



MIDWEST HIDTA IOWA OVERDOSE REPORT - 2023





Background Information

The results of the Midwest High Intensity Drug Trafficking Area (HIDTA) 2023 Threat Assessment revealed that fentanyl and methamphetamine were 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 first time fentanyl was ranked as the number one drug threat in the region, and was obtained due to it being a major contributor to drug poisoning deaths, and violent crime.

Ongoing Causes for Concern

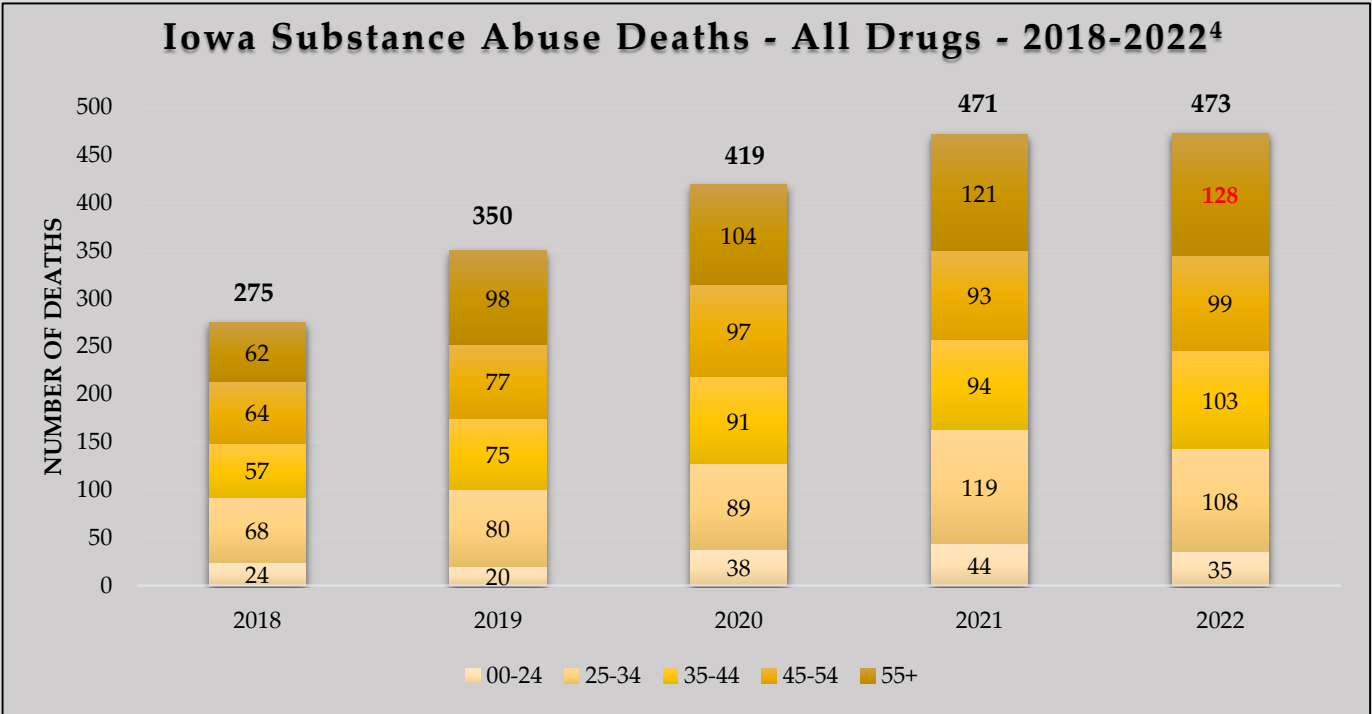
- Fentanyl will likely continue to pose the greatest overdose threat to the region as the supply is expected to increase.¹
- Drug Enforcement Administration (DEA) laboratory testing in 2022, revealed 6 out of 10 fentanyl-laced counterfeit prescription pills now contain a potentially lethal dose of fentanyl, 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 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

Iowa Outlook

The LES responses for Iowa had slight deviations from the overall Midwest HIDTA results, ranking **methamphetamine as the primary threat** and fentanyl as the secondary threat in the state.¹ The Iowa LES responses indicated the availability of methamphetamine was “high,” and the level of methamphetamine usage was “moderate” (20%) to “high” (80%). The LES results pertaining to fentanyl in pill form revealed the availability ranged from “low” (20%) to “high” (80%), and the level of usage fluctuated from “low” (20%), “moderate” (60%), to “high” (20%). Whereas the results regarding fentanyl in powder form showed its availability ranged from “low” (40%) to “moderate” (60%), while its percentage of usage had the most varied feedback, “unknown” (20%), “low” (40%), “moderate” (20%), to “high” (20%).

