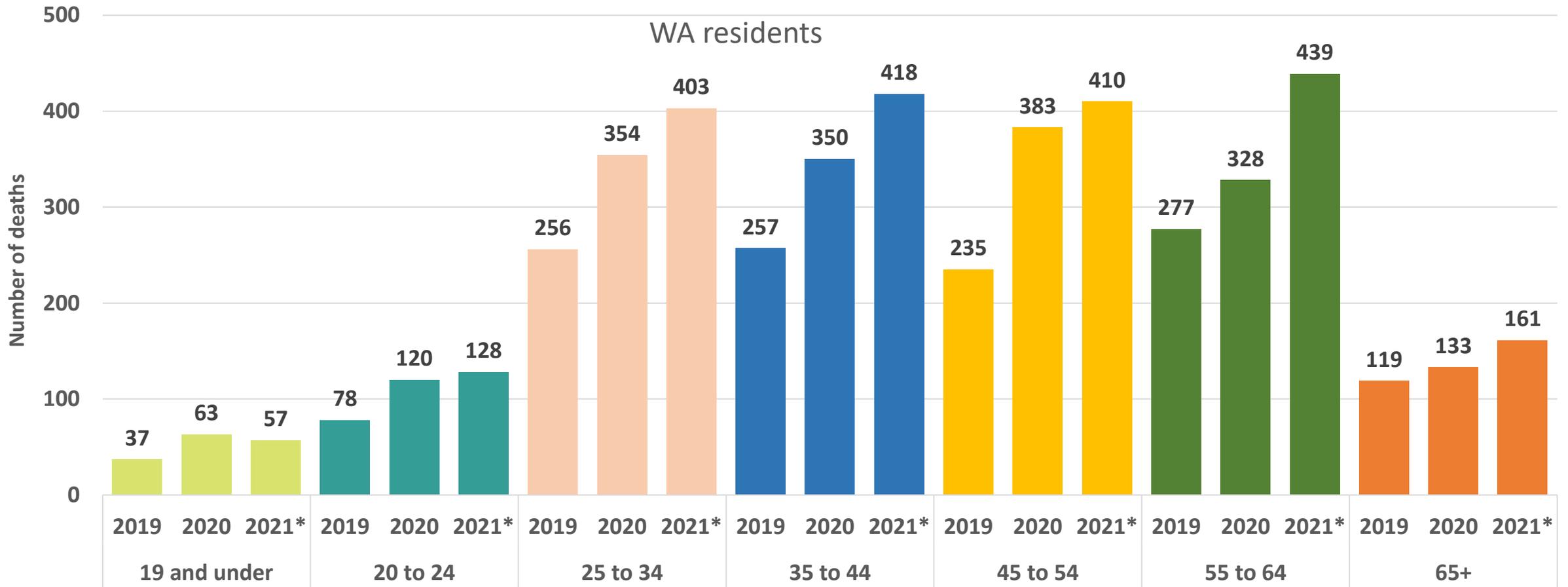
Source: DOH death certificates.

* 2021 data are preliminary and will change.

* Data as of 7March2022

Overall drug overdose deaths by age

Compare 2019, 2020 and 2021*



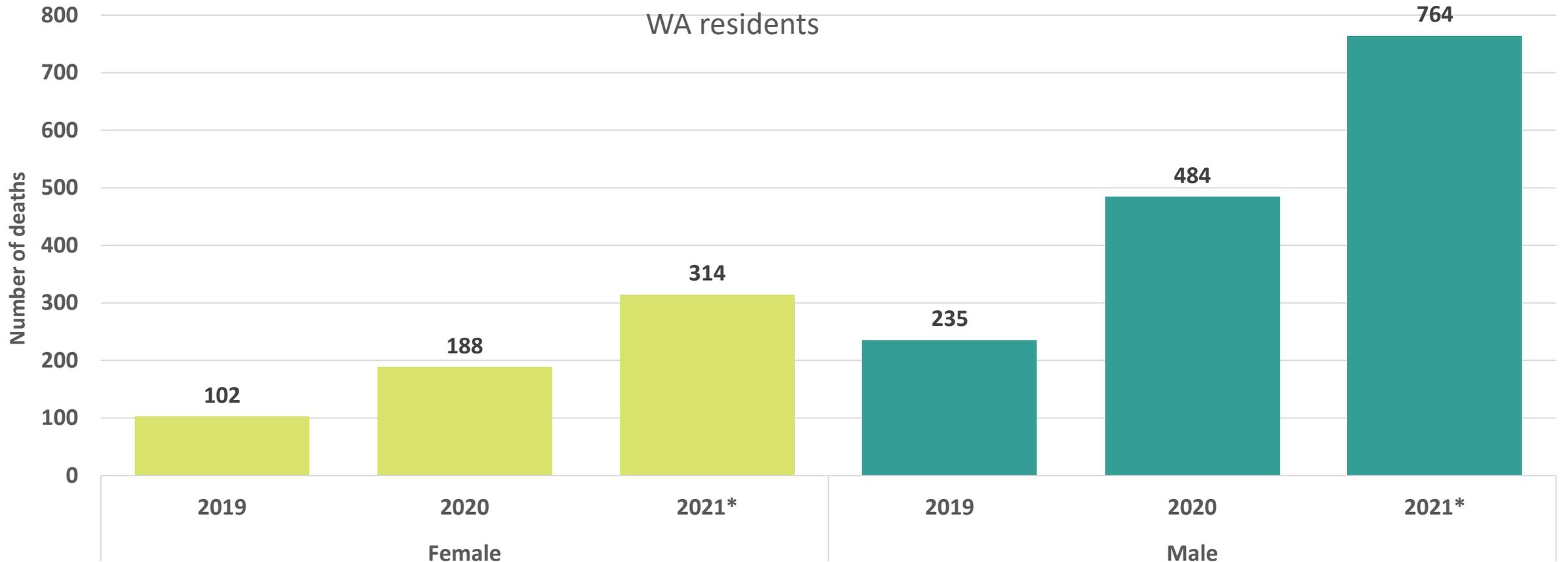
Source: DOH death certificates.

* 2021 data are preliminary and will change.

Data as of 7March2022

Drug overdose deaths involving synthetic opioids by sex

Compare 2019, 2020 and 2021*

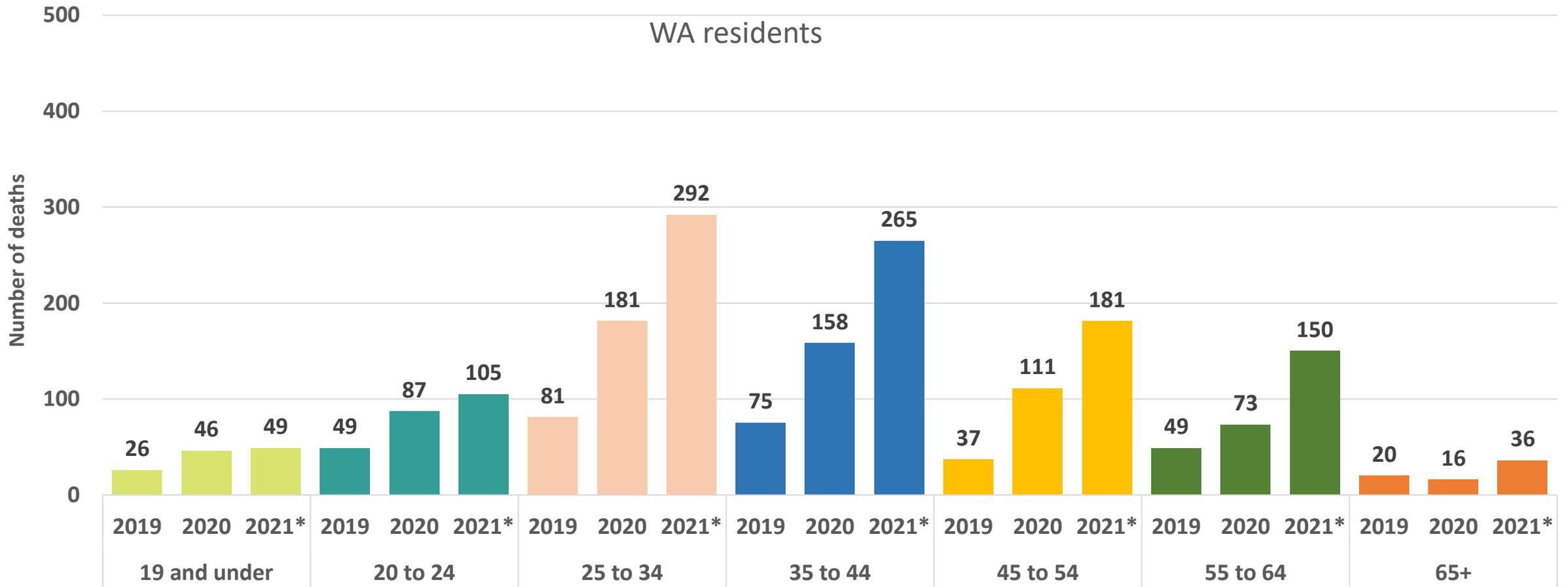


Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 7March2022

Drug overdose deaths involving synthetic opioids by age

Compare 2019, 2020 and 2021*



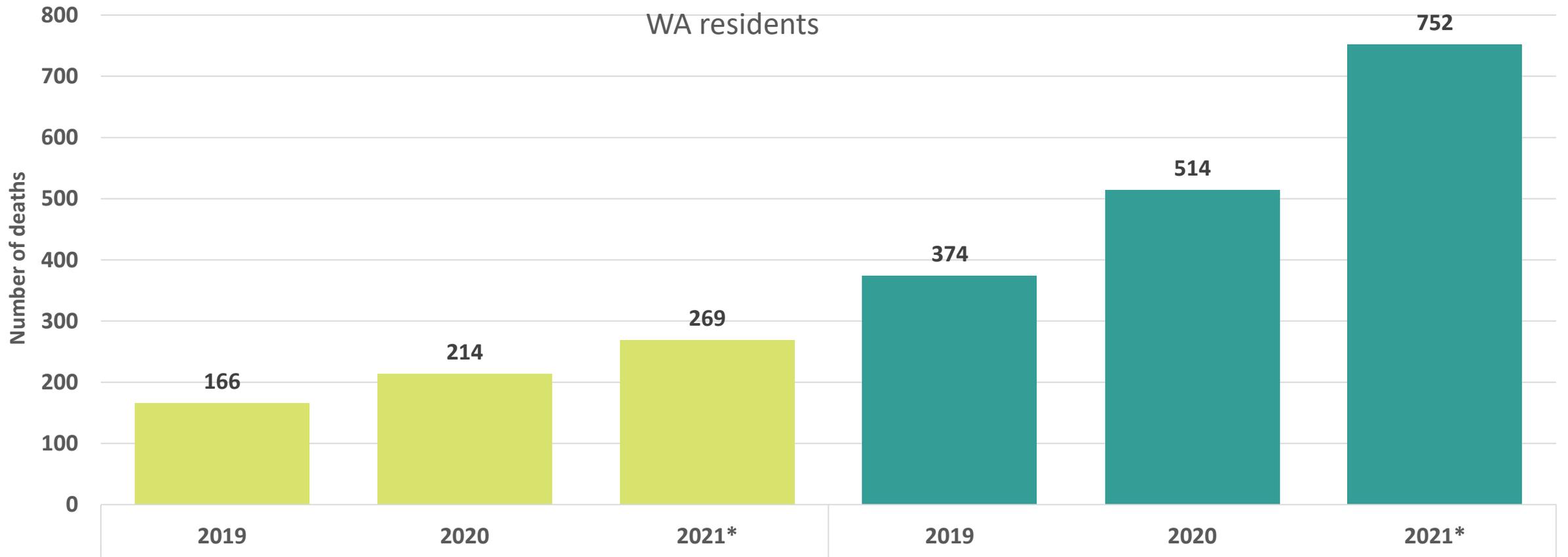
Source: DOH death certificates.

