**Background**

The State Medical Examiner’s Office maintains a database for all deaths investigated under its jurisdiction. These data are considered an effective source for rapidly collecting information about overdose deaths due to opioids.

Data are considered provisional and counts may increase based on pending toxicology. Since some deaths are attributed to multiple drugs, counts by drug type exceed the total number of events.

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**Opioid Deaths Investigated by Medical Examiner by Drug Type and Month**

Clackamas, Multnomah, and Washington Counties: 2018

![Graph showing opioid deaths by month and type](image)

*Includes any substance where pharmacologic type is opioid, including heroin, and any death where a specific opioid was not listed (e.g., “opioid”, “opiate”)*

**Pharmaceutical opioid refers to specific brands of prescription opioids as well as methadone**

***Includes any mention of fentanyl or derivates plus illegal opioids such as U-47700, 4-ANPP, kratom/mitragynine***

**Source:** Oregon Medical Examiner Database

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The Tri-County Opioid Safety Coalition coordinates efforts to decrease the harms and overdose deaths from opioids, improve the quality of life for people living with chronic pain, and improve the quality of life for people with opioid use disorder in Clackamas, Multnomah, and Washington counties.
Year-to-Date Cumulative Number of Fatal Opioid Overdoses by Drug Type and Month
Clackamas, Multnomah, and Washington Counties
2017 and 2018

* Includes any substance where pharmacologic type is opioid, including heroin, and any death where a specific opioid was not listed (e.g., “opioid”, “opiate”)

** Pharmaceutical opioid refers to specific brands of prescription opioids as well as methadone

*** Includes any mention of fentanyl or derivates plus illegal opioids such as U-47700, 4-ANPP, kratom/mitragynine

SOURCE: Oregon Medical Examiner Database
Methods

Data were obtained through the Oregon Medical Examiner Database for deaths investigated by the Medical Examiner (ME)* in Clackamas, Multnomah, and Washington counties. Cases were identified using a literal text search for specific drugs, categories of drugs, and ICD-10 codes. This method was validated by case reviews. Data were included if the primary or contributing causes of death involved at least one of the following: prescription opioid, heroin, fentanyl/synthetic opioids, or an unspecified opioid. All manners of death (i.e., accident, suicide, homicide, and unspecified) were included. Some deaths involve multiple substances and categories are not mutually exclusive.

Drug categories were defined as follows:

- All Opioids includes any substance where pharmacologic type is opioid, including heroin, and any death where a specific opioid was not listed (e.g., "opioid", "opiate")
- Pharmaceutical opioid refers to specific brands of prescription opioids as well as methadone
- “Fentanyl/Synthetic” includes any mention of fentanyl or derivates plus illegal opioids such as U-47700, 4-ANPP, kratom/mitragynine

Limitations

It is not possible to calculate death rates by county because 1) deaths investigated by the ME are assigned to a county based on where the death occurred rather than the residence of the deceased and 2) address information for the deceased is sometimes incomplete. As a result, the denominator, or the population at risk for a death investigated by the ME, is unknown, precluding calculation of a rate and making cross-county comparisons more difficult.

While the ME should be involved in all drug-related deaths, the ME does not conduct an investigation in some rare cases, generally due to reporting errors. Overall, ME data are considered an effective source for rapidly collecting information on opioid-related deaths.

* Deaths investigated by the ME include deaths that are:
  • Apparently homicidal, suicidal, or occurring under suspicious or unknown circumstances;
  • Resulting from the unlawful use of controlled substances or the use or abuse of chemicals or toxic agents;
  • Occurring while incarcerated in any jail, correctional facility, or in police custody;
  • Apparently accidental or following an injury;
  • By disease, injury, or toxic agent during or arising from employment;
  • While not under the care of a physician during the period immediately previous to death;
  • Related to disease which might constitute a threat to the public health; or
  • In which a human body apparently has been disposed of in an offensive manner.

Contact
Tyler Swift  tyler.swift@multco.us