Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2016
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METHODS

Introduction

The purpose of this report is to describe trends in the number of unintentional drug- and alcohol-related intoxication deaths occurring in Maryland during the period 2007-2016. Trends are examined by age at time of death, race/ethnicity, gender, place of death and substances related to death.

This report was prepared using drug and alcohol intoxication data housed in a registry developed and maintained by the Vital Statistics Administration (VSA) of the Maryland Department of Health and Mental Hygiene (DHMH). The methodology for reporting on drug-related intoxication deaths in Maryland was developed by VSA with assistance from the DHMH Behavioral Health Administration, the Office of the Chief Medical Examiner (OCME) and the Maryland Poison Control Center. Assistance was also provided by authors of a Baltimore City Health Department report on intoxication deaths.¹

Sources of data

The data included in this report were obtained mainly from OCME. Maryland law requires OCME to investigate all deaths occurring in the State that result from violence, suicide, casualty, or take place in a suspicious, unexpected or unusual manner. In these instances, information compiled during an investigation is used to determine the cause or causes of death. Depending on the circumstances, an investigation may involve a combination of scene examination, review of witness reports, review of medical and police reports, autopsy, and toxicological analysis of autopsy specimens. Toxicological analysis is routinely performed when there is suspicion that a death was the result of drug or alcohol intoxication.

A small number of death records involving intoxication deaths were filed by sources other than OCME and were identified through death records maintained by VSA. This included records filed by medical facilities rather than OCME, and records filed by federal investigators following deaths involving U.S. military personnel. Information available on these cases was included in the registry.

Information on place of death and race/ethnicity was missing for a small number of records provided by OCME and was obtained through death certificate data. Death certificate data were also used to update demographic information on records that were amended after the records were filed with the Division of Vital Records.

Identification of drug-related intoxication deaths

For the purpose of this report, an intoxication death was defined as a death that was the result of recent ingestion or exposure to alcohol or another type of drug, including heroin, fentanyl, cocaine, prescription opioids, benzodiazepines, phencyclidine (PCP), methamphetamines, and other prescribed and unprescribed drugs. OCME provided all records to VSA for which the text of the cause of death included one or more of the following terms: poisoning, intoxication, toxicity, inhalation, ingestion, overdose, exposure, chemical, effects, or use. Any records provided by OCME that were not unintentional drug-related intoxication deaths, such as deaths due to smoke inhalation, carbon monoxide intoxication, cold exposure, and chronic use of alcohol or other drugs, were excluded in the registry. Also excluded from the registry were deaths for which the manner of death was determined to be natural, suicide, or homicide.

Analyses

Trends in the number of drug- and alcohol-related intoxication deaths occurring in Maryland during the years 2007-2016 were analyzed by age group, race/ethnicity, gender, place of occurrence of death, and substances related to the death. Changes over time were examined for deaths related to the following substances:

1. Opioids
   a. Heroin
   b. Prescription opioids
   c. Fentanyl (prescribed and illicit)
2. Cocaine
3. Benzodiazepines and related drugs
4. Alcohol

The number of deaths by place of occurrence was computed by jurisdiction and by region, categorized as follows:

<table>
<thead>
<tr>
<th>Northwest Area</th>
<th>Baltimore Metro Area</th>
<th>National Capital Area</th>
<th>Southern Area</th>
<th>Eastern Shore Area</th>
</tr>
</thead>
</table>
Trends in deaths for the period 2007-2016 are shown in Figures 1 through 30. Data on intoxication deaths related to a combination of substances are shown in Figures 31 and 36. Counts of the number of total deaths and deaths related to classes of substances or specific substances by place of occurrence are shown in Tables 1 through 9.

**Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths in this report.**

**Opioid-related deaths**

Opioids include heroin and prescription opioid drugs such as oxycodone, hydrocodone, hydromorphone, methadone, tramadol and codeine, and prescribed and illicit fentanyl. In this report, an opioid was considered to be associated with a death if a specific opioid drug was indicated in the cause of death. If the cause of death did not identify a specific drug (e.g., the cause of death indicated “Narcotic Intoxication”), OCME toxicology results were reviewed to determine whether the presence of any opioid drug was detected. If so, the cause of death was considered to be opioid-related, regardless of the level of the drug. Scene investigation notes were also reviewed in an attempt to better categorize death records with non-specific causes of death.

