



County of Monroe, New York

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2025 Overdose Deaths in Monroe County

Foreword: Earlier versions of this report (prior to 2023) focused on opioids (in particular, heroin/morphine, fentanyl, and/or fentanyl analogs)—in deference to the so-named “Opioid Crisis” and consistency in reporting across years. In recent years, as circumstances have evolved, it has become increasingly clear that overdoses contributing to the crisis now comprise a broader spectrum of drugs than these specific opioids. The 2023 and 2024 data expanded the concept of overdose deaths (more general opioids and/or cocaine) to reflect this broader paradigm; but search parameters did not separately encapsulate general prescription/over-the counter medications or other (non-opioid/non-cocaine) substances. Thus, overdoses caused by such substances in the *absence* of opioids and/or cocaine would not have been counted. The 2025 report includes any Monroe County overdoses (including those containing only non-opioid/non-cocaine substances), using the following parameters:

“Overdose” drug search terms included a comprehensive list of prescription and illicit compounds, based upon the observations of the Office of the Medical Examiner (OME) of commonly encountered substances contributing to overdose. The search also included broader language terms utilized in cause of death determinations, in order to prevent missing infrequent or esoteric substances. The resultant expanded search only identified 5 overdoses which did not involve opioids and/or cocaine, as described below.

A note on scope: *The data presented in this report refer only to those individuals who died in Monroe County, for whom the cause(s) of death was specifically attributed in whole or in part to the substance(s) involved. It does not include deaths wherein these substances were present, but the cause of death was attributed to some traumatic injury (e.g., driving under the influence of drugs leading to a fatal crash, gunshot wounds, etc.). It also does not include cases from other counties that were investigated by the Monroe County OME. Not all deaths in Monroe County fall under the jurisdiction of the OME, and not all OME cases require toxicology testing. Medical Examiner deaths with toxicology generally include natural (sudden and unexpected) deaths and suspected accidents, homicides, and suicides.*

Number of Overdoses

In 2025, there were 243 overdose deaths in Monroe County (238 of which were attributed, in whole or in part, to the use of opioids and/or cocaine)—continuing the downward trend observed in 2024 (Table 1). This decline in Monroe County overdoses reflects a national trend of fewer overdose deaths^{1,2}, likely attributable in part to increasing awareness and education, as well as expanded access to naloxone. Overdoses represented 25% of the total deaths investigated with toxicology by the OME (versus 27% and 36% of such cases in 2023 and 2024, respectively).

¹ <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates> Accessed 5 August 2026

² <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm> Accessed 5 August 2026

Table 1. Number of overdose deaths in Monroe County.

Year	Number of Deaths	Percent Change (Year Over Year)
2021	346	--
2022	406	+17%
2023	512	+26%
2024	292	-43%
2025	243 [†]	-17%

[†]Includes 5 cases (2%) containing neither opioids nor cocaine; not included in prior years' data.

Demographics

The racial/ethnic heritage and sex distribution of overdose deaths are presented in Tables 2 and 3, respectively. The Black or African American community remained disproportionately affected (representing 39.6% of Monroe County overdoses in 2023, 31.2% in 2024, and 26.7% in 2025); but overall, races and ethnicities more closely reflected their relative population proportions in 2025 compared to prior years.

Table 2. Race/ethnicity distribution among overdose deaths in 2025, and estimates of the general population demographic distribution of Monroe County.

Race	Percent of Overdose Deaths	Monroe County General Population Estimate ^a
White or Caucasian	73.3%	72.9%
Black or African American	26.7%	17.1%
Asian	0.0%	4.7%
Other ^b	0.0%	5.3%
Hispanic ^c	9.9%	10.7%

^aSource: <https://www.census.gov/quickfacts/monroecountynewyork> Accessed 5 August 2026.
^bOther includes but is not limited to Native American, Native Hawaiian/Pacific Islander, and 2 or more races.
^cHispanic ethnicity identification is independent of race identification.

Table 3. Sex distribution among overdose deaths in 2025, and estimates of the general population demographic distribution of Monroe County.

Sex	Percent of Overdose Deaths	Monroe County General Population Estimate ^a
Male	71.2%	48.2%
Female	28.8%	51.8%

^aSource: <https://www.census.gov/quickfacts/monroecountynewyork> Accessed 5 August 2026.

More than double (approximately 2.5 times) the number of males as females were overdose victims, consistent with previous years.

