

FEBRUARY 2026

Over one million people have died from overdose since the onset of the overdose crisis in the early 2000s.¹ These are our parents, siblings, friends, and loved ones. But after many years, overdose deaths are finally going down because of changing trends in the drug supply and use of fentanyl and other opioids. This decline is also the result of expanded access to public health solutions, such as naloxone (which reverses opioid overdoses) and medications to treat addiction—like methadone and buprenorphine—that reduce cravings, withdrawal symptoms, and overdose risk.

But tragically, we are still losing nearly far too many people each year to these preventable deaths. Over 80,000 people died of overdose in 2024, a 27% decline from the prior year. Even though there are fewer overdose deaths, people who use drugs are still at risk of other drug-related harms like HIV, hepatitis C, painful abscesses, and chronic health issues such as heart disease. An effective health approach to drugs must address all potential harms of drug use.

People across the United States—whether from cities, suburbs, or rural communities—desperately want to protect their loved ones and keep them alive. To save lives, it's critical that elected leaders commit to a public health approach to drugs by providing better access to health services, treatment, and drug education based in facts, not fear.

KEY TAKEAWAYS

Health and Overdose Prevention Services Play a Major Role in Overdose Death Declines.

- **Overdose deaths have been going down nationally since mid-2023 during the Biden administration, dropping by 20% between August 2024 and August 2025.**² Over 70,000 people died of drug overdose in that period, returning to pre-COVID levels. This is roughly as many as those who died from vehicle-caused accidents and firearms combined. The overdose crisis remains an urgent public health issue that requires evidence-based solutions.
- **Public health interventions saved lives and must be expanded.** Effective interventions include: the opioid-overdose reversal medication naloxone; increased access to medications for opioid use disorder (MOUD) which reduce withdrawal symptoms, cravings, and overdose risk by half; expanded drug checking tools such as fentanyl test strips that can test for unwanted adulterants; and fact-based drug education.
- **Fewer people are dying because less adults and young people are using street opioids in recent years.** Trends in drug use are generational. Young people today are using both legal and illegal substances at significantly lower rates than generations before.³ It may be that young people were dissuaded from starting street opioids after seeing overdose deaths in their communities.^{4,5} Some people transitioned from injecting their drugs to smoking them, and this may have also reduced their overdose risk.⁶

- **The Biden administration's diplomatic coordination with China led to fewer fentanyl precursors being sold online to make fentanyl, starting in 2023.** Data shows that overdose deaths were already declining before the Trump administration began boat strikes in international waters and invaded Venezuela. This is because the Biden administration convinced the Chinese government to target illegal online sales of fentanyl precursors. New research suggests that these efforts could have led to fewer overdoses, since less fentanyl was being produced and the potency of street opioids eventually decreased.⁷ Less potent street opioids may have helped reduce deaths, but they only tell part of the story since public health efforts also saved lives.⁸
- **When fentanyl potency decreased, suppliers added new sedating drugs like xylazine to the drug supply to take its place.** In more parts of the country, new sedating drugs like xylazine (or "tranq") and medetomidine have been added to fentanyl to strengthen its effects. These sedative effects last longer, so people use less often per day, lowering their overdose risk.⁹ However, there are still risks associated with using fentanyl adulterated with these strong sedatives. It can make people unconscious for hours, and doctors are still figuring out which medications and treatments work to help manage withdrawal symptoms.
- **Even though there are fewer overdose deaths, people who use drugs are still at risk of diseases like HIV, chronic health issues like heart disease, painful infections, and other major health harms.** Drug-related health harms include heart attack, stroke, respiratory problems, high blood pressure, infectious diseases like HIV and hepatitis C, and endocarditis. Many of these health issues can also lead to death. People who use fentanyl mixed with sedatives like xylazine are at increased risk of painful infections, abscesses, and wounds that can lead to limb loss.

PROGRESS ON OVERDOSE DEATHS COULD BE AT RISK

The Trump Administration is Gutting Funding for Health, Treatment, and Overdose Prevention Services.

- **Cutting funding for health services and drug research, while the Trump administration escalates militarized drug-war tactics internationally, risks our progress against overdose.** Last year, the administration cut over \$345 million from federally funded addiction and overdose prevention services, \$588 million from drug-related research, and nearly \$1 trillion from Medicaid (the biggest funder of addiction treatment in the U.S.). Meanwhile, the federal government prioritizes funding to bomb boats and invade Venezuela in the name of the drug war. When funding shifts towards war-like, militarized tactics and away from treatment, healthcare, and research, the consequences are tangible: treatment services are scaled back, healthcare costs rise, and waitlists for care grow longer, while tensions escalate with other countries.
- **The Trump administration's tensions with China and other countries could demotivate them from enforcing drug laws that have led to fewer fentanyl precursors being sold.** If the United States does not maintain productive diplomatic relations with China and other countries where drugs are produced, sales of fentanyl precursor to drug distributors may start again. This could lead to more potent fentanyl in the drug supply and a rise in overdose deaths.
- **Fentanyl precursor markets could move to another country.** When one source country is squeezed, it displaces drug production somewhere else. Even if China stopped selling precursors, new markets could emerge in other countries that have yet to criminalize these substances. For example, the U.S.'s coca crop eradication efforts in Peru and Bolivia contributed to a large increase in coca cultivation in Colombia in the 1990s and 2000s because farming simply moved to another country.

