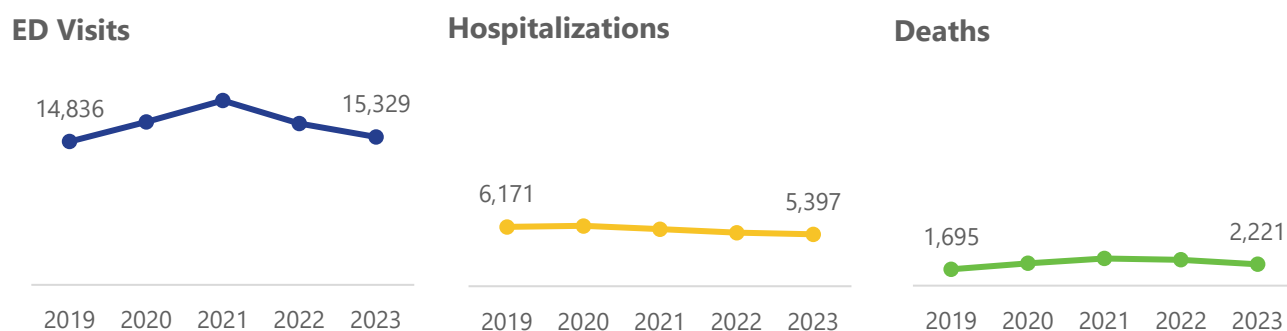


When do overdoses occur?

Drug overdoses continue to impact thousands of Hoosiers each year. Understanding situations where overdose ED visits, hospitalizations, and deaths are most likely to occur helps inform prevention strategies and direct outreach efforts. This fact sheet summarizes non-fatal overdose-related ED visits and hospitalizations,ⁱ focusing on patterns by year, age, sex, and drug type and provides comparisons to overdose-related death data.

Overdose trends

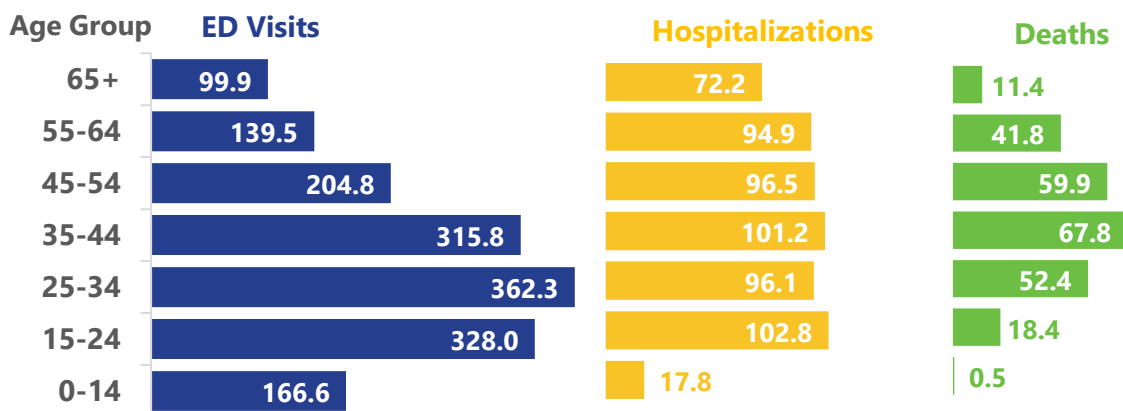
Figure 1. Overdose ED visits, hospitalizations and deaths, Indiana, 2019-2023



Between 2019-2023, the ED visits for drug overdoses consistently remained the highest compared to hospitalizations and deaths throughout the year, peaking in 2021 and gradually declining through 2023. Hospitalizations followed a similar pattern, reaching their highest level in 2020 and then steadily decreasing. Overdose deaths rose from 2019, peaked in 2021, and showed a slight decline in the following years.

Overdoses by age group

Figure 2. Crude rate per 100,000 of overdose ED visits, hospitalizations, and deaths by age group, Indiana, 2023

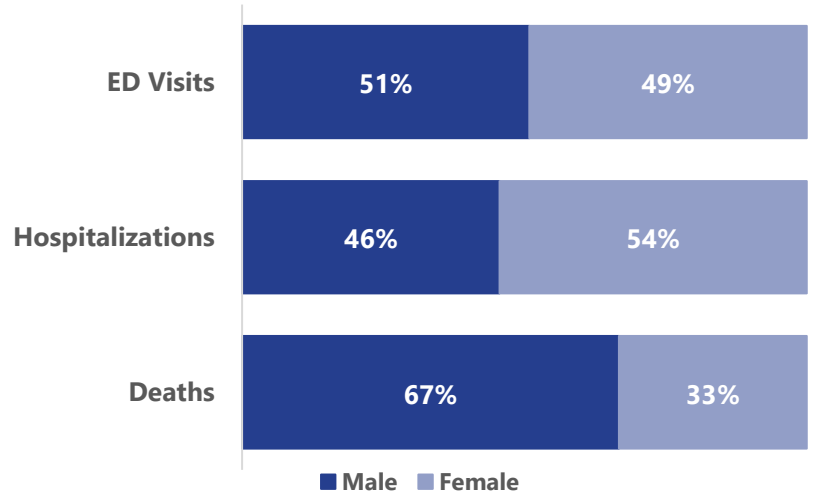


In 2023, young adults in their 20s and 30s accounted for the largest counts of overdose emergencies and deaths compared to other age groups. Teenagers and those in their early 20s also showed high counts of ED visits and hospitalizations, reflecting serious but often survivable incidents. Children had a notable number of ED visits but very few deaths. In contrast, adults 55 and older had fewer ED visit counts than younger groups but still contributed noticeably to hospitalizations and deaths. Overall, the data highlight that overdoses affect all ages but with distinct patterns: younger groups drive the highest number of counts, while older groups continue to experience meaningful impacts.ⁱⁱ

