

City & County of San Francisco  
Daniel Lurie, Mayor



Office of the City Administrator  
Carmen Chu, City Administrator  
David Serrano Sewell, Executive Director  
Office of the Chief Medical Examiner

April 24, 2026

**Subject: Report on 2026 Accidental Overdose Deaths**

The enclosed report satisfies the ordinance's reporting criteria and includes preliminary data of accidental overdose deaths in the City and County of San Francisco from January 01, 2026, to March 31, 2026. The number of accidental overdose deaths in this period was 148.

The preliminary number of accidental overdose deaths involving **Xylazine, Bromazolam, Medetomidine, and Fluoro Fentanyl** from January 01, 2026, to March 31, 2026 are as follows:

- Xylazine: 4
- Bromazolam: 2
- Medetomidine: 2
- Fluoro Fentanyl: 1

The reports are published by the Office of the Chief Medical Examiner (OCME), Forensic Laboratory Division, to comply with local and state reporting guidelines and further OCME's mission to provide neutral data to inform policymakers. Please note, these results are preliminary as of testing to April 24, 2026, and are subject to change as the OCME finalizes the manner and cause of each death.

Pertinent for accurate use of these reports is understanding the source of the data and its subsequent summarization process. Decedent demographic and case information were obtained from the OCME case management system. Additionally, specific details from investigator narratives, forensic toxicology results, and where available, preliminary autopsy findings, were utilized. Collected demographic information included race, gender, age, fixed address status, fixed address location, and death location. This report provides a summary of these key demographic, geographic, and toxicology trends, and is updated and published in coordination with the San Francisco Department of Public Health.

Due to their significance in accidental overdose deaths, the reported drugs for open cases were specific to fentanyl, heroin, medicinal opioids, methamphetamine and cocaine. Their detection in blood was captured to best determine relevance in each case. Medicinal opioid-positive cases required the presence of codeine, hydrocodone, oxycodone, morphine, hydromorphone, oxymorphone, buprenorphine, tramadol, and/or methadone. Heroin-likely determination was more closely evaluated, requiring the presence of specific heroin markers in blood or urine, expected morphine to codeine ratios, and/or case details consistent with heroin use. Closed casework included any drug and alcohol-involved accidental overdose where the death has been certified.

Sincerely,

A handwritten signature in blue ink, appearing to read "Luke N. Rodda".

Luke N. Rodda, Ph.D. MRACI CChem  
Chief Forensic Toxicologist and Director, Forensic Laboratory Division

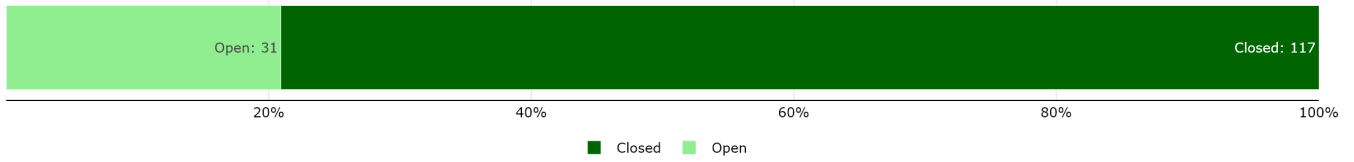
cc: Office of the City Administrator

Enclosures: Accidental Drug Overdose Data Reports for January 01, 2026 through March 31, 2026

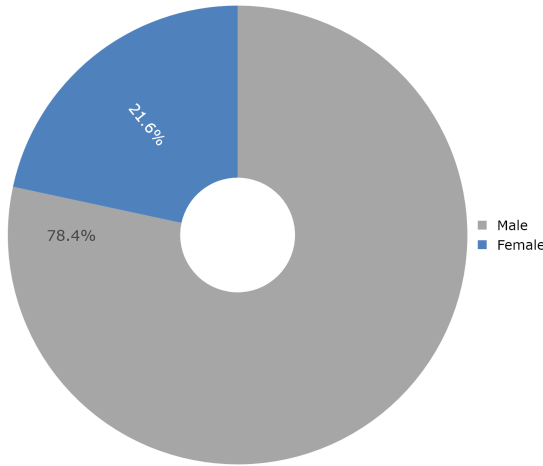
# Accidental Drug Overdose Data Report for January - March 2026



