



Surveillance Report

Highlights from the 2019 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States

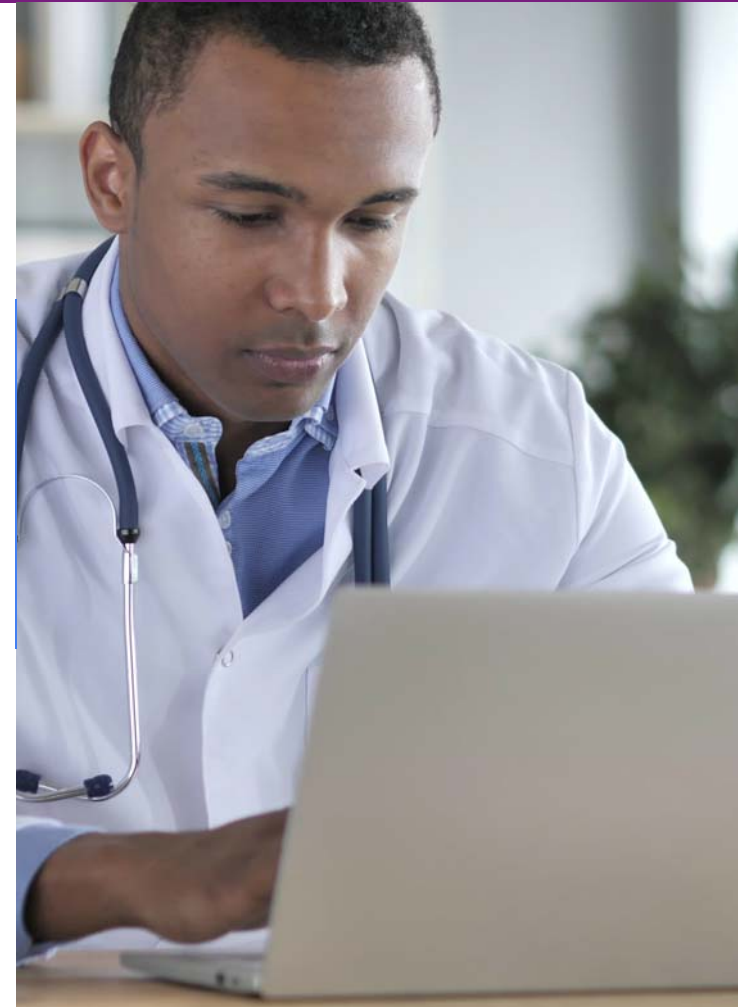


Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control



Background

This is the third annual drug surveillance report summarizing the latest data at the national level for opioid prescribing patterns, drug use, nonfatal overdoses, and fatal overdoses related to the current drug overdose epidemic in the United States.



Background

- This report is intended to serve as a resource for:
 - People charged with addressing this ongoing national crisis,
 - Members of the public who want to stay informed about the most recently available data, and
 - People who are interested in learning about the current drug overdose landscape and developing innovative and evidence-based solutions to address this crisis.
- Suggested citation when using resources from this presentation:
 - Centers for Disease Control and Prevention. 2019 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. October 28, 2019. Accessed [date] from www.cdc.gov/drugoverdose/pdf/pubs/2019-cdc-drug-surveillance-report.pdf

Data Sources

Outcome	Data Source		Year(s)
Opioid prescribing practices	IQVIA™	<ul style="list-style-type: none"> Includes estimates of the total number of opioid prescriptions filled and opioid dosage prescribed. 	2006–2018
Drug use, misuse, substance use disorder, and treatment	National Survey on Drug Use and Health (NSDUH) ^a	Includes estimates of self-reported use of: <ul style="list-style-type: none"> prescription pain relievers, tranquilizers, stimulants, and benzodiazepines marijuana, opioids (heroin use and prescription pain reliever misuse), heroin, cocaine, and methamphetamine substance use initiation, disorder, and treatment 	2017-2018

^aA product of the Substance Abuse and Mental Health Services Administration (SAMHSA).

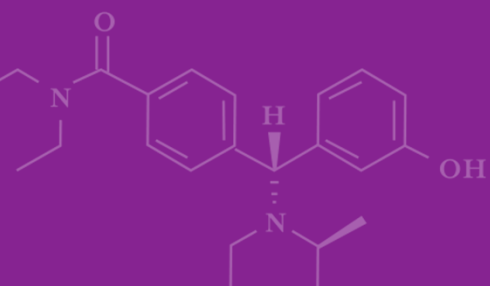
Data Sources (cont.)

Outcome	Data Source		Year(s)
Nonfatal overdose hospitalizations and emergency department visits	Healthcare Cost and Utilization Project (HCUP) ^a	<ul style="list-style-type: none"> Includes nonfatal emergency department visits and hospitalizations from poisonings (a proxy for overdose) stemming from the following: all drugs, all opioids, heroin, methadone, other specified opioids, cocaine, and methamphetamine. 	2016
Drug overdose mortality	National Vital Statistics System (NVSS), Mortality Component ^b	<ul style="list-style-type: none"> Includes fatalities from drug overdose as the underlying cause of death for the following drugs: heroin, natural/semisynthetic opioids (e.g., hydrocodone, oxycodone), methadone, synthetic opioids other than methadone (e.g., fentanyl, tramadol), any opioids, cocaine, and psychostimulants with abuse potential (e.g., methamphetamine, dextroamphetamine). 	1999–2017

^aA product of the Agency for Healthcare Research and Quality (AHRQ).

^bMaintained by the National Center for Health Statistics, CDC.

Opioid Prescribing Practices



Opioid Prescribing Practices

Total number and rate of opioid prescriptions^a filled per 100 persons annually — United States, 2018

Opioid prescriptions (Rx)	Number	Rate ^b
All opioids	168,158,611	51.4
LA/ER opioids ^c	14,811,160	4.5
Days of supply per Rx		
< 30 days	96,196,574	29.4
≥ 30 days	71,962,037	22.0
< 3 days	26,792,643	8.2
< 7 days	59,492,722	18.2
≥ 3 days and < 7 days	32,7000,079	10.0
Average opioid Rx per patient ^d	3.4	
Average days of supply per Rx	18.4	

Source: IQVIA™ Xponent 2018. Data extracted in 2019.

Abbreviation: Rx, prescription.

^aOpioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol, and Butrans® (buprenorphine), were identified using the National Drug Code.

^bRate per 100 persons.

^cLA/ER represents opioids that are long acting (LA) or extended release (ER).

^dBased on number of patients who filled an opioid prescription.

Opioid Prescribing Practices

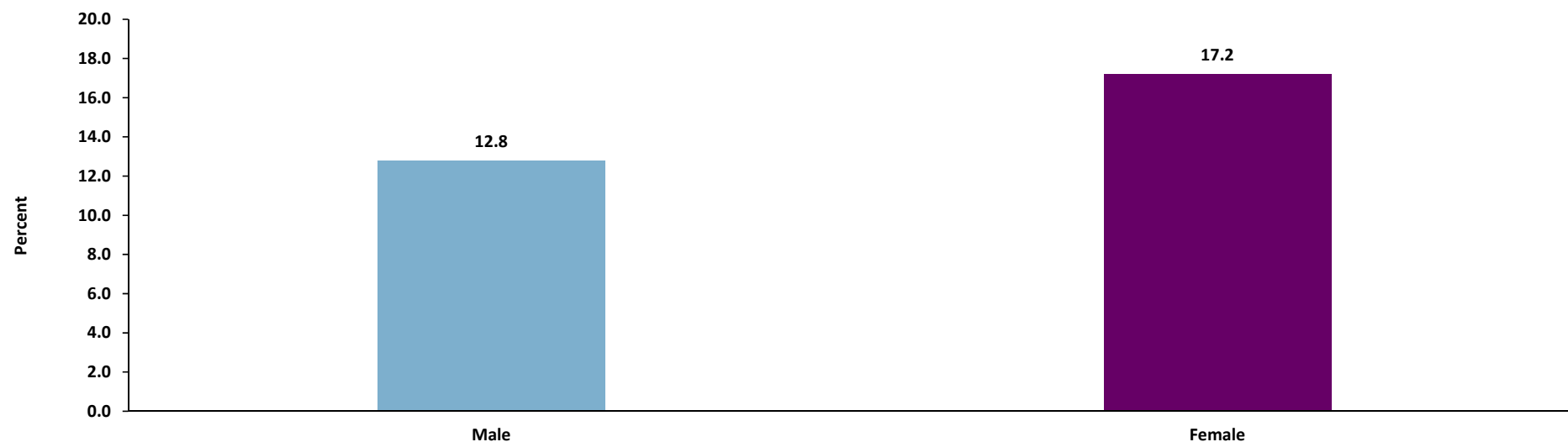
Total number and rate of morphine milligram equivalents (MME) dispensed per 100 persons annually — United States, 2018

Morphine milligram equivalents (MME)	Number	Rate ^a
Total MME	138,900,570,581	
MME per capita	424.6	
Average MME per Rx	828.1	
Average daily MME per Rx	42.9	
Daily dosage per Rx		
< 50 MME	129,792,025	39.7
≥ 50 but < 90 MME	25,769,022	7.9
≥ 90 MME (high-dosage)	12,597,565	3.9

Source: IQVIA™ Xponent 2018. Data extracted in 2019.
Abbreviation: MME, morphine milligram equivalents; Rx, prescription.
^aRate per 100 persons.

Opioid Prescribing Practices

Percentage of persons who had at least one prescription filled for an opioid^a, by sex — United States, 2018

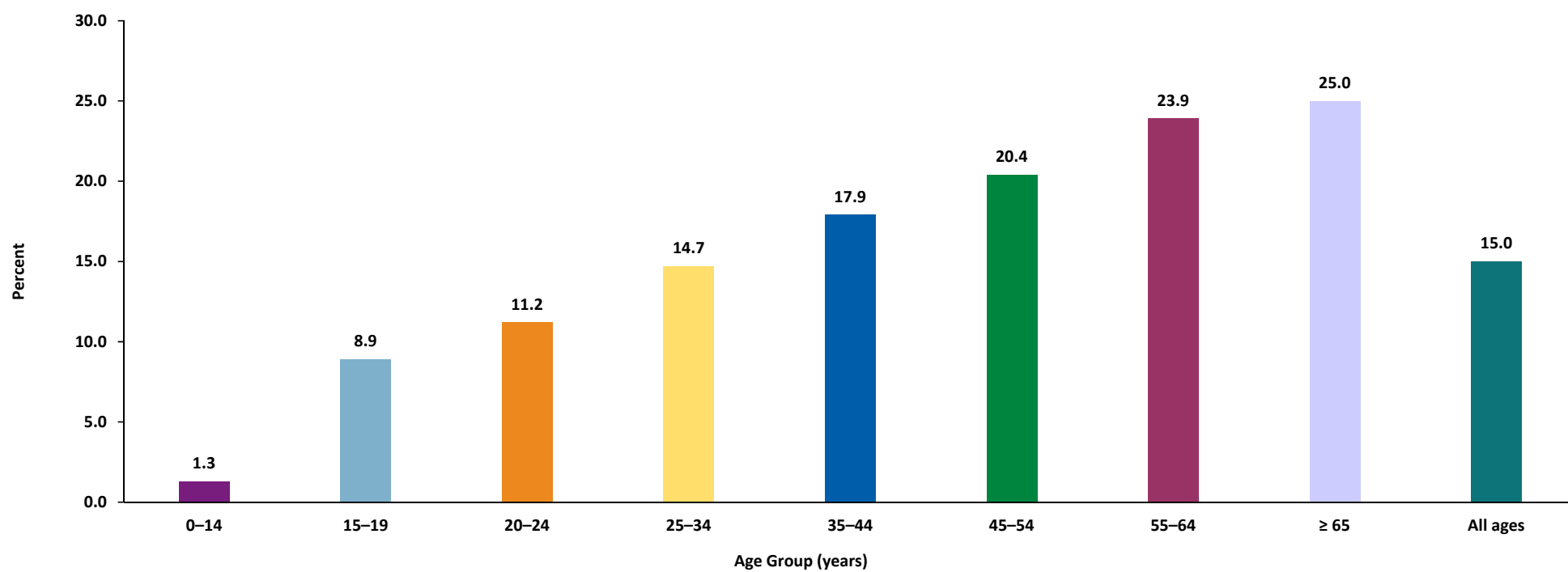


Source: IQVIA™ Total Patient Tracker, 2018. Data extracted in 2019.

^aOpioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol, and Butrans® (buprenorphine), were identified using the National Drug Code.

Opioid Prescribing Practices

Percentage of persons who had at least one prescription filled for an opioid^a, by age group — United States, 2018

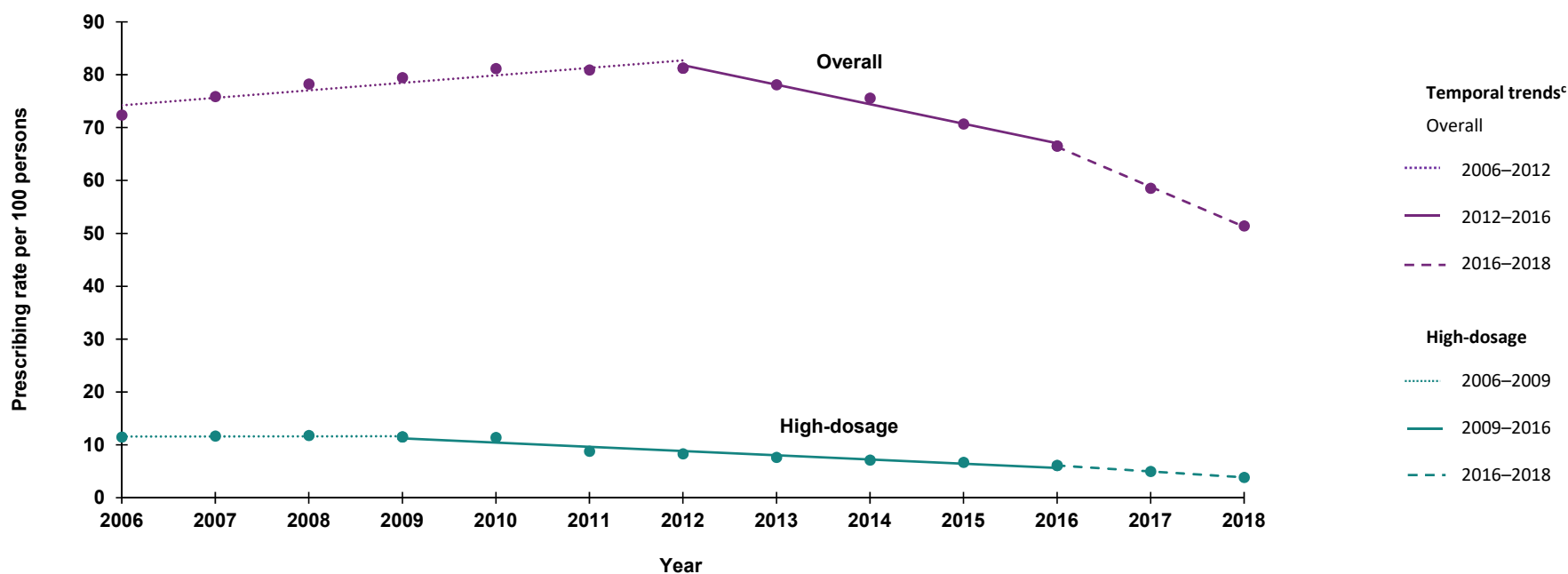


Source: IQVIA™ Total Patient Tracker, 2018. Data extracted in 2019.

^aOpioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol and Butrans® (buprenorphine), were identified using the National Drug Code.

Opioid Prescribing Practices

Rates for overall annual opioid prescriptions^a filled per 100 persons and for high-dosage prescriptions (\geq 90 morphine milligram equivalent [MME]/day)^b — United States, 2006–2018



Source: IQVIA™ Xponent 2006-2018. Data extracted in 2019.

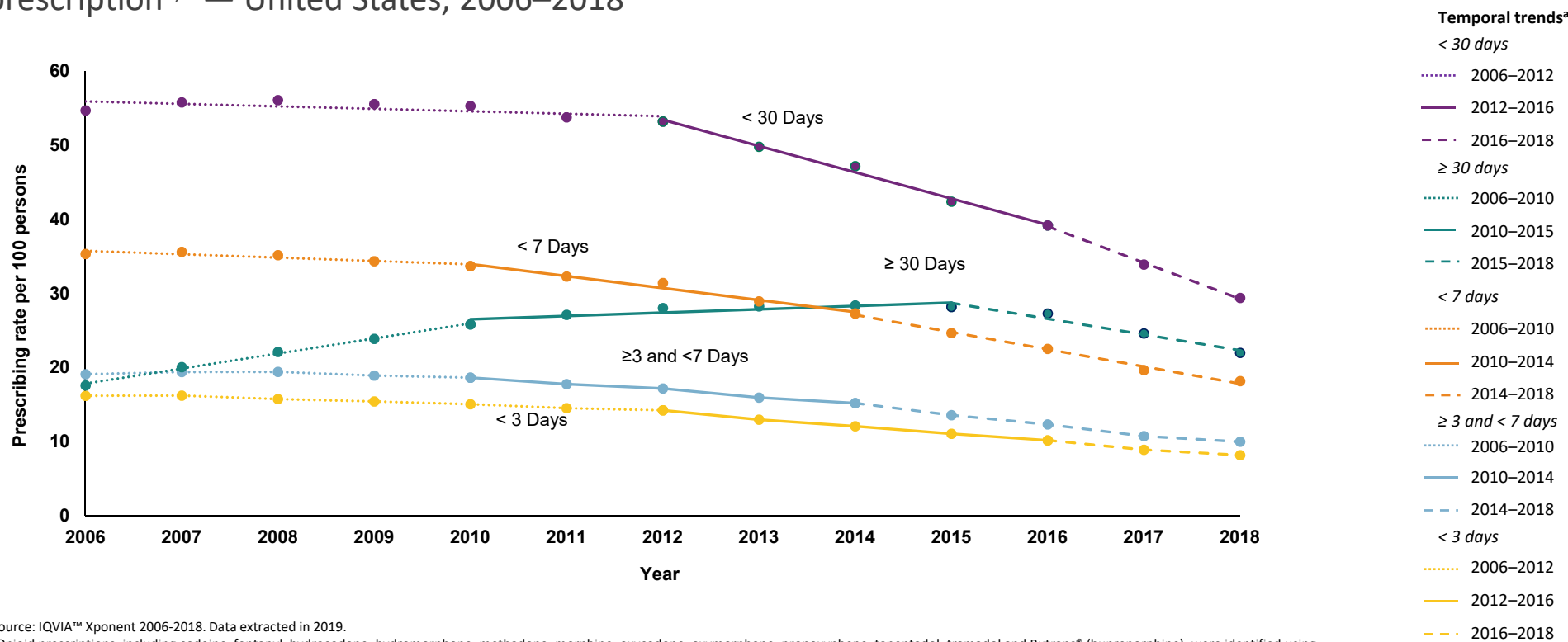
^aOpioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol and Butrans® (buprenorphine), were identified using the National Drug Code.

^bHigh-dosage prescriptions were defined as opioid prescriptions resulting in a daily dosage of \geq 90 morphine milligram equivalents.

^cTemporal trends from 2006 to 2018 were evaluated by applying joinpoint regression methodology. This modeling approach simultaneously identified statistically significant trends as well as shifts in trends that occurred within a time series. A maximum of two joinpoints were allowed, and the permutation method was used for model selection. Different line dashes correspond to year groupings as determined by joinpoint regression. When analyzing trends using IQVIA data, data were compared with and without IQVIA data modification starting in 2017 and found no significant differences in our findings.

