N.C. Department of Health and Human Services

Durham County Substance Use Surveillance Data

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Injury and Violence Prevention Branch

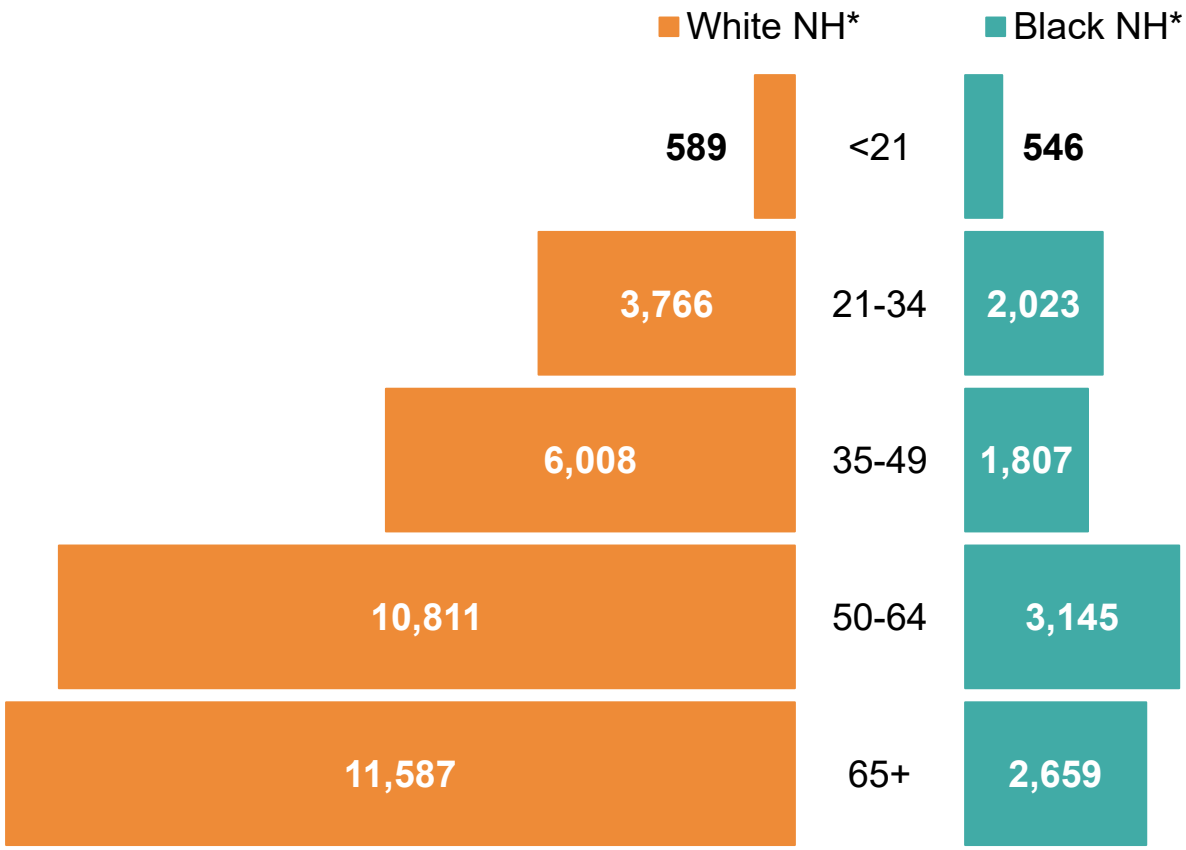
N.C. Department of Health and Human Services

Durham County Alcohol-Related Harms Surveillance

As of Data Year 2021

This presentation is partially supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $166,667. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

NC Alcohol-Attributable Death Counts



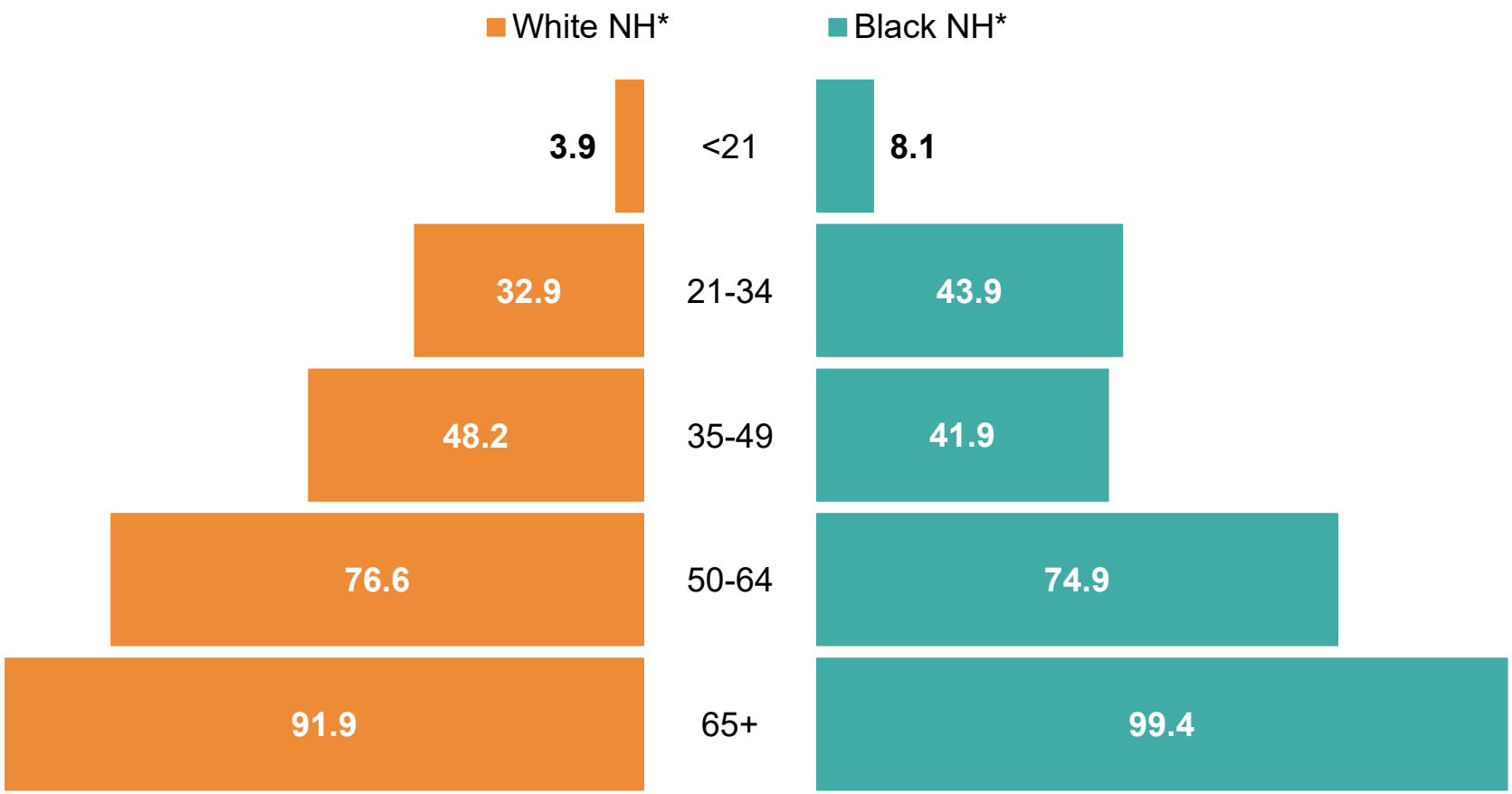
*Non-Hispanic

Technical Note: Counts by race and ethnicity are calculated using the Alcohol-Related Disease Impact (ARDI) application to estimate alcohol-attributable deaths. ARDI does not provide stratification by race/ethnicity, only by age and sex. Alcohol-attributable deaths for race/ethnicity may be high among one race/ethnicity group due to a broader disparity in one of the 58 alcohol-attributable causes of death, and not necessarily due to a difference in alcohol involvement. The ARDI application is used to calculate estimates over a specified period, usually 5 years. The application is not set up to examine trends over time due to year-to-year variations in these estimates that may not be due to alcohol consumption. All estimates are currently based on alcohol consumption patterns of 2015-2019.

Source: N.C. State Center for Health Statistics , 2012-2021; CDC ARDI Estimates for alcohol-attributable death by all causes of death - for more information on ARDI see https://nccd.cdc.gov/DPH_ARDI/default/default.aspx

Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

NC Alcohol-Attributable Death Rates



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Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

In 2021, an average of **17 North Carolinians** died each day from a death attributable to excessive alcohol use.

Technical Note: Alcohol-attributable deaths include deaths from both acute and chronic causes of death due to excessive use of alcohol. The ARDI application is used to calculate estimates over a specified period, usually 5 years. The application is not set up to examine trends over time due to year-to-year variations in these estimates that may not be due to alcohol consumption. All estimates are currently based on alcohol consumption patterns of 2015-2019.

Source**:** N.C. State Center for Health Statistics , 2021; CDC ARDI Estimates for alcohol-attributable death by all causes of death - for more information on ARDI see https://nccd.cdc.gov/DPH_ARDI/default/default.aspx

Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

What is Excessive Alcohol Consumption?

The relationship between excessive drinking and an **increased** risk of morbidity and mortality is well documented.

Men

Heavy Drinking:

Consuming **15** or more drinks per week

Binge Drinking:

Consuming **5** or more drinks per occasion

Women

Heavy Drinking:

Consuming **8** or more drinks per week

Binge Drinking:

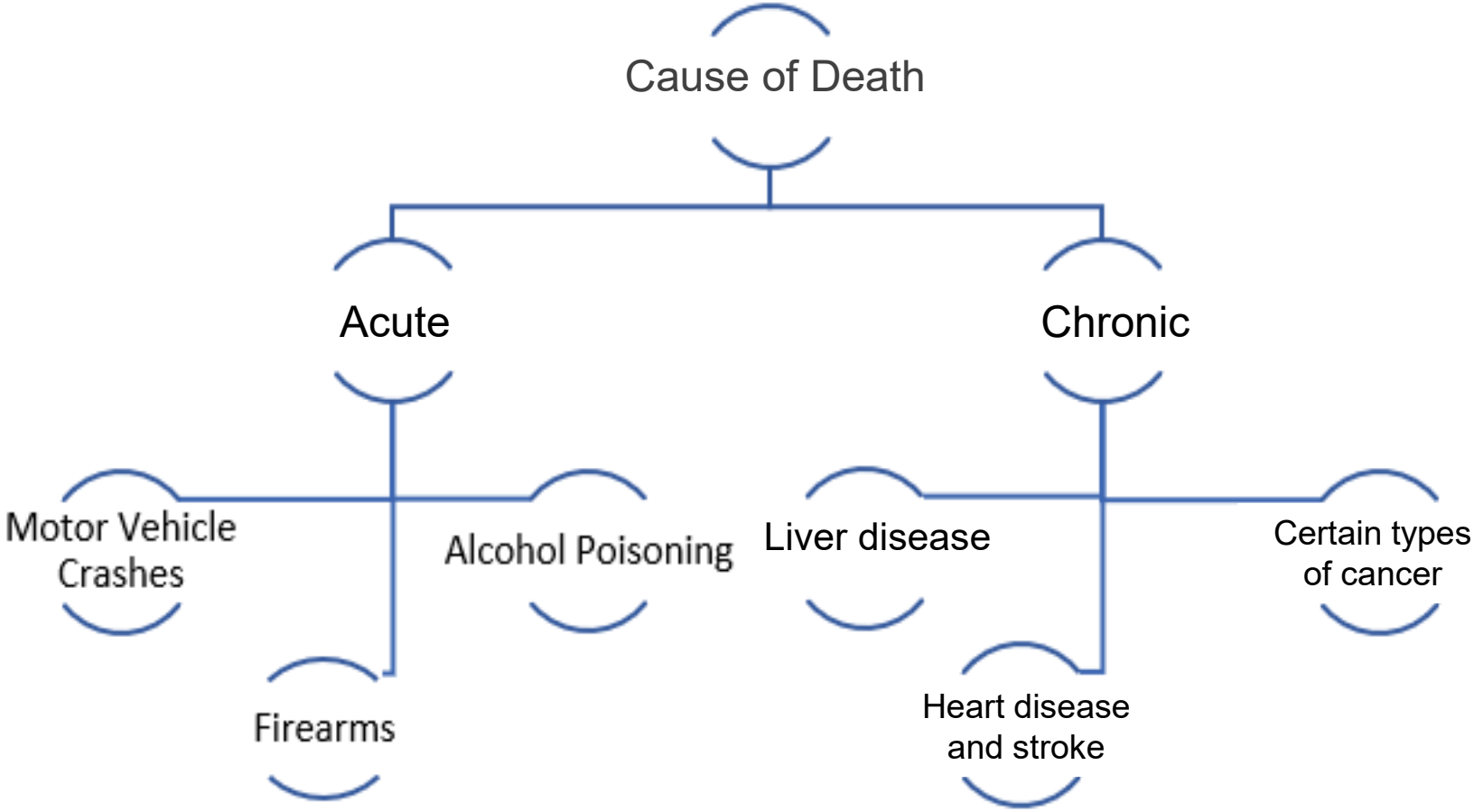
Consuming **4** or more drinks per occasion

Any alcohol consumed by **pregnant persons** and those **under age 21.**

Alcohol-Related Disease Impact (ARDI) Methodology

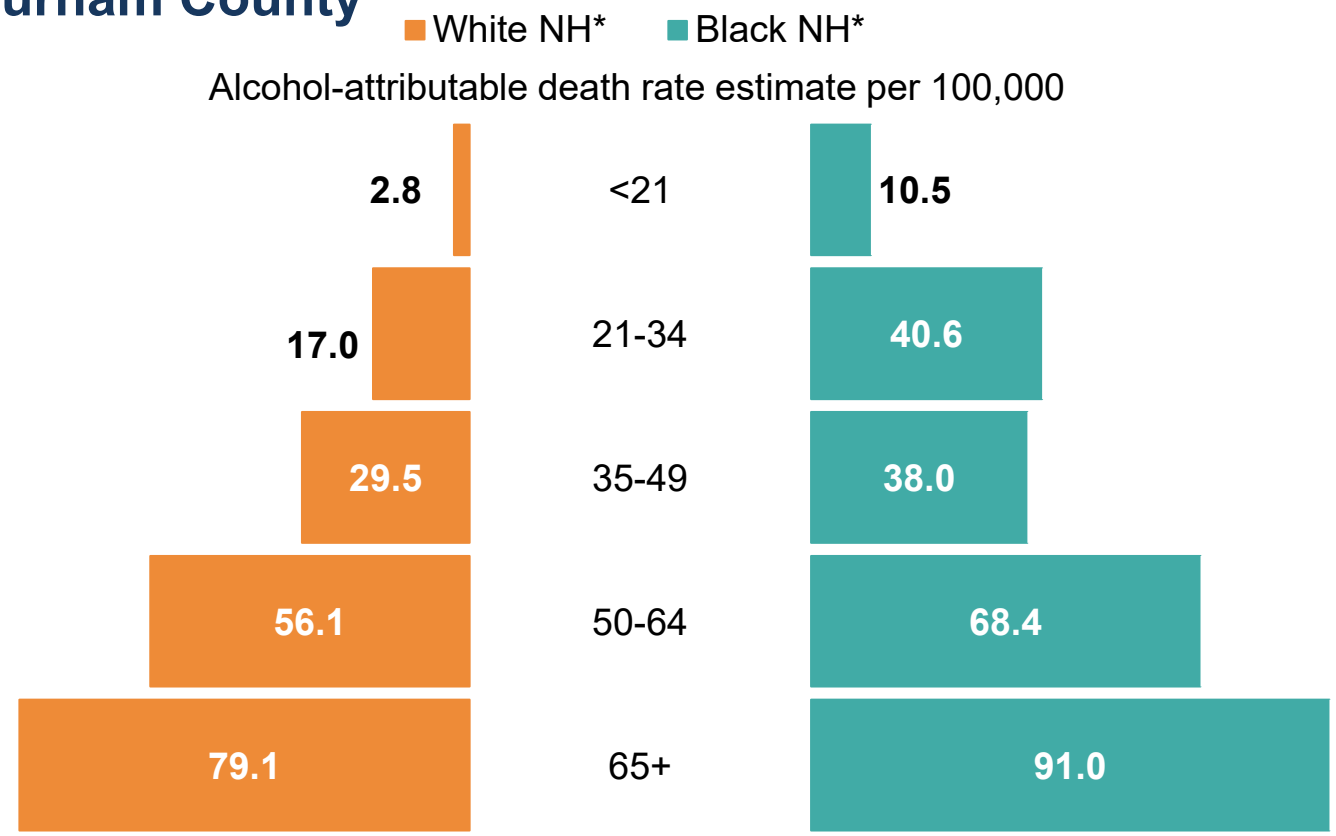
- The Centers for Disease Control and Prevention's (CDC) ARDI tool provides estimates of alcohol-related harms, including alcohol-attributable deaths (AADs).
- Estimates are calculated for 58 acute and chronic causes of death using alcohol-attributable fractions (AAFs).
- AAFs measure the total proportion of deaths from various causes that are attributable to alcohol consumption.
- AADs for race/ethnicity may be high among one group due to a broader disparity in one of the 58 alcohol-attributable causes of death, and not necessarily due to a difference in alcohol involvement.

Examples of Alcohol-Attributable Deaths



Source: *Selected Examples of Alcohol-Attributable Deaths.* CDC ARDI: https://nccd.cdc.gov/DPH_ARDI/Info/ICDCodes.aspx

Total alcohol-attributable death rates were higher for Black NH* residents when compared to white NH* residents across every age group in Durham County



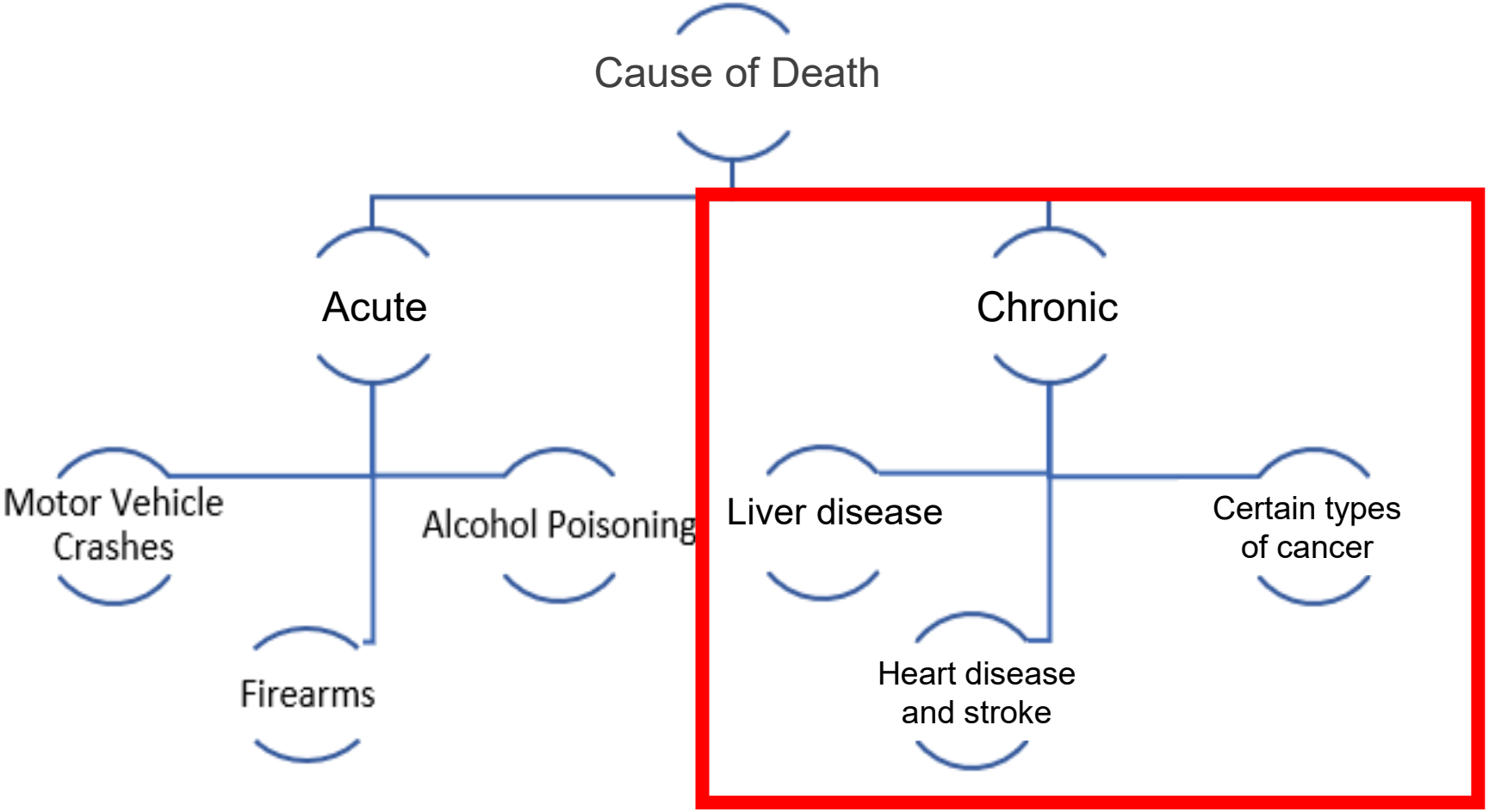
*NH = Non-Hispanic

Technical Note: Rates by race and ethnicity are calculated using the Alcohol-Related Disease Impact (ARDI) application to estimate alcohol-attributable deaths. ARDI does not provide stratification by race/ethnicity, only by age and sex. Alcohol-attributable deaths for race/ethnicity may be high among one race/ethnicity group due to a broader disparity in one of the 58 alcohol-attributable causes of death, and not necessarily due to a difference in alcohol involvement. The ARDI application is used to calculate estimates over a specified period, usually 5 years. The application is not set up to examine trends over time due to year-to-year variations in these estimates that may not be due to alcohol consumption. All estimates are currently based on alcohol consumption patterns of 2015-2019.

