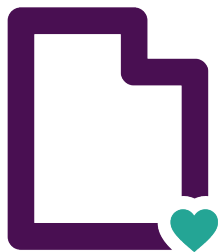


# Utah health district overdose fatality reviews 2025



Utah Department of  
**Health & Human**  
Services

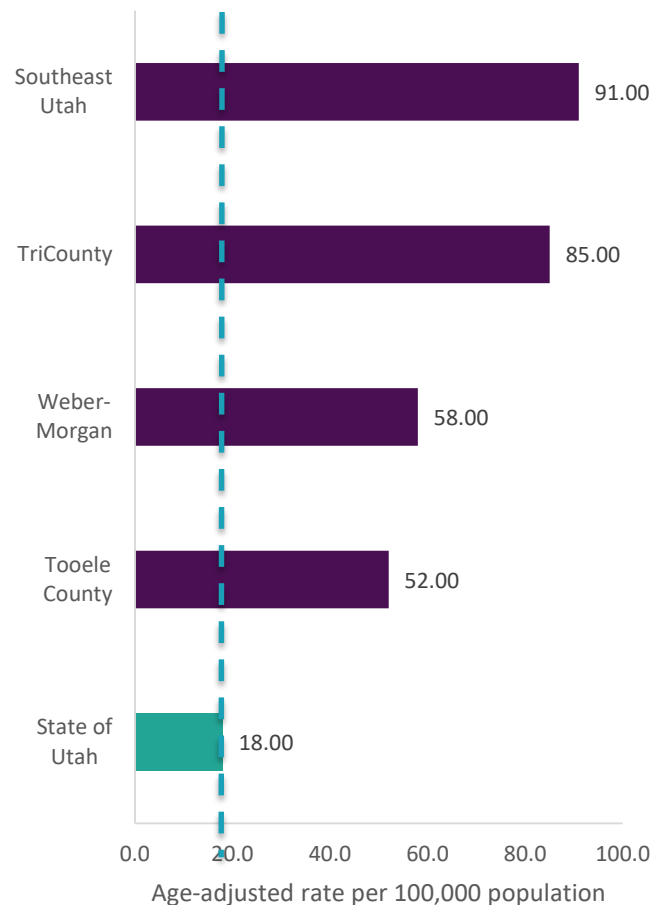
## Introduction

The State Unintentional Drug Overdose Reporting System (SUDORS) collects data on unintentional and undetermined intent drug overdose deaths from death certificates, medical examiner reports, and toxicology results.

SUDORS data provides detailed information on the characteristics and circumstances of overdose death to inform drug overdose prevention and response efforts, which makes it an ideal resource for local overdose fatality reviews. The Utah Overdose Fatality Review Committee (OFRC) facilitated reviews in Southeast Utah, Tooele, TriCounty, and Weber-Morgan health districts (HDs), which all had higher drug overdose death rates when compared to the state as a whole.

The OFRC aims to identify groups at higher risk for opioid overdose to tailor prevention recommendations to the unique traits and needs of that group.

Figure 1. Health districts with higher overdose death rates when compared to the state average rate (age-adjusted 2019–2023)<sup>1</sup>



## Key messages

- There were 2,875 drug overdose deaths in Utah between 2019 and 2023.\*
- The selection process for reviews of HDs was based on drug overdose death rates and interest from HDs.
- As of November 2024, fatality reviews have been completed in Southeast HD, Tooele HD, TriCounty HD, and Weber-Morgan HD.
- In all HDs selected for review, bystanders were present at the scene of more than 50% of overdose deaths.
- In all HDs, more than a quarter of those who died of drug overdose had physical health problems that may have contributed to their death.
- Detailed results for selected HDs are provided, followed by a categorized list of recommendations.

