

2020

>> Oregon Death with Dignity Act

2020 Data Summary

Oregon
Health
Authority
PUBLIC HEALTH DIVISION

Acknowledgments

Report written by: Public Health Division, Center for Health Statistics

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For more information, see: www.healthoregon.org/dwd

Contact: DWDA.INFO@state.or.us

Executive summary

The Oregon Death with Dignity Act (DWDA) allows terminally ill Oregonians who meet specific qualifications to end their lives through voluntary self-administration of a lethal dose of medications prescribed by a physician for that purpose. The Act requires the Oregon Health Authority (OHA) to collect information about the patients and physicians who participate in the Act and to publish an annual statistical report. In 2020, 370 people were reported to have received prescriptions under the DWDA. As of January 22, 2021, 245 people had died in 2020 from ingesting the prescribed medications, including 22 who had received prescriptions in previous years. Demographic characteristics of DWDA patients were similar to those of previous years: most patients were aged 65 years or older (81%) and white (97%). While cancer still accounted for most underlying illnesses (66%), patients with heart disease (11%) outnumbered those with neurological disease (8%) for the first time in 2020. OHA made no referrals to the Oregon Medical Board for failure to comply with DWDA requirements.

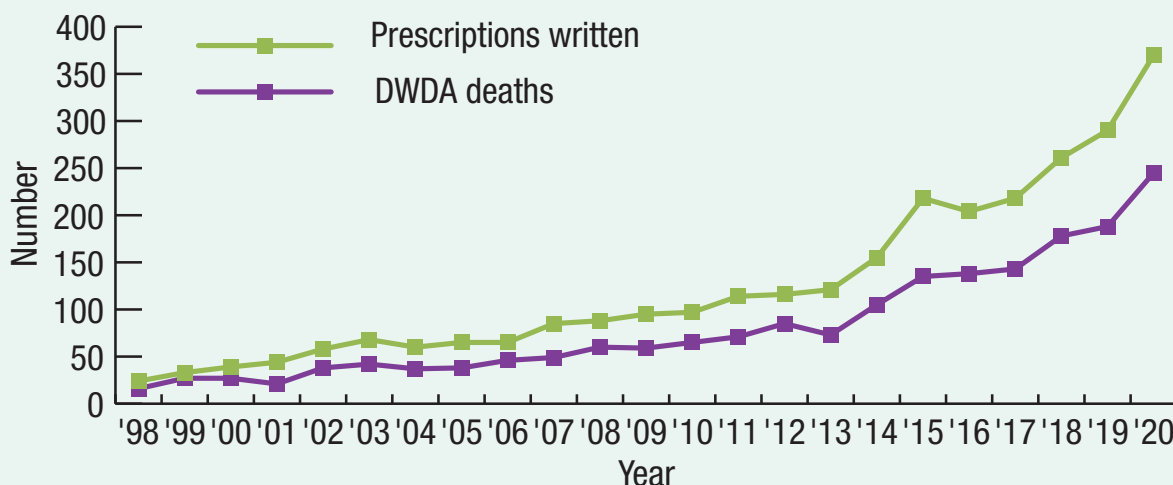
Introduction

The Oregon Death with Dignity Act (DWDA) allows terminally ill Oregonians who meet specific qualifications to end their lives through voluntary self-administration of a lethal dose of medications prescribed by a physician for that purpose. The Act requires the Oregon Health Authority (OHA) to collect information about the patients and physicians who participate in the Act and to publish an annual statistical report.

The DWDA outlines specific patient requirements to participate. A patient must be 1) 18 years of age or older, 2) a resident of Oregon, 3) capable of making and communicating health care decisions to health care practitioners, and 4) diagnosed with a terminal illness that will lead to death within six months. The attending and consulting physicians must determine whether a patient meets these requirements and report that fact to OHA at the time a prescription is written. When OHA identifies any issue of noncompliance with the statutory requirements, it reports the fact to the appropriate licensing board.

Data presented in this summary, including the number of people for whom DWDA prescriptions were written (DWDA prescription recipients) and the resulting deaths from the ingestion of the medications (DWDA deaths), are based on required reporting forms and death certificates received by OHA as of January 22, 2021. More information on the reporting process, required forms and annual reports is available at <http://www.healthoregon.org/dwd>.

