

Statewide Trends in Drug Overdose: 2025 Data Update

NOTE: This report includes 2019-2025 death certificate and hospital discharge data. Data represents all drug overdose deaths and hospital-treated nonfatal overdoses that occurred in Minnesota, regardless of the person's state of residence.

Summary

Drug overdose creates serious harms to individuals and communities in Minnesota and can result in death.

Overdose deaths in Minnesota increased 3% from 2024 to 2025 (994 to 1,025). For every Minnesotan who died of a drug overdose in 2025, 14 received treatment in a hospital and survived a drug overdose – a relatively stable rate compared to 2024.

Opioids remain the substance that is involved in the most overdose deaths, despite the continued decline in opioid-involved deaths in 2025. Hospital-treated nonfatal opioid-involved overdoses remained stable. This progress is consistent with sustained prevention, risk reduction, treatment, and recovery-related efforts. This includes increased community access to naloxone, which reverses many opioid overdoses before they require hospital care. These community reversals, along with overdoses treated by EMS without transport to a hospital, are not reflected in this report, which counts only hospital-treated nonfatal overdoses.

Overdoses involving stimulants (like methamphetamine or cocaine) increased in 2025 across both deaths and hospitalizations. Fewer tools exist to treat stimulant use and related harms. Mixed drug use (the intentional or unintentional use of two or more substances at once, following one another, or at regular intervals¹) is common, often involves both stimulants and opioids, and requires complex medical care and follow-up.

As opioid-involved overdoses decrease and stimulant-involved overdoses increase, Minnesota is entering a new phase that requires distinct responses to individual substances and mixed drug use. Preventing and responding to opioid-involved overdoses remains a public health priority. The approaches that have driven progress on opioids, including sustained prevention, partnerships, and supporting community strengths, provide a foundation for responding to stimulant-involved overdoses as well. Continued statewide coordination of these efforts is needed, with a focus on the most impacted communities.

¹ Cadet, K., Jordan, A. E., Krawczyk, N., Hall, A., Lincourt, P., Mund, P., & Bunting, A. M. (2026). *Policy pathways for addressing opioid-stimulant polysubstance use*. Journal of Substance Abuse Treatment. [Policy Pathways for Addressing Opioid-Stimulant Polysubstance Use \(https://doi.org/10.1177/29767342261469746\)](https://doi.org/10.1177/29767342261469746)

