State Special Emphasis Report
Instructions for Drug Overdose Death Data
State Injury Special Emphasis Report: Instructions for Drug Overdose Death Data is a publication of the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention
Thomas R. Frieden, MD, MPH
Director

National Center for Injury Prevention and Control
Daniel M. Sosin, MD, MPH, FACP
Acting Director

Suggested citation:
ACKNOWLEDGEMENTS

The editors thank the Core Violence and Injury Prevention Programs in Colorado, North Carolina, Massachusetts, and Utah for their support during the development of this guidance. The editors also thank the injury colleagues who volunteered and tested beta versions of the guidance and templates: Kirk Bol, MSPH from Colorado; Tit David Wong, MPH from Florida; Dan Dao, MPH from Kansas; Svetla Slavova, PhD from Kentucky; Michael Bauer, MS and Sarah Sperry, MS from New York; Dagan Wright, PhD, MSPH from Oregon; Riley Hedin, MPH from Utah; and Jennifer Sabel, PhD from Washington. The editors also thank the Council of State and Territorial Epidemiologists and the Safe States Alliance. And finally, a special thank you to Len Paulozzi, MD, MPH, Division of Unintentional Injury Prevention, NCIPC, for his feedback and Paige Cucchi, MSPH, Division of Analysis, Research and Practice Integration, NICPC, for the creation of the report templates.
**ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CSTE</td>
<td>Council of State and Territorial Epidemiologists</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Classification of Diseases—Tenth Revision</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>International Classification of Disease—Ninth Revision—Clinical Modification</td>
</tr>
<tr>
<td>NCHS</td>
<td>National Center for Health Statistics</td>
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<tr>
<td>NCIPC</td>
<td>National Center for Injury Prevention and Control</td>
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<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administration</td>
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What is an Injury Special Emphasis Report?

Injury Special Emphasis Reports are developed and used by state health departments’ injury and violence prevention programs and partners to move injury data into action. They focus on subsets of state injury data in order to highlight the prevention needs related to a specific cause or population subgroup. The reports provide detailed information for a focus area. The unified content and template for the reports results in wider recognition and use of injury data.

BACKGROUND

This guidance document builds upon work of the National Center for Injury Prevention and Control (NCIPC) and National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC), the Safe States Alliance, and the Drug Overdose Subcommittee of the Cross Cutting Steering Committee of the Council of State and Territorial Epidemiologists (CSTE). The Safe States Alliance convened the Injury Surveillance Workgroup 7 which developed conceptual definitions and recommendations for poisoning surveillance. Their work resulted in a report entitled Consensus Recommendations for National and State Poisoning Surveillance. Following its release in April 2012, the CSTE Drug Overdose Subcommittee designed a study to assess the mortality indicators presented in the report. State volunteers analyzed and reported data following the CSTE analysis plan. These efforts culminated in presentations at the national Safe States and CSTE meetings in 2013, and a report summarizing the results and recommendations has been submitted for publication. Additionally, to assist data analysts in understanding the limitations of death certificate data for describing drug overdose deaths, CDC summarized potential data issues based on work from NCHS and NCIPC. The terminology issues surrounding this topic are complex. For this document and the Special Emphasis Report template, the term “drug overdose death” is used. This term can be used interchangeably with “drug poisoning death”, but “overdose” is a term that a general audience may more readily understand, as opposed to “poisoning”. For reference, the Injury Surveillance Workgroup 7 defined “poisoning” conceptually as an exposure that results in an adverse clinical effect that might or might not be fatal. Similarly, an expert panel on opioid-related deaths convened by the Substance Abuse and Mental Health Services Administration (SAMHSA) described “poisoning” to mean “intoxication/toxicity” that might or might not be fatal. While SAMHSA acknowledges that “overdose” is a common term used for intoxication/toxicity, it recommends that it not be used in the technical death certification. In order to better understand the terminology and data complexities in examining drug poisoning deaths, additional information and resources are provided in Appendices A and B.

