SOUTH DAKOTA DEPARTMENT OF HEALTH

SD SUDORS

State Unintentional Drug Overdose Reporting System

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South Dakota Data Report

December 2025
Data Source: NVDRS

State Unintentional Drug Overdose Reporting System (SUDORS)

SUDORS is a surveillance system developed by the Centers for Disease Control and Prevention (CDC) to collect comprehensive data on unintentional and undetermined overdose deaths. SUDORS aims to enhance state surveillance of drug overdoses to inform the development of prevention efforts across the state with the goal of reducing overdose deaths. This information comes from death certificates, coroner reports, and toxicology reports. The information collected is then de-identified and entered into the National Violent Death Reporting System (NVDRS). South Dakota received funding in 2019 to start collecting SUDORS data, with 2020 being the first full year of SUDORS data collected.

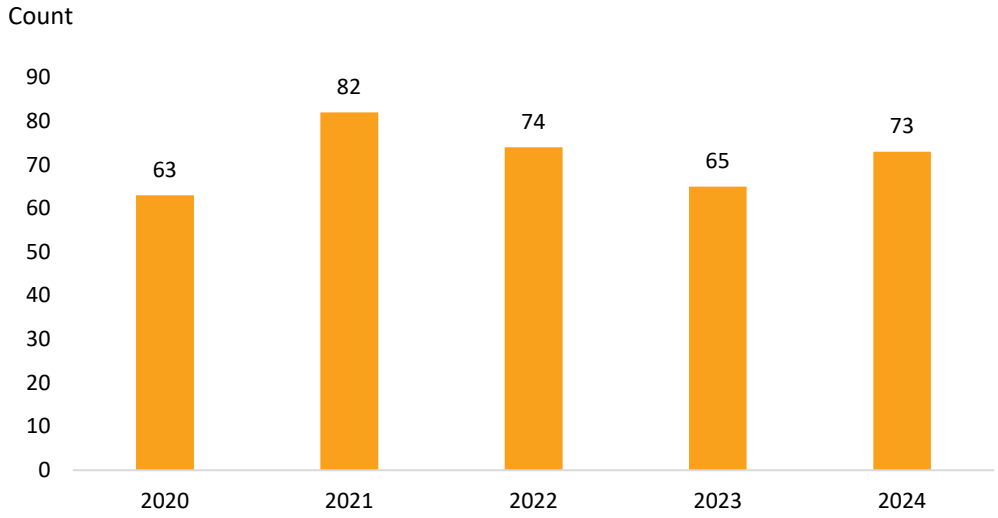
SUDORS Case Inclusion Criteria:

- Presence of any of the following underlying cause-of-death codes: X40-X44 (unintentional drug poisoning) or Y10-Y14 (undetermined intent drug poisoning)
- Acute toxicity must have caused the death (i.e., be the underlying cause of death)
- Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
- Deaths that occurred in South Dakota, irrespective of residency

Unintentional and Undetermined Overdose Deaths in South Dakota

From 2020 to 2024, there were 357 unintentional and undetermined overdose deaths in South Dakota. There were 73 deaths in 2024, which was a 12% increase from 65 deaths in 2023.

