

Summary of Opioid Use in Montana

April 2026



DEPARTMENT OF
**PUBLIC HEALTH &
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, including public health professionals, healthcare providers, community organizations, law enforcement, and policymakers.

Suggested citation

Montana State Epidemiological Outcomes Workgroup. *Summary of Opioid Use in Montana*. Montana Department of Public Health and Human Services, 2026.

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Executive summary

Purpose

Summary of Opioid Use in Montana describes the available data about opioid 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 **3% of Montana adults reported opioid misuse** in the past year.
- From 2020 to 2024, about **three in five unintentional overdose deaths involved an opioid**, usually fentanyl.
- An average of **323 opioid overdoses and 949 opioid-related emergency department visits** occurred annually from 2020 to 2024, with annual counts decreasing since 2021.
- From 2018 to 2025, there were an average of **714 suspected opioid overdose EMS incidents each year**.
- **People aged 25-44 and American Indian populations** have the highest rates of opioid-related morbidity and mortality indicators.
- **Opioid drug seizures decreased 89%** from 2021 to 2024.
- Most indicators have declined since 2021, likely correlated with COVID-19 impacts. However, some indicators show more recent increases, while others remain higher than seen historically.

Next steps

Despite recent decreases in some morbidity and mortality indicators, opioid misuse 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 their communities' specific needs.

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

Background

About opioids

Opioids are powerful and addictive drugs that produce a variety of effects, including pain relief. Opioids act on receptors in the brain and nervous system to block pain signals but can also produce feelings of relaxation and euphoria. Negative effects include drowsiness, nausea, constipation, physical dependence, addiction, and increased risk of overdose.¹ Commonly known opioids include prescription pain medications (oxycodone, for example) as well as illicitly-manufactured fentanyl and heroin.

Opioids are typically classified by the U.S. Drug Enforcement Administration (DEA) as Schedule II substances. However, when combined at low dosages with other drugs such as acetaminophen, they may be classified as Schedule III. Opioid-based medications have wide use for pain relief when used as prescribed and following the [CDC Clinical Practice Guideline for Prescribing Opioids for Pain, 2022](#).² However, illicit opioid use and misuse of prescription medications are commonly associated with poor health outcomes, addiction, and overdose death.

About fentanyl

Fentanyl is a powerful synthetic opioid that is about 100 times more potent than morphine. Fentanyl can be prescribed as a pain medication in certain cases, such as to treat surgical pain. Although pharmaceutical fentanyl can be diverted for misuse, most cases of fentanyl-related morbidity and mortality have been linked to illegally made fentanyl and fentanyl analogs.³ Fentanyl is associated with a dramatic increase in overdose deaths over the past decade due to its potency, replacing prescription medications and heroin as the most common opioid associated with overdose death.³

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 is modeled after previous surveillance reports on drug use in Montana. It describes the available data about opioid 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 an opioid- or fentanyl-related event. When possible, efforts were made to distinguish between opioid types. [Appendix A](#) contains a description of the datasets, the definitions used to identify opioids, data limitations, and additional notes.

