

## Trends in Drug Overdose Deaths: Southeast Region

2011-2019

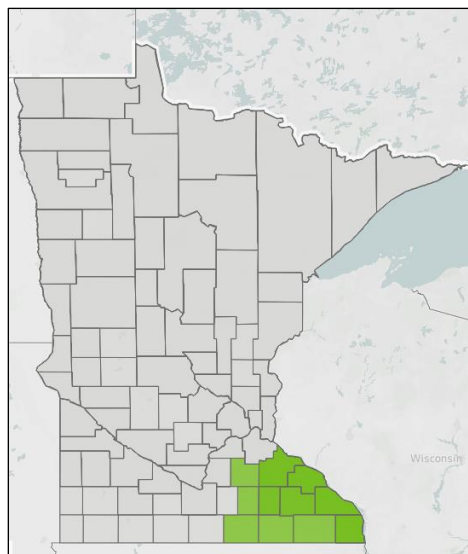
This series of data briefs describe trends in drug overdose deaths by Minnesota's State Community Health Services Advisory Committee (SCHSAC) regions (<https://www.health.state.mn.us/communities/practice/schsac/index.html>). By having access to data, communities can better understand trends in drug overdose 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.

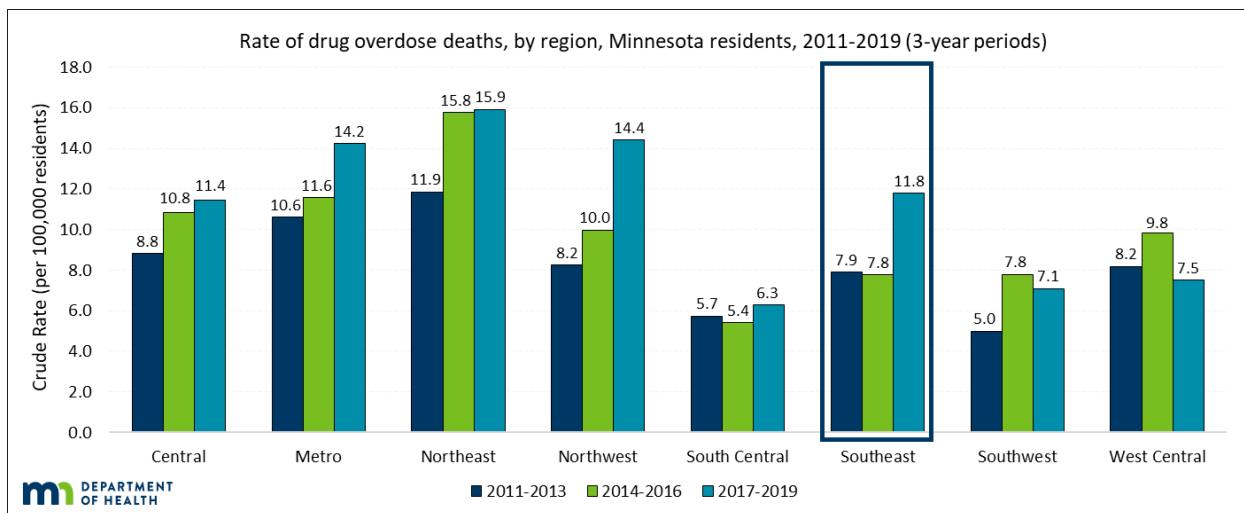
### Southeast Region Overview

The Southeast region is home to 514,406 Minnesotans (Minnesota State Demographic Center, 2019) and includes 11 counties – Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona counties (Figure 1). Among the eight SCHSAC regions, Southeast ranked fourth for drug overdose mortality rates in 2017-2019 (11.8 per 100,000 residents) (Chart 1). From 2011 through 2016, drug overdose deaths in the Southeast region remained relatively stable. However, drug overdose deaths have increased over the past few years (36 to 67 deaths) (Chart 2). The average annual number of overdose deaths was 46, ranging from 35 in 2012 and 2015 to 67 in 2019. From 2017-2019, the Southeast region saw an increase in overdose deaths involving synthetic opioids and psychostimulants. Over this time period, the greatest burden of drug overdose deaths was among 45-54-year-old, male, and Black and American Indian residents.

