

Drug Overdose Quarterly Report Quarter 4: October–December 2024



County of San Diego Health and Human Services Agency
Public Health Services
Epidemiology and Immunization Services Branch

www.sdepi.org

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Data is provisional and subject to change.

Epidemiology and Immunization Services Branch

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Overdose Surveillance and Response Program



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Overdose Surveillance and Response Program



Table of Contents

Drug Overdose Report Summary and Overview	1
Drug Overdoses by Year and Quarter	2
Drug Overdose by Substance	3
Opioid Overdoses by Sex	4
Opioid Overdoses by Age	5
Opioid Overdoses by Race/Ethnicity	6
Opioid Overdoses by Region of Residence	7
Opioid Overdoses by Demographics	8
Feature Topic: Behavioral Health Services - Naloxone Vending Machines	9-11
Data Definitions/Limitations/Sources	12-13



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Drug Overdose Surveillance Report

Introduction and Sources

This report provides an overview of statistics regarding fatal and non-fatal drug overdoses in San Diego County. Each quarterly report will include a standard set of figures, updated to the most recent calendar year quarter available (Pages 2-8). In addition, a different specific topic will be featured each quarter. The ‘featured topic’ for this report is on County of San Diego Behavioral Health Services’ naloxone vending machines (Pages 9-10).

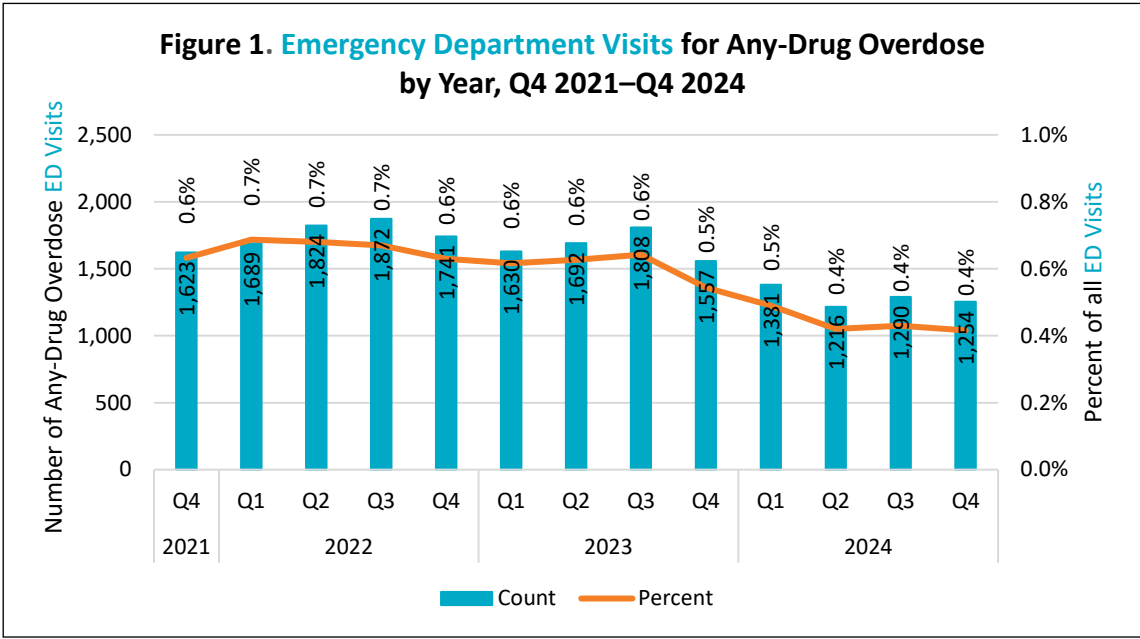
Primary data sources included in this report are:

- County of San Diego (County) Emergency Department (ED) Syndromic Surveillance includes chief complaint and some discharge data received daily from 18 of 19 civilian EDs in San Diego County.
 - Unless otherwise noted, the ED data presented in the report are syndromic surveillance data.
 - ICD-10 codes for drug and/or overdose terms are not often available; therefore, word search queries are also used. Word search queries are reviewed and updated periodically; data may change to reflect these updates.
 - Syndromic data provide a more timely, though less complete, look at trends than the final ED data from [California Department of Health Care Access and Information \(HCAI\)](#).
- Mortality data are from the [Vital Records Business Intelligence System \(VRBIS\)](#), which is managed by the California Department of Public Health.
 - Deaths during the year 2024 are preliminary and subject to change. Data from the most recent quarters are too incomplete to present.
 - Unless otherwise noted, deaths are among San Diego County residents only.
- [San Diego Association of Governments \(SANDAG\)](#) 2022 population estimates, vintage 2023 are used for calculating rates.