Opioid Prescribing Practices

Rates for overall annual opioid prescriptions filled per 100 persons by days of supply per prescription^{a,b} — United States, 2006–2018



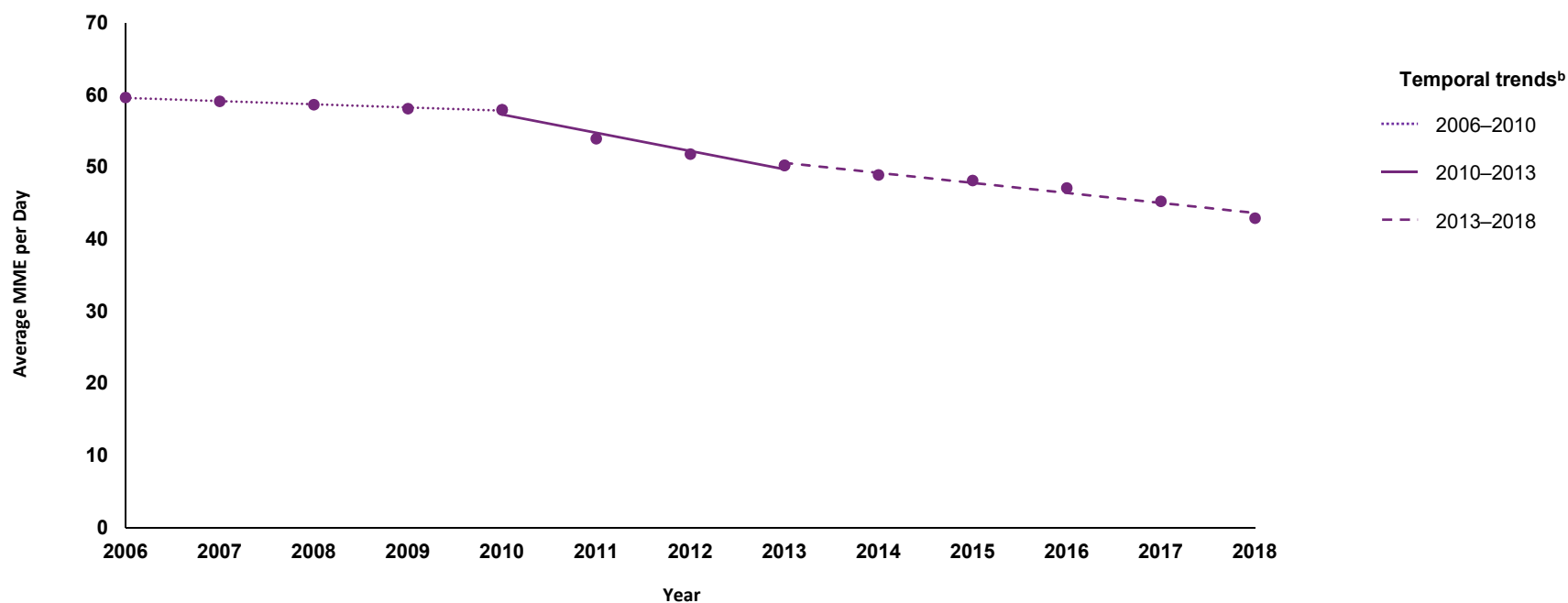
Source: IQVIA™ Xponent 2006-2018. Data extracted in 2019.

^aOpioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol and Butrans® (buprenorphine), were identified using the National Drug Code.

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Opioid Prescribing Practices

Average daily morphine milligram equivalents (MME) per opioid prescription dispensed^a — United States, 2006–2018



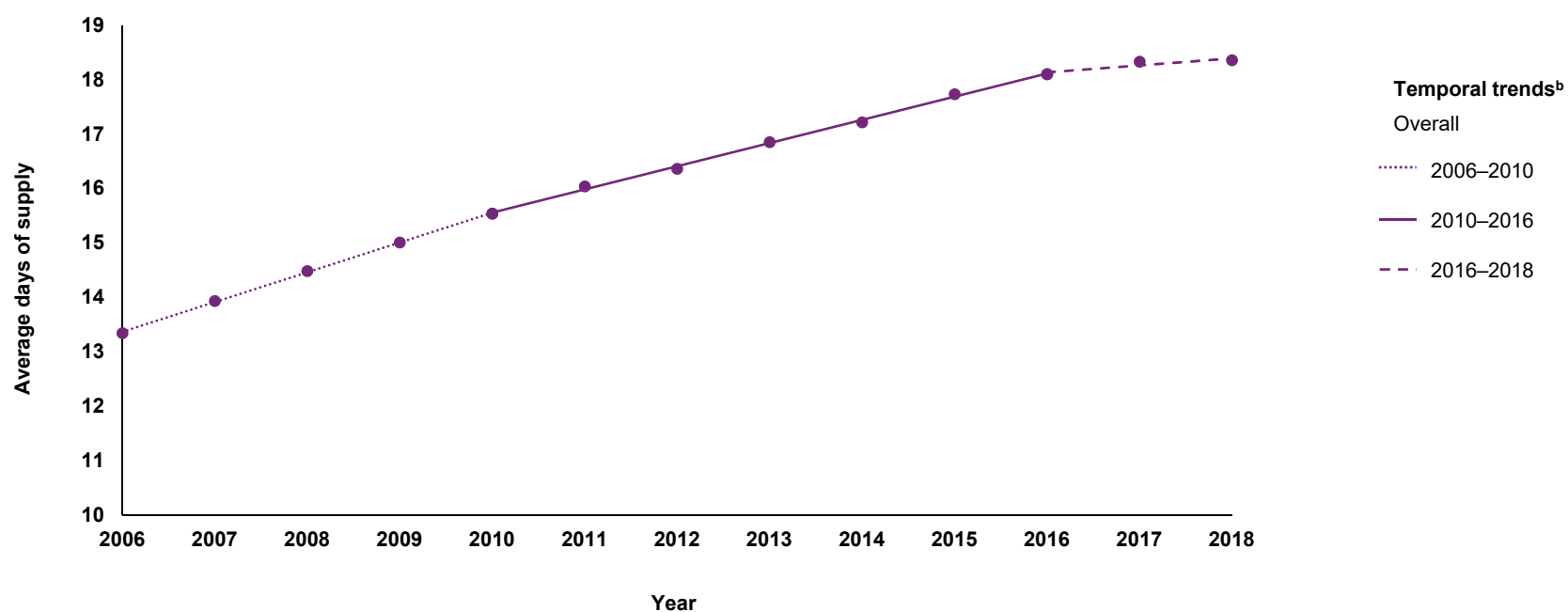
Source: IQVIA™ Xponent 2006-2018. Data extracted in 2019.

^aOpioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol and Butrans® (buprenorphine), were identified using the National Drug Code.

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Opioid Prescribing Practices

Average days of supply per opioid prescription filled^a — United States, 2006–2018

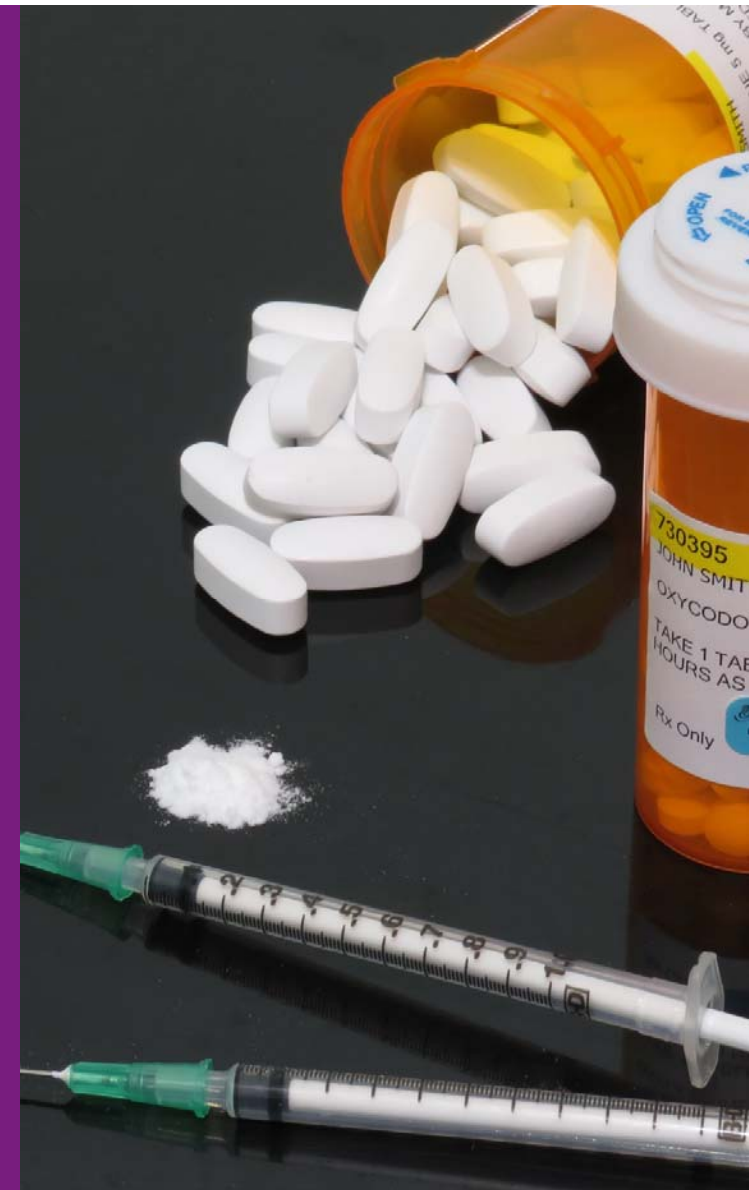
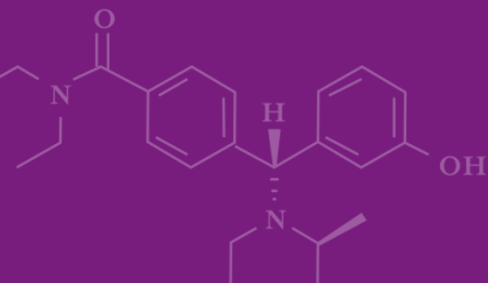


Source: IQVIA™ Xponent 2006–2018. Data extracted in 2019.

^aOpioid prescriptions, including codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, tramadol and Butrans® (buprenorphine), were identified using the National Drug Code.

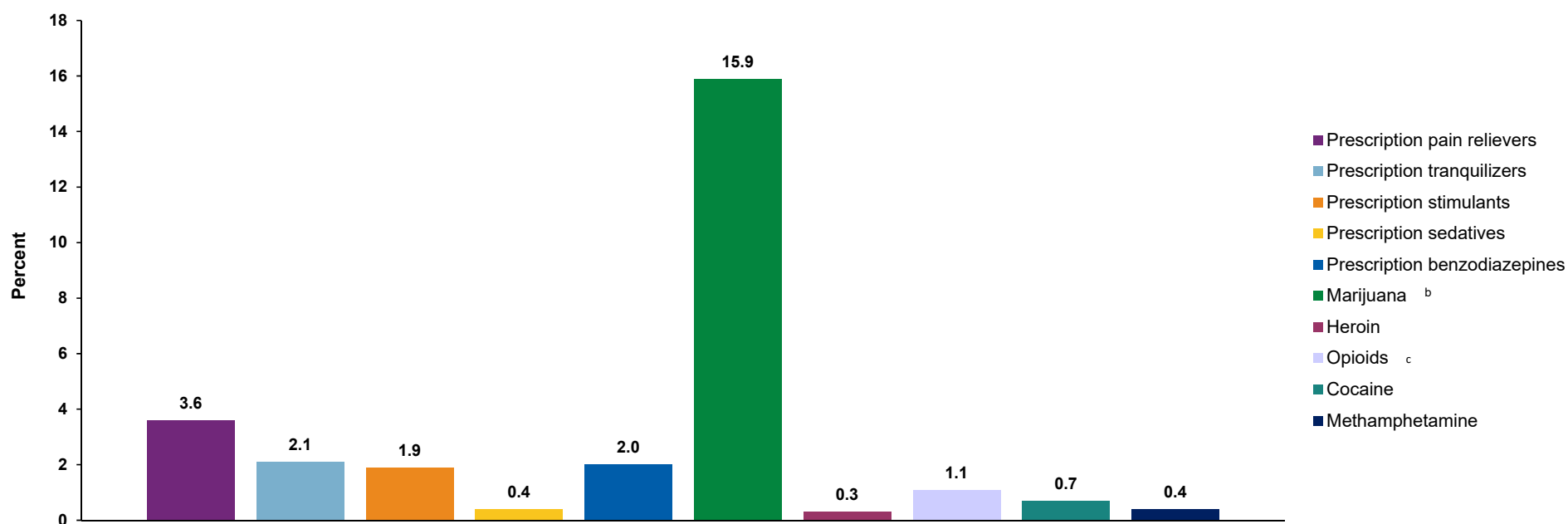
^bTemporal trends from 2006 to 2018 were evaluated by applying joinpoint regression methodology. This modeling approach simultaneously identified statistically significant trends as well as shifts in trends that occurred within a time series. A maximum of two joinpoints were allowed, and the permutation method was used for model selection. Different line dashes correspond to year groupings as determined by joinpoint regression. When analyzing trends using IQVIA data, data were compared with and without IQVIA data modification starting in 2017 and found no significant differences in our findings.

Drug Use, Misuse, Substance Use Disorder, and Treatment



Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of illicit drug use and prescription drug misuse^a in the past year, persons 12+ years old — United States, 2018



Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

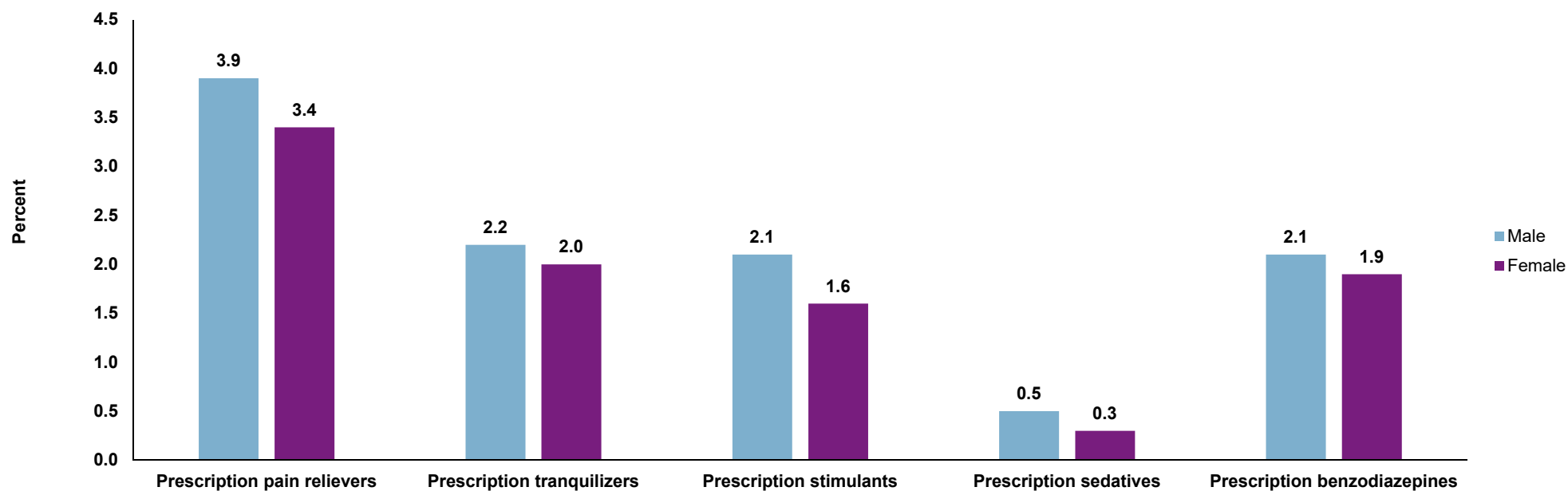
^aMisuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own medication; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Prescription drugs do not include over-the-counter drugs.

^bMarijuana was classified as an illicit substance in NSDUH because it remains an illegal substance (Schedule I drug) under federal law.

^cThis category includes heroin use, prescription pain reliever misuse, or both; therefore the numbers for heroin use and prescription pain reliever misuse do not add to those for opioid misuse because of poly-drug use. This category includes misuse of prescription fentanyl but does not include illicit manufactured fentanyl.

Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of prescription drug misuse^a in the past year by sex, persons 12+ years old — United States, 2018

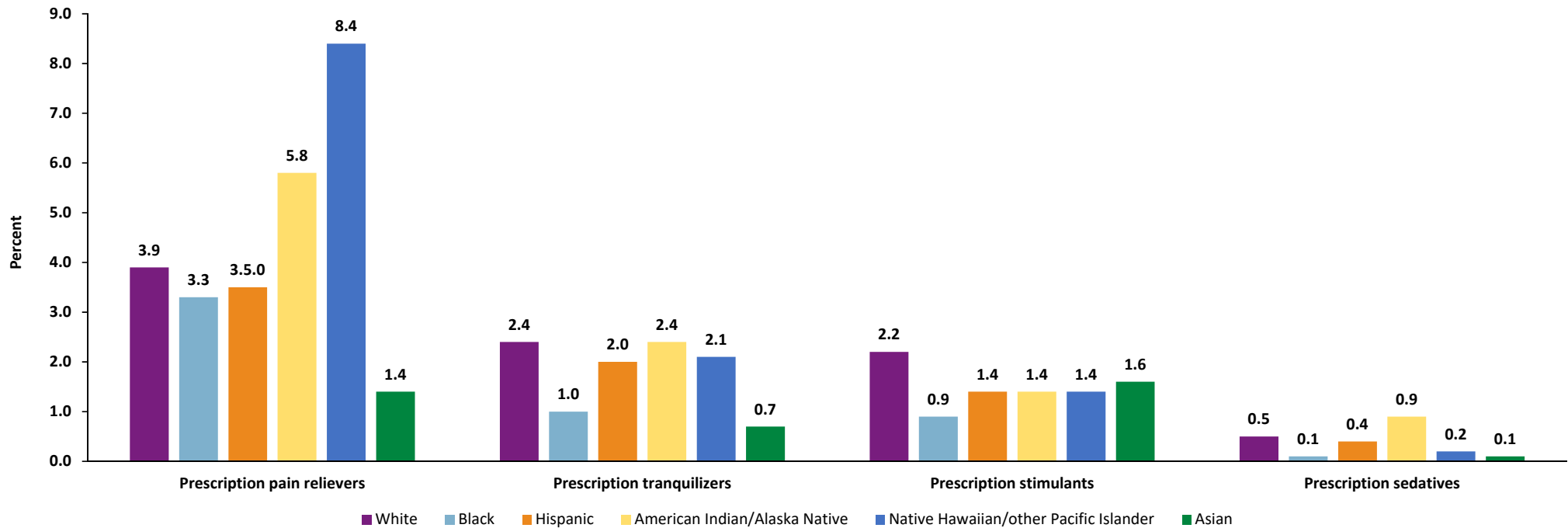


Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

^aMisuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own medication; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Prescription drugs do not include over-the-counter drugs.

Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of prescription drug misuse^a in the past year by race/ethnicity^b, persons 12+ years old — United States, 2018



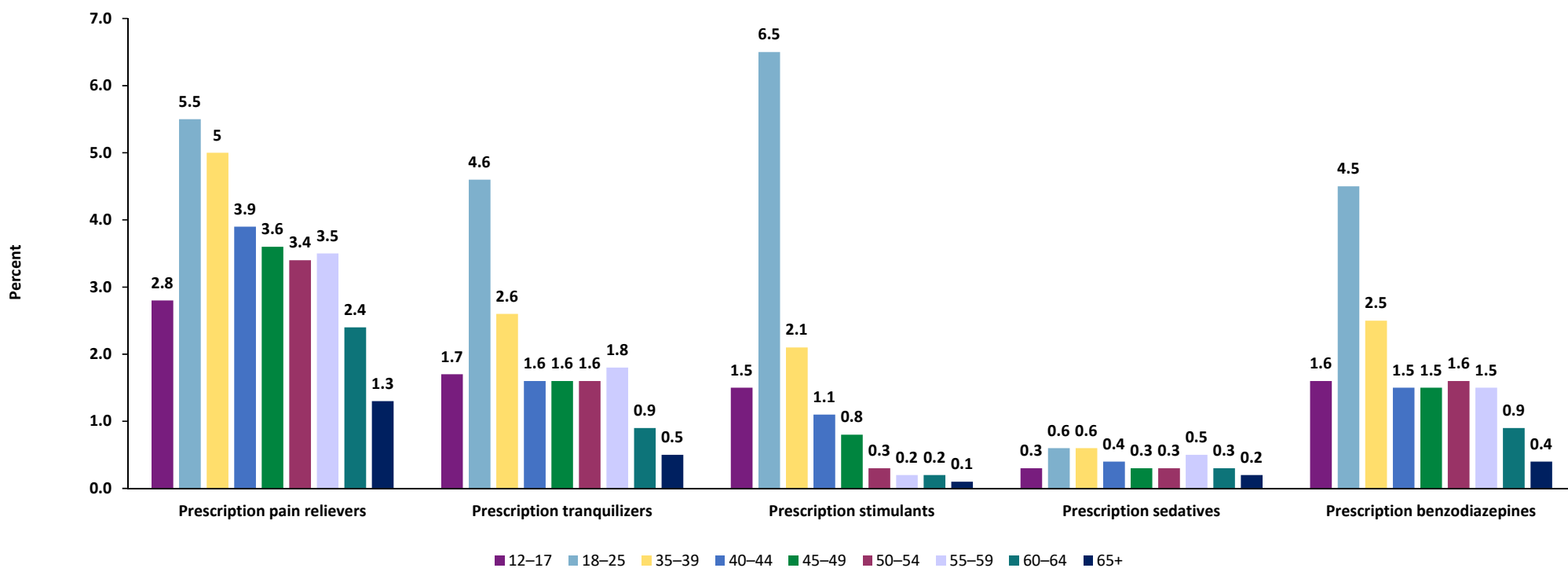
Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

^aMisuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own medication; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Prescription drugs do not include over-the-counter drugs.

