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There Are No "Worst" States, Only Shifting Front Lines

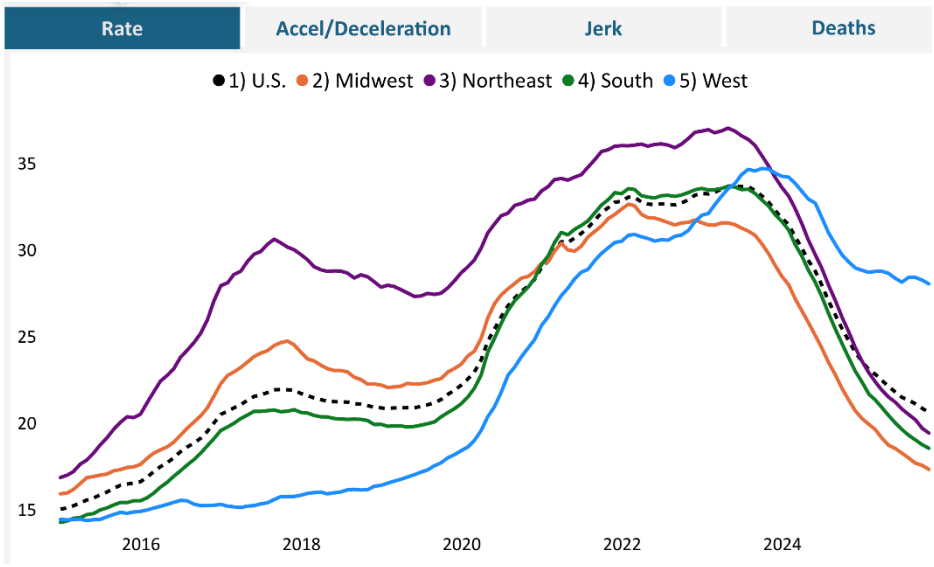
By Lori Ann Post

A. The National Decline Is Real. The Story Is Not Uniform.

We are now **29** **consecutive months into a national decline in drug overdose deaths.** That's not noise. That's a sustained shift.

But don't get comfortable.

Because underneath that clean national trend line is a much messier reality. The country is not moving in lockstep and nowhere is that clearer than in the West.



The **West Census Region is wobbling.** Not collapsing, not surging, but hovering right around the zero line. Month after month, it drifts just above and just below it (blue line).

If you look at acceleration, the picture sharpens: this is not stable decline, it is **instability around a turning point.** In plain terms, the West is teetering.

One month suggests continued improvement. The next hints at reversal. It's a region that has not fully committed to the downward trajectory the national numbers imply.

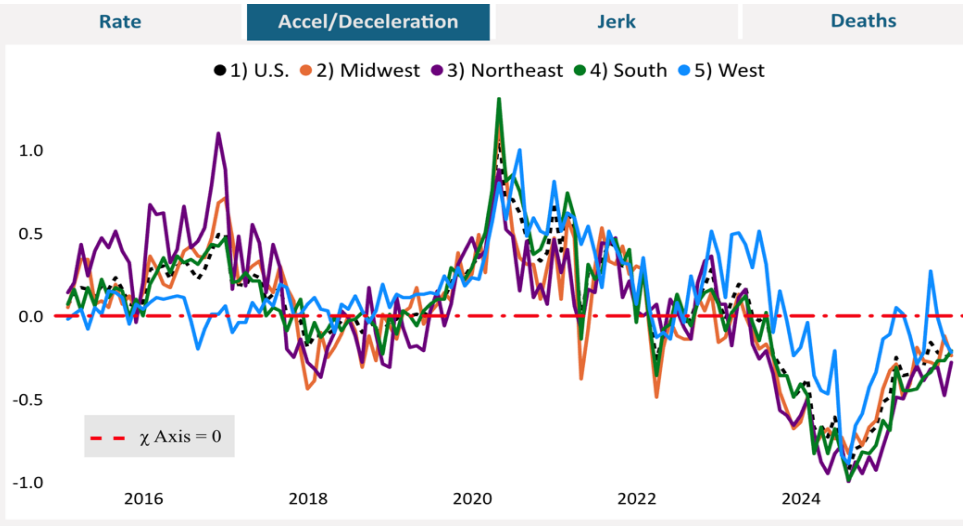
So yes, the national decline is real. But it is also averaging over regions that are telling very different stories.

