

February 2026

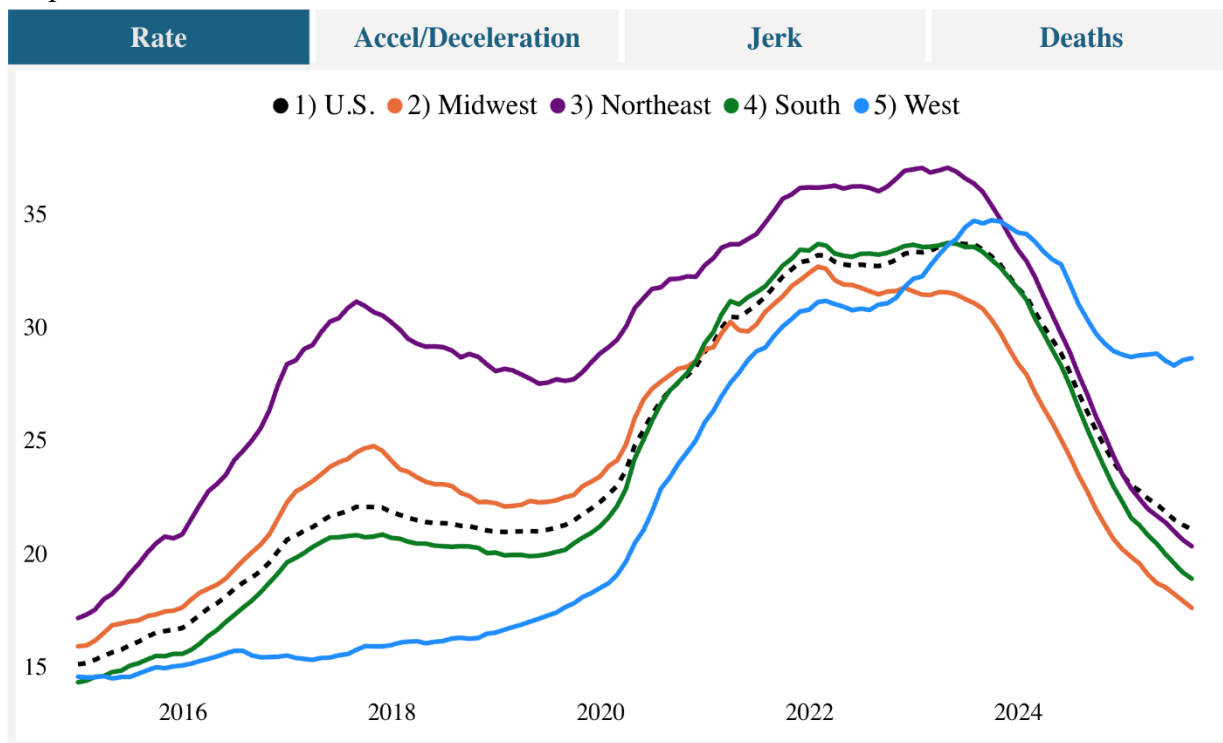
Overdose Deaths Rise in the West as National Decline Rapidly Loses Momentum

By Lori Ann Post

The United States has logged 24 consecutive months of deceleration in drug overdose deaths, the longest sustained decline in more than four decades!

However, momentum is weakening. The Western census region has recorded two consecutive months of rising overdose deaths after four months of plateau, while declines in the Midwest, Northeast, and South are slowing toward zero growth. National averages conceal growing regional divergence.

