Overdose Data to Action: 2024 Annual Surveillance Report of Preliminary Trends in Drug Overdoses in Dallas County

Table of Contents

Executive Summary

This annual report provides an analysis of both fatal and non-fatal overdoses in Dallas County. Preliminary data for 2024 indicate a decline in fatal overdoses, consistent with national trends. Because mortality data have a significant lag for certification, 2024 counts remain provisional.

As of August 14, 2025, a total of 558 overdose deaths were reported in 2024 compared to 628 in 2023. Fentanyl continues to be the primary driver of mortality, though stimulants also account for a substantial share, underscoring the impact of polysubstance use. The highest burden of deaths occurred among males, White individuals, and adults aged 35–64 years.

In addition to mortality, trends in non-fatal overdoses provide further insight into community impact. Opioid-related ED visits declined across Q1 - Q4 of 2024, though disparities remain: visits increased by 2.8% among Hispanic individuals, while decreasing 10.5% among non-Hispanic Black individuals and 3% among non-Hispanic White individuals. While the decline in overdose deaths is encouraging, continued monitoring is essential to confirm these trends. The complexities of polysubstance use and the persistence of fentanyl as a leading driver emphasize that overdose remains a significant public health challenge.

Introduction

Located within the heart of the North Central Texas region, Dallas County is the second-largest county in Texas with a population of 2.6 million people. As the only county in the North Texas region with a majority non-white population, Dallas County's communities boast a vastly diverse blend of cultures. Notably, 40% of Dallas County households speak a language other than English, and approximately 1 in 5 of those households have limited-English proficiency, the highest percentage in the region. Dallas County is also home to several higher education institutions, such as the University of Texas at Dallas, Southern Methodist University, and Dallas College, which is reflected in its large youth population. About half of the population resides within the county seat and urban center: the City of Dallas. (U.S. Census Bureau).

Dallas County presents a complex socio-political environment that shapes both opioid use and prevention efforts. One key factor is the state's strict stance on drug control—Texas has some of the harshest penalties for drug possession in the nation. This approach can create a climate of fear and stigma around addiction, discouraging people from seeking help. However, there are positive political developments. Dallas County has seen a growing movement towards harm reduction strategies, despite the limitations imposed by state-level restrictions. While funding for medication-assisted treatment (MAT) programs has increased, Dallas County still faces a shortage of state-funded in-patient treatment beds and qualified providers. The ongoing tension between public

health needs and traditional "war on drugs" policies, coupled with limited access to treatment, shapes the landscape of opioid use and prevention in Dallas County.

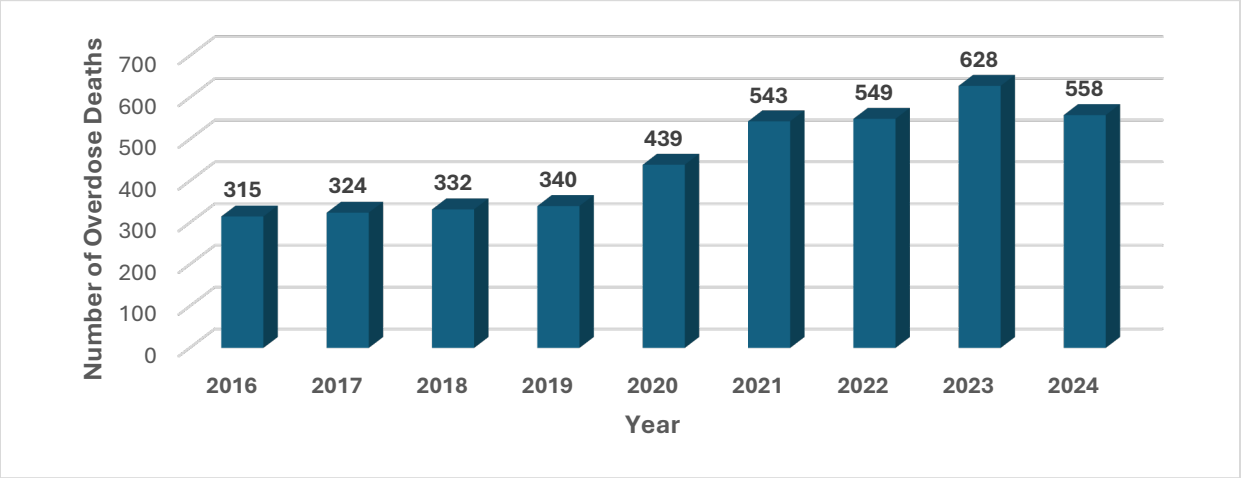
This report provides an analysis of data from Texas State Vital Statistics and CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) and examines fatal overdoses between 2016 and 2024 across all drug types, with a particular focus on opioids, including fentanyl. While 2024 overdose data remain preliminary, early indications suggest a decline in fatal overdoses in Dallas County, consistent with national patterns that support the validity of harm reduction programs. Despite the positive trends, the data should be viewed with caution due to its preliminary nature. The complexities of substance use, and associated outcomes remain a significant public health concern, with opioids continuing to contribute to a considerable portion of overdose fatalities.

Fatal Overdose Surveillance – Trends and Findings

Demographic Trends

Between 2016 and 2024, the number of confirmed drug overdose deaths in Dallas County increased by 77.1% (Figure 1a). Preliminary data, however, show a notable decline from 2023 to 2024, suggesting that the focused efforts to reduce overdose fatalities through harm reduction strategies have been effective.

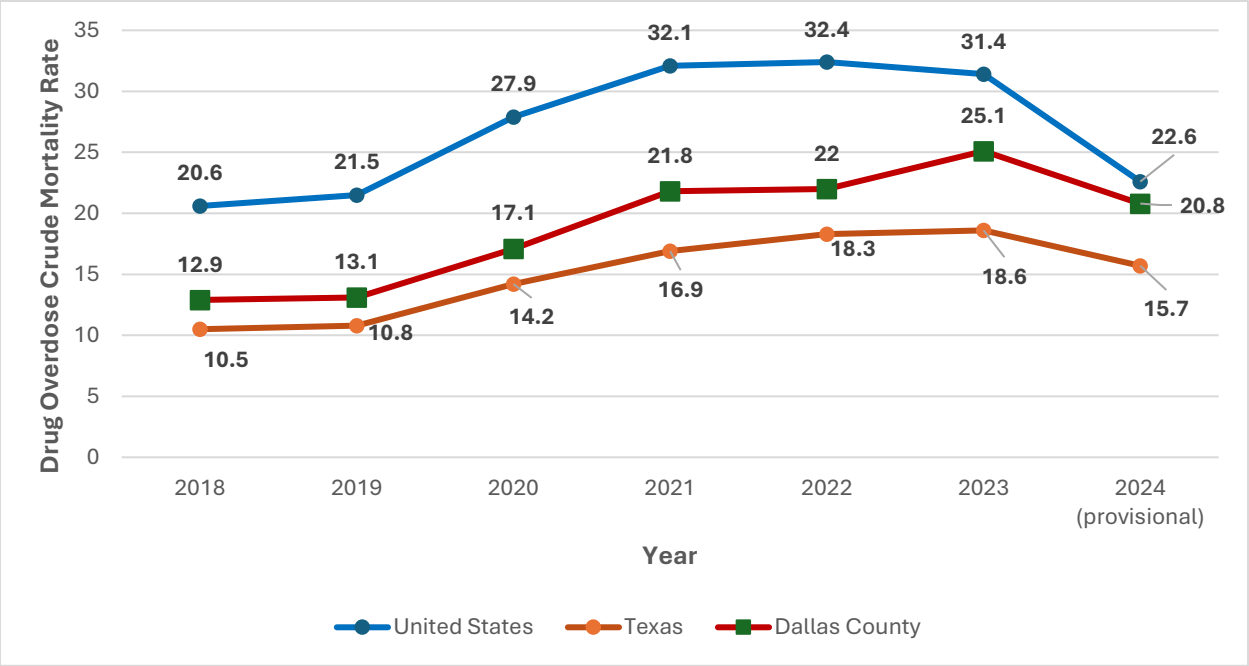
Figure 1a. All Drug Overdose Deaths by Year in Dallas County, TX, 2016-2024



Data source: Texas Department of State Health Services Vital Statistics

Between 2018 and 2024, overdose crude mortality rates in Dallas County increased by 61%, from 12.9 to 20.8 per 100,000 individuals, significantly outpacing the 49.5% increase seen in Texas and the 9.9% increase in the United States (Figure 1b). Again, however, there is a notable drop from 2023 to 2024 where the crude mortality rate for Dallas County declined to almost the 2018-2019 rate.

Figure 1b. Crude Mortality Rates for All Drug Overdoses, 2018–2024

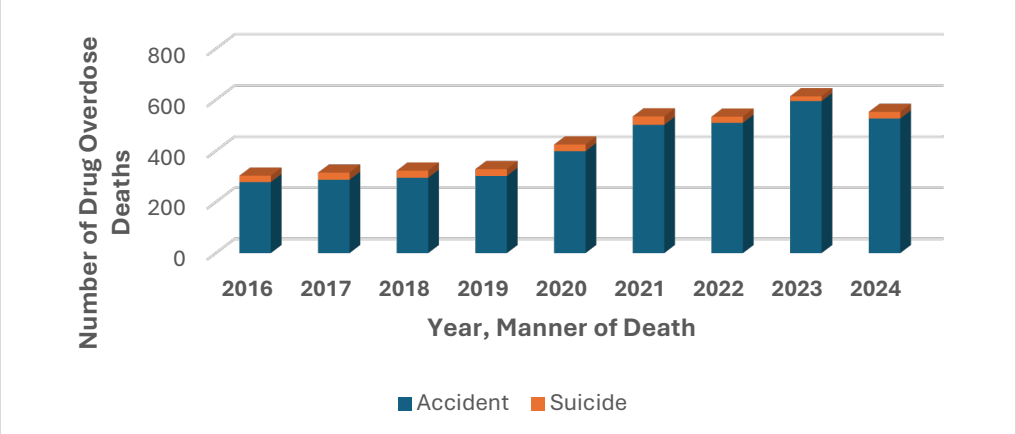


Data Source: CDC WONDER (As of April 2, 2025).

