Medication & Drug Overdoses
North Carolina

Overdose Data Update

Updated July 2014
Agenda

• The Problem
  – United States
  – North Carolina

• Surveillance: Data Sources

• Data requests & Resources

• County level data

• NC’s Response Coordination
Definition

What is a poison?

- "All substances are poisons; there is none which is not a poison. The right dose differentiates a poison...."
  Paracelsus (1493-1541)

- A **POISON** is anything that can harm someone if
  - It is used the wrong way,
  - It is used by the wrong person, or
  - It is used in the wrong amount.
  - Examples: OTC medications, prescription medications, alcohol, carbon monoxide, illicit drugs, etc.

  *The dose makes the poison.*
US Prescription Overdoses
• Each day, 46 people die from an overdose of prescription painkillers in the US

• Healthcare providers wrote 259 million prescriptions in 2012—enough for every American to have a bottle of pills

• 10 of the highest prescribing states are in the south
Some states have more painkiller prescriptions per person than others.

Number of painkiller prescriptions per 100 people

- Yellow: 52-71
- Orange: 72-82.1
- Purple: 82.2-95
- Dark Purple: 96-143

Source: IMS, National Prescription Audit (NPA™), 2012.
Health care providers in different states prescribe at different levels.

Number of painkiller prescriptions per 100 people

Lowest

AZ 82
NE 79
MT 82
WA 77
VA 78
MD 75
WI 76
TX 74
MD 74
IA 73
NM 74
CT 72
RI 77
CO 71
NH 72
WY 70
MA 71
VT 67
IL 68
AK 65
SD 66
HI 52
CA 57
MI 63
NY 60
MN 62

Average

SC 102
NC 97
OH 100
NV 94
MO 95
DE 91
KS 94
RI 90
GA 91
PA 88
OR 89
DC 86
UT 86
ME 85
ID 86
MI 107
IN 109

Highest

AL 143
WV 138
TN 143
LA 118
OK 129
KY 129

State Abbreviation — GA 91 — Number of painkiller prescriptions per 100 people

SOURCE: IMS, National Prescription Audit (NPA™), 2012.
48,000 women died between 1999 and 2010

400% increase since 1999 (men 265%)

30 - for every women who dies of a prescription painkiller overdose, 30 go to the emergency department for misuse or abuse
Methadone-CDC Vital Statistics, July 2012

- Methadone contributed to nearly 1 in 3 prescription deaths in 2009.

- About 5,000 people die every year from methadone overdose.

- *Six times as many people died* of methadone overdoses in 2009 than a decade before.
• 15,000 deaths annually
• In 2010, 1 in 20 used painkillers for nonmedical purposes
• Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.
Drug overdoses have surpassed motor vehicle crashes as the leading cause of injury death

Source: CDC Public Health Week, Baldwin, Emory University, April 2014
Opioid overdoses have driven the surge in overdose deaths

- 4,030 opioid deaths in 1999
- 16,651 opioid deaths in 2010

Source: CDC Public Health Week, Baldwin, Emory University, April 2014

National Vital Statistics System, 1999-2010
Opioid analgesics users in the past month

Medical users
9.0 million

Nonmedical users
4.9 million

Source: CDC Public Health Week, Baldwin, Emory University, April 2014
Heroin abuse and dependence is also increasing

Source: CDC Public Health Week, Baldwin, Emory University, April 2014
SAMHSA NSDUH 2012
Overdose deaths are the tip of the iceberg

For every 1 opioid overdose death in 2010 there were...

- 15 abuse treatment admissions
- 26 emergency department visits
- 115 who abuse/are dependent
- 733 nonmedical users
- $4,350,000 in healthcare-related costs

Source: CDC Public Health Week, Baldwin, Emory University, April 2014

SAMHSA NSDUH, DAWN, TEDS data sets
Overdose death rates by state, 2011
Rates of opioid overdose deaths, sales and treatment admissions: U.S., 1999-2011

National Vital Statistics System, DEA’s Automation of Reports and Consolidated Orders System, SAMHSA’s TEDS

North Carolina Injury & Violence Prevention Branch
CDC Policy Impact: Prescription Painkiller Overdoses

North Carolina Poisonings
Leading Causes of Injury Deaths
(by Number of Deaths, All Ages, North Carolina Residents: 2013$)

- Suicides: 1,209
- Unintentional Motor Vehicle Crashes: 1,197
- Unintentional Poisoning: 1,010
- Unintentional Falls: 947
- Unintentional, Other & Unspecified*: 697
- Homicides: 524
- Unintentional Suffocation: 211
- Unintentional Drowning: 97

Total Deaths = 5,992

* Unintentional Other and Unintentional Unspecified are two separate categories. Other comprises several smaller defined causes of death, while Unspecified refers to unintentional deaths that were not categorized due to coding challenges.