In 2025, the ages of the overdose victims ranged from <20 to 76 years with a median age of 54 years (Figure 1), illustrating that overdoses continue to affect people of all ages. As can be seen from the figure, there has been a general trend of increase in overall age of overdoses over the last few years.

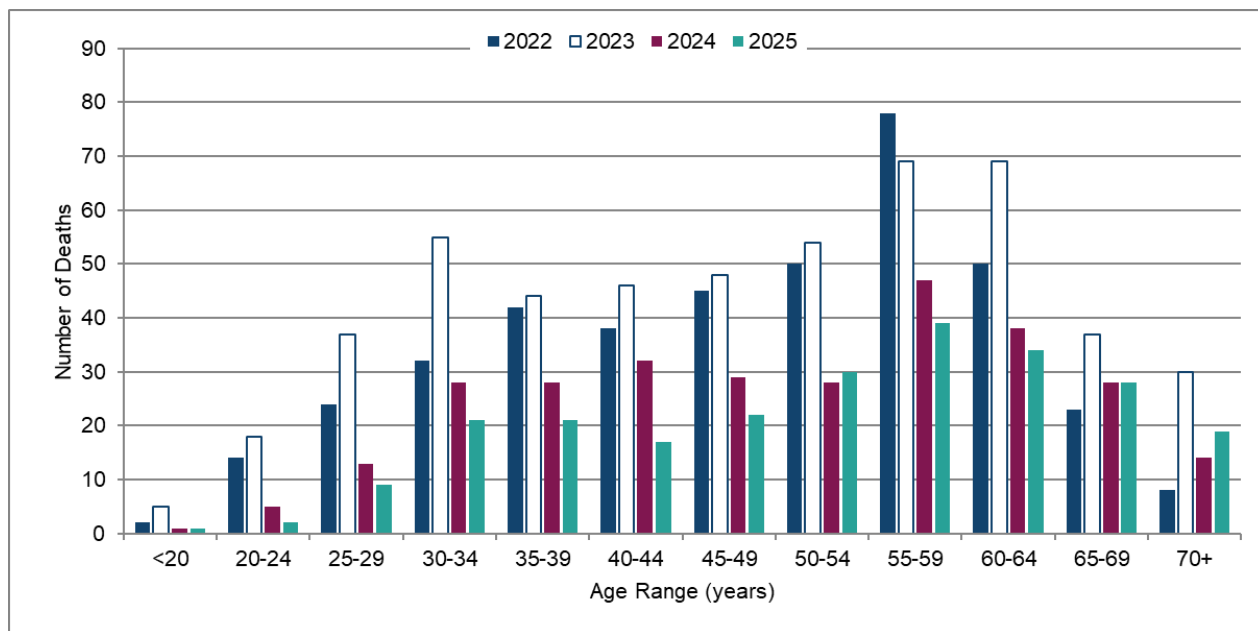


Figure 1. Age distribution of overdose deaths by year.

A further examination of the demographic patterns in comparison with Monroe County populations³ can be seen in Figure 2 for 2024 (for comparison) and 2025. It suggests that overdose rates per hundred thousand remained most prevalent among Black or African American people and among Hispanic people (any race) ages 50-69.

