









Background Information

The results of the Midwest High Intensity Drug Trafficking Area (HIDTA) 2024 Threat Assessment revealed that fentanyl and methamphetamine were again the top two drug threats to the region. ^[1] This conclusion was made utilizing Midwest HIDTA initiative responses to a law enforcement survey (LES) and public health partner responses to the public health survey (PHS), as well as drug trend and other related information collected over the past 12 months. This is the second consecutive year fentanyl was ranked as the number one drug threat.

Ongoing Causes for Concern

- Fentanyl will likely continue to pose the greatest threat to the region as the supply is expected to increase. [1]
- ➤ Drug Enforcement Administration (DEA) laboratory testing in 2023, revealed 7 out of 10 fentanyllaced counterfeit prescription pills now contain a potentially lethal dose of fentanyl, up from 4 out of 10 in 2021. [2]
- ➤ Fentanyl is expected to remain the greatest driver of drug poisoning deaths. Adulterants such as xylazine, carfentanil, and medetomidine are of great concern to the Midwest HIDTA and will continue to be, especially if they have an increased impact on poisoning deaths in the region. [1]
- ➤ Methamphetamine will endure as a significant threat to the region with its high levels of availability, demand, use, and its transportation to and through the region. [1]
- ➤ Low-cost, high potency methamphetamine transported from the Southwest Border will continue to saturate both rural and metropolitan drug markets. [1]
- ➤ The level of violence and crime surrounding methamphetamine production, trafficking, and use will remain a threat to both law enforcement and the public. [1]

South Dakota Outlook

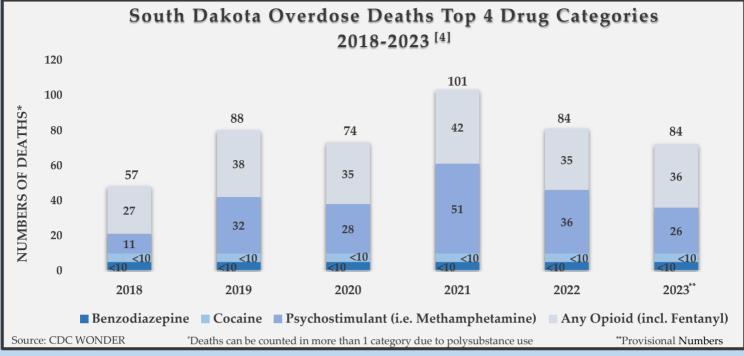
The LES responses for South Dakota aligned with the overall Midwest HIDTA results, which ranked fentanyl as the primary threat in the state, and methamphetamine as the secondary threat. Conversely the PHS results ranked methamphetamine as the top threat. The South Dakota LES responses indicated that methamphetamine availability and usage were both "high." Similarly, the LES results pertaining to fentanyl in pill form revealed both high availability and usage. Whereas the results regarding fentanyl in powder form showed its availability and level of usage ranged from "low" (66.67%), to "high" (33.33%). [1]

<u>South Dakota National Survey of Substance Abuse Treatment Services – 2022</u>

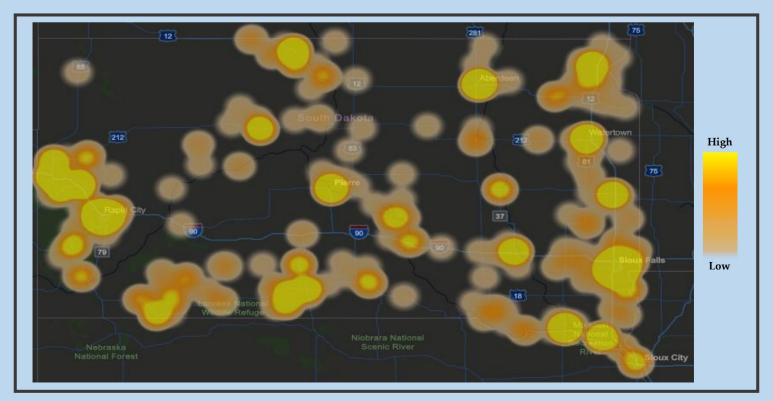
As of March 31, 2022, which is the most current survey available, there were 51 treatment facilities in South Dakota, 26 of which were private non-profit (51.0%), 8 private for-profit (15.7%), 1 local/county/community (2.0%), 3 state (5.9%), 6 federally (11.8%), and 7 tribal (13.7%) government operated. These facilities were treating 2,580 clients, the majority of which were on an outpatient basis, 2,147 (83.2%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 43 (84.3%), private health insurance 26 (51.0%), Medicare 18 (35.3%), Medicaid 37 (72.5%), IHS/Tribal/Urban (ITU) funds 20 (39.2%), and treatment at no charge or minimal payment for clients who could not pay 39 (76.5%). [3]