Source: NC State Center for Health Statistics, $Provisional Death file 2013; Analysis by Injury Epidemiology and Surveillance Unit
Poisoning Deaths by Intent: N.C. Residents, 1999-2013*

In 1999, the number of unintentional poisoning deaths was 279
In 2013, the number of deaths was 1,010, representing an increase of over 260%

Analysis by Injury Epidemiology and Surveillance Unit
*2013 provisional data
Percent Change in Rates Between 1999 and 2013* Leading Causes of Injury Deaths: N.C. 1999 to 2013*

- **Motor Vehicle**, -39.0%
- **Firearm - Assault**, -32.8%
- **Firearm - Self-Inflicted**, +6.1%
- **Unintentional Falls**, +81.9%
- **Unintentional Poisoning**, +190.7%

**Percent Difference**

Analysis by Injury Epidemiology and Surveillance Unit
2013 data provisional
Unintentional Poisoning Deaths by County: North Carolina residents, 1999-2001 and 2010-2012

Analysis by Injury Epidemiology and Surveillance Unit
Prescription Opioid Sales by 3-digit Zip Code
North Carolina, 2001 and 2010

Source: Farhad Modarai¹, Karin Mack¹, Leonard Paulozzi¹, Scott K. Proescholdbell²
Data Source: ARCOS Data
Rate of Unintentional/Undetermined Prescription Opioid Overdose Deaths and Rate of Outpatient Dispensing of Opioid Analgesics: North Carolina Residents, 2012-2013*

**Outpatient Dispensing of Opioid Analgesics**
Rate per 100,000 residents
- 42,583 - 62,539
- 62,540 - 81,917
- 81,918 - 100,497
- 100,498 - 120,549
- 120,550 - 153,510

**Unintentional/Undetermined Prescription Opioid Deaths**
Rate per 100,000 residents*
- 0.0
- 1.9 - 5.3
- 5.4 - 7.6
- 7.7 - 10.7
- 10.8 - 21.0
- <5 deaths; rate suppressed

*2013 death data is provisional and subject to change

Average death rate: 5.6 deaths per 100,000
Average dispensing rate: 77,621 opioid analgesic prescriptions dispensed per 100,000
Comparison of 2007-2013 Causes of Deaths Due to Unintentional Poisonings: N.C. Residents, 2007-2013*

Number of Times a Drug was Mentioned as a Cause of Death

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Opioids</td>
<td>307</td>
<td>304</td>
<td>358</td>
<td>335</td>
<td>402</td>
<td>412</td>
<td>234</td>
</tr>
<tr>
<td>Methadone</td>
<td>187</td>
<td>198</td>
<td>179</td>
<td>177</td>
<td>144</td>
<td>146</td>
<td>166</td>
</tr>
<tr>
<td>Cocaine</td>
<td>198</td>
<td>177</td>
<td>184</td>
<td>212</td>
<td>167</td>
<td>136</td>
<td>100</td>
</tr>
<tr>
<td>Other Synthetic Narcotics</td>
<td>113</td>
<td>126</td>
<td>164</td>
<td>146</td>
<td>130</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>Heroin</td>
<td>50</td>
<td>63</td>
<td>75</td>
<td>79</td>
<td>69</td>
<td>38</td>
<td>170</td>
</tr>
</tbody>
</table>

Analysis by Injury Epidemiology and Surveillance Unit
*2013 data provisional
Unintentional Poisoning Deaths by Medication/Drug Type and Year: N.C. Residents, 1999-2013*

Note: categories are not mutually exclusive

North Carolina County Rates of Emergency Department (ED) Visits Due to Medication/Drug Overdoses, 2010-2012

Data Attribution and Disclaimer: NC DHHS/DPH NC DETECT ED visit data were made available for this presentation by the NC DETECT Data Oversight Committee. The NC DETECT Data Oversight Committee and NC DETECT do not take responsibility for scientific validity or accuracy of the methodology, statistical analysis, results, or conclusions presented.
Deaths vs. ED visits for Drug Overdose, N.C. 2011

22,992 ED visits

1,222 deaths

The number of ED visits for overdose dwarfs the number of overdose deaths.

