

# VIRGINIA DEPARTMENT OF HEALTH

## OFFICE OF THE CHIEF MEDICAL EXAMINER

*"To promote and protect the health of all Virginians"*

# Fatal Drug Overdose Quarterly Report

## 1<sup>ST</sup> QUARTER 2025

**Edition 2025.1**

Publication Date:  
July 2025

# METHODS, CONSIDERATIONS, AND LIMITATIONS

This quarterly report contains the most recent number of drug related deaths in Virginia for the previous quarter. **The numbers represented in this report are preliminary, subject to change, and are most likely slightly under reported at the time of publication** due to operational practices and limitations (specifically case turnaround time for reports) within the agency; therefore updates and/or changes to numbers previously published in past reports should be expected. It is highly recommended that when citing these data and reports, the edition number is included.

Data analyzed in the report is obtained from the Virginia Medical Examiner Database System (VMEDS). VMEDS is an internal agency database which contains detailed information on all deaths reported to the OCME. Data presented in this report is based upon accepted cases of either full autopsy or external exams. All manners of fatal drug overdoses (accident, homicide, suicide, and undetermined) are included in this report.

Due to the nature of law enforcement and OCME death investigation, all deaths presented in this report are based upon locality of occurrence and not residential status of the decedent. The numbers and rates of these death by locality of injury and drug name/drug category are available in separate documents (<http://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>).

This report compiles data on drugs causing or contributing to death in fatal drug overdose cases. This report does not include data on drugs detected, but not contributing or causing death. **Often, drug-related deaths have more than one drug causing or contributing to death. Therefore, deaths in which multiple categories of drugs caused or contributed to death will be represented once within each drug category, but multiple times within the entire report. Example: a fatal cocaine, heroin, and alprazolam overdose death will be counted in the cocaine summary, the heroin summary, and the benzodiazepine summary.**

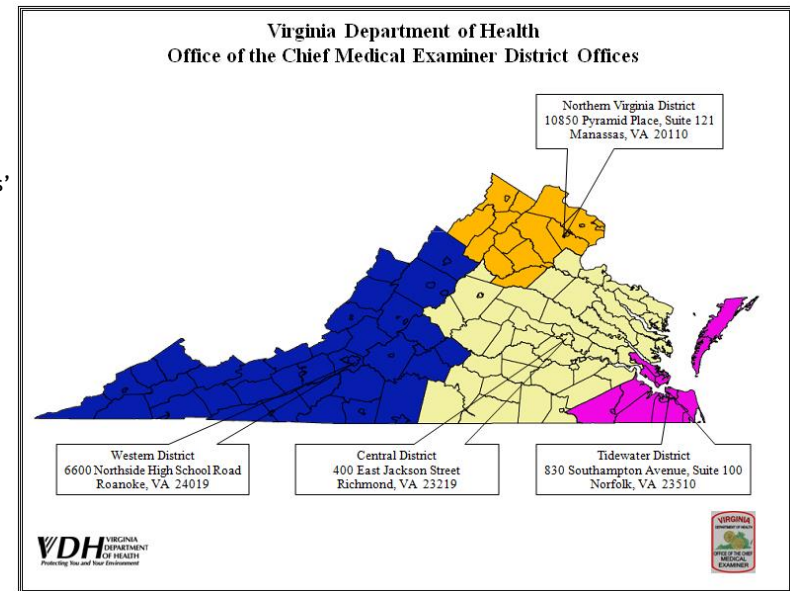
Prescription Opioids analyzed in this report include buprenorphine, codeine, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, oxycodone, oxymorphone, pentazocine, propoxyphene, tapentadol, and tramadol and are included in the category of 'Prescription Opioids'. Benzodiazepines analyzed in this report include adinazolam, alprazolam, bromazolam, clonazepam, clonazolam, deschloroetizolam, diazepam, etizolam, flualprazolam, flubromazolam, flubromazepam, flurazepam, lorazepam, meclonazepam, midazolam, nordiazepam, oxazepam, phenazepam, temazepam, and triazolam and are included in the category of 'Benzodiazepines'

Projected estimates are calculated based upon initial counts by quarter, average toxicology turnaround time at the time of the report, the date of data analysis, and previous quarter fatality trend review.

Rate calculations are based upon Virginia population estimates. From 2007 to 2020, Bridged-Race Population Estimates from the National Center for Health Statistics were used for rate calculations; however, these estimates were discontinued in 2020. From 2021 forward, rates were calculated using Single-Race Population Estimates from the the US Census.

Quarters are based upon calendar year and are defined as follows:

- Quarter 1 (Q1)- January 1<sup>st</sup> - March 31<sup>st</sup>
- Quarter 2 (Q2)- April 1<sup>st</sup> - June 30<sup>th</sup>
- Quarter 3 (Q3)- July 1<sup>st</sup> - September 31<sup>st</sup>
- Quarter 4 (Q4)- October 1<sup>st</sup> - December 31<sup>st</sup>



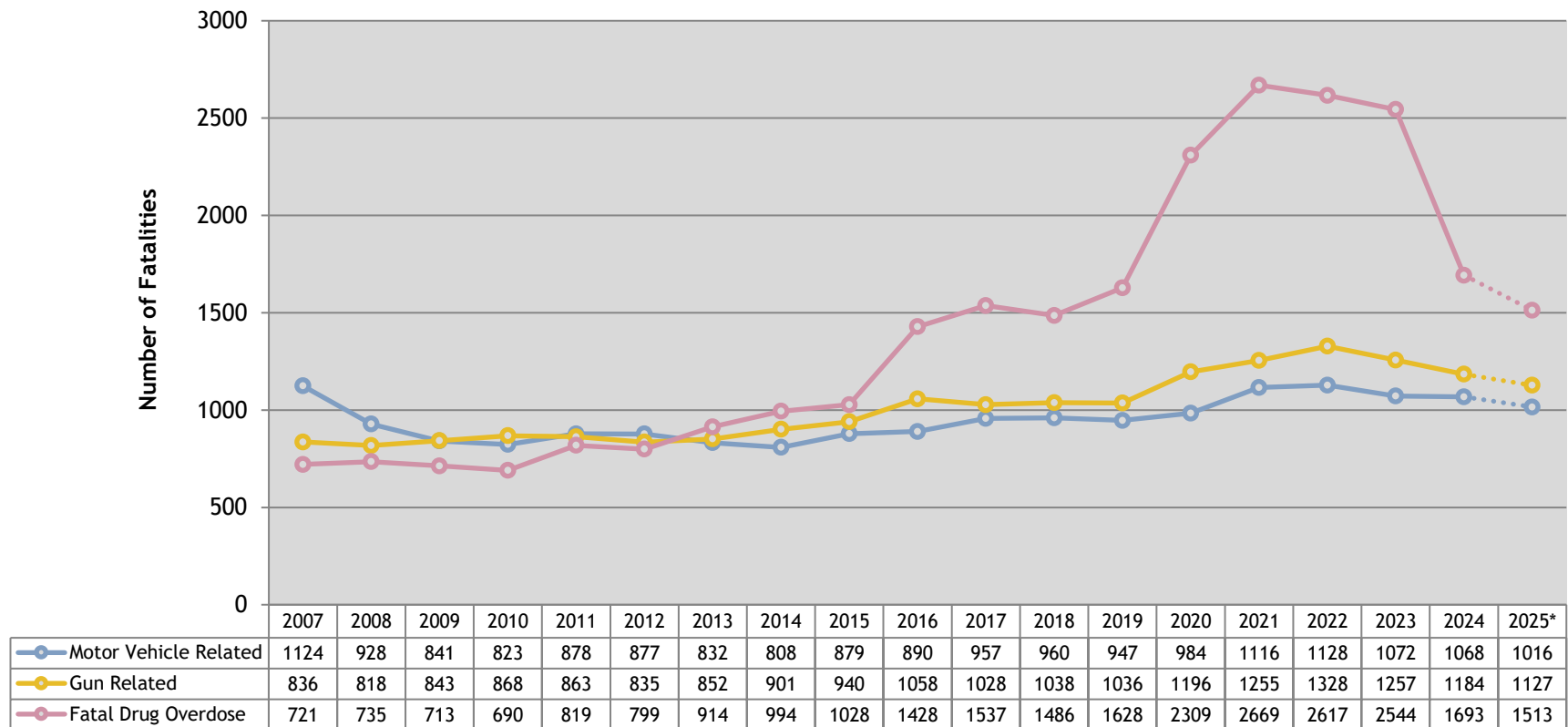
# MAIN TAKEAWAYS

- Fatal drug overdose has been the leading method of unnatural death in Virginia since 2013
- Opioids, specifically illicit fentanyl, have been the driving force behind the large increases in fatal overdoses since 2013
- In 2015 statewide, the number of illicit opioids deaths surpassed prescription (Rx) opioid deaths. This trend continued at a greater magnitude in 2016 to present
- Fatal drug overdoses of any substance peaked in 2021 (n = 2,669) but began to decline slightly in 2022 and 2023. Numbers for 2024 indicate a substantial decrease in all overdose deaths compared to 2023 (decrease of 33.5%)
- From 2007-2021, fatal prescription (Rx) opioid overdoses were relatively stable; however, in 2022 to 2024, there were large drops in annual fatal Rx opioid overdoses compared to the past 15-year span
- Numbers for 2024 indicate that fentanyl (prescription, illicit, and/or analogs) caused or contributed to death in 64.6% of all fatal overdoses in 2024
- In 2024, the most common combination of substances causing fatal overdoses was cocaine and fentanyl, representing 28.9% of all overdose deaths

# TOP 3 METHODS OF UNNATURAL DEATH

The leading methods of unnatural death in Virginia since 2007 have been motor vehicle collisions, gun-related deaths, and fatal drug overdoses (these methods of death include all manners of death: accident, homicide, suicide, and undetermined). In 2013, fatal drug overdose became the leading method of unnatural death in the Commonwealth. This trend has continued to worsen at a greater magnitude due mainly to illicit opioids (heroin, illicit fentanyl, and fentanyl analogs).

**Total Number of Motor Vehicle, Gun, and Drug Related Fatalities by Year of Death, 2007-2025\***  
Data for 2025 is a Predicted Total for the Entire Year

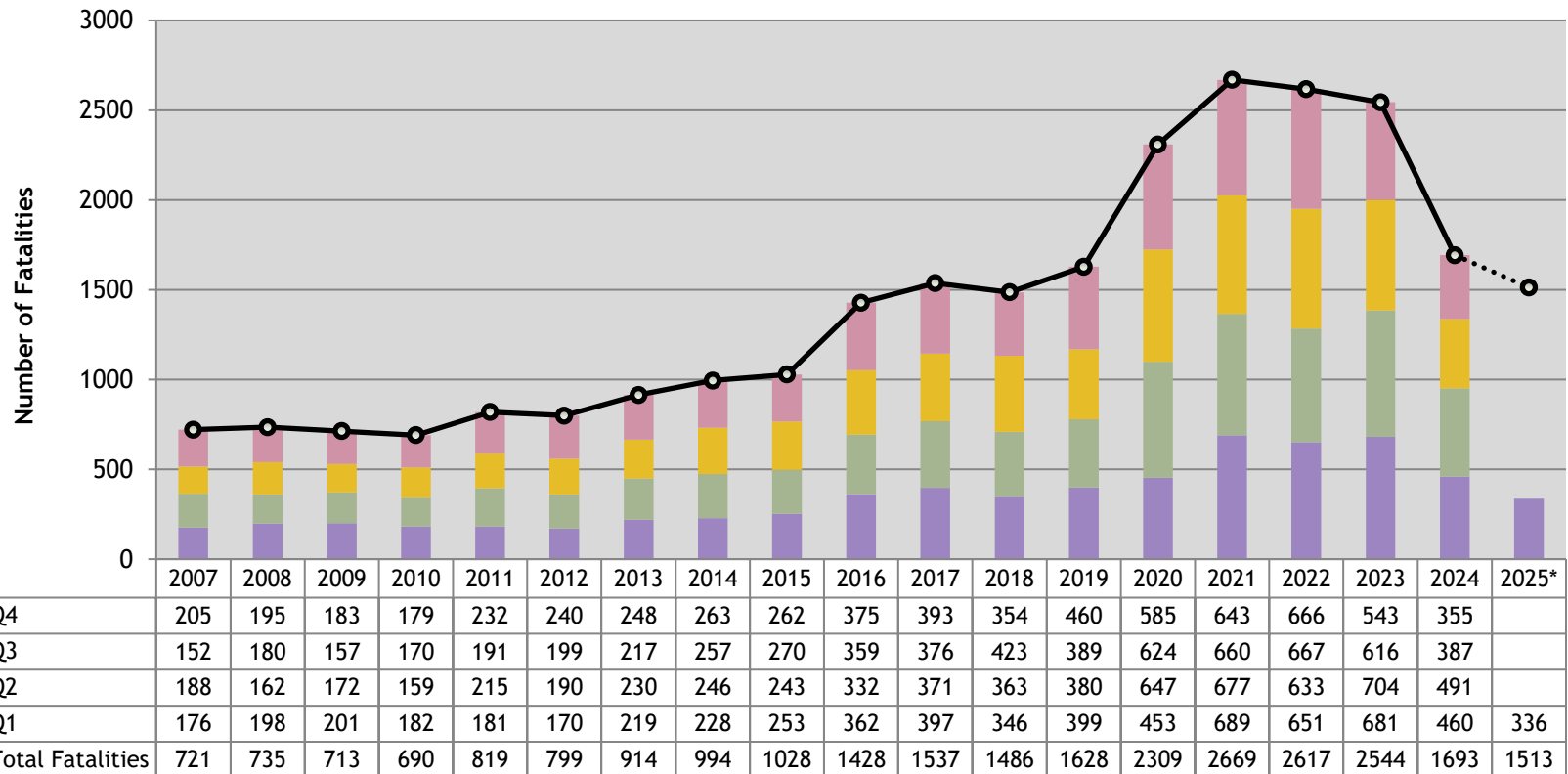


<sup>1</sup> Top 3 methods of death (motor vehicles, guns, and drugs) include all manners of death (accident, homicide, suicide, and undetermined)

# ALL DRUGS

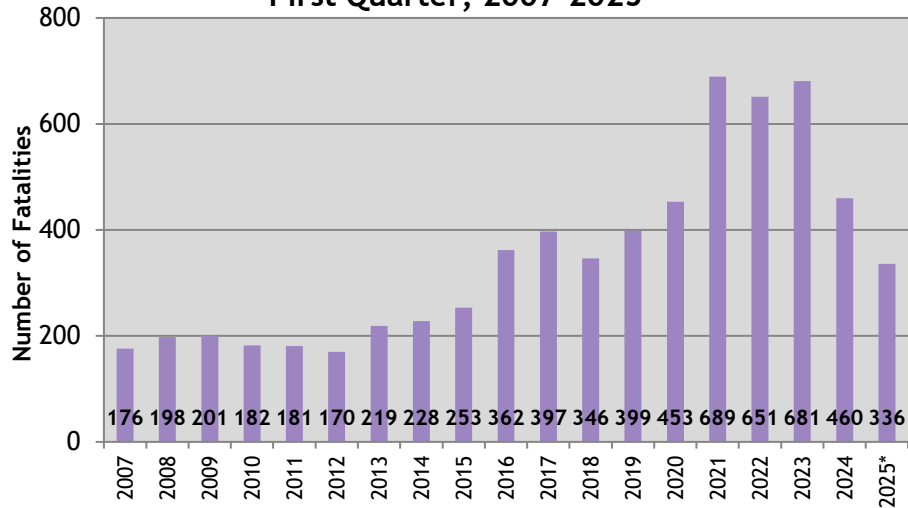
The total number of fatal drug overdoses statewide has increased each year. In 2013, fatal drug overdose became the number one method of unnatural death in the Commonwealth, surpassing both motor vehicle-related fatalities and gun-related fatalities. In 2014, fatal drug overdose became the leading cause of accidental death in Virginia. The number of fatal drug overdoses, all substance, decreased by 33.5% in 2024 when compared to 2023.

**Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2025\***  
Data for 2025 is a Predicted Total for the Entire Year

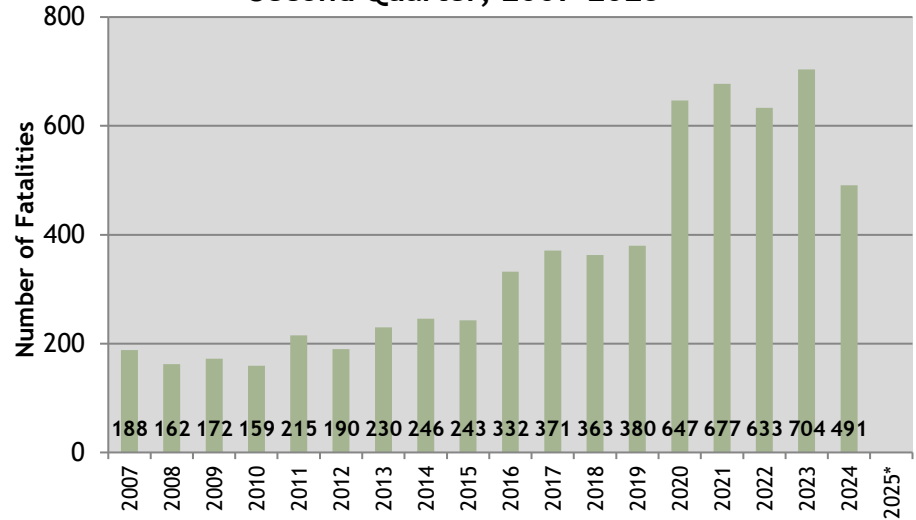


# ALL DRUGS

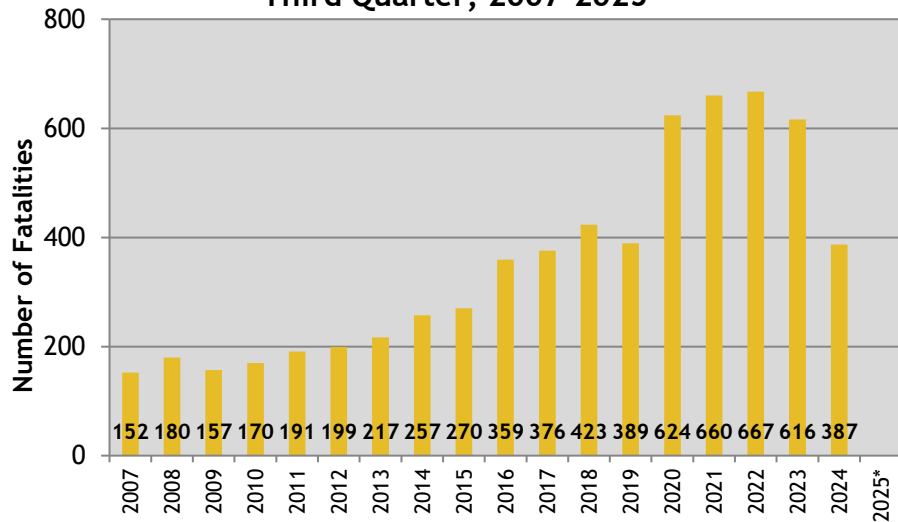
First Quarter, 2007-2025\*



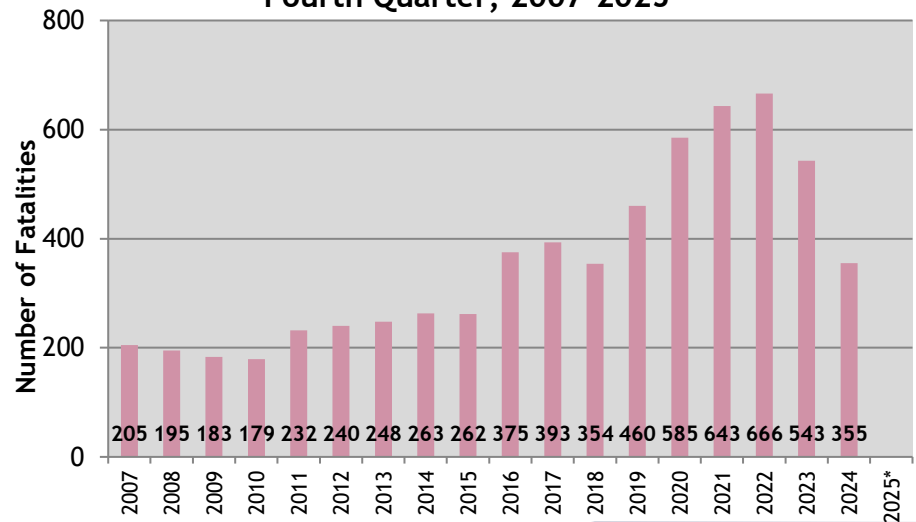
Second Quarter, 2007-2025\*



Third Quarter, 2007-2025\*

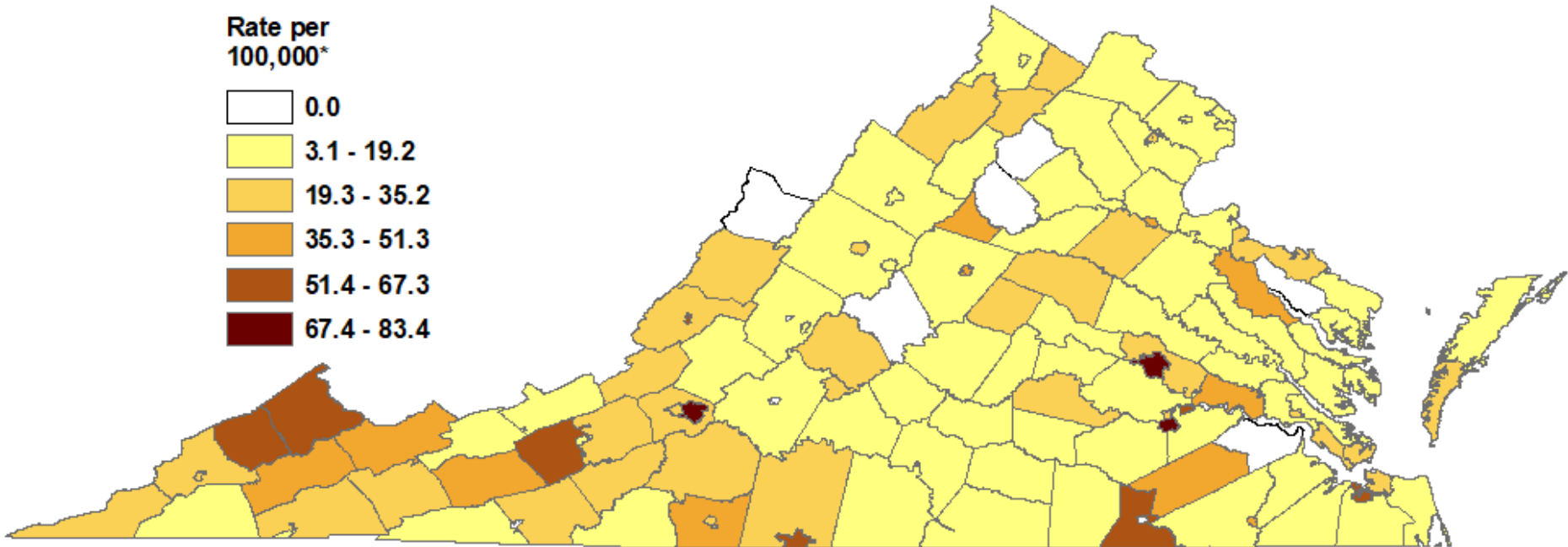
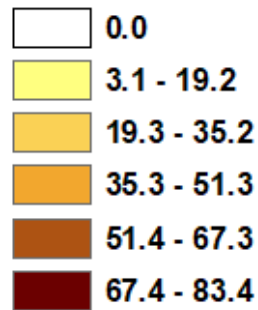