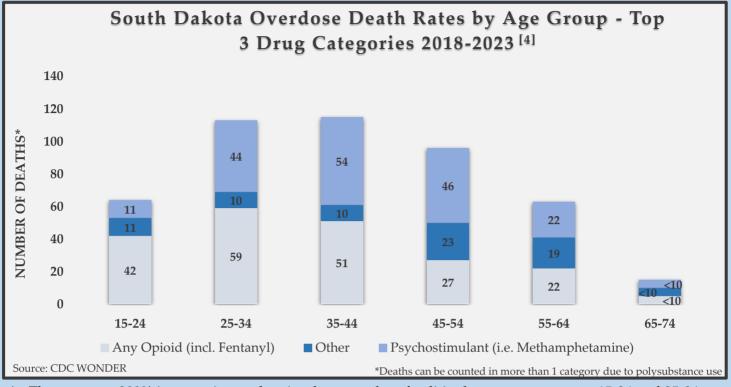
- ➤ Overall psychostimulant overdose deaths increased 136.4% (11 to 26) from 2018 to 2023; an increase of 363.6% (11 to 51) occurred from 2018 to 2021, while a decrease of 27.8% (36 to 26), took place from 2022 to 2023. [4]
- ➤ Overall opioid overdose deaths increased 33.3% (27 to 36) from 2018 to 2023; an increase of 55.6% (27 to 42) occurred from 2018 to 2021, while a small increase of 2.9% (35 to 36), took place from 2022 to 2023. Of these opioid overdoses, 73.2% (156 of 213) were attributed to synthetic opioids. [4]
- From 2018 to 2023, the overall overdose numbers increased 47.4% (57 to 84); the highest annual % increase was from 2018/2019, 54.4% (57 to 88). [4]



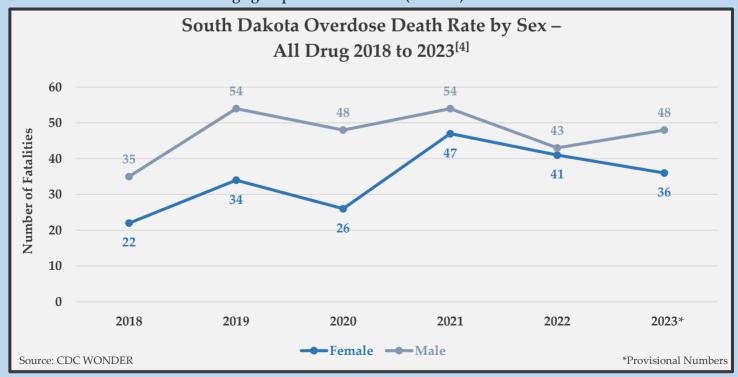
The above heatmap is a visual representation of the 1,566 suspected overdoses **reported to** ODMAP from September 30, 2023 to September 30, 2024. The use of naloxone was reported at 434 of these incidents.







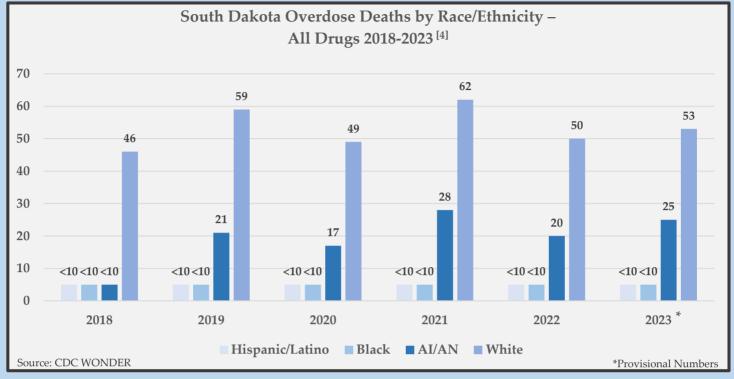
- ➤ There was an 300% increase in psychostimulant overdose fatalities between age groups 15-24 and 25-34 (11 to 44), and a 52.2% decrease between age groups 45-54 and 55-64 (46 to 22) [4]
- ➤ There was an 40.5% increase in opioid overdose fatalities between age groups 15-24 and 25-34 (42 to 59), and a 47.1% decrease between age groups 35-44 and 45-54 (51 to 27) [4]



