



# Overdose and Suicide Fatality Reporting, 2022



**Indiana  
Department  
of  
Health**





Eric J. Holcomb  
Governor

Lindsay M. Weaver, MD, FACEP  
State Health Commissioner

Dec. 11, 2023

Dear Public Health Partner:

Reducing the burden of overdose and suicide continues to be a priority for the State of Indiana. We are pleased that Indiana experienced a slight decline in overdose and suicide deaths in 2022. Additionally, preliminary overdose data for 2023 indicates that the trend is continuing after years of record deaths caused by overdose, compounded by the onset of the COVID-19 pandemic and the emergence of illicit fentanyl.

While this is a sign of progress, we know there is still much work to do. The state is addressing these issues on multiple fronts, led by the Office of Drug Prevention, Treatment and Enforcement and the Next Level Recovery initiative, which recognizes that people with substance use disorder (SUD) have a disease and recovery involves support, respect, and growth in the community and the individual. The ongoing prevention, treatment, and enforcement efforts require a collaborative approach among multiple partners including the Family and Social Services Administration, other state agencies, first responders, health care, and local organizations, all with a shared mission of connecting Hoosiers to prevention and treatment services.

Some key highlights include:

- Continued utilization of the 1115 Medicaid waiver which provides access to a full range of substance use disorder treatment.
- Expansion of three new treatment centers adding ninety-eight beds to increase capacity for residential treatment beds across the state.
- Overdose response planning and implementation through expansion of ten harm reduction street outreach teams.
- Distributed approximately \$25 million opioid settlement funds to support evidence-based prevention, treatment, recovery and harm reduction services, expand behavioral health workforce and implement other services and initiatives across the state.
- Detection of increased overdose activity and identifying hot spots through data collection and analysis, which are then used to inform local partners for response and intervention.

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

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- Data analysis of unintentional drug overdoses to provide insight into the circumstances surrounding overdose deaths, which also informs local prevention efforts.
- Expanding efforts with coroner offices and harm reduction programs to examine drug paraphernalia to determine the prevalence of substances and inform community partners.
- Distribution of naloxone and provision of training and education to enable first responders, local health departments and other non-traditional partners to effectively administer life-saving medication.
- Launch of the 988 Suicide and Crisis Lifeline, which offers direct connection to specialists who are trained in suicide and crisis prevention.
- Partnership for the Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their families with focus on prevention, intervention and postvention.

We must continue to monitor and analyze data trends to inform state and local programming and prevention efforts. It is crucial to build on existing partnerships and collaboration to raise awareness, reduce stigma, and support those impacted by substance use disorder and at risk for suicide. Continued efforts to address the challenges associated with overdose and suicide will require all of us working together which will make it possible for more Hoosiers to get the treatment they need, find recovery, and ultimately improve the overall health of Indiana.

Sincerely,

A handwritten signature in black ink that reads "Lindsay Weaver".

Lindsay Weaver, M.D., FACEP  
State Health Commissioner

A handwritten signature in black ink that reads "Douglas W. Huntsinger".

Douglas W. Huntsinger  
Executive Director for Drug Treatment, Prevention, and Enforcement  
Chairman, Indiana Commission to Combat Substance Use Disorder

A handwritten signature in black ink that reads "Daniel Rusyniak".

Daniel Rusyniak, M.D.  
Secretary, Indiana Family and Social Services Administration

Overdose and suicide continue to be leading causes of death both nationally and in Indiana. The purpose of this report is to describe the burden of overdose and suicide in Indiana in 2022 with consideration for (1) county, (2) incident month, (3) sex, race and age, (4) weapon type, and (5) veteran status in order to inform prevention efforts.

In 2022, 1,136 individuals died by suicide and 2,558 individuals died by overdose in Indiana. Compared to 2021, the number of overdose and suicide deaths both slightly declined. However, Indiana's rates of suicide and overdose are above the national averages, 14.1 per 100,000 and 32.4 per 100,000, respectively, and the goals outlined in Healthy People 2030 (Office of Disease Prevention and Health Promotion, 2023).

Generally, rural counties in Indiana in 2022 had higher rates of suicide and overdose deaths, which could be partly attributable to the presence of less prevention and harm reduction programs in the community (Indiana Department of Health, Drug Overdose Dashboard, 2023).

