









Background Information

The results of the Midwest High Intensity Drug Trafficking Area (HIDTA) 2025 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 third year in a row fentanyl was ranked as the number one drug threat.

Ongoing Causes for Concern

- Law enforcement initiatives in the Midwest HIDTA identify fentanyl as the region's primary drug concern. As the dominant synthetic opioid, fentanyl creates major risks in the area through its connection to criminal activity, widespread accessibility, and elevated overdose potential. [1]
- ➤ Drug Enforcement Administration (DEA) laboratory testing in 2024, revealed 5 out of 10 fentanyllaced counterfeit prescription pills now contain a potentially lethal dose of fentanyl, down from 7 out of 10 in 2023. [2]
- ➤ Fentanyl will likely continue to be the greatest driver of drug poisoning deaths. Adulterants such as xylazine and medetomidine are of great concern in the Midwest HIDTA area of responsibility (AOR) and will continue to be, especially as they have an increased impact on poisoning deaths in the region. ^[1]
- ➤ The trend continues of mixing fentanyl and other synthetic opioids into other drugs in the region's illicit drug supply, specifically cocaine and methamphetamine, as reported by both law enforcement and public health agencies. ^[1]
- Low-cost, high potency methamphetamine transported from the Southwest Border continues to saturate both rural and metropolitan drug markets, exemplified by methamphetamine being ranked the most available drug in the Midwest HIDTA AOR by LES respondents. [1]
- ➤ The level of violence and crime surrounding methamphetamine production, trafficking, and use will also remain a threat to both law enforcement officials and the public. ^[1]

Nebraska Outlook

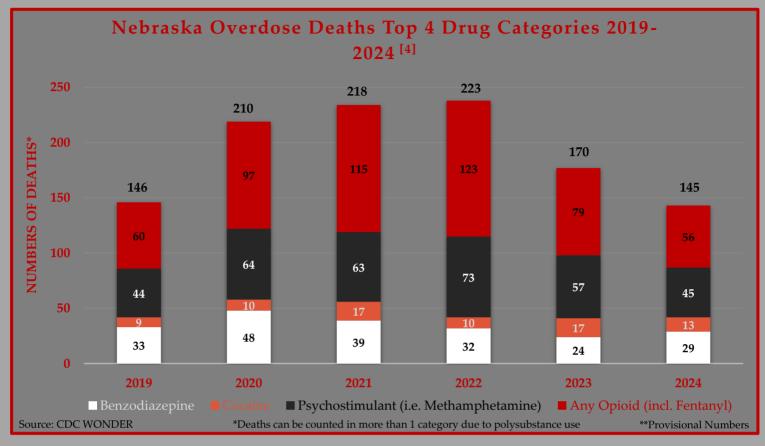
The LES responses for Nebraska varied slightly from the overall Midwest HIDTA results, with methamphetamine as the primary threat and fentanyl as the secondary threat in the state, while the PHS results ranked methamphetamine as the top threat.^[1] The Nebraska LES responses indicated the availability and usage of methamphetamine was "high." The majority of LES results pertaining to fentanyl in pill form revealed the availability and usage was also "high." Whereas the majority of the results regarding fentanyl in powder form showed its availability and usage to be "moderate." ^[1]

<u>Nebraska National Survey of Substance Abuse Treatment Services – 2023</u>

As of March 31, 2023, which is the most current survey available, there were 103 treatment facilities in Nebraska, 66 of which were private non-profit (64.1%), 23 private for-profit (22.3%), 7 local/county/community (6.8%), 3 federally (2.9%), and 4 tribal (3.9%) government operated. These facilities were treating 5,223 clients, the majority of which were on an outpatient basis, 4,591 (87.9%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 94.2% (97), private health insurance 88.3% (91), Medicare 47.6% (49), Medicaid 92.2% (95), IHS/Tribal/Urban (ITU) funds 15.5% (16), and treatment at no charge or minimal payment for clients who could not pay 48.5% (50).^[3]







