



# MIDWEST HIDTA NEBRASKA OVERDOSE REPORT - 2024



## **Background Information**

The results of the Midwest High Intensity Drug Trafficking Area (HIDTA) 2024 Threat Assessment revealed that fentanyl and methamphetamine were again 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 second year in a row fentanyl was ranked as the number one drug threat.

## **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 and medetomidine 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>

## **Nebraska Outlook**

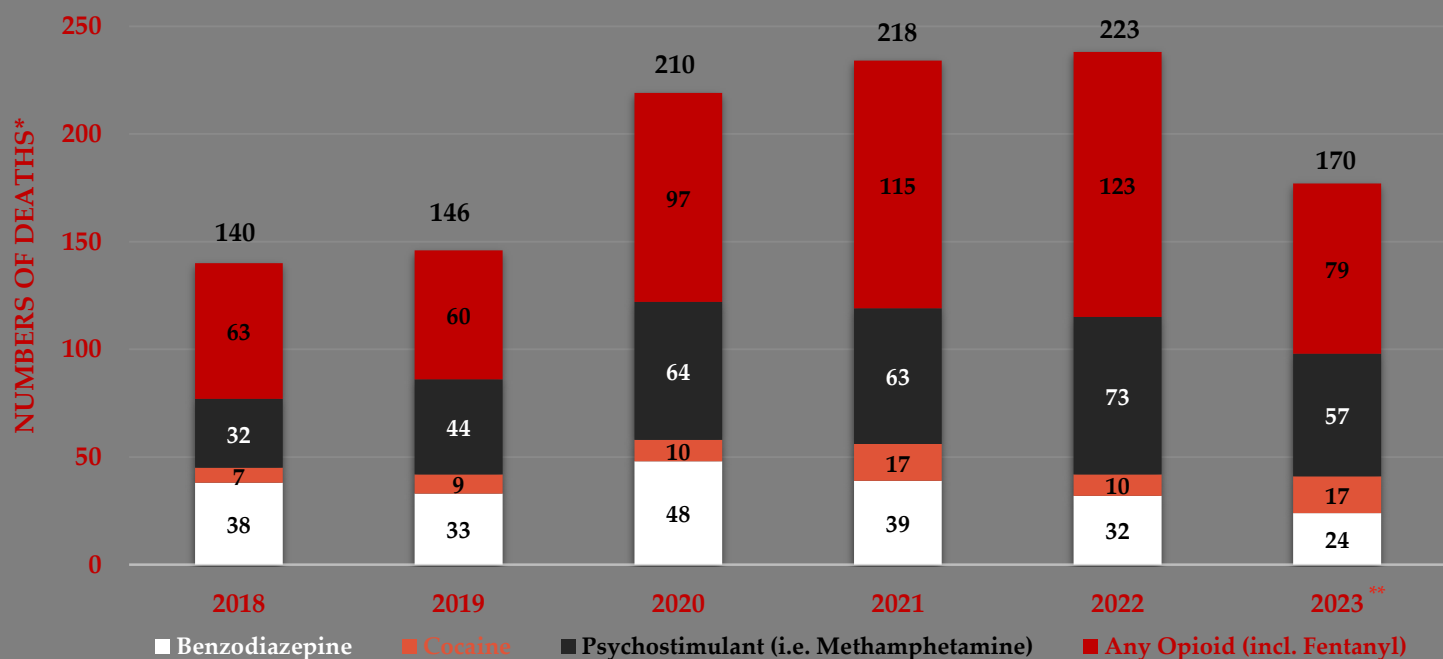
The LES responses for Nebraska mirrored the overall Midwest HIDTA results, with fentanyl as the primary threat and methamphetamine as the secondary threat in the state, while the PHS results ranked methamphetamine as the top threat.<sup>[1]</sup> The Nebraska LES responses indicated the availability of methamphetamine was “high,” and the level of methamphetamine usage was also “high.” The LES results pertaining to fentanyl in pill form revealed the availability was “high,” and the majority of the respondents reported the level of usage was also “high.” Whereas the results regarding fentanyl in powder form showed its availability to be “low,” while its percentage of usage had the most varied feedback, “unknown” (25%), “low” (50%), to “moderate” (25%).<sup>[1]</sup>