The overdose crisis in Indiana is primarily driven by illicit fentanyl, its analogs, and methamphetamine. Nationally, fentanyl is the most common drug involved in fatal overdoses ( $\approx 66.6\%$ ), followed by psychostimulants, including methamphetamine ( $\approx 30.7\%$ ) (National Institute on Drug Abuse, 2023). Overdose affects people of all ages, genders, races, ethnicities, and backgrounds, though people aged 35-54 and Black individuals have the highest rates according to 2022 Vital Records data. The rate of fatal overdose for people aged 35-54 in Indiana in 2022 was 70.95 per 100,000, and the rate of fatal overdose for Black individuals was 64.61 per 100,000 – nearly double the 35.52 per 100,000 rate of white individuals. 6.94% of all overdose deaths in 2022 were among people who had ever served in the armed forces according to Vital Records data. Moreover, males in 2022 in Indiana had a higher rate of overdose death than females – 50.83 per 100,000 compared to 24.20 per 100,000.

Males in Indiana were also found to be four times as likely as females to die by suicide with a rate of 27.54 per 100,000. Contrary to overdose, white individuals had the highest rate of suicide in Indiana in 2022 at 17.66 per 100,000. 7.13% of suicide deaths in 2022 in Indiana were among people who had served in the armed forces according to Vital Records data. Firearms were used as the lethal weapon in 61% of suicide deaths in Indiana in 2022 compared to 60% in 2021.

To obtain the Healthy People 2030 target suicide rate of 12.8 per 100,000 and the target overdose rate of 20.7 per 100,000, it is important to continue and expand prevention and surveillance efforts and cross-sector partnerships in Indiana.

Death certificate data are used for surveillance of deaths to better inform prevention strategies. The underlying cause of death is the disease or injury that initiated the events leading to death while the contributing causes of death are diseases or injuries that contributed to the fatal outcome. The mortality dataset is collected by the IDOH Division of Vital Records and provided by the IDOH Office of Data Analytics. The IDOH Division of Trauma and Injury Prevention analyzes the dataset to identify suicide and overdose deaths among Indiana residents. The identified suicide and overdose deaths are based on ICD-10 codes derived from the death certificate information provided by the county’s coroner or medical examiner. For the purposes of this report, the ICD-10 codes associated with suicide deaths are X60-X84 and Y87.0 and unintentional overdose deaths are X40-X44 and Y10-Y14 (Injury Prevention and Control, 2023).

Additionally, the DTIP utilizes the National Violent Death Reporting System (NVDRS) and the State Unintentional Drug Overdose Reporting System (SUDORS) to gather more in-depth information about suicide and overdose deaths. These datasets are created using the Vital Record death certificate information, and other data sources, such as: Law Enforcement reports, Coroner/Medical Examiner Reports, and Toxicology findings.

Rates based on counts fewer than 20 are considered unstable and should be interpreted with caution.

Table 1. Definitions for Vital Statistics Mortality Data

<b>Definition</b>	<b>Underlying Cause of Death ICD-10 Codes</b>
<b>Suicide</b>	X60-X84, Y87.0
<b>By Poisoning</b>	X60-X69
<b>By Suffocation</b>	X70
<b>By Drowning</b>	X71
<b>By Firearm</b>	X72-X74
<b>Other Specified, Classifiable</b>	X75, X81
<b>By Fire or Hot Object/Substance</b>	X76-X77
<b>By Cut or Pierce</b>	X78
<b>By Struck By or Against</b>	X79
<b>By Fall</b>	X80
<b>By All Transport</b>	X82

<b>Unspecified</b>	<b>X83, Y87.0, X84</b>
<b>Unintentional Overdose/Poisoning</b>	X40-X44, Y10-Y14
Accidental poisoning by drugs	X40-X44
Drug poisoning of undetermined intent	Y10-Y14

## FATALITIES BY COUNTY OF RESIDENCE

Data is reported from the county of residence of the decedent similar to the online Indiana Overdose Dashboard which can be viewed here: <https://www.in.gov/health/overdose-prevention/data/indiana/>. This may or may not be where the death occurred. Note: numbers on the dashboard may vary depending on intentional or unintentional poisoning deaths. All rates are per 100,000 persons. All rates that are unstable are denoted with a "U". Counties with an ↑ or ↓ denote a *statistically significant* (p-value < 0.05) increase or decrease of the rate from the previous year. For example, Bartholomew County had a suicide death count under 20 in 2022, meaning their rate is unstable. However, the rate is still showing a statistically significant decrease from the previous year.