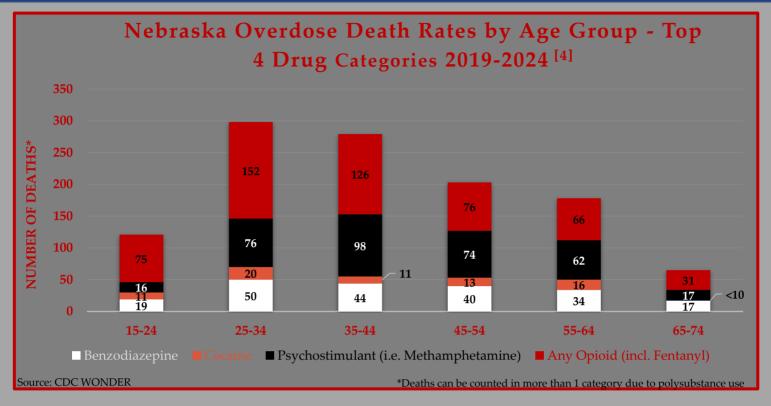
- ➤ Psychostimulant overdose deaths decreased 2.3% (44 to 45) from 2019 to 2024 [4]
- Any opioid deaths decreased 6.7% (60 to 56) from 2019 to 2024, of these total opioid deaths, 74% were associated to synthetic opioids (392 of 530) [4]
- From 2019 to 2024, the overall overdose numbers decreased 0.7% (146 to 145), with a provisional decline of 14.7% (170 to 145) from 2023 to 2024; the highest annual % decrease was from 2022/2023, 23.8% (223 to 170) [4]



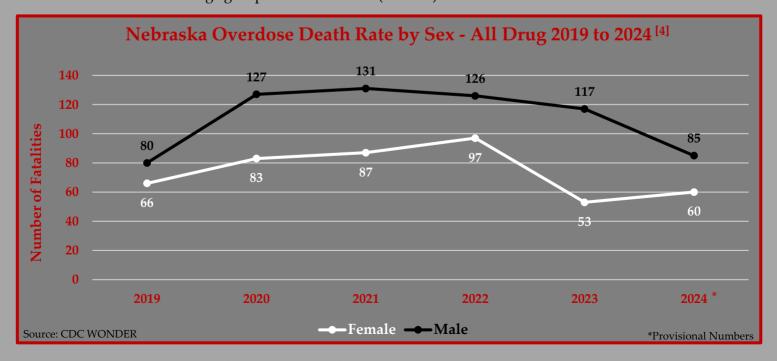
The above heatmap is a visual representation of the 87 suspected overdoses **reported to** ODMAP from September 1, 2024, to August 31, 2025. The use of naloxone was reported at 16 of these incidents. NOTE: Legislation has been passed requiring statewide submission into ODMAP, which is anticipated to initiate in October 2025.







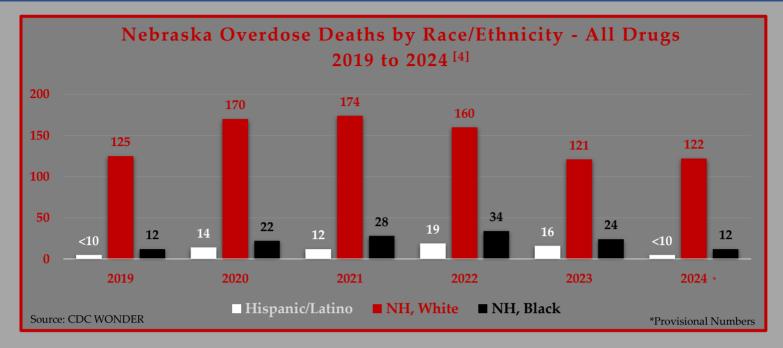
- There was an 163.2% increase in benzodiazepine overdose fatalities between age groups 15-24 and 25-34 (19 to 50), and a 50% decrease between age groups 55-64 and 65-74 (34 to 17) [4]
- ➤ There was an 81.8% increase in cocaine overdose fatalities between age groups 15-24 and 25-34 (11 to 20) [4]
- ➤ There was an 375% increase in psychostimulant overdose fatalities between age groups 15-24 and 25-34 (16 to 76), and a 72.6% decrease between age groups 55-64 and 65-74 (62 to 17) [4]
- ➤ There was an 102.7% increase in opioid overdose fatalities between age groups 15-24 and 25-34 (75 to 152), and a 53% decrease between age groups 55-64 and 65-74 (66 to 31) [4]



