

Meeting of the  
Unintentional Death  
Prevention Committee  
of the  
North Carolina Child  
Fatality Task Force

January 13, 2026

# **Child Fatality Task Force**



***Our Children, Our Future,  
Our RESPONSIBILITY***

# Welcome & Approval of Minutes



Minutes from last meeting on 11-7-25  
have been posted on the CFTF website,  
the minutes have been sent out and the  
link to the minutes is also on your  
agenda

# Today's Agenda

- **Updates from CFTF December meeting on UD recommendations**
- **Fentanyl deaths among children and teens**
  - Review of CFTF 2025 administrative item
  - Data update
  - Example of prevention program: Poe Health Center
- **Firearm deaths and injuries among children and teens**
  - Review of CFTF 2025 recommendations
  - Data update
  - Update on NC S.A.F.E. Initiative

## Updates from CFTF December meeting on UD recommendations

The CFTF approved recommendations from this committee:

- Support legislation to **strengthen NC's child passenger safety law** to address best practices (related to younger children riding in the rear seat; infants and toddlers facing backwards; safe transition from booster seat to seat belt).
- Administrative efforts to **educate about the Graduated Driver License (GDL)**, the importance of the science behind the GDL, and to continue to get updates on the science surrounding the GDL to inform future work.
- Endorse legislation to **raise the legal age for sale of tobacco products in NC from 18 to 21 to align with federal law**; **legislation to include licensing of tobacco product retailers** and appropriate enforcement measures.
- Support legislation to **prevent child and youth access to intoxicating cannabis** (with wording revised to acknowledge change in federal law—see next slides)

# New developments in federal law related to cannabis/hemp result in uncertainty

This change in federal law came AFTER the CFTF UD Committee voted to repeat the 2025 cannabis recommendation submitted to you today



- The enactment of the federal law that ended the govt. shutdown November 12th changed hemp definitions that distinguish hemp (legal) from marijuana (illegal).
- The new definition of hemp includes industrial hemp but excludes many types of hemp-derived products not previously excluded from the definition of hemp, including intoxicating products.
- **The new laws do not go into effect until Nov. 12, 2026**, and the FDA is required to make further determinations and publish lists of cannabinoids.
- There is **uncertainty** about whether these or other related laws will be changed before becoming effective.
- There is **uncertainty** about federal enforcement of the new prohibitions.
- There is **uncertainty** about how state and local authorities will react.

*[Note: the above is a highly simplified version of the current status— see link below for more detail on this topic]*

## Approved 2026 CFTF cannabis recommendation (acknowledges federal law changes)

Taking into account recent federal law changes to the definition of hemp effective November 12, 2026 and uncertainty around these laws and their impacts, the CFTF supports legislation and/or other measures to ensure the protection of children from harmful intoxicating hemp/cannabis products to accomplish the following:

- prevent the sale or distribution of such products to those under 21;
- require the packaging of such products to contain appropriate warnings, be child-resistant and to prohibit packaging that is attractive to children and youth;
- require permitting for retailers who sell such products; and
- prohibit those under 21 from entering vape shops.

# CFTF 2025 Administrative Item on Fentanyl

Administrative efforts to encourage collaboration and outreach to educate youth, parents, and caregivers about the dangers of fentanyl and counterfeit drugs, the importance of safe storage; and to increase access to and availability of Naloxone in schools, households, and youth-serving organizations.



# Refresher on Why the CFTF Is Interested in This Topic

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- **Fentanyl is a synthetic opioid** that is up to 50 times stronger than heroin and 100 times stronger than morphine; there is pharmaceutical fentanyl and there is also illegally made fentanyl. Very small amounts can be fatal.
- **Data presented to CFTF by the OCME showed upward trends in fentanyl deaths among NC children & youth** age 17 and under that began around 2017 and 2018 and significantly increased for 2020, 2021, and 2022; **updated data will be presented today.**
- In 2024, the CFTF had an administrative item to learn more about this topic, and there was further study and discussion by the UD committee and CFTF prior to developing the 2025 administrative item.

# Recognized PREVENTION STRATEGIES

(discussed by panel of experts in UD meeting in 2024 and/or sources like NC Opioid & Substance Use Action Plan, CDC, SAMHSA, JAMA Pediatrics, etc.)

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- **Harm reduction** strategies
  - Expanded use of fentanyl test strips
  - Expanded access to naloxone; ensure naloxone is present in at-risk homes
- **Treatment** for parental and adolescent substance use (and mental health)
- **Increased education** about the dangers of fentanyl (and substance use education)
- **Safe storage** and disposal
- **Upstream efforts:**
  - Promoting protective factors and efforts focused on resilience and connectedness of adolescents
  - Programs and strategies that identify kids who are struggling to get them help
  - Prevent and address trauma
  - Address social drivers; support children and families

# The NC Opioid and Substance Use Action Plan (NC OSUAP) has seven focus areas to address the overdose epidemic:



<https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic/north-carolinas-opioid-and-substance-use-action-plan>

<https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan>



Opioid Settlement funds are being used in many NC counties for primary prevention work

Information on use of funds at CoreNC:  
<https://ncopioidsettlement.org/>

# Naloxone Saves site has multiple resources

Efforts related to increasing access to and use of the overdose reversal drug Naloxone (and other harm reduction efforts) are widespread

<https://naloxonesaves-nc.org/>



# North Carolina Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC)

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

<https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic/nc-opioid-and-prescription-drug-abuse-advisory-committee>

# Highlights of prevention efforts in NC via the FY25 Prevention Block Grant

## Investment in Primary Prevention

Youth Prevention Education (YPE) programs were implemented with **459 new groups of participants** that served close to **9,000 individuals during the year**.

The **Lock Your Meds (LYM)** communication campaign reached residents across the state and coincided with **over 11,000 lock boxes** and more than **15,000 medication disposal kits** distributed.

Prevention providers participated in over **200 medication take-back events** where more than **1,200 pounds of unused medication** were collected.

One of the most **significant prevention successes** prevention providers identified was **increasing community awareness of secure medication storage and safe disposal information**.

Information presented at 9/19/25 OPDAAC meeting by DMH/DHHS related to Federal Substance Use Prevention Treatment Block Grant

# Fact Sheets & Related Resources

- NC DHHS fact sheet on counterfeit pills containing fentanyl:  
[https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/Counterfeit\\_Pills\\_11032023\\_3.pdf](https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/Counterfeit_Pills_11032023_3.pdf)
- DEA: <https://www.dea.gov/sites/default/files/2022-12/Fentanyl%202022%20Drug%20Fact%20Sheet.pdf>
- CDC: [https://www.cdc.gov/overdose-resources/pdf/CDC\\_Fentanyl-Fact-Sheet\\_General\\_508.pdf](https://www.cdc.gov/overdose-resources/pdf/CDC_Fentanyl-Fact-Sheet_General_508.pdf)
- NIH: <https://nida.nih.gov/research-topics/fentanyl>
- Fentanyl Overdoses-Preventing Overdoses with K-12 and Higher Education campuses: [https://rems.ed.gov/docs/OpioidsFactSheet\\_508c.pdf](https://rems.ed.gov/docs/OpioidsFactSheet_508c.pdf)
- One Pill Can Kill Campaign: <https://www.dea.gov/onepill>
- Safety First High School drug use prevention curriculum:  
<https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html>

# Considerations . . .

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- **There are significant ongoing efforts underway in NC that address the identified prevention strategies**
- **The 2024 & 2025 CFTF admin items have encouraged awareness & progress**
- **The CFTF (and this committee) will continue to monitor data** surrounding poisoning deaths include those related to fentanyl (this is an ongoing duty of the CFTF)
- **An important role for the CFTF is highlighting concerning data trends.**
- The CFTF can recommend policies and programs/strategies where there are gaps, however the CFTF is not structured to develop or implement a program



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Comparison of Preadolescent and Adolescent Fentanyl- Positive Deaths, 2015-2024

**Sandra C. Bishop-Freeman, Ph.D. F-ABFT**  
Chief Toxicologist and Forensic Laboratory Director

**Meredith Welch, MPH**  
Applied Forensics Epidemiologist

North Carolina Division of Public Health  
Office of the Chief Medical Examiner



# Agenda

- Overall Fentanyl-Positive Death Trends
- Pediatric Fentanyl-Positive Death Trends
- Case Examples
- Prevention Strategies
- NC OCME Resources

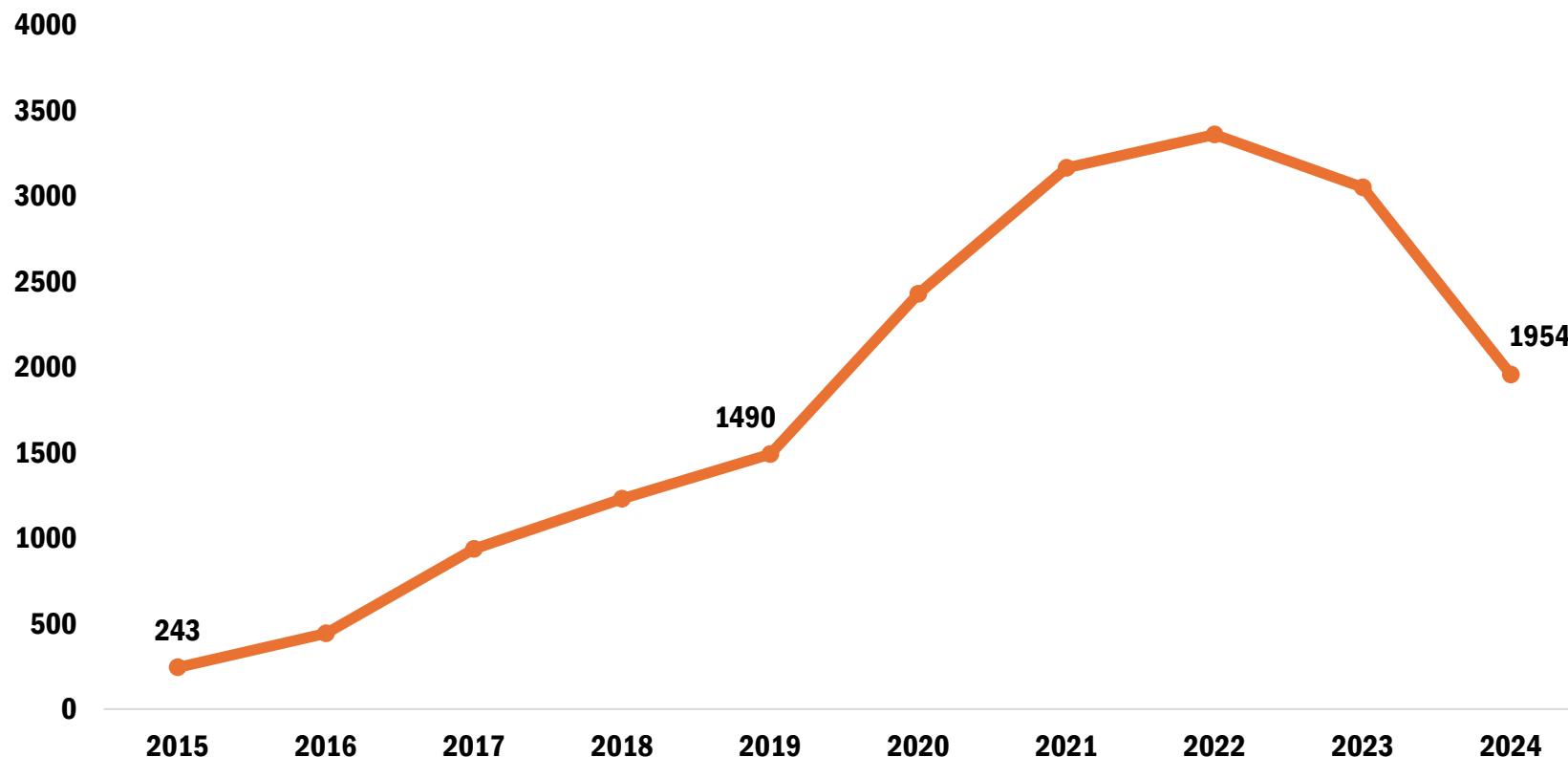
# Fentanyl-Positive Deaths Technical Note

- Data are based on analytical testing of specimens performed by NC OCME Toxicology Laboratory.
- The detection of fentanyl may not necessarily be the ultimate cause of death as determined by the pathologist.
  - For instance, in rare cases therapeutic fentanyl administered during emergency medical care will show up as a fentanyl-positive death.
- Data are presented in numbers and rates, with rates enabling standardized comparisons across populations and time periods.
- Please note that while fentanyl is a major contributor to pediatric overdose deaths, other substances remain risks to this population.

# Overall Fentanyl- Positive Deaths

**In North Carolina, fentanyl-positive deaths have increased by 31% since 2019, reaching a total of 1,954 cases in 2024**

**Number of Fentanyl-Positive Deaths by Year, MEIS, 2015-2024\***



Limited to deaths occurred in NC

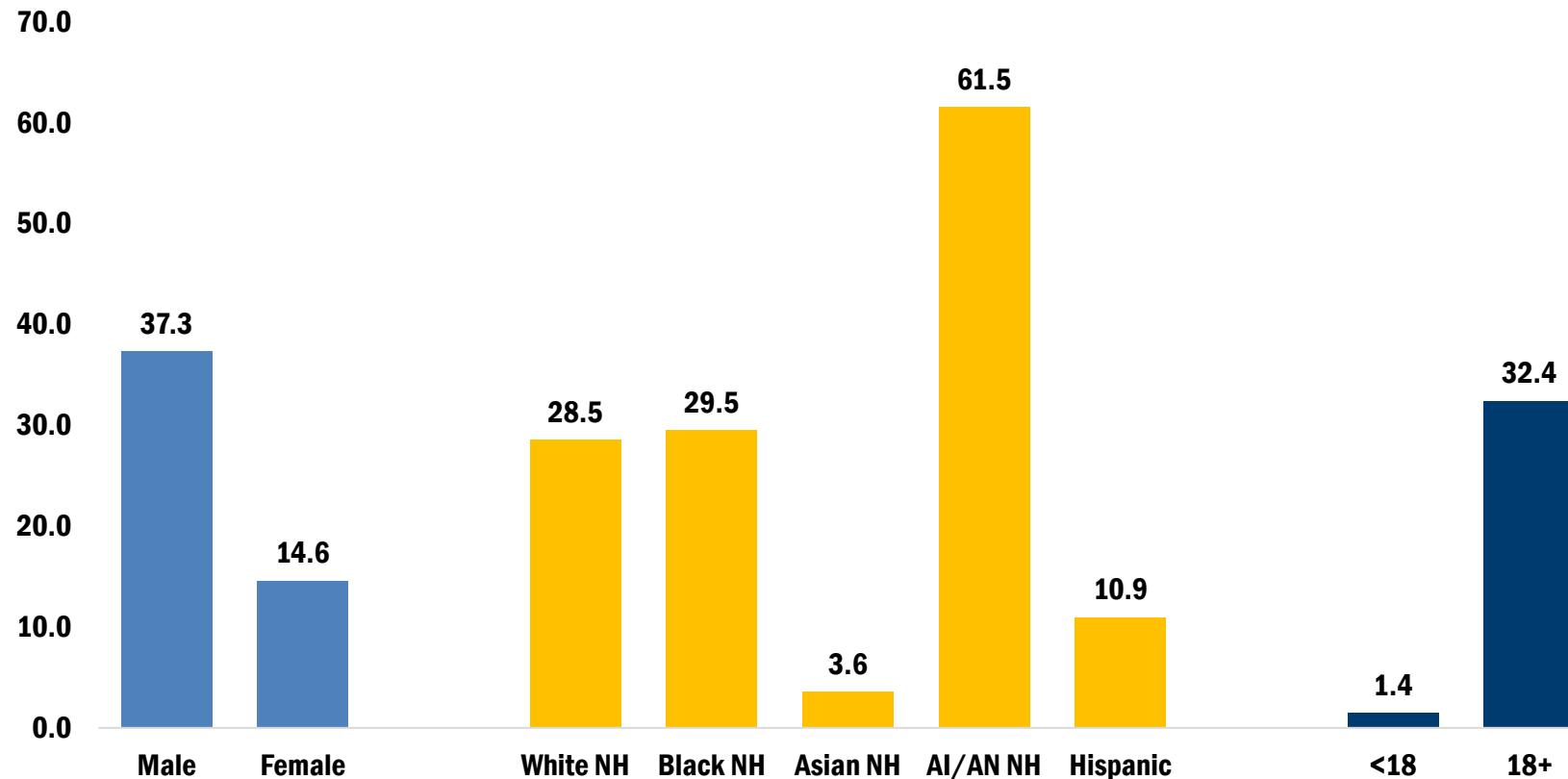
\*2024 data are provisional

Source: MEIS, 2015-2024

Analysis by the OCME Data and Information Unit

## Males, American Indian residents, and adults ages 18+ experienced the highest rates of fentanyl-positive deaths in NC

Fentanyl-Positive Death Rates (per 100,000) by Demographic Group, MEIS, 2021-2024\*



Limited to NC residents; NH = Non-Hispanic; AI/AN = American Indian/Alaskan Native

