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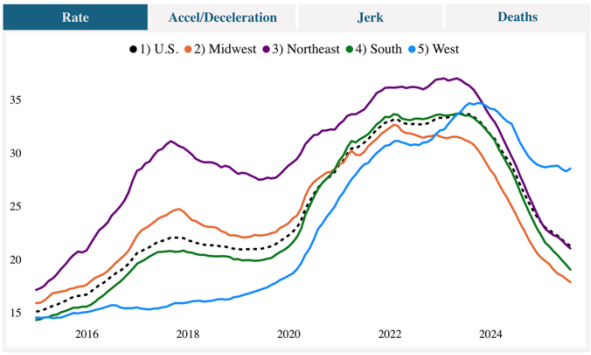
BREAKING NEWS: Historic Deceleration in Overdose Deaths Has Emerging Cracks



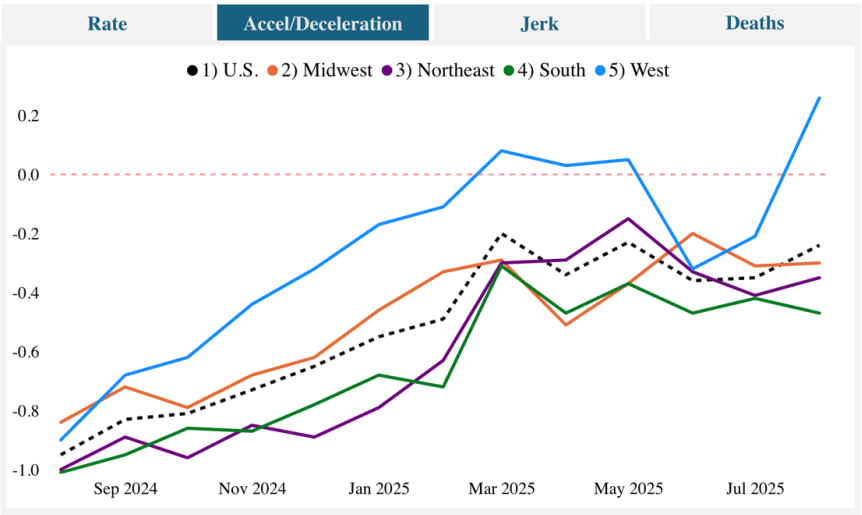
By Lori Ann Post

The United States is experiencing a historic shift in drug overdose deaths. Nationally, the overdose death rate has entered its twenty third consecutive month of deceleration. This is the longest and most sustained decline observed in more than four decades. The magnitude and duration of this change mark a genuine turning point at the national level. However, national trends alone obscure critical regional and state level dynamics that are now shaping the next phase of the epidemic.

A. The Great Deceleration

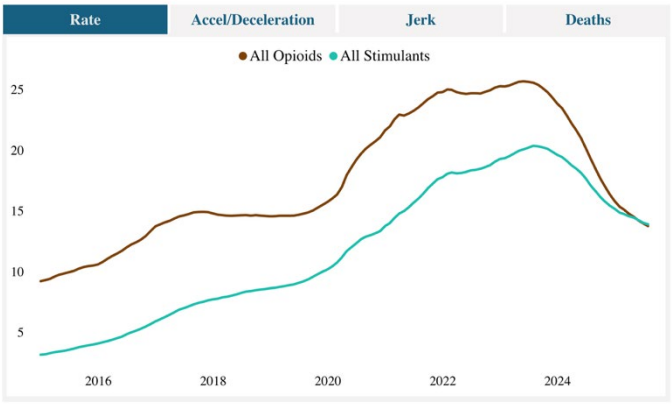
The national deceleration in overdose deaths is real, sustained, and historically significant. For nearly two years, overdose death rates have declined month after month, reflecting profound changes in the drug landscape. Yet national averages conceal substantial geographic variation.

By mid 2025, ***the West Census Region*** shifted from deceleration to acceleration, reversing course between July and August. At the same time, nineteen states now show positive growth in overdose deaths: *Alaska, Arizona, Arkansas, California, Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, Washington, Wisconsin, and Wyoming.* These trends underscore a critical point. Despite national progress, the epidemic remains active and adaptive. This is not a moment for complacency.



Recent declines appear closely tied to changes in drug supply. Multilateral disruptions to fentanyl and fentanyl precursor markets resemble earlier international efforts that curtailed

cocaine supply decades ago. However, the timing raises important questions. Semi synthetic opioid deaths (prescription) began to decline sharply before formal multilateral fentanyl policies took effect. This suggests that drug markets may have shifted independently of policy action, with supply dynamics evolving faster than regulatory responses.



Notably, *opioid involved overdose deaths and stimulant involved overdose deaths began decelerating at the same time*. This synchronized shift strengthens the evidence for a shared supply driven mechanism rather than isolated, drug specific interventions.

B. Mosaic of Interlocking Epidemics

There is no single drug overdose crisis in the United States. Instead, the country is confronting a mosaic of interlocking epidemics that unfold on different timelines across regions. Seeding, outbreak, and epidemic phases do not occur simultaneously nationwide. Rather, they overlap, interact, and stack on top of one another.

