REPORT

Public Health Responds to the Overdose Crisis

Public health brings partners from different sectors together to accomplish shared overdose prevention goals.

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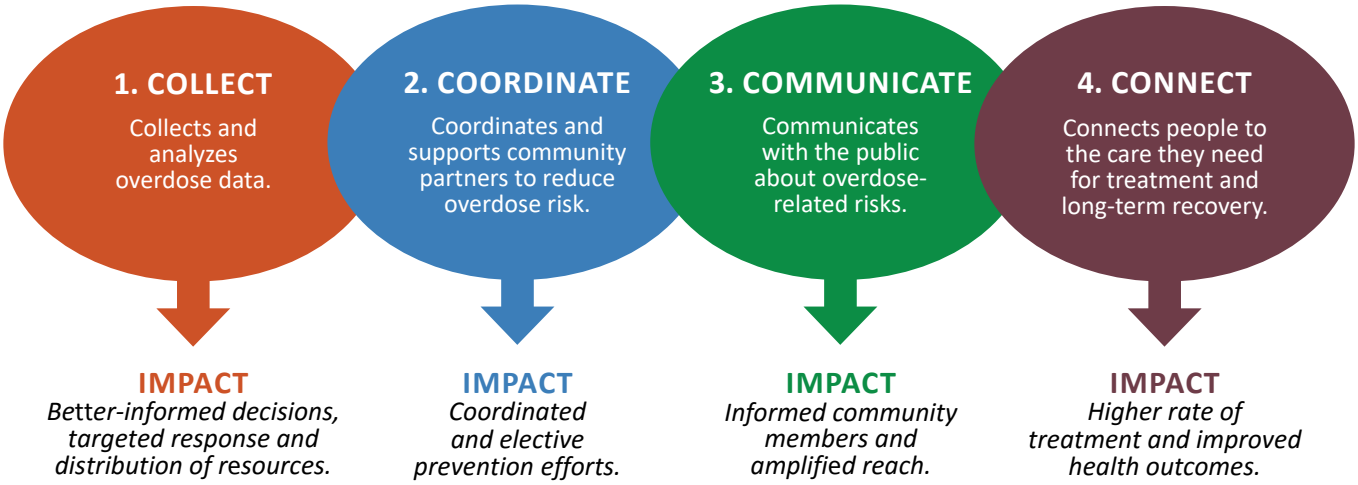
Drug overdose is a major public health issue that touches every corner of the country. Federal, state, and local public health agencies were critical in identifying steep increases in overdose deaths in the late 1990s and early 2000s, and they have remained central to understanding and responding to the evolving epidemic today. Public health at large addresses a continuum of medical and non-medical health factors, such as nutritious food, air quality, youth engagement, and a wide range of health behaviors. It also plays a unique and vital role in overdose prevention. While health care providers care for individual patients, public health workers care for the health of entire communities through a preventive approach.

Public Health's Role: The 4Cs of Overdose Prevention



A 2024 STUDY found that comprehensive public health actions could result in a 37% drop in fatal overdoses.

Proven Solutions Exist and Public Health Makes a Difference

A study published in 2024 found that comprehensive public health actions (the 4Cs), including important connections to treatment, could result in a 35% drop in nonfatal overdoses, a 37% drop in fatal overdoses, and increase the prevalence of medications for opioid use disorder (MOUD) treatment in individuals with opioid use disorder by 137% over a two-year period. Additionally, between 2023 and 2024, the U.S. overdose death rate fell by nearly 24%, down from a national peak in August 2023.

Across the country, public health action drives reduction in overdose deaths with the support of federal investments such as CDC'S Overdose Data to Action (OD2A) cooperative agreement. CDC delivers OD2A cooperative agreement funds directly to state, local, and territorial health agencies to support their overdose surveillance and prevention activities that have reduced overdoses. This includes building overdose data systems, naloxone education and distribution to the public and partners, integrating health systems data to inform prevention, monitoring drug trends, and connecting people to care and wraparound services.

Though recent declines in overdose deaths are encouraging, public health must continue to build on what has worked to further reduce preventable overdose-related harms and maintain progress. Trends in overdose often vary in states, regions, and communities. CDC's unique support to state, county, and large city health departments recognizes these local variations and supports tracking and response that is tailored to each state. CDC data systems — operated in collaboration with state health departments — provide our nation's state-specific overdose morbidity and mortality data to track individual state trends in overdose deaths and nonfatal overdose.

79,384 people died from overdoses in the United States in 2024, roughly equal to 223 per day.