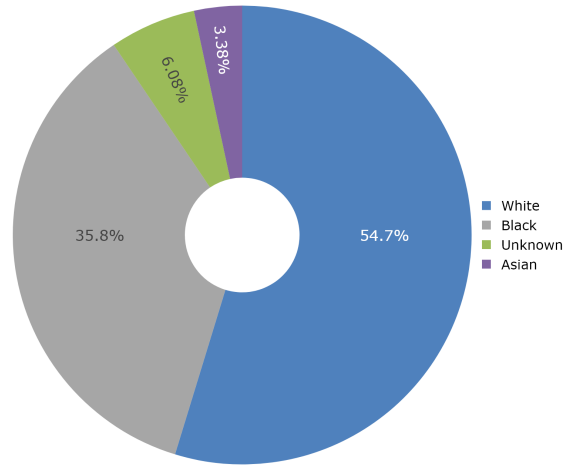
### Case Status



### Gender

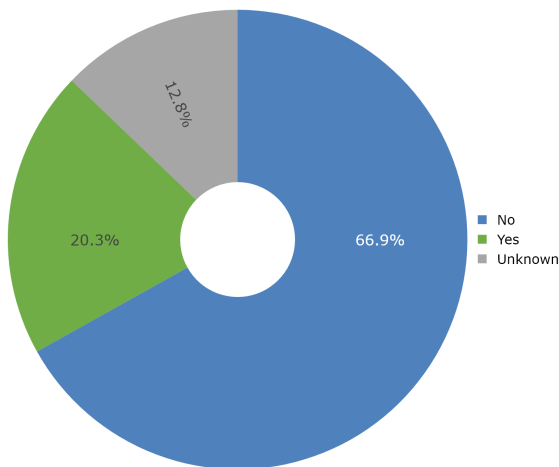


### Race

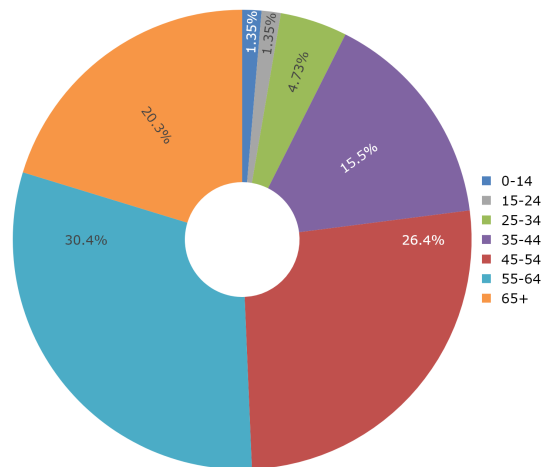


"Gender" refers to gender at time of death

### LatinX

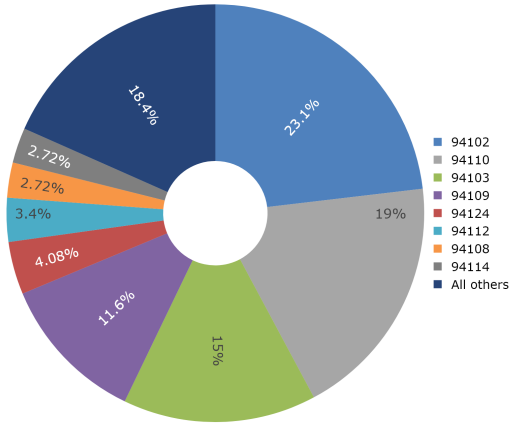


### Age Group



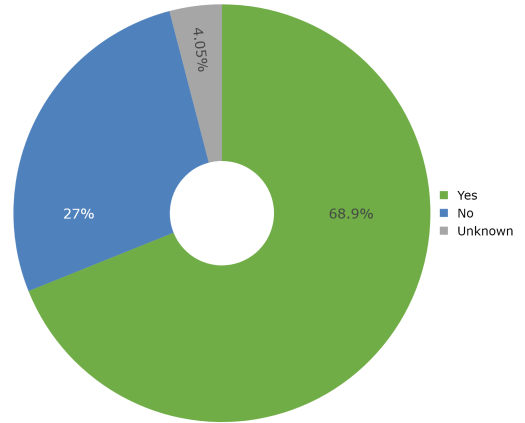


### Death Zip



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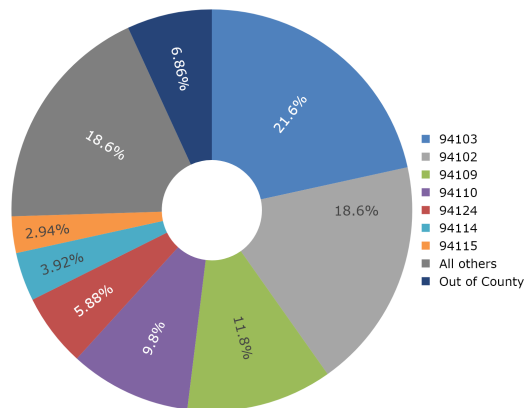
### Fixed Address Status



"Fixed Address" denotes a verifiable address associated with the decedent, which may indicate their residence; it is not intended to verify a decedent's legal domicile, which is a broader legal concept, pertaining to a person's permanent and primary residence for various legal matters. "No Fixed Address" denotes a verifiable address associated with the decedent was unable to be determined (e.g., housing insecurity, multiple addresses in a short timeframe) "Unknown Address" denotes the inability to identify any reliable address associated with the decedent, or information source