This mosaic structure explains why national averages are increasingly insufficient for situational awareness. Regional and state level trajectories now drive the direction of the epidemic. Progress in one region can coexist with resurgence in another, creating a false sense of uniform improvement if viewed only through a national lens.

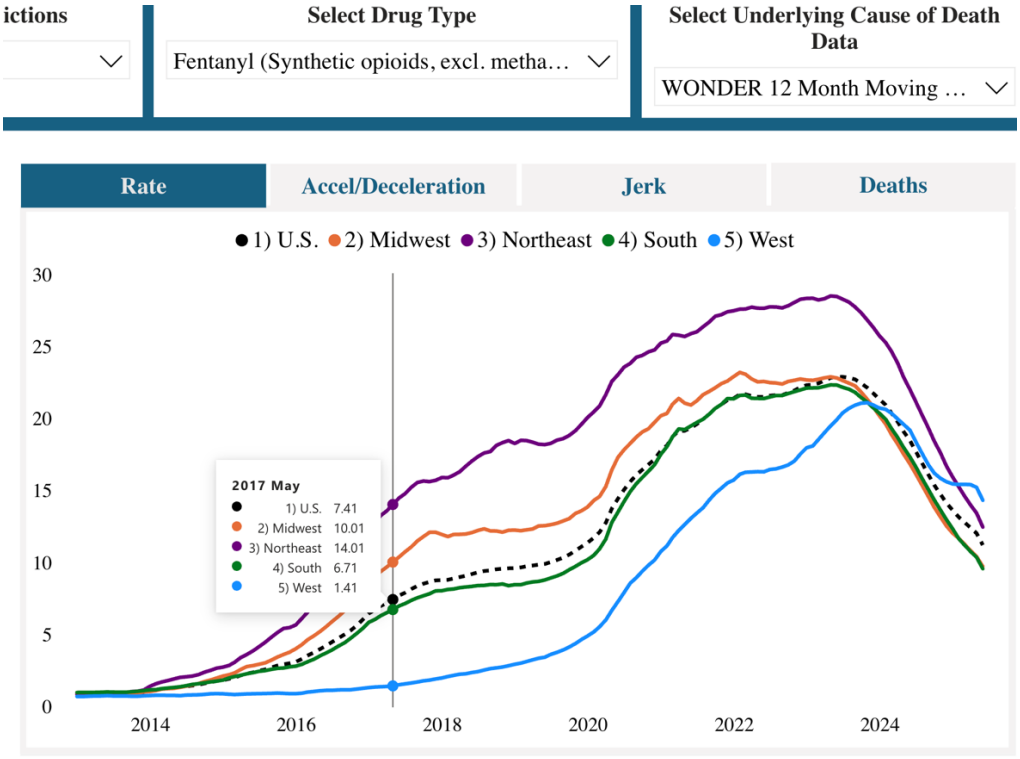
The Midwest illustrates this complexity. The region entered deceleration in May of 2023 and has now experienced twenty-four consecutive months of declining overdose death rates. Yet the rate of deceleration is slowing. This leveling suggests that the Midwest may be approaching a plateau, raising concerns about whether further declines will be sustained without renewed attention to emerging risks.

C. Catching Fentanyl

Differences in regional overdose trajectories reflect differences in exposure timing within the drug supply. One reason the West Census Region historically recorded lower overdose death rates was delayed fentanyl penetration. Illicit fentanyl and fentanyl analogs seeded earlier in the Midwest, South, and Northeast, followed by four years of exponential growth between 2014 and 2018.

The West encountered fentanyl later. Seeding occurred around 2018, with exponential growth continuing through 2023. As a result, the West became the last Census region to enter

deceleration and is now among the first to exhibit signs of renewed acceleration. In this sense, the West caught fentanyl later, and its current trajectory reflects that delayed exposure.



D. Lag in Data

Drug overdose deaths are treated differently from deaths due to every other major cause in the United States, and this difference has real consequences for public health response. Deaths from cardiovascular disease or cancer begin appearing in national mortality systems within two weeks of occurrence. In contrast, drug overdose deaths are systematically delayed. In the National Vital Statistics System provisional underlying cause of death files, overdose deaths lag by approximately four months. In CDC WONDER, the lag extends to roughly five months.

The consequence of this delay is problematic. By the time overdose deaths appear in official data systems, the underlying conditions driving those deaths may have already changed. Data that old cannot tell us what is happening now. They can only confirm what already happened months earlier.

This stands in stark contrast to the surveillance infrastructure deployed during the COVID-19 pandemic. During that public health emergency, transmissions, hospitalizations, deaths, and even variants of concern were tracked week to week, sometimes day to day. Timely data allowed rapid situational awareness, course correction, and targeted intervention. Drug epidemiologists are ready to apply those same lessons to the overdose crisis. The analytic capacity exists. The expertise exists. What remains missing is timely access to cause of death data involving drugs.

Until overdose deaths are treated with the same urgency as other causes of mortality, public health and policy responses will continue to lag behind a fast moving and adaptive drug supply.