

EIS Conference 2014
April 28-May 1, 2014

Select Abstract:

Assessing Risk Factors Associated with Prescription Opioid Overdose Deaths — New Mexico, 2012

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Background: Between 1999 and 2010, drug overdose deaths quadrupled nationally. In 2013, members of the National Association of Medical Examiners noted reports of breathing abnormalities among people who died of drug overdose. In response, the New Mexico Department of Health requested CDC assistance to characterize the overdose population, evaluate the presence of abnormal respirations, and identify opportunities for early intervention.

Methods: We reviewed all unintentional overdose deaths registered at the New Mexico Office of the Medical Investigator in 2012. We abstracted demographics, death scene investigations, autopsy reports, and medical records. We analyzed mutually exclusive groups of prescription opioid (RxO) and heroin-related deaths.

Results: Of the 489 unintentional overdose deaths reviewed, 39.5% involved RxOs and 14.9% involved heroin. RxO deaths were more often male (55.1%), white non-Hispanic (59.1%), and between 40 and 60 years of age (57.6%). Most decedents (85.3%) had a substance abuse history. As compared to heroin-related deaths, RxO deaths were more likely to have chronic medical (odds ratio [OR]: 3.7; confidence interval [CI]: 1.8–7.4) or psychiatric conditions (OR: 4.2; CI: 2.2–8.2). Nearly a third of all overdoses were witnessed by family or friends. Of these, 33.8% had recognizable breathing abnormalities. Snoring prior to death was more common among RxO users than heroin users (OR: 5.2; CI: 1.2–46.3).

Conclusions: Given the frequency of substance abuse and chronic medical conditions among RxO-related deaths, medical professionals have multiple opportunities for reducing overdose risk in this population. This study will help providers identify patients with risk factors linked to RxO death. Additionally, families of known RxO users can be prescribed naloxone and educated to recognize breathing abnormalities and other warning signs of overdose.