**Figure 1. The Southeast region includes 11 Minnesota counties.**

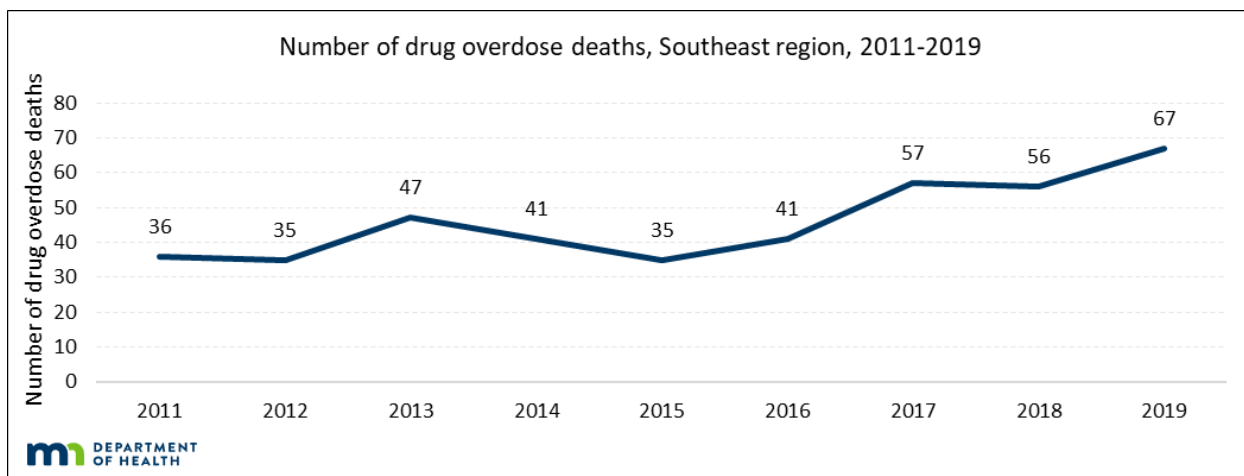


**Chart 1. From 2017 to 2019, Southeast region ranked fourth in the state for the drug overdose death rate.**



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

**Chart 2. After remaining relatively stable since 2011, drug overdose deaths have increased beginning in 2017.**



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 have increased 55% since 2011-2013 (58 to 90 deaths) (Chart 3). However, trends in types of opioids involved have changed. From 2011-2016, 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 largely increased and surpassed the number of commonly prescribed opioid-involved overdose deaths.

## SOUTHEAST REGION: TRENDS IN DRUG OVERDOSE DEATHS

Heroin-involved deaths have increased overall but declined beginning in 2017-2019. From 2014-2016 to 2017-2019:

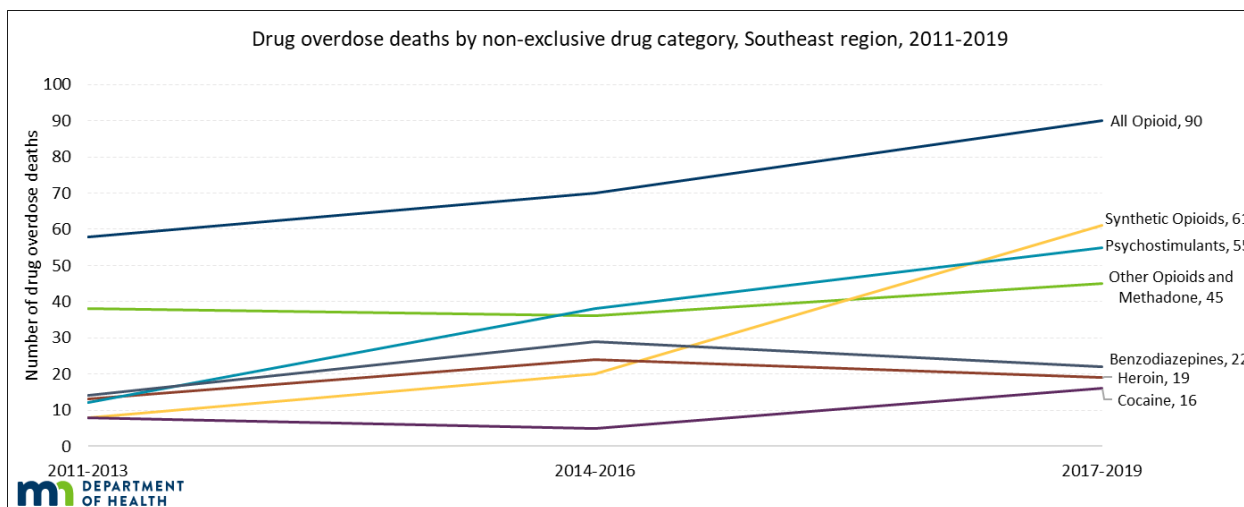
- All opioid-involved overdose deaths increased 29% (70 to 90 deaths)
- Synthetic opioid-involved overdose deaths sharply increased, increasing 205% (20 to 61 deaths)
- Commonly prescribed opioid-involved overdose deaths increased 25% (36 to 45 deaths)
- Heroin-involved overdose deaths decreased 21% (24 to 19 deaths)

### Non-opioid involved drug overdose deaths

Among non-opioids, of particular concern in the Southeast region are psychostimulant-involved drug overdose deaths (Chart 3). Benzodiazepine-involved deaths have increased overall since 2011 but decreased beginning in 2017-2019. Cocaine-involved deaths have also increased since 2011. From 2014-2016 to 2017-2019:

- Psychostimulant-involved deaths increased 45% (38 to 55 deaths),
- Benzodiazepine-involved deaths decreased 24% (29 to 22 deaths),
- Cocaine-involved deaths increased, more than tripling (5 to 16 deaths)

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



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

## Co-involvement of multiple substances

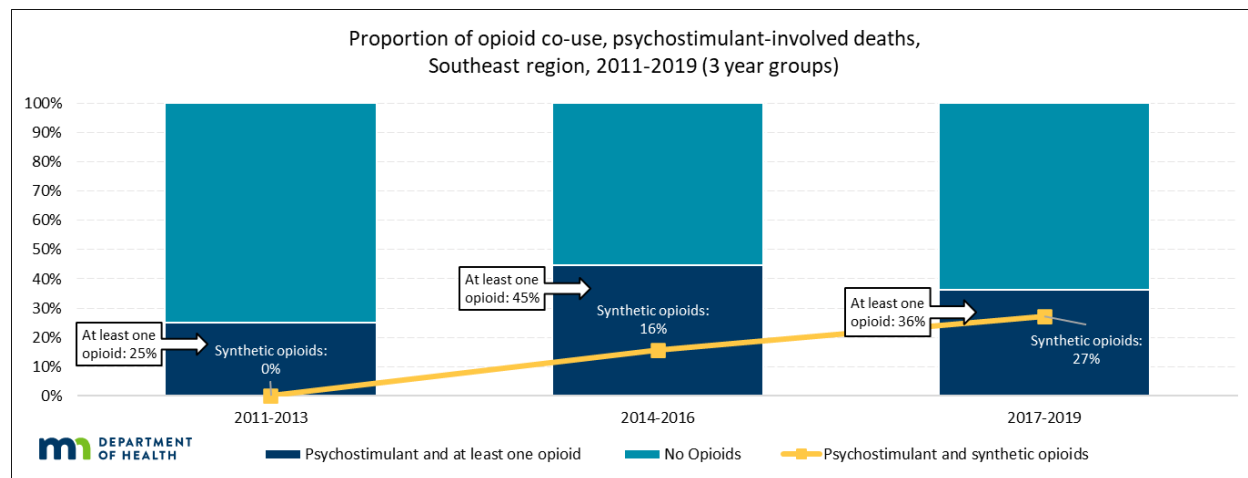
The presence of multiple drugs involved in a death has several implications. One of the major concerns is the challenge of responding to an overdose when multiple substances are present, especially when there are opioids and non-opioids together. There are no medications to reverse a non-opioid (e.g., 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.