And the West is the one to watch……..

B. Different Geography, Different Epidemic

There is no single U.S. drug crisis. There are several, unfolding at the same time. The **West, Midwest, Northeast, and South** are all still in decline overall. But look closer and the trajectories tell a more complicated story. Across regions, the curves are **bending upward toward zero**. That means the decline is slowing and edging toward potential growth.

Even within regions, states are not moving together. Many are behaving like **independent countries** with their own drug supply dynamics and overdose patterns. So don't expect smooth lines. Epidemics rarely behave that politely. What you see instead is a **sawtooth pattern**. Up one month, down the next. Noise layered on top of signal. If you chase every bump, you miss the trend.



The goal is to see the forest, not obsess over every tree.

To do that, we stabilize the data using **12 month moving sums** and **interpolated population denominators**. It smooths the volatility just enough to reveal what matters.

And what matters right now is this: the decline is still intact, but it is **losing momentum**.

C. The State-Level Reality: Momentum Is Fracturing

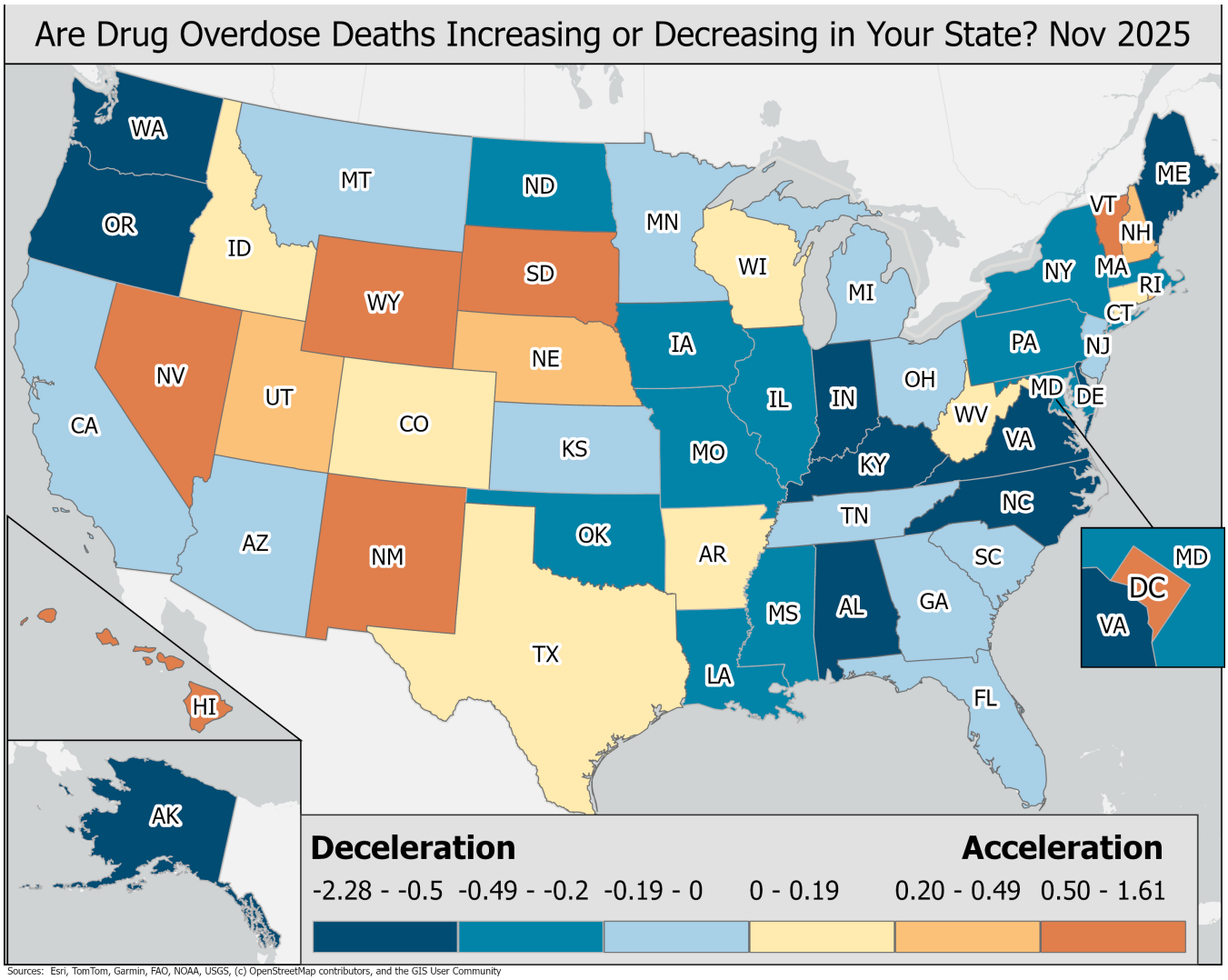
National trends are clean. State trends are not.

