



Unintentional Drug Overdose Fatalities in Philadelphia, 2022

In Philadelphia, PA, unintentional drug overdose deaths¹ contribute to significant premature mortality², and for the past several years the number of fatalities attributed to overdose in Philadelphia have persistently reached record highs. In 2022, Philadelphia reported 1,413 overdose deaths, an 11% increase from 2021.

Mirroring national trends,³ overdose fatalities increased most dramatically among Philadelphia's communities of color. In 2021, there was a disproportionate increase in the number of overdose deaths among non-Hispanic (NH) Black individuals compared to other race/ethnicity groups, a disparity that persisted and widened in 2022. Between 2018 and 2022, the number of overdose fatalities increased 87% and 43% among NH Black and Hispanic individuals, respectively, and decreased 12% among NH White individuals. During the same time, the median age of Philadelphia's overdose decedents rose from 43.5 years old in 2018 to 48 years old in 2022. The median age of death among NH Black Males, the demographic group with the largest number of overdose fatalities in 2022, was 55 years old.

Most overdose deaths (83%; 1,171) continued to involve opioids, almost always fentanyl. The presence of stimulants has become more common in Philadelphia, a trend that was also observed nationally in the US.⁵ Stimulants, primarily cocaine, were detected in more than 70% (996) of all overdose deaths in Philadelphia in 2022, up from 67% in 2021. While most stimulant-involved deaths also involved opioids, stimulant-involved overdose fatalities without the presence of opioids also increased 13% from 2021 to 2022.

This CHART examines unintentional overdose trends in Philadelphia through 2022. As the overdose crisis continues to worsen, Philadelphia and its people are impacted every day. Understanding evolving trends in overdose fatalities is pertinent to the development of culturally responsive resources, harm reduction materials, and public health initiatives that are necessary to prevent overdose deaths from occurring.

KEY TAKEAWAYS

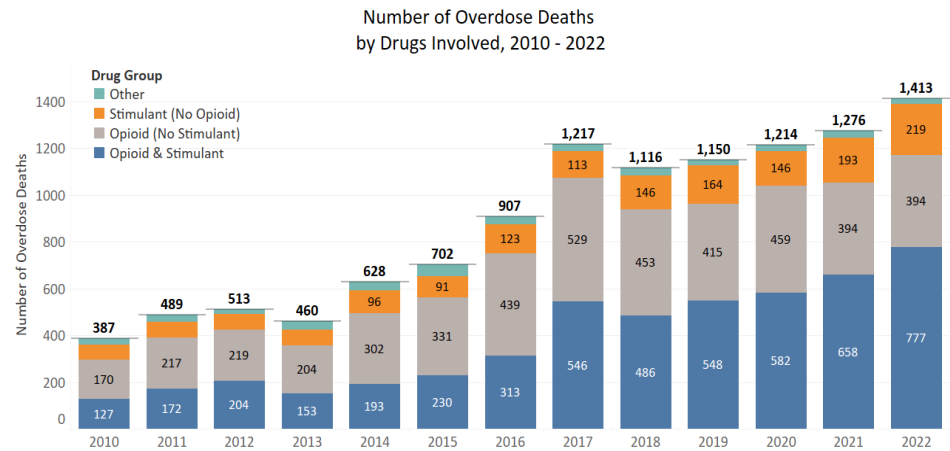
In 2022, there were 1,413 unintentional drug overdose deaths, an 11% increase from 2021.

This increase was most prevalent among non-Hispanic Black individuals, for whom overdose deaths increased nearly 20% from 2021 (542) to 2022 (649).

While most overdose deaths continued to involve opioids, deaths involving stimulants (both with and without the presence of opioids) increased 17% from 2021 (851) to 2022 (996).

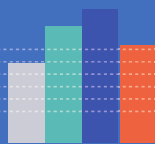
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Overdose deaths in Philadelphia have increased steadily since 2010, with an increasing proportion of deaths involving both opioids and stimulants in recent years.

