

Trends in Drug Overdose Deaths: West Central Region

2011-2019

This series of data briefs describe trends in drug overdose deaths by [Minnesota's State Community Health Services Advisory Committee \(SCHSAC\)](https://www.health.state.mn.us/communities/practice/schsac/index.html) (<https://www.health.state.mn.us/communities/practice/schsac/index.html>) regions. By having access to data, communities can better understand trends in drug overdose in their region and make data-driven decisions that influence public health policy, guidelines, and practices.

Note on the data: The data briefs cover drug overdose deaths from 2011-2019 with years grouped in three-year time periods (e.g., 2011-2013) to account for relatively small annual numbers in some regions and the necessity to make meaningful comparisons across the eight SCHSAC regions.

West Central Region Overview

The West Central region is home to 232,451 Minnesotans (Minnesota State Demographic Center, 2019) and includes nine counties – Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, and Wilkin counties (Figure 1). Among the eight SCHSAC regions, West Central ranked sixth for the drug overdose mortality rate from 2017-2019 (7.5 per 100,000 residents) (Chart 1). Since 2011, the number of drug overdose deaths has remained relatively stable. The average annual number of overdose deaths was 19, ranging from 14 in 2012 and 2018 to 29 in 2015 (Chart 2). From 2017-2019, the West Central region saw an increase in overdose deaths involving psychostimulants. Over this time period, the greatest burden of drug overdose deaths was among 35-44-year-old, male, and American Indian residents.

WEST CENTRAL REGION: TRENDS IN DRUG OVERDOSE DEATHS

Figure 1. The West Central region include nine Minnesota counties.

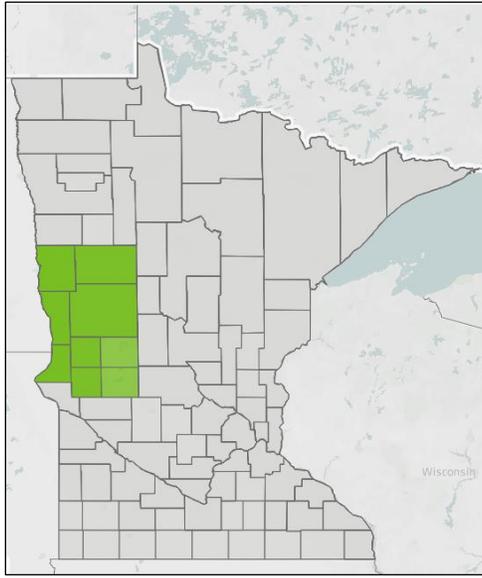
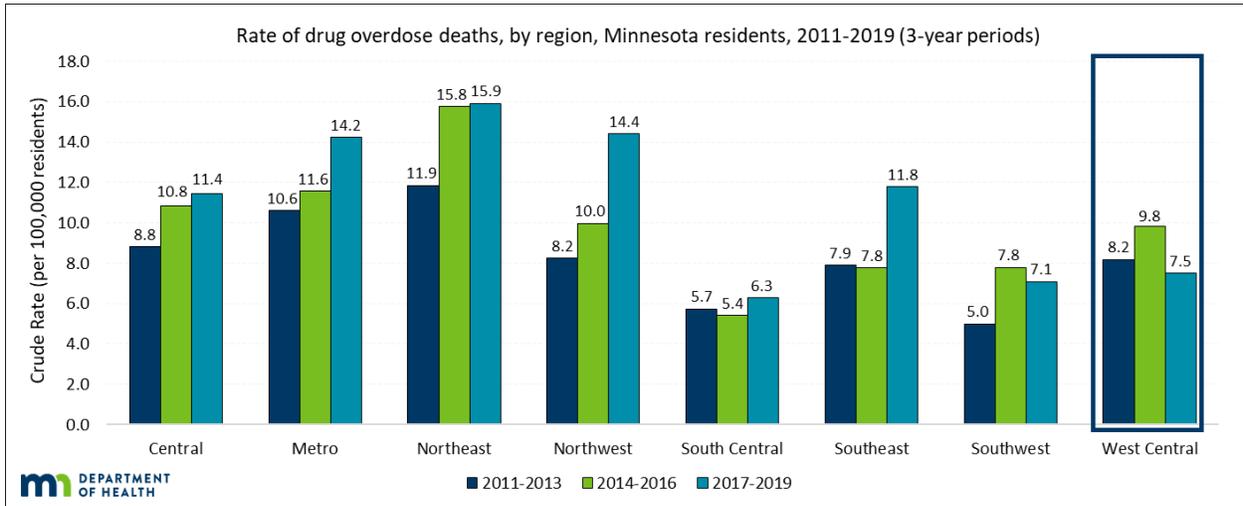
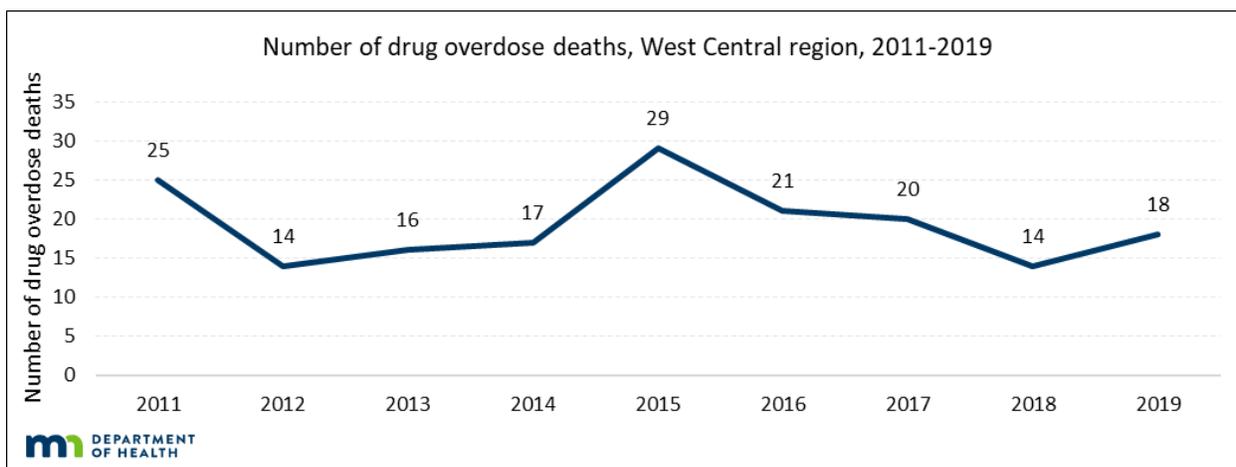


Chart 1. From 2017 to 2019, West Central region ranked sixth in the state for the drug overdose death rate.



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

Chart 2. Drug overdose deaths have remained relatively stable, apart from two peak years in 2011 and 2015.



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

Drug overdose deaths by drug category

Opioid-involved drug overdose deaths

All opioid involved-deaths decreased 9% since 2011-2013 (22 to 20 deaths) (Chart 3). Since 2011-2013, other opioids and methadone (i.e., commonly prescribed opioids) accounted for the largest number of opioid-involved overdose deaths. Beginning in 2017-2019, synthetic opioid-involved deaths saw a large increase. Heroin-involved deaths have remained relatively stable. From 2014-2016 to 2017-2019:

