

# VIRGINIA DEPARTMENT OF HEALTH

## OFFICE OF THE CHIEF MEDICAL EXAMINER

*"To promote and protect the health of all Virginians"*

# Fatal Drug Overdose Quarterly Report

## 2<sup>ND</sup> QUARTER 2023

**Edition 2023.2**

Publication Date:  
October 2023

# METHODS, CONSIDERATIONS, AND LIMITATIONS

This quarterly report contains the most recent number of drug related deaths in Virginia for the previous quarter. The numbers represented in this report are preliminary, subject to change, and are most likely slightly under reported at the time of publication due to operational practices and limitations (specifically case turnaround time for reports) within the agency; therefore updates and/or changes to numbers previously published in past reports should be expected. It is highly recommended that when citing these data and reports, the edition number is included.

Data analyzed in the report is obtained from the Virginia Medical Examiner Database System (VMEDS). VMEDS is an internal agency database which contains detailed information on all deaths reported to the OCME. Data presented in this report is based upon accepted cases of either full autopsy or external exams. All manners of fatal drug overdoses (accident, homicide, suicide, and undetermined) are included in this report.

Due to the nature of law enforcement and OCME death investigation, all deaths presented in this report are based upon locality of occurrence and not residential status of the decedent. The numbers and rates of these death by locality of injury and drug name/drug category are available in separate documents (<http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>).

This report compiles data on drugs causing or contributing to death in fatal drug overdose cases. This report does not include data on drugs detected, but not contributing or causing death. Often, drug-related deaths have more than one drug causing or contributing to death. Therefore, deaths in which multiple categories of drugs caused or contributed to death will be represented once within each drug category, but multiple times within the entire report. Example: a fatal cocaine, heroin, and alprazolam overdose death will be counted in the cocaine summary, the heroin summary, and the benzodiazepine summary.

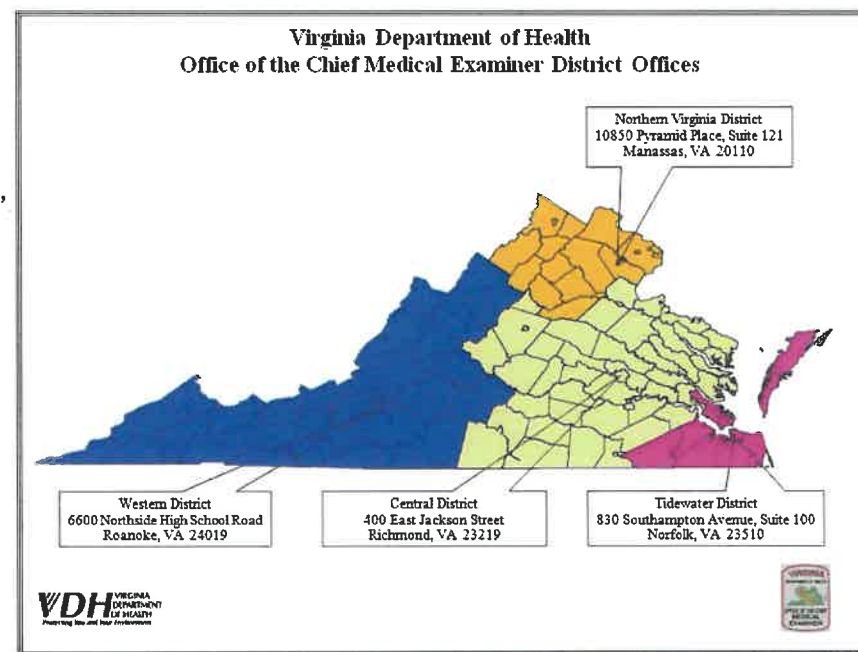
Prescription Opioids analyzed in this report include buprenorphine, codeine, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, oxycodone, oxymorphone, pentazocine, propoxyphene, tapentadol, and tramadol and are included in the category of 'Prescription Opioids'. Benzodiazepines analyzed in this report include adinazolam, alprazolam, bromazolam, clonazepam, clonazolam, deschloroetizolam, diazepam, etizolam, flualprazolam, flubromazolam, flubromazepam, flurazepam, lorazepam, meclonazepam, midazolam, nordiazepam, oxazepam, phenazepam, temazepam, and triazolam and are included in the category of 'Benzodiazepines'