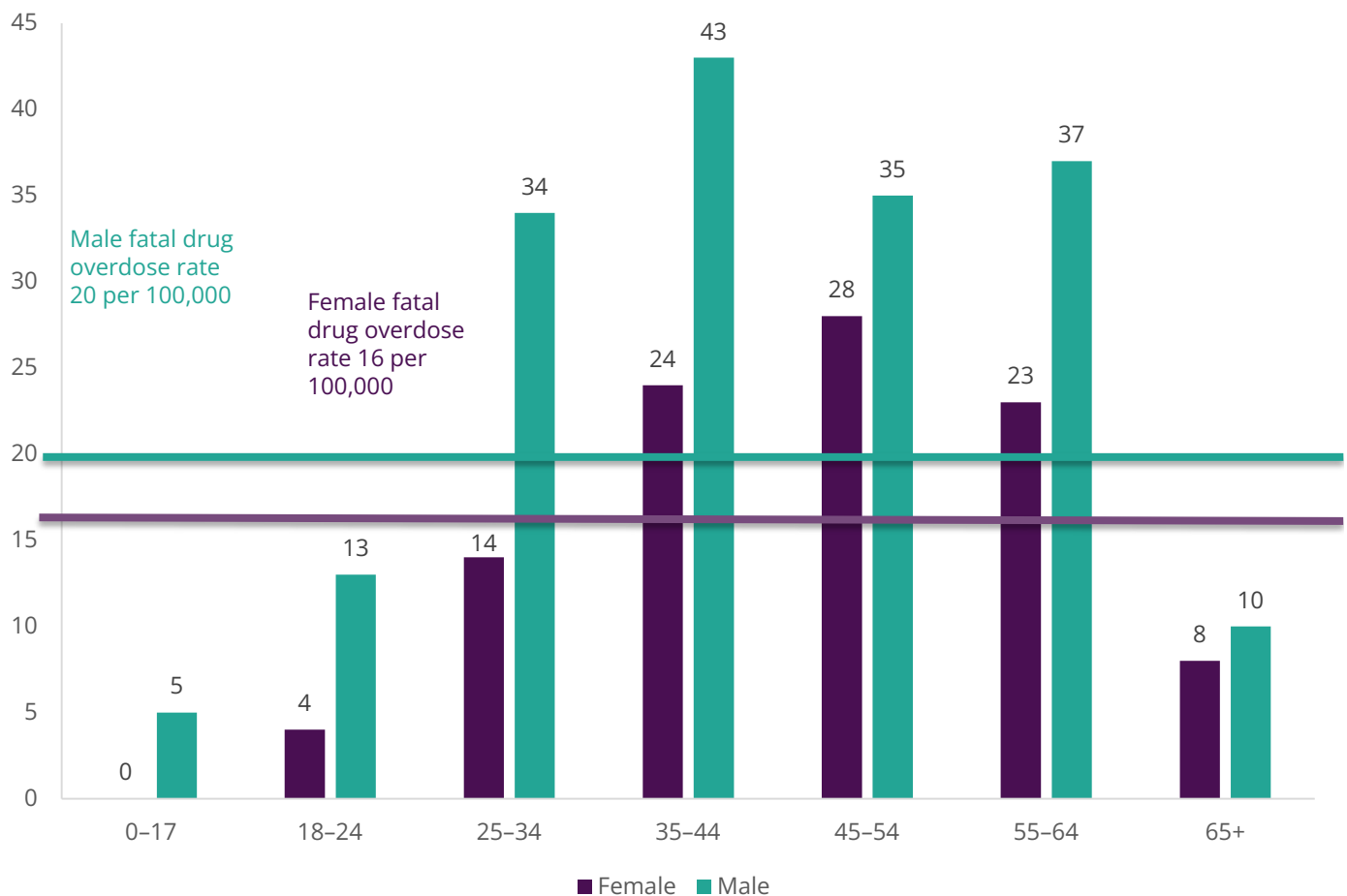
\*These include all deaths that were observed in Utah. Not all decedents were residents of Utah.

## Utah overview

Public health services in Utah are organized into 13 health districts. Seven of the 13 health districts are single county and 6 are multi-county districts. The estimated population of Utah was 3,456,446 people in 2023.

Utah has lower rates of drug overdose deaths compared to the U.S. as a whole.<sup>4</sup>

Figure 2. Males had higher rates of drug overdose deaths than females between 2019 and 2023 (rates per 100,000 population)



Males had higher rates of drug overdose deaths than females between 2019 and 2023, particularly among individuals aged 18–64. While males had greater overall overdose rates, females had a slightly higher proportion of deaths attributed to sedatives (54%), than their male counterparts (51%).

