2025
Drug Overdose in Los Angeles County
Data Report

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SAPC | Substance Abuse Prevention and Control

County of Los Angeles Public Health

Los Angeles County Department of Public Health

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Executive Summary

Drug overdose continues to be the leading cause of accidental death in Los Angeles County (LAC), with methamphetamine and fentanyl as the predominant drugs involved in accidental drug overdose deaths. This data report presents the numbers and age-adjusted rates of accidental drug overdose and poisoning deaths dating from 2016, when routine testing for fentanyl began among overdose deaths, to 2025. This data organizes overdose data for the past ten years by drug type as well as sociodemographic and geographic factors.

From LAC's historic highs in 2022 to 2025, there has been a nearly 30% decrease in drug-related overdoses, with an over 40% drop in fentanyl- and 25% reduction in methamphetamine-related deaths. Accidental drug overdose and poisoning deaths in LAC declined by a historic 22% from 2023 to 2024, and decreased an additional 6% from 2024 to 2025, with a total of 2,298 deaths in 2025. These decreases were largely driven by declines in fentanyl overdose deaths, which plummeted by 37% from 2023 to 2024, and dropped an additional 10% from 2024 to 2025. While the declines in 2025 were more modest than the substantial reduction observed in 2024, the continued downward trend in overdose deaths from the highs during the pandemic demonstrates sustained progress in the County's efforts to address the overdose crisis. The findings indicate that a coordinated service continuum encompassing prevention, harm reduction, treatment, recovery support, and data-driven strategies is helping to reduce overdose mortality and improve community health outcomes.

In 2025, adults aged 40-64 years had the highest rate of accidental drug overdose deaths (38.5 per 100,000 population). The rate decreased earlier and more substantially among younger age groups, with Millennials (born between 1981-1996) accounting for 43% of the total decrease from 2023 to 2025.

Males accounted for a significantly higher rate of accidental drug overdose and poisoning deaths, with an age-adjusted rate 3.5 that of females (34.1 vs 9.8).

Hispanic/Latinos accounted for the largest number of accidental drug overdose deaths (905), followed by Whites (785), Blacks (502), and Asians (68). However, after accounting for population size, the highest age-adjusted rates per 100,000 population were among Blacks (60.5), followed by Whites (29.3), Hispanics/Latinos (18.2), and Asians (4.2). There was also a notable increase of 42.4% in the rate of overdose deaths for American Indian/Alaskan Native populations in 2025 compared to 2024.

The least affluent areas with more than 30% of families living below federal poverty level (FPL) had an age-adjusted rate of accidental drug overdose deaths 4.7 times that of the most affluent areas with less than 10% of families living below FPL (76.9 vs. 16.3 per 100,000 population).

Although there have been consecutive annual decreases in drug overdose deaths, particularly those due to fentanyl, the crisis is ongoing and far from over. Drug overdoses and poisoning remain a significant public health problem across the United States and in LAC, across sociodemographic groups and geographic areas. The persistent inequities between under-resourced and more affluent groups underscore the need to target evidence-based prevention efforts to those at highest risk to decrease drug overdoses and advance health equity in LAC.

Introduction

Drug use remains prevalent and is increasing in the United States. In 2024, an estimated 25.5% of people aged 12+ used illicit drugs in the past year, up from 22.2% in 2021.[1] All drug use carries risks, including dependence, injury and accidents, health problems, and death that can have significant impacts on individuals, families, and across communities.

In Los Angeles County (LAC), drug overdose has remained the leading cause of accidental deaths since surpassing deaths due to both motor vehicle crashes and firearms in 2017. Fentanyl and methamphetamine have been major drivers of the ongoing drug overdose crisis.

Methamphetamine is a synthetic stimulant with high addiction potential that can cause or complicate cardiovascular and neurologic conditions. While currently there are no FDA-approved medications for stimulant use disorder, there are effective off-label medications, and contingency management has consistently been shown to be an effective behavioral treatment approach for stimulants such as methamphetamine.

Fentanyl is a synthetic opioid 50 times more potent than heroin and 100 times more potent than morphine and can cause life respiratory depression in an overdose. Illicitly manufactured fentanyl (IMF) is widely available across the United States and has been commonly found in nearly all forms of illegal street drugs and counterfeit pills that users knowingly or unknowingly take, as drug traffickers intentionally add fentanyl to their drugs to reduce costs, to enhance the effect of an existing drug, and/or to make their drugs more addictive.[2,3]

Evidence-based interventions for opioid use disorder, including medications for addiction treatment, have been well-established for decades.[4] Among the broader substance use disorder treatment system reform and service expansions, the Substance Abuse Prevention and Control Bureau at the Department of Public Health recently expanded services focused on preventing fentanyl overdose deaths by educating about and distributing Naloxone, a lifesaving medication that can rapidly reverse opioid overdoses.

Prior studies have shown sociodemographic disparities and regional variations in drug overdose deaths.[5,6] In order to deepen our understanding of drug overdose deaths and to identify evolving trends and emerging high-risk populations in LAC, the need remains for additional analysis. These insights are essential to inform and tailor prevention strategies aimed at reducing the devastating impact of drugs in our communities.

Methods

This report presents accidental drug overdose death data in LAC, with annual trends and sociodemographic and geographic breakdowns by Supervisorial District (SD) and regions of the County. These regions are organized as the following Service Planning Areas (SPA): Antelope Valley (SPA 1), San Fernando Valley (SPA 2), San Gabriel Valley (SPA 3), Metro (SPA 4), West (SPA 5), South (SPA 6), East (SPA 7), South Bay/Harbor (SPA 8).

Accidental drug overdose and poisoning deaths in 2016-2025 were identified by text-based analyses of medical examiner investigation reports using data as of May 2026.[7] Detected drugs were classified as contributing to accidental overdose deaths if they were listed as one of the causes of death. Overdose deaths can involve more than one drug, therefore the sum of deaths reported by type can add up to more than the total number of overdose deaths. Drug includes alcohol and other drugs. All deaths by accidental drug overdose and poisoning were included. Deaths involving acute trauma, drowning, burns, other external causes of injury, and suicide were excluded.

SD and regional designations for each event reviewed were based on residential address or residential zip code in LAC. If residential address was not available, death location was used. Poverty estimates were defined based on the percentage of families living at or below the federal poverty level (FPL) in the census tract of each person's residence using the latest 5-year American Community Survey[8] estimates for the corresponding year. To allow for comparisons between groups, differences in population size were accounted for by calculating age-adjusted rates per 100,000 population using the latest population estimates from the LAC Internal Services Division[9] as denominators.