Table 2. Number and Rate of Suicide and Overdose Deaths by County

County Name	Number of Suicide Deaths in 2022**	Crude Rate of Suicide Deaths in 2022	Number of Unintentional Overdose Deaths in 2022***	Crude Rate of Unintentional Overdose Deaths in 2022
<b>Adams</b>	1	U	6	16.64
<b>Allen</b>	60	15.33	130	33.21
<b>Bartholomew</b>	4	U ↓	45	53.87 ↑
<b>Benton</b>	1	U	0	0.00
<b>Blackford</b>	6	50.34	4	U
<b>Boone</b>	9	12.14	13	17.53
<b>Brown</b>	10	64.23 ↑	6	38.54
<b>Carroll</b>	4	U	3	U
<b>Cass</b>	10	26.64	16	42.62 ↑
<b>Clark</b>	21	16.90	50	40.25
<b>Clay</b>	7	26.54	3	U
<b>Clinton</b>	6	18.27	15	45.67
<b>Crawford</b>	2	U	7	66.44

<b>Daviess</b>	3	U	4	U
<b>Dearborn</b>	10	19.55	12	23.47
<b>Decatur</b>	5	18.93	8	30.28
<b>DeKalb</b>	9	20.58	3	U
<b>Delaware</b>	24	21.42	56	49.99 ↓
<b>Dubois</b>	8	18.34	2	U
<b>Elkhart</b>	29	14.02	29	14.02
<b>Fayette</b>	5	21.41	14	59.96
<b>Floyd</b>	10	12.39	35	43.36
<b>Fountain</b>	4	U	2	U
<b>Franklin</b>	5	21.71	2	U
<b>Fulton</b>	8	39.36	1	U ↓
<b>Gibson</b>	10	30.31	3	U
<b>Grant</b>	8	12.12	44	66.64
<b>Greene</b>	6	19.35	6	19.35
<b>Hamilton</b>	38	10.41	50	13.7
<b>Hancock</b>	13	15.65	21	25.28
<b>Harrison</b>	11	27.60	16	40.15
<b>Hendricks</b>	23	12.60	35	19.17
<b>Henry</b>	7	14.31	11	22.49
<b>Howard</b>	25	29.91	40	47.86
<b>Huntington</b>	6	16.29	12	32.58
<b>Jackson</b>	8	17.28	14	30.24
<b>Jasper</b>	9	27.04	7	21.03
<b>Jay</b>	4	U	8	39.61
<b>Jefferson</b>	2	U	9	27.32
<b>Jennings</b>	2	U	17	61.74
<b>Johnson</b>	23	13.87	59	35.59
<b>Knox</b>	6	16.76	3	U
<b>Kosciusko</b>	6	7.42	21	25.98
<b>LaGrange</b>	2	U	4	U
<b>Lake</b>	70	14.01	165	33.02
<b>LaPorte</b>	22	19.70	49	43.88
<b>Lawrence</b>	7	15.48	14	30.96
<b>Madison</b>	23	17.46	75	56.93 ↑
<b>Marion</b>	147	15.16	664	68.49

<b>Marshall</b>	10	21.58	16	34.53
<b>Martin</b>	1	U	0	0
<b>Miami</b>	8	22.43	14	39.24
<b>Monroe</b>	17	12.17	56	40.07
<b>Montgomery</b>	6	15.68	11	28.74
<b>Morgan</b>	10	13.84	32	44.30
<b>Newton</b>	2	U	3	U
<b>Noble</b>	12	25.33	11	23.22
<b>Ohio</b>	0	0.00	2	U
<b>Orange</b>	3	U	4	U
<b>Owen</b>	6	27.93	7	32.59
<b>Parke</b>	1	U	3	U
<b>Perry</b>	2	U	1	U
<b>Pike</b>	4	U	1	U
<b>Porter</b>	24	13.73	38	21.74
<b>Posey</b>	8	31.92	7	27.93
<b>Pulaski</b>	2	U	8	64.08
<b>Putnam</b>	8	21.45	3	U ↓
<b>Randolph</b>	5	20.46	13	53.20
<b>Ripley</b>	7	24.07	6	20.63
<b>Rush</b>	1	U	1	U
<b>St. Joseph</b>	42	15.43	90	33.06
<b>Scott</b>	3	U	14	56.94
<b>Shelby</b>	7	15.56	20	44.45
<b>Spencer</b>	5	25.04	2	U
<b>Starke</b>	5	21.50	16	68.79
<b>Steuben</b>	8	23.04	4	U
<b>Sullivan</b>	6	29.03	3	U
<b>Switzerland</b>	1	U	3	U
<b>Tippecanoe</b>	21	11.13	43	22.79
<b>Tipton</b>	5	32.55	6	39.06
<b>Union</b>	1	U	4	U
<b>Vanderburgh</b>	38	21.14	64	35.61
<b>Vermillion</b>	4	U	2	U
<b>Vigo</b>	27	25.47	29	27.36