³ Source: 2020 Census

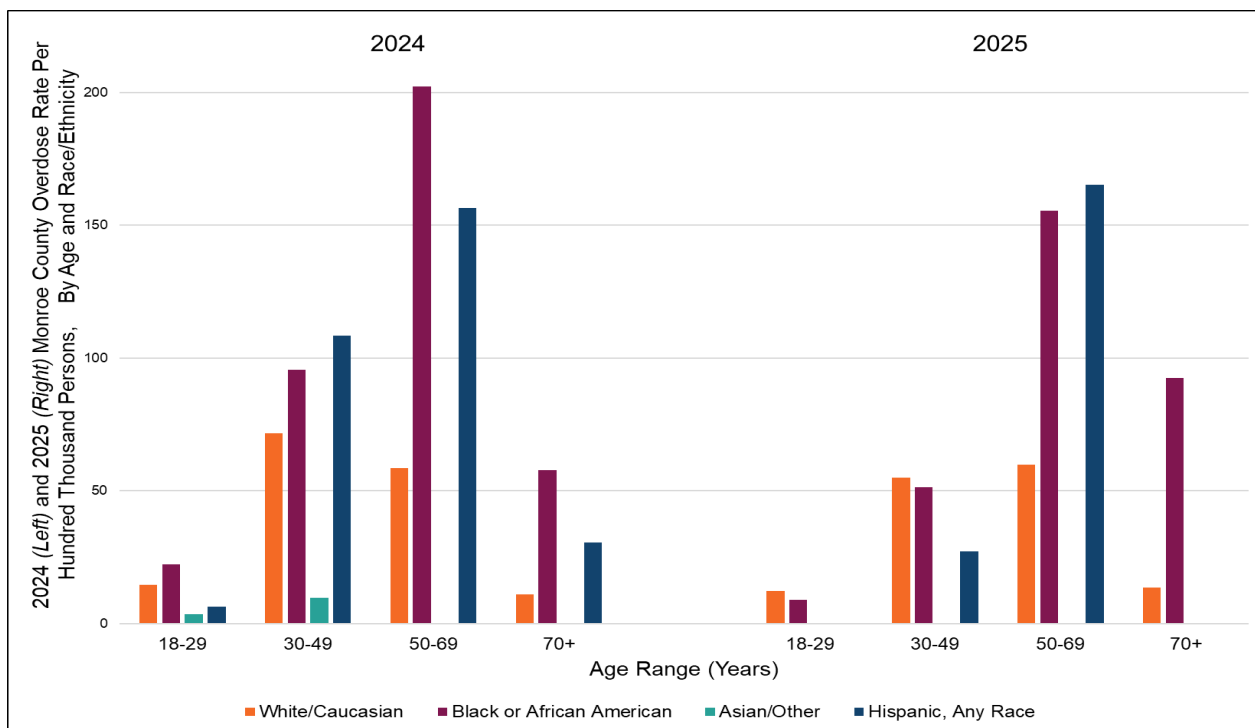


Figure 2. Overdose rates per hundred thousand persons, for 2024 and 2025.

Drug Trends

Table 4 presents common substances found in 2025 Monroe County overdoses. Typically, the overdoses exhibited polypharmacy (multiple substances present), as described below. The remainder of this document highlights or discusses relevant substances and trends observed by the Office of the Medical Examiner.

In 2025, **cocaine** superseded opioids and all other individual substances in prevalence (found in 80.7% of Monroe County overdose deaths). As a central nervous system (CNS) *stimulant* (opioids contrastingly slow or “depress” the CNS), cocaine increases heart rate and blood pressure. Stimulants can also lead to arrhythmias, exacerbate underlying heart disease, or cause heart attack or stroke. As can be seen from Figure 3, the majority of overdose cases in 2024 (and prior years) were combinations of opioids and cocaine; however, cocaine *without* opioids continued to grow in prevalence in 2025 (37.9% of 2025 overdoses vs. 22.6% of 2024 overdoses).

Fentanyl/fentanyl analogs remained the most common *opioid* substances associated with overdose deaths. Fentanyl/analogues were present in 131 (53.9%) of these cases in 2025 (Table 4). Fentanyl analog compounds are rarely (but occasionally) detected in the absence of fentanyl; however, only a third (44) of the 131 fentanyl/analogues cases (18.1% of total overdose deaths) contained fentanyl in the absence of any of its analogs. Prevalent 2025 fentanyl analogs in Monroe County overdoses included fluoro fentanyl (79 cases, 32.5% of overdoses), the highly-potent carfentanyl (15 cases, 6.2%), acetyl fentanyl (12 cases, 4.9%), and butyryl/isobutyryl/ortho methyl fentanyl (7 cases, 2.9%).

Table 4. Number and percent of 2025 overdose cases for which common substances were listed in the cause of death.

