



2020-2022 OPIOID OVERDOSE SURVEILLANCE REPORT

<https://www.austintexas.gov/opioids>

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INTRODUCTION

The purpose of this report is to underscore the burden of the opioid epidemic in Travis County, Texas and increase public awareness. Many individuals and families have been affected due to the opioid crisis and it is important to understand key information about the issue. The contents of this report highlight recent trends in overdoses from 2020-2022 and health disparities related to overdose.

Opioids can come in many forms. They can come as natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.

According to the CDC, the number of people who died in the United States from a drug overdose in 2021 was over six times the number in 1999. The number of drug overdose deaths increased more than 16% from 2020 to 2021. Over 75% of the nearly 107,000 drug overdose deaths in the United States in 2021 involved an opioid. Additionally, according to Texas Department of State Health Service's Texas Health Data, Austin has one of the highest rates of opioid overdoses compared to other Texas counties over the past few years.

To view the dashboard, access the following link:

<https://www.arcgis.com/apps/dashboards/04b4f5dae5814d29aef47036e848ec73>



METHODOLOGY

Data Sources:

- 2022 Austin Demographics
- 2020 Decennial Census
- 2021, 2022 American Community Survey (ACS)
- Austin-Travis County Emergency Medical Services (EMS)
- Texas Department of State Health Services (DSHS)
- Travis County Health & Human Services (HHS)
- Travis County Medical Examiner (TCME)
- Texas Syndromic Surveillance (TxS2)

Data Source Considerations:

The data was reported from various sources. Differences in data collection may exist due to the procedures and methods unique for each organization.

Surveillance Period:

Completed data was obtained for the time period of **2020-2022**.

Selection Criteria:

Information about overdose cases were used if they had a nonfatal or fatal overdose within the Travis County jurisdiction and if they were confirmed as having opioid use in their system. It is important to note that not all data is reported and has limitations. For example, Travis County residents who overdose out of county are not included in the report. Individuals who reside out of county but overdose within Travis County are included in the overdose numbers.

Data Analysis:

The denominator data for the rates was calculated using the Decennial Census for 2020 rates and the American Community Survey for 2021 and 2022 rates. Rate calculations per 100,000 individuals are rounded to the nearest whole number. Rate calculations for demographic groups which had overdose counts less than 10 for a given year protected and therefore not included in the graphs. Final values for percent differences are rounded to the nearest whole number. Overdose death data for 2022 do not include suicides. Unless otherwise indicated, all rates were calculated based on overdose counts greater than 20 and are therefore considered reliable. Data are current as of January 31, 2024.

Ethical Considerations:

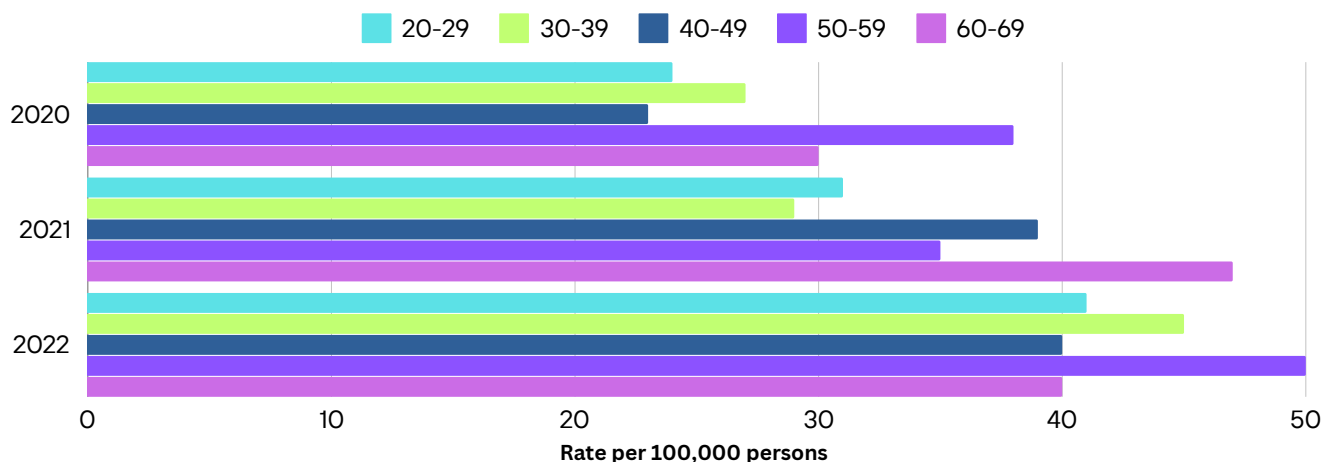
The data is reported from organizations that respect the confidentiality and privacy of their clients and patients. No personally identifiable information is used in this report. Additionally, geographical locations of overdoses, calls, or healthcare visits are not included in order to protect the privacy of those affected.

