



# News Release

**For Immediate Release**

Tuesday, September 19, 2017

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

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

*“As Medical Examiner, I am releasing these data in the full interest of public transparency and accountability,”* said **Dr. Nadia Granger**, Monroe County Medical Examiner. *“A comprehensive review of heroin and opioid related deaths in our region was completed by our Office. We took extraordinary caution in properly attributing the cause of death in all cases to ensure the data generated is both accurate and reliable. Moving forward, we will review the viability of releasing more periodic reports on a recurring basis.”*

*“These data speak to the tragic human impact of the heroin and opioid crisis, not just in our region, but across our state and nation,”* said **Dr. Michael Mendoza**, Monroe County Commissioner of Public Health. *“While these data are being made public today, after extensive efforts to ensure accuracy and reliability, the Monroe County Department of Public Health has been operating with full knowledge of the underlying trends for some time. The information has helped to guide our proactive approach to dealing with the crisis, from offering public Narcan training to working collaboratively through the Monroe County Opioid Task Force. This will continue to be a top public health and safety priority.”*

*“It is unfortunate that some have chosen to play politics with statistics related to overdose deaths. The data is being released now to prevent it from being used as a political football by those who would seek to abuse it for partisan gain. Out of respect for the sensitivity of the opioid crisis and in light of the politics at play, Monroe County will withhold further comment on the data at this time,”* said **Jesse Sleezer**, Director of Communications for Monroe County.

The data reflects that 206 deaths across the ten county region serviced by the Office of the Medical Examiner were directly attributable to the use of heroin, opioids, fentanyl, or related other substances in 2016. (Table 1) The data reflects only those individuals whose cause of death was solely attributed to the substances involved. It does not include deaths wherein these substances were present, but the cause of death was attributed to some other cause or injury (e.g., driving under the influence of drugs leading to a fatal crash).

Table 1. Total number of Monroe County Office of the Medical Examiner deaths solely related to heroin, opioids, fentanyl, and/or related substances

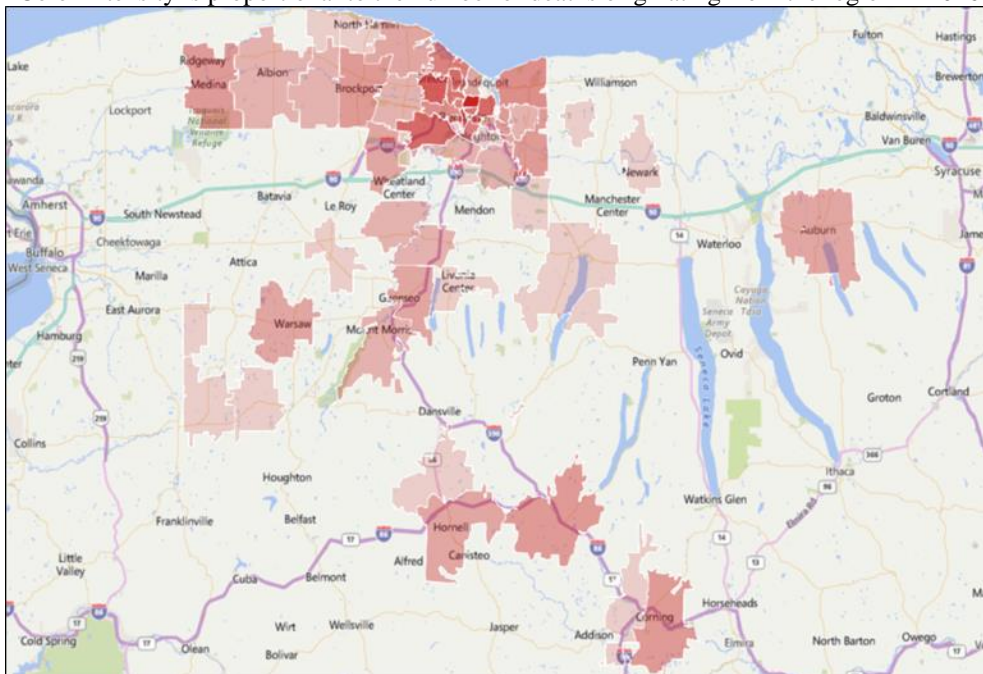
<b>Year</b>	<b>Total Number of Deaths</b>
2011	11
2012	30
2013	67
2014	95
2015	85
2016	206

Of the 206 total deaths, 169 occurred in Monroe County, while 37 occurred in surrounding counties that contract for autopsy services with the Office of the Medical Examiner (Table 2). It should be noted that the deaths occurring outside of Monroe County likely do not represent the total number of heroin/opioid/fentanyl related deaths occurring in those counties, as not all cases from those counties were submitted to the Monroe County Office of the Medical Examiner. The deaths originated throughout the region, in both urban and suburban/rural areas. (Figure 1).