Source: N.C. State Center for Health Statistics , 2012-2021; CDC ARDI Estimates for alcohol-attributable death by all causes of death - for more information on ARDI see https://nccd.cdc.gov/DPH_ARDI/default/default.aspx

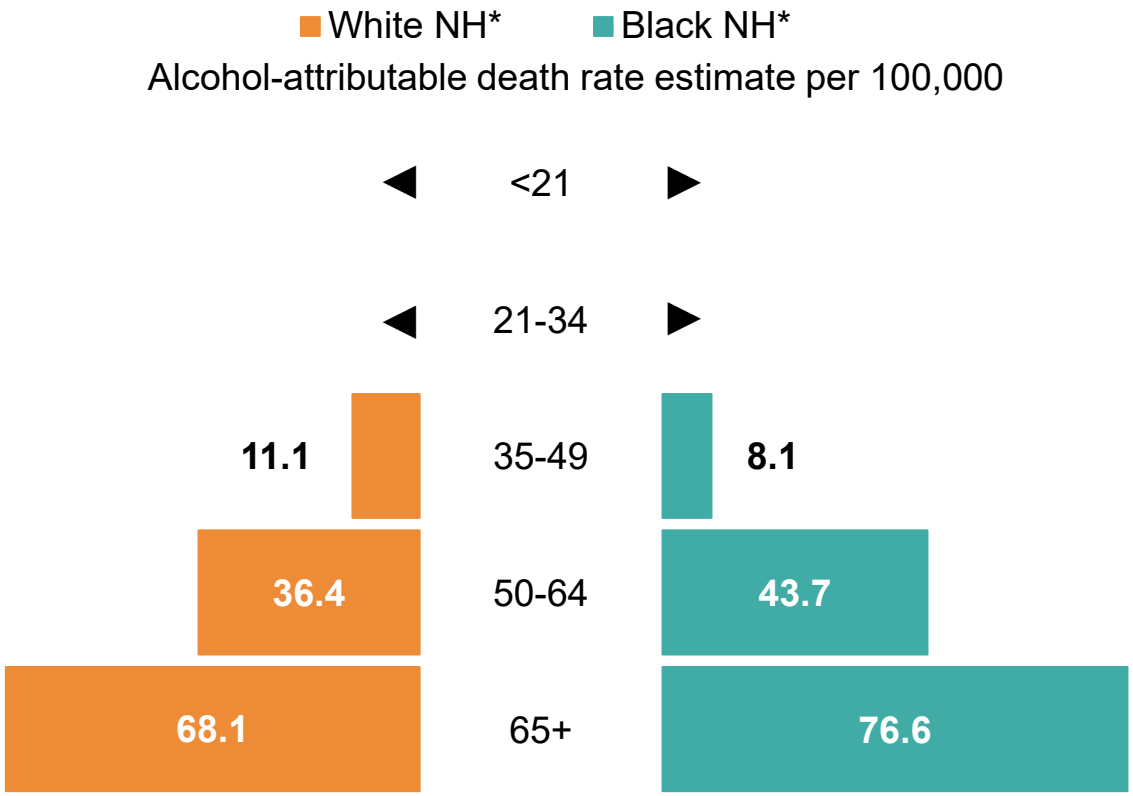
Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

Chronic Alcohol-Attributable Deaths



Source: *Selected Examples of Alcohol-Attributable Deaths.* CDC ARDI: https://nccd.cdc.gov/DPH_ARDI/Info/ICDCodes.aspx

Alcohol-attributable death rates due to chronic causes were higher among Black NH* residents (ages 50+) when compared to white NH* residents (ages 50+) in Durham County



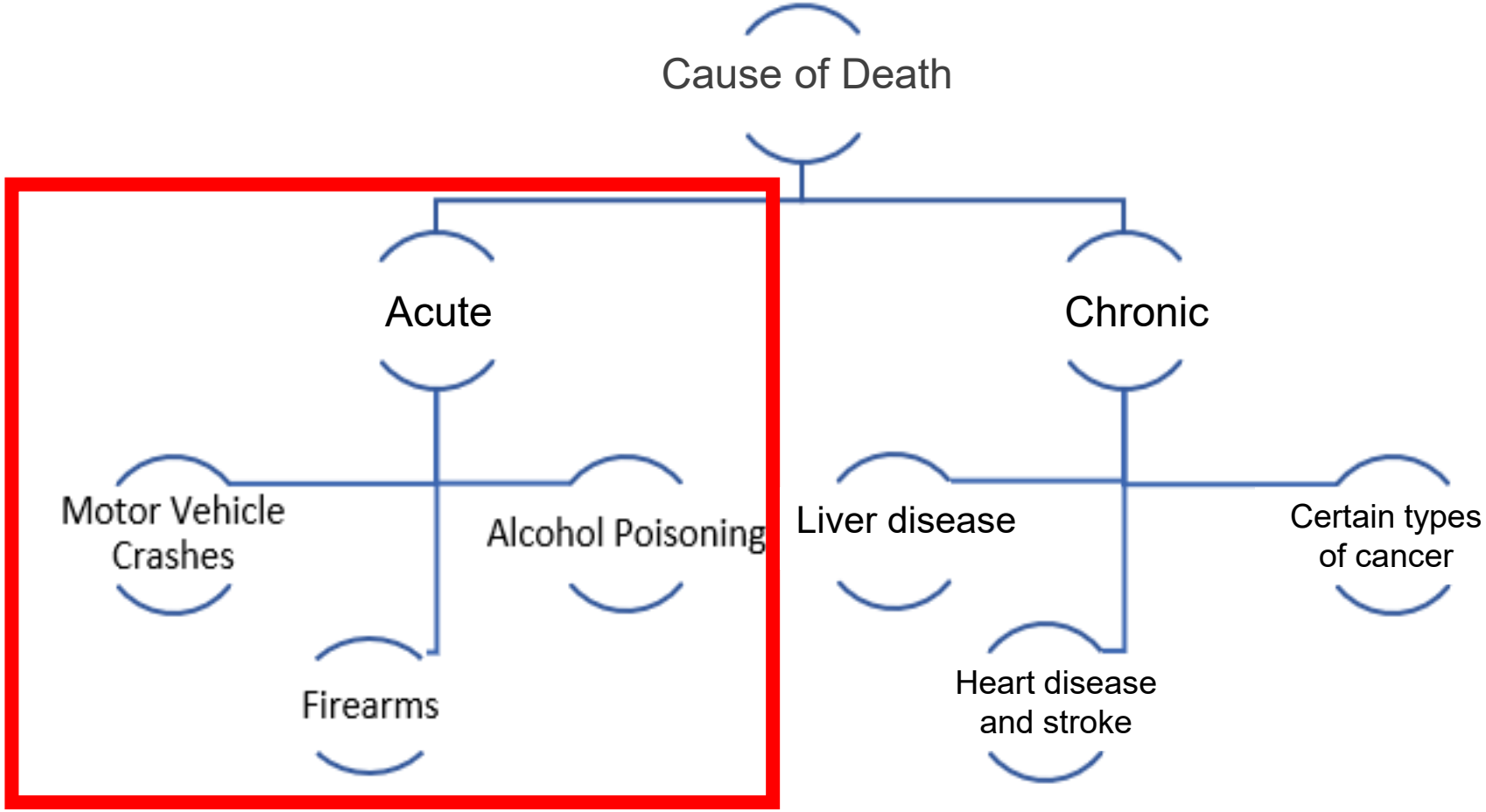
*NH = Non-Hispanic ▲ Rate not calculated, <5 deaths

Technical Note: Rates by race and ethnicity are calculated using the Alcohol-Related Disease Impact (ARDI) application to estimate alcohol-attributable deaths. ARDI does not provide stratification by race/ethnicity, only by age and sex. Alcohol-attributable deaths for race/ethnicity may be high among one race/ethnicity group due to a broader disparity in one of the 58 alcohol-attributable causes of death, and not necessarily due to a difference in alcohol involvement. The ARDI application is used to calculate estimates over a specified period, usually 5 years. The application is not set up to examine trends over time due to year-to-year variations in these estimates that may not be due to alcohol consumption. All estimates are currently based on alcohol consumption patterns of 2015-2019.

Source: N.C. State Center for Health Statistics , 2012-2021; CDC ARDI Estimates for alcohol-attributable death by chronic causes of death - for more information on ARDI see https://nccd.cdc.gov/DPH_ARDI/default/default.aspx

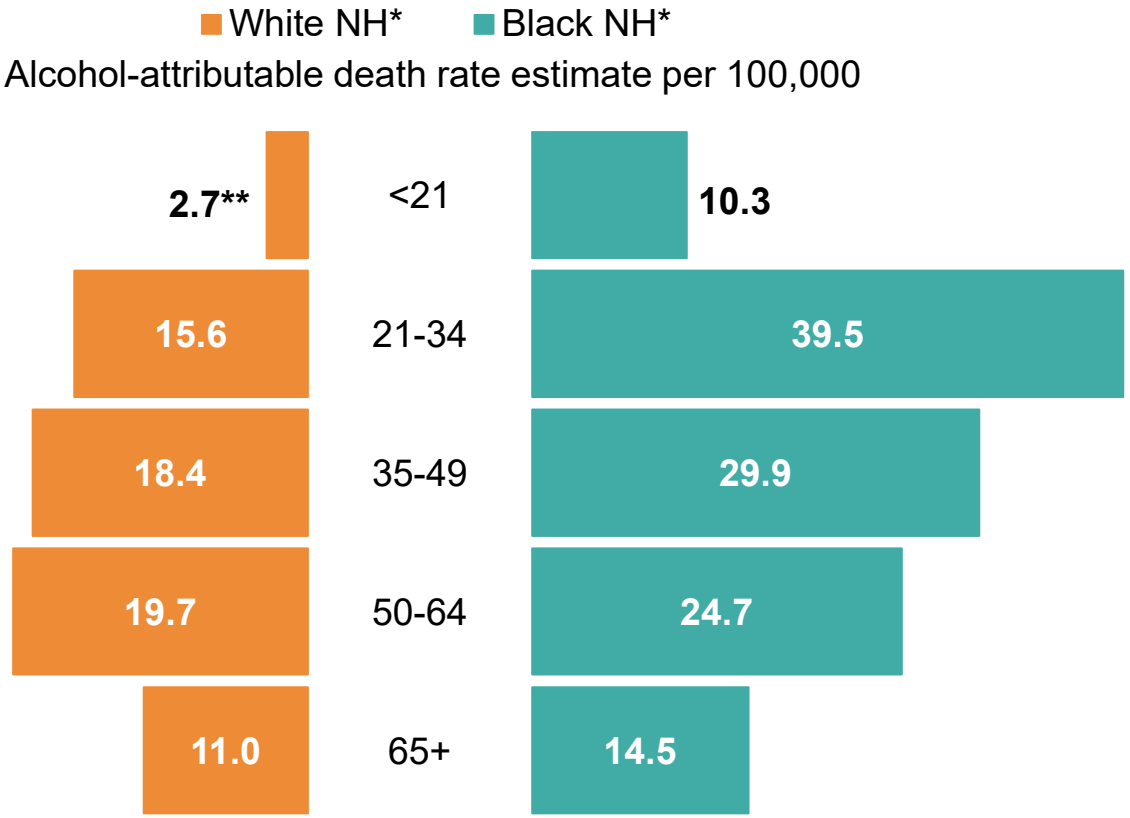
Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

Acute Alcohol-Attributable Deaths



Source: *Selected Examples of Alcohol-Attributable Deaths.* CDC ARDI: https://nccd.cdc.gov/DPH_ARDI/Info/ICDCodes.aspx

Acute alcohol-attributable death rates were higher for Black NH* residents when compared to white NH* residents across every age group in Durham County



