Fatal Drug Overdoses in Philadelphia, 2017

This issue of CHART highlights the scale and trajectory of drug overdose fatalities in Philadelphia. All of the statistics shown are from the Philadelphia Department of Public Health Medical Examiner’s Office.

- Fatal drug overdoses increased by 34% from 907 in 2016.
- Opioids were found in 88% of drug deaths in 2017, up from 80% in 2016.
- The cause of the drop in deaths in the third and fourth quarter of 2017 is unknown but may reflect:
  - Arrests for drug sales by local law enforcement and large-scale drug seizures by federal law enforcement.
  - Disruption in drug markets caused by closure of the railroad track encampment in Kensington in late July 2017.
  - Increases in naloxone distribution by the City and community agencies.

(Source: Philadelphia Department of Public Health, Medical Examiner’s Office)
Fentanyl surpassed heroin as the leading cause of opioid-related deaths

- Fentanyl or fentanyl analogs were found in 846 deaths in 2017, a 95% increase from 2016. However, deaths involving other opioids, including heroin and pharmaceutical opioid painkillers, also increased in 2017.
- Fentanyl or fentanyl analogs were present in 84% of opioid-related deaths in 2017, compared to 57% in 2016.
- Opioid-related deaths in which the stimulants, cocaine and methamphetamine, were involved, have been on the rise since 2015. Deaths involving cocaine or methamphetamine alone have remained largely unchanged (data not shown).

(Source: Philadelphia Department of Public Health, Medical Examiner’s Office)

Opioid-related overdose death rates increased in all demographic groups

- Opioid-related overdose rates increased 60% among males in 2017, and 16% among females.
- Hispanics had the largest increase in opioid-related overdose in 2017 (60%), as compared to non-Hispanic whites (47%) and non-Hispanic blacks (34%).
- The 35-44 year old age group became the group with the highest opioid-related death rate in 2017, and had the highest increase of all age groups (65%).

(Source: Philadelphia Department of Public Health, Medical Examiner’s Office)
The highest density of opioid-related overdose deaths in 2017 was in the Port Richmond and Kensington neighborhoods of North Philadelphia. However, new 'hot spots' emerged in South, Northeast, and West Philadelphia.

There was very little difference in the pattern of opioid-related overdoses mapped by location of death versus resident location (as recorded on decedent’s death certificate). This may be explained by the fact that 75% of opioid-related overdose deaths occurred in a personal residence, often the decedents’ homes (data not shown).

What the City of Philadelphia is doing to address the opioid crisis

- Distributing guidelines to health care professionals about inappropriate opioid prescribing practices.
- Conducting a media campaign that warns consumers about the inherent risks of prescription opioids.
- Launching a Police-Assisted Diversion project to offer treatment and other services in lieu of arrest for drug-related minor crimes.
- Filing a civil lawsuit against opioid manufacturers to seek coverage for costs the city has incurred as a result of the opioid crisis.
- Increasing the availability of medication-assisted treatment both in the community and in the Philadelphia prison system.
- Implementing ‘warm handoff’ to treatment for persons who have experienced a non-fatal overdose.
- Conducting a media campaign that encourages Philadelphians to carry the opioid overdose antidote naloxone (Narcan™), and get trained on how to use it.
- Distributing naloxone to organizations serving at-risk populations (including syringe exchange, law enforcement, and prison systems).
- Offering free ongoing naloxone trainings.
- Consolidating and distributing local data relating to the opioid epidemic that is updated quarterly.
- Visit the City's opioids website for more information on all that the City is doing.
What you can do

Health care providers can:

- Prescribe opioid painkillers less often, in lower doses, and for shorter duration, following guidelines from the CDC or the Department of Public Health.
- Avoid, whenever possible, co-prescribing opioid pain relievers and benzodiazepines.
- Register for and use the Prescription Drug Monitoring Program database when prescribing opioids.
- Help patients who are dependent on opioids get treatment. This can be through referral to methadone treatment or by prescribing buprenorphine (Suboxone™). With readily available training and certification, office- or clinic-based physicians can prescribe buprenorphine.
- Alert the City about surges in overdose or new patterns of overdose morbidity or mortality.

People can:

- Be informed and share about the risks of opioid use.
- Avoid taking opioids not prescribed for you, and question medical providers who prescribe opioids for pain about alternative, safer forms of pain control.
- Support drug take-back programs.
- Obtain and get trained on how to use naloxone. Naloxone is available at pharmacies in Pennsylvania without a prescription under a “standing order” signed by the Physician General.
- Recommend that acquaintances who are using opioids seek treatment, and help them find treatment providers.

Resources

- Naloxone resources and training dates: www.phillynaloxone.com
- Harm reduction resources and education, including syringe exchange and infectious disease screening: Prevention Point of Philadelphia – 215-634-5272; https://ppponline.org/
- Drug Treatment referrals and education: http://dbhids.org/addiction-services/
  - Community Behavioral Health (Medicaid-enrolled) – 1-888-545-2600
  - Behavioral Health Services Initiative (uninsured) – 215-546-1200
- Drug Take Back collection sites, year-round drug disposal, and education materials relating to Drug Take Back Days: www.takebackday.dea.gov