



MIDWEST HIDTA NEBRASKA 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, and was obtained due to it being a major contributor to drug poisoning deaths, and violent crime.

Ongoing Causes for Concern

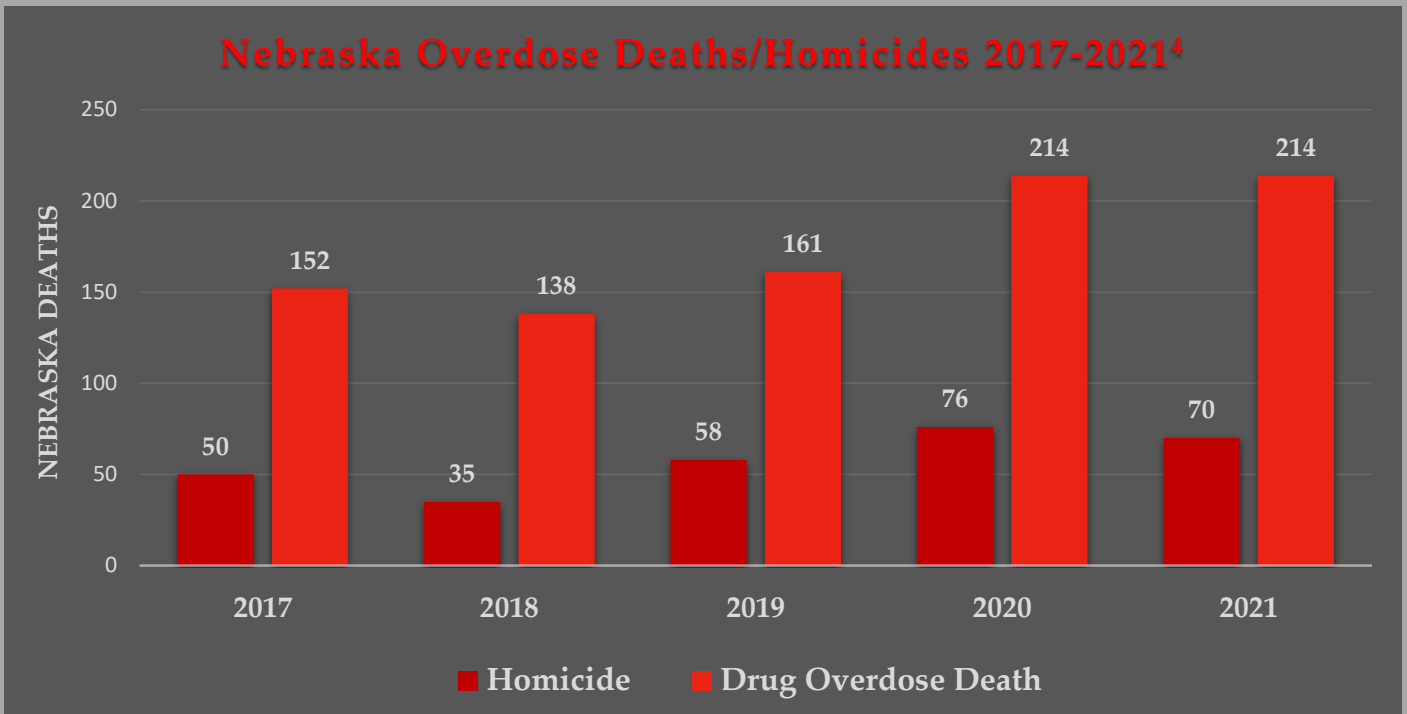
- Fentanyl will likely continue to pose the greatest threat to the region as the supply is expected to increase.¹
- Drug Enforcement Administration (DEA) laboratory testing in 2023, revealed **7 out of 10** fentanyl-laced counterfeit prescription pills now contain a potentially lethal dose of fentanyl, 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 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