* 2021 data are preliminary and will change.

Data as of 7March2022

Drug overdose deaths involving psychostimulants by sex

Compare 2019, 2020 and 2021*

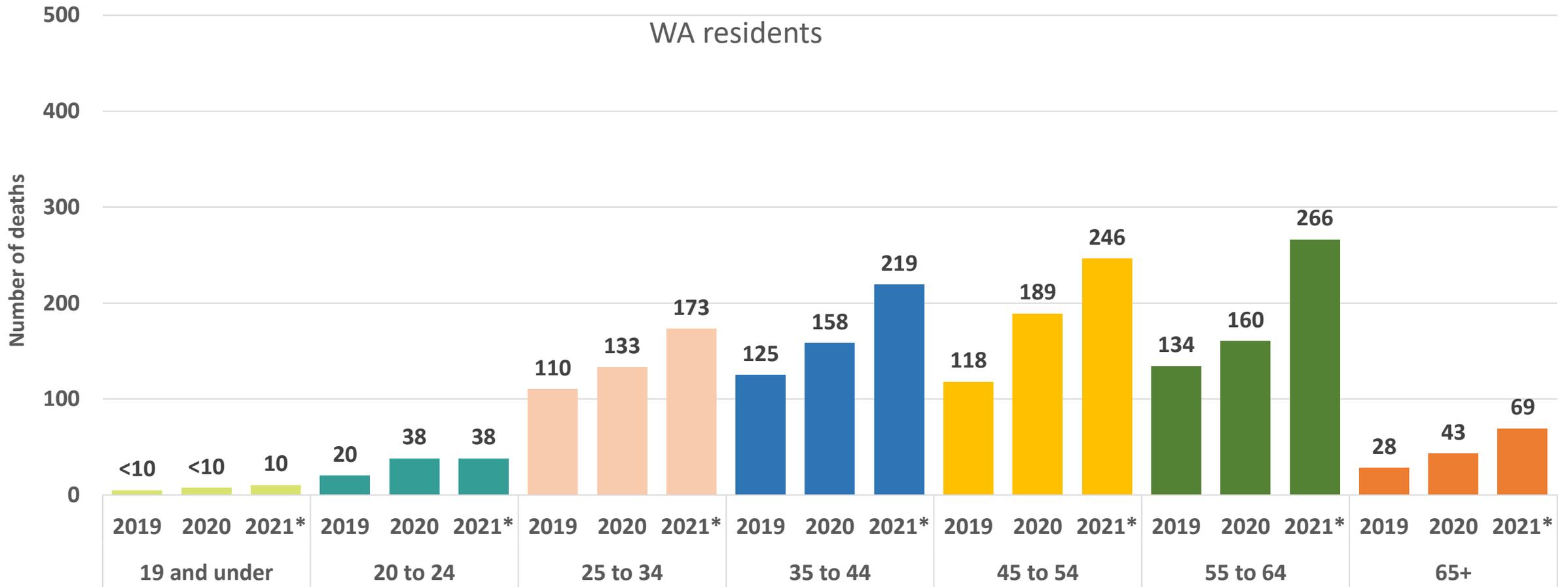


Source: DOH death certificates.

* 2021 data are preliminary and will change.
Data as of 7March2022

Drug overdose deaths involving psychostimulants by age

Compare 2019, 2020 and 2021*



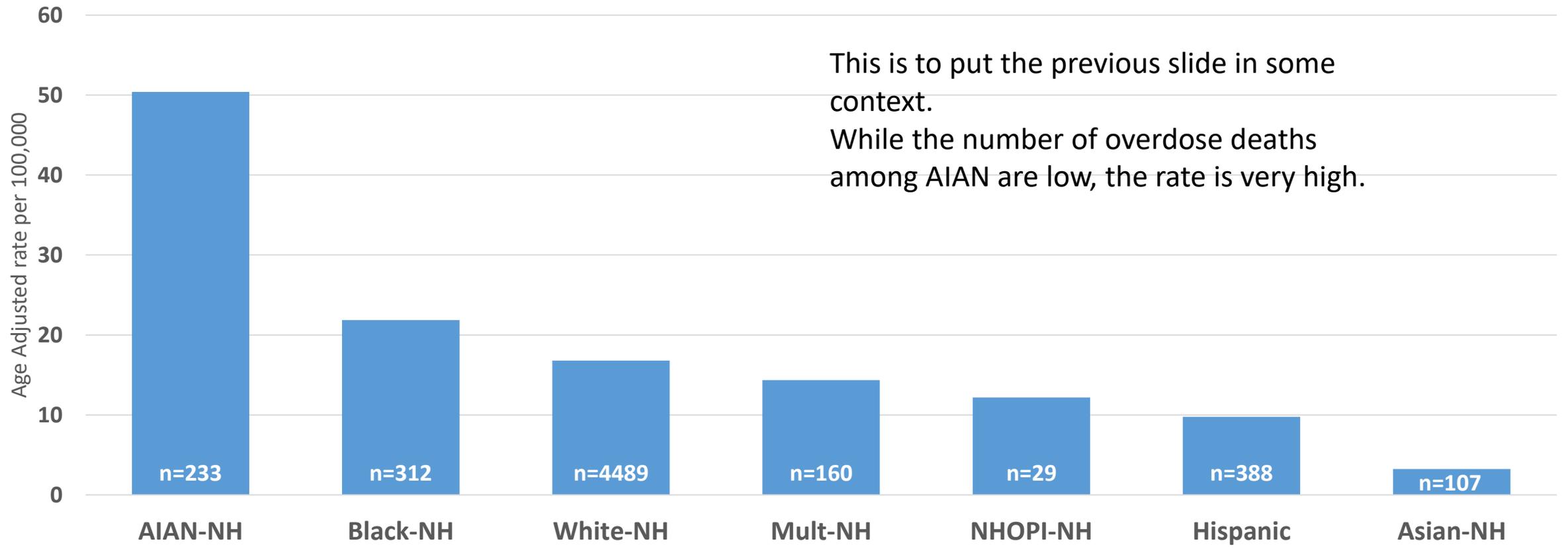
Source: DOH death certificates.

* 2021 data are preliminary and will change.

Data as of 7March2022

Drug overdose deaths disproportionately affect American Indian and Alaskan Native populations

WA residents (2015-2019)



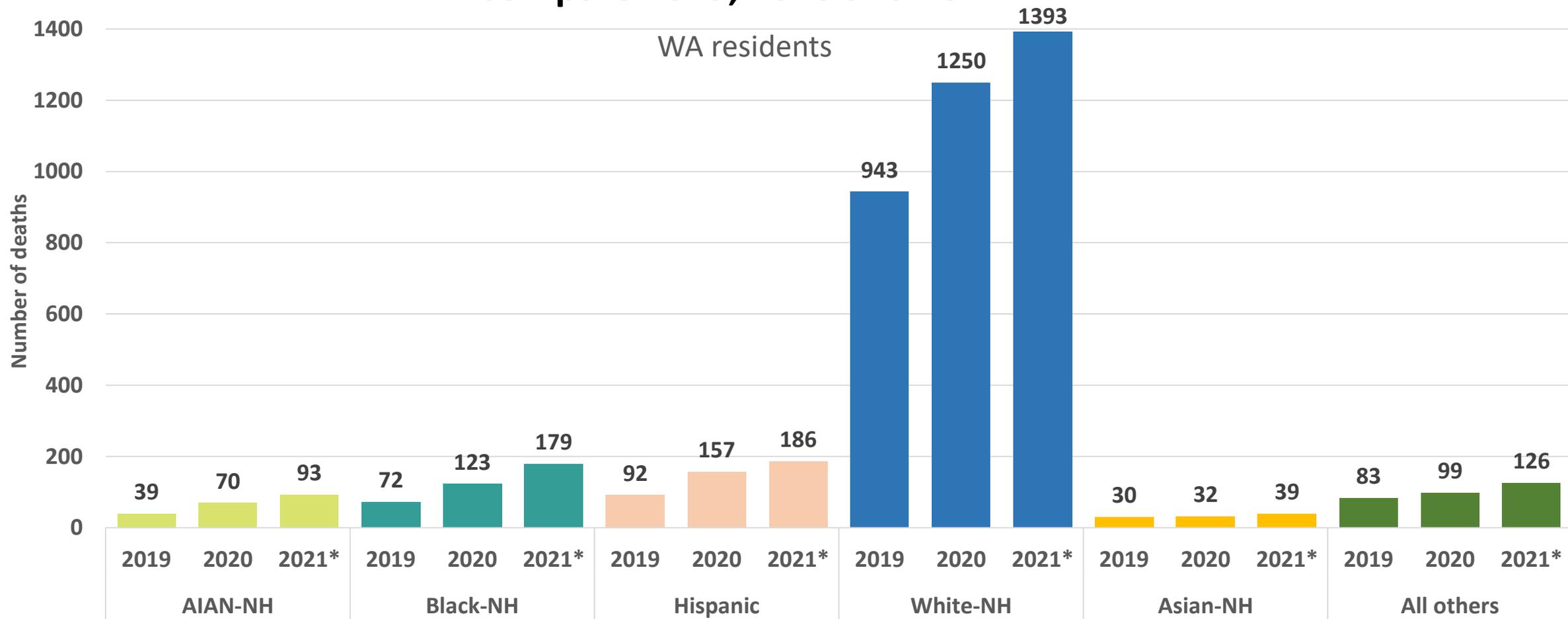
This is to put the previous slide in some context. While the number of overdose deaths among AIAN are low, the rate is very high.

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

NHOPI: Native Hawaiian or Other Pacific Islander
Multi: Multi-racial

Overall drug overdose deaths by race/ethnicity

Compare 2019, 2020 and 2021*



Source:
DOH death certificates.