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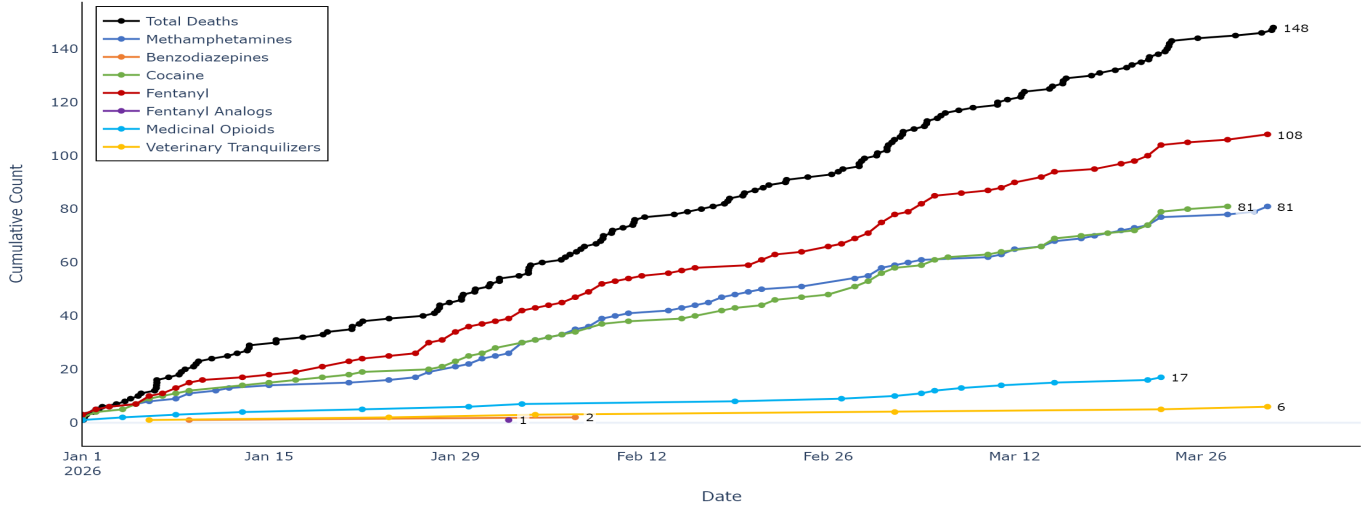
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Cumulative Overdose Deaths & Drug Classes

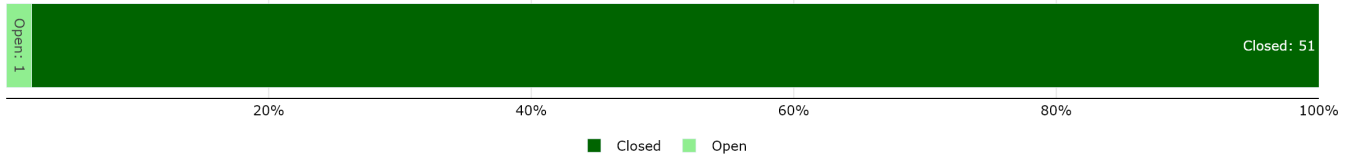


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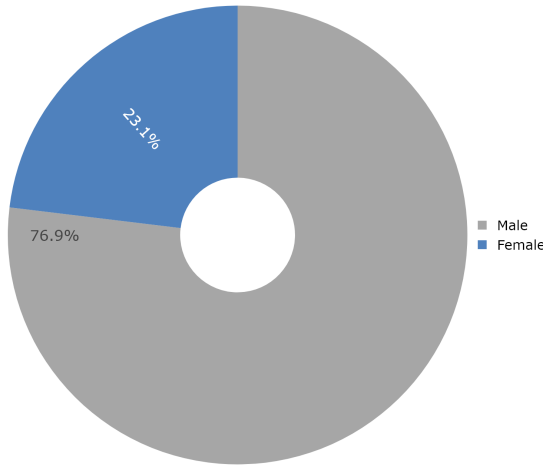
**JAN 2026**



