

N.C. Department of Health and Human Services

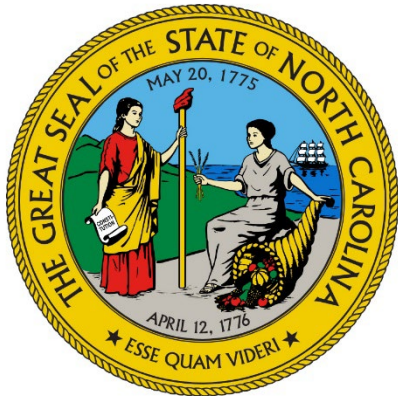
# Durham County Substance Use Surveillance Data

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Division of Public Health

Injury and Violence Prevention Branch



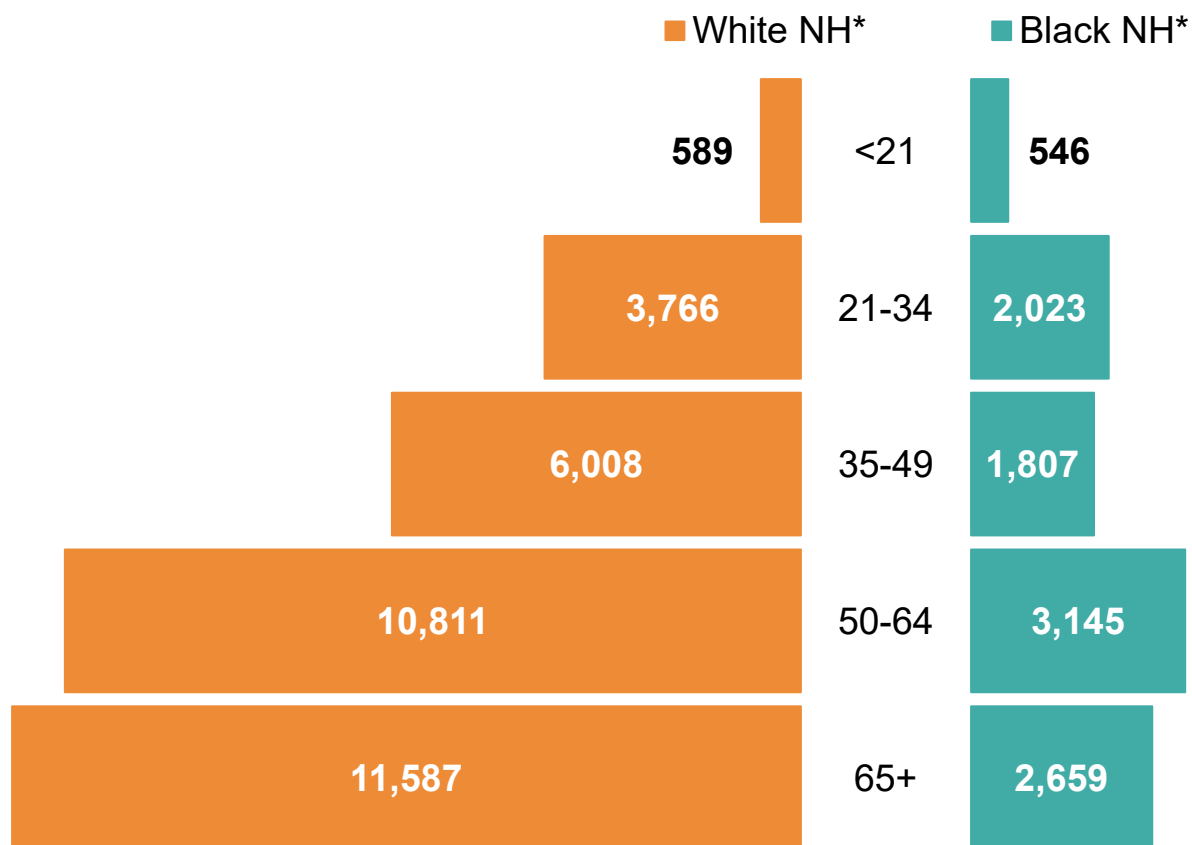
N.C. Department of Health and Human Services

# 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



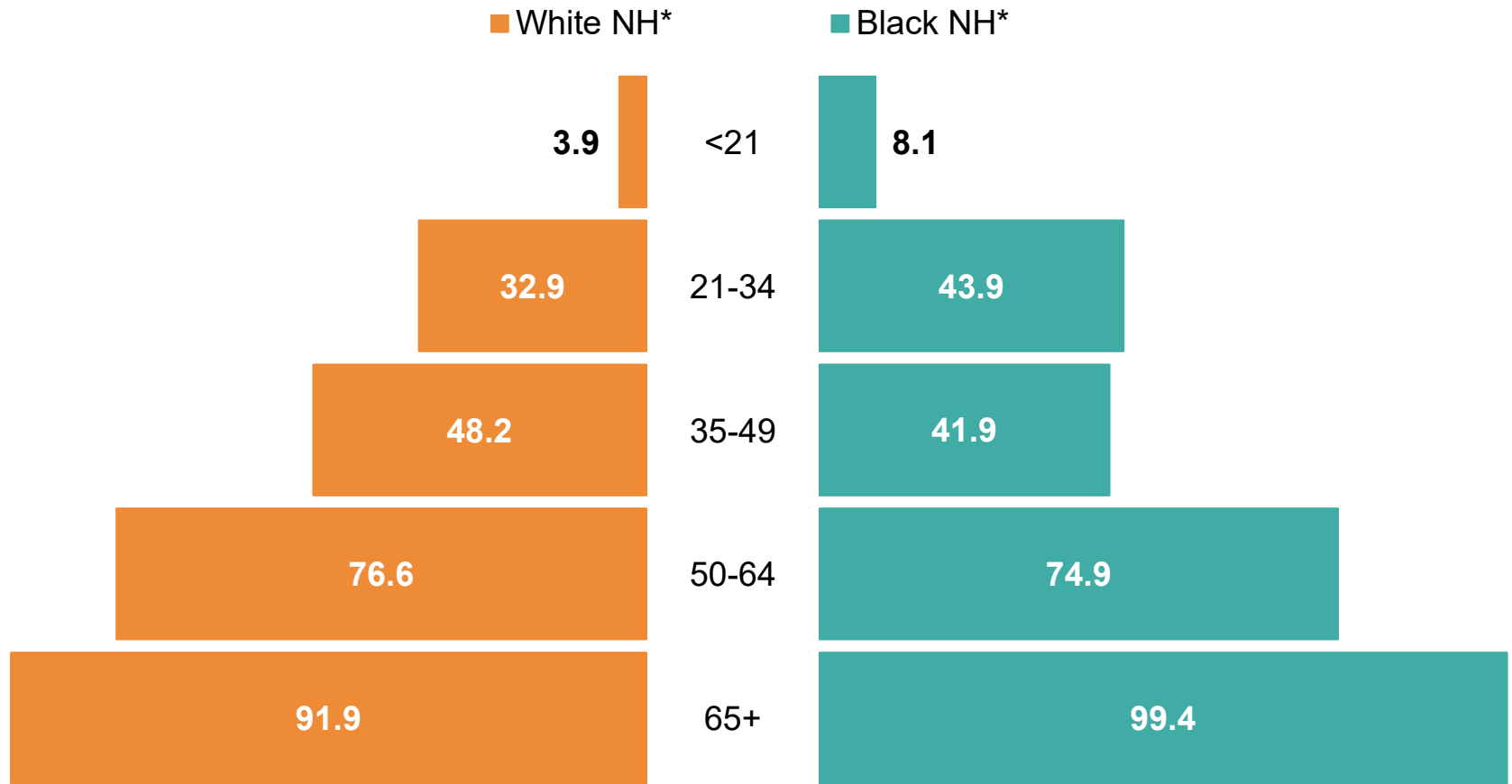
\*Non-Hispanic

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](https://nccd.cdc.gov/DPH_ARDI/default/default.aspx)

Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

# NC Alcohol-Attributable Death Rates



\*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](https://nccd.cdc.gov/DPH_ARDI/default/default.aspx)

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](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:

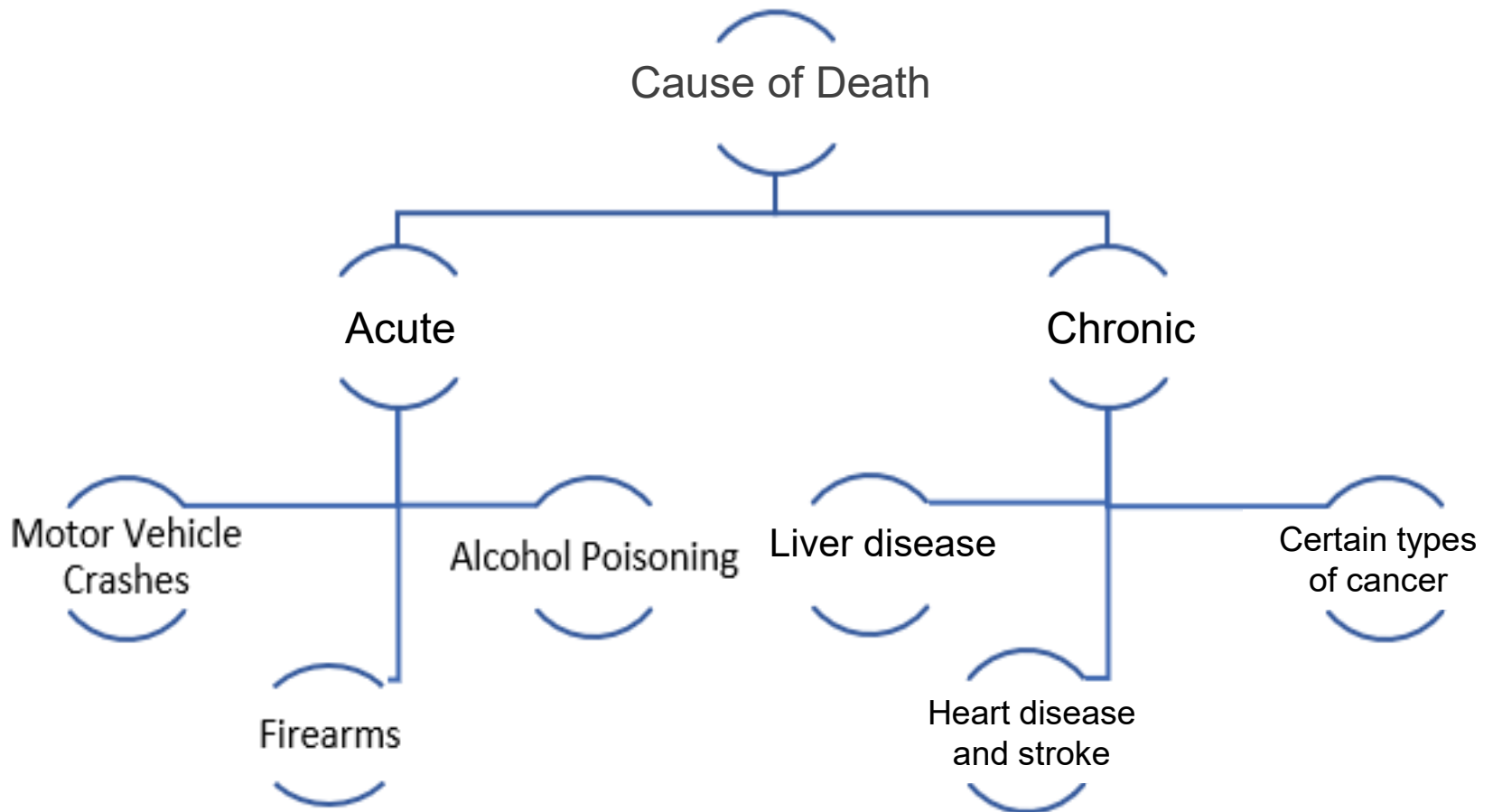
Consuming **4** or more drinks per occasion

**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.

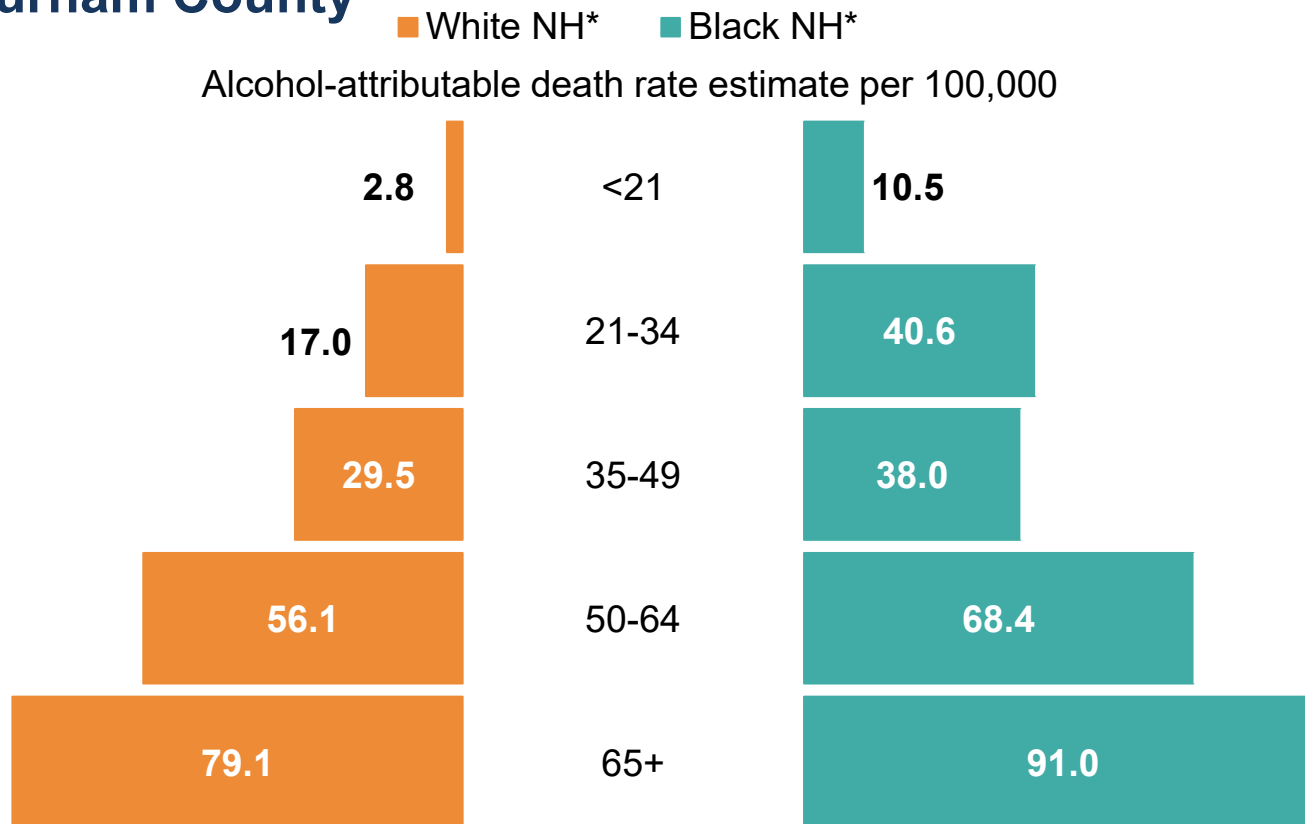
# Examples of Alcohol-Attributable Deaths



Source: *Selected Examples of Alcohol-Attributable Deaths*. CDC ARDI: [https://nccd.cdc.gov/DPH\\_ARDI/Info/ICDCodes.aspx](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

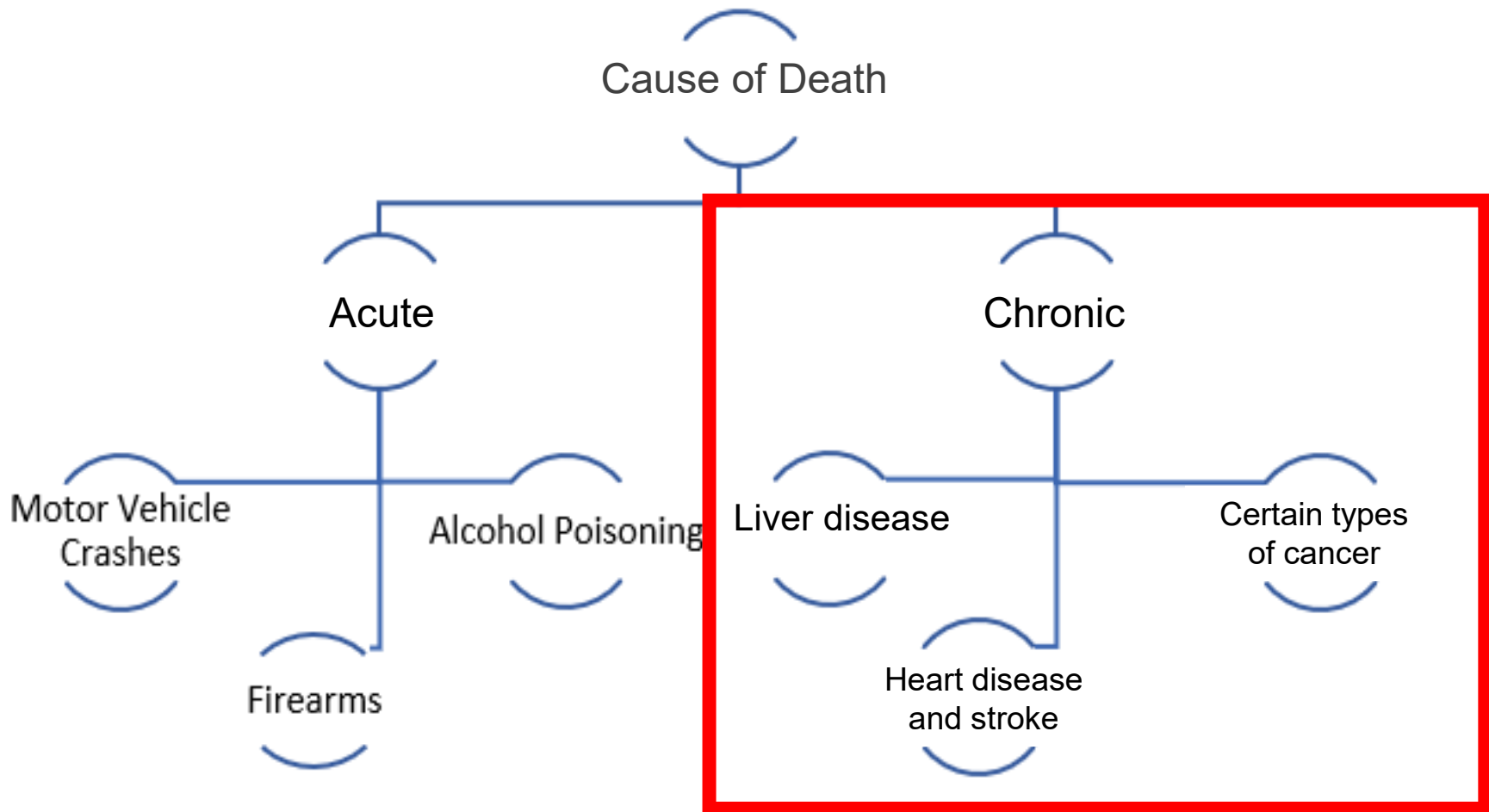
Technical Note: Rates by race and ethnicity are calculated using the Alcohol-Related Disease Impact (ARDI) application to estimate alcohol-attributable deaths. ARDI does not provide stratification by race/ethnicity, only by age and sex. Alcohol-attributable deaths for race/ethnicity may be high among 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](https://nccd.cdc.gov/DPH_ARDI/default/default.aspx)

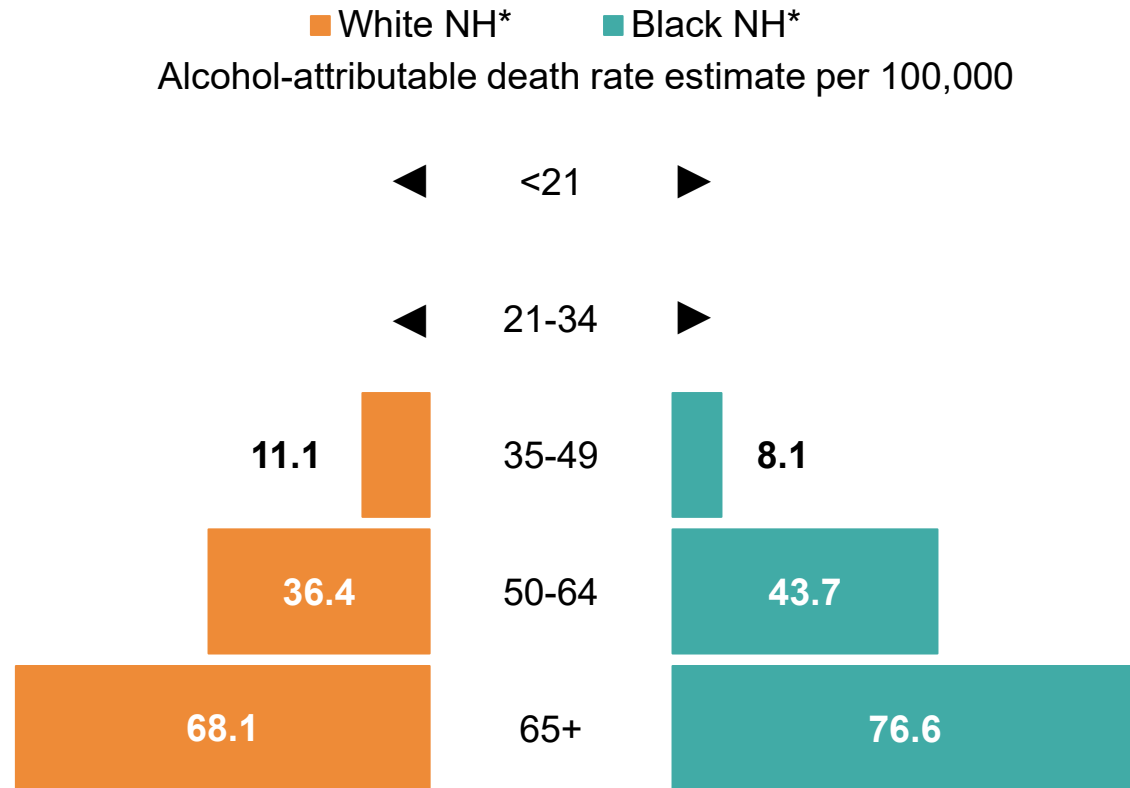
Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

# Chronic Alcohol-Attributable Deaths



Source: *Selected Examples of Alcohol-Attributable Deaths*. CDC ARDI: [https://nccd.cdc.gov/DPH\\_ARDI/Info/ICDCodes.aspx](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



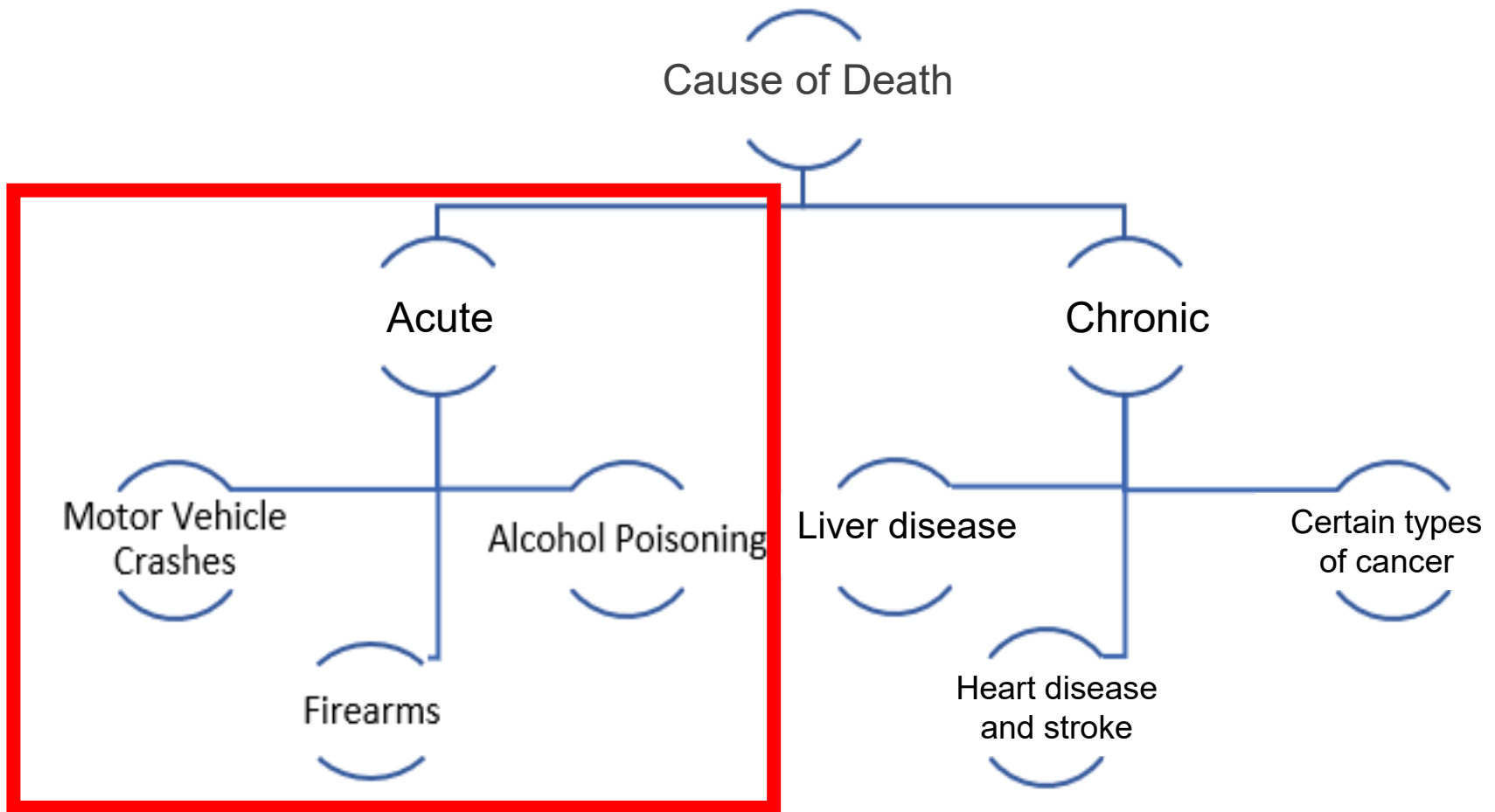
\*NH = Non-Hispanic    ▲ Rate not calculated, <5 deaths

