

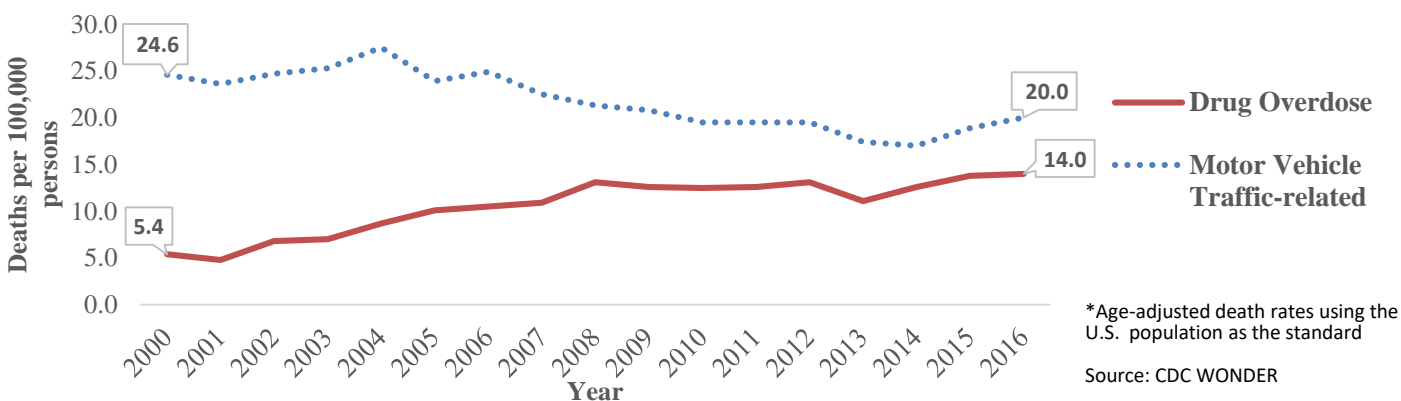


Drug Overdose Deaths in Arkansas – 2000 - 2016

Overdose Deaths at an All-time High

Provisional counts based on death certificates filed through the end of 2017 indicate that 401 Arkansas residents died of a drug overdose in 2016, more than any other year on record. In Arkansas, the drug overdose death rate has increased from 5.4 per 100,000 persons in 2000 to 14.0 per 100,000 persons in 2016. If this trend continues, the drug overdose death rate may surpass the motor vehicle death rate, which was 20 per 100,000 persons in 2016 (Figure 1).

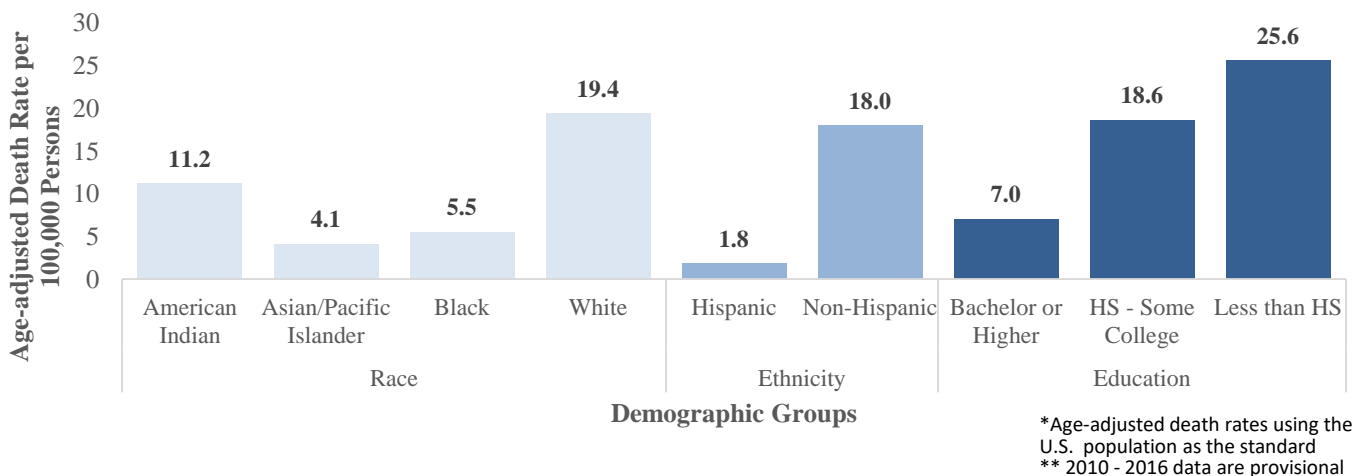
Figure 1. Drug overdose death rates* compared to motor vehicle-related death rates, Arkansas residents, 2000-2016