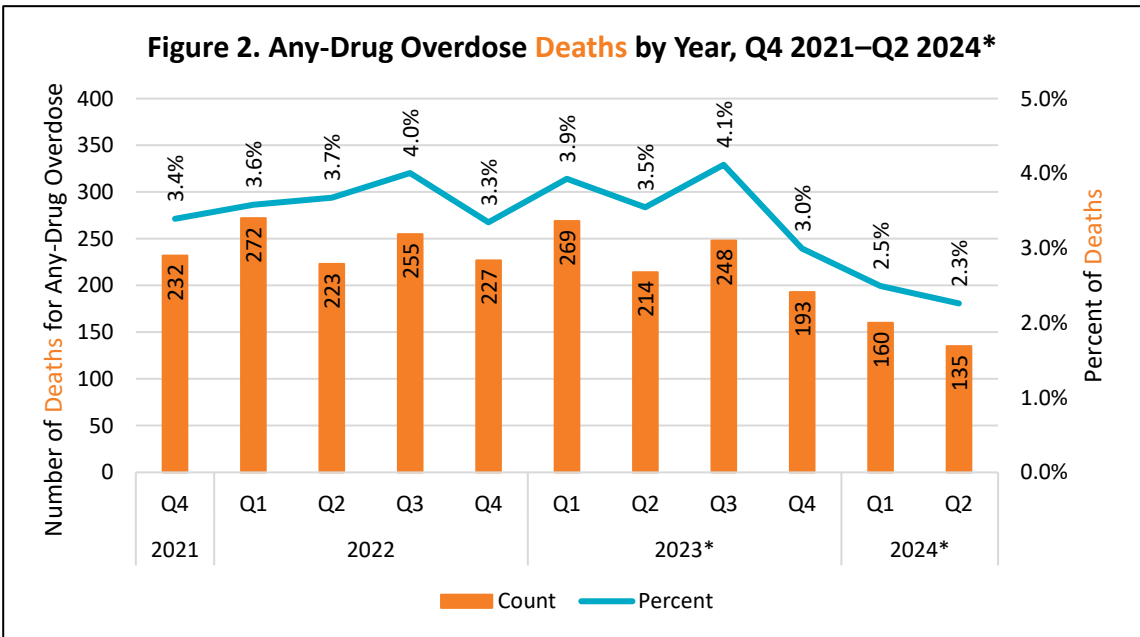
Overview

- The number of any-drug overdose and opioid overdose ED visits each decreased by 23% and 18%, respectively, from Q4 2021 to Q4 2024, while the proportion of opioid overdose visits increased by 6%. Fentanyl attributed to 28% of the opioid overdose ED visits, an increase of 15% from Q4 2021 to Q4 2024 (Figure 3).
- Preliminary data for Q2 2024 suggests 70% of overdose deaths were opioid-related and 92% of opioid-related deaths were attributed to fentanyl (Figure 4).
- In Q4 2024, the rate of opioid overdose ED visits were 2.3 times higher among males compared to females (Figure 5); in Q2 2024, opioid overdose death rates were 2.5 times higher among males compared to females (Figure 6).
- The rates for opioid overdose ED visits are highest among those aged 25-34. However, the rate of opioid overdose ED visits decreased by 17% from Q4 2023 to Q4 2024 for this age group (Figure 7).
- Opioid overdose ED visit rates were highest among residents in the Health and Human Services Agency (HHS) Central Region (40.1 AAR) in Q4 2024 (Figure 11). Opioid overdose death rates were highest among residents in the HHS East Region (18.0 AAR) in Q2 2024 (Figure 12).

Drug Overdoses by Year and Quarter



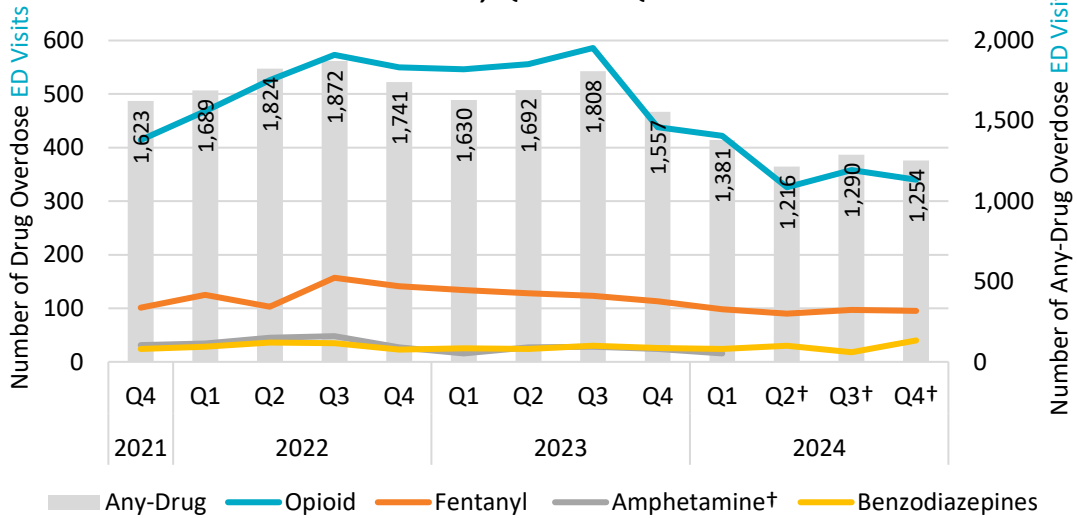
County of San Diego ED Syndromic Surveillance Data.



*Data from 2024 are preliminary and may change as new/updated information is received. Data obtained on 01/06/2025.

Drug Overdoses by Substance

Figure 3. Drug Overdose Emergency Department Visits by Substance, Q3 2021–Q3 2024

