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Epidemics Have A Type: Which one is your state?

By Lori Ann Post

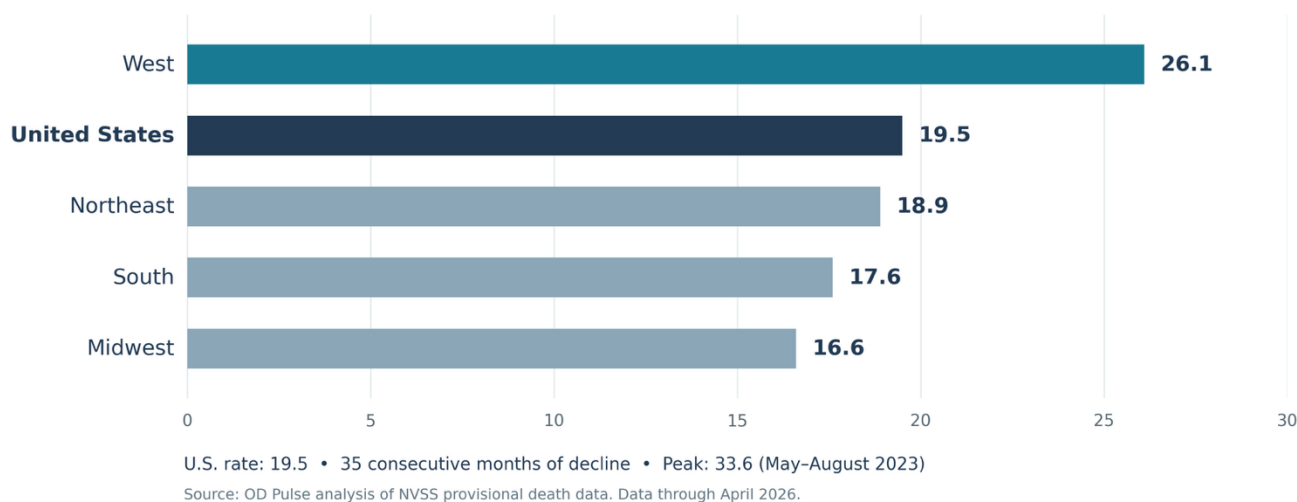
1. National and regional overdose death rates

The Decline That Won't Break

The U.S. recorded *its 35th consecutive month of declining overdose death rates in April 2026*, the longest sustained downturn of the modern overdose crisis. The national rate fell to 19.5 deaths per 100,000, down from a peak of 33.6 in May–August 2023. That puts the country roughly back to late 2016 levels and below the 21.9 rate recorded when HHS declared the opioid crisis a Public Health Emergency in October 2017. The decline has not erased substantial regional differences. The West continues to have the highest overdose death rate at 26.1 per 100,000, followed by the Northeast (18.9), South (17.6), and Midwest (16.6). The West's rate remains 57% higher than the Midwest's.

Figure 1. U.S. and regional overdose death rates, April 2026

Deaths per 100,000 population | 12-month moving rates



2. State growth, reversals, and rankings

As of April 2026, 12 states were in **positive growth**, up from six the previous month: Arkansas, Florida, Illinois, Iowa, Maryland, Mississippi, Nebraska, New Mexico, Rhode Island, Texas, Vermont, and Wisconsin. Seven states **shifted from decline to growth**:

Arkansas, Florida, Illinois, Iowa, Maryland, Mississippi, and Rhode Island. Five states **posted growth for 2nd consecutive month**: Nebraska, New Mexico, Texas, Vermont, and

FIGURE 2 | STATE OVERDOSE TRAJECTORIES

April 2026 • Change in 12-month moving overdose death rates



Rates per 100,000 population • Nebraska and Iowa have low rates but are in growth.
Source: OD Pulse analysis of NVSS provisional death data; April 2026 state trajectories supplied by the Buehler Center.

Wisconsin. *Michigan and Wyoming returned to decline!* The number of states in positive growth doubled in April, even as the national overdose death rate continued to fall.

Watch the Movement, Not the Rank!

New Mexico has the nation’s highest overdose death rate, but rankings are a snapshot. The highest rates were New Mexico (51.3 per 100,000), the District of Columbia (45.9), and Nevada (41.2). The lowest were Nebraska (8.3), South Dakota (9.1), and Iowa (10.6). Nebraska and Iowa rank among the lowest-rate states yet are experiencing growth. What matters is which states are changing direction and speed.

