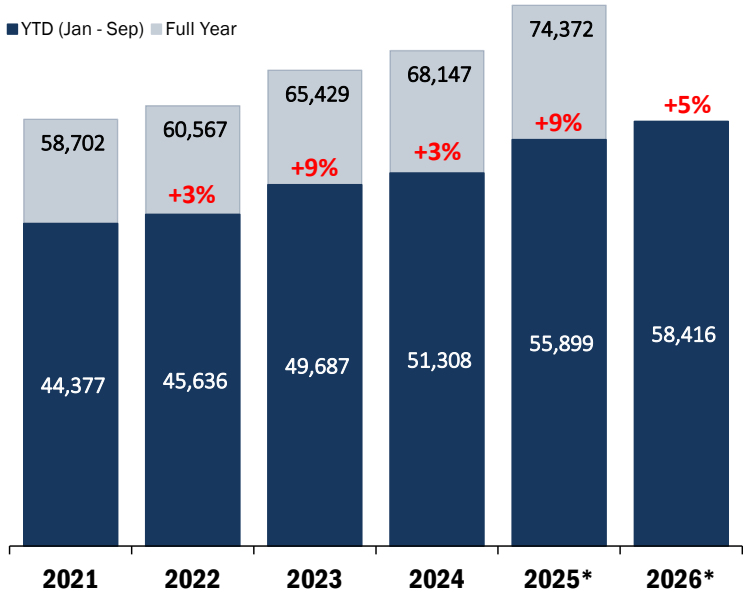
North Carolina Alcohol-Related Emergency Department (ED) Visits: Jul-Sep 2026* (Q3)

20,812 Alcohol-related^ ED visits in Jul-Sep 2026 compared to **20,067** in Jul-Sep 2025.

^Report is based on ICD-10-CM alcohol-related codes and keywords restricted to NC residents. See the NC DETECT Alcohol-Related Syndrome for a comprehensive list of codes and keywords.

Year to year: Alcohol-related^ ED visits are up 5% for 2026 compared to this time last year.

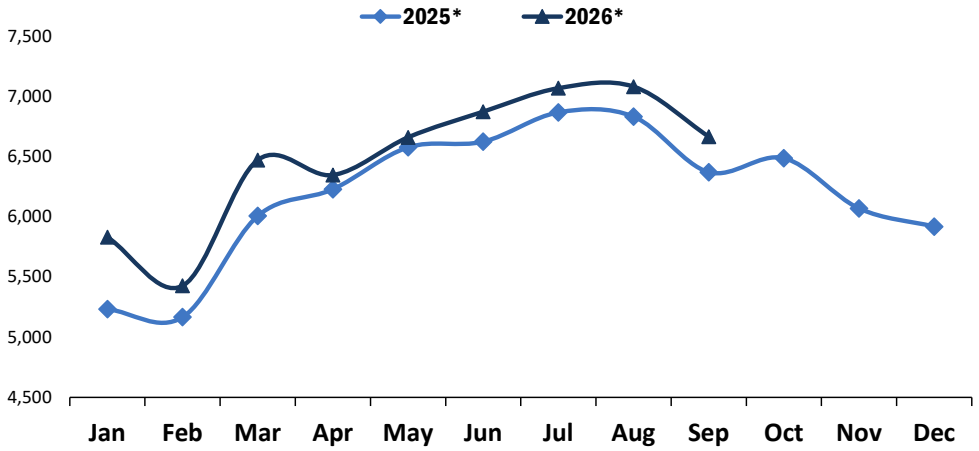
Percent change is year-to-date (YTD) total compared to last year this time.



*2025-2026 ED visits are provisional.

Month to month: From Aug '26 - Sep '26, visits are down 6%.

Note: The y-axis on this graph does not start at zero in order to show month-to-month variations in ED visits.



^ED data provide timely information on alcohol-related health outcomes.

Prior to 2025, the NC Injury & Violence Prevention Branch (IVPB) monitored ED visits for acute alcohol intoxication and alcohol misuse or dependence. However, alcohol use also contributes to other health problems, such as alcoholic liver disease, alcohol-induced pancreatitis, and other adverse health outcomes that can lead to ED visits.

