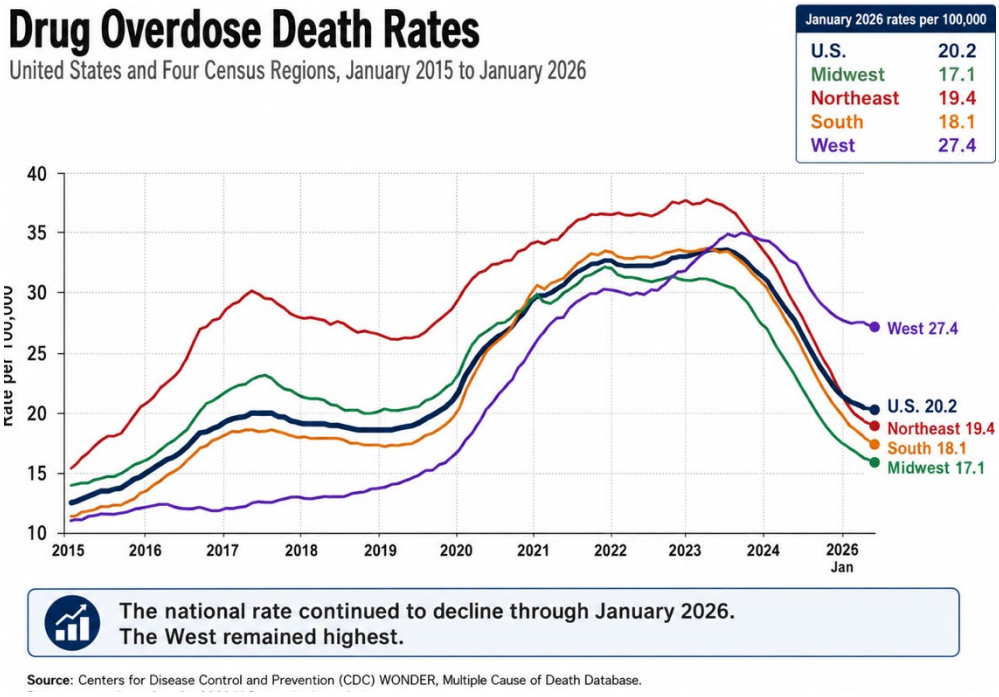
June 2026

Boring Is Beautiful: Overdose Deaths Keep Falling!

By Lori Ann Post

A. Overdose Deaths Continue to Recede: Better Is Not Over

The United States recorded its **32nd consecutive month of declining drug overdose death rates** in January 2026 - - the longest sustained downturn since the modern overdose crisis began.



The national overdose death rate fell to **20.2 deaths per 100,000 population**, down from a peak of **33.7 in June 2023**. That is a major public health improvement. In fact, we are now roughly back to where we were in **December 2016**, when the overdose death rate was **20.0**.

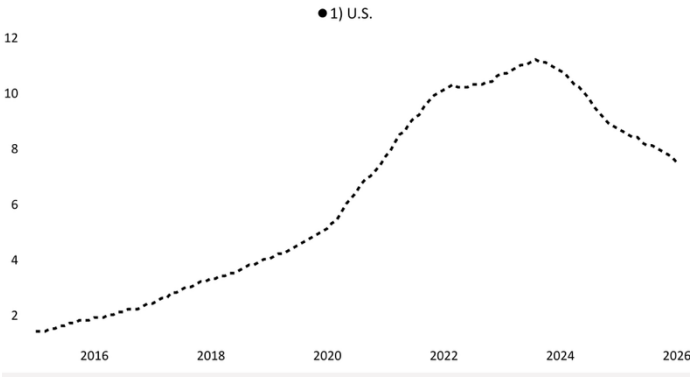
That perspective matters. When the U.S. Department of Health and Human Services declared the opioid crisis a **Public Health Emergency in October 2017**, the overdose death rate was **21.9**. Today's rate is lower than it was when the emergency was declared.

But lower does not mean low. The country has made extraordinary progress from the peak, yet we remain in territory once considered catastrophic. The crisis has receded - - but it has not ended.

B. Cocaine Finally Budges: Signal or Noise?

Cocaine finally moved. After six months of little change, the overdose death rate declined from **5.8** to **5.7** deaths per 100,000 population. *The billion-dollar question is whether bombing drug trafficking vessels in the Caribbean is beginning to reduce cocaine overdose deaths?*

Cocaine overdose deaths peaked at 9.2 per 100,000 population in August 2023. Like every major drug category, cocaine deaths eventually began to decelerate. The difference is that opioid overdose deaths declined 3.2 times faster than cocaine deaths.



By August 2025, the cocaine overdose death rate had fallen to 5.8 per 100,000 population. It then remained unchanged through September, October, November, and December. **The bombing campaign began in September. There was no immediate impact.** The first movement occurred in January 2026 when the rate declined to 5.7.

Is this the first sign that supply disruptions are reducing cocaine overdose deaths? Or is it simply part of the broader decline occurring across overdose deaths in general?

There is another possibility: whack-a-mole. Shut down one trafficking route and another appears. Remove one supplier and others rush in to capture market share. Drug markets are adaptive. As a result, even aggressive interdiction efforts may have little visible effect on overdose deaths.

One month and a one-tenth point decline are not enough to know but we welcome the decline!

C. One Nation. Fifty Different Overdose Crises!

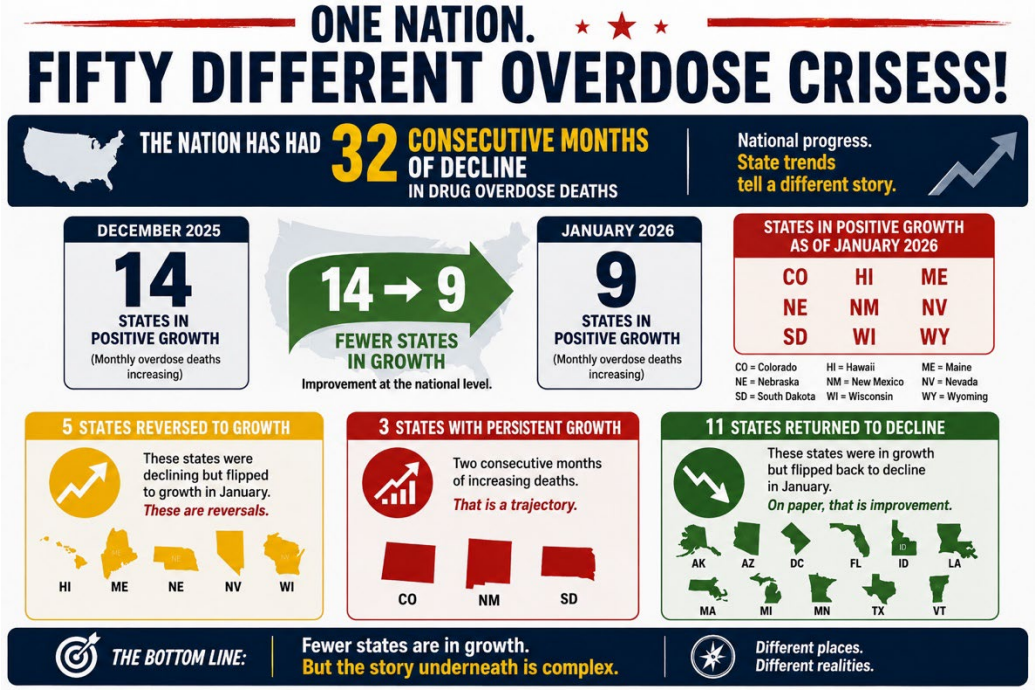
National and regional trends are declining with lots of variation between and within states.

As of January 2026, **9 states were in positive growth – which is a decrease in states with positive growth (there were 14 last month)**, meaning monthly overdose deaths were increasing, not declining: **Colorado, Hawaii, Maine, Nebraska, New Mexico, Nevada, South Dakota, Wisconsin, Wyoming.**

Five states that were declining flipped to growth: **Hawaii, Maine, Nebraska, Nevada, Wisconsin.** These are not gradual shifts. They are reversals.

At the same time, a core group is showing persistence. **Three states posted two consecutive months of growth**: **Colorado, New Mexico, South Dakota.** That isa trajectory.

Then there are the states moving in the opposite direction. **Eleven states that were positive flipped back to negative in January:** **Alaska, Arizona, District of Columbia, Florida, Idaho, Louisiana, Massachusetts, Michigan, Minnesota, Texas, Vermont.** On paper, that is improvement. Fewer states are in growth.



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, some states rise to the top while others fall back. Some decline after peaking, only to be replaced by states moving in the opposite direction.

States are not solving the problem in isolation, and they are not failing in isolation either. They are cycling through phases of various epidemics, 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 January 2026, ***District of Columbia (49.4 per 100,000 population), New Mexico (47.4 per 100,000 population), Alaska (44.4 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 January 2026, ***Nebraska (7.7 per 100,000 population), South Dakota (10.3 per 100,000 population), Iowa (11.1 per 100,000 population)***, record the lowest drug overdose death rate in the

D. Overdose Deaths Are Increasingly an Older Adult Problem

In 1999, the median age of an overdose decedent was 41.2 years. By 2025, the median age had risen to 47.2 years. Although the age of overdose decedents generally increased over time, the trend was temporarily disrupted by the rapid spread of fentanyl, which lowered the median age to 42.3 years in

2020. As overdose deaths have declined since their 2023 peak, the median age has risen sharply, reflecting a growing concentration of deaths among older adults.

Historically, overdose mortality has been concentrated among younger men. Men continue to experience substantially higher overdose death rates than women. However, the current overdose crisis is aging, with older adults accounting for an increasingly large share of deaths. The median age of 47.2 years is the highest observed in the past 27 years.

E. Lag Time in Reporting

There is a 4-to-5-month lag because overdose deaths must first be investigated and certified by medical examiners, confirmed through toxicology testing, reported through local and state health departments, and then finalized in the national vital statistics system. Data released today on June 17, 2026, are only current through January 2026 due to the 4.5 lag time between death and reporting.