# 2025 Fatal Overdose Report

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VERMONT
DEPARTMENT OF HEALTH

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# Executive Summary

## Key Points

- There were 170 all drug overdose deaths in 2025, a 25% decrease from 2024.
- The proportion of deaths with both an opioid and a stimulant involved decreased between 2024 and 2025.
- The proportion of deaths with just an opioid or just a stimulant increased between 2024 and 2025.
- Xylazine-involved deaths decreased 67% from 76 in 2024 to 25 in 2025.
- There are 12 unresolved death certificates in 2025 as of this publication, so it is possible that the number of overdose deaths in 2025 will increase. Unresolved death certificates are not necessarily overdoses.
- See the Overdose Dashboard, updated monthly, for preliminary data on overdoses in 2026.

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

## Data Disclaimers

This brief is a product of the Vermont Department of Health, Division of Health Statistics and Informatics.

**Data Source:** Vermont Vital Statistics System

**This report includes:**

- Deaths of Vermonters occurring in-state and out-of-state.
  - Data for residents of other states who died in Vermont are included only where explicitly stated.
- Accidental overdoses and overdoses with undetermined intent (deaths when it is not clear if the overdose was accidental or intentional), unless otherwise stated.

The circumstances under which each of these fatal overdoses occurred are unique and cannot all necessarily be attributed to substance misuse or substance use disorder.

**This report does not include** deaths due to chronic substance use (e.g. cirrhosis), injury related to substance use, or medical professional error.

**The 2025 data are considered preliminary.** At the time of this analysis, there are 12 pending death certificates: Five people who died in Vermont and seven who died out of state.

This brief includes one more 2024 Vermont resident all drug overdose death than was reported in the 2024 brief (dated May 2025). This record was finalized after the publication of that report.

For the first time, this report compares all drug overdoses to opioid- and stimulant-related deaths. Past reports have solely focused on opioid overdose deaths. All drug overdoses include all opioid- and stimulant-related overdoses as well as overdoses without an opioid or stimulant involved.

Deaths with opioid involvement and deaths with stimulant involvement are not mutually exclusive – many deaths had both an opioid and a stimulant involved. Fatal opioid overdoses typically occur when the substance depresses an individual's breathing. Stimulant overdoses often exacerbate an existing condition, such as cardiovascular disease or a respiratory condition. This report does not highlight benzodiazepines as it does opioids and stimulants as the proportion of deaths involving benzodiazepines has not changed in recent years.

# Overview of Overdose Deaths in 2025

## Overview

Most overdose deaths in 2025 were classified as accidental or undetermined intent. Seventeen deaths were determined to be suicides. The distribution between accidental, undetermined, and suicide deaths has been stable in recent years, though the number of suicide deaths increased in 2025 while accidental deaths decreased.

| Manner of Death | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Accident** | 100 | 117 | 139 | 122 | 178 | 233 | 258 | 254 | 218 | 161 |
| **Undetermined** | 11 | 4 | 12 | 10 | 10 | 11 | 11 | 11 | 8 | 9 |
| **Suicide** | 15 | 16 | 8 | 10 | 11 | 24 | 21 | 15 | 13 | 17 |

Only accidental or undetermined deaths are included in the remainder of this report.

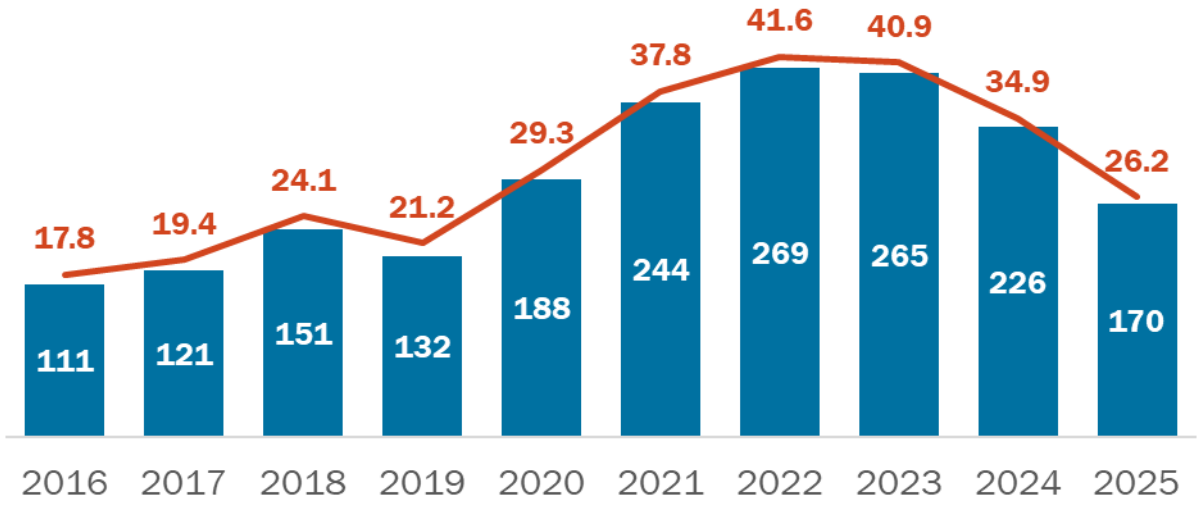
Most Vermont residents who die of an overdose die in Vermont. In 2025, ten Vermont residents died of an overdose in another state. Six residents of other states died in Vermont in 2025.

| Residency and Place of Death | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Vermonters in Vermont** | 108 | 109 | 131 | 113 | 171 | 231 | 248 | 243 | 213 | 160 |
| **Vermonters Out of State** | 3 | 12 | 20 | 19 | 17 | 13 | 21 | 22 | 13 | 10 |
| **Non-Vermonter in Vermont** | 14 | 6 | 10 | 4 | 13 | 16 | 14 | 10 | 9 | 6 |
| **Total** | 125 | 127 | 161 | 136 | 201 | 260 | 283 | 275 | 235 | 176 |

The rest of this report only includes Vermont residents, regardless of where they died. Residents of other states who died in Vermont are not included in any of the data after this point.

