



MIDWEST HIDTA NORTH DAKOTA OVERDOSE REPORT - 2023



MIDWEST HIDTA – EXECUTIVE DIRECTOR DANIEL W. NEILL



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

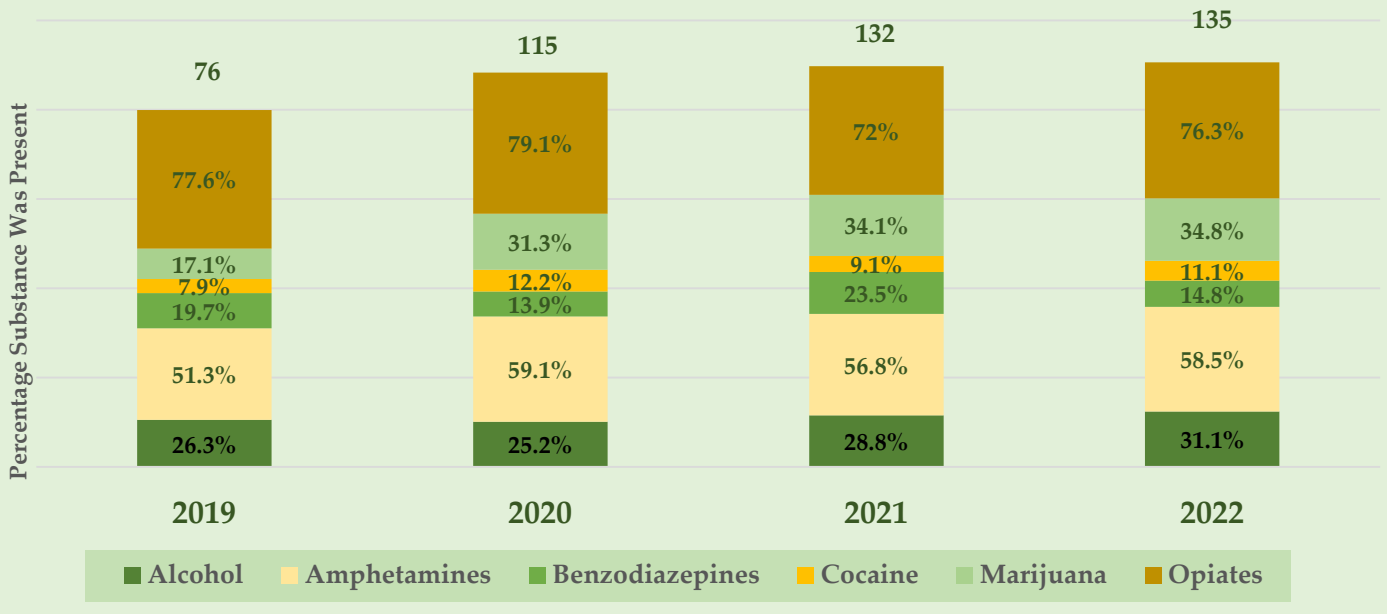
North Dakota Outlook

The LES responses for North Dakota were consistent with the overall Midwest HIDTA results, ranking **fentanyl as the primary threat** and methamphetamine as the secondary threat in the state. The North Dakota LES responses indicated the availability of methamphetamine ranged from “moderate” (25%) to “high” (75%) and the level of methamphetamine usage was “high” (100%). The LES results pertaining to fentanyl in pill form revealed the availability and usage were both “high” (100%). Whereas the results regarding fentanyl in powder form showed its availability ranged from “low” (50%), to “moderate” (50%), while its percentage of usage varied from “low” (75%), to “high” (25%).¹