As of November 2025, **17 states were in positive growth**, meaning monthly overdose deaths were increasing, not declining: **Arkansas, Colorado, Connecticut, the District of Columbia, Hawaii, Idaho, Nebraska, Nevada, New Hampshire, New Mexico, Rhode Island, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, and Wyoming.**

Nine states that were declining flipped to positive growth in November: **Connecticut, Idaho, Rhode Island, South Dakota, Texas, Utah, Vermont, West Virginia, and Wyoming.** These are not gradual shifts. They are reversals.

At the same time, a core group is showing persistence. **Eight states posted two consecutive months of growth**: **Arkansas, Colorado, the District of Columbia, Hawaii, Nebraska, Nevada, New Hampshire, New Mexico, and Wisconsin.** That is not noise. That is early trajectory.

Then there are the states moving in the opposite direction. **Five states that were positive flipped back to negative in November:** **Arizona, Delaware, Minnesota, Missouri, and North Dakota.** On paper, that is improvement. Fewer states are in growth.



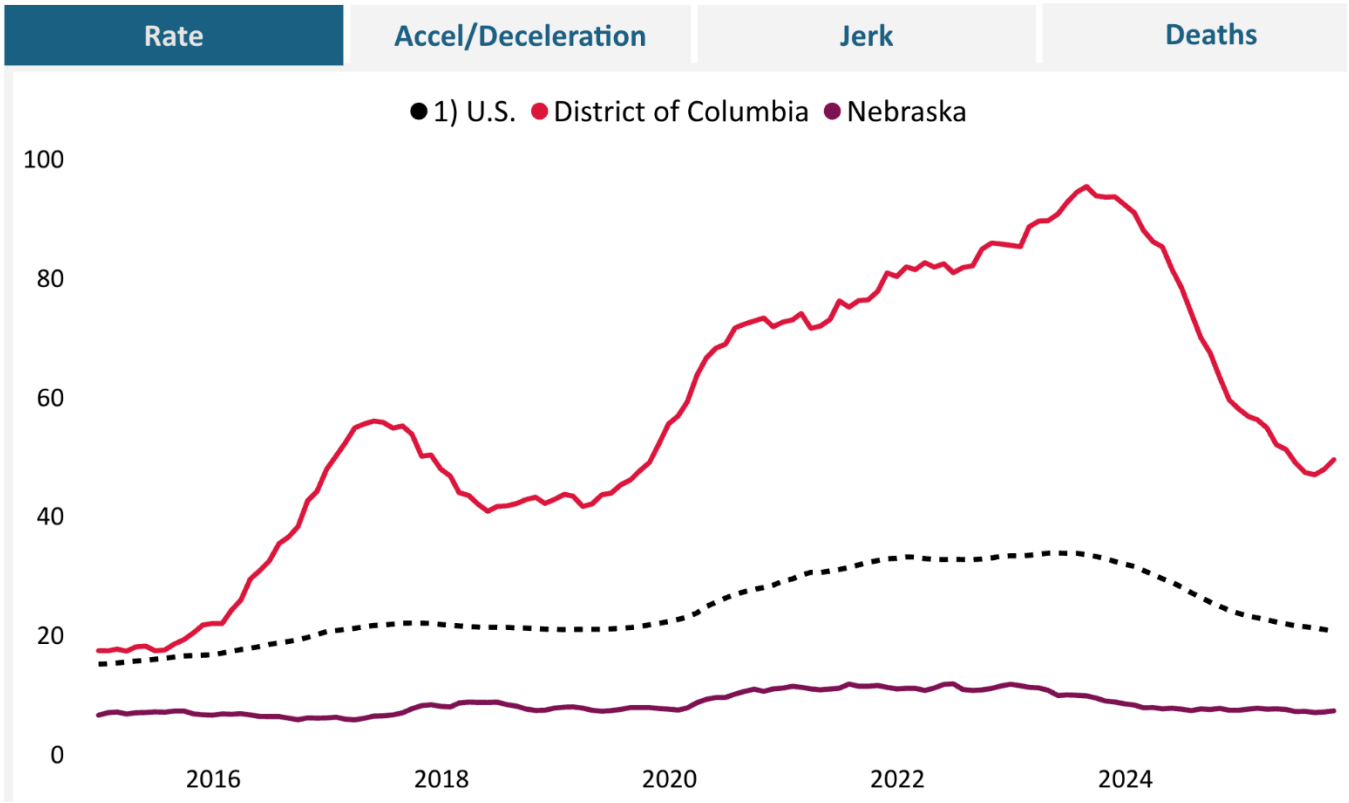
D. There Are No "Worst" States, Only Shifting Front Lines

The **District of Columbia currently has the highest overdose death rate** in the country.

But framing this as a ranking misses the point. There are no winners and losers here. The top spot is not fixed. It moves. Every month, a different state rises to the top while others fall back. Some decline after peaking, only to be replaced by states moving in the opposite direction.

This is not a leaderboard. It is a rotation. States are not solving the problem in isolation, and they are not failing in isolation either. They are cycling through phases of the same epidemic, driven by shifting drug supply, changing use patterns, and local conditions. If one state improves, it does not mean the crisis is over. It often means the pressure has shifted somewhere else.

Watch the movement, not the rank. Because the line is always moving, and there is always another state stepping into it….



• **Highest Overdose Death Rate.**

As of November 2025, ***D.C. (49.35 per 100,000 population)***, ***Nevada (44.70 per 100,000 population)*** ***New Mexico (43.67 per 100,000 population***) record the highest drug overdose death rate in the past year for the United States, based on the most recent available data.

• **Lowest Overdose Death Rate.**

As of November 2025, **Nebraska (7.15 per 100,000 population**), **South Dakota (9.55 per 100,000 population)**, **Iowa (11.90 per 100,000 population),** record the lowest drug overdose death rate in the past year nationally.