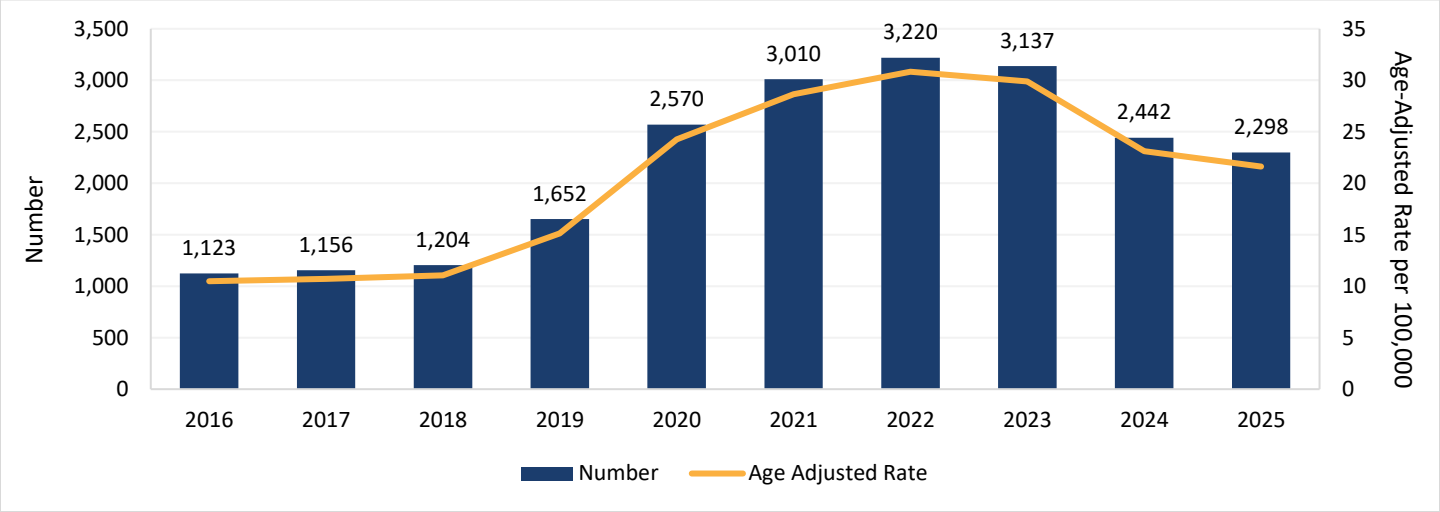
Results

Overall Overdose Deaths

Figure 1 shows that both the number and age-adjusted rate of accidental drug overdose and poisoning deaths in Los Angeles County increased steadily each year from 2016, reaching a peak in 2022 with 3,220 deaths (age-adjusted rate of 30.8 deaths per 100,000 population). From 2022 to 2023, accidental overdose deaths decreased by 3%—marking the first decline in the past decade. This was followed by a substantial 22%

reduction from 2023 to 2024, and a continued 6% decline from 2024 to 2025. In 2025, there was a total of 2,298 accidental drug overdose deaths (age-adjusted rate of 21.6 per 100,000) which, while less than the previous year, remains well above the numbers from before the COVID-19 pandemic.

Figure 1. Number and Age-Adjusted Rate of Accidental Drug Overdose Deaths, LAC, 2016-2025



*Note: Accidental drug overdose deaths refer to accidental deaths involving alcohol and/or other drugs.

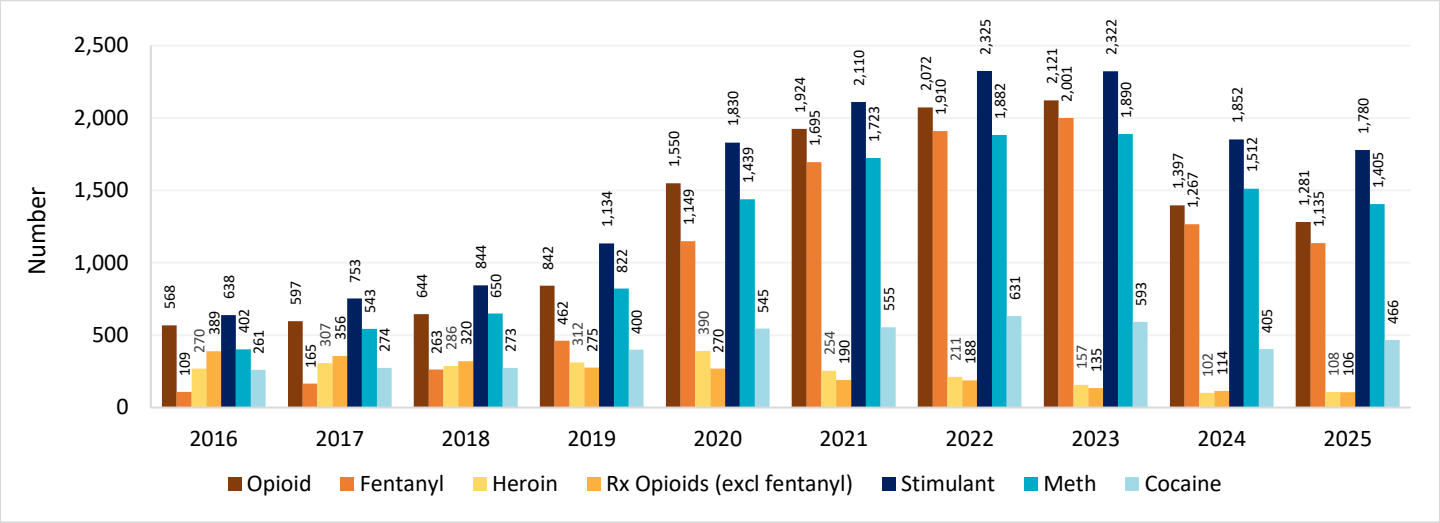
Drug Types Involved

Figure 2 shows that stimulants (primarily methamphetamine) and opioids (primarily fentanyl) have been major drivers of accidental overdose deaths, and have consistently been the most common drug types listed as a cause of death in the past decade. Methamphetamine has been the leading cause of accidental drug overdose deaths in LAC over the past decade, except during the height of the drug overdose crisis in 2022-2023, when fentanyl overdose deaths surged past methamphetamine overdose deaths. From 2023 to 2024, the number of accidental overdose deaths involving fentanyl dropped 37%, and those involving methamphetamine dropped 20%. From 2024 to 2025, the number of accidental overdose deaths involving fentanyl continued to drop 10%, and those involving methamphetamine dropped 7%. Of all accidental overdose deaths in 2025, fentanyl was involved in 49%, down from 64% in 2023, while methamphetamine remained involved in about 61% over the past few years. Stimulant and opioid co-involved overdose deaths accounted for 39% of all accidental overdose deaths in 2025, with a larger proportion of opioid-involved deaths co-involving stimulants (71%) compared to stimulant involved deaths co-involving opioids (51%).

From 2016 to 2025, the proportion of accidental drug overdose deaths involving prescription (Rx) opioids excluding fentanyl decreased from 35% to 5%. Heroin-involved accidental drug overdose deaths decreased from 24% to 5%.

Cocaine involvement has remained relatively stable over the past few years, accounting for 20% of accidental drug overdose deaths in 2025.

Figure 2. Number of Accidental Drug Overdose Deaths by Drug, LAC, 2016-2025



*Notes: A death can involve multiple drugs. Opioids refers to accidental overdose deaths involving all opioids, including fentanyl, heroin, and prescription (Rx) opioids excluding fentanyl. Meth refers to methamphetamine. Routine testing for fentanyl began among overdose deaths in May 2016.

