

Trends in Drug Overdose Deaths: South 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.

South Central Region Overview

The South Central region is home to 293,940 Minnesotans (Minnesota State Demographic Center, 2019) and includes 11 counties – Blue Earth, Brown, Faribault, Le Sueur, Martin, McLeod, Meeker, Nicollet, Sibley, Waseca, and Watonwan counties. Among the eight SCHSAC regions, South Central ranked eighth in the state for rate of drug overdose deaths in 2017-2019 (6.3 per 100,000 residents) (Chart 1). Since 2011, drug overdose deaths in the South Central region have remained relatively stable (Chart 2). The average annual number of overdose deaths was 17, ranging from 14 in 2014 to 20 in 2019. From 2017 to 2019, the South Central region saw an increase in overdose deaths involving psychostimulant and synthetic opioids. Over this time period, the greatest burden of drug overdose deaths was among 25-34-year-old residents.

SOUTH CENTRAL REGION: TRENDS IN DRUG OVERDOSE DEATHS

Figure 1. The South Central region includes 11 Minnesota counties.

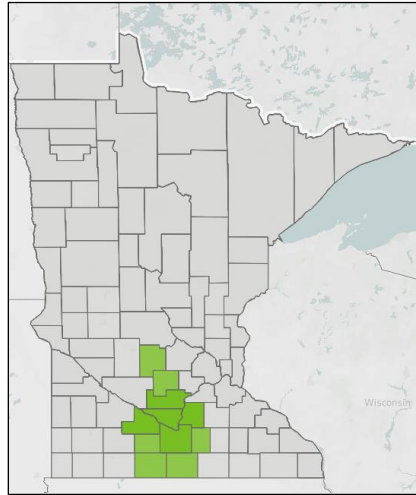
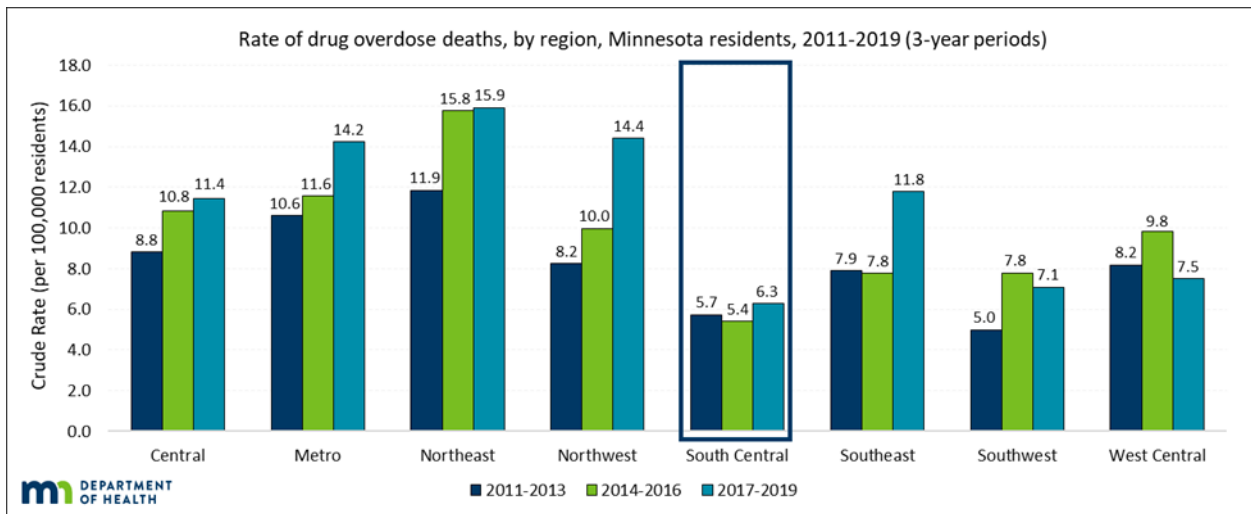
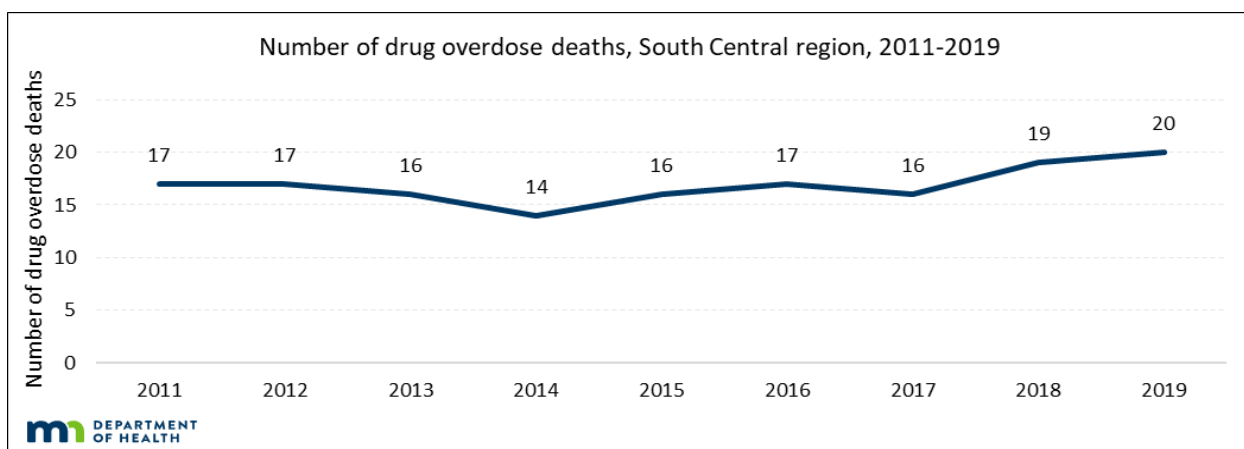


