

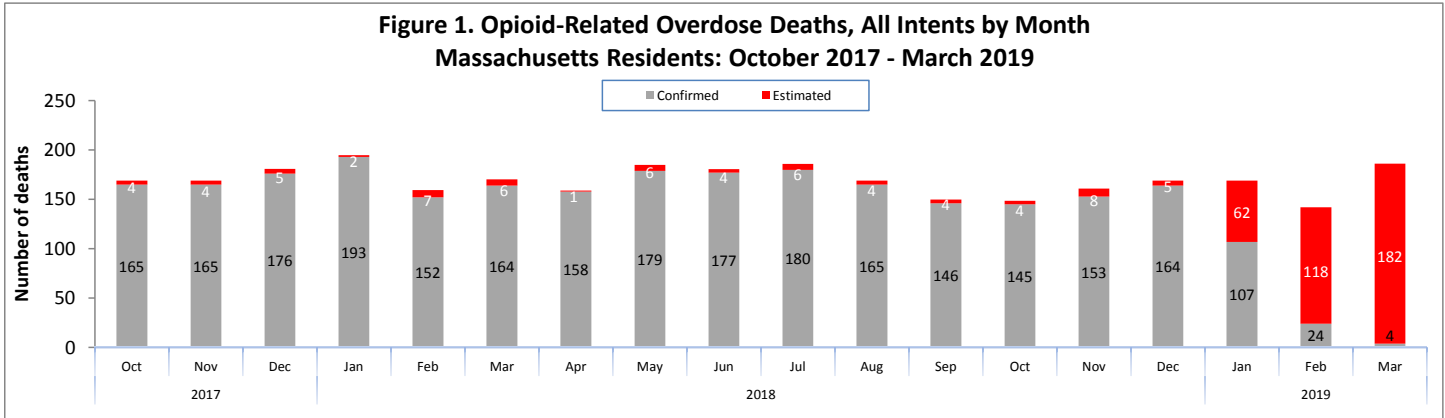


Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents

Massachusetts Department of Public Health

POSTED: MAY 2019

This report contains both confirmed and estimated data through March 2019.



The chart above shows the month-by-month estimates for fatal opioid-related overdoses for all intents from October 2017 through March 2019. In the first three months of 2019, there are 135 confirmed opioid-related overdose deaths and DPH estimates that there will be an additional 325 to 400 deaths.

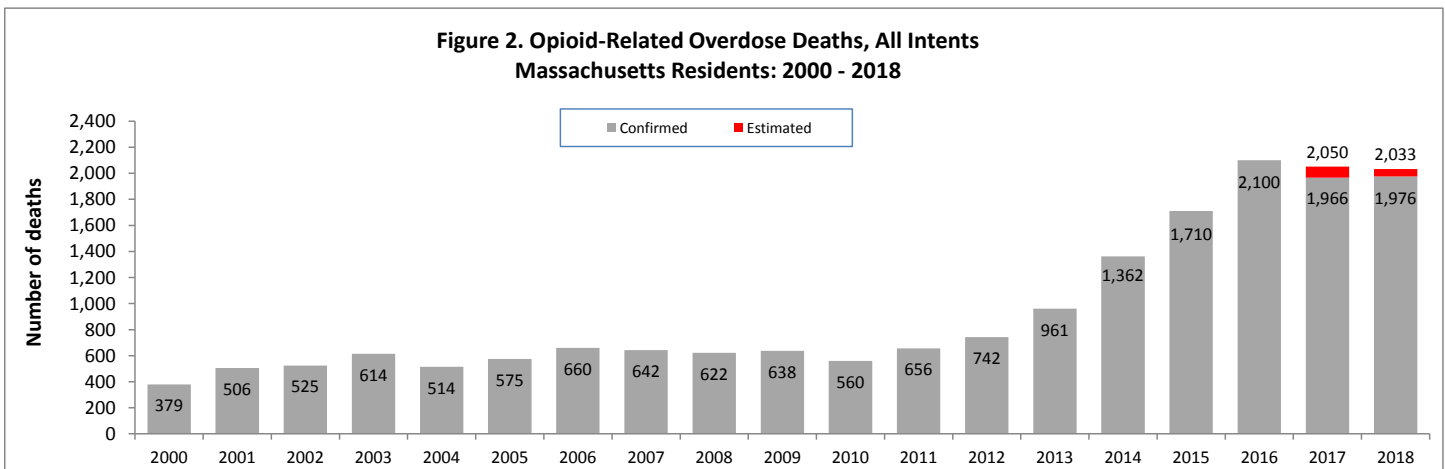
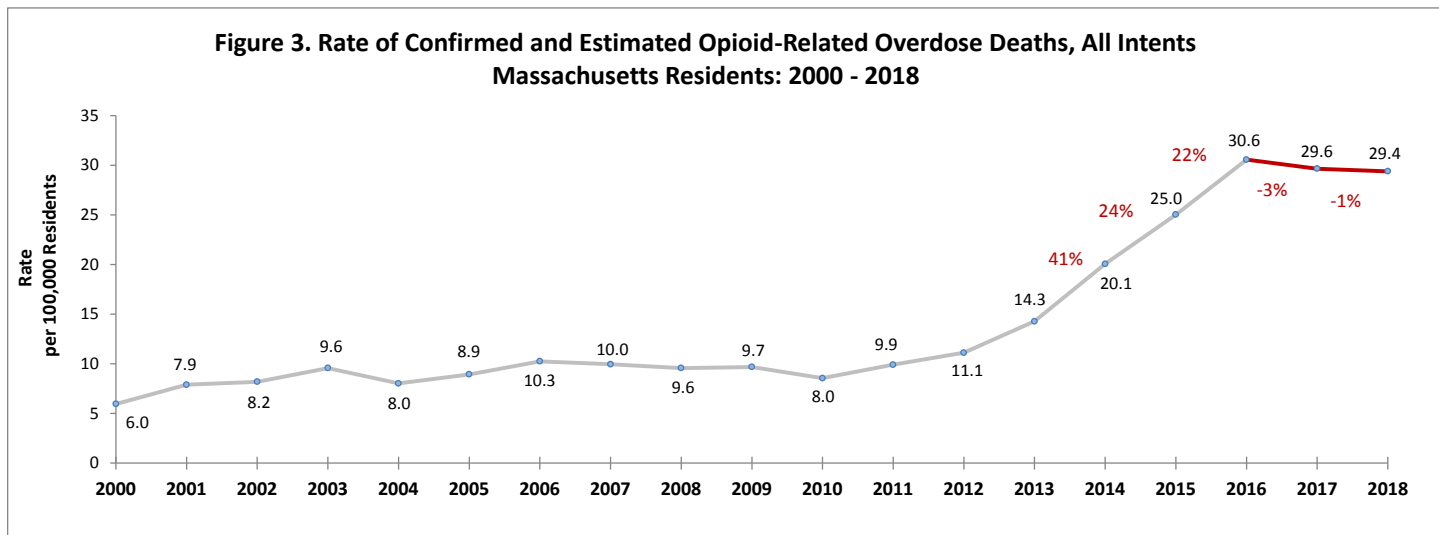


Figure 2 shows the trend in annual number of confirmed and estimated cases of opioid-related overdose deaths for all intents from 2000 to 2018. In order to obtain timelier estimates of the total number of opioid-related overdose deaths in Massachusetts - confirmed and probable - DPH used predictive modeling techniques for all cases not yet finalized by the Office of the Chief Medical Examiner (OCME). Based on the data available as of April 8, 2019, DPH estimates that there will be an additional 80 to 90 deaths in 2017 and an additional 54 to 60 deaths in 2018, once these cases are finalized.

Opioid-Related Overdose Death Rates, All Intent

In 2018, DPH estimates a 1% decrease in the rate of opioid-related overdose deaths compared with 2017. This follows an estimated 3% decline in the rate of opioid-related overdose deaths from 2016 to 2017. The rate for 2018 represents an estimated 4% decrease from 2016.



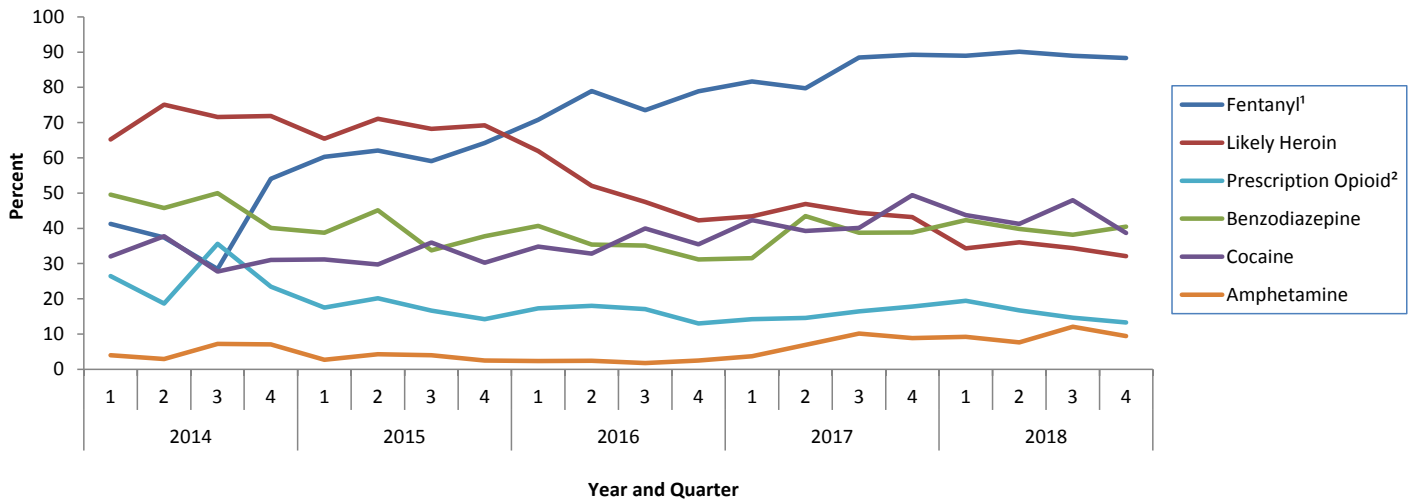
Toxicology Analysis: Fentanyl and Other Drugs

Fentanyl is a synthetic opioid that has effects similar to heroin. It can be prescribed for severe pain. According to the U.S. Department of Justice, Drug Enforcement Administration's 2015 Investigative Reporting, while pharmaceutical fentanyl (from transdermal patches or lozenges) is diverted for abuse in the United States at small levels, much of the fentanyl in Massachusetts is due to illicitly-produced fentanyl, not diverted pharmaceutical fentanyl.

The standard toxicology screen ordered by the Office of the Chief Medical Examiner includes a test for the presence of fentanyl. Among the 1,902 opioid-related overdose deaths in 2018 where a toxicology screen was also available, 1,695 of them (89%) had a positive screen result for fentanyl. In the fourth quarter of 2018, heroin or likely heroin was present in approximately 32% of opioid-related overdose deaths that had a toxicology screen. Cocaine was present in approximately 39% of these deaths and benzodiazepines were present in approximately 40%. In the first quarter of 2014, amphetamines were present in 4% of opioid-related overdose deaths that had a toxicology screen. The presence of amphetamines has been increasing since 2017 to approximately 9% of opioid-related overdose deaths in the fourth quarter of 2018. Since 2014, the rate of heroin or likely heroin present in opioid-related overdose deaths has been decreasing while the presence of fentanyl and cocaine is still trending upward.

While screening tests can be used to note the rate at which certain drugs are detected in toxicology reports, they are insufficient to determine the final cause of death without additional information. The cause of death is a clinical judgment made within the Office of the Chief Medical Examiner.

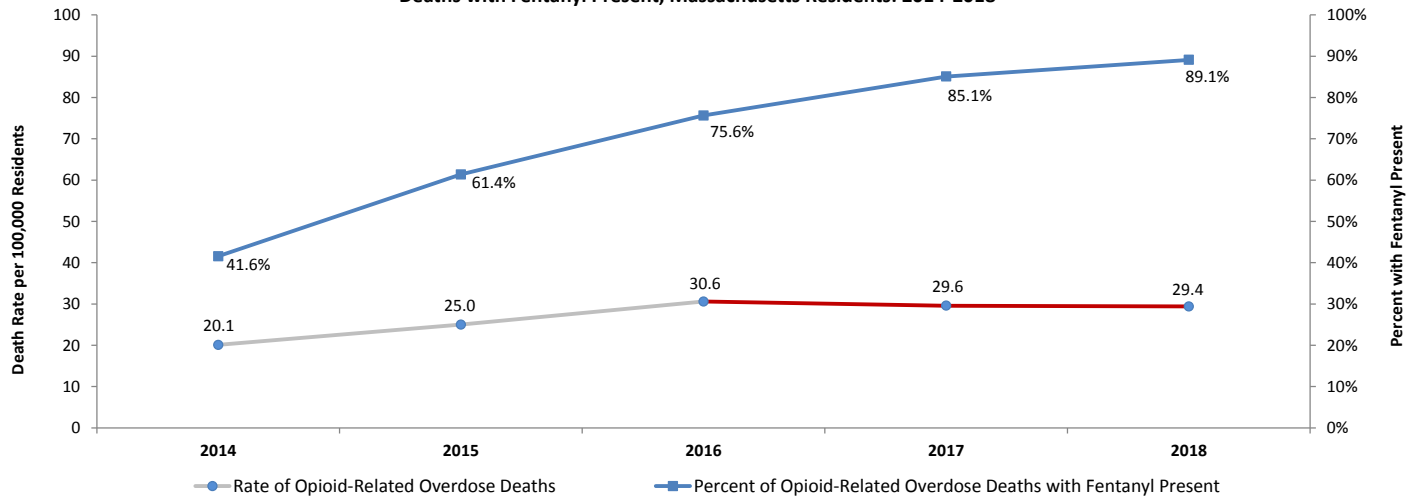
**Figure 4. Percent of Opioid-Related Overdose Deaths with Specific Drugs Present
Massachusetts Residents: 2014 - 2018**



1. This is most likely illicitly produced and sold, **not** prescription fentanyl¹
2. Prescription opioids include: hydrocodone, hydromorphone, oxycodone, oxymorphone, and tramadol

Please note that previous estimates may change slightly as DPH routinely receives updated toxicology data from the Office of the Chief Medical Examiner and the Massachusetts State Police.

Figure 5. Rate of Confirmed and Estimated Opioid-Related Overdose Deaths and Percent of Confirmed Opioid-Related Overdose Deaths with Fentanyl Present, Massachusetts Residents: 2014-2018



Although the presence of fentanyl in opioid-related overdose deaths continues to rise, the opioid-related overdose death rate has remained relatively stable since 2016.

Technical Notes

- Opioids include heroin, illicitly manufactured fentanyl, opioid-based prescription painkillers, and other unspecified opioids.
- Data for 2017-2019 deaths are preliminary and subject to updates.
- Beginning with the May 2017 report, DPH started reporting opioid-related deaths for all intents, which includes unintentional/undetermined and suicide.
- This report tracks opioid-related overdoses due to difficulties in identifying heroin and prescription opioids separately. The Department regularly reviews projections as more information becomes available. Information from the Office of the Chief Medical Examiner and the Massachusetts State Police are now incorporated into the

predictive model. This additional information has improved the accuracy of the models that predict the likelihood that the cause of death for any person was an opioid-related overdose. DPH applied this model to death records for which no official cause of death was listed by the OCME. The model includes information from the death certificate, Medical Examiner's notes, and the determination by the State Police of a suspected heroin death. DPH added this estimate to the number of confirmed cases in order to compute the total number of opioid-related overdoses. Should new information become available that changes the estimates to any significant degree, updates will be posted.

Sources

- Massachusetts Registry of Vital Records and Statistics, MDPH
- Massachusetts Office of the Chief Medical Examiner
- Massachusetts State Police
- Population Estimates 2000-2010: National Center for Health Statistics. Postcensal estimates of the resident population of the United States, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2000-2010).
- Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2017, Massachusetts Department of Public Health, Bureau of Environmental Health. Population estimates used for years following the decennial census were developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health