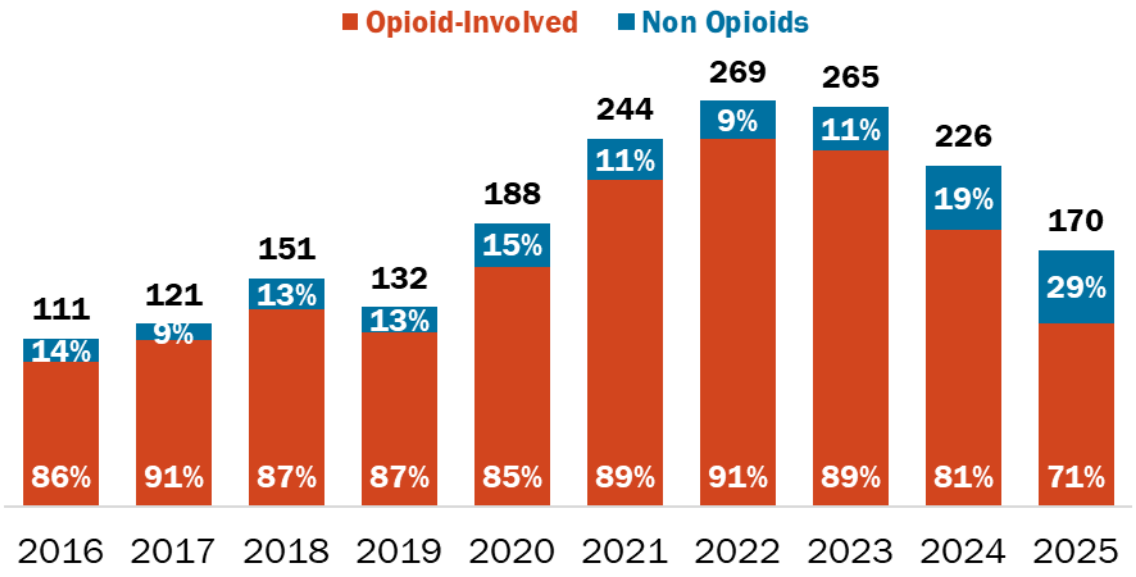
## All drug overdoses have decreased by 37% since 2022.

Count and rate per 100,000 residents of all drug overdoses



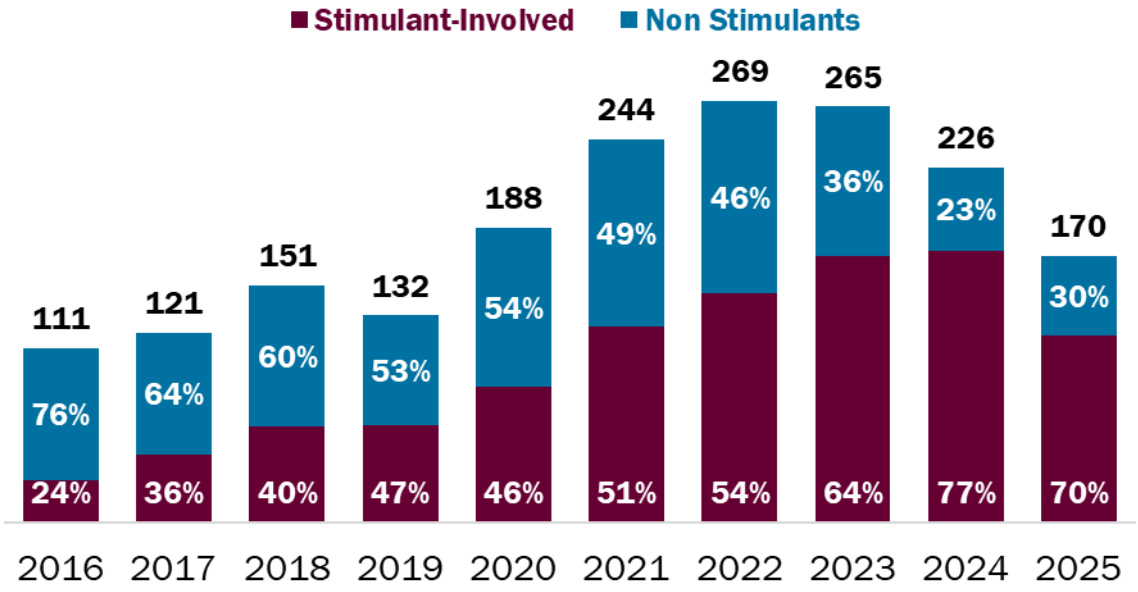

Between 2016 and 2025, deaths classified by the Vermont Department of Health Office of the Chief Medical Examiner as an overdose involving any drug (including alcohol) increased from 111 to 170, with a peak of 269 in 2022. Between 2022 and 2025, all drug overdose deaths have **decreased** by 37%. The rate of overdose deaths in 2025, 26.2 per 100,000 residents, was also lower than that in 2024.

**The proportion of all drug overdoses that involve opioids has been decreasing since 2022.**




The proportion and number of opioid-related overdoses decreased from 2024 to 2025. Deaths that **did not** involve at least one opioid **increased** from 19% (43) in 2024 to 29% (49) in 2025.

