

DECEMBER 2024

KEY TAKEAWAYS

- **Overdose deaths in the United States dropped by nearly 17% between July 2023 and July 2024**. However, over 93,000 people died of drug overdose in that period, more than the number of people who died from vehicle-caused accidents or firearms combined. This remains an urgent public health issue that requires evidence-based solutions.
- **Public health interventions saved lives and must be expanded.** Effective interventions include: the overdose prevention drug naloxone, expanded harm reduction services such as fentanyl test strips, increased access to medications for opioid use disorder (MOUD), and drug education based in facts, not fear.
- **Supply-side crackdowns led to new, more potent drugs entering the street drug supply.** Fentanyl seizures, crackdowns on precursor drugs, and law enforcement efforts are not responsible for the drop in overdose deaths nor did they lead to less fentanyl in the drug supply. Supply-side crackdowns do not address the demand for drugs.
- **Other factors that may have contributed to the decrease in overdose deaths include** fewer people overall using street opioids, people smoking fentanyl instead of injecting it, and xylazine in the fentanyl drug supply leading some people to use drugs less often.
- **While overdose deaths are down overall, rates remained high or increased among Black, Latino, and Native American populations** in some communities. Targeted, culturally competent health solutions such as services within communities and in multiple languages are needed. Other groups remain at risk, including those who are unhoused, and people involved with the criminal

legal system. These individuals tend to be some of the most vulnerable to overdose deaths. This is why elected leaders must make meaningful investments in housing, affordable and evidence-based treatment, as well as harm reduction and overdose prevention services.

KEY FACTORS IN OVERDOSE DECREASE

Increased Access to Harm Reduction, Medications for Opioid Use Disorder, and Drug-Checking Saved Lives

Evidence supports this because:

- **The overdose drug naloxone (e.g. ReVive, Narcan) became increasingly available over-the-counter and in communities.** This was due to increased funding from health departments, federal grants, and opioid settlement funds. Additionally, harm reduction and education on drug safety saved lives by teaching people how to avoid risky behaviors such as using drugs alone.
- **States across the East Coast, which have had fentanyl in the drug supply for over a decade, have had time to scale up legal harm reduction services.** These states overall have greater access to syringe service programs and overdose prevention services like naloxone and fentanyl testing strips, and broader drug checking. While rates remain very high across the East Coast, many states have seen significant decreases in overdose deaths because support was available.
- **More settings than ever are providing access to MOUD like buprenorphine and methadone. These medications cut the risk of opioid overdose by about half.** Settings include emergency rooms, harm reduction programs, jails, and prisons.

[A recent study shows](#) increased access to methadone as a result of loosened COVID-era federal restrictions. Removing the X waiver requirement for prescribers could be playing some role in expanding access to buprenorphine and reducing overdose among certain communities.

Changes in Patterns of Drug Consumption

Evidence supports this because:

- People transitioning to [smoking fentanyl](#) could have reduced overdose risk. Particularly on the West Coast, smoking is a more common mode of fentanyl consumption. This leads to users consuming less fentanyl or pacing their use slower than if someone were to inject an entire syringe. However, smoking fentanyl still poses an overdose risk.
- In places like Philadelphia where the sedative xylazine is commonly mixed with fentanyl, this may have resulted in people consuming [fewer doses](#). Xylazine provides a longer sedative effect, extending fentanyl's high, so users may inject fewer times. However, xylazine can also make fentanyl riskier for people with low tolerance, so it still poses an overdose risk.

"SHIFTING TO A HEALTH APPROACH IS WHAT IS NEEDED TO SAVE LIVES. OVERDOSE DEATHS ARE PREVENTABLE. YET, OUR ELECTED LEADERS...CONTINUE TO CALL FOR MORE OF THE SAME PUNITIVE DRUG WAR POLICIES THAT HAVE FAILED TO KEEP US SAFER OR HEALTHIER."

-Dr. Kim Sue, MD PhD, Addiction Medicine Physician

Fewer People Using Fentanyl, Fewer People at Risk

Evidence supports this because:

- [There is a smaller overall population of people using street opioids who are at risk of dying](#). This is because an unconscionable number of people who use drugs have been lost to preventable drug overdoses over the past two decades, especially after fentanyl entered the street drug supply.

- Younger generations may be deterred from initiating street opioid use compared to older cohorts. Trends in drug use are generational. Young people may be dissuaded from starting opioid use after seeing overdose deaths in their communities.
- Restrictions in opioid prescribing led to fewer people initiated into opioids over a decade ago who would then transition into heroin users who would then likely be exposed to fentanyl.

WHAT DIDN'T WORK

Despite U.S. Law Enforcement Seizures, There Were Consistent Levels of Fentanyl on the Street.

[Recent statements from the DEA](#) suggest that there is less potent fentanyl entering the country. Others argue that increasing the budget for Customs and Border Protection (CBP) caused an increase in seizures and reduced overdose deaths.

This is unlikely because:

- Seizures at the border were up in 2023 and then went down in 2024. Yet, despite the drop in seizures in 2024, overdose deaths were declining. Border seizures and overdose deaths do not always have a clear relationship. It is possible that more was being seized in 2023 because more was coming in.
- Drug checkers reported that samples from 2023 show consistent or increasing levels of fentanyl. Also, an annual report from the DEA said fentanyl was readily available across the country in 2023 and the price did not go up (both would have meant less fentanyl on the streets).
- The CBP budget does not correlate with [fentanyl seizures](#). CBP devoted their highest budget ever, and the largest portion of their overall budget, to Border Patrol in FY 2024, yet less fentanyl was seized than in FY 2023.

