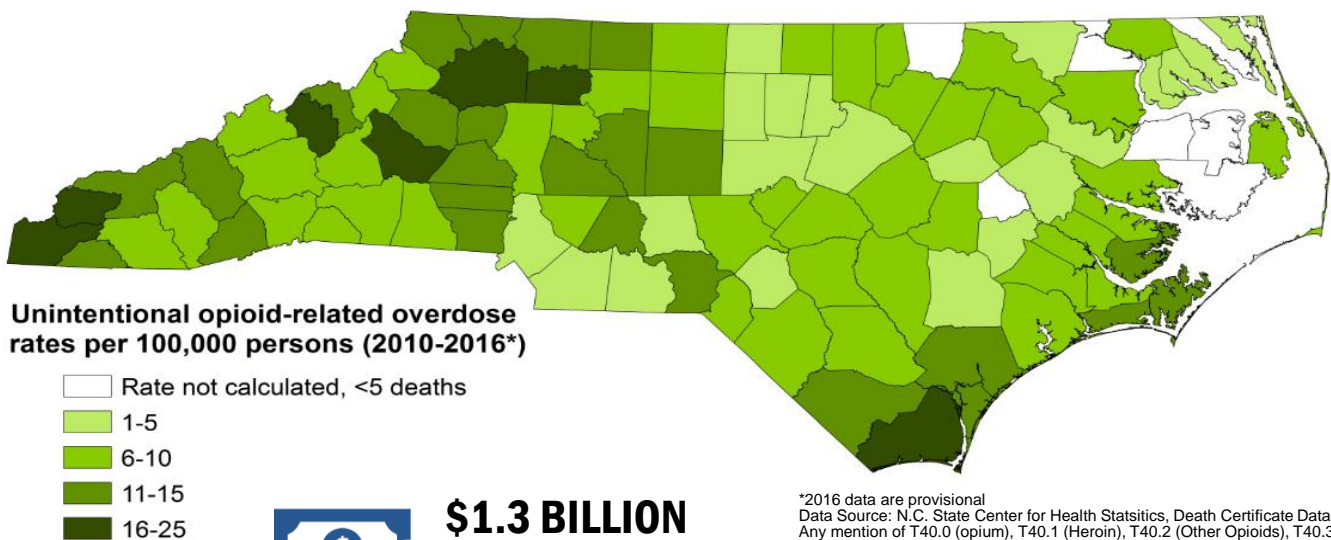


Opioid-related Overdoses

- 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*

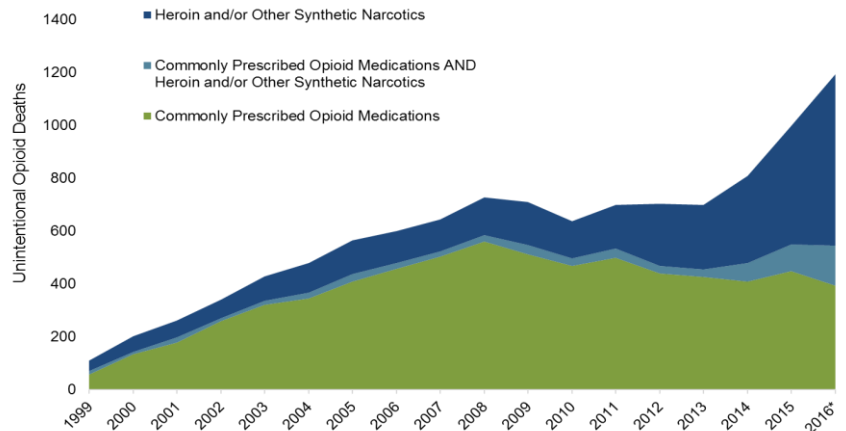


\$1.3 BILLION
total combined costs
for 2015 alone

*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. Economic impact: CDC WISQARS for opioid-related drug deaths (unintentional), Cost of Injury Reports, National Center for Injury Prevention and Control, CDC. Base year (2010) costs indexed to state 2015 prices for poisoning deaths.