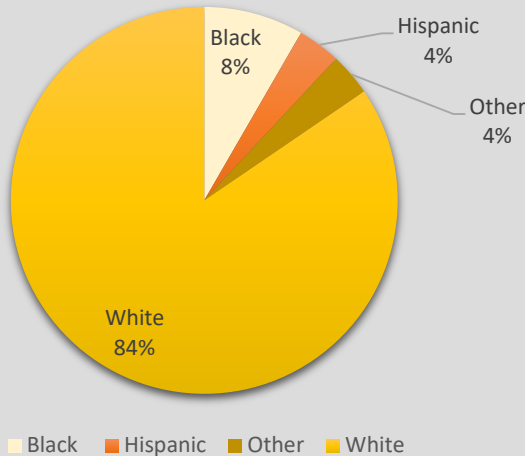
Iowa National Survey of Substance Abuse Treatment Services – 2020

As of March 31, 2020, there were 185 treatment facilities in Iowa, 143 of which were private non-profit (77.3%), 37 private for-profit (20.0%), 1 state (0.5%), 2 federally (1.1%), and 1 tribal (0.5%) government operated. These facilities were treating 8,013 clients, the majority of which were on an outpatient basis, 7,493 (93.5%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 98.9% (183), private health insurance 91.9% (170), Medicare 35.7% (66), Medicaid 94.6% (175), and treatment at no charge or minimal payment for clients who could not pay 43.2% (80).³



- The “55+” age group had the greatest increase - **106.5%** (62 to 128)
- The “35-44” age group had the second highest increase – **80.7%** (57 to 103)
- The “55+” age group had the highest total number of deaths with **513**

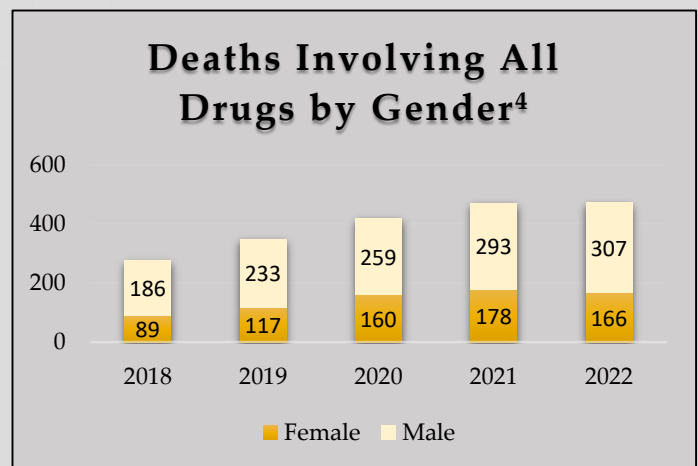
Iowa Overdose Deaths Involving All Drugs by Race 2018-2022⁴

