2025
Fentanyl Overdose in Los Angeles County
Data Report

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SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

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Executive Summary

Fentanyl continues to be one of the most common drug types listed as a cause of death in accidental drug overdose deaths in Los Angeles County (LAC), accounting for 49% of all alcohol and other drug overdose deaths. The unique risks associated with one-time fentanyl exposure and the availability of interventions such as naloxone warrants focusing on the fentanyl crisis amid broader drug overdose concerns.

This data report presents the numbers and rates of fentanyl overdose deaths by sociodemographic and geographic groups dating from 2016, when routine testing for fentanyl began among overdose deaths, to 2025. Rates per 100,000 population for each group account for differences in population sizes between groups, allowing for comparisons.

After years of persistent increases, LAC experienced the largest reduction of fentanyl-related overdose deaths in its history with a 37% decline from 2023 to 2024. In 2025, there were 1,135 fentanyl-related overdose deaths, which represents an additional 10% decrease. While the decline in 2025 was more modest than the substantial reduction observed in 2024, the continued decline in fentanyl-related overdose deaths below historic highs during the pandemic demonstrates sustained progress in the County's efforts to address the overdose crisis. The findings suggest that a coordinated service continuum encompassing prevention, harm reduction, treatment, and recovery support, that implements data-driven response strategies, helps reduce overdose mortality and improve community health outcomes.

In 2025, adults aged 26–39 years had the highest rate of fentanyl-related overdose deaths (19.9 per 100,000 population). Males accounted for a significantly higher age-adjusted rate of fentanyl overdose and poisoning deaths, with a rate 3.9 times higher than that of females (17.5 vs. 4.4).

Hispanics/Latinos accounted for the largest number of fentanyl overdose deaths (450), followed by Whites (420), Blacks (222), and Asians (17). However, after adjusting for population size, the highest age-adjusted rates per 100,000 population were among Blacks (27.3), followed by Whites (16.1), Hispanics/Latinos (8.9), and Asians (1.1)

The rate of fentanyl-related overdose deaths was 5.4 times higher in the least affluent areas with more than 30% of families living below federal poverty level (FPL) compared to the most affluent areas with less than 10% of families living below FPL (44.1 vs. 8.1 per 100,000 population in 2025).

Fentanyl-related overdoses and poisoning are a significant public health problem across the United States and in LAC, across sociodemographic groups and geographic areas. The persistent inequities between under-resourced and more affluent groups underscore the need to target prevention efforts to those at highest risk to decrease fentanyl overdoses and advance health equity in LAC.

Introduction

Fentanyl is a synthetic opioid 50 times more potent than heroin and 100 times more potent than morphine. Pharmaceutical-grade fentanyl can be effective in treating severe pain when taken as prescribed. However, misuse of fentanyl, or either known or unknown use of illicitly manufactured fentanyl (IMF), can lead to addiction and overdose.

Even a tiny amount of fentanyl can cause death, especially for those without high tolerance. In the United States, fentanyl and its analogues have been increasingly involved in overdose deaths since 2013 and are now the most common drugs involved in fatal overdoses, accounting for 65% of all overdose deaths in 2024[1].

IMF is cheap and easy to make quickly and in large quantities. It has been found in nearly all forms of illegal street drugs and counterfeit pills, as drug traffickers intentionally add fentanyl to their drugs to reduce costs, to enhance the effect of an existing drug, and/or to make their drugs more addictive. Fentanyl can also be a contaminant when handling multiple drugs with the same equipment or in unclean environments. Thus, drugs containing IMF have variable and high potency, and can be more dangerous than often perceived, especially for youth who may experiment with drugs or pills[2].

IMF is widely available across the United States. In 2023, law enforcement seized enough fentanyl, mostly in the form of counterfeit pills, to provide a lethal dose to every American. An estimated 3 out of every 10 counterfeit pills with fentanyl contains a lethal dose. IMF can come in a variety of bright colors, shapes, and sizes to appeal to and drive addiction among youth and young adults, who are often targeted through social media platforms[3-4].

Although there has been a notable decrease in fentanyl overdose deaths, the crisis is far from over. There remains a critical need to deepen our understanding of the ongoing fentanyl overdose crisis and to identify emerging high-risk populations in Los Angeles County (LAC). These insights are essential to inform and tailor prevention strategies aimed at reducing the devastating impact of fentanyl in our communities.

Methods

This report presents accidental fentanyl overdose death data in LAC, with annual trends and sociodemographic and geographic breakdowns by Supervisorial District (SD) and regions of the County, including Service Planning Areas (SPA). In particular, these regions are organized as follows: Antelope Valley (SPA 1), San Fernando Valley (SPA 2), San Gabriel Valley (SPA 3), Metro (SPA 4), West (SPA 5), South (SPA 6), East (SPA 7), South Bay/Harbor (SPA 8).

Accidental overdose and poisoning deaths by fentanyl and fentanyl analogs in 2016-2025 were identified by text-based analyses of medical examiner investigation reports using data as of May 2026[5]. Detected drugs were classified as contributing to accidental overdose deaths if they were listed as one of the causes of death. Overdose deaths can involve more than one drug, so the sum of deaths reported by type can add up to more than the total number of overdose deaths. All deaths by accidental drug overdose and poisoning were included. Deaths involving acute trauma, drowning, burns, wounds, hanging, gun violence, and suicide were excluded.

SD and regional designations for each event reviewed were based on residential address or residential zip code. If residential address was missing, death location was used. Poverty estimates were defined based on the percentage of families living at or below the federal poverty level (FPL) in the census tract of each person's residence using the latest available data from the American Community Survey[6]. Differences in population size were accounted for by calculating rates per 100,000 population using the latest available population estimates from LAC Internal Services Division[7] as denominators.

