# 

## Cass and St. Joseph County

This report is in memory of those who lost their life or a loved one to substance use. These losses must motivate us all to prevent future deaths.

**Purpose:** This data was collected by the Office of the Medical Examiner (MEO) in the Department of Pathology at Western Michigan University Homer Stryker M.D. School of Medicine (WMed). Unless otherwise noted, data is from 2021 and includes deaths where drugs were the immediate cause of death. This report is meant to provide up to date statistics to those involved in efforts to reduce the number of drug-related deaths.

Sections with the following headings are approximations and frequencies may be higher than what is reported: Health Factors, Mental Health Factors, Social Factors, Children and Substance Use History.

**Sources:** All data was extracted from a Medical Examiner database, law enforcement (LE) reports, EMS runsheets, death certificates, obituaries, medical records, toxicology reports, and autopsy reports.

**Note:** Cass and St. Joseph counties are combined to protect decedents' identities due to low count numbers (n<10). Counties were combined based on geographic proximity. Cass county started working with this MEO in 2021 and will be excluded from data indicated by an asterisk on page 3. <u>B</u>=Black/African-American; <u>W</u>=White; <u>F</u>=Female; <u>M</u>=Male

#### Please email questions to pathology@med.wmich.edu

Office of the Medical Examiner Department of Pathology Homer Stryker M.D. School of Medicine

Cass and St. Joseph County

## <u>All drug-related deaths: Cass</u>

Age	Race	Sex	Death certificate: Substances contributing to death	Injury Zip code
25	W	M	fentanyl, heroin, methamphetamine	49112
28	W	М	fentanyl, heroin	49120
29	W	M	fentanyl, heroin, para-fluorofentanyl, xylazine	49047
36	W	F	fentanyl, mitragynine	49047
41	W	M	diphenhydramine, fentanyl, heroin, methamphetamine	49120
42	W	F	amlodipine, citalopram/escitalopram	49031
44	W	F	fentanyl, para-fluorofentanyl	49047
53	W	M	fentanyl, methamphetamine	49061
60	W	F	fentanyl, gabapentin, methamphetamine	49120



Cass and St. Joseph County

## <u>All drug-related deaths: St. Joseph</u>

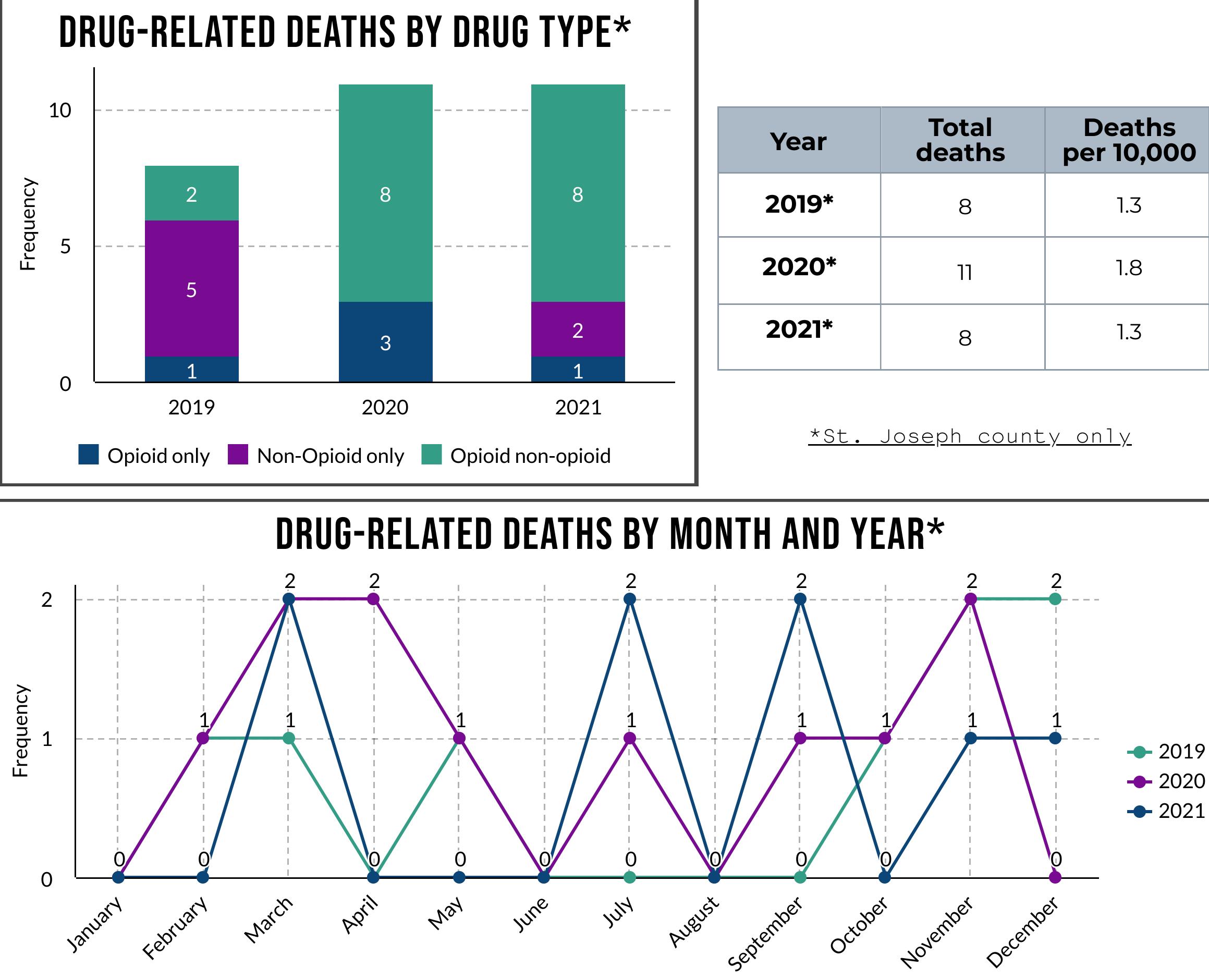
Age	Race	Sex	Death certificate: Substances contributing to death	Injury Zip code
30	В	F	alprazolam, fentanyl, hydrocodone	49093
31	W	F	ethylene glycol	49040
32	В	M	alprazolam, amphetamine, cocaine, fentanyl, methamphetamine	49093
37	W	F	fentanyl, methamphetamine	Unknown
38	W	M	7-amino clonazapam, cyclobenzaprine, fentanyl, hydrocodone	49093
41	W	M	Pt. I: Staphylococcus aureus sepsis, source uncertain; Pt. II: methamphetamine*	Unknown
49	W	F	alprazolam, cyclobenzaprine, methamphetamine	Unknown
59	W	F	Pt. I: Colonic perforation; Pt. II: methamphetamine, morphine, oxycodone, alprazolam, and gabapentin*	49072
60	В	М	cocaine, fentanyl	49093
61	W	M	fentanyl, methamphetamine, morphine, oxycodone	49093

\*Not included in report (n=2)



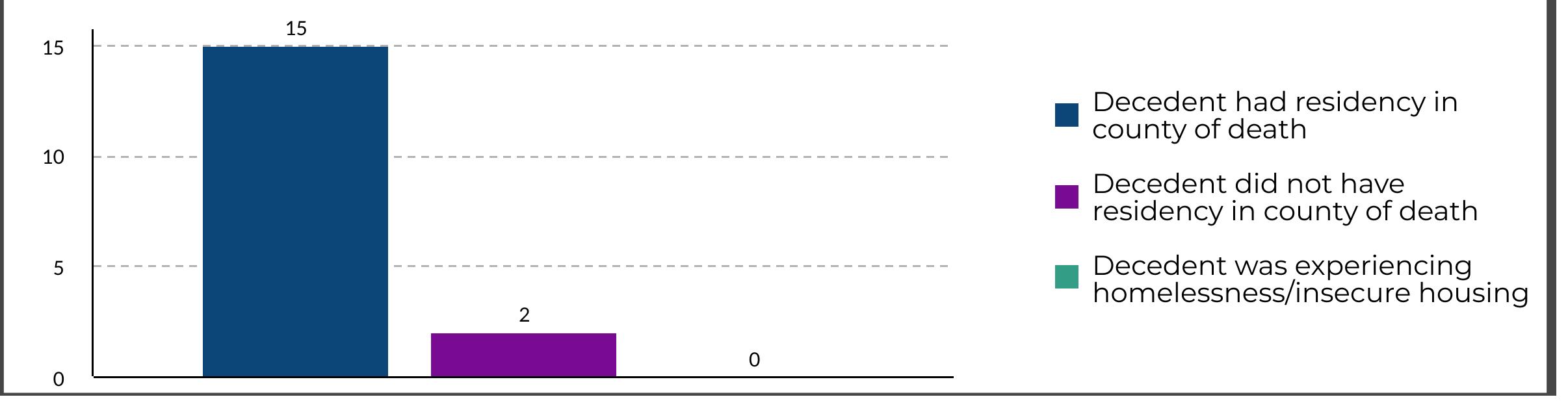
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## <u>Total Drug-Related Deaths</u>



