



EMPOWER HENRICO

Preventing, Treating and
Combating Substance Use

**September 2026 Overdose Response Strategy (ORS)
Trends, Analysis & Threats (TAT) Webinar Summary**

**Empower Task Force Meeting
September 17, 2026**

ABOUT THE OVERDOSE RESPONSE STRATEGY (ORS)*

The ORS is a nationally coordinated, cross-sector collaboration between public health and public safety. The mission of the ORS is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information and supporting evidence-based interventions.

ORS Program Goals:

1. Share data systems to inform rapid and effective community overdose prevention efforts.
2. Support immediate, evidence-based response efforts that can directly reduce overdose deaths.
3. Design and use promising strategies at the intersection of public health and public safety.
4. Support the implementation of evidence-informed prevention strategies that can reduce substance use and overdose.

**ORS acknowledges that all data is shared voluntarily by data owners in advance of public release and can be preliminary and incomplete. ORS does not own or manage any of the data presented.*

September 2026 ORS-TAT Presenters

National Institute of Standards and Technology (NIST)

Ed Cisco | Research Chemist

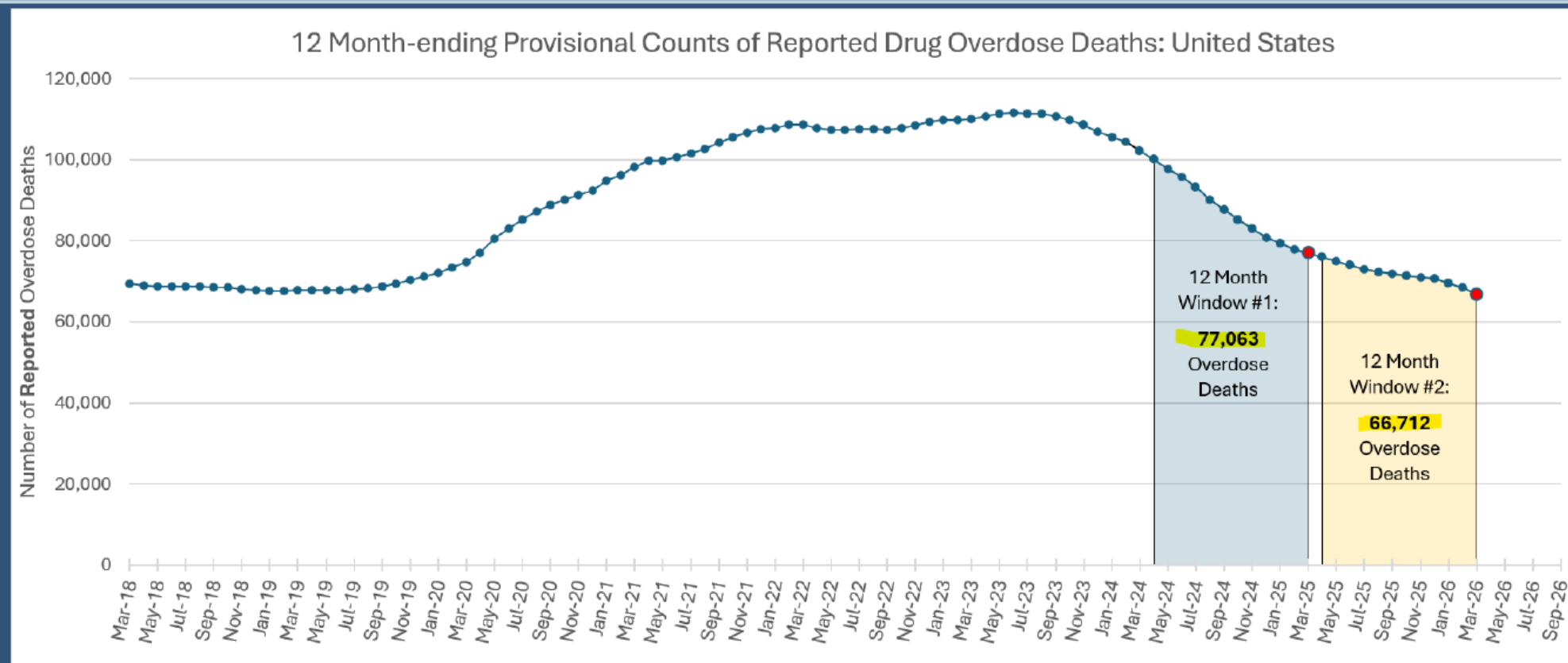
Mr. Sisco provided an overview of the Rapid Drug Analysis and Research (RaDAR) program, which offers near real-time insights into the illicit drug market. His presentation highlighted how NIST collaborates with public health, law enforcement, forensic science, and customs agencies to track and understand evolving drug threats across the U.S.

Millennium Health

Levi Bolin | Associate Director, Clinical Affairs

Levi Bolin presented highlights from the 2026 Millennium Health Signals Report, including current drug use patterns and emerging threats.

National Picture - Overdose Mortality



Based on data available for analysis on: **August 4, 2026**

[National Center for Health Statistics, Provisional Drug Overdose Death Counts](#)

Nationally, as of August 4, 2026, reported overdose deaths have continued their decline for the 12-month period ending March 2026, decreasing ~13%. This represents a continuation of the downward trend from the 2023 peak. However, regional variations persist with the Western states still trending upward.

NEW DATA SOURCE:
CDC OVERDOSE PREVENTION DATA CHANNEL
Link: [CDC Overdose Prevention Data Channel](#)

This new data source **combines information from three CDC drug overdose data systems:**

1. National Vital Statistics System (NVSS),
 2. Nonfatal Drug Overdose Surveillance & Epidemiology System (DOSE),
 3. State Unintentional Drug Overdose Reporting System (SUDORS).
- Site centralizes important fatal and non-fatal overdose trends and findings.
 - A unique aspect of this site is that it provides 'opportunities for intervention', which can include:
 - **Someone nearby at the time of an overdose**, who could have recognized signs and symptoms and responded
 - **A mental health condition** that was known or being treated
 - **A previous overdose**, which is a strong warning sign for future risk
 - **A recent release from jail, prison, or another institution**, which is a time of especially high risk
 - **Current treatment for a substance use disorder**, showing they were already connected to a system that might have offered more support

CDC OVERDOSE PREVENTION DATA CHANNEL DATA

VIRGINIA

Select state

Virginia

Select time period

Apr. 2025 to Mar. 2026

General Trends, Apr. 2025 to Mar. 2026

Predicted provisional drug overdose death count in Virginia

1,088

decreasing 24.0% ↓ from the previous year.

[Learn more about drug overdose deaths from NVSS](#)

Suspected nonfatal drug overdose emergency department (ED) visit proportions in Virginia

44.2 per 10,000 ED visits

decreasing 2.6% ↓ from the previous year.

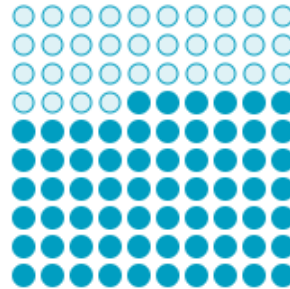
[Learn more about nonfatal overdose ED visits from DOSE-SYS](#)

[Download image \(PNG\)](#)

Select time period

2025 (Preliminary)