Average NC county has about one overdose death per month but just under one overdose ED visit per day.
In 2012, for every 1 unintentional medication/drug poisoning death, there were nearly 4 hospitalizations and over 8 ED visits due to unintentional medication/drug poisoning.
The 10 Most Frequently Cited Drugs in ED Visits due to Unintentional Medication Poisoning: N.C. Residents, 2012

Source: NC DETECT, 2012
Analysis by Injury Epidemiology and Surveillance Unit
Demographics of Unintentional Medication/Drug Poisoning ED Visits: N.C. Residents, 2012

Analysis by Injury Epidemiology and Surveillance Unit
Note: 2 missing sex
Rates of Hospitalizations Associated with Drug Withdrawal Syndrome in Newborns per 100,000 Live Births: N.C. Residents, 2004-2012*

Analysis by Injury Epidemiology and Surveillance Unit

511% Increase
Treatment Services for Heroin in North Carolina: 1997-2013

Persons Served at LME/MCOs, SFY1997 - SFY2013
Drug of Choice: Heroin

Source: NC Division of MH, DD and SA Services, Consumer Data Warehouse (CDW)
Summary of Persons Served by SFY - February 26, 2014
Surveillance: Data Sources/Systems
Current Surveillance: Data Sources and Systems

- Death Certificate data ✓
- Medical Examiner data ✓
- Controlled Substances Reporting System (CSRS) ✓
- Hospital discharge data ✓
- Emergency Department data
  - NC DETECT ✓
- Treatment admissions
- Self-report methods
- Emergency medical system (EMS/PreMIS)

- Naloxone
  - N.C. Harm Reduction Coalition
  - Project Lazarus
  - County reports
### Immediate Cause
(Anoxic Brain Injury)
- **Due to (or as a consequence of):**

### Secondary to Ingestion of Methadone
- **Due to (or as a consequence of):**

#### Part II
Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

33. **Was an autopsy performed?**
   - Yes
   - No

34. **Were autopsy findings available to complete the cause of death?**
   - Yes
   - No

35. **Did tobacco use contribute to death?**
   - Yes
   - Probably
   - No
   - Unknown

36. **If female:**
   - Not pregnant within past year
   - Pregnant at time of death
   - Not pregnant but pregnant within 42 days of death
   - Not pregnant but pregnant 43 days to 1 year before death
   - Unknown if pregnant within the past year

38. **Date of Injury**
   - (Mo/Day/Yr)/Spell Month

39. **Time of Injury**

40. **Place of Injury**
   - (e.g., Decedent’s home, construction site, restaurant, wooded area)

41. **Injury at Work?**
   - Yes
   - No

42. **Location of Injury:**
   - State:
   - City or Town:
   - Street & Number:
   - Apartment No.:
   - Zip Code:

43. **Describe how injury occurred**
   - Drug Ingestion

44. **If transportation injury, specify**
   - Driver/Operator
   - Passenger
   - Pedestrian
   - Other (Specify)
Office of the Chief Medical Examiner (OCME)

- Centralized medical examiner system
  - Every death of unusual or suspicious nature is examined by a medical professional

- Toxicology screens:
  - Blood/urine samples sent for screening
  - Toxicology lab is available to all 100 counties

- Medical examiners review overdose deaths with all information available (i.e. history, death scene investigation, toxicology results) before deciding which drugs contributed to death
Controlled Substances Reporting System (CSRS)

• North Carolina’s statewide prescription drug monitoring program (PDMP)
• Established by NC law to improve the state’s ability to identify people who abuse and misuse prescription drugs classified as Schedule II-V (drugs with abuse potential)
• Assists clinicians in identifying and referring for treatment patients misusing controlled substances
• Became operational in July 2007
North Carolina Controlled Substance Reporting System

Task Force to Prevent Deaths from Unintentional Drug Overdoses recommends creation of NC PDMP

Legislature establishes CSRS, statewide database to track dispensing of Schedule II-V controlled substances

CSRS becomes operational

Legislative revisions to CSRS

- 2003
- 2005
- 2007
- 2013
Senate Bill 222 (2013)

Legislative Revisions to CSRS:
  • Requires 72-hour reporting (but encourages 24)
  • Physician-dispensed medications reported
  • Veterinarians and < 48 hour supplies exempt
  • Gathers method of payment
  • Delegate accounts approved by DHHS
  • Allow alerts to physicians and pharmacists
  • Allow alerts to N.C. Medical Board
  • Allow SBI Diversion and Environmental Crimes Unit to share with other SBI
  • Allow reports to law enforcement with court order
CSRS Data Overview

