↑30%
Opioid overdoses went up 30% from July 2016 through September 2017 in 52 areas in 45 states.

↑70%
The Midwestern region saw opioid overdoses increase 70% from July 2016 through September 2017.

↑54%
Opioid overdoses in large cities increased by 54% in 16 states.

Opioid Overdoses Treated in Emergency Departments
Identify opportunities for action

Emergency department (ED) visits for opioid* overdoses rose 30% in all parts of the US from July 2016 through September 2017. People who have had an overdose are more likely to have another, so being seen in the ED is an opportunity for action. Repeat overdoses may be prevented with medication-assisted treatment (MAT) for opioid use disorder (OUD), which is defined as a problematic pattern of opioid use. EDs can provide naloxone, link patients to treatment and referral services, and provide health departments with critical data on overdoses. ED data provide an early warning system for health departments to identify increases in opioid overdoses more quickly and coordinate response efforts. This fast-moving epidemic does not stay within state and county lines. Coordinated action between EDs, health departments, mental health and treatment providers, community-based organizations, and law enforcement can prevent opioid overdose and death.

Health departments can

- Alert communities to rapid increases in overdoses seen in EDs for an informed and timely response.
- Increase naloxone distribution (an overdose-reversing drug) to first responders, family and friends, and other community members in affected areas, as policies permit.
- Increase availability of and access to treatment services, including mental health services and MAT for OUD.
- Support programs which reduce harms from injecting opioids, including those offering screening for HIV and hepatitis B and C, in combination with referral to treatment.
- Support the use of the *CDC Guideline for Prescribing Opioids for Chronic Pain*, which encourages using prescription drug monitoring programs (PDMPs) to inform clinical practice. https://go.usa.gov/xn6uQ

EMERGENCY Drop-Off

↗ Hospital ♿ Drop-Off

← Emergency Parking ℗

↑ Visitor Parking ℗

↑ Exit

Want to learn more?
Visit: www.cdc.gov/vitalsigns

*Opioids include prescription pain medications, heroin, and illicitly manufactured fentanyl.

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

Opioid overdose ED visits continued to rise from 2016 to 2017.

From July 2016 through September 2017, opioid overdoses increased for:

- Men (↑30%) and women (↑24%)
- People ages 25-34 (↑31%), 35-54 (↑36%), and 55 and over (↑32%)
- Most states (↑30% average), especially in the Midwest (↑70% average)

SOURCE: CDC's National Syndromic Surveillance Program, 52 jurisdictions in 45 states reporting.

Opioid overdoses continued to increase in cities and towns of all types.*
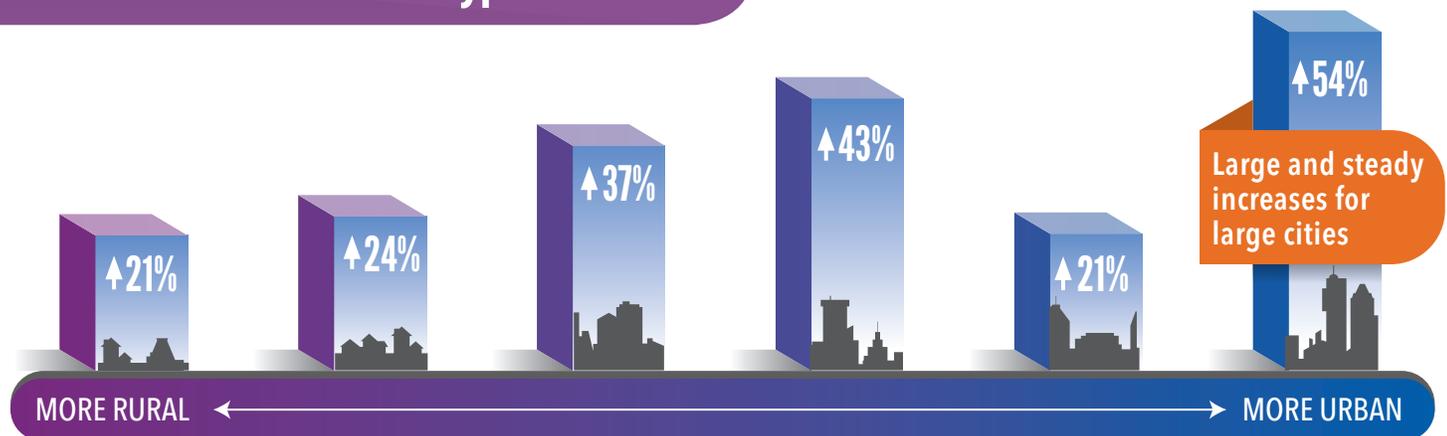
↑21%　↑24%　↑37%　↑43%　↑21%　↑54%

Large and steady increases for large cities

MORE RURAL ← → MORE URBAN

SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

* From left to right, the categories are:
1) non-core (non-metro), 2) micropolitan (non-metro), 3) small metro, 4) medium metro, 5) large fringe metro, 6) large central metro.

Detecting recent trends in opioid overdose ED visits provides opportunities for action in this fast-moving epidemic.

