Drug-Related Overdose Deaths among Veterans in California, 2021–2022

Key Points

Among California Veterans:

- Veterans represented 5.2% of all California overdose deaths in 2022.
- Drug-related overdose deaths remained relatively stable from 2021 to 2022, with a slight decrease (2.4%) from 2021 to 2022.
- Fentanyl was involved in 48.9% of all drug-related overdose deaths in 2022.
- A majority of drugrelated overdose deaths occurred among non-Hispanic Whites and males.

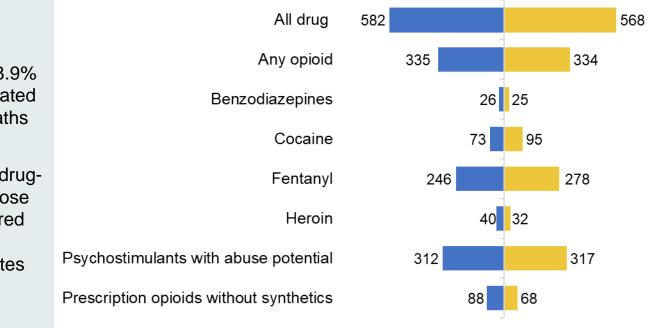
This data brief was created in accordance with Assembly Bill 1462 (Chapter 844, Statutes of 2023), providing data on California Veterans (Californians who have served in the United States Armed Forces) aged 17 and older who had a fatal drug-related overdose in 2021 or 2022. Veterans make up approximately 3.8% of the California population (1.5 out of 39 million)¹.

Drug-Related Overdose Deaths among Veterans in California by Substance Type in 2021 and 2022

In 2021 and 2022, opioid-related overdose deaths were the leading cause of drug-related deaths among California Veterans, followed by overdose deaths related to psychostimulants with abuse potential.

Drug-related Veteran fatal overdoses made up 1.1% of total Veteran deaths in both 2021 and 2022. There was a slight decrease (2.4%) in drug-related Veteran overdose deaths from 2021 to 2022.

Figure 1. Drug-Related Overdose Deaths among Veterans in California by Substance Type, 2021–2022



2021 2022

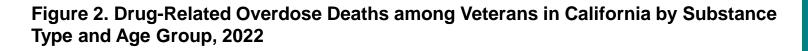


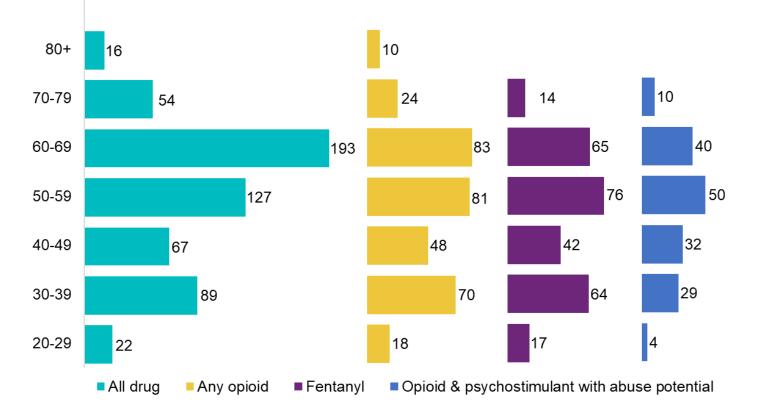
Opioid-Related Overdose Deaths among Veterans in California by Substance Type and Age, 2022

Veterans 60 to 69 years old had a higher number of all drug and opioid-related overdose deaths in 2022, as compared with other age ranges.

Among 60 to 69-year-olds, there were 83 opioid-related overdose deaths, 65 fentanyl-related overdose deaths, and 40 deaths related to both opioids and psychostimulants with abuse potential.