Nebraska Outlook

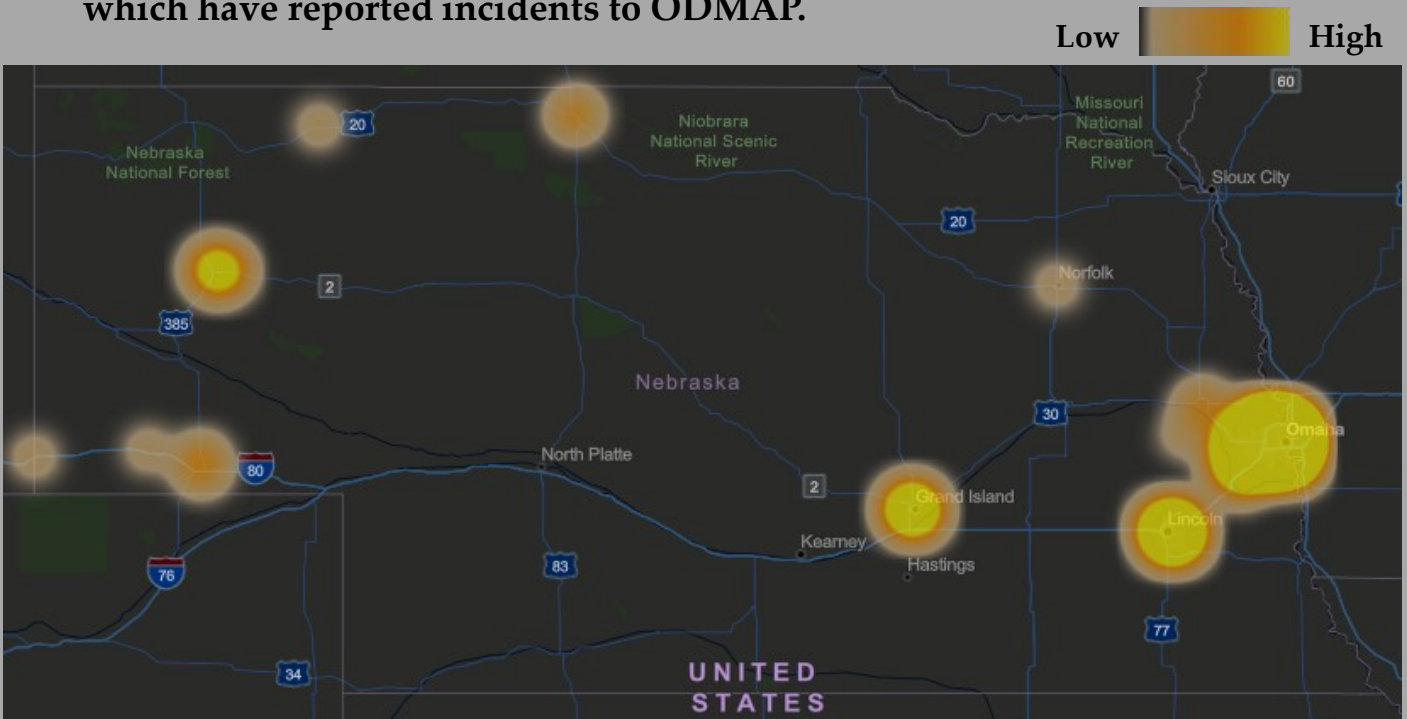
The LES responses for Nebraska had slight deviations from the overall Midwest HIDTA results, with **methamphetamine and fentanyl being tied as the primary threats** in the state, while the PHS results ranked methamphetamine as the top threat.¹ The Nebraska LES responses indicated the availability of methamphetamine was “high,” and the level of methamphetamine usage was also “high” (100%). The LES results pertaining to fentanyl in pill form revealed the availability ranged from “moderate” (30%) to “high” (70%), and the level of usage also fluctuated from “moderate” (30%), to “high” (70%). Whereas the results regarding fentanyl in powder form showed its availability ranged from “low” (30%), “moderate” (50%), to “high” (20%), while its percentage of usage had the most varied feedback, “unknown” (10%), “low” (40%), “moderate” (30%), to “high” (20%).

