



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Overdose Update: Trends, SSPs, and Resources

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Injury and Violence Prevention Branch

September 18th, 2025

No Conflict of Interest to Report Funding

This work and other work by the NC Injury & Violence Prevention Branch (IVPB) is made possible from funding from several cooperative agreements with the CDC's Center for Injury and Prevention. Continued federal funding is uncertain, and NCDHHS relies on this funding to keep people in North Carolina safe and injuryfree.

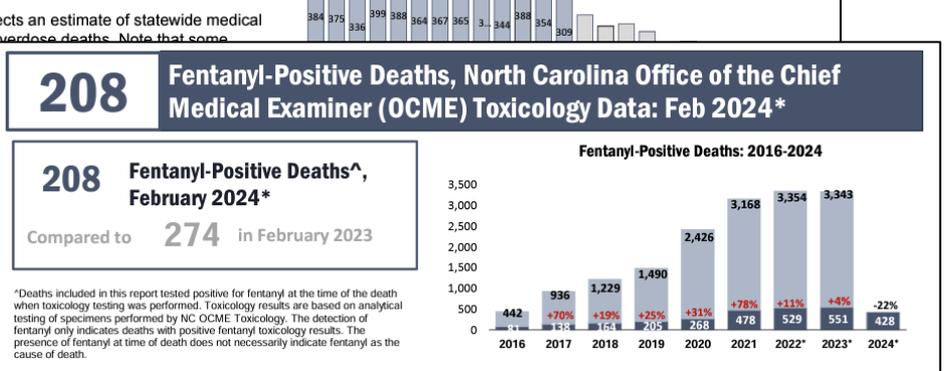
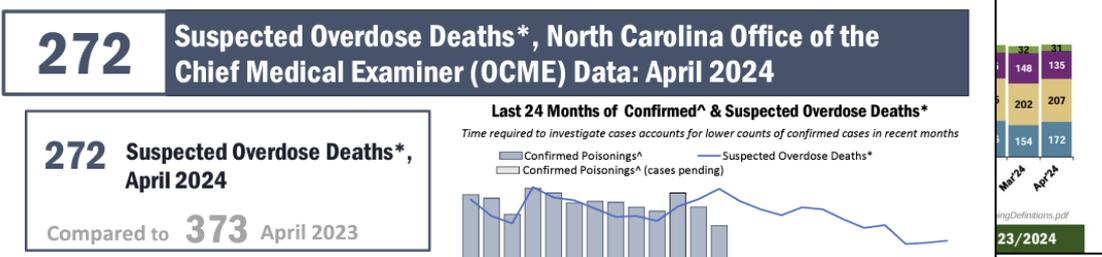
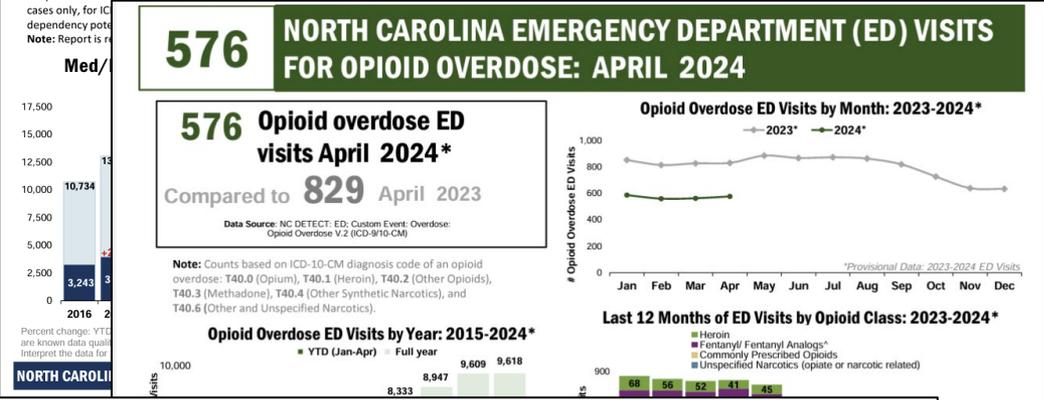
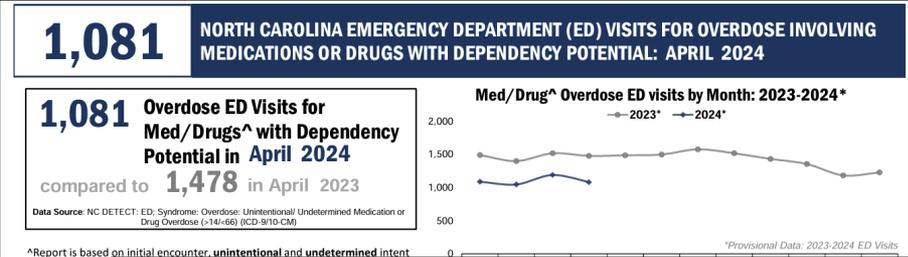
Agenda

- **Data Trends Overview**
- **Update on SSPs**
- **NC-SUDORS**
- **Data Toolkit**

Data Overview

Email
SubstanceUseData
@dhhs.nc.gov

to receive
monthly
data
updates

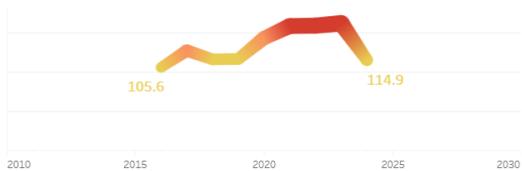


NC Overdose Epidemic Data

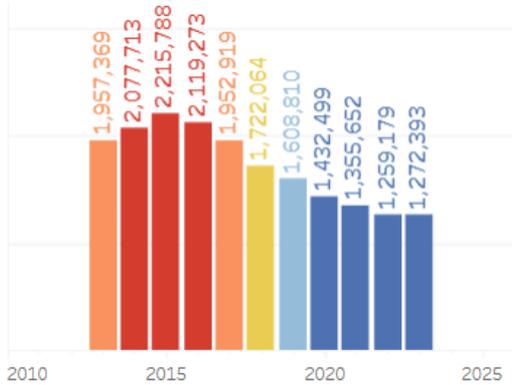
Jump to: [Interactive Overdose Data](#) / [Monthly Reports](#) / [Other Resources](#)

Overdose Emergency Department Visits

The Overdose ED Visit rate in NC was 114.9 per 100,000 residents in 2024, representing 12,447 ED visits for an overdose.

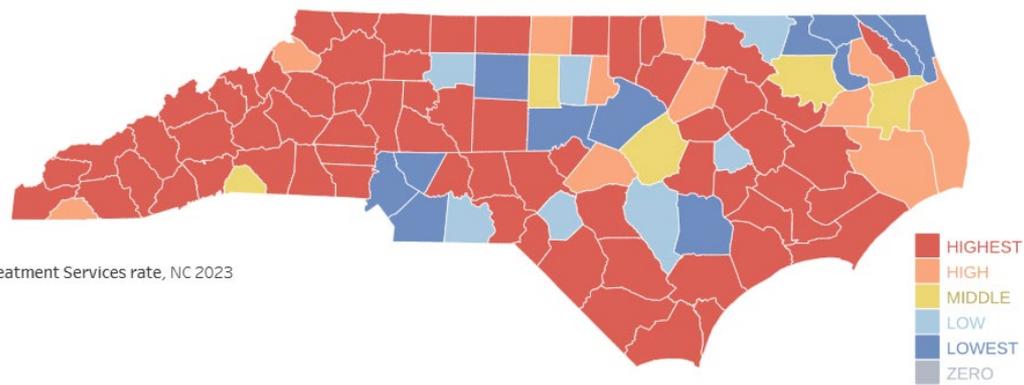
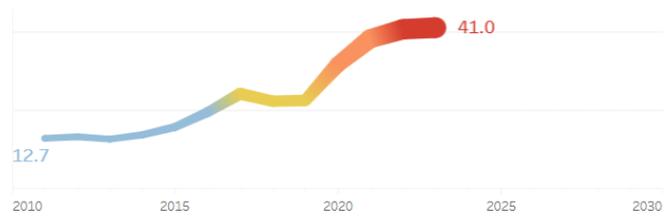


NC Patients Receiving Opioids COUNT



Overdose Deaths

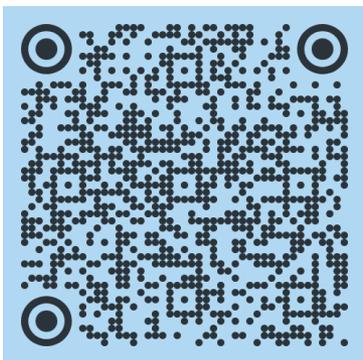
The Overdose Death rate in NC was 41.0 out of 100,000 residents in 2023, representing 4,442 people who died of an overdose.



Injury & Violence Prevention Branch (IVPB) Data Support available!

Book time with an IVPB epidemiologist to discuss available data products, to talk through custom data requests, or for general data questions.

- [IVPB Data Request Policy](#)
- [IVPB Data Support Bookings](#)

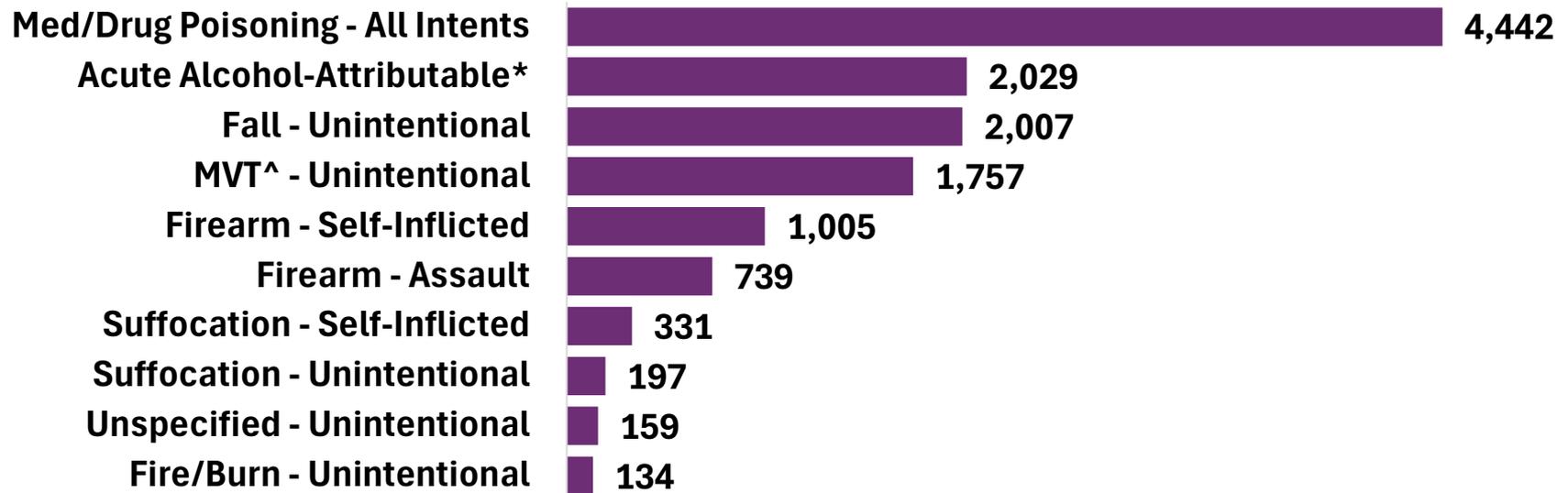


IVPB Data Support

✓ SELECT A SERVICE

<p>Overdose Data Support <input type="radio"/></p> <p>Book time with Mary Beth to discuss overd... Read more</p> <p>30 minutes 🌐</p>	<p>Alcohol Use & Related Harms Data Support <input type="radio"/></p> <p>Book time with Mary Beth to discuss alcoho... Read more</p> <p>30 minutes 🌐</p>
<p>General Injury Data Support <input type="radio"/></p> <p>Book time with Shana to discuss general inj... Read more</p> <p>30 minutes 🌐</p>	<p>Suicide and Firearm Data Support <input type="radio"/></p> <p>Book time with Shana to discuss suicide an... Read more</p> <p>30 minutes 🌐</p>

Overdose is the leading cause of injury death among North Carolina residents, 2023



*Acute causes of alcohol-attributable death result from short-term, excessive use of alcohol. Estimates are calculated using the Alcohol-Related Disease Impact (ARDI) methodology from the CDC, which provides estimates of alcohol-related harms. Acute causes of alcohol-attributable death include 18 injuries (e.g., poisonings, falls, homicide) and therefore, this category includes a proportion of deaths from the other injuries listed here. Excessive alcohol use also contributes to 40 chronic causes of alcohol-attributable death (e.g., liver cirrhosis, hypertension, several types of cancer). In 2023, there were 3,652 alcohol-attributable deaths due to chronic causes, contributing to a total of 5,681 alcohol-attributable deaths. For more information, please visit https://nccd.cdc.gov/DPH_ARDI/default/default.aspx

^MVT = Motor Vehicle Traffic

Source: NC State Center for Health Statistics, Vital Statistics Deaths (2023) ; data limited to NC residents
Analysis by Injury Epidemiology and Surveillance Unit

In 2023, an average of 12 North Carolinians died each day from an overdose.

