OREGON HEALTH AUTHORITY

Public Health Division
Injury and Violence Prevention Program

2025

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. Other substance-related overdose events, such as stimulants and polysubstance, are included in this report, as the situation in Oregon has changed since legislation was first enacted in 2017. The Oregon Health Authority (OHA) will periodically update online data dashboards and publish supplementary reports as new data become available.

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Executive summary

This report summarizes the burden of fatal and nonfatal drug overdoses among Oregonians from January – December 2024, as required by ORS 432.141. This report includes the most currently available and finalized overdose data for a full calendar year. 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.

In 2024, 1,544 people died of a drug overdose in Oregon, a decrease of 16% compared to 1,833 deaths in 2023. Fentanyl and methamphetamine continued to be the most common substances identified in drug overdose deaths, with over 90% of fatal overdoses involving fentanyl, methamphetamine, or a combination of both substances. In 2024, 62.2% of Oregon overdose deaths involved multiple substances (polysubstance), with the majority (70%) of polysubstance overdose deaths involving fentanyl *and* methamphetamine.

Oregon's illicit drug supply continues to rapidly evolve, presenting additional challenges to effective response to the overdose epidemic. Oregon's illicit drug market now includes the veterinary tranquilizer xylazine, the industrial chemical bis (2,2,6,6-tetramethyl-4-piperidyl) sebacate (BTMPS), medetomidine, and other emerging substances of concern. Additionally, the Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) program classified cocaine as an emerging drug threat due to the increase in seizure incidents and seizure sizes across Oregon in 2024.

In 2024, the number of overdose deaths decreased for the first time in Oregon since 2016. This decrease was primarily influenced by a reduction in the number of fentanyl-related deaths. Overdoses involving only stimulants remained stable throughout 2024. It is challenging to pinpoint the specific cause of this decreasing trend because it is likely due to multiple factors, including fentanyl saturation within the illicit drug market and decreases in population-level drug use.[1]

While the 2024 decrease in overdose deaths is heartening, Oregon health care systems remain heavily burdened by overdose-related encounters. In 2024, there were 4,193 inpatient hospitalizations associated with a drug overdose and 10,365 overdose-related emergency department visits. This data does not account for

1 Why have overdose deaths decreased? Widespread fentanyl saturation and decreased drug use among key drivers. https://www.sciencedirect.com/science/article/pii/S2667193X25002364

overdoses that are reversed in community settings using opioid overdose reversal medications like naloxone. If a person does not receive health care services related to an overdose, their experience is missed by current overdose monitoring systems. This leads to an underreporting of nonfatal Oregon overdoses. Furthermore, overdoses are just the tip of the iceberg of substance use disorder impacts. Although not everyone with a substance use disorder will experience an overdose, their lives and their family, friends and community may still be heavily impacted by their substance use.

It is important to note that the 2024 decreasing overdose trend represents a statewide average. These decreases are not experienced consistently across different regions or communities. Despite decreases across most age groups, adults aged 65 and older experienced increases in overdoses between 2023 and 2024. Black/African American communities and American Indian/Alaska Native communities continue to experience the highest rates of fatal and nonfatal overdoses in Oregon. These communities have disproportionately experienced systemic racism, social-economic-political injustices and systemic bias. These inequities can worsen health outcomes and increase the risk of experiencing a drug overdose.

Oregon's 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 state system could implement to fix what has been decades in the making. Addressing this crisis requires a cross-agency, multisector response to simultaneously address factors contributing to substance use and overdose.

OHA's strategic approaches to address the overdose crisis closely align with the 2026–2030 Alcohol and Drug Policy Commission (ADPC) Comprehensive Plan, the 2024–2027 OHA Strategic Plan, and the 2025–2029 State Health Improvement Plan. Collectively, these strategies aim to improve Oregon's statewide prevention, treatment, recovery, and response systems by comprehensively addressing the substance misuse and overdose crisis, centering equity in policies and investments, and supporting individuals and communities.

Introduction

This report summarizes the burden of fatal and nonfatal drug overdoses among Oregonians from January – December 2024, as required by ORS 432.141. The Oregon Health Authority (OHA) uses multiple data sources to collect information on overdoses in Oregon. Availability of finalized data from some sources may be delayed by up to a year due to detailed processes for collection and data cleaning to improve data quality, as required by federal funders. Information from other sources is available more immediately. This report includes the most currently available and finalized overdose data for a full calendar year. Some of the data presented in this report may no longer reflect current trends, given how rapidly Oregon's overdose crisis is changing. OHA will publish additional fact sheets and online data dashboard updates throughout the coming year as finalized 2025 overdose data becomes available.

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, as well as for bystanders, family and friends.

Summary of 2024 trends

Drug overdoses continue to be a public health crisis in Oregon. In 2024, 1,544 people died of a drug overdose, a decrease of 16% compared to 1,833 deaths in 2023. This is the first decrease in Oregon overdose deaths since 2016, and it is primarily due to a decrease in fentanyl-related overdoses. This is consistent with national trends demonstrating a decrease in overdose deaths beginning in 2023. It is challenging to pinpoint the specific cause of this decreasing trend because it is likely due to multiple factors. Recent CDC research suggests that the primary drivers for this trend are fentanyl saturation within the illicit drug market and population-level decreases in drug use.[2]

Fentanyl saturation

Fentanyl, a highly potent opioid, has largely replaced other opioids in the illicit drug market. Many people transitioned from using less potent opioids to using fentanyl due to changes in the drug supply making fentanyl more available than heroin or prescription opioids. While there is risk associated with all opioid use,

2 Why have drug overdose deaths decreased? Widespread fentanyl saturation and decreased drug use among key drivers. https://www.sciencedirect.com/science/article/pii/S2667193X25002364

the transition from other opioids to fentanyl significantly elevates overdose risk due to fentanyl's higher potency and unpredictable nature. Now that fentanyl has saturated the illicit drug market, many people who use opioids are using fentanyl.

Population-level decreases in drug use

Recent research from the CDC suggests that widespread prevention efforts to implement safer opioid prescribing practices, promote safer pain management, and increase awareness of overdose risk may be one of multiple factors contributing to a decline in the number of people who die from an opioid overdose. While overdose deaths are decreasing, the national number of people with a substance use disorder has not decreased since 2020. There is still a large proportion of those who need substance use disorder treatment and are unable to receive it.[3]

Other contributing factors

Additional factors contributing to Oregon's 2024 decrease in overdose deaths may also include increased availability of resources such as naloxone and drug testing strips, increased access to treatment and recovery services, reduced fentanyl potency, and recovery from the impacts of the COVID-19 pandemic.

It is important to note that the 2024 decreasing overdose trend represents a statewide average. These decreases are not experienced consistently across different regions or communities. Communities negatively affected by systemic racism, socioeconomic-political injustices, and systemic bias continue to experience higher rates of fatal overdose in Oregon.

Challenges and limitations

Despite the 2024 decrease in overdose deaths, Oregon health care systems remain heavily burdened by overdose-related encounters, including emergency medical services (EMS) encounters, emergency department (ED) visits, urgent care visits, and inpatient hospitalizations. In 2024, there were 4,193 inpatient hospitalizations associated with a drug overdose and 10,365 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 recorded. 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 related to an overdose, their experience is missed by current overdose monitoring systems. This leads to an underreporting of nonfatal Oregon overdoses.

3 Trends in Treatment Need and Receipt of Substance Use Disorders in the US. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2828693

Overdoses are just the tip of the iceberg of substance use disorders. Many people who have a substance use disorder have a co-occurring mental health disorder. While it is usually best to address these health conditions together, diagnosing and treating co-occurring disorders is often challenging due to the complexity and severity of symptoms. Although not everyone with a substance use disorder will experience an overdose, their lives and their family, friends and community may still be heavily impacted by their substance use. Recent new investments in Oregon are closing the gap, but there are still insufficient resources available. Treatment program capacity for people with substance use disorder is an issue across the country and not just in Oregon.

The availability and potency of illicit substances impact statewide substance use trends and overdose rates. Fentanyl and methamphetamine remained the primary drug threats in the Oregon High Intensity Drug Trafficking Area (HIDTA) region in 2024. The number of illicit drug seizure incidents increased in 2024. The total amount of seized cocaine (weight in kilograms) also increased in 2024, classifying cocaine as an emerging drug threat. The I-5 corridor remains the most common route for drug trafficking and drug smuggling into Oregon, eventually dispersing into local drug markets.[4]

The rapidly evolving illicit drug market in Oregon presents additional challenges to effective response to the overdose epidemic. Variability in local drug supply can be harmful to people who use drugs, who may underestimate the potency of the substances they are using or may be unaware that their substances are adulterated with other drugs. Oregon's illicit drug market now includes the veterinary tranquilizer xylazine, the industrial chemical bis (2,2,6,6-tetramethyl-4-piperidyl) sebacate (BTMPS), medetomidine, and other emerging substances of concern. Emerging substances present unique challenges because their effect may be under-reported, harder to manage, 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.

