

Overdose Data to Action: 2025 Annual Surveillance Report of Preliminary Trends in Drug Overdoses in Dallas County

Executive Summary

Overdose remains a significant public health concern in Dallas County. In 2025, all-drug overdose deaths increased slightly from 558 in 2024 to 571 in 2025, representing a 2% increase. Although overdose deaths declined from the 2023 peak, mortality remained elevated compared with pre-2020 levels. Dallas County's crude overdose mortality rate increased by approximately 70% from 2018 to 2025, rising from 12.9 to 21.9 deaths per 100,000 residents.

Fatal overdose deaths were largely accidental and continued to involve multiple substances. Fentanyl-involved deaths increased by 14%, cocaine-involved deaths increased by 12%, and methamphetamine-involved deaths increased by 8% from 2024 to 2025. Deaths involving both opioids and stimulants increased by 29%, highlighting the continued role of polysubstance involvement in overdose mortality.

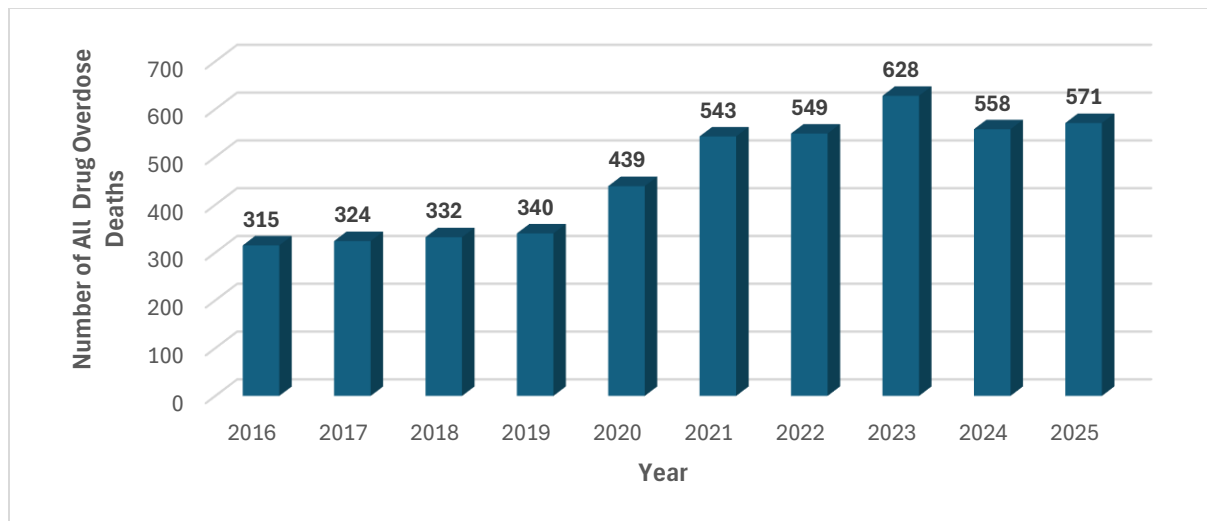
Nonfatal overdose patterns were more stable. All suspected drug overdose Emergency Department (ED) visits increased slightly from 3,405 in 2024 to 3,428 in 2025, while opioid-related ED visits increased by 5%, from 759 to 795 visits. Fatal overdose deaths increased most among adults aged 35-44 years, while opioid-related ED visits were highest among adults aged 25-34 years. These findings demonstrate the ongoing, and urgent need for continued overdose surveillance, targeted prevention, naloxone access, and linkage to treatment and recovery services across Dallas County.

Fatal Overdose Surveillance – Trends and Findings, 2025

Overview of Fatal Drug Overdose Deaths

Fatal drug overdose deaths remain a major public health concern in Dallas County. From 2016 to 2025, all-drug overdose deaths increased from 315 deaths in 2016 to 571 deaths in 2025 (Figure 1a). Dallas County experienced a 2% increase in all-drug overdose deaths from 2024 to 2025. While this increase was modest compared with earlier years, the total number of deaths remained substantially higher than pre-2020 levels, indicating that overdose mortality continues to place a significant burden on Dallas County residents.

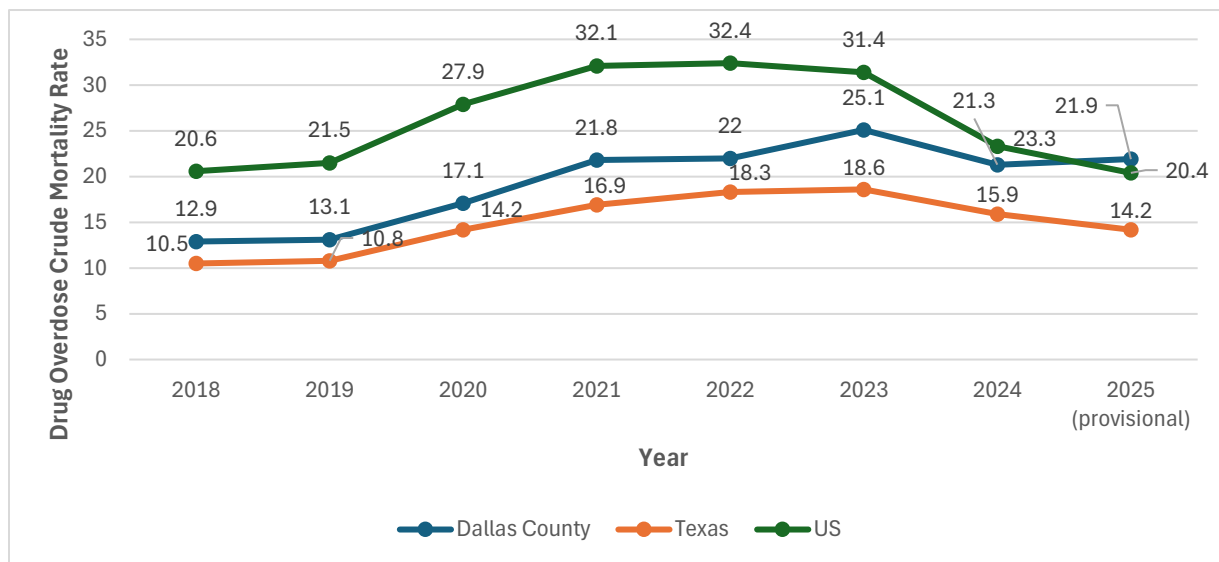
Figure 1a. All-Drug Overdose Deaths, Dallas County, 2016-2025



Data source: Texas Department of State Health Services Vital Statistics

Dallas County's crude overdose mortality rate increased by approximately 70% from 2018 to 2025, rising from 12.9 to 21.9 deaths per 100,000 residents. Although the rate declined after peaking in 2023, the 2025 provisional rate remained higher than Dallas County's pre-2020 levels (Figure 1b).

Figure 1b. Crude Mortality Rates for All Drug Overdoses, 2018–2025



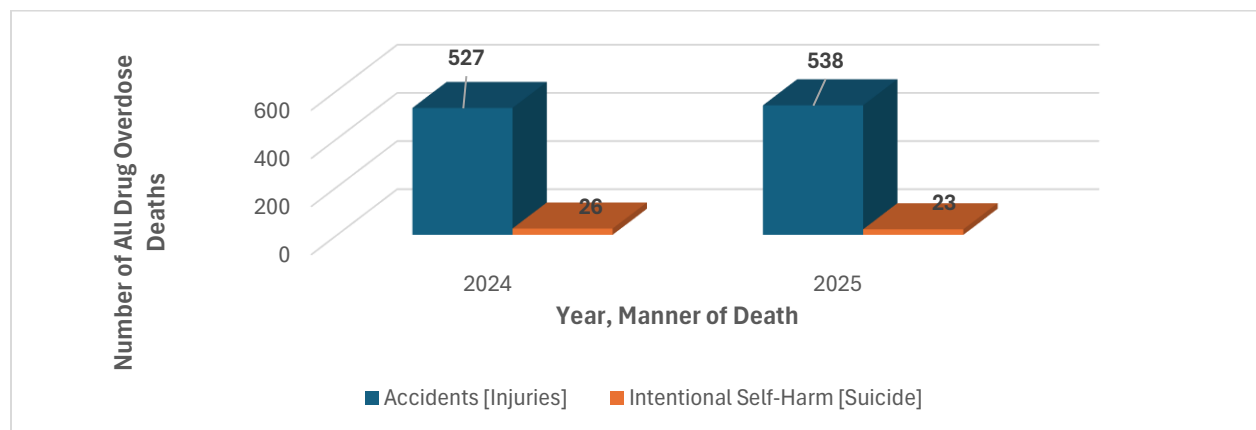
Data Source: CDC WONDER (As of August 13, 2025).

Manner of Death

Most drug overdose deaths in both 2024 and 2025 were classified as accidental (unintentional). Accidental overdose deaths increased slightly from 527 deaths in 2024 to 538 deaths in 2025,

representing a 2% increase. Deaths classified as intentional self-harm decreased from 26 deaths in 2024 to 23 deaths in 2025, representing a 12% decrease (Figure 2).

Figure 2. Manner of Drug Overdose Deaths, Dallas County, 2024-2025



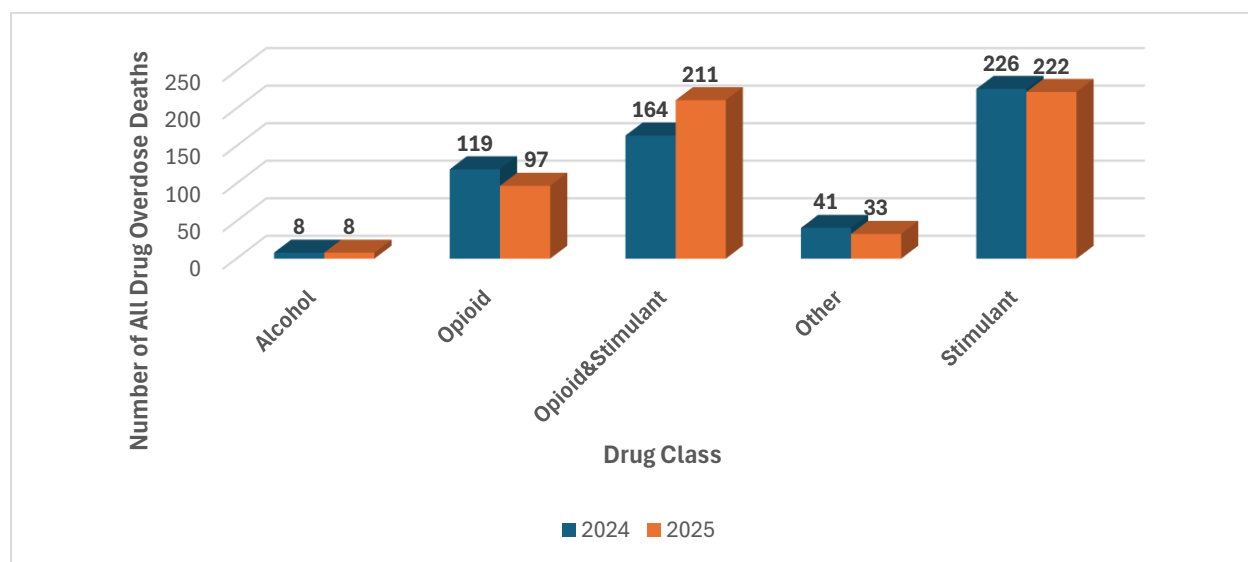
Data source: Texas Department of State Health Services Vital Statistics

Drug Class Involvement

Drug class patterns changed between 2024 and 2025 (Figure 3). Opioid-involved overdose deaths decreased from 119 deaths in 2024 to 97 deaths in 2025, an 18% decrease. Stimulant-involved deaths remained relatively stable, decreasing slightly from 226 deaths in 2024 to 222 deaths in 2025.

