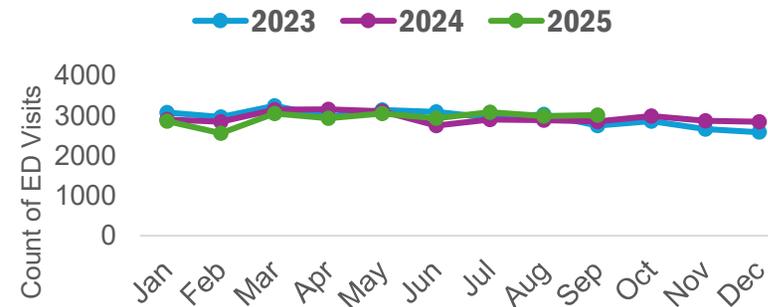


Trends in NC ED Visits with Primary or Co-Occurring Cannabis

This report shows trends in NC emergency department (ED) visits with any diagnosis code (ICD-10-CM) related to cannabis, including cannabis use, misuse, dependence with or without intoxication, poisoning and adverse effects. These codes may be assigned to the ED visit to document cannabis as a primary or co-occurring, contributing factor to the visit. 2025 data are provisional and counts may change in future updates. Source: NC DETECT (<https://ncdetect.org>)

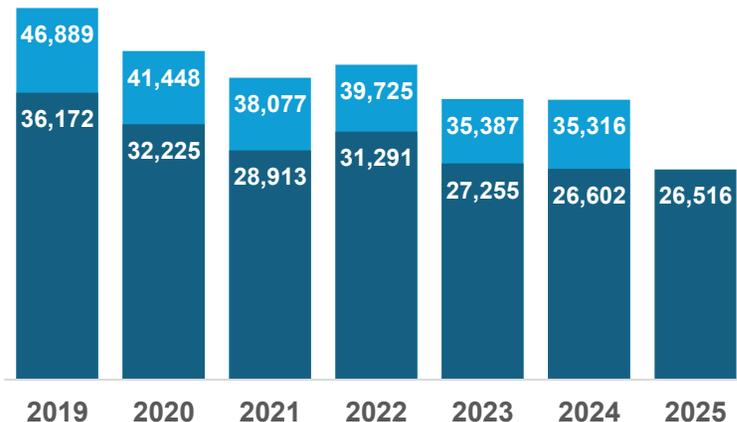
9,100 Cannabis-related ED visits
Jul-Sep 2025
compared to
8,655 Jul-Sep 2024

Monthly Trends by Year



Annual ED Visit Counts

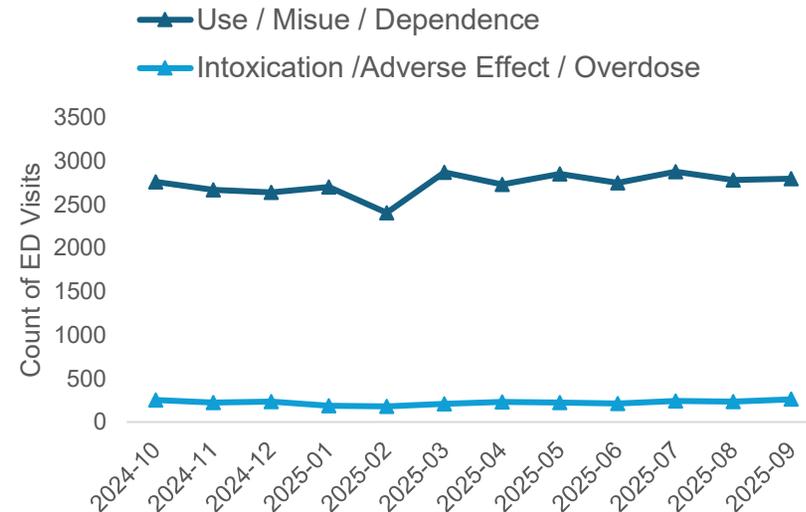
■ Full Year ■ YTD (Jan-Sep)



Note: Overall ED visit counts declined in 2020 and have not returned to pre-COVID volumes in NC DETECT. Changes in counts may reflect hospital documentation changes or data quality issues.

Monthly Trends by Subgroup

Rolling 12 Months from Oct 2024 – Sep 2025



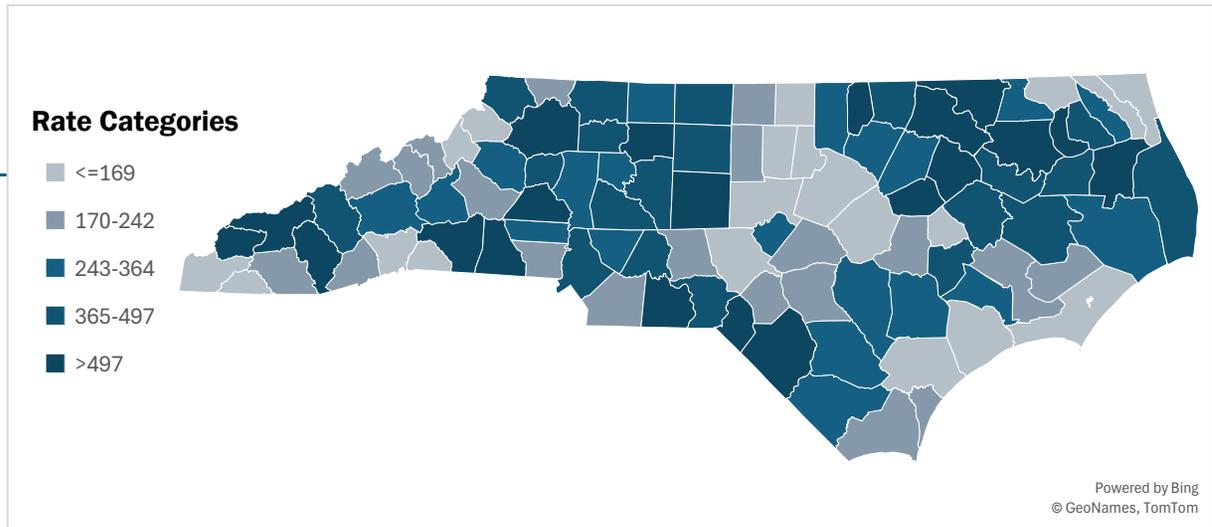
Subcategories are not mutually exclusive; the same ED visit may be included in both subcategories if the visit has ICD-10-CM codes in both.

Rolling 12 Months of ED Visit Rates by County of Residence

Oct 2024 – Sep 2025

Top 10 Counties

County	Count	Rate per 100,000
Swain	224	1635.0
Bertie	156	943.0
Wilson	733	927.4
Tyrrell	32	919.5
Anson	193	899.6
Chowan	118	857.7
Scotland	283	853.6
Vance	314	761.6
Rutherford	479	732.9
Edgecombe	351	722.9



Rates are calculated by dividing the number of ED visits by 2025 population estimates from the State Demographer and then multiplying by 100,000.

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Demographics of ED Visits with Primary/Co-Occurring Cannabis Compared to NC Population Estimates: Jul-Sep 2025