Figure 1: Unintentional and Undetermined Overdose Deaths by Year, 2020-2024



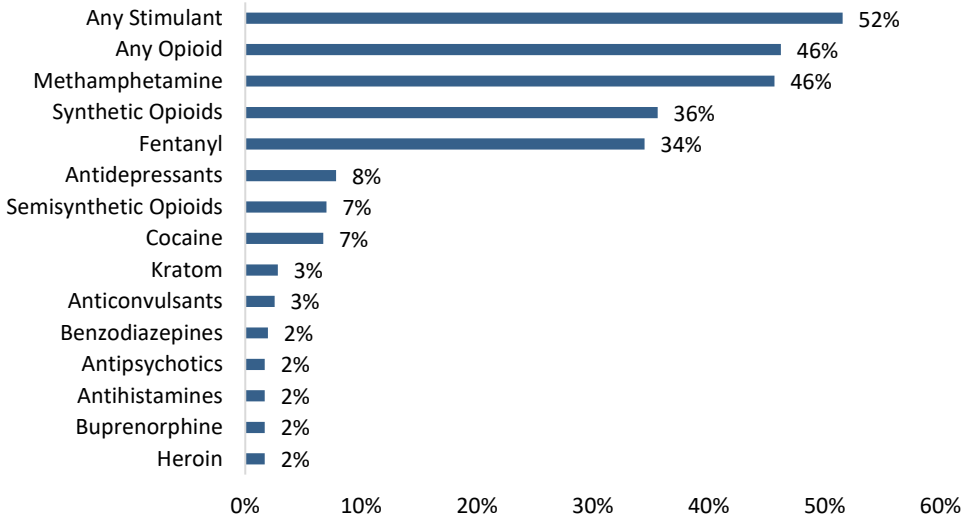
Overdose Death Manner and Type

Of the 357 overdose deaths, 98% were unintentional (accidental) overdoses and 2% were of undetermined intent. Overdose deaths can be further categorized into type of drug poisoning, which provides context on how the drugs contributing to the fatal overdose were used. For example, the decedent may have used the drugs for the feeling they provided and not for medical reasons, accidentally ingested the drug or an excessive dose of the drug, or overdosed while taking the prescribed dosage. The type of overdose isn't always known, but the most common overdose category was overdose related to substance use/misuse at 78%.

Substance(s) Listed as Cause of Death

Substances are listed on the death certificate as being involved with the cause of death. Some deaths may be attributed to more than one substance. Figure 2 represents the percentage of deaths by substance(s) attributed to the cause of death. From 2020-2024, the largest proportion of deaths involved a stimulant (52%), followed by an opioid (46%).

Figure 2: Top Substance(s) Listed as Cause of Death, 2020-2024



Opioid and Stimulant Overdoses

Opioids and stimulants account for the largest proportion of overdose deaths in South Dakota. During all five years, methamphetamine was the most common stimulant, and fentanyl was the most common opioid involved in unintentional and undetermined overdose deaths. (Note: semisynthetic opioids include oxycodone, hydrocodone, hydromorphone, and oxymorphone)

Figure 3: Opioid and Stimulant Overdose Deaths by Year, 2020-2024

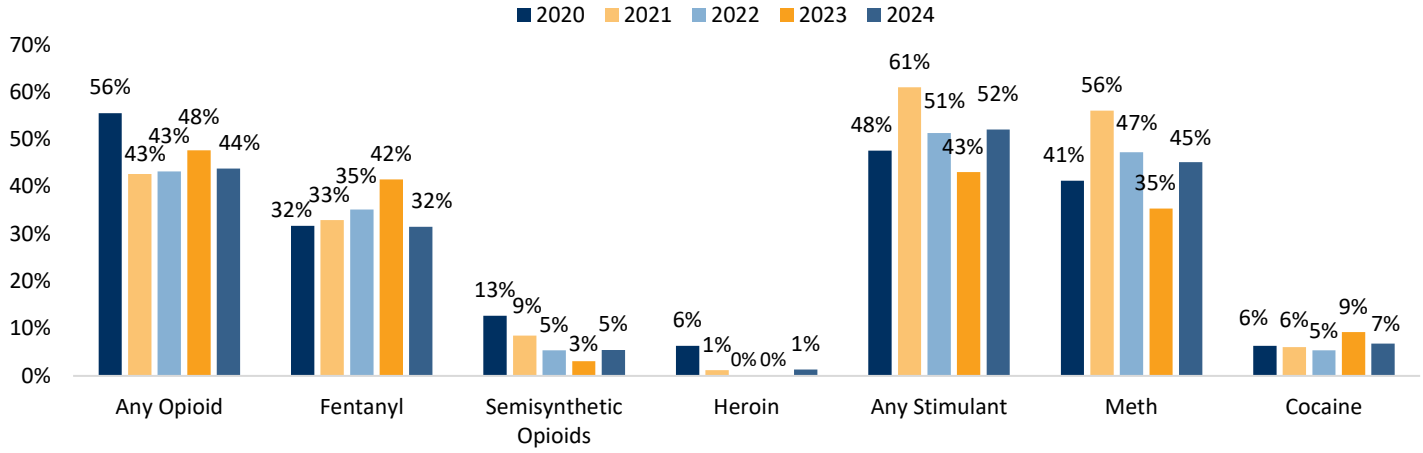


Figure 4 shows the different combinations of opioid and stimulant involvement in deaths. In 2024, the largest proportion of overdose deaths had stimulants without any opioids (44%), followed by opioids without any stimulants (36%).

