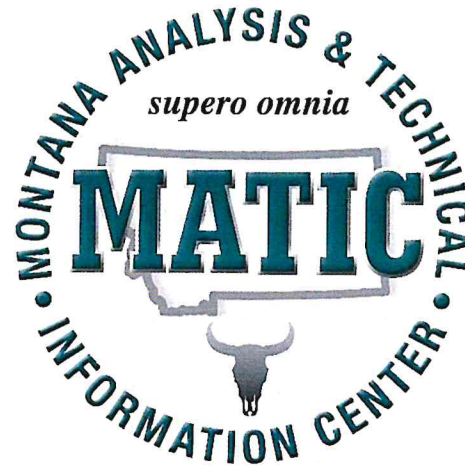


MONTANA DEPARTMENT OF JUSTICE DIVISION OF CRIMINAL INVESTIGATION



MONTANA FENTANYL TRENDS 2021

(U) INTRODUCTION

(U) Montana Division of Criminal Investigation believes with high confidence that fentanyl abuse is increasing in Montana and impacting drug overdoses in the state. Fentanyl is a synthetic opioid that is 80 to 100 times more potent than morphine. It was developed for pain management treatment of cancer patients. Unfortunately, due to its potency and availability, it is frequently abused. Often, fentanyl is encountered in the form of powder and counterfeit pills. Sometimes it is added to other illicit drugs, such as heroin. Fentanyl may be swallowed, smoked, snorted, or injected.

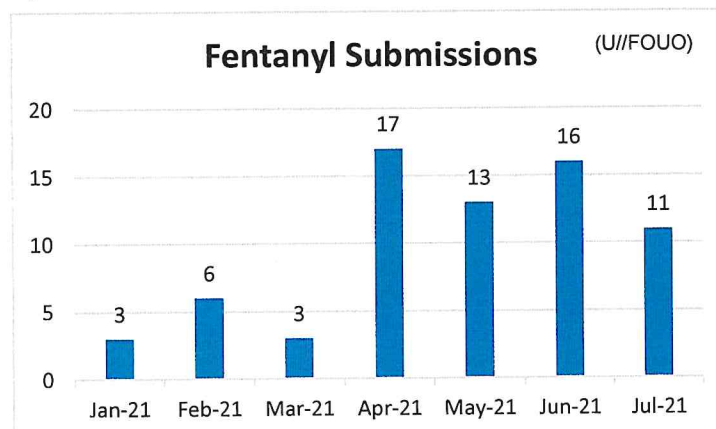
(U//FOUO) Fentanyl trafficked in Montana is believed to mostly originate from China. It is usually trafficked to Mexico and then smuggled through the southwestern border before eventual distribution in the state. Often it is pressed into pill form at illicit sites in northern Mexico. Fentanyl has been sent via mail and parcel services, but is most likely driven by personal vehicles into the state.

(U//FOUO) Over the past several years, law enforcement and first responders are encountering fentanyl more often in Montana and the region. Montana Highway Patrol's Criminal Interdiction Team reported two seizures involving fentanyl from 2018 through 2020. So far, for 2021 there are 13 fentanyl interdictions on Montana highways totaling 3,571 pills and an additional 36.2 grams. There is nothing to indicate that fentanyl seizure numbers have stabilized or declined, and abundant anecdotal evidence suggests that the numbers will continue to increase in the state.

(U) MONTANA FORENSIC SCIENCE DIVISION

(U//FOUO) The Montana Forensic Science Division (FSD) provided a list of laboratory submissions that tested positive for fentanyl and/or fentanyl analogs and the dates the samples were received and processed. A chart is provided below based on numbers of submissions and the month received. FSD has additional information on the locations the samples were provided from in the state.

(U//FOUO) FSD stresses that these may not all be overdoses and, even though the majority are unattended deaths, the cause of death may not be due to fentanyl. More complete information may be received from the medical examiners. Data below may be incomplete since details may not be available until up to three months after the sample submission date.



(U) FSD provided the following additional information, via the Montana Department of Public Health and Human Services (DPHHS) related to past year postmortem cases involving fentanyl.

Case Type	2020 Cases	2019 Cases	2018 Cases	2017 Cases
Postmortem Deaths (Blood results only)	41 Mean: 9.35 ng/mL Range: 0.6-48 ng/mL	19 Mean: 10 ng/mL Range: 2.9-31 ng/mL	11 Mean: 13 ng/mL Range: 0.83-29 ng/mL	10 Mean: 6.2 ng/mL Range: 0.6-16 ng/mL
DUID	12	8	1	2

(U) ROCKY MOUNTAIN HIGH INTENSITY DRUG TRAFFICKING AREA

(U) Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) provided the following information and is derived from data provided earlier this year. Per discussion with North Dakota and Idaho law enforcement personnel, the RMHIDTA summary closely matches what other states are reporting in the region. Namely, seizures are likely underreported.