### Psychostimulant- and Opioid-involved Deaths

Psychostimulant-involved deaths have continued to increase statewide and in the Southeast region. The co-involvement of opioids in psychostimulant-involved deaths has fluctuated from 2011-2013 to 2017-2019 (Chart 4). In 2017-2019, psychostimulant-involved deaths that involved at least one opioid accounted for 36% of all psychostimulant-involved deaths (20 out of 55 deaths).

However, a concerning trend in the Southeast region is the co-involvement of synthetic opioids in psychostimulant-involved deaths. From 2011-2013, there were no psychostimulant-involved deaths that also involved a synthetic opioid. By 2017-2019, synthetic opioids were involved in 27% of psychostimulant-involved deaths in the Southeast region (15 out of 55 deaths) and accounted for 75% of overall opioid co-involvement in psychostimulant-involved deaths (15 out of 20 deaths; not shown in chart).

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



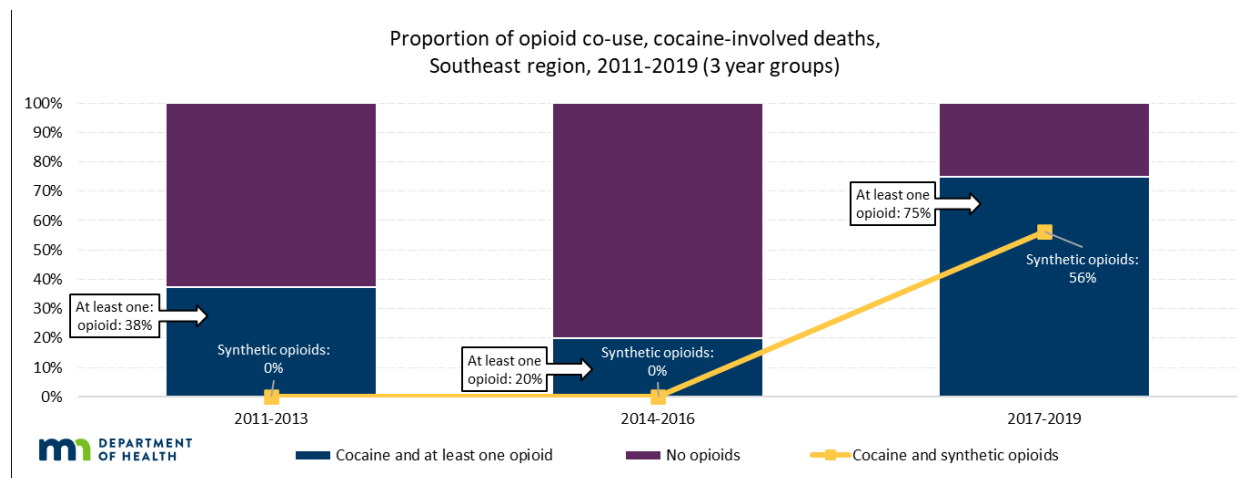
SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

### Cocaine- and Opioid-involved Deaths

Co-involvement of opioids, particularly synthetic opioids, in cocaine-involved deaths has fluctuated but increased overall since 2011-2013 (Chart 5). In 2017-2019, the proportion of

cocaine-involved deaths involving at least one opioid increased to 75% (12 out of 16 deaths). As mentioned previously, there has been a substantial increase in the co-involvement of synthetic opioids in cocaine-involved deaths. From 2011-2016, there were zero cocaine-involved deaths involving a synthetic opioid. From 2017-2019, synthetic opioids were involved in 56% of cocaine-involved deaths (9 out of 16 deaths) and accounted for 75% of overall opioid co-involvement in cocaine-involved deaths (9 out of 12 deaths; not shown in chart).