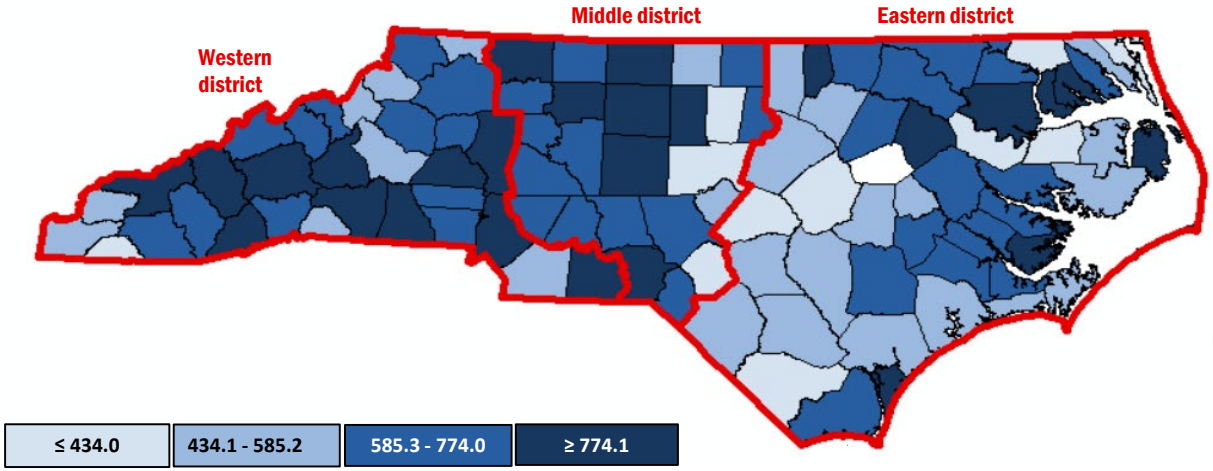
In 2025, IVPB expanded its monitoring of ED visits involving alcohol to include these additional alcohol-related health conditions.

Now, alcohol-related visits include events that involve alcohol use. Examples include immediate effects of alcohol use, like alcohol intoxication, as well as long-term conditions, like alcoholic liver disease.

Tracking these additional alcohol-related health outcomes will provide greater insight into the full impact of alcohol on NC's emergency departments.

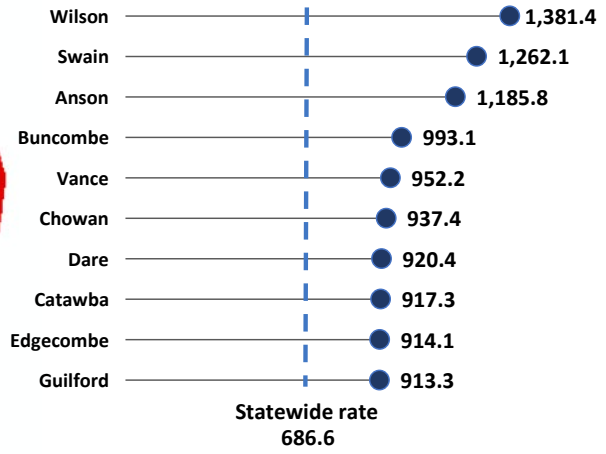
Counties with the highest alcohol-related^ rates tend to be in the western part of the state.