Overdose trends among California Veterans by substance type and age remained stable from 2021 to 2022. In 2021, 60 to 69-year-olds also had the highest number of all drug-related overdose deaths (197). Among 60 to 69-year-olds in 2021, there were 102 opioid-related overdose deaths, 66 fentanyl-related overdose deaths, and 45 overdose deaths related to use of both opioids and psychostimulants with abuse potential.





Note: Each category in Figure 2 is displayed in the same order as the key. There were 0 drug-related overdose deaths among 17–19-year-old Veterans in 2022.

Overdose Prevention Initiative SUBSTANCE AND ADDICTION PREVENTION BRANCH

Drug-Related Overdose Deaths among Veterans in California by Race/Ethnicity and Sex, 2022

Among California Veterans, White individuals and males had a greater number of drugrelated overdose deaths in 2022.

> Figure 3. Drug-Related Overdose Deaths among California Veterans by Race/Ethnicity, 2022

The majority of drug-related overdose deaths among Veterans were among non-Hispanic White individuals (62.3%, 354 deaths), followed by non-Hispanic Black/African American (20.2%, 115 deaths) and Hispanic/Latinx individuals (12.7%, 72 deaths).

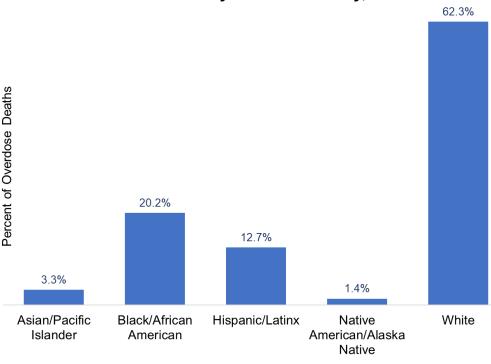
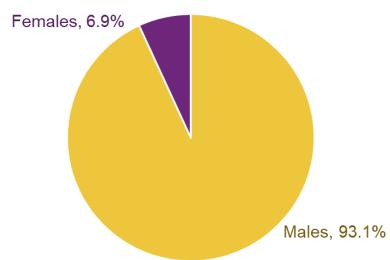


Figure 4. Drug-Related Overdose Deaths among California Veterans by Sex, 2022



Relative to drug-related overdose deaths among female Veterans (6.9%, 39 deaths), the majority of drug-related Veteran overdose deaths were among males (93.1%, 529 deaths).

Drug Overdose Deaths among Veterans in California by Demographic Characteristic and Substance Type, 2021–2022

In both 2021 and 2022, fatal drug-related overdoses among Veterans occurred more often within specific demographic groups, such as 60–69-year-old individuals, those identifying as White, and males. Most fatal Veteran overdoses were attributable to any opioid, predominantly fentanyl, and psychostimulants with abuse potential.

Table 1. Percentage of All Drug-related Overdose Deaths by DemographicCharacteristic and Substance Type Among Veterans, 2021–2022