**Chart 5. The co-involvement of synthetic opioids in cocaine-involved deaths has substantially increased in the Southeast region.**

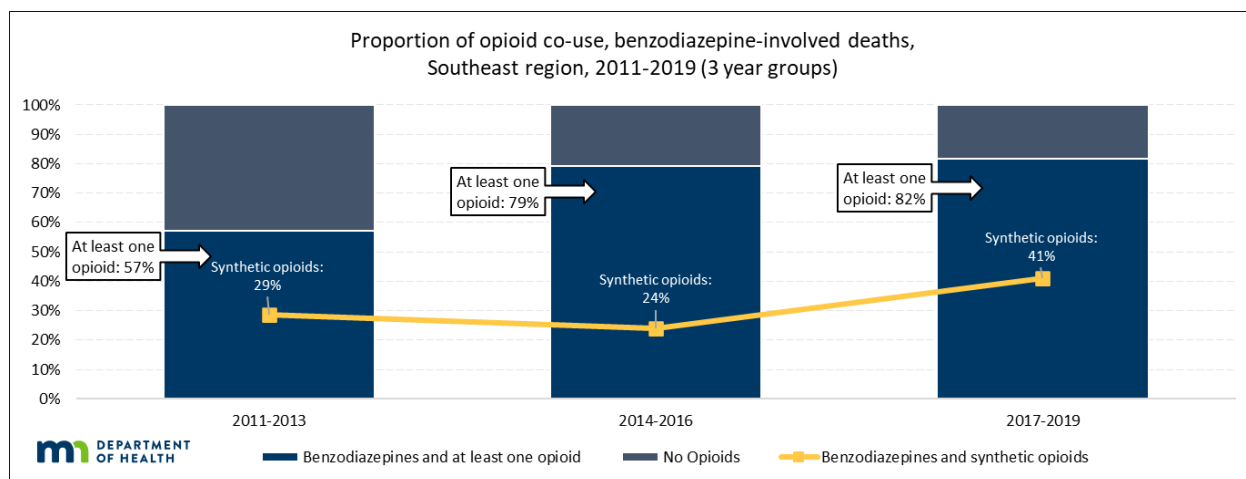


SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

### Benzodiazepine- and Opioid-involved Deaths

The co-involvement of opioids in benzodiazepine-involved deaths has been high since 2011-2013 but the proportion remained relatively stable from 2014-2019 (Chart 6). However, the trend in the type of opioid present has shifted. In 2011-2013, synthetic opioids were involved in 4 out of 14 psychostimulant-involved deaths (29%). By 2017-2019, synthetic opioids were involved in 41% of all benzodiazepine deaths (9 out of 22 deaths) and accounted for 50% of overall opioid co-involvement (9 out of 18 deaths; not shown in chart).

**Chart 6. The co-involvement of synthetic opioids in benzodiazepine-involved deaths has increased in the Southeast region.**



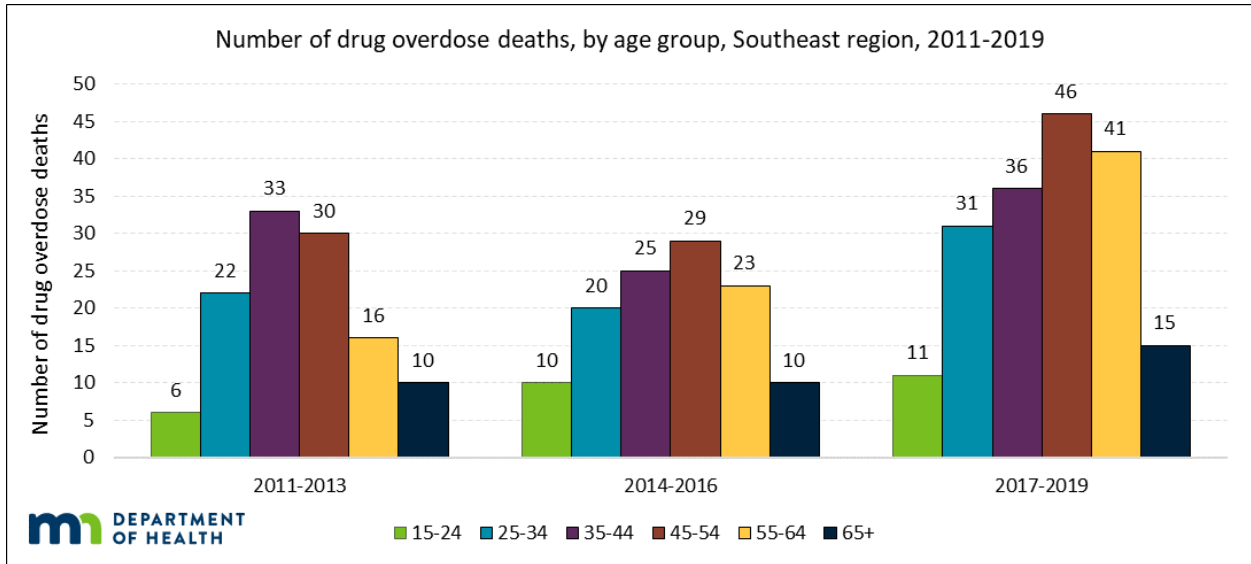
SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