\*2024 data are provisional

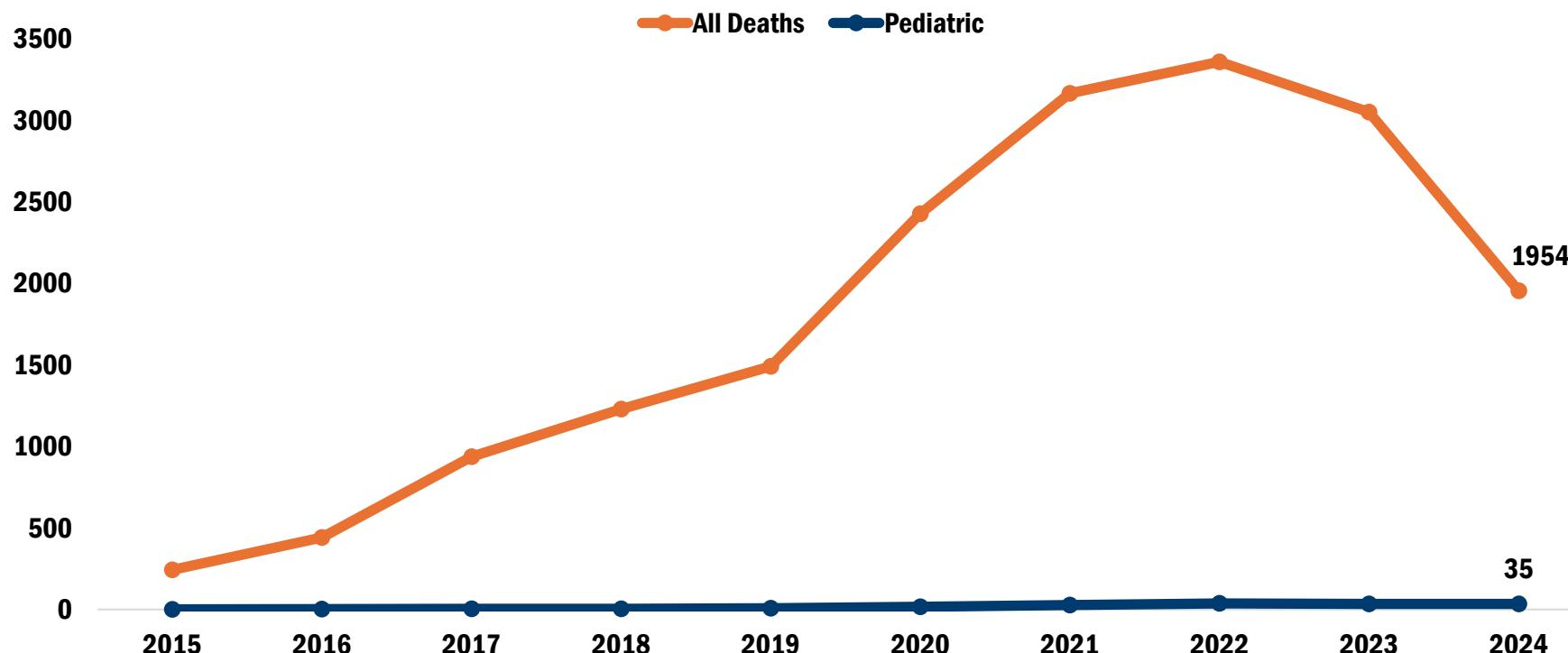
Source: MEIS, 2021-2024; US Census non-bridged population estimates, 2021-2024

Analysis by the OCME Data and Information Unit

# Pediatric Fentanyl- Positive Deaths

## In 2024, pediatric fentanyl-positive deaths accounted for 1.8% of all fentanyl-positive deaths

Number of Pediatric Fentanyl-Positive Deaths by Age Group, MEIS, 2015-2024\*



Limited to deaths occurred in NC

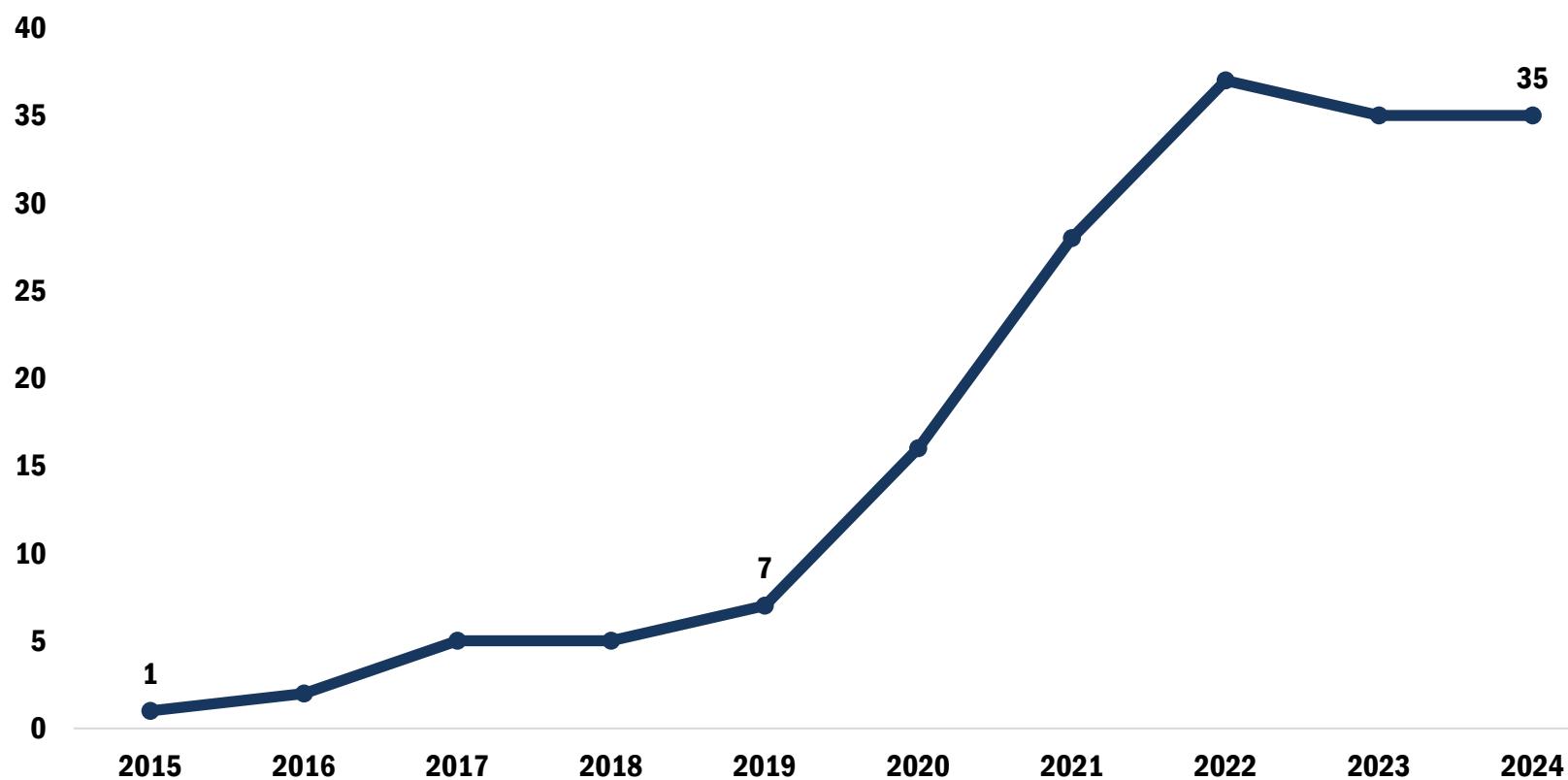
\*2024 data are provisional

Source: MEIS, 2015-2024

Analysis by the OCME Data and Information Unit

## In North Carolina, pediatric fentanyl-positive deaths have increased by 400% since 2019 with 35 cases in 2024

Number of Pediatric Fentanyl-Positive Deaths by Year, MEIS, 2015-2024\*



Limited to NC residents

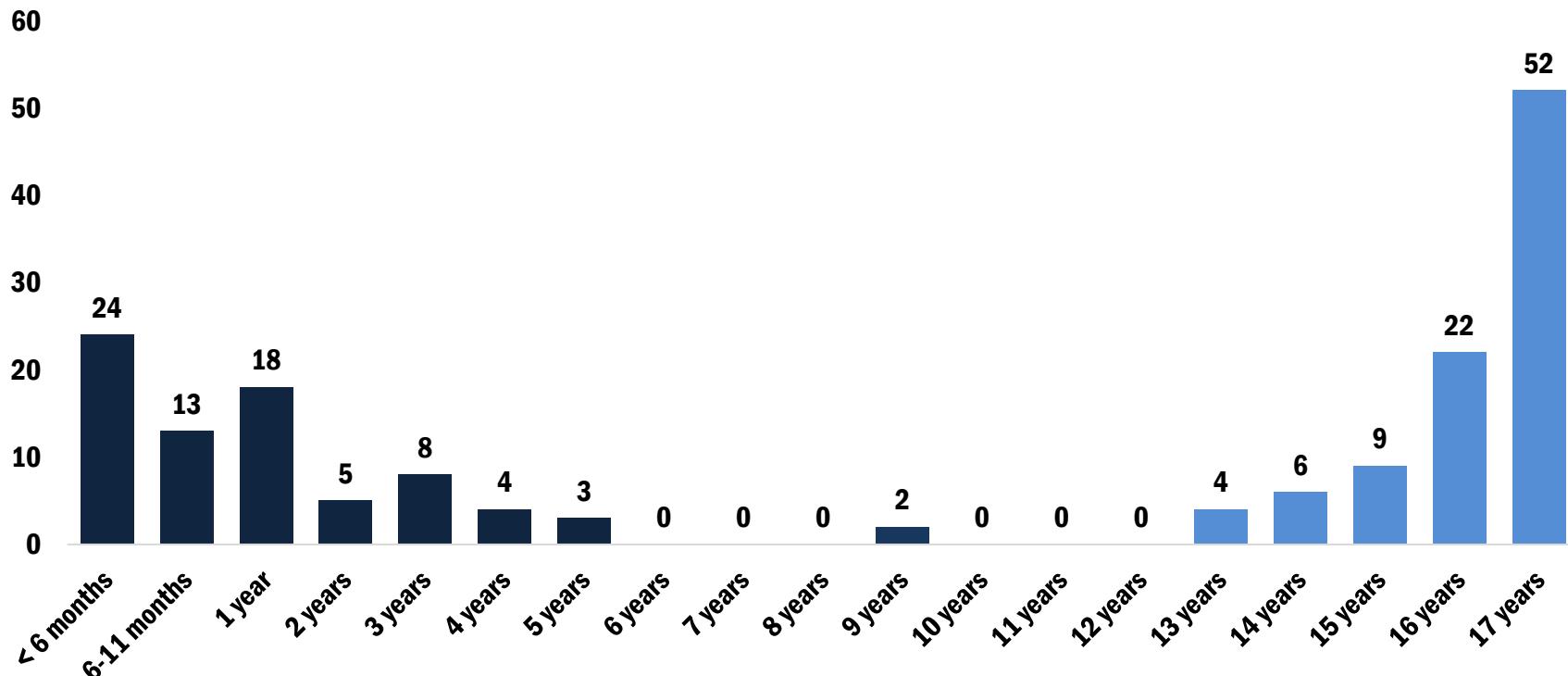
\*2024 data are provisional

Source: MEIS, 2015-2024

Analysis by the OCME Data and Information Unit

## Infant/toddlers (0-5) and teenagers (13-17) have the highest counts of pediatric fentanyl-positive deaths

Number of Pediatric Fentanyl-Positive Deaths by Age Group, MEIS, 2015-2024\*



Limited to NC residents

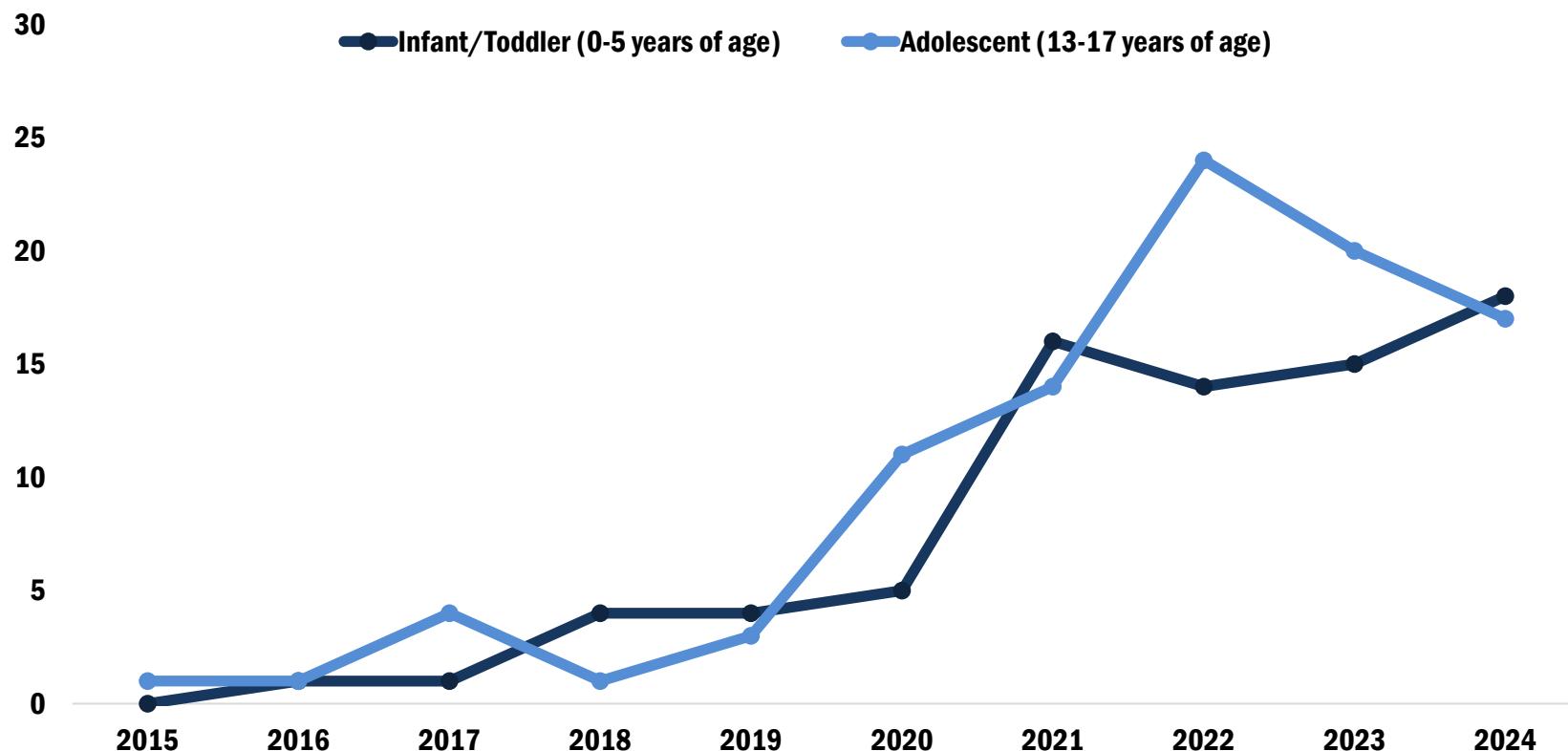
\*2024 data are provisional

Source: MEIS, 2015-2024

Analysis by the OCME Data and Information Unit

## Fentanyl-positive deaths have increased in both infants/toddlers and adolescents over the past 10 years.

Number of Pediatric Fentanyl-Positive Deaths by Age Group and Year, MEIS, 2015-2024\*



Limited to NC residents

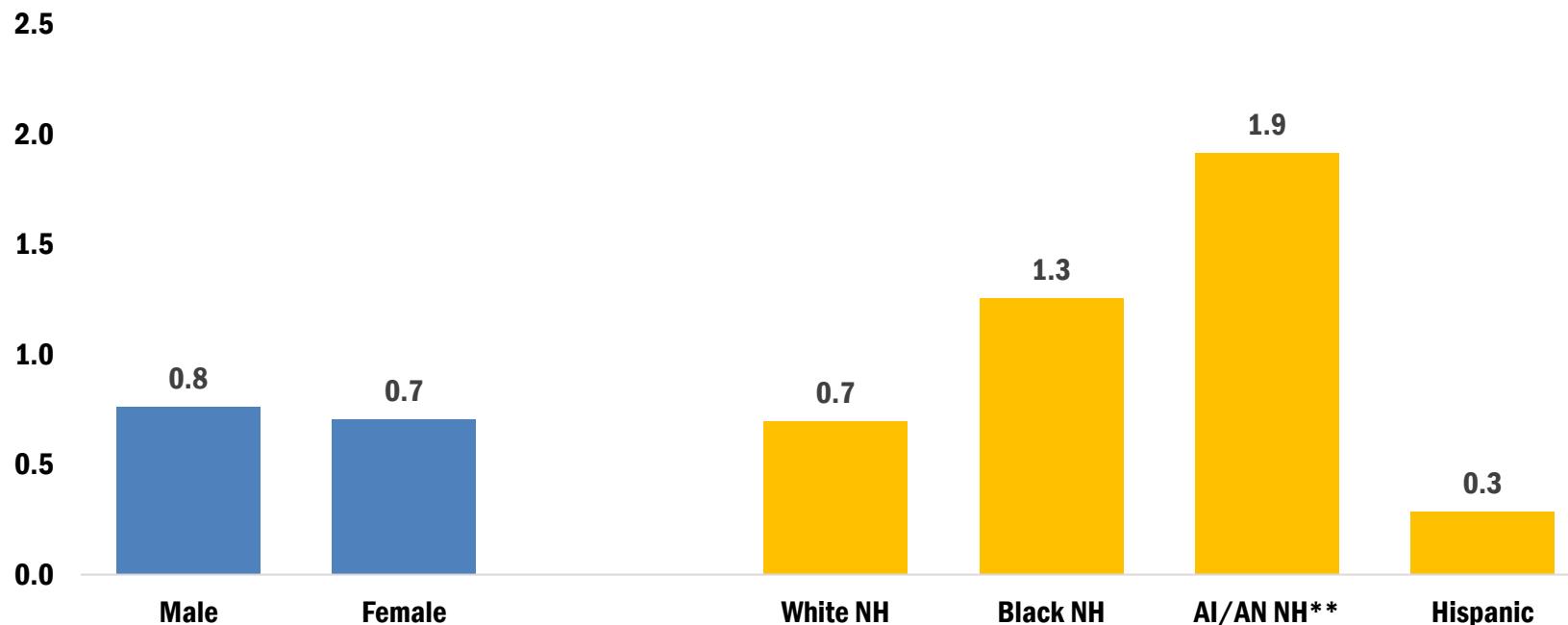
\*2024 data are provisional

Source: MEIS, 2015-2024

Analysis by the OCME Data and Information Unit

# American Indian and Black residents experienced the highest rates of pediatric fentanyl-positive deaths in NC.

Pediatric Fentanyl-Positive Death Rates (per 100,000) by Demographic Group, MEIS, 2015-2024\*



Limited to NC residents; NH = non-Hispanic; AI/AN = American Indian/Alaskan Native

\*2024 data are provisional

Source: MEIS, 2015-2024; US Census non-bridged population estimates, 2015-2024

Analysis by the OCME Data and Information Unit

Rate calculations could not be supported for NH Asian

\*\*Interpret rate calculation for NH AI/AN with caution (n=5)

# Case Examples

# Case Examples

“Grandmother took the decedent (*10-month-old*) to a babysitter’s house, law enforcement found drugs in babysitter’s pocketbook.”