Fourth Quarter, 2007-2025\*



## Rate of All Fatal Drug Overdoses, Any Substance, by Locality of Overdose, 2024

Rate per  
100,000\*



Source: Virginia Department of Health, Office of the Chief Medical Examiner

\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# FATAL DRUG OVERDOSES BY NAME/CATEGORY



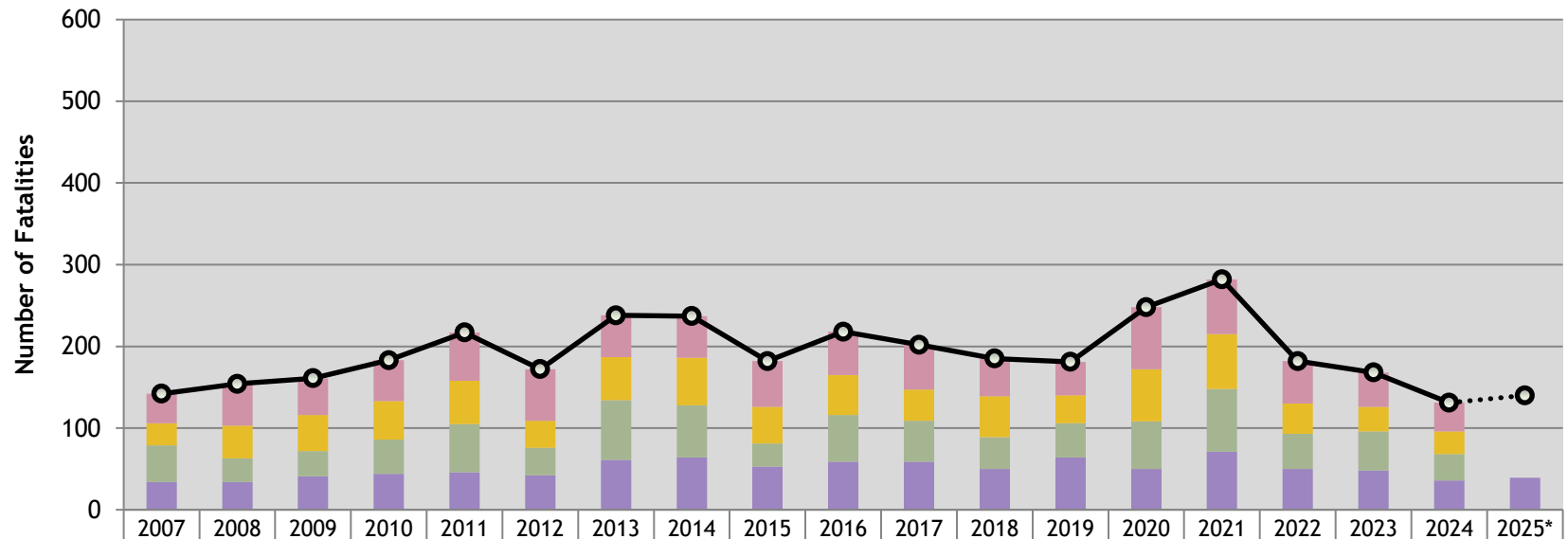
- Benzodiazepines
- Cocaine
- Fentanyl
- Heroin
- Prescription Opioids (Excluding Fentanyl)



# BENZODIAZEPINES

The number of fatal benzodiazepine-related overdoses has fluctuated each year. It is very uncommon for a decedent to fatally overdose on one or more benzodiazepines alone. However, when a person ingests other substances (e.g. alcohol, opiates, methamphetamine) in addition to larger, nontherapeutic amounts of benzodiazepines, the user is potentially creating a lethal cocktail of mixed substances. Fatal benzodiazepine overdoses often had one or more prescription opioids (excluding fentanyl) causing or contributing to death; however, this proportion has slowly decreased in recent years from nearly 90% in 2007 to nearly 40% in 2024. Nearly 70% of benzodiazepine overdoses in 2024 also had fentanyl causing death.

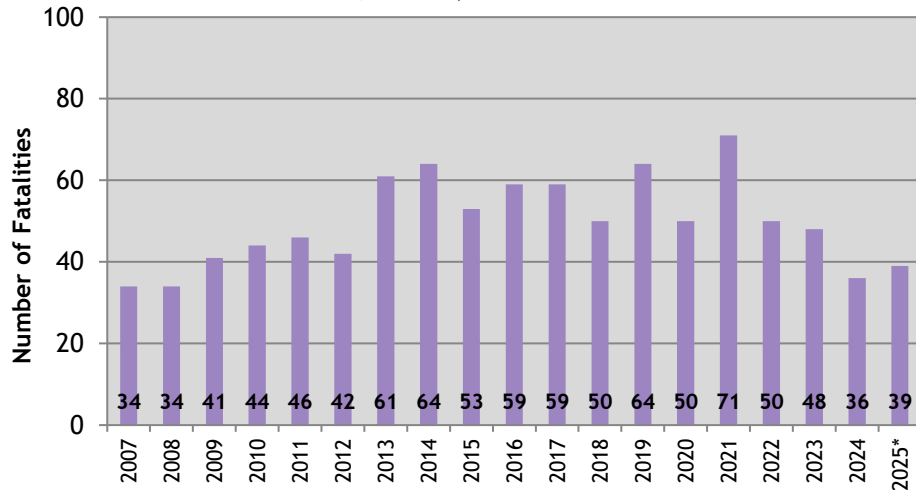
**Total Number of Fatal Benzodiazepine Overdoses by Quarter and Year of Death, 2007-2025\***  
Data for 2025 is a Predicted Total for the Entire Year



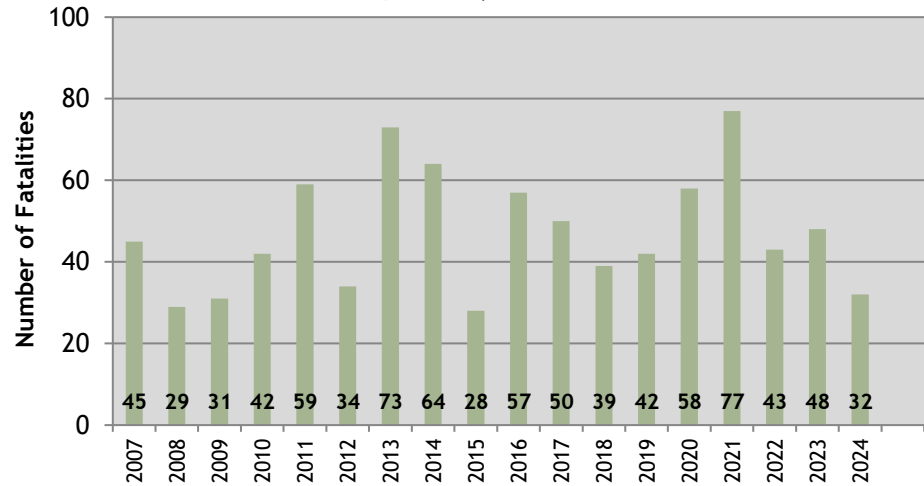
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025*
Q4	36	51	45	50	59	63	51	51	56	53	55	46	41	76	67	52	42	35	
Q3	27	40	44	47	53	33	53	58	45	49	38	50	34	64	67	37	30	28	
Q2	45	29	31	42	59	34	73	64	28	57	50	39	42	58	77	43	48	32	
Q1	34	34	41	44	46	42	61	64	53	59	59	50	64	50	71	50	48	36	39
Total Fatalities	142	154	161	183	217	172	238	237	182	218	202	185	181	248	282	182	168	131	140

# BENZODIAZEPINES

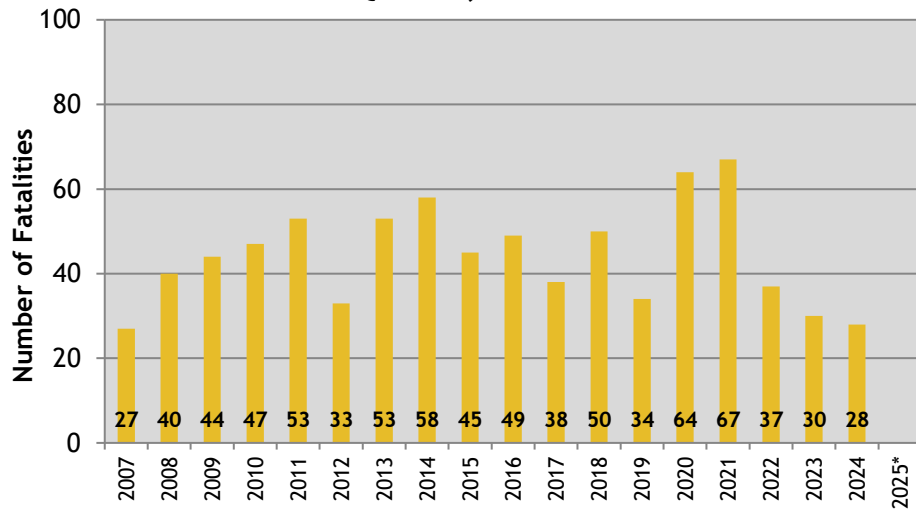
First Quarter, 2007-2025\*



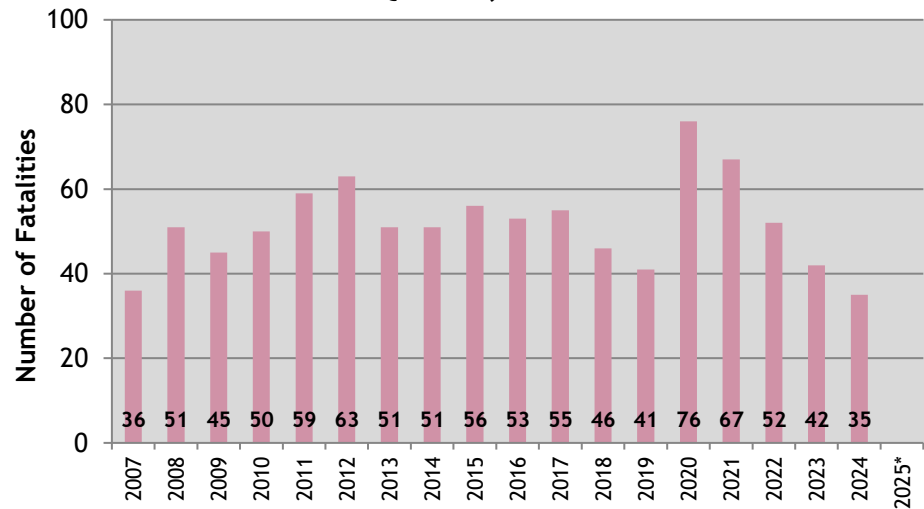
Second Quarter, 2007-2025\*



Third Quarter, 2007-2025\*



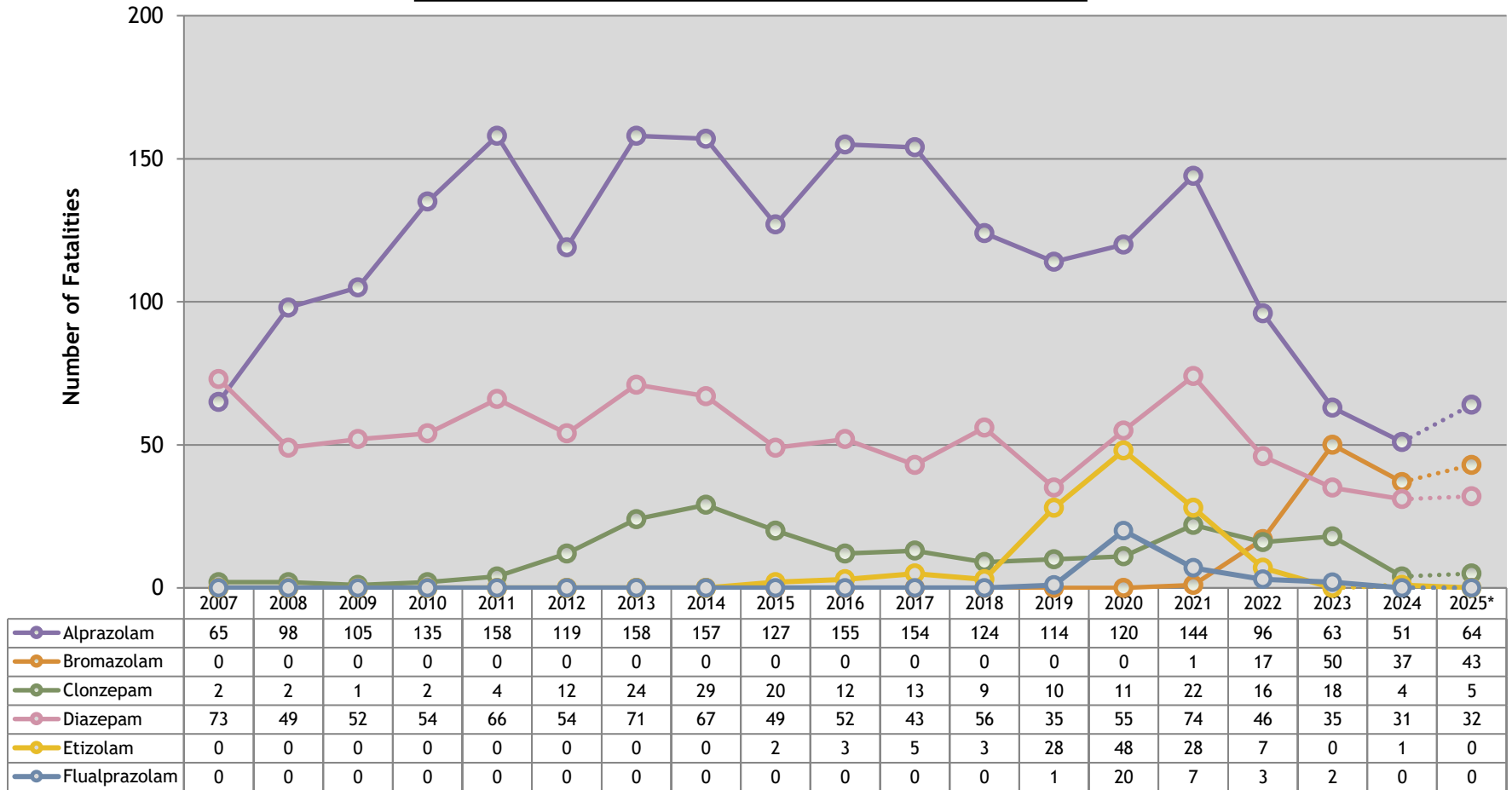
Fourth Quarter, 2007-2025\*



# BENZODIAZEPINES

Total Number of Fatal Benzodiazepine Overdoses by Drug Name and Year of Death, 2007-2025\*

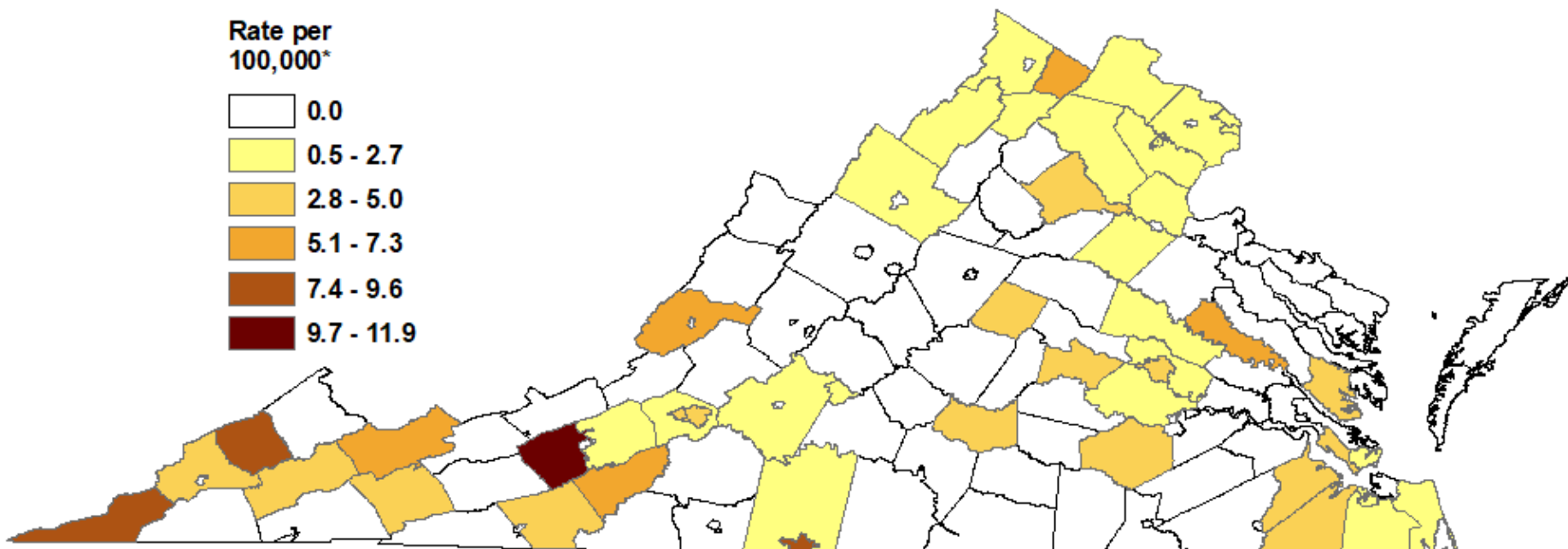
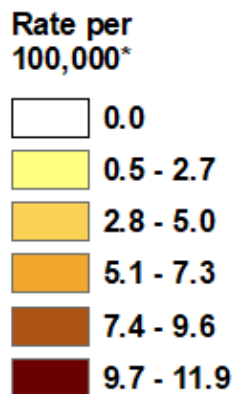
Data for 2025 is a Predicted Total for the Entire Year