## **Nebraska National Survey of Substance Abuse Treatment Services – 2022**

As of March 31, 2022, which is the most current survey available, there were 116 treatment facilities in Nebraska, 71 of which were private non-profit (61.2%), 25 private for-profit (21.6%), 7 local/county/community (6.0%), 6 federally (5.2%), and 6 tribal (5.2%) government operated. These facilities were treating 5,156 clients, the majority of which were on an outpatient basis, 4,546 (88.2%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 93.1% (108), private health insurance 84.5% (98), Medicare 41.4% (48), Medicaid 91.4% (106), IHS/Tribal/Urban (ITU) funds 17.2% (20), and treatment at no charge or minimal payment for clients who could not pay 49.1% (57).<sup>[3]</sup>



## Nebraska Overdose Deaths Top 4 Drug Categories 2018-2023 <sup>[4]</sup>

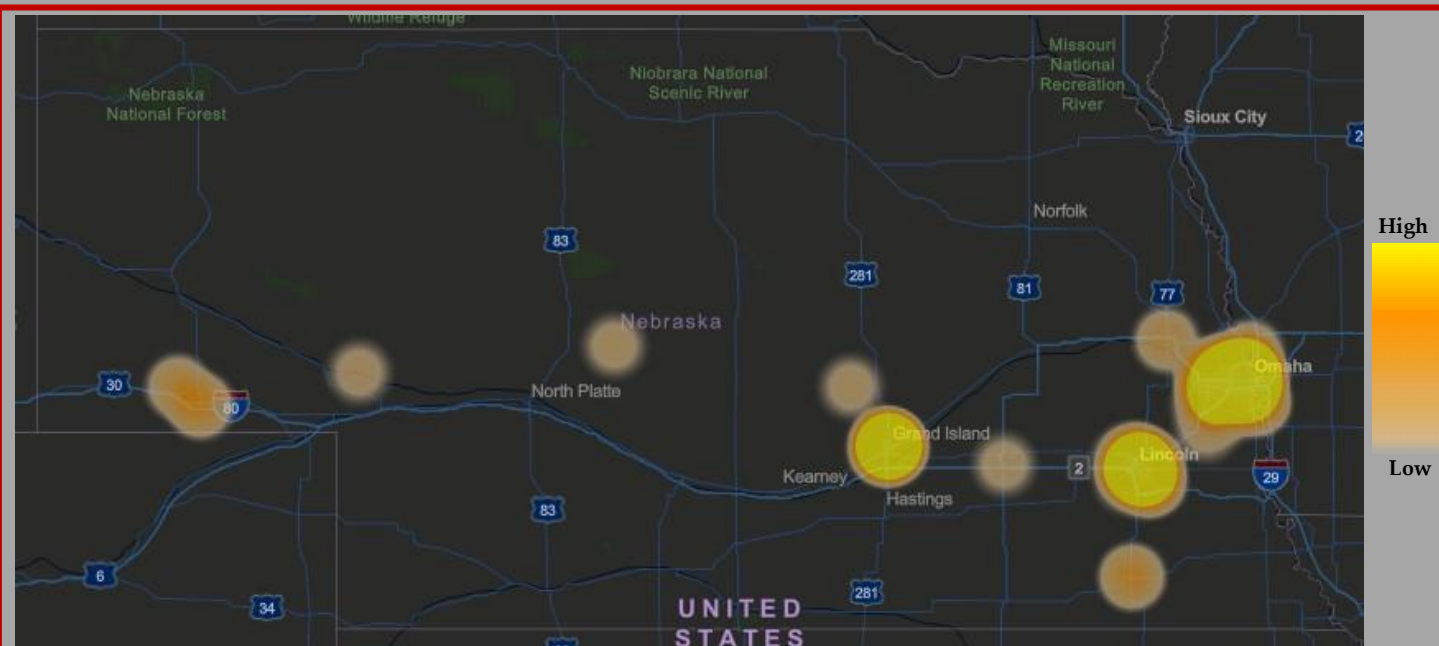


