

Data Brief: Vermont Drug-Related Fatalities 2010-2014

Background

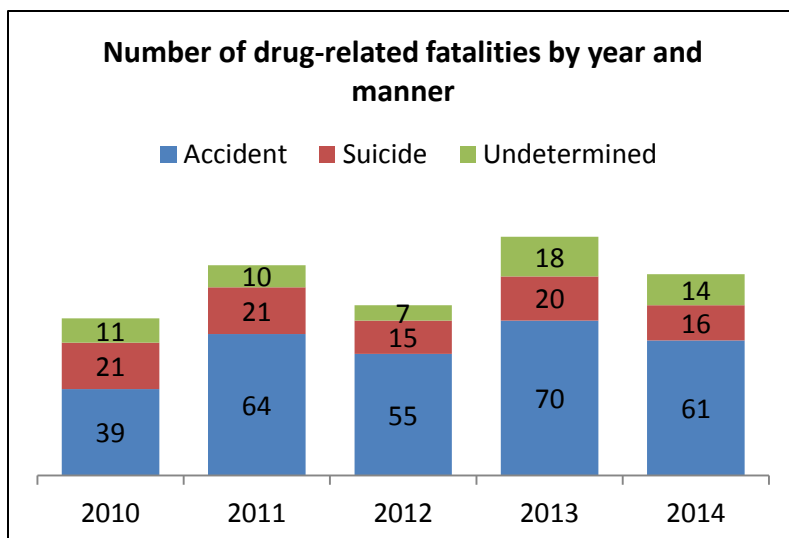
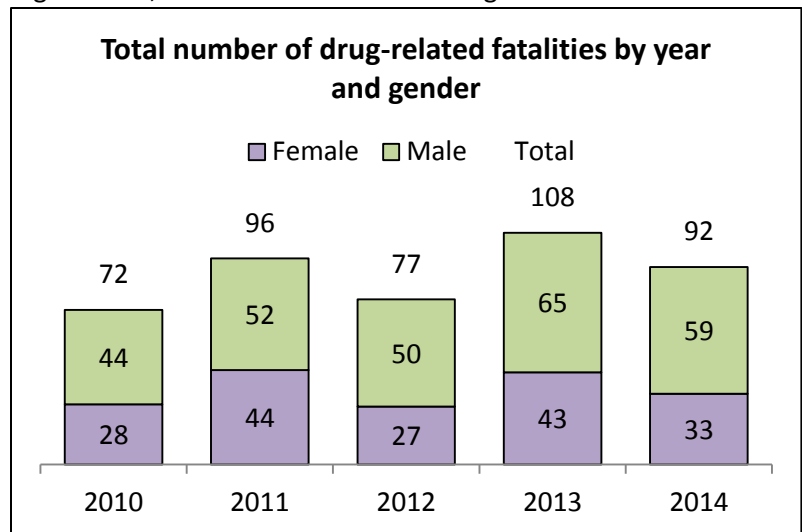
Vermont drug-related fatalities data come from the Office of the Chief Medical Examiner (OCME) and are based on deaths that occur in Vermont. This data brief presents data from January 1, 2010 to December 31, 2014, with preliminary data from the first quarter of 2015. OCME data prior to 2010 was compiled using a different methodology, and has therefore been removed from this report. The drug-related fatalities reported here include accidents, suicides, homicides and undetermined drug-related fatalities. This report does *not* include deaths due to the consequences of chronic substance use such as HIV, liver disease, or infection; or deaths due to errors by medical professionals. This report also does not include deaths due to injury such as car crashes related to substance use or abuse. Starting in 2013, **heroin- and fentanyl-related fatalities have risen sharply, and deaths involving prescription opioids have begun to decrease.**

Analysis

This analysis is focused on fatalities related to controlled prescription drugs, illegal substances or acute alcohol intoxication, therefore, anticoagulant- and antibiotic-related deaths were not included in any of these analyses. It is important to note that most drug-related fatalities are due to combinations of substances (e.g., a prescription opioid and cocaine), not a single drug. In 2014, 31 of the 61 accidental drug-related deaths involved more than one substance. It is also important to note that the circumstances under which each of these fatalities occurred are unique, and cannot all be attributed to addiction and/or dependence.

Totals by Gender

Drug-related fatalities have not changed significantly over the past five years. Men make up the majority of drug related fatalities.



