

Thurston County Drug Overdose Deaths

2002-2023 Data



BACKGROUND

The opioid epidemic affects our communities, devastates families, and overwhelms our health care, social services, law enforcement, and judicial systems. In 2018, the opioid epidemic was declared a public health crisis in Thurston

County. The Thurston County Opioid Response Task Force was convened to address the opioid epidemic. The Task Force develops a Thurston County Opioid Response Plan for adoption by the Thurston County Board of Health on an annual basis. Strategy 6 in the overdose action area of the 2024 Response Plan is to improve availability and understanding

of existing local fatal and non-fatal drug overdose data. To address this, the Overdose Workgroup of the Task Force had this data summary created to help inform overdose response strategies being implemented in the community.

LEARN MORE:

thurstoncountywa.gov/opioid-response-task-force

DATA SUMMARY

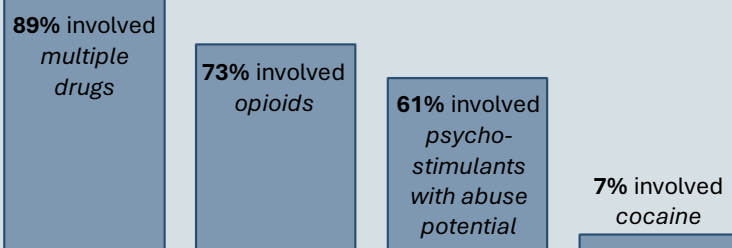
In Thurston County in 2023,
there was a total of

120

drug overdose deaths

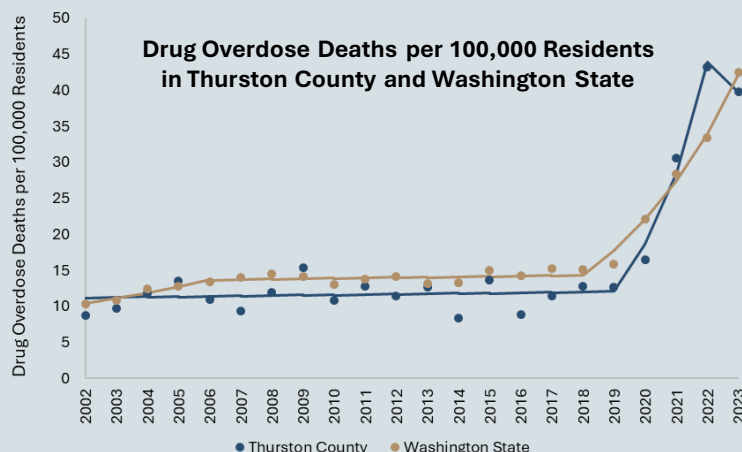
That is
1 drug overdose death
for every
2,504 residents

Of the drug overdose deaths in Thurston County in 2023...



From 2019-2022, Thurston County's rate of drug overdose deaths **may have increased by 365% (4-5x)**. The change in 2023 is too small to make strong conclusions, but the data indicate that Thurston County's rate of drug overdose deaths **may have decreased** or began leveling off, though more years of data are needed to confirm this trend.

2023 data also indicate that Thurston County's rate of drug overdose deaths was **roughly the same** as Washington State's rate. This represents a different trend from 2022, where Thurston County's rate was **29% higher** than Washington State's rate.



2021-2023 data indicate that in comparison to Thurston County's average, rates of drug overdose deaths in Thurston County...