Female 7.4% (43) 6.9% (39) Age (years) 20–29 5.0% (29) 3.9% (22) 30–39 13.1% (76) 15.7% (89) 40–49 14.4% (84) 11.8% (67) 50–59 20.3% (118) 22.4% (127) 60–69 33.8% (197) 34.0% (193) 70–79 20.3% (118) 22.4% (127) 60–69 33.8% (197) 34.0% (193) 70–79 20.3% (118) 22.4% (127) 34.0% (193) 70–79 34.0% (193) 70–79 10.8% (63) 9.5% (54) 80+ 2.4% (14) 2.8% (16) Race/Ethnicity 42.4% (14) 2.8% (16) Black/African American 17.7% (103) 20.2% (115) 115) Hispanic/Latinx 14.8% (86) 12.7% (72) Native American/Alaska Native 1.2% (7) 1.4% (8) White 64.3% (374) 62.3% (354) 62.3% (354) 62.3% (354) Substance Type 2.5% (73) 16.7% (95) Any opioid 57.6% (335) 58.8% (334) 64.3% (278) 64.3%		2021	2022
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50–59 20.3% (118) 22.4% (127) 60–69 33.8% (197) 34.0% (193) 70–79 10.8% (63) 9.5% (54) 80+ 2.4% (14) 2.8% (16) Race/Ethnicity Asian/Pacific Islander 2.1% (12) 3.3% (19) Black/African American 17.7% (103) 20.2% (115) Hispanic/Latinx 14.8% (86) 12.7% (72) Native American/Alaska Native 1.2% (7) 1.4% (8) White 64.3% (374) 62.3% (354) Substance Type Any opioid 57.6% (335) 58.8% (334) Benzodiazepines 4.5% (26) 4.4% (25) Cocaine 12.5% (73) 16.7% (95) Fentanyl 42.3% (246) 48.9% (278) Heroin 6.9% (40) 5.6% (32) Psychostimulants w/ abuse potential 53.6% (312) 55.8% (317) Rx opioids w/o synthetics 15.1% (88) 12.0% (68)	30–39	13.1% (76)	15.7% (89)
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Native American/Alaska Native 1.2% (7) 1.4% (8) White 64.3% (374) 62.3% (354) Substance Type	Black/African American	17.7% (103)	20.2% (115)
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Substance Type 57.6% (335) 58.8% (334) Any opioid 57.6% (335) 58.8% (334) Benzodiazepines 4.5% (26) 4.4% (25) Cocaine 12.5% (73) 16.7% (95) Fentanyl 42.3% (246) 48.9% (278) Heroin 6.9% (40) 5.6% (32) Psychostimulants w/ abuse potential 53.6% (312) 55.8% (317) Rx opioids w/o synthetics 15.1% (88) 12.0% (68)	Native American/Alaska Native	1.2% (7)	1.4% (8)
Any opioid57.6% (335)58.8% (334)Benzodiazepines4.5% (26)4.4% (25)Cocaine12.5% (73)16.7% (95)Fentanyl42.3% (246)48.9% (278)Heroin6.9% (40)5.6% (32)Psychostimulants w/ abuse potential53.6% (312)55.8% (317)Rx opioids w/o synthetics15.1% (88)12.0% (68)	White	64.3% (374)	62.3% (354)
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Fentanyl 42.3% (246) 48.9% (278) Heroin 6.9% (40) 5.6% (32) Psychostimulants w/ abuse potential 53.6% (312) 55.8% (317) Rx opioids w/o synthetics 15.1% (88) 12.0% (68)	Benzodiazepines	4.5% (26)	4.4% (25)
Heroin6.9% (40)5.6% (32)Psychostimulants w/ abuse potential53.6% (312)55.8% (317)Rx opioids w/o synthetics15.1% (88)12.0% (68)	Cocaine	12.5% (73)	16.7% (95)
Psychostimulants w/ abuse potential 53.6% (312) 55.8% (317) Rx opioids w/o synthetics 15.1% (88) 12.0% (68)	Fentanyl	42.3% (246)	48.9% (278)
Rx opioids w/o synthetics 15.1% (88) 12.0% (68)	Heroin	6.9% (40)	5.6% (32)
Rx opioids w/o synthetics 15.1% (88) 12.0% (68)	Psychostimulants w/ abuse potential	53.6% (312)	55.8% (317)
Total 582 568	Rx opioids w/o synthetics	15.1% (88)	12.0% (68)
	Total	582	568

Note. Substance type indicators are not mutually exclusive

Drug-Related Overdose Deaths among Veterans in California by County, 2021–2022

Most counties remained relatively stable from 2021 to 2022. Notably, Los Angeles and San Diego counties experienced increases in fatal drug-related Veteran overdose deaths. Orange, Ventura, Contra Costa, and Stanislaus counties experienced decreases.

In 2022, the counties with the highest percentage of drug-related Veteran fatal overdoses among all fatal overdoses included: Madera (10%), Santa Cruz (9.9%), Solano (8.4%), Monterey (8%), San Diego (7.5%), and Alameda (7.3%).

