



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF MEDICAL EXAMINER

401 E Street, SW – 6th Floor
Washington, DC 20024

Opioid-related Fatal Overdoses: January 1, 2014 to May 31, 2017¹

Report Date: June 27, 2017

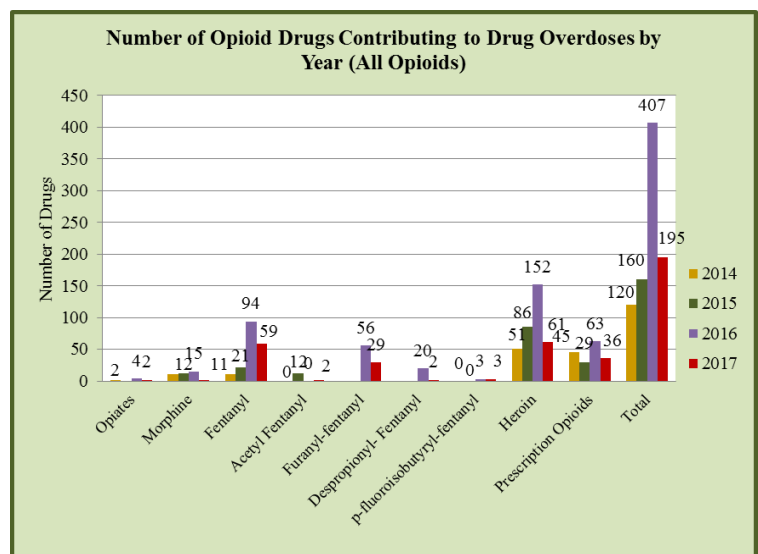
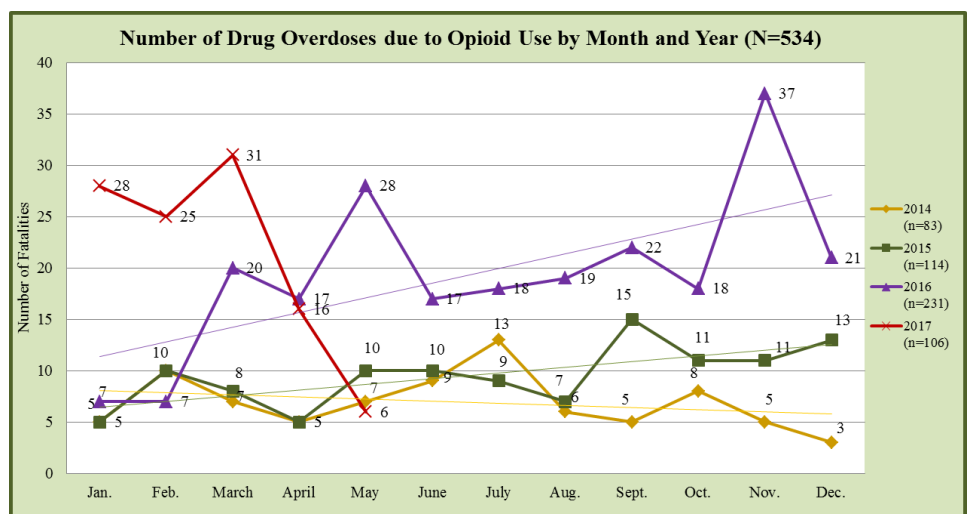
The DC Office of the Chief Medical Examiner (OCME) investigated a total of **534²** deaths due to use of opioids from Jan. 1, 2014 through May 31, 2017, **83** deaths in CY 2014, **114** in CY 2015, **231** deaths to in CY 2016, and **106** deaths in CY 2017 respectively. This report examines the presence of opioids (*heroin, fentanyl, fentanyl analogs, morphine, prescription opioids and the general category of opiates*) in deaths observed at OCME. Tables and graphs below present decedent information by trends, demographics, and jurisdiction of residence.

Trends in Deaths due to Opioid Use

The number of deaths due to opioid use in November 2016 was higher than any other month over the past three years. Overall, there was a **178%** increase in fatal overdoses due to opioid use from 2014 (n=83) to 2016 (n=231).