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](https://nccd.cdc.gov/DPH_ARDI/default/default.aspx)

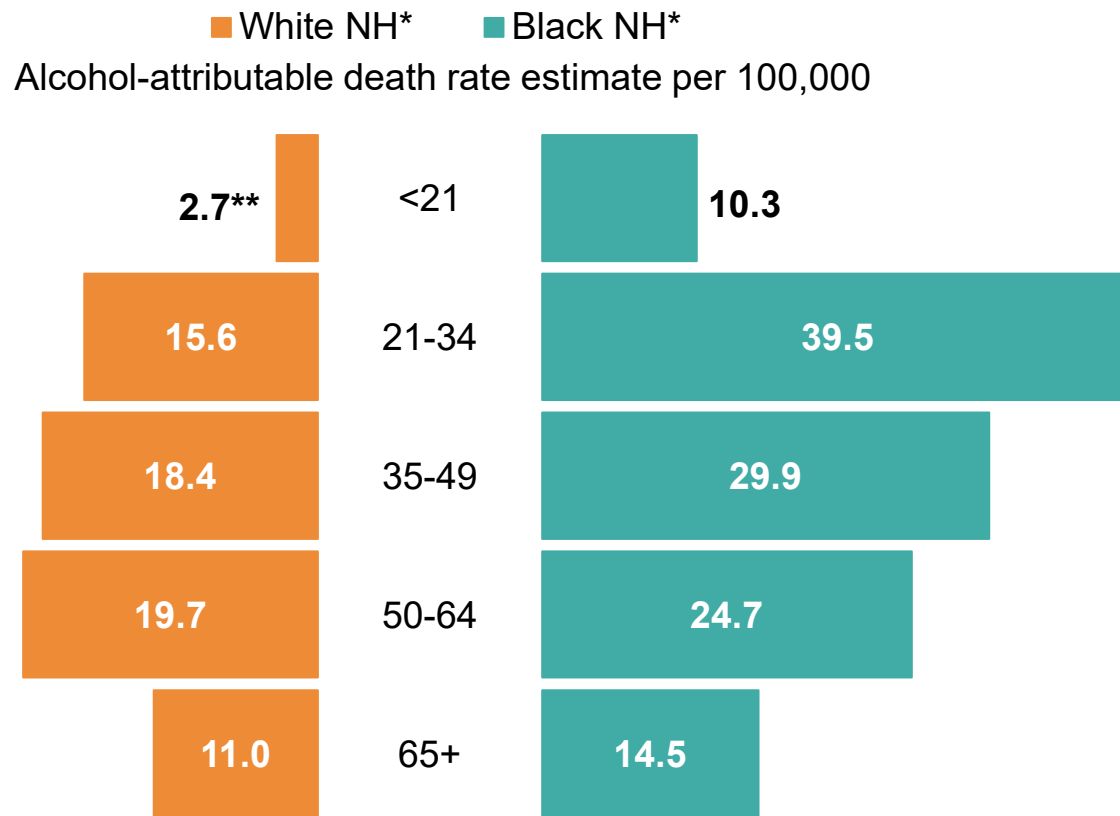
Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

# Acute Alcohol-Attributable Deaths



Source: *Selected Examples of Alcohol-Attributable Deaths*. CDC ARDI: [https://nccd.cdc.gov/DPH\\_ARDI/Info/ICDCodes.aspx](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.

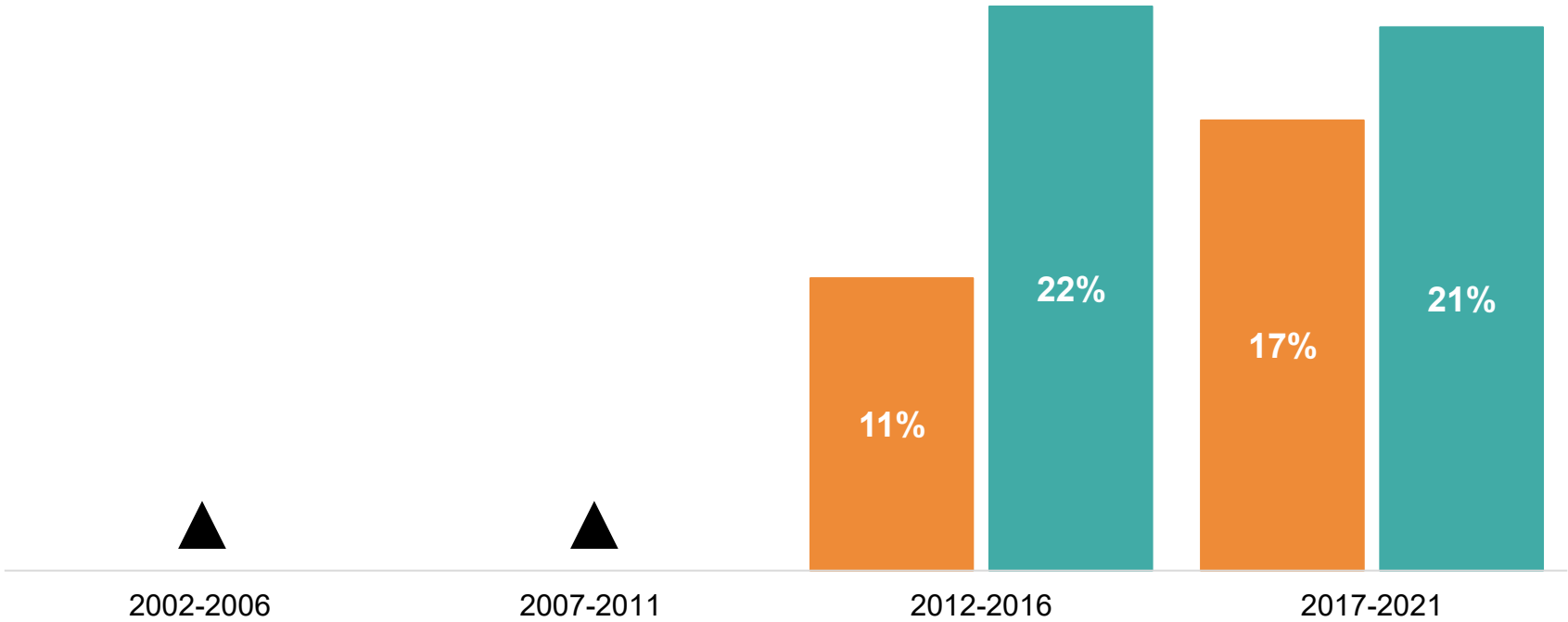
Source: N.C. State Center for Health Statistics, 2012-2021; CDC ARDI Estimates for alcohol-attributable death by acute causes of death - for more information on ARDI see [https://nccd.cdc.gov/DPH\\_ARDI/default/default.aspx](https://nccd.cdc.gov/DPH_ARDI/default/default.aspx)

Analysis by Injury Epidemiology, Surveillance, and Informatics Unit

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

White NH\*    Black NH\*

Percentage of Overdoses that Involved Alcohol



\*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.