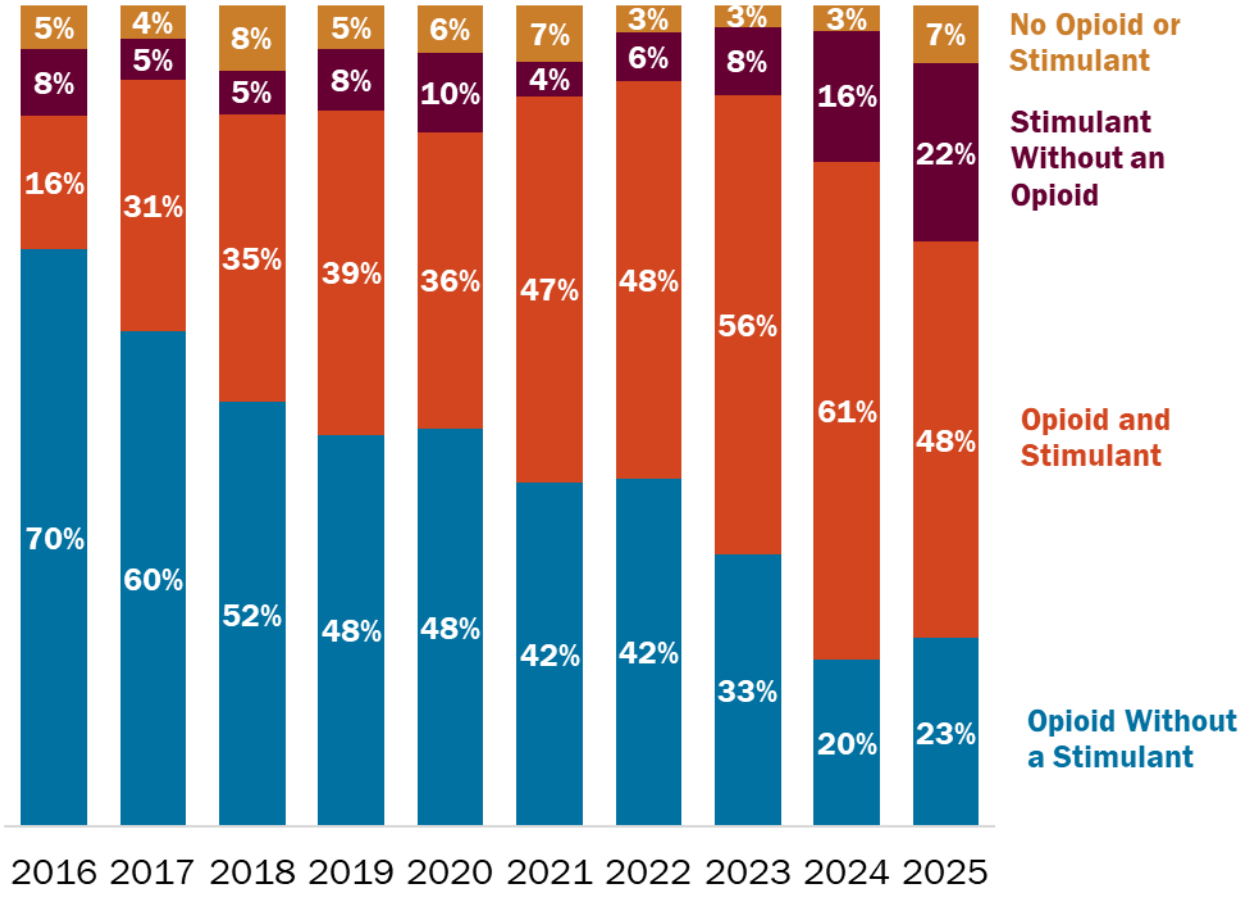
**The proportion of all drug overdoses that involve stimulants decreased between 2024 and 2025.**



After increasing for four years, the **proportion** of deaths involving stimulants decreased between 2024 and 2025. The **number** of both stimulant-involved and nonstimulant-involved overdoses decreased.

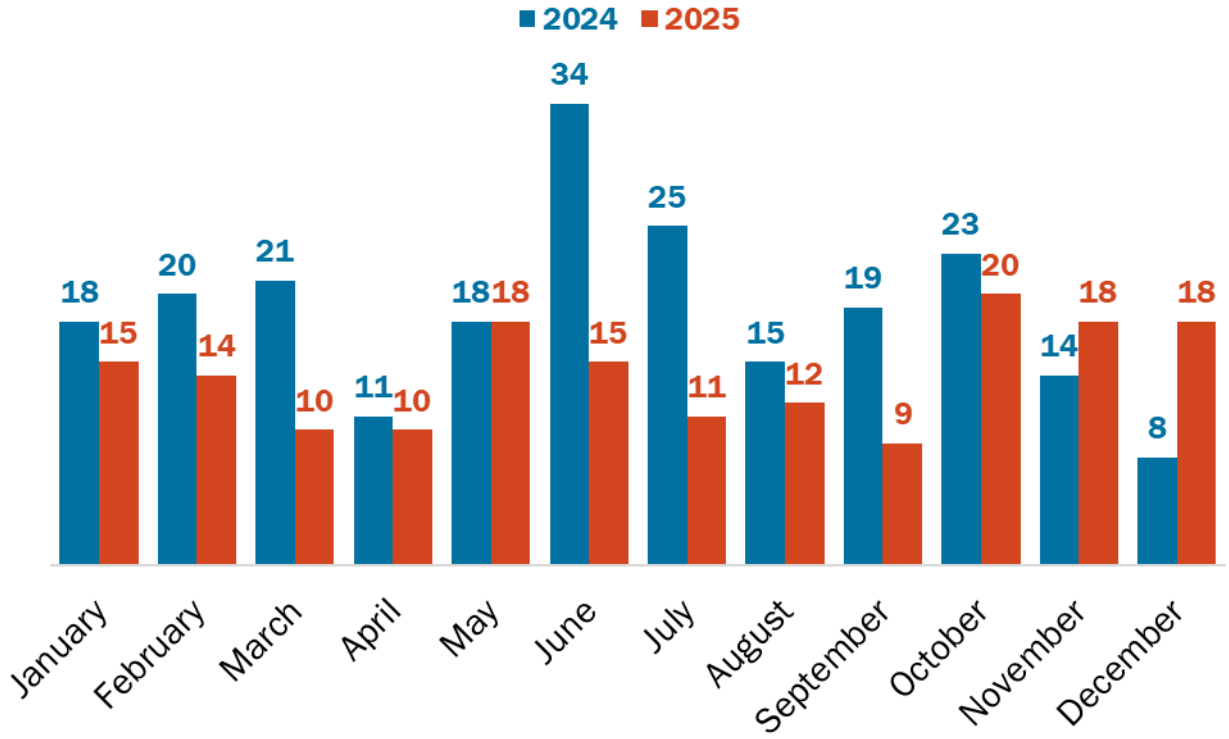
Overdose deaths that did not involve either an opioid or a stimulant increased in number from seven to 12, though this increase is not statistically significant. The decrease in the proportions of opioid-related and stimulant-related deaths, without a significant increase in non-opioid and non-stimulant related overdoses, can be explained by the fact that deaths involving **both** opioids and stimulants together decreased in 2025.

### A smaller proportion of deaths involved BOTH an opioid and a stimulant in 2025 as compared to 2023 or 2024.




The proportions of deaths involving an opioid without a stimulant or a stimulant without an opioid both **increased** in 2025 as compared to 2024. Although deaths that did not involve either an opioid or a stimulant increased slightly from 2024 to 2025, this increase is not statistically significant. Deaths with a stimulant involved but not an opioid have increased from 4% in 2021 to 22% in 2025.