At this time, it is not possible to know whether the decreasing overdose trend will continue. The volatility of the illicit drug supply, changes in drug use behaviors, and social, political, and economic factors may impact substance use trends and overdose rates. It is critical that Oregon continues to invest in systems, resources, and services to prevent substance use disorder, reduce harms associated with substance use, and increase access to treatment and recovery services.

4 Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) 2026 Threat Assessment. https://oridhidta.org/reports

Overdose data

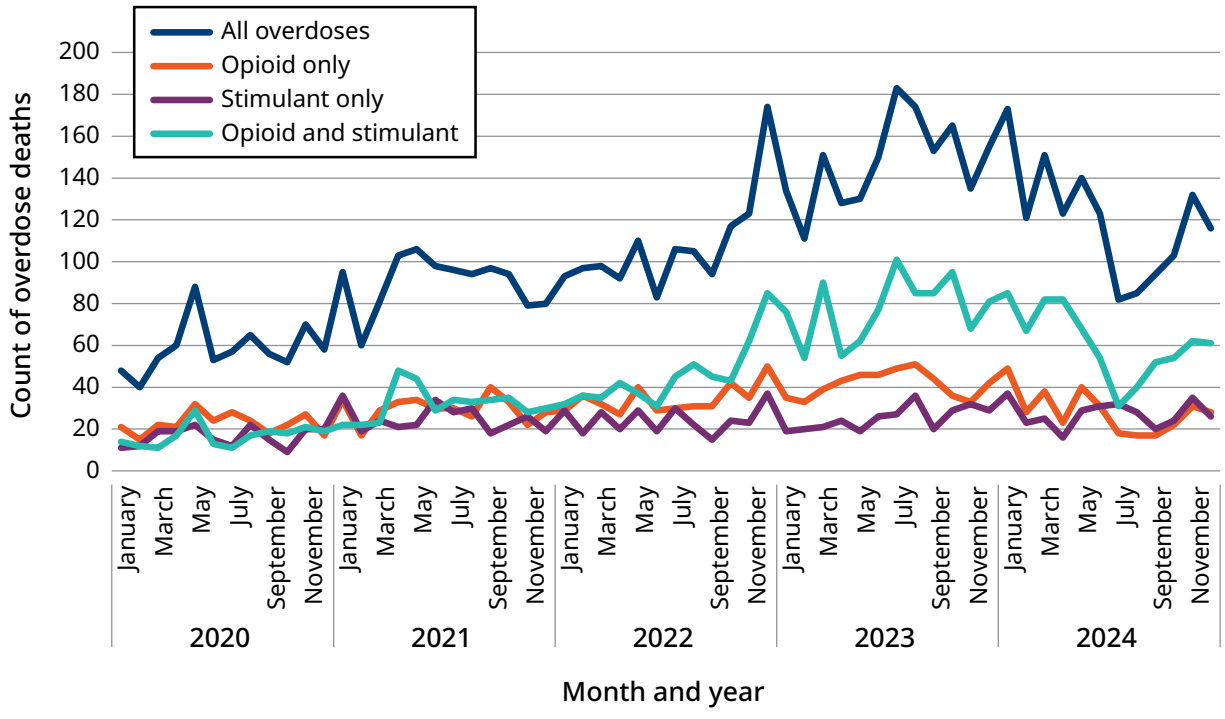
2024 Data and Trends

OHA uses a variety of data sources to learn about and monitor the overdose crisis in Oregon. While each dataset is very specific, each allows a different facet of the overdose story to be told. Common topics OHA has explored by examining multiple sources of information include the recent decrease in fatal and reported nonfatal overdoses and stimulant-related overdose trends.

Recent decrease in overdoses

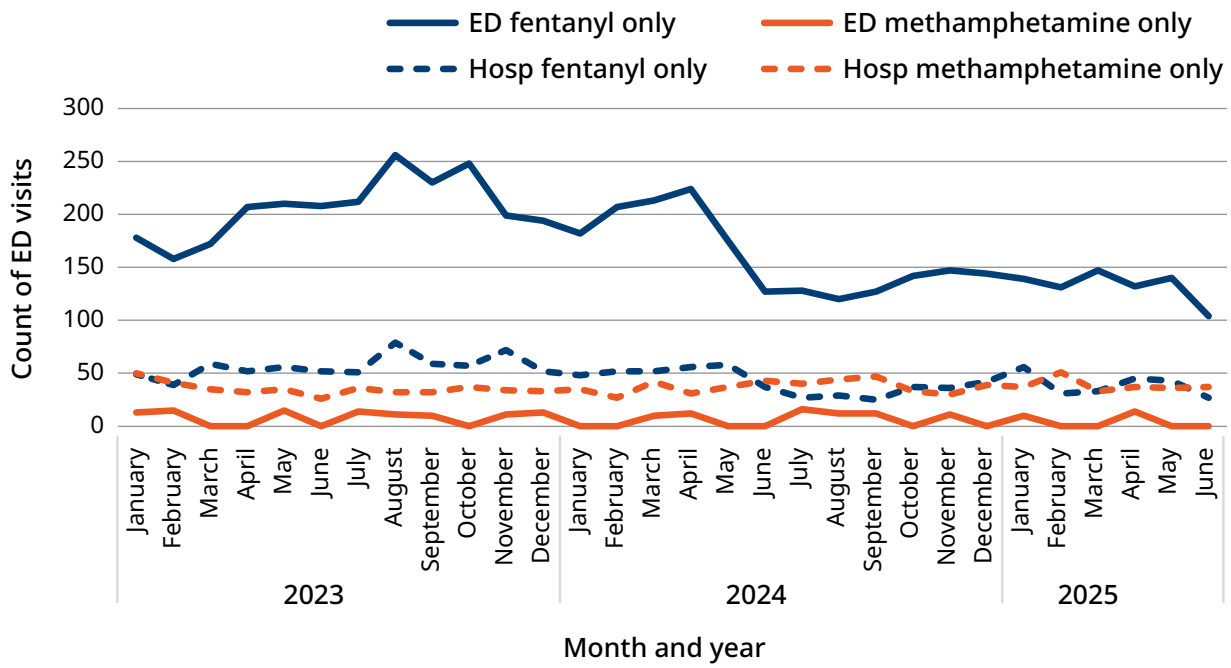
In 2023, nation-wide counts of overdoses decreased for the first time since 2018. Yet Oregon and several other Western states documented a record number of fatal and nonfatal overdoses in 2023. In 2024, Oregon experienced a decrease in overdose deaths compared to the previous year. The most substantial decreases occurred from July to September 2024 and involved both fatal (see Figure 1) and reported nonfatal overdoses (see Figure 2). The decrease was primarily associated with illicit fentanyl-related overdoses.

Figure 1. Opioid and stimulant unintentional and undetermined drug overdose deaths by month, Oregon 2020–2024



Source: Oregon State Unintentional Drug Overdose Reporting System (SUDORS), 2020–2024

Figure 2. Fentanyl and methamphetamine related hospitalization and Emergency Department visits by month, Oregon January 2023–June 2025



Source: OHA Hospital Reporting Program, Emergency Department and hospitalization discharges, January 2023–June 2025.

Stimulant-related overdoses

Opioids are not the only drug of concern in Oregon, and stimulants are often involved in overdoses. Methamphetamine is the main illicit stimulant drug used in Oregon. An estimated 54,000 Oregonians ages 12 and older have used methamphetamine within the last year.[5] Oregon has a much higher rate of methamphetamine overdose deaths (26.3 per 100,000 population) compared to the national rate (10.3 per 100,000 population).[6] In 2022, fentanyl surpassed methamphetamine as the most identified drug involved in Oregon overdoses. In 2024, overdoses related to stimulants did not decrease like opioid-related overdoses. This trend is consistent with other jurisdictions across the country.

Methamphetamine use can cause both long- and short-term health issues, especially increased blood pressure, heart attack, and stroke. Methamphetamine overdoses, or overamping, have different signs and symptoms compared to

5 2022–2023 National Survey on Drug Use and Health, State Estimates of Substance Use and Mental Health, State-specific tables. https://www.samhsa.gov/data/report/2022-2023-nsduh-state-specific-tables

6 Centers for Disease Control and Prevention. State Unintentional Drug Overdose Reporting System (SUDORS). Final Data. Atlanta, GA: US Department of Health and Human Services, CDC; [2025, September, 12]. Access at: https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html

opioid overdoses and may be more challenging to diagnose. There is currently no methamphetamine overdose reversal agent that can be given by bystanders, but naloxone (an opioid overdose reversal drug) should always be given to someone experiencing an overdose in case opioids are also present in their system. Giving naloxone to a person experiencing a stimulant overdose will not harm them.

Polysubstance overdoses

Polysubstance refers to overdoses where more than one drug type is involved, such as a stimulant (e.g., methamphetamine) and an opioid (e.g., fentanyl). Polysubstance use is a common strategy to blunt the effects of one drug with another. In 2024, 62.2% of overdose deaths were polysubstance. Most polysubstance overdose deaths were associated with methamphetamine and fentanyl, with 44% of all overdose deaths having both substances identified in the toxicology testing in 2024. Alcohol was involved in 10% of all overdose deaths in 2024, a decrease from 2023 (13% of all overdose deaths).

