

**2024**

# **Opioids and the Ongoing Drug Overdose Crisis in Oregon**

**Report to the Legislature**



**This report summarizes the burden of opioids and other drug overdoses among Oregonians as required by ORS 432.141. It describes progress in reducing fatal and nonfatal overdose events in Oregon. As the situation in Oregon has changed since this legislation was enacted in 2017, other substance-related overdose events, such as stimulants and polysubstance, are included in this report.**

**The format of this report has changed this year to provide more up to date information. This summary will be periodically updated throughout 2025 with links to online dashboards and supplementary fact sheets as new data become available. Click [here](#) to sign up to receive email alerts when updates are published.**

# Acknowledgments

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# Executive summary

## Background

This report summarizes the burden of fatal and nonfatal drug overdoses among Oregonians from January – December 2023, as required by ORS 432.141. Some of the data presented in this report may no longer reflect current trends, given how rapidly Oregon’s overdose crisis is evolving. The Oregon Health Authority (OHA) presents this information with the acknowledgment that it represents the deaths of people whose loss has an enormous impact on their families and communities.



Nationally in 2023, the number of overdose deaths decreased for the first time since 2018. However, the number of people dying from overdose in Oregon reached a new high in 2023. Oregon has only recently experienced the dramatic overdose increases that occurred in Eastern and Midwestern states several years ago, primarily driven by the emergence of illicitly manufactured fentanyl into illicit drug markets. Oregon’s illicit drug market quickly and regularly changes. The influx of emerging substances and the variability in drug supply exacerbate risk for people who use drugs. Oregon health care systems continue to be heavily affected by overdose-related encounters, including emergency medical services (EMS) encounters, emergency department (ED) visits, urgent care visits, and inpatient hospitalizations. Furthermore, communities who have been disproportionately affected by systemic racism, social-economic-political injustices, and systemic bias continue to experience higher rates of fatal overdose in Oregon.

OHA’s strategic approaches for overdose prevention and substance use disorder treatment and recovery are outlined in the [2020-2025 Alcohol and Drug Policy Commission Strategic Plan](#), the [2024-2027 OHA Strategic Plan](#), and the [2020-2024 State Health Improvement Plan, Healthier Together Oregon](#). OHA collaborates with state, regional, local, and Tribal partners to implement these strategies across the substance use continuum.

Preliminary data signify a decrease in fatal and nonfatal overdoses in Oregon from 2023 to 2024. It is too early to determine the reasons for this shift, but some possibilities include increased naloxone availability in the community,

a strengthened substance use disorder treatment system, and a shift in the local illicit drug market. It is also too early to determine if this decreasing trend will continue.

While a decrease in overdose morbidity and mortality is notable, Oregon's substance use and overdose rates represent an ongoing and complex public health crisis created by multiple social, economic, and systemic factors. There is no single policy, initiative, or intervention that one agency, sector, or system of the state could implement to fix what has been decades in the making. Addressing this crisis will require a cross-agency, multisector response to simultaneously address the multiple factors contributing to substance use and overdose, including racism, stigma, affordable housing, transportation accessibility, healthcare access, economic opportunity, climate change, and other forms of community-level trauma. Implementing a population health approach that includes both upstream and downstream initiatives can decrease substance use initiation, regular use, and harmful use and promote improved quality of life and well-being among Oregonians.

# Introduction

This report summarizes the burden of fatal and nonfatal drug overdoses among Oregonians from January – December 2023, as required by ORS 432.141. The Oregon Health Authority (OHA) uses multiple data sources to collect information on overdoses in Oregon. Some sources have up to a one-year delay caused by detailed processes for collection and data cleaning to improve data quality as required by federal funders. Other sources of information are available more immediately. Some of the data presented in this report may no longer reflect current trends, given how rapidly Oregon's overdose crisis is evolving. OHA will publish additional fact sheets and online data dashboard updates throughout the next year as 2024 overdose data becomes available. Click [here](#) to sign up to receive email alerts when updates are published.

OHA presents this information with the acknowledgment that it represents the deaths of people whose loss has an enormous impact on their families and communities. The nonfatal overdoses described here may also have been traumatic events for the people experiencing overdose, bystanders, family and friends.

Drug overdoses continue to be a public health crisis in Oregon. Fatal and nonfatal overdoses continue to increase across the state. In 2023, 1,833 people died of a drug overdose, an increase of 33% compared to 1,383 deaths in 2022. Oregon health care systems continue to be heavily affected by overdose-related encounters, including emergency medical services (EMS) encounters, emergency department (ED) visits, urgent care visits, and inpatient hospitalizations. In 2023, there were 4,396 inpatient hospitalizations associated with a drug overdose and 11,676 overdose-related ED visits.