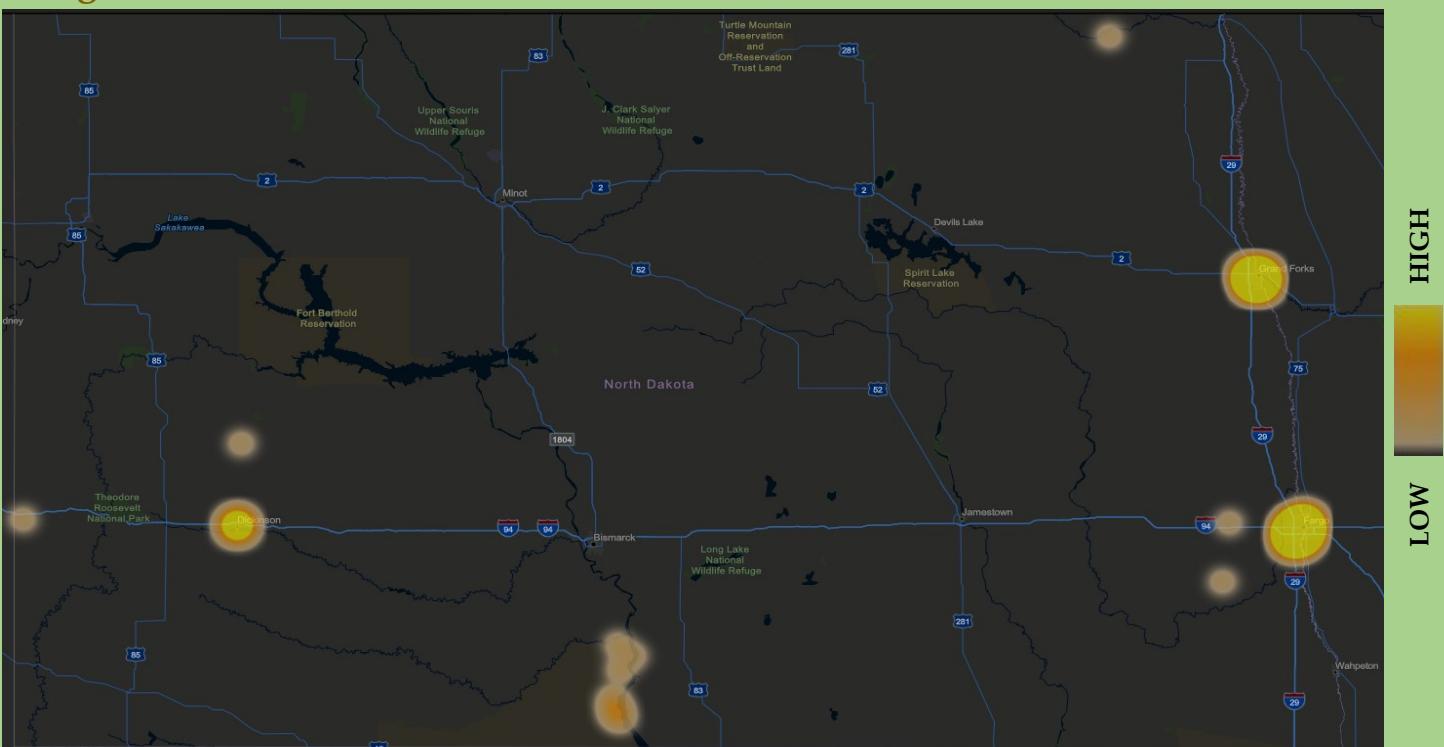
North Dakota National Survey of Substance Abuse Treatment Services – 2020

As of March 31, 2022, there were 64 treatment facilities in North Dakota, 28 of which were private for-profit (43.8%), 23 private non-profit (35.9%), 8 state government (12.5%), 3 tribal government (4.7%), 1 local/county/community (1.6%), and 1 federal government (1.6%) operated. These facilities were treating 6,295 clients, the majority of which were on an outpatient basis, 6,016 (95.6%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 59 (92.2%), private health insurance 47 (73.4%), Medicare 24 (37.5%), Medicaid 40 (62.5%), IHS/Tribal/Urban (ITU) funds 22 (34.4%), and treatment at no charge or minimal payment for clients who could not pay 25 (39.1%).³