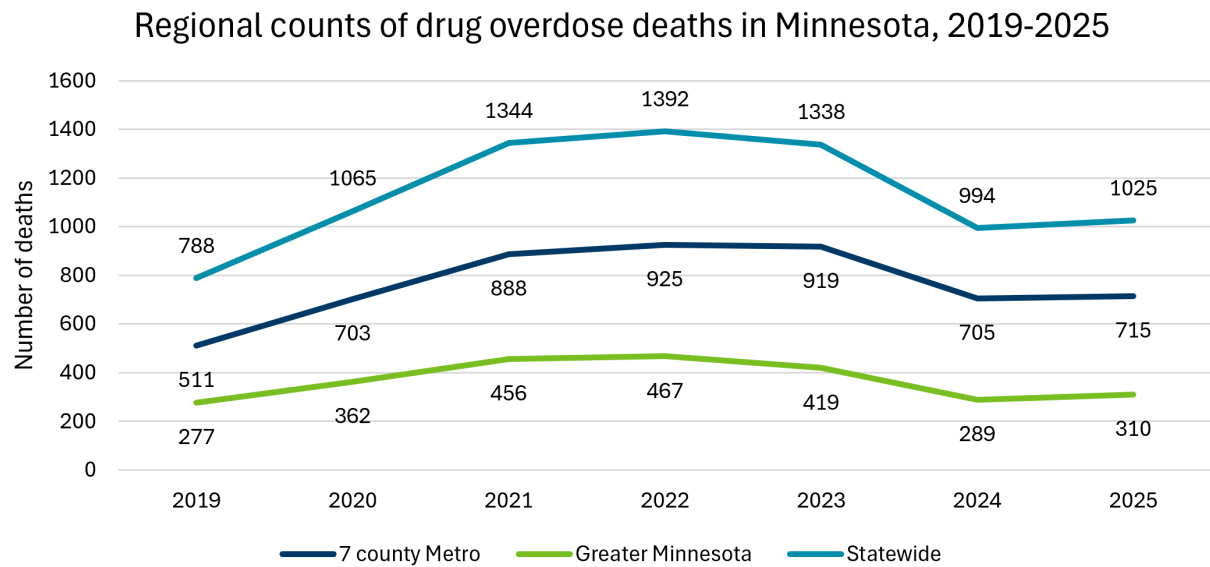
All Drug Overdose in Minnesota

In 2025, Minnesota saw a 3% increase in drug overdose deaths (994 to 1,025) across all regions (Figure 1). In contrast, overdose deaths nationally are expected to decrease for the third year in a row. Fewer than 20% of states are currently reporting increases in 2025 preliminary data; all of these states are located in the upper Midwest and Southwest regions. The modest increase in Minnesota highlights the impact of increased stimulant overdoses and demonstrates the continuing need for prevention, risk reduction, treatment, and recovery-related efforts.

For every Minnesotan who died of drug overdose in 2025, 14 were treated in a hospital and recovered from a drug overdose (14,614 total hospital visits). Most nonfatal drug overdoses were unintentional (i.e., accidental) or undetermined intent (63% of visits) and will be the focus of the following data summary when describing nonfatal overdoses.

The number of nonfatal overdoses remained relatively stable, decreasing 1% (9,266 to 9,209 hospital visits) from 2024 to 2025. This trend was seen in both the Metro and Greater Minnesota. In the Metro area, nonfatal overdoses decreased 1% (6,289 to 6,232 hospital visits). In Greater Minnesota, nonfatal overdoses remained steady (2,977 to 2,977 hospital visits).

Figure 1. Minnesota saw a 3% increase in overdose deaths in 2025.



SOURCE: Minnesota death certificates, Minnesota Department of Health, 2019-2025.

Drug Specific Trends in Minnesota

How Substances are Identified in Overdoses

The drugs that are involved in an overdose are identified differently for deaths and hospital visits, which is important to keep in mind when reading the drug-specific trends below.

When a person dies of a drug overdose, the medical examiner or coroner determine the substance or substances involved in their death, based on toxicology testing performed at the time of death. Overdose deaths are grouped into drug categories using ICD-10 codes, and one death can be counted in multiple categories if more than one drug contributed to the death.

When a patient is treated for a nonfatal overdose in a hospital, health professionals identify which substances might be involved by relying on the patient's symptoms or what they report. Toxicology testing is not typically needed for clinical care, so the drugs listed for hospital-treated nonfatal overdoses reflect what was suspected to be involved at the time of treatment.

The [Minnesota Drug Overdose and Substance Use Surveillance Activity](#) (MNDOSA) tracks severe or unusual cases of hospital-treated substance use in select Minnesota emergency departments (ED). Because toxicology testing is rarely done for overdoses treated in the hospital, MNDOSA fills an important gap by allowing hospitals to send samples to the MDH Public Health Laboratory for detailed toxicology testing. This can provide useful context alongside hospital-treated overdose data. These data are not representative of all ED-treated cases involving substance misuse or overdose, but they can illuminate emerging trends in Minnesota communities.