“The decedent (*1-year-old*) was co-sleeping in bed with mother. The mother stated she used a cotton ball of fentanyl and left the drug beside the bed.”

“The decedent (*17-year-old*) was reportedly abusing Percocet and Xanax before being put to bed.”

“The decedent (*16-year-old*) was at a party at which he apparently ingested pills believed to be Xanax.”

# Prevention Strategies

# Summary and Prevention: Infant/Toddler

- **Key Takeaways:**

- Fentanyl powders/residue are much easier for a child to ingest than prescription opioid pills.
- Leftover paraphernalia and drug trash will contain enough potent fentanyl to be potentially lethal to a small child.
- Unsafe environments, especially adult sleeping spaces that contain paraphernalia and trash will increase the dangers surrounding fentanyl overdoses.

- **Prevention:**

- Caregivers must be better informed about risks drug paraphernalia can pose to children
  - Increased awareness and education during baby well check-up appointments
- Infants/Toddlers (0-5) need a safe and clean environment inside and outside of their home
  - **Drug Safe Storage:** Exploring children may access unsecured prescription and recreational drugs. We have observed this occurring in unsafe sleep environments where leftover paraphernalia and trash is present.

# Summary and Prevention: Tweens/Teens

- **Key Takeaways:**

- There is a growing trend of counterfeit pills, both opioids and benzodiazepines, often taken unknowingly laced with fentanyl.

- **Prevention:**

- Research consistently shows that drug prevention for teens must begin early, often before they reach adolescence.
  - Adolescents, parents, and educators must engage in prevention efforts by:
    - Reducing peer and academic pressures that contribute to substance use
    - Raising awareness of long-term consequences
    - Ensuring timely access to treatment

# Resources

# Fentanyl-Positive Deaths

## Data Products

### Monthly Reports

#### Fentanyl-Positive Deaths, North Carolina Office of the Chief Medical Examiner (OCME) Toxicology Data: October 2025\*

**95** Fentanyl-Positive Deaths<sup>^</sup> in October 2025\* compared to **142** in October 2024

\*Results are based on analytical testing of specimens performed by NC OCME Toxicology. The detection of fentanyl by the laboratory may not necessarily be the ultimate cause of death as determined by the pathologist.

**Year to year: Fentanyl-Positive deaths are down 26% for 2025 compared to this time last year.**

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

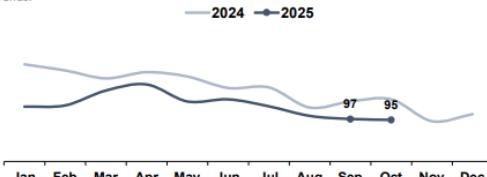
■ Full year ■ YTD (Jan-Apr)



NC Office of the Chief Medical Examiner (OCME) Toxicology

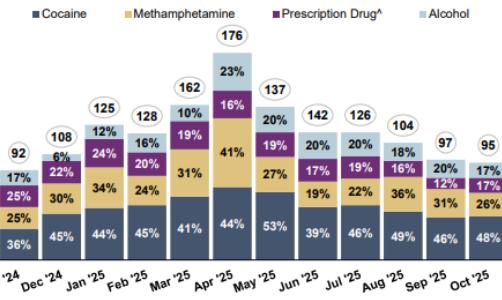
Month to month: From Sep '25 to Oct '25 deaths decreased 2%.

Counts may fluctuate month-to-month. Please reference YTD percent change for overall trends.



Cocaine was the largest contributor in polysubstance use fentanyl-positive deaths.

Total fentanyl-positive deaths are shown below. Percentages indicate the proportion each drug class contributed to total fentanyl-positive deaths for the month. Fentanyl was the only substance detected in 19% of all fentanyl-positive deaths.

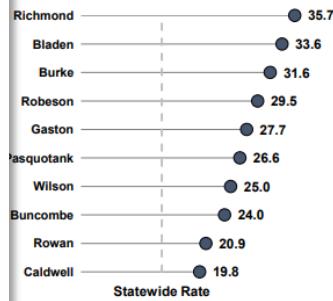


ocme.dhhs.nc.gov

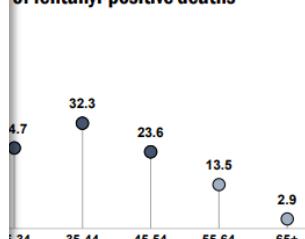
12/12/2025

#### Counties with the 10 highest rates of fentanyl-positive death.

Rates calculated for last 12 months, Sep '24 - Oct '25. Rate per 100,000 residents.



of fentanyl-positive deaths



Includes cocaine, prescription drugs

Data Sources: Toxicology Data—NC OCME Toxicology; Demographic Data—OCME medical examiner system; Population Data—U.S. Census Bureau, <http://quickfacts.census.gov>

\*2024-2025 data are considered provisional and should not be considered final.



NC Office of the Chief Medical Examiner (OCME) Toxicology

ocme.dhhs.nc.gov

12/12/2025

# County Fentanyl-Positive Deaths

## Data Products

### Monthly Reports

#### Mecklenburg County Fentanyl-Positive Deaths: October 2025\* Update

**142**

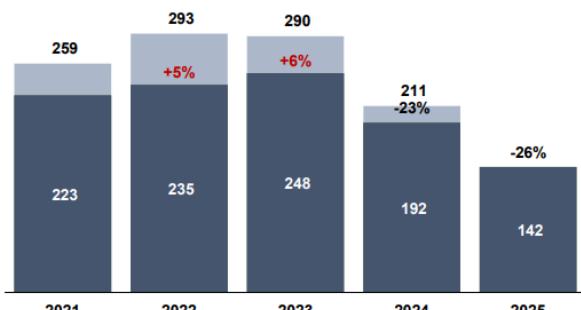
Fentanyl-Positive Deaths<sup>^</sup> in  
Mecklenburg County for 2025  
YTD compared to  
Jan to Oct of 2024.

**192**

Results are based on analytical testing of specimens performed by NC OCME Toxicology. The detection of fentanyl by the laboratory may not necessarily be the ultimate cause of death as determined by the pathologist. YTD (Year to date).

**Year to year: Fentanyl-Positive Deaths are down 26% for 2025 compared to last year this time.**

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

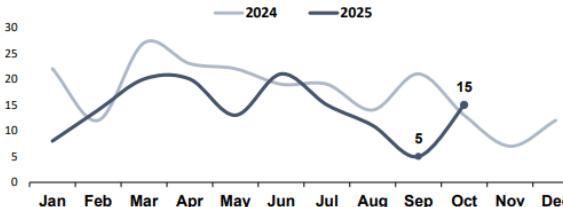


Data Source: Data Source: NC OCME Toxicology, accredited by the College of American Pathologists. The laboratory provides forensic analytical testing of specimens for all 100 counties of the statewide medical examiner system.

\*2024-2025 Data are provisional and subject to change.

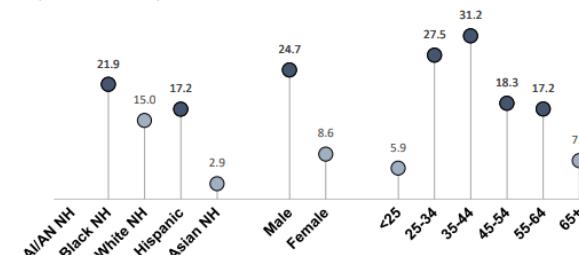
**Month to month: From Sep '25 to Oct '25 there were 10 more visits.**

Counts may fluctuate month-to-month. Please reference YTD percent change for overall trends.



**Residents who are Black, Hispanic, male, ages 25-64 had a higher rate of fentanyl-positive deaths compared to the statewide rate of 16.4.**

Rates calculated for last 24 months, Sep '23 - Oct '25.  
Rate per 100,000 county residents.



Note: NH (Non-Hispanic); AI/AN (American Indian/Alaskan Native)



**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**  
Division of Public Health  
Injury and Violence Prevention Branch

NC Office of the Chief Medical Examiner (OCME) Toxicology

ocme.dhhs.nc.gov

12/11/2025

To receive email updates of these reports email: [substanceusedata@dhhs.nc.gov](mailto:substanceusedata@dhhs.nc.gov)

# Access more information on pediatric opioid fatalities

## | Pathology/ Biology

[Pediatric opioid fatalities: What can we learn for prevention?](#)

Sandra C. Bishop-Freeman PhD, Kerry A. Young MS, Michelle B. Aurelius MD, Jason S. Hudson PhD

[Journal of Forensic Sciences](#) | First Published: 23 April 2021

**JOURNAL OF  
FORENSIC SCIENCES**

2021 Noteworthy Articles

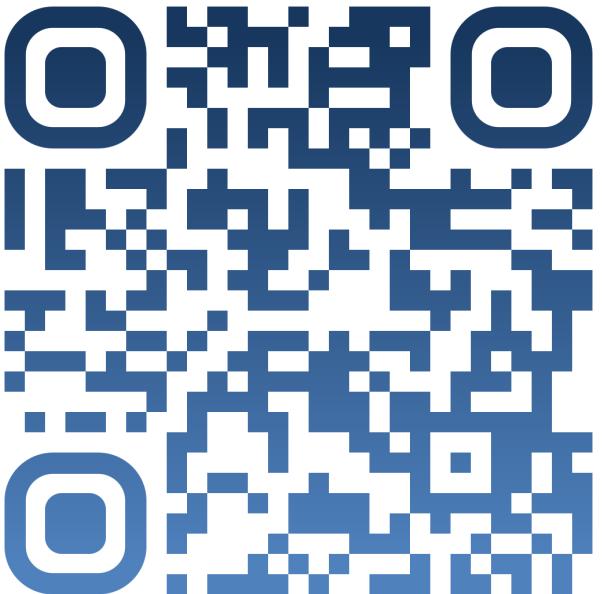
*Coming  
Soon*

*\* A scientific manuscript is being prepared on  
finalized pediatric fentanyl-related deaths from  
North Carolina, 2015-2024.*



# Additional resources on counterfeit pills

## Suspected North Carolina counterfeit pill-involved deaths, 2020-2022



## OCME and Injury and Violence Prevention Branch Counterfeit Pills Factsheet

**Know What's in Your Drugs  
COUNTERFEIT PILLS**

**AUTHENTIC**  
oxycodone M30 tablets  
**FAKE**  
oxycodone M30 tablets containing fentanyl

**WHAT are counterfeit pills?**  
Counterfeit pills are fake medications that have different ingredients than the actual medication. Even if a pill "looks" correct, if purchased illicitly, it still may be counterfeit.

Many fake pills are made to look like prescription opioids or stimulants and contain no legitimate medication.

Prescription pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal. Nationally, evidence of counterfeit pill use in overdose deaths has more than doubled in recent years. These fake pills have been increasingly easy to purchase, with sales taking to the internet and social media.

**7 OUT OF 10**  
CONTAINED FENTANYL\*

**77,000 SEIZED IN 2021**

**Counterfeit pills in NORTH CAROLINA**  
In North Carolina, nearly **77,000** counterfeit pills were seized in 2021, **80%** of which contained some amount of fentanyl. In a 2020-2022 study completed by the [North Carolina Office of the Chief Medical Examiner \(NC OCME\)](#), the postmortem toxicology results of a sample of 75 decedents were compared to the substances the investigation findings indicated that decedents thought they were taking.

Of the 75 decedents, investigation findings indicated that **38 (50.7%)** thought they were taking Xanax and **41 (54.7%)** thought they were taking a form of oxycodone\*. Toxicology reports found **zero** reportable traces of either drug.

Toxicology findings were most often **positive for fentanyl** and designer benzodiazepines.

This study highlights real examples of overdose deaths involving counterfeit pills in North Carolina. Decedents were most often male (60%), under 40 years old (74.7%), and white (68%). **80%** of decedents in this study tested **positive for fentanyl** and in 3 deaths had a direct witness testimony, indicating an opportunity for naloxone administration or other intervention.

\*Source: [High Intensity Drug Trafficking Areas & NC OCME](#) \*Total adds to more than 100% as many decedents had more than one substance in their system

**STRATEGIES TO PROMOTE HARM REDUCTION and Prevent Counterfeit Pill Overdoses**

1. Equip Syringe Service Programs (SSPs) with drug checking equipment such as fentanyl test strips and infrared spectrometry, and supply with educational handouts on how to correctly test pills, specifically.
2. Support drug checking, and educate individuals on the [Drug Testing Equipment Exception to Paraphernalia Law](#).
3. Fund SSPs to provide naloxone along side fentanyl test strips.
4. Promote the Never Use Alone hotline (1-800-484-3731), and educate individuals on the [Good Samaritan Law](#).
5. Expand SSP locations or other agencies providing harm reduction services to ensure there is a resource hub available in every county.
6. Encourage collaboration of public health, public safety, and harm reduction experts for surveillance and prevention of counterfeit pill-involved overdoses.

The NC Department of Health and Human Services (NCDHHS) generates multiple resources to help keep our partners informed about overdose in North Carolina. To see data and other resources, including information about NC's response efforts, please visit [NC DHHS Overdose Epidemic](#).



## Additional Questions?

[sandra.bishop@hhs.nc.gov](mailto:sandra.bishop@hhs.nc.gov)

[meredith.welch@hhs.nc.gov](mailto:meredith.welch@hhs.nc.gov)

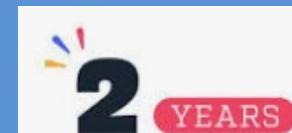
## Acknowledgements

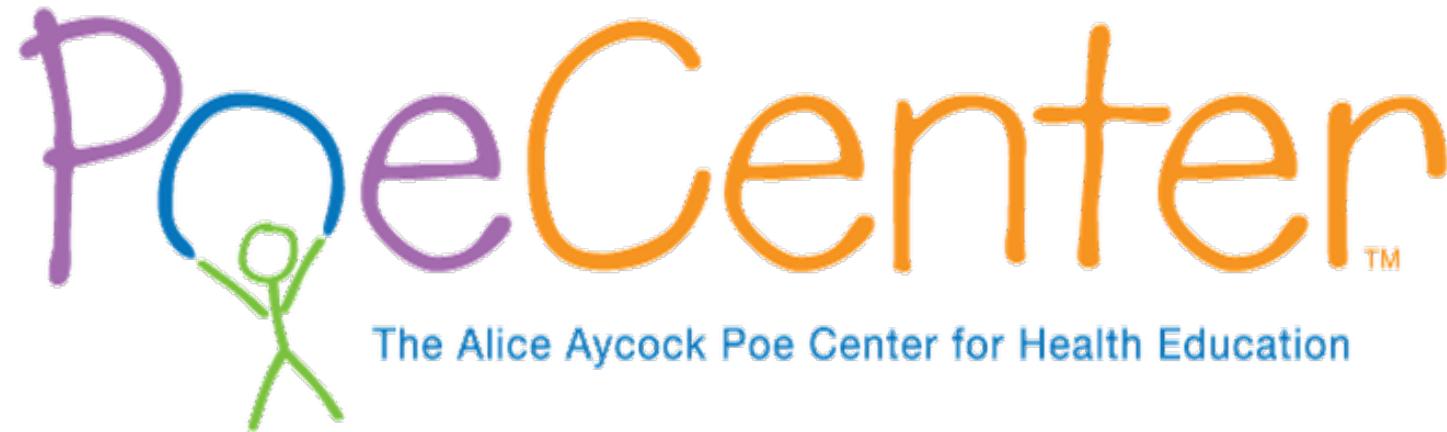
Laura Friederich, OCME Toxicology

Mary Beth Cox, IVPB

## **A special thank you to the Child Fatality Task Force**

NC OCME Toxicology is celebrating over **two years** of increased postmortem pediatric drug testing because of your support!