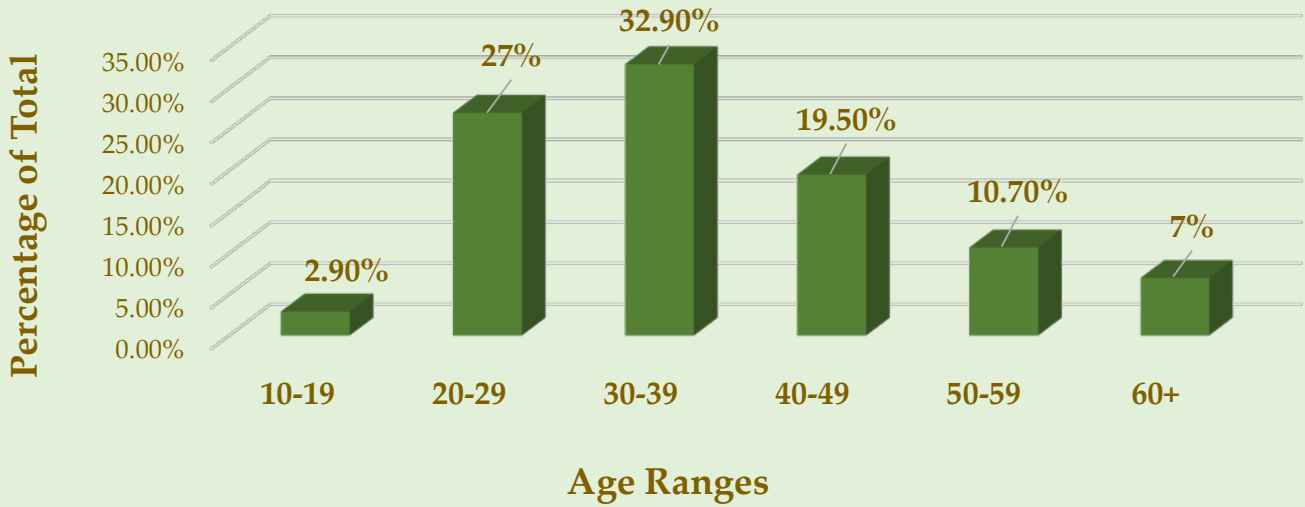
North Dakota Unintentional Poisoning Deaths 2019-2022⁴



- The unintentional poisoning deaths increased 77.6% (76 to 135), from 2019 to 2022.⁴
- Opiates were present in the highest percentage of the deaths, averaging 76.3% annually over the four-year period, followed by amphetamines at 56.4%⁴
- The heatmap below is a visual representation of the 393 total suspected overdoses reported to ODMAP from January 1, 2019, to December 31, 2022. ODMAP received the presented data from participating law enforcement agencies within North Dakota



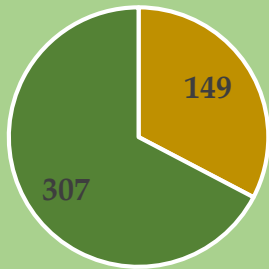
North Dakota Overdose Deaths by Age Group - 2019 to 2022⁵



- The age ranges from 20 to 39 accounted for almost 60% of the total drug related deaths from 2019 to 2022⁵
- Whereas the age ranges 10-19 and 60+ comprised just less than 10% of the total drug related deaths from 2019 to 2022⁵

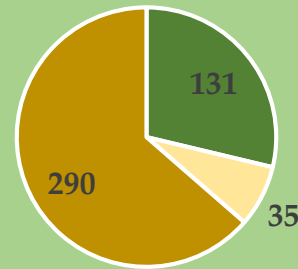
North Dakota Unintentional Drug Overdose Death Demographics 2019-2022

