

# Richmond County Emergency Department (ED) Visits for Opioid Overdose: August 2025\* Update

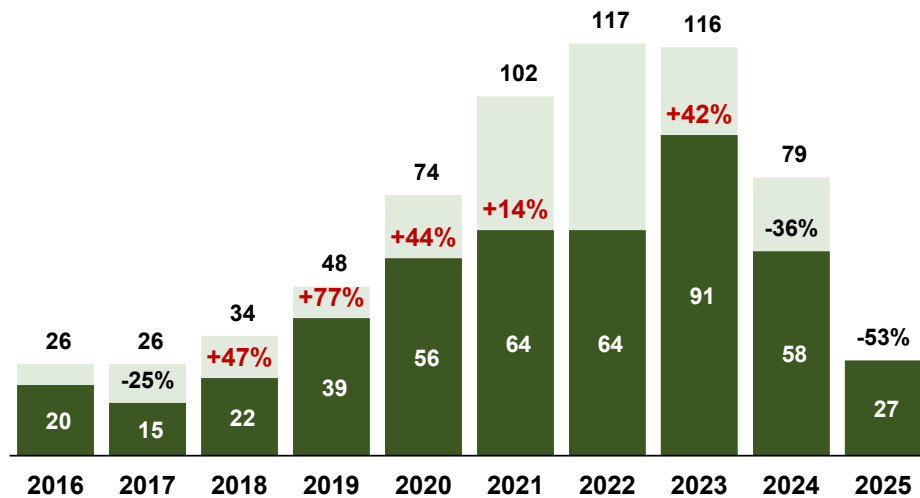
**27** Opioid overdose ED visits in Richmond County for 2025 YTD compared to Jan to Aug of 2024.

**58**

**Note:** Counts based on ICD-10-CM diagnosis code of an opioid overdose: **T40.0** (Opium), **T40.1** (Heroin), **T40.2** (Other Opioids), **T40.3** (Methadone), **T40.4** (Other Synthetic Narcotics) and **T40.6** (Other and Unspecified Narcotics) restricted to North Carolina residents.

**Year to year: Opioid overdose ED visits are down 53% for 2025 compared to last year this time.**

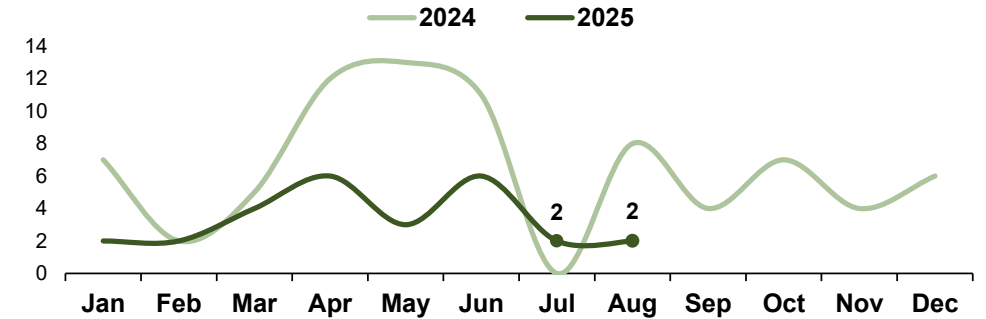
Percent change is YTD total compared to this time last year.



\*Data for 2024-2025 ED visits are provisional.