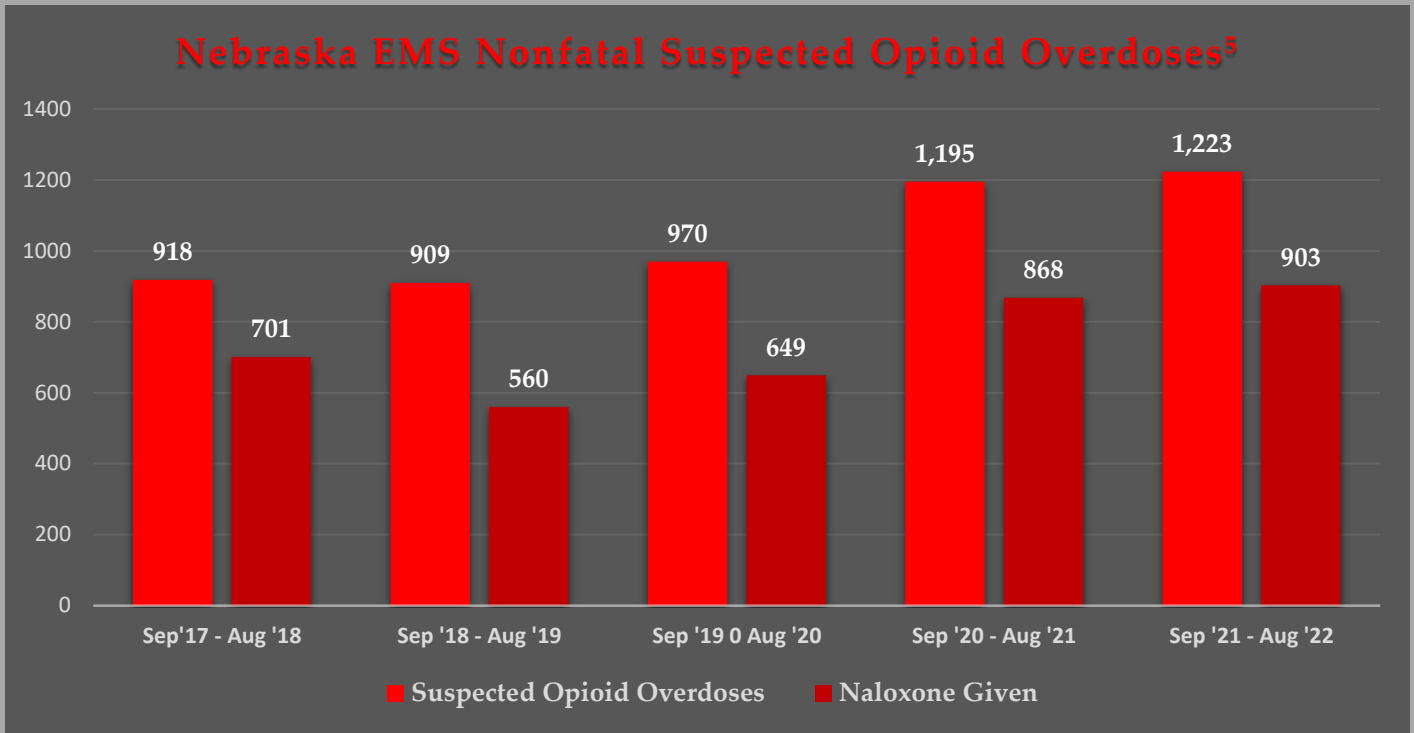
Nebraska National Survey of Substance Abuse Treatment Services – 2020

As of March 31, 2020, there were 123 treatment facilities in Nebraska, 74 of which were private non-profit (60.2%), 29 private for-profit (23.6%), 6 local/county/community (4.9%), 1 state (0.8%), 5 federally (4.1%), and 8 tribal (6.5%) government operated. These facilities were treating 3,554 clients, the majority of which were on an outpatient basis, 3,148 (88.6%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 87% (107), private health insurance 80.5% (99), Medicare 35.0% (43), Medicaid 86.2% (106), IHS/Tribal/Urban (ITU) funds 23.6% (29), and treatment at no charge or minimal payment for clients who could not pay 43.2% (80).³



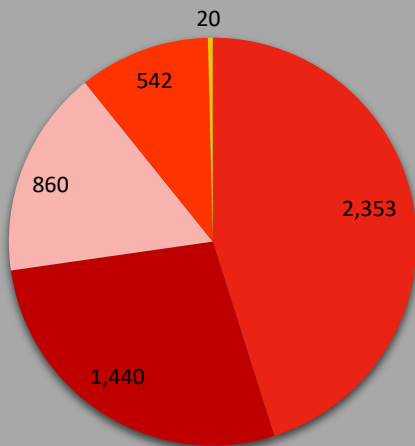
- Both the drug overdose deaths (all drugs), 152 to 214, and the homicides in Nebraska, 50 to 70, **increased by 40%** from 2017 to 2021⁴
- The heatmap below is a visual representation of all 430 overdoses in Nebraska reported to ODMAP between August 31, 2022 to August 31, 2023; naloxone was reportedly used at 150 of the incidents, and 57 were suspected to be fatal. NOTE: There are 45 ODMAP accounts in Nebraska, only 15 of which have reported incidents to ODMAP.