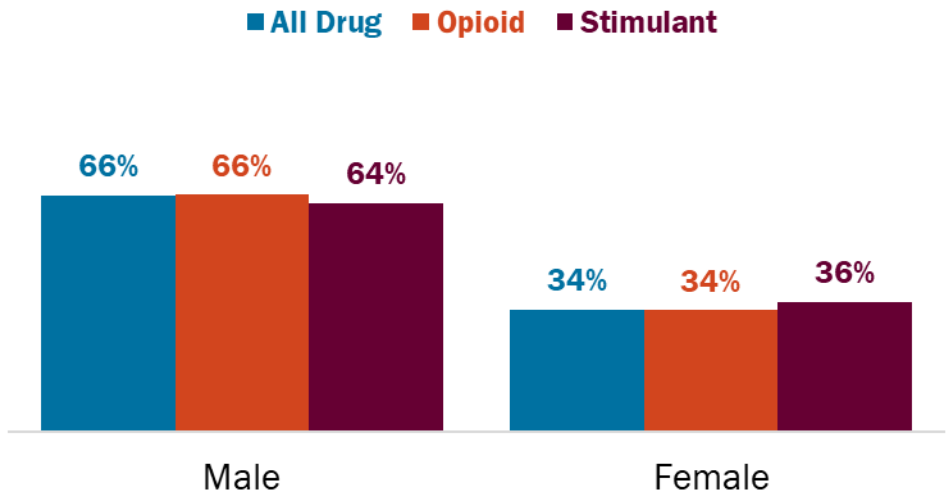
**Overdose deaths rose in the last three months of 2025.**



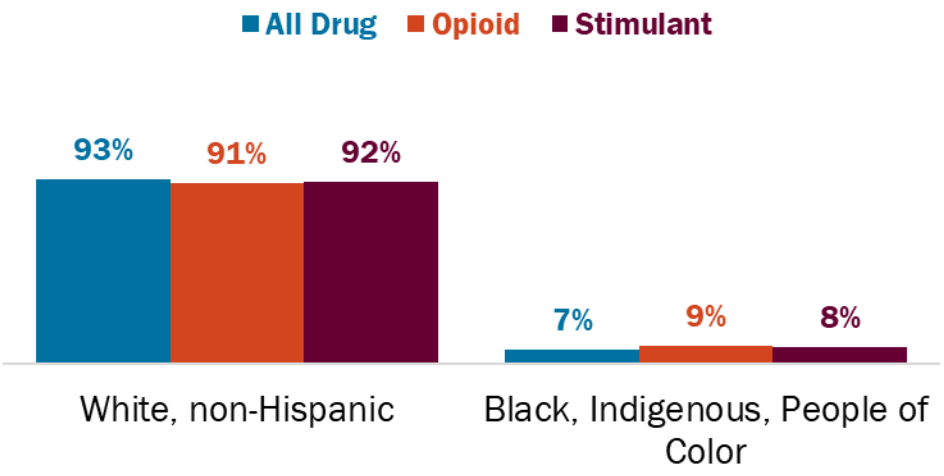

Although there were fewer overdose deaths in 2025, deaths increased in the last three months of the year to numbers similar or higher than in 2024.

## Demographics

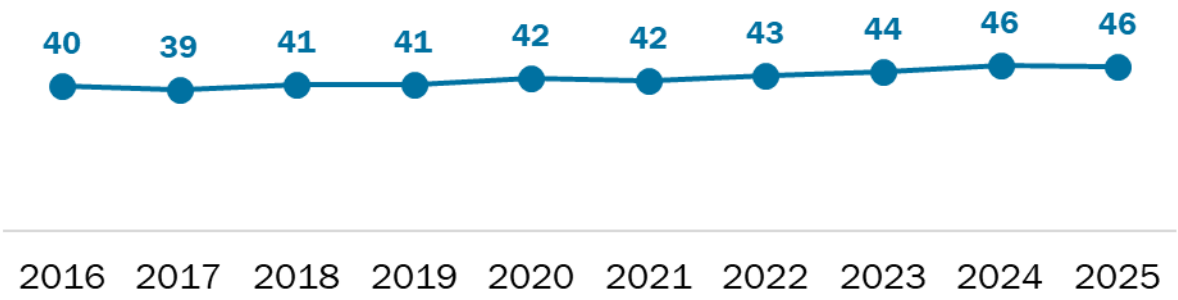
**About two out of three 2025 overdose deaths were males. The proportion does not differ significantly by substance type.**



**Most overdose deaths were among white, non-Hispanic Vermonters.**



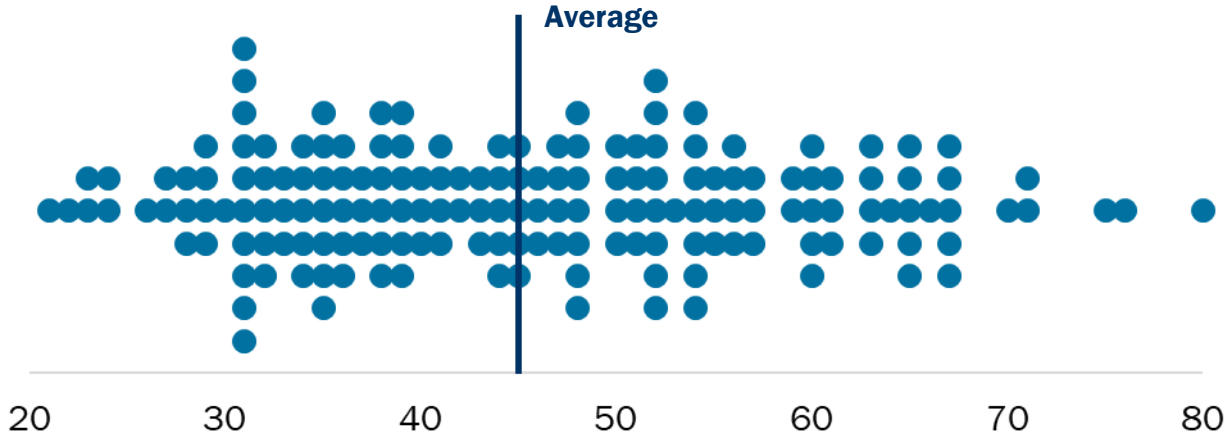

**The average age of Vermonters who have died of an overdose has increased from 40 years in 2016 to 46 in 2025.**



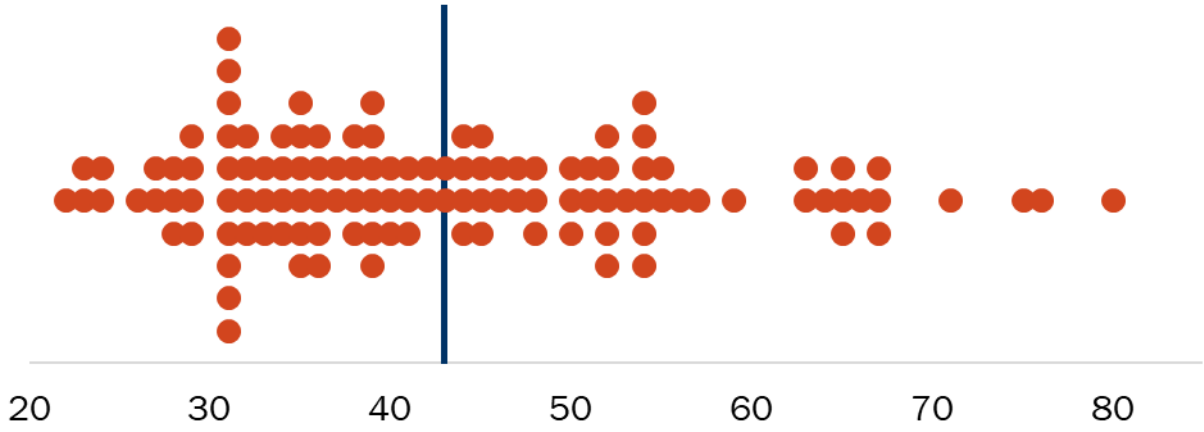

The average age and age distribution of those who died of an overdose varies by substance type. In 2025, the average age of those who died of an opioid-involved overdose was 43 and that of those who died of a stimulant-involved overdose was 45. The average age of those who died without either an opioid or a stimulant contributing to their death (12 deaths total) was 53.

The age distribution of those who died differed by the substance involved. Those who died of an opioid-involved overdose generally clustered younger with a few outliers at older ages. The ages of those who died of a stimulant-related overdose were more evenly distributed.

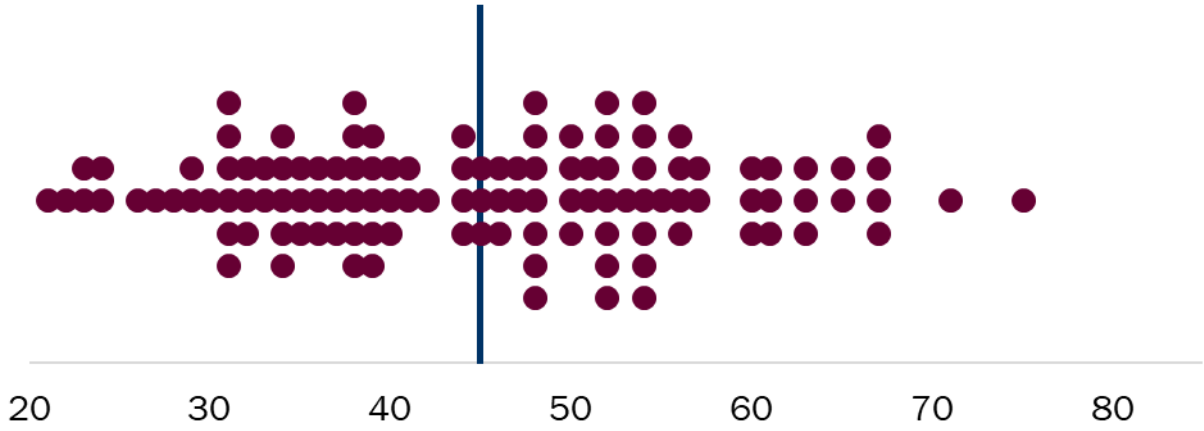
**The average age of those who died from an all drug overdose in 2025 is 46.**




**The average age of those who died from an opioid-involved overdose is 43.**

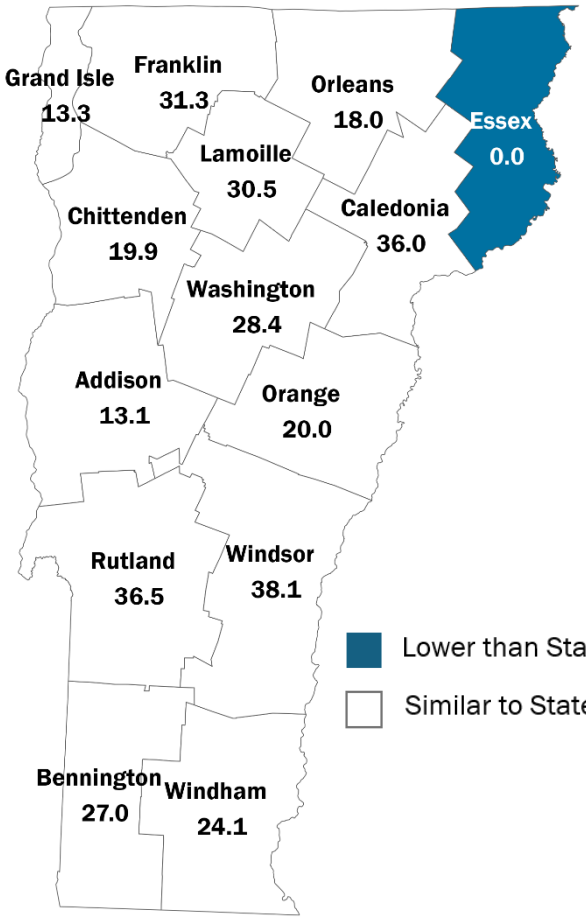



**The average age of those who died from a stimulant-involved overdose is 45.**

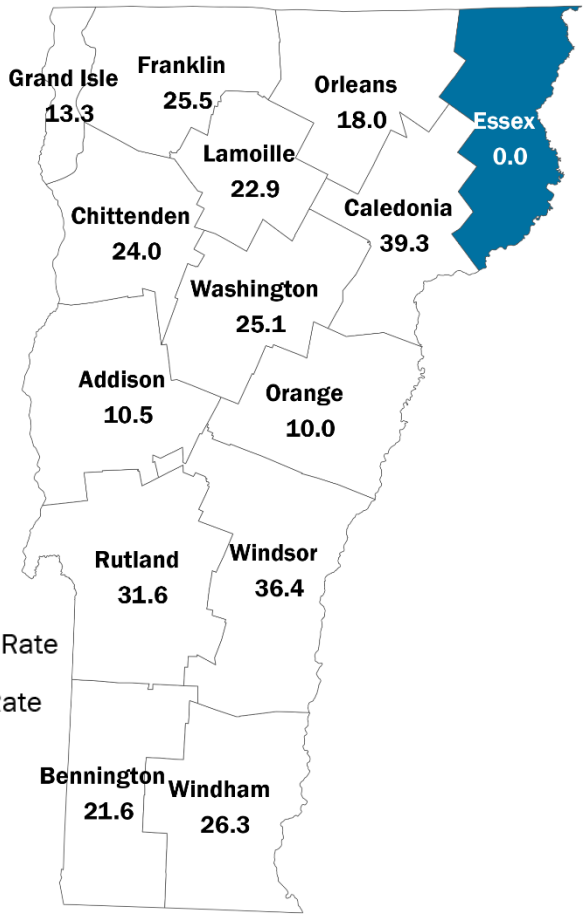


**Essex County had a lower rate of overdoses by county of residence and county of death than the statewide rate. No other county rate differed from the statewide rate.**