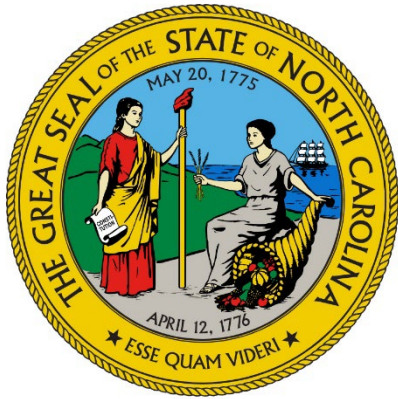
All intent medication and drug poisoning: primary cause of death of X40-X44, X60-X64, Y10-Y14, X85; Alcohol Involvement: any mention of T51.0, T51.1, or T51.0

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](mailto:SubstanceUseData@dhhs.nc.gov) or [beinjuryfree@dhhs.nc.gov](mailto:beinjuryfree@dhhs.nc.gov).
- For question related to alcohol data requests, please email [SubstanceUseData@dhhs.nc.gov](mailto: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

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## National Center for Health Statistics

CDC > NCHS Home



### 🏠 NCHS Pressroom

Weekly COVID-19 Mortality Overview

2022 Release Schedule

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Stats of the States

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

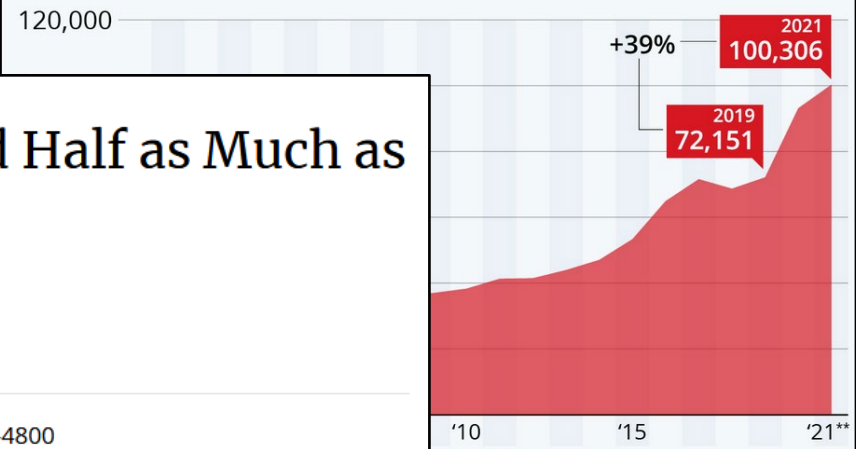
For Immediate Release: November 17, 2021

**Contact:** CDC, National Center for Health Statistics, Office of Communication  
**E-mail:** [paoquery@cdc.gov](mailto:paoquery@cdc.gov)

Provisional data from CDC's National Center for Health Statistics show that drug overdose deaths in the United States during 12-month periods ending in 2021 increased by 39% from 72,151 in 2019 to 100,306 in 2021.

## U.S. Drug Overdose Deaths Spike Amid the Pandemic

Number of drug overdose deaths in the United States\*



## 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

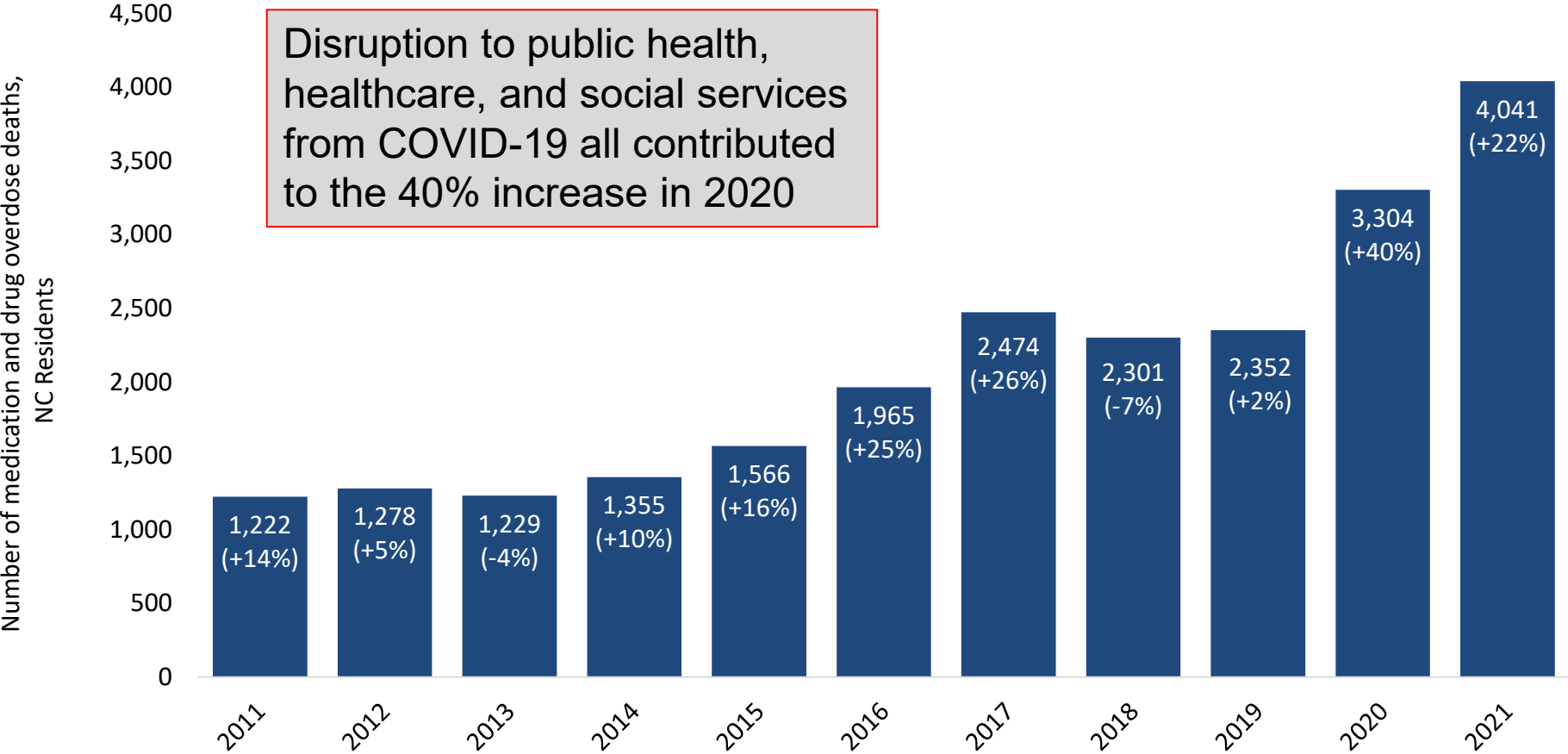
**E-mail:** [paoquery@cdc.gov](mailto:paoquery@cdc.gov)

\* based on provisional data.

\*\* 2021 estimate refers to 12-month period ending April 2021

Source: Centers for Disease Control and Prevention

# North Carolina has experienced similar increases



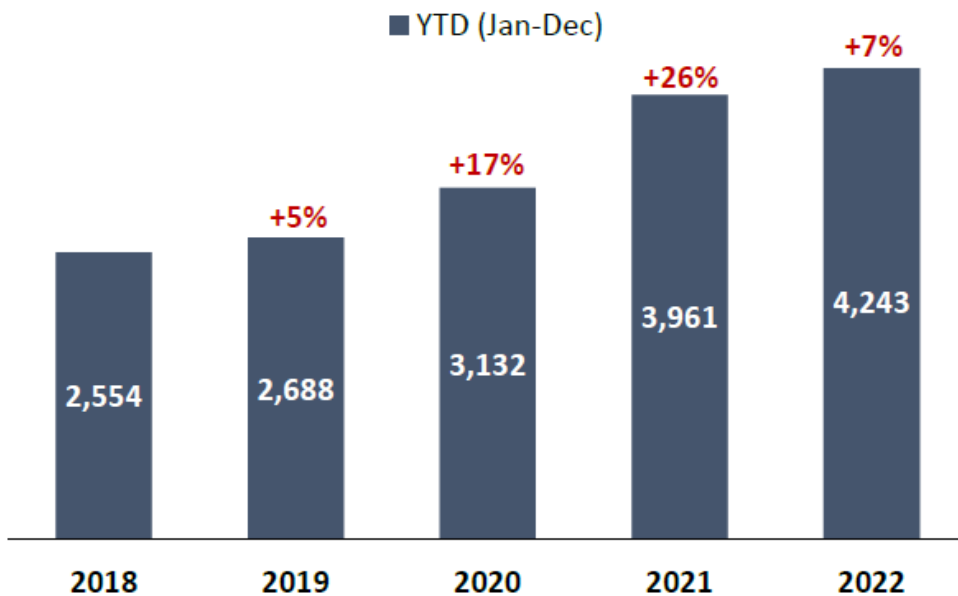
Technical Notes: Medication and drug poisoning, all intents;  
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2010-2021  
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

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

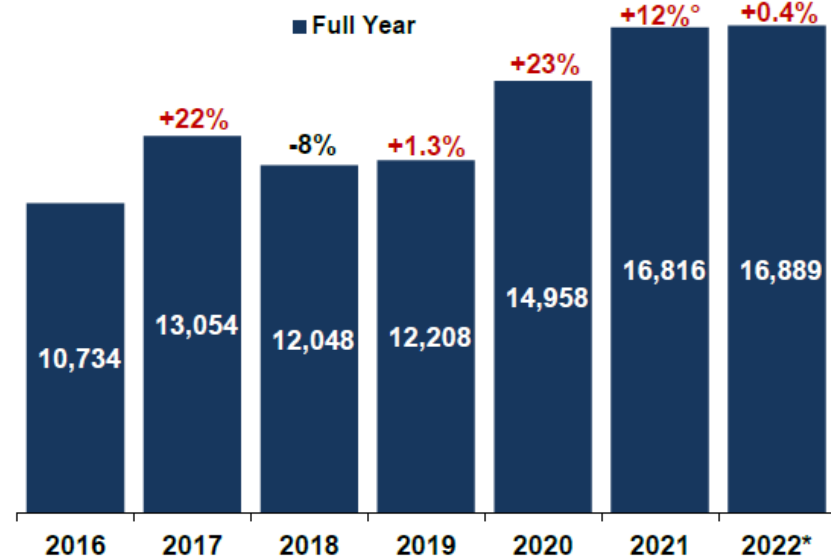
Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to N.C. residents  
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2021  
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