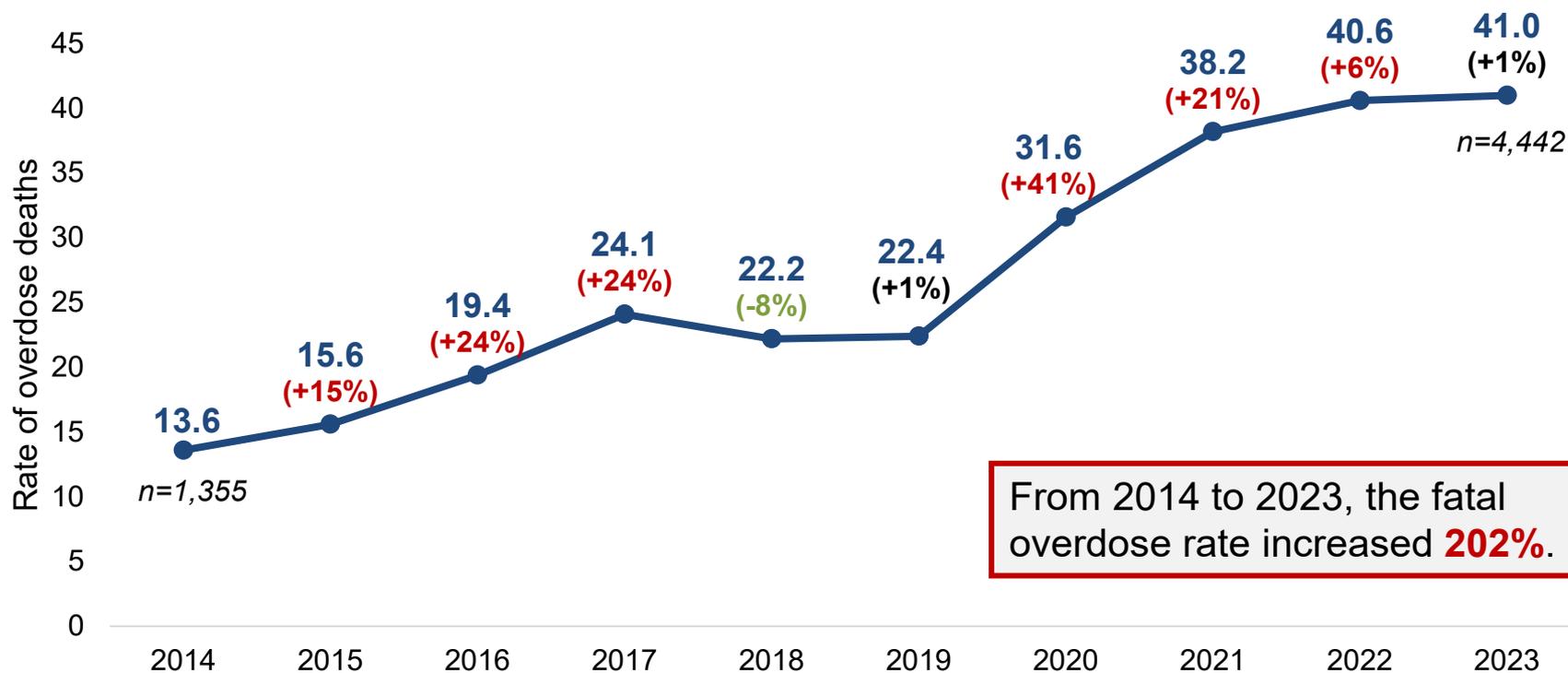
It's estimated that an average of 8 North Carolinians died from an overdose each day in 2024.

Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2023

Analysis by Injury Epidemiology and Surveillance Unit

Overdose death rate in North Carolina plateaued in 2023

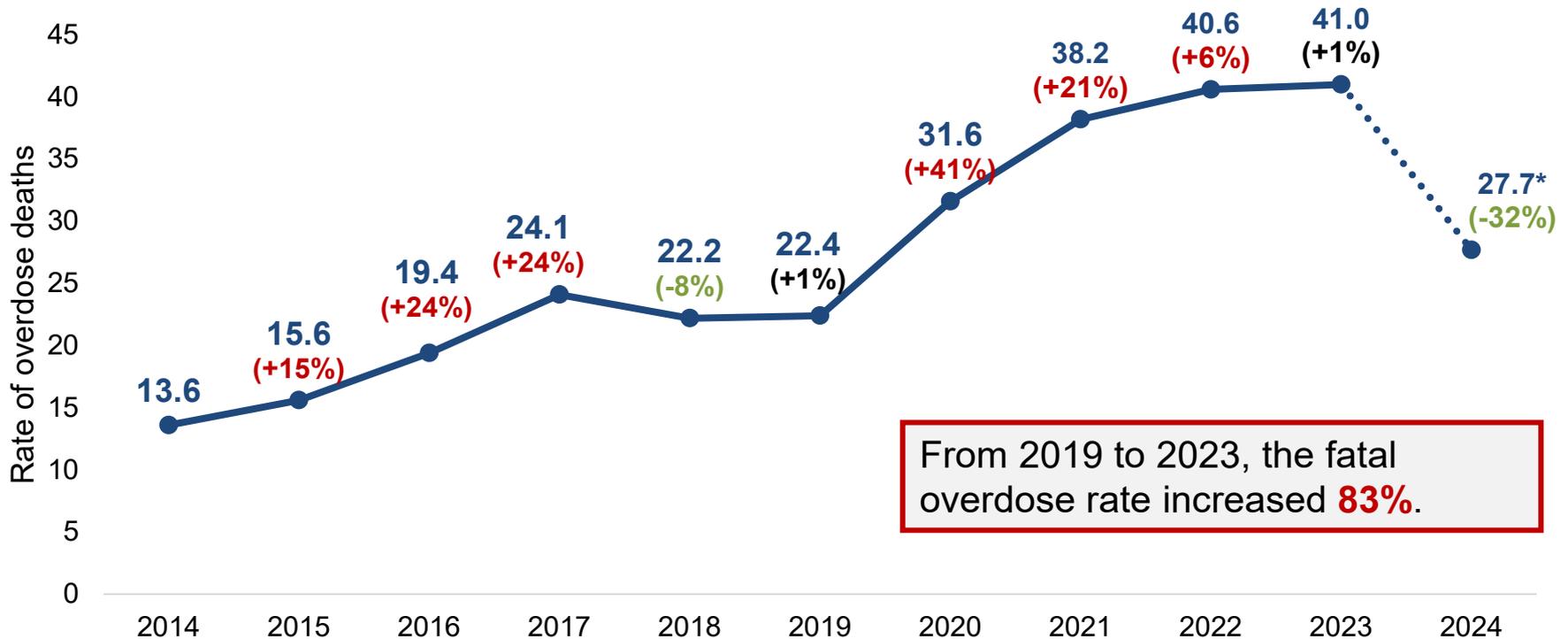


Technical Notes: All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2014-2023

Analysis by Injury Epidemiology and Surveillance Unit

Overdose death rate in North Carolina *estimated* to have decreased 32% in 2024*



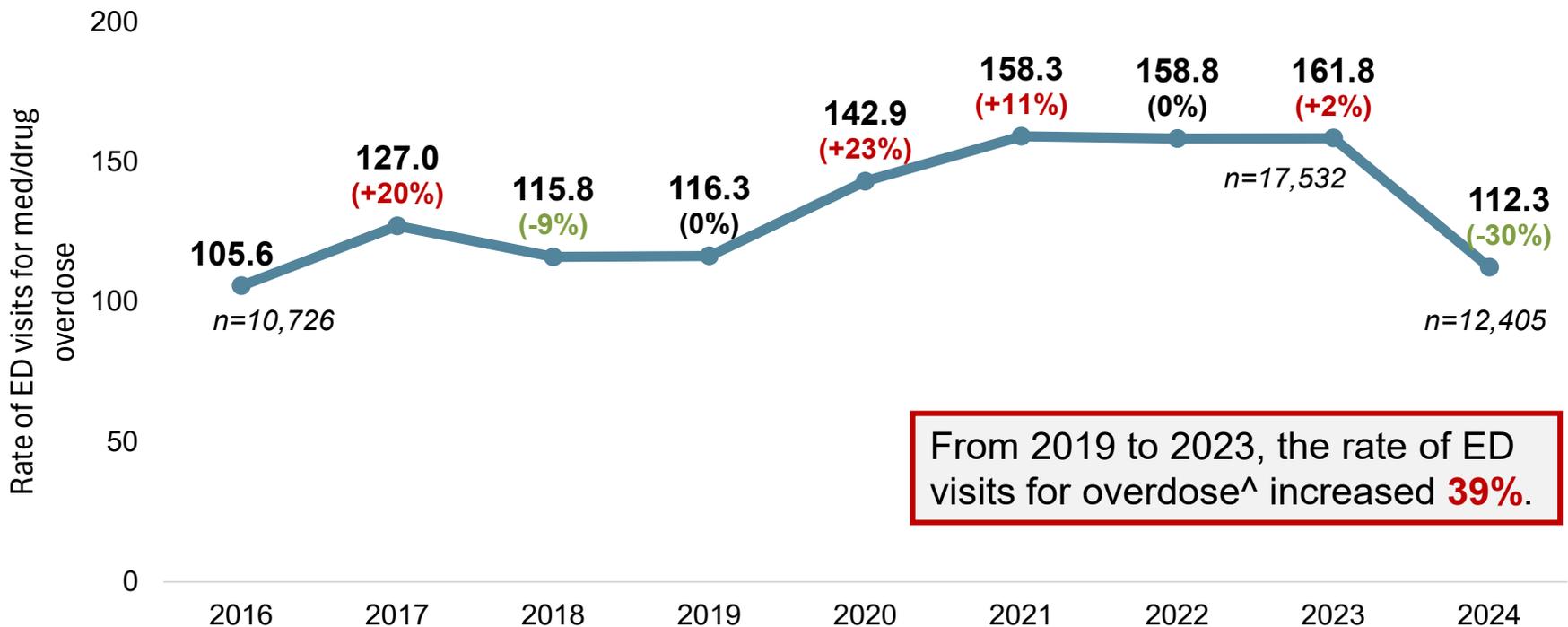
From 2019 to 2023, the fatal overdose rate increased **83%**.

Technical Notes: All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2014-2024; *Estimate using partial year: n=1,785 at 7/12 months

Analysis by Injury Epidemiology and Surveillance Unit

ED overdose visit[^] rate in North Carolina decreased 30% from 2023 to 2024



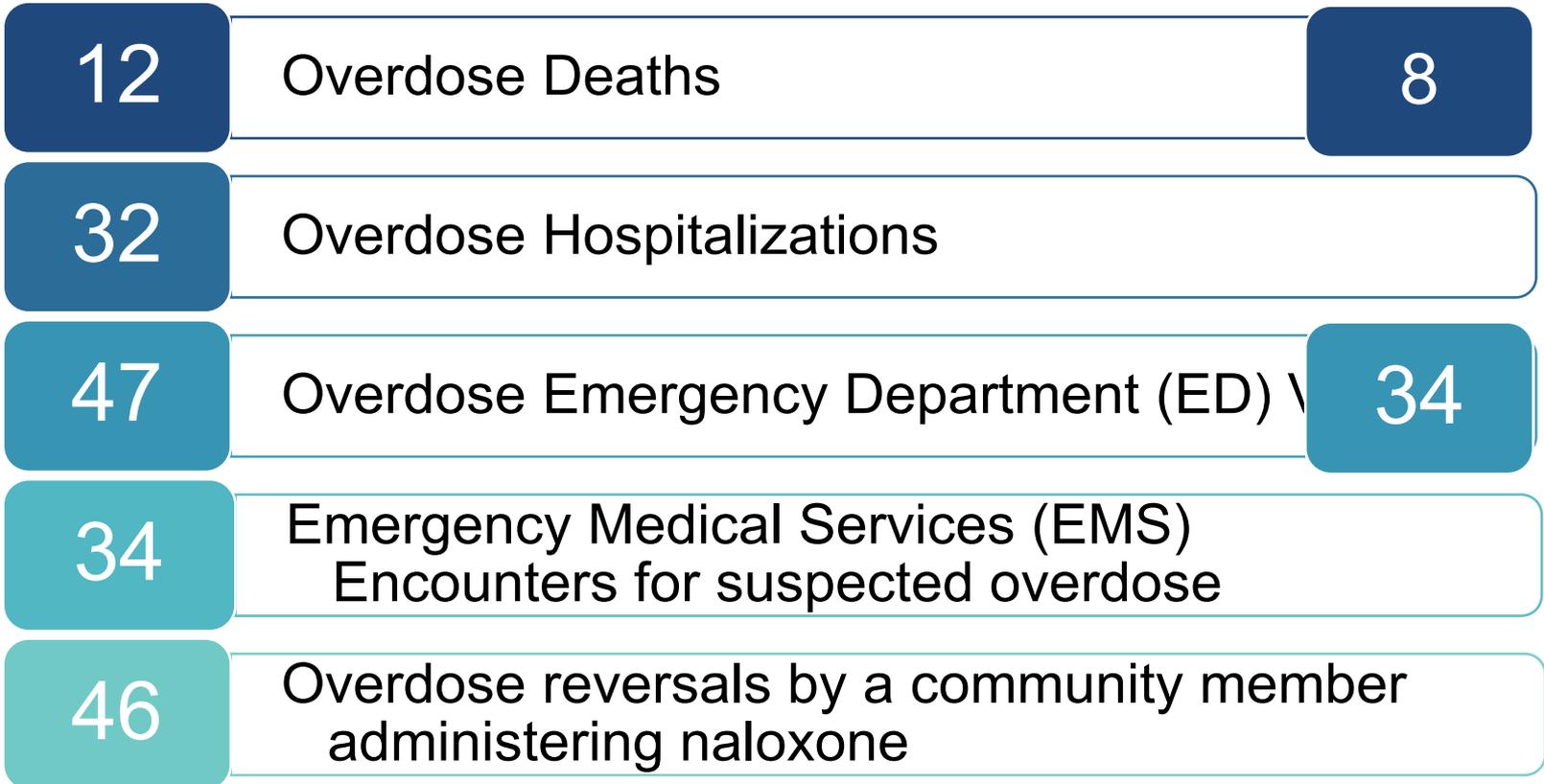
From 2019 to 2023, the rate of ED visits for overdose[^] increased **39%**.

[^] Unintentional/Undetermined ED visits for overdose involving medications or drugs with dependency potential, ages 15-65

Technical Notes: Unintentional/Undetermined Medication or Drug Overdose (ages 15-65): This syndrome is used to track overdose Emergency Department (ED) visits for medications or drugs with dependency potential. It is limited to ED visits by NC residents ages 15-65.