Figure 1: DWDA prescription recipients and deaths*, by year, Oregon, 1998–2020



*As of January 22, 2021

See Table 2 for detailed information

Participation summary and trends

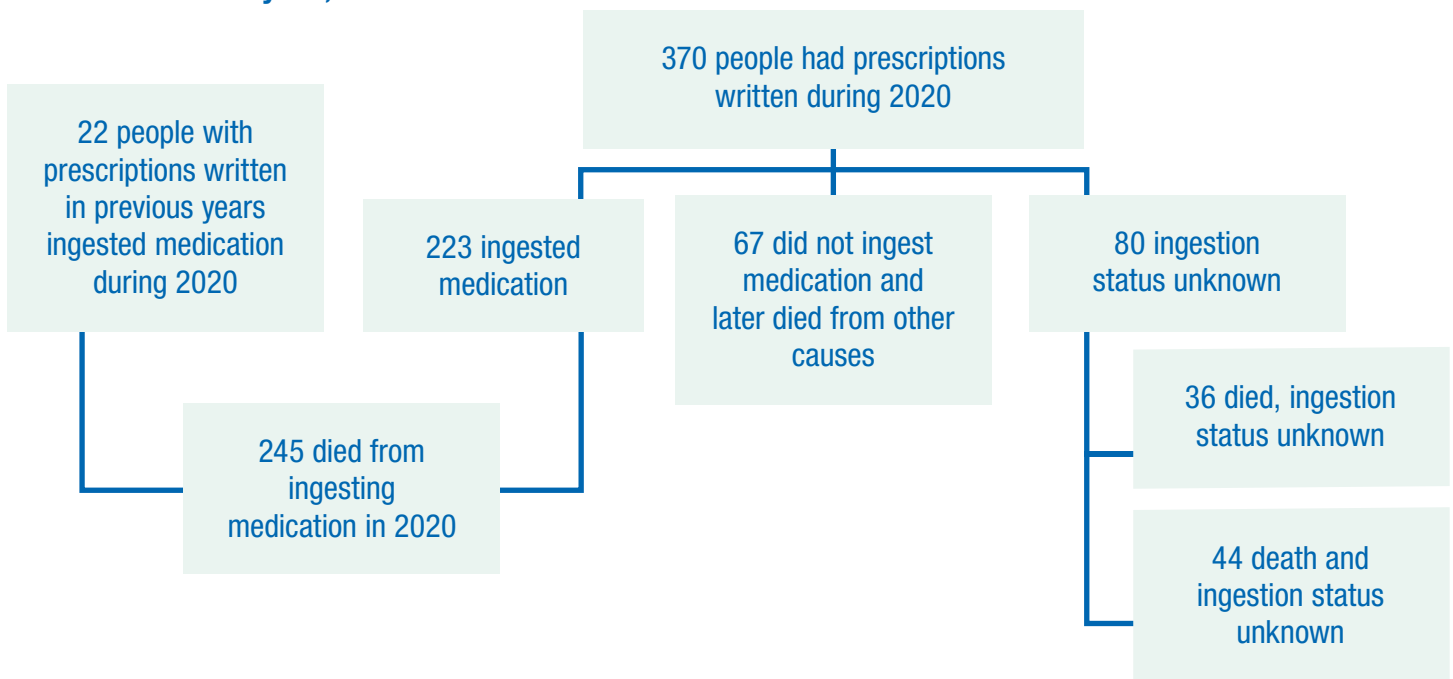
During 2020, 370 people received prescriptions for lethal doses of medications under the provisions of the Oregon DWDA, a 25% increase over the 297 reported during 2019 (Figure 1). As of January 22, 2021, OHA had received reports of 245 people who died during 2020 from ingesting the medications prescribed under the DWDA, an increase from 191 in 2019.

Since the law was passed in 1997, a total of 2,895 people have received prescriptions under the DWDA and 1,905 people (66%) have died from ingesting the medications. During 2020, the estimated rate of DWDA deaths was 65.5 per 10,000 total deaths.¹

Figure 2 shows a summary of DWDA prescriptions written and medications ingested. Of the 370 patients for whom prescriptions were written during 2020, 223 (60%) died from ingesting the medication. An additional 67 (18%) did not take the medications and later died of other causes.

At the time of reporting, ingestion status was unknown for 80 patients prescribed DWDA medications in 2020. Of these, 36 patients died but follow up information is not yet available. For the remaining 44 patients, both death and ingestion status are not yet known (Figure 2). In all, eight patients (3.3%) outlived their prognosis (i.e., lived more than six months after their prescription).

