



# Office of the Medical Examiner

Monroe County, New York

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## 2024 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 the situation has evolved, it has become increasingly clear that overdoses contributing to the crisis now comprise a broader spectrum of drugs than these specific opioids. Therefore, as with 2023, the 2024 data shall be presented as more general overdose deaths (opioids and/or cocaine), defined for the purpose of this report with the following parameters:

“Overdose” drug search terms included frequently-encountered compounds such as cocaine, as well as a more comprehensive list of prescription and illicit opioid compounds, based upon the observations of the Office of the Medical Examiner (OME) of commonly encountered substances contributing to overdose. However, the caveat is that less-frequent or more unusual substances upon which to overdose (e.g., general prescription or over-the-counter medications, other recreational substances, etc.) were not all able to be included as separate search terms. Thus, it is possible that these data may not necessarily encapsulate 100% of all Monroe County overdose deaths. For heroin/morphine/fentanyl “opioid” data as presented in pre-2023 reports, see the below subsection *Opioid Deaths in Monroe County in 2024*.

**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 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). 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.*

In 2024, there were 292 deaths in Monroe County that were attributed, in whole or in part, to the use of opioids and/or cocaine—breaking the recent pattern of notable year-on-year increases with a substantial 43% decline (Table 1). This decline in overdoses reflects a national trend of fewer opioid deaths<sup>1</sup>, likely attributable in part to increasing awareness and education, as well as expanded access to naloxone. Overdoses represented 27% of the total deaths investigated with toxicology by the OME (versus 36% and 44% of such cases in 2022 and 2023, respectively).

Table 1. Number of deaths in Monroe County attributed to opioid and/or cocaine overdose.

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

<sup>1</sup> <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#Fig2> Accessed 31 July 2025



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The racial/ethnic heritage (Table 2) and sex distribution (Table 3) of overdose deaths reflects considerable diversity, with the Black or African American community remaining disproportionately affected (representing 35.0% of Monroe County overdoses in 2022, 39.6% in 2023, and 31.2% in 2024).

Table 2. Race/ethnicity distribution among opioid and/or cocaine deaths in 2024, and estimates of the general population demographic distribution of Monroe County.

Race	Percent of Overdose Deaths	Monroe County General Population Estimate <sup>a</sup>
White or Caucasian	67.5%	76.0%
Black or African American	31.2%	16.5%
Asian	1.4%	3.9%
Other <sup>b</sup>	0.0%	3.7%
Hispanic <sup>c</sup>	14.0%	10.1%

<sup>a</sup>Source: <https://www.census.gov/quickfacts/monroecountynewyork> Accessed 27 August 2024.

<sup>b</sup>Other includes but is not limited to Native American, Native Hawaiian/Pacific Islander, and 2 or more races.

<sup>c</sup>Hispanic ethnicity identification is independent of race identification.

Table 3. Sex distribution among opioid and/or cocaine deaths in 2024, and estimates of the general population demographic distribution of Monroe County.

Sex	Percent of Overdose Deaths	Monroe County General Population Estimate <sup>a</sup>
Male	74.6%	48.5%
Female	25.3%	51.5%

<sup>a</sup>Source: <https://www.census.gov/quickfacts/monroecountynewyork> Accessed 27 August 2024.

Almost 3 times as many males as females were overdose victims, consistent with previous years.

In 2024, the ages of the overdose victims ranged from <20 to 97 years with a median age of 52 years (Figure 1), illustrating that overdoses 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.

A further examination of the demographic patterns in comparison with Monroe County populations<sup>2</sup> can be seen in Figure 2 for 2023 (for comparison) and 2024. 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.