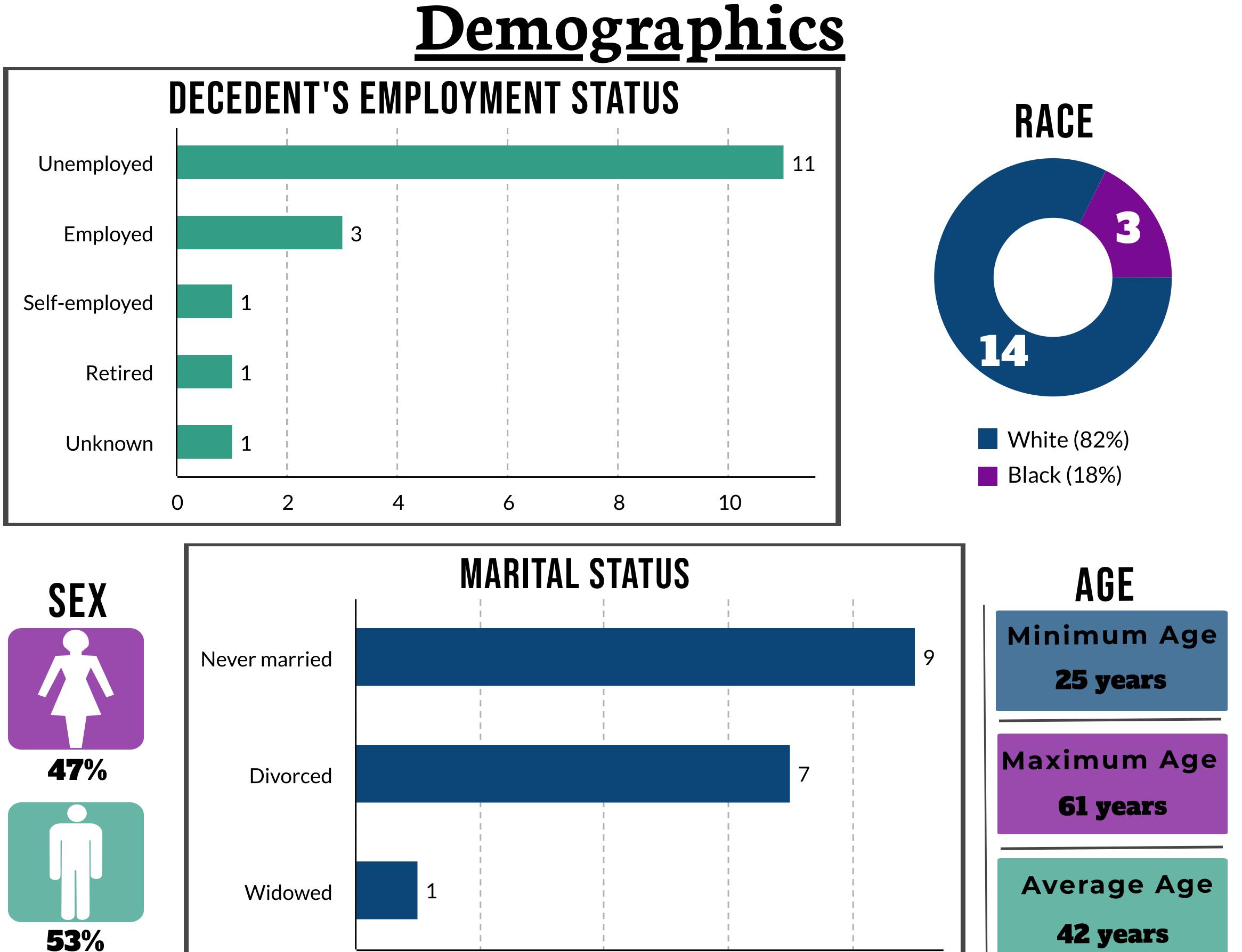
Year	Total deaths	Deaths per 10,000	
2019*	8	1.3	
2020*	11	1.8	
2021*	8	1.3	

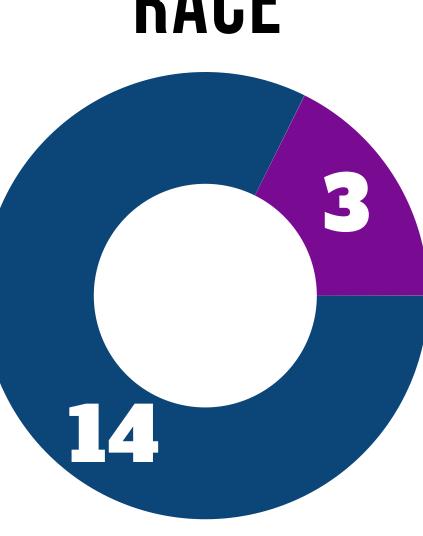
#### **COUNTY OF RESIDENCE BY COUNTY OF DEATH**





Cass and St. Joseph County





### **DECEDENT'S HIGHEST LEVEL OF EDUCATION**

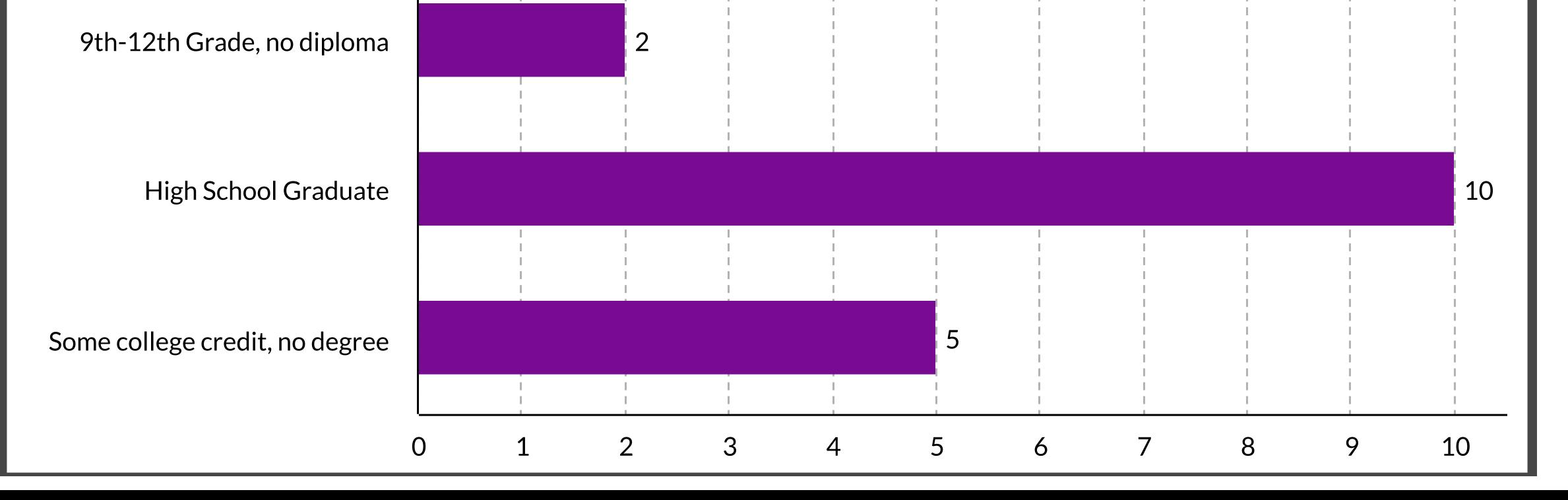
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4