This was a **24% reduction**, or about 70 fewer deaths per day than the year before.

This is progress, and it shows that prevention and response efforts save lives.

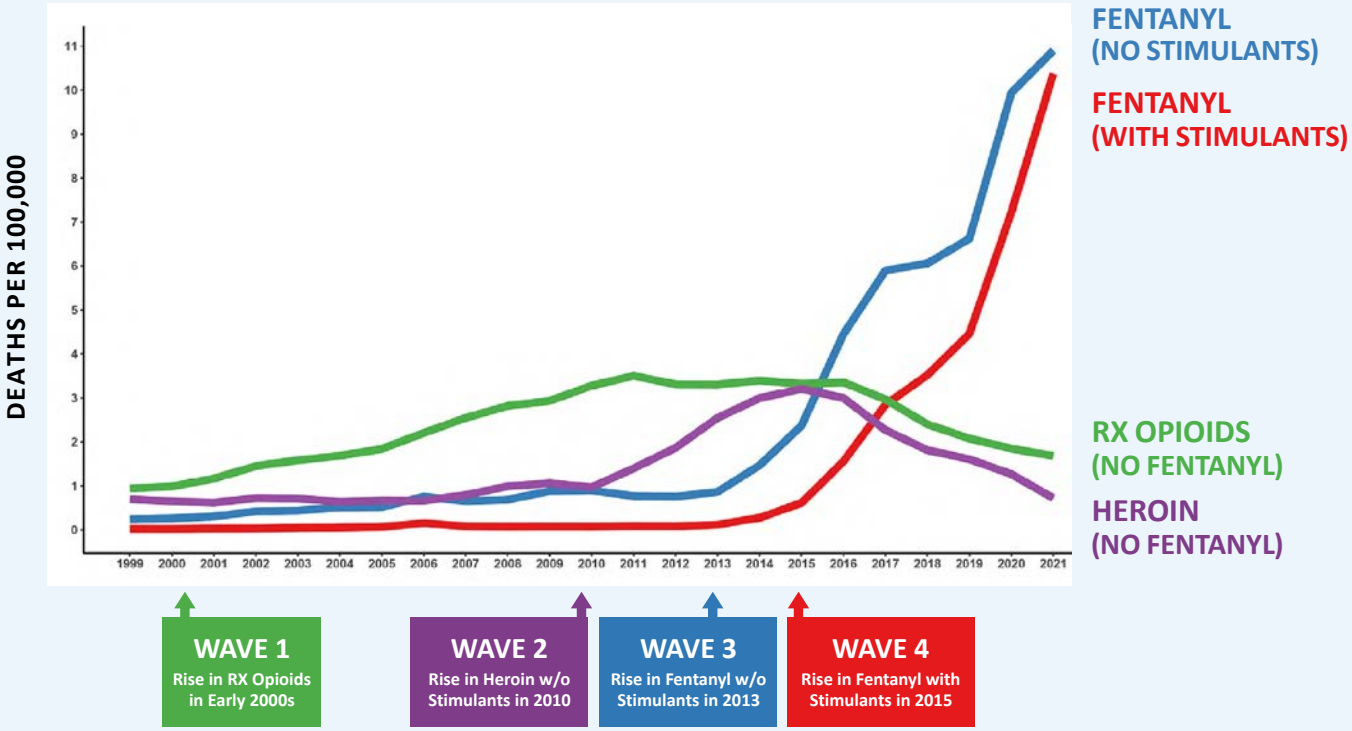
Across the country, public health actions help to drive reduction in overdose deaths with the support of federal investments such as CDC'S OD2A cooperative agreement.

Public Health Acts to Prevent Overdose in Communities as Trends Shift

Public health agencies have collected and analyzed data on overdose trends for decades. From this data, three clear "waves" in the modern overdose crisis have been identified through that tracking, with the United States currently experiencing a fourth wave. The **first wave** of overdose deaths, largely attributed to an increase in prescribing of opioid painkillers, saw the opioid-involved overdose death rate quadruple among Americans between 1999 and 2010. Beginning in 2011, heroin became the leading cause of overdose deaths, ushering in the **second wave** of the overdose epidemic.

Next was a **third wave,** with synthetic opioids such as fentanyl leading as a cause of overdose deaths. A 2017 spike in overdose deaths sparked the U.S. Department of Health and Human Services to issue a declaration of a public health emergency, which was renewed in March 2025. While synthetic opioids continue to be the main cause of overdose deaths, public health response now grapples in the **fourth wave** with a complicated landscape of emerging substances, stimulants, and polysubstance use. **Since 1999, nearly 1 million Americans have died because of overdose.**

Figure 1: Four Waves of Drug Overdose Deaths Identified Through Public Health Data Tracking (1999-2021)



SOURCE: Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021.