A limitation of Oregon's overdose data systems is that a person must interact with the health care system for an overdose to be counted. Many overdoses may be reversed by community members, friends, and family members using opioid overdose reversal medications like naloxone. If a person does not receive health care services following an overdose, their experience is missed by current overdose monitoring systems. This may lead to an underreporting of nonfatal Oregon overdoses.

Nationally in 2023, the number of overdose deaths decreased for the first time since 2018. However, the number of people dying from overdose in Oregon reached a new high in 2023. This can be partially explained by the timing of the



introduction of illicitly manufactured fentanyl, a very potent synthetic opioid, into illicit markets across the country. Illicitly manufactured fentanyl (IMF) became significantly more prevalent in the Oregon illicit drug supply starting in 2020, more than 5 years after the drug's appearance in eastern states. Eastern and Midwestern states have had more time for fentanyl's impact on the local population of people who use drugs to generally stabilize. This means that Oregon has only recently experienced the dramatic overdose increases that occurred in Eastern and Midwestern states several years ago. This trend is consistent in other Western states, including Washington and California.

Overdoses are just the tip of the iceberg of the larger issue of substance use disorder (SUD). Not everyone who experiences an SUD will have an overdose, but their life may still be heavily impacted by their substance use. There is a general lack of available resources and treatment program capacity for people with SUD. This trend is seen across the country and not just in Oregon.

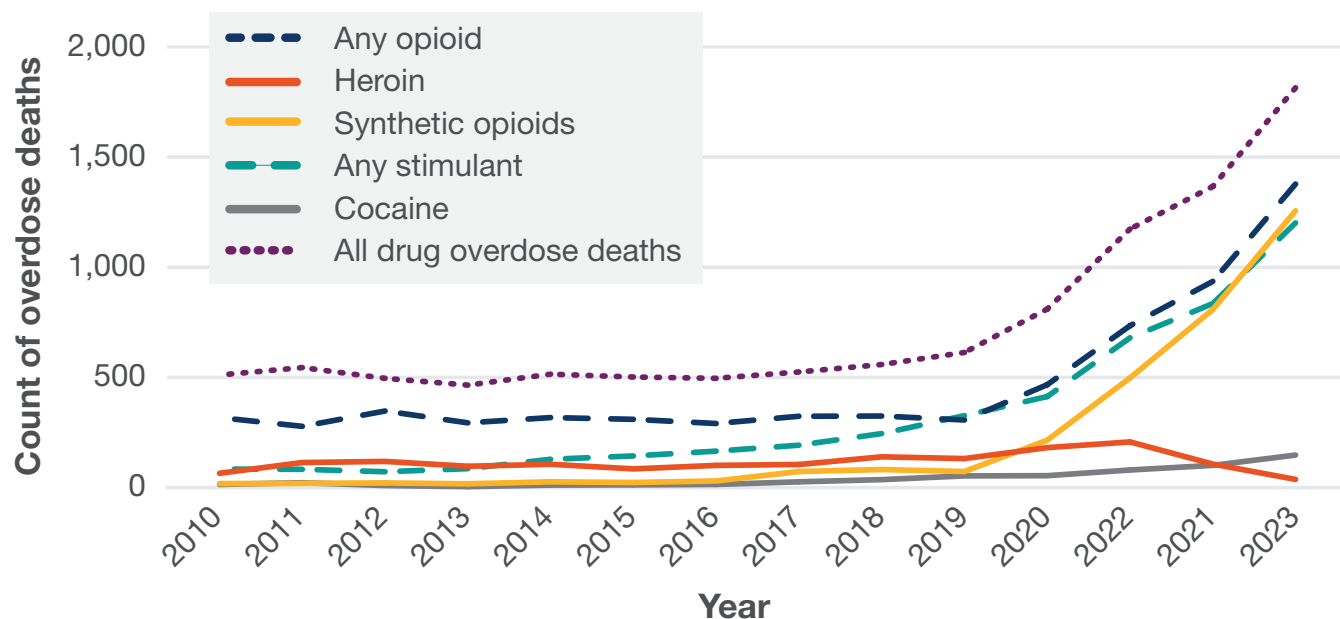
Another challenge is how quickly the illicit drug market is changing. The variability in local drug supplies can be harmful to people who use drugs, who may underestimate the potency of the substances they are using or who may be unaware that their substances are adulterated with other drugs. Oregon's illicit drug market now includes the veterinary tranquilizer xylazine and other emerging substances of concern. Emerging substances present unique challenges because their effect may be unpredictable or unwanted. Clinicians may not know how to properly treat individuals experiencing negative health effects from emerging substances. Emerging substances may not be included in drug tests, drug checking kits, or toxicology tests. This can cause delays in understanding the prevalence of the emerging substance and the most effective medical treatment for its effects.