Source: CDC WONDER

\*Deaths can be counted in more than 1 category due to polysubstance use

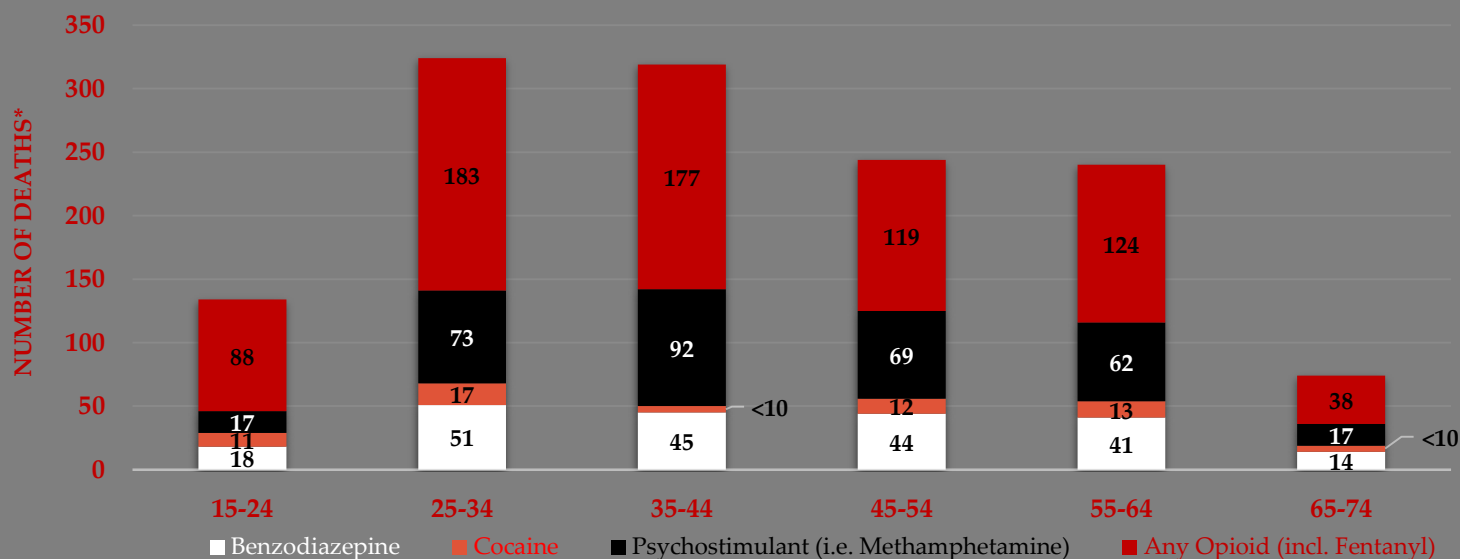
\*\*Provisional Numbers

- Psychostimulant overdose deaths increased 128.1% (32 to 73) from 2018 to 2022 <sup>[4]</sup>
- Any opioid deaths increased 95.2% (63 to 123) from 2018 to 2022; 68.1% of these were synthetic opioids (312 of 458) <sup>[4]</sup>
- From 2018 to 2022, the overall overdose numbers increased 59.3% (140 to 223), with a provisional decline of 23.8% (223 to 170) from 2022 to 2023; the highest annual % increase was from 2019/2020, 43.8% (146 to 210) <sup>[4]</sup>



The above heatmap is a visual representation of the 334 suspected overdoses **reported to ODMAP** from August 31, 2023 to August 31, 2024. The use of naloxone was reported at 106 of these incidents.