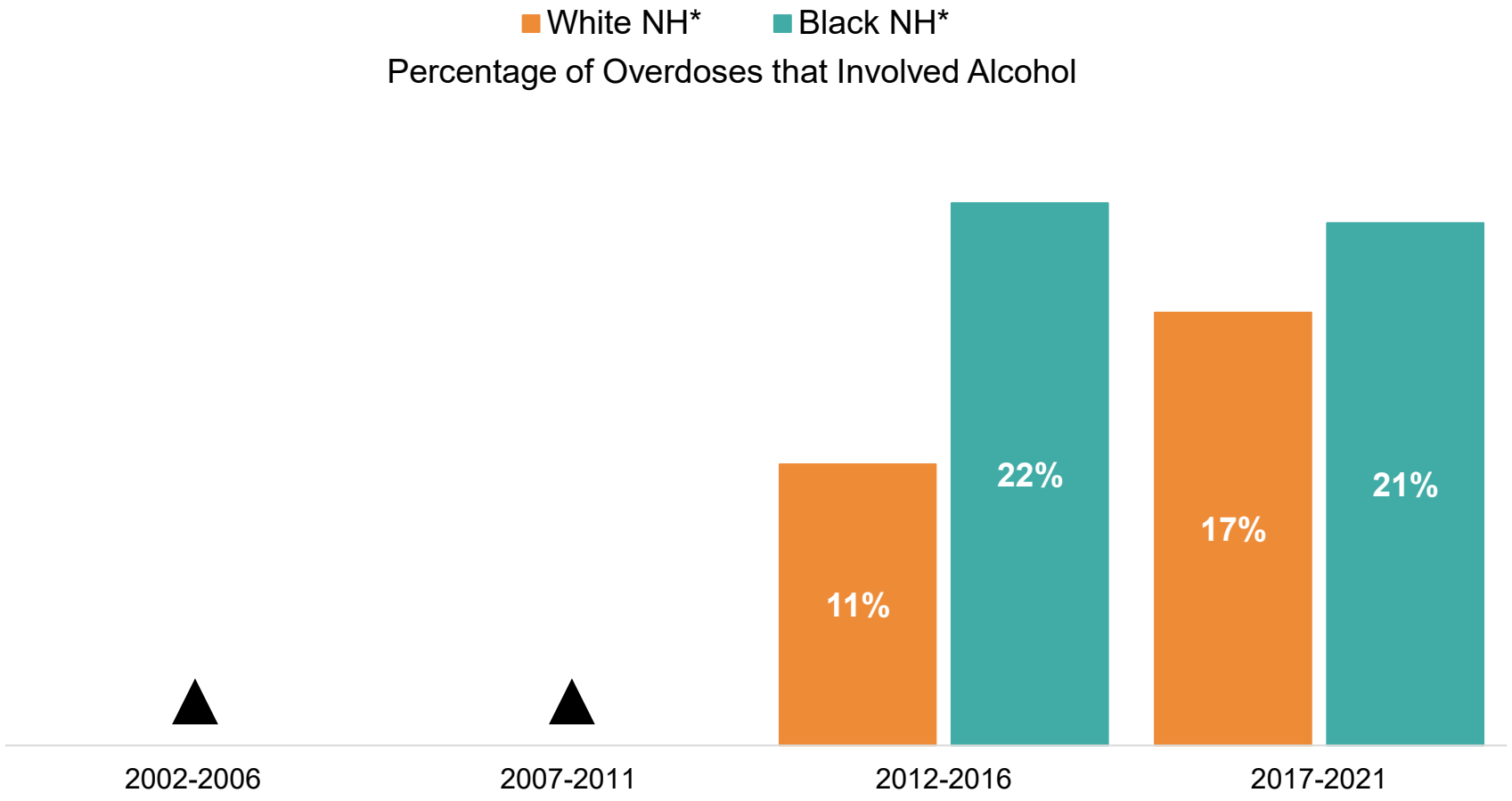
*NH = Non-Hispanic **Interpret with caution, low numbers (5-9 deaths)

Technical Note: Rates by race and ethnicity are calculated using the Alcohol-Related Disease Impact (ARDI) application to estimate alcohol-attributable deaths. ARDI does not provide stratification by race/ethnicity, only by age and sex. Alcohol-attributable deaths for race/ethnicity may be high among one race/ethnicity group due to a broader disparity in one of the 58 alcohol-attributable causes of death, and not necessarily due to a difference in alcohol involvement. The ARDI application is used to calculate estimates over a specified period, usually 5 years. The application is not set up to examine trends over time due to year-to-year variations in these estimates that may not be due to alcohol consumption. All estimates are currently based on alcohol consumption patterns of 2015-2019.

Source: N.C. State Center for Health Statistics , 2012-2021; CDC ARDI Estimates for alcohol-attributable death by acute causes of death - for more information on ARDI see https://nccd.cdc.gov/DPH_ARDI/default/default.aspx

Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

Percents of overdoses involving alcohol were higher for Black NH* residents in Durham County



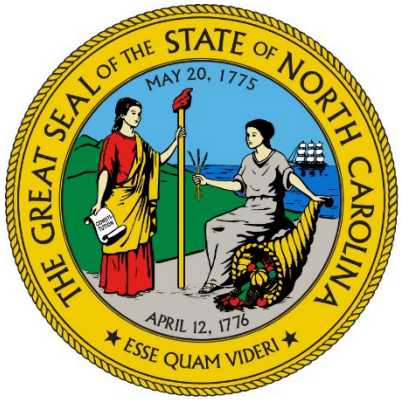
*NH = Non-Hispanic

▲ Percentages for Durham County were not calculated due to a low number of deaths.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2002-2021.
All intent medication and drug poisoning: primary cause of death of X40-X44, X60-X64, Y10-Y14, X85; Alcohol Involvement: any mention of T51.0, T51.1, or T51.0
Analysis by Injury Epidemiology and Surveillance Unit

Additional Resources

- For more information about excessive alcohol use in North Carolina, please visit the N.C. Injury and Violence Prevention Branch Alcohol Use Website.
- The N.C. Alcohol Data Dashboard provides information on the public health impact of excessive alcohol use at the state and county levels.
- The N.C. State Excessive Alcohol Advisory (NC SEAAC) committee was established to develop and implement a statewide action plan to address excess alcohol use. If you are interested in participating in NC SEAAC, please email SubstanceUseData@dhhs.nc.gov or beinjuryfree@dhhs.nc.gov.
- For question related to alcohol data requests, please email SubstanceUseData@dhhs.nc.gov.
- If you have questions regarding a custom data request or available data products, please use the Injury and Violence Prevention Branch Data Support Bookings Application to reserve time to chat with one of our epidemiologists.



N.C. Department of Health and Human Services

Durham County Overdose Data

National, North Carolina, and Durham Overdose Trends

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index

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National Center for Health Statistics

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NCHS Pressroom

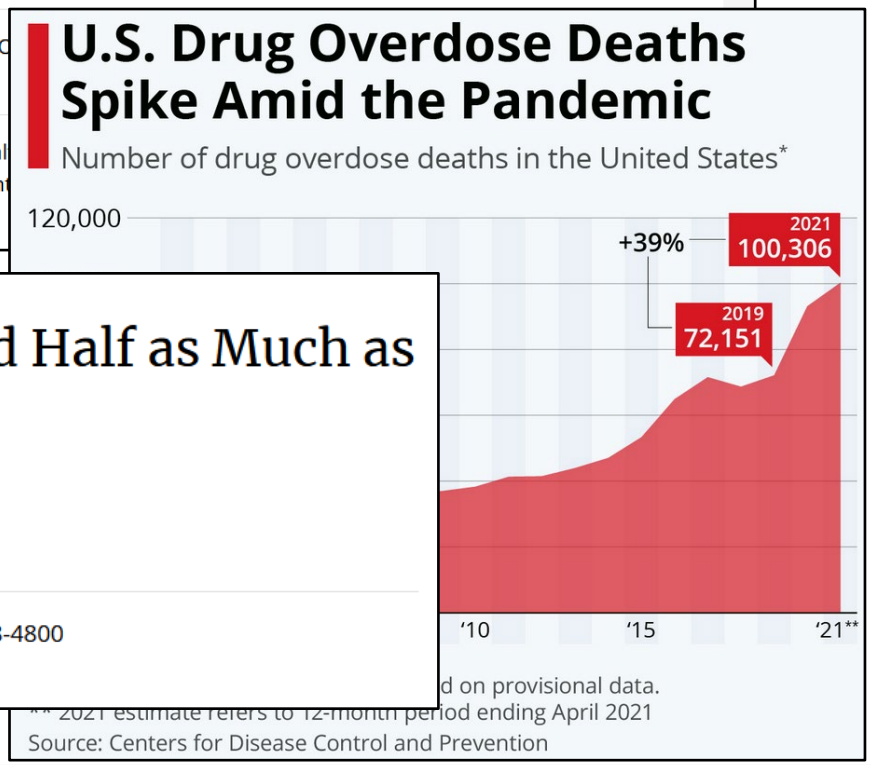
- Weekly COVID-19 Mortality Overview
- 2022 Release Schedule
- Upcoming
- Publications Archives
- QuickStats Archives
- Stats of the States

Drug Overdose Deaths in the U.S. Top 100,000 Annually

For Immediate Release: November 17, 2021

Contact: CDC, National Center for Health Statistics, C
E-mail: paoquery@cdc.gov

Provisional data from CDC's National Center for Heal
overdose deaths in the United States during 12-mont
deaths during the same period the year before.

