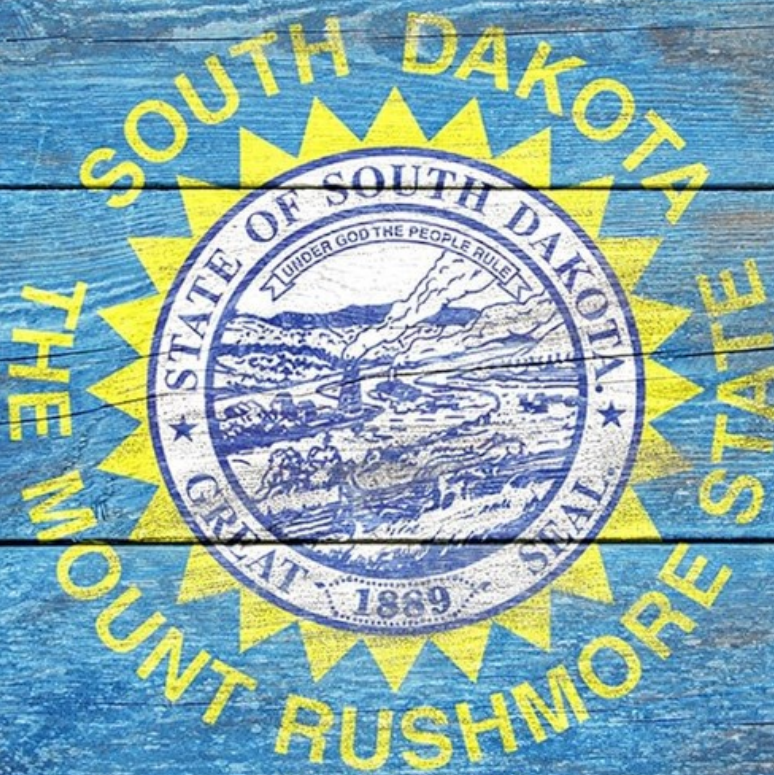


# MIDWEST HIDTA SOUTH DAKOTA OVERDOSE REPORT - 2023





## 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.<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 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.<sup>1</sup>
- 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.<sup>2</sup>
- 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.<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.<sup>1</sup>

