

2022

>> Oregon Death with Dignity Act

2022 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: <http://www.healthoregon.org/dwd>.

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Executive summary

The Oregon Death with Dignity Act (DWDA) allows terminally ill patients 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 2022, 431 people were reported to have received prescriptions under the DWDA. As of January 20, 2023, 278 people had died in 2022 from ingesting the prescribed medications, including 32 who had received prescriptions in previous years. Demographic characteristics of DWDA patients were similar to those of previous years: most patients were age 65 years or older (85%) and white (96%). The most common diagnosis was cancer (64%), followed by heart disease (12%) and neurological disease (10%). OHA made no referrals to the Oregon Medical Board for failure to comply with DWDA reporting requirements.

Introduction

The Oregon Death with Dignity Act (DWDA) allows terminally ill patients 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) capable of making and communicating health care decisions to health care practitioners, and 3) 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 instance of noncompliance with the statutory requirements, it reports the instance 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 20, 2023. More information on the reporting process, required forms and annual reports is available at <http://www.healthoregon.org/dwd>.

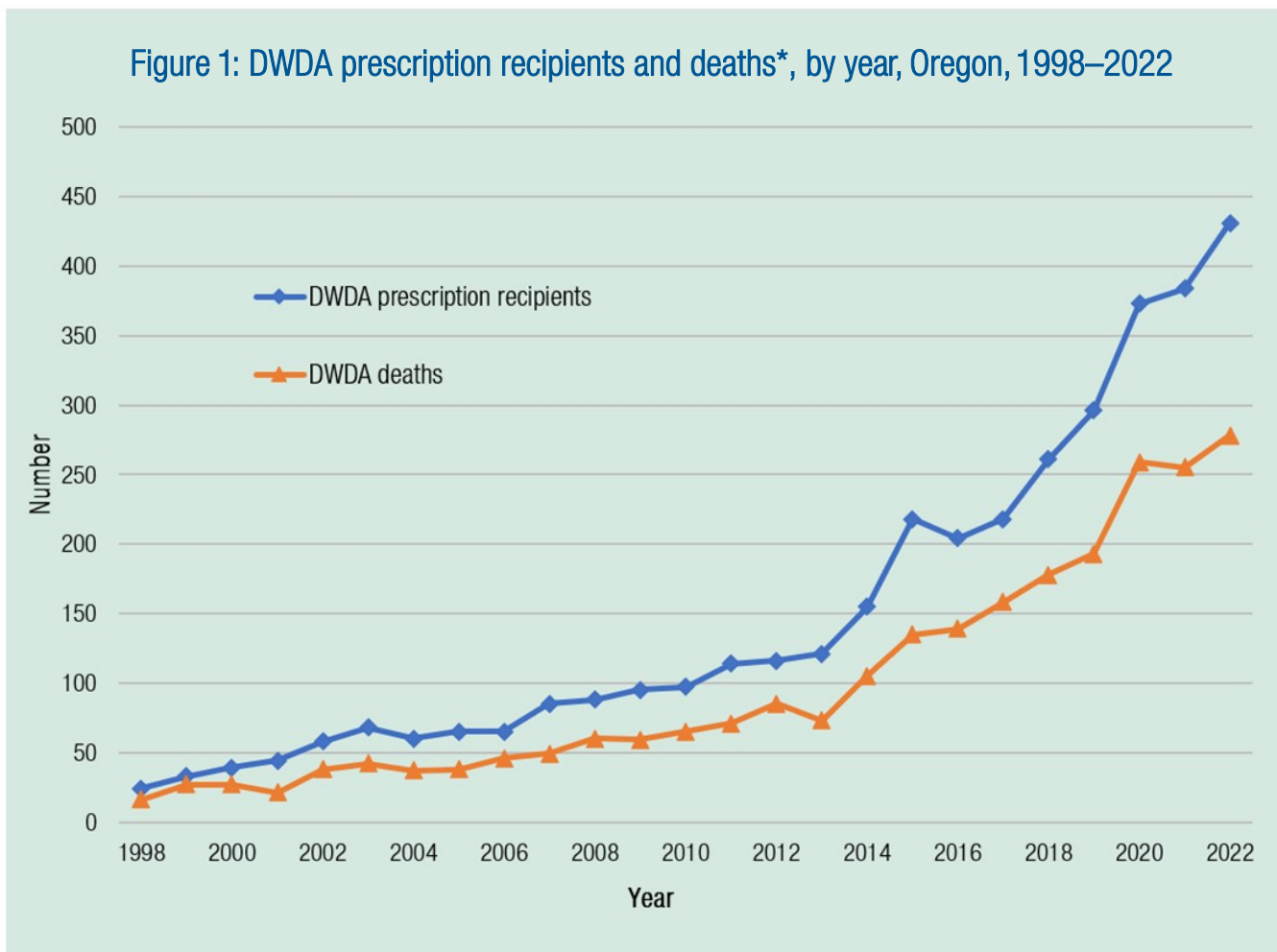
Patient residency requirement

In October 2021, a lawsuit was filed against the State of Oregon in U.S. District Court for the District of Oregon, alleging that the residency requirement in the Act violated the Privileges and Immunities Clause and the Dormant Commerce Clause of the United States Constitution, in part because it bars Oregon health care providers from providing medical aid in dying to non-resident patients. In a settlement on March 28, 2022, the State agreed not to enforce the residency requirement in the Act and to submit a legislative concept that would repeal the residency requirement in ORS 127.800(11), ORS 127.805(1), ORS 127.815(1)(b), and ORS 127.860.