- **Gutting funding for health, overdose prevention, and harm reduction programs puts people who use drugs at risk of overdose and other harms.** These programs equip people with practical, common-sense tools that save lives—like test strips to detect fentanyl, naloxone to reverse opioid overdoses, and sterile syringes to lower risk of HIV and hepatitis. Program staff build trust with people who use drugs, connecting them to addiction treatment, mental health counseling, housing support, and other social services. The Trump administration's catastrophic cuts to care are forcing these essential health services to shut their doors, leaving people who seek help with fewer options and at heightened risk of overdose, disease, and death.¹⁰
- **Cuts to funding agencies that support treatment and overdose prevention services—like SAMHSA and CDC—and cuts to drug research threaten progress on reducing overdose deaths.** Medicaid cuts and the decision not to renew ACA subsidies mean that many Americans may become uninsured and unable to afford lifesaving addiction treatment and healthcare. As a result, much-needed hospitals, ERs, and treatment centers may close. Government-funded research has also been critical to developing solutions to curb overdoses, such as the opioid reversal medication naloxone. This funding supports research into new addiction treatment models, interventions that reduce rates of infectious disease, and effective medical care to manage withdrawal from emerging street drugs like xylazine.
- **Crackdowns and seizures are a costly game of whack-a-mole that cause newer, more potent, and more dangerous drugs to enter the supply.** While interdiction may lead to short-term disruptions in the drug supply, the market adjusts swiftly. Demand is met by turning to more dangerous substances that are easier to produce and transport. Enforcement can lead drug supply chains to source a more potent drug in order to avoid detection. These alternative drugs weigh less and are thus easier to hide, store, and transport. Crackdowns on heroin in the 2010s led to the introduction of fentanyl into the drug supply, and increased fentanyl enforcement led to the introduction of new sedatives like xylazine and synthetic opioids into the drug supply.

WHAT SHOULD HAPPEN NEXT

Prioritize a Health Approach to Drugs.

- 1. Be responsive to polysubstance use (when people use more than one drug at once) and the role of other drugs in the overdose crisis.** Many people who die of overdose have, knowingly or unknowingly, used multiple drugs together or within a short period of time. This includes drugs like fentanyl, methamphetamine, cocaine, xylazine, medetomidine, nitazenes, and others. Different drugs can create extra strain on the body and, sometimes, strengthen each other's effects. People need access to drug checking tools and services, so they can identify new adulterants and additives in their drugs that could increase overdose risk or other harms. People also need more education on the risks associated with mixing different types of drugs together, so they can make safer choices.
- 2. Ensure healthcare providers treat all patients with dignity and respect, so they successfully engage with care.** Many people who use drugs experience harassment, subpar care, and disrespect from providers. These negative experiences make people feel unsafe seeking help and treatment, especially if they are in painful withdrawal or have abscesses. When people do not seek help, it increases overdose and disease risk and impedes recovery. Medical professionals must be better trained to meet this need.
- 3. Create targeted investments for populations and regions where overdose rates are still high.** While overdose deaths have tragically impacted people of all ages and races across the country, it has not impacted all communities equally. Rural residents and communities of color face higher barriers to medications for opioid use disorder and other overdose prevention tools because it is difficult to find providers and options may be limited. To save lives, we must increase access to lifesaving tools and services for the communities at highest risk. We must invest in better data collection and research that focuses on populations with rising overdose rates.

4. Expand access to treatment, safer equipment, and overdose prevention tools that work to reduce overdose deaths and address other drug-related harms like HIV infections. Increased availability of naloxone, drug checking, drug safety education, and MOUD likely played a vital role in decreasing overdose deaths. Safe use equipment and safe spaces must be accessible to people who use drugs to reduce risk of infectious diseases. Health approaches are popular—75% of Americans support responding to addiction with public health solutions, not criminalization.¹¹ Elected officials must follow the evidence and public opinion and respond to the overdose crisis by funding and expanding health solutions.

5. Prioritize health over punishment. Investing in healthcare, treatment, and overdose prevention services save lives and should be lawmakers' focus. Yet billions of dollars are spent on drug enforcement policies that have limited impact and can increase overdose risk. For example, people are 27 times more likely to die from overdose within two weeks of release from incarceration compared to the general population.¹² This is due to forced detox, as people are released from jail with reduced tolerance to drugs with no connections to long-term care. Fear of arrest can deter people from asking for help during an overdose emergency, which can lead to death. After 54 years of the drug war—ticketing, arresting, and incarcerating people for drugs—they have only become more potent, available, and cheaper than ever. Instead of wasting taxpayer dollars on ineffective approaches, leaders should fund what works: proven health solutions that help communities stay alive, be healthy, and thrive.

END NOTES

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