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
Source: N.C. State Center for Health Statistics, Death Certificate Data Unintentional medication/drug (X40-X44) with specific T-codes by drug type. Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4. Numbers of deaths from other synthetic narcotics may represent both prescription synthetic opioid deaths and non-pharmaceutical synthetic opioids because synthetic opioids produced illicitly (e.g., non-pharmaceutical fentanyl) are not identified separately from prescription ('pharmaceutical') synthetic opioids in ICD-10 codes.



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

	Percent	Rate†
Sex		
Female	36.6%	6.0
Male	63.4%	10.8
Race		
American Indian*	1.5%	10.5
Asian*	0.2%	0.7
Black*	6.9%	2.6
Hispanic	1.2%	1.2
White*	89.6%	11.5
Other*/Unknown	0.5%	NA
Age Group		
0-14	0.2%	0.1
15-24	10.2%	6.1
25-34	25.6%	16.4
35-44	25.4%	15.9
45-54	26.5%	15.8
55-64	10.6%	7.1
65-84	1.5%	1.0
>84	0.1%	0.5

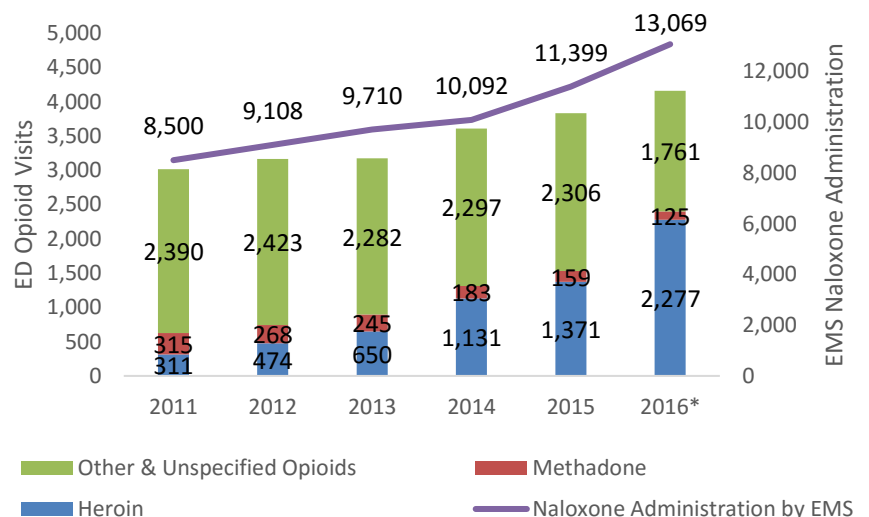
- Males had higher opioid-related overdose death rates than females (10.8 vs. 6.0).
- Whites and American Indians had the highest death rates for opioid-related overdose (11.5 and 10.5).
- Opioid-related overdose death rates are highest among ages 25-34 (16.4), 35-44 (15.9), and 45-54 (15.8).

† Per 100,000 persons
*Non Hispanic

*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).

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.



*2016 data are provisional

Data Sources: N.C. DETECT (statewide ED data), N.C. Division of Public Health & Carolina Center for Health Informatics, UNC Department of Emergency Medicine (UNC DEM); EMS Performance Improvement Center (EMSpic)- UNC DEM & N.C. Office of Emergency Medical Services (OEMS)

**ICD-9-CM transitioned to ICD-10-CM on October 1, 2015. Impact on surveillance and case definitions is to be determined; some overdose ED visits may be coded as substance abuse and not included in the counts shown above. Naloxone administration alone by EMS does not necessarily equate to an opioid overdose.

North Carolina Opioid Action Plan (2017-2021)

- *North Carolina's Opioid Action Plan 2017-2021* is a living document, developed through a collaborative process. It does not capture all work and all partners and will need to be revised as the epidemic evolves.
- The *Opioid Action Plan* sets a goal of reducing the number of expected opioid-related deaths by 20 percent by the year 2021.
- N.C. Department of Health and Human Services (DHHS) and its partners on the Prescription Drug Abuse Advisory Council (PDAAC) believe it is critical to turn the tide on this epidemic.

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.