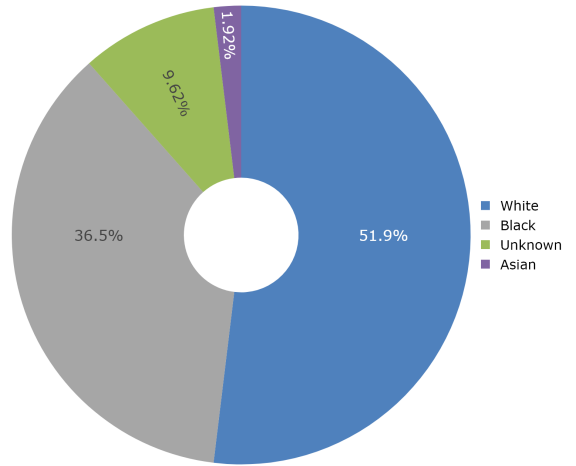
Case Status



Gender

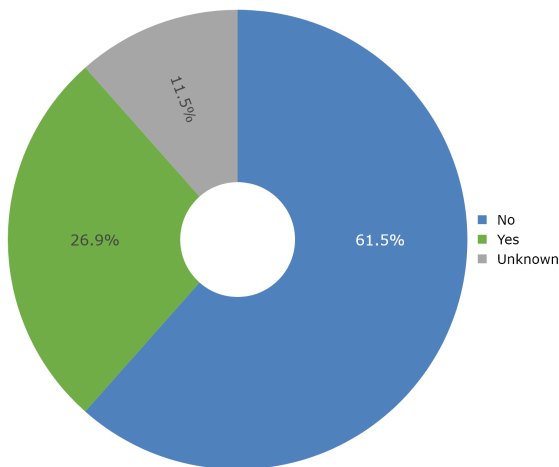


Race

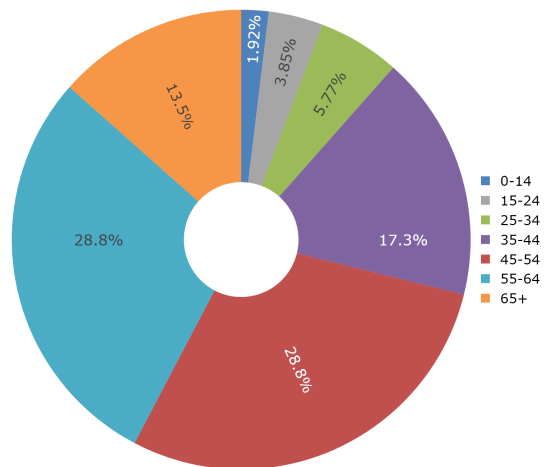


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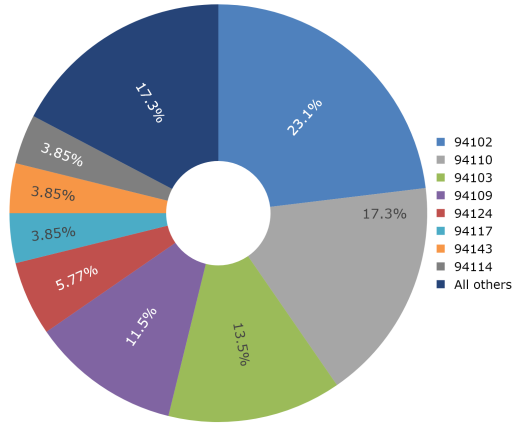