PURPOSE AND AUDIENCE

The purpose of this guidance document is to walk each jurisdiction through the process of analyzing, summarizing, and interpreting poisoning death data to produce a meaningful and standard special emphasis report appropriate for their capacity and data quality. The special emphasis report template enables public health professionals and partners to describe the poisoning death (overdose) problem in their jurisdiction, use the data to raise awareness, and drive action in preventing drug overdose deaths. Even if the template is not disseminated due to data quality or completeness issues, it can still serve as a guide for internal discussions about improving data quality.
The special emphasis report template may be modified to address the jurisdiction’s needs. The figures and text may be changed. Additionally content may be added to the template, increasing its length. While alternate figures are provided, users may also develop their own. The template is meant to be a flexible and useful tool.

This guidance document is designed for injury epidemiologists in states, counties, cities, and U.S. territories working on analyzing and reducing poisoning deaths. Because the staffing at public health departments vary, the audience may include:

- Data analysts or statisticians who work daily with vital statistics data and are familiar with drug overdose death reporting issues;
- Injury epidemiologists familiar with injury death data but have minimal experience with poisoning and/or drug data; and
- Injury prevention specialists who do not analyze data directly, but obtain results from the health statistics section of the organization or from web-based data query systems.

Additional audiences are the states that receive Core Violence and Injury Prevention Program funding from CDC to conduct Base Integration Component activities, including the completion of topic-specific special emphasis reports. Anyone working with injury or poisoning data, however, could use this guidance document to define the problem in a standardized way and share relevant information with partners.

Given the variability in drugs tested in toxicology screens over time and the complexity related to drugs and death certification, please read this document in its entirety, including the appendices. Appendix A provides more detailed explanations of opioids and ICD-10 codes related to drugs. Appendix B includes example questions that can guide an analysis of death certificate data and can help answer whether or not a special emphasis report for external use is appropriate. In addition to reviewing these documents, talk with your vital records staff to learn more about the local death investigation and certification process, the creation of the electronic death certificate file and its cause of death coding, and how deaths with pending manner of death are handled and coded.
METHODS

In general, the mortality data set for this report is the same one used for the State Injury Indicators. In addition to poisoning and drug overdose fatalities, the special emphasis report uses motor vehicle traffic fatalities for comparison purposes. Also, while deaths with an underlying cause of death of R99 (“other ill-defined and unspecified causes of mortality”) are not included in the special emphasis report template, they should be generated as a rough measure of data quality (refer to Appendix B and the Issues to consider when analyzing ICD-10 coded data on drug poisoning (overdose) deaths document).

The analysis to complete the special emphasis report template uses the following fields from the death certificate:

- year of death
- state of residence (or other residence variable based on jurisdiction of interest)
- underlying cause of death
- contributory/multiple causes of death (if available)
- age
- sex

Instructions for Creating and Using a Vital Statistics Data Set

1. Use vital statistics data for deaths that occurred in 1999 and each subsequent year to the most current, complete year of data. This time frame may be altered if necessary based on data access and quality.
2. Select death records for residents of the state or jurisdiction of interest.
3. Using Appendix B and the Issues to consider when analyzing ICD-10 coded data on drug poisoning (overdose) deaths document as guides, examine the completeness and quality of the vital statistics data. Based on the results, determine whether to complete only Figure 1 (Level 1/one page Special Emphasis Report) or Figure 1 and additional analyses (Level 2/two page Special Emphasis Report).
4. Identify deaths with the following underlying cause of death. The codes for motor vehicle traffic, poisoning, and drug overdose fatalities are identical to those in the Injury Indicator Instructions.
   - Motor vehicle traffic fatalities: V02–V04(.1,.9), V09.2, V12–V14(.3–.9), V19(.4–.6), V20–V28(.3–.9), V29–V79(.4–.9), V80(.3–.5), V81.1, V82.1, V83–V86 (.0–.3), V87(.0–.8), V89.2
   - Poisoning fatalities: X40-X49, X60-X69, X85-X90, Y10-Y19, Y35.2, *U01 (.6-.7)
   - Drug overdose fatalities: X40-X44, X60-X64, X85, Y10-Y14
   - Unknown cause: R99
5. If the data quality evaluation supports additional analyses, create an intent variable for the drug poisoning fatalities, using the following ICD-10 codes.
   - Accidental poisoning by drugs: X40-X44
   - Intentional self-poisoning by drugs: X60-X64
• Assault by drug poisoning: X85
• Drug poisoning of undetermined intent: Y10-Y14

6. If the data quality evaluation supports additional analyses, for the drug overdose fatalities, determine the desired focus of the drug-specific analysis. To focus on opioid pain relievers, select option A (mutually exclusive drug categories). To include multiple drug/drug categories, select option B (not mutually exclusive categories).