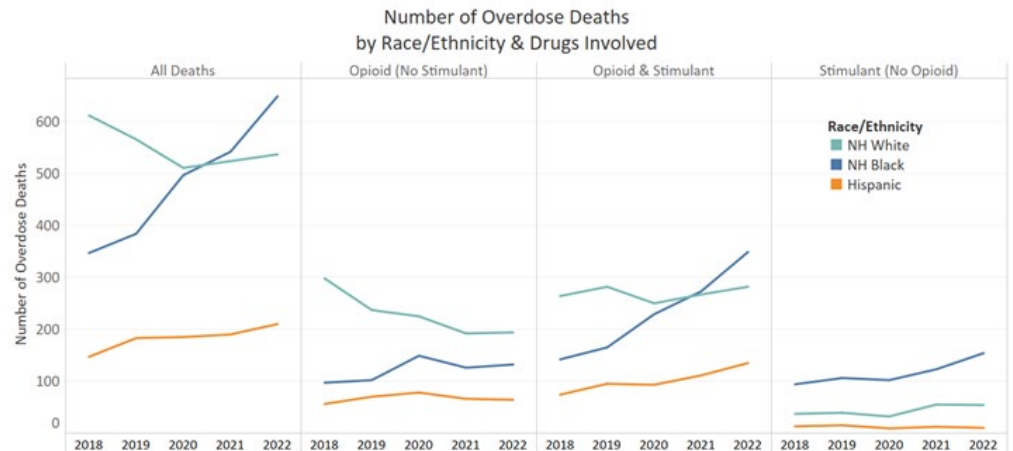


- Overdose fatalities in Philadelphia have steadily increased, reaching a record high of 1,413 deaths in 2022. This represents a 16% and 11% increase in deaths from 2020 (1,214) and 2021 (1,276), respectively.
- In 2022, more than half of overdose deaths (55%, n=777) involved both an opioid and a stimulant^{6,7}.
 - Opioids, both with and without the presence of stimulants, were detected in 83% (1,171) of overdose deaths in 2022.
 - Stimulants, both with and without the presence of opioids, were detected in more than 70% of overdose fatalities in 2022. The number of deaths involving stimulants increased 17% between 2021 (851) and 2022 (996).
 - In 2022, more than 15% (219) of overdose deaths involved stimulants *without* opioids,^{6,7} and 28% (394) of overdose deaths involved opioids *without* stimulants.^{6,7}
- Fentanyl and/or fentanyl analogues were detected in the majority (96%, n=1,127) of deaths where opioids were involved (not shown). Fentanyl continued to be the most common drug involved in overdose deaths.
- Similarly, cocaine was detected in 88% (877) of stimulant-involved deaths (not shown); cocaine was the second most common drug involved in overdose deaths.
- Xylazine, a veterinary anesthetic and analgesic commonly added to street opioids, was detected in 34% (480) of all overdose deaths in 2022 (not shown). Nearly all (>99%) deaths that involved xylazine also involved fentanyl and/or fentanyl analogues (not shown).

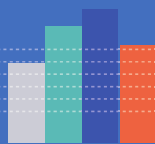
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Between 2018 and 2022, overdose deaths increased substantially among NH Black and Hispanic individuals and declined slightly among NH White individuals.