Compound / Drug Class	Number of Cases ^a	Percent of Fentanyl/ Analogs or Heroin/ Morphine Overdose Deaths ^a (n=135)	Number of Cases ^b	Percent of All Opioid Overdose Deaths ^b (n=146)	Number of Cases ^c	Percent of All Opioid & Cocaine Overdose Deaths ^c (n=238)	Number of Cases ^d	Percent of All Monroe County Overdose Deaths ^d (N=243)
Cocaine	102	75.6%	104	71.2%	196	82.4%	196	80.7%
Fentanyl/Analogs	131	96.3%	131	89.7%	131	55.0%	131	53.9%
Xylazine	75	55.6%	75	51.4%	75	31.5%	75	30.9%
Alcohol	34	25.2%	38	26.0%	64	26.9%	67	27.6%
Prescription Opioids ¹	12	8.9%	23	15.8%	23	9.7%	23	9.5%
Amphetamines (inclusive) ²	14	10.4%	17	11.6%	19	8.0%	21	8.6%
Methamphetamine	10	7.4%	12	8.2%	13	5.5%	15	6.2%
Classic Benzodiazepines ³	10	7.4%	13	8.9%	14	5.9%	14	5.8%
NPS Benzodiazepines ⁴	9	6.7%	10	6.8%	11	4.6%	11	4.5%
Gabapentin	5	3.7%	7	4.8%	7	2.9%	7	2.9%
Heroin	7	5.2%	7	4.8%	7	2.9%	7	2.9%
MDMB-4en-PINACA	4	3.0%	4	2.7%	5	2.1%	5	2.1%
Trazodone	0	0.0%	2	1.4%	2	0.8%	5	2.1%
Diphenhydramine	1	0.7%	4	2.7%	4	1.7%	4	1.6%
Ketamine	3	2.2%	3	2.1%	4	1.8%	4	1.6%
Medetomidine	4	3.0%	4	2.7%	4	1.7%	4	1.6%
Acetaminophen	0	0.0%	2	1.4%	2	0.8%	3	1.2%
Mitragynine (Kratom)	3	2.2%	3	2.1%	3	1.3%	3	1.2%
Pregabalin	1	0.7%	2	1.4%	2	0.8%	3	1.2%
Cyclobenzaprine	0	0.0%	1	0.7%	1	0.4%	1	0.4%
GHB	0	0.0%	0	0.0%	0	0.0%	1	0.4%
Morphine	1	0.7%	1	0.7%	1	0.4%	1	0.4%

^aComparable with pre-2022 data, and 2022 data where applicable (n=333 cohort)

^bComparable with 2022 data where applicable (n=346 cohort)

^cComparable with 2023-2024 data

^dSearch parameters fully expanded to include any overdose death, irrespective of substance. **Future versions of this report will only contain this group.**

¹Note: There were 11 2025 cases containing prescription opioids in the absence of fentanyl/analogs or heroin/morphine. The other prescription opioid-related deaths were attributed to prescription opioids in addition to fentanyl/analogs or heroin/morphine. "Prescription opioids" here include buprenorphine, hydrocodone, methadone, oxycodone, and tramadol.

²Includes amphetamine, methamphetamine, 3,4-methylenedioxymethamphetamine (MDMA, ecstasy), and 3,4-methylenedioxyamphetamine (MDA)

³Includes clonazepam, alprazolam, diazepam, and lorazepam

⁴Includes flualprazolam, flubromazolam, clonazolam, estazolam, flubromazepam, desalkylflurazepam, bromazepam, etizolam, phenazolam, desalkylgidazepam, 4'-chloro-deschloralprazolam, and bromazolam

Fentanyl analogs fall under a broader category of novel psychoactive substances (NPS), which refers to compounds without a licit use which are consumed for their similar effects to controlled substances. Usually (but not necessarily), they have similar structures to controlled substances; but with a change to the molecule so that they technically are not the exact regulated compound. NPS may be used to avoid scheduling/regulation (e.g., so-called "legal highs") and/or evade drug testing. There are NPS of several drug classes, including opioids (e.g., fentanyl analogs, orphines, nitazenes), benzodiazepines, cannabinoids, and stimulants. Availability, potency and/or composition of drugs on the street—including NPS—varies over time and by region. NPS have a tendency to wax and wane in prevalence, as they are intended to skirt scheduling and evade testing capabilities.

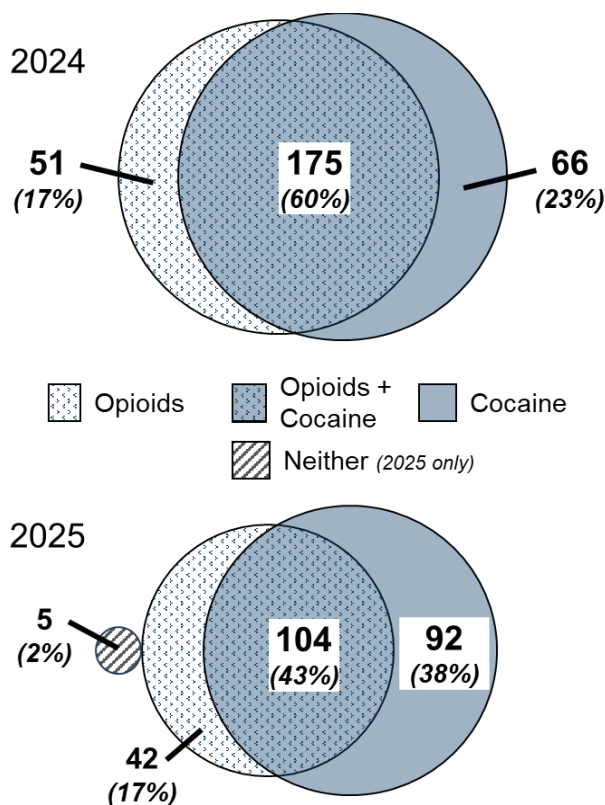


Figure 3. Overdose deaths in 2024 and 2025 containing opioids and/or cocaine, or neither opioids nor cocaine [2025 data only]