Figure 4: Overdose Deaths by Opioid and Stimulant Involvement, 2020-2024

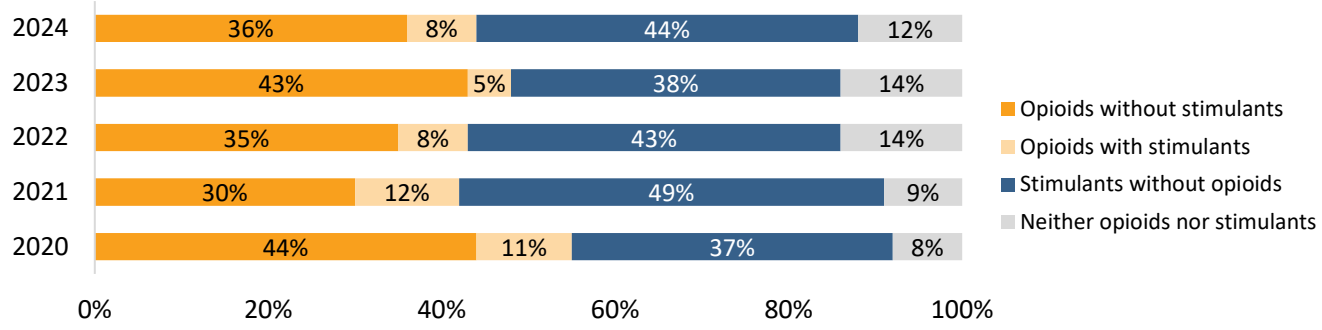