<sup>1</sup> Flurazepam, lorazepam, midazolam, nordiazepam, oxazepam, temazepam and triazolam were excluded from this analysis because of low annual case counts (<20 deaths per year)

<sup>2</sup> Each benzodiazepine is tallied by each time it caused or contributed to death (analyzed from either toxicology or the cause of death statement) and therefore the total number of benzodiazepines will far exceed the actual number of fatalities

## Rate of Fatal Benzodiazepine Overdoses by Locality of Overdose, 2024



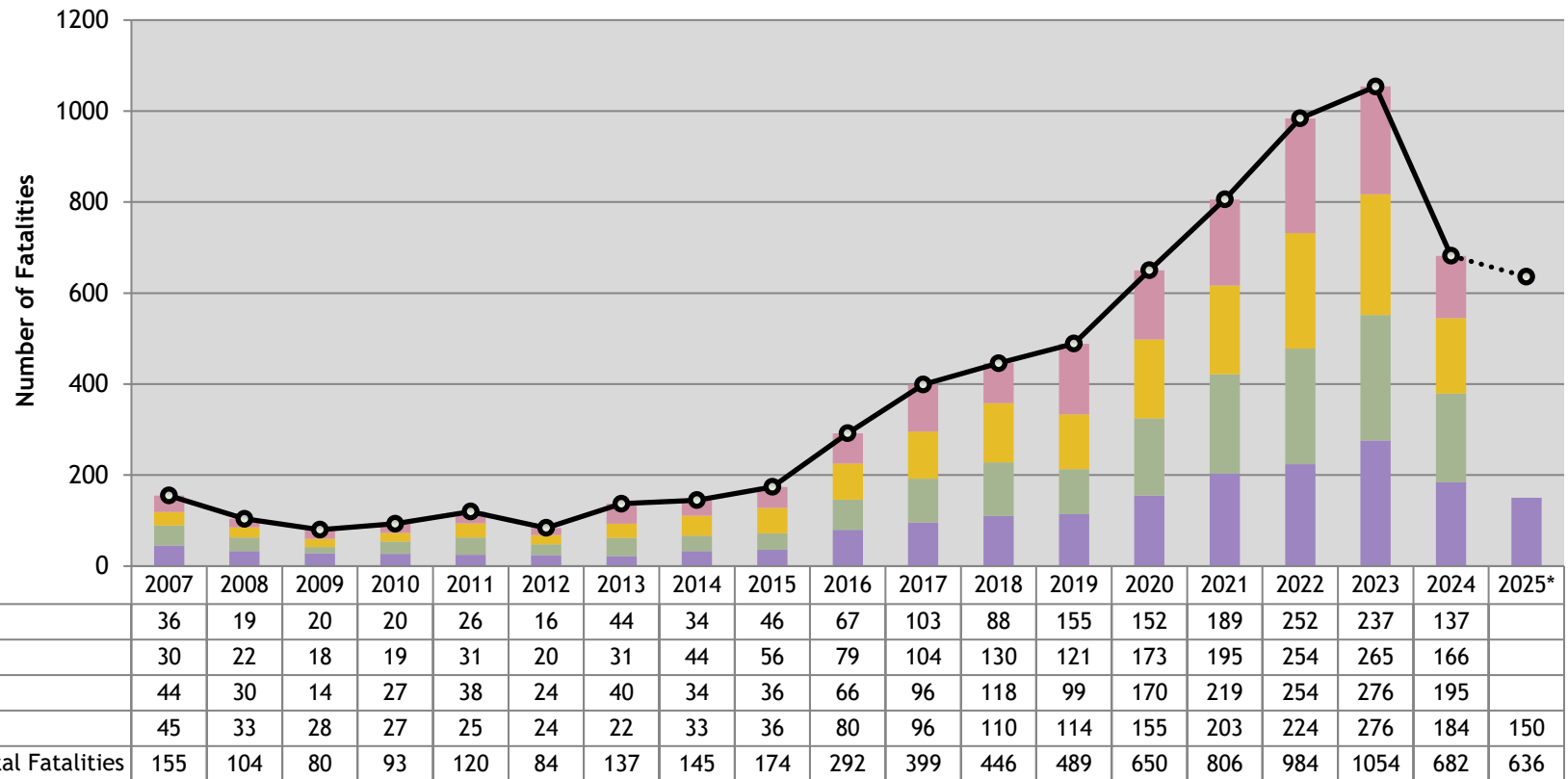
Source: Virginia Department of Health, Office of the Chief Medical Examiner

\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# COCAINE

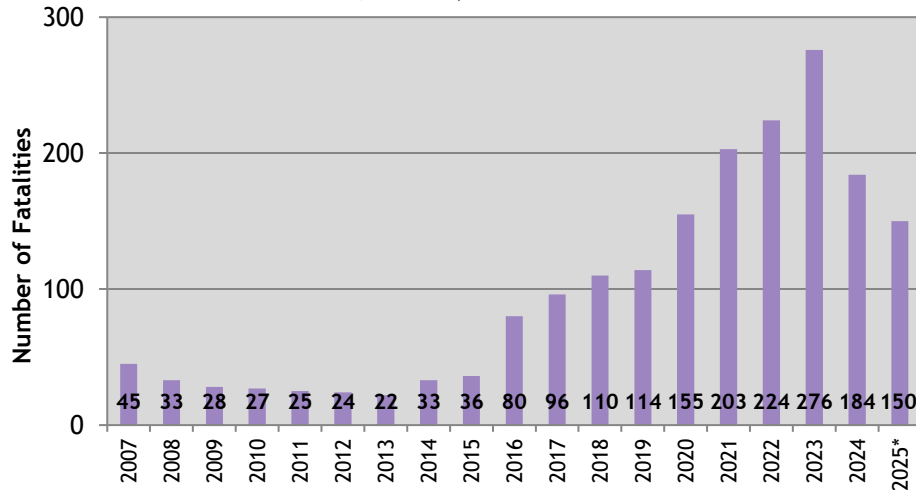
The total number of fatal cocaine-related overdoses statewide has been slowly increasing since 2013 but dropped substantially in 2024. Of the 682 fatal cocaine overdoses in 2024, 71.7% also included fentanyl (prescription, illicit, or analogs). The number of fatal cocaine overdoses in 2024 decreased by 35.3% compared to 2023.

**Total Number of Fatal Cocaine Overdoses by Quarter and Year of Death, 2007-2025\***  
Data for 2025 is a Predicted Total for the Entire Year

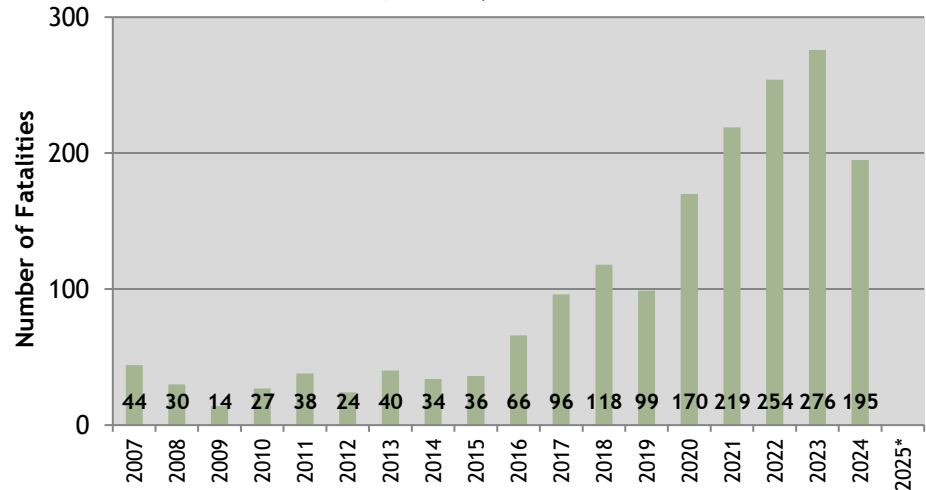


# COCAINE

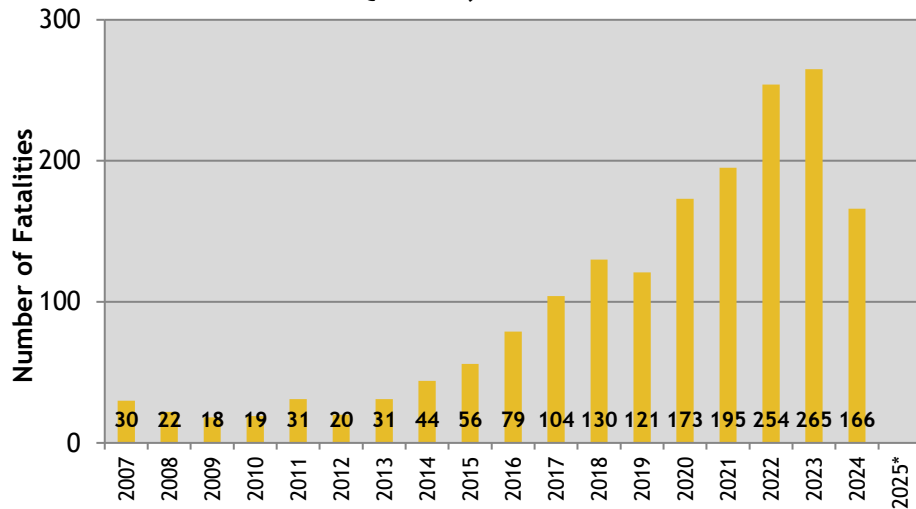
First Quarter, 2007-2025\*



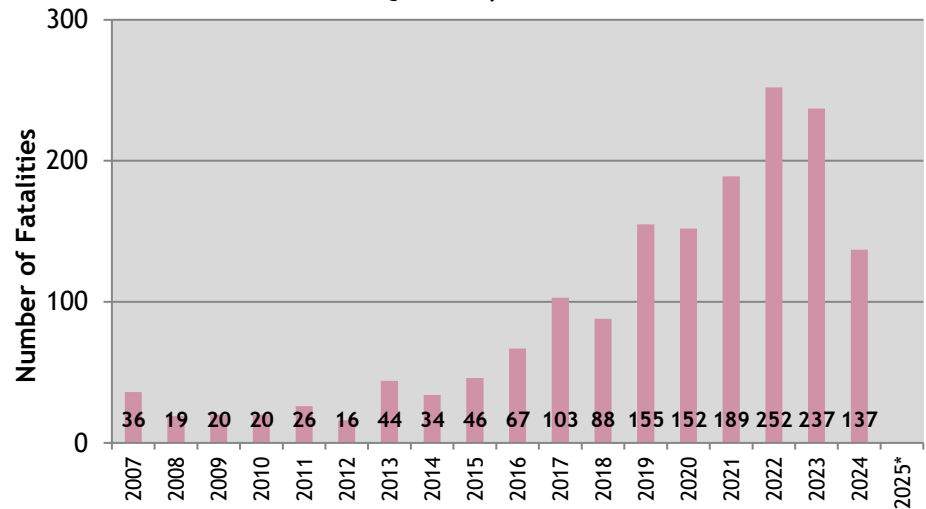
Second Quarter, 2007-2025\*



Third Quarter, 2007-2025\*

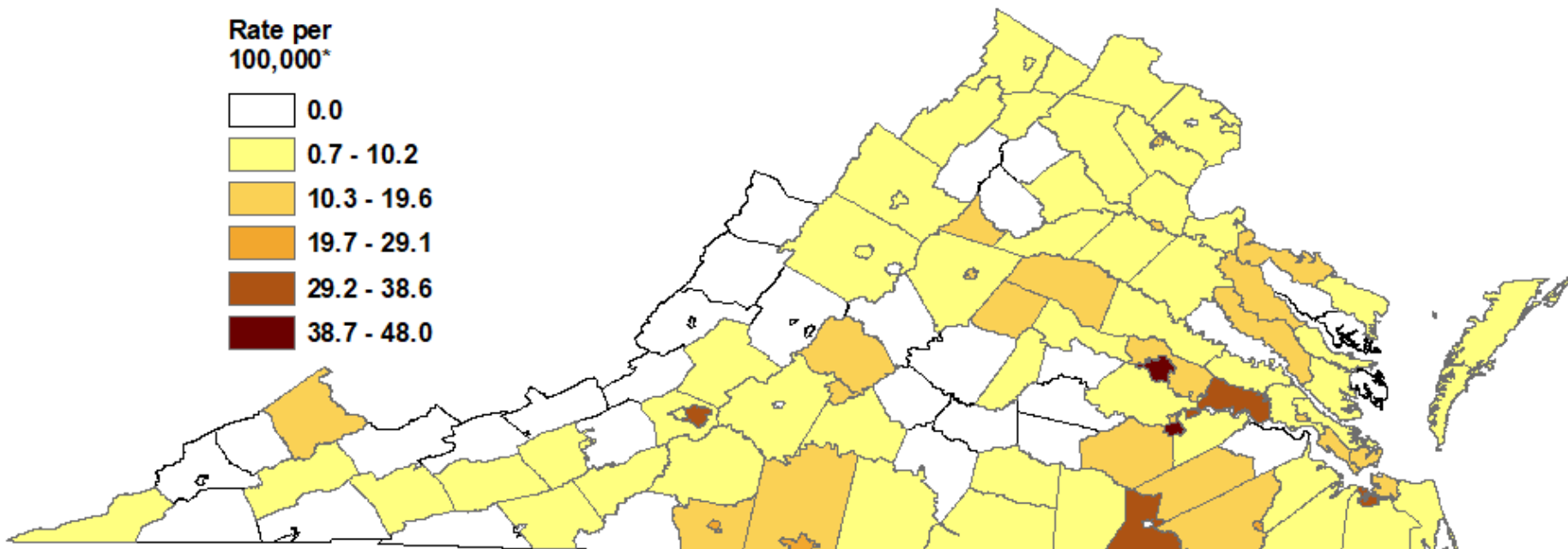
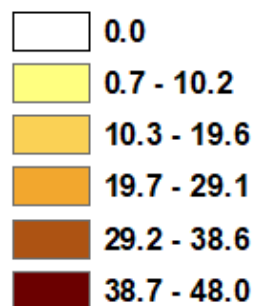


Fourth Quarter, 2007-2025\*



## Rate of Fatal Cocaine Overdoses by Locality of Overdose, 2024

Rate per  
100,000\*



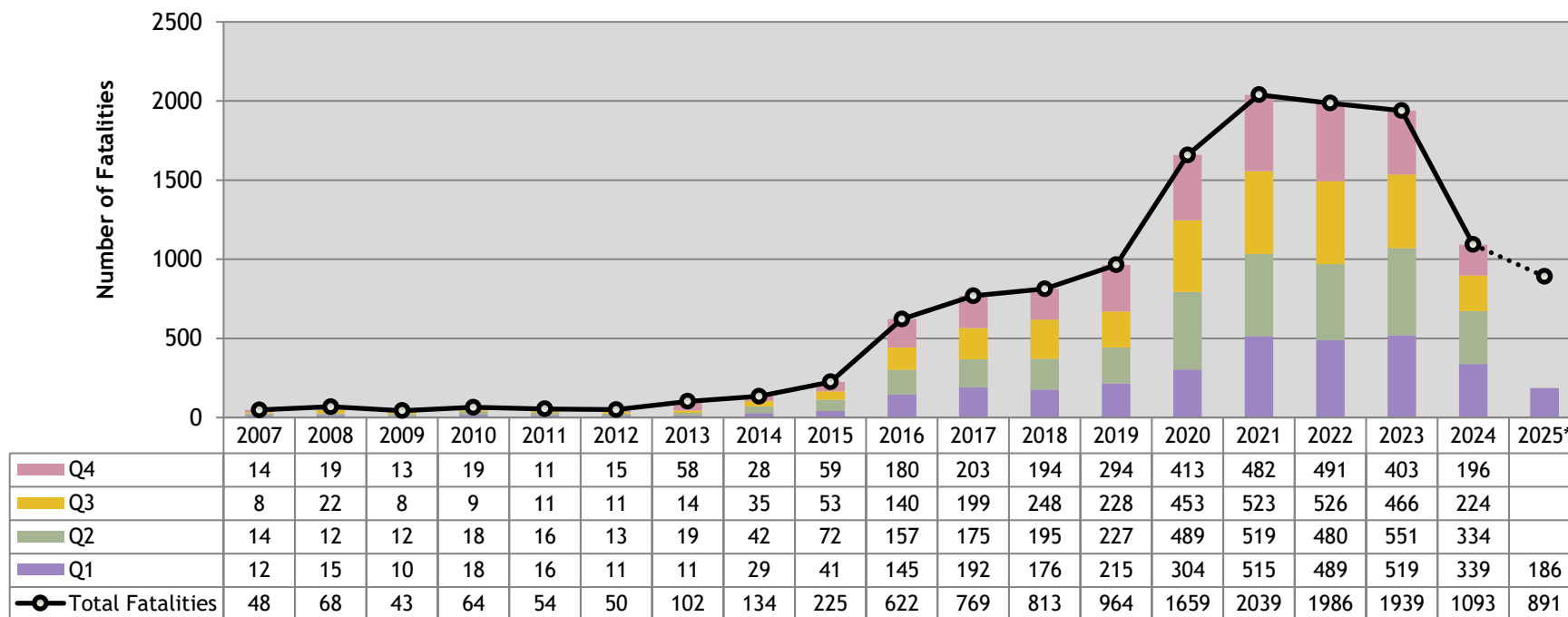
Source: Virginia Department of Health, Office of the Chief Medical Examiner

\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# FENTANYL

The number of fatal fentanyl-related drug overdoses began increasing in 2012; which coincides with the dramatic increase in fatal heroin overdoses. Prior to 2013, most fentanyl-related deaths were due to illicit use of pharmaceutically produced fentanyl. However, in late 2013, early 2014, law enforcement investigations and toxicology testing demonstrated an increase in illicitly produced fentanyl. By 2016, most fatal fentanyl-related overdoses were due to illicitly produced fentanyl and fentanyl analogs, and not pharmaceutically produced fentanyl. For statistical purposes, 'fentanyl' includes all pharmaceutically produced fentanyl, illicitly produced fentanyl, and fentanyl analogs. The number of fatal fentanyl overdoses in 2024 compared to 2023 decreased by 43.6%. In 2024, fentanyl was involved in 64.6% of all drug overdose deaths.

**Total Number of Fatal Fentanyl Overdoses by Quarter and Year of Death, 2007-2025\***  
Data for 2025 is a Predicted Total for the Entire Year



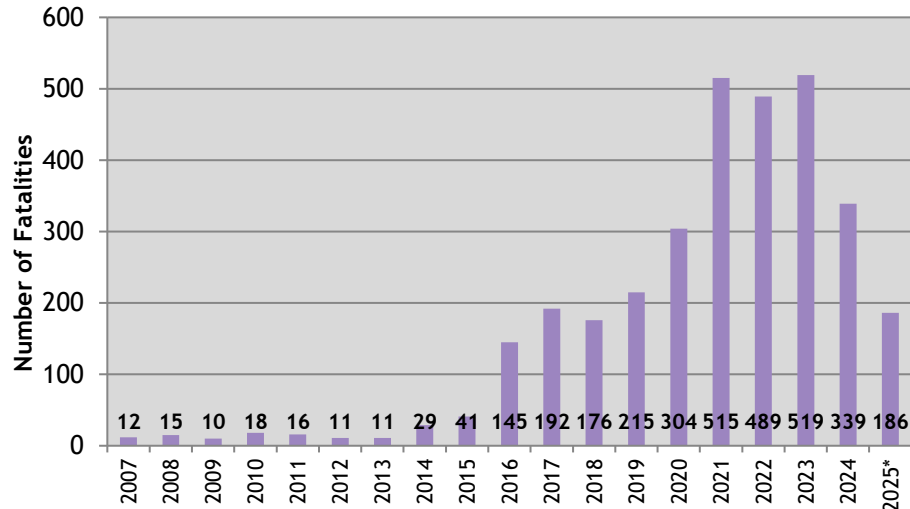
<sup>1</sup> Historically, fentanyl has been categorized as a prescription opioid because it is mass produced by pharmaceutical companies. However, law enforcement investigations and toxicology results have demonstrated that several recent fentanyl seizures have **not** been pharmaceutically produced, but illicitly produced. This illicit form of fentanyl is produced by international drug traffickers who import the drug into the United States and often, mix it into heroin being sold. This illicitly produced fentanyl has been the biggest contributor to the significant increase in the number of fatal opioid overdoses in Virginia.