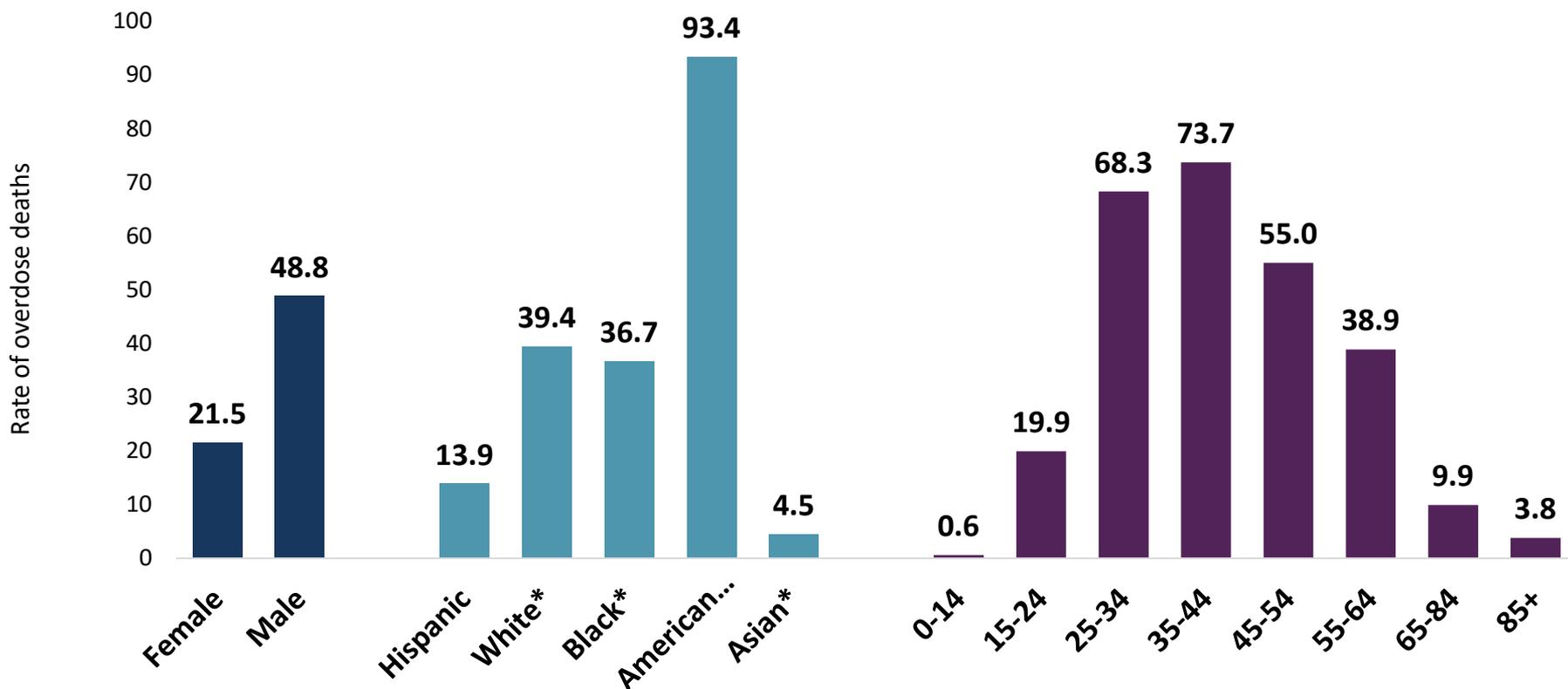
Data Sources: Emergency Department-North Carolina Disease Event Tracking and Epidemiologic Tool (NCDETECT), 2016-2023; Analysis by Injury Epidemiology and Surveillance Unit

In 2023, every day in North Carolina, there were on average...



Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents; ED Visits are based on initial encounter, unintentional and undetermined intent cases, for ICD10CM overdose codes of drugs and medications with dependency potential within T40, T42, T43, T50.7, and T50.9, NC residents, ages 15-65 years. EMS data available for January to May 2023, calculation made by prorating data for one year.
Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2023; Hospitalizations- North Carolina Healthcare Association, 2023; ED Visits-NC DETECT, 2023; EMS encounters-NC DETECT, Jan-May 2023; Community naloxone reversals-NC Division of Public Health, Safer Syringe Initiative Annual Report, July 2022-June 2023; Analysis by Injury Epidemiology and Surveillance Unit

Overdose death rates are highest among males, American Indians, and those 25-54 years old (2019-2023)



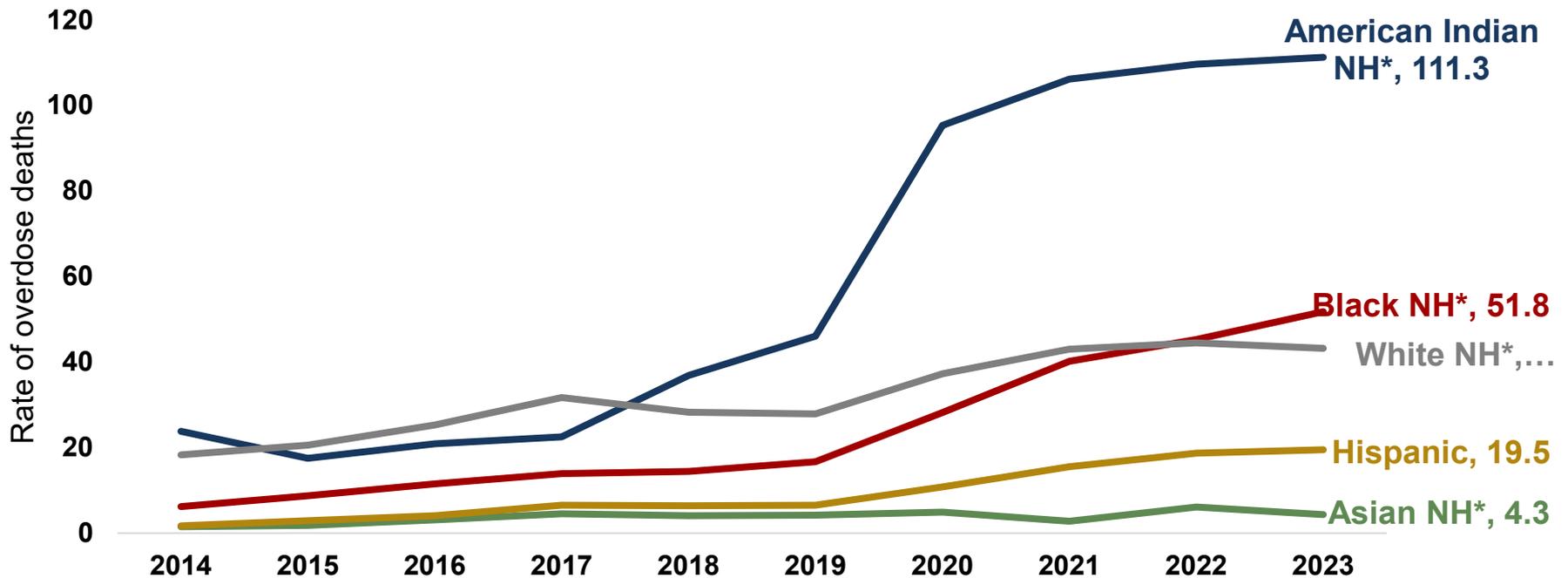
*NH = Non-Hispanic

Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85

Source: Deaths- NC State Center for Health Statistics, Vital Statistics, 2019-2023; Population-NCHS, 2019-2023

Analysis by Injury Epidemiology and Surveillance Unit

Overdose death rates are increasing in historically marginalized populations



*NH = Non-Hispanic

Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2014-2023; Population-NCHS, 2014-2023

Analysis by Injury Epidemiology and Surveillance Unit

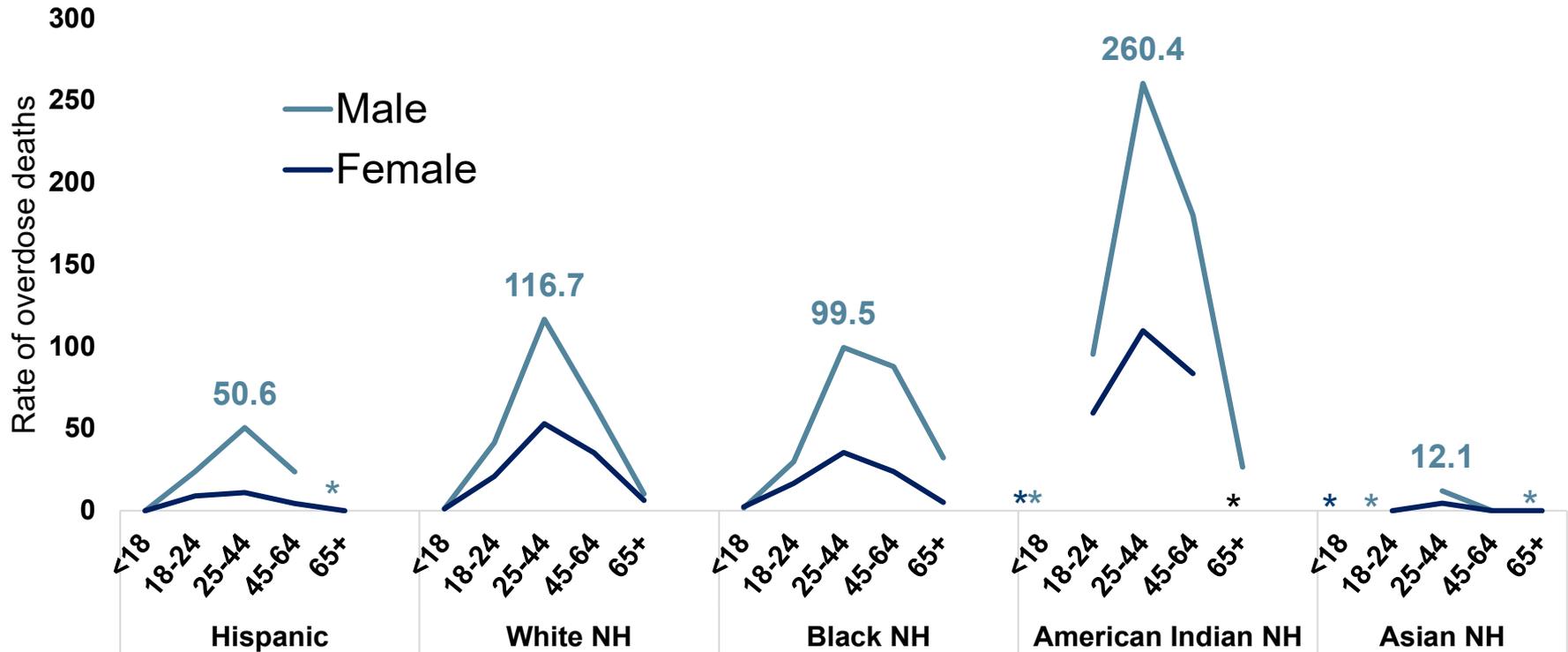
From 2019-2023 fatal overdose rates increased more than 200% among non-Hispanic Black and Hispanic residents

Rate per 100,000 residents	2019 rate	2023 rate	Increase
Black*	16.7	51.8	210%
Hispanic	6.5	19.5	200%
American Indian*	46.1	111.3	141%
White*	27.9	43.2	55%
Asian*	4.2	4.3	2%

*Non-Hispanic

Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85
Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2019-2023; Population-NCHS, 2019-2023
Analysis by Injury Epidemiology and Surveillance Unit

Fatal overdose trends vary within populations, but rates are highest for males ages 25-44, regardless of race/ethnicity



NH=Non-Hispanic

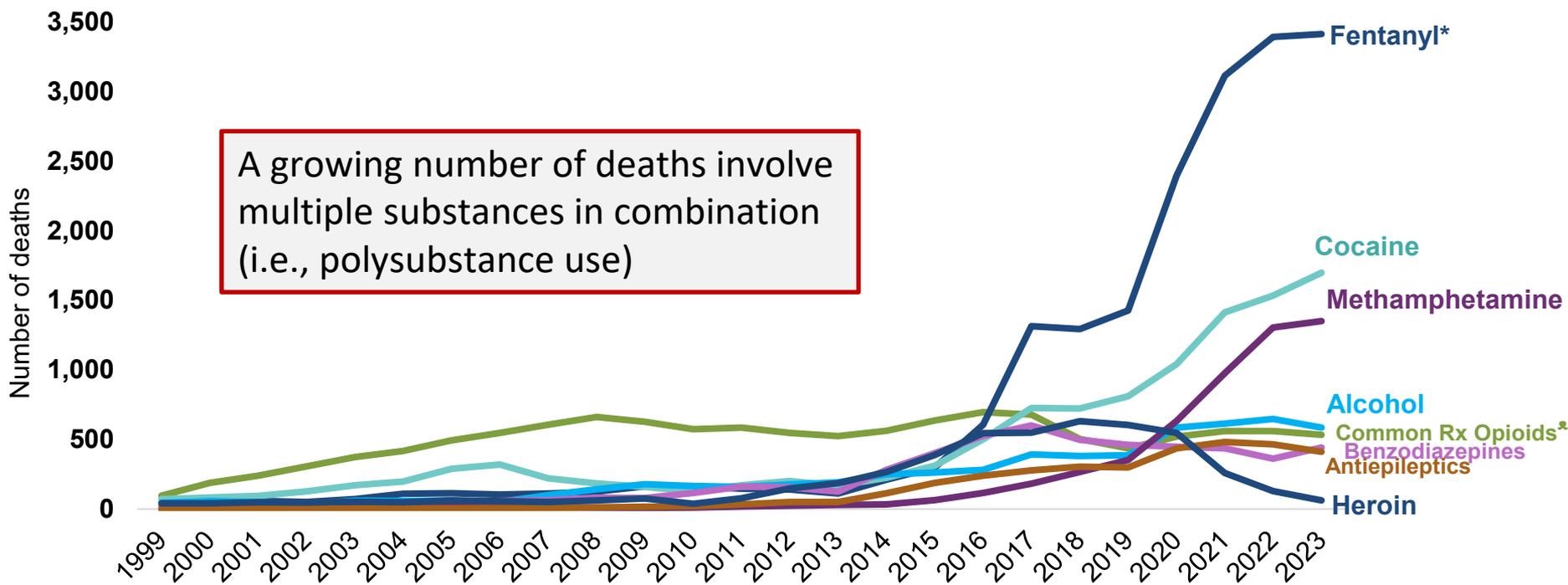
*Rates not calculated for low counts 1-4

Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2019-2023; Population-NCHS, 2019-2023