Incidence of Opioids by Year

Each drug is counted independently in fatalities involving more than one of these drugs and ranged from 1 to 7 opioids identified per death. Therefore, there were a total of **120** opioids³ found in the 83 deaths in 2014, **160** opioids found in the 114 deaths in 2015 and **407** opioids found in the 231 deaths in 2016. In 2017, there have been **195** opioids found in the 106 deaths year-to-date. As depicted in the graph to the right, the total number of opioids that caused a death increased from 2014 to 2016.



¹ Data for 2016 is inconclusive and subject to change due to cases where cause and manner of death is "Pending Further Investigation"

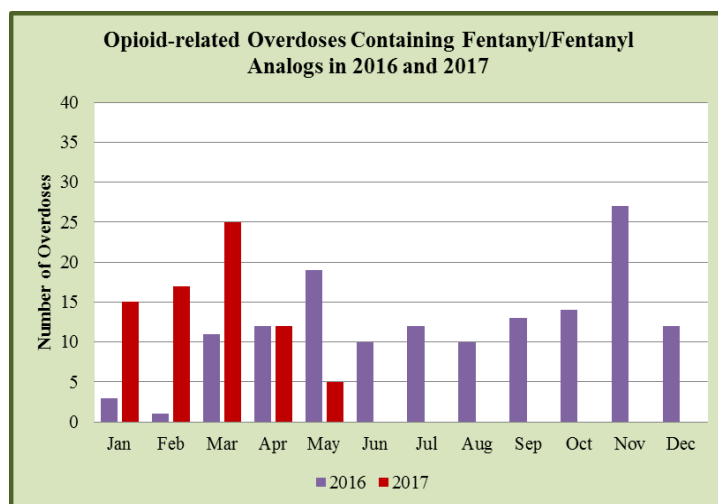
² The data presented in this report includes 11 cases with a Manner of Death other than Accidental Intoxication- three cases in 2014, one case in 2015, and one case in 2016 in which the Manner of Death was Undetermined but the Cause of Death was due to opioid drug use. Additionally there were two cases with Manner of Death of Suicide in 2014, one case in 2015 and three cases in 2016.

³ Morphine and fentanyl can both be prescribed. However, for the sake of this report, they are included under the illicit opioids.



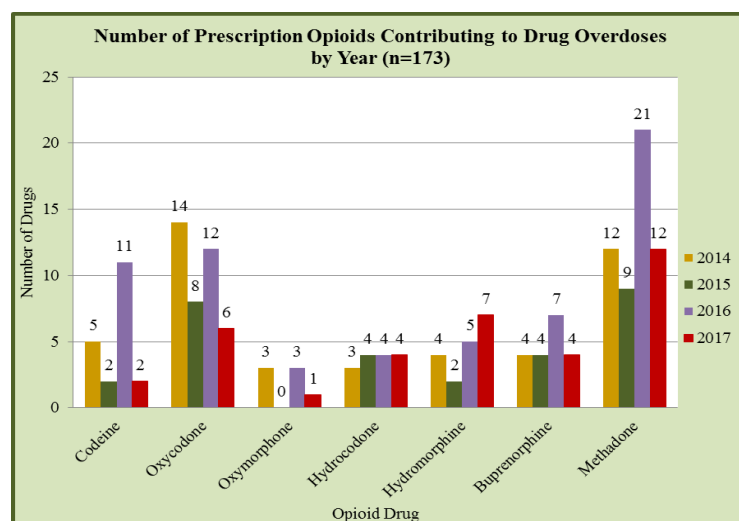
Increase in the Presence of Fentanyl/Fentanyl Analogs

In 2016, **62%** of cases involved fentanyl or a fentanyl analog (fentanyl, furanyl-fentanyl, despropionyl-fentanyl, or p-fluoroisobutyryl-fentanyl). There was a noticeable increase in the presence of fentanyl and fentanyl analogs beginning in March 2016 (n=11). The highest percentage of cases involving fentanyl or a fentanyl analog occurred in October 2016 (78%) and March 2017 (81%). The fewest cases involving fentanyl or a fentanyl analog occurred in February 2016 (n=14%).