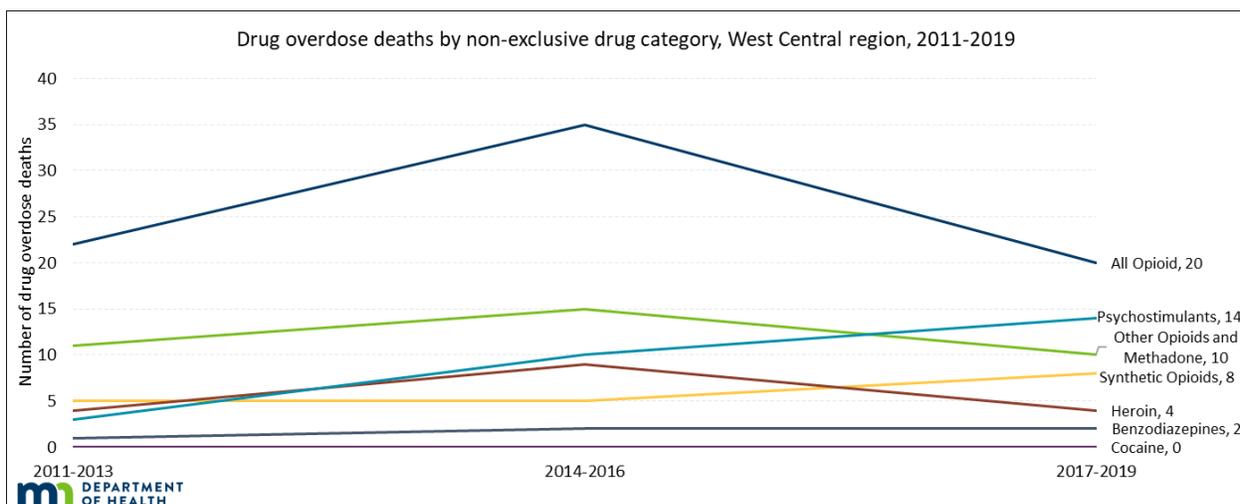
- All opioid-involved overdose deaths decreased 43% (35 to 20 deaths)
- Synthetic opioid-involved overdose deaths increased 60% (5 to 8 deaths)
- Commonly prescribed opioid-involved overdose deaths decreased 33% (15 to 10 deaths)
- Heroin-involved overdose deaths decreased 56% (9 to 4 deaths)

Non-opioid involved drug overdose deaths

Of particular concern in the West Central region are psychostimulant-involved deaths which have increased 367% since 2011-2013 (3 to 14 deaths) (Chart 3). Benzodiazepine-involved deaths have remained relatively stable. There have been zero cocaine-involved deaths in the West Central region from 2011-2019. From 2014-2016 to 2017-2019:

- Psychostimulant-involved deaths increased 40% (10 to 14 deaths)
- Benzodiazepine-involved deaths remained stable (2 to 2 deaths)

Chart 3. From 2014-2016 to 2017-2019, there were increases in psychostimulant and synthetic opioid-involved deaths.



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

Co-involvement of multiple substances

The presence of multiple drugs involved in a death has several implications. One of the major concerns is the challenge of responding to an overdose when multiple substances are present, especially when there are opioids and non-opioids together. There are no medications to reverse a non-opioid (e.g., psychostimulant, benzodiazepine, cocaine) overdose, whereas opioid overdoses can be reversed with the life-saving medication naloxone. Understanding trends in the co-use of non-opioids and opioids can help us to better interpret trends in drug overdose deaths and inform prevention and response efforts.

Due to relatively low numbers of benzodiazepine-involved deaths (5 deaths) in the West Central region from 2011 to 2019, there is not sufficient data to make meaningful conclusions on the co-involvement of benzodiazepines and opioids. There were no cocaine-involved deaths in the region over this time period.