(U) The actual amount of fentanyl within Montana is extremely difficult to assess currently since it is often added to a variety of other drugs to increase potency or extend the drug supply. While there are cases of fentanyl and its various analog forms seized in a singular state, there is no current method for capturing all the instances where fentanyl is mixed with other drugs. The fentanyl to other drug ratio is extremely small, so if a specific tested portion of the mixed drug compound did not contain the fentanyl, its presence will go unreported. Therefore, the amount of fentanyl seized and documented in Montana is expected to be significantly underreported. An emerging trend reported within the last couple years is counterfeit pills containing fentanyl. Most of these pills are made to resemble legitimate prescription drugs, although they have been seen in colors other than the traditional white pill, typically blue.



Frequently encountered blue "M-30" fentanyl-laced pills

(U) Key Observations

- (U) Throughout Montana, the number of fentanyl-related overdose deaths increased by 167% from 2016 to 2020.
- (U) The number of dosage units of fentanyl seized increased from 75 pills in 2016 to 393 pills in 2020, an increase of 424%.
- (U) A dosage unit of fentanyl in Montana was \$50 in 2017, which was higher than the \$20 to \$30 price range per dosage unit in 2020.

(U) Availability

- (U) In 2020, one Drug Trafficking Organization (2%) investigated by Montana RMHIDTA task forces trafficked fentanyl.
- (U) One of the Montana RMHIDTA felony drug arrests involved fentanyl in 2020.
- (U) Seizures of fentanyl dosage units were relatively low in 2016 but increased more than five times as much in 2020. Pounds of fentanyl seized slightly decreased from 2018 to 2020.

(U) Montana RMHIDTA Investigative Seizures					
	2016	2017	2018	2019	2020
Fentanyl (DU)	75	11	496	358	393
Fentanyl (pounds)	*	*	0.50	0.26	0.38

*Not seen in this measurement at that time

(U) Source: RMHIDTA PMP

(U) MONTANA HIGHWAY PATROL – CRIMINAL INTERDICTION TEAM

(U//FOUO) Montana Highway Patrol (MHP) Criminal Interdiction Team (CIT) provided the following information and is summarized from interdiction reports that are shared with RMHIDTA. Note that from 2018 through 2020 the CIT only made two interdictions. So far, for 2021 (8/31 information cut-off) there are 13 seizures on Montana highways.

- 2018 – 50 grams of fentanyl from one interdiction
- 2019 – No fentanyl recovered
- 2020 – 4,556 pills from one interdiction
- 2021 –
 - 01/07 – 15 pills
 - 02/18 – 1,070 pills
 - 03/15 – 464 pills
 - 04/09 – 1,000 pills
 - 04/23 – 36.2 grams
 - 05/07 – 150 pills
 - 05/30 – 8 pills
 - 06/04 – 600 pills
 - 7/23 – trace amount
 - 7/30 – 180 pills
 - 08/06 – trace amount
 - 08/13 – 60 pills
 - 08/24 – 24 pills

(U) NEIGHBORING STATES

(U) North Dakota

(U//FOUO) North Dakota law enforcement report that so far in 2021 they have confiscated 8,048.5 pills containing fentanyl, and 879.6 grams (either identified as powder or not indicated to be pills.) Seizure amounts for previous years are not available.

(U//FOUO) A manual count of overdose data provided by North Dakota law enforcement shows that in 2019 there were 22 overdoses involving fentanyl. In 2020 there were 64 overdoses involving fentanyl. Note that these are cases where fentanyl (or a fentanyl analog) was present in test submissions, not necessarily that fentanyl was the cause of death.

(U) Wyoming

(U//FOUO) Wyoming law enforcement report that they had eight seizures with a total of 536.6 grams and 121 capsules in 2020. So far in 2021 they have seized approximately 165 grams of fentanyl. This amount does not include 22 lbs. of fentanyl powder seized on 07/21/2021. (Too recent to be included in their totals.) Wyoming law enforcement report that they do not have strong fentanyl data prior to 2020.