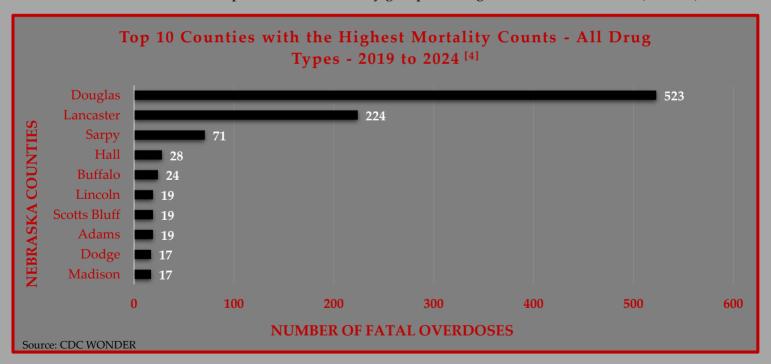
- From 2019 to 2024, the number of male overdose fatalities increased 6.3% (80 to 85), with the largest year to year changes being 2019/2020, +58.8% (80 to 127), and -27.4% (117 to 85) from 2023/2024 [4]
- From 2018 to 2023, the number of female overdose fatalities decreased 9.1% (66 to 60), with the largest year to year changes being 2022/2023, -45.4% (97 to 53), and +25.8% (66 to 83) from 2019/2020 [4]







- From 2019 to 2020, the "NH, Black" ethnicity group had the greatest increase, 83.3% (12 to 22); this ethnicity group had a decrease of 50% (24 to 12) from 2023 to 2024 [4]
- From 2019 to 2020, the "NH, White" ethnicity group had its largest increase, +36% (125 to 170); this ethnicity group had an increase of 0.8% (121 to 122) from 2023 to 2024 [4]
- From 2021 to 2022, the "Hispanic/Latino" ethnicity group had its greatest increase, +58.3% (12 to 19) [4]



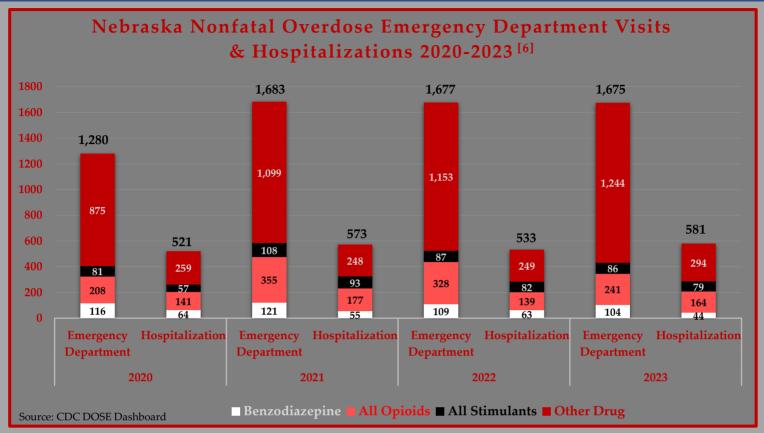
Nine of the top ten counties with the highest fatal overdose counts were also in the top ten most populated counties in Nebraska, with the lone exception being Adams County, which was ranked eleventh in population in 2025 estimates. [5] The top four counties with the highest fatal overdose counts were nearly consistent regardless of the drug type. [4]

Overdose Deaths – Top 4 Drug Categories – 2019-2024

- Any Opioid OD deaths: Douglas (296), Lancaster (113), Sarpy (37), and Hall (10) [4]
- ▶ Benzodiazepine OD deaths: Douglas (92), Lancaster (60), and Sarpy (21) [4]
- ➤ Cocaine OD deaths: Douglas (51), and Lancaster (16) [4]
- ➤ Psychostimulant OD deaths: Douglas (182), Lancaster (85), and Sarpy (17) [4]