^bAll race/ethnicity categories other than "Hispanic" are non-Hispanic. Data on two or more races are not included.

Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of prescription drug misuse^a in the past year by age group, persons 12+ years old — United States, 2018



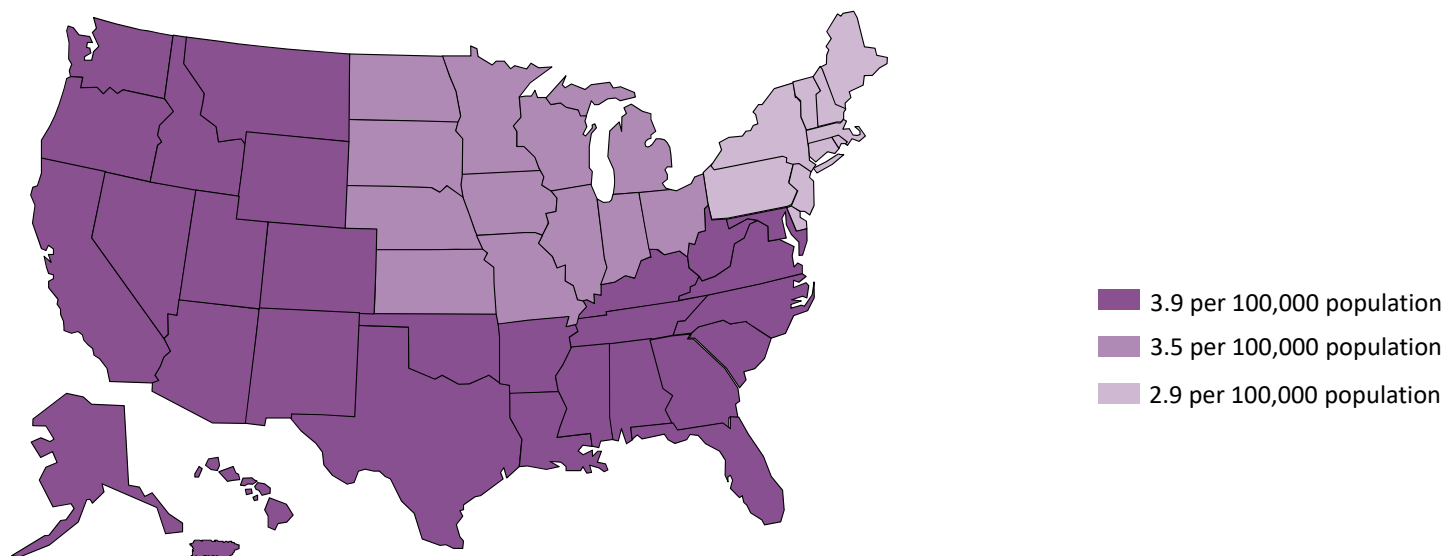
Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

Note: Ages 26-34 are not included in this report as they were not released by SAMSHA.

^aMisuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own medication; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Prescription drugs do not include over-the-counter drugs.

Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of prescription pain reliever misuse^a in the past year by region, persons 12+ years old — United States, 2018

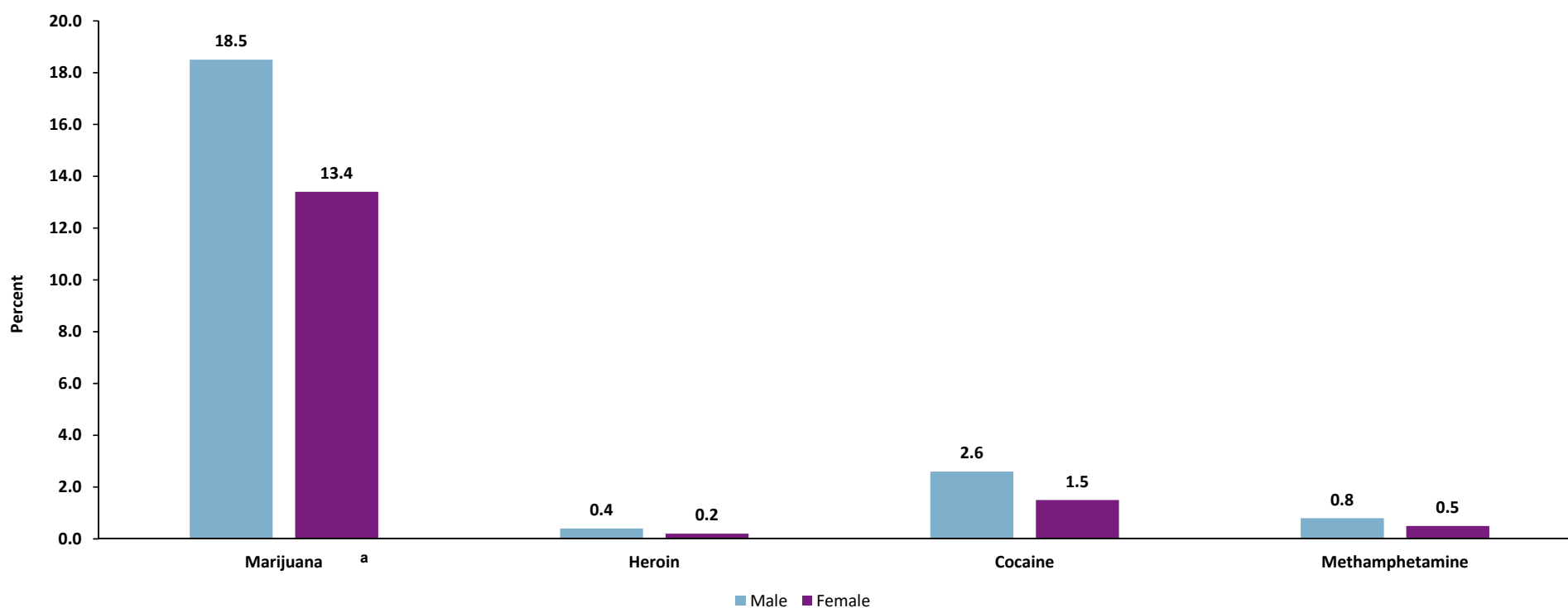


Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

^aMisuse of prescription drugs is defined as use in any way not directed by a doctor, including use without a prescription of one's own medication; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor. Prescription drugs do not include over-the-counter drugs.

Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of illicit drug use in the past year by sex, persons 12+ years old — United States, 2018

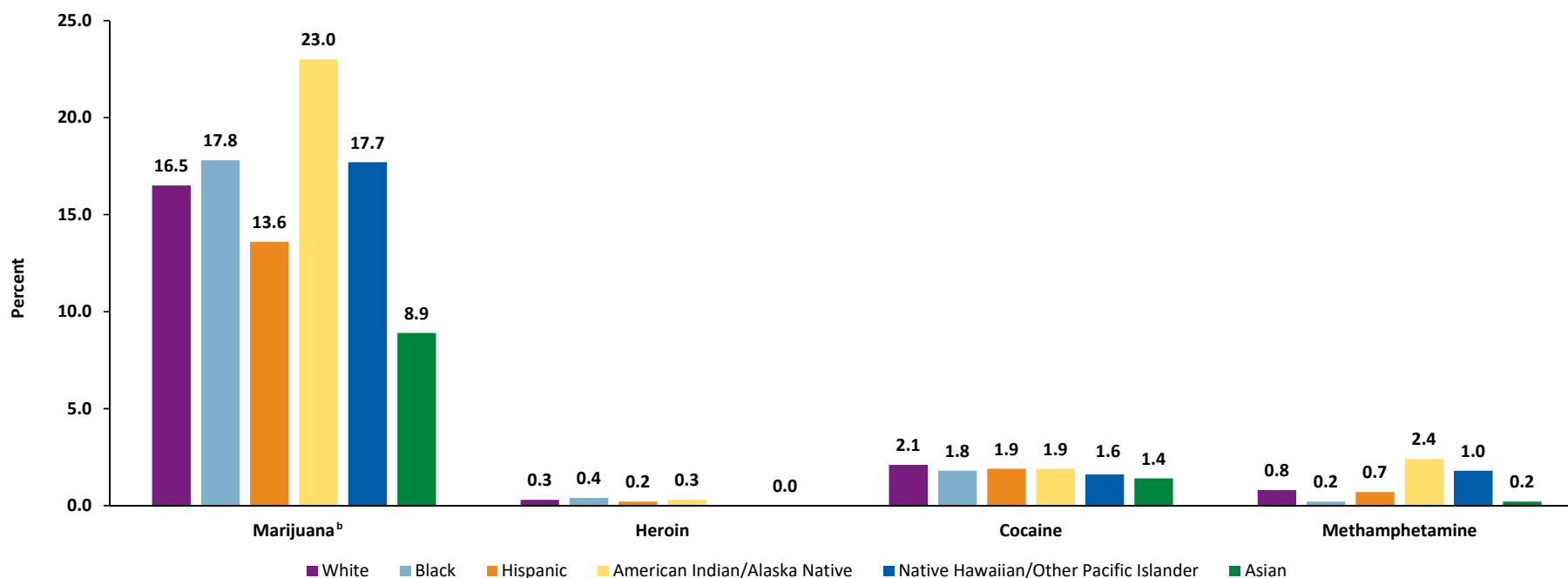


Source: Center for Behavioral Health Statistics and Quality, 2018 National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

^aMarijuana was classified as an illicit substance in NSDUH because it remains an illegal substance (Schedule I drug) under federal law.

Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of illicit drug use in the past year by race/ethnicity^a, persons 12+ years old — United States, 2018



Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

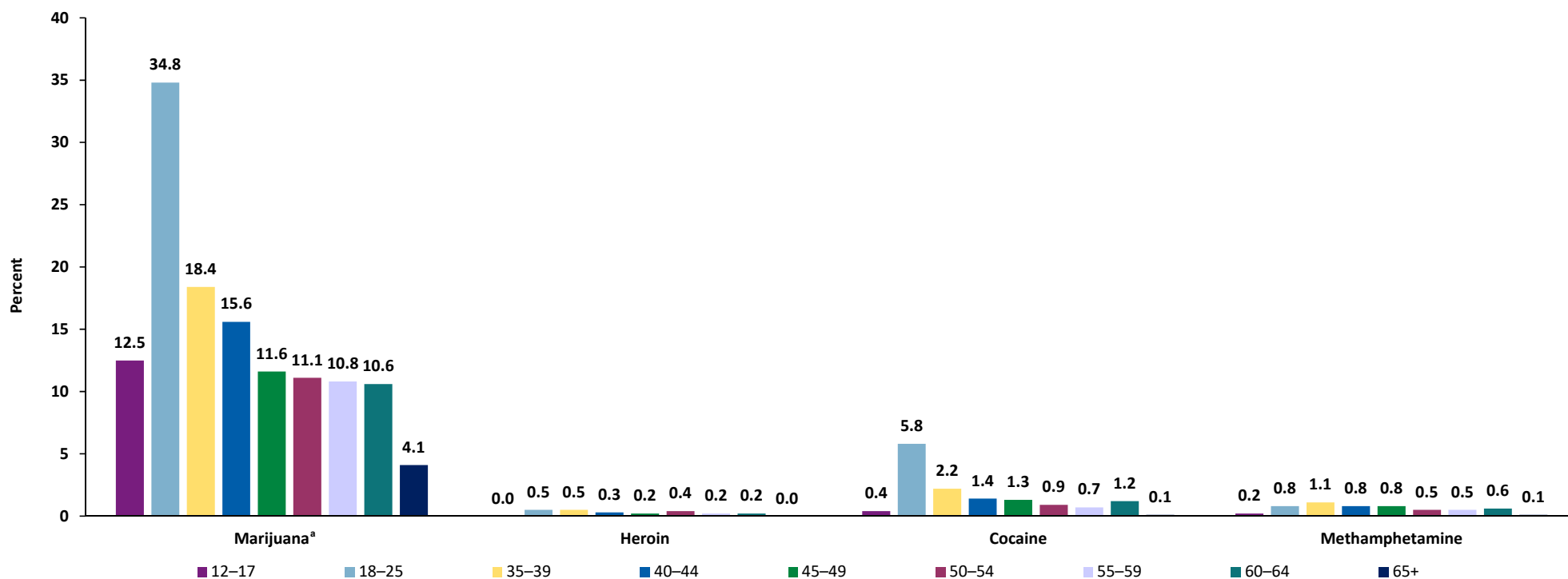
Note: Some percentages equal to 0.0 are displayed. These prevalence estimates are rounded down from < 0.05 percent and do not represent an absence of persons displaying a particular characteristic. Heroin percentage for Native Hawaiian/Other Pacific Islander are not reported due to low precision.

^aAll race/ethnicity categories other than "Hispanic" are non-Hispanic. Data on two or more races are not included.

^bMarijuana was classified as an illicit substance in NSDUH because it remains an illegal substance (Schedule I drug) under federal law.

Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of illicit drug use in the past year by age group, persons 12+ years old — United States, 2018



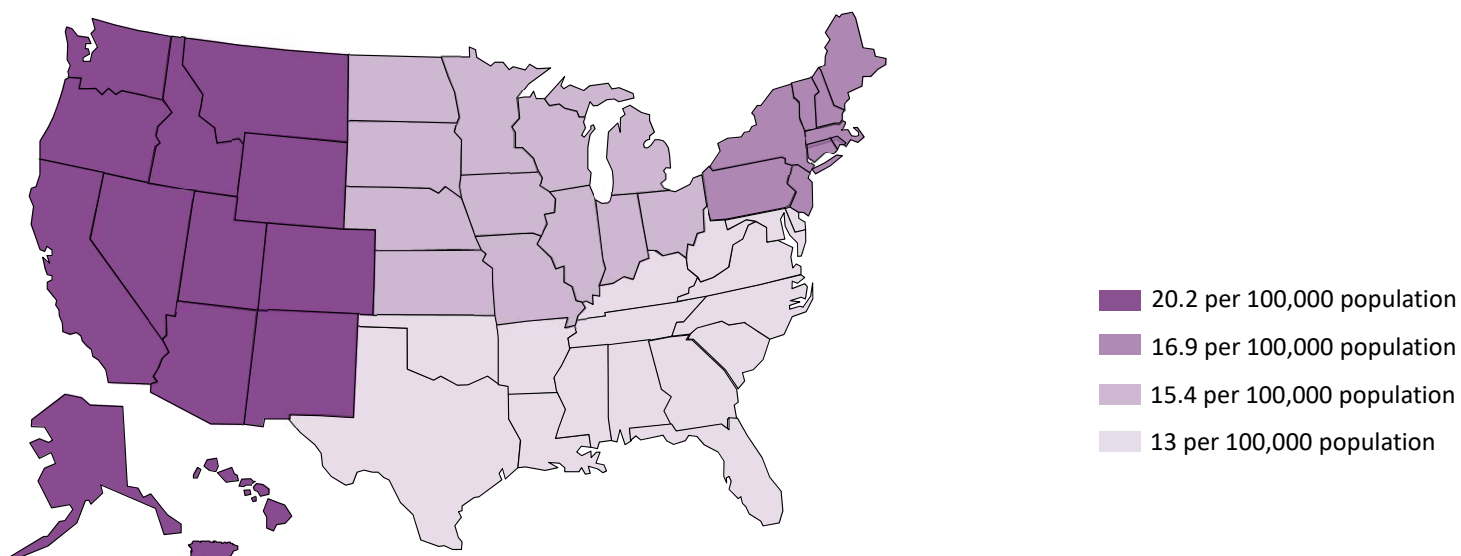
Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

Note: Some percentages equal to 0.0 are displayed. These prevalence estimates are rounded down from < 0.05 percent and do not represent an absence of persons displaying a particular characteristic. Ages 26-34 are not included in this report as they were not released by SAMSHA.

^aMarijuana was classified as an illicit substance in NSDUH because it remains an illegal substance (Schedule I drug) under federal law.

Drug Use, Misuse, Substance Use Disorder, and Treatment

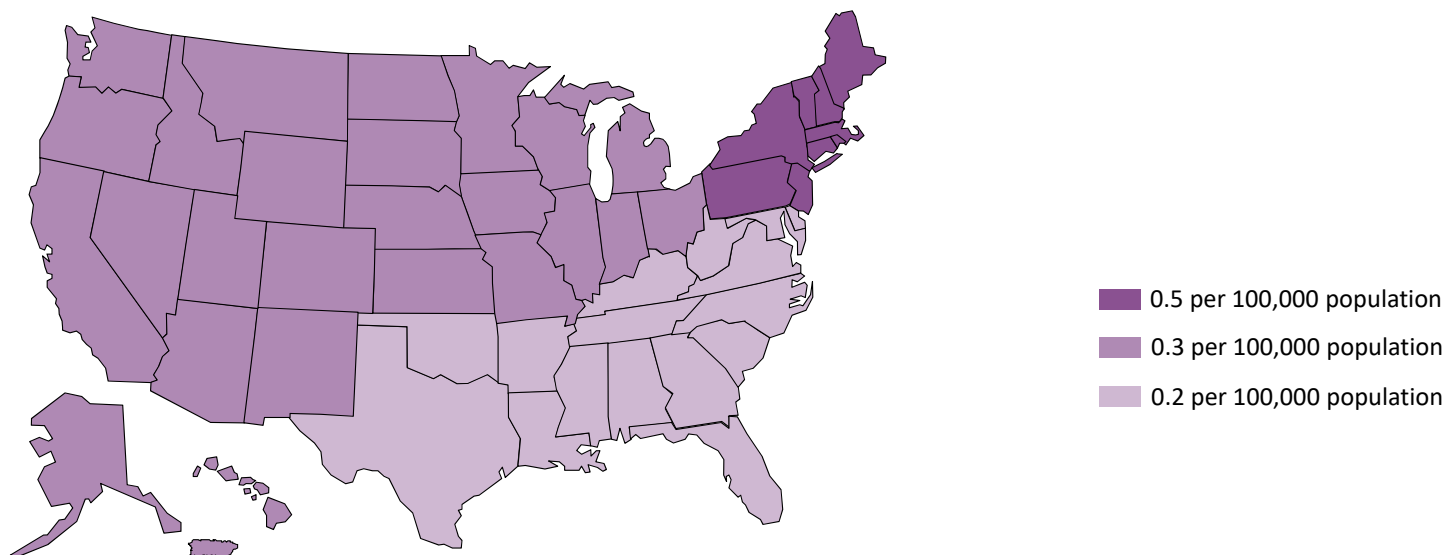
Self-reported prevalence of marijuana use in the past year by region, persons 12+ years old — United States, 2018



Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

Drug Use, Misuse, Substance Use Disorder, and Treatment

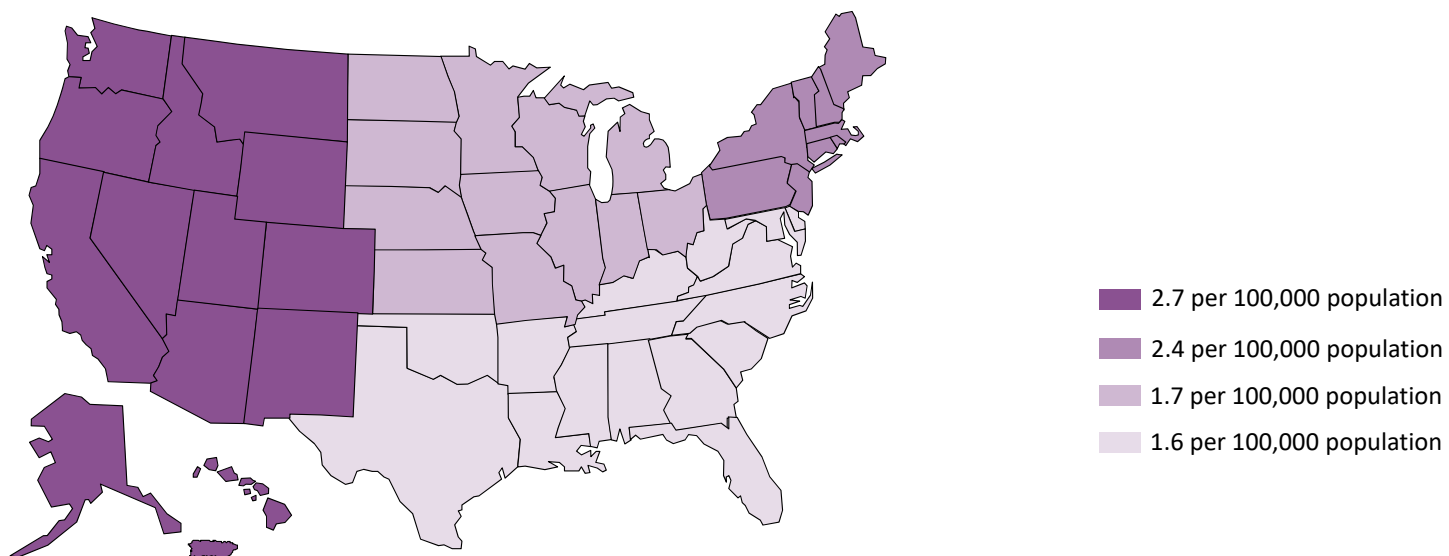
Self-reported prevalence of heroin use in the past year by region, persons 12+ years old — United States, 2018



Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

Drug Use, Misuse, Substance Use Disorder, and Treatment

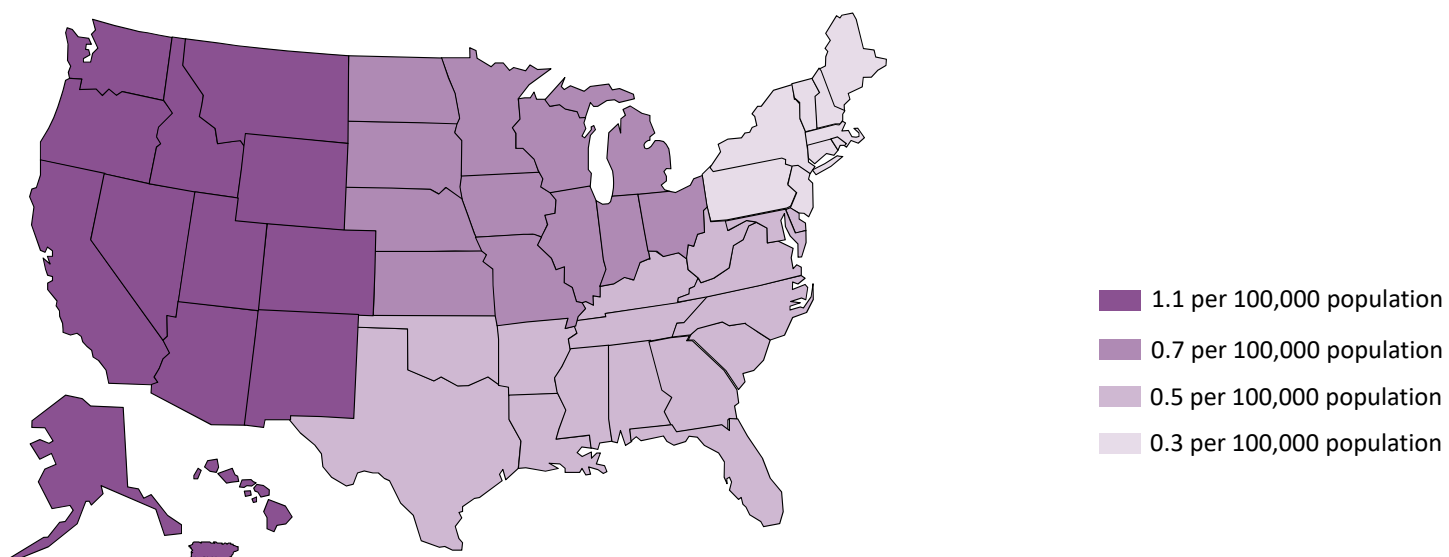
Self-reported prevalence of cocaine use in the past year by region, persons 12+ years old — United States, 2018



Source: 2018 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. Rockville, MD.

Drug Use, Misuse, Substance Use Disorder, and Treatment

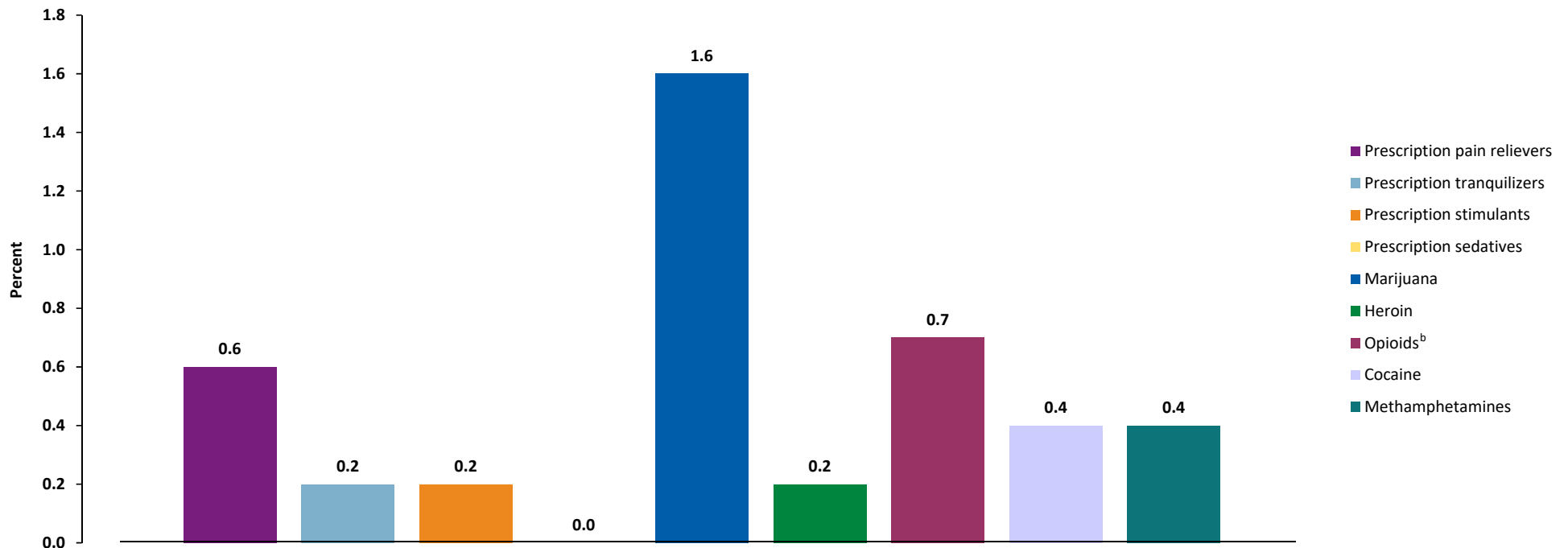
Self-reported prevalence of methamphetamine use in the past year by region, persons 12+ years old — United States, 2018



Source: 2018 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration. Rockville, MD.

Drug Use, Misuse, Substance Use Disorder, and Treatment

Self-reported prevalence of substance use disorder^a in the past year, persons 12+ years old — United States, 2018



Source: Center for Behavioral Health Statistics and Quality. 2018 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

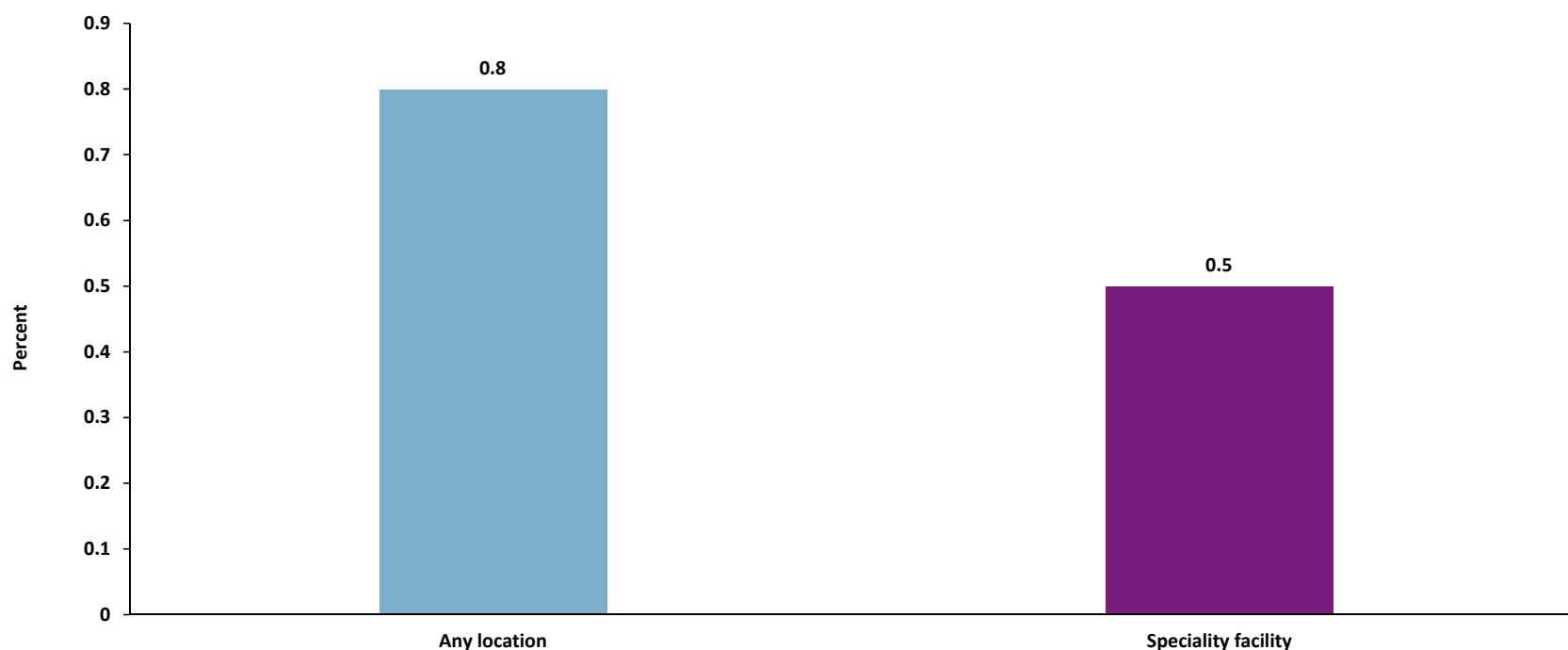
Note: Some percentages equal to 0.0 are displayed. These prevalence estimates are rounded down from < 0.05 percent and do not represent an absence of persons displaying a particular characteristic.

^aSubstance use disorder is defined as meeting criteria for illicit or prescription drug dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

^bOpioids includes heroin use, prescription pain reliever misuse, or both; therefore the numbers for heroin use and prescription pain reliever misuse do not add to those for opioid misuse because of poly-drug use. This category includes misuse of prescription fentanyl but excludes use of illicit fentanyl.


Drug Use, Misuse, Substance Use Disorder, and Treatment

Prevalence of self-reported treatment^a for illicit drug use and prescription drug misuse in the past year, persons 12+ years old — United States, 2018

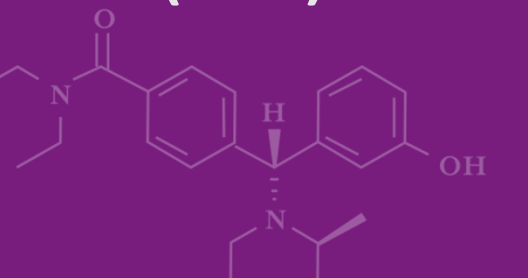


Source: Center for Behavioral Health Statistics and Quality. 201 National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMSHA), Rockville, MD.

^aIllicit or prescription drug treatment refers to treatment received in order to reduce or stop illicit drug use or prescription drug use, or for medical problems associated with illicit drug use or prescription drug use. It includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail. Illicit drug use includes the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. A specialty facility includes a hospital (inpatient only), rehabilitation facility (inpatient or outpatient), or mental health center.

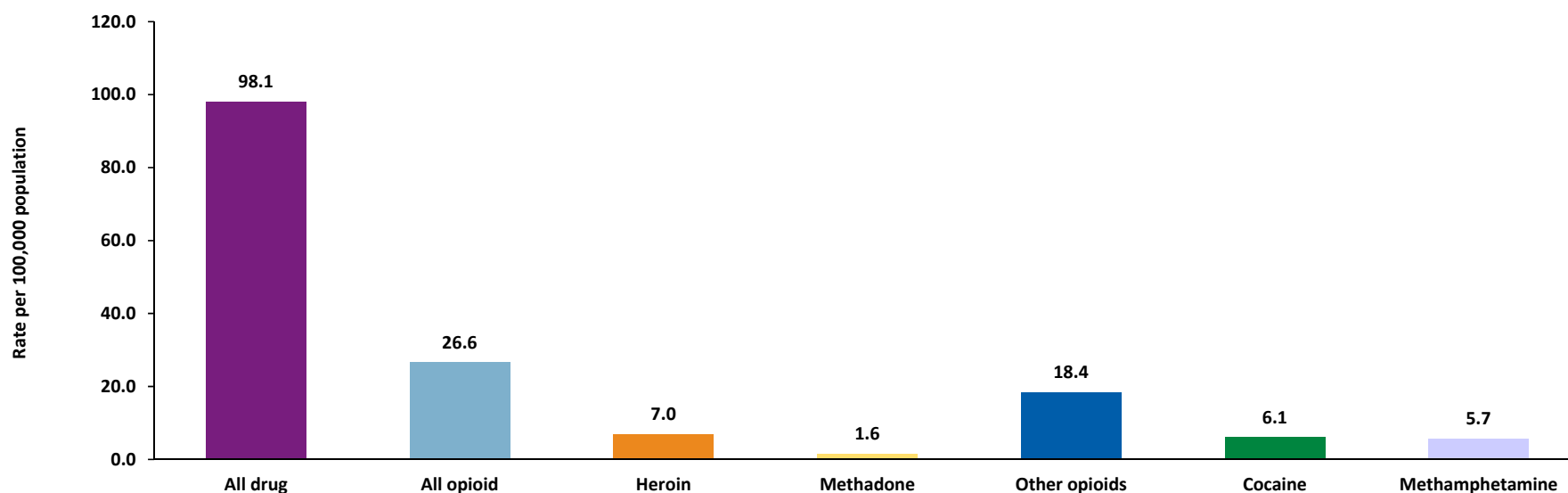


Nonfatal Overdose Hospitalizations and Emergency Department (ED) Visits



Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of drug poisoning-related hospitalizations^a by selected substances^b, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

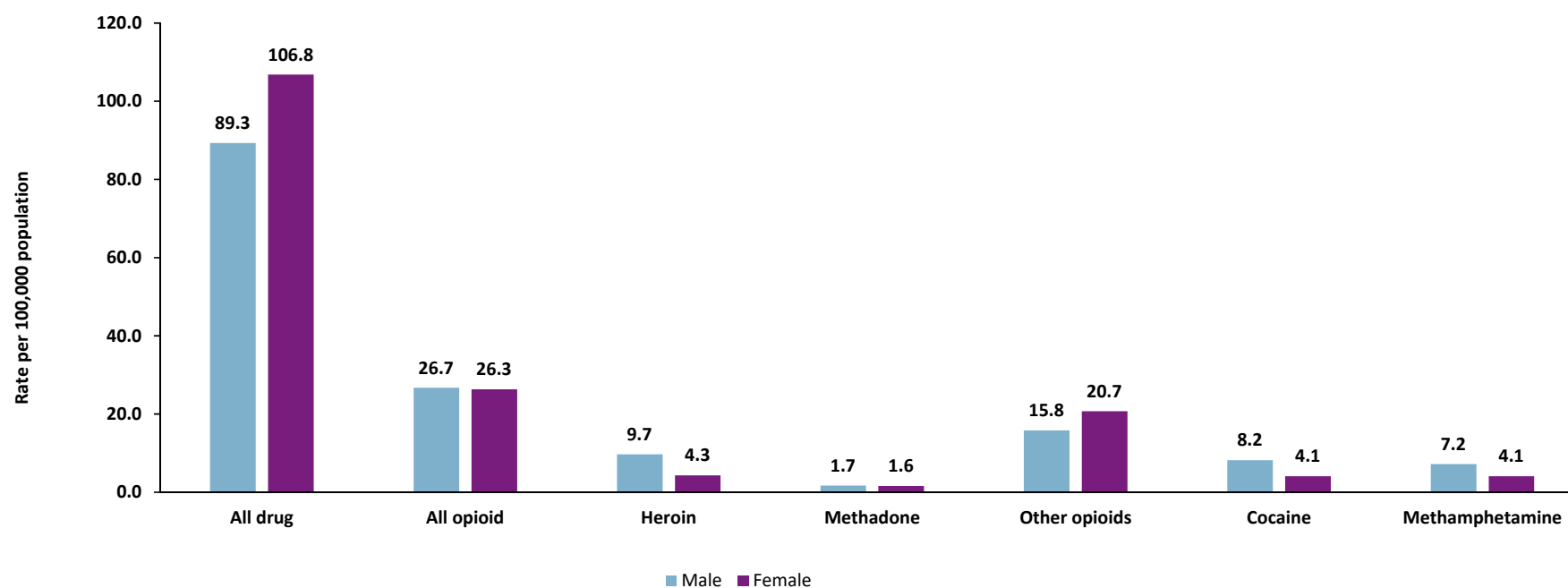
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIn-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

^bICD-10-CM/PCS codes are as follows: All drug (T36-T50), all opioid (T40.0, T40.1, T40.2, T40.3, T40.6, T40.69), Heroin (T40.1), Methadone (T40.3), Other opioids (T40.0, T40.2, T40.4, T40.6, T40.69), Cocaine (T40.5), and Methamphetamine (T43.62).

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of drug poisoning-related hospitalizations^a by selected substances^b and sex, all intents — United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

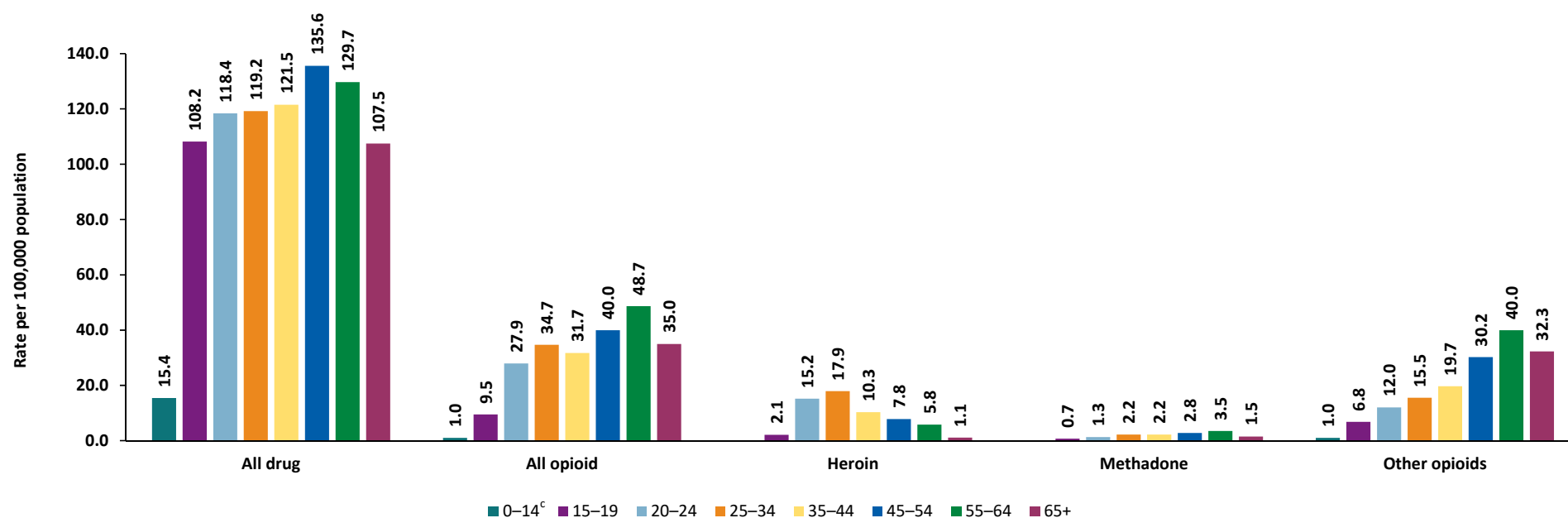
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^bICD-10-CM/PCS codes are as follows: All drug (T36-T50), all opioid (T40.0, T40.1, T40.2, T40.3, T40.6, T40.69), Heroin (T40.1), Methadone (T40.3), Other opioids (T40.0, T40.2, T40.4, T40.6, T40.69), Cocaine (T40.5), and Methamphetamine (T43.62).

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of drug poisoning-related hospitalizations^a by selected substances^b and age group, all intents — United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

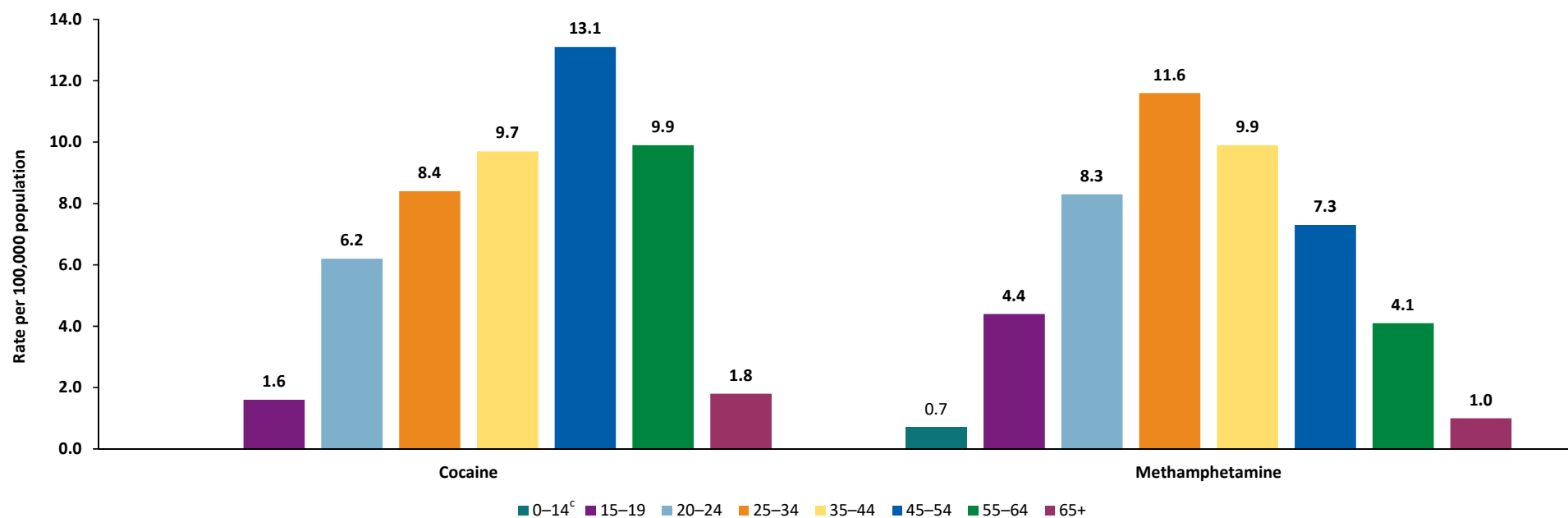
^aIn-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

^bICD-10-CM/PCS codes are as follows: All drug (T36-T50), all opioid (T40.0, T40.1, T40.2, T40.3, T40.6, T40.69), Heroin (T40.1), Methadone (T40.3), and Other opioids (T40.0, T40.2, T40.4, T40.6, T40.69).

^cBecause the relative standard error was > 30% or the standard error = 0, the value of the estimate was considered unreliable and was not reported for heroin and methadone among 0 to 14-year-olds.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of drug poisoning-related hospitalizations^a by selected substances^b and age group, all intents — United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

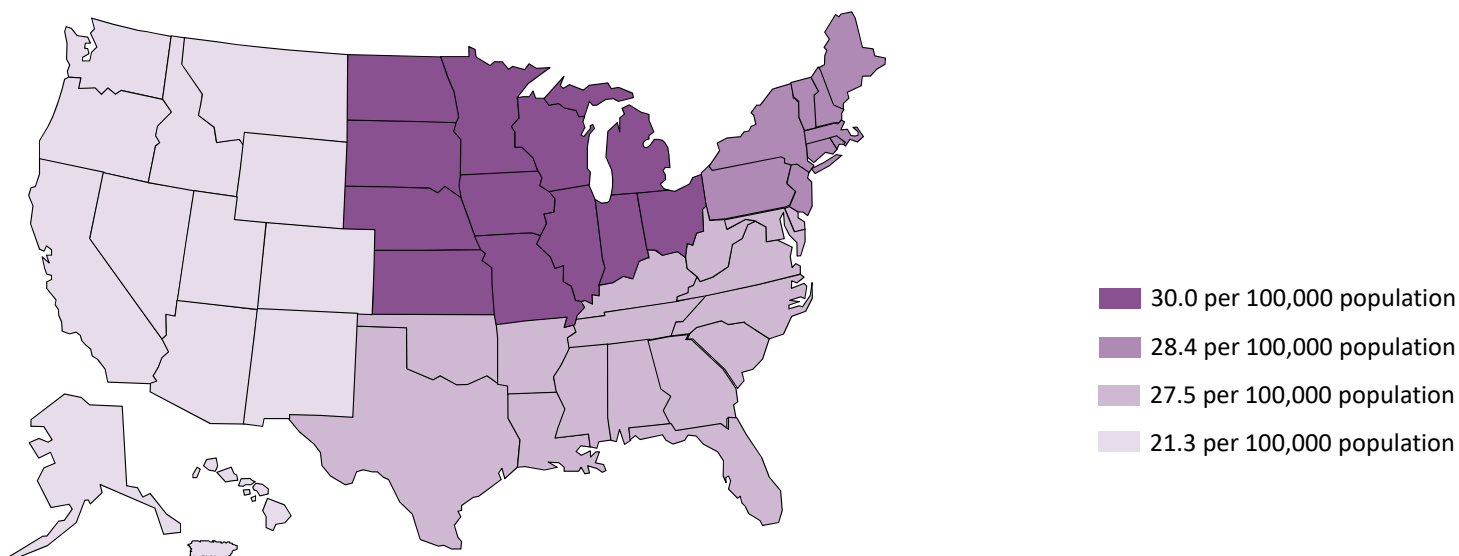
^aIn-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

^bICD-10-CM/PCS codes are as follows: Cocaine (T40.5) and Methamphetamine (T43.62).

^cBecause the relative standard error was > 30% or the standard error = 0, the value of the estimate was considered unreliable and was not reported for cocaine among 0 to 14-year-olds.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of all opioid^a poisoning-related hospitalizations^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

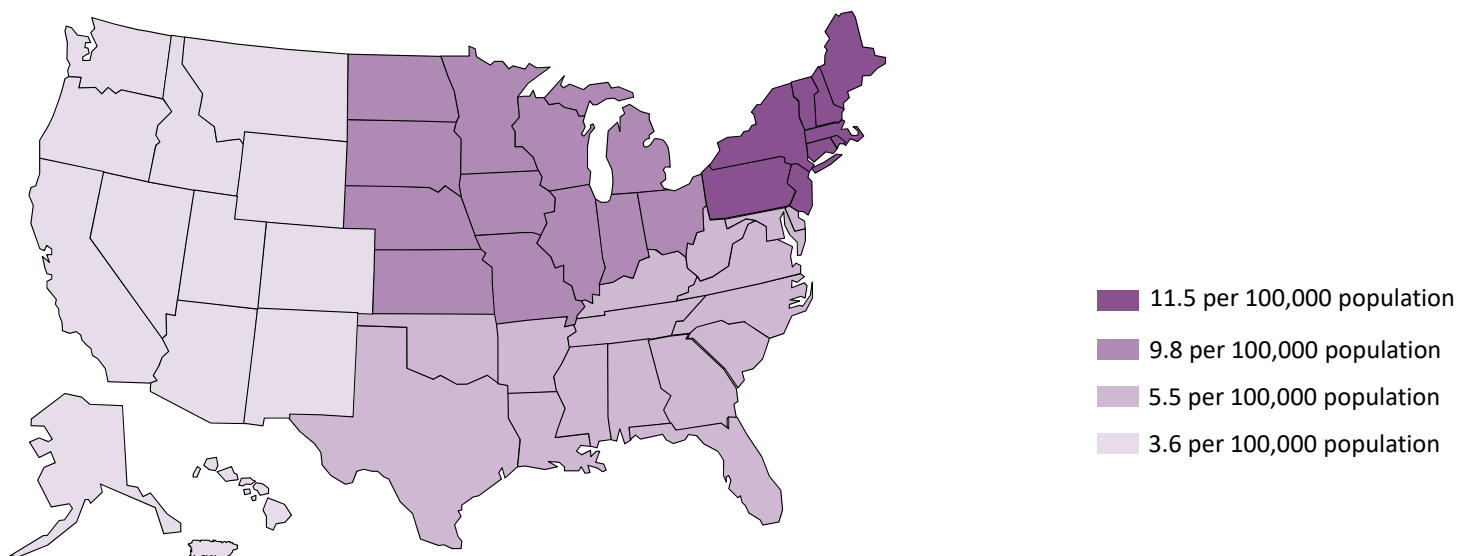
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS codes T40.0, T40.1, T40.2, T40.3, T40.6, T40.69.

^bIn-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of heroin^a poisoning-related hospitalizations^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

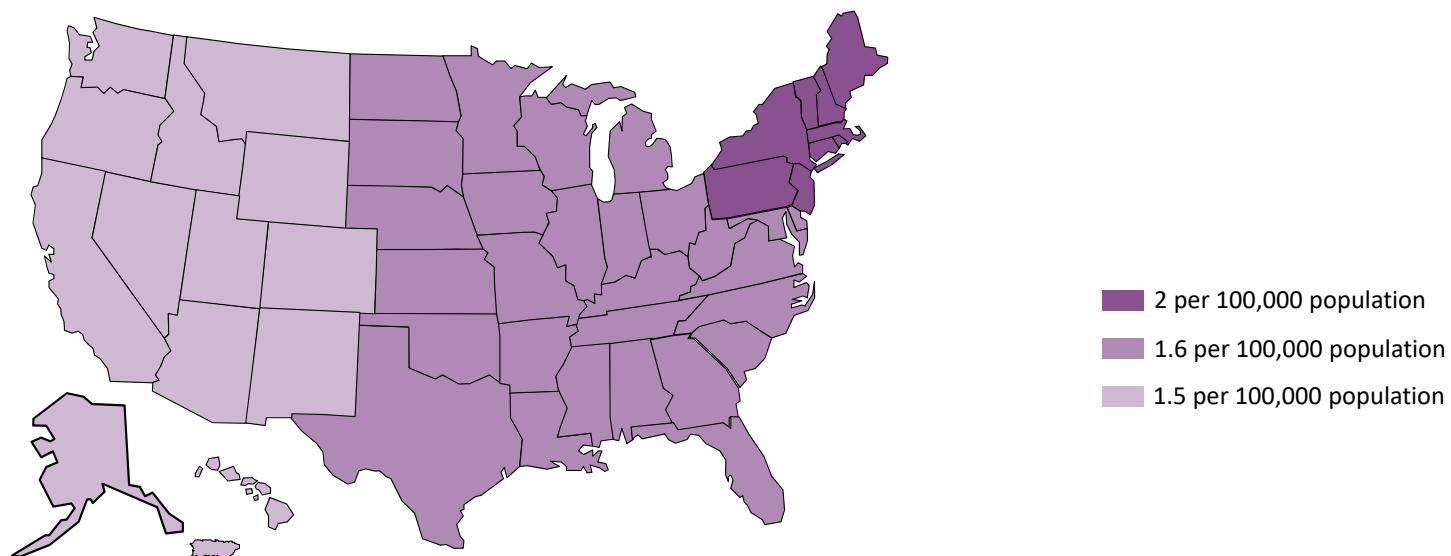
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS code T40.1.

^bIn-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of methadone^a poisoning-related hospitalizations^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

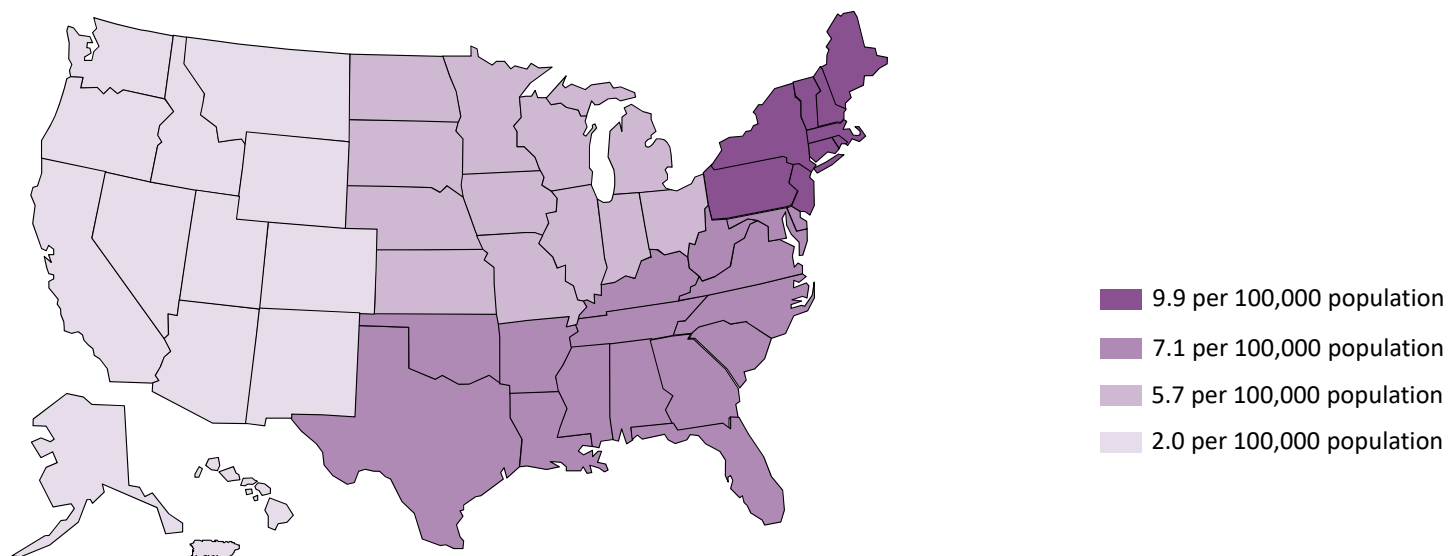
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS code T40.3.

^bIn-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of cocaine^a poisoning-related hospitalizations^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

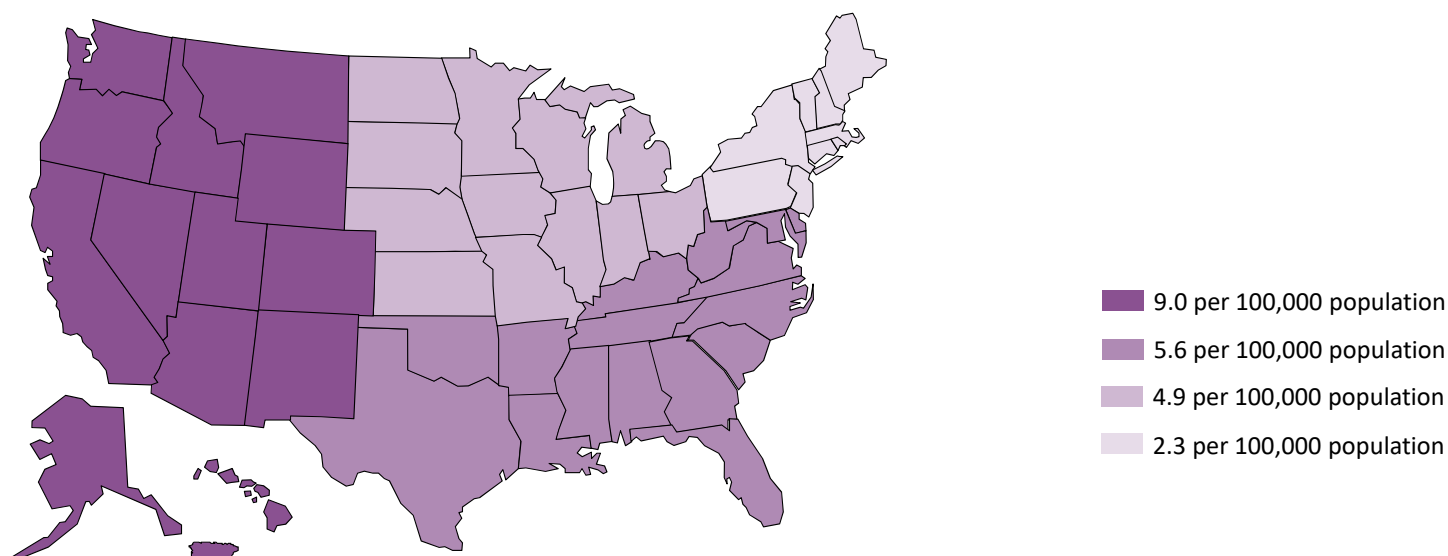
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS code T40.5.

^bIn-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of methamphetamine^a poisoning-related hospitalizations^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

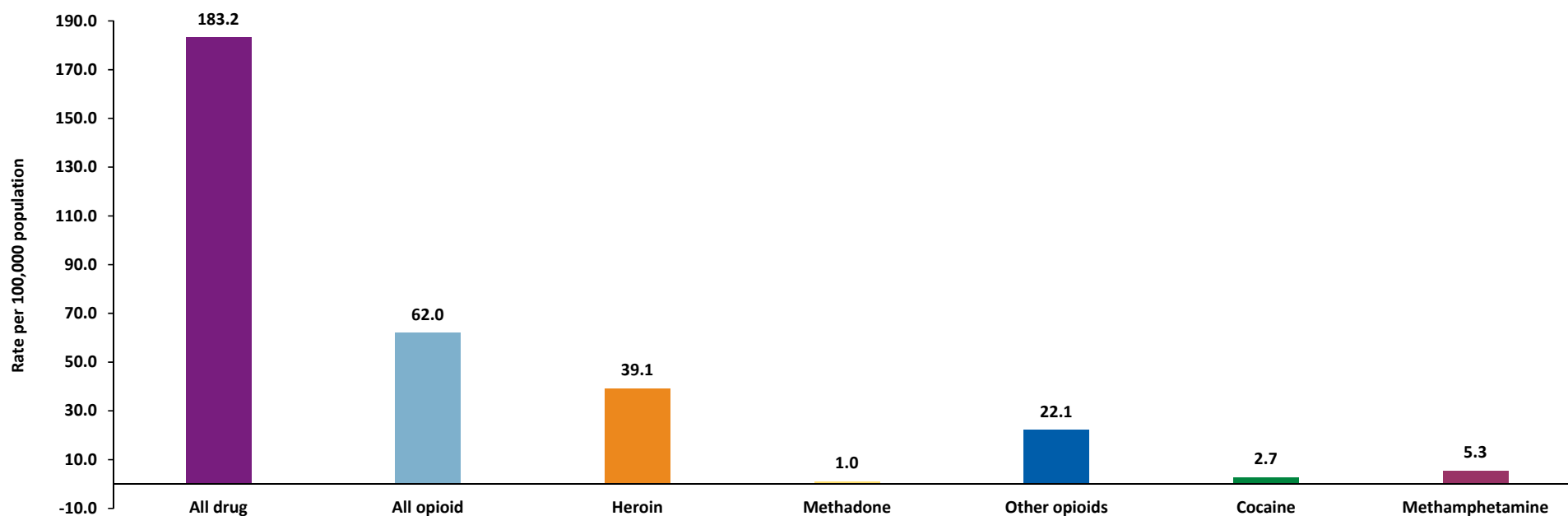
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS code T43.62.