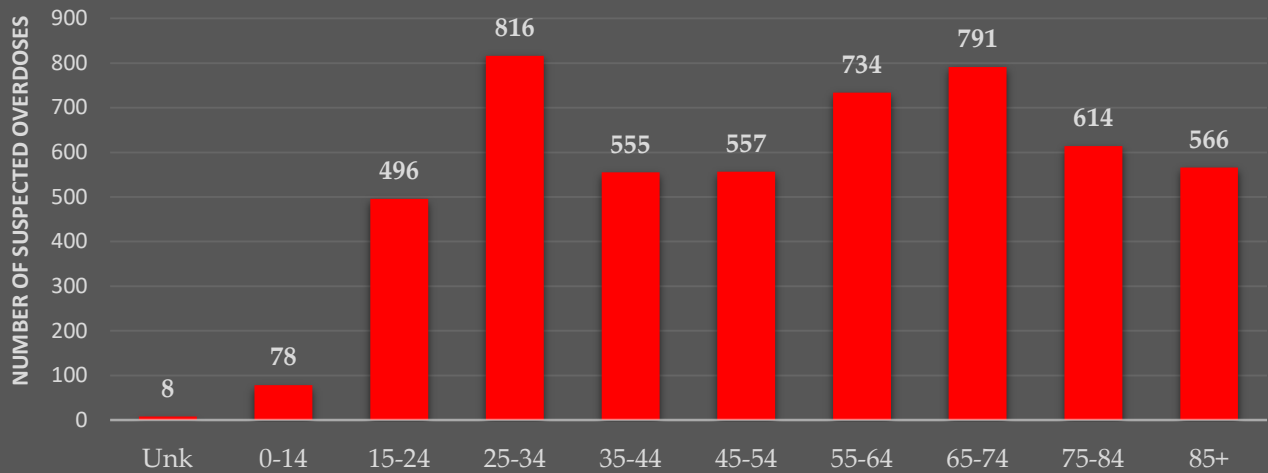
- From September 2017 to August 2022, Nebraska Emergency Medical Services (EMS) averaged 226,448 incidents per year.⁵
- During this time frame, suspected opioid overdoses **increased 35.7%**, from 918 to 1,223 incidents.⁵
- The use of naloxone during this time span also increased, by 28.8%, from 701 to 903 incidents where naloxone was given.⁵

Nebraska EMS Suspected Opioid Incident Locations



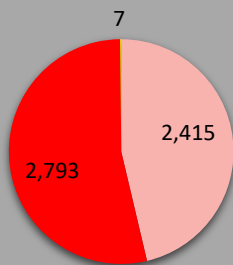
- 45.1% of the suspected opioid overdoses occurred in metropolitan locations (+50k residents)⁵
- 27.6% of the suspected opioid overdoses occurred in micropolitan locations (10k to 50k residents)⁵
- 16.5% of the suspected opioid overdoses occurred in small towns (<10k residents)⁵
- 10.4% of the suspected opioid overdoses occurred in rural areas (<500 per sq. mile, <2,500 residents)⁵

Nebraska Age Groups - Suspected Opioid Overdoses 2017-2022⁵



- The age group 25-34 years old had the **highest percentage** of suspected opioid overdoses from 2017-2022, with **15.7%** of the reported incidents⁵
- The age group with the second highest percentage of suspected opioid overdoses from 2017-2022, with 15.2%, was the 65-74 years old, followed by the 55-64 years old at 14.1%⁵

Nebraska Suspected Nonfatal Opioid Overdoses by Sex 2017-2022

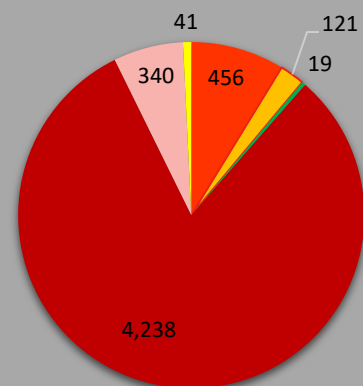


Female Male Unk

- 2,414 of the 5,215 Suspected Opioid Overdoses were female, 46.3 %⁵
- 2,793 of the 5,215 Suspected Opioid Overdoses were male, 53.6%⁵