Analysis by Injury Epidemiology and Surveillance Unit

Illicitly manufactured fentanyl* remains the main contributor to overdose deaths



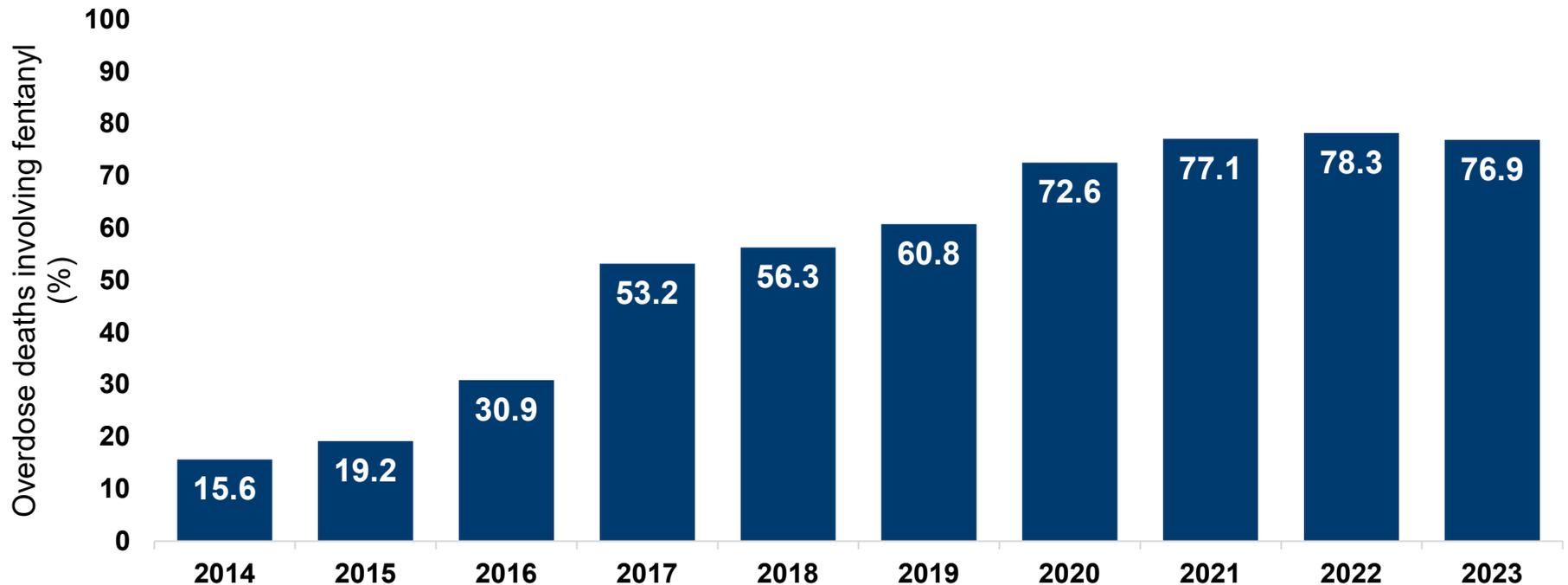
A growing number of deaths involve multiple substances in combination (i.e., polysubstance use)

*Fentanyl surveillance based on Other Synthetic Narcotics (T40.4), which consists of mainly illicitly manufactured fentanyl and fentanyl analogues *Commonly Prescribed Opioid Medications

Technical Notes: These counts are not mutually exclusive; If the death involved multiple substances, it can be counted on multiple lines; Toxicology data is unable to distinguish whether the presence of multiple substances indicate intentional polysubstance use or if one substance was tainted with other drugs (e.g. cocaine laced with fentanyl); All intent medication, drug, alcohol poisoning: X40-X45, X60-64, Y10-Y14, X85 with any mention of specific T-codes by drug type; limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 1999-2023
Analysis by Injury Epidemiology and Surveillance Unit

Since 2021, fentanyl has been involved in 75% or more of overdose deaths in North Carolina



Technical Notes: All intent medication/drug poisoning: X40-X44, X60-64, Y10-Y14, X85 with any mention of T40.4; limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2014-2023

Analysis by Injury Epidemiology and Surveillance Unit

People are 50 times more likely to die of an opioid overdose in the two weeks post-incarceration than the general population.

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Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015

Shabbar I. Ranapurwala PhD, MPH, Meghan E. Shanahan PhD, Apostolos A. Alexopoulos PhD, Rebecca B. Proescholdbell MPH, Rebecca B. Naumann PhD, MPH, Daniel Edwards Jr MRP, and Daniel Edwards Jr MPH

[+] Author affiliations, information, and correspondence details

Accepted: April 27, 2018 Published Online: August 08, 2018

[AM J Public Health: Opioid Overdose Deaths Among Formerly Incarcerated Persons and the General Population: North Carolina, 2000-2018](#)

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Opioid Overdose Deaths Among Formerly Incarcerated Persons and the General Population: North Carolina, 2000–2018

Shabbar I. Ranapurwala PhD, Mary C. Figgatt MPH, Molly Remch MSPH, Carrie Brown MD, Lauren Brinkley-Rubinstein PhD, David L. Rosen MD, PhD, Mary E. Cox... (show all authors)

[+] Author affiliations, information, and correspondence details

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A linkage of housing shelter data to death records found that overdose was the most frequent cause of death among people with a history of experiencing homelessness.

Learn more here:

[Injuries among people experiencing homelessness in North Carolina factsheet](#)

[NCMJ: People Experiencing Homelessness in NC have Increased Mortality, Including High Overdose, Violence, Injury, and Chronic Disease Death Rates](#)

INJURIES AMONG PEOPLE EXPERIENCING HOMELESSNESS IN NORTH CAROLINA

Presenting data and considerations for public health action

HOMELESSNESS IN NORTH CAROLINA
is linked to higher death rates, including deaths due to preventable injuries.

The NC Department of Health and Human Services, Division of Public Health, Injury & Violence Prevention Branch (IVPB) and NC Coalition to End Homelessness (NCEH) are working together to understand how homelessness and injuries are connected. By matching shelter records to death certificates, the team was able to calculate rates of death among people experiencing homelessness. These rates adjust for age differences, so we can better compare health outcomes.



1-IN-18
people experiencing homelessness DIE EACH YEAR in North Carolina

People experiencing homelessness in North Carolina face a much higher risk of death than people with reliable housing.

Among North Carolina's homeless population, 1 in 18 die each year, seven times the state's age-adjusted death rate. In the homeless population, drug overdose is the most common cause of death! Other leading causes of death include suicide, car crashes, pedestrian injuries, and gun violence. People experiencing homelessness also have higher rates of death from chronic diseases such as heart disease, liver disease, and lung cancer.

This study included homelessness records from 81 NC counties, managed by NCEH (see map for included counties). IVPB is currently working to update the data to include more recent years. With support from statewide groups, this study could eventually include data from all 100 NC counties.



Read the study: [People Experiencing Homelessness in NC have Increased Mortality, Including High Overdose, Violence, Injury, and Chronic Disease Death Rates.](#)

EMERGENCY HEALTH CARE NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

People experiencing homelessness often don't have access to regular health care services, which leads to more frequent emergency department (ED) visits. Public health agencies monitor ED visit trends to track disease outbreaks and injury patterns, using anonymous data. While there are codes in the system to show homelessness, they are often not used, making it more difficult to understand ED needs for people experiencing homelessness. IVPB is working with experts and those with lived experience of homelessness to improve ED visit counting.



Syringe Services Programs (SSPs)

Syringe Services Were Legalized in July 2016

- **(GS 90-113.27) Allows for any governmental or non-governmental agencies and organizations that promote scientifically proven strategies for mitigating risks of substance use to establish a Syringe Services Program.**
- **Programs register with the state**
 - **Safety/Security Plan**
 - **Participant ID Card**
 - **Standing Order for Naloxone Distribution**
- **Must submit safety and security plan to law enforcement agencies with jurisdiction where services are being offered and update annually**
 - **Safety/Security Plan outlines policies and procedures for the safety and security of staff, supplies, and participants.**
- **IVPB meets with the program for technical assistance during the registration process and prior to services beginning.**
- **Technical assistance provided to new and existing programs**
- **<https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative>**

Requirements: Services and Supplies

- Syringes and other injection supplies
- Syringe disposal
- Education
- Treatment for mental illness and substance use disorders
- Referrals and consultations to substance use treatment and mental health as needed
- Naloxone access (distribution or referral)
- Participant cards for limited immunity



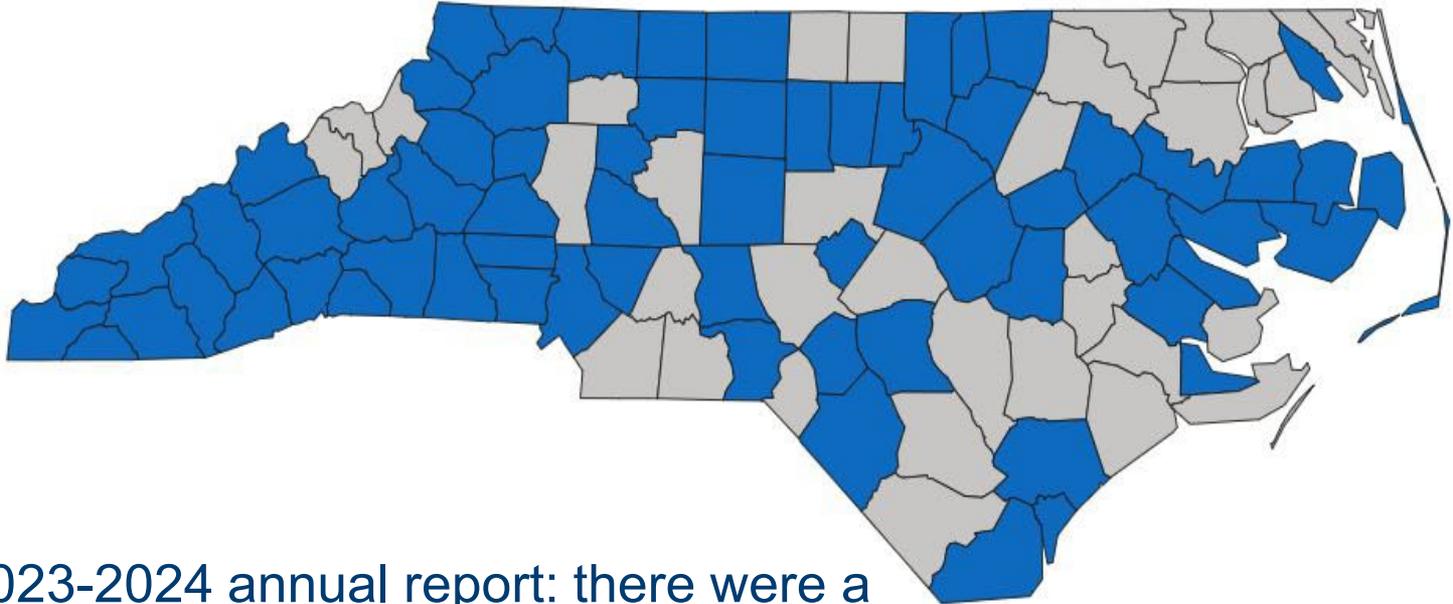
NCGS: 90-113.27. Needle and hypodermic syringe exchange programs authorized; limited immunity.
https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf

Requirements: Reporting

- **Annual reporting to Division of Public Health is required**
 - **The number of individuals served by the program.**
 - **The number of needles, hypodermic syringes, and needle injection supplies dispensed by the program and returned to the program.**
 - **The number of opioid antagonist kits distributed by the program.**
 - **The number and type of treatment referrals provided to individuals served by the program.**
 - **number of individuals referred to other programs that provide access to an opioid antagonist that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.**
- **Additional reporting information is optional**
 - **Additional services provided**
 - **Additional referrals**
 - **Demographics**
 - **Program needs**

*NCGS: 90-113.27. Needle and hypodermic syringe exchange programs authorized; limited immunity.
https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-113.27.pdf*

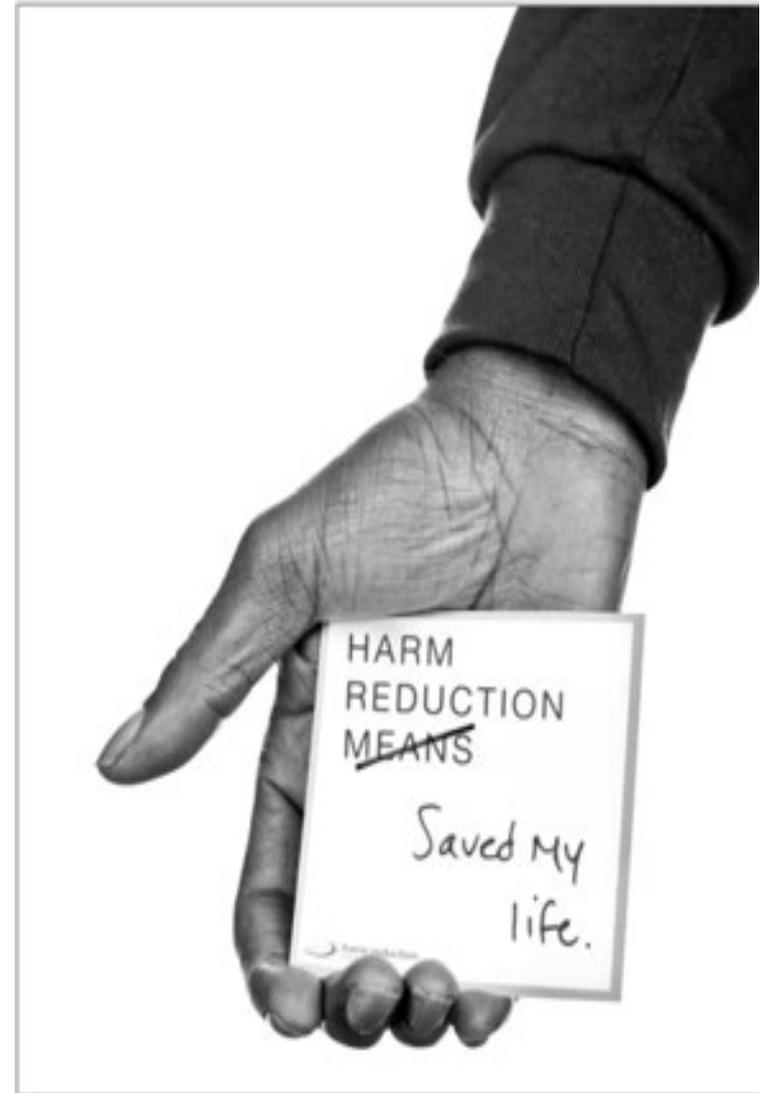
- Currently 52 registered Syringe Service Programs in North Carolina.



- For the 2023-2024 annual report: there were a total of **50** registered Syringe Services Programs providing direct outreach in over **65** counties and 1 federally recognized tribe across North Carolina.

SSPs build meaningful relationships with people who use drugs.