^bIn-hospital deaths and patients who transferred from another hospital were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of drug poisoning-related emergency department visits^a by selected substances^b, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

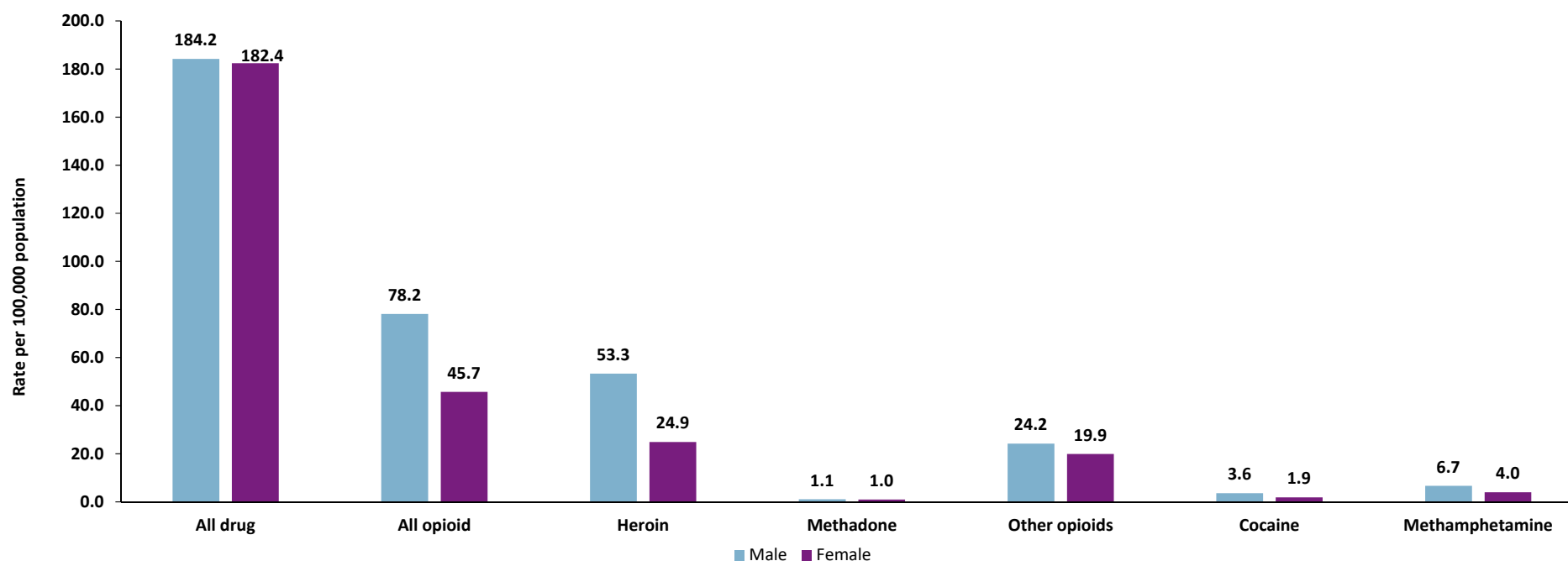
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

^bICD-10-CM/PCS codes are as follows: All drug (T36-T50), all opioid (T40.0, T40.1, T40.2, T40.3, T40.6, T40.69), Heroin (T40.1), Methadone (T40.3), Other opioids (T40.0, T40.2, T40.4, T40.6, T40.69), Cocaine (T40.5), and Methamphetamine (T43.62).

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of drug poisoning-related emergency department visits^a by selected substances^b and sex, all intents — United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

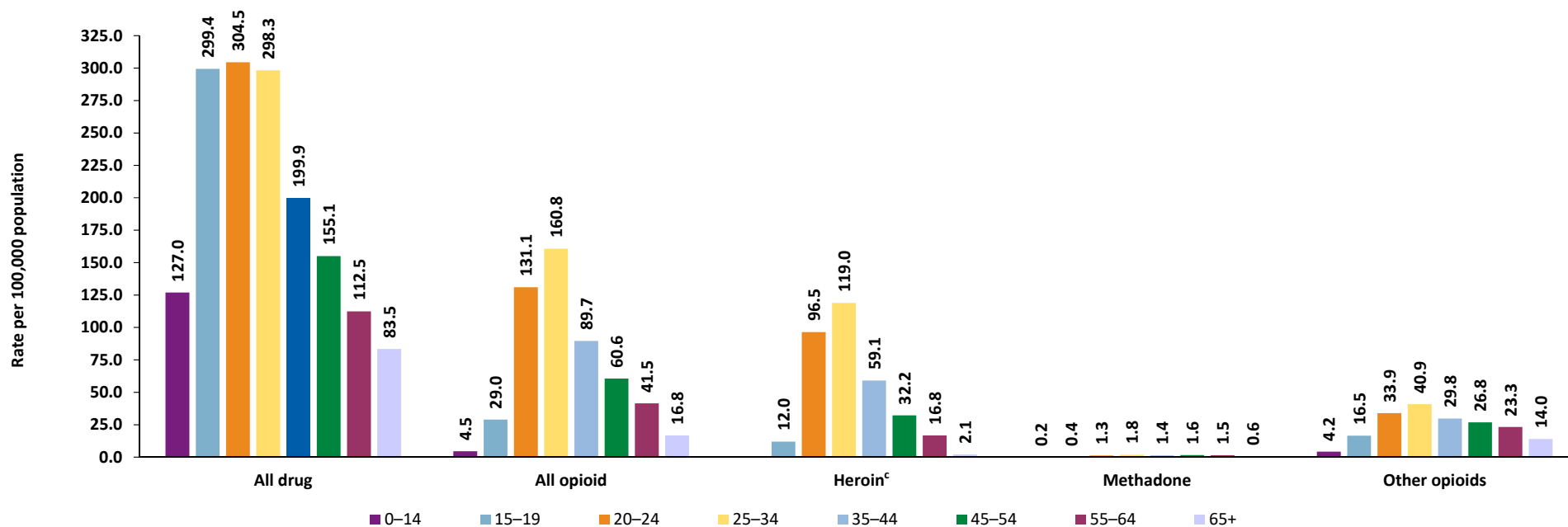
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

^bICD-10-CM/PCS codes are as follows: All drug (T36-T50), all opioid (T40.0, T40.1, T40.2, T40.3, T40.6, T40.69), Heroin (T40.1), Methadone (T40.3), Other opioids (T40.0, T40.2, T40.4, T40.6, T40.69), Cocaine (T40.5), and Methamphetamine (T43.62).

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of drug poisoning-related emergency department visits^a by selected substances^b and age group, all intents — United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

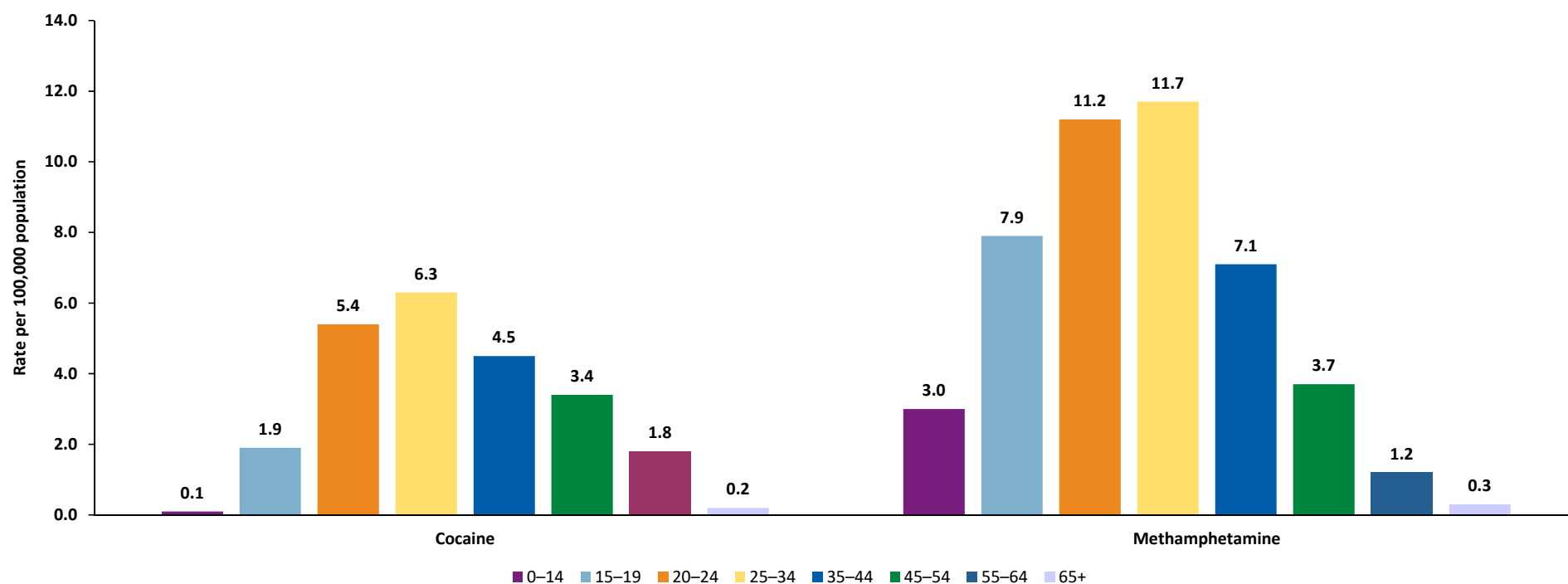
^aPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

^bICD-10-CM/PCS codes are as follows: All drug (T36-T50), all opioid (T40.0, T40.1, T40.2, T40.3, T40.6, T40.69), Heroin (T40.1), Methadone (T40.3), Other opioids (T40.0, T40.2, T40.4, T40.6, T40.69).

^cBecause the relative standard error was > 30% or the standard error = 0, the value of the estimate was considered unreliable and was not reported for among 0 to 14-year-olds.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of drug poisoning-related emergency department visits^a by selected substances^b and age group, all intents — United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

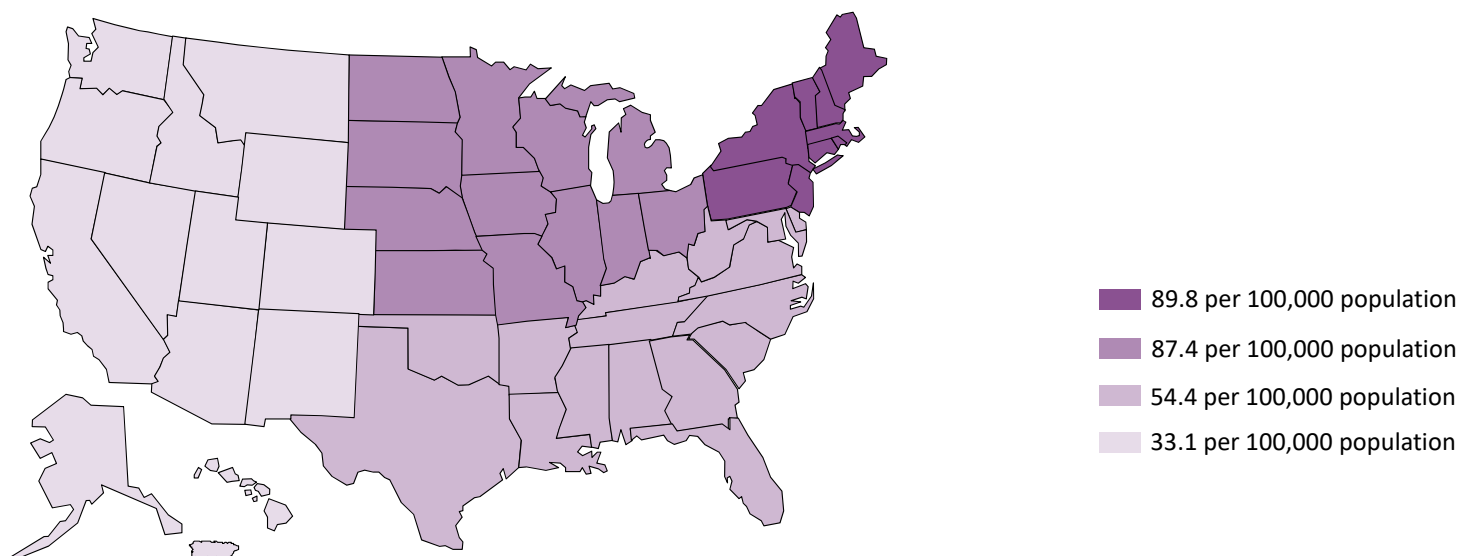
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

^bICD-10-CM/PCS codes are as follows: Cocaine (T40.5) and Methamphetamine (T43.62).

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of all opioid^a poisoning-related emergency department visits^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

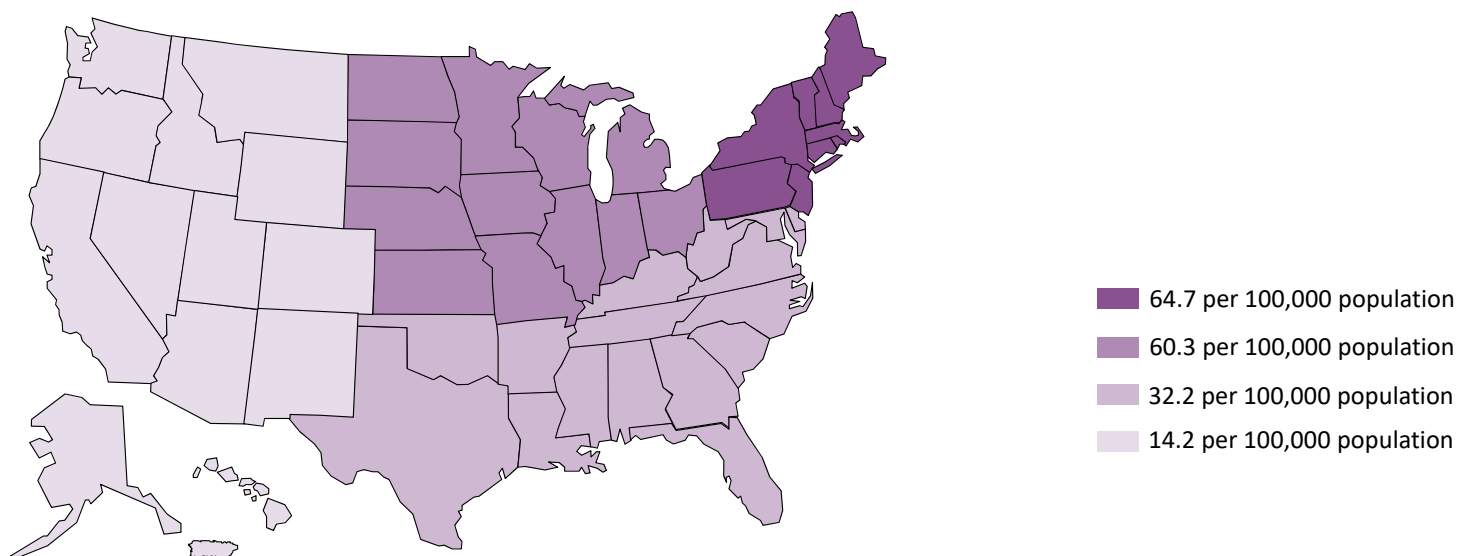
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS codes T40.0, T40.1, T40.2, T40.3, T40.6, T40.69.

^bPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of heroin^a poisoning-related emergency department visits^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

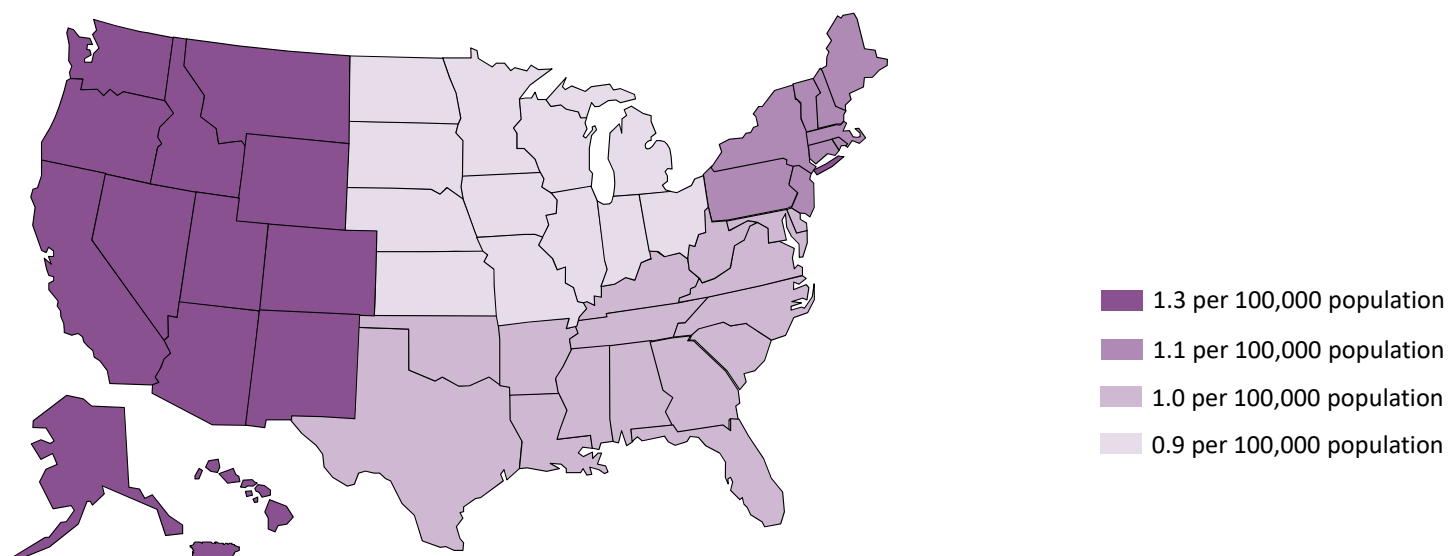
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS code T40.1.

^bPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of methadone^a poisoning-related emergency department visits^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

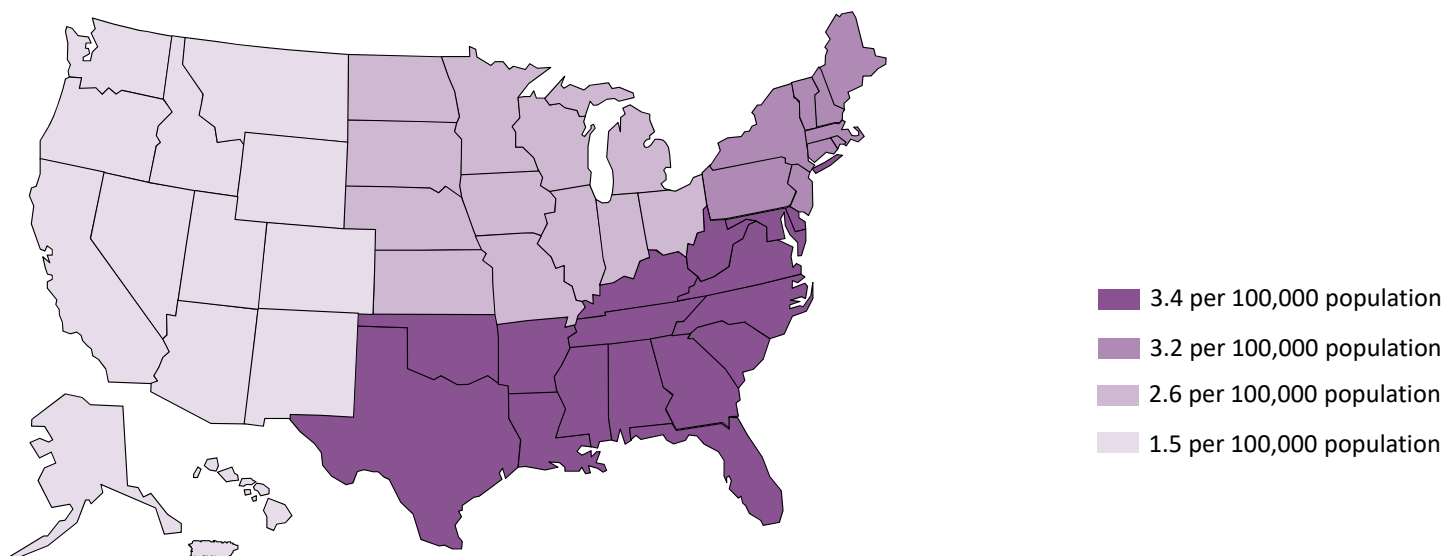
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS code T40.3.

^bPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of cocaine^a poisoning-related emergency department visits^b by region, all intents— United States, 2016



Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

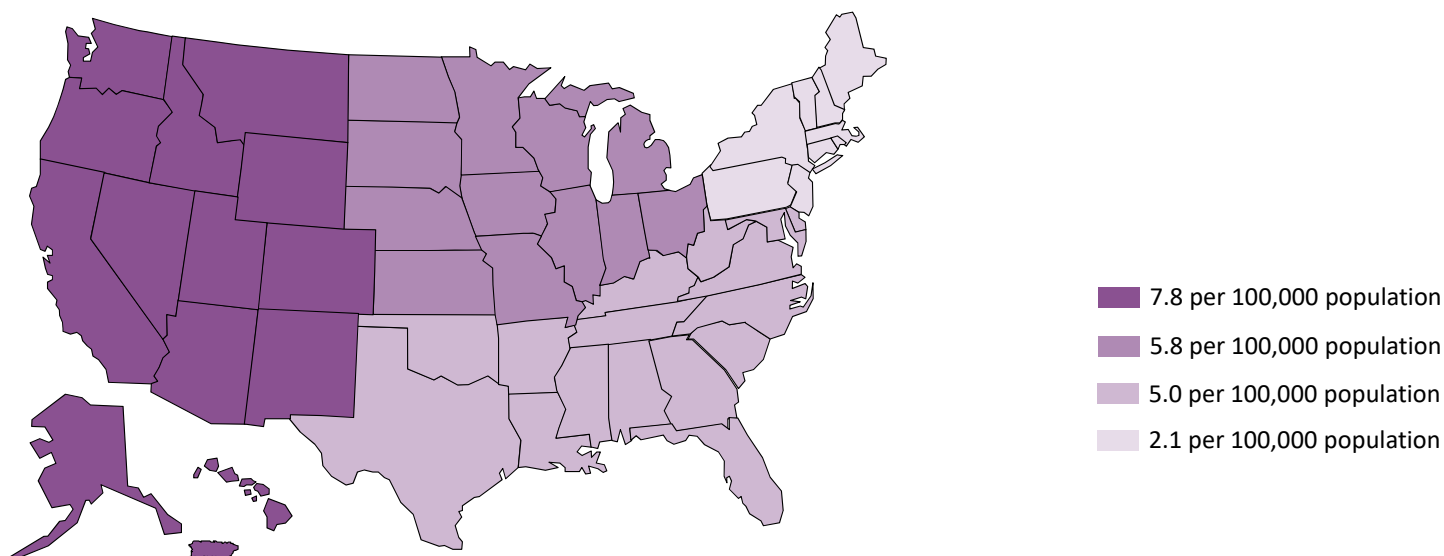
Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS code T40.5.

^bPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Nonfatal Overdose Hospitalizations and ED Visits

Age-adjusted rates per 100,000 population of methamphetamine^a poisoning-related emergency department visits^b by region, all intents— United States, 2016



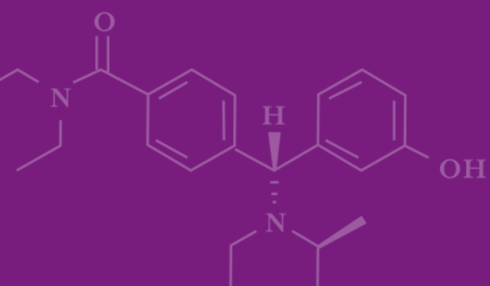
Source: Weighted national estimates from Healthcare Cost and Utilization Project Nationwide Inpatient Sample, 2016, Agency for Healthcare Research and Quality (AHRQ).

Note: For only unintentional and undetermined intent data, please see the surveillance report. Rates are age-adjusted to the 2000 U.S. standard population using the vintage year population of the data.

^aIncludes ICD-10-CM/PCS code T43.62.

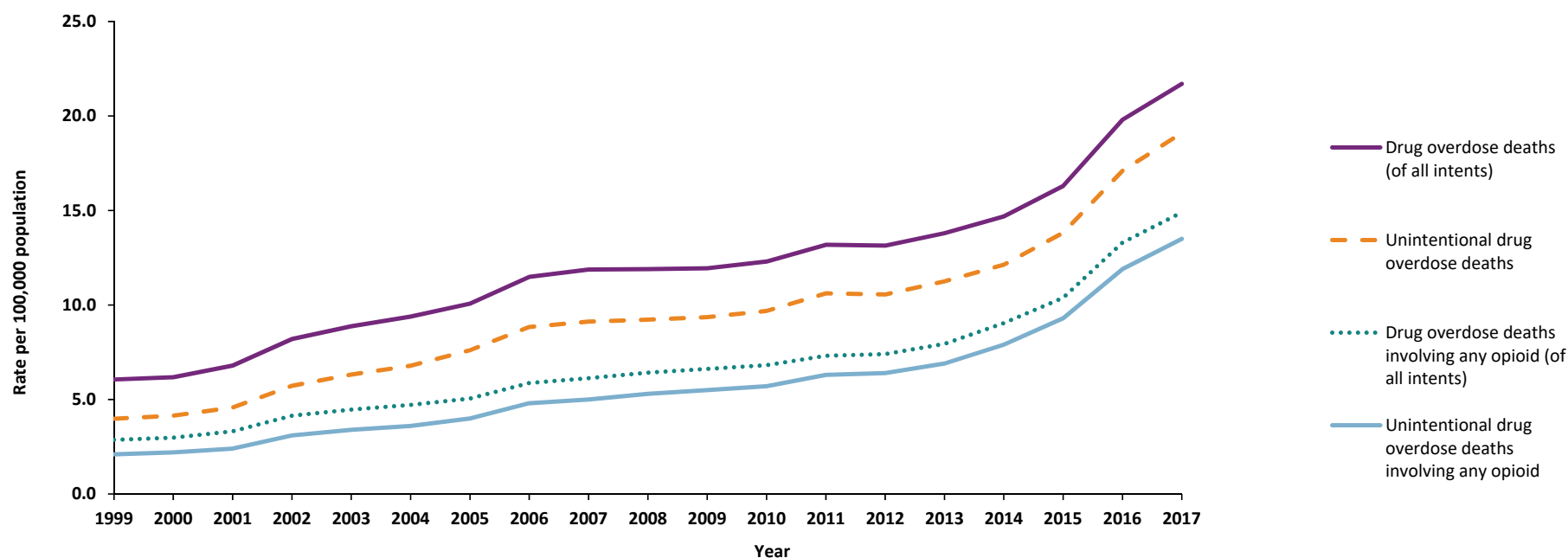
^bPersons who were hospitalized, died, or transferred to another facility were excluded. Visits with missing age and sex were excluded. Numbers subject to rounding error.

Drug Overdose Mortality



Drug Overdose Mortality

Age-adjusted rates^a per 100,000 population of drug overdose deaths^b and drug overdose deaths involving any opioid^c for all intents and for unintentional intent by year — United States, 1999–2017



Source: National Vital Statistics System, Mortality File, CDC WONDER.

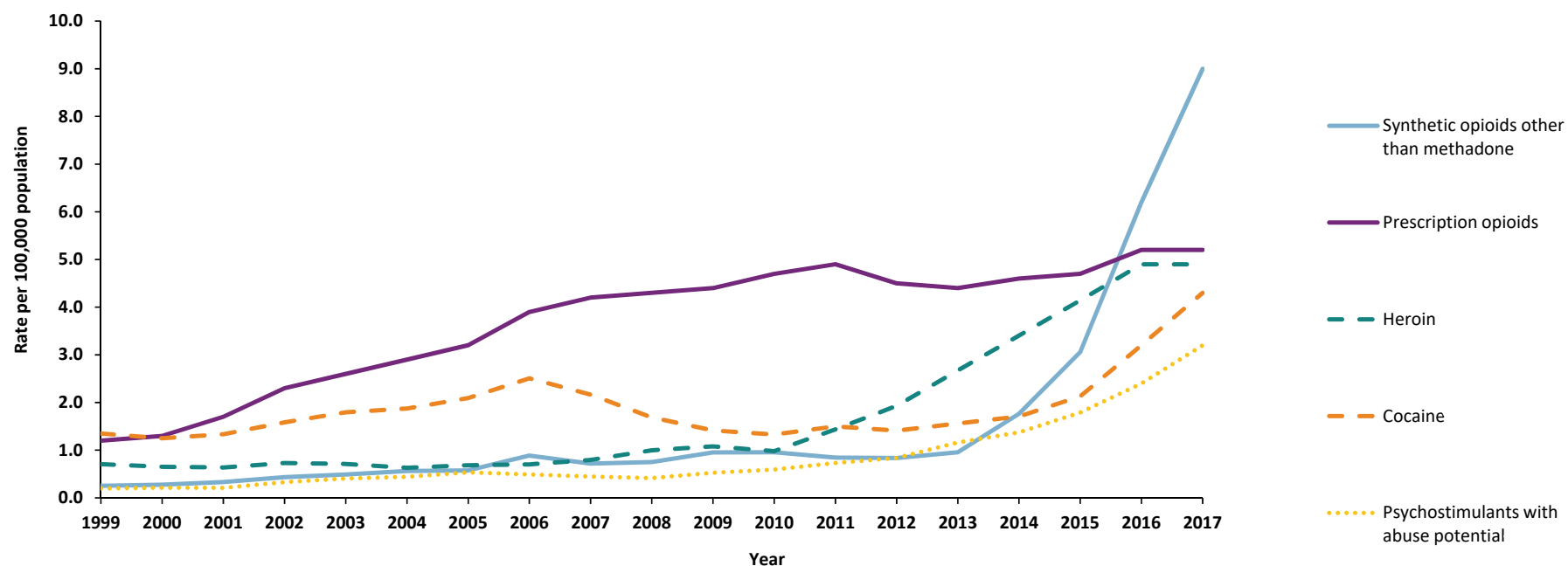
^aRate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year.

^bDeaths are classified using the International Classification of Diseases, Tenth Revision (ICD-10). All drug overdose deaths are identified using underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), and Y10–Y14 (undetermined). Unintentional drug overdose deaths are identified using underlying cause-of-death codes X40–X44. Note that overall drug overdose deaths and opioid overdose deaths include deaths of any intent. In 2017, 5.2% of drug overdose deaths had undetermined intent; this is a decrease from 14.7% of drug overdose deaths that had an undetermined intent in 1999. Some of these deaths may be unintentional drug overdose deaths.

^cDrug overdose deaths, as defined, that involve opium (T40.0), heroin (T40.1), natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids excluding methadone (T40.4), and other and unspecified narcotics (T40.6).

Drug Overdose Mortality

Age-adjusted rates^a per 100,000 population of drug overdose deaths^b by drug or drug class^c and year
— United States, 1999–2017



Source: National Vital Statistics System, Mortality File, CDC WONDER.

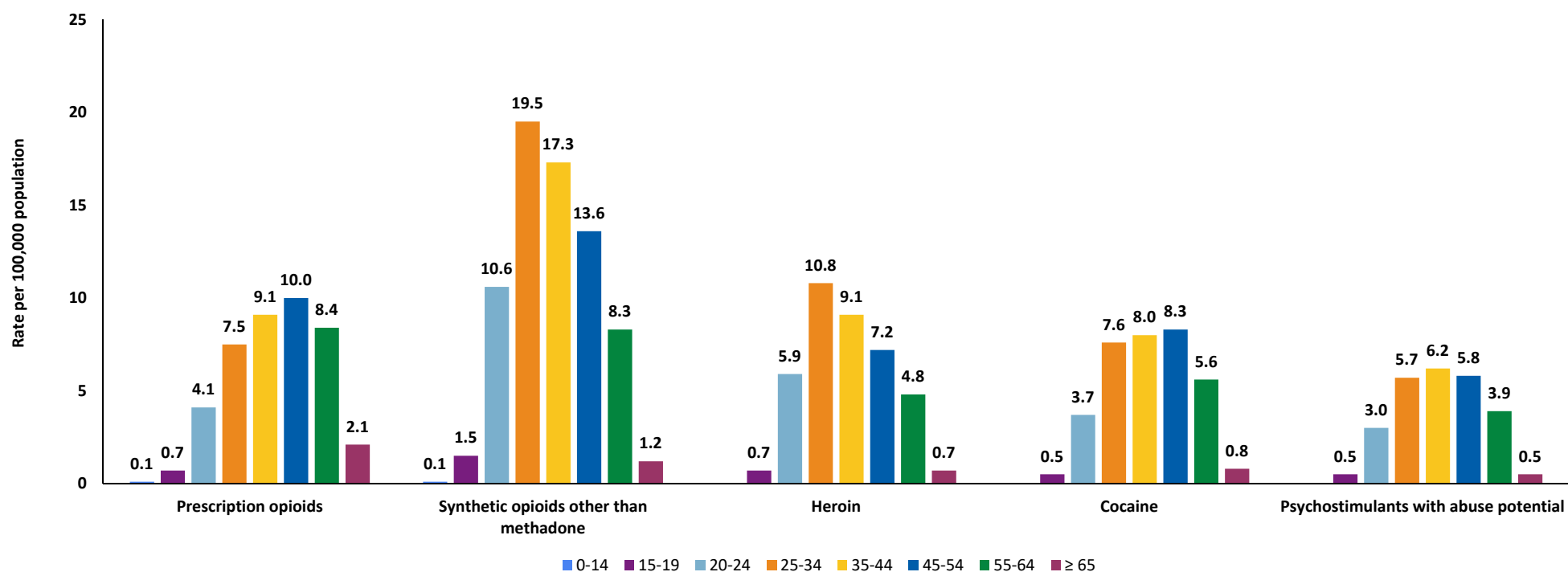
^aRate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Because deaths might involve more than one drug, some deaths are included in more than one category. Specification on death certificates of drugs involved with deaths varies over time. In 2017, 12% of drug overdose deaths did not include information on the specific type of drug(s) involved. Some of these deaths may have involved opioids or stimulants.

^bDeaths are classified using the International Classification of Diseases, Tenth Revision (ICD-10). Drug overdose deaths are identified using underlying cause-of-death codes X40–X44 (unintentional), X60–X64 (suicide), X85 (homicide), and Y10–Y14 (undetermined).

^cICD-10-CM/PCS codes are as follows: Synthetic opioids other than methadone (T40.4), Prescription opioids (T40.2, T40.3), Heroin (T40.1), Cocaine (T40.5), and Psychostimulants with abuse potential (T43.6).

Drug Overdose Mortality

Age-adjusted rates^a per 100,000 population of drug overdose deaths by drug or drug class^b and age group — United States, 2017



Source: National Vital Statistics System, Mortality File, CDC WONDER.

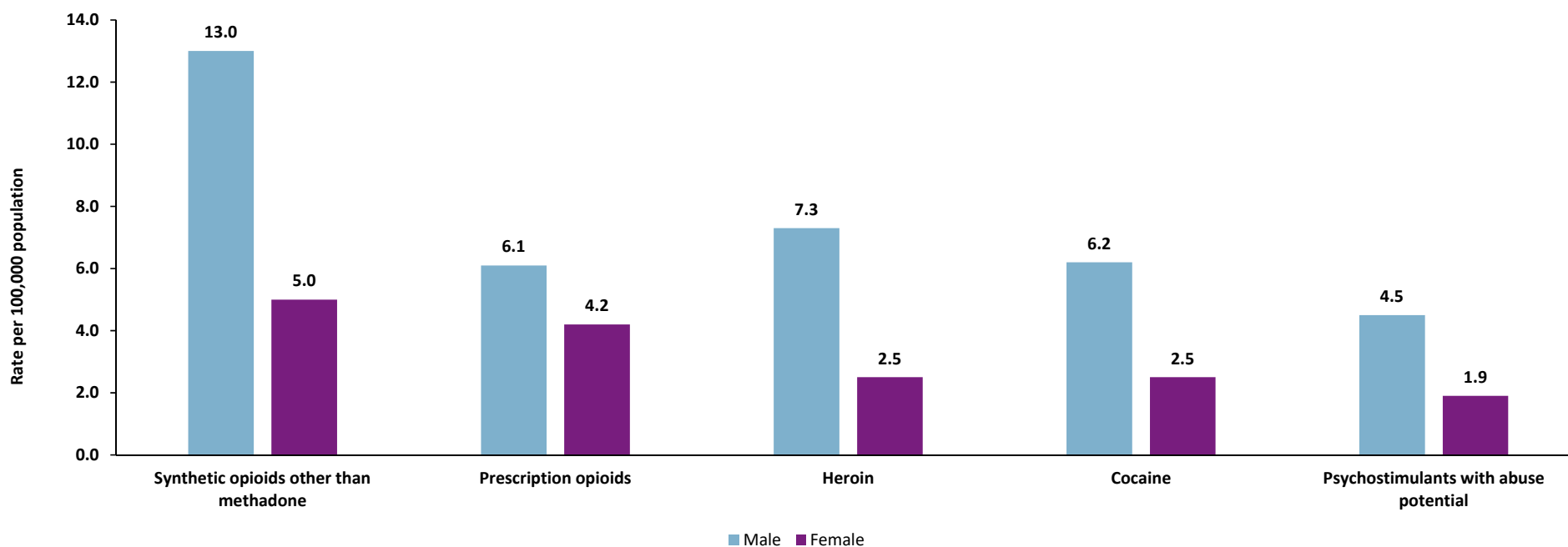
Note: Cells with nine or fewer deaths are not reported. Rates based on <20 deaths are not considered reliable and not reported.

^aRate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Because deaths might involve more than one drug, some deaths are included in more than one category. Specification on death certificates of drugs involved with deaths varies over time. In 2017, 12% of drug overdose deaths did not include information on the specific type of drug(s) involved. Some of these deaths may have involved opioids or stimulants.

^bICD-10-CM/PCS codes are as follows: Synthetic opioids other than methadone (T40.4), Prescription opioids (T40.2, T40.3), Heroin (T40.1), Cocaine (T40.5), and Psychostimulants with abuse potential (T43.6).

Drug Overdose Mortality

Age-adjusted rates^a per 100,000 population of drug overdose deaths by drug or drug class^b and by sex — United States, 2017



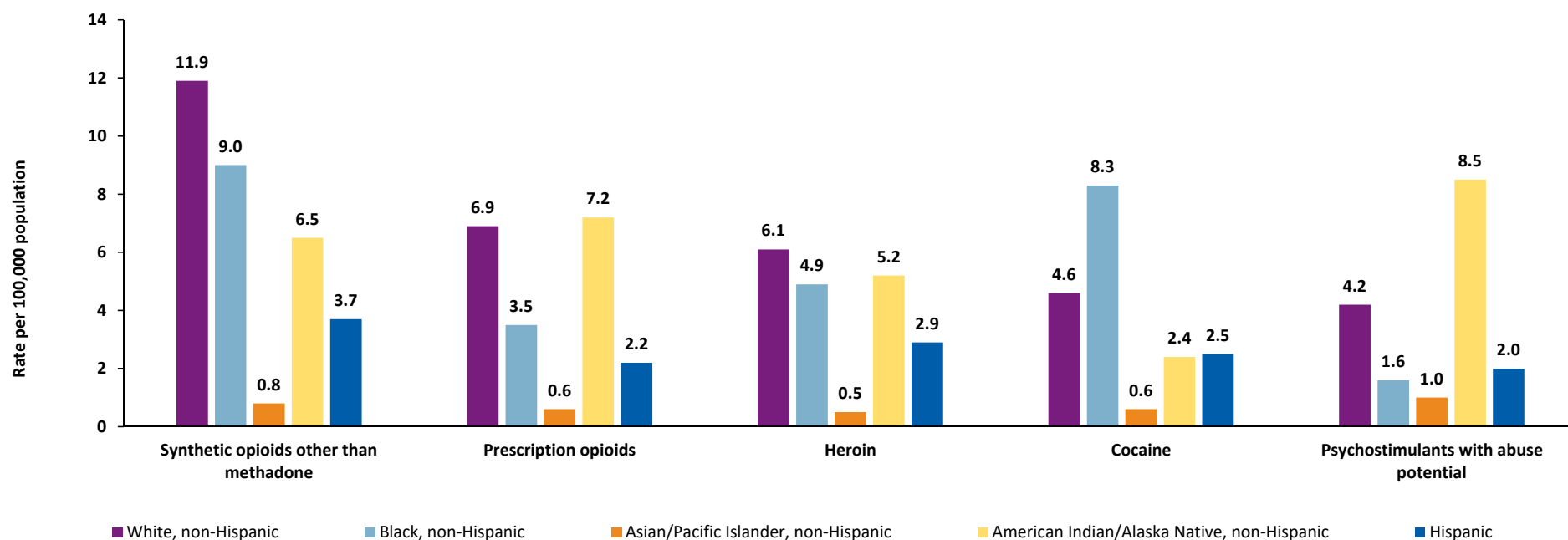
Source: National Vital Statistics System, Mortality File, CDC WONDER.