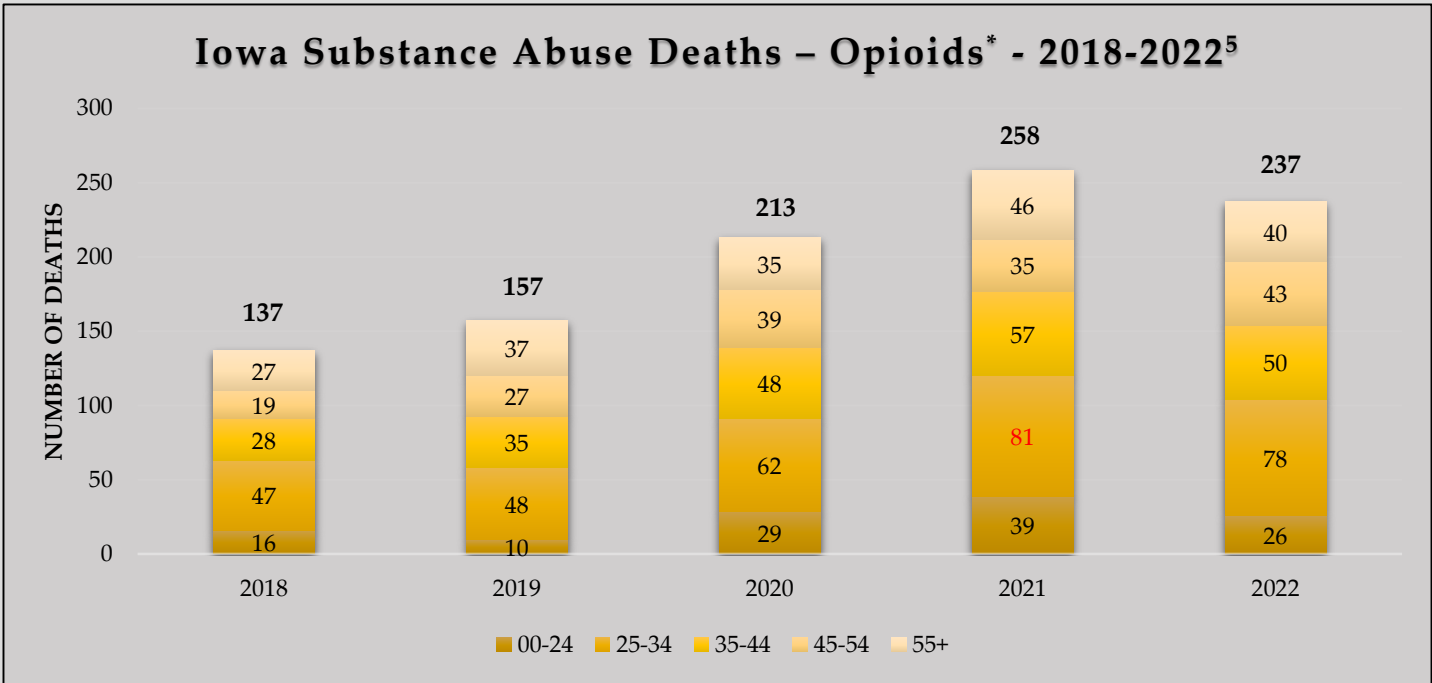


“Other” (American Indian or Alaska Native/Native Hawaiian & Other Pacific Islander/Asian/Etc.) overdose deaths had the greatest percentage increase, **+316.7%** (6 to 25)
 Black overdose deaths had the second largest percentage increase, **+264.3%** (14 to 51)

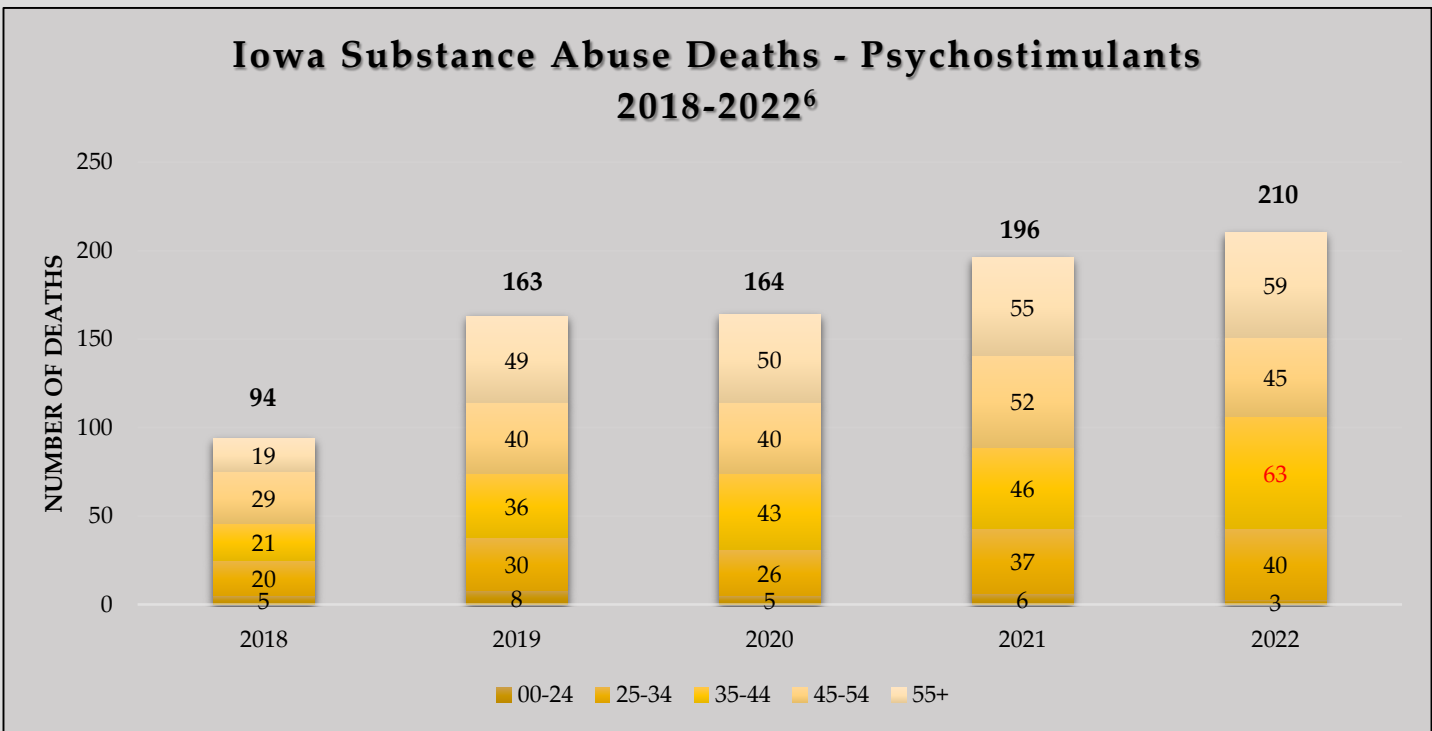
Iowa Drug Overdose Mortality Rates by Gender 2018-2022⁴