Prevalence

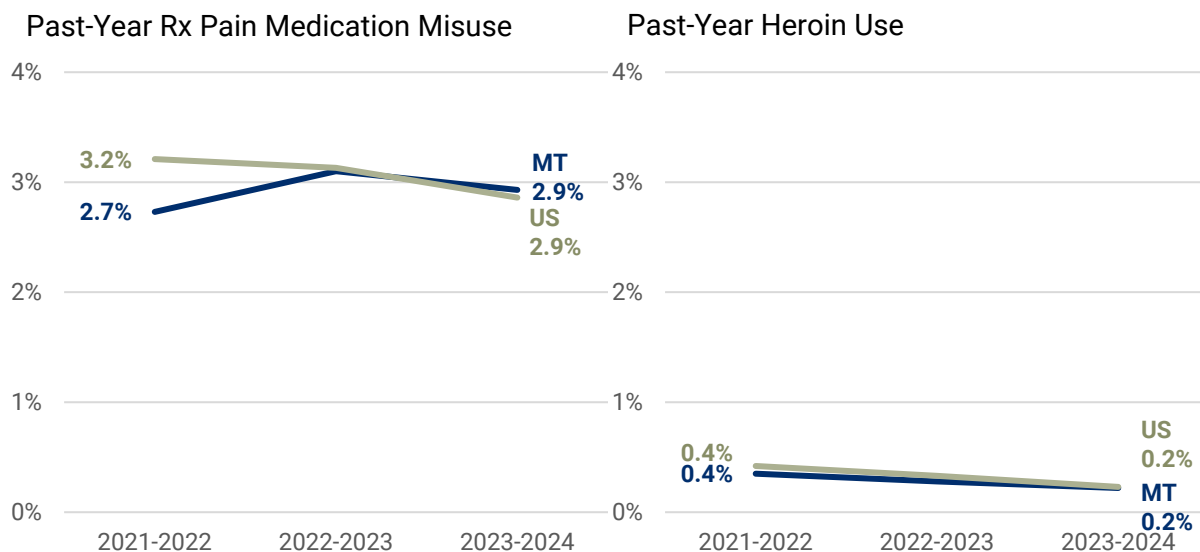
Adult opioid use

Note: Due to methodology changes, National Survey on Drug Use and Health (NSDUH) data from 2021 onward cannot be compared with previous years. As a result, long-term trend data is unavailable for this report.

Past-year prescription pain medication misuse: About 2.9% of Montana adults reported misusing prescription pain medications in the past year, which is the same as the national estimate (Figure 1). There were no statistically significant changes in the prevalence of past-year prescription pain medication misuse in Montana over time.⁴

Past-year heroin use: About 0.2% of Montana adults reported using heroin in the past year, which is the same as the national estimate (Figure 1). There were no statistically significant changes in the prevalence of past-year heroin use in Montana over time.⁴

FIGURE 1. SELF-REPORTED PAST-YEAR PRESCRIPTION (RX) PAIN MEDICATION MISUSE AND HEROIN USE IN MONTANA IS SIMILAR TO THE UNITED STATES



Self-reported past-year prescription pain medication misuse and heroin use among adults aged 18+, Montana and United States, 2021-2024

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

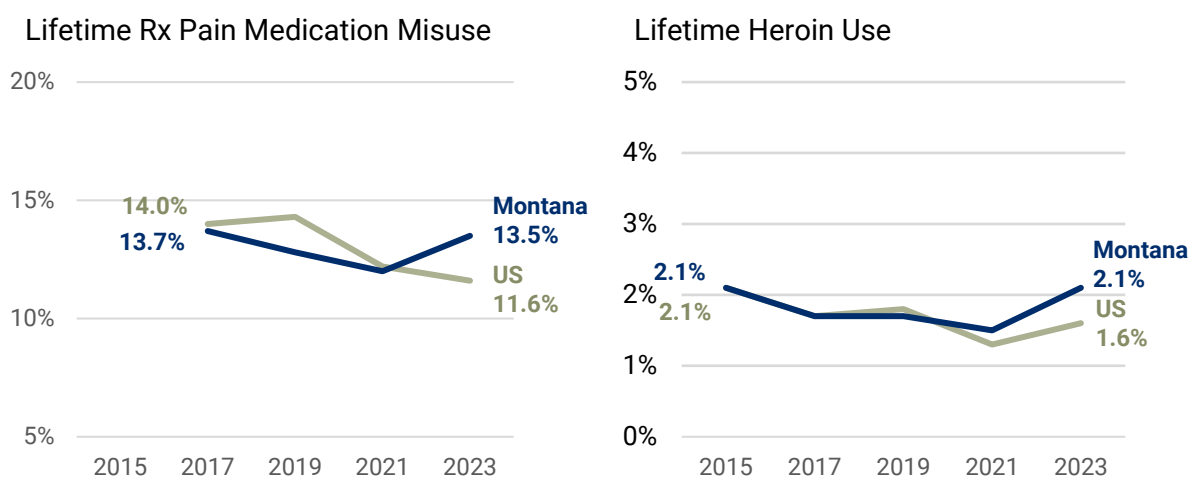
Youth opioid use

Lifetime prescription pain medication misuse: In 2023, 13.5% of Montana high school students reported ever misusing prescription pain medications in their lifetime, similar to the national estimate of 11.6% (Figure 2). Since 2017, the prevalence of lifetime prescription drug misuse has not changed in Montana, but has been decreasing nationally. [5.6](#)