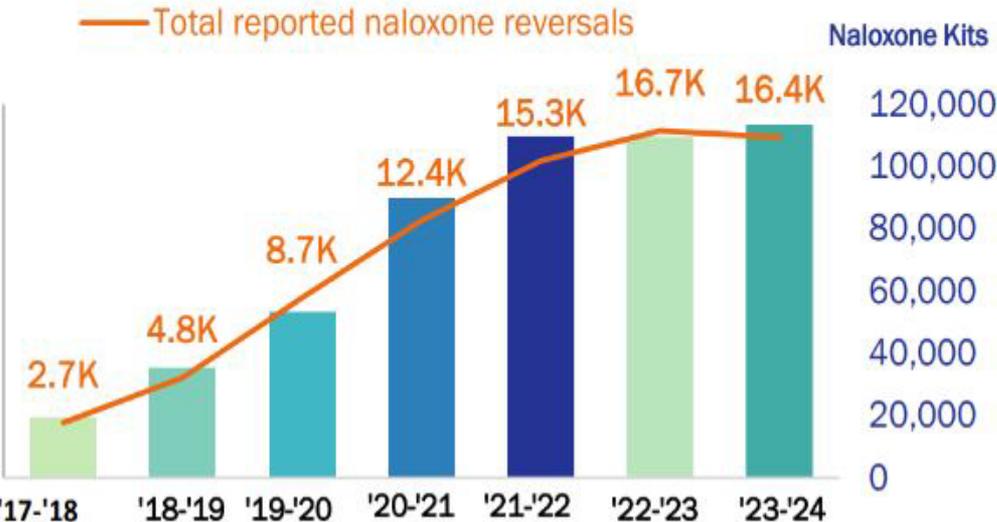
- From 2023-2024, SSPs served:
- **31,809** unique individuals with
- **113,688** total interactions



Naloxone Saves Lives

SSPs distributed **113,189 naloxone kits** in the 2023-2024 reporting year.

This is an **increase of over 3%** from the previous year.



16,411

overdose reversals were reported to SSPs in 2023-2024.

This is a decrease of 2% from the previous year. This number is also likely an underestimate of the total overdose reversals done by SSP participants, as many are not reported.

It's not just syringes and naloxone...

In addition to distributing sterile syringes and naloxone kits, this annual reporting year the majority of SSPs also provided participants with a wide variety of additional harm reduction and overdose prevention supplies including fentanyl test strips, xylazine test strips, safer sex supplies, wound care supplies, other hygiene supplies, and sharps disposal containers to safely dispose of used supplies.



A word cloud of various harm reduction supplies. The words are in different colors and sizes, with 'Syringes' and 'Sterile Waters' being the largest. Other items include 'Alcohol Pads', 'External Condoms', 'Internal Condoms', 'Lube', 'Xylazine Test Strips', 'Cottons', 'Wound Care Supplies', 'Other', 'Fentanyl Test Strips', 'Cookers', 'Tourniquets', 'Dental Dams', 'Acidifiers (vitamin c)', and 'Sharps Container'.

Each of these supplies supports injury prevention as well as health and wellness for drug users

Wrap Around Services

Among those offering testing on-site this year:

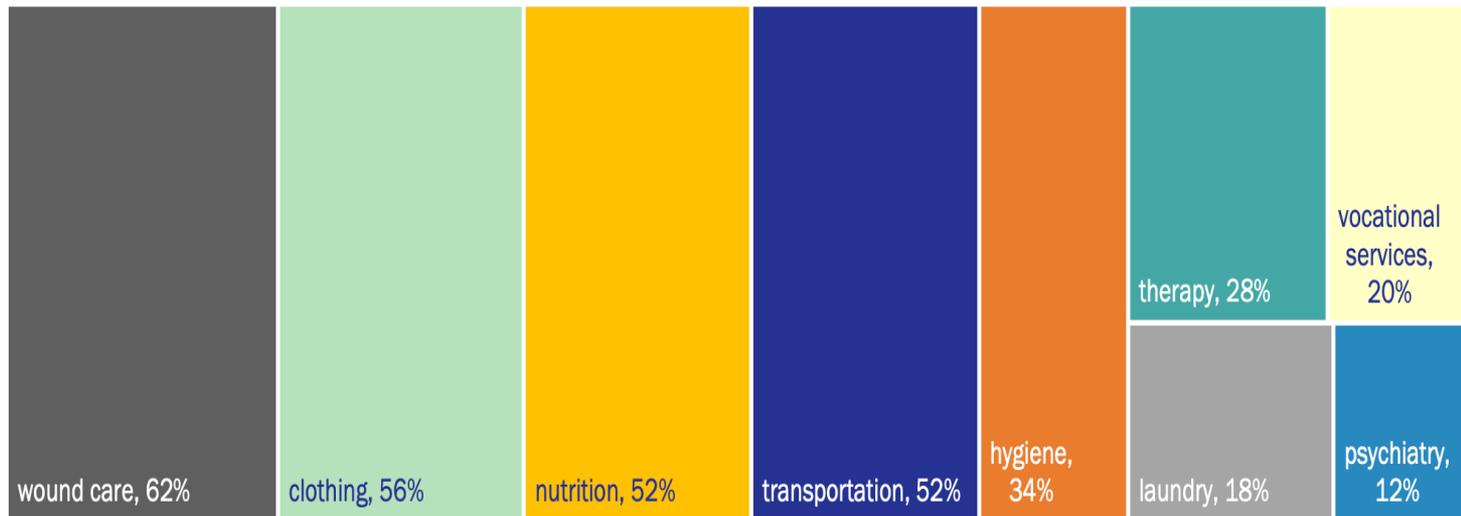
23 SSPs administered **2,742** HIV tests
21 SSPs administered **2,623** HCV tests

In 2023-2024, SSPs also made

4,733 referrals

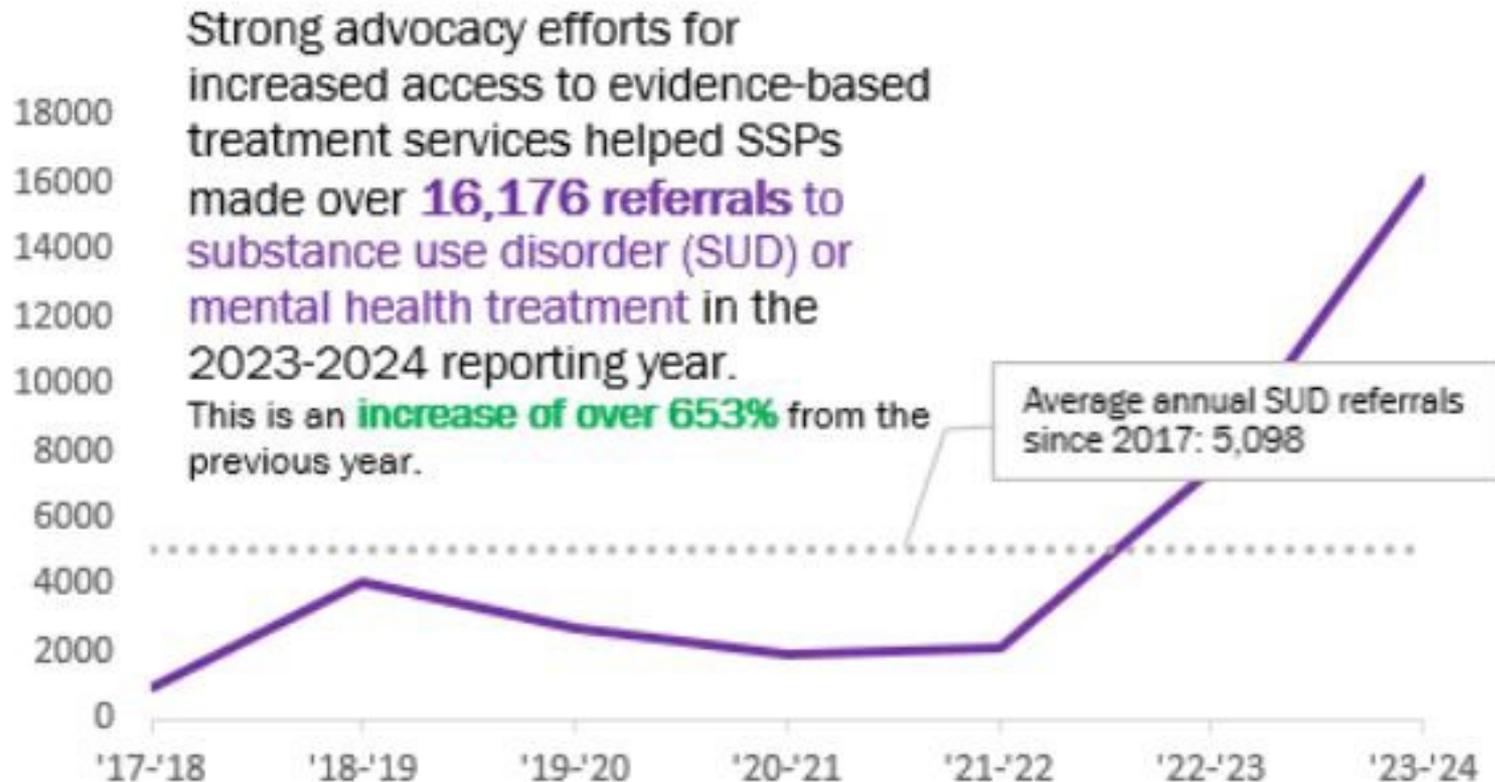
to HIV and HCV testing and treatment providers for participants.

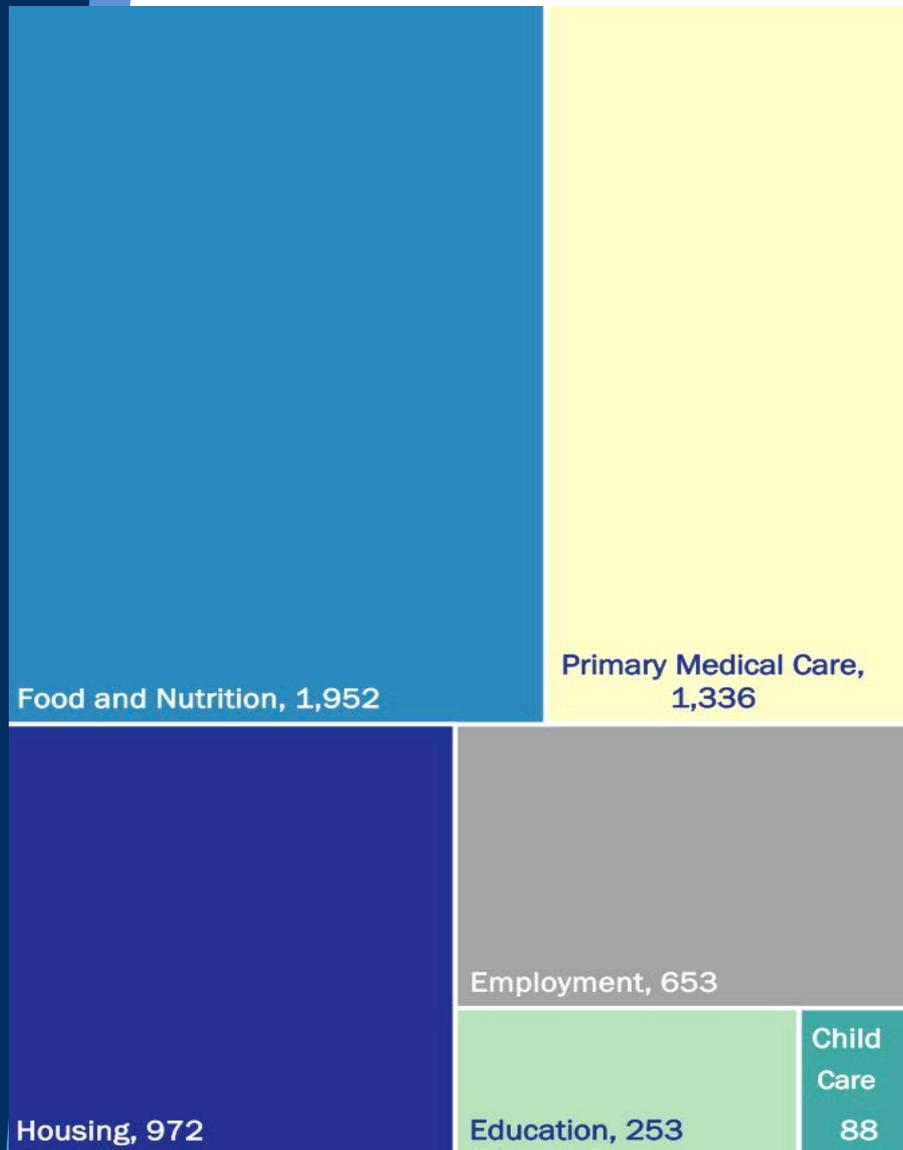
Over 50% of all SSPs directly support participants with clothing, nutrition, transportation, and wound care needs.



Source: Annual Reporting Data, submitted by registered North Carolina Safer Syringe Initiative programs, as of September 2024.