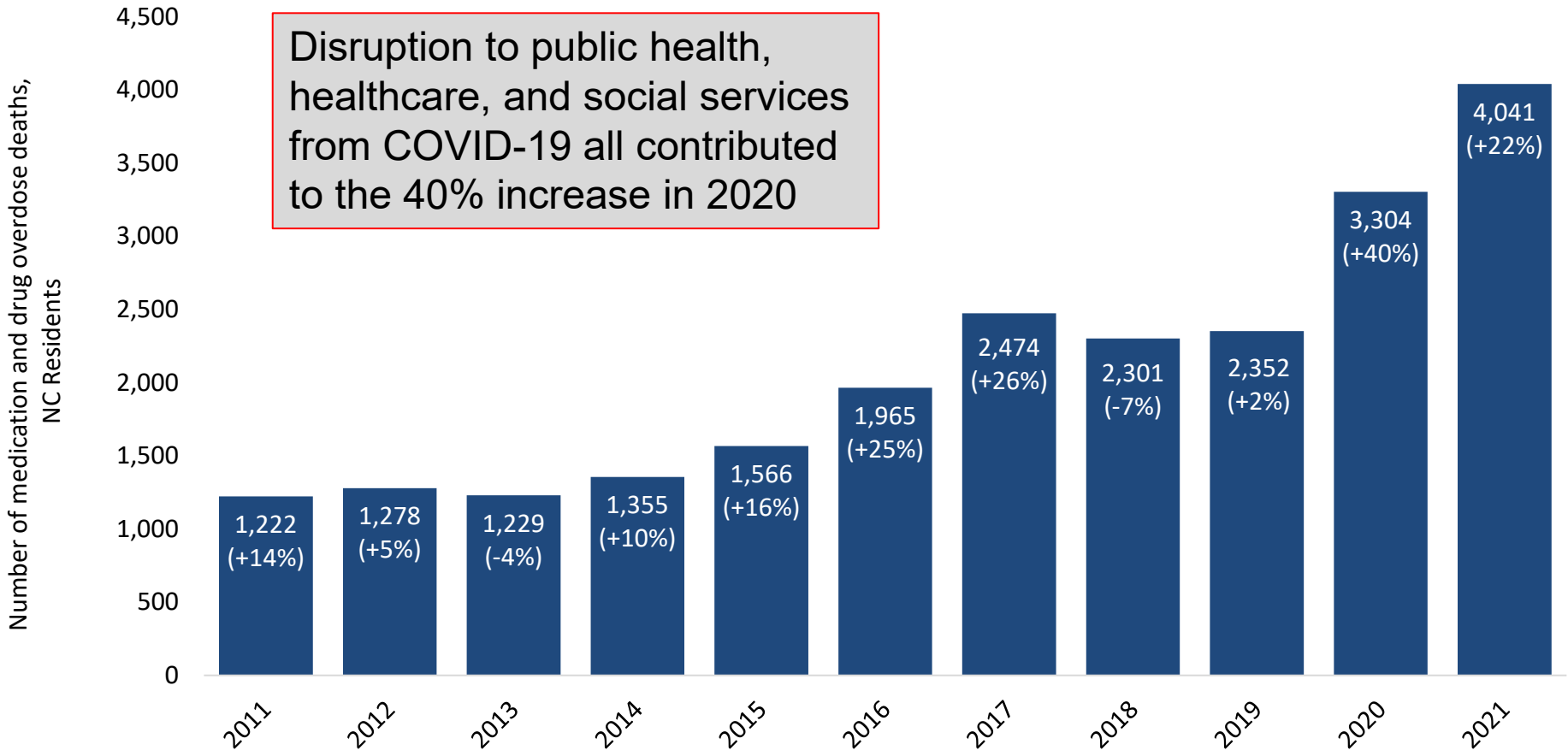


U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 – But Are Still Up 15%

For Immediate Release: May 11, 2022

Contact: CDC, National Center for Health Statistics, Office of Communication (301) 458-4800
E-mail: paoquery@cdc.gov

North Carolina has experienced similar increases

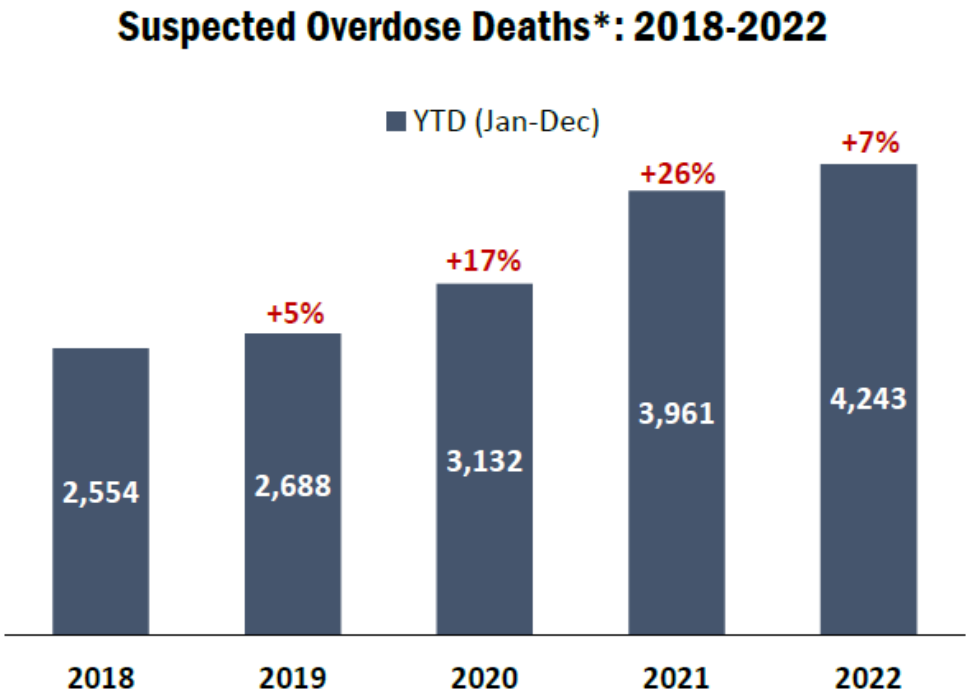


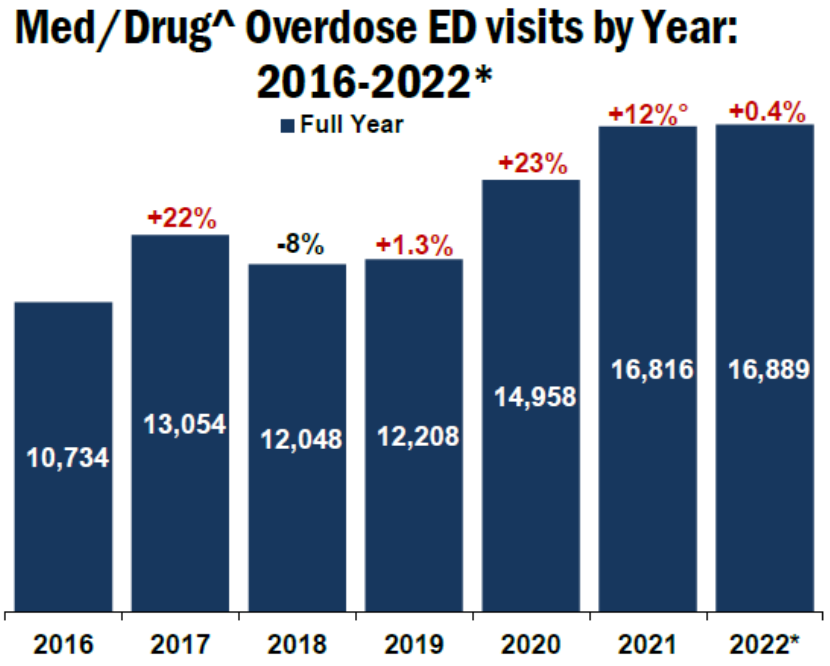
Technical Notes: Medication and drug poisoning, all intents;
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2010-2021
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

In 2021, an average of **11 North Carolinians** died each day from an overdose.

Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to N.C. residents
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2021
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

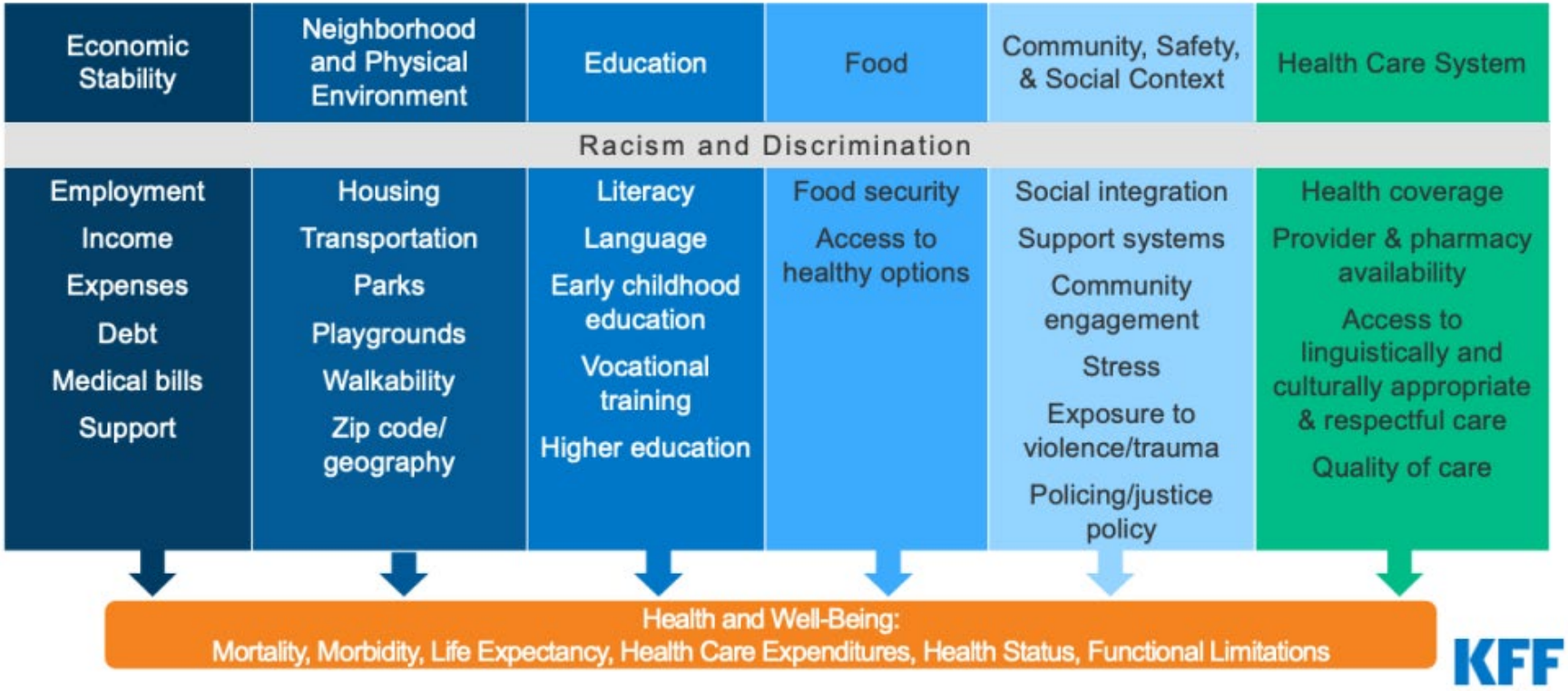
Suspected overdose death and ED visit data suggest the increase slowed in 2022





Source: NC OCME Suspected Overdose Deaths Report and NC Overdose ED Visits Involving Medication or Drug with Potential for Dependency – posted to https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/Overdose.htm in Jan 2023

Communities of color have been systematically marginalized through decades of a criminalized response to addiction.



Data on many drivers of health are not often collected alongside health outcome data.

NCDHHS

Home > Home > News > Press Releases

TUESDAY, FEBRUARY 21, 2023 - 00:00

North Carolina Reports 22% Increase In Overdose Deaths

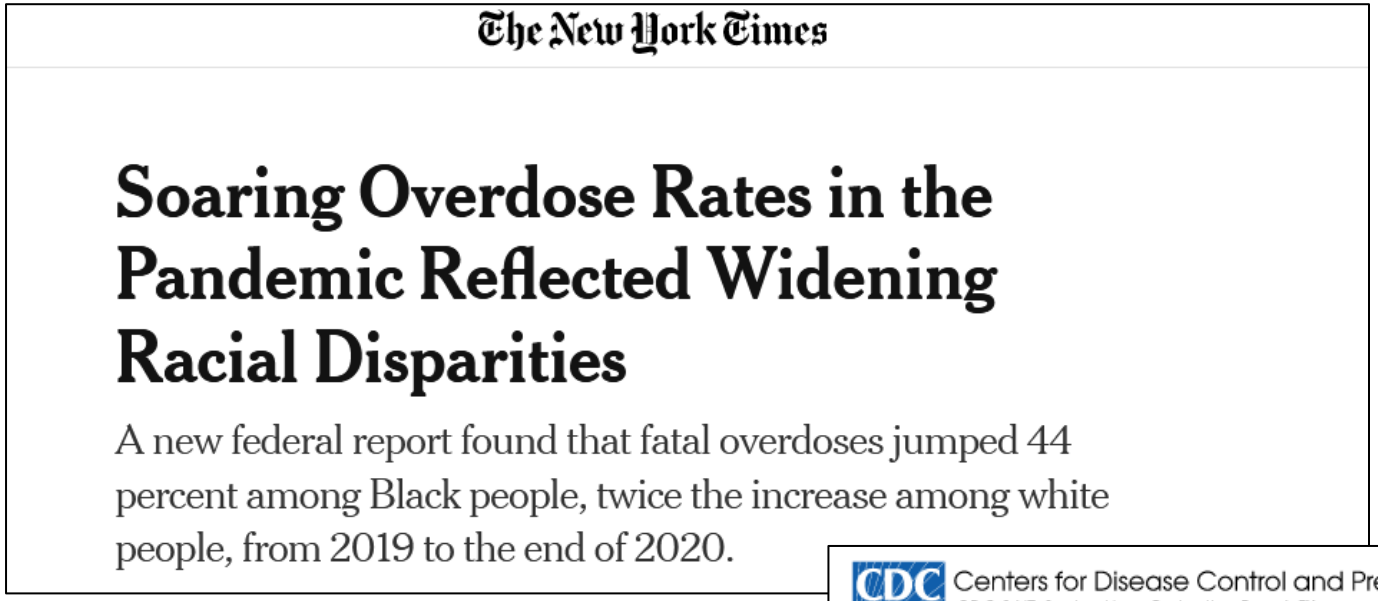
NCDHHS Continues Fight Against Overdose Epidemic

With overdose deaths in 2021 i
Department of Health and Hum
mobile crisis care, treatment p
improve behavioral health serv

Overdose Death Rates by Year and Race, Increase from 2019 to 2021

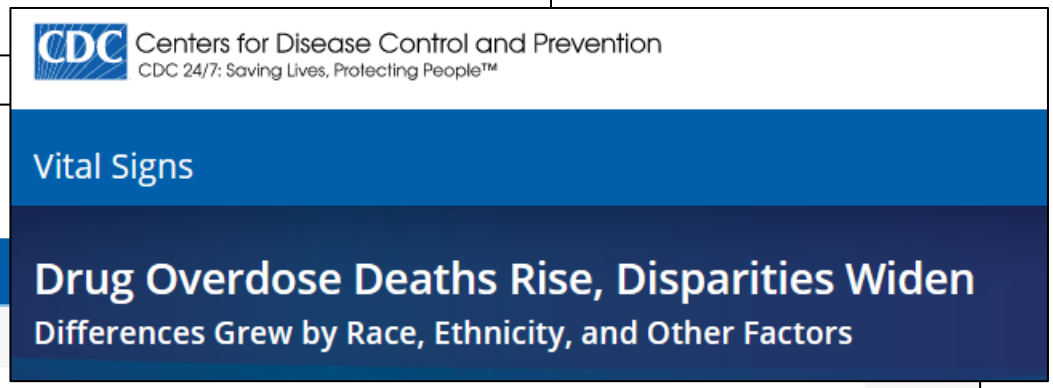
Race	2019 rate	2021 rate	Increase
American Indian/Indigenous	43.3	94.1	117%
Black/African American	16.1	38.5	139%
White	27.4	42.0	53%

Deaths per 100,000 residents; Non-Hispanic


The New York Times

Soaring Overdose Rates in the Pandemic Reflected Widening Racial Disparities

A new federal report found that fatal overdoses jumped 44 percent among Black people, twice the increase among white people, from 2019 to the end of 2020.


CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Vital Signs

Drug Overdose Deaths Rise, Disparities Widen

Differences Grew by Race, Ethnicity, and Other Factors

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

CDC Newsroom

CDC > Newsroom Home > CDC Newsroom Releases

Newsroom Home

CDC Newsroom Releases

2022 News Releases

2021 News Releases

2020 News Releases

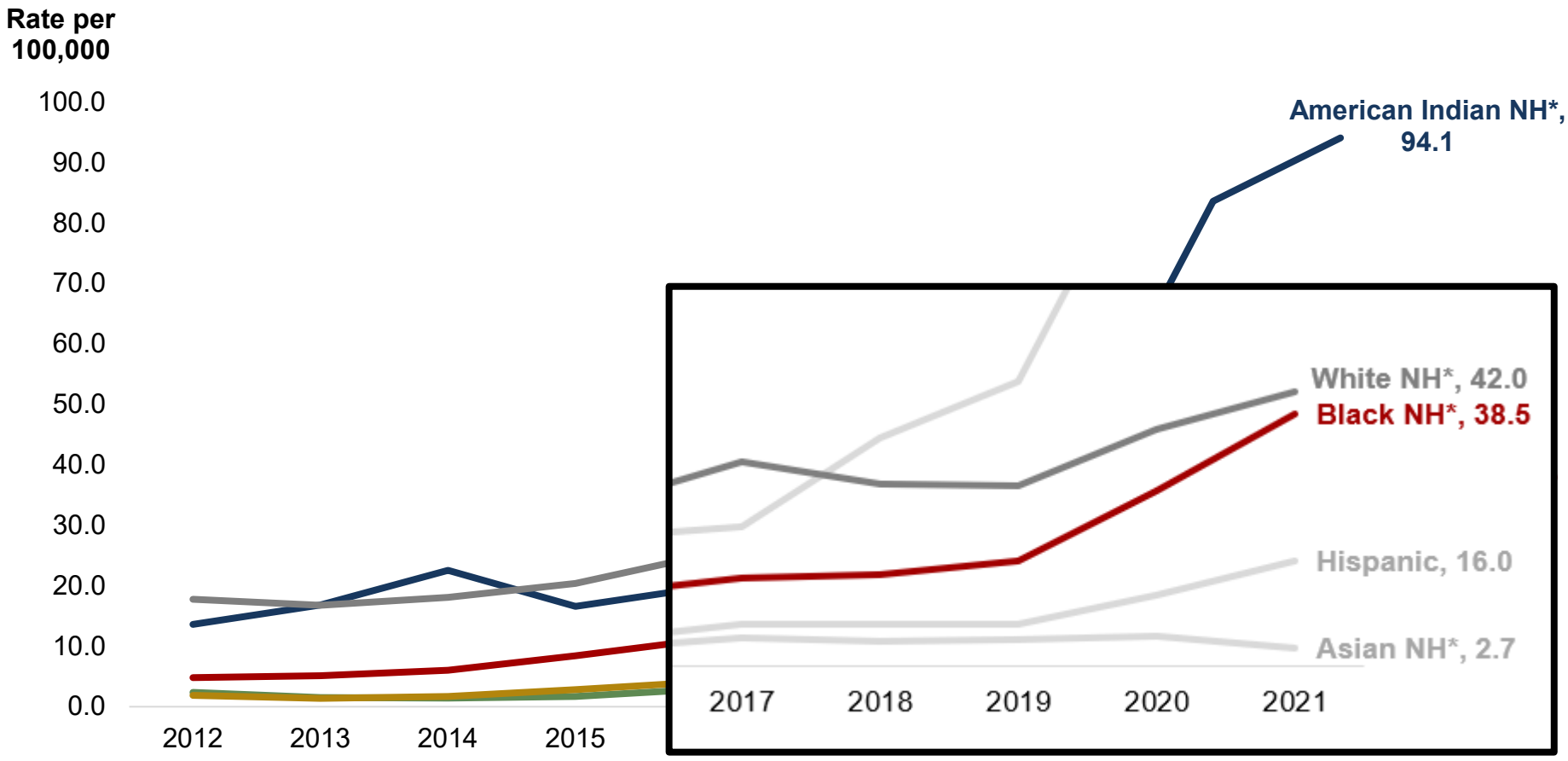
Overdose death rates increased significantly for Black, American Indian/Alaska Native people in 2020

Recent increases in deaths largely driven by illicitly manufactured fentanyl

Media Statement

Embargoed Until: Tuesday, July 19, 2022, 1:00 p.m. ET

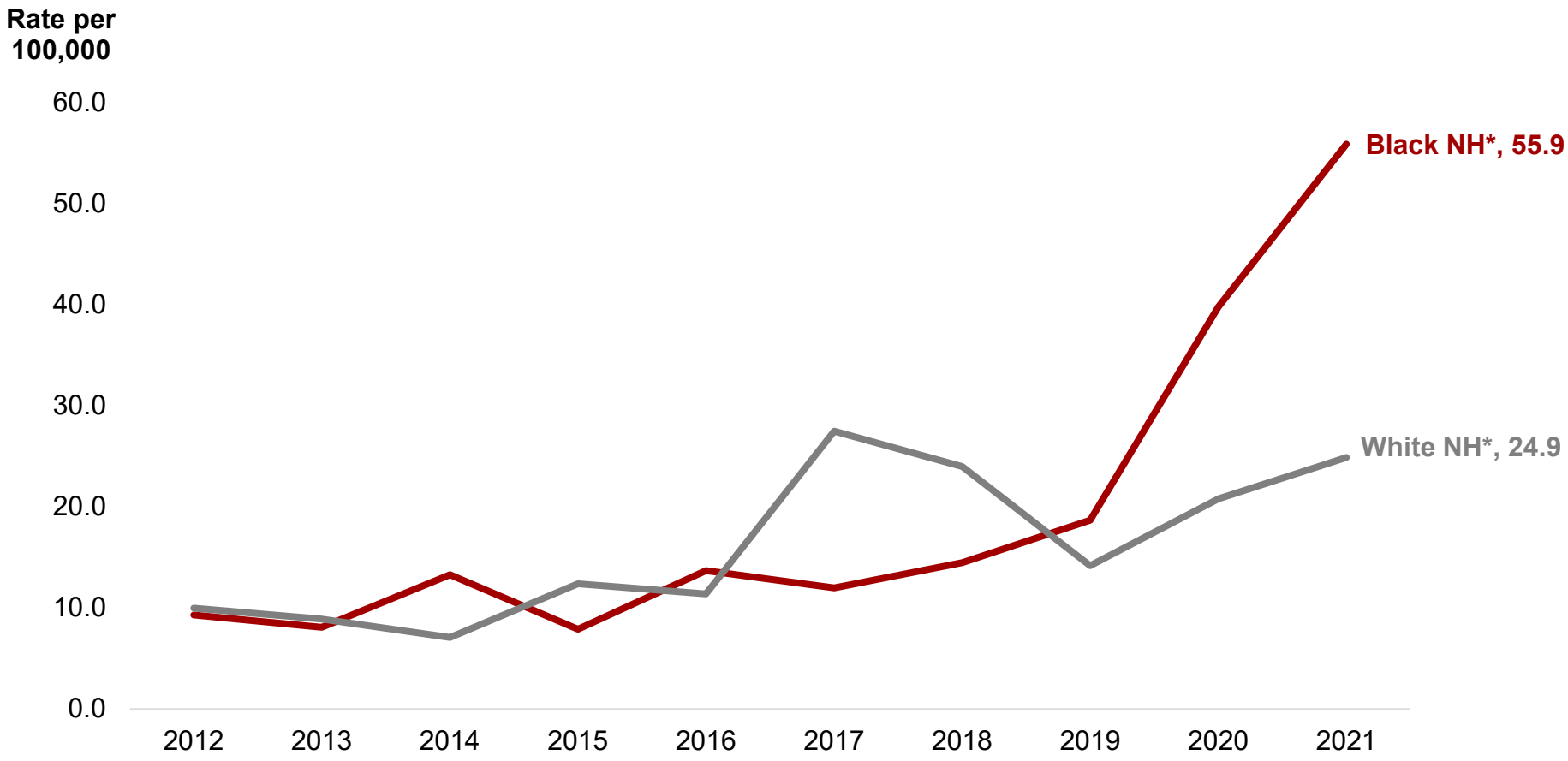
Fatal overdose rates are increasing in historically marginalized populations, and were exacerbated by the COVID-10 pandemic