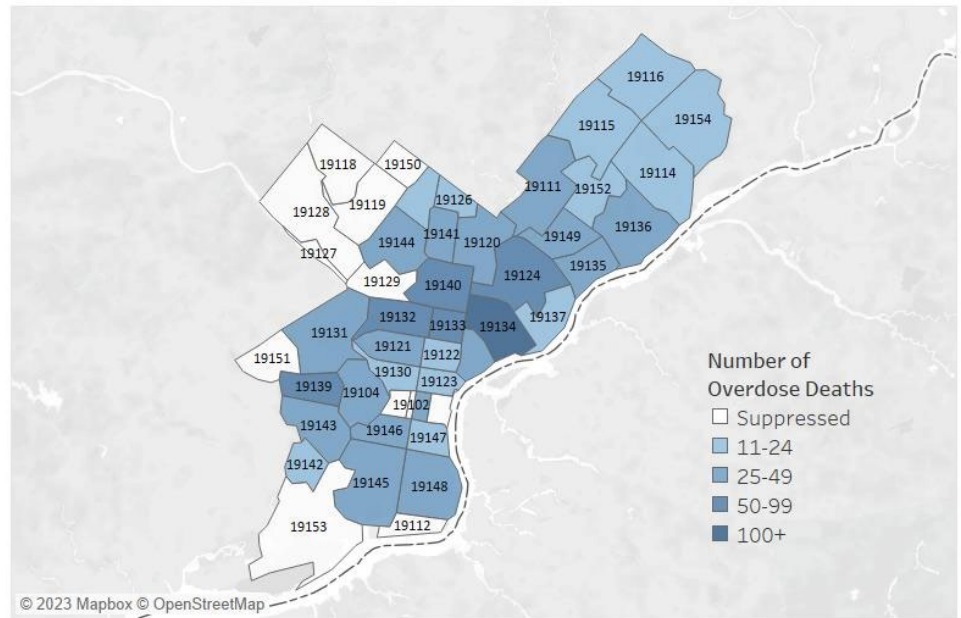


- From 2018 to 2022, the number of overdose deaths increased among NH Black individuals (347 to 649, or 87%) and Hispanic individuals (147 to 210, or 43%). By contrast, the number of deaths among NH White individuals declined slightly (612 to 537, or 12%).
- Despite an increase in overdose deaths overall between 2018 and 2022, deaths involving opioids *without* stimulants increased only slightly among NH Black and Hispanic individuals and declined among NH White Individuals.
- Deaths involving stimulants, contributed to the sharp rise in overdose deaths, particularly among NH Black and Hispanic individuals.
 - Between 2018 and 2022, opioid and stimulant-involved deaths among NH Black individuals increased 146% (142 to 349) compared to 81% (74 to 135) among Hispanic individuals and 7% (264 to 282) among NH White individuals.
 - Between 2018 and 2022, deaths involving stimulants *without* opioids among NH Black individuals increased 64% (94 to 154), compared to 46% (37 to 54) among NH White individuals and a slight decline (13 to 10) among Hispanic individuals.

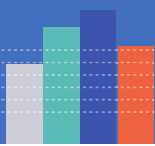


Overdose deaths occurred throughout the city.

Number of Overdose Deaths by Incident Location, 2022



- Overdose deaths occurred in nearly every zip code in Philadelphia.
- The highest number of overdose deaths occurred in the 19134-zip code with 193 deaths. From 2021 to 2022, deaths in this zip code increased by 14%.
- Other Philadelphia zip codes with a high number of overdose fatalities in 2022 include 19140 (n=85), 19124 (n=74), 19139 (n=60), 19133 (n=54), and 19132 (n=50).



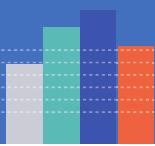
WHAT CAN BE DONE

The Health Department is:

- Coordinating a city-wide overdose fatality review to better understand the circumstances surrounding unintentional overdose deaths and make recommendations for system and policy changes to better ensure the health and safety of Philadelphians who use substances and prevent substance use associated deaths.
- Addressing rising stimulant involved overdoses by:
 - performing outreach in Non-Hispanic Black and Hispanic neighborhoods predominantly impacted by stimulant use,
 - proactively supporting populations who may not identify as people who use drugs or who may be reluctant to seek substance use services, by providing education to all households in high-risk neighborhoods through door-to-door canvassing and mailed literature, developing, and distributing resources for healthcare providers to discuss stimulant use, related risks, and strategies for safer use with their patients, and
 - launching media campaigns to inform the public of risks associated with stimulant and polysubstance use, including the intentional or unintentional mixing of stimulants and opioids.
- Prioritizing harm reduction by:
 - distributing naloxone, the opioid overdose reversal drug, and fentanyl and xylazine test strips to individuals and community-based organizations, including by mail using [NEXT Distro](#), through the 24/7 [naloxone tower](#) at [Lucien E. Blackwell Library](#), and at pop-up events,
 - providing trainings on harm reduction, opioid overdose recognition and reversal using naloxone, and fentanyl and xylazine test strips to detect the presence of fentanyl and xylazine,
 - implementing an overdose awareness media campaign that centers the diversity of people who use drugs,
 - providing free, field based wound care and education from licensed medical staff to people affected by xylazine-associated wounds,
 - offering free counseling and referrals to families with babies exposed to substances in utero,
 - partnering with faith-based institutions, schools, and community groups, to educate and provide resources to communities, and
 - Supporting rapid and organized transfers to substance use treatment from emergency departments, jails, and the community.
- Providing health care providers, including pharmacists, with training, mentorship, and technical assistance to increasing the availability and adequate dosing of medications for opioid use disorder in primary care practices, jails, and specialized substance use treatment programs.