Age Group



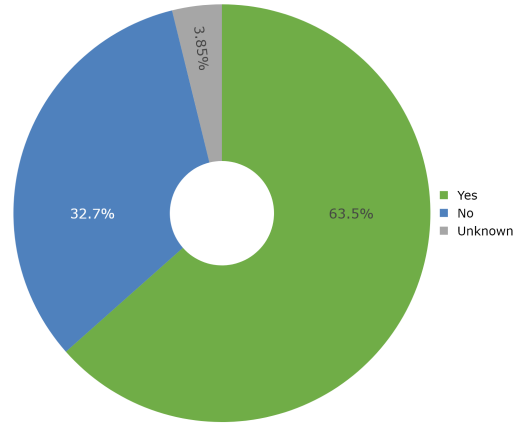


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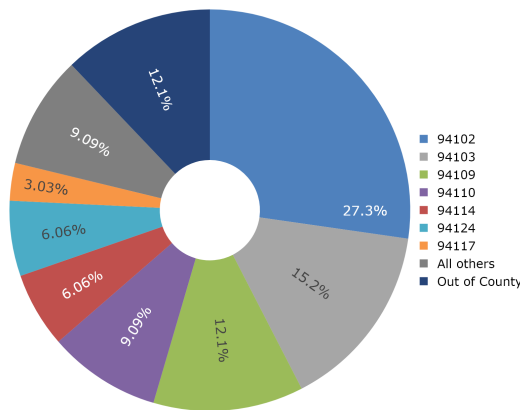
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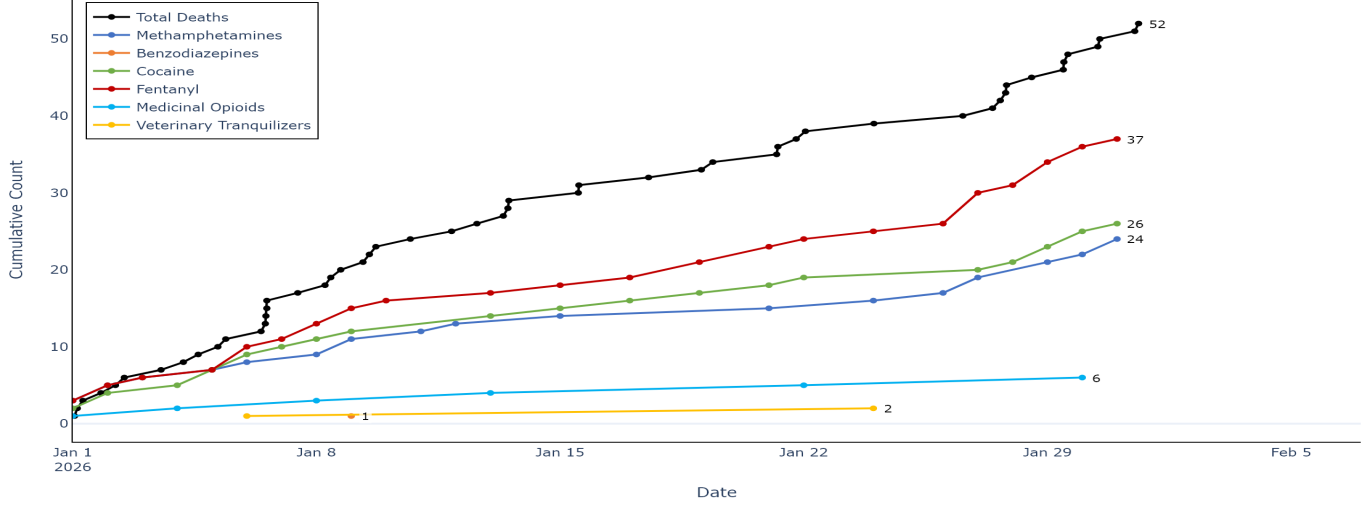
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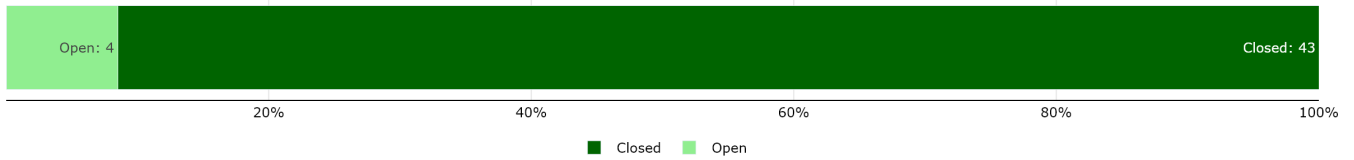


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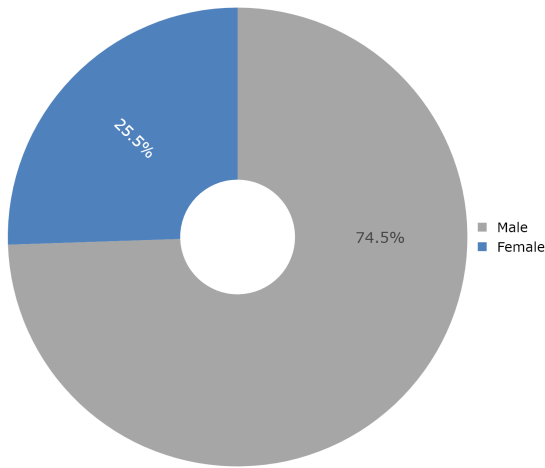
**FEB 2026**