Confirmed polysubstance use is limited among hospitalizations and ED visits as many of the people involved are treated based on their signs and symptoms. Comprehensive drug testing is not a standard practice in hospitals and EDs as it can take multiple days to receive results. Medical professionals therefore oftentimes must rely on clinical observation to make a diagnosis, which can be challenging when multiple substances are involved.

Drug seizure data

From May to September 2024, the Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) program received multiple reports from regional drug task force teams of increasing variance in fentanyl potency, particularly within counterfeit M30 pills. Counterfeit M30 pills are made to look like 30mg oxycodone tablets but typically contain illicitly manufactured fentanyl or other synthetic opioids. This drug seizure reporting was consistent with anecdotal reporting from statewide partners and people who use drugs that fentanyl strength had increasing variability. Although the Oregon State Police Crime Lab did not perform quantitative analysis to identify the strength of samples, seized M30 pills were sent to the regional Drug Enforcement Administration (DEA) lab for testing. DEA confirmed that the latest testing indicated a decrease in the number of pills that contained a lethal dose of fentanyl (5 out of 10) compared to 7 out of 10 in 2022. This was consistent with national trends.

Despite the variance in potency of fentanyl, the Oregon-Idaho HIDTA saw continued increases in fentanyl seizures over 2024. Coinciding with national trends, the fentanyl supply in Oregon shifted away from counterfeit M30 pills towards fentanyl powder, with pill seizures declining 46%. By comparison, seizures of fentanyl powder increased by nearly 10% (181 kg) from 2023–2024.

Methamphetamine continued to be classified as a major drug threat by the Oregon-Idaho HIDTA. Drug seizure data from regional HITDA drug task forces saw unprecedented increases in the amount of methamphetamine collected in 2024. Nearly 1,569 kilograms of methamphetamine were submitted as sample evidence, a 72% increase over the amount of methamphetamine acquired in 2023. However, the number of seizure incidents where methamphetamine was identified remained relatively stable in 2024, increasing by 11% from 2023. This points to a changing drug seizure landscape where significantly more methamphetamine is identified per drug seizure incident.[7]

The Oregon-Idaho HIDTA classified cocaine as an emerging drug threat in their 2026 Threat Assessment due to the increase in seizure incidents and seizure size across Oregon in 2024, reflecting a notable change from previous assessments. HIDTA enforcement initiatives seized nearly 171 kilograms of cocaine in 2024, representing a 156% increase from 2023. Additionally, HIDTA reported that while most seizures of cocaine are destined for Washington or Canada, drug task force investigators reported an increase in distribution and availability. The increase in both seizure incidents and seizure size over the past five years represents a drug market where cocaine is consistently available, although it remains far more expensive than methamphetamine. As such, cocaine does not represent that most common illicit stimulant in Oregon but remains a large threat to the health and safety of Oregon's communities.

Data linkage

Support from the Overdose Data to Action in States grant, funded through the CDC, has allowed OHA to link several data sources together to better understand the overdose crisis in Oregon. Data about overdose deaths, nonfatal overdose hospitalizations, and emergency department discharges were linked to get a better understanding of previous overdose events prior to death. In 2023, the most recent year of data available, 15% of people who unintentionally died from a drug overdose had an ED or hospitalization discharge record indicating a previous overdose within a year of their death. The State Unintentional Drug Overdose Reporting System (SUDORS), which pulls data from Medical Examiner and Death Certificate records, was only able to record a previous overdose for 12% of all people who died from overdoses. While the SUDORS data is a valuable data source, medical examiners, death investigators, and death certifiers may not have the time or resources to look extensively into the decedent's substance use history. The 2023 data linkage project allowed more information on fatal and nonfatal overdoses to be gathered from existing data sources.

7 Oregon-Idaho High Intensity Drug Trafficking Area (HIDTA) 2026 Threat Assessment. https://oridhidta.org/reports

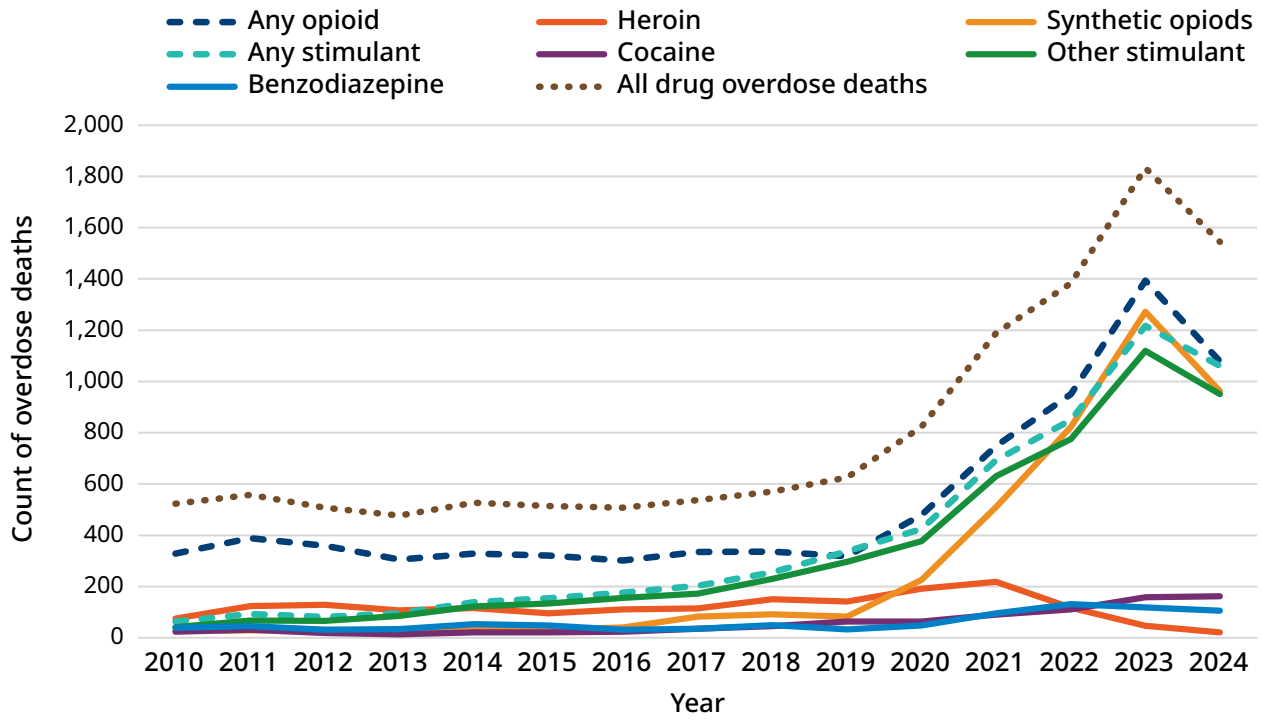
OHA has also linked fatal and nonfatal overdose data with Prescription Drug Monitoring Program data to identify what proportion of people were dispensed an opioid, stimulant, or benzodiazepine medication within a year of the overdose. In 2023, within a year of their death, 20% of people who experienced a fatal or nonfatal overdose were dispensed an opioid, 6% were dispensed a stimulant, and 14% were dispensed a benzodiazepine. It is important to note that this information does not necessarily mean that the dispensed medications were involved in the overdose. Rather, this data shows that these individuals had some contact with the health care system within a year of their overdose, representing possible missed opportunities for interventions to prevent overdose among this population and opportunities for future improvements in this area.

Fatal overdose trends

Death certificate and SUDORS data are integral in understanding the overdose crisis in Oregon. Death investigations, toxicology tests, and interviews with family, friends, and community members provide additional information on the circumstances and the decedent. Each overdose-related death is preventable. The stories of people who have died by overdose add critically important perspective to understanding the current overdose crisis. Death certificate and SUDORS data are available on the OHA Overdose Prevention Dashboard.

Overdose deaths in Oregon began to increase rapidly beginning in 2020 with the advent of the COVID-19 pandemic. During this time, the country experienced lockdowns, reduced access to public and healthcare services, and limited human interaction. The synthetic opioid fentanyl began to increase in the local illicit drug supply around the same time. Fentanyl-involved overdose deaths increased over the next few years, peaking at 1,833 deaths in 2023 (see Figure 3). In summer of 2024, the number of overdose deaths decreased for the first time in Oregon since 2016. This decrease was primarily influenced by a reduction in the number of fentanyl-related deaths. Methamphetamine overdoses also decreased during this time, but most of the decrease was associated with fentanyl and polysubstance use. Methamphetamine-only overdoses remained relatively consistent during the summer 2024 decrease.