# Overdose deaths in Oregon through 2023

Drug overdoses have been increasing in Oregon since 2018, reaching a new peak of 1,833 deaths in 2023. Synthetic opioids, such as fentanyl, and non-cocaine stimulants, such as methamphetamine, are the main substances involved in fatal overdoses. In 2023, at least one opioid was identified as a cause of death in 76% of drug overdoses, and at least one stimulant was identified in 65% of overdose deaths (see [Appendix A](#)). Heroin-related overdose deaths have decreased since 2021, coinciding with a shift in the local illicit drug supply as fentanyl was introduced. Ninety-four percent (94%) of all overdose deaths in 2023 were of an unintentional or undetermined intent (e.g., accidental). Adults 25 to 34 and 45 to 54 years old experienced the majority of fatal overdoses. Fewer youth (1-19 years old) died from an overdose in 2023 (36 people) compared to 2022 (39 people) (see [Appendix B](#)).

**Figure 1. Oregon overdose deaths and the drug types involved, 2010–2023.**



Source: OHA Center for Health Statistics, death certificate data, 2010-2023.

Not all people in Oregon are equally affected by the overdose crisis. Members of non-Hispanic Black and African American communities and non-Hispanic American Indian or Alaska Native communities have the highest rates of fatal overdoses in Oregon (See [Appendix C](#)). These communities have been disproportionately affected by systemic racism, social-economic-political injustices and systemic bias. These inequities can worsen health outcomes and increase the risk of experiencing a drug overdose. People identifying as male were more likely to have a fatal overdose compared to those identifying as female in 2023.

# Overdose health care encounters in 2023

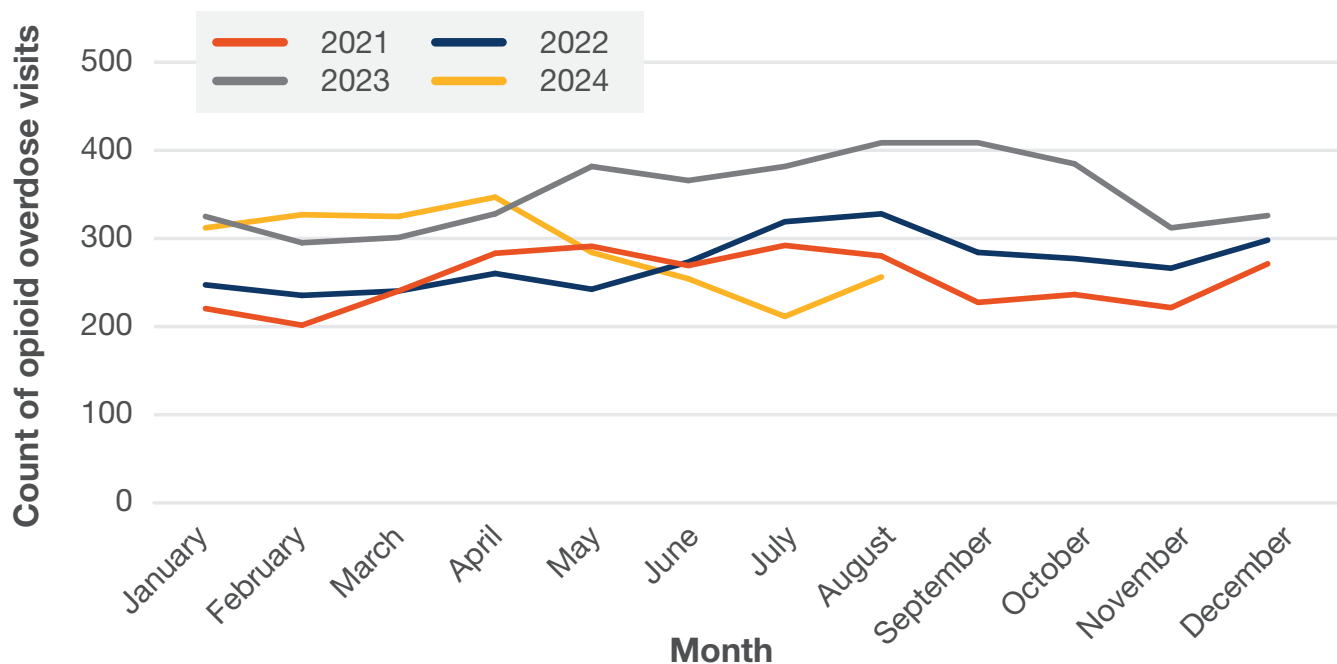
Not all drug overdoses are fatal. Many overdoses are nonfatal and can be reversed in community or health care settings (e.g., emergency medical services (EMS), emergency departments (ED) or hospitalizations). Most overdose-related hospitalizations and ED visits are nonfatal, but some people who overdose die despite receiving medical care.

