

# 271

## Fentanyl-Positive Deaths, North Carolina Office of the Chief Medical Examiner (OCME) Toxicology Data: April 2022\*

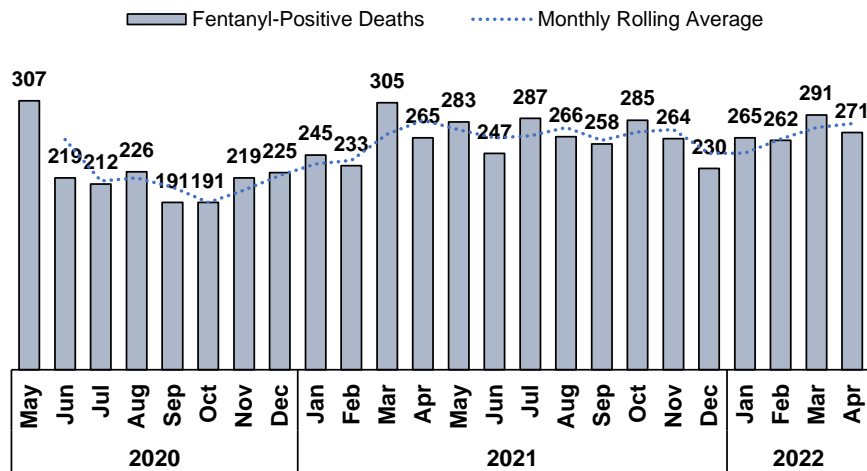
# 271

### Fentanyl-Positive Deaths<sup>^</sup>, April 2022

Compared to **265** in April 2021

<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.

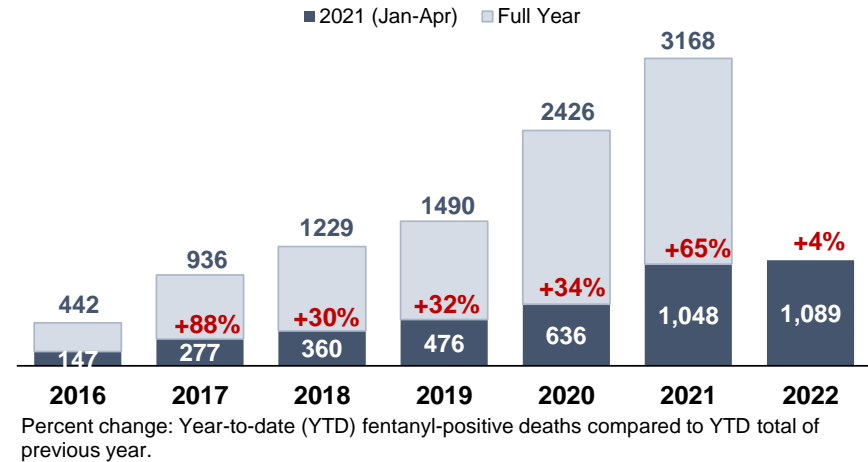
### Last 24 Months of Fentanyl-Positive Deaths\*



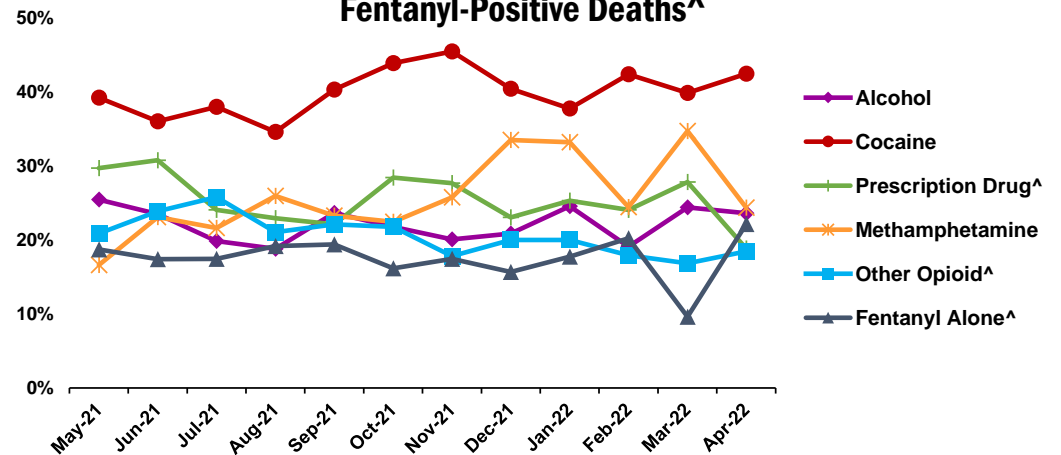
\*Data are provisional and subject to change.

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.