Figure 2: Summary of DWDA prescriptions written and medications ingested in 2020, as of January 22, 2021



¹ Rate per 10,000 deaths calculated using the total number of Oregon resident deaths in 2019 (37,397), the most recent year for which final death data are available.

Patient characteristics

Table 1 shows the characteristics and end-of-life care for 2020 DWDA deaths, updated data for 2019 DWDA deaths, combined data for 1998–2018 DWDA deaths, and total DWDA deaths. Of the 245 DWDA deaths during 2020, most patients were aged 65 years or older (81%) and white (97%). The median age at death was 74 years. Forty-two percent of patients had at least a bachelor's degree.

Patients' underlying illnesses were somewhat different from those of previous years. Cancer remained the most common underlying illness, but now accounts for only two-thirds (66%) of DWDA deaths. In previous years, with a few exceptions, cancer accounted for 70%–85% of underlying illnesses. In addition, patients with heart disease (11%) outnumbered those with neurological disease (8%) for the first time in 2020.

Most patients died at home (92%) and most were enrolled in hospice care (95%). All patients whose health insurance status was known had some form of coverage. The percent of patients with private insurance declined from 2019 (from 29% to 26%), while patients with Medicare or Medicaid insurance increased (from 70% to 74%).

As in previous years, the three most frequently reported end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (94%), loss of autonomy (93%) and loss of dignity (72%).

DWDA process

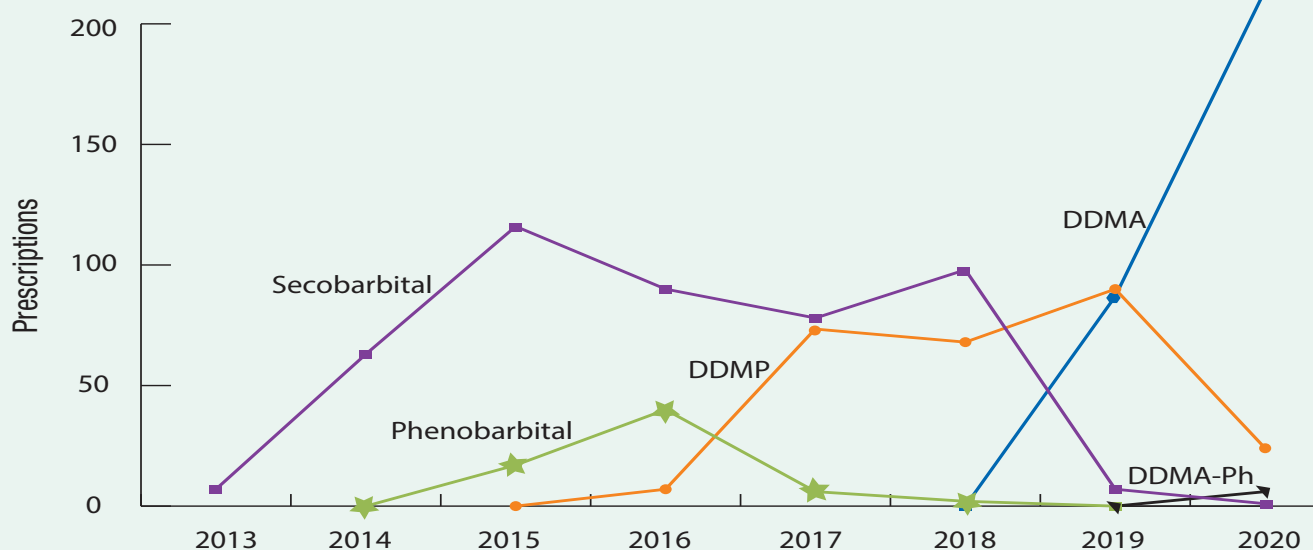
A total of 142 physicians wrote 370 prescriptions during 2020 (1–31 prescriptions per physician; 79% of physicians wrote one or two prescriptions). The number of attending physicians has increased most years since 1998 and has increased at a higher rate since 2014 (Table 2). Almost half of attending and consulting physicians practiced in the Portland metropolitan area (48% and 49%, respectively), while just under 30% practiced in the other northwestern counties (Table 3).

Three patients were referred for psychological or psychiatric evaluation. During 2020, OHA made no referrals to the Oregon Medical Board for failure to comply with DWDA requirements.