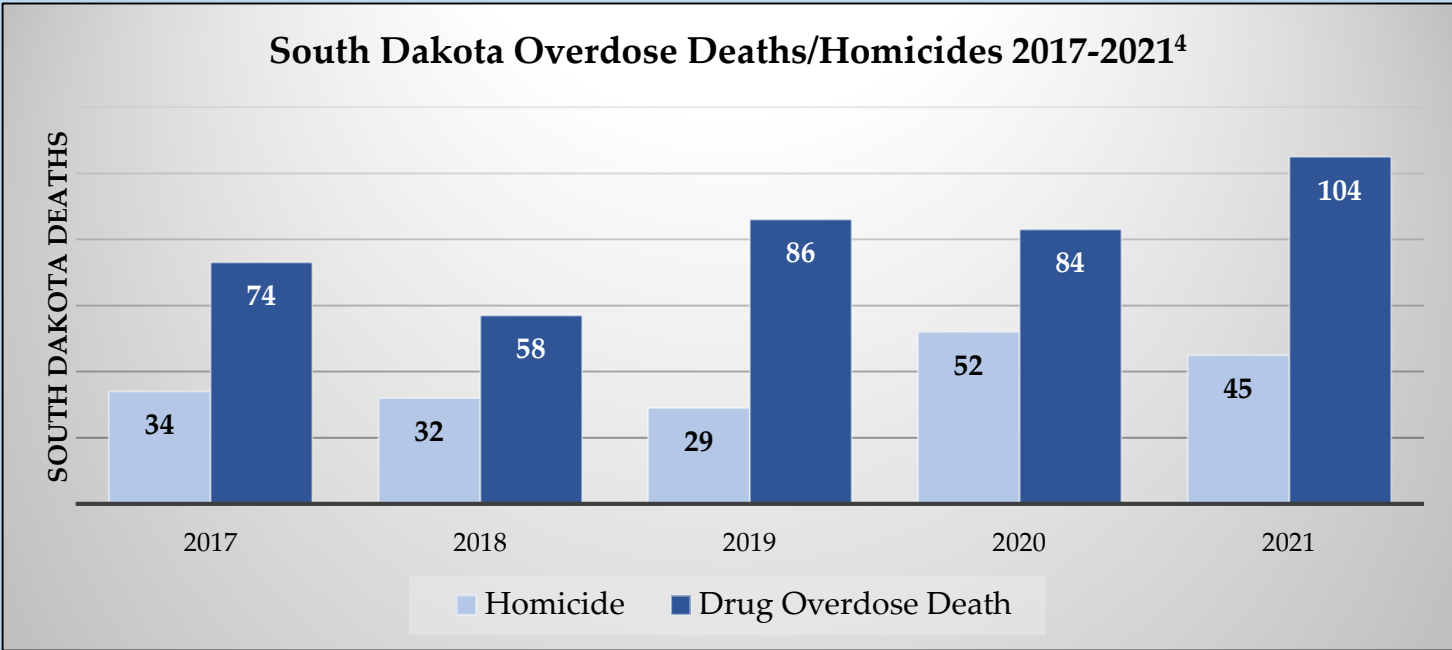
## South Dakota Outlook

The LES responses for South Dakota coincided with the overall Midwest HIDTA results, ranking **fentanyl as the primary threat** in the state, and methamphetamine as the secondary threat in the state; the PHS results ranked methamphetamine as the top threat. The South Dakota LES responses indicated the methamphetamine availability and the level of usage were both “high” (100%). The LES results pertaining to fentanyl in pill form revealed the availability and the level of usage were also both “high” (100%). Whereas the results regarding fentanyl in powder form showed its availability and level of usage ranged from “low” (66.67%), to “high” (33.33%).

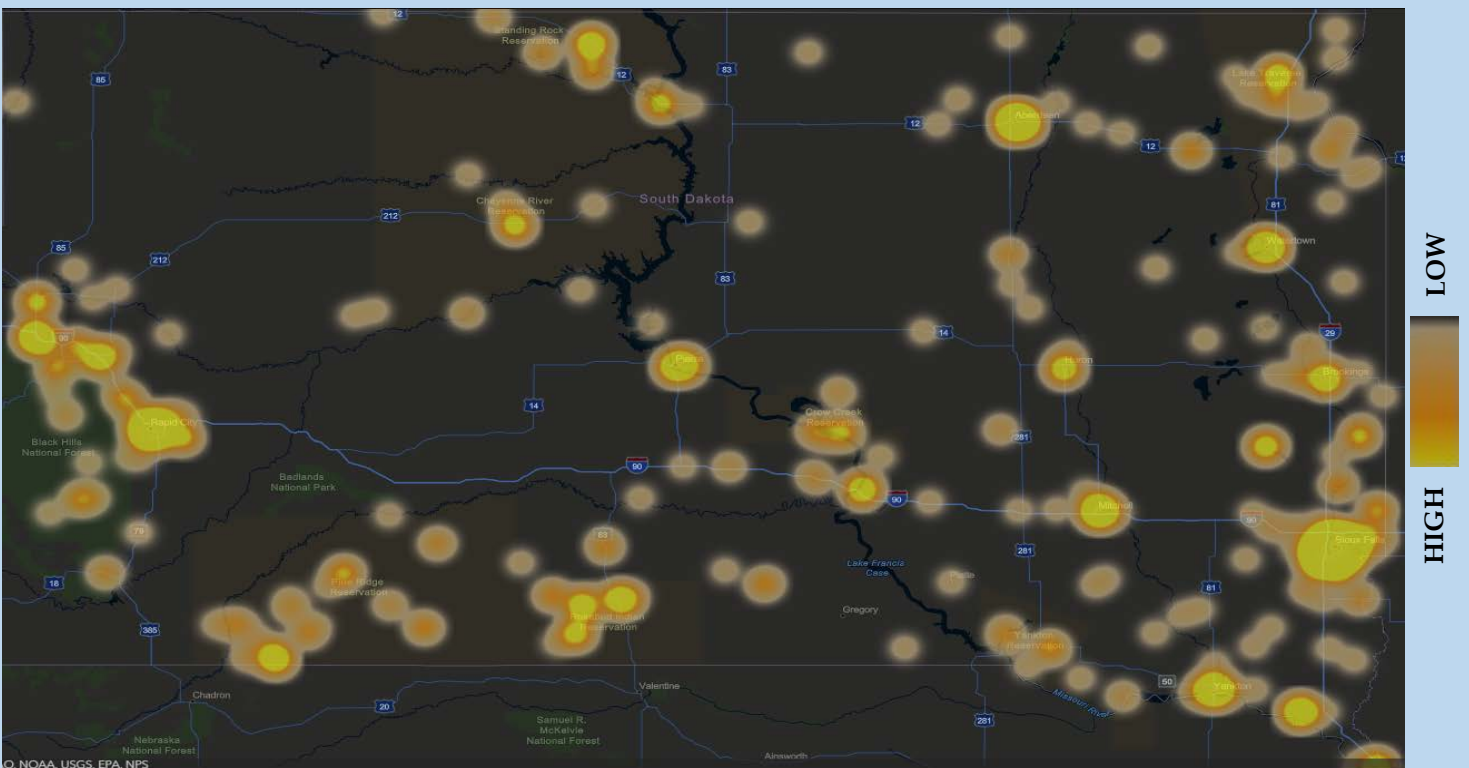
## South Dakota National Survey of Substance Abuse Treatment Services – 2022