- Female overdose deaths **increased 86.5%** - from 89 to 166
- Male overdose deaths increased **65.1%** - from 186 to 307



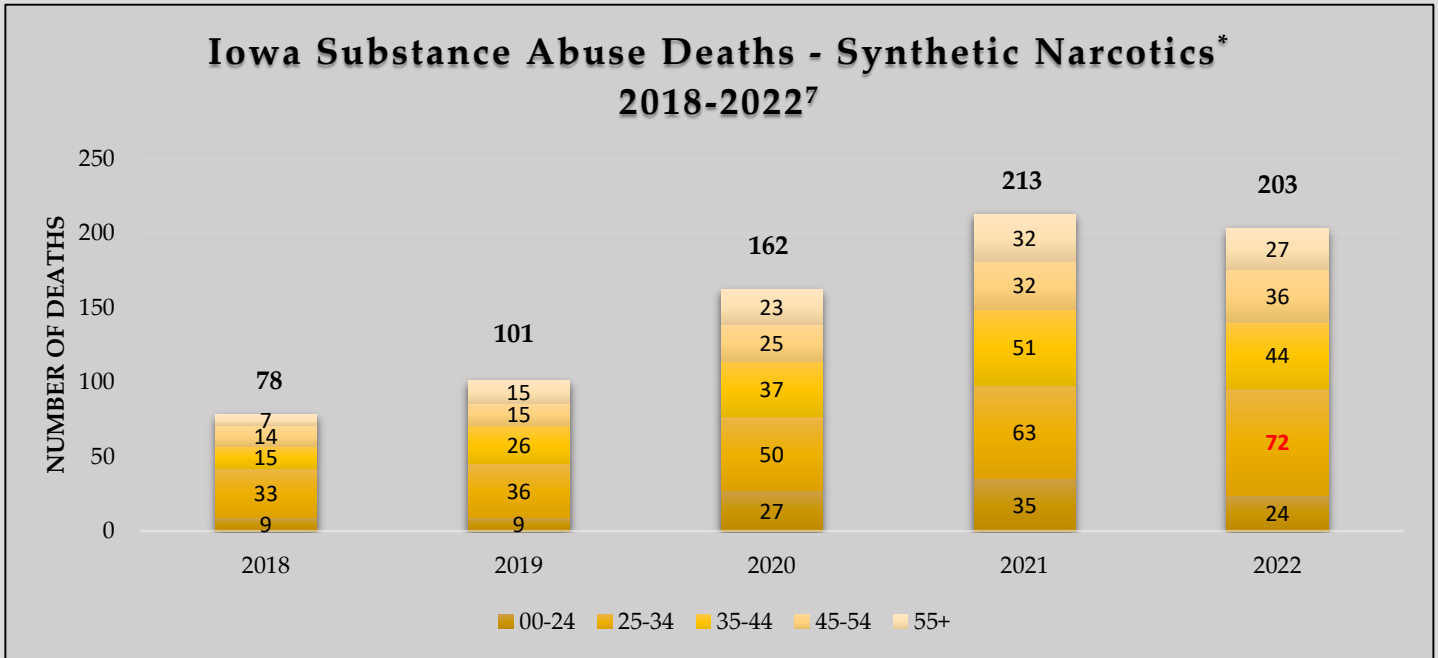


- The “45-54” age group had the greatest percentage increase, **+126.3%** (19 to 43)
- The “35-44” age group had the 2nd highest percentage increase, **+78.6%** (28 to 50)
- The “25-34” age group had the highest total number of deaths with **316**



- The “55+” age group had the greatest percentage increase, **+210.5%** (19 to 59)
- The “35-44” age group had the 2nd highest percentage increase, **+200%** (21 to 63)
- The “55+” age group had the highest total number of deaths with **232**

*Fentanyl-related deaths are included in both the Synthetic Narcotics and Opioids counts, due to the codes utilized in acquiring the initial data.



- The “55+” age group had the greatest percentage increase, **+285.7%** (7 to 27)
- The “35-44” age group had the 2nd highest percentage increase, **+193.3%** (15 to 44)
