January-March 2026 Quarterly Update

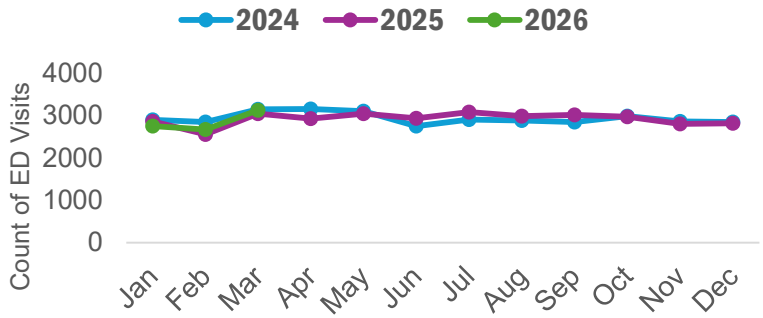
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

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

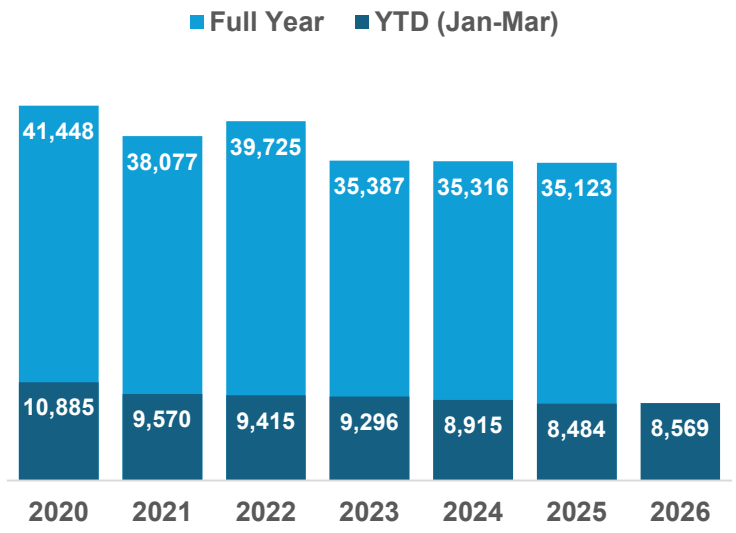
This report shows trends in NC emergency department (ED) visits with any diagnosis code (ICD-10-CM) related to cannabis, including cannabis use, misuse, dependence with or without intoxication, poisoning and adverse effects. These codes may be assigned to the ED visit to document cannabis as a primary 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)

8,569 Cannabis-related ED visits
Jan-Mar 2026
compared to
8,484 Jan-Mar 2025

Monthly Trends by Year



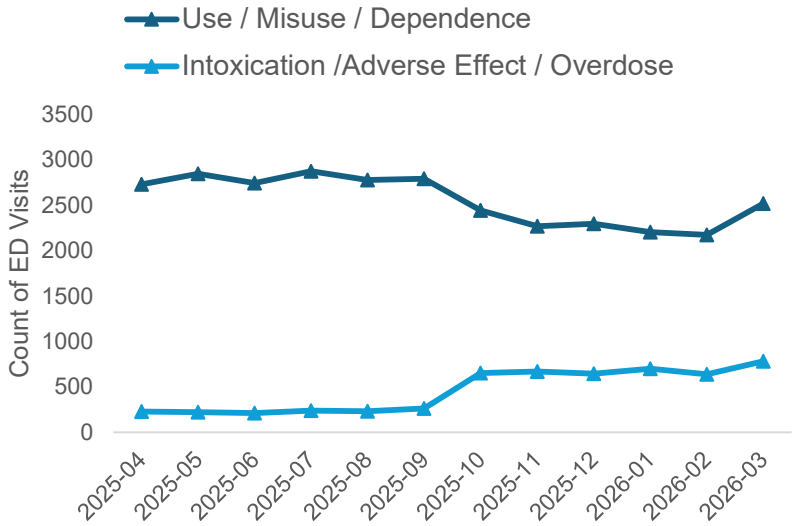
Annual ED Visit Counts



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 Apr 2025 – Mar 2026



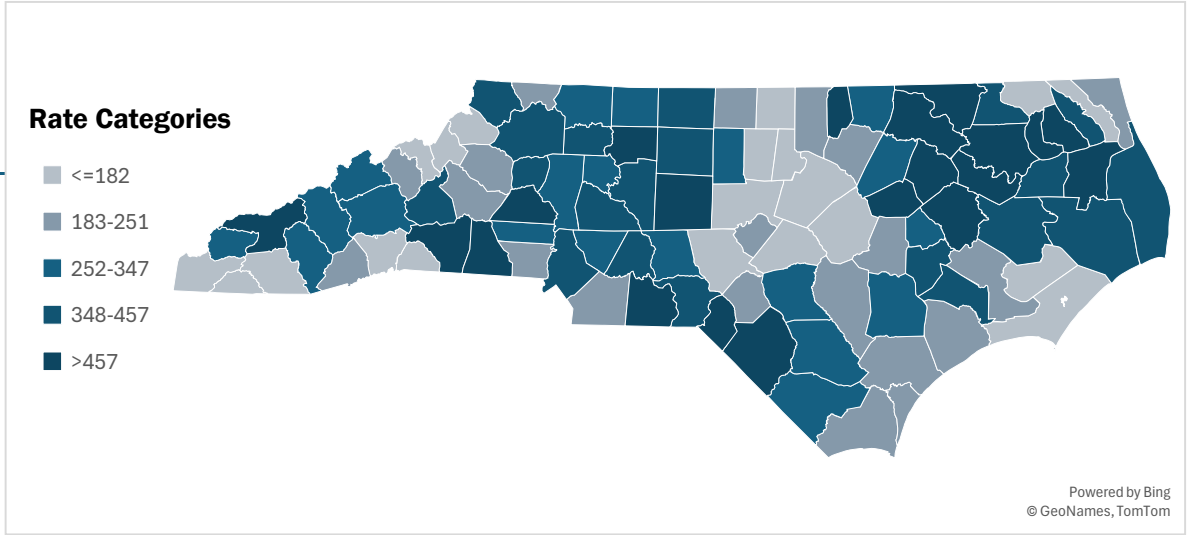
Subcategories are not mutually exclusive; a single ED visit may be co-occurring if it includes ICD-10-CM codes from each.