However, deaths involving both opioids and stimulants increased from 164 in 2024 to 211 in 2025, representing a 29% increase.

Figure 3. Drug Class Involvement in Overdose Deaths, Dallas County, 2024-2025



¹ Drug class categories are mutually exclusive; each overdose death is assigned to a single drug class only.

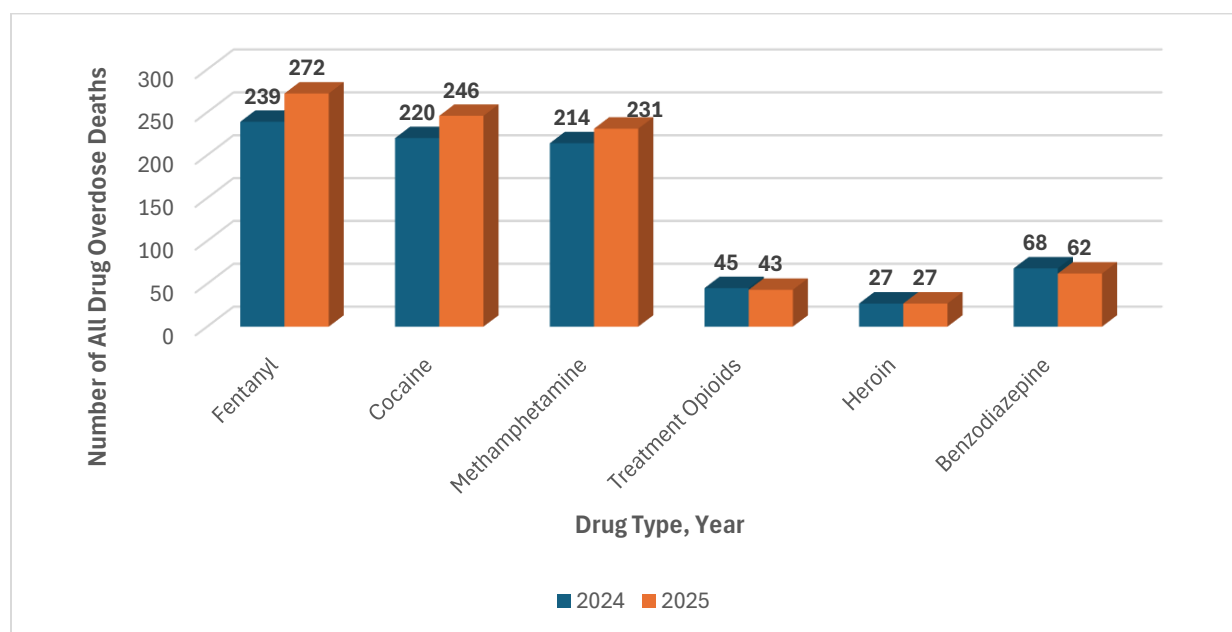
Data source: Texas Department of State Health Services Vital Statistics

Specific Drug Types

Fentanyl, cocaine, and methamphetamine were the leading specific drug types involved in fatal overdose deaths in 2025 (Figure 4). Fentanyl-involved deaths increased from 239 in 2024 to 272 in 2025, representing a 14% increase. Cocaine-involved deaths increased from 220 to 246, a 12% increase. Methamphetamine-involved deaths increased from 214 to 231, an 8% increase.

Treatment opioid-involved deaths decreased slightly from 45 in 2024 to 43 in 2025. Heroin-involved deaths remained unchanged at 27 deaths in both years. Benzodiazepine-involved deaths decreased from 68 in 2024 to 62 in 2025, representing a 9% decrease.

Figure 4. Specific Drug Types Involved in All Drug Overdose Deaths, Dallas County, 2024-2025



*Drug class categories are not mutually exclusive; a decedent may be counted in more than one category if multiple substances were involved.

Data source: Texas Department of State Health Services Vital Statistics

Demographic Trends

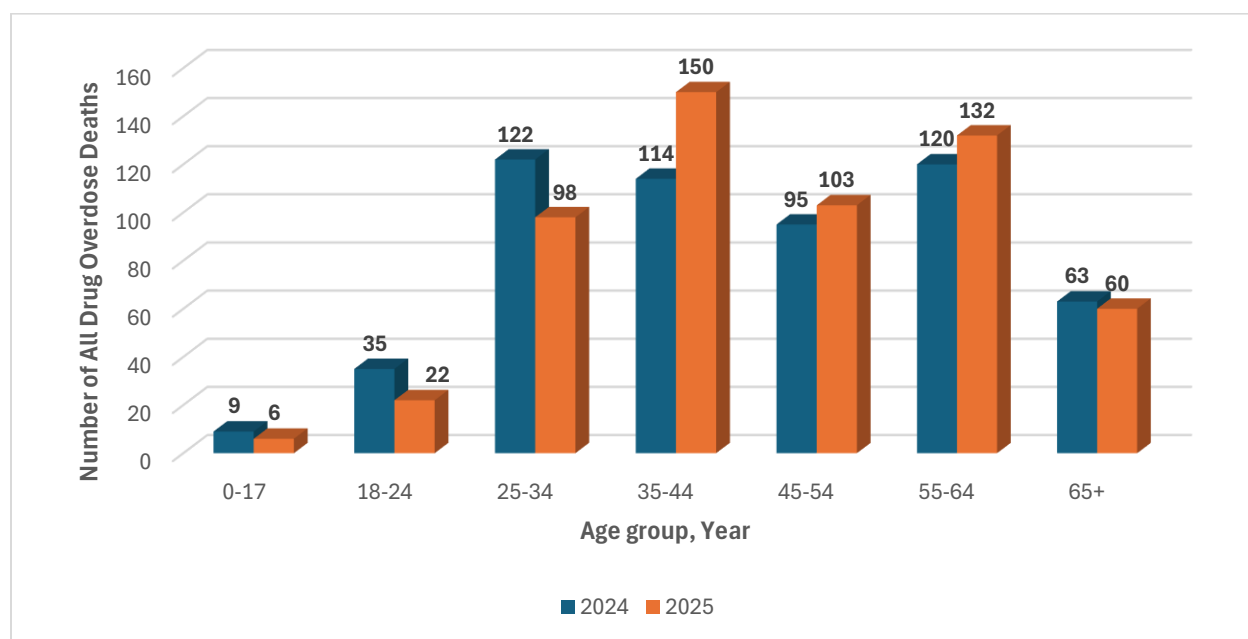
Age Group

Overdose mortality patterns varied by age group. The largest number of overdose deaths in 2025 occurred among residents aged 35-44 years, followed by residents aged 55-64 years and 45-54 years. Deaths among residents aged 35-44 increased from 114 in 2024 to 150 in 2025, representing a 32% increase (Figure 5). This was the largest increase across all age groups.

Deaths also increased among residents aged 45-54 years, from 95 deaths in 2024 to 103 deaths in 2025, and among residents aged 55-64 years, from 120 deaths to 132 deaths. In contrast, overdose deaths decreased among younger age groups. Deaths among residents aged 18-24 decreased by 37%, and deaths among residents aged 25-34 decreased by 20%.

These findings suggest a shift in overdose mortality burden toward middle-aged adults, particularly those aged 35-64 years. Prevention efforts should continue to include youth and young adults, but the mortality data indicate that middle-aged adults remain a key population for targeted intervention.

Figure 5. All-Drug Overdose Deaths by Age Group, Dallas County, 2024-2025



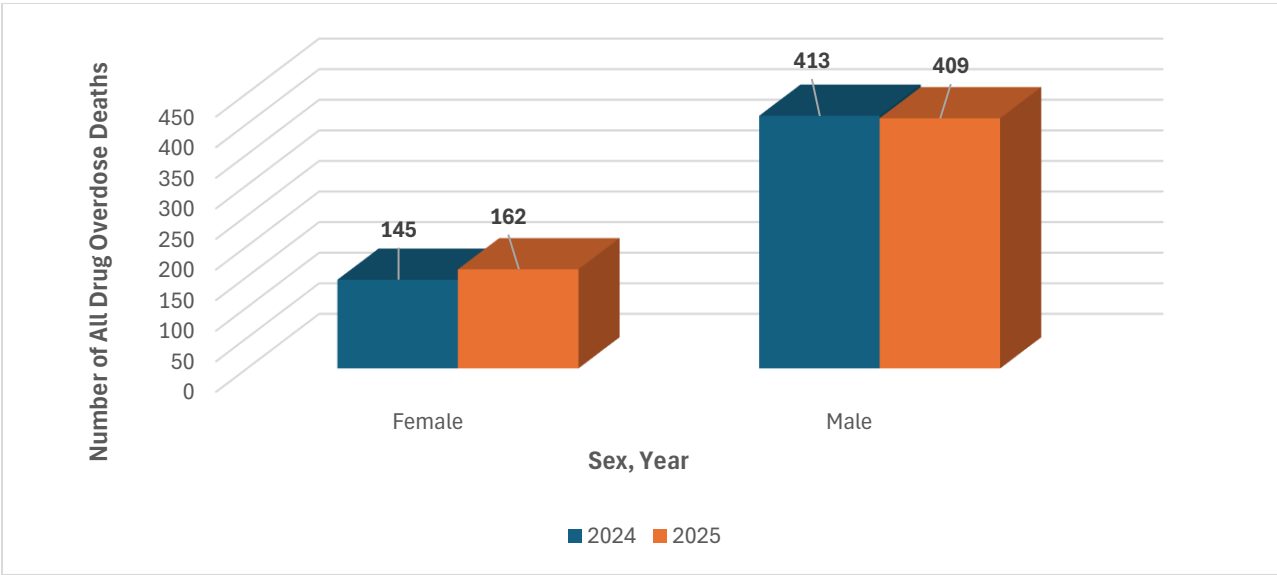
Data source: Texas Department of State Health Services Vital Statistics

Sex

Male individuals accounted for the majority of overdose deaths in both 2024 and 2025. In 2025, there were 409 overdose deaths among males compared with 162 among females. Male overdose deaths remained nearly unchanged from 2024 to 2025, decreasing slightly from 413 to 409 deaths (Figure 6).

