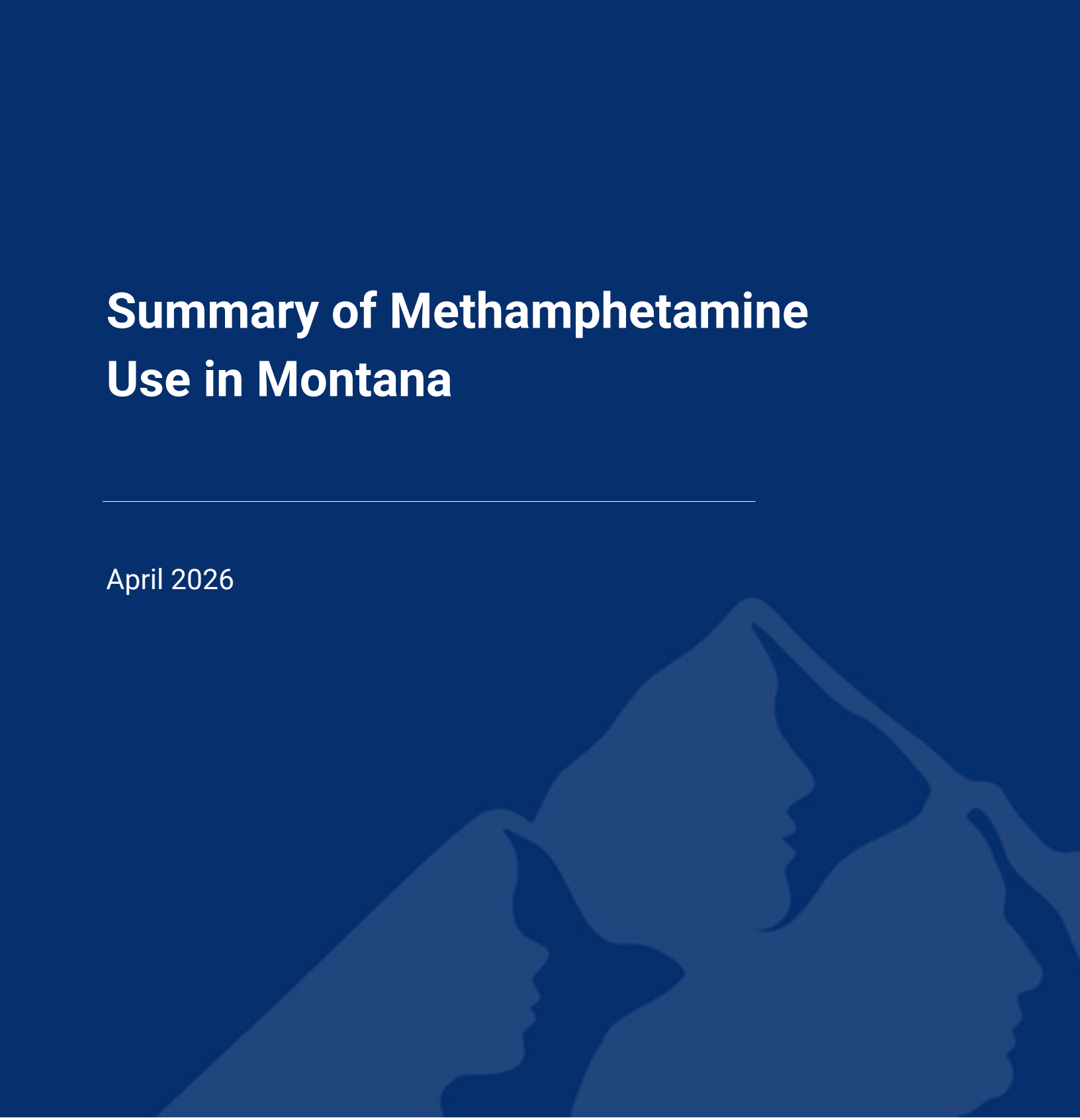
Summary of Methamphetamine Use in Montana

April 2026



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HUMAN SERVICES

Acknowledgements and credits

Acknowledgements

Montana State Epidemiological Outcomes Workgroup (SEOW)

Montana Public Health and Safety Division (PHSD)

Montana Behavioral Health and Developmental Disabilities Division (BHDD)

Intended audience

This report is intended for professionals working in substance use prevention, treatment, and recovery, such as public health professionals, healthcare providers, community organizations, law enforcement, and policymakers.

Suggested citation

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Executive summary

Purpose

Summary of Methamphetamine Use in Montana describes the available data about methamphetamine use and overdose in Montana, including prevalence, fatal, and nonfatal data. Partners should use this report to guide intervention efforts and implementation of evidence-based practices.

Key findings

- Approximately 2% of Montana adults reported using methamphetamine in the past year.
- From 2020 to 2024, 381 people died of an unintentional methamphetamine overdose death in Montana. Nearly half also involved an opioid.
- From 2020 to 2024, there were an average of 77 stimulant overdoses and 2,744 stimulant-related emergency department visits per year, with annual counts decreasing since 2021.
- From 2018 to 2025, there were an average of 1,131 methamphetamine-related EMS incidents each year.
- People aged 25-44 and American Indian populations have the highest rates of methamphetamine-related morbidity and mortality indicators.
- Methamphetamine continues to be the top seized drug in Montana, with 1,715 drug seizures in 2024.
- Most indicators declined after 2021, likely correlated with COVID-19 impacts. However, some indicators show more recent increases, while others continue to be higher than seen historically.

Data sources

This report includes data from the following sources:

Prevalence

- National Survey of Drug Use and Health
- Youth Risk Behavior Survey

Mortality

- Montana Vital Statistics
- State Unintentional Drug Overdose Reporting System

Morbidity

- Montana Hospital Discharge Data System
- Montana EMS Dataset

Crime

- Montana Indicator-Based Incident Reporting System
- Montana Forensic Analysis Division

Next steps

Despite recent decreases in some morbidity and mortality indicators, methamphetamine use continues to result in serious impacts on Montanans and Montana communities. Community organizations, practitioners, policymakers, and others should continue efforts to implement evidence-based prevention and treatment strategies tailored to the specific needs of their community.

Background

About methamphetamine

Methamphetamine is a powerful and addictive stimulant that affects the central nervous system. Methamphetamine use may result in increased activity and talkativeness, decreased appetite, and a pleasurable sense of well-being or euphoria. It may be injected, snorted, smoked, or taken orally. Also known as "meth," "crystal", or "ice", methamphetamine is a white, odorless, bitter-tasting crystalline powder that can be dissolved easily in water or alcohol.[1] In Montana, methamphetamine is often used in combination with fentanyl and is known to contribute to the overdose crisis.[2,3]

Methamphetamine is classified by the U.S. Drug Enforcement Administration (DEA) as a Schedule II substance. Prescription methamphetamine (Desoxyn) has limited medical use to treat attention deficient hyperactivity disorder (ADHD) and obesity, but it is not often prescribed.[4] Prescription methamphetamine should not be confused with more commonly prescribed methylphenidate- or amphetamine-based medications, such as Adderall or Ritalin.

Use of methamphetamine is associated with a wide range of negative health consequences, including anxiety, paranoia, intense itching, high blood pressure, organ damage, dental problems, and overdose. [1,4]

About overdoses

Overdoses are acute poisoning events with sudden, harmful effects and are one of the most severe potential consequences of substance use. Within surveillance data, overdoses can generally be classified by drug type and intent. Intent refers to the cause of the event, which includes unintentional (accidental), self-harm/suicide, assault/homicide, and undetermined (if the intent is unclear).

Overdose-oriented public health programs focus their efforts primarily on unintentional overdoses. Unintentional overdoses are often related to the following scenarios:

- Substance use, either through overconsuming a drug of choice or consuming a contaminated product (for example, methamphetamine laced with fentanyl). This is the most common cause of unintentional overdose deaths.
- Medications, such as accidentally consuming extra doses of a prescribed drug.
- Pediatrics, such as when a young child accidentally consumes their parent's medication.

About this report

This report updates and expands upon a 2023 surveillance report on methamphetamine use in Montana. It describes the available data about methamphetamine use and overdose in Montana, including prevalence, fatal, and nonfatal data. Partners should use this report to guide intervention efforts and implementation of evidence-based practices.

Note: The datasets used in this document did not all have a standard methodology for identifying a methamphetamine-related event. In some cases, stimulant use was a stand-in for methamphetamine. Appendix A contains a description of the datasets, the definitions used to identify methamphetamine, data limitations, and additional notes.

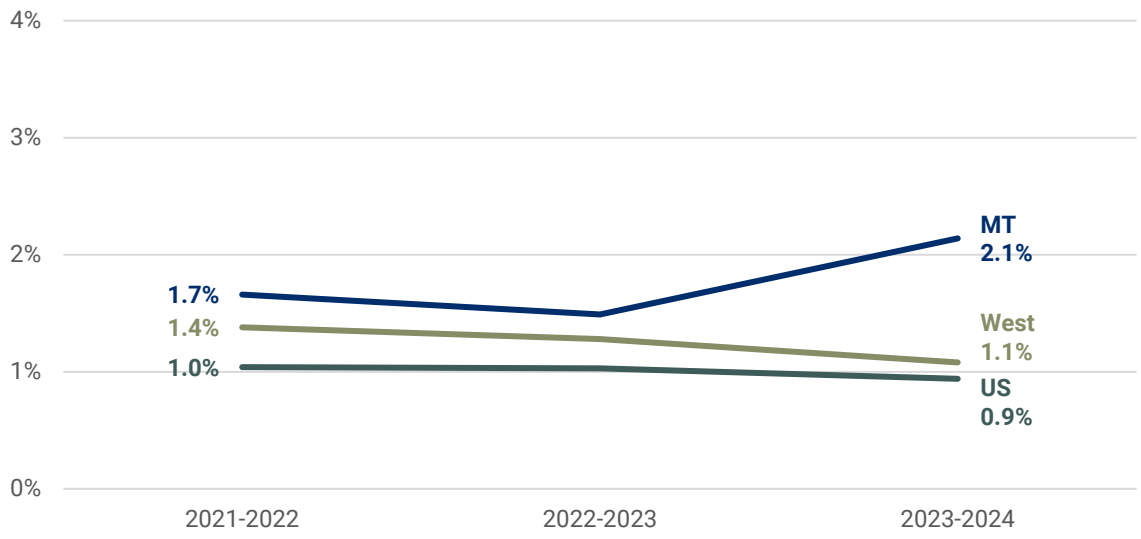
Prevalence

Adult methamphetamine use

Note: Due to methodology changes, NSDUH data from 2021 onward cannot be compared with previous years. As a result, long-term trend data is unavailable for this report.

About 2.1% of Montana adults reported methamphetamine use in the past year, similar to estimates for the West (1.1%) and the United States (0.9%; Figure 1).[5] Although the 2023-2024 estimate for methamphetamine use in Montana increased from the 2022-2023 estimate, it was not a statistically significant difference.