• Option A (mutually exclusive): Create a variable to determine the number of deaths in each of the following mutually exclusive drug categories based on the ICD-10 codes specified as contributory causes of death. This step will not be possible if you do not have access to the multiple cause of death file. Depending on the data, you may choose to include drug poisoning deaths without a code in the T36-T50 range in the unspecified (T50.9) category. Define the three categories as:
  - Opioid pain relievers: T40.2—T40.4
  - Specified drug(s) other than opioid pain relievers: T36-T50.8 that do not also have a T40.2—T40.4 code
  - Only unspecified drug(s): T50.9 and potentially deaths without any codes in the T36-T50 range

• Option B (not mutually exclusive): Create flags to determine the number of deaths with each of the following drugs/drug categories specified as a contributory cause of death based on the following ICD-10 codes. Additional drugs/drug categories may be added based on state needs. A death may be included in more than one category if multiple drug codes are present. This step will not be possible if you do not have access to the multiple cause of death file. Depending on the data, you may choose to include drug poisoning deaths without a code in the T36-T50 range in the unspecified (T50.9) category.
  - Heroin: T40.1
  - Opioid pain relievers (combines other opioids, methadone, and other synthetic narcotics): T40.2, T40.3, T40.4
  - Cocaine: T40.5
  - Other and unspecified narcotics: T40.6
  - Benzodiazepines: T42.4
  - Psychostimulants with abuse potential (includes methamphetamine): T43.6
  - Other and unspecified drug(s): T50.9 and potentially deaths without any codes in the T36-T50 range

Instructions for Completing the Template Analysis

• Figure 1: Calculate annual age-adjusted rates for motor vehicle traffic fatalities, poisoning fatalities, and drug overdose fatalities from 1999 to the most current year of data available. Deaths should be age-adjusted to the 2000 standard using the NCHS population distribution (please refer to the Injury Indicator Instructions for more information). The provided spreadsheet will calculate the age-adjusted rates based on the death counts and population estimates provided. This figure is based on Figure 1 from the NCHS Data Brief on Drug Poisoning Deaths.
• **Table 1 (in 2 page template):** Run frequencies on sex, age groups of interest, and intent for drug poisoning fatalities using the data for the most recent year. Two or more years of data can be combined if small numbers are an issue. Calculate percentages and crude rates per 100,000 population for each category. Age groups can be chosen based on the high risk groups and the needs of your state or jurisdiction. One option is to use age groupings similar to the National Survey on Drug Use and Health ([http://www.samhsa.gov/data/NSDUH.aspx](http://www.samhsa.gov/data/NSDUH.aspx)) in order to compare deaths with the drug use estimates.

• **Figure 2 (in 2 page template):**
  - Option A: This analysis will populate the current figure in the 2 page template. Run a frequency of the mutually exclusive drug category variable for drug overdose fatalities by year (step 6, option A above). This figure is similar to Figure 3 in the NCHS Data Brief on Drug Poisoning Deaths.⁹
  - Option B: This analysis will populate either the multiyear or one year figures found in the alternate figure Excel file. One of these figures can be used to replace the current Figure 2 in the 2 page template. Run frequencies of the drugs/drug categories mentioned as contributory causes of death in the drug overdose fatalities by year (step 6, option B above). Determine which drugs/drug categories to include in the figure based on the results and the needs and interest of the state or jurisdiction. Consider including “other and unspecified narcotics” (T40.6) and “unspecified drugs” (T50.9) as the lack of specificity can change over time.

**Appendix D** provides the instructions on how to complete the templates, including the mechanics of entering data into the embedded Excel files.
REFERENCES


APPENDIX A: Definitions and Other Resources

When examining drug overdose deaths, it may be helpful to gain a general understanding of the terms opioids and opiates, including the varying definitions over scientific discipline and time, and their relationship to the ICD-10 codes.

