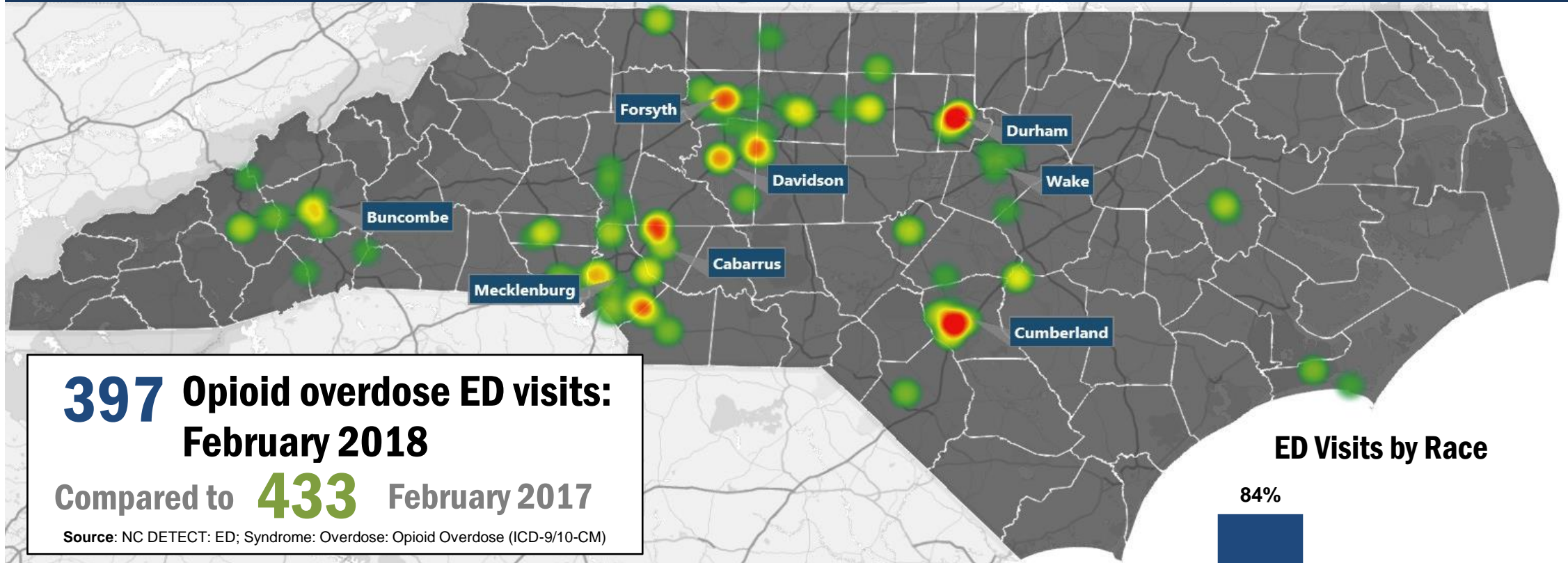


# Opioid Overdose Emergency Department Visits: North Carolina, February 2018



**397** Opioid overdose ED visits:  
February 2018

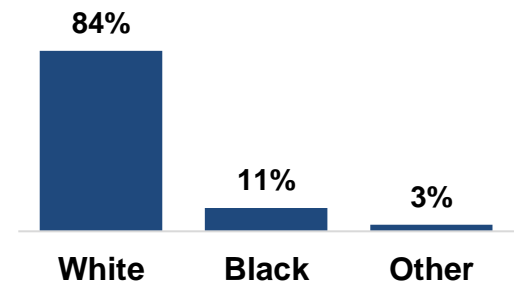
Compared to **433** February 2017

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

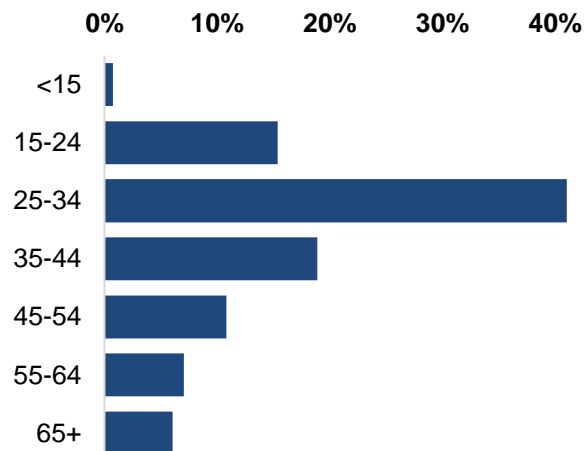
The highest concentration of cases occurred in **Mecklenburg, Cumberland, Forsyth, Wake and Durham** counties. With the highest rates occurring in **Davidson** (9.7 per 100,000 residents) and **Cumberland** (8.6 per 100,000 residents) counties.