This report is limited by the data sources available; a person must have interacted with the health care system (e.g., EMS, ED, hospital) for their information to be included in the following analyses. This results in an underestimation of the number of nonfatal overdoses that occur, as many overdoses are reversed in the community with opioid overdose reversal medication (e.g., naloxone).

Emergency medical services (EMS) may be one of the first interactions with the health care system for people experiencing an overdose. The Oregon Emergency Medical Services Information System (OR-EMSIS) gather data on all EMS encounters in Oregon and includes the reason for the encounter, any procedures or medications provided, and where the encounter occurred. In 2023, there were 6,611 EMS encounters for a potential illicit opioid overdose, an increase from 4,255 encounters in 2022. The most common places of the encounter are private residences (27.7%) and a street, road, or highway (23.8%). Naloxone, a medication that can reverse an opioid overdose, was provided in 72% of the encounters in 2023. In 2024, the provisional count of illicit opioid overdose encounters has decreased compared to previous years.

The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) collects information about visits to non-federal Oregon emergency departments and urgent care centers that currently share their data with the Oregon Health Authority (OHA). This near-real time data source collects information based on the first impression for the visit. For example, a person may come in with what they think is a sprained ankle but end up having a broken foot. The ESSENCE record may show a sprained ankle as the primary reason for care, but the ED discharge data (described below) will show the broken foot as the final diagnosis.

**Figure 2. Opioid overdose visits to EDs and urgent care centers, Oregon 2021–2024.**



Source: Oregon Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), 2021–2024.

ESSENCE data show that 2023 was a record high year for opioid overdose-related ED and urgent care visits. However, 2024 ESSENCE data indicate that opioid overdose-related emergencies have started to decrease slightly. It is too early to determine the reasons for this shift, but some possibilities include increased naloxone availability in the community, a strengthened SUD treatment system, and a shift in the local illicit drug market; anecdotal information from the community has indicated a decrease in the availability of fentanyl and the fentanyl available is not as potent. A [similar trend](#) is occurring across the country.

While ESSENCE data are useful for near-real time data monitoring, this data source does not provide details about the end diagnoses, or the services provided during the visit. ED and hospitalization discharge data take longer to be collected and processed (usually a 3–6-month delay) but do have more information regarding the visit.

In 2023, there were 11,676 ED visits associated with an overdose of any drug type. Many different drugs and substances can cause an overdose to occur, and not all of them are illicit. While some overdoses may involve taking too

much of a particular prescribed or over-the-counter medication, most stimulant- and opioid-related overdose health care encounters in 2023 were due to illicit substances. There were 4,782 ED visits associated with an opioid overdose and 504 ED visits associated with a stimulant overdose. Both opioid- and stimulant-related overdose ED visits increased in 2023 compared to 2022 (by 37% and 7%, respectively). Fentanyl-related overdose ED visits almost doubled from 2022 to 2023, while heroin-related overdose visits decreased 77% during this time frame. Overdose-related visits only accounted for less than 1% of all ED visits in 2023, consistent with previous years.

Someone experiencing an overdose may be admitted for further care and hospitalized for at least 24 hours. In 2023, there were 4,396 overdose-related hospitalizations associated with any drug type. Out of those 4,396 hospitalizations, 1,506 were associated with an opioid and 880 were associated with a stimulant.

Non-Hispanic American Indian and Alaska Native communities and non-Hispanic Black and African American communities in Oregon had the highest rates per 100,000 for drug overdose hospitalizations and ED visits in 2023. When interpreting demographic data, it is important to remember that these communities have been disproportionately affected by systemic racism, social-economic-political injustices and systemic bias. These inequities can worsen health outcomes and increase the risk of experiencing a drug overdose. Furthermore, these communities have limited access to culturally appropriate resources and services, further exacerbating substance use and overdose challenges.