Accidental overdoses made up most deaths between 2016 and 2024, increasing by almost 90% during that period. In contrast, deaths resulting from suicide saw a smaller increase of 4% during the same period (Figure 1c.).

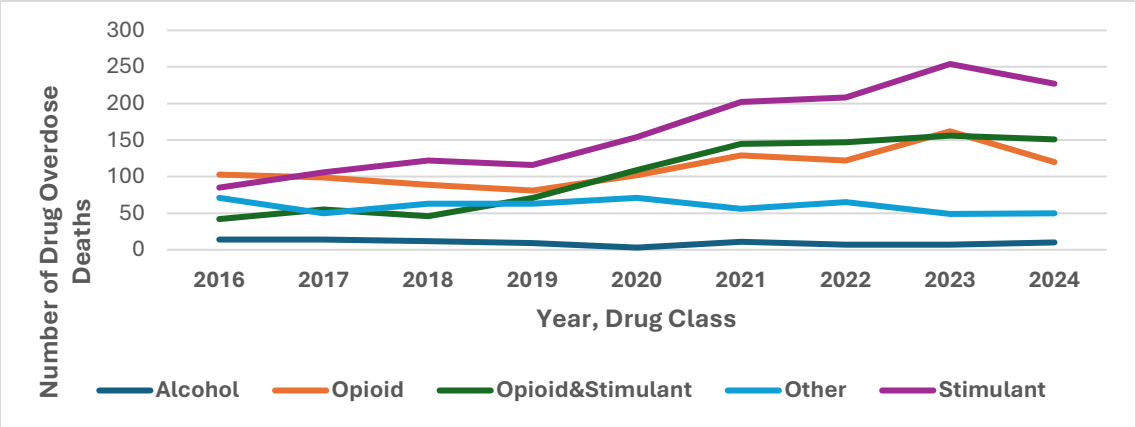
Deaths attributed solely to opioids (no other drug present) rose by 17%, while the combination of opioids and stimulants saw a dramatic increase of 260%. Deaths from stimulants alone climbed by 167% (Figure 2).

Figure 1c. Drug Overdose Deaths by Manner of Death, Dallas County, TX, 2016-2024



Data source: Texas Department of State Health Services Vital Statistics *Counts less than 10 have been suppressed.
Note: Totals exclude pending, homicide, and undetermined cases.

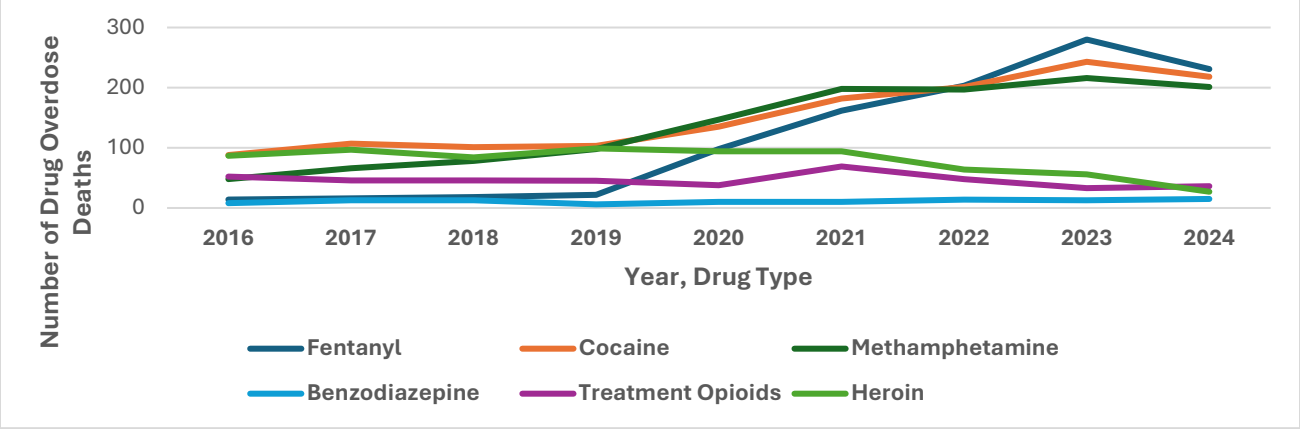
Figure 2. Drug Overdose Deaths by Major Drug Class in Dallas County, TX, 2016-2024



Data source: Texas Department of State Health Services Vital Statistics; *Each decedent with an overdose death is represented once.

Notably, overdose deaths are predominantly driven by fentanyl-related fatalities. From 2016 to 2024, fentanyl deaths surged by an alarming 1,550%. During the same period, methamphetamine-related deaths increased by 319% and cocaine increased by 148%. There has been a decrease in deaths due to heroin by 69% and treatment opioids by 31% (Figure 3).

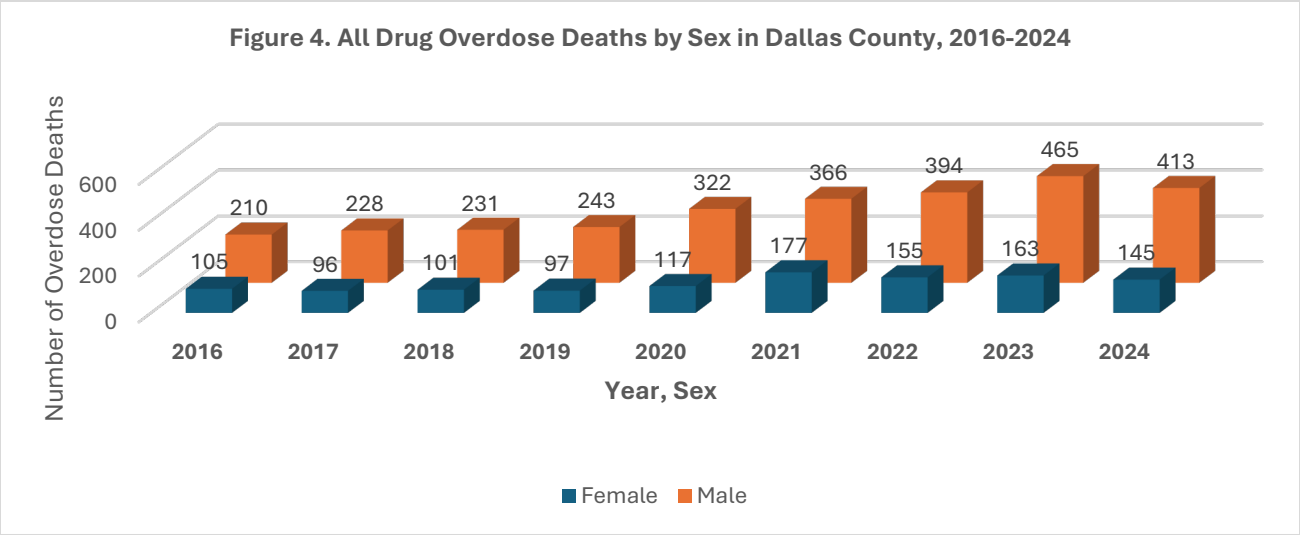
Figure 3. Overdose Deaths by Specific Drug Type in Dallas County, TX, 2016-2024



Data source: Texas Department of State Health Services Vital Statistics*
Note: Drug categories are not mutually exclusive; one decedent may be represented in multiple groups if multiple substances contributed to the death.

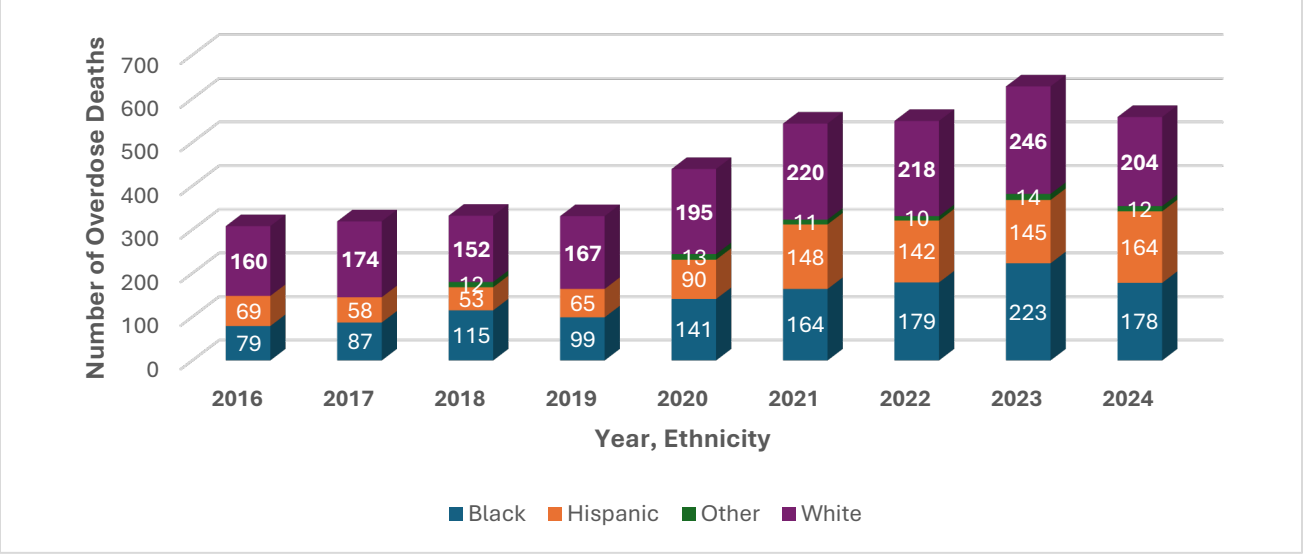
The highest numbers of overdose deaths occurred among males, the white population, and individuals aged 35–64 years, indicating these demographic groups need continued, targeted harm reduction efforts to mitigate the mortality burden (Figure 4-6).