## Nebraska Overdose Death Rates by Age Group - Top 4 Drug Categories 2018-2023 <sup>[4]</sup>

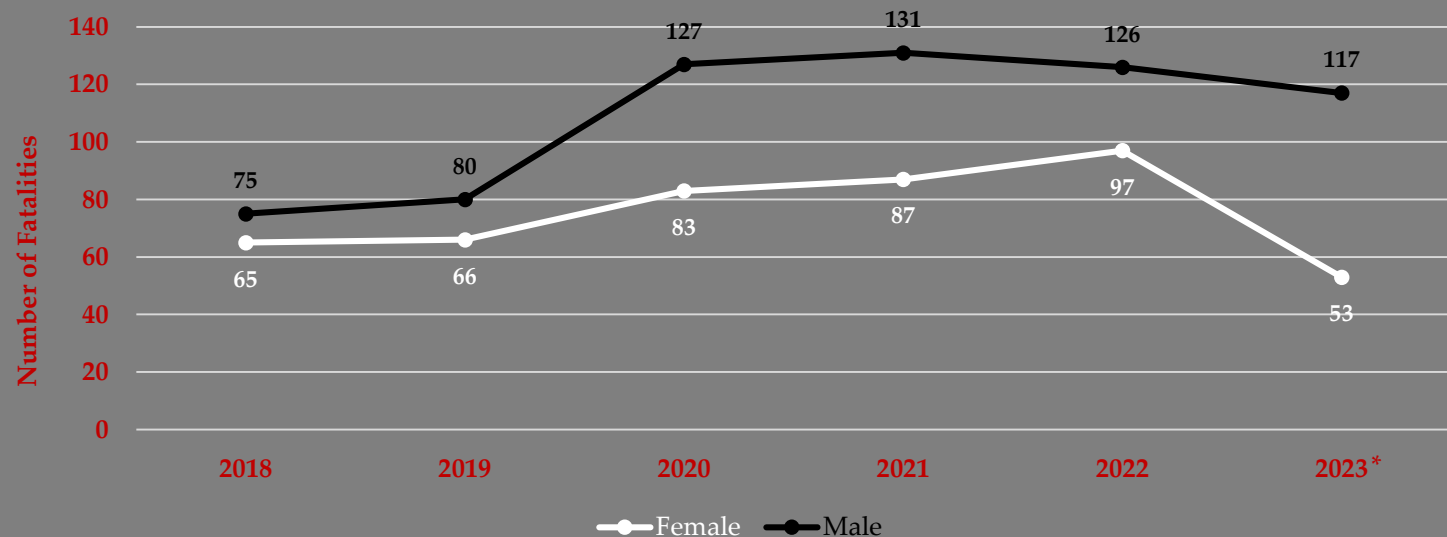


Source: CDC WONDER

\*Deaths can be counted in more than 1 category due to polysubstance use

- There was an 183.3% increase in benzodiazepine overdose fatalities between age groups 15-24 and 25-34 (18 to 51), and a 65.9% decrease between age groups 55-64 and 65-74 (41 to 14) <sup>[4]</sup>
- There was an 54.5% increase in cocaine overdose fatalities between age groups 15-24 and 25-34 (11 to 17) <sup>[4]</sup>
- There was an 329.4% increase in psychostimulant overdose fatalities between age groups 15-24 and 25-34 (17 to 73), and a 72.6% decrease between age groups 55-64 and 65-74 (62 to 17) <sup>[4]</sup>
- There was an 108% increase in opioid overdose fatalities between age groups 15-24 and 25-34 (88 to 183), and a 69.4% decrease between age groups 55-64 and 65-74 (124 to 38) <sup>[4]</sup>