FATAL OVERDOSE ANALYSIS

DEMOGRAPHIC TRENDS

OPIOID-RELATED FATAL OVERDOSE RATES BY AGE GROUP

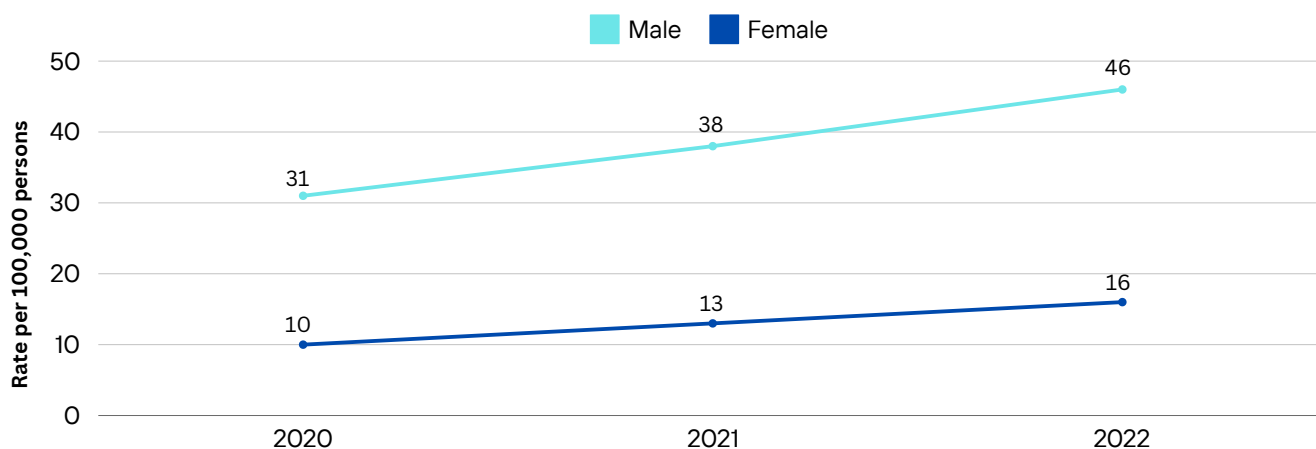
DATA PROVIDED BY TRAVIS COUNTY MEDICAL EXAMINER



- The average age of death in 2022 due to opioid use was 37 years.
- From 2020-2022, the rate for the 20-29, 30-39, 40-49, and 50-59 age groups increased.
- The rate for the 60-69 age group increased 2020 - 2021, then decreased 2021 - 2022.
- From 2020-2022 the 0-9, 10-19, 70-79, and 80+ year age groups had fatal overdose counts less than 10 per year. Rates are therefore restricted.

OPIOID-RELATED FATAL OVERDOSE RATES BY SEX

DATA PROVIDED BY TRAVIS COUNTY MEDICAL EXAMINER



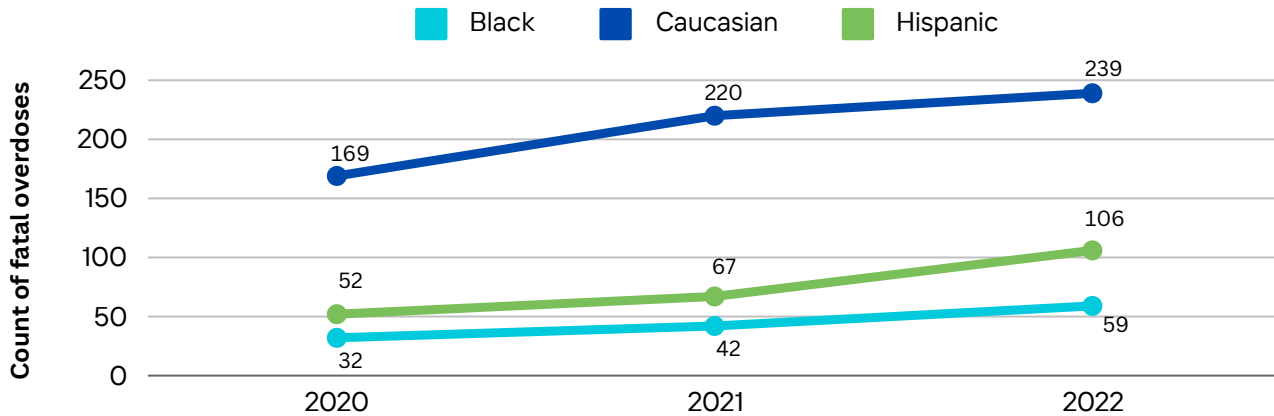
- Males continue to have a higher rate of fatal overdoses compared to females.
- The rate of fatal overdoses between 2020-2022 increased more for males than females.
- The 2022 fatal overdose rate for males is a 50% increase from the 2020 rate.
- The 2022 fatal overdose rate for females is a 68% increase from the 2020 rate.

FATAL OVERDOSE ANALYSIS

DEMOGRAPHIC TRENDS

OPIOID-RELATED FATAL OVERDOSE COUNTS BY ETHNICITY

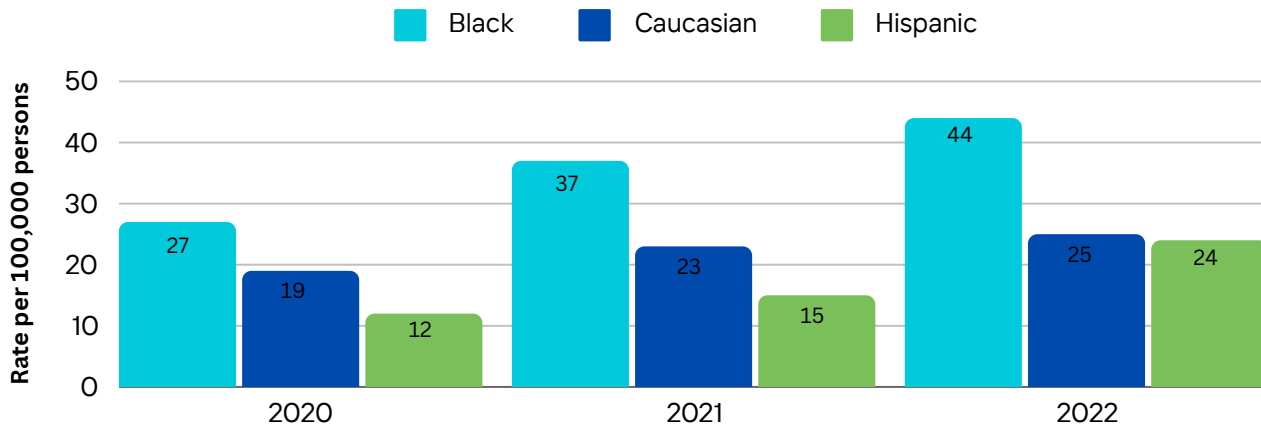
DATA PROVIDED BY TRAVIS COUNTY MEDICAL EXAMINER



- White individuals have the highest **count** of fatal overdoses, however, the counts presented are not in relation to the population size.
- The 2022 fatal overdose count for Blacks increased by 84% from the 2020 rate.
- The 2022 fatal overdose count for Whites increased by 41% from the 2020 rate.
- The 2022 fatal overdose count for Hispanics of any race increased 104% from the 2020 rate.
- American Indian/Alaska Native and Asian population groups had fatal overdose counts less than 10 for each year. Counts are therefore restricted.
- Additional racial and ethnic groups were not found in the data.