Projected estimates for 2023 (entire year) are calculated based upon initial counts by quarter, average toxicology turnaround time at the time of the report, the date of data analysis, and previous quarter fatality trend review.

Rate calculations are based upon Virginia population projections. These population estimates came from the Virginia Department of Health, Division of Health Statistics (<http://www.vdh.virginia.gov/HealthStats/stats.htm>).

Quarters are based upon calendar year and are defined as follows:

- Quarter 1 (Q1)- January 1<sup>st</sup> - March 31<sup>st</sup>
- Quarter 2 (Q2)- April 1<sup>st</sup> - June 30<sup>th</sup>
- Quarter 3 (Q3)- July 1<sup>st</sup> - September 31<sup>st</sup>
- Quarter 4 (Q4)- October 1<sup>st</sup> - December 31<sup>st</sup>



\*\*\* This document is currently being remediated to meet the VDH accessibility requirements\*\*\*

# MAIN TAKEAWAYS

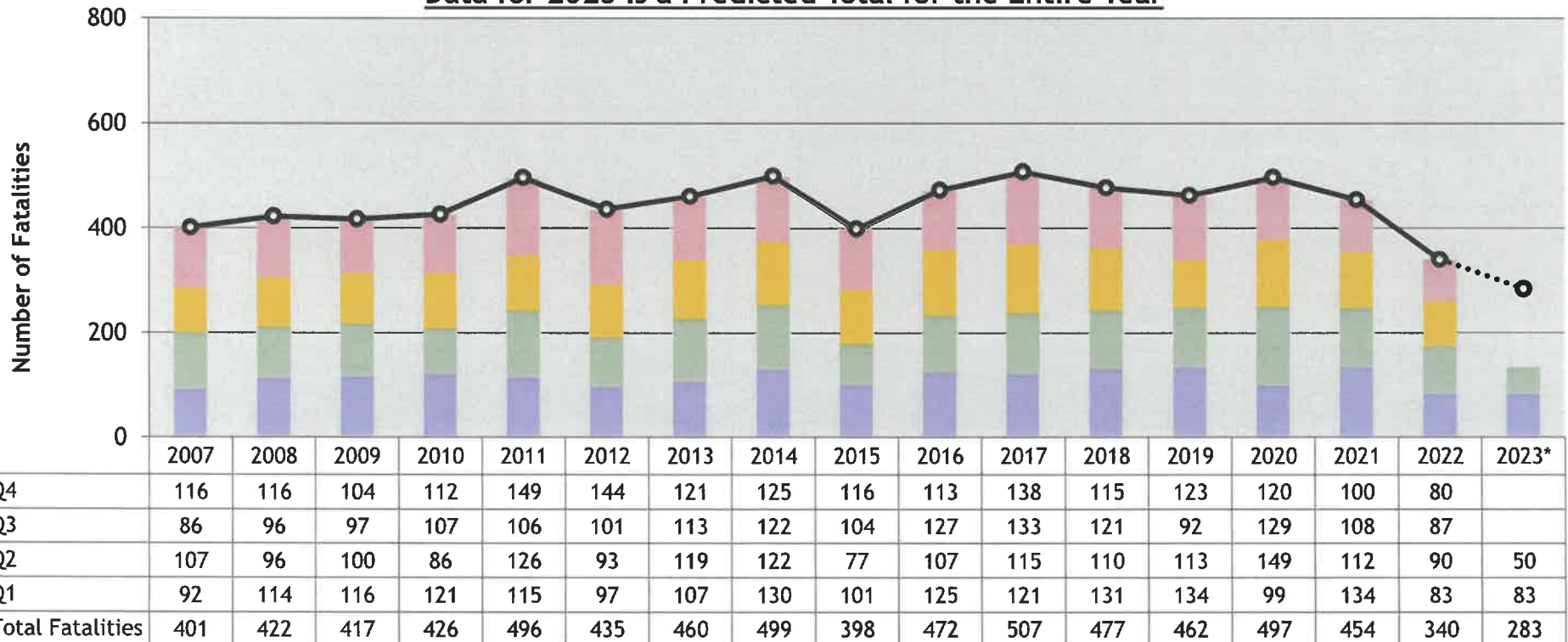
- Fatal drug overdose has been the leading method of unnatural death in Virginia since 2013
- Opioids, specifically illicit fentanyl, have been the driving force behind the large increases in fatal overdoses since 2013
- In 2015 statewide, the number of illicit opioids deaths surpassed prescription (Rx) opioid deaths. This trend continued at a greater magnitude in 2016 to present
- From 2007-2021, there wasn't a significant increase or decrease in fatal prescription (Rx) opioid overdoses; however, in 2022, there was a large drop in Rx opioid overdoses compared to the past 15-year span
- Fentanyl (prescription, illicit, and/or analogs) caused or contributed to death in 75.7% of all fatal overdoses in 2022
- Fatal non-opioid illicit drug overdoses are on the rise. In 2022, fatal cocaine overdoses increased 22.0% and fatal methamphetamine overdoses increased 5.3% compared to 2021
- In 2022, the most common combination of substances causing fatal overdoses was cocaine and fentanyl, representing 30.6% of all overdose deaths

