About NCHS

The National Center for Health Statistics (NCHS) is the nation’s principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions.

Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective to help us understand the population’s health, influences on health, and health outcomes.

NCHS Drug Poisoning Data

Poisoning is the leading cause of injury death in the United States. Drugs—both pharmaceutical and illicit—cause the vast majority of poisoning deaths.

NCHS uses the National Vital Statistics System (NVSS) to monitor deaths due to drug poisoning. NVSS collects and compiles mortality information from death certificates in all 50 states and the District of Columbia. NCHS identifies the number of drug poisoning deaths from the underlying cause of death on death certificates. Multiple causes of death are used to identify the drugs involved. Approximately 23% of drug poisoning deaths lack information on the specific drugs involved.

Opioid analgesic pain relievers are involved in a substantial proportion of drug poisoning deaths. Opioid analgesics include natural and semisynthetic opioid analgesics such as hydrocodone, morphine, and oxycodone; other synthetic opioid analgesics such as fentanyl; and methadone.

Recent Findings

- Since 2000, the age-adjusted drug poisoning death rate more than doubled, from 6.2 per 100,000 in 2000 to 13.8 per 100,000 in 2013.
- In 2013, 43,982 deaths were due to drug poisoning; 81% of these deaths were unintentional, 12% were suicides, and 6% were of undetermined intent.
- In 2011, opioid analgesics were involved in 41% of drug poisoning deaths (16,917 deaths); in 2013, that decreased to 37% (16,235 deaths).
- The age-adjusted rate for deaths involving opioid analgesics more than tripled from 1.5 per 100,000 in 2000 to 5.4 per 100,000 in 2011, then declined to 5.1 per 100,000 in 2012 and 2013.
- Nearly 70% of the opioid analgesic poisoning deaths in 2013 involved natural and semisynthetic opioid analgesics such as hydrocodone, morphine, and oxycodone.

Drug poisoning and opioid analgesic poisoning death rates, United States, 2000–2013

Who is most at risk?

From 2000 through 2013, the drug poisoning death rate per 100,000 population increased for many demographic groups.

**Sex**
- From 2000 to 2013, drug poisoning death rates increased nearly 2.6-fold for females and doubled for males.
- In 2013, the age-adjusted rate for drug poisoning deaths for males (17.0 per 100,000) was 1.6 times that of females (10.6).

**Race and ethnicity**
- From 2000 to 2013, drug poisoning death rates increased 2.7-fold for non-Hispanic white people and 1.3-fold for non-Hispanic black people.
- In 2013, the age-adjusted drug poisoning death rate was 17.6 for non-Hispanic white people and 9.7 for non-Hispanic black people.

**Age groups**
- The drug poisoning death rate is highest for adults aged 45–54.
- In a single year, from 2012 through 2013, the drug poisoning death rate among those aged 55–64 increased 16%.

Drug poisoning death rates by state

Deaths per 100,000 population varied by state. The five states with the highest drug poisoning death rates were West Virginia (32.2), Kentucky (23.7), New Mexico (22.6), Rhode Island (22.4), and Utah (22.1).

Drug poisoning death rates by state: United States, 2013

[Map showing drug poisoning death rates by state]