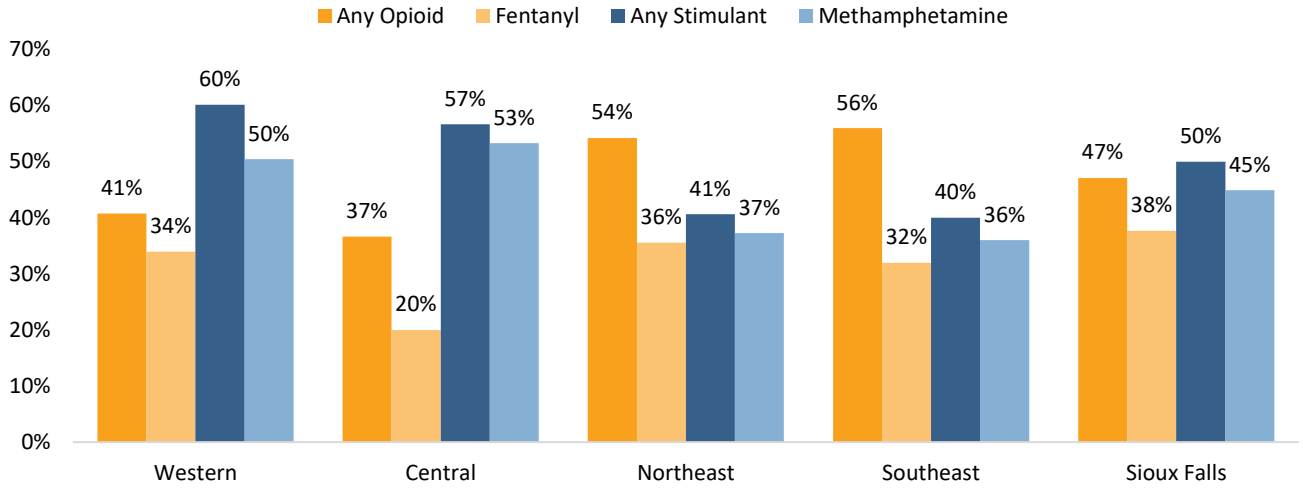
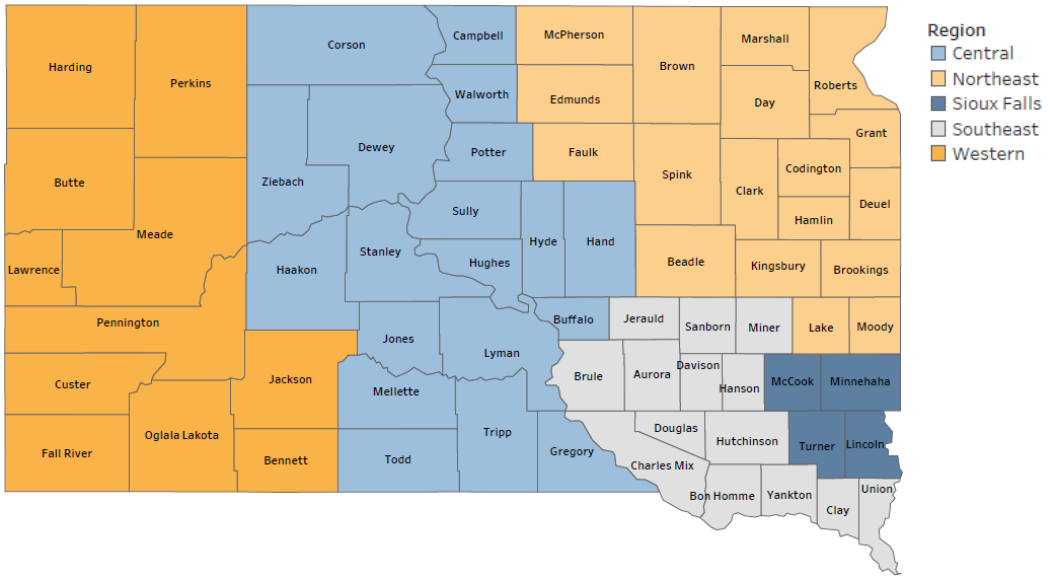


