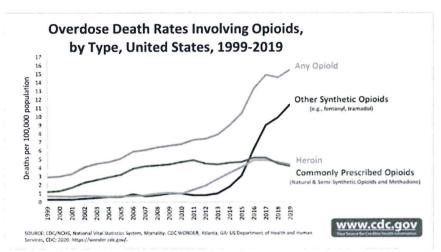
The rate of drug overdose deaths involving opioids remains high, and CDC continues to track opioid overdose deaths.

The graph below shows rates of overdose deaths associated with three categories of opioids, as well as all opioids overall. Rates of deaths involving natural and semi-synthetic opioids and methadone are combined in one category called Commonly Prescribed Opioids.



See data table for <u>Overdose Death Rates Involving Opioids</u>, by Type, <u>United States</u>, 1999-2019.

## **Data Analysis**

How the CDC Injury Center Calculates Opioid Overdoses

It is important to identify and classify which types of drugs are involved in an overdose, how often they are involved, and how that involvement changes over time. By understanding drug involvement, we can better identify appropriate prevention and response activities.

Historically, the approach to analyzing overdose death data used <u>National Vital Statistics</u> <u>System</u> mortality data (NVSS-M), with the combined categories of natural, semi-synthetic, and synthetic opioids (including methadone) used to report on overdose deaths involving prescription opioids.

In more recent years, the data have shown the increase in overdose deaths is being fueled by deaths involving synthetic opioids (other than methadone), likely illicitly manufactured <u>fentanyl</u> (IMF). This increase in deaths has been associated with increases in drug submissions (i.e., drug products tested by forensic labs) of IMF, but not in pharmaceutical fentanyl prescribing rates. <sup>4,10,11,12</sup> Thus, a large proportion of the increase in overdose deaths is presumably due to IMF and not prescription opioids.<sup>13</sup> However, current information reported about overdose deaths in NVSS does not distinguish pharmaceutical fentanyl from IMF.

Given the surge in availability of IMF starting in 2013, the CDC Injury Center began analyzing synthetic opioids (other than methadone) separately from other prescription