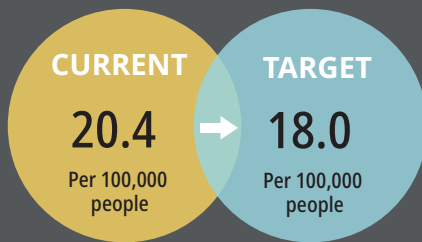


HEALTH INDICATOR 10: DRUG OVERDOSE DEATHS

DESIRED RESULT: DECREASE DRUG OVERDOSE DEATHS



DEFINITION

Number of persons who die as a result of drug poisoning per 100,000 population

DETAILS

Age-adjusted; Includes deaths of any intent: unintentional, suicide, homicide, and undetermined; Includes medications and drugs like heroin, natural opioid analgesics and semisynthetic opioids, methadone, other synthetic opioid analgesics, benzodiazepines, cocaine, and psychostimulants with abuse potential

NC OVERDOSE DEATH RATE (2018)

20.4 per 100,000 people

2030 TARGET

18.0 per 100,000 people

RANGE AMONG NC COUNTIES (AVERAGE 2014-18)

6.2 – 40.9 per 100,000 people

RANK AMONG STATES

32nd*

DATA SOURCE

NC State Center for Health Statistics, Vital Statistics

STATE PLANS WITH SIMILAR INDICATORS

North Carolina Opioid Action Plan^{CC}

*Rank of 1st for state with lowest drug overdose death rate

Rationale for Selection:

As in other states, North Carolina has experienced a sharp increase in the number of drug overdose deaths over the last decade, largely due to the opioid epidemic. Substance Use Disorder has devastating impacts on the life of the people who experience it, their families, and their communities.^{CC}

Context

Substance use disorders (SUDs) are chronic or recurrent conditions that, like other chronic illnesses, require ongoing care and treatment for individuals to regain health and maintain recovery. As with any chronic disease, prevention, identification, treatment, and recovery services and supports are essential to ensuring positive health outcomes. Effective treatments for SUDs and underlying mental and physical health problems exist; however, access to services and supports for SUDs varies greatly across the state.

Having a SUD affects an individual's relationships with family and friends, ability to attend school or work, their overall physical and mental health, and may lead to problems with the legal system. In addition to increases in drug overdoses, the opioid epidemic has had devastating consequences including the spread of HIV and hepatitis B and C and increased rates of child maltreatment and entry into foster care as more and more parents and other relatives develop and struggle with SUDs.^{86,87}

There are a number of reasons the opioid epidemic has garnered so much attention. Across the nation, drug overdose deaths have skyrocketed, making it a leading cause of death due to injury in the United States, accounting for more than 70,000 deaths in 2017, surpassing the number of traffic fatalities.^{88,89}

In addition, many people who suffer a fatal opioid overdose initially received prescription opioids from a health care provider to treat pain, and their use progressed to opioid use disorder.⁹⁰ Heavy marketing of these drugs to physicians by pharmaceutical companies, as well as emphasis on the use of pain scales, led to overprescribing. Those trends, as well as the increasing availability of cheap heroin and fentanyl, led to a rapid explosion in drug overdose deaths.

In North Carolina, the drug overdose death rate in 2018 was 20.4 per 100,000 people.^{DD,EE} While prescription opioids drove the increase in overdose deaths originally and they are still a significant contributor to this epidemic, in North Carolina heroin and other synthetic narcotics (like illicitly manufactured fentanyl and its analogues) are now involved in over 70% of opioid overdose deaths.⁹¹

The skyrocketing rates over the past two decades highlight the immense need for better prevention and identification of SUDs and access to effective treatment and recovery services and supports. In 2018, North Carolina saw its first decline in opioid overdose deaths. Whether that trend continues will depend on several factors (see Levers for Change on next page).

Disparities

Drug overdose death rates have increased across all segments of the population. Overall, men die from drug overdoses at much higher rates than women, and adults aged 25-55 years suffer fatal overdose at higher rates than younger and older adults.⁸⁸ White and American Indian populations had the highest drug overdose death rates in 2018 at 26.4 and 32.6 per 100,000, respectively, followed by African Americans at 12.9 per 100,000 (Figure 19).^{FF}

^{CC} North Carolina Department of Health and Human Services. North Carolina Opioid Action Plan 2.0. June 2019. <https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan>
^{DD} The most recent national data available for comparison is from 2017, when the national average for drug overdose deaths was 21.7 per 100,000 people compared to 22.2 per 100,000 people in North Carolina (CDC, Drug Poisoning Mortality in the United States, 1999-2017, <https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/index.htm>).
^{EE} Analysis of Vital Statistics records by the North Carolina State Center for Health Statistics

HEALTH INDICATOR 10: DRUG OVERDOSE DEATHS

DESIRED RESULT: DECREASE DRUG OVERDOSE DEATHS

FIGURE 18

Drug overdose death rates across populations in North Carolina and distance to 2030 target