Health care providers should:

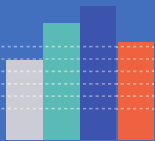
- Practice [non-stigmatizing language](#) when discussing substance use with patients.
- Counsel all patients, even those without a SUD, on naloxone and explain that it is available at pharmacies without a prescription or over the counter at major retailers.



- Practice harm reduction treatment strategies like referring patients to substance use treatment providers or prescribing buprenorphine to opioid dependent patients, and [co-prescribing naloxone](#) with opioids, buprenorphine, methadone and extended-release naltrexone.
 - Ensure continuity of medications for opioid use disorder in inpatient hospitalization settings and following hospital discharge. [CareConnect](#) can assist with bridge prescriptions and can be reached at (484) 278-1679.
 - Familiarize themselves with xylazine, wound care treatment, and the importance of providing [xylazine withdrawal management](#) in conjunction with OUD withdrawal management.
 - Use [clinical tools and resources](#) to help facilitate conversations with patients around stimulant use, including the health risks associated with using cocaine, and other stimulants.
 - Encourage patients who use any street drugs to test their drugs using fentanyl and xylazine test strips, and provide sterile syringes to patients who inject drugs to reduce the spread of HIV and hepatitis.
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Philadelphians can:

- Visit www.phillynaloxone.com to obtain and get trained on how to use naloxone to prevent opioid overdose deaths. Naloxone is available at pharmacies in Pennsylvania without a prescription, as well as over the counter at major retailers.
 - For those who use drugs, utilize universal precautions like carrying naloxone, starting with a small amount and going slowly, [testing your drugs for fentanyl with fentanyl test strips](#), and using with others.
 - If you don't want to or can't use with others, let someone know you're using or use an app like [Brave App](#) or call a hotline like Never Use Alone (English: 800-484-3731 Spanish: 800-928-5330).
 - Ask medical providers for [nonopioid medications for acute pain](#).
 - Avoid taking prescription medications that were not prescribed to you and/or were purchased on the street. If you do take them, use fentanyl test strips to [test for fentanyl](#).
 - Seek [buprenorphine or methadone treatment](#) if dependent on opioids.
 - If you are unsure of what service you require and do not have medical insurance, please contact the Behavioral Health Special Initiative (BHSI) at 215-546-1200, Monday through Friday, between the hours of 8:30 a.m. and 5 p.m.
 - If you want treatment for a substance use challenge and do not have medical assistance or Medicaid, please contact Community Behavioral Health (CBH) at 888-545-2600
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REFERENCES & TECHNICAL NOTES

1. The term unintentional drug overdose is defined as an overdose death where the manner of death was not classified as intentional (suicide), undetermined, or a homicide. They are also referred to as “overdose deaths”, “overdose fatalities”, or “overdose mortality”.
2. Philadelphia Department of Public Health (2023). *PhilaStats*. Retrieved from <https://philadelphiapublichealth.shinyapps.io/philastats/>
3. Friedman, J. R., & Hansen, H. (2022). Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity Before and During the COVID-19 Pandemic. *JAMA psychiatry*, 79(4), 379–381. <https://doi.org/10.1001/jamapsychiatry.2022.0004>
4. Individuals of other race/ethnicity groups are excluded due to low counts.
5. Spencer, M. R., Miniño, A. M., & Garnett, M. F. (2023). Co-involvement of Opioids in Drug Overdose Deaths Involving Cocaine and Psychostimulants, 2011-2021. *NCHS data brief*, (474), 1–8.
6. Additional drugs such as sedating drugs may have been involved.
7. Stimulants include cocaine, methamphetamine, and pharmaceutical amphetamines.
8. For analysis purposes, substances detected in decedent toxicology results were categorized in the following groups: Opioids, Stimulants, Benzodiazepines, Alcohol, PCP, and Xylazine.

RESOURCES

For help on how to obtain and use naloxone:

phillynaloxone.com

To learn more about the programs, services, and mission of the Division of Substance Use Prevention and Harm Reduction (SUPHR), visit

<https://www.substanceusephilly.com/>

For information on how to access treatment:

<https://dbhids.org/addiction-services/>

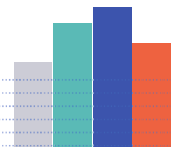
For harm reduction resources including syringe exchange:

<https://ppponline.org/>

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CHART



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All PDPH CHARTs are available at
<https://www.phila.gov/departments/departments/department-of-public-health/data/chart/>