

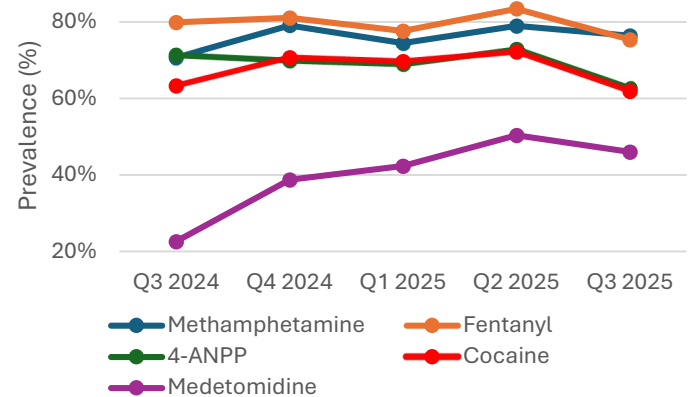
# Overdose-Related Trends in Marion County, IN | Q3 2025

## Paraphernalia Surveillance

**Background:** A sample of paraphernalia items from Safe Syringe Access and Support (SSAS) are collected and analyzed through the Indiana Department of Health State Laboratory. The results help identify which substances are detected in Marion County. In Quarter 3 2025, a total of 642 paraphernalia items were tested across all participating safe syringe sites. Please note: A sample of items are removed from containers for testing which may introduce the risk of selection bias. In addition, items collected each month may vary, as paraphernalia items are collected from 5 safe syringe sites across Marion County. It is unknown the number of times the paraphernalia was used, so the substances detected on an item may not reflect the substances in a single drug product.

- The top substances detected in Q3 were the following:
  - Methamphetamine (76%)
  - Fentanyl (75%)
  - 4-ANPP (63%)
  - Cocaine (62%)
  - Medetomidine (46%)
- When compared to this time last year (Q3 2024), meth **increased by 7%**.
- Medetomidine remains steady with **over 40%** of paraphernalia items containing substances.

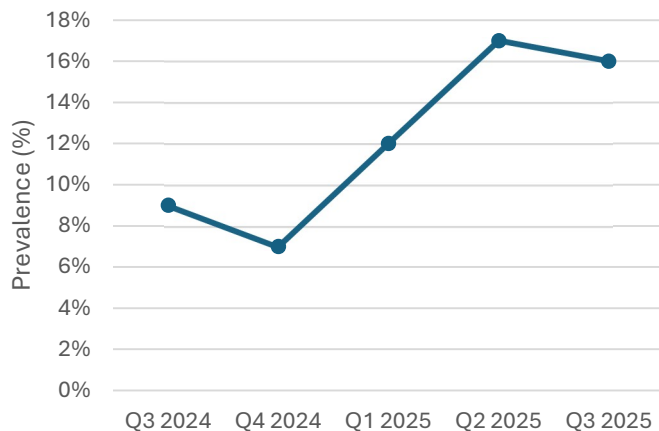
### Top 5 Substances Detected



### Notable Trends

- The prevalence of xylazine was 35%, making it the lowest percentage detected.
- The following substances were first observed during Q3: 5F-MDMB-PINACA (5F-ADB), FUB-AMB (MMB-FUBINACA)<sup>1</sup> (*synthetic cannabinoids*), and cyclopropyl fentanyl (*fentanyl analog*).

### Carfentanil Trends



- Overall, carfentanil remains above 10% throughout 2025.
- The prevalence of carfentanil was **16%**, showing a slight decrease from last quarter.
- Among items that contained carfentanil, common co-detected substances were:
  - 4-ANPP
  - Fentanyl
  - Xylazine
  - Cocaine

*It is important to know our testing does not provide quantifiable results, so the exact amount of carfentanil in items is unknown\*.*

If you have questions about the data, please contact [epidemiology@marionhealth.org](mailto:epidemiology@marionhealth.org). Prepared by Epidemiology DR6013.