- From 2018 to 2023, the number of male overdose fatalities increased 56% (75 to 117), with the largest year to year changes being 2019/2020, +58.8% (80 to 127), and -7.1% (126 to 117) from 2022/2023 [4]
- ➤ From 2018 to 2023, the number of female overdose fatalities decreased 18.5% (65 to 53), with the largest year to year changes being 2019/2020, +25.8% (66 to 83), and -45.3% (97 to 53) from 2022/2023 [4]

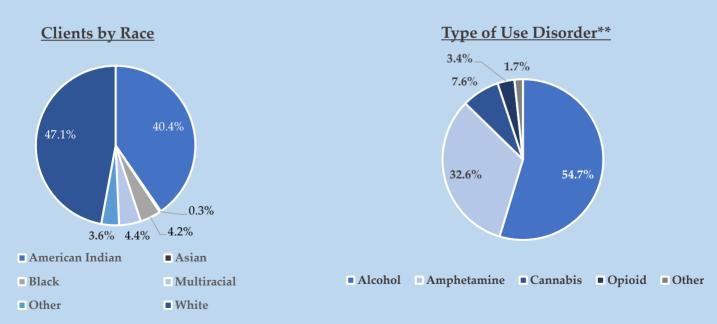






- From 2020 to 2021, the "AI/AN" (American Indian/Alaska Native) ethnicity group had an increase of 64.7% (17 to 28); this ethnicity group had a decrease of 28.6% (28 to 20) from 2021 to 2022 [4]
- From 2018 to 2019, the "White" ethnicity group had its largest percentage increase, 28.3% (46 to 59); this age group had a decrease of 19.4% (62 to 50) from 2021 to 2022 [4]

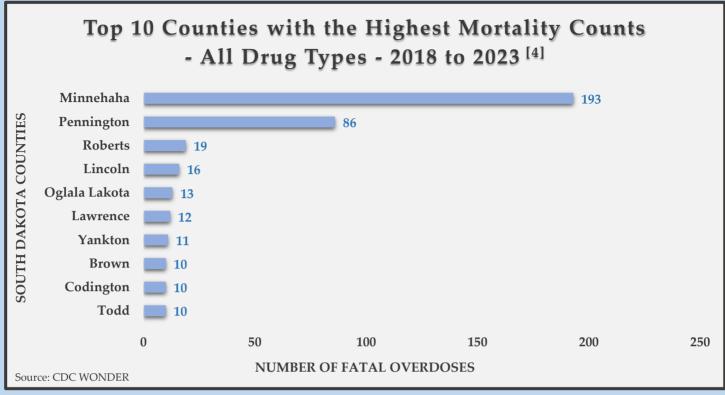
South Dakota Adult Substance Use Disorder Treatment Services [5]



➤ According to the United States Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, 5.1% identify as Hispanic, and 2.6% as African-American. ^[6] In 2023 the relatively low percentage of the American Indian population, when compared to the percentage of deaths (29.8%) and those in treatment (47.1%), underscores the persistent severity of the issue within American Indian communities.