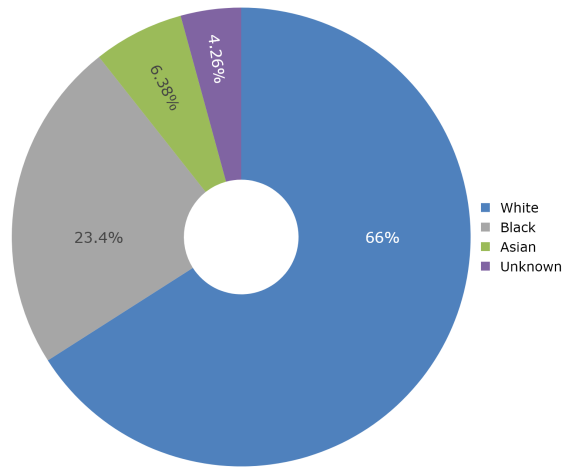
Case Status



Gender

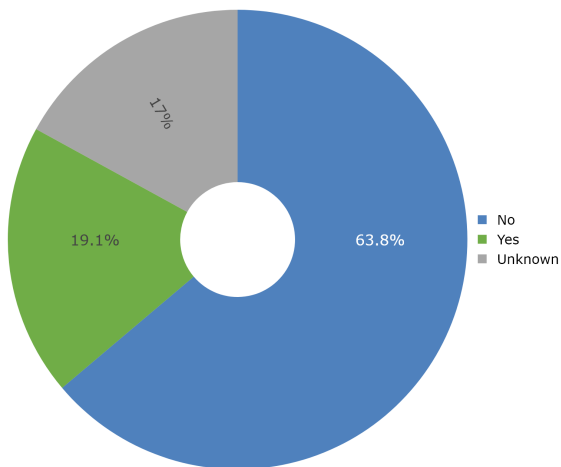


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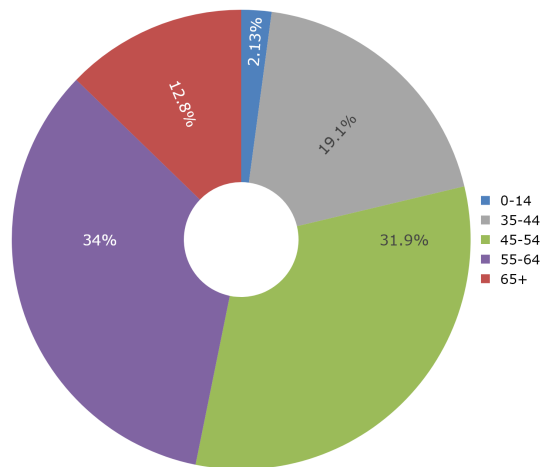


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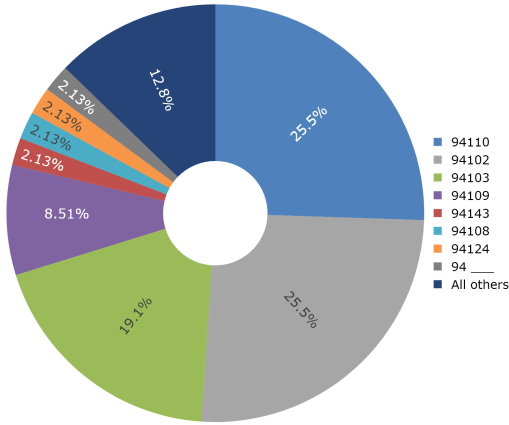


Age Group



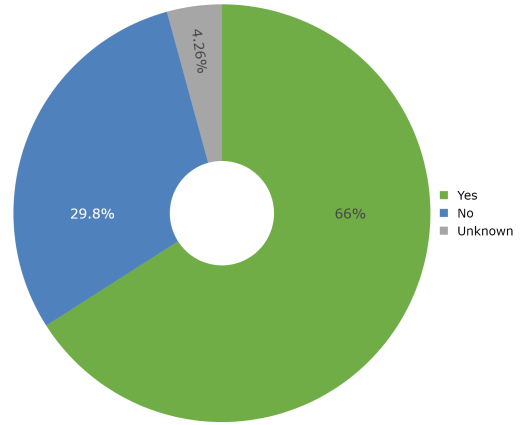


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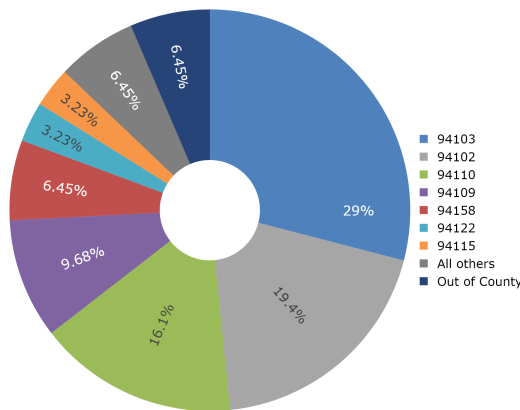
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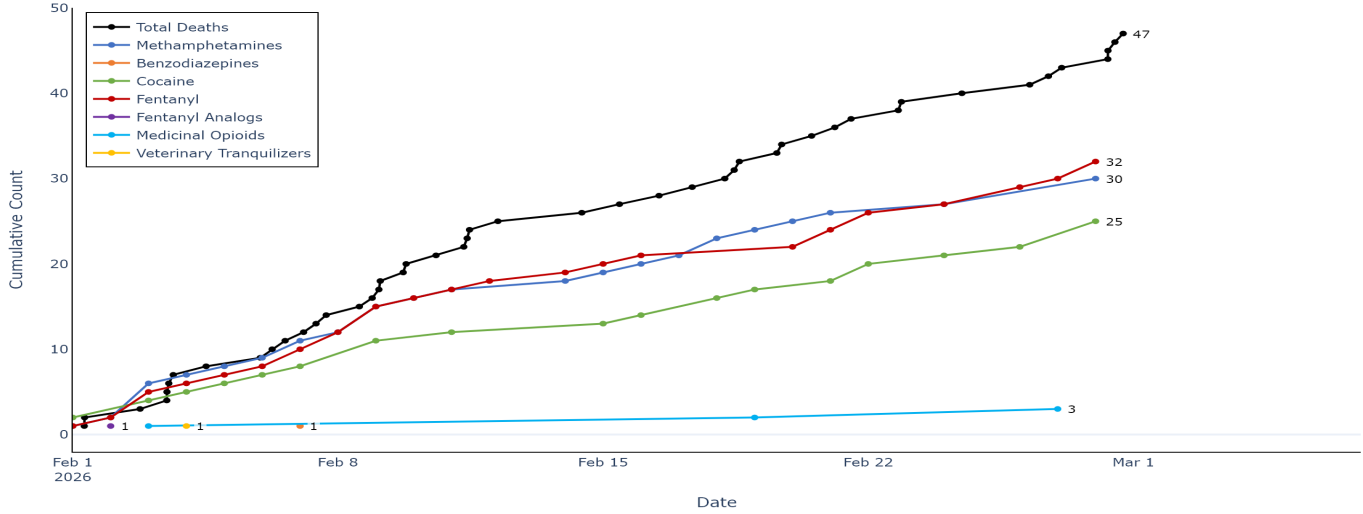
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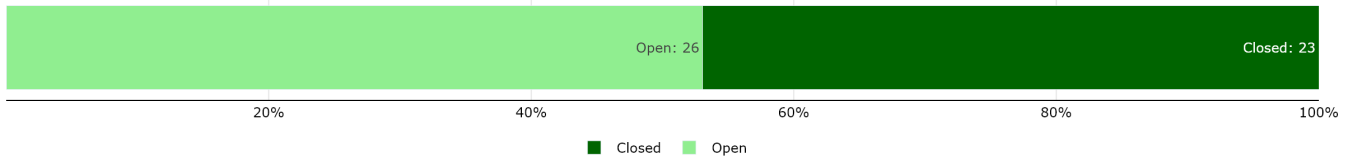