FIGURE 1. SELF-REPORTED PAST-YEAR METHAMPHETAMINE USE AMONG MONTANA ADULTS REMAINED STABLE IN RECENT YEARS



Self-reported past-year methamphetamine use among adults aged 18+, Montana, West, and United States, 2021-2024

Western states include Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming

Source: National Survey on Drug Use and Health, 2021-2024

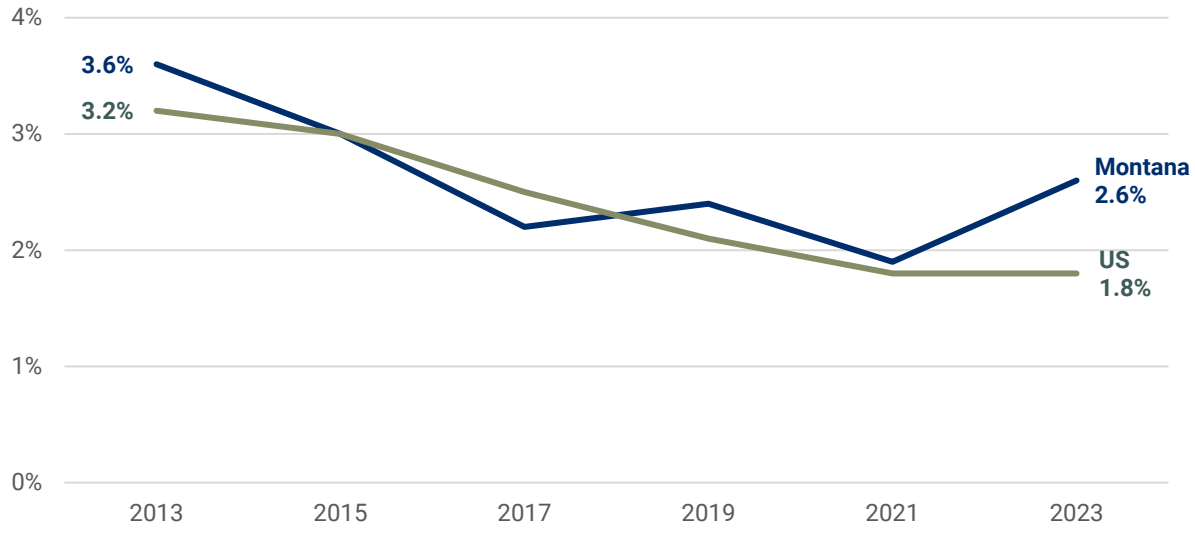
Youth methamphetamine use

In 2023, 2.6% of Montana high school students reported ever using methamphetamine in their lifetime, similar to the national estimate of 1.8% (Figure 2). Since 2003, the prevalence of lifetime methamphetamine use among high school students decreased both nationally and in Montana.[6,7]

Students who reported ever using methamphetamine were more likely than students who had not used methamphetamine to binge drink (54% vs 13%), misuse prescription medication (72% vs 12%), or attempt suicide (47% vs 11%).[8]

Results are based on the Youth Risk Behavior Survey (YRBS), which is conducted in a sample of Montana high schools in odd-numbered years. The YRBS is representative of Montana students in grades 9-12.

FIGURE 2. SELF-REPORTED LIFETIME METHAMPHETAMINE USE AMONG HIGH SCHOOL STUDENTS HAS DECLINED



Source: Youth Risk Behavior Survey, 2013-2023

Mortality

Trends

Note: Mortality data in this report are based on death certificates and State Unintentional Overdose Reporting System (SUDORS) data.

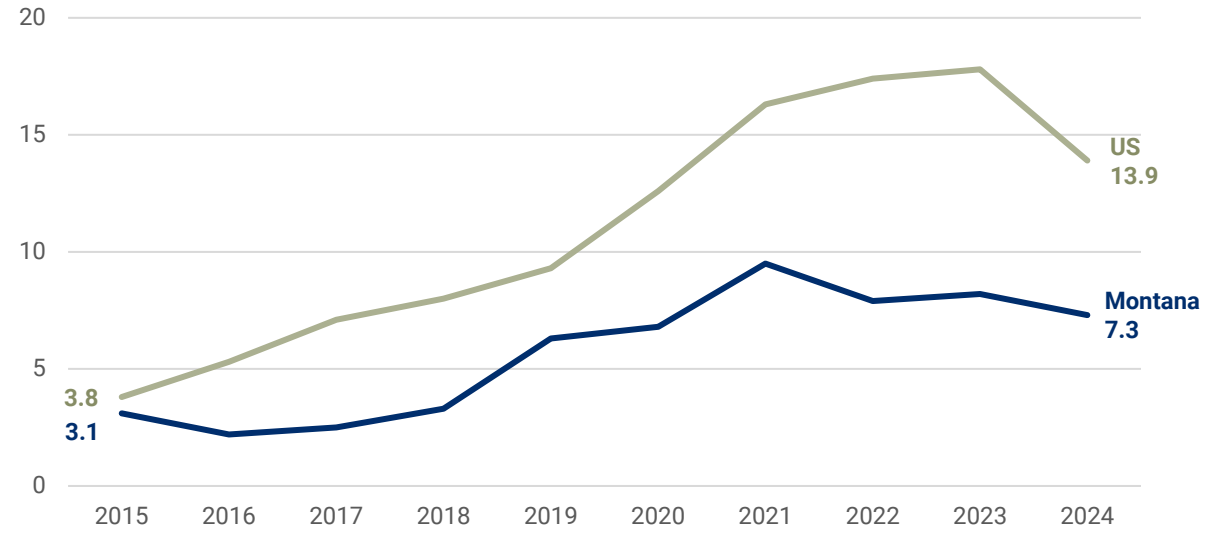
Death certificate data uses ICD-10 codes to categorize overdose deaths. There are two ICD-10 codes that broadly apply to stimulants: T40.5 (cocaine) and T43.6 (other psychostimulants). T43.6 includes methamphetamine as well as amphetamines, ecstasy, and other stimulants.

Overall trend analyses use death certificate data, which is the only source that allows for national comparisons and long-term trends. Stimulant overdose death trends are presented to improve interpretability.

All other analyses use SUDORS. SUDORS contains data from toxicology reports, which provides more detailed information on the drug involved in an overdose death than is available on death certificates. SUDORS is limited to drug overdose deaths of unintentional (accidental) and undetermined intent. Review of overdose deaths from 2020-2024 found that 98% of stimulant overdose deaths were of unintentional or undetermined intent, suggesting that SUDORS is an appropriate data source for further analyses. Due to data source differences, SUDORS counts will be slightly different from death certificate counts.

In 2024, Montana had a stimulant overdose death rate of 7.3 per 100k residents, lower than the national rate of 13.9 per 100k (Figure 3).[9,10] While the rate in Montana has been stable in recent years, it remains higher than the 2015 rate (3.8 per 100k residents).

FIGURE 3. STIMULANT OVERDOSE DEATH RATES, MONTANA AND UNITED STATES, 2015-2024



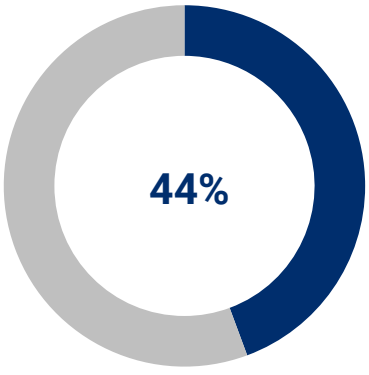
Rates are age-adjusted per 100k residents

Sources: Montana Vital Statistics, 2015-2024 and CDC WONDER, 2015-2024

Co-occurrence with opioids

Nearly half of people who died of a methamphetamine overdose from 2020 to 2024 also had an opioid listed as cause of death (44.4%; 169 of 381 methamphetamine overdose decedents, Figure 4). This percentage has fluctuated across the five-year period, with an increase from 2021 to 2023 and then a decrease from 2023 to 2024. (Figure 5).[11]

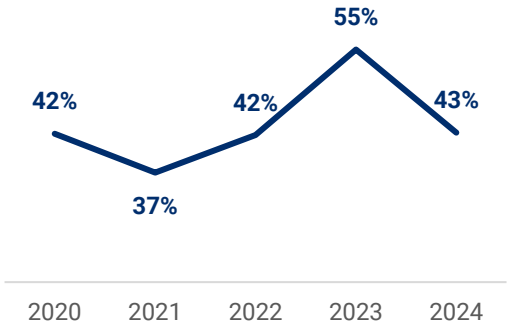
FIGURE 4. NEARLY HALF OF METHAMPHETAMINE OVERDOSE DEATHS ALSO INVOLVED AN OPIOID



Proportion of methamphetamine overdose deaths with an opioid also listed as contributing to cause of death.

Source: SUDORS, 2020-2024

FIGURE 5. THE PERCENTAGE OF METHAMPHETAMINE OVERDOSE DEATHS ALSO INVOLVING AN OPIOID HAS FLUCTUATED



Proportion of methamphetamine overdose deaths with an opioid also listed as contributing to cause of death.

Source: SUDORS, 2020-2024

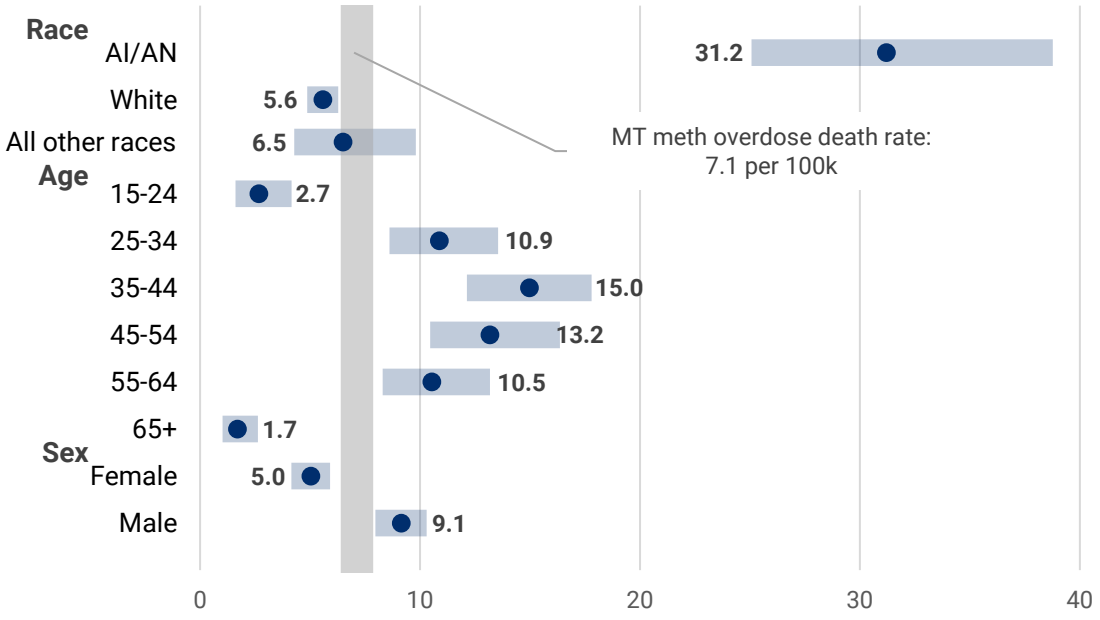
Demographics

Methamphetamine overdose deaths are more common among American Indian/Alaskan Natives, working-age adults, and males. Overall, the Montana age-adjusted methamphetamine overdose death rate from 2020-2024 was 7.1 per 100k residents (n=381). The Montana American Indian/Alaskan Native age-adjusted rate was 31.2 per 100k residents (n=93), over four times the state rate. People aged 35-44 had the highest age-specific rate (15.0 per 100k residents; n=107), about double the state rate. Males had an age-adjusted methamphetamine overdose death rate of 9.1 per 100k (n=248). See Figure 6 and Appendix 3, Table 5 for further details.[11]

Geography

Too few Montana counties had sufficient counts of methamphetamine overdose deaths to allow for comparisons. See Appendix 3, Table 6 for further details on county data.