- The “25-34” age group had the highest total number of deaths with **254**

HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT							
	FENTANYL (GRAMS)				METH / "ICE" (GRAMS)			
	2020	2021	2022	TOTAL	2020	2021	2022	TOTAL
CEDAR RAPIDS DEA TF	64	1,100	480	1,644	56,005	57,420	73,157	186,582
DES MOINES DEA TF	7,500	454	3,765	11,719	32,761	80,084	182,782	295,627
IOWA INTERDICTION SUPPORT	0	17,549	3,000	20,549	906	88,165	105,154	194,225
MUSCATINE TF	0	0	31	31	63	130,425	5,547	136,035
TRI-STATE SIOUX CITY DEA TF	0	1,067	1,271	2,338	44,520	172,619	66,825	283,964
TOTALS	7,564	20,170	8,547	36,281	134,255	528,713	433,465	1,096,433

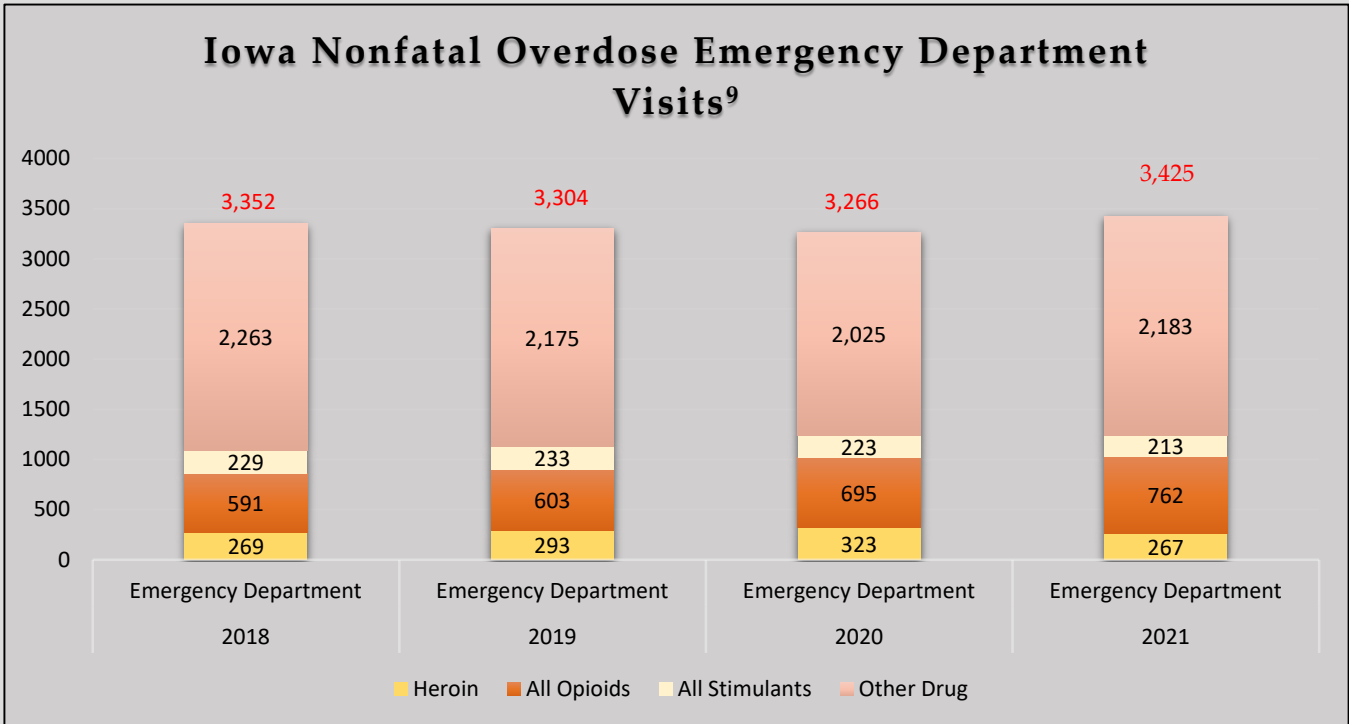
The above statistics for both fentanyl and methamphetamine, document the amounts seized by the Midwest HIDTA funded initiatives operating in Iowa. Over the past three years, these initiatives have seized over **18,140,500** potentially **lethal doses of fentanyl**, and almost **5,482,165** potentially **lethal doses of methamphetamine**.⁸