Opioid Overdose in Minnesota

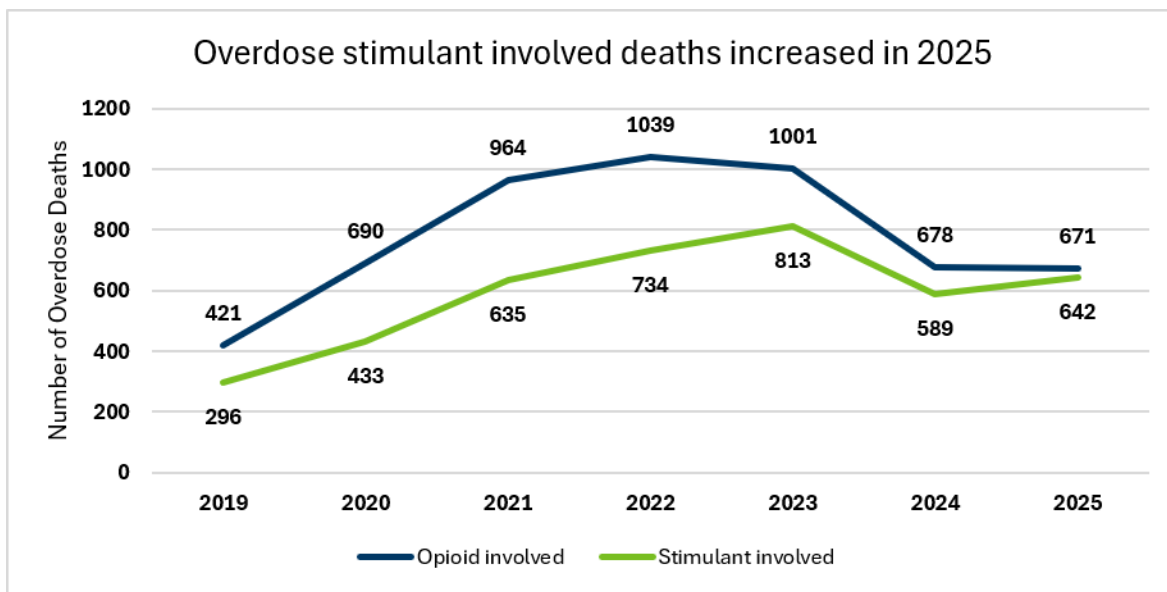
What is an opioid?

Opioids are pain-relievers that can cause euphoria and lead to addiction, whether they are legally or illegally produced or prescribed. During an opioid overdose, a person may stop breathing and their heart may stop beating as their central nervous system shuts down. Naloxone (an opioid antagonist) can reverse an overdose if administered in time.

Fatal Opioid Overdoses

In 2025, opioid-involved deaths decreased modestly in 2025 (from 678 to 671), following two years of decreases, while stimulant-involved deaths rose (Figure 2). Fentanyl-involved deaths decreased by 6% (from 602 to 564).

Figure 2. Opioid-involved deaths decreased in 2025 while stimulant-involved increased.



SOURCE: Minnesota death certificates, Minnesota Department of Health, 2019-2025. Categories are not exclusive.

