

Drug Overdose in Delaware

State Epidemiological Outcomes Workgroup

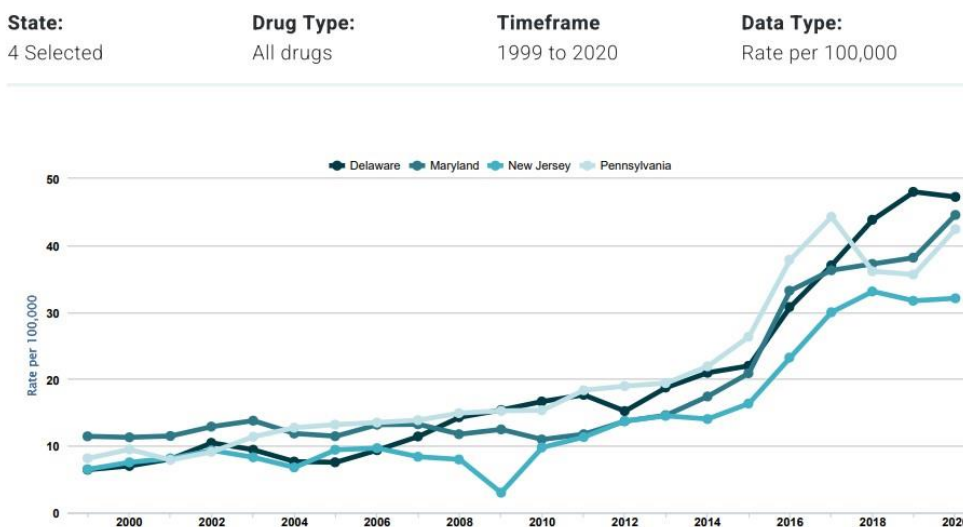
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Overdose in Delaware

Delaware continues to experience high overdose mortality rates in comparison to other states in the U.S., including neighboring states. One analysis of opioid-related overdose mortality rate indicated that in 2019 Delaware had the highest age-adjusted opioid overdose death rate in the country (Kaiser Family Foundation, n. d.). In 2020, Delaware had the 3rd highest overall drug overdose mortality rates in the U.S (Centers for Disease Control and Prevention [CDC], 2022). Drug overdose death rates in Delaware had been comparable to those of other states in the region until 2018, but between 2018 and 2020, Delaware had the highest rates in the region (State Health Access Data Assistance Center [SHADAC], n.d.). The most recent provisional drug count (Ahmad, Rossen, & Sutton, 2022) indicates that drug overdose rates are increasing at greater rates in Delaware than other surrounding states, compared to the prior 12-month period (December 2020 compared to December 2021). However, an analysis of Delaware emergency room data related to opioid overdoses indicates a 24% decrease in emergency room visits for opioid overdoses between March 2021 and March 2022 (CDC, updated May 2022).

Opioid-related and other drug poisoning deaths per 100,000 people

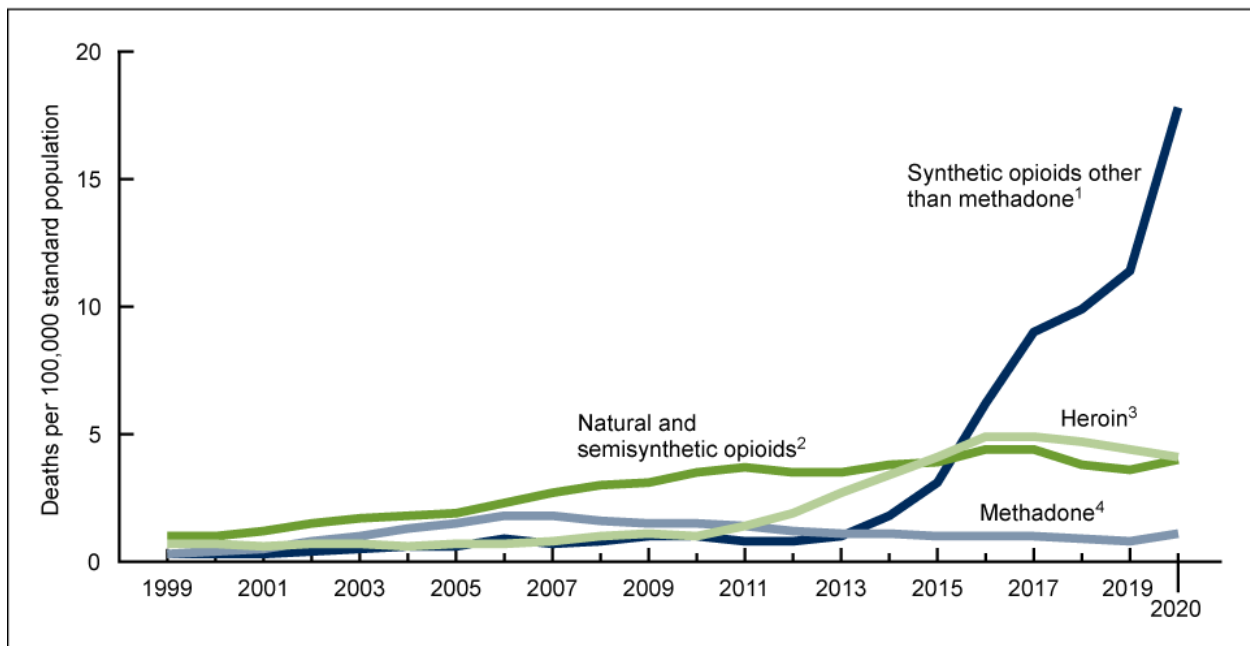


SHADAC analysis of CDC WONDER data, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org, Accessed June 2022.