Although “nitazene”-type opioids were not seen in 2025, two such substances (metonitazene and protonitazene) were found in 2024. These and other **NPS opioids** have been seen in the national drug market in the last few years, warranting continued vigilance. The dynamic and frequently changing illicit drug market presents unique and ongoing challenges for toxicological testing, requiring ongoing update of testing schemes to remain abreast of current trends. The OME continues to watch developments carefully and adapt testing methodology to detect these threats to public health. Several **NPS benzodiazepines** were also recently added to the laboratory’s scope in response to evolving trends, and appeared in 11 total overdose cases (1.1%) in 2025. These substances included bromazolam, phenazolam, desalkylgizapam, and 4’-chloro-deschloro-alprazolam.

The **heroin/morphine**⁴ prevalence remained relatively low compared to fentanyl. In 2025, 7 (2.9%) of the overdose deaths contained heroin (all of which also contained fentanyl), and only 1 case contained morphine in the absence of heroin markers.

Xylazine, a veterinary sedative not approved for human use, has also appeared frequently in overdose deaths in the last few years. Xylazine is most often utilized as a cutting agent for illicit fentanyl formulations. Taking off notably in 2021, it appeared in 14.1-26.0% of the 2021-2024 overdose deaths and 30.9% of those from 2025. **Medetomidine**, another sedative which may be used in veterinary or hospital settings (depending on type), also recently appeared in the illicit opioid supply⁵ and was found in 1.6% of 2025 overdose cases. Medetomidine is more potent than xylazine. When either xylazine or medetomidine was detected in overdoses, it was always in the presence of fentanyl/analogues. Because neither is an opioid, naloxone is generally less effective at reversing opioid overdoses when these substances are present.

⁴Upon entry into the body, heroin is rapidly metabolized to morphine through an intermediate (6-monoacetylmorphine, 6-MAM). Detecting 6-MAM helps differentiate heroin from pharmaceutical morphine, but its absence does not preclude it. Fentanyl and analogues may be sold on the street as heroin or cocaine, frequently in preparations or mixtures with those compounds.

⁵ Palamar JJ and Krotulski AJ. [Medetomidine Infiltrates the US Illicit Opioid Market](#). *JAMA* 2024 November 05; 332(17): 1425–1426. doi:10.1001/jama.2024.15992.

Ethyl **alcohol** (ethanol) is another substance frequently contributing to overdose deaths, playing a role in 67 (27.6%) of the 2025 overdoses. As a CNS depressant, it can produce an additive or synergistic effect with opioids. Concurrent alcohol consumption with cocaine can also lead to production of a toxic metabolite which further increases the likelihood of heart complications compared to cocaine alone.

Another common class that is often found in these polypharmacy cases is the **benzodiazepines**, whether classic (14 cases, 5.8%) or NPS (11 cases, 4.5%). As CNS depressants, benzodiazepines can add to or exacerbate the effects of opioids and alcohol.

Amphetamines (CNS stimulants) also contribute to overdose deaths with notable frequency—particularly methamphetamine. Although not as common as cocaine, they are growing in prevalence. In 2025, 8.6% of the overdose cases contained amphetamines, including 15 cases (6.2%) with methamphetamine.

Among the five cases containing neither cocaine nor opioids, three had alcohol on board, three had antidepressants, two had benzodiazepines, and two had methamphetamine. All were polysubstance cases, with at least 2 drugs contributing to the death.

Polypharmacy (using multiple drugs simultaneously) is the most typical finding among overdose deaths. Very few of the 2025 overdoses were attributed to a single substance. As described above, varying **combinations** of opioids, ethanol (alcohol), and cocaine are still among the most common findings in overdose deaths. Among the 243 overdose cases described herein, the tendency was to have at least two of these types of substances on board: 56.4% had at least two, and 12.8% had all three of these classes.

