

# 250

## Fentanyl-Positive Deaths, North Carolina Office of the Chief Medical Examiner (OCME) Toxicology Data: Dec 2023\*

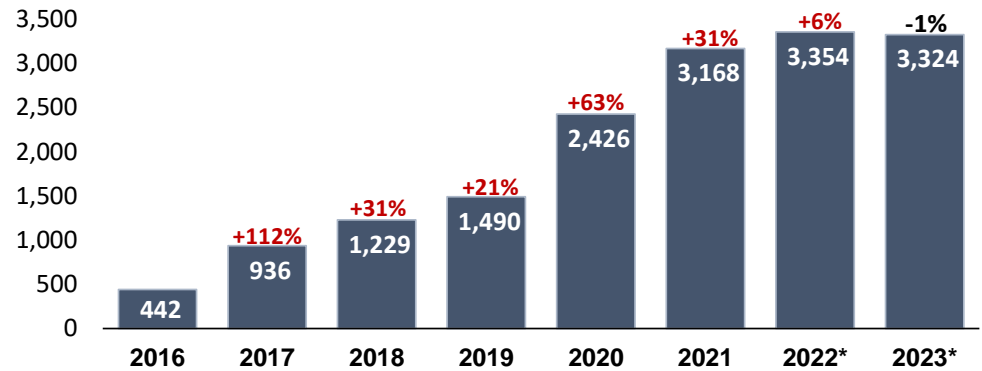
# 250

### Fentanyl-Positive Deaths<sup>^</sup>, December 2023\*

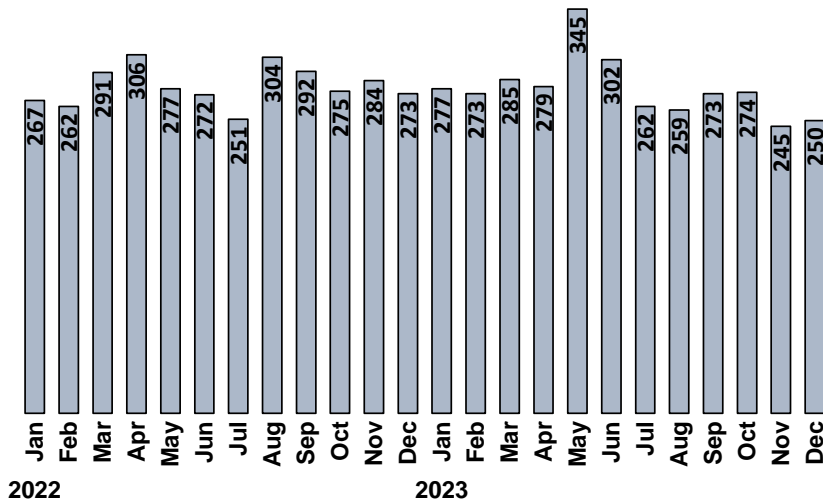
Compared to **273** in December 2022

<sup>^</sup>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.

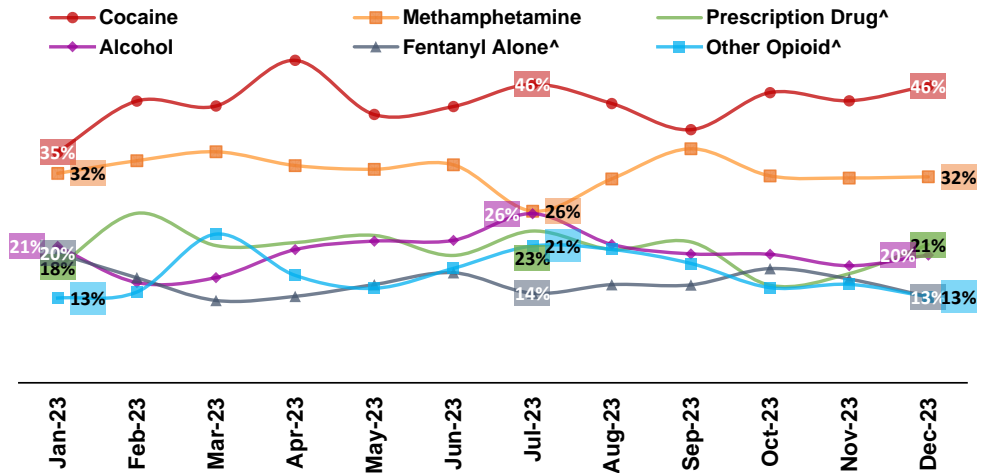
### Fentanyl-Positive Deaths: 2016-2023\*