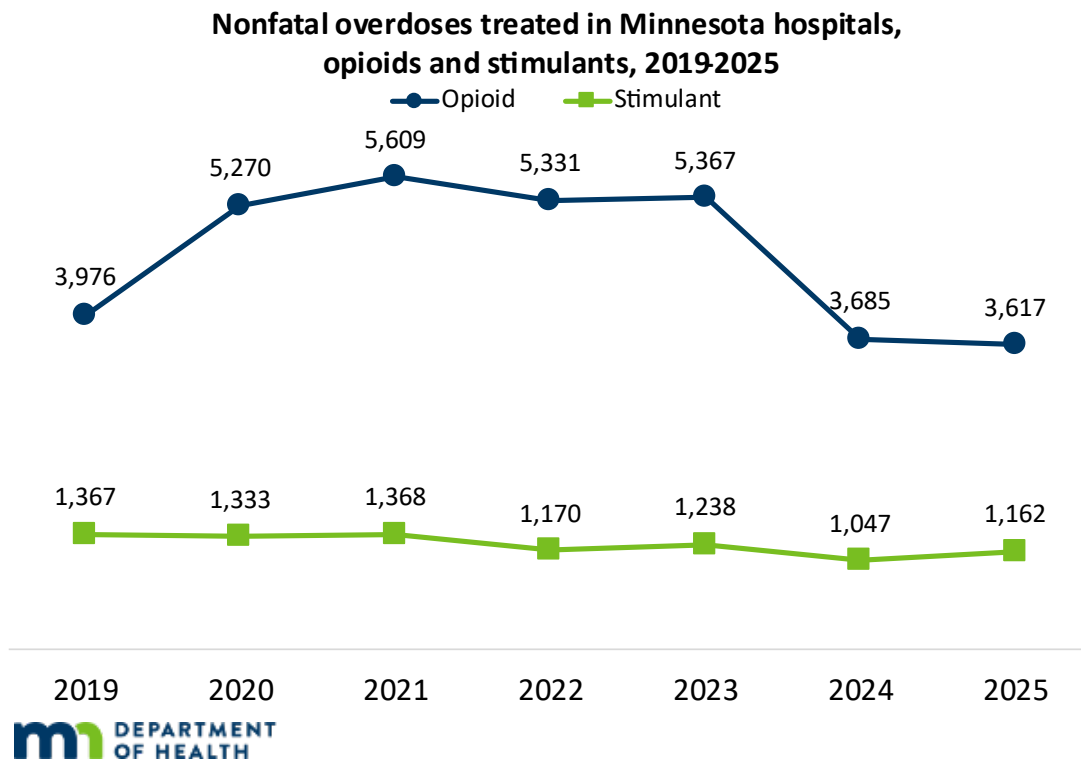
Nonfatal Opioid Overdoses

Nonfatal overdoses involving at least one opioid remained relatively stable, decreasing 2% (3,685 to 3,617 hospital visits) from 2024 to 2025 statewide (Figure 3). However, nonfatal opioid-involved overdose trends varied by region. In the Metro area, nonfatal opioid-involved overdoses remained relatively stable during this time (2,983 to 2,984 hospital visits). In Greater Minnesota, nonfatal opioid-involved overdoses decreased 10% (702 to 633 hospital visits).

The types of opioids suspected of being involved in overdoses have also continued to shift. Nonfatal overdoses involving synthetic opioids, including fentanyl, increased 17% (1,343 to 1,573 hospital visits). Nonfatal overdoses involving heroin continued to sharply decline (44% decrease; 150 to 84 hospital visits). Nonfatal overdoses recorded as involving “other or unspecified” opioids, where the exact drug was not identified, decreased 12% (2,198 to 1,941 hospital visits). The increase in identified synthetic opioid-involved overdoses alongside the continued decline in overdoses involving “other or unspecified” opioids may reflect improved identification of fentanyl over time.

In 2025, MNDOSA tested samples from 398 individuals treated in participating EDs. Of these samples, opioids were detected in 53% of cases. Of these samples with opioids, fentanyl was present in 88%.

Figure 3. Hospital-treated nonfatal opioid-involved overdoses remained relatively stable, but nonfatal stimulant-involved overdoses increased.



SOURCE: Minnesota Hospital Discharge Data, Injury Prevention and Mental Health Division, Minnesota Department of Health, 2019-2025.

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.

Stimulant Overdose in Minnesota

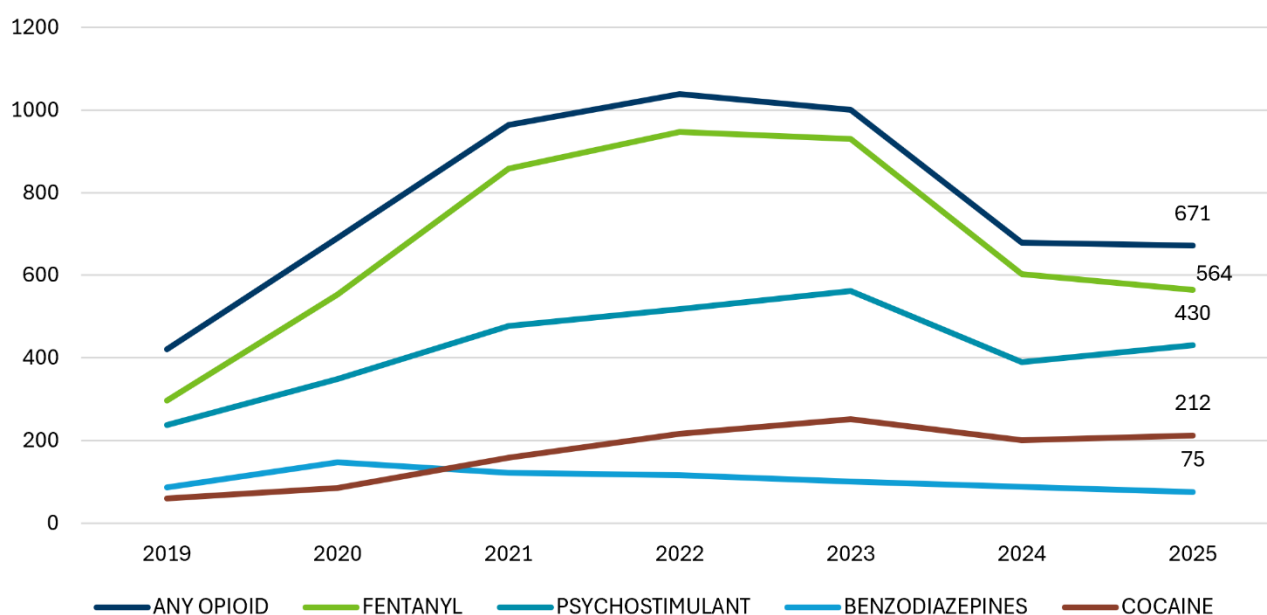
What Is a Stimulant?