OPIOID-RELATED FATAL OVERDOSE RATES BY ETHNICITY

DATA PROVIDED BY TRAVIS COUNTY MEDICAL EXAMINER



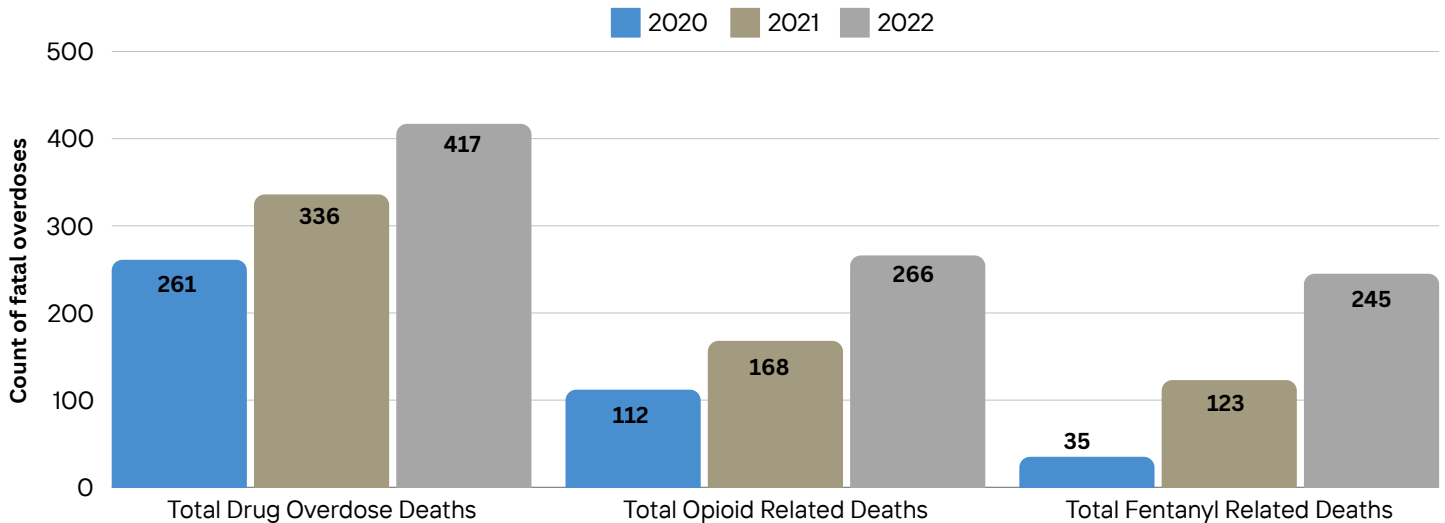
- Black individuals have the highest **rate** of fatal overdoses.
- The 2022 fatal overdose rate for Blacks increased by 66% from the 2020 rate.
- The 2022 fatal overdose rate for Whites increased by 32% from the 2020 rate.
- The 2022 fatal overdose rate for Hispanics of any race increased 96% from the 2020 rate.
- American Indian/Alaska Native and Asian population groups had fatal overdose counts less than 10 for each year. Rates are therefore restricted.
- Additional racial and ethnic groups were not found in the data.