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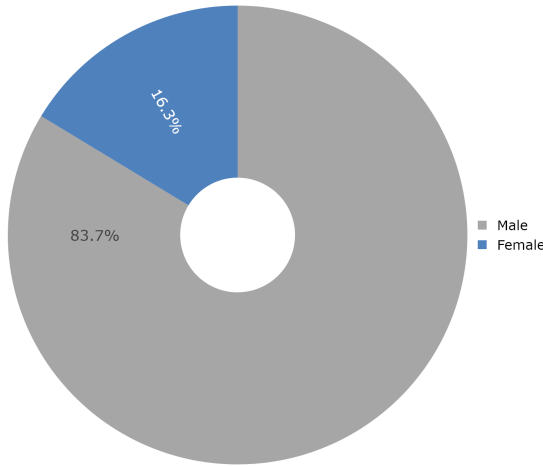
**MAR 2026**



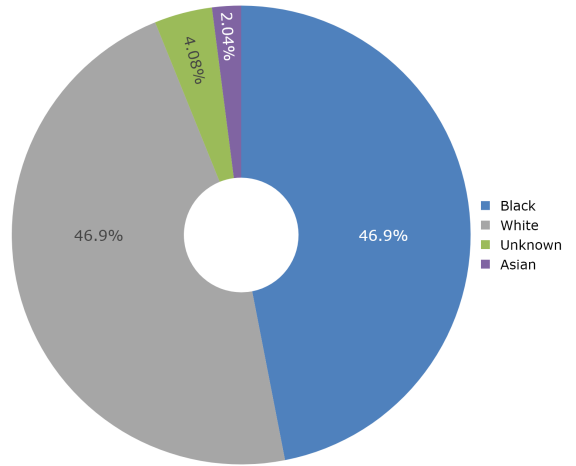
Case Status



Gender

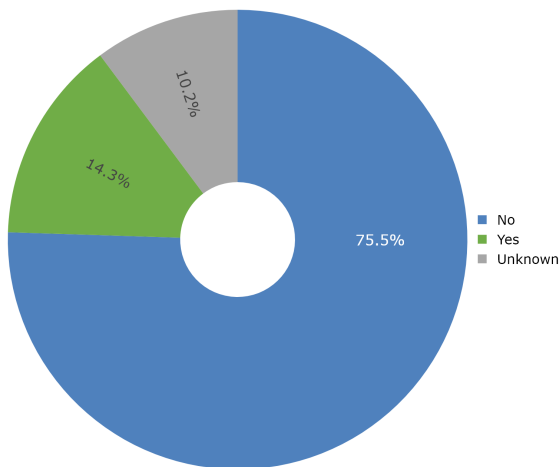


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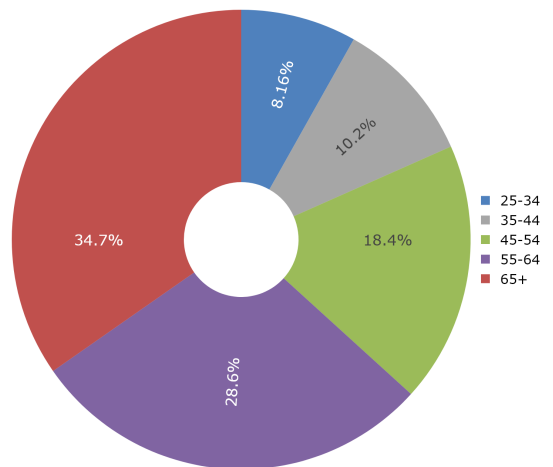