Results

Drug Overdose Deaths

Figure 1 and **Figure 2** show that both the number and rate of accidental drug overdose and poisoning deaths in LAC increased steadily each year from 2016, reaching a peak in 2022 with 3,220 deaths (an age-adjusted rate of 30.8 deaths per 100,000 population). From 2022 to 2023, accidental overdose deaths decreased for the first time, by 3%. This was followed by a substantial 22% decline from 2023 to 2024, and an additional 6% decline from 2024 to 2025.

Fentanyl has been a major driver of accidental overdose deaths, surpassing methamphetamine in 2022 and 2023 as the most common drug type listed as a cause of death. In 2025, the proportion of accidental overdose deaths involving fentanyl declined to 49%, down from its peak of 64% in 2023, and below that of methamphetamine (61%).

The proportion of all opioid overdose deaths involving fentanyl increased from 19% in 2016 to 94% in 2023, then decreased to 89% in 2025. Accidental fentanyl overdose and poisoning deaths increased rapidly, from 109 in 2016 to 2,001 in 2023. In 2024, fentanyl overdose deaths declined sharply by 37%, and continued to drop by 10% from 2024 to 2025.

Figure 1. Number of Drug Overdose Deaths by Drug, LAC, 2016-2025

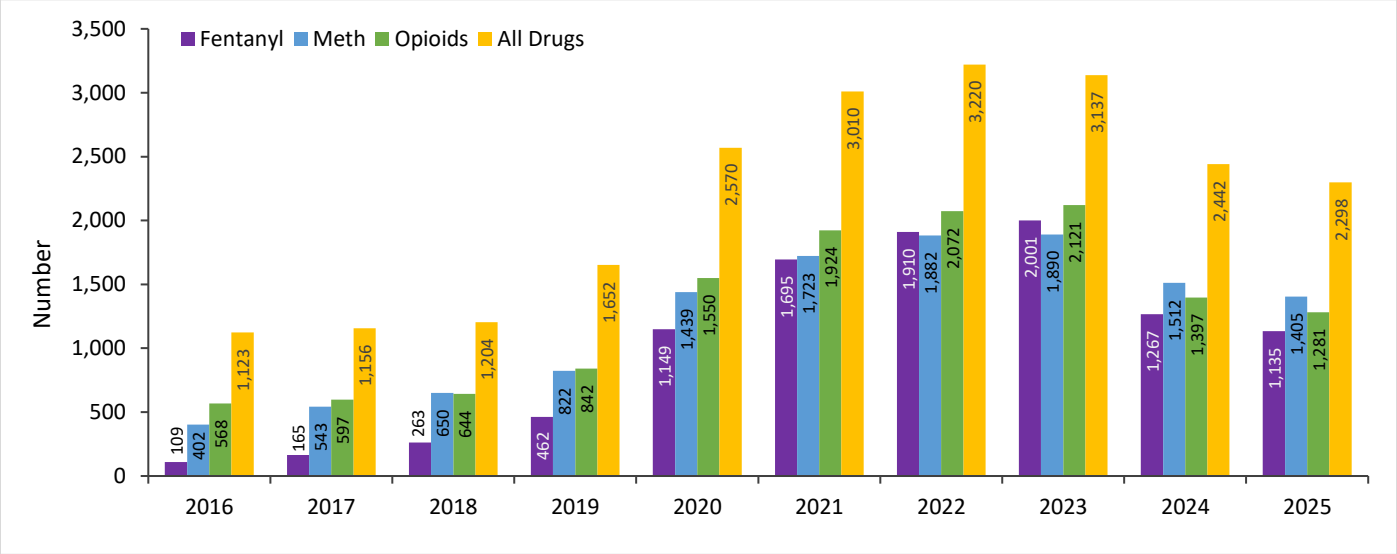
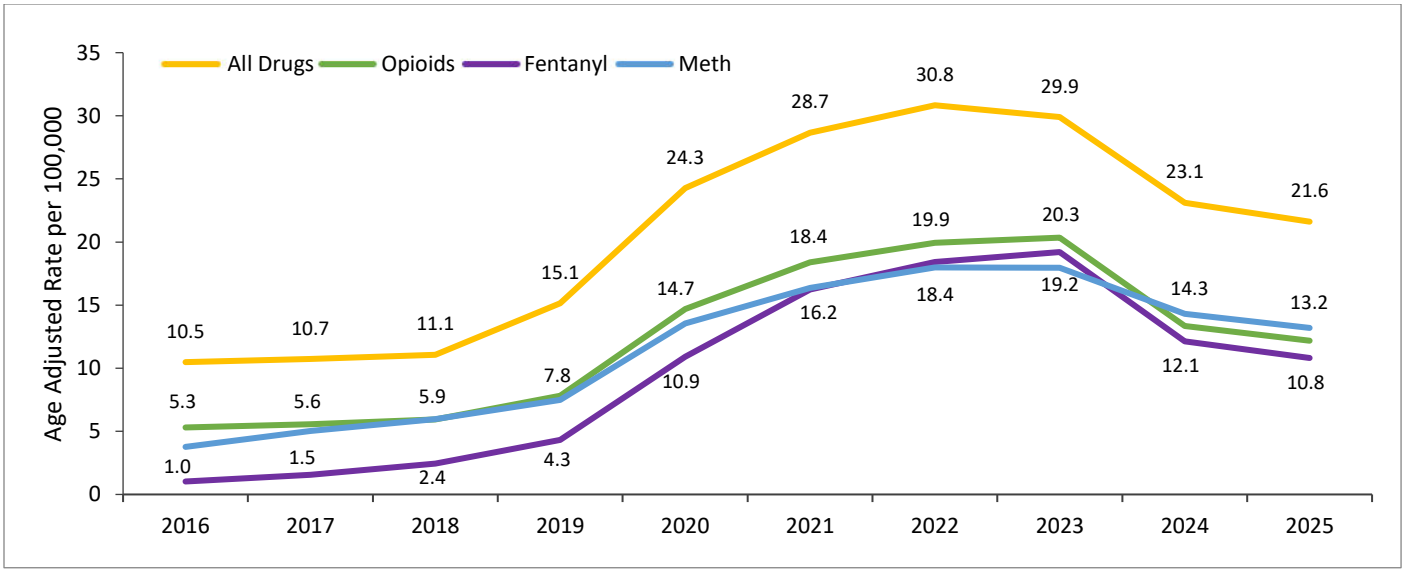


