Statewide Trends in Drug Overdose: 2024 Data Update

NOTE: This report includes 2024 death certificate and hospital discharge data. Data now represents all drug overdose deaths and hospital-treated nonfatal overdoses that occurred in Minnesota, regardless of the person's resident state.

Summary

Drug overdose continues to affect the lives of all who live in Minnesota. This report now includes all overdose deaths that occurred in the state and all nonfatal overdoses treated in Minnesota hospitals.

In 2024, Minnesota saw a continued decline in overdose deaths. Synthetic opioids continue to dominate fatal overdoses, with decreases across all opioid categories.

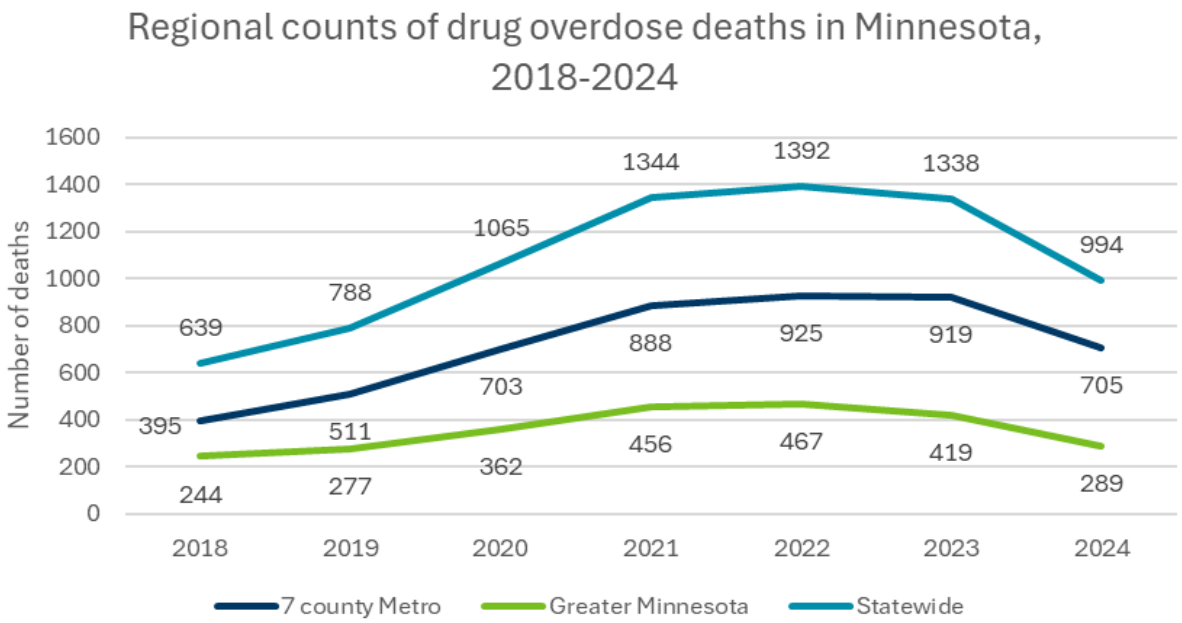
For every person who died from a drug overdose in 2024, there were nearly 15 individuals treated for nonfatal overdoses in Minnesota hospitals. From 2023 to 2024, hospital-treated nonfatal overdoses decreased across drug categories, with opioid overdoses reaching their lowest levels since 2018.

Hospital data reflect only overdoses that result in emergency department and inpatient care and do not include those treated by EMS without transport or reversed in the community with naloxone. Taken together, the decreases in fatal overdoses and hospital-treated nonfatal overdoses are substantial and consistent with the impact of prevention and harm reduction efforts. At the same time, these results should not be viewed as a complete picture of the overdose burden in Minnesota, and trends may differ in specific communities, including those disproportionately impacted.

Drug overdose deaths

In 2024, Minnesota recorded a 26% decrease in drug overdose deaths, dropping from 1,338 to 994 deaths statewide (Figure 1). The largest decrease of 31% was seen in the Greater Minnesota counties (419 to 289 deaths). The Metro counties also saw a decrease of 23% (919 to 704 deaths). This downward trend mirrors national patterns and suggests that ongoing prevention and harm reduction efforts are contributing to meaningful progress in reducing overdose deaths across Minnesota and beyond.