In accordance with the settlement, House Bill 2279 was introduced in the 2023 session of the Oregon Legislative Assembly. If the bill becomes law, it will remove all text in the Act related to the residency requirement for patients receiving medical aid in dying. No other changes to the text of the Act are proposed in this bill.

Information on a patient’s state of residence is not collected during the DWDA prescription process. Residence and other demographic information are collected from the death certificate. OHA does not receive death certificates from other states unless the decedent was an Oregon resident. Therefore, if an Oregon DWDA patient dies out of state and was not a resident of Oregon, OHA is unlikely to obtain notice of the death. The out-of-state deaths reported in Table 1 thus may not represent all DWDA deaths from out-of-state residents who obtained a DWDA prescription from an Oregon health care provider.

Figure 1: DWDA prescription recipients and deaths*, by year, Oregon, 1998–2022



*As of January 20, 2023

See Table 2 for detailed information

Participation summary and trends

During 2022, 431 people received prescriptions for lethal doses of medications under the provisions of the Oregon DWDA, compared to 384 reported during 2021 (Figure 1). As of January 20, 2023, OHA had received reports of 278 people who died during 2022 from ingesting the medications prescribed under the DWDA, an increase from 255 in 2021.

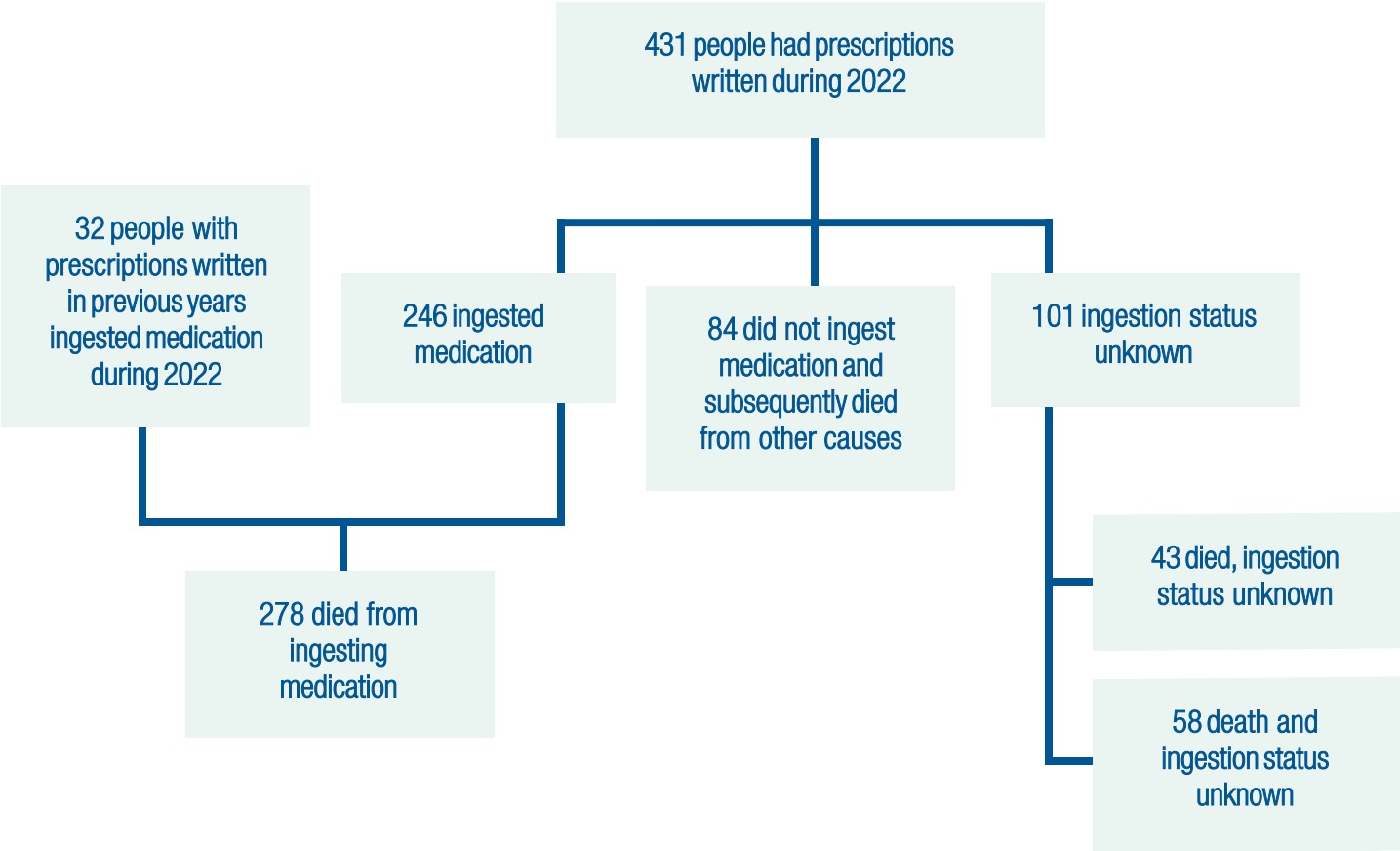
Since the law was passed in 1997, a total of 3,712 people have received prescriptions under the DWDA and 2,454 people (66%) have died from ingesting the medications. During 2022, DWDA deaths accounted for an estimated 0.6% of total deaths in Oregon.*