Figure 3. Oregon overdose deaths and the substances involved, 2010–2024

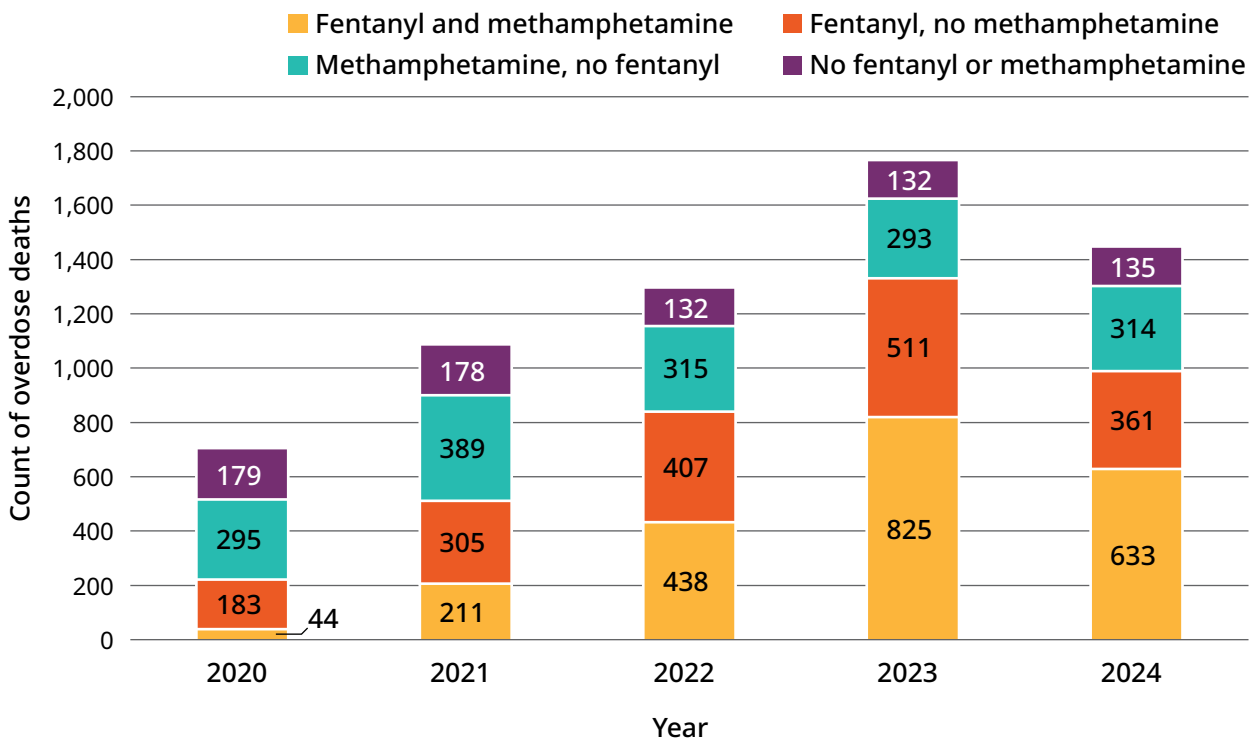


Source: Oregon Center for Health Statistics, death certificate data, 2010–2024.

Substance involvement

Fentanyl and methamphetamine are the most common substances identified in drug overdose deaths (see Appendix A). In 2024, about half (44%) of unintentional and undetermined drug overdose deaths involved both fentanyl and methamphetamine (see Figure 4). Only 135 (9.4%) of overdose deaths in Oregon did not involve fentanyl or methamphetamine. This is a drastic increase in the proportion of methamphetamine and fentanyl-related overdoses compared to 2020, where only 6% involved both methamphetamine and fentanyl.

Figure 4. Methamphetamine and fentanyl involved unintentional and undetermined drug overdose deaths in Oregon, 2020–2024



Source: Oregon SUDORS, 2020–2024

Cocaine-related overdose deaths have increased slightly since 2020. This trend is consistent with the steady increases on cocaine seizures reported by Oregon-Idaho HIDTA.

Heroin-related overdose deaths have drastically reduced, a trend seen across the country as heroin became less available in the illicit drug supply and was replaced by fentanyl, which is cheaper and easier to produce.

Contextual information

SUDORS is unique as it gathers data from death certificates, medical examiner reports, and toxicology reports. This allows contextual data to be collected that may not otherwise be available, such as naloxone administration, physical and mental health concerns, substance use treatment and many more.

People experiencing an overdose should be given naloxone, an opioid overdose reversal medication, as soon as possible to reduce the risk of an opioid overdose death. In 2024, 34% of all individuals who died from overdose were administered naloxone. This is an increase from 10% in 2020 and represents a significant increase in statewide naloxone availability. Naloxone administration can be done by medical professionals, family, or community bystanders. As naloxone availability and knowledge of how to use it increase, more opioid overdoses can be reversed to help prevent death.

Mental health problems were mentioned in the medical examiner records of 39% of all people who died from overdoses in 2024. However, only 22% of individuals who died from an overdose were receiving current mental health or substance use treatment, and only 23% had a history of mental health or substance use treatment. In 2024, only 7.7% of individuals who experienced a fatal overdose had a record of substance use disorder treatment. Overall, 79% of all overdose deaths had no record of current mental health or substance use treatment. This represents significant gaps in Oregon's substance use disorder treatment infrastructure and mental health management infrastructure.

Additional factors, such as houselessness and incarceration, can impact the risk of an overdose death. In 2024, 25.6% of people who experienced a fatal overdose were houseless and 3% had been recently incarcerated. Eighty-eight percent (88%) of all overdose deaths in 2024 occurred in urban locations, including but not limited to Portland, Salem and Medford.

Nonfatal overdose trends

Most overdoses do not result in a death, and these events are referred to here as non-fatal overdoses. OHA collects information on nonfatal overdoses from several sources, including emergency medical services (EMS), emergency department (ED) syndromic data and discharge data, and hospitalization discharge data. The following data does not represent the entire story of nonfatal overdoses in Oregon, as people who experience nonfatal overdoses may not encounter the health care system.

Emergency medical services (EMS) encounters

EMS is often one of the first responders to an overdose. Due to the difficulty of reliably identifying stimulant and other substance-related overdoses in EMS data, only suspected opioid overdoses are currently identified from this dataset. Opioid overdoses tend to have similar easily identifiable symptoms, such as slow or no breathing, difficulty waking, and pale or clammy skin.[8] In 2024, there were 3,572

8 Fentanyl Facts: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/fentanylfacts.aspx

EMS encounters related to an illicit opioid overdose, a 19% decrease compared to 2023 (4,413 encounters). Most illicit opioid overdose EMS encounters were located at a private residence (31%) or on a street/roadside (28%). If possible, EMS crews usually transport the person experiencing the overdose to the nearest hospital for additional care. In 2024, 50% of patients experiencing overdose were transported for additional care as some patients refused transport or left against medical advice.

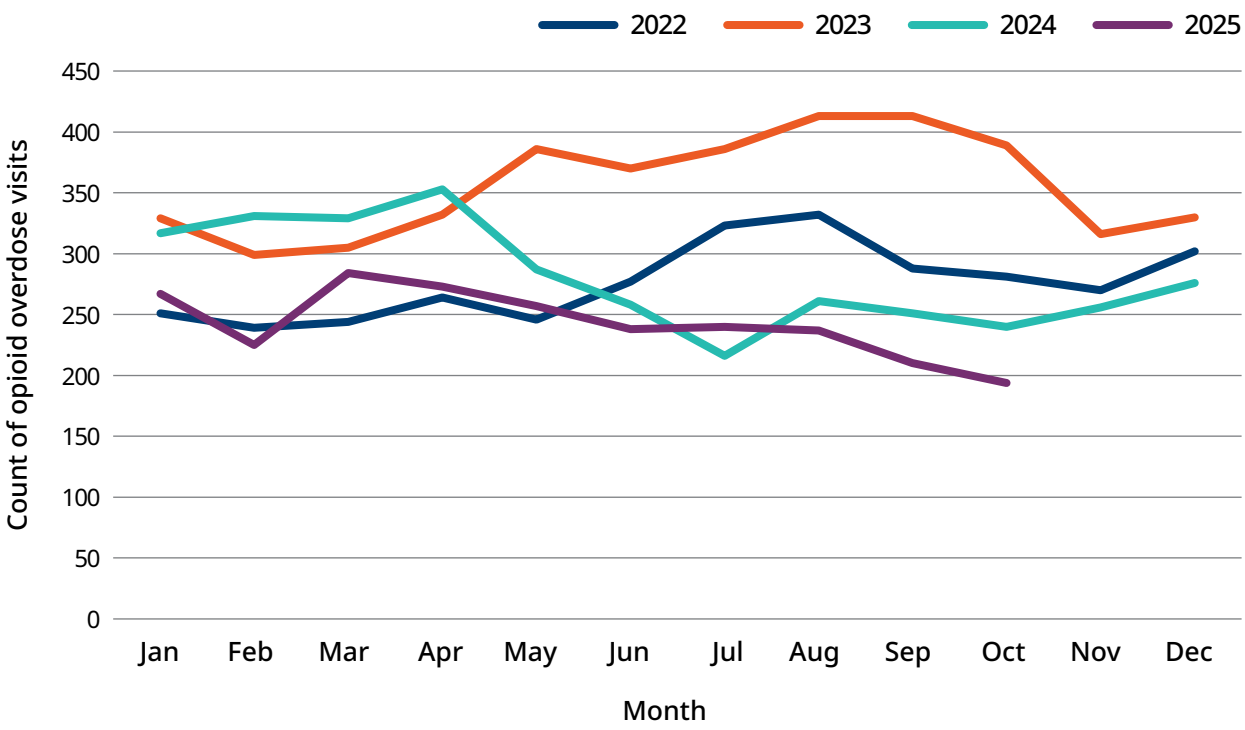
Emergency department encounters

Emergency department (ED) data are collected by two systems in Oregon: the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) and the hospital discharge data system. Oregon ESSENCE data from EDs and participating urgent care centers collect data on the reason for the visit. These data, also called syndromic data, are based on the first impression of the visit, which may not exactly match the final diagnosis of the patient (discharge data) because additional information sometimes becomes available during the care of the patient. For example, if a patient seeks care at a local ED due to a suspected sprained ankle, the ESSENCE data would record the sprained ankle. If during care of the patient it was determined that the ankle was broken, not sprained, the final discharge data would record a broken ankle. ESSENCE data are available within a few days of the visit, while discharge data can take up to six months to be available. Both data sources have their strengths and weaknesses, which is why OHA analyzes both.

