

Drug Overdose Emergency Department (ED) Visits, Hospitalizations, and Deaths 2020-2024



April 2026

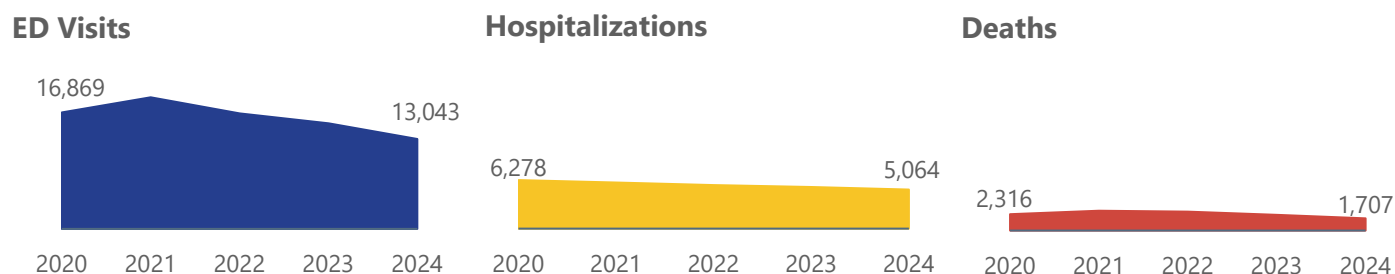
Introduction

Drug overdoses continue to impact thousands of Hoosiers each year. Understanding patterns of overdose emergency department (ED) visits, hospitalizations, and deaths helps inform prevention strategies and direct outreach efforts. This fact sheet compares non-fatal overdose-related ED visits and hospitalizations with fatal overdoses, focusing on patterns by year, age, sex, and drug type.¹

Overdose Trends

Overdose-related ED visits, hospitalizations, and deaths have all declined considerably in the last five years. Compared to peak years, the largest percent decrease was for overdose deaths (39% decline from 2021 to 2024), followed by ED visits (32% decline from 2021 to 2024) and hospitalizations (19% decline from 2020 to 2024). Despite these declines, overdose continues to cause substantial morbidity and mortality in Indiana, causing 13,043 ED visits, 5,064 hospitalizations, and 1,707 deaths in 2024.

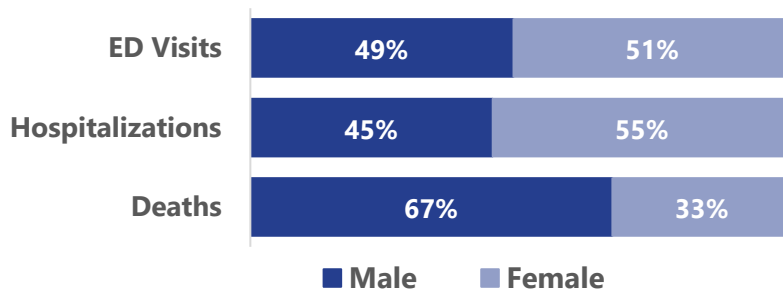
Figure 1. Count of overdose ED visits, hospitalizations and deaths, Indiana, 2020-2024



Overdoses by Sex

While overdose ED visits were nearly evenly split between males (49%) and females (51%), females made up for slightly more than half (55%) of overdose-related hospital stays. On the other hand, males made up about two in three overdose deaths (67%). This is consistent with research showing a higher rate of overdose deaths among males than females nationally, even after controlling for rates of substance use.²

Figure 2. Count of overdose ED visits, hospitalizations and deaths by sex, Indiana, 2024



