



WASHINGTON, D.C. HEROIN-FENTANYL FACT SHEET

WASHINGTON, D.C. IN CONTEXT:

- ✓ In 2015, more than 52,400 Americans died from a drug overdose. More than 33,000 of them died from opioids. More than 198 of the opioid-related deaths were residents of Washington, D.C.
- ✓ There were 83 opioid-related deaths in D.C. in 2014, 114 in 2015, and 198 in 2016 (preliminary) – a 138 percent increase in just three years.
- ✓ The Centers for Disease Control (CDC) calculated a rate of 18.6 opioid-related deaths per capita in 2015, a 24 percent increase from the prior year.
- ✓ From 2010 to 2012, naloxone use by D.C.'s Emergency Medical Services (EMS) remained fairly steady. A slight uptick in usage – 4 percent – was noted in 2013, followed by a 25 percent increase in usage in 2014. However, the biggest increase has been in the past 18-24 months, with a 77 percent increase.
- ✓ Over the past three years, drug overdoses have risen in every Ward in the District except Ward 3. Preliminary data for 2016 shows that Wards 5 – 8 account for 75 percent of all drug overdoses.

FENTANYL:

- * Fentanyl-related deaths have increased over the past three years. There were 79 fentanyl-related deaths in the District in 2016 (preliminary), compared to 21 in 2015 and 11 in 2014. This mirrors the current trend in other states in the northeastern U.S.
- * Acetyl fentanyl first appeared in the District in 2015, and contributed to 12 deaths. Although the D.C. OCME has not concluded its work for 2016, preliminary data reveals NO acetyl fentanyl-related deaths in the past year, reinforcing the fact that the overseas chemists responsible for manufacturing fentanyl and its analogues are constantly adapting the formula in order to evade international chemical controls.
- * Further reinforcing this fact, other fentanyl analogues did appear in opioid-related deaths in the District in 2016. Furanyl fentanyl contributed to 41 deaths, despropionyl fentanyl contributed to an additional 20 deaths, and p-fluoroisobutyryl fentanyl contributed to three deaths.

HEROIN:

- * Heroin-related deaths in Washington, D.C. remained somewhat stable from 2011 to 2012. The 19 percent increase in heroin-related deaths in 2013 signaled the beginning of D.C.'s current heroin epidemic.
- * Heroin-related deaths are rising much more rapidly than during previous “epidemics” due to the presence of heroin/fentanyl (or fentanyl analogue) combinations in street-level sales. In 2014, there were 51 heroin related deaths, in 2015 there were 86, and the current count for 2016 is 121 (based on preliminary data). This is a 140 percent increase from 2014 to 2016.

IN RESPONSE to these disturbing and dangerous trends:

- * In 2015, the D.C. Department of Health (DOH) created the Heroin Overdose Task Force comprised of the Department of Behavioral Health (DBH), the Office of the Chief Medical Examiner (OCME), the D.C. Attorney General's Office (OAG), Department of Forensic Sciences (DFS), Fire & EMS Departments (FEMS), and the Metropolitan Police Department (MPD).
- * Also in 2015, D.C. Attorney General Karl Racine created the Emerging Drug Trends (EDT) task force in response to the resurgence of heroin abuse in the District, as well as to address problems arising from the abuse of synthetic cannabinoids. The EDT Task Force analyzes and coordinates OAG's response to emerging drugs and drug-use trends in the District.
- * On November 2, 2015, D.C. Attorney General Racine announced that the District joined the Northeast and Mid-Atlantic Heroin Task Force (NEMA-HTF), which fosters collaboration across multiple state law-enforcement agencies to fight heroin distribution networks and the associated rise in fatalities from heroin overdoses. The task force includes Virginia, Maryland, Pennsylvania, New Jersey, New York, Massachusetts and Maine.
- * In October 2016, Mayor Muriel Bowser along with Maryland Governor Larry Hogan and Virginia Governor Terry McAuliffe, signed the National Capital Region Compact to Combat Opioid Addiction. The Compact pledged the jurisdictions to work collaboratively to stop the damaging effects of opioid addiction in the region.
- * On November 7, 2016, the DC-DOH announced it received a \$900,000 grant to be disbursed over a three-year period, from the CDC as part of the Prescription Drug Overdose: Data-Driven Prevention Initiative (DDPI).