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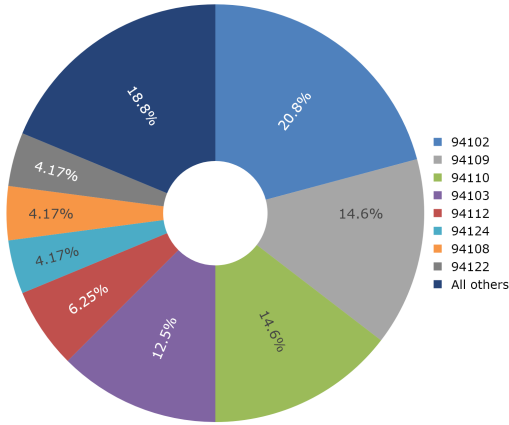


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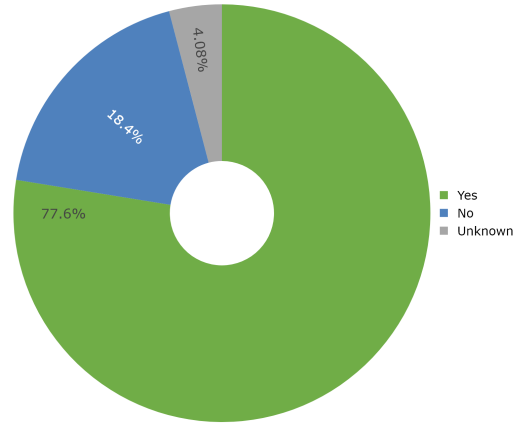


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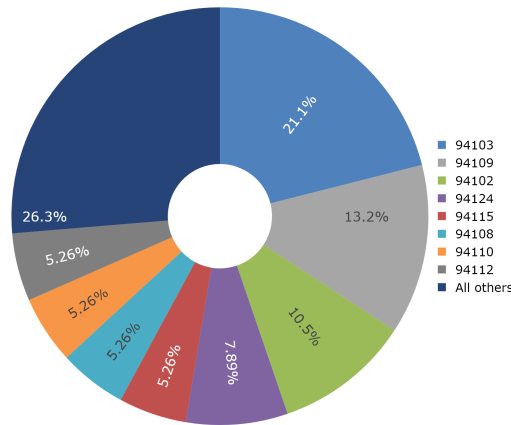
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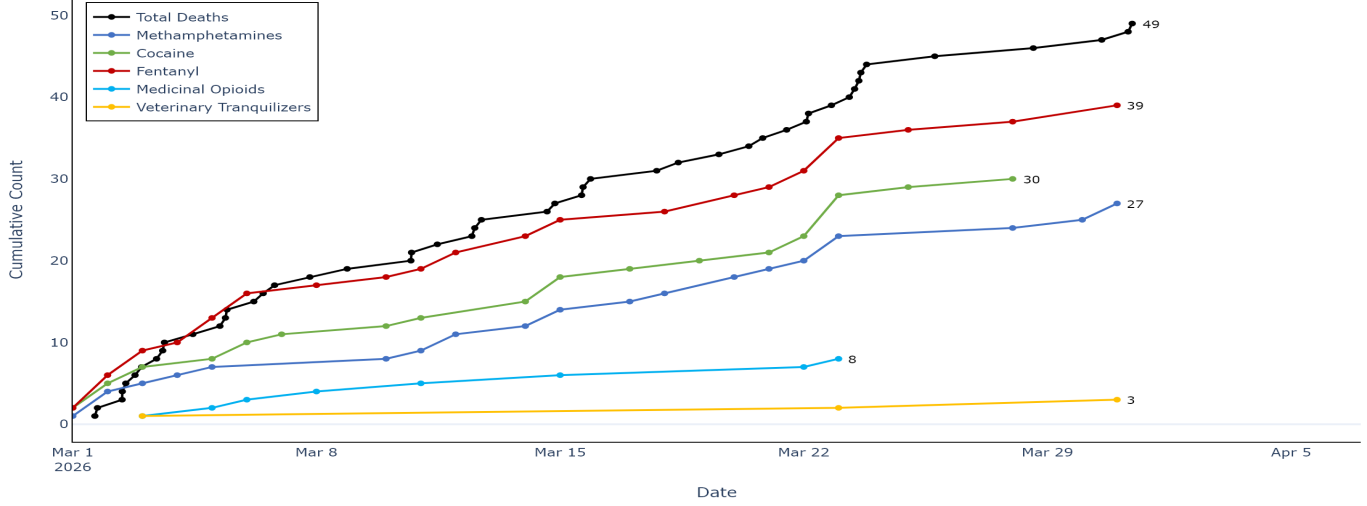
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