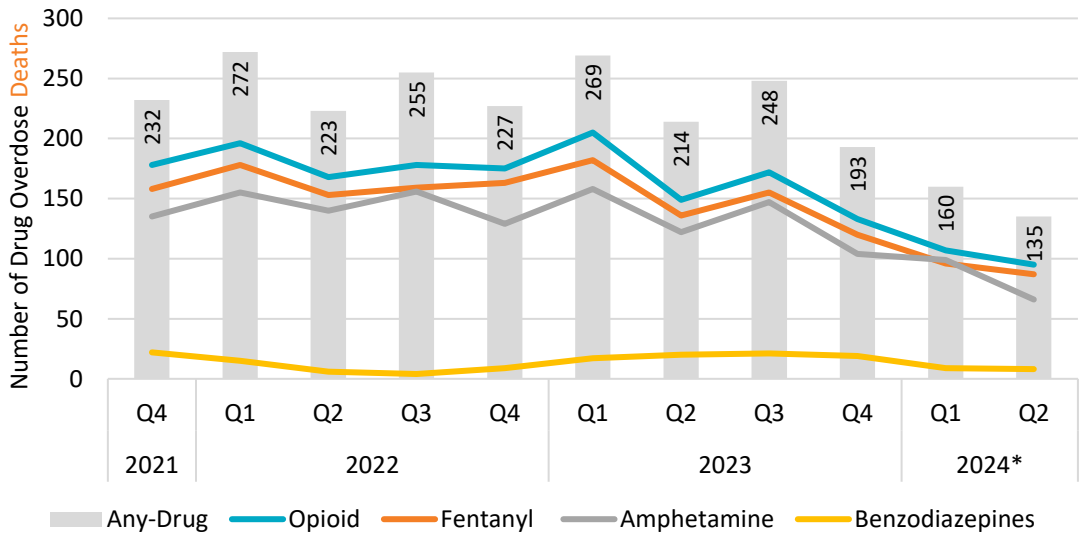


†Data for Amphetamine not presented for Q2, Q3, and Q4 2024 due to counts <11.

Notes: Many chief complaints do not include a specific drug. Drug categories are not mutually exclusive. For example, both opioids and amphetamine may have contributed to the same ED visit and these data do not show relative contributions of each. Fentanyl is also included in the opioid category.

County of San Diego ED Syndromic Surveillance Data.

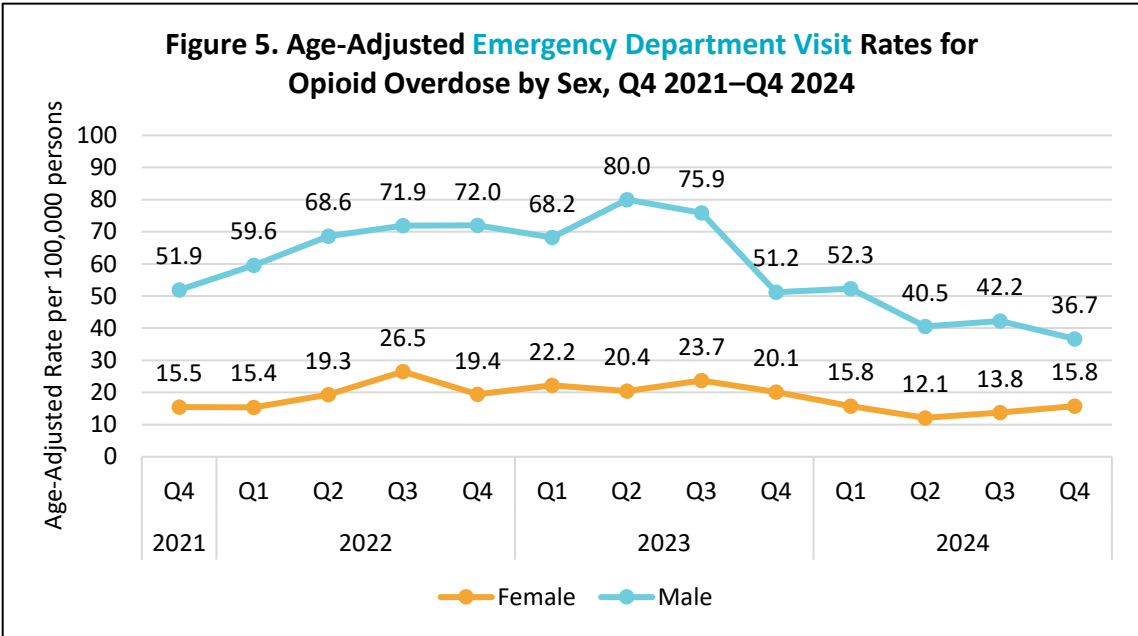
Figure 4. Drug Overdose Deaths by Substance, Q4 2021–Q2 2024*



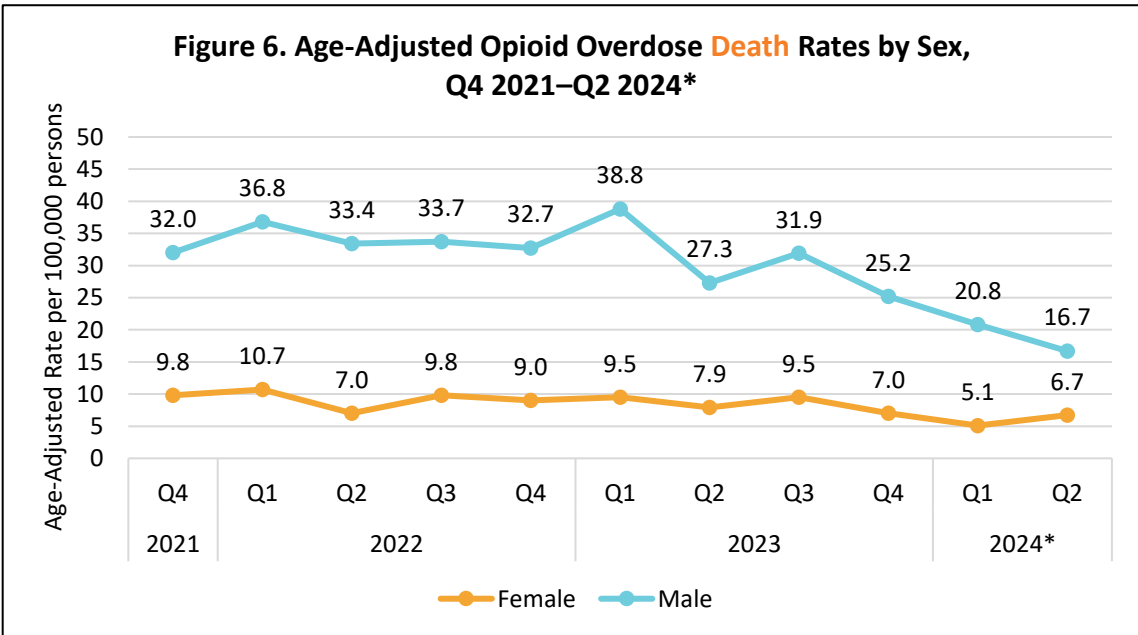
*Data from 2024 are preliminary and may change as new/updated information is received. Data obtained on 01/06/2025.