Table 2. Drug-Related Overdose Deaths among California Veterans by County of
Residence, 2021–2022

County of Residence	2021	2022	County of Residence	2021	2022
Alameda	21	24	Placer	7	5
Alpine	0	0	Plumas	0	0
Amador	*	0	Riverside	44	41
Butte	8	4	Sacramento	38	37
Calaveras	0	*	San Benito	0	*
Colusa	*	0	San Bernardino	29	26
Contra Costa	15	8	San Diego	60	74
Del Norte	*	*	San Francisco	29	27
El Dorado	4	3	San Joaquin	9	6
Fresno	9	13	San Luis Obispo	8	4
Glenn	0	0	San Mateo	8	9
Humboldt	5	5	Santa Barbara	6	7
Imperial	0	2	Santa Clara	14	17
Inyo	0	*	Santa Cruz	6	9
Kern	28	24	Sierra	0	0
Kings	1	1	Shasta	4	1
Lake	*	*	Siskiyou	*	*
Lassen	0	*	Solano	9	11
Los Angeles	99	115	Sonoma	7	6
Madera	1	3	Stanislaus	12	3
Marin	3	3	Sutter	*	*
Mariposa	*	*	Tehama	*	*
Mendocino	*	*	Trinity	0	0
Merced	2	2	Tulare	5	4
Modoc	0	0	Tuolumne	*	*
Mono	0	*	Ventura	15	10
Monterey	6	7	Yolo	1	3
Napa	0	1	Yuba	*	*
Nevada	2	1	Unknown	9	5
Orange	32	18	Total	582	568

Note: * indicates masked numbers. See Technical Note on Page 6 for more information.

Data retrieved from:

California Comprehensive Master Death File 2021 and 2022

Technical Note:

- Drug overdose includes all overdose deaths caused by acute poisonings regardless of intent (e.g., unintentional, intentional, assault, or undetermined). Overdose deaths involving fentanyl and fentanyl analogs were identified using a text search algorithm. For more information on the data definitions please visit the <u>California Overdose Surveillance Dashboard</u>.
- As required by the California Health and Human Services, Data De-Identification Guidelines (DDG), Version 1.0, (September 23, 2016), small numbers may be masked to prevent potential identification. In the case of county breakdowns in Table 2 (Page 5), cells are masked when the number of deaths and the resident population are small.

Limitations:

- This report identifies Veteran status based on responses to a single item on the death certificate ("ever in United States Armed Forces?"). Thus, responses to this item include both current and former service members. This definition of Veteran status may differ from other definitions that exclusively include individuals who have been activated for federal military service and are not in service at the time of death. The Veteran status information on death certificates may be inaccurate if those completing the form (e.g., Coroners, Funeral Homes) did not have sufficient information on the decedent's history.
- Rates were not calculated because CDPH does not have estimates on the underlying population of Californians by demographic group who have served in the U.S. Armed Forces.
- Data are compiled from limited information on death certificates in the California Comprehensive Master Death Files produced by CDPH's Center for Health Statistics and Informatics.

About the Overdose Prevention Initiative (OPI):

OPI works on the complex and changing nature of the drug overdose epidemic through prevention and research activities. This initiative aims to advance and amplify CDPH's unified response to reduce the harms from substance misuse and end the evolving drug overdose crisis in California through increased information sharing, policy development, and implementation of its seven core strategies: 1) improve CDPH and state agency coordination, 2) improve state and local surveillance, 3) support individual and community resiliency by addressing upstream drivers of health, 4) increase public awareness and education, 5) expand naloxone access, saturation, and education, 6) promote harm reduction and drug checking services, and 7) promote treatment and reduce stigma.

Suggested Reference

Simon SG, Demeter NE, Pinsker EA. Drug-Related Overdose Deaths among Veterans in California, 2021–2022. Sacramento, CA: California Department of Public Health, December 2023.

References

1. U.S. Census Bureau. (2022). California Population 2022 [Data]. QuickFacts. https://www.census.gov/quickfacts/CA