Figure 5 shows opioid and stimulant involvement by county of injury (where the overdose occurred in South Dakota). The Western and Central regions had higher percentages of methamphetamine-related deaths than opioid-related deaths. The Northeast, Southeast, and Sioux Falls regions saw higher percentages of opioid-related deaths than methamphetamine deaths. See the map below Figure 5 for region designations.

Figure 5: Opioid and Stimulant Overdose Deaths by Region, 2020-2024





SUDORS Demographics

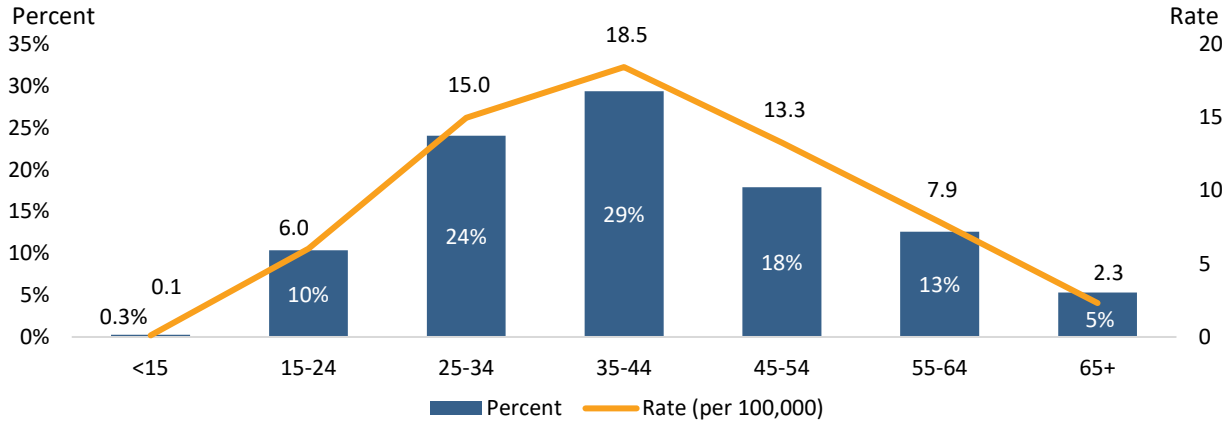
Sex

Overall, males made up the largest proportion of unintentional and undetermined overdose deaths compared to females. From 2020-2024, males made up 59% of overdose deaths and had a rate of 9.1 deaths per 100,000. Females made up 41% of overdose deaths and had a rate of 6.5 deaths per 100,000.

Age Group

Overdoses impact individuals across all age groups. Adults aged 35 to 44 years had the highest proportion and rate of overdose deaths, putting this age group at the highest risk for unintentional and undetermined overdose deaths.

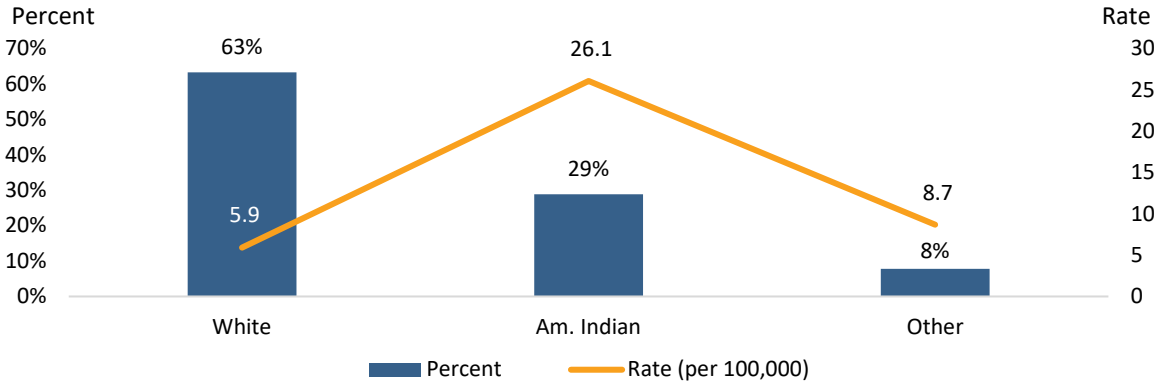
Figure 6: Overdose Deaths by Age Group, 2020-2024



Race

From 2020-2024, 63% of decedents were White, 29% were American Indian, and 8% Other (Black, Asian, or unknown). American Indians died of overdose deaths at a rate 4.4 times higher than Whites (26.1 vs. 5.9 per 100,000).

Figure 7: Overdose Deaths by Race, 2020-2024



Differences in demographics can be seen across the regions in South Dakota. The table below shows overdose death demographics by county of injury (where the overdose occurred in South Dakota). A map of the regions is located on page 4.

Table 1: Overdose Deaths Demographics by Region, 2020-2024

Demographic	Western	Central	Northeast	Southeast	Sioux Falls
Sex					
Female	41%	37%	39%	44%	42%
Male	59%	63%	61%	56%	58%
Race					
White	61%	40%	56%	68%	72%
Am. Indian	37%	60%	39%	20%	14%
Other	2%	0%	5%	12%	14%
Age Group					
<25	13%	3%	12%	16%	9%
25-34	31%	17%	25%	12%	22%
35-44	25%	40%	32%	36%	28%
45-54	13%	20%	15%	24%	22%
55-64	11%	10%	12%	12%	15%
65+	8%	10%	3%	0%	4%