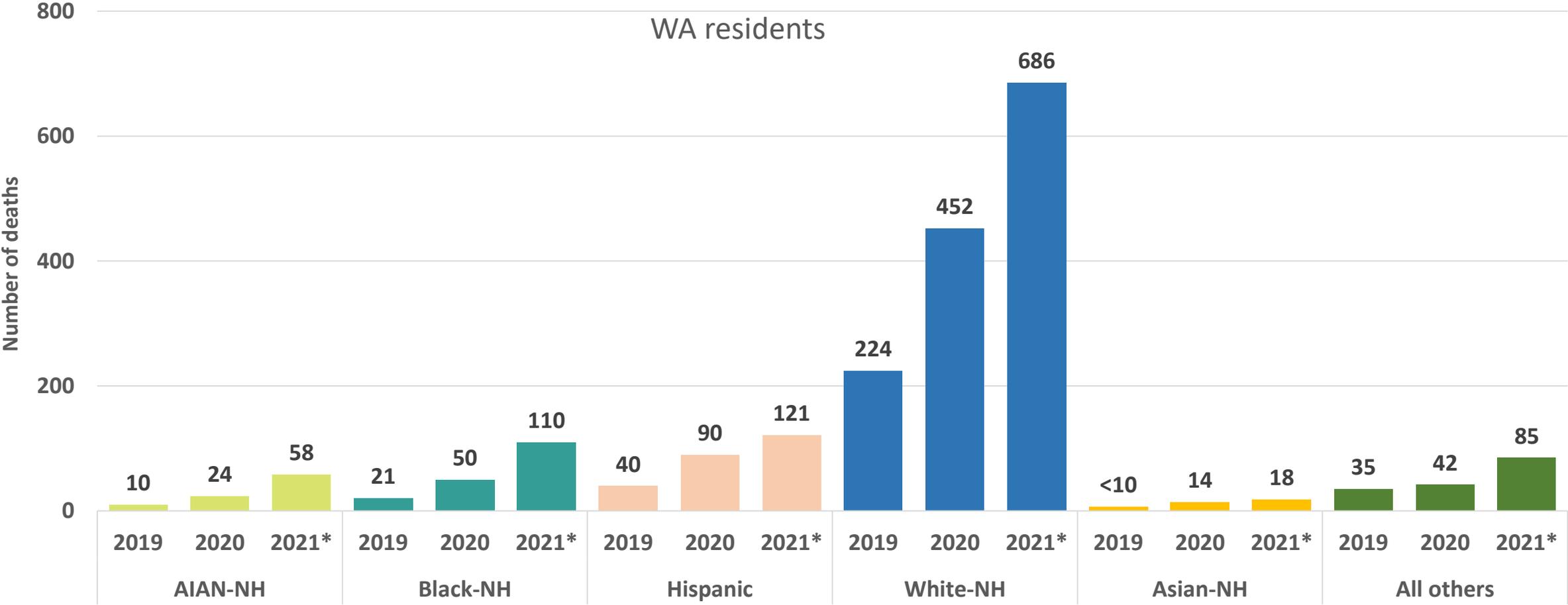
NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

All other includes: Native Hawaiian and other pacific
islanders, multi-racial and other (NOS)

* 2021 data are preliminary and will change.
Data as of 7March2022

Drug overdose deaths involving synthetic opioids by race/ethnicity

Compare 2019, 2020 and 2021*



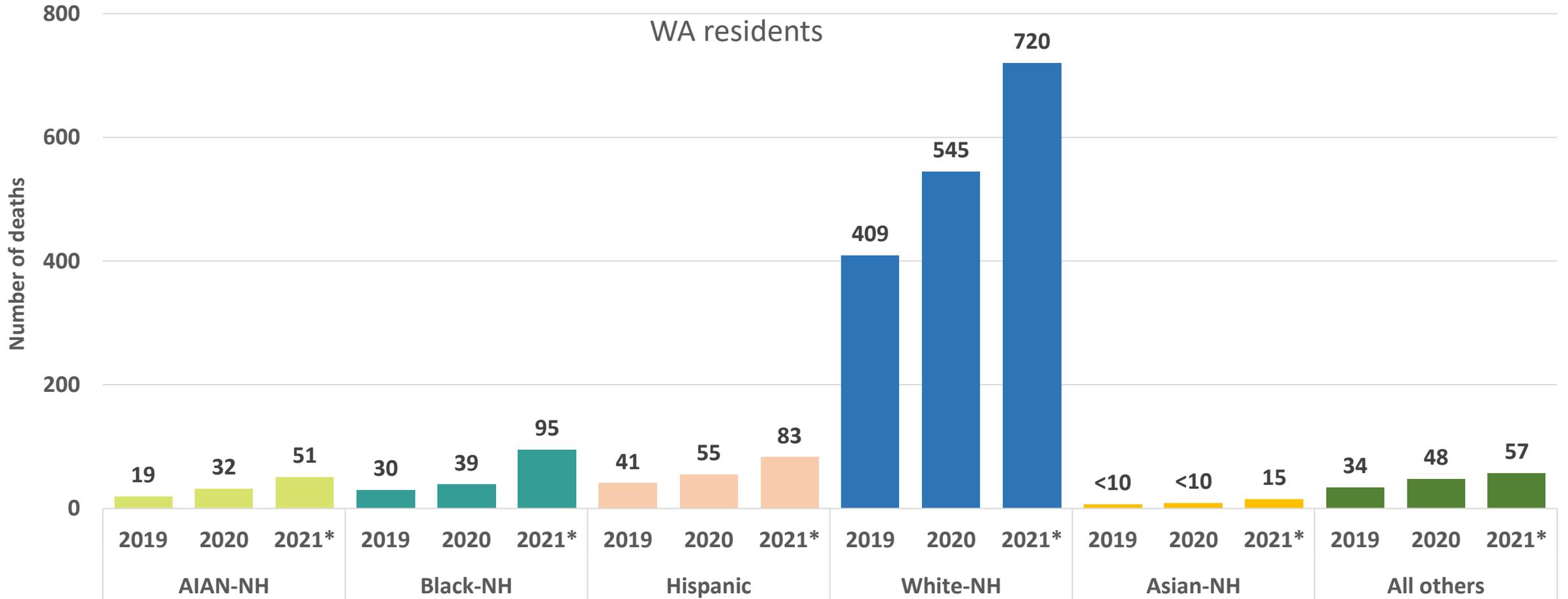
Source: DOH death certificates. NH: Non-Hispanic
AIAN: American Indian/Alaskan Native

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

* 2021 data are preliminary and will change. Data as of 7March2022

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

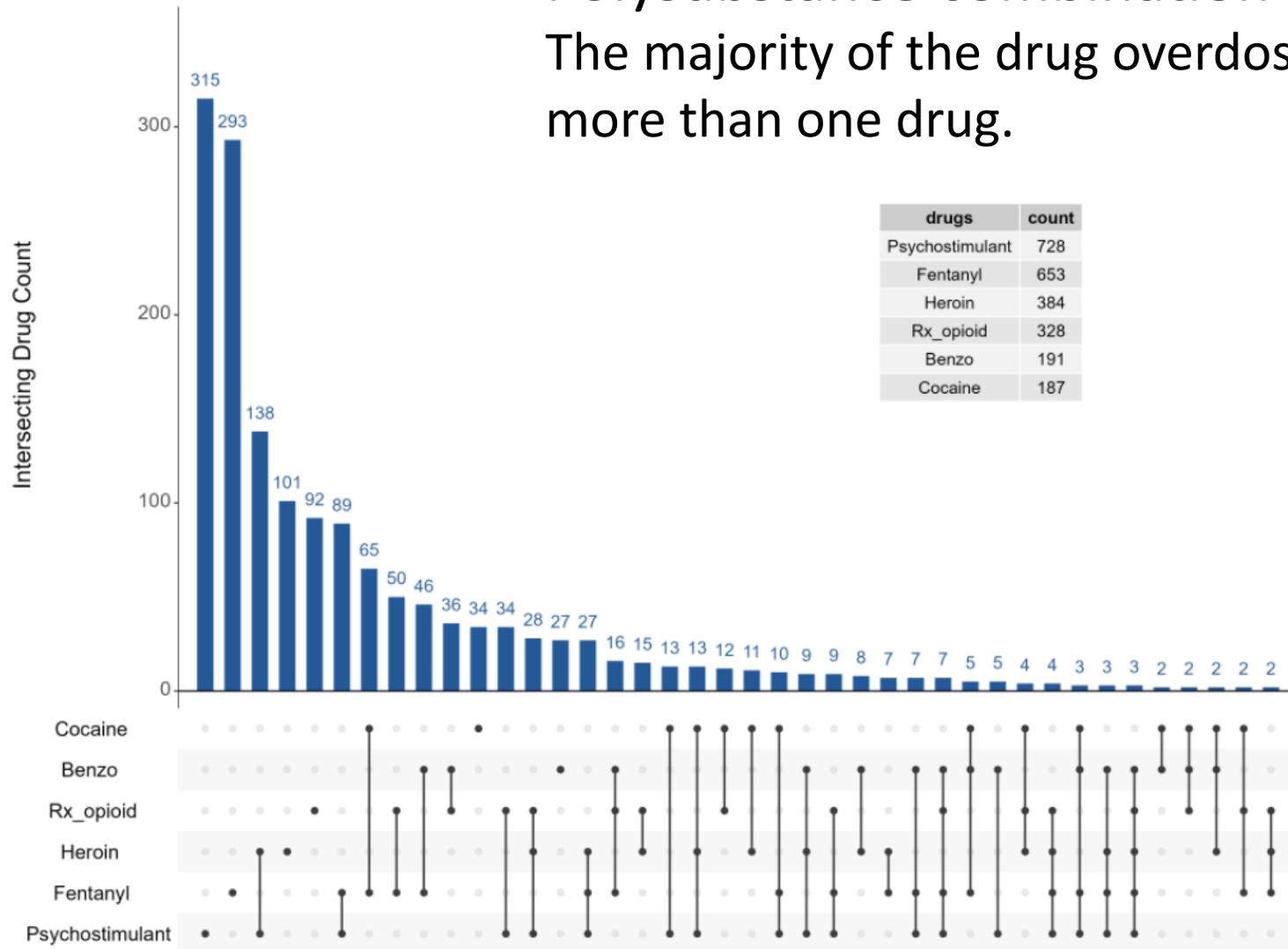
All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

* 2021 data are preliminary and will change. Data as of 7March2022

Polysubstance use (2020)

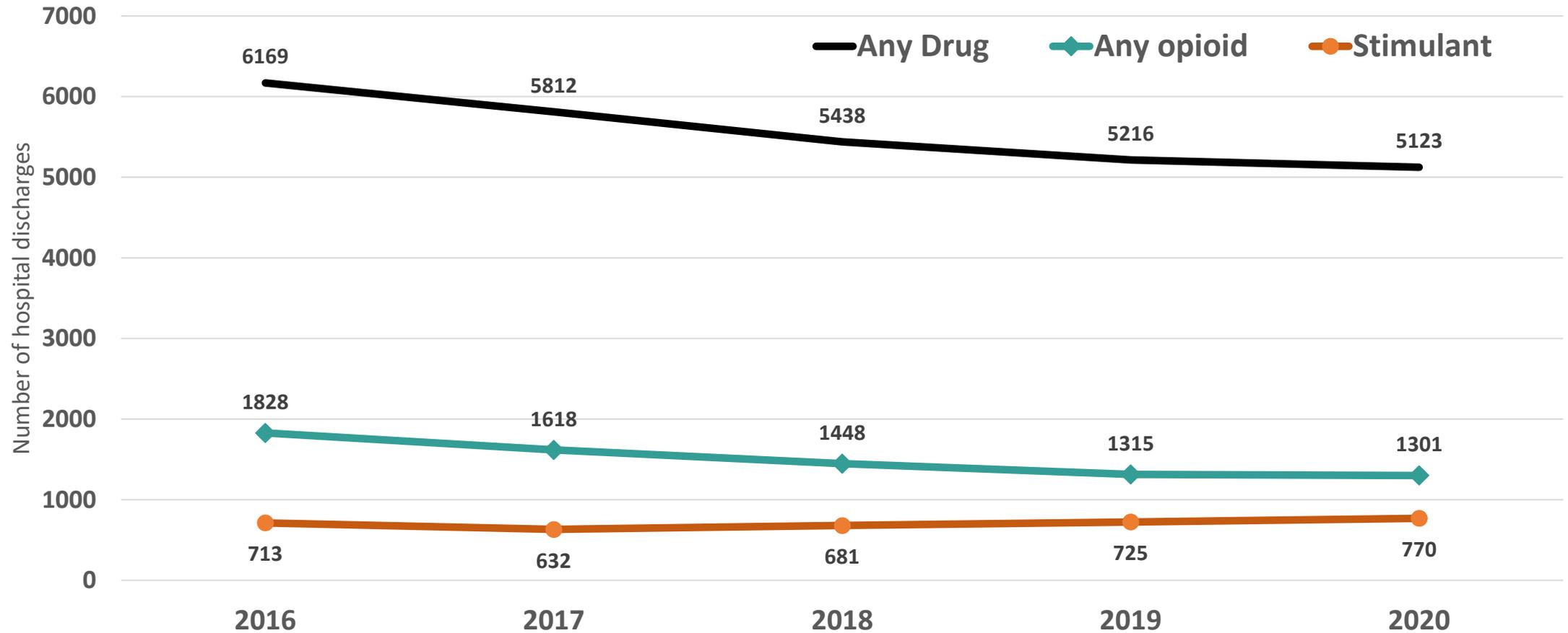
Polysubstance combination for selected drugs

Polysubstance combination for selected drugs
The majority of the drug overdose deaths included more than one drug.