FIGURE 6. METHAMPHETAMINE OVERDOSE DEATHS ARE MORE COMMON AMONG AMERICAN INDIAN/ALASKAN NATIVES, WORKING-AGE ADULTS, AND MALES



Rates of unintentional/undetermined overdose deaths with methamphetamine listed as contributing to cause of death per 100k residents, 2020-2024. Pale blue bands around each dot represent the 95% confidence interval. Race and sex rates are age-adjusted.

AI/AN: American Indian/Alaskan Native.

AI/AN and White racial categories both exclude people identifying as Hispanic. There were no methamphetamine overdose deaths in Montana among people under age 15.

Source: SUDORS, 2020-2024

Hospital and emergency department visits

Note: There are two ICD-10-CM codes that broadly apply to stimulants: T40.5 (cocaine) and T43.6 (other psychostimulants). T43.6 includes methamphetamine as well as amphetamines, ecstasy, and other stimulants. A T43.6 code is present in over 90% of all stimulant overdose Montana hospital and ED visits from 2016-2024. Data in this section is presented for all stimulants to improve interpretability.

A methamphetamine-specific ICD-10-CM code, T43.65, was introduced on October 1, 2022. Due to the short timeframe in which this code was available, we are unable to report on long-term trends or rate comparisons for methamphetamine but anticipate being able to do so in future reports.

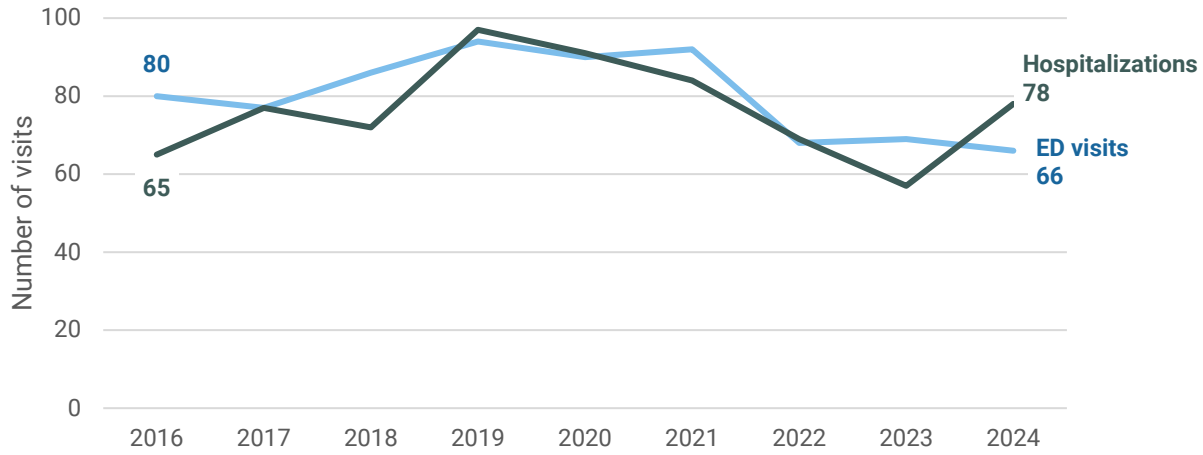
ED visits resulting in admission are included in the hospitalization data only.

Trends

From 2020-2024, there were an average of 77 stimulant overdose emergency department (ED) visits and 76 stimulant overdose hospitalizations each year. ED visits dropped in 2022 and have been stable since. Hospitalizations were declining from 2019 to 2023, then rose in 2024 (Figure 7).[12]

In addition to tracking severe incidents such as overdoses, Montana hospitals also document when an ED or hospital visit involves stimulant use, abuse, or dependence. From 2020-2024, there were an average of 2,744 stimulant-related ED visits and 1,935 hospital admissions per year. ED visits rose steadily from 2016 to 2021 and have since declined. Hospitalizations also show a decline following a peak in 2021, although the increase from 2016 to 2021 is less pronounced (Figure 8).[12]

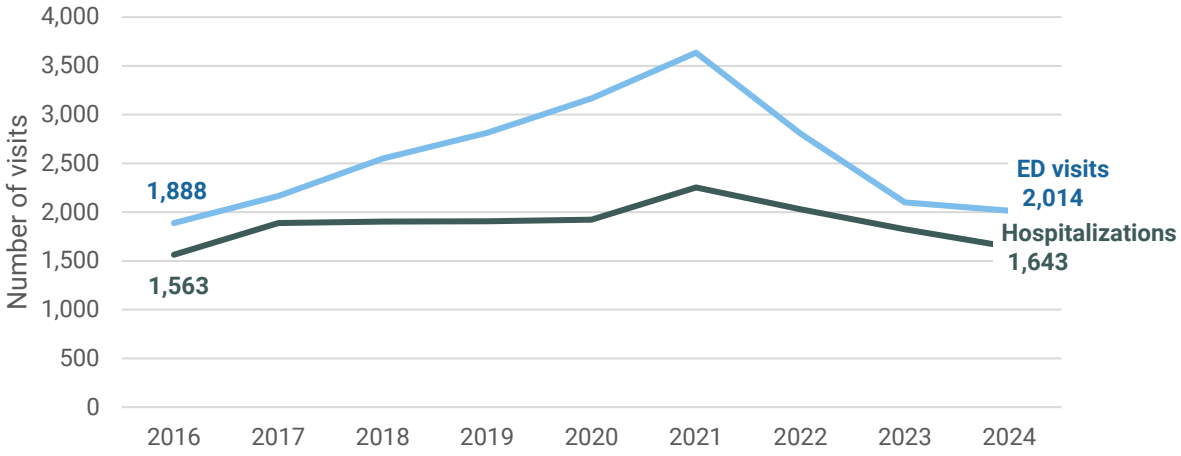
FIGURE 7. STIMULANT OVERDOSE ED VISITS DROPPED IN 2022 AND REMAINED STABLE. HOSPITALIZATIONS INCREASED IN 2024.



Stimulant overdose ED visit and hospitalization counts, 2016-2024

Source: MHDDS, 2016-2024

FIGURE 8. STIMULANT USE, ABUSE, OR DEPENDENCE ED VISITS AND HOSPITALIZATIONS DECLINED AFTER A PEAK IN 2021



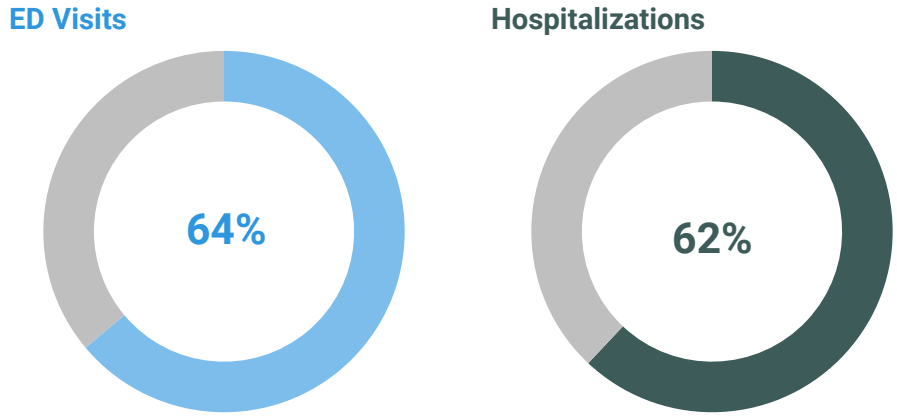
Stimulant use, abuse, or dependence ED visit and hospitalization counts, 2016-2024

Source: MHDDS, 2016-2024

Intent

About two-thirds of stimulant overdose ED visits and hospitalizations were unintentional. From 2020 to 2024, 63.9% (n=246) of stimulant overdose ED visits and 62.0% (n=235) of hospitalizations were labeled unintentional (Figure 9). The remainder are typically classified as self-harm (Appendix 3, Table 9).[12]

FIGURE 9. MOST NONFATAL STIMULANT OVERDOSES ARE UNINTENTIONAL



Proportion of stimulant overdose ED visits and hospitalizations categorized as unintentional.

Source: MHDDS, 2020-2024

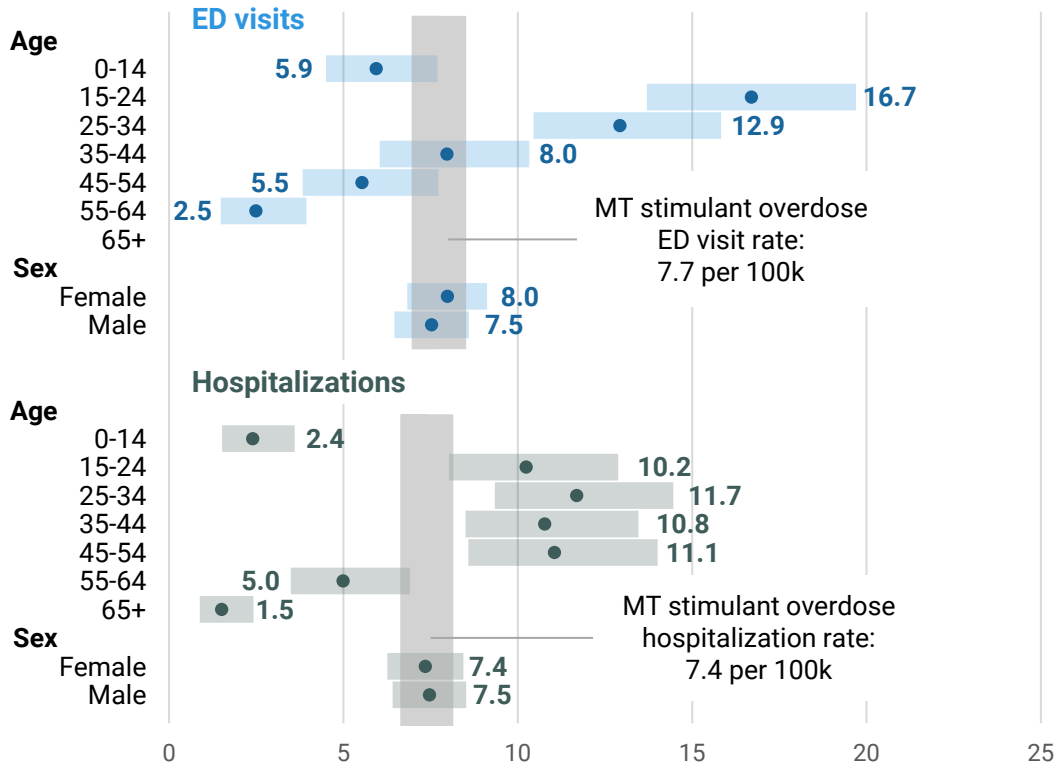
Demographics

Stimulant overdose ED visits are most common among young adults. The Montana age-adjusted stimulant overdose ED visit rate from 2020-2024 was 7.7 per 100k residents (n=385). People aged 15-24 had the highest age-specific rate (16.7 per 100k residents; n=119), over double the state rate. Age-adjusted rates by sex were similar to the state rate. See Figure 10 and Appendix 3, Table 10 for further details.[12]

The Montana age-adjusted stimulant overdose hospitalization rate from 2020-2024 was 7.4 per 100k residents (age-adjusted; n=379). People between ages 15 and 54 had the highest age-specific rates; these rates were similar at about 11 per 100k. Age-adjusted rates by sex were closely aligned with the state rate. See Figure 10 and Appendix 3, Table 10 for further details.[12]

Hospital discharge data is missing race data for approximately 25% of records. Because of this, we did not include race in demographic analyses.[12]

FIGURE 10. STIMULANT OVERDOSE ED VISIT RATES ARE HIGHEST FOR YOUNG ADULTS, WITH LESS VARIATION AMONG HOSPITALIZATION RATES



Rates of stimulant overdose ED visits and hospitalizations per 100k residents, 2020-2024. Pale bands around each dot represent the 95% confidence interval. Sex rates are age-adjusted.