Table 2. Number of deaths related solely to overdose from heroin, opioids, fentanyl, and/or related substances, organized by county where the death occurred.

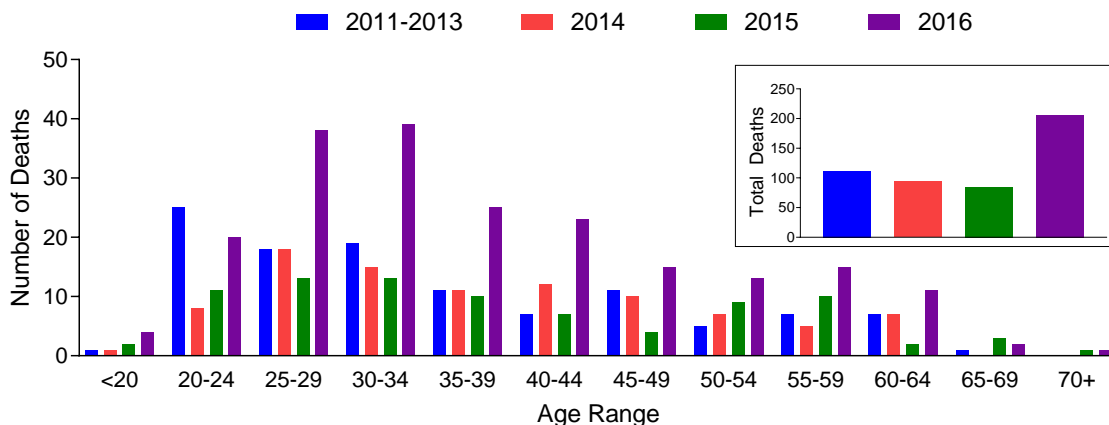
<b>County of Death</b>	<b>Number of Deaths</b>			
	<b>2011-2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<i>Monroe</i>	78	81	69	169
<i>Allegany</i>	0	0	2	0
<i>Chemung</i>	11	2	3	0
<i>Genesee</i>	0	3	2	0
<i>Livingston</i>	3	3	1	8
<i>Ontario</i>	4	2	3	0
<i>Orleans</i>	1	1	0	9
<i>Steuben</i>	4	3	2	13
<i>Wyoming</i>	7	0	2	7
<i>Yates</i>	0	0	1	0

Figure 1. Heat map of death event locations by zip code.  
Color intensity is proportional to the number of deaths originating from the region in 2016



In 2016, the age range of the victims of heroin/opioid/fentanyl overdose ranged from under 20 to 76 with a median age of 35 (Figure 2). Median ages for 2011-2013, 2014, and 2015 were 31, 36, and 36, respectively. The 2016 deaths represent a 2.4-fold increase from 2015, and a 1.8-fold increase over 2011-2013 combined.

Figure 2. Age distribution and total deaths related to heroin, opioids, fentanyl, and/or related substances by year(s).



Heroin, opioids, fentanyl, cocaine, and alcohol are frequently encountered together in postmortem cases. (Table 3). Among the 206 cases analyzed, there was both a mean and median of two of these four substances that were listed as direct contributors to the cause of death. 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.

Table 3. Number of 2016 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	166	80.6%
U-47700	21	10.2%
Heroin	99	48.1%
Morphine	26	12.6%
Cocaine	101	49.0%
Alcohol	38	18.4%
Benzodiazepines	36	17.5%
Oxycodone <sup>a</sup>	14	6.8%
Gabapentin	13	6.3%
Methadone	7	3.4%
Cyclobenzaprine	6	2.9%
Amphetamines <sup>b</sup>	6	2.9%
Ketamine	4	1.9%

<sup>a</sup>Note: these data do not include deaths attributed to oxycodone in the absence of heroin/morphine or fentanyl/analog.

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

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