

# DPH Releases First Drug Overdose Mortality Surveillance Report

WILMINGTON – For the first time, the Delaware Division of Public Health (DPH) through the integration of 12 multi-agency datasets, has developed a demographic picture of the Delawareans who died from drug overdoses in 2017. DPH released the Drug Overdose Mortality Surveillance Report, Delaware, 2017, in Wilmington on Wednesday, Aug. 14, 2019.

In addition to providing an overview of drug overdose mortality trends, the report provides an in-depth look of the individuals who died of drug overdoses in Delaware in 2017. The report addresses the types of drugs used; if, how, and when the decedents interacted with Delaware health systems; and a description of key statewide efforts to address the drug overdose and substance use crisis. Health system interactions include: Emergency Department (ED) visits; Emergency Medical Services (EMS) encounters; prescriptions in the Prescription Monitoring Program (PMP); treatment through the Delaware Department of Health and Social Services' (DHSS) Division of Substance Abuse and Mental Health (DSAMH) contractors; and hospital discharges. Expanded analysis of health system interactions includes data on Department of Correction (DOC) interactions and Medicaid eligibility and claims.

“Too many Delaware families are impacted by the opioid crisis,” said Governor John Carney. “We are working across agencies to address this epidemic, and the data from this report will help us make informed decisions that guide us in developing effective interventions – with the ultimate goal of saving more lives.”

The Drug Overdose Mortality report followed one of the

recommendations in the Johns Hopkins Bloomberg School of Public Health's July 2018 report, "A Blueprint for Transforming Opioid Use Disorder Treatment in Delaware." The Hopkins team recommended that Delaware use data to guide and monitor progress by linking multi-agency data to more fully understand individuals with substance use disorders and their utilization of Delaware's systems.

### **Key Findings:**

Of the 346 Delaware residents who died of a drug overdose in 2017, DPH identified 343 for the report's study population. Overall, drug overdose decedents were primarily males (67%), between the ages of 25 and 54 years (76%), non-Hispanic white (79%), never married (59%), and had a high school diploma or General Educational Development (GED) (55%).

The top two occupational industries among males who died of drug overdoses were construction (36%) and the install, maintain, and repair industry (9.1%; includes mechanics, HVAC repair, engine repair, maintenance, and other occupations). The top two occupational industries among females were food service (14.7%) and office support (12.8%); however, 33% were not employed.

Opioids, a class of drugs that includes heroin, fentanyl, oxycodone, hydrocodone, codeine, and others, accounted for the majority of drug overdose deaths (84%). Synthetic opioids other than methadone (e.g. fentanyl, tramadol, etc.) were responsible for the highest mortality rates among opioid drug overdose deaths (age-adjusted rate: 21.9 deaths per 100,000 population).

Eighty-one percent, or four out of five, persons who died of a drug overdose in 2017 interacted with a Delaware health system in the year prior to their deaths.

State officials say quantifying this information is critical as it helps those addressing the drug epidemic in Delaware to

identify critical moments to engage those with substance use disorder (SUD) into treatment.

“I am thrilled that so many state agencies were able to pull together and provide critical data related to behavioral health for this report,” said Lieutenant Governor Bethany Hall-Long, who chairs Delaware’s Behavioral Health Consortium. “This was one of the BHC’s goals and the results will allow us to focus our efforts, reduce stigma around the disease of addiction and save lives.”

“There is no question that we have more work to do up and down our state to reduce the toll that the opioid epidemic has taken on thousands of people in our state and their families,” said DHSS Secretary Dr. Kara Odom Walker, a practicing family physician. “But now we have more data to inform our path forward and to help us identify critical touchpoints where intervention can make a difference.”

A deeper look at the drug overdose decedents’ health system interactions shows:

**ED:** One in two drug overdose decedents (54.2%) visited a Delaware ED in the year prior to their death and 70% visited the ED within two years prior to their death. Not all visits in the year prior to death were related to the decedents’ drug use. In the year prior to their death, 23% of drug overdose decedents who had visited the ED had mental-health related diagnoses, 10 percent of decedents had a previous drug overdose ED visit, and 6.7% had a pain diagnosis related to their ED visit. Drug overdose and pain diagnoses were more often recorded among females than males.

**EMS:** Nearly half of decedents (43.1%) had a history of an EMS encounter not related to the death event in the year before their death. Twenty-three (6.7%) drug overdose decedents had an EMS encounter for a non-fatal drug overdose. Naloxone was administered to 39.1% of those decedents with a non-fatal

overdose EMS encounter.

**PMP:** Among drug overdose decedents, 164 (47.8%) had a prescription in the PMP in the year prior to death. Nearly one in four Delaware drug overdose decedents (23.6%) had a prescription for an opioid such as oxycodone, codeine or morphine in the PMP in the year prior to their death. Twenty-two percent had a prescription for a benzodiazepine (often used to treat seizures or anxiety). Twelve percent of decedents had prescriptions for both in the PMP in the year prior to their deaths – but the prescriptions did not necessarily overlap.

**DOC:** One in four opioid drug overdose decedents (25%) were released from incarceration within one year prior to death. There were 103 drug overdose decedents (30%) who were on probation and parole in the year that preceded their deaths; 76 (22.2%) of decedents were on probation and parole at the time of death. Nearly half of the 343 drug overdose decedents (45.8%) had a record of a misdemeanor, 32.7% had a record of a felony, 25.4% violated parole, and just 20.4% had drug-related offenses.

**DSAMH:** Within the year prior to death, one in four decedents (26.8%) received DSAMH services. Approximately 10% of decedents were receiving services from DSAMH at the time of death. Of decedents who had received services from DSAMH, 25.3% were considered homeless.

**Hospitalizations:** Approximately 12% of drug overdose decedents were hospitalized in the year prior to their deaths. Nearly 10% of drug overdose decedents were hospitalized with a diagnosis of a mental, behavioral, or neurodevelopmental disorder.

“Another key facet of this report is that through this historical look at data, we were able to determine that as a state we were on the right track with many of our current and

ongoing initiatives,” said DPH Director Dr. Karyl Rattay, who presented the report’s key findings. “It will help us continue to focus our efforts and allow us to move forward in a thoughtful and meaningful way.”

In the section on Addressing the Health Crisis, the report describes how Delaware is doing so through a comprehensive and multipronged approach including: (1) prevention; (2) treatment; (3) harm reduction; (4) criminal justice; and (5) epidemiology, data, and surveillance. The section discusses the state’s efforts to engage emergency department physicians, prescribers, and EMS personnel. It also provides information on the expansion of treatment facilities and processes, and the utilization of naloxone by not only first responders but also Corrections staff and the community to save lives.

“This report provides crucial information to help us identify gaps in our treatment system,” said Elizabeth Romero, director of the Division of Substance Abuse and Mental Health. “It also confirms that the efforts we have made under the START Initiative are moving our system of care in the right direction.”

Delaware currently ranks fifth-highest among drug overdose mortality rates in the nation.

To view the full 2017 Drug Overdose Mortality Surveillance Report, visit <https://www.dhss.delaware.gov/dhss/dph/files/dedrugoverdosemortsurvrpt2017.pdf>.

Those seeking substance use or mental health resources are encouraged to visit [www.HelpisHereDe.com](http://www.HelpisHereDe.com) or call the 24/7 Crisis Services Hotline. In New Castle, call 1-800-652-2929. In Kent and Sussex counties, call 1-800-345-6785.

***\*Data note:*** *There may be slight differences in the drug overdose mortality data reported by the Delaware Division of Public Health (DPH) compared to the data reported by the*

*Delaware Division of Forensic Science (DFS). DHSS utilizes data from DFS to communicate preliminary annual drug overdose death totals based on information from the Delaware Medical Examiner's Office. These data are considered preliminary until the final statistical death file is closed by the Delaware Health Statistics Center within DPH.*

*A person who is deaf, hard-of-hearing, deaf-blind or speech-disabled can call the DPH phone number above by using TTY services. Dial 7-1-1 or 800-232-5460 to type your conversation to a relay operator, who reads your conversation to a hearing person at DPH. The relay operator types the hearing person's spoken words back to the TTY user. To learn more about TTY availability in Delaware, visit <http://delawarerelay.com>.*

*Delaware Health and Social Services is committed to improving the quality of the lives of Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations. DPH, a division of DHSS, urges Delawareans to make healthier choices with the 5-2-1 Almost None campaign: eat 5 or more fruits and vegetables each day, have no more than 2 hours of recreational screen time each day (includes TV, computer, gaming), get 1 or more hours of physical activity each day, and drink almost no sugary beverages.*