Crackdowns on Drugs Lead to More Potent, Dangerous Drugs. Overdose Deaths Went Down Before China Criminalized Some Fentanyl Precursors.

Fentanyl entered our drug supply only after crackdowns on prescription opioids led drug dependent people to seek a new source of opioids — heroin. Then the illegal market responded to this enormous demand by cutting heroin with fentanyl to make it stronger. Now, pure fentanyl is the norm, and other drugs are emerging like xylazine and nitazenes.

Evidence and history show that crackdowns only lead to more dangerous drugs. In fact, the federal government criminalized all fentanyl-related substances in 2018 and overdose deaths increased 60%— from 67,367 in 2018 to 107,941 in 2022.

Some argue that China's recent efforts to criminalize fentanyl and its precursors contributed to the decrease in drug overdose deaths.

This is unlikely because:

- **The timing of China's criminalization of fentanyl and precursors did not correlate with the drop in overdoses.** In 2019, China scheduled fentanyl, meaning they officially criminalized it. However, fentanyl overdoses reached record highs in 2020 because China became a supplier of precursors, or the ingredients used to make fentanyl. Then, China criminalized some fentanyl precursors, including nitazenes, and promised to regulate xylazine, but changes did not go into effect until September 1, 2024, after the drop in overdoses. Tariff threats could also dissuade China from cooperating with enforcement.
- **Supply-side crackdowns lead to market innovations, but do not reduce drug demand.** Even if China stopped selling precursors, new markets could emerge in other countries that have yet to criminalize these substances. In China, there is also an emerging market for the substances that create precursors (known as pre-precursors), which can still be used to make fentanyl.

The Drug Enforcement Administration Admits They Do Not Believe Top Cartels in Mexico Stopped Trafficking Fentanyl, Despite U.S. Enforcement Efforts.

Top leaders of the Sinaloa and Jalisco cartels have been recently arrested, and a small annual sample of fentanyl pills seized by the DEA showed a decrease in potency.

These factors are unlikely to drive a decrease in overdose deaths because:

- **Cartel leaders will likely be replaced by others.** [According to the DEA](#), they do not believe that the Sinaloa and Jalisco cartels stopped producing or trafficking in fentanyl in 2023.
- **There is no single supplier or cartel bringing or synthesizing the drugs that are sold on the street.** Disruptions to some operations are unlikely to transform the overall supply.
- **The sample size of the DEA's seized fentanyl pills is too small.** Additionally, fentanyl powder, not pressed pills, remains the dominant form of fentanyl used on the East Coast, where the majority of overdoses occur. Reduced pill potency may not have as large of an impact as changing potency in powder.

WHAT SHOULD HAPPEN NEXT

Elected Leaders Must Prioritize Public Health and Harm Reduction Interventions to Reduce Overdose, and Other Lessons

While the decrease in overdose deaths is an encouraging sign, losing 93,000 people each year is still far too many. These are people's family members, loved ones, and neighbors.

Our elected leaders must prioritize a public health response to addiction and overdose that keeps our communities safe and provides better access to harm reduction, health services, and evidence-based treatment. They must:

- **Recognize that crackdowns and seizures are a costly game of whack-a-mole that cause new,**

more potent and dangerous drugs to enter the supply. Instead of continuing this failed approach, leaders must focus on reducing the demand for fentanyl and providing better access to treatment, overdose prevention, and drug safety education.

- **Reallocate the \$40 billion that the U.S. spends on the failed drug war toward meeting people's immediate needs.** Sending people to jail who use or sell fentanyl is both costly and ineffective. [People are 27 times more likely to die from overdose within two weeks of release from incarceration](#) compared to the general population. Fear of arrest can deter people from asking for help during an overdose emergency. And when one drug seller is arrested, they are replaced with another. Despite decades of enforcement, drugs are cheaper and more available than ever. Instead of wasting taxpayer dollars, leaders must fund proven health solutions and provide the resources communities need to thrive.

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- **Be responsive to polysubstance use and the role of other drugs in the overdose crisis.** This includes methamphetamine, cocaine, xylazine, medetomidine, nitazenes, and others. Proven solutions for stimulant use such as contingency management and better training for healthcare professionals on how to treat people who use stimulants must be expanded. People need access to drug checking to identify new adulterants and additives to their drugs which could increase overdose risk or other harms.

75%

OF AMERICANS SUPPORT RESPONDING TO ADDICTION WITH PUBLIC HEALTH SOLUTIONS

- **Expand what works and address other drug-related harms.** Increased availability of naloxone, drug checking, drug safety education, and MOUD likely played a vital role in decreasing overdose deaths. Health approaches are popular – [75% of Americans support responding to addiction with public health solutions](#), not criminalization. Elected officials must follow the evidence and public opinion and respond to the overdose crisis by funding and expanding health solutions.
- **Address drug-related harms besides overdose with policy solutions.** As more communities detect xylazine in the fentanyl supply, people who use drugs are at risk of painful abscesses and wounds that can lead to infections or limb loss. Many people who use drugs do not feel safe seeking help for these wounds due to stigma and mistreatment, increasing risk. Medical professionals must be better trained and harm reduction services expanded to meet this need. Also, infectious diseases like HIV and Hepatitis C, skin and tissue infections, and bacterial infections require safe use equipment and safe spaces where people can use drugs hygienically.
- **Create targeted investments for populations and regions where overdose rates are rising.** To save lives, we must increase access to MOUD for communities of color, who face significant barriers to accessing these medications. We must also expand overdose prevention and harm reduction services; fund more culturally sensitive, gender-specific, and multilingual health services; decriminalize drug possession and harm reduction tools; and invest in better data collection and research that focuses on populations with rising overdose rates.