As of March 31, 2022, there were 51 treatment facilities in South Dakota, 26 of which were private non-profit (51.0%), 8 private for-profit (15.7%), 1 local/county/community (2.0%), 3 state (5.9%), 6 federally (11.8%), and 7 tribal (13.7%) government operated. These facilities were treating 2,580 clients, the majority of which were on an outpatient basis, 2,147 (83.2%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 43 (84.3%), private health insurance 26 (51.0%), Medicare 18 (35.3%), Medicaid 37 (72.5%), IHS/Tribal/Urban (ITU) funds 20 (39.2%), and treatment at no charge or minimal payment for clients who could not pay 39 (76.5%).<sup>3</sup>

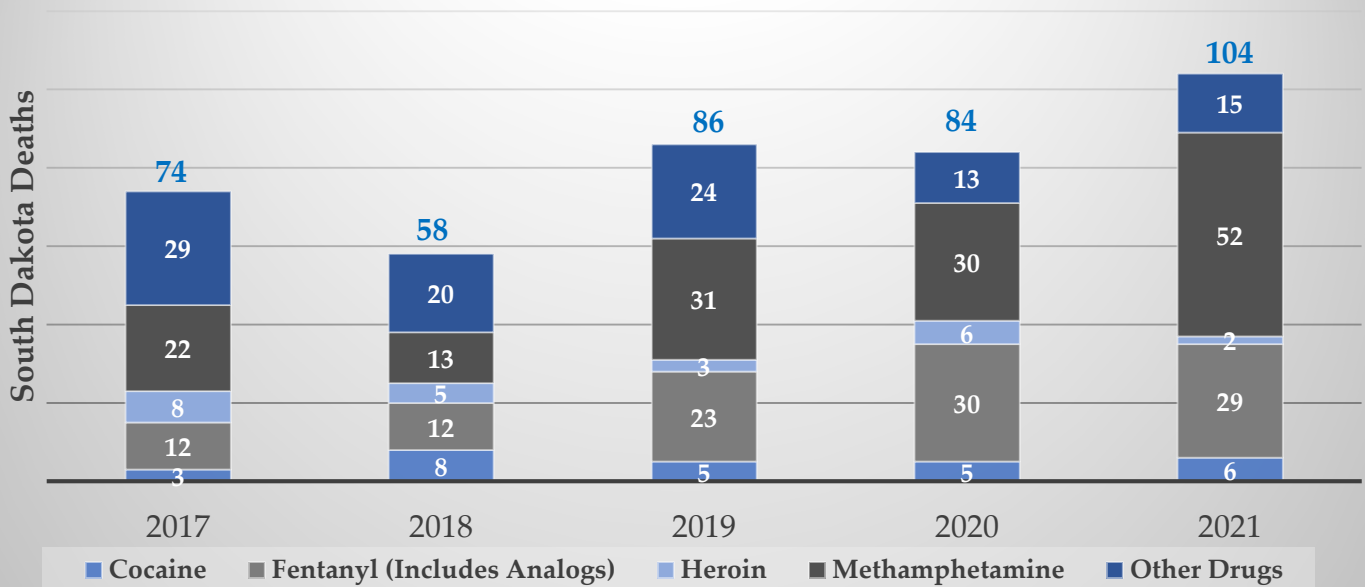
### South Dakota Overdose Deaths/Homicides 2017-2021<sup>4</sup>



- The overdose deaths (all drugs) increased 40.5% (74 to 104), while the homicides increased 32.4% (34 to 45), from 2017 to 2021.<sup>4</sup>
- The heatmap below is a visual representation of the 1,454 total suspected overdoses reported to ODMAP from September 30, 2022 to September 30, 2023. ODMAP is receiving data through South Dakota EMS run reports and law enforcement reports in Minnehaha and Pennington counties. NOTE: ODMAP is not a diagnostic tool.