Female overdose deaths increased from 145 in 2024 to 162 in 2025, representing a 12% increase. Although males continued to experience a higher overall burden, the increase among females is notable and may warrant continued monitoring by drug type, age group, and race/ethnicity.

Figure 6. All-Drug Overdose Deaths by Sex, Dallas County, 2024-2025

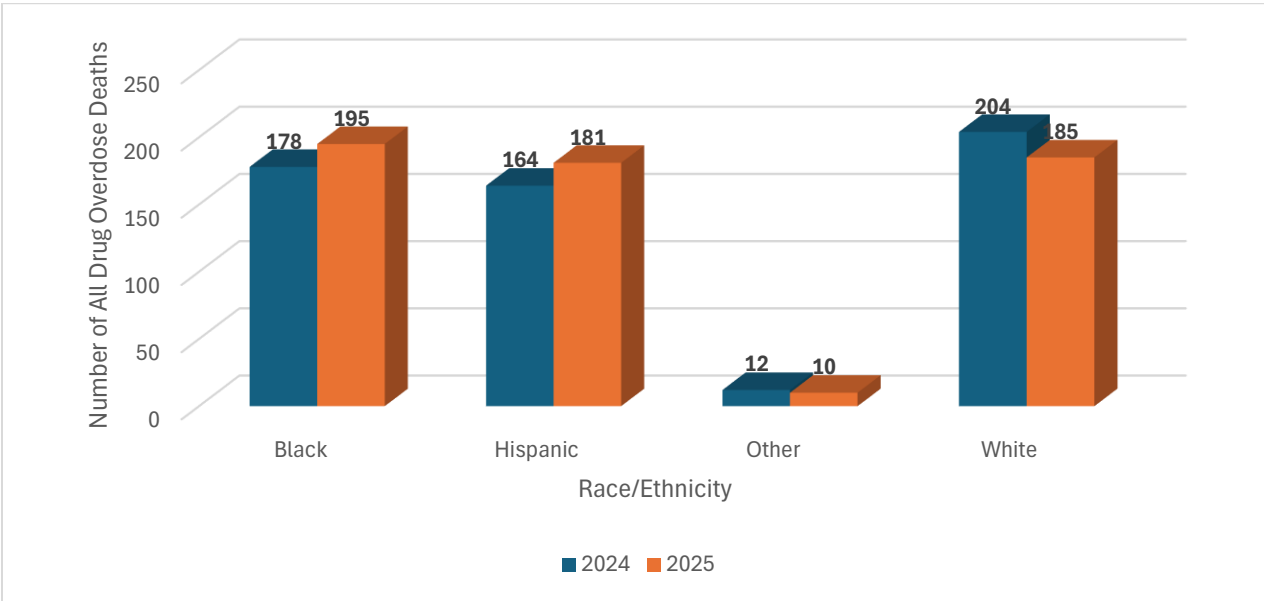


Data source: Texas Department of State Health Services Vital Statistics

Race and Ethnicity

In 2025, Black residents had the highest number of all-drug overdose deaths, followed by White and Hispanic residents. Deaths among Black residents increased from 178 in 2024 to 195 in 2025, representing a 10% increase (Figure 7). Deaths among Hispanic residents also increased by 10%, from 164 in 2024 to 181 in 2025. Deaths among White residents decreased from 204 in 2024 to 185 in 2025, representing a 9% decrease.

Figure 7. All-Drug Overdose Deaths by Race/Ethnicity, Dallas County, 2024-2025



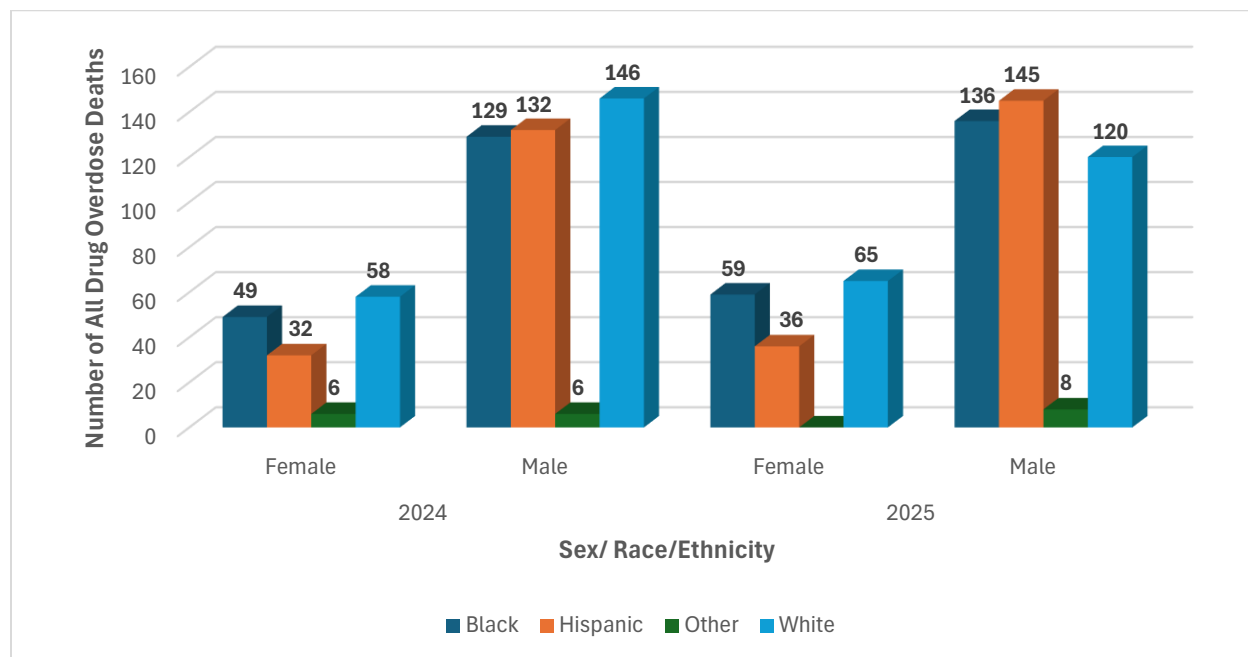
Data source: Texas Department of State Health Services Vital Statistics

Combined Demographic Patterns

When overdose deaths were examined by both sex and race/ethnicity, male individuals had higher counts than females across most racial and ethnic groups (Figure 8). In 2025, the highest number of male overdose deaths occurred among Hispanic males and Black males, followed by White males. Among females, White females had the highest count, followed by Black females and Hispanic females.

From 2024 to 2025, overdose deaths increased among Black females, Black males, Hispanic females, and Hispanic males. Deaths among White females increased, while deaths among White males decreased. This suggests that changes in overdose mortality were not uniform across sex and race/ethnicity groups.

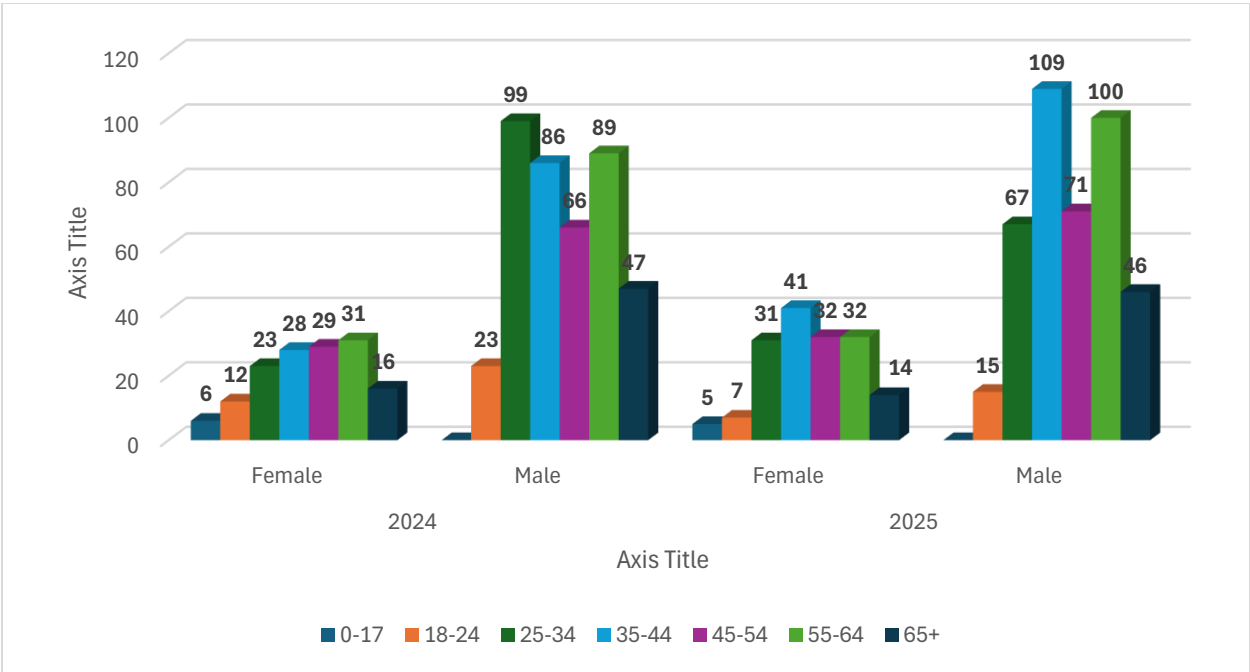
Figure 8. All-Drug Overdose Deaths by Sex and Race/Ethnicity, Dallas County, 2024-2025



Data source: Texas Department of State Health Services Vital Statistics

When overdose deaths were examined by age group and sex, males had higher counts than females in nearly all adult age groups. In 2025, male deaths were highest among residents aged 35-44 years and 55-64 years. Female deaths were highest among residents aged 35-44 years, followed by residents aged 45-54 and 55-64 years. The increase among females aged 35-44 years is notable, with deaths rising from 28 in 2024 to 41 in 2025. Among males aged 35-44 years, deaths increased from 86 in 2024 to 109 in 2025 (Figure 9).