# PRESCRIPTION OPIOIDS (EXCLUDING FENTANYL)

Since 2007, fatal prescription (Rx) opioid overdoses have been the leading category of drugs causing or contributing to death in the Commonwealth, with historically, oxycodone being the most common drug. Given the transition in fatal fentanyl overdoses from pharmaceutically produced fentanyl (2007-2014) to nearly all illicitly produced fentanyl (2015-present), fentanyl needs to be removed from the Rx opioid category and analyzed separately. This allows one to see the significant impact the drug is having on fatal overdose numbers in Virginia. By removing fentanyl from this Rx category, it is to be expected that Rx opioid fatalities from 2007-2013 to be slightly undercounted because true Rx fentanyl overdoses are excluded and combined with all 'fentanyl' to capture recent trends of illicit fentanyl in Virginia.

**Total Number of Fatal Prescription Opioid Overdoses (Excluding Fentanyl) by Quarter and Year of Death, 2007-2023\***

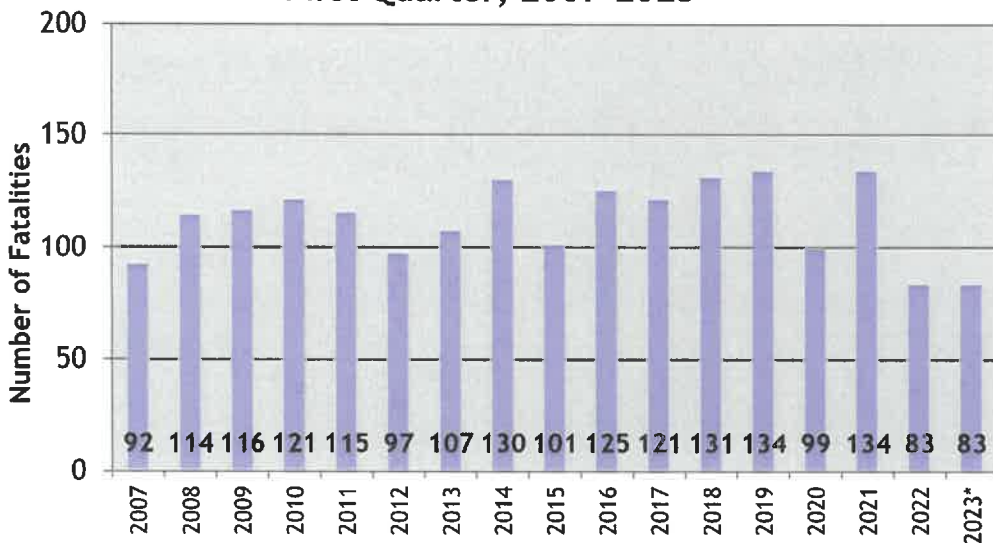
Data for 2023 is a Predicted Total for the Entire Year



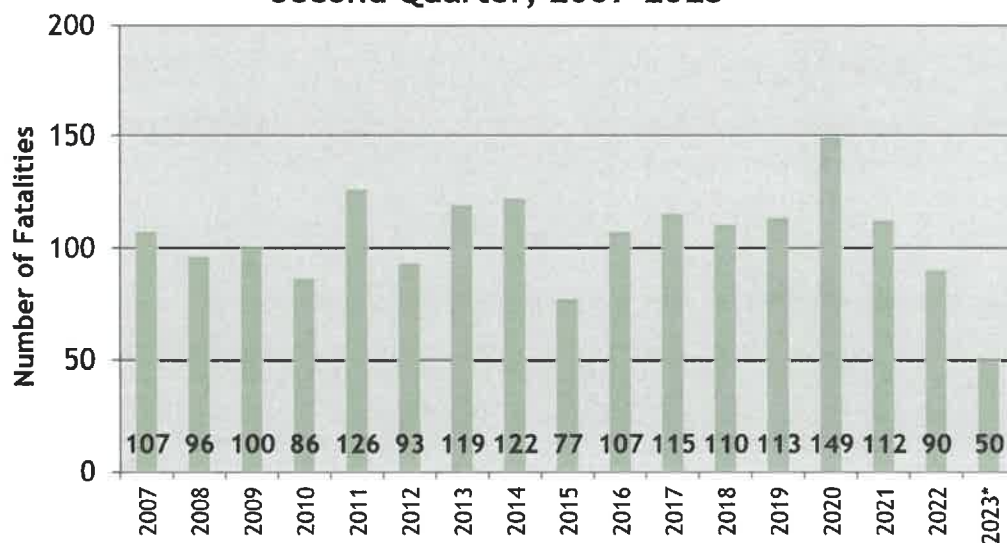
<sup>1</sup> 'Prescription Opioids (excluding fentanyl)' calculates all deaths in which one or more prescription opioids caused or contributed to death, but excludes fentanyl from the **required list** of prescription opioid drugs used to calculate the numbers. However, given that some of these deaths have multiple drugs on board, some deaths may have fentanyl in addition to other prescriptions opioids, and are therefore counted in the total number. Analysis must be done this way because by excluding all deaths in which fentanyl caused or contributed to death, the calculation would also exclude other prescription opioid deaths (oxycodone, methadone, etc.) from the analysis and would thereby undercount the actual number of fatalities due to these true prescription opioids.