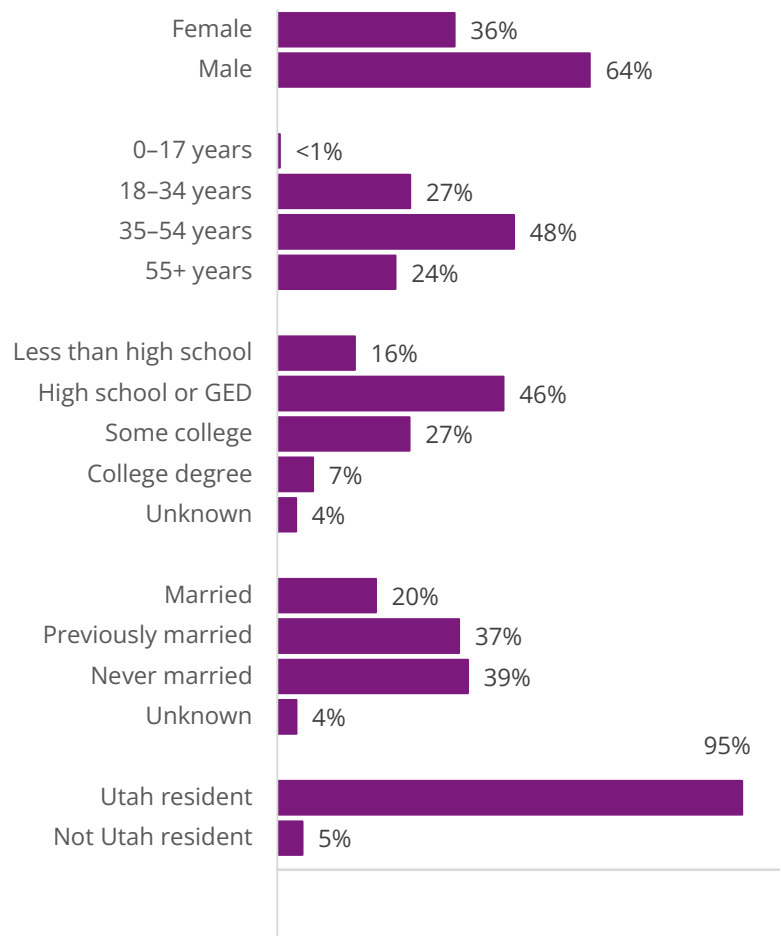
## SUDORS overview

There were a total of 2,875 drug overdose deaths in Utah between the years 2019 and 2023.

Drug overdose occurred among those who were (Figure 3):

- Males (64%)
- Between the ages of 35 and 54 years (48%)
- Had a high school education or less (62%)
- Never married (39%)
- Residents of Utah at the time of their death (95%).<sup>3</sup>

Figure 3. Drug overdose deaths by demographic (2019–2023)<sup>3</sup>



## Toxicology

The majority of drug overdose deaths involve more than 1 substance. Table 1 shows individual substances most commonly listed as cause of death (COD) on the death certificate.

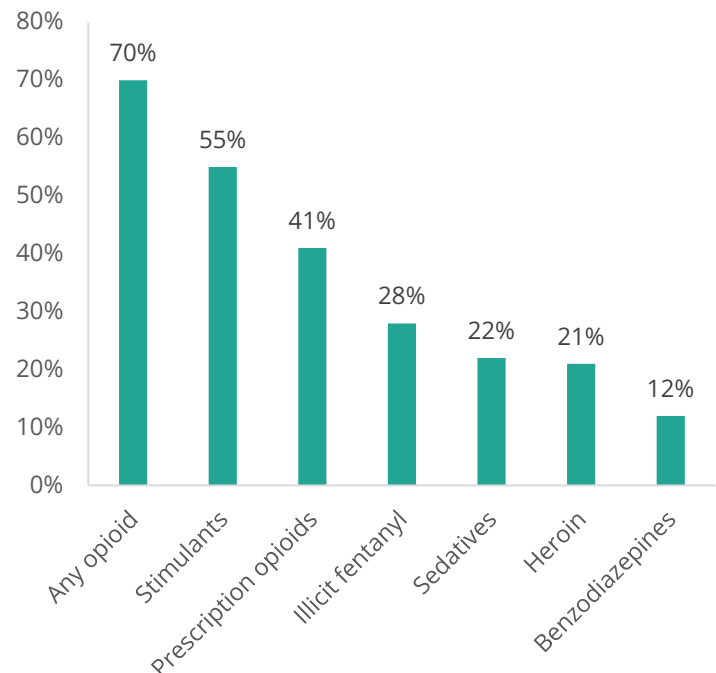
In figures 4–8, substances are grouped into 6 drugs and drug classes, most relevant to Utah per the Center for Disease Control and Prevention (CDC) standards: any opioid, illicit fentanyl, heroin, prescription opioids, stimulants, sedatives, and benzodiazepines.<sup>2</sup>

