N·DEWS | NATIONAL DRUG EARLY WARNING SYSTEM

Insights into Carfentanil Use/Exposure from a Large, National Database of Clinical Urine Drug Test Results

Provided By

MILLENNIUM HEALTH SM

Data from specialty clinical laboratory Millennium Health indicate that carfentanil was increasingly detected in urine drug testing specimens across the U.S. from 2023 to mid-2025, but then steadily declined through early 2026. Additionally, carfentanil was detected in a geographically diverse array of states from coast to coast during the analyzed period.

Figure 1 shows the weekly, national detection rate (12-week rolling average) for carfentanil in clinical urine drug test specimens analyzed by Millennium Health that were collected between August 1, 2019 and February 15, 2026. The national carfentanil detection rate declined rapidly near the onset of the COVID-19 pandemic in 2020 and then remained near zero from July 2020 to July of 2023. Carfentanil detection rates began to climb again in the second half of 2023. The 12-week rolling average carfentanil detection rate reached three distinct, escalating peaks between January 2024 and August 2025: 0.57% (week of 5/5/2024), 0.85% (week of 10/27/2024), and 1.80% (week of 8/3/2025). Carfentanil detection rates then fell steadily through mid-February, with a 12-week rolling average of 0.42% the week of 2/8/2026.

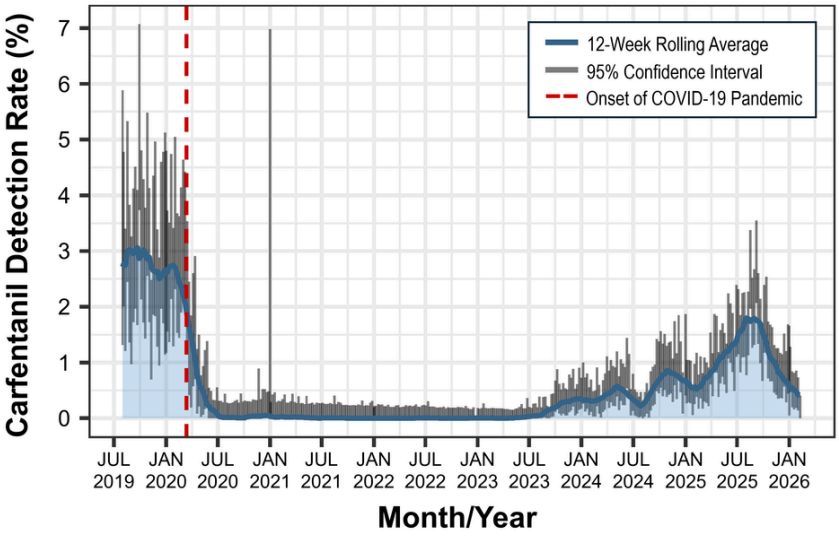

Figure 1. Weekly, National Carfentanil Detection Rate

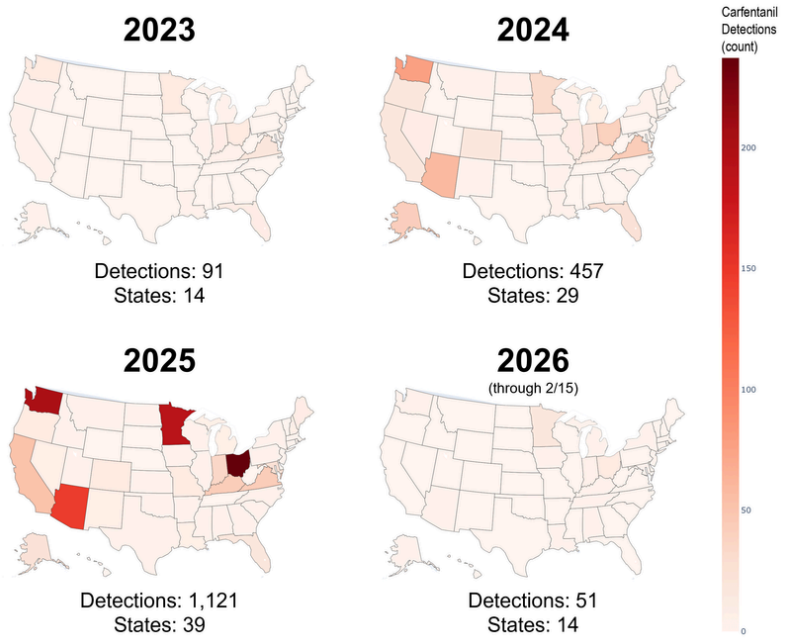

Figure 2. Annual Carfentanil Detection Frequency by State, 2023-2026

Figure 2 displays heatmaps corresponding to the yearly, state-level detection frequencies for carfentanil in 2023-2026. The total, national carfentanil detection frequency and the total number of states in which carfentanil was detected are provided below each heatmap. Note: Data for 2026 are current through 2/15/2026. The total, national frequency of carfentanil detection increased from 2023-2025 as did the total number of states in which carfentanil was detected. In 2025, carfentanil was most frequently detected in OH (237 positives), WA (200 positives), MN (191 positives), and AZ (147 positives) with 10-55 detections in 10 states (i.e., CA, VA, KY, IN, MD, AK, FL, CO, OR, MO) and fewer than 10 detections in 25 states (i.e., ME, NV, NM, LA, MI, NH, NC, TX, MS, MT, AL, SC, UT, WI, IL, AR, GA, ID, IA, KS, NY, ND, OK, PA, RI). In 2026 (through February 15th), carfentanil has been detected most frequently in MN (16 positives), OH (12 positives), IN (5 positives), and WA (4 positives) with 3 or fewer positives in 10 states (i.e., KY, AZ, MI, MD, AK, LA, AL, IA, NY, TN).

Methodological Notes

These findings are derived from a cross-sectional, retrospective analysis of Millennium Health's proprietary, national database of clinical urine drug test (UDT) results provided at the request of the National Drug Early Warning System (NDEWS). This analysis included more than 547,000 urine specimens (>378,000 unique individuals) that were collected in various healthcare settings (e.g., substance use disorder treatment, behavioral health, primary care) in all 50 U.S. states and the District of Columbia between August 1, 2019 and February 15, 2026. All urine drug tests were ordered by a clinician based on medical necessity. Urine specimens were analyzed using a liquid chromatography with tandem mass spectrometry (LC-MS/MS) laboratory-developed testing method with performance characteristics determined and set by Millennium Health, which is certified by the Clinical Laboratory Improvement Amendments and accredited by the College of American Pathologists for high-complexity testing. The specific drug (analyte tested in parentheses) of interest for this analysis was carfentanil (carfentanil). All specimens had positive UDT results for fentanyl (fentanyl, norfentanyl). Note that UDT results cannot be used to distinguish between the intentional use of and inadvertent exposure to a drug. Illicit or non-medical use was evaluated by excluding any UDT results that were associated with a prescription for any of the drugs under study as reported by the ordering clinician. Millennium Health is unable to independently verify the accuracy of clinician-reported medication lists.