Figure 1. Notable decreases seen across Minnesota in 2024



SOURCE: Minnesota death certificates, Minnesota Department of Health, 2018-2024

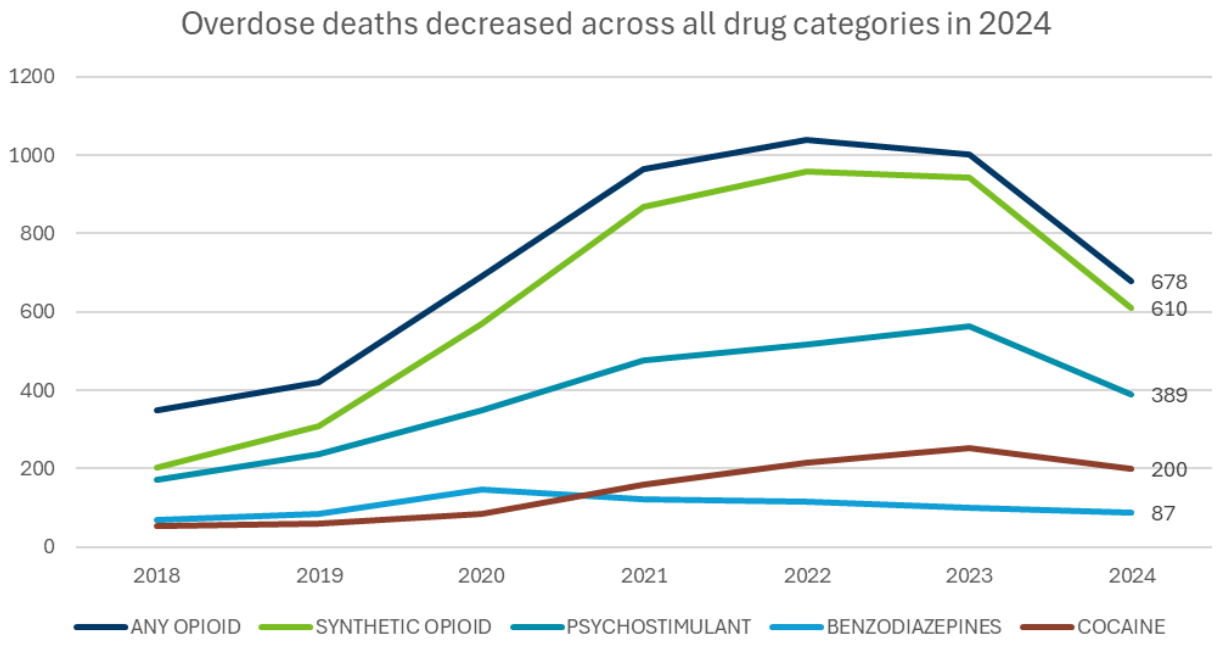
Opioid-involved deaths from death certificates

In 2024, the overall number of opioid-involved deaths in Minnesota decreased by 32%. Notably this decrease was mirrored in the synthetic opioid category, down 35%, (942 to 610 deaths) where most cases involve illicitly manufactured fentanyl (Figure 2). All other opioid-related categories, including opioids which may have been prescribed, heroin, and methadone continued to see a decrease in deaths (not shown).

Non-opioid-involved deaths from death certificates

Statewide 2024 data show that deaths involving stimulants also decreased (Figure 2). Deaths involving psychostimulants, including methamphetamine, decreased by 31%, (562 to 389 deaths), marking the first drop in ten years. Deaths involving cocaine also decreased by 20% (251 to 200 deaths), marking the first drop in five years. Deaths involving benzodiazepines continued to decline by 13% (100 to 87 deaths).

Figure 2. There were decreases across all drug categories in 2024, both opioids and stimulants



SOURCE: Minnesota death certificates, Injury Prevention and Mental Health Division, Minnesota Department of Health, 2018-2024.
NOTE: Drug categories are non-exclusive.

Nonfatal drug overdose

In 2024, for every one overdose death, there were nearly 15 nonfatal overdoses (14,483 total visits) treated in Minnesota hospitals. A majority of nonfatal drug overdoses were of unintentional (i.e., accidental) or undetermined intent (64% of hospital visits) and will be the focus of the following data summary.[1]

The number of nonfatal overdoses decreased 19% (11,420 to 9,265 hospital visits) statewide from 2023 to 2024. Trends in nonfatal overdose varied by region. In the Metro area, nonfatal overdose decreased 21% (7,993 to 6,288 hospital visits). In Greater Minnesota, nonfatal overdoses decreased 13% (3,427 to 2,977 hospital visits).