Since heroin is rapidly metabolized into morphine, the records of many deaths that are likely to be heroin-related do not list “heroin” as a cause of death, and therefore cannot be identified using only information listed in the cause of death. Therefore, a combination of information contained in the cause of death field, toxicology results, and scene investigation notes is used to identify heroin-related deaths. In this report, a death was considered to be heroin-related if:

1. “Heroin” was mentioned in the cause of death; or
2. The toxicology screen showed a positive result for 6-monacetylmorphine; or
3. The toxicology screen showed positive results for both morphine and quinine; or
4. The cause of death was nonspecific and the scene investigation notes indicated that heroin was likely to have been involved in the death; or
5. The death was associated with morphine through either cause of death information or toxicology results, unless information contained in the investigation notes did not support this assumption.

A record was not coded as heroin-related, despite the presence of morphine, if OCME determined that another substance caused the death.

Prescription opioid-related deaths were defined as deaths that involve one or more prescription opioids, as identified through cause of death information when a specific drug was indicated and through toxicology results when the cause of death was nonspecific. Prescription opioids include buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, methadone, morphine, oxycodone, pentazocine, propoxyphene, tramadol and
prescribed fentanyl. Prescribed fentanyl is an opioid analgesic approved for patient use to manage severe or chronic pain. There is also a form of fentanyl that is produced illicitly in clandestine laboratories and mixed with (or substituted for) heroin or other illicit drugs. Although in some cases it was difficult to determine whether a prescribed or illicit form of fentanyl was related to a death, the count of prescription opioid-related drugs in this report includes only fentanyl deaths in which a prescription form of the drug was clearly involved.

Fentanyl-related deaths began increasing in late 2013 as a result of overdoses involving nonpharmaceutical fentanyl, that is, nonprescription fentanyl produced in clandestine laboratories and mixed with, or substituted for, heroin or other illicit substances. Nearly all fentanyl-related deaths occurring in recent years have involved the use of nonpharmaceutical fentanyl. Fentanyl is many times more potent than heroin, and greatly increases the risk of an overdose death.

**Benzodiazepine-related deaths**

Benzodiazepines are a class of depressants that include drugs such as alprazolam, clonazepam, diazepam, and multiple related drugs. The category of benzodiazepine-related drugs in this report includes both benzodiazepines and related drugs, such as zolpidem, which have similar sedative effects.

**Age-adjusted death rates**

Age-adjusted death rates were calculated in order to allow for the comparison of drug death rates among Maryland jurisdictions. Unlike all other data included in this report, these rates are based on place of residence of the decedent rather than place where the drug-related incident occurred. Since out of state data are generally not available until approximately six months after the close of a calendar year, only data through 2015 were available at the time this report was prepared. Therefore, age-adjusted rates cover the period 2011 through 2015. Since the number of drug deaths is relatively small in many Maryland jurisdictions, it was necessary to calculate rates for a five year period in order to obtain counts that were large enough to be used to calculate stable rates.

Drug death information received from other states is far less detailed than the data available from OCME and often does not include information on the substances involved in a death. For that reason, rates could only be calculated for total deaths and not deaths related to individual substances.
SUMMARY OF TRENDS IN DRUG INTO DEATHS—2007 TO 2016

Total alcohol and drug intoxication deaths

- The number of drug- and alcohol-related intoxication deaths occurring in Maryland increased in 2016 for the sixth year in a row, reaching an all-time high of 2089 deaths. This represented a 66% increase over the number of deaths (1259) in 2015, and the largest single year increase that has been recorded. The number of intoxication deaths has more than tripled in Maryland since 2010.
- Although intoxication deaths have been increasing among all age groups, the increase has been most rapid among individuals 55 years of age and above. The number of deaths among this age group increased five-fold between 2010 and 2016, from 86 to 424.
- The number of deaths increased by 55% among Whites and by 87% among African Americans between 2015 and 2016. Although the number of deaths among Hispanics had been at a relatively low level in earlier years, the number of deaths among this group more than doubled between 2015 and 2016, from 21 to 53.
- Deaths increased by 69% among men and by 57% among women between 2015 and 2016. The number of deaths has been rising steadily among both groups.
- Although the number of deaths increased substantially in nearly all areas of the State between 2015 and 2016, deaths declined in Cecil and St. Mary’s Counties.