The DWDA now provides an exemption to the statutory waiting periods for patients expected to live fewer than 15 days from the time of their first oral request for medication. In 2020, 75 patients (20%) were given exemptions.

The medications prescribed to DWDA patients continues to evolve (Table 1). In 2019, more than 90% of DWDA ingestions involved one of two drug combinations: DDMA, consisting of diazepam, digoxin, morphine sulfate, and amitriptyline (47% of ingestions); or DDMP, consisting of diazepam, digoxin, morphine sulfate,

Figure 3: Medication used in DWDA ingestions, 2013-2020



and propranolol (46% of ingestions). In 2020, most ingestions involved DDMA (87%). Only 10% of ingestions used DDMP. In late 2020, some physicians began to prescribe a new drug combination – DDMA-Ph – consisting of DDMA with the addition of phenobarbital (Figure 3).

Prescribing physicians were present at time of death for 29 patients (12%). Fifty-five patients (22%) had other health care providers present, and volunteers were present for 42 deaths (24%).¹ Data on time from ingestion to death are available for 138 DWDA deaths (56%) during 2020.² Among those patients, time from ingestion until death ranged from six minutes to eight hours, with a median time of 50 minutes (Table 1).

Table 4 shows the duration from ingestion to death by medication prescribed for all known cases. Median time until death was shorter after DDMA (53 minutes) than after DDMP (85 minutes). All drug combinations have shown longer median times until death than the barbiturates, secobarbital and pentobarbital, which are no longer readily available. There is not yet sufficient data on the new drug combination, DDMA-Ph, to estimate its effectiveness.

¹Due to COVID-19 precautions, providers and volunteers attended some DWDA ingestions remotely using teleconferencing software (e.g., Zoom).

²Includes all reports, not just those from licensed health care providers.

Table 1. Characteristics and end-of-life care of 1,905 DWDA patients who have died from ingesting a lethal dose of medication as of January 22, 2021, Oregon, 1998–2020

Characteristics	2020	2019	1998–2018	Total
	(N=245)	(N=191)	(N=1,469)	(N= 1,905)
Sex	N (%)¹	N (%)¹	N (%)¹	N (%)¹
Male	124 (50.6)	114 (59.7)	767 (52.2)	1,005 (52.8)
Female	121 (49.4)	77 (40.3)	702 (47.8)	900 (47.2)
Age				
18–34	1 (0.4)	1 (0.5)	9 (0.6)	11 (0.6)
35–44	4 (1.6)	4 (2.1)	28 (1.9)	36 (1.9)
45–54	11 (4.5)	11 (5.8)	85 (5.8)	107 (5.6)
55–64	30 (12.2)	32 (16.8)	277 (18.9)	339 (17.8)
65–74	83 (33.9)	56 (29.3)	443 (30.2)	582 (30.6)
75–84	65 (26.5)	56 (29.3)	397 (27.0)	518 (27.2)
85+	51 (20.8)	31 (16.2)	230 (15.7)	312 (16.4)
Median years (range)	74 (33-99)	74 (33-98)	72 (25-102)	72 (25-102)
Race				
White	238 (97.1)	184 (96.3)	1,411 (96.4)	1,833 (96.5)
African American	0 (0.0)	0 (0.0)	1 (0.1)	1 (0.1)
American Indian	0 (0.0)	0 (0.0)	3 (0.2)	3 (0.2)
Asian	3 (1.2)	2 (1.0)	21 (1.4)	26 (1.4)
Pacific Islander	0 (0.0)	0 (0.0)	1 (0.1)	1 (0.1)
Other	1 (0.4)	1 (0.5)	4 (0.3)	6 (0.3)
Two or more races	1 (0.4)	0 (0.0)	7 (0.5)	8 (0.4)
Hispanic	2 (0.8)	4 (2.1)	16 (1.1)	22 (1.2)
Unknown	0	0	5	5
Marital status				
Married (including Registered Domestic Partner)	113 (46.1)	92 (48.2)	671 (46.0)	876 (46.2)
Widowed	58 (23.7)	35 (18.3)	325 (22.3)	418 (22.0)
Never married	19 (7.8)	24 (12.6)	114 (7.8)	157 (8.3)
Divorced	55 (22.4)	40 (20.9)	350 (24.0)	445 (23.5)
Unknown	0	0	9	9
Education				
8th grade or less	4 (1.6)	6 (3.2)	13 (0.9)	23 (1.2)
9th–12th grade, no diploma	9 (3.7)	10 (5.3)	60 (4.1)	79 (4.2)
High school graduate/GED	56 (22.9)	26 (13.7)	321 (22.1)	403 (21.3)
Some college	45 (18.4)	32 (16.8)	308 (21.2)	385 (20.4)
Associate degree	27 (11.0)	15 (7.9)	132 (9.1)	174 (9.2)
Bachelor's degree	52 (21.2)	50 (26.3)	353 (24.3)	455 (24.1)
Master's degree	36 (14.7)	35 (18.4)	159 (10.9)	230 (12.2)
Doctorate or professional degree	16 (6.5)	16 (8.4)	108 (7.4)	140 (7.4)
Unknown	0	1	15	16