<sup>2</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

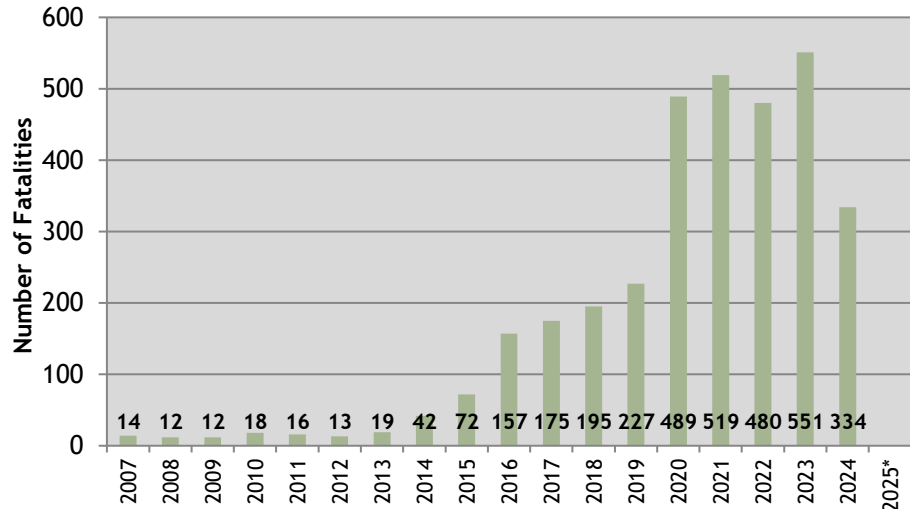


# FENTANYL

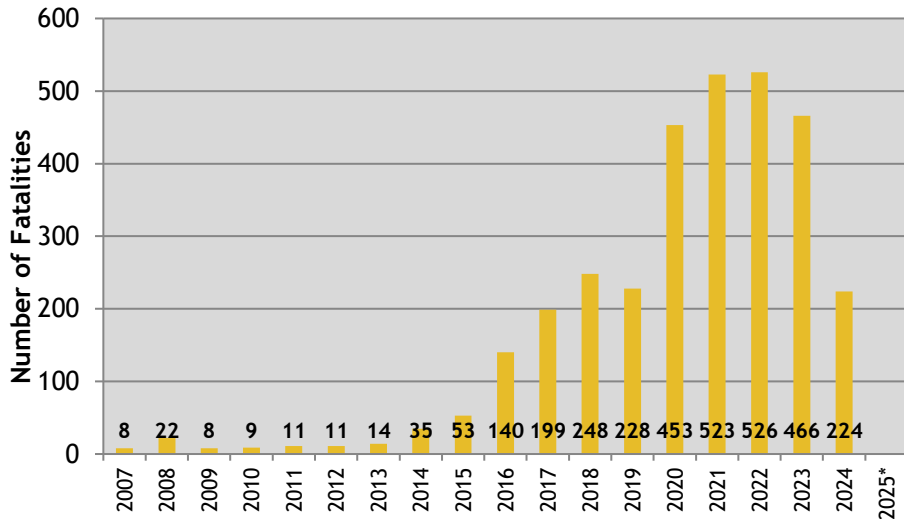
First Quarter, 2007-2025\*



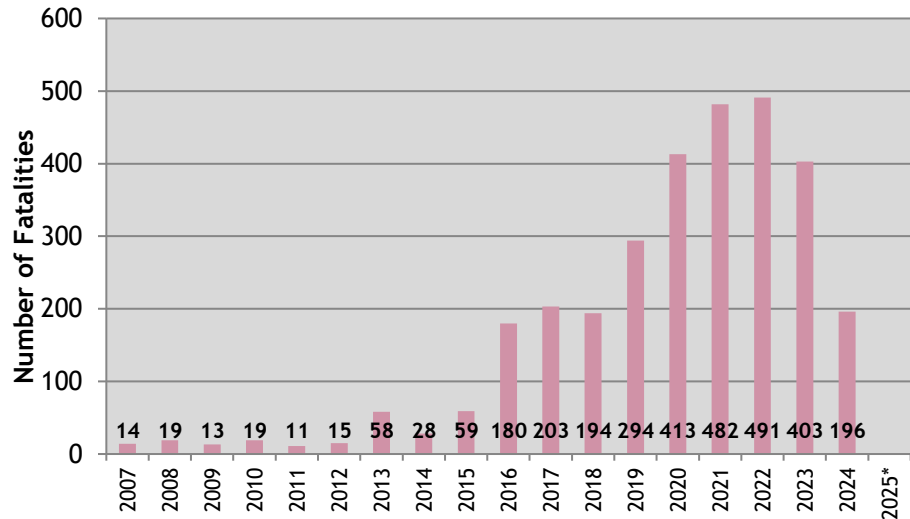
Second Quarter, 2007-2025\*



Third Quarter, 2007-2025\*



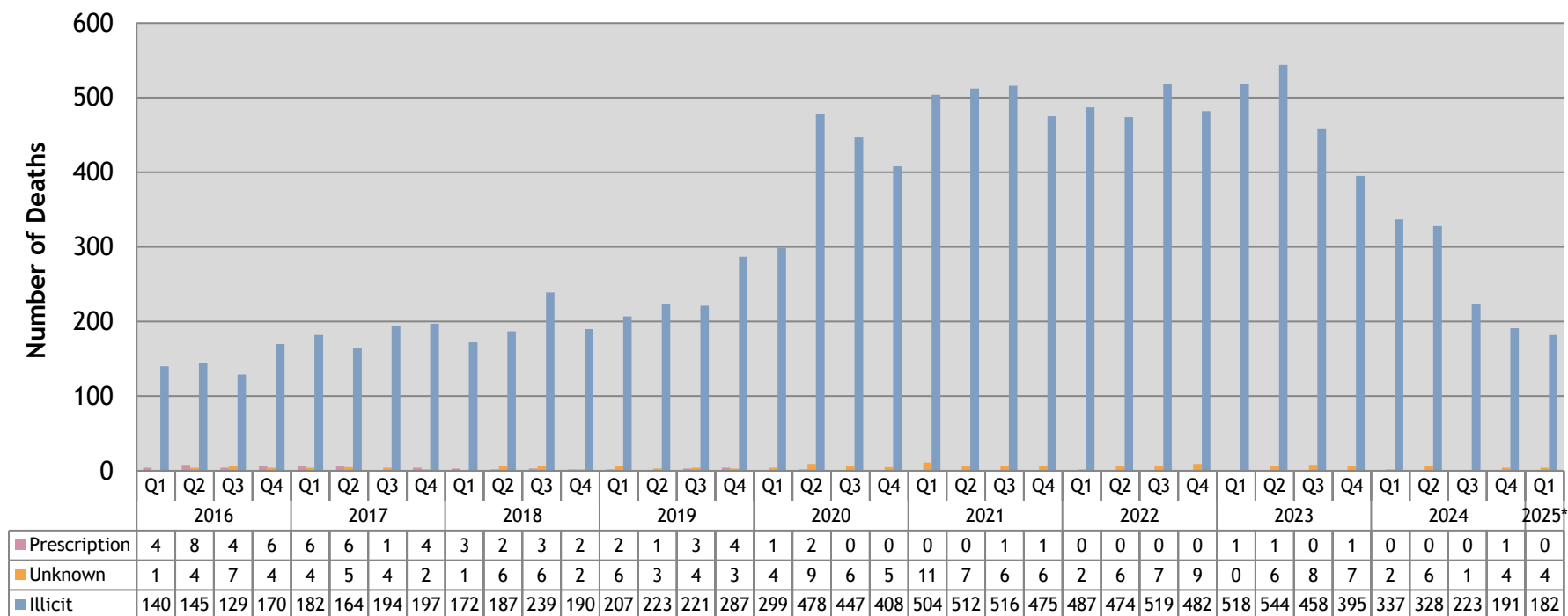
Fourth Quarter, 2007-2025\*



# FENTANYL

In 2016, the OCME began collecting information on the suspected origin of fentanyl (pharmaceutical production, illicit production, or unknown) on all fatal overdoses involving fentanyl. The determination is made by reviewing the examination report, toxicology report, police report, and several other sources of information collected during the death investigation process. This classification is more subjective than objective, but still provides detailed insight to the current proportion of illicitly produced fentanyl in Virginia that is contributing to fatal overdoses. In 2024, it was estimated that nearly 99% of fatal fentanyl overdoses were due to the illicitly produced versions of the drug.

**Total Number of Fatal Fentanyl Overdoses by Fentanyl Origin and Month of Death, 2016-2025\***



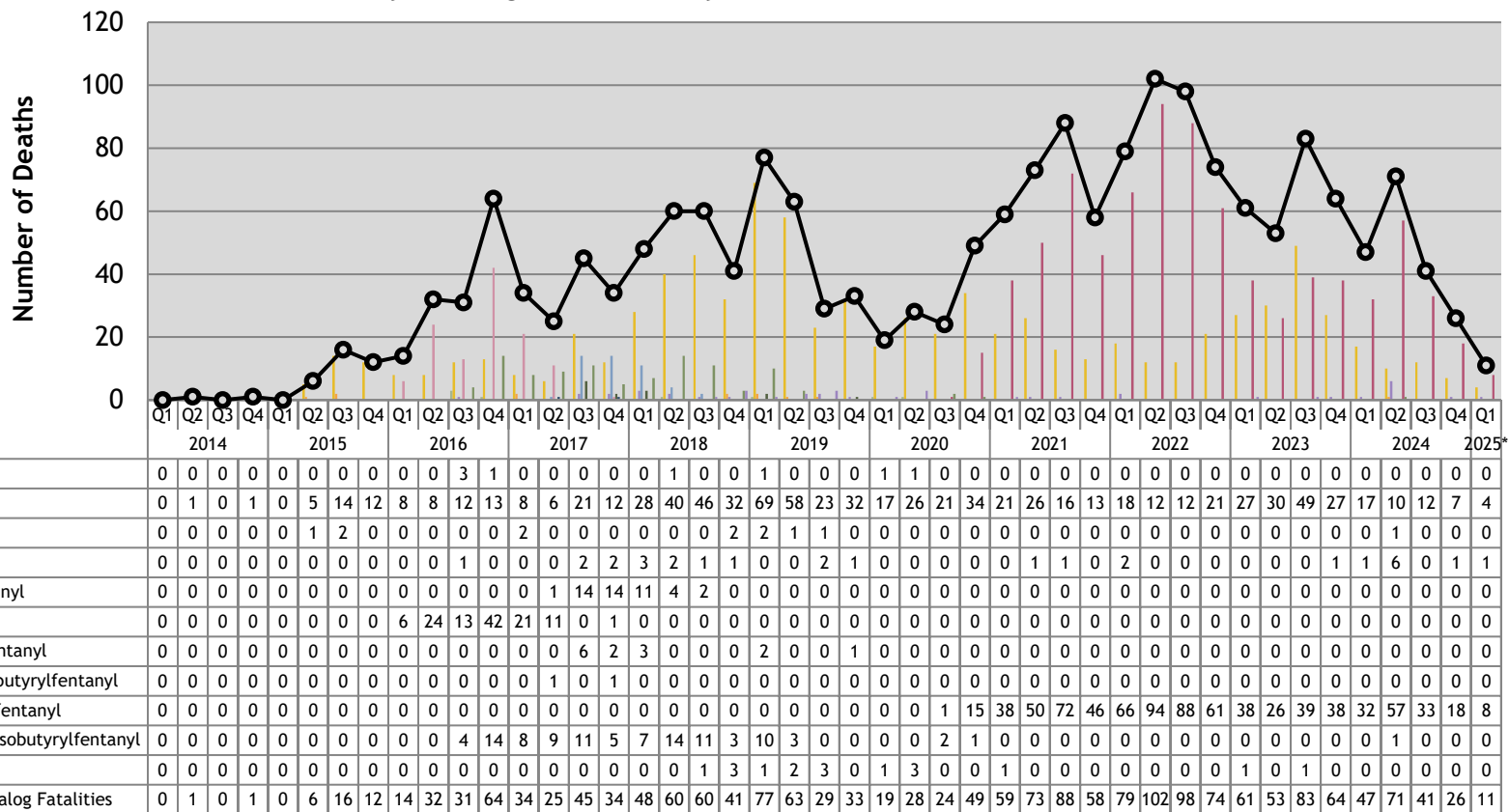
<sup>1</sup> Historically, fentanyl has been categorized as a prescription opioid because it is mass produced by pharmaceutical companies. However, recent law enforcement investigations and toxicology results have demonstrated that several recent fentanyl seizures have not been pharmaceutically produced, but illicitly produced. This illicit form of fentanyl is produced by international drug traffickers who import the drug into the United States and often, mix it into heroin being sold. This illicitly produced fentanyl has been the biggest contributor to the significant increase in the number of fatal opioid overdoses in Virginia.

<sup>2</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

# FENTANYL ANALOGS

Fentanyl analogs are a category of illicitly produced opioids very similar to fentanyl, but slightly different in their chemical structure. Fentanyl analogs began appearing in Virginia in 2014 and have fluctuated ever since. Fentanyl analogs are illicitly produced and vary in potency, and in part, attributed to the rise in fatal overdoses due to opioids. For statistical purposes, 'fentanyl' includes all pharmaceutically produced fentanyl, illicitly produced fentanyl, and fentanyl analogs.

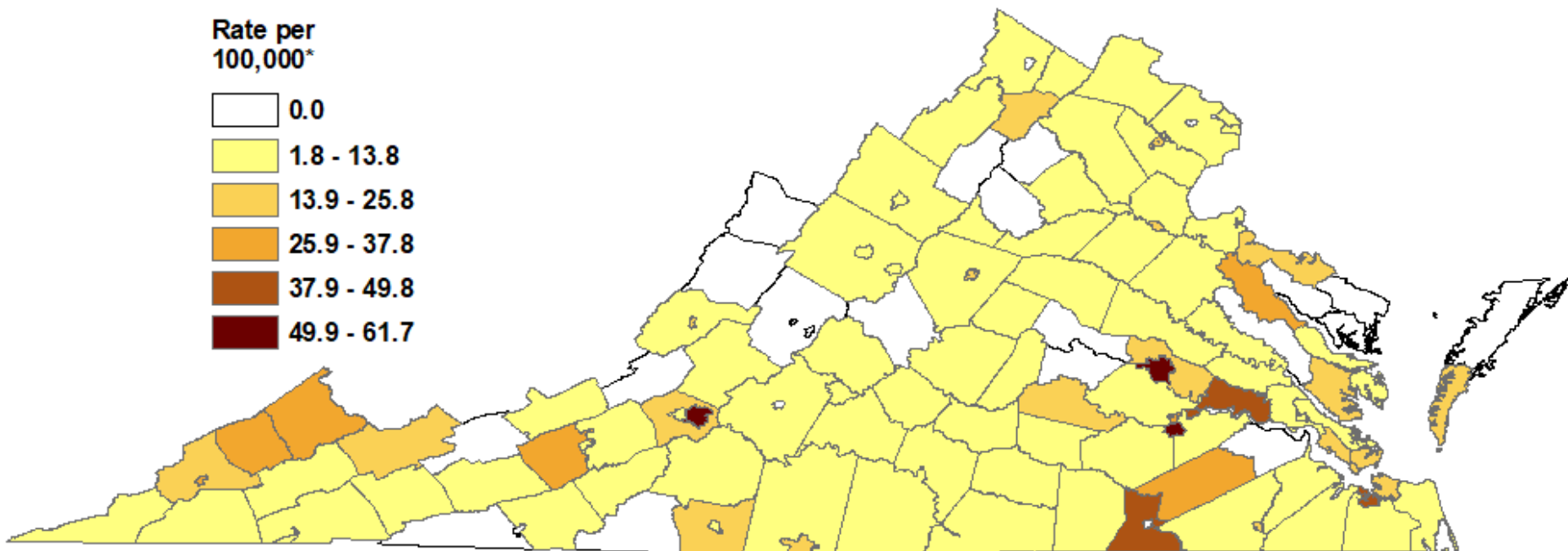
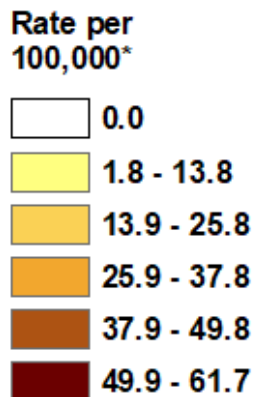
### Total Number of Fatal Fentanyl Analog Overdoses by Quarter and Year of Death, 2014-2025\*



<sup>1</sup> Each fentanyl analog is tallied by each time it caused or contributed to death (analyzed from either toxicology or the cause of death statement) and therefore the total number of analogs will exceed the actual number of fatalities

<sup>2</sup> Previous reports combined para/meta-fluorobutylfentanyl, para/meta-fluorofentanyl, and para/meta-fluoroisobutylfentanyl analogs into one overarching category of para/meta-fluoroisobutylfentanyl. From this report on, these compounds will be reported separately.

## Rate of Fatal Fentanyl (Rx, Illicit, and Analog) Overdoses by Locality of Overdose, 2024



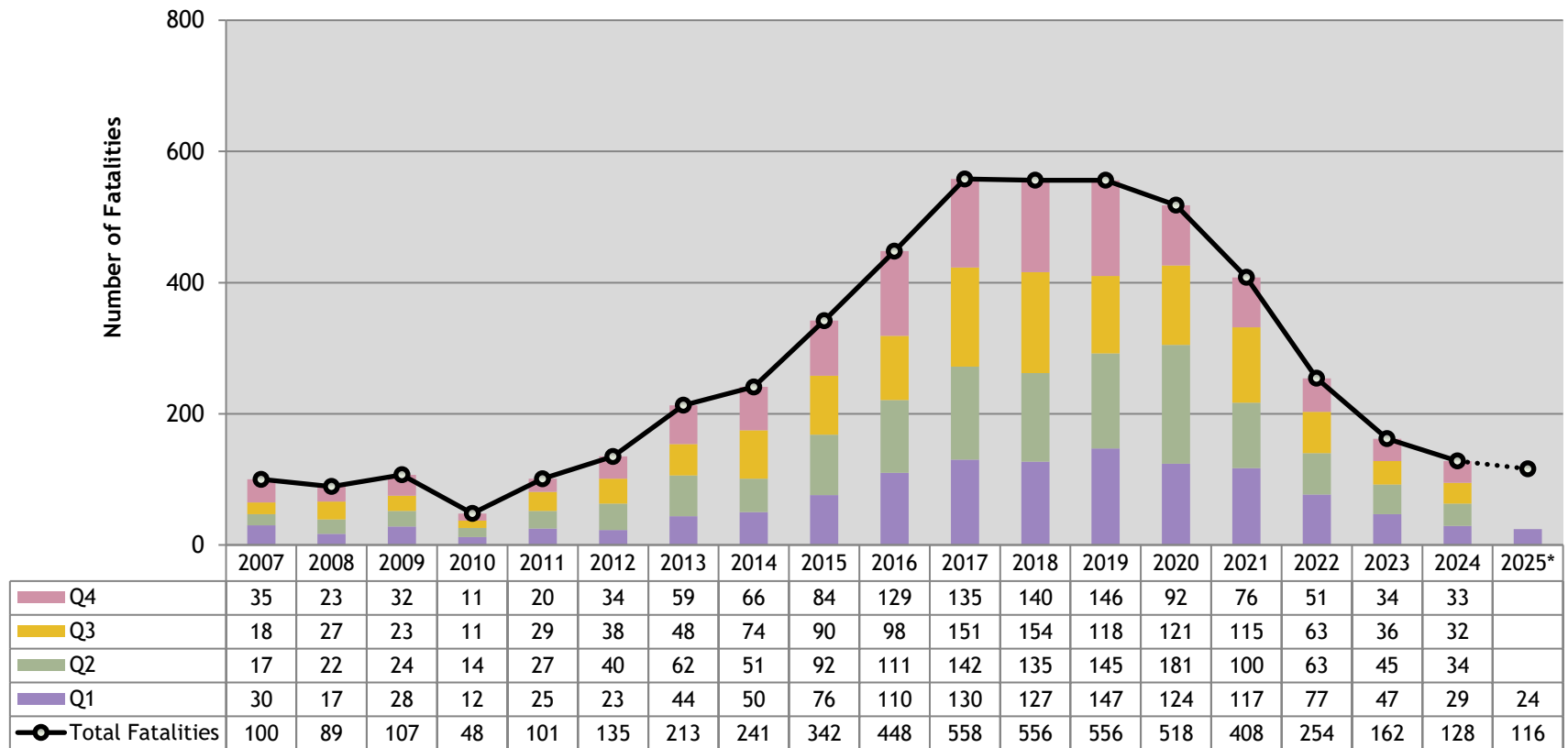
Source: Virginia Department of Health, Office of the Chief Medical Examiner

\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# HEROIN

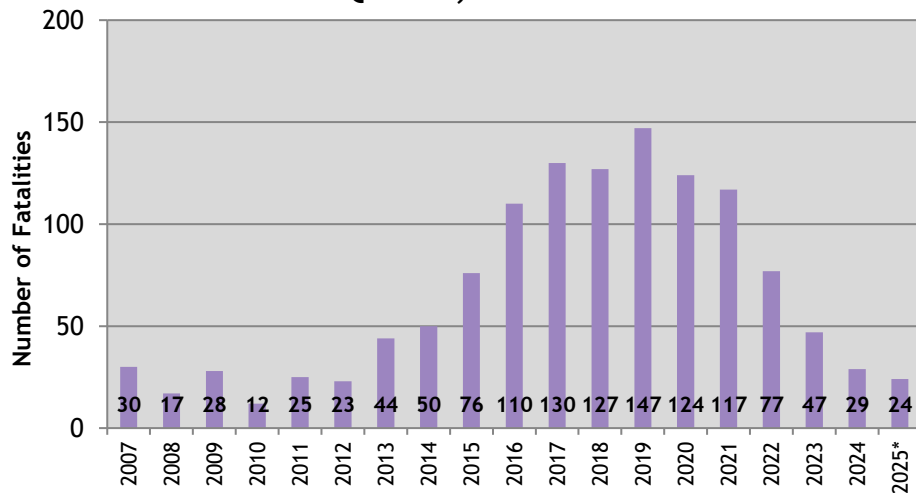
The total number of fatal heroin-related overdoses began increasing in 2010. Fatal heroin overdoses often occurred as the primary drug causing death, but more recently, heroin and fentanyl and/or fentanyl analog combinations caused a large portion of fatal drug overdoses. The annual number of fatal heroin overdoses in 2017-2019 were nearly identical, but began to decrease in 2020-2024. The number of heroin overdose deaths decreased by 21.0% in 2024 compared to 2023.