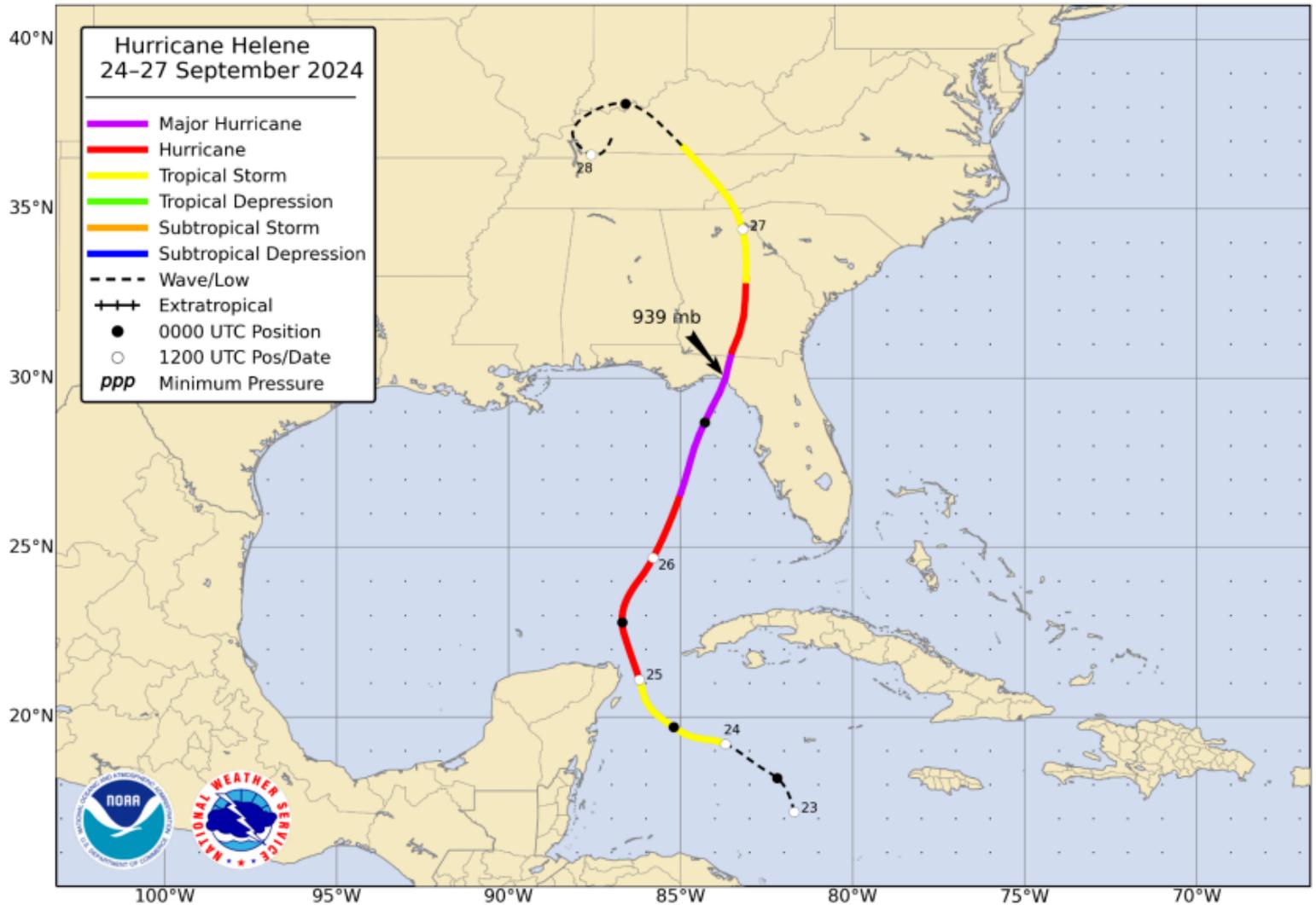
SSPs can facilitate access to evidence-based treatment through education and referrals





- In 2023-2024, SSPs made over 8,700 referrals to services that support the personalized needs of participants including food and nutrition providers, primary medical care, housing, employment, education, childcare and MUCH MORE!

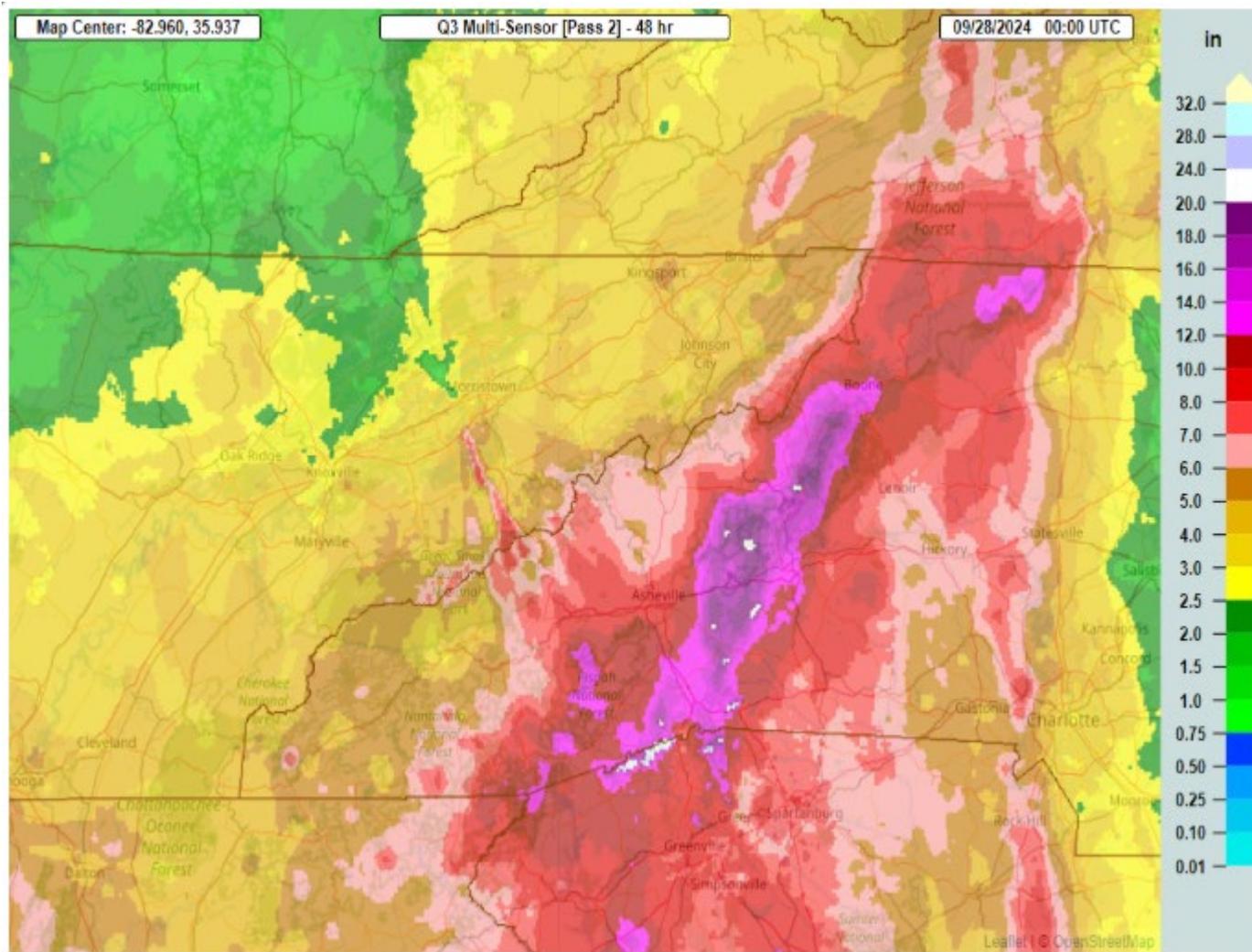
Hurricane Helene – Category 4 Storm



Source: NOAA, National Hurricane Center. https://www.nhc.noaa.gov/data/tcr/AL092024_Helene.pdf

Record-breaking Rainfall

20 TRILLION GALLONS



Source: NOAA, National Weather Service. https://www.weather.gov/mrx/Hurricane_Helene

Disaster Response: Hurricane Helene

- **11 programs serving people in all 25 of the first FEMA designated counties in WNC**
- **9 non-profit community-based organizations**
- **2 health departments**
- **Over 17,000 unique individuals served in 2023-2024**
- **52,399 naloxone kits distributed**
- **7,155 overdose reversals reported**
- **These programs also provided countless other direct services**
 - **Clothing**
 - **Woundcare**
 - **Hygiene supplies**
 - **Transportation**
 - **Employment support**
 - **Housing**
 - **Therapy**

The Impact of SSPs in WNC

- **7,145 referrals to treatment for a substance use disorder from these programs in 2023-2024**
- **Nearly 4,000 referrals to other services (childcare, education, primary care, employment, housing, food and nutrition, etc.)**
- **817 HIV tests**
- **741 HCV tests**
- **1095 referrals HCV testing and treatment**
- **1173 referrals for HIV testing and treatment**

- **Each program faced unique challenges depending on where they were**
- **Most programs continued services quickly**
- **Shift to mobile/delivery services when possible**
- **Gasoline and fuel was limited**
- **Supplies were destroyed**
- **Buildings damaged**
- **Employees faced numerous challenges**
 - **Loss of housing**
 - **Loss of transportation**
 - **Loss of access to communication**



Support From NCDHHS and the Safer Syringe Initiative

- **112,000 doses sent state-wide from the end of September through November**
 - **60,000 of those were for Helene impacted areas**
 - Local health departments
 - Syringe Service Programs
 - Tribes
 - Shelters
 - OTPs
 - FQHCs
 - First responder leave behind programs
 - Justice involved programs
 - Community based organizations
 - **Harm Reduction focus that was an expansion from past disasters**
- **Woundcare supplies**
 - **Sterile waters**
 - **Nutrition support**
 - **First aid bags**
 - **Emergency hygiene kits**

 - **40+ cases of water**
 - **25+ gallons of gasoline/fuel**
 - **Food/Nutrition**
 - **Hygiene products**
 - **Washer/Dryer for a Womens Recovery Home**

SSP Advisory Group

- **Group of partners from across the state**
- **Created as part of the state Opioid Action Plan**
- **Meets virtually on a bi-monthly basis**
- **Centers lived experience in our work and ensures community input in NCDHHS priorities and work**
- **Focuses on the current needs of people who use drugs**
- **Shared experiences and support**

SSP Learning Collaborative

- **Training and networking opportunity for all SSPs in NC**
- **Twice per year**
- **Hosted by local SSPs**
- **Led by subject matter experts and community partners**
- **Focus on topics that are relevant**
 - **Wound care**
 - **Drug user health equity**
 - **Naloxone distribution**
 - **Building strong partnerships in the community**

- **North Carolina Association of County Commissioners: Opioid Settlement Technical Assistance Team (OSTAT)**
- **Harm Reduction as Transformative Practice Academy**
- **Direct funding to organizations (LHDs, CBOs, others)**
- **Direct technical assistance for new and established SSPs.**
- **Trainings for partners across the state.**
- **Clinical Memos and Support**
 - [Xylazine Update](#)
 - [Xylazine Clinical Memo \(Original\)](#)
 - [Syringe Services Program Provider Letter](#)
- **FAQs, One-pagers, toolkits and other resources:**
 - [Counterfeit Pills Resource](#)
 - [Post Overdose Response Teams Toolkit](#)
 - [Naloxone Distribution Toolkit](#)
 - [Jail Health Toolkit](#)
 - [Drug User Health Resource Guide](#)
 - [Harm Reduction Primer](#)
 - [Naloxone In Schools](#)
 - [NC Safer Syringe Initiative Annual Report](#)
 - [Naloxonesaves.org](#)

NC-SUDORS

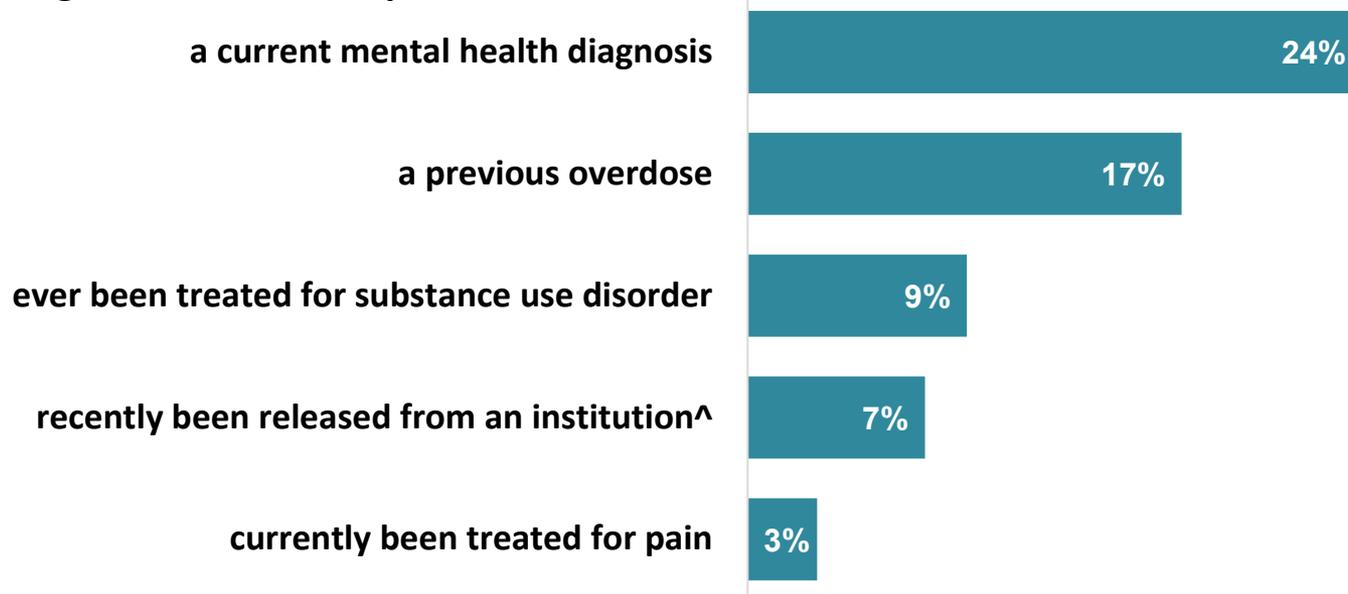
There are many things the data may not be able to tell us, but NC-SUDORS offers additional insights into the circumstances leading to an overdose death.



Circumstance data are gathered during the initial death investigation, often during interviews with the decedent's family and friends. These data are not always known or relayed.

In 2023, 44% of overdose decedents had at least one documented interaction with a health care provider

Among 2023 overdoses, percent of decedents who had...



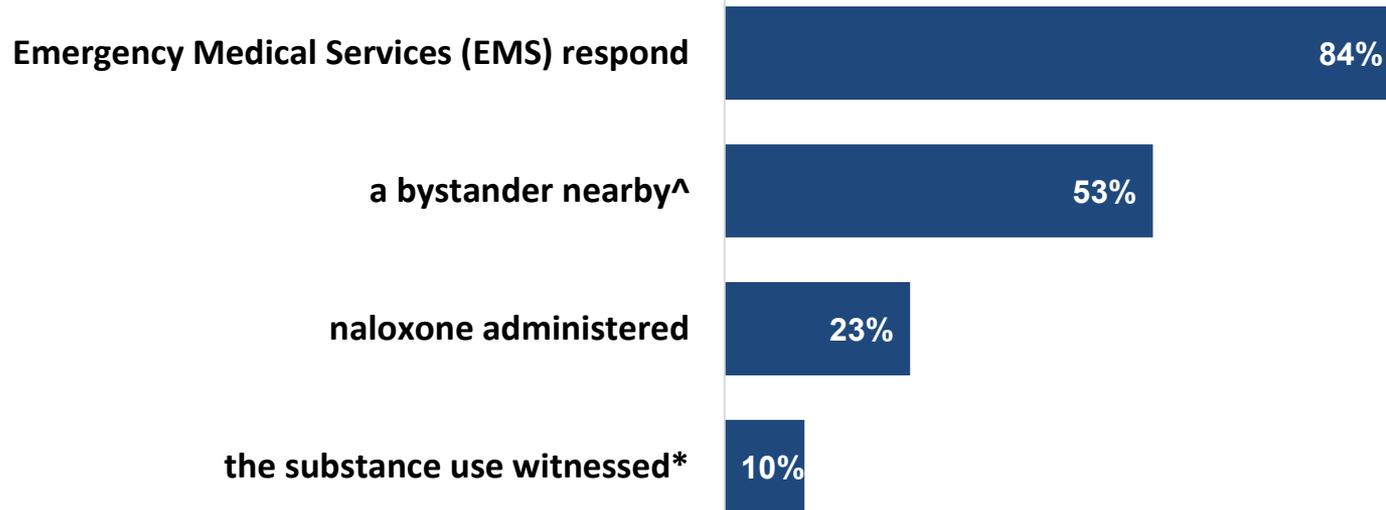
[^]Deaths that occurred within a month of the decedent being released from or admitted to an institutional setting (includes jail, prison, detention facility, hospital, psychiatric hospital, etc.)

Technical Notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC; Denominators are all NC-SUDORS decedents. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed.

Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2023*; *2023 data are provisional-data are subject to change
Analysis by Injury Epidemiology and Surveillance Unit

Although a bystander was known to be nearby 53% of fatal overdoses, naloxone was only administered 23% of the time

Among 2023 overdoses, percent of decedents who had...



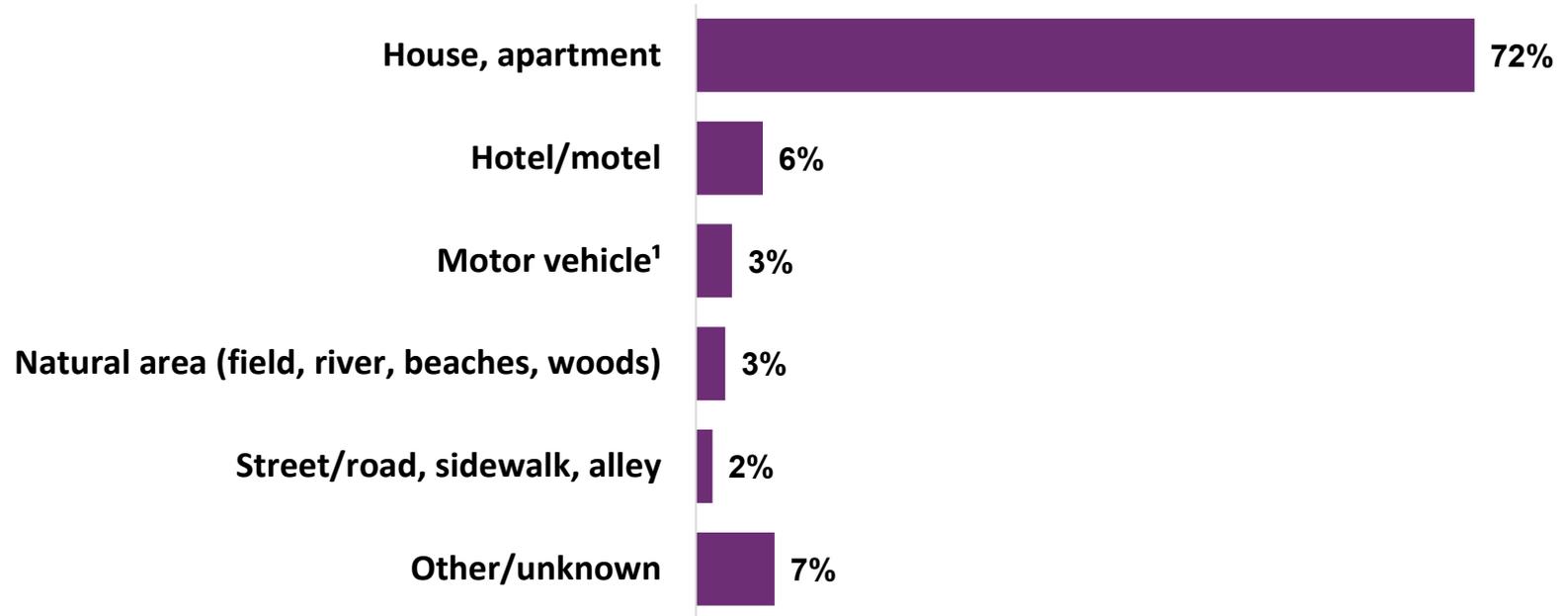
^A bystander is an individual who was physically nearby, either during or shortly preceding a drug overdose, who potentially had an opportunity to intervene and respond to the overdose. *A witness is an individual, aged 11 years or older, who witnessed the decedent use the substance(s) that resulted in his/her overdose.

Technical Notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC; Denominators are all NC-SUDORS decedents. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed.

Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2023*; *2023 data are provisional-data are subject to change
Analysis by Injury Epidemiology and Surveillance Unit

Nearly 3 of 4 overdose deaths occurred at home

Among 2023 overdoses, percent of decedents who overdosed at...



¹Excludes school bus and public transportation or station

Technical Notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC; Denominators are all NC-SUDORS decedents. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed.

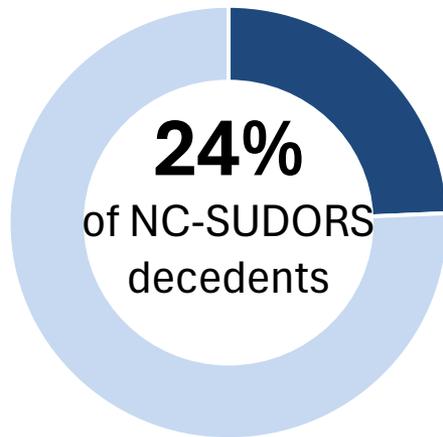
Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2023*; *2023 data are provisional-data are subject to change

Analysis by Injury Epidemiology and Surveillance Unit

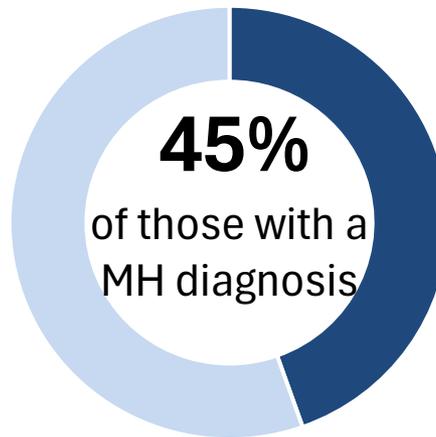


Nearly 1 in 4 overdose decedents had a non-substance-related mental health disorder in 2023

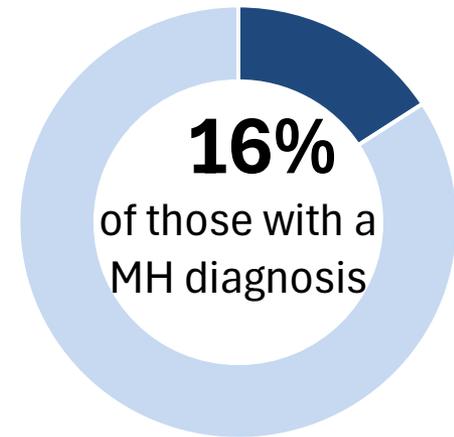
Current MH diagnosis



2+ diagnoses



Current MH treatment

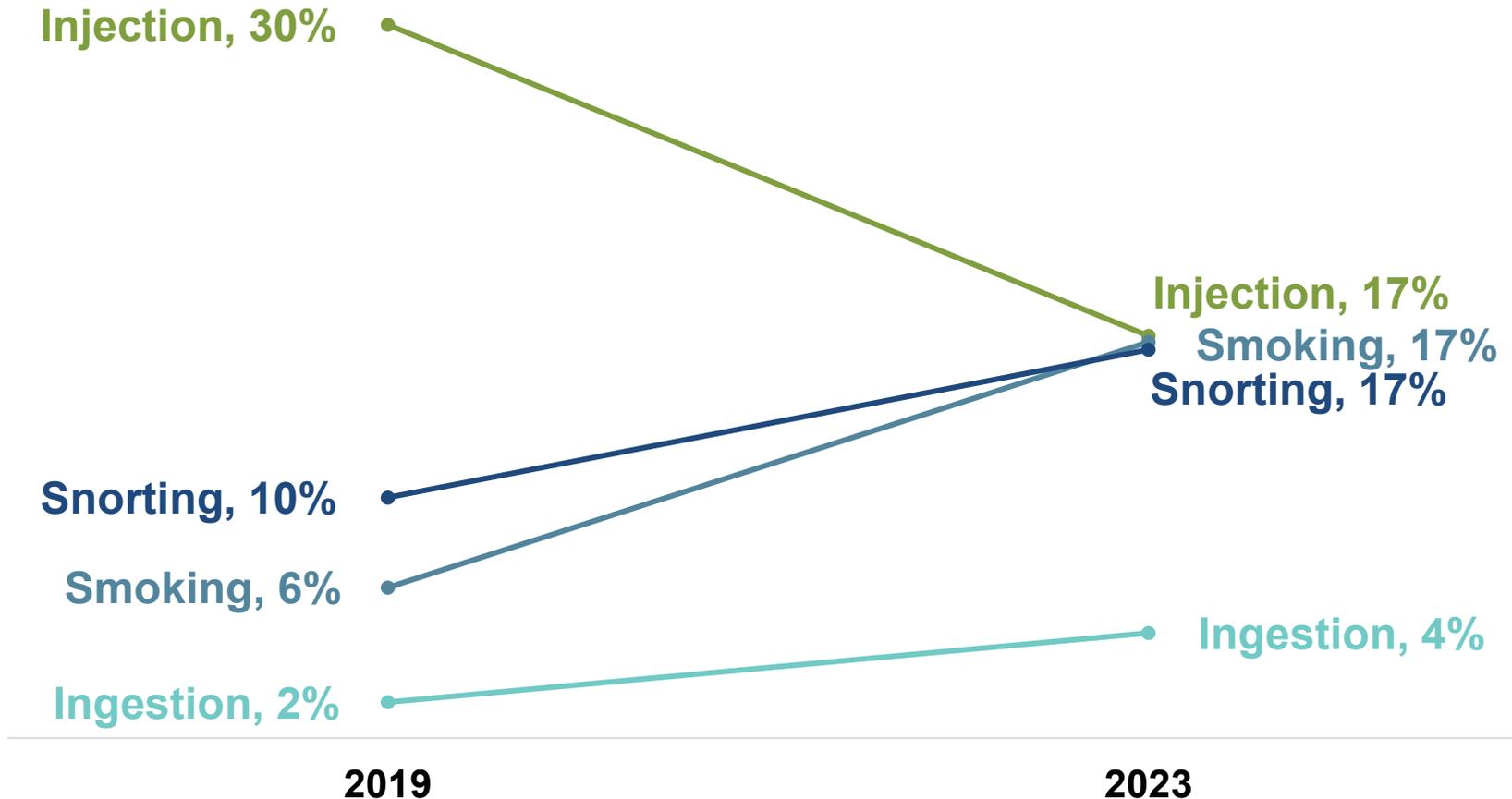


MH = Mental health

Technical notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed. Stigma associated with mental health conditions contributes to underreporting of MH burden among this population-counts are likely higher than reported.

Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2023*; *2023 data are provisional-data are subject to change
Analysis by Injury Epidemiology and Surveillance Unit

The route of drug administration changed from 2019 to 2023



Technical notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC; Denominators are all NC-SUDORS decedents. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed.

Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2019 and 2023*; *2023 data are provisional-data are subject to change

Analysis by Injury Epidemiology and Surveillance Unit

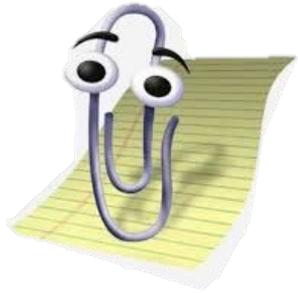
Injury Data Toolkit



Origin Story

- In ESI we spend a lot of time looking at data in various ways.
- We generate tables/charts and graphics that we *think* helps people understand our data.
- But we all know that sometimes people struggle with our data.
 - Using, understanding it, and applying it.
- **Data to Knowledge (DTK)**

What is it?.....The dream...



Remember Clippie?
We want that for ESI

ESI felt like Donkey Kong

Knocking down everything around us and little misunderstood

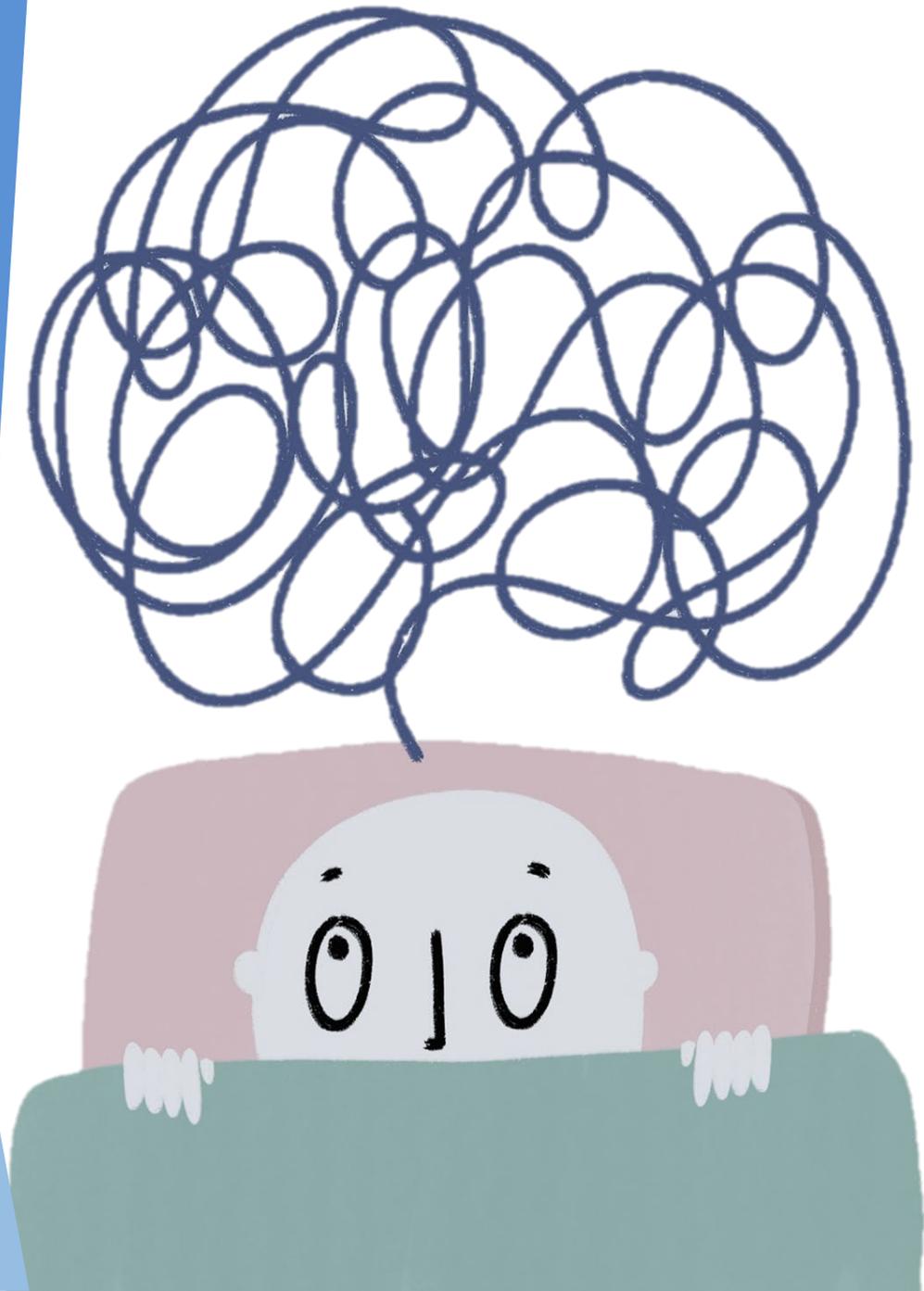


- Can we develop data user toolkit that **helps translate our work?**
- At its simplest level, it is “data for dummies”