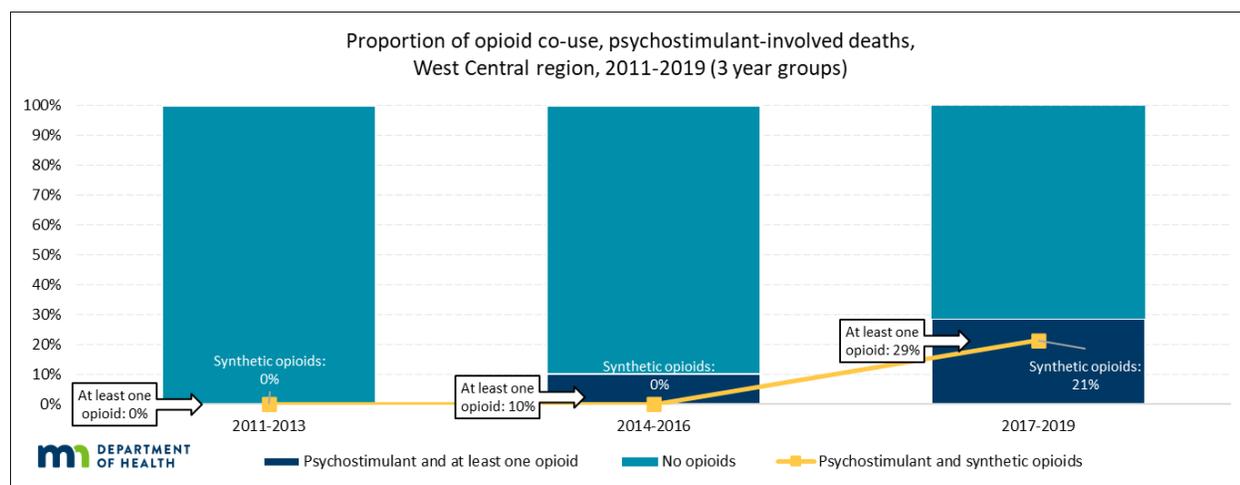
Psychostimulant- and Opioid-involved Deaths

Psychostimulant-involved deaths have continued to increase statewide and in the West Central region. The co-involvement of opioids in psychostimulant-involved deaths has also increased from 2011-2013 to 2017-2019. In 2011-2013, there was no co-involvement of opioids in psychostimulant-involved deaths (0 out of 3 deaths) (Chart 4). In 2014-2016, the proportion of psychostimulant-involved deaths with at least one opioid present slightly increased, but co-involvement only occurred in one death over this time period. In 2017-2019, the proportion of psychostimulant-involved deaths involving at least one opioid further increased (4 out of 14 deaths).

Although the numbers remain relatively small, a concerning trend in the West Central region is the co-involvement of synthetic opioids in psychostimulant-involved deaths. From 2011-2016 there were zero psychostimulant-involved death that also involved a synthetic opioid. From

2017-2019, synthetic opioids were involved in 21% of psychostimulant-involved deaths in the Central region (3 of 14 deaths) and accounted for 75% of overall opioid co-involvement in psychostimulant-involved deaths (3 of 4 deaths; not shown in chart).

Chart 4. The proportion of synthetic opioid co-involvement in psychostimulant-involved deaths has increased.



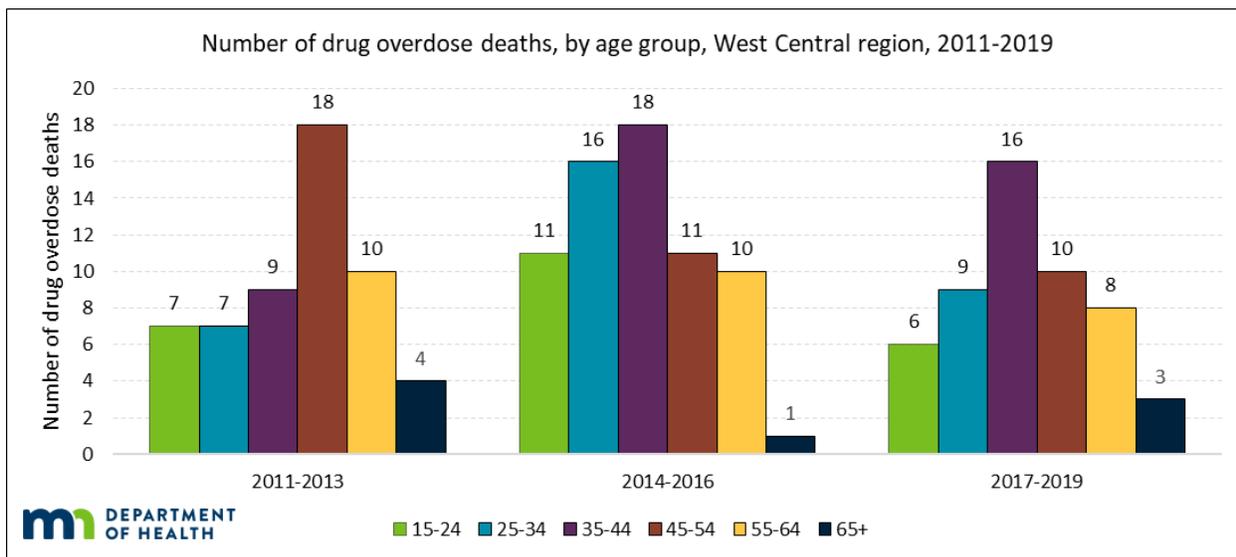
SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