### Last 24 Months of Fentanyl-Positive Deaths\*



### Last 12 Months Polysubstance Use in Fentanyl-Positive Deaths\*<sup>^</sup>



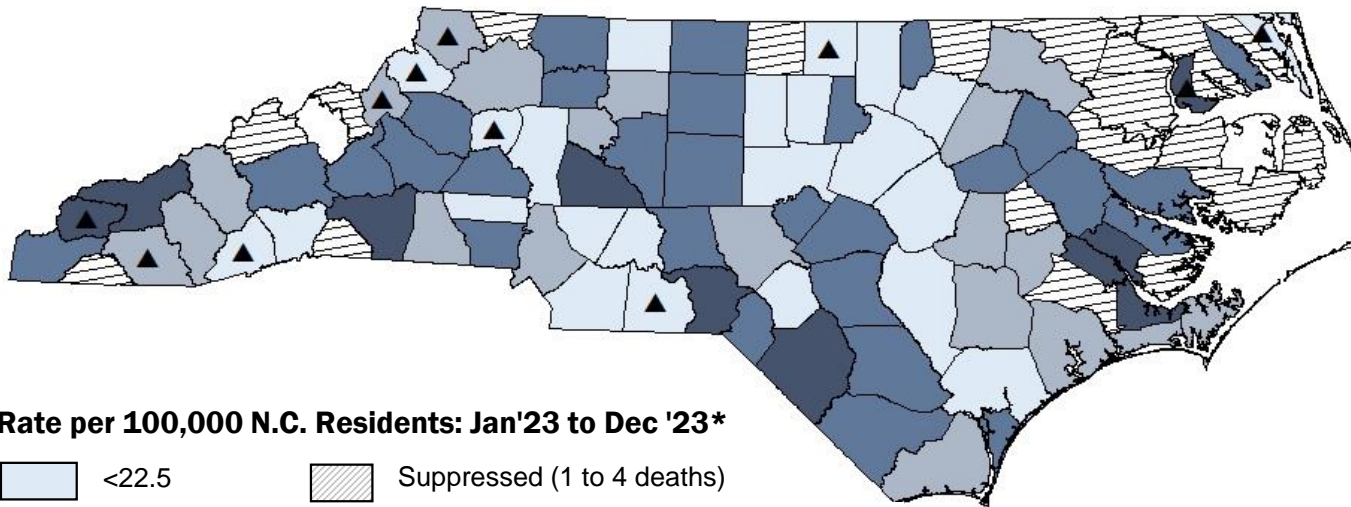
\*Data are provisional and subject to change.

Data Source: NC OCME Toxicology data; NC OCME Toxicology is nationally accredited by the American Board of Forensic Toxicology, Inc. NC OCME Toxicology provides forensic analytical testing of specimens for all 100 counties of the statewide medical examiner system. Toxicology results are based on blood, vitreous fluid, or other specimens used for testing at the discretion of the pathologist and/or toxicologist.

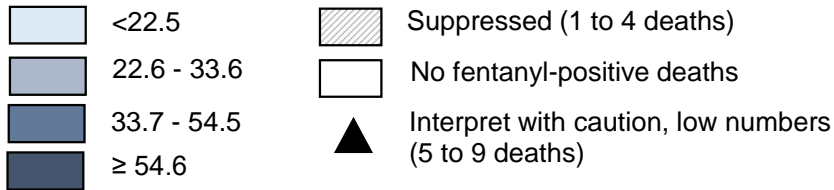
<sup>^</sup>Categories are not mutually exclusive. Prescription drugs are defined as benzodiazepines and gabapentin/pregabalin. Other opioids include heroin, prescription opioids, and illicit opioids (excluding fentanyl). Fentanyl alone indicates that alcohol, cocaine, prescription drugs (benzodiazepines and gabapentin/pregabalin), methamphetamine, and other opioids were not present.