VIRGINIA: HEROIN-FENTANYL FACT SHEET

VIRGINIA IN CONTEXT:

- ✓ In 2015, more than 52,400 Americans died from a drug overdose. More than 33,000 of them died from opioids. More than 1,000 of the opioid-related deaths were Virginians.
- ✓ The story of drug overdose deaths in Central Virginia – the Richmond metropolitan area – mirrors what we are seeing statewide and across the nation.
- ✓ For nearly a decade, the number of fatal drug overdoses in Virginia has increased every year, with no end to this troubling trend in sight.
- ✓ The number of lives lost to drug use doubled in the counties surrounding the state capital – Henrico, Chesterfield, and Hanover – in just eight years (2008-2016).
- ✓ During that same time period, fatalities in the City of Richmond occurred at more than twice the rate of the surrounding areas.
- ✓ By 2013, drug overdose deaths in Virginia began exceeding deaths related to motor vehicle accidents and shootings for the first time ever. Virginia was not an outlier; this was the case nationwide.
- ✓ The most current Virginia drug fatality information available (January-September 2016) indicates that 35 percent more lives were lost in 2016 than in 2015. This is the largest year-to-year increase in nine years.

FENTANYL:

- * From 2007-2011, the number of fentanyl overdose deaths in Virginia was relatively stable and represented a very small percentage of all drug fatalities.
- * In 2012, fentanyl deaths began to increase in Virginia and throughout the nation. By 2013, the number of fentanyl deaths had doubled statewide.
- * Most of the fentanyl overdose deaths occurring in Virginia since 2013 can be linked to foreign-sourced and clandestinely-produced fentanyl.* Prior to 2013, when the rates were stable and low, fentanyl overdoses were linked to diverted pharmaceutical/prescription fentanyl.
- * From 2007-2015, 788 fentanyl deaths were reported in Virginia. Almost half (46 percent, or 363 total) of those deaths occurred in 2014 and 2015 alone.
- * From January-September 2016, fentanyl-related deaths were already 92 percent higher than in all of 2015.
- * Fentanyl death totals for the Central Virginia region (Henrico, Hanover and Chesterfield Counties, and the City of Richmond) account for only three percent (24) of the total fentanyl deaths reported from 2007-2015. This still represents approximately 3 times the statewide average of 1.1 percent.
- * For further comparison, fentanyl deaths reported in Virginia Beach represented six percent (47 deaths) of the total for the same time period. Wythe and Rappahannock Counties both had the next-highest rate of fentanyl deaths in the state at 4.6 percent.
- * Statewide deaths linked to fentanyl analogues were non-existent or unrecorded in Virginia until 2014. Once they arrived, the impact was staggering: there was a **933** percent increase – from 6 to 62 – from 2015 to 2016.

HEROIN:

- * While heroin and fentanyl are two separate compounds (and remained separate and apart as substances of abuse and overdose statistics for as long as both have existed) they are now inextricably linked as toxic pairs.
- * Heroin fatalities in Virginia cities and counties have increased by anywhere from 30 to over 100 percent every year since 2010. Consistent with other drug fatality trends in Virginia, the total number of deaths from January-September 2016 is roughly equal to the total number of deaths reported in all of 2015.
- * Most heroin fatalities reported in Virginia prior to 2015 were caused solely or primarily by heroin but, by the mid-2015, the deadly combined effects of heroin and fentanyl has made it difficult to declare that one or the other was the causative agent.
- * From January-September 2016, the rate of heroin-related overdose deaths in Chesterfield (2.3), Hanover (2.4) and Henrico (3.3) Counties, and the City of Richmond (9.0) all exceeded the statewide average figure (1.9) for 2007-2015.