Figure 2. Age-Adjusted Rate of Drug Overdose Deaths per 100,000 Population by Drug, LAC, 2016-2025



*Notes: All drug overdose deaths in this report are due to accidental drug overdose, excluding intentional overdose such as suicide. Opioids refers to accidental overdose deaths involving all opioids, including fentanyl, heroin, and prescription (Rx) opioids excluding fentanyl. Meth refers to methamphetamine.

Fentanyl Overdose Deaths by Age

Figure 3 and **Table 1** show that there were large increases in fentanyl overdose deaths from 2016-2023, but deaths declined for all age groups in 2024. From 2024 to 2025, fentanyl overdose deaths increased by 21% for older adults aged 65+, while that for all other age groups continued to decrease.

In 2025, fentanyl overdose deaths occurred most often among adults aged 40-64 (47%), followed by adults aged 26-39 (37%), young adults aged 18-25 (8%), older adults aged 65+ (7%), and youth 17 and under (1%) in LAC.

Figure 4 shows that fentanyl overdose death rates per 100,000 population were highest for adults aged 26-39 (rate=19.9), followed by adults 40-64 (rate=16.6), young adults aged 18-25 (rate=8.5), older adults 65+ (rate=5.2), and youth 17 and under (rate=0.5) in 2025. The rate of fentanyl overdose deaths among young adults aged 18-25 consistently decreased since 2021.

Figure 3. Number of Fentanyl Overdose Deaths by Age, LAC, 2016-2025

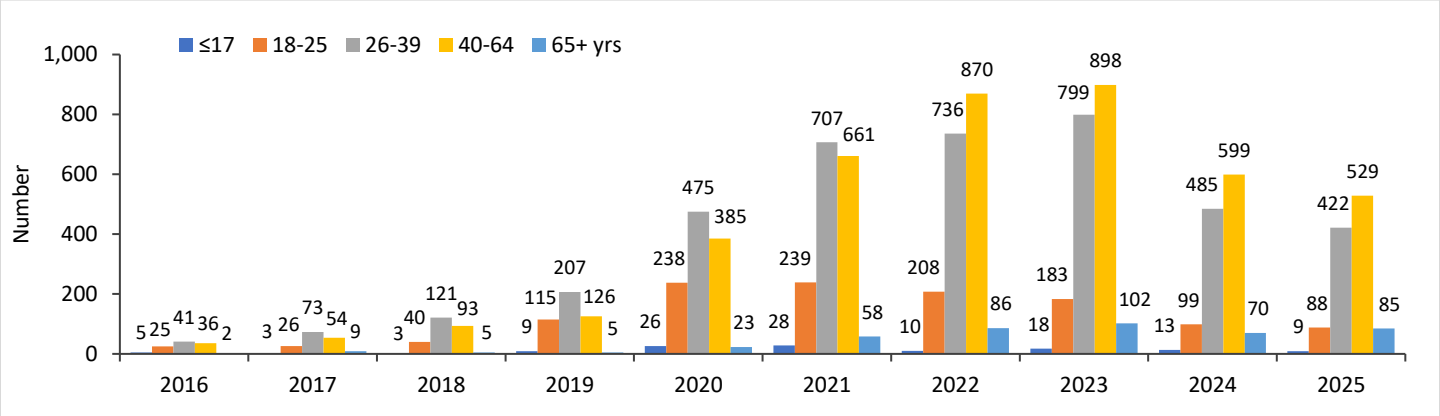


Figure 4. Age-Specific Rates of Fentanyl Overdose Deaths per 100,000 by Age, LAC, 2016-2025

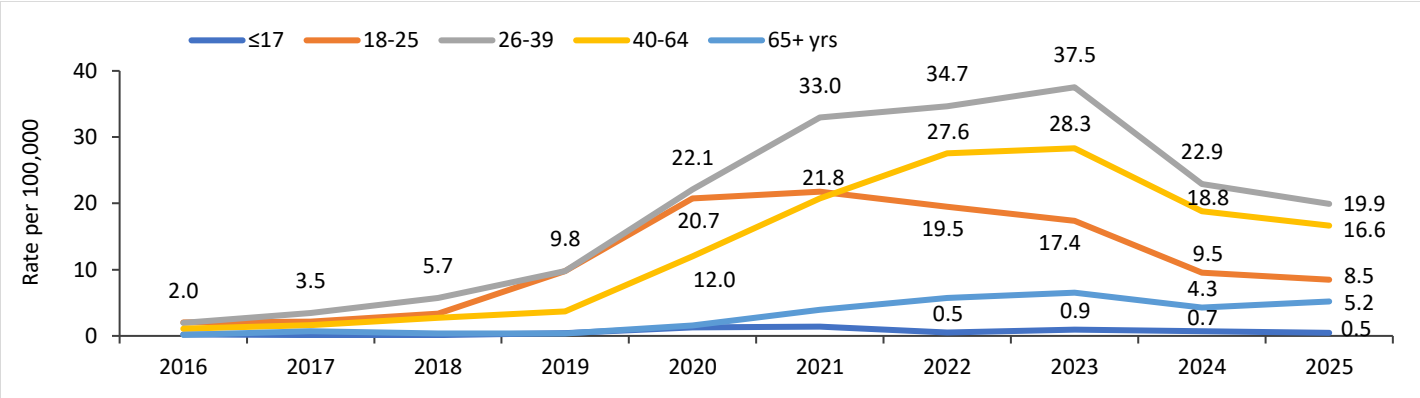


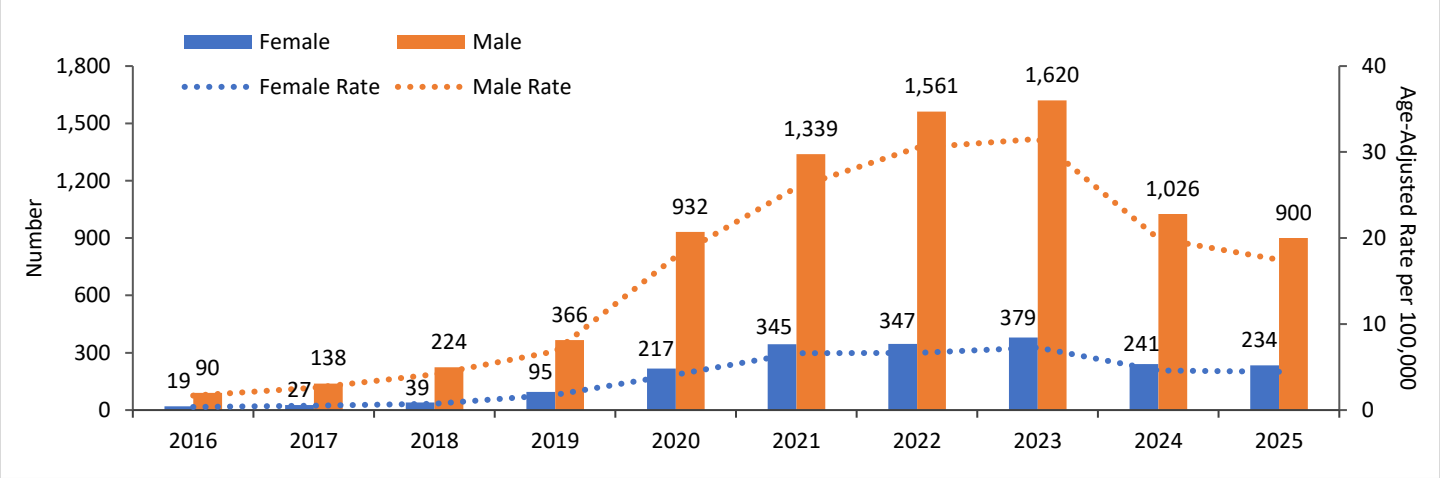
Table 1. Fentanyl Overdose Deaths by Age, LAC, 2016-2025

LAC											
Age	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**Total**
Number of Deaths											
≤17	5	3	3	9	26	28	10	18	13	9	124
18-25	25	26	40	115	238	239	208	183	99	88	1,261
26-39	41	73	121	207	475	707	736	799	485	422	4,066
40-64	36	54	93	126	385	661	870	898	599	529	4,251
65+	2	9	5	5	23	58	86	102	70	85	445
Missing	0	0	1	0	2	2	0	1	1	2	9
Total	109	165	263	462	1,149	1,695	1,910	2,001	1,267	1,135	10,156
Rate per 100,000 Population											
≤17	0.2	0.1	0.1	0.4	1.3	1.4	0.5	0.9	0.7	0.5	0.6
18-25	2.0	2.1	3.3	9.8	20.7	21.8	19.5	17,4	9.5	8.5	11.2
26-39	2.0	3.5	5.7	9.8	22.1	33.0	34.7	37.5	22.9	19.9	19.2
40-64	1.1	1.6	2.7	3.7	12.0	20.8	27.6	28.3	18.8	16.6	13.1
65+	0.2	0.7	0.4	0.4	1.6	3.9	5.7	6.5	4.3	5.2	3.0
Total	1.1	1.6	2.6	4.5	11.5	17.1	19.5	20.4	12.9	11.5	10.1

Fentanyl Overdose Deaths by Gender

Figure 5 shows that males accounted for more fentanyl overdose deaths than females. From 2016 to 2023, fentanyl overdose deaths increased by 1,700% for males (n=90 to 1,620), and increased by 1,895% for females (n=19 to 379). From 2023 to 2025, the decreases in fentanyl overdose deaths for males (by 44%) were larger than that for females (by 38%). This lowered the gender disparity, though the age-adjusted rate of fentanyl overdose deaths in 2025 was still 3.9 times higher for males (rate=17.5) than for females (rate=4.4).

Figure 5. Number and Age-Adjusted Rates of Fentanyl Overdose Deaths per 100,000 by Gender, LAC, 2016-2025

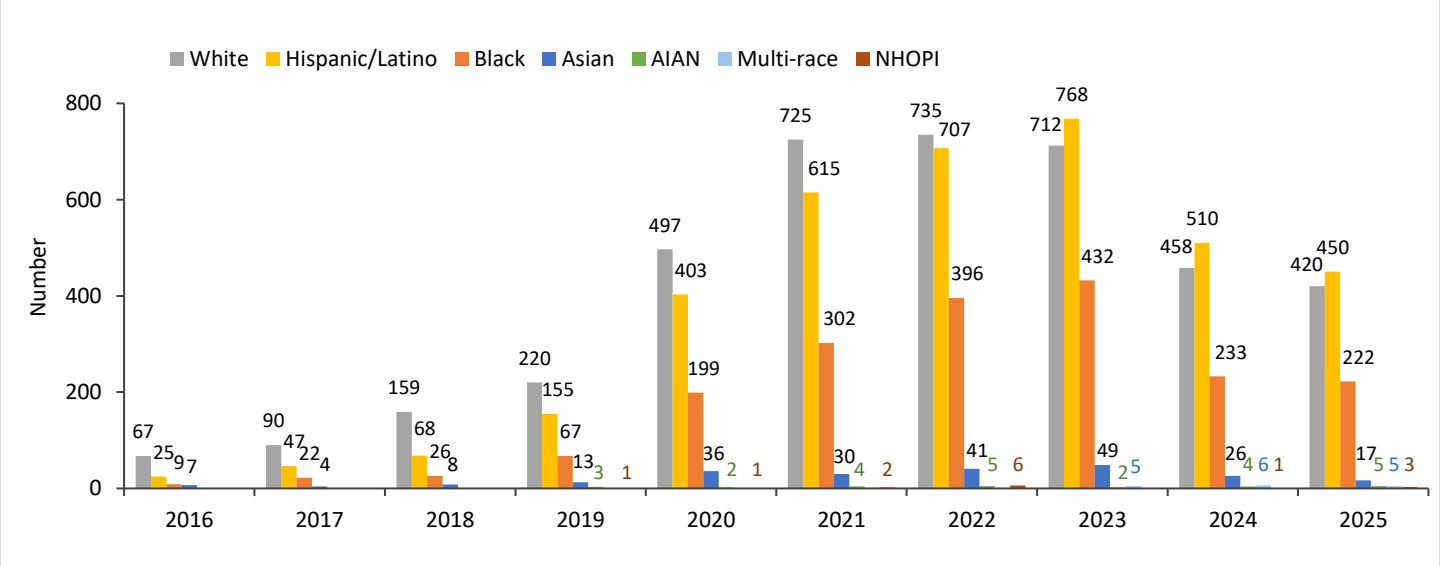


Fentanyl Overdose Deaths by Race/Ethnicity

Figure 6 shows that fentanyl overdose deaths increased for all race/ethnicities from 2016-2022, with Whites having the largest numbers, followed by Hispanics/Latinos, Blacks, and Asians. In 2023, fentanyl overdose deaths decreased for the first time among Whites, to below that of Hispanics/Latinos, while deaths for all other race/ethnic groups continued to increase. In 2025, Hispanics/Latinos (n=450, 40%) continued to account for the largest proportion of fentanyl overdose deaths, followed by Whites (n=420, 37%), Blacks (n=222, 20%), Asians (n=17, 2%), Multiple-races and American Indian/Alaskan Natives (both n=5, 0.4%), and Native Hawaiian/Pacific Islanders (n=3, 0.3%).

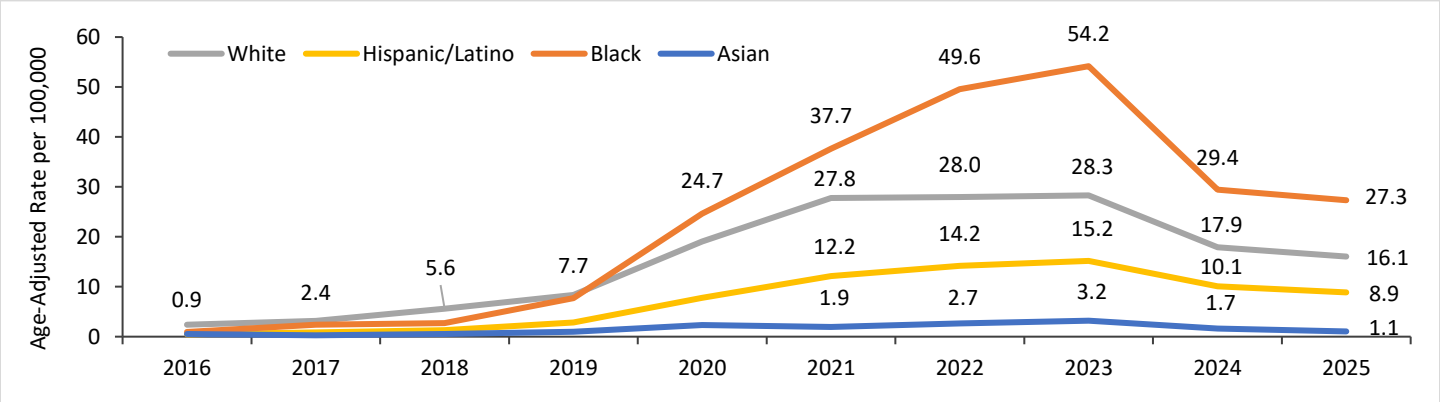
Figure 7 shows that the age-adjusted rates of fentanyl overdose deaths per 100,000 population in 2025, when accounting for different population sizes, were significantly higher for Blacks (rate=27.3), followed by Whites (rate=16.1), Hispanics/Latinos (rate=8.9), and then Asians (rate=1.1). From 2023 to 2025, the fentanyl overdose death age-adjusted rates decreased the most for Asians (by 67%), followed by Blacks (by 50%), Whites (by 43%) and Hispanics/Latinos (by 41%). Rates for small race/ethnic groups were unreliable and not presented.