Figure 2 shows a summary of DWDA prescriptions written and medications ingested. Of the 431 patients for whom prescriptions were written during 2022, 246 (57%) died from ingesting the medication. An additional 84 (19%) did not take the medications and later died of other causes.

At the time of reporting, ingestion status was unknown for 101 patients prescribed DWDA medications in 2022. Of these, 43 patients died but follow-up information is not yet available. For the remaining 58 patients, both death and ingestion status are not yet known (Figure 2). In all, 16 patients (6% of DWDA deaths) outlived their prognosis (i.e., lived more than six months after their prescription date).

** The percentage of total deaths is calculated using the total number of deaths occurring in Oregon during 2021 (45,028), the most recent year for which final death data are available.*

Figure 2: Summary of DWDA prescriptions written and medications ingested in 2022, as of January 20, 2023



Patient characteristics

Table 1 shows the characteristics and end-of-life care for 2022 DWDA deaths, updated data for 2021 DWDA deaths, combined data for 1998–2020 DWDA deaths, and total DWDA deaths. Of the 278 DWDA deaths during 2022, most patients were aged 65 years or older (85%) and white (96%). The median age at death was 75 years. Forty-nine percent of patients had at least a bachelor's degree.

Patients' most common underlying illness was cancer (64%), followed by heart disease (12%) and neurological disease (10%).

Most patients died at home (92%), and most were enrolled in hospice care (91%). Excluding unknown cases, all patients had some form of health insurance. The percentage of patients with private insurance declined slightly from 2021 (from 22% to 20%), while patients with Medicare or Medicaid insurance saw a slight increase (from 78% to 80%).

As in previous years, the three most frequently reported end-of-life concerns were decreasing ability to participate in activities that made life enjoyable (89%), loss of autonomy (86%), and loss of dignity (62%).

DWDA process

A total of 146 physicians wrote 431 prescriptions during 2022 (1–51 prescriptions per physician; 78% of physicians wrote one or two prescriptions). The number of attending physicians has increased most years (Table 2). Around half of attending and consulting physicians practiced in the Portland metropolitan area (53% and 50%, respectively), while fewer than 30% practiced in the other northwestern counties (Table 3). Three patients were referred for psychological or psychiatric evaluation. During 2022, OHA referred no physicians to the Oregon Medical Board for failure to comply with DWDA reporting requirements.

