

OVERDOSE FATALITY REVIEW (OFR) - 2025

Deaths finalized through December 31, 2025
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Clermont County
Public Health
Prevent. Promote. Protect.

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Acknowledgements

This report is presented in compliance with the Health Insurance Portability and Accountability Act (HIPAA), meaning that individual health data can not be publicly shared. Therefore, this report includes data that has been aggregated from multiple years.

We acknowledge that each data point represents an individual life that was lost. Efforts to aggregate data have been made to respect the privacy of the individual and the community that mourns the loss. The information presented is to be used for the purposes of supporting evidence-based prevention and promoting greater health equity in the community.



OFR Overview

The Clermont County OFR Committee was formed in 2014. Overdose fatality reviews were later codified in 2021 in Ohio Revised Code 307.631 to 307.639.

This presentation is an overview of unintentional overdose fatalities that occurred in Clermont County in 2025.

The ultimate purpose of the fatality committee is to reduce the number of deaths related to unintentional overdose by identifying the circumstances surrounding the deaths to inform recommendations for prevention.

The goal of this report is to provide a snapshot of the trends related to unintentional overdose deaths in Clermont County, identify higher risk populations, identify areas for strategies and activities to work towards prevention of fatalities, influence policy change, and influence equity promotion.

A summary of these findings will be included annually in the Community Health Assessment or Community Health Assessment Update.



OFR Committee

The Overdose Fatality Review (OFR) Committee meets once per year to review data from all confirmed unintentional overdose deaths in Clermont County. Three to five cases are chosen to discuss in greater depth in order to identify prevention strategies.

Members include professionals from the Coroner's Office, Fire/EMS, and recovery services. Under section 307.632 of the Ohio Revised Code, the Clermont County Public Health Commissioner appoints members to the OFR that include

- A chief of police from a department in the county or a representative from the county sheriff
- A public health official or designee
- The executive director of the mental health board or designee
- A physician
- County Coroner

All members must abide by all local, state, and federal laws and regulations pertaining to the security, privacy, and confidentiality of medical records' information, (also referred to as protected health information or PHI).



OFR Data Sources

- Death Certificates
- Autopsy Reports
- Toxicology Screenings
- Police & EMS Reports
- Patient Medical Records
- Ohio Automated Rx Reporting System (OARRS) Data
- Online Public Information
 - Criminal records search
 - Social media
 - Obituaries
 - EMSIRS - Naloxone Administration



OFR Data Analysis

“Data analysis is a process of inspecting, cleansing, transforming, and modelling data with the goal of discovering useful information, informing conclusions, and supporting decision-making,” (PHAB, 2022).

Purpose

The purpose of reviewing the trending data is to identify meaning from the data, draw conclusions, and make informed decisions.

Methods for interpretation

The use of data analysis software to review data trends and interpret statistical significance. Data analysis tools included: Excel and R Studio

Types of analysis

Descriptive analysis (mean, median, mode, and standard deviation)

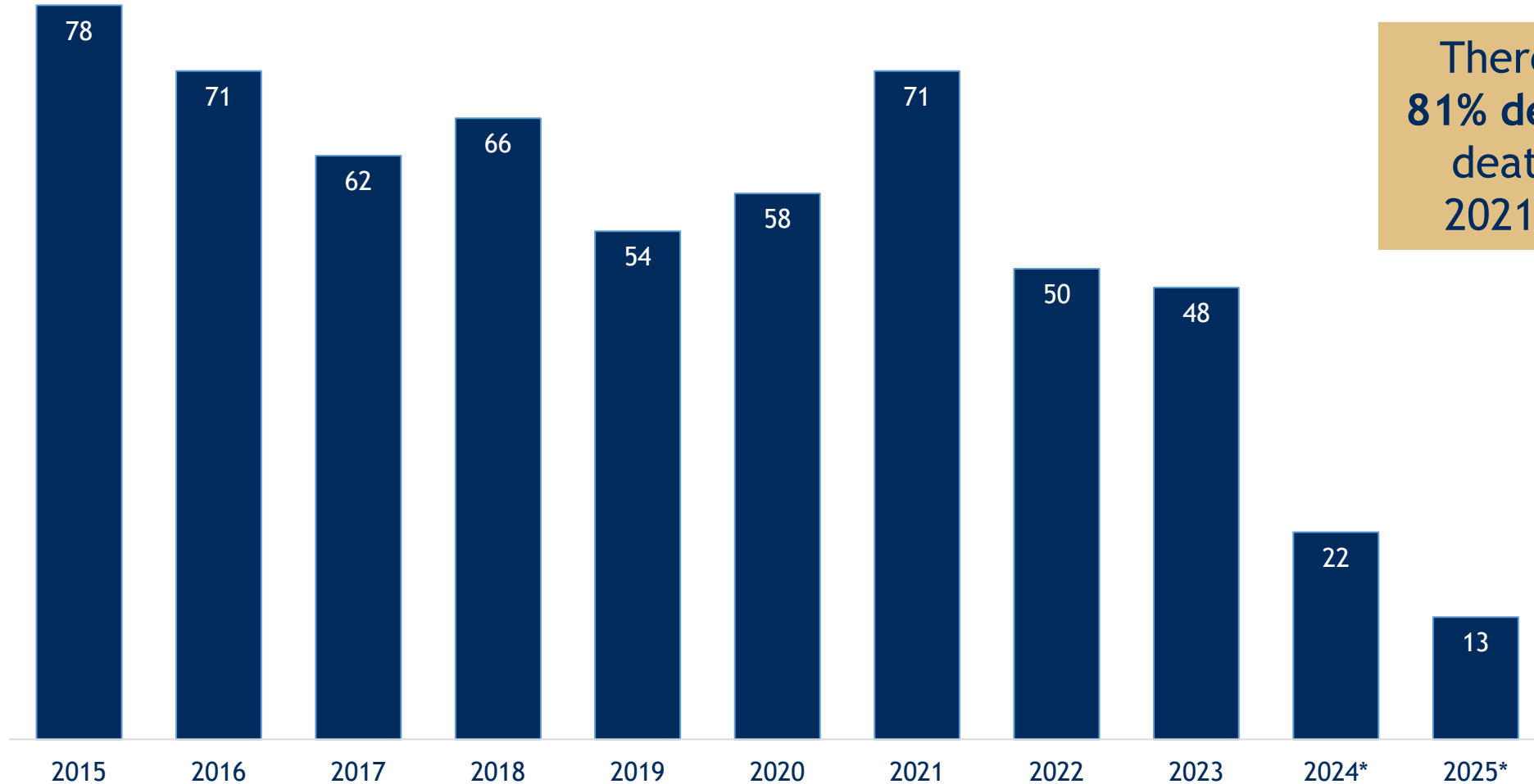
Exploratory data analysis (visualizations)

Data visualization

“Data visualization is the process of displaying data/information in graphical charts, figures and bars. It is used as means to deliver visual reporting to users for the performance, operations or general statistics of an application, network, hardware or virtually any IT asset (Techopedia. Data Visualization. June 5, 2018),” (PHAB, 2022). The use of charts, graphs, maps, bullet points, and data elements display the relationships and meaning found within the variables.



In 2025, the number of **overdose deaths** that occurred in the county **decreased** for the third year in a row.

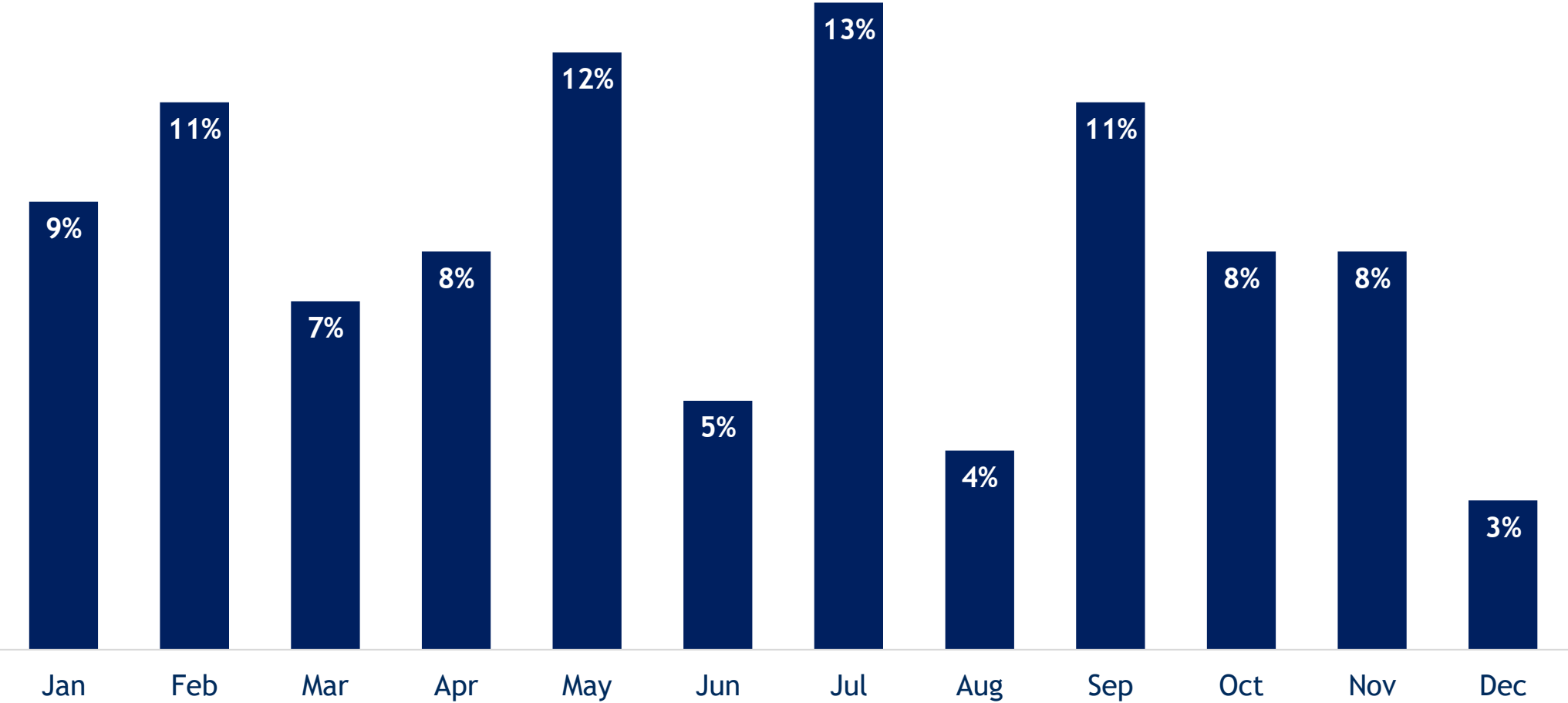


There was an **81% decrease** in deaths from 2021 to 2025

*Preliminary data that is subject to change
The trend analysis indicated a significant decrease in counts from 2015 to 2025 ($b = -5.26$, $p = .001$, $R^2 = .705$).
Source: Ohio Public Health Information Warehouse, Clermont County Coroner's Office. Primary Data.