Source: MHDDS, 2020-2024

Geography

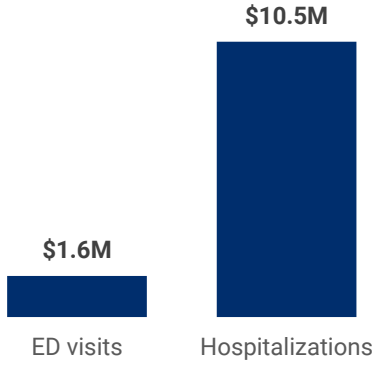
Too few Montana counties had sufficient counts of stimulant overdose ED visits or hospitalizations to allow for comparisons by county. See Appendix 3, Tables 11-12 for further details on county data.

Charges

In Montana, the total charges (amount billed to a payer) associated with stimulant overdose ED visits and hospitalizations exceeded $12 million dollars from 2020 to 2024 (Figure 11).[12]

The median charge of a stimulant overdose ED visit remained stable from 2016 to 2024 at about $2,600 per visit. The median charge of a stimulant overdose hospitalization rose steadily from about $12k in 2016 to about $21k in 2022, then dropped to about $19k in 2024 (Figure 12).[12]

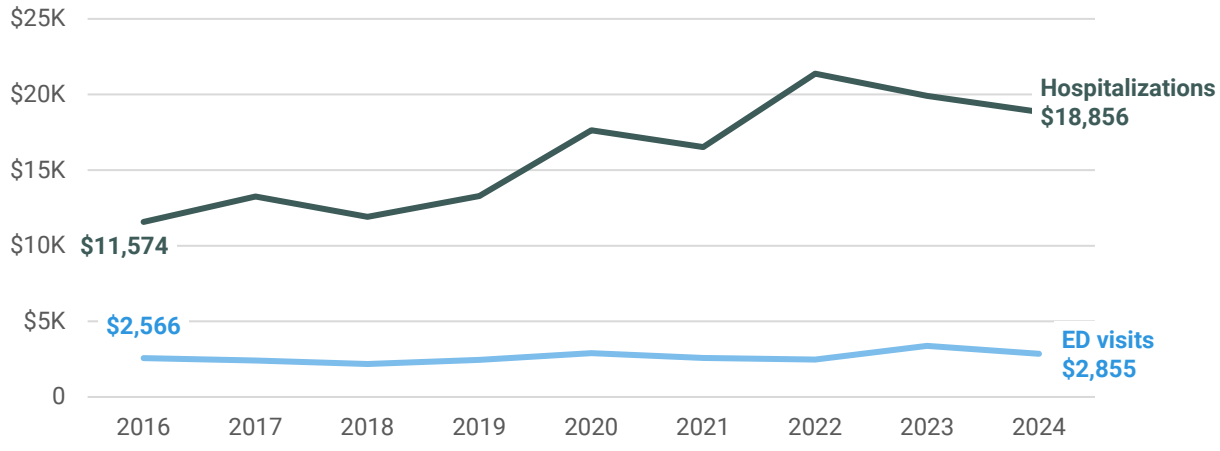
FIGURE 11. FROM 2020 TO 2024, STIMULANT OVERDOSE ED VISITS AND HOSPITALIZATIONS EXCEEDED $12M



Total charges associated with stimulant overdose ED visits and hospitalizations from 2020 to 2024.

Source: MHDDS, 2020-2024

FIGURE 12. STIMULANT OVERDOSE ED VISIT CHARGES REMAINED STABLE FROM 2016 TO 2024. HOSPITALIZATION CHARGES INCREASED UNTIL 2022, THEN DECLINED.



Median charges of stimulant overdose ED visits and hospitalizations, 2016-2024.

Source: MHDDS, 2020-2024

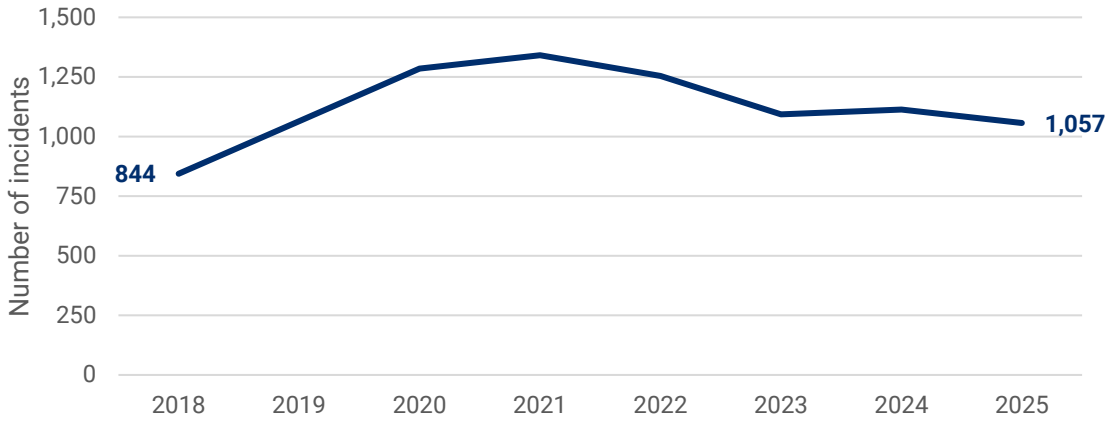
EMS incidents

Note: EMS incidents are limited to 911 responses by ground-transporting agencies.

Trends

From 2018 to 2025, there were an average of 1,131 methamphetamine-related EMS incidents each year. The number of incidents increased from 844 in 2018 to 1,341 in 2021. They declined from 2021 to 2023 and then stabilized through 2025, with 1,057 incidents in 2025. (Figure 13).[13]

FIGURE 13. METHAMPHETAMINE-RELATED EMS INCIDENTS DECLINED FROM 2021 TO 2023 AND LATER STABILIZED



Meth-related EMS incident counts, Montana, 2018-2025.

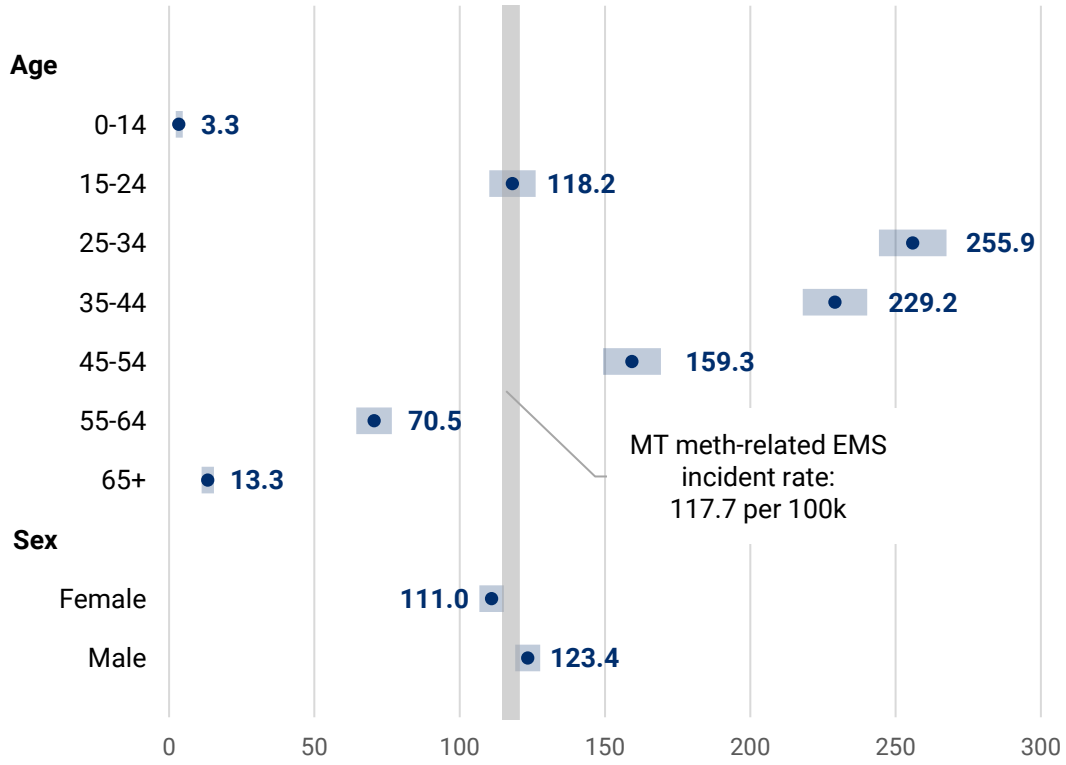
Source: MT EMS Dataset, 2018-2025

Demographics

Methamphetamine-related EMS incidents are more common among adults aged 25-44. The Montana age-adjusted methamphetamine-related EMS incident rate from 2020-2024 was 117.7 per 100k residents (n=6,086). People aged 25-34 had the highest age-specific rate (255.9 per 100k residents; n=1,860), over double the state rate. Age-adjusted rates by sex were more comparable to the state rate, although males had a higher rate than females. See Figure 14 and Appendix 3, Table 15 for further details.[13]

Race data is missing for approximately 13% of methamphetamine-related EMS incidents.[13] Because of this, we did not include race in demographic analyses.

FIGURE 14. METHAMPHETAMINE-RELATED EMS INCIDENTS ARE HIGHEST FOR ADULTS AGED 25-44



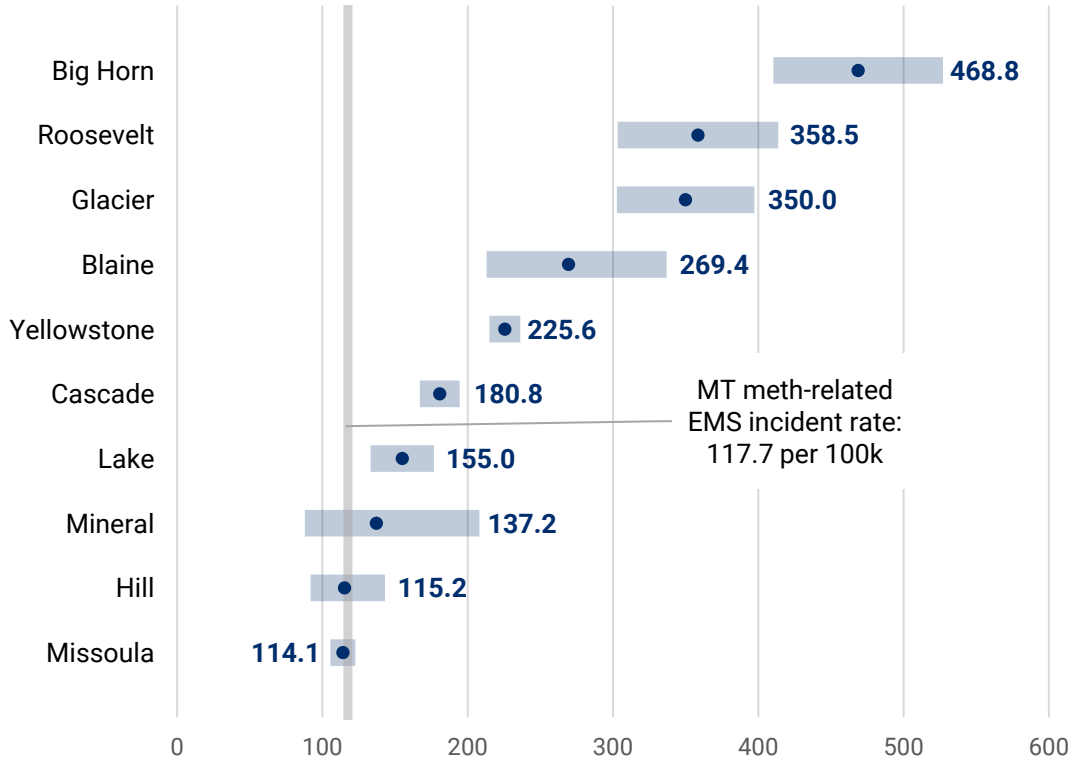
Rates of methamphetamine-related EMS incidents per 100k residents, 2020-2024. Pale bands around each dot represent the 95% confidence interval. Sex rates are age-adjusted.