FATAL OVERDOSE ANALYSIS

DRUG TRENDS

DRUG OVERDOSE TRENDS, 2020-2022

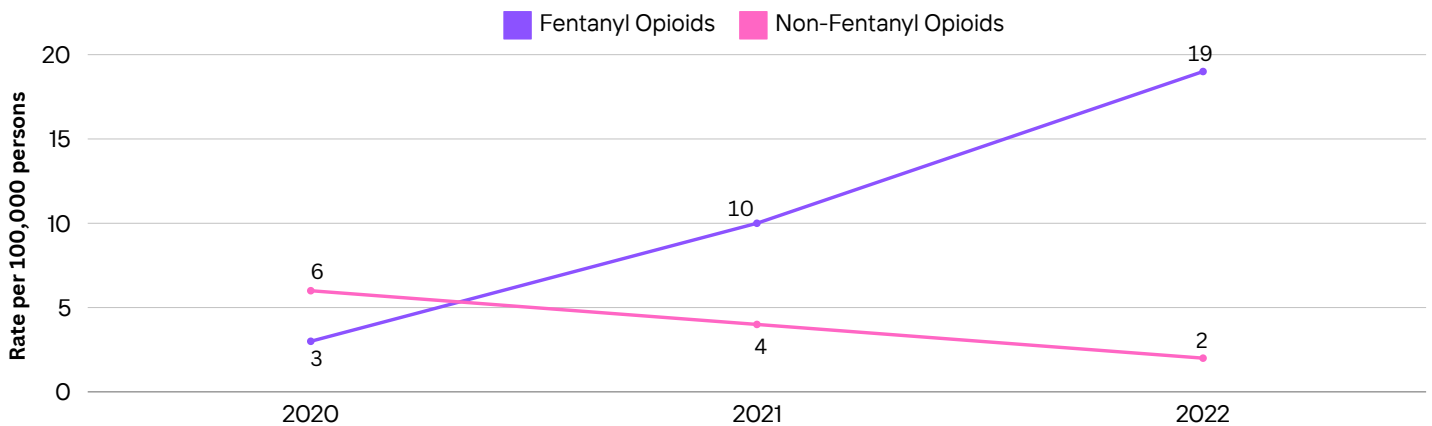
DATA PROVIDED BY TRAVIS COUNTY MEDICAL EXAMINER



- There were 1014 fatal total drug overdoses 60% increase in deaths from 2020-2022.
- Of the 1014 fatal drug overdoses, there were 546 fatal total opioid overdoses with a 138% increase in deaths from 2020-2022.
- Of the 546 fatal opioid overdoses, there were 403 fatal fentanyl overdoses with a 600% increase in deaths from 2020-2022.
- Deaths due to all types of opioid drugs increased by 50% from 2020 - 2021 and 58% from 2021 - 2022.

OPIOID-RELATED FATAL OVERDOSE DEATH RATES BY FENTANYL USE, 2020-2022

DATA PROVIDED BY TRAVIS COUNTY MEDICAL EXAMINER



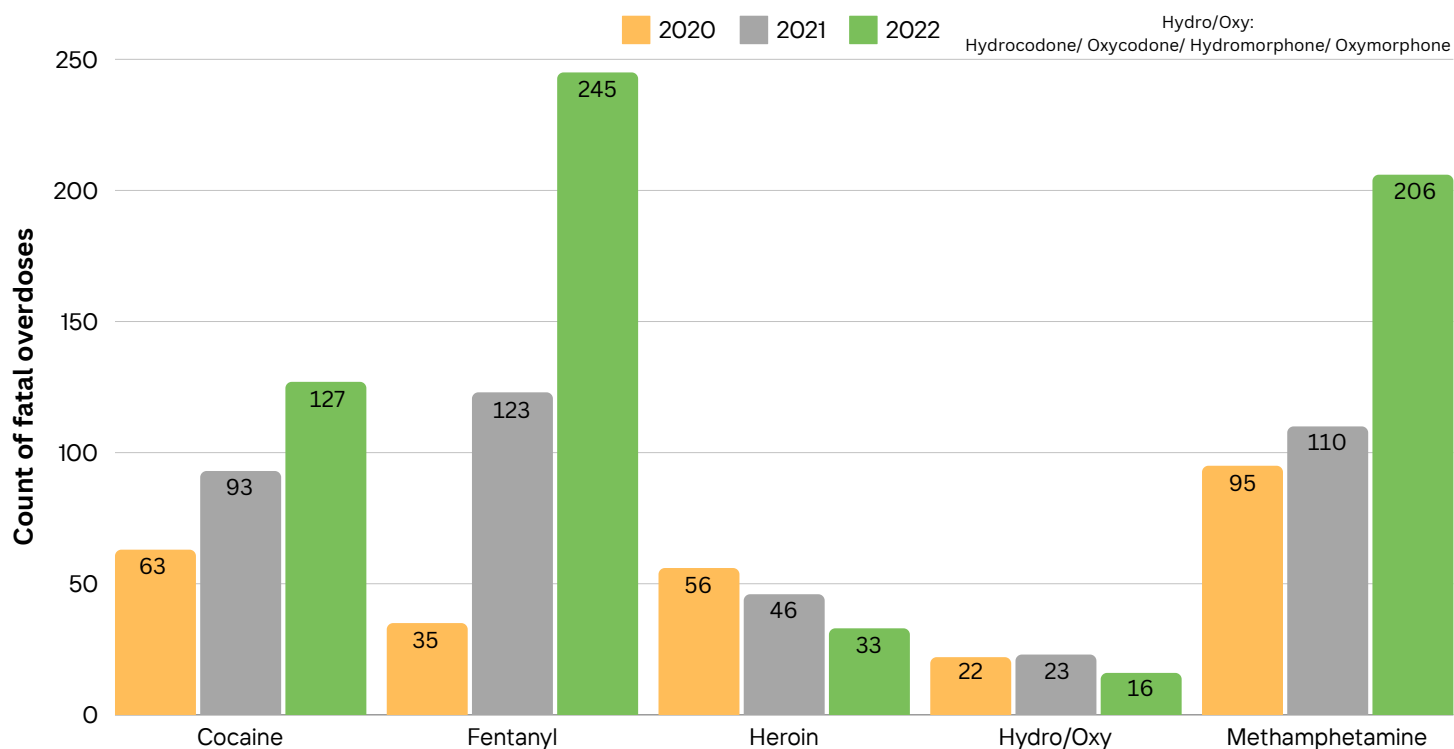
- From 2020-2022 the rate for overdose deaths due to fentanyl increased by 599%.
- From 2020-2022 the rate for overdose deaths due to opioids not containing fentanyl decreased by ~ 73%.
- In 2022 the fatal overdose rate due to fentanyl opioids is 1,065% higher than the rate of non-fentanyl opioids.