Opioid-related deaths

- Eighty-nine percent of all intoxication deaths that occurred in Maryland in 2016 were opioid-related. Opioid-related deaths include deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl.
- The number of opioid-related deaths increased by 70% between 2015 and 2016, and has nearly quadrupled since 2010. Non opioid-related drug deaths have also been increasing, but at a slower rate.
- Large increases in the number of heroin and fentanyl-related deaths were largely responsible for the overall rise in opioid-related deaths. Between 2015 and 2016 the number of heroin-related deaths increased by 62% (from 748 to 1212), and the number of fentanyl-related deaths more than tripled (from 340 to 1119). The number of prescription-opioid related deaths increased by 19% (from 351 to 418); many of these deaths occurred in combination with heroin and/or fentanyl.
- The number of heroin-related deaths in Maryland increased five-fold between 2010 and 2016. Heroin deaths have increased among all age groups, Whites and African Americans, men and women, and in all regions of the State.
- Fifty-eight percent of heroin-related deaths in 2016 occurred in combination with fentanyl, 26% in combination with alcohol, 22% in combination with cocaine, and 13% in combination with prescription opioids.
- The number of prescription opioid-related deaths has been rising since 2012, in large part as a result of the use of these drugs in combination with heroin and/or fentanyl. The number of prescription opioid-related deaths has been rising most quickly among the
55+ year age group, and falling steadily among individuals below the age of 25. Deaths have been increasing among Whites, African Americans, men, and women.

- **Fentanyl**-related deaths have been increasing rapidly since 2013. There were an average of 29 deaths per year between 2007 and 2012; the number of deaths increased 38-fold since that time.
- **Fentanyl**-related deaths have increased substantially among all age groups, among Whites and African Americans, among both men and women, and in all regions of the State.
- Sixty-three percent of **fentanyl**-related deaths in 2016 occurred in combination with heroin, 26% in combination with alcohol, and 23% in combination with cocaine.

**Cocaine-related deaths**

- The number of **cocaine**-related deaths remained relatively stable between 2008 and 2013, and began rising in 2014. The number of **cocaine**-related deaths more than doubled between 2015 and 2016, from 221 in 2015 to 464 in 2016.
- **Cocaine**-related deaths increased substantially between 2015 and 2016 among all age and race/ethnicity groups, as well as among both men and women. The largest increases occurred in the National Capital and Eastern Shore areas of the State, where the number of deaths tripled.
- The overall increase in **cocaine**-related deaths is largely the result of deaths occurring in combination with opioids. Fifty-eight percent of **cocaine**-related deaths in 2016 occurred in combination with heroin, and 55% in combination with fentanyl.

**Benzodiazepine-related deaths**

- The number of **benzodiazepine**-related deaths have generally been increasing since 2007 among all demographic groups.
- The increases are the result of benzodiazepines used in combination with opioids. Fifty-three percent of all **benzodiazepine**-related deaths in 2016 occurred in combination with **prescription opioids**, 45% in combination with **fentanyl**, and 43% in combination with heroin.

**Alcohol-related deaths**

- The number of **alcohol**-related deaths has been rising steadily in Maryland since 2010. Deaths nearly doubled between 2015 and 2016, increasing from 310 to 582.
- **Alcohol**-related deaths have been increasing in all regions of the State and among all age groups, race/ethnicity groups, men, and women.
- The increase in **alcohol**-related deaths is related to the use of opioids; approximately half occurred in combination with heroin or fentanyl in 2016.

**Age-adjusted death rates**

- Age-adjusted death rates for the period 2011-2015 ranged from lows of 5.7 and 5.8 per 100,000 population in Montgomery and Prince George’s Counties, respectively, to a high of 33.9 per 100,000 population in Baltimore City.
TOTAL INTOXICATION DEATHS
Figure 1. Total Number of Drug- and Alcohol-Related Intoxication Deaths Occurring in Maryland, 2007-2016.

Figure 2. Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence, 2016.
Figure 3. Total Number of Drug- and Alcohol-Related Intoxication Deaths Occurring in Maryland by Age Group,* Race/Ethnicity and Gender, 2007-2016.
Figure 4. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Place of Occurrence, Maryland, 2007-2016.

REGION
- Northwest
- Baltimore Metro
- Southern
- Eastern Shore
- Eastern Shore
- National Capital

SELECTED JURISDICTIONS
- Baltimore City
- Baltimore County
- Anne Arundel
- Prince George's
- Montgomery
DRUG- AND ALCOHOL-RELATED INTOXICATION DEATHS BY SUBSTANCE
Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances\(^1\), Maryland, 2007-2016.

Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths.

\(^2\)Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.
OPIOID-RELATED DEATHS
Figure 6. Total Number of Opioid* and Non-Opioid-Related Deaths Occurring in Maryland, 2007-2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Opioid-related</th>
<th>Non opioid-related</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>628</td>
<td>187</td>
</tr>
<tr>
<td>2008</td>
<td>523</td>
<td>171</td>
</tr>
<tr>
<td>2009</td>
<td>570</td>
<td>161</td>
</tr>
<tr>
<td>2010</td>
<td>504</td>
<td>145</td>
</tr>
<tr>
<td>2011</td>
<td>529</td>
<td>142</td>
</tr>
<tr>
<td>2012</td>
<td>648</td>
<td>151</td>
</tr>
<tr>
<td>2013</td>
<td>729</td>
<td>128</td>
</tr>
<tr>
<td>2014</td>
<td>888</td>
<td>153</td>
</tr>
<tr>
<td>2015</td>
<td>1089</td>
<td>170</td>
</tr>
<tr>
<td>2016</td>
<td>1856</td>
<td>233</td>
</tr>
</tbody>
</table>

*Total opioids include heroin, prescription opioids, and illicit forms of fentanyl.

Figure 7. Number of Opioid-Related Deaths Occurring in Maryland by Substance, 2007-2016.

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin</th>
<th>Prescription Opioids</th>
<th>Fentanyl</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>399</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>2008</td>
<td>289</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>2009</td>
<td>360</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>2010</td>
<td>238</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>2011</td>
<td>247</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>2012</td>
<td>392</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>2013</td>
<td>464</td>
<td>186</td>
<td>186</td>
</tr>
<tr>
<td>2014</td>
<td>578</td>
<td>340</td>
<td>340</td>
</tr>
<tr>
<td>2015</td>
<td>748</td>
<td>311</td>
<td>311</td>
</tr>
<tr>
<td>2016</td>
<td>1212</td>
<td>316</td>
<td>316</td>
</tr>
</tbody>
</table>

*Total opioids include heroin, prescription opioids, and illicit forms of fentanyl.
Figure 8. Number of Heroin-Related Deaths Occurring in Maryland, 2007-2016.

![Bar chart showing the number of heroin-related deaths in Maryland from 2007 to 2016.](image)

Figure 9. Number of Heroin-Related Deaths Occurring in Maryland by Place of Occurrence, 2016.

![Bar chart showing the number of heroin-related deaths in Maryland by county in 2016.](image)
Figure 10. Number of Heroin-Related Deaths Occurring in Maryland by Age Group,* Race/Ethnicity and Gender, 2007-2016.
Figure 11. Number of Heroin-Related Deaths by Place of Occurrence, Maryland, 2007-2016.

**REGION**
- Northwest
- Baltimore Metro
- Southern
- Eastern Shore
- National Capital

**SELECTED JURISDICTIONS**
- Baltimore City
- Baltimore County
- Anne Arundel
- Prince George's
- Montgomery
Figure 12. Number of Deaths Occurring in Maryland by Selected Prescription Opioids, 2007-2016.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>302</td>
<td>280</td>
<td>311</td>
<td>342</td>
<td>311</td>
<td>316</td>
<td>330</td>
<td>351</td>
<td>351</td>
<td>418</td>
</tr>
<tr>
<td>Methadone</td>
<td>210</td>
<td>163</td>
<td>135</td>
<td>173</td>
<td>172</td>
<td>170</td>
<td>138</td>
<td>152</td>
<td>183</td>
<td>197</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>63</td>
<td>72</td>
<td>82</td>
<td>113</td>
<td>118</td>
<td>99</td>
<td>86</td>
<td>120</td>
<td>104</td>
<td>157</td>
</tr>
<tr>
<td>Tramadol</td>
<td>9</td>
<td>15</td>
<td>16</td>
<td>16</td>
<td>24</td>
<td>25</td>
<td>30</td>
<td>33</td>
<td>30</td>
<td>35</td>
</tr>
</tbody>
</table>
Figure 13. Number of Prescription Opioid-Related Deaths Occurring in Maryland, 2007-2016.