Considering all of the opioids, cocaine, alcohol, and benzodiazepines classes, 16.5% of the cases had at least three, and 4 cases (1.6%) had all four types of substances listed as direct contributors to the cause of death. Although preparations vary, when cocaine and opioids appear together it is generally not possible to establish whether they were contained in the same mixture or merely utilized concurrently. However, the public should be cautioned about the risks of taking multiple drugs and/or combining drugs with alcohol—as well as the fact that illicit drugs may contain unknown mixtures of compounds and produce unexpected or exaggerated effects.

Opioid Deaths in Monroe County in 2025

Note: This is the final report in which opioid-specific overdose data, as presented in pre-2023 reports, is presented for comparison purposes.

In 2025, there were 135 deaths in Monroe County that were attributed, in whole or in part, to the use of opioids such as heroin/morphine, fentanyl, and/or its analogs (“fentanyl/heroin”) (Table 4)—a 38% decrease since 2024, and a 69% decrease since the maximum of 433 found in 2023 (Table 5). This represents 14% of the Monroe County deaths investigated with toxicology by the OME—a notable, substantive decrease and the lowest number observed since before 2016. This is consistent with national trends which have shown a recent decline in opioid overdoses^{6,7}. The drop in opioid overdoses is likely attributable to several factors, including but not limited to better education/outreach and preparedness, and expansion of naloxone (Narcan) availability.

In addition, there were 11 further opioid overdose cases with only prescription opioids (usually including other substances, but no heroin/morphine or fentanyl/analogues) including oxycodone (4), methadone (2), hydrocodone (4), and buprenorphine (1)—for a total of 146 (15% of Monroe County deaths investigated with toxicology).⁸

Table 5. Number of deaths in Monroe County attributed to overdose from heroin/morphine and/or fentanyl, fentanyl analogs, or other designer opioids.

Year	Number of Deaths	Percent Change (Year Over Year)
2011-2013 (aggregate)	78	--
2014	81	+3.8%
2015	69	-15%
2016	169	+45%
2017	220	+30%
2018	195	-11%
2019	181	-7.2%
2020	238	+31%
2021	293	+23%
2022	333	+14%
2023	433	+30%
2024	216	-50%
2025	135	-38%

⁶ <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#Fig3> Accessed 11 August 2026

⁷ National Safety Council. Drug Overdoses. <https://injuryfacts.nsc.org/home-and-community/safety-topics/drugoverdoses/> Accessed 11 August 2026

⁸ Previous years' iterations of this report (prior to 2022) did not include opioid deaths which did not contain heroin/morphine/ fentanyl/analogues because illicit opioids were the primary focus. For consistency and comparison purposes, the 2025 opioid data are presented in this section in the same way as previous reports except as otherwise indicated (see Table 4 for comparison data). The additional 11 cases included 64% male and 36% female individuals; 0% Black/African American, 100% White, and 0% Hispanic.

The racial/ethnic heritage (Table 6) and sex distribution (Table 7) of fentanyl/analogs or heroin/morphine overdose deaths are presented below.

Table 6. Race/ethnicity distribution among fentanyl/analogs and heroin/morphine deaths in 2025, and estimates of the general population demographic distribution of Monroe County.

Race	Percent of Fentanyl/Analogs or Heroin/Morphine Overdose Deaths	Monroe County General Population Estimate^a
White or Caucasian	78.5%	72.9%
Black or African American	21.5%	17.1%
Asian	0%	4.7%
Other ^b	0%	5.3%
Hispanic ^c	11.1%	10.7%
^a Source: https://www.census.gov/quickfacts/monroecountynewyork Accessed 5 August 2026		
^b Other includes but is not limited to Native American, Native Hawaiian/Pacific Islander, and 2 or more races.		
^c Hispanic ethnicity identification is independent of race identification.		

Table 7. Sex distribution among fentanyl/analogs and heroin/morphine deaths in 2025, and estimates of the general population demographic distribution of Monroe County.

Sex	Percent of Fentanyl/Analogs or Heroin/Morphine Overdose Deaths	Monroe County General Population Estimate^a
Male	76.4%	48.5%
Female	23.6%	51.5%
^a Source: https://www.census.gov/quickfacts/monroecountynewyork Accessed 5 August 2026.		

In 2025, the ages of the victims of fentanyl/heroin overdose ranged from <20 to 75 years with a median age of 49 years. Of note, the median age of fentanyl/heroin overdose victims has continued to increase over the last several years, from a median age of 38 years in 2018 to 49 in 2025.