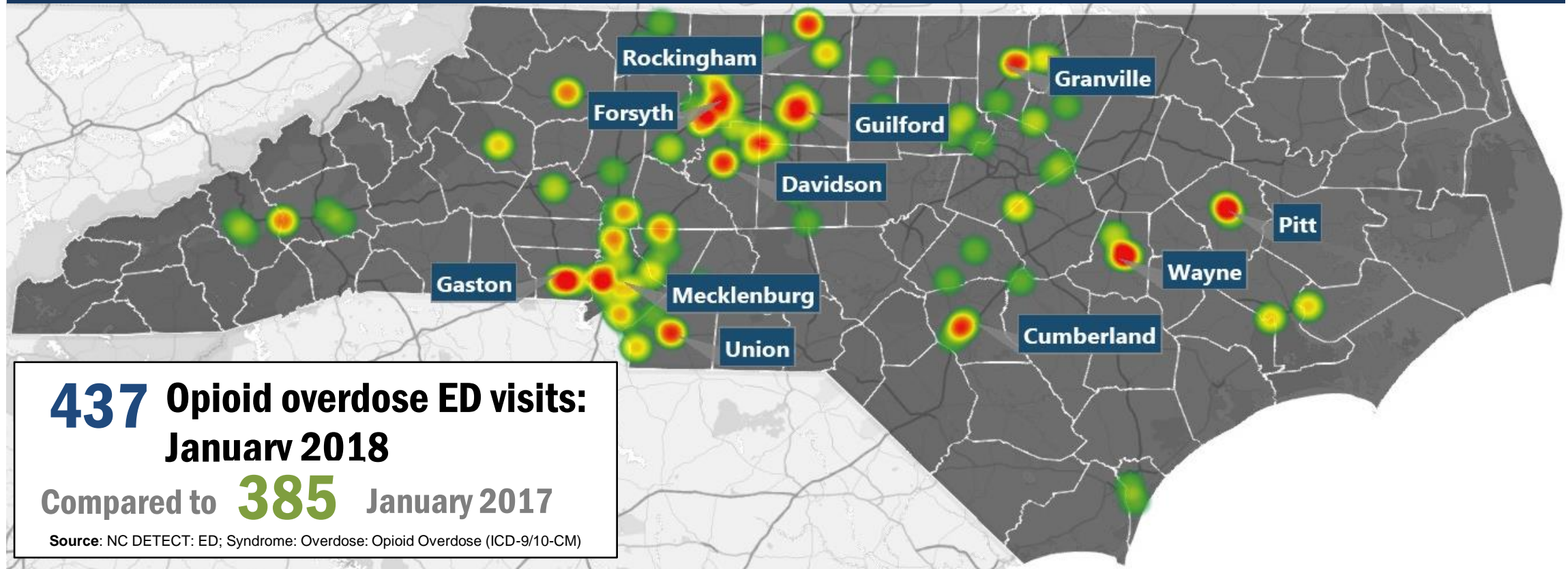


Opioid Overdose Emergency Department Visits: North Carolina, January 2018



437 Opioid overdose ED visits:
January 2018

Compared to **385** January 2017

Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

The highest concentration of cases occurred in Mecklenburg, Guilford, Forsyth, Wake and Cumberland counties. With the highest rates occurring in Rockingham (15.3 per 100,000 residents) and Wayne (11.3 per 100,000 residents) counties.