Figure 9. All-Drug Overdose Deaths by Age Group and Sex, Dallas County, 2024-2025

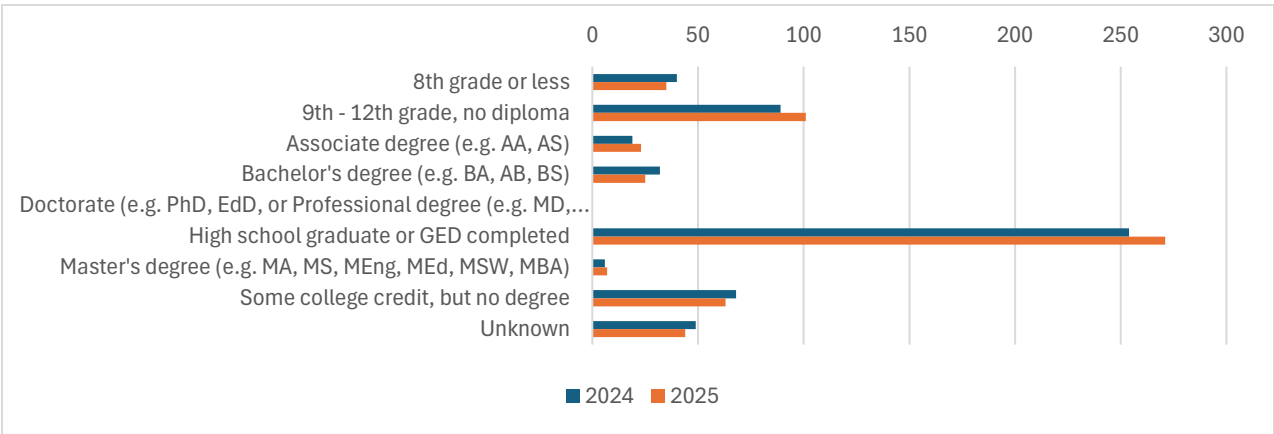


Data source: Texas Department of State Health Services Vital Statistics

Educational Status

Among overdose deaths with known educational status, high school graduates or individuals with a GED represented the largest group in both 2024 and 2025. This group increased from 254 deaths in 2024 to 271 deaths in 2025, representing a 7% increase. Deaths among individuals with 9th–12th grade education and no diploma increased from 89 to 101 deaths, representing a 13% increase. Deaths among individuals with some college credit but no degree decreased from 68 to 63 deaths (Figure 10).

Figure 10. All-Drug Overdose Deaths by Educational Status, Dallas County, 2024-2025



Data source: Texas Department of State Health Services Vital Statistics

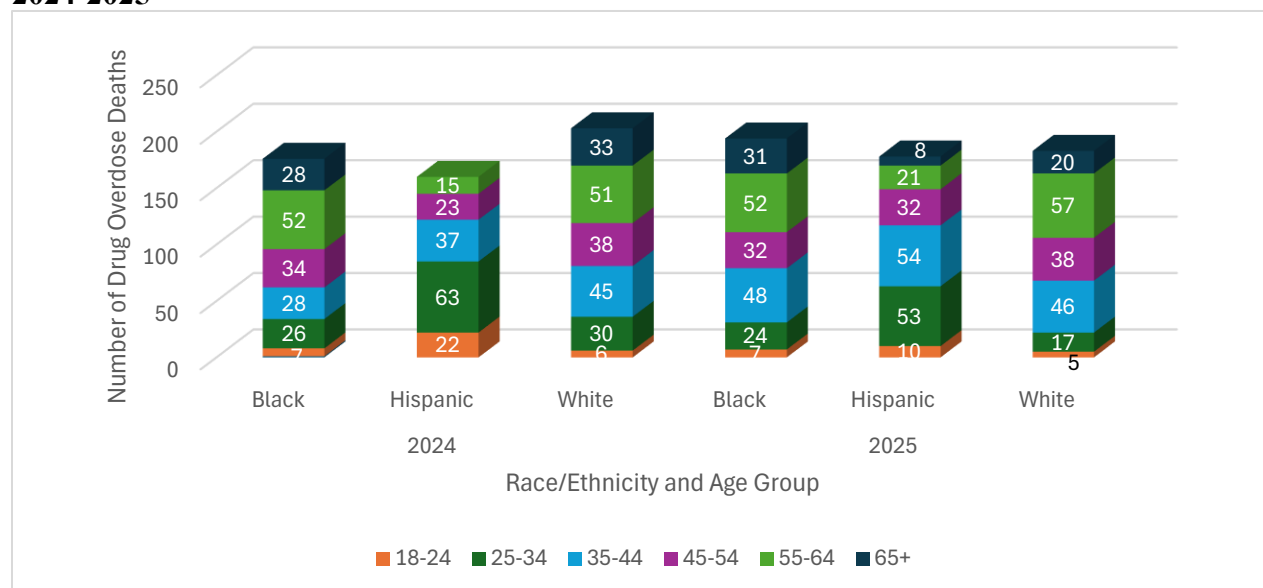
Age Group by Race/Ethnicity

The highest burden in 2025 remained among White residents aged 55-64, Hispanic residents aged 35-44, Black residents aged 55-64, and Black residents aged 35-44.

From 2024 to 2025, the largest increases occurred among Black residents aged 35-44 (+71%, 28 to 48) and Hispanic residents aged 35-44 (+46%, 37 to 54). White residents aged 35-44 remained relatively stable (+2%, 45 to 46). Among adults aged 55-64, deaths were stable for Black residents (0% change, 52 to 52) and increased for White residents (+12%, 51 to 57) (Figure 11).

In contrast, younger adults aged 25-34 experienced declines across all major racial/ethnic groups. Hispanic residents decreased by 16% (63 to 53), White residents decreased by 43% (30 to 17), and Black residents also declined (percent change not shown due to small counts in some subgroups) (Figure 11). These findings suggest that targeted youth interventions have been successful yet also re-emphasizes a shift in overdose mortality burden toward middle-aged adults. Therefore, prevention efforts should continue to include youth and young adults, but the mortality data indicate that middle-aged adults remain a key population for targeted intervention.

Figure 11. All-Drug Overdose Deaths by Age Group and Race/Ethnicity, Dallas County, 2024-2025



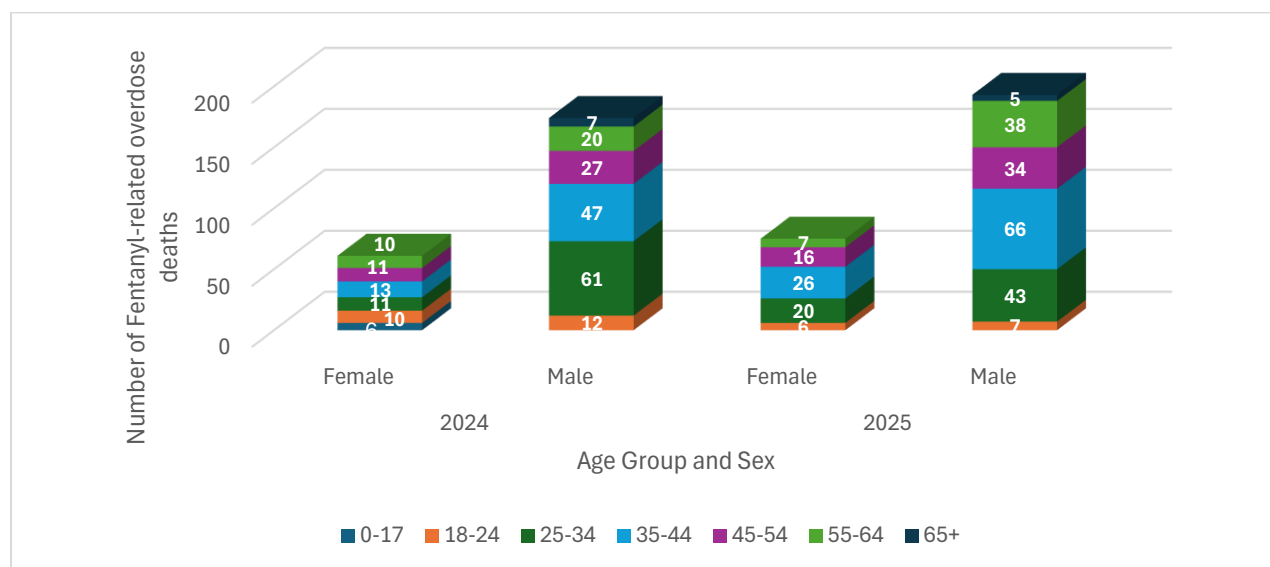
Data source: Texas Department of State Health Services Vital Statistics

Fentanyl-Involved Overdose Deaths

Fentanyl remained one of the most important substances involved in fatal overdoses in Dallas County. Fentanyl-involved overdose deaths increased from 239 in 2024 to 272 in 2025, representing a 14% increase.

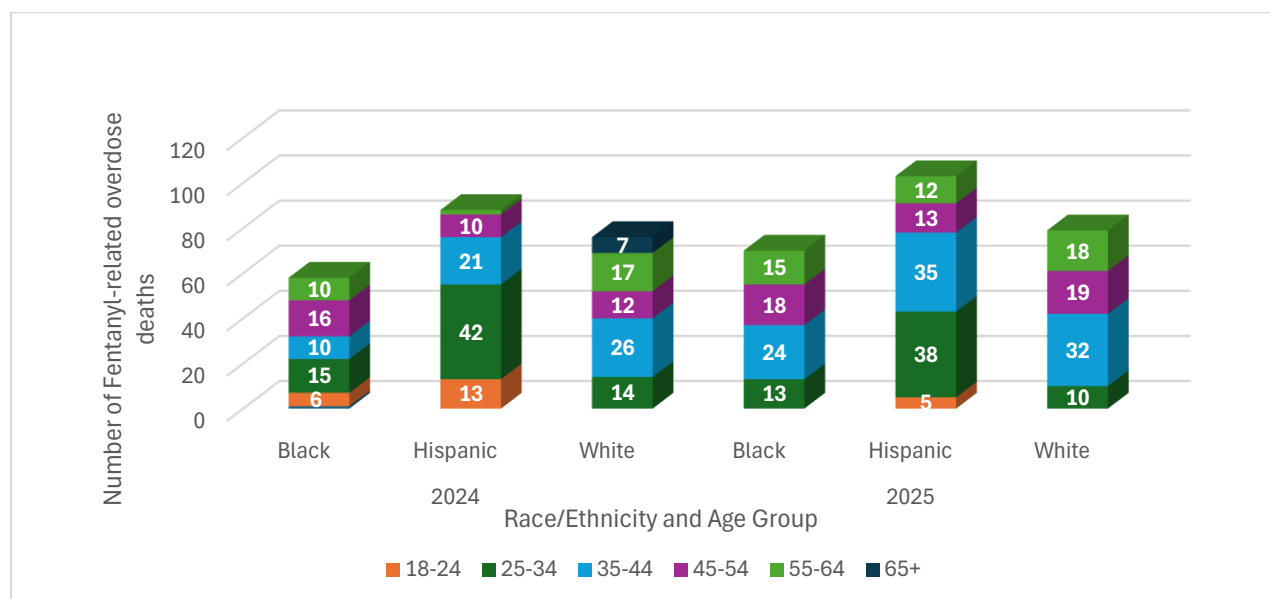
By sex, males accounted for most fentanyl-involved overdose deaths in both 2024 and 2025. However, female fentanyl-involved deaths also increased in several age groups. Among females, fentanyl-involved deaths increased among those aged 25-34, 35-44, and 45-54 years. Among males, fentanyl-involved deaths were highest among those aged 35-44 years (Figure 12).

