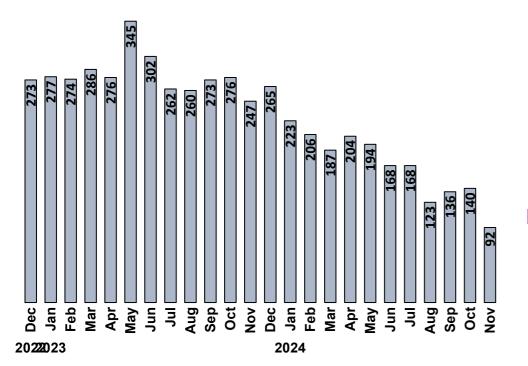
# Fentanyl-Positive Deaths, North Carolina Office of the Chief Medical Examiner (OCME) Toxicology Data: Nov 2024\*



<sup>^</sup>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.

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



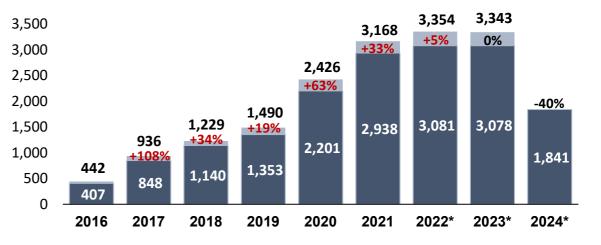
Data Source: Data Source: NC OCME Toxicology, accredited by the College of American Pathologists. The laboratory provides forensic analytical testing of specimens for all 100 counties of the statewide medical examiner system.

\*Data are provisional and subject to change.

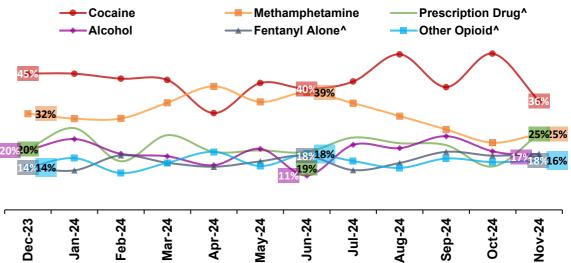
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# NC Office of the Chief Medical Examiner (OCME) Toxicology

## Fentanyl-Positive Deaths: 2016-2024\*



# Last 12 Months Polysubstance Use in Fentanyl-Positive Deaths\*^



<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.

# Riter, NORTH CANONS

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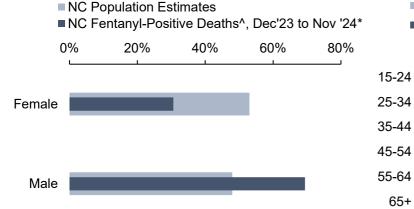
# Rate of Fentanyl-Positive Deaths in North Carolina by County: Dec '23 to Nov '24\*

			Highest Rates of Fentanyl-Positive Deaths Among Counties with >9 deaths: Dec '23 to Nov '24*			
				County	Deaths	Rate
			Richmond	29	67.8	
				Vance	22	52.2
				Anson	10	45.0
			Scotland	15	43.9	
			Edgecombe	21	43.5	
			Robeson	49	42.0	
Rate per 100,000 N.C. Residents: Dec '23 to Nov '24*				Rutherford	24	36.9
				Catawba	58	35.5
				Buncombe	94	34.4
	///////////////////////////////////////			Burke	30	34.1
<13.7		Suppressed (1 to 4 deaths)		Statewide	2,106	19.7
13.7 - 20.4		No fentanyl-positive deaths	*2023-2024 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			
20.5 - 28.4		Interpret with caution, low numbers				
≥ 28.5		(5 to 9 deaths)				

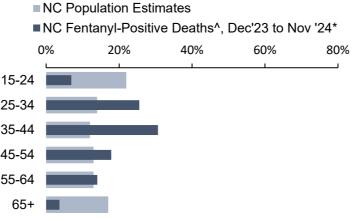
OCME Toxicology. The detection of fentanyl only indicates deaths with positive fentanyl toxicology results. The presence of fentanyl at time of death does not necessarily indicate fentanyl as the cause of death. Rates calcuated with 2022 county population estimates.

#### Demographics of Fentanyl-Positive Deaths Compared to Overall NC Population Estimates: Dec '23 to Nov '24\*

# **Deaths by Sex**



# **Deaths by Age Group**



# **Deaths by Race/Ethnicity**

NC Population Estimates ■NC Fentanyl-Positive Deaths^, Dec'23 to Nov '24\* 0% 20% 40% 60% 80% White NH Black NH Hispanic Asian NH AI/AN NH Note: NH (Non-Hispanic); AI/AN (American NC DEPARTMENT OF Indian/Alaskan Native) HEALTH AND HUMAN SERVICES

<sup>^</sup>Data Sources: Toxicology Data—NC OCME Toxicology; Demographic Data—OCME medical examiner system; Population Data—U.S. Census Bureau, http://guickfacts.census.gov; 2023-2024 data are considered provisional and should not be considered final.

NC Office of the Chief Medical Examiner (OCME) Toxicology

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