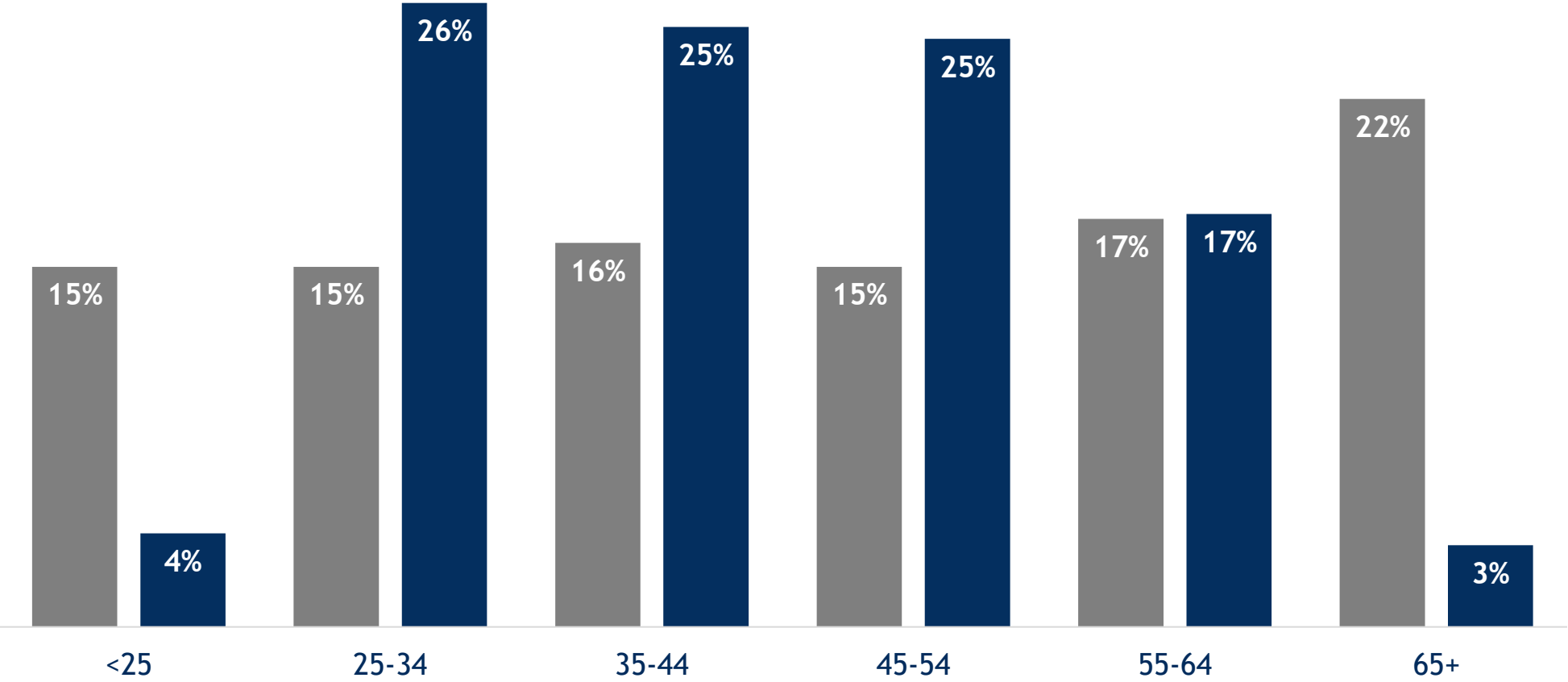
From 2021-2025, the largest percentage of deaths occurred in July.



DEMOGRAPHICS & SOCIOECONOMICS



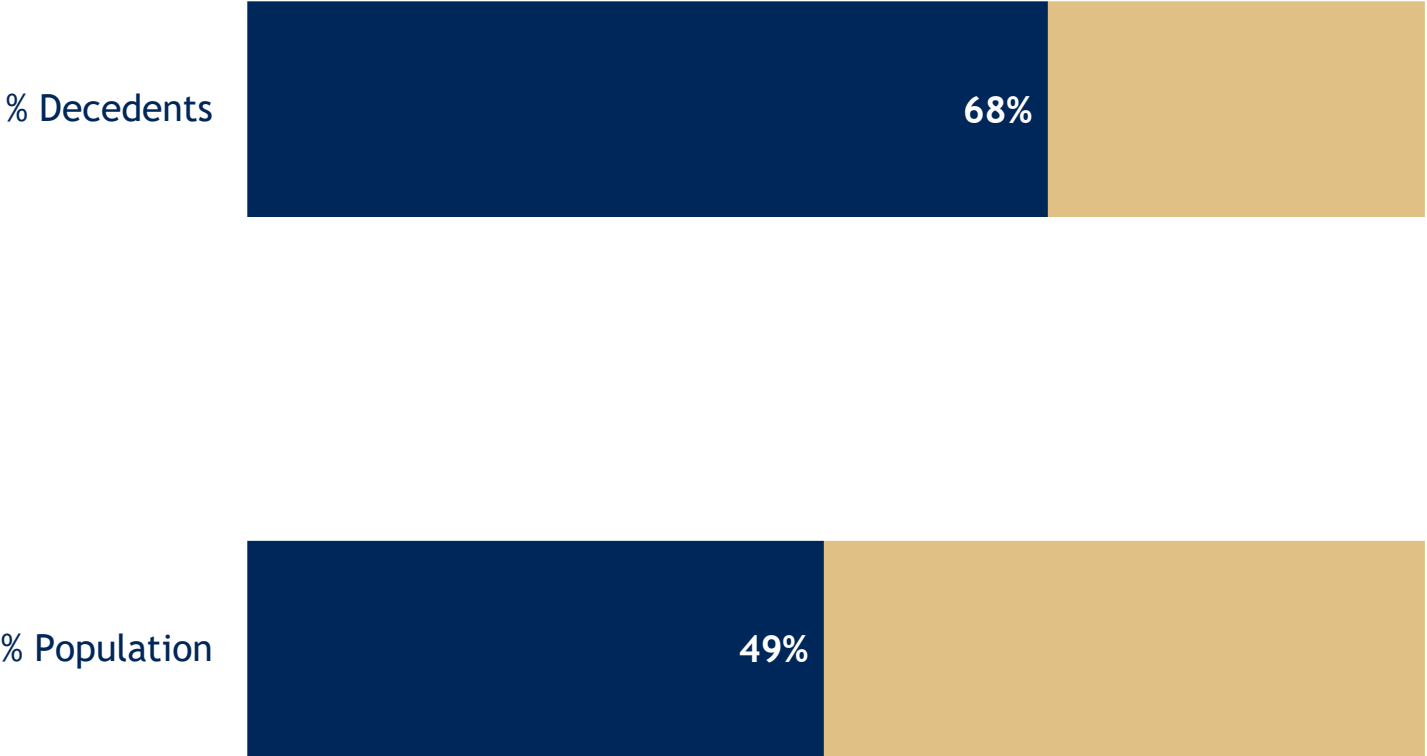
From 2021-2025, 26% of decedents were aged 25-34 compared to accounting for 15% of the county the population.



A chi-square test of independence was conducted to examine the association between age group and overdose death. There was a significant association, $\chi^2(5, N = 177,079) = 91.1, p < .001$. Standardized residuals indicated that the 25-34, 35-44, and 45-54 age groups had more affected cases than expected and the <25 and 65+ age groups had fewer cases than expected. Source: Ohio Public Health Information Warehouse, Clermont County Coroner's Office. Primary Data. 2024:ACS 1-Year Estimates [S0101: Age and Sex - Census Bureau Table](#). Values include population age 15+.



From 2021-2025, males accounted for 68% of all deaths.



Men typically die of drug overdose at a higher rate due to a combination of biological (e.g., men may have a greater vulnerability to the toxicity of drugs than women), behavioral (e.g. men may use these drugs in a riskier way than women), as well as other social- and gender-related factors.”