Stimulants (or “psychostimulants”) increase activity in the body and can lead to fatal overheating or “over-amping.” Examples of stimulants include methamphetamine, cocaine, and amphetamine medications prescribed for the treatment of ADHD, like Adderall®. Someone experiencing a stimulant overdose usually remains conscious and may exhibit signs of extreme anxiety, rapid breathing, or psychosis. Stimulants do not yet have an antagonist that can prevent stimulant-use deaths as naloxone does for opioid overdoses.

Fatal Stimulant Overdoses

Fatal overdoses involving stimulants increased in 2025. Fatal overdoses involving psychostimulants (such as methamphetamine) increased by 11%, and fatal overdoses involving cocaine increased by 6%, while other categories decreased or remained steady (Figure 4).

Figure 4. Overdose deaths increased across stimulant categories in 2025.



Nonfatal Stimulant Overdoses

Nonfatal stimulant-involved overdoses increased 11% (1,047 to 1,162 hospital visits) from 2024 to 2025 (Figure 3). Despite this increase, the 2025 count of 1,162 was still lower than every year from 2019 to 2023. Annual visits during that period ranged from a low of 1,170 in 2022 to a high of 1,368 in 2021. From 2024 to 2025, nonfatal overdoses involving methamphetamine increased 17% (427 to 499 hospital visits). During that same time, nonfatal overdoses involving cocaine increased 7% (352 to 376 hospital visits).

Nonfatal stimulant-involved overdose trends varied by region. In the Metro area, nonfatal stimulant-involved overdose increased 13% (782 to 882 hospital visits), driven largely by a 22% increase in overdoses involving methamphetamine (315 to 383 hospital visits). Nonfatal overdoses involving cocaine also increased 5% (309 to 325 hospital visits) in the Metro area. In Greater Minnesota, nonfatal stimulant-involved overdose increased 6% (265 to 280 hospital visits), with methamphetamine-involved overdoses remaining relatively stable (112 to 116 visits) and cocaine-involved overdoses increasing 19% (43 to 51 hospital visits).

Among MNDOSA samples tested in 2025, stimulants were frequently detected: 56% of samples detected amphetamines, and 32% detected cocaine. Enhanced toxicology testing has shown that individuals are exposed to more substances than suspected by signs, symptoms, or self-report. A MNDOSA study of patients in 2020 and 2021² found that among cases with opioids detected in toxicology, only 52% had a diagnosis related to opioid use, and among cases with stimulants detected in toxicology, 57% had a diagnosis related to stimulant use.

² Minnesota Department of Health. (2023). [Hospital-treated overdose and acute substance misuse in MNDOSA, 2020–2021](https://www.health.state.mn.us/communities/opioids/documents/2023mndosahosp.pdf) (<https://www.health.state.mn.us/communities/opioids/documents/2023mndosahosp.pdf>)

Mixed Drug Overdose in Minnesota

What Is Mixed Drug Use?