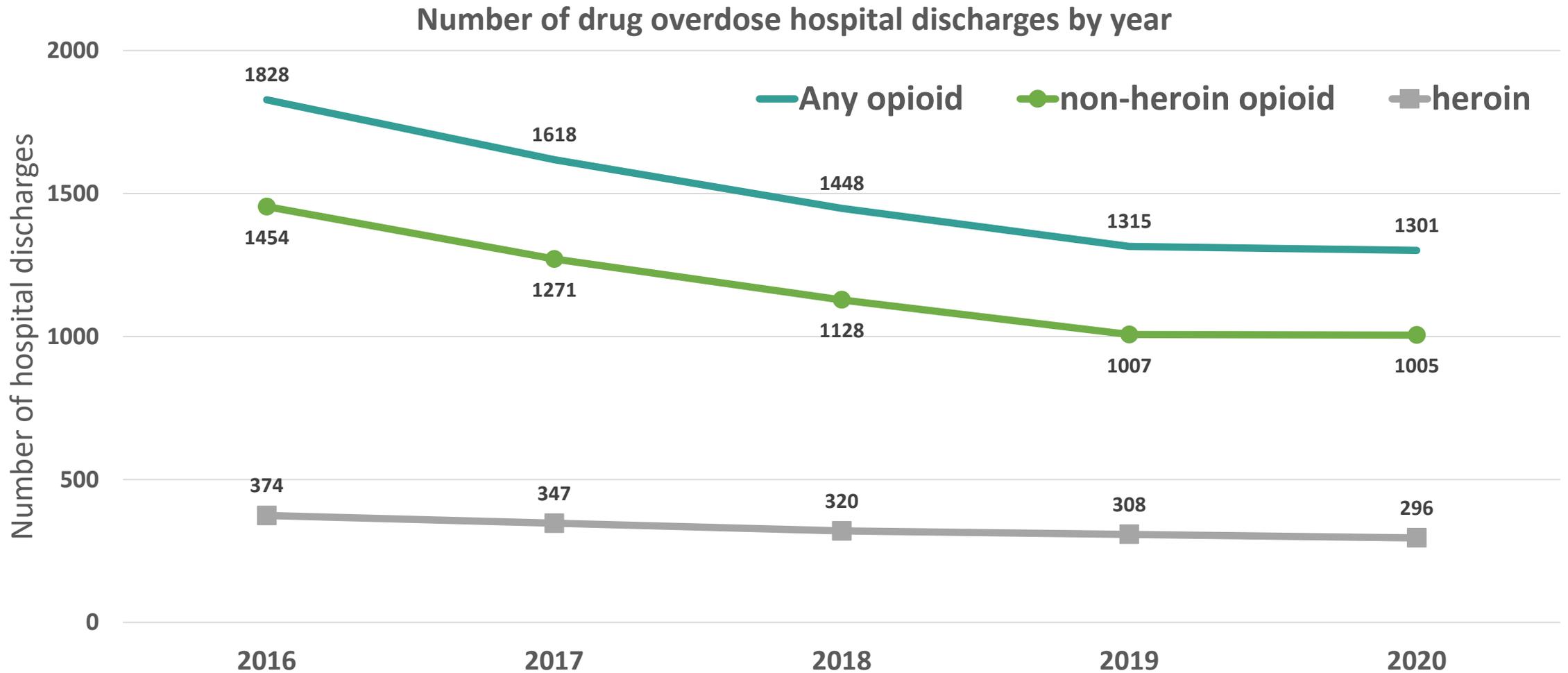
Number of overdose hospitalizations by year and drug type

Number of drug overdose hospital discharges by year



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

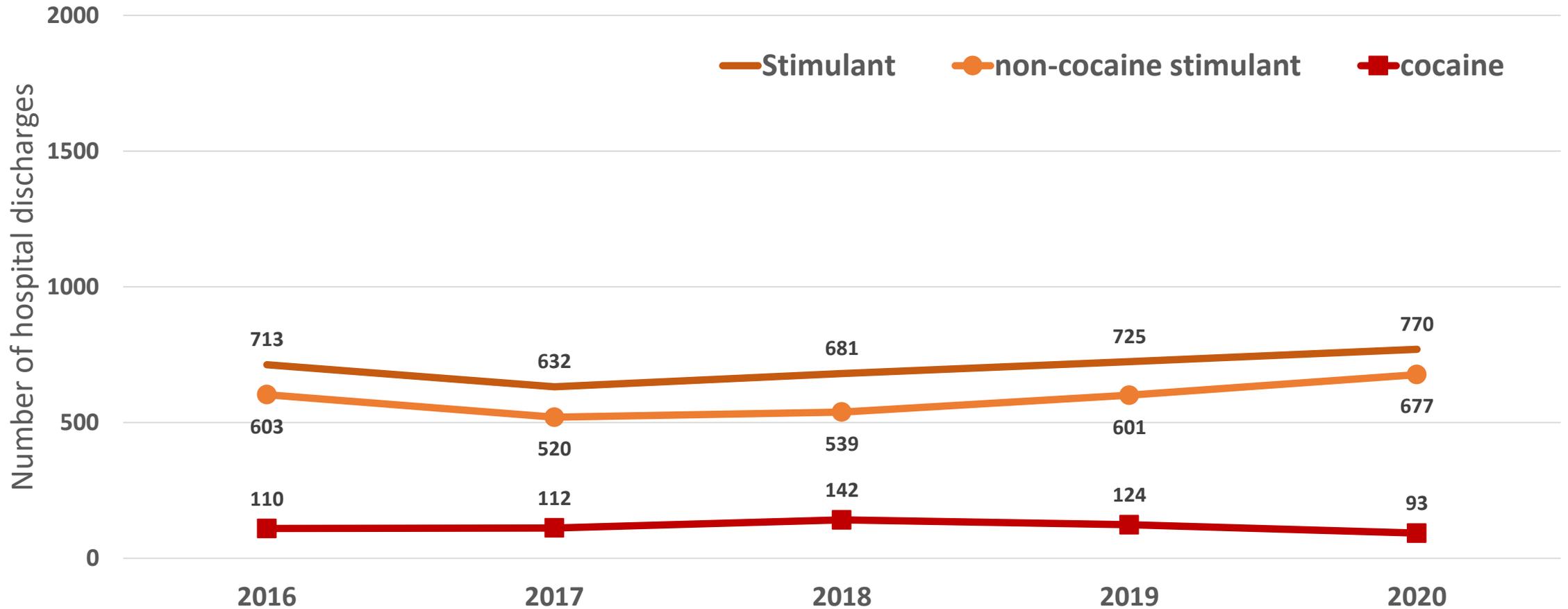
Number of overdose hospitalizations by year and drug type



Source: 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: 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](#)



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.



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

State Unintentional Drug Overdose Reporting System (SUDORS)

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

SUDORS Data Workflow



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.

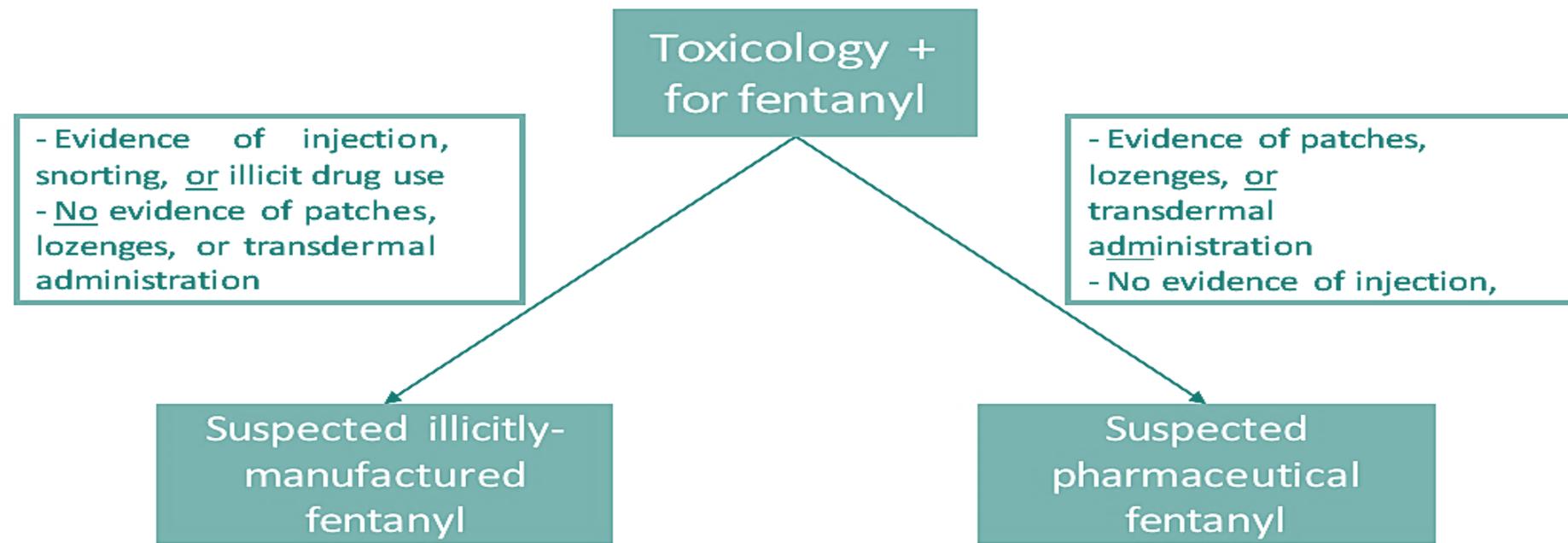
What makes SUDORS data so unique?

- 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?