Prescription Opioids

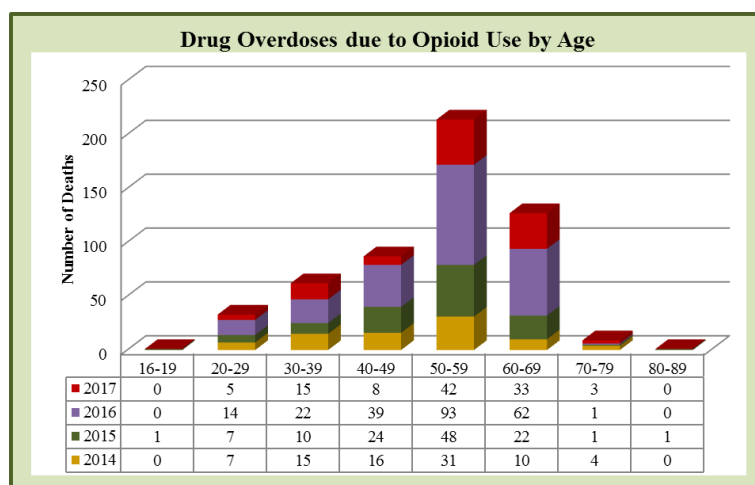
There were **173** prescription opioids found in the 534 drug overdoses between January 2014 and May 2017. Despite the downward trend in the number of fatal overdoses related to prescription opioids between 2014 and 2015, the number of fatal overdoses involving prescription opioids in 2016 (n=63) was higher than the number of fatal overdoses involving prescription opioids over the past two years (2014, n=45) and (2015, n=29).



Demographics¹

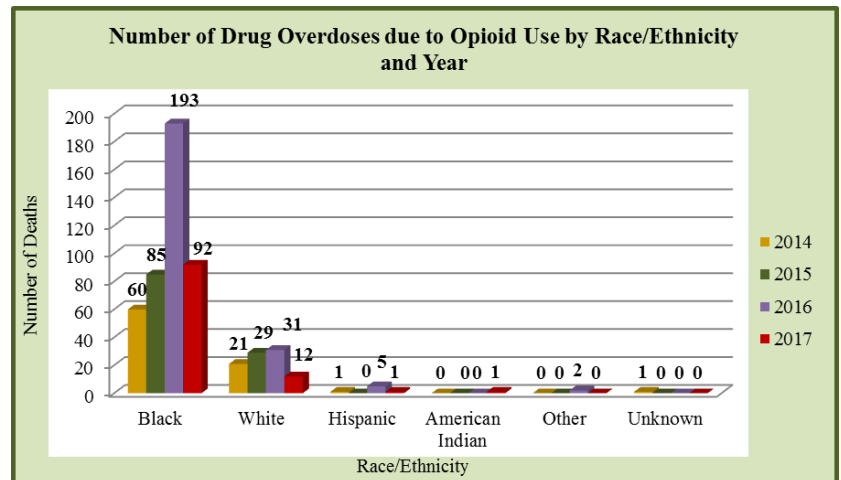
Age

Approximately **80%** of all overdoses due to opioid drug use happen among adults between the ages of 40-69 years old. Deaths due to opioid use were most prevalent among people ages 50 to 59 (n=40%). There were no deaths from the use of opioids among people younger than 16 or older than 89.



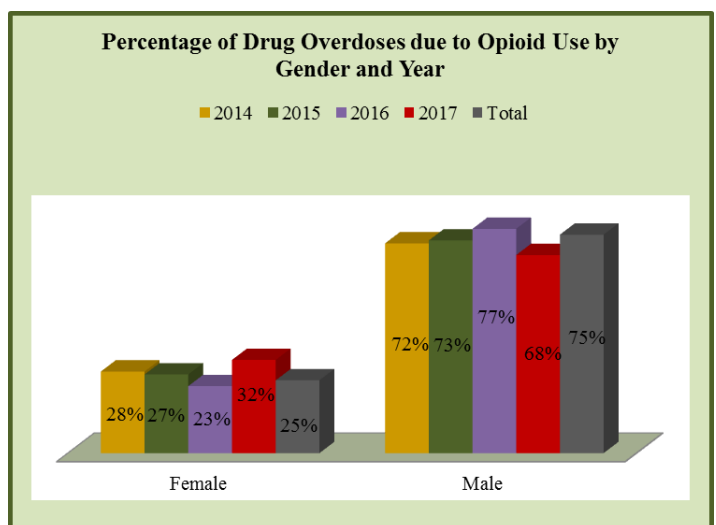
Race/Ethnicity

Overall, **430** or **81%** of all deaths due to opioid use were among Blacks. This trend remains when across years. Deaths among Blacks increased 127% from 2015 to 2016.