Table 1. Individual substances most commonly listed on the death certificate (2019–2023)<sup>3</sup>

Substance	COD
Methamphetamine	46%
Heroin	30%
Fentanyl	28%
Oxycodone	15%

Figure 4 in Utah, the drug classes relating to the highest overdose death include: any opioids (70%), stimulants (56%), and prescription (Rx) opioids (41%).

Figure 4. Drug and drug classes relating to overdose deaths (2019–2023)<sup>1</sup>



## Circumstance

Selected circumstances from drug overdose deaths were:

- 43% of decedents had a history of receiving some mental illness or substance use disorder (SUD) treatment.
- 20% of decedents were being treated for pain at the time of their death.
- Heart disease (20%) and obesity (14%) were the highest physical health problems that may have contributed to the overdose death.
- 63% of overdoses occurred where there were one or more bystanders present at the scene of the overdose, with 26% of them being spatially separated (i.e., in another room).

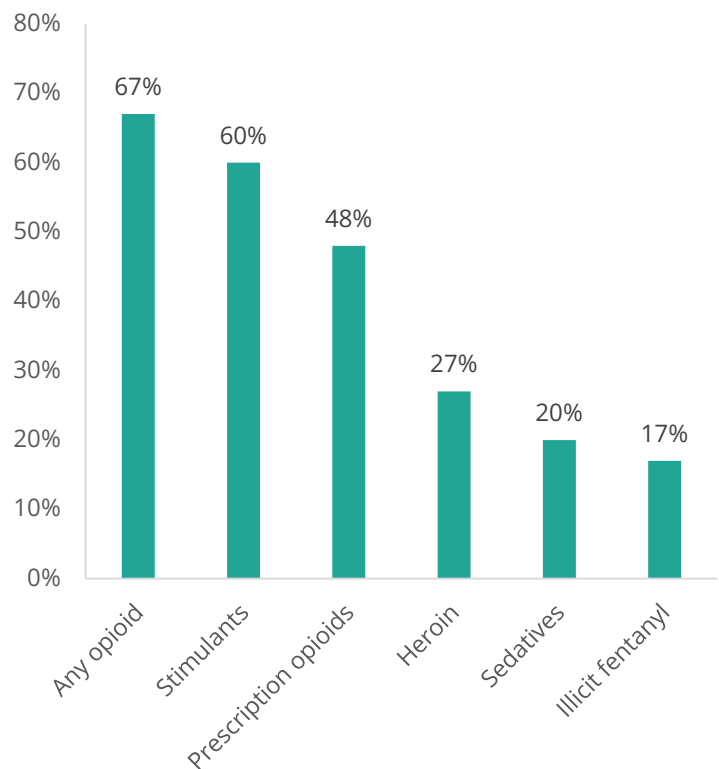
Table 2. Circumstances surrounding drug overdose deaths (2019–2023)<sup>3</sup>

Circumstance	n	%
One or more bystanders present at the scene of an overdose.	1,804	63
History of drug use (any drug).	1,606	56
History of mental illness or SUD treatment.	1,225	43
Physical health problems may have contributed to the death.	1,117	39
Treated for pain at the time of death.	583	20

## Southeast health district (HD)

The Southeast HD comprises Carbon, Emery, and Grand counties. The estimated population was 40,531 people in 2023. Southeast HD experienced a higher percentage of fatal overdoses from heroin and stimulants listed as causes of death than the other HDs mentioned in this document.

Figure 5. Southeast HD drug and drug classes relating to overdose deaths (2019–2023)<sup>1</sup>



## Circumstance

A total of 60 overdose deaths that occurred in Southeast HD were included in this analysis.