• Nearly 115 million prescriptions in database (July 1, 2007-May 2014)
• Approximately 19 million per year
• Over 6.6 million queries have been made of the system
  – Average of over 5,500 queries per day
• Over 20,000 dispensers and practitioners currently registered to use the system

Source: CSRS- Division of Mental Health, Developmental Disability and Substance Abuse Services (MH/DD/SAS)
# Top 10 Controlled Substances Dispensed in CSRS
## Generic Drugs, Jan 2014 - May 2014

<table>
<thead>
<tr>
<th>Substance</th>
<th>Total Number of Prescriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone/Acetaminophen (Vicodin)</td>
<td>1,316,805</td>
</tr>
<tr>
<td>Alprazolam (Xanax)</td>
<td>652,380</td>
</tr>
<tr>
<td>Oxycodone HCL/Acetaminophen (Percocet)</td>
<td>629,503</td>
</tr>
<tr>
<td>Zolpidem Tartrate (Ambien)</td>
<td>539,298</td>
</tr>
<tr>
<td>Clonazepam (Klonopin)</td>
<td>424,244</td>
</tr>
<tr>
<td>Oxycodone HCL (Oxycontin)</td>
<td>387,562</td>
</tr>
<tr>
<td>Dextroamphetamine/Amphetamine (Adderall)</td>
<td>349,574</td>
</tr>
<tr>
<td>Lorazepam (Ativan)</td>
<td>315,760</td>
</tr>
<tr>
<td>Methylphenidate HCL (Ritalin)</td>
<td>242,942</td>
</tr>
<tr>
<td>Diazepam (Valium)</td>
<td>206,131</td>
</tr>
</tbody>
</table>

Source: CSRS- Division of Mental Health, Developmental Disability and Substance Abuse Services (MH/DD/SAS)
Combining CSRS and OCME data

By combining prescription records with toxicology data, we were able to get an idea of how many cases had a prescription for the drug(s) that contributed to their death.

Note: For many overdose victims, multiple drugs contributed to death.

Denominators for graph:
816 total overdose victims with tox results;
708 prescription drug overdose victims with tox results
North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)

- N.C. syndromic surveillance tool
- Established in 2004 with the Center for Carolina Health Informatics (CCHI)
- Collects data from:
  - Emergency Departments (N= 124 in 2014)
  - Carolinas Poison Center
  - Pre-Hospital Medical Information System (PreMIS)
- Pilot urgent care data
- Local health departments can request accounts
Naloxone/Narcan

- Senate Bill (SB) 20: Good Samaritan/911/Naloxone
- EMS/EMT already carry it with them
  - May record what drug they administer
  - May record the incident type
- Project Lazarus
- N.C. Harm Reduction Coalition- from Aug 2013 to July 2014
  - 3,000 kits distributed
  - 115 reversals
  - Among whom/demographics? People on methadone and IDU
- NCHRC was first in state to issue standing order
- Orange County Health Department first LHD to issue standing order
Naloxone/Narcan Reversal

What is an opioid overdose?
The brain has many, many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin, fits in too many receptors slowing and then stopping the breathing.

Opioid receptor on brain

Narcan reversing an overdose
Narcan has a stronger affinity to the opioid receptors than opioids like heroin or Percocet, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.

Examples of Requests and Resources
Requests and Resources: Division of Public Health

• Requests:
  • Specific county level reports
  • Media inquiries
  • Academic inquiries
  • Legislative requests

• Typically we generate:
  • Annual report
  • Annual fact sheet
  • Collaborative data with partners

Describing the burden of the problem (i.e. fatal and non-fatal overdoses, intent, maps)
Drug Overdoses

continues to affect North Carolina. Since 1999, the rate has increased significantly from 297 to 1,104 in 2012 (Fig. 1). The majority of overdoses are medication-related, occurring when people misuse or abuse prescription medications such as opioids. The rate of medication-related overdoses is higher than rates of death from overdoses for cocaine and heroin combined (Fig 3).