FATAL OVERDOSE ANALYSIS

DRUG TRENDS

DRUG-RELATED FATAL OVERDOSE DEATH COUNTS* BY DRUG TYPE

DATA PROVIDED BY TRAVIS COUNTY MEDICAL EXAMINER



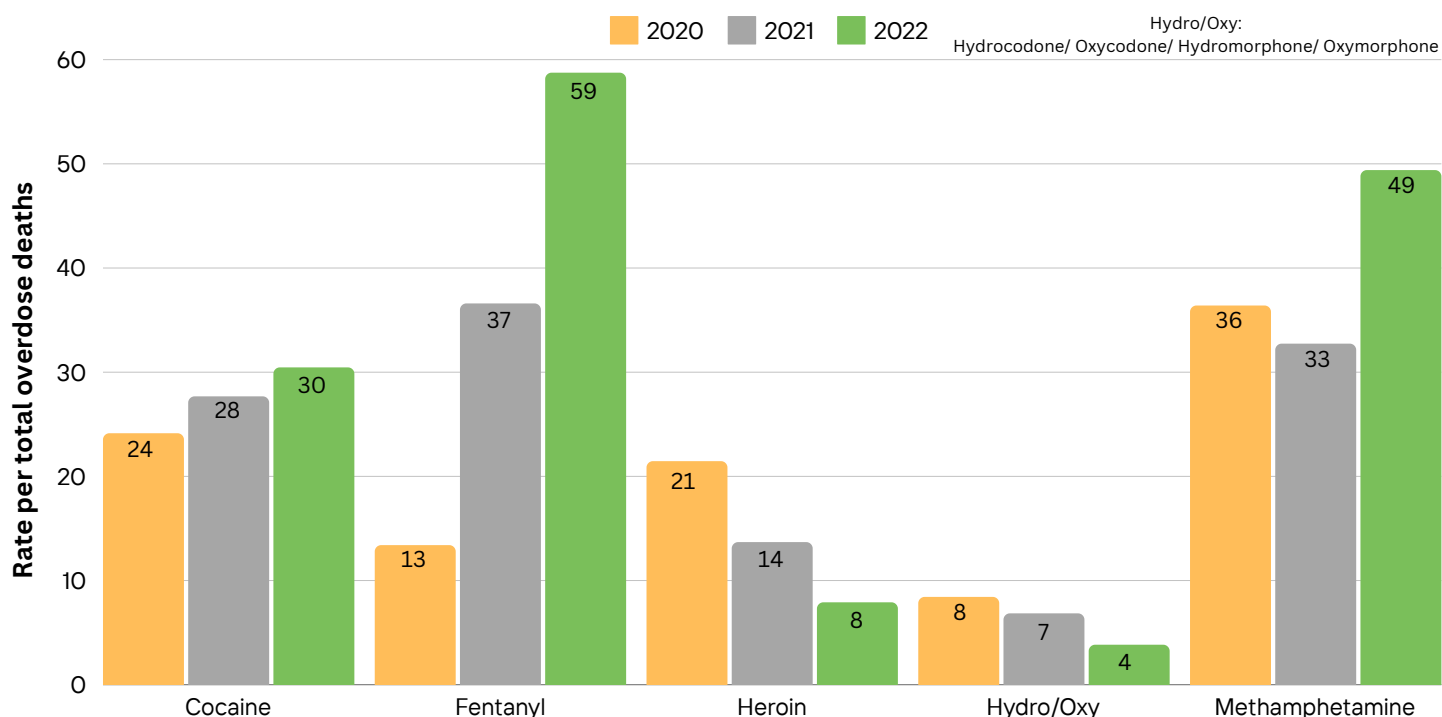
- From 2020-2022 the count for overdose deaths due to fentanyl increased by 600%. Fentanyl had the highest counts in both 2021 and 2022 when compared to the other drugs.
- Fentanyl overdose death counts had the highest level of increase 2020-2022 when compared to Methamphetamine and Cocaine.
- From 2020-2022 the count for overdose deaths due to methamphetamine increased by 117%.
- From 2020-2022 the count for overdose deaths due to cocaine increased by 102%.
- From 2020-2022 the count for overdose deaths due to heroin decreased by 41%.
- From 2020-2022 the count for overdose deaths due to Hydrocodone/ Oxycodone/ Hydromorphone/ Oxymorphone decreased by 27%.
- From 2020-2022, Benzodiazepine, Buprenorphine, Carfentanil, Codeine, Meperidine, Methadone, Morphine, and Tramadol had fatal overdose counts less than 10 per year. Counts are therefore restricted.
- *The counts provide the number of fatal overdoses where each drug was detected. Due to most fatal overdoses involving multiple drugs, the counts in this graph do not reflect individual fatalities.

FATAL OVERDOSE ANALYSIS

DRUG TRENDS

DRUG-RELATED FATAL OVERDOSE DEATH RATES* BY DRUG TYPE

DATA PROVIDED BY TRAVIS COUNTY MEDICAL EXAMINER



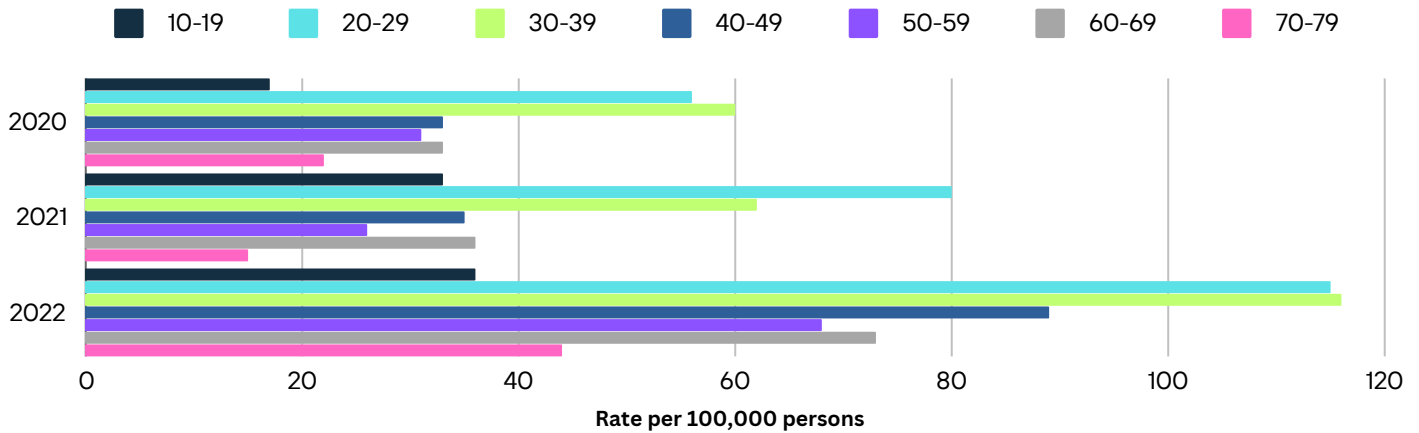
- From 2020-2022 the rate for overdose deaths due to fentanyl increased by 354%. Fentanyl had the highest rates in both 2021 and 2022 when compared to the other drugs.
- Fentanyl overdose death rates had the highest level of increase 2020-2022 when compared to Methamphetamine and Cocaine.
- From 2020-2022 the rate for overdose deaths due to methamphetamine increased by 36%.
- From 2020-2022 the rate for overdose deaths due to cocaine increased by 25%.
- From 2020-2022 the rate for overdose deaths due to heroin decreased by 62%.
- From 2020-2022 the rate for overdose deaths due to Hydrocodone/ Oxycodone/ Hydromorphone/ Oxymorphone decreased by 50%.
- From 2020-2022, Benzodiazepine, Buprenorphine, Carfentanil, Codeine, Meperidine, Methadone, Morphine, and Tramadol had fatal overdose counts less than 10 per year. Rates are therefore restricted.
- *The rates provide the number of fatal overdoses per total overdose deaths where each drug was detected. Due to most fatal overdoses involving multiple drugs, the rates in this graph do not reflect individual fatalities.