State Opioid Response Naloxone Distribution Statistics*

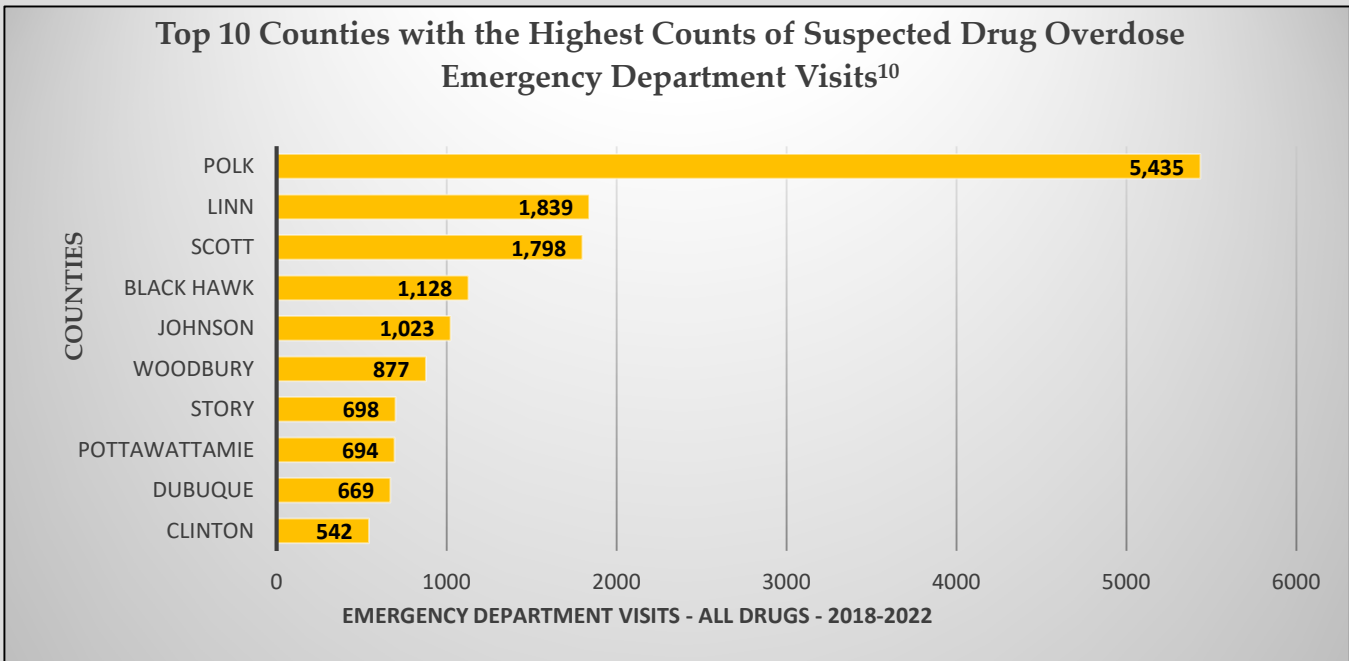
- From 09/30/2020-09/29/2021 – 4,314 Naloxone Kits Distributed
- From 09/30/2021-09-29-2022 – 7,216 Naloxone Kits Distributed
- From 09/30/2022-06/30/2023 (First 3 Quarters) – 8,614 Naloxone kits distributed - +11,000 kits projected.
- *According to numbers from the State Opioid Response quarterly reports, Iowa businesses, law enforcement initiatives, tele-naloxone, and board of pharmacy.