8

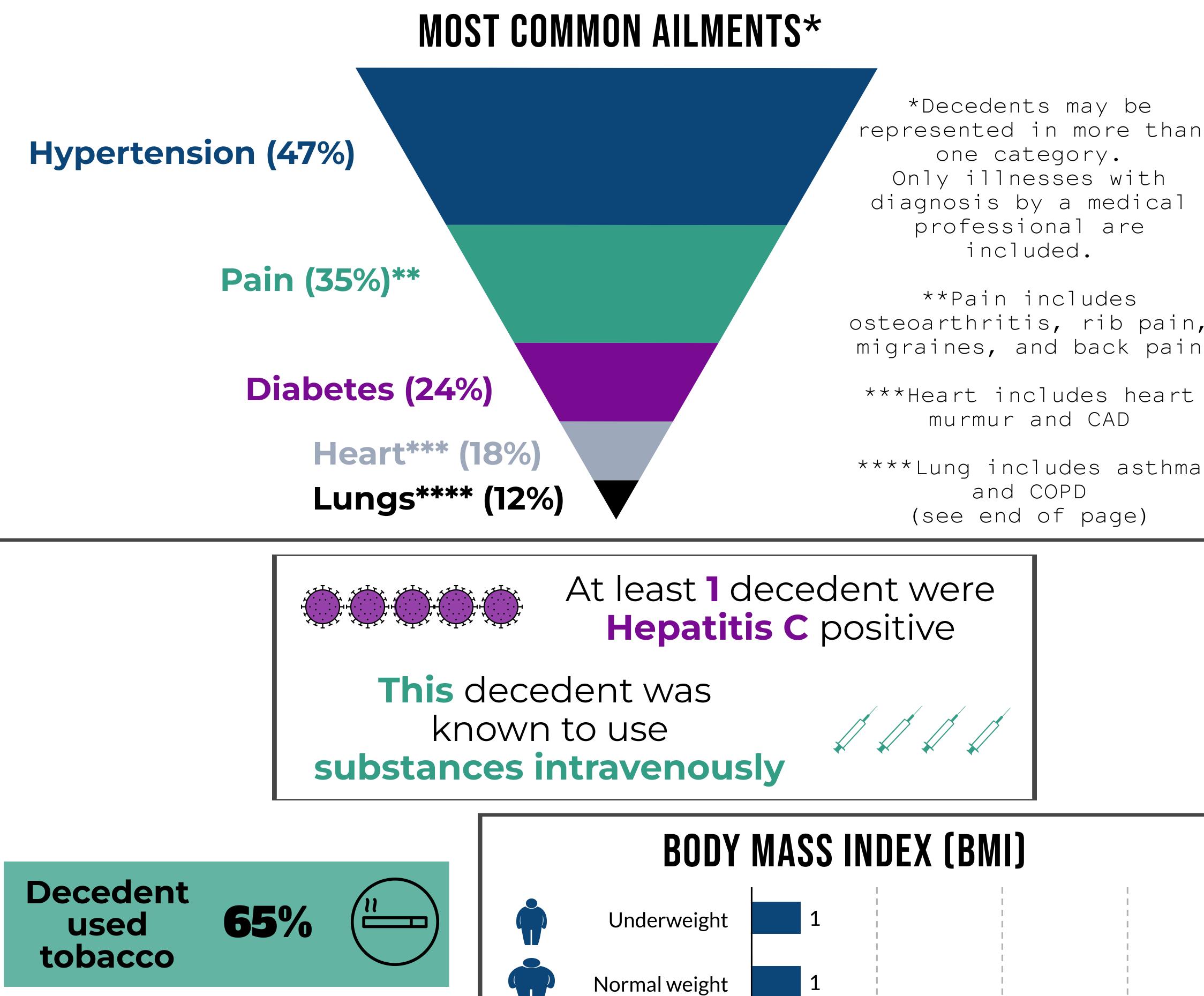
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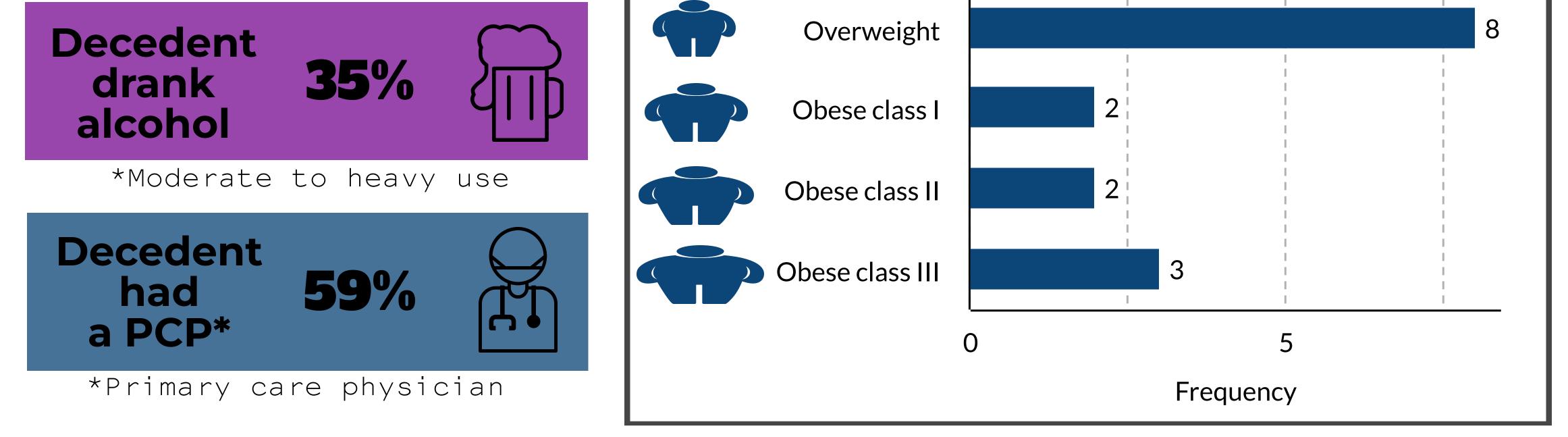
## Health Factors



\*Decedents may be represented in more than one category. Only illnesses with diagnosis by a medical professional are included.

\*\*Pain includes osteoarthritis, rib pain, migraines, and back pain

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1	



COPD=Chronic obstructive pulmonary disease; CAD=Coronary artery disease



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## Mental Health Factors

### MOST COMMON MENTAL ILLNESSES

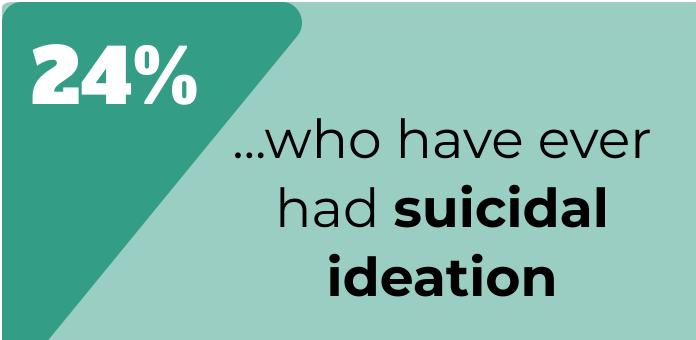
#### **Depression (29%)**

#### Anxiety (24%)

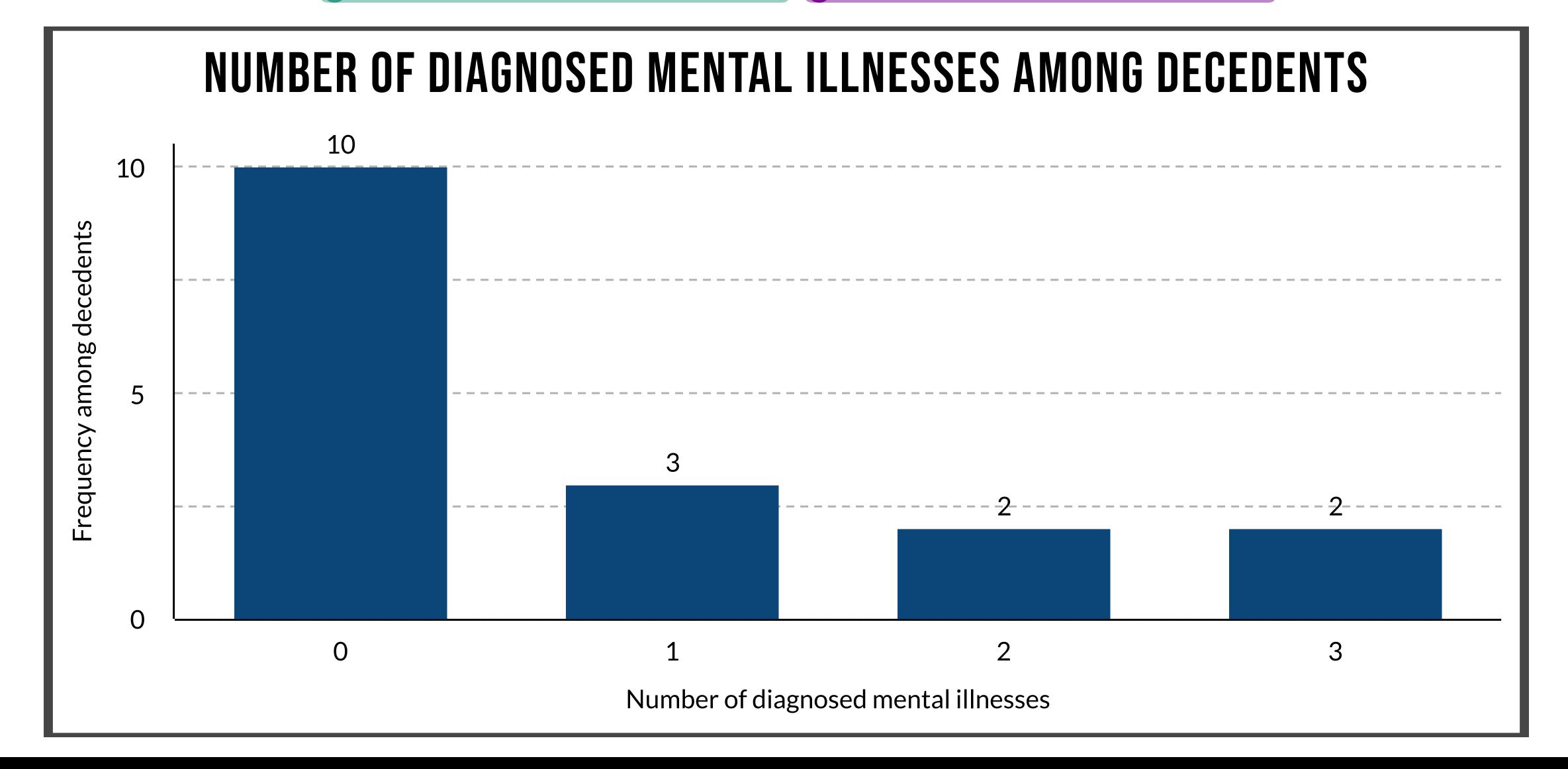
\*Decedents may be represented in more than one category. Only mental illnesses with official documented diagnosis are included.



### **PERCENTAGE OF DECEDENTS**







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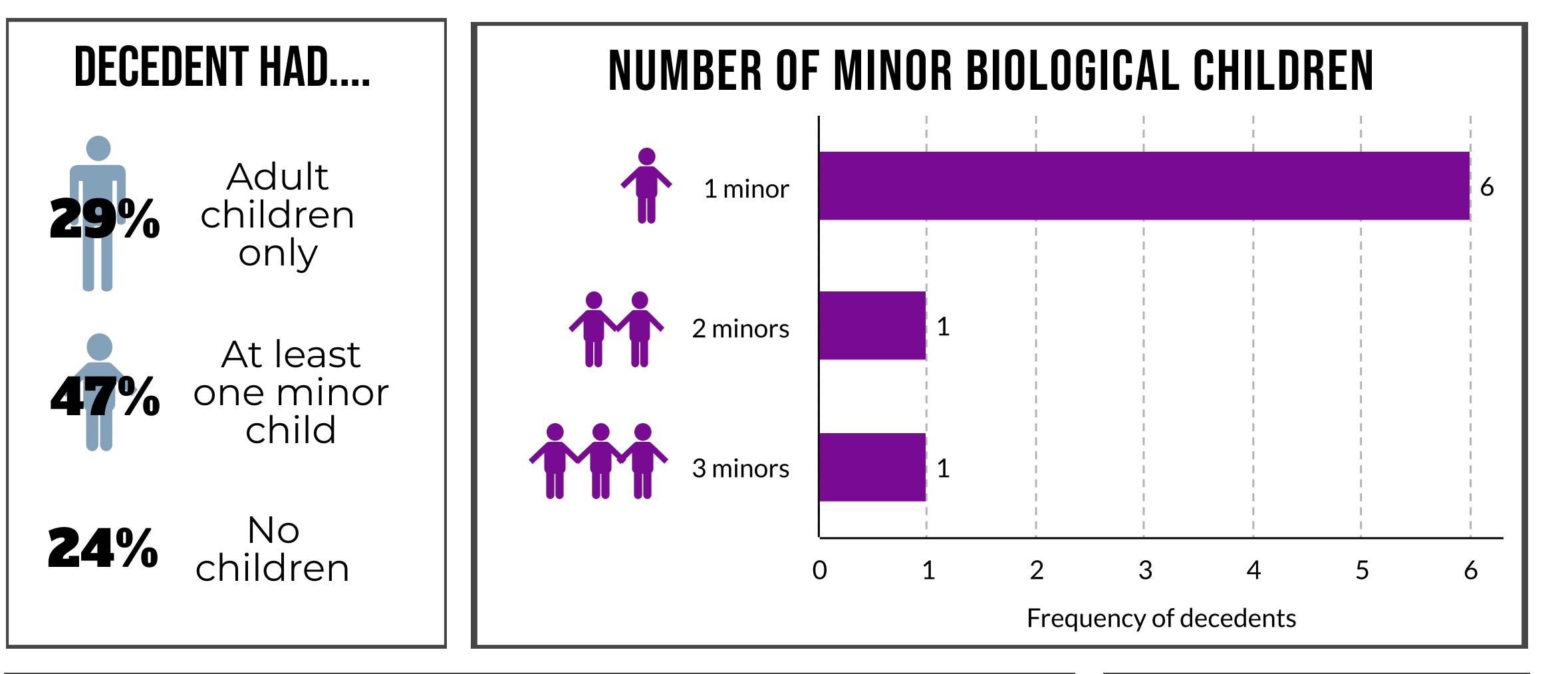
0%		
	Decedent was	
	a <b>veteran</b>	