Age

Figure 3 and **Table 1** show that there were large increases in all age groups for accidental drug overdose deaths from 2016 to 2022, with a decline for all age groups from 2023 to 2024. From 2024 to 2025, the number of accidental drug overdose deaths among older adults aged 65+ increased by 14%, and increased slightly by 3% among young adults aged 18-25, while the other age groups had continued decreases. In 2025, accidental drug overdose deaths occurred most often among adults aged 40-64 (53%), followed by adults aged 26-39 (29%), older adults aged 65+ (11%), young adults aged 18-25 (5%), and youth 17 and under (0.4%) in LAC.

Accidental drug overdose death rates per 100,000 population were highest for adults aged 40-64 (rate=38.5), followed by adults 26-39 (rate=31.9), older adults 65+ (rate=15.7), young adults aged 18-25 (rate=11.9), and youth 17 and under (rate=0.5) in 2025. The rate of accidental drug overdose deaths decreased earlier and more substantially among younger age groups. Since 2021, the rate among young adults aged 18-25

decreased by 56% through 2025, and decreased by 68% among youth aged under 17. Among middle aged adults, the rates decreased by 35% for those aged 26-39, and decreased by 27% for those aged 40-64 since 2022. The rates remained relatively constant over the past few years among older adults aged 65+.

Millennials (born 1981-1996) accounted for 43% of the total decrease in accidental drug overdose deaths from 2023 to 2025, while Gen X (born 1965-1980) accounted for 31%, Baby Boomers (born 1946-1964) accounted for 17%, and Gen Z (born 1997-2012) accounted for 7% (**Figure 4**).

Figure 3. Number and Age-Specific Rate of Accidental Drug Overdose Deaths by Age, LAC, 2016-2025

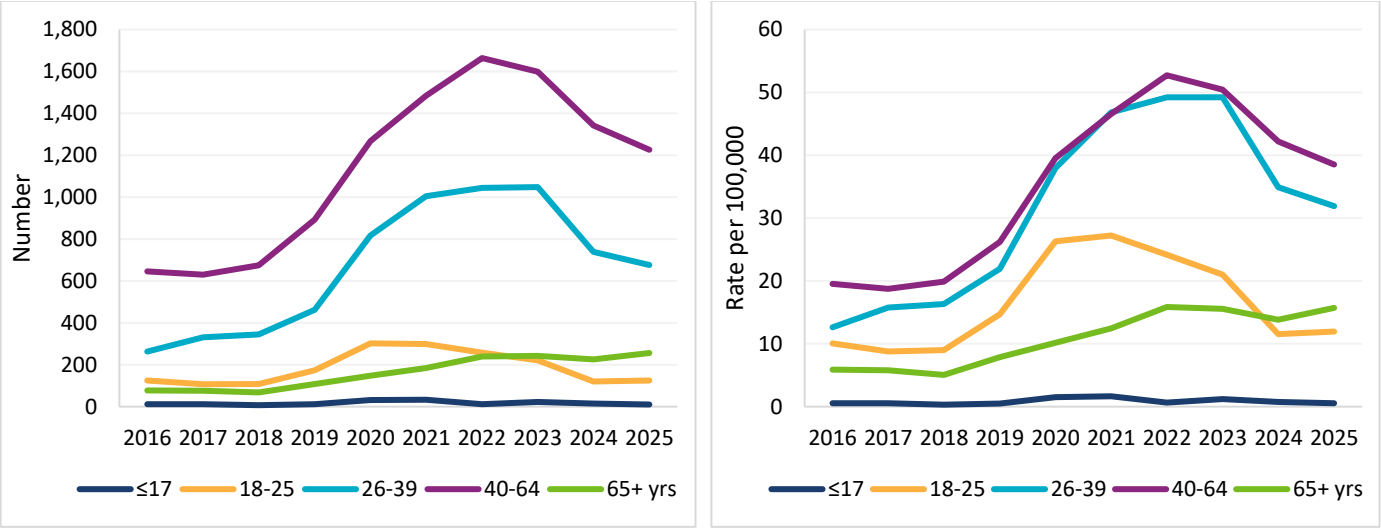


Figure 4. Number and Change in Accidental Drug Overdose Deaths by Generation, LAC, 2023-2025

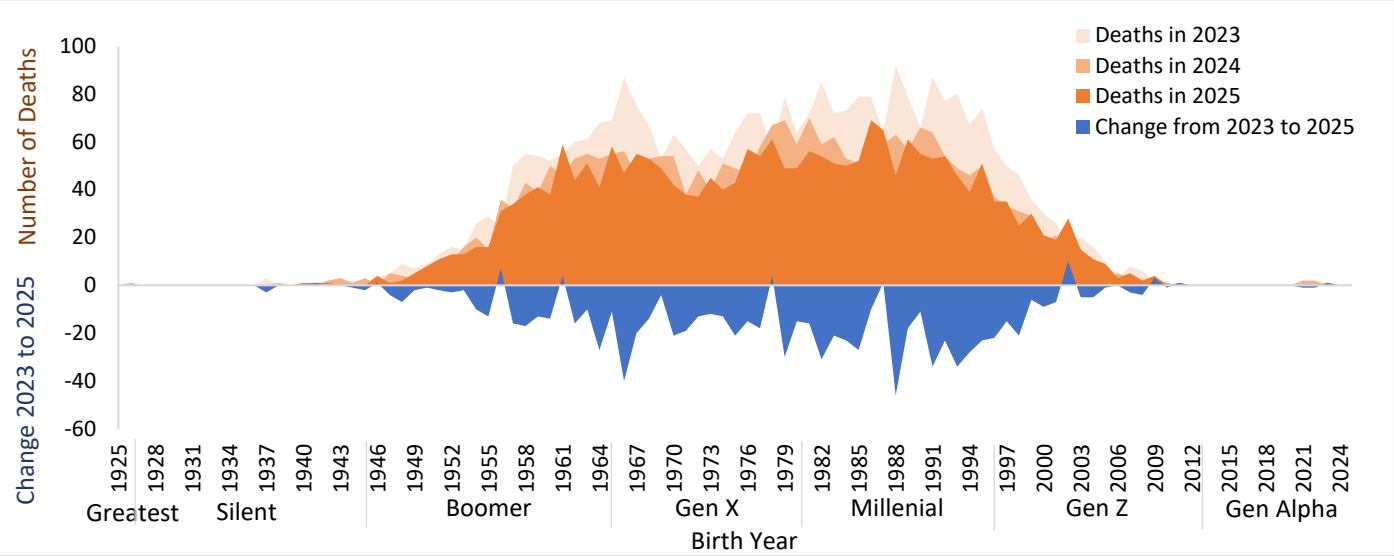


Table 1. Accidental Drug Overdose Deaths by Age, LAC, 2016-2025

LAC											
Age	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**Total**
Number of Deaths											
≤17	12	12	7	11	31	33	12	23	14	10	165
18-25	124	107	108	173	302	299	258	221	120	124	1,836
26-39	263	331	344	463	816	1,005	1,045	1,048	739	676	6,730
40-64	646	630	674	893	1,268	1,484	1,664	1,599	1,342	1,226	11,426
65+	77	76	68	108	148	184	239	243	225	256	1,624
Missing	1	0	3	4	5	5	2	3	2	6	31
Total	1,123	1,156	1,204	1,652	2,570	3,010	3,220	3,137	2,442	2,298	21,812
Rate per 100,000 Population											
≤17	0.5	0.5	0.3	0.5	1.5	1.7	0.6	1.2	0.8	0.5	0.8
18-25	10.1	8.8	9.0	14.7	26.3	27.2	24.2	21.0	11.5	11.9	16.3
26-39	12.6	15.8	16.3	21.9	38.0	46.8	49.2	49.2	34.9	31.9	31.8
40-64	19.5	18.7	19.9	26.2	39.5	46.6	52.7	50.4	42.2	38.5	35.1
65+	5.9	5.8	5.0	7.9	10.2	12.4	15.9	15.5	13.8	15.7	11.1
Total	11.0	11.3	11.7	16.1	25.7	30.4	32.9	31.9	24.8	23.4	21.8

