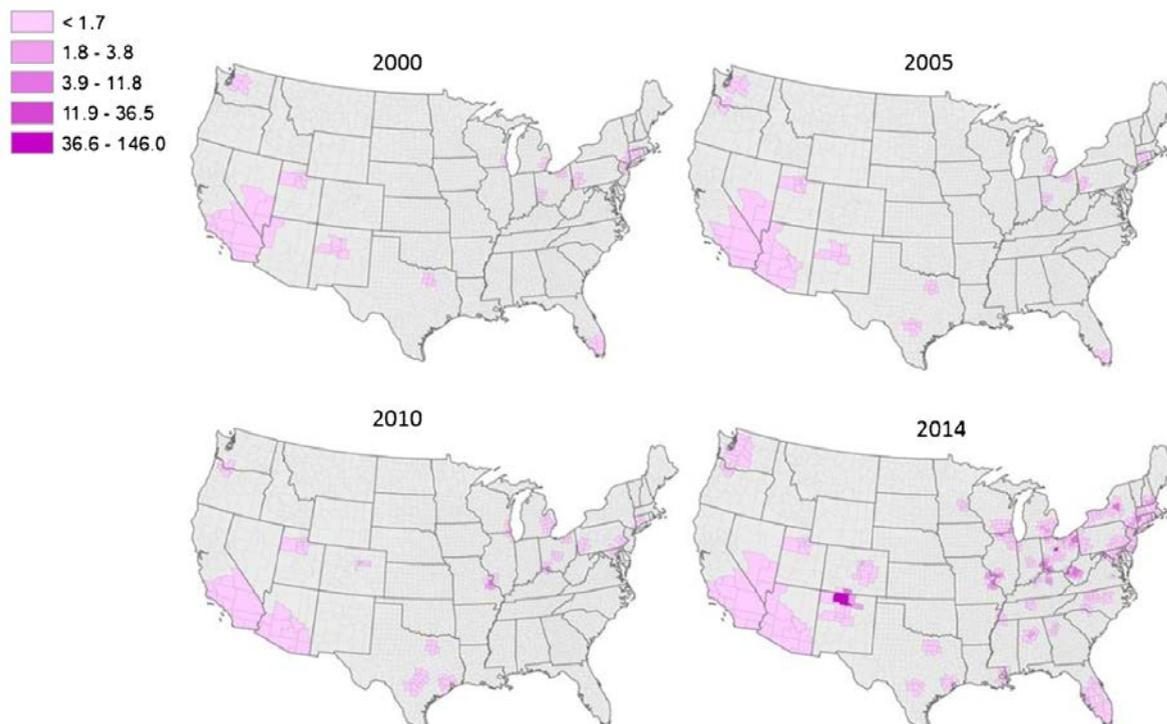


## Number of US Counties with Drug Poisoning Deaths Involving Heroin Increases Nearly Five-Fold from 2000 to 2014

The number of U.S. counties with drug poisoning deaths involving heroin increased from 103 in 2000 to 511 in 2014, according to data from a special NDEWS-supported geospatial analysis of death data from the CDC WONDER database. The geographic pattern of heroin-involved drug poisoning deaths shifted from counties on both the east and west coasts of the US in 2000, expanded into the central US by 2010, and then spread rapidly from 2010 to 2014 throughout New England, the Mid-Atlantic, and Great Lakes and Ohio Valley regions (see figure below). In addition, thirteen spatiotemporal core clusters of heroin-involved drug poisoning deaths were identified, with the highest risk counties being in New England and the central Ohio Valley (data not shown). According to the authors, “this study provides both a spatial and temporal understanding of the evolving pattern of deaths from overdoses involving heroin across the country for this time period. The variation of impacts and burden on different population groups is important for developing strategies and policies regarding substance use and misuse interventions for a range of different urbanization classes . . . and population groups.” The article is available online at <http://rdcu.be/ujDI>.

### Rate per 100,000\* of Age-Adjusted Deaths Involving Heroin, by U.S. County, 2000, 2005, 2010, and 2014 (n=37,088 raw counts of heroin-involved deaths)



\*“To account for possible underestimations in these rates due to small areas or small numbers, spatial empirical Baye’s estimation techniques were used to smooth the rates of death and alleviate underestimation when analyzing spatial patterns for different groups.”

Source: Stewart, K., Cao, Y., Hsu, M.H., Artigiani, E., and Wish E., “Geospatial Analysis of Drug Poisoning Deaths Involving Heroin in the USA, 2000-2014,” *Journal of Urban Health*, 2017, DOI 10.1007/s11524-017-0177-7. For more information, contact Dr. Kathleen Stewart at [stewartk@umd.edu](mailto:stewartk@umd.edu).