ESSENCE

Opioid overdoses in Oregon EDs and urgent care centers peaked in 2023 at about 400 opioid overdose-related visits a month (see Figure 5). Beginning in late 2023 and throughout 2024, the number of opioid overdose-related visits decreased to 2021 levels (not shown in graphic). Opioid overdose visits to EDs and urgent care centers have remained relatively stable since late 2024. Currently, opioid overdose related visits represent about 0.10% of all ED and urgent care center visits. Opioid overdose related ESSENCE data are publicly available on the OHA Opioid Overdose Updates Dashboard.

Figure 5. Opioid overdose visits to EDs and urgent care centers, Oregon, 2022–2025

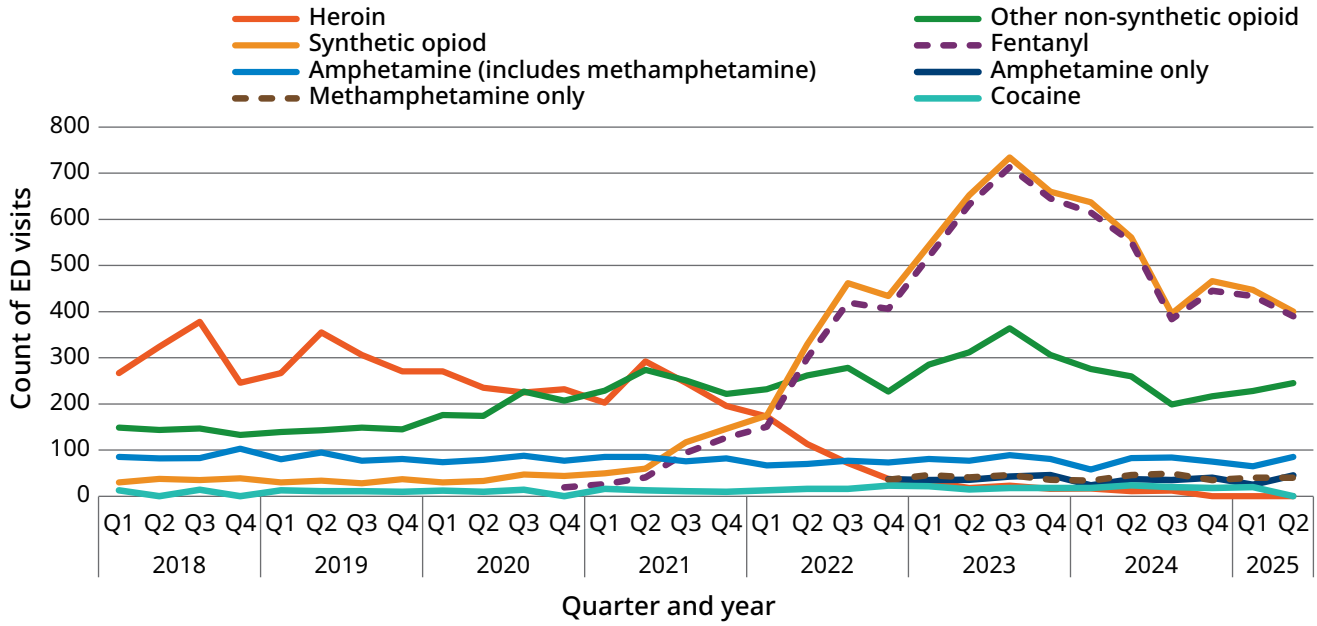


Source: Oregon ESSENCE, 2022–2025

Emergency Department (ED) discharges

In Oregon emergency departments, there are about 10,000 drug overdose-related visits a year. These are situations where the patient is seen in the ED but not hospitalized. Most of those visits are associated with prescription medications and over-the-counter medications. In 2024, 34% of all overdose-related ED visits were associated with an opioid, and 4% were associated with a stimulant. ED data can include more specific information, such as the illicit drug that caused or contributed to the overdose confirmed through urine drug tests. Synthetic opioids, including fentanyl, have been the most identified type of opioids since 2021 (see Figure 6.). Oregon overdose-related ED visits decreased from October 2023 to September 2024, primarily driven by overall decreases in fentanyl-related overdoses. Methamphetamine and other stimulant-related overdoses remained stable during this time.

Figure 6. Overdose-related ED visits by substances involved, Oregon, 2018–2025



Source: Oregon Hospital Reporting Program, Emergency department discharge data, 2018–2025

The overall cost of overdose is staggering, both in medical costs and individual, family, and community impacts. In 2024, the charges from all opioid overdose ED visits totaled $16.5 million. The most common insurance providers charged for these ED visits were Medicaid ($10.5 million) and Medicare ($2.6 million). Stimulant overdose-related ED visit charges totaled $2.9 million for 2024, over half of which were billed to Medicaid.

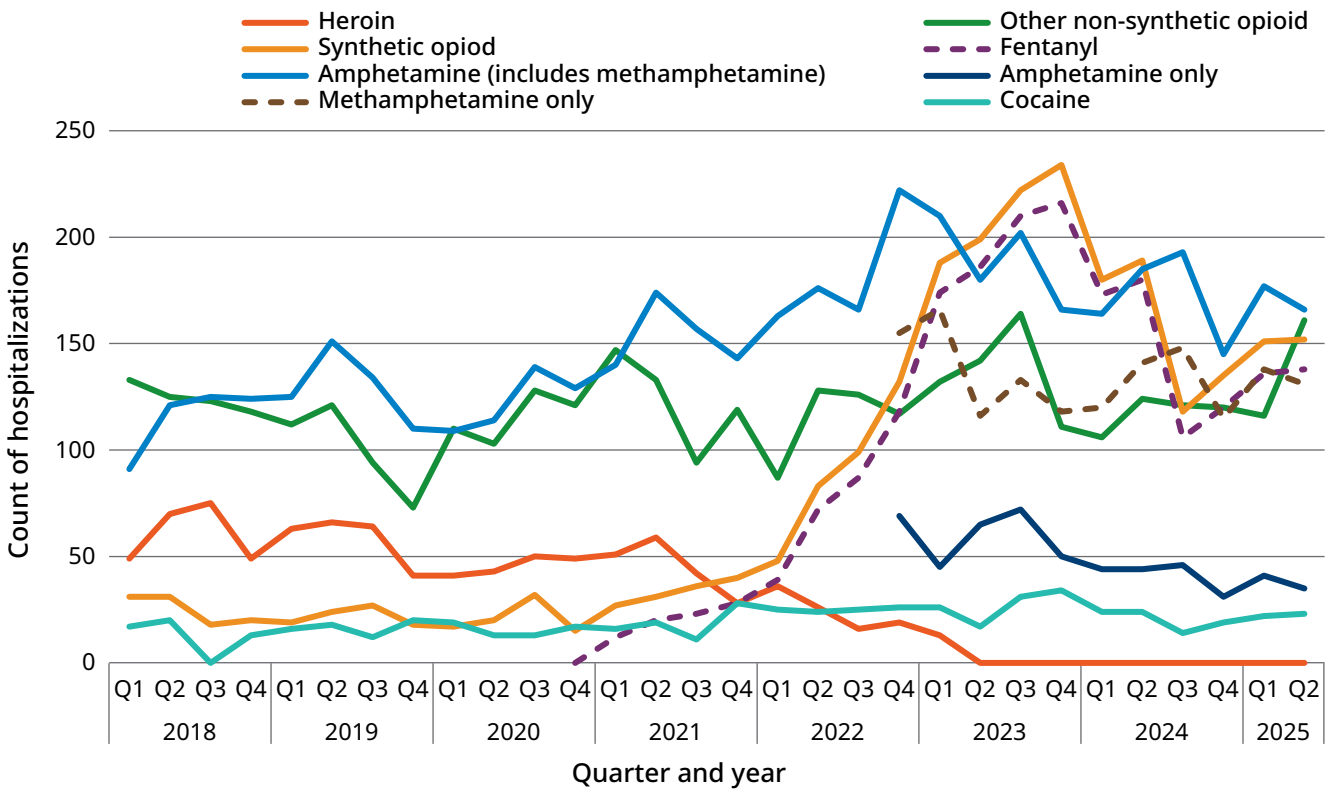
Hospitalizations

Hospitalizations usually require more care than can be provided in the ED. These visits are longer than 24 hours and include people admitted to the hospital. Any visit that began in the ED and was later admitted to the hospital would be included in the hospitalization discharge data rather than the emergency department discharge data.