IN RESPONSE to the alarming figures reported above, Virginia Governor Terry McAuliffe declared the opioid addiction crisis a public health emergency in November 2016. In response to this declaration, State Health Commissioner Dr. Marissa Levine issued a “standing order” for naloxone, thereby allowing Virginians to purchase the drug without a prescription. Unrestricted access to this lifesaving drug has, not coincidentally, led to a dramatic increase in the reporting of overdose emergencies from hospitals, instead of overdose deaths from medical examiners.



MARYLAND: HEROIN-FENTANYL FACT SHEET

MARYLAND IN CONTEXT:

- ✓ In 2015, the U.S. lost more than 52,400 Americans to drug overdose. More than 33,000 of them died from opioids. More than 1,400 were Marylanders.
- ✓ The story of drug overdose deaths in Maryland mirrors what we are seeing across the nation.
- ✓ Since 2010, the number of fatal drug overdoses in Maryland has increased every year, with no end to this troubling trend in sight.
- ✓ According to the Centers for Disease Control (CDC), all opioid-related overdose deaths increased by more than 20 percent between 2014 and 2015.

FENTANYL:

- * From 2011–2013, the number of fentanyl-related overdose deaths in Maryland was relatively stable and represented a very small percentage of all drug fatalities. Most of the fentanyl overdose deaths occurring in Maryland since 2014 can be linked to foreign-sourced and clandestinely-produced fentanyl.* Prior to 2014, when the rates were essentially stable and low, fentanyl overdoses were linked to diverted pharmaceutical/prescription fentanyl.
- * In 2014, fentanyl deaths began to increase in Maryland as they had been doing nationwide. In 2014, the number of fentanyl deaths increased fivefold statewide.
- * From 2007-2015, 488 fentanyl deaths were reported in Maryland.
- * Preliminary figures for 2016 (January-September) account for 738 fentanyl deaths – a 51 percent increase over the total of the previous nine years.
- * From January-September 2016, fentanyl-related fatalities for this period are already 284 percent higher (from 192 to 738) than those recorded for all of 2015.
- * Fentanyl-related death totals for the Baltimore metropolitan area – Baltimore, Anne Arundel, Carroll, Howard and Harford Counties, plus the City of Baltimore – made up 45 percent of the total fentanyl-related deaths reported statewide from 2010-2013. This area now makes up 71 percent of all fentanyl-related deaths within the state, according to January-September 2016 data.
- * Fentanyl-related deaths in southern Maryland (Calvert, Charles and St. Mary’s Counties) have also increased dramatically, going from two to seven deaths between 2013 and 2014, and rising to 24 deaths by 2016. Charles County makes up half that total. The numbers sound comparatively small, until you take into account the low populations of these counties.
- * Another area of Maryland, the Eastern Shore, has experienced the same trend with only five fentanyl-related deaths in 2012 to twelve in 2013, and 70 from January-September 2016. Wicomico County makes up almost half that total.
- * Northwestern Maryland (Allegany, Frederick, Garrett, and Washington Counties) showed a doubling of fentanyl deaths from 2014 to 2015. January-September 2016 reports a 438 percent increase in fentanyl-related deaths in this area since 2015, with Frederick County representing 40 percent of the total.

HEROIN:

According to the Centers for Disease Control (CDC), heroin-related overdose deaths in Maryland increased from 5.2 to 6.6 per capita (almost 27 percent overall) between 2014 and 2015.

