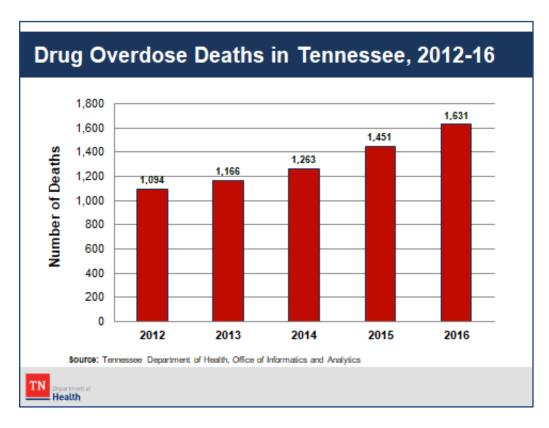


# FACT SHEET: 2016 Drug Overdose Deaths in Tennessee

This fact sheet provides a breakdown of data on drug overdose deaths among Tennesseans in 2016. It is important to note numbers given for specific drugs are not mutually exclusive, as most people who die from drug overdose are found to have more than one drug in their systems at the time of death. It is impossible to pinpoint a specific drug as the cause of death when multiple drugs are present; therefore, TDH uses the term "associated" to indicate drugs found to have contributed to death rather than referring to a drug as a "cause" of death.

### **OVERVIEW**

- Drug overdose deaths increased from 1,451 in 2015 to 1,631 in 2016
- This is a 12 percent increase from 2015-2016 compared to a 14 percent increase the previous year
- The most dramatic increase in drug overdose deaths was among young people: In 2015 there were 87 drug overdose deaths in the 15 to 24 year age group, compared to 116 in 2016.



TDH has created the **Tennessee Drug Overdose Dashboard** to provide state, regional and county-level data on fatal overdoses, non-fatal overdoses and drug prescribing in the state: <a href="http://tn.gov/health/topic/pdo-data-dashboard">http://tn.gov/health/topic/pdo-data-dashboard</a>



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## **FENTANYL**

Fentanyl associated with overdose deaths is an illegal drug, often imported illegally from China. It is much more powerful than morphine and is often sold in pills which look just like legitimate opioid-based medicines such as Percocet or Oxycontin. This makes fentanyl especially dangerous, as the user may think he or she is taking a much weaker drug, leading to clusters of overdose deaths from fentanyl.

- Drug overdose deaths associated with fentanyl increased 74 percent, from 169 in 2015 to 294 in 2016
- Overdose deaths associated with fentanyl now account for 18 percent of all overdose deaths in Tennessee
- Fentanyl-associated deaths increased from 66 to 149 in the 15 to 34 year age group

#### **HEROIN**

Overdose deaths associated with heroin increased 27 percent, from 205 in 2015 to 260 in 2016

#### **STIMULANTS**

Stimulants such as cocaine and methamphetamine temporarily increase alertness and energy. The most common use in children is for control of attention-deficit/hyperactivity disorder.

- Overdose deaths associated with stimulants other than cocaine (largely amphetamine and methamphetamine) increased from 112 in 2015 to 187 in 2016, an increase of 67 percent
- The growing number of people dying of drug overdose who have both opioids and stimulants present is a dangerous trend. Among the 187 stimulant deaths, 111 (60 percent) included a combination of stimulant and opioid.
- Deaths associated with cocaine increased 23 percent from 203 in 2015 to 250 in 2016
- Deaths associated with a combination of opioid and cocaine increased 22 percent from 125 in 2015 to 153 in 2016
- In the 15 to 34 year age group, deaths associated with non-cocaine stimulants like methamphetamine increased from 36 in 2015 to 70 in 2016
- Deaths associated with cocaine in the 15 to 34 year age group increased from 50 in 2015 to 84 in 2016

## **BUPRENORPHINE**

Buprenorphine is used in medication-assisted treatment to help people recover from abuse of heroin or other opiates, such as pain relievers like morphine. It targets the same places in the brain opioids do and relieves drug cravings. However, it causes respiratory depression and is increasingly associated with drug overdose deaths in Tennessee.

- Deaths associated with buprenorphine increased 34 percent, from 50 in 2015 to 67 in 2016
- Of the 67 buprenorphine-associated deaths, 41 (61.2 percent) also had a benzodiazepine and 10 (14.9 percent) included fentanyl as a contributing cause

## **BENZODIAZEPINES**

Benzodiazepines such as Valium and Xanax are tranquilizers. They are some of the most commonly prescribed medications in the United States, and are easily abused. Benzodiazepines act on the central nervous system, producing sedation and relaxing muscles. Benzodiazepine use is strongly discouraged since they increase respiratory depression and risk of death from overdose. However, benzodiazepines are still frequently prescribed to the same patients as opioids and often contribute to overdose deaths.

Deaths associated with benzodiazepines increased 15 percent, from 492 in 2015 to 573 in 2016