Examples of Opiates and Opioids and Their ICD-10 Codes

- **Natural:** Opium (T40.0)
- **Semi-synthetic:** Heroin (T40.1)
- **Naturally derived:**
  - Codeine (T40.2)
  - Morphine (T40.2)
- **Semi-synthetic derivatives:**
  - Oxycodone (T40.2)
  - Hydrocodone (T40.2)
- **Synthetic:**
  - Methadone (T40.3)
  - Fentanyl (T40.4)
  - Tramadol (T40.4)

Opiates are “compounds structurally related to products found in opium… natural opiates being derived from the resin of the opium poppy… Opiates include the natural plant alkaloids, such as morphine, codeine, thebaine, and many semi-synthetic derivatives.”

Opioids and opiates with therapeutic use

“An opioid is any agent, regardless of structure, that has functional and pharmacological properties of an opiate.”

The above definitions represent the pharmacologic definitions. In other documents for other purposes, such as a position paper by the National Association of Medical Examiners, the term “opioids” represents all of the above. For indexing medical journals, the National Library of Medicine began using the medical subject heading (MeSH term) “opioid analgesics” in 1995 and defined it as “compounds with activity like opiate alkaloids, acting at the opioid receptors. Properties include induction of analgesia or narcosis.”

http://www.ncbi.nlm.nih.gov/mesh/68000701 In 2007, the National Library of Medicine added the MeSH term “opiate alkaloids” and defined it as alkaloids found in opium “that induce analgesic and narcotic effects by action upon opioid receptors.” Previously from 1963-2006, the indexing term instead of opiate alkaloids was “opium.”


<table>
<thead>
<tr>
<th>ICD-10 CODES AND LABELS FOR SELECT DRUGS¹</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ICD-10 code</strong></td>
<td><strong>Literal text label and examples from ICD-10 manual</strong></td>
<td><strong>Generic names and text that might appear on the death certificate</strong></td>
<td><strong>Example of commercial or brand names</strong></td>
</tr>
<tr>
<td>T40.1</td>
<td>Heroin</td>
<td>&quot;Heroin&quot;</td>
<td></td>
</tr>
<tr>
<td>T40.2</td>
<td>Other opioids³</td>
<td>Codeine, Morphine</td>
<td>&quot;Morphine&quot;, &quot;Oxycodone&quot;, &quot;Hydrocodone&quot;</td>
</tr>
<tr>
<td>T40.3</td>
<td>Methadone</td>
<td>&quot;Methadone&quot;</td>
<td>Methadose™</td>
</tr>
<tr>
<td>T40.4</td>
<td>Other synthetic narcotics⁴</td>
<td>Pethidine, &quot;Fentanyl&quot;, &quot;Propoxyphene&quot;, &quot;Meperidine&quot;</td>
<td>Duragesic™, Darvan™, Demerol™</td>
</tr>
<tr>
<td>T40.5</td>
<td>Cocaine</td>
<td>&quot;Cocaine&quot;</td>
<td></td>
</tr>
<tr>
<td>T40.6</td>
<td>Other and unspecified narcotics</td>
<td>&quot;Opiates&quot;, &quot;Opioid&quot;, &quot;Narcotics&quot;</td>
<td></td>
</tr>
<tr>
<td>T42.4</td>
<td>Benzodiazepines</td>
<td>&quot;Alprazolam&quot;</td>
<td>Ativan, Valium, Xanax™</td>
</tr>
<tr>
<td>T43.6</td>
<td>Psychostimulants with abuse potential Excl.: cocaine (T40.5)</td>
<td>&quot;Amphetamine&quot;, &quot;Methamphetamine&quot;</td>
<td>Dexedrine, Adderall™</td>
</tr>
<tr>
<td>T50.9</td>
<td>Other and unspecified drugs, medicaments and biological substances</td>
<td>Acidifying agents, Alkalizing agents, Immunoglobulin, Immunologicals, Lipotropic drugs, Parathyroid hormones and derivatives</td>
<td>&quot;Drugs&quot;, &quot;Polypharmacy&quot;</td>
</tr>
</tbody>
</table>

1. Adapted from a presentation by Paulozzi and table by the CSTE Drug Overdose Subcommittee
3. T40.2 “other opioids” indicates opioids other than heroin or opium.
4. T40.4 “other synthetic narcotics” indicates opioids other than methadone, which is also synthetic.
Other resources for understanding death certificates and drug overdose deaths:


- Centers for Disease Control and Prevention. CDC WONDER—Wide-ranging Online Data for Epidemiologic Research [Online]. URL: http://wonder.cdc.gov/ This ad-hoc query system provides access to multiple databases for public health, including detailed mortality data (underlying cause and multiple cause of death) for states and the United States.