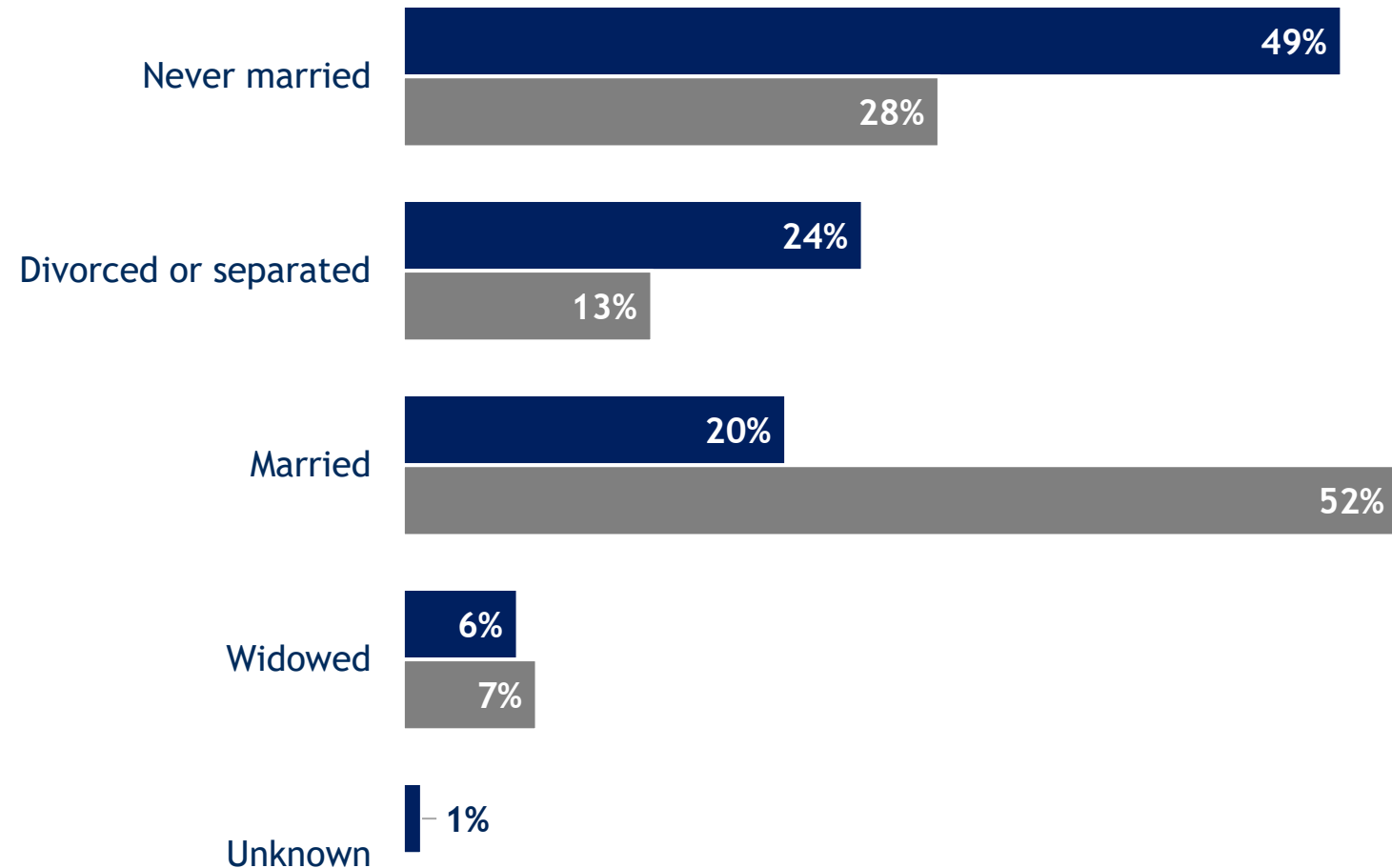
However, women who are 35 and older, experience back pain or musculoskeletal conditions, have alcohol abuse or substance use disorder, have a high daily opioid use, and have had treatment with other risky drugs are at greater risk.

A chi-square test of independence indicated a significant association between sex and overdose death $\chi^2(1, N = 177,079) = 29.20, p < .001$. Males had significantly higher odds of overdose death than females (odds ratio = 2.2, 95% CI [1.64, 2.95]).
Sources: Ohio Public Health Information Warehouse, Clermont County Coroner’s Office. Primary Data.
2024:ACS 1-Year Estimates [S0101: Age and Sex - Census Bureau Table](#). Values include population age 15+.
<https://www.nih.gov/news-events/news-releases/men-died-overdose-2-3-times-greater-rate-women-us-2020-2021>
Drug Overdose: Differing Risk Models for Women and Men among Opioid Users with Non-Cancer Pain - PMC



From 2021-2025, 73% of decedents were never married, divorced, or separated compared to 41% of the county population.

Unmarried individuals are at higher risk for drug overdose death. This risk is higher for men. To reduce these deaths, public health interventions should address the needs of vulnerable populations, including unmarried individuals, especially men.



A chi-square test of independence was conducted to examine the association between marital status and overdose death. There was a significant association, $\chi^2(3, N = 173,400) = 94.2, p < .001$. Standardized residuals indicated that the never married and divorced or separated groups had more affected cases than expected and the married group had fewer cases than expected.

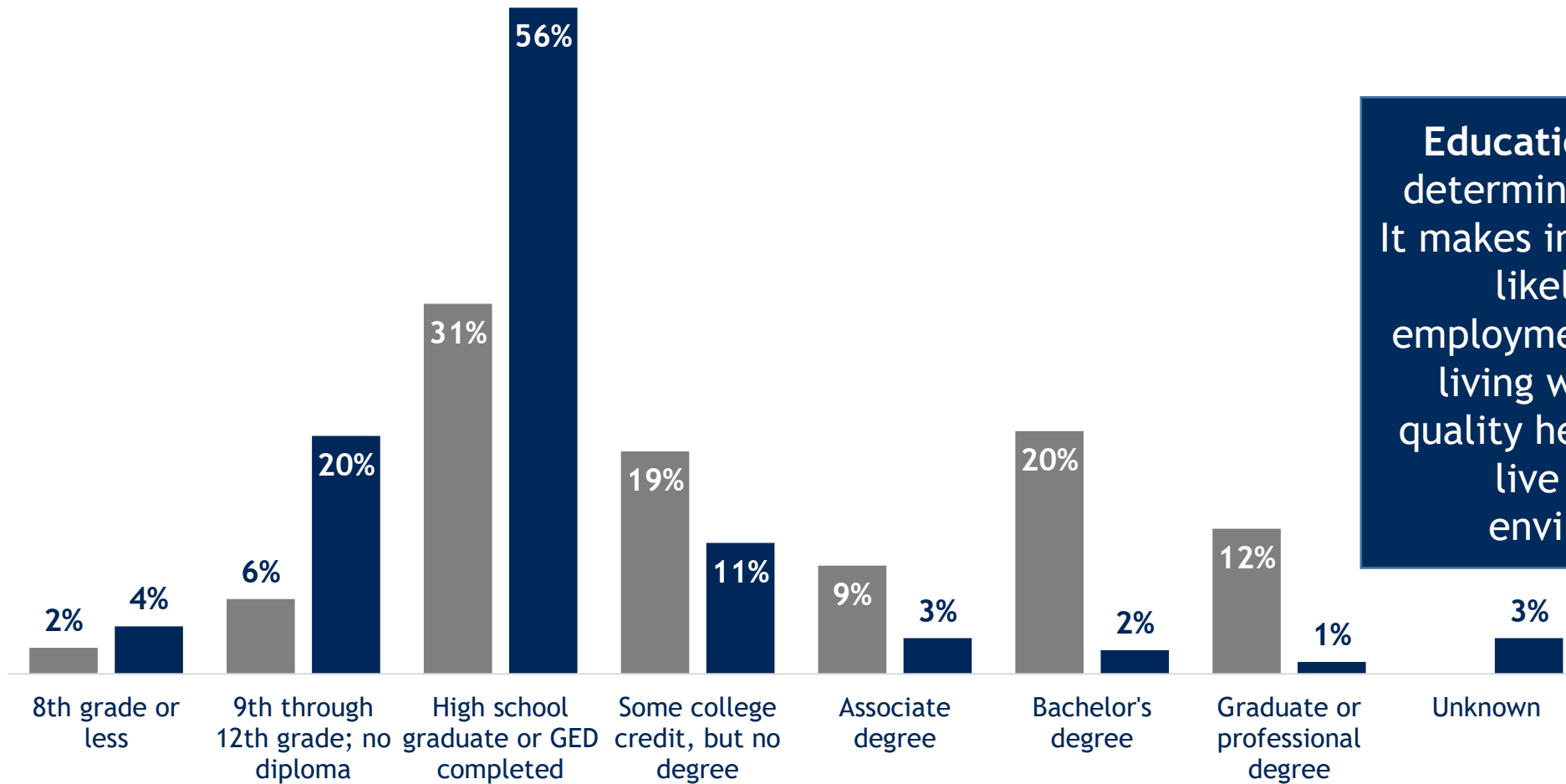
Sources: Ohio Public Health Information Warehouse. Primary data.

2024: ACS 5-Year Estimates [S1201: Marital Status - Census Bureau Table](#). Values include population age 15+.

<https://journals.sagepub.com/doi/10.1177/23780231241275429>



From 2021-2025, only 17% of decedents had an education beyond a high school graduate or GED while 60% of the county population does.



Education is a social determinant of health. It makes individuals more likely to find employment that pays a living wage, access quality healthcare, and live in a safe environment.

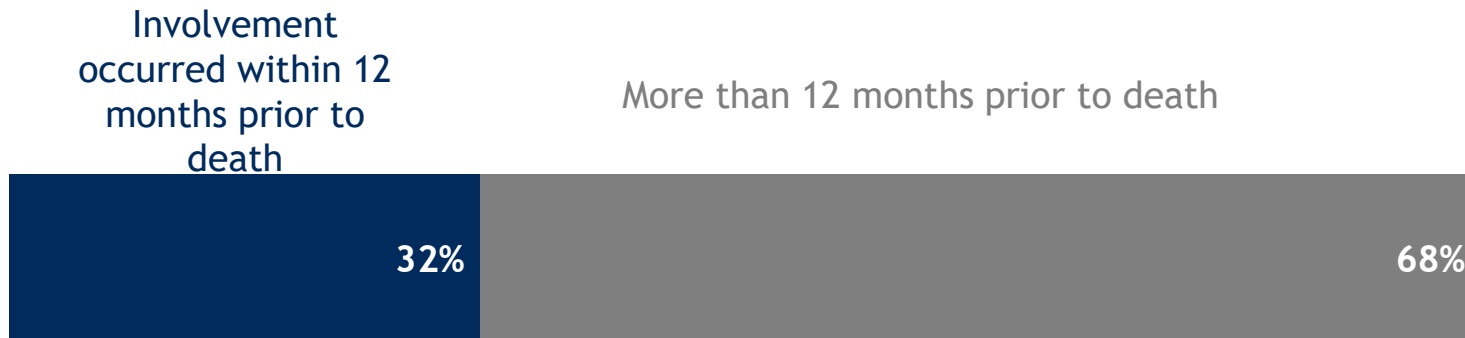
A Fisher's exact test indicated a significant association between education level and overdose death, $p < .001$ (simulated, 100,000 replicates). Inspection of the contingency table and approximate standardized differences suggested that there were more cases than expected among those with a highest education level of 9th-12th grade no diploma and high school graduate or GED completed, while there were fewer cases than expected among those with a highest education level of some college credit, no degree; associate's degree, bachelor's degree, and graduate or professional degree.

Sources: Ohio Public Health Information Warehouse, Clermont County Coroner's Office. Primary Data.
2024: ACS 1-Year Estimates S1501: Educational Attainment - Census Bureau Table. Values include population age 25+.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7326385/>
<https://www.census.gov/quickfacts/fact/table/clermontcountyohio/PST045222>



From 2023-2025, 77% of decedents had prior criminal legal system involvement.



Post-release opioid-related overdose mortality is the leading cause of death among people released from jails and prisons.

Individuals entering the criminal legal system have greater prevalence of past trauma, chronic pain, medical, psychiatric and substance use conditions.

Programs are needed to divert individuals with substance use disorder away from the criminal legal system and into treatment and social services, preventing incarceration.



HEALTH FACTORS



In 2025, 69% of decedents had a documented or reported **physical illness**.

The most common were

**Diseases of the liver
(hepatitis)**

**Respiratory diseases
(COPD, asthma)**

Chronic pain conditions

Substance abuse is common amongst patients attending primary healthcare settings.

Substance abuse management within the context of primary care could increase access to and retention in care and improve health outcomes.

Access to care and the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) will continue to be evaluated as intervention points for fatality prevention.



In 2025, 77% of decedents had a documented or reported mental health diagnosis.

The most common were

Depressive disorders
Anxiety disorders
Bipolar disorder

Others included **ADHD,**
schizophrenia, and **PTSD**

Persons with SUD and MHD can experience similar barriers, such as stigma, access to care, and economic factors, which could affect the willingness or ability of those facing such obstacles to seek care; removing these barriers could help reduce overdose deaths.

Implementing evidence-based screening for substance use and mental health disorders during potential intervention opportunities and expanding efforts to integrate care for these disorders could improve mental health and reduce overdoses.



Substance Use History

100% of decedents in 2025 were identified or reported to have had a **history of substance use**.

Notably, some decedents had begun using illicit substances **10 or more years prior** to death.

69% of decedents in 2025 had a documented **non-fatal overdose** previously.

Adults treated for opioid overdose frequently have repeated opioid overdoses in the following year. They are also at high risk of fatal opioid overdose throughout this period, which underscores the importance of efforts to engage and maintain patients in evidence-based opioid treatments following nonfatal overdose.



Substance Use Treatment History

77% of decedents in 2025 were noted to have had a history of **substance use treatment**.

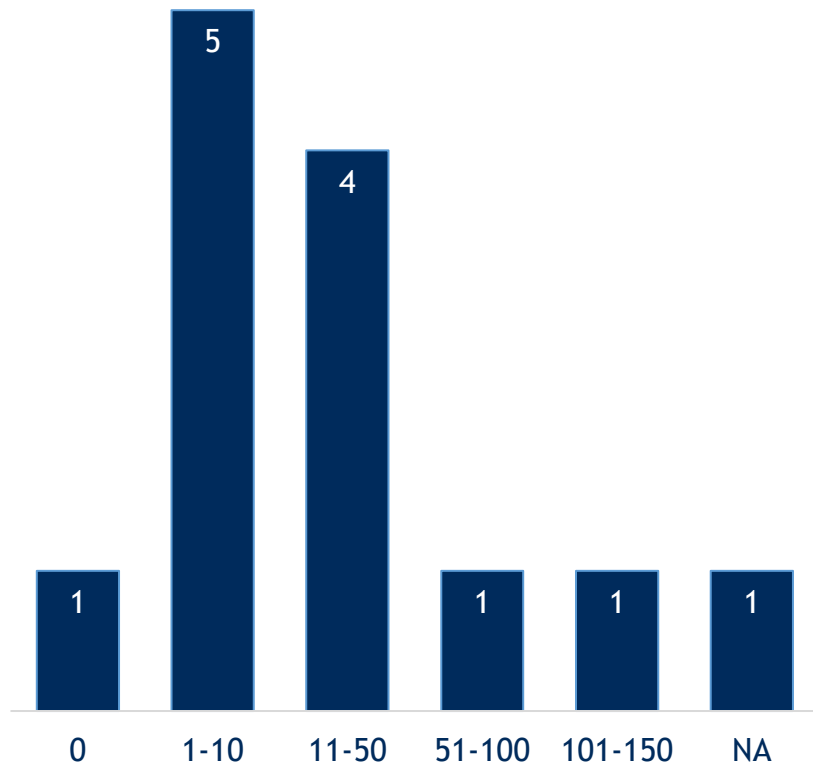
46% of decedents in 2025 were noted to have had a history of treatment within **Clermont County agencies**.

40-60% of individuals treated for a substance use disorder relapse at some point - similar to other chronic illnesses like hypertension or asthma. **Approximately 80-90%** of those with opioid use disorders may relapse without medication-assisted treatment (MAT).

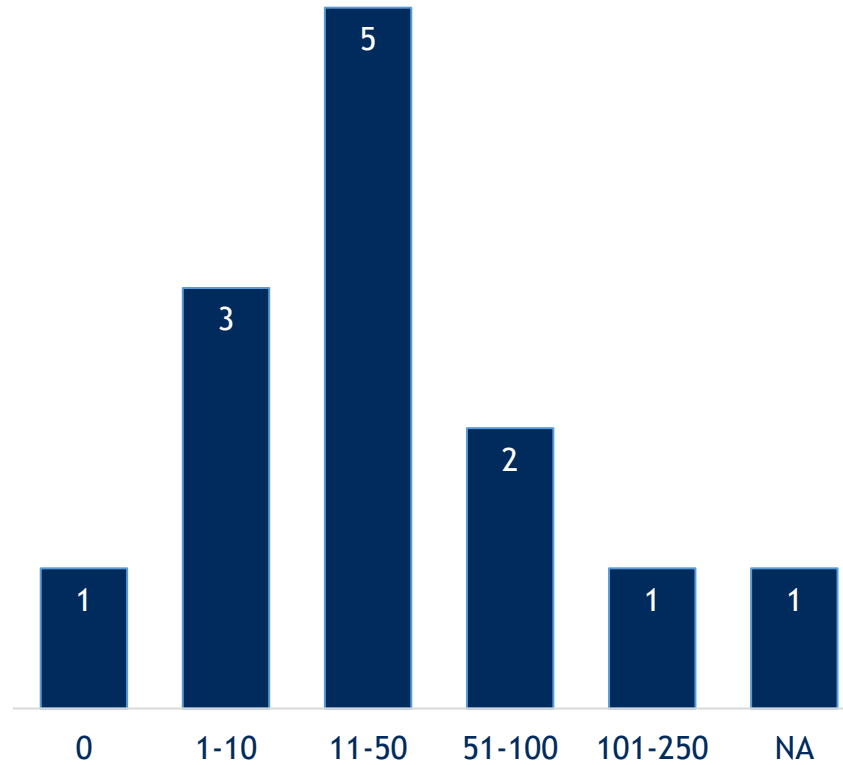
Each return to use may indicate gaps in coping skills or external supports, reinforcing the need for adjusted or intensified treatment (e.g., medication-assisted programs, extended outpatient care, or sober living communities).



The average number of OARRS reportable medications dispensed in the past 5 years among decedents in 2025 was **23**.



The average number of OARRS lookups was **50**.



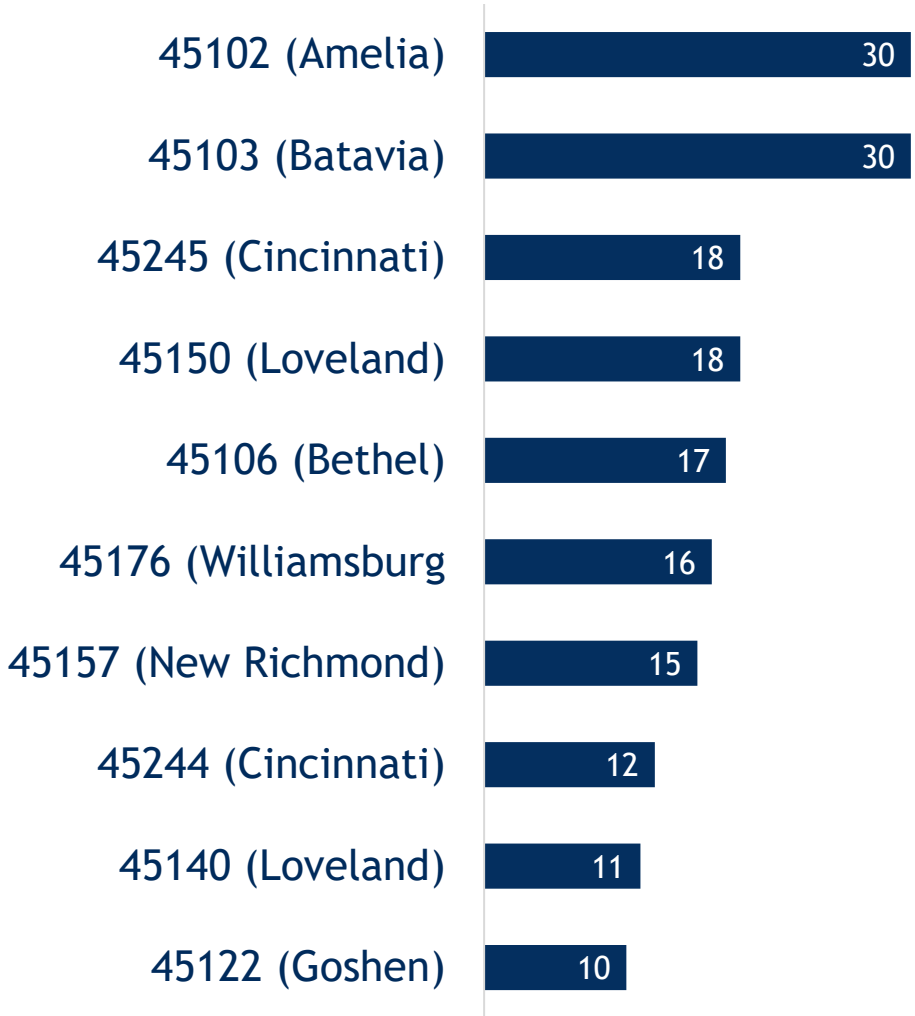
An **OARRS reportable drug** is any controlled substance in schedules II, III, IV, and V, along with gabapentin and naltrexone, and medical marijuana, which must be reported to the Ohio Automated Rx Reporting System (OARRS) when dispensed or personally furnished.



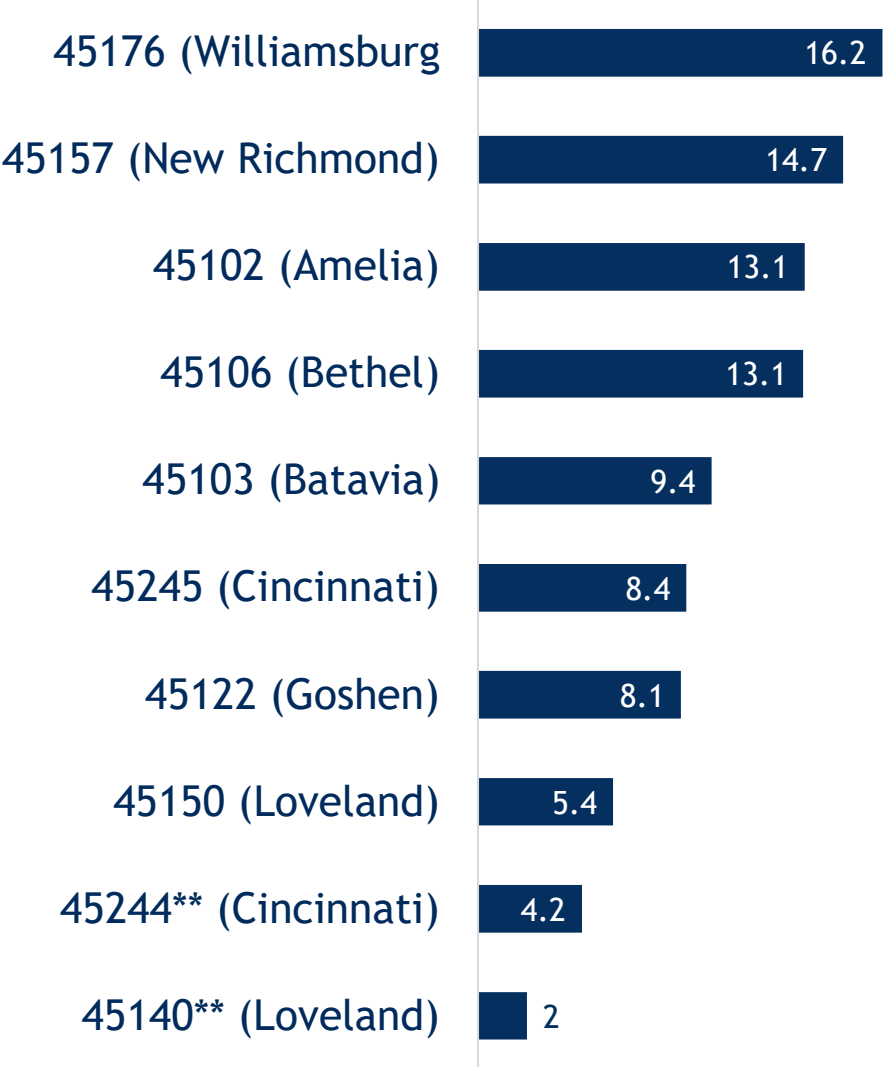
DEATH INVESTIGATION



The highest number of decedents from 2021-2025 were residents of the 45102 and 45103 ZIP Codes.



However, 45176 (Williamsburg) had the highest rate*.



*Rate per 10,000 population based on the 2020 US Census. [Census Bureau Data](#).
 **Rate calculated based on entire ZIP Code population which encompasses multiple counties.

Location of Overdose in 2025

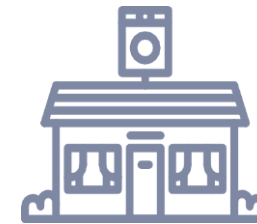
92%

of overdoses occurred at the residence of the decedent or the decedent's friend or relative.

Only **15%** of decedents were transported to a hospital.

In **62%**

of cases, paraphernalia or substances were noted to have been found at the scene. These included syringes, pipes, straws, pills, and powder.



Lifesaving Interventions in 2025

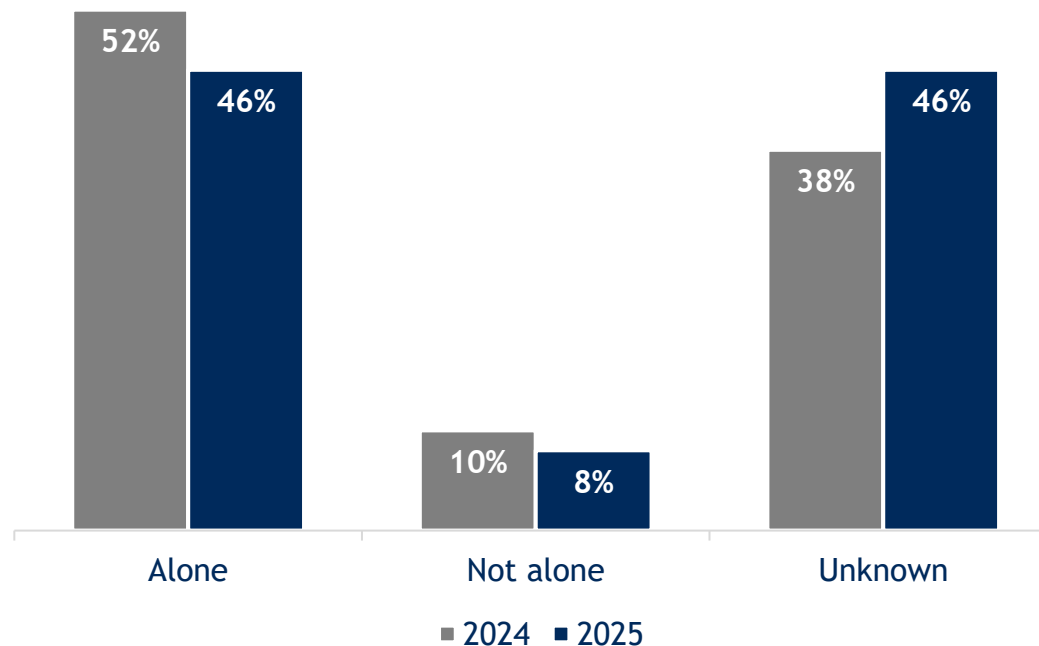


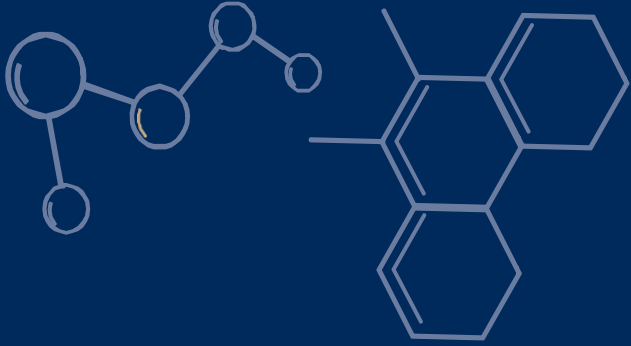
46% of decedents were noted to have received **CPR** either from a bystander or first responder.

In **31%** of cases, it was noted that **Naloxone** was administered either by a bystander or first responder.

Individuals using substances alone are less likely to receive lifesaving interventions.

46% were found alone at the time of death.