*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, 2012-2021; Population-NCHS, 2012-2020 (2020 used as 2021 proxy)
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

Durham County fatal overdose trends differ from statewide trends



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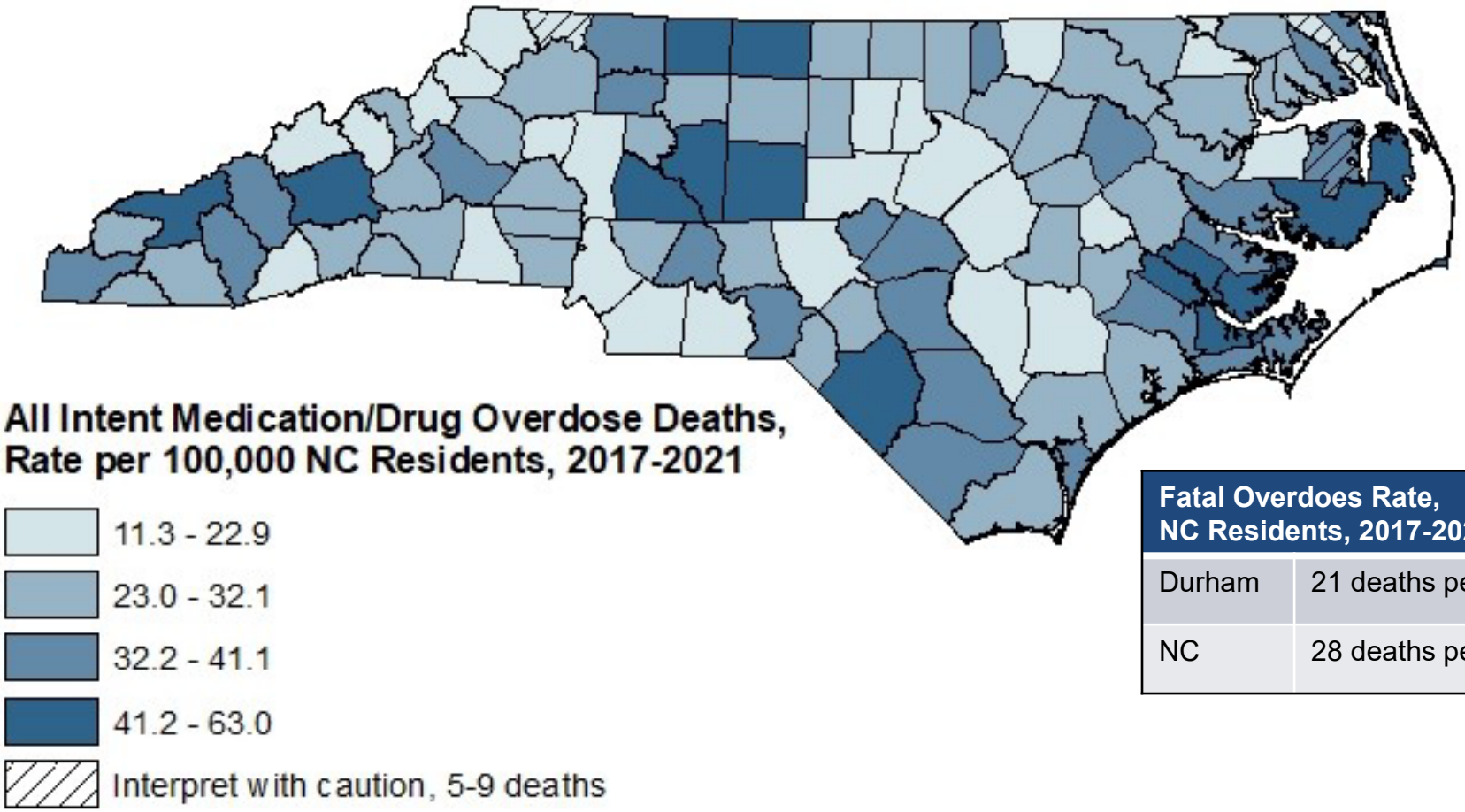
Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2012-2021; Population-NCHS, 2012-2020 (2020 used as 2021 proxy)
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

Durham's experienced a 75% increase in the disparity ratio between Black and white resident ED overdose visits from 2019-2022*

ED visits for med/drug overdose, 2019-2022^ Rate per 100,000 NC residents				
Place	2019 Rate Ratio B/W	2020 Rate Ratio B/W	2021 Rate Ratio B/W	2022* Rate Ratio B/W
Durham	1.29	1.45	1.62	2.27
North Carolina	0.92	0.90	0.96	1.10

Technical Notes: Medication and drug ED Visits, all intents; *2022 data are provisional and subject to change
Source: ED-N.C. DETECT, 2017-2022*; Population-National Center for Health Statistics, 2017-2020 (2020 used as proxy for 2021-22)
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

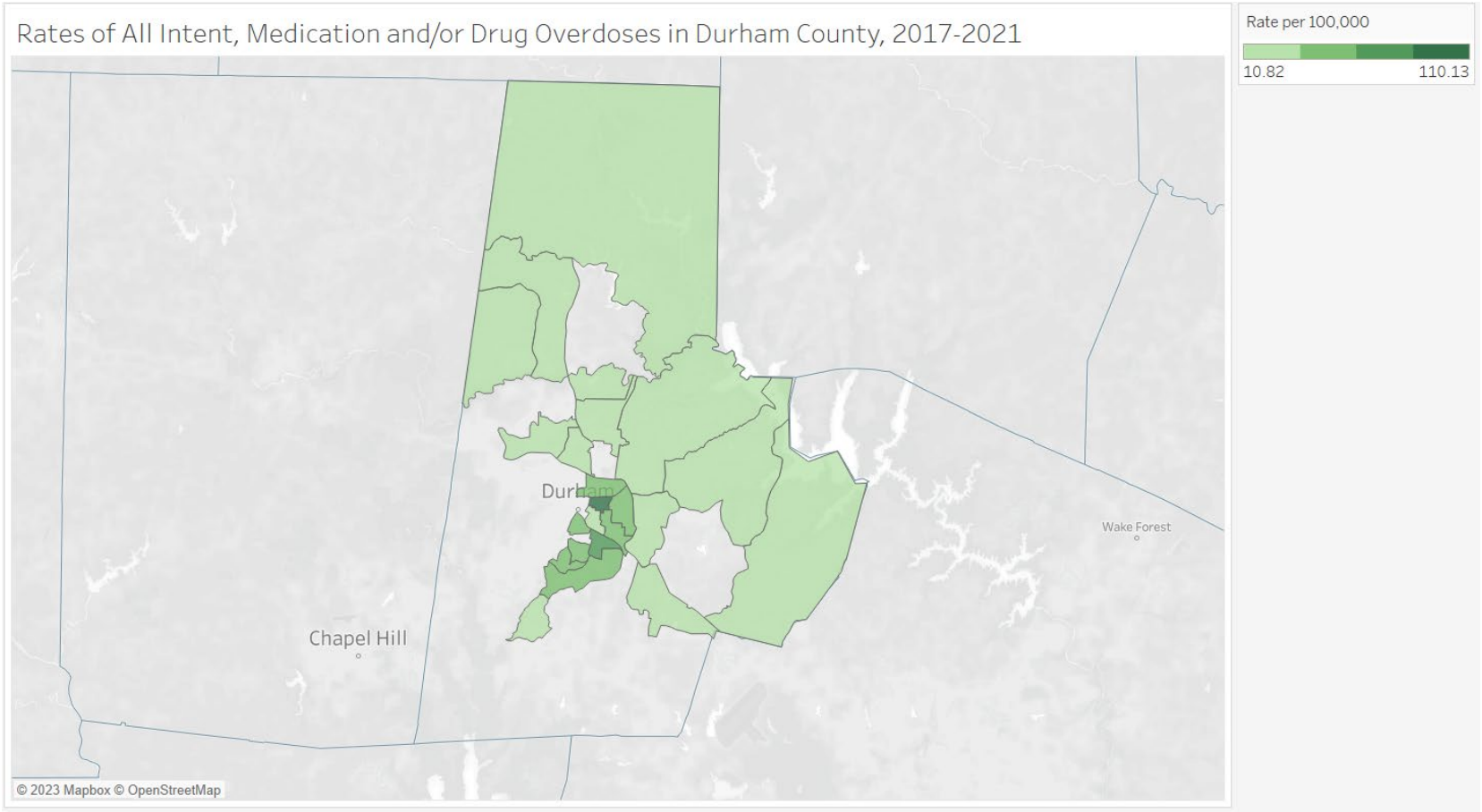
Overdose rates ranged from **12 to 63** deaths per 100,000 residents (2017-2021)



Fatal Overdoes Rate, NC Residents, 2017-2021	
Durham	21 deaths per 100,000
NC	28 deaths per 100,000

Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug poisoning: X40-X44, X60-X64, Y10-Y14, X85
Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2017-2021; Population-National Center for Health Statistics, 2017-2021
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