Overdose Deaths by Sex⁵



Female Male

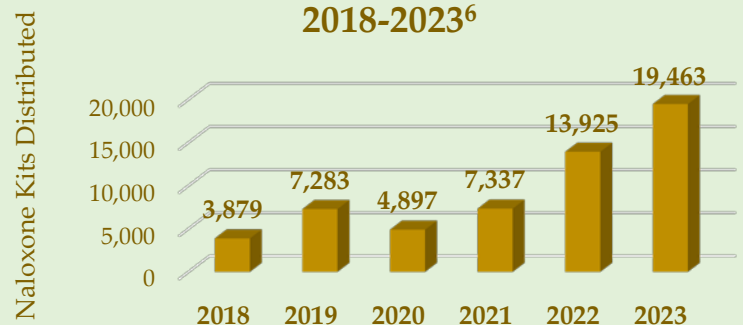
Overdose Deaths by Race⁵



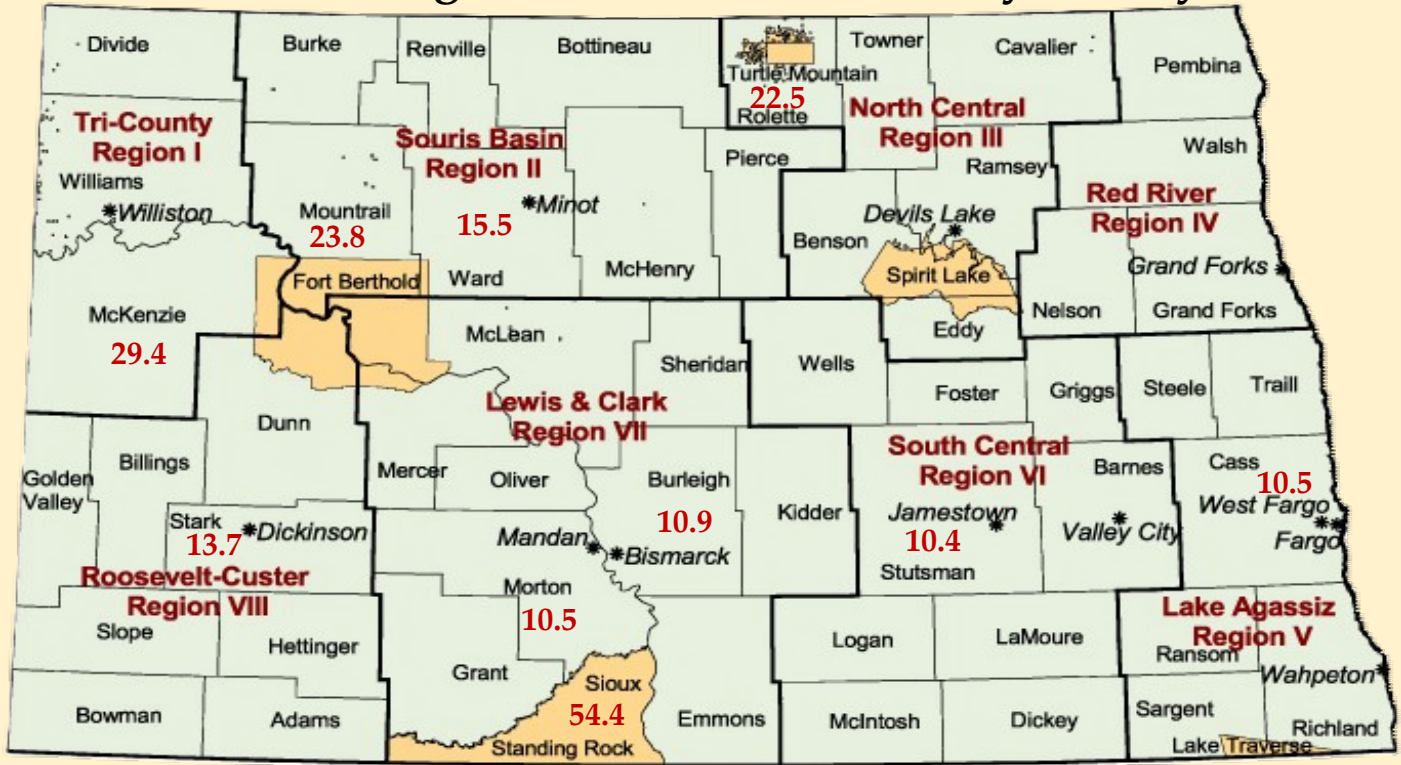
American Indian Other White

- There has been a 402% increase (3,879 to 19,463) in the distribution of naloxone kits from 2018 to 2023⁶
- The kits were distributed to local public health units, tribal communities, non-BHD (Behavioral Health Division) events, substance use disorder treatment programs, BHD events and training, first responders, and individual requests⁶

Naloxone Kits Distributed in North Dakota 2018-2023⁶



North Dakota All-Drug Overdose Death Rates by County 2018-2022



This figure represents the average annual overdose death rate for the 5-year period ending on December 31, 2022