# Rate of Fentanyl-Positive Deaths in North Carolina by County: Jan '23 to Dec '23\*



Rate per 100,000 N.C. Residents: Jan'23 to Dec '23\*



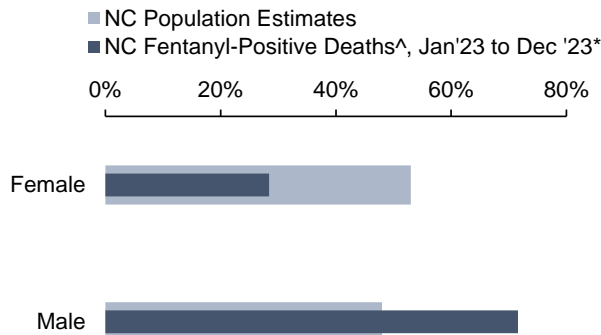
Highest Rates of Fentanyl-Positive Deaths Among Counties with >9 deaths: Jan'23 to Dec '23\*

| County           | Deaths       | Rate        |
|------------------|--------------|-------------|
| Swain            | 11           | 78.8        |
| Richmond         | 33           | 77.1        |
| Robeson          | 86           | 73.7        |
| Craven           | 70           | 69.4        |
| Rowan            | 95           | 63.5        |
| Rutherford       | 38           | 58.5        |
| Vance            | 23           | 54.6        |
| Montgomery       | 14           | 54.1        |
| Buncombe         | 144          | 52.6        |
| Burke            | 45           | 51.2        |
| <b>Statewide</b> | <b>3,324</b> | <b>31.1</b> |

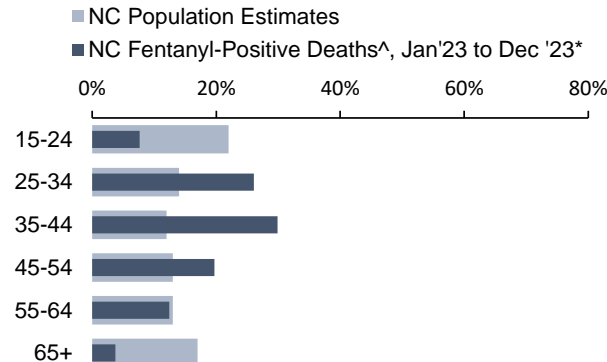
\*2022-2023 data are considered provisional and should not be considered final. Deaths included in this report tested positive for fentanyl at the time of the death when toxicology testing was performed. Toxicology results are based on analytical testing of specimens performed by NC OCME Toxicology. 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. Rates calculated with 2022 county population estimates.

## Demographics of Fentanyl-Positive Deaths Compared to Overall NC Population Estimates: Jan'23 to Dec '23\*

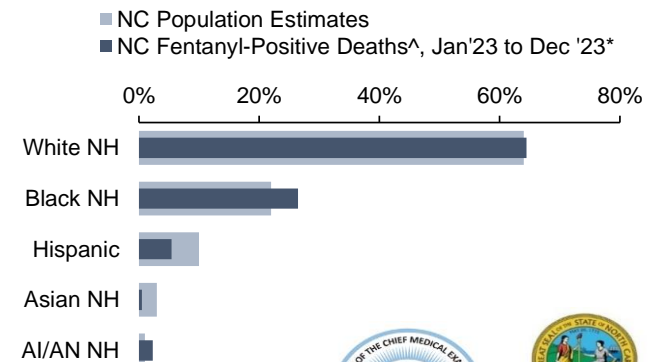
### Deaths by Sex



### Deaths by Age Group



### Deaths by Race/Ethnicity



^Data Sources: Toxicology Data—NC OCME Toxicology; Demographic Data—OCME medical examiner system; Population Data—U.S. Census Bureau, <http://quickfacts.census.gov>; 2022-2023 data are considered provisional and should not be considered final.

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



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Public Health