Lifetime heroin use: In 2023, 2.1% of Montana high school students reported ever using heroin in their lifetime, similar to the national estimate of 1.6% (Figure 2). Since 2003, the prevalence of lifetime heroin use decreased both nationally and in Montana. [5.6](#)

Results are based on the Youth Risk Behavior Survey, which is conducted in a sample of Montana high schools in odd-numbered years.

FIGURE 2. SELF-REPORTED LIFETIME PRESCRIPTION (RX) PAIN MEDICATION MISUSE AND HEROIN USE AMONG HIGH SCHOOL STUDENTS IN MONTANA IS SIMILAR TO THE UNITED STATES



Data for lifetime prescription pain medication misuse not available for 2015.

Source: Youth Risk Behavior Survey, 2015-2023

Mortality

Mortality trends

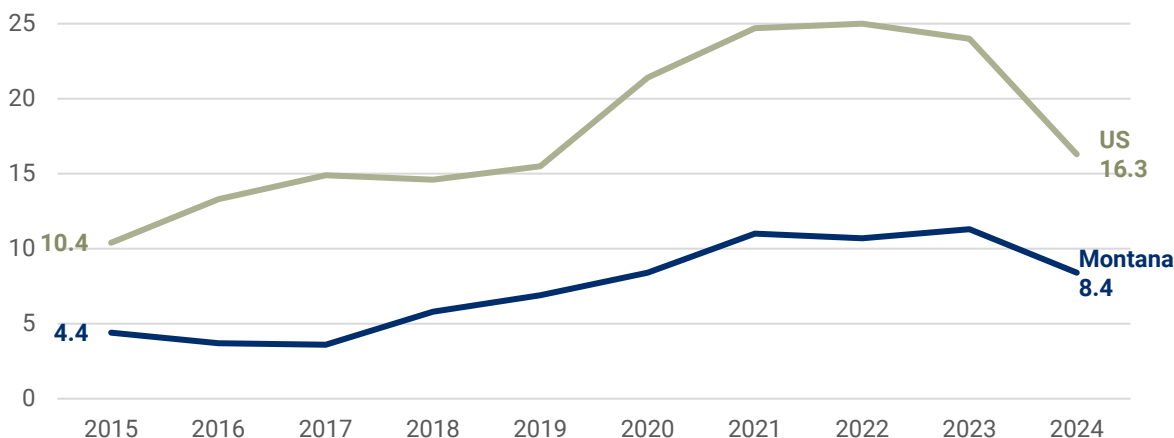
Note: Mortality data in this report are based on death certificate and State Unintentional Overdose Reporting System (SUDORS) data.

Overall trend analyses use death certificate data, which is the only source that allows for national comparisons and long-term trends. Opioid overdose death trends for the state and the nation are presented.

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 94% of opioid 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 an opioid overdose death rate of 8.4 per 100k residents, lower than the national rate of 16.3 per 100k (Figure 3).⁷⁸ In 2024, opioid overdose deaths declined substantially both nationally and in Montana. However, Montana’s rate remains about twice as high as the 2015 rate (4.4 per 100k residents).