*Fentanyl-related deaths are included in both the Synthetic Narcotics and Opioids counts, due to the codes utilized in acquiring the initial data.



- Emergency department visits involving “All Opioids” had the greatest increase between 2018 and 2021 – **+29%** (591 to 762)⁹
- Emergency department visits involving “All Stimulants” had the greatest decrease between 2018 and 2021 - **-7%** (229 to 213)⁹



- The Top 10 Counties with the highest counts of suspected drug overdose emergency department visits, were also the in the top ten most populated counties in Iowa; the lone exception being Clinton County, which was ranked twelfth in population, according to the 2020 United States Census.



XYLAZINE - POTENTIAL IMPACT ON OVERDOSE NUMBERS

Xylazine is a sedative and muscle relaxant, approved for veterinary use, but is not approved for humans to use by the Food and Drug Administration (FDA); it is also not a controlled substance under the Controlled Substances Act (CSA). In April of 2023, the Office of National Drug Control Policy declared xylazine and the combination of xylazine and fentanyl an emerging threat.

Individuals who use opioids containing xylazine are higher risks for fatal overdoses, as it can worsen respiratory depression during an overdose. Since it is not an opioid, xylazine does not respond to the use of naloxone (an opiate analgesic). **However**, naloxone should still be utilized to combat the effects of the opioid, even if xylazine, or another adulterant, is suspected to be a contributing factor.

- Xylazine is commonly referred to as “tranq” or “tranq dope” by illicit users/distributors.
- Xylazine’s effects are purported to last longer, creating the illusion of a more sustained “high” from the fentanyl ingested.
- Illicit drugs containing xylazine are ingested multiple ways, to include orally, snorting, smoking, and intravenous injection (the most common).
- Users of illicit drugs containing xylazine, who become dependent, can develop substantial withdrawal symptoms, and severe necrotic skin ulcerations.

Xylazine is most commonly found mixed with fentanyl. In 2022, the DEA reported 7% of illegally manufactured fentanyl (IMF) pills and 23% of IMF powder that were seized contained xylazine. According to the Center for Disease Control (CDC), from January 2021-June 2022, xylazine was detected in 9.0% (4,859) of the 53,969 IMF-involved deaths, and co-involved in 6.9% (3,735); these numbers were obtained from 32 reporting jurisdictions, one of which was Iowa.¹¹

In Iowa, from January 2021-June 2022, there were between **1 and 9 IMF-involved overdose deaths with xylazine** detected; the **percentage of IMF-involved overdose deaths with xylazine** detected was **1.0% - 9.9%**.¹¹ The dramatic rise in the detection of xylazine in IMF, and in IMF-involved overdose deaths, could be a combination of increased veracity of testing procedures, and the actual increased presence of xylazine in the drug supply. As attempts are made to schedule xylazine, the presence of xylazine and other sedatives, i.e. medetomidine, will continue to require monitoring. History has shown that replacement substances/analogs have commonly surfaced following scheduling.

REFERENCES

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Most Frequently Asked Questions of the Midwest HIDTA Iowa Overdose Response Strategy (ORS) Team:

1) **Question-** What drug is causing the most overdose deaths in Iowa?