Figure 4. All Drug Overdose Deaths by Sex in Dallas County, 2016-2024



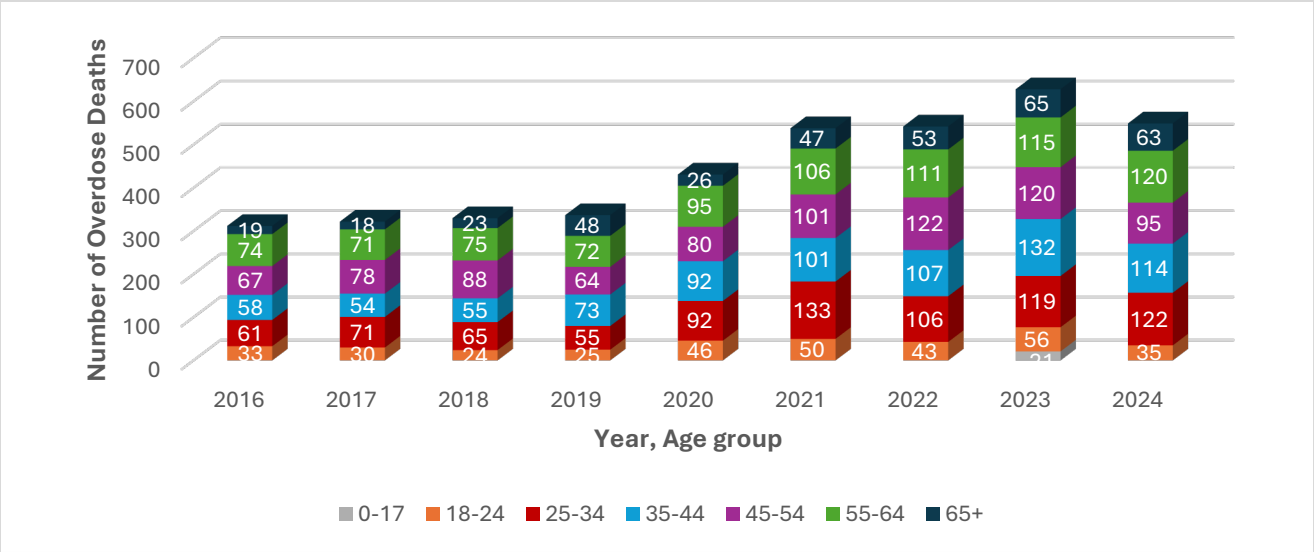
Data source: Texas Department of State Health Services Vital Statistics

Figure 5. All Drug Overdose Deaths by Ethnicity in Dallas County, 2016-2024



Data source: Texas Department of State Health Services Vital Statistics

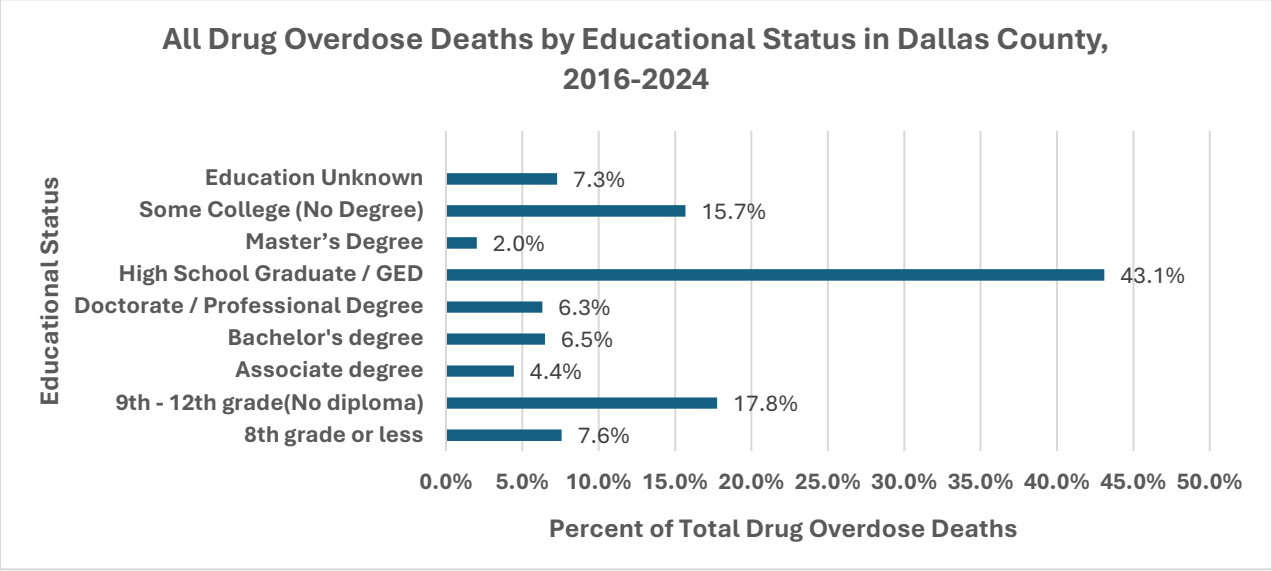
Figure 6. All Drug Overdose Deaths by Age group in Dallas County, 2016-2024



Data source: Texas Department of State Health Services Vital Statistics

For educational status, overdose deaths were most prevalent among individuals who completed high school or had a GED (43.1%), followed by those who completed 9th-12th grade (17.8%) [Figure 7]. This trend signifies that continued intervention efforts specific to these educational groups are needed to reduce the mortality burden.

Figure 7. All Drug Overdose Deaths by Educational Status in Dallas County, TX, 2016-2024

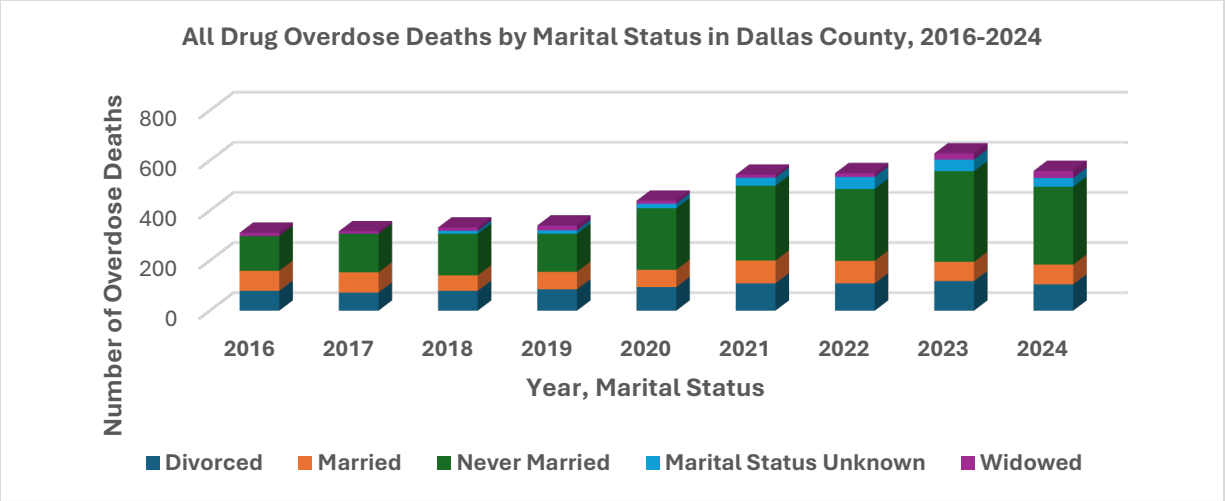


Data source: Texas Department of State Health Services Vital Statistics

Furthermore, the highest number of overdose deaths occurred among individuals who had never been married, followed by those who were divorced (Figure 8). This trend supports efforts like the Never Use Alone Hotline, where people can call when they are

using substances by themselves to ensure medical assistance is called should they accidentally overdose.