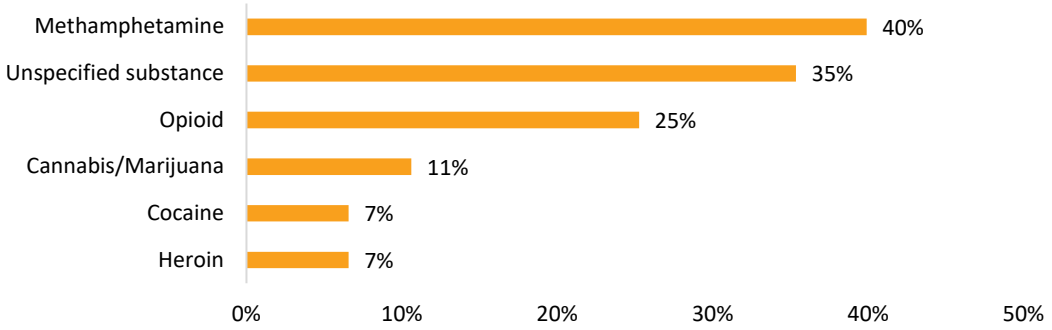
Overdose Death Circumstances

This section includes the circumstances surrounding overdose deaths documented in coroner reports. Persons who died by overdose may have had multiple circumstances, and it was possible that other circumstances could have been present and not diagnosed, known, or reported. Of the 357 overdose deaths, 85% (N=305) had a coroner report available.

Substance Use History

Based on information in the coroner report, 65% of overdose decedents had a known substance use history. Of the deaths with a known substance use history (N=198), 40% had a history of methamphetamine use, 35% had a history of an unspecified substance use, and 25% had a history of opioid use. Unspecified substance use history indicates they had a known substance use/drug use history, but no specific substance/drug was reported. Please note that an individual could have a substance use history for multiple types of drugs.

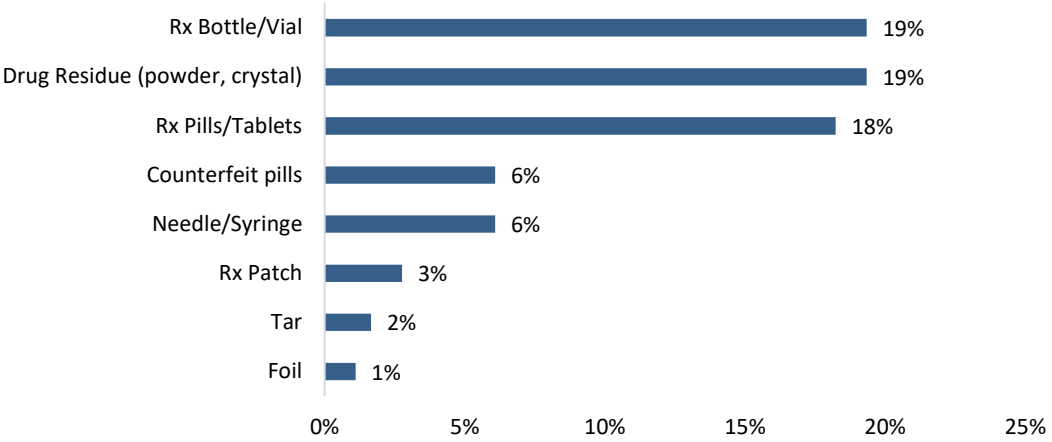
Figure 8: Substance Use History by Type of Substance, 2020-2024