Figure 12. Fentanyl-Involved Overdose Deaths by Age Group and Sex, Dallas County, 2024-2025



Data source: Texas Department of State Health Services Vital Statistics

Figure 13. Fentanyl-Involved Overdose Deaths by Age Group and Race/Ethnicity, Dallas County, 2024-2025

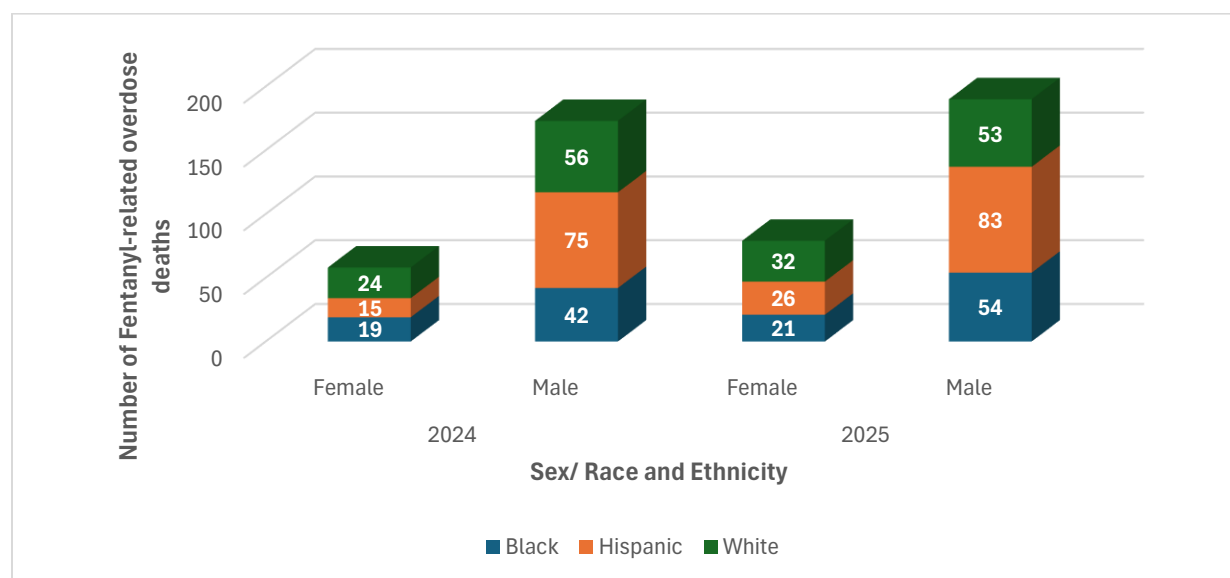


Data source: Texas Department of State Health Services Vital Statistics

Fentanyl-related overdose deaths were concentrated among adults ages 25–64 across race/ethnicity groups. Notably, in 2025, Hispanic residents had the highest number of fentanyl-related deaths, particularly among adults ages 35–44 and 25–34 (Figure 13).

By race and ethnicity, fentanyl-involved deaths increased among Black, Hispanic, and White residents. In 2025, Hispanic males had the highest number of fentanyl-involved deaths, followed by Black males and White males. Among females, White females had the highest number of fentanyl-involved deaths, followed by Hispanic females and Black females (Figure 14).

Figure 14. Fentanyl-Involved Overdose Deaths by Sex and Race/Ethnicity, Dallas County, 2024-2025



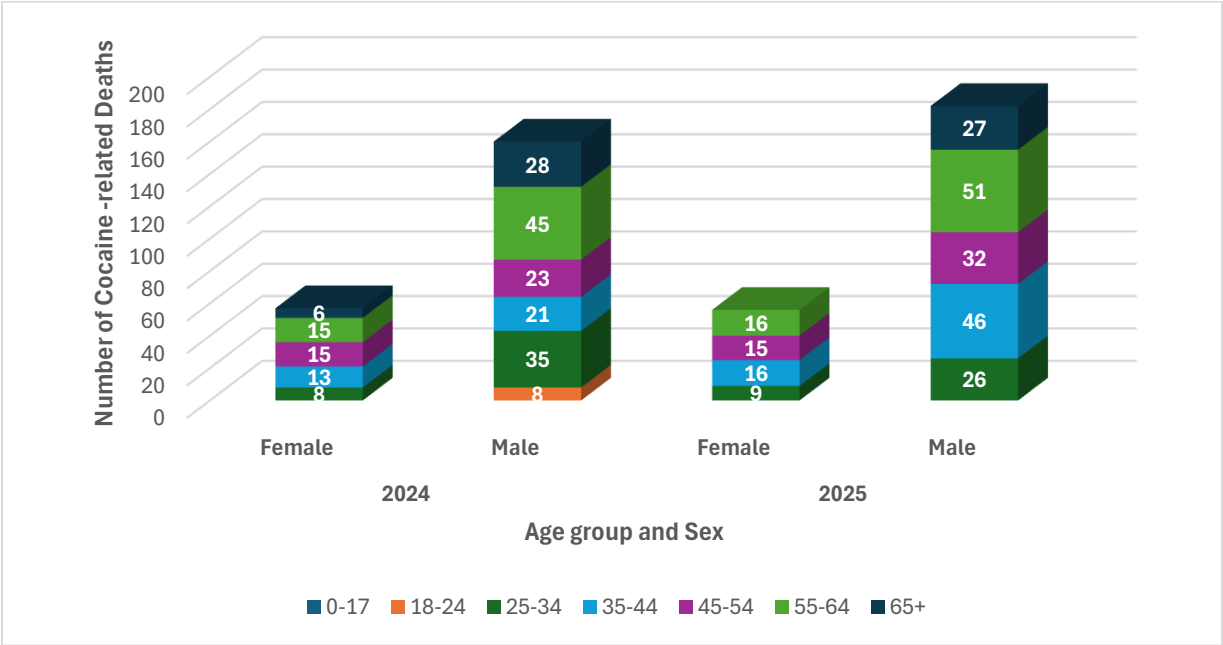
Data source: Texas Department of State Health Services Vital Statistics

Cocaine-Involved Overdose Deaths

Cocaine-involved overdose deaths increased from 220 deaths in 2024 to 246 deaths in 2025, representing a 12% increase. Cocaine-involved deaths were concentrated primarily among adults aged 35 years and older.

In 2025, the highest number of cocaine-involved deaths occurred among residents aged 35-44 years and 55-64 years, followed by residents aged 45-54 years. Among males, cocaine-involved deaths were highest among those aged 55-64 years and 35-44 years. Among females, cocaine-involved deaths were relatively concentrated among adults aged 35–64 years (Figure 15).

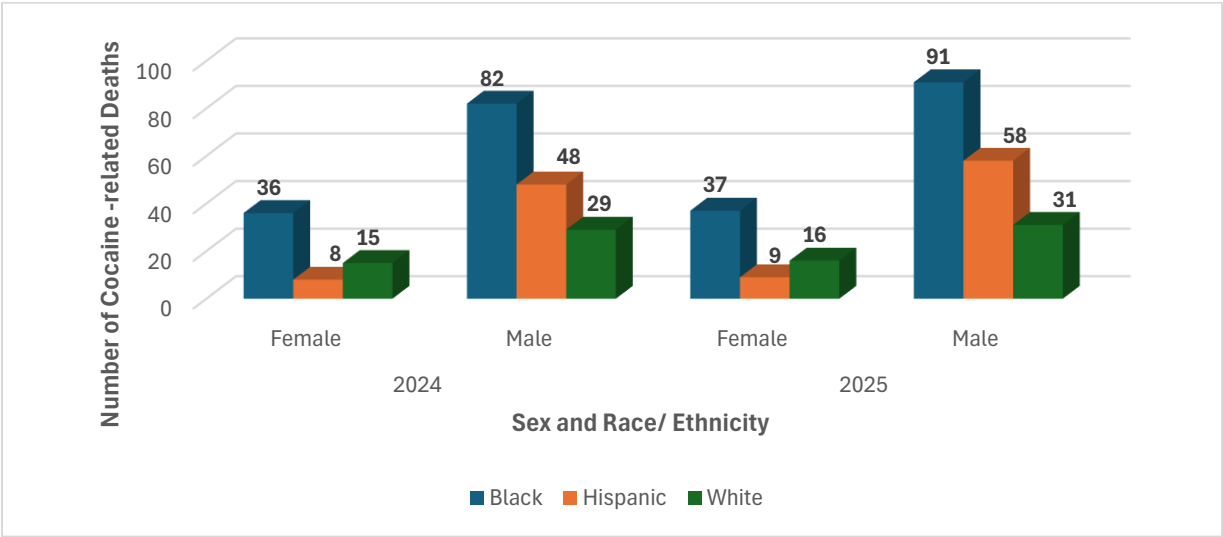
Figure 15. Cocaine-Involved Overdose Deaths by Age Group and Sex, Dallas County, 2024-2025



Data source: Texas Department of State Health Services Vital Statistics

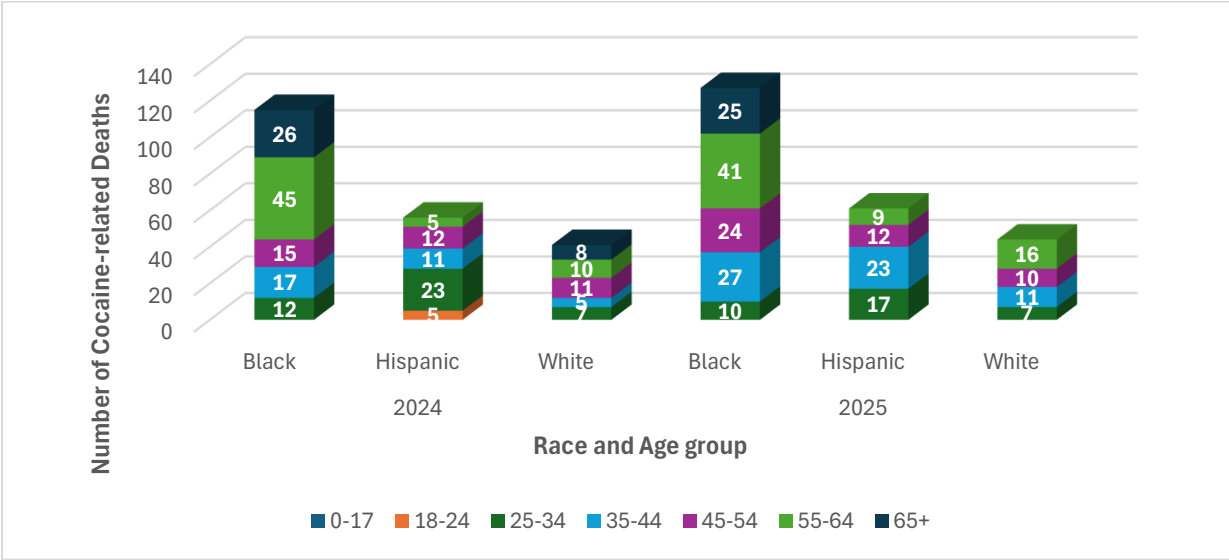
By race and ethnicity, cocaine-involved deaths were highest among Black residents in both 2024 and 2025. In 2025, Black males had the highest number of cocaine-involved deaths, followed by Hispanic males. (Figures 16-17).