<sup>2</sup> Source: 2020 Census



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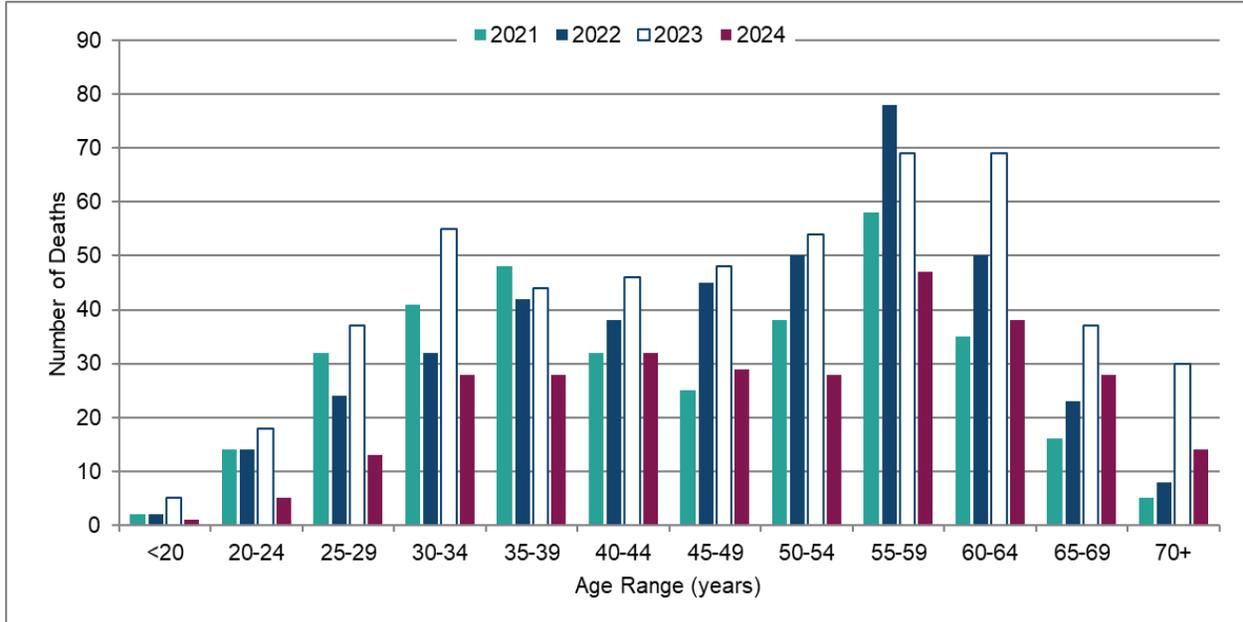


Figure 1. Age distribution of opioid and/or cocaine deaths by year.

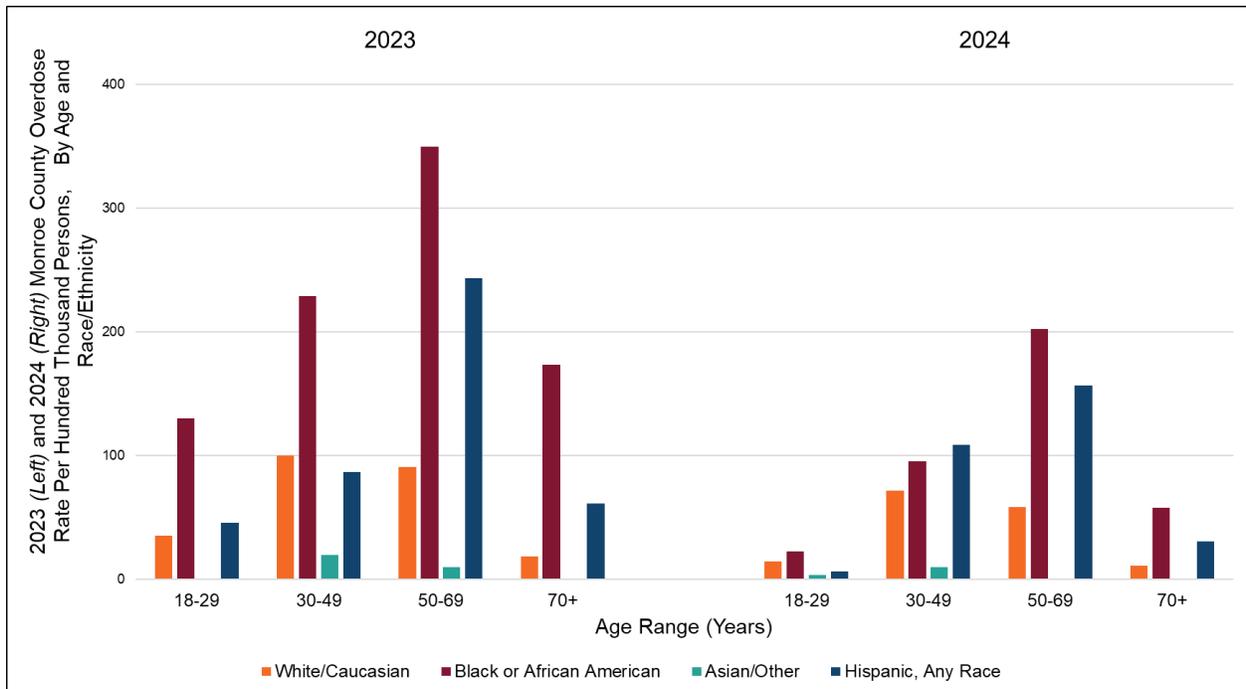


Figure 2. Overdose rates per hundred thousand persons, for 2023 and 2024.