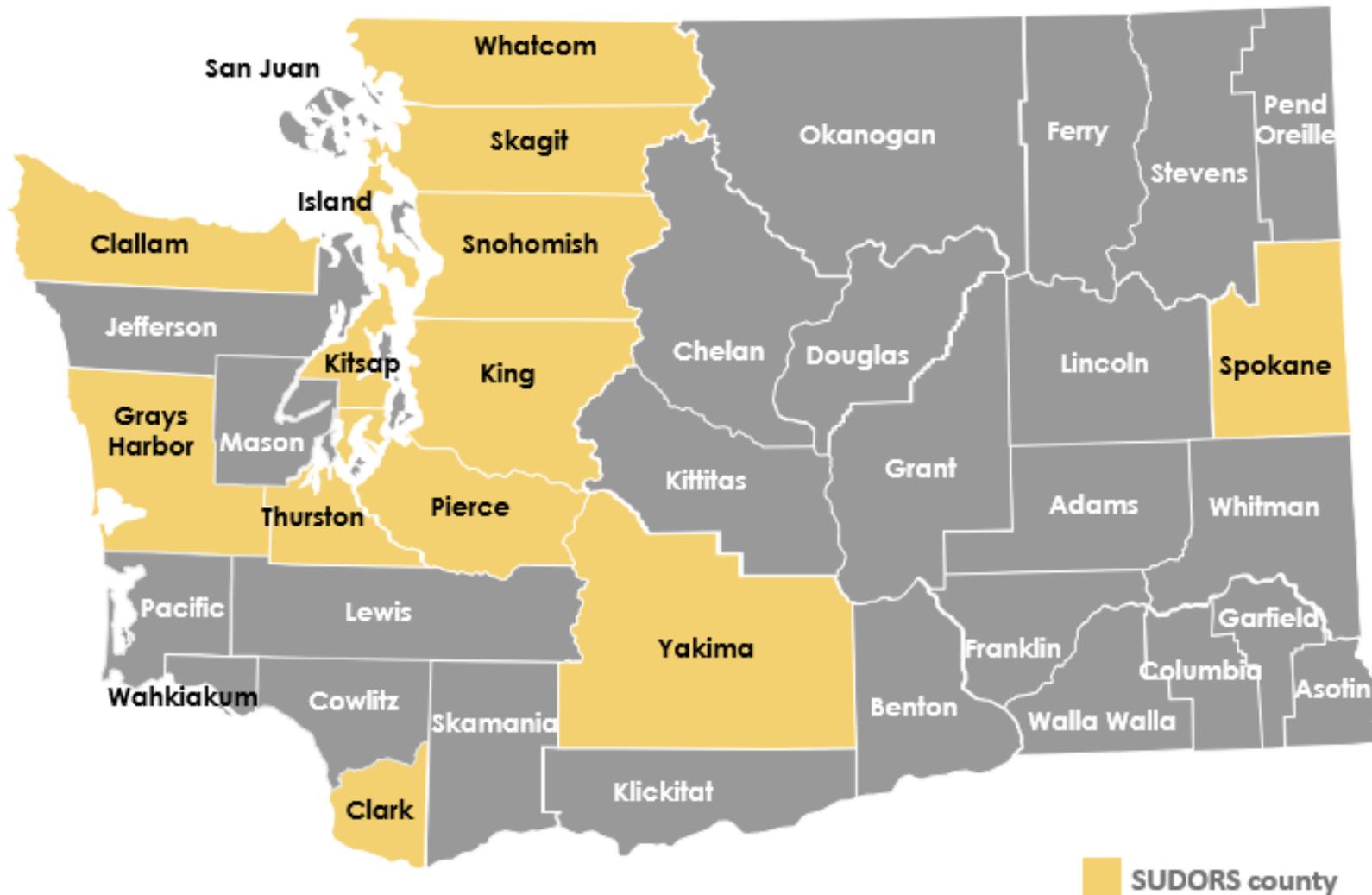
- It includes toxicology results, which provides a comprehensive list of drugs that caused the death as well as additional substances detected that were used at the time of death.
- It provides guidelines to determine if an overdose was due to an illicitly manufactured substance based on evidence found 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.

SUDORS FENTANYL GUIDELINE



SUDORS HEROIN GUIDELINE

		Toxicology positive for:		Scene evidence of:	
		6-MAM <u>or</u> diacetylmorphine	Morphine	Injection, illicit drug use, <u>or</u> history of heroin abuse	Prescription morphine use
Heroin	Confirmed	✓	✓ / ✗	✓ / ✗	✓ / ✗
	Probable	✗	✓	✓	✗
	Suspected	✗	✓	✗	✗
Morphine	Suspected	✗	✓	✗	✓



SUDORS 2019-2020

DOH currently partners with **13** county medical examiners and coroners to collect unintentional and undetermined overdose death data.

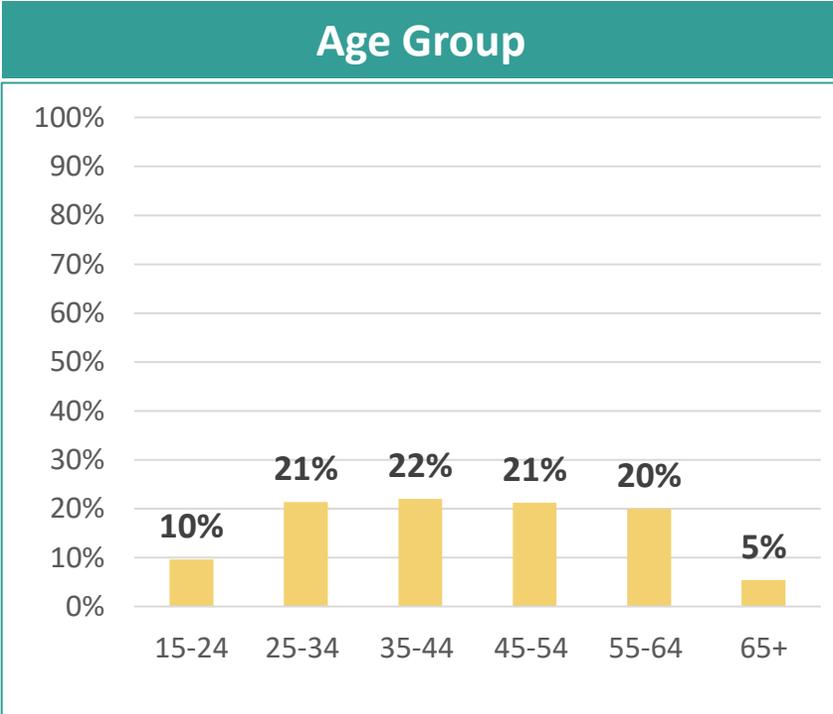
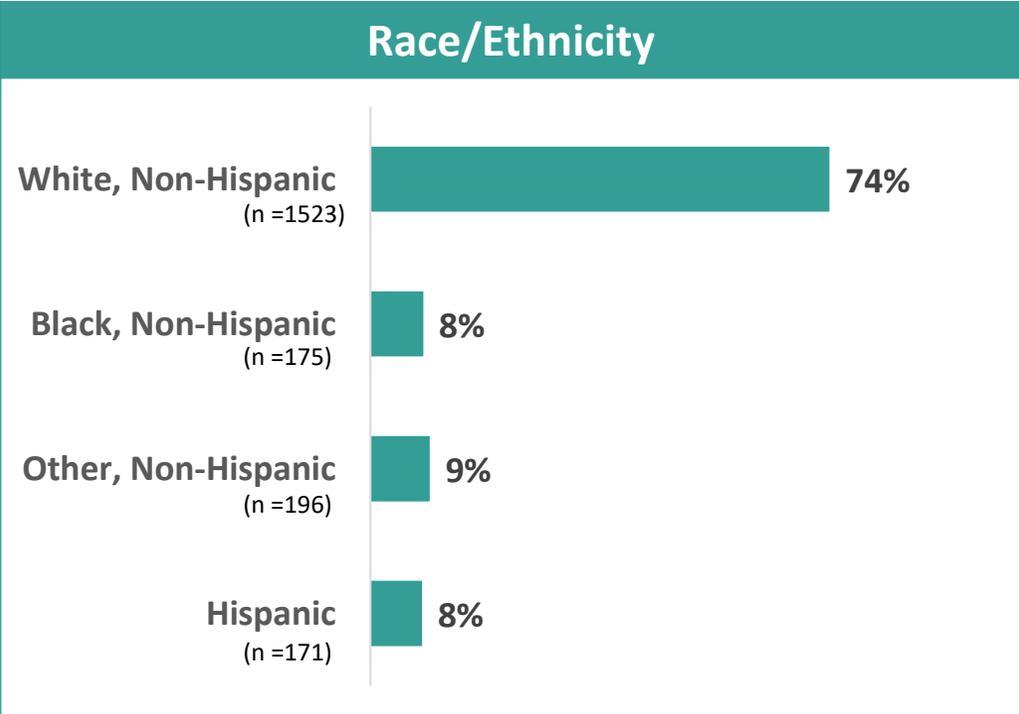
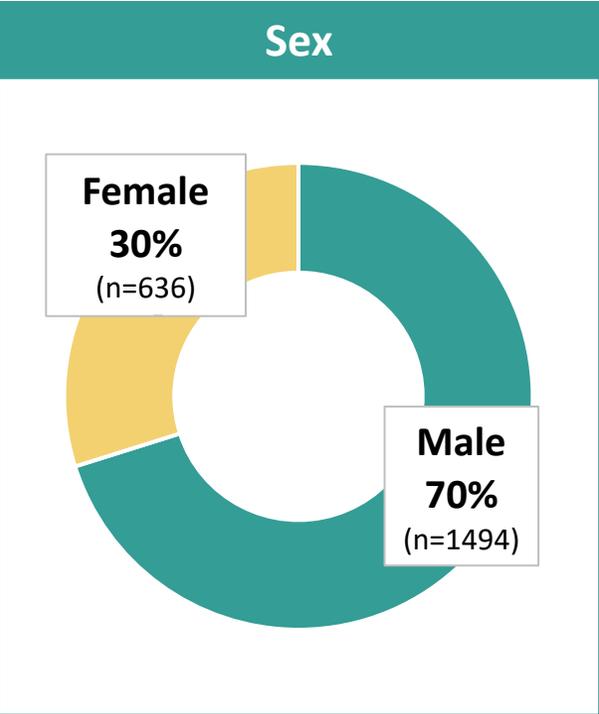
These county cases represent more than **75%** of all unintentional and undetermined overdose deaths in the state.

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

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%)**



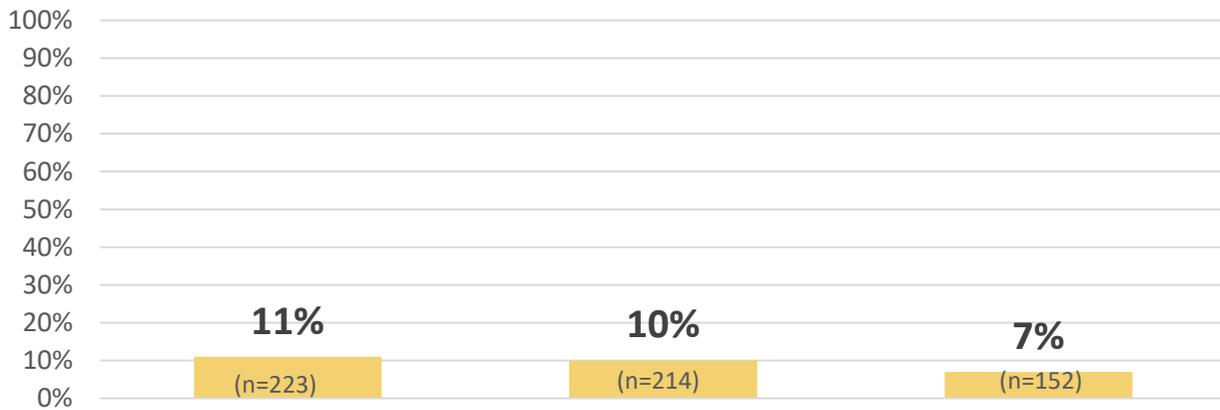
Missing values were excluded from percentage calculations.
Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020