Hospital-treated nonfatal opioid overdose

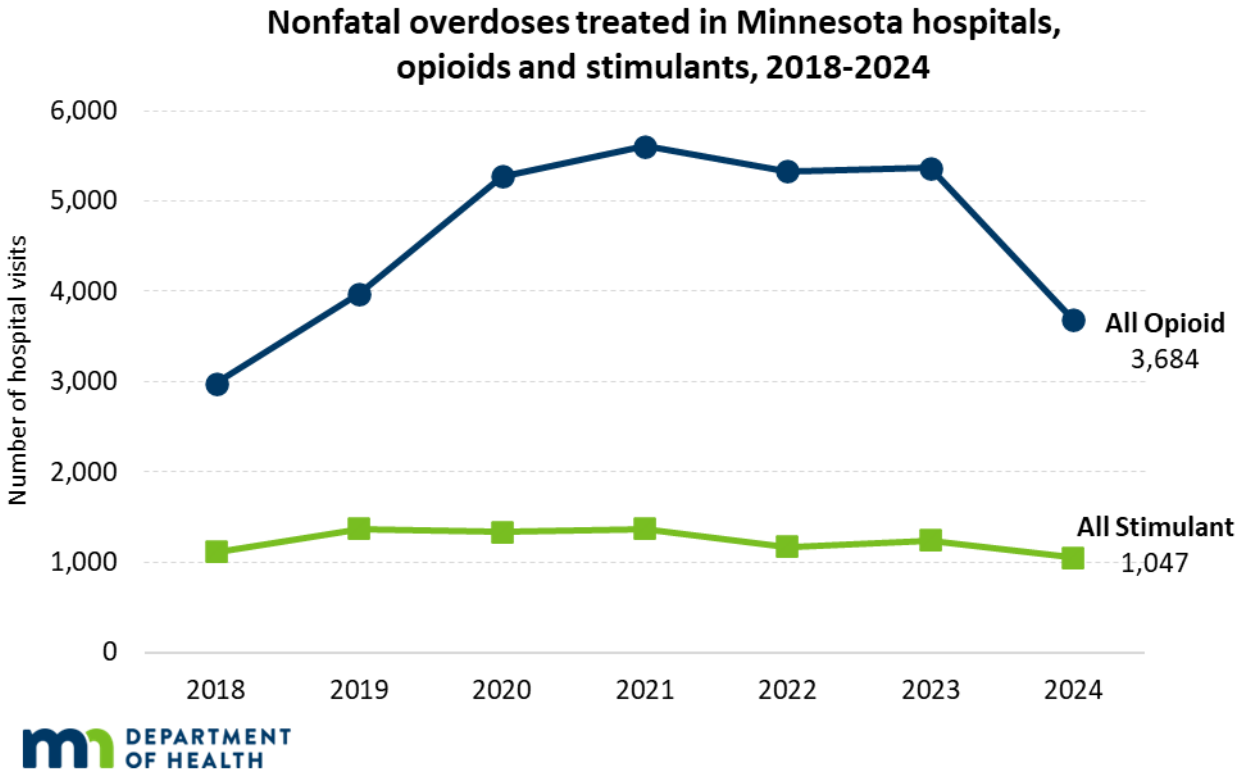
Nonfatal overdoses involving at least one opioid decreased 31% (5,367 to 3,684 hospital visits) (Figure 3), the lowest level since 2018. Nonfatal overdoses involving synthetic opioids, including fentanyl, decreased 11% (1,502 to 1,342 hospital visits) (Figure 4). Nonfatal overdoses involving

[1] This report includes all nonfatal overdoses treated in Minnesota hospitals, regardless of the patient's residence, to match how deaths are reported. In 2024, 96% of these patients were Minnesota residents. An additional 184 Minnesota residents were treated for nonfatal overdose at North Dakota hospitals.

heroin continued to sharply decline (59% decrease; 370 to 150 hospital visits). Nonfatal overdoses recorded as involving "other or unspecified" opioids, where the exact drug was not identified, decreased 38% (3,532 to 2,198 hospital visits).

When a patient is treated for an overdose, health professionals rely on the patient's signs or symptoms, or what they report, to understand what drug might be involved. Toxicology testing is not typically needed for clinical care, so many opioid overdoses are recorded as "other or unspecified." Data from MNDOSA show that nearly all opioid-positive samples tested in 2023 (95%) contained fentanyl.[2] This means most of the "other or unspecified" opioid overdoses in 2024 likely involved fentanyl.