The number of overdose-related hospitalizations is significantly lower than ED visits, totaling about 4,000 overdose-related hospitalizations a year. About 28% of these hospitalizations are associated with opioids, and 18% are associated with stimulants. Amphetamines, mostly represented by methamphetamine, were the most identified drug in overdose-related hospitalizations (see Figure 7) until 2023, when synthetic opioids, including fentanyl, surpassed methamphetamine as the most common drug identified in overdose hospitalizations. Fentanyl-related overdose hospitalizations decreased from October 2023 to September 2024 while

methamphetamine-related overdoses remained relatively stable. Cocaine-related hospitalizations have increased slightly in recent years, with 81 hospitalizations in 2024. This is consistent with fatal and nonfatal cocaine overdose trends seen in other data sources.

Figure 7. Overdose-related hospitalizations by substances involved, Oregon, 2018–2025



Source: Oregon Hospital Reporting Program, Hospitalization discharge data, 2018–2025

In 2024, the total charges of all opioid overdose hospitalizations were $66 million. The most common insurance providers charged for these hospitalizations were Medicaid ($32 million) and Medicare ($21 million). Stimulant overdose-related hospitalization charges totaled $44 million for 2024, over half of which were billed to Medicaid.

Demographics

Not all people in Oregon are equally affected by the overdose crisis. Black/African American communities and American Indian/Alaska Native communities continue to have the highest rates of fatal and nonfatal overdoses in Oregon (see Appendix B). These communities have disproportionately experienced 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 experience a fatal or nonfatal overdose compared to those identifying as female in 2024. Adults 25–34 and 45–54 years old experienced the highest number of fatal and nonfatal overdoses. Fewer youth (1–19 years old) died from an overdose in 2024 (21 people) compared to 36 in 2023 (see Appendix C). Older adults, aged 65 and over, were the only age group that experienced increases in overdoses between 2023 and 2024, 20.7 and 22.0 per 100,000 respectively. While these data represent success in reducing overdoses among certain age-specific populations, particularly youth, it also highlights the need for future interventions tailored for older adults.

OHA's current data sources do not adequately capture overdose disparities across all populations. Standard data collection relies on broad racial, ethnic, and socioeconomic classifications, which can mask inequalities among smaller communities and subpopulations. Substance misuse and overdose disparities may exist among additional Oregon communities.

Emerging and current drug trends

Nationally, the illicit drug supply continues to rapidly evolve. Additives, adulterants (substances added without the knowledge or consent of the person who uses the drug), and new illicit substances are regularly found in the illicit drug supply. Drug supply and drug use trends typically begin in one region of the country and then migrate, for example moving west from the Eastern US. Current drug use trends, adulterants, and substances of interest are explored in the following sections.

Cocaine

Cocaine-related overdose deaths, hospitalizations, and ED visits have all increased slightly since 2022. The Oregon-Idaho HIDTA classified cocaine as an emerging drug threat in their 2026 Threat Assessment due to the increase in seizure incidents and seizure size across Oregon in 2024. Cocaine availability and use may be increasing in Oregon, but methamphetamine is still the most frequently used illicit stimulant.

Kratom

Kratom is a substance derived from leaves from the kratom tree native to Southeast Asia. Its leaves contain two primary psychoactive substances, mitragynine and 7-hydroxymitragynine (7-OH). Based on the dosage, kratom has both stimulant-like and opioid-like effects, but is not classified as a stimulant or an opioid. Kratom is consumed in a variety of ways (teas, capsules, gummies, chewable tablets) for its stimulant-like effects and as an opioid substitute. Kratom is sometimes marketed as a cure for opioid use disorder, opioid withdrawal, pain, depression, and anxiety. However, there is no evidence to suggest that kratom produces these effects. While not an illicit substance, it does have addictive properties and can be harmful, especially when used with other substances.[9]

Kratom is not approved by the Food and Drug Administration for medical use. Additionally, kratom is not currently regulated through the Controlled Substances Act. Kratom products have become increasingly popular in the United States over the past five years, raising public health and policy concerns about their potential for abuse.[10] Kratom is currently sold in Oregon over the counter. Several states, including Wisconsin and Indiana, have decreased access to kratom through state-level policies. In Oregon, kratom possession, sale and manufacture are regulated. Sellers must be registered with the Oregon Department of Revenue and kratom cannot legally be sold to someone under of 21 years of age.[11]

Epidemiologic surveillance of overdose data involving kratom is sparse, but the CDC notes that from December 2016 to July 2017, 152 fatal overdoses had kratom identified through postmortem toxicology tests. In 80% of the 152 fatal overdoses where kratom was identified, decedents had a history of substance use and postmortem toxicology tests identified multiple substances (including kratom) in almost all decedents. Kratom has been identified as a factor in several Oregon overdose deaths, but usually in combination with other substances.[12]

The Overdose Response Strategy (ORS) is a public health-public safety partnership between the Office of National Drug Control Policy and the CDC. The ORS has identified “enhanced” kratom as an emerging drug threat because of the introduction of adulterated 7-OH kratom products to the retail market. 7-OH is

9 National Institute on Drug Abuse, Kratom. https://nida.nih.gov/research-topics/kratom

10 FDA News Release, FDA Takes Steps to Restrict 7-OH Opioid Products Threatening American Consumers. https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers

11 Legislative Analysis and Public Policy Association, Kratom: Summary of State Laws. https://legislativeanalysis.org/wp-content/uploads/2025/07/Kratom-Summary-of-State-Laws.pdf

12 CDC Morbidity and Mortality Weekly Report, Notes from the Field: Unintentional Drug Overdose Deaths with Kratom Detected – 27 States, July 2016–December 2017. https://www.cdc.gov/mmwr/volumes/68/wr/mm6814a2.htm

significantly more potent than mitragynine and acts on opioid receptors in the brain, posing a heightened risk for dependency and withdrawal. Enhanced kratom products sold in retail stores contain considerably more 7-OH than botanical kratom and can be risky for consumers. There are no established safe dosing guidelines, and product potency can vary widely, especially in concentrated extracts and enhanced products.[13]

Xylazine

Xylazine is a veterinary sedative not approved for use in humans. Use by humans can cause severe skin and soft tissue infections (SSTIs) that are difficult to heal and may or may not be associated with injection drug use. Xylazine had been identified in illicit fentanyl in the drug supply across the country but is primarily found in the eastern region of the US. In 2024, there were 13 xylazine-involved overdose deaths identified in Oregon, representing less than 1% of all overdose deaths. The number of xylazine-involved deaths has increased slightly since 2020 but still represents a very small proportion of overdose deaths overall.

Xylazine-specific associated wounds are difficult to identify in ED and hospitalization data, as many patients are not drug tested during care and xylazine-specific tests are not common. In response, OHA developed an alternative way to identify potential xylazine use-with substance use and SSTI-related visits within the hospitalization and ED discharge data. It is important to note that this query does not prove that xylazine was involved as a cause of or contributor to the wounds. However, a general increase in identified cases over time indicates that more people with a substance use disorder diagnosis and an SSTI are receiving medical care.

In 2024, hospitalizations associated with a substance use disorder diagnosis and a SSTI increased compared to 2023. Emergency department visits related to SSTIs decreased slightly during 2024. This decrease in ED visits and the increase in hospitalizations may indicate that the SSTIs are more severe cases and require more or longer medical care than can be provided in the ED.

Medetomidine

Medetomidine is a sedative more potent than xylazine that is approved for use in veterinary care. It has been identified in illicit drug supplies, especially in combination with fentanyl and xylazine. Most of the medetomidine samples and confirmed cases have come from the eastern and central portions of the United States. This adulterant causes reduced heart rate (bradycardia), heavy sedation, and severe withdrawal symptoms. If naloxone is given to someone experiencing a

13 FDA News Release, FDA Takes Steps to Restrict 7-OH Opioid Products Threatening American Consumers. https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers

fentanyl and medetomidine overdose, they may stay sedated and non-responsive even though the fentanyl overdose has been reversed. Withdrawal symptoms of medetomidine use include increased heart rate, high blood pressure, nausea and vomiting, tremors, excessive sweating, and changing levels of alertness.[14]

Medetomidine has not been identified in any drug overdose death toxicology results in Oregon. The Oregon State Medical Examiner's Office has added this adulterant to the standard drugs tested for postmortem. Oregon-Idaho HIDTA have identified a small number of drug seizure samples of medetomidine in Oregon, most often with powder fentanyl. OHA and Oregon-Idaho HIDTA will continue to monitor for evidence of this potential drug threat in Oregon.