Potential opportunities for intervention in 41 jurisdictions

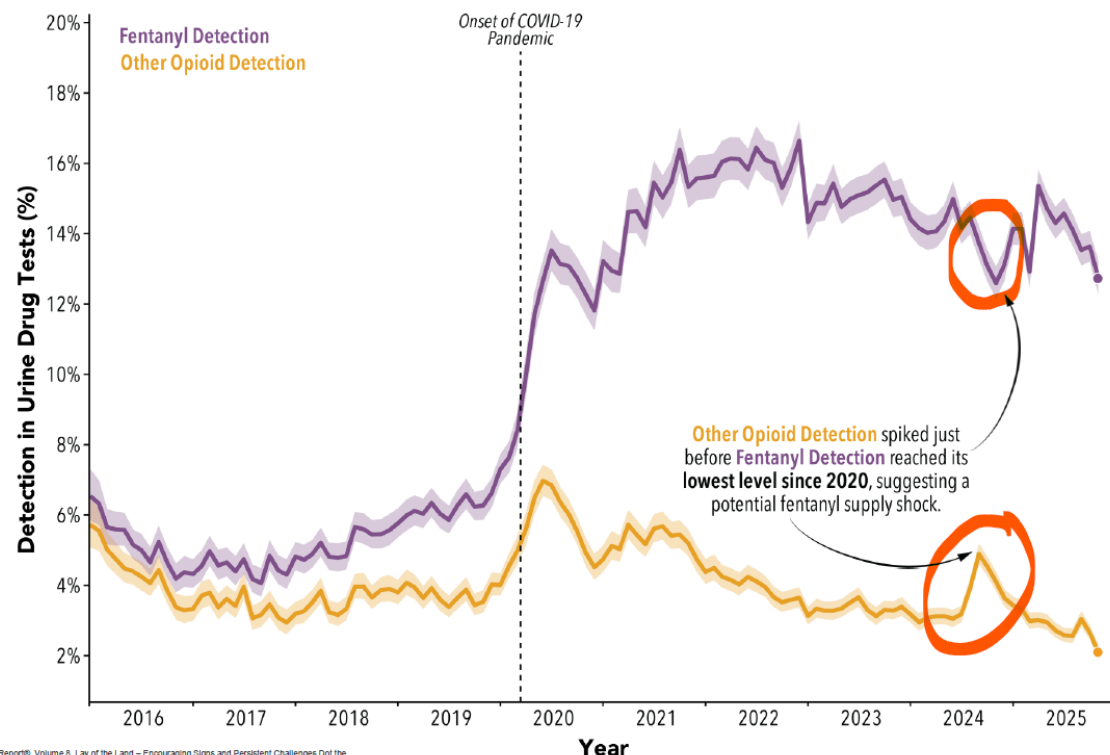


66 out of 100

fatal drug overdoses during 2025 had at least one potential opportunity for intervention.

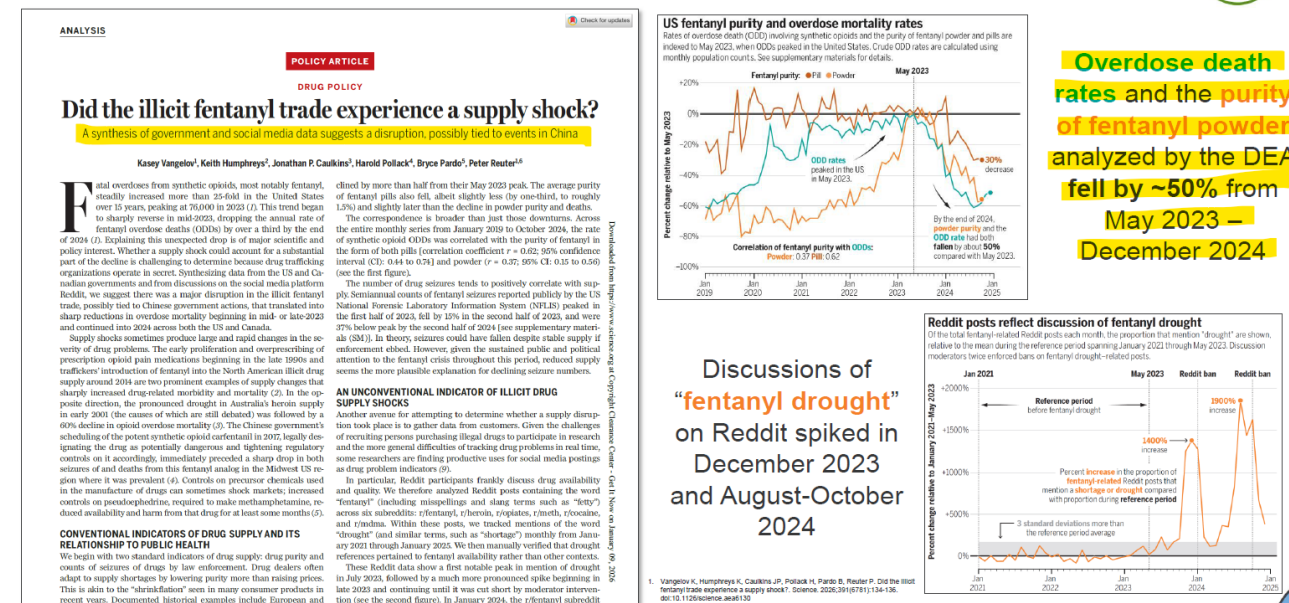
[Learn more about opportunities for intervention from SUDORS](#)

