North Dakota: Opioid-Involved Deaths and Related Harms

Drug-Involved Overdose Deaths

In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017.

- The age-adjusted rate declined by 4.6% to 20.7 per 100,000 standard population.\(^1\) The decline follows an increasing trend in the rate from 6.1 in 1999 to 21.7 in 2017.
- Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.
- Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 28,400 (a rate of 9.9) overdose deaths in 2018.
- The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).\(^2\)
In North Dakota, about half of the 70 reported drug overdose deaths involved opioids in 2018—a total of 36 fatalities (and a rate of 5.2) (Figure 1).

- Overdose deaths involving specific opioids are not available for the state because the data reported did not meet inclusion criteria.\(^3\)

### Opioid Prescriptions

In 2018, North Dakota providers wrote 37.4 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions.\(^4\)

### Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS)

NAS or NOWS may occur when a woman uses opioids during pregnancy. To date, there is no standard in NAS/NOWS provider and hospital coding practices. As a result, there is variability in the rates reported by states.

- The national incidence rate of NAS/NOWS in 2016 was 7 cases per 1,000 hospital births.\(^6,7\)
- The highest rates were reported among American Indian/Alaska Native (15.9 per 1,000 births) and
White Non-Hispanic (10.5 per 1,000 births) individuals.

- In 2016, hospital costs for NAS/NOWS births totaled $572.7 million, after adjusting for inflation.\(^8\)
- The rate of NAS/NOWS in North Dakota in 2017 was 3.9 cases per 1,000 hospital births and is the most recent data available.\(^6-7\)

![Figure 2. North Dakota: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2017. Percentages may not add up to 100% due to rounding. Source: CDC NCHHSTP, AtlasPlus.](image)

New HIV Diagnoses\(^9\) and Prevalence Attributed to Injection Drug Use (IDU)

- **U.S. New Diagnoses:** In 2017, 9.7% (3,690) of the 38,226 new HIV diagnoses were attributed to IDU. Among males, 8.6% (2,655) of new diagnoses were transmitted via IDU or male-to-male sexual contact and IDU. Among females, 14.2% (1,035) of new diagnoses were transmitted via IDU.\(^\text{10}\)
- **U.S. Prevalence:** In 2017, more than 1 million Americans were living with a diagnosed HIV infection—a rate of 367.7. Among males, 16.4% (125,274) contracted HIV from IDU or male-to-male sexual contact and IDU. Among females, 20.8% (49,288) were living with HIV attributed to IDU.\(^\text{10}\)
- **State New Diagnoses:** Of the new HIV diagnoses in 2017, 37 occurred in North Dakota—a rate of 5.9. Among males, 6.6% of new HIV diagnoses were attributed to IDU or male-to-male sexual contact and IDU. Among females, there were no new HIV diagnoses attributed to IDU (Figure 2).\(^\text{10}\)
- **State Prevalence:** In 2017, an estimated 407 persons were living with a diagnosed HIV infection
in North Dakota—a rate of 65.4. Of those, 18.2% of male cases were attributed to IDU or male-to-male sexual contact and IDU. Among females, 9.2% were living with HIV attributed to IDU.\textsuperscript{10}

Hepatitis C (HCV) Incidence and Prevalence Attributed to IDU\textsuperscript{11}

- **U.S. Incidence**: In 2017, there were an estimated 44,700 new cases of acute HCV. Among case reports that contained information about IDU, 86.6% indicated IDU prior to onset of acute, symptomatic HCV.\textsuperscript{12}

- **U.S. Prevalence**: An estimated 2.4 million Americans are living with HCV (based on 2013-2016 annual average).\textsuperscript{12}

- **State Incidence**: There was approximately 1 new case of acute HCV (a rate of 0.1) reported in North Dakota in 2017.\textsuperscript{10}

- **State Prevalence**: In North Dakota, there are an estimated 2,600 persons living with HCV (a rate of 450 based on 2013-2016 annual average).\textsuperscript{3}

### References

1. Rates are age-adjusted per 100,000 standard population unless otherwise noted.


7. Comparisons with earlier estimates are difficult because of the ICD-10-CM transition in 2015.


9. The term refers to people diagnosed with HIV infection, regardless of the stage of disease at diagnosis.


11. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.


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- Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.

- Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 28,400 (a rate of 9.9) overdose deaths in 2018.

- The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).\(^2\)
In Ohio, drug overdose deaths involving opioids dropped from 4,293 in 2017 (a rate of 39.2) to 3,237 in 2018 (a rate of 29.6) (Figure 1).

- Overdose deaths involving prescription opioids declined to 571 (a rate of 5.0) in 2018.
- Those involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) also decreased by more than 20% from 3,523 in 2017 (a rate of 32.4) to 2,783 in 2018 (a rate of 25.7).
- Heroin-involved deaths fell from 1,000 in 2017 (a rate of 9.2) to 721 in 2018 (a rate of 6.6).³

Opioid Prescriptions

In 2018, Ohio providers wrote 53.5 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions.⁴

Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS)

NAS or NOWS may occur when a woman uses opioids during pregnancy. To date, there is no standard in NAS/NOWS provider and hospital coding practices. As a result, there is variability in the
rates reported by states.

- The national incidence rate of NAS/NOWS in 2016 was 7 cases per 1,000 hospital births.\textsuperscript{6-7}
- The highest rates were reported among American Indian/Alaska Native (15.9 per 1,000 births) and White Non-Hispanic (10.5 per 1,000 births) individuals.
- In 2016, hospital costs for NAS/NOWS births totaled $572.7 million, after adjusting for inflation.\textsuperscript{8}
- The rate of NAS/NOWS in Ohio in 2018 was 11.6 cases per 1,000 hospital births and is the most recent data available.\textsuperscript{6-7}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{image.png}
\caption{Ohio: Estimated percent of male vs. female with new HIV diagnoses, by transmission category, 2017. Percentages may not add up to 100% due to rounding. Source: CDC NCHHSTP, AtlasPlus.}
\end{figure}

New HIV Diagnoses\textsuperscript{9} and Prevalence Attributed to Injection Drug Use (IDU)

- **U.S. New Diagnoses:** In 2017, 9.7\% (3,690) of the 38,226 new HIV diagnoses were attributed to IDU. Among males, 8.6\% (2,655) of new diagnoses were transmitted via IDU or male-to-male sexual contact and IDU. Among females, 14.2\% (1,035) of new diagnoses were transmitted via IDU.\textsuperscript{10}

- **U.S. Prevalence:** In 2017, more than 1 million Americans were living with a diagnosed HIV infection—a rate of 367.7. Among males, 16.4\% (125,274) contracted HIV from IDU or male-to-male sexual contact and IDU. Among females, 20.8\% (49,288) were living with HIV attributed to IDU.\textsuperscript{10}
State New Diagnoses: Of the new HIV diagnoses in 2017, 986 occurred in Ohio—a rate of 10.0. Among males, 12.7% of new HIV diagnoses were attributed to IDU or male-to-male sexual contact and IDU. Among females, 28.0% of new HIV diagnoses were attributed to IDU (Figure 2).

State Prevalence: In 2017, an estimated 21,899 persons were living with a diagnosed HIV infection in Ohio—a rate of 223.2. Of those, 11.2% of male cases were attributed to IDU or male-to-male sexual contact and IDU. Among females, 17.1% were living with HIV attributed to IDU.

Hepatitis C (HCV) Incidence and Prevalence Attributed to IDU

U.S. Incidence: In 2017, there were an estimated 44,700 new cases of acute HCV. Among case reports that contained information about IDU, 86.6% indicated IDU prior to onset of acute, symptomatic HCV.

U.S. Prevalence: An estimated 2.4 million Americans are living with HCV (based on 2013-2016 annual average).

State Incidence: There were approximately 159 new cases of acute HCV (a rate of 1.4) reported in Ohio in 2017.

State Prevalence: In Ohio, there are an estimated 89,600 persons living with HCV (a rate of 1,000 based on 2013-2016 annual average).

References

1. Rates are age-adjusted per 100,000 standard population unless otherwise noted.


5. Lind JN, Ailes EC, Alter CC, et al. Leveraging Existing Birth Defects Surveillance Infrastructure to Build Neonatal Abstinence Syndrome Surveillance Systems—Illinois, New Mexico, and Vermont,

7. Comparisons with earlier estimates are difficult because of the ICD-10-CM transition in 2015.


9. The term refers to people diagnosed with HIV infection, regardless of the stage of disease at diagnosis.


11. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.


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