Since 2020, the DWDA provides an exemption to the statutory waiting periods for patients expected to live fewer than 15 days after the time of their first oral request for medication. In 2022, 109 patients (25% of DWDA prescription recipients) were granted exemptions.

Prescribing physicians were present at time of death for 36 (13%) of the patients who ingested DWDA medications. Thirty-seven patients (13%) had other health care providers present, and volunteers were present for 51 deaths (18%). Data on time from ingestion to death are available for 165 DWDA deaths (59%) during 2022.* Among those patients, time from ingestion until death ranged from three minutes to 68 hours, with a median time of 52 minutes (Table 1).

The medications prescribed to DWDA patients (since 2013) are shown in Figure 3 (see also Table 1). More than 70% of ingestions in 2022 involved the drug combination DDMA^{Ph}, which consists of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital. The drug combination DDMA, consisting of diazepam, digoxin, morphine sulfate, and amitriptyline, accounted for 28% of ingestions. Table 4 shows the duration from ingestion to death by medication prescribed for all known cases. Median time until death was somewhat shorter after DDMA^{Ph} (42 minutes) than after DDMA (49 minutes). All drug combinations have shown longer median times until death than the barbiturates secobarbital and pentobarbital, which are no longer readily available.

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

Figure 3: Medication used in DWDA ingestions, 2013-2022

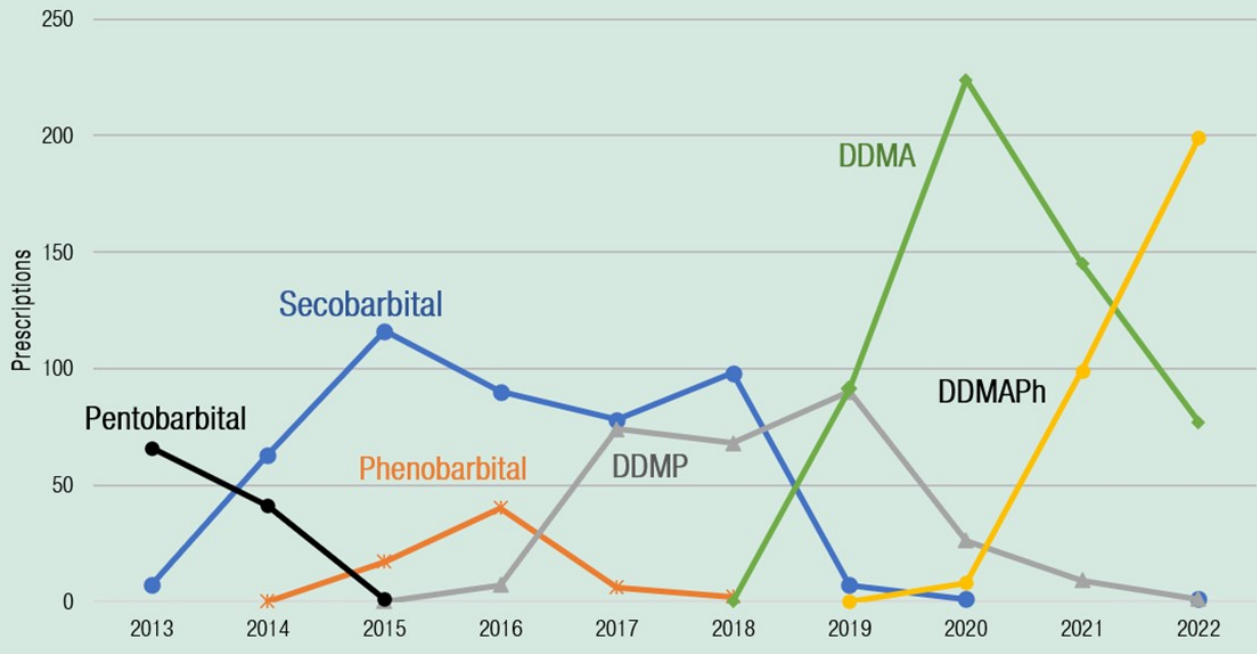


Table 1. Characteristics and end-of-life care of 2,454 DWDA patients who have died from ingesting a lethal dose of medication as of January 20, 2023, Oregon, 1998-2022

