

Number of Opioid¹-Related Overdose Deaths, All Intents by County, MA Residents: 2000-2016²

Massachusetts Department of Public Health

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County	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total 2000-2016
Barnstable	12	19	21	15	17	20	24	31	22	21	20	19	24	43	55	71	78	512
Berkshire	2	3	1	2	6	9	1	8	3	8	4	9	18	22	29	33	35	193
Bristol	38	58	66	84	72	78	85	64	84	70	79	82	95	116	144	172	235	1622
Dukes	1	0	1	0	1	2	0	3	1	2	0	0	0	1	5	7	3 ³	27
Essex	51	65	55	81	68	80	87	89	65	74	51	57	94	119	208	242	285	1771
Franklin	5	2	1	5	3	4	6	4	2	2	6	6	8	10	10	19	15	108
Hampden	32	37	42	46	32	36	46	38	48	46	48	45	59	69	64	102	129	919
Hampshire	5	5	5	12	8	3	10	14	11	10	12	10	11	30	26	16	35	223
Middlesex	64	86	92	115	105	122	118	110	112	124	94	130	122	155	273	354	400	2576
Nantucket	0	1	0	0	0	0	0	1	0	1	1	0	0	1	1	1 ³	2 ³	9
Norfolk	29	42	44	43	40	53	49	54	73	65	60	64	71	83	126	166	205	1267
Plymouth	23	25	29	47	28	38	49	52	48	53	41	67	57	86	112	179	187	1121
Suffolk	49	87	98	106	83	66	107	103	74	95	64	85	91	111	145	212	257	1833
Worcester	68	75	71	58	51	63	74	71	78	67	80	82	91	115	162	226	238	1670
TOTAL DEATHS	379	506 ⁴	526	614	514	575 ⁴	660 ⁴	642	622 ⁴	638	560	656	742 ⁴	961	1,361 ⁴	1,799	2,107 ⁴	13,862

¹Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

² Data for 2015-2016 death are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. A large number of death certificates have yet to be assigned final cause-of-death codes. These counts are based on the estimates rather than confirmed cases. Data updated on 07/11/2017.

³ Numbers and calculations based on values less than 5 are suppressed for years in which the death file is not yet closed if they are based on pending cases. The deaths listed in Nantucket County for 2015 and 2016, and in Dukes County for 2016 are confirmed opioid overdose deaths.

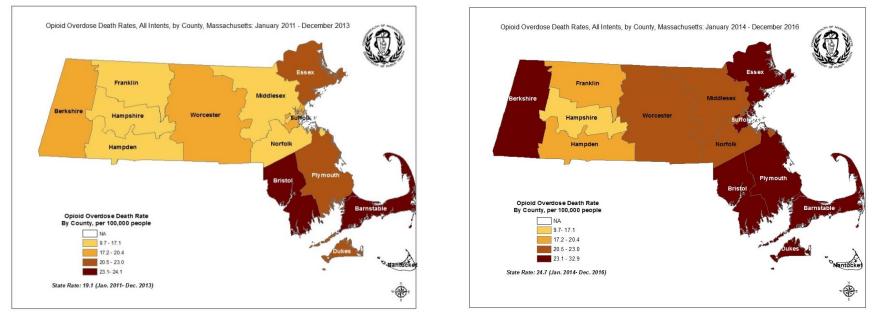
⁴ 2001, 2005, 2008, 2012, 2014, and 2016 include 1 death of a MA resident whose city/town of residence was not known; 2006 includes 4 deaths of a MA resident whose city/town of residence was not known. Please note that some totals may not add up due to deaths with unknown city/town of residence and the rounding of counts for 2015-2016.

Technical Notes:

Cases were defined using the International Classification of Disease (ICD-10) codes for mortality. The following codes were selected from the underlying cause of death field to identify poisonings/overdoses: X40-X49, X60-X69, X85-X90, Y10-Y19, and Y35.2. All multiple cause of death fields were then used to identify an opioid-related death: T40.0, T40.1, T40.2, T40.3, T40.4, and T40.6. This report tracks all opioid-related overdoses due to difficulties in reporting heroin-associated overdoses separately. Many deaths related to heroin are not specifically coded as such due to the fast metabolism of heroin into morphine. To maintain consistency with NCHS reporting, DPH does not include the ICD-10 code F11.1, which may include opioid-related overdose death. Beginning with the May 2017 report, DPH started reporting opioid-related deaths for all intents, which includes unintentional/undetermined and suicide.

Source: Registry of Vital Records and Statistics, MDPH.

Opioid Overdose Death Rates, All Intents, by County Massachusetts: January 2011- December 2013 (reference time period) vs. January 2014 - December 2016 (current time period)



Notes:

1. All data updated on 07/11/17. Cases were defined using the International Classification of Disease (ICD-10) codes for mortality using the following codes in the underlying cause of death field: X40-X49, X60-X69, X85-X90, Y10-Y19, Y35.2. All multiple cause of death fields were then used to identify an opioid-related death, using the following ICD-10 codes: T40.0, T40.1, T40.2, T40.3, T40.4, and T40.6. Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.

3. Please note that 2015-2016 death data are preliminary and subject to updates.

4. Rates computed for smaller counties (populations <10,000) are likely to vary significantly from year to year.

5. Low rates of opioid overdose deaths in a county should not be taken as an indication that there is no opioid abuse problem in that community.

6. County level opioid overdose death rates are computed by averaging the number of opioid-related deaths between January 2011 and December 2016 by the estimated population in the community in that same time period. County is based on county of residence for the decedent.

7. The rate is expressed as a value per 100,000 residents.

8. Beginning with the May 2017 report, DPH started reporting opioid-related deaths for all intents, which includes unintentional/undetermined and suicide.