

Prescription & Drug Overdoses

An epidemic of unintentional poisoning deaths continues to affect North Carolina. Since 1999, the number of these deaths has increased by nearly 300 percent, from 297 to 1,104 in 2012 (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).

Figure 1: Poisoning Deaths by Intent: N.C. Residents, 1999-2012

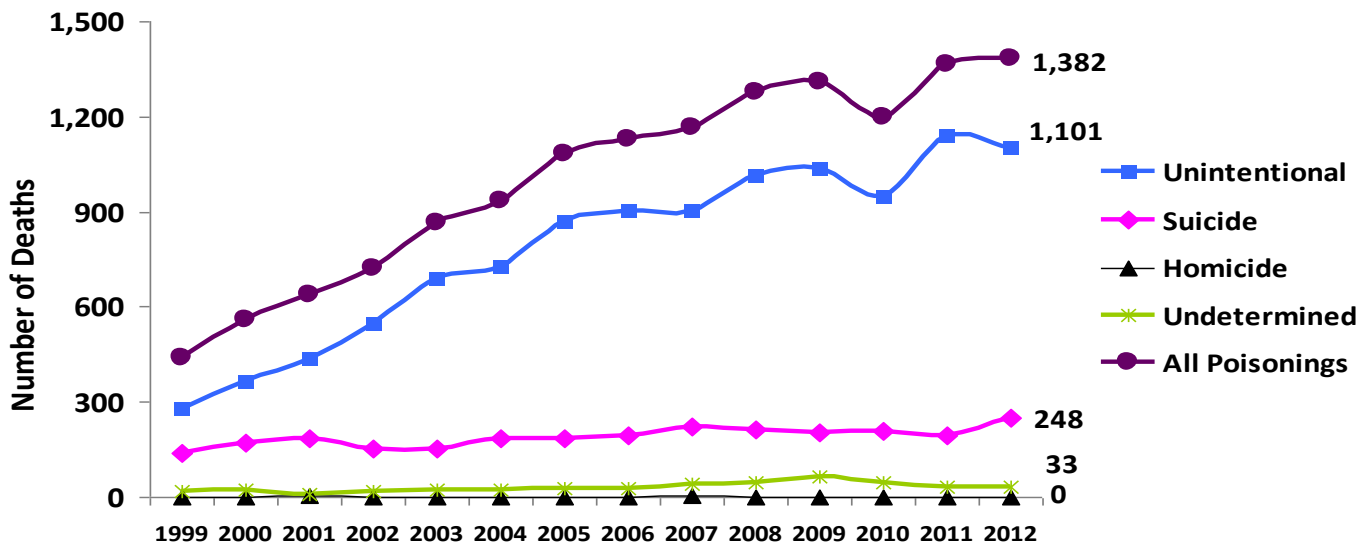
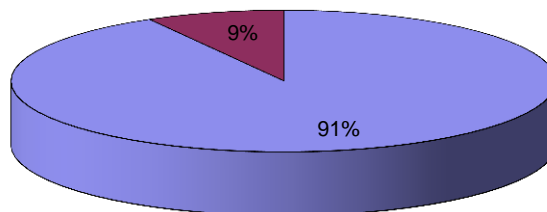


Figure 2: Medication/Drug vs Non-Medication Types of Unintentional Poisonings: N.C. Residents, 2012

-Of these unintentional poisoning deaths, 91 percent 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 (60%) of these poisoning deaths (Fig 2).



Medication/Drug--91%
 -Opioids/Cocaine--60%
 -Other/Unspecified drugs--28%
 -Anti-epileptic and sedative-hypnotic drugs--3%
 -Non-opioid--<1%

Table 1: N.C. Unintentional Poisoning Death Demographics, 2012

	Number	Percent	Rate
Sex			
Female	405	36.8%	8.1
Male	696	63.2%	14.6
Race			
American Indian	15	1.4%	9.3
Asian	1	0.1%	*
Black	91	8.3%	4.1
White	990	89.9%	13.9
Unknown	4	0.4%	*
Age Group			
0-14	6	0.5%	*
15-24	101	9.2%	5.3
25-34	232	21.1%	17.2
35-44	257	23.3%	20.3
45-54	327	29.7%	24.9
55-64	132	12.0%	9.7
65-84	35	3.2%	2.9
>84	10	0.9%	0.8

*Indicates <5 deaths; rates are not reported

- Males are dying in greater numbers than females (696 verses 405). (Table1).

-Whites and American Indians have the highest rates of unintentional poisoning deaths (9.3 and 13.9 per 100,000 persons) among state residents (Table 1).

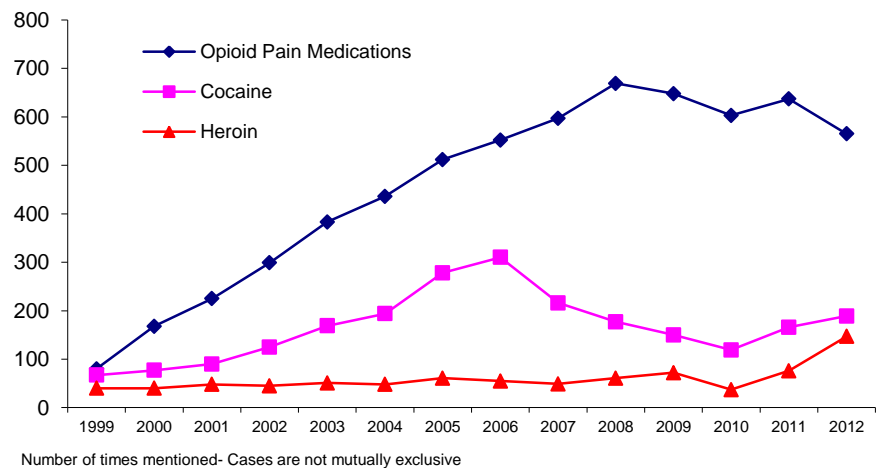
- Unintentional poison death rates increase with age, peaking between the ages of 45-54 (24.9 per 100,000 persons), and then decreasing after age 55 (Table 1).

- 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.

Figure 3: Unintentional Prescription Opioid and Drug Overdose Deaths by Year: N.C. Residents, 1999-2012



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

Community Cares of North Carolina (CCNC), Chronic Pain Initiative (CPI). Contact: Theo Pikoulas (tpikoulas@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

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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
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