Rate of fatal overdoses by **county of residence** per 100,000 residents



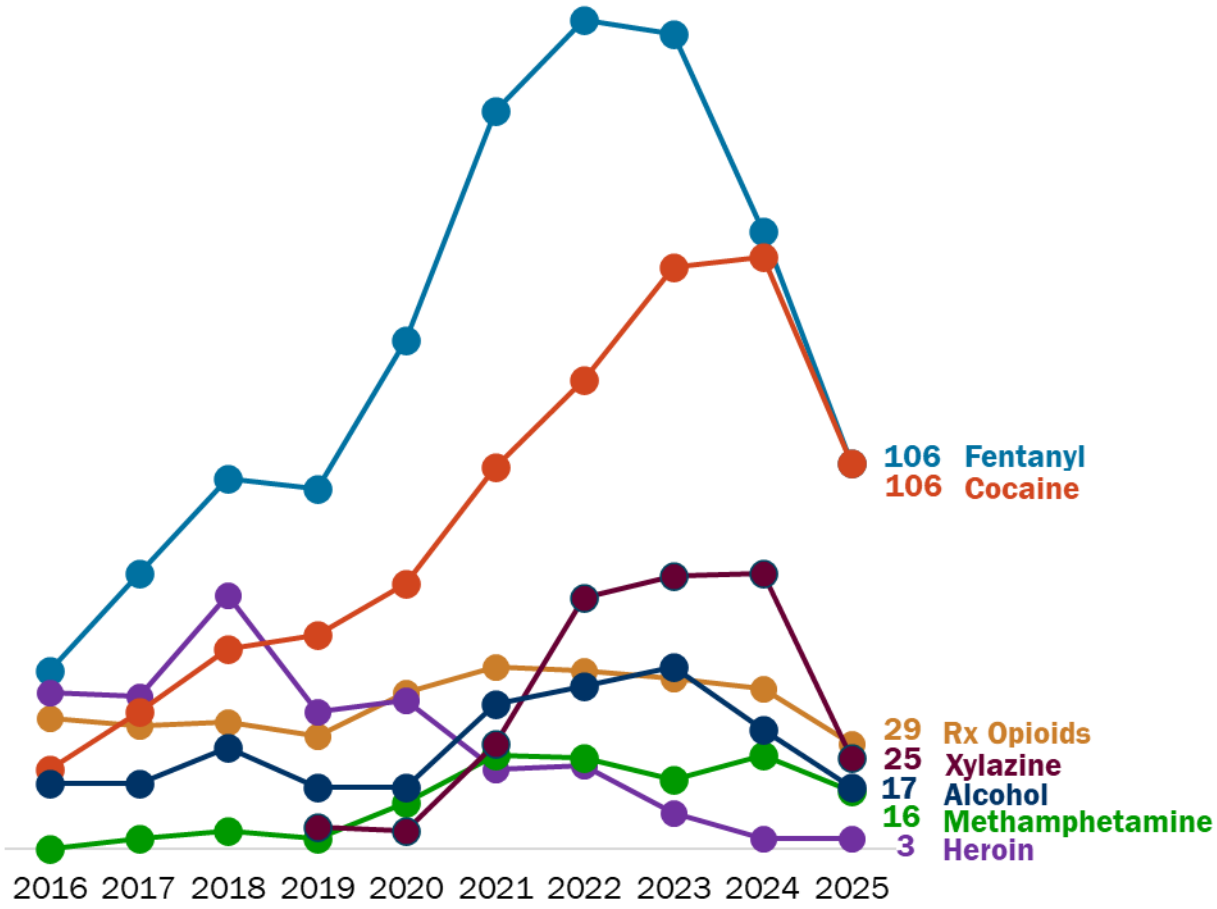

Rate of fatal overdoses by **county of death** per 100,000 residents




## Multi-Substance Involvement and Emerging Substances

The two most common substances involved in overdose deaths in 2025 were cocaine and fentanyl, which both contributed to 106 deaths (63%). Deaths involving fentanyl could include prescription fentanyl, illicit fentanyl, fentanyl analogs or a combination of all three. 2025 was the first year since at least 2009 where cocaine-involved deaths were not lower than fentanyl-involved deaths.

**The number of deaths involving most substances sharply decreased from 2024 to 2025.**



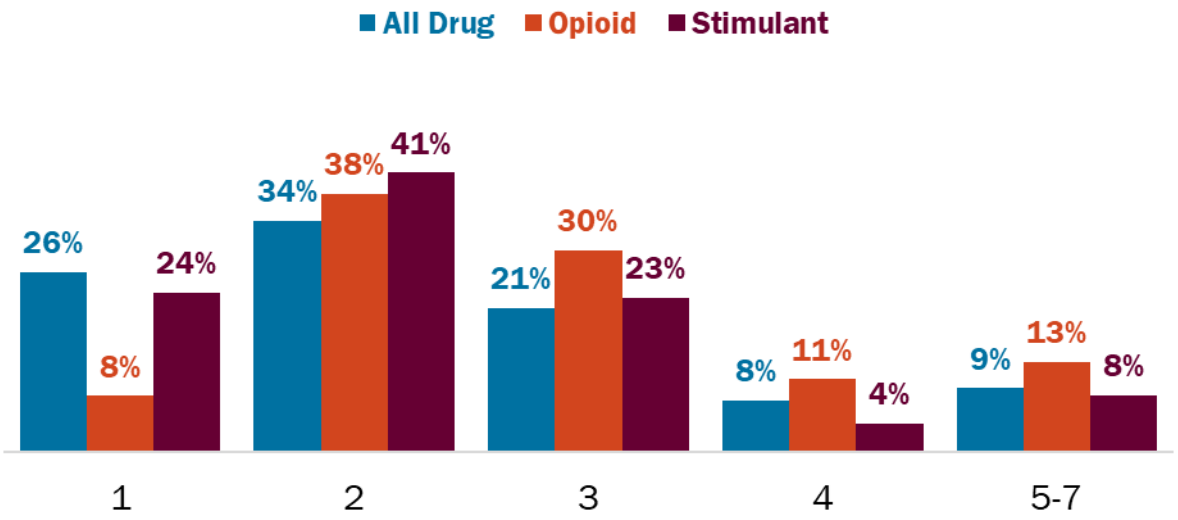

*Involvement of each substance is not mutually exclusive.

