

The State Unintentional Drug Overdose Reporting System (SUDORS) collects data about people who died of an accidental or undetermined intent drug overdose in Vermont. Deaths determined to be [suicides](#) are not included. Between January 2019 and June 2022, there were 635 accidental or undetermined intent fatal overdoses in Vermont among people aged 15 or older.¹ The data in SUDORS, including demographic information, circumstances surrounding the overdose, toxicology results and risk factors for overdose, are obtained from death certificates, law enforcement reports, and medical examiner reports. The availability of circumstance and risk factor data varies and is dependent on the amount and type of information obtained during death scene investigation interviews with family, friends, and healthcare providers. Some circumstances or risk factors may be underreported. This report will examine the differences in the reported circumstances of a fatal overdose by age group.

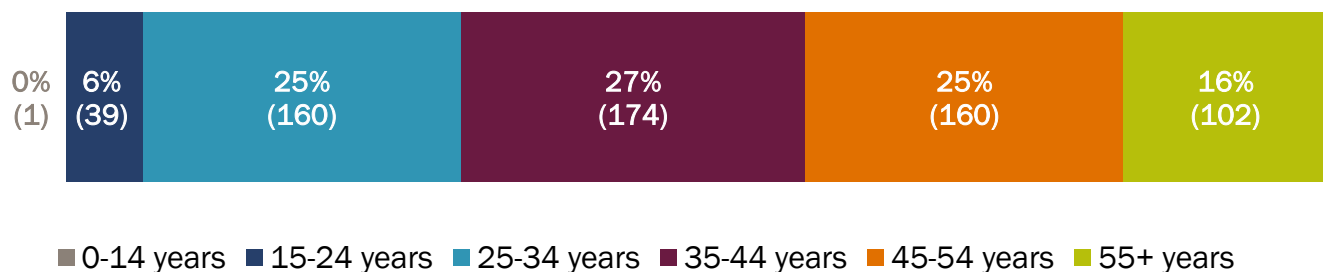
KEY POINTS

- **The circumstances of an overdose often differ by age group.**
- **People ages 15-24 are more likely to have a witness to the drug use that leads to a fatal overdose.**
- **People ages 55 years and older are least likely to be administered naloxone during an overdose.**

Demographics

The average age of people who died of a drug overdose in Vermont between January 2019 and June 2022 was 42 years. The **35-44 years age group had the most overdose deaths (174 people)**. Across all age categories, people who died of an overdose in Vermont were more likely to be male. They were also more likely to be white and not Hispanic. There were no significant differences between age groups for sex or race and ethnicity.

The highest percentage of fatal overdoses occurred among people aged 35 to 44.

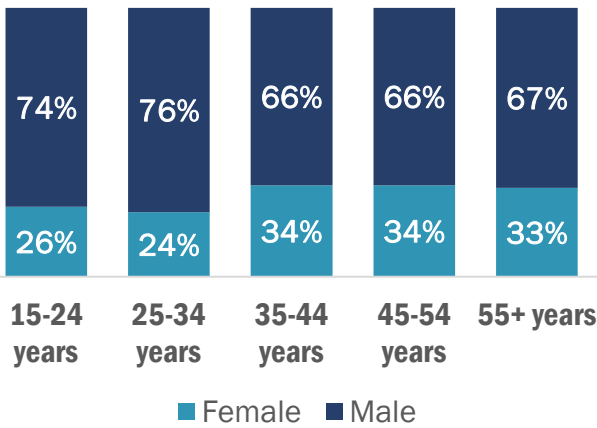


¹ There was one drug poisoning death in an infant between January 2019 and June 2022. Due to their very young age and the difference in circumstances related to this death in comparison to the others that are included in this data brief, the record has been excluded from this analysis.