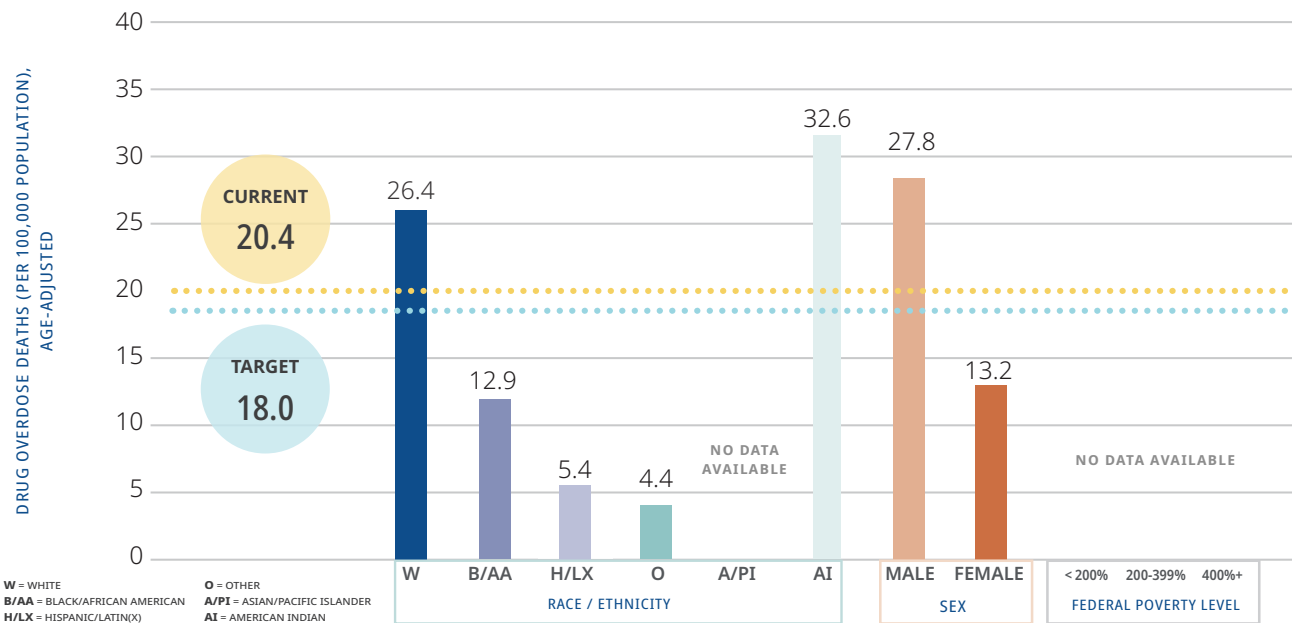
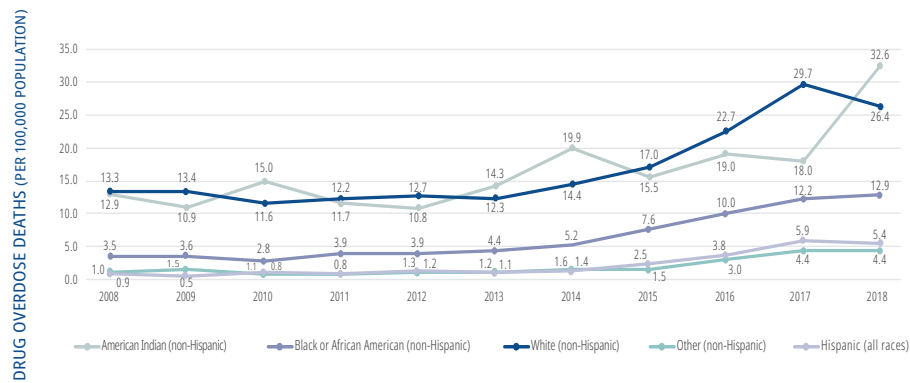


FIGURE 19

Drug Overdose Death Rate in North Carolina from 2008-2018, by Race/Ethnicity



Source: North Carolina State Center for Health Statistics analysis of Vital Statistics.

Levers for Change

(NC Opioid Action Plan 2.0, 2019; America's Health Rankings, Drug Deaths, 2018)

- Reduce the supply of prescription and illicit opioids
- Avert future opioid addiction by supporting youth and families
- Address the needs of justice-involved populations
- Increase distribution of naloxone
- Implement needle exchange programs
- Improve access to drug treatment programs, including medication-assisted treatment
- Implement broader use of NC Controlled Substance Reporting System by health care providers and pharmacies
- Increase training for health care providers on safe prescribing practices
- Adopt and support payment of evidenced-based interventions that prevent opioid prescribing
- Support policies that decriminalize and promote treatment of substance use disorder

2030 Target and Potential for Change

The HNC 2030 group reviewed data across several years and a forecasted value for North Carolina based on historical data to develop a target for drug overdose deaths. The group chose 18.0 deaths per 100,000 people as the target for 2030. This would reflect a reversal of the increasing death rate and a return to a rate similar to that of 2016 (17.6 per 100,000). Although this would still reflect a much higher rate than the low of the previous decade (8.5 per 100,000 in 2010), it would signal an important shift in the struggle to end a growing epidemic.