Opioid-related Overdoses

- From 1999 to 2016, more than 12,000 North Carolinians died from opioid-related overdoses, the majority of which were unintentional overdoses.
- According to CDC estimates, the cost of unintentional opioid-related overdose deaths in N.C. totaled $1.3 billion in 2015.
- Opioid-related deaths involving pain medications (e.g. oxycodone and hydrocodone) have historically been the leading cause of overdose deaths.
- More recently heroin, fentanyl, and fentanyl analogues* are resulting in increased deaths.
- Overdose death rates are higher among men, whites and those between the ages of 25-54.
- Nonfatal overdoses and administration of naloxone by Emergency Medical Services (EMS) are increasing.
- Health and societal risks of drug use include HIV, hepatitis C, dependence and addiction, crime, violence, employment instability, and family disruption.

*Fentanyl analogues are drugs that are similar to fentanyl but have been chemically modified in order to bypass current drug laws.

Unintentional Opioid-related Drug Overdose Death Rates by County, N.C. Residents, 2010-2016*

Unintentional opioid-related overdose rates per 100,000 persons (2010-2016*)

- Rate not calculated, <5 deaths
- 1-5
- 6-10
- 11-15
- 16-25

$1.3 BILLION total combined costs for 2015 alone

Unintentional Opioid-related Overdose Deaths by Drug Type, N.C. Residents, 1999-2016*

- Commonly prescribed opioid medications include drugs like oxycodone and hydrocodone.
- Heroin deaths have been rapidly increasing since 2010.
- More recently, use of other synthetic narcotics (like fentanyl) are escalating. Deaths are increasingly the result of fentanyl analogues* that are illicitly manufactured.

*2016 data are provisional
Data Source: N.C. State Center for Health Statistics, Death Certificate Data
Any mention of T40.0 (opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44). Does not include non-resident or out of state resident deaths.

$1.3 BILLION total combined costs for 2015 alone

Unintentional Opioid-related Drug Overdose Death Rates by County, N.C. Residents, 2010-2016*

Unintentional opioid-related overdose rates per 100,000 persons (2010-2016*)

- Rate not calculated, <5 deaths
- 1-5
- 6-10
- 11-15
- 16-25

$1.3 BILLION total combined costs for 2015 alone

Unintentional Opioid-related Overdose Deaths by Drug Type, N.C. Residents, 1999-2016*

- Commonly prescribed opioid medications include drugs like oxycodone and hydrocodone.
- Heroin deaths have been rapidly increasing since 2010.
- More recently, use of other synthetic narcotics (like fentanyl) are escalating. Deaths are increasingly the result of fentanyl analogues* that are illicitly manufactured.

*2016 data are provisional
Data Source: N.C. State Center for Health Statistics, Death Certificate Data
Any mention of T40.0 (opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44). Does not include non-resident or out of state resident deaths.


$1.3 BILLION total combined costs for 2015 alone

Unintentional Opioid-related Drug Overdose Death Rates by County, N.C. Residents, 2010-2016*

Unintentional opioid-related overdose rates per 100,000 persons (2010-2016*)

- Rate not calculated, <5 deaths
- 1-5
- 6-10
- 11-15
- 16-25

$1.3 BILLION total combined costs for 2015 alone

Unintentional Opioid-related Overdose Deaths by Drug Type, N.C. Residents, 1999-2016*

- Commonly prescribed opioid medications include drugs like oxycodone and hydrocodone.
- Heroin deaths have been rapidly increasing since 2010.
- More recently, use of other synthetic narcotics (like fentanyl) are escalating. Deaths are increasingly the result of fentanyl analogues* that are illicitly manufactured.

*2016 data are provisional
Data Source: N.C. State Center for Health Statistics, Death Certificate Data
Any mention of T40.0 (opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44). Does not include non-resident or out of state resident deaths.


$1.3 BILLION total combined costs for 2015 alone

Unintentional Opioid-related Drug Overdose Death Rates by County, N.C. Residents, 2010-2016*

Unintentional opioid-related overdose rates per 100,000 persons (2010-2016*)

- Rate not calculated, <5 deaths
- 1-5
- 6-10
- 11-15
- 16-25

$1.3 BILLION total combined costs for 2015 alone

Unintentional Opioid-related Overdose Deaths by Drug Type, N.C. Residents, 1999-2016*

- Commonly prescribed opioid medications include drugs like oxycodone and hydrocodone.
- Heroin deaths have been rapidly increasing since 2010.
- More recently, use of other synthetic narcotics (like fentanyl) are escalating. Deaths are increasingly the result of fentanyl analogues* that are illicitly manufactured.

*2016 data are provisional
Data Source: N.C. State Center for Health Statistics, Death Certificate Data
Any mention of T40.0 (opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid) and unintentional intent (X40-X44). Does not include non-resident or out of state resident deaths.

### Unintentional Opioid-related Overdose Deaths by Sex, Race and Age Group, N.C. Residents, 2010-2016*

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th>Rate†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>36.6%</td>
<td>6.0</td>
</tr>
<tr>
<td>Male</td>
<td>63.4%</td>
<td>10.8</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian*</td>
<td>1.5%</td>
<td>10.5</td>
</tr>
<tr>
<td>Asian*</td>
<td>0.2%</td>
<td>0.7</td>
</tr>
<tr>
<td>Black*</td>
<td>6.9%</td>
<td>2.6</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.2%</td>
<td>1.2</td>
</tr>
<tr>
<td>White*</td>
<td>89.6%</td>
<td>11.5</td>
</tr>
<tr>
<td>Other*/Unknown</td>
<td>0.5%</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Age Group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
<th>Rate†</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>0.2%</td>
<td>0.1</td>
</tr>
<tr>
<td>15-24</td>
<td>10.2%</td>
<td>6.1</td>
</tr>
<tr>
<td>25-34</td>
<td>25.6%</td>
<td>16.4</td>
</tr>
<tr>
<td>35-44</td>
<td>25.4%</td>
<td>15.9</td>
</tr>
<tr>
<td>45-54</td>
<td>26.5%</td>
<td>15.8</td>
</tr>
<tr>
<td>55-64</td>
<td>10.6%</td>
<td>7.1</td>
</tr>
<tr>
<td>65-84</td>
<td>1.5%</td>
<td>1.0</td>
</tr>
<tr>
<td>&gt;84</td>
<td>0.1%</td>
<td>0.5</td>
</tr>
</tbody>
</table>

- Males had higher opioid-related overdose death rates than females (10.8 vs. 6.0).
- Whites and American Indians had the highest death rates for opioid-related overdose (11.5 and 10.5).
- Opioid-related overdose death rates are highest among ages 25-34 (16.4), 35-44 (15.9), and 45-54 (15.8).

### Emergency Department Opioid Visits and EMS Naloxone Administration by Year, 2011-2016*

- Emergency Department (ED) visits for opioid overdoses are increasing.
- Heroin overdose ED visits have significantly increased since 2011.
- Use of naloxone (opioid overdose antidote) by Emergency Medical Services (EMS) has increased dramatically during this time.

---

**North Carolina Opioid Action Plan (2017-2021)**

Given that the opioid epidemic is complex, we are implementing comprehensive strategies in the following focus areas to reduce opioid addiction and overdose death:

1. Create a coordinated infrastructure.
2. Reduce the oversupply of prescription opioids.
3. Reduce diversion of prescription drugs and flow of illicit drugs.
4. Increase community awareness and prevention.
5. Make naloxone widely available and link overdose survivors to care.
6. Expand treatment and recovery oriented systems of care.
7. Measure our impact and revise strategies based on results.