# PRESCRIPTION OPIOIDS (EXCLUDING FENTANYL)

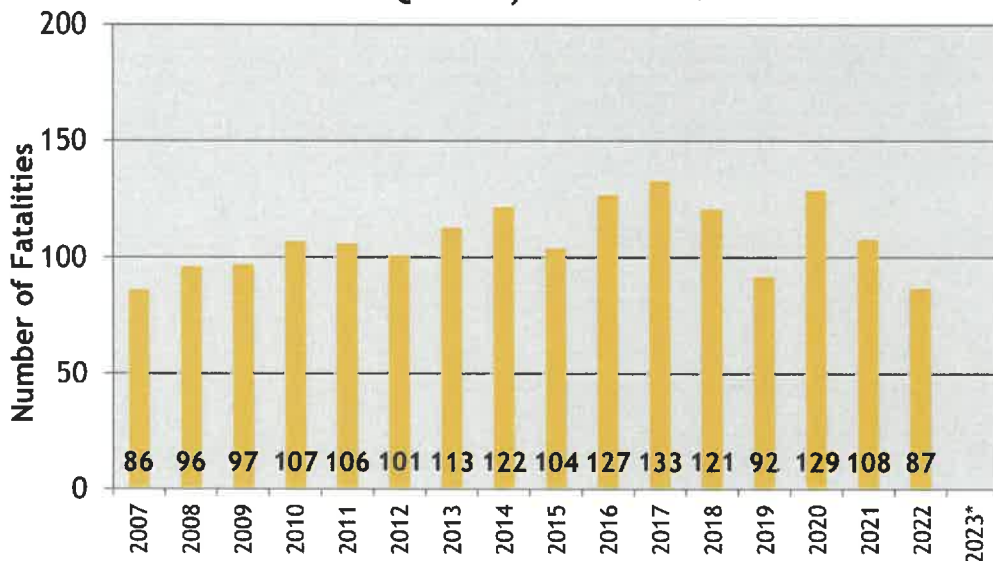
First Quarter, 2007-2023\*



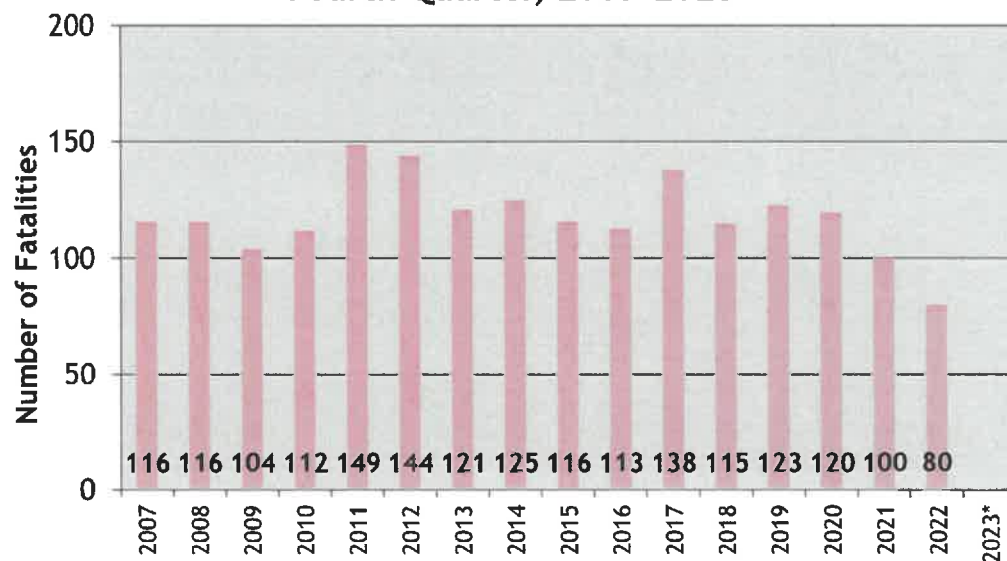
Second Quarter, 2007-2023\*



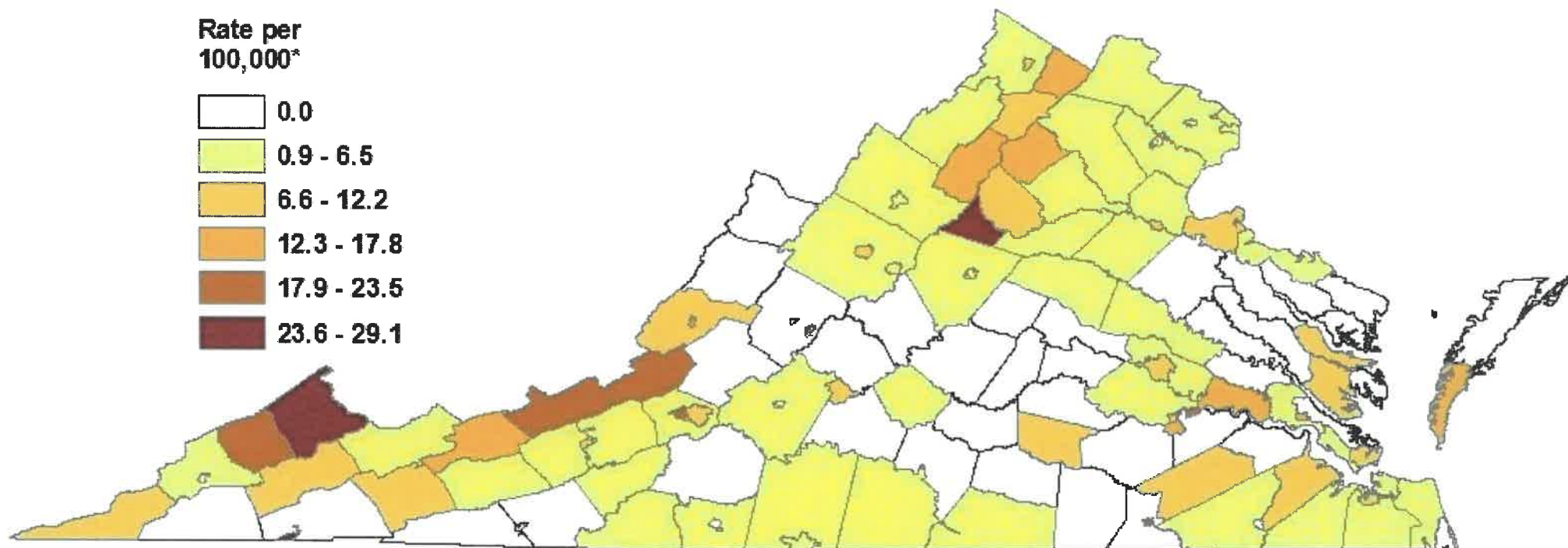
Third Quarter, 2007-2023\*



Fourth Quarter, 2007-2023\*



## Rate of Fatal Rx Opioid Overdoses by Locality of Overdose, 2022



Source: Virginia Department of Health, Office of the Chief Medical Examiner

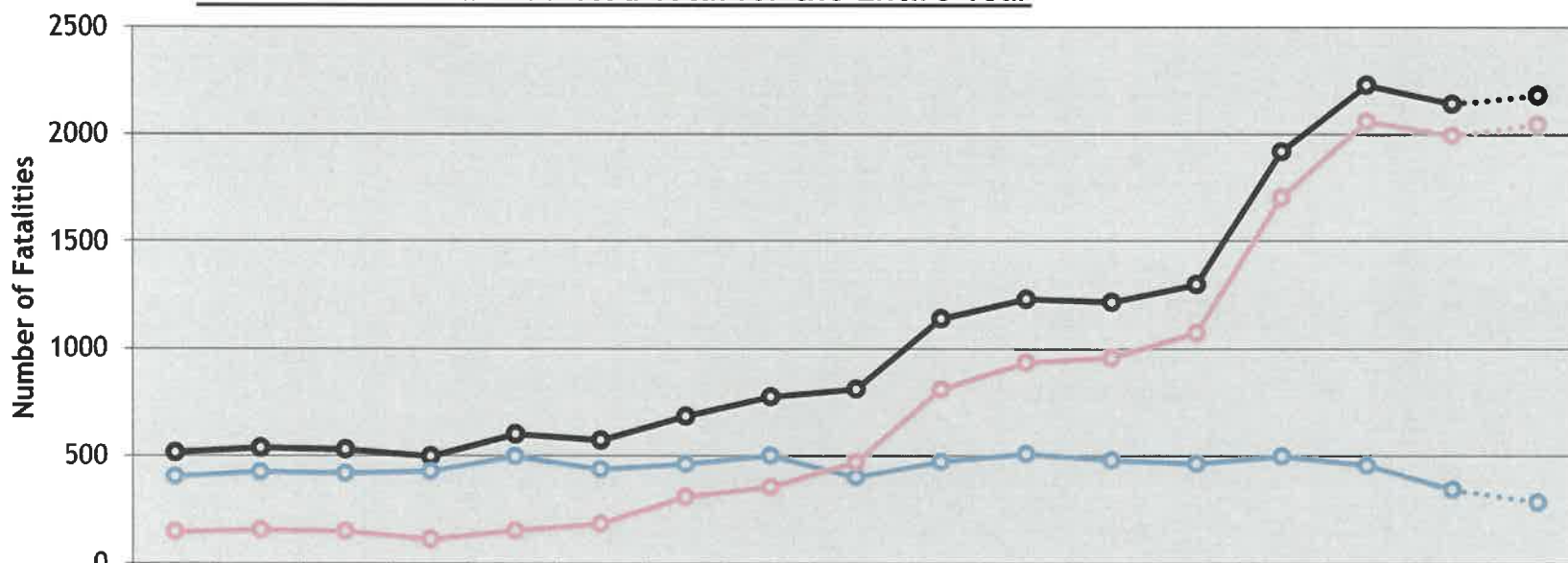
\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# OPIOIDS- A DIFFERENT PERSPECTIVE

Prescription opioids are a group of drugs that are commercially made by pharmaceutical companies in certified laboratories that act upon the opioid receptors in the brain. Historically, fentanyl has been one of these drugs. However, in late 2013, early 2014, illicitly made fentanyl began showing up in Virginia and by 2016, most fatal fentanyl overdoses were of illicit production of the drug. Separating fentanyl from the grouping of prescription opioids for this reason demonstrates a slight decrease in fatal prescription opioid overdoses in 2015 and a dramatic increase in the number of fatal fentanyl and/or heroin overdoses. This has caused the significant rise in all fatal opioid overdoses in the Commonwealth since 2012.

**Total Number of Prescription Opioid (Excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2023\***

**Data for 2023 is a Predicted Total for the Entire Year**



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023*
All Opioids	516	538	530	498	601	572	684	775	812	1138	1229	1215	1298	1915	2229	2141	2181
Prescription Opioids (excluding fentanyl)	401	422	417	426	496	435	460	499	398	472	507	477	462	497	454	340	283
Fentanyl and/or Heroin	148	157	150	112	153	185	309	353	471	813	939	961	1073	1702	2058	1992	2046