Notes: Drug categories are not mutually exclusive. For example, both opioids and amphetamine may have contributed to the same death and these data do not show relative contributions of each. Fentanyl is also included in the opioid category.

Opioid Overdoses by Sex

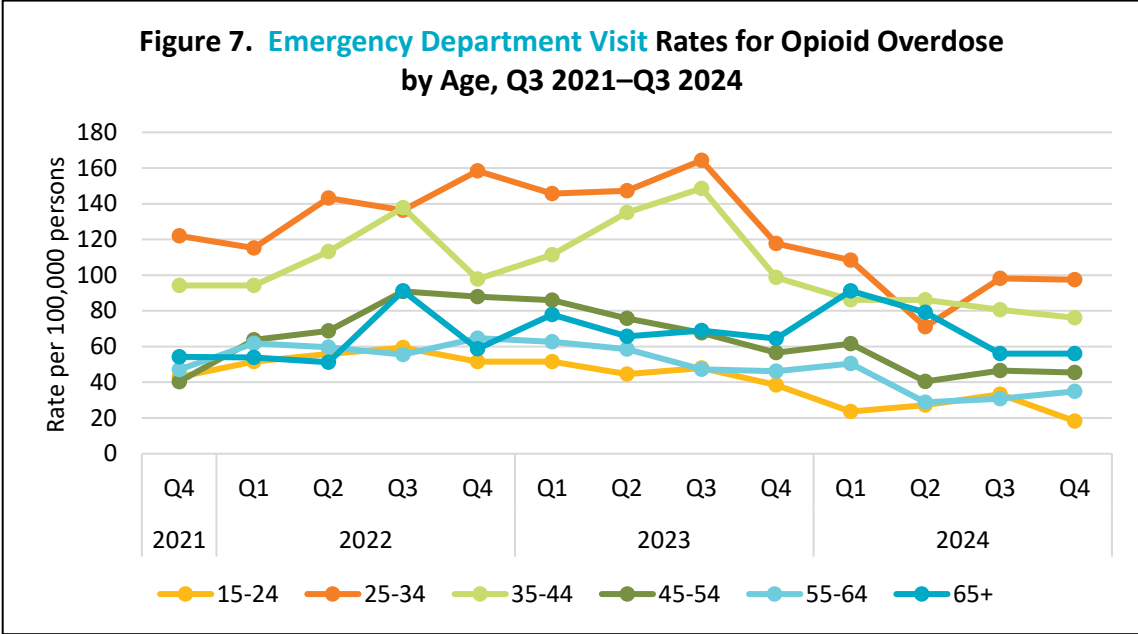


County of San Diego ED Syndromic Surveillance Data.

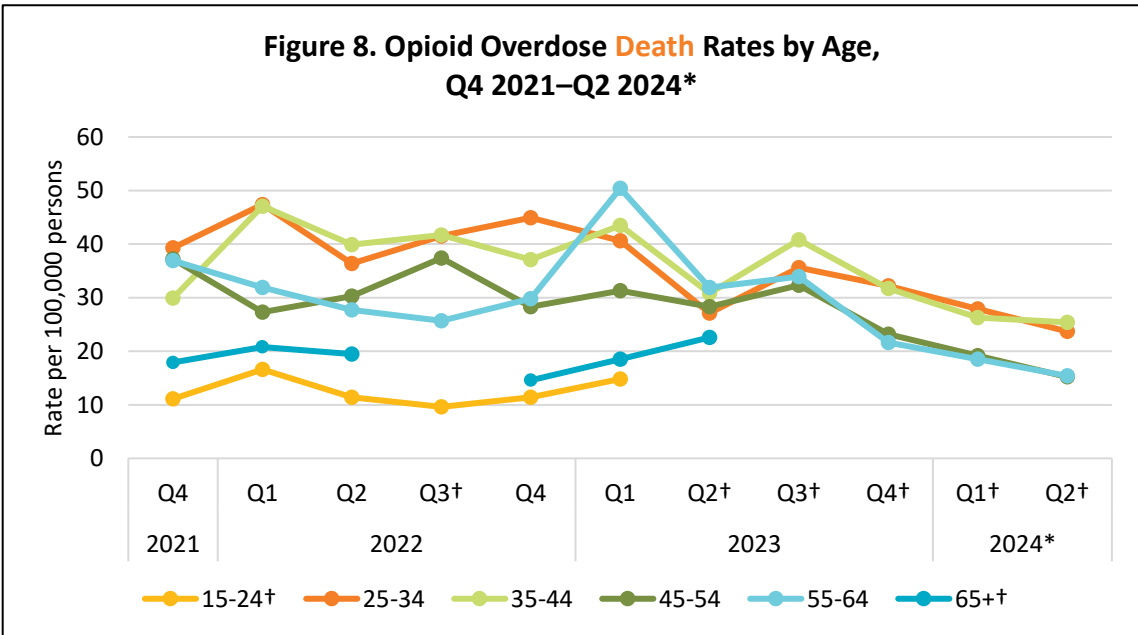


*Data from 2024 are preliminary and may change as new/updated information is received. Data obtained on 01/06/2025.