- 42% of decedents had a history of receiving some type of mental illness or SUD treatment (a higher proportion when compared to the state).
- Physical health problems that may have contributed to death were identified in 33% of decedents, which was similar to the state.
- One or more bystanders were present at the scene of the overdose 50% of the time, which was similar to the state.

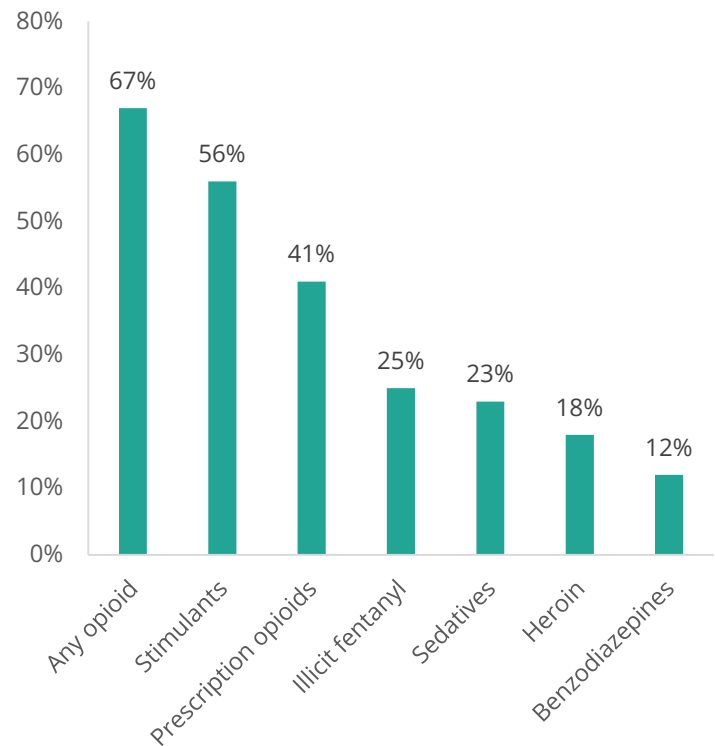
Table 3. Southeast HD circumstances surrounding drug overdose deaths (2019–2023)<sup>3</sup>

Circumstance	n	%
History of drug overdose.	32	53
One or more bystanders present at the scene of overdose.	30	50
History of mental illness or SUD treatment.	25	42
Physical health problems may have contributed to the death.	20	33
Treated for pain at time of death.	12	20

## Tooele health district (HD)

The estimated population in Tooele HD was 79,408 people in 2023. All opioids and stimulants were the most commonly listed as cause of death at 67% and 56% respectively.

Figure 6. Tooele County HD drug and drug classes relating to overdose deaths (2019–2023)<sup>1</sup>



## Circumstance

A total of 73 overdose deaths that occurred in Tooele HD were included in this analysis.

- 34% of decedents had a history of mental illness or SUD treatment. Lower when compared to the state.
- 27% of those who died by overdose were being treated for pain at the time of their death.
- Physical health problems that may have contributed to death were identified in 36% of decedents.
- One or more bystanders were present at the scene of the overdose 58% of the time, which was similar to the state.

Table 4. Tooele HD circumstances surrounding drug overdose deaths (2019–2023)<sup>3</sup>