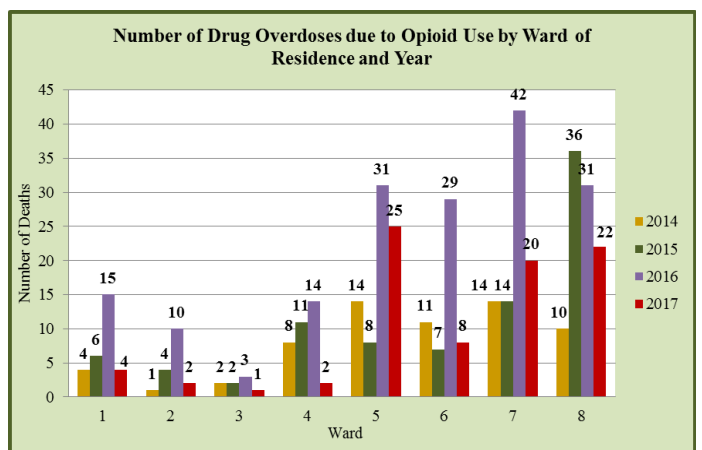
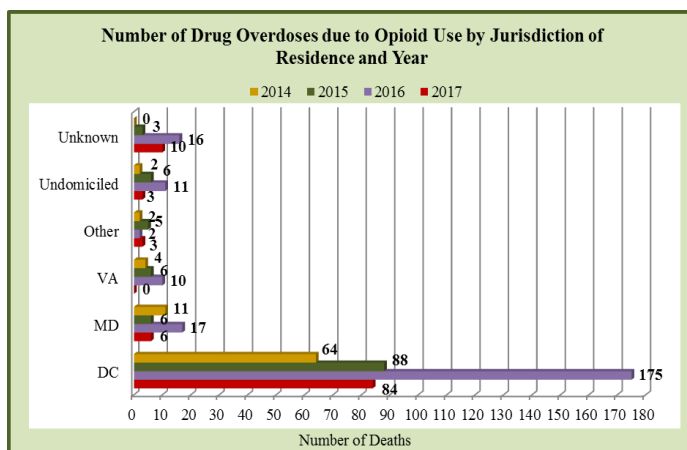
Gender

Fatal overdoses due to opioid drug use were more common among **males**.