by Intent: N.C. Residents, 1999-2012

1,382
1,101

- Unintentional
- Suicide
- Homicide
- Undetermined
- All Poisonings

248
34
3
0

2008 2009 2010 2011 2012

## Deaths by Sex, Race, Ethnicity, and Age in Mecklenburg County from 2007 to 2011 due to Poisoning Injury

**Injury Intent: Unintentional**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>Percent</th>
<th>Rate</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>102</td>
<td>39.69%</td>
<td>4.39</td>
<td>3.53</td>
<td>5.24</td>
</tr>
<tr>
<td>Male</td>
<td>155</td>
<td>60.31%</td>
<td>7.01</td>
<td>5.91</td>
<td>8.12</td>
</tr>
<tr>
<td>All</td>
<td>257</td>
<td>100.00%</td>
<td>5.67</td>
<td>4.97</td>
<td>6.36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percent</th>
<th>Rate</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>1</td>
<td>0.39%</td>
<td>3.12</td>
<td>0.00</td>
<td>9.24</td>
</tr>
<tr>
<td>Asian</td>
<td>4</td>
<td>1.56%</td>
<td>1.87</td>
<td>0.04</td>
<td>3.70</td>
</tr>
<tr>
<td>Black</td>
<td>44</td>
<td>17.12%</td>
<td>3.14</td>
<td>2.21</td>
<td>4.07</td>
</tr>
<tr>
<td>White</td>
<td>208</td>
<td>80.93%</td>
<td>7.20</td>
<td>6.22</td>
<td>8.18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percent</th>
<th>Rate</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic</td>
<td>249</td>
<td>98.89%</td>
<td>6.19</td>
<td>5.42</td>
<td>6.96</td>
</tr>
<tr>
<td>Hispanic</td>
<td>8</td>
<td>3.11%</td>
<td>1.56</td>
<td>0.48</td>
<td>2.64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
<th>Percent</th>
<th>Rate</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>119</td>
<td>46.46%</td>
<td>4.58</td>
<td>3.85</td>
<td>5.32</td>
</tr>
<tr>
<td>5-14</td>
<td>124</td>
<td>47.47%</td>
<td>5.15</td>
<td>4.41</td>
<td>5.91</td>
</tr>
<tr>
<td>15-24</td>
<td>25</td>
<td>9.76%</td>
<td>4.34</td>
<td>3.49</td>
<td>5.25</td>
</tr>
<tr>
<td>25-34</td>
<td>53</td>
<td>20.10%</td>
<td>4.10</td>
<td>3.27</td>
<td>5.02</td>
</tr>
<tr>
<td>35-44</td>
<td>66</td>
<td>25.02%</td>
<td>4.07</td>
<td>3.25</td>
<td>4.94</td>
</tr>
<tr>
<td>45-54</td>
<td>75</td>
<td>29.07%</td>
<td>3.88</td>
<td>3.05</td>
<td>4.74</td>
</tr>
<tr>
<td>55-64</td>
<td>23</td>
<td>8.80%</td>
<td>3.30</td>
<td>2.47</td>
<td>4.17</td>
</tr>
<tr>
<td>65+</td>
<td>18</td>
<td>6.79%</td>
<td>3.07</td>
<td>2.23</td>
<td>4.00</td>
</tr>
<tr>
<td>All</td>
<td>256</td>
<td>100.00%</td>
<td>5.64</td>
<td>4.95</td>
<td>6.34</td>
</tr>
</tbody>
</table>

Rates are reported per 100,000 person years. Cells marked with * denote a number greater than 0 and less than 11; ** masks the corresponding percent, rate, and bounds. Analysis conducted by the NC-DPH Injury and Violence Prevention Branch, Injury Epidemiology and Surveillance Unit. Date of Analysis: 11 July 2013.
Development of County Data Tables

- Worked with NC DETECT and CCNC on definitions and range of data
- Challenges: small data (suppression and rates for Hospital and ED)
- Current format: Excel spreadsheets
- CCNC networks: Unintentional Poisoning and medication/drug
County Data Tables

• Deaths:
  – 1) Poisoning, 2) Medication/Drug, 3) Opiate, 4) RX Opioid, 5) Heroin, 6) Methadone, 7) Other Opioid, 8) Synthetic Opioid (by county & intent)

• Hospital Discharge:
  – 1) Poisoning, 2) Medication/Drug, 3) Opiate, 4) RX Opioid, 5) Heroin, 6) Methadone (by county & intent)

• ED Visit:
  – 1) Poisoning, 2) Medication/Drug, 3) Opiate, 4) RX Opioid, 5) Heroin, 6) Methadone (by county & intent)
### County Data Tables