3. Four Contemporary Drug Epidemic Types & Case Studies

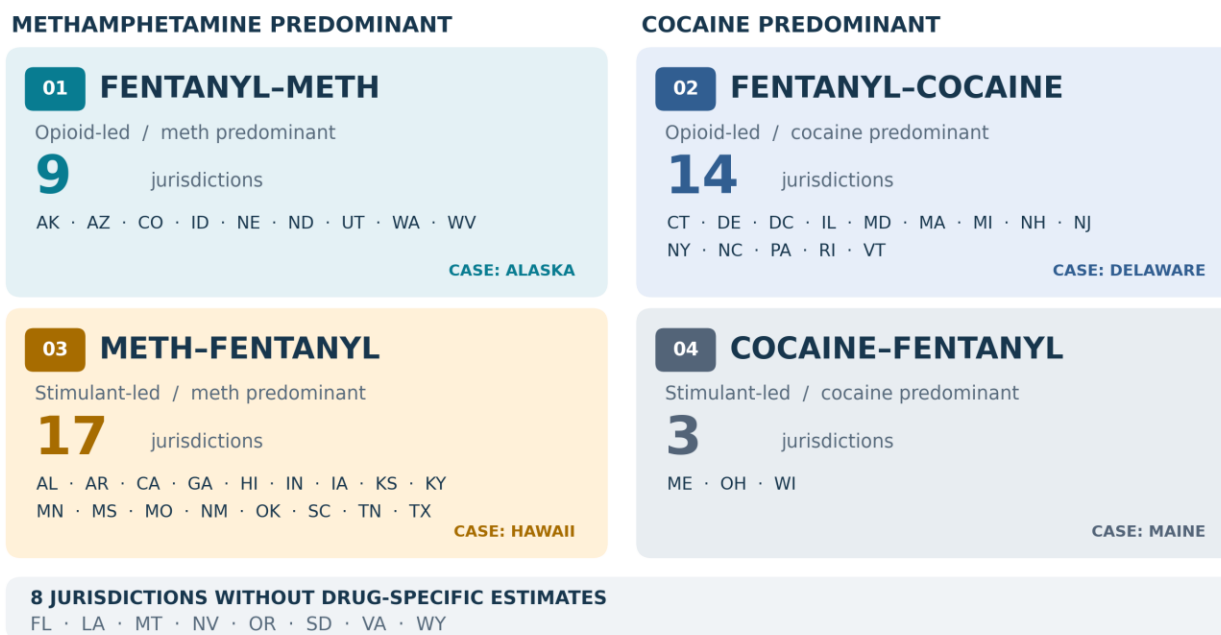
The national stimulant crossover, first observed in June 2025, is not a single story repeated across states. The April cross-section identifies four contemporary drug epidemic types along two dimensions: the predominant drug class among overdose deaths based on underlying cause of death (UCD) (opioids vs stimulants); and the predominant stimulant (methamphetamine vs cocaine).

A stimulant-led profile does not mean opioids are absent. Multiple drugs may contribute

to the same death and appear in multiple-cause-of-death (MCD) data. This typology uses UCD to identify which drug class predominates as the underlying cause of overdose death. The stimulant crossover is substantially smaller, and may disappear, when deaths are classified using MCD rather than UCD.

FIGURE 3 | AT LEAST FOUR CONTEMPORARY DRUG EPIDEMICS

April 2026 • State classification by leading drug class and predominant stimulant

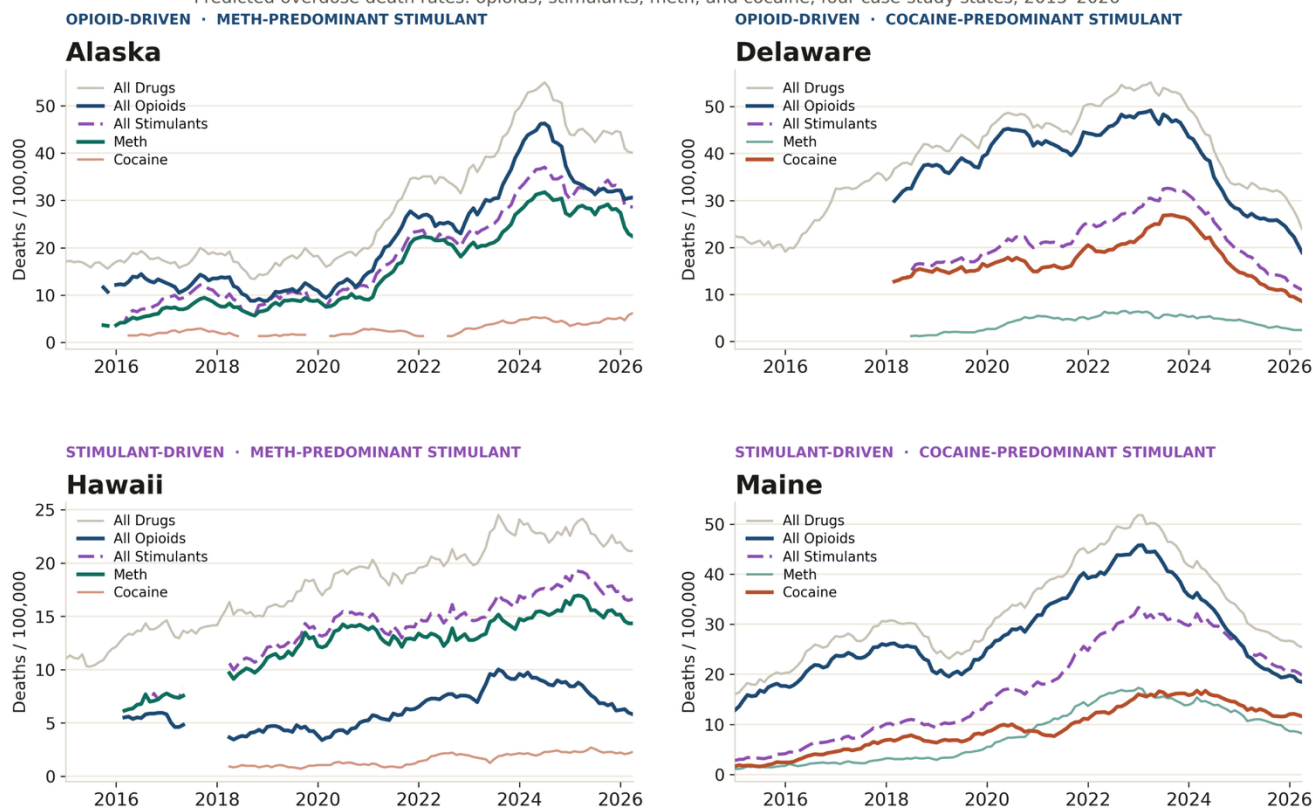


Classification: all opioids vs all stimulants; methamphetamine vs cocaine. "Fentanyl" is shorthand for opioid-led profiles, not an individual-drug test. Source: OD Pulse analysis of NVSS provisional UCD death rates, 12-month period ending April 2026. Missing jurisdictions are unclassified.

- Alaska | Opioid–Meth.** Alaska's April overdose death rate was **40.1 per 100,000**. Opioids (30.6) narrowly exceeded stimulants (28.6), while methamphetamine (22.4) far exceeded cocaine (6.2). Its overall rate has fallen from its 2024 peak but remains elevated.
- Delaware | Opioid–Cocaine.** Delaware's overdose death rate fell from above 50 at its 2023 peak to **23.9** in April 2026. Opioids (19.0) exceeded stimulants (11.0), while cocaine (8.5) exceeded methamphetamine (2.4).
- Hawaii | Stimulant–Meth.** Hawaii presents the clearest stimulant-led profile. Its stimulant-involved rate (16.6) was nearly three times its opioid-involved rate (5.8), while methamphetamine (14.3) far exceeded cocaine (2.3). Its overall overdose death rate was **21.1**, roughly half Alaska's.
- Maine | Stimulant–Cocaine.** Maine's overall overdose death rate fell from above 50 in 2023 to **25.4** in April 2026. Stimulants (19.8) now slightly exceed opioids (18.5), while cocaine (11.6) exceeds methamphetamine (8.2). **Stimulant-led does not mean stimulant deaths are rising: both classes declined, but opioids fell faster.**

Figure 4. One Nation, Four Drug Epidemics

Predicted overdose death rates: opioids, stimulants, meth, and cocaine, four case-study states, 2015–2026



4. Missing drug-specific data

Florida, Louisiana, Montana, and Oregon lack drug-specific values in the April analysis. Overall overdose deaths can still be tracked, but these gaps prevent us from identifying whether fentanyl, methamphetamine, or cocaine is driving recent changes in those states. The typology map above deletes states without adequate drug-specific estimates unclassified.



NCHS uses data-quality criteria to determine which jurisdictions receive provisional drug-specific estimates. Its technical notes describe a threshold of at least 90% of overdose death certificates identifying a specific drug or drug class, alongside measures of reporting completeness and pending investigations. A missing estimate does not establish why a particular state falls short. Delayed investigations, toxicology, and reporting practices can all affect data availability. These gaps matter because the missing jurisdictions may differ from those we can classify. A national map of drug types is only as complete as its underlying death-certificate detail.

Source: NCHS, Provisional Drug Overdose Death Counts,
Technical Notes: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Lag Time in Reporting

The reporting lag remains approximately 4.5 months. As of September 16, 2026, the latest provisional overdose death data extend through April 2026. Death investigation, toxicology, certification, and transmission to the national vital statistics system take time. OD Pulse therefore describes the epidemic as it stood approximately four and a half months earlier.

Data note: Rates are per 100,000 population calculated by postcensal interpolation. Drug-specific rates describe deaths involving a listed drug among deaths with drug overdose as the underlying cause; they are not mutually exclusive drug-attributed underlying causes.