- Emergency Department visits reported to be associated with "All Opioids" increased 15.9% from 2020 to 2023 (208 to 241) [6]
- ► Hospitalizations reported to be associated with "All Stimulants" increased 38.6% from 2020 to 2023 (57 to 79) [6]

HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT								
	FENTANYL (GRAMS)			FENTANYL PILLS (GRAMS)			METH/ICE (GRAMS)		
	2023	2024	TOTAL	2023	2024	TOTAL	2023	2024	TOTAL
CODE DRUG TASK FORCE (DTF)	0	0	0	717	521	1,238	4,985	3,665	8,650
GREATER OMAHA SAFE STREETS TF	901	1,018	1,919	44,327	14,289	58,616	34,069	115,095	149,164
LINCOLN/LANCASTER DTF	1	19	20	809	1,943	2,752	14,828	8,160	22,988
NEBRASKA INTERDICTION SUPPORT	5,260	15,226	20,486	0	5,870	5,870	65,967	109,708	175,675
OMAHA DEA DTF	8,100	19,282	27,382	3,385	10,462	13,847	475,830	259,748	735,578
OMAHA METRO DTF	151	663	814	73,119	8,468	81,587	264,460	109,000	373,460
TRI-CITY DRUG ENFORCEMENT TEAM	0	251	251	738	8,230	8,968	11,002	25,392	36,394
WING DTF	36	18	54	8,114	1,698	9,812	3,281	4,208	7,489
TOTALS	14,449	36,477	50,926	131,209	51,481	182,690	874,422	634,976	1,509,398

- ➤ Approximately 289.3 lbs. of fentanyl pills were seized in 2023 (a lb. of pills converts to approximately 4,500 dosage units (DU)); this equates to approximately 1,301,850 pills (with 70% containing a lethal dose in 2023) totaling approximately 911,295 potential lethal doses [7]
- Approximately 113.5 lbs. of fentanyl pills were seized in 2024; this equates to approximately 510,750 (with 50% containing a lethal dose in 2024) totaling approximately 255,375 potential lethal doses [7]
- ➤ Combining the potential lethal doses of non-pill form fentanyl, 25,463,000 doses (2mg is a potential lethal dose per the DEA laboratory), with the total number of potential lethal DU (1,166,670), equals approximately 26,629,670 potentially lethal doses of fentanyl seized in 2023 and 2024. [7]





REFERENCES

- 1. Midwest HIDTA 2025 Threat Assessment Report; Midwest HIDTA Intelligence Support Center; pages 4, 11-29.
- 2. Drug Enforcement Administration, Press Release (December 16, 2024), *Overdose Deaths Decline, Fentanyl Threat Looms*; https://www.dea.gov/press-releases/2024/12/16/overdose-deaths-decline-fentanyl-threat-looms
- 3. Substance Abuse and Mental Health Service Administration, National Substance Use and Mental Health Services Survey, 2023 Nebraska State Profile, https://www.samhsa.gov/data/report/2023-n-sumhss-state-profiles
- 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 in September 2025, at http://wonder.cdc.gov/mcd-icd10-provisional.html
- 5. World Population Review, Population of Counties in Nebraska (2025); https://worldpopulationreview.com/us-counties/nebraska
- 6. Centers for Disease Control and Prevention. Drug Overdose Surveillance and Epidemiology (DOSE) System: Nonfatal Overdose Emergency Department and Inpatient Hospitalization Discharge Data. Atlanta, GA: US Department of Health and Human Services, CDC; 2025, September 26. Access at: https://www.cdc.gov/overdose-prevention/data-research/facts-stats/dose-dashboard-nonfatal-discharge-data.html
- 7. Frazier, R. (September 2025), Midwest HIDTA Performance Management Process Data, 2024. Kansas City; Midwest HIDTA. Unpublished Data