Fentanyl Involved Overdoses

Illicitly manufactured fentanyl (IMFs) are increasingly involved in overdose deaths. Researchers note that there have been several waves of trends related to overdoses (Jones, Bekheet, Park, & Alexander, 2020), but since 2014, the overdose epidemic can be seen as primarily a fentanyl epidemic. In recent years, overdose deaths increasingly involve stimulants as well. The image below, captured from the National Center for Health Statistics website, shows the sharp increase in overdose deaths involving synthetic opioids other than methadone (a category that includes IMFs). Between 2019 and 2020 there was a 56% increase in rates of drug overdose deaths that involved this category of drugs.

Figure 4. Age-adjusted rates of drug overdose deaths involving opioids, by type of opioid: United States, 1999–2020



¹Significant increasing trend from 1999 through 2020, with different rates of change over time, $p < 0.05$.

²Significant increasing trend from 1999 to 2010, and stable trend from 2010 through 2020, $p < 0.05$.

³Significant increasing trend from 2005 to 2016, with different rates of change over time, and significant decreasing trend from 2016 through 2020, $p < 0.05$.

⁴Significant increasing trend from 1999 to 2006, with different rates of change over time, significant decreasing trend from 2006 through 2017, and stable trend from 2017 through 2020, $p < 0.05$.

NOTES: Drug overdose deaths are identified using the *International Classification of Diseases, 10th Revision (ICD-10)* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: any opioid, T40.0–T40.4 and T40.6; heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; and synthetic opioids other than methadone, T40.4. Deaths involving more than one opioid category (such as a death involving both methadone and a natural or semisynthetic opioid) are counted in both categories. The percentage of drug overdose deaths that identified the specific drugs involved varied by year, ranging from 75%–79% from 1999 through 2013 and increasing from 81% in 2014 to 94% in 2020. Access data table for Figure 4 at: <https://www.cdc.gov/nchs/data/databriefs/db428-tables.pdf#4>.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

A concerning trend, recently identified in a public safety alert from the Drug Enforcement Agency, is the large increase in counterfeit pills that contain fentanyl. In 2021, the DEA seized 20.4 million counterfeit pills. Of those that contained fentanyl, the DEA noted that approximately 40 percent had potentially lethal doses of fentanyl. Fentanyl-laced counterfeit pills have been identified in all states and are frequently marketed through social media platforms (DEA, December 2021). In 2019, around 14,000 counterfeit oxycodone pills that included fentanyl were seized by the DEA in Delaware (DEA, 2020).

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Delaware, like other states in the country, has felt the impact of increased IMFs in the drug supply. Between 2016-2021, there was a 269% increase in fentanyl identified in postmortem screening tests. Of the 515 fatal drug overdoses that occurred in 2021, 425, or nearly 83%, involved fentanyl (Delaware Division of Forensic Science [DFS], 2022). The 2021 annual DFS report notes that fentanyl and fentanyl analogs remain among the top reported compounds identified in postmortem drug screening tests. Para-fluorofentanyl, a fentanyl analog, increased by over 3000% in postmortem and DUI screening tests between 2020-2021 (p. 27).

Polysubstance Use, Psychostimulants, and Overdose

Nationwide, there is an increase in overdose mortality due to cocaine and other psychostimulants, often in combination with opioids, particularly IMFs. Psychostimulants include methamphetamine, prescription stimulants used to treat conditions such as ADHD, and MDMA, which is also known as ecstasy. While cocaine is also a psychostimulant, generally data scientists make a distinction between cocaine and other psychostimulants. Between 2013 and 2019 the rates of drug overdose deaths that involved cocaine tripled. In 2019, more than three out of four overdose deaths that involved cocaine also involved an opioid (Hedegaard, Minino, & Warner, 2021).

Recent research by Townsend and colleagues (2022) reviewed geographic and racial/ethnic trends in combined opioid and stimulant overdoses. Analysis of overdose mortality in 2019 noted that the largest increase in rates of combined stimulant and opioid overdose by racial category was within Black populations; researchers found a 575% increase in cocaine/opioid mortality between 2007-2019, and 16,200% increase in methamphetamine and other stimulants in combination with opioids for this population during that same time period. Cocaine/opioid overdose death rates were higher in the eastern part of the country, whereas overdose rates involving methamphetamine and other stimulants in combination with opioids were higher in the western and Midwestern parts of the country. The authors suggest that unintended fentanyl exposure may explain some of the increased opioid/stimulant mortality (Townsend, et al., 2022).

Policy Responses in Delaware

Within the past two legislative sessions in Delaware, a number of bills have been signed into law with the intent to address rising drug overdose rates:

- *Senate Bill 166* was signed into law October 2021. This bill creates a commission to ensure that funds from the Prescription Opioid Settlement Fund are not diverted, and are instead used to address the harms associated with the opioid crisis in Delaware.
- *Senate Bill 76* was signed into law in June 2021. This bill allows for the distribution of fentanyl testing strips by individuals and organizations. Additionally, the testing strips cannot be considered drug paraphernalia.
- *Senate Bill 161* was signed into law August 2019. This bill allows law enforcement officers to share information about individuals who have experienced a suspected overdose with the Delaware Division of Mental Health (DSAMH), so that DSAMH can help facilitate connections with behavioral health treatment services.
- *Senate Bill 34* was signed into law in June 2019. This bill created a Prescription Opioid Impact Fund and outlines the ways in which the opioid impact fees paid by pharmaceutical companies can be allocated in Delaware.
- *Senate Bill 101* was signed into law in July 2019. This bill updated the list of Schedule 1 substances within the Delaware Code so that the language includes any fentanyl-related substances within this list. Previously, the Delaware Code listed specific fentanyl analogs by name, which limited the ability to respond to new fentanyl analogs as they are identified.

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