# An Overview of Substance Use Prevention Efforts

Virginia L. Johnson, CPS  
Sr. Director of Substance Use Prevention

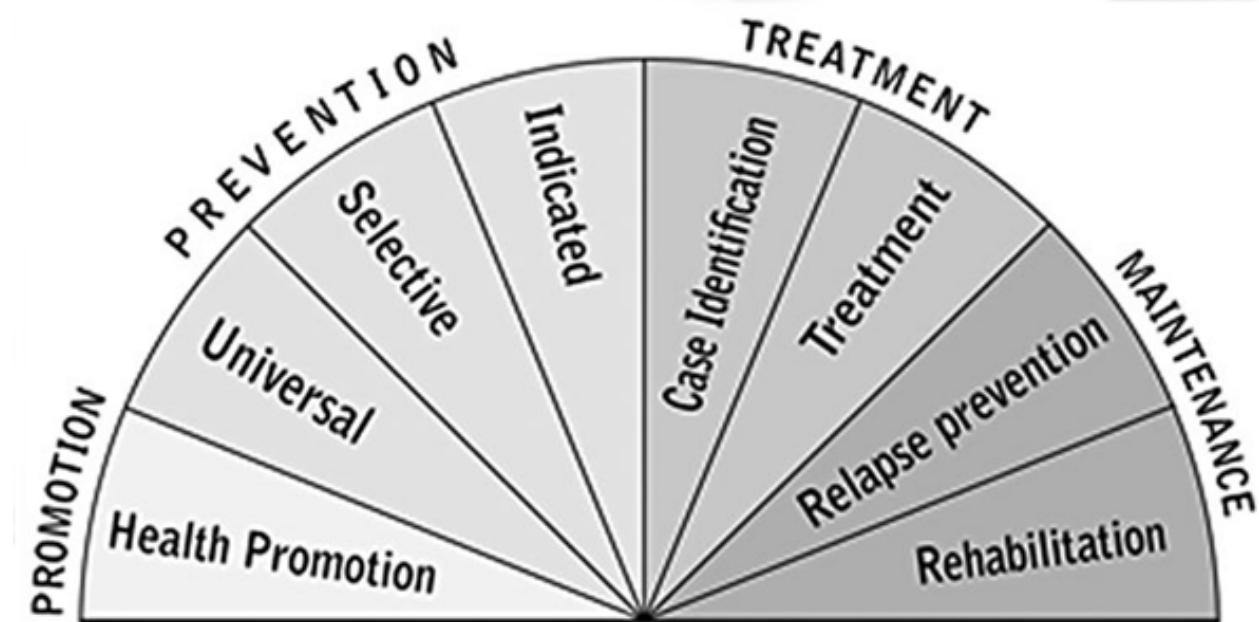


# Substance Use Prevention

- Educating and supporting individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders. (SAMHSA)
- Delay the onset of use.

## Continuum of Care

- Universal
- Selected
- Indicated



# Potential Risk Factors

Difficult temperament  
Low self esteem  
Negative thinking style  
Learning challenges

Any form of child abuse/trauma  
Family instability  
Harsh or inconsistent discipline

Peer rejection/bullying  
School failure  
Poor connection at school

Difficult school transition  
Loss of family member  
Emotional trauma  
Financial concerns

Discrimination  
Isolation  
Stigmatization  
Lack of access to support services

# Protective Factors

**Child**  
Abilities & needs

**Family**  
Circumstances & Relationships

**School**  
Practices & environments

**Life Events**  
Opportunities, stressors/trauma

**Societal**  
Access, inclusion & social cohesion

Easy temperament  
Good social & emotional skills  
Optimistic coping style  
Opportunities to explore interests

Family stability  
Supportive parenting  
Consistent discipline  
Parental Monitoring

Positive school climate that enhances belonging & connectedness.

Involvement with caring adult  
Support at critical times  
Resources of support

Access to support services  
Economic security  
Cultural identity and pride



# Providing Information

**Educational presentations,  
workshops, seminars or  
other data focused  
presentations**



**Public service  
announcements**



**Brochures**



**Meetings**



**Forums**



**Billboards**



**Web-based  
communication**

# Build Skills

**Activities designed to increase the skills of participants, members, staff, & volunteers to achieve population level outcomes**



**Evidence-based curricula**



**Training and technical assistance**



**Workshops and seminars**



**Planning retreats**

# Provide Social Support

**Creating opportunities to support activities that reduce risk or enhance protective factors**



Alternative activities



Referrals



Referrals



Support groups or clubs



Mentoring



Support groups or clubs

# Reduce Barriers and Enhance Access

**Improving systems and processes to increase opportunities to access services**



**Cultural and language sensitivity**



**Healthcare and childcare**



**Safety**



**Transportation and housing**



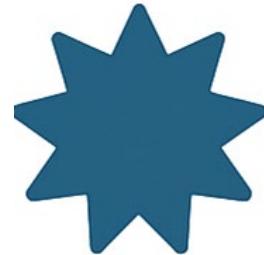
**Special needs**

# Change Consequences & Incentives

**Increasing or decreasing the probability of a specific behavior that reduces risk or offers protection by altering the consequences of that behavior**



Individual and business rewards



Increasing public recognition



Revocation/loss of privileges



Taxes, citations, and fines

# Alter Physical Design of the Environment



PARKS

SIGNAGE



OUTLET  
DENSITY

# Modifying or Changing Policy

**Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation**



Workplace initiatives



Public policy actions



Law enforcement procedures and practices



Systems change within government, communities, and

## Statewide Education Efforts: Youth Serving Adults

---

- Drugs Uncovered: What Parents and Other Adults Need to Know
- #YouthCulture: Adolescent Brain Development and Addiction
- #YouthCulture: Adolescent Brain Development and the Role of Social Media
- #YouthCulture: E-cigarettes 101
- #YouthCulture: Healthy Teen Relationships
- #YouthCulture: Opioids 101
- Dimensions of Wellness



## Statewide Education Efforts: Youth

---

- #YouthCulture: Adolescent Brain Development and the Role of Social Media
- Vaping 101 | Audience: Middle School and High School Students
- Choices and Consequences | Audience: 5th Grade
- For the Health of It! | Audience: 6th Grade, 7th Grade, 8th Grade
- In the Know | Audience: High School Students
- Science of Addiction | Audience: High School Students



# Statewide Education Efforts: Keys to Success

---

- Buy in from the community
- Working with known trusted resources
  - schools, faith-based communities, coaches
- Meeting people where they are
- Combining with other events
- Practical Incentives - Food, Grades, etc.



# Funding

---

1. Fee for Service
2. Grants - Federal, State, Local, Private Foundations
3. LME/MCOs
4. ABC Funds
5. Collaborations with Community Partners



# Committee Discussion on Fentanyl Deaths

## 2025 CFTF Recommendations to Prevent Firearm Deaths and Injuries

- Support **recurring funding of \$2.16 million for the NC S.A.F.E. Campaign** that educates about firearm safe storage.
- Support legislation **changing the current law addressing safe storage of firearms to protect minors** to remove language from N.C.G.S. 14-315.1(a) that says “resides in the same premises as a minor.”

*Neither of these recommendations advanced in 2025*

# Why we keep returning to the topic of guns

---

- Firearms remain a leading cause of death among North Carolina kids
- Firearms are the most common lethal means among child suicides and homicides
- Too many kids continue to have easy access to guns
- Firearm deaths and injuries are preventable!!



# Journey of CFTF work on firearm safety



**Current NC Child Access Prevention Law:** Only applicable to one who “resides in the same premises as a minor”

**2025 Recommendation:** to make the law also apply to gun owners not residing in same premises as a minor (if that person stores or leaves gun in a condition that it can be discharged and in a manner that the person knew or should have known that an unsupervised minor would be able to gain access without permission)

**§ 14-315.1. Storage of firearms to protect minors.**

(a) Any person who ~~resides in the same premises as a minor~~, owns or possesses a firearm, and stores or leaves the firearm (i) in a condition that the firearm can be discharged and (ii) in a manner that the person knew or should have known that an unsupervised minor would be able to gain access to the firearm, is guilty of a Class 1 misdemeanor if a minor gains access to the firearm without the lawful permission of the minor's parents or a person having charge of the minor and the minor:

- (1) Possesses it in violation of G.S. 14-269.2(b);
- (2) Exhibits it in a public place in a careless, angry, or threatening manner;
- (3) Causes personal injury or death with it not in self defense; or
- (4) Uses it in the commission of a crime.

(b) Nothing in this section shall prohibit a person from carrying a firearm on his or her body, or placed in such close proximity that it can be used as easily and quickly as if carried on the body.

(c) This section shall not apply if the minor obtained the firearm as a result of an unlawful entry by any person.

(d) "Minor" as used in this section means a person under 18 years of age who is not emancipated.

# Child Fatality Task Force Firearm Update

Katie McDaniel, MPH

Division of Public Health, Injury and Violence Prevention Branch  
Epidemiology, Surveillance, and Informatics (ESI) Unit

January 13, 2026

*This data is presented to inform injury prevention strategies and does not reflect policy recommendations.*



# Overview

- Child Firearm-related Death
  - Suicide
  - Homicide
  - Unintentional
- Child Firearm-related Injury
  - Emergency Department Visits
- Survey Data
- Resources

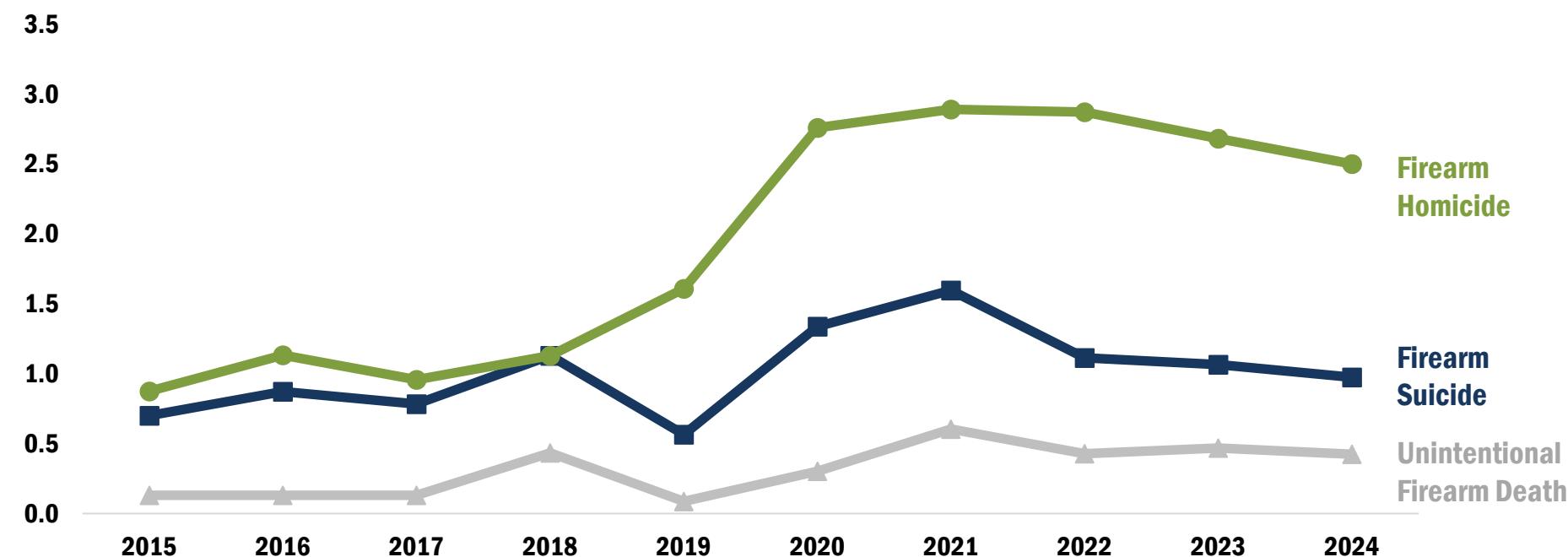
# Child Firearm-related Deaths

# Most child firearm deaths in NC are homicides (58%) followed by suicides (30%)

Child firearm suicide rates have increased by 39% over the past 10 years (2015-2024).

Child firearm homicide rates have increased by 186% since 2015 and by 55% since 2019.

Child Firearm Death Rates (per 100,000) by Manner, 2015-2024

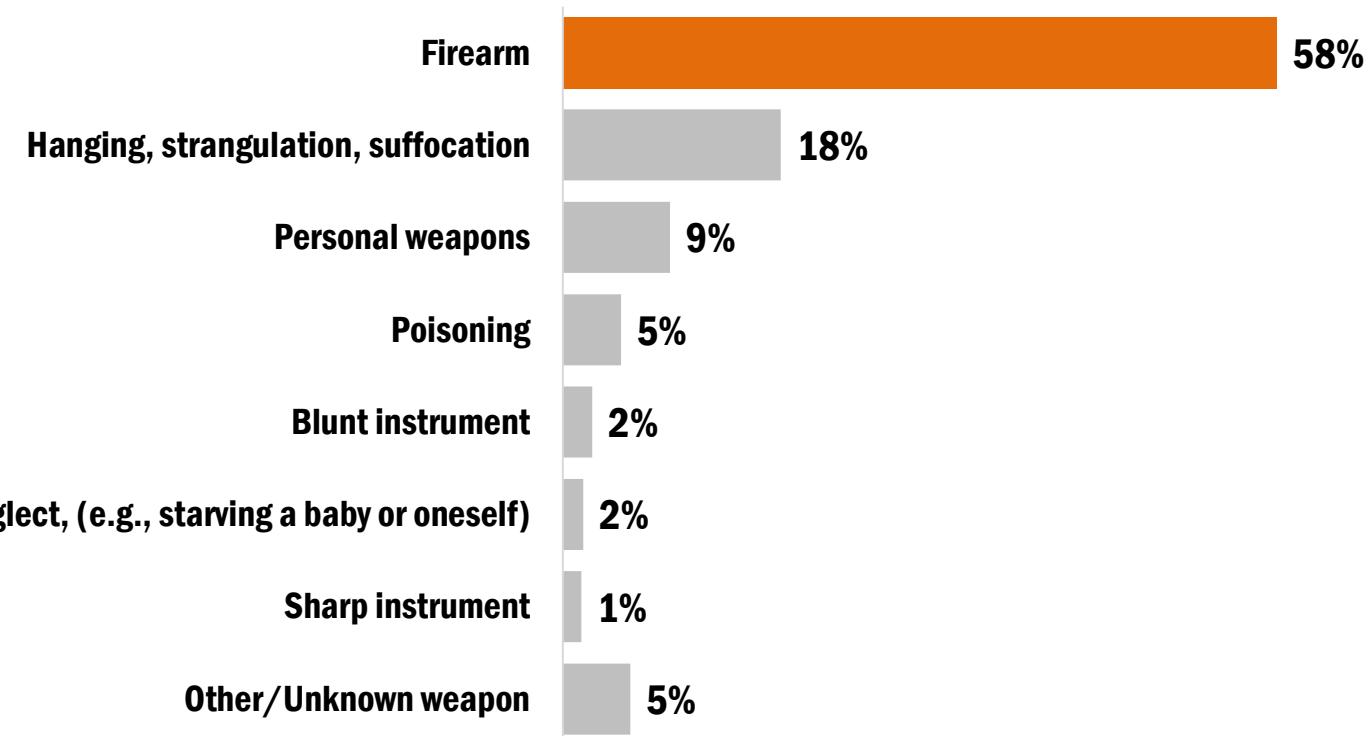


Limited to NC residents ages 0-17

Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024; US Census non-bridged population estimates, 2015-2024  
Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

# Firearms are the most common weapon used in child violent deaths in NC

58% of child violent deaths in the last 10 years (2015-2024) were firearm-related.



Limited to NC residents ages 0-17

Note: Violent death includes suicide, homicide, unintentional firearm, legal intervention, and deaths of undetermined intent.