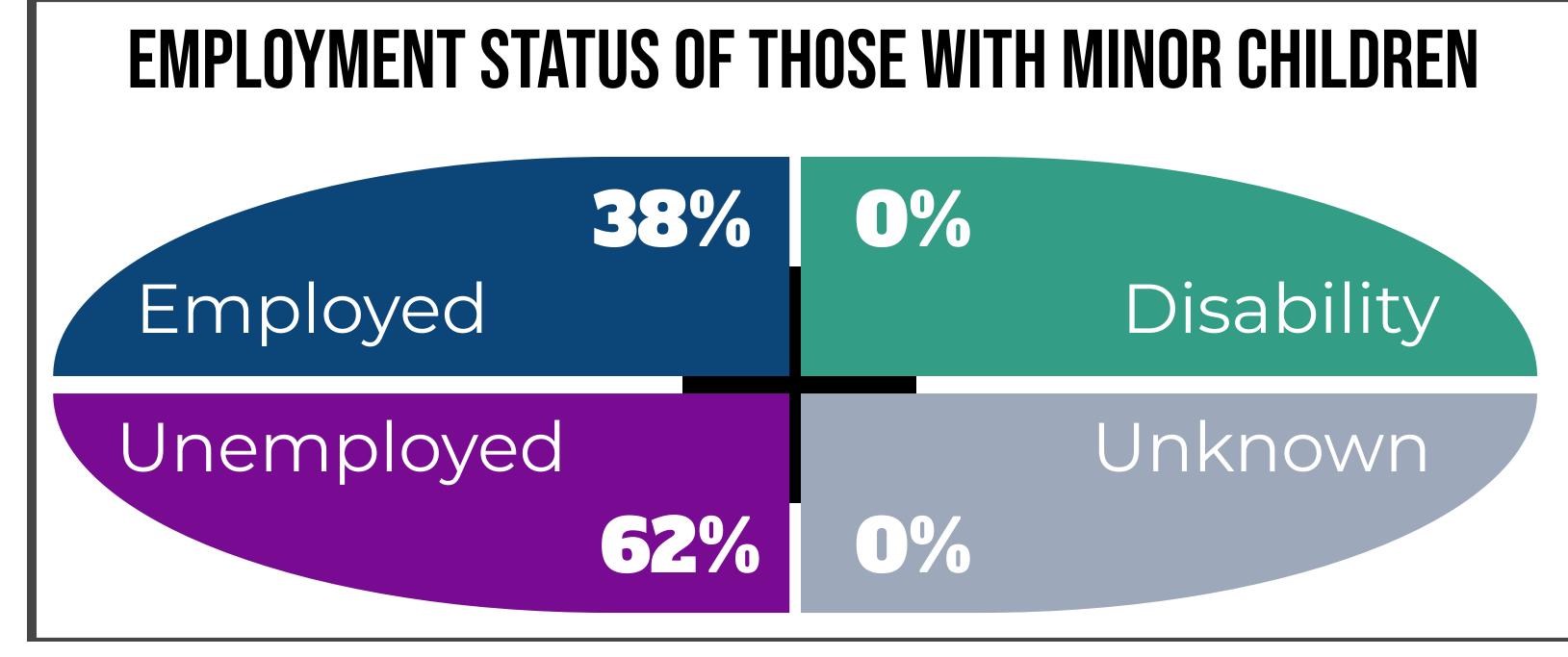


Decedent was experiencing homelessness or insecure housing at time of death



## Children

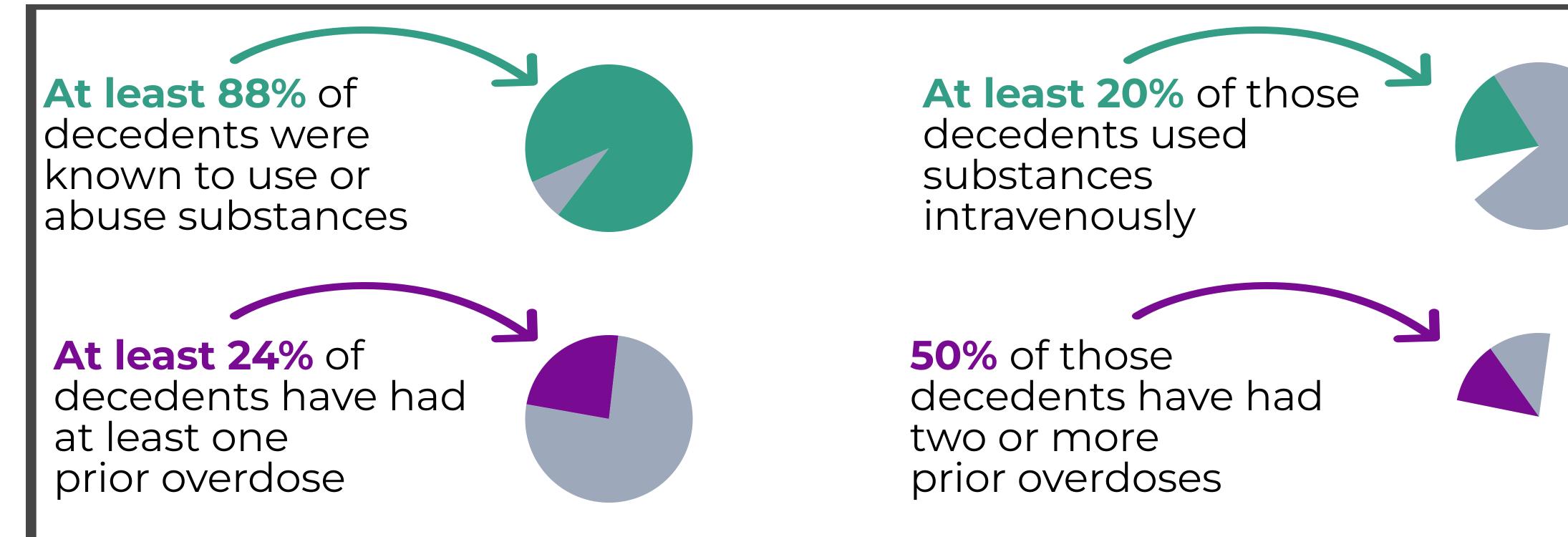


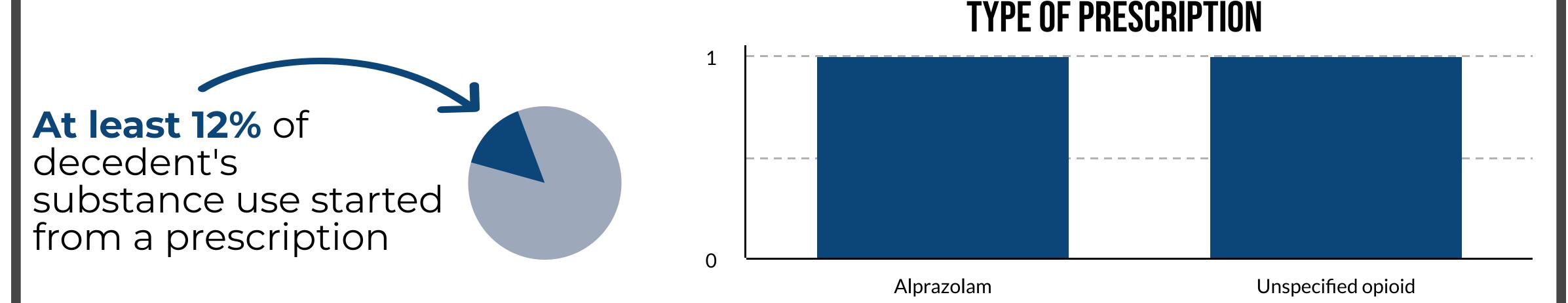


4 decedents lived with their minor child(ren) at time of death

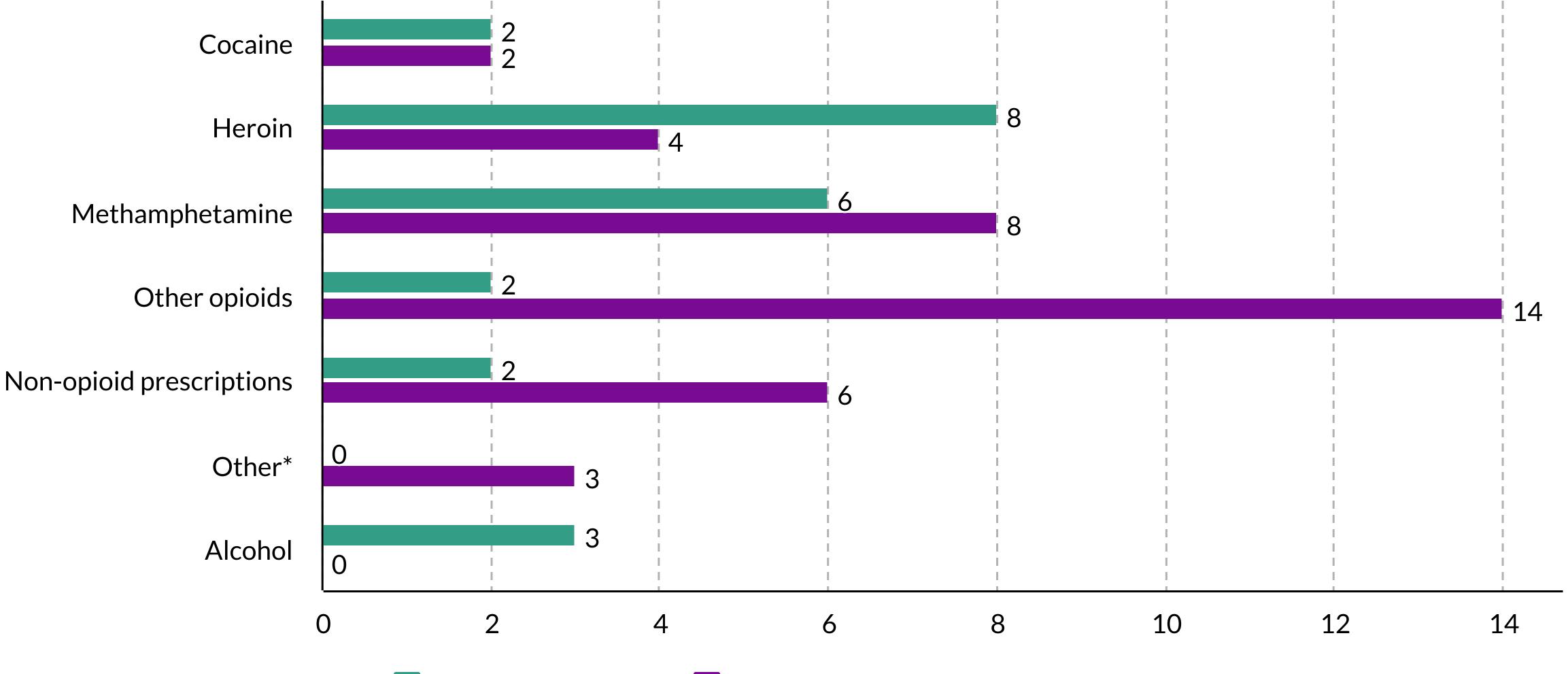
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## Substance Use History









Substance of choice Substance determined to cause death

\*Decedent may have had more than one substance of choice and in their toxicology. <u>NOTE:</u> Data for two decedent's substance use history is unknown. <u>Other</u> substance causing death includes ethylene glycol, diphenhydramine, and xylazine.



#### Cass and St. Joseph County

## <u>Substance Use History, cont.</u>

### **PREFERRED METHOD OF ADMINISTRATION\***

Method	Male (n=8)	Female (n=7)	White (n=13)	Black (n=2)	Total (n=15)
Intravenous	3	Ο	3	Ο	3
Snort	4	7	4	٦	5
Smoke	4	0	3	٦	4
Transdermal	0	]	1	0	7
Huff	0	0	0	0	0
Oral	2	4	5	٦	6
Unknown	7	2	3	0	3

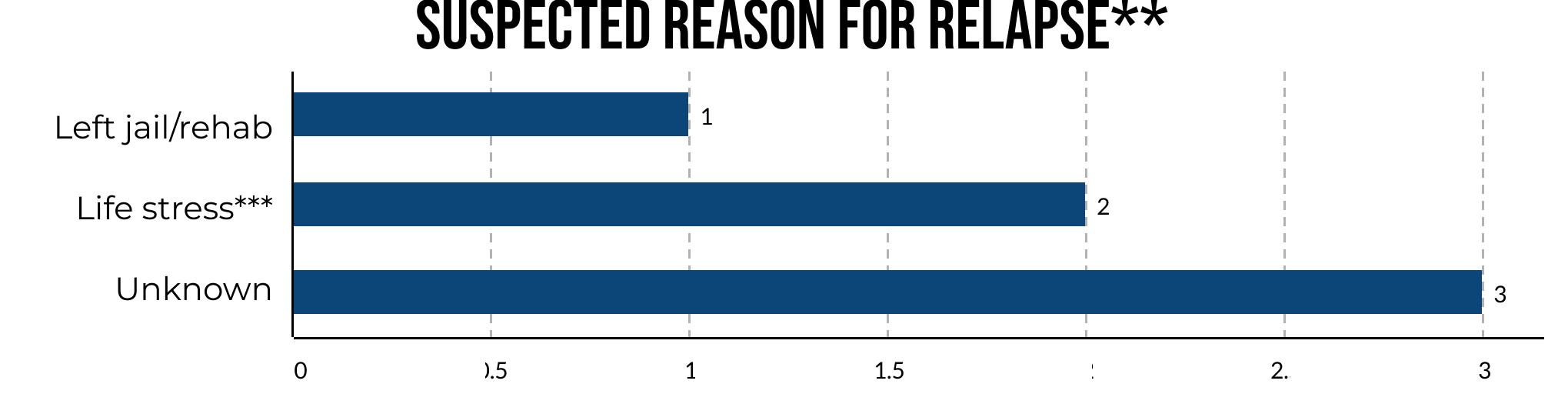
\*Decedent may have had more than one preferred method of administration. Only includes decedents with a substance use history.

### **RECOVERY HISTORY (N=15)\***

20% Decedent has been to a treatment clinic or detox center at least one time

13%

Decedent was currently receiving or has received **medication for opioid use disorder** in the past two years