Age of drug overdose deaths

From 2011-2013, 45–54-year-old Minnesotans from the West Central region experienced the largest number of drug overdose deaths (Chart 5). From 2014-2016, 25-34 and 35-44-year-old Minnesotans from the West Central region experienced the largest number of drug overdose deaths. From 2017-2019, 35–44-year-old Minnesotans from the West Central region experienced the largest number of drug overdose deaths. Among age groups who experienced a change in drug overdose deaths, from 2014-2016 to 2017-2019:

- the 15-to-24-year age group experienced a 45% decrease in drug overdose deaths (11 to 6 deaths)
- the 25-to-34-year age group experienced a 44% decrease in drug overdose deaths (16 to 9 deaths)
- the 35-to-44-year age group experienced an 11% decrease in drug overdose deaths (18 to 16 deaths)

Chart 5. In 2017-2019, 35–44-year-old Minnesotans from the West Central region experienced the largest number of drug overdose deaths.

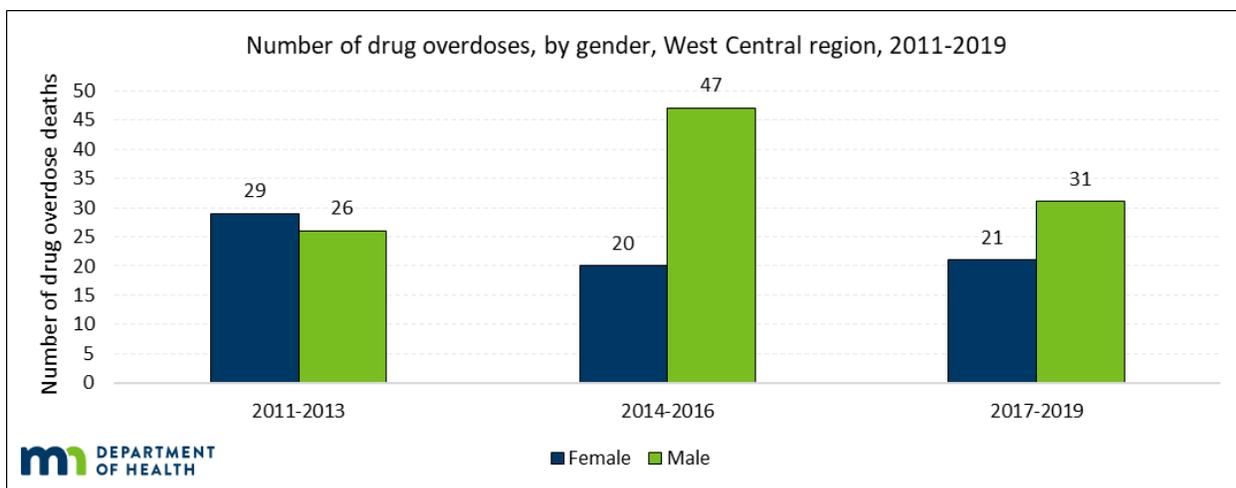


SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

Drug overdose deaths by gender

From 2011-2013, females and males experienced a similar burden of drug overdose deaths, with females experiencing a slightly higher number of deaths (Chart 6). From 2014-2016, males experienced a substantially larger number of drug overdose deaths, marking a shift from the previous time period. Males continued to experience more drug overdose deaths from 2017-2019, although the difference was not as pronounced. From 2017-2019, males accounted for 60% of drug overdose deaths (31 deaths) and females accounted for 40% of drug overdose deaths (21 deaths).