Cases were predominantly **male (58%), white (84%),** and between **25-34 years of age (41%).**

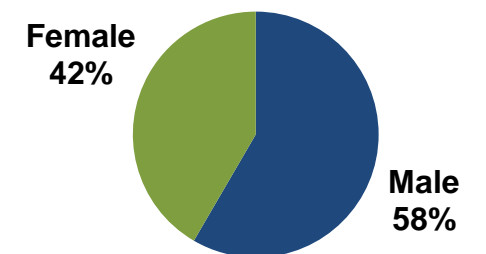
ED Visits by Race



ED Visits by Age



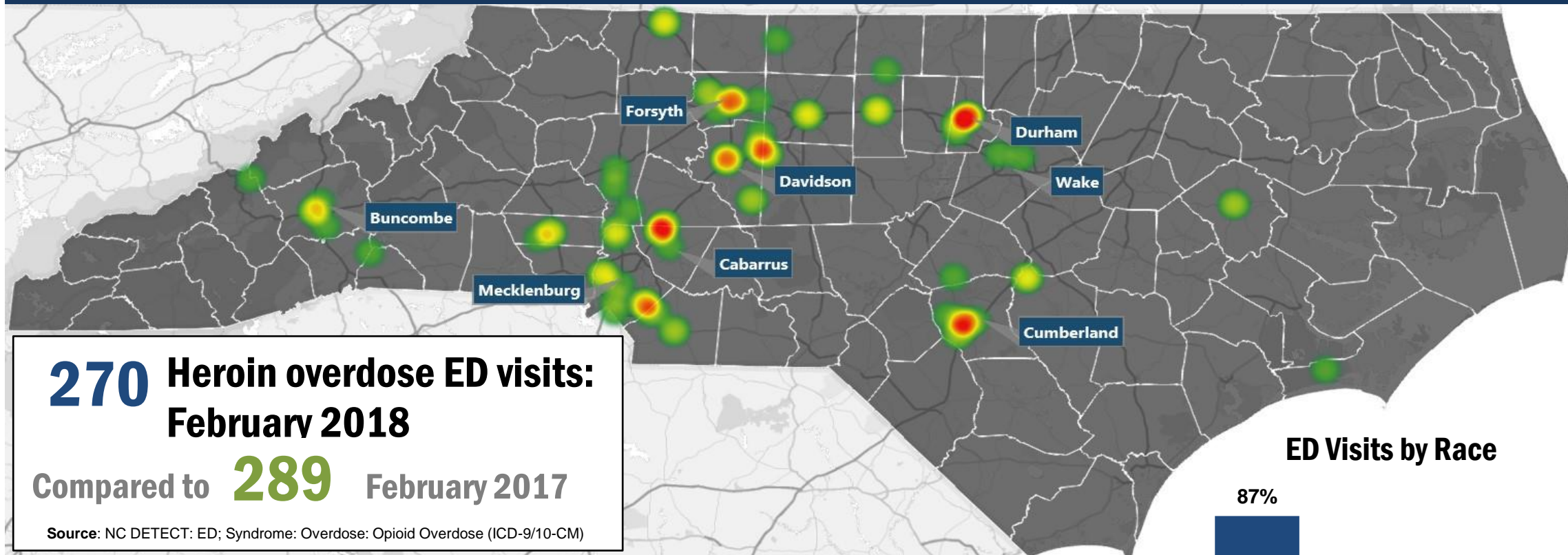
ED Visits by Gender



**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. \*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



# Heroin Overdose Emergency Department Visits: North Carolina, February 2018



The highest concentration of cases occurred in **Mecklenburg, Cumberland, Forsyth, Davidson, and Wake** counties. With the highest rates occurring in **Davidson** (9.6 per 100,000 residents) and **Cabarrus** (6.4 per 100,000 residents) counties.

Cases were predominantly **male (65%), white (87%),** and between **25-34 years of age (51%).**

**Note:** Counts based on diagnosis (ICD-9/10-CM code) of a heroin overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. \*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.