Recent reductions in deaths from overdose are an important national success

Sustained and adaptive prevention efforts and ongoing tracking will be needed to maintain and grow this success. Public health's role in driving overdose reduction includes helping people find and access treatment like MOUD; distributing and educating the public on opioid overdose reversal medications such as naloxone; public awareness campaigns on the harms of fentanyl and risks of stigma; and working with community partners (e.g., criminal justice, schools, businesses) to reduce overdose deaths. While drug trends may shift, public health remains focused on a comprehensive approach (**The 4Cs of Overdose Prevention**), as described in more detail in the following sections.

1. Public Health Collects and Analyzes Overdose Data

Public health collects, analyzes, shares, and uses data to improve prevention efforts.

Public health professionals use their expertise to bring together different sources of data to accurately describe how many people are affected by overdose, who is most impacted, drug supply risks, and what works to improve outcomes.

Data sources that guide insight into trends and ongoing efforts include hospitals, medical examiner and coroner systems, and community-based organizations. Federal, state, and local public health entities compile, analyze, monitor, centralize, and share data to inform overdose-related activities. These sources are robust and near real-time, with improvements being made continuously.

Important types of overdose-related data are included in **Table 1: Types of Overdose-Related Data.**

Data from a range of sources provides a more holistic view of the landscape, resulting in better-informed decisions, targeted response and distribution of resources.

Table 1: Types of Overdose-Related Data

DATA TYPE	DESCRIPTION
Nonfatal Overdose *An overdose that does not result in a death.*	**Data may include:** • Where a person experienced a suspected overdose. • Drugs involved in nonfatal overdoses. • What kinds of healthcare and referrals a person who has experienced an overdose received. ***Example:*** *Nonfatal overdose data from emergency departments.*
Fatal Overdose *An overdose that results in a death.*	**Data may include:** • Drugs involved in fatal overdoses. • Demographic information (e.g., race, age). • Circumstances surrounding the overdose death, like whether a bystander was present or setting where the overdose occurred. • If the person had experienced a nonfatal overdose before. • Prior treatment for a substance use disorder (SUD). ***Example:*** *Medical examiner and coroner systems; first responder data (e.g., emergency management services, law enforcement).*

Table 1: Types of Overdose-Related Data

DATA TYPE	DESCRIPTION
Data about Public Health Interventions to Prevent Overdose	**Data may include:** • Naloxone distribution. • Linkage to and retention in care or engagement with other services (e.g., housing). • Studying MOUD treatment evidence-based practices and outcomes. ***Example:*** *Measuring the benefits of linkage to care efforts in Cuyahoga County, OH or tracking naloxone in Rhode Island.*
Biosurveillance, Toxicology Testing, and Drug Checking	**Data may include:** • What kinds of substances are driving overdose trends. • Whether there is a novel substance appearing in the drug supply. ***Example:*** *Community-based organizations da a collection and discussion; poison centers.*

Through data analysis, public health can better inform decisions about public health programs and ensure resources reach those in most need. CDC's unique overdose data systems, such as Drug Overdose Surveillance and Epidemiology Syndromic Surveillance, which tracks nonfatal overdose, and the State Unintentional Drug Overdose Reporting System, which tracks fatal overdose, are critical tools that gather on-the-ground information to show current overdose trends. These systems, which are operated in 49 states and the District of Columbia, pair with state and local systems to describe overdose trends nationally and in each state. Other data sources, such as Overdose Detection Mapping Application Program, provide near real-time data and pair information with communication to distribute data to communities during sudden increases in overdose deaths. Systems such as these provide opportunities to engage key partners when there is a spike in overdoses, which can lead to a more coordinated response.

Public health also supports laboratories across the country. Every state and D.C. has a central public health lab that collects and analyzes samples and warns of potential threats to communityh health. State public health laboratories communicate with federal agencies and, in some states, local public health labs, to bridge gaps between different levels of government and notify partners of health risks and potential harmful health outcomes.

OVERDOSE DATA SYSTEMS AND SOURCES

- Drug Overdose Surveillance and Epidemiology Syndromic Surveillance (DOSE-SYS Dashboard).
- Drug Overdose Surveillance and Epidemiology Discharge Surveillance (DOSE-DIS Dashboard).
- State Unintentional Drug Overdose Reporting System (SUDORS).
- Overdose Detection Mapping Application Program (ODMAP).
- State-specific data dashboards.
- State-specific naloxone distribution data.
- Centralized state public health laboratories, wastewater testing.
- Public health laboratories test samples from community hospitals, drug products.