APPENDIX B: Thinking through an analysis of death certificates prior to using the template

Because of the complexity related to drugs and variability in the testing and documentation of drug overdose deaths, it is important to examine the completeness of the death certificate data prior to completing the special emphasis report. The findings will guide which figures to complete and help select the appropriate audience (e.g., internal audience for discussion of ways to improve data quality vs. external audience as a means for prevention efforts). The Issues to consider when analyzing ICD-10 coded data on drug poisoning (overdose) deaths document produced by NCHS is a good introduction to some of the issues. The questions below are an extension of the information in that document. A preliminary analysis of death certificates for the jurisdiction and years of interest will provide answers to these questions. Some of these questions can be answered by using WONDER (http://wonder.cdc.gov), although the jurisdiction of interest may have access to more recent data.

This is not an exhaustive list of questions, but merely a guide to help jurisdictions think about their data. It’s possible that not all questions will need to be answered. Jurisdictions are more familiar with their own data and what topics may or may not be issues. Similarly, because data varies from place to place, it is not possible to provide absolute definitions of “high” or “low” for the following questions. Each jurisdiction must decide their level of comfort with the completeness and specificity of their data.

How complete is the underlying cause of death?

- What percentage of death certificates have an underlying cause of death of R99 (“other ill-defined and unspecified causes of mortality”)? Depending on the data, consider limiting the analysis to 20–64 year olds, the age group at highest risk for drug overdose deaths.
- How does the percentage of R99 deaths compare to results from other states or the United States as a whole (available at http://wonder.cdc.gov)?
- Does the percentage of deaths coded with R99 vary over time?
- Does there appear to be an inverse relationship between the number of R99 deaths and the number of poisoning deaths? In other words, when R99 deaths increase do poisoning deaths decrease or vice versa?
- If only certain years have a low percentage of R99, consider limiting the analysis of drug poisoning deaths to those years only. If the percentage of deaths with R99 is low and stable over the years, consider presenting the drug poisoning results. If this percentage is neither high nor low, consider presenting the drug poisoning death results and indicate that it could be an undercount.

How complete or well documented is intent of drug overdose deaths?

- What percentage of drug poisoning deaths have undetermined intent (Y10–Y14) on the death certificate?
- Does this percentage vary across years? Intent can vary by state and by state death investigation systems. (See Warner M, Paulozzi LJ, Nolte KB, Davis GG, Nelson LS. State variation in certifying manner of death and drugs involved in drug intoxication deaths. Acad Forensic Pathol, 3(2): 231–237, 2013.)
- Consider combining all intents (suicide, homicide, unintentional, and undetermined) if the percentage of undetermined deaths is high. If the percentage of undetermined cases is neither high nor very low, consider noting it, such as stating that “at least XX percent were unintentional. The true percentage may be higher because XX percent were undetermined.”
How specific is the drug information mentioned as a contributory cause?

▪ What percentage of drug overdose deaths do not have a code in the T36-T50 range listed as a contributory cause of death? Depending on the number of deaths without a T code, consider including them with the T50.9 only deaths for the analysis.

▪ What percentage of drug overdose deaths have only “other and unspecified narcotics” (T40.6) and no other code in the T36-T50.8 range listed on the death certificates?

▪ Does the literal text on the death certificate mention a specific opioid when the only ICD-10 code on the electronic death certificate is T40.6? (While this question is not necessary to answer prior to completing the template, it may be helpful in an overall examination of data quality.)

▪ What percentage of drug overdose deaths have only “other and unspecified drugs” (T50.9) listed as a contributory cause on the death certificates and no other drug codes listed (T36-T50.8)? For a comparison to the 2008-2010 state and US results, see Warner M, Paulozzi LJ, Nolte KB, Davis GG, Nelson LS. State variation in certifying manner of death and drugs involved in drug intoxication deaths. Acad Forensic Pathol, 3(2): 231-237, 2013.

