



Public Health Division
Center for Health Statistics

2024

Oregon Death with Dignity Act

Data Summary



Acknowledgments

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Executive summary

The Oregon Death with Dignity Act (DWDA; Oregon Revised Statutes 127.800–127.995) 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 2024, 607 people were reported to have received prescriptions under the DWDA. As of January 25, 2025, OHA had received reports of 376 people who died in 2024 from ingesting the prescribed medications, including 43 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 (83%) and white (92%). The most common diagnosis was cancer (57%), followed by neurological disease (15%) and heart disease (11%). OHA made no referrals to the Oregon Medical Board for failure to comply with DWDA reporting requirements.

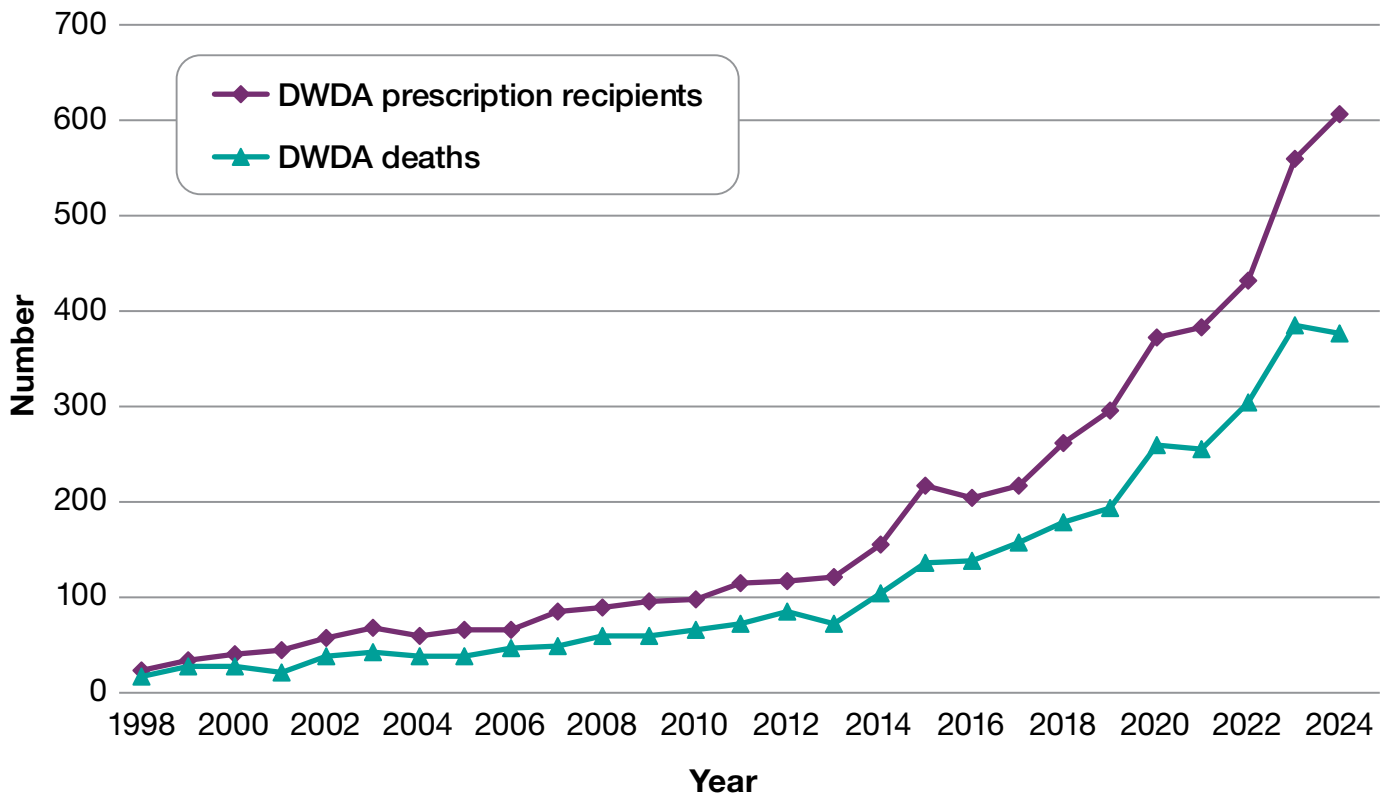
Introduction

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 25, 2025. 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,* Oregon, 1998–2024



* As of January 25, 2025. See [Table 2](#) for detailed information. Since 2023, non-residents can also receive prescriptions.