Cases were predominantly **male (63%), white (88%),** and between **25-34 years of age (38%).**

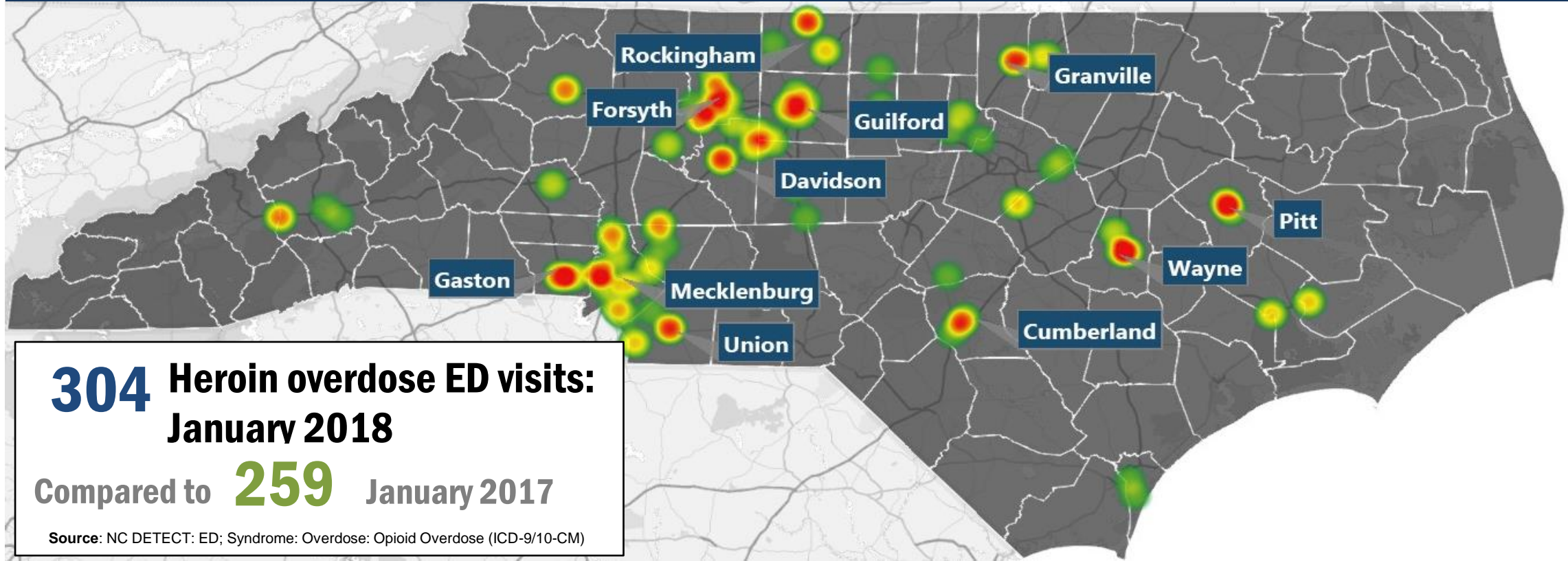
Gender:	n	%
Male	275	63%
Female	162	37%

Race:	n	%
White	385	88%
Black	39	9%
Other	11	3%
Missing	2	0%

Age:	n	%
<15	5	1%
15-24	82	19%
25-34	168	38%
35-44	79	18%
45-54	49	11%
55-64	40	9%
65+	14	3%

Note: Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. Opioid overdose cases include poisonings with opium, heroin, opioids, methadone, and other synthetic narcotics.

Heroin Overdose Emergency Department Visits: North Carolina, January 2018



304 Heroin overdose ED visits:
January 2018

Compared to **259** January 2017

Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

The highest concentration of cases occurred in **Mecklenburg, Forsyth, Guilford, Wake, and Union** counties. With the highest rates occurring in **Wayne** (8.9 per 100,000 residents) and **Forsyth** (5.9 per 100,000 residents) counties.

Cases were predominantly **male (66%), white (91%),** and between **25-34 years of age (44%).**

Gender:	n	%
Male	202	66%
Female	102	34%

Race:	n	%
White	278	91%
Black	18	6%
Other	6	2%
Missing	2	1%

Age:	n	%
<15	0	0%
15-24	54	18%
25-34	134	44%
35-44	58	19%
45-54	34	11%
55-64	21	7%
65+	2	1%

Note: Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.