Figure 16. Cocaine-Involved Overdose Deaths by Sex and Race/Ethnicity, Dallas County, 2024-2025



Data source: Texas Department of State Health Services Vital Statistics

Figure 17. Cocaine-Involved Overdose Deaths by Race/Ethnicity and Age group, Dallas County, 2024-2025



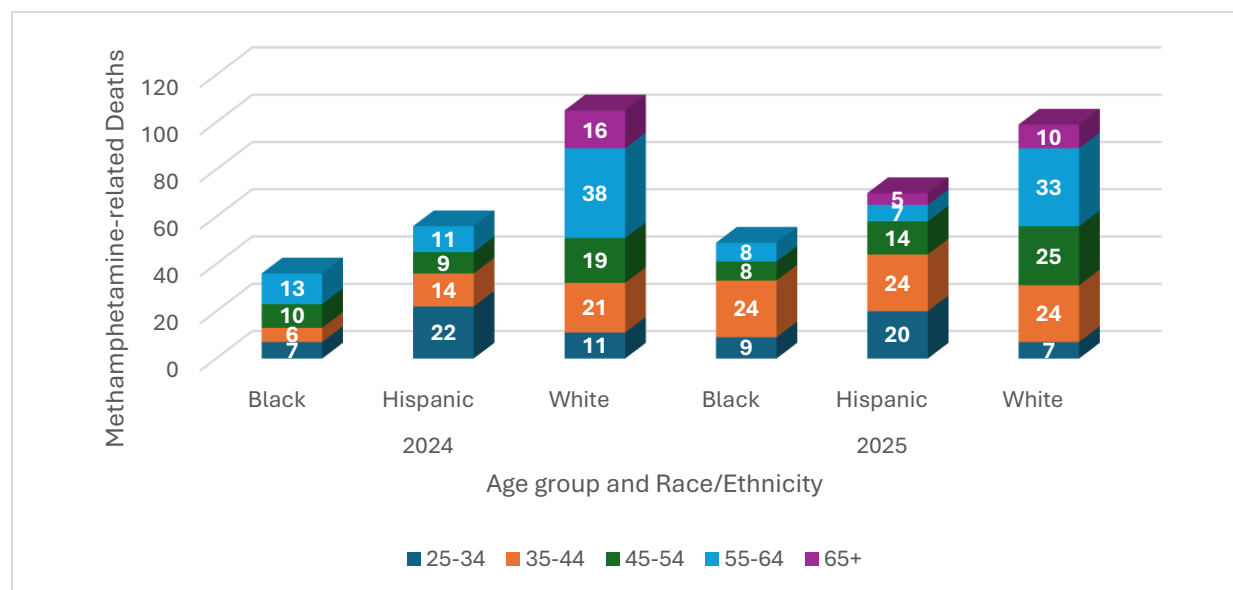
Data source: Texas Department of State Health Services Vital Statistics

Methamphetamine-Involved Overdose Deaths

Methamphetamine-involved overdose deaths increased from 214 deaths in 2024 to 231 deaths in 2025, representing an 8% increase. Methamphetamine-involved deaths were concentrated among adults aged 35-64 years.

In 2025, methamphetamine-involved deaths were highest among residents aged 35-44 years, followed by residents aged 45-54 and 55-64 years. Deaths among residents aged 35-44 years increased across Black, Hispanic, and White residents (Figure 18).

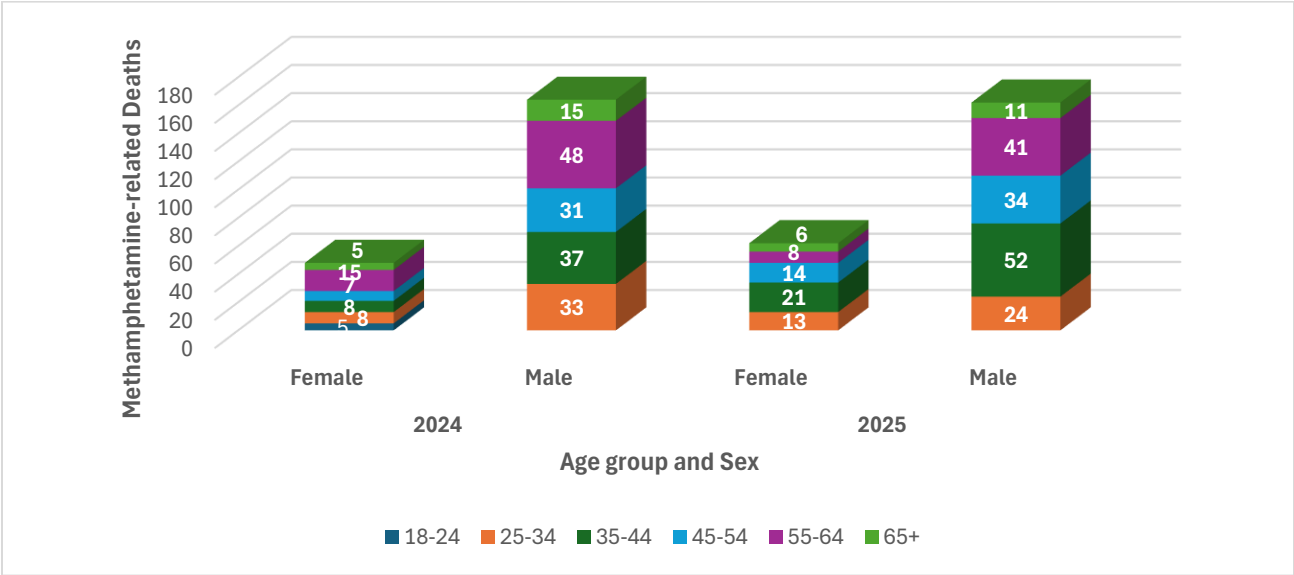
Figure 18. Methamphetamine-Involved Overdose Deaths by Age Group and Race/Ethnicity, Dallas County, 2024-2025



Data source: Texas Department of State Health Services Vital Statistics

By sex, males accounted for most methamphetamine-involved deaths in both years. However, female methamphetamine-involved deaths increased among residents aged 25-34, 35-44, 45-54, and 65 years and older. Among males, deaths remained highest among those aged 35-44 years, 45-54 years, and 55-64 years (Figure 19).

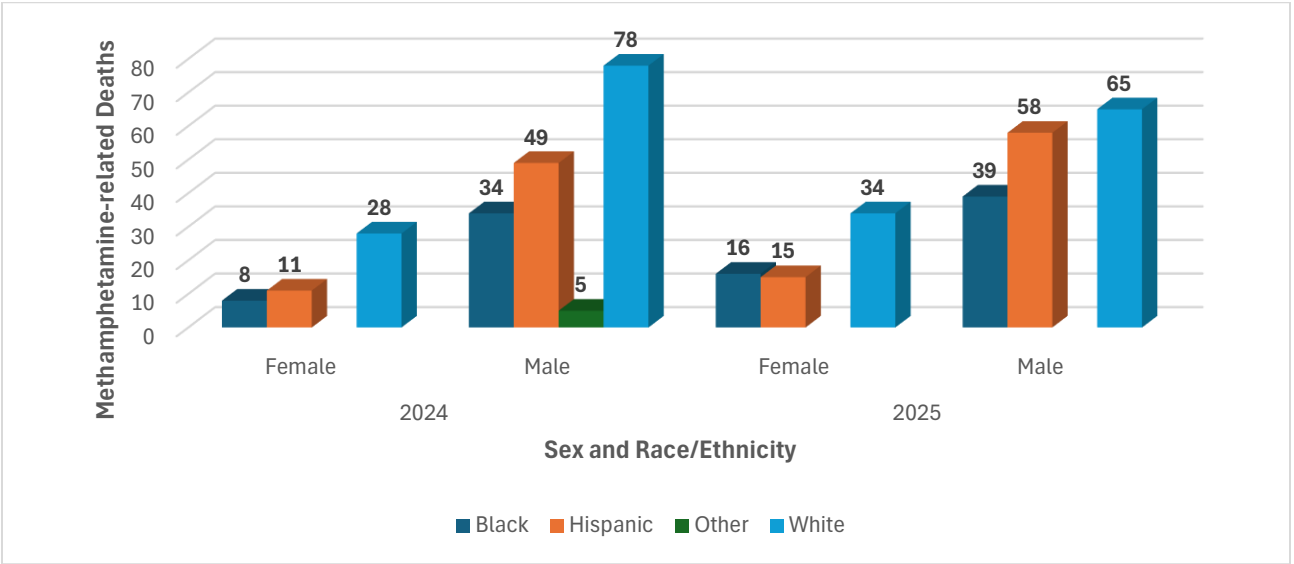
Figure 19. Methamphetamine-Involved Overdose Deaths by Age Group and Sex, Dallas County, 2024-2025



Data source: Texas Department of State Health Services Vital Statistics

By race and ethnicity, White males had the highest number of methamphetamine-involved deaths in 2024, while in 2025 the highest counts were observed among White males, Hispanic males, and Black males. Deaths among Black females and Hispanic females also increased from 2024 to 2025 (Figure 20).

Figure 20. Methamphetamine-Involved Overdose Deaths by Sex and Race/Ethnicity, Dallas County, 2024-2025