Source: MT EMS Dataset, 2020-2024

Geography

Big Horn, Roosevelt, Glacier, Blaine, and Yellowstone counties had the highest methamphetamine-related EMS incident rates in the state. Big Horn County had the highest county rate at 468.8 per 100k residents (n=258), about four times the state rate. Park County had the lowest county rate at 31.3 per 100k residents (n=24).[13] Notably, the top five counties with the highest rates also overlap with Indian reservation lands. Not all counties had enough methamphetamine-related EMS incidents to produce a rate for comparison. See Figure 15 and Appendix 3, Table 16 for further details.

FIGURE 15. BIG HORN, ROOSEVELT, AND GLACIER COUNTIES HAD THE HIGHEST METHAMPHETAMINE-RELATED EMS INCIDENT RATES



Age-adjusted rates of stimulant overdose ED visits and hospitalizations per 100k residents, 2020-2024. Pale bands around each dot represent the 95% confidence interval.

Source: MT EMS Dataset, 2020-2024

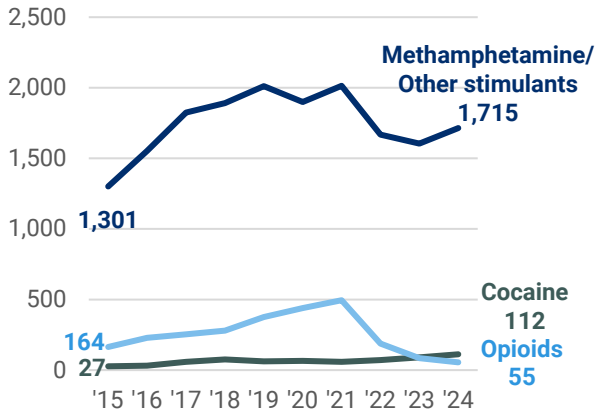
Drug seizures

From 2015 to 2024, there was a 32% increase in the number of methamphetamine and other stimulant seizures in Montana (excluding cocaine). This increase mainly occurred from 2015 to 2019. Methamphetamine and other stimulants made up the majority of drug seizures over the past ten years (Figure 16).[14]

As mentioned in Mortality, nearly half of methamphetamine overdose deaths also involved an opioid. This could happen if a person knowingly consumes both drugs or if a person consumes methamphetamine that is adulterated with fentanyl. Analysis of seized drug samples tested through the Montana Forensic Sciences Division reveals that methamphetamine is rarely contaminated with other drugs, with 93.3% of methamphetamine samples containing only methamphetamine. However, fentanyl is the most common drug found in combination with methamphetamine (Figure 17).[15] If a methamphetamine user were to use drugs from an adulterated supply, though uncommon, they may be more likely to overdose because they have not built up a tolerance to opioids.

Of note, carfentantil was detected alongside methamphetamine in one sample in 2024.[15] This is concerning due to carfentanil's extreme potency (100 times more potent than fentanyl) and will continue to be monitored.

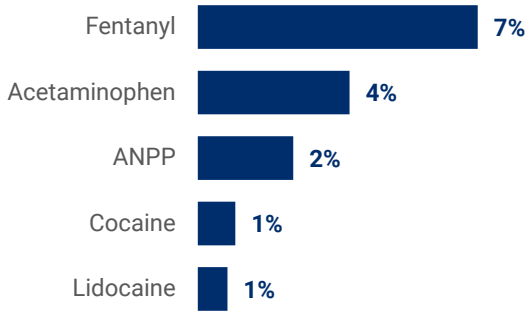
FIGURE 16. METHAMPETAMINE HAS BEEN THE MOST FREQUENTLY SEIZED DRUG OVER THE PAST TEN YEARS.



Count of drug seizures by type of drug.

Source: Montana Incident Based Reporting System, 2015-2024

FIGURE 17. METHAMPHETAMINE ADULTERATION IS UNCOMMON, BUT MOST OFTEN INVOLVES FENTANYL.



Percentages of top drugs found in drug samples containing methamphetamine. Based on the total number of samples containing methamphetamine in 2024 (n=2,587).

Source: MT Forensic Sciences Division, 2024

Discussion

Data implications

Most indicators of methamphetamine use and associated outcomes show a peak around 2021, followed by a gradual decline. These trends are in agreement with most national comparison data, though national rates for some stimulant/methamphetamine indicators, such as fatalities, are generally higher than Montana rates.

A few indicators (stimulant overdose hospitalizations, methamphetamine-related EMS incidents, and methamphetamine drug seizures) show increases in the most recent year of data (2024 or 2025). At this point, it is unclear whether these increases are indicative of a changing trend or short-term anomalies in the data.

While indicators such as stimulant overdose death rates show decreases, recent rate estimates are still higher than historical rates. This suggests that the burden of methamphetamine use remains a serious concern in Montana and efforts to prevent methamphetamine use and support evidence-based treatment should continue.

Prevention and treatment opportunities

Evidence-based prevention

Evidence-based prevention strategies tend to focus on the risk and protective factors associated with youth substance use and are not generally tied to a particular substance. Interventions can be carried out in diverse settings, including families, schools, communities, and healthcare settings. Resource guides are available for prevention professionals to select evidence-based prevention activities appropriate for their setting.[16,17]

Montana's substance use block grant provides support to primary prevention activities throughout the state.[18] Block grant recipients implement comprehensive evidence-based prevention programs tailored to their community. Prevention specialists serve all Montana communities.[19] Local governments, tribes, and private entities also support prevention activities statewide, however they are not discussed further in this report.

Evidence-based treatment

Although there are effective medications for treating some substance use disorders, there are no current medications specifically for treating methamphetamine use disorders.[20-22] Most treatments for methamphetamine addiction are behavioral, and the American Society of Addiction Medicine recommends contingency management (CM) as a primary component of stimulant use disorder treatment.[22] CM is a treatment approach

that involves providing small, tangible rewards such as cash or gift cards when patients submit methamphetamine-free urine samples.[23] Other evidence-based treatment options include cognitive-behavioral therapy (CBT), the Matrix Model, and Community Reinforcement Approach (CRA).[22] Clinicians should assess for any co-occurring disorders or additional circumstances to consider when planning patient treatment.[22]

In 2021, JG Research published a report on the state of stimulant disorder treatment in Montana, including recommendations to fill gaps related to stimulant use disorder treatment.[24]

The Montana Department of Public Health and Human Services (DPHHS) oversees substance use disorder (SUD) services for both adult and adolescent populations across Montana. Lists of state-approved providers, residential treatment facilities, and recovery residences can be found on the Montana Public Health and Safety Division (PHSD) website.[25,26] Other state efforts to support substance use treatment include:

- Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative.[27] According to the DPHHS website, "The HEART Initiative utilizes tax revenue from the sale of recreational marijuana to leverage additional Medicaid funding through a federal match. With the federal match, the Initiative invests up to $25 million a year in programs to provide a full continuum of behavioral health and treatment programs for Montana communities. A cornerstone of the Initiative is the HEART 1115 waiver, which DPHHS submitted to the Centers for Medicare and Medicaid Services (CMS) for approval in 2021. This 1115 Waiver requests federal approval to use Medicaid funds for services that are not currently reimbursable through Medicaid. All four components of the waiver – evidence-based stimulant use disorder treatment, tenancy support services, reentry services, and substance use disorder treatment in larger facilities – are approved."
- Overdose Data to Action in States (OD2A-S).[28] DPHHS receives funding from CDC's Overdose Data to Action in States Cooperative Agreement to maintain surveillance efforts and use data to inform evidence-based activities, including support for peer navigators and improved pathways to evidence-based treatment.
- State Opioid Response (SOR).[29] DPHHS receives funding from SAMHSA's SOR grant to expand the use of evidence-based treatment modalities in Montana. While the focus of this grant is opioids, funds may also be used to support evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.
- Behavioral Health System for Future Generations (BHSFG).[30] This effort, put in place in 2023 through House Bill 872, provides $300 million to reform and enhance

Montana's behavioral health and developmental disabilities service systems. This funding covers a broad range of efforts to improve behavioral healthcare in Montana, including expansion and sustainability of Certified Community Behavioral Health Clinics, with the intent to build a more integrated mental health and substance use treatment system.

Future efforts

Surveillance efforts to understand stimulant use prevalence and outcomes will continue. In future reports we hope to have additional indicators specific to methamphetamine use, as well as additional detailed analyses based on emerging issues and topics of interest.

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Appendix A. Data source notes

Prevalence

National Survey on Drug Use and Health (NSDUH)[5]

- Description: NSDUH is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years and older. State estimates are based on small area estimation (SAE) methodology in which state-level NSDUH data are combined with county and census block group/tract-level data from the state. NSDUH provides state-level estimates; no additional analyses were performed.
- Definition: Questions about methamphetamine were prefaced by the statement: "Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, 'snorted,' swallowed or injected."
- Limitations: Survey responses about stigmatized behavior such as illicit drug use may suffer from underreporting.

Youth Risk Behavior Survey (YRBS)[6,7]

- Description: The YRBS monitors health-related behaviors and experiences through a national school-based survey conducted by the CDC and state, territorial, tribal, and local agencies and tribal governments. Results are representative of high school students in grades 9 through 12 in all schools in Montana.
- Definition: The YRBS question about methamphetamine asks, "During your life, how many times have you used methamphetamines (also called speed, crystal meth, crank, ice, or meth)? Any answer greater than 0 is considered lifetime use.
- Limitations: YRBS data applies only to students and are not necessarily representative of all persons in this age group. Survey responses about stigmatized behavior such as illicit drug use may suffer from underreporting. Paradoxically, some teens may overreport stigmatized behavior.

Mortality

Vital Statistics[9]

- Description: The Montana Office of Vital Records collects data on all deaths that occur in Montana or that occur to a Montana resident out-of-state. Vital events are required to be reported by law, ensuring nearly 100% registration. However, for out-of-state deaths, the Office of Vital Records relies on other jurisdictions to transfer

records. It is unlikely that Montana receives 100% of these out-of-state records, therefore, state records may vary slightly from nationally published statistics.