Figure 8. All Drug Overdose Deaths by Marital Status in Dallas County, TX, 2016-2024

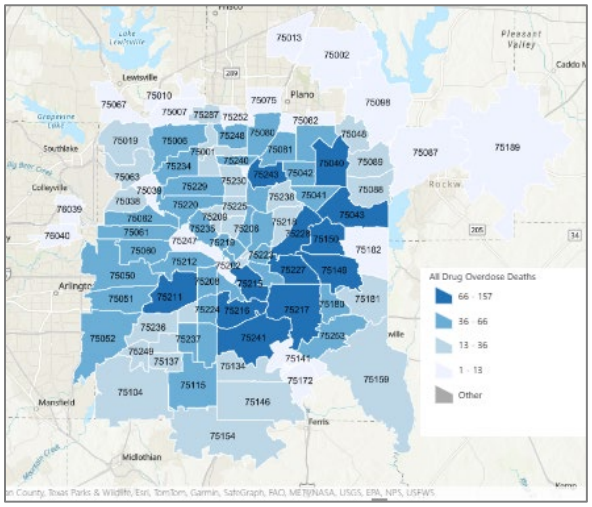


Data source: Texas Department of State Health Services Vital Statistics.

Geographic Trends

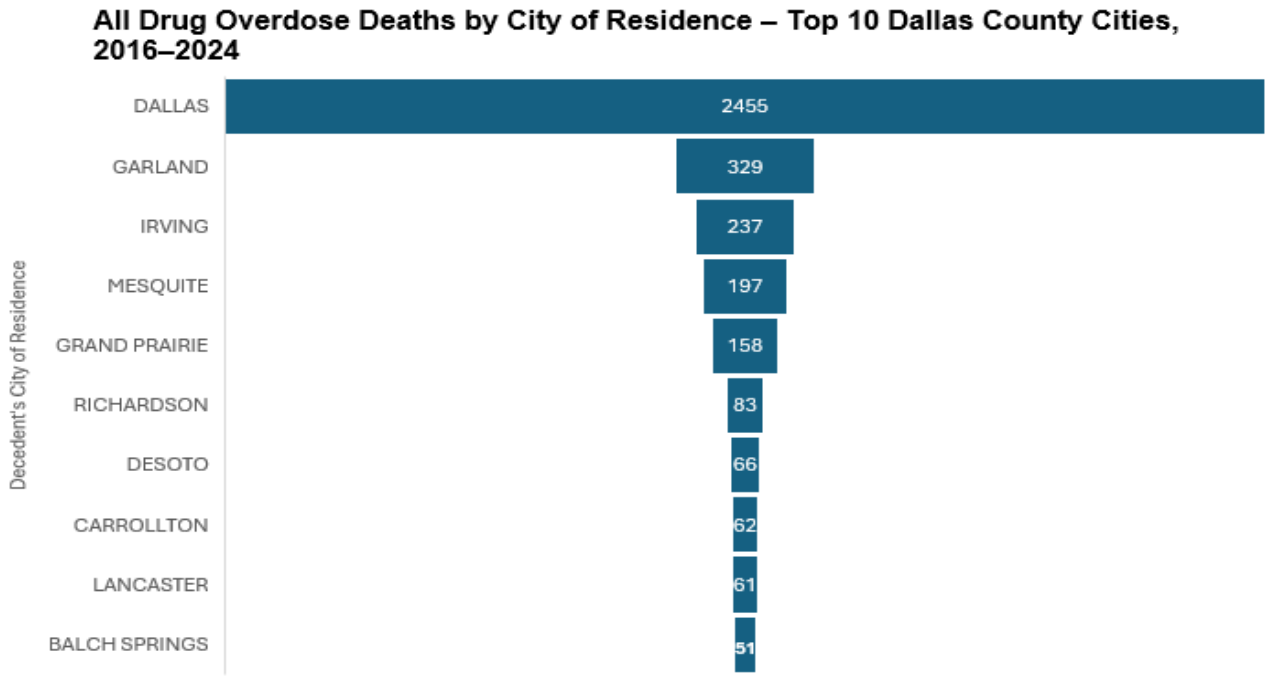
In Dallas County, ZIP codes 75217, 75216, and 75215 recorded the highest number of drug overdose deaths between 2016 and 2024 (Figure 9). Over the same time, approximately 60.9% of the total 4,028 overdose deaths in Dallas County occurred within the city of Dallas, accounting for 2,455 fatalities (Figure 10). These trends indicate the need for rolling surveillance to initiate targeted efforts in high overdose geographic areas.

Figure 9. Number of Overdose Deaths in Dallas County by Residence ZIP code, All Drugs, 2016-2024



Data source: Texas Department of State Health Services Vital Statistics

Figure 10. All Drug Overdose Deaths by Top 10 Dallas County Cities, 2016–2024



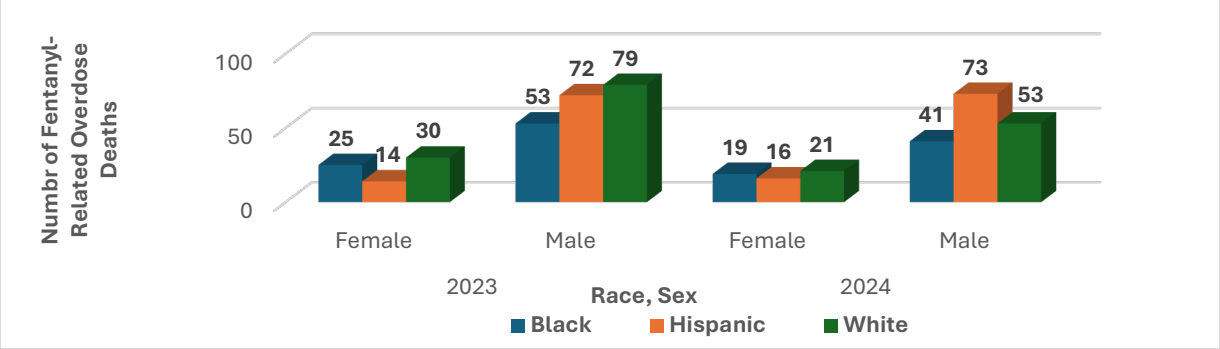
Data source: Texas Department of State Health Services Vital Statistics

Substance Specific Overdose Deaths

Fentanyl

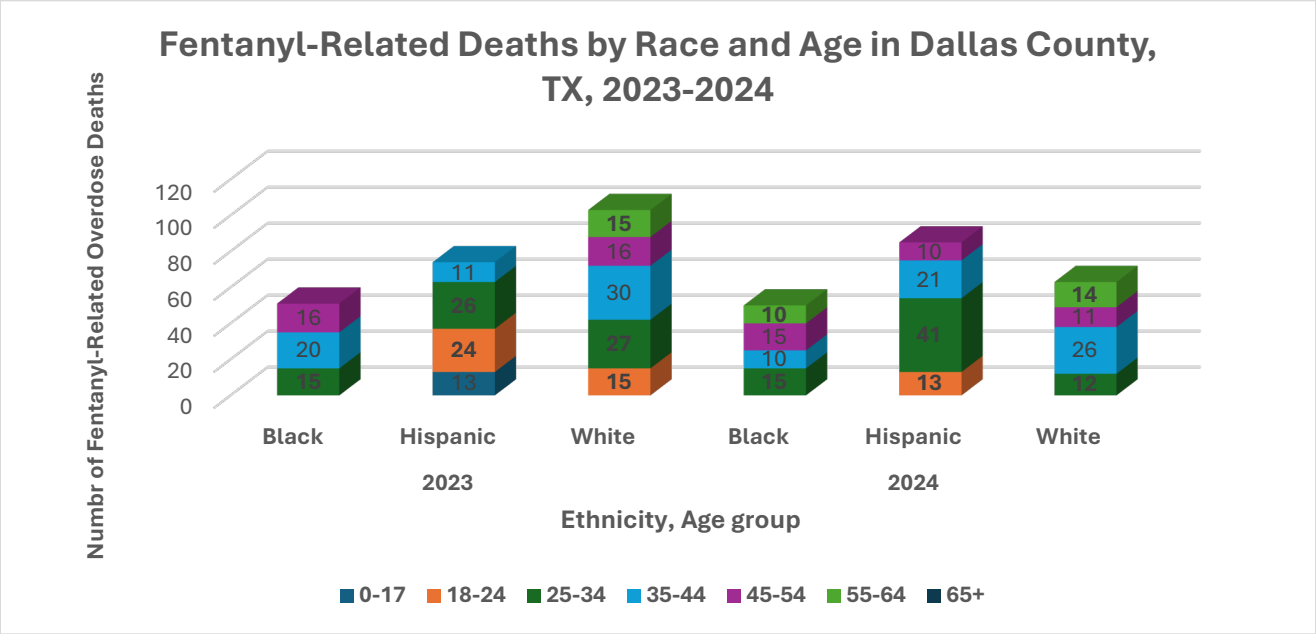
Between 2016 and 2024, fentanyl-related deaths were highest among White individuals, particularly males and those in the 25-34 age group (Figures 11a-c). In 2024, however, Hispanic males had the highest number of fentanyl-related deaths (Figure 11a) across all combined sex and race/ethnicity categories. Generally, Hispanic individuals aged 25-34 had the highest overdose deaths, followed by White individuals aged 35-44 (Figure 11b). Male individuals across all age groups had more fentanyl-related overdose deaths than females (Figure 11c).