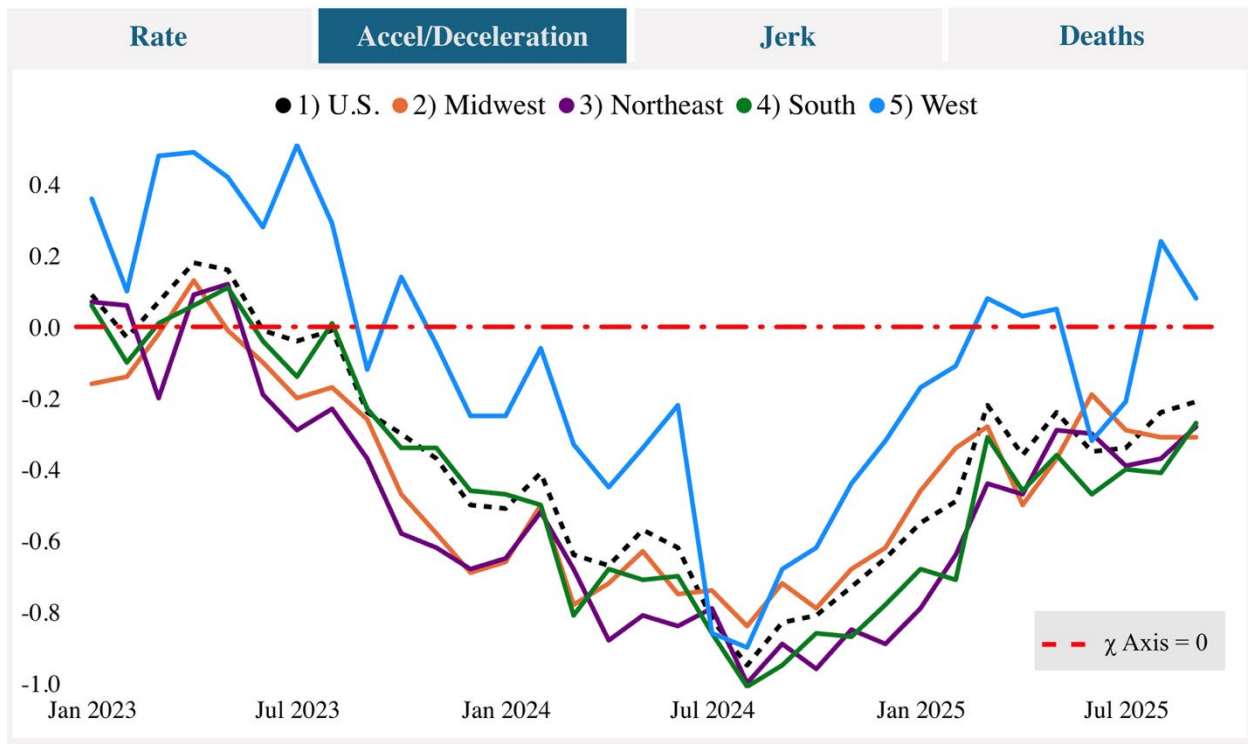
The Great Deceleration! Compared with 2022-2023, national trends appear markedly improved.



But the second derivative tells a different story.....