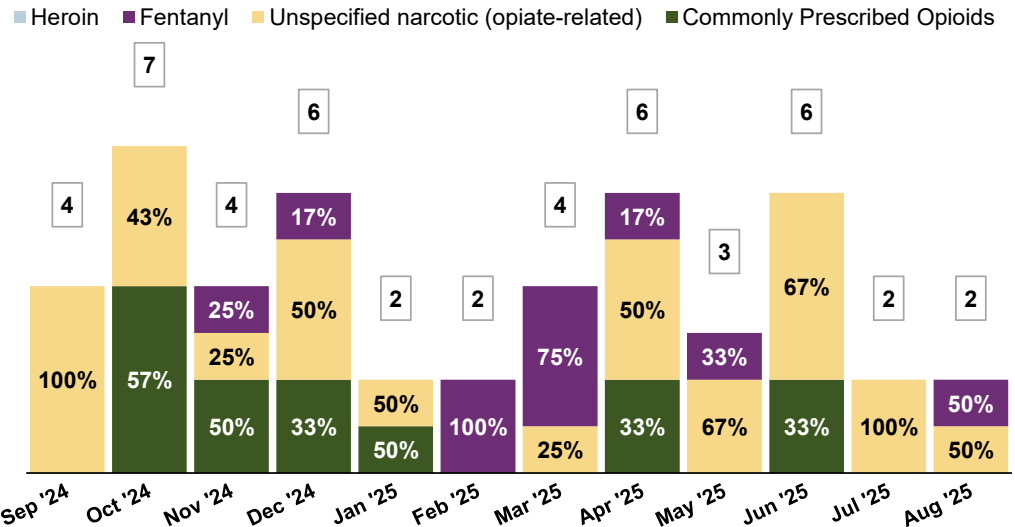
**Month to month: From Jul '25 to Aug '25 visits stayed the same.**

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



**Illicit opioids such as Fentanyl were the largest contributor to opioid overdose ED visits this month.**

Total opioid overdose ED visits are shown below. Percentages indicate the proportion each drug class contributed to total opioid overdose ED visits for the month.



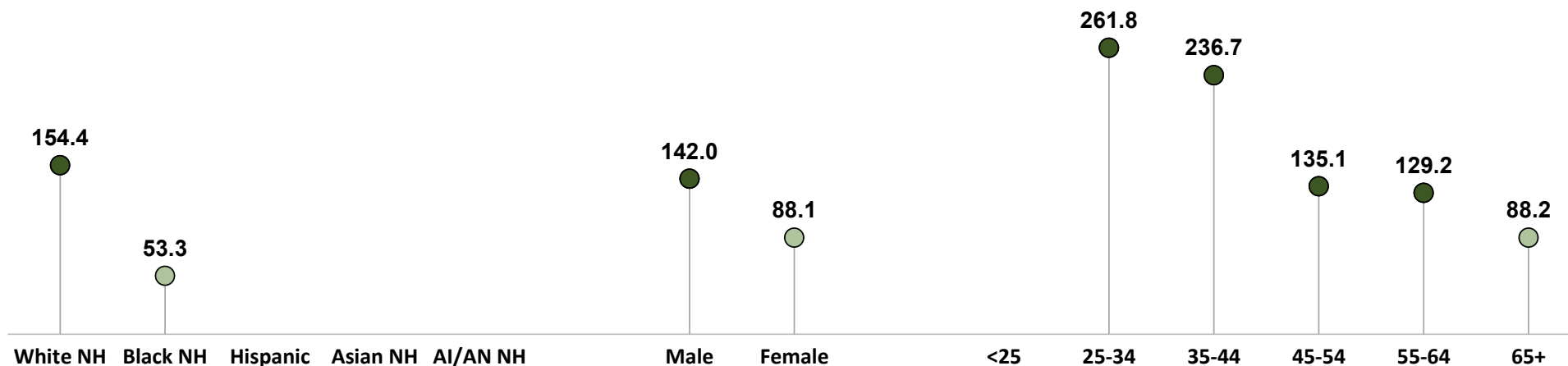
**Note:** ED data are not based on toxicology testing, therefore opioid drug class may not be an accurate depiction of the substances contributing to opioid overdose.

## Richmond residents who were white, male, or ages 25 to 64, had a higher rate of opioid overdose ED visits compared to the county rate of 114.3.

Rates calculated for last 12 months, Jul '24 - Aug '25.

Rate per 100,000 county residents.

Rates not calculated for counts of less than 5.



•NH (Non-hispanic),  
Native Americans-AI/AN (American Indian/ Alaskan Native).

**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, <http://quickfacts.census.gov>

**Note:** There may be data quality issues affecting our counts: counties with <10 cases may reflect data quality issues, not a true lack of opioid overdose cases; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes. For questions contact, [SubstanceUseData@dhhs.nc.gov](mailto:SubstanceUseData@dhhs.nc.gov)



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