Nearly 71,000 people died of an overdose in the United States in 2019—more than four times the 1999 total. Over 70% of these deaths involved an opioid. The age-adjusted rate of drug overdose deaths per 100,000 people was 21.6 in 2019. Deaths involving opioids rose in 2019, likely due to illicitly manufactured fentanyl. From 2018 to 2019, drug overdose deaths increased nearly 5%, and opioid-involved overdose deaths increased over 6%. Overdose deaths involving stimulants also increased.

How the Opioid Overdose Epidemic Began
The epidemic of opioid-involved deaths in the United States began in the late 1990s driven first by prescription opioids, then by an increase in heroin-involved deaths starting in 2010, and finally by an increase in deaths from illicitly manufactured fentanyl since 2013. Deaths involving opioids rose in 2019 because of continued increases in deaths involving illicitly manufactured fentanyl. Overdose deaths involving psychostimulants, like methamphetamine, and cocaine also increased. From 2013 to 2019, synthetic opioid-involved overdose death rates increased 1,040% and psychostimulant-involved overdose death rates increased 317%. Among synthetic opioid-involved overdose deaths, almost 80% involved another drug.

CDC’s Response
Building the long-term ability of states and communities to respond to immediate and future trends in drug overdose is a major task for public health officials. Further, in the wake of the COVID-19 pandemic, state and local public health practitioners will need to respond to a nation at increased risk for substance use, misuse, and overdose as families and individuals face economic, social, and mental health stress associated with COVID-19 mitigation measures. CDC is applying its scientific expertise to increase understanding of the drug overdose epidemic and take actions to prevent further harms. CDC invests in states nationwide and invests in communities to help people affected by the epidemic. Five key strategies guide our work.

Conduct Surveillance and Research
CDC collects and analyzes data on drug overdoses to better identify problems and evaluate prevention efforts. Monitoring trends and improving data quality allow CDC to better understand and respond to the overdose epidemic. CDC supports states, territories, and local health departments in comprehensive and timely data collection of fatal and nonfatal overdoses to drive action with populations and communities most affected by the overdose epidemic.

- **Spotlight:** With CDC support, states participate in two systems that together give states a well-rounded understanding of opioid and drug overdoses in order to target prevention efforts.
  - **Understanding Overdose Fatalities:** CDC’s State Unintentional Drug Overdose Reporting System (SUDORS) supports states to assess fatal drug overdoses by providing contextual information from medical examiner and coroner reports including death scene investigations and postmortem toxicology results to better understand characteristics and specific substances involved in fatal overdoses. CDC funding also supports medical examiners and coroners to enhance forensic toxicology testing of opioid-involved and/or stimulant-involved deaths.
  - **Tracking Nonfatal Overdose Trends:** CDC’s Drug Overdose Surveillance and Epidemiology (DOSE) system collects and analyzes data from syndromic surveillance systems and hospital discharge data to identify outbreaks and provide critical awareness of changes in drug overdose-related emergency department visits at local, state, and regional levels.
Build State, Territory, Local, and Tribal Capacity

CDC is nationally recognized for its work with health departments and communities. The agency has a long track record of funding efforts to improve data collection and implement evidence-based public health prevention strategies. CDC currently supports overdose surveillance and prevention activities in 66 health departments, including 47 state health departments, 16 city and county health departments, and 3 territorial health departments. CDC also supports 11 tribal epidemiology centers and 15 tribal entities to address the drug and opioid overdose crisis in tribal communities.

- **Spotlight:** Through CDC’s current cooperative agreement - Overdose Data to Action – health departments are producing timely, comprehensive, localized, integrated, and actionable data to guide and support prevention and response to the overdose crisis. The Overdose Data to Action cooperative agreement supports important public health prevention strategies, including prescription drug monitoring programs, state-local integration, provider and health systems supports, linkage to and retention in care for people affected by the epidemic, and public health partnerships with public safety.

Support Providers, Health Systems, and Payers

Providers and the health systems they work in are crucial to promoting safer and more effective opioid prescribing for pain management. CDC’s Guideline for Prescribing Opioids for Chronic Pain released in 2016 can help providers and health systems improve the way that opioids are prescribed. CDC improves patient safety by giving healthcare providers resources they need to improve opioid prescribing, identify people at risk for substance use disorder, and link them to the care they need. CDC offers providers and health systems data, tools, recommendations, and guidance for evidence-based decision-making grounded in proven practices.

- **Spotlight:** CDC is evaluating medications for opioid use disorder (MOUD) treatment options by performing an epidemiologic, mixed-methods evaluation of opioid use disorder treatment outcomes in real-world outpatient settings. The evaluation will lead to better understanding of the interaction between clients, providers, sites, and treatment type (methadone, buprenorphine, and naltrexone and counseling without medication) to improve patient outcomes. This information will inform practices and decisions by policymakers, healthcare providers, and other stakeholders involved in the treatment of opioid use disorder.