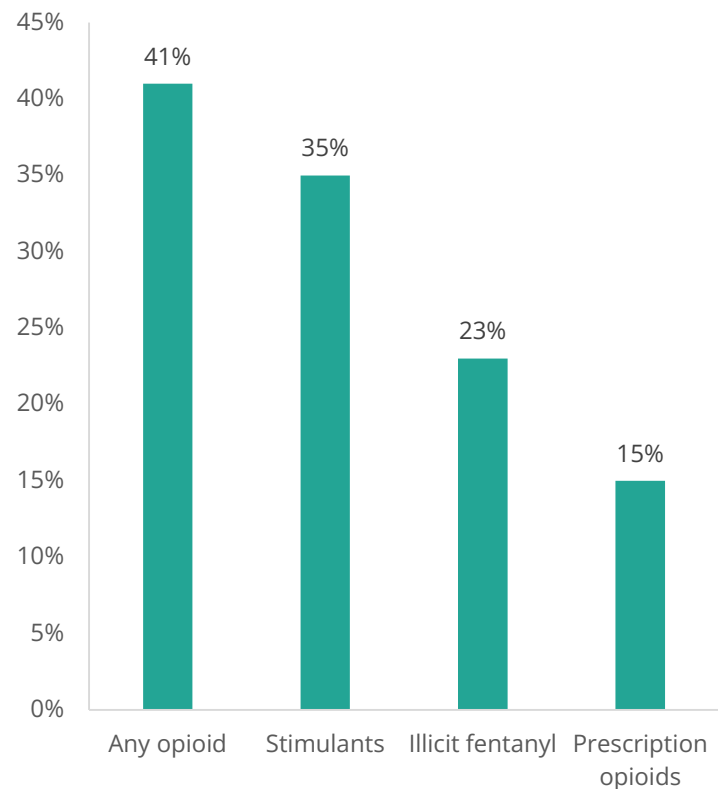
Circumstance	n	%
One or more bystanders present at the scene of an overdose.	42	58
History of mental illness or SUD treatment.	25	36
Physical health problems may have contributed to the death.	26	34
Treated for pain at time of death.	20	27
Heart disease.	15	21

## TriCounty health district (HD)

TriCounty HD comprises Daggett, Duchesne, and Uintah counties. The estimated population was 57,637 in 2023.

Any opioids were most commonly listed as the cause of death at 67%. TriCounty HD had a higher proportion of overdoses from illicit fentanyl when compared to other HDs in this report.

Figure 7. TriCounty HD drug and drug classes relating to overdose deaths (2019–2023)<sup>1</sup>



## Circumstance

A total of 46 overdose deaths that occurred in TriCounty HD were included in this analysis.

- 54% of decedents had a history of mental illness or SUD treatment.
- Physical health problems that may have contributed to death were identified in 57% of decedents.

Table 5. TriCounty HD circumstances surrounding drug overdose deaths (2019–2023)<sup>3</sup>

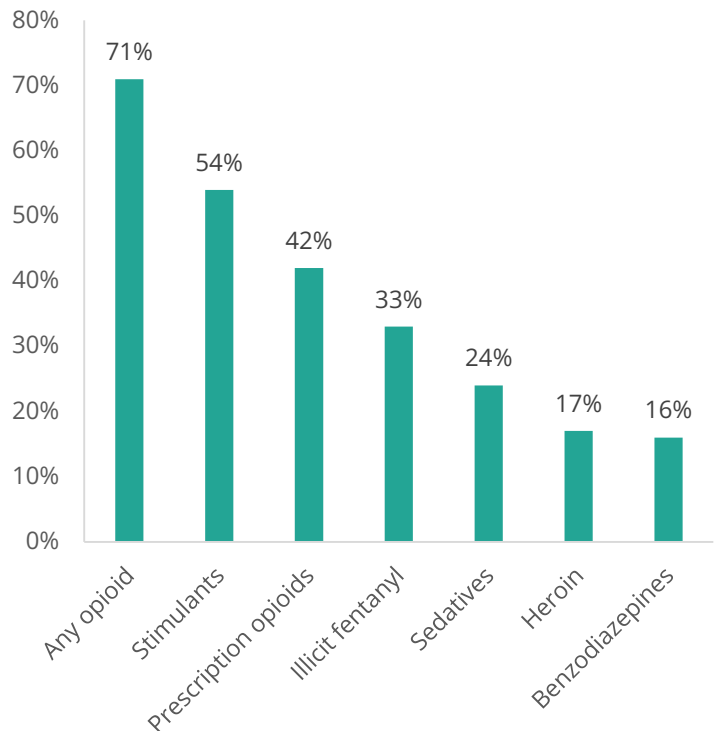
Circumstance	n	%
Physical health problems may have contributed to the death.	26	57
History of mental illness or SUD treatment.	25	54
Obesity.	20	43
History of suicide attempt, ideation, or self-harm.	15	33



## Weber-Morgan health district (HD)

The estimated population in Weber-Morgan HD was 282,870 people in 2023. Weber-Morgan HD experienced a higher proportion of fatal overdoses from “any opioids” when compared to the other HDs mentioned at 71%.