**Total Number of Fatal Heroin Overdoses by Quarter and Year of Death, 2007-2025\***  
Data for 2025 is a Predicted Total for the Entire Year

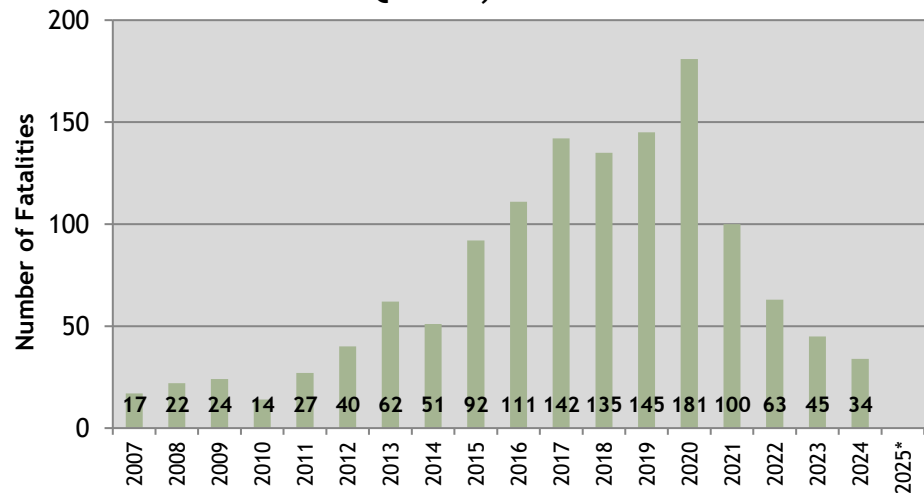


# HEROIN

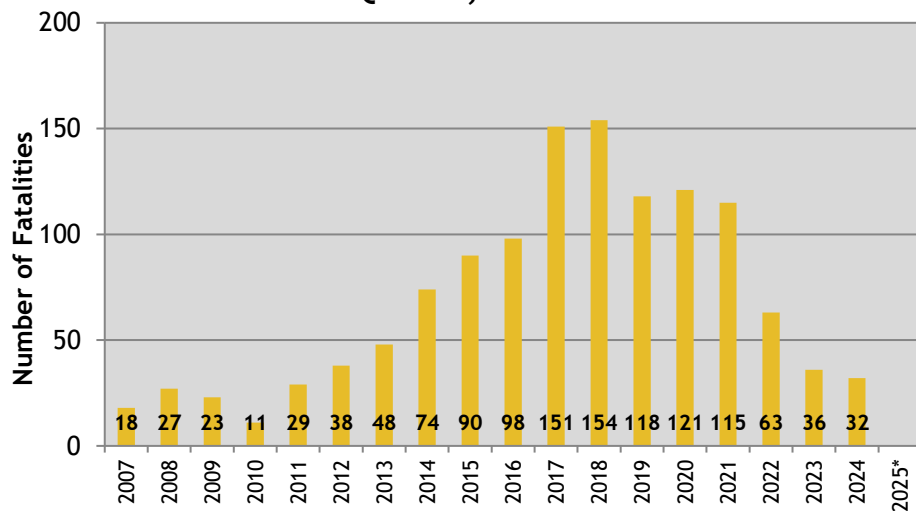
First Quarter, 2007-2025\*



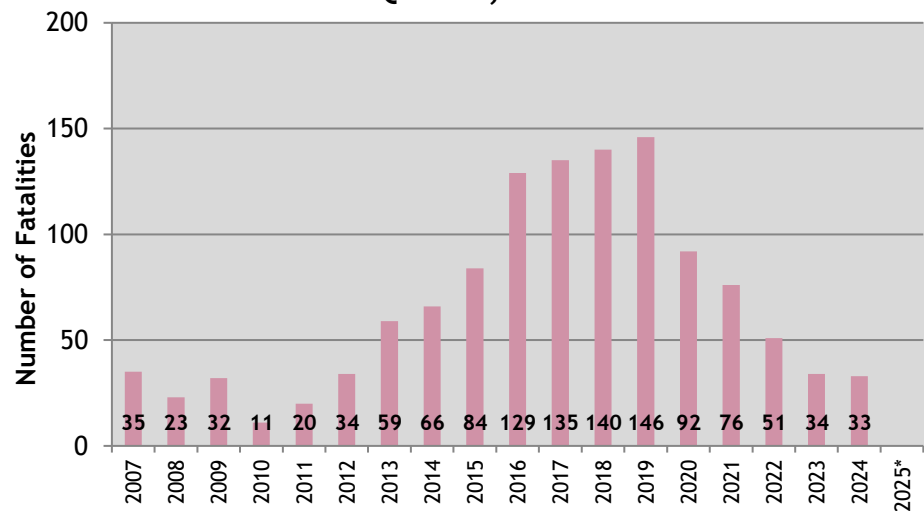
Second Quarter, 2007-2025\*



Third Quarter, 2007-2025\*

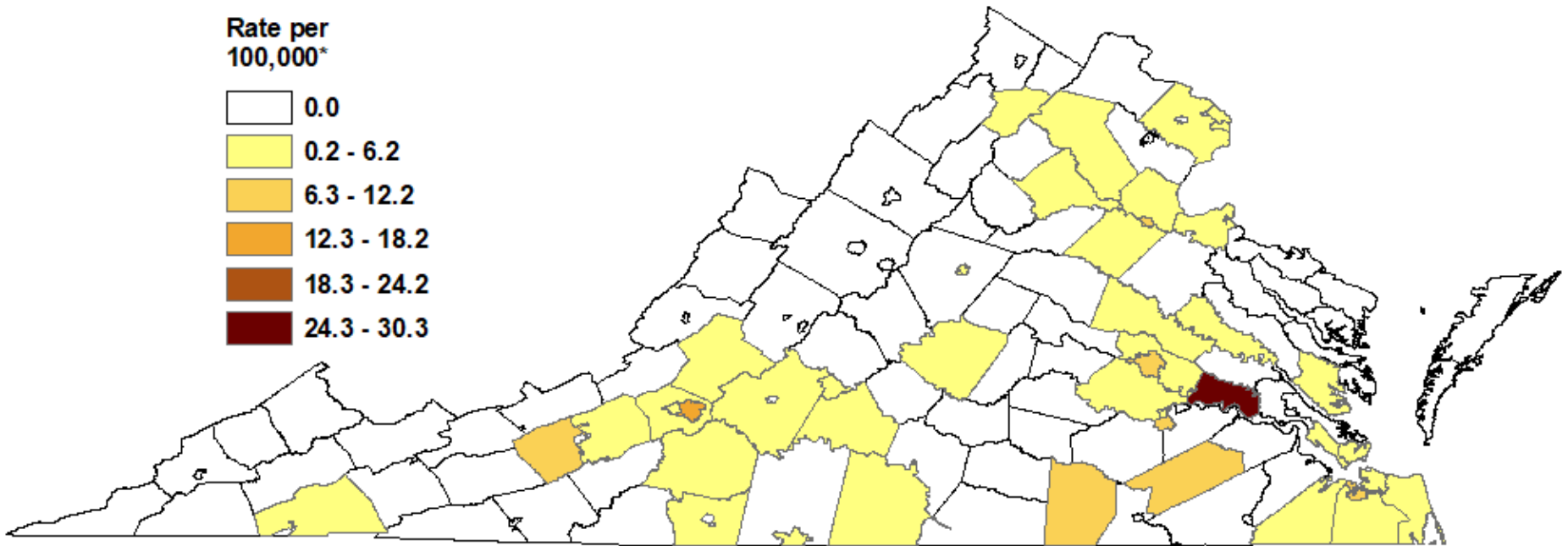
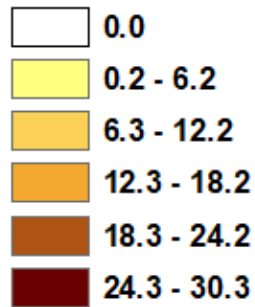


Fourth Quarter, 2007-2025\*



## Rate of Fatal Heroin Overdoses by Locality of Overdose, 2024

Rate per  
100,000\*



Source: Virginia Department of Health, Office of the Chief Medical Examiner

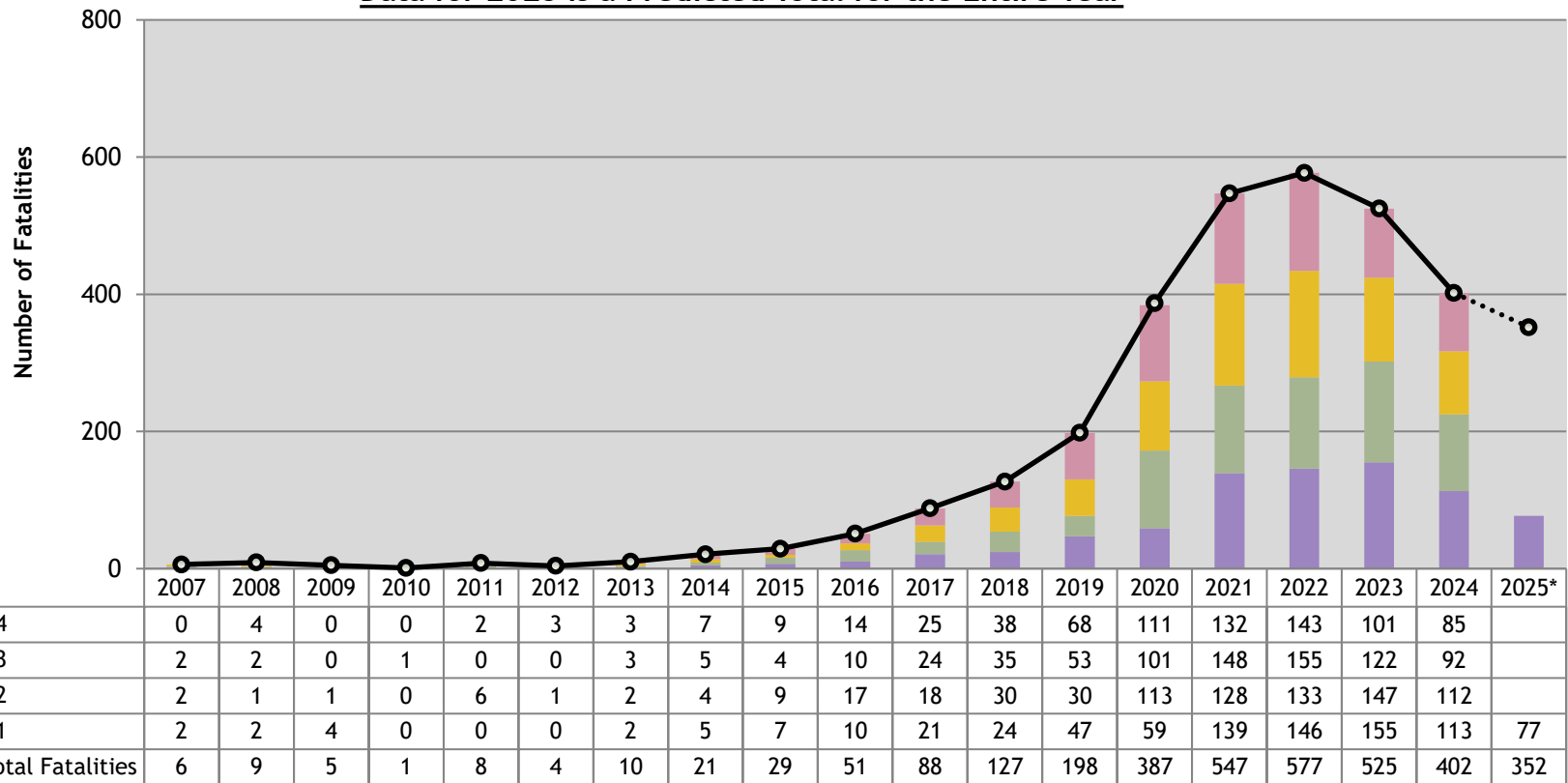
\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# METHAMPHETAMINE

From 2007 to 2014, fatal methamphetamine overdoses were relatively uncommon compared to other drugs/drug categories, but in 2014, the number of fatal methamphetamine overdoses began to increase. In 2024, fatal methamphetamine overdoses most frequently had fentanyl (prescription, illicit, and/or analogs) causing or contributing to death (59.7%). The number of fatal methamphetamine overdoses decreased by 23.4% in 2024 when compared to 2023.

**Total Number of Fatal Methamphetamine Overdoses by Quarter and Year of Death, 2007-2025\***

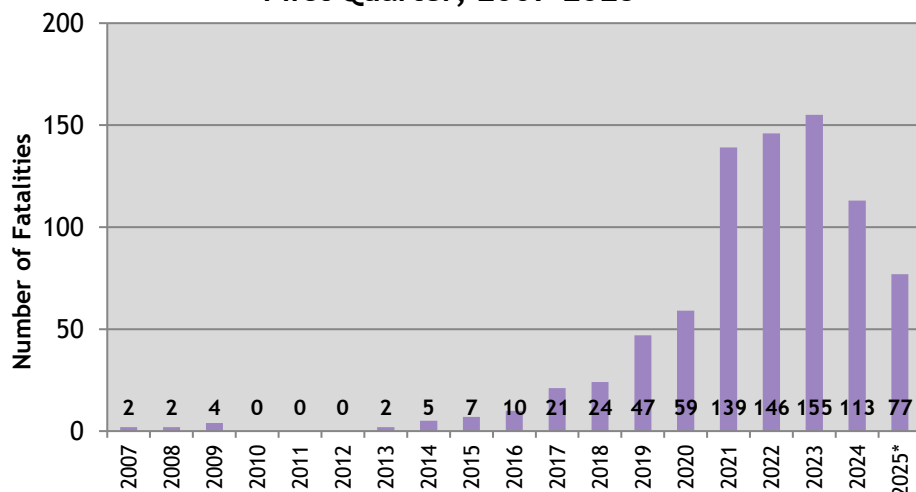
**Data for 2025 is a Predicted Total for the Entire Year**



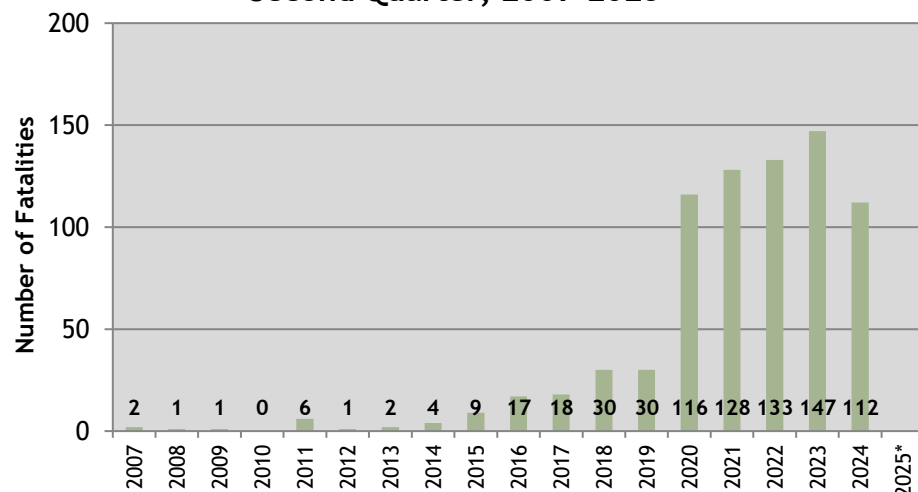


# METHAMPHETAMINE

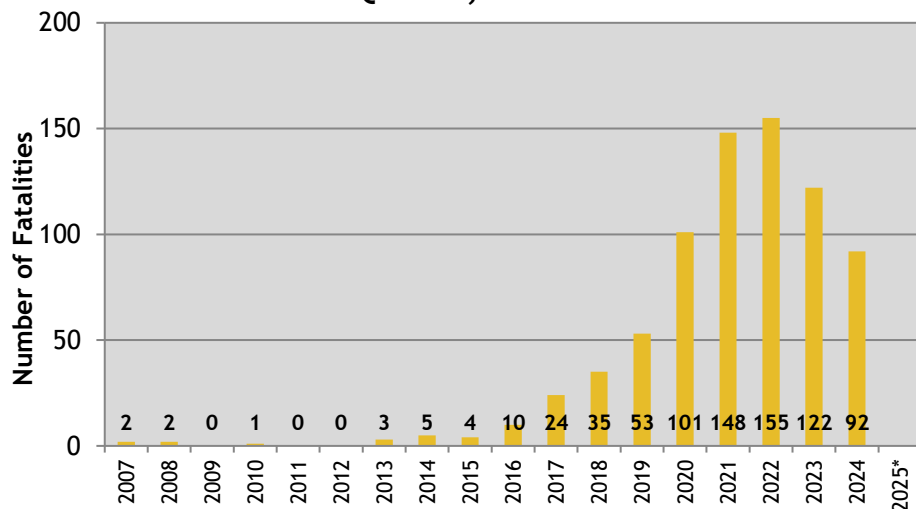
First Quarter, 2007-2025\*



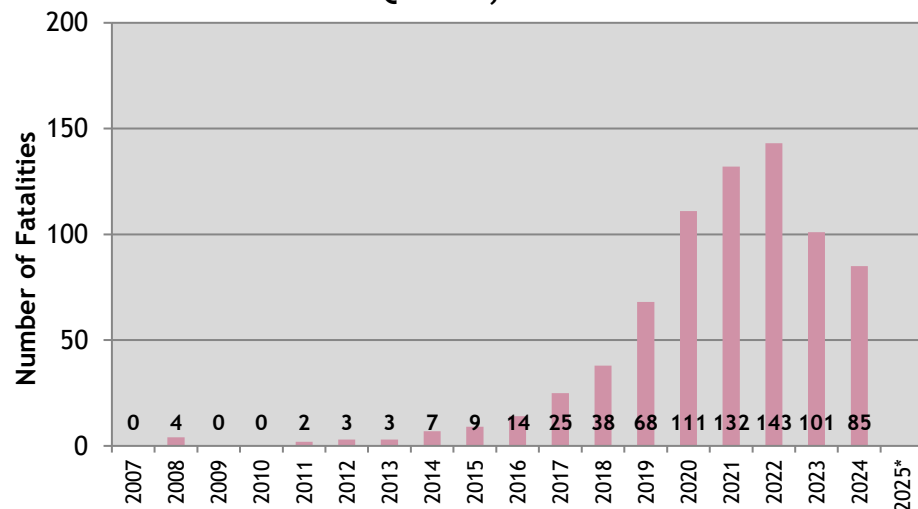
Second Quarter, 2007-2025\*



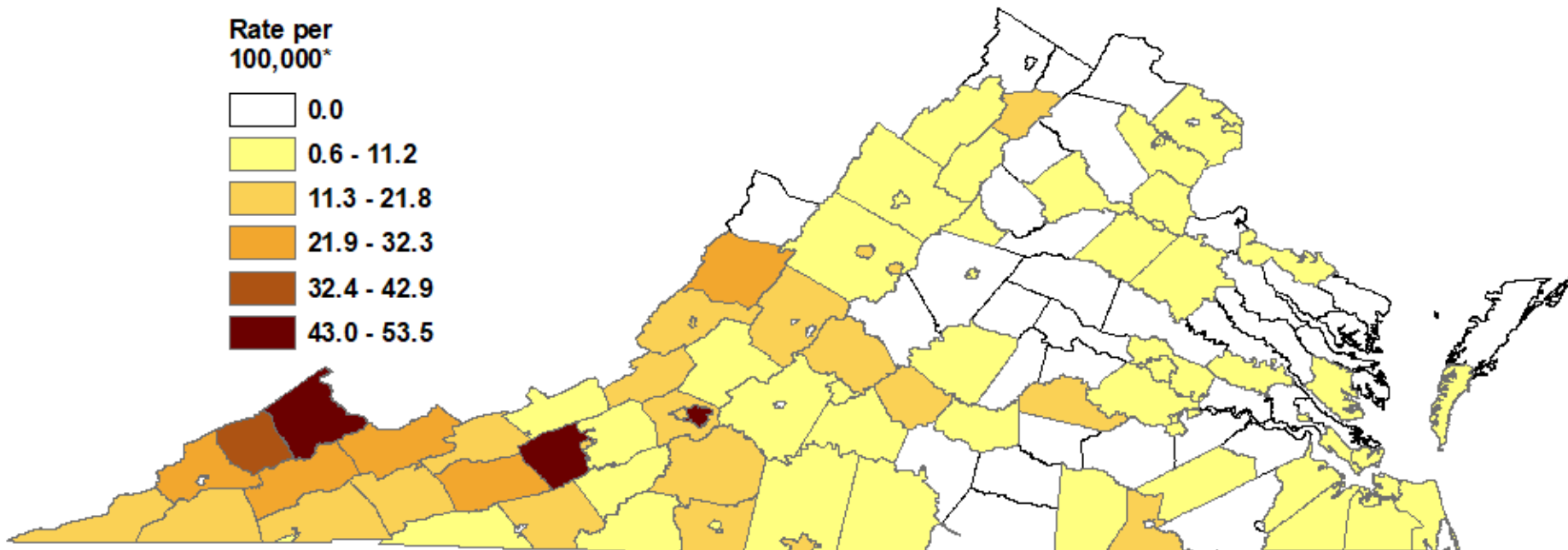
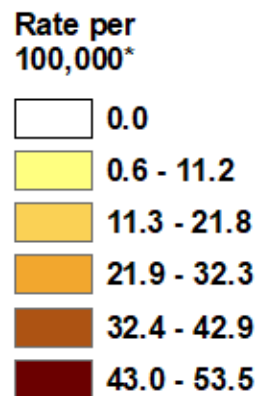
Third Quarter, 2007-2025\*