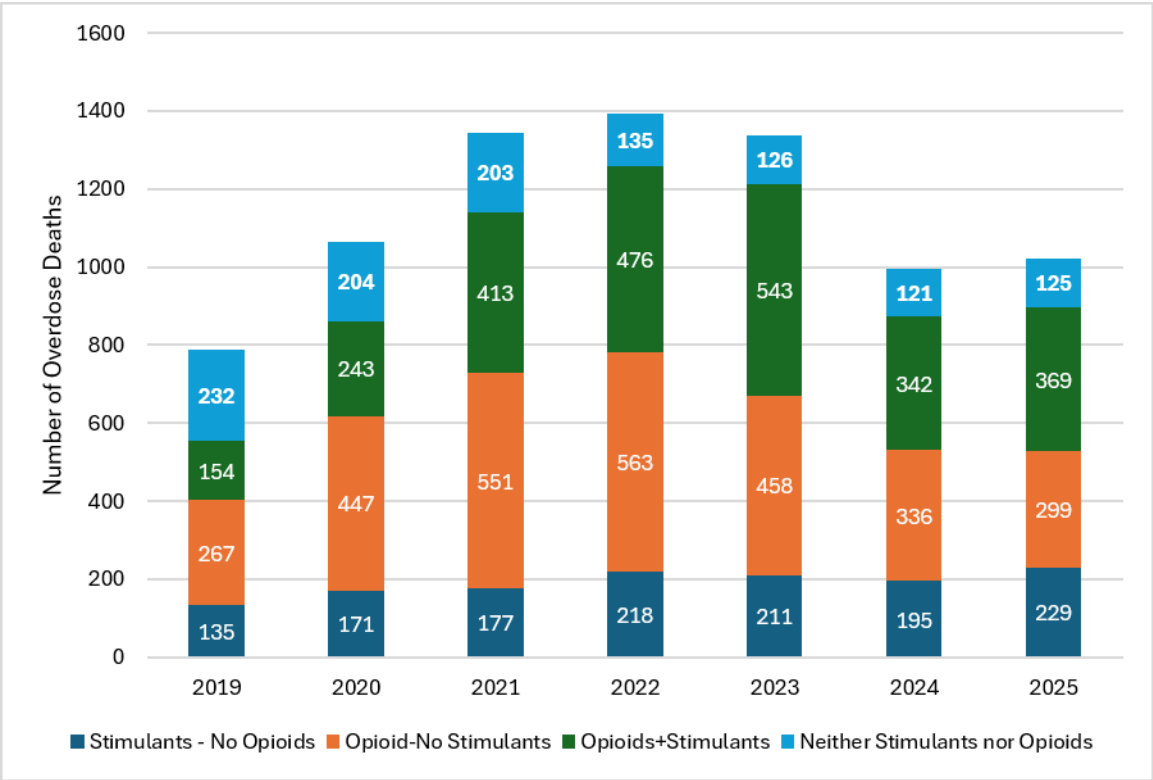
Mixed drug use refers to the use, whether intentional or not, of a combination of two or more substances at the same time, following one another, or at regular intervals. As discussed in this report, the combined use of opioids and stimulants occurs in both fatal and nonfatal overdoses. Additionally, substances like alcohol, xylazine, and medetomidine can contribute to sedative overdoses.

For suspected mixed drug overdoses, naloxone should still be considered and administered to restore adequate breathing and help improve unresponsiveness if the latter is due to opioid toxicity.

Mixed Drug Use in Overdose Deaths

Minnesota’s overdose deaths are primarily due to mixed drug use, accounting for 70% of overdose deaths since 2020. Deaths involving use of both opioids and stimulants have more than doubled since 2019 (from 154 to 371; Figure 5) and represent the majority of deaths in 2025 involving multiple substances (61%). Overdoses which have neither a stimulant nor an opioid present have decreased 46% (from 232 to 125) over the same time. These data illustrate the frequency of mixed drug use, which comes with a myriad of challenges for prevention and treatment.

Figure 5. Deaths with stimulant and opioid co-involvement increased in 2025.



SOURCE: Minnesota death certificates, Minnesota Department of Health, 2019-2025.

Mixed Drug Use Treated in Hospitals

Aligning with these findings, mixed drug use was frequent among 2025 MNDOSA cases, with 65% of opioid-positive cases having amphetamines also present, and 33% of opioid-positive cases having cocaine also present. Of note, sedatives like xylazine or medetomidine were detected in a minority of samples (17%) – all of which were co-detected with fentanyl.

Prevention Best Practices

Healthcare Professionals

- Educate patients that fentanyl may be present in stimulants and provide naloxone.
- Recognize stimulant overdose symptoms, such as chest pain, overheating, severe agitation, seizures, or stroke-like symptoms.
- Screen for substance use disorders, offer or arrange [Medications for Opioid Use Disorder \(MOUD\)](#), and connect people to treatment through [FastTrackerMN](#). Consider using off-label medication options for stimulant use disorders³.
- Stay informed about emerging drug trends, including changes in the illicit drug supply, and incorporate this information into patient education and clinical care. For more information, see [More Data on Drug Overdose in Minnesota](#).