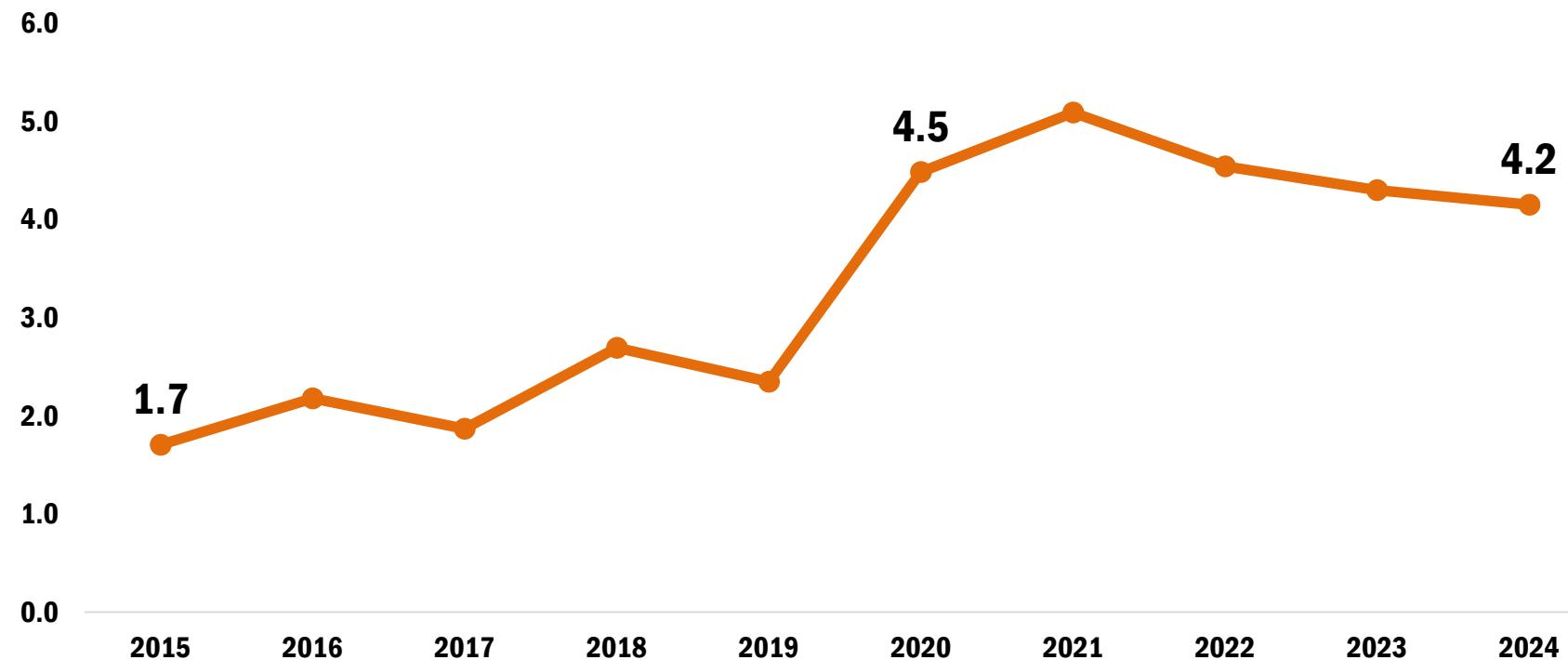
Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024

Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

## 2 children a week die from firearm injury in NC

The rate of child firearm deaths in North Carolina has increased by 144% over the past 10 years, with a 77% increase from 2019.

Child Firearm Death Rates (per 100,000), 2015-2024



Limited to NC residents ages 0-17

Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024; US Census non-bridged population estimates, 2015-2024  
Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

# Firearms were used in 64% of homicides and 49% of suicides among NC children

## Child Violent Deaths by Manner and Firearm Involvement, 2015-2024

■ All Violent Deaths ■ Firearm Deaths

Number of Deaths

800

700

600

500

400

300

200

100

0

710

451

481

235

Total Violent Deaths = 1,335

Total Firearm Deaths = 773

3

2

70

14

73

73

Suicide

Homicide

Legal Intervention

Undetermined  
Intent

Unintentional  
Firearm

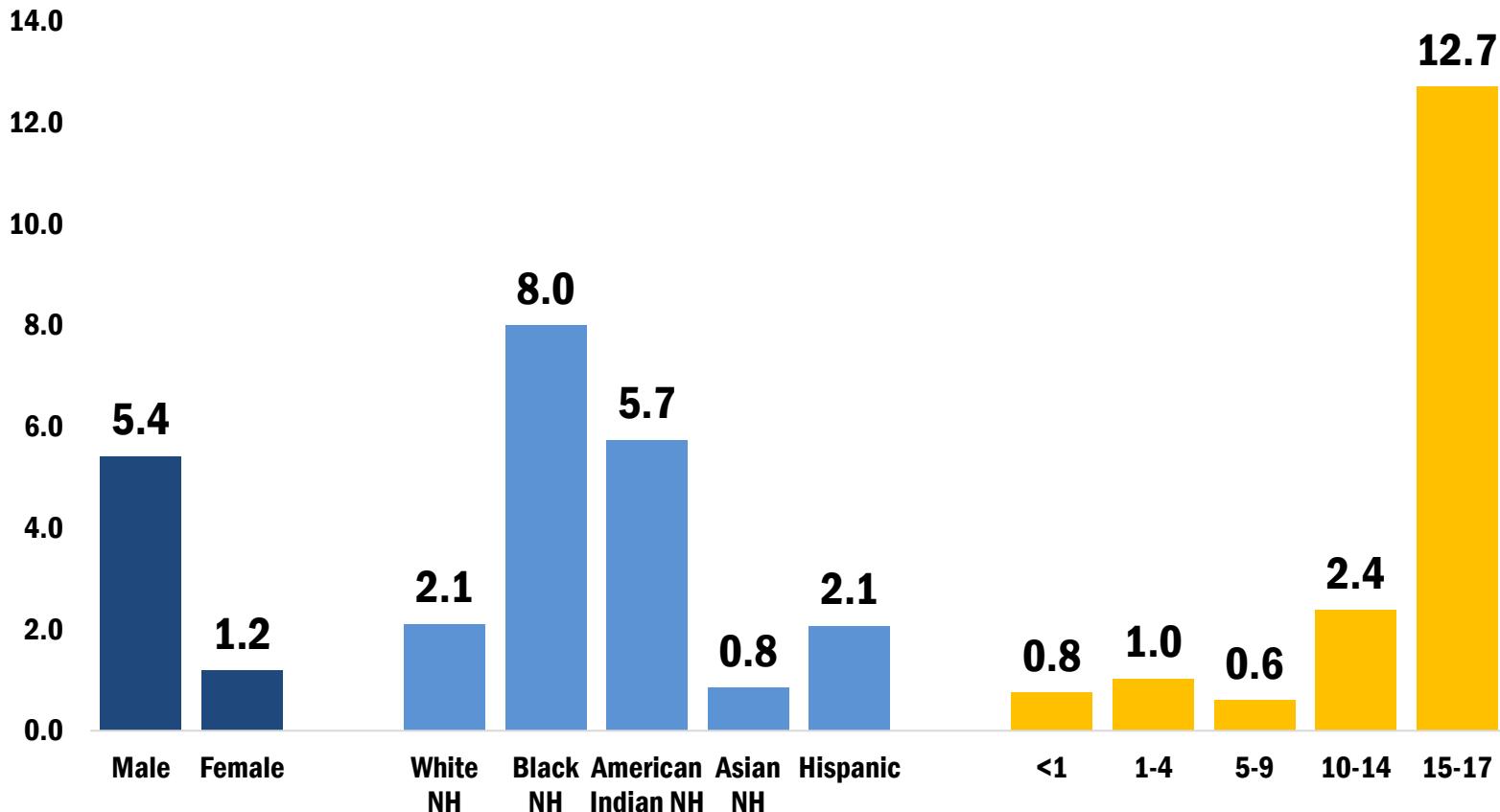
Limited to NC residents ages 0-17

Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024

Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

# Males, NH Black and NH American Indian children, and teens ages 15-17 experienced the highest rates of child firearm death in NC

Child Firearm Death Rates (per 100,000) by Demographic Group, 2015-2024



Limited to NC residents ages 0-17

Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024; US Census non-bridged population estimates, 2015-2024

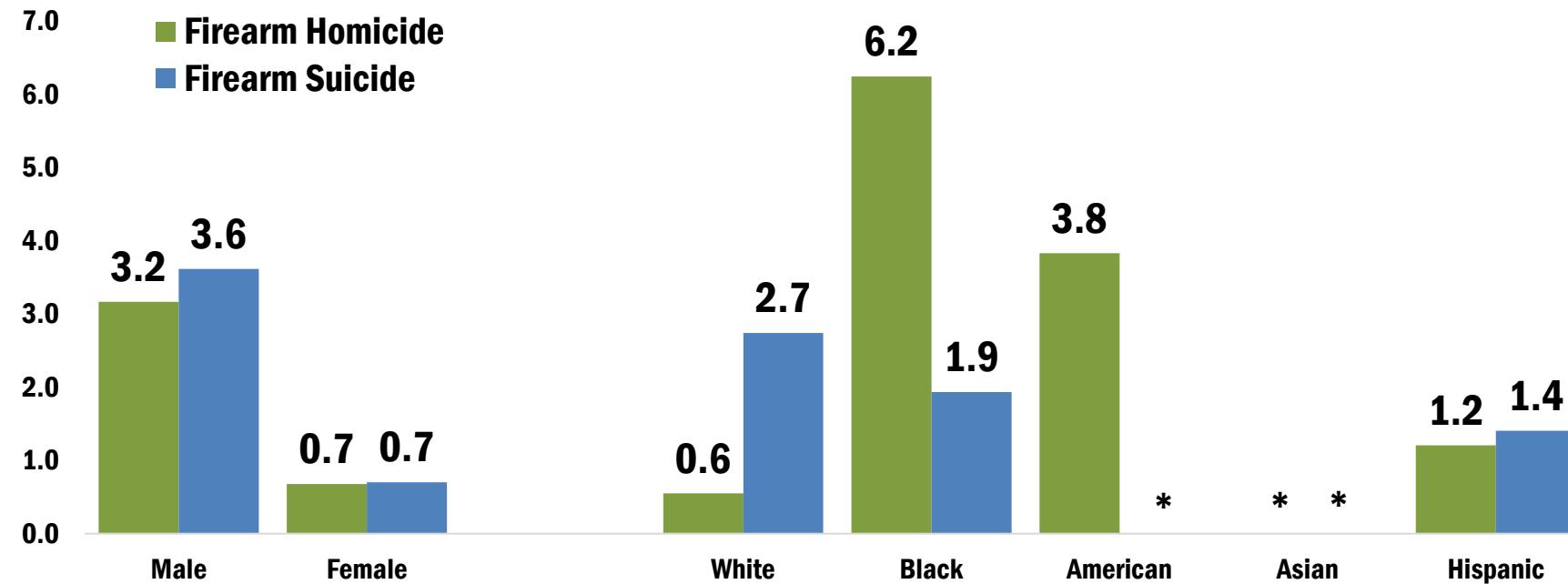
Note: US Census non-bridged single-race categories do not directly align with the current NC-VDRS race/ethnicity categories

Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

**Firearm homicide rates are highest among NH Black, NH American Indian, and male children**

**Firearm suicide rates are highest among male and NH White children**

Child Firearm Death Rates (per 100,000) by Manner and Demographic Group, 2015-2024



Limited to NC residents ages 0-17; NH = non-Hispanic

\*Counts too low to support rate calculation

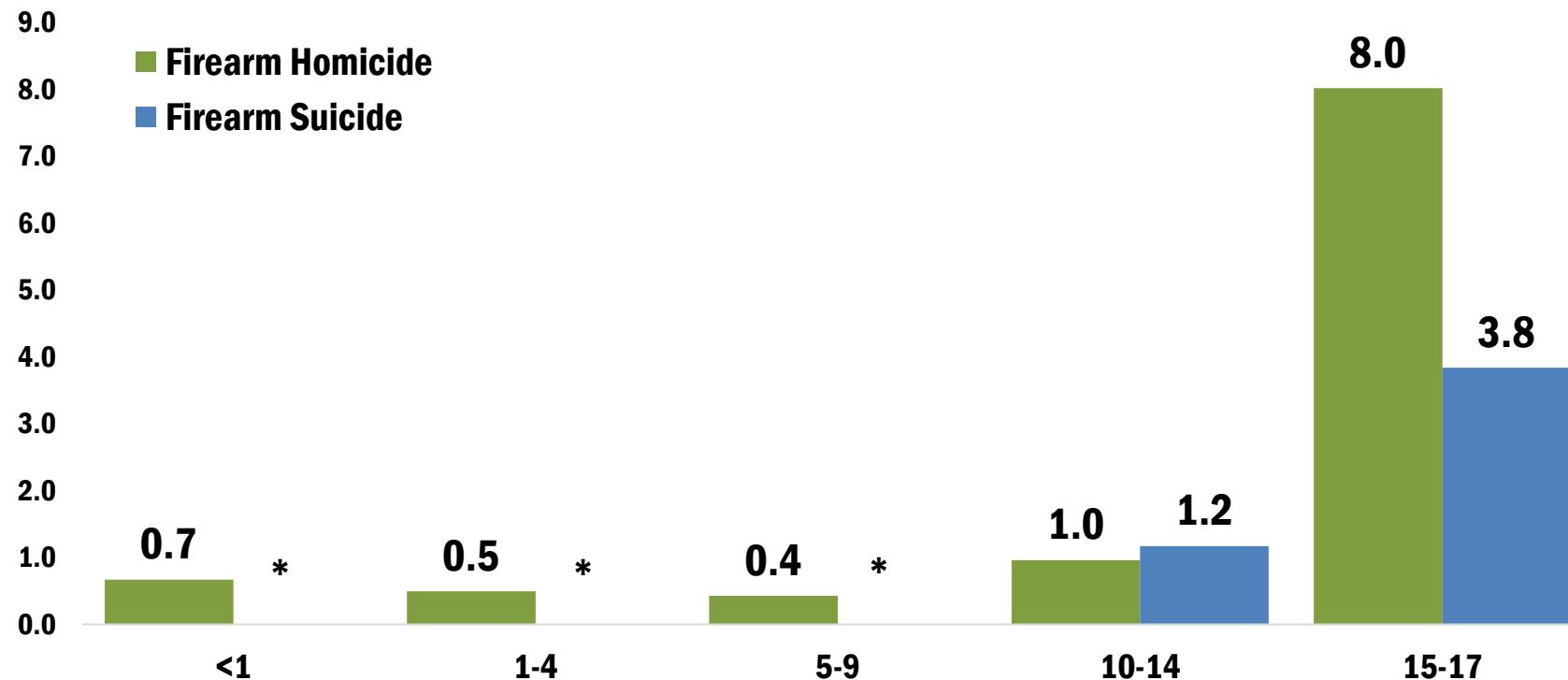
Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024; US Census non-bridged population estimates, 2015-2024

Note: US Census non-bridged single-race categories do not directly align with the current NC-VDRS race/ethnicity categories

Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

## Child firearm homicide and child firearm suicide rates are highest among 15- to 17-year-olds

Child Firearm Death Rates (per 100,000) by Manner and Age Group, 2015-2024



Limited to NC residents ages 0-17

\*Suicides limited to ages 10-17

Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024; US Census non-bridged population estimates, 2015-2024

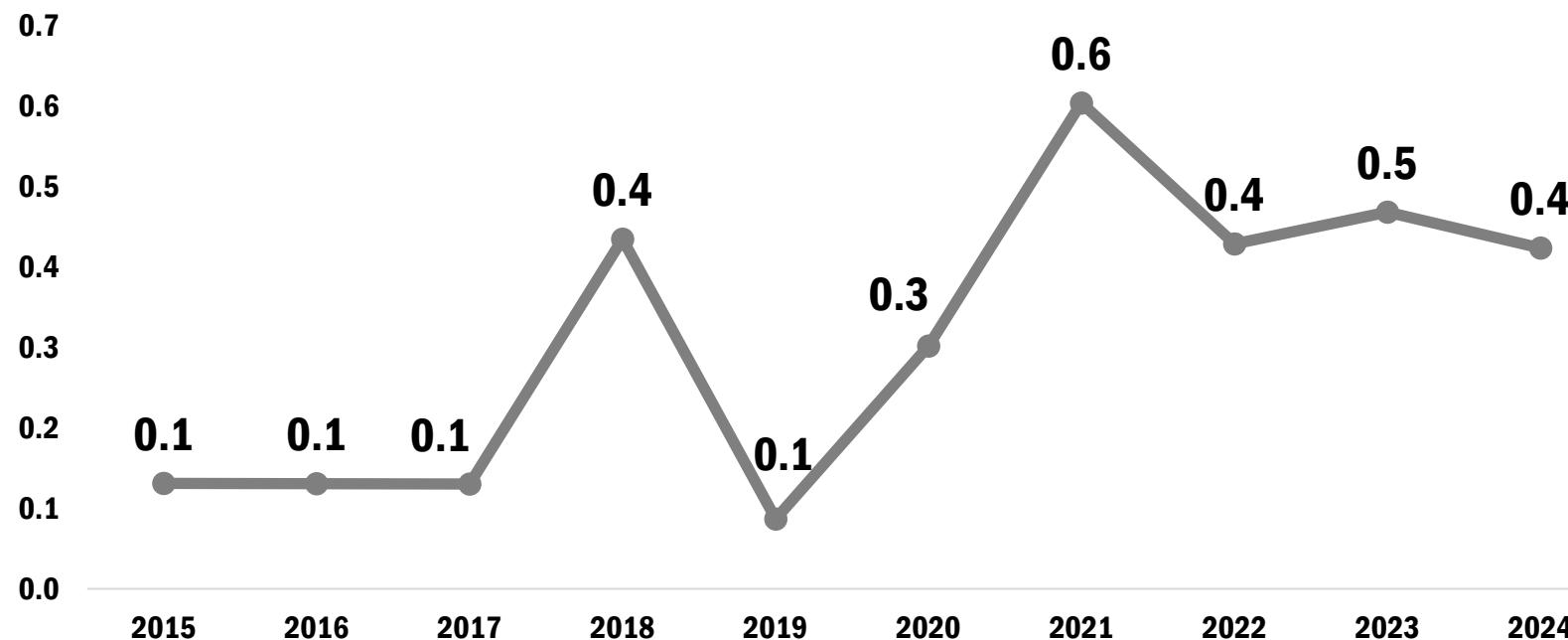
Note: US Census non-bridged single-race categories do not directly align with the current NC-VDRS race/ethnicity categories

Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

## There were 73 child unintentional firearm deaths (9.4% of total) over the past 10 years

Child unintentional firearm death rates increased by 223% from 2015-2024 and by 387% since 2019.