Seven of the top ten counties with the highest fatal overdose counts were also in the top ten most populated counties in South Dakota, with the exceptions being Roberts, Oglala Lakota, and Todd counties, which were ranked 18, 15, and 22 respectively in population based on 2024 estimates. [7]

Several of these counties were also among the highest ranking counties for fentanyl and methamphetamine seizures reported through September of 2024:

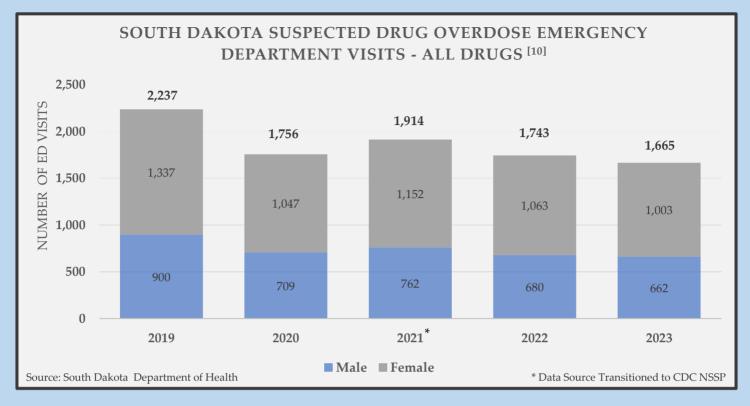
- ➤ Top 10 fentanyl seizure rankings: Minnehaha (4,961,410mg), Pennington (2,241,410mg), Day (9,700mg), Roberts (6,429mg), Lincoln (3,905mg), Lawrence (2,522mg), Meade (1,902mg), Codington (1,841mg), Carson (1,000mg), and Moody (1,000mg); statewide total 7,232,282mg. [8]
- ➤ Top 10 methamphetamine seizure rankings: Minnehaha (35,838,530mg), Pennington (21,098,605mg), Lyman (2,904,112mg), Brown (323,658mg), Yankton (250,349mg), Union (148,218mg), Roberts (123,813mg), Lawrence (112,660mg), Davison (64,989mg), and Meade (64,551mg); statewide total 61,302,686mg. [8]

HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT							
	FENTANYL (GRAMS)				METH/ICE (GRAMS)			
	2021	2022	2023	TOTAL	2021	2022	2023	TOTAL
SIOUX FALLS DTF	2,028	975	1,567	4,570	58,932	29,707	34,342	122,981
SD INTERDICTION SUPPORT	1,581	3,643	1,907	7,131	88,897	62,819	50,455	202,171
UNIFIED NET	2,689	954	1,350	4,993	59,644	13,492	10,514	83,650
TOTALS	6,298	5,572	4,824	16,694	207,473	106,018	95,311	408,802

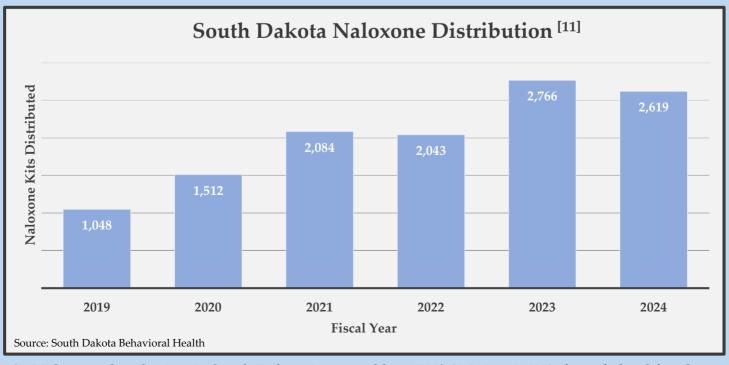
Over the past three years, these initiatives have seized 8,347,000 potentially lethal doses of fentanyl, and 2,044,010 potentially lethal doses of methamphetamine. In 2023, the grams of fentanyl pills seized also began to be reported: Sioux Falls Drug Task Force 1,553 g, South Dakota Interdiction Support 183 g, and Unified Narcotics Enforcement Team 172 g. These seizures (1,908 g/4.2 lbs.) translate to approximately 18,900 dosage units. Furthermore with 7 out of 10 containing a potentially lethal dose of fentanyl, these seizures equate to another 13,230 potentially lethal dosages being seized. [9]







- ➤ Emergency Department visits for suspected drug overdoses in South Dakota decreased 25.6% (2,237 to 1,665) between 2019 and 2023. [10]
- ➤ The combined numbers for age ranges 15-24 and 25-34, on average, accounted for 50.8% of the yearly emergency department visits between 2021 and 2023, with the age range 15-24 having the highest number in each of these years. [10]



➤ Naloxone distribution in South Dakota increased by 150% (1,048 to 2,619), from federal fiscal year 2019 to 2024; the largest percentage increase took place from 2019 to 2020, 44.3% (1,048 to 1,512). [11]