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



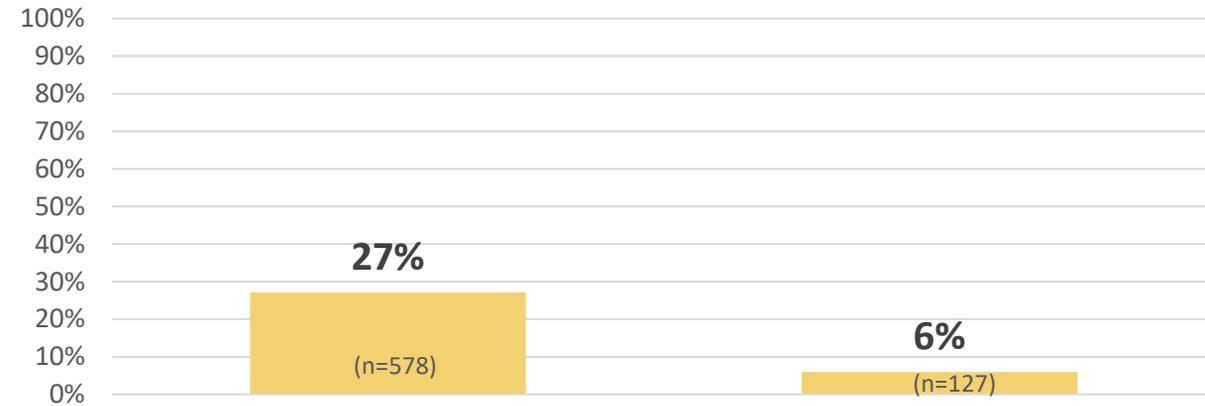
Homeless

Recently released from an institution

Veteran

Type of Institution	% of decedents recently released from an institution (n=214)
Hospital	57% (123)
Jail, prison, or a detention facility	24% (52)
Supervised residential facility for substance use treatment	13% (27)
Other type of facility	5% (12)

Mental Health History



Diagnosed mental health problem

History of suicidal thoughts, plans or attempts

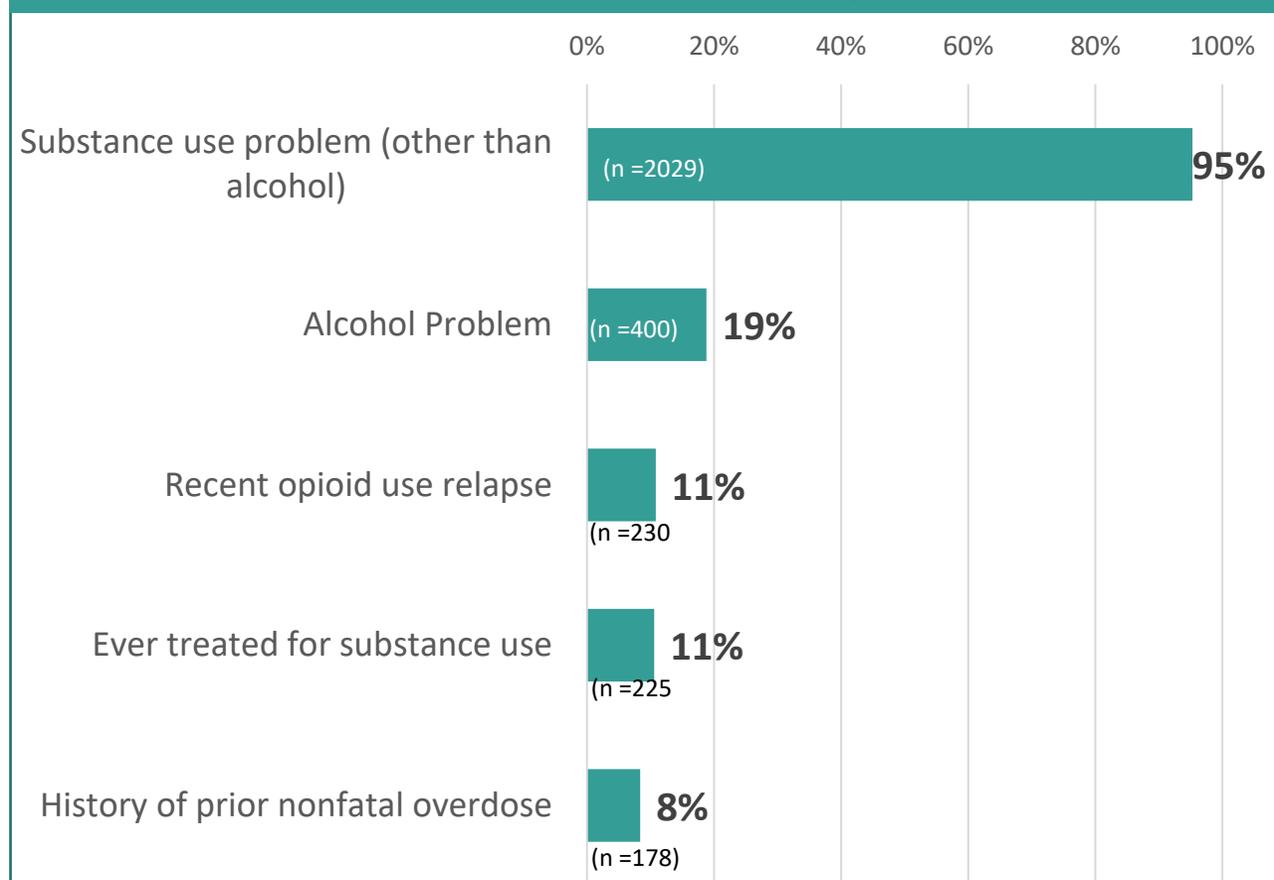
Type of Mental Health Diagnosis	% of decedents with a mental health problem (n=578)
Depression/Dysthymia	54% (312)
Anxiety Disorder	30% (172)
Bipolar Disorder	19% (109)
Post-Traumatic Stress Disorder	10% (55)
Schizophrenia	10% (55)
Other	14% (79)

WHO are the overdose decedents? (2019-2020)

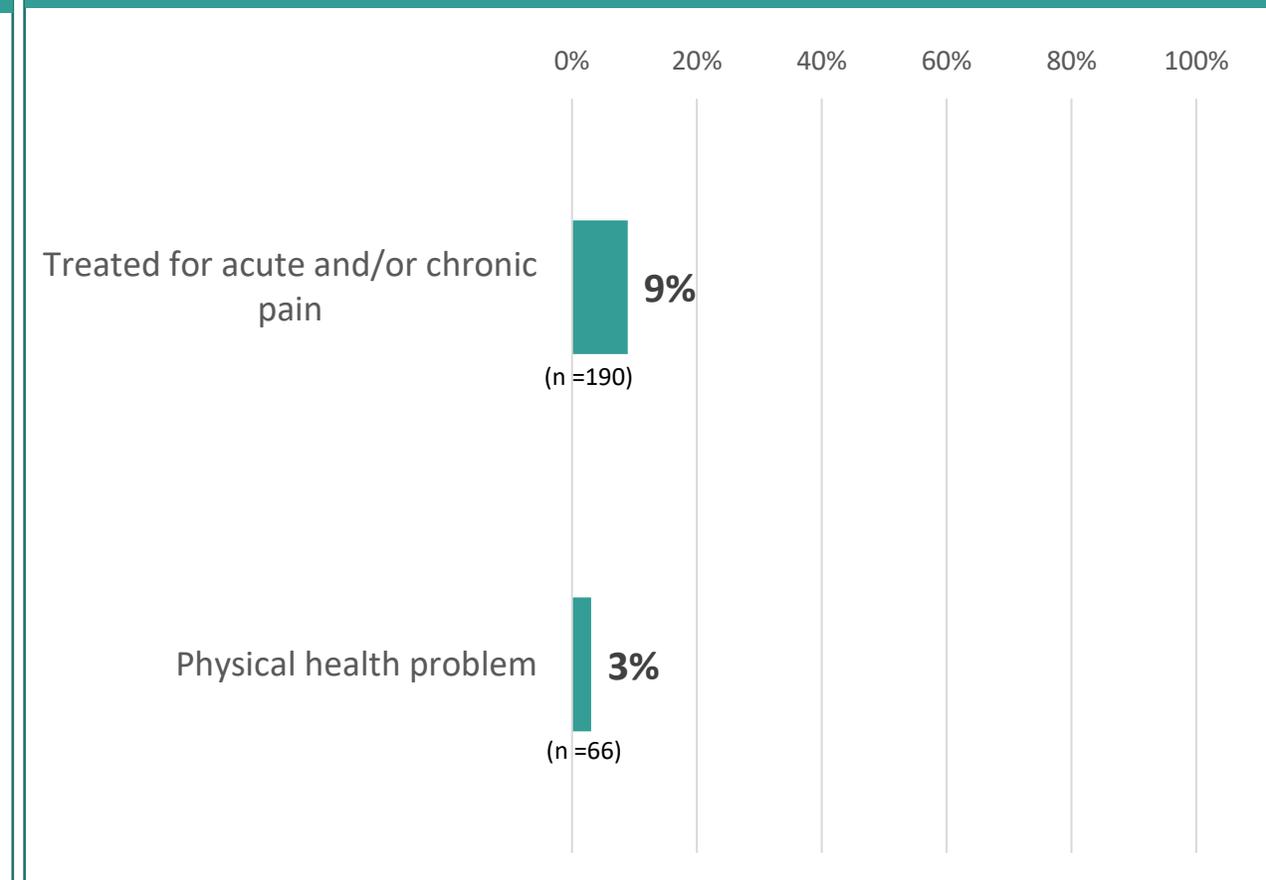
Documented circumstances preceding fatal overdose

99.8% of all decedents had at least one known circumstance

Substance Use History



Other Circumstances

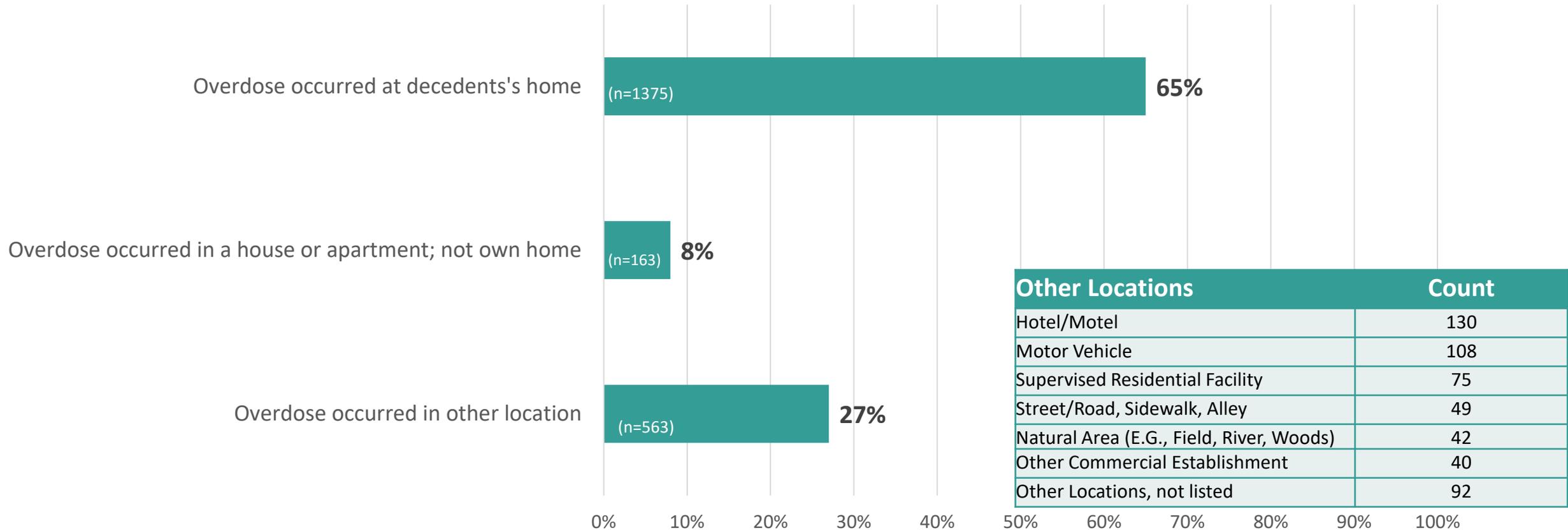


Percentages are among decedents who had at least one known circumstance. Circumstances are based on evidence available in source document.; these are likely underestimated as death investigators might have limited information.
Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020