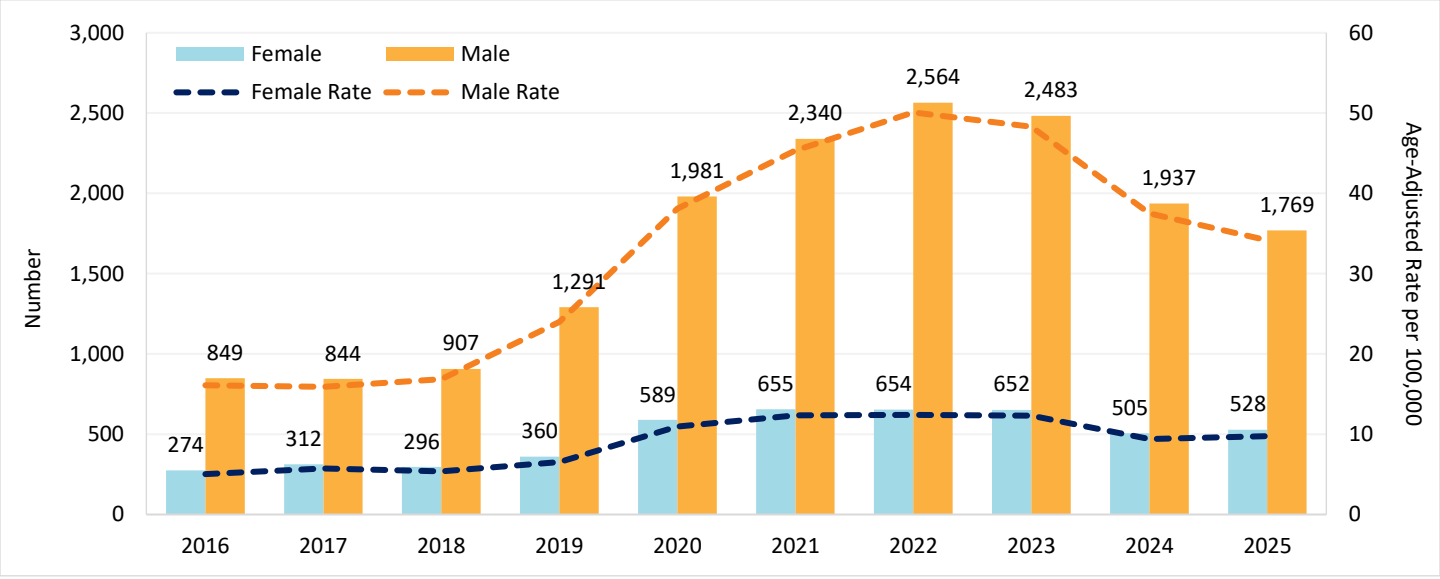
Gender

Figure 5 shows that males consistently accounted for more accidental drug overdose deaths than females in the past decade. In 2025, there were 1,769 (77%) male and 528 (23%) female accidental overdose deaths in LAC.

Among males, the age-adjusted rate of accidental drug overdose deaths per 100,000 steeply increased from 16.1 in 2016 to a peak of 50.1 in 2022, then declined every year through 2025 to a rate of 34.1. Among females, the age-adjusted rates increased from 5.0 in 2016 to 12.4 in 2022, then declined through 2024 before increasing slightly in 2025 to 9.8 per 100,000.

The gender disparity increased from males having an age-adjusted rate of accidental drug overdose deaths at 3.2 times that for females in 2016 to 4.0 times in 2022, plateaued through 2024, then decreased to 3.5 times in 2025.

Figure 5. Number and Age-Adjusted Rate of Drug Overdose Deaths by Gender, LAC, 2016-2025



Race/Ethnicity

From 2016-2025, Whites (39%) accounted for the largest proportion of accidental drug overdose deaths, followed by Hispanic/Latinos (35%), Blacks (21%), and Asians (3%). The number of accidental drug overdose deaths first declined among Whites from 2021 to 2022. From 2022 to 2023, the number of accidental drug overdoses among Hispanic/Latinos continued to increase and surpassed that of Whites, while that for all other race/ethnic groups decreased. The numbers fell substantially for all race/ethnic groups from 2023 to 2024, and continued to decrease for all race/ethnic groups from 2024 to 2025 except Asians and American Indian/Alaskan Natives (AIAN). In 2025, Hispanics/Latinos (n=905, 39%) remained the largest race/ethnic group, followed by Whites (n=785, 34%), Blacks (n=502, 22%), Asians (n=68, 3%), those of multiple races (n=8, 0.3%), AIAN (n=7, 0.3%), and Native Hawaiians or Other Pacific Islanders (n=3, 0.1%) (**Figure 6**).

Figure 7 shows that the age-adjusted rates of accidental drug overdose deaths per 100,000 population in 2025 were the highest by far for Blacks (rate=60.5), followed by Whites (rate=29.3), Hispanics/Latinos (rate=18.2), and Asians (rate=4.2) when accounting for different population sizes. Rates for other race/ethnic groups were unstable due to small numbers.