South Dakota Overdose Response Strategy

2024 Activity Summary / Collaborative Efforts

Collaboration Improves Data Quality and Access to ODMAP in South Dakota

The South Dakota Overdose Response Strategy (SD ORS) team has achieved several successes through collaboration at the local and state levels to expand ODMAP access and enhance data quality. Over the past year, the team has been able to register and train law enforcement, emergency medical services and emergency departments to enter overdose response data into ODMAP. Pennington, Minnehaha and Roberts counties have multi-sector partnerships that allow each agency to enter their own data, providing a comprehensive understanding of the burden in their communities.



Moreover, the SD ORS team has cultivated relationships with Tribal communities to leverage the ODMAP platform. The team is in the early stages of partnering with the Department of Tribal Relations and the South Dakota Tribal Law Enforcement Liaison to create an ODMAP video tailored for Tribal communities to utilize the platform for awareness and prevention.

The Secretary for the Department of Tribal Relations bestowed a great honor upon the South Dakota State Coordinator in the form of a medallion that demonstrates the authenticity and strengthening of the partnership with ORS.



Power of Partnerships: SD ORS Team Meets the Drug Demand Reduction Outreach (DDRO) Program

The SD ORS team has been fundamental in the re-integration of the National Guard's Drug Demand Reduction Outreach (DDRO) program. Dormant for a decade, the program has received funding to reduce youth substance use across South Dakota. The SD ORS team has enhanced the programs awareness through introductions and presentations to countless partners and coalitions. The DDRO and ORS team assisted the Lawrence County Coalition's Red Ribbon Week by participating during their youth leadership event aiming to raise awareness and prevent drug and alcohol abuse, tobacco smoking, violence, and drunk driving.

Joining Forces: How Data-Sharing Between Public Safety and Public Health Can Curb Overdoses

The SD ORS team convened partners from the Department of Health and Fusion Center to collaborate on a data-sharing initiative aiming to track and analyze drug-related overdose and seizure data. This collaborative effort collects non-fatal data from hospitals and emergency medical services, fatal data from death certificates, and future versions of the document will include seizure data from the Division of Criminal Investigation and Midwest HIDTA.

By integrating data from health care and public safety agencies, the initiative seeks to identify emerging drug trends and share the data with local agencies to build awareness. Currently, the reports are being created and distributed quarterly at a regional level broken down by Southeast, Northeast, Central, and Western South Dakota.





REFERENCES:

- 1. Midwest HIDTA 2024 Threat Assessment Report; Midwest HIDTA Intelligence Support Center; pages 4, 11-20, 74-75.
- 2. Drug Enforcement Administration Public Safety Alert; https://www.dea.gov/onepill
- 3. Substance Abuse and Mental Health Service Administration, National Substance Use and Mental Health Services Survey, 2022 South Dakota State Profile; https://www.samhsa.gov/data/quick-statistics-
 - results?parent data collection id=1178&location id=244&data collection id=1180&year=2022
- 4. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2022, and from provisional data for years 2023-2024, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-provisional.html in October, 2024
- 5. South Dakota Department of Social Services, Fiscal Year 2024 State Profile, South Dakota Publicly Funded Behavioral Health Treatment Services, Pages 32 and 35; https://dss.sd.gov/docs/behavioralhealth/reports and data/State Profile.pdf
- 6. United States Census Bureau, QuickFacts, South Dakota; https://www.census.gov/quickfacts/fact/table/SD,US
- 7. World Population Review, Population of Counties in South Dakota (2024); https://worldpopulationreview.com/states/south-dakota
- 8. South Dakota Division of Criminal Investigation, Statistical Analysis Center, 2024 Statewide Monthly Fentanyl and Methamphetamine Statistics
- 9. Frazier, R. (October 2024), Midwest HIDTA Performance Management Process Data, 2023. Kansas City; Midwest HIDTA
- 10. Weinzetl, A., MPH; South Dakota Department of Health, Office of Injury, Violence, and Overdose Prevention, DOSE Data 2021-2023.
- 11. South Dakota Behavioral Health, Opioid Intervention Metrics, Naloxone Kits Distributed; https://letsbeclearsd.com/key-data