Subcounty analyses can tell a different story

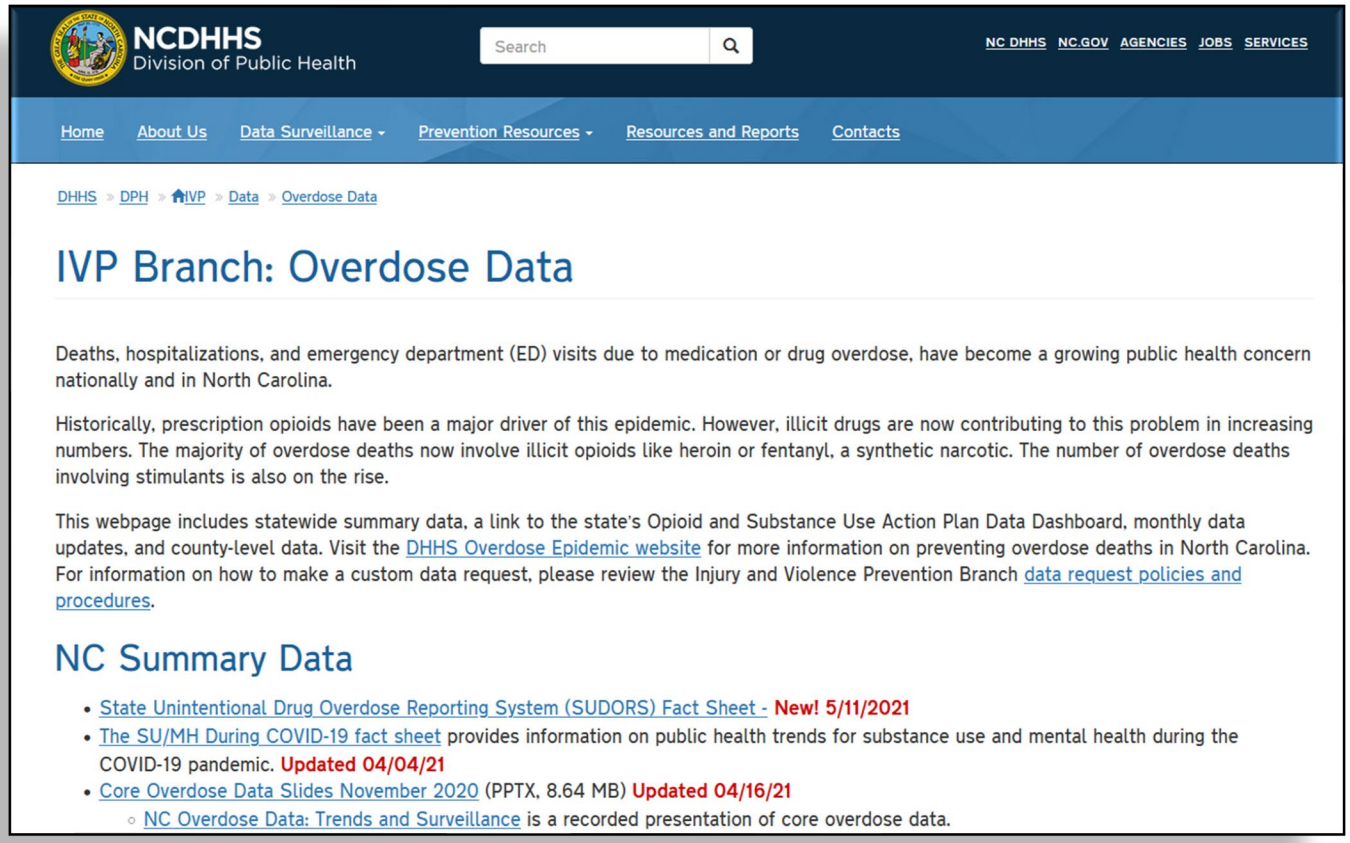


Note: Only census tracts with counts great than or equal to 5 are depicted on the map as rates are per 100,000 population and are considered unstable at low counts (1-4). Rates are calculated using population estimates from the American Community Survey on the census website, population for 2020-21 is subject to change and may slightly affect rate calculations.

Data source: North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data (2017-2021; 2021 data provisional as of 12/2/22)
Analysis by: North Carolina Division of Public Health Injury and Violence Prevention Branch Epidemiology, Surveillance & Informatics Unit

Surveillance Resources

Additional Resources



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IVP Branch: Overdose Data

Deaths, hospitalizations, and emergency department (ED) visits due to medication or drug overdose, have become a growing public health concern nationally and in North Carolina.

Historically, prescription opioids have been a major driver of this epidemic. However, illicit drugs are now contributing to this problem in increasing numbers. The majority of overdose deaths now involve illicit opioids like heroin or fentanyl, a synthetic narcotic. The number of overdose deaths involving stimulants is also on the rise.

This webpage includes statewide summary data, a link to the state's Opioid and Substance Use Action Plan Data Dashboard, monthly data updates, and county-level data. Visit the DHHS Overdose Epidemic website for more information on preventing overdose deaths in North Carolina. For information on how to make a custom data request, please review the Injury and Violence Prevention Branch data request policies and procedures.

NC Summary Data

- State Unintentional Drug Overdose Reporting System (SUDORS) Fact Sheet - **New! 5/11/2021**
- The SU/MH During COVID-19 fact sheet provides information on public health trends for substance use and mental health during the COVID-19 pandemic. **Updated 04/04/21**
- Core Overdose Data Slides November 2020 (PPTX, 8.64 MB) **Updated 04/16/21**
  - NC Overdose Data: Trends and Surveillance is a recorded presentation of core overdose data.

Core Overdose Slides

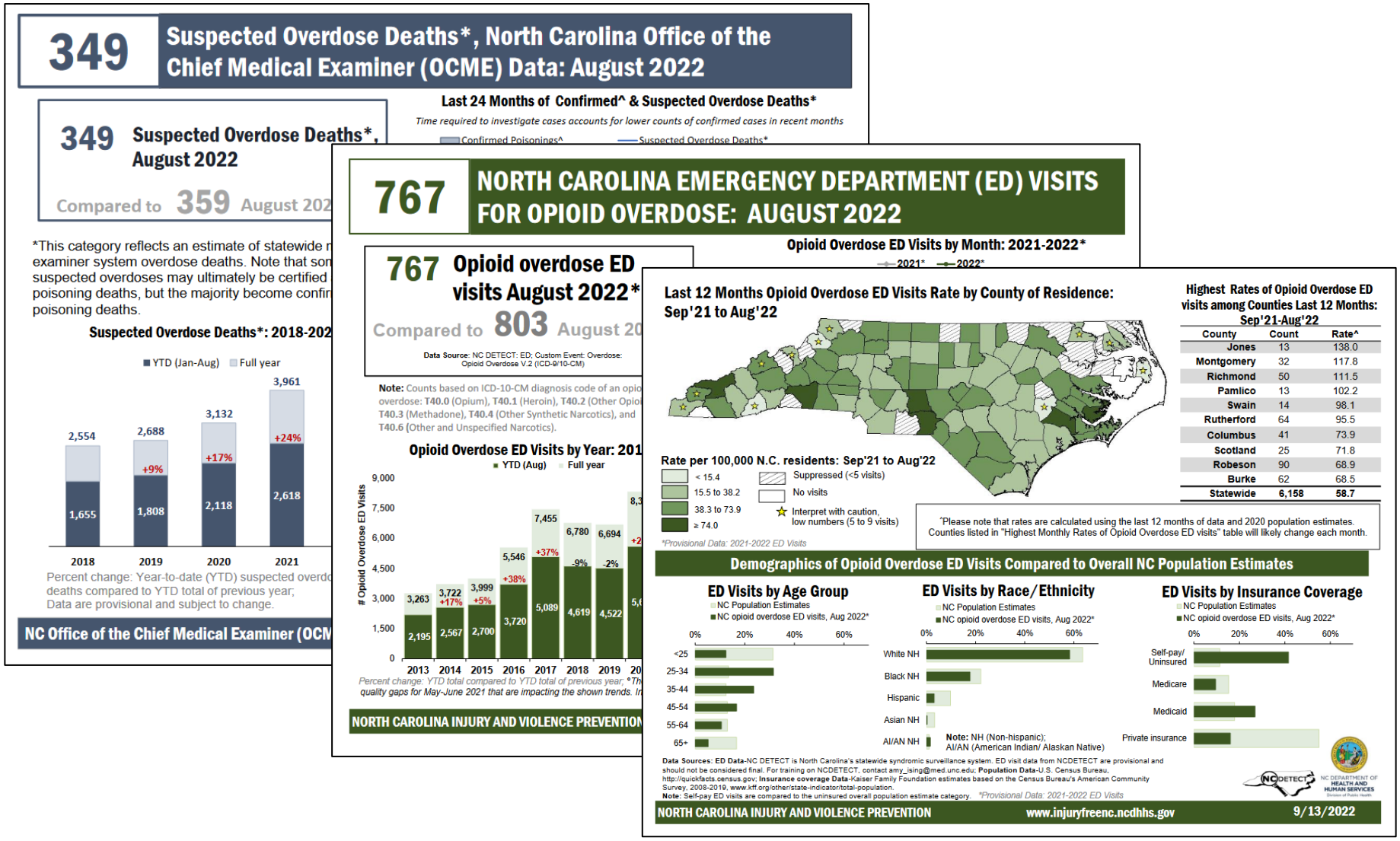
County-level Slides

Factsheets

Deaths, ED, and Hosp by county and drug

SubstanceUseData@dhhs.nc.gov

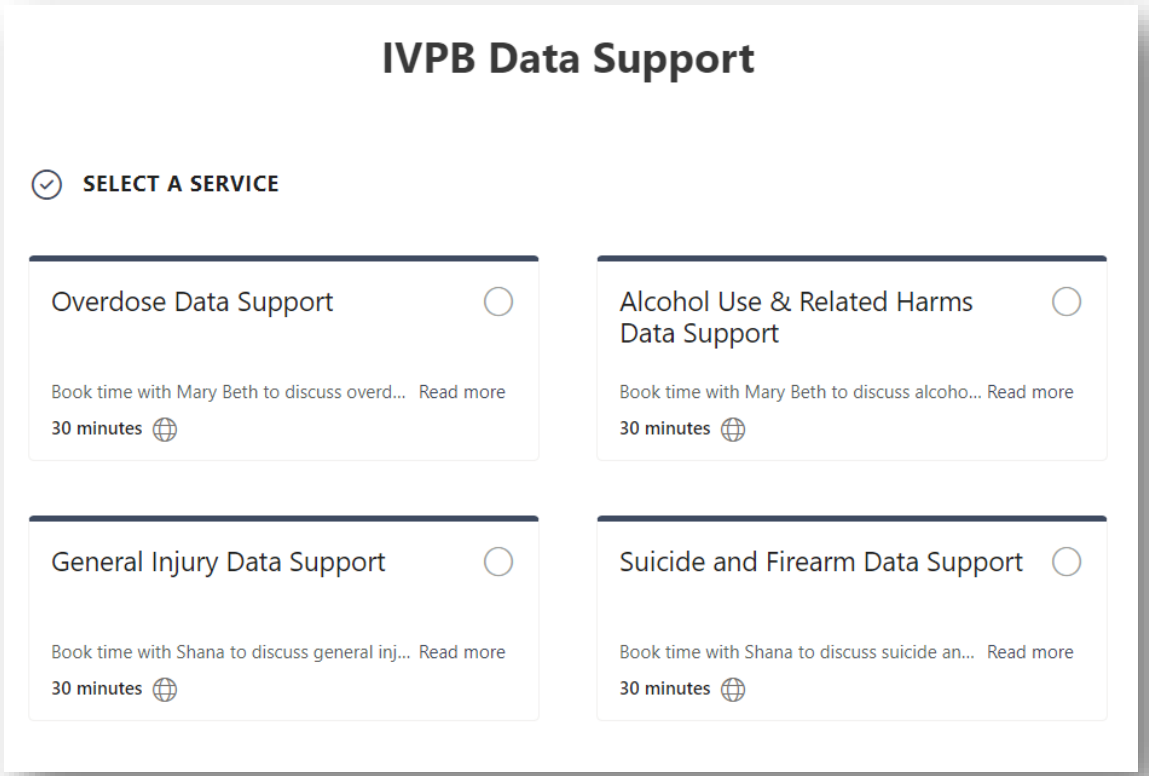
Monthly Surveillance Reports



IVPB Data Support now 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



North Carolina Opioid and Prescription Drug Abuse Advisory Committee (N.C. OPDAAC)

N.C. OPDAAC was created to develop and implement a statewide strategic plan to combat the problem of prescription drug use in North Carolina.

It's evolved into a community of practice for anyone working to address the opioid epidemic from prescribers, treatment, recovery and community groups, families who have lost loved ones to overdose, health systems, pharmaceutical industry, harm reduction and law enforcement. All perspectives are welcomed and heard.

https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee

Questions?

MaryBeth.Cox@dhhs.nc.gov
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https://www.injuryfreenc.ncdhhs.gov/DataSurveillance.htm