Figure 8. Weber-Morgan HD drug and drug classes relating to overdose deaths (2019–2023)<sup>1</sup>



## Circumstance

A total of 332 overdose deaths that occurred in Weber-Morgan HD were included in this analysis.

- 33% of decedents had a history of mental illness or SUD treatment.
- Physical health problems that may have contributed to death were identified in 33% of decedents. Heart disease (17% of cases) and obesity (15% of cases) were the most common.

Table 6. Weber-Morgan HD circumstances surrounding drug overdose deaths (2019–2023)<sup>3</sup>

Circumstance	n	%
One or more bystanders present.	163	49
Physical health problems may have contributed to the death.	112	34
History of mental illness or SUD treatment.	110	33
Heart disease.	58	17
Treated for pain at the time of death.	55	17
Obesity.	49	15

## Overdose fatality review committee recommendations by category

### Healthcare provider education and care coordination

- Offer a variety of pain management options, including medications for opioid use disorder.
- Include behavioral health services and peer support in a traditional healthcare setting.
- Connect people to substance abuse treatment and recovery services to increase healthcare and mental health coordination.

### Legislation/policy and increased funding

- Create and fund programs to help people leave incarceration as they re-enter society.
- Increase funding for research and programs that help people facing problems with housing or who are experiencing homelessness.

### Surveillance and OFRC processes

- Study treatment options for childhood trauma.
- Use data from specialty courts, including available records in fatality reviews.
- Expand OFRC membership to include housing representatives.
- Add more questions around suicidal ideation to the Office of the Medical Examiner next-of-kin interview.

### Public safety and criminal justice

- Ensure Medicaid enrollment before individuals are released from incarceration.
- Establish a referral process for substance use treatment after release from incarceration.
- Provide law enforcement with education on substance use and naloxone use.
- Work with the Division of Occupational and Professional Licensing to expand use of data related to the Controlled Substance Database.

## Community education

- Educate the public about the dangers of mixing opioids with other substances and ways to reduce risks.
- Raise awareness about the dangers of methamphetamine use and ways to use drugs safer for those who choose to use.
- Improve understanding of substance use disorder to help reduce stigma.

## Increased access to services

- Provide peer-led health and wellness services in healthcare and incarceration settings.
- Distribute naloxone in communities and high-risk locations like long-term care facilities and motels.
- Expand syringe exchange programs in rural areas.
- Increase access to medications for opioid use disorder in incarceration .
- Offer more trauma counseling services in schools.

## Family education and support

- Expand access to family drug education, including overdose signs and symptoms, naloxone training, and substance use treatment options.
- Make sure navigators connect family members to support services for loved ones with substance use disorders.
- Raise awareness of grief support groups for those who have lost someone to a drug-related death.

## Sources

1. Utah Death Certificates Database. Retrieved Thur, 29 January 2025 from the Utah Department of Health and Human Services, Indicator-Based Information System for Public Health website: <https://ibis.utah.gov/>
2. Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC;[2025, March, 13]. Access at: <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html>
3. State Unintentional Drug Overdose Reporting System (SUDORS). Utah Department of Health and Human Services
4. Drug Overdose and Poisoning Incidents. Retrieved on Thur, 29 January 2025 from the Utah Department of Health and Human Services, Indicator-Based Information System for Public Health website: <https://ibis.utah.gov/ibisph-view/>

## Circumstances defined

Circumstance	Definition
Bystander spatially separated	A bystander was present and was spatially separated; this would include being in a different room.
Heart disease	The victim had a medical history of heart disease.
History of any drug use	If the victim had, either in the past or current, a problem with drug misuse, any type of drug.
History of mental illness or SUD treatment	If the victim had a history of ever being treated for a mental health or substance abuse problem.
History of suicide attempt, ideation, or self-harm	The victim had a history of suicidal thoughts, plans, or attempts.
Obesity	The victim had a medical history of obesity.
One or more bystanders are present	A bystander is an individual who was physically nearby either during or shortly before a drug overdose and who potentially had an opportunity to intervene and respond to the overdose. First responders or medical professionals called to the scene are not considered bystanders.
Physical health problems may have contributed to the death	The victim's physical health problem(s) appear to have contributed to their death.

Note: Circumstances are all determined by medical examiner and police reports.

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