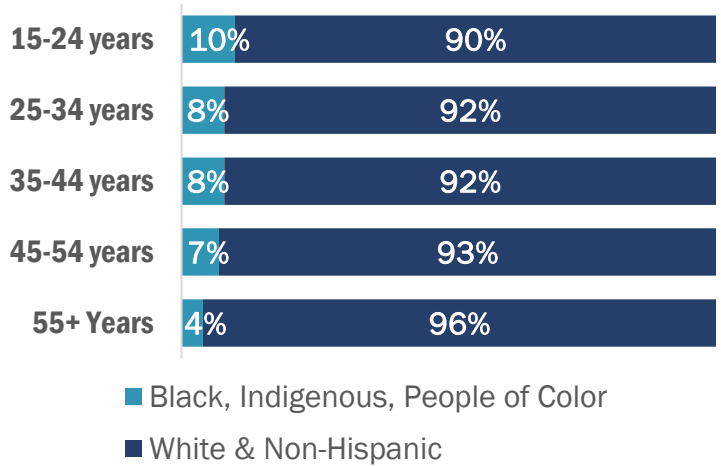
Comparison of overdoses by age

Across all age groups, people who died of an overdose in Vermont were...

more likely to be male.



more likely to be white and non-Hispanic.



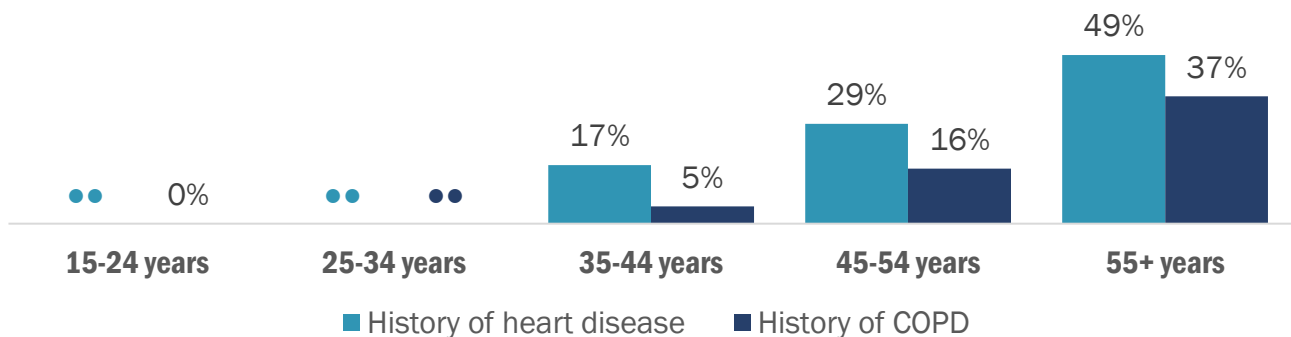
Source: Vermont Vital Statistics

The percentage of people who were current or former military personnel was highest in the 55 and older age group (15% compared to 4% or less in all other age categories).^{*} People between the ages of 45-54 were more likely to be unhoused at the time of their death (12%) compared to people in other age groups (9% for 25-34-year-olds and 8% for 35-44-year-olds).

Health History

The prevalence of heart disease and chronic obstructive pulmonary disease (COPD) among people who died of an overdose increased with advancing age groups – this is a similar trend to the general Vermont population.¹ Nearly half of people aged 55 and older who died of an overdose had a history of heart disease, compared to 17% of those 35-44 years old. In the three oldest age groups, the prevalence of heart disease and COPD was also higher among people who died of an overdose compared to Vermonters overall.² Among adults 55 and older, 37% of people who died of an overdose had a history of COPD compared to 10% in the state overall.

The prevalence of heart disease and COPD increased as age increased.