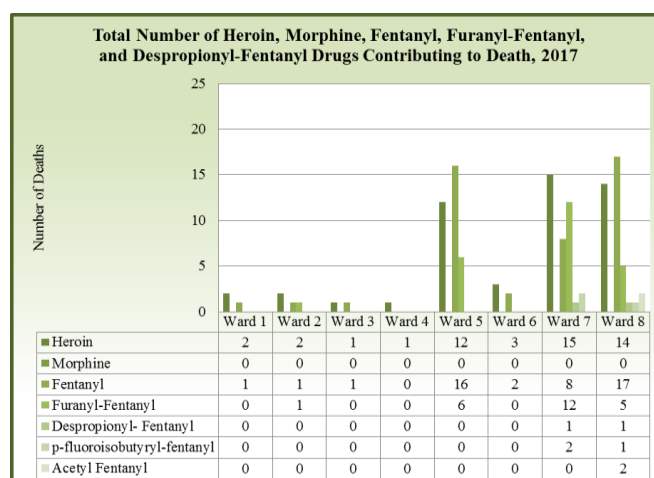
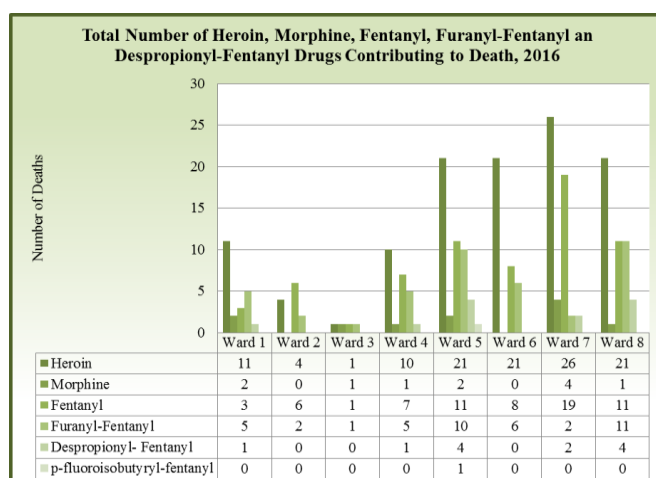
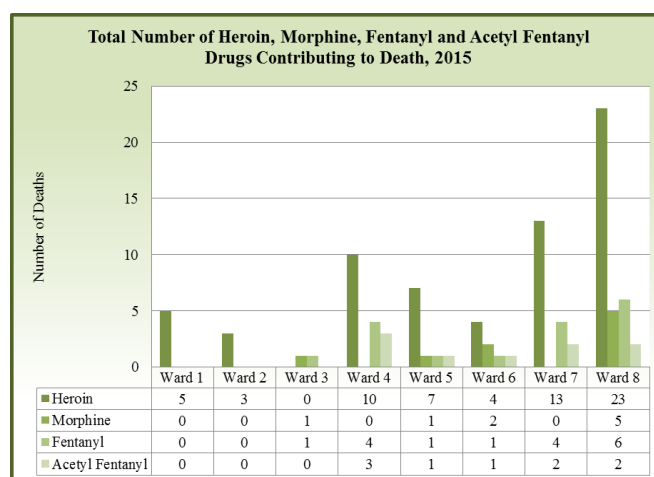
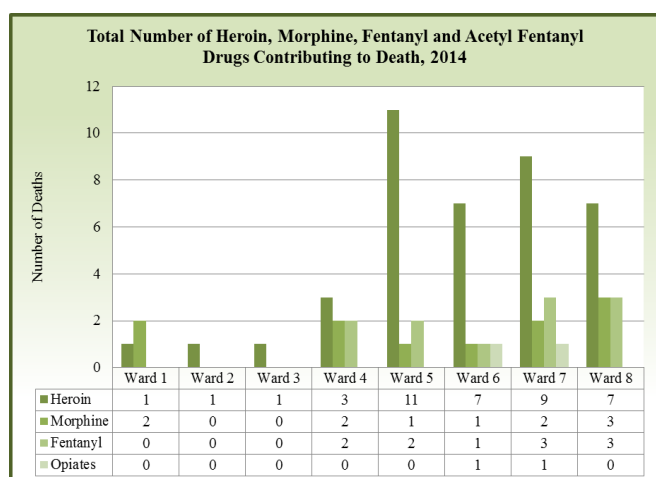


Jurisdiction of Residence¹

From 2014 to 2017, opioid-related fatal overdoses were most prevalent in **Wards 7 & 8** (n=189). However, there are variations across years. For example, opioid-related fatal overdoses were most prevalent in Wards 7 and 8 in 2015 yet Wards 5 and 7 in 2014. In 2016, opioid-related overdoses were most prevalent in **Ward 7**.



The graphs to the below depict the total number of heroin, morphine, fentanyl, and fentanyl analogs that contributed to death by Ward of Residence. Each drug is counted independently in fatalities involving more than one of these drugs. The total number of opioids found in fatal overdoses increased between 2014 and 2015. Overall, in the District there were a total of **64** counts of heroin, morphine, and fentanyl that contributed to fatal overdoses in 2014. In 2015, the number of opioids that contributed to a fatal overdose in the District increased to a total of **100** opioids (heroin, morphine, fentanyl, and acetyl fentanyl). There were zero cases of fentanyl analogs in 2014.⁴ Nine of the twelve cases of acetyl fentanyl found in 2015 were among decedents that were residence of the District. In 2016, there were a total of **247** illicit opioids (heroin, morphine, fentanyl, furanyl-fentanyl despropionyl-fentanyl, p-fluoroisobutyryl-fentanyl) identified. Although, there are zero cases of acetyl fentanyl in 2016, new, equally potent, fentanyl analogs have emerged. In 2017 to date, there have been a total of **127** illicit opioids contributing to drug overdoses. In addition, acetyl fentanyl has reemerged.



⁴ OCME began screening for fentanyl analogs in 2015.