Figure 6. Number of Fentanyl Overdose Deaths by Race/Ethnicity, LAC, 2016-2025



Notes: AIAN: American Indian/Alaskan Native. Multi: Multiple-race. NHOPI: Native Hawaiian or Other Pacific Islander. Multiple-race available starting 2023.

Figure 7. Age-Adjusted Rate of Fentanyl Overdose Deaths by Race/Ethnicity per 100,000 Population, LAC, 2016-2025



Fentanyl Overdose Deaths by Area Poverty

Figure 8 shows that more affluent areas had higher numbers of fentanyl overdose deaths than areas where more families are living in poverty. Areas that had less than 10% of families living below the Federal Poverty Level (FPL) accounted for 45% of fentanyl overdose deaths in 2016-2025, while areas with more than 30% of families living below the FPL accounted for 8%.

Figure 9 shows that the age-adjusted rates of fentanyl overdose deaths per 100,000 population remained much higher in the areas where more than 30% of families live below the FPL compared to the more affluent areas from 2016 to 2025. From 2024 to 2025, the least affluent areas had increases in the age-adjusted rates of fentanyl overdose deaths while the more affluent areas had continued declines since 2023. In 2025, the age-adjusted fentanyl overdose death rate for the areas with more than 30% of families living below FPL (rate=44.1) was 5.4 times that of the most affluent areas with less than 10% of families living below FPL (rate=8.1).

Figure 8. Number of Fentanyl Overdose Deaths by Area Poverty, LAC, 2016-2025

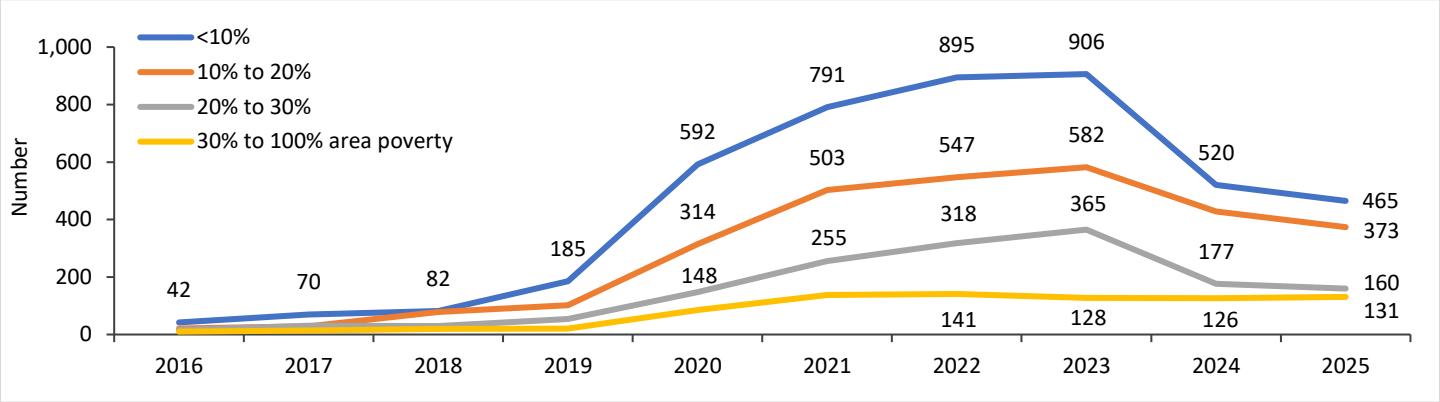
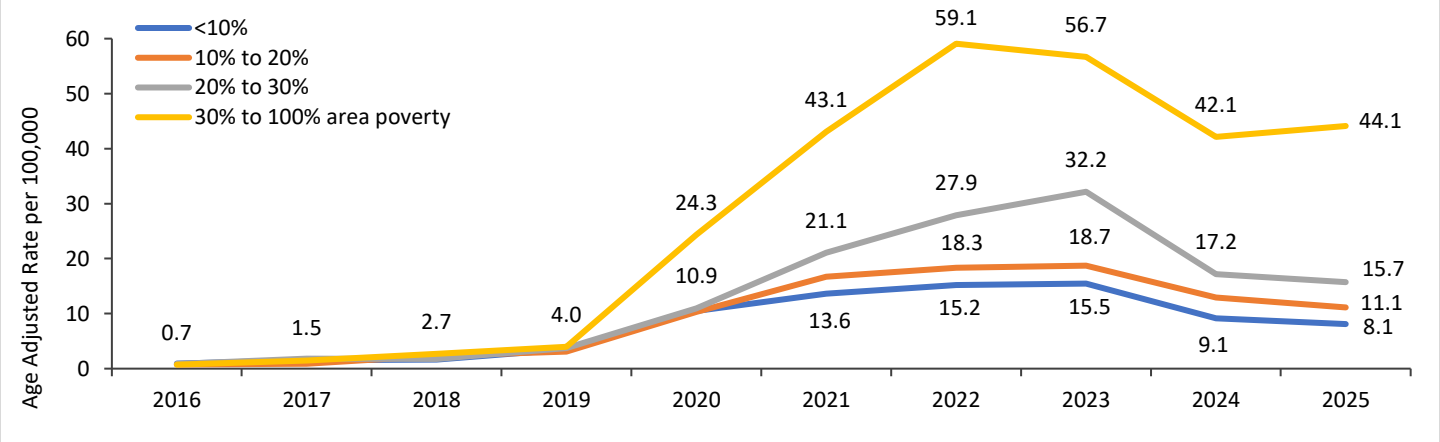