FIGURE 3. OPIOID 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

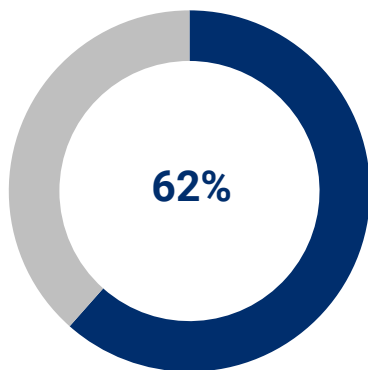
Proportion of total overdose deaths that involved opioids

From 2020-2024, about three in five people who died of a drug overdose had an opioid listed as cause of death (61.5%; 464 of 754 opioid 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).⁹

Additional substances

From 2020 to 2024, about two in three opioid overdose deaths listed at least one other drug as contributing to the death (n=293). Stimulants were the most common additional drug, with about two in five opioid overdose deaths listing a stimulant as cause of death (n=184).⁹

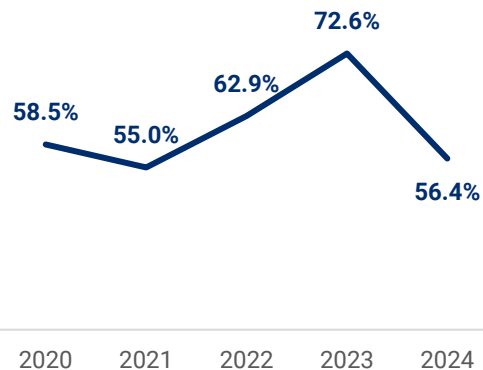
FIGURE 4. ABOUT THREE IN FIVE DRUG OVERDOSE DEATHS INVOLVED AN OPIOID



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

Source: SUDORS, 2020-2024

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



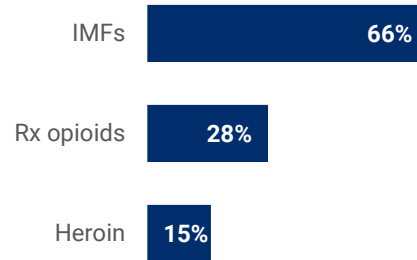
Proportion of overdose deaths with an opioid listed as contributing to cause of death.

Source: SUDORS, 2020-2024

Opioid types

The type of opioids involved in opioid overdose deaths has changed from 2020-2024. Overall, illegally-made fentanyls (IMFs) are most common, and were involved in two-thirds of opioid overdose deaths (Figure 6). However, the types of opioids involved has changed over time. IMF involvement surged from 33% in 2020 to 76% in 2022 and has remained stable since then. In contrast, heroin involvement dropped from 50% in 2020 to 5% in 2022, and has remained at very low levels. Prescription drug involvement stayed relatively consistent, with involvement in about one-third of opioid overdose deaths (Figure 7).⁹

FIGURE 6. MOST OPIOID OVERDOSE DEATHS INVOLVED IMFS



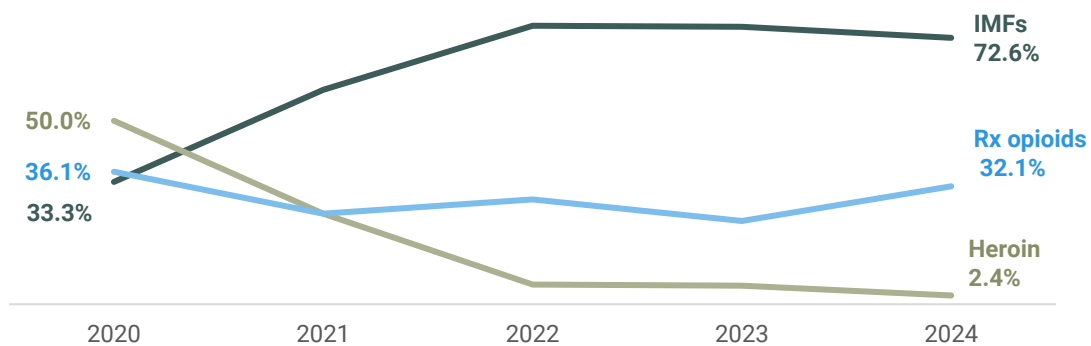
Proportion of opioid overdose deaths involving specific opioids. Because a death can involