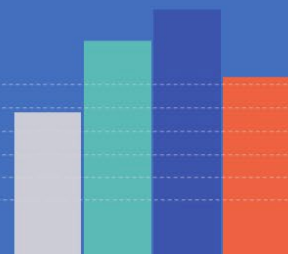




Palak Raval-Nelson, PhD, MPH
Health Commissioner

CHART



Unintentional Drug Overdose Fatalities in Philadelphia, 2023

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In Philadelphia, unintentional drug overdose deaths¹ contribute to significant premature mortality². Since 2017, an average of more than 1,200 individuals have fatally overdosed each year. Despite a slight decline, Philadelphia reported 1,310 overdose fatalities in 2023, marking the second-highest number of overdose deaths on record.

Mirroring national trends,³ in recent years overdose fatalities have disproportionately impacted Philadelphia's communities of color. Between 2019 and 2023, overdose fatalities increased 61% and 17% among non-Hispanic (NH) Black and Hispanic individuals, respectively, and decreased 19% among NH White individuals. During the same time, the median age of Philadelphia's overdose decedents rose from 43 years old in 2019 to 47 years old in 2023. The median age of death among NH Black males, the demographic group with the largest number of overdose fatalities in 2023, was 52 years old.

In 2023, most overdose deaths (82%; 1,078) continued to involve opioids, almost always fentanyl. The presence of stimulants has become more common in Philadelphia, a trend that was also observed nationally in the U.S.⁵ Stimulants, primarily cocaine, were detected in 70% (919) of all overdose deaths in Philadelphia in 2023, a similar proportion to 2022 and up from 62% (712) since 2019. While most (78%) stimulant-involved deaths also involved opioids, stimulant-involved overdose fatalities without the presence of opioids accounted for approximately 15% of all unintentional drug overdose deaths in 2023.

This CHART examines unintentional overdose trends in Philadelphia through 2023. As the crisis persists, Philadelphia and its people are impacted every day. Understanding evolving trends in overdose fatalities is pertinent to the development of culturally responsive resources, prevention materials, and public health initiatives that are necessary to save lives.

KEY TAKEAWAYS

In 2023, there were 1,310 unintentional drug overdose deaths, a 7% decrease from 2022.

Deaths among non-Hispanic Black individuals accounted for 47% of all unintentional drug overdose deaths in 2023.

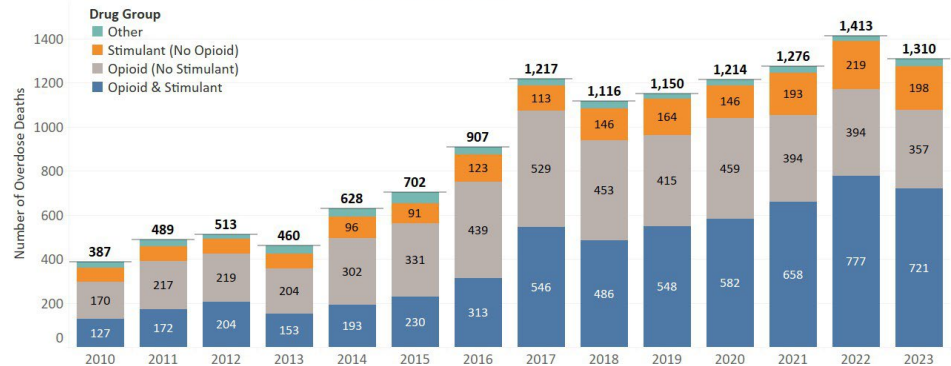
In 2023, more than half (55%) of all overdose deaths involved opioids & stimulants.

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Since 2017, an average of more than 1,200 individuals have died from unintentional overdose each year.

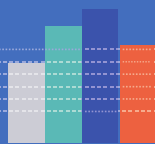
In recent years, there have been increasing proportions of deaths involving both opioids and stimulants.

Number of Overdose Deaths by Drugs Involved, 2010 - 2023

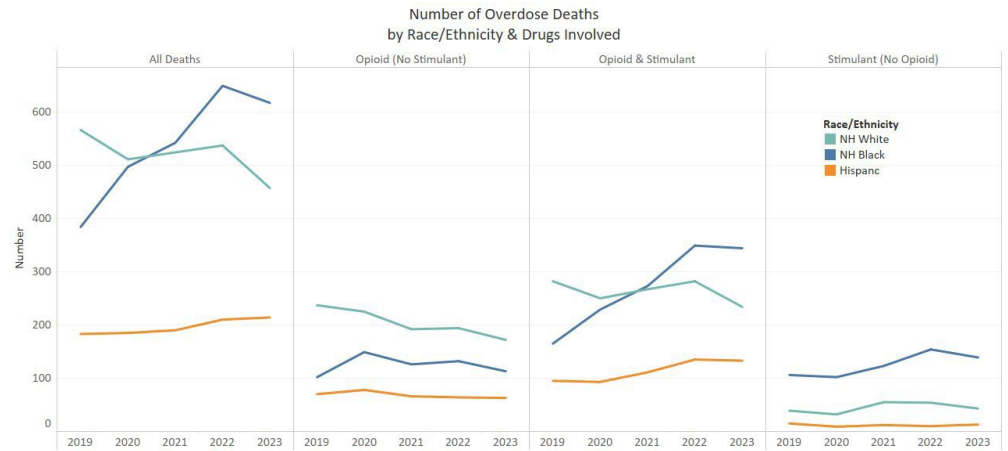


- Despite a slight (7%) decline, 1,310 individuals fatally overdosed in Philadelphia in 2023.
- In 2023, more than half of overdose deaths (55%, n=721) involved both opioids and stimulants^{6,7}.
 - Opioids, both with and without the presence of stimulants, were detected in 82% (1,078) of overdose deaths in 2023.
 - Stimulants, both with and without the presence of opioids, were detected in 70% (919) of overdose deaths in 2023.
 - In 2023, 15% (198) of overdose deaths involved stimulants *without* opioids,^{6,7} and 27% (357) of overdose deaths involved opioids *without* stimulants.^{6,7}
- Fentanyl and/or fentanyl analogues were detected in the majority (97%, n=1,041) of opioid-involved deaths (not shown). Fentanyl continued to be the most common drug involved in all overdose deaths.
- Similarly, cocaine was detected in 90% (823) of stimulant-involved deaths (not shown); cocaine was the second most common drug involved in all overdose deaths.
- Xylazine, a veterinary anesthetic and analgesic commonly added to street opioids, was detected in 38% (495) of all overdose deaths in 2023 (not shown). Despite declines in overdose deaths overall, the number of xylazine-involved deaths increased 3% from 2022 to 2023. All (100%) deaths that involved xylazine also involved fentanyl and/or fentanyl analogues (not shown).

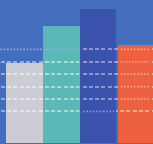
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Over the last 5 years, deaths increased among NH Black and Hispanic individuals and decreased among NH White individuals.

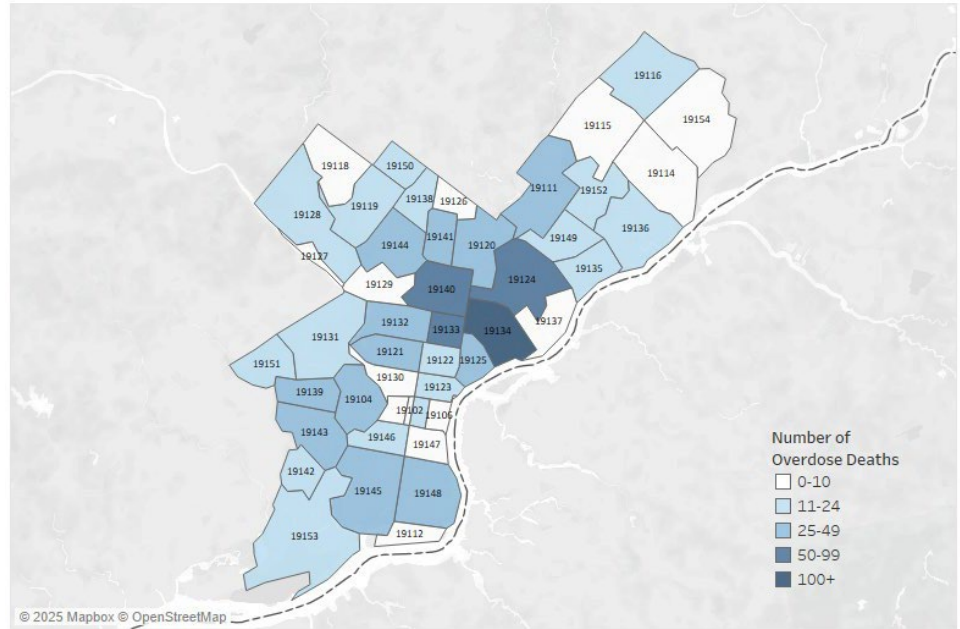


- From 2019 to 2023, the number of overdose deaths increased among NH Black individuals (384 to 617, or 61%) and Hispanic individuals (183 to 214, or 17%). By contrast, the number of deaths among NH White individuals decreased (566 to 457, or 19%) during the same time.
- Despite the decrease in overdose deaths between 2022 and 2023, this decline was not equitable across race/ethnicity groups. From 2022 to 2023, overdose deaths decreased 5% (649 to 617) among NH Black individuals, and 15% (537 to 457) among NH White individuals. There was a 2% increase (210 to 214) in deaths among Hispanic individuals.
- Deaths involving stimulants, particularly opioids and stimulants, continue to be the main driver of overdose deaths. This is especially true among NH Black and Hispanic individuals.
 - Between 2019 and 2023, deaths involving both opioids and stimulants more than doubled (165 to 344) among NH Black individuals and increased 40% (95 to 133) among Hispanic individuals. Comparatively, deaths involving both opioids and stimulants decreased 17% (282 to 234) among NH White individuals.

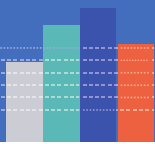


Overdose deaths occurred throughout the city. In 2023, 73% of Philadelphia's Zip Codes had 10 or more overdose deaths.

Number of Overdose Deaths by Incident Location, 2023



- Overdose deaths occurred in nearly every zip code in Philadelphia.
- The highest number of overdose deaths occurred in the 19134-zip code with 191 deaths.
- Other Philadelphia zip codes with a high number of overdose fatalities in 2023 included 19124 (n=85), 19140 (n=74), and 19133 (n=74).



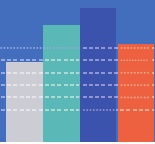
WHAT CAN BE DONE

The Health Department is:

- Addressing rising overdose rates in communities of color by:
 - performing outreach and engagement in Non-Hispanic Black and Hispanic neighborhoods predominantly impacted by the increasing burden of fatal overdose,
 - proactively supporting populations who may not identify as people who use drugs or who may be reluctant to seek substance use services by providing education and resources to communities in neighborhoods where overdoses are highly prevalent,
 - launching media and mail-based campaigns and supporting city-wide initiatives to inform the public of the harms of substance use.
 - Prioritizing harm reduction by:
 - distributing naloxone, the opioid overdose reversal drug, as well as fentanyl and xylazine test strips to individuals and community-based organizations. This includes by mail using [NEXT Distro](#) and at training and pop-up events,
 - providing training on harm reduction, wound care, opioid overdose recognition and reversal using naloxone,
 - providing training on using fentanyl and xylazine test strips,
 - providing free, field-based wound care and education, including a wound care self-management guide, from licensed medical staff to people affected by xylazine-associated wounds,
 - offering free counseling and referrals to families with babies exposed to substances in utero,
 - partnering with faith-based institutions, schools, and community groups to educate and provide resources to communities.
 - Providing clinical health care providers with training, mentorship, and technical assistance on wound care, stimulant use, naloxone, withdrawal management, substance use treatment, and other substance use and harm reduction topics.
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Health care providers should:

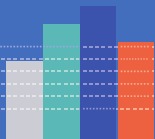
- Practice [non-stigmatizing language](#) when discussing substance use with patients.
- Counsel all patients, even those without a SUD, on naloxone and explain that it is available at pharmacies without a prescription or over the counter at major retailers.
- Practice harm reduction treatment strategies like referring patients to substance use treatment providers or prescribing buprenorphine to opioid dependent patients, and [co-prescribing naloxone](#) with opioids, buprenorphine, methadone, and extended-release naltrexone.
- Follow [best practices](#) for continuity of care for opioid use disorder in inpatient hospitalization settings and following hospital discharge. [CareConnect](#) can assist with bridge prescriptions and can be reached at (484) 278-1679.
- Familiarize themselves with xylazine, wound care treatment, and the importance of providing [withdrawal management](#) in conjunction with OUD withdrawal management.



- Use [clinical tools and resources](#) to help facilitate conversations with patients around stimulant use, including the health risks associated with using cocaine and other stimulants.

Philadelphians can:

- Visit www.phillynaloxone.com to obtain and get trained on how to use naloxone to prevent opioid overdose deaths. Naloxone is available at pharmacies in Pennsylvania without a prescription, as well as over the counter at major retailers.
 - For those who use drugs, utilize universal precautions like carrying naloxone, starting with a small amount and going slowly, [testing your drugs for fentanyl with fentanyl test strips](#), and using with others.
 - If you don't want to or can't use with others, let someone know or call a hotline like Never Use Alone (English: 877-696-1996) or SafeSpot (800-972-0590).
 - Avoid taking prescription medications that were not prescribed to you and/or were purchased on the street. If you do take them, use fentanyl test strips to [test for fentanyl](#).
 - Seek [buprenorphine or methadone treatment](#) if dependent on opioids.
 - If you are unsure of what service you require and do not have medical insurance, please contact the Behavioral Health Special Initiative (BHSI) at 215-546-1200, Monday through Friday, between the hours of 8:30 a.m. and 5 p.m.
 - If you want treatment for a substance use challenge and do not have medical assistance or Medicaid, please contact Community Behavioral Health (CBH) at 888-545-2600.
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REFERENCES & TECHNICAL NOTES

1. The term unintentional drug overdose is defined as an overdose death where the manner of death was not classified as intentional (suicide), undetermined, or a homicide. They are also referred to as “overdose deaths”, “overdose fatalities”, or “overdose mortality”.
2. Philadelphia Department of Public Health (2023). *PhilaStats*. Retrieved from <https://philadelphiapublichealth.shinyapps.io/philastats/>
3. Friedman, J. R., & Hansen, H. (2022). Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity Before and During the COVID-19 Pandemic. *JAMA psychiatry*, 79(4), 379–381. <https://doi.org/10.1001/jamapsychiatry.2022.0004>
4. Individuals of other race/ethnicity groups are excluded due to low counts.
5. Spencer, M. R., Miniño, A. M., & Garnett, M. F. (2023). Co-involvement of Opioids in Drug Overdose Deaths Involving Cocaine and Psychostimulants, 2011-2021. *NCHS data brief*, (474), 1–8.
6. Additional drugs such as sedating drugs may have been involved.
7. Stimulants include cocaine, methamphetamine, and pharmaceutical amphetamines.

RESOURCES

For help on how to obtain and use naloxone:

<https://www.substanceusephilly.com/get-supplies/>

To learn more about the programs, services, and mission of the Division of Substance Use Prevention and Harm Reduction (SUPHR), visit

<https://www.substanceusephilly.com/>

For information on how to access treatment:

<https://dbhids.org/addiction-services/>

For harm reduction resources including syringe exchange:

<https://ppponline.org/>

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All PDPH CHARTs are available at

[https://www.phila.gov/departments/
department-of-public-health/data/chart/](https://www.phila.gov/departments/departments-of-public-health/data/chart/)