Federal Tribal Lands

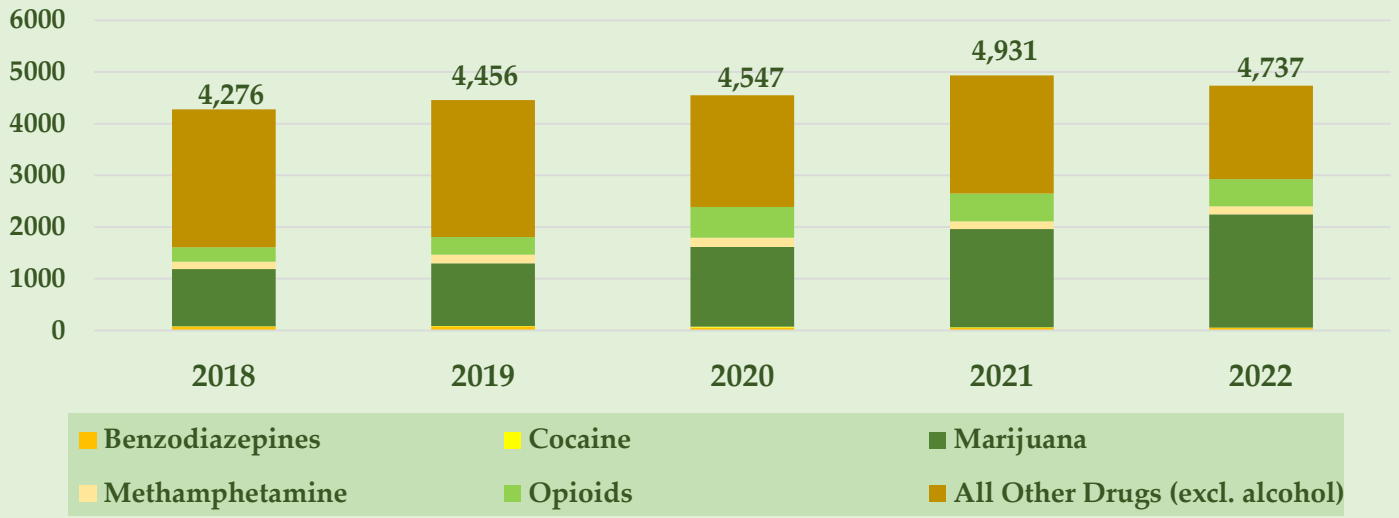
- The ten counties with the highest average annual overdose death rates over the five year period, were as follows: Sioux (54.4), McKenzie (29.4), Mountrail (23.8), Rolette (22.5), Ward (15.5), Stark (13.7), Burleigh (10.9), Cass (10.5), Morton (10.5), and Stutsman (10.4)⁷
- The 2020 United States Census revealed the population of Sioux County to be 3,898, with 81.1% (3,161) of these reported to be American Indian⁸. Within Midwest HIDTA’s area of responsibility, the 54.4 annual death rate is second only to the 86.5 of the city of St. Louis, Missouri⁷, which had a reported population of 301,578⁸

HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT							
	FENTANYL (GRAMS)				METH / "ICE" (GRAMS)			
	2020	2021	2022	TOTAL	2020	2021	2022	TOTAL
FARGO DEA TASK FORCE	418	739	12,379	13,536	2,955	18,151	25,520	46,626
GRAND FORKS NARCOTICS TASK FORCE	1,565	1,495	7,086	10,146	4,173	20,709	14,083	38,965
METRO AREA NARCOTICS TASK FORCE	1	2,150	46,286	48,437	3,867	16,994	13,989	34,850
NORTH DAKOTA INTERDICTION SUPPORT	0	96	1,021	1,117	0	611	8,499	9,110
TOTALS	1,984	4,480	66,772	73,236	10,995	56,465	62,091	129,551

The above statistics for both fentanyl and methamphetamine, document the amounts seized by the Midwest HIDTA funded initiatives operating in North Dakota. Over the past three years, these initiatives have seized over 36,600,000 potentially lethal doses of fentanyl, and almost 650,000 potentially lethal doses of methamphetamine⁹



North Dakota Outpatient ESSENCE Data 2018-2022^{10*}



North Dakota Syndromic Surveillance Data ⁶	2018	2019	2020	2021	2022
Benzodiazepines	74	76	57	51	56
Cocaine	6	11	13	8	1
Marijuana	1,107	1,210	1,545	1,902	2,190
Methamphetamine	145	166	179	148	156
Opioids	277	345	592	541	524
All Other Drugs (excl. alcohol)	2,667	2,648	2,161	2,281	1,810
Total	4,276	4,456	4,547	4,931	4,737