Characteristics	2022		2021		1998-2020		Total	
	(N=278)		(N=255)		(N=1,921)		(N=2,454)	
	N	(%) ¹	N	(%) ¹	N	(%) ¹	N	(%) ¹
Sex								
Male	138	(49.6)	140	(54.9)	1,012	(52.7)	1,290	(52.6)
Female	140	(50.4)	115	(45.1)	909	(47.3)	1,164	(47.4)
Age								
18-34	1	(0.4)	1	(0.4)	11	(0.6)	13	(0.5)
35-44	3	(1.1)	2	(0.8)	36	(1.9)	41	(1.7)
45-54	12	(4.3)	13	(5.1)	109	(5.7)	134	(5.5)
55-64	27	(9.7)	32	(12.5)	340	(17.7)	399	(16.3)
65-74	90	(32.4)	76	(29.8)	586	(30.5)	752	(30.6)
75-84	91	(32.7)	84	(32.9)	522	(27.2)	697	(28.4)
85+	54	(19.4)	47	(18.4)	317	(16.5)	418	(17.0)
Median years (range)	75	(29-99)	75	(28-101)	72	(25-102)	73	(25-102)
Race and ethnicity								
White	267	(96.0)	242	(94.9)	1,849	(96.5)	2,358	(96.3)
African American	1	(0.4)	0	(0.0)	1	(0.1)	2	(0.1)
American Indian	2	(0.7)	1	(0.4)	3	(0.2)	6	(0.2)
Asian	5	(1.8)	6	(2.4)	26	(1.4)	37	(1.5)
Pacific Islander	0	(0.0)	0	(0.0)	1	(0.1)	1	(0.0)
Other	0	(0.0)	0	(0.0)	6	(0.3)	6	(0.2)
Two or more races	1	(0.4)	0	(0.0)	8	(0.4)	9	(0.4)
Hispanic (any race)	2	(0.7)	6	(2.4)	22	(1.1)	30	(1.2)
Unknown	0		0		5		5	
Marital status								
Married (including Registered Domestic Partner)	129	(46.7)	116	(45.8)	881	(46.1)	1,126	(46.1)
Widowed	46	(16.7)	51	(20.2)	423	(22.1)	520	(21.3)
Never married	22	(8.0)	22	(8.7)	158	(8.3)	202	(8.3)
Divorced	79	(28.6)	64	(25.3)	450	(23.5)	593	(24.3)
Unknown	2		2		9		13	
Education								
8th grade or less	5	(1.8)	1	(0.4)	23	(1.2)	29	(1.2)
9th-12th grade, no diploma	8	(2.9)	7	(2.8)	79	(4.1)	94	(3.9)
High school graduate/GED	59	(21.3)	61	(24.2)	407	(21.4)	527	(21.7)
Some college	51	(18.4)	51	(20.2)	387	(20.3)	489	(20.1)
Associate degree	18	(6.5)	15	(6.0)	175	(9.2)	208	(8.5)
Bachelor's degree	61	(22.0)	62	(24.6)	460	(24.1)	583	(24.0)
Master's degree	58	(20.9)	35	(13.9)	232	(12.2)	325	(13.4)
Doctorate or professional degree	17	(6.1)	20	(7.9)	142	(7.5)	179	(7.4)
Unknown	1		3		16		20	