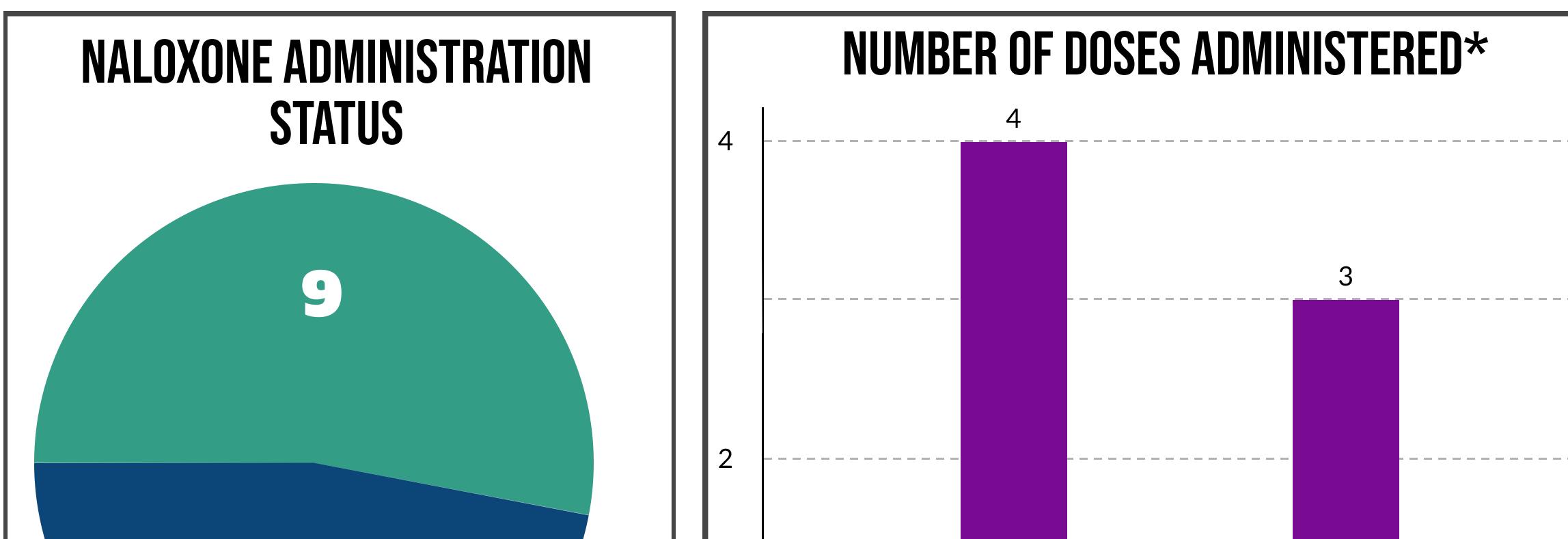


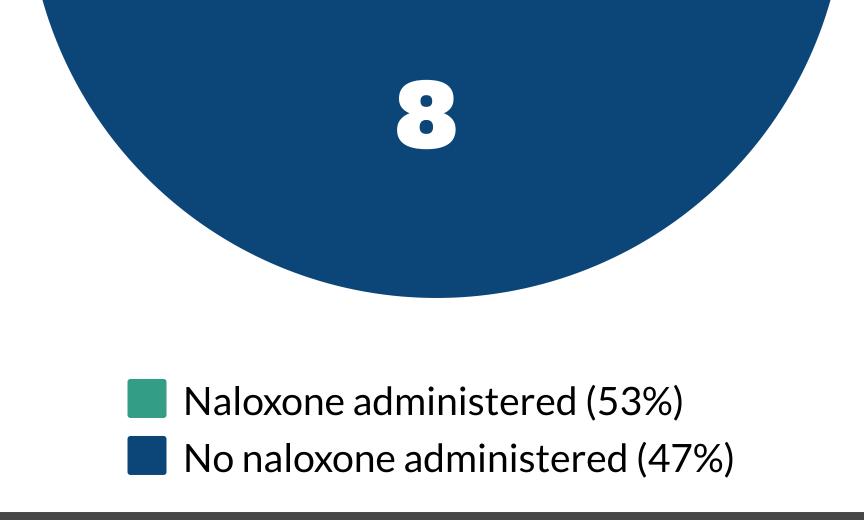
\*ONLY Decedents known to use substances are included. \*\*These factors were mentioned by those close to the decedent for why they may have begun to use substances again after being substances free for at least three weeks. \*\*\*Life stress includes significant pain and death of family member.

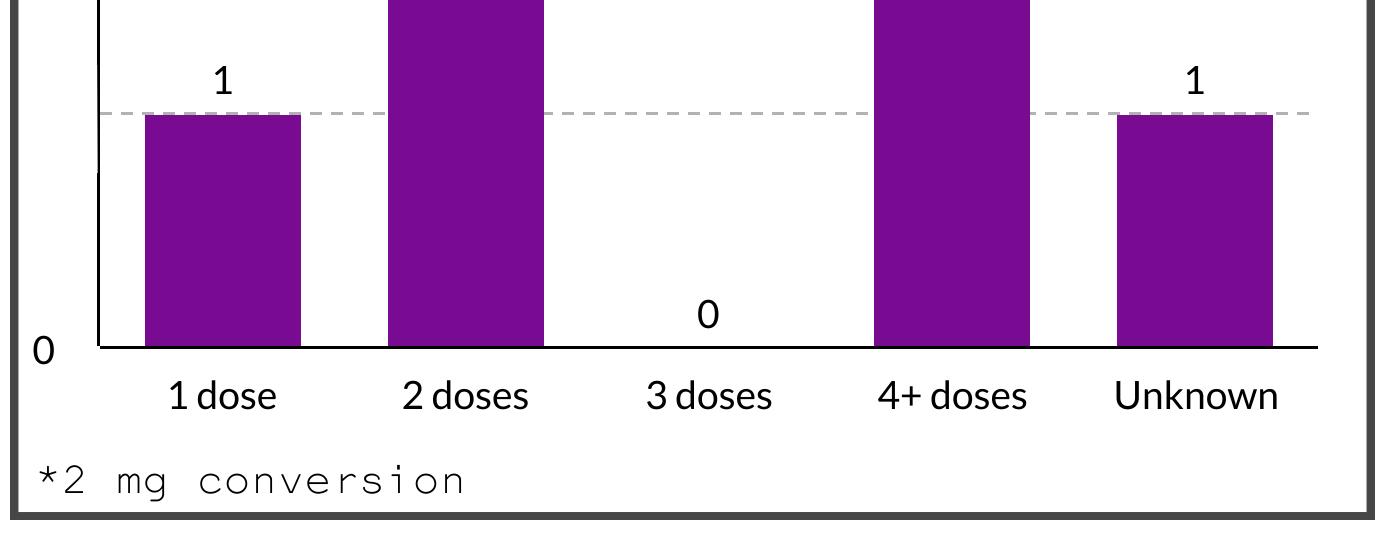


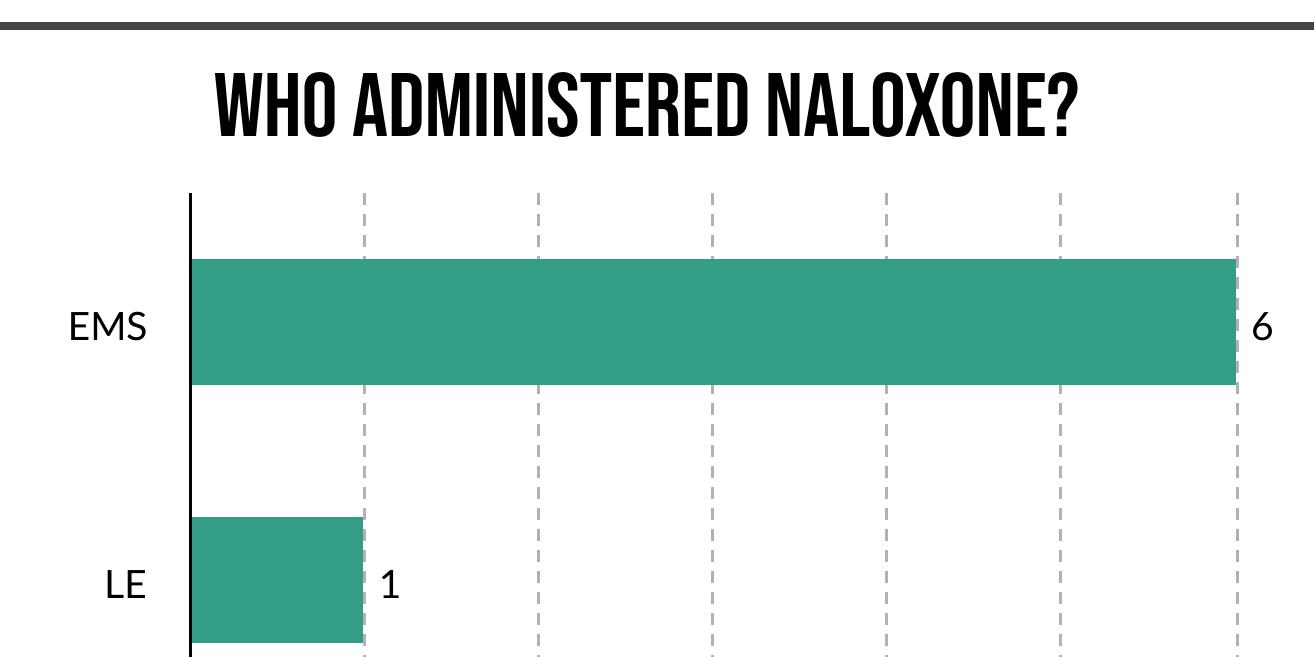
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## Naloxone Administration