Many public health laboratories perform biosurveillance activities related to overdose, which is the testing of samples from hospitals and other sources to detect drugs involved in overdoses. This type of data collection and analysis can inform partners and communities about new drug risks in local communities and provide opportunities for labs to create technical guidance materials or provide direct training.

Public health pulls together data from multiple sources and makes that data available to the public and decision-makers in simple, understandable forums that can help chart a path and save lives. To help illustrate and visualize how overdose is affecting local communities, state governments have developed state overdose data dashboards, which compile and visualize critical overdose-related information for partners and community members. Most states have synthesized their jurisdiction-specific information to outline trends that are specific to the landscape affecting their states' communities.

Another way of bringing together data across systems to understand how to improve prevention is an overdose fatality review (OFR) committee. OFRs are collaborative groups that identify partners and review data and information surrounding overdose deaths. OFRs bring together public health, next-of-kin, law enforcement, health care systems, and other community providers to explore how an overdose death could have been prevented and make community- and systems-level recommendations to reduce the risk of overdose in the future.

Data systems engage key partners and lead to a more coordinated response.

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2. Public Health Coordinates and Supports Community Partners to Reduce Overdose Risk

Public health brings partners from different sectors together to accomplish common overdose prevention goals. Public health works with and brings together public safety (law enforcement, fire, EMS); health care (hospitals, clinicians); behavioral health agencies and providers; pharmacies; jails, prisons, and reentry groups; businesses, schools, and universities; faith-based communities; and community organizations. Together, these partners can collectively advance efforts that are coordinated, efficient, and timely.

Public health partnerships with public safety have been instrumental to reducing overdoses. The Overdose Response Strategy is a federal initiative through which public health departments and public safety teams share data systems, jointly plan prevention activities, and partner to reduce risks related to substance use and overdose. Further, the High Intensity Drug Trafficking Area program collects and shares data between public health agencies and law enforcement to address overdose, through activities like identifying overdose "hotspots" through the ODMAP data system.

Public health agencies and local partners react to identified overdose-related events by distributing opioid overdose reversal medications (e.g., naloxone), communicating risks to the public, and linking people to care.

Other critical public health partnerships to reduce overdose can be found in **Table 2: Critical Public Health Partnerships to Reduce Overdose**.

Table 2: Critical Public Health Partnerships to Reduce Overdose

SECTOR	ROLE DESCRIPTION
Health Care	Public health collaborates with health care personnel and systems to improve adherence to safe opioid prescribing guidelines, increase safe storage of medications, reduce barriers for people who experienced an overdose or are seeking treatment for opioid use disorder or infectious disease, and connect people with nonjudgmental services or naloxone after an overdose Further, specific health care professionals such as primary care providers, OBGYNs, or emergency care may have direct connection to specific populations that require special care, such as pregnant people or youth who may be experiencing a substance use disorder, related health concern, or acute medical emergency.
Criminal Justice	Public health supports criminal justice systems in providing naloxone, overdose education, and connection to MOUD for incarcerated populations, particularly as release from incarceration is a time of increased risk for overdose.
Post-Overdose Response Teams	Post-overdose response teams, multifaceted and collaborative groups that respond to an overdose-related event, often engage across sectors to identify ways to engage with a person who has experienced an overdose and follow up with that individual.
First Responders	Public health works with first responders to address compassion fatigue and burnout.

Public health brings this wide range of partners together to work towards common goals and coordinate resources. Many states have an overdose response taskforce or workgroup that is managed by the state public health agency. For example, in California, the California Department of Public Health's Substance and Addiction Prevention branch convenes and directs the Statewide Overdose Safety Workgroup that aims to strengthen coordination among state partners to reduce overdose deaths throughout California.

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3. Public Health Communicates with the Public About Overdose-Related Risks

Nearly one in every three Americans knows someone who has died from an overdose. Public health develops and conducts community-focused education to equip community members with information and tools to address the risks of substance use and potential for overdose so that we can collectively prevent more deaths from overdose in our nation. States have led education campaigns on prescription opioid use, avoiding overdose, and what to do when there is an overdose spike event. Public health uses evidence and data paired with community-specific information to create practical prevention campaigns tailored to address groups at a higher risk of overdose or prevent initial substance use — such as in youth. These campaigns support people who are in recovery, seeking treatment for a SUD, loved ones of people who have experienced an overdose, and youth at risk of initiating substance use.