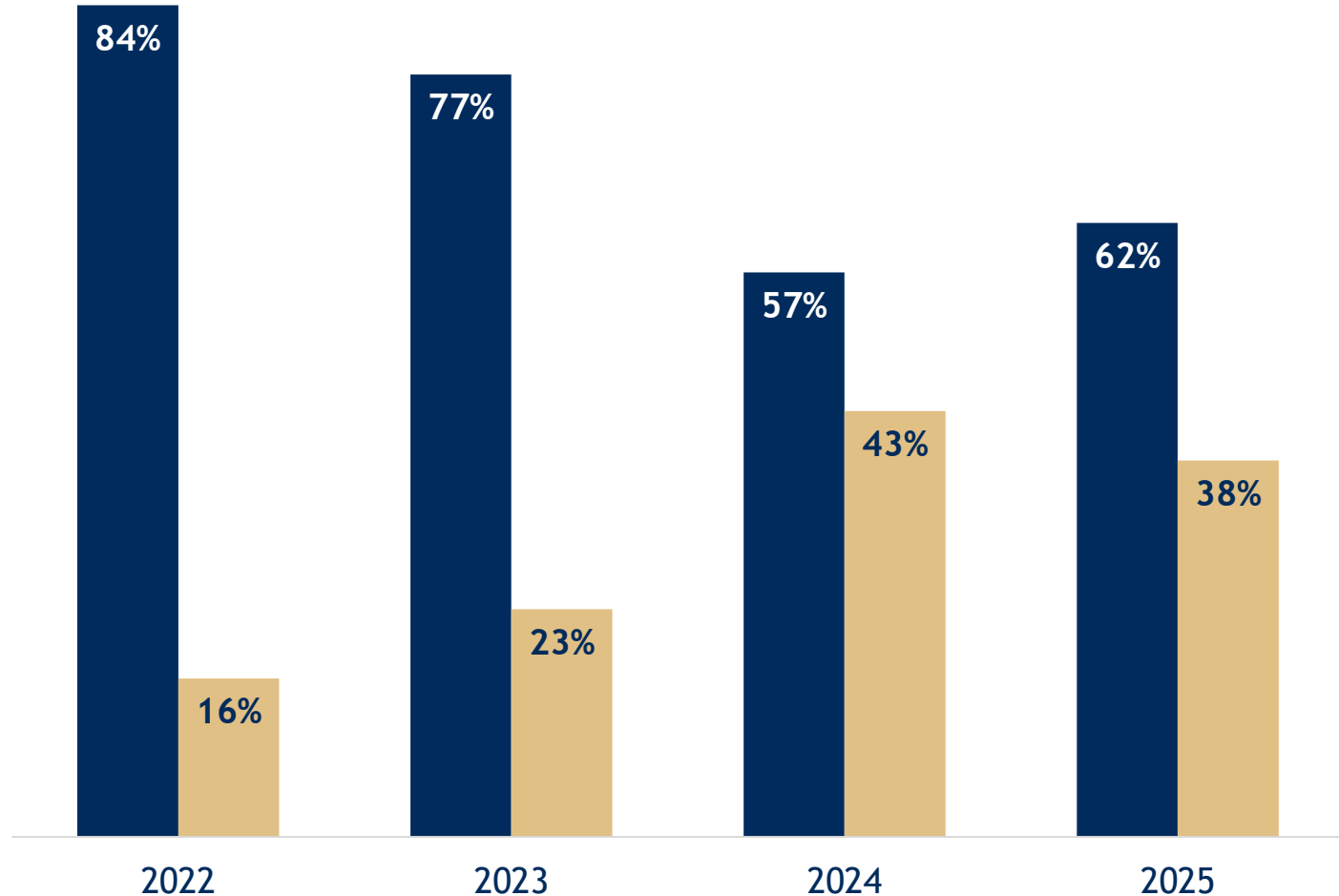




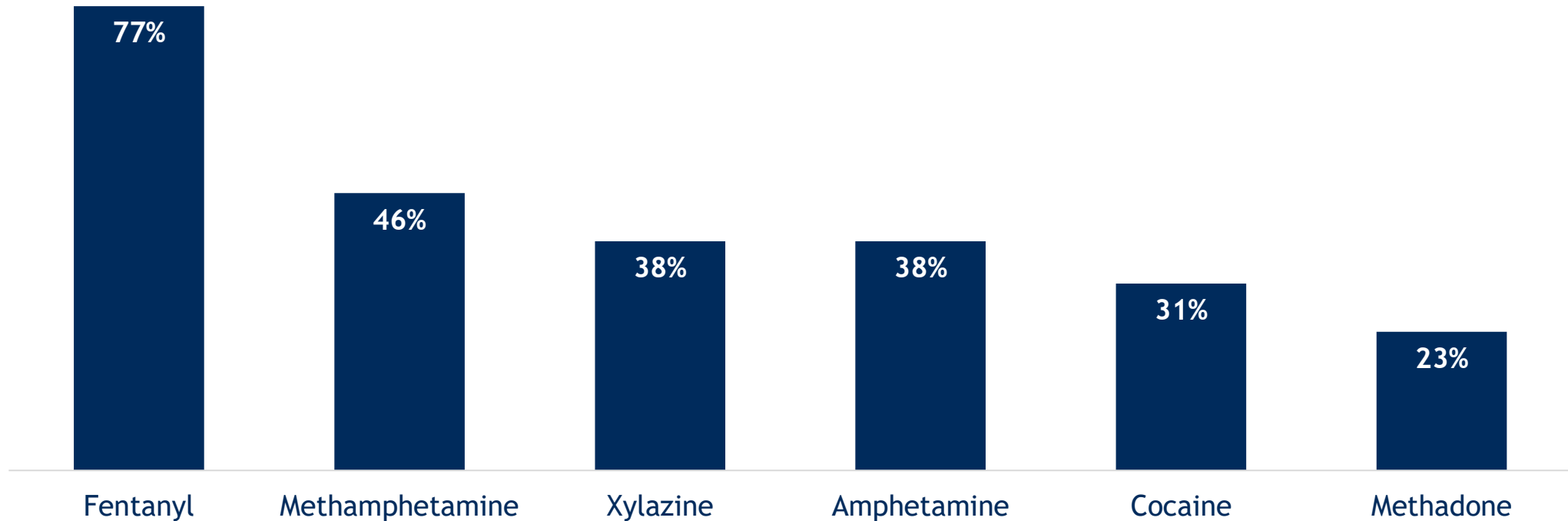
Toxicology

Substances used in combination with one another can mask or intensify a drug's effects, increasing the risk of overdose death.

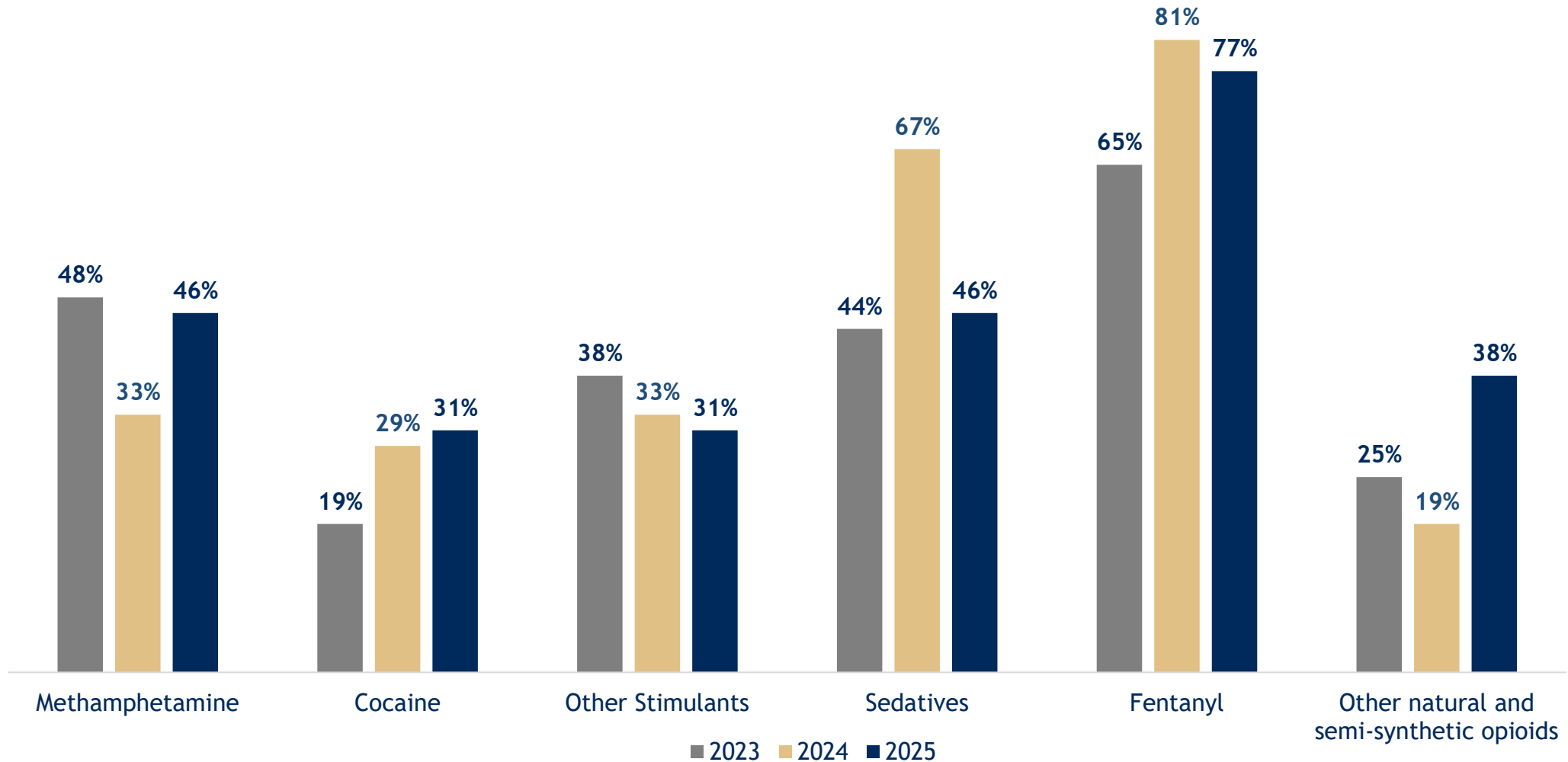
In 2025, 62% of decedents' toxicology results were polysubstance.



Fentanyl was the top substance present among toxicology reports in 2025.



In 2025 there was an increase in the percentage of methamphetamine, cocaine, and opioids present in toxicology reports.



Note: data labels indicate the percentage of total cases that were positive for each specific substance.
Source: Clermont County coroner's reports. Primary data.



Opioids

12 toxicology reports in 2025 detected **opioids**.

Fentanyl and fentanyl analogs (carfentanyl, acetylfentanyl, norfentanyl) were detected in **10** of them.

Other opioids detected included methadone and methadone metabolite (EDDP) in 3 reports, morphine in 1 report, and tramadol in 1 report.

Fentanyl

8 toxicology reports in 2025 that were positive for **fentanyl** were **polysubstance**.

Methamphetamine, cocaine, and amphetamine were most found in addition to **fentanyl**.

Among polysubstance reports containing fentanyl, the fentanyl analogs **acetylfentanyl** and **norfentanyl** were also commonly found.