Opioid Overdoses by Age

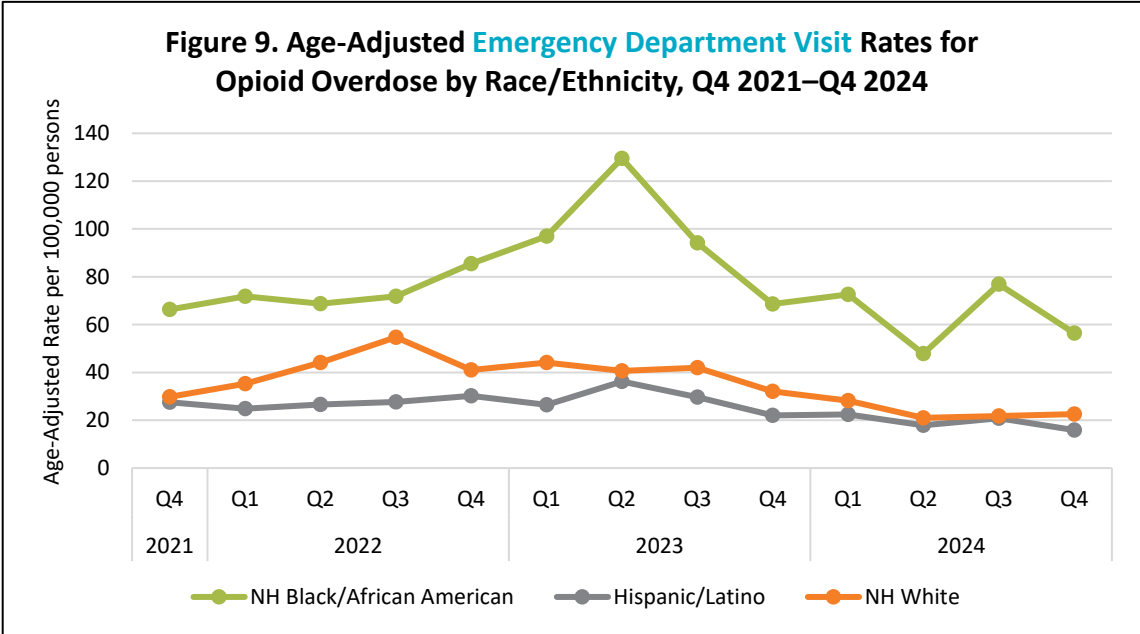


Notes: Data <15 age group cannot be presented due to small numbers (<11).
County of San Diego ED Syndromic Surveillance Data.

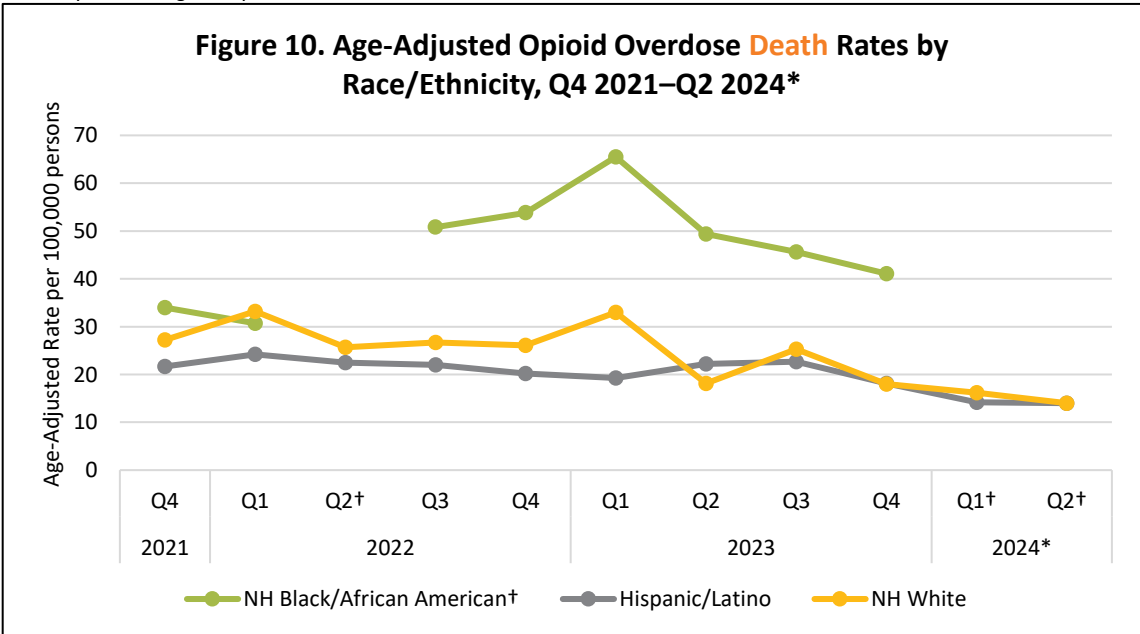


*Data from 2024 are preliminary and may change as new/updated information is received. Data obtained on 01/06/2025.
†Data for 15-24 age group not presented for Q3 2022 and Q2 2023–Q2 2024 due to counts <11. Data for 65+ age group not presented for Q2 2023 - Q2 2024 due to counts <11.
Notes: Data <15 age group cannot be presented due to small numbers (<11).