While the involvement of all substances decreased (except for heroin), the most significant decreases were seen in xylazine- and alcohol-related deaths.

| Substance | % Change from 2024 to 2025 |
|---|---|
| Xylazine | -67% |
| Alcohol | -48% |
| Fentanyl | -38% |
| Methamphetamine | -38% |
| Cocaine | -35% |
| Prescription Opioid | -34% |
| Heroin | 0% |

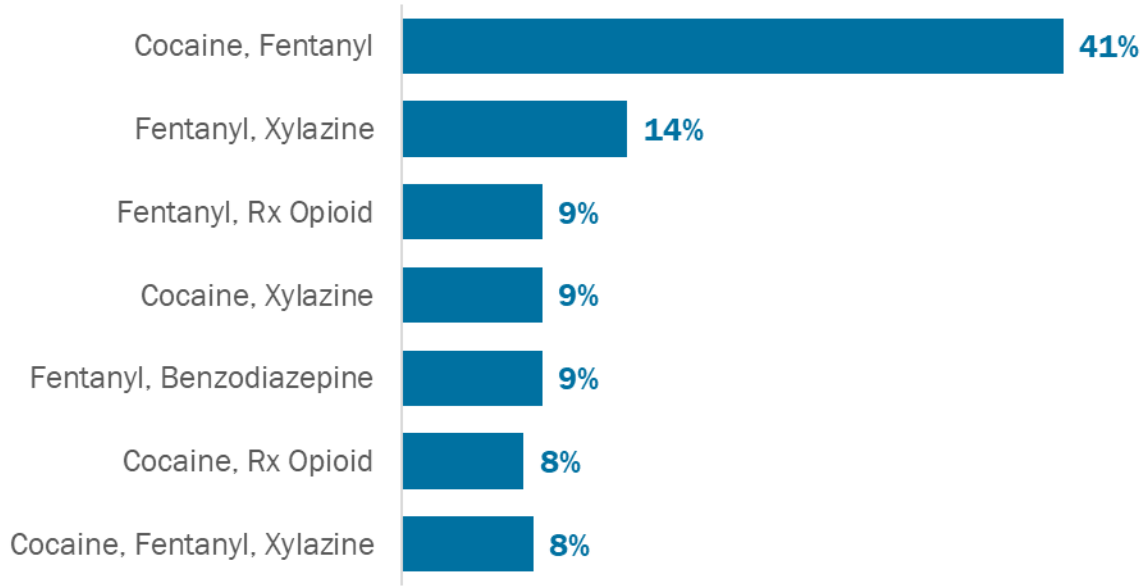
## Multi-substance Involvement

**Deaths involving an opioid were the least likely to have only one substance contribute to the fatal overdose.**




More than half (54%) of opioid-involved deaths had 3 or more substances that contributed to the overdose, as compared to 35% of stimulant-involved deaths. Almost a quarter of stimulant-involved deaths only involved one substance.

**The most common combinations of substances contributing to an overdose involved cocaine, fentanyl, or both.**



## Emerging Substances and Other Substances of Concern

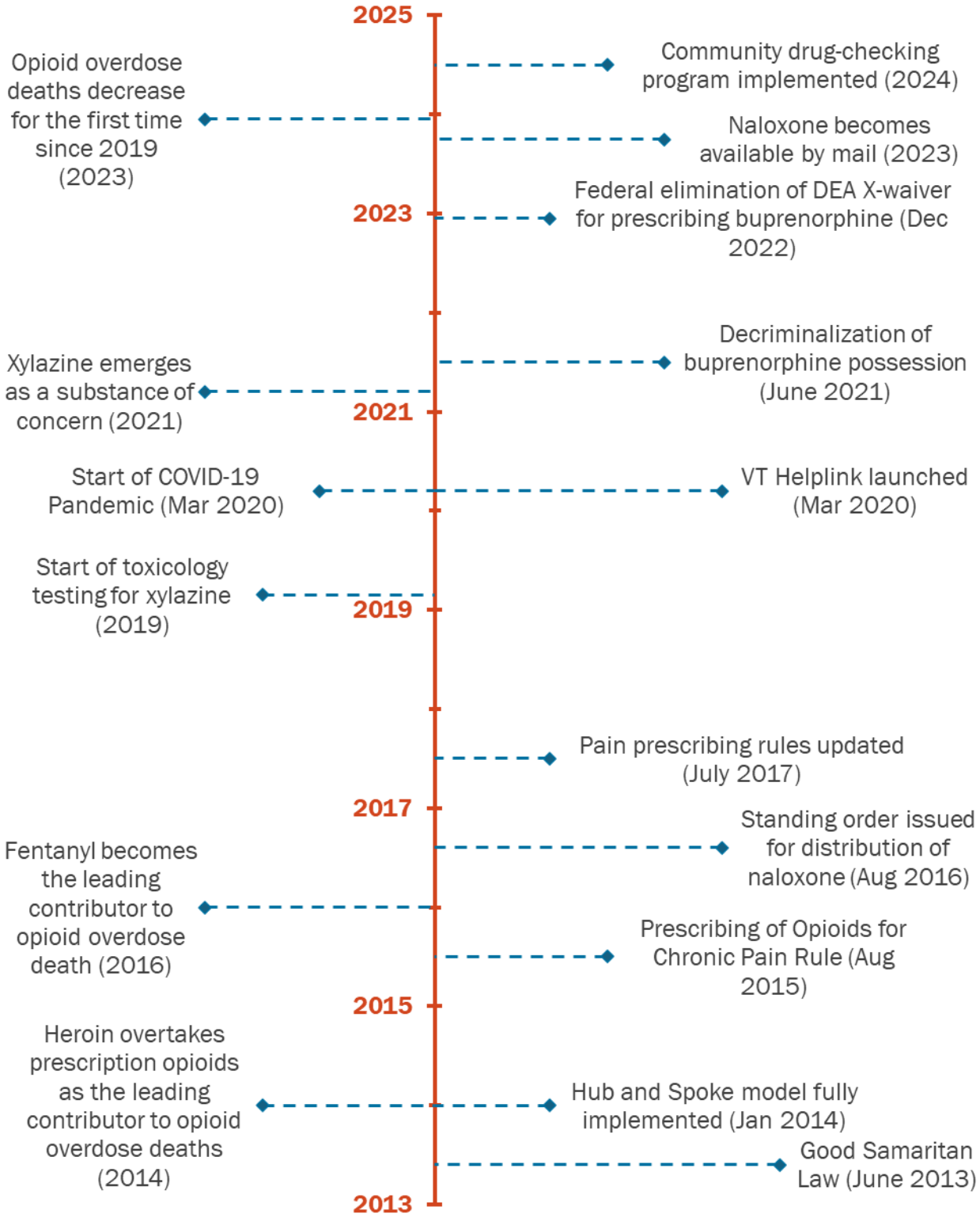
The Vermont Department of Health tracks substances that may increasingly contribute to overdose deaths in the United States. Some of these substances contributed to a few Vermont overdose deaths in 2025.