Answer- FENTANYL. Fentanyl is a Schedule II controlled substance, similar to morphine but about 100 times more potent. Fentanyl is typically used to treat patients with chronic severe pain or severe pain following surgery. Illicit fentanyl, primarily manufactured in foreign clandestine labs and smuggled into the United States through Mexico, is being distributed across the country and sold on the illegal drug market. According to the CDC, synthetic opioids (like fentanyl) are the primary driver of overdose deaths in the United States. Synthetic narcotics (**fentanyl**) were responsible for **203 overdose deaths in Iowa in 2022**, a **160.3% increase** from 2018 (78 to 203).⁷ Fentanyl-related deaths are also included in the opioid death numbers, which increased 73% between 2018-2022 (137 to 237).⁵

Fentanyl is mixed with other illicit drugs to increase the potency of the drug, sold as powders and nasal sprays, and increasingly pressed into pills made to look like legitimate prescription opioids. Because there is no official oversight or quality control, these counterfeit pills often contain lethal doses of fentanyl. Because of fentanyl's potency and low cost, drug dealers have been mixing fentanyl with other drugs including heroin, methamphetamine, and cocaine, to increase their profit margin; thereby increasing the likelihood of a fatal interaction.

2) **Question-** What are the signs of a fentanyl/opioid overdose?

Answer- Warning signs of an overdose include unresponsiveness or loss of consciousness; shallow or no breathing; limp body (though may be rigid with fentanyl); snoring, choking or gurgling sounds; small/constricted, 'pinpoint' pupils; cold or clammy skin, discolored lips or fingernails (pale blue).

3) **Question-** How much fentanyl does it take to cause an overdose and possible death?

Answer- Two milligrams of fentanyl can be lethal depending on a person's body size, tolerance and past usage. Drug trafficking organizations typically distribute fentanyl by the kilogram. One kilogram of fentanyl has the potential to kill 500,000 people.
<https://www.dea.gov/resources/facts-about-fentanyl>.

4) **Question-** Can I assume that any drug purchased illegally will contain fentanyl?

Answer- YES. The majority of illicit pills contains fentanyl; 82.3% of opioid-involved overdose deaths involved synthetic opioids. **There is no way of knowing if it contains a lethal dose until it is too late.** (<https://www.cdc.gov/drugoverdose>) DEA laboratory testing in 2022, revealed **6 out of 10 fentanyl-laced counterfeit prescription pills now contain a potentially lethal dose of fentanyl**, up from 4 out of 10 in 2021.



- 5) **Question-** Is there a medication I can give to someone who is experiencing a drug overdose from an opioid/fentanyl?

Answer- Yes. Naloxone (brand names Narcan and Evzio) is a medicine that rapidly reverses an opioid overdose by blocking the effects of opioids in the brain. It can restore normal breathing within 2 to 3 minutes in a person whose breath has slowed, or even stopped, as a result of opioid overdose. More than one dose of naloxone may be required when stronger opioids like fentanyl are involved.

- 6) **Question-** Can anyone access naloxone in Iowa, and if so, how?

Answer- YES. The state of Iowa has established a system through the Iowa Division of Public Health to provide free Narcan (naloxone) nasal spray to individuals from a local community-based pharmacy, or by speaking with a pharmacist from the University of Iowa's Tele-Naloxone program, and have free naloxone sent to their home. You can learn more about this program by going to <https://www.naloxoneiowa.org>. Iowa businesses, organizations, and schools can also request free naloxone for use in case on an on-site overdose emergency. Additionally, following approval by the Food and Drug Administration, naloxone became available in September of 2023 for non-prescription, over-the-counter purchase; the approximate cost for two dosage units is \$45.

- 7) **Question-** What if I come across someone I think may be experiencing a fentanyl/ opioid overdose? Should I administer naloxone?

Answer- YES. Naloxone is used to temporarily reverse the effects of an opioid overdose. Naloxone should be given right away and does not take the place of emergency medical care. Call for emergency medical help right away after giving naloxone, even if the person wakes up. Based on the amount of opioids in a person's system, a repeat dose may be necessary and can be given 2 to 3 minutes after the initial dose. Naloxone is safe and effective in children for known or suspected opioid overdose. Naloxone will NOT harm someone who does not have opioids in their system. If someone is having a medical emergency other than an opioid overdose, giving them naloxone will not have any effect or cause them additional harm. www.cdc.gov

- 8) **Question** – What should we be aware of regarding the emerging threat of Xylazine?

Answer - Xylazine is a sedative and muscle relaxant, that is approved for veterinary use; it is also not a controlled substance under the Controlled Substances Act (CSA). Since it is not an opioid, **xylazine does not respond to the use of naloxone**. However, xylazine is most commonly found mixed with fentanyl, which is a controlled substance, and the possession of which can lead to criminal charges. **Reiterating the primary issue is still the delivery substance adulterated with xylazine, typically fentanyl, not the simply the xylazine itself at this time.**