Chart 6. In 2011-2013, females and males experienced a similar burden of drug overdose deaths. Since 2014, males have experienced more drug overdose deaths than females.



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

Drug overdose deaths by race

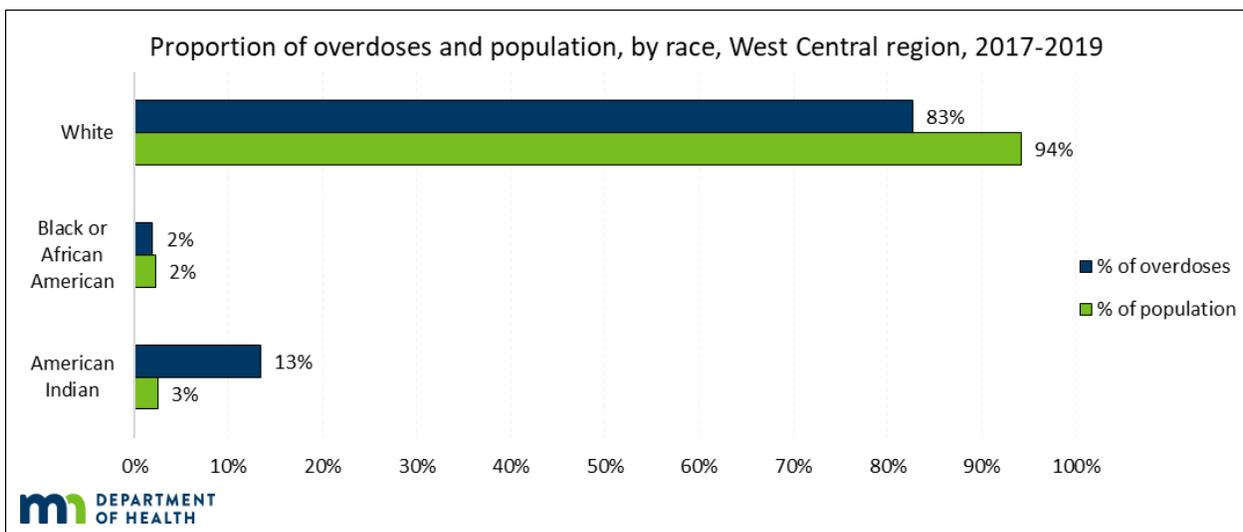
Since 2011, white residents experienced the largest number of drug overdose deaths in the West Central region (Table 1). However, American Indian residents experienced a disproportionate number of overdose deaths when compared to the proportion of the population in the West Central region. In 2017-2019, American Indian residents represented 3% of the West Central region population; however, they accounted for 14% of all overdose deaths over that time period (Chart 7). Conversely, white residents represented 94% of the West Central region population but accounted for only 83% of drug overdose deaths from 2017-2019. Over this time period, Black residents represented 2% of the West Central region population and accounts for 2% of drug overdose deaths.

Table 1. Number of drug overdose deaths by race, West Central, 2011-2019

Race of Decedent	2011-2013	2014-2016	2017-2019
American Indian	6	3	7
Black	1	2	1
White	48	61	43

SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

Chart 7. American Indian residents experience a disproportionate number of overdose deaths in the West Central region.



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SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

References

Minnesota State Demographic Center. (2021, April). PopFinder For Minnesota, Counties, & Regions. PopFinder For Minnesota, Counties, & Regions. Retrieved February 14, 2022, from <https://mn.gov/admin/demography/data-by-topic/population-data/our-estimates/pop-finder1.jsp>

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