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U.S.

Overdose Deaths Likely to Fall for First Time Since 1990

Health officials and scientists warn U.S. is far from defeating drug epidemic



The overdose-reversal drug naloxone, often known by the brand-name Narcan, is credited with helping to decrease overdose fatalities in places like Rhode Island, Ohio and Pennsylvania. PHOTO: MATT ROURKE/ASSOCIATED PRESS

By Jon Kamp

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For the first time in decades, drug-overdose deaths in the U.S. are on the precipice of declining.

Authorities are still counting fatalities around the U.S. from 2018, but provisional data from the Centers for Disease Control and Prevention are pointing lower. Those data predict there were nearly 69,100 drug deaths in the 12-month period ending last November, down from almost 72,300 predicted deaths for 12 months ending November 2017.

If the trend holds through December, annual drug deaths will fall for the first time since 1990, when overdoses killed about 8,400 people. December's data will likely be available next month.

“I think we’re probably looking at a decline,” said Robert Anderson, chief of the Mortality Statistics branch at the CDC’s National Center for Health Statistics. “We shouldn’t say oh, we’ve won and we’ve defeated the drug-overdose epidemic.”

There is little cause for celebration, health officials and epidemiologists say. The death rate

new, deadly analog could arrive anytime. The rise of methamphetamines and related deaths remains a worrisome trend.

Health authorities are eager for any hint of progress. Overdoses have killed roughly 870,000 people during this nearly three-decade rise, with particularly heavy tolls in the last several years, CDC data show.

“I’m ready to say that the opioid crisis is in early remission, yet at high risk of relapse,” said Jim Hall, an epidemiologist at Nova Southeastern University in Florida.

One driving factor has been broadened access to the overdose-reversal drug naloxone, often known by the brand-name Narcan, according to authorities in places like Rhode Island, Ohio and Pennsylvania. This can entail putting more doses directly in the hands of at-risk drug users.

When asked why fatalities in the Pittsburgh area fell 41% to 432 last year—the lowest level since 2015—Allegheny County Chief Medical Examiner Karl Williams said: “In a word, Narcan.”

Pennsylvania’s drug deaths are still being counted, but there was likely a statewide decline last year, a spokesman for the Drug Enforcement Administration office in Philadelphia said. The DEA tabulates overdoses for the state.

Authorities there and beyond also credit efforts to get overdose victims from emergency rooms on a path to treatment. This can entail connecting them with peer-recovery coaches, handing them free naloxone kits and following up with them after they head home.

Another possible factor is that some of the most vulnerable people have already been killed, said Magdalena Cerda, director of the new Center for Opioid Epidemiology and Policy at New York University Langone Health, adding that more studies are needed in this area. Also, hard-hit states may be regressing toward more average levels after years of death rates inflated by opioids, she said.

“It’s likely a combination of all those things together,” she said, noting that the rates of overdose are still many times higher now than they were in the peak of the crack-cocaine crisis decades ago.

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Preliminary data show Ohio, long an epicenter for the fentanyl crisis, saw overdose fatalities fall about 24% to 3,694 last year, according to the state health department. The fact that a highly-potent variant called carfentanil hit the state hard from mid-2016 to mid-2017 played a role by driving the death rate higher in those years, local coroners have said.

Mark Hurst, medical director at Ohio's health department, said state-level interventions like increasing the number of physicians who prescribe drug-treatment medications are bearing fruit.

Rhode Island, which is often cited as an example for aggressive steps to stop fatal overdoses, has seen a slight reduction in deaths for two straight years. Along with broad naloxone access and peer-recovery specialists for overdose victims, Rhode Island has a drug-treatment program available to all state prisoners.

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James McDonald, medical director at the state health department, said there is still a glaring need to find and address the root causes of addiction.

“There’s no one around here celebrating anything,” he said.

Opioids continued to drive the death rate higher in some states, including Louisiana and Maryland, local authorities confirmed. In the latter state, preliminary data show unintentional intoxication deaths rose 6% to 2,420 in 2018.

Maryland health officials have been studying and emulating places with sliding fatality rates, including Rhode Island, said Fran Phillips, Maryland's deputy public health secretary. Recent steps include copying the peer-specialist model for people who survived overdoses, flooding the at-risk population with naloxone and providing test strips, which drug users can use to detect hidden fentanyl, she said.

Maryland officials recently said intoxication deaths had fallen 15% in the first quarter this year from a year ago.

Write to Jon Kamp at jon.kamp@wsj.com

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