In 2023, people identifying as male had a slightly higher rate of any drug-related overdose hospitalization or ED visit compared to people identifying as female. This is a shift from previous years, when female-identifying individuals consistently had a higher rate of overdose visits associated with any drug or medication. For opioids and stimulants specifically, male individuals had a higher rate per 100,000 compared to female individuals, as in previous years. Unfortunately, the available data sources are not structured to provide information on nonbinary or trans individuals, so it is not possible to report information specific to them and they are underrepresented in these analyses.

# Emerging substance trends in 2023

Oregon's illicit drug market has shifted quite rapidly in the last few years, with several new substances introduced. Fentanyl adulterated with xylazine (FAX) can cause an individual experiencing an opioid overdose to remain sedated even after receiving naloxone. Xylazine, an animal tranquilizer not intended for human use, has been identified in fatal overdose toxicology results but is not common in Oregon. This substance can cause skin and soft tissue wounds that are challenging to heal. Anecdotal information from the community has confirmed that FAX is still in the local illicit drug supply, although xylazine was detected in less than 1% (11 overdoses) of unintentional and undetermined drug overdose deaths in the state during 2023.

OHA and the Oregon-Idaho High Intensity Drug Trafficking Area Program (OR-ID HIDTA) released a [Health Alert Network \(HAN\)](#) alert in October 2024 due to increased reports of carfentanil across Oregon. This synthetic opioid is approximately 10,000 times more potent than morphine and 100 times more potent than fentanyl. Carfentanil can cause an unintentional overdose in very small quantities and may be added to the illicit drug supply without the knowledge of the person using the drug. In 2023, carfentanil was not identified in the fatal overdose toxicology results but is still an emerging threat for Oregon communities; carfentanil was identified in a single overdose death in 2022.

# OHA strategy and response

OHA's strategic approaches for overdose prevention and substance use disorder treatment and recovery are outlined in the [2020-2025 Alcohol and Drug Policy Commission Strategic Plan](#), the [2024-2027 OHA Strategic Plan](#), and the [2020-2024 State Health Improvement Plan, Healthier Together Oregon](#). Collectively, these strategic plans aim to improve Oregon's statewide prevention, treatment, recovery and response systems by comprehensively addressing the substance use crisis, centering equity in policies and investments, and supporting individuals and communities. OHA coordinates a broad array of programs to reduce the burden of substance use disorder and overdose-related harms through the following key strategies identified in early 2024:

1. Improving access to overdose and substance use data to increase public knowledge and to inform state and local response;
2. Improving local capacity to prevent substance use disorder and overdose among priority populations through community-driven, culturally specific approaches;
3. Strengthening and expanding internal and external partnerships to improve cross-system coordination, collaboration, and information exchange across the substance use continuum;
4. Expanding public communications to increase awareness of overdose risk, harm reduction strategies and resources, treatment and recovery resources, and OHA's response to the overdose crisis;
5. M110 Behavioral Health Resource Network (BHRN) integration with statewide substance use disorder continuum of care;
6. Increasing equitable access to harm reduction supplies such as naloxone kits, sterile syringes and fentanyl test strips;
7. Increasing equitable access to services and support for alcohol and other drugs;
8. Increasing SUD service capacity and efficiency;
9. Building focused initiatives to address polysubstance use;
10. Cultivating strategic partnerships to support service integration and leverage resources.



Key partners include but are not limited to the Nine Federally Recognized Tribes in Oregon, the Oregon-Idaho High Intensity Drug Trafficking Area (OR-ID HIDTA) Program, the Oregon Board of Pharmacy, the Oregon Department of Justice, the Oregon Alcohol & Drug Policy Commission, the Oregon Department of Education, the Oregon Health Leadership Council, the Oregon Pain Management Commission, the Oregon State Medical Examiner's Office, the Association of Oregon Community Mental Health Programs, coordinated care organizations, opioid treatment programs, county deflection programs, Measure 110 Behavioral Health Resource Networks, local public health authorities, Regional Health Equity Coalitions and community-based organizations.