Figure 6. Number of Accidental Overdose Deaths by Race/Ethnicity, LAC, 2016-2025

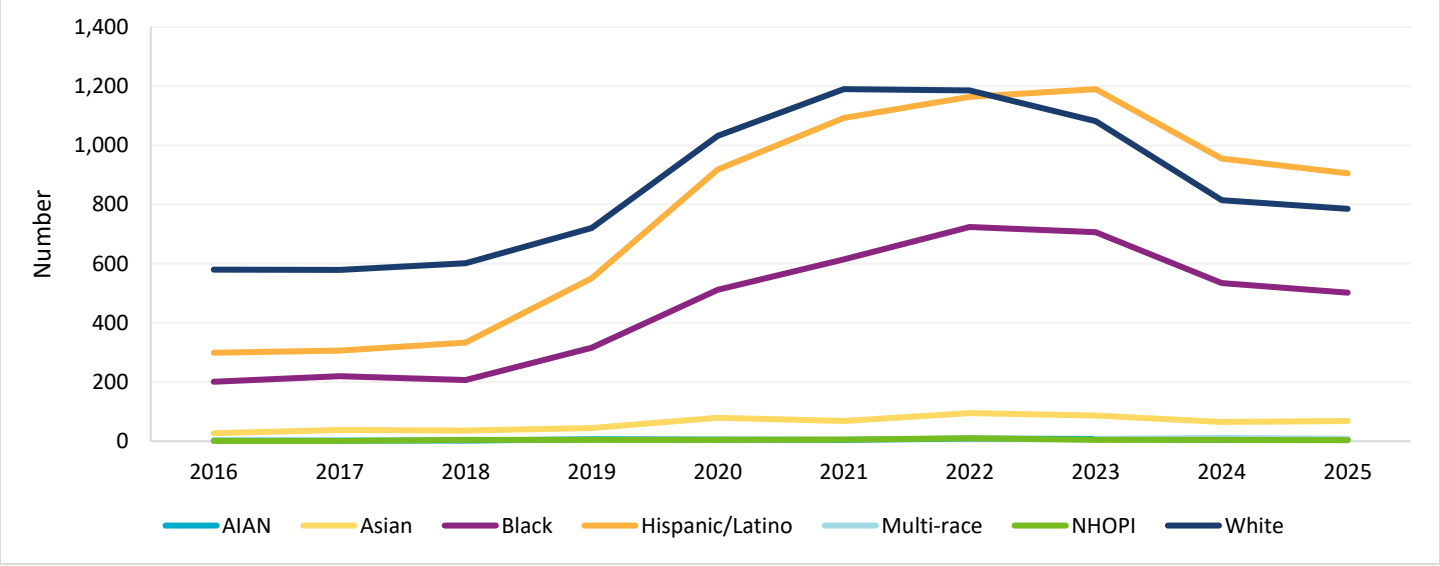
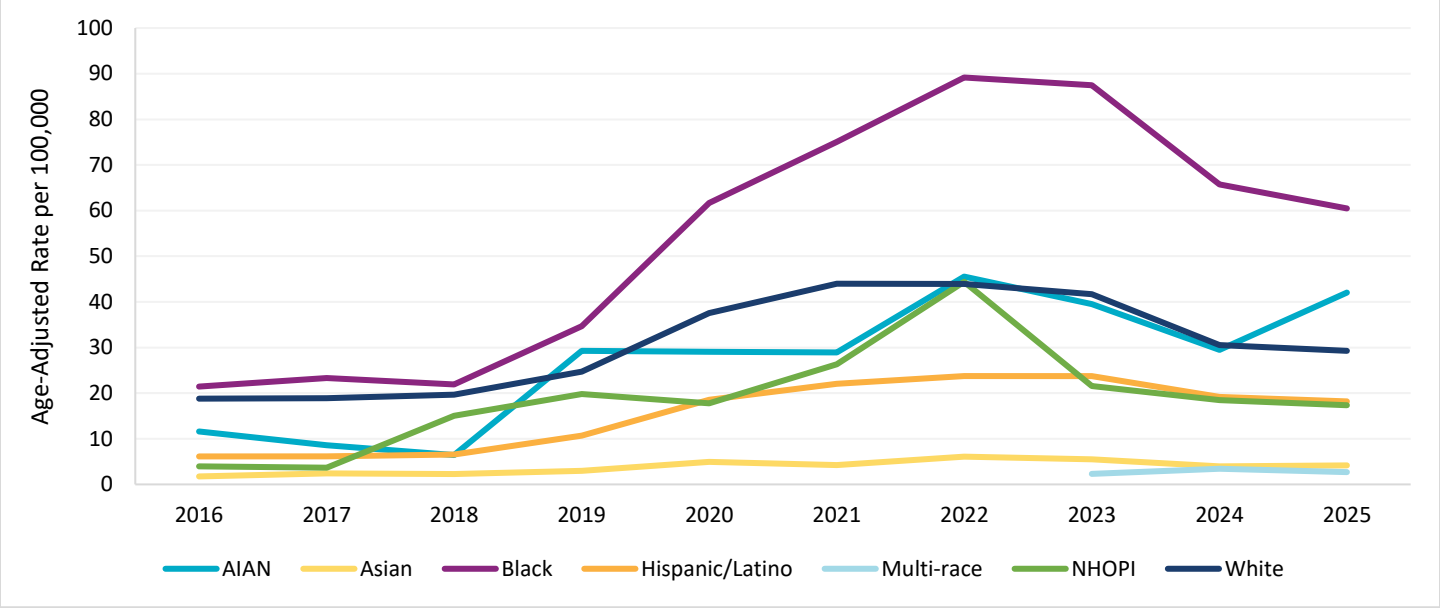


Figure 7. Age-Adjusted Rate of Accidental Overdose Deaths by Race/Ethnicity, LAC, 2016-2025



Notes: AIAN: American Indian/Alaskan Native. Multi-race: Multiple races. NHOPI: Native Hawaiian or Other Pacific Islander. Multi-race available starting 2023. Rates for AIAN, Multi-race, and NHOPI are statistically unstable (RSE>30%) and should be interpreted with caution.

Table 2. Accidental Drug Overdose Deaths by Race/Ethnicity, LAC, 2016-2025

LAC											
Age	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**Total**
Number of Deaths											
AIAN	2	2	2	7	6	5	9	8	5	7	53
Asian	27	38	36	44	79	68	95	87	65	68	607
Black	201	220	207	316	512	614	724	706	534	502	4,536
Hispanic/Latino	299	306	333	551	918	1,093	1,164	1,190	955	905	7,714
Multi-race	-	-	-	-	-	-	-	8	11	8	27
NHOPI	1	1	4	5	4	6	10	5	4	3	43
White	580	579	601	721	1,032	1,190	1,186	1,082	815	785	8,571
Missing	13	10	21	8	19	34	32	51	53	20	261
Total	1,123	1,156	1,204	1,652	2,570	3,010	3,220	3,137	2,442	2,298	21,812
Age-Adjusted Rate per 100,000 Population											
AIAN	11.6	8.6	6.4	29.3	29.1	28.9	45.5	39.5	29.5	42.0	25.8
Asian	1.7	2.4	2.3	2.9	4.9	4.3	6.1	5.5	4.0	4.2	3.8
Black	21.4	23.3	21.9	34.6	61.6	75.1	89.2	87.5	65.7	60.5	52.7
Hispanic/Latino	6.2	6.1	6.5	10.7	18.5	22.0	23.7	23.7	19.1	18.2	15.5
Multi	-	-	-	-	-	-	-	2.3	3.4	2.7	2.8
NHOPI	3.9	3.7	15.0	19.8	17.8	26.3	44.4	21.5	18.5	17.3	18.3
White	18.8	18.9	19.6	24.7	37.5	44.0	43.9	41.7	30.5	29.3	30.4
Total	10.5	10.7	11.1	15.1	24.3	28.7	30.8	29.9	23.1	21.6	20.5

Notes: AIAN: American Indian/Alaskan Native. Multi-race: Multiple races. NHOPI: Native Hawaiian or Other Pacific Islander. Multi-race available starting 2023, total column for Multi-race includes data for 2023-2025. Rates for AIAN, Multi-race, and NHOPI are statistically unstable (RSE>30%) and should be interpreted with caution.

Area Poverty

Figure 8 shows that more affluent areas had higher numbers of accidental drug overdose deaths than poorer areas. Areas that had less than 10% of families living below the FPL accounted for 42% of accidental drug overdose deaths in 2016-2025, while areas with more than 30% of families living below the FPL accounted for 8%.