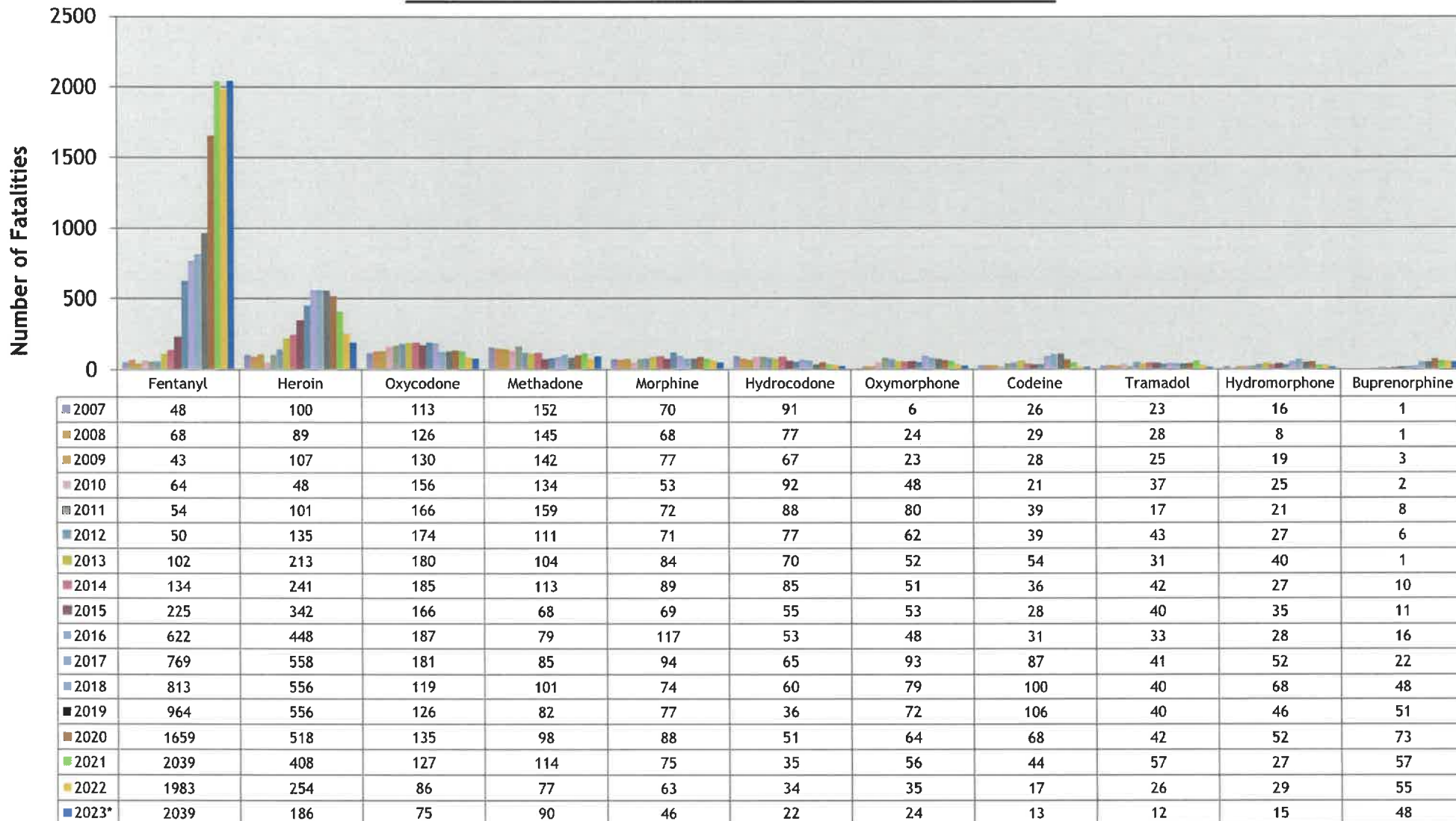
<sup>1</sup> 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

<sup>2</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

<sup>3</sup> 'Prescription Opioids (excluding fentanyl)' calculates all deaths in which one or more prescription opioids caused or contributed to death, but excludes fentanyl from the **required list** of prescription opioid drugs used to calculate the numbers. However, given that some of these deaths have multiple drugs on board, some deaths may have fentanyl in addition to other prescriptions opioids, and are therefore counted in the total number. Analysis must be done this way because by excluding all deaths in which fentanyl caused or contributed to death, the calculation would also exclude other prescription opioid deaths (oxycodone, methadone, etc.) from the analysis and would thereby undercount the actual number of fatalities due to these true prescription opioids.

# ALL OPIOIDS

Total Number of Fatal Opioid Overdoses by Drug Name and Year of Death, 2007-2023\*  
Data for 2023 is a Predicted Total for the Entire Year



<sup>1</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

<sup>2</sup> Levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol were excluded from this analysis due low annual case counts (<20 deaths)