Characteristics	2020		2019		1998–2018		Total	
	(N=245)		(N=191)		(N=1,469)		(N= 1,905)	
Residence county/region²								
Multnomah	52	(21.3)	37	(19.4)	324	(22.2)	413	(21.8)
Lane	26	(10.7)	26	(13.6)	154	(10.6)	206	(10.9)
Washington	25	(10.2)	16	(8.4)	152	(10.4)	193	(10.2)
Jackson	21	(8.6)	19	(9.9)	91	(6.2)	131	(6.9)
Clackamas	19	(7.8)	21	(11.0)	149	(10.2)	189	(10.0)
Deschutes	16	(6.6)	14	(7.3)	55	(3.8)	85	(4.5)
Marion	13	(5.3)	11	(5.8)	155	(10.6)	179	(9.5)
Other northwest counties	47	(19.3)	29	(15.2)	217	(14.9)	293	(15.5)
Southern Oregon	18	(7.4)	9	(4.7)	115	(7.9)	142	(7.5)
Central Oregon / Columbia Gorge	3	(1.2)	6	(3.1)	21	(1.4)	30	(1.6)
Eastern Oregon	4	(1.6)	3	(1.6)	26	(1.8)	33	(1.7)
<i>Unknown</i>	1		0		10		11	
End-of-life care								
Hospice								
Enrolled	232	(94.7)	172	(90.1)	1,295	(90.2)	1,699	(90.8)
Not enrolled	13	(5.3)	19	(9.9)	140	(9.8)	172	(9.2)
<i>Unknown</i>	0		0		34		34	
Insurance								
Private	51	(25.6)	48	(29.1)	664	(49.4)	763	(44.7)
Medicare, Medicaid or Other Governmental	148	(74.4)	115	(69.7)	664	(49.4)	927	(54.3)
None	0	(0.0)	2	(1.2)	16	(1.2)	18	(1.1)
<i>Unknown</i>	46		26		125		197	
Underlying illness								
Cancer	162	(66.1)	132	(69.1)	1,116	(76.0)	1,410	(74.0)
Lip, oral cavity, and pharynx	7	(2.9)	4	(2.1)	30	(2.0)	41	(2.2)
Digestive organs	40	(16.3)	41	(21.5)	293	(19.9)	374	(19.6)
<i>Pancreas</i>	12	(4.9)	11	(5.8)	100	(6.8)	123	(6.5)
<i>Colon</i>	6	(2.4)	6	(3.1)	86	(5.9)	98	(5.1)
<i>Other digestive organs</i>	22	(9.0)	24	(12.6)	107	(7.3)	153	(8.0)
Respiratory and intrathoracic organs	31	(12.7)	20	(10.5)	248	(16.9)	299	(15.7)
<i>Lung and bronchus</i>	29	(11.8)	17	(8.9)	234	(15.9)	280	(14.7)
<i>Other respiratory and intrathoracic organs</i>	2	(0.8)	3	(1.6)	14	(1.0)	19	(1.0)
Melanoma and other skin	4	(1.6)	1	(0.5)	39	(2.7)	44	(2.3)
Mesothelial and soft tissue	3	(1.2)	4	(2.1)	27	(1.8)	34	(1.8)
Breast	14	(5.7)	12	(6.3)	102	(6.9)	128	(6.7)
Female genital organs	17	(6.9)	5	(2.6)	84	(5.7)	106	(5.6)
Prostate	13	(5.3)	12	(6.3)	64	(4.4)	89	(4.7)
Urinary tract	8	(3.3)	4	(2.1)	42	(2.9)	54	(2.8)

