Fentanyl-Positive Deaths, North Carolina Office of the Chief Medical Examiner (OCME) Toxicology Data: August 2026*

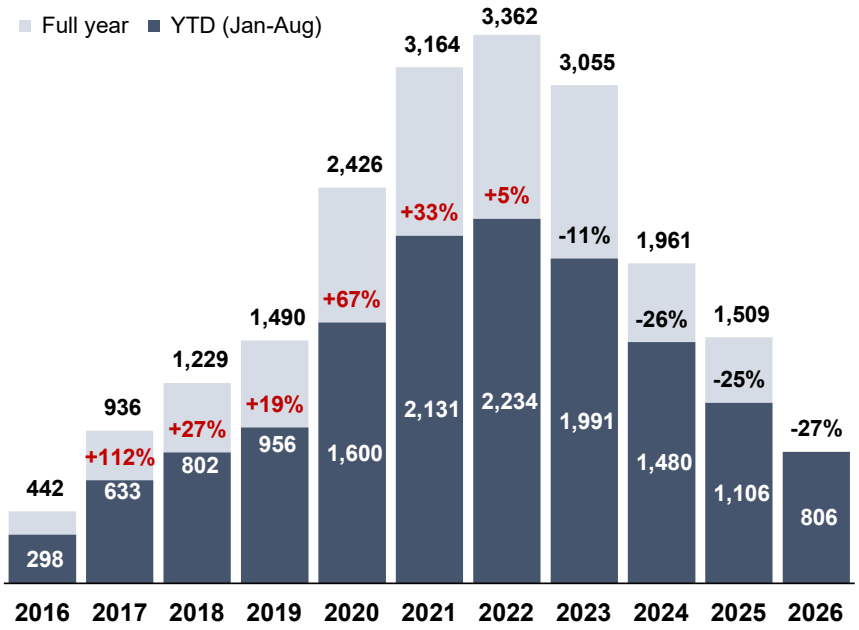
98 Fentanyl-Positive Deaths^ in August 2026* compared to

104 in August 2025

^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.

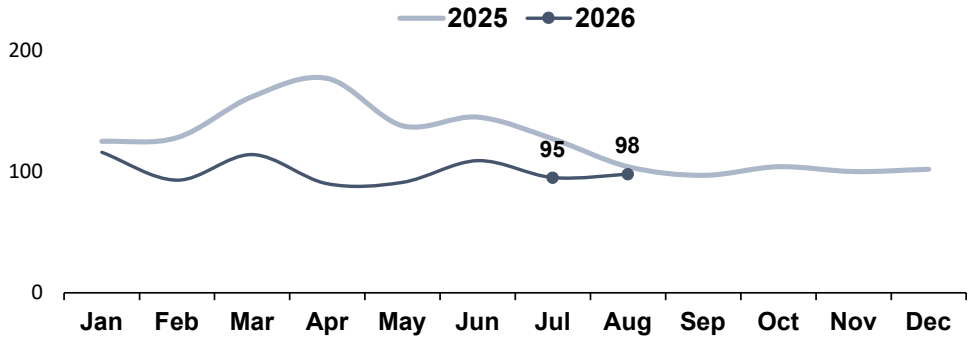
Year to year: Fentanyl-Positive deaths are down 27% for 2026 compared to this time last year.

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



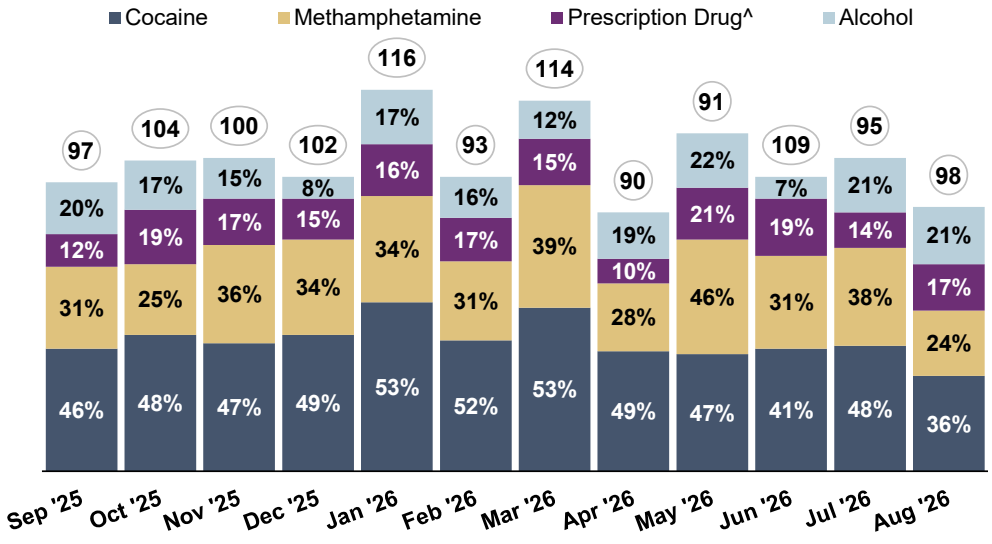
Month to month: From Jul '26 to Aug '26 deaths increased 3%.