Rates calculated for last 12 months, Oct 2025-Sep 2026*
Rate per 100,000 residents



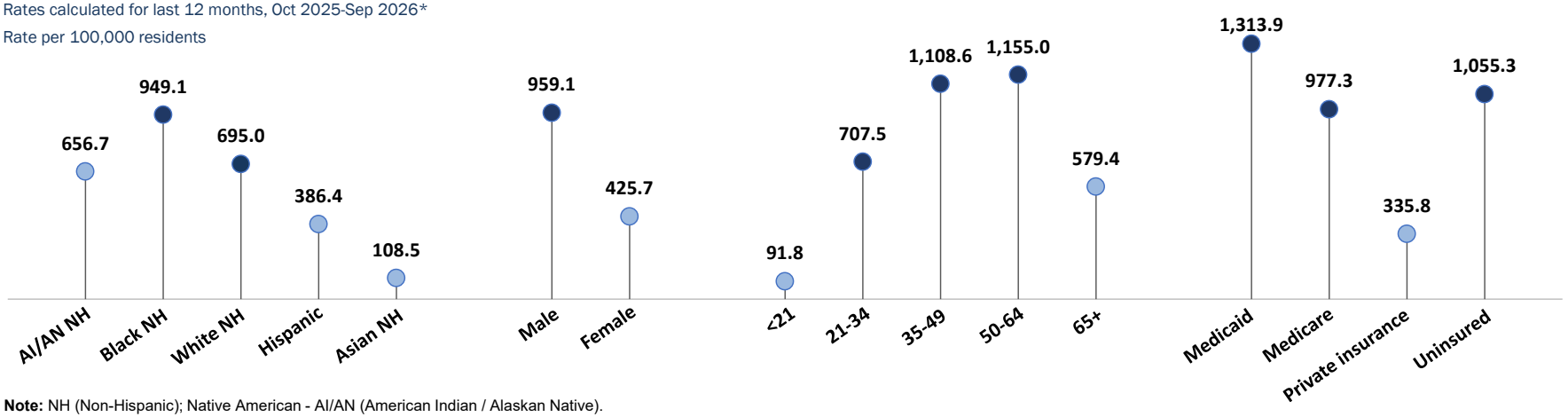
Counties with the 10 highest rates of alcohol-related^ ED visits.

Rates calculated for last 12 months, Oct 2025-Sep 2026*
Rate per 100,000 residents



Residents who are Black, white, male, ages 21-64, uninsured, or insured through Medicaid or Medicare had a higher rate of alcohol-related^ ED visits compared to the statewide rate of 686.6.

Rates calculated for last 12 months, Oct 2025-Sep 2026*
Rate per 100,000 residents

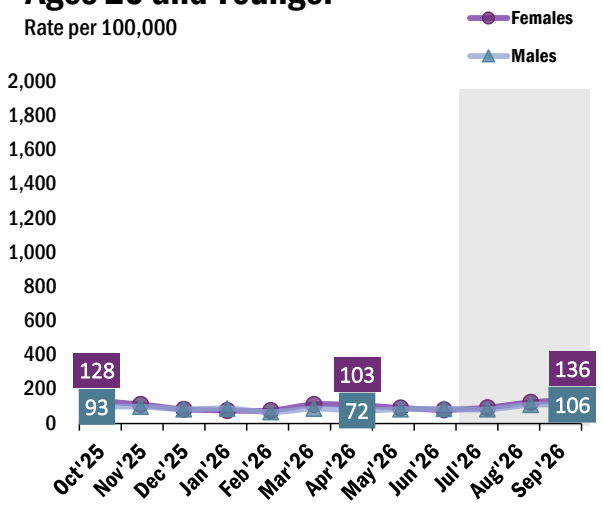


Note: NH (Non-Hispanic); Native American - AI/AN (American Indian / Alaskan Native).

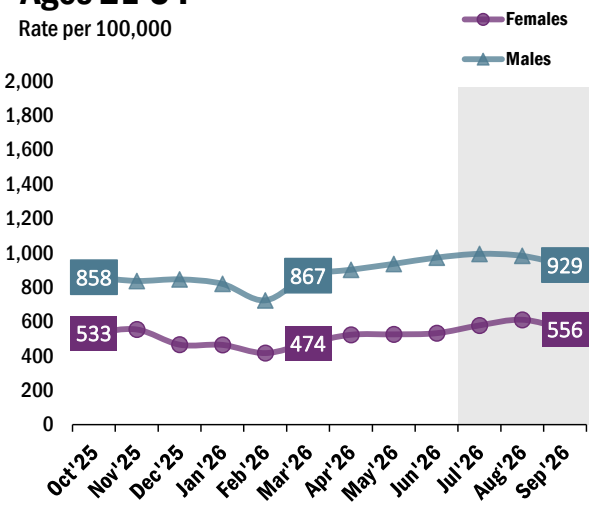
*2025-2026 ED visits are provisional.