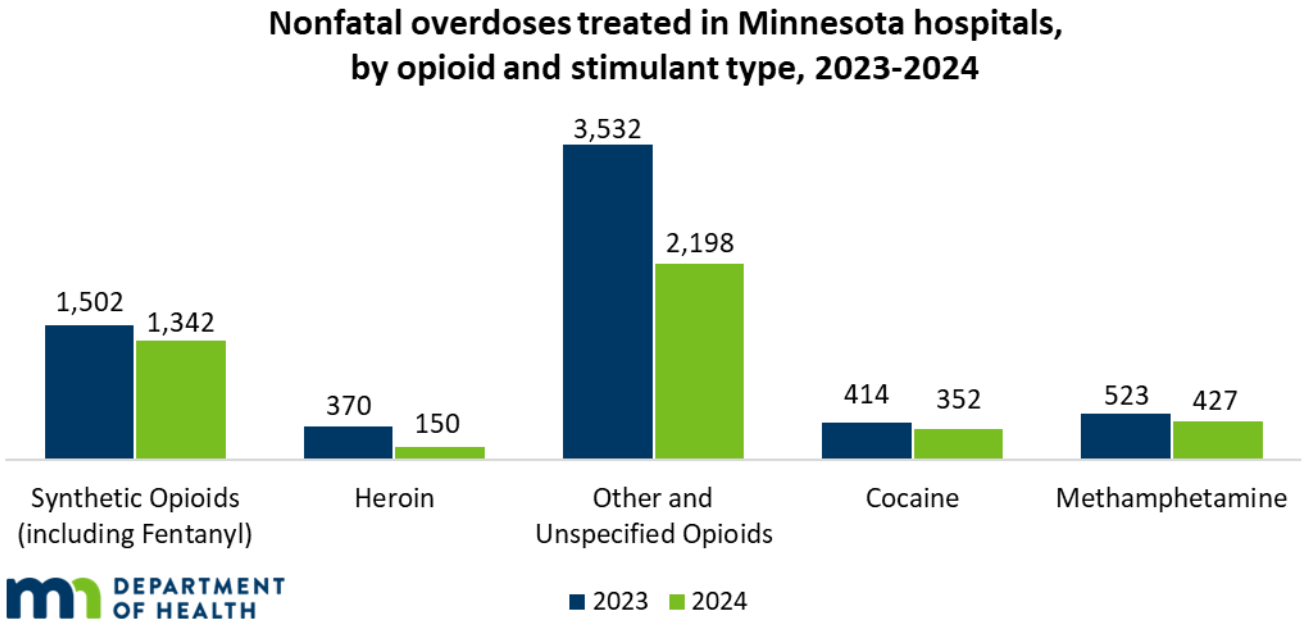
Figure 3. Nonfatal opioid and stimulant overdoses treated in Minnesota hospitals declined from 2023 to 2024



SOURCE: Minnesota Hospital Discharge Data, Injury Prevention and Mental Health Division, Minnesota Department of Health, 2018-2024.
NOTE: Includes nonfatal overdoses of unintentional/undetermined intent among all patients treated in Minnesota hospitals (excludes federally funded facilities). Drug categories are non-exclusive and based on ICD-10-CM discharge diagnosis codes.

[2] The Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA) tracks severe or unusual cases of hospital-treated overdoses or acute substance use. In these cases, hospitals send biological samples to the MDH Public Health Laboratory for toxicology testing. The MNDOSA 2023 Data Update (https://www.health.state.mn.us/communities/opioids/documents/mndosa2023.pdf) reported opioids were found in 77% of samples and fentanyl was found in 73% of samples.

Figure 4. Nonfatal overdoses declined across all opioid and stimulant types from 2023 to 2024



SOURCE: Minnesota Hospital Discharge Data, Injury Prevention and Mental Health Division, Minnesota Department of Health, 2023-2024.
NOTE: Includes nonfatal overdoses of unintentional/undetermined intent among all patients treated in Minnesota hospitals (excludes federally funded facilities). Drug categories are non-exclusive and based on ICD-10-CM discharge diagnosis codes.

Hospital-treated nonfatal stimulant overdose

Nonfatal overdoses involving at least one stimulant decreased 15% (1,238 to 1,047 hospital visits) from 2023 to 2024 (Figure 3), the lowest level since 2016 (not shown). During that time, nonfatal overdoses involving cocaine decreased 15% (414 to 352 hospital visits) (Figure 4). Nonfatal overdoses involving methamphetamine decreased 18% (523 to 427 hospital visits).