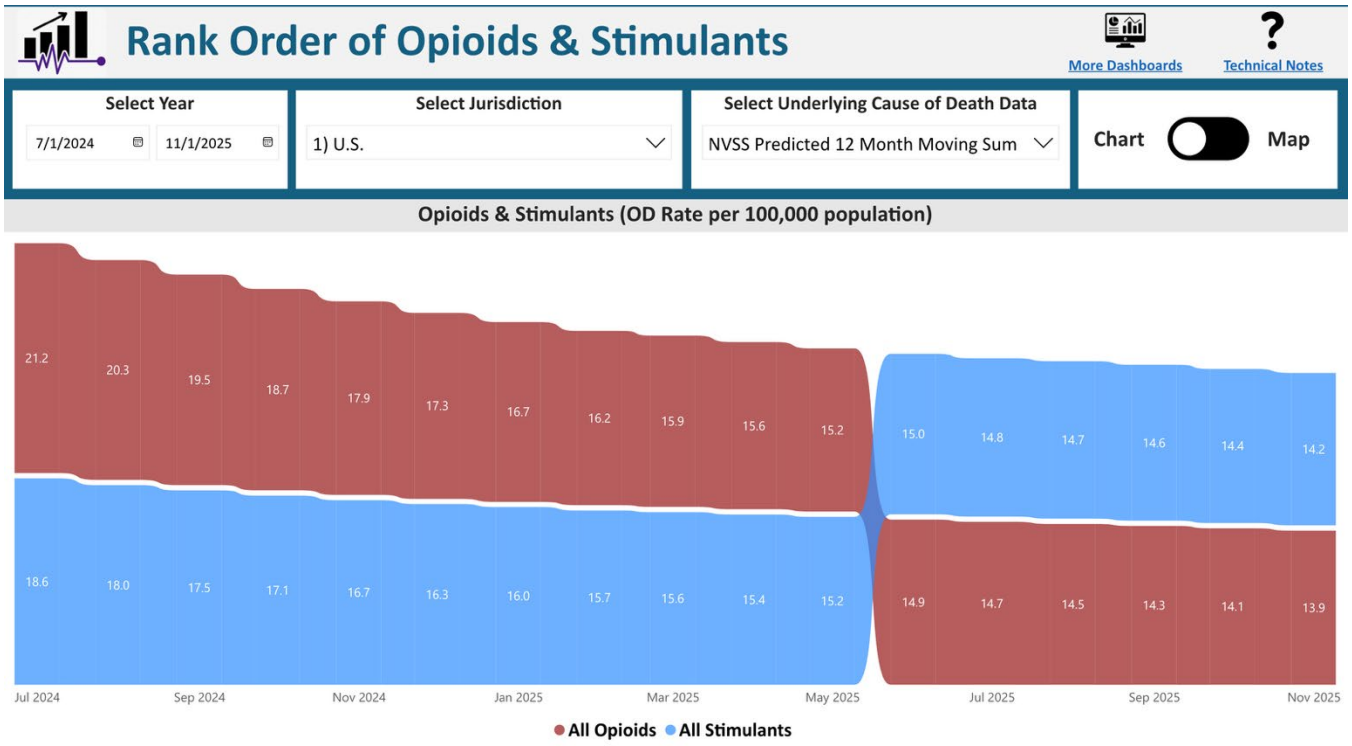
E. The Stimulant Shift No One Noticed.

Something big happened in the U.S., and it slipped by almost quietly. In June 2025, stimulants overtook opioids as the leading underlying cause of death nationally. That is not a blip. It is a structural shift.

The geography makes it look like simple regional variation at first. The West and the South have already crossed over, with stimulants now leading. The Midwest and Northeast have not; opioids still hold the top position. But that surface pattern hides what is actually driving the change.

This is not just geography. It is supply.

When you look more closely, a consistent relationship emerges. In regions where methamphetamine dominates the stimulant supply, stimulants become the leading cause of death. In regions where cocaine dominates, opioids remain on top. Same category label, completely different outcomes.



That raises an obvious question. Is cocaine somehow protective, or is methamphetamine simply more lethal in the current drug environment? The answer is likely neither in isolation, but the pattern is too consistent to dismiss.

Methamphetamine appears to be doing something cocaine does not. It sustains longer periods of use, integrates more fully into polysubstance patterns, and pairs with fentanyl in ways that cocaine never fully did. When the drug supply shifted from heroin to fentanyl, cocaine did not carry that transition. Meth did.

That distinction matters because once methamphetamine becomes the dominant stimulant in a region, the entire overdose hierarchy can change. Stimulants move into the top position and opioids follow behind.

This is not just a stimulant story. It is a methamphetamine story, and it is still unfolding…