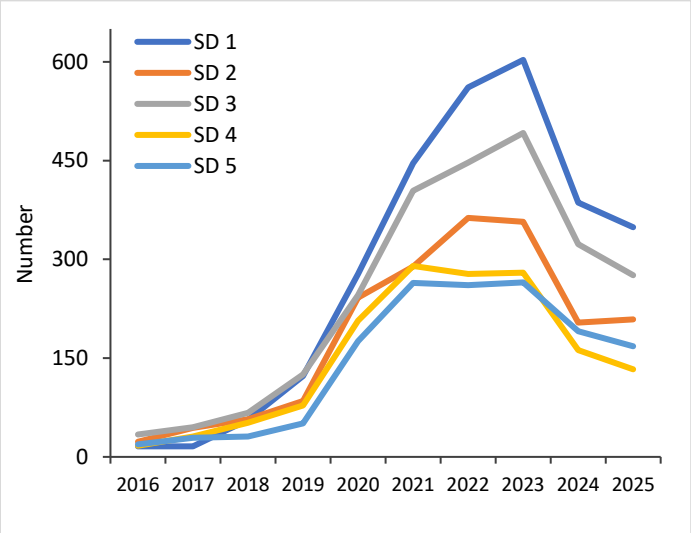
Figure 9. Age-Adjusted Rate of Fentanyl Overdose Deaths by Area Poverty per 100,000 Population, LAC, 2016-2025



Fentanyl Overdose Deaths by Supervisorial District (SD)

Figure 10 shows the fentanyl overdose death counts and age-adjusted rates per 100,000 population by SD during 2016-2025. Starting in 2020, fentanyl overdose death counts and rates in LAC were highest in SD 1. Although SD 2 had the largest decreases in the count and age-adjusted rates of fentanyl overdose deaths from 2023 to 2024, it also had slight increases from 2024 to 2025 while all other SDs had continued declines since 2023.

Figure 10. Fentanyl Overdose Death Counts and Age-Adjusted Rates per 100,000 by SD, LAC, 2016-2025



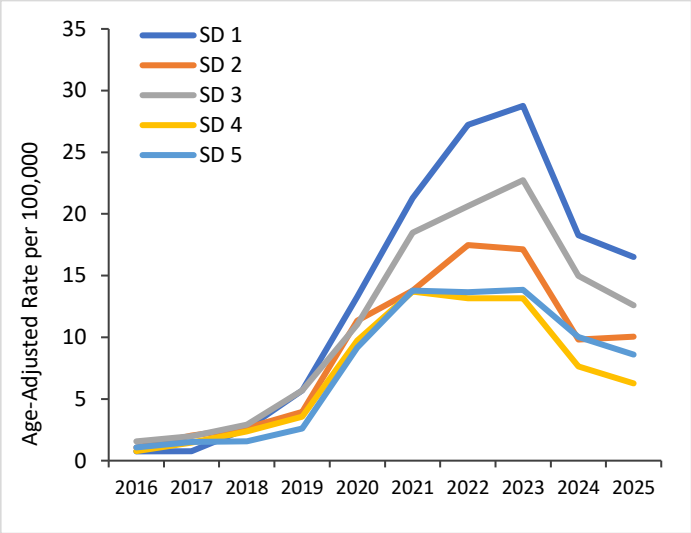


Table 2 shows the aggregated fentanyl overdose deaths by age for each SD in 2016-2025.

Table 2. Fentanyl Overdose Deaths by Age and SD, LAC, 2016-2025

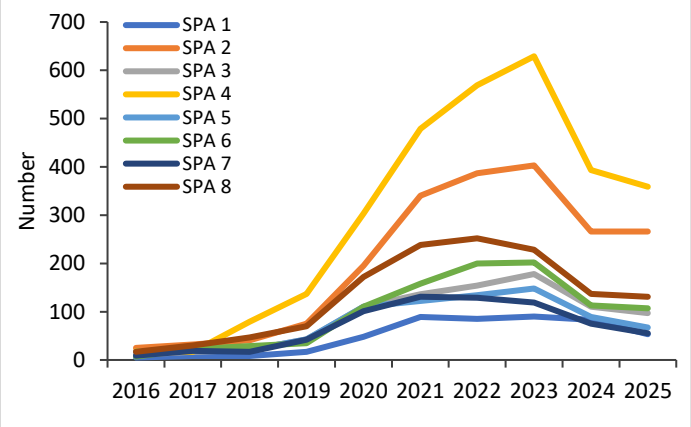
Age	SD 1	SD 2	SD 3	SD 4	SD 5	Missing SD	LAC
Number of Deaths							
≤17	32	24	22	28	18	0	124
18-25	279	257	309	227	189	0	1,261
26-39	1,052	736	1,023	624	631	0	4,066
40-64	1,311	753	1,024	596	560	7	4,251
65+	153	103	80	52	57	0	445
Missing	7	0	1	1	0	0	9
Total	2,834	1,873	2,459	1,528	1,455	7	10,156
Rate per 100,000 Population							
≤17	0.8	0.5	0.6	0.6	0.5	-	0.6
18-25	12.5	11.0	14.0	9.3	9.3	-	11.2
26-39	24.2	16.8	22.2	14.9	17.2	-	19.2
40-64	20.6	11.9	15.2	8.9	8.8	-	13.1
65+	5.2	4.1	2.5	1.7	1.9	-	3.0
Total	14.2	9.3	12.0	7.3	7.7	-	10.1

*Missing SD refers to the records that were not designated to any SD due to missing address or zip code.