Fourth Quarter, 2007-2025\*



### Rate of Fatal Methamphetamine Overdoses by Locality of Overdose, 2024



Source: Virginia Department of Health, Office of the Chief Medical Examiner

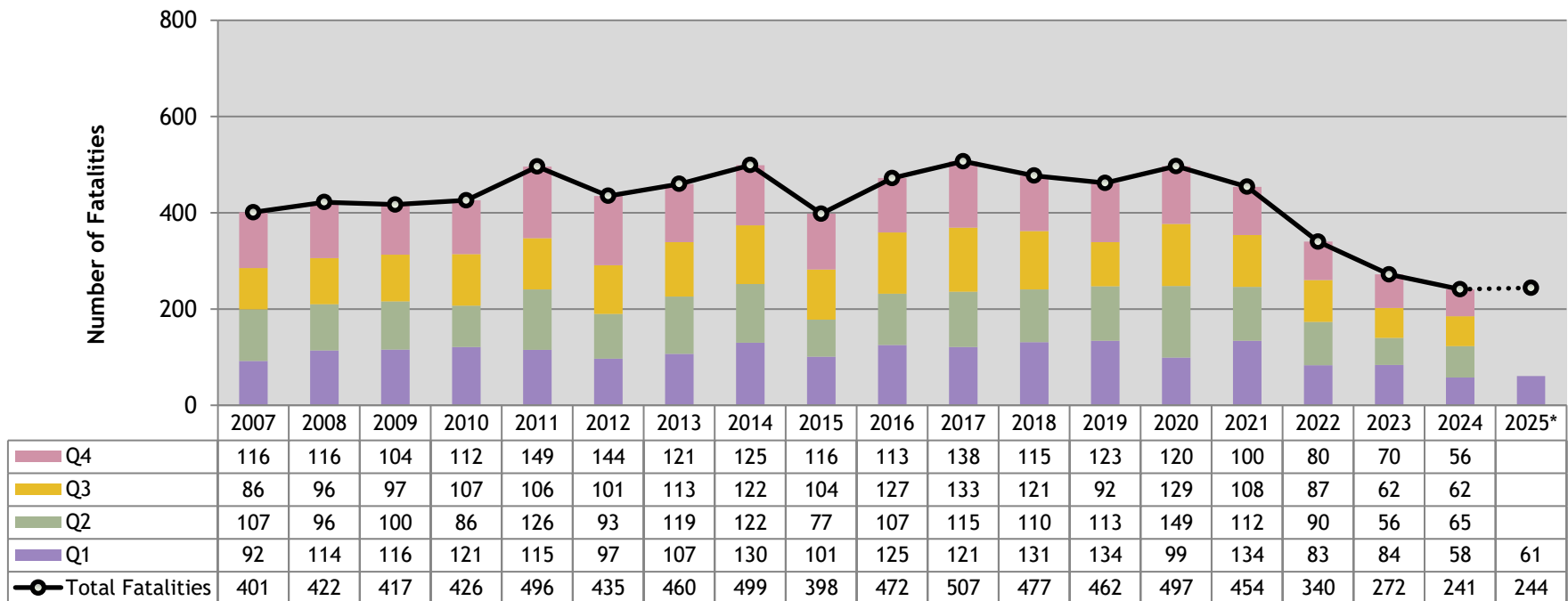
\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# PRESCRIPTION OPIOIDS (EXCLUDING FENTANYL)

Since 2007, fatal prescription (Rx) opioid overdoses have been the leading category of drugs causing or contributing to death in the Commonwealth, with historically, oxycodone being the most common drug. Given the transition in fatal fentanyl overdoses from pharmaceutically produced fentanyl (2007-2014) to nearly all illicitly produced fentanyl (2015-present), fentanyl needs to be removed from the Rx opioid category and analyzed separately. This allows one to see the significant impact the drug is having on fatal overdose numbers in Virginia. By removing fentanyl from this Rx category, it is to be expected that Rx opioid fatalities from 2007-2013 to be slightly undercounted because true Rx fentanyl overdoses are excluded and combined with all 'fentanyl' to capture recent trends of illicit fentanyl in Virginia.

## Total Number of Fatal Prescription Opioid Overdoses (Excluding Fentanyl) by Quarter and Year of Death, 2007-2025\*

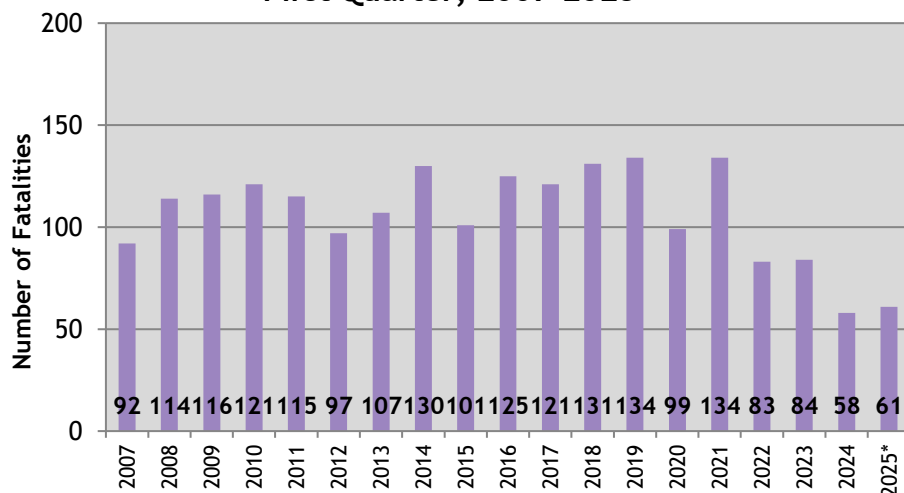
Data for 2025 is a Predicted Total for the Entire Year



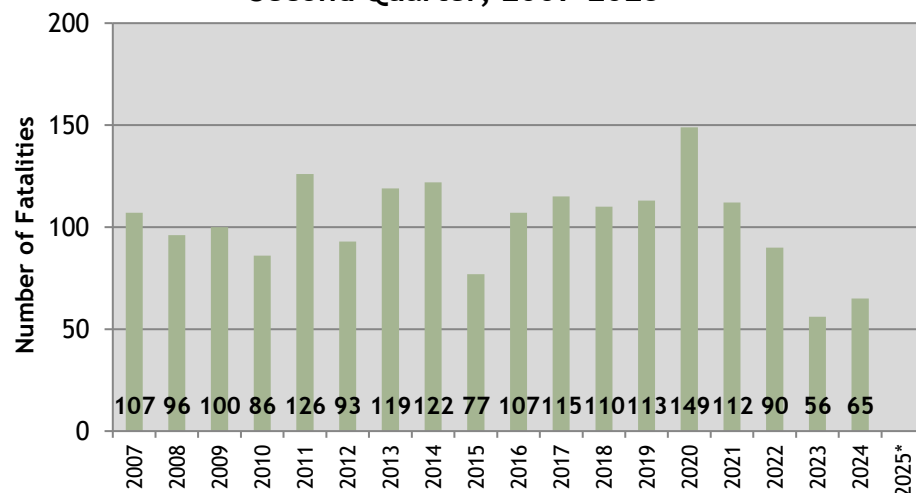
<sup>1</sup> 'Prescription Opioids (excluding fentanyl)' calculates all deaths in which one or more prescription opioids caused or contributed to death, but excludes fentanyl from the **required list** of prescription opioid drugs used to calculate the numbers. However, given that some of these deaths have multiple drugs on board, some deaths may have fentanyl in addition to other prescriptions opioids, and are therefore counted in the total number. Analysis must be done this way because by excluding all deaths in which fentanyl caused or contributed to death, the calculation would also exclude other prescription opioid deaths (oxycodone, methadone, etc.) from the analysis and would thereby undercount the actual number of fatalities due to these true prescription opioids.

# PRESCRIPTION OPIOIDS (EXCLUDING FENTANYL)

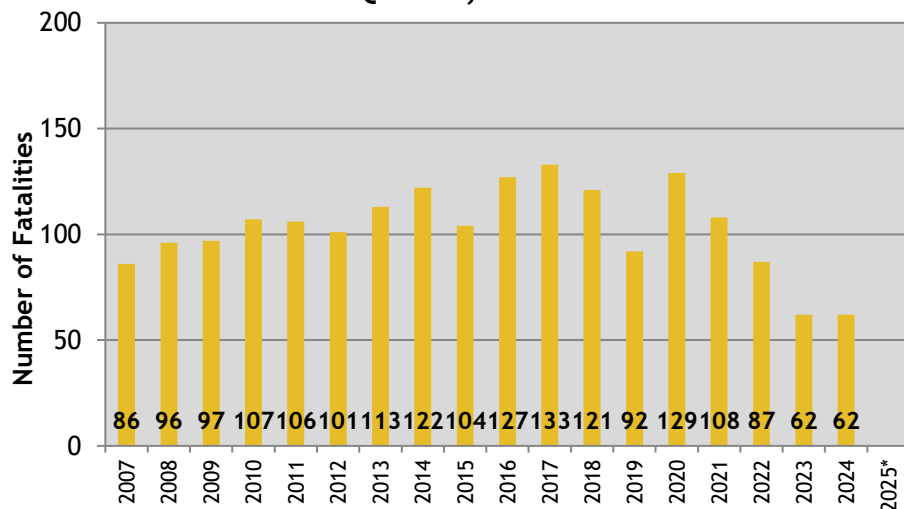
First Quarter, 2007-2025\*



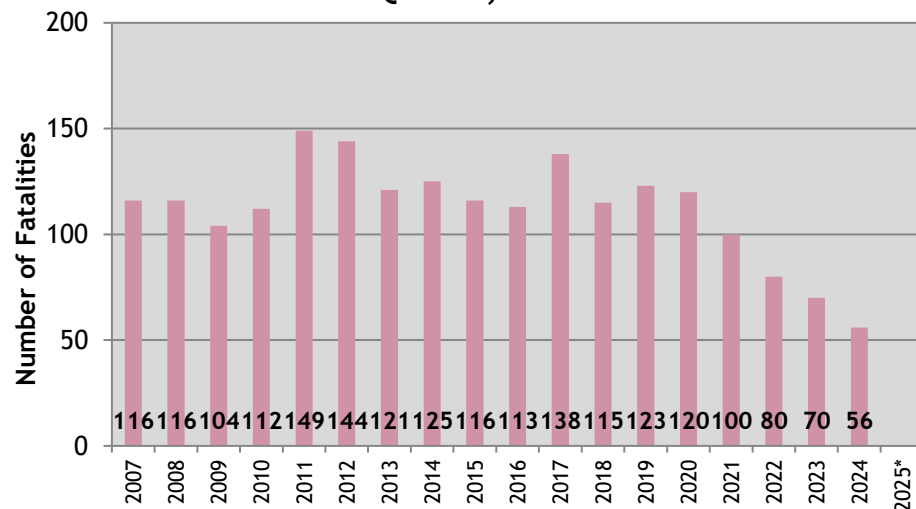
Second Quarter, 2007-2025\*



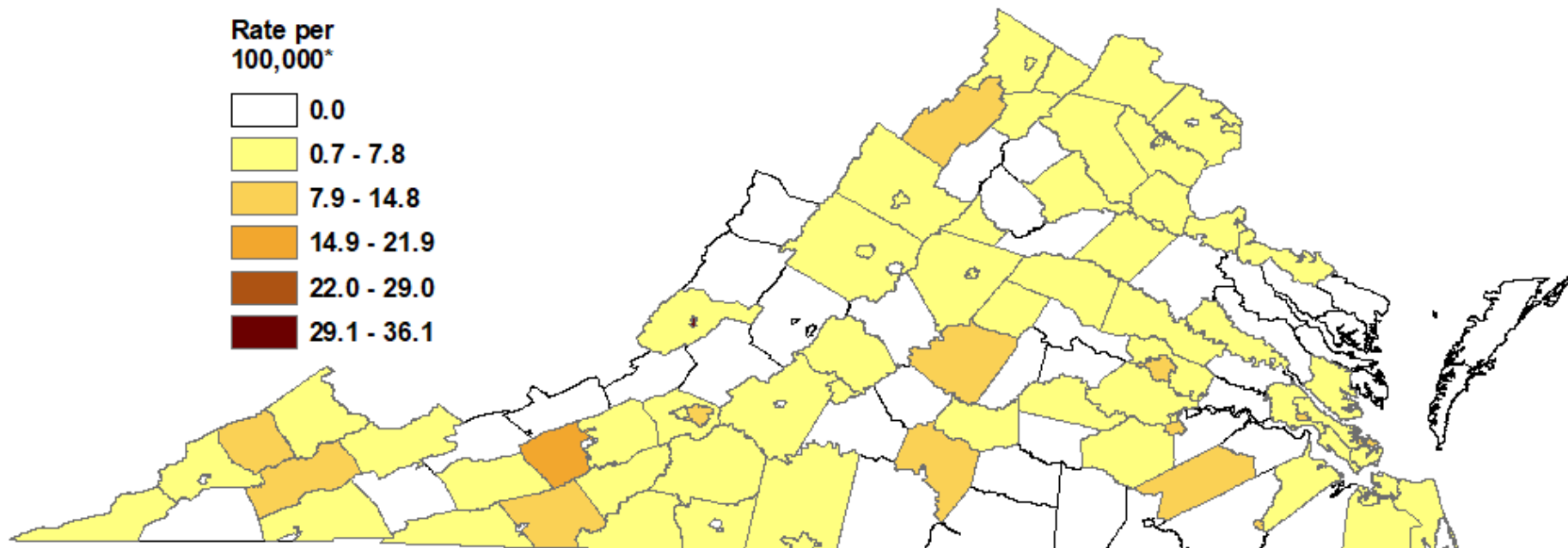
Third Quarter, 2007-2025\*



Fourth Quarter, 2007-2025\*



## Rate of Fatal Prescription (Rx) Opioid Overdoses by Locality of Overdose, 2024



Source: Virginia Department of Health, Office of the Chief Medical Examiner

\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# FATAL DRUG OVERDOSES OF SPECIAL INTEREST

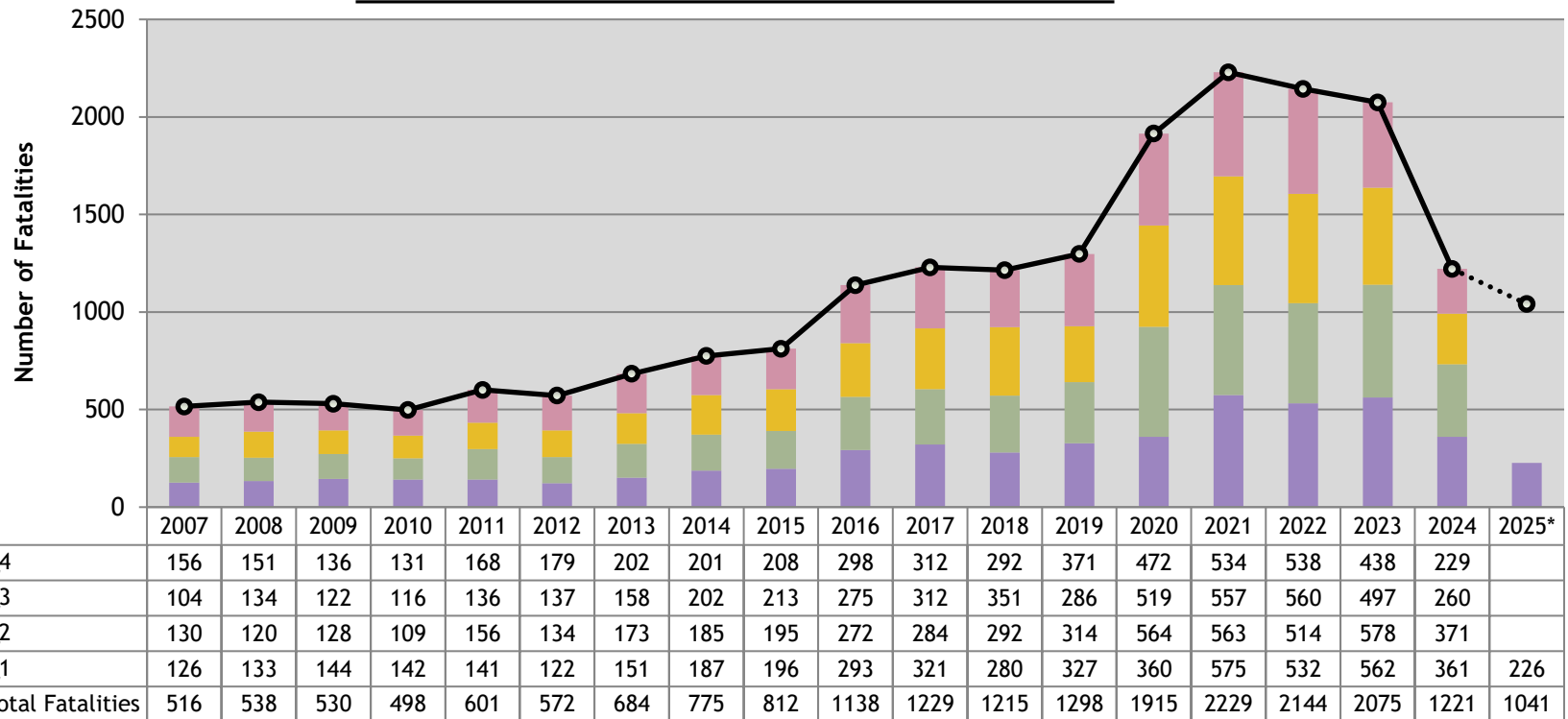


- All Opioids (Fentanyl, Heroin, and/or Prescription Opioids)
- Heroin and/or Fentanyl

# ALL OPIOIDS

From 2007-2015, opioids (fentanyl, heroin, U-47700, and/or one or more prescription opioids) made up approximately 75% of all fatal drug overdoses annually in Virginia. However, this percentage is increasing each year due to the significant increase in fatal fentanyl and/or heroin overdoses which began in late 2013 and early 2014. Numbers for 2024 indicated that 72.1% of all fatal overdoses of any substance were due to one or more opioids. The number of fatal opioid overdoses in 2024 decreased 41.2% from the previous year.