Characteristics	2022		2021		1998-2020		Total	
	(N=278)		(N=255)		(N=1,921)		(N=2,454)	
	N	(%) ¹	N	(%) ¹	N	(%) ¹	N	(%) ¹
Residence county / region²								
Clackamas	21	(7.6)	21	(8.2)	192	(10.1)	234	(9.6)
Deschutes	17	(6.1)	27	(10.6)	85	(4.5)	129	(5.3)
Jackson	17	(6.1)	12	(4.7)	133	(7.0)	162	(6.6)
Lane	32	(11.5)	26	(10.2)	207	(10.8)	265	(10.8)
Marion	23	(8.3)	13	(5.1)	185	(9.7)	221	(9.0)
Multnomah	72	(25.9)	58	(22.7)	414	(21.7)	544	(22.3)
Washington	33	(11.9)	21	(8.2)	193	(10.1)	247	(10.1)
Other northwest counties	31	(11.2)	48	(18.8)	293	(15.3)	372	(15.2)
Southern Oregon	18	(6.5)	19	(7.5)	144	(7.5)	181	(7.4)
Central Oregon / Columbia Gorge	8	(2.9)	6	(2.4)	31	(1.6)	45	(1.8)
Eastern Oregon	3	(1.1)	4	(1.6)	33	(1.7)	40	(1.6)
Out of state	3	(1.1)	0	(0.0)	0	(0.0)	3	(0.1)
<i>Unknown</i>	0		0		11		11	
End-of-life care								
Hospice								
Enrolled	254	(91.4)	248	(97.3)	1,713	(90.8)	2,215	(91.5)
Not enrolled	24	(8.6)	7	(2.7)	174	(9.2)	205	(8.5)
<i>Unknown</i>	0		0		34		34	
Insurance								
Private	43	(20.5)	41	(21.9)	768	(44.5)	852	(40.2)
Medicare, Medicaid or Other Govt.	167	(79.5)	145	(77.5)	938	(54.4)	1,250	(58.9)
None	0	(0.0)	1	(0.5)	18	(1.0)	19	(0.9)
<i>Unknown</i>	68		68		197		333	
Underlying illness								
Cancer	178	(64.0)	158	(62.0)	1,420	(73.9)	1,756	(71.6)
Lip, oral cavity, and pharynx	6	(2.2)	3	(1.2)	41	(2.1)	50	(2.0)
Digestive organs	45	(16.2)	36	(14.1)	378	(19.7)	459	(18.7)
<i>Pancreas</i>	16	(5.8)	9	(3.5)	125	(6.5)	150	(6.1)
<i>Colon</i>	5	(1.8)	8	(3.1)	98	(5.1)	111	(4.5)
<i>Other digestive organs</i>	24	(8.6)	19	(7.5)	155	(8.1)	198	(8.1)
Respiratory and intrathoracic organs	32	(11.5)	24	(9.4)	303	(15.8)	359	(14.6)
<i>Lung and bronchus</i>	31	(11.2)	23	(9.0)	284	(14.8)	338	(13.8)
<i>Other respiratory and intrathoracic organs</i>	1	(0.4)	1	(0.4)	19	(1.0)	21	(0.9)
Melanoma and other skin	0	(0.0)	5	(2.0)	44	(2.3)	49	(2.0)
Mesothelial and soft tissue	7	(2.5)	6	(2.4)	34	(1.8)	47	(1.9)
Breast	13	(4.7)	12	(4.7)	129	(6.7)	154	(6.3)
Female genital organs	17	(6.1)	15	(5.9)	106	(5.5)	138	(5.6)
Prostate	14	(5.0)	16	(6.3)	89	(4.6)	119	(4.8)
Urinary tract	6	(2.2)	9	(3.5)	54	(2.8)	69	(2.8)

Characteristics	2022		2021		1998-2020		Total	
	(N=278)		(N=255)		(N=1,921)		(N=2,454)	
	N	(%) ¹	N	(%) ¹	N	(%) ¹	N	(%) ¹
-Cancer, continued-								
Eye, brain, central nervous system	14	(5.0)	5	(2.0)	59	(3.1)	78	(3.2)
<i>Brain</i>	14	(5.0)	5	(2.0)	53	(2.8)	72	(2.9)
<i>Eye and central nervous system</i>	0	(0.0)	0	(0.0)	6	(0.3)	6	(0.2)
Thyroid and other endocrine	0	(0.0)	1	(0.4)	7	(0.4)	8	(0.3)
Ill-defined, secondary, and unspecified sites	8	(2.9)	6	(2.4)	50	(2.6)	64	(2.6)
Lymphoma and leukemia	9	(3.2)	16	(6.3)	86	(4.5)	111	(4.5)
Other cancers	7	(2.5)	4	(1.6)	40	(2.1)	51	(2.1)
Neurological disease	27	(9.7)	35	(13.7)	207	(10.8)	269	(11.0)
Amyotrophic lateral sclerosis	15	(5.4)	22	(8.6)	146	(7.6)	183	(7.5)
Other neurological diseases	12	(4.3)	13	(5.1)	61	(3.2)	86	(3.5)
Heart/circulatory disease	32	(11.5)	29	(11.4)	105	(5.5)	166	(6.8)
Respiratory disease [e.g., COPD]	27	(9.7)	19	(7.5)	109	(5.7)	155	(6.3)
Endocrine/metabolic disease [e.g., diabetes]	4	(1.4)	5	(2.0)	19	(1.0)	28	(1.1)
Gastrointestinal disease [e.g., liver disease]	4	(1.4)	3	(1.2)	17	(0.9)	24	(1.0)
Infectious disease [e.g., HIV/AIDS]	2	(0.7)	0	(0.0)	14	(0.7)	16	(0.7)
Other illnesses	4	(1.4)	6	(2.4)	30	(1.6)	40	(1.6)
DWDA process								
Outlived 6-month prognosis	16	(5.8)	11	(4.3)	77	(4.0)	104	(4.2)
Referred for psychiatric evaluation	3	(1.1)	2	(0.8)	69	(3.6)	74	(3.0)
Patient informed family of decision ³	257	(95.5)	238	(95.6)	1,731	(95.9)	2,226	(95.8)
Patient died at								
Home (patient, family or friend)	255	(91.7)	240	(94.1)	1,773	(92.6)	2,268	(92.6)
Assisted living or foster care facility	18	(6.5)	13	(5.1)	92	(4.8)	123	(5.0)
Nursing home	0	(0.0)	2	(0.8)	18	(0.9)	20	(0.8)
Hospital	1	(0.4)	0	(0.0)	4	(0.2)	5	(0.2)
Hospice facility	1	(0.4)	0	(0.0)	3	(0.2)	4	(0.2)
Other	3	(1.1)	0	(0.0)	25	(1.3)	28	(1.1)
<i>Unknown</i>	0		0		6		6	
Lethal medication ⁴								
DDMAPh	199	(71.6)	99	(38.8)	8	(0.4)	306	(12.5)
DDMA	77	(27.7)	145	(56.9)	315	(16.4)	537	(21.9)
DDMP-2	1	(0.4)	8	(3.1)	194	(10.1)	203	(8.3)
DDMP-1	0	(0.0)	1	(0.4)	71	(3.7)	72	(2.9)
Secobarbital	1	(0.4)	0	(0.0)	860	(44.8)	861	(35.1)
Pentobarbital	0	(0.0)	0	(0.0)	386	(20.1)	386	(15.7)
Phenobarbital	0	(0.0)	0	(0.0)	65	(3.4)	65	(2.6)
Other	0	(0.0)	2	(0.8)	22	(1.1)	24	(1.0)