Overdoses by sex

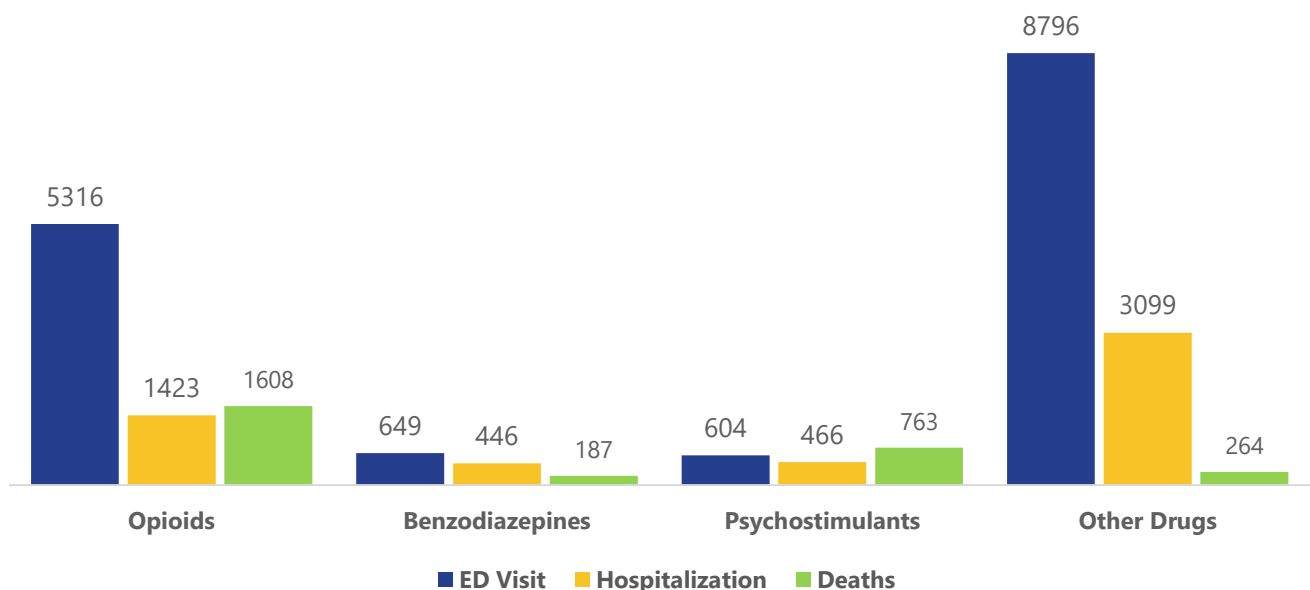
While overdose ED visits were nearly evenly split between males (51%) and females (49%), females accounted for slightly more than half (54%) of overdose-related hospital stays. In contrast, males were far more likely to die from an overdose, accounting for 67% of overdose deaths. This pattern suggests men are at greater risk of fatal outcomes despite similar or lower rates of hospital utilization, pointing to potential differences in substance use patterns, healthcare access, or severity at the time of overdose.ⁱⁱⁱ

Figure 3. Overdose ED visits, hospitalizations and deaths by sex, Indiana, 2023



Overdoses by drug type

Figure 4. Overdose ED visits, Hospitalizations, and Deaths, Indiana, 2023



Opioids remain the leading driver of overdoses in Indiana, far surpassing other substances in both emergency visits and deaths. Stimulants and benzodiazepines also contributed substantially. Together, these patterns emphasize that while opioids remain the central driver of the epidemic, the landscape of drug-related harm is broadening. The simultaneous rise in stimulant related deaths and the ongoing presence of benzodiazepines call for comprehensive prevention strategies that address multiple drug types, including the risks of polysubstance use.

Resources

Indiana Drug Overdose Prevention: <https://www.in.gov/health/overdose-prevention/home/>

Naloxone distribution program: <https://www.in.gov/health/overdose-prevention/naloxone/>

Need help? SAMHSA National Helpline: 1-800-662-HELP (4357)

ⁱ The Indiana hospital discharge data are a subset of data compiled from the Uniform Billing 2004 form. The ED visits data contain Indiana residents discharged from a non-federal, acute care facility who received emergency services without being admitted to the hospital. The hospitalizations data contain Indiana residents discharged from a non-federal, acute care facility who were admitted to the hospital.

ⁱⁱ There were two records with unknown age that were excluded from this portion of the analysis.

ⁱⁱⁱ There were four records with unknown sex that were excluded from this portion of the analysis.