| Substance | Type | # of 2025 Deaths |
|---|---|---|
| **Gabapentin** | Anticonvulsant | 9 |
| **Ortho-Methylfentanyl** | Opioid | 7 |
| **Bromazolam** | Benzodiazepine | 6 |
| **Acetyl Fentanyl** | Opioid | 5 |
| **Carfentanil** | Opioid | 3 |
| **Medetomidine*** | Sedative | 2* |
| **Ketamine** | General Anesthetic | 1 |

*Vermont began testing for medetomidine in the fall of 2025, so there may have been more deaths with medetomidine involvement earlier in the year or in years prior.

There were no deaths with nitazene- (opioid) or kratom-involvement.

## Opioid Policy and Substance Trends in Vermont



## Vermont Methodology for Calculating Drug-Related Fatal Overdoses

The Vermont Department of Health (VDH) utilizes a unique methodology for calculating a drug-related fatal overdose. The VDH method differs from the CDC methodology, as described in the Morbidity and Mortality Weekly Report: Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015:

"The National Vital Statistics System multiple cause-of-death mortality files were used to record drug overdose deaths. Drug overdose deaths were identified using the International Classification of Disease, Tenth Revision (ICD-10), based on the ICD-10 underlying cause-of-death codes X40–44 (unintentional), X60–64 (suicide), X85 (homicide), or Y10–Y14 (undetermined intent). Among deaths with drug overdose as the underlying cause, the type of opioid is indicated by the following ICD-10 multiple cause-of-death codes: opioids (T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6); natural/semisynthetic opioids (T40.2); methadone (T40.3); synthetic opioids other than methadone (T40.4); and heroin (T40.1). Some deaths involved more than one type of opioid; these deaths were included in the rates for each subcategory. Therefore, categories of deaths presented are not mutually exclusive." https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm

Determining a drug-related fatal overdose is a multi-step process. Any death certificate with a pending investigation or natural death classification is removed before analyses. All causes of death, including any contributing conditions, are scanned to recognize any ICD code that represents a drug poisoning (including alcohol). Next, all literal text fields, including the injury description text are also examined to identify any listed alcohol or drugs. Deaths related to chronic alcohol use, medical complications of medication administration, end of life care, intrauterine or gestational exposure, helium, or exposure/injury in the context of intoxication are excluded as they do not represent a likely "overdose".

There are two main differences between the methodologies used by VDH and the CDC. First, VDH considers all causes of death, contributing conditions, and injury descriptions as opposed to underlying cause of death only. Second, VDH examines a broader list of ICD-10 codes than those used by the CDC. Beyond the list of ICD-10 codes used by the CDC, VDH examines the following additional ICD-10 codes to identify its initial list of drug-related fatal overdoses:

| ICD Codes Used in Drug-Related Fatal Overdose Analysis (beyond those used by CDC) | | | |
|---|---|---|---|
| X45 | F10.0 | F14.0 | F17.0 |
| X65 | F10.1 | F14.1 | F17.1 |
| Y15 | F11.0 | F15.0 | F18.0 |
| T36-T50 | F11.1 | F15.1 | F18.1 |
| T51.0 | F13.0 | F16.0 | F19.0 |
| | F13.1 | F16.1 | F19.1 |

While the CDC does examine multiple cause-of-death codes for those described in the MMWR excerpt above (T40.0, T40.1, T40.2, T40.3, T40.4, or T40.6), they do so only for individuals who have an underlying cause-of-death code equal to X40-44, X60-64, X85, or Y10-Y14.

In an example of how the VDH and CDC methodologies differ based on use of ICD codes and literal text analysis, an underlying cause of death may be listed as cardiovascular disease and identified in the death record with the ICD-10 code I25.0 (CVD). This individual would not be included as a drug-related fatal overdose using the CDC methodology. However, upon closer inspection of literal text and additional cause of death fields, the injury description lists "substance abuse" with a contributing condition of "acute cocaine intoxication" and ICD codes indicating poisoning by narcotics (T45.0). Based on this additional information, VDH would classify this as a drug-related fatal overdose.

The Vermont Department of Health's method of identification reveals an average 5% fewer fatal overdoses (range 8% to -12%) compared to the CDC's findings for Vermont. This is likely a result of more stringent exclusion criteria. It is also possible that some of the deaths identified by the CDC as overdoses are not the same as those identified by the Department of Health and vice versa.

**Number of Drug-Related Fatal Overdoses***

| | CDC Methodology | Vermont Methodology |
|---|---|---|
| **2014** | 83 | 80 |
| **2015** | 99 | 87 |
| **2016** | 125 | 111 |
| **2017** | 134 | 121 |
| **2018** | 153 | 151 |
| **2019** | 133 | 133 |
| **2020** | 190 | 188 |
| **2021** | 256 | 244 |
| **2022** | 278 | 269 |
| **2023** | 262 | 265 |
| **2024** | 217 | 226 |
| **2025** | * | 170 |
| *2025 CDC data are not yet available. | | |