Child Unintentional Firearm Death Rates (per 100,000), 2015-2024



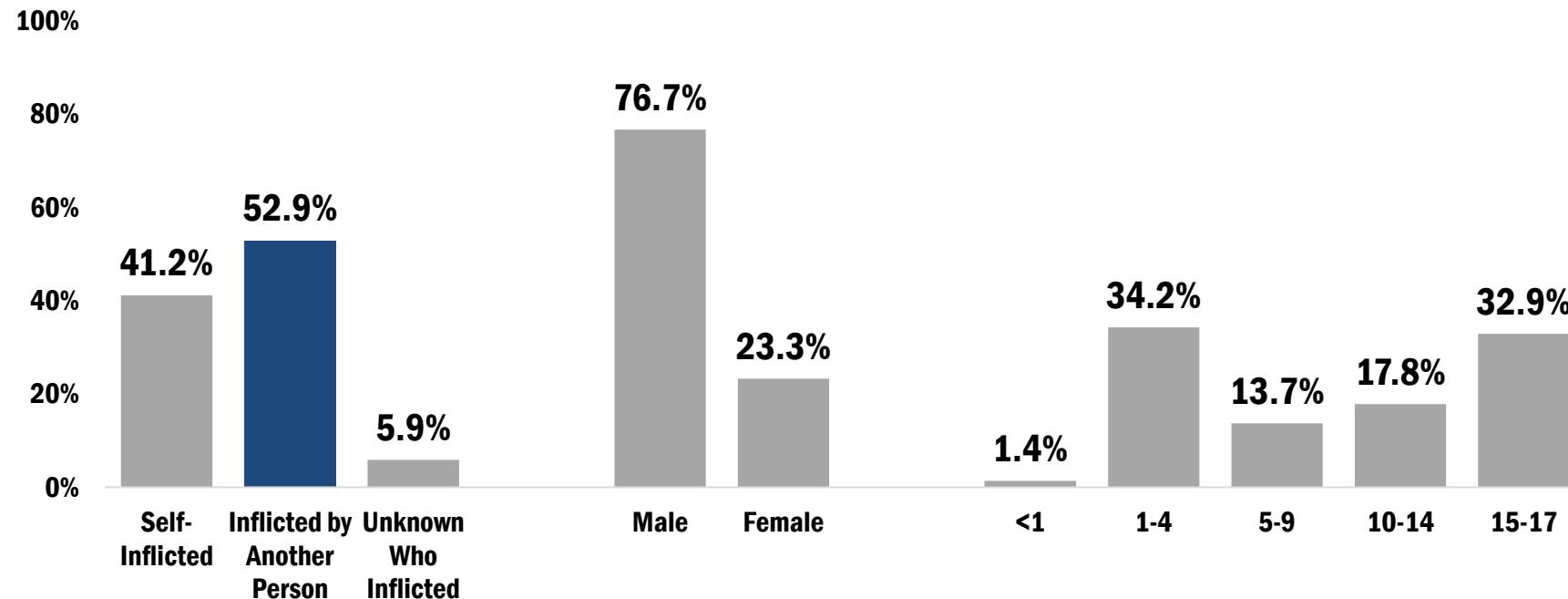
Limited to NC residents ages 0-17

Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024; US Census non-bridged population estimates, 2015-2024  
Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

## Most child unintentional firearm victims were shot by someone else

Child unintentional firearm deaths were highest among males and among teens ages 15-17 followed by ages 1-4.

Context and Demographics of Unintentional Firearm Deaths Among NC Children, 2015-2024



Limited to NC residents ages 0-17

\*Suicides limited to ages 10-17; Context available for 2015-2023 only

Source: NC-VDRS, 2015-2023; SCHS Death Certificates, 2024; US Census non-bridged population estimates, 2014-2024

Note: US Census non-bridged single-race categories do not directly align with the current NC-VDRS race/ethnicity categories

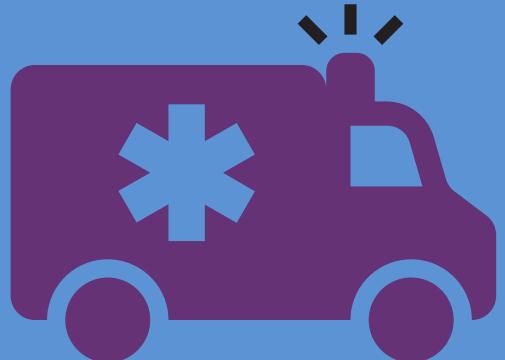
Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

## The financial toll of firearm injury and violence on society is costly

- Child firearm deaths alone in NC resulted in a combined cost of nearly \$1.9 billion in 2023
  - \$800 per capita

Mechanism	Intent	Deaths	Population	Medical Costs		Value of Statistical Life		Combined Costs	
				Total	Per Capita	Total	Per Capita	Total	Per Capita
Firearm	Unintentional	10	2.34 M	\$147,838	\$0.06	\$183.00 M	\$78	\$183.15 M	\$78
	Homicide	63	2.34 M	\$768,043	\$0.33	\$1.15 B	\$493	\$1.15 B	\$494
	Suicide	26	2.34 M	\$184,242	\$0.08	\$475.80 M	\$204	\$475.98 M	\$204
	Undetermined	--	2.34 M	\$58,778	\$0.03	\$54.90 M	\$24	\$54.96 M	\$24

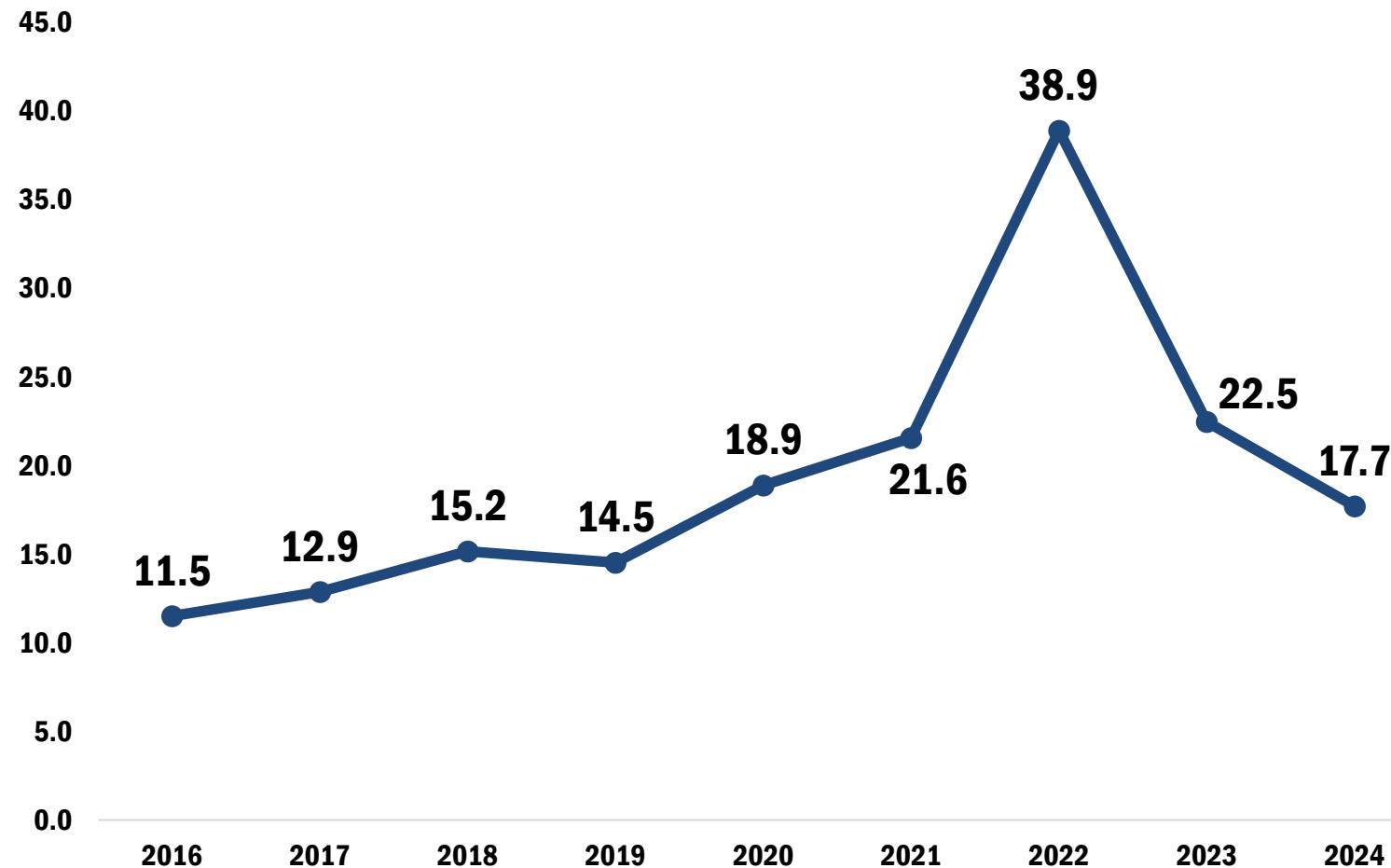
Source: CDC WISQARS, 2023



# Child Firearm Injury Emergency Department Visits

# Child firearm injury ED visit rate increased by 54% since 2016

Child Firearm Injury ED Visit Rates (per 100,000), 2016-2024



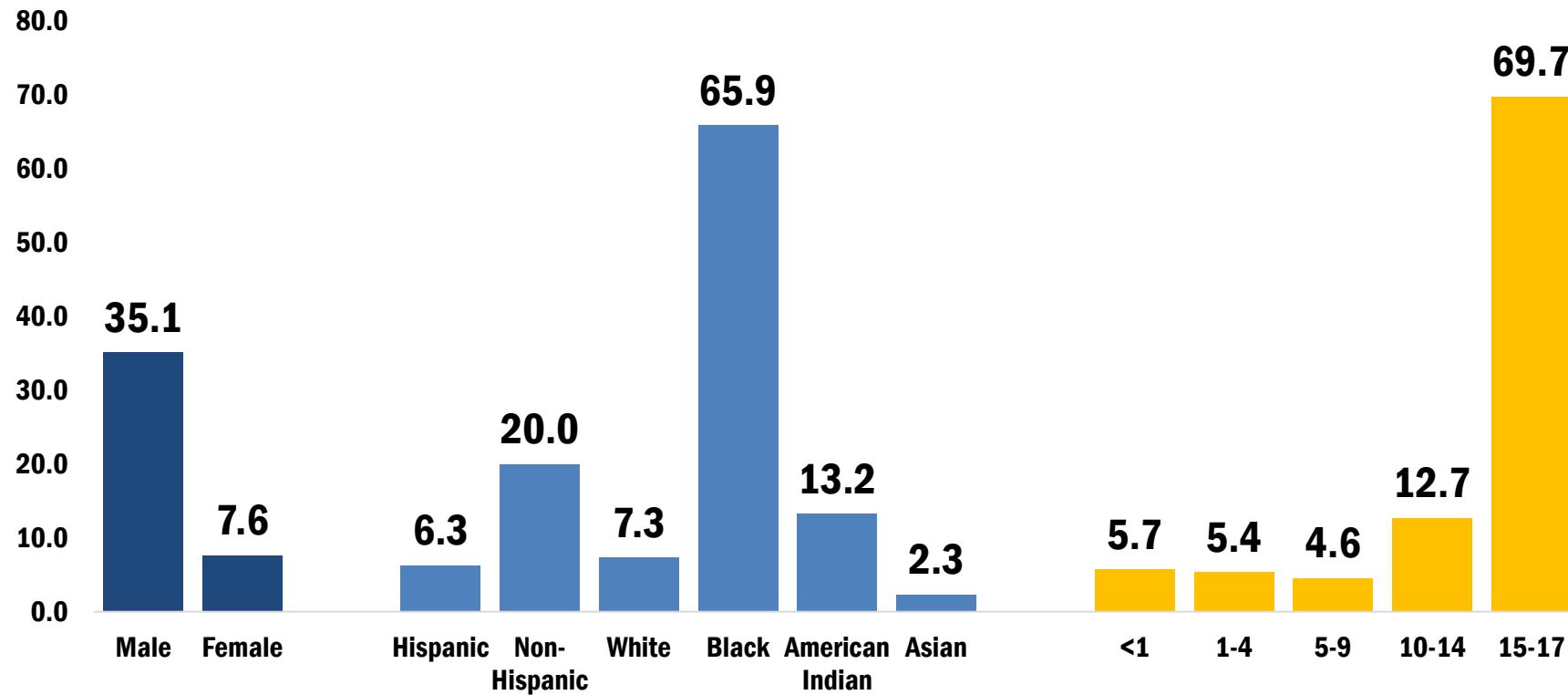
Limited to NC residents ages 0-17

Source: NC DETECT, 2016-2024; US Census non-bridged population estimates, 2015-2024

Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

## Rates of child firearm injury ED visits were highest among males, Black children, and teens ages 15-17

Child Firearm Injury ED Visit Rates (per 100,000) by Demographic Group, 2020-2024



Limited to NC residents ages 0-17

Source: NC DETECT, 2020-2024; US Census non-bridged population estimates, 2020-2024

Note: Race and ethnicity categories are not mutually exclusive. US Census non-bridged single-race categories used to calculate rates do not directly align with the current race/ethnicity categories in the ED visit data

Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit

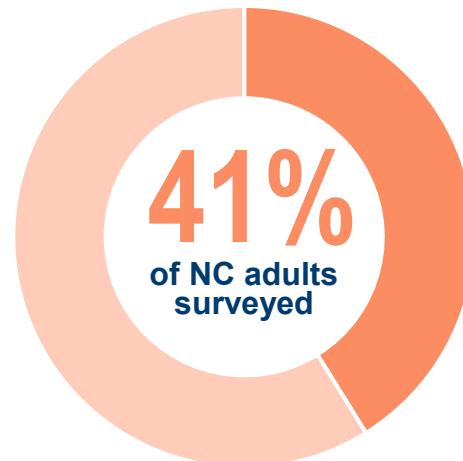
# Survey Data

**More than 3.5 million (41%) of NC adults have a firearm in or around the home**

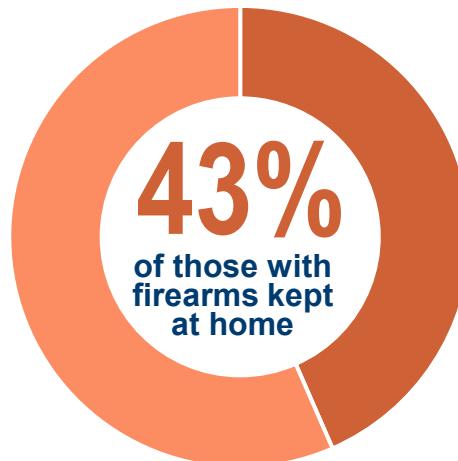
**Over two in five adults store their firearm(s) loaded.<sup>1</sup>**