Characteristics	2022		2021		1998-2020		Total	
	(N=278)		(N=255)		(N=1,921)		(N=2,454)	
	N	(%) ¹	N	(%) ¹	N	(%) ¹	N	(%) ¹
End-of-life concerns⁵								
Less able to engage in activities making life enjoyable	247	(88.8)	233	(91.4)	1,728	(90.0)	2,208	(90.0)
Losing autonomy	240	(86.3)	236	(92.5)	1,740	(90.6)	2,216	(90.3)
Loss of dignity ⁶	172	(61.9)	174	(68.2)	1,320	(73.7)	1,666	(71.7)
Burden on family, friends/caregivers	129	(46.4)	136	(53.3)	914	(47.6)	1,179	(48.0)
Losing control of bodily functions	124	(44.6)	122	(47.8)	831	(43.3)	1,077	(43.9)
Inadequate pain control, or concern about it	87	(31.3)	69	(27.1)	530	(27.6)	686	(28.0)
Financial implications of treatment	17	(6.1)	20	(7.8)	88	(4.6)	125	(5.1)
Health care provider present (collected since 2001)								
(N=278) (N=255) (N=1,849) (N=2,382)								
When medication was ingested								
Prescribing physician	44	(24.4)	47	(28.5)	287	(29.0)	460	(28.2)
Other provider, prescribing physician not present	30	(16.7)	36	(21.8)	433	(43.8)	581	(35.6)
Volunteer	55	(30.6)	47	(28.5)	102	(10.3)	273	(16.7)
No provider or volunteer	51	(28.3)	35	(21.2)	166	(16.8)	318	(19.5)
<i>Unknown</i>	98		90		861		1,049	
At time of death								
Prescribing physician	36	(12.9)	37	(14.5)	265	(14.5)	338	(14.3)
Other provider, prescribing physician not present	37	(13.3)	42	(16.5)	439	(24.0)	518	(22.0)
Volunteer	51	(18.3)	44	(17.3)	111	(6.1)	206	(8.7)
No provider or volunteer	154	(55.4)	132	(51.8)	1,011	(55.4)	1,297	(55.0)
<i>Unknown</i>	0		0		23		23	
Complications⁷								
(N=278) (N=255) (N=1,921) (N=2,454)								
Difficulty ingesting/regurgitated	5		5		33		43	
Seizures	0		0		3		3	
Other	1		1		16		18	
None	66		71		777		914	
<i>Unknown</i>	206		178		1,092		1,476	
Other outcomes								
Regained consciousness after ingesting DWDA medications	0		1		8		9	
Timing of DWDA event								
Duration (weeks) of patient-physician relationship								
Median	5		5		12		10	
Range	0 - 1083		0 - 940		0 - 2138		0 - 2138	
<i>Patients with information available</i>	276		253		1,903		2,432	
<i>Patients with information unknown</i>	2		2		18		22	