Partner Contributions and Perspectives

Insights from Tribal Nations and community grantee partners provide valuable context for the findings described in this report. The following examples illustrate how local leadership, culturally grounded strategies, and cross-sector collaboration are strengthening the state's collective prevention and harm reduction response to overdose. Strength-based strategies build on the existing resources, resilience, and cultural knowledge of communities and play a key role in this work by empowering communities to take action on their own behalf, often in the face of existing power structures, and sustain progress toward improved health outcomes.

Tribal Nations Grantee Partners

The following quotes were shared by Tribal grantee partners. MDH is grateful for their contributions. These perspectives are illustrative and do not represent all Tribal Nations in Minnesota.

Lower Sioux Human Services: "We agree that the significant decrease in overdose deaths and related harms in 2024 shows that these strengths-based prevention strategies are working…"

"…At the same time, we believe this momentum should be viewed as a step toward the larger goal of eliminating overdoses altogether. Even one life lost to overdose is too many, and the work must continue to ensure families and communities do not have to carry that loss. Sustained investment in prevention, culturally grounded approaches, and ongoing collaboration with Tribal Nations remain critical to building on this progress and moving closer to zero overdoses." *Mariah Wabasha, Director, Lower Sioux Human Services.*

White Earth Reservation Business Committee (WEBH): "The recent decline in overdose deaths and hospital-treated overdoses is encouraging and shows that prevention and harm reduction are making a difference. But for every life lost, many more survive a nonfatal overdose reminding us that the need for prevention, treatment, and community outreach remains high. Now is not the time to scale back. We must continue investing in prevention, harm reduction, and post-overdose support to turn progress into lasting change." *Cortney Pemberton, MHA, Behavioral Health Assistant Director, White Earth Reservation Business Committee.*

Community Organization Grantee Partners

Following historic investment in drug overdose prevention through the State Legislature's passage of the Comprehensive Drug Overdose and Morbidity Prevention Act (COMPA) (Minnesota Statute 144.0528) in 2023, MDH has focused its overdose prevention strategy on expanding equitable, evidence-based services and improving data collection. Key efforts include improving access to non-opioid pain management, expanding syringe service programs, advancing culturally specific interventions, providing services for people experiencing homelessness, supporting pregnant and postpartum individuals with substance use disorders,

Several MDH grantees shared examples of successful overdose prevention efforts in their communities.

Youth Link: "With Comprehensive Drug Overdose and Morbidity Prevention Grant funding, Youth Link transformed overdose prevention from a reactive response into a core part of our youth-centered care model. We've launched naloxone outreach, onboarded dedicated staff, and built systems that save lives."

"Youth now carry Narcan, request fentanyl test strips, and share overdose education with their peers. Several have used these tools to reverse overdoses—real proof that harm reduction saves lives."

"By integrating trauma-informed supports into our drop-in and outreach work, we've built trust and created space for honest conversations about substance use, naloxone education, and healing." — Shennika Sudduth, Program Director, Youth Link

Open Cities Health Center: "As a Comprehensive Drug Overdose and Morbidity Prevention Grantee, this state funding empowered Open Cities Health Center to lead overdose prevention efforts at the intersection of housing, harm reduction, and public health. This cross-sector, community-centered approach saves lives and strengthens neighborhoods. Our outreach is intentionally designed to meet people where they are—with culturally responsive Medication for Opioid Use Disorder Treatment and support." *Katyka Ivanchuk, MPH, Outreach Overdose Prevention Coordinator, Open Cities Health Center*

"CDOMPA funding empowered Open Cities Health Center to conduct naloxone outreach and engagement at community events including Little Africa, Rondo Days, Twin Cities Music and Movement, and Minnesota's Recovery Walk. By building trust and raising awareness, we're equipping neighbors with overdose education and naloxone kits to reverse an overdose." *Katyka Ivanchuk, MPH, Outreach Overdose Prevention Coordinator, Open Cities Health Center*

Clay County Public Health: Clay County is demonstrating how cross-sector collaboration between Public Health and Public Safety can create real, life-saving change. By providing overdose response and naloxone training directly within the county jail, we are equipping justice-involved individuals with overdose education and access to naloxone kits to respond to an overdose. This intentional approach not only raises awareness and reduces stigma; it also empowers those most at risk to take action and administer naloxone. It is an impactful example of how public systems can work together to prevent overdoses and strengthen community health across Greater Minnesota." *Annabel DuFault, CHES, Opioid Program Manager, Clay County Public Health*

More Data on Drug Overdoses in Minnesota

Fatal overdoses

Minnesota Injury Data Access System (MIDAS) Overdose Fatality Dashboard

Previously limited to data through 2019, the dashboard now includes comprehensive data on all overdose deaths that occurred in Minnesota from 2018 through 2023. This more recent data may be helpful in supporting both prevention efforts and decision-making.