Opioid Overdoses by Race/Ethnicity



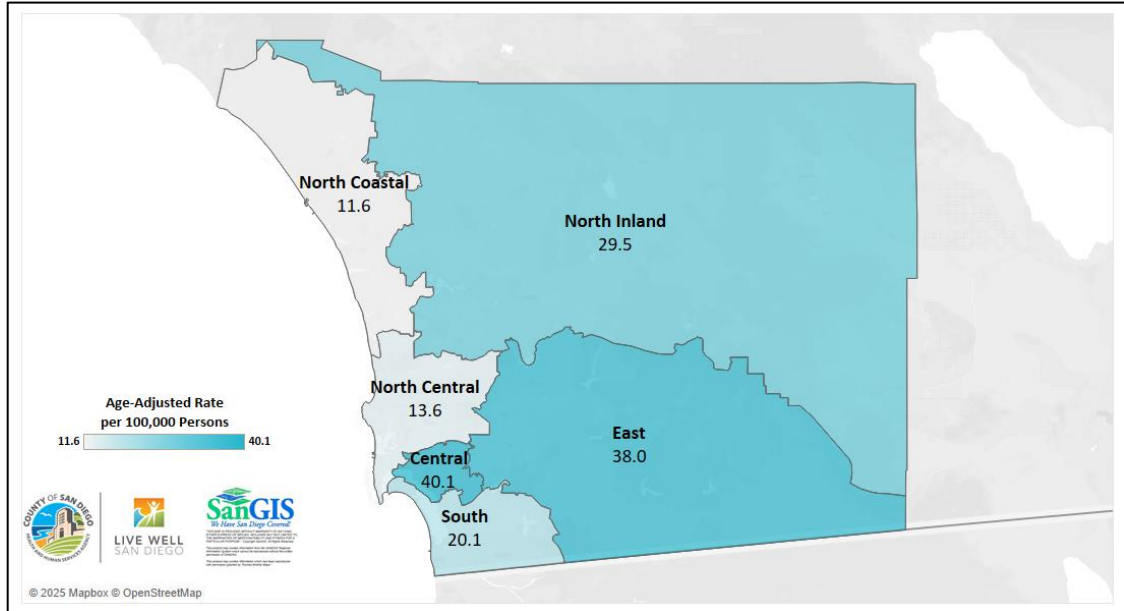
Notes: Data for other racial/ethnicity groups cannot be presented due to small numbers (<11). Persons of Hispanic/Latino ethnicity may belong to any race group. All categories except Hispanic/Latino include persons who race is known but ethnicity is non-Hispanic (NH) or unknown. County of San Diego ED Syndromic Surveillance Data.



*Data from 2024 are preliminary and may change as new/updated information is received. Data obtained on 01/06/2025. †Data for NH Black/African American not presented for Q2 2022, and Q1 2024 - Q2 2024 due to counts <11. Notes: Data for other racial/ethnicity groups cannot be presented due to small numbers (<11). Persons of Hispanic/Latino ethnicity may belong to any race group. All categories except Hispanic/Latino include persons who race is known but ethnicity is non-Hispanic (NH) or unknown.

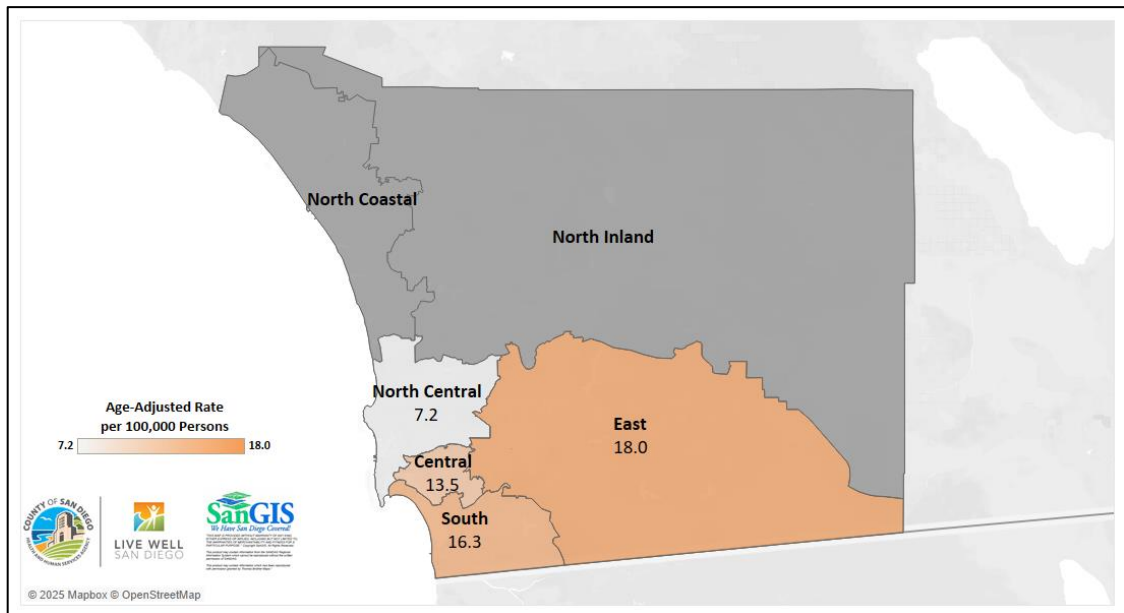
Opium Overdoses by Region of Residence

Figure 11. Age-Adjusted Emergency Department Visit Rates for Opioid Overdose by Region of Residence, Q4 2024



County of San Diego ED Syndromic Surveillance Data.

Figure 12. Age-Adjusted Opioid Overdose Death Rates by Region of Residence, Q2 2024*



*Data from 2024 are preliminary and may change as new/updated information is received. Data obtained on 01/06/2025. Notes: Data for North Coastal and North Inland regions of residence cannot be presented due to small numbers (<11).