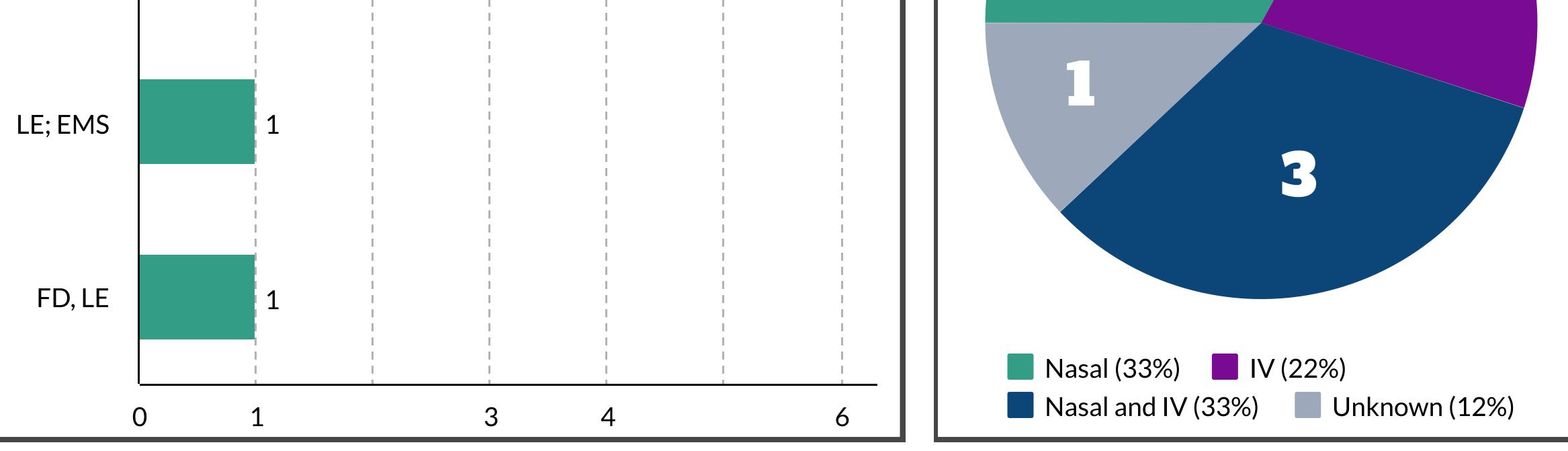










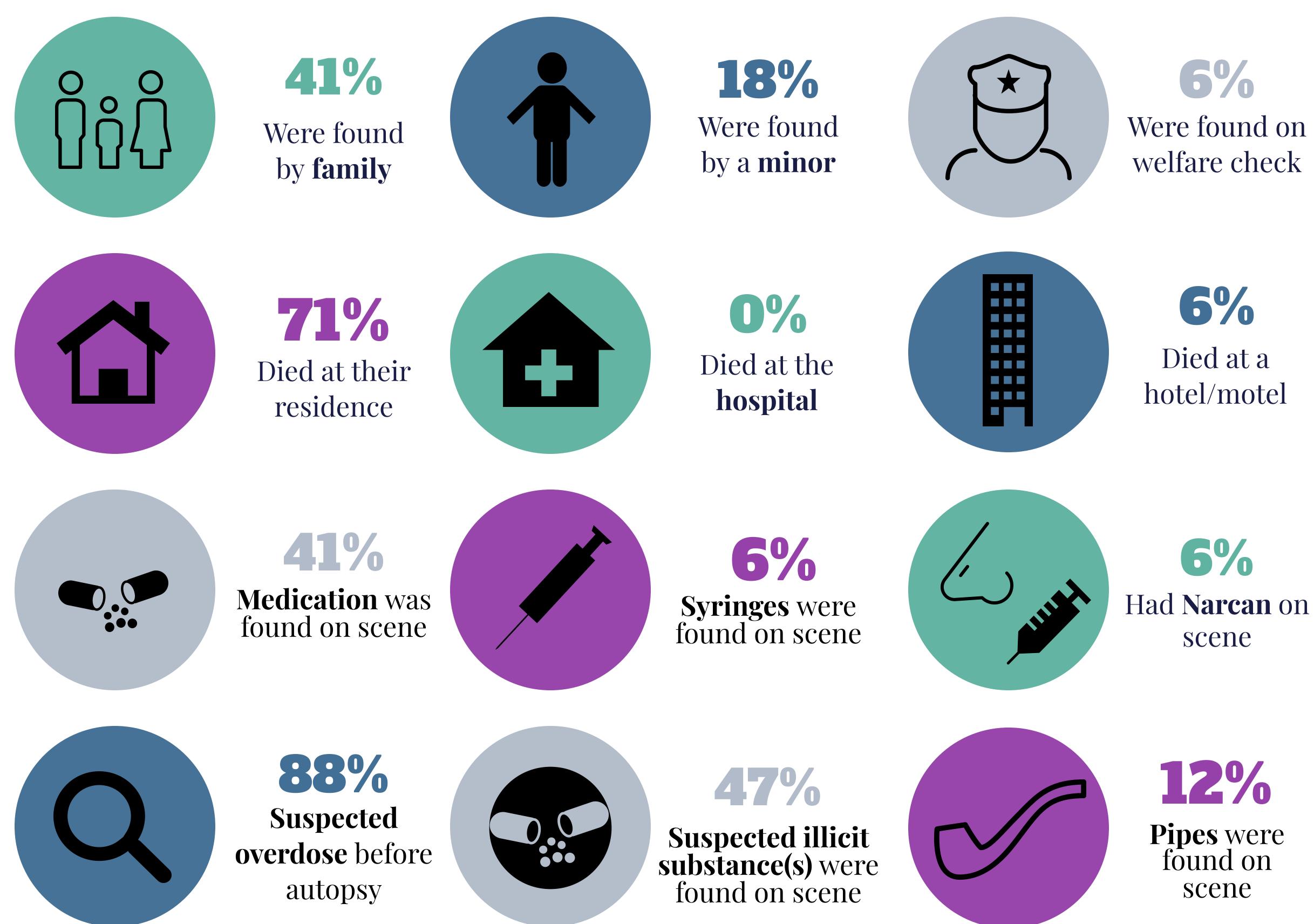


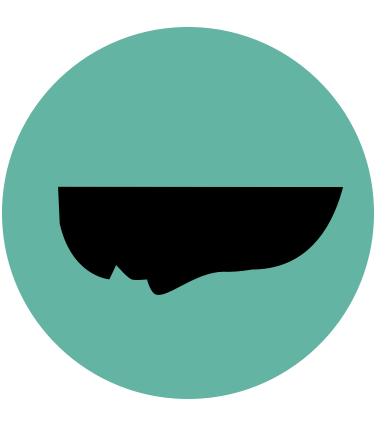
Office of the Medical Examiner

### Deaths Related to Opioids and Other Drugs

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## <u>Death Scene Findings</u>





