**Slide 1: Medication and Drug Overdoses**

This slide set was created to provide basic county-level data trends and public health surveillance around the overdose epidemic. These slides are used as a way to provide a basic county-level background on medication and drug overdose deaths by intent, types of substances contributing to overdose deaths, economic costs, as well as harm reduction efforts. **Please read both the speaking and technical notes to ensure that data are presented in a consistent manner.**

**Slide 2: Technical Notes**

For more detailed technical notes on any of the data shared in this slide set, please contact us at SubstanceUseData@dhhs.nc.gov.

**Slide 3: County Medication & Drug Overdose Deaths by Intent**

This slide displays the trends of the last ten years for medication and drug overdose deaths by intent (unintentional, self-inflicted, assault, and undetermined intents). It also displays all intents summed together (all intents).

In North Carolina, as in the United States as whole, deaths due to **medication/drug overdoses** have been steadily increasing since 1999, and the vast majority (90%) of these are **unintentional.**

**Slide 4: Substances\* Contributing to Overdose Deaths**

This slide shows the trends of different substances involved in medication and drug overdose deaths in one county, showing all intents.

The epidemic of med/drug overdose is mostly driven by opiates. Historically, prescription opioids (drugs like hydrocodone, oxycodone, morphine) have contributed to an increasing number of medication/drug overdose deaths. In recent years, statewide, illicit opioids like heroin and synthetic narcotics such as fentanyl, and fentanyl analogues^ have resulted in increased deaths. Additionally, the number of deaths in North Carolina involving other substances like cocaine, benzodiazepines, alcohol, antiepileptics, and psychostimulants with misuse potential (which includes methamphetamine) continue to rise.

\*These counts are not mutually exclusive. If the death involved multiple substances, it can be counted on multiple lines.

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

**Slide 5: Demographics of Medication & Drug Overdose Deaths Compared to County Population**

This slide compares the demographic breakdown of overdose deaths in a county compared to the population estimates for each subgroup in the same county.

Groups for which the dark bar is longer than the light bar may indicate that the burden of overdose is higher in that population.

Statewide, med/drug overdose death rates are highest among males, individuals between 25 and 44 years of age, and non-Hispanic American Indians and non-Hispanic Whites.

**Slide 6: Rate of Medication & Drug Overdose Deaths, All Intents**

This map shades the counties of NC based on their respective **all intent medication/drug** overdose death rate. The statewide rate was 23.9 per 100,000 residents from 2016-2020. This five-year period was used in order to provide greater reliability in county-level rate estimates.

In counties with 1-4 deaths, rates were not calculated. Interpret rates with caution in counties with fewer than 10 deaths.

**Slide 7: Rate of Opioid Overdose Deaths, All Intents**

This map shades the counties of NC based on their respective **all intent opioid overdose** death rate; a subset of medication/drug overdose deaths which involved an opioid (prescription or illicit). The statewide rate of was 19.3 per 100,000 residents (2016-2020). This five-year period was used in order to provide greater reliability in county-level rate estimates.

In counties with 1-4 deaths, rates were not calculated. Interpret rates with caution in counties with fewer than 10 deaths.

**Slide 8: Counties covered by Syringe Service Programs (SSPs)**

Counties shaded in blue were served by at least one Syringe Service Program (SSP) at the end of the most recent year’s annual reporting period.

For additional information on the NC Safer Syringe Initiative visit: https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative

Technical Notes:

There may be SSPs operating that are not represented on this map. In order to be counted as an official SSP, paperwork must be completed with the Division of Public Health. Additional SSPs may have started operating since the end of the most recent years annual reporting ended.

**Slide 9: One Year’s Estimated Total Lifetime Costs**

This slide estimates medical costs\* and statistical life loss\*\* for one year of fatal overdoses. These figures do not include costs associated with treatment and recovery or other impacts of this epidemic; costs are limited to the cost of one year of overdose fatalities (all intents, all medication/drugs).

\*Medical costs refer to medical care associated with the fatal event, including health care and lost productivity.

\*\*Value of statistical life refers to the estimated monetized quality of life lost and assesses underlying impacts on life lost.

Cost per capita refers to the average expenses spent per person within the county who died of a fatal overdose.

The numbers generating this report were produced by CDC’s Web-based Injury Statistics Query and Reporting System (WISQARS).

**Slide 10: Questions**

If you have any questions regarding these data after thoroughly reading through these speaking notes, please contact us at SubstanceUseData@dhhs.nc.gov**.**