Characteristics	2020	2019	1998–2018	Total
	(N=245)	(N=191)	(N=1,469)	(N= 1,905)
Eye, brain, central nervous system	5 (2.0)	5 (2.6)	49 (3.3)	59 (3.1)
<i>Brain</i>	4 (1.6)	5 (2.6)	44 (3.0)	53 (2.8)
<i>Eye and central nervous system</i>	1 (0.4)	0 (0.0)	5 (0.3)	6 (0.3)
Thyroid and other endocrine	0 (0.0)	0 (0.0)	7 (0.5)	7 (0.4)
Ill-defined, secondary, and unspecified sites	6 (2.4)	7 (3.7)	37 (2.5)	50 (2.6)
Lymphoma and leukemia	9 (3.7)	9 (4.7)	67 (4.6)	85 (4.5)
Other cancers	5 (2.0)	8 (4.2)	27 (1.8)	40 (2.1)
Neurological disease	20 (8.2)	25 (13.1)	161 (11.0)	206 (10.8)
Amyotrophic lateral sclerosis	11 (4.5)	18 (9.4)	117 (8.0)	146 (7.7)
Other neurological disease	9 (3.7)	7 (3.7)	44 (3.0)	60 (3.1)
Respiratory disease [e.g., COPD]	15 (6.1)	14 (7.3)	75 (5.1)	104 (5.5)
Heart/circulatory disease	28 (11.4)	9 (4.7)	67 (4.6)	104 (5.5)
Infectious disease [e.g., HIV/AIDS]	1 (0.4)	0 (0.0)	13 (0.9)	14 (0.7)
Gastrointestinal disease [e.g., liver disease]	5 (2.0)	3 (1.6)	9 (0.6)	17 (0.9)
Endocrine/metabolic disease [e.g., diabetes]	5 (2.0)	2 (1.0)	11 (0.7)	18 (0.9)
Other illnesses³	9 (3.7)	6 (3.1)	17 (1.2)	32 (1.7)
DWDA process				
Outlived 6-month prognosis	8 (3.3)	6 (3.1)	63 (4.3)	77 (4.0)
Referred for psychiatric evaluation	3 (1.2)	1 (0.5)	65 (4.4)	69 (3.6)
Patient informed family of decision ⁴	234 (97.1)	181 (96.8)	1,302 (95.5)	1,717 (95.9)
Patient died at				
Home (patient, family or friend)	226 (92.2)	180 (94.2)	1,352 (92.4)	1,758 (92.6)
Assisted living or foster care facility	15 (6.1)	5 (2.6)	72 (4.9)	92 (4.8)
Nursing home	0 (0.0)	4 (2.1)	14 (1.0)	18 (0.9)
Hospital	0 (0.0)	0 (0.0)	4 (0.3)	4 (0.2)
Hospice facility	0 (0.0)	1 (0.5)	2 (0.1)	3 (0.2)
Other	4 (1.6)	1 (0.5)	19 (1.3)	24 (1.3)
<i>Unknown</i>	0	0	6	6
Lethal medication⁵				
DDMA	214 (87.3)	89 (46.6)	0 (0.0)	303 (15.9)
DDMP-2	24 (9.8)	87 (45.5)	81 (5.5)	192 (10.1)
DDMA-Ph	6 (2.4)	0 (0.0)	0 (0.0)	6 (0.3)
Secobarbital	1 (0.4)	7 (3.7)	852 (58.0)	860 (45.1)
DDMP-1	0 (0.0)	3 (1.6)	68 (4.6)	71 (3.7)
Phenobarbital	0 (0.0)	0 (0.0)	65 (4.4)	65 (3.4)
Pentobarbital	0 (0.0)	0 (0.0)	386 (26.3)	386 (20.3)
Other	0 (0.0)	5 (2.6)	17 (1.2)	22 (1.2)