## Age of drug overdose deaths

The age groups experiencing the greatest burden of drug overdose deaths in the Southeast region have changed over time and have tended to trend older than Statewide trends. From 2011-2013, 35–44-year-old Minnesotans from the Southeast region experienced the largest number of drug overdose deaths (Chart 7). Beginning in 2014 through 2019, 45-54-year-old Minnesotans from the Southeast 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 25-to-34-year age group experienced a 55% increase in drug overdose deaths (20 to 31 deaths)
- the 35-to-44-year age group experienced a 55% increase in drug overdose deaths (25 to 36 deaths)
- the 45-to-54-year age group experienced a 59% increase in drug overdose deaths (29 to 46 deaths)
- the 55-to-64-year age group experienced a 78% increase in drug overdose deaths (23 to 41 deaths)

**Chart 7. In 2017-2019, 45–54-year-old Minnesotans from the Southeast region experienced the largest number of drug overdose deaths.**

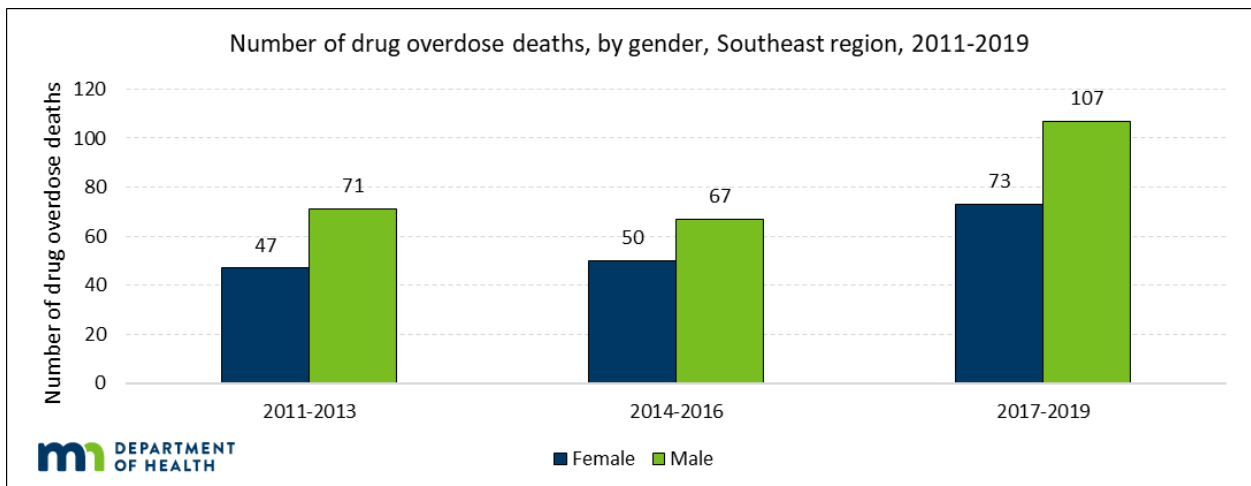


SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

### Drug overdose deaths by gender

Since 2011-2013, males have experienced a larger number of drug overdose deaths than females in the Southeast region (Chart 8). The gap between male and females has continued to increase. From 2017-2019, males accounted for 59% of drug overdose deaths (107 deaths) and females accounted for 41% of drug overdose deaths (73 deaths).

