Funded by the Office of National Drug Control Policy
and the Centers for Disease Control and Prevention

2025 ANNUAL REPORT

RENEWED PURPOSE: A RE-ENVISIONED APPROACH TO OVERDOSE PREVENTION AND RESPONSE

SHARE & CONNECT • COLLABORATE • INFORM & PROMOTE • HELP & IMPLEMENT

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EXECUTIVE SUMMARY

The **Overdose Response Strategy** (ORS) is a nationally coordinated, cross-sector partnership created to address the overdose crisis through integrated public health and public safety efforts. The program was formed through a partnership between the **Office of National Drug Control Policy** (ONDCP) and the **Centers for Disease Control and Prevention** (CDC) with support from the **High Intensity Drug Trafficking Area** (HIDTA) program and the **CDC Foundation**.

The ORS is made up of 61 teams of Public Health Analysts (PHAs) and Drug Intelligence Officers (DIOs) across 33 HIDTA regions nationwide. Each ORS team serves as a cornerstone of the program—integrating data and intelligence while partnering with public health and public safety agencies to reduce fatal and non-fatal overdoses across the United States, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

As the overdose epidemic continues to evolve, the ORS has adapted its approach to meet an increasingly complex and rapidly shifting environment. The program expanded its national footprint by strengthening collaboration with **A Division for Advancing Prevention & Treatment** (ADAPT), **CDC's Overdose Data to Action** (OD2A) and the **Drug-Free Communities (DFC) Support Program** to enhance prevention capacity, workforce development and cross-sector planning nationwide.

ORS teams support communities by leveraging data, improving access to policy information and establishing collaboration across previously siloed sectors to advance overdose prevention and response efforts. To stay informed on current and emerging drug trends, ORS teams engage in the **ORS Trends, Analysis and Threats** webinars, a series that delivers briefings from experts at leading forensic and toxicology laboratories. Building on their capacity and impact in the field, teams have also participated in training on generative artificial intelligence (AI) tools and two learning intensives focused on deflection, diversion, situation tables and engagement with tribal communities.

In 2025, the ORS refreshed its strategic framework and, as a result, the program will transition to four program strategies in 2026. These are:

- **Share and Connect:** Expand access and quality of cross-sector data, insights and trends
- **Collaborate:** Build sustained coordination to enhance overdose prevention and response
- **Inform and Promote:** Educate and train partners on effective* prevention, treatment and recovery
- **Help and Implement:** Support partners in expanding access to effective* overdose prevention, treatment and recovery support services

This refinement positions the ORS to remain responsive, data-driven and impactful in an ever-changing overdose prevention landscape.

*The term "effective" includes interventions and approaches for which there is evidence that they are associated with reduced fatal or non-fatal overdose; the evidence may be derived through available peer-reviewed research, demonstration projects or other program evaluation efforts. The term "effective" encompasses both "evidence-based" and "promising" practices in the context of overdose prevention.

OVERVIEW OF THE OPIOID EPIDEMIC
EXAMINING OVERDOSE TRENDS FROM A NATIONAL AND REGIONAL LENS

Drug overdose mortality in the United States has sharply increased over the past several decades, rising from fewer than 10,000 deaths in 1980 to a peak exceeding 100,000 deaths between 2021 and 2023 (Figure 1).[1,2]

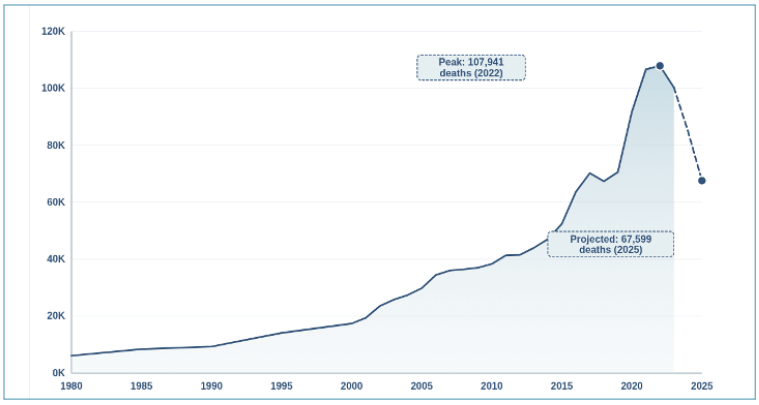
Recent provisional data reflect a shift in this trajectory, with overdose deaths declining in 2024.[2] Preliminary data for 2025 estimates approximately 70,000 overdose deaths.[3] Despite these recent declines, overdose mortality remains elevated relative to historical levels, with deaths approximately four times higher than in the year 2000.[2]

2025 YEAR IN REVIEW

Overdose Mortality Trends

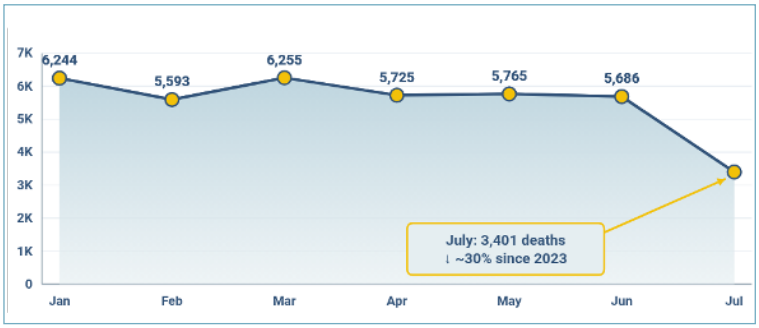
A closer look at 2025 reveals a notable turning point in overdose trends in the United States. Monthly overdose deaths declined from more than 6,000 cases in January to fewer than 3,500 by July. Overall, provisional data on drug overdose mortality in 2025 reflect a decrease of roughly 30 percent since 2023 (Figure 2).[3]

FIGURE 1: DRUG OVERDOSE DEATHS, UNITED STATES, 1980-2025



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality: Compressed Mortality File 1979–1998; Mortality 1999–2020; 12-Month Ending Predicted Number of Drug Overdose Deaths (January 4, 2026). CDC WONDER Online Database. Accessed January 22, 2026.

