

# Circumstances Surrounding Overdose Deaths in NC: 2020



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Public Health

[Fatal overdoses increased 40% in 2020](#), largely due to the COVID-19 pandemic, and NC-SUDORS data reflect this trend.

The State Unintentional Drug Overdose Reporting System (SUDORS) was developed by the Centers for Disease Control and Prevention (CDC) as a response to the opioid overdose epidemic to enable states to collect detailed overdose death information. The goal of SUDORS is to guide development of public health prevention strategies to reduce overdose deaths. SUDORS consistently captures over 200 variables for overdoses of unintentional or undetermined intent. SUDORS provides rich circumstance data and highlights opportunities where intervention could save lives.

DHHS acknowledges the diligent efforts of our NC-SUDORS data abstractors, housed at the Office of the Chief Medical Examiner (OCME) and the Injury and Violence Prevention Branch (IVPB). Their extraordinary attention to detail is imperative to data quality and program success.

## NC-SUDORS Overview

The SUDORS program in North Carolina was funded by CDC in 2017 and NC-SUDORS began collecting data on fatal opioid-related overdoses in 2018.

In 2019, SUDORS programs across the nation — including North Carolina — expanded to collect data on ALL drug overdose deaths as part of CDC's Overdose Data to Action (OD2A) program.

Data from death certificates, medical examiner reports, and toxicology testing results for decedents\* from North Carolina are abstracted and entered into NC-SUDORS.

These data aid understanding of the context in which overdose deaths occur in North Carolina.



### Death Certificates

- Demographics
- Decedent residence information
- Cause of death information



### Medical Examiner/Coroner Reports

- Scene evidence of drug use
- Timing and context of overdose
- Medical and social history/circumstances



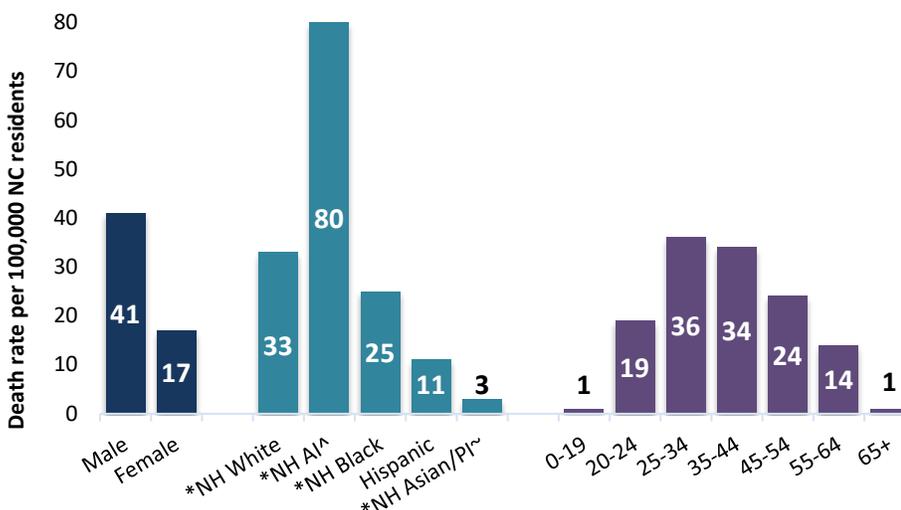
### Toxicology Results

- All substances detected
- Substances that caused death
- Prescription status of substances

\*A decedent is defined, for the purpose of this analysis, as a North Carolina resident who died of an overdose of unintentional or undetermined intent within North Carolina state lines. Other data systems and analyses may define a decedent differently.

Image source: CDC SUDORS workgroup call, 09/18/19

## Demographic Snapshot, NC-SUDORS, 2020



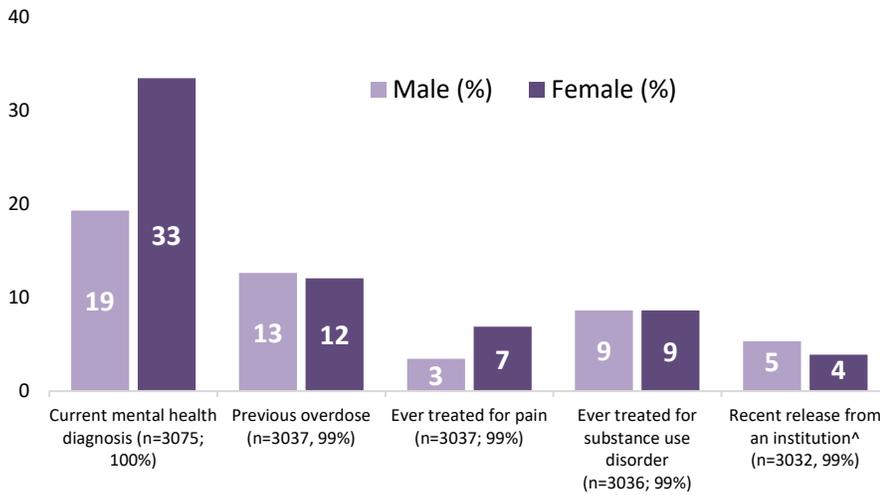
In 2020, the overdose death rate for male decedents was nearly 2.5 times the rate for female decedents.