**Total Number of Fatal Opioid Overdoses by Quarter and Year of Death, 2007-2025\***  
**Data for 2025 is a Predicted Total for the Entire Year**



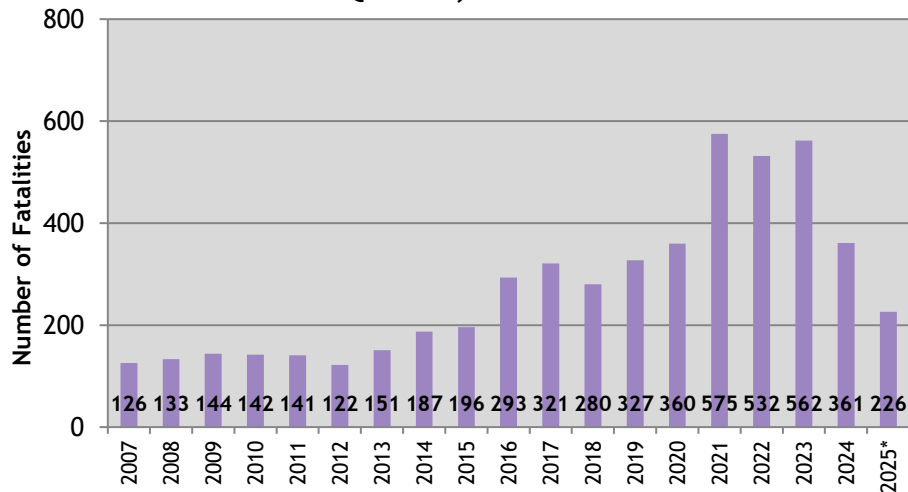
<sup>1</sup> 'All Opioids' includes all versions of fentanyl, heroin, prescription opioids, U-47700, nitazenes, and opioids unspecified

<sup>2</sup> 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.

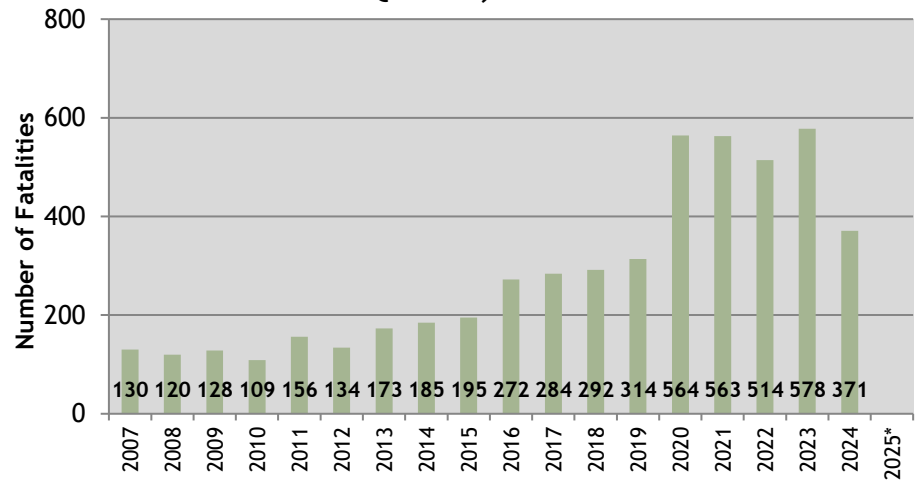
<sup>3</sup> Fatal opioid numbers have changed slightly from past reports due to the removal of fentanyl from the category of prescription opioids, as well as the addition of buprenorphine, levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol added to the list of prescription opioids.

# ALL OPIOIDS

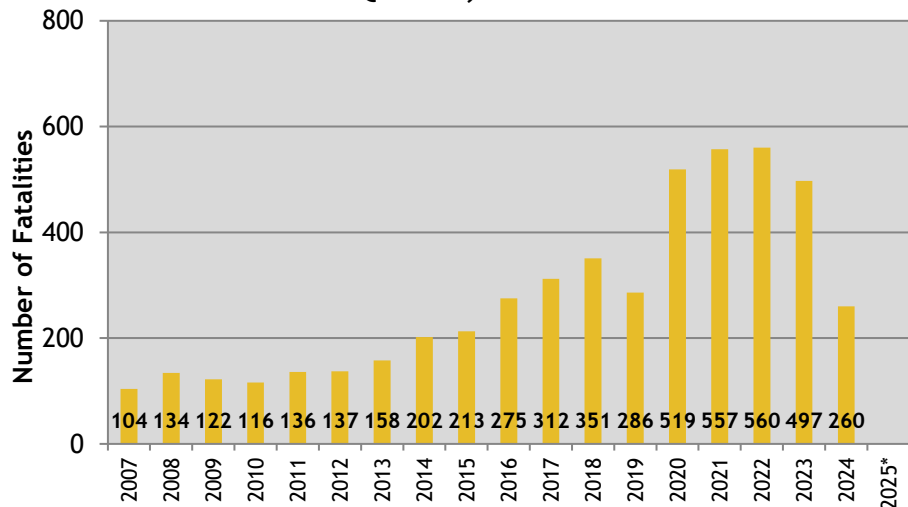
First Quarter, 2007-2025\*



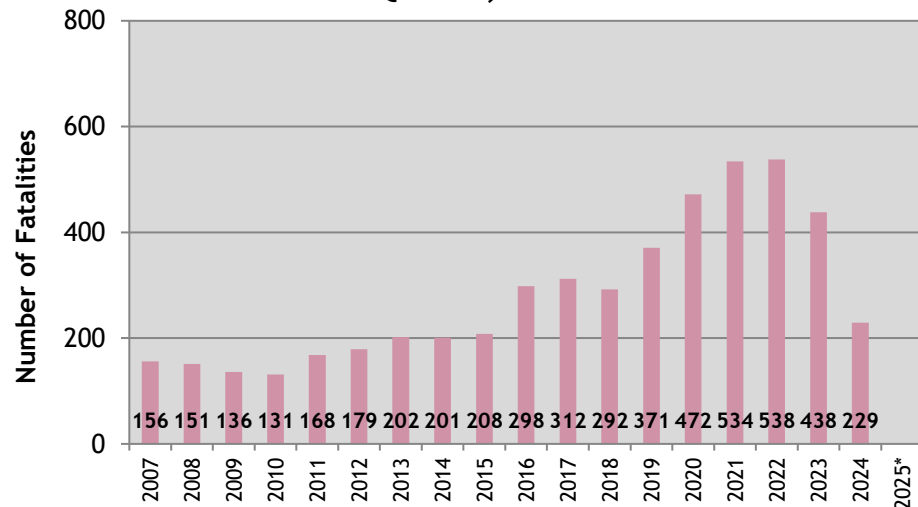
Second Quarter, 2007-2025\*



Third Quarter, 2007-2025\*



Fourth Quarter, 2007-2025\*



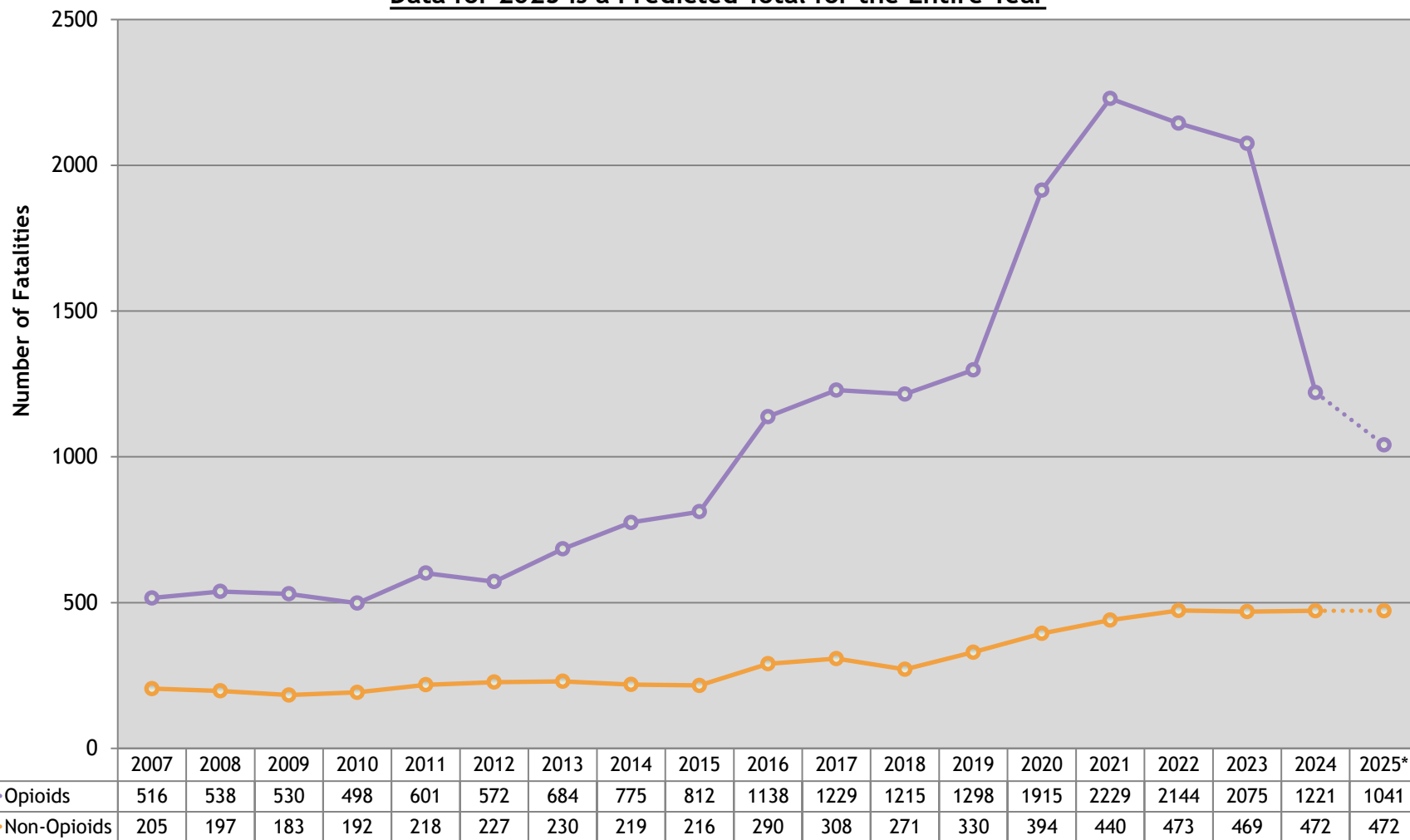
\* 'All Opioids' includes all versions of fentanyl, heroin, prescription opioids, U-47700, nitazenes, and opioids unspecified

<sup>2</sup> 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.



# OPIOIDS VS. NON-OPIOIDS

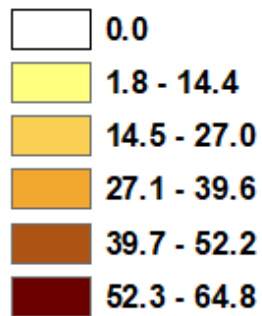
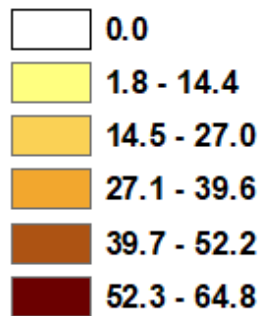
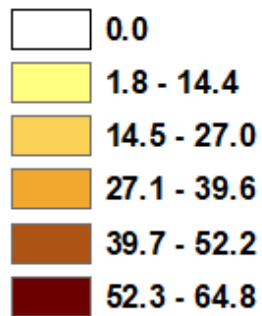
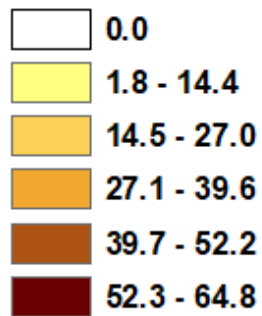
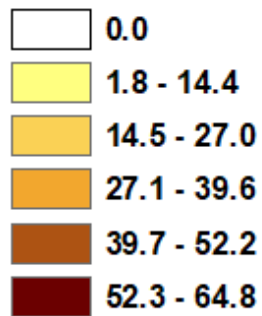
Total Number of Fatal Opioid Overdoses vs. Non-Opioid Overdoses by Year of Death, 2007-2025\*  
Data for 2025 is a Predicted Total for the Entire Year



<sup>1</sup> 'All Opioids' includes all versions of fentanyl, heroin, prescription opioids, U-47700, nitazenes, and opioids unspecified

<sup>2</sup> 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.

### Rate of All Fatal Opioid Overdoses by Locality of Overdose, 2024



Source: Virginia Department of Health, Office of the Chief Medical Examiner

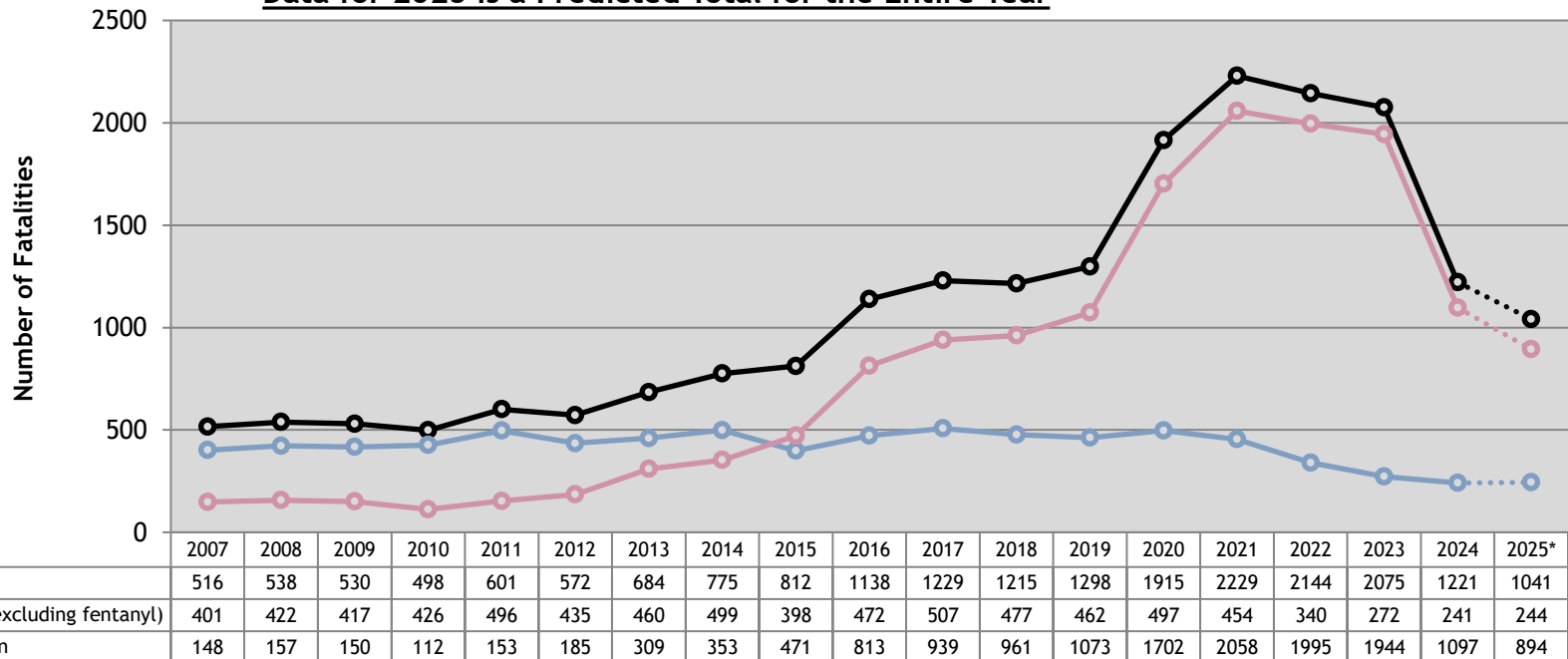
\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# OPIOIDS- A DIFFERENT PERSPECTIVE

Prescription opioids are a group of drugs that are commercially made by pharmaceutical companies in certified laboratories that act upon the opioid receptors in the brain. Historically, fentanyl has been one of these drugs. However, in late 2013, early 2014, illicitly made fentanyl began showing up in Virginia and by 2016, most fatal fentanyl overdoses were of illicit production of the drug. Separating fentanyl from the grouping of prescription opioids for this reason demonstrates a slight decrease in fatal prescription opioid overdoses in 2015 and a dramatic increase in the number of fatal fentanyl and/or heroin overdoses. This has caused the significant rise in all fatal opioid overdoses in the Commonwealth since 2012.

**Total Number of Prescription Opioid (Excluding Fentanyl), Fentanyl and/or Heroin, and All Opioid Overdoses by Year of Death, 2007-2025\***

Data for 2025 is a Predicted Total for the Entire Year



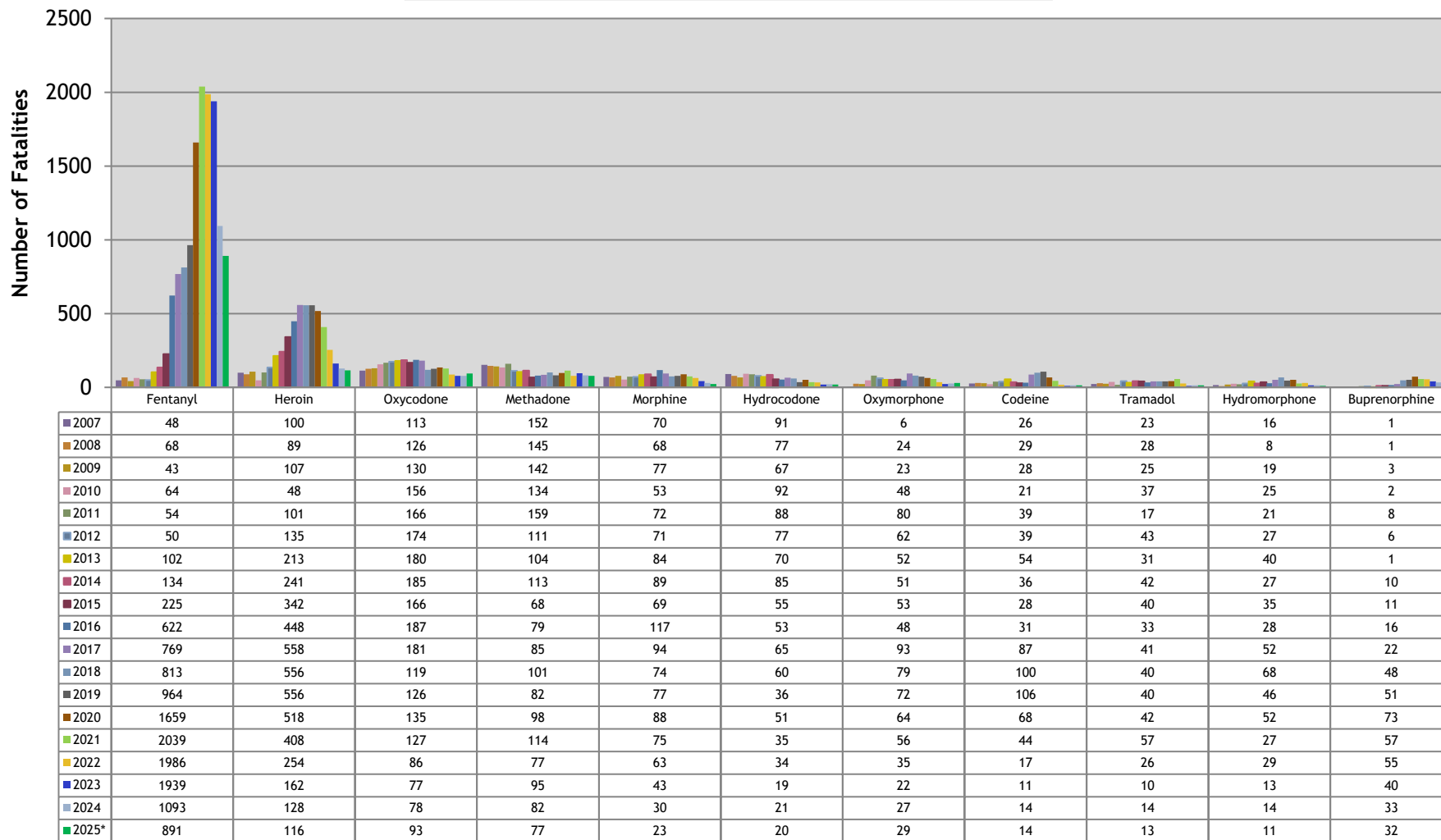
<sup>1</sup> 'All Opioids' includes all versions of fentanyl, heroin, prescription opioids, U-47700, nitazenes, and opioids unspecified

<sup>2</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

<sup>3</sup> 'Prescription Opioids (excluding fentanyl)' calculates all deaths in which one or more prescription opioids caused or contributed to death, but excludes fentanyl from the **required list** of prescription opioid drugs used to calculate the numbers. However, given that some of these deaths have multiple drugs on board, some deaths may have fentanyl in addition to other prescriptions opioids, and are therefore counted in the total number. Analysis must be done this way because by excluding all deaths in which fentanyl caused or contributed to death, the calculation would also exclude other prescription opioid deaths (oxycodone, methadone, etc.) from the analysis and would thereby undercount the actual number of fatalities due to these true prescription opioids.