Fentanyl Overdose Deaths by Service Planning Area (SPA)

Figure 11 shows the fentanyl overdose death counts and age-adjusted rates per 100,000 population by SPA in 2016-2025. Starting in 2018, SPA 4 had by far the highest number and age-adjusted rate of fentanyl overdose deaths. Fentanyl overdose death counts and age-adjusted rates decreased in all regions from 2023 to 2025. Fentanyl overdose death rates have been decreasing since 2021 in SPA 7, and since 2022 in SPA 8. Fentanyl overdose death counts and age-adjusted rates decreased in all regions from 2023 to 2025, with the largest decreases occurring in SPA 7 and SPA 5, and the smallest decreases in SPA 2.

Figure 11. Fentanyl Overdose Death Counts and Age-Adjusted Rates per 100,000 by SPA, LAC, 2016-2025



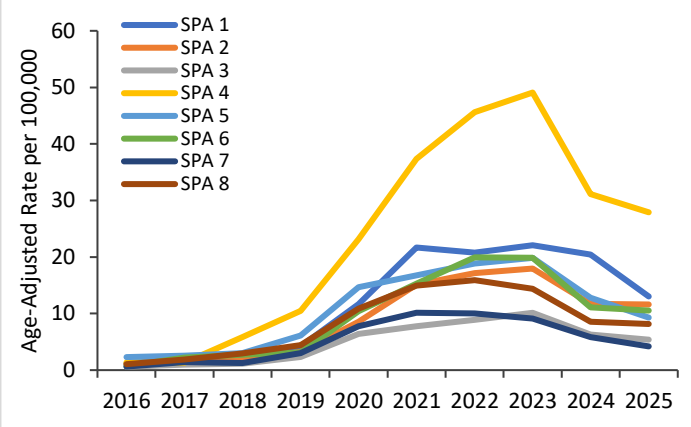


Table 3 shows the aggregated fentanyl overdose deaths by age for each SPA in 2016-2025.

Table 3. Fentanyl Overdose Deaths by Age and Region, LAC, 2016-2025

Age	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	Missing SPA	LAC
Number of Deaths										
≤17	8	23	25	11	5	18	20	14	0	115
18-25	57	264	150	249	85	146	129	181	0	1,173
26-39	205	849	360	1,165	335	339	297	516	0	3,642
40-64	187	818	319	1,401	318	409	234	558	7	3,720
65+	29	76	22	150	27	72	17	52	0	360
Missing	0	0	1	7	0	0	0	1	0	7
Total	486	2,030	877	2,983	770	984	697	1,322	7	10,156
Rates per 100,000 Population										
≤17	0.8	0.5	0.7	0.6	0.5	0.7	0.7	0.4	-	0.6
18-25	10.9	11.4	7.5	23.5	11.3	10.4	8.3	10.9	-	11.2
26-39	26.6	18.9	10.6	37.7	21.1	15.6	11.5	16.6	-	19.2
40-64	15.0	11.0	5.5	37.2	15.1	13.8	5.8	10.9	-	13.1
65+	5.8	2.3	0.7	10.0	2.4	6.9	1.0	2.2	-	3.0
Total	11.9	9.2	5.0	26.3	11.7	9.6	5.4	8.5	-	10.1

*Missing region info refers to records that were not designated any regions due to missing addresses or zip codes.

Discussion

The decline in fentanyl-related overdose deaths observed over the past two years represents a significant shift following years of sustained and historic increases in LAC. Although the pace of decline slowed in 2025, the consecutive reductions suggest continued progress and reflect the collective impact of a coordinated overdose prevention framework that includes prevention, harm reduction, treatment, recovery support, and data-driven response strategies.

Despite these encouraging trends, fentanyl remains a significant public health threat across diverse populations and communities throughout LAC. Analysis indicates that overdose mortality continues to disproportionately affect historically underserved populations and residents living in economically disadvantaged neighborhoods. In particular, fentanyl overdose death rates remain substantially higher among Black residents. Although Black residents comprise approximately 7% of the County population, they accounted for 20% of fentanyl overdose deaths in 2025. These findings underscore the importance of examining population-adjusted rates in addition to counts, as rates provide a more accurate assessment of inequities and disease burden across communities.

The continued presence of fentanyl throughout the illicit drug supply, including counterfeit pills and other substances not obtained through healthcare settings, creates a substantial risk of unintentional overdose. However, overdose deaths are largely preventable through implementation of evidence-based prevention, harm reduction, treatment, and recovery strategies. Primary prevention efforts should include clear and consistent messaging regarding the risks associated with illicit drug use and the widespread presence of fentanyl in the drug supply. Harm reduction interventions, including expanded access to naloxone, fentanyl test strips, overdose education, and linkage to care, remain critical components of overdose prevention. Equally important is ensuring timely access to effective treatment and recovery support services for individuals with substance use disorders.

Sustained progress will require strategies that are responsive to the unique needs of populations and communities disproportionately affected by overdose. A comprehensive public health approach must address the economic, structural, and social factors that increase overdose risk and limit access to prevention, treatment, and recovery services. By continuing to adapt interventions and investments in response to emerging trends and persistent disparities, LAC can strengthen its response to the overdose crisis and advance equitable improvements in health outcomes.

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