Nebraska Suspected Nonfatal Opioid Overdoses by Race 2017-2022

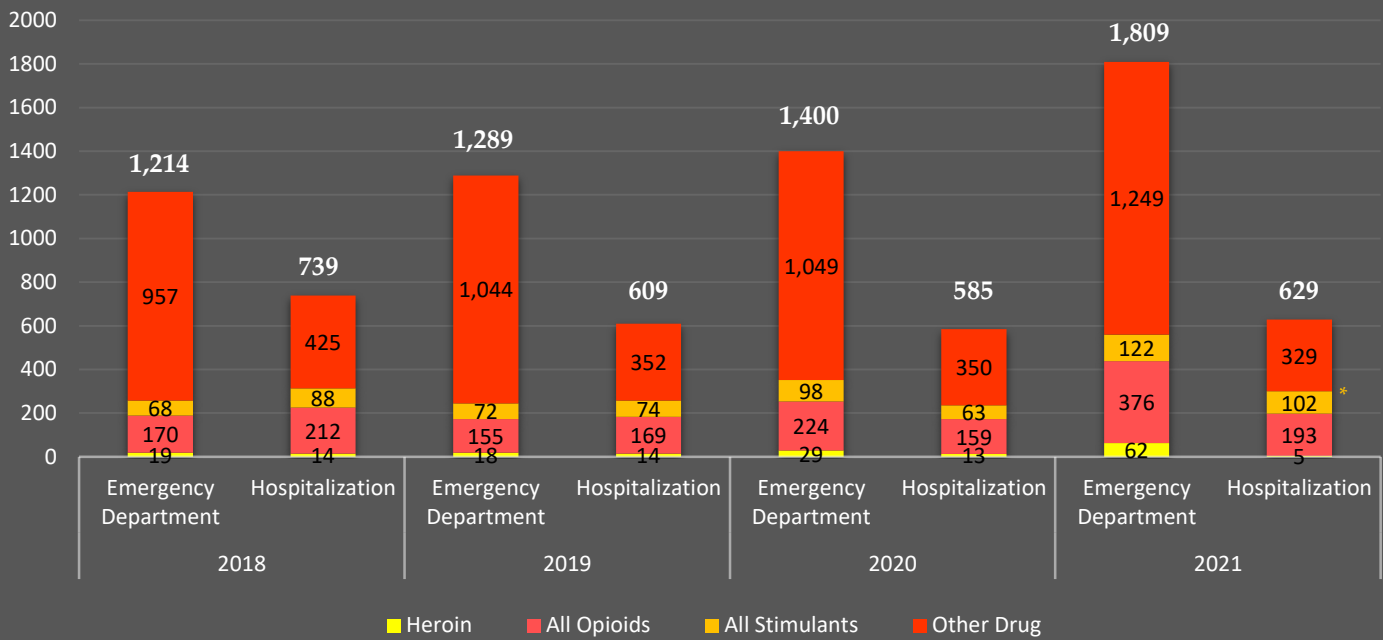
- Black nonfatal opioid-involved overdose (NFOO) rates had the **greatest increase**, **+142.0%**, 56.6 to 137 (per 100,000 residents)⁵
- White NFOO rates had the second largest percentage increase, **+23.6%**, 45.4 to 56.1 (per 100,000 residents)⁵
- Asian rates may be unreliable due to the small number of NFOO on an annual basis, **≤6** ⁵



Black AIAN Asian White Multi/Other Unk



Nebraska Nonfatal Overdose Emergency Department Visits & Hospitalizations⁶



- Emergency department visits involving “Heroin” had the greatest increase between 2018 and 2021 – **226.3%** (19 to 62)⁶
- Emergency department visits involving “All Opioids” had the second largest increase between 2018 and 2021 – **121.2%** (170 to 376)⁶
- In patient hospitalizations involving “All Stimulants” had the greatest increase between 2018 and 2021 – **15.9%** (88 to 102)⁶
- In patient hospitalizations involving “Heroin” had the greatest decrease between 2018 and 2021 – **67.9%** (14 to 5)⁶

HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT							
	FENTANYL (GRAMS)				METH / "ICE" (GRAMS)			
	2020	2021	2022	TOTAL	2020	2021	2022	TOTAL
CODE DRUG TASK FORCE (DTF)	43	126	255	424	1,491	5,417	3,908	10,816
GREATER OMAHA SAFE STREETS TF	193	549	51	793	22,660	26,268	26,917	75,845
LINCOLN/LANCASTER DTF	0	0	1,150	1,150	18,477	42,994	15,710	77,181
NEBRASKA INTERDICTION SUPPORT	6	11,623	11,208	22,837	7,620	54,629	120,307	182,556
OMAHA DEA DTF	3,536	10,111	23,619	37,266	152,791	134,101	329,674	616,566
OMAHA METRO DTF	1,130	2,476	169	3,775	43,467	100,998	93,311	237,776
TRI-CITY DRUG ENFORCEMENT TEAM	0	0	27	27	22,266	16,549	14,862	53,677
WING DTF	133	327	1,592	2,052	1,163	6,565	1,612	9,340
TOTALS	5,041	25,212	38,071	68,324	269,935	387,521	606,301	1,263,757

The above statistics for both fentanyl and methamphetamine, document the amounts seized by the Midwest HIDTA funded initiatives operating in Nebraska. Over the past three years, these initiatives have seized over **34,000,000** potentially **lethal doses of fentanyl**, and over **6,250,000** potentially **lethal doses of methamphetamine**.⁷



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**, it 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 Nebraska.¹⁰

In Nebraska, from January 2021-June 2022, there were **0 IMF-involved overdose deaths with xylazine** detected; the **percentage of IMF-involved overdose deaths with xylazine** detected was also **0.0%**.⁸ The potential for a rise in the detection of xylazine in IMF, and in IMF-involved overdose deaths, could increase as the veracity of testing procedures improves, and if the presence of xylazine in the drug supply actually increases. 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/analogues have commonly surfaced following scheduling.

REFERENCES

1. Midwest HIDTA 2023 Threat Assessment Report; Midwest HIDTA Intelligence Support Center; pages 9-16, 71.
2. DEA *Public Safety Alert*; <https://www.dea.gov/alert/dea-laboratory-testing-reveals-6-out-10-fentanyl-laced-fake-prescription-pills-now-contain>.
3. Substance Abuse and Mental Health Service Administration, National Survey of Substance Abuse Treatment Services, 2020 Nebraska State Profile, https://www.samhsa.gov/data/quick-statistics-results?qs_type=nssats&state=Nebraska&year=2020.
4. Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS), NCHS Pressroom, Stats of the States, Nebraska Overdose Deaths/Homicides, 2017-2021: https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm.
5. Nebraska Emergency Medical Services (EMS) Nonfatal Opioid-Involved Overdose Five-Year Surveillance Report, September 2017-August 2022; <https://dhhs.ne.gov/Reports/EMS%20Opioid%20Overdose%20Five-Year%20Surveillance%20Report%202017-2022.pdf>.
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, 2023, September, 15. Access at: <https://www.cdc.gov/drugoverdose/nonfatal/dose/discharge/dashboard/index.html>
7. Midwest HIDTA Performance Management Process Data, 2022.
8. Kariisa M, O’Donnell J, Kumar S, Mattson CL, Goldberger BA. Illicitly Manufactured Fentanyl-Involved Overdose Deaths with Detected Xylazine – United States, January 2019–June 2022. *MMWR Morb Mortal Wkly Rep* 2023;72:721–727. DOI: <http://dx.doi.org/10.15585/mmwr.mm7226a4>
9. Office of National Drug Control Policy, ODMAP, <https://www.hidtaprogram.org/odmap.php>.



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

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

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. Illicitly manufactured fentanyl (IMF), 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 IMF's) are the primary driver of overdose deaths in the United States. IMF's were responsible for **83 overdose deaths in Nebraska in 2021**, a **53.7% increase** from 2020 (54 to 83).⁴

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 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.



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 Nebraska, and if so, how?

Answer - YES. The state of Nebraska has established a system through the Nebraska Division of Health and Human Services, to provide free Narcan (naloxone) nasal spray to individuals who are at risk, or who know someone at risk for an opioid overdose. You can learn more about this program by going to [StopOverdoseNebraska \(stopodne.com\)](http://StopOverdoseNebraska(stopodne.com)); this site also includes a list of the participating pharmacies who offer naloxone at no charge. The Naloxone Program is funded in whole by a grant from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, administered through the Nebraska Department of Health and Human Services, Division of Behavioral Health.

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.**

9) **Question** - What is the purpose of ODMAP (Overdose Mapping and Application Program), and how can an account established?

Answer - "ODMAP is a free, web-based tool that provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events."⁹ Additional information regarding ODMAP, including how to establish an account can be found at <https://www.hidtaprogram.org/odmap.php>.⁹