- Definition: Stimulant deaths were defined as a Montana resident death with:
  - An underlying cause of death ICD-10 code:
    - X40-X44 (accidental poisoning), or
    - X60-X64 (intentional self-poisoning), or
    - X85 (assault by poisoning), or
    - Y10-Y14 (poisoning with unknown intent)
  - AND a contributing cause of death code of T40.5 (cocaine) or T43.6 (psychostimulant with abuse potential)
- Limitations:
  - There is no ICD-10 code that is directly associated with methamphetamine. Methamphetamine falls within the class of "psychostimulants with abuse potential," which contains other substances such as amphetamines, MDMA (ecstasy), and caffeine.
  - Data on methamphetamine overdose deaths are best obtained from SUDORS, described later in this section. However, SUDORS is not available for a long enough period to provide long-term trends. Stimulant overdoses were presented instead to improve interpretability. Because over 90% of stimulant overdose deaths in Montana involve methamphetamine, these trends should be similar to those of methamphetamine overdose deaths.

CDC WONDER—Underlying Cause of Death[10]

- Description: CDC WONDER is an integrated information and communication system for public health. The Multiple Cause of Death database contains mortality and population counts for all U.S. counties based on death certificates for U.S. residents.
- Definition: Stimulant deaths were queried using the following criteria:
  - An underlying cause of death ICD-10 code:
    - X40-X44 (accidental poisoning), or
    - X60-X64 (intentional self-poisoning), or
    - X85 (assault by poisoning), or
    - Y10-Y14 (poisoning with unknown intent)
  - AND a contributing cause of death code of T40.5 (cocaine) or T43.6 (psychostimulant with abuse potential)
- Limitations: See vital statistics.

State Unintentional Drug Overdose Reporting System (SUDORS)[11]

- Description: SUDORS collects data on all fatal unintentional/undetermined intent overdoses that occur in Montana (regardless of residency) from death certificates, coroner/medical examiner reports, and toxicology reports into one database that provides enhanced context and detail about overdose deaths.
- Definition: Deaths with methamphetamine listed as a cause of death in toxicology reports were included.
- Limitations: SUDORS data are limited to overdose deaths of unintentional and undetermined intent. Montana began participating in SUDORS in 2019, so long-term trends are unavailable.

Morbidity

Montana Hospital Discharge Data System (MHDDS)[12]

- Description: Hospital data in this report were taken from the Montana Hospital Discharge Data System (MHDDS). MHDDS data are based on elements from the Uniform Billing 2004 form. MHDDS data are provided courtesy of participating Montana Hospital Association (MHA) members and represents approximately 85% of annual hospital discharges in Montana. ED visits resulting in admission are included in the hospitalization dataset only.
- Definition: Stimulant overdose visits were identified if there was any mention of an ICD-10-CM code of T43.6 (Poisoning by or adverse effect of psychostimulants) Stimulant use, abuse and dependence visits were identified if there was any mention of an ICD-10-CM code of F14 (cocaine-related disorders) or F15 (other stimulant-related disorders)
- Other criteria: Records are restricted to Montana residents that are not missing data on age, sex, or county of residence.
- Limitations:
    - These data do not include Montana residents hospitalized out-of-state and does not include information from federal facilities such as Indian Health Service hospitals or Veterans Affairs hospitals. It also does not include data from the Montana State Hospital.
    - T43.6 includes methamphetamine as well as amphetamines, ecstasy, and other stimulants. A T43.6 code is present in over 90% of all stimulant overdose Montana hospital and ED visits from 2016-2024. Data are presented for all stimulants to improve interpretability.
    - A methamphetamine-specific ICD-10-CM code, T43.65, was introduced on October 1, 2022. Due to the short timeframe in which this code was

available, we are unable to report on long-term trends or rate comparisons for methamphetamine but anticipate being able to do so in future reports.
    - MHA participation is voluntary and coverage may fluctuate if a facility changes their membership status.

Emergency Medical Services (EMS) Data[13]

- Description: Emergency medical services (EMS) data consist of patient care documentation collected by emergency care providers. Montana statute requires all ground transporting agencies (GTAs) and air medical agencies (AMAs) licensed in the state to submit a patient care report (PCR) for each patient encountered during an EMS activation. EMS data capture agency information, patient demographics, response times, incident location, prehospital interventions, and treatments provided to the patient. PCRs must be compliant with National Emergency Medical Services Information System (NEMSIS) standards.
- Definition: Methamphetamine-related cases were defined as:
    - Incident location: Montana
    - Agency type: Ground transport
    - Response type: 911 response
    - Keywords: Narrative or chief/secondary complaint contains "meth" or "methamphetamine". The search excludes terms containing the text “meth,” such as “Methodist” or “something.” The search also excludes certain phrases such as “denies meth use”
- Limitations:
    - While EMS data cannot be used to conclusively identify methamphetamine-related incidents, these criteria can identify overdose, use, treatment, withdrawal, or history of methamphetamine use based on terms or phrases found in the record narrative, which is a free text entry field. However, they may also catch mentions of methamphetamine that are unrelated to the incident, such as a patient report of meth use one week prior.
    - Each record represents one report of an EMS incident. If multiple agencies respond to the same incident (EMS and fire, for example), this can lead to duplicate cases. Limiting counts to 911 responses and ground-transporting agencies helps to limit duplicate records.
    - EMS data are dynamic and subject to change as records are updated, so numbers may not match published dashboards. The data for this report were pulled on March 13, 2026.

Crime data

National Incident Based Reporting System (NIBRS)[14]

- Description: NIBRS is part of the FBI's Uniform Crime Reporting (UCR) program. NIBRS captures detailed information on crime incidents that allow for detailed analyses on the type and context of crimes that occur. States can add additional data components at their discretion. NIBRS collects data on drug seizures and the specific drug involved in drug seizures.
- Definition: Count of drug seizures involving methamphetamine.
- Limitations:
    - In Montana, NIBRS reporting is voluntary. Agencies that do not submit to NIBRS include Montana Highway Patrol/Montana Department of Justice, Gambling Control, Fish, Wildlife, and Parks, and tribal law enforcement.
    - If multiple drugs are involved in an incident, the officer may select "X = Over 3 Drug Types." If they are unsure or not confident in what they are seeing, they might select "U=Unknown Type Drug". Both situations have the potential to lower the counts in other categories, including methamphetamine.

Montana State Crime Lab[15]

- Description: Seized drug case samples are analyzed by the Montana State Crime Lab. Counts are for samples analyzed and not cases submitted. Data is pulled from the same data sent monthly to the National Forensic Laboratory Information system (NFLIS). 90% of cases are completed in less than 82 days in the Chemistry section (based on the Billings lab- the Missoula lab turn-around is currently 31 days).
- Definition: Count of drug samples testing positive for methamphetamine and/or other drugs.
- Limitations:
    - Counts represent samples analyzed and not seizure counts or cases submitted. There are often multiple samples analyzed per case, so numbers will not match drug seizure totals.
    - Results may not be fully representative of the illicit drug supply in Montana.
    - Results are limited to the capabilities of lab instrumentation, and it may be difficult to incorporate testing for emerging and novel drugs.

Appendix B. Technical notes

Analysis

Age-adjusted death rates were calculated with the direct method using the 2000 U.S. standard population. Some analyses combined multiple years to improve precision of estimates. More about how rates were calculated can be found in the Public Health and Safety Division Rate Calculation Guidance.[31]

Data suppression in this report follows the Public Health and Safety Division Guidelines for Release of Public Health Data.[32] In general, counts in this report do not require suppression. Rates are suppressed for counts under 16 due to statistical instability.

Data were analyzed using R 4.5.0.

Race/ethnicity categorization

Due to the high prevalence of missing race data in MHDDS and EMS data, race analyses are not included for these data sources. Race categories used for SUDORS analyses are:

- American Indian or Alaska Native, Non-Hispanic
- White, Non-Hispanic
- All other races: Non-Hispanic Black, Non-Hispanic Asian, Non-Hispanic Native Hawaiian or Other Pacific Islander, Non-Hispanic Multiracial, Hispanic

When calculating rates, National Center for Health Statistics (NCHS) bridged-race population estimates were used years prior to 2021 and single race estimates from the Montana Census and Economic Information Center (CEIC) were used for 2021 and later.[33,34] Single race population estimates include a multi-racial category, resulting in a 38% reduction from 2020 to 2021 in the estimated population of Black Montanans and an 8% reduction for AI/AN Montanans.

Data discrepancies

Numbers in this report may vary slightly from other sources, which can be due to the following reasons:

- Different data sources: Multiple data sources may contain similar information but may not match exactly. For example, Vital Statistics contains death certificate data for all overdose deaths, while SUDORS contains data only for unintentional undetermined intent overdose deaths.
- Different inclusion criteria: Inclusion criteria may not match across all PHSD data products. For example, some queries may include all overdoses that occur in Montana, others may focus on Montana residents. Inclusion criteria can vary for

multiple reasons, such as the intended use of the data and alignment with case definitions.

- **Updated data:** Some data sources can be regularly updated with new information, which can result in minor fluctuations in numbers. These fluctuations tend to have minimal influence on statistical findings.

Limitations

Underreporting

This report presents data on methamphetamine use and overdose that are recorded within death certificates, hospital records, and EMS reporting. It does not capture overdoses that go unreported, for example an overdose where the person did not seek medical attention from EMS or an ED.

For data based on self-report, such as past-year or lifetime use, survey respondents may not always respond honestly.

In some cases, data may miss overdoses that were misclassified as another cause, such as a cardiac event.

Other limitations

See Appendix A for additional limitations specific to each data source.

Appendix C. Reference Tables

TABLE 1. SELF-REPORTED PAST-YEAR METHAMPHETAMINE USE AMONG ADULTS AGED 18+, MONTANA, WEST, AND UNITED STATES, 2021-2024

Location	Years	Estimate	Lower CI	Upper CI
Montana	2021-2022	1.7%	0.9%	2.9%
Montana	2022-2023	1.5%	0.9%	2.4%
Montana	2023-2024	2.1%	1.3%	3.4%
West	2021-2022	1.4%	1.1%	1.7%
West	2022-2023	1.3%	1.1%	1.6%
West	2023-2024	1.1%	0.9%	1.3%
United States	2021-2022	1.0%	0.9%	1.2%
United States	2022-2023	1.0%	0.9%	1.2%
United States	2023-2024	0.9%	0.8%	1.1%

Western states include Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming

CI: Bayesian credible interval. Bounds represent a 95% credible interval.

Data source: National Survey on Drug Use and Health, 2021-2024

TABLE 2. LIFETIME METHAMPHETAMINE USE AMONG HIGH SCHOOL STUDENTS, MONTANA AND UNITED STATES, 2013-2023

Location	Year	Estimate	Lower CI	Upper CI
Montana	2013	3.6%	3.0%	4.3%
Montana	2015	3.0%	2.3%	3.9%
Montana	2017	2.2%	1.8%	2.7%
Montana	2019	2.4%	1.7%	3.2%
Montana	2021	1.9%	1.5%	2.6%
Montana	2023	2.6%	1.9%	3.5%
United States	2013	3.2%	2.6%	4.0%
United States	2015	3.0%	2.4%	3.8%
United States	2017	2.5%	2.0%	3.0%
United States	2019	2.1%	1.6%	2.8%
United States	2021	1.8%	1.5%	2.1%
United States	2023	1.8%	1.1%	2.9%

CI: Confidence interval. Bounds represent a 95% confidence interval.