## Nebraska Overdose Death Rate by Sex - All Drug 2018 to 2023 <sup>[4]</sup>

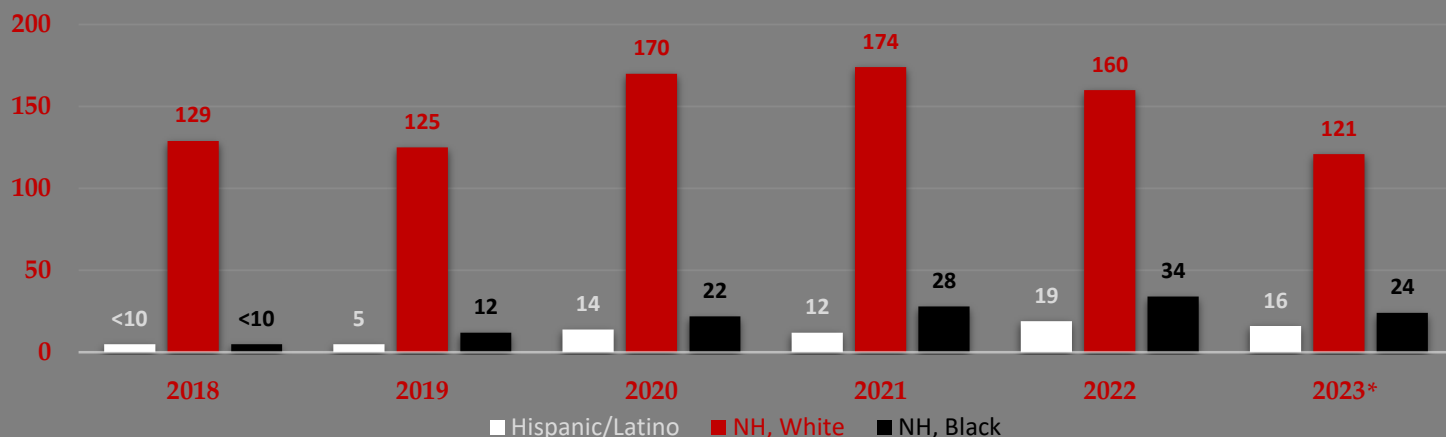


Source: CDC WONDER

\*Provisional Numbers

- From 2018 to 2023, the number of male overdose fatalities increased 56% (75 to 117), with the largest year to year changes being 2019/2020, +58.8% (80 to 127), and -7.1% (126 to 117) from 2022/2023 <sup>[4]</sup>
- From 2018 to 2023, the number of female overdose fatalities decreased 18.5% (65 to 53), with the largest year to year changes being 2019/2020, +25.8% (66 to 83), and -45.3% (97 to 53) from 2022/2023 <sup>[4]</sup>

