2022 Overdose Death Report Public Health Seattle & King County



Summary:

Since 2019, the number of overdose deaths has grown on an exponential scale, jumping by 20% between 2019 and 2020 and jumping by an additional 39% between 2020 and 2021. By October 15, 2022, 710 overdose deaths had occurred in King County, surpassing the total number of overdose deaths that occurred in 2021. The recent surge in overdose deaths is driven by fentanyl, which is involved in 70% of all confirmed overdose deaths that have occurred to-date in 2022, up from under 10% prior to 2018. The most disproportionately impacted communities in King County are:

- People experiencing homelessness and people living in temporary or supportive housing
- American Indian and Alaskan Native (non-Hispanic) and Black (non-Hispanic) residents
- Communities located in Seattle and South King County

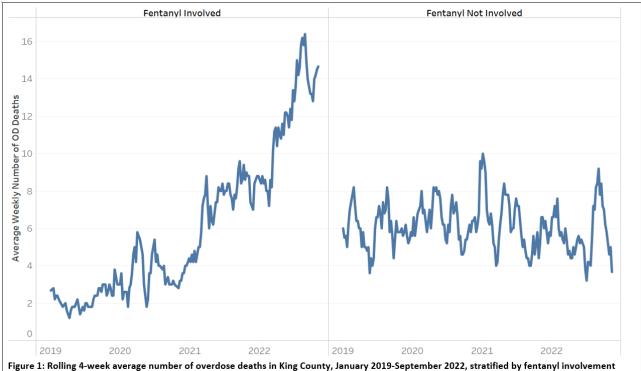
INTRODUCTION

In November 2022, Public Health - Seattle & King County updated its approach to monitoring fatal overdose trends. The methodological changes are described here. This report highlights key findings embedded in the Fatal Overdose Dashboard tabs that summarize King County Medical Examiner Office data.

TRENDS IN FATAL OVERDOSE

Between 2012 and 2019, the number of overdoses that occurred in King County increased by about 6% each year, surpassing the 2% annual population growth rate

that was observed in this same period. Since 2019, the number of overdose deaths has grown on an exponential scale, jumping by 20% between 2019 and 2020 and jumping by an additional 39% between 2020 and 2021. More overdose deaths have already occurred in the first 9.5 months of 2022 than all of 2021 combined, continuing this tragic trend. An average of 17 overdose deaths have occurred each week in King County in 2022 (Figure 1). The recent surge in overdose deaths is driven by fentanyl, which is involved in 70% of all confirmed overdose deaths that have occurred todate in 2022, up from <10% prior to 2018. Although the



number of stimulant-involved overdose deaths has also increased, this increase is only evident in overdose deaths that involved both stimulants and fentanyl.

Approximately half of investigations into fentanyl-involved overdose deaths identified a fentanyl-containing substance that was likely consumed prior to death. Of fentanyl-involved overdose deaths with this information, 64% were linked to pills, 23% linked to powders, 6% linked to rocks, 1% linked to black tar, and 5% linked to multiple substances. Reports from people who use drugs suggest widespread awareness that fentanyl is commonly found in pills. The risk of non-intentional fentanyl exposure may be greatest for people who use powders since powders containing fentanyl circulate in King County on a more sporadic basis, and may be confused with other powder drugs, like cocaine.

DISPARITIES IN FATAL OVERDOSE INCIDENCE

To view sub-group specific incidence measures of overdose death, go to the Fatal Overdose Dashboard.

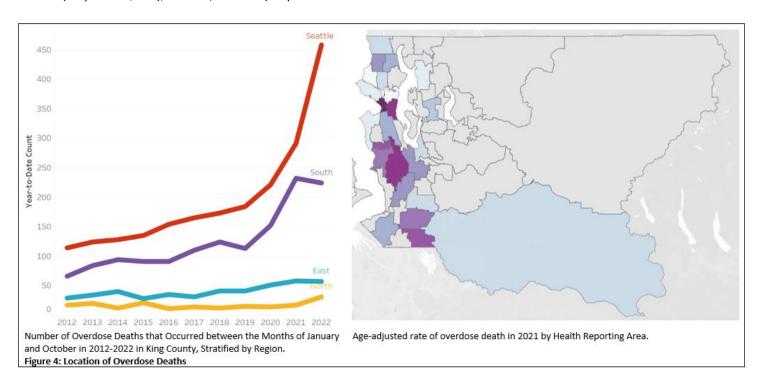
By Geography

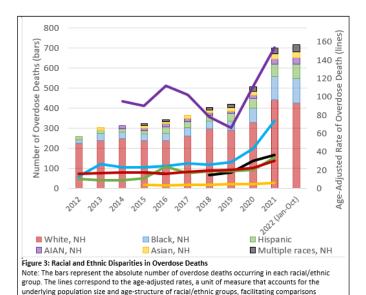
In 2021, the age-adjusted rate of fatal overdose was highest in Downtown Seattle (112 per 100,000), Central Seattle (69 per 100,000), SeaTac/Tukwila (67 per

100,000), and South Auburn (67 per 100,000). In Central Seattle and north Seattle/Shoreline, the number of overdose deaths that have occurred in the first 9.5 months of 2022 has already surpassed that of 2021. The incidence of overdose deaths occurring in South King County doubled between 2019 and 2021 and has since plateaued. East King County has also experienced increasing overdose rates, albeit to a lesser extent observed elsewhere.

By Demographic Status

There are large disparities in overdose deaths by race/ethnicity. The age-adjusted rate of fatal overdose is greatest in the American Indian/Alaska Native (AIAN) community: it is approximately 5-times greater than that measured for non-Hispanic (NH) White residents of King County. The age-adjusted rate of fatal overdose is also elevated among NH-Black relative to NH-White residents of King County. The incidence of fatal overdose among NH-Black residents compared to NH-White residents has grown from approximately 0.4 times greater in 2013-2019 to 2.5 times greater in 2021.





Prior to 2021, the rate of overdose among men was approximately double that of women. This disparity appears to be growing, as the current surge in overdose deaths is disproportionately occurring among men. Incomplete documentation of gender and small numbers hinder the ability to report overdose fatality data corresponding to people who are transgender or gender diverse.

Fatal overdoses occur among people of all ages, but is most common among people who are middle age (e.g. mid-thirties to mid-fifties). The current surge in fentanyl-involved overdoses is affecting people over 30 years old the most. Overdose incidence among people less than 30 increased by over 50% between 2019 and 2020 and has since plateaued.

By Housing Status

between groups and across years.

An initial version of this report included information about the housing status of overdose decedents. This information was updated and is provided on the <u>Fatal</u> Overdose Dashboard.

FOR MORE INFORMATION, GO TO:

The <u>Fatal Overdose Dashboard</u> allows the public to explore the fatal overdose data by drug class decedent characteristic, location, and temporality using a variety of incidence measures, including counts, percentages, and crude and adjusted rates. Since these measures are affected by the underlying data source and case definition of overdose (described in the <u>Methods Report</u>), the <u>Fatal Overdose Dashboard</u> now offers the option to view information sourced from the King County Medical Examiner's Office and Washington State Vital Statistics program. Information about overdoses treated by King County Emergency Medical Services is presented on the <u>Non-Fatal Overdose Dashboard</u>.

Go to www.kingcounty.gov/overdose for information on risk behaviors, overdose prevention strategies, addiction treatment and harm reduction services, and communication materials.

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