Characteristics	2020		2019		1998–2018		Total	
	(N=245)		(N=191)		(N=1,469)		(N= 1,905)	
End-of-life concerns⁶								
Less able to engage in activities making life enjoyable	231	(94.3)	172	(90.1)	1,310	(89.2)	1,713	(89.9)
Losing autonomy	228	(93.1)	166	(86.9)	1,331	(90.6)	1,725	(90.6)
Loss of dignity ⁷	176	(71.8)	137	(71.7)	995	(74.3)	1,308	(73.6)
Burden on family, friends/caregivers	130	(53.1)	113	(59.2)	662	(45.1)	905	(47.5)
Losing control of bodily functions	92	(37.6)	76	(39.8)	654	(44.5)	822	(43.1)
Inadequate pain control, or concern about it	80	(32.7)	64	(33.5)	378	(25.7)	522	(27.4)
Financial implications of treatment	15	(6.1)	14	(7.3)	57	(3.9)	86	(4.5)
Health care provider present (collected since 2001)	(N=245)		(N=191)		(N=1,397)		(N=1,833)	
When medication was ingested								
Prescribing physician	29		36		221		286	
Other provider, prescribing physician not present	59		26		347		432	
Volunteer	42		53		3		98	
No provider or volunteer	34		14		116		164	
<i>Unknown</i>	81		62		782		925	
At time of death								
Prescribing physician	29	(11.8)	34	(17.9)	201	(14.6)	264	(14.6)
Other provider, prescribing physician not present	55	(22.4)	29	(15.3)	354	(25.7)	438	(24.2)
Volunteer	42	(17.1)	45	(23.7)	20	(1.5)	107	(5.9)
No provider or volunteer	119	(48.6)	82	(43.2)	800	(58.2)	1,001	(55.3)
<i>Unknown</i>	0		1		22		23	
Complications⁸	(N=245)		(N=191)		(N=1,469)		(N=1,905)	
Difficulty ingesting/regurgitated	3		2		28		33	
Seizures	1		0		2		3	
Other	1		4		11		16	
None	67		56		652		775	
<i>Unknown</i>	173		129		776		1078	
Other outcomes								
Regained consciousness after ingesting DWDA medications	0		0		8		8	
Timing of DWDA event								
Duration (weeks) of patient-physician relationship								
Median	8		15		12		12	
Range	0 – 1020		1 – 1222		0 – 2138		0 – 2138	
<i>Patients with information available</i>	238		190		1,459		1,887	
<i>Patients with information unknown</i>	7		1		10		18	

Characteristics	2020	2019	1998–2018	Total
	(N=245)	(N=191)	(N=1,469)	(N= 1,905)
Duration (days) between first request and death				
Median	32	43	47	45
Range	0 – 1080	15 – 1503	14 – 1009	0 – 1503
<i>Patients with information available</i>	241	191	1,469	1,901
<i>Patients with information unknown</i>	4	0	0	4
Duration (minutes) between ingestion and unconsciousness				
<i>Median</i>	5	5	5	5
<i>Range</i>	1 – 45	1 – 90	1 – 240	1 – 240
<i>Patients with information available</i>	125	120	755	1,000
<i>Patients with information unknown</i>	120	125	714	905
Duration (minutes) between ingestion and death				
<i>Median</i>	50	52	27	30
<i>Range</i>	6min-8hrs	1min-47hrs	1min-104hrs	1min-104hrs
<i>Patients with information available</i>	138	128	772	1,038
<i>Patients with information unknown</i>	107	117	697	867

- 1 Unknowns are excluded when calculating percentages.
- 2 **Other northwest counties:** Benton, Clatsop, Columbia, Lincoln, Linn, Polk, Tillamook, and Yamhill.
Southern: Coos, Curry, Douglas, Josephine, Klamath, and Lake.
Central/Columbia Gorge: Crook, Gilliam, Hood River, Jefferson, Sherman, Wasco, and Wheeler.
Eastern: Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, and Wallowa.
- 3 Includes deaths due to arthritis, arteritis, blood disease, complications from a fall, kidney failure, medical care complications, musculoskeletal system disorders, sclerosis, and stenosis.
- 4 First recorded in 2001. Since then, 74 patients (4.1%) have chosen not to inform their families, and 30 patients (1.6%) have had no family to inform. Information is unknown for 14 patients.
- 5 **DDMA** is a combination of diazepam, digoxin, morphine sulfate, and amitriptyline.
DDMP is a combination of diazepam, digoxin, morphine sulfate, and propranolol. DDMP-1 contains 10g of morphine sulfate; DDMP-2 contains 15g.
DDMP-Ph is a a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital.
Phenobarbital is dispensed as a combination of phenobarbital, chloral hydrate, and morphine sulfate.
- 6 Affirmative answers only (“Don’t know” included in negative answers). Categories are not mutually exclusive.
- 7 First asked in 2003. Data available for 1,776 patients.
- 8 Information about complications is reported only when a physician or another health care provider is present at the time of death.