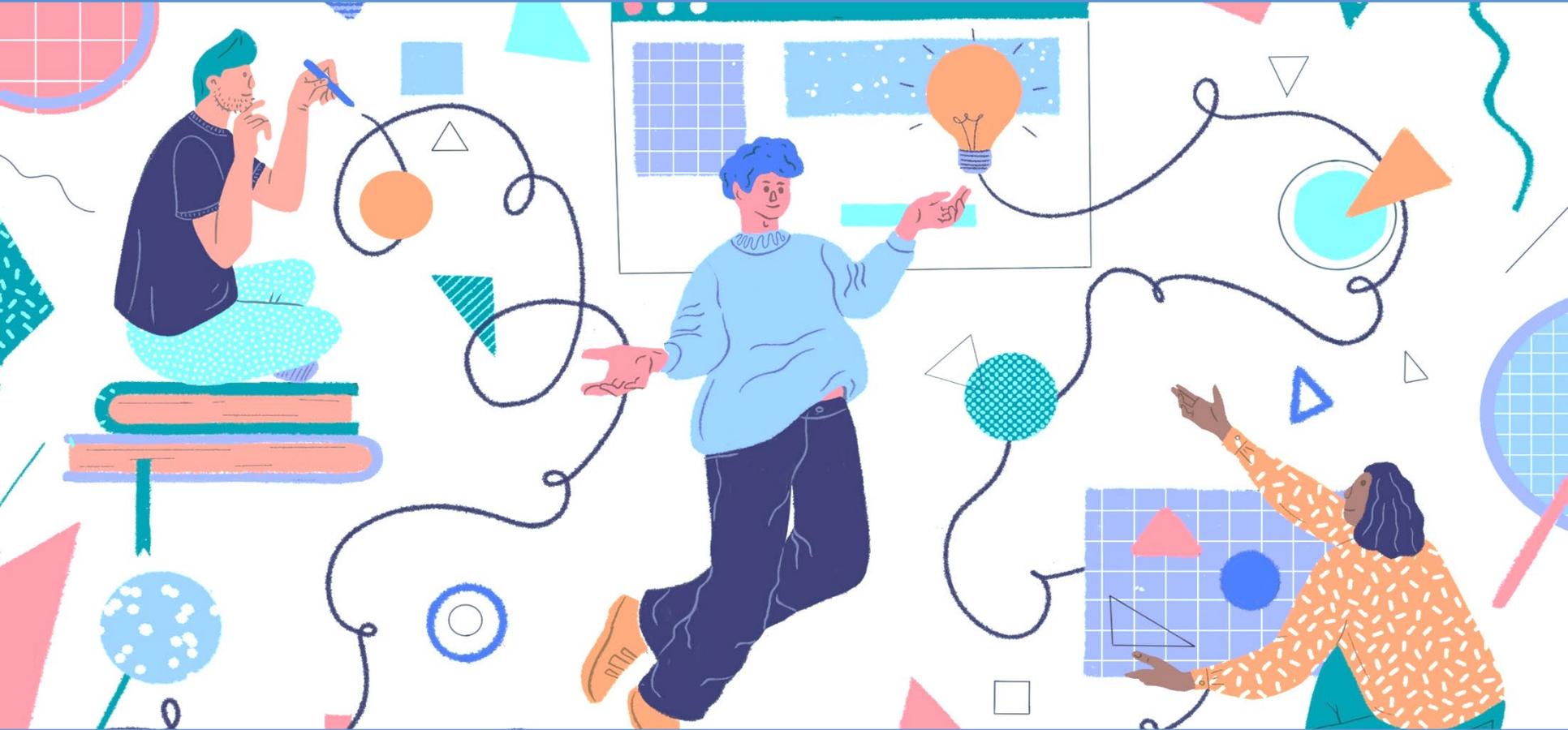
Why is it needed?

Right now, we have to explain our data and processes to a lot of people.

- Too many people get stuck trying to understand our data (or process).
- They may give up asking for it or find alternative sources.



Why is it needed?



To increase people's data literacy and data use.
We feel that this project will help us do both.

We want people to know...

- 1 How we do things
- 2 Where things are
- 3 What they should use
- 4 How to use them

Where is it?

- It will be posted to a new **IVPB Data Users Toolkit website**.
- The page will have accordion folders where each part of the toolkit lives.
 - Content will be embedded on the website
 - Accessible as standalone PDF or downloadable as a full toolkit.
 - 20-30 pages in total (as of now)
 - Any given document is likely 2-4 pages

What is in it?

DTK Briefs

- **Data IVPB Uses**
 - IVPB Data Process
 - IVPB Data Sources
 - Provisional Data (General & Overdose)
- **How IVPB Uses Data**
 - Differences in Reported Data
 - Race/Ethnicity
 - Urban/Rural
- **Injury Epidemiology Overview (Epi 101)**
 - Injury Mechanism and Intent
 - Surveillance Case Definitions
 - Differences in Counts and Rates
 - Data Suppression and Small Numbers

What is in it?

Topic Specific Briefs

Injury Topics

- Overdose
- Alcohol
- Firearm
- Suicide
- Falls
- Motor Vehicle Traffic
- Drowning
- TBI

Each section will include:

- Summary
- Data resource overview
- Data Considerations
- Other topic-specific content

What is in it? Other Resources

- Data Resource Inventory
- Frequently Asked Questions
- Acronym Dictionary

Data Resource Inventory

Clear Search

Search Table

overdose ✕ →

Injury Topic

All ▼

What are you looking for?

Changes in Injury Data Over Time ▼

Data Sources

All ▼

Data Resource Click to Open	Format ▼	Description	Where Is This Resource? Click to Visit
NC ED Visits for Opioid Overdose Report	Report	Monthly provisional data reports tracking ED visits for an opioid overdose. Reports are available statewide and for each county.	NC Overdose Epidemic Data
NC ED Visits for Overdose Involving Medications or Drugs with Dependency Potential	Report	Monthly provisional data reports tracking ED visits for an overdose of a medication or drug that can become addictive. Data are available statewide and for each county.	NC Overdose Epidemic Data
OCME Monthly Fentanyl Deaths Report	Report	Monthly provisional report on deaths that tested positive for fentanyl but have not yet been confirmed with a final cause of death. Reports are available statewide and for each county.	NC Overdose Epidemic Data
Suspected Overdose Deaths Report	Report	Provisional data report on estimated overdose deaths in the state.	NC Overdose Epidemic Data
Core Overdose Slide Set	PowerPoint Slides	Slides describing the history of the epidemic in NC, statewide overdoses trends, NC's actions to prevent overdoses, and connections between overdoses and other public health topics.	NC Overdose Epidemic Data
Interactive Overdose Data Dashboard	Dashboard	Interactive dashboard to query overdose metrics from multiple data sources by place.	NC Overdose Epidemic Data
Statewide Overdose Data Download	CSV File	Downloadable dataset with multiple overdose indicators across various data sources.	NC Overdose Epidemic Data

Note: Provisional data are used in some reports to share information quickly, before final data are ready. These numbers can change and might not be complete.

Acronyms Search

Search Acronym →

*Enter an acronym to search for its definition.

For more information on acronyms IVPB uses, visit [IVPB Acronym List](#).

Still can't find what you need?

Visit the [IVPB Data Request Policy website](#) for more information on how to reach out for help with injury data.

Introducing...



Eddie

Understanding How IVPB Processes Data

NCDHHS Division of Public Health, Injury and Violence Prevention Branch (IVPB), Epidemiology, Surveillance, and Informatics (ESI) Unit

STEP 1

IVPB receives data

STEP 2

IVPB processes the data

STEP 3

Data are analyzed

STEP 4

Data are summarized and shared

STEP 1 IVPB receives data from partners to identify and monitor injuries across the state.

Data sources differ in availability and timeliness. Depending on the data source, IVPB can receive data on a monthly, quarterly, or annual basis.

Below are the main data sources that IVPB uses.

- Data on **Injury deaths**:
 - Death certificate data from the NC State Center for Health Statistics (SCHS)
 - Medical examiner reports from the Office of the Chief Medical Examiner (OCME)
 - NC Violent Death Reporting System (NC-VDRS)
 - NC State Unintentional Drug Overdose Reporting System (NC-SUDORS)
- Data on **non-fatal injuries**:
 - Emergency Department (ED) visit data from NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)
 - Emergency Medical Services (EMS) records from the Office of EMS via NC DETECT
 - Hospital discharge data (HDD) from the NC Healthcare Association via SCHS
- **Survey data**:
 - Youth Risk Behavior Survey (YRBS)
 - Behavioral Risk Factor Surveillance System (BRFSS)

Other data sources are also used to provide more context to injuries that occur in NC and related social drivers of health. To learn more about each source, visit [Data Sources IVPB Uses for Injury Surveillance](#).

STEP 4

Data are summarized and shared to help inform response and prevention activities.

STEP 2

IVPB processes the data to identify specific types of injuries.

Each data file IVPB receives is processed to customize the data for use in injury surveillance and is then

that help to identify and describe injuries.

ntify specific types of injuries.

ry mechanism and intent.

onal case definitions work when used with NC data ions.

case definitions, visit [Understanding Injury](#).

itions IVPB uses, visit [North Carolina Injury and ry Case Definitions](#).

ings like sex, age, race/ethnicity, location, and other ies.

entify specific groups, locations, and lived

group people that are fair and accurate.

cteristics or experiences of the groups

Format that can be used for are analyzed.

juries in NC, what types of injuries are happening,

he and identify groups and counties or regions of the

ors like sex, age, racial/ethnic group, and by place

d to the Centers for Disease Control and Prevention illance for all states.

ata sources to understand risk and protective factors s.

questions about injuries that cannot be answered

ding Interactive data dashboards, fact sheets, slide decks,

is in NC to help explain who is being impacted and where

h leadership and with partners across the state to focus th decision making.

n collaboration with state and local government, nonprofit, re they include the information and prevention messaging anning.

r quarterly with provisional data, while other resources are ailable.

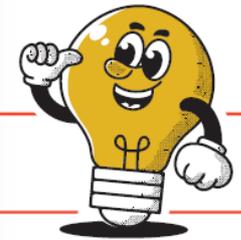
[Provisional Data to Monitor Injuries](#).

/PB website for public use.

st of IVPB data resources. This tool can be used to search for a you need.

m the media, elected officials, other agencies, and the public source listed in the Data Inventory.

t injury data and the timeline for the data request process, [dure](#) page on the IVPB website.



[ncdhhs.gov](#)

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DTK...and DK

- Data to Knowledge
- Data Tool Kit
- DK- Donkey Kong (our Team mascot)



Donkey Kong is a legendary video game character, a large, powerful gorilla who initially served as an antagonist before becoming a beloved protagonist.

He is known for his strength, agility, and love of bananas.

Linked-In (social media)



Scott Proescholdbell ✓ He/Him
 State Injury Epidemiologist at NC DPH and public health professional
 Durham, North Carolina, United States · [Contact info](#)
 500+ connections



Scott Proescholdbell · You
 State Injury Epidemiologist at NC DPH and public health professional
 2d · 🌐

Excited to be at NC Data Summit and present on injury data informatics work from our Injury Epidemiology, Surveillance and Informatics (ESI) Unit at the [NC Department of Health and Human Services](#), Division of ...more



One of my favorite days at [NC Department of Health and Human Services](#) Division of Public Health is the Epi/Eval Team's (EET) Poster Day. For 24 years, EET has shared public health data posters that have likely ...more

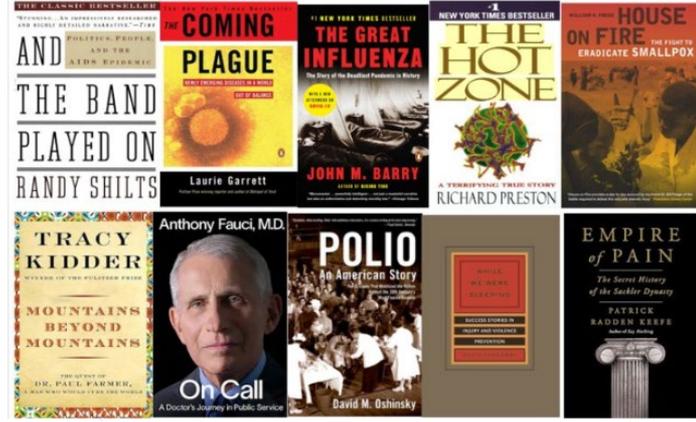


Hard to imagine but the NC Tobacco Prevention and Control B staff) was all furloughed starting today due to stoppage of fed Lead by two incredible public health leaders and legends with



Feeling the need for a fun post today. So here it is...

What book(s) would you recommend? ...more



www.linkedin.com/in/scott-proescholdbell

Questions?

SubstanceUseData@dhhs.nc.gov

**Injury and Violence Prevention Branch
NC DHHS, Division of Public Health**

NC Overdose Data



Schedule Data Support