**24%**Decedent



**47%** Were dead



## was found **face down**

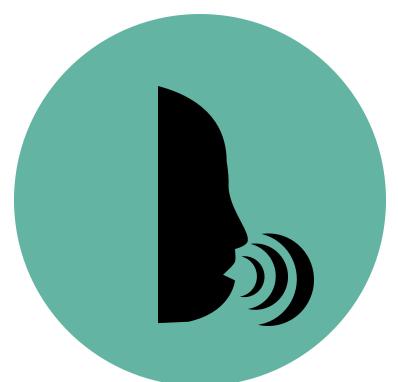
#### upon **EMS** arrival



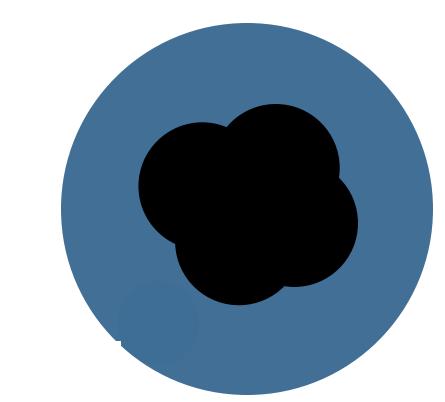




**18%** Decedent was snoring



**0%** Decedent was making **gurgling sounds** 

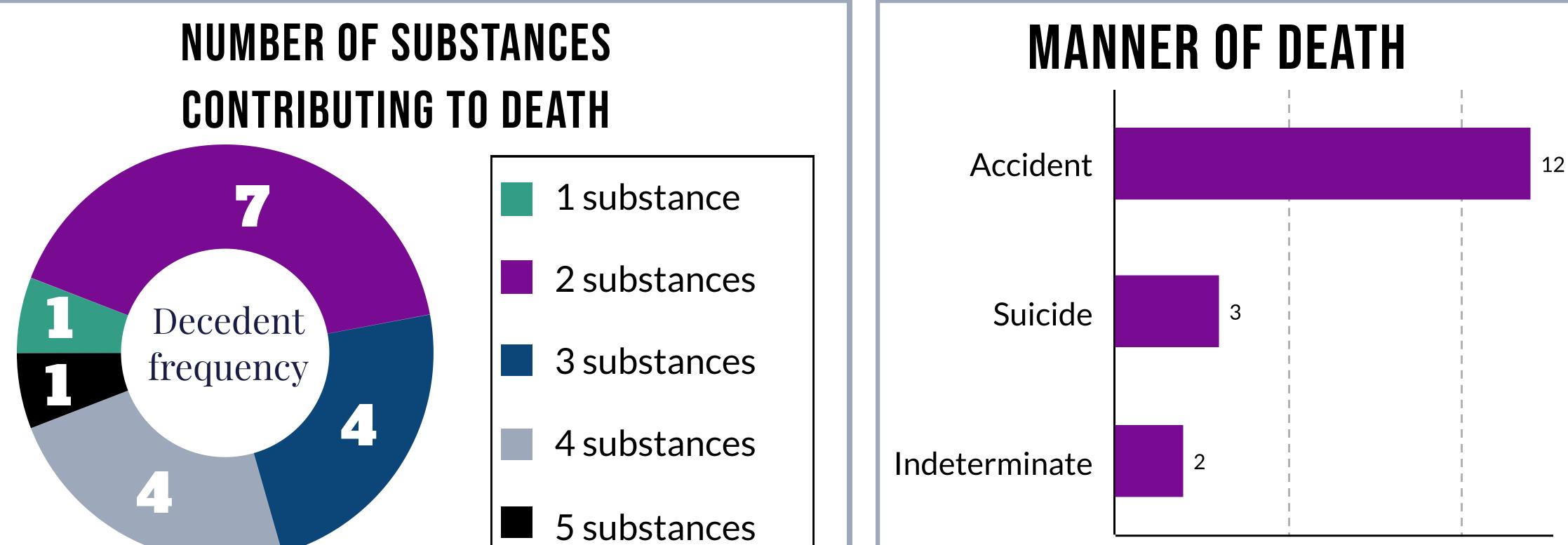


**0%** Decedent had **foam cone** 



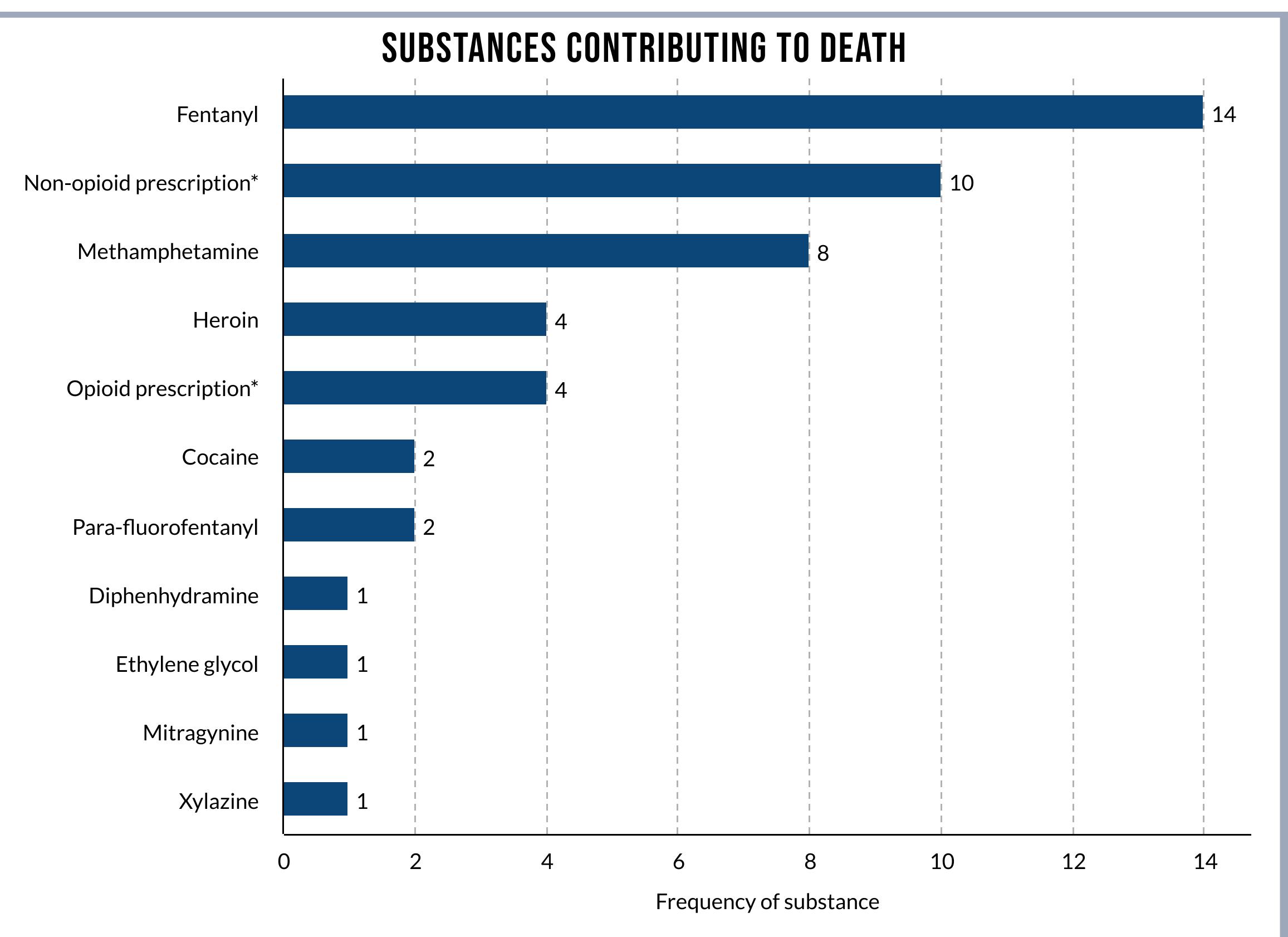
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## <u>Autopsy and Toxicology Results</u>



5

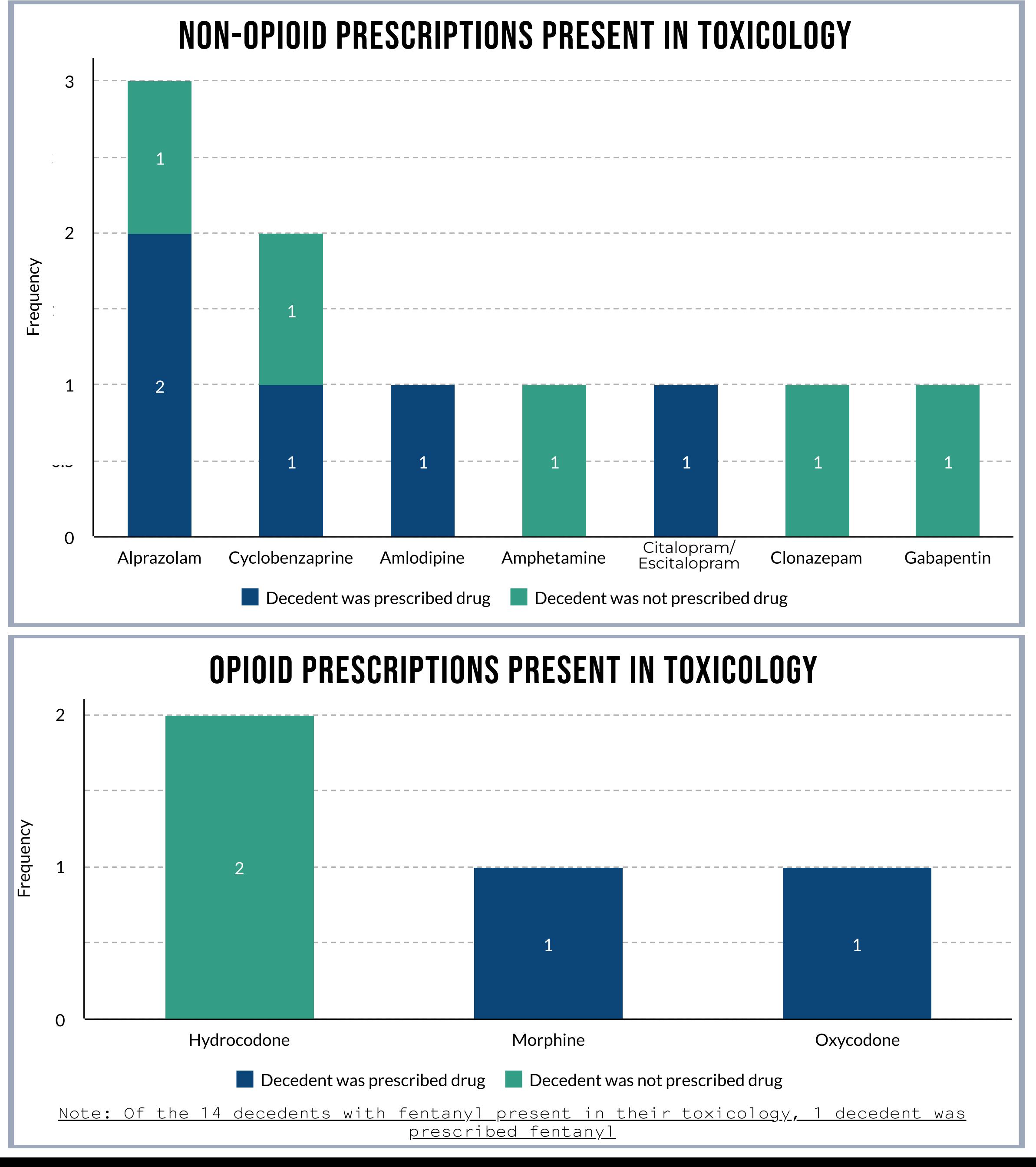
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\*Please see graphs on the next page for a list of opioid and non-opioid prescriptions.

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## <u>Autopsy and Toxicology Results, cont.</u>



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## Highlights Opioids and positional asphyxia

25% (3 of 12) of decedents who died due an opioid were originally found in a potentially airway compromising position

These positions include decedent found face down on the floor or their bed  o% (o of 1) of decedents who died due to only non-opioid substance(s) were originally
 found in a potentially airway compromising position

Opioids depress the respiratory system and when coupled with positional asphyxia, there may be an increase risk of death. This MEO suggests that those who use substances not use alone and to ensure they are not at risk for slumping forward onto their face.

### **NOVEL SUBSTANCES**

- Only approved use is for veterinarian medicine in horses, cattle, etc.
- Used for sedation, anesthesia, muscle relaxation, and analgesia

### Para-Fluorofentanyl 2 deaths

Xylazine

1 death

- Analogue of fentanyl that causes similar effects to fentanyl
- Reportedly more toxic than fentanyl but provides lower levels of pain mitigation
- No approved medical use in the United States
- **Etizolam** 1 death
- Benzodiazepine
- Legal in Japan, Italy, and India
- Used for short term treatment of OCD, anxiety, and insomnia

### **SUBSTANCE COMBINATIONS**

#### HEROIN & FENTANYL

5 decedents had heroin in their toxicology

## All of these decedents also had fentanyl in their toxicology

#### **XYLAZINE & FENTANYL**

1 decedent had xylazine in their toxicology

**This** decedent also had fentanyl in their toxicology

#### **BENZODIAZEPINES & OPIOIDS**

2 decedents had a benzodiazepine and an opioid in their toxicology
Neither decedent was prescribed the opioid and benzodiazepine

#### **METHAMPHETAMINE & OPIOIDS**

5 decedents had methamphetamine and opioid(s) in their toxicologyAll of these decedents had methamphetamine and fentanyl in their toxicology