These strategies are supported through a variety of state and federal funding sources, including the Substance Abuse and Mental Health Services Administration (SAMHSA) Alcohol/Overdose Strategic Prevention – Partnership for Success (SPF-PFS) grant; the SAMHSA State Opioid Response (SOR) grant; the SAMHSA Substance use Prevention, Treatment, and Recovery Services (SUPTRS) block grant; the Centers for Disease Control and Prevention (CDC) Overdose Data to Action in States (OD2A-S) grant; Oregon opioid settlement funding allocations; and Oregon state general funds.

## **Spotlight: 2024 statewide initiatives**

OHA's response to the overdose crisis involves numerous interrelated initiatives across the agency. The list below has project-specific highlights from 2024. This list is not comprehensive and reflects a small portion of OHA's ongoing overdose prevention, harm reduction, treatment, and recovery initiatives.

### **Measure 110**

Measure 110 dramatically expanded access to substance use recovery and harm reduction services across the state. Through the Drug Treatment Services and Recovery Funds (DTRSF), 42 Behavioral Health Resource Networks (BHRN) were established to provide screening, assessment, substance use disorder treatment, peer support services, harm reduction, housing services and supported employment at no cost to Oregonians in need. The current cycle of DTRSF funds will end on June 30, 2025. Currently, over 300 grant applications for DTRSF resources are being considered by the Oversight and Accountability Council with a July 1, 2025 start date. The upcoming cycle will increase data collection and reporting. For more information on Measure 110 and the Behavioral Health Resource Networks, visit <https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx>.

## Oregon opioid settlement allocations

OHA provides administrative support to the Oregon Opioid Settlement Prevention, Treatment, and Recovery (OSPTR) Board, which controls the State of Oregon's 45% portion of opioid settlement funds. Additional funds are directly allocated to cities and counties. To date, the OSPTR Board has allocated \$87 million in opioid prevention, treatment, and recovery investments. This includes allocations to the Nine Federally Recognized Tribes in Oregon, the Save Lives Oregon/Salvando Vidas Harm Reduction Supply Clearinghouse, Oregon's primary prevention workforce, Regional Health Equity Coalitions, community-based organizations, recovery community centers, opioid treatment programs and more. OHA is implementing these investments in alignment with OSPTR Board priorities. For more information, visit [www.oregon.gov/opioidsettlement](http://www.oregon.gov/opioidsettlement).

## Save Lives Oregon / Salvando Vidas Oregon Initiative

The [Save Lives Oregon](#) initiative, a collaboration between the Oregon Health Authority (OHA) and 10 community-based organizations launched in 2020. The initiative's community partners implement harm reduction strategies and interventions across the state, practice harm reduction across the substance use continuum and serve communities disproportionately affected by overdose and substance use related deaths. The aims of the Save Lives Oregon/Salvando Vidas Oregon Initiative are to support community agencies to move from awareness of harm reduction to integration and implementation of harm reduction, and to support the equitable distribution of life-saving harm reduction supplies, including naloxone, to organizations directly reaching people at highest risk of overdose, infection and injury due to substance use.

The Save Lives Oregon initiative includes:

- A website that hosts the initiative's videos, community partner spotlight stories, newsletters, tools and other resources; for example, the [How to Give Naloxone](#) videos in English and Spanish.
- [Print-ready communication](#) resources and tools that agencies can use to promote life-saving harm reduction strategies, understand and use naloxone, and communicate about [Oregon's Good Samaritan](#) protections; for example, BTNX fentanyl test strip instruction pamphlets, ready-to-use presentations on harm reduction and naloxone and more. BTNX fentanyl test strip instruction pamphlets, ready-to-use presentations on harm reduction and naloxone and more.

- Organizational capacity-building delivered through [learning collaboratives](#) on topics identified by community partners and one-to-one technical assistance with community agencies to answer questions, issues and challenges. To request one-to-one technical assistance, please email [info@savelivesoregon.org](mailto:info@savelivesoregon.org).
- The [Harm Reduction Clearinghouse Project](#) that supports equitable access to life-saving harm reduction supplies, including providing naloxone to organizations directly reaching people at highest risk of overdose, infection and injury due to substance use.
- [School Opioid Overdose Reversal Kit Project](#) that provides schools with overdose reversal kits to protect students' safety and respond effectively in the event of an overdose emergency.