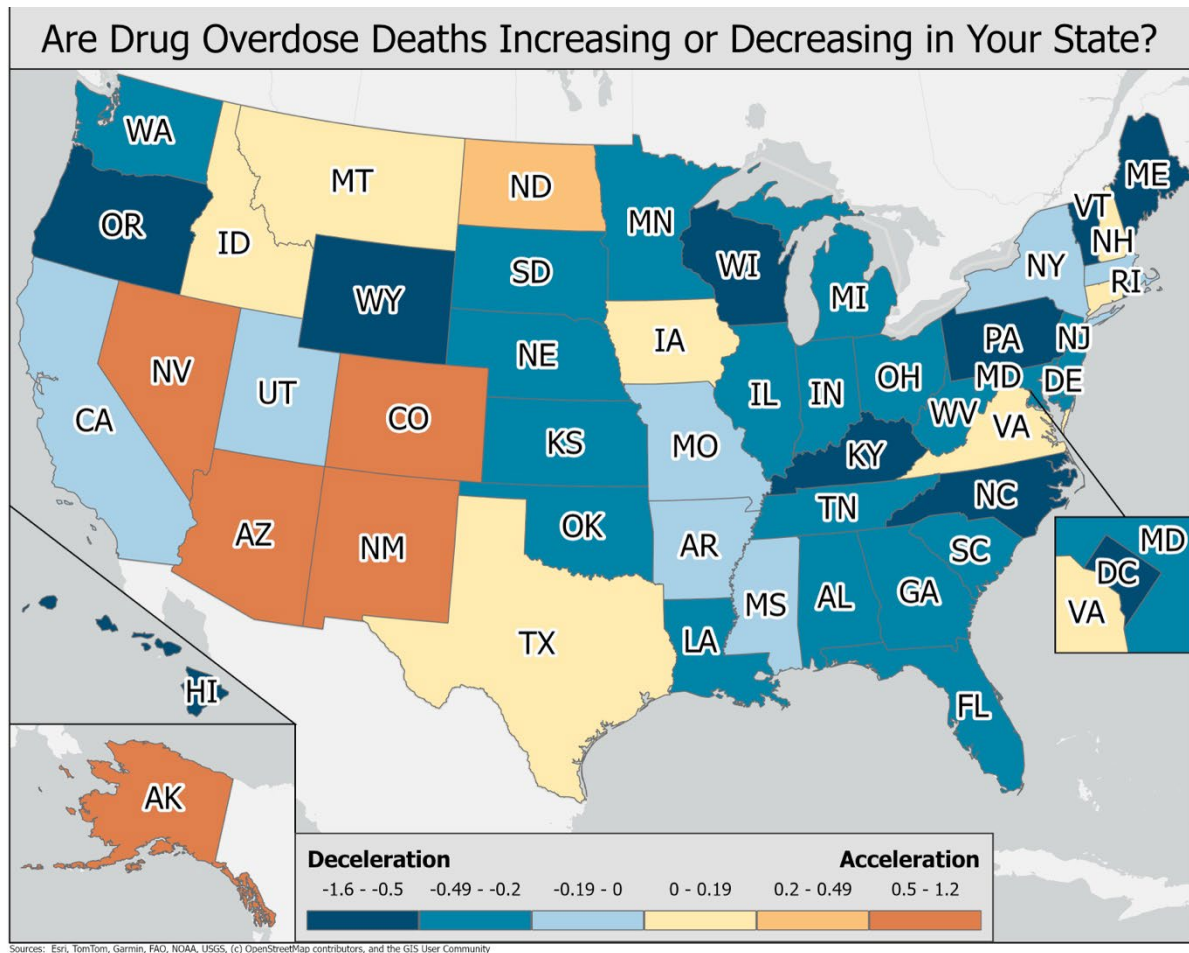
When we examine the rate of acceleration and deceleration, the national slowdown is losing momentum. The West census region has already crossed into positive growth after 4 months of

plateau. The Midwest, Northeast, and South remain in decline, but their trajectories are bending upward toward zero and approaching positive growth.