Figure 11a. Fentanyl-Related Deaths by Sex and Race/Ethnicity in Dallas County, TX, 2023- 2024



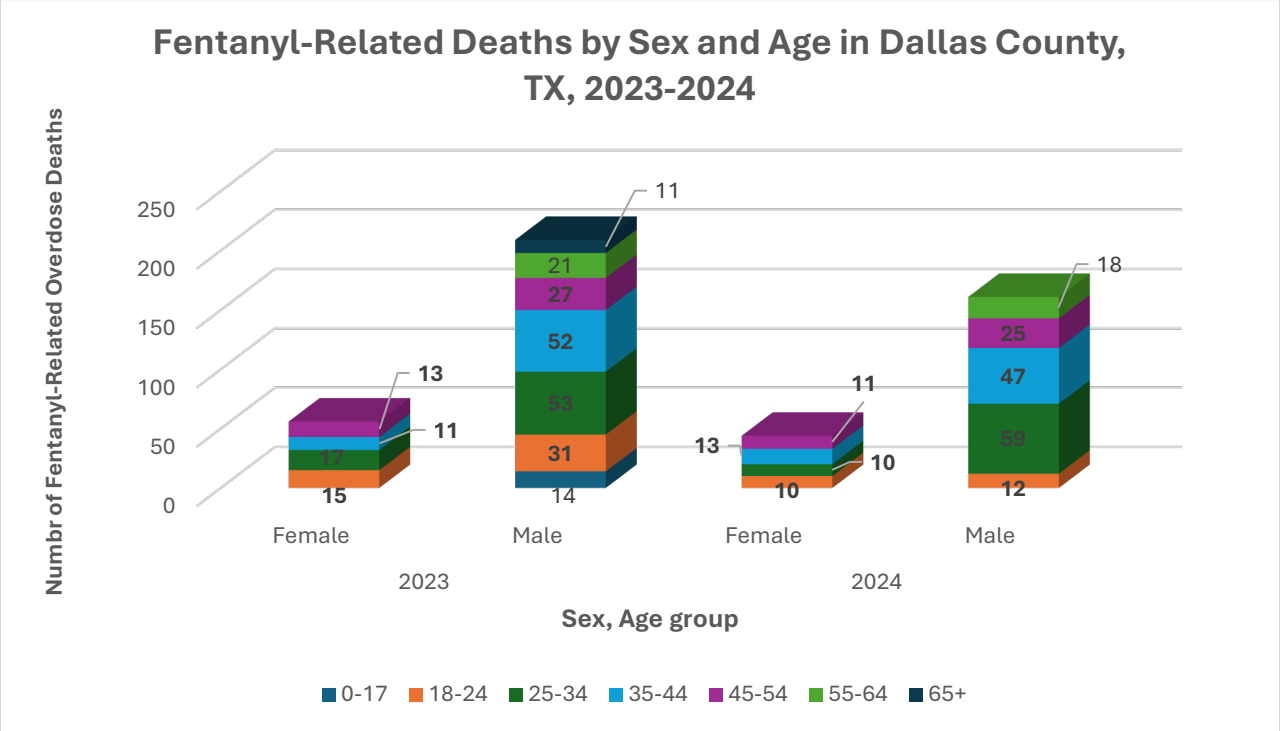
Data source: Texas Department of State Health Services Vital Statistics

Figure 11b. Fentanyl-Related Deaths by Race/Ethnicity and Age Group in Dallas County, TX, 2023-2024



Data source: Texas Department of State Health Services Vital Statistics

Figure 11c. Fentanyl-Related Deaths by Sex and Age Group in Dallas County, TX, 2024

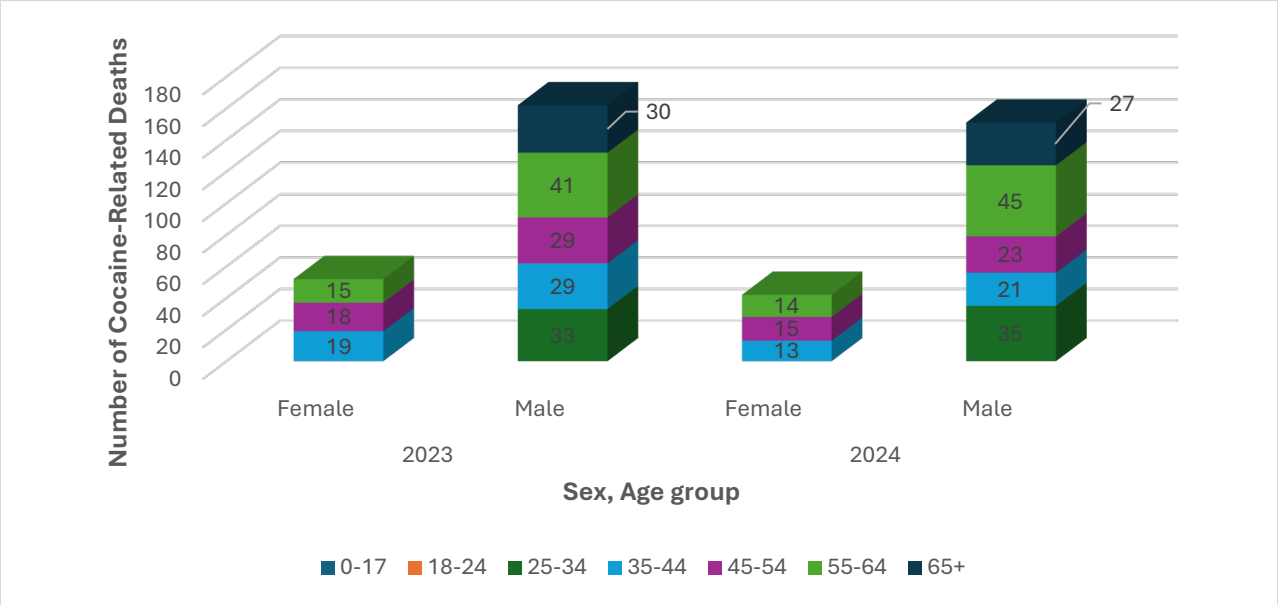


Data source: Texas Department of State Health Services Vital Statistics

Cocaine

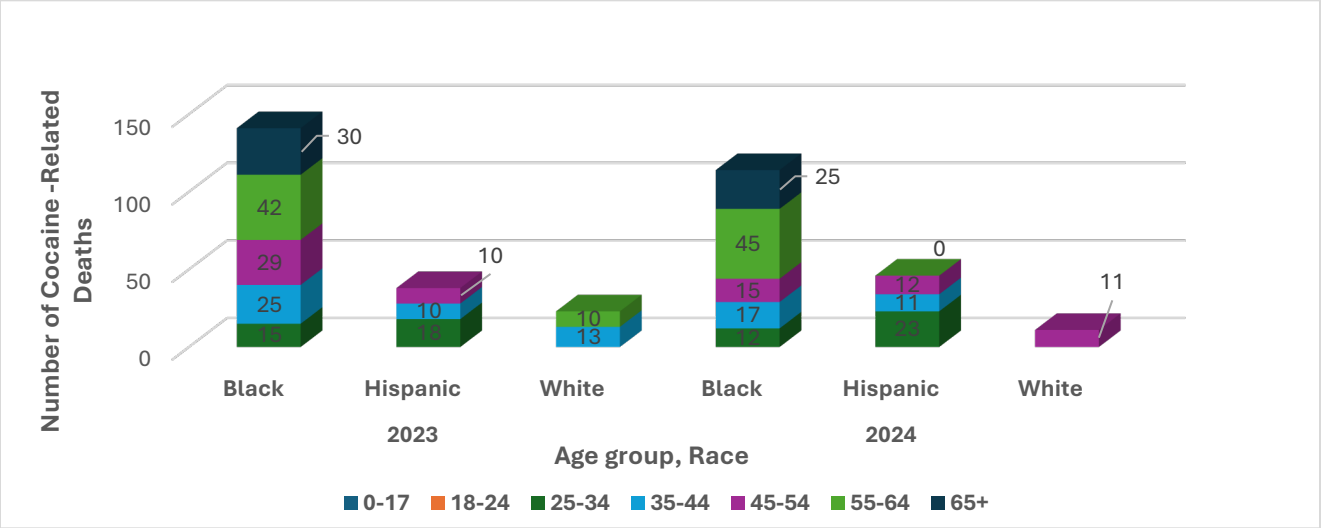
Between 2016 and 2024, the highest number of cocaine-related deaths occurred among Black males, particularly those aged 55-64 (Figure 12 a-c). In 2024, males aged 55-64 had the highest number of cocaine-related deaths among all combined age/sex categories, followed by males aged 25-34 (Figure 12b). In 2024, Black individuals aged 55-64 experienced the highest number of cocaine-related deaths among all combined age/race categories, followed by Black individuals aged 65+ (Figure 12c). Black males consistently accounted for the highest number of overdose deaths, followed by Hispanic males and Black females. Data for Hispanic females were suppressed due to small numbers (<10) in both years, and therefore not displayed in the chart. Suppression does not imply zero deaths; rather, while the counts are lower, these deaths are still significant and reflect important disparities that need monitoring. (Figure 12c).