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

**Suspected Overdose Deaths\*: 2018-2022**

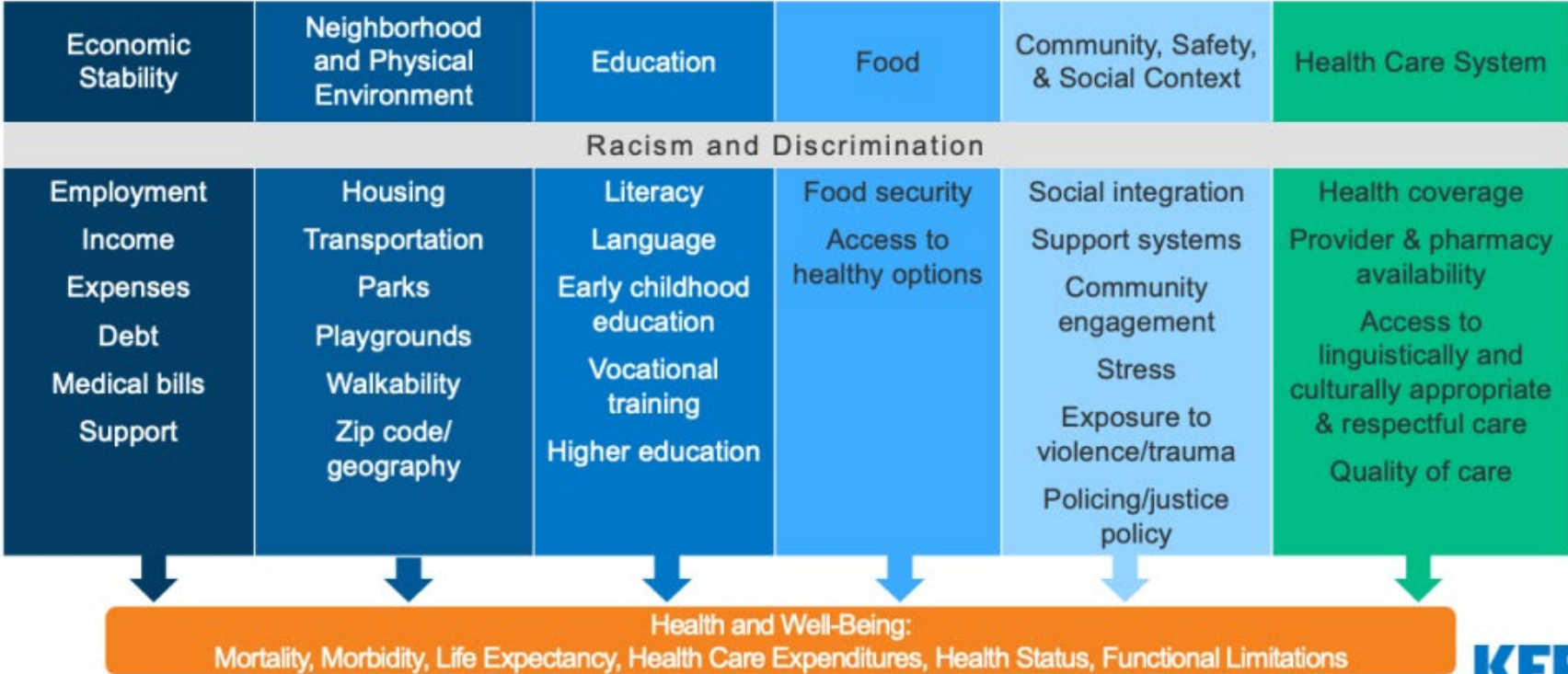


**Med/Drug^ Overdose ED visits by Year: 2016-2022\***



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.



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 in...  
Department of Health and Human Services...  
mobile crisis care, treatment programs...  
improve behavioral health services...

**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

# 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.



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



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 Newsroom

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**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

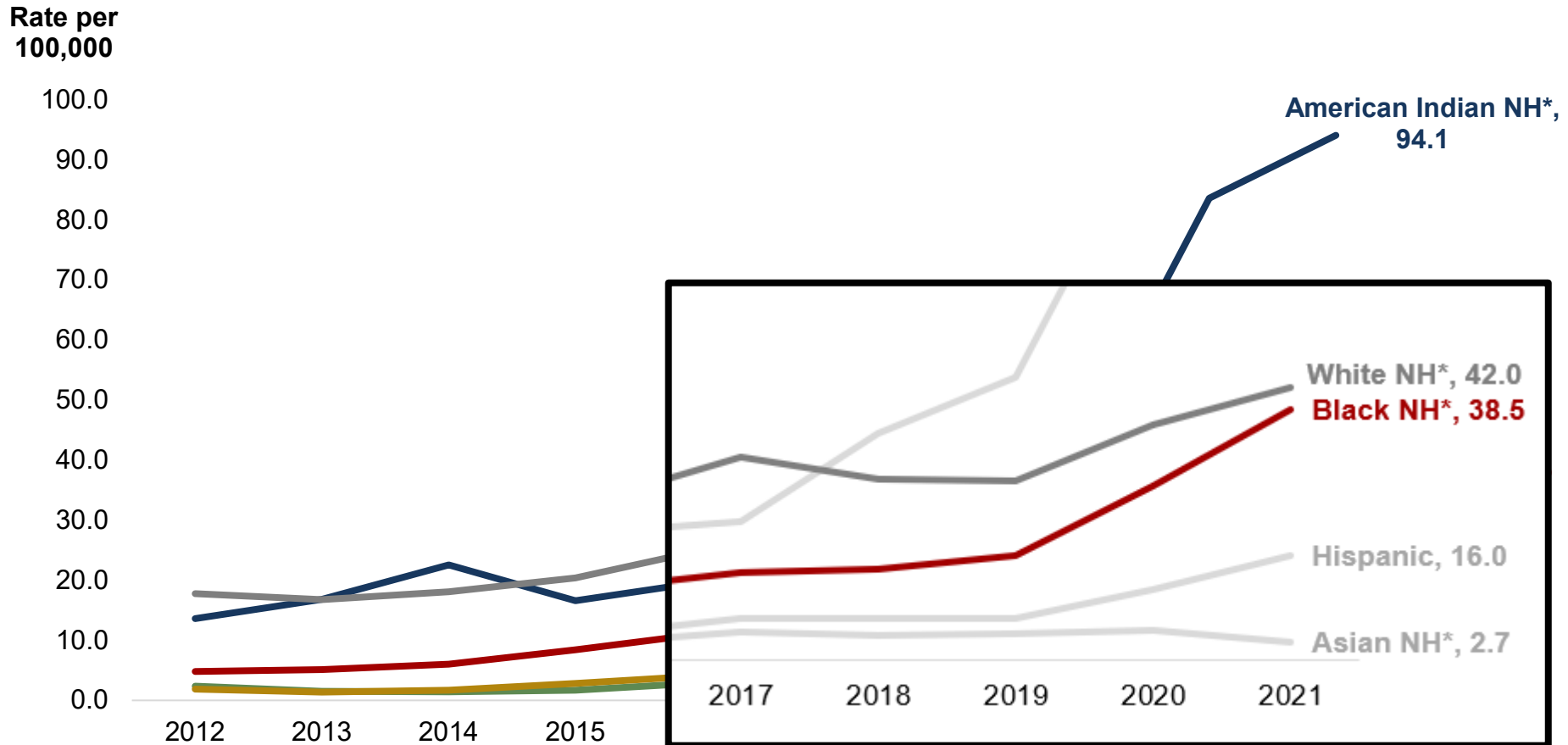
Recent increases in deaths largely driven by illicitly manufactured fentanyl