## Nebraska Overdose Deaths by Race/Ethnicity - All Drugs 2018 to 2023 <sup>[4]</sup>

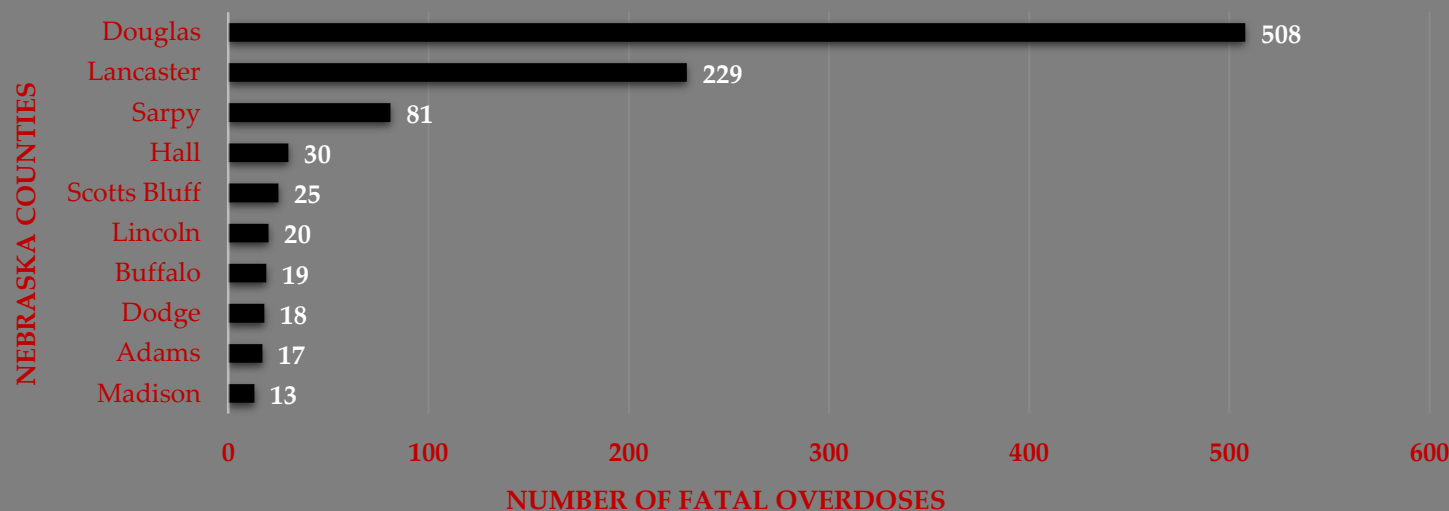


Source: CDC WONDER

\*Provisional Numbers

- 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 -29.4% (34 to 24) from 2022 to 2023 <sup>[4]</sup>
- From 2019 to 2020, the “NH, White” ethnicity group had its largest increase, +36% (125 to 170); this age group had a decrease of -24.4% (160 to 121) from 2022 to 2023 <sup>[4]</sup>
- From 2021 to 2022, the “Hispanic/Latino” ethnicity group had its greatest increase, +58.3% (12 to 19) <sup>[4]</sup>