The Save Lives Oregon Harm Reduction Clearinghouse Project provides state-supplied harm reduction supplies, including naloxone, to more than 384 organizations statewide. From January 2022-October 2024, the Harm Reduction Clearinghouse Project distributed more than 661,000 doses of naloxone, with 297,000 doses distributed from January 2024-October 2024. The Harm Reduction Clearinghouse Project partner agencies can voluntarily report opioid overdose reversals to the project. Since January 2022, over 21,000 opioid overdose reversals have been voluntarily reported by Harm Reduction Clearinghouse participating agencies. Included in the overall opioid overdose reversal count are 8,007 opioid overdose reversals reported from January 2024 through October 2024. In 2024, the Save Lives Oregon Initiative's School Opioid Overdose Reversal Kit Project provided 663 schools, colleges, universities and school-based health centers with up to three overdose reversal kits. For more information, visit [www.savelivesoregon.org](http://www.savelivesoregon.org).

## Statewide listening sessions

OHA hosted 5 regional and 6 culturally specific listening sessions across Oregon communities in 2023 and 2024. The latter included American Indian/Alaska Native and Black/African American behavioral health providers, faith leaders and other community groups in spring 2024, and Latino service providers in fall 2024. Over 420 providers, partners, and members of disproportionately impacted communities shared insights about the overdose and polysubstance use crisis and provided recommendations on how OHA can improve its response. This feedback is informing the agency's statewide approach to responding to community needs and meaningfully focusing on eliminating health inequities associated with substance misuse and overdose. A

summary of all sessions held to date can be found at <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Documents/ORT-Listening-Session-Summary-Report-0724.pdf>.

## Youth initiatives

OHA collaborated closely with the Oregon Department of Education (ODE) in 2024 to implement a variety of school-based overdose prevention initiatives. This included developing [new curriculum supplements](#) related to the dangers of synthetic opioids (per 2023 Oregon Senate Bill 238) and updating the [Fentanyl Toolkit for Schools](#). This partnership also supported pathways for school districts to obtain opioid reversal kits through the Save Lives Oregon Harm Reduction Supply Clearinghouse. Another area of collaboration was OHA's support of the launch of three state funded recovery high schools.

OHA partnered with the University of Oregon College of Education and the Mental Health and Addiction Certification Board of Oregon to host the Youth and Young Adult Substance Use Prevention and Recovery Symposium on October 28, 2024. The symposium featured speakers from across the state and attendees were able to receive continuing education credits.

## New resources to support local efforts

In October 2024, OHA launched the [Substance Use & Overdose Continuum Digest](#) and corresponding [monthly newsletter](#). These serve as resource hubs for local and Tribal partners to access SUD-related information and materials, including OHA program highlights and updates, upcoming webinars and trainings, job postings, and more. Additionally, OHA began hosting monthly Community of Practice meetings in November 2024 to convene partners to share best practices, resources and experiences. Community of Practice topics rotate monthly among 1) data and surveillance, 2) public health and public safety partnerships and 3) communications. The Community of Practice is open to all partners engaged in substance use and overdose prevention, treatment, recovery, and response efforts.

Addressing Oregon's overdose crisis will continue to require significant resources, broad partnerships and data-driven policies and investments across the substance use disorder continuum. OHA will continue to implement a coordinated, collaborative approach to prevent overdoses and substance use-related harms in alignment with the State's strategic plans and in response to emerging community needs. OHA is committed to engaging local partners and the Nine Federally Recognized Tribes in Oregon to implement community-led

approaches that reduce stigma, advance equity, center community voice, and address rapidly evolving substance use and overdose trends.

To support data-driven decisions and policies, the OHA [Overdose Prevention Dashboard](#) has been rebuilt and updated in response to feedback from the community. The graphics and design were modified to improve accessibility. Along with data about hospitalization and Emergency Department (ED) nonfatal overdose visits, the dashboard now includes some provisional death certificate information. Data from an additional source, the State Unintentional Drug Overdose Reporting System (SUDORS), were also added. This updated dashboard is focused on unintentional and undetermined drug overdose deaths with data from both death certificates and the medical examiner reports. The dashboard will be updated quarterly when new data becomes available.

**Notes:** The terms of illicitly manufactured fentanyl (IMF) and fentanyl are used interchangeably throughout this report. Please note that a large majority of the fentanyl in the illicit drug markets is illicitly manufactured and has not been diverted from prescriptions or the health care system.