Opioid Overdoses by Demographics

Table 1. Number of Emergency Department Visits* for Opioid Overdose, Trends and Change by Quarter

	2022 Q4	2023 Q4	2024 Q4	Percent Change 2023 to 2024
	N (%)	N (%)	N (%)	%
Total Opioid Overdose Visits	550 (100)	438 (100)	340 (100)	-22%
HHS Region of Residence				
North Coastal	13 (4)	19 (7)	16 (8)	-16%
North Central	63 (19)	54 (19)	24 (12)	-56%
Central	80 (24)	79 (27)	55 (26)	-30%
South	43 (13)	30 (10)	25 (12)	-17%
East	75 (23)	59 (20)	42 (20)	-29%
North Inland	57 (17)	50 (17)	46 (22)	-8%
Unknown	219	147	132	
Sex				
Female	79 (20)	85 (29)	67 (30)	-21%
Male	309 (80)	213 (71)	153 (70)	-28%
Unknown	162	140	120	
Age Group				
<15	†	†	†	†
15-24	59 (11)	44 (10)	21 (6)	-52%
25-34	187 (35)	139 (32)	115 (35)	-17%
35-44	108 (20)	109 (25)	84 (25)	-23%
45-54	87 (16)	56 (13)	45 (14)	-20%
55-64	63 (12)	45 (11)	34 (10)	-24%
65+	32 (6)	38 (9)	33 (10)	-13%
Unknown	†	†	†	
Race/Ethnicity				
NH Black/African American	32 (12)	26 (13)	22 (15)	-15%
Hispanic**	88 (34)	63 (31)	47 (32)	-25%
NH White	137 (53)	114 (56)	77 (53)	-32%
Unknown	249	207	165	

*County of San Diego ED Syndromic Surveillance Data.

†Data for other demographic groups cannot be presented due to small numbers (<11).

**Notes: Persons of Hispanic/Latino ethnicity may belong to any race group. All categories except Hispanic/Latino include persons who race is known but ethnicity is non-Hispanic (NH) or unknown.



Overdose Surveillance and Response Program



Feature Topic: Behavioral Health Services Naloxone Vending Machines

The County of San Diego introduced vending machines containing free naloxone and fentanyl test strips in March 2023. This is part of a comprehensive strategy to address the opioid overdose crisis and marks an expansion of innovative harm reduction strategies. This program, funded by Behavioral Health Services, in collaboration with the Harm Reduction Coalition of San Diego, aims to enhance public access to life-saving resources.

Naloxone is a medication that rapidly reverses opioid overdose effects. Fentanyl test strips enable individuals to detect the presence of fentanyl in substances. These are both now more accessible through vending machines placed across the County. These machines are located in 16 sites, including four tribal reservations, and several detention and reentry facilities. The strategic placement of these machines demonstrates a commitment to ensuring resources are accessible and free of barriers.

As of the end of December 2024, the vending machines have dispensed over 28,000 units of naloxone and over 8000 fentanyl test strips, indicating significant community engagement with harm reduction resources. The availability of fentanyl test strips promotes informed decision making and has the potential to prevent overdose incidents, reflecting San Diego County's ongoing commitment to expanding access to life-saving tools and reducing barriers for individuals at risk of overdose.

Preliminary County data indicate a decrease in overdose deaths when comparing the first two quarters of 2023 to the same period in 2024. This trend likely reflects the success of a multi-pronged approach involving various sectors of health and public safety. Efforts include expanding naloxone distribution programs, improving over-the-counter availability, launching public education campaigns about overdose prevention, strengthening partnerships with community organizations, enhancing access to treatment and recovery services, and implementing real-time data-sharing systems to guide rapid response to overdose surges. These combined strategies are fostering a more comprehensive and coordinated response to the opioid crisis. This initiative builds on San Diego County's longstanding commitment to harm reduction strategies, enhancing efforts to support individuals affected by substance use disorders. These machines aim to ensure continuous access to essential harm reduction resources, reaching individuals who may encounter barriers to traditional healthcare services due to stigma, transportation challenges, or scheduling constraints.

The success of the naloxone vending machine program underscores the collaborative efforts between County services, the Harm Reduction Coalition, and community stakeholders. By reducing barriers to access, San Diego County is proactively addressing the opioid crisis through effective harm reduction strategies. The involvement of tribal communities, correctional facilities, and public health entities highlights a unified approach to enhancing public health outcomes.

The vending machines serve not only as dispensers but also as critical components in the ongoing efforts to reduce overdose deaths and improve community health.

Feature Topic: Behavioral Health Services Naloxone Vending Machines

For a comprehensive list of naloxone vending machine locations, please see below.

1. McAllister Institute

Address: 1180 Third Ave, Chula Vista, CA 91911

Hours: Monday through Thursday, 9 a.m. to 9:15 p.m. Fridays 9 a.m. to 5:30 p.m.

2. T.H. E. C.I.R.C.L.E. by Epiphany

Address: 5081 Logan Avenue, San Diego, CA 92113

Hours: Monday through Friday, 10:00 a.m. to 5:00 p.m.

3. El Dorado

Address: 1733 Euclid Ave San Diego, CA 92105-5414

Hours: Monday through Friday, 5:30 a.m. to 2:00 p.m.

Saturdays and Sundays 6:30 to 10:30 a.m.