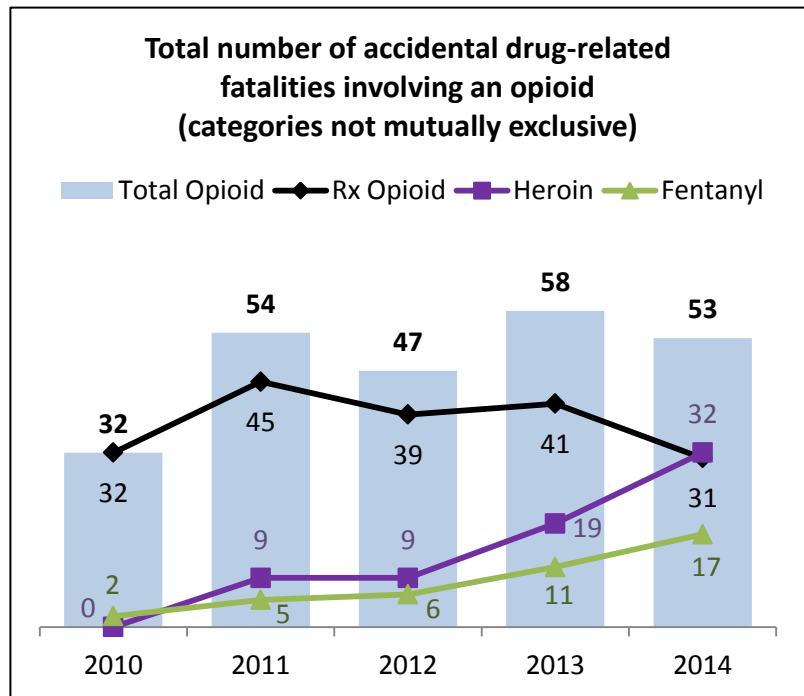
Manner of Death

In addition to the type of drug implicated in the cause of death, the manner of death is also recorded. The graph to the left shows the manner of death for all of the drug-related fatalities in any given year between 2010 and 2014. Note that there have been three homicides, one each in 2010, 2011 and 2014 (not shown in accompanying figure).

Accidental Opioid-Related Fatalities

Public attention has been primarily focused on prescription opioid misuse and abuse. The graph to the right shows all *accidental* fatalities that involved an opioid – note that the majority of fatalities involve multiple substances (e.g. oxycodone, alcohol and cocaine). Deaths due to suicide or those remaining undetermined were removed from the graph to the right in order to show deaths more likely associated with abuse and dependence of opioids.

The categories in the graph are defined: *Rx opioids* includes prescription opioids (including fentanyl); *Heroin* includes heroin; *Fentanyl* includes any fentanyl both prescription and illegally manufactured; and *Total Opioid* includes prescription opioids, opioids not otherwise defined, and heroin. Prescription opioid, fentanyl and heroin deaths do not add to total opioid deaths (they are not mutually exclusive – some heroin deaths also included prescription opioids). Starting in 2013, **heroin- and fentanyl-related fatalities have risen sharply, and deaths involving prescription opioids have begun to decrease.**



Quarterly Update for 2015 – PRELIMINARY DATA

2015 Drug-Related Fatalities Update - PRELIMINARY									
Date of Death	Total number of drug-related fatalities by gender		Total number of drug-related fatalities by manner			Total number of accidental drug-related fatalities involving an opioid			
	Male	Female	Accident	Suicide	Undetermined	Total*	Rx opioid	Heroin	Fentanyl
I: Jan-Mar	13	11	19	5	0	15	9	6	3
II: Apr-Jun									
III: Jul-Sept									
IV: Oct-Dec									

*NOTE: Prescription opioid, fentanyl and heroin deaths are not mutually exclusive.

Conclusion

According to data from the Office of the Chief Medical Examiner, overall drug-related fatalities in Vermont have not changed greatly over the past five years. Starting in 2013, **heroin- and fentanyl-related fatalities have risen sharply, and deaths involving prescription opioids have begun to decrease.** It is notable that suicide comprises approximately one-fifth of drug-related fatalities in Vermont from 2004 to 2014.

Sources and Contacts

All data is from the Office of the Chief Medical Examiner. This brief is a joint product of the Vermont Department of Health, Health Surveillance, Shayla Livingston & Leanne Shulman, the Office of the Chief Medical Examiner. Please contact Shayla Livingston with any questions: shayla.livingston@state.vt.us or 802-863-6337.