









#### **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. <sup>[1]</sup> 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 fentanyl-laced 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 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. <sup>[1]</sup>
- ➤ 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. <sup>[1]</sup>
- ➤ Low-cost, high potency methamphetamine transported from the Southwest Border will continue to saturate both rural and metropolitan drug markets. <sup>[1]</sup>
- ➤ The level of violence and crime surrounding methamphetamine production, trafficking, and use will remain a threat to both law enforcement and the public. [1]

#### North Dakota Outlook

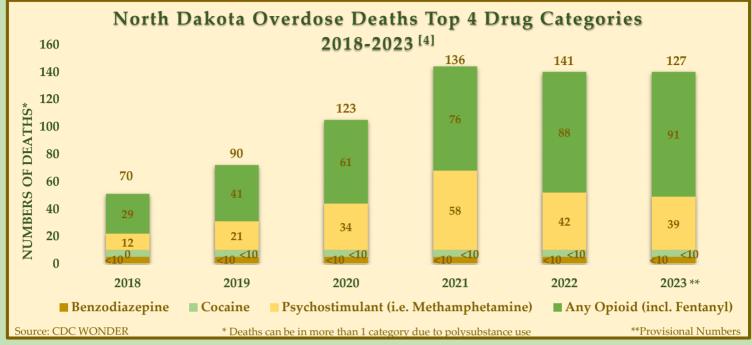
The LES responses for North Dakota aligned with the overall Midwest HIDTA results, which ranked fentanyl as the primary threat in the state, and methamphetamine as the secondary threat. Conversely the PHS results ranked polysubstance use and methamphetamines as the top threat. The North Dakota LES responses indicated the 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 ranged from "moderate" (66.7%) to "high" (33.3%), while its percentage of usage was "high." [1]

### North Dakota National Survey of Substance Abuse Treatment Services – 2023

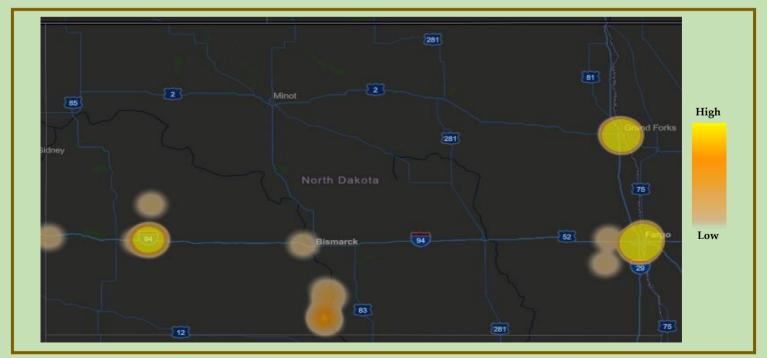
As of March 31, 2023, which is the most current survey available, there were 59 treatment facilities in North Dakota, 23 of which were private for-profit (39%), 24 private non-profit (40.7%), 8 state government (13.6%), 2 tribal government (3.4%), 1 local/county/community (1.7%), and 1 federal government (1.7%) operated. These facilities were treating 6,592 clients, the majority of which were on an outpatient basis, 5,780 (87.7%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 55 (93.2%), private health insurance 47 (79.7%), Medicare 26 (44.1%), Medicaid 43 (72.9%), IHS/Tribal/Urban (ITU) funds 22 (37.3%), and treatment at no charge or minimal payment for clients who could not pay 25 (42.4%). [3]







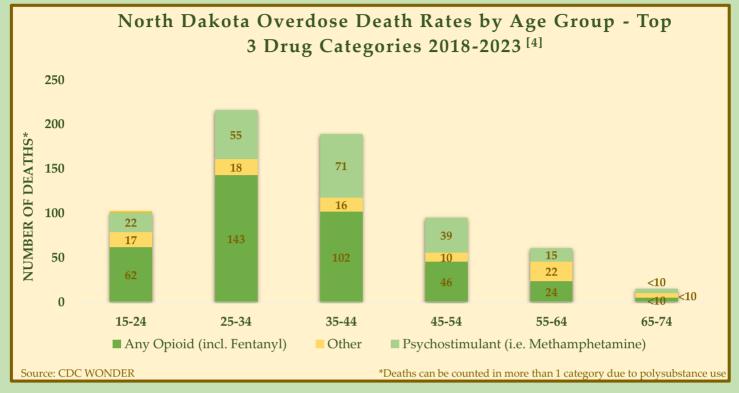
- ➤ Overall psychostimulant overdose deaths increased 225% (12 to 39) from 2018 to 2023; an increase of 383.3% (12 to 58) occurred from 2018 to 2021, while a decrease of 27.6% (58 to 42), took place from 2021 to 2022. [4]
- ➤ Overall opioid overdose deaths increased 213.8% (29 to 91) from 2018 to 2023; an increase of 48.8% (41 to 61) occurred from 2019 to 2020, while a small increase of 3.4% (88 to 91), took place from 2022 to 2023. Of these opioid overdoses, 71.2% (275 of 386) were attributed to synthetic opioids. [4]
- ➤ From 2018 to 2023, the overall overdose numbers increased 81.4% (70 to 127); the highest annual % increase was from 2019 to 2020, 36.7% (90 to 123), while a decrease of 9.9% took place from 2022 to 2023. [4]