Characteristics	2022		2021		1998-2020		Total	
	(N=278)		(N=255)		(N=1,921)		(N=2,454)	
	N	(%) ¹	N	(%) ¹	N	(%) ¹	N	(%) ¹
Duration (days) between first request and death								
Median	30		30		45		41	
Range	1 - 1859		1 - 1095		1 - 1503		0 - 1859	
<i>Patients with information available</i>	278		255		1,919		2,452	
<i>Patients with information unknown</i>	0		0		2		2	
Duration (minutes) between ingestion and unconsciousness								
Median	5		5		5		5	
Range	1 - 300		1 - 45		1 - 240		1 - 300	
<i>Patients with information available</i>	150		149		1,005		1,304	
<i>Patients with information unknown</i>	128		106		916		1,150	
Duration between ingestion and death								
Median (minutes)	52		33		30		30	
Range	3 min - 68 hrs		2 min - 24 hrs		1 min - 104 hrs		1 min - 104 hrs	
<i>Patients with information available</i>	165		158		1,043		1,366	
<i>Patients with information unknown</i>	113		97		878		1,088	

N indicates the number of patients.

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 First recorded in 2001. Since then, 97 patients (4.1%) have chosen not to inform their families, and 42 patients (1.8%) have had no family to inform. Information is unknown for 19 patients.

4 **DDMAPh** is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital.

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.

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

5 Affirmative answers only (“Don’t know” included in negative answers). Categories are not mutually exclusive.

6 First asked in 2003. Data available for 2,325 patients.

7 Information about complications is reported only when a physician or another health care provider is present at time of death. Due to the high number of unknowns for this item, percentages are not calculated.

Table 2. Number of DWDA prescription recipients, DWDA deaths, and attending physicians, 1998-2022

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	296	193	113
2020	373	259	142
2021	384	255	132
2022	431	278	146
Total	3,712	2,454	

Table 3. Primary location of practice, DWDA physicians, 2022

Region ²	Attending physicians	Consulting physicians
	N (%) ¹	N (%) ¹
Metro counties (Clackamas, Multnomah, Washington)	78 (53.4)	112 (50.2)
Northwest Oregon (excludes Metro counties)	38 (26.0)	60 (26.9)
Southern Oregon	21 (14.4)	35 (15.7)
Central Oregon / Columbia Gorge	9 (6.2)	16 (7.2)
Eastern Oregon	0 (0.0)	0 (0.0)
<i>Unknown</i>	0	1

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, 2001-2022

Drug (%)	Total	Unknown duration	Known duration	<1 hour	1-6 hours	>6 hours	Median (minutes)	Mean (minutes)	Range	Regained consciousness ⁶
Secobarbital ¹	793	403	390 (100.0)	294 (75.4)	69 (17.7)	27 (6.9)	25	137	2 min - 83 hrs	5
DDMA ²	537	201	336 (100.0)	190 (56.5)	140 (41.7)	6 (1.8)	49	78	1 min - 19 hrs	1
Pentobarbital ¹	384	156	228 (100.0)	188 (82.5)	31 (13.6)	9 (3.9)	20	97	1 min - 104 hrs	0
DDMAPh ³	306	124	182 (100.0)	110 (60.4)	64 (35.2)	8 (4.4)	42	105	5 min - 68 hrs	0
DDMP-2 ⁴	203	98	105 (100.0)	46 (43.8)	36 (34.3)	23 (21.9)	85	254	2 min - 47 hrs	2
DDMP-1 ⁴	72	47	25 (100.0)	12 (48.0)	7 (28.0)	6 (24.0)	77	223	10 min - 21 hrs	0
Phenobarbital ⁵	65	43	22 (100.0)	4 (18.2)	13 (59.1)	5 (22.7)	73	439	20 min - 72 hrs	0
Other	24	6	18 (100.0)	7 (38.9)	8 (44.4)	3 (16.7)	71	237	10 min - 24 hrs	1
TOTAL	2,384	1,078	1,306 (100.0)	851 (65.2)	368 (28.2)	87 (6.7)	30	129	1 min - 104 hrs	9

1 Secobarbital has been unavailable for DWDA use since 2019; penobarbital since 2015.

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

3 DDMAPh is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital.

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

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

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.



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