Overdose education programs that also distribute lifesaving opioid overdose reversal medications, such as naloxone, are among the most crucial public health education strategies. These programs educate community members about how to know if someone is experiencing an overdose, how to respond, and how to administer these medications. These programs are highly effective, with participants reporting increased knowledge of how to respond if they witness an overdose and communities reporting lower rates of overdose death.

Public health also works with other sectors and groups to provide insight and education on overdose prevention, such as providing information on safe prescribing to health care personnel through academic detailing, offering education in schools to improve access to life saving medications such as naloxone, and holding public events to reach community members directly to distribute naloxone.

EXAMPLES: Education Campaigns

1. The Hawaii Department of Health launched the Care Coordination and Capacity Building Initiative that works with community partner organizations to develop the overdose response workforce on the islands and create materials such as infographics and brochures for the public.
2. CDC offers a variety of education campaigns on topics such as fentanyl, naloxone, polysubstance use, stigma that can impact access to treatment and support, and general overdose prevention.
3. SAMHSA sponsors National Recovery Month and offers educational and outreach materials that can publicize attention for this important awareness opportunity.
4. Organizations raise attention of other awareness days, such as International Overdose Awareness Day and National Fentanyl Awareness Day.
5. Drug Free Communities coalitions sponsor many educational activities that highlight the importance of youth peer interactions to improve understanding of substance use, overdose, and related topics.

Further, public health funding, such as grants available through Drug Free Communities, can be used to implement activities that educate youth and center youth involvement. When public health uses resources to educate the community, it creates a stronger and safer environment and empowers people with critical knowledge and tools to prevent overdose.

Public health education campaigns create stronger and safer environments and empower people with critical knowledge and tools to prevent overdose.

4. Public Health Connects People to the Care They Need for Treatment and Long-Term Recovery

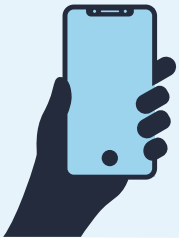
Public health is a critical partner in helping people access treatment and other support or recovery services (e.g., infectious disease screening and other clinical services) related to a SUD or following an overdose event. Public health supports communities in linkage to care efforts through innovation and connection, partnering with sectors such as health care, public safety, education, business, and government. Public health works with these systems to help people access care by improving integration of screening and referral to care for a SUD in primary care and other settings, creating tools to locate care, and working with public safety leaders on ways to increase access to treatment in carceral settings.

Public health's role in data collection and monitoring make it well-positioned to support the creation of tools and guidance to improve access to care. As treatment and recovery can be a continuum and different for everyone, supporting a robust system of coordinated care and warm handoffs is important for holistic and nonjudgmental care. Public health supports this system through professionals who devote time and attention to building connections, analyzing trends, educating on evidence-based practices, and training community partners, such as peer navigators.

Public health uses data, including SAMHSA's National Survey on Drug Use and Health and National Substance Use and Mental Health Services Survey to support a coordinated and holistic approach to treatment and recovery.

CREATING TOOLS TO LOCATE COMMUNITY CARE

The Alabama Department of Mental Health, the Alabama Department of Public Health, and VitAL (at the University of Alabama) created the "CONNECT ALABAMA" app for health care providers, first responders, public safety officers, community leaders, family members, and individuals seeking help to access the most up-to-date information on behavioral health services, treatment, recovery housing, crisis lines, and more.



These data systems that describe population-level substance use, treatment access, and other mental health information combined with public health data systems, such as those that show nonfatal and fatal overdose information, provide a landscape of information. This information can be used to guide decisions on how to build workflows to connect people to care and treatment.

EXAMPLES: Innovative and Engaging Linkage to Care Activities

1. Anne Arundel County in Maryland developed and staffed safe stations where individuals can present and identify that they would like to receive treatment for SUD. Following a medical examination, individuals discuss options for services and can even be transported directly.

2. Hospitals in Louisiana, funded by the Overdose Response Grant and OD2A, have implemented bridge programs to respond to individuals presenting with an overdose to connect them to care using Substance Use Navigators.

Maintaining and Advancing Progress Requires Sustained Support

There is no single solution to the overdose epidemic.

A well-resourced, comprehensive, and cross-sector response is the most effective strategy for overdose prevention. Public health has been building overdose response for decades through data, partnership, education, and linkage to care. Maintaining and advancing the improvements that the United States has seen in overdose prevention through public health strategies requires sustained funding and support.

Through this crucial work, public health can help ensure continued decreases in the rates of fatal and nonfatal overdoses — saving lives in communities across our nation.

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