Chart 1. From 2017 to 2019, South Central region had the lowest rate of drug overdose deaths in the state.



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

Chart 2. Drug overdose deaths have remained relatively stable since 2011.

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 remained relatively stable since 2011-2013 (19 to 18 deaths) (Chart 3). Since 2011, other opioids and methadone (i.e., commonly prescribed opioids) have accounted for the largest number of opioid-involved overdose deaths. Synthetic opioid and heroin-involved deaths have remained relatively stable. From 2014-2016 to 2017-2019:

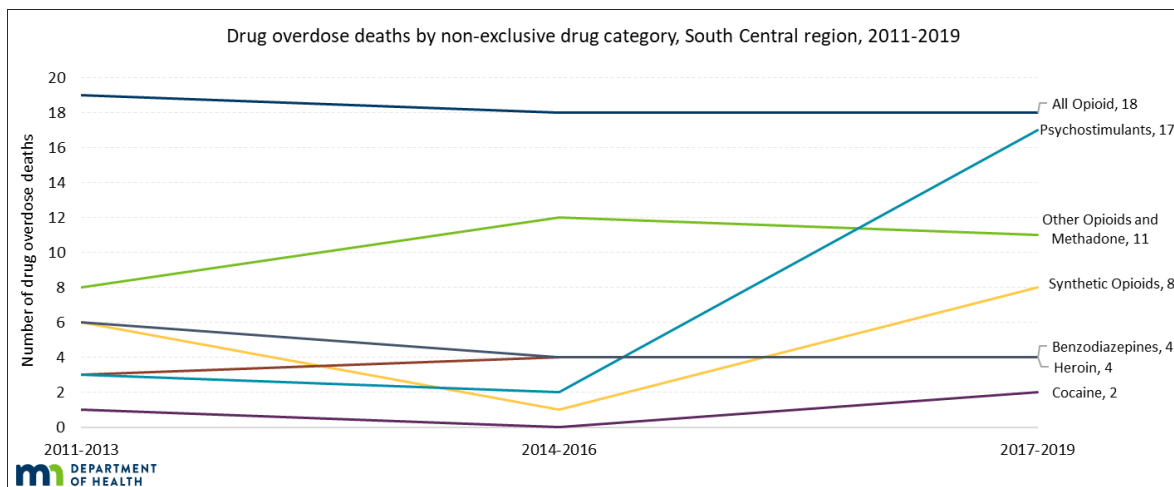
- All opioid-involved overdose deaths remained stable (18 to 18 deaths)
- Synthetic opioid-involved overdose deaths sharply increased (1 to 8 deaths)
- Commonly prescribed opioid-involved overdose deaths remained relatively stable (12 to 11 deaths)
- Heroin-involved overdose deaths remained stable (4 to 4 deaths)

Non-opioid involved drug overdose deaths

Of particular concern in the South Central region are psychostimulant-involved drug overdose deaths which have seen a large increase since 2011-2013 (Chart 3). Benzodiazepine and cocaine-involved deaths have remained relatively stable. From 2014-2016 to 2017-2019:

- Psychostimulant-involved deaths sharply increased (2 to 17 deaths)
- Benzodiazepine-involved deaths remained stable (4 to 4 deaths)
- Cocaine-involved deaths remained relatively stable (0 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 psychostimulant (22 deaths), cocaine (3 deaths), and benzodiazepine-involved (14 deaths) in the South Central region from 2011 to 2019, there is not sufficient data to make meaningful conclusions on the co-involvement of opioids for these drugs.