Figure 12a. **Cocaine -Related Deaths by Sex and Age Group in Dallas County, TX, 2023-2024**



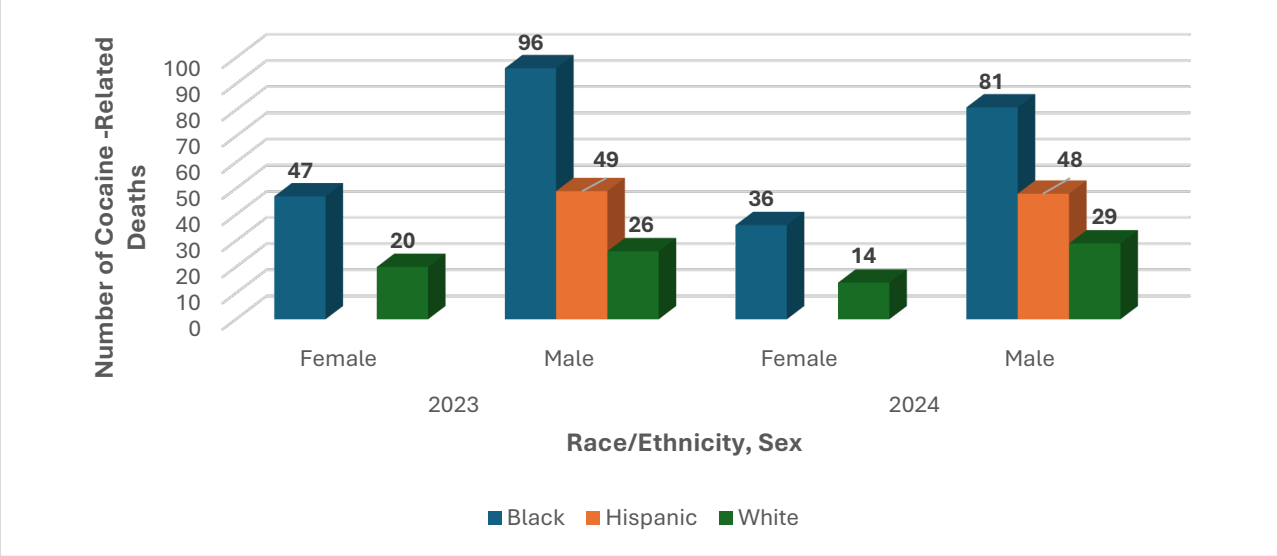
Data source: Texas Department of State Health Services Vital Statistics

Figure 12b. Cocaine-Related Deaths by Race/Ethnicity and Age Group in Dallas County, TX, 2023-2024



Data source: Texas Department of State Health Services Vital Statistics
*Note: Counts fewer than 10 are suppressed and not shown in the figure.

Figure 12c. Cocaine-Related Deaths by Race/Ethnicity and Sex in Dallas County, TX, 2024

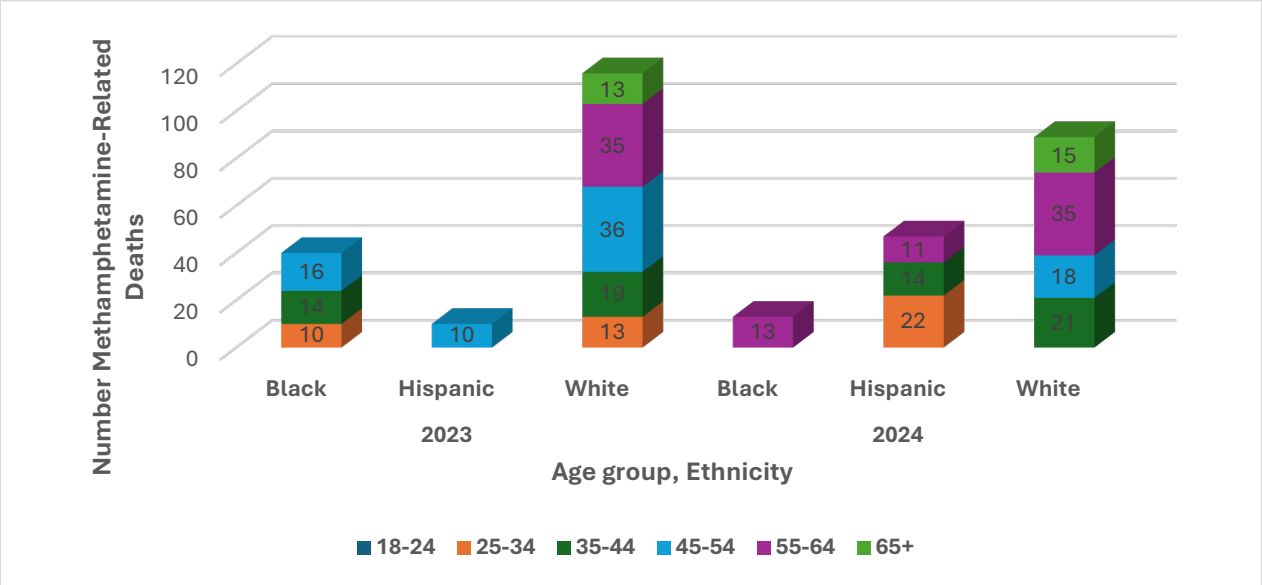


Data source: Texas Department of State Health Services Vital Statistics.
*Note: Counts fewer than 10 are suppressed and not shown in the figure.

Methamphetamine

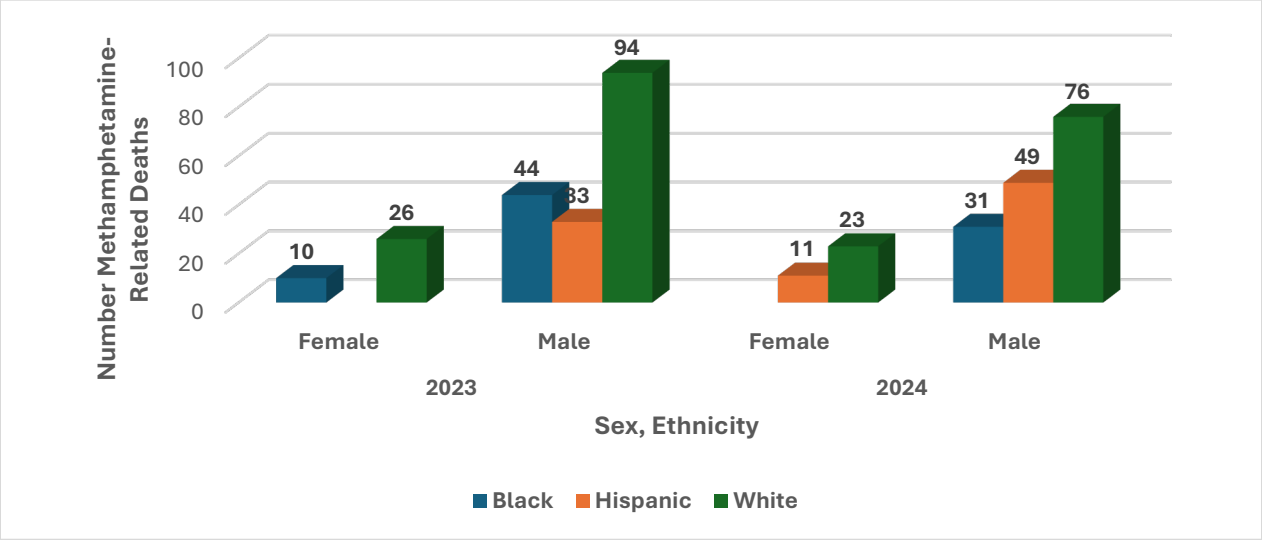
Between 2023 and 2024, methamphetamine-related deaths declined overall, with the highest numbers observed among White individuals, males, and adults aged 55–64. However, deaths increased among Hispanic males over the same period. In 2024, males continued to account for more methamphetamine-related deaths than females, with the highest counts among 55–64-year-olds—particularly White males in this age group (Figure 13a–c).

Figure 13a. Methamphetamine-Related Deaths by Age group and Ethnicity in Dallas County, TX, 2023-2024



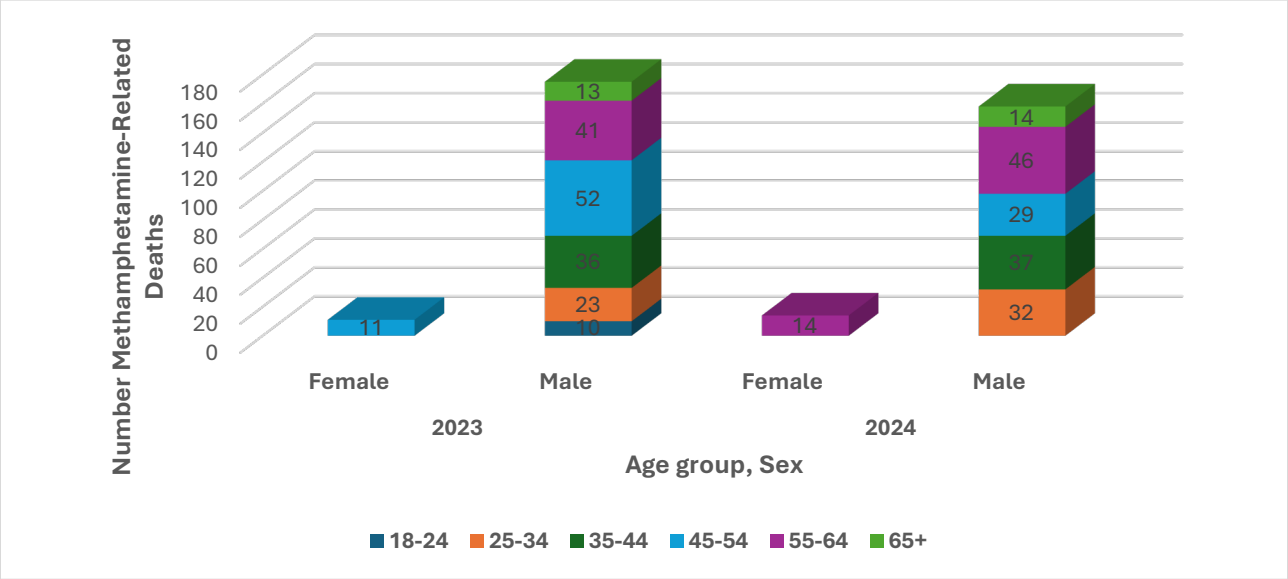
Data source: Texas Department of State Health Services Vital Statistics
*Note: Counts fewer than 10 are suppressed and not shown in the figure.