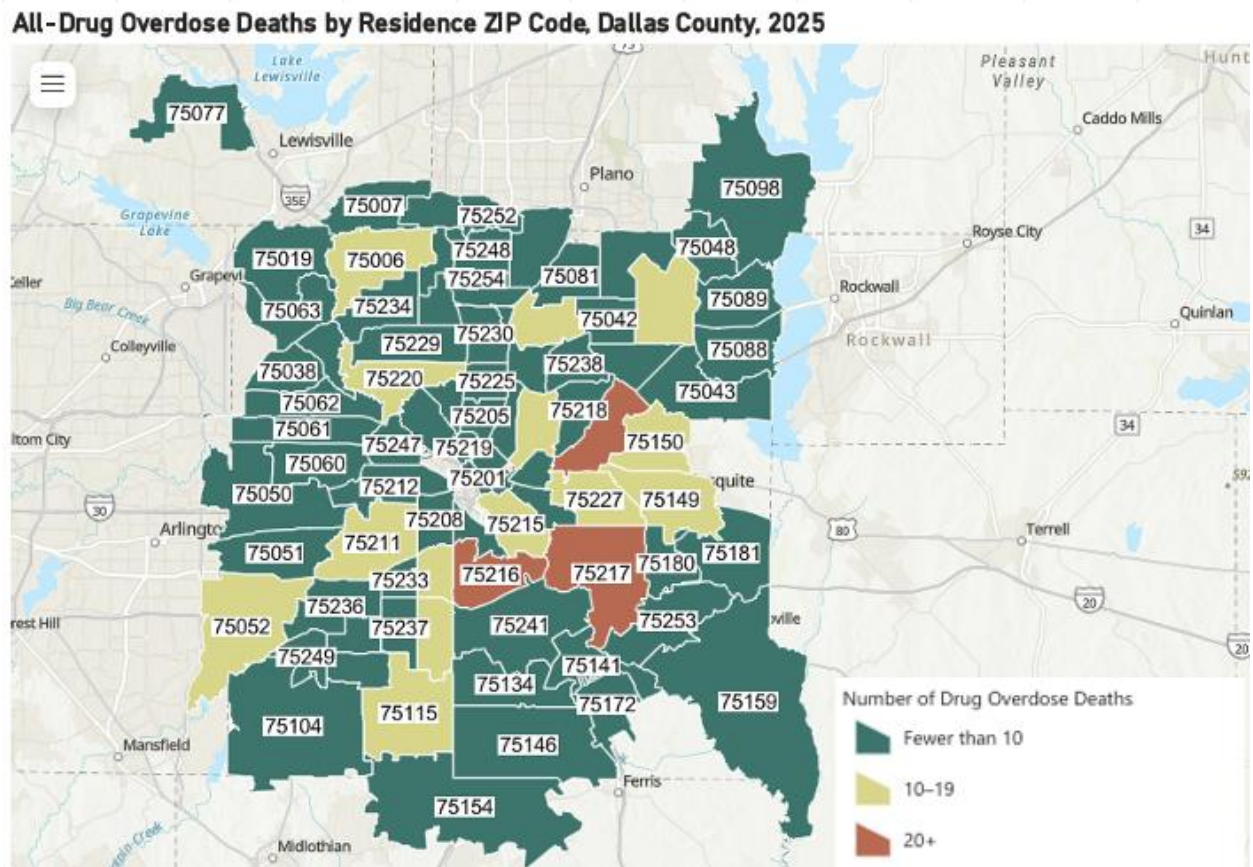
* Counts are suppressed or masked due to small numbers.

Data source: Texas Department of State Health Services Vital Statistics

Geographic Trends

Fatal overdose deaths varied geographically across Dallas County, with some ZIP codes showing a higher concentration of deaths than others (Figure 21).

Figure 21. All-drug overdose deaths by residence ZIP code, 2025



Data source: Texas Department of State Health Services Vital Statistics

Note: Deaths are mapped by decedent residence ZIP code. Counts fewer than 10 are grouped to protect confidentiality.

Non-Fatal Overdose Surveillance- Trends and Findings

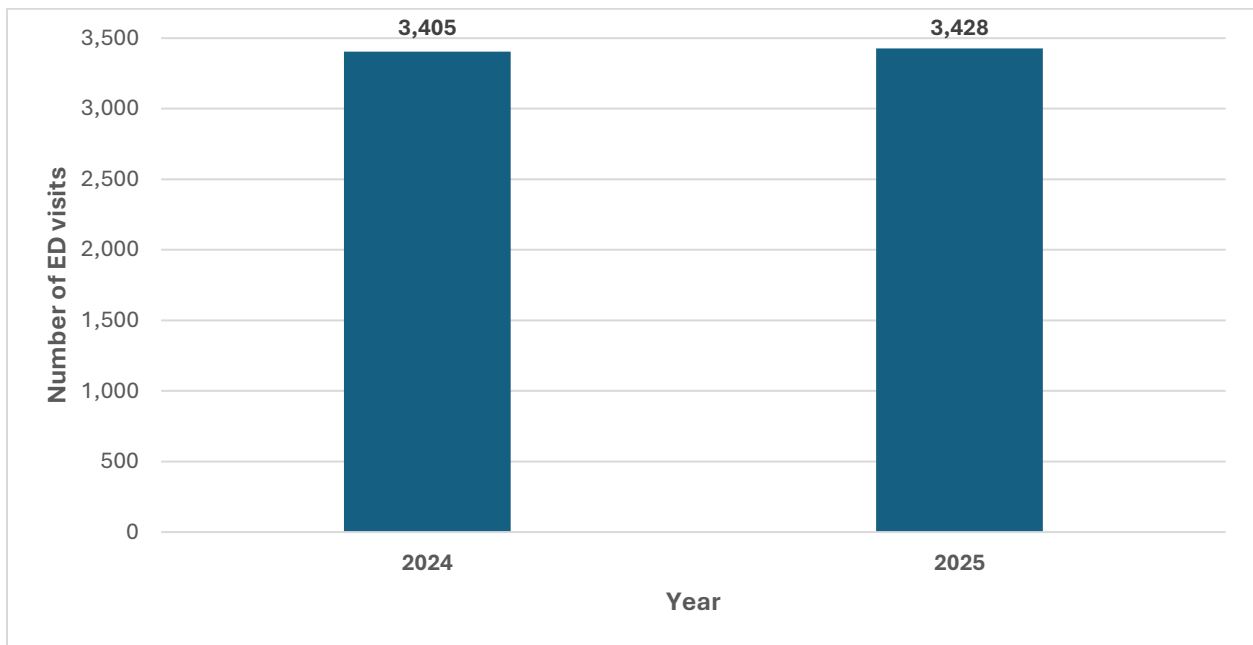
Emergency Department Visits

Emergency department (ED) visit data were used to assess nonfatal overdose-related burden among Dallas County residents.

All-Drug Overdose ED Visits

All-drug overdose ED visits remained stable from 2024 to 2025. There were 3,405 all-drug overdose ED visits in 2024 and 3,428 visits in 2025, representing a slight increase of less than 1% (Figure 22).

Figure 22. All-Drug Overdose ED Visits, Dallas County, 2024-2025

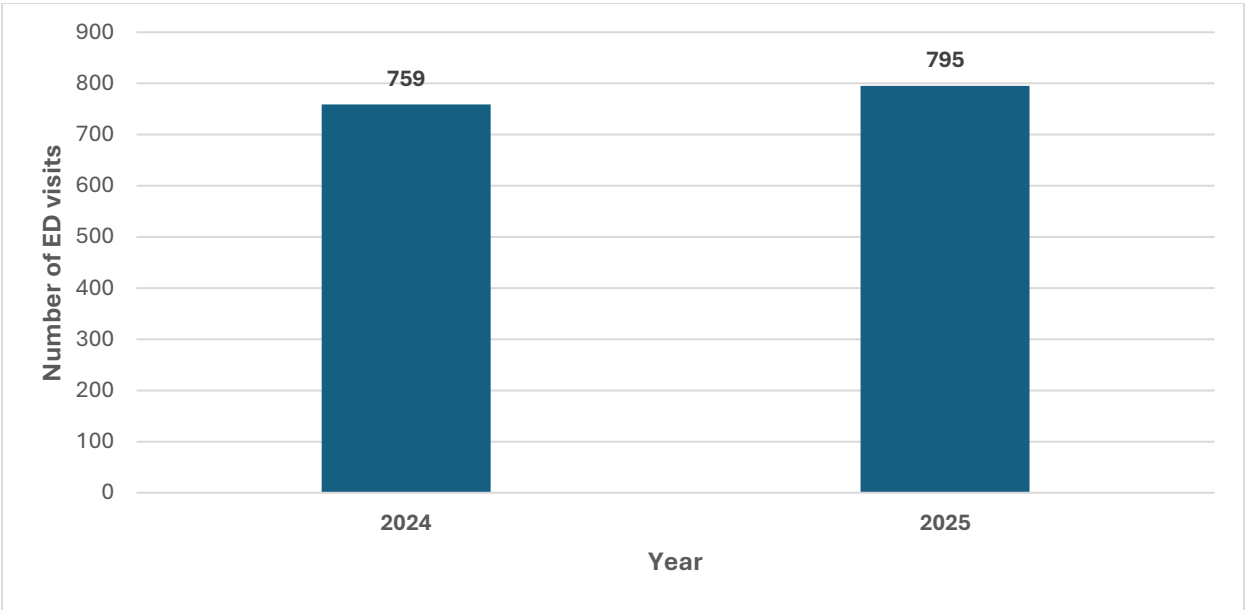


Source: Texas Department of State Health Services Syndromic Surveillance

Opioid-Related ED Visits

Opioid-related ED visits increased from 759 visits in 2024 to 795 visits in 2025, representing a 5% increase (Figure 23).

Figure 23. Opioid-Related ED Visits, Dallas County, 2024-2025

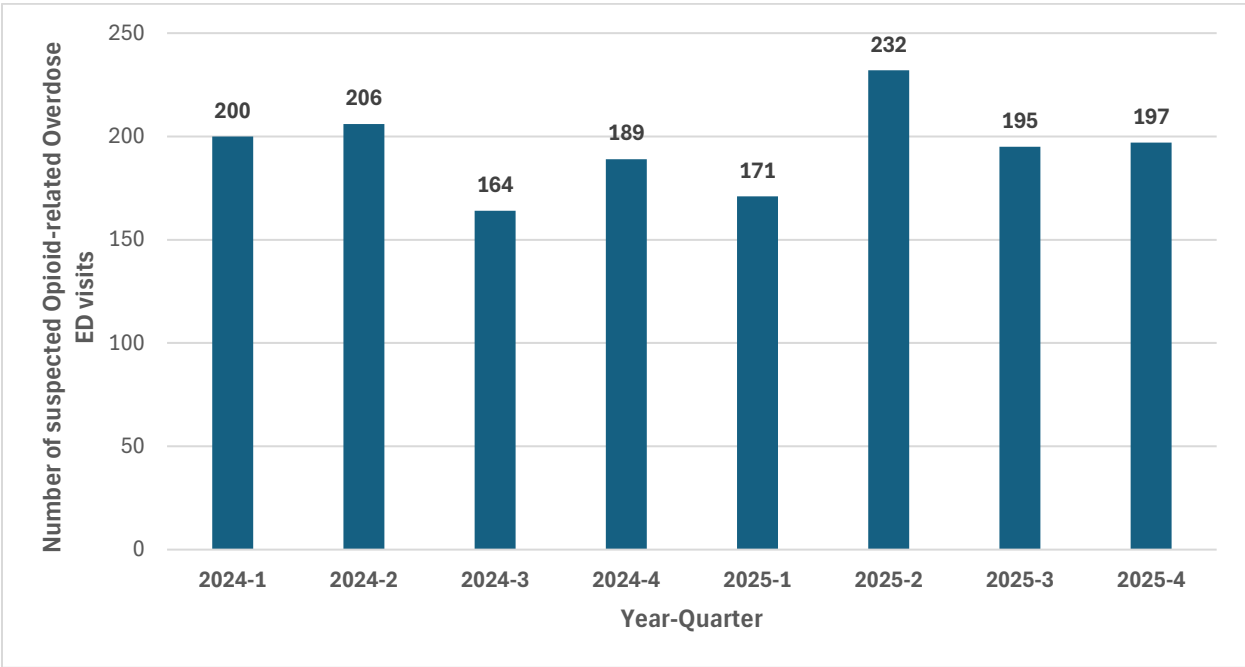


Source: Texas Department of State Health Services Syndromic Surveillance

Opioid-Related ED Visits by Quarter

Quarterly opioid-related ED visits varied across both years. In 2025, the highest number of opioid-related ED visits occurred in Quarter 2, with 232 visits (Figure 24).