<b>Wabash</b>	9	29.19	10	32.44
<b>Warren</b>	0	0.00 (None)	1	U
<b>Warrick</b>	10	15.34	8	12.27
<b>Washington</b>	6	21.26	13	46.06
<b>Wayne</b>	10	15.09	42	63.37
<b>Wells</b>	1	U ↓	5	17.65
<b>White</b>	6	24.39	3	U
<b>Whitley</b>	1	U	8	23.10
<b>INDIANA</b>	<b>1092</b>	<b>16.63</b>	<b>2440</b>	<b>37.44 ↓</b>

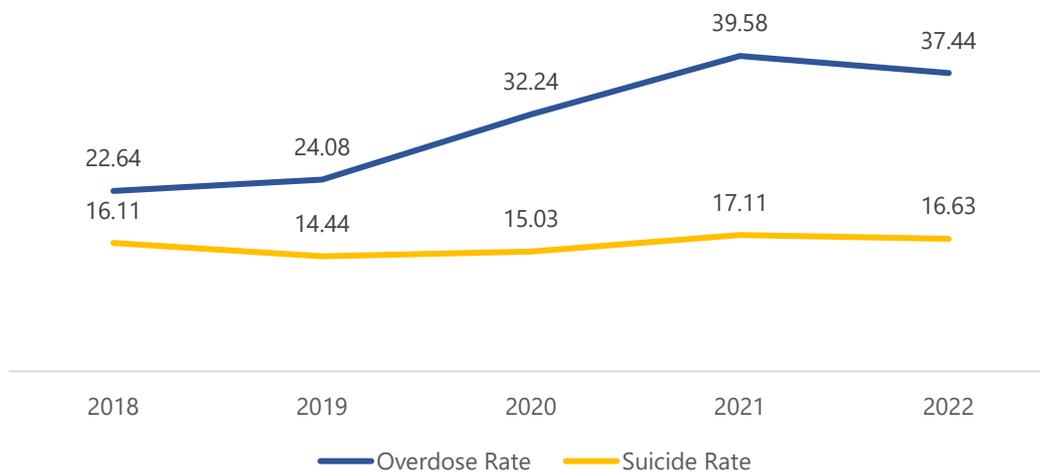
\*\* missing 44 decedents with county of residence

\*\*\* missing 118 decedents with county of residence

## KEY HIGHLIGHTS

- The state suicide rate **decreased 2.8%** from 2021-2022, which equates to a 2.4% decrease in the number of suicide deaths.
- The state overdose rate **decreased 5.4%** from 2021-2022, which equates to a 5.05% decrease in the number of overdose deaths.

Figure 1. Comparing Indiana Unintentional Overdose and Suicide Rates Over Time.





## FATALITIES BY MONTH OF DEATH

Date of death is reported from the death certificate submitted by the county coroners.