- The drug types with the greatest percentage increases from 2018 to 2022, were marijuana, 97.8% (1,107 to 2,190) and opioids, 89.2% (277 to 524)¹⁰
- Excluding cocaine, which had lower overall numbers when compared to the other drug types, “all other drugs” had the greatest decrease between 2018 to 2022 – 32.1% (2,667 to 1,810)¹⁰

North Dakota Hospital Discharge Data**	2018	2019	2020	2021	2022
Benzodiazepines	39	38	37	26	23
Cocaine	1	3	3	8	11
Methamphetamine	0	0	0	0	5
Opioids	44	40	58	46	45
All Other Drugs (excl. alcohol)	45	39	39	44	31
Total	129	120	137	124	115

- The drug types with the highest average number of hospital admissions from 2018 to 2022, were opioids, which averaged 46.6 admissions, and “all other drugs,” which averaged 39.6 admissions¹⁰

• 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.



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; North Dakota was not one of the participating jurisdictions.¹¹

However, as reported in the North Dakota 2023 Legislative Report, from 2019 to July 11, 2023, there were **9 xylazine-positive overdose deaths reported**.⁵ 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/analogs have commonly surfaced following scheduling.

REFERENCES

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2. DEA *Public Safety Alert*; <https://www.dea.gov/onepill>.
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4. State of North Dakota, Health and Human Services, Surveillance and Data Management, Unintentional Poisoning Deaths 2019-2022
5. *Unintentional Drug Overdose Deaths – 2023 Legislative Report*, North Dakota Health and Human Services; <https://www.hhs.nd.gov/sites/www/files/documents/2023-24-interim/8-31-REPORT-unintentional-drug-overdose.pdf>
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7. National Vital Statistics System, Mortality 1999-2022, CDC WONDER Online Database; Average Annual Overdose Death Rate for North Dakota Calendar Years 2018-2022; <https://wonder.cdc.gov/>.
8. United States Census Bureau, QuickFacts: <https://www.census.gov/quickfacts/fact/table/US/PST045222>
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10. State of North Dakota, Health and Human Services, Surveillance and Data Management
11. 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>
12. ONDCP, ODMAP, <https://www.hidtaprogram.org/odmap.php>.



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

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

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. Opiates were present in the highest number of unintentional poisoning deaths from 2019 to 2022, with an increase of 59 to 103, and were present in an average of 76.3% of the unintentional poisoning deaths over the same time period.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 2021.²

5) **Question** - What is the purpose of ODMAP (Overdose Mapping and Application Program), and how can an account be 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."¹² Additional information regarding ODMAP, including how to establish an account can be found at <https://www.hidtaprogram.org/odmap.php>.¹²



6) **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.

7) **Question** - Can anyone access naloxone in North Dakota, and if so, how?

Answer - Naloxone is available for over-the-counter purchase at grocery stores and pharmacies. Other opioid overdose reversal medications are also available with a prescription and may be covered by health insurers. A health care professional may in good faith, directly or by standing order, prescribe or give out naloxone if they provide training to a person at risk of overdose or a family member, friend, or other person in a position to help someone experiencing overdose, and those people may possess naloxone. A person acting in good faith may self-administer or administer naloxone to someone else experiencing an overdose, whether or not that person is the one who was prescribed or given naloxone by a health care professional. Anyone who prescribes, gives out, receives, possesses, or administers naloxone is immune from civil and criminal liability. Healthcare professionals are also immune from disciplinary action. These immunities only apply if the person did not act with recklessness, gross negligence, or intentional misconduct. N.D. Cent. Code Ann. 23-01-42 (<https://www.legis.nd.gov/cencode/t23c01.pdf>), and N.D. Admin. Code 61-04-12-02 (<https://www.legis.nd.gov/information/acdata/pdf/61-04-12.pdf>)

8) **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

9) **Question** – Does North Dakota have a statute regarding immunity for a party who reaches out to first responders for a person who needs medical assistance during a drug-related overdose?

Answer – **YES.** North Dakota does have a “Good Samaritan” law, North Dakota Century Code 19.03.1-2.4, <https://ndlegis.gov/cencode/t19c03-1.pdf>

10) **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.**