Link to dashboard:
Drug Overdose Deaths
(https://www.health.state.mn.us/communities/injury/midas/drugdeath.html)

Monthly Fatal Overdose Snapshot

The monthly fatal overdose snapshot provides a look at the prior month's overdose death data. This snapshot was created by MDH and is close to real time data.

You can view the snapshot on MDH's Monthly Drug Overdose Death Snapshot (https://www.health.state.mn.us/communities/overdose/data/monthlyod.html)page, or open the PDF version here: Monthly Drug Overdose Deaths Snapshot (PDF) (https://www.health.state.mn.us/communities/opioids/documents/odsnapshot.pdf)

Nonfatal overdoses in Minnesota

MDH uses two main data sources to track hospital-treated nonfatal overdoses: syndromic surveillance data and hospital discharge data. These sources work together to give a more complete picture of overdoses in Minnesota, though each has different strengths and limitations.

Both types of data are available through MDH's online dashboards. However, they should not be directly compared because they collect information in different ways and define overdose events differently.[3] Syndromic data are most useful for monitoring urgent or emerging trends, while hospital discharge data provide more detailed information for long-term planning.

Together, these data support overdose prevention efforts — whether for rapid response or for guiding long-term strategies.

Hospital Discharge Data Dashboard

The Nonfatal Drug Overdose Dashboard provides statewide data on emergency department and inpatient hospital visits for nonfatal drug overdose. Users can explore trends over time, as well as by patient demographics and geography. Data are currently available through 2022, with updates through 2024 planned.

Link to dashboard: Nonfatal Drug Overdose Dashboard (https://www.health.state.mn.us/communities/overdose/data/nonfataldata.html)

Monthly Syndromic Surveillance Data Dashboard

The Monthly Drug Overdose Trends Dashboard is available online to provide up-to-date data on suspected drug overdose emergency department (ED) visits. This dashboard is updated monthly with near real-time information from Minnesota health systems, offering valuable insights into the percent change from the previous month alongside the total number of overdose visits and the ED visit rate. Users can explore trends and patterns in drug overdose-related ED visits,

[3] Syndromic surveillance data are used to quickly track trends and monitor changes in suspected nonfatal drug overdose emergency department visits at both the state and county level. These visits are classified as "suspected" overdoses because diagnosis codes may be preliminary and updated during the visit. The system also relies on free-text notes to describe the reason for the visit, and cases are not always confirmed through toxicology testing. Hospital discharge data are used to estimate trends and measure the overall burden of hospital-treated drug overdoses. Compared with syndromic surveillance data, they provide a more complete and reliable picture. However, these data take longer to finalize, with about a six-month delay. Because hospital discharge records are collected primarily for billing and administrative purposes, diagnosis codes may not fully capture all conditions treated and may sometimes reflect billing practices rather than the actual overdose burden.

empowering public health professionals, policymakers, and communities to monitor and respond to emerging issues. More information is available online, including details on the data source and limitations that should be considered before using the results.

Link to dashboard: Monthly Drug Overdose Trends Dashboard (https://www.health.state.mn.us/communities/overdose/data/synoddash.html)

Minnesota Drug Overdose and Substance Use Surveillance (MNDOSA) Dashboard

The Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA) is a statewide program that collects near real-time data on suspected overdoses from participating emergency departments and hospitals. The program combines clinical details with comprehensive toxicology testing conducted by the Minnesota Department of Health Public Health Laboratory, helping to identify substances involved in overdoses, including emerging drugs not routinely tested for in clinical care. The MNDOSA dashboard shares interactive data collected from this program, including trends in drug detections over time, patterns of polysubstance use (such as opioids with amphetamines), and comparisons of suspected versus lab-confirmed detections. This data informs healthcare and public health partners about drug use patterns across Minnesota for quick responses to new threats.

Link to dashboard:

Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA) (https://www.health.state.mn.us/communities/injury/data/mndosa.html)

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