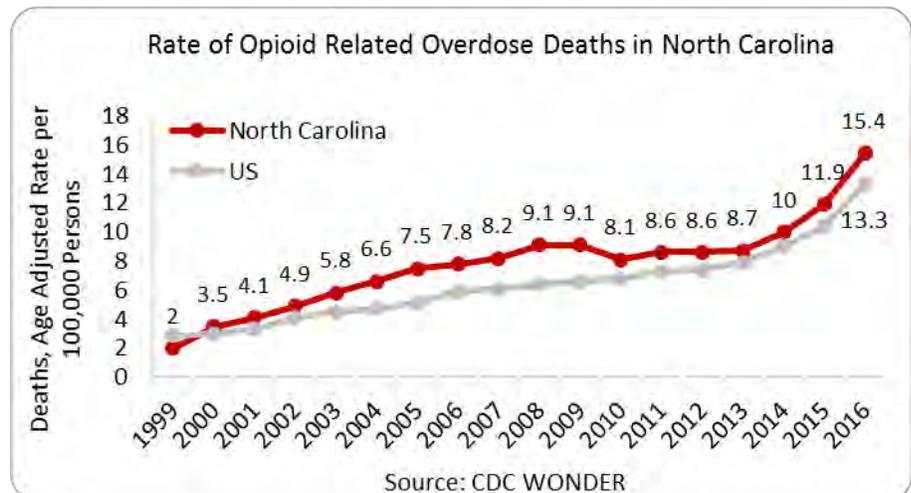




Opioid-Related Overdose Deaths

In 2016, there were 1,505 opioid-related overdose deaths in North Carolina—a rate of 15.4 deaths per 100,000 compared to the national rate of 13.3 deaths per 100,000 persons. Since 2010, when the rate was 8.1 deaths per 100,000 persons, the rate has almost doubled. From 2010 to 2016, the number of heroin-related deaths increased from 39 to 544 deaths and the number of deaths related to synthetic opioids rose from 170 to 601 deaths.

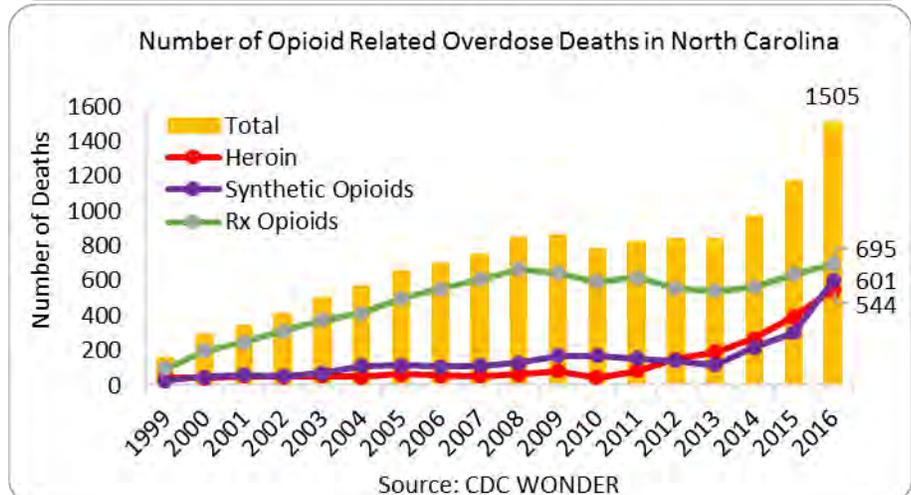


Opioid Pain Reliever Prescriptions

In 2015, North Carolina providers wrote 86.8 opioid prescriptions per 100 persons (8.7 million prescriptions). In the same year, the average U.S. rate was 70 opioid prescriptions per 100 persons ([IMS Health, 2016](#)).

Neonatal Abstinence Syndrome (NAS)

The incidence of NAS in North Carolina has increased from 0.3 per 1,000 births in 2000 to 6.4 per 1,000 births in 2013, a more than twenty-onefold increase. The average across the 28 states included in the 2013 analysis was 6.0 cases per 1,000 births ([CDC, MMWR, 2014](#)).



HIV Prevalence and HIV Diagnoses Attributed to Injection Drug Use (IDU)

U.S. Incidence: In 2015, 9.1 percent (3,594¹) of the 39,513 new diagnoses of HIV in the United States were attributed to IDU. Among new cases, 8.2 percent (2,614¹) of cases among men and 13.2 percent (980) of cases among women were transmitted via IDU ([CDC](#)).

¹ Includes transmission to individuals with injection drug use as a risk factor.



U.S. Prevalence: In 2014, 955,081 Americans were living with a diagnosed HIV infection—a rate of 299.5 per 100,000 persons. Of these, 18.1 percent (131,056¹) of males and 22.6 percent (52,013) of females were living with HIV attributed to IDU ([CDC](#)).

State Incidence: Of the new HIV cases in 2015, 1,335 occurred in North Carolina, with 8.1 percent¹ of new cases in males and 11.3 percent of new cases in females attributed to IDU ([AIDSVu](#)).

State Prevalence: In 2014, an estimated 28,897 persons were living with a diagnosed HIV infection in North Carolina—a rate of 348 infections per 100,000 persons. Of these, 15.1 percent¹ of males and 19.3 percent of females were living with HIV attributed to IDU ([AIDSVu](#)).

Hepatitis C (HCV) Prevalence and HCV Diagnoses Attributed to Injection Drug Use

U.S. Incidence: In 2015, there were 181,871 reported cases of chronic HCV and 33,900 estimated cases of acute HCV² ([CDC](#)). Where data were available, 64.2 percent of acute cases reported IDU ([CDC](#)).

U.S. Prevalence: An estimated 3.5 million Americans are living with HCV, including approximately 2.7 million living with chronic infections ([CDC](#)).

State Incidence: In 2014, North Carolina reported 113 cases of acute HCV at a rate of 1.14 cases per 100,000 persons. Where data were available, 84 percent reported IDU as their most likely exposure ([NC Medical Journal](#)). As it is not a reportable disease in the state of North Carolina, no data were available on the rate of chronic HCV infections.

State Prevalence: As of 2014, an estimated 110,000 persons were living with HCV in North Carolina ([NC Medical Journal](#)).

National Institutes of Health-Funded Research

The National Institute on Drug Abuse (NIDA), in partnership with the Appalachian Regional Commission (ARC) are supporting services planning research grants to address a dramatic increase in adverse outcomes associated with increased opioid injection drug use in Appalachia. The grants will help develop an epidemiologic understanding of opioid injection drug use, HIV and hepatitis C virus (HCV) infection risk, and other adverse health consequences of drug use in any of the 420 Appalachian counties (<http://www.arc.gov/counties>).

Additional Resources

- North Carolina Health and Human Services, [Opioid Crisis](#)
- Centers for Disease Control and Prevention, [Opioid Overdose](#)
- Centers for Disease Control and Prevention, [Annual Surveillance Report of Drug-Related Risks and Outcomes](#) (2017)
- Substance Abuse and Mental Health Services Administration, [Behavioral Health Barometer North Carolina, Volume 4](#) (2017)

² 2015 estimate after adjusting for under-ascertainment and under-reporting. Data for 2015 were unavailable for Alaska, Arizona, Connecticut, the District of Columbia, Hawaii, Iowa, Mississippi, New Hampshire, Rhode Island, and Wyoming.