(U) Idaho

(U//FOUO) An analyst-to-analyst information exchange between the Montana Analysis and Technical Information Center (MATIC) and the Idaho law enforcement reveal similar fentanyl seizure trends throughout both states. Broken down by year (2021 data is through August), Idaho's numbers are:

- 2018 – 12 grams
- 2109 – 319 doses
- 2020 – 2 doses, 60.1 grams, and 1 gram of combined fentanyl and heroin
- 2021 (to date) - 233 doses, and 11.7 grams

(U) CONCLUSION

(U//FOUO) We believe that fentanyl abuse is on the increase in Montana and that fentanyl is an increasing cause of drug overdoses in the state. We have moderate confidence in that assessment due to limitations of the available data. Fentanyl seizures may be significantly underreported since it is frequently added in very small (but potent) quantities to other drugs. Often this small amount will not appear in test samples.

(U//FOUO) Available data from a variety of sources within Montana and in neighboring states indicates that fentanyl seizures have been steadily increasing since approximately 2018. There is nothing to indicate that those numbers have stabilized or declined, and abundant anecdotal evidence suggests that the numbers will continue to increase.

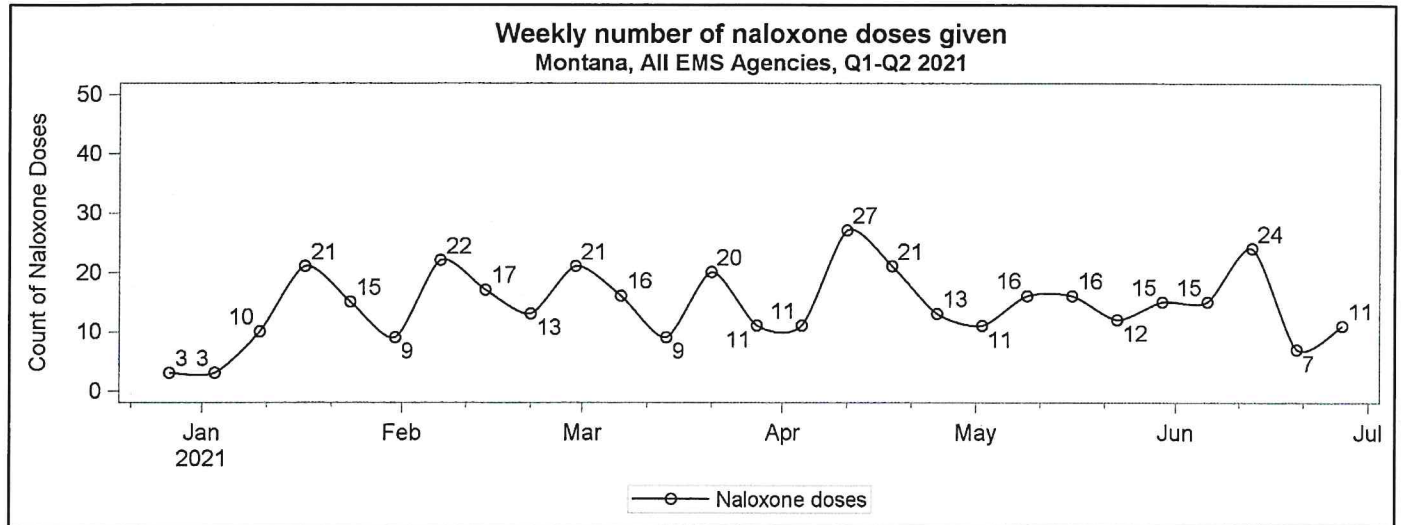
(U//FOUO) Numbers of overdoses normally correspond to an increase in drug use, so overdoses are expected to increase in 2021. Determining exact numbers is difficult for the reasons noted above.

//END//

Montana Q1-Q2 2021 EMS Data Report: Naloxone Administration and Suspected Opioid Overdose