Evidence of Drug Use

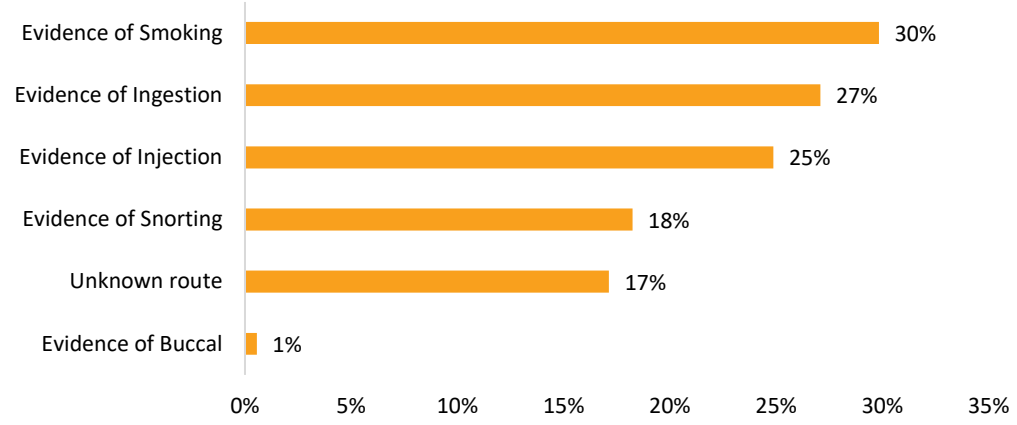
Based on witness or scene evidence, 59% of cases have evidence of drug use. Evidence collected from the scene of a fatal overdose can help describe how rapidly an overdose occurred, the route of substance administration, and whether the substance was prescription or illicit. Of the cases with evidence of drug use (N=181), 43% had evidence of illicit drug use and 34% had evidence of prescription drug use. Evidence of illicit drugs can include witness report, counterfeit pills, substance (powder, crystal, tar), and other drug paraphernalia. Evidence of prescription drugs can include witness report, prescription (Rx) bottle, pills/tablets, and patch. The figure below shows the type of evidence that is most commonly reported. Please note that multiple types of evidence can be found at a scene.

Figure 9: Type of Scene Evidence, 2020-2024



Route of drug administration can include injection, snorting/sniffing, smoking, transdermal, ingestion, suppository, sublingual, and buccal. The graph below shows the most common routes of drug administration among the 181 decedents that had any evidence of drug use. It is important to note that these categories are not mutually exclusive in that multiple forms of evidence can be present, so decedents could have used multiple routes of administration.

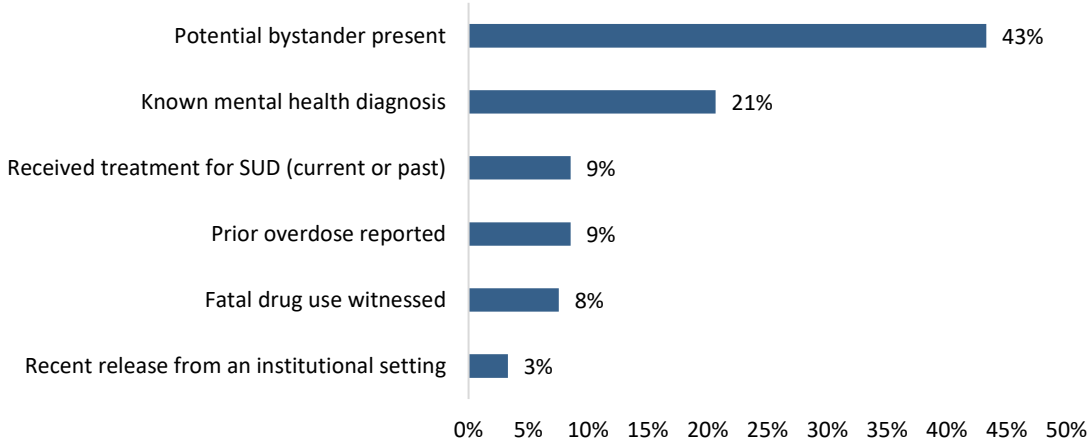
Figure 10: Route of Administration, 2020-2024



Opportunity for Intervention

Certain circumstances could indicate that there was an opportunity for intervention. Of the deaths with a coroner report available (N=305), 62% had at least one potential opportunity for intervention. Opportunity for intervention includes having a potential bystander present during or preceding the overdose, a known mental health diagnosis, ever received treatment for substance use disorder (SUD), the fatal drug use was witnessed, a prior overdose event was reported, and a recent release from an institutional setting (jail/prison, detention facility, hospital). A potential bystander was present in 43% of these deaths, indicating there may have been an opportunity to provide life-saving actions at the time of the overdose. Figure 11 shows the percentage of deaths that had a circumstance that might have provided an opportunity for intervention.