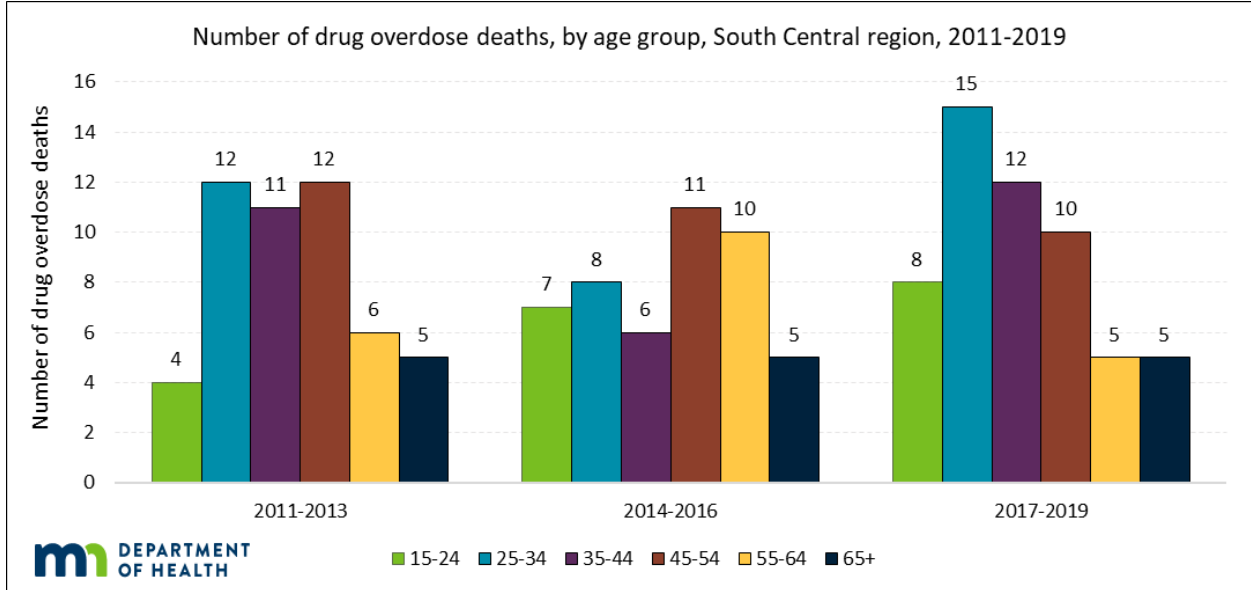
Age of drug overdose deaths

From 2011-2013, 25-34, 35-44, and 45-54-year-old residents experienced the largest number of drug overdose deaths (Chart 4). From 2014-2016, 45-54 and 55-64-year-old residents experienced the largest number of drug overdose deaths. From 2017-2019, 25-34-year-old residents 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 an 84% increase in drug overdose deaths (8 to 15 deaths)
- the 35-to-44-year age group experienced a 100% increase in drug overdose deaths (6 to 12 deaths)

- the 55-64-year age group experienced a 100% decrease in drug overdose deaths (10 to 5 deaths)

Chart 4. In 2017-2019, 25–34-year-old Minnesotans from the South Central region experienced the largest number of drug overdose deaths.

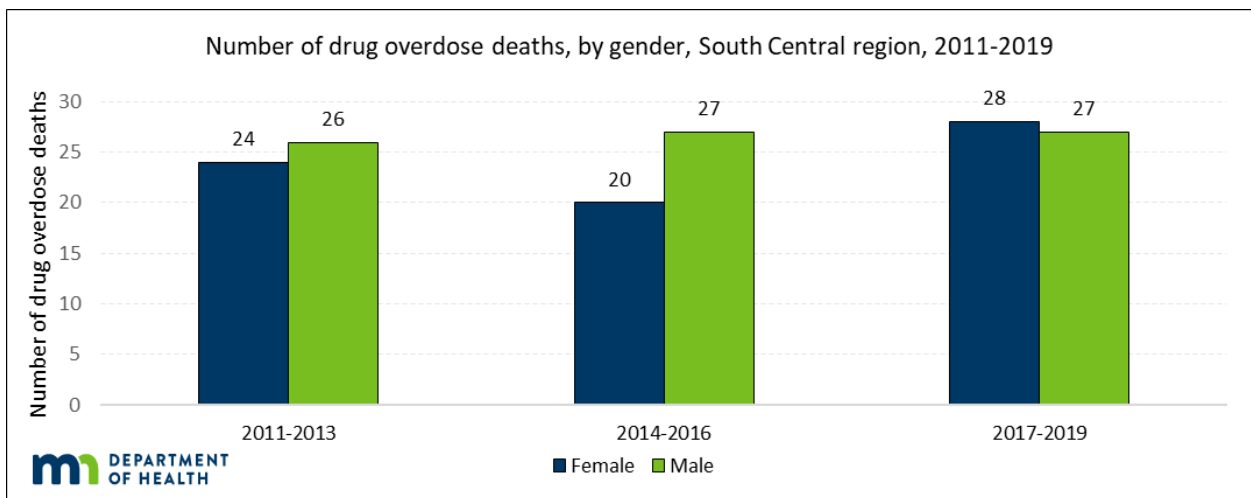


SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2019

Drug overdose deaths by gender

Since 2011-2013, females and males have experienced a similar burden of drug overdose deaths (Chart 5). From 2017-2019, males accounted for 49% of drug overdose deaths (27 deaths) and females accounted for 51% of drug overdose deaths (28 deaths).

Chart 5. Since 2011-2013, females and males have experienced a similar burden of drug overdose deaths.



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

Drug overdose deaths by race

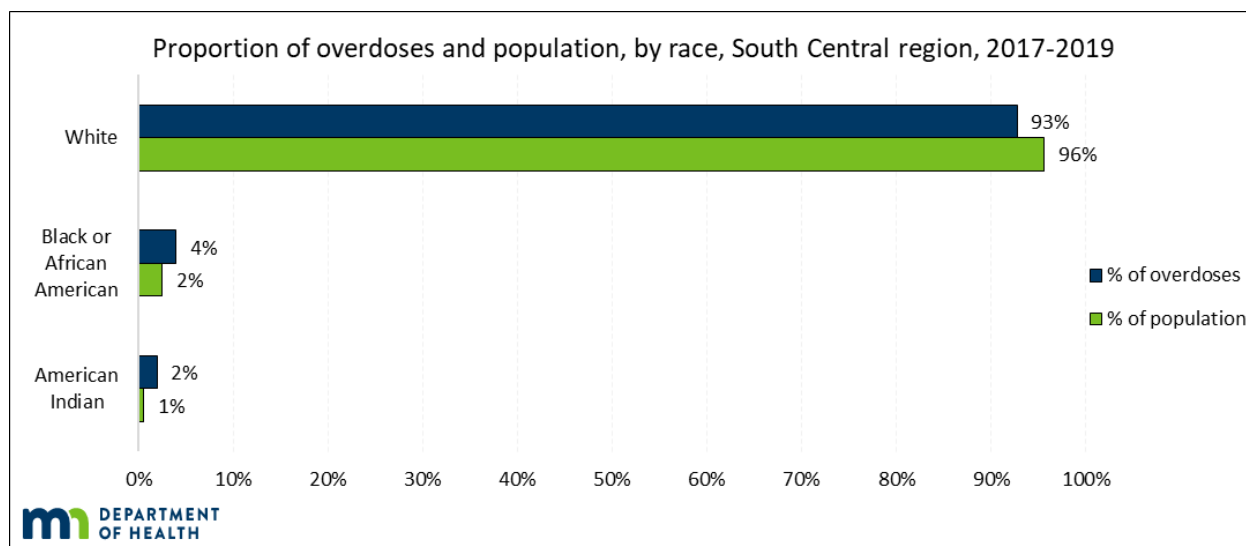
Since 2011, white residents experienced the largest number of drug overdose deaths in the South Central region (Table 1). However, Black and American Indian residents experienced a slightly disproportionate number of overdose deaths when compared to the proportion of the population in the South Central region (Chart 6). Black residents represented 2% of the population but accounted for 4% of overdose deaths in the region. American Indian residents represented 1% of the population but accounted for 2% of overdose deaths in the region. Conversely, white residents, who represent 96% of the South Central region population, accounted for 93% of the drug overdose deaths.

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

Race of Decedent	2011-2013	2014-2016	2017-2019
American Indian	0	2	1
Black	0	2	2
White	49	49	51

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

Chart 6. Black and American Indian residents experience a disproportionate number of overdose deaths in the South Central 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>

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