▪ Does the literal text on the death certificate mention a specific drug when the only drug ICD-10 code on the electronic death certificate is T50.9? (While this question is not necessary to answer prior to completing the template, it may be helpful in an overall examination of data quality.)

▪ What percentage of drug overdose deaths has more than one drug-specific ICD-10 code (T36-T50.8)? Does this percentage vary across years? This information impacts the interpretation of the contribution of specific drugs (e.g., heroin) to poisoning deaths.

▪ Does the percentage of drug overdose deaths that had an autopsy vary across years?

▪ How do the above results compare to other states and the United States? See [http://wonder.cdc.gov](http://wonder.cdc.gov)

**Audience and Purpose:**

Based on the answers to the above questions, **who is the appropriate audience** for the data quality results and/or the descriptive results about the poisoning deaths?

▪ Staff internal to the organization only?

▪ Coroners and medical examiners that can identify ways to improve the quality of data on the death certificates?

▪ External partners who can use the poisoning death results to raise awareness? And/or

▪ The general public?

▪ **The purpose of sharing data results with an internal audience** could be for discussion and decision making: Is the quality of the death certificate data high enough to accurately and completely represent the picture of drug overdose deaths in the jurisdiction? If so, which of the figures and templates can be used to summarize the data results to best describe the problem and minimize any data limitations? Who can help improve data quality and how?

▪ **The purpose of this analysis for an external audience** would be to share a drug poisoning death special emphasis report to colleagues and partners beyond the injury program to help move prevention efforts.
APPENDIX C: Special Emphasis Report: Drug Overdose Deaths templates

This is a screenshot of the report template to be customized by individual states. The actual template is found in an accompanying file.

Level 1 Template

[State] Special Emphasis Report: Drug Overdose Deaths, [data years]

A Public Health Crisis Continues
Poisoning is the leading cause of injury deaths in [state], and drugs cause nearly [#] out of 10 poisoning deaths. Drug poisoning deaths, also called overdoses, [doubled, tripled] since [year], surpassing motor vehicle traffic-related deaths in [year] (Figure 1).

In [year], the most recent year of data available on deaths of [state] residents, the poisoning death rate was XX.X deaths per 100,000 persons, and the drug overdose death rate was XX.X deaths per 100,000 persons, compared to a motor vehicle traffic-related death rate of XX.X deaths per 100,000 persons.

Addressing the Issue
- Describe key strategies here.
- Tell a story: the why (purpose), who (lead organization executing the strategy), how (funding, example activities), and so what (the results) for each strategy or for each organization.
- Delete bullets as needed.
- Keep the audience in mind: state injury programs, other public health professionals, partners in the jurisdiction working on prescription drug harm or addressing substance abuse or reducing poisoning.
- Confirm with your organization or partners if they want their contact information or website included.

Figure 1. Drug overdose death rates* compared to motor vehicle-related death rates, [State] residents, 1999 - 2012

*Age-adjusted death rates using the U.S. population as the standard
A Public Health Crisis Continues

Poisoning is the leading cause of injury deaths in [state], and drugs cause [#] out of 10 poisoning deaths. Drug poisoning deaths, also called overdoses, [doubled, tripled] since [year], surpassing motor vehicle traffic-related deaths in [year] (Figure 1). In [most recent year], the poisoning death rate was XX.X deaths per 100,000 persons, and the drug overdose death rate was XX.X deaths per 100,000 persons, compared to a motor vehicle traffic-related death rate of XX.X deaths per 100,000 persons.

Drugs Caused # out of 10 Poisoning Deaths

In [most recent year], drugs and medications—prescription drugs, illicit drugs, and over-the-counter medications, - were the underlying cause of death for xx% of all poisoning deaths. Of the drug overdose deaths, XX% were unintentional, XX% were suicide or intentional self harm, and XX% had undetermined intent. Males had rates X times higher than females and persons aged XXX had the highest rate of all age categories.

