

Scotland County Emergency Department (ED) Visits for Opioid Overdose: August 2025* Update

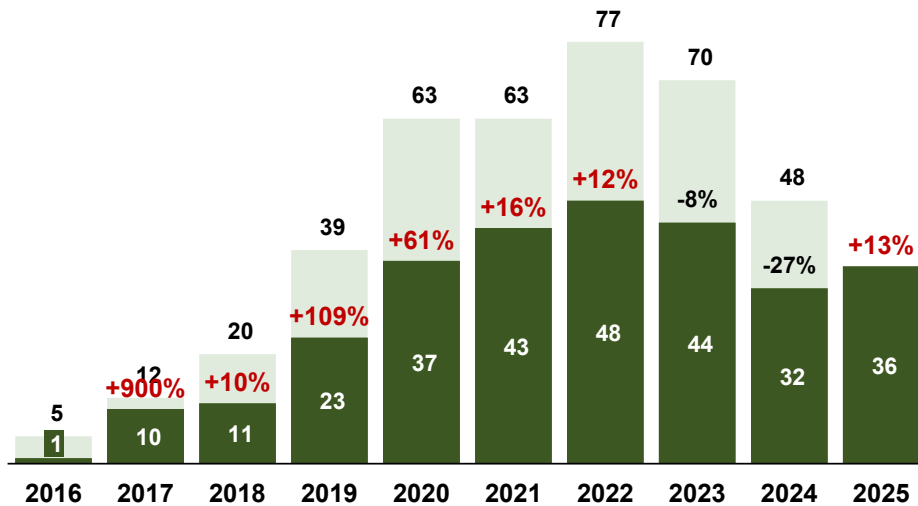
36 Opioid overdose ED visits in Scotland County for 2025 YTD compared to Jan to Aug of 2024.

32

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 up 13% for 2025 compared to last year this time.

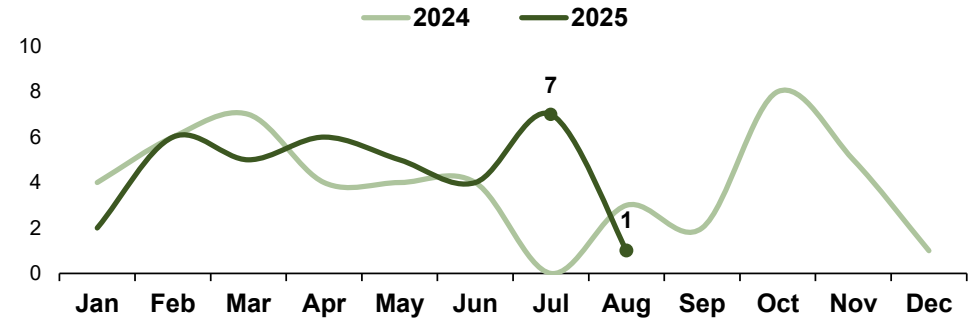
Percent change is YTD total compared to this time last year.



*Data for 2024-2025 ED visits are provisional.

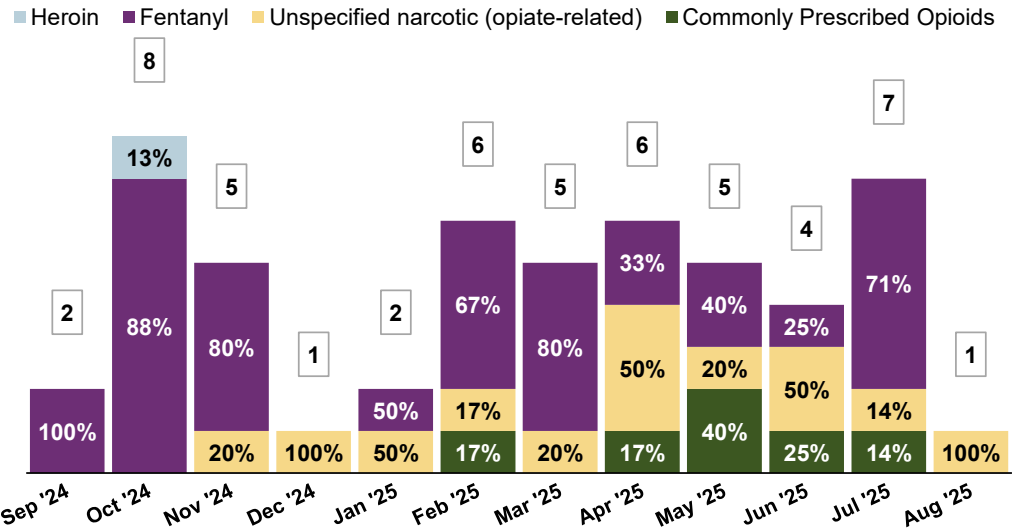
Month to month: From Jul '25 to Aug '25 there were 6 less visits.

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.



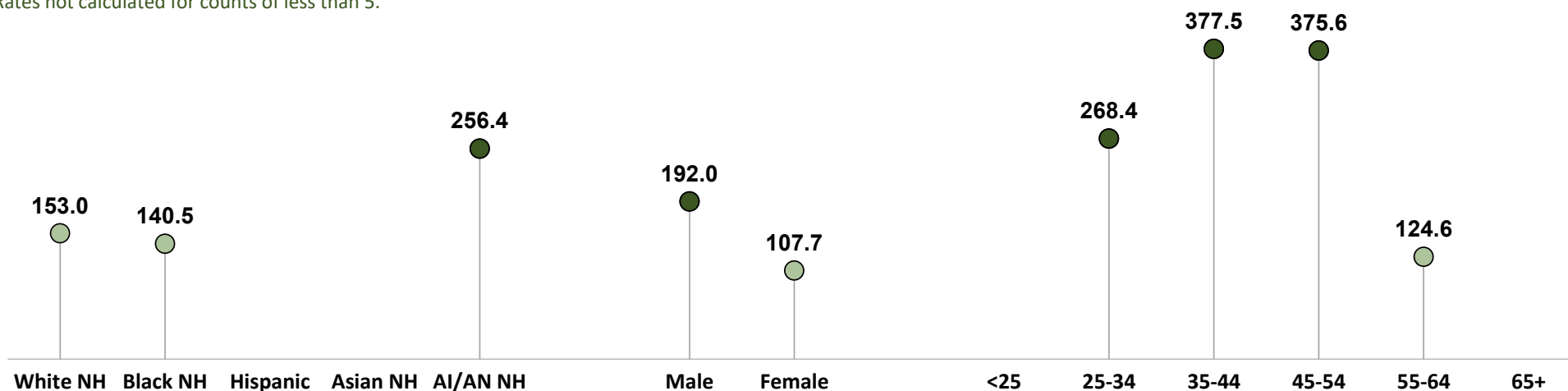
Note: ED data are not based on toxicology testing, therefore opioid drug class may not be an accurate depiction of the substances contributing to opioid overdose.

Scotland residents who were Native Americans, male, or ages 25 to 54, had a higher rate of opioid overdose ED visits compared to the county rate of 153.4.

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