### Media Statement

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



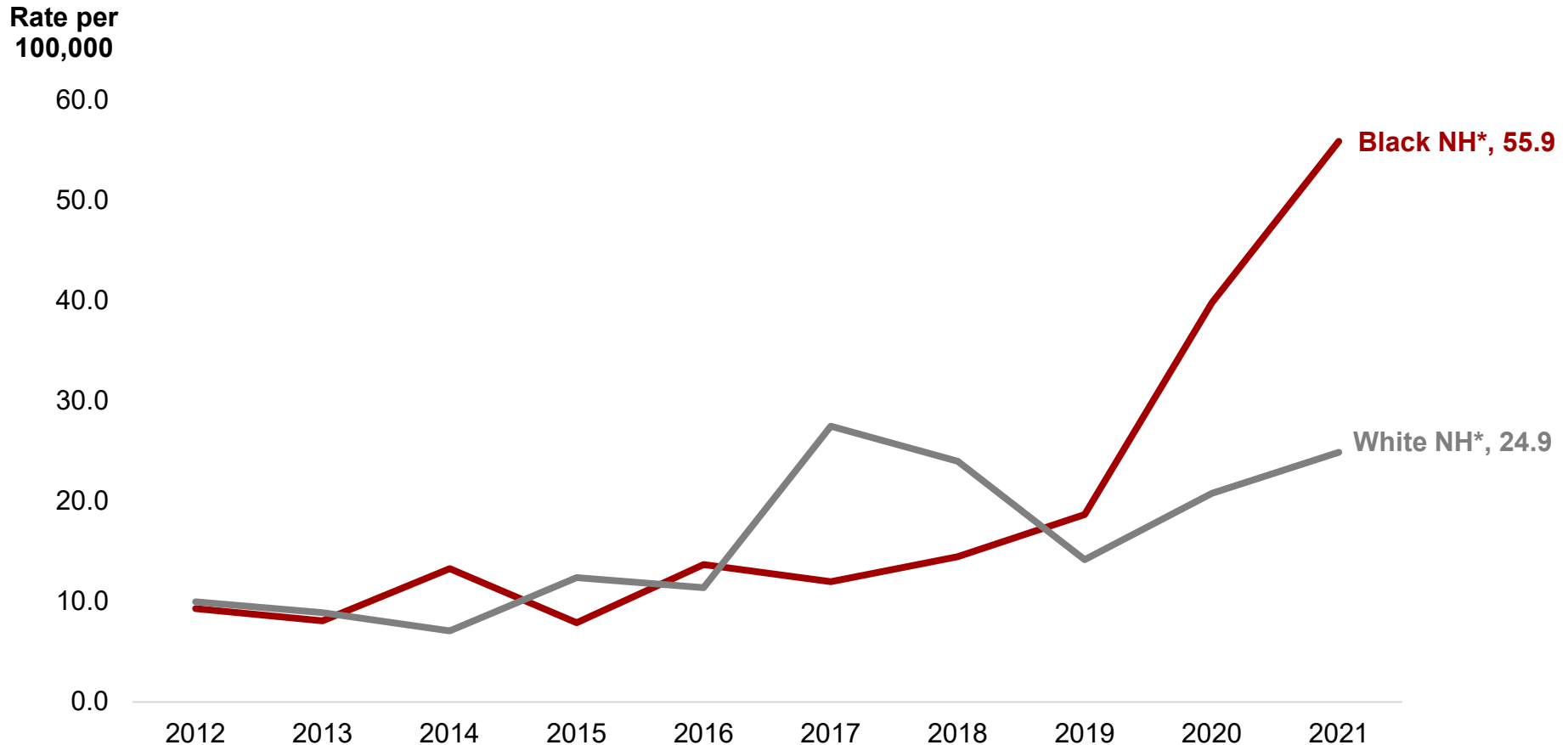
# Fatal overdose rates are increasing in historically marginalized populations, and were exacerbated by the COVID-10 pandemic



\*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



\*NH = Non-Hispanic

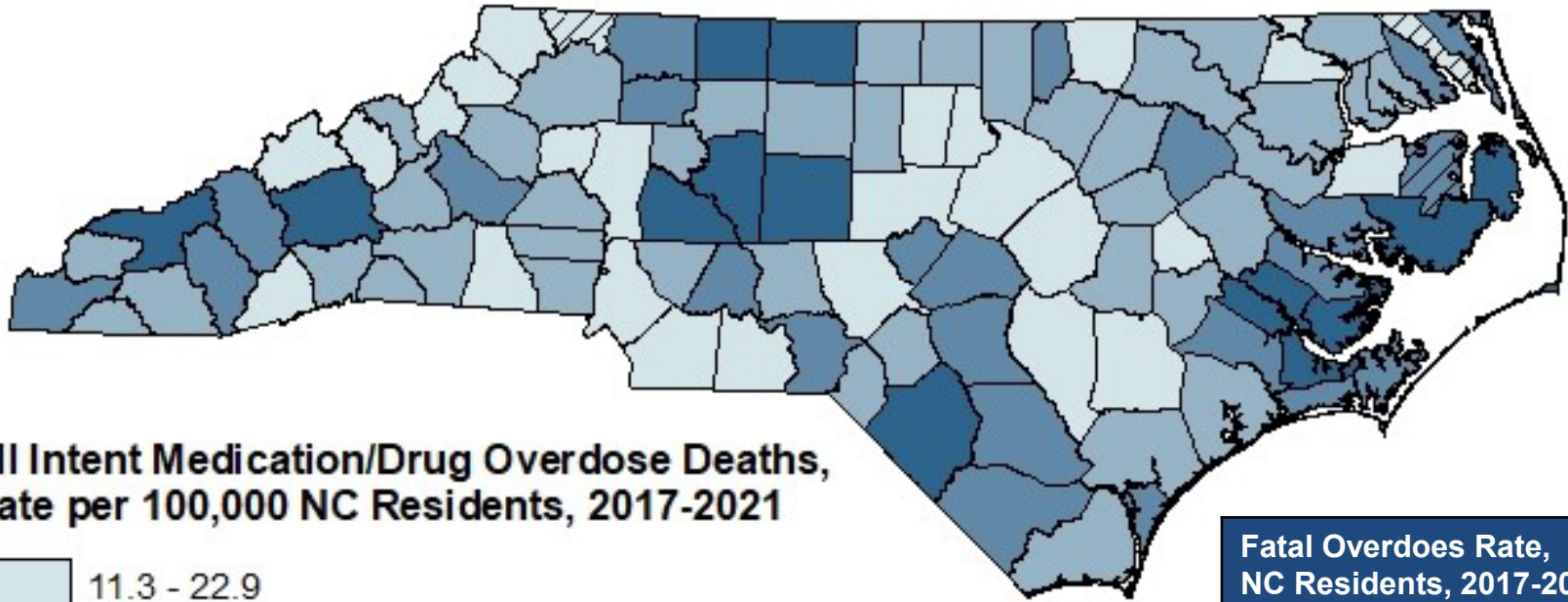
Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85  
Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2012-2021; Population-NCHS, 2012-2020 (2020 used as 2021 proxy)  
Analysis by Injury Epidemiology, Informatics, and Surveillance Unit

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

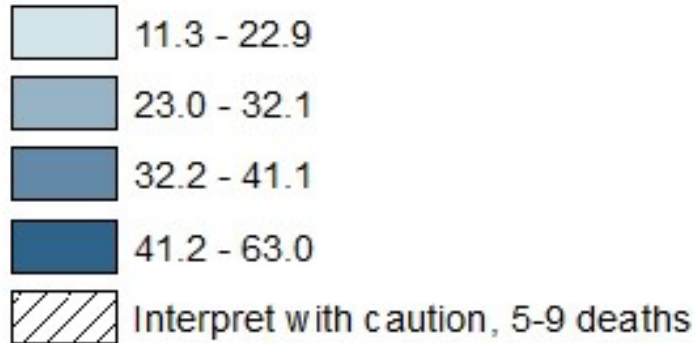
ED visits for med/drug overdose, 2019-2022^ Rate per 100,000 NC residents				
Place	2019 Rate Ratio B/W	2020 Rate Ratio B/W	2021 Rate Ratio B/W	2022* Rate Ratio B/W
Durham	1.29	1.45	1.62	2.27
North Carolina	0.92	0.90	0.96	1.10

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)