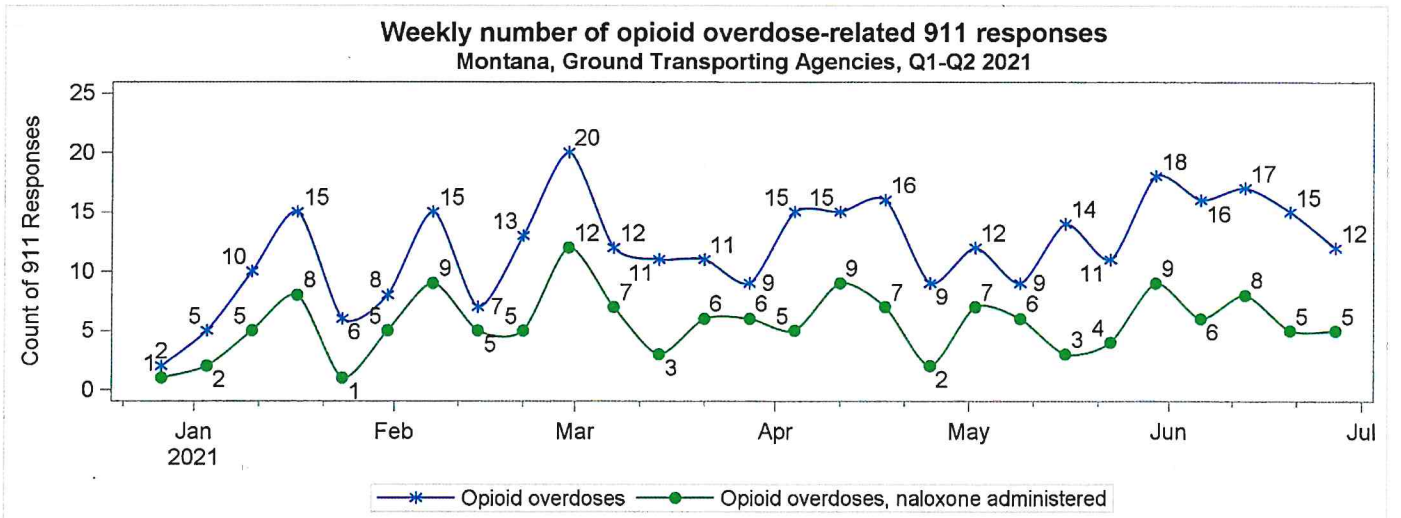
Naloxone Report

There were **389** doses of naloxone administered during **320** EMS activations in Montana between 1/1/2021-6/30/2021. The average number of naloxone doses given per EMS activation was **1.22**.



Opioid Overdose Report

There were **323** opioid overdose-related¹ 911 responses by ground transporting EMS agencies in Montana between 1/1/2021-6/30/2021. Naloxone was administered in 151 of the 323 cases (**46.7%**).



For further information, please visit our website: [Injury Prevention Program](#)
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¹ Any provider impression of opioid exposure (ICD-10-CM codes F11, T40.0-T40.4, T40.6) OR documentation of improved patient condition in response to naloxone administration. (Exclude if provider impression of opioids but the patient condition worsened in response to naloxone.) Note: The definition of opioid overdose used for this report does NOT search the EMS narrative, and therefore may not capture all opioid overdoses.



Table 1. Opioid overdose-related 911 responses, Ground Transporting Agencies, Montana, Q1-Q2 2021

	Q1 2021	Q2 2021	All	All %
Naloxone Administration				
No documentation of naloxone administration	69	103	172	53.3%
Naloxone administered, Response=Improved	67	72	139	43.0%
Naloxone administered, Response=Unchanged	5	4	9	2.8%
Naloxone administered, Response=No answer	0	3	3	0.9%
Patient Disposition				
Patient Transported by this EMS Unit	132	169	301	93.2%
Patient Treated/Evaluated, No Transport (per protocol)	1	2	3	0.9%
Patient Refusal, No Transport	8	10	18	5.6%
Patient Dead at Scene, No Transport	0	1	1	0.3%
Other	0	0	0	0.0%
Incident County NCHS Urban-Rural Classification				
Small Metro	57	103	160	49.5%
Micropolitan	39	40	79	24.5%
Non-core (Rural)	40	39	79	24.5%
Not Reported	5	0	5	1.5%
Patient Sex				
Female	65	75	140	43.3%
Male	76	106	182	56.3%
Not Reported	0	1	1	0.3%
Patient Age				
0-17 Years	3	8	11	3.4%
18-44 Years	83	117	200	61.9%
45-64 Years	32	42	74	22.9%
65+ Years	23	15	38	11.8%
Not Reported	0	0	0	0.0%
Patient Race*				
American Indian or Alaska Native	27	43	70	21.7%
Asian	0	1	1	0.3%
Black or African American	1	1	2	0.6%
Hispanic or Latinx	1	2	3	0.9%
Native Hawaiian or Other Pacific Islander	0	0	0	0.0%
White	88	90	178	55.1%
Other Race	4	10	14	4.3%
Race Not Listed	20	35	55	17.0%
Total	141	182	323	100.0%

*Race is a multi-select field, therefore the sum of all race categories may exceed the total.

I= Suppressed according to departmental policy if cell count is <5

About the Data Source

The State of Montana's EMS Incident Dataset consists of patient care documentation collected by emergency care providers. Montana statute requires all licensed ground and air transporting EMS agencies to submit a patient care report (PCR) for each patient encountered during an EMS activation. In general, PCRs are available in the dataset within 24 hours of the patient encounter. Montana uses the [NEMSIS v3.4.0 data standard](#). Note that the dataset is a registry of EMS activations; it is not a "patient-based" dataset. This report includes records with incident location in Montana and incident date between 1/1/2021 – 6/30/2021 and excludes records missing information on response type or patient disposition.