Figure 14. Number of Prescription Opioid-Related Deaths Occurring in Maryland by Place of Occurrence, 2016.
Figure 15. Number of Prescription Opioid-Related Deaths Occurring in Maryland by Age Group,* Race/Ethnicity and Gender, 2007-2016.
Figure 16. Number of Prescription Opioid-Related Deaths by Place of Occurrence, Maryland, 2007-2016.
Figure 17. Number of Fentanyl-Related Deaths Occurring in Maryland, 2007-2016.

Figure 18. Number of Fentanyl-Related Deaths Occurring in Maryland by Place of Occurrence, 2016.
Figure 19. Number of Fentanyl-Related Deaths Occurring in Maryland by Age Group,* Race/Ethnicity and Gender, 2007-2016.
Figure 20. Number of Fentanyl-Related Deaths by Place of Occurrence, Maryland, 2007-2016.

REGION

SELECTED JURISDICTIONS
COCAINENE-RELATED DEATHS
Figure 21. Number of Cocaine-Related Deaths Occurring in Maryland, 2007-2016.

Figure 22. Number of Cocaine-Related Deaths Occurring in Maryland by Place of Occurrence, 2016.
Figure 23. Number of Cocaine-Related Deaths Occurring in Maryland by Age Group,* Race/Ethnicity and Gender, 2007-2016.

**AGE (years)**

- <25 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55+ years

**Number of deaths**

- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016

**RACE/ETHNICITY**

- White
- Black
- Hispanic

**GENDER**

- Male
- Female

*Numbers for <25 years, Hispanic and Female are not included in the graph.*
Figure 24. Number of Cocaine-Related Deaths by Place of Occurrence, Maryland, 2007-2016.

REGION

- Northwest
- Baltimore Metro
- Southern
- Eastern Shore
- National Capital

SELECTED JURISDICTIONS

- Baltimore City
- Baltimore County
- Anne Arundel
- Prince George's

Number of deaths

BENZODIAZEPINE-RELATED DEATHS
Figure 25. Number of Benzodiazepine-Related Deaths Occurring in Maryland, 2007-2016.

Figure 26. Number of Benzodiazepine-Related Deaths Occurring in Maryland by Place of Occurrence, 2016.
Figure 27. Number of Benzodiazepine-Related Deaths Occurring in Maryland by Age Group,* Race/Ethnicity and Gender, 2007-2016.
Figure 28. Number of Benzodiazepine-Related Deaths by Place of Occurrence, Maryland, 2007-2016.

**REGION**

- Northwest
- Baltimore Metro
- Southern
- Eastern Shore
- National Capital

**SELECTED JURISDICTIONS**

- Baltimore City
- Baltimore County
ALCOHOL-RELATED DEATHS
Figure 29. Number of Alcohol-Related Deaths Occurring in Maryland, 2007-2016.

Figure 30. Number of Alcohol-Related Deaths Occurring in Maryland by Place of Occurrence, 2016.
Figure 31. Number of Alcohol-Related Deaths Occurring in Maryland by Age Group,* Race/Ethnicity and Gender, 2007-2016.
Figure 32. Number of Alcohol-Related Deaths by Place of Occurrence, Maryland, 2007-2016.
DRUG COMBINATIONS
Figure 33. Number of Drug- and Alcohol-Related Intoxication Deaths Involving Opioids, 2007-2016.

Figure 34. Number of Intoxication Deaths by Presence of Heroin and/or Fentanyl, 2007-2016.
Figure 35. Number of Prescription Opioid-Related Intoxication Deaths Involving Heroin or Fentanyl, 2007-2016.

Figure 36. Number of Cocaine-Related Intoxication Deaths Involving Heroin or Fentanyl, 2007-2016.
Figure 37. Number of Benzodiazepine-Related Intoxication Deaths Involving Heroin or Fentanyl, 2007-2016.