**Chart 8. Males experienced more drug overdose deaths than females since 2011.**



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

## Drug overdose deaths by race

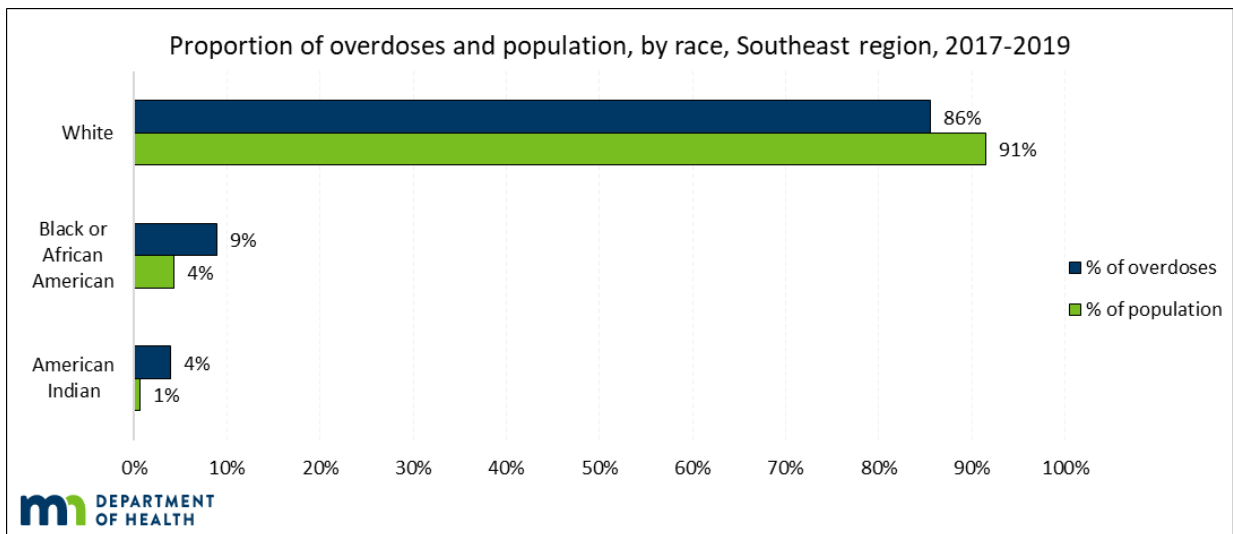
Since 2011, white residents experienced the largest number of drug overdose deaths in the Southeast region (Table 1). However, Black and American Indian residents experienced a disproportionate number of overdose deaths when compared to the proportion of the population in the Southeast region. In 2017-2019, Black residents represented 4% of the Southeast region population but accounted for 9% of overdose deaths. American Indian residents represented 1% of the Southeast region population but accounted for 4% of all overdose deaths over that time period (Chart 9). Conversely, white residents represented 91% of the Southeast region population, but accounted for only 86% of drug overdose deaths from 2017-2019.

**Table 1. Number of drug overdose deaths by race, Southeast region, 2011-2019**

Race of Decedent	2011-2013	2014-2016	2017-2019
American Indian	2	2	7
Black	5	5	16
White	111	110	154

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

**Chart 9. Black and American Indian residents experience a disproportionate number of overdose deaths in the Southeast region.**



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>

## Suggested Citation

Giesel, S., DeLaquil, M., & Wright, N. (2022) Southeast Region: Trends in Drug Overdose Deaths, 2011-2019, Data Brief. Minnesota Department of Health. Retrieved from <https://www.health.state.mn.us/communities/opioids/regionaltrends.html>

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04/01/2022

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