

Alcohol, Cannabis and Nicotine in Vermont Fatal Overdoses

August 2026

Between 2020-2024, 1,145 people died of an overdose of accidental or undetermined intent in Vermont. Many who died of an overdose also had alcohol, cannabis, nicotine, or a combination of these substances in their system at the time of their death. Many also had diagnoses of heart disease, Chronic Obstructive Pulmonary Disease (COPD) and asthma.

These substances can worsen chronic conditions like heart disease, COPD and asthma, which in turn may increase risk of fatal overdoses. [1-6](#) It is important to understand the relationship between substances, chronic disease and overdoses to improve interventions and prevention.

This data brief is based on analyses of 2020-2024 State Unintentional Drug Overdose Reporting System (SUDORS) data. SUDORS contains information about the circumstances surrounding overdose deaths including toxicology and medical history.

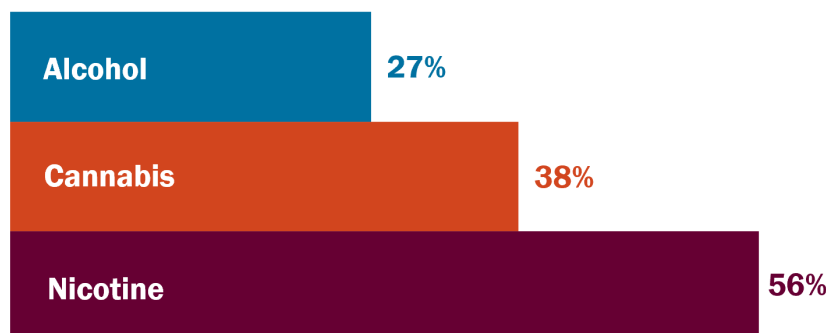
- Toxicology information is most often obtained from postmortem blood testing. A positive toxicology result for alcohol, cannabis or nicotine does not necessarily mean one of those substances caused death.
- Medical history of those who die of an overdose -- such as diagnoses of chronic conditions -- is typically from electronic medical records or medical examiner reports.

All people represented in these analyses died in Vermont.

If you need help accessing or understanding this information, contact AHS.VDHOVerdoseDataVT@vermont.gov.

Alcohol, Cannabis and Nicotine Use in Fatal Overdoses

Over half of people who died of an overdose between 2020-2024 had **nicotine** present in their system at the time of death. More than 1 in 3 had **cannabis** and about 1 in 4 had **alcohol**.

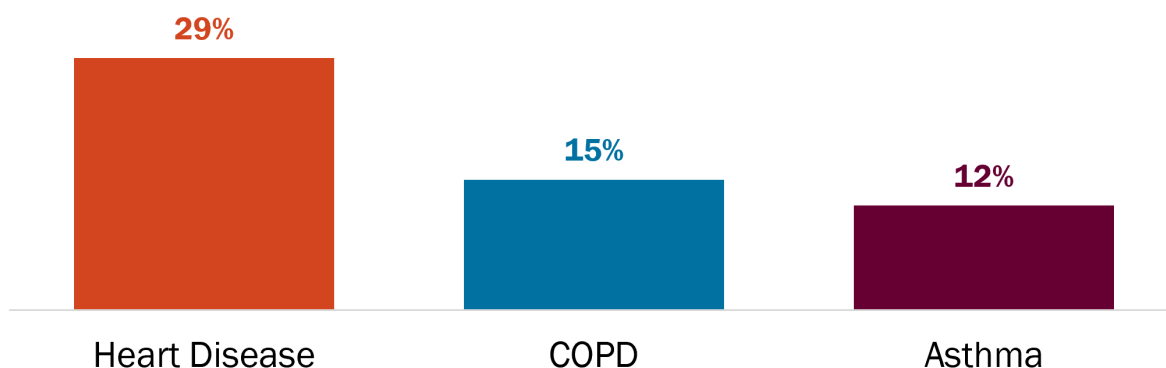


HealthVermont.gov
802-863-7200



Chronic Conditions and Overdoses

Nearly 1 in 3 people who died of an overdose in Vermont from 2020-2024 had **heart disease**.