Figure 38. Number of Alcohol-Related Intoxication Deaths Involving Heroin or Fentanyl, 2007-2016.
<table>
<thead>
<tr>
<th>Substance</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heroin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1212</td>
<td></td>
</tr>
<tr>
<td>In combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With fentanyl</td>
<td>705</td>
<td>58.2</td>
</tr>
<tr>
<td>With alcohol</td>
<td>316</td>
<td>26.1</td>
</tr>
<tr>
<td>With cocaine</td>
<td>269</td>
<td>22.2</td>
</tr>
<tr>
<td>With prescription opioids</td>
<td>156</td>
<td>12.9</td>
</tr>
<tr>
<td>With benzodiazepines</td>
<td>54</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Prescription opioids</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>418</td>
<td></td>
</tr>
<tr>
<td>In combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With heroin</td>
<td>156</td>
<td>37.3</td>
</tr>
<tr>
<td>With fentanyl</td>
<td>137</td>
<td>32.8</td>
</tr>
<tr>
<td>With alcohol</td>
<td>94</td>
<td>22.5</td>
</tr>
<tr>
<td>With benzodiazepines</td>
<td>67</td>
<td>16.0</td>
</tr>
<tr>
<td>With cocaine</td>
<td>63</td>
<td>15.1</td>
</tr>
<tr>
<td><strong>Cocaine</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>464</td>
<td></td>
</tr>
<tr>
<td>In combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With heroin</td>
<td>269</td>
<td>58.0</td>
</tr>
<tr>
<td>With fentanyl</td>
<td>254</td>
<td>54.7</td>
</tr>
<tr>
<td>With alcohol</td>
<td>111</td>
<td>23.9</td>
</tr>
<tr>
<td>With prescription opioids</td>
<td>63</td>
<td>13.6</td>
</tr>
<tr>
<td>With benzodiazepines</td>
<td>19</td>
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<tr>
<td>Total</td>
<td>126</td>
<td></td>
</tr>
<tr>
<td>In combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With prescription opioids</td>
<td>67</td>
<td>53.2</td>
</tr>
<tr>
<td>With fentanyl</td>
<td>57</td>
<td>45.2</td>
</tr>
<tr>
<td>With heroin</td>
<td>54</td>
<td>42.9</td>
</tr>
<tr>
<td>With alcohol</td>
<td>23</td>
<td>18.3</td>
</tr>
<tr>
<td>With cocaine</td>
<td>19</td>
<td>15.1</td>
</tr>
<tr>
<td><strong>Fentanyl</strong></td>
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<td></td>
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<tr>
<td>Total</td>
<td>1119</td>
<td></td>
</tr>
<tr>
<td>In combination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With heroin</td>
<td>705</td>
<td>63.0</td>
</tr>
<tr>
<td>With alcohol</td>
<td>289</td>
<td>25.8</td>
</tr>
<tr>
<td>With cocaine</td>
<td>254</td>
<td>22.7</td>
</tr>
<tr>
<td>With prescription opioids</td>
<td>137</td>
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</tr>
<tr>
<td>With benzodiazepines</td>
<td>57</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Alcohol</strong></td>
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<td></td>
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<tr>
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</tr>
<tr>
<td>In combination</td>
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<td></td>
</tr>
<tr>
<td>With heroin</td>
<td>316</td>
<td>54.3</td>
</tr>
<tr>
<td>With fentanyl</td>
<td>289</td>
<td>49.7</td>
</tr>
<tr>
<td>With cocaine</td>
<td>111</td>
<td>19.1</td>
</tr>
<tr>
<td>With prescription opioids</td>
<td>94</td>
<td>16.2</td>
</tr>
<tr>
<td>With benzodiazepines</td>
<td>23</td>
<td>4.0</td>
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</table>
Figure 40. Age-Adjusted Death Rates\textsuperscript{1,2} for Total Unintentional Intoxication Deaths by Place of Residence,\textsuperscript{3} Maryland, 2011-2015.

<table>
<thead>
<tr>
<th>Place of residence</th>
<th>Age-adjusted death rate per 100,000 population</th>
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</tr>
<tr>
<td>Howard County</td>
<td>8.7</td>
</tr>
<tr>
<td>St. Mary's County</td>
<td>11.3</td>
</tr>
<tr>
<td>Charles County</td>
<td>11.7</td>
</tr>
<tr>
<td>Wicomico County</td>
<td>14.3</td>
</tr>
<tr>
<td>Frederick County</td>
<td>14.6</td>
</tr>
<tr>
<td>Anne Arundel County</td>
<td>15.9</td>
</tr>
<tr>
<td>Somerset County</td>
<td>16.9</td>
</tr>
<tr>
<td>Queen Anne's County</td>
<td>17.6</td>
</tr>
<tr>
<td>Harford County</td>
<td>17.9</td>
</tr>
<tr>
<td>Carroll County</td>
<td>18.0</td>
</tr>
<tr>
<td>Worcester County</td>
<td>18.3</td>
</tr>
<tr>
<td>Calvert County</td>
<td>18.4</td>
</tr>
<tr>
<td>Allegany County</td>
<td>18.7</td>
</tr>
<tr>
<td>Baltimore County</td>
<td>20.4</td>
</tr>
<tr>
<td>Washington County</td>
<td>23.4</td>
</tr>
<tr>
<td>Cecil County</td>
<td>27.9</td>
</tr>
<tr>
<td>Caroline County</td>
<td>29.6</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>33.9</td>
</tr>
</tbody>
</table>