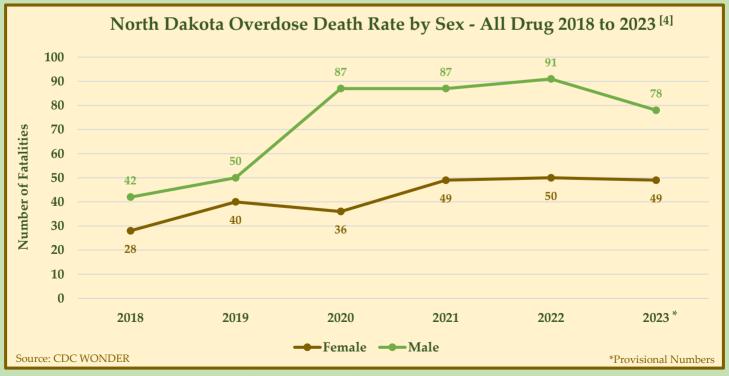
The above heatmap is a visual representation of the 429 suspected overdoses **reported to** ODMAP from September 30, 2023 to September 30, 2024. The use of naloxone was reported at 335 of these incidents.







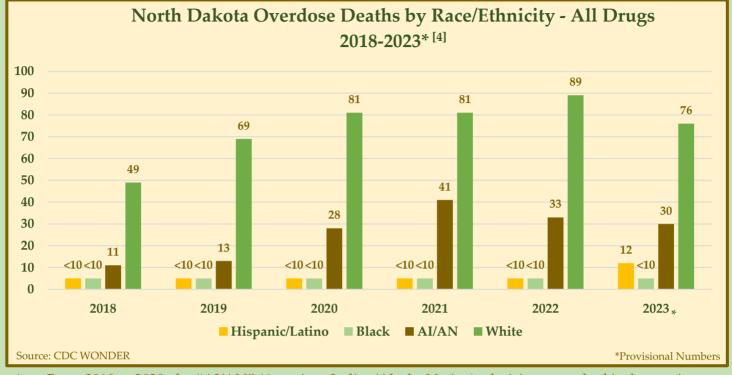
- ➤ There was an 150% increase in psychostimulant overdose fatalities between age groups 15-24 and 25-34 (22 to 55), and a 61.5% decrease between age groups 45-54 and 55-64 (39 to 15) [4]
- ➤ There was an 130.6% increase in opioid overdose fatalities between age groups 15-24 and 25-34 (62 to 143), and a 54.9% decrease between age groups 35-44 and 45-54 (102 to 46) [4]



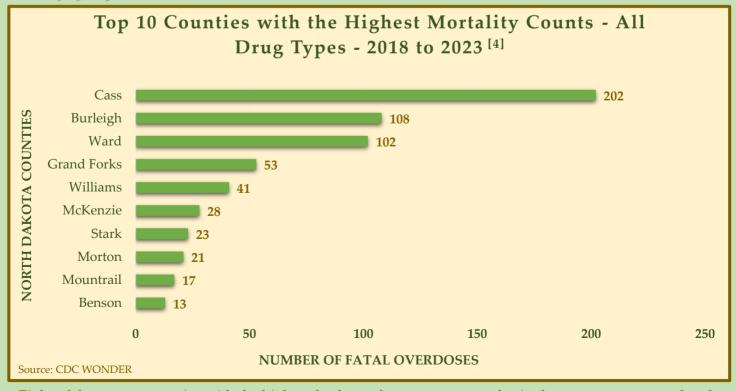
- From 2018 to 2023, the number of male overdose fatalities increased 85.7% (42 to 78), with the largest year to year changes being 2019/2020, +74% (50 to 87), and -14.3% (91 to 78) from 2022/2023 [4]
- ➤ From 2018 to 2023, the number of female overdose fatalities increased 75% (28 to 49), with the largest year to year changes being 2018/2019, +42.9% (28 to 40), and -10% (40 to 36) from 2019/2020 [4]