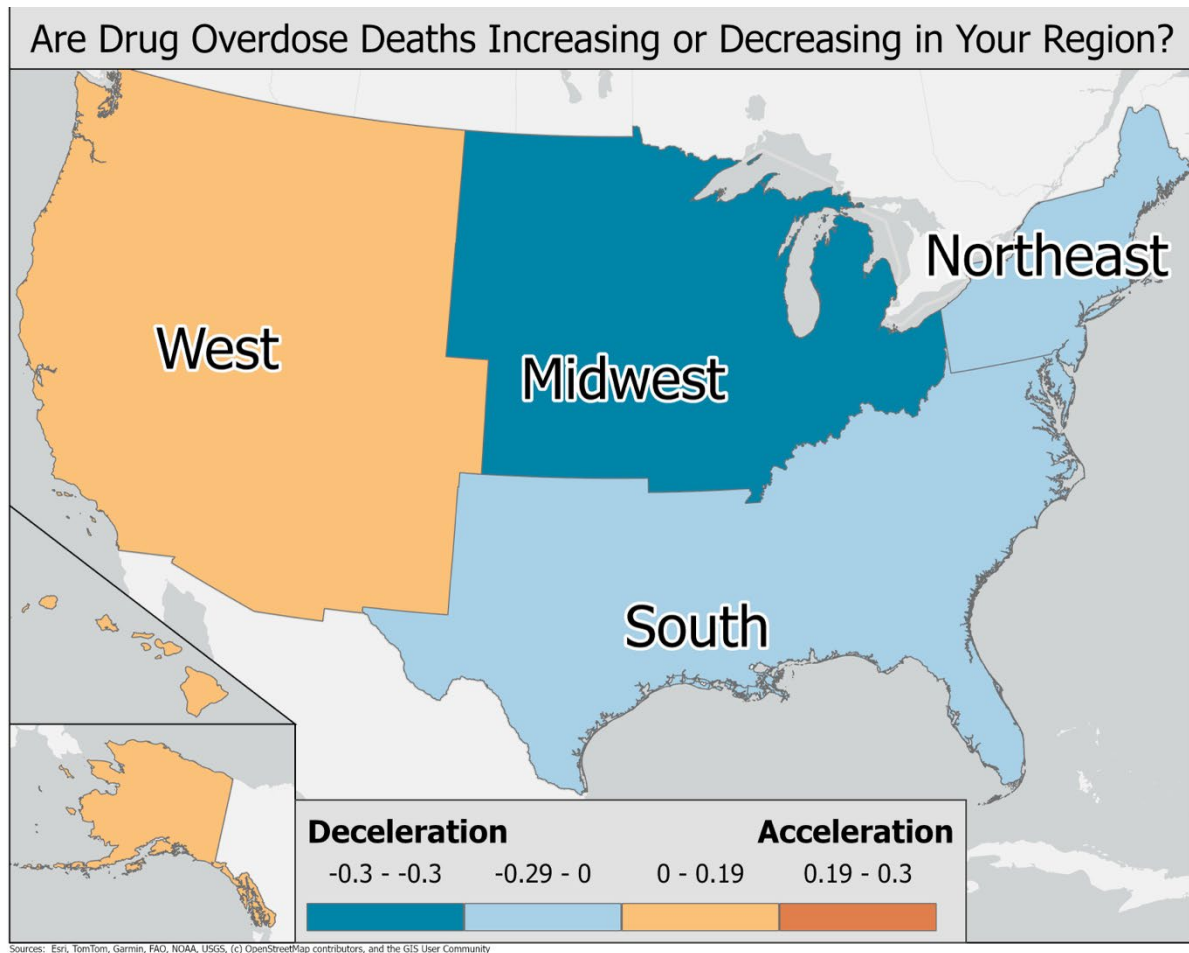


Fourteen states have positive growth as of September 2025!

Positive growth is defined as a positive acceleration, meaning the number of new overdose deaths in the current month exceeds the prior month. As of September 2025, ***Alaska, Arizona, Colorado, Connecticut, Idaho, Iowa, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Texas, Virginia, and West Virginia*** meet this criterion. Irrespective of where these states stood one year ago or four years ago, their current trajectory reflects increasing monthly overdose deaths.



And just a note, the West Census Region is more than CA, WA, and OR....



Hold On: Progress Is Not Victory!

We have identified states with improving trajectories and others moving into positive growth. However, even in states showing declines, overdose death rates remain unacceptably high. A slowing epidemic is not a solved epidemic. In many states, current death rates far exceed historical norms. For example, District of Columbia has one of the best deceleration rates as shown in the state acceleration map above but simultaneously has one of the second highest drug overdose death rate nationally. These deaths remain largely preventable. Trajectory matters. But absolute burden matters more. Declines should be acknowledged. Complacency would be a mistake.



- **States Showing Improvement Since Last Month.**

The following states demonstrated stronger deceleration in September 2025 compared with August 2025, indicating either a deepening decline or movement away from positive growth:

Missouri, South Dakota, Utah, Washington, Wyoming

Improvement is defined as a more negative acceleration or a shift from positive to negative acceleration.

- **States Shifting From Negative to Positive Growth Since Last Month.**

The following states moved from negative acceleration in August 2025 to positive acceleration in September 2025:

Connecticut, Idaho, Texas, Virginia

This shift reflects a transition from declining to increasing monthly overdose deaths.

- **Highest Overdose Death Rate.**

As of September 2025, *Nevada (47.29 per 100,000 population), D.C. (47.24 per 100,000 population) Alaska (44.56 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.

