Substance abuse and the problems related to it are among society’s most pervasive health and social concerns. During the past decade, the annual number of deaths in Utah from overdose or intoxication with illicit drugs has increased by about 6-fold. This Health Status Update presents information on this disturbing trend and discusses some of its implications. Most of the information in this update is from a Department of Health study based on data from Medical Examiner investigations.

- Deaths from illicit drug intoxication in Utah increased from 20 deaths in 1991 to 130 in 1998.
- Most deaths were of men (80% of deaths in 1998).
- Most victims were Utah residents (97%).

**Drug Intoxication Death Trend**


- Most victims were in the age group 25 to 49 years of age (90% of deaths in 1998). The median age at death was 36 years.
- Most victims were residents of Salt Lake County (76%).
- The 1998 illicit drug intoxication death rate in Salt Lake County was 11.8 per 100,000 persons. Illicit drug intoxication was the second leading cause of death for males age 15-44 in Salt Lake County (36 deaths per 100,000 persons).
- Most deaths involved opiates (presumed to be heroin) often in combination with cocaine. Most of the increase was due to increases in deaths from opiates alone or in combination with cocaine.
- Alcohol was present in 44% of drug intoxication deaths.
- Deaths from amphetamine intoxication increased over this time period, but represented a small proportion of all drug intoxication deaths.
- Most deaths were of White non-Hispanic persons (84%). However, 12% of these deaths were of Hispanic persons who represented only about 6% of the Utah population.

**Drug Deaths by Age**


**Drug Deaths by County**


**Drug Deaths by Type of Substance**

Drug Deaths by Substance

Additional studies will be needed to identify the reasons for this dramatic increase. However, information from drug enforcement authorities, substance abuse treatment and harm reduction programs, and a limited number of focus groups with active drug users suggest these possible reasons:

- Increased numbers of persons using these drugs.
- Increased availability of purer heroin or increased variability in potency of heroin available in Utah.
- Different ways of using drugs, such as more poly-substance abuse.
- Less willingness to seek help by drug users when an overdose occurs.

In addition to the lives lost from this epidemic, these trends suggest that injecting drug use has increased in Utah. Admissions for substance abuse treatment where heroin or injecting drug use was reported also increased over this time period (data from Utah Division of Substance Abuse). Increased injecting drug use could lead to increased transmission of HIV, hepatitis B, hepatitis C, and other blood-born infections. Preventing deaths from illicit drug intoxication and the other complications of substance abuse will probably require a multi-faceted approach.

A good review of this problem from a medical standpoint can be found in Sporer K.A. Acute heroin overdose. Ann Intern Med 1999;130:584-590.

Information about substance abuse and substance abuse treatment in Utah can be obtained from the Utah Division of Substance Abuse, Room 201, 120 North 200 West, Salt Lake City, Utah 84145, (801) 538-3939, FAX (801) 538-4696, Internet: http://www.dhs.state.ut.us/agency/dsa/homedsa.htm.

One approach to preventing drug overdose deaths and other complications of substance abuse is harm reduction. Information on harm reduction in Utah can be obtained from the Utah Harm Reduction Coalition, (801) 879-9002 or uhrc@usa.net.

Much of this work was conducted by an Epidemic Intelligence Service (EIS) epidemiologist assigned from CDC.