



# News Release

**For Immediate Release**

Monday, July 15, 2019

## **MEDICAL EXAMINER RELEASES ANNUAL HEROIN AND FENTANYL OVERDOSE DATA**

*Fatal heroin & fentanyl overdoses decreased in 2018 compared to 2017*

The Monroe County Office of the Medical Examiner today released annualized data pertaining to 195 deaths directly attributable to the use of heroin, fentanyl, or other related substances in 2018.

*“For the first time since 2015, our office saw a decrease in overdoses resulting from heroin, morphine, fentanyl, or other analog substances in 2018,”* said **Dr. Nadia Granger**, Monroe County Medical Examiner. *“These data represent 22% of the total Monroe County deaths investigated by the Office of the Medical Examiner and an 11% decrease in number of deaths attributable to heroin/morphine and/or fentanyl/analogs from the 220 deaths observed in 2017. I thank our Office of the Medical Examiner staff who worked diligently to prepare this comprehensive report to enhance public awareness.”*

*“I am pleased to see a reduction in overdose deaths in Monroe County for 2018, and yet while the numbers are trending in the right direction, opioid overdoses are still far too common and now is not the time to get complacent,”* said **Dr. Michael Mendoza**, Monroe County Commissioner of Public Health. *“I remain committed to implementing many aspects of the Monroe County Opioid Action Plan including increased access to Narcan, linkage to recovery services, and medication assisted treatment, while continuing to work with our many community partners to reduce these numbers even further. At the same time we need to build an infrastructure that addresses the broader disease of addiction, one that expands efforts aimed at prevention and builds greater capacity for treatment within primary care.”*

The data presented in this report refer only to those individuals who died in Monroe County, for whom the cause of death was specifically attributed to the substances 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). It also does not include cases from other counties that were investigated by the Monroe County Office of the Medical Examiner, or cases attributed to overdose on prescription opioids in the absence of heroin/morphine or fentanyl/analogs.

Fentanyl has superseded heroin/morphine frequency in drug mixtures leading to overdose deaths. Fentanyl/analogs were present in 94.4% of these heroin/morphine/fentanyl deaths in 2018 (Table 4), up slightly from 91.8% in 2017. Heroin/morphine, in contrast, were only detected in 30.8% of these cases—down from 42.3% in 2017. Variable monthly rates of heroin/fentanyl fatalities are likely due (in part) to changing availability, potency and/or composition of drugs on the street. The availability of heroin and heroin substitutes varies by region.

**Table 1. Number of deaths in Monroe County attributed to overdose from heroin/morphine and/or fentanyl, fentanyl analogs, or U-47700.**

Year	Number of Deaths
2011-2013 (aggregate)	78
2014	81
2015	69
2016	169
2017	220
2018	195

The majority of the decedents (56%) were white males, but the racial/ethnic heritage (Table 2) and sex distribution (Table 3) reflected a broad range of individuals affected.

The opioid crisis affects people of all ages. In 2018, the ages of the victims of heroin/morphine/fentanyl/analog overdose ranged from <20 to 78 years with a median age of 38 years (Figure 1).

**Table 2. Race/ethnicity distribution among heroin/morphine and fentanyl/analog deaths in 2018.**

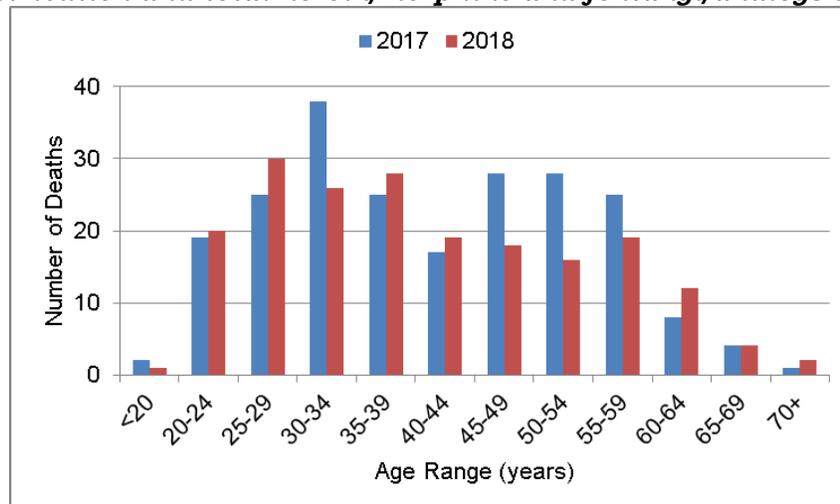
Race	Percent
Caucasian	82.1%
African American	13.3%
Asian	--
Other <sup>a</sup>	4.6%
Hispanic <sup>b</sup>	7.7%

<sup>a</sup>Other includes but is not limited to Native American.  
<sup>b</sup>Hispanic/Non-Hispanic identification is independent of race identification.

**Table 3. Sex distribution among heroin/morphine and fentanyl/analog deaths in 2018.**

Male	Female
69.7%	30.3%

**Figure 1. Age distribution and total heroin/morphine and fentanyl/analog deaths by year.**



Upon 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. Eighteen (9.2%) of the 195 deaths involved morphine that could not necessarily be attributed to heroin. Fentanyl and analogs are typically sold on the street as heroin or cocaine, often in preparations or mixtures with those compounds.

The fentanyl analogs included in street heroin preparations vary regionally and over time. In 2018, the broader range of fentanyl analog compounds detected in prior years was reduced to primarily acetyl fentanyl and para-fluoro(iso)butyryl fentanyl. The dynamic and frequently changing NPS drug market presents unique and growing challenges for toxicological testing. The Office of the Medical Examiner is watching these developments carefully and continues to adapt testing methodology to detect these new threats to public health.

Heroin, fentanyl/analogs, alcohol, and cocaine are frequently encountered together in postmortem cases. Among the 195 cases described herein, there was both a mean and median of 2 of these four substances that were listed as direct contributors to the cause of death. Although heroin preparations vary, it is generally not possible to establish whether cocaine and fentanyl/analogs 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. Benzodiazepines are another class of compounds that are frequently detected in opioid overdose deaths. Other common findings of drugs contributing to these overdose deaths are presented in Table 4.

**Table 4. Number of 2018 cases for which common substances were listed in the cause of death.**

Compound / Drug Class	Number of Cases	Percent of Heroin/Morphine/Fentanyl Overdose Deaths
Fentanyl/Analog	184	94.4%
U-47700	3	1.5%
Cocaine	99	50.8%
Heroin	42	21.5%
Morphine	18	9.2%
Alcohol	43	22.1%
Benzodiazepines	36	18.5%
Prescription Opioids <sup>a</sup>	26	13.3%
Amphetamines <sup>b</sup>	7	3.6%
Mitragynine	7	3.6%
Gabapentin	3	1.5%
Cyclobenzaprine	2	1.0%

<sup>a</sup>Note: these data do not include deaths attributed to prescription opioids in the absence of heroin/morphine or fentanyl/analogs. Prescription opioids include buprenorphine, hydrocodone, methadone, oxycodone, and tramadol.  
<sup>b</sup>Includes amphetamine, methamphetamine, and 3,4-methylenedioxymethamphetamine (MDMA, ecstasy)

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