Figure 4. Frequency/Number of Unintentional Overdose Deaths by Month

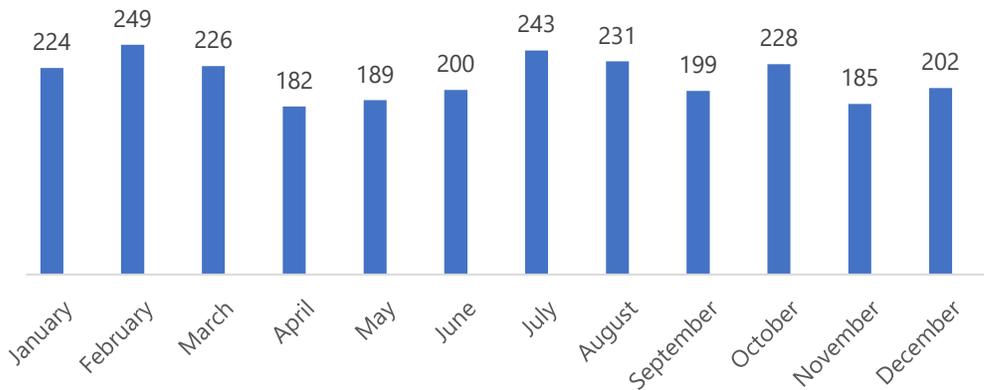
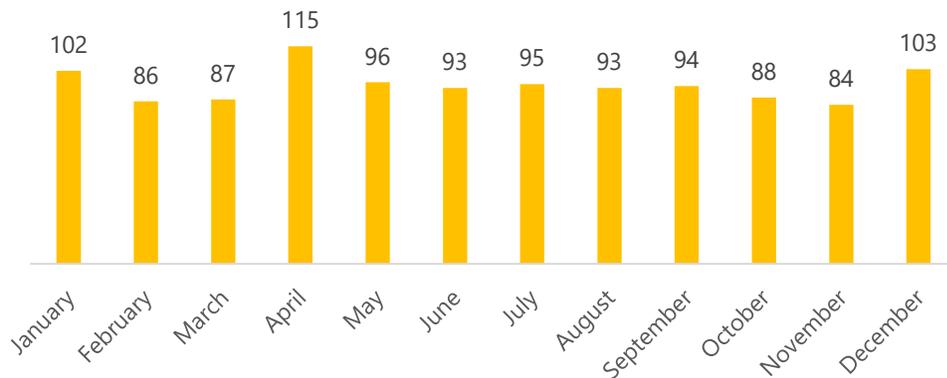


Figure 5. Frequency/Number of Suicide Deaths by Month



### KEY HIGHLIGHTS

- February, July, and August had the **highest overdose death count**
- January, May, and December had the **highest suicide death count**
- October saw an **increase** in both suicide and overdose deaths from 2021-2022.

## FATALITIES BY DEMOGRAPHICS

Death certificate submitted by the county coroner's denotes age, sex, and race. All rates are per 100,000 persons.

Figures 6 and 7. Number and Rate of Unintentional Overdose Deaths by Age

Figure 6.

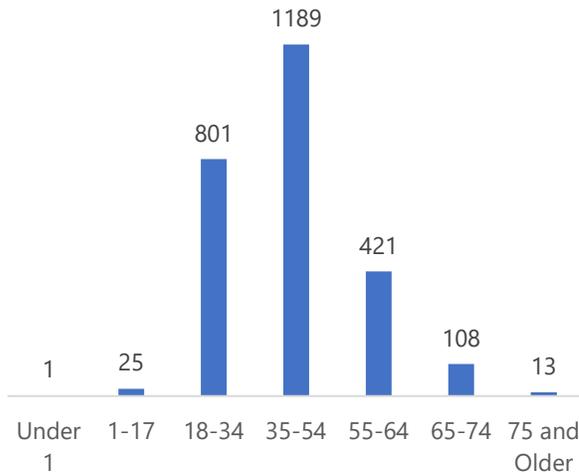
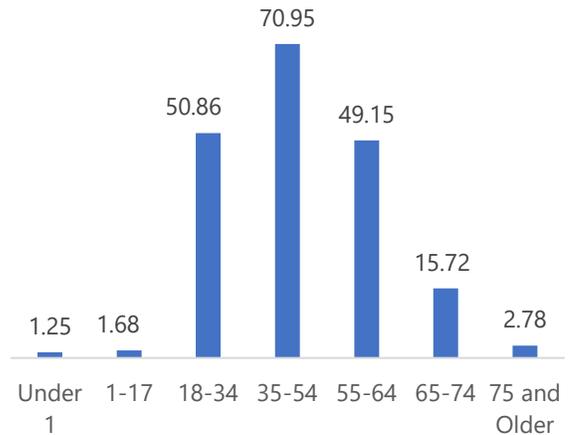


Figure 7.



Figures 8 and 9. Number and Rate of Unintentional Overdose Deaths by Race

Figure 8.

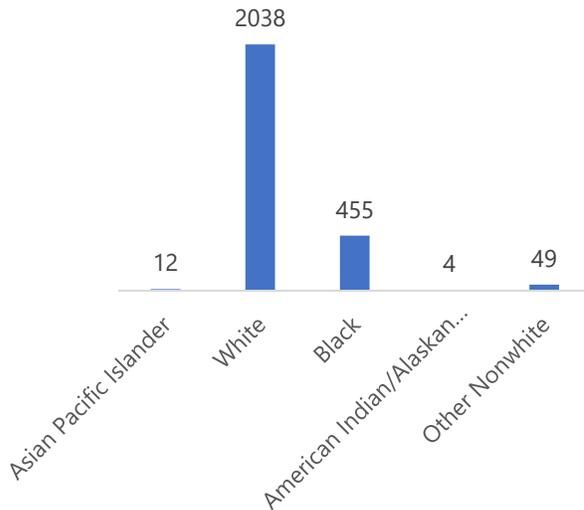


Figure 9.

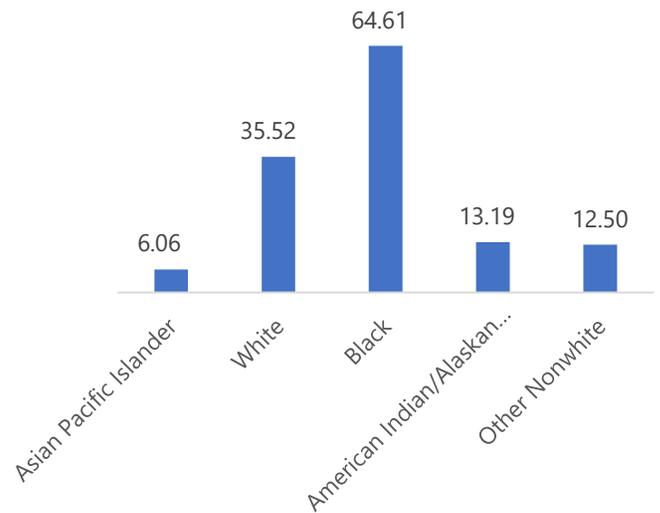


Table 3. Number and Rate of Unintentional Overdose Deaths by Sex

Sex	Number of Unintentional Overdose Deaths in 2022	Crude Rate of Unintentional Overdose Deaths in 2022
Female	832	24.20
Male	1726	50.83

### KEY HIGHLIGHTS

- 35-54 year olds experienced a **decrease** in their overdose death rate from 2021-2022.
- Both male and female overdose rates **decreased** from 2021-2022.

Figures 10 and 11. Number and Rate of Suicide Deaths by Age

Figure 10.

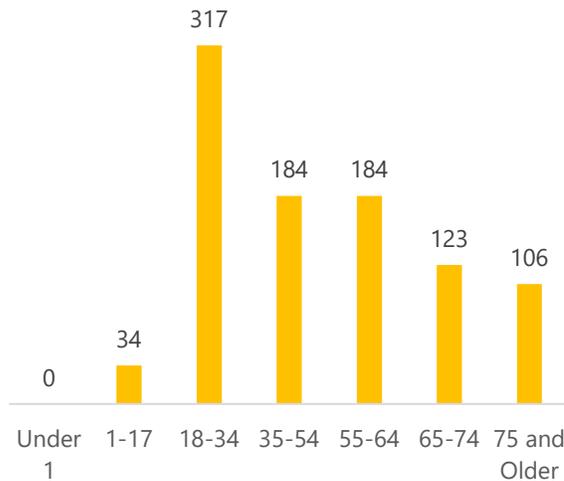
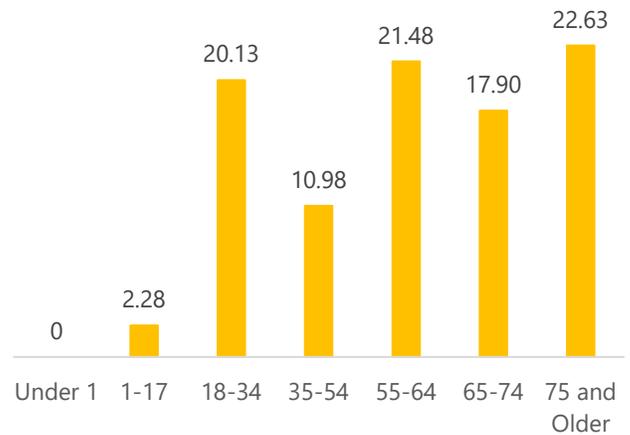


Figure 11.



Figures 12 and 13. Number and Rate of Suicide Deaths by Race

Figure 12.

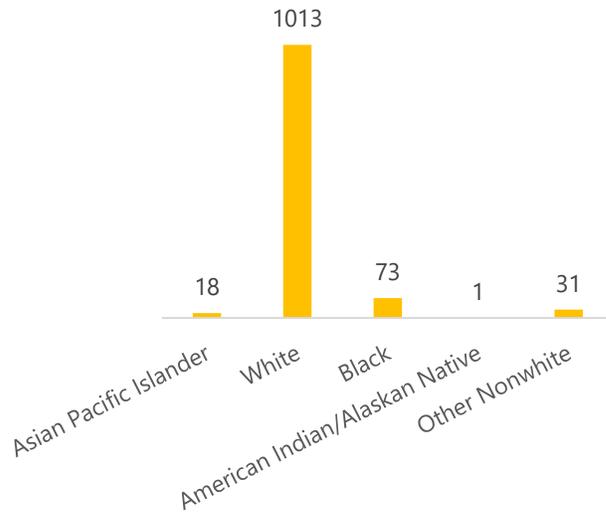


Figure 13.

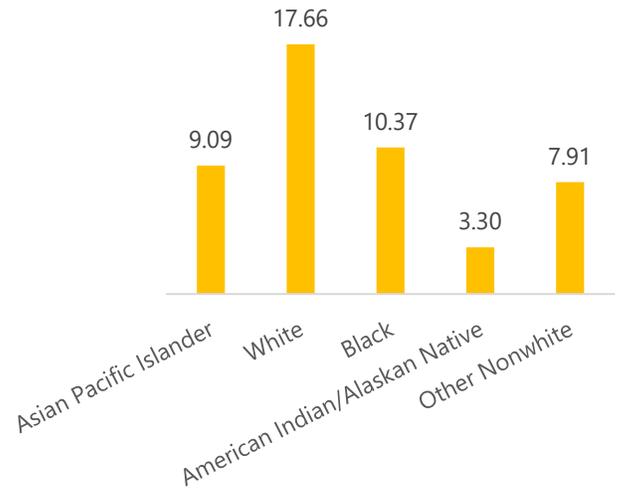


Table 4. Number and Rate of Suicide Deaths by Sex

Sex	Number of Suicide Deaths in 2022	Crude Rate of Suicide Deaths in 2022
Female	201	5.86
Male	935	27.54

### KEY HIGHLIGHTS

- 35-54 year olds had a **50% decrease** in suicide rate from 2021-2022.
- 55 and older ages had an **increase** in suicide rate from 2021-2022.
- The male suicide rate **increased 2.3%** from 2021-2022.

## FATALITIES BY METHOD

Data is reported from the State Unintentional Drug Overdose Reporting System (SUDORS) which records the class and name of substances found in the victim at the time of death and the Indiana Violent Death Reporting System (INVDRS) which records the type of weapon used for suicide deaths.

