Opioid Overdose Emergency Department Visits: North Carolina, March 2018

457 Opioid overdose ED visits: March 2018
Compared to 371 March 2017

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

The highest concentration of cases occurred in:
**Mecklenburg, Buncombe, Cumberland, Guilford, and Wake counties.**

The highest rates occurred in:
**Haywood (16.5 per 100,000 residents), and Buncombe (12.9 per 100,000 residents) counties.**

**Note:** Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. Opioid overdose cases include poisonings with opium, heroin, opioids, methadone, and other synthetic narcotics. "Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes.”

**ED Visits by Age**
- <15
- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

**ED Visits by Race**
- White: 82%
- Black: 12%
- Other: 5%

**ED Visits by Gender**
- Female: 38%
- Male: 62%
Heroin overdose Emergency Department Visits: North Carolina, March 2018

302 Heroin overdose ED visits: March 2018
Compared to 226 March 2017

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

The highest concentration of cases occurred in:
Mecklenburg, Wake, Buncombe, Cumberland, and Catawba counties.

The highest rates occurred in:
Catawba (7.7 per 100,000 residents), and Buncombe (7 per 100,000 residents) counties.

Note: Counts based on diagnosis (ICD-9/10-CM code) of a heroin overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. *Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes.