

NC Department of Health and Human Services

Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

Topic: Stigma and Substance Use

December 4, 2025



Housekeeping

- *Take breaks as needed*
- Virtual attendees – introduce yourself in the chat.
- For questions during the meeting:
 - Please put your questions in the Q&A box, which will be monitored for the duration of the meeting. **Note:** you need to send to all panelists and attendees to ensure your question is addressed in a timely manner.
- For questions after the meeting, please email OPDAAC@dhhs.nc.gov (*Note: new email address*).

Presentation and Remarks from the First Lady of North Carolina

- Anna Stein, First Lady of North Carolina



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Use Data Epidemiology Update

Darsey Schulaka, MPH

**Division of Public Health
Injury and Violence Prevention Branch**

December 4, 2025

Funding

This work and other work by the NC Injury & Violence Prevention Branch (IVPB) is made possible from funding from several cooperative agreements with the CDC's Center for Injury and Prevention.

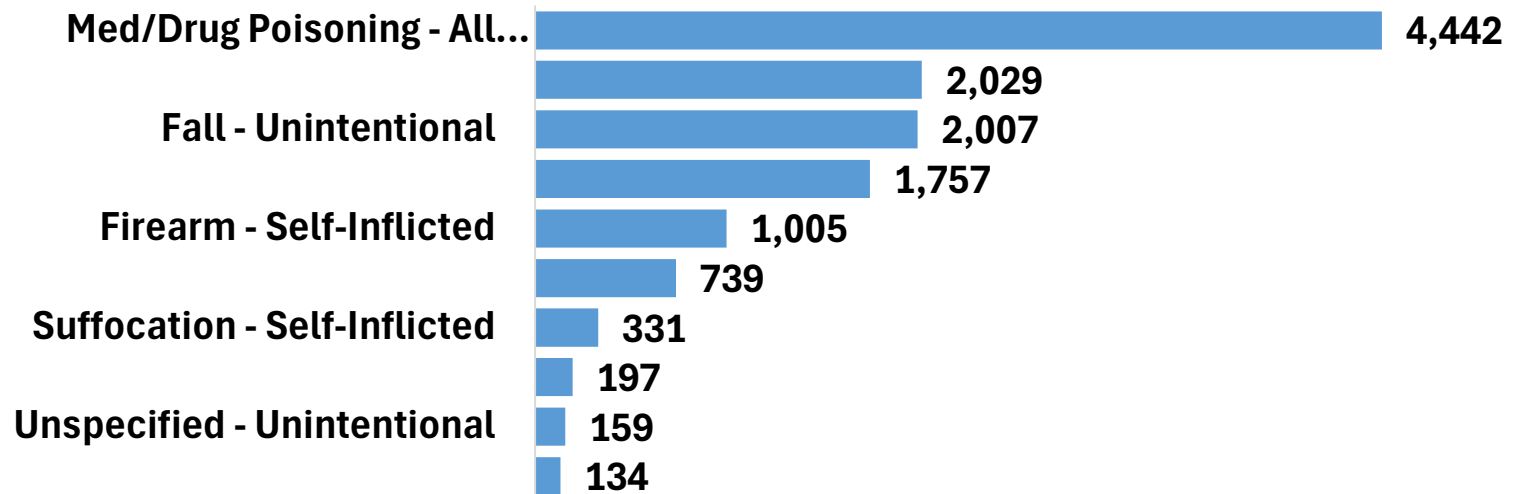
Agenda

- Overdose data trends
- Injury & Violence Prevention Branch resources

Who?

Who are the
people most
impacted by the
overdose
epidemic?

Overdose is the leading cause of injury death among North Carolina residents, 2023



*Acute causes of alcohol-attributable death result from short-term, excessive use of alcohol. Estimates are calculated using the Alcohol-Related Disease Impact (ARDI) methodology from the CDC, which provides estimates of alcohol-related harms. Acute causes of alcohol-attributable death include 18 injuries (e.g., poisonings, falls, homicide) and therefore, this category includes a proportion of deaths from the other injuries listed here. Excessive alcohol use also contributes to 40 chronic causes of alcohol-attributable death (e.g., liver cirrhosis, hypertension, several types of cancer). In 2023, there were 3,652 alcohol-attributable deaths due to chronic causes, contributing to a total of 5,681 alcohol-attributable deaths. For more information, please visit https://nccd.cdc.gov/DPH_ARDI/default/default.aspx

^MVT = Motor Vehicle Traffic

Source: NC State Center for Health Statistics, Vital Statistics Deaths (2023) ; data limited to NC residents

Analysis by Injury Epidemiology and Surveillance Unit

In 2023, an average of **12 North Carolinians** died each day from an overdose.

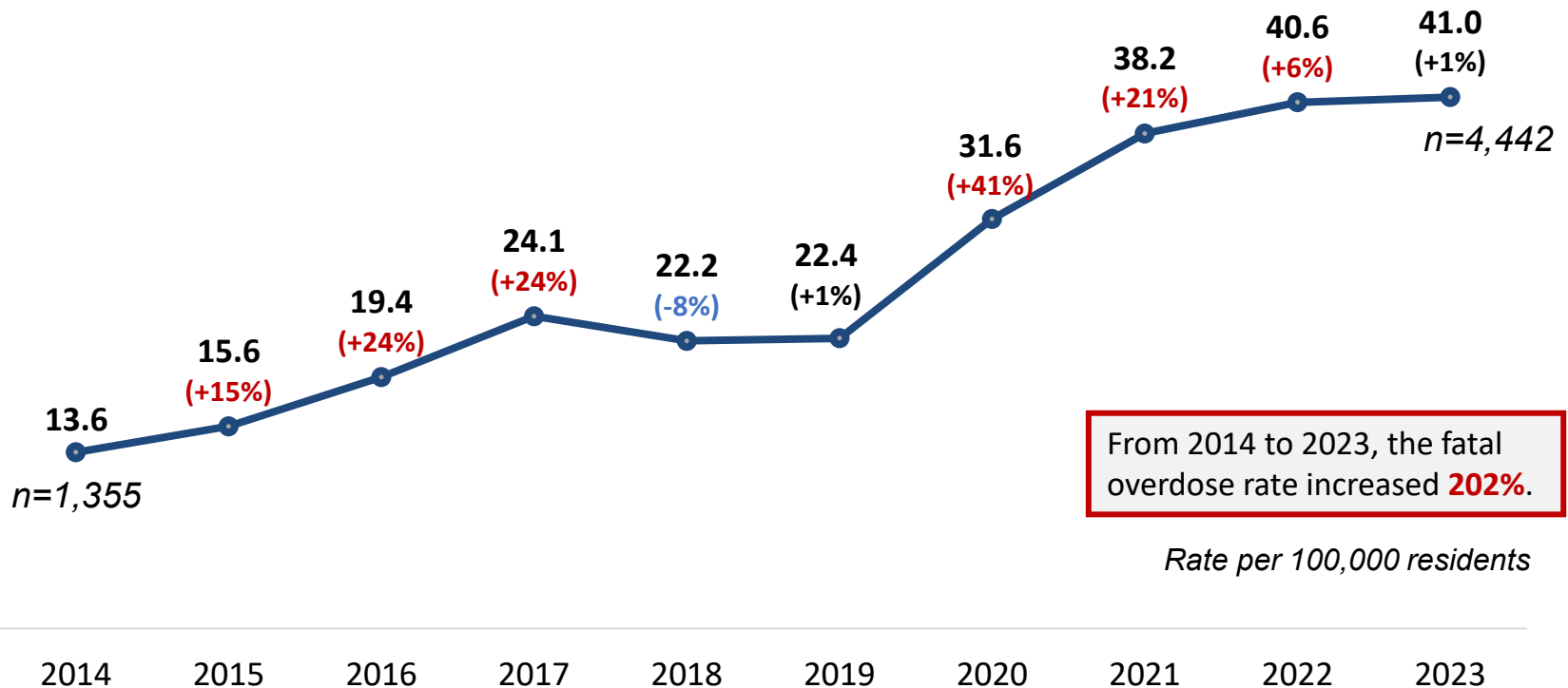
It's estimated that an average of **eight North Carolinians** died from an overdose each day in 2024.

Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2023

Analysis by Injury Epidemiology and Surveillance Unit

Overdose death rate in North Carolina plateaued in 2023

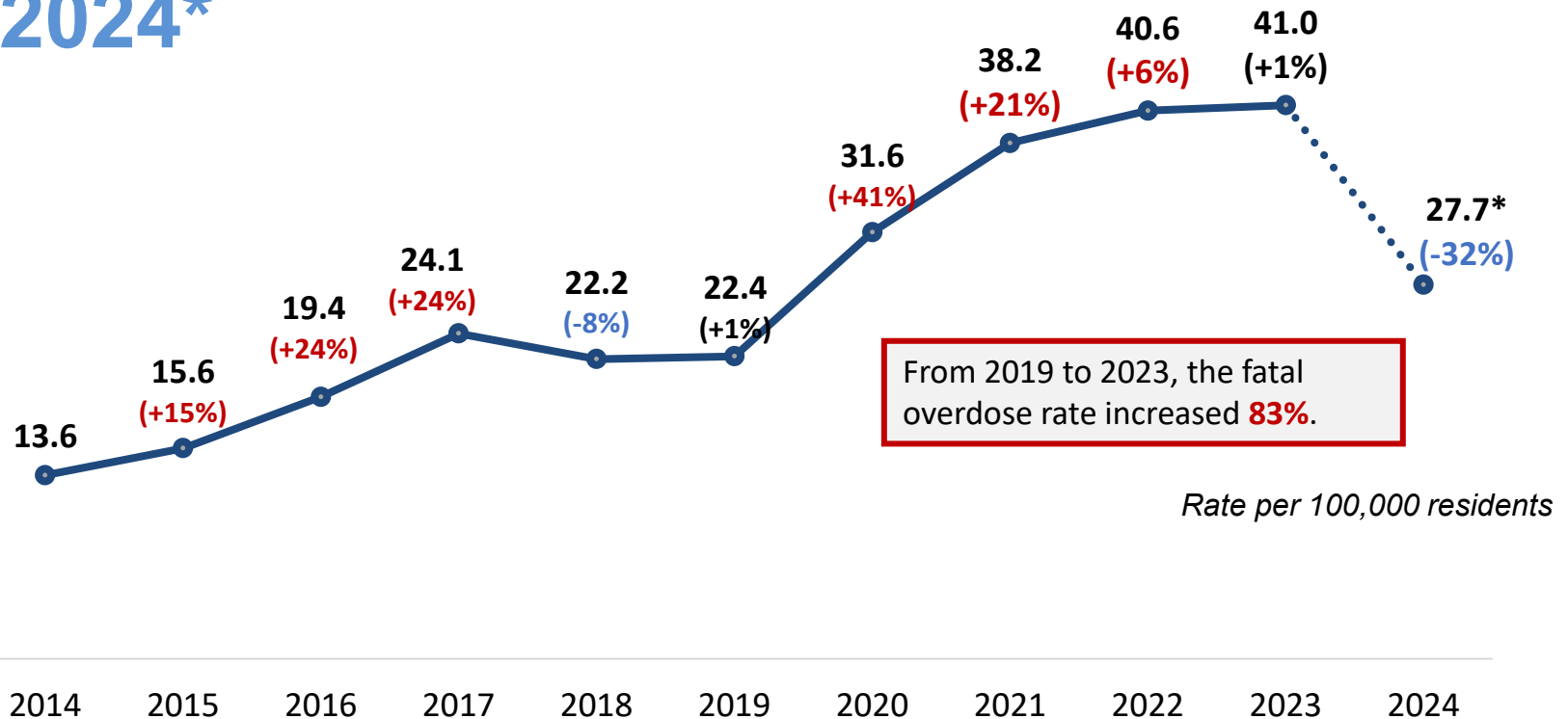


Technical Notes: All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2014-2023

Analysis by Injury Epidemiology and Surveillance Unit

Overdose death rate in North Carolina is *estimated* to have decreased 32% in 2024*



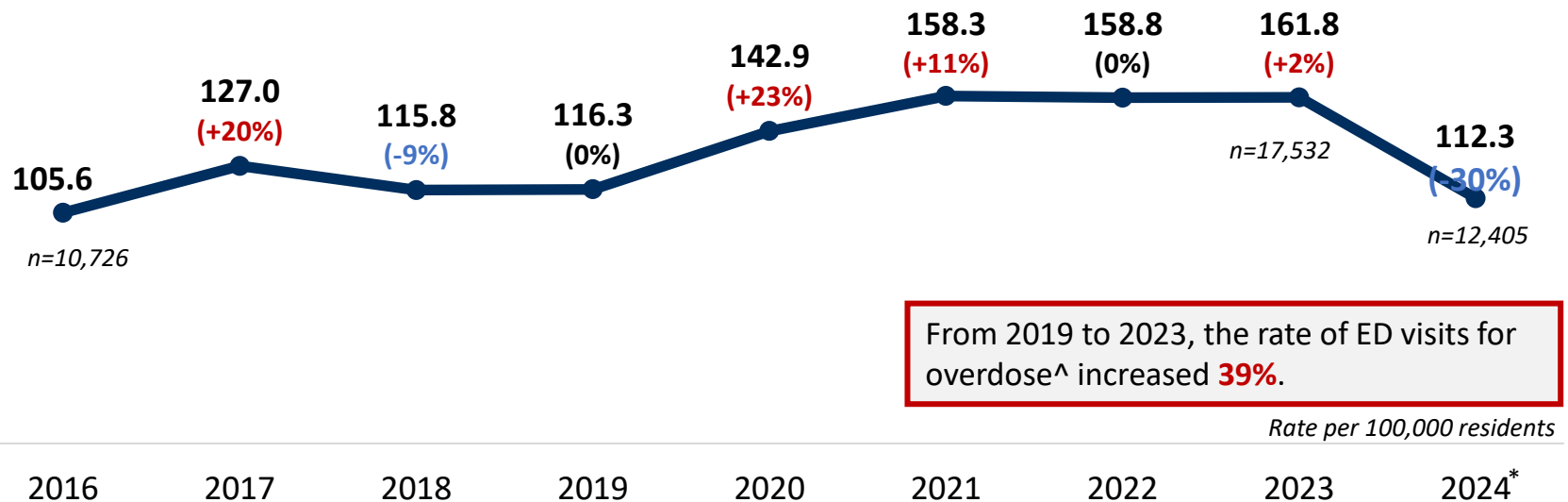
*Data are provisional and subject to change

Technical Notes: All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2014-2024; *Estimate using partial year: n=1,785 at 7/12 months

Analysis by Injury Epidemiology and Surveillance Unit

ED overdose visit[^] rate in North Carolina decreased 30% from 2023 to 2024



*Data are provisional and subject to change

[^] Unintentional/Undetermined ED visits for overdose involving medications or drugs with dependency potential, ages 15-65

Technical Notes: Unintentional/Undetermined Medication or Drug Overdose (ages 15-65): This syndrome is used to track overdose Emergency Department (ED) visits for medications or drugs with dependency potential. It is limited to ED visits by NC residents ages 15-65.

Data Sources: Emergency Department-North Carolina Disease Event Tracking and Epidemiologic Tool (NCDETECT), 2016-2023; Analysis by Injury Epidemiology and Surveillance Unit

In 2023, every day in North Carolina, there were on average...

12

Overdose deaths

32

Overdose hospitalizations

47

Overdose Emergency Department (ED) visits

34

Emergency Medical Services (EMS) encounters for suspected overdose

46

Overdose reversals by a community member administering naloxone

Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents; ED Visits are based on initial encounter, unintentional and undetermined intent cases, for ICD10CM overdose codes of drugs and medications with dependency potential within T40, T42, T43, T50.7, and T50.9, NC residents, ages 15-65 years. EMS data available for January to May 2023, calculation made by prorating data for one year.

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2023; Hospitalizations- North Carolina Healthcare Association, 2023; ED Visits-NC DETECT, 2023; EMS encounters-NC DETECT, Jan-May 2023; Community naloxone reversals-NC Division of Public Health, Safer Syringe Initiative Annual Report, July 2022-June 2023; Analysis by Injury Epidemiology and Surveillance Unit

In 2023, every day in NC, there were on average...

12

Overdose deaths

47

Overdose Emergency Department (ED) visits

In 2024, every day in NC, there were on average...

8

Overdose deaths*

34

Overdose Emergency Department (ED) visits*

***2024 data are provisional and subject to change**

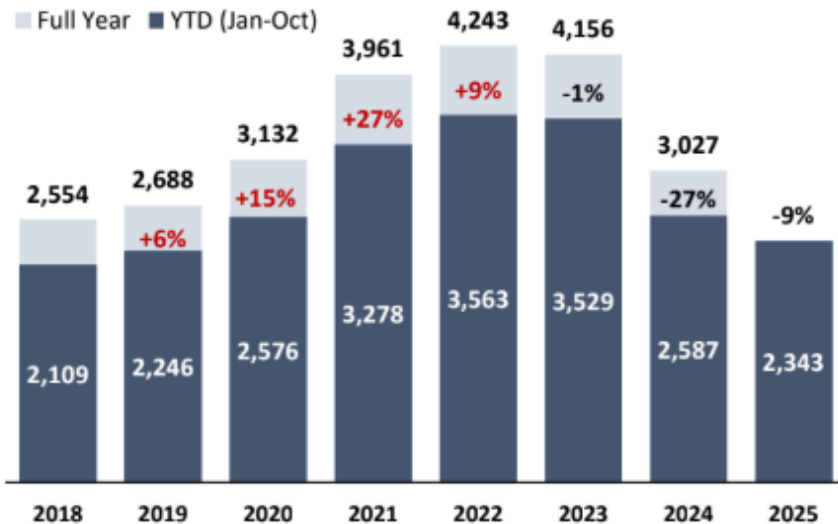
Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to NC residents – partial year estimate n=1,785 at 7/12 months; ED Visits are based on initial encounter, unintentional and undetermined intent cases, for ICD10CM overdose codes of drugs and medications with dependency potential within T40, T42, T43, T50.7, and T50.9, NC residents, ages 15-65 years.

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2023-2024*; ED Visits-NC DETECT, 2023-2024*
Analysis by Injury Epidemiology and Surveillance Unit

Year-to-date 2025 data

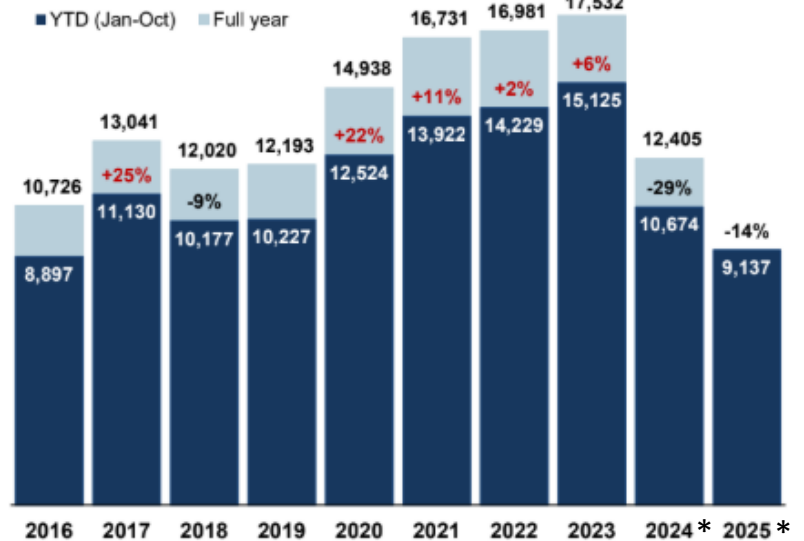
Year to year: Suspected overdose deaths are down 9% for 2025 compared to this time last year.

Percent change is YTD total compare to this time last year.



Year to year: Overdose ED visits are down 14% for 2025 compared this time last year.

Percent change is year-to-date (YTD) total compared to this time last year.

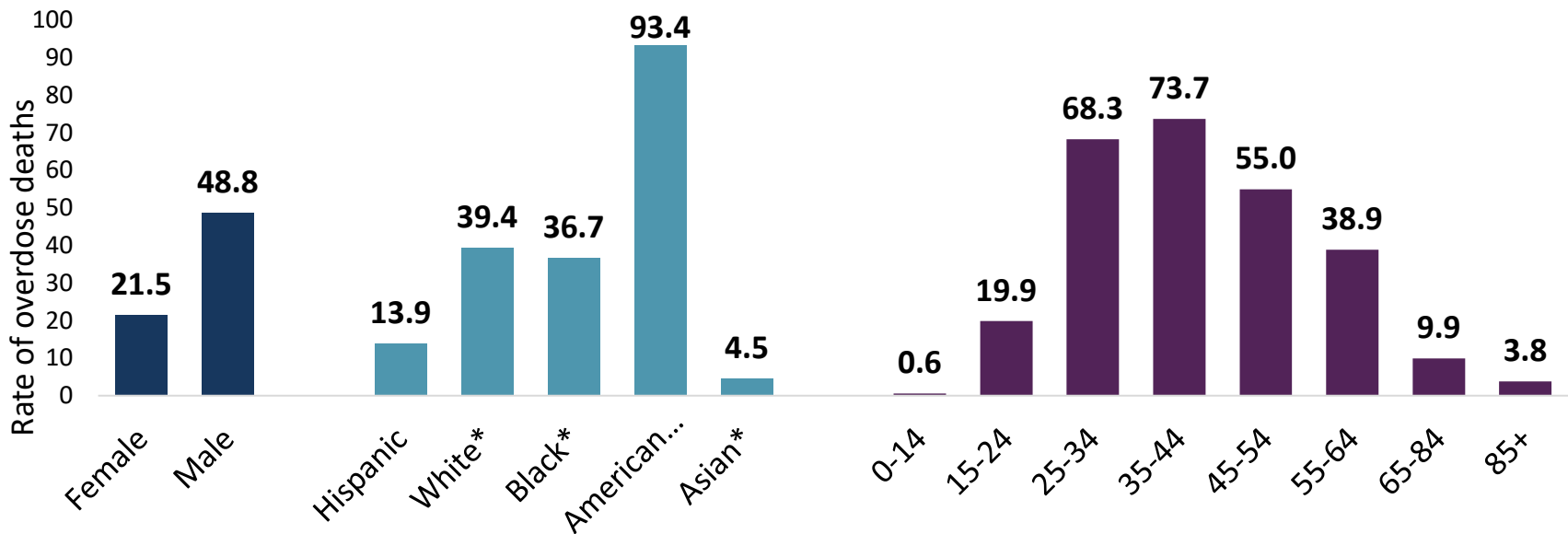


*Data are provisional and subject to change

Source: <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data#monthly-reports>

Overdose death rates are highest among males, American Indians, and those 25-54 years old (2019-2023)

Rate per 100,000 residents

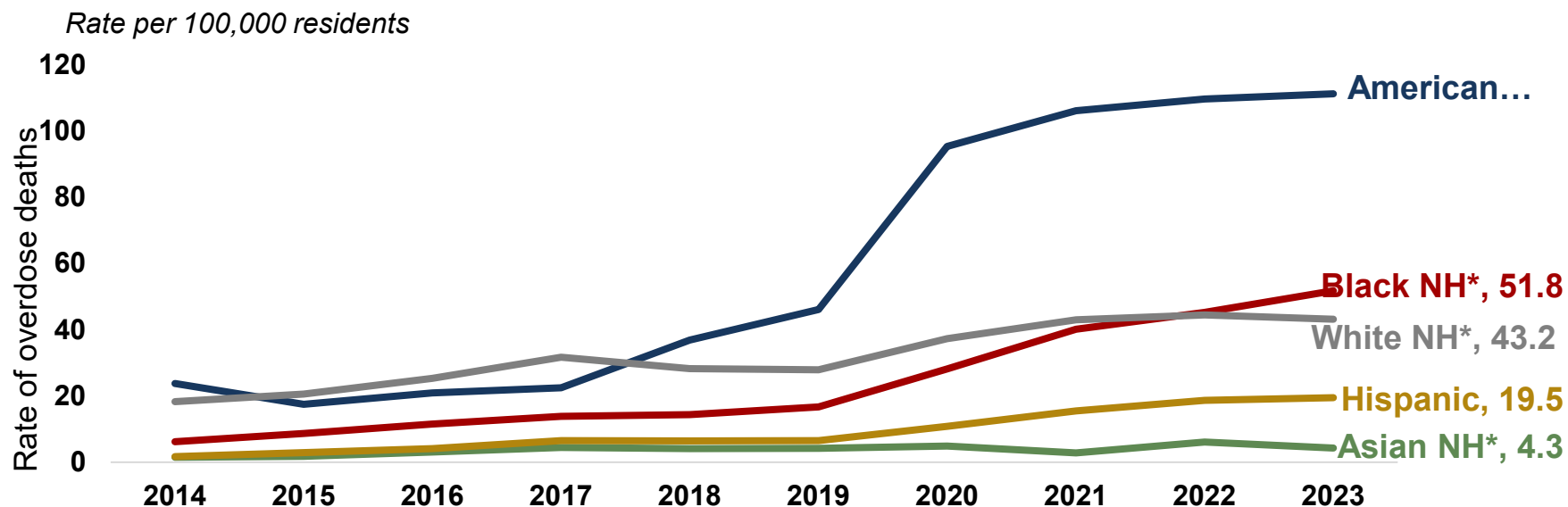


*NH = Non-Hispanic

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, 2019-2023; Population-NCHS, 2019-2023
Analysis by Injury Epidemiology and Surveillance Unit

Overdose death rates are increasing in historically marginalized populations



*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, 2014-2023; Population-NCHS, 2014-2023
Analysis by Injury Epidemiology and Surveillance Unit

From 2019 to 2023, fatal overdose rates increased more than 200% among non-Hispanic Black and Hispanic residents

Rate per 100,000 residents	2019 rate	2023 rate	Increase
Black*	16.7	51.8	210%
Hispanic	6.5	19.5	200%
American Indian*	46.1	111.3	141%
White*	27.9	43.2	55%
Asian*	4.2	4.3	2%

*Non-Hispanic

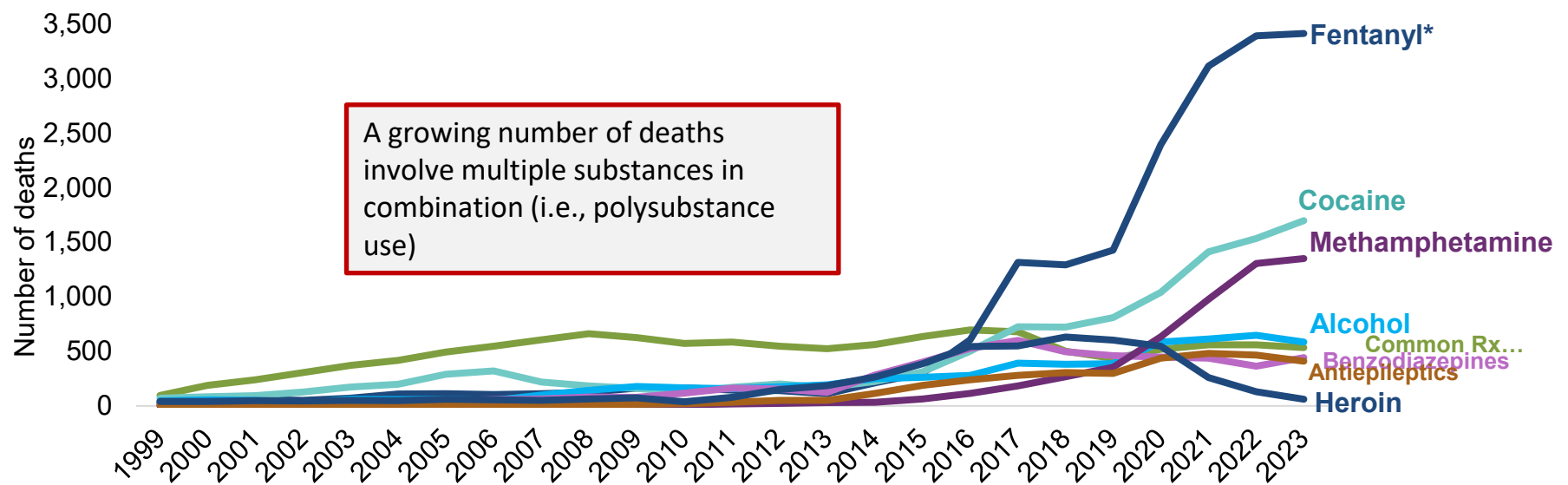
Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2019-2023; Population-NCHS, 2019-2023
Analysis by Injury Epidemiology and Surveillance Unit

What?

**What
substances are
involved?**

Illicitly manufactured fentanyl* remains the main contributor to overdose deaths

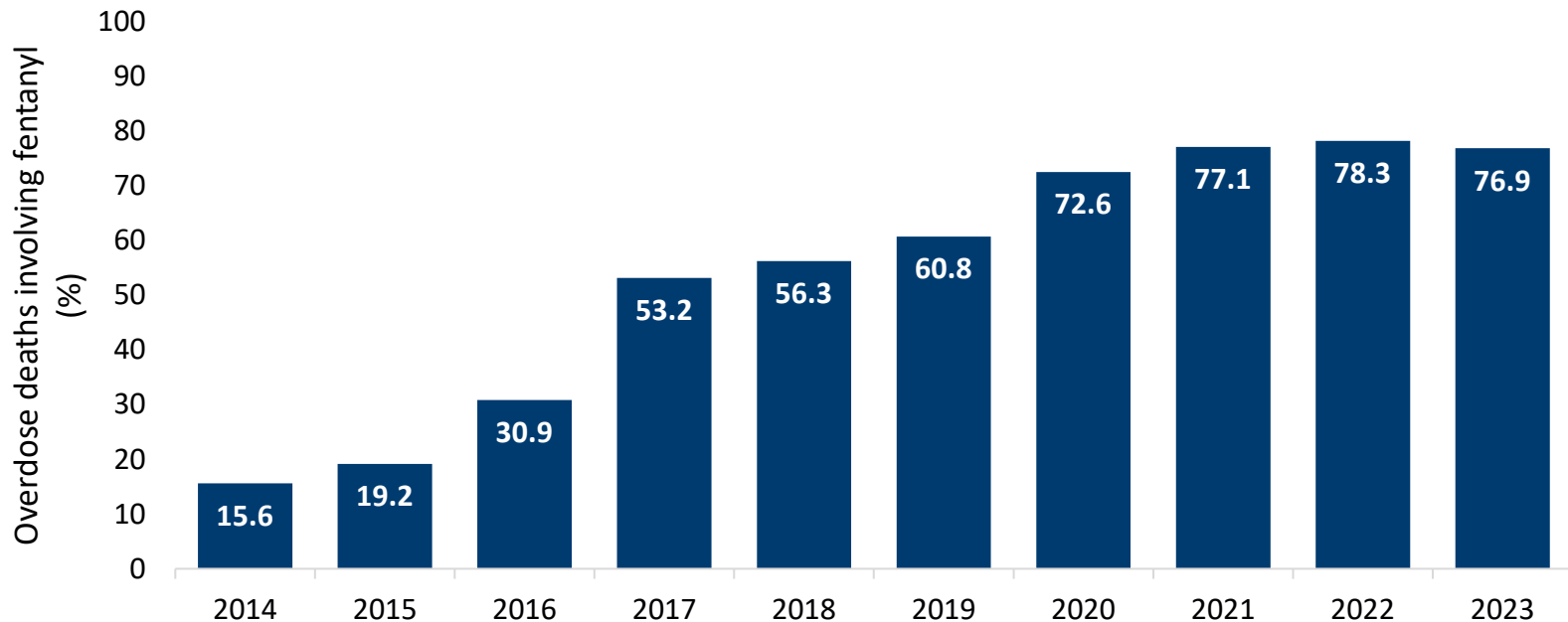


*Fentanyl surveillance based on Other Synthetic Narcotics (T40.4), which consists of mainly illicitly manufactured fentanyl and fentanyl analogues *Commonly Prescribed Opioid Medications

Technical Notes: These counts are not mutually exclusive; If the death involved multiple substances, it can be counted on multiple lines; Toxicology data is unable to distinguish whether the presence of multiple substances indicate intentional polysubstance use or if one substance was tainted with other drugs (e.g. cocaine laced with fentanyl); All intent medication, drug, alcohol poisoning: X40-X45, X60-64, Y10-Y14, X85 with any mention of specific T-codes by drug type; limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 1999-2023
Analysis by Injury Epidemiology and Surveillance Unit

Since 2021, fentanyl has been involved in >75% of overdose deaths in North Carolina



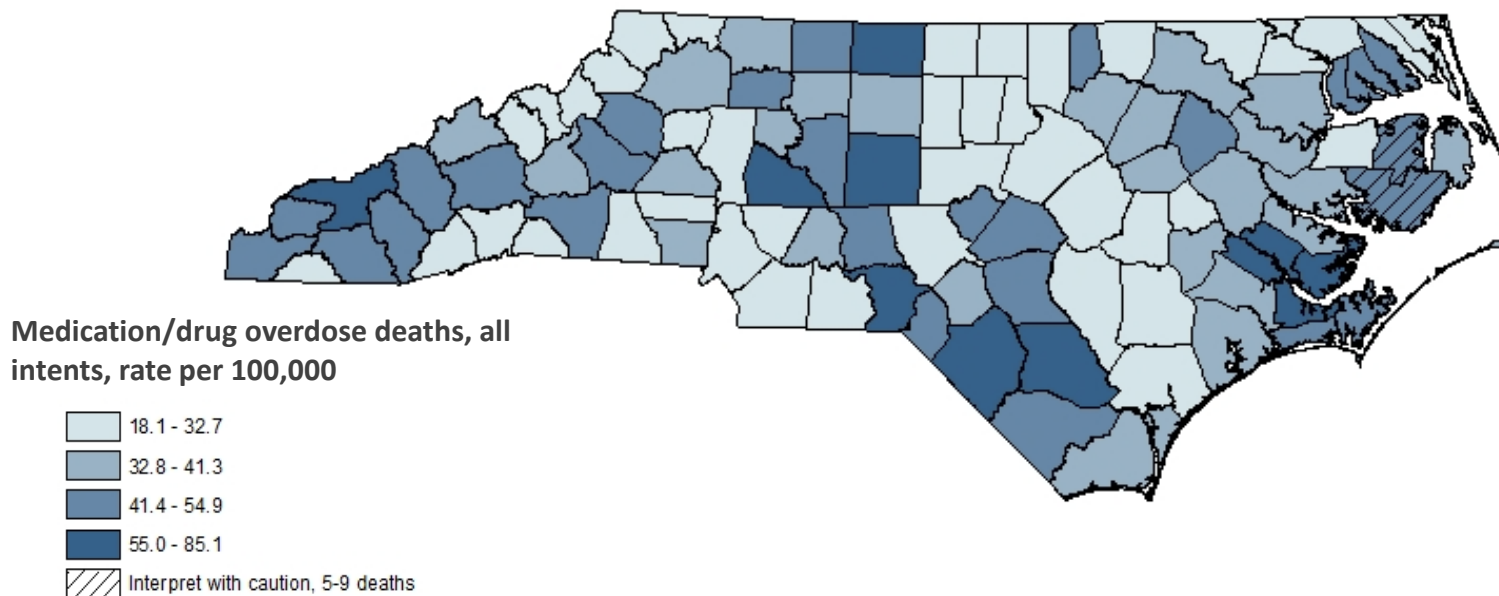
Technical Notes: All intent medication/drug poisoning: X40-X44, X60-64, Y10-Y14, X85 with any mention of T40.4; limited to NC residents

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2014-2023
Analysis by Injury Epidemiology and Surveillance Unit

Where?

Where do
overdoses occur
in North Carolina?

Statewide, the overdose death rate from 2019 to 2023 was 34.8 deaths per 100,000 residents

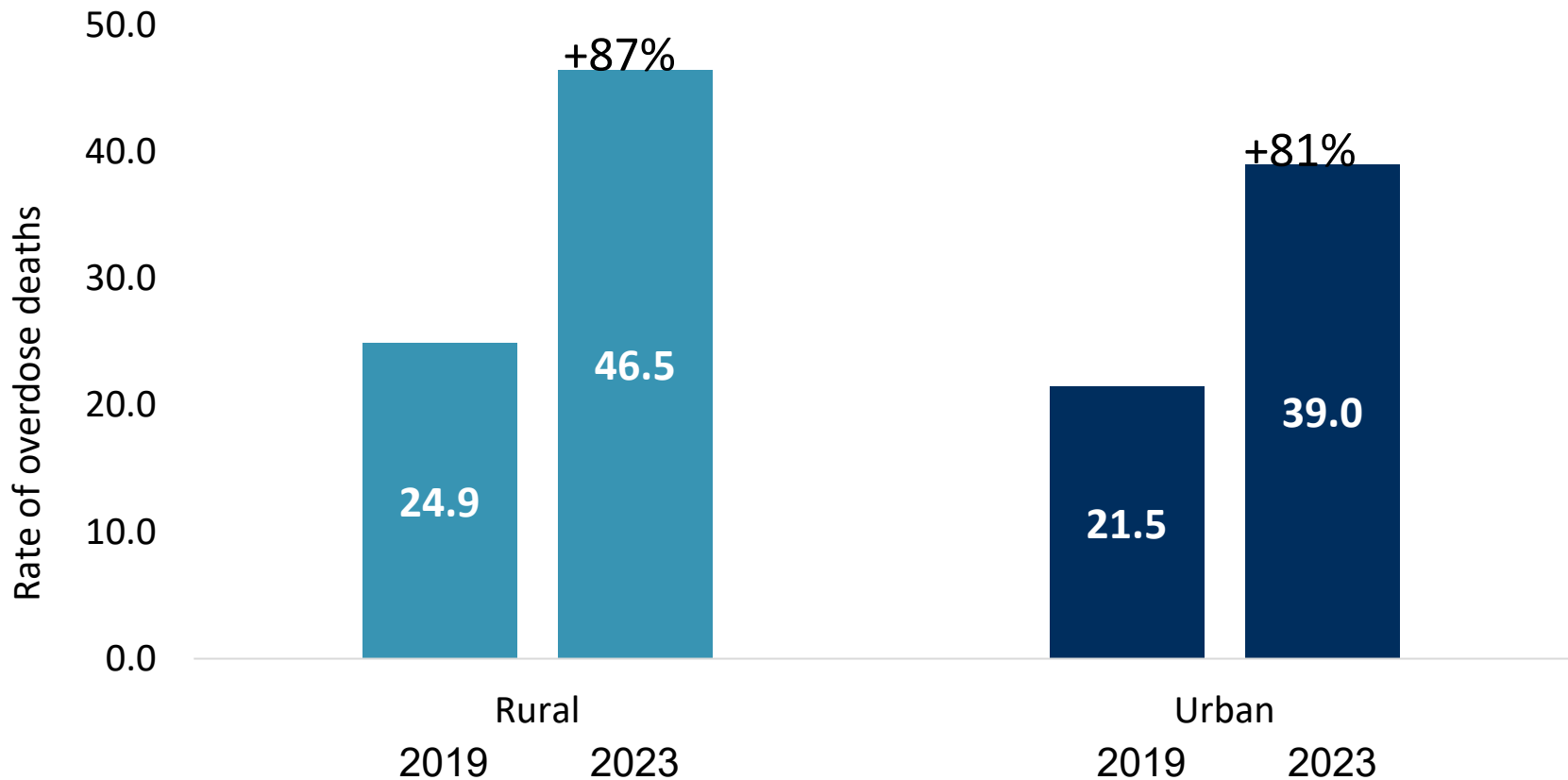


Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85

Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2019-2023; Population-NCHS, 2019-2023

Analysis by Injury Epidemiology and Surveillance Unit

Overdose death rates are highest in rural counties



Technical Notes: Rates are per 100,000 NC residents; All intent medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85

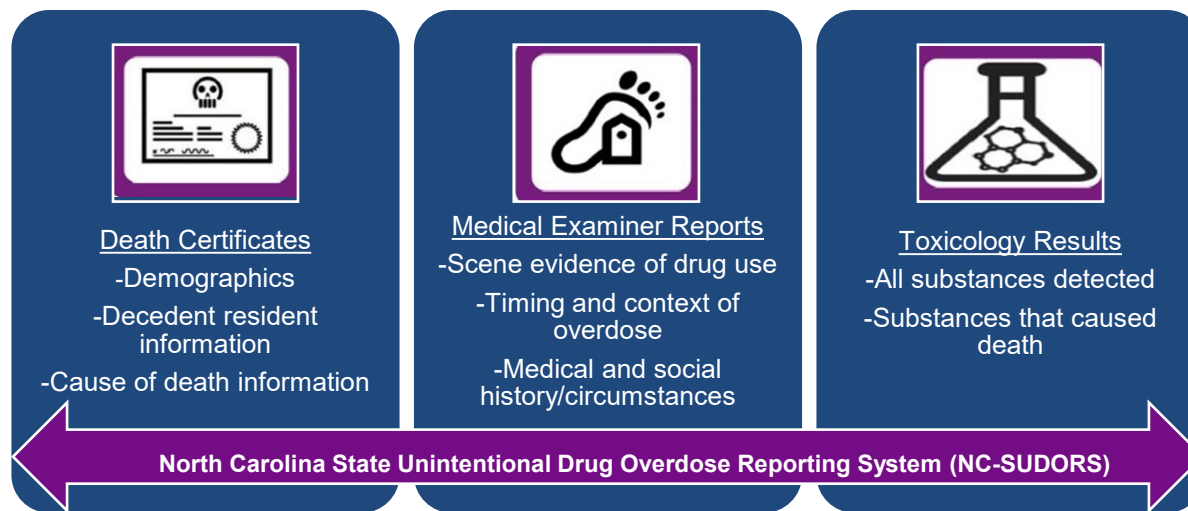
Source: Deaths-NC State Center for Health Statistics, Vital Statistics, 2019-2023; Population-NCHS, 2019-2023

Analysis by Injury Epidemiology and Surveillance Unit

Why?

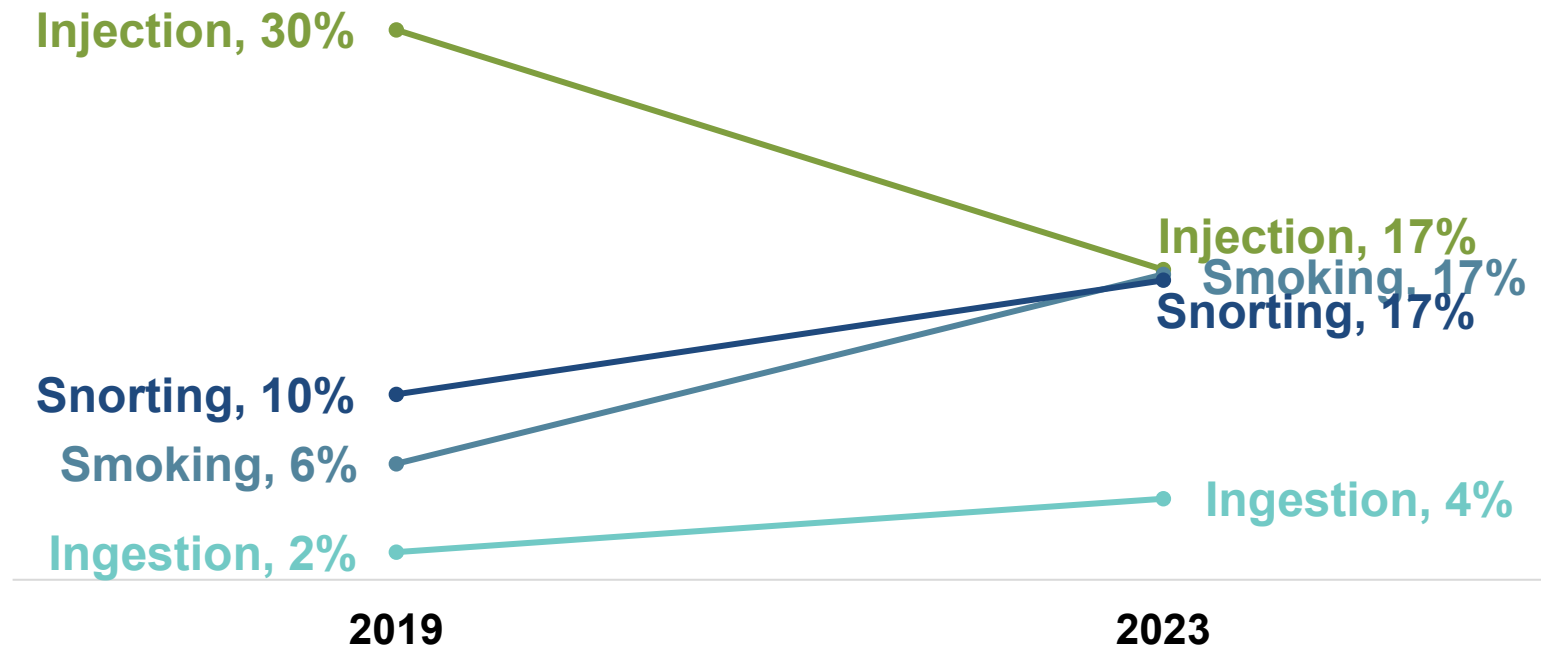
Using data to better understand circumstances

There are many things the data may not be able to tell us, but NC-SUDORS offers additional insights into the circumstances leading to an overdose death.



Circumstance data are gathered during the initial death investigation, often during interviews with the decedent's family and friends. These data are not always known or relayed.

Patterns of drug route of administration changed from 2019 to 2023 in North Carolina



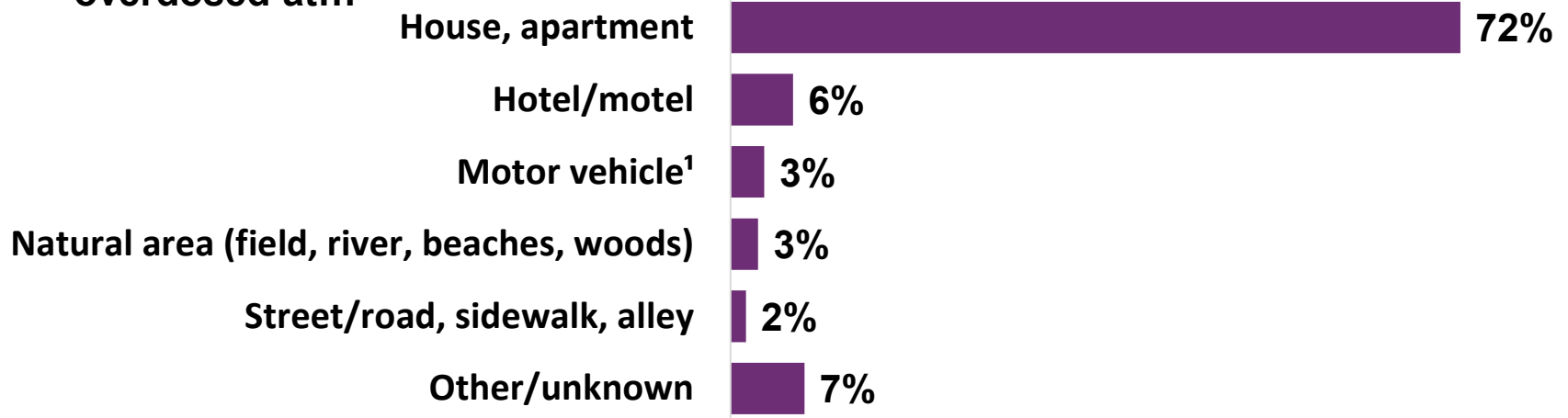
Technical notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC; Denominators are all NC-SUDORS decedents. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed.

Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2019 and 2023*; *2023 data are provisional-data are subject to change

Analysis by Injury Epidemiology and Surveillance Unit

Nearly three of four overdose deaths occurred at home

Among 2023 overdoses, percent of decedents who overdosed at...

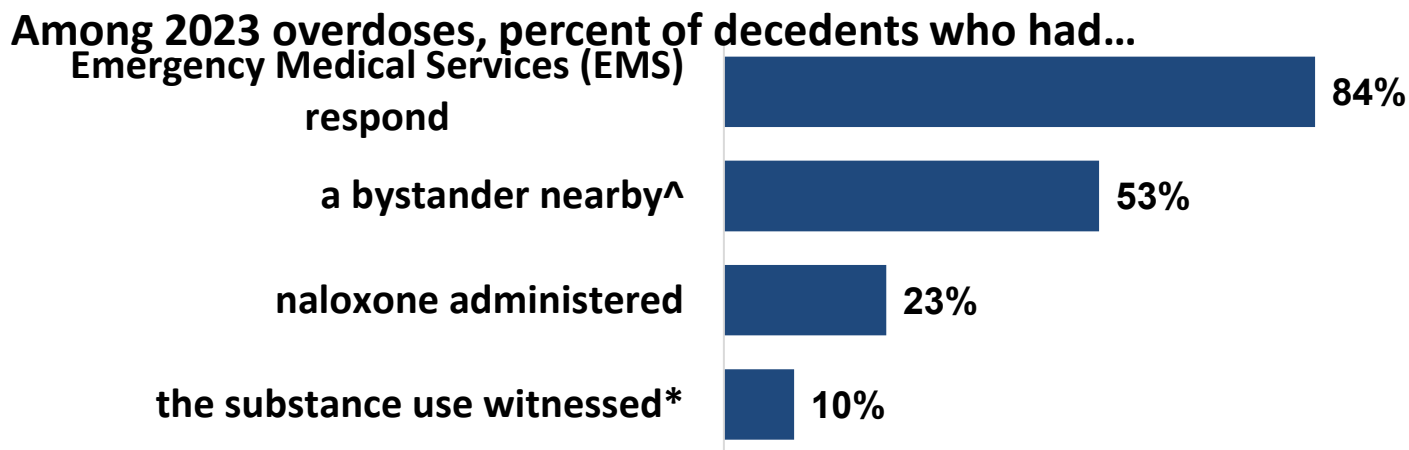


¹Excludes school bus and public transportation or station

Technical Notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC; Denominators are all NC-SUDORS decedents. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed.

Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2023*; *2023 data are provisional-data are subject to change
Analysis by Injury Epidemiology and Surveillance Unit

Although a bystander was known to be nearby at 53% of fatal overdoses, naloxone was only administered 23% of the time



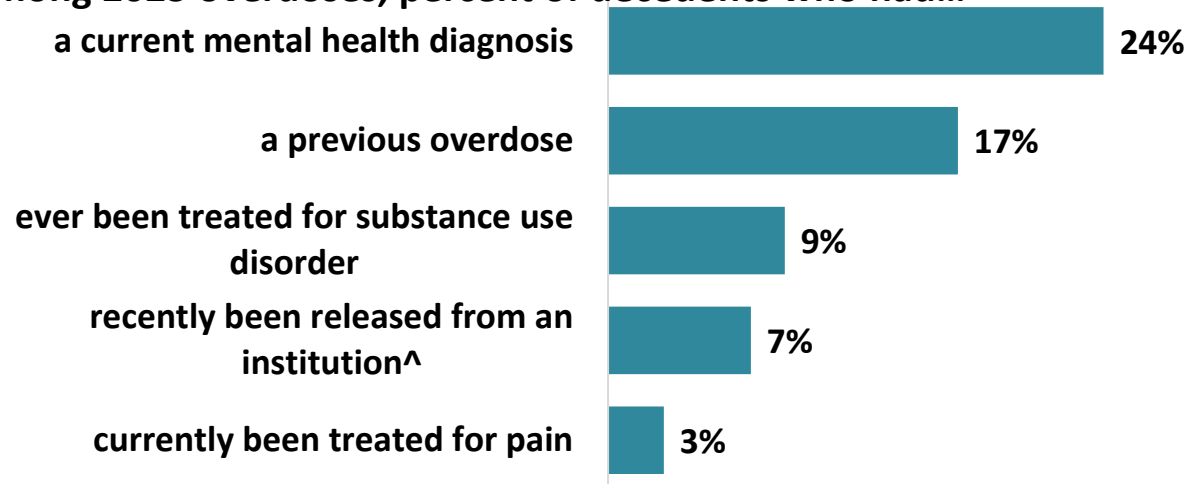
[^]A bystander is an individual who was physically nearby, either during or shortly preceding a drug overdose, who potentially had an opportunity to intervene and respond to the overdose. ^{*}A witness is an individual, aged 11 years or older, who witnessed the decedent use the substance(s) that resulted in his/her overdose.

Technical Notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC; Denominators are all NC-SUDORS decedents. Circumstance data are gathered during the initial death investigation, oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed.

Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2023*; *2023 data are provisional-data are subject to change
Analysis by Injury Epidemiology and Surveillance Unit

In 2023, 44% of overdose decedents had at least one documented interaction with a health care provider

Among 2023 overdoses, percent of decedents who had...



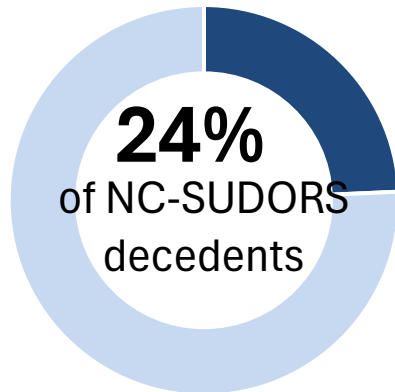
[^]Deaths that occurred within a month of the decedent being released from or admitted to an institutional setting (includes jail, prison, detention facility, hospital, psychiatric hospital, etc.)

Technical Notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC; Denominators are all NC-SUDORS decedents. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed.

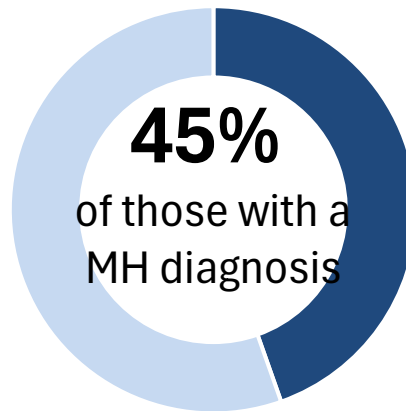
Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2023*; *2023 data are provisional-data are subject to change
Analysis by Injury Epidemiology and Surveillance Unit

Nearly one in four overdose decedents had a non-substance-related mental health disorder in 2023

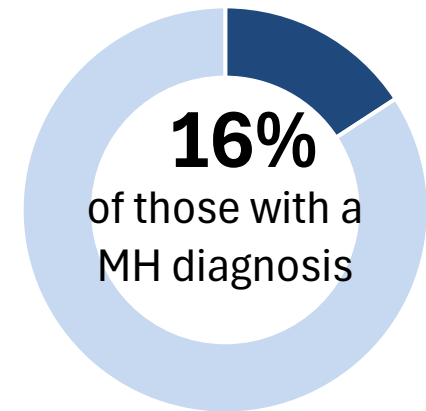
Current MH diagnosis



2+ diagnoses



Current MH treatment



MH = Mental health

Technical notes: Limited to unintentional and undetermined intent overdose deaths that occurred in NC. Circumstance data are gathered during the initial death investigation oftentimes during interviews with the decedent's family and friends. These data are not always known or relayed. Stigma associated with mental health conditions contributes to underreporting of MH burden among this population-counts are likely higher than reported.

Source: NC-State Unintentional Drug Overdose Reporting System (NC-SUDORS), 2023*; *2023 data are provisional-data are subject to change
Analysis by Injury Epidemiology and Surveillance Unit

A linkage of housing shelter data to death records found that overdose was the most frequent cause of death among people with a history of experiencing homelessness.

Learn more here:

[Injuries among people experiencing homelessness in North Carolina factsheet](#)

[NCMJ: People Experiencing Homelessness in NC have Increased Mortality, Including High Overdose, Violence, Injury, and Chronic Disease Death Rates](#)


INJURIES AMONG PEOPLE EXPERIENCING HOMELESSNESS IN NORTH CAROLINA

Presenting data and considerations for public health action

HOMELESSNESS IN NORTH CAROLINA

is linked to higher death rates, including deaths due to preventable injuries.

The NC Department of Health and Human Services, Division of Public Health, Injury & Violence Prevention Branch (IVPB) and NC Coalition to End Homelessness (NCEH) are working together to understand how homelessness and injuries are connected. By matching shelter records to death certificates, the team was able to calculate rates of death among people experiencing homelessness. These rates adjust for age differences, so we can better compare health outcomes.




1-IN-18
people experiencing homelessness
DIE EACH YEAR
in North Carolina


People experiencing homelessness in North Carolina face a much higher risk of death than people with reliable housing.

Among North Carolina's homeless population, 1 in 18 die each year, seven times the state's age-adjusted death rate. In the homeless population, drug overdose is the most common cause of death. Other leading causes of death include suicide, car crashes, pedestrian injuries, and gun violence. People experiencing homelessness also have higher rates of death from chronic diseases such as heart disease, liver disease, and lung cancer.

This study included homelessness records from 81 NC counties, managed by NCEH (see map for included counties). IVPB is currently working to update the data to include more recent years. With support from statewide groups, this study could eventually include data from all 100 NC counties.

Read the study: [People Experiencing Homelessness in NC have Increased Mortality, Including High Overdose, Violence, Injury, and Chronic Disease Death Rates](#)





EMERGENCY HEALTH CARE NEEDS OF PEOPLE EXPERIENCING HOMELESSNESS

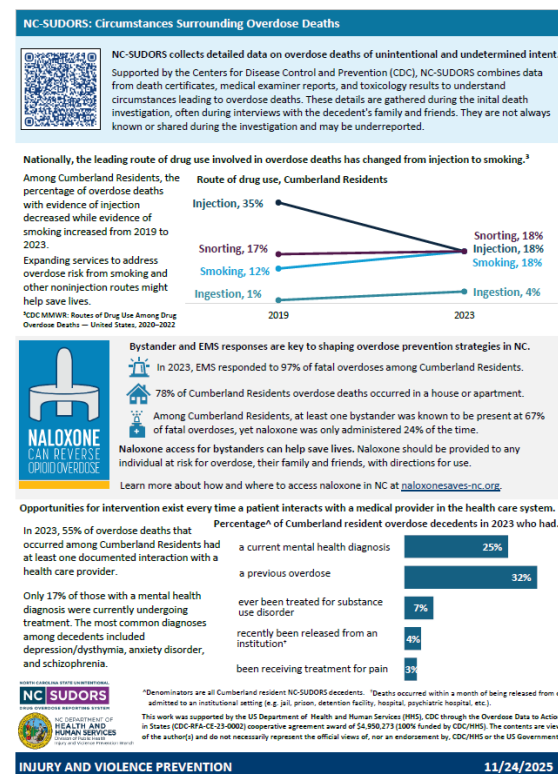
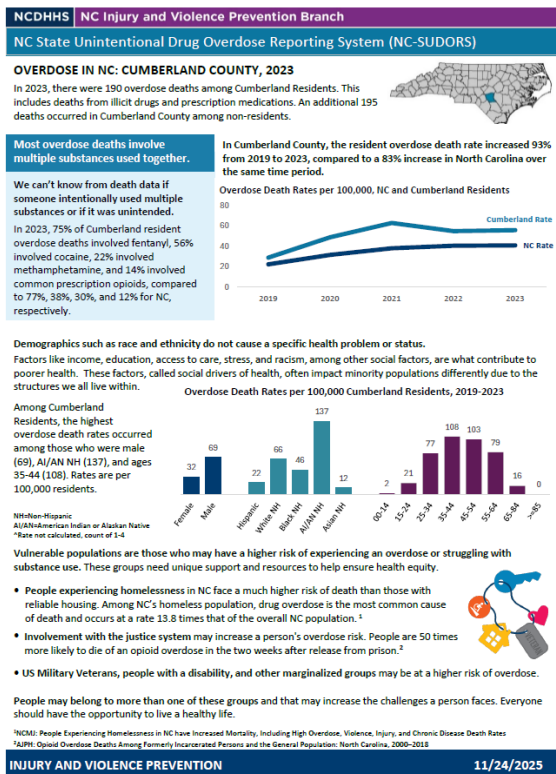
People experiencing homelessness often don't have access to regular health care services, which leads to more frequent emergency department (ED) visits. Public health agencies monitor ED visit trends to track disease outbreaks and injury patterns, using anonymous data. While there are codes in the system to show homelessness, they are often not used, making it more difficult to understand ED needs for people experiencing homelessness. IVPB is working with experts and those with lived experience of homelessness to improve ED visit counting.

Resources

IVPB Epidemiology, Surveillance, and Informatics Unit

NC-SUDORS

• Researchers or local health departments may request data



Email
SubstanceUseData
@dhhs.nc.gov

to receive monthly
data updates

1,081

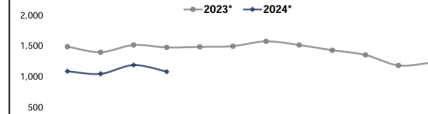
NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OVERDOSE INVOLVING MEDICATIONS OR DRUGS WITH DEPENDENCY POTENTIAL: APRIL 2024

1,081 Overdose ED Visits for Med/Drugs^ with Dependency Potential in April 2024

compared to 1,478 in April 2023

Data Source: NC DETECT: ED, Syndrome: Overdose, Unintentional/Undetermined Medication or Drug Overdose (1-14-00) (ICD-9/10-CM)

Med/Drug^ Overdose ED visits by Month: 2023-2024*



*Report is based on in cases only, for ICD10C dependency potential
Note: Report is restric

576

NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR OPIOID OVERDOSE: APRIL 2024

576 Opioid overdose ED visits April 2024*

Compared to 829 April 2023

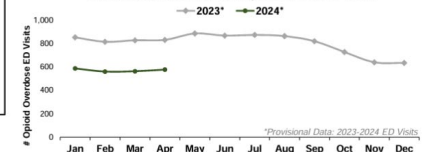
Data Source: NC DETECT: ED, Custom Event: Overdose, Opioid Overdose V.2 (ICD-9/10-CM)

Note: Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).

Opioid Overdose ED Visits by Year: 2015-2024*

* YTD (Jan-Aug) Full year

Opioid Overdose ED Visits by Month: 2023-2024*



*Provisional Data: 2023-2024 ED Visits

Last 12 Months of ED Visits by Opioid Class: 2023-2024*

Heroin Fentanyl Fentanyl Analogs*

272

Suspected Overdose Deaths*, North Carolina Office of the Chief Medical Examiner (OCME) Data: April 2024

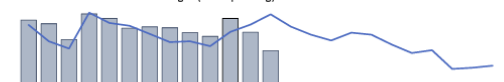
272 Suspected Overdose Deaths*, April 2024

Compared to 373 April 2023

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^ Confirmed Poisonings^ (cases pending) Suspected Overdose Deaths*



*This ca
examin
suspec
poisoni

208

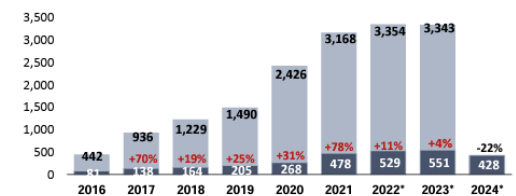
Fentanyl-Positive Deaths, North Carolina Office of the Chief Medical Examiner (OCME) Toxicology Data: Feb 2024*

208 Fentanyl-Positive Deaths^, February 2024*

Compared to 274 in February 2023

*Deaths included in this report tested positive for fentanyl at the time of the death when toxicology testing was performed. Toxicology results are based on analytical testing of specimens performed by NC OCME Toxicology. The detection of fentanyl only indicates deaths with positive fentanyl toxicology results. The presence of fentanyl at time of death does not necessarily indicate fentanyl as the cause of death.

Fentanyl-Positive Deaths: 2016-2024

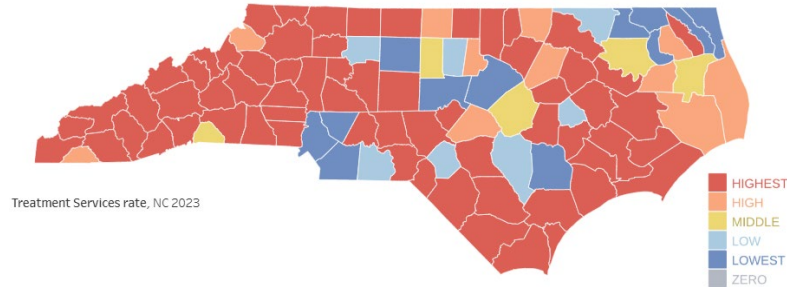
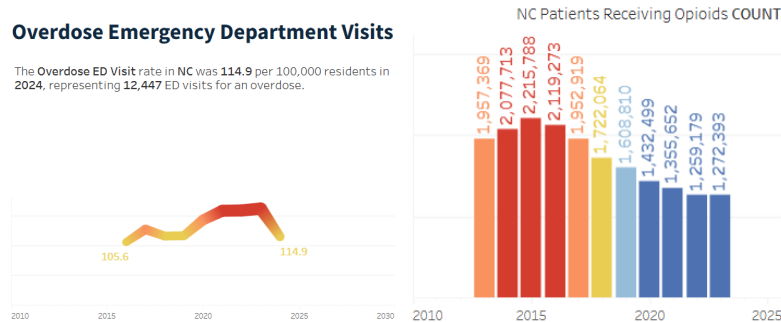


NC Overdose Epidemic Data

Jump to: [Interactive Overdose Data](#) / [Monthly Reports](#) / [Other Resources](#)

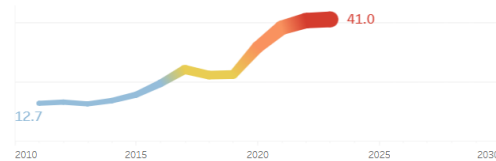
Overdose Emergency Department Visits

The Overdose ED Visit rate in NC was 114.9 per 100,000 residents in 2024, representing 12,447 ED visits for an overdose.



Overdose Deaths

The Overdose Death rate in NC was 41.0 out of 100,000 residents in 2023, representing 4,442 people who died of an overdose.



Injury & Violence Prevention Branch (IVPB) data support available!





Book time with an IVPB epidemiologist to discuss available data products, talk through custom data requests, or for general data questions.

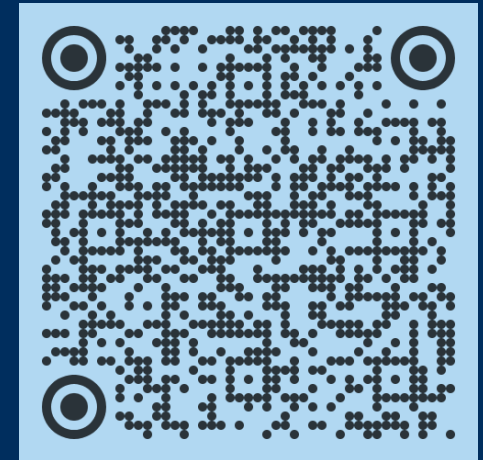
[IVPB Data Request Policy](#)

[IVPB Data Support Bookings](#)

IVPB Data Support

✓ SELECT A SERVICE

<p>Overdose Data Support <input type="radio"/></p> <p>Book time with Mary Beth to discuss overd... Read more</p> <p>30 minutes </p>	<p>Alcohol Use & Related Harms Data Support <input type="radio"/></p> <p>Book time with Mary Beth to discuss alcoho... Read more</p> <p>30 minutes </p>
<p>General Injury Data Support <input type="radio"/></p> <p>Book time with Shana to discuss general inj... Read more</p> <p>30 minutes </p>	<p>Suicide and Firearm Data Support <input type="radio"/></p> <p>Book time with Shana to discuss suicide an... Read more</p> <p>30 minutes </p>



IVPB Injury Data Users Toolkit

What is it?

- Tool to help partners understand IVPB data processes, interpret injury data, and effectively use IVPB data resources.
 - Enhance injury data literacy
 - Promote the use of injury data to guide prevention strategies

What is included?

- Injury Data Briefs
 - Overviews of IVPB data and data processes
 - Epidemiology Concepts (Epi 101)
 - Injury Topic Specific Briefs
- IVPB Data Resource Inventory
 - Tool to help find the right IVPB data resource
- Other Injury Data Resources

Understand
Injury Data with
**Eddie the
Epidemiologist**



Questions?

SubstanceUseData@dhhs.nc.gov

**Injury and Violence Prevention Branch
NCDHHS, Division of Public Health**

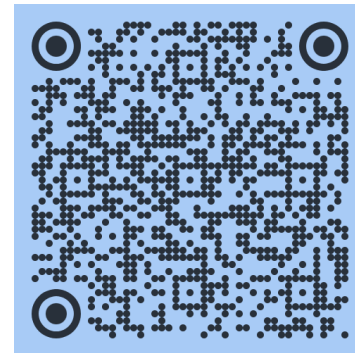
NC Overdose Data Dashboard



Injury Data Users Toolkit



Schedule Data Support



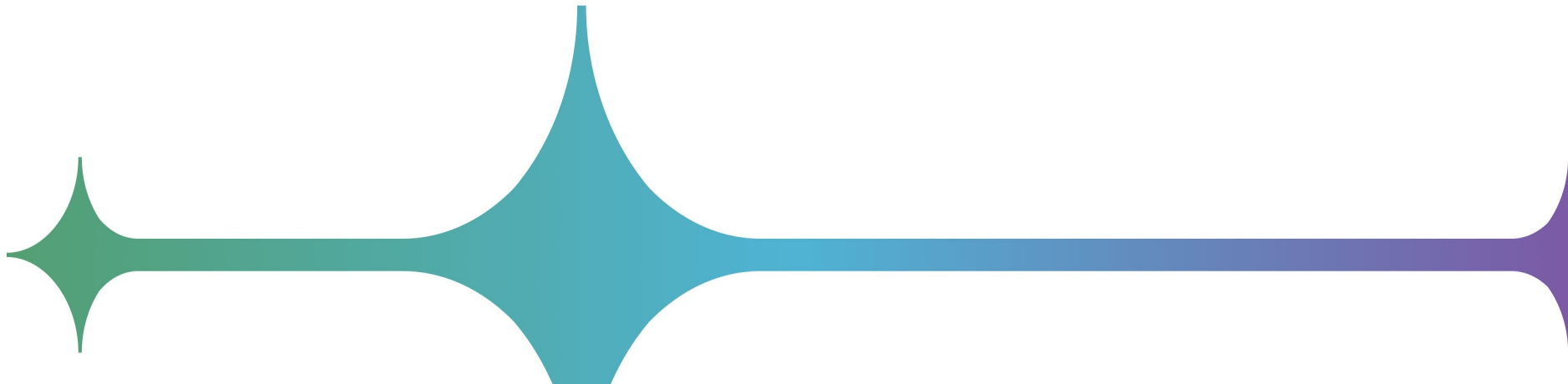
Panel: Addressing Stigma Across the State

- *Moderator: Chase Holleman, Division of Mental Health, Developmental Disabilities, Substance Use Services*
- Anna Stanley, Division of Mental Health, Developmental Disabilities, Substance Use Services
- Charleton Robeson, NC Harm Reduction Coalition
- Hill Brown, Faith in Harm Reduction
- Tonya Newcomb, Healing Transitions
- Ryann Koval, NC Survivors Union
- Don Jackson, NC Survivors Union

Training Efforts Across the State - NCSTAR Stigma and Primary Care

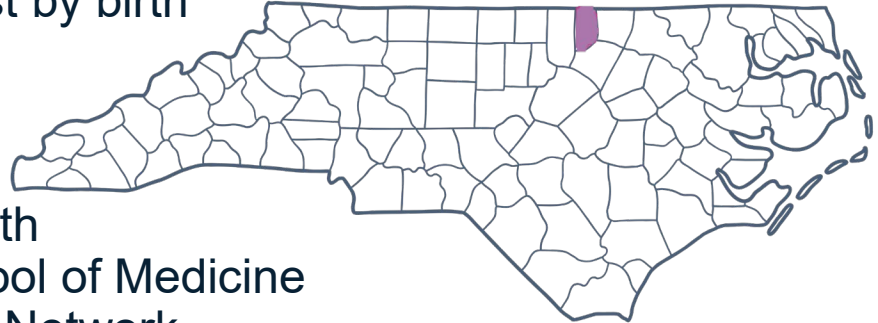
- Lindsey Kennedy, NCSTAR Network, UNC School of Medicine

Substance Use Stigma: Training the Health Care Community



ABOUT ME

Psychiatric Pharmacist by training, independent pharmacist by birth



UNC Health
UNC School of Medicine
NC STAR Network

FINANCIAL DISCLOSURES

None

FUNDING

NC STAR Network is supported by funding from the North Carolina Department of Health and Human Services.

Substance Use Stigma
*has real-world consequences in health
care settings.*

Stigma and Substance Use Disorders

Corrigan PW, Nieweglowski K. Stigma and the public health agenda for the opioid crisis in America. *Int J Drug Policy*. 2018;59:44-49. doi:10.1016/j.drugpo.2018.06.015

Tsai AC, Kiang MV, Barnett ML, Beletsky L, Keyes KM, McGinty EE, et al. (2019) Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLoS Med* 16(11): e1002969. <https://doi.org/10.1371/journal.pmed.1002969>

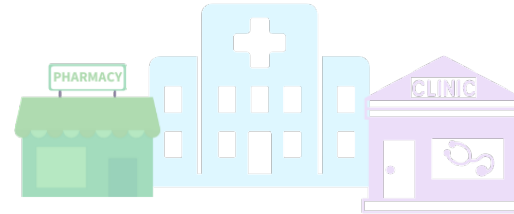
Image courtesy of NCSTAR Network



Public / Enacted

Those with OUD are “difficult,” dangerous, or involved in criminalized behaviors

Terminology and language



Structural

Policies, laws, and punitive measures that restrict or prohibit treatment engagement

Health care deserts, treatment locations, transportation systems or lack thereof



Self / Internalized

Label avoidance can drive choice not to engage in treatment

Stigma among most reported reasons for not engaging in substance use disorder treatment

Effect more pronounced in rural areas and small communities

Substance Use Stigma: Examples

Intentional

We don't treat those kind of people here

They don't want to stop using

She just wants to get high

Nope, we aren't accepting new patients

Unintentional

Yeah, but those people didn't choose or deserve to get cancer

Your urine tox was dirty

You've taken bup/nal long enough – it's time to wean the dose

MOUD is just trading one drug for another

Ashford RD, Brown AM, Curtis B. Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug Alcohol Depend.* 2018;189:131-138. doi:10.1016/j.drugalcdep.2018.05.005

Magnan E, Weyrich M, Miller M, et al. Stigma Against Patients With Substance Use Disorders Among Health Care Professionals and Trainees and Stigma-Reducing Interventions: A Systematic Review. *Acad Med.* 2024;99(2):221-231. doi:10.1097/ACM.0000000000005467

Substance Use Stigma

EXAMPLES

Unintentional

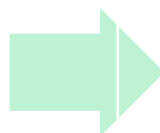
You've taken
bup/nal long
enough – it's time
to wean the dose

MOUD is
just trading
one drug for
another

- ✧ OUD is a chronic disease
- ✧ ASAM and SAMHSA both recommend providing Medications for OUD (MOUD) as long as indicated
- ✧ Telling someone they've taken MOUD long enough implies they have willful control over their OUD
- ✧ **In other words – it implies MOUD are used to treat a moral failing**

Ashford RD, Brown AM, Curtis B. Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug Alcohol Depend.* 2018;189:131-138. doi:10.1016/j.drugalcdep.2018.05.005

Substance Use Stigma



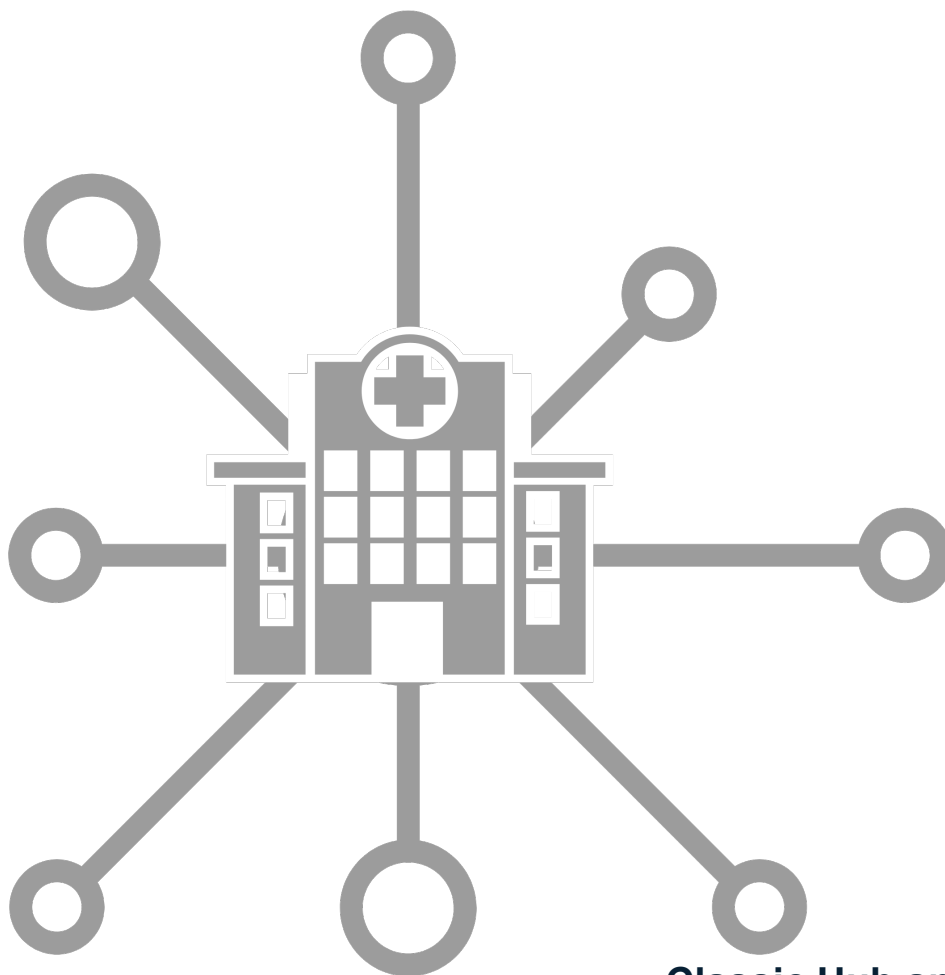
Attitudes and Beliefs

Impact on Addiction Treatment Access



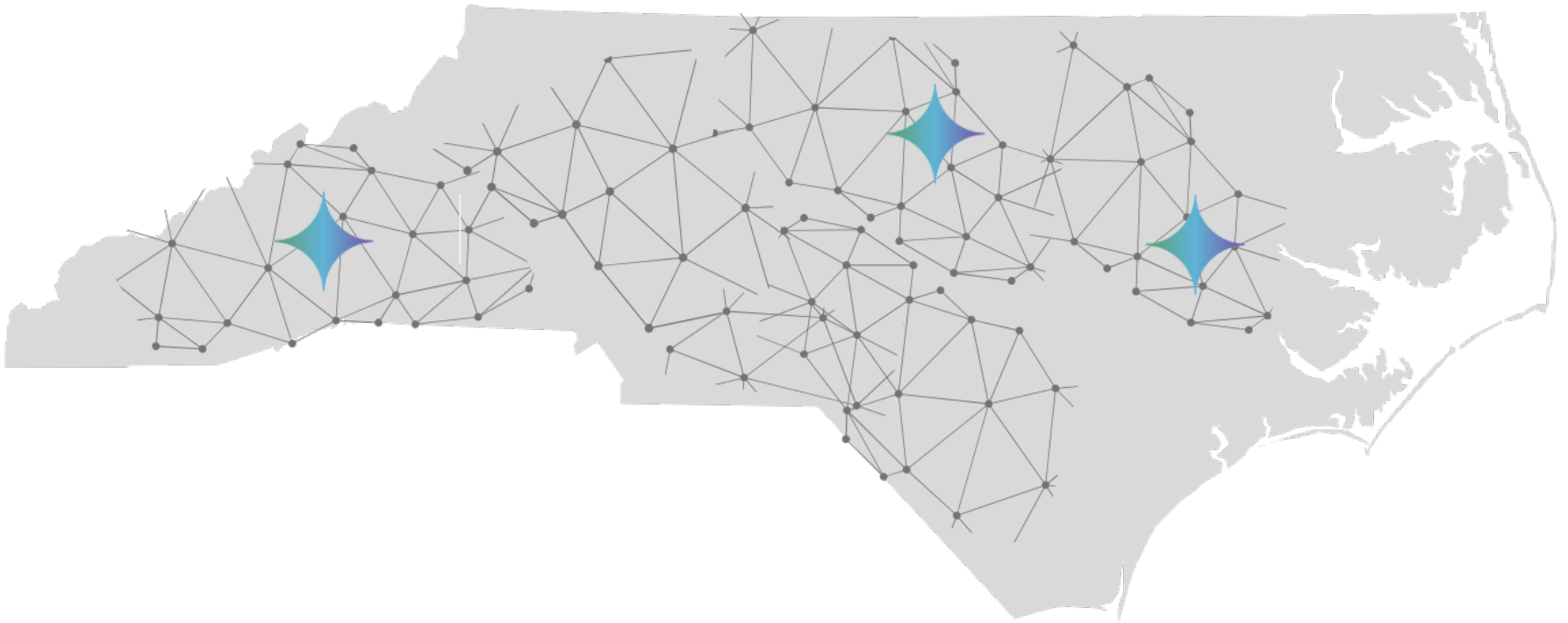
Wogen J, Restrepo MT. Human Rights, Stigma, and Substance Use. *Health Hum Rights*. 2020;22(1):51-60.
Image courtesy of NC STAR Network