\textsuperscript{1}Age-adjusted to the 2000 U.S. standard population by the direct method.

\textsuperscript{2}Since age-adjusted rates based on fewer than 20 deaths are considered unreliable, rates are only show for jurisdictions with 20 or more intoxication deaths over the five-year period.

\textsuperscript{3}Rates are based on place of residence, not place of occurrence.
TABLES
# Table 1. Total Number of Drug and Alcohol-Related Intoxication Deaths by Place of Occurrence, 2007-2016

<table>
<thead>
<tr>
<th>Region and Political Subdivision</th>
<th>Total Intoxication Deaths</th>
</tr>
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<td>MARYLAND</td>
<td>815</td>
</tr>
<tr>
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<td>ALLEGANY</td>
<td>14</td>
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<tr>
<td>WASHINGTON</td>
<td>16</td>
</tr>
<tr>
<td>FREDERICK</td>
<td>23</td>
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<tr>
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<tr>
<td>BALTIMORE COUNTY</td>
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<td>CARROLL</td>
<td>14</td>
</tr>
<tr>
<td>HOWARD</td>
<td>16</td>
</tr>
<tr>
<td>HARFORD</td>
<td>31</td>
</tr>
<tr>
<td>NATIONAL CAPITAL AREA</td>
<td>109</td>
</tr>
<tr>
<td>MONTGOMERY</td>
<td>56</td>
</tr>
<tr>
<td>PRINCE GEORGE'S</td>
<td>53</td>
</tr>
<tr>
<td>SOUTHERN AREA</td>
<td>33</td>
</tr>
<tr>
<td>CALVERT</td>
<td>14</td>
</tr>
<tr>
<td>CHARLES</td>
<td>13</td>
</tr>
<tr>
<td>ST. MARY'S</td>
<td>6</td>
</tr>
<tr>
<td>EASTERN SHORE AREA</td>
<td>69</td>
</tr>
<tr>
<td>CECIL</td>
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<tr>
<td>KENT</td>
<td>3</td>
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<tr>
<td>QUEEN ANNE'S</td>
<td>4</td>
</tr>
<tr>
<td>CAROLINE</td>
<td>1</td>
</tr>
<tr>
<td>TALBOT</td>
<td>5</td>
</tr>
<tr>
<td>DORCHESTER</td>
<td>4</td>
</tr>
<tr>
<td>WICOMICO</td>
<td>9</td>
</tr>
<tr>
<td>SOMERSET</td>
<td>6</td>
</tr>
<tr>
<td>WORCESTER</td>
<td>12</td>
</tr>
</tbody>
</table>

1 Includes deaths that were the result of recent ingestion or exposure to alcohol or another type of drug, including heroin, cocaine, prescription opioids, benzodiazepines, and other prescribed and unprescribed drugs.

2 Includes only deaths for which the manner of death was classified as accidental or undetermined.
<table>
<thead>
<tr>
<th>REGION AND POLITICAL SUBDIVISION</th>
<th>HEROIN-RELATED DEATHS</th>
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<td>GARRETT</td>
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</tr>
<tr>
<td>WASHINGTON</td>
<td>5</td>
</tr>
<tr>
<td>FREDERICK</td>
<td>8</td>
</tr>
<tr>
<td>MARYLAND BALTIMORE METRO AREA</td>
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<td>CARROLL</td>
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<td>HOWARD</td>
<td>8</td>
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<td>HARPORD</td>
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<tr>
<td>MONTGOMERY</td>
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<td>PRINCE GEORGE'S</td>
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</tr>
<tr>
<td>SOUTHERN AREA</td>
<td>8</td>
</tr>
<tr>
<td>CALVERT</td>
<td>5</td>
</tr>
<tr>
<td>CHARLES</td>
<td>2</td>
</tr>
<tr>
<td>ST. MARY'S</td>
<td>1</td>
</tr>
<tr>
<td>EASTERN SHORE AREA</td>
<td>15</td>
</tr>
<tr>
<td>CECIL</td>
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</tr>
<tr>
<td>KENT</td>
<td>1</td>
</tr>
<tr>
<td>QUEEN ANNE'S</td>
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<td>CAROLINE</td>
<td>0</td>
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<tr>
<td>TALBOT</td>
<td>1</td>
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<tr>
<td>DORCHESTER</td>
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<tr>
<td>WICOMICO</td>
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<tr>
<td>SOMERSET</td>
<td>2</td>
</tr>
<tr>
<td>WORCESTER</td>
<td>1</td>
</tr>
</tbody>
</table>