### Fentanyl-Positive Deaths: 2016-2022\*



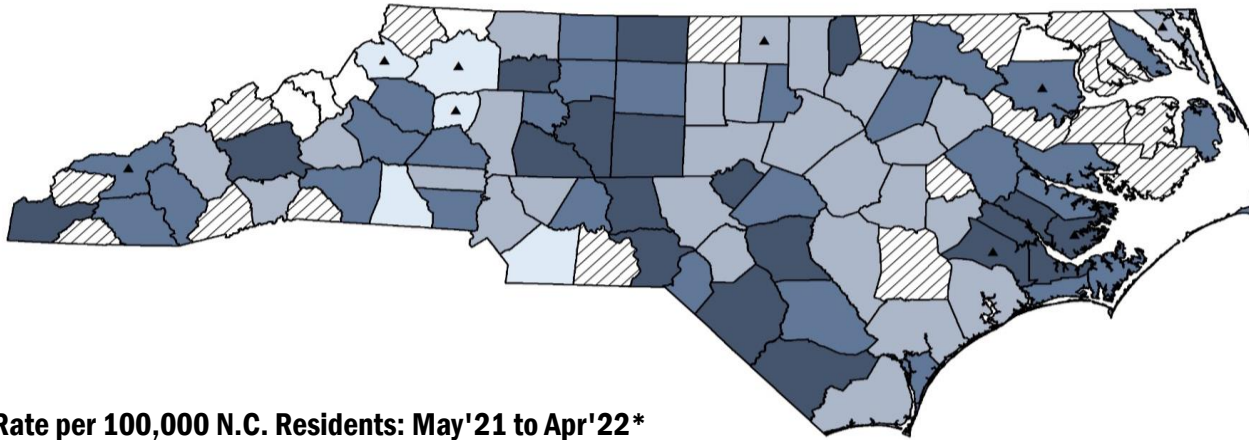
### Last 12 Months Polysubstance Use in Fentanyl-Positive Deaths<sup>^</sup>



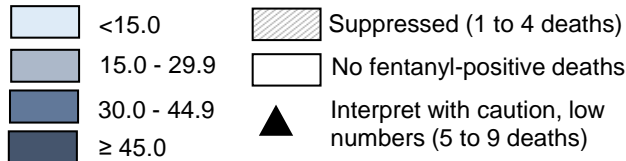
<sup>^</sup>Categories are not mutually exclusive. Prescription drugs are defined as benzodiazepines and gabapentin/pregabalin. Other opioids include heroin, prescription opioids, and illicit opioids (excluding fentanyl). Fentanyl alone indicates that alcohol, cocaine, prescription drugs (benzodiazepines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



# Rate of Fentanyl-Positive Deaths in North Carolina by County: May'21 to Apr'22\*



Rate per 100,000 N.C. Residents: May'21 to Apr'22\*



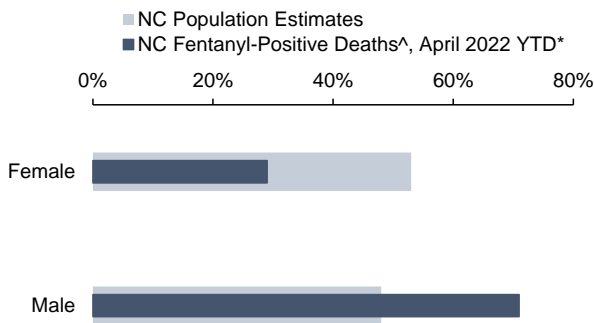
## Highest Rates of Fentanyl-Positive Deaths Among Counties with >4 deaths: May'21 to Apr'22\*

County	Deaths	Rate per 100,000
Richmond	32	72.2
Montgomery	19	69.8
Randolph	95	65.7
Craven	62	61.2
Rockingham	55	60.3
Robeson	78	60.0
Rowan	85	59.7
Lee	37	59.3
Cumberland	197	58.6
Cherokee	16	55.0
<b>Statewide</b>	<b>2,115</b>	<b>20.0</b>

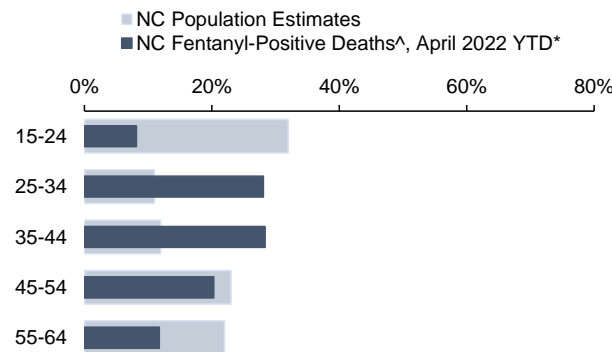
\*2022 data are considered provisional and should not be considered final. Deaths included in this report tested positive for fentanyl at the time of the death when toxicology testing was performed. Toxicology results are based on analytical testing of specimens performed by NC OCME Toxicology. The detection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

## Demographics of Fentanyl-Positive Deaths Compared to Overall NC Population Estimates: April 2022 Year-to-Date (YTD)^\*

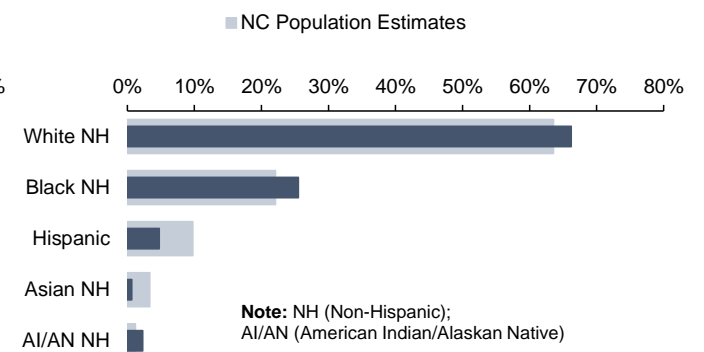
### Deaths by Sex



### Deaths by Age Group



### Deaths by Race/Ethnicity



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

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



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Public Health