Figure 13b. Methamphetamine-Related Deaths by Sex and Ethnicity in Dallas County, TX, 2023-2024



Data source: Texas Department of State Health Services Vital Statistics
*Note: Counts fewer than 10 are suppressed and not shown in the figure.

Figure 13c. Methamphetamine-Related Deaths by Age group and Sex in Dallas County, TX, 2023-2024



Data source: Texas Department of State Health Services Vital Statistics
*Note: Counts fewer than 10 are suppressed and not shown in the figure.

Non-Fatal Overdose Surveillance – Trends and Findings

Introduction

Non-fatal overdoses represent a crucial metric for understanding the broader overdose epidemic and serve as an early warning sign for potential increases in fatal overdoses. Emergency department visit (EDV) data offers valuable insight into the burden of opioid overdoses. The EDV data for this report is derived from hospital syndromic surveillance systems, which provide timely reporting of suspected drug overdoses treated in emergency departments and urgent care facilities across Dallas County. These data allow for near real-time monitoring of non-fatal overdoses, providing insight into high-risk populations, and geographic clusters of opioid overdose incidents.

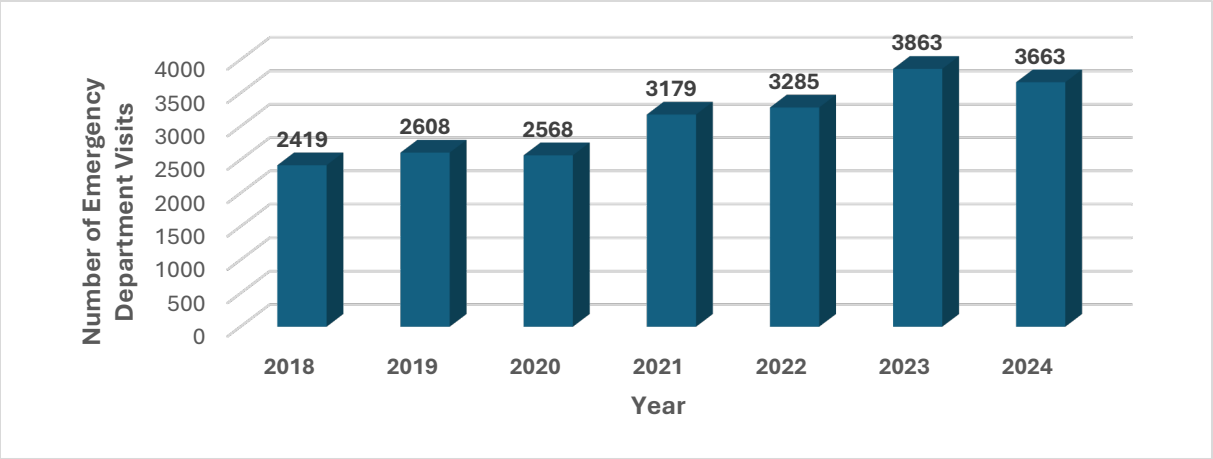
This annual report examines non-fatal overdoses reported across Dallas County between 2023 and 2024, focusing on:

- **Demographic breakdown** (age, gender, race/ethnicity)
- **Temporal trends** (monthly/quarterly variations)
- **Geospatial analysis** (hotspot identification using ZIP codes)

Historical Trends of Drug Overdose Emergency Visits by Year

The total number of all drug overdose-related EDVs increased by 51.4% between 2018 and 2024. Between 2023 and 2024, it declined slightly by 5.2% (Figure 14).

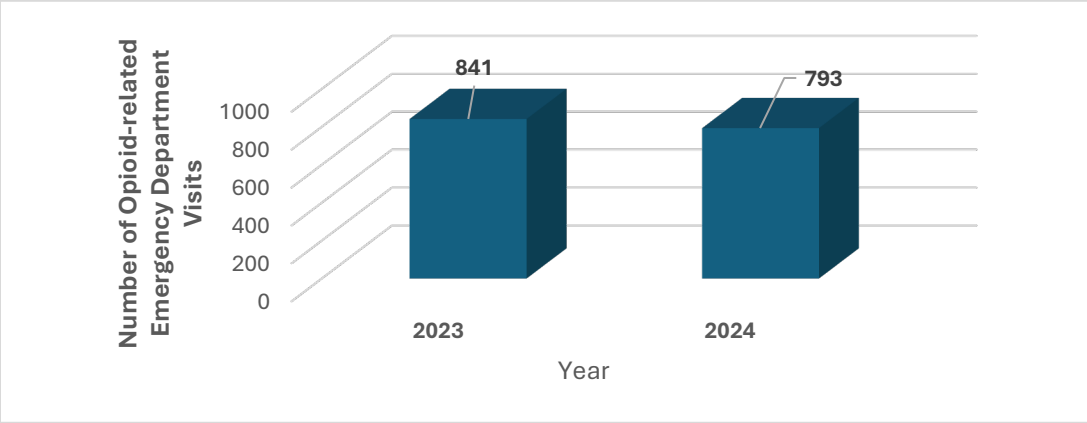
Figure 14. All Drug Overdose EDVs by Year, Dallas County, TX 2018-2024



Source: Texas Department of State Health Services Syndromic Surveillance

In 2024, the total number of opioid-related emergency department visits was 793, reflecting a 5.7% decline compared to 2023 (Figure 15a).

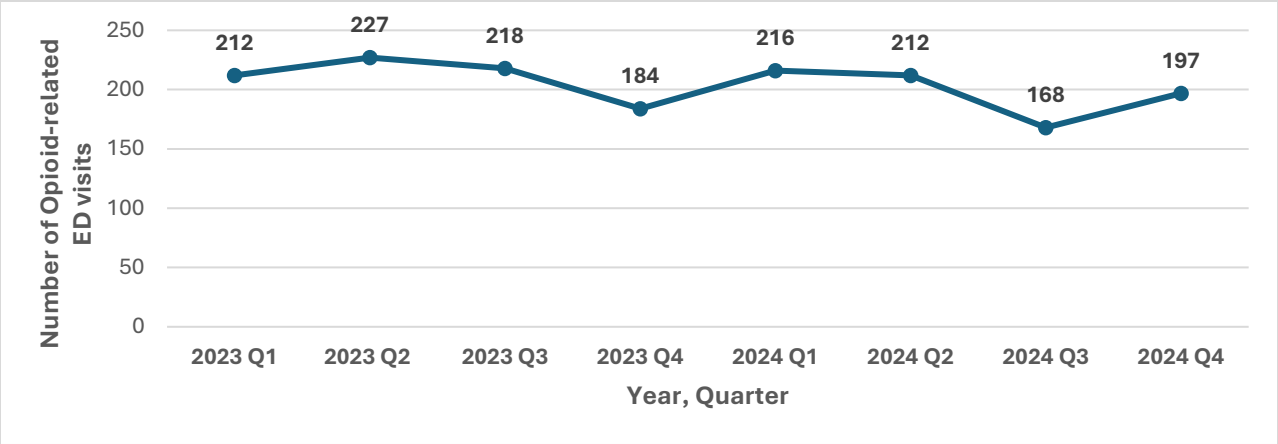
Figure 15a. Opioid-related Overdose EDVs by Year, Dallas County, TX, 2023- 2024



Source: Texas Department of State Health Services Syndromic Surveillance

From the first quarter of 2023 to the fourth quarter of 2024, opioid overdose-related EDVs showed fluctuations, ultimately declining by 7.1% in the fourth quarter of 2024 (Figure 15b).

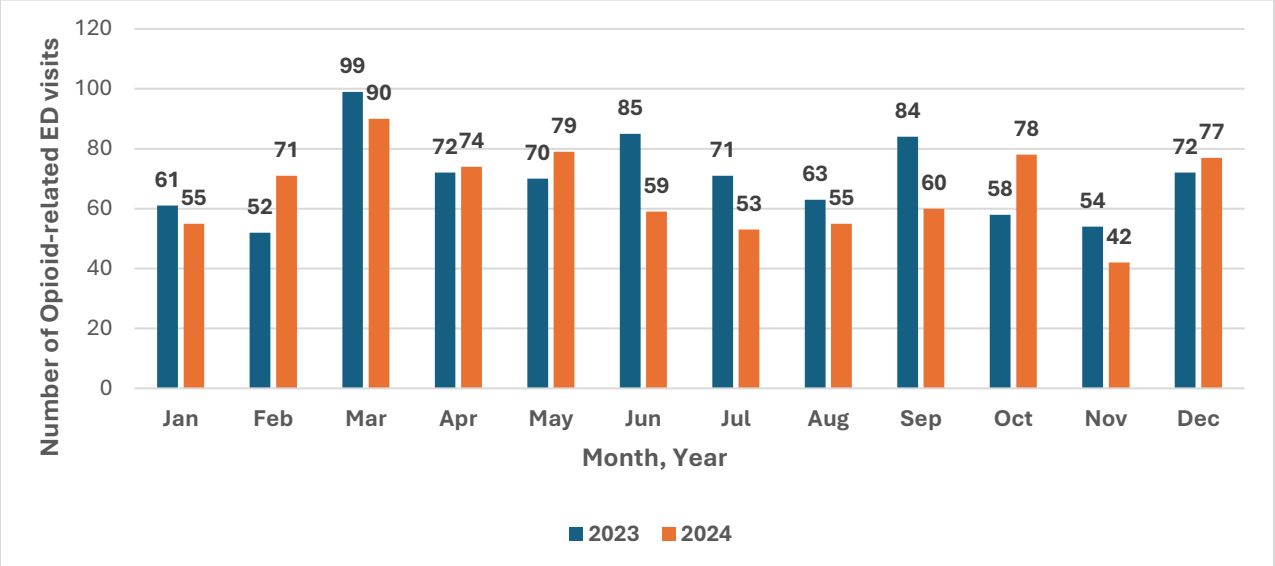
Figure 15b. Opioid-Related Overdose EDVs by Quarter, Dallas County, TX, 2023-2024



Source: Texas Department of State Health Services Syndromic Surveillance

The monthly trends in opioid overdose-related EDVs showed similar seasonal patterns in 2023 and 2024, with peaks observed in March, May, and October of 2024, and in March, June, and September of 2023 (Figure 16).