Figure 9 shows that the age-adjusted rates of accidental drug overdose deaths per 100,000 population were much higher in poorer areas compared to more affluent areas. In 2016, the age-adjusted accidental drug overdose death rate for the poorest areas was 1.6 times that of the most affluent areas. The disparity increased over the decade to an age-adjusted accidental drug overdose death rate for the poorest areas at 4.7 times that of the most affluent areas in 2025.

Figure 8. Number of Accidental Overdose Deaths by Area Poverty, LAC, 2016-2025

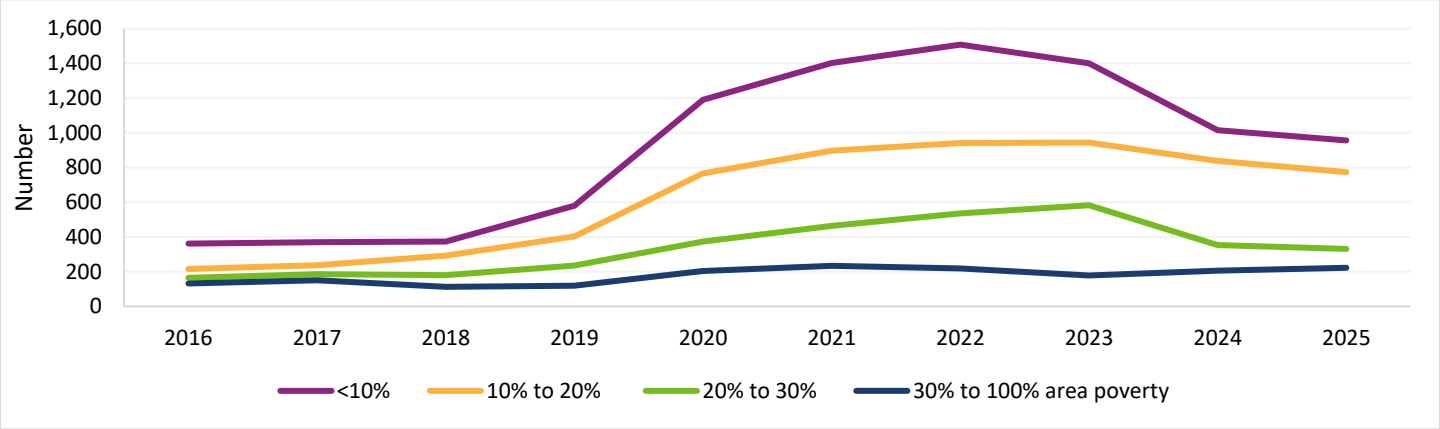
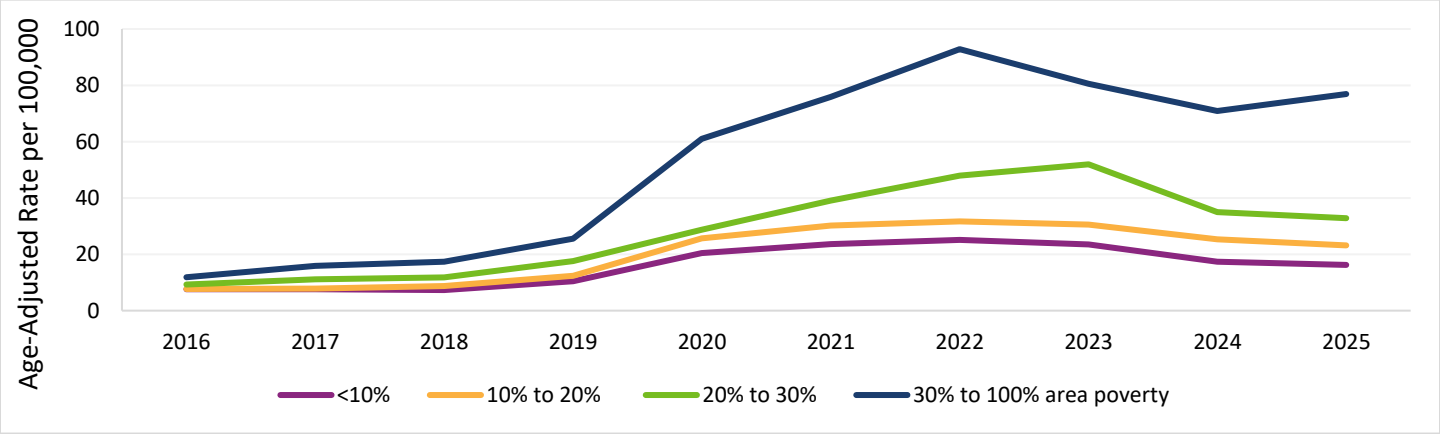


Figure 9. Age-Adjusted Rate of Accidental Overdose Deaths by Area Poverty, LAC, 2016-2025



Supervisorial District (SD)

Figure 10 and **Figure 11** show the number and age-adjusted rates per 100,000 population of accidental overdose death by SD during 2016-2025. The number and age-adjusted rates of accidental drug overdose deaths decreased for all SDs from 2023 to 2024, and continued to decrease for all SDs from 2024 to 2025 except SD 1. In 2025, the number and age-adjusted rate of accidental drug overdose death remained highest in SD 1, followed by SD 3 and SD 2.

Figure 10. Number of Accidental Overdose Deaths by SD, LAC, 2016-2025

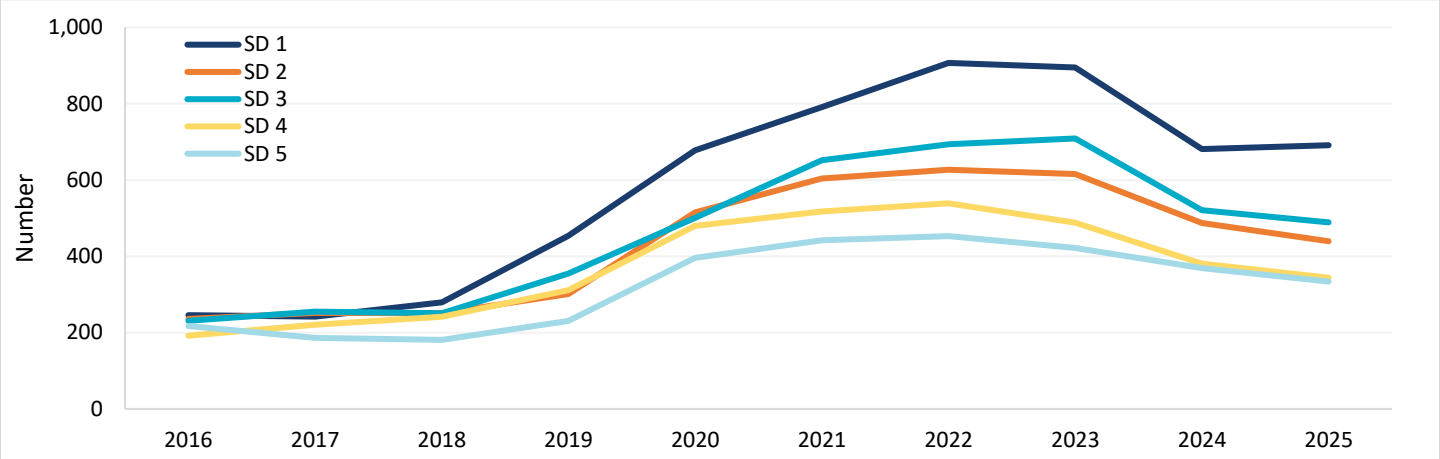


Figure 11. Age-Adjusted Rate of Accidental Drug Overdose Deaths by SD, LAC, 2016-2025