Partner with Public Safety

CDC has forged partnerships with law enforcement to address the growing illicit opioid problem. CDC is improving communication, collaboration, and data sharing between public health and public safety officials so that local response can be most effective. Collaborative programs between public health and public safety identify threats and help link people to treatment and recovery services. Individuals in criminal justice settings are at high risk of overdose, especially during transitions in and out of correctional settings. Court systems and interactions with law enforcement offer an opportunity to provide critical harm reduction and support services to at-risk individuals.

- **Spotlight:** CDC and the U.S. Office of National Drug Control Policy (ONDCP) are working together to support and pair a Drug Intelligence Officer and Public Health Analyst in each state as part of a joint “Overdose Response Strategy”. To date, Drug Intelligence Officers are being supported in all 50 states. Their Public Health Analyst partners are supported in 30 states, with the intent to expand to all 50 states. These paired officials share information and develop intervention and support services that reduce overdoses and save lives. They also build partnerships and facilitate data sharing to help communities and individuals make healthier, safer choices. In addition to
these analyst partners, CDC supports a small number of community-level initiatives to identify innovative solutions that move beyond traditional public health and public safety policies to reduce opioid and drug overdoses.

Empower Consumers to Make Safe Choices
CDC educates consumers about the risks of prescription opioid misuse and the importance of discussing safer and more effective pain management with their healthcare providers. CDC empowers the public to make safe choices by creating public health campaigns and raising awareness of risks associated with non-medical use of opioids, factors that increase risks (such as fentanyl in the local drug supply), and approaches to reduce risks.

- **Spotlight:** CDC’s Rx Awareness communication campaign, originally launched in 2017, features real stories from real people recovering from opioid use disorder and people who have lost loved ones to opioid overdose. This evidence-based campaign seeks to increase awareness of the dangers of prescription opioids, lower prescription opioid misuse, increase the number of patients seeking nonopioid pain management options, and increase awareness about recovery and reduce stigma. The campaign expanded in 2020 and now highlights a diverse array of voices from people living in recovery and who have been impacted by overdose. With a new tagline, “There is hope. Recovery is possible,” the campaign now includes stories from pregnant women, Veterans, Native Americans, Alaskan Natives, older adults, and younger adults. The expansion also included a variety of campaign materials, such as Public Service Announcements, postcards, fact sheets, posters, and graphics that address prescription opioid overdoses and other opioid-related harms.

Future Directions
The drug overdose epidemic is becoming more complex and presents our nation with immediate and urgent need to prevent and respond to overdoses. Opioid-involved overdose deaths have risen sharply since 2013 because of potent synthetic opioids such as illicitly manufactured fentanyl and fentanyl analogs. Deaths involving synthetic opioids and psychostimulants, like methamphetamine, and cocaine have increased as well. Deaths involving multiple substances are also increasing.

Surveillance and prevention efforts will need to respond to these trends. Already, CDC is working with its partners and funded recipients to respond to new risks. CDC will continue to work collaboratively with jurisdictions to ensure that funding is available for opioid use disorder and overdose prevention and surveillance activities. CDC is also working with funded jurisdictions to adapt surveillance and prevention strategies so that they respond to the changing realities of the drug overdose epidemic, including by addressing the role of stimulants and polysubstance use in overdose deaths, and highly concerning trends in the role that illicitly manufactured fentanyl and fentanyl analogs are playing in increased overdose deaths.

The COVID-19 pandemic has been associated with chronic stress, depression and anxiety, social isolation, and economic hardship due to job loss in communities across our nation—increasing risks for substance use, misuse, and overdose. Although nonfatal and fatal overdoses were increasing prior to the pandemic, preliminary data suggest continued increases in both overdoses treated in emergency departments and deaths amidst the pandemic. Prevention efforts such as harm reduction and linkage to and retention in care initiatives are adapting in the wake of the COVID-19 pandemic. CDC is providing flexibility, technical assistance, and vehicles for peer information exchange in order to capitalize on innovations that have emerged during the pandemic, such as expanded virtual access of physical and behavioral health services. CDC will continue to monitor data to understand how COVID-19 is impacting overdose trends.
Questions and Answers:

Q: Why are 47 states funded instead of all 50 state health departments?
A: All states are eligible to apply for the Overdose Data to Action cooperative agreement. North Dakota, Wyoming, and Texas did not apply for this funding. However, Harris County, TX was a local jurisdiction that was eligible and did apply and is currently funded.

Q: What large cities and counties are funded by the current “Overdose Data to Action” cooperative agreement?
A: Maricopa County, AZ; Riverside County, CA; San Diego County, CA; Duval County, FL; Broward County, FL; Palm Beach County, FL; City of Chicago, IL; Baltimore County, MD; Clark County, NV; New York City, NY; Cuyahoga County, OH; Franklin County, OH; Hamilton County, OH; Allegheny County, PA; Philadelphia, PA; Harris County, TX