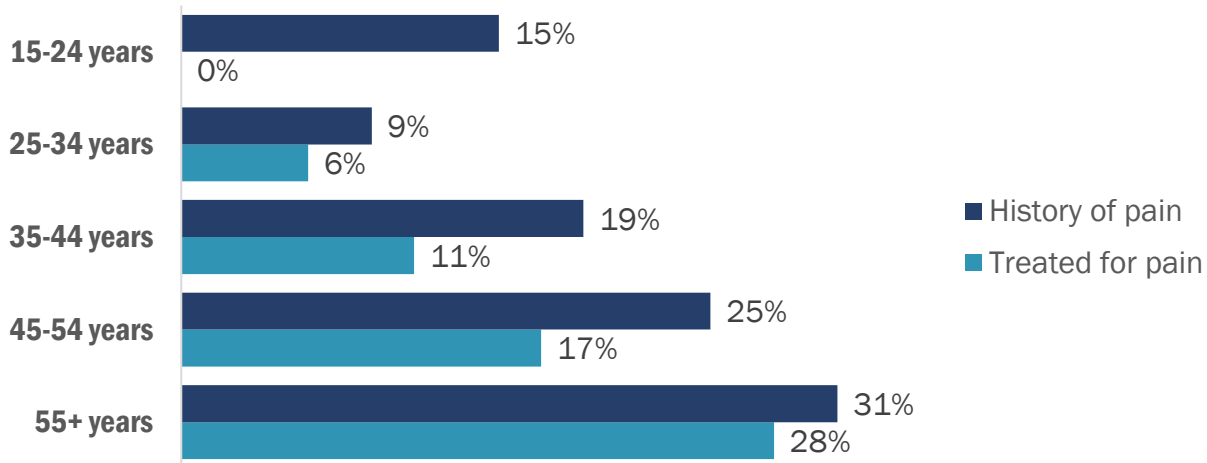
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^{*}Differences are statistically significant ($p < .05$).

² Vermont Behavioral Risk Factor Surveillance System (BRFSS), 2020 & 2021

Comparison of overdoses by age

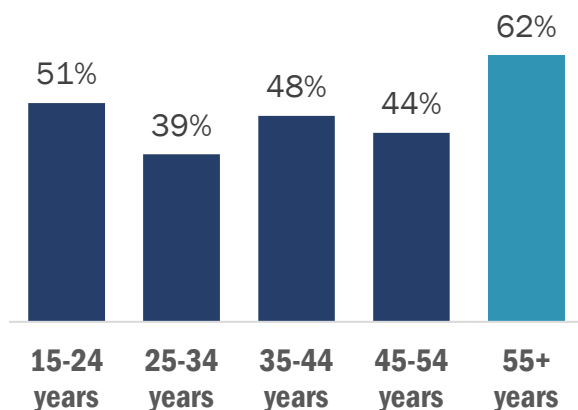
People who were 55 and older were more likely to have a known history of acute or chronic pain and to have been getting treatment for it at the time of their death.*



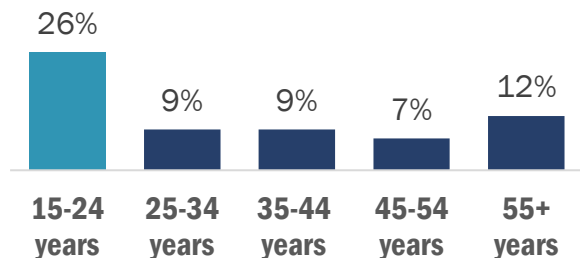
Similarly, a greater percentage of people 55 and older had a history of acute or chronic pain (including back pain) and were being treated for it at the time of their overdose, compared to younger people. Pain treatment may include prescriptions for opioid or non-opioid pain relievers, physical therapy, or treatment by a chiropractor.

The percent of people with a known current mental health diagnosis was highest among people who died of an overdose who were 55 and older (62%), followed by people ages 15-24 (51%). Depression and anxiety disorders were the most commonly reported mental health diagnoses, with the highest prevalence of depression seen in those 55 and older and the highest prevalence of anxiety in those aged 15-24. Of the 39 people ages 15-24 that died of overdose, 26% had a history of suicidal thoughts, plans or attempts reported by family members or loved ones, which was the highest of all age groups.

People ages 55 and older were the most likely to have a known mental health diagnosis.*



A history of suicidal thoughts, plans or attempts was most prevalent among the youngest age group.*



*Differences are statistically significant ($p < .05$).