Figure 4: National Fentanyl Detection and Associated Polysubstance Use



gnals Report(s), Volume 8, Lay of the Land – Encouraging Signs and Persistent Challenges Dot the mic. Published February, 2025. Available at: <https://www.millenniumhealth.com/signalsreport/>

Fentanyl Supply Shock & Overdose Deaths



Overdose death rates and the purity of fentanyl powder analyzed by the DEA fell by ~50% from May 2023 to December 2024.

Synthesized government & social media data suggests a disruption in the fentanyl supply ("supply shock"), potentially tied to events in China such as decreases in fentanyl purity and shortages of illegal fentanyl precursors.

Millennium Health: Current Drug Use Trends

Insights from Clinical Urine Drug Testing Data

Millennium Health collected & tested >976k urine specimens from >313k unique people ages 18+ in multiple healthcare specialties between January 1, 2024 and June 30, 2026, who had a substance related ICD-10 F code.

TRENDS IN **FENTANYL, METHAMPHETAMINE & COCAINE** DETECTION BY AGE

- Rates of **fentanyl and illicit stimulant detection increased across all age groups from 2018 through the first half of 2026, but the most persistent and pronounced increases were observed among older adults—particularly those aged 55-64 and 65-74.***
- Increases in the use of fentanyl and illicit stimulants among older adults are **consistent with recent demographic shifts in overdose mortality data and highlight the need for increased awareness of the negative consequences of and screening for issues related to illicit drug use in this vulnerable population.**

**Presenter verbally noted that there were fewer samples submitted and tested for those aged 55+, which may skew results to a degree*

Largest Fentanyl Co-Detection Shifts

Compound	2/25 to 8/25	2/26 to 8/26	Absolute Change
Lidocaine	36.0 %	17.2 %	-18.8 %
BTMPS	19.4 %	5.3 %	-14.1 %
Tetracaine	19.7 %	8.1 %	-11.6 %
Quinine	8.3 %	15.8 %	+7.4 %
Cocaine	7.9 %	14.5 %	+6.7 %
Heroin	8.9 %	3.3 %	-5.7 %
Acetaminophen	27.8 %	22.5 %	-5.3 %
Medetomidine	23.4 %	18.5 %	-4.9 %
Methamphetamine	13.3 %	9.2 %	-4.1 %
Nicotinamide	4.2 %	0.5 %	-3.7 %

Generally, the **most common** substances seen with fentanyl are acetaminophen and medetomidine.

Most Common Co-Detected Compounds

Compound	% Fentanyl Samples	Compound	% Fentanyl Samples
Acetaminophen	22.5 %	Fluorofentanyl	6.4 %
Medetomidine	18.5 %	BTMPS	5.3 %
Caffeine	17.4 %	iso-PV8	3.7 %
Lidocaine	17.2 %	Heroin	3.3 %
Quinine	15.8 %	Phenacetin	3.2 %
Xylazine	15.0 %	Diphenhydramine	2.8 %
Cocaine	14.5 %	Tetramethyl-4-AP	1.9 %
Procaine	13.1 %	Methylfentanyl	1.8 %
Methamphetamine	9.2 %	Gabapentin	1.8 %
Tetracaine	8.1 %	Ketamine	1.7 %

Samples collected February 1, 2026 – August 20, 2026



If you compare the periods of February to August of 2025 to February and August of 2026 (>20k samples), we're seeing the **largest shift** in the detection of quinine and cocaine alongside fentanyl.



Highlights from Millennium Health's Novel Compounds & Other Trends:

1. Uptick in number of PCP, ketamine, mescaline, and tryptamine analogs.
2. Slight uptick of benzodiazepines in fentanyl/opioid samples.
3. Seeing more general "unknown" substances in testing.

QUESTIONS?

**Link to register for future
ORS TAT Webinars:**
[ORS TAT Webinar Series Registration Link](#)

APPENDIX



Sept2026 ORSTAT
Slides



Sept2026 ORSTAT
OnePager