**Nearly half of firearms that are stored loaded are also unlocked.<sup>1</sup>**

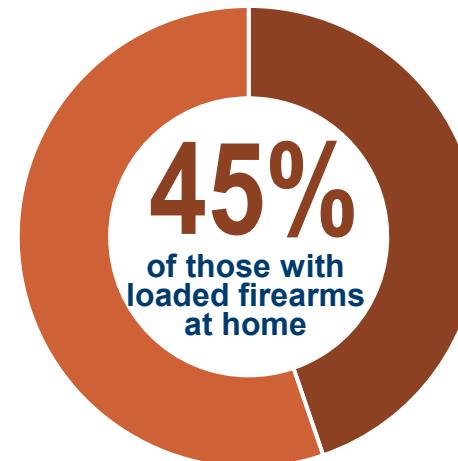
**Firearms Kept In or Around the Home**



**Any of These Firearms are Currently Loaded**

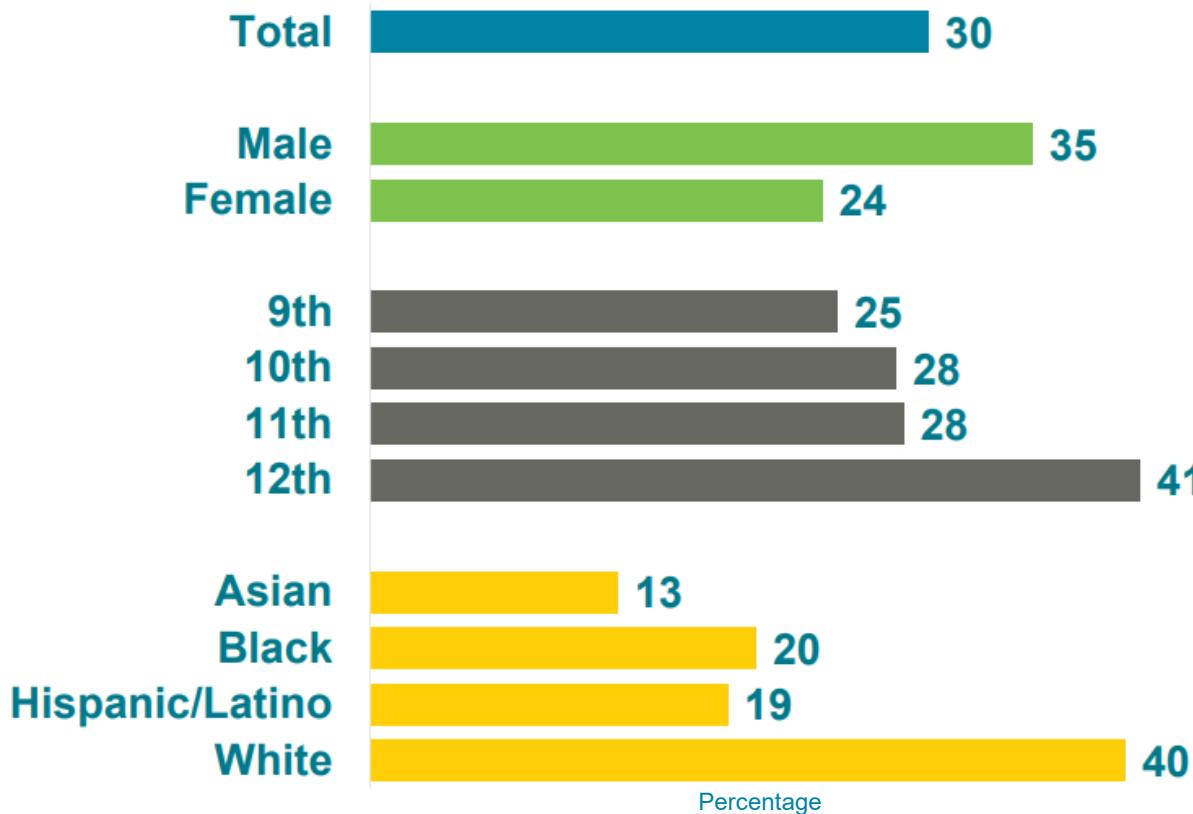


**Firearms that are Loaded and Unlocked**



<sup>1</sup> NC BRFSS Firearm Safety Module, 2024 <https://schs.dph.ncdhhs.gov/data/brfss/2024/nc/all/topics.htm>

# 30% of high school students say they could be ready to fire a loaded gun in less than an hour without a parent's or other adult's permission



\*Gun could be theirs or someone else's and it could be located in their home or car or someone else's home or car

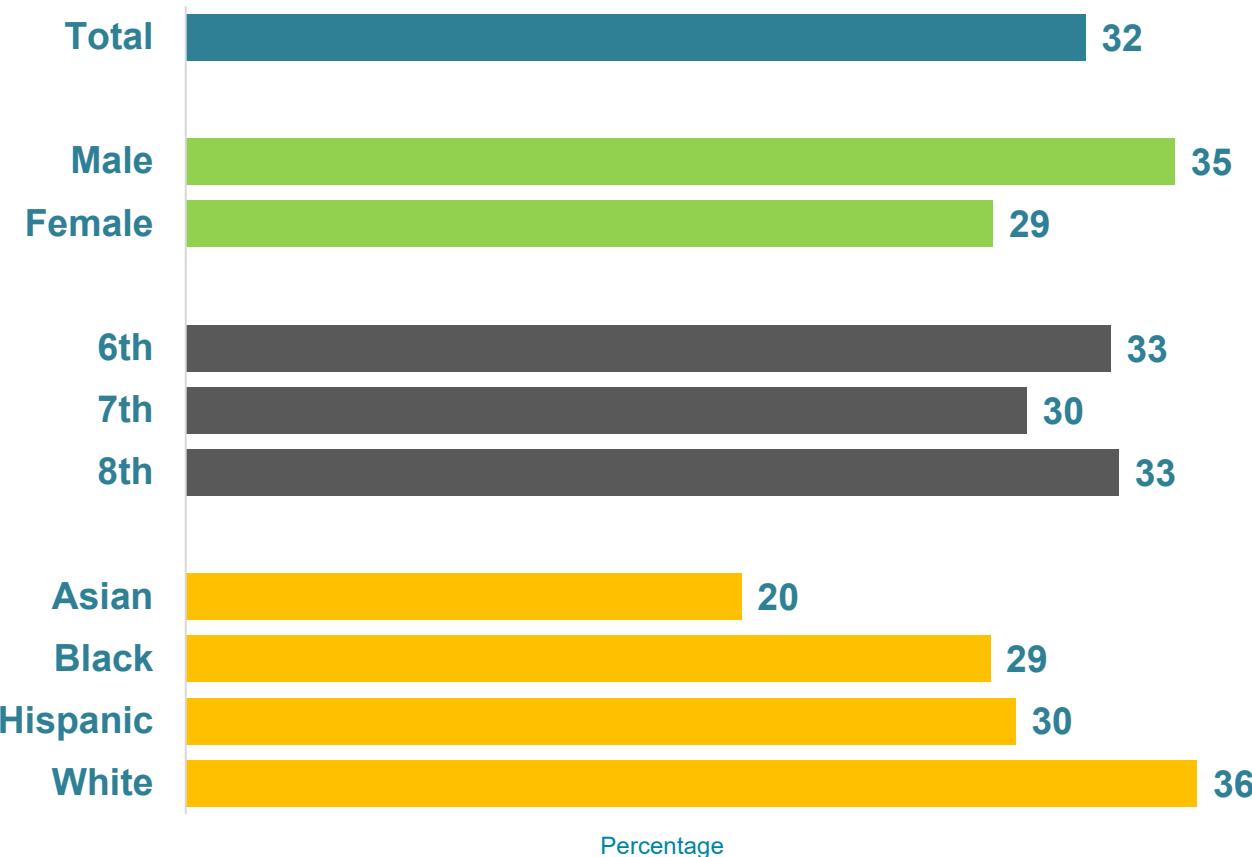
\*M > F; 12th > 9th, 12th > 10th; W > A, W > B, W > H (Based on t-test analysis,  $p < 0.05$ .)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

This graph contains weighted results.

Source: North Carolina Department of Public Instruction, Youth Risk Behavior Survey, 2021

# 32% of middle school students say they could be ready to fire a loaded gun in less than an hour without a parent's or other adult's permission



\*Gun could be theirs or someone else's and it could be located in their home or car or someone else's home or car

<sup>†</sup>W > A (Based on t-test analysis, p < 0.05.)

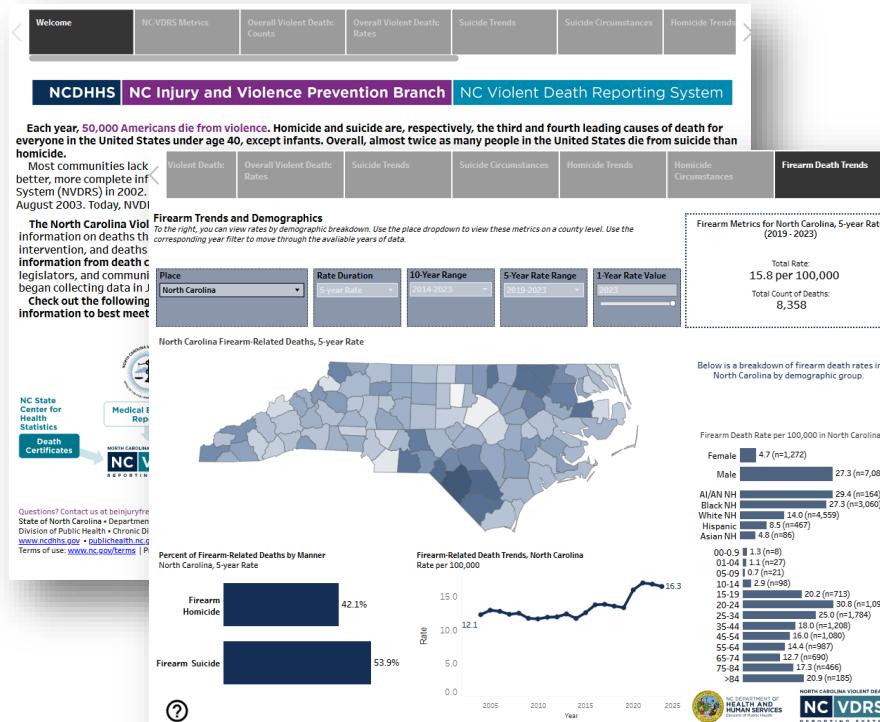
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

This graph contains weighted results.

Source: North Carolina Department of Public Instruction, Youth Risk Behavior Survey, 2023

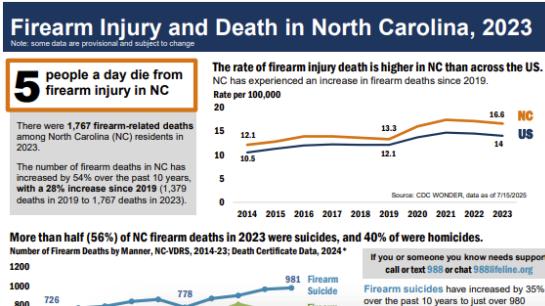
# Data Resources

# Access more data on the NC-VDRS dashboard



Reports and Fact Sheets available on the  
[NC-VDRS Data Page](#)

# IVPB Firearm Data Page



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Firearm Injury Death and Morbidity in North Carolina, 2023

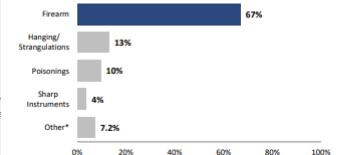
NCDHHS NC Injury and Violence Prevention Branch

NC Violent Death Reporting System

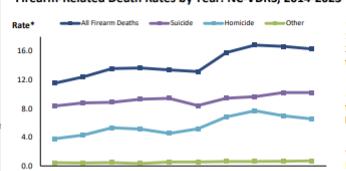
### FIREARM DEATHS IN NORTH CAROLINA, 2023

The North Carolina Violent Death Reporting System (NC-VDRS) is a CDC-funded statewide surveillance system that collects detailed information on violent deaths that occur in North Carolina including: homicide, suicide, unintentional firearm deaths, legal intervention, and deaths of undetermined intent. NC-VDRS uses information from death certificates, medical examiner reports, and law enforcement reports to understand and aid in the prevention of violent deaths. For more information, please visit <https://injuryprevention.dph.ncdhhs.gov/about/ncvdrs.htm>.

### Violent Deaths by Method: NC-VDRS, 2023



### Firearm-Related Death Rates by Year: NC-VDRS, 2014-2023



The rate of firearm-related deaths per 100,000 population increased by 41.3% from 2014 (11.5) to 2023 (16.3). From 2019 (13.1) to 2023 (16.3), the rate increased by 24.0%. The rate of firearm-related suicides varied from a low of 8.4 per 100,000 in 2014 to a high of 10.2 per 100,000 in 2023. The rate of firearm-related homicides varied from a low of 3.8 per 100,000 in 2014 to a high of 7.7 per 100,000 in 2021. The most common locations of firearm-related deaths were home (67.7%); motor vehicle, excluding school bus and public transportation (11.9%); street/road, sidewalk or alley (4.7%); natural areas such as a field, river, beach, or woods (4.1%); other commercial establishment, such as a grocery store, retail outlet, or laundromat (2.9%); and parking lot or public parking garage (1.4%).

INJURY AND VIOLENCE PREVENTION

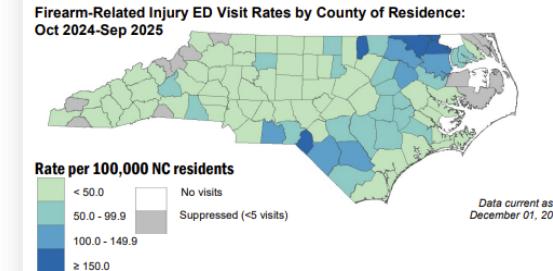
Page 1 of 2

# NC-FASTER

## Data Products

### Quarterly & Annual Reports

Rates of firearm-related injury ED visits were highest in Northampton, Hertford, and Vance counties.



Counties with the Highest Annual Firearm-Related Injury ED Visit Rates: Oct 2024-Sep 2025

County	Count	Annual Rate <sup>†</sup>
Northampton	39	235.2
Hertford	33	172.2
Vance	69	163.0
Scotland	54	159.3
Edgecombe	73	148.6
Bertie	25	147.6
Halifax	69	146.8
Anson	31	138.2
Robeson	161	135.7
Bladen	33	110.8
<b>Statewide</b>	<b>4,270</b>	<b>38.7</b>

#### Follow best practices for safe gun storage

In homes with guns, one in three youth ages 13-17 report that they could access a gun in less than 5 minutes. *Sathi, Azrael & Miller (2021)*  
NC S.A.F.E. has tips and resources for safe storage, including an in-home storage checklist and a statewide map of out-of-home safe storage locations. [ncsafe.org/safestorage](https://ncsafe.org/safestorage)

For more information, visit <https://ncdetect.org>

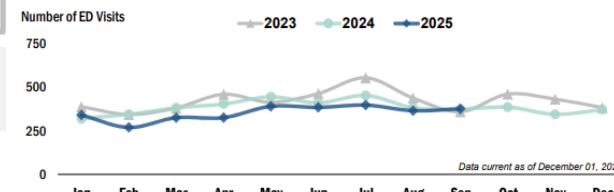
## Firearm-Related Emergency Department Visits in North Carolina

### Quarter 3: July - September 2025

There were **1,137** firearm-related ED visits from Jul-Sep 2025 compared to **1,208** from Jul-Sep 2024

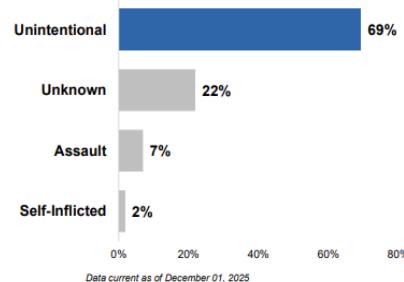
Firearm-related injury ED visits remained steady from July - September 2025.

Firearm-Related Injury ED Visits by Month: 2023-2025



The number of firearm-related injury ED visits in July - September 2025 was similar to the number of visits in Quarter 3 of previous years.

Most firearm-related injury ED visits (69%) from July - September 2025 were coded as unintentional injuries.



Intent coding in the ED visit data is inaccurate and in need of improvement for firearm injury tracking.

There is an overcount of unintentional firearm injuries and an undercount of undetermined and intentional injuries, such as assault and self-harm.

ICD-10-CM coding guidance currently defaults to unintentional injury if intent is not directly documented in the medical record, and should be revised.

