Unintentional Opioid Analgesic Poisoning (Overdose) Deaths in New York City, 2011

- The rate of unintentional opioid analgesic poisoning (overdose) deaths increased by 65% between 2005 and 2011, from 2.0 to 3.3 per 100,000 New Yorkers (130 deaths vs. 220 deaths).¹
- During the same time period, overall rates of unintentional drug poisoning deaths decreased by 22%, from 12.2 to 9.5 per 100,000 New Yorkers (796 deaths vs. 630 deaths).¹
- More than one overdose death involving an opioid analgesic occurred every other day on average in New York City (NYC) in 2011.¹

### Trends in unintentional opioid analgesic poisoning deaths, New York City, 2005-2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Unintentional Opioid Analgesic Poisoning Deaths</th>
<th>Age-Adjusted Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>130</td>
<td>2.0</td>
</tr>
<tr>
<td>2006</td>
<td>152</td>
<td>2.3</td>
</tr>
<tr>
<td>2007</td>
<td>131</td>
<td>2.0</td>
</tr>
<tr>
<td>2008</td>
<td>137</td>
<td>2.0</td>
</tr>
<tr>
<td>2009</td>
<td>151</td>
<td>2.3</td>
</tr>
<tr>
<td>2010</td>
<td>173</td>
<td>2.6</td>
</tr>
<tr>
<td>2011</td>
<td>220</td>
<td>3.3</td>
</tr>
</tbody>
</table>

### Opioid Analgesics
Also known as prescription pain relievers, such as oxycodone (Percocet®) and hydrocodone (Vicodin®)

### Data Sources
¹OVS/OCME: Mortality data were collected through an in-depth review of data and charts from the Health Department’s Bureau of Vital Statistics and the Office of the Chief Medical Examiner for 2005-2011. Rates are age adjusted to the 2000 U.S. Standard Population, except those for specific age groups. Methadone mortality is reported separately and is excluded from unintentional opioid analgesic death analyses presented here.

²NYS PDMP: The Prescription Drug Monitoring Program (PDMP) managed by the New York State (NYS) Department of Health collects data from drug dispensers on schedule II-V controlled substances. Data from 2008 to 2011 on schedule II-and select schedule III opioid analgesics are presented here.

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- More than one third (35%) of unintentional drug poisoning deaths involved an opioid analgesic in 2011, compared with 16% in 2005.
- Staten Island residents had the highest rate of opioid analgesic overdose death, with disparities between boroughs increasing rapidly between 2005 and 2011. While rates went up across all boroughs, in Staten Island they jumped 261% from 3.1/100,000 to 11.2/100,000.
- By 2011 the rate in Staten Island (11.2/100,000) was four times as high as that of Manhattan (2.3/100,000), Queens (2.3/100,000), and Brooklyn (2.5/100,000), and was 3.5 times as high as the Bronx rate (3.7/100,000).
Demographic characteristics of opioid analgesic poisoning deaths

- Opioid analgesic death rates ranged across NYC neighborhoods from 0.3 to 12.8 per 100,000. Residents of Staten Island and the Rockaways had the five highest neighborhood rates.
- In 2011 six in 10 opioid analgesic poisoning deaths occurred among NYC residents of low- and medium-poverty neighborhoods.*
- Residents of medium-poverty neighborhoods had the largest increase (115%) in opioid analgesic death rates between 2005 and 2011.*
- The opioid analgesic poisoning death rate was highest among white New Yorkers (7.0/100,000) – 4.5 times higher than among black New Yorkers (1.5/100,000) and three times higher than among Hispanic New Yorkers (2.2/100,000).
- Males had consistently higher rates of opioid analgesic overdose death than females since 2005 – nearly nearly three times higher in 2011 (5.1/100,000 vs. 1.7/100,000).
- New Yorkers aged 45 to 54 years had the highest opioid analgesic overdose death rate (5.3/1000,000), but the largest increase was among younger New Yorkers aged 25 to 34 – a 227% increase between 2005 and 2011 (1.1/100,000 to 3.6/100,000).

*The United Hospital Fund (UHF) classifies NYC into 42 neighborhoods, comprised of contiguous zip codes. Neighborhood income was defined by the percent of households below 200% of the federal poverty level (Census 2000) and separated into four groups: low (<10% below poverty), medium (10%-<20%), high (20%-<30%) and very high (>30%).

Opioid analgesics in combination with other drugs

- Oxycodone was most common type of opioid analgesic, involved in two thirds of opioid analgesic deaths in 2011 compared with one third in 2005.
- In 2011, nearly one third of opioid analgesic poisoning deaths involved two or more types of opioid analgesics.
- In 2011, benzodiazepines were involved in half of opioid analgesic deaths.
- Heroin was involved in four in ten opioid analgesic deaths; cocaine was involved in 39% of opioid analgesic deaths, down from 58% in 2005.
- Alcohol was involved in 36% of opioid analgesic deaths.

Opioid analgesics prescriptions

- The number of opioid analgesic prescriptions filled by NYC residents increased by 31% between 2008 and 2011, from approximately 1.6 million to approximately 2.2 million.
- Oxycodone prescriptions increased by 73% from less than 700,000 in 2008 to approximately 1.1 million in 2011, when they accounted for 53% of all opioid prescriptions filled.

Rates of unintentional opioid analgesic poisoning deaths by New York City neighborhood of residence, 2010-2011

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