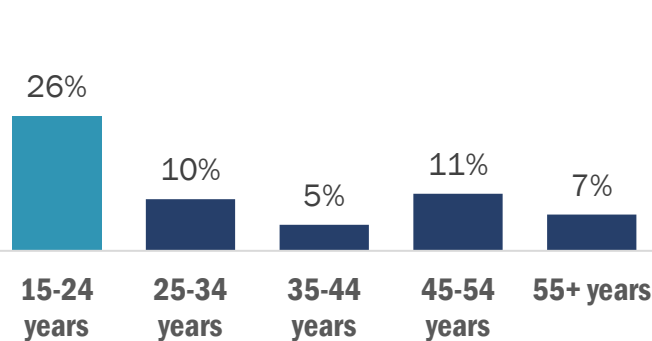
Comparison of overdoses by age

Overdose Circumstances

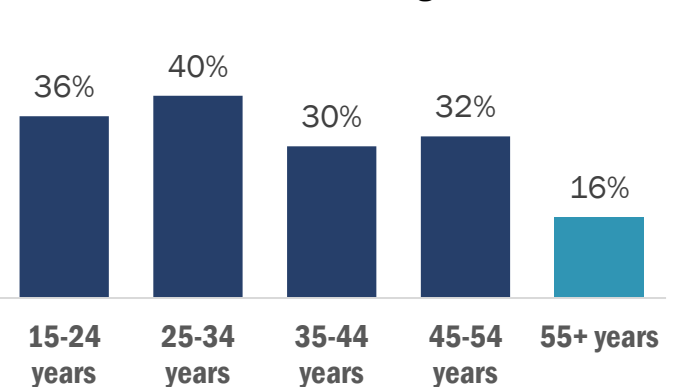
One of the key harm reduction steps to reduce the risk of an opioid overdose is to [avoid using while alone](#). People ages 15-24 were the most likely to have a witness to the drug use that led to the fatal overdose (26%).

In SUDORS, a potential bystander is someone who was physically nearby during the overdose and had the opportunity to respond to it. A person does not have to witness the drug use to be a bystander. People aged 55 and older were least likely to have a potential bystander present at the time of the fatal overdose (43%). People in the oldest age group were also least likely to be administered naloxone, a potentially life-saving medication that can reverse an opioid overdose (16%).

People ages 15-24 were most likely to have a witness to the drug use that led to the fatal overdose. *

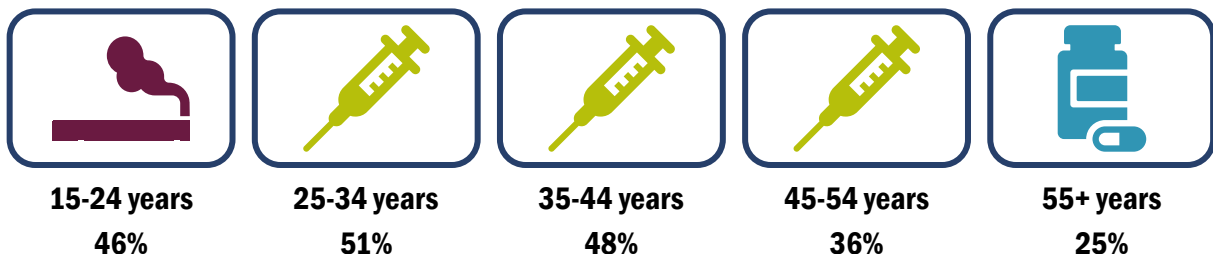


People 55 and older were less likely to be administered naloxone during the overdose. *



Information about how substances were used is based on evidence collected by law enforcement and medicolegal death investigators at the scene of the overdose. Injection was the most common route of use for people between the ages of 25 and 54. The percentage of people with evidence of injection, such as the presence of needles and syringes, was highest in the 25-34 age group (51%), followed by 35-44 years (48%), then 45-54 years (36%). The most common route of use for the youngest age group was smoking (46%). For the oldest age group, ingestion was most common (25%).