Figure 24. Opioid-Related ED Visits by Quarter, Dallas County, 2024-2025



Source: Texas Department of State Health Services Syndromic Surveillance

Opioid- Related ED Visits by Demographic Groups

Age Group

Adults aged 25-34 years had the highest number of opioid-related ED visits in both 2024 and 2025. Visits increased among adults aged 25-34, 35-44, 45-54, and 65 years and older. Visits decreased among youth aged 0-17 and young adults aged 18-24 (Figure 25).

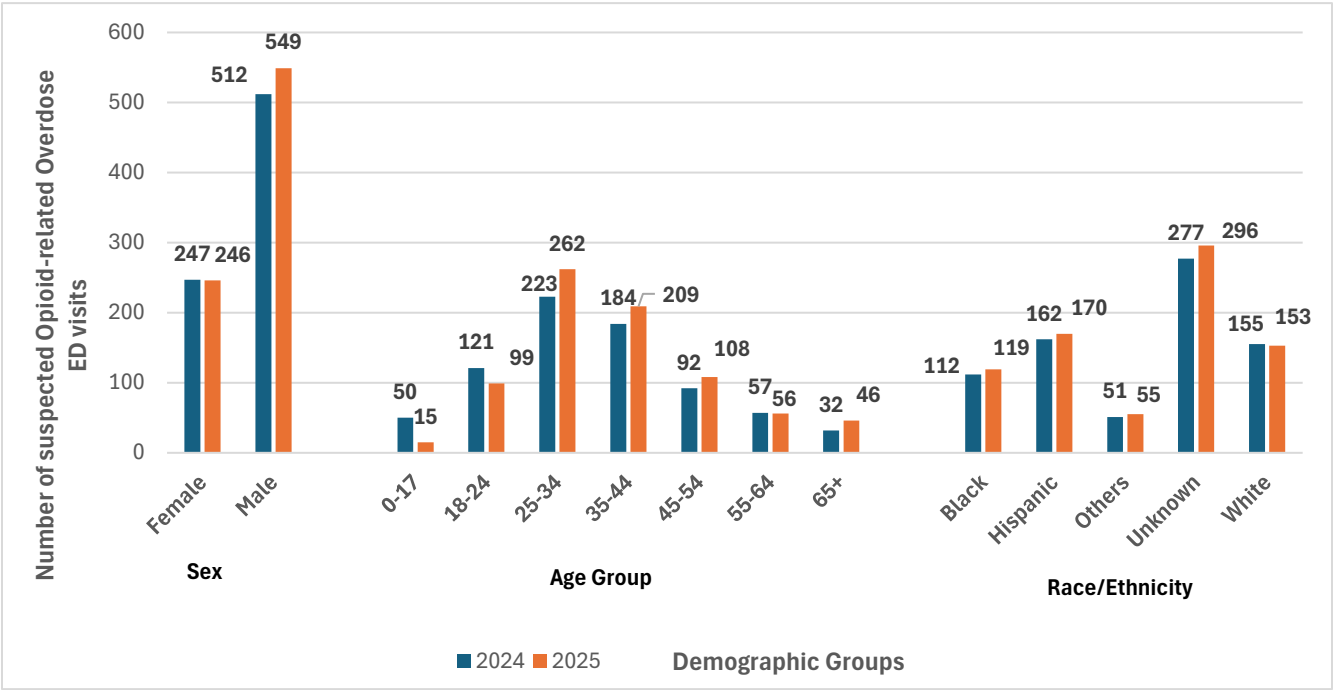
Race/Ethnicity

Race and ethnicity findings should be interpreted with caution because unknown race/ethnicity accounted for a large proportion of opioid-related ED visits. Among visits with known race/ethnicity, Hispanic residents had the highest number of opioid-related ED visits in both years, followed by White and Black residents (Figure 24).

Sex

Males accounted for the majority of opioid-related ED visits in both 2024 and 2025. Male visits increased from 512 in 2024 to 549 in 2025, while female visits remained nearly unchanged (Figure 25).

Figure 25. Opioid-Related ED Visits by Demographic Group, Dallas County, 2024-2025



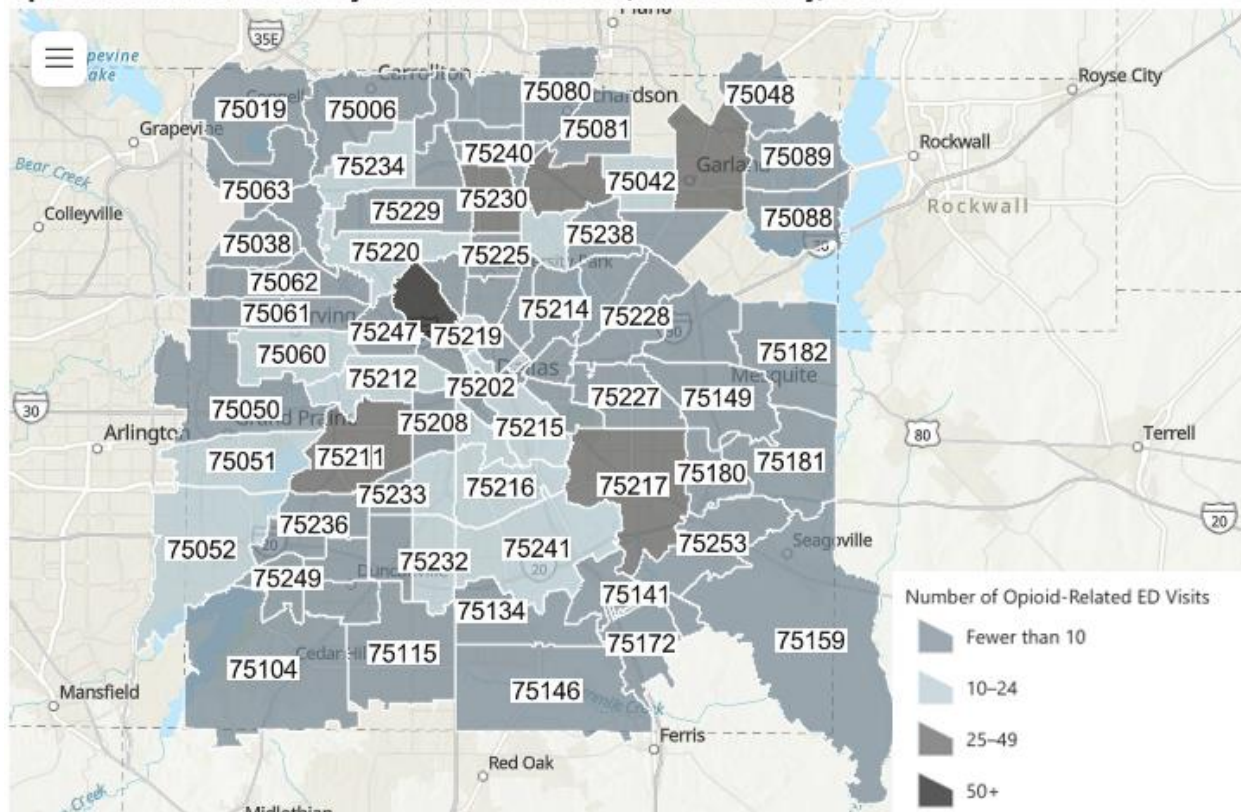
Source: Texas Department of State Health Services Syndromic Surveillance

Geographic Trends

Opioid-related ED visits varied by residence ZIP code, indicating that nonfatal overdose-related emergency care was not evenly distributed across Dallas County (Figure 26).

Figure 26. Opioid-Related ED Visits by Residence Zip code, Dallas County, 2025

Opioid-Related ED Visits by Residence ZIP Code, Dallas County, 2025



Source: Texas Department of State Health Services Syndromic Surveillance

Conclusion

Overdose continues to be a significant public health concern in Dallas County. In 2025, all-drug overdose deaths increased slightly compared with 2024, while all-drug overdose emergency department visits remained relatively stable. Although the overall changes were modest, the data show that overdose burden remains high and continues to affect multiple populations across the county.

Fatal overdose deaths were largely accidental and continued to involve multiple substances. Fentanyl remained a major contributor to overdose mortality, while cocaine and methamphetamine involvement also increased. Deaths involving both opioids and stimulants increased substantially, highlighting the continued importance of monitoring polysubstance overdose patterns. The largest increase in fatal overdose deaths occurred among adults aged 35-44 years, and increases were also observed among females, Black residents, and Hispanic residents.

Nonfatal ED visit data showed a slightly different pattern. All-drug overdose ED visits were relatively unchanged from 2024 to 2025, while opioid-related ED visits increased slightly. Opioid-related ED visits were highest among adults aged 25-34 years and were more common among males.

Overall, the findings support continued overdose surveillance, naloxone access, targeted prevention messaging, and linkage to treatment and recovery services.

Data Sources, Reporting Periods, and Limitations

Data Sources

Mortality Data: Fatal overdose death data were obtained from the Texas Department of State Health Services Vital Statistics. Data include Dallas County residents and were analyzed by year of death, demographic characteristics, manner of death, and substances involved.

Comparative Rates: Comparative overdose mortality rates, where included, were obtained from CDC Wide-ranging Online Data for Epidemiologic Research (CDC WONDER).

Emergency Department Data: Emergency department visit data were obtained from the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). ED visit data were used to assess suspected nonfatal overdose-related emergency department visits among Dallas County residents.

Reporting Period

This report summarizes fatal overdose deaths and overdose-related emergency department visits for calendar years 2024 and 2025. Longer-term mortality trends are presented for 2016-2025 where available.

Limitations

Incomplete Reporting: Race/ethnicity, demographic, geographic, and other variables may be missing, misclassified, or reported as “Unknown.” These values reflect limitations in data completeness and should not be interpreted as true population categories.

Suppressed Values: Counts below the reporting threshold were suppressed or masked to protect confidentiality. Suppressed values should not be interpreted as zero events.

Data Lags: Mortality data may be provisional and subject to change as death certificates are finalized and records are updated. ED visit data are typically timelier but may also be updated as additional information becomes available.

Updated ED Visits Methodology: ED visit counts in this report may differ from counts published in the previous annual report because the ED visit case definition was updated. To support valid

year-to-year comparison, 2024 and 2025 ED visit counts in this report were calculated using the same updated methodology.

Comparisons Across Data Sources: Mortality and ED visit data measure different outcomes. Mortality data capture fatal overdoses, while ED visit data capture overdose-related emergency care. Trends across these data sources may differ due to differences in outcome, reporting practices, coverage, and case definitions.

Geographic Assignment: Geographic analyses were based on residence ZIP code: decedent ZIP code for mortality data and patient ZIP code for ED visit data. Records with missing or unknown ZIP codes may affect geographic patterns.