Rolling 12 Months of ED Visit Rates by County of Residence

Apr 2025 – Mar 2026

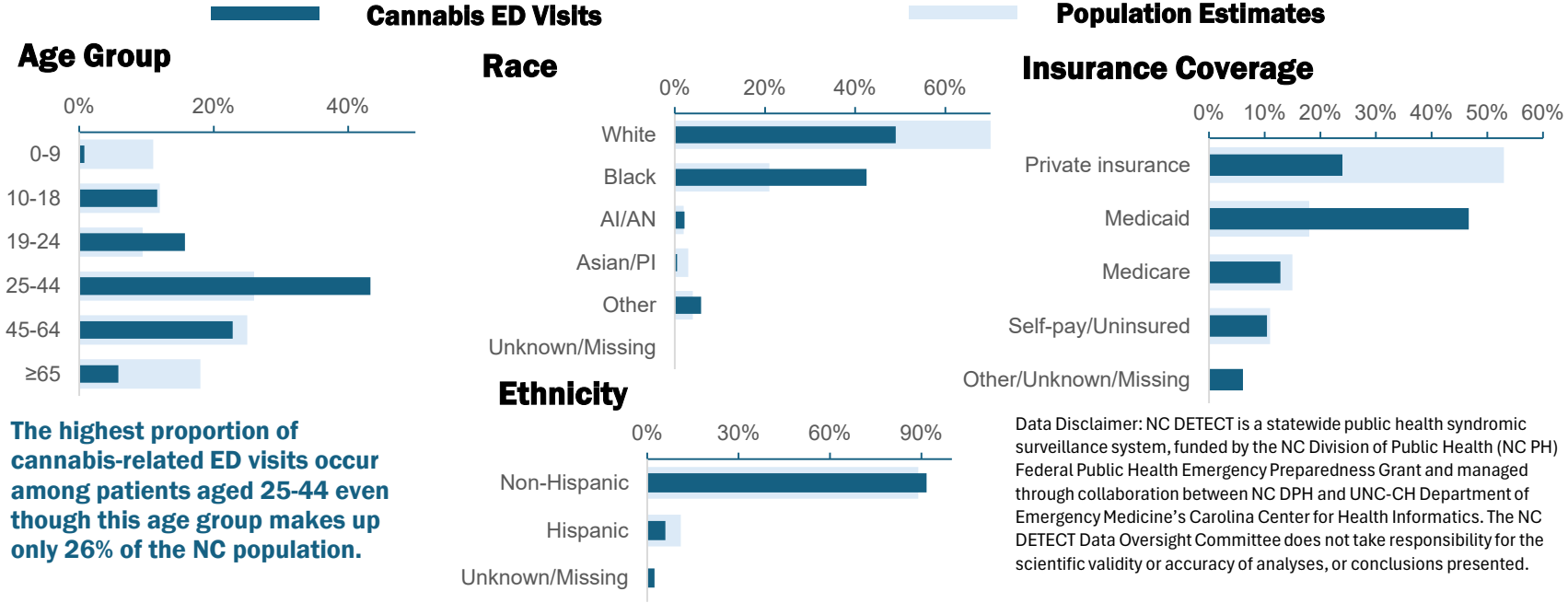
Top 10 Counties

County	Count	Rate per 100,000
Anson	197	918.3
Tyrrell	31	890.8
Scotland	280	844.5
Chowan	116	843.1
Wilson	638	807.2
Bertie	120	725.4
Edgecombe	346	712.6
Randolph	971	652.8
Halifax	289	630.9
Northampton	99	609.5



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

Demographics of ED Visits with Primary/Co-Occurring Cannabis Compared to NC Population Estimates: Jan-Mar 2026



The highest proportion of cannabis-related ED visits occur among patients aged 25-44 even though this age group makes up only 26% of the NC population.

Data Disclaimer: NC DETECT is a statewide public health syndromic surveillance system, funded by the NC Division of Public Health (NC PH) Federal Public Health Emergency Preparedness Grant and managed through collaboration between NC DPH and UNC-CH Department of Emergency Medicine's Carolina Center for Health Informatics. The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of analyses, or conclusions presented.

https://www.ncdhhs.gov/divisions/mhddsus