Sedatives

5 toxicology reports in 2025 detected **sedatives**.

Xylazine was detected in all **5** reports.

Medetomidine was detected in **2** reports.

Stimulants

9 toxicology reports in 2025 detected **stimulants**

Methamphetamine was detected in **6** reports.

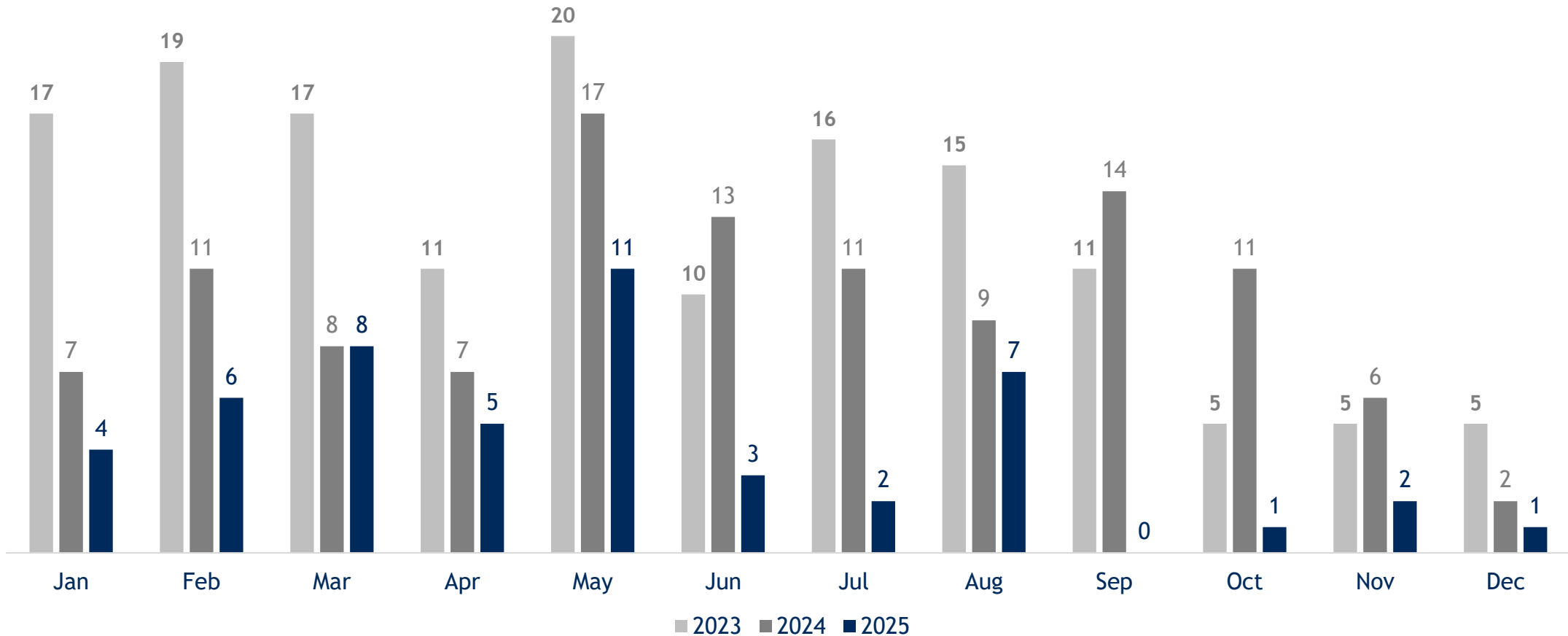
Cocaine, Cocaine Metabolite (benzoylecgonine), and Cocaine Metabolite (ecgonine methyl ester) were detected in **4** reports.



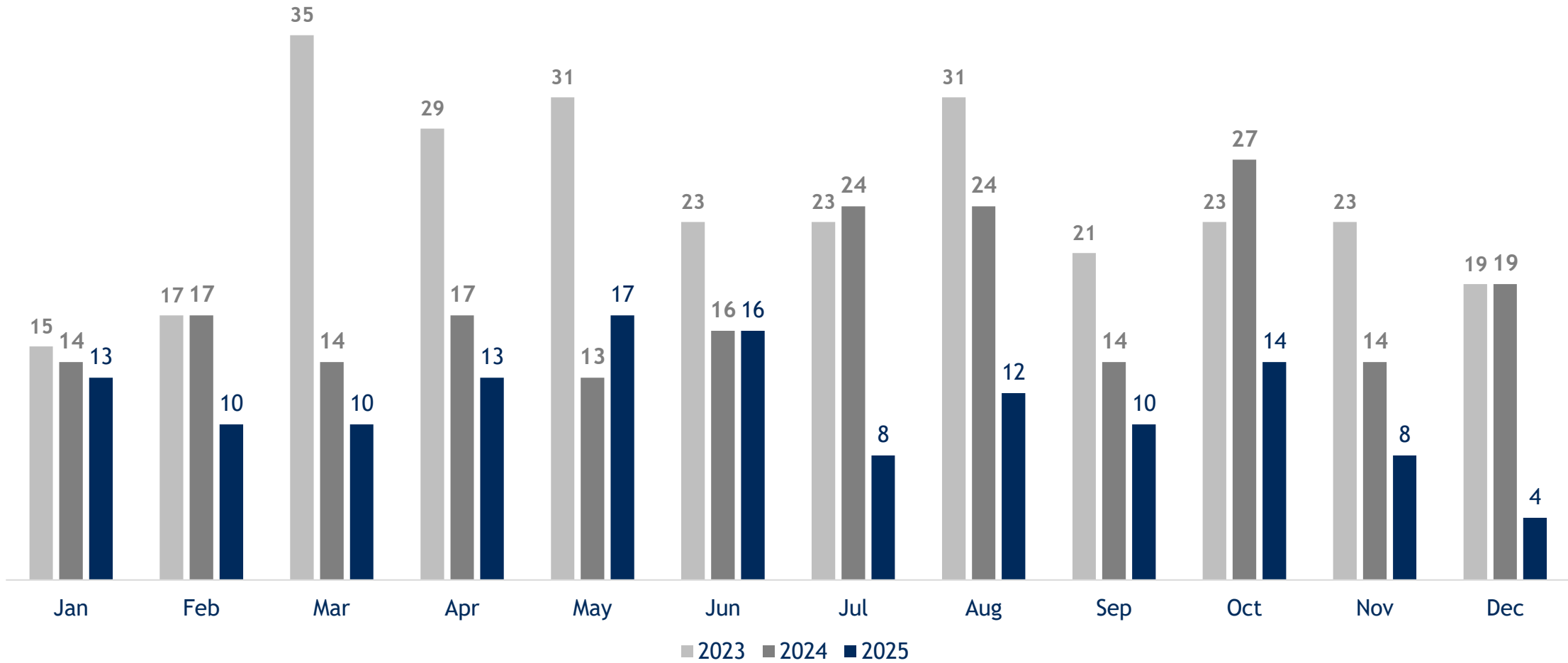
Surveillance Data



911 calls reported for unintentional drug overdose peaked in **May**, but were overall **fewer** in number than in 2024.

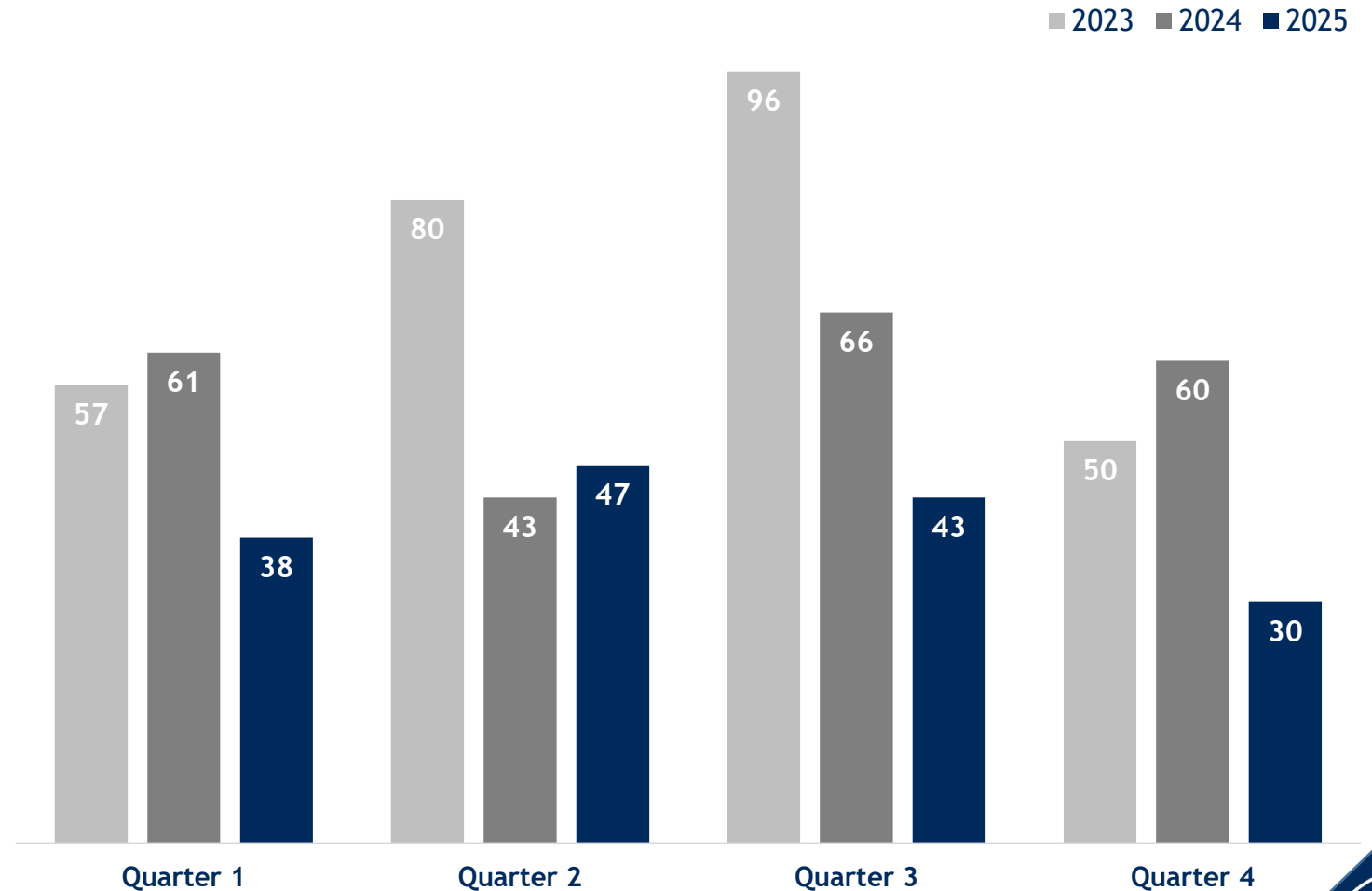


Emergency department visits for unintentional drug overdose peaked in May, but were overall fewer in number than in 2024.



Naloxone dose administration by EMS in the county continued to peak in quarter 3 (July, August, September).

- Clermont ranked **15th** out of all Ohio counties with **158** doses administered in 2025.
 - The number of doses has decreased from 230 in 2024.



**84.2% of Transporting Ohio EMS Agencies reporting in 2025*
**85.6% of Transporting Ohio EMS Agencies reporting in 2024*
**86.1% of Transporting Ohio EMS Agencies reporting in 2023*



The number of Naloxone doses administered by EMS providers was highest in the 45245 (Cincinnati) ZIP code.

**84.2% of Transporting Ohio EMS Agencies reporting in 2025*

**85.6% of Transporting Ohio EMS Agencies reporting in 2024*



Source: Ohio Emergency Medical Services, Naloxone Administration by County. [EMSNaloxoneAdminByZipCode2025.pdf](#) ; [EMSNaloxoneAdminByZipCode2024.pdf](#) ([ohio.gov](#)).

Secondary data.

Population based on the 2020 US Census. [Census Bureau Data](#).

Zip Code	City	Number of doses in 2024	Number of doses in 2025	Population	Rate per 10,000
45245	Cincinnati	61	46	21,505	21
45103	Batavia	37	41	31,976	13
45150	Milford	24	25	33,169	8
45121	Georgetown	10	22	8,615	26
45106	Bethel	24	19	13,014	15
45255	Cincinnati	28	18	21,923	8
45102	Amelia	47	17	22,869	7
45140	Loveland	18	16	56,093	3
45176	Williamsburg	15	15	9,851	15
45244	Cincinnati	12	11	28,755	4
45122	Goshen	17	10	12,271	8
45107	Blanchester	6	9	9,459	10
45130	Hamersville	4	8	4,013	*
45157	New Richmond	27	6	10,228	6
45120	Felicity	12	6	2,960	*
45153	Moscow	1	6	1,564	*
45162	Pleasant Plain	6	2	2,330	*
45160	Owensville	2	2	837	*
45147	Miamiville	2	2	208	*
45112	Chilo	1	0	62	0
45118	Fayetteville	0	0	3,768	0
45158	Newtownsville	0	0	426	0
45156	Neville	0	0	65	0

**rates not calculated for populations under 5,000*

Emerging Substances

Medetomidine is a veterinary tranquilizer, more potent than xylazine, that can cause adverse effects including slowed heart rate, low blood pressure and decreases in brain and spinal cord activity. It is not approved for use in people.

Medetomidine can cause central nervous system depression and death.

Like xylazine, medetomidine is not reversed by medications such as naloxone.

Medetomidine was present in 2 toxicology reports in 2025.

Nitazenes are potent synthetic opioids from a drug class known as benzimidazole-opioids. They were developed in the 1950s as a potential pain relief medication but never approved for clinical use.

Common nitazenes include isotonitazene, metonitazene, etonitazene, protonitazene. Some nitazenes are more potent than fentanyl. They can suppress breathing and heart rate, especially when taken in combination with other substances.

An overdose involving nitazenes may require a larger amount of Naloxone to counteract it. Nitazene detection test strips are available.

Nitazenes were not found in any toxicology reports in 2025.



TRENDS



Identified Trends: Demographics and Contributing Factors

- Clermont County continues to see a downward trend in number of fatal overdoses for the fourth year in a row. In 2025, there was a 41% decrease from 2024.
- 100% of decedents were white non-Hispanic. White non-Hispanic individuals have historically accounted for most overdose deaths in the county. Clermont County has had an increase in the past decades of other racial and ethnic populations but remains 93% white non-Hispanic.
- Most deaths continue to be among males.
- Most decedents ranged in age from 25 to 44.
- 100% of decedents were identified or reported to have had a history of substance use. Notably, some decedents had begun using illicit substances 10 or more years prior to death.
- 69% of decedents had a documented non-fatal overdose previously.
- 77% of decedents were noted to have had a history of substance use treatment. 46% of decedents were noted to have had a history of treatment within Clermont County agencies.
- Low education, poverty, and unstable housing were identified as contributing factors.



Identified Trends: Substances

- Fentanyl continues to be the most common substance found. 10 out of 13 toxicology reports found fentanyl.
- Three toxicology reports found methadone metabolite, compared to one in 2024.
- Two toxicology reports found medetomidine, an emerging substance not found in 2024.



Data to Action: Strategies and Activities



Strategies and Activities: Syringe Services Program (SSP)

In 2025, the **Clermont County Public Health Syringe Services Program** recorded **706 total client visits**, representing a slight decrease of 27 visits compared to 2024. While overall participation declined modestly, monthly engagement remained steady throughout the year, with notable increases toward the end of the year.

The program served **114 new clients** in 2025, which was 37 fewer than in 2024, suggesting continued engagement from established participants alongside fewer first-time visits.

Syringe exchange activity remained robust. A total of **140,101 syringes** were distributed, and **109,014 syringes** were collected during the year. Although both figures decreased compared to 2024, collection rates remained high, demonstrating ongoing effectiveness in promoting safe disposal and reducing community syringe litter.

Overdose prevention efforts increased significantly. The clinic distributed **1,521 doses of naloxone (Narcan)** in 2025—an increase of 469 doses from the prior year—reflecting expanded access to life-saving interventions and strong utilization by clients.

The program also distributed **1,923 fentanyl test strips** and **1,730 xylazine test strips**. While these numbers represent modest decreases from 2024, distribution levels remained substantial and consistent, underscoring continued demand for drug-checking tools as part of harm reduction efforts.

In October 2025, the program began distributing nitazine test strips in response to the increasing presence of nitazine, a potent additive to fentanyl. This addition expanded available drug-checking tools and enhanced client awareness of emerging overdose risks.



Strategies and Activities: Mental Health and Recovery Board

The Clermont County Mental Health and Recovery Board contracted with Child Focus, Greater Cincinnati Behavioral Health Services (GCBHS)/Clermont Recovery Center, Hope Community Center, and NAMI SW Ohio in 2025 for behavioral health services for Clermont County residents

- 5,934 crisis line calls providing crisis intervention and referral
- 204 county jail inmates connected to GCBHS community mental health services and substance use services aiming to reduce re-incarceration
- 667 residents received medication assisted treatment through the Opioid Treatment Program
- GCBHS served over 4,000 Clermont County residents, both adults and youth, through mental health, substance use, and early intervention programming



Strategies and Activities: Clermont Addiction Recovery Partnership (CARP)

The Clermont Addiction Recovery Partnership (CARP) lead various initiatives throughout the year including

- Clermont Bridge Day which brought more than a dozen on-site resources to the Eastgate Walmart, boosting recovery connections and support in Clermont County
- Overdose Awareness Day Event in New Richmond
- an art therapy initiative at recovery spaces throughout the county



Strategies and Activities: Community Health Improvement Plan (CHIP)

Adult Substance Misuse has been identified as a Community Health Improvement Plan (CHIP) priority area by the Clermont Partnership for Health (CPH)

Strategies to improve the mental health of the youth population in Clermont County that the CPH is implementing and tracking include:

- Recovery resource sharing
- Enhancing life skills and coping skills
- Promotion of safe storage



Recommendations for Future Prevention



Recommendations: Overview

The purpose of the Overdose Fatality Review (OFR) is to provide a comprehensive and multidisciplinary review of the circumstances of identified deaths to understand how and why the fatality occurred. Case review findings are used to catalyze action to prevent other deaths and ultimately improve the health and safety of individuals, families, and communities.

During the review process, OFR team members bring relevant agency records to the case review meeting. These records contain the information teams use to determine what happened in the individual's life, what led to the death, and what the community's response to the death looked like. The team then documents extensive data on the individual, the family/support system, the incident leading to the death, the death investigation, cause-specific risk and protective factors, and systems issues and barriers. The team also documents findings and prevention recommendations. The recommendations presented were developed through this process.



Recommendations

- Greater coordination between hospital systems and Clermont County services to ensure proper follow-up and referrals to addiction treatment programs, including facilitating warm handoffs
- Advocacy for affordable housing including
 - permanent supportive for those in addiction recovery
 - housing support upon release from incarceration
 - expansion of homeless services
 - referral to legal aid services for those facing eviction or financial instability
- Enhanced education regarding naloxone administration, including the importance of calling 911 in the event of an overdose
- Maximize health records systems to include automatic referral to services after an individual experiences a non-fatal overdose
- Unified linkage to care among addiction treatment facilities
- Increase support for primary intervention and upstream prevention including
 - generational/family support
 - preventing adverse childhood experiences (ACEs)



Next Steps

- Continue to improve communication and engagement among the board to ensure effective data sharing.
- Continue to improve monitoring and tracking of emerging drug trend patterns within the county and region.
- Continue to analyze both nonfatal overdoses and fatalities to gain insights for earlier intervention.



QUESTIONS

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Clermont County
Public Health
Prevent. Promote. Protect.