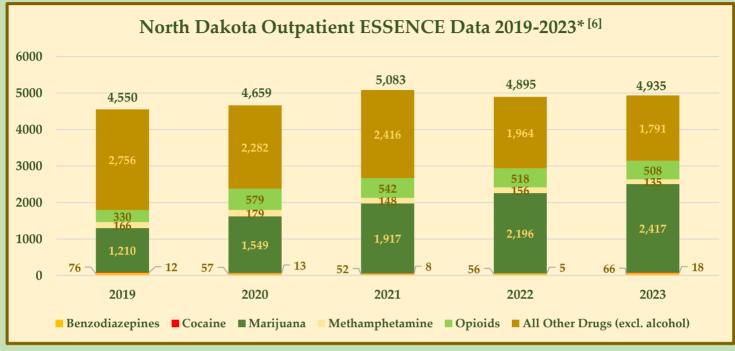
- From 2019 to 2020, the "AI/AN" (American Indian/Alaska Native) ethnicity group had its largest increase, 115.4% (13 to 28); this ethnicity group had a decrease of 19.5% (41 to 33) from 2021 to 2022. Despite making up only 4.7% of North Dakota's population, "AI/AN" comprised 22.7% (156 of 687) of the overdose fatalities from 2018 to 2023. [4]
- From 2018 to 2019, the "White" ethnicity group had its largest percentage increase, 40.8% (49 to 69); this age group had a decrease of 14.6% (89 to 76) from 2022 to 2023 [4]



Eight of the top ten counties with the highest fatal overdose counts were also in the top ten most populated counties in North Dakota, with the exceptions being Mountrail and Benson counties, which were ranked 16th and 21st respectively in population based on 2024 estimates. [5]







North Dakota Syndromic Surveillance	2019	2020	2021	2022	2023
Benzodiazepines	76	57	52	56	66
Cocaine	12	13	8	5	18
Marijuana	1,210	1,549	1,917	2,196	2,417
Methamphetamine	166	179	148	156	135
Opioids	330	579	542	518	508
All Other Drugs (excl. alcohol)	2,756	2,282	2,416	1,964	1,791
Total	4,550	4,659	5,083	4,895	4,935

➤ The drug types with the greatest percentage increases from 2019 to 2023, were marijuana 99.8% (1,210 to 2,417), opioids 53.9% (330 to 508), and cocaine 50% (12 to 18). "All other drugs" had the greatest decrease between 2019 and 2023, 35% (2,756 to 1,791) [6].

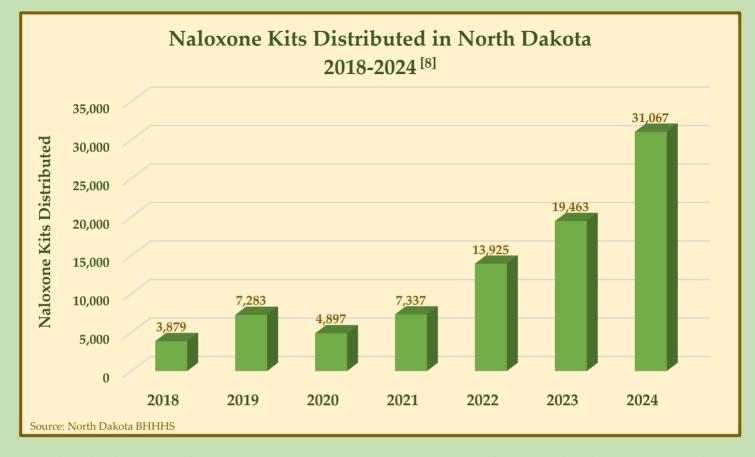
North Dakota Hospital Discharge Data**	2019	2020	2021	2022	2023	Total	Avg. Per Year
Benzodiazepines	38	37	26	23	17	141	28.2
Cocaine	3	3	8	11	12	37	7.4
Methamphetamine	0	0	0	5	36	41	8.2
Opioids	40	58	46	45	46	235	47.0
All Other Drugs (excl. alcohol)	39	39	44	31	31	204	40.8
Total	120	137	124	115	162	658	

- ➤ The drug type with the highest average number of hospital admissions from 2019 to 2023, were opioids, which averaged 47 admissions, followed by "all other drugs," which averaged 41 admissions. <sup>[7]</sup>
- North Dakota (ND) ESSENCE data is an electronic surveillance system that consists of emergency department, urgent care and walk-in-clinic visit information; the numbers represent a syndrome definition that utilizes both ICD-10 codes & chief complaint which looks for key words. These should not be considered a true "number of cases." Syndromes may also contain "noise," meaning that the syndrome data may count actual non-related events. NOT every hospital submits ICD and chief complaint, so some visits may be missing. Some hospitals only submit data on ND residents. Transient populations may not be included; therefore, underestimating their impact. Increase in number may be due to actual increases, or it may be due to increase in number of facilities reporting.

