Unintentional Overdose Deaths in Maryland, Calendar Year 2015

The previous two Data Shorts analyzed the information about individuals who died from unintentional drug or alcohol overdose during the years from 2007 to 2014. The Department of Health and Mental Hygiene very recently published information about individuals who died in 2015 ([http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Documents/2015%20Annual%20Report_final.pdf](http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Documents/2015%20Annual%20Report_final.pdf)). As shown in the first graph, deaths from drug overdoses have been increasing steadily since 2010; they increased at a rate of over 20% for the second consecutive year, from 1,041 in 2014 to 1,259 in 2015.

The second graph shows the drugs involved in the deaths. Because multiple substances can be involved in a death, one death may appear in multiple categories and consequently the percentages will add to more than 100%. Heroin is most often involved, being found in nearly 60% of cases. Prescription opioids, fentanyl, and alcohol were each involved in about one in every four deaths, and cocaine was found in 17% of deaths.

The next two charts show the gender and race of those who died due to an accidental overdose. The majority of decedents were white males. The average age of decedents was 42, with about half being above that age and half being below it.

The table compares 2014 and 2015 deaths by jurisdiction. Deaths increased by 100% or more in three jurisdictions, Allegany, Garrett, and St. Mary’s counties, and increased by more than half in two other counties, Washington and Worcester. The number of deaths remained the same in Carroll and Cecil counties, and declined in only four counties, Caroline, Harford, Kent, and Wicomico, three of which are on the Eastern Shore. The increases in both Baltimore City and Baltimore County exceed the state average.

The final graph shows the 2015 behavioral health service utilization of people who died from an overdose in 2015. Of those who died, 20.8% received at least one public mental health service, with 11.4% receiving only a mental health service and 9.4% receiving both mental health and substance related disorder services during 2015. Similarly, 15.6% received a substance related disorder service in 2015, with 6.2% receiving only a substance service and 9.4% receiving both types of service. When this analysis is extended into previous years, these percentages will increase and likely be similar to those reported in Data Short Volume 5, Issue 6.