- * While heroin and fentanyl are two separate compounds, and continue to be reported separately as substances of abuse and overdose statistics, they are now inextricably linked as toxic pairs.
- * Since 2010, heroin-related overdose deaths in Maryland, as in most of the U.S., have exceeded deaths related to motor vehicle accidents.
- * From January-September 2016, 72 percent more lives were lost in 2016 than in 2015, the largest year-to-year increase in a decade.
- * The number of lives lost to heroin abuse is spreading throughout the state. In the Baltimore metropolitan area, deaths have risen 78 percent. In Allegany, Charles, Frederick, Montgomery, Washington, and Wicomico counties, heroin-related deaths have doubled or more than doubled in just the past year.

IN RESPONSE to the alarming figures reported above, Maryland's government has risen to the challenge.

- * October 1, 2015: Maryland's Good Samaritan law went into effect, providing immunity from certain charges for people assisting in an emergency overdose situation. For example, an individual who calls 911 in an effort to help during an overdose crisis, or because they are experiencing an overdose themselves, cannot have their parole and probation status affected, and will now not be arrested, charged, or prosecuted for possession of a controlled substance or possession or use of drug paraphernalia, among other potential violations.
- * Maryland Governor Larry Hogan signed an executive order creating the Heroin and Opioid Emergency Task Force in 2015. The task force's recommendations focus on a three-pronged prevention, treatment, and enforcement approach.
- * On December 14, 2015, Maryland Department of Health and Mental Hygiene Deputy Secretary for Public Health Services, Dr. Howard Haft, issued a statewide standing order allowing all Maryland-licensed pharmacists to dispense naloxone without a prescription to individuals trained and certified under the Maryland Overdose Response Program. Increased access to naloxone, a life-saving drug, leads to a huge increase in the reporting of overdose emergencies instead of overdose deaths.
- * On January 24, 2017, Maryland Governor Larry Hogan signed the 2017 Heroin and Opioid Prevention, Treatment, and Enforcement Initiative which includes the creation of a statewide Opioid Operational Command Center to aid in the coordination of federal, state, and local resources.



WEST VIRGINIA: HEROIN-FENTANYL FACT SHEET

WEST VIRGINIA IN CONTEXT:

- ✓ In 2015, the U.S. lost more than 52,400 Americans to drug overdose. More than 33,000 of them died from opioids. More than 800 were West Virginians.
- ✓ In the past several years, the number of fatal drug overdoses in West Virginia has increased every year, with no end to this troubling trend in sight.
- ✓ Between 2012 and 2014, opioid-related overdose deaths increased by 7 percent each year. That number jumped by 17 percent in 2015 to 736 deaths and, according to preliminary figures for 2016, the number is expected to have increased by another 11 percent.
- ✓ West Virginia's opioid addiction problem began with the overprescribing of prescription opioids well over a decade ago, and has been followed by a rise in the abuse of heroin and illicit opioids (fentanyl and analogues). West Virginia has been especially hard hit by this phenomenon as the #1 state for opioid prescriptions per capita.
- ✓ In January 2017, West Virginia received a \$36 million settlement in a suit against two prescription wholesalers who shipped 780 million hydrocodone and oxycodone pills to West Virginia in a six year period contributing to 1,728 fatal overdoses. In March 2017, the Secretary of the WV Department of Health announced that these funds would be used to establish a grant program to combat the heroin/opioid epidemic plaguing the state.
- ✓ According to the Centers for Disease Control (CDC), the five states with the highest rates of drug overdose per capita in 2015 were West Virginia (41.5), New Hampshire (34.3), Kentucky (29.9), Ohio (29.9), and Rhode Island (28.2). Based on this data, West Virginia has 21 percent more deaths per capita than the next-highest state (NH). West Virginia also ranked #1 in the CDC's 2014 data, but with a rate of 35.5 deaths per capita (a 21 percent increase in one year).
- ✓ West Virginia also has the highest rate of youth drug overdose deaths in the country, according to a July 2015 study by the Trust for America's Health and the Robert Wood Johnson Foundation. The youth overdose death rate in West Virginia is 12.56 per capita, almost double the national average. The trend is most pronounced among young adults (ages 19-25).
- ✓ In 2015, Cabell County – in which the City of Huntington is located (48,000 population) – had 92 drug overdose deaths. Kanawha County – in which Charleston is located (50,000 population) – had 112 drug overdoses. Preliminary results for 2016 are 111, and 106 respectively.
- ✓ In 2013, the total of all Emergency Management Services (EMS) naloxone administrations in the state was 1,934. In 2015, it rose to 3,321 doses, a 72 percent increase from 2013.