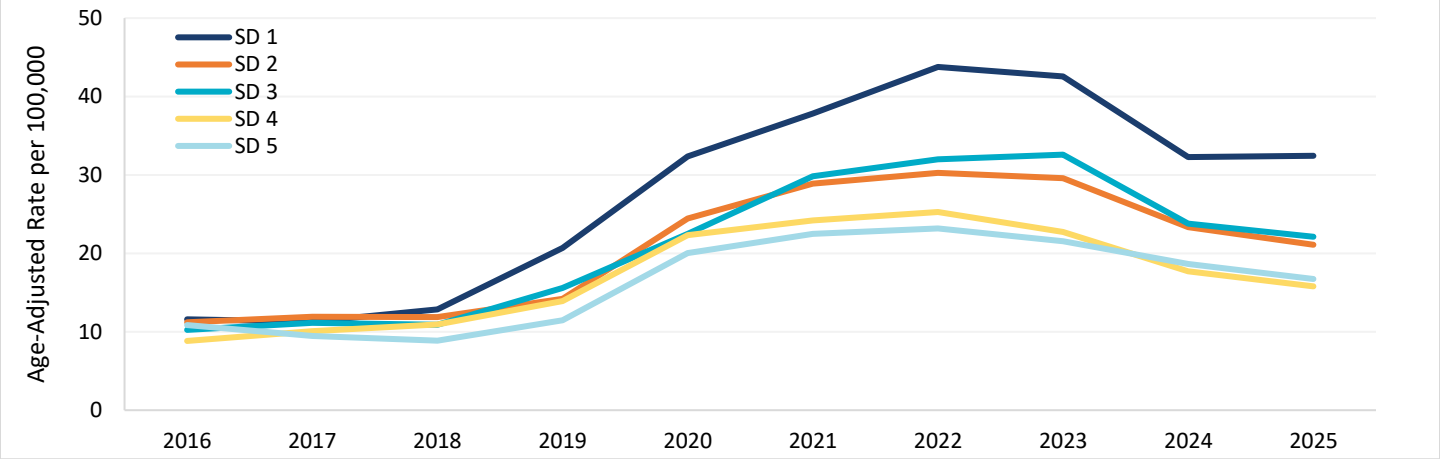


Table 3 shows the aggregated accidental drug overdose deaths by age for each SD during 2016-2025.

The age-specific rate of accidental drug overdose deaths was highest for young adults aged 18-25 in SD 3, highest for adults aged 26-39 and aged 40-64 in SD 1, and highest for older adults aged 65+ in SD 2.

Table 3. Number and Age-Specific Rate of Drug Overdose Deaths by SD, LAC, 2016-2025

Age	SD 1	SD 2	SD 3	SD 4	SD 5	Missing SD	LAC
Number of Deaths							
≤17	48	31	26	34	26	0	165
18-25	408	357	451	329	291	0	1,836
26-39	1,694	1,229	1,620	1,118	1,068	1	6,730
40-64	3,243	2,285	2,288	1,971	1,628	11	11,426
65+	456	420	269	261	216	2	1,624
Missing	15	7	4	3	2	0	31
Total	5,864	4,329	4,658	3,716	3,231	14	21,812
Rate per 100,000 Population							
≤17	1.2	0.7	0.7	0.7	0.7	-	0.8
18-25	18.2	15.2	20.4	13.5	14.3	-	16.3
26-39	38.9	28.1	35.1	26.7	29.2	-	31.8
40-64	50.9	36.2	33.9	29.4	25.5	-	35.1
65+	15.5	16.7	8.5	8.8	7.2	-	11.1
Total	29.5	21.6	22.7	17.8	17.2	-	21.8

*Missing SD refers to the records that were not designated to any SD due to missing address or zip code.

Service Planning Area (SPA)

Figure 12 and **Figure 13** shows the number and age-adjusted rate per 100,000 population of accidental drug overdose death by SPA in 2016-2025. The age-adjusted rate of accidental drug overdose death decreased in all SPAs from 2023 to 2024 except SPA 1 (Antelope Valley). From 2024 to 2025, there were decreases in all SPAs except SPA 2 (San Fernando Valley). In 2025, SPA 4 (Metro) continued to have by far the highest number and age-adjusted rate of accidental drug overdose deaths.

Figure 12. Number of Accidental Overdose Deaths by SPA, LAC, 2016-2025

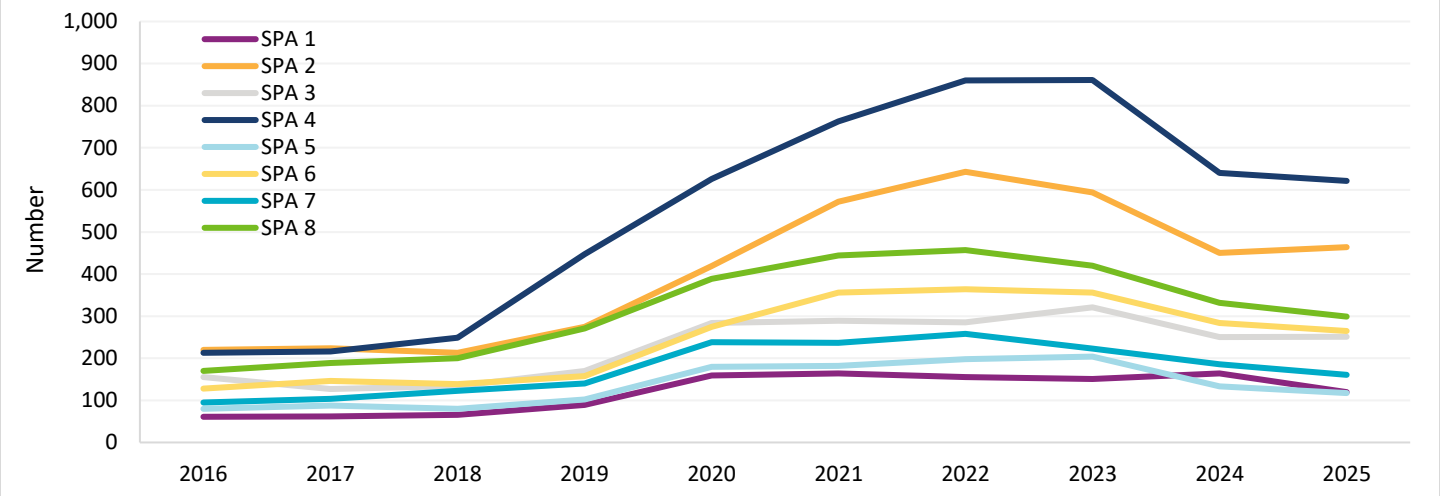


Figure 13. Age-Adjusted Rate of Accidental Overdose Deaths by SPA, LAC, 2016-2025