\*\*Hospital Discharge Data (HDD) provides information on the hospital-based clinical services for all patients, as well as quality, outcomes and charges of care provided for their patients. This data provides the opportunity to monitor trends and changes in drug poisoning cases discharged from 16 ND hospitals. Due to how data is reported and captured, a single person cannot be de-duplicated throughout the whole data set.







- ➤ There has been a 701% increase (3,879 to 31,067) in the distribution of naloxone kits from 2018 through 2024 in North Dakota [8]
- ➤ In 2024, the kits were primarily distributed to local public health units (15,103), substance use disorder treatment programs (3,740), Behavioral Health Division (BHD) events or training (3,546), individual request (1,824), other state agencies (1,339), and tribal communities (1,248) [8]

HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT							
	FENTANYL (GRAMS)				METH/ICE (GRAMS)			
	2021	2022	2023	TOTAL	2021	2022	2023	TOTAL
FARGO DEA TASK FORCE	739	12,379	2,697	15,815	18,151	25,520	38,442	82,113
GRAND FORKS NARCOTICS TF	1,495	7,086	317	8,898	20,709	14,083	9,987	44,779
METRO AREA NARCOTICS TF	2,150	46,286	533	48,969	16,994	13,989	23,453	54,436
ND INTERDICTION SUPPORT	96	1,021	53	1,170	611	8,499	629	9,739
TOTALS	4,480	66,772	3,600	74,852	56,465	62,091	72,511	191,067

Over the past three years, these initiatives have seized 37,426,000 potentially lethal doses of fentanyl, and 955,335 potentially lethal doses of methamphetamine. In 2023, the grams of fentanyl pills seized also began to be reported: Fargo DEA Task Force 19,079 g, Grand Forks Narcotics Task Force 20,583 g, Metro Area Narcotics Task Force 21,064 g, and North Dakota Interdiction Support 2,334 g. These seizures (63,060 g/ 139 lbs.) translate to approximately 625,500 dosage units. Furthermore with 7 out of 10 containing a potentially lethal dose of fentanyl, these seizures equate to another 437,850 potentially lethal dosages being seized. [9]



# North Dakota Overdose Response Strategy

## 2024 Activity Summary / Collaborative Efforts

The North Dakota Overdose Response Strategy (ORS) is working on developing a working overdose fatality review (OFR) in Grand Forks, North Dakota. Over the 2024 year, the team expanded their steering committee, joined a mentor/mentee program with Cuyahoga, Ohio, completed next–of-kin (NOK) interview training and plan to attend the OFR summit in Feb 2025.

The North Dakota ORS team has partnered with the ONE (Opioid and Naloxone Education) program out of North Dakota State University's school of pharmacy. They have a program that aims to provide naloxone kits and educational resources to county jails. The North Dakota ORS' PHA (public health analyst) and DIO (drug intelligence officer) have been able to assist with its implementation by facilitating a connection between a county jail and the program. The program operates in the following counties: Pembina, Ward, Walsh, Richland, Mountrail, and the Southwest Multi-County Correction Center.

The North Dakota ORS team assisted the North Dakota Department of Health and Human Services Behavioral Health Division with creating and launching a QR (quick response) code for their opioid webpage for easier naloxone distribution, substance use education and treatment knowledge.

During Red Ribbon week, the North Dakota ORS program, North Dakota National Guard Drug Demand Reduction Outreach (DDRO), and Bismarck Police Department organized a naloxone kit assembling event for a newly established leave-behind program. This event had local community high school volunteers at the National Guard's armory assembling 150 kits.

Additionally, the North Dakota ORS engaged with the Burleigh-Morton Public Health Unit, Bismarck PD, and North Dakota DDRO in a Take Back prescription medication event at Burleigh County Senior Center. Collectively, they weighed almost seventy-eight (78) pounds of medications, which were surrendered during the event by community members.





#### **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, 2023 North Dakota State Profile; <a href="https://www.samhsa.gov/data/quick-statistics-">https://www.samhsa.gov/data/quick-statistics-</a>
  - results?parent\_data\_collection\_id=1178&location\_id=230&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 <a href="http://wonder.cdc.gov/mcd-icd10-provisional.html">http://wonder.cdc.gov/mcd-icd10-provisional.html</a> in November, 2024
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- 6. Pinks, K., MPH, North Dakota Health and Human Services, Surveillance and Data Management, North Dakota Essence Data, November, 2024
- 7. Pinks, K., MPH, North Dakota Health and Human Services, Surveillance and Data Management, North Dakota Overdose Hospital Discharge Data, November, 2024.
- 8. Lies, A., BSN, RN, North Dakota Behavioral Health, Health and Human Services, January, 2025.
- 9. Frazier, R. (October 2024), Midwest HIDTA Performance Management Process Data, 2023. Kansas City; Midwest HIDTA