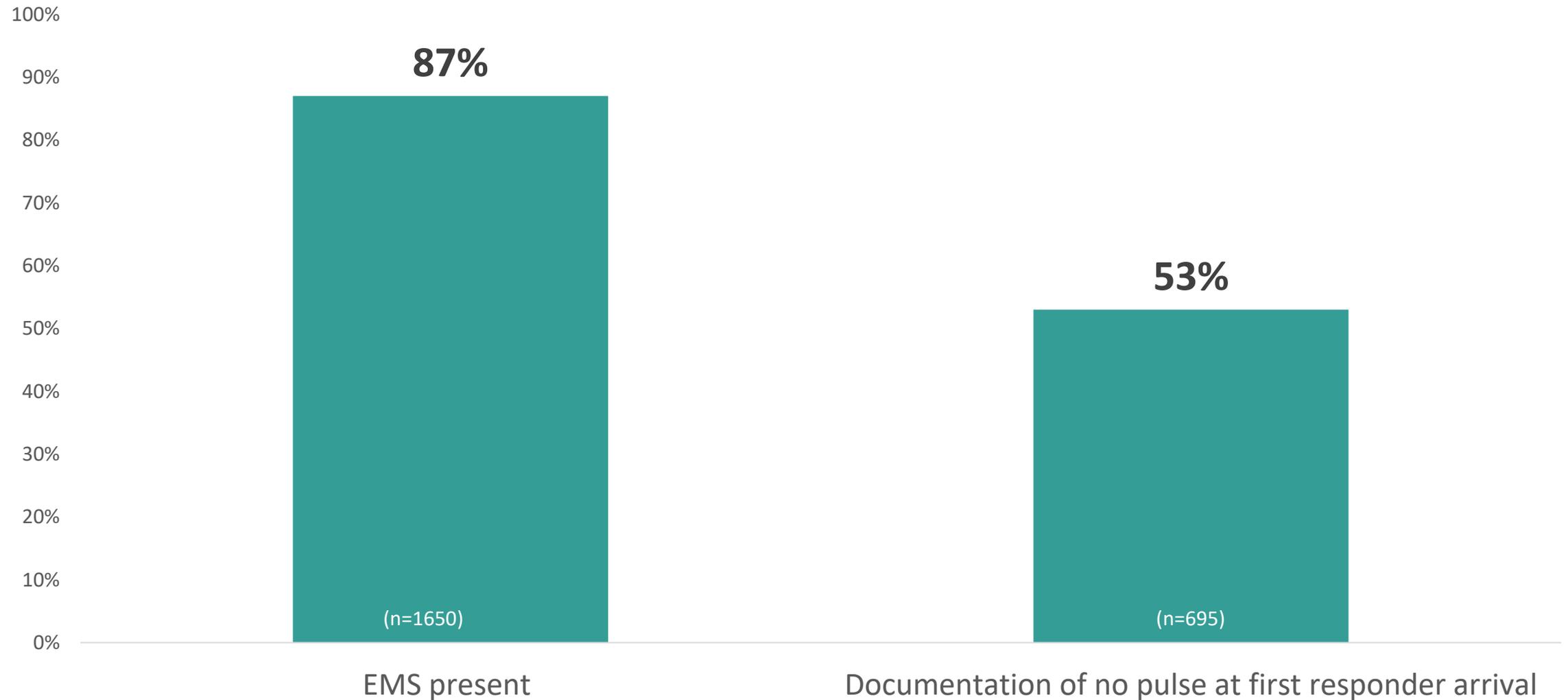
WHERE do overdoses occur? (2019-2020)

More than half of overdose deaths occur in the decedent's own home



WHERE do overdoses occur? (2019-2020)

Overdose Response: EMS

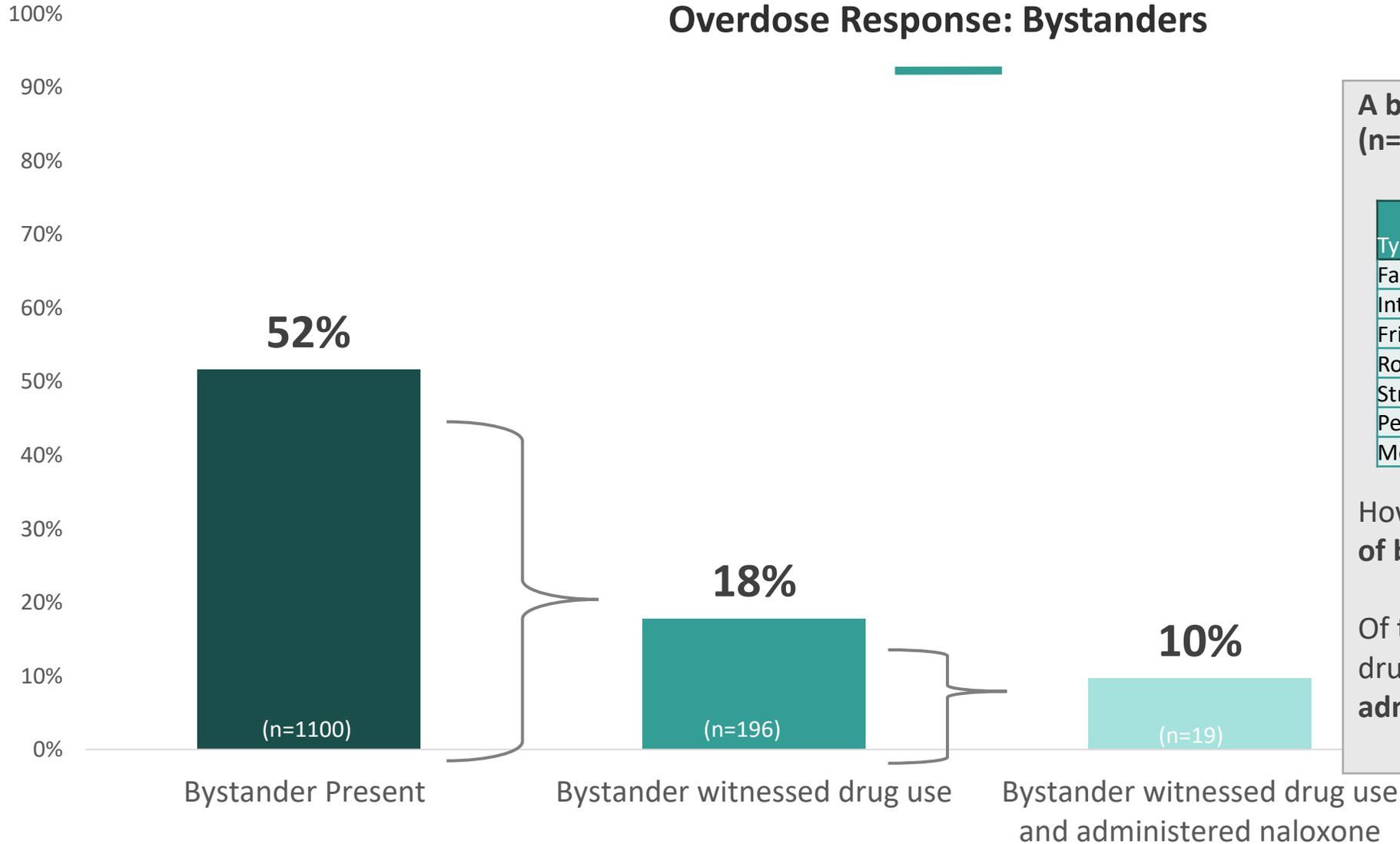


Missing values were excluded from percentage calculations.

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.

Types of Bystanders Present	% of bystanders present (n=1100)
Family Member	27% (299)
Intimate Partner	25% (273)
Friend	16% (173)
Roommate	13% (27)
Stranger	2% (27)
Person using drugs	2% (19)
Medical Professional	1% (13)

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

75% (829 out of 1100) of deaths occurred with a bystander present who did not respond or intervene (i.e. administer naloxone, CPR).

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

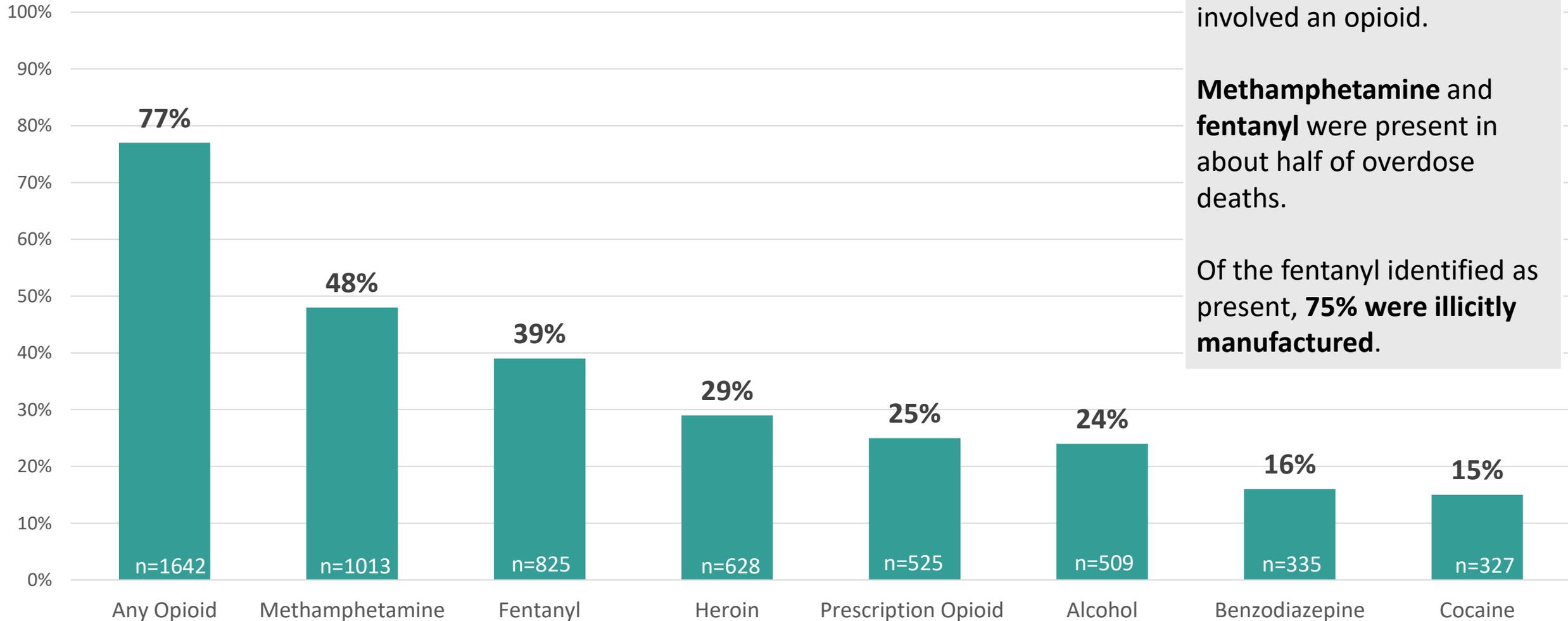
Missing values were excluded from percentage calculations.