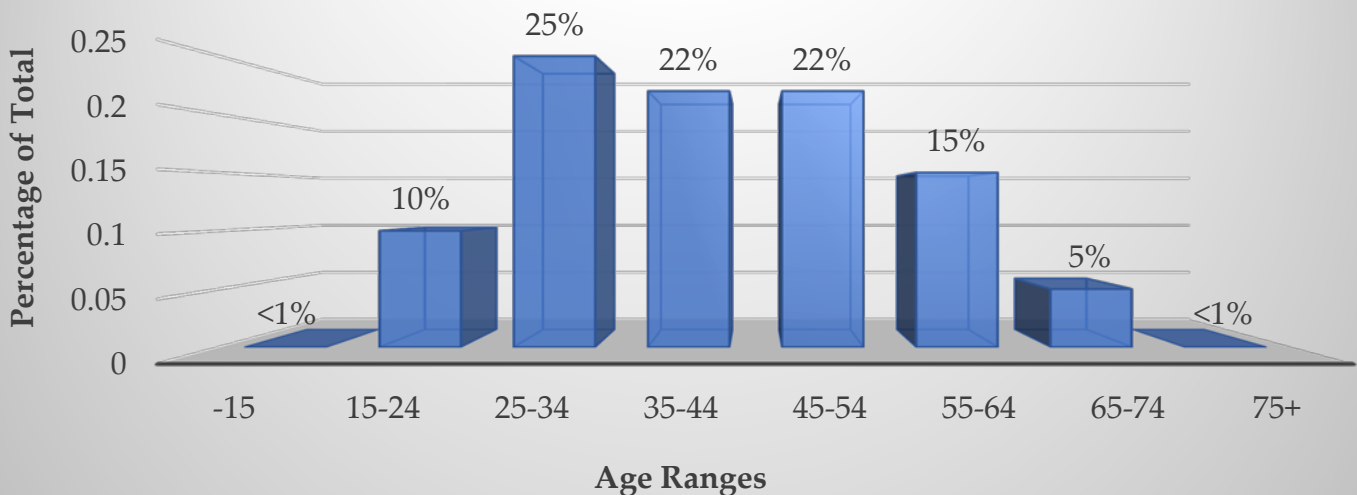
### South Dakota Resident Drug Overdose Deaths 2017-2021<sup>5</sup>



SOURCE: South Dakota Department of Health, 2021 South Dakota Vital Statistics Report

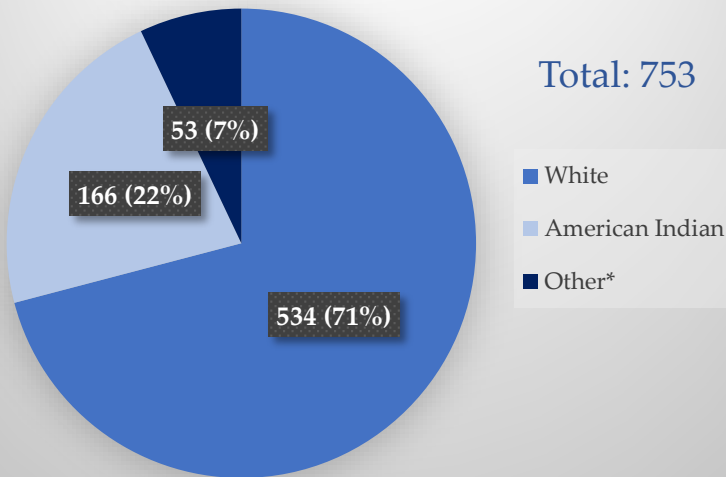
- Fentanyl overdose deaths had the **greatest increase, 141.6% (12 to 29)**, while methamphetamine overdose deaths had the second largest increase, 136.4% (22 to 52)<sup>5</sup>
- Heroin overdose deaths had the greatest decrease, -75% (8 to 2), followed by “other drugs,” which had a decrease of 48.3% (29 to 15)<sup>5</sup>

### South Dakota Drug Related Deaths by Age Group 2013 to 2022<sup>6</sup>



- The age ranges from 25 to 54 accounted for 69% of the total drug related deaths from 2013-2022<sup>6</sup>
- Whereas the age ranges <15 and 65+ comprised less than 7% of the totals drug related deaths from 2013-2022<sup>6</sup>

### South Dakota Drug Related Deaths by Race - 2013 to 2022<sup>6</sup>

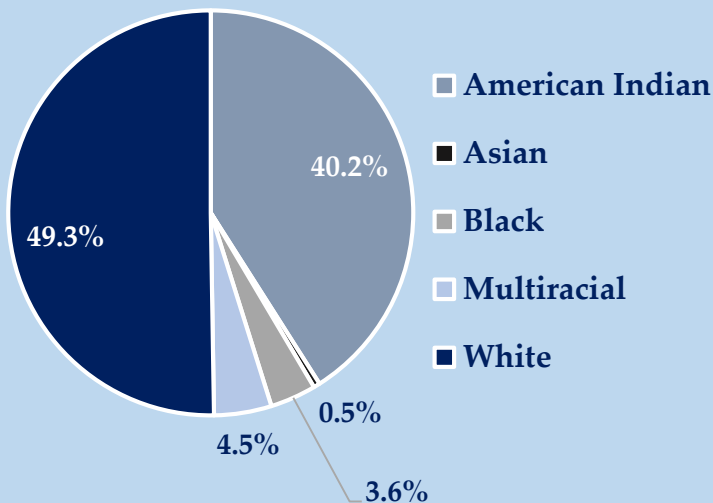


\*Other: Asian, Black, Multiracial, and Unknown

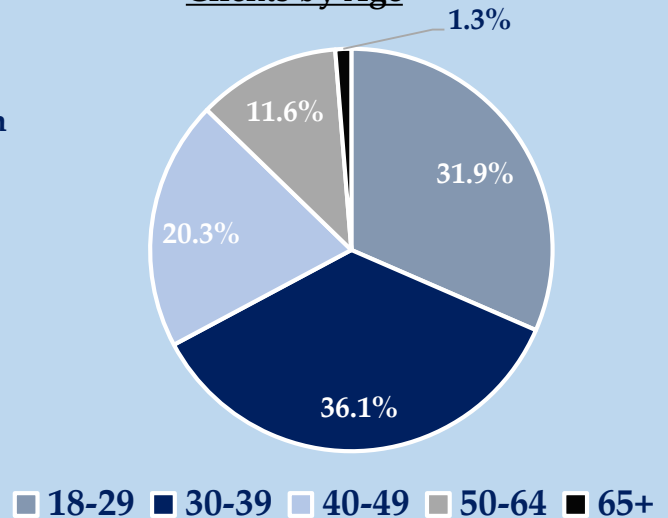
- 301 (40%) out of the total deaths were white males, and 233 (31%) were white females<sup>6</sup>
- American Indian males and females each accounted for 83 deaths (11%) of the total number<sup>6</sup>
- “Other” male deaths (38) were 5% of the total, and “other” females deaths (15) were 2% of the total<sup>6</sup>