4. Pala Reservation

Address: 34884 Lilac Extension Rd Pala, CA 92059-2903

Hours: 24 hours a day, 7 days a week

5. Rincon

Address: 33750 Valley Center Rd Valley Center, CA 92082-6022

Hours: 24 hours a day, 7 days a week

6. Yaytaanak Wellness Center

Address: 1389 Browns Rd, Alpine, CA 91901

Hours: 24 hours a day, 7 days a week

7. Acadia Health Fashion Valley Location

Address: 7545 Metropolitan Dr, San Diego, CA 92108

Hours: Monday, Tuesday, Thursday, Friday, 5:30 am to 2:00 pm,

Wednesday 5:30 am to 12:00 pm, Saturdays 7:00 am to 10:00 am

8. Jane Westin Clinic

Address: 1045 9th Ave SD, CA 92101

Hours: Monday through Friday, 8:00 am to 8:00 pm

9. Southern Indian Health Council, Inc. – Campo Clinic

Address: 36350 Church Rd Campo, CA 91906

Hours: Monday through Friday, 8:00 am to 8:00 pm



Overdose Surveillance and Response Program



Feature Topic: Behavioral Health Services Naloxone Vending Machines

10. Project Aware

Address: 7931 Broadway, Lemon Grove CA 91945

Hours: 24 hours a day, 7 days a week

11. Father Joe's Villages

Address: 1501 Imperial Ave. San Diego, CA 92101

Hours: 24 hours a day, 7 days a week

12. Acadia Health Oceanside

Location Address: 1905 Apple St Ste 3, Oceanside, CA 9205

Hours: Monday, Tuesday, Thursday, Friday, 5:30 am to 2:00 pm,

Wednesday 5:30 am to 12:00 pm, Saturdays 7:00 am to 10:00 am

13. Vista Detention Facility

325 S Melrose D, Vista, CA 92081V

14. George Bailey Detention Facility

446 Alta Rd #5300, San Diego, CA 92158

15. Las Colinas Detention and Reentry Facility

51 Riverview Pkwy, Santee, CA 92071

16. East Mesa Reentry Facility

446 Alta Rd Suite 6100, San Diego, CA 92158

Definitions

Quarters are based upon calendar year and are defined as followed:

- Quarter 1 (Q1): January 1–March 31
- Quarter 2 (Q2): April 1–June 30
- Quarter 3 (Q3): July 1–September 30
- Quarter 4 (Q4): October 1–December 31

Case definitions for syndromic surveillance data:

- *Any-Drug Overdose*: Encounters with ICD-10 diagnosis codes for poisoning by drugs (T36-T50). If the diagnosis field is blank, then any-drug overdoses are identified using a text search algorithm for words related to overdose, any-drug type, or naloxone.
- *Opioid Overdoses*: Encounters with ICD-10 diagnosis codes for poisoning by opioids (T40.0X, T40.1X, T40.2X, T40.3X, T40.4, T40.60, T40.69). If the diagnosis is blank, then opioid overdoses are identified using a text search algorithm for words related to general opioids, overdose, heroin, fentanyl, and naloxone.
- *Fentanyl Overdoses*: Encounters with ICD-10 diagnosis code for poisoning by fentanyl (T40.41). If the diagnosis is blank, then fentanyl overdoses are identified using a text search algorithm for words related to fentanyl and overdose.
- *Amphetamine Overdoses*: Encounters with ICD-10 diagnosis code for poisoning by amphetamines (T43.62). If the diagnosis is blank, then amphetamine overdoses are identified using a text search algorithm for words related to amphetamine and overdose.
- *Benzodiazepine Overdoses*: Encounters with ICD-10 diagnosis code for poisoning by benzodiazepine (T42.4X). If the diagnosis is blank, then benzodiazepine overdoses are identified using a text search algorithm for words related to benzodiazepine and overdose.

Case definitions for mortality data (per [CDPH Overdose Surveillance Dashboard](#)):

- *Any-Drug Overdoses*: All overdose deaths, regardless of intent (e.g., unintentional, suicide, assault, or undetermined). This indicator does not include: (1) deaths related to chronic use of drugs (e.g., damage to organs from long-term drug use), 2) deaths due to alcohol and tobacco, and 3) deaths that occur under the influence of drugs, but do not involve acute poisoning. Deaths with any of the following ICD-10 codes as the underlying cause of death: X40-X44: Accidental poisonings by drugs; X60-X64: Intentional self-poisoning by drugs; X85: Assault by drug poisoning; Y10-Y14: Drug poisoning of undetermined intent.
- *Opioid Overdoses*: Any opioid as a contributing cause of death, regardless of intent. Opioids include both prescription opioid pain relievers such as hydrocodone, oxycodone, and morphine, as well as heroin and opium. Deaths related to chronic use of drugs are excluded from this indicator. ICD-10 codes include: T40.0: Opium; T40.1: Heroin; T40.2: Natural and semisynthetic opioids; T40.3: Methadone; T40.4: Synthetic opioids, other than methadone; T40.6: Other and unspecified narcotics.
- *Fentanyl Overdoses*: Drug overdose deaths caused by acute poisonings that involve fentanyl or fentanyl analogs as a contributing cause of death, regardless of intent. Deaths related to chronic use of drugs are excluded from this indicator. Overdose deaths involving fentanyl and associated analogs were identified by using a text search algorithm.

Definitions (continued)

- *Amphetamine Overdoses*: Drug overdose deaths caused by acute poisonings that involve psychostimulants with abuse potential excluding cocaine (T40.5), regardless of intent. Psychostimulants with abuse potential include methamphetamine, MDMA, dextroamphetamine, and levoamphetamine. Deaths related to chronic use of drugs are excluded from this indicator. Overdose deaths involving amphetamine and associated analogs were identified by using a text search algorithm.
- *Benzodiazepine Overdoses*: Drug overdose deaths caused by acute poisonings that involve benzodiazepines as a contributing cause of death, regardless of intent. Benzodiazepines include anti-anxiety medications such as alprazolam (Xanax) and lorazepam (Ativan). Deaths related to chronic use of drugs are excluded from this indicator. Overdose deaths involving benzodiazepine and associated analogs were identified by using a text search algorithm.

Limitations

- Overdoses that result in ED visits, hospitalizations, or deaths represent only a portion of the overall burden of drug overdoses.
- The accuracy of indicators based on ICD-10-CM codes found in syndromic surveillance ED visit data is limited by the completeness and quality of reporting and coding.
- Syndromic surveillance chief complaint is recorded as a free text field and captures the patient's primary reason for seeking medical care in near real-time; this may lack content that could assist public health with interpretation of the reason for visit.