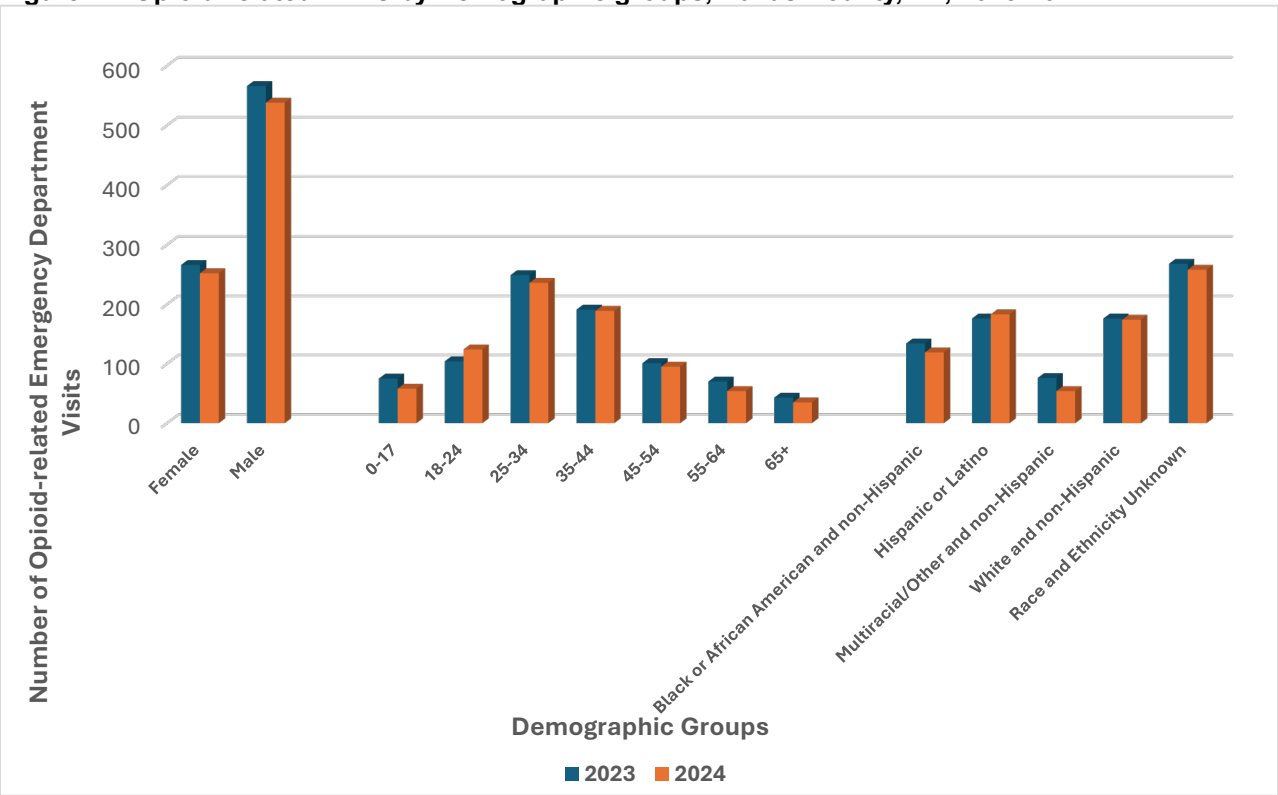
Figure 16. Opioid-related EDVs by Month, Dallas County, TX, 2023-2024



Source: Texas Department of State Health Services Syndromic Surveillance

In 2024, individuals aged 18–24, 25–34, and 35–44 collectively accounted for nearly 69.2% of all opioid overdose-related ED visits (Figure 17), indicating that most EDVs involve young and middle-aged adults. Males had nearly 2.1 times as many opioid overdose-related EDVs as females (Figure 17). Among the Hispanic population, there was a 2.8% increase in the opioid overdose ED visits between 2023 and 2024 (Figure 17). In contrast, EDVs declined by 10.5% among Non-Hispanic Black individuals and by 3% among Non-Hispanic White individuals (Figure 17).

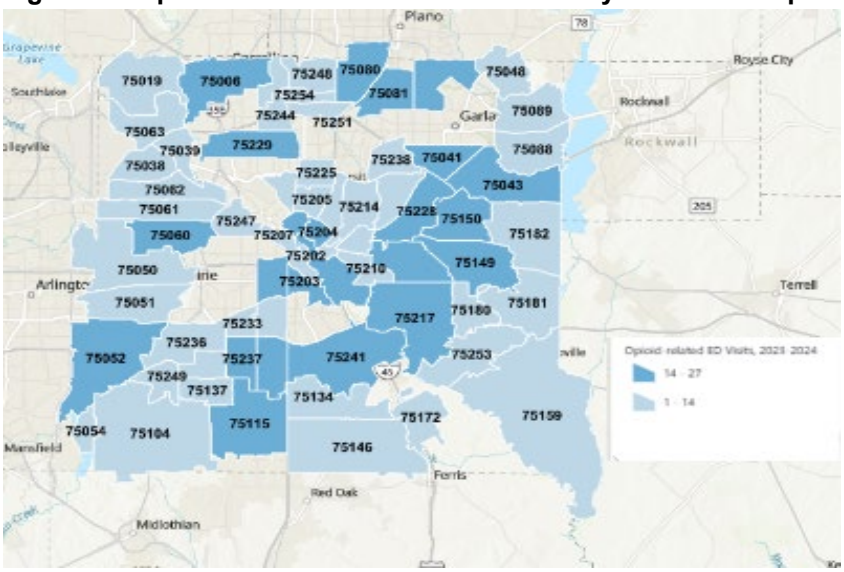
Figure 17. Opioid-related EDVs by Demographic groups, Dallas County, TX, 2023-2024



Source: Texas Department of State Health Services Syndromic Surveillance

Geospatial analysis in 2024 showed the number of opioid-related emergency department visits was highest among residents of zip code 75235, followed by 75243, 75228, 75042, 75217, 75230 indicated by the darker blue color (Figure 21).

Figure 21. Opioid -related Overdose ED Visits by Residence Zip code, Dallas County, TX, 2024



Source: Texas Department of State Health Services Syndromic Surveillance

Conclusion

Dallas County is home to an incredibly diverse population that is not immune to the harmful and negative health outcomes associated with the opioid crisis, and our most marginalized communities often disproportionately bear the brunt of this burden. The analysis of overdose death trends in Dallas County from 2016 to 2024 highlights significant variations in overdose mortality across different demographic groups and geographic locations. The data underscores the continued impact of substances like fentanyl, cocaine, and methamphetamines on the local community, with males and specific age groups, including those aged 25-54 years, consistently bearing the highest overdose death burden. Additionally, certain areas in Dallas County, notably ZIP codes 75217, 75216, and 75215, have been identified as having the highest concentrations of overdose fatalities.

Efforts to address the overdose crisis in Dallas County will require a multi-faceted approach, including a focus on the underlying socioeconomic, healthcare, and substance use issues that contribute to overdose deaths, as well as sustained collaboration between DCHHS, local communities, stakeholders, and policymakers. These preliminary 2024 trends indicate an urgent need for *continued* investment and prioritization of wraparound services for Dallas County residents so that we may capitalize on the declining trends to further reduce substance-use mortality moving forward.

Data Sources, Reporting Periods, and Limitations

Mortality Data: Texas Department of State Health Services Vital Statistics. Data as of August 14, 2025.
Comparative Rates: CDC Wide-ranging Online Data for Epidemiologic Research (WONDER). Data was extracted on April 2, 2025.
Emergency Department Data: Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). Data as of August 14, 2025.

Limitations

- Incomplete Reporting: Race/ethnicity, demographic, and other variables may be missing, misclassified, or reported as “Unknown.” These reflect gaps in data quality rather than true populations.
- Suppressed Values: Counts fewer than 10 are suppressed to protect confidentiality and should not be interpreted as zero events.
- Data Lags: Mortality data are provisional and subject to change as death certificates are finalized. ED visit data is typically timelier but may also undergo updates or corrections.
- Comparisons Across Sources: ED and mortality data reflect different points along the overdose continuum (non-fatal vs. fatal). Direct comparison should be made with caution due to differences in reporting practices, coverage, and definitions.
- Geographic Assignment: Cases are assigned by ZIP code of residence or incident location (depending on dataset). Some cases may be missing ZIP codes or may cluster in areas with higher reporting completeness.