FENTANYL:

- * From 2012–2014, the number of fentanyl-related overdose deaths in West Virginia was relatively stable and represented a small percentage (6 to 8 percent) of all drug fatalities. In 2015, fentanyl-related deaths in West Virginia jumped by 23 percent.
- * Most of the fentanyl overdose deaths occurring in West Virginia since 2014 can be linked to foreign-sourced and clandestinely-produced fentanyl.* Prior to 2014, when the rates were essentially stable, fentanyl overdoses were linked to diverted pharmaceutical/prescription fentanyl.

- * In September 2016, the Huntington Police Chief stated that the department had 530 DUI arrests in 2015. He estimated that about 65 percent of those arrests are drug, not alcohol, related.
- * Over the course of a few hours on August 15, 2016, at least 28 suspected heroin overdoses (two deaths) occurred in the city of Huntington and Cabell County. The cause turned out to be carfentanil, not heroin.
- * According to preliminary figures for 2016, there were approximately 324 fentanyl-related deaths in the state, accounting for about 40 percent of all overdose deaths. Fentanyl deaths now account for a larger percentage of overdose related deaths than heroin at 29 percent.

HEROIN:

- * Most of the heroin distribution in West Virginia occurs in and around cities such as Charleston, Huntington, Parkersburg, and Martinsburg, which are connected by major interstates to source cities such as Detroit and Columbus.
- * Drug traffickers who previously “specialized” in selling prescription opioids now also traffic in heroin (to include fentanyl and analogues) as it is less expensive and therefore more profitable.
- * In 2012, there were 57 heroin-related deaths in West Virginia, which accounted for approximately 10 percent of all overdose deaths. In 2016, based on preliminary data, there were 173 heroin related deaths, or approximately 29 percent of all overdose deaths. Since 2012, there has been a 203 percent increase in heroin-related deaths.

IN RESPONSE to the alarming statistics reported above:

- * In July 2014, the Kanawha County Commission announced that it is using \$250,000 in public safety grant money to address the state’s growing heroin problem. As a first step, they formed the Heroin Eradication Associated Task Force.
- * In October 2015, President Obama visited West Virginia to host a community discussion about the prescription drug and heroin epidemic that has struck West Virginia in recent years.
- * Heroin abuse and complications from such abuse, like high rates of hepatitis and neo-natal dependency, are significantly higher in WV than national averages. The City of Huntington has expanded access to rehabilitation facilities (“detox beds”). They have also been using public service announcements (PSAs) to warn of “bad batches” of heroin with moderate success.
- * In September 2015, a needle exchange pilot program started with a grant from the WV Department of Health and Human Resource to the City of Huntington and the Cabell-Huntington Health Department.
- * In February 2015, the governor of West Virginia signed a bill that allows doctors to prescribe the rescue drug naloxone to people (or their caretakers) who use heroin or prescription pain killers. Firefighters and police officers also now carry naloxone to treat overdose victims. In March 2016, the governor signed a new law making naloxone available without a prescription.
- * In April 2015, the governor of West Virginia signed the 911 Good Samaritan law. The law provides protection from arrest for those who call for emergency assistance in an overdose situation.
- On February 15, 2017, DEA announced that the cities of Charleston and Huntington and the surrounding Tri-County areas will be the next region to be part of a comprehensive law enforcement and prevention initiative called the 360 Strategy. This program is designed to help cities and surrounding regions deal with the heroin and prescription drug abuse epidemic and the violent crime associated with it.