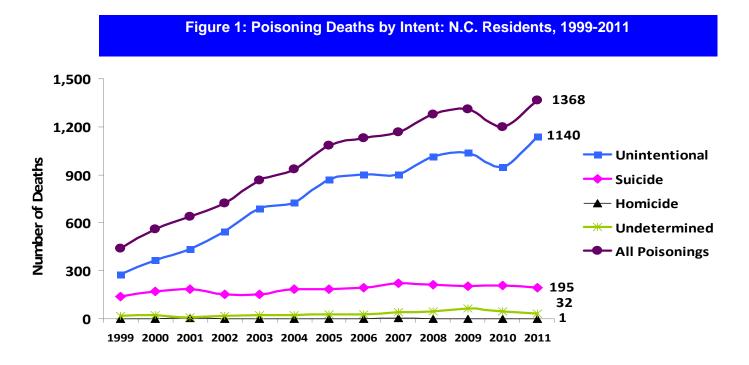


Prescription & Drug Overdoses

An epidemic of unintentional poisoning deaths continues to affect North Carolina. Since 1999, the number of these deaths has increased by more than 300 percent, from 297 to 1,140 in 2011 (Fig. 1). The vast majority of unintentional deaths are drug or medication-related, occurring when people misuse or abuse these drugs (Fig. 2). In particular, opioid analgesic deaths involving medications such as methadone, oxycodone, and hydrocodone have increased significantly in North Carolina. Opioid analgesics are now involved in more drug deaths than cocaine and heroin combined (Fig 3).



-Of these unintentional poisoning deaths, 91percent are caused by drugs and medications (Over-the-counter, prescription and illicit) (Fig 2). Nine percent are toxins or chemicals (non-medication/non-drug).

-Prescription opioid analgesics, heroin and cocaine are the cause of death in over half (56%) of these poisoning deaths (Fig 2).

Figure 2: Medication/Drug vs Non-Medication Types of Unintentional Posionings: N.C. Residents, 2011

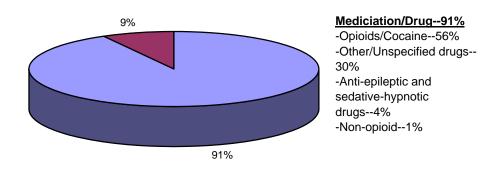


Table 1: N.C. Unintentional Poisoning Death Demographics, 2011

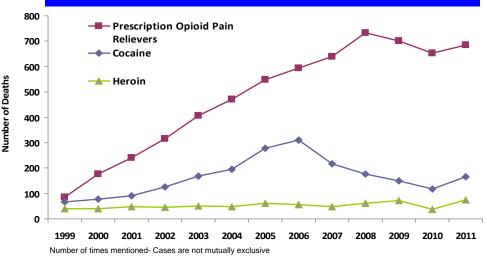
	Number	Percent	Rate
Sex			
Female	461	40.4%	9.3
Male	679	59.6%	14.4
Race			
American Indian	22	1.9%	13.8
Asian	4	0.4%	*
Black	122	10.7%	5.6
White	989	86.8%	14.0
Unknown	3	0.3%	*
Age Group			
0-14	3	0.3%	*
15-24	110	9.6%	5.8
25-34	250	21.9%	18.8
35-44	255	22.4%	20.2
45-54	342	30.0%	26.0
55-64	131	11.5%	9.6
65-84	43	3.8%	3.6
>84	5	0.4%	0.4

^{*}Indicates <5 deaths: rates are not reported

- Prescription opioid pain medications include such drugs as oxycodone, hydrocodone and methadone.
- Prescription opioid pain medications are responsible for more deaths than heroin and cocaine combined (Figure 3).
- If current trends continue, unintentional poisoning deaths will surpass motor vehicle deaths as the leading cause of injury death in North Carolina by 2017.

- Males are dying in greater numbers than females (679 verses) 461). (Table1).
- -Whites and American Indians have the highest rates of unintentional poisoning deaths (14.0 and 13.8 per 100,000 persons) among state residents (Table 1).
- Unintentional poison death rates increase with age, peaking between the ages of 45-54 (25.98 per 100,000 persons), and then decreasing after age 55 (Table 1).

Figure 3: Unintentional Prescription Opioid and Drug Overdose Deaths by Year: N.C. Residents, 1999-2011



Age Group (Years)

Key Organizations Working to Reduce Prescription and Drug Overdose in North Carolina

Community Cares of North Carolina (CCNC), Chronic Pain Initiative (CPI). Contact: Jerry McKee (jmckee@n3cn.org)

Controlled Substance Reporting System (CSRS). Contact: Bill Bronson (william.bronson@dhhs.nc.gov)

Project Lazarus. Contact: Fred Brason (fbrason@projectlazarus.org)

Operation Medicine Drop. Contact: Kelly Randsell (kelly.ransdell@ncdoi.gov)

Carolinas Poison Center. Contact: Dr. Marsha Ford (Marsha.Ford@carolinashealthcare.org)

Injury Prevention Research Center (IPRC), UNC-CH.Contact: Mariana Garrettson (marianag@email.unc.edu)

N.C. Injury & Violence Prevention Branch. Contact: Scott Proescholdbell (scott.proescholdbell@dhhs.nc.gov)

Governor's Institute. Contact: Dr. Sara McEwen (sara.mcewen@governorsinstitute.org)

North Carolina Harm Reduction Coalition. Contact: Robert Childs (robert.bb.childs@gmail.com)

For additional information on prescription and drug overdose: www.injuryfreenc.ncdhhs.gov/About/poisoning.htm

N.C. Division of Public Health / www.ncpublichealth.com / Injury Epidemiology & Surveillance Unit/ 919-707-5425 / www.injuryfreenc.ncdhhs.gov State of North Carolina / Department of Health and Human Services / www.ncdhhs.gov N.C. DHHS is an equal opportunity employer and provider