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



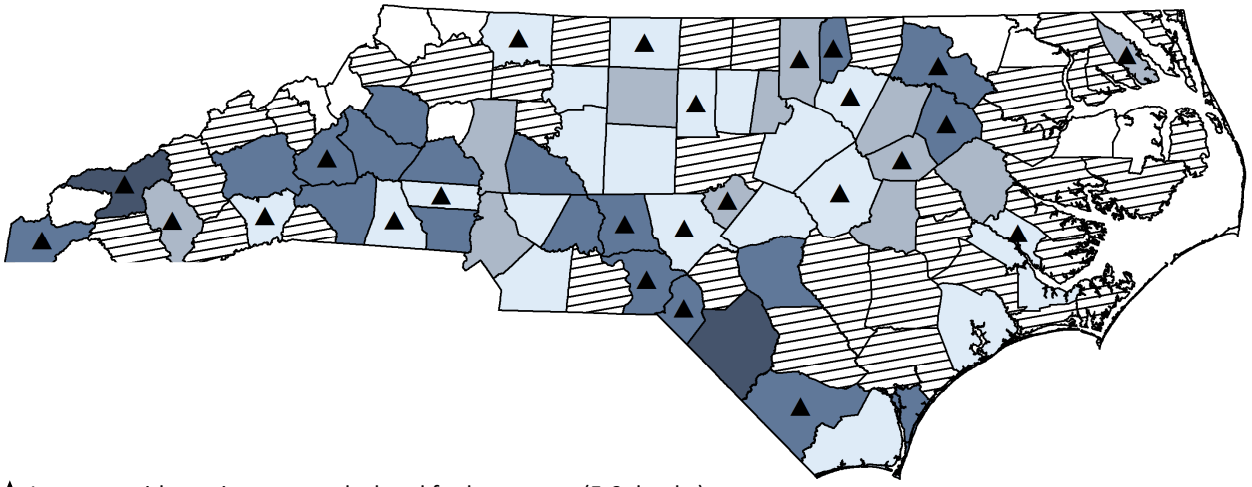
Cocaine was the largest contributor in polysubstance use fentanyl-positive deaths.

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 17% of all fentanyl-positive deaths.



Counties with the highest fentanyl-positive death rates are spread throughout the state.

Rates calculated for last 12 months, Sep '25 - Aug '26.
Rate per 100,000 residents.

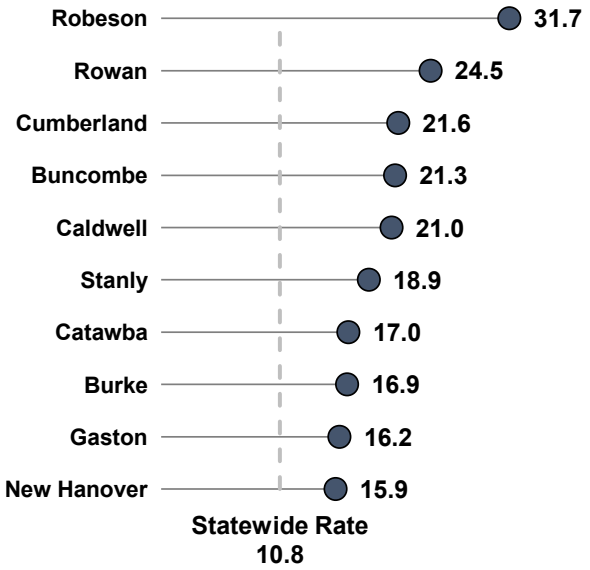


▲ Interpret with caution, rates calculated for low counts (5-9 deaths).

No deaths	≤ 9.7	9.8 - 14.7	14.8 - 24.5	≥ 24.6	<5 deaths

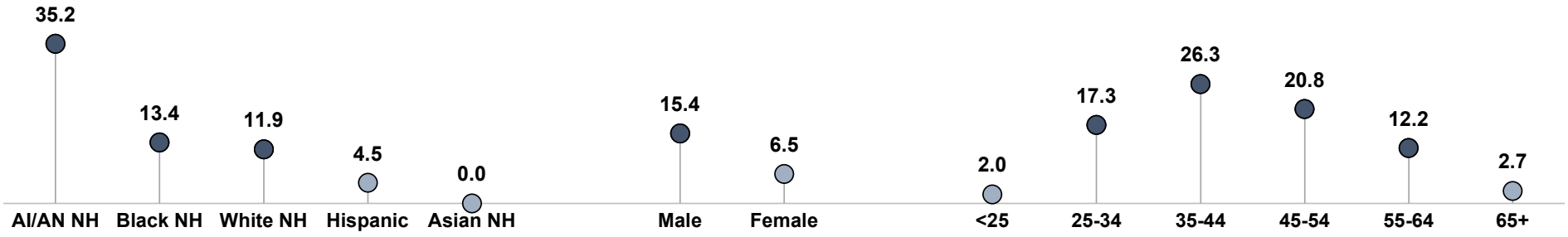
Counties with the 10 highest fentanyl-positive death rates.

Rates calculated for last 12 months, Sep '25 - Aug '26.
Rate per 100,000 residents.



Residents who are Native American, Black, white, male, ages 25-64 had a higher rate of fentanyl-positive deaths compared to the statewide rate of 10.8.

Rates calculated for last 12 months, Sep '25 - Aug '26.
Rate per 100,000 residents.



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

^Categories are not mutually exclusive. Prescription drugs are defined as benzodiazepines and gabapentin/pregabalin. Fentanyl alone indicates that alcohol, cocaine, prescription drugs (benzodiazepines and gabapentin/pregabalin), methamphetamine, and other opioids were not present.
Data Sources: Toxicology Data—NC OCME Toxicology; Demographic Data—OCME medical examiner system; Population Data—U.S. Census Bureau, http://quickfacts.census.gov
*2024-2026 data are considered provisional and should not be considered final.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health