Large Disparities in Race, Ethnicity and Educational Attainment

Drug overdose death rates are higher among certain groups of people in Arkansas. Between 2010 and 2016, the overdose death rate was higher among whites and American Indians than among African Americans and Asians. With regard to ethnicity, Non-Hispanics had much higher rates than Hispanics. The highest overdose death rates were found among adults with low educational attainment. Compared to those with a college degree, overdose death rates were two to three times higher among less-educated adults (Figure 2).

Figure 2. Drug overdose death rates* by demographic group, Arkansas residents aged 25+, 2010-2016**



Lives Cut Short

The young age at which many drug overdoses occur increases the burden these deaths place on our communities. Between 2014 and 2016, the average age of a drug overdose decedent was 43 years. During the same time period, the average age at death from all causes was 71, which means that overdoses shortened many people’s lives by close to three decades (Table 1). Mortality in this age group is a personal tragedy for the loved ones of the deceased and is also a major loss to the communities in which they live. Drug overdoses claim the lives of teachers, healthcare workers, parents and spouses, draining vital resources from many communities and families.

Table 1: Average age at death, Arkansas residents, 2014 - 2016

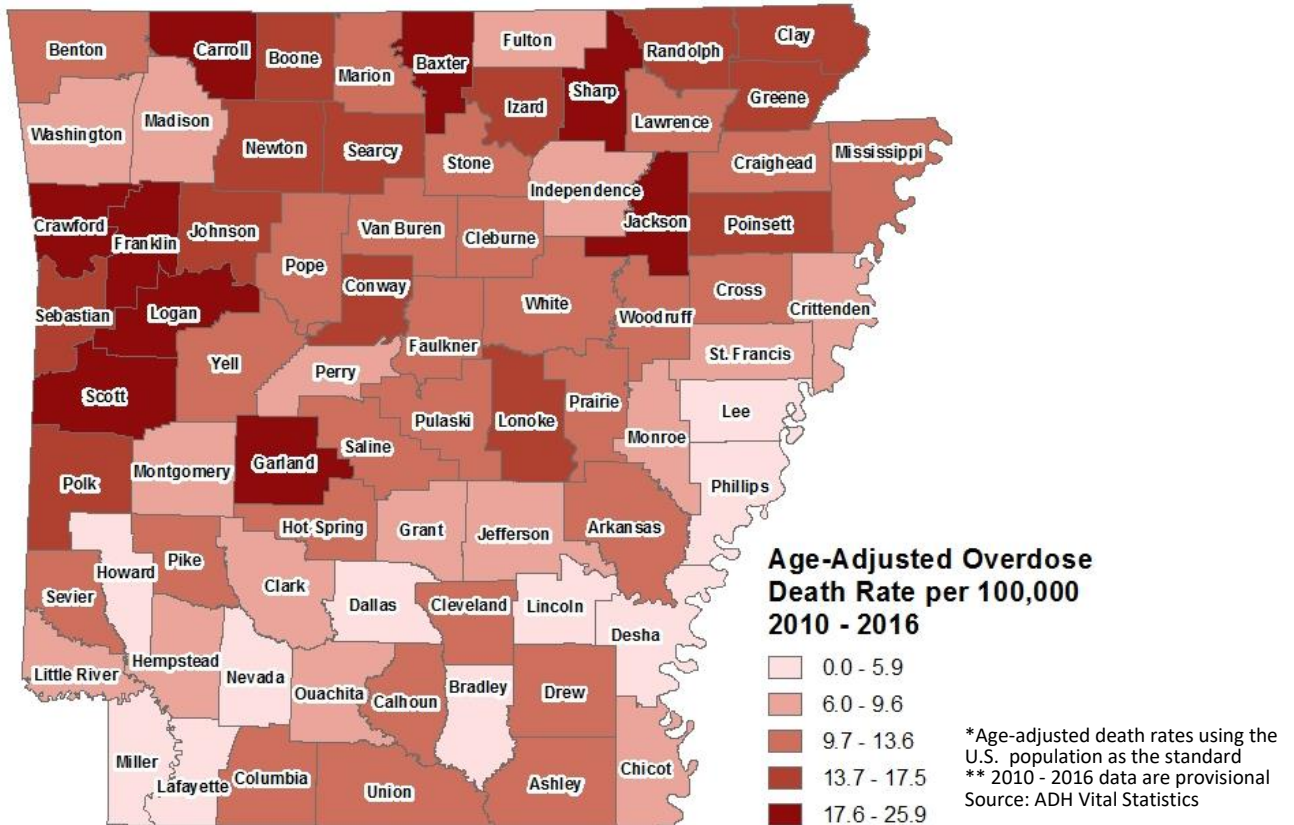
Drug overdose deaths	All causes of death
43 years	71 years