Prevention Professionals

- Educate communities about overdose prevention, including the risk of fentanyl contamination in stimulants, and treatment and recovery options. Consider distributing fentanyl test strips.
- Expand access to naloxone, risk reduction services, and other evidence-based prevention strategies.
- Use local data to identify emerging drug trends and tailor prevention efforts. Strengthening partnerships to improve prevention, treatment, risk reduction, and recovery supports.

Funders and Policy Makers

- Sustain and expand investments in evidence-based prevention, naloxone distribution, harm reduction, treatment, recovery supports, including medication for opioid use disorder (MOUD).
- Expand prevention and treatment of stimulant use disorder.
- Enhance local data collection of emerging drug trends.

³ Clinical Guideline Committee (CGC) Members, ASAM Team, AAAP Team, & IRETA Team. (2024). The ASAM/AAAP clinical practice guideline on the management of stimulant use disorder. *Journal of Addiction Medicine*, 18(1S Suppl 1), 1–56. [The ASAM/AAAP Clinical Practice Guideline on the Management of Stimulant Use Disorder \(https://doi.org/10.1097/ADM.0000000000001299\)](https://doi.org/10.1097/ADM.0000000000001299)

All Minnesotans

- Carry naloxone and call 911 during an overdose. The Good Samaritan Law provides protection from arrest or prosecution of specific drug-related activities. Find naloxone with [MDH Naloxone Resources](#).
- Call or text 988 for free, confidential support related to mental health or alcohol or drug use.
- Call 211 or text your zip code to 898-211* to find resources in your community. United Way 211 provides free and confidential health and human services information for people in Minnesota.

More Data on Drug Overdose in Minnesota

Fatal Overdoses

Minnesota Injury Data Access System (MIDAS) Overdose Fatality Dashboard

Previously limited to data through 2019, the [MDH MIDAS Fatal Overdose 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.

Monthly Fatal Overdose Snapshot

The [MDH Monthly Drug Overdose Death Snapshot](#) provides a look at the prior month's overdose death data. This snapshot is created by MDH and is close to real time data. Subscribe to the [MDH Overdose Prevention Newsletter](#) to receive the monthly update in your email inbox.

County-Level Overdose Data

The [MDH County-Level Overdose Data](#) tables provide information about Minnesota residents who died from drug overdose between 2016 and 2025. They list the number of deaths by year, resident county, and the type of drug involved. This data is useful for understanding and helping improve the drug overdose crisis response in Minnesota. Local public health agencies, county organizations, and community partners can use this information to find patterns, distribute funds and materials, and create specific plans to address drug overdose impacts in their communities.

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 for rapid response and 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.

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, 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.

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 mixed drug 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.

Links / Resources

For monthly email updates, subscribe to the [MDH Overdose Prevention Newsletter](#) (https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_428)

[MDH Naloxone Resources](#)

(<https://www.health.state.mn.us/communities/overdose/harmreduce/naloxone.html>)

[MDH County-Level Overdose Data](#)

(<https://www.health.state.mn.us/communities/overdose/data/counties.html>)

MDH Monthly Drug Overdose Death Snapshot

(<https://www.health.state.mn.us/communities/overdose/data/monthlyod.html>)

MDH Fatal Drug Overdose Dashboard

(<https://www.health.state.mn.us/communities/injury/midas/drugdeath.html>)

MDH Nonfatal Drug Overdose Dashboard

(<https://www.health.state.mn.us/communities/overdose/data/nonfataldata.html>)

MDH Monthly Drug Overdose Trends Dashboard

(<https://www.health.state.mn.us/communities/overdose/data/synoddash.html>)

Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA)

(<https://www.health.state.mn.us/communities/injury/data/mndosa.html>)

Medication for Opioid Use Disorder (MOUD)

(<https://www.health.state.mn.us/communities/overdose/treatrecover/moud.html>)

Opioids and Fentanyl

(<https://www.health.state.mn.us/communities/overdose/education/opioids.html>)

Sedative Overdoses

(<https://www.health.state.mn.us/communities/overdose/education/sedatives.html>).

Methamphetamine, Cocaine, and Stimulants

(<https://www.health.state.mn.us/communities/overdose/education/meth.html>)

FastTrackerMN

(<https://fasttrackermn.org/>)

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