PERCENT CHANGE

Decrease　Increase 1 to 24%　Increase 25 to 49%　Increase 50% or more

Data unavailable
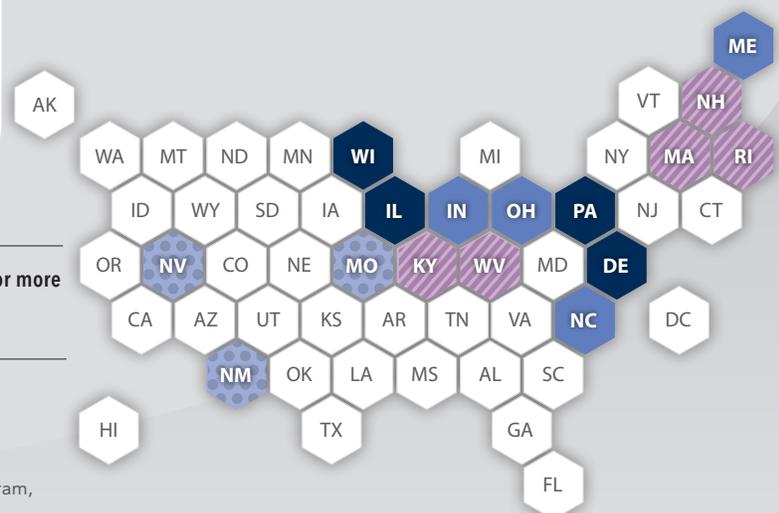
SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

ME
AK　VT　NH
WA　MT　ND　MN　WI　MI　NY　MA　RI
ID　WY　SD　IA　IL　IN　OH　PA　NJ　CT
OR　NV　CO　NE　MO　KY　WV　MD　DE
CA　AZ　UT　KS　AR　TN　VA　NC　DC
NM　OK　LA　MS　AL　SC
HI　TX　GA
FL

A rise in opioid overdoses is detected. What now?

Naloxone is a drug that can reverse the effects of opioid overdose and can be life-saving if administered in time.

Medication-assisted treatment (MAT) for opioid use disorder (OUD) can aid in preventing repeat overdoses. MAT combines the use of medication (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

Local Emergency Department

- Offer naloxone and training to patient's family and friends, in case the patient has another overdose.
- Connect patients with hospital case managers or peer navigators to link them to follow-up treatment and services.
- Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal.

First Responders | Public Safety | Law Enforcement Officers

- Get adequate supply and training for naloxone administration.
- Identify changes in illicit drug supply and work with state and local health departments to respond effectively.
- Collaborate with public health departments and health systems to enhance linkage to treatment and services.

Mental Health and Substance Abuse Treatment Providers

- Increase treatment services, including MAT for OUD.
- Increase and coordinate mental health services for conditions that often occur with OUD.

Coordinated, informed efforts can better prevent opioid overdoses and deaths

Community Members

- Connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution.

Community-Based Organizations

- Assist in mobilizing a community response to those most at risk.
- Provide resources to reduce harms that can occur when injecting drugs, including ones that offer screening for HIV and hepatitis B and C, in combination with referral to treatment and naloxone provision.

Local Health Departments
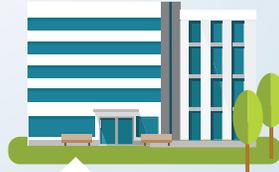
- Alert the community to the rapid increase in opioid overdoses seen in emergency departments and inform strategic plans and timely responses.
- Ensure an adequate naloxone supply.
- Increase availability and access to necessary services.
- Coordinate with key community groups to detect and respond to any changes in illicit drug use.

WHAT CAN BE DONE

THE FEDERAL GOVERNMENT IS

- Tracking overdose trends to better understand and more quickly respond to the opioid overdose epidemic.

- Improving access to OUD treatment, such as MAT, and overdose-reversing drugs, such as naloxone.

- Educating healthcare providers and the public about OUD and opioid overdose, and providing guidance on safe and effective pain management.

- Equipping states with resources to implement and evaluate safe prescribing practices.

- Coordinating actions to reduce production and impacts of the illicit opioid supply in the US through the High Intensity Drug Trafficking Areas (HIDTA) Program.

- Supporting cutting-edge research to improve pain management and OUD treatment.

HEALTH DEPARTMENTS CAN

- Alert communities to rapid increases in overdoses seen in EDs for an informed and timely response.

- Increase naloxone distribution (an overdose-reversing drug) to first responders, family and friends, and other community members in affected areas, as policies permit.

- Increase availability of and access to treatment services, including mental health services and MAT for OUD.

- Support programs that reduce harms which can occur when injecting opioids, including those offering screening for HIV and hepatitis B and C, in combination with referral to treatment.

- Support the use of the *CDC Guideline for Prescribing Opioids for Chronic Pain*, which encourages using prescription drug monitoring programs (PDMPs) to inform clinical practice. https://go.usa.gov/xn6uQ

EMERGENCY DEPARTMENTS CAN

- Develop post-opioid overdose protocols, which may include

  ‣ Offering overdose prevention education, naloxone, and related training for patients, family members, and friends.

  ‣ Linking patients to treatment and services in the community as needed.

  ‣ Starting MAT in the ED.

HEALTHCARE PROVIDERS CAN

- Prescribe opioids only when benefits are likely to outweigh risks.

- Determine a patient's prescription drug history and level of risk by accessing data from their state PDMP.

- Identify mental health, social services, and treatment options to provide appropriate care for patients who have OUD.

- Follow the *CDC Guideline for Prescribing Opioids for Chronic Pain*. https://go.usa.gov/xn6uQ

EVERYONE CAN

- Learn about the risks of opioids. https://go.usa.gov/xn6um

- Learn about naloxone, its availability, and how to use it. https://go.usa.gov/xn6uV

- Store prescription opioids in a secure place, out of reach of others (including children, family, friends, and visitors).

- Contact SAMHSA's National Helpline: 1-800-662-HELP for anyone who has trouble with opioid use. https://go.usa.gov/xn6uw