Participation summary and trends

During 2024, 607 people received prescriptions for lethal doses of medications under the provisions of the Oregon DWDA, compared to 561 reported during 2023 ([Figure 1](#)). As of January 25, 2025, OHA had received reports of 376 people who died during 2024 from ingesting the medications prescribed under the DWDA, a slight decrease from 386 in 2023. Of these deaths, 23 patients (6% of DWDA deaths) had outlived their prognosis – that is, lived more than six months after receiving their prescription.

Since the law was passed in 1997, a total of 4,881 people have received prescriptions under the DWDA and 3,243 people (66%) have died from ingesting the medications. During 2024, DWDA deaths accounted for an estimated 0.9% of total deaths in Oregon.*

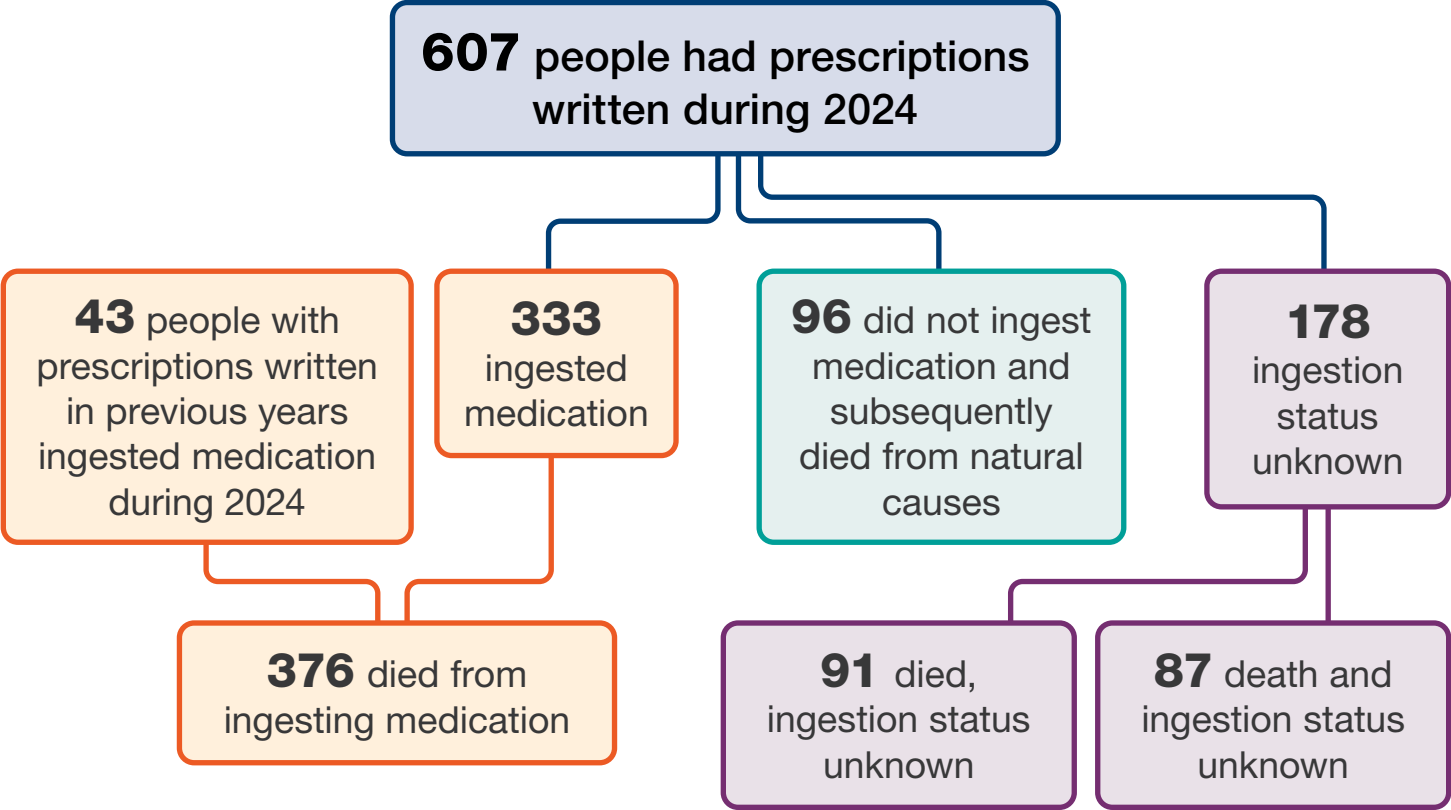
In 2023, the Act was amended to remove the residency requirement for patients receiving medical aid in dying. To track the number of prescriptions written for patients living outside of Oregon, OHA began collecting basic residence information (resident vs. non-resident) for each patient at the time the prescription was received.† In 2024, 23 prescription recipients (4%) lived outside of Oregon, a slight decrease from 29 (5%) in 2023.

Figure 2 shows a summary of DWDA prescriptions written and medications ingested. Of the 607 patients for whom prescriptions were written during 2024, 333 (55%) died from ingesting the medication. An additional 96 (16%) did not take the medications and later died of other causes. At the time of reporting, ingestion status was unknown for 178 patients (29%). Of these, 91 patients have died but follow-up information is not yet available. For the remaining 87 patients, both death and ingestion status are not yet known ([Figure 2](#)).

* The percentage of total deaths is calculated using the total number of deaths occurring in Oregon during 2023 (42,592), the most recent year for which final death data are available.

† Previously, residence information was collected from the patient's death certificate. However, for patients who die outside of Oregon and are not Oregon residents, OHA has no way to obtain notice of those deaths.

Figure 2: Summary of DWDA prescriptions written and medications ingested in 2024, as of January 25, 2025



Patient characteristics

[Table 1](#) shows the characteristics and end-of-life care for 2024 DWDA deaths, updated data for 2023 DWDA deaths, combined data for 1998–2022 DWDA deaths, and total DWDA deaths. Of the 376 DWDA deaths during 2024, most patients were white (92%), and most (83%) were aged 65 years or older, with a median age of 75 years. Just over half of patients were male (53%), and just under half had a bachelor’s degree or higher (45%). Patients’ most common underlying illness was cancer (57%), followed by neurological disease (15%) and heart disease (11%).

Most patients died at home (83%), and most were enrolled in hospice care (92%). Excluding unknown cases, all patients had some form of health insurance. The percentage of patients with private insurance increased slightly from 2023 (from 21% to 23%), while patients with Medicare or Medicaid insurance saw a slight decrease (from 79% to 77%).

As in previous years, the three most frequently reported end-of-life concerns were loss of autonomy (89%), decreasing ability to participate in activities that made life enjoyable (88%), and loss of dignity (64%).

DWDA process

A total of 135 physicians wrote 607 prescriptions during 2024. The number of prescriptions per physician ranged from 1 to 84, with 69% of physicians writing only one or two prescriptions. The number of attending physicians has increased most years ([Table 2](#)), but decreased noticeably from 2023 to 2024 (from 168 to 135). Just under half of attending and consulting physicians practiced in the Portland metropolitan area (46% and 48%, respectively), while fewer than 30% practiced in the other northwestern counties ([Table 3](#)). Three patients were referred for psychological or psychiatric evaluation. During 2024, no physicians were referred by OHA to the Oregon Medical Board for failure to comply with DWDA reporting requirements.

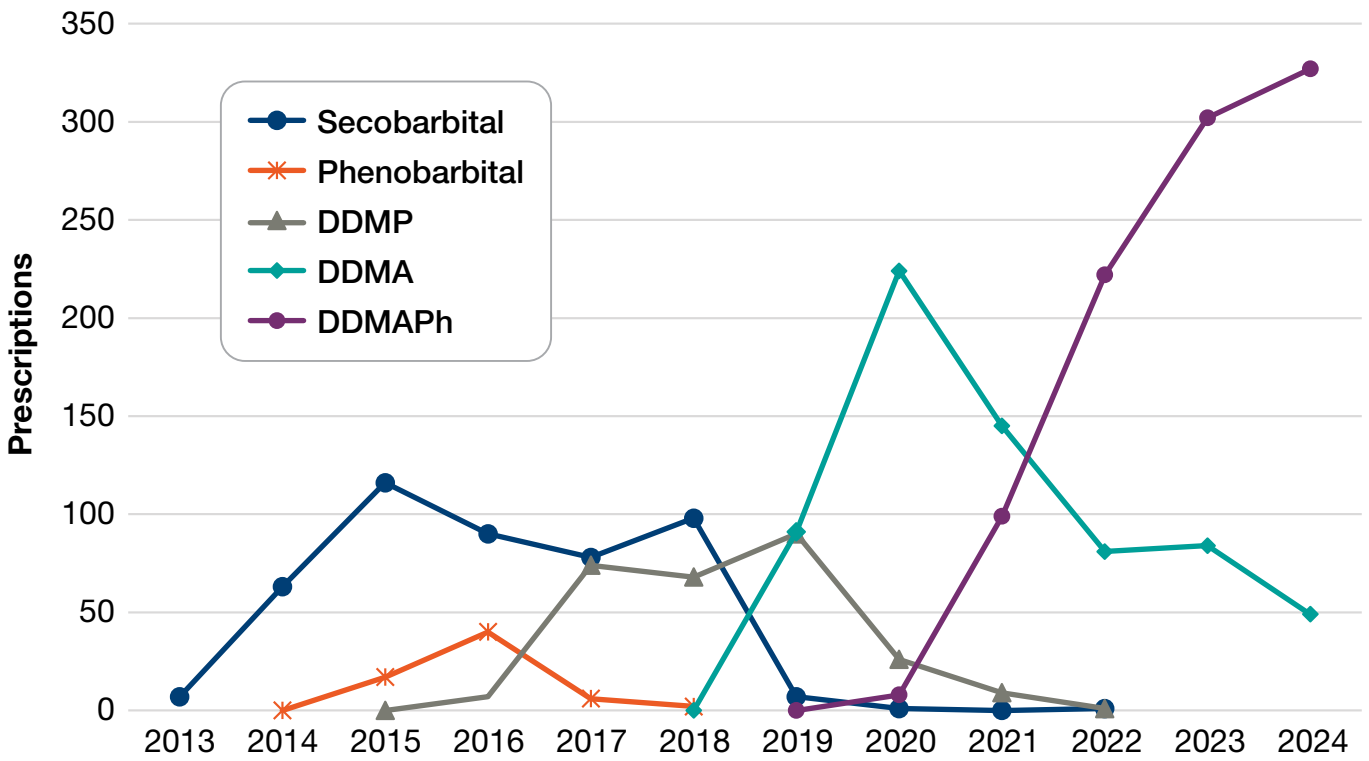
Since 2020, the DWDA provides an exemption to the statutory waiting periods for patients expected to live fewer than 15 days after the time of their first oral request for medication. In 2024, 179 patients (29% of DWDA prescription recipients) were granted exemptions.

Prescribing physicians were present at time of death for 59 (16%) of the patients who ingested DWDA medications. Seventy-three patients (19%) had other health care providers present, and volunteers were present for 85 deaths (23%). Data on time from ingestion to death are available for 261 DWDA deaths (69%) during 2024.* Among those patients, time from ingestion until death ranged from seven minutes to 26 hours, with a median time of 53 minutes ([Table 1](#)).

The medications prescribed to DWDA patients in recent years are shown in [Figure 3](#) below (see also [Table 1](#)). Almost all prescriptions in the last four years were for one of two drug combinations: DDMA or DDMAPh. Both combinations contain diazepam, digoxin, morphine sulfate, and amitriptyline. The second drug combination – DDMAPh – also includes phenobarbital. Physicians sometimes prescribed high-dose DDMAPh, which increases the amount of phenobarbital or diazepam. DDMAPh has come to be the preferred drug combination and was used in 87% of DWDA ingestions during 2024. The remainder of ingestions used the DDMA combination.

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

Figure 3: Medication used in DWDA ingestions, 2013-2024*



* See [Table 4](#) footnotes for definitions of the drug combination abbreviations.

[Table 4](#) shows the duration from ingestion to death by medication prescribed for all known cases. Median time until death was slightly shorter after DDMAPh (48 minutes, regular dose and high dose combined) than after DDMA (51 minutes). All drug combinations have shown longer median times until death than the barbiturates secobarbital and pentobarbital, which are no longer readily available.

Data tables

Table 1. Characteristics and end-of-life care of 3,243 DWDA patients who have died from ingesting a lethal dose of medication as of January 25, 2025, Oregon, 1998–2024

Characteristics	2024		2023		1998–2022		Total	
	(N=376)		(N=386)		(N=2,481)		(N=3,243)	
Sex								
Male	200	(53.2)	216	(56.0)	1,305	(52.6)	1,721	(53.1)
Female	176	(46.8)	170	(44.0)	1,176	(47.4)	1,522	(46.9)
Age								
18–34	2	(0.5)	1	(0.3)	13	(0.5)	16	(0.5)
35–44	9	(2.4)	7	(1.8)	41	(1.7)	57	(1.8)
45–54	15	(4.0)	18	(4.7)	135	(5.4)	168	(5.2)
55–64	37	(9.8)	42	(10.9)	401	(16.2)	480	(14.8)
65–74	107	(28.5)	122	(31.6)	759	(30.6)	988	(30.5)
75–84	118	(31.4)	122	(31.6)	707	(28.5)	947	(29.2)
85+	88	(23.4)	74	(19.2)	425	(17.1)	587	(18.1)
Median years (range)	75	(21–101)	75	(29–102)	73	(25–102)	73	(21–102)
Race and ethnicity								
White	345	(91.8)	361	(93.5)	2,385	(96.3)	3,091	(95.5)
African American	1	(0.3)	2	(0.5)	2	(0.1)	5	(0.2)
American Indian	3	(0.8)	2	(0.5)	6	(0.2)	11	(0.3)
Asian	12	(3.2)	8	(2.1)	37	(1.5)	57	(1.8)
Pacific Islander	0	(0.0)	1	(0.3)	1	(0.0)	2	(0.1)
Other	4	(1.1)	2	(0.5)	6	(0.2)	12	(0.4)
Two or more races	1	(0.3)	2	(0.5)	9	(0.4)	12	(0.4)
Hispanic (any race)	10	(2.7)	8	(2.1)	30	(1.2)	48	(1.5)
<i>Unknown</i>	0		0		5		5	
Marital status								
Married (including Registered Domestic Partner)	149	(39.9)	173	(44.9)	1,137	(46.1)	1,459	(45.2)
Widowed	88	(23.6)	80	(20.8)	525	(21.3)	693	(21.5)
Never married	30	(8.0)	23	(6.0)	203	(8.2)	256	(7.9)
Divorced	106	(28.4)	109	(28.3)	603	(24.4)	818	(25.4)
<i>Unknown</i>	3		1		13		17	
Education								
8th grade or less	2	(0.5)	10	(2.6)	29	(1.2)	41	(1.3)
9th–12th grade, no diploma	11	(3.0)	9	(2.3)	94	(3.8)	114	(3.5)

Characteristics	2024		2023		1998–2022		Total	
	(N=376)		(N=386)		(N=2,481)		(N=3,243)	
High school graduate/GED	103	(27.8)	92	(23.9)	534	(21.7)	729	(22.7)
Some college	62	(16.8)	76	(19.7)	494	(20.1)	632	(19.7)
Associate degree	24	(6.5)	19	(4.9)	210	(8.5)	253	(7.9)
Bachelor's degree	79	(21.4)	83	(21.6)	589	(23.9)	751	(23.4)
Master's degree	52	(14.1)	63	(16.4)	331	(13.4)	446	(13.9)
Doctorate or professional degree	37	(10.0)	33	(8.6)	180	(7.3)	250	(7.8)
<i>Unknown</i>	6		1		20		27	
Residence county / region²								
Clackamas	38	(10.1)	37	(9.6)	239	(9.7)	314	(9.7)
Deschutes	34	(9.0)	22	(5.7)	129	(5.2)	185	(5.7)
Jackson	19	(5.1)	24	(6.2)	163	(6.6)	206	(6.4)
Lane	39	(10.4)	47	(12.2)	265	(10.7)	351	(10.9)
Marion	25	(6.6)	23	(6.0)	221	(8.9)	269	(8.3)
Multnomah	65	(17.3)	72	(18.7)	553	(22.4)	690	(21.3)
Washington	40	(10.6)	37	(9.6)	255	(10.3)	332	(10.3)
Other northwest counties	53	(14.1)	57	(14.8)	374	(15.1)	484	(15.0)
Other southern counties	30	(8.0)	26	(6.7)	183	(7.4)	239	(7.4)
Central Oregon/ Columbia Gorge	7	(1.9)	9	(2.3)	45	(1.8)	61	(1.9)
Eastern Oregon	4	(1.1)	7	(1.8)	40	(1.6)	51	(1.6)
Out of state	22	(5.9)	25	(6.5)	3	(0.1)	50	(1.5)
<i>Unknown</i>	0		0		11		11	
End-of-life care								
Hospice								
Enrolled	346	(92.0)	336	(87.0)	2,242	(91.6)	2,924	(91.1)
Not enrolled	30	(8.0)	50	(13.0)	205	(8.4)	285	(8.9)
<i>Unknown</i>	0		0		34		34	
Insurance								
Enrolled	60	(22.6)	60	(20.9)	855	(39.9)	975	(36.2)
Not enrolled	206	(77.4)	227	(79.1)	1,269	(59.2)	1,702	(63.1)
None	0	(0.0)	0	(0.0)	19	(0.9)	19	(0.7)
<i>Unknown</i>	110		99		338		547	
Underlying illness								
Cancer	214	(56.9)	258	(66.8)	1,772	(71.4)	2,244	(69.2)
Lip, oral cavity, and pharynx	8	(2.1)	9	(2.3)	50	(2.0)	67	(2.1)

Characteristics	2024		2023		1998–2022		Total	
	(N=376)		(N=386)		(N=2,481)		(N=3,243)	
Digestive organs	54	(14.4)	86	(22.3)	468	(18.9)	608	(18.7)
<i>Pancreas</i>	11	(2.9)	40	(10.4)	154	(6.2)	205	(6.3)
<i>Colon</i>	9	(2.4)	6	(1.6)	112	(4.5)	127	(3.9)
<i>Other digestive organs</i>	34	(9.0)	40	(10.4)	202	(8.1)	276	(8.5)
Respiratory and intrathoracic organs	35	(9.3)	31	(8.0)	360	(14.5)	426	(13.1)
<i>Lung and bronchus</i>	33	(8.8)	31	(8.0)	339	(13.7)	403	(12.4)
<i>Other respiratory and intrathoracic organs</i>	2	(0.5)	0	(0.0)	21	(0.8)	23	(0.7)
Melanoma and other skin	4	(1.1)	8	(2.1)	49	(2.0)	61	(1.9)
Mesothelial and soft tissue	5	(1.3)	4	(1.0)	47	(1.9)	56	(1.7)
Breast	22	(5.9)	14	(3.6)	156	(6.3)	192	(5.9)
Female genital organs	19	(5.1)	20	(5.2)	139	(5.6)	178	(5.5)
Prostate	18	(4.8)	14	(3.6)	120	(4.8)	152	(4.7)
Urinary tract	10	(2.7)	13	(3.4)	69	(2.8)	92	(2.8)
Eye, brain, central nervous system	10	(2.7)	15	(3.9)	79	(3.2)	104	(3.2)
<i>Brain</i>	9	(2.4)	14	(3.6)	73	(2.9)	96	(3.0)
<i>Eye and central nervous system</i>	1	(0.3)	1	(0.3)	6	(0.2)	8	(0.2)
Thyroid and other endocrine	3	(0.8)	2	(0.5)	8	(0.3)	13	(0.4)
Ill-defined, secondary, and unspecified sites	8	(2.1)	15	(3.9)	64	(2.6)	87	(2.7)
Lymphoma and leukemia	12	(3.2)	15	(3.9)	112	(4.5)	139	(4.3)
Other cancers	6	(1.6)	12	(3.1)	51	(2.1)	69	(2.1)
Neurological disease	57	(15.2)	41	(10.6)	272	(11.0)	370	(11.4)
Amyotrophic lateral sclerosis	22	(5.9)	22	(5.7)	184	(7.4)	228	(7.0)
Other neurological diseases	35	(9.3)	19	(4.9)	88	(3.5)	142	(4.4)
Heart/circulatory disease	43	(11.4)	37	(9.6)	169	(6.8)	249	(7.7)

Characteristics	2024		2023		1998–2022		Total	
	(N=376)		(N=386)		(N=2,481)		(N=3,243)	
Respiratory disease [e.g., COPD]	30	(8.0)	25	(6.5)	158	(6.4)	213	(6.6)
Endocrine/ metabolic disease [e.g., diabetes]	10	(2.7)	10	(2.6)	30	(1.2)	50	(1.5)
Gastrointestinal disease [e.g., liver disease]	6	(1.6)	7	(1.8)	24	(1.0)	37	(1.1)
Infectious disease [e.g., HIV/AIDS]	2	(0.5)	2	(0.5)	16	(0.6)	20	(0.6)
Other illnesses	14	(3.7)	6	(1.6)	40	(1.6)	60	(1.9)
DWDA process								
Outlived 6-month prognosis	23	(6.1)	17	(4.4)	106	(4.3)	146	(4.5)
Referred for psychiatric evaluation	3	(0.8)	3	(0.8)	74	(3.0)	80	(2.5)
Patient informed family of decision ³	337	(94.7)	360	(96.5)	2,254	(95.9)	2,951	(95.8)
Patient died at								
Home (patient, family or friend)	312	(83.0)	339	(87.8)	2,293	(92.6)	2,944	(90.9)
Assisted living or foster care facility	37	(9.8)	23	(6.0)	125	(5.1)	185	(5.7)
Nursing home	1	(0.3)	2	(0.5)	20	(0.8)	23	(0.7)
Hospital	3	(0.8)	3	(0.8)	5	(0.2)	11	(0.3)
Hospice facility	10	(2.7)	7	(1.8)	4	(0.2)	21	(0.6)
Other	13	(3.5)	12	(3.1)	28	(1.1)	53	(1.6)
<i>Unknown</i>	0		0		6		6	
Lethal medication⁴								
DDMAPh	235	(62.5)	239	(61.9)	307	(12.4)	781	(24.1)
DDMAPh high dose	92	(24.5)	63	(16.3)	22	(0.9)	177	(5.5)
DDMA	49	(13.0)	84	(21.8)	541	(21.8)	674	(20.8)
DDMP high dose	0	(0.0)	0	(0.0)	203	(8.2)	203	(6.3)
DDMP	0	(0.0)	0	(0.0)	72	(2.9)	72	(2.2)
Secobarbital	0	(0.0)	0	(0.0)	861	(34.7)	861	(26.5)
Pentobarbital	0	(0.0)	0	(0.0)	386	(15.6)	386	(11.9)
Phenobarbital	0	(0.0)	0	(0.0)	65	(2.6)	65	(2.0)
Other	0	(0.0)	0	(0.0)	24	(1.0)	24	(0.7)
End-of-life concerns⁵								
Losing autonomy	333	(88.6)	352	(91.2)	2,238	(90.2)	2,923	(90.1)

Characteristics	2024		2023		1998–2022		Total	
	(N=376)		(N=386)		(N=2,481)		(N=3,243)	
Less able to engage in activities making life enjoyable	330	(87.8)	342	(88.6)	2,227	(89.8)	2,899	(89.4)
Loss of dignity ⁶	239	(63.6)	245	(63.5)	1,678	(71.3)	2,162	(69.4)
Losing control of bodily functions	176	(46.8)	181	(46.9)	1,087	(43.8)	1,444	(44.5)
Burden on family, friends/caregivers	158	(42.0)	170	(44.0)	1,183	(47.7)	1,511	(46.6)
Inadequate pain control, or concern about it	128	(34.0)	135	(35.0)	694	(28.0)	957	(29.5)
Financial implications of treatment	35	(9.3)	32	(8.3)	126	(5.1)	193	(6.0)
Health care provider present (collected since 2001)	(N=376)		(N=386)		(N=2,409)		(N=3,171)	
When medication was ingested								
Prescribing physician	76	(26.0)	61	(22.8)	379	(28.3)	516	(27.2)
Other provider, prescribing physician not present	59	(20.2)	51	(19.1)	502	(37.4)	612	(32.2)
Volunteer	94	(32.2)	109	(40.8)	207	(15.4)	410	(21.6)
No provider or volunteer	63	(21.6)	46	(17.2)	253	(18.9)	362	(19.1)
Unknown	84		119		1,068		1,271	
At time of death								
Prescribing physician	59	(15.7)	45	(11.7)	339	(14.2)	443	(14.1)
Other provider, prescribing physician not present	73	(19.4)	60	(15.5)	521	(21.8)	654	(20.8)
Volunteer	85	(22.6)	97	(25.1)	209	(8.8)	391	(12.4)
No provider or volunteer	159	(42.3)	184	(47.7)	1,317	(55.2)	1,660	(52.7)
Unknown	0		0		23		23	
Complications⁷	(N=376)		(N=386)		(N=2,409)		(N=3,171)	
Difficulty ingesting/regurgitated	7		8		44		59	

Characteristics	2024	2023	1998–2022	Total
	(N=376)	(N=386)	(N=2,481)	(N=3,243)
Seizures	1	1	3	5
Other	1	1	18	20
None	112	93	917	1,122
<i>Unknown</i>	255	283	1,499	2,037
Other outcomes				
Regained consciousness after ingesting DWDA medications	0	0	9	9
Timing of DWDA event				
Duration (weeks) of patient-physician relationship				
Median	5	6	10	9
Range	0–1,272	0–1,197	0–2,138	0–2,138
<i>Patients with information available</i>	374	386	2,459	3,219
<i>Patients with information unknown</i>	2	0	22	24
Duration (days) between first request and death				
Median	25	26	41	38
Range	1–727	0–1,633	0–1,859	0–1,859
<i>Patients with information available</i>	371	384	2,479	3,234
<i>Patients with information unknown</i>	5	2	2	9
Duration (minutes) between ingestion and unconsciousness				
Median	5	5	5	5
Range	1–55	1–488	0–300	0–488
<i>Patients with information available</i>	250	250	1,308	1,808

Characteristics	2024	2023	1998–2022	Total
	(N=376)	(N=386)	(N=2,481)	(N=3,243)
<i>Patients with information unknown</i>	126	136	1,173	1,435
Duration between ingestion and death				
Median	53	53	30	36
Range	7min–26hrs	3min–137hrs	1min–104hrs	1min–137hrs
<i>Patients with information available</i>	261	255	1,372	1,888
<i>Patients with information unknown</i>	115	131	1,109	1,355

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.

Other southern counties: 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, 129 patients (4.1%) have chosen not to inform their families, and 62 patients (2.0%) have had no family to inform. Information is unknown for 31 patients.

4 **DDMAPh** is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital. The regular dose contains 5g of phenobarbital and 1g of diazepam. The high dose contains 10–15g of phenobarbital or 2g of diazepam.

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

DDMP is a combination of diazepam, digoxin, morphine sulfate, and propranolol. The regular dose contains 10g of morphine sulfate; the high dose contains 15g.

Phenobarbital was 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 3,114 patients.

7 Information about complications is reported only when a physician or another health care provider is present at the 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, 1998–2024

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	432	305	144
2023	561	386	168
2024	607	376	135
Total	4,881	3,243	

Table 3. Primary location of practice, DWDA physicians, 2024

Region ²	Attending physicians		Consulting physicians	
	N	(%) ¹	N	(%) ¹
Metro counties (Clackamas, Multnomah, Washington)	62	(45.9)	120	(47.6)
Northwest Oregon (excludes Metro counties)	36	(26.7)	70	(27.8)
Southern Oregon	26	(19.3)	47	(18.7)
Central Oregon / Columbia Gorge	7	(5.2)	11	(4.4)
Eastern Oregon	4	(3.0)	4	(1.6)
<i>Unknown</i>	0		3	

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 by drug(s) prescribed, DWDA deaths, 2001–2024

Drug(s) prescribed	Total	Unknown duration	Known duration (%)	<1 hour (%)	1-6 hours (%)	>6 hours (%)	Median (min-utes)	Mean (min-utes)	Range	Regained consciousness ⁶
DDMAPh ¹	781	282	499 (100.0)	298 (59.7)	172 (34.5)	29 (5.8)	45	125	5 min–137 hrs	0
DDMA ²	674	241	433 (100.0)	235 (54.3)	187 (43.2)	11 (2.5)	51	86	1 min–19 hrs	1
Secobarbital ³	793	403	390 (100.0)	294 (75.4)	69 (17.7)	27 (6.9)	25	137	2 min–83 hrs	5
Pentobarbital ³	384	156	228 (100.0)	188 (82.5)	31 (13.6)	9 (3.9)	20	97	1 min–104 hrs	0
DDMAPh high dose ¹	177	69	108 (100.0)	50 (46.3)	46 (42.6)	12 (11.1)	62	151	9 min–20 hrs	0
DDMP high dose ⁴	203	98	105 (100.0)	46 (43.8)	36 (34.3)	23 (21.9)	85	254	2 min–47 hrs	2
DDMP 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	3,173	1,345	1,828 (100.0)	1,134 (62.0)	569 (31.1)	125 (6.8)	37	130	1 min–137 hrs	9

- DDMAPh is a combination of diazepam, digoxin, morphine sulfate, amitriptyline, and phenobarbital. The regular dose contains 5g of phenobarbital and 1g of diazepam. The high dose contains 10–15g of phenobarbital or 2g of diazepam.
- DDMA is a combination of diazepam, digoxin, morphine sulfate, and amitriptyline.
- Secobarbital has been unavailable for DWDA use since 2019; pentobarbital since 2015.
- DDMP is a combination of diazepam, digoxin, morphine sulfate, and propranolol. The regular dose contains 10g of

morphine sulfate; the high dose contains 15g.

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