Figure 14. Substances Present at Time of Death in Overdose Decedents

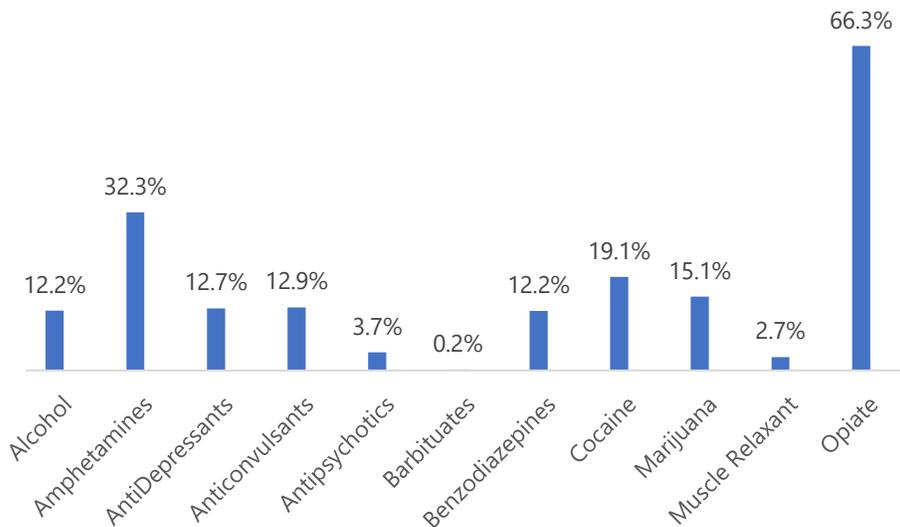


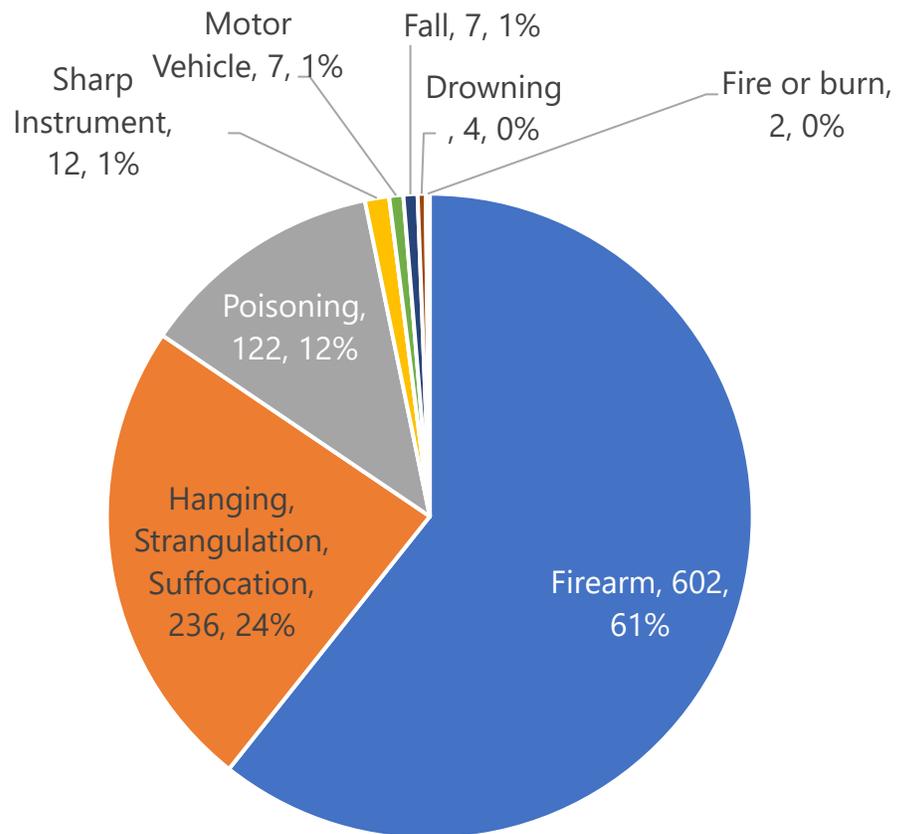
Table 5. Top 5 Substances Found in Overdose Death Decedents in 2022

Substance Name	Number of Overdoses
<b>Fentanyl</b>	1140
<b>4-ANPP/despropionylfentanyl/4-anilino-N</b>	873
<b>Methamphetamine</b>	730
<b>Norfentanyl</b>	430
<b>Amphetamine</b>	368

### KEY HIGHLIGHTS

- 4-anpp (fentanyl precursor) and norfentanyl (fentanyl metabolite) jumped methamphetamine in 2022 top five.
- Other drugs of interest: acetylfentanyl, delta-9-thc and its metabolites, fluorofentanyl.

Figure 15. Method Type used in Suicide Death, Number of Suicide Deaths



### KEY HIGHLIGHTS

- The leading method type for **females** is **poisoning**.
- The leading method type for **males** is **firearm**.

## FATALITIES BY VETERAN STATUS

Veteran status is denoted on death certificates as Armed Forces. Due to this being self-reported, the actual number of veteran deaths may be undercounted. Future reports will include a reconciliation of veteran status with the Indiana Department of Veterans Affairs.

Table 6. Veteran Status for Overdose and Suicide Death Decedent

Death Manner	Number of Veteran Deaths	Percentage of Decedents that Identify as Veteran
Overdose	116	4.53%
Suicide	205	18.05%

## KEY HIGHLIGHTS

- The number of veterans that overdosed **decreased 39%** from 2021-2022.
- The number of veterans that died by suicide **increased 28%** from 2021-2022.
- **Firearms** accounted for **78.7%** of veteran suicide deaths.

## ACKNOWLEDGEMENTS

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Eldon Whetstone, JD – Assistant Commissioner, Health and Human Services

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Peter Krombach – Director, Office of Data and Analytics

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Rachel Ragland, MPH – Epidemiologist, Vital Records

Caitlyn Short, MPH – Suicide and Overdose Fatality Review Program Manager

Allison Lake, MPH, CHES – Epidemiologist, Division of Trauma and Injury Prevention

Abigail DeSantis – Data Visualization Lead, Office of Data and Analytics

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