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As of 2024, **cocaine** has superseded opioids in prevalence (82.5%) among Monroe County overdose deaths. As a central nervous system (CNS) stimulant (as opposed to opioids which are CNS depressants), 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 vast majority of overdose cases in recent years have been combinations of opioids and cocaine; however, cocaine *without* opioids still accounted for 66 cases (22.6% of the 2024 overdose cases), or approximately 5-6 per month.

**Fentanyl** remains the most common opioid associated with overdose deaths. Fentanyl/analogs were present in 72.9% of these cases in 2024 (Table 4). Fentanyl analog compounds are rarely (but occasionally) detected in the absence of fentanyl. The currently prevalent fentanyl analogs continue to be fluoro fentanyl (60 cases, 20.5%) and acetyl fentanyl (19 cases, 6.5%). Although most of the other fentanyl analogs detected in previous years had largely dropped away by 2021, drug trends continue to shift. Four cases (1.4%) contained carfentanil, a highly potent fentanyl analog.

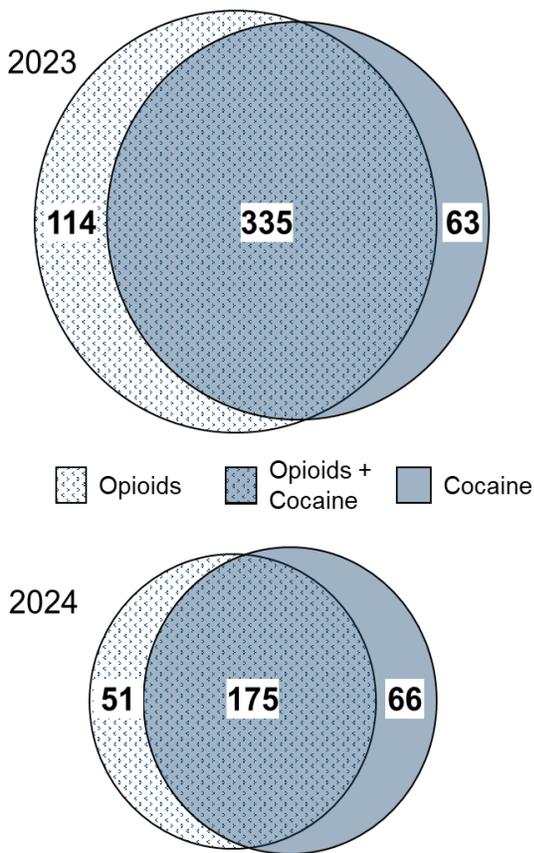


Figure 3. Opioids and cocaine overdose deaths in 2023 and 2024.

The 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 are not actually the scheduled compound. They 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, 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.

NPS opioids are not limited to fentanyl analogs; 2 cases in 2024 also contained “nitazene”-type opioids (metonitazene and protonitazene). The dynamic and frequently changing illicit drug market presents unique and ongoing challenges for toxicological testing, requiring constant monitoring and update of testing schemes to remain abreast of current trends. The OME continues to watch



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developments carefully and adapt testing methodology to detect these threats to public health.

The **heroin/morphine**<sup>3</sup> prevalence remained relatively low compared to fentanyl. In 2024, 8 (2.7%) of the overdose deaths contained heroin/morphine, only 1 of which was in the absence of fentanyl.

Ethyl **alcohol** (ethanol) is another substance frequently contributing to overdose deaths, playing a role in 83 (28.4%) of the 2024 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.

**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 14.1-17.2% of the 2021-2023 overdose deaths and 26.0% of those from 2024.

Polypharmacy (using multiple drugs simultaneously) is the most typical finding among overdose deaths. As described above, varying **combinations** of opioids, ethanol (alcohol), and cocaine are still among the most common findings in overdose deaths. Among the 292 overdose cases described herein, the tendency was to have at least two of these types of substances on board: 70.5% had at least two, and 17.8% had all three of these classes. Another common CNS depressant class that is often found in these polypharmacy cases is the **benzodiazepines**. Again—as CNS depressants, benzodiazepines can add to or exacerbate the effects of opioids. NPS benzodiazepines have appeared in the last few years and contributed to 5.1% of the 2024 overdose deaths.

Considering all of the opioids, cocaine, alcohol, and benzodiazepines classes, 21.6% of the cases had at least three, and 5 cases (1.7%) 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.

Other common findings of polypharmacy drugs contributing to these overdose deaths are presented in Table 4. Amphetamines also contribute to overdose deaths with notable frequency.

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<sup>3</sup>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. Two (0.7%) of the 292 deaths involved morphine that could not necessarily be attributed to heroin. Fentanyl and analogs may be sold on the street as heroin or cocaine, frequently in preparations or mixtures with those compounds.



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Table 4. Number of 2024 overdose cases for which common substances were listed in the cause of death.

Compound / Drug Class	Number of Cases	Percent of Fentanyl/Analogs or Heroin/Morphine Overdose Deaths (n=216)	Number of Cases	Percent of All Opioid Overdose Deaths (N=226)	Number of Cases	Percent of All Opioid & Cocaine Overdose Deaths (N=292)
Fentanyl/Analogs	213	98.6%	213	94.2%	213	72.9%
Cocaine	171	79.2%	175	77.4%	241	82.5%
Alcohol	63	29.2%	66	29.2%	83	28.4%
Heroin	6	2.8%	6	2.7%	6	2.1%
Morphine	2	0.9%	2	0.9%	2	0.7%
Prescription Opioids <sup>a</sup>	22	10.2%	32	14.2%	32	11.0%
Xylazine	76	35.2%	76	33.6%	76	26.0%
Amphetamines <sup>b</sup>	11	5.1%	11	4.9%	12	4.1%
Classic Benzodiazepines <sup>c</sup>	16	7.4%	20	8.8%	20	6.8%
NPS Benzodiazepines <sup>d</sup>	12	5.6%	15	6.6%	15	5.1%
Gabapentin	11	5.1%	14	6.2%	18	6.2%
Cyclobenzaprine	0	0%	2	0.9%	2	0.7%
Mitragynine (Kratom)	2	0.9%	2	0.9%	2	0.7%

<sup>a</sup>Note: There were 10 2024 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.

<sup>b</sup>Includes amphetamine, methamphetamine, 3,4-methylenedioxymethamphetamine (MDMA, ecstasy), and 3,4-methylenedioxyamphetamine (MDA)

<sup>c</sup>Includes clonazepam, alprazolam, diazepam, and lorazepam

<sup>d</sup>Includes flualprazolam, flubromazolam, clonazolam, estazolam, flubromazepam, desalkylflurazepam, bromazepam, etizolam, and bromazolam

### Opioid Deaths in Monroe County in 2024

In 2024, there were 216 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 decrease of 217 (fully halved, 50%) since the previous maximum of 433 in 2023 (Table 5). This represents a fifth (20%) of the Monroe County deaths investigated with toxicology by the OME—a notable, substantive decrease and the lowest number observed since before 2020. This is consistent with national trends which have shown a recent decline in opioid overdoses<sup>4</sup>. 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 10 further opioid overdose cases with only prescription opioids (usually including other substances, but no heroin/morphine or fentanyl/analogs) including oxycodone (4), methadone (1), hydrocodone (0), and hydromorphone (1)—for a total of 226 (22% of Monroe County deaths investigated with toxicology).<sup>5</sup>

<sup>4</sup> <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates#Fig2> Accessed 31 July 2025

<sup>5</sup> Previous years' iterations of this report (prior to 2022) did not include opioid deaths which did not contain heroin/morphine/ fentanyl/analogs because illicit opioids were the primary focus. For consistency and comparison purposes, the 2024 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 10 cases included 50% male and 50% female individuals; 0% Black/African American, 100% White, and 0% Hispanic.



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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	<b>-50%</b>

The racial/ethnic heritage (Table 6) and sex distribution (Table 7) of fentanyl/analog or heroin/morphine overdose deaths reflects considerable diversity, with the Black or African American community continuing to be disproportionately (29.6%) affected.

Table 6. Race/ethnicity distribution among fentanyl/analog and heroin/morphine deaths in 2024, and estimates of the general population demographic distribution of Monroe County.