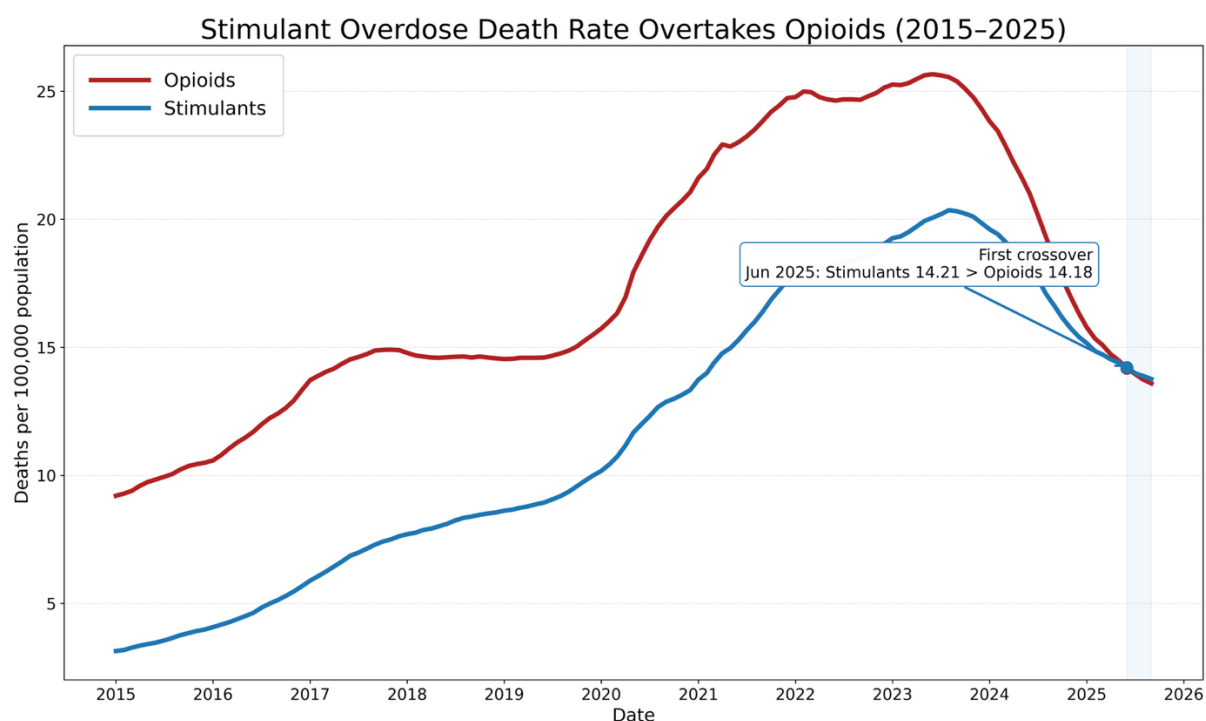
- **Lowest Overdose Death Rate.**

As of September 2025, Nebraska (6.84 per 100,000 population), South Dakota (8.93 per 100,000 population), Arkansas (11.96 per 100,000 population), record the lowest drug overdose death rate in the past year nationally.

B. The epidemic is shrinking overall, but it is changing shape.

For more than two years, overdose deaths have decelerated nationally. Yet beneath that aggregate decline, the composition of the epidemic has fundamentally shifted. Beginning in August 2023, overdose deaths involving both opioids and stimulants began to decelerate simultaneously. However, opioid deaths declined approximately 3.2 times faster than stimulant deaths, as documented in our JAMA Network Open analysis of substance specific trends.

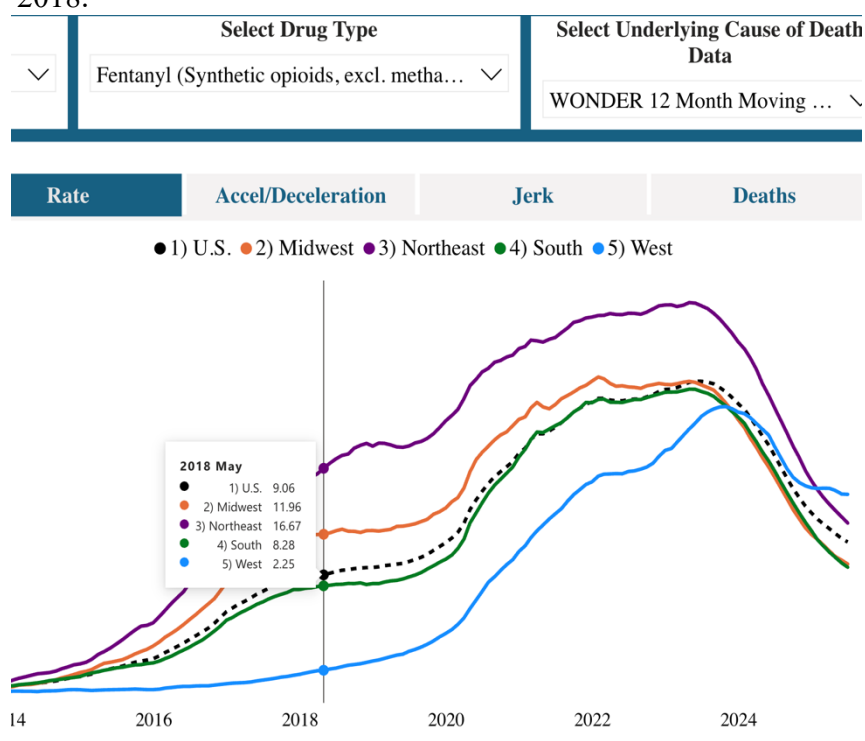
Stimulants Exceed Opioids in Fatal Overdoses! In ***April 2025, stimulants surpassed opioids*** as the underlying cause of death on U.S. death certificates. For the first time in modern surveillance, stimulants are now more likely than opioids to be listed as the primary driver of a fatal overdose.