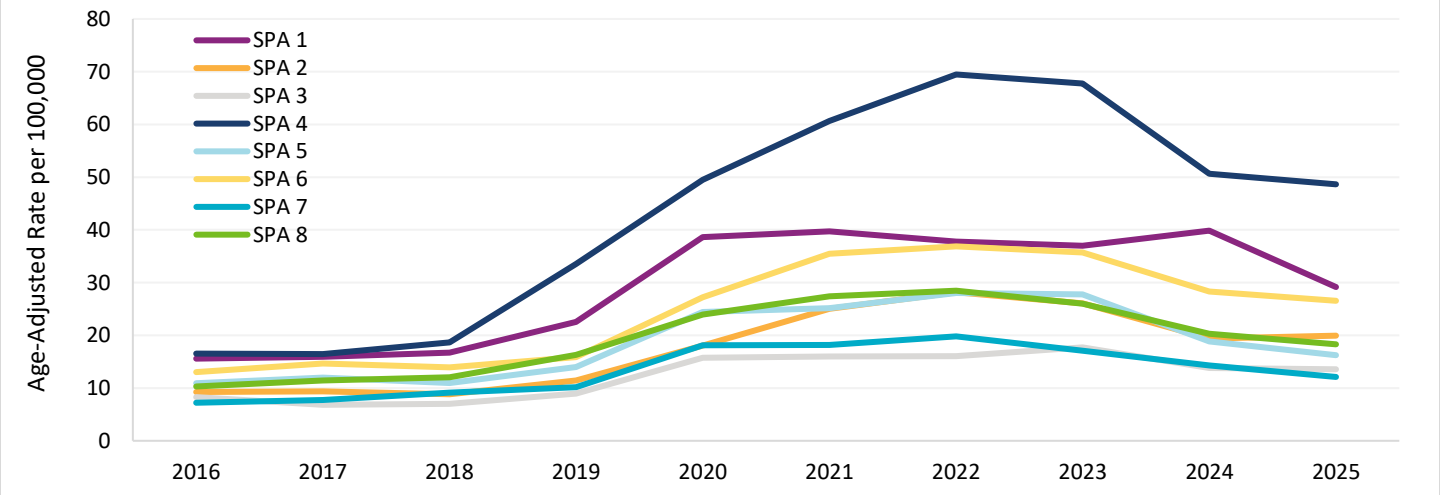


Table 4 shows the aggregated accidental drug overdose deaths by age for each SPA in 2016-2025.

SPA 4 (Metro) had the highest accidental drug overdose rates for all adult age groups, while SPA 1 (Antelope Valley) had the highest rates of accidental drug overdose death for youth under 17.

Table 4. Number and Age-Specific Rate of Drug Overdose Deaths by SPA, LAC, 2016-2025

Age	Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay/ Harbor	Missing Region	LAC
Number of Deaths										
≤17	14	25	31	20	8	22	26	19	0	165
18-25	81	409	219	354	128	199	190	256	0	1,836
26-39	371	1,404	686	1,713	478	630	544	903	1	6,730
40-64	626	2,003	1,179	2,972	664	1,331	905	1,735	11	11,426
65+	99	230	149	421	84	285	98	256	2	1,624
Missing	0	3	2	16	2	4	2	2	0	31
Total	1,191	4,074	2,266	5,496	1,364	2,471	1,765	3,171	14	21,812
Rate per 100,000 Population										
≤17	1.4	0.6	0.9	1.0	0.8	0.8	0.9	0.6	-	0.8
18-25	15.5	17.7	10.9	33.4	17.0	14.2	12.2	15.5	-	16.3
26-39	48.1	31.3	20.3	55.4	30.1	29.0	21.0	29.1	-	31.8
40-64	50.3	26.9	20.3	78.9	31.5	44.8	22.4	33.8	-	35.1
65+	19.9	6.9	5.0	28.0	7.5	27.4	5.5	11.0	-	11.1
Total	29.3	18.5	12.8	48.4	20.7	24.2	13.7	20.5	-	21.8

*Missing region info refers to records that were not designated any regions due to missing addresses or zip codes.

Discussion

The decline in drug overdose deaths observed over the past two years represents a notable shift following years of sustained increases in LAC. Although the pace of decline slowed in 2025, the consecutive reductions suggest continued progress and may reflect the collective impact of a coordinated overdose prevention framework that includes prevention, harm reduction, treatment, recovery support, and data-driven response strategies.

Despite these encouraging trends, drug overdose remains a significant public health threat across diverse populations and communities throughout LAC, claiming a significant number of lives annually and contributing

to societal and economic burdens. Much needs to be done to maintain progress and further reduce overdose and poisoning deaths.

Analysis indicates that overdose mortality continues to disproportionately affect historically underserved populations and residents living in economically disadvantaged neighborhoods. In particular, drug overdose death rates remain substantially higher among Black residents and individuals residing in high-poverty communities. Although Black residents comprise approximately 7% of the LAC population, they accounted for 22% of drug overdose deaths in 2025. These findings underscore the importance of examining population-adjusted rates in addition to counts, as rates provide a more accurate assessment of inequities and disease burden across communities.

The continued presence of fentanyl throughout the illicit drug supply, including counterfeit pills and other substances not obtained through healthcare settings, poses a substantial risk of unintentional overdose. However, overdose deaths are largely preventable through implementation of evidence-based prevention, harm reduction, treatment, and recovery strategies. Primary prevention efforts should include clear and consistent messaging regarding the risks associated with illicit drug use and the widespread presence of fentanyl in the drug supply. Harm reduction interventions, including expanded access to naloxone, fentanyl test strips, overdose education, and linkage to care, remain critical components of overdose prevention. Equally important is ensuring timely access to effective treatment and recovery support services for individuals with substance use disorders.

Although opioid co-involvement may have accounted in part for the increases in the total number of methamphetamine-involved overdose deaths in recent years, and the focused efforts on opioid overdose prevention may have accounted for some decreases in the last two years, overdose deaths involving methamphetamine alone continue to be sizeable. Challenges remain for stimulant users, who have more limited interventions and treatments available to prevent death and support recovery. Expanding prevention efforts with additional emphasis on stimulant overdoses, including education on how to recognize and respond to stimulant overdose symptoms that may differ from those of opioid overdoses, might reduce deaths. Wider support for effective treatments for stimulant use disorder such as evidence-based contingency management may help treatment-seekers.

As the exposures to different social experiences can shape behaviors and outcomes, the effect of different interventions implemented can vary among people of different ages, race/ethnicity, and area poverty levels. Sustained progress will require additional efforts in tailoring strategies that are responsive to the unique needs of LAC populations and communities disproportionately affected by overdose[10] A comprehensive public health approach must address the economic, structural, and social factors that increase overdose risk and limit access to prevention, harm reduction, treatment, and recovery services. By continuing to adapt interventions and investments in response to emerging trends and persistent disparities, LAC can strengthen its response to the overdose crisis and advance equitable improvements in health outcomes.

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