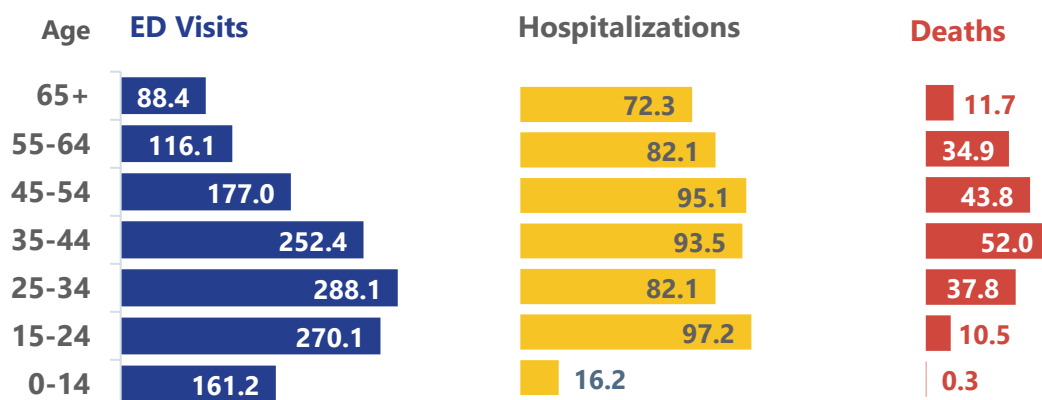
¹ ED visits and hospitalizations are from Indiana hospital discharge data, a subset of data from the Uniform Billing 2004 form. ED visits include patients receiving emergency services without admission, while hospitalizations include inpatient admissions. Overdose deaths are from Indiana vital records.

² Butelman ER, et al. Overdose mortality rates for opioids and stimulant drugs are substantially higher in men than in women: state-level analysis. *Neuropsychopharmacology*. 2023 Oct;48(11):1639-1647. doi: 10.1038/s41386-023-01601-8.

Overdoses by Age Group

In 2024, rates of overdose-related ED visits tended to be higher among younger adult age groups, while overdose death rates peaked among slightly older age groups. ED visit rates were highest among adults ages 25-34 (288.1 per 100,000), followed by adolescents and young adults ages 15-24 (270.1 per 100,000). In contrast, overdose death rates were highest among adults ages 35-44 (52.0 per 100,000), followed by adults ages 45-54 (43.8 per 100,000). Hospitalization rates were more uniformly distributed among people ages 15 and older.

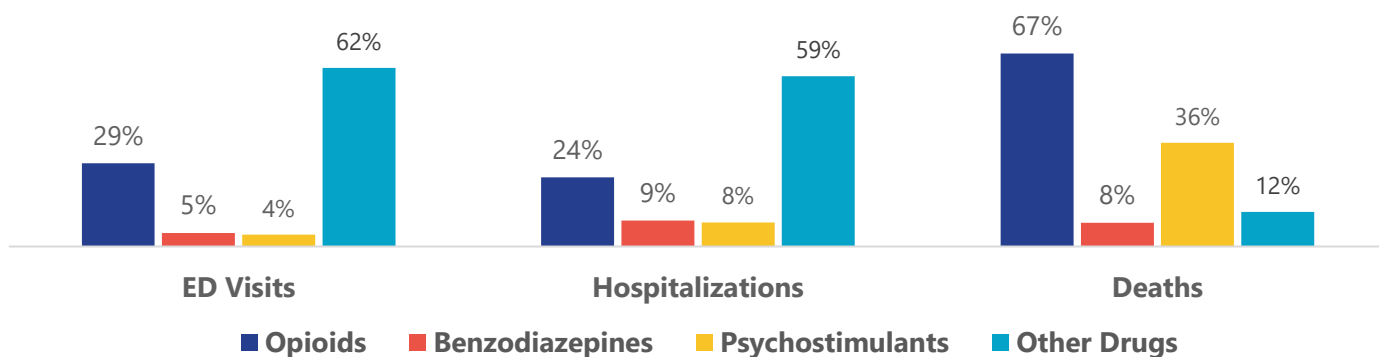
Figure 3. Crude rate per 100,000 of overdose ED visits, hospitalizations, and deaths by age group, Indiana, 2024



Overdoses by Drug Type

In 2024, substances involved varied between non-fatal overdoses and fatal overdoses. Opioids were documented in less than 30% of ED visits and hospitalizations, while psychostimulants were documented in less than 10%. In contrast, opioids were involved in the majority overdose deaths (67%), and over a third of overdose deaths (36%) involved psychostimulants.³

Figure 4. Percentage of overdose ED visits, hospitalizations, and deaths, Indiana, 2024



³ The Other Drugs category includes substances classified under ICD10-CM codes T39-T50, excluding opioids, benzodiazepines, and psychostimulants.