Data source: Youth Risk Behavior Survey, 2013-2023

TABLE 3. STIMULANT OVERDOSE DEATHS, MONTANA AND UNITED STATES, 2015-2024

Location	Year	Count	Rate	Lower CI	Upper CI
Montana	2015	30	3.1	2.1	4.6
Montana	2016	21	2.2	1.4	3.5
Montana	2017	24	2.5	1.6	3.8
Montana	2018	31	3.3	2.3	4.8
Montana	2019	61	6.3	4.8	8.1
Montana	2020	69	6.8	5.3	8.7
Montana	2021	94	9.5	7.7	11.7
Montana	2022	84	7.9	6.2	9.8
Montana	2023	90	8.2	6.6	10.2
Montana	2024	83	7.3	5.8	9.2
United States	2015	12,122	3.8	3.7	3.9
United States	2016	17,258	5.4	5.3	5.5
United States	2017	23,139	7.2	7.1	7.3
United States	2018	25,877	8.0	7.9	8.1
United States	2019	30,231	9.3	9.2	9.4
United States	2020	40,643	12.6	12.4	12.7
United States	2021	53,495	16.3	16.1	16.4
United States	2022	57,497	17.4	17.3	17.5
United States	2023	59,725	17.8	17.6	17.9
United States	2024	46,971	13.9	13.7	14

CI: Confidence interval. Bounds represent a 95% confidence interval.

Rates are age-adjusted per 100k residents

Data source: Montana Vital Statistics, 2015-2024 and CDC WONDER, 2015-2024

TABLE 4. METHAMPHETAMINE OVERDOSE DEATHS WITH OPIOID INVOLVEMENT, MONTANA, 2020-2024

Year	Methamphetamine overdose deaths	Methamphetamine overdose deaths involving opioids	Percent
2020	59	25	42%
2021	63	23	37%
2022	83	35	42%
2023	89	49	55%
2024	87	37	43%
Total	381	169	44%

Opioid involvement is counted when toxicology results listed an opioid listed contributing to cause of death.

Source: SUDORS, 2020-2024

TABLE 5. METHAMPHETAMINE OVERDOSE DEATHS BY DEMOGRAPHIC, MONTANA, 2020-2024

Category	Demographic	Count	Rate	Lower CI	Upper CI
Race	AI/AN	93	31.2	25.1	38.8
Race	White	259	5.6	4.9	6.3
Race	All other races	29	6.5	4.3	9.8
Age Group	0-14	0	-	-	-
Age Group	15-24	19	2.7	1.6	4.2
Age Group	25-34	79	10.9	8.6	13.6
Age Group	35-44	107	15.0	12.1	17.8
Age Group	45-54	81	13.2	10.5	16.4
Age Group	55-64	76	10.5	8.3	13.2
Age Group	65+	19	1.7	1.0	2.6
Sex	Female	133	5.0	4.2	5.9
Sex	Male	248	9.1	8.0	10.3
Overall		381	7.1	6.4	7.9

CI: Confidence interval. Bounds represent a 95% confidence interval.

Race and sex rates are age-adjusted per 100k residents. Age-group rates are crude rates.

Source: SUDORS, 2020-2024

TABLE 6. METHAMPHETAMINE OVERDOSE DEATHS BY COUNTY, MONTANA, 2020-2024

County	Count	Rate	Lower CI	Upper CI
Beaverhead	3	-	-	-
Big Horn	3	-	-	-
Blaine	3	-	-	-
Broadwater	2	-	-	-
Carbon	0	-	-	-
Carter	0	-	-	-
Cascade	29	7.4	4.9	10.8
Chouteau	2	-	-	-
Custer	5	-	-	-
Daniels	0	-	-	-
Dawson	2	-	-	-
Deer Lodge	5	-	-	-
Fallon	1	-	-	-
Fergus	1	-	-	-
Flathead	40	7.3	5.2	10.2
Gallatin	18	2.7	1.6	4.5
Garfield	0	-	-	-
Glacier	10	-	-	-
Golden Valley	0	-	-	-
Granite	1	-	-	-
Hill	11	-	-	-
Jefferson	3	-	-	-
Judith Basin	0	-	-	-
Lake	15	-	-	-
Lewis and Clark	13	-	-	-
Liberty	0	-	-	-
Lincoln	1	-	-	-
McCone	0	-	-	-
Madison	1	-	-	-
Meagher	0	-	-	-
Mineral	1	-	-	-
Missoula	35	5.5	3.8	7.9
Musselshell	2	-	-	-
Park	6	-	-	-
Petroleum	0	-	-	-
Phillips	1	-	-	-
Pondera	2	-	-	-
Powder River	0	-	-	-
Powell	4	-	-	-
Prairie	0	-	-	-
Ravalli	6	-	-	-
Richland	3	-	-	-
Roosevelt	10	-	-	-
Rosebud	7	-	-	-
Sanders	4	-	-	-
Sheridan	1	-	-	-
Silver Bow	27	15.7	10.2	23.4

County	Count	Rate	Lower CI	Upper CI
Stillwater	0	-	-	-
Sweet Grass	1	-	-	-
Teton	0	-	-	-
Toole	0	-	-	-
Treasure	0	-	-	-
Valley	5	-	-	-
Wheatland	0	-	-	-
Wibaux	0	-	-	-
Yellowstone	83	10.3	8.2	12.9
Unknown	14	-	-	-
Overall	381	7.1	6.4	7.9

CI: Confidence interval. Bounds represent a 95% confidence interval.

County rates are age-adjusted per 100k residents. Rates for counts under 16 are not shown due to statistical instability. Fourteen deaths were missing county information.

Data source: SUDORS, 2020-2024

TABLE 7. STIMULANT OVERDOSE ED VISIT AND HOSPITALIZATION RATES, MONTANA, 2016-2024

Type	Year	Count	Rate	Lower CI	Upper CI
ED visits	2016	80	8.5	6.7	10.6
ED visits	2017	77	8.4	6.6	10.6
ED visits	2018	86	9.1	7.2	11.2
ED visits	2019	94	9.9	8.0	12.2
ED visits	2020	90	9.3	7.5	11.5
ED visits	2021	92	9.4	7.6	11.6
ED visits	2022	68	6.7	5.2	8.5
ED visits	2023	69	6.9	5.4	8.8
ED visits	2024	66	6.5	5.0	8.3
Hospitalizations	2016	65	6.8	5.2	8.8
Hospitalizations	2017	77	8.4	6.6	10.5
Hospitalizations	2018	72	7.5	5.8	9.5
Hospitalizations	2019	97	10.2	8.2	12.5
Hospitalizations	2020	91	9.2	7.3	11.3
Hospitalizations	2021	84	8.3	6.6	10.4
Hospitalizations	2022	69	6.8	5.3	8.7
Hospitalizations	2023	57	5.5	4.1	7.1
Hospitalizations	2024	78	7.3	5.7	9.2

CI: Confidence interval. Bounds represent a 95% confidence interval.

Rates are age-adjusted per 100k residents

Data source: MHDDS, 2016-2024

TABLE 8. STIMULANT USE, ABUSE, OR DEPENDENCE ED VISIT AND HOSPITALIZATION RATES, MONTANA, 2016-2024

Type	Year	Count	Rate	Lower CI	Upper CI
ED visits	2016	1,888	202.0	192.7	211.2
ED visits	2017	2,166	230.1	220.3	240.0
ED visits	2018	2,549	268.6	258.0	279.2
ED visits	2019	2,814	295.5	284.4	306.5
ED visits	2020	3,167	329.5	317.9	341.2
ED visits	2021	3,635	364.7	352.7	376.7
ED visits	2022	2,805	275.8	265.4	286.1
ED visits	2023	2,100	202.4	193.6	211.2
ED visits	2024	2,014	193.9	185.3	202.4
Hospitalizations	2016	1,563	168.6	160.1	177.1
Hospitalizations	2017	1,889	201.8	192.5	211.0
Hospitalizations	2018	1,903	198.2	189.1	207.2
Hospitalizations	2019	1,907	197.7	188.7	206.7
Hospitalizations	2020	1,923	196.2	187.3	205.2
Hospitalizations	2021	2,253	223.4	214.0	232.7
Hospitalizations	2022	2,029	195.2	186.5	203.8
Hospitalizations	2023	1,825	171.6	163.6	179.6
Hospitalizations	2024	1,643	154.9	147.3	162.5

CI: Confidence interval. Bounds represent a 95% confidence interval.

Rates are age-adjusted per 100k residents

Data source: MHDDS, 2016-2024

TABLE 9. STIMULANT OVERDOSE ED VISITS AND HOSPITALIZATIONS BY INTENT, MONTANA, 2020-2024

Year	ED visits	Hospitalizations
Unintentional	246	235
Self-harm	114	130
Assault	5	11
Undetermined	20	3
Total	385	379

Source: MHDDS, 2020-2024

TABLE 10. STIMULANT OVERDOSE ED VISITS AND HOSPITALIZATIONS BY DEMOGRAPHIC, MONTANA, 2020-2024

Type	Category	Demographic	Count	Rate	Lower CI	Upper CI
ED visits	Race	AI/AN	53	-	-	-
ED visits	Race	White	220	-	-	-
ED visits	Race	All other races	11	-	-	-
ED visits	Race	Missing/unknown	101	-	-	-
ED visits	Age Group	0-14	57	5.9	4.5	7.7
ED visits	Age Group	15-24	119	16.7	13.7	19.7
ED visits	Age Group	25-34	94	12.9	10.5	15.8
ED visits	Age Group	35-44	57	8.0	6.0	10.3
ED visits	Age Group	45-54	34	5.5	3.8	7.7
ED visits	Age Group	55-64	18	2.5	1.5	3.9
ED visits	Age Group	65+	6	-	-	-
ED visits	Sex	Female	190	8.0	6.8	9.1
ED visits	Sex	Male	195	7.5	6.5	8.6
ED visits	Overall		385	7.7	7.0	8.5
Hospitalizations	Race	AI/AN	62	-	-	-
Hospitalizations	Race	White	186	-	-	-
Hospitalizations	Race	All other races	21	-	-	-
Hospitalizations	Race	Missing/unknown	110	-	-	-
Hospitalizations	Age Group	0-14	23	2.4	1.5	3.6
Hospitalizations	Age Group	15-24	73	10.2	8.0	12.9
Hospitalizations	Age Group	25-34	85	11.7	9.3	14.5
Hospitalizations	Age Group	35-44	77	10.8	8.5	13.5
Hospitalizations	Age Group	45-54	68	11.1	8.6	14.0
Hospitalizations	Age Group	55-64	36	5.0	3.5	6.9
Hospitalizations	Age Group	65+	17	1.5	0.9	2.4
Hospitalizations	Sex	Female	178	7.4	6.3	8.4
Hospitalizations	Sex	Male	201	7.5	6.4	8.5
Hospitalizations	Overall		379	7.4	6.6	8.2

CI: Confidence interval. Bounds represent a 95% confidence interval.

Sex rates are age-adjusted per 100k residents. Age-group rates are crude rates. Rates for counts under 16 are not shown due to statistical instability. Rates for race not shown due to a high proportion of records missing race.