1Includes deaths confirmed or suspected to be related to recent heroin use.
2Includes only deaths for which the manner of death was classified as accidental or undetermined.
## TABLE 3. NUMBER OF PRESCRIPTION OPIOID-RELATED INTOXICATION DEATHS BY PLACE OF OCCURRENCE, 2007-2016.\(^1,2\)

<table>
<thead>
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<th>PRESCRIPTION OPIOID-RELATED DEATHS</th>
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<tr>
<td>WASHINGTON</td>
<td>7</td>
</tr>
<tr>
<td>FREDERICK</td>
<td>6</td>
</tr>
<tr>
<td>BALTIMORE METRO AREA</td>
<td>190</td>
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<tr>
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</tr>
<tr>
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<td>CARROLL</td>
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<tr>
<td>HOWARD</td>
<td>6</td>
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<tr>
<td>HARFORD</td>
<td>15</td>
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<tr>
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<td>MONTGOMERY</td>
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</tr>
<tr>
<td>SOUTHERN AREA</td>
<td>17</td>
</tr>
<tr>
<td>CALVERT</td>
<td>8</td>
</tr>
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<td>CHARLES</td>
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</tr>
<tr>
<td>SOMERSET</td>
<td>4</td>
</tr>
<tr>
<td>WORCESTER</td>
<td>7</td>
</tr>
</tbody>
</table>

\(^1\)Includes deaths that were related to recent ingestion of one or more prescription opioids.
\(^2\)Includes only deaths for which the manner of death was classified as accidental or undetermined.
<table>
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<tr>
<td>WASHINGTON</td>
<td>0</td>
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<tr>
<td>FREDERICK</td>
<td>1</td>
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<td>BALTIMORE METRO AREA</td>
<td>31</td>
</tr>
<tr>
<td>BALTIMORE CITY</td>
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</tr>
<tr>
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</tr>
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<td>HOWARD</td>
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<td>CALVERT</td>
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<td>CHARLES</td>
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1 Includes deaths that were related to recent ingestion of oxycodone.
2 Includes only deaths for which the manner of death was classified as accidental or undetermined.
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<td>WASHINGTON</td>
<td>6</td>
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<tr>
<td>FREDERICK</td>
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<tr>
<td>HOWARD</td>
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</tr>
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<td>HARFORD</td>
<td>9</td>
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<tr>
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</tr>
<tr>
<td>MONTGOMERY</td>
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</tr>
<tr>
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<tr>
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<td>CHARLES</td>
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<td>WORCESTER</td>
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</tbody>
</table>

1Includes deaths that were related to recent ingestion of methadone.
2Includes only deaths for which the manner of death was classified as accidental or undetermined.
<table>
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<td>Washington</td>
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<td>Frederick</td>
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<tr>
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<tr>
<td>Anne Arundel</td>
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</tr>
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<td>Howard</td>
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<td>Harford</td>
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</tr>
<tr>
<td>Charles</td>
<td>0</td>
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<tr>
<td>St. Mary's</td>
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<tr>
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1Includes deaths that were related to recent ingestion or exposure to pharmaceutical or nonpharmaceutical fentanyl.
2Includes only deaths for which the manner of death was classified as accidental or undetermined.
### TABLE 7. NUMBER OF COCAINE-RELATED INTOXICATION DEATHS BY PLACE OF OCCURRENCE, 2007-2016.1,2

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1Includes deaths that were related to recent ingestion of alcohol.
2Includes only deaths for which the manner of death was classified as accidental or undetermined.