The crisis has not disappeared. It has reorganized.

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 reported far more slowly than other major causes of death in the United States. Deaths from cardiovascular disease or cancer begin appearing in national systems within about two weeks. In contrast, overdose deaths lag by roughly four months in the National Vital Statistics System provisional underlying cause files and about five months in CDC WONDER.

By the time overdose deaths appear in official data, the conditions driving them may already have shifted. These data confirm what happened months ago. They do not tell us what is happening now.

Deaths are occurring here. We just can't see them yet.



Unlike COVID, overdose deaths are reported **months after they occur.**

Data this old cannot support situational awareness, rapid response, or supply surveillance.

During the COVID pandemic, deaths and variants were tracked week to week, sometimes day to day. Timely data enabled rapid response. The analytic capacity to do the same for overdose deaths exists. What remains missing is timely access to drug related cause of death data. Until overdose deaths are treated with comparable urgency, public health responses will continue to trail a fast moving drug supply.

Methodological Innovation for OD Pulse

Traditional surveillance tells us what happened **after** an overdose crisis has already unfolded. OD Pulse flips that script. Our new metrics track **how the trajectory is changing right now**, offering early warning of outbreaks, reversals, or resurgences.

These forward-looking methods were first developed to support U.S. consulates during the COVID-19 pandemic, when many LMICs lacked robust surveillance and high-income countries relied on retrospective indicators. By adapting these tools to illicit drug data streams, we shift public health from **reactive** to **anticipatory**, giving decision-makers the lead time they need.

To make these concepts intuitive, we borrow from physics: **Speed**, **Acceleration**, and **Jerk**—each represented with a distinct color for quick visual recognition.

SPEED — Overdose Deaths per Month (Intensity)

What it is: The number of new overdose deaths in a given month. **Why it matters:** It's the clearest snapshot of the epidemic's current intensity.

- **High speed** → crisis spreading rapidly
- **Low speed** → crisis slowing
- **Goal:** Bring speed as close to zero as possible

Using “speed” aligns with how people naturally describe epidemics—fast-moving, slow-moving, accelerating, stalling.

ACCELERATION — Change in Speed

What it is: Whether the number of deaths per month is rising, peaking, or falling. **How we report it:** Monthly averages to smooth out daily and weekly noise.

Interpretation:

- **Positive acceleration** ( ↑) → epidemic is growing
- **Negative acceleration** ( ↓) → epidemic is declining
- **Near zero** → possible peak, valley, or inflection point

Acceleration helps identify not just where the crisis is, but **where it's headed**.

JERK — Change in Acceleration

What it is: Whether the epidemic is bending upward more sharply or easing off. This is the earliest signal of a turning point.

Interpretation:

- **Positive jerk (● ↑)** → acceleration is increasing
 - Could indicate explosive growth
 - Policy shifts that worsen access to care
 - Sudden changes in drug lethality (e.g., adulteration events)
- **Negative jerk (● ↓)** → acceleration is slowing
 - Often precedes stabilization or decline

Jerk is the “**early-early warning**” metric—capturing subtle shifts before they appear in traditional indicators.