Table 2. Number of DWDA prescription recipients, DWDA deaths, and attending physicians, 1998–2020

Year	Prescription recipients	DWDA deaths	Attending physicians
1998	24	16	n/a
1999	33	27	n/a
2000	39	27	22
2001	44	21	33
2002	58	38	33
2003	68	42	42
2004	60	37	40
2005	65	38	40
2006	65	46	41
2007	85	49	46
2008	88	60	60
2009	95	59	64
2010	97	65	59
2011	114	71	62
2012	116	85	62
2013	121	73	62
2014	155	105	83
2015	218	135	106
2016	204	139	101
2017	218	158	92
2018	261	178	108
2019	297	191	113
2020	370	245	142
Total	2,895	1,905	

Table 3. Primary location of practice, DWDA physicians, 2020

Region ²	Attending physicians		Consulting physicians	
	N	(%) ¹	N	(%) ¹
Metro counties (Clackamas, Multnomah, Washington)	68	(48.2)	100	(49.0)
Northwest Oregon (excludes metro counties)	42	(29.8)	59	(28.9)
Southern Oregon	21	(14.9)	28	(13.7)
Central Oregon / Columbia Gorge	9	(6.4)	15	(7.4)
Eastern Oregon	1	(0.7)	2	(1.0)
<i>Unknown</i>	<i>1</i>		<i>2</i>	

1 Unknowns are excluded when calculating percentages.

2 **Northwest Oregon:** Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook and Yamhill.
Southern Oregon: Coos, Curry, Douglas, Jackson, Josephine, Klamath and Lake.
Central / Columbia Gorge: Crook, Deschutes, Gilliam, Hood River, Jefferson, Sherman, Wasco and Wheeler.
Eastern Oregon: Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union and Wallowa.

Table 4. Duration between ingestion and death, DWDA deaths, 2001–2020

Drug(%)	Total	Unknown duration	Known duration	<1hr	1– 6 hours	>6 hours	Median	Mean	Range	Regained consciousness ⁶
Secobarbital ¹	792	403	389 (100.0)	293 (75.3)	69 (17.7)	27 (6.9)	25	137	2min – 83 hrs	5
Pentobarbital ¹	384	156	228 (100.0)	188 (82.5)	31 (13.6)	9 (3.9)	20	97	1min – 104 hrs	0
DDMA ²	303	108	195 (100.0)	107 (54.9)	84 (43.1)	4 (2.1)	53	80	1min – 19 hrs	0
DDMP-2 ³	192	89	103 (100.0)	45 (43.7)	36 (35.0)	22 (21.4)	85	253	5min – 47 hrs	2
DDMP-1 ³	71	47	24 (100.0)	12 (50.0)	7 (29.2)	5 (20.8)	67	203	10min – 21 hrs	0
Phenobarbital ⁴	65	43	22 (100.0)	4 (18.2)	13 (59.1)	5 (22.7)	73	439	20min – 72 hrs	0
DDMA-Ph ⁵	6	5	1 (100.0)	1 (100.0)	0 (0.0)	0 (0.0)	--	--	--	0
Other	22	6	16 (100.0)	7 (43.8)	7 (43.8)	2 (12.5)	68	174	1min – 14 hrs	1
TOTAL	1,835	857	978 (100.0)	657 (67.2)	247 (25.3)	74 (7.6)	30	137	1min – 104 hrs	8

1 Pentobarbital has been unavailable for DWDA use since 2015; secobarbital since 2019.

2 DDMA is a combination of diazepam, digoxin, morphine sulfate, and amitriptyline.

3 DDMP is a combination of diazepam, digoxin, morphine sulfate, and propranolol. DDMP-1 contains 10g of morphine sulfate; DDMP-2 contains 15g.

4 Phenobarbital is dispensed as a combination of phenobarbital, chloral hydrate, and morphine sulfate.

5 DDMA-Ph is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital.

6 Patients who regained consciousness after ingestion are not considered DWDA deaths, and are not included in the other columns in this table.

NOTE: Table includes all reported durations, not just those from licensed providers. Complete information not available before 2001. Unknown values are excluded when calculating percentages.



PUBLIC HEALTH DIVISION

<http://www.healthoregon.org/dwd>

DWDA.info@state.or.us

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