# ALL OPIOIDS

Total Number of Fatal Opioid Overdoses by Drug Name and Year of Death, 2007-2025\*  
Data for 2025 is a Predicted Total for the Entire Year



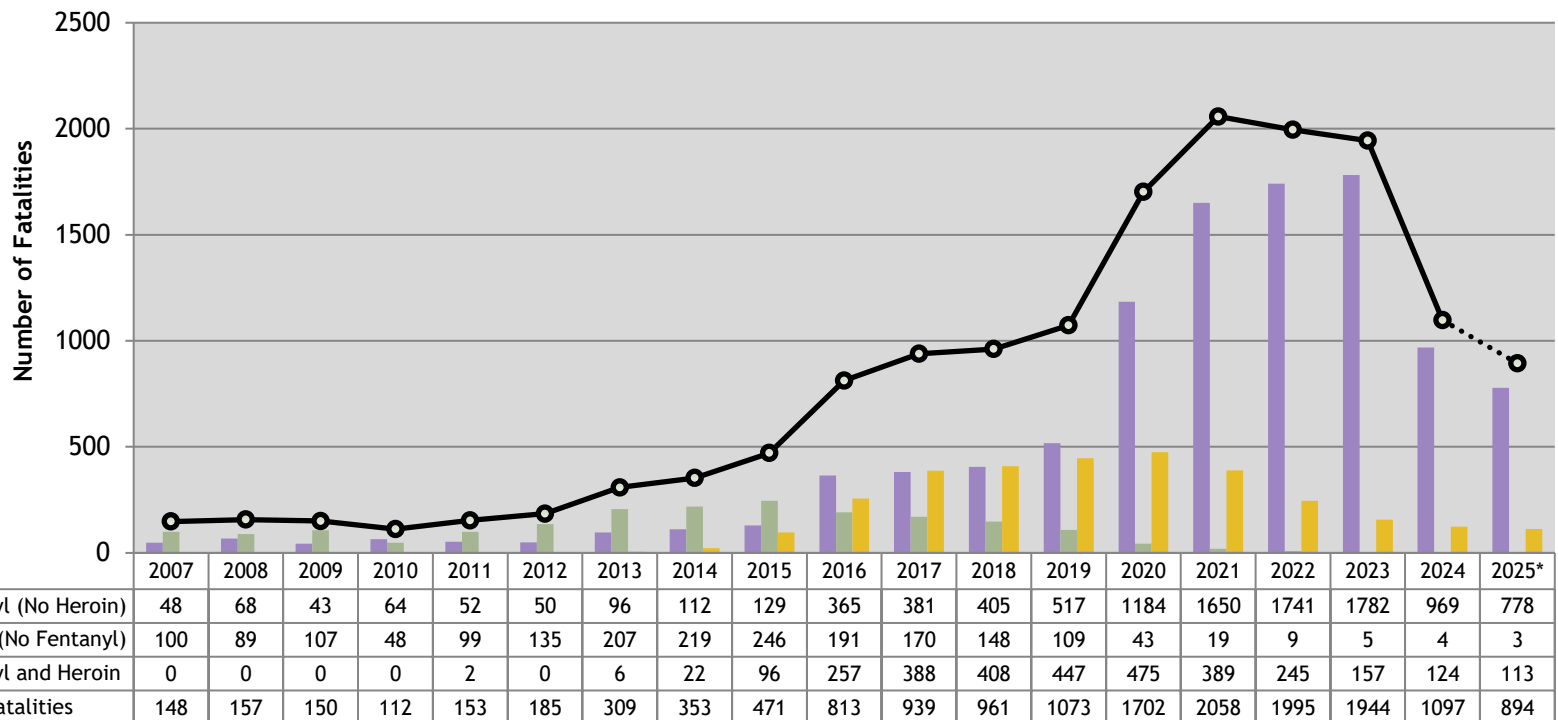
<sup>1</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

<sup>2</sup> Levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol were excluded from this analysis due low annual case counts (<20 deaths)

# FENTANYL AND/OR HEROIN

The total number of fatal fentanyl and/or heroin overdoses have significantly increased since late 2012. It is important to look at these two drugs together because as heroin became more popular in 2010, fentanyl occasionally began showing up as an additive to the heroin. By late 2013 and early 2014, some heroin being sold on the street was actually complete fentanyl, unbeknownst to the user. It is essential to look at these fentanyl (no heroin), heroin (no fentanyl), and fentanyl and heroin combination deaths together because users never know exactly what is in the illegal drugs purchased off the streets. The number of fatal fentanyl and/or heroin overdoses decreased 43.6% in 2024 compared to 2023.

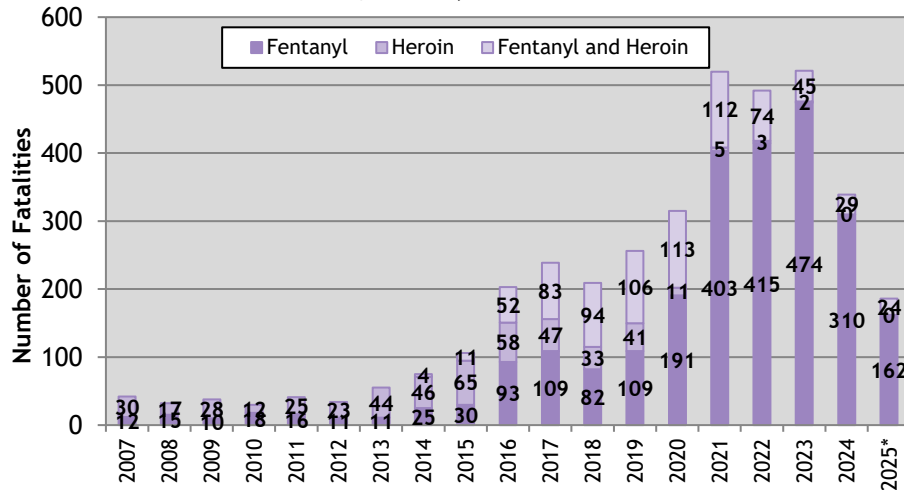
**Total Number of Fatal Fentanyl and/or Heroin Overdoses by Year of Death, 2007-2025\***  
Data for 2025 is a Predicted Total for the Entire Year



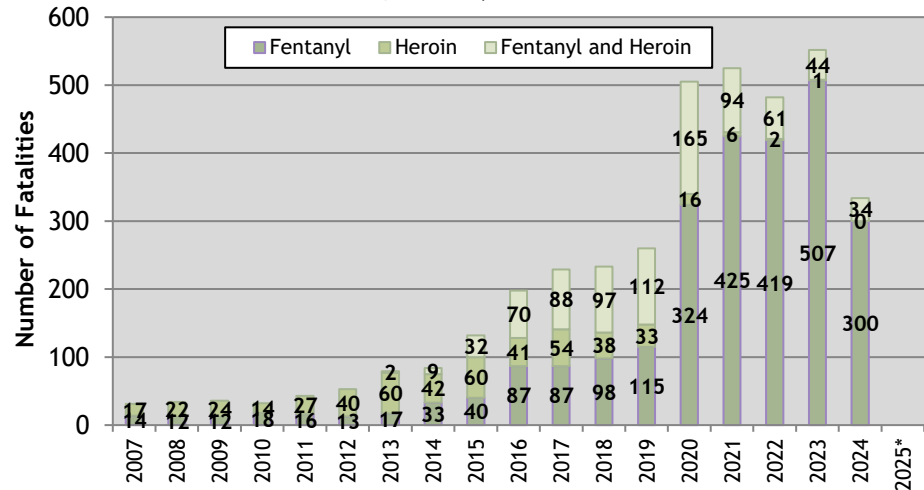
<sup>1</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)

# FENTANYL AND/OR HEROIN

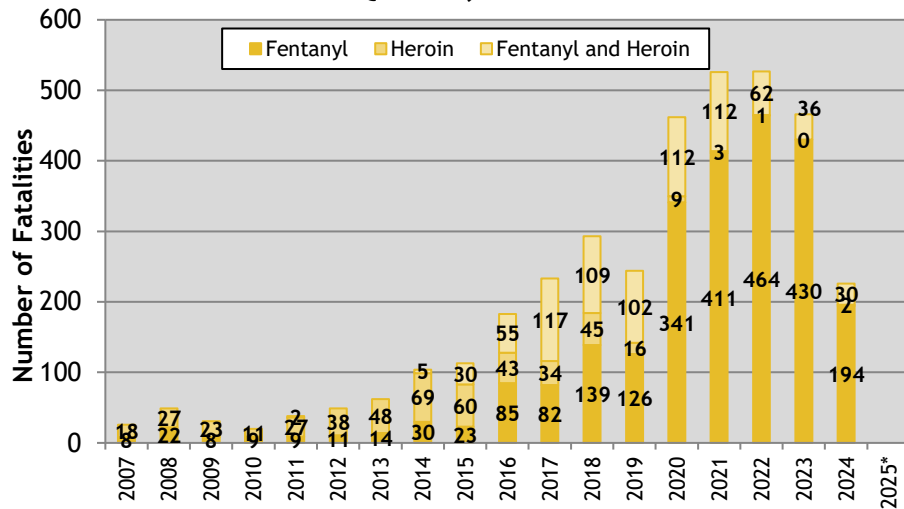
First Quarter, 2007-2025\*



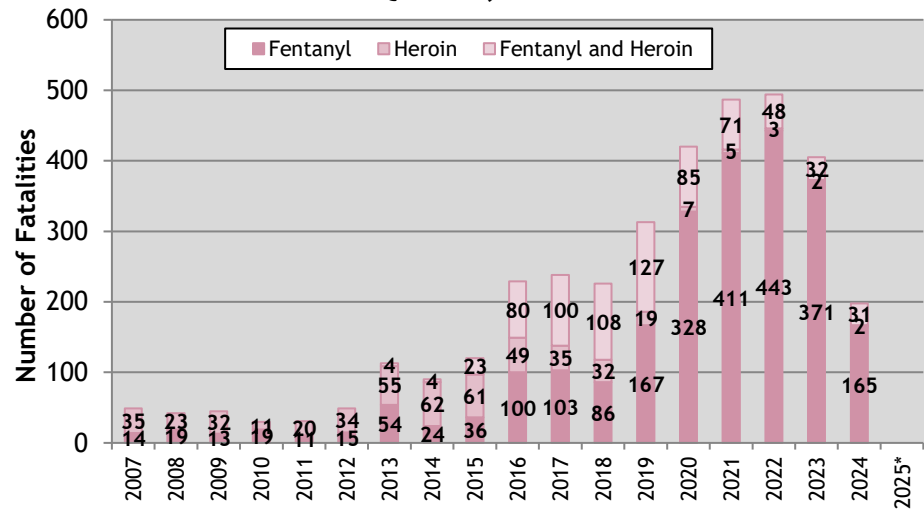
Second Quarter, 2007-2025\*



Third Quarter, 2007-2025\*

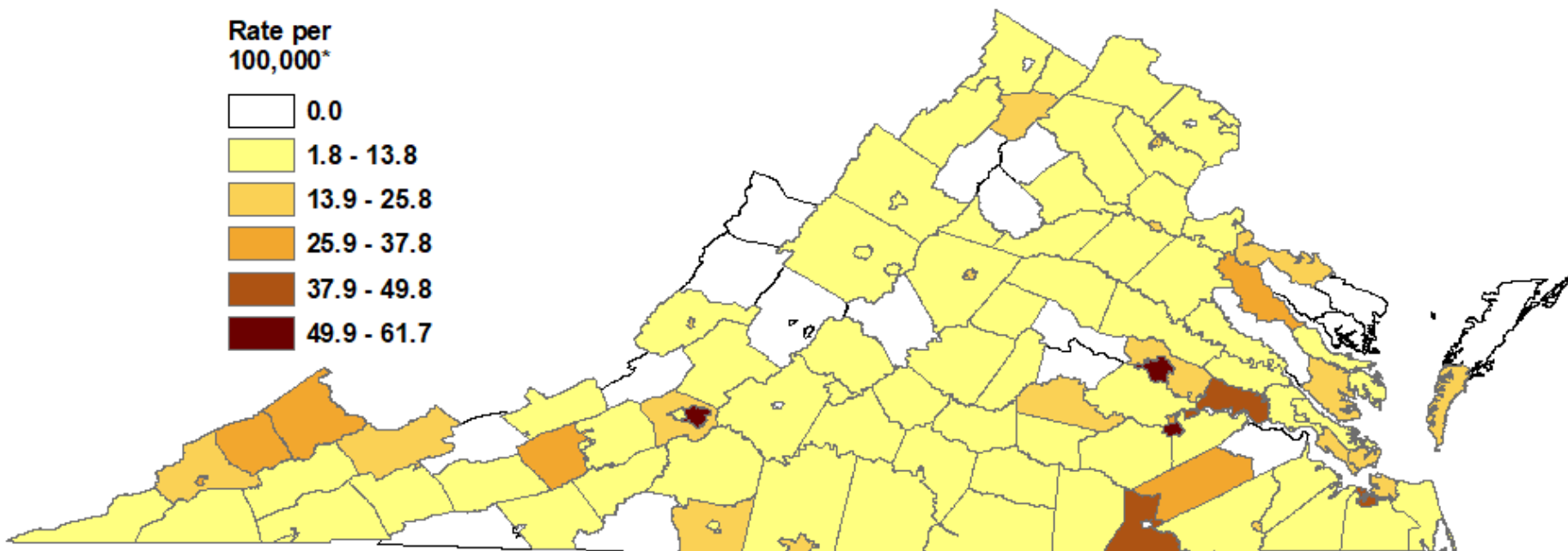
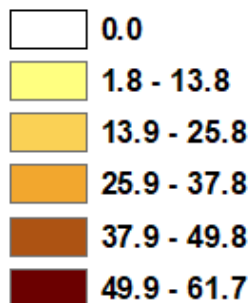


Fourth Quarter, 2007-2025\*



## Rate of Fatal Fentanyl and/or Heroin Overdoses by Locality of Overdose, 2024

Rate per  
100,000\*

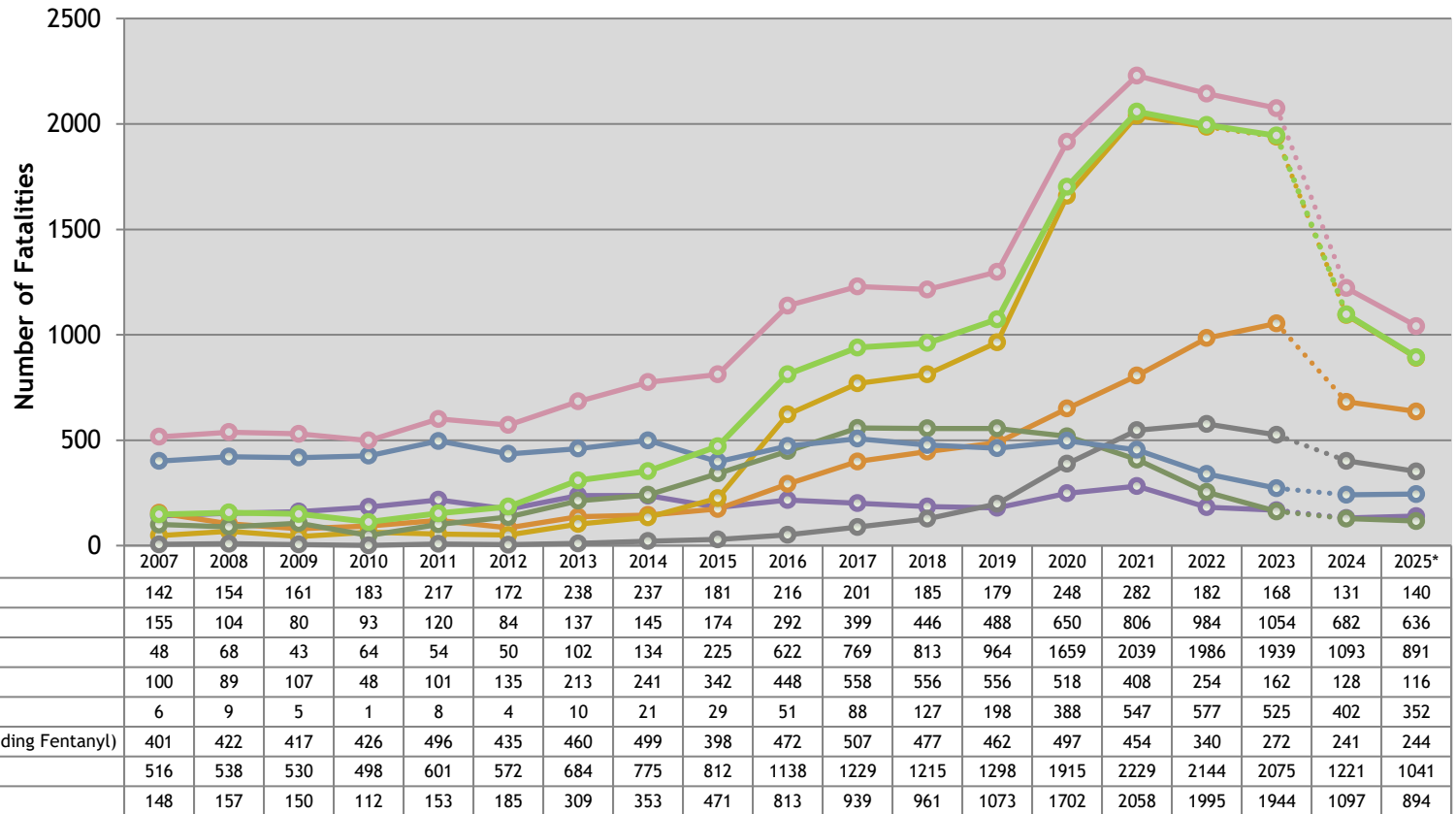


Source: Virginia Department of Health, Office of the Chief Medical Examiner

\* Rate groupings are based upon equal numerical range categories; rates based on small case counts (<5 deaths) are not suppressed

# ALL DRUGS

Total Number of Fatal Drug Overdoses Drug Name/Category and Year of Death, 2007-2025\*  
Data for 2025 is a Predicted Total for the Entire Year



<sup>1</sup> Deaths may be represented in more than one category due to groupings of drug categories (e.g. heroin)

<sup>2</sup> 'All Opioids' includes all versions of fentanyl, heroin, prescription opioids, U-47700, nitazenes, and opioids unspecified

<sup>3</sup> 'Opioids Unspecified' are a small category of deaths in which the determination of which opioid(s) involved in the death cannot be identified due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.

<sup>4</sup> Historically, fentanyl has been categorized as a prescription opioid because it is mass produced by pharmaceutical companies. However, recent law enforcement investigations and toxicology results have demonstrated that several recent fentanyl seizures have not been pharmaceutically produced, but illicitly produced. This illicit form of fentanyl is produced by international drug traffickers who import the drug into the United States and often, mix it into heroin being sold. This illicitly produced fentanyl has been the biggest contributor to the significant increase in the number of fatal opioid overdoses in Virginia.

<sup>5</sup> Illicit and pharmaceutically produced fatal fentanyl overdoses are represented in this analysis. This includes all different types of fentanyl analogs (acetyl fentanyl, furanyl fentanyl, etc.)



# CONTACT INFORMATION

This report is compiled by the Virginia Department of Health, Office of the Chief Medical Examiner. For additional information regarding these or other statistics, please contact:

*Kathrin "Rosie" Hobron, MPH*  
*Statewide Forensic Epidemiologist*  
*Virginia Department of Health*  
*Office of the Chief Medical Examiner*  
*804-786-6063*  
*[kathrin.hobron@vdh.virginia.gov](mailto:kathrin.hobron@vdh.virginia.gov)*  
*<http://www.vdh.state.va.us/medexam/>*

This report and associated spreadsheets of various types of drug deaths by locality and year are available on the OCME website: <https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/>