EMERGENCY DEPARTMENT VISITS ANALYSIS

DEMOGRAPHIC TRENDS

OPIOID-RELATED ED VISIT RATES BY AGE GROUP, 2020-2022

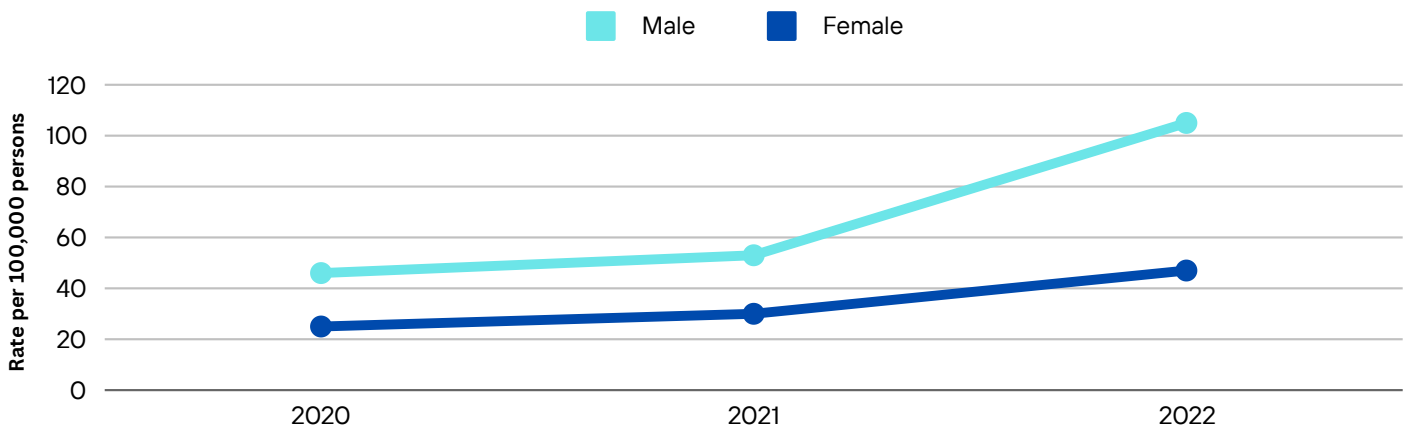
DATA PROVIDED BY THE TEXAS SYNDROMIC SURVEILLANCE SYSTEM



- From 2020-2022, 20 to 39-year-olds had the highest rates of opioid-related emergency department visits.
- From 2020-2022, the opioid-related ED visit rates for each age group increased.
- The 0-9-year age groups, 80-89-year age groups, and 90+ year age groups had ED visit counts less than 10 per year. Rates are therefore restricted.

OPIOID-RELATED ED VISIT RATES BY SEX, 2020-2022

DATA PROVIDED BY THE TEXAS SYNDROMIC SURVEILLANCE SYSTEM



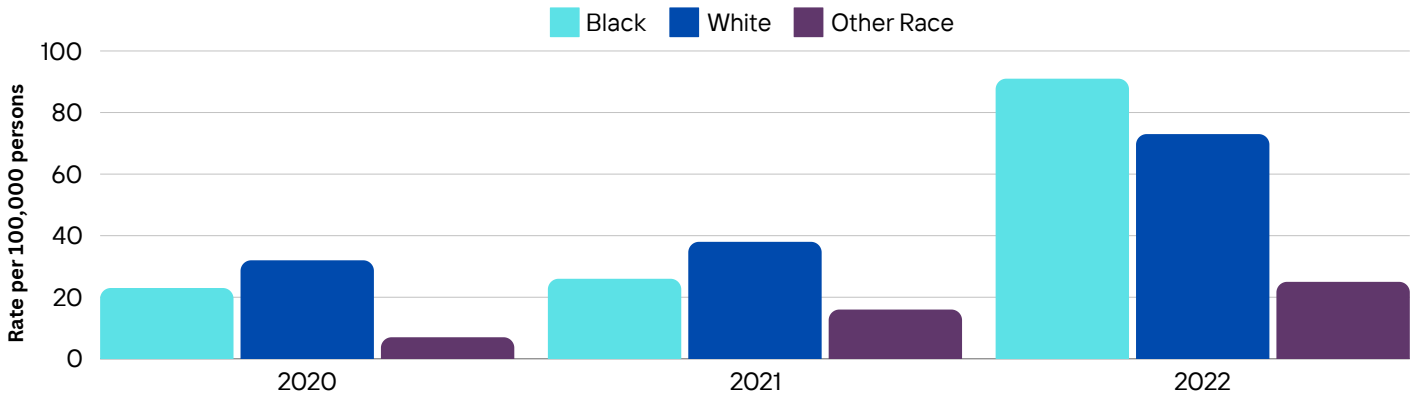
- From 2020-2022, males had higher rates of visits compared to females.
- The 2022 opioid-related ED visit for males increase 128% from the 2020 rate.
- The 2022 opioid-related ED visit rate for females increased 88% increase from the 2020 rate.
- In 2022, males had a 123% higher ED visit rate than females had in the same year.

EMERGENCY DEPARTMENT VISITS ANALYSIS

DEMOGRAPHIC TRENDS

OPIOID-RELATED ED VISIT RATES BY RACE, 2020-2022

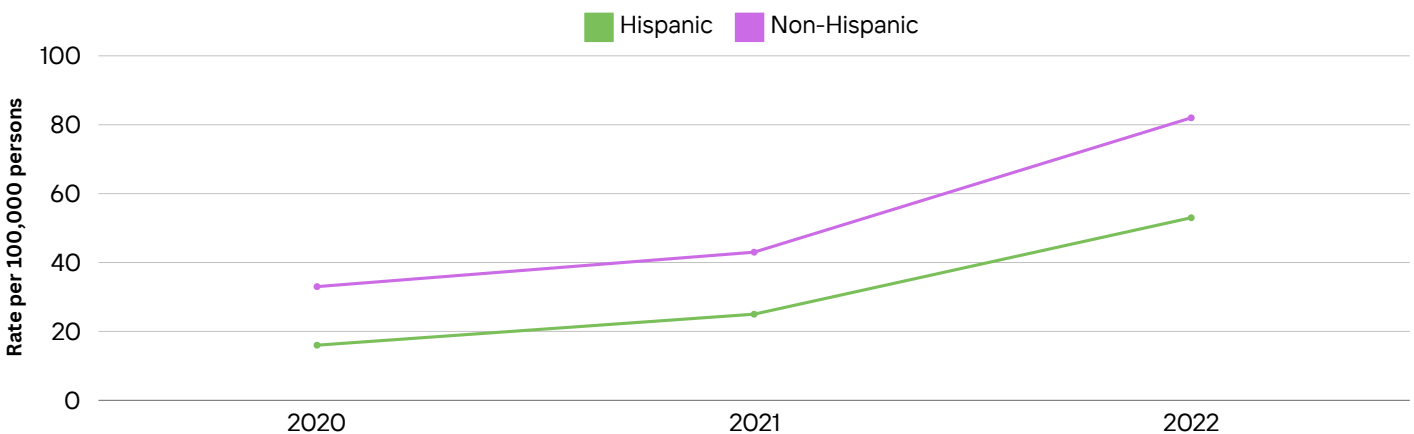
DATA PROVIDED BY THE TEXAS SYNDROMIC SURVEILLANCE SYSTEM



- Though Blacks had a lower ED visit rate compared to Whites in 2020, Blacks had a higher ED visit rate compared to any other racial group in 2022.
- The 2022 opioid-related ED visit rate for Blacks increased 296% from the 2020 rate.
- The 2022 opioid-related ED visit rate for Whites increased 128% from the 2020 rate.
- The 2022 opioid-related ED visit rate for persons of Other Races increased 257% from the 2020 rate.
- American Indian/Alaska Native, Asian, and Native Hawaiian and Other Pacific Islander groups were collapsed into “Other Race” to protect identification.

OPIOID-RELATED ED VISIT RATES BY ETHNICITY, 2020-2022

DATA PROVIDED BY THE TEXAS SYNDROMIC SURVEILLANCE SYSTEM

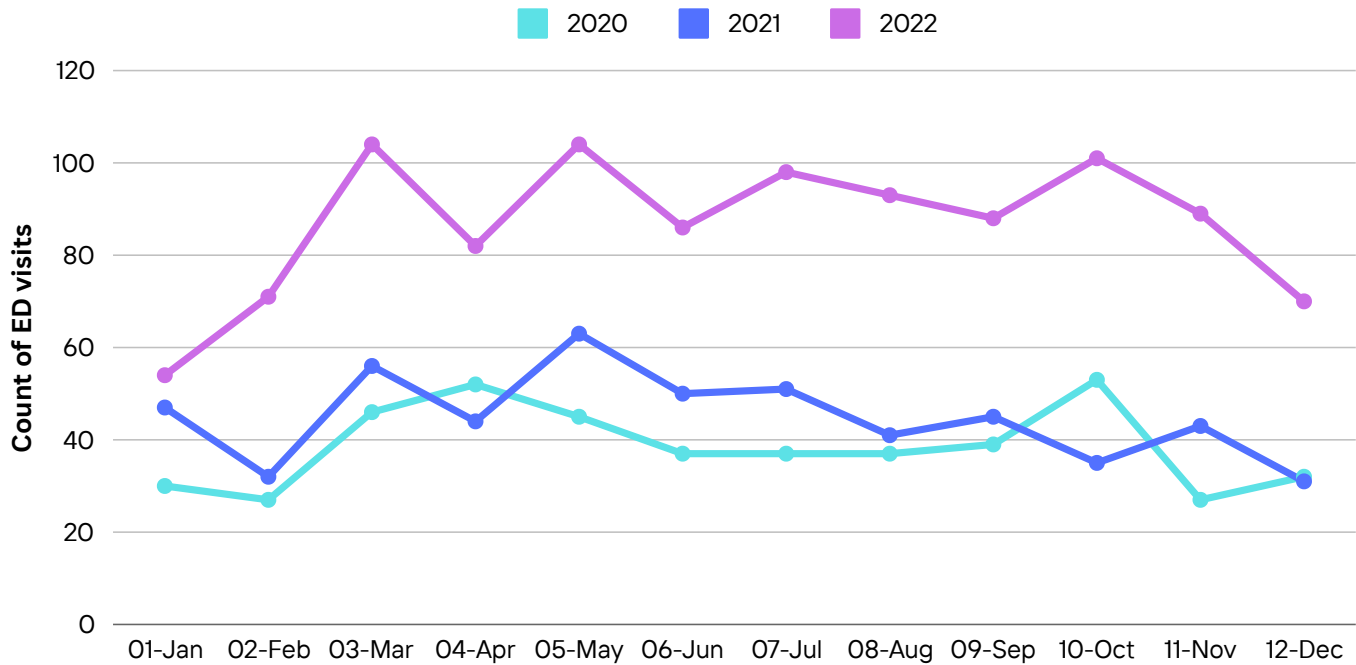


- From 2020-2022, Non-Hispanic individuals had higher rates of opioid-related ED visits compared to Hispanic individuals.
- The 2022 opioid-related ED visit rate for Hispanic residents increased 231% from the 2020 rate.
- The 2022 opioid-related ED visit rate for non-Hispanic residents increased 148% from the 2020 rate.

EMERGENCY DEPARTMENT VISITS ANALYSIS

DRUG TRENDS

OPIOID-RELATED ED VISIT COUNTS OVER TIME, 2020-2022
DATA PROVIDED BY THE TEXAS SYNDROMIC SURVEILLANCE SYSTEM



- There were 462 opioid-related emergency department visits in 2020, 548 opioid-related visits in 2021, and 1040 opioid-related visits in 2022.
- Based on numbers alone, there was a 19% increase in the number of Emergency department visits from 2020 to 2021, and a 90% increase in the number of emergency department visits from 2021 to 2022.
- The average number of ED visits a month was 39 in 2020, 45 in 2021, and 87 in 2022.
- The lowest values for ED visits in a month was 27 which occurred in February and November of 2020. The highest value for ED visits in a month was 104 which occurred in March and May of 2022.

EMERGENCY MEDICAL SERVICES DATA ANALYSIS

OPIOID-RELATED EMS DATA, 2023

DATA PROVIDED BY AUSTIN-TRAVIS COUNTY EMERGENCY MEDICAL SERVICES (EMS)

**SAVE A LIFE
CARRY
NALOXONE**



17

represents the average number of individuals beginning treatment in the Buprenorphine Bridge Program per month in 2023

108

represents the average number of calls related to opioid overdoses that EMS received per month in 2023

1287

represents the total number of alerts related to opioid overdoses that EMS received in 2023

18%

represents the proportion of naloxone administrations by family and friends prior to EMS arrival in 2023

20%

represents the proportion of naloxone administrations by local law enforcement and fire department members prior to EMS arrival in 2023

CONCLUSION

Fatal and nonfatal overdose rates have increased significantly from 2020 to 2022 in Austin/Travis County. Disparities exist in overdose rates for black and white race groups, 20- to 39-year-olds, males, and those who have fentanyl exposure. Many factors affect overdoses and overdose rates, and this report does not encompass all of them.

While the report underscores that opioid overdose has increased in Travis County, there have been many preventative measures put into place. As shown from the data, naloxone use is readily utilized by the community. Many partners have come together to help reduce the burden of opioid overdoses in the community.

Information on resources including where to find naloxone and recovery support can be found at one-dose.org.

We would like to thank our **partners** who cooperated and consulted with us when developing this report and appreciate their expertise. Austin Public Health would also like to thank the **organizations** and **individuals** not listed in this report who continue to support harm reduction and overdose prevention efforts in the community.

**Opioids can not only change the course of your life,
but one dose can end it.
You could lose what matters most to you.**



DEFINITIONS

Buprenorphine - a medication approved by the Food and Drug Administration (FDA) to treat Opioid Use Disorder (OUD).

Disease Surveillance - An information-based activity involving the collection, analysis and interpretation of large volumes of data originating from a variety of sources. (Source: hpsc.ie)

Emergency Department Visit Rate - Calculated by the using the number of Emergency department visits for a group in a year for the numerator which is divided by the census year population for that group. This number is then multiplied by 100,000 and rounded up to the nearest whole number to get the rate (per 100,000 individuals).

Fatal Opioid Overdose - Opioid overdose occurs when a person has excessive unopposed stimulation of the opiate pathway which results in death. (Source: National Center for Biotechnology Information)

Fatal Overdose Rate - Calculated by the using the number of fatal overdoses for a group in a year for the numerator which is divided by the census year population for that group. This number is then multiplied by 100,000 and rounded to the nearest whole number to get the rate (per 100,000 individuals).

Fentanyl - a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. (Source: CDC)

NARCAN/Naloxone - an opioid antagonist medication approved by the Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose. (Source: SAMHSA)

Nonfatal Opioid Overdose - Opioid overdose occurs when a person has excessive unopposed stimulation of the opiate pathway which does not result in death. (Source: National Center for Biotechnology Information)

Opioid - a class of drugs that are chemicals – natural or synthetic – that interact with nerve cells that have the potential to reduce pain. (source: Cleveland Clinic)

Quarter Years - Based upon calendar year and are defined as followed:

- Quarter 1 (Q1): January 1 – March 31
- Quarter 2 (Q2): April 1 – June 30
- Quarter 3 (Q3): July 1 – September 30
- Quarter 4 (Q4): October 1 – December 3

Rate Calculations - A measure of the number of opioid overdose deaths or opioid-related emergency department visits in a population at census baseline during a specified period of time. (Denominator data source: American Community Survey, 2020 Decennial Census)