^aRate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Because deaths might involve more than one drug, some deaths are included in more than one category. Specification on death certificates of drugs involved with deaths varies over time. In 2017, 12% of drug overdose deaths did not include information on the specific type of drug(s) involved. Some of these deaths may have involved opioids or stimulants.

^bICD-10-CM/PCS codes are as follows: Synthetic opioids other than methadone (T40.4), Prescription opioids (T40.2, T40.3), Heroin (T40.1), Cocaine (T40.5), and Psychostimulants with abuse potential (T43.6).

Drug Overdose Mortality

Age-adjusted rates^a per 100,000 population of drug overdose deaths by drug or drug class^b and by race/ethnicity^c — United States, 2017



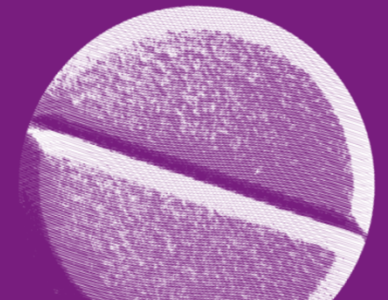
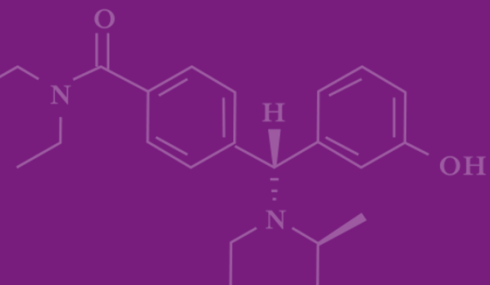
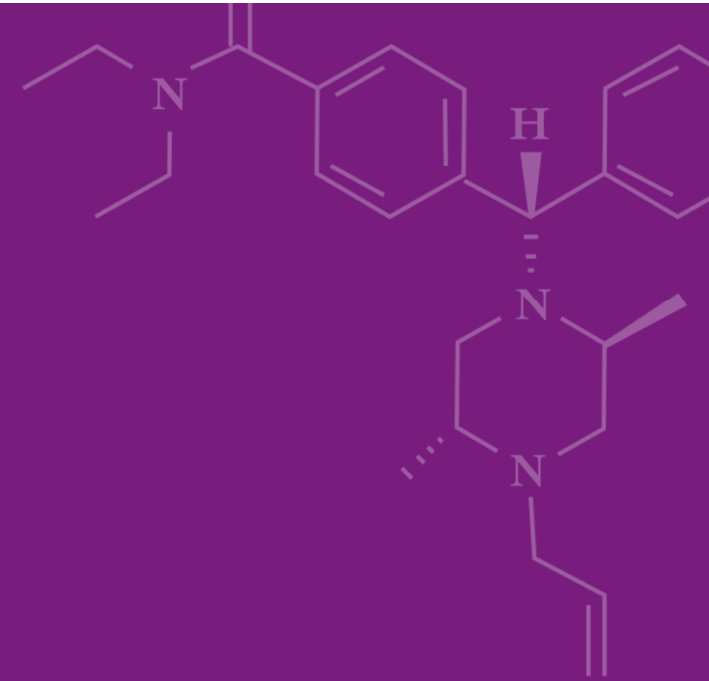
Source: National Vital Statistics System, Mortality File, CDC WONDER.

^aRate per 100,000 population age-adjusted to the 2000 U.S. standard population using the vintage year population of the data year. Because deaths might involve more than one drug, some deaths are included in more than one category. Specification on death certificates of drugs involved with deaths varies over time. In 2017, 12% of drug overdose deaths did not include information on the specific type of drug(s) involved. Some of these deaths may have involved opioids or stimulants.

^bICD-10-CM/PCS codes are as follows: Synthetic opioids other than methadone (T40.4), Prescription opioids (T40.2, T40.3), Heroin (T40.1), Cocaine (T40.5), and Psychostimulants with abuse potential (T43.6).

^cData for Hispanic origin should be interpreted with caution; studies comparing Hispanic origin on death certificates and on census surveys have shown inconsistent reporting on Hispanic ethnicity. Potential race misclassification might lead to underestimates for certain categories, primarily American Indian/Alaska Native non-Hispanic and Asian/Pacific Islander non-Hispanic decedents.

Limitations

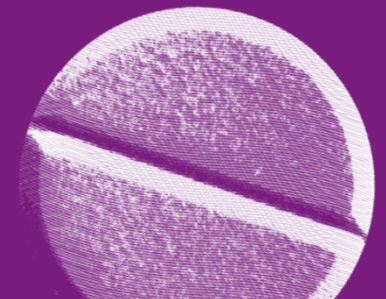
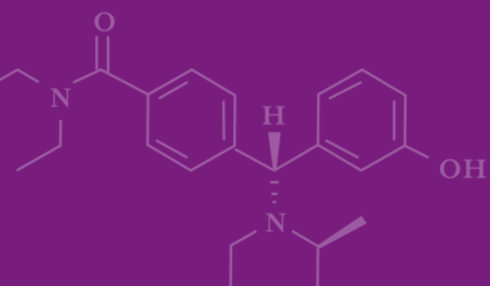
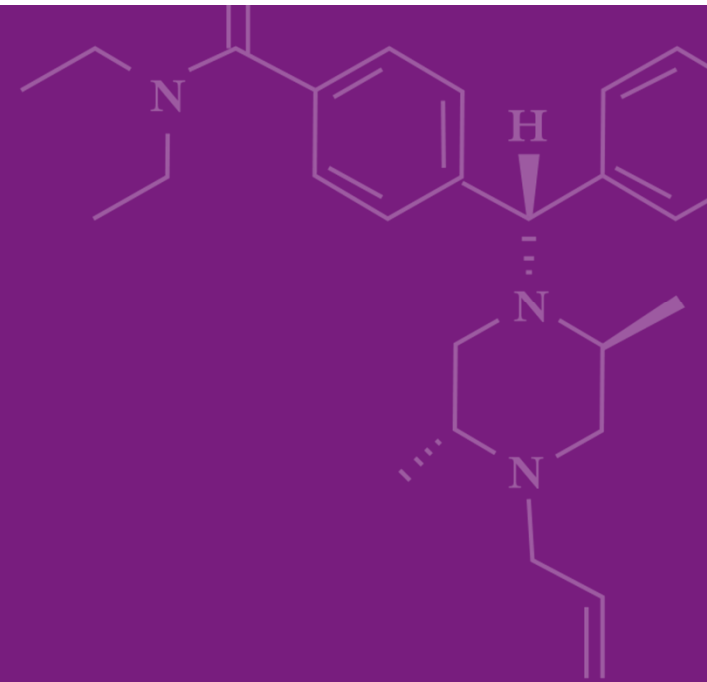


Limitations*

- Since four distinct data sources were used, terminology and definitions were not standardized across all outcomes and the most recent year of data varied by source.
 - Comparability of data across sections is limited.
- Starting with 2017 data, IQVIA had a definition change. This change resulted in a 1.9% downward shift in prescriptions filled for 2017 and 2018, and this modification is represented in the data presented in this report.
- Given the Healthcare Cost and Utilization Project (HCUP) transitioned from the 9th to the 10th version of the *International Classification of Diseases, Clinical Modification/Procedure Coding System*, we were unable to present trend analyses on ED visits and hospitalizations.
- For the National Survey on Drug Use and Health (NSDUH) data on substance use behavior are obtained through self-report and may be subject to social desirability bias. Steps were taken to mitigate this potential bias.
- For the National Vital Statistics System, approximately 20% of drug overdose deaths from 1999 to 2017 involved drugs that were unspecified. However, in 2017 only 12% of death certificates lacked information about which drugs were involved. Therefore, trend analysis should be interpreted with caution.
- The report does not address polysubstance use (i.e., the consumption of more than one drug over a defined period, simultaneously or at different times for either therapeutic or recreational purposes) or polysubstance use overdose. In addition, this report does not consider co-involvement of drugs in overdose deaths. Recent analyses suggest that increases in stimulant-involved deaths are in part attributable to opioid co-involvement.

* For a detailed description of the data sources, definitions, and limitations, please refer to the technical notes in the surveillance report: Centers for Disease Control and Prevention. 2019 Annual Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2019.

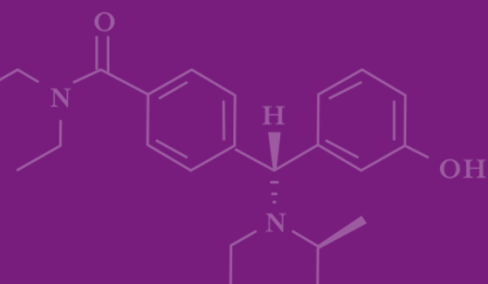
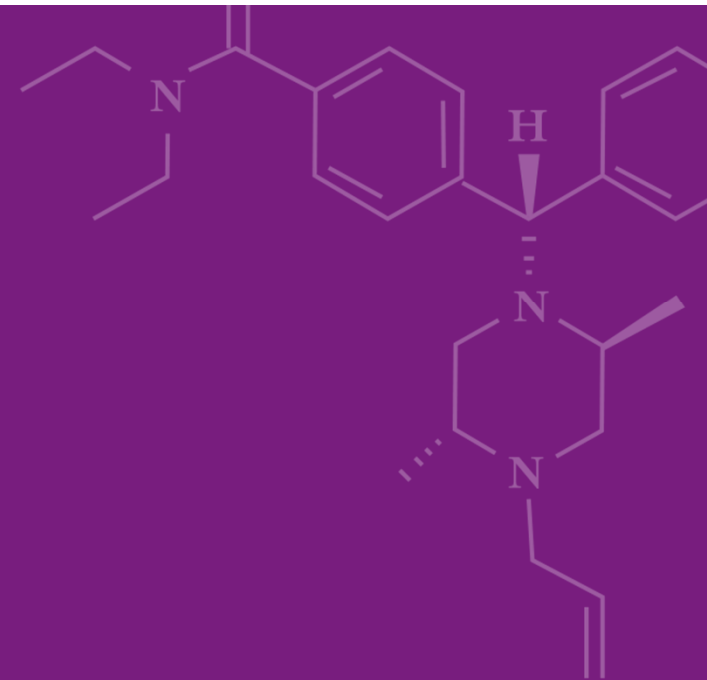
Conclusions



Conclusions

- Rates of opioid prescriptions filled in 2018 continued to decrease, following the trend that began in 2012.
- In 2018, among persons aged 12 years and older, 19.4% reported any illicit drug use or prescription drug misuse, 15.9% reported use of marijuana, 3.7% reported opioid misuse, 3.6% reported misuse of prescription pain relievers, 2.1% reported misuse of prescription tranquilizers, 2.0% reported use of cocaine, 2.0% reported misuse of prescription benzodiazepines, and 1.9% reported misuse of prescription stimulants. Misuse of prescription sedatives, heroin, and methamphetamine were each less than 1.0%.
- In 2018, 25.9% of persons meeting the criteria for substance use disorder accessed treatment.
- Among all hospitalizations and all emergency department visits for methamphetamine poisonings, the West region consistently experienced the highest rates of suspected methamphetamine poisonings.
- The rate of drug overdose deaths increased significantly from 1999 to 2017.
- There were only small increases in prescription opioid-involved deaths from 2006 to 2017, and rates in heroin-involved deaths were stable from 2015 to 2017.
- Deaths rates involving synthetic opioids other than methadone, cocaine, and psychostimulants with abuse potential all increased from 2016 through 2017.

CDC's Opioid Overdose Prevention Efforts



CDC's Mission

- **Prevent opioid-related harms and opioid-related overdose morbidity and mortality by:**
 - Conducting surveillance and research to improve data quality and track trends using timely data;
 - Building state, local, and tribal capacity by scaling up and improving effective public health interventions;
 - Supporting providers, health systems, and payers with tools, recommendations, and guidance to improve patient safety;
 - Partnering with public safety to respond quicker and more effectively in innovative ways; and
 - Empowering consumers to make safe choices through education.

Conducting surveillance and research, and building state, local, and tribal capacity

- **Enhanced State Opioid Overdose Surveillance (ESOOS)** - Funds 32 states and Washington, D.C. to:
 - Increase the timeliness of nonfatal opioid overdose reporting to serve as an early warning system to detect sharp increases (i.e., potential outbreaks) or decreases (i.e., rapidly identify successful intervention efforts)
 - Increase the timeliness of fatal opioid overdose and associated risk factor reporting
 - Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses
 - For more information: www.cdc.gov/drugoverdose/foa/state-opioid-mm.html
 - Funding period: September 1, 2016-August 31, 2019

Conducting surveillance and research, and building state, local, and tribal capacity

- **Prevention for States (PfS)** - Funds 29 states to:
 - Enhance and maximize prescription drug monitoring programs (PDMPs)
 - Implement community, insurer mechanism, or health systems interventions
 - Evaluate the effectiveness of prescription opioid-related state policies
 - Implement quick, flexible projects to respond to changing circumstances on the ground
 - For more information:
www.cdc.gov/drugoverdose/states/state_prevention.html
 - Funding period: September 1, 2015-August 31, 2019

Conducting surveillance and research, and building state, local, and tribal capacity

- **Data-Driven Prevention Initiative (DDPI)** - Funds 13 states and Washington, D.C. to:
 - Improve data collection and analysis around opioid use, misuse, and overdose
 - Develop strategies that affect behavior driving prescription opioid abuse
 - Work with communities to develop more comprehensive opioid overdose prevention programs
 - For more information: www.cdc.gov/drugoverdose/foa/ddpi.html
 - Funding period: September 1, 2016-August 31, 2019

Conducting surveillance and research, and building state, local, and tribal capacity

- **Opioid Prevention in States Surge Support (OPIS S2)** - Funds 50 states and 4 territories to:
 - Advance the understanding of the opioid overdose epidemic, and scale up prevention and response activities to make an immediate impact and save lives.
 - Funding period: September 1, 2018-August 31, 2019

Conducting surveillance and research, and building state, local, and tribal capacity

- **Opioid Overdose Prevention for Tribes** - Funds 11 Tribal Epidemiology Centers and 15 tribal entities to:
 - Improve epidemiologic surveillance and public health data infrastructure to address issues of data quality and timeliness
 - Implement evidence-based health systems interventions that are appropriate to tribal communities
 - Implement innovative community-based strategies (such as public health/public safety collaborations) that build upon strengths inherent to tribal organizations
 - Funding period: September 1, 2018-August 31, 2019

Conducting surveillance and research, and building state, local, and tribal capacity

- In September 2019, CDC expanded overdose surveillance and prevention funding to cover 47 states and 16 localities through ***Overdose Data to Action (OD2A)***
 - Objective: improve and expand surveillance and prevention capacity to inform state and local prevention and response efforts.
 - Sites will collect higher quality, more comprehensive, and timelier data on drug overdose morbidity and mortality along with prevention activities, such as linkage to care and enhancing prescription drug monitoring programs (PDMPs).
 - Sites have flexibility with innovative surveillance and prevention strategies so that specific needs can be met at the local level.

Overdose Data to Action (OD2A): Surveillance

- Collect and disseminate timely ED data on suspected all drug, all opioid, heroin, and all stimulant overdoses
- Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner reports, including toxicology results, on all unintentional or undetermined intent drug overdose deaths
- Implement innovative surveillance to support OD2A interventions

Overdose Data to Action (OD2A): Prevention

- Improving prescription drug monitoring programs (PDMPs)
- State and local integration to coordinate and leverage capacity and technical support
- Systems-level approaches to connect individuals in need of care with those who provide that care (e.g., peer navigators, warm hand-offs, pre-arrest diversion and post-release linkages, community health workers)
- Guarantee that providers and health systems are equipped to contribute to prevention and response solutions (e.g., academic detailing, guideline implementation support, coordinated care programs)

Overdose Data to Action (OD2A): Prevention

- Optional strategies:
 - Public safety partnerships (e.g., data sharing and programs)
 - Empowering individuals through communications awareness of risks, options, treatment resources, harm reduction strategies
 - Prevention-specific innovative projects
 - Peer-to-peer learning coordinators for state programs to serve as subject matter experts for other states on specific prevention aspects

Overdose Data to Action (OD2A): Surveillance & Prevention

■ Surveillance

○ Required Strategies

- Morbidity
 - Reporting every 2 weeks, monthly, or quarterly
- Mortality
 - Lag of 6-11 or 8-13 months

• Innovative Project

○ Optional Strategies

- Additional quarterly reporting of hospital billing data
- Rapid opioid overdose death collection (<1 month)



■ Prevention

○ Required Strategies

- Improving PDMP
- State/local integration
- Linkages to care
- Providers and health systems support

○ Optional Strategies

- Public safety partnerships
- Empowering individuals
- Prevention innovation project
- Peer-to-peer learning coordination



Additional opioid overdose research and prevention efforts

- **Tribal opioid overdose prevention support**

- CDC/NCIPC provides support to tribes and key partners to strengthen their capacity in data collection, use, and sharing to address a number of key issues including: improving racial classification, expanding data sharing to enhance non-fatal overdose data collection from EDs, and improving data abstraction from death certificates to collect timely data on opioid-related overdose deaths.

- **Extramural research**

- CDC supports extramural research to help combat the opioid overdose epidemic.
- Priorities for new research investments focus on enhancing access to naloxone, improving linkage to treatment for opioid use disorder, and building partnerships between public health and public safety.

Supporting providers, health systems, and payers

- **The *CDC Guideline for Prescribing Opioids for Chronic Pain***
 - Released March 2016 as a resource to providers treating chronic pain for adult patients in primary care settings outside of end-of-life, palliative, and active cancer care
 - For more information: www.cdc.gov/drugoverdose/prescribing/resources.html
- ***CDC's Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain***
 - Created to encourage uptake of the guideline based on stakeholder engagement
 - For more information: www.cdc.gov/drugoverdose/prescribing/qi-cc.html
- **Collaboration with *Office of the National Coordinator for Health Information Technology (ONC)***
 - CDC collaborated with the ONC to develop clinical decision support tools that can be embedded in electronic health records and incorporate recommendation statements from the CDC Guideline into clinical workflow
 - For more information: <https://cde.ahrq.gov/cdsconnect/artifact/factors-consider-managing-chronic-pain-pain-management-summary>

Partnering with public safety

- In addition to critical partnerships with states and other federal agencies, CDC has been working with law enforcement partners, such as the Drug Enforcement Administration (DEA) and the High Intensity Drug Trafficking Area (HIDTAs) program.
- As a part of this work with public safety partners, CDC is leading the public health component of the Overdose Response Strategy, with the following goals:
 - to coordinate data sharing across public health and law enforcement;
 - to develop and support the implementation of evidence-based practices; and
 - to strengthen the engagement of local communities.

Empowering consumers

- CDC raises awareness about the risks of opioid misuse in order to empower people to make safe choices. This is being accomplished through the ***Rx Awareness campaign***
 - Tells the real stories of people whose lives were torn apart by misuse of prescription opioids through videos, radio spots, social media, signs and billboards, and online ads.
 - For more information: www.cdc.gov/rxawareness/index.html

Moving forward

- Although there are early indications of a slight decrease of drug overdose deaths and a stabilization of deaths involving specific opioid categories, urgent work remains to continue to respond to the opioid overdose epidemic in the United States. Additional measures are needed to address a diverse and evolving array of drug types, including polysubstance use, which was not examined in this report.
- To address the evolving drug landscape, CDC's National Center for Injury Prevention and Control is expanding surveillance efforts to better capture and monitor emerging drug threats including synthetic cannabinoids and stimulants.
- Improving drug overdose surveillance, empowering and equipping states, territories, counties, and cities with the resources and information they need, improving ways that opioids are prescribed through clinical practice guidelines, and forming critical partnerships are central to CDC's work to combat the overdose epidemic.

For a detailed description of data sources, definitions, and statistical analyses, as well as an in-depth presentation of results, please refer to:

Centers for Disease Control and Prevention. 2019 Surveillance Report of Drug-Related Risks and Outcomes — United States. Surveillance Special Report. Centers for Disease Control and Prevention. U.S. Department of Health and Human Services. <https://www.cdc.gov/drugoverdose/data>. Published October 28, 2019.

For more information, see: <https://www.cdc.gov/drugoverdose/index.html>

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