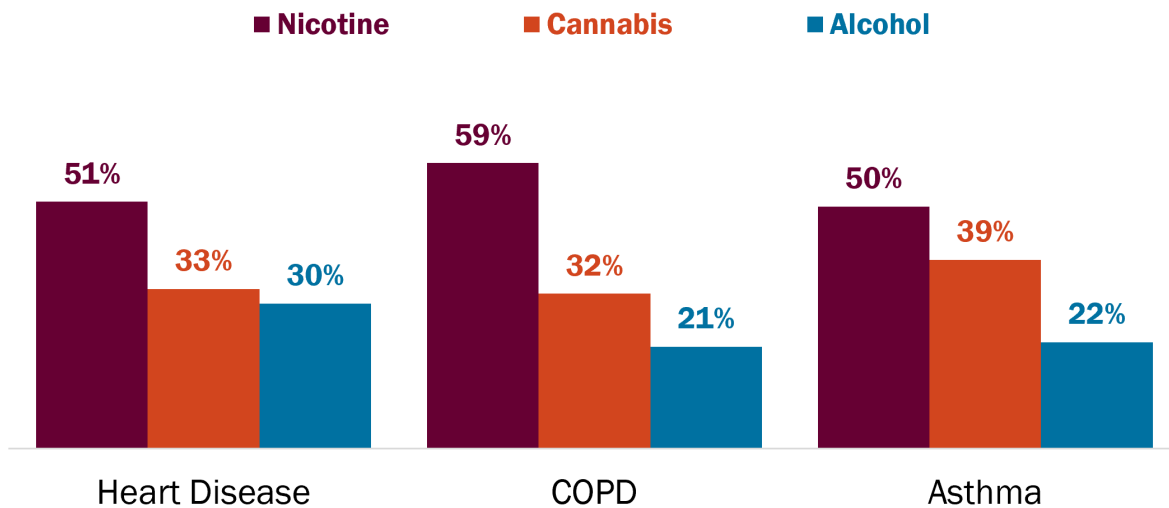
Having a chronic condition such as heart disease, COPD or asthma may increase the risk of adverse health outcomes such as overdose, particularly for people with substance use disorder. ¹ According to data from the [Vermont Behavioral Risk Factor Surveillance System](#) (BRFSS), from 2020-2024, 8% of all adult Vermonters had heart disease. This includes people diagnosed with coronary heart disease, a heart attack or a stroke. ⁷ Six percent of the adult population of Vermont had COPD, and 12% of adult Vermonters had asthma. Although BRFSS and SUDORS data are not directly comparable due to differences in populations and data collection methods ⁸, BRFSS data is Vermont's standard measure for condition prevalence at a population level.

Opioids like fentanyl affect breathing, so COPD and asthma can worsen the outcome of an opioid overdose. ⁹⁻¹⁰ Opioid use may also make poor heart health outcomes more likely. ¹¹ As a result of a weakened cardiovascular system, stimulant use may increase the risk of dying of an overdose among people with heart disease. ¹²

Alcohol, Cannabis, Nicotine and Chronic Conditions

The combination of alcohol, cannabis or nicotine use with chronic conditions can increase the risk of overdose -- in part due to the use of these substances exacerbating the effects of some chronic conditions. [1-6,9-12](#) Smoking nicotine and cannabis harms lung health, which can exacerbate COPD and asthma. [1-3,6](#) Smoking nicotine, cannabis and excessive alcohol use can have negative effects on the heart, which may make heart disease worse. [2,4-6](#)

At least half of people who died of an overdose in Vermont from 2020-2024 and were diagnosed with heart disease, COPD or asthma and had **nicotine in their system at the time of their death.**



- At least three out of 10 people who died of an overdose with diagnosed heart disease, COPD or asthma had cannabis in their system.
- Three in 10 people who died and had heart disease had alcohol in their system.
- About one in five people diagnosed with COPD or asthma had alcohol in their system when they died of an overdose.

Data Notes and References

1. Multicomorbidity of chronic diseases and substance use disorders and their association with hospitalization: Results from electronic health records data
<https://www.sciencedirect.com/science/article/pii/S0376871618306458>
2. How Smoking and Nicotine Damage Your Body
<https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco/how-smoking-and-nicotine-damage-your-body>
3. A systematic review of relative risks for the relationship between chronic alcohol use and the occurrence of disease
<https://onlinelibrary.wiley.com/doi/full/10.1111/acer.15121>
4. Association of Cannabis Use with Cardiovascular Outcomes Among US Adults
<https://www.ahajournals.org/doi/10.1161/JAHA.123.030178>
5. Alcohol Use and Cardiovascular Disease: A Scientific Statement from the American Heart Association
<https://www.ahajournals.org/doi/10.1161/CIR.0000000000001341>
6. Eliminating Tobacco-Related Disease and Death: Addressing Disparities
<https://www.hhs.gov/sites/default/files/2024-sgr-tobacco-related-health-disparities-full-report.pdf>
7. “Heart disease” in SUDORS includes a wider variety of cardiovascular conditions than BRFSS.
8. For example, BRFSS does not include people who are unhoused or those who live in group residences.
9. Predictors of Opioid-Related Death During Methadone Therapy
<https://www.ncbi.nlm.nih.gov/pubmed/26014916>
10. Opioids and Lung Health
<https://www.lung.org/policy-advocacy/tobacco/reports-resources/opioids-and-lung-health>
11. Opioid Impacts on Cardiovascular Health
<https://pmc.ncbi.nlm.nih.gov/articles/PMC10613512/>
12. Stimulant-Involved Cardiovascular Disease Mortality and Life Years Lost, 2014-2023
<https://pmc.ncbi.nlm.nih.gov/articles/PMC12106991/>