[American Indians had the highest rate of overdose deaths](#), almost 2.5 times the rate of the next highest group (NH whites). Overdose rates in historically marginalized populations also increased faster than those of NH white people statewide from 2019-2020.

Fatal overdose rates were highest among adults aged 25-44, and were lowest among those 19 and younger and 65 and older.

\*NH: Non-Hispanic ^AI: American Indian ~PI: Pacific Islander (Other/Unknown rate is not reported due to  $\leq 10$  deaths)  
Demographic data were available for 100% (n=3075) of NC resident overdose deaths recorded in NC-SUDORS for 2020.  
Source: NC-SUDORS, 2020

## Healthcare System Intervention Opportunities,\* NC-SUDORS, 2020



\*These circumstance data were known for 99-100% (n=3032-3075) of 2020 NC-SUDORS decedents

^Deaths that occurred within a month of the decedent being released from or admitted to an institutional setting (includes jail, prison, detention facility, hospital, psychiatric hospital, etc.)

°documented interactions include documentation of ≥ 1 visit with a healthcare provider in the above categories

Source: NC-SUDORS, 2020

Opportunities for intervention exist every time a patient interacts with a medical provider in the healthcare system.

41% of 2020 NC-SUDORS decedents had at least one documented interaction with a healthcare provider° prior to their fatal overdose.

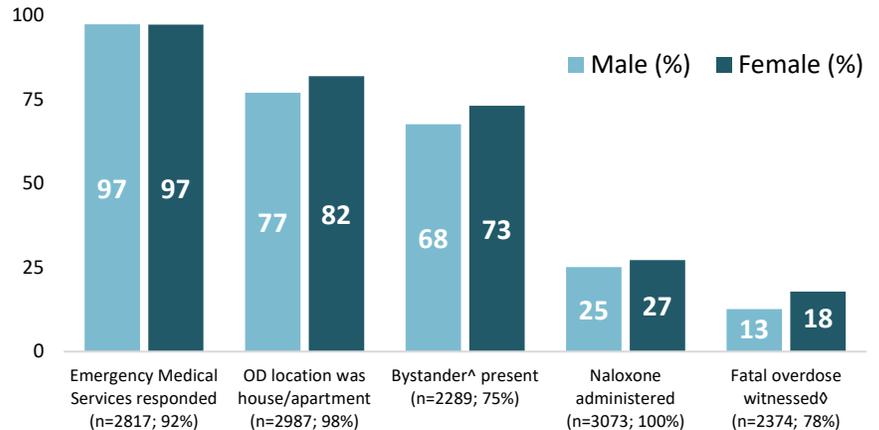
33% of female and 19% of male decedents were known to have at least one current mental health diagnosis at the time of fatal overdose. When accounting for undiagnosed or undocumented mental health conditions, this value is likely higher.

## Overdose Location and Response,\* NC-SUDORS, 2020

NC-SUDORS also captures overdose location and response details; these data can be used to inform and guide overdose prevention efforts.

Although a bystander^ was known to be present 69% of the time, naloxone was only administered 26% of the time. Naloxone and directions for use should be provided to individuals at risk of overdose, their families and friends. Access to naloxone is critical.

Only 14% of all fatal overdoses were witnessed°. Overdose prevention efforts should include harm reduction concepts, such as "[Never use alone!](#)" messaging.



\*Availability of these known circumstance data varied from 78-100% of 2020 NC-SUDORS decedents; percentages calculated based on total known for each variable. // ^A bystander is an individual who was physically nearby, either during or shortly preceding a drug overdose, who potentially had an opportunity to intervene and respond to the overdose. // °A witness is an individual, aged 11 years or older, who witnessed the decedent use the substance(s) that resulted in their overdose.

Source: NC-SUDORS, 2020

## Additional Resources

### [North Carolina's Opioid and Substance Use Action Plan](#)

Developed with community partners, this action plan focuses on prevention, reducing harm, and connecting to care.

### [North Carolina Safer Syringe Initiative](#)

All registered syringe service programs in NC provide naloxone. Click here for locations, hours, and counties served.

### [Naloxone in North Carolina](#)

Offers general information about naloxone, how to establish a standing order, and where to find naloxone locally.

### [CDC SUDORS Dashboard](#)

Shows 2020 SUDORS data from 29 OD2A-funded jurisdictions, including North Carolina. Click here to view annual counts, percentages, and rates of drug overdose deaths per 100,000 people. A variety of views and filters are available.



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