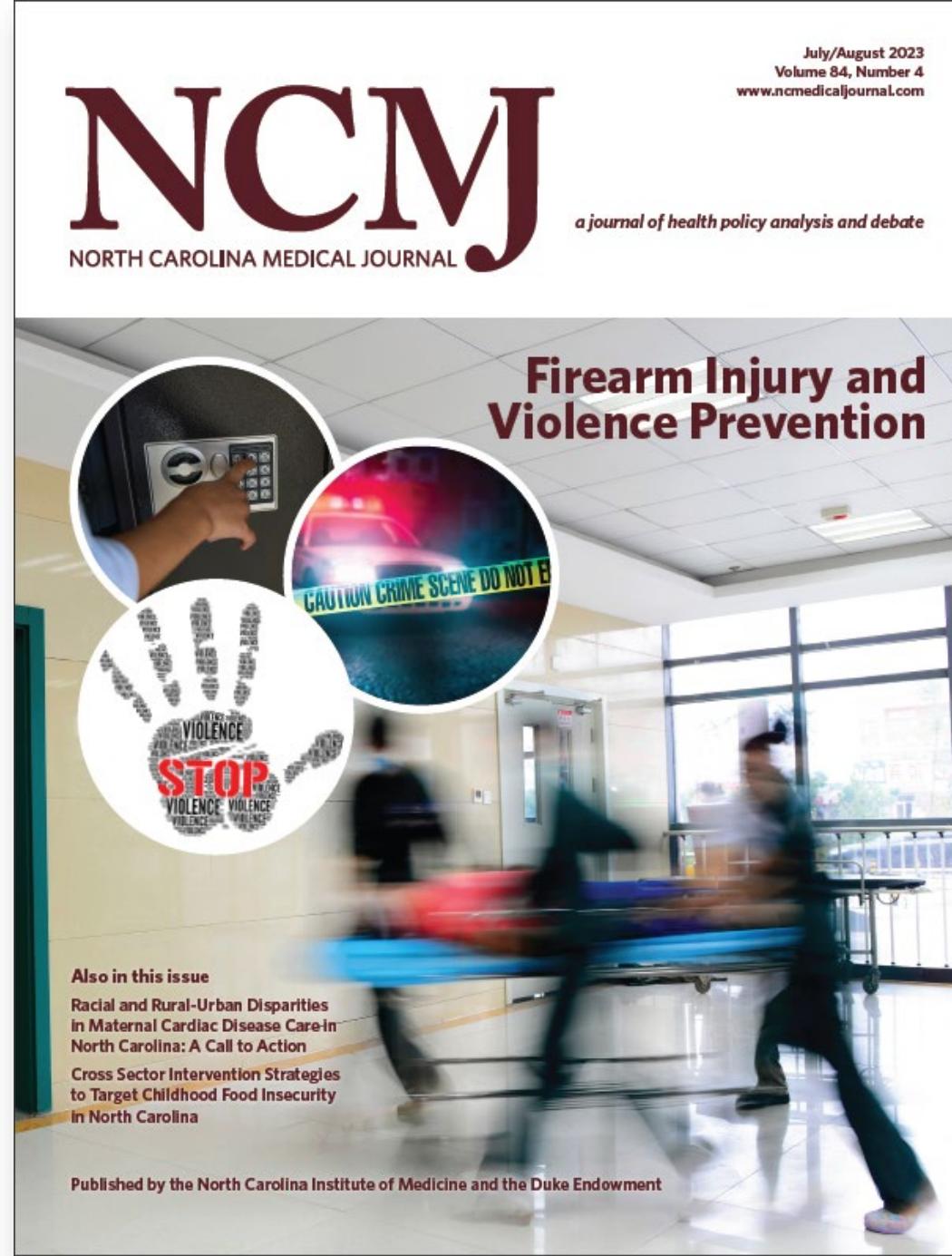
# Where to find more data on firearm injury?

- NC Injury and Violence Prevention Branch [Firearm Data Page](#)
  - NC-VDRS Annual Report
  - NC-VDRS Fact Sheets
  - [NC-VDRS Data Dashboard](#)
  - [NC DETECT quarterly NC-FASTER reports](#)
- State Center for Health Statistics (SCHS) Death Certificate Data
  - [NC Health Data Query System](#)
- CDC WISQARS – [Fatal Injury and Violence Data](#)
- CDC NVDRS – [CDC NVDRS](#)

# North Carolina Medical Journal

## Special Issue on Firearm Injury and Violence Prevention

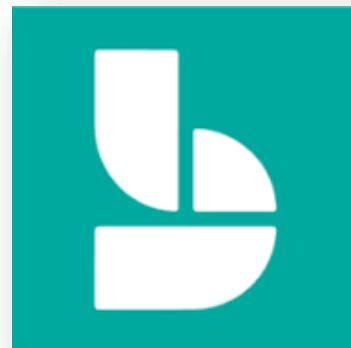
<https://ncmedicaljournal.com/issue/7874>



# 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.

- [IVPB Data Request Policy](#)
- [IVPB Data Support Bookings](#)



**IVPB Data Support**

**SELECT A SERVICE**

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

# Questions?

[Katie.McDaniel@dhhs.nc.gov](mailto:Katie.McDaniel@dhhs.nc.gov)

Injury and Violence Prevention Branch  
Division of Public Health

[www.injuryfreenc.dph.ncdhhs.gov](http://www.injuryfreenc.dph.ncdhhs.gov)





# NC S.A.F.E. UPDATE

William L. Lassiter

Deputy Secretary for Juvenile Justice & Delinquency Prevention

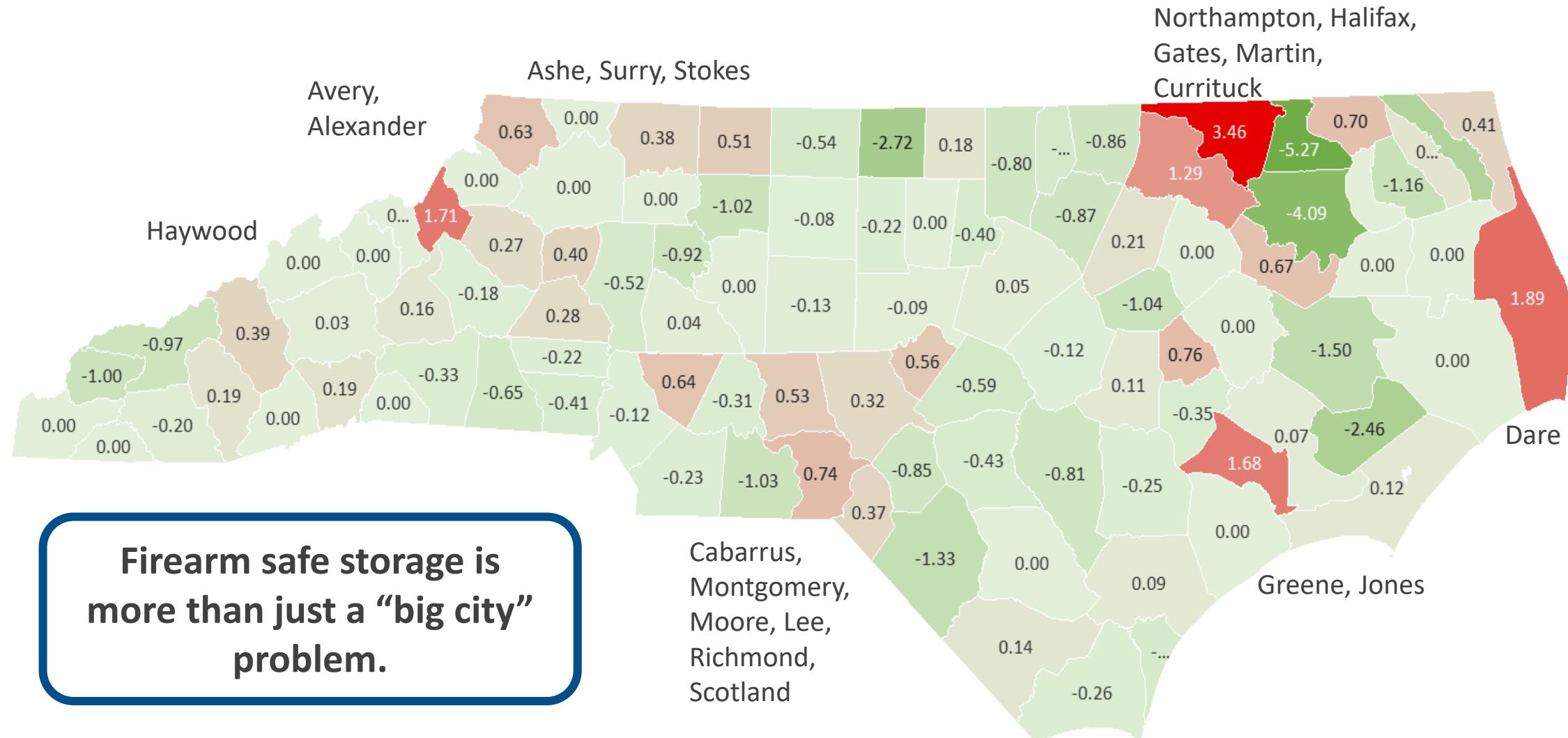
NC Department of Public Safety

January 13, 2026





## Rate of Juveniles (per 1,000) with a firearm/gun violence complaint (FY 24 to FY25)



## Criminal Access

10,876

Firearms stolen per year between 2019-2024 from  
private NC citizens<sup>1</sup>

80%

Of individuals (nationally) engaged in K-  
12 school shootings stole gun from  
family member<sup>2</sup>

<sup>1</sup>ATF. (2025). *National Firearms Commerce and Trafficking Assessment (NFCTA): Protecting America from Trafficked Firearms—Volume Four, Part II*. Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF). <https://www.atf.gov/firearms/national-firearms-commerce-and-trafficking-assessment-nfcta-firearms-trafficking-volume-four>

<sup>2</sup>NIJ. (2022, February 3). *Public Mass Shootings: Database Amasses Details of a Half Century of U.S. Mass Shootings with Firearms, Generating Psychosocial Histories*. <https://nij.ojp.gov/topics/articles/public-mass-shootings-database-amasses-details-half-century-us-mass-shootings>

## North Carolina is #10 in the nation in annual rate of firearm thefts

**Table FTL-20a: Firearms Stolen from Private Citizens by Theft State (Top Ten Rates), 2019 - 2023**

State	Average # of Firearms Stolen in Private Thefts per Year	Annual Rate per 100,000 Population
Mississippi	5,323	179.8
Louisiana	7,223	155.1
South Carolina	7,735	151.1
Alabama	7,276	144.8
Georgia	14,511	135.5
Arkansas	3,700	122.9
Tennessee	7,890	114.2
Missouri	6,845	111.2
Oklahoma	4,189	105.8
North Carolina	10,876	104.2

ATF. (2025). *National Firearms Commerce and Trafficking Assessment (NFCTA): Protecting America from Trafficked Firearms—Volume Four, Part II*. Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF). <https://www.atf.gov/firearms/national-firearms-commerce-and-trafficking-assessment-nfcta-firearms-trafficking-volume-four>



# NC S.A.F.E.

## Secure All Firearms Effectively

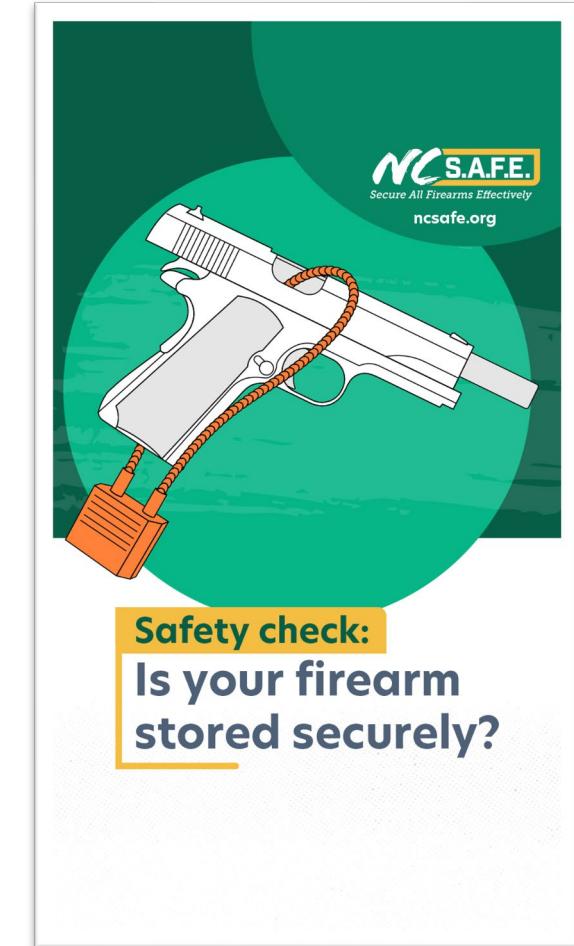
[ncsafe.org](http://ncsafe.org)

**NC S.A.F.E.**  
Secure All Firearms Effectively

# What is NC S.A.F.E.?



- NC S.A.F.E. — backed by the Department of Public Safety — is North Carolina's statewide initiative to raise awareness of the importance of safe firearm storage.



# Facts about NC S.A.F.E.

- The North Carolina Department of Public Safety launched the **NC S.A.F.E. (Secure All Firearms Effectively)** public awareness campaign in May 2023.
- NC S.A.F.E. educates North Carolinians about **safe firearm storage** in response to an increase in firearm-related deaths among children and youth.
- The campaign provides **resources on best practices** for firearm storage and safety.
- NC S.A.F.E. is **not** associated with any advocacy-based initiatives related to gun laws or regulations.



## Safe Firearm Storage: You Have Options

If you own a gun, it's your responsibility to safely secure it. There are a range of affordable and effective options to meet your individual needs.



**Cable Lock.** A cable lock threads through the barrel or action of a firearm to prevent someone else from firing it.



**Gun Case.** A gun case is a safe place to secure your firearms at home and beyond. The case can also protect your firearms from damage.



**Gun Safe.** A gun safe is the most secure choice for locking up your firearms. Gun safes come with a variety of lock options, including electronic and biometric locks.



**Lockbox.** A lockbox can be portable or bolted down for additional security. There are also options designed specifically for use in vehicles.



**Trigger Lock.** A trigger lock fits easily over the trigger guard of a firearm to prevent the trigger from being pulled.

### Keep It Secure

Lock your firearms every single time. Follow these tips to keep your firearms secure.

- If your lock uses a combination or code, choose one that can't be easily guessed by children or other unauthorized users.
- If your lock requires a key, make sure you hide the key somewhere it can't easily be found.
- Lock your firearms regardless of whether it's in your home or in your vehicle.
- Consider storing ammunition separately.



For more resources and information on safe firearm storage, scan the QR code or visit:

[ncsafe.org](http://ncsafe.org)



# Why NC S.A.F.E.?



- Too many guns are falling into the wrong hands.
- Firearms remain the leading cause of injury-related death for children and youth in North Carolina.
- Gun thefts, especially from vehicles, are on the rise.



# What We Do



- Our mission is to raise awareness about the importance of securely storing firearms—whether at home, in vehicles, or anywhere else they may be accessed—and to provide North Carolinians with the tools, resources, and knowledge they need to do so effectively.

We engage a wide range of audiences through:

- **Educational materials** that explain safe storage practices
- **Community outreach** and events to spark local conversations
- **Partnerships** with schools, health organizations, and law enforcement
- **Resources and training tools** for practical, affordable storage solutions



# NC S.A.F.E. Evaluation Overview

## Process Evaluation

Measure campaign reach and assess message comprehension using



Campaign metrics tracking and analysis



Two rounds of in-depth qualitative interviews with gun owners

## Social Media Listening

Analyze conversations about the campaign on social media to identify



Account types posting about NC S.A.F.E.



Key topics, themes, and sources being discussed

## Outcome Evaluation

Assess the impact of campaign exposure on key outcomes through



A two-wave longitudinal efficacy study measuring changes in knowledge, attitudes, and behavior among adult NC gun owners

## Outcome Evaluation - Beliefs

### NC S.A.F.E. Ad-related Beliefs

Change in agreement with ad-related beliefs moved in the desired direction among those who saw the campaign ads first for 9 ad-related beliefs:

Belief Statement	Desired Direction	% Change
Locking up my gun can reduce the risk of suicide	↑ Increase	▲ +9.7
In NC, more than half of gun deaths are suicides	↑ Increase	▲ +66.7
Every year, thousands of people lose their guns	↑ Increase	▲ +22.1
Guns are often stolen from parked cars or trucks	↑ Increase	▲ +7.1

## Outcome Evaluation – Beliefs (cont.)

Belief Statement	Desired Direction	% Change
Gun deaths among children and youth are on the rise	↑ Increase	▲ +8.5
Gun thefts are on the rise, especially from cars	↑ Increase	▲ +15.5
An unlocked gun is a tragedy waiting to happen	↑ Increase	▲ +8.9
Locking up my gun can be dangerous if I can't get to it fast enough	↓ Decrease	▼ -20.1
Locking up my gun is only important if there are children around	↓ Decrease	▼ -20.8

## RTI Evaluation Recommendations

- Expand ad placement through community reach
- Leverage law enforcement social media (platforms and staff) by working with agencies with high NC S.A.F.E. campaign engagement
- Leverage aligned partners working in the prevention and intervention space (firearm safety, injury prevention, community violence)
- Increase funding for NC S.A.F.E. campaign delivery to increase media time and outreach



## Firearm Safety Trends in North Carolina

Question	2019	2024	Change
Firearms kept in or around home	42.1%	41.2%	-0.9%
... of those with firearms in or around home			
Firearms currently loaded	45.4%	43.4%	-2.0%
Firearms currently loaded and unlocked	53.0%	44.8%	-8.2%

NCDHHS. (2025). *Behavioral Risk Factor Surveillance System (BRFSS) Annual Survey Results 2024 - Firearm Safety*.  
NCDHHS Division of Public Health State Center for Health Statistics (SCHS).  
<https://schs.dph.ncdhhs.gov/data/brfss/2024/nc/all/topics.htm> (see: CDCD – Optional Modules: Firearm Safety)



## NC S.A.F.E. Funding

- **NC S.A.F.E. (\$2.26 million):** The Secure All Firearms Effectively (S.A.F.E.) campaign is *a program established by law in 2023 (S.L. 2023-8)*. DPS requests recurring funding to deliver messaging, gun locks and other informational resources to communities across the state.
- Partners:
  - The Wildlife Resources Commission
  - DHHS
  - Local law enforcement
  - Gun ranges and firearm instructors
  - Parents

# Committee Discussion on Firearm Deaths & Injuries

## REMINDER OF **2025** RECOMMENDATIONS:

- Support recurring funding of \$2.16 million for the NC S.A.F.E. Campaign that educates about firearm safe storage.
- Support legislation changing the current law addressing safe storage of firearms to protect minors to remove language from N.C.G.S. 14-315.1(a) that says “resides in the same premises as a minor.”



Announcements &  
Adjourn