Sex

- Were higher for *male* residents
- Were lower for *female* residents

Race/Ethnicity

- Were higher for *American Indian/Alaska Native* residents
- May have been higher for *White* residents
- Were roughly the same for *Multi-Race* residents
- May have been lower for *Hispanic/Latino* residents

(Numbers are too small to make strong conclusions about drug overdose deaths for Asian, Black, or Native Hawaiian/Pacific Islander residents)

Age

- Were higher for residents *35-44* and *55-64* years old
- May have been higher for residents *25-34* and *45-54* years old
- Were roughly the same for residents *18-24* years old
- Were lower for residents *65-74* years old

(Numbers are too small to make strong conclusions about drug overdose deaths for residents 0-10, 10-17, or 75+ years old)

Data Sources

[Washington State Department of Health, Opioid and Drug Use Data Dashboard](#)

Washington State Department of Health, Community Health Assessment Tool

Washington State Department of Health, Death Certificates

Washington State Population Interim Estimates



DEFINITIONS AND TECHNICAL NOTES

Drug Overdose Deaths: Drug overdose deaths caused by acute poisonings (a person's adverse response to a drug or combination of drugs). Deaths related to chronic use of drugs (damage to organs from long-term drug use) and deaths due to alcohol and tobacco are not included. In this report, drug overdose deaths include all intents (accidental, intentional, assault, and undetermined) and are reported by the residence of the deceased, regardless of where the death occurred.

Multiple Drug Overdose Deaths: Drug overdose deaths involving more than one drug group, which are defined using codes from the multiple cause-of-death fields.

Opioid Overdose Deaths: Drug overdose deaths caused by acute poisonings that involved any opioid as a contributing cause of death, including opium; heroin; prescription opioids (natural and semi-synthetic opioids [morphine, codeine, hydrocodone, oxycodone, hydromorphone, oxymorphone], methadone); synthetic opioids other than methadone (fentanyl [either illegally produced or legally prescribed since the two cannot be distinguished in this data source], fentanyl analogs [carfentanyl], tramadol, Demerol); and other/unspecified narcotics.

Psychostimulant With Abuse Potential Overdose Deaths: Drug overdose deaths caused by acute poisonings that involved psychostimulants with abuse potential as a contributing cause of death, including methamphetamine, amphetamine, methylphenidate, and 3,4-methylenedioxymethamphetamine (MDMA, ecstasy).

Cocaine Overdose Deaths: Drug overdose deaths caused by acute poisonings that involved cocaine.

Rates: A standardized proportion (or ratio) expressed as the number of events that have occurred with respect to a standard population within a defined time period. Rates in this report expressed as the number of drug overdose deaths per 100,000 people are age-adjusted (the rate of occurrence within a given population is based on a population age distribution of the U.S. standard population), except in the following analyses: Rates of drug overdose deaths by sex are sex-age adjusted (the rate of occurrence within a given population is based on a population sex and age distribution of the U.S. standard population), and rates of drug overdose deaths by age are age-specific rates. Rates with population multipliers other than 100,000 people are crude rates and have not been adjusted for age or sex.

Population Estimates: Estimates of the population that are used as the denominator in the calculation of rates. Due to the current lack of Small Area Data Estimates from the Washington State Office of Financial Management, the population data used to calculate rates in this report come from the population interim estimates developed by Public Health – Seattle and King County. Because population interim estimates have not been developed for 2023, the population interim estimates for 2022 were also used for 2023 and are subject to change once 2023 population interim estimates are developed or once the Washington State Office of Financial Management can resume development of the Small Area Data Estimates.

Statistical Significance: The likelihood that results of data analyses aren't explainable by chance alone. In this report, indicators reported as "higher/lower" or "increased/decreased" are statistically significantly different at the $P < 0.05$ level. Indicators reported as "may be higher/lower" or "may have increased/decreased" are statistically significantly different at the $P < 0.50$ level. Indicators reported as "roughly the same" are not statistically significantly different at either level.

Race/Ethnicity: A person's self-identification with one or more social group and whether or not a person is of Hispanic or Latino origin/heritage/nationality/lineage. In this report, the race categories represent individuals of a single race, not in combination with other races, except for the multi-race category, which represents individuals of two or more races. The race categories do not include individuals whose ethnicity is Hispanic or Latino. The Hispanic or Latino category may include individuals of any race.