Table 1. Drug overdose deaths: Demographic characteristics and intent, [State] residents, 20XX

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
<th>Rate per 100,000 persons</th>
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<tbody>
<tr>
<td>Female</td>
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<td></td>
</tr>
<tr>
<td>Male</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Age (in years)*</td>
<td>15-24</td>
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<tr>
<td></td>
<td>25-44</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>45-54</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>55 and older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intent</td>
<td>Unintentional (also known as “accidental”)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suicide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Undetermined</td>
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</tbody>
</table>

*0-14 age group not included due to small numbers.
**Opioid Pain Relievers Contributed to XX% of the Drug Overdose Deaths**

Opioid pain relievers, such as oxycodone or hydrocodone, contributed to XXX (XX percent) of the XXX drug overdose deaths in [most recent year]. These results might be undercounts, because the percent of drug overdose deaths that had only unspecified drug(s) listed as contributing to the death ranged from XX percent in 1999 to XX percent in 20XX.

---

**Addressing the Issue**

- Describe key strategies here.
- Tell a story: the why (purpose), who (lead organization executing the strategy), how (funding, example activities), and so what (the results) for each strategy or for each organization.
- Describe surveillance activities, upcoming analyses, and/or where to get additional data results
- Keep the audience in mind: state injury programs, other public health professionals, partners in the jurisdiction working on prescription drug harm or addressing substance abuse or reducing poisoning.
- Confirm with your organization or partners if they want their contact information or website included.
- Delete bullets as needed.
APPENDIX D: Instructions for Using the *Special Emphasis Report: Drug Overdose Deaths template*

The template is a formatted tool to help states quickly publish and disseminate state-specific drug overdose death data to support program initiatives. The template is intended to be flexible, allowing users to change text and figures, depending on state’s needs and interests. Pages may also be added.

**Technical Requirements**


The template can be used with previous versions of MS Word, but may need adjustments in formatting or saved as compatible file type (.doc). Save the completed document as a PDF for easier printing and electronic distribution. Please follow the guidelines below for easy use and to ensure consistent design.

**Entering Data for Charts/Graphs in Microsoft Word 2010**

To enter data into the template graphs:

- Click once onto the chart and the *Chart Tools* menu will appear on your toolbar.
- Right click on the chart and choose *Edit Data* from the menu.
- Enter data into the Excel sheet that opens.
- When complete, click X on the top right corner and the data will be automatically updated and saved.

**Entering Data for Charts/Graphs in Microsoft Word 2003**

To enter data into the template graphs:

- Click once onto the chart.
- Right click on the chart and choose *Chart Object* from the menu.
- Click on *Edit*
- The *Chart Tools* will open on the top toolbar, and the chart will be displayed as one page in an Excel Workbook.
- Click on the next worksheet to view or edit the data.
- When complete, click X on the top right corner and the data will be automatically updated and saved.
**Editing the Header**

- To access the header in Word 2010, choose *Insert*, then *Header*, then *Edit Header*.
- In header, insert your state name in ALL CAPS, as indicated.
- Enter relevant information in <highlighted> sections and then remove highlighting and "< >" characters.
- Try to keep the font and formatting the same to avoid major shifts in spacing and layout.
- To ensure consistent design, keep only the 2 lines of text in the header. Use data year in the header, not the year the data is released.

**Transferring data from provided spreadsheet to Figure 1**

- On the “Report” tab of the provided spreadsheet, highlight the age-adjusted rate cells.
- Copy the selection.
- Open the embedded excel file for Figure 1 in the template.
- Click on the first cell in the category.
- Right click and choose “Paste Special”.
- Select “Values” under Paste and at the bottom, check the “Transpose” box, then select “OK”.

**Use of alternate figures for Figure 2**

Several alternative figures have been provided that can be used in place of the current Figure 2 in the two page template, depending on the data quality and the state needs. To use one of these figures:

- Delete the current Figure 2.
- Copy the desired figure from the Excel file of alternate Figures.
- Paste the figure in the space of the original Figure 2.

**Adding Pages**

If you are including additional data points in your report, add extra pages to the template by inserting a new page. The new page will include the header.

**Design Layout and colors**

To ensure consistent overall design layout across all reports, please do not change the color palette (including header color), font, or placement of the text and graphics.

**Clearance**

The template has been cleared by CDC. Before distribution or posting on websites, be sure to obtain appropriate clearance from your state health department and injury prevention program. This includes applicable clearance of content and use of logos.