#### Medication and Drug Poisoning deaths by intent, data (1999-2001)

<table>
<thead>
<tr>
<th>County</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamance</td>
<td>7</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Alexander</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Alleghany</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Anson</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Ashe</td>
<td>0</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Avery</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Beaufort</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Bertie</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Bladen</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Brunswick</td>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Buncombe</td>
<td>13</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>Burke</td>
<td>3</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Cabarrus</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Caldwell</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
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#### Heroin Poisoning ED by county (ANY MENTION-BROAD): NC Residents 2008-2012

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NC DETECT / ED Data Mandate

GS § 130A-480

(a) For the purpose of ensuring the protection of the public health, the State Health Director shall develop a syndromic surveillance program for hospital emergency departments in order to detect and investigate public health threats that may result from

(i) a terrorist incident using nuclear, biological, or chemical agents or

(ii) an epidemic or infectious, communicable, or other disease.

The State Health Director shall maintain the confidentiality of the data reported pursuant to this section and shall ensure that adequate measures are taken to provide system security for all data and information. The State Health Director may share data with local health departments for public health purposes, and the local health departments are bound by the confidentiality provisions of this section. The State Health Director shall not allow information that it receives pursuant to this section to be used for commercial purposes and shall not release data except as authorized by other provisions of law.

*Effective 1/1/2005

*Law modified in 2007 to allow sharing of reported hospital ED data with CDC
Access to NC DETECT Information

- Web Application Account Requests are reviewed by NC Division of Public Health CD Branch
- NC DETECT Web Application Access for:
  - Health Departments
  - Data Providers (Hospitals, EMS, Poison Center)
- Datasets also shared with public health researchers after DUA, IRB approval
Reports for CCNC / ProLaz Coalitions

- Under development but will be coordinated through health departments
- Requirements gathering ongoing
  - Which indicators to use
  - Report frequency
  - Send suggestions to Amy Ising: ising@ad.unc.edu
Hot Topics Dashboard

Click on a point to access line listing
North Carolina’s Response
Coordinating Many Partners
North Carolina Injury and Violence Prevention Branch
Epidemiology, Policy, Partners, Community

- Project Lazarus
  - Comprehensive Community Approach
  - Chronic Pain Initiative

- North Carolina Medical Society
  - Opioid Death Task Force

- Substance Abuse
  - North Carolina
  - Injury & Violence Prevention State Advisory Council
  - SAC Poisoning Team
    - Communication, Policy & Advocacy

- Prevention & Harm Reduction
- Prescription Drug Monitoring Program

- Carolinas Poison Center

- Drug Take Back

- Drug Take Back

- Drug Take Back

- DPH, DMA, DMH/DD/SAS

- Enforcement SBI & Medical Board

- Healthy North Carolina
  - A Better State of Health
  - 2020
NC State Advisory Council (SAC) on Poisoning/Overdose

- Public Health Policy Recommendations
  - CFTF: CSRS (S222) and Good Sam/Naloxone (S20)
- Partnership summaries
  - Updated website
- Fact Sheet
- Communications, Research and Policy
- Ad hoc groups around specific issues
Key Functions

- Epidemiology/Data collection (DPH, CSRS, OCME)
- Direct/Clinical Service (CPC, CSRS, Medical Society, DMA)
- Research (IPRC, DPH)
- Policy (CFTF, PL/CCNC)
- Education and Community Programming (GI, PL/CCNC, Safe Kids)
- Enforcement (SBI, Medical Board)
N.C. Division of Public Health (DPH) Response

DPH History

- Routine surveillance
- NC 1st CDC Epi-Aid on Poisoning
- Task Force DPH and DOJ
- Joint Task Force Recommendations
- DPH Leadership Team
- Enhanced surveillance
- SAC Team: Unintentional Poisoning
N.C. Division of Public Health
Injury and Violence Prevention Branch

• Evaluation of Poisoning Surveillance
  – Kathleen Creppage, CDC/CSTE Applied Epi Fellow

• Linkage Project (DC, OCME and CSRS)
  – Presentations and publication
  – Annie Hirsch, Kathleen Creppage and Anna Austin, CDC/CSTE Applied Epi Fellow

• Coordination of SAC-Poisoning; UNC research efforts; SQI UNC efforts; emerging projects
  – TTP/ Opana ER
  – Review of poisonings deaths in young athletes
¿Preguntas?

Scott Proescholdbell, MPH
Injury and Violence Prevention Branch
NC Division of Public Health
Scott.proescholdbell@dhhs.nc.gov

www.injuryfreenc.ncdhhs.gov