Rates of alcohol-related^ ED visits from Jul-Sep 2026 were highest among males ages 50-64 (1,882.5 per 100,000) followed by males ages 35-49 (1,708.3 per 100,000).
Among females, rates of alcohol-related^ ED visits were highest among those ages 35-49 (730.7 per 100,000).

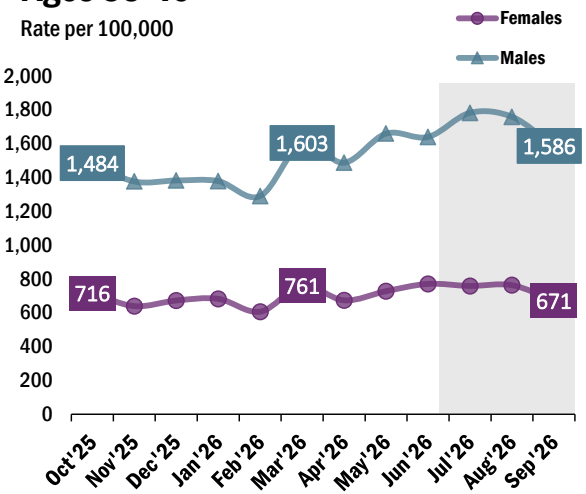
Ages 20 and Younger



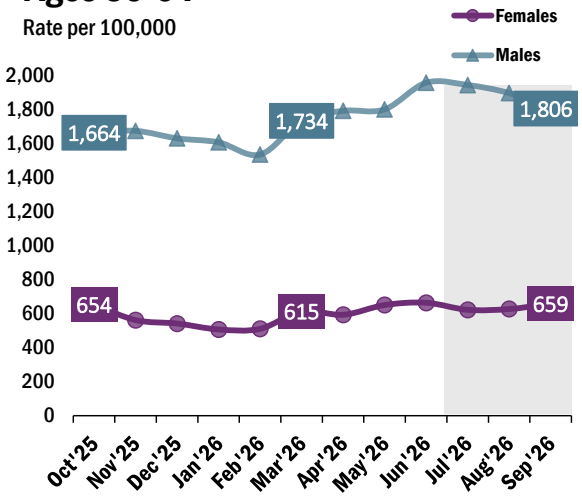
Ages 21-34



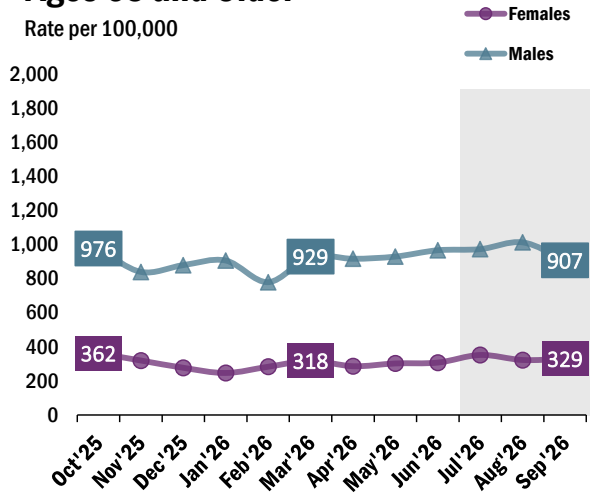
Ages 35-49



Ages 50-64



Ages 65 and Older



Data Sources: ED Data - NC DETECT is North Carolina's statewide syndromic surveillance system. ED visit data from NC DETECT are provisional and should not be considered final. Population Data - U.S. Census Bureau; Insurance coverage Data - Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, www.kff.org/other/state-indicator/total-population.

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

NC DETECT