Some states utilize a hub and spoke methodology to expand access to addiction treatments



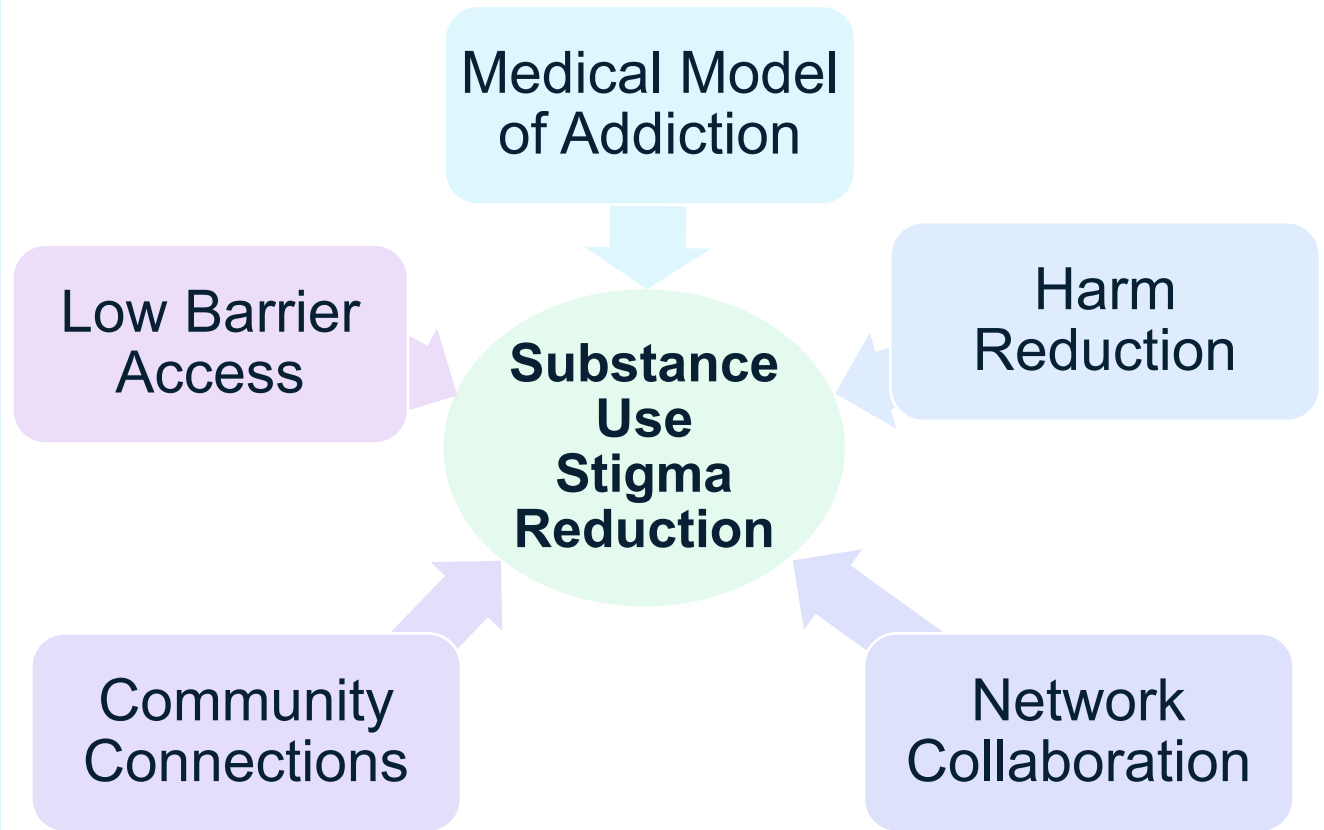
Classic Hub and Spoke

***NCSTAR focuses on providing education,
technical assistance and support to health care
professionals via network methodology***



NCSTAR

engagement with primary care practices is centered around core principles to reduce substance use stigma



Implied Associations

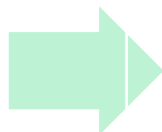
DEFINITION: *a negative or positive idea a person has about someone or something*



Being subjective is part of human nature

Ashford RD, Brown AM, Curtis B. Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug Alcohol Depend.* 2018;189:131-138. doi:10.1016/j.drugalcdep.2018.05.005
Image courtesy of NC STAR Network

Substance Use Stigma



Attitudes and Beliefs

Creates “othering,”
decreasing likelihood
someone will seek
treatment

Limits access health care
(primary care, emergency
room, etc...)



Volkow ND. Stigma and the Toll of Addiction. N Engl J Med. 2020;382(14):1289-1290. doi:10.1056/NEJMp1917360
Image courtesy of NC STAR Network

UNSHAME NC

- Kelly Crosbie, Division of Mental Health, Developmental Disabilities, Substance Use Services

Unshame NC

Unshame North Carolina

**Statewide Campaign to
End SUD Stigma**

A background image showing a diverse group of people, with a man in the foreground looking directly at the camera. The image is overlaid with a blue tint.

Together **to end stigma**

53% of North Carolina adults know someone with a substance use disorder.

Our friends, family, and loved ones with substance use disorder (SUD) are experiencing shame that keeps them from seeking help. By raising the voices of those impacted by SUD, Unshame North Carolina is breaking down barriers and growing a community that supports one another.

Together, we can create a more compassionate North Carolina. **Join us in redefining how we support people with SUD.**

Unshame NC: Campaign Goals

Stigma is complex and deeply rooted. It often takes time and ongoing effort to see shifts in attitudes and beliefs.

Instead of ***only*** focusing on long-term change (stigma reduction year over year), we're working toward two key intermediate goals:

Goal #1: Increase knowledge and awareness of substance use disorder (SUD) and MOUD.

Goal #2: Improve support and acceptance of MOUD treatment and people who use substances.

These steps are designed to move us closer to reducing stigma in North Carolina over time.



Evidence Base

Baseline Evaluation

- **The North Carolina baseline survey was fielded in May 2025.**
 - Results were weighted to North Carolina Census demographics
 - Probability-based sampling allowed generalization of results to the broader North Carolina adult population
 - Cross-sectional analyses to determine the landscape of addiction stigma

Key Informant Interviews

- **Key informant interviews (KIIs) were conducted in April/May 2025.**
 - Twenty-two (22) organizations were engaged.
- Through KIIs, we collect first-hand perspectives from individuals working in the substance use space:
 - *Community Perceptions*
 - *Technical Assistance Delivery*
 - *Culturally Competent Messaging*

Qualitative and quantitative data collected works in tandem to inform the overall campaign strategy



Key Message Overview

The following four key messages have been informed by our 2025 Baseline Survey, Key Informant Interviews, and secondary data to support Unshame NC campaign goals.

MOUD

- There's treatment that works.

Support in Action

- You can take action to support someone with a substance use disorder.

Healing in Connection

- Every community can be a place of welcome, hope, and healing for people affected by SUD.

Thriving in Community

- People with SUD are essential threads in the fabric of our communities.



Campaign Launch

- Campaign commenced on July 21, 2025, with website, social media platforms and an in-person launch
- Presented campaign at Wake County Drug Overdose Prevention Coalition in Raleigh, North Carolina
- Amongst peers in field, including government officials, community-based organizations, public health professionals, people with lived experience, social media influencers, and more



Photo use approved by First Lady Stein.





Strategies Employed

Digital Strategy Platforms

- **Facebook** and **Instagram** were chosen as primary content distribution platforms, based on national Pew Research and Unshame NC Baseline Survey media usage data for our priority population.
- **Over 75%** of rural and non-rural NC Christian respondents use Facebook daily, with high usage also reported for Instagram and YouTube. **Most** rural participants (**91.7%**) have cellular data, and **82%** have broadband access.
- These platforms, paired with formative research and real-time data, equip the campaign to reach audiences across rural, urban, faith-based, and culturally-specific communities at scale.
- Digital activities drive awareness, engagement, and traffic to **UnshameNC.org**, featuring stories, partner links, and resources.



Pillars of Our Digital Strategy

Unshame NC includes the following three categories of content, informed by our evidence base, secondary data, content engagement, and quality improvement.

- **Storytelling**
 - This campaign amplifies the voices of North Carolinians from across the state by seeking out, collecting, and producing their stories for our digital content.
- **Education**
 - In addition to real-life stories, Unshame NC develops evidence-informed educational messages about topics relevant to campaign goals, like information on SUD and treatment.
- **Influencer**
 - Collaboration: Seeking out and contracting message-aligned social media influencers across the state, Unshame NC briefs these trusted messengers on our messaging and non-stigmatizing language to create content that is engaging, informative, and actionable.



A scenic photograph of a beach at dusk or dawn. The ocean is on the left with gentle waves washing onto the shore. The sand is golden and covered in many footprints. On the right, there are dunes with tall, dry grass. A blue rectangular box is overlaid on the left side of the image, containing the title text.

Community Engagement Strategy

Engaging with Unshame NC

[Home](#) | [Unshame NC](#)

[Unshamenc.org](https://unshamenc.org)

Community Impact Committee (CIC)

The CIC is a working group of community leaders that contribute feedback to various aspects of the campaign. They are compensated for their time.

- Participate in bi-monthly meetings
- Provide assistance on webinar series: assisting in topic development, or acting as a webinar moderator
- Contribute to campaign digital content by being featured in content pieces, pitching content ideas, or referring story sharers
- Contribute to the development of community resources including social media toolkits, one-pagers, and other outreach materials, by actively participating in idea generation and content review

Community Coalition

The Unshame NC coalition is a cohort of organizations that show support to the campaign by engaging online and in-person. There is no cost or time commitment associated with joining.

- Share support by opting to be featured on the Unshame NC website
- Participate in quarterly coalition meetings to hear about campaign updates and cross-share learnings.
- Invite Unshame NC to story collection site visits or in-person events
- Share Unshame NC toolkits or resources with network

More Ways to Connect

For organizations that wish to contribute to our work through collaboration, amplify their work, or simply keep up with us, there are a few ways to get involved.

- Participate with Unshame NC as a story sharer
- Follow Unshame NC on social media and engage with content (like, comment, repost, share content.)
- Sign up for the Unshame NC newsletter and attend webinars
- Meet us for a discovery call to learn how we can collaborate to reach residents local to you
 - Collaboration may look like the co-creation of educational materials, counsel from subject matter experts and more



Wrap up and THANK YOU!

- Kelly Crosbie, Division of Mental Health, Developmental Disabilities, Substance Use Services
- The meeting recording, agenda, and PowerPoint slides will be added to our NCDHHS Overdose/OPDAAC page.
 - [https://www.ncdhhs.gov/about/departments-initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee](https://www.ncdhhs.gov/about/departments/initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee)

Next OPDAAC Meetings:

- March 27, 2026, hybrid (in-person at the Quorum Center and virtual)
 - Topic: Local County Efforts to Implement Exhibit A Justice-Involved Strategies

Questions? Email OPDAAC@dhhs.nc.gov (*new email address*)