ALL OPIOID OVERDOSE EMERGENCY DEPARTMENT VISITS: NORTH CAROLINA, SEPTEMBER 2018

484 All opioid overdose ED visits: September 2018
Compared to 490 September 2017

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

The highest concentration of visits by zip code occurred in:
Cumberland, Mecklenburg, Stanly, Buncombe, and Guilford counties.

The highest rates occurred in:
Stanly (19.7 per 100,000 residents), and Cumberland (16.5 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 rather than specific opioid poisoning codes.

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**HEROIN & SYNTHETIC NARCOTIC OVERDOSE EMERGENCY DEPARTMENT VISITS: SEPTEMBER 2018**

**360** Heroin and synthetic narcotic overdose ED visits: September 2018

Compared to **342** September 2017

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

The highest concentration of visits by zip code occurred in:

**Cumberland, Mecklenburg, Stanly, Buncombe, and Guilford counties.**

The highest rates occurred in:

**Cumberland (11.9 per 100,000 residents), and Cabarrus (6.4 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.*

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