1. Jones SA, Soto K, Grogan E, Senetcky A, Logan S, Cartter M. Notes from the Field: Syndromic Surveillance Used To Monitor Emergency Department Visits During a Synthetic Cannabinoid Overdose Outbreak — Connecticut, August 2018. MMWR Morb Mortal Wkly Rep 2020;69:220–221. DOI: <http://dx.doi.org/10.15585/mmwr.mm6908a4>.

# Overdose-Related Trends in Marion County, IN | Q3 2025

## Suspected Drug Intoxication Deaths

**Background:** This report is created in coordination between the Marion County Public Health Department (MCPHD) and the Marion County Coroner's Office (MCCO). All cases included in this report are *suspected* drug intoxication deaths. These deaths are still under investigation by the MCCO and are subject to change as toxicology reports are completed. Confirmed statistics will be included in the MCCO's next annual report.

### Q3 2025 Overview

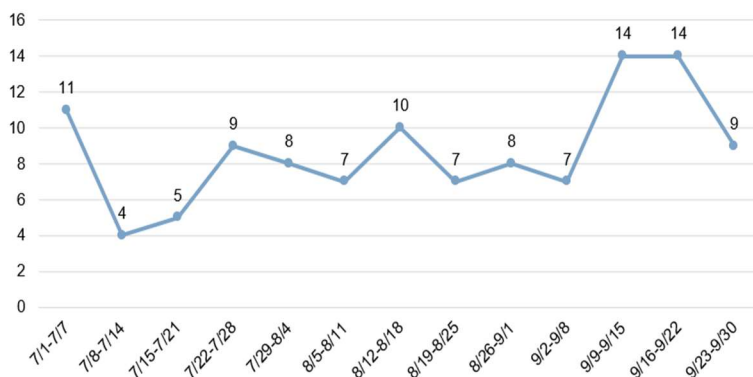
Q3 2025  
113 Deaths

Q3 2024  
125 Deaths

Percent Change  
▼ 9.6%  
From previous year

- In Q3 2025, there were 113 suspected drug intoxication deaths, but in Q3 2024, there were 125 deaths (**9.6% decrease**)
- Out of the 113 suspected deaths, 14 (12%) deaths occurred between both **9/9 – 9/15** & **9/16 – 9/22**, which accounted for the most deaths by week for Q3 2025

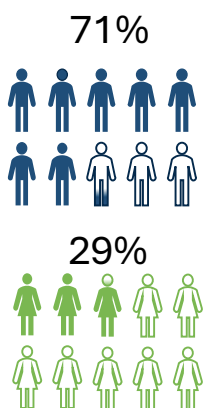
### Weekly Trends



### Notable Toxicology Trends

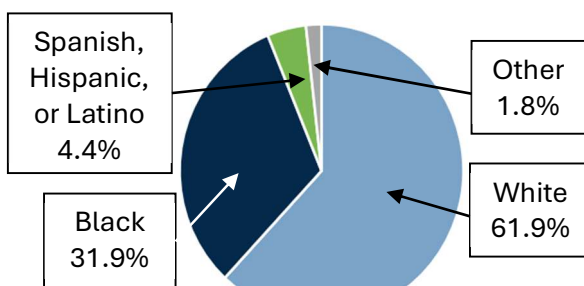
- Benzodiazepines** were in the top 5 substances for the second consecutive quarter
- Methamphetamine** increased again (prevalence now at 40%)

### By Sex

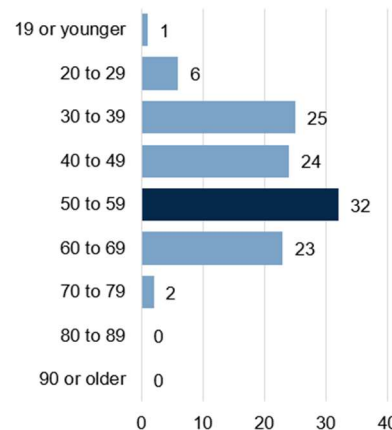


### Demographic Distribution

#### By Race & Ethnicity



### By Age Group



**Disclaimer:** This report was supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of Overdose Data to Action: LOCAL (CDC-RFA-CE-23-0003). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government. All data in this report was collected and provided by the MCCO.