BTMPS

The industrial chemical bis (2,2,6,6-tetramethyl-4-piperidyl) sebacate (BTMPS) is used as a plastic light stabilizing agent. This substance has been identified in illicit drug samples across the country, usually along with fentanyl. BTMPS may be associated with new fentanyl-like drugs (fentanyl analogs) including tetramethyl-4-AP and tetramethylnorfentanyl.[15] Oregon-Idaho HIDTA drug seizure sampling has identified BTMPS[16] alongside fentanyl. There have not been any fatal drug overdose toxicology results containing BTMPS or any other new fentanyl analogs in Oregon. However, it is challenging to identify BTMPS in toxicology data because of reactions with the plastic tube containing the sample. The Oregon Medical Examiner's Office is actively checking for these new substances.

14 Substance Use Philly, Medetomidine https://www.substanceusephilly.com/medetomidine

15 CFSRE Public Alert, May 2025. An Update on the Presence of BTMPS in the Drug Supply and the Discovery of Tetramethylfentanyl-related Substances https://www.cfsre.org/nps-discovery/public-alerts/an-update-on-the-presence-of-btmps-in-the-drug-supply-and-the-discovery-of-tetramethylfentanyl-related-substances

16 Legislative Analysis and Public Health Policy Association, BTMPS: An Industrial Chemical Adulterant in the Illicit Drug Supply. https://legislativeanalysis.org/wp-content/uploads/2025/03/BTMPS-Fact-Sheet-FINAL.pdf

OHA strategy and response

OHA's strategic approaches to address the overdose crisis closely align with the 2026–2030 Alcohol and Drug Policy Commission (ADPC) Comprehensive Plan, the 2024–2027 OHA Strategic Plan, and the 2025–2029 State Health Improvement Plan, *Healthier Together Oregon*. Collectively, these strategies aim to improve Oregon's statewide prevention, treatment, recovery, and response systems by comprehensively addressing the substance misuse and overdose crisis, centering equity in policies and investments, and supporting individuals and communities.

OHA coordinates a broad array of programs that incorporate the ADPC's cross-cutting values of reducing stigma, considering transitions across the substance use disorder (SUD) continuum, centering lived experience, providing holistic support, incorporating evidence-based and culturally informed practices, and advancing equity. Furthermore, OHA and the ADPC share the following strategic goals:

1. Providing culturally responsive, non-stigmatizing information to guide state, tribal, local and community opioid response;
2. Decreasing disparities in illicit opioid use and reducing incidence of fatal and nonfatal overdoses among disproportionately affected communities; and
3. Preventing initiation of illicit opioid use; reducing risk for people who use illicit and prescription opioids; increasing availability of screening, intervention and treatment for opioid use disorder; and enhancing supports for people in recovery.

Funding sources

OHA's response to the overdose crisis is 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 grant; the SAMHSA State Opioid Response (SOR) grant; the SAMHSA Substance Use Prevention, Treatment and Recovery Services block grant; the CDC Overdose Data to Action in States (OD2A-S) grant; Oregon Opioid Settlement Prevention, Treatment, and Recovery (OSPTR) Board funding allocations; and Oregon legislative investments. OHA strategically braids these resources to maximize investments and enhance program impact.

Partner engagement, coordination, and collaboration

OHA collaborates with the Nine Federally Recognized Tribes in Oregon as well as state, regional, local, and other partners to implement strategies across the substance use continuum. Key partners include but are not limited to the Oregon Governor's Office, the Oregon Alcohol & Drug Policy Commission, the Oregon Opioid Settlement Prevention, Treatment and Recovery Board, the Oregon Department of Human Services, the Oregon-Idaho HIDTA, the Oregon Board of Pharmacy, the Oregon Department of Justice, 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, Area Agencies on Aging, Coordinated Care Organizations, opioid treatment programs, county deflection programs, Measure 110 Behavioral Health Resource Networks, Local Public Health Authorities, Local Mental Health Authorities, Regional Health Equity Coalitions, and community-based organizations.

Additionally, OHA engages with communities impacted by the overdose crisis, including culturally and linguistically specific communities, individuals with lived and living experience of substance use disorder, and the Oregon Youth Advisory Council, to inform population-specific interventions.

These partner and community engagement activities increase collaboration and cross-system coordination, reduce duplication of effort, and promote community-driven solutions. These strategies align with the emphasis on partner coordination for collective impact in the 2026–2030 ADPC Strategic Plan.

Data infrastructure

OHA prioritizes data-driven approaches to inform effective strategies across the substance use disorder continuum. In 2025, OHA launched a new Data Office to promote a data governance framework, modernize data infrastructure and tools, strengthen data management, facilitate data sharing efficiencies, and promote data literacy. The Data Office is helping programs across OHA leverage improved data insights to better develop and track data-informed strategies that promote health equity.

OHA launched two new overdose-related data dashboards in 2025. The Opioid Overdose Updates Dashboard provides monthly updates of preliminary information about overdoses in Oregon. This dashboard offers the timeliest data available about statewide overdoses, broken out by the county of residence of people experiencing overdoses. The EMS Response to Illicit Opioid Overdoses Map

contains counts and rates of EMS calls related to illicit opioid overdoses across Oregon. Users may view data at the county and census tract level within this map to help inform local overdose prevention and response activities.

OHA also continues to maintain the Overdose Prevention Dashboard and the Oregon Prescription Drug Monitoring Program (PDMP). The Overdose Prevention Dashboard contains fatal and nonfatal drug overdose data. This dashboard reports data for a variety of drug types and overdose events, including both counts and rates for age, sex, race, ethnicity, and county of residence. OHA updates this dashboard quarterly to incorporate new data and feedback from the public.

The Oregon Prescribing Dashboard is a tool to help healthcare providers and pharmacists provide patients better care in managing their prescriptions. Oregon-licensed retail pharmacies submit prescription data to the PDMP system for all Schedules II, III and IV controlled substances, gabapentin, and naloxone dispensed to Oregon residents. This information helps clinicians identify patients who may be at risk for opioid use disorder or overdose, allowing them to make informed clinical decisions and better support patient care.

These initiatives support OHA's commitment to health equity by providing the necessary infrastructure to drive informed decision-making and targeted interventions. Additionally, these initiatives support the data infrastructure priorities within the 2026–2030 ADPC Strategic Plan.

Investments across the continuum of care

OHA's response to the overdose crisis involves numerous interrelated initiatives across the agency. Collectively, OHA's SUD initiatives support and align with the five overarching priorities of the 2026–2030 ADPC Strategic Plan:

1. **Youth:** Comprehensive supports centered in youth and families
2. **Prevention:** Upstream, equity-driven primary prevention efforts across the lifespan
3. **Risk reduction:** Equitable, stigma-free access to lifesaving and health-promoting services
4. **Treatment:** Closing gaps, enhancing quality, increasing consistency, supporting recovery
5. **Recovery:** A resilient, recovery-oriented system of care accessible to all

The section below provides project-specific highlights from 2025. This list is not comprehensive and reflects a small portion of OHA's ongoing prevention, harm reduction, treatment, and recovery initiatives.

Measure 110: After its passage in 2020, Measure 110 dramatically expanded access to substance use recovery and harm reduction services across the state through Behavioral Health Resource Networks (BHRN). From 2022–2025, BHRNs conducted over 2.6M encounters. On July 1, 2025, the second grant cycle of Drug Treatment and Recovery Services Funds (DTRSF) began. DTRSF pays for 36 BHRNs (one in each Oregon county), which provide screening, assessment, low barrier substance use disorder treatment, peer support services, harm reduction, and housing services at no cost to Oregonians in need. The second cycle of DTRSF funds will end on June 30, 2029. Currently, 234 individual providers participate in their county's BHRN. There are also awards for the Nine Federally Recognized Tribes in Oregon and Urban Indian Health Program, the Native American Rehabilitation Association of the Northwest.

BHRNs continue to provide important services, but there are significant concerns about stability as cannabis tax revenue continues to decrease. For more information on the BHRNs, 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 governs the State of Oregon's 45% portion of opioid settlement funds. The additional 55% portion of settlement funds is directly allocated to cities and counties. As of November 2025, the OSPTR Board has allocated $101 million in opioid prevention, treatment, and recovery investments. The OSPTR Board allocated these funds through a variety of decision-making strategies which included assessments of funding gaps for critical programming, recommendations from ADPC subcommittees, and competitive proposal processes. OHA has executed contractual agreements with 82 grantees in support of OSPTR Board allocations. This includes allocations to the Nine Federally Recognized Tribes in Oregon, the Save Lives Oregon/Salvando Vidas Supply Clearinghouse, Oregon's primary prevention organizations, Regional Health Equity Coalitions, community-based organizations, recovery community centers, opioid treatment programs, and more. OHA continues to implement, administer, and evaluate these investments in alignment with OSPTR Board priorities. For more information, visit www.oregon.gov/opioidsettlement.