### South Dakota Adult Substance Use Disorder Treatment Services<sup>7</sup>

#### Clients by Race



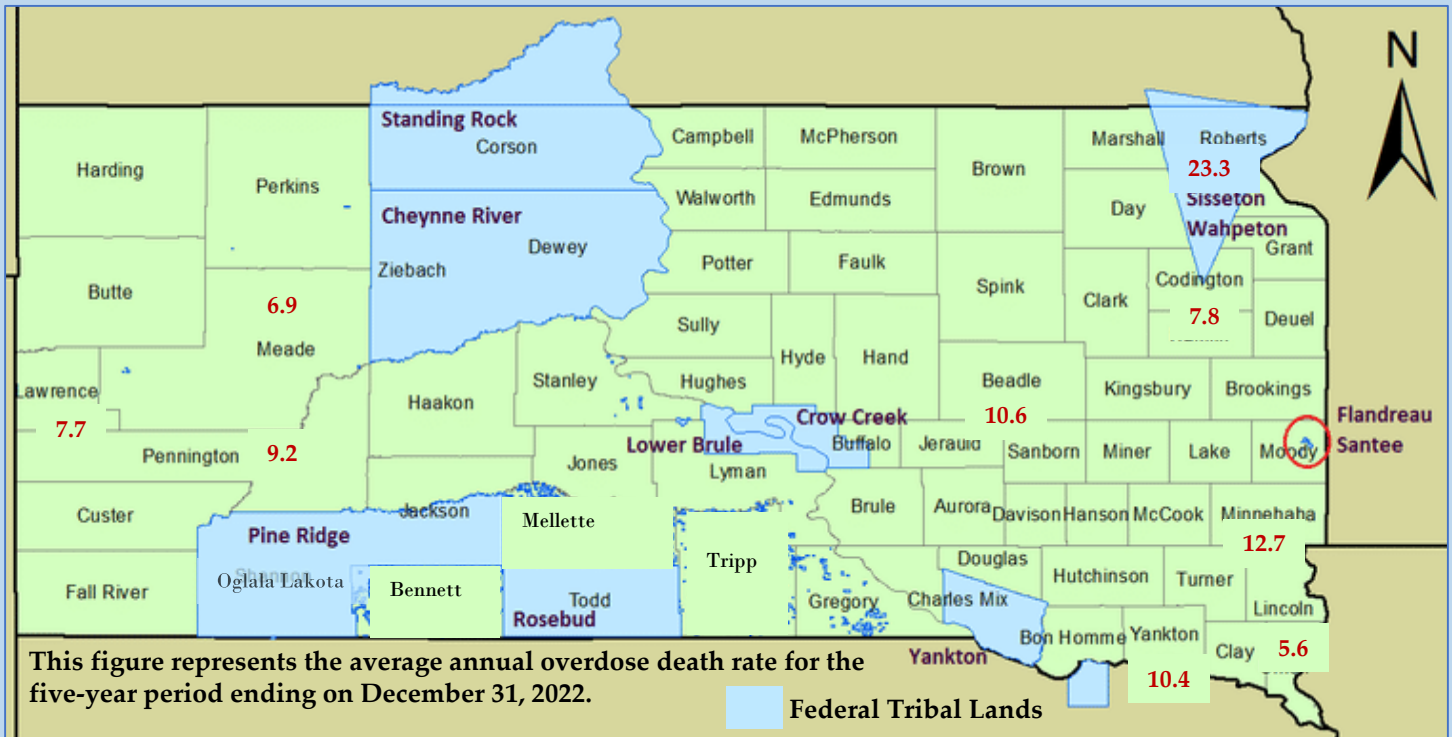
#### Clients by Age



- According to the United States Census Bureau, 84.2% of South Dakotans identify as White, 8.5% identify as American Indian, and 4.9% identify as Hispanic<sup>7</sup>
- The relatively low percentage of the American Indian population, when compared to the percentage of deaths (22%) and those in treatment (49.3%), serves to highlight the severity of the issue amongst the American Indian communities.



## South Dakota All-Drug Overdose Death Rates by County 2018-2022



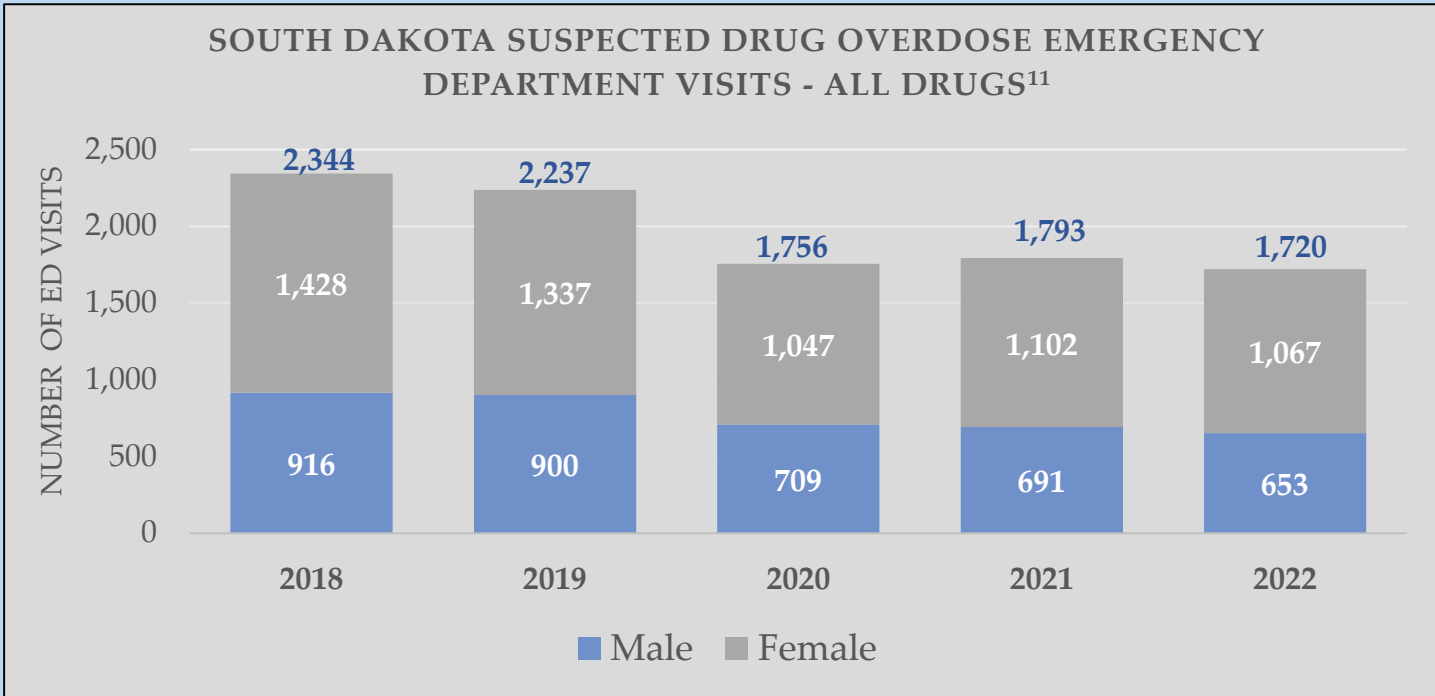
The counties with the highest average annual overdose death rates over the five year period, were as follows: Roberts (23.3), Minnehaha (12.7), Beadle (10.6), Yankton (10.4), Pennington (9.2), Codington(7.8), Lawrence (7.7), Meade (6.9), and Lincoln (5.6); the other counties had fewer than 10 deaths for the reporting period. <sup>8</sup>