# Appendix A: Overdose deaths (ODD) by substances involved, Oregon 2020–2023

	2020		2021		2022		2023	
Drug type	Count	% of ODD	Count	% of ODD	Count	% of ODD	Count	% of ODD
Any opioid	479	58.1%	748	62.9%	950	68.7%	1394	76.1%
Heroin	192	23.3%	218	18.3%	117	8.5%	47	2.6%
Other non-synthetic opioids	107	13.0%	169	14.2%	131	9.5%	137	7.5%
Methadone	33	4.0%	40	3.4%	34	2.5%	32	1.7%
Synthetic opioids	226	27.4%	510	42.9%	822	59.4%	1272	69.4%
Any stimulant	425	51.6%	693	58.3%	849	61.4%	1217	66.4%
Cocaine	64	7.8%	90	7.6%	111	8.0%	158	8.6%
Other stimulant	377	45.8%	630	53.0%	775	56.0%	1119	61.0%
Benzodiazepine	48	5.8%	96	8.1%	132	9.5%	119	6.5%
<b>All overdose deaths</b>	<b>824</b>	<b>100.0%</b>	<b>1189</b>	<b>100.0%</b>	<b>1383</b>	<b>100.0%</b>	<b>1833</b>	<b>100.0%</b>

Source: OHA Center for Health Statistics, death certificate data, 2020-2023

Notes: All intents (intentional, accidental, undetermined) are included.

% ODD is the percentage of the overdoses with the drug type out of all overdose deaths for that year.

Oregon residents who died in another state and nonresidents who died in Oregon are not included.

More than one substance may be identified as the cause of death, therefore the sum of all the categories will be larger than the total number of overdose deaths.

This information can also be found on the OHA [Overdose Prevention Dashboard](#).

# Appendix B: Overdose death counts and rates per 100,000 by age, Oregon 2020–2023

	2020		2021		2022		2023	
Age group	Count	Rate	Count	Rate	Count	Rate	Count	Rate
0-9	*	*	*	*	*	*	*	*
10-14	*	*	*	*	*	*	*	*
15-19	23	9.2	27	10.7	31	12.2	30	11.8
20-24	51	19.5	66	25.2	57	22.0	64	24.7
25-34	163	27.2	227	37.9	282	47.5	388	65.8
35-44	176	30.1	265	44.7	327	55.1	423	70.9
45-54	183	35.3	248	47.7	261	50.1	373	71.3
55-64	132	24.6	230	43.5	262	50.8	377	74.6
65+	94	12.2	121	15.3	155	19.1	172	20.7

Source: OHA Center for Health Statistics, death certificate data, 2020-2023

Notes: All intents (intentional, accidental, undetermined) are included.

The rate is a crude rate (not age-adjusted) and per 100,000 people.

\*Count is between 1 and 8 and is suppressed to protect the identity of the decedent, their family, and community.

Oregon residents who died in another state and nonresidents who died in Oregon are not included.



# Appendix C: Overdose death counts and rates per 100,000 by race and ethnicity, Oregon 2020–2023

	2020		2021		2022		2023	
Race and Ethnicity	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Hispanic	74	12.5	84	13.9	115	18.6	167	26.4
Non-Hispanic Multiracial	18	12.4	35	23.5	42	27.8	64	41.7
Non-Hispanic Asian/ Pacific Islander or Native Hawaiian	8	3.7	14	6.3	14	6.2	24	10.4
Non-Hispanic American Indian or Alaska Native	17	36.9	24	52.1	35	76.5	51	111.7
Non-Hispanic Black or African American	28	33.6	49	57.8	72	83.1	93	105.1
Non-Hispanic White	667	21.1	958	30.4	1051	33.8	1384	44.9
Non-Hispanic Other or Unknown	12		25		54		50	
All races/ethnicities	824	19.4	1189	27.9	1383	32.6	1833	43.3

Source: OHA Center for Health Statistics, death certificate data, 2020–2023

Notes: All intents (intentional, accidental, undetermined) are included.

When a person dies in Oregon, more than one race can be reported on their death certificate. This information is not able to be provided by the decedent, so their race and ethnicity information may not accurately reflect how they self-identified. In this table, when more than one race is reported for a person, their least common reported race is used for counts and rates. This is sometimes called [rarest race methodology](#). This approach has its limitations, but it amplifies the representation of Oregon’s smaller communities.

Oregon residents who died in another state and nonresidents who died in Oregon are not included. The rate is a crude rate (not age-adjusted) and per 100,000 people.

This information can also be found on the OHA [Overdose Prevention Dashboard](#).

Rates are not shown for Non-Hispanic Other or Unknown categories as there are no population estimates for these categories.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Injury and Violence Prevention Program at [IVPP.General@odhsoha.oregon.gov](mailto:IVPP.General@odhsoha.oregon.gov) or 971-673-0741 (voice). We accept all relay calls.

**Oregon Health Authority**  
Public Health Division  
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