Source: ADH Vital Statistics/ CDC WONDER

Large Differences Between Counties

Drug overdose death rates vary widely by county. In some counties, the reported drug overdose death rate is less than 6.0 per 100,000 persons, while others have rates more than three times as high. Garland, Carroll, Baxter, Franklin and Crawford counties have the highest overdose death rates in Arkansas (Figure 3).

Figure 3. Drug overdose death rates* by county, Arkansas residents, 2010-2016**



Opioids Predominate, Many Reports Lack Specific Information

Preventing overdose deaths in the future requires a detailed understanding of the drug or drugs involved in past overdose deaths. Although some overdoses are caused by just one drug, most involve multiple drugs. Provisional information on 384 of the deaths that occurred in 2016 found a total of 905 drugs were mentioned. The most commonly mentioned drugs were opioids, including oxycodone (80), hydrocodone (74) and methadone (38). In some cases, the specific opioid that caused the death could not be determined and the death certificate simply lists “other opioids” (129). Other drugs that were often mentioned were benzodiazepines (*e.g. Xanax* ©, 132), antidepressants (101) and methamphetamine (67) (Table 2). Because these drugs are acquired and consumed in different ways, different strategies may be required to address each one.

Table 2. Drugs involved in fatal overdoses among Arkansas residents, 2016*

Class	Drug	Number of times mentioned on death certificates
Opioids	Other Opioids	129
	Oxycodone	80
	Hydrocodone	74
	Methadone	38
	Heroin	10
Stimulants	Methamphetamine	67
	Cocaine	18
	Prescription Stimulants	10
Depressants	Benzodiazepines	132
Other	Other	136
	Antidepressants	101
	Antihistamines	56
	Unknown	54
	Total	905

*The number of drugs mentioned is greater than the total number of deaths because many deaths involve more than one drug. Analysis is based on literal text, not ICD-10 code. Data are provisional. Source: ADH Vital Statistics

This report paints an alarming picture of lives cut short from a preventable, man-made epidemic. The purpose of the report is to provide policy makers, health professionals, law enforcement, and others with accurate, timely information for planning overdose prevention activities in the future.

This report was supported by the Grant or Cooperative Agreement Number, 1 NU17CE924869-01, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.