Primary prevention capacity and workforce: In previous years, Oregon's primary prevention funding – which aims to reduce the issue of opioid use and dependency before it starts – has been limited compared to the state's overall behavioral health system investments. In 2024, the OSPTR Board allocated $13.7 million to strengthen Oregon's primary prevention workforce capacity. This included a $9.5 million investment to enhance OHA's Alcohol and Other Drug Prevention & Education Program across all 36 counties, a $3.8 million allocation to community-based organizations and Regional Health Equity Coalitions to increase

culturally and linguistically specific prevention initiatives, and $450,000 to train 100 Certified Prevention Specialists. This investment was intended to expand Oregon's prevention infrastructure and local prevention partner network, which also includes local public health authorities, tribal-serving organizations, Drug Free Community Coalitions, schools, youth-serving organizations, healthcare organizations, and law enforcement and first responder agencies.

In 2025, OHA supported the OSPTR Board's primary prevention investment by expanding statewide training, technical assistance, and resources for local prevention partners. OHA implemented a six-month capacity building initiative for community-based organizations serving populations disproportionately impacted by SUD and overdose. The agency also hosted a 12-part virtual training series for prevention partners throughout 2025; this training was tailored to capacity building grantee needs but open to all prevention partners. Additionally, OHA hosted and provided travel sponsorships for a half-day primary prevention partner convening just before the 2025 Oregon Conference on Opioids + Other Drugs, Pain + Addiction Treatment (OPAT). OHA also supplemented the OSTPR Board's 2024 investment by leveraging additional federal funds to expand Certified Prevention Specialist training.

2025 House Bill 3321 further supported these recent investments by funding the ADPC to conduct a comprehensive assessment to inform the development and implementation of a statewide strategy to prevent the onset of substance use. Despite these new initiatives, significant gaps persist within Oregon's primary prevention infrastructure. As noted in the 2024 Oregon SUD Fiscal Analysis, only 6% of all behavioral investments across all state agencies are allocated to prevention. Decades of research has demonstrated that primary prevention is key to addressing the root causes of substance use. Increased system capacity would help further accelerate system improvements that ultimately prevent substance use and related harms at the community, family, and individual levels.

Save Lives Oregon / Salvando Vidas Oregon: Save Lives Oregon, a collaboration between OHA and 10 community-based organizations, launched in 2020. The aims of Save Lives Oregon/Salvando Vidas Oregon are to support community agencies to move beyond awareness of evidence-based lifesaving intervention strategies for people using substances toward integrating these strategies into their work with community members. Save Lives Oregon also supports the equitable distribution of lifesaving supplies, such as naloxone, wound care kits and sharps containers, to organizations directly reaching people at highest risk of overdose, infection, and injury due to substance use.

The Save Lives Oregon Clearinghouse provides state-supplied harm reduction supplies, including naloxone, to more than 380 organizations statewide. From January 2022–January 2025, the Clearinghouse distributed more than 724,000

doses of naloxone to partner organizations. The Clearinghouse's partner agencies can voluntarily report opioid overdose reversals to the project. Since January 2022, Save Lives Oregon Clearinghouse participating agencies have voluntarily reported more than 21,000 opioid overdose reversals. In 2024, Save Lives Oregon provided 665 schools, colleges, universities and school-based health centers with up to three overdose reversal kits each. Naloxone from these kits was used to respond to seven separate overdose events at middle and high schools involving students and community members. School opioid overdose response kits are now available for all Oregon schools. For more information, visit www.savelivesoregon.org.

State Opioid Response: The purpose of SAMHSA's State Opioid Response (SOR) grant is to support innovative action along the continuum of prevention, treatment and recovery support services and increase access to medications for opioid use disorder (MOUD). Oregon's SOR grant funded initiatives focus on regions and populations with high rates of opioid use disorder or stimulant use disorder, high overdose rates, and low substance use disorder treatment participation. Activities aim to increase access to substance use disorder treatment, implement comprehensive substance use prevention services plans, strengthen overdose prevention, increase access to recovery support services and expand the SUD workforce in the state.

SOR funded programs have served more than 405,600 people in Oregon. SOR outcomes include:

- Established youth-focused substance use prevention initiatives that integrated and involved youth perspectives to address substance use prevention
- 15,700 people received MOUD treatment,
- 640 people received treatment for Stimulant Use Disorder (StimUD) with contingency management (CM), an evidence-based therapy that provides incentives to reinforce targeted client behavior among people with substance use disorder, and more specifically, StimUD,
- 16,000 people in substance use disorder recovery received support from community-based recovery programs,
- 49,400 peer contacts with 8,600 people participated in the participant centered, peer-supported program called PRIME+,
- 307,900 naloxone doses were distributed and 6,600 overdose reversals reported back to SOR-funded programs, and
- 180 people received no-cost training to become certified alcohol and drug counselors (CADC).

Conclusion

After several years of increases, overdoses in Oregon are decreasing but remain higher than before the COVID-19 pandemic. 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 of Oregon's related 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 continue to implement community-led approaches that reduce stigma, advance equity, center community voice, and address rapidly evolving substance use and overdose trends.

Appendix A. Overdose deaths (ODDs) by substances involved, Oregon, 2021–2024

	2021		2022		2023		2024	
Drug type	Count	% ODD	Count	% ODD	Count	% ODD	Count	% ODD
Any opioid	748	62.9%	950	68.7%	1394	76.1%	1,078	69.8%
Heroin	218	18.3%	117	8.5%	47	2.6%	21	1.4%
Other non-synthetic opioid	169	14.2%	131	9.5%	137	7.5%	126	8.2%
Methadone	40	3.4%	34	2.5%	32	1.7%	60	3.9%
Synthetic opioids	510	42.9%	822	59.4%	1,272	69.4%	962	62.3%
Any stimulant	693	58.3%	849	61.4%	1,217	66.4%	1,061	68.7%
Cocaine	90	7.6%	111	8.0%	158	8.6%	162	10.5%
Other stimulant	630	53.0%	775	56.0%	1,119	61.0%	950	61.5%
Benzodiazepine	96	8.1%	132	9.5%	119	6.5%	106	6.9%
All overdose deaths	1,189		1383		1,833		1,544	

Source: OHA Center for Health Statistics, death certificate data, 2021–2024

Notes:

- Overdoses associated with all types of intent (intentional, unintentional, undetermined) are included in this table.
- Percent ODD is the percentage of the overdoses with the drug type out of all overdose deaths for that year.
- Information about Oregon residents who died in another state and nonresidents who died in Oregon is not included in this table.
- 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 count and rates per 100,000 by race and ethnicity, Oregon 2021–2024

	2021		2022		2023		2024	
Race and ethnicity	Count	Rate	Count	Rate	Count	Rate	Count	Rate
Hispanic	84	13.9	115	18.6	167	26.4	144	21.7
Non-Hispanic Multiracial	35	23.5	42	27.8	64	41.7	46	29.2
Non-Hispanic Asian / Pacific Islander or Hawaiian Native	14	6.3	14	6.2	24	10.4	20	8.1
Non-Hispanic American Indian or Alaska Native	24	52.1	35	76.5	51	111.7	32	70.1
Non-Hispanic Black or African American	49	57.8	72	83.1	93	105.1	77	83.6
Non-Hispanic White	958	30.4	1051	33.8	1384	44.9	1194	38.9
Non-Hispanic Other or Unknown	25		54		50		31	
All races/ ethnicities	1189	27.9	1383	32.6	1833	43.3	1544	36.1

Source: OHA Center for Health Statistics, death certificate data, 2021–2024

Notes:

- Overdoses associated with all types of intent (intentional, unintentional, undetermined) are included in this table.
- 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.
- Information about Oregon residents who died in another state and nonresidents who died in Oregon is not included in this table.
- 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.

Appendix C. Overdose death counts and rates per 100,00 by age, Oregon 2021–2024

	2021		2022		2023		2024	
Age group	Count	Rate	Count	Rate	Count	Rate	Count	Rate
0–9	*	*	*	*	*	*	*	*
10–14	*	*	*	*	*	*	*	*
15–19	27	10.7	31	12.2	30	11.8	18	7.0
20–24	66	25.2	57	22.0	64	24.7	46	17.4
25–34	227	37.9	282	47.5	388	65.8	273	46.0
35–44	265	44.7	137	55.1	423	70.9	383	63.1
45–54	248	47.7	261	50.1	373	71.3	306	58.0
55–64	230	43.5	262	50.8	377	74.6	328	65.5
65+	121	15.3	155	19.1	172	20.7	187	22.0
All ages	1189	27.9	1383	32.6	1833	43.3	1544	36.1

Source: OHA Center for Health Statistics, death certificate data, 2021–2024

Notes:

- * Indicates that the count is between 1 and 8 and is suppressed to protect the identity of the decedent, their family, and community.
- Overdoses associated with all types of intent (intentional, unintentional, undetermined) are included in this table.
- The rate is a crude rate (not age-adjusted) and per 100,000 people.
- Information about Oregon residents who died in another state and nonresidents who died in Oregon is not included in this table.

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