## Top 10 Counties with the Highest Mortality Counts - All Drug Types - 2018 to 2023 <sup>[4]</sup>



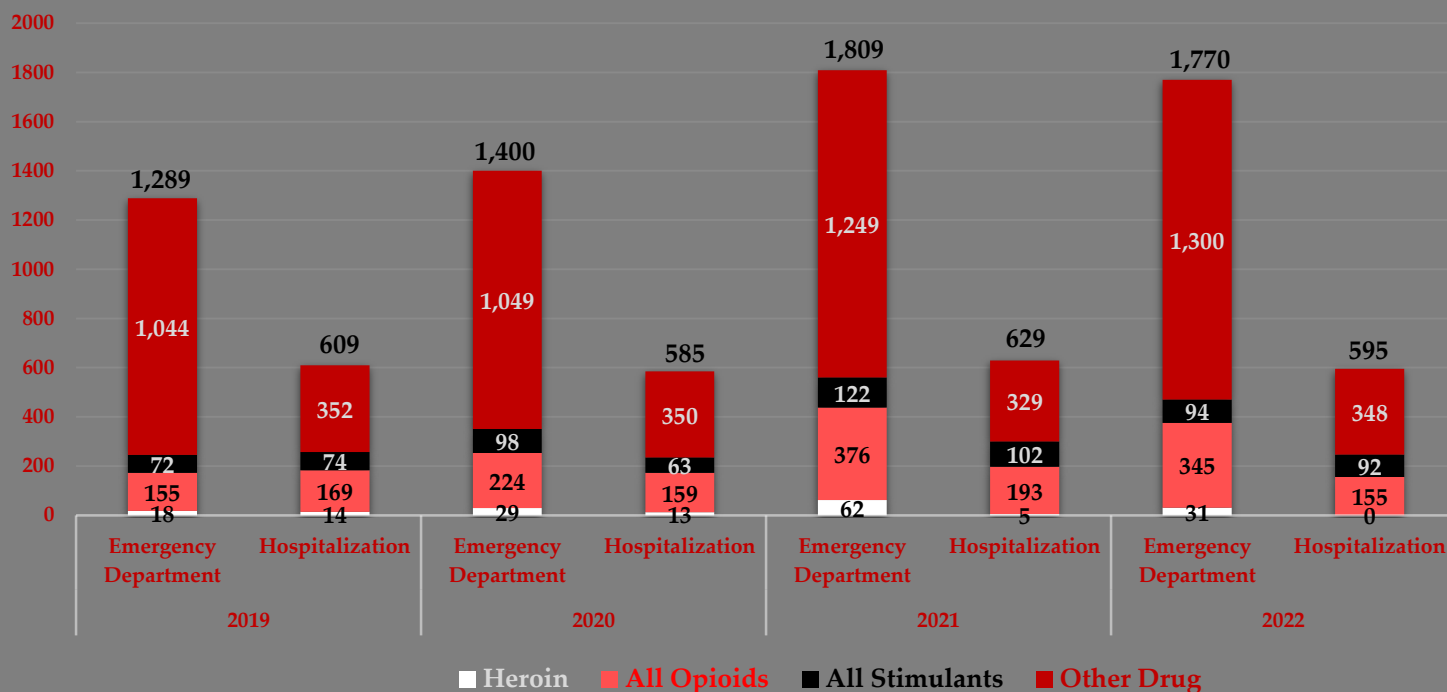
Source: CDC WONDER

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 2024 estimates. <sup>[5]</sup> The top four counties with the highest fatal overdose counts were nearly consistent regardless of the drug type. <sup>[4]</sup>

### Overdose Deaths – Top 4 Drug Categories – 2018-2023

- Any Opioid OD deaths: Douglas (397), Lancaster (163), Sarpy (56), and Hall (18) <sup>[4]</sup>
- Benzodiazepine OD deaths: Douglas (94), Lancaster (66), and Sarpy (23) <sup>[4]</sup>
- Cocaine OD deaths: Douglas (43), and Lancaster (15) <sup>[4]</sup>
- Psychostimulant OD deaths: Douglas (172), Lancaster (86), and Sarpy (18) <sup>[4]</sup>

## Nebraska Nonfatal Overdose Emergency Department Visits & Hospitalizations 2019-2022 <sup>[6]</sup>



- Emergency Department visits reported to be associated with “All Opioids” increased 122.6% from 2019 to 2022 (155 to 345) <sup>[6]</sup>
- Hospitalizations reported to be associated with “Heroin” decreased 100% from 2019 to 2022 (14 to 0) <sup>[6]</sup>

HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT							
	FENTANYL (GRAMS)				METH / "ICE" (GRAMS)			
	2021	2022	2023	TOTAL	2021	2022	2023	TOTAL
CODE DRUG TASK FORCE (DTF)	126	255	0	381	5,417	3,908	4,985	14,310
GREATER OMAHA SAFE STREETS TF	549	51	901	1,501	26,268	26,917	34,069	87,254
LINCOLN/LANCASTER DTF	0	1,150	1	1,151	42,994	15,710	14,828	73,532
NEBRASKA INTERDICTION SUPPORT	11,623	11,208	5,260	28,091	54,629	120,307	65,967	240,903
OMAHA DEA DTF	10,111	23,619	8,100	41,830	134,101	329,674	475,830	939,605
OMAHA METRO DTF	2,476	169	151	2,796	100,998	93,311	264,460	458,769
TRI-CITY DRUG ENFORCEMENT TEAM	0	27	0	27	16,549	14,862	11,002	42,413
WING DTF	327	1,592	36	1,955	6,565	1,612	3,281	11,458
TOTALS	25,212	38,071	14,449	77,732	387,521	606,301	874,422	1,868,244