Source: MHDDS, 2020-2024

TABLE 11. STIMULANT OVERDOSE ED VISITS BY COUNTY, MONTANA, 2020-2024

County	Count	Rate	Lower CI	Upper CI
Beaverhead	1	-	-	-
Big Horn	4	-	-	-
Blaine	2	-	-	-
Broadwater	2	-	-	-
Carbon	1	-	-	-
Carter	0	-	-	-
Cascade	40	10.2	7.2	14.1
Chouteau	0	-	-	-
Custer	4	-	-	-
Daniels	0	-	-	-
Dawson	4	-	-	-
Deer Lodge	4	-	-	-
Fallon	0	-	-	-
Fergus	2	-	-	-
Flathead	20	4.0	2.4	6.3
Gallatin	25	4.2	2.7	6.3
Garfield	1	-	-	-
Glacier	12	-	-	-
Golden Valley	0	-	-	-
Granite	0	-	-	-
Hill	11	-	-	-
Jefferson	2	-	-	-
Judith Basin	0	-	-	-
Lake	16	12.7	7.3	20.8
Lewis and Clark	16	5.2	3.0	8.5
Liberty	0	-	-	-
Lincoln	6	-	-	-
McCone	0	-	-	-
Madison	1	-	-	-
Meagher	0	-	-	-
Mineral	2	-	-	-
Missoula	40	6.6	4.6	9.2
Musselshell	0	-	-	-
Park	5	-	-	-
Petroleum	0	-	-	-
Phillips	0	-	-	-
Pondera	2	-	-	-
Powder River	0	-	-	-
Powell	2	-	-	-
Prairie	0	-	-	-
Ravalli	10	-	-	-
Richland	3	-	-	-
Roosevelt	3	-	-	-
Rosebud	4	-	-	-
Sanders	4	-	-	-
Sheridan	1	-	-	-
Silver Bow	30	19.4	13.0	28.0
Stillwater	2	-	-	-

County	Count	Rate	Lower CI	Upper CI
Sweet Grass	1	-	-	-
Teton	1	-	-	-
Toole	3	-	-	-
Treasure	1	-	-	-
Valley	3	-	-	-
Wheatland	0	-	-	-
Wibaux	0	-	-	-
Yellowstone	94	12.3	9.9	15.1
Overall	385	7.7	7.0	8.5

CI: Confidence interval. Bounds represent a 95% confidence interval.

County rates are age-adjusted per 100k residents. Rates for counts under 16 are not shown due to statistical instability.

Data source: MHDDS, 2020-2024

TABLE 12. STIMULANT OVERDOSE HOSPITALIZATIONS BY COUNTY, MONTANA, 2020-2024

County	Count	Rate	Lower CI	Upper CI
Beaverhead	1	-	-	-
Big Horn	6	-	-	-
Blaine	7	-	-	-
Broadwater	0	-	-	-
Carbon	2	-	-	-
Carter	0	-	-	-
Cascade	56	14.4	10.8	18.9
Chouteau	0	-	-	-
Custer	2	-	-	-
Daniels	0	-	-	-
Dawson	0	-	-	-
Deer Lodge	1	-	-	-
Fallon	0	-	-	-
Fergus	0	-	-	-
Flathead	20	4.0	2.4	6.3
Gallatin	18	3.1	1.8	5.0
Garfield	0	-	-	-
Glacier	15	-	-	-
Golden Valley	0	-	-	-
Granite	0	-	-	-
Hill	18	26.7	15.7	42.6
Jefferson	2	-	-	-
Judith Basin	1	-	-	-
Lake	10	-	-	-
Lewis and Clark	12	-	-	-
Liberty	2	-	-	-
Lincoln	1	-	-	-
McCone	0	-	-	-
Madison	0	-	-	-
Meagher	0	-	-	-
Mineral	0	-	-	-

County	Count	Rate	Lower CI	Upper CI
Missoula	37	6.3	4.4	8.8
Musselshell	3	-	-	-
Park	2	-	-	-
Petroleum	0	-	-	-
Phillips	1	-	-	-
Pondera	2	-	-	-
Powder River	0	-	-	-
Powell	0	-	-	-
Prairie	0	-	-	-
Ravalli	8	-	-	-
Richland	2	-	-	-
Roosevelt	3	-	-	-
Rosebud	6	-	-	-
Sanders	3	-	-	-
Sheridan	1	-	-	-
Silver Bow	14	-	-	-
Stillwater	1	-	-	-
Sweet Grass	1	-	-	-
Teton	5	-	-	-
Toole	1	-	-	-
Treasure	1	-	-	-
Valley	2	-	-	-
Wheatland	0	-	-	-
Wibaux	0	-	-	-
Yellowstone	112	14.2	11.5	16.8
Overall	379	7.4	6.6	8.2

CI: Confidence interval. Bounds represent a 95% confidence interval.

County rates are age-adjusted per 100k residents. Rates for counts under 16 are not shown due to statistical instability.

Data source: MHDDS, 2020-2024

TABLE 13. STIMULANT OVERDOSE ED VISIT AND HOSPITALIZATION CHARGES, MONTANA, 2016-2024

Type	Year	Count	Total Charges	Median Charge
ED visits	2016	80	$273,379	$2,566
ED visits	2017	77	$248,930	$2,405
ED visits	2018	86	$261,141	$2,179
ED visits	2019	94	$310,806	$2,447
ED visits	2020	90	$355,246	$2,896
ED visits	2021	92	$356,020	$2,581
ED visits	2022	68	$280,804	$2,479
ED visits	2023	69	$303,548	$3,378
ED visits	2024	66	$277,997	$2,855
ED visits	Total	722	$2,667,870	
Hospitalizations	2016	65	$1,043,425	$11,574
Hospitalizations	2017	77	$1,919,821	$13,251
Hospitalizations	2018	72	$1,716,273	$11,910
Hospitalizations	2019	97	$2,513,278	$13,286
Hospitalizations	2020	91	$2,147,007	$17,639
Hospitalizations	2021	84	$2,282,343	$16,526
Hospitalizations	2022	69	$1,859,945	$21,378
Hospitalizations	2023	57	$1,505,753	$19,909
Hospitalizations	2024	78	$2,752,505	$18,856
Hospitalizations	Total	690	$17,740,349	

Source: MHDDS, 2016-2024

TABLE 14. METHAMPHETAMINE-RELATED EMS INCIDENTS, MONTANA, 2018-2025

Year	Count	Rate	Lower CI	Upper CI
2018	844	86.7	80.7	92.7
2019	1,064	107.4	100.8	114.0
2020	1,285	129.9	122.6	137.2
2021	1,341	132.5	125.3	139.7
2022	1,254	119.4	112.7	126.2
2023	1,093	103.2	97.0	109.5
2024	1,113	104.9	98.7	111.2
2025	1,057	-	-	-

CI: Confidence interval. Bounds represent a 95% confidence interval.

Rates are age-adjusted per 100k residents. Population data not available for 2025 to produce rates.

Data source: Montana EMS dataset, 2018-2025

TABLE 15. METHAMPHETAMINE-RELATED EMS INCIDENTS BY DEMOGRAPHIC, MONTANA, 2020-2024

Category	Demographic	Count	Rate	Lower CI	Upper CI
Race	AI/AN	1,993	-	-	-
Race	White	2,691	-	-	-
Race	All other races	611	-	-	-
Race	Missing/unknown	791	-	-	-
Age Group	0-14	32	3.3	2.3	4.7
Age Group	15-24	842	118.2	110.2	126.1
Age Group	25-34	1,860	255.9	244.3	267.5
Age Group	35-44	1,638	229.2	218.1	240.2
Age Group	45-54	980	159.3	149.3	169.3
Age Group	55-64	509	70.5	64.4	76.7
Age Group	65+	150	13.3	11.2	15.4
Age Group	Missing/Unknown	75	-	-	-
Sex	Female	2,743	111.0	106.8	115.2
Sex	Male	3,266	123.4	119.1	127.7
Sex	Missing/Unknown	77	-	-	-
Overall		6,086	117.7	114.7	120.7

CI: Confidence interval. Bounds represent a 95% confidence interval.

Sex rates are age-adjusted per 100k residents. Age-group rates are crude rates. Rates for race not shown due to a high proportion of records missing race.

Source: Montana EMS dataset, 2020-2024

TABLE 16. METHAMPHETAMINE-RELATED EMS INCIDENTS BY COUNTY, MONTANA, 2020-2024

County	Count	Rate	Lower CI	Upper CI
Beaverhead	7	-	-	-
Big Horn	258	468.8	410.4	527.1
Blaine	80	269.4	213.0	337.0
Broadwater	10	-	-	-
Carbon	16	36.4	20.4	61.1
Carter	0	-	-	-
Cascade	700	180.8	167.0	194.5
Chouteau	3	-	-	-
Custer	45	83.3	60.5	112.5
Daniels	0	-	-	-
Dawson	6	-	-	-
Deer Lodge	7	-	-	-
Fallon	3	-	-	-
Fergus	13	-	-	-
Flathead	381	76.2	68.4	84.1
Gallatin	225	36.2	31.3	41.0
Garfield	2	-	-	-
Glacier	218	350.0	302.7	397.3
Golden Valley	1	-	-	-

County	Count	Rate	Lower CI	Upper CI
Granite	4	-	-	-
Hill	86	115.2	91.9	143.1
Jefferson	44	83.9	60.3	114.3
Judith Basin	0	-	-	-
Lake	200	155.0	133.2	176.8
Lewis and Clark	366	104.9	93.8	115.9
Liberty	0	-	-	-
Lincoln	26	38.1	24.7	56.6
McCone	0	-	-	-
Madison	7	-	-	-
Meagher	1	-	-	-
Mineral	26	137.2	87.9	208.1
Missoula	739	114.1	105.5	122.7
Musselshell	13	-	-	-
Park	24	31.3	19.8	47.9
Petroleum	0	-	-	-
Phillips	3	-	-	-
Pondera	22	86.9	53.6	134.1
Powder River	3	-	-	-
Powell	19	47.2	27.8	79.7
Prairie	2	-	-	-
Ravalli	80	42.5	33.4	53.5
Richland	29	57.3	38.2	83.0
Roosevelt	168	358.5	303.2	413.8
Rosebud	33	95.8	65.4	136.4
Sanders	33	70.4	47.6	101.1
Sheridan	10	-	-	-
Silver Bow	149	92.3	77.2	107.5
Stillwater	7	-	-	-
Sweet Grass	2	-	-	-
Teton	9	-	-	-
Toole	11	-	-	-
Treasure	2	-	-	-
Valley	25	85.8	55.0	128.0
Wheatland	2	-	-	-
Wibaux	1	-	-	-
Yellowstone	1,784	225.6	214.9	236.2
Unknown	181	-	-	-
Overall	6,086	117.7	114.7	120.7

CI: Confidence interval. Bounds represent a 95% confidence interval.

County rates are age-adjusted per 100k residents. Rates for counts under 16 are not shown due to statistical instability.

Data source: Montana EMS dataset, 2020-2024

TABLE 17. DRUG SEIZURE COUNTS BY DRUG TYPE, MONTANA, 2015-2024

Year	Cocaine	Opioids	Marijuana	Meth/ other stimulants	Other drugs	Unknown drugs	Total
2015	27	164	2,207	1,301	616	122	4,437
2016	31	228	2,332	1,553	623	113	4,880
2017	58	253	2,456	1,824	672	118	5,381
2018	75	280	2,351	1,891	603	110	5,310
2019	62	376	2,162	2,012	641	153	5,406
2020	65	439	1,747	1,899	486	116	4,752
2021	59	495	224	2,014	598	114	3,504
2022	71	188	176	1,668	813	131	3,047
2023	90	85	148	1,605	947	114	2,989
2024	112	55	82	1,715	430	49	2,443

Data source: Montana Incident Based Reporting System (NIBRS), 2015-2024

TABLE 18. TOP 10 SUBSTANCES FOUND IN SEIZED DRUG SAMPLES CONTAINING METHAMPHETAMINE, MONTANA, 2024

Substance	Count	% of methamphetamine samples
Fentanyl	179	6.9%
Acetaminophen	97	3.7%
ANPP	61	2.4%
Cocaine	24	0.9%
Lidocaine	19	0.7%
Caffeine	14	0.5%
BTMPS	11	0.4%
Xylazine	11	0.4%
Fluorofentanyl	10	0.4%
Dimethylsulfone	9	0.3%

Data source: Montana State Crime Lab, 2024