Figure 11: Overdose Deaths by Circumstances, 2020-2024

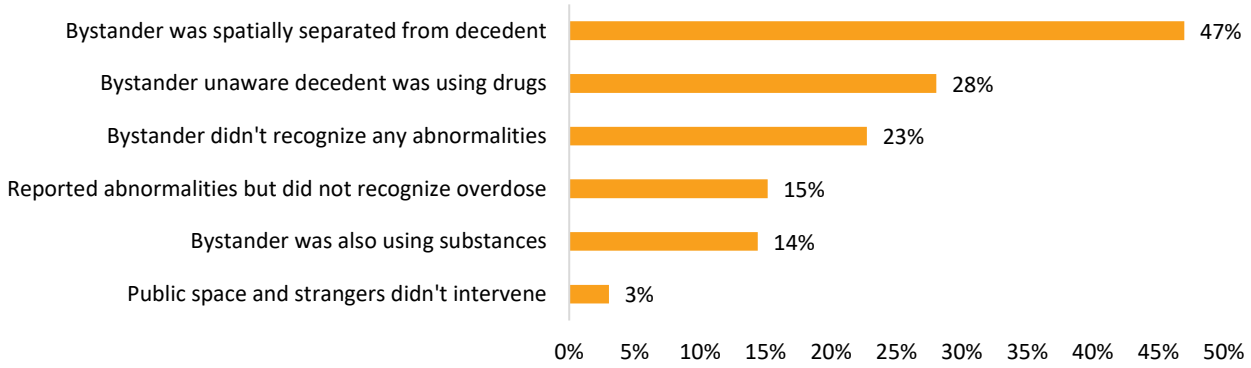


Bystander Response

A bystander, or bystanders, could be present during or shortly preceding an overdose. Of the 305 SUDORS cases with a coroner report available, 43% had a known bystander present. The largest proportion of bystanders were a partner or ex-partner (31%). Other bystanders that were present included friend/roommate (30%), family member (27%), and other/unknown types of bystanders (25%).

A bystander response to an overdose could include calling 911, performing CPR, and transporting to medical care. Sometimes bystander response can be delayed, or no lifesaving responses were made. There could be multiple reasons for no response or a delayed response, including the bystander being spatially separated from the decedent, bystander was unaware the decedent was using drugs, bystander didn't recognize any abnormalities from the decedent, the bystander reported abnormalities but did not recognize the abnormalities as an overdose, and the bystander was also using substances. Understanding the reason behind a delayed or no response to an overdose provides an opportunity for education on overdose symptoms.

Figure 12: Reasons for Delayed or No Response from a Bystander, 2020-2024



Location of Injury and Death

Of the 357 overdose deaths, most occurred in a house/apartment (79%). Other places where overdoses occurred include hotel/motel (4%), street/highway/sidewalk/parking lot (4%), facilities (i.e. hospital, jail, shelters) (4%), natural areas (park, field, river, woods) (3%), and other/unknown areas (6%). Where an individual overdoses can sometimes differentiate from where the individual died. When it comes to location of death, 60% of the deaths occurred in a house/apartment, 23% occurred at the emergency department/hospital, and 17% occurred in another location. This indicates that less than a quarter of decedents are transported to the emergency department/hospital for care before being pronounced deceased.

Overdose Prevention

Substance use disorder is a treatable disease. For you or loved ones struggling with addiction, visit the Let's Be Clear website (https://letsbeclearsd.com/) to view available resources and learn more about substance use disorders.

SOUTH DAKOTA, Let's Be Clear
PREVENTION. TREATMENT. RECOVERY.

Conclusion and Acknowledgements

The data in this report represents information about unintentional and undetermined overdose deaths that occurred in South Dakota, which were collected through the State Unintentional Drug Overdose Reporting System (SUDORS). Data presented in this report may differ from other reports due to when the data was pulled and how the data was analyzed. This report does not provide a complete description of every single factor that could have led to a person's death due to drug overdose. The purpose of collecting and presenting this data is to increase knowledge around overdose deaths and to support prevention programs by identifying potential opportunities to intervene and prevent overdoses.

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We deeply appreciate the contributions of coroners throughout South Dakota that have provided information to SD SUDORS. This work would not be possible without these key partners.