Over the past three years, these initiatives have seized almost 38,866,000 potentially lethal doses of fentanyl, and 9,341,220 potentially lethal doses of methamphetamine. In 2023, the grams of fentanyl pills seized also began to be reported: CODE DTF 717 g, Greater Omaha Safe Streets 44,327 g, Lincoln/Lancaster DTF 809 g, Nebraska Interdiction Support 0 g, Omaha DEA DTF 3,385 g, Omaha Metro DTF 73,119 g, Tri-City Drug Enforcement Team 738 g, and Wing DTF 8,114 g. These seizures (131,209g/289.3 lbs.) convert to approximately 1,301,850 dosage units, and with 7 out of 10 containing a potentially lethal dose of fentanyl, equates to another 911,295 potentially lethal dosages being seized. <sup>[7]</sup>



## Nebraska Overdose Response Strategy

### 2024 Legislative Update – Activity Summary

Nebraska ORS Team provides technical assistance and expertise to Nebraska Unicameral Subcommittee, leading to legislation being passed requiring statewide submission into ODMAP to address information disparity and data silos.

**What is ODMAP?** - The Overdose Detection Mapping Application Program (ODMAP) provides near real-time suspected overdose 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. ODMAP links first responders and relevant record management systems to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions.

ODMAP was developed and is managed by the Washington/Baltimore High Intensity Drug Trafficking Area, a grant program funded by the Office of National Drug Control Policy (ONDCP). The program started as a pilot in 2016 and was formally launched in 2017. As of February 2024, there are:

- Agencies registered in all 50 states, the District of Columbia, and Puerto Rico.
- There are 4,960 approved agencies.
- There are over 33,100 users that have signed up for ODMAP across the country.
- There are 27 states across the country with at least one active statewide API, including states in the Midwest (South Dakota and Kansas).
- Ten other states have passed legislation or have legislative support for ODMAP and sharing data with the platform. This includes laws in Texas, two in Florida, Maryland, and California.

Previously, a Nebraska state law concerning data confidentiality limited participation in the ODMAP program. The Nebraska Overdose Response Strategy (ORS) team played a crucial role in educating decision-makers about ODMAP and the benefits of its use. This education enabled policymakers to create a mechanism permitting reporting to ODMAP.

Advocating for ODMAP participation, the Nebraska Public Health Analyst (PHA) and Drug Intelligence Officer (DIO) leveraged their connections to improve data sharing. The Nebraska ORS team comprehensively informed state legislators, the Attorney General's office and other relevant parties by providing information that considered various perspectives and opinions. The decision-makers' increased knowledge and access to information facilitated the amendment of LB1320, a legislative bill requiring emergency medical services to report patient overdose information, into LB1355, which expanded the scope to include provisions for the release of certain patient data.

The mandate for ODMAP reporting was ultimately approved by the Health and Human Services (HHS) committee and included in the final reading of the bill. The legislation passed in April 2024 and has since been signed by the governor.



## REFERENCES

1. Midwest HIDTA 2024 Threat Assessment Report; Midwest HIDTA Intelligence Support Center; pages 4, 11-20, 74-75.
2. Drug Enforcement Administration *Public Safety Alert*; <https://www.dea.gov/onepill>
3. Substance Abuse and Mental Health Service Administration, National Substance Use and Mental Health Services Survey, 2022 Nebraska State Profile; [https://www.samhsa.gov/data/quick-statistics-results?location\\_id=216&data\\_collection\\_id=1180&year=2022&parent\\_data\\_collection\\_id=1178](https://www.samhsa.gov/data/quick-statistics-results?location_id=216&data_collection_id=1180&year=2022&parent_data_collection_id=1178)
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 at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on Aug 7, 2024
5. World Population Review, Population of Counties in Nebraska (2024); <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; 2024, August. Access at: <https://www.cdc.gov/drugoverdose/nonfatal/dose/discharge/dashboard/index.html>
7. Frazier, R. (July 2024), Midwest HIDTA Performance Management Process Data, 2023. Kansas City; Midwest HIDTA