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

WHAT drugs were identified? (2019-2020)

Substances Identified as Present on Toxicology



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.**

NOTE: Drug specific categories are not mutually exclusive.

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

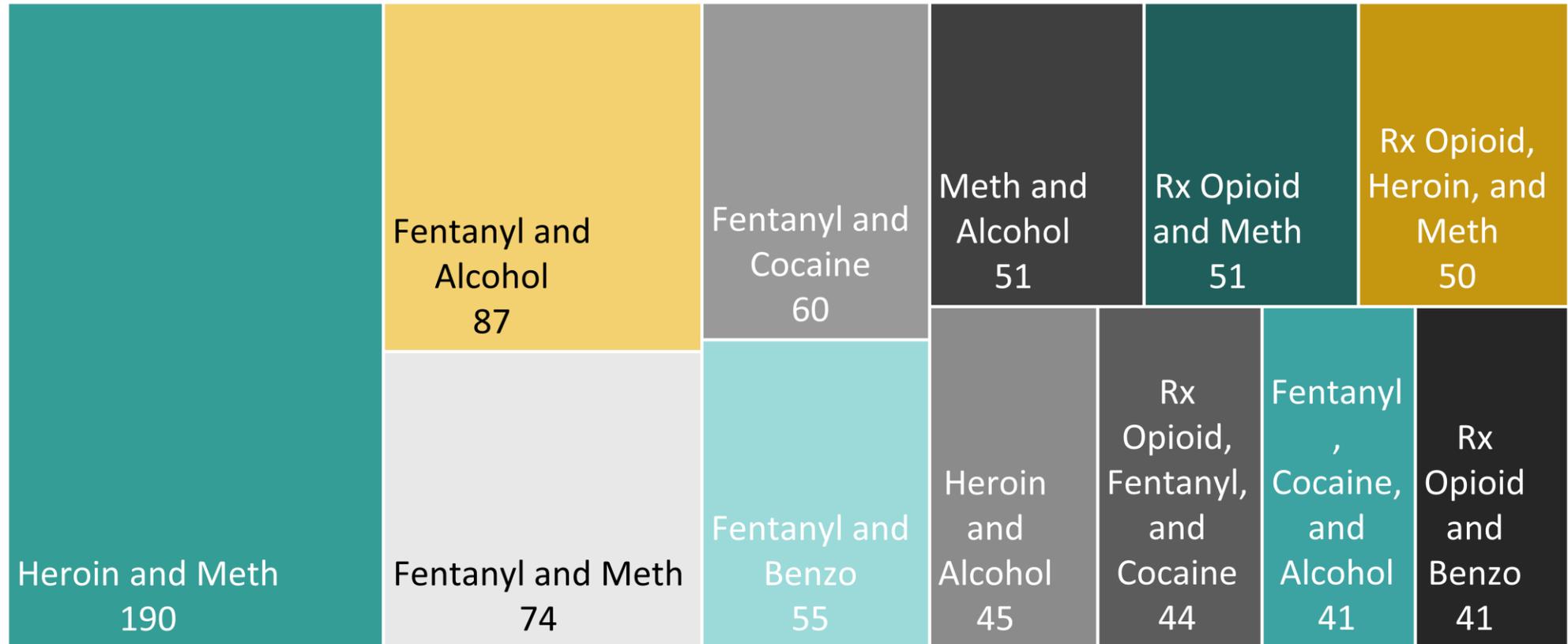
WHAT drugs were identified? (2019-2020)

Polysubstance Use

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

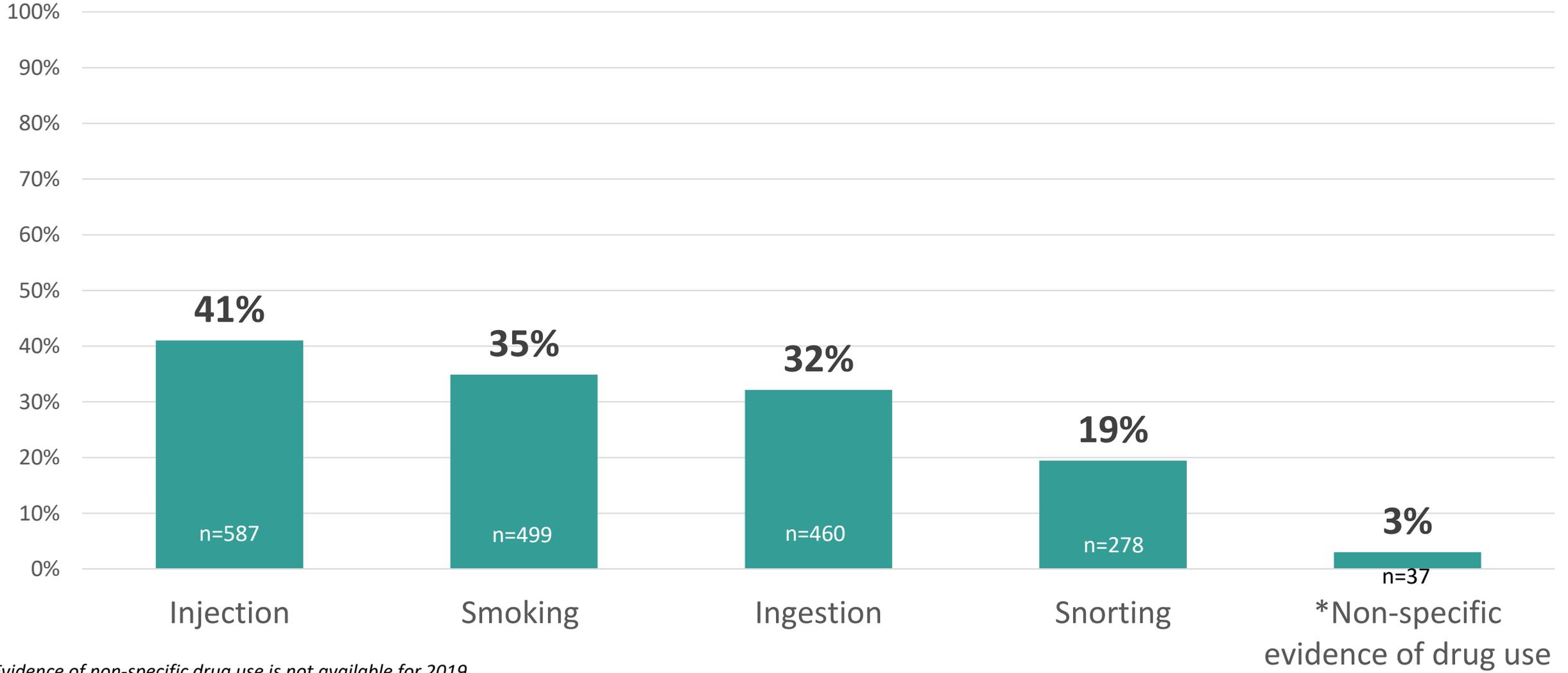
10 Most Common Drug Combinations

- Heroin and Meth
- Fentanyl and Alcohol
- Fentanyl and Meth
- Fentanyl and Cocaine
- Fentanyl and Benzo
- Meth and Alcohol
- Rx Opioid and Meth
- Rx Opioid, Heroin, and Meth
- Heroin and Alcohol
- Rx Opioid, Fentanyl, and Cocaine
- Fentanyl, Cocaine, and Alcohol
- Rx Opioid and Benzo



NOTE: Graph does not include all possible drug types
 Abbreviations: **Meth** – Methamphetamine, **Rx opioids** - Prescription Opioids
 Data Source: State Unintentional Drug Overdose Reporting System (SUDORS), 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

Potential Opportunities for Intervention

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.



52%
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.



10%
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.



9%
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.



27%
Mental Health Problem

578 decedents had a documented mental health problem or diagnosis.



10%
Fatal Drug Use Witnessed

213 decedents had someone who witnessed the decedent use the substance(s) that resulted in his/her overdose.



8%
Previous non-fatal overdose

178 decedents had history of a nonfatal overdose.



11%
Ever treated for substance use disorder

225 decedents were currently in treatment or received treatment in the past for substance use disorder.

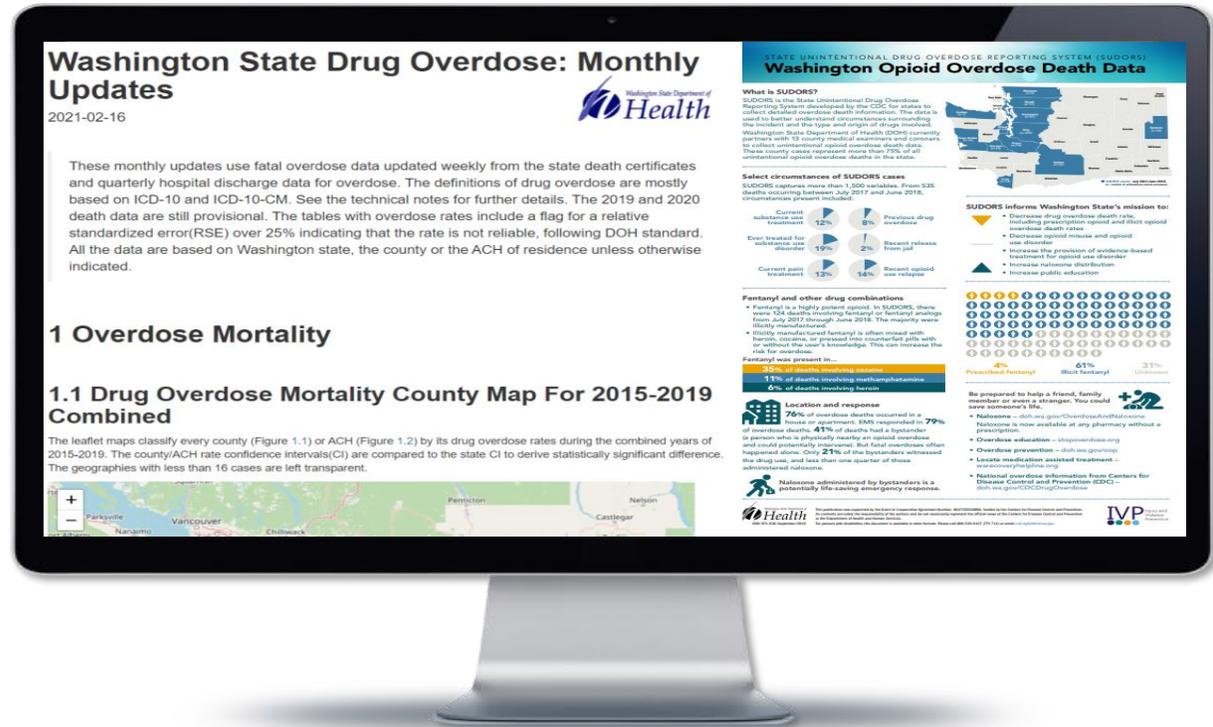


9%
Current pain treatment

190 decedents were treated for chronic or acute pain at the time of the overdose

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.