Race	Percent of Fentanyl/Analog or Heroin/Morphine Overdose Deaths	Monroe County General Population Estimate <sup>a</sup>
White or Caucasian	69.0%	76.0%
Black or African American	29.6%	16.5%
Asian	1.4%	3.9%
Other <sup>b</sup>	0.0%	3.7%
Hispanic <sup>c</sup>	16.2%	10.1%

<sup>a</sup>Source: <https://www.census.gov/quickfacts/monroecountynewyork> Accessed 27 August 2024.

<sup>b</sup>Other includes but is not limited to Native American, Native Hawaiian/Pacific Islander, and 2 or more races.

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Table 7. Sex distribution among fentanyl/analogs and heroin/morphine deaths in 2024, 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 <sup>a</sup>
Male	76.4%	48.5%
Female	23.6%	51.5%

<sup>a</sup>Source: <https://www.census.gov/quickfacts/monroecountynynewyork> Accessed 27 August 2024.

In 2024, the ages of the victims of fentanyl/heroin overdose ranged from <20 to 78 years with a median age of 48 years (Figure 4). Of note, there has also been a steady trend of increase in the overall ages of overdose victims over the last several years, from a median age of 38 years in 2018 to 48 years in 2024.

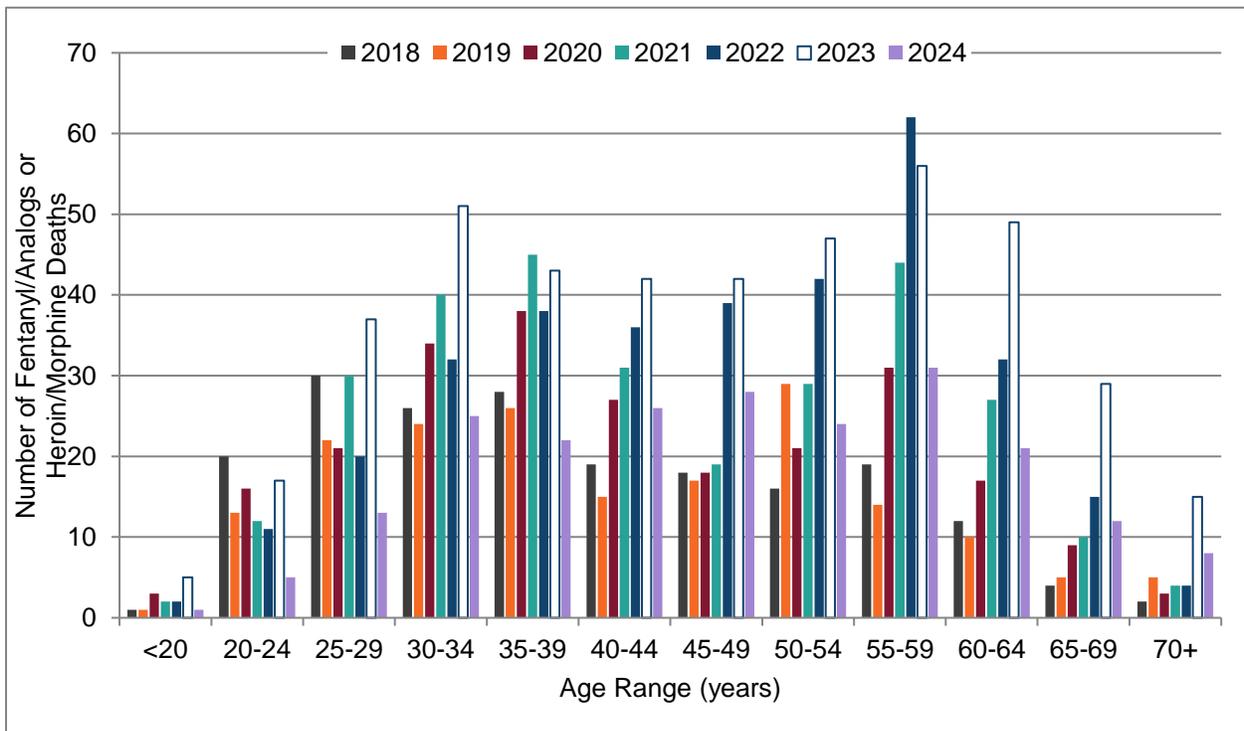


Figure 4. Age distribution of fentanyl/analogs and heroin/morphine deaths by year.