Several of these counties were also among the highest ranking counties for fentanyl and methamphetamine seizures reported thus far in 2023:

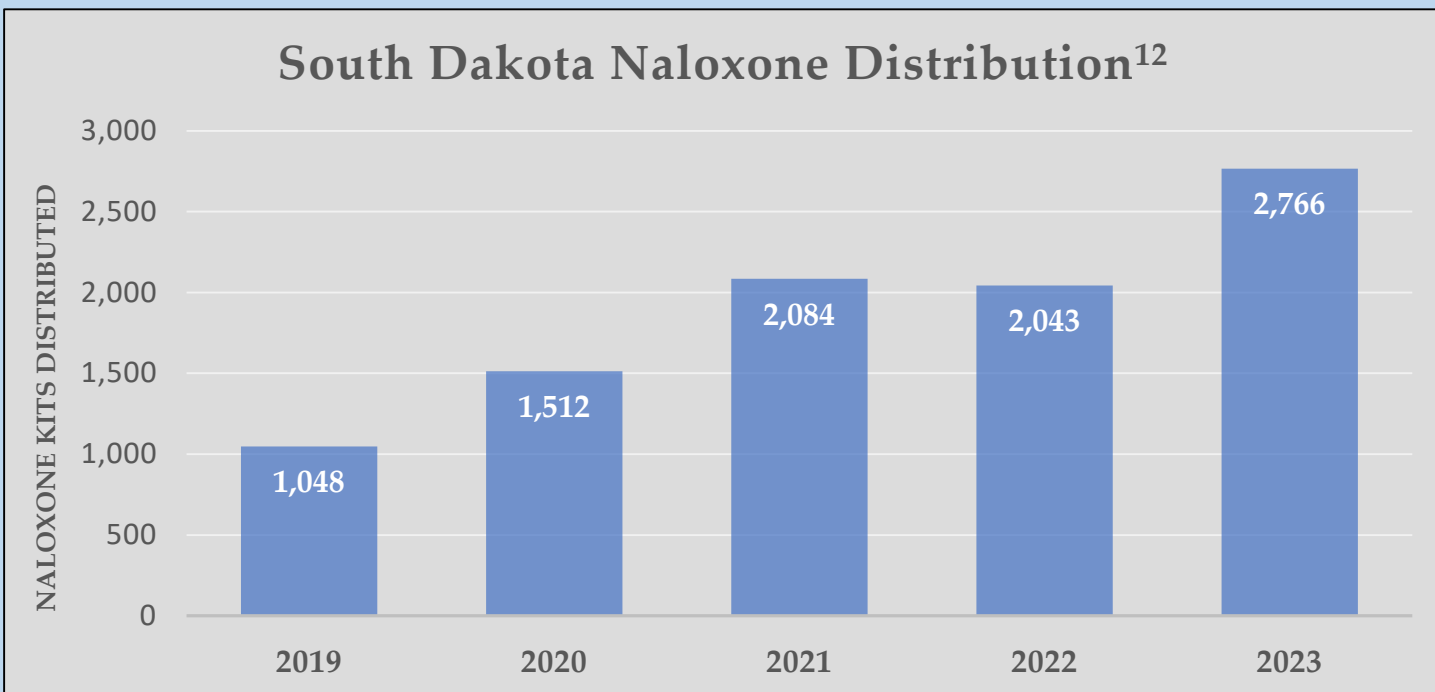
- Top 10 fentanyl seizure rankings: Minnehaha (1,749,580mg), Pennington (1,249,350mg), Clay (14,502mg), Meade (5,670mg), Davison (5,380mg), Roberts (2,819mg), Codington (2,601mg), Hughes (702mg), Lincoln (505mg), and Yankton (336mg); statewide total 3,031,858mg.<sup>9</sup>
- Top 10 methamphetamine seizure rankings: Minnehaha (30,556,180mg), Pennington (7,376,739mg), Charles Mix (6,732,474mg), Lyman (4,450,882mg), Brown (644,277mg), Lawrence (226,529mg), Yankton (211,280mg), Brookings (150,090mg), Meade (115,067mg), and Lincoln (90,121mg); statewide total 51,146,051mg.<sup>9</sup>

HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT							
	FENTANYL (GRAMS)				METH / "ICE" (GRAMS)			
	2020	2021	2022	TOTAL	2020	2021	2022	TOTAL
SIoux FALLS TAKS FORCE	181	2,028	975	3184	23,080	58,932	29,707	111,719
SOUTH DAKOTA INTERDICTION SUPPORT	154	1,581	3,643	5378	9,267	88,897	62,819	160,983
UNIFIED NARCOTICS ENFORCEMENT TEAM	128	2,689	954	3771	18,415	59,644	13,492	91,551
<b>TOTALS</b>	<b>463</b>	<b>6,298</b>	<b>5572</b>	<b>12,333</b>	<b>50,762</b>	<b>207,473</b>	<b>106,018</b>	<b>364,253</b>

The above statistics for both fentanyl and methamphetamine, document the amounts seized by the Midwest HIDTA funded initiatives operating in South Dakota. Over the past three years, these initiatives have seized 6,166,500 potentially lethal doses of fentanyl, and over 1,800,000 potentially lethal doses of methamphetamine.<sup>10</sup>



- Emergency Department visits for suspected drug overdoses in South Dakota decreased 26.6% (2,344 to 1,720) between 2018 and 2022<sup>11</sup>
- The combined numbers for age ranges 15-24 and 25-34, on average, accounted for 52% of the yearly emergency department visits between 2018 and 2022, with the age range 15-24 having the highest number in each of these years<sup>11</sup>



- Naloxone distribution in South Dakota increased by 163.9% (1,048 to 2,766), during the federal fiscal years 2019 to 2023



## 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 South Dakota.<sup>13</sup>

In South Dakota, 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%**.<sup>13</sup> 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.

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

1) **Question** - What drug is causing the most overdose deaths in South 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. **Fentanyl overdose deaths had the greatest increase, 141.6% (12 to 29) in South Dakota from 2017 to 2021.**<sup>4</sup>

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** - 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."<sup>14</sup> Additional information regarding ODMAP, including how to establish an account can be found at <https://www.hidtaprogram.org/odmap.php>.<sup>14</sup>



- 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 South Dakota, and if so, how?

**Answer** - The Division of Behavioral Health (DBH) oversees a statewide standing order for naloxone distribution that began in 2020 where individuals can obtain naloxone through a participating South Dakota Pharmacy; these individuals must be someone at risk of an opioid-related overdose or someone who could assist a person in an emergency situation. A participating pharmacy can be found here: <https://www.avoidopioidsd.com/take-action/reverse-overdose/find-a-naloxone-pharmacy/>. During the 2023 legislative session, House Bill 1162 (HB1162) passed and was signed by South Dakota Governor, Kristi Noem. HB1162 authorizes employers to acquire and make available opioid antagonists. This legislation specifically states an employer may acquire and make available on the employer's premises an opioid antagonist that is dispensed or distributed by a licensed healthcare professional. The passing of HB1162 opened greater access to naloxone in SD. The DBH is currently partnering with the DOH on employer awareness and distribution as part of their naloxone saturation efforts in South Dakota. More information regarding overdose education and naloxone distribution efforts in South Dakota can be found on <https://www.avoidopioidsd.com/>.

- 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](http://www.cdc.gov)

- 9) **Question** – Does South 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.** South Dakota does have a “Good Samaritan” law, [SD Codified Law 34-20A-111](#)

- 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.**