The evolving opioid crisis across the United States

For nearly two decades, the United States has experienced a trend of increasing drug overdose deaths. At the national level, the growth in overdose deaths since 2000 was initially driven by natural and semi-synthetic opioids—largely, prescription opioid painkillers such as oxycodone and hydrocodone. However, the crisis has evolved in recent years. Since 2010, rapid increases in deaths from illicit opioids—including heroin and illegally manufactured and trafficked synthetic opioids (e.g., fentanyl)—have outpaced deaths from natural and semi-synthetic opioids. Additional data suggest that the overdose crisis may now be expanding beyond opioids. In recent years, deaths from other illegal drugs such as cocaine and psychostimulants (e.g., methamphetamine) have also grown sharply, which may be due to traffickers often selling illicit drugs alongside each other, sometimes even mixing drugs together.¹

The data also show that the impact of the overdose crisis varies across states. To that end, SHADAC has developed these state-level snapshots of data on overdose deaths as a resource for people to better understand the crisis in their states—a key step in developing and deploying effective policy solutions. The data presented here come from SHADAC’s State Health Compare web tool. Visit State Health Compare to explore these data in more detail.

The data also show that the rate of opioid overdose deaths in the United States in 2017 was 44,659.²


²Includes drug poisoning deaths associated with natural and semi-synthetic opioids (e.g., hydrocodone, oxycodone), synthetic opioids (e.g., fentanyl), and heroin.
Exploring State Variation: Drug Overdose Deaths per 100,000 people in 2017

Definitions: Age-adjusted rates of deaths caused by drug poisoning (i.e., overdose), including those caused by natural and semi-synthetic opioids, synthetic opioids (non-methadone), the illegal opioid heroin, psychostimulants (including methamphetamine), and cocaine. For further definitions and source notes, visit SHADAC’s State Health Compare.