FIGURE 2: DRUG OVERDOSE DEATHS BY MONTH, UNITED STATES, 2025



Source: Provisional Data, January-July 2025 — Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality. CDC WONDER Online Database. Updated 2024. Accessed January 22, 2026. http://wonder.cdc.gov/mcd-icd10-provisional.html

Preliminary data for 2025 estimates there were approximately 70,000 overdose deaths.[3] Despite these recent declines, overdose mortality remains elevated relative to historical levels, with deaths approximately four times higher than in the year 2000.[2]

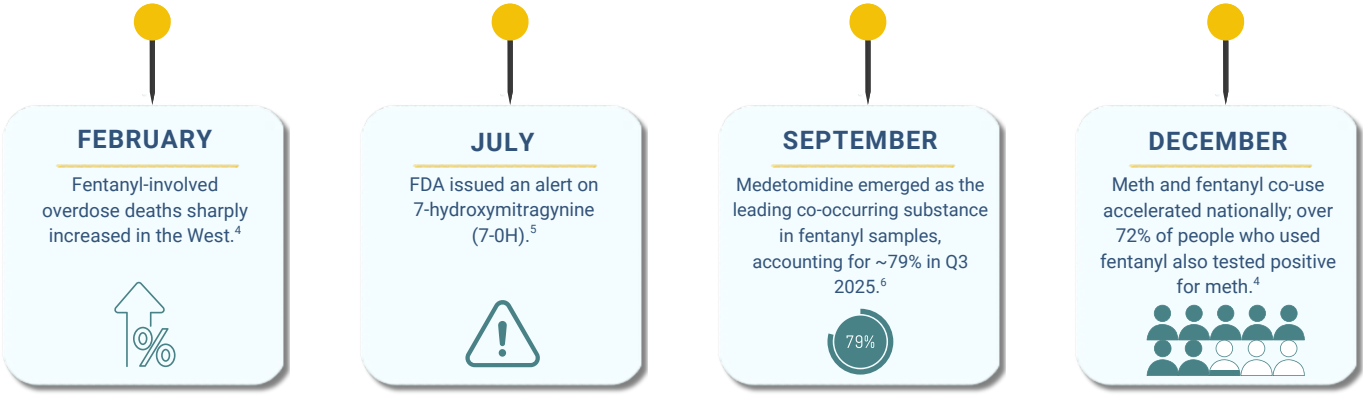
Illicit Drug Supply Trends

Epidemiologic and toxicology data observed throughout the year indicate ongoing changes in the illicit drug supply at both regional and national levels.

In February 2025, fentanyl-involved overdose death rates rose sharply along the West Coast of the U.S. (Figure 3), marking a regional deviation from earlier national declines observed throughout 2023 and much of 2024.[4] This increase may reflect the later and evolving infiltration of fentanyl into western drug markets.[4] Mid-year developments further reflected shifts in the drug supply landscape.

In July, the U.S. Food and Drug Administration (FDA) issued an alert on 7-hydroxymitragynine (7-OH), a potent and addictive opioid associated with significant health risks.[5] By September, the primary co-occurring substances in fentanyl drug samples had shifted. While xylazine was previously the predominant adulterant, medetomidine emerged as the leading co-occurring substance—accounting for nearly 79 percent of fentanyl samples in the Mid-Atlantic region by the end of the third quarter of 2025.[6]

FIGURE 3: DRUG SUPPLY AND OVERDOSE TIMELINE, 2025



IMPACT BY REGION

Building on these national trends, patterns in overdose risk and the illicit drug supply continue to vary across regions in 2025 (see map on pages 6-7).[6-12] Although overdose mortality declined across regions, this does not necessarily indicate reduced drug availability or risk. These changes may reflect shifts in drug supply composition, patterns of use or increased access to treatment and overdose prevention services. These current trends should be interpreted with a critical lens to better understand which substances are shaping local drug markets and influencing community-level outcomes, including overdose rates, polysubstance use and the effectiveness of overdose prevention and response efforts.

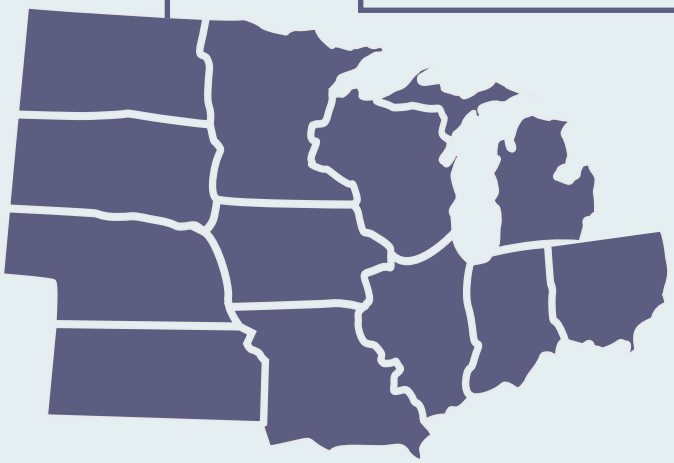
IMPACT BY REGION

KEY REGIONAL TRENDS:

- Fentanyl and Meth are co-dominant
- Xylazine and Medetomidine presence
- Carfentanil in counterfeit pills
- Overdose deaths decreased by 10 percent, risk remains unstable

WEST

The illicit drug supply continued to be characterized by the co-detection of fentanyl and methamphetamine, with polysubstance use remaining a defining feature of the regional drug landscape.[9,10] Methamphetamine co-detection is nearly two to three times higher in the West compared to other regions and continues to play a central role, distinguishing the region from eastern markets where cocaine is more prevalent.[9] Emerging adulterants such as xylazine and medetomidine have also been detected in the western drug supply.[9,10] A drug-testing study in Los Angeles documented an increase in xylazine presence in fentanyl-positive samples, suggesting early regional expansion.[11] Drug Enforcement Administration (DEA) seizure data further underscore the increasing severity of the synthetic opioid market in the West, including the emergence of highly potent fentanyl analogs such as carfentanil.[11,12] In 2025, a single DEA operation in Los Angeles County resulted in the seizure of approximately 628,000 counterfeit pills containing carfentanil, highlighting the growing presence of ultra-potent synthetic opioids and the heightened overdose risk associated with counterfeit pill distribution.[12] Despite these developments, overdose deaths in the region declined by approximately 10 percent.[7] However, the presence of highly potent synthetic compounds signals that the risk environment remains unstable.

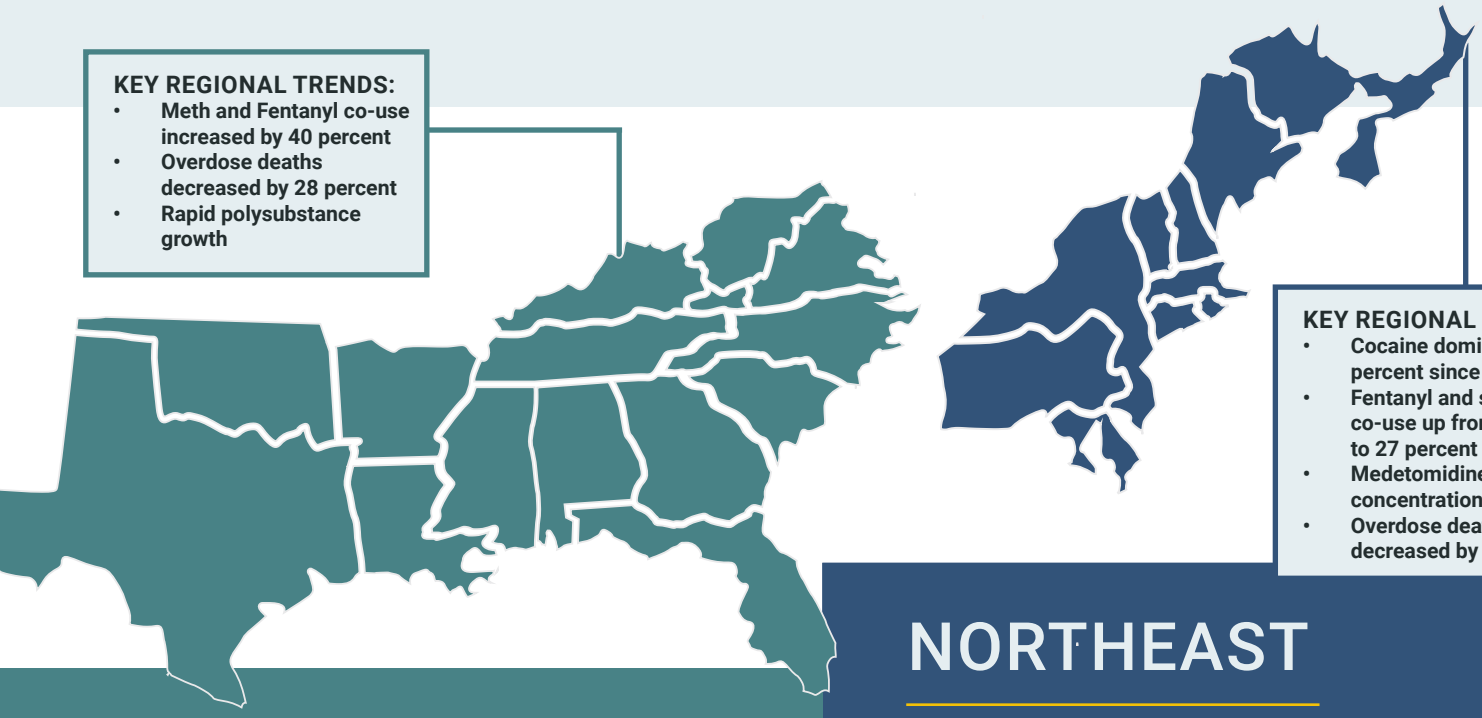


KEY REGIONAL TRENDS:

- Emerging synthetic opioids ("orphines")
- Increasing supply complexity
- Overdose deaths decreased by 24 percent

MIDWEST

In the Midwest, overall overdose deaths declined by approximately 24 percent between August 2024 and August 2025 (Figure 5).[7] However, a new class of synthetic opioids is emerging in the regional drug supply. Postmortem toxicology data identified a growing number of cases involving "orphines," a class of synthetic opioids entering the illicit market.[8] Other orphine analogs, including brorphine, n-propionitrile chlorphine (cychlorphine) and spirochlorphine, have also been detected.[8] The presence of these substances suggests ongoing experimentation within illicit manufacturing and distribution networks.[8] Although these substances currently represent a small share of detections, their emergence signals a shifting and increasingly complex opioid landscape. Early identification and monitoring are critical, as new synthetic opioids can spread rapidly and contribute to increases in non-fatal and fatal overdoses.



KEY REGIONAL TRENDS:

- Meth and Fentanyl co-use increased by 40 percent
- Overdose deaths decreased by 28 percent
- Rapid polysubstance growth

SOUTH

In the South, methamphetamine use among the population using fentanyl increased by 40 percent compared to 2024, marking the fastest-growing drug combination in the region.[4] Despite this surge, overall overdose deaths declined by at least 28 percent over the course of a year—from more than 33,000 deaths in August 2024 to 24,145 deaths in August 2025 (Figure 5).[7] However, the rapid growth in polysubstance use signals that the regional drug supply continues to evolve in ways that may reintroduce overdose risk.

KEY REGIONAL TRENDS:

- Cocaine dominant (+19 percent since 2024)
- Fentanyl and stimulant co-use up from 8 percent to 27 percent
- Medetomidine highest concentration (52 percent)
- Overdose deaths decreased by 30 percent

NORTHEAST

In the Northeast, provisional data show total overdose deaths decreased by 30 percent in a 12-month period ending in August 2025 (Figure 5).[7] While this decline signals progress, the region continues to face persistent challenges. In the Mid-Atlantic region, cocaine remained the second most frequently identified drug in forensic reports.[6] Regional and state-level data indicate a regional divide in stimulant trends, with cocaine remaining most prevalent in the Northeast and increasing by approximately 19 percent from 2024 to 2025.[4] Additionally, detections of fentanyl in combination with both cocaine and methamphetamine increased from 8 percent in 2020 to 27 percent in 2025.[4] Medetomidine, a veterinary sedative increasingly found in the illicit drug supply, was most concentrated in the Northeast, accounting for 52 percent of forensic drug reports in 2025.[9] All monitored sites in the region detected the substance, often at high levels in opioid-positive samples, indicating its growing presence in fentanyl.[11] These trends point to increasingly complex patterns of polysubstance use, heightening overdose risk and reinforcing the need for continued monitoring and drug-testing efforts.[4]

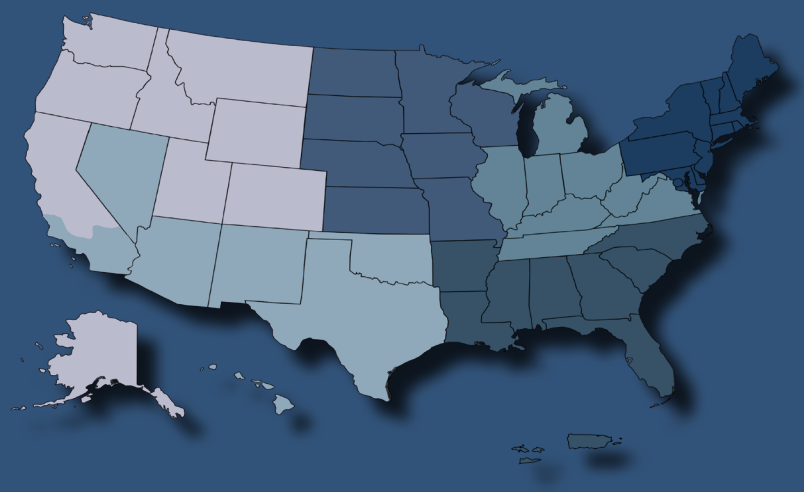
ORS TEAMS: COORDINATING DATA, PARTNERSHIPS AND ACTION TO SAVE LIVES

The ORS is implemented by teams of PHAs and DIOs who collaborate on drug overdose issues within and across public health and public safety sectors and jurisdictions.

These cross-sector teams form the foundation of the ORS, establishing common ground between public health and public safety partners.

Each team member contributes unique expertise, equipping partners and local communities with timely, reliable information and effective strategies to develop local solutions that reduce drug overdoses and save lives.

ORS National Map



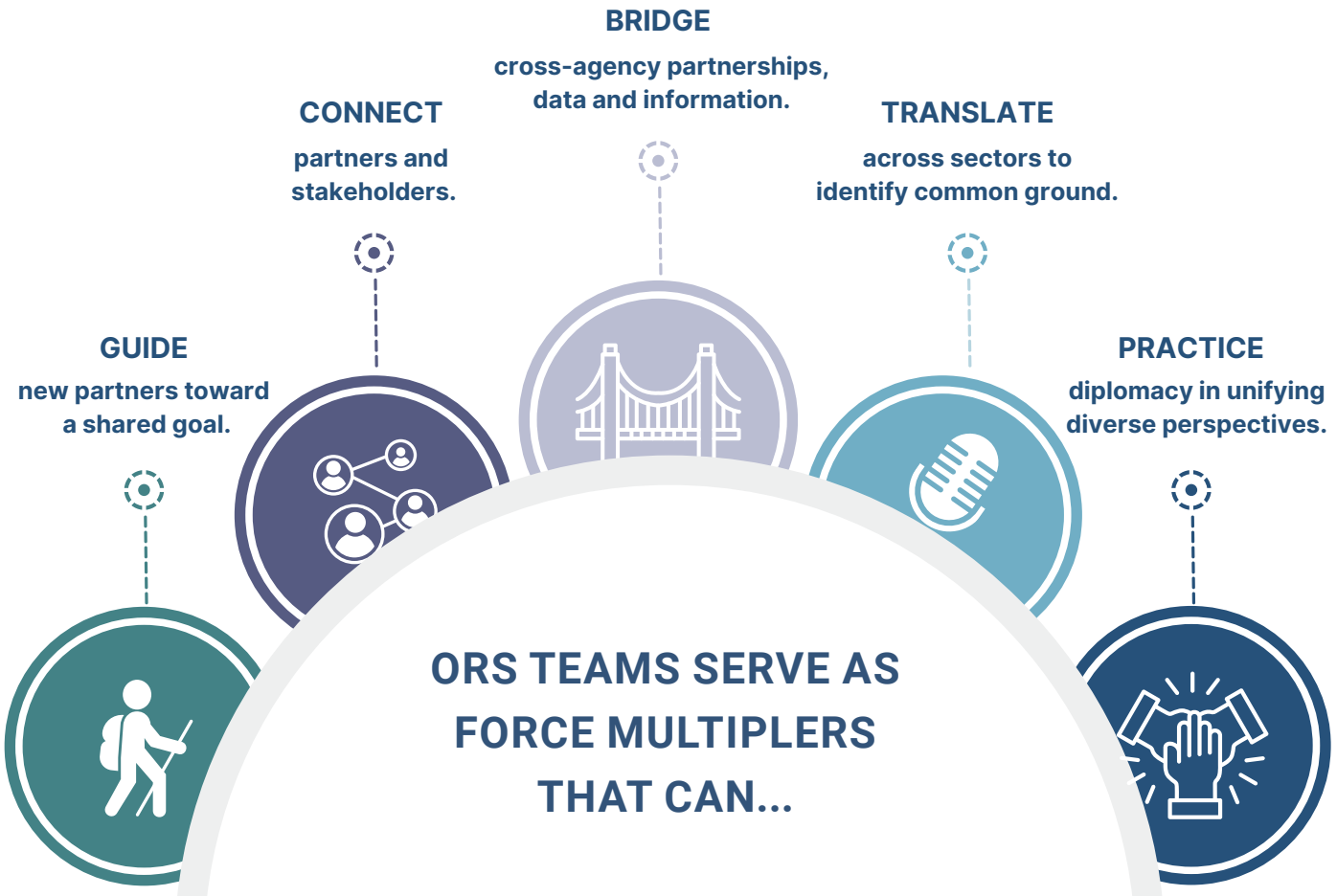
The **ORS website** includes an interactive map that highlights ORS team locations across the United States and provides team member contact information for each jurisdiction.

Public Health Analysts (PHAs):

- Strategically embedded with a public health partner (health departments, universities, coalitions and other key agencies) and a public safety partner (HIDTA offices and HIDTA Investigative Support Centers and other key agencies) in their respective state or jurisdiction.
- Analyze, translate and disseminate overdose and other drug-related data to inform meaningful community action through reports, presentations and other products.
- Support the evaluation of promising and innovative overdose prevention and response strategies at the intersection of public health and public safety.
- Funded by CDC and employed by the CDC Foundation.

Drug Intelligence Officers (DIOs):

- Leverage their public safety network and knowledge of law enforcement to build partnerships, implement drug supply reduction strategies and inform overdose response strategies.
- Provide intelligence and stay abreast of emerging drug trends and threats, de-identifying law enforcement sensitive data to share with public health whenever possible.
- Transmit Felony Arrest Notifications (FANs) and Parcel Interdiction Notifications (PINs) to inform law enforcement agencies about the arrests of residents and illegal operations nationwide.
- Funded by ONDCP and assigned to the respective HIDTA in their state or jurisdiction.



ORS TEAMS IN ACTION

ORS teams lead a range of initiatives that support the program's mission and strategies. The following section highlights stories from teams that demonstrate impact across the program's four overarching objectives. To learn more about ORS teams and their work, visit the **stories and news section on the ORS website**.

SHARE AND CONNECT INFORMATION AND DATA

Across the ORS, timely information sharing and data-driven coordination have proven essential to preventing overdoses and strengthening cross-sector response. From knowledge exchange to local system-level improvements, ORS teams demonstrate how shared data accelerates action. Together, these efforts underscore how shared data, interoperable systems and trusted partnerships enable faster detection, coordinated response and life-saving action across local, regional, national and global contexts.

MARYLAND

In Maryland, rapid coordination between the ORS team, law enforcement and public health partners enabled Baltimore City to quickly respond to a suspected mass overdose event. The Maryland DIO played a central role in coordinating the response by engaging partners, facilitating real-time information sharing and supporting field-based substance testing that identified acetylfentanyl as the likely substance within four to five hours. This fast, multi-agency response highlights the power of cross-sector collaboration—out of the 27 individuals who were hospitalized, there were no fatalities.

MINNESOTA

In Minnesota, the ORS team led the Minnesota Timely Emerging Substance Testing (MNTEST) program, a partnership between public health and public safety that quickly identifies new drug threats and supports coordinated responses. By rapidly sharing drug-checking information, the team detected emerging substances like medetomidine and BTMPS (bis(2,2,6,6-tetramethyl-4-piperidyl) early, helping partners respond quickly on the ground.

MONTANA

The Montana ORS team helped establish a new Application Programming Interface (API) that linked the Medicolegal Death Investigation Log (MDILog), the state's death case report management system used by coroners, with the Overdose Detection Mapping Application Program (ODMAP). Through partnerships with state forensic and public health agencies, the system automatically shares coroner-reported fatal overdose data across all 56 counties, improving data timeliness, completeness and rapid detection of overdose spikes.

NEW MEXICO

In New Mexico, real-time overdose monitoring in Doña Ana County highlights the critical role of rapid response. In August 2025, the New Mexico DIO identified a sharp increase in overdose activity over a single weekend through ODMAP. The NM DIO rapidly notified public health and public safety partners across the county. This immediate action prompted the Las Cruces Police Department to issue a public news release, generating widespread media coverage and significantly increasing community awareness. Following the spike, the DIO convened a local stakeholder work group in Doña Ana County, bringing together partners across public health, public safety, government and community-based organizations to establish effective communication pathways for overdose alerts.

NEW YORK

The New York ORS team facilitated an international learning exchange with senior law enforcement and drug policy leaders from nine countries, sharing the ORS framework and data-informed overdose prevention models, which helped to strengthen cross-border collaboration and provide subject matter expertise to inform policy adaptations abroad.

TENNESSEE AND VIRGINIA

Multi-state ORS team collaboration further highlights the power of shared intelligence. The Tennessee and Virginia ORS teams mobilized public health and law enforcement partners across four jurisdictions in under 30 minutes to respond to a suspected overdose threat. This rapid coordination reinforces the value of trusted networks like the I-81 Work Group, a multi-state collaborative that includes West Virginia, Maryland, Virginia, Pennsylvania and other nearby states geographically connected along Interstate 81. The collaboration enabled these states to share data and coordinate overdose prevention efforts based on predictive modeling.

SUPPORT THE IMPLEMENTATION OF EFFECTIVE* STRATEGIES >>>

ORS teams support the implementation of effective* strategies that expand access to lifesaving tools and prevention efforts into high-risk settings.

GEORGIA

In Georgia, the ORS team's relationship-building, data sharing and feasibility planning led to the installation of the state's first naloxone vending machine within a law enforcement facility, located at the Newton County Detention Center. The Georgia DIO played a key role in building sustained partnerships with local law enforcement, while the Georgia PHA used overdose data to highlight the elevated risk among individuals leaving incarceration and led feasibility discussions with partners. This intervention provides lifesaving medication to individuals leaving incarceration, one of the highest-risk periods for overdose.[13]

HAWAII

In Hawaii, the ORS team collaborated with the Thompson School at the University of Hawaii, the Overdose Data to Action in States (OD2AS) program and other partners to launch statewide tracking of naloxone use among law enforcement agencies. Together, the Hawaii ORS team and partners engaged with three county police departments in 2025, which helped enhance overdose surveillance and document law enforcement's role in timely overdose response.

PENNSYLVANIA

In Pennsylvania, the ORS team and partners united more than 150 stakeholders statewide for monthly naloxone learning community meetings to exchange best practices in overdose response. These sessions drove real-time improvements, including refinements to naloxone dosing protocols, to better support individuals in crisis, improve outcomes in the field and strengthen pathways to overdose prevention and response services.

NEVADA

In Nevada, the ORS team connected End Overdose—a nonprofit organization focused on peer-led education, free naloxone distribution and public awareness to prevent overdose deaths—with the Southern Nevada Health District (SNHD), supporting cross-partner planning efforts. This collaboration led to SNHD's donation and the distribution of 30,000 naloxone doses at the 2025 Electric Daisy Carnival, embedding overdose prevention into one of the nation's largest music festivals and demonstrating how innovative, collaborative outreach can protect lives on a larger scale.

SOUTH DAKOTA

In South Dakota, coordinated statewide partnerships leveraged opioid settlement funds to distribute more than 10,800 naloxone kits (20,770 doses) and install 28 naloxone distribution boxes, including six on tribal reservations. The South Dakota ORS team coordinated the first-ever naloxone distribution at the annual Sturgis Motorcycle Rally, engaging 47 businesses and distributing 461 naloxone kits that directly contributed to at least three known overdose reversals.

U.S. VIRGIN ISLANDS

ORS teams also supported the implementation of policy and environmental strategies that reduce overdose risk and prevent future harm. In the U.S. Virgin Islands, the ORS team and partners led a collaborative initiative to install five permanent prescription drug drop boxes across St. Thomas, St. Croix and St. John. Since launching in February 2025, the program collected 74.08 kilograms (163.32 pounds) of unused prescription medications across three collection events.

EDUCATE, DESIGN AND USE PROMISING STRATEGIES

ORS teams advance education, training and the design and use of promising strategies to strengthen overdose prevention and response.

ARIZONA

In Arizona, the ORS team and partners led overdose prevention efforts in tribal communities by building trusted partnerships and supporting community-led education. Together, they trained more than 300 Navajo Nation community members and distributed 350 naloxone boxes to Tribal Housing Authority residents for the first time. These efforts increased knowledge, trust and access to lifesaving tools—including one documented case in which a tribal community member's life was saved through naloxone administration guidance provided by this initiative.

DELAWARE

Education and training have also been used to strengthen preparedness and coordination at the state level. In Delaware, the ORS team led the state's participation in the Association of State and Territorial Health Officials (ASTHO) Spike Response Exercise-in-a-Box pilot, convening 25 state agency leaders to test response protocols, identify gaps and promote ongoing interagency collaboration. Lessons learned were shared nationally with ASTHO and ORS partners, extending the impact beyond Delaware.

GEORGIA

In Georgia, the PHA and state partners developed and launched a statewide Opioid Overdose Prevention and Response Training. The training strengthened first responder and public safety overdose response readiness, training 210 responders and increasing participant knowledge and confidence through ongoing, cross-sector professional education.

KANSAS

ORS teams are also building system capacity through specialized training and innovative program design. The Kansas ORS team spearheaded the state's first deflection and diversion training. The Midwest HIDTA and the Kansas Department of Health and Environment recognized the value of the initiative and supported it by funding national experts to train 106 participants from 24 agencies. These sessions expanded local capacity to implement alternatives to incarceration and better support individuals at increased risk of overdose.

NEW YORK

The New York ORS team designed and piloted a first-of-its-kind Mock Overdose Fatality Review (OFR) Toolkit, which was implemented in three counties to give partners a hands-on opportunity to practice overdose fatality reviews, strengthen collaboration, identify system gaps and take informed action to prevent future overdoses.

WYOMING

In March 2025, the Wyoming PHA provided subject matter expertise and convened cross-sector partners to inform legislators, contributing to the passage of SF74, Immunity for Drug Overdose Reporting. This legislation made Wyoming the final state to adopt a Good Samaritan-style law across the nation. The law provides limited legal protection for individuals who seek emergency assistance during an overdose to support timely emergency response and connection to care.

Overdose Fatality Reviews (OFRs) involve a series of confidential individual death reviews by a multidisciplinary team to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies. ORS teams promote and support OFRs in their jurisdictions to facilitate information and data sharing.

PURPOSEFUL PARTNER ENGAGEMENT TO ADVANCE PREVENTION EFFORTS

ORS teams promote the dissemination of prevention-related strategies and information by convening large-scale events, launching targeted campaigns and sharing materials that strengthen partnerships and expand awareness of prevention approaches.

ARIZONA

ORS teams also use campaign strategies to extend prevention messaging. Through the "Be in the Know" campaign, the Arizona ORS team and partners trained 150 university student ambassadors to spread overdose prevention awareness, provide naloxone training and connect fellow students with lifesaving resources—collectively reaching more than 20,000 students, delivering naloxone training to 650 students and distributing nearly 200 take-home naloxone kits across campus. This initiative empowers students to raise awareness and prevent overdoses.

COLORADO

The Colorado ORS team, along with ADAPT, co-hosted the Rocky Mountain HIDTA Youth Prevention Institute, engaging more than 120 professionals from public health, prevention, law enforcement, education and youth services. Post-event surveys showed that 90 percent of participants increased their understanding of the role of relationships in youth wellbeing, 94 percent gained knowledge of evidence-based strategies to foster connection and 97 percent reported greater confidence applying these skills to promote youth resilience.

ILLINOIS

The first-ever Illinois Prevention Summit, co-hosted by the Illinois ORS team and the Chicago HIDTA, convened 135 public health, public safety and prevention professionals to share early intervention strategies, deliver trauma-informed training and disseminate evidence-based tools focused on overdose, trauma and mental health prevention. The summit catalyzed new partnerships and inspired immediate action across the state.

CONNECTICUT AND RHODE ISLAND

The Connecticut and Rhode Island ORS teams applied creative approaches to support prevention strategies by co-leading a week-long storytelling residency with University of Rhode Island faculty, public health and law enforcement partners. The residency engaged more than 500 students, faculty and community members in community-centered overdose prevention education. The initiative culminated in a screening of the "Silence on the Streets" documentary attended by over 350 participants. The residency also strengthened cross-state collaboration and generated new opportunities for campus-based prevention programming and curriculum development.

NORTHERN CALIFORNIA

Targeted community outreach has also played a critical role in disseminating prevention information during periods of heightened risk. Following a series of fentanyl overdoses among teens, the Northern California ORS team partnered with the Northern California HIDTA and the San Francisco DEA Field Division Community Outreach to host six town hall meetings, providing overdose prevention training and distributing more than 300 naloxone kits to students, parents and educators. In the weeks following the events, schools reported a 35 percent increase in requests for counseling and naloxone, demonstrating the effectiveness of timely information sharing and trust-building in preventing further youth overdoses.

ORS PARTNERSHIPS: EXPANDING REACH THROUGH NATIONAL PARTNERS

In 2025, the ORS program strengthened its impact by partnering with national organizations to expand training opportunities and advance prevention efforts. These collaborations enhanced workforce capacity, promoted data-driven strategies and fostered cross-sector coordination to address the overdose crisis.

Through shared learning and strategic alignment, the ORS and the following partners supported more effective and locally responsive prevention initiatives nationwide. The **ORS website includes a complete list of ORS partners**.

A Division for Advancing Prevention & Treatment (ADAPT)

The ORS partners with ADAPT to support prevention strategies and build capacity across the nation. In 2025, 12 ORS team members representing 12 states attended an intensive training, hosted by ADAPT, which was designed to strengthen data-driven planning and evidence-based prevention strategies. During the training, participants engaged in exercises to:

- Analyze national and state datasets
- Identify local prevention needs
- Align priorities with existing resources
- Design prevention activities
- Apply relationship science to overdose prevention efforts
- Strengthen communication of evidence-based strategies

Additionally, ORS teams actively supported six Youth Prevention Institutes by introducing presenters, supporting event management and staffing resource tables. These engagements enhanced cross-sector collaboration, reinforced evidence-based prevention practices and expanded ORS staff access to national and regional prevention expertise.

Collaboration Spotlight: National Indian Health Board

The National Indian Health Board (NIHB) is a non-profit organization that represents tribal governments, both those that operate their own healthcare delivery systems and those receiving care directly from the Indian Health Service.

NIHB played a supportive role in advancing the ORS mission by providing foundational training on how to work with and support tribal populations. Sessions emphasized that effective tribal engagement requires a deep understanding of the historical and unique contexts faced by Native American and Alaska Native communities. Through facilitating this training, NIHB provided the ORS with practical tools to move beyond traditional prevention education and embody best practices that are responsive to tribal populations.

ADAPT also contributed to the ORS-led Rocky Mountain HIDTA Drug Information Opportunity Symposium (DIOS) by delivering targeted presentations and technical assistance. These efforts supported prevention workforce development by training HIDTA prevention representatives to develop data-driven prevention work plans and identify evidence-based strategies for implementation within their regions.

Overdose Data to Action (OD2A)

Overdose Data to Action (OD2A) is a significant cooperative agreement funded by CDC. The agreement provides resources to state, territorial, county and city health departments to track, prevent and respond to the drug overdose epidemic. The ORS program maintains a robust partnership with OD2A-funded jurisdictions to enhance coordination between public health and public safety sectors. By aligning overdose prevention strategies and facilitating timely data exchange, these collaborations ensure that all ORS states and jurisdictions remain responsive to unique community contexts.

In 2025, continued cross-program engagement focused on fostering innovation and scaling impactful solutions through shared learning and coordination at the national and local levels.

Collaboration Spotlight: Seven Directions: A Center for Indigenous Public Health

Seven Directions is the first national center for Indigenous public health in the United States, focusing on strengthening Tribal and Urban Indian public health systems through community-driven partnerships, innovative research and the cultivation of Indigenous health leadership.

Their contributions emphasized the importance of tailored programming and evaluation approaches developed by Indigenous communities. ORS staff received practical guidance on adaptable frameworks to foster authentic partnerships and advance community-driven overdose prevention strategies.

ORS PERFORMANCE HIGHLIGHTS
EVOLVING FOR LONG-TERM IMPACT

The ORS represents a unique approach to the evolving drug overdose epidemic, requiring adaptive responses that evolve alongside emerging threats. As the partnership between public health and public safety continues to mature and expand, the framework guiding the program must remain aligned with current evidence and best practices. To ensure this alignment, the ORS undertook a comprehensive sustainability planning process to ensure a strong and enduring future.

Setting the Groundwork: Clarifying Program Strategies and Activities

The ORS partnered with a consulting firm to engage key partners and staff to gather insights and identify opportunities for program enhancements to inform sustainability planning. A key element of the work that followed was the refinement of the current language to better communicate the unique value of the ORS. It also provided greater clarity on the critical roles of PHAs and DIOs in modeling effective cross-sector collaboration. The updated core strategies are as follows:

- **Share and Connect**: Expand access and quality of cross-sector data, insights and trends.
- **Collaborate**: Build sustained coordination to enhance overdose prevention and response.
- **Inform and Promote**: Educate and train partners on effective prevention, treatment and recovery.
- **Help and Implement**: Support partners in expanding access to effective services.

To better evaluate the program in alignment with these updated strategies, the ORS evaluation plan, logic model and data collection tools were updated. The evaluation plan details how the ORS will measure progress towards intended outcomes and report on its impact.

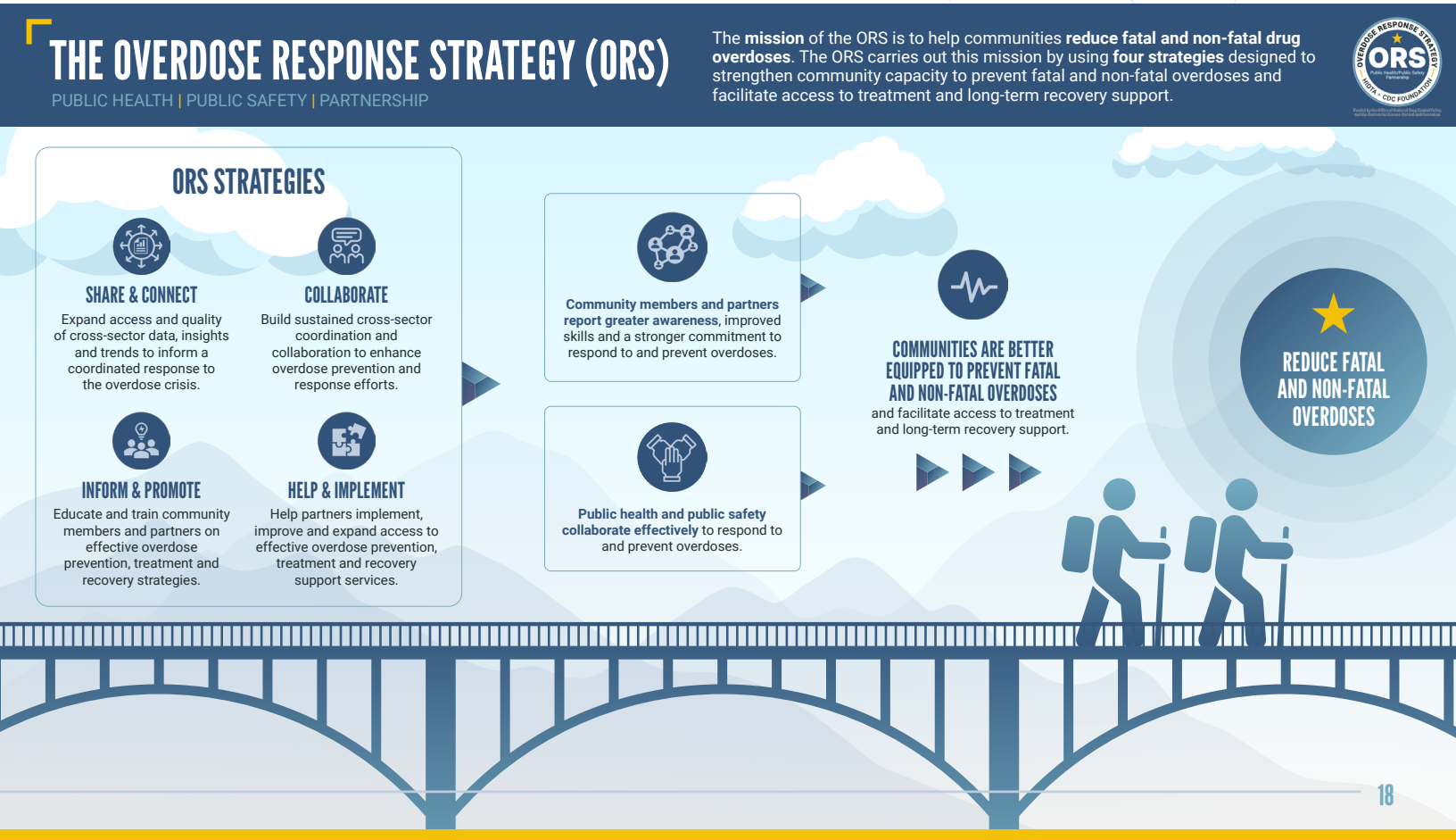
These efforts reflect the ORS program's commitment to making a measurable difference in communities.

The new logic model (refer to the image below) was created to serve as the foundational roadmap for the program, demonstrating how specific activities lead to defined outcomes that help communities reduce overdoses and save lives. The program reporting system and annual evaluation survey will be updated in 2026 to streamline reporting requirements and better highlight the impact of ORS teams.

This sustainability work sets the stage for how the program is evolving to meet the moment.This evolution emphasizes:

- **Being responsive to emerging threats**: The program's strategic framework allows it to quickly adjust and remain responsive to emerging public health and safety needs.
- **Strengthening data integration**: By improving data sharing across agencies, the ORS ensures that stakeholders receive the timely, high-quality intelligence needed to increase their effectiveness.
- **Committing to defined outcomes**: To better demonstrate value to funders and other partners, the ORS has implemented a robust measurement plan that tracks quarterly outputs and links them directly to measurable program outcomes.

The Overdose Response Strategy Logic Model



2025 ANNUAL EVALUATION SURVEY REPORT

315 SURVEYS DISTRIBUTED

5 KEY ORS STAKEHOLDER GROUPS

(PHAs, DIOs, PH partners, PS partners, Management/Coordination team)

41% RESPONSE RATE

Purpose of the Survey

It is important for the ORS to understand how program activities lead to effective collaboration to reduce drug overdoses and save lives. In 2025, the ORS disseminated its fourth program-wide survey to assess the progress and impact of this unique partnership using key stakeholder feedback. The survey asked participants to respond based on how the program operated throughout the 2025 calendar year.

TOP RESPONSES: MOST SIGNIFICANT CHANGE IN COLLABORATION ACROSS PUBLIC HEALTH AND PUBLIC SAFETY

1. Continued evolution of cross-sector partnerships from working in silos to a unified, team approach
2. Increased alignment between public health and public safety priorities
3. Real-time data integration

The **Overdose Detection Mapping Application Program** (ODMAP), developed and managed by the Washington/Baltimore HIDTA (W/B HIDTA), is a free, web-based tool that provides near real-time suspected overdose data across jurisdictions to support public health and public safety efforts to mobilize an immediate response to a sudden increase or spike in overdose events.

SURVEY RESULTS Key Findings

97% respondents across the five groups agreed or strongly agreed that the ORS program **built a common understanding of the problem that needs to be addressed.**

98% of respondents across the five groups agreed or strongly agreed that the **program provided support toward goals, opportunities, challenges and gaps.**

86% of ORS teams and their partners **agreed or strongly agreed that state/jurisdictional efforts better addressed overdoses as a result of involvement with the ORS program.**

97% of PHAs and DIOs agreed or strongly agreed that they work with their counterpart to **develop/disseminate tools to enhance implementation of evidence-based programs and practices.**

The usage of ODMAP and targeted naloxone training and distribution were most commonly identified as the evidence-based strategies that public health and public safety partners implemented together to directly reduce overdose deaths.

ORS TRAINING HIGHLIGHTS: EMPOWERING TEAMS THROUGH LEARNING AND ENGAGEMENT

In 2025, ORS training initiatives adapted to meet the ever-changing landscape of the overdose crisis and better equip ORS teams for success. This included the continued efforts of webinars and learning communities, with added topics and tools for refining and reimagining the work.

ORS Trends, Analysis and Threats Webinar Series

In May 2025, the ORS launched the **Trends, Analysis and Threats webinar**–a bi-monthly series that delivers briefings on current and emerging drug trends, bringing in a wide variety of experts from leading forensic and toxicology labs. Across the four webinars hosted, the series informed nearly 3,500 professionals from the ORS, public safety, public health and other disciplines with valuable and cutting-edge knowledge on emerging data and trends in the field. Participant feedback can be found below:

Feedback	Sector/Profession
"Keep up the great work! The level of detail in these meetings is so helpful and way more information than I get in other settings."	Public Health
"Excellent content and very helpful! We truly appreciate it. Please continue with these webinars. They are very beneficial to many of us in the field. Thank you!"	Public Health/ Public Safety
"Outstanding call. Identifying emerging trends as soon as possible is key for both treatment and interdiction. This was the most informative call I have heard this year."	Law Enforcement/ Public Safety
"Seeing these drug trends really helps with our prevention work and future topics we discuss so we can pass that information to our teams."	EMS/Healthcare/ Prevention
"This was super helpful boots on the ground information to provide context to my federal work in monitoring trends in drug misuse and abuse. Thank you and please keep this series going!! I will be sharing with my colleagues."	Public Health
"I always appreciate the current data trends. Having experts in the relevant data method trends present is greatly appreciated. I also like all the different entities presenting as it offers more awareness how the data is collected and who is assisting in the overall drug mitigation."	Prevention

Artificial Intelligence (AI) Series

To address new technology and assessment tools, the ORS hosted a series on generative AI tools covering conceptual foundations, real-world applications, test cases and example documents produced by ORS teams and troubleshooting workshops to hone their skills. This series increased knowledge and skills in this area for more than 100 unique ORS team members and resulted in an AI Prompt Library being developed as a resource for (and by) ORS team members, with emphasis on data analysis and visualization.

Learning Intensives

The ORS continues to highlight specific areas of interest and populations of focus by hosting the Learning Intensive series, including two hosted in 2025 with the first centered on deflection, diversion and situation tables, and the second on engaging with tribal communities. Both series leveraged the knowledge and experience of ORS teams working in these spaces as well as external experts in the field. These learning opportunities successfully brought together both internal and external expertise to help disseminate lessons learned and effective overdose prevention strategies.

The Tribal Learning Intensive consisted of seven sessions spanning a variety of topics of interest in this area of work, including person-centered safety, steps for community engagement, tribal health champions and pathways to sustainable tribal programs. Partnerships, including the National Indian Health Board, Seven Directions, California Consortium for Urban Indian Health and the highlighted work of ORS teams in multiple states including Michigan, Montana, Wyoming, Nebraska and Arizona, made this series possible and contributed to its success. Approximately 115 unique participants across the series were equipped with the knowledge, tools and skillset to better engage with tribal populations at increased risk for overdose.

The Deflection, Diversion and Situation Tables Learning Intensive was hosted by the ORS in conjunction with our national-level partner, the Police Assisted Addiction and Recovery Initiative (PAARI). External programs and partners highlighted in the series included PAARI, Law Enforcement Assisted Diversion (LEAD), Police, Treatment and Community Collaborative (PTACC), Treatment Alternatives for Stronger Communities (TASC) Center for Health and Justice (CHJ), Madison Area Recovery Initiative (MARI) and ORS teams working in this space. This series demonstrated success at the local, state and national level and sharpened ORS teams' skills to engage with and promote programs along the Sequential Intercept Model. This effort highlights a dedication to evidence-based prevention efforts and ongoing collaboration between public health and public safety.

LOOKING AHEAD

Looking ahead, the ORS will implement a newly developed sustainability plan to guide long-term direction and assess the program's progress and impact. The plan builds upon a refreshed ORS framework and clearer descriptions of ORS strategies and activities to help describe the unique value and impact of the program. The updated strategies and activities, coupled with a new visual logic model, will offer external audiences a clear snapshot of how the ORS program functions today and well into the future.

Dedicated training efforts will continue in 2026, including the **ORS Trends, Analysis and Threats Webinar** series and AI utilization, which will equip PHAs and DIOs with the knowledge of new and emerging drug trends and technology. The annual ORS Conference will continue to serve as the catalyst for PHAs, DIOs, national ORS staff, partners and other overdose prevention professionals to share knowledge, spark new ideas and drive innovative action to reduce drug overdoses in their local communities.

Through these efforts, and the continued investment from CDC, ONDCP, HIDTA and the CDC Foundation, the ORS will continue to serve in a unique role–bridging public health and public safety sectors to help reduce fatal and non-fatal drug overdoses nationwide.

FEDERAL ACKNOWLEDGEMENT

This report is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of multiple financial assistance awards totaling $17,000,000 with 75 percent funded by CDC/HHS and $5,700,000 with 25 percent funded by the Office of National Drug Control Policy (ONDCP). A portion of this funding supported the project described in this material. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, ONDCP, the U.S. Government, or the CDC Foundation.

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Funded by the Office of National Drug Control Policy
and the Centers for Disease Control and Prevention

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