**All Intent Medication/Drug Overdose Deaths, Rate per 100,000 NC Residents, 2017-2021**



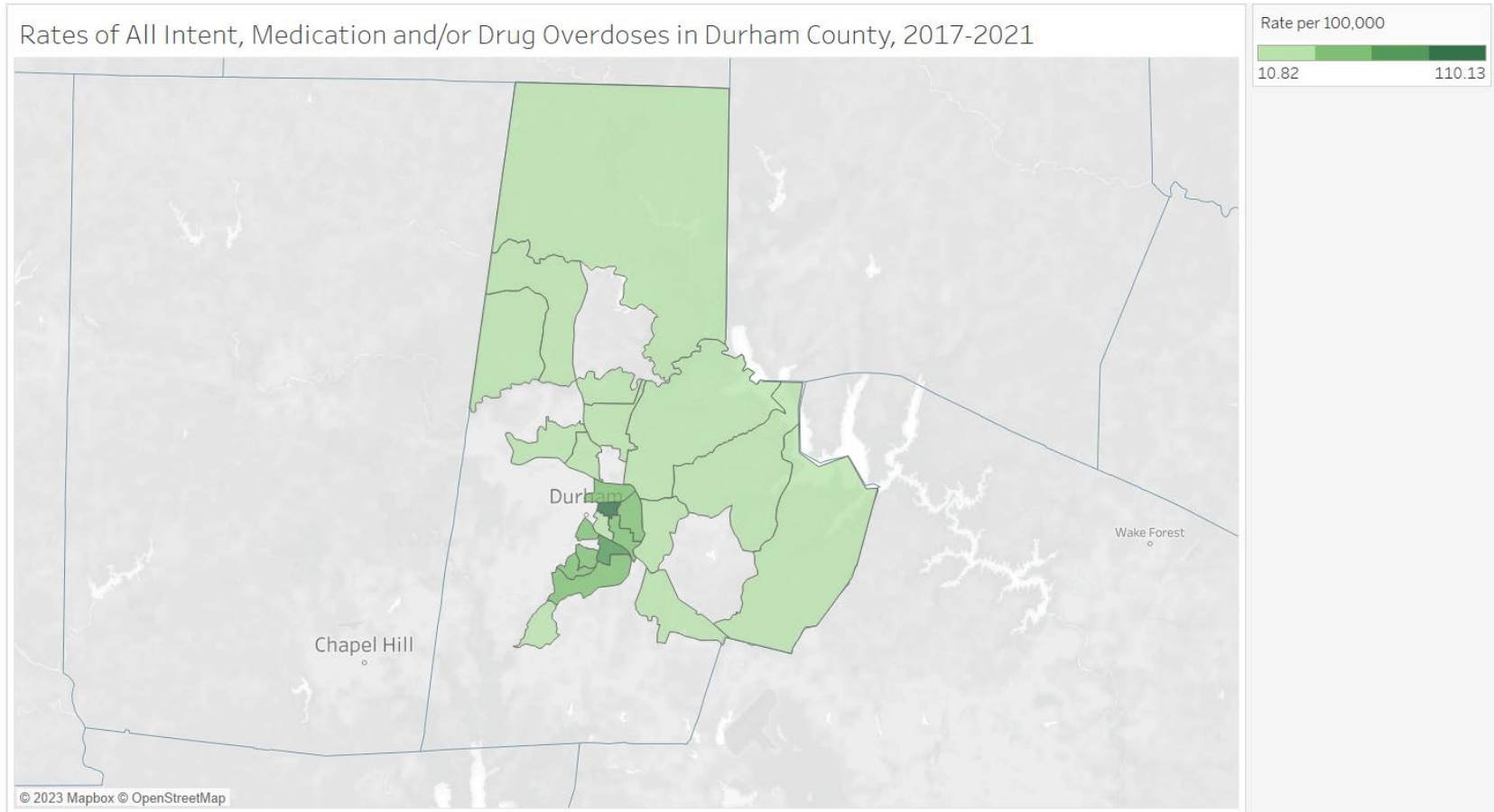
Fatal Overdoes Rate, NC Residents, 2017-2021	
Durham	21 deaths per 100,000
NC	28 deaths per 100,000

**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

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# Additional Resources

**NCDHHS**  
Division of Public Health

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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](mailto:SubstanceUseData@dhhs.nc.gov)

# Monthly Surveillance Reports

**349**

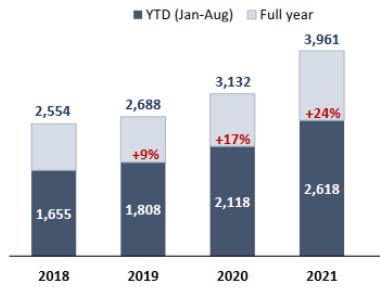
**Suspected Overdose Deaths\*, North Carolina Office of the Chief Medical Examiner (OCME) Data: August 2022**

**349 Suspected Overdose Deaths\*, August 2022**

Compared to **359** August 2021

\*This category reflects an estimate of statewide examiner system overdose deaths. Note that some suspected overdoses may ultimately be certified poisoning deaths, but the majority become confirmed poisoning deaths.

**Suspected Overdose Deaths\*: 2018-2022**



Percent change: Year-to-date (YTD) suspected overdose deaths compared to YTD total of previous year; Data are provisional and subject to change.

**NC Office of the Chief Medical Examiner (OCME)**

**Last 24 Months of Confirmed^ & Suspected Overdose Deaths\***

*Time required to investigate cases accounts for lower counts of confirmed cases in recent months*

Confirmed Poisonings^ Suspected Overdose Deaths\*

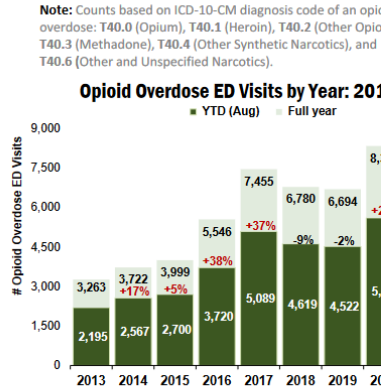
**767**

**NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: AUGUST 2022**

**767 Opioid overdose ED visits August 2022\***

Compared to **803** August 2021

**Opioid Overdose ED Visits by Year: 2013-2022**

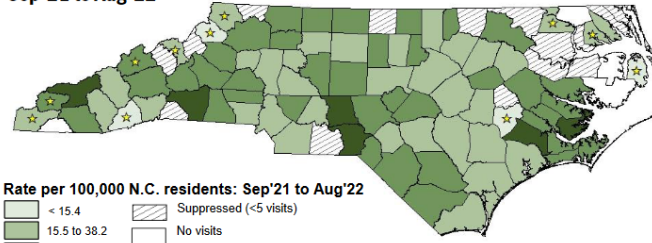


Percent change: YTD total compared to YTD total of previous year; \*7% quality gaps for May-June 2021 that are impacting the shown trends. It

**NORTH CAROLINA INJURY AND VIOLENCE PREVENTION**

**Opioid Overdose ED Visits by Month: 2021-2022\***

**Last 12 Months Opioid Overdose ED Visits Rate by County of Residence: Sep'21 to Aug'22**



Rate per 100,000 N.C. residents: Sep'21 to Aug'22



\*Provisional Data: 2021-2022 ED Visits

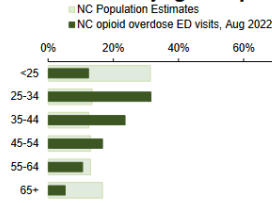
**Highest Rates of Opioid Overdose ED visits among Counties Last 12 Months: Sep'21-Aug'22**

County	Count	Rate^
Jones	13	138.0
Montgomery	32	117.8
Richmond	50	111.5
Pamlico	13	102.2
Swain	14	98.1
Rutherford	64	95.5
Columbus	41	73.9
Scotland	25	71.8
Robeson	90	68.9
Burke	62	68.5
<b>Statewide</b>	<b>6,158</b>	<b>58.7</b>

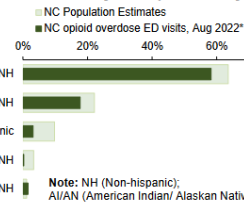
\*Please note that rates are calculated using the last 12 months of data and 2020 population estimates. Counties listed in "Highest Monthly Rates of Opioid Overdose ED visits" table will likely change each month.

**Demographics of Opioid Overdose ED Visits Compared to Overall NC Population Estimates**

**ED Visits by Age Group**

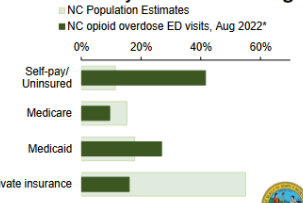


**ED Visits by Race/Ethnicity**



Note: NH (Non-hispanic); A/IAN (American Indian/ Alaskan Native)

**ED Visits by Insurance Coverage**



Data Sources: ED Data-NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NCDETECT are provisional and should not be considered final. For training on NCDETECT, contact amy\_ising@med.unc.edu; Population Data-U.S. Census Bureau, <http://quickfacts.census.gov>; Insurance coverage Data-Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2019, [www.kff.org/other/state-indicator/total-population](http://www.kff.org/other/state-indicator/total-population).

Note: Self-pay ED visits are compared to the uninsured overall population estimate category. \*Provisional Data: 2021-2022 ED Visits

**NORTH CAROLINA INJURY AND VIOLENCE PREVENTION**

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9/13/2022



# 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.

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## IVPB Data Support

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<p>General Injury Data Support <input type="radio"/></p> <p>Book time with Shana to discuss general inj... <a href="#">Read more</a></p> <p>30 minutes </p>	<p>Suicide and Firearm Data Support <input type="radio"/></p> <p>Book time with Shana to discuss suicide an... <a href="#">Read more</a></p> <p>30 minutes </p>

# 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/departments/initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee>

# Questions?

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**Injury and Violence Prevention  
Branch N.C. Division of Public Health**

[https://www.injuryfreenc.ncdhhs.gov/  
DataSurveillance.htm](https://www.injuryfreenc.ncdhhs.gov/DataSurveillance.htm)