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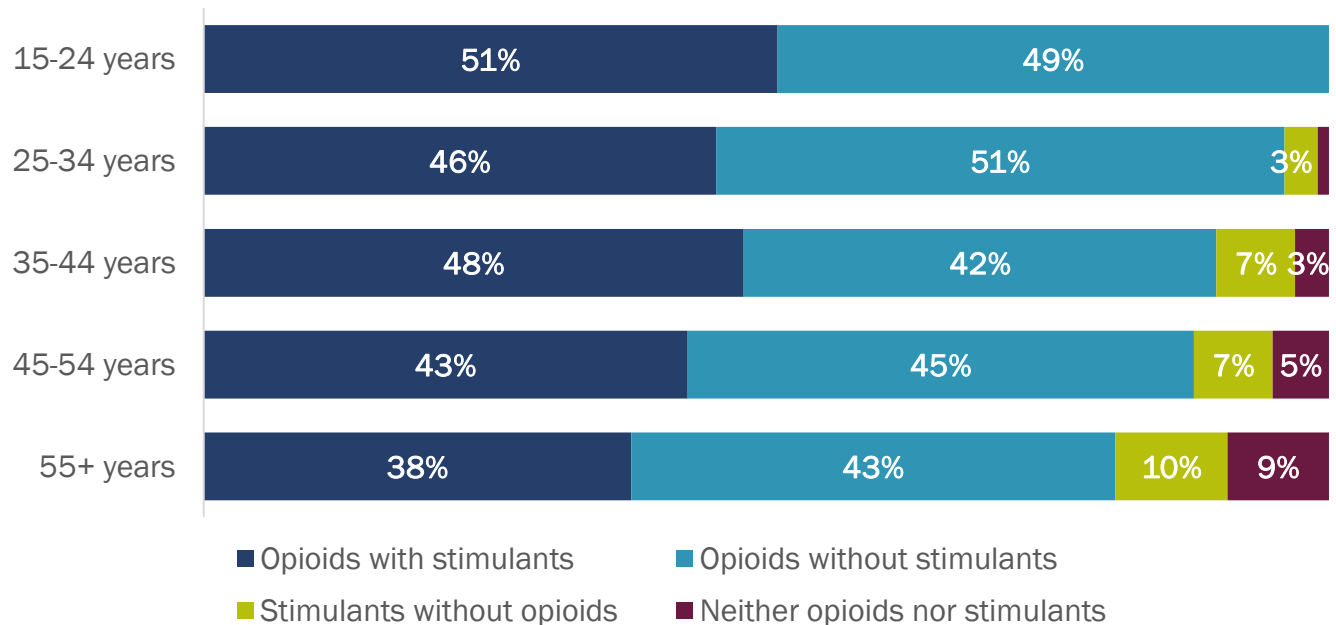


*Differences are statistically significant (p<.05).

Comparison of overdoses by age

Across all age groups, opioids were involved in at least 8 in 10 deaths. Among 15-24-year-olds, at least one opioid contributed to every person's death. The percentage of fatal overdoses that involved neither an opioid nor a stimulant (e.g., benzodiazepines or antidepressants) was highest among people aged 55 and older (9%). Fentanyl was the most common opioid contributing to death in all age categories.

Opioids contributed to most overdose deaths in each age category. The percentage of deaths involving opioids was lowest among people aged 55 and older.



Sources: SUDORS; Vermont Vital Statistics

Limitations

The completeness of SUDORS data is dependent on the availability of information in death certificates and medical examiner and law enforcement reports. Additionally, the coding of some circumstances may have changed over time due to changes in the system and coding guidance.

Key Takeaways

Circumstances of overdose death vary by age. People who are 55 and older are less likely to have a potential bystander nearby at the time of an overdose or to receive naloxone. Fifteen to twenty-four-year-olds are more likely to have witnesses to the drug use that leads to their death and are more likely to use drugs by smoking.

The circumstances of a fatal overdose often differ by age group.

[Read the Vermont Department of Health Opioid and Stimulant Response Initiatives](#) for detailed information about the comprehensive approach the Department is taking to address opioid and stimulant misuse and overdose.

[Read the most recent update of the Vermont Social Autopsy Report](#) for more data from SUDORS about the circumstances surrounding overdose deaths in Vermont.

References:

State Unintentional Drug Overdose Reporting System (SUDORS), January 2019-June 2022; Vermont Vital Statistics; Vermont Behavioral Risk Factor Surveillance System (BRFSS), 2020 & 2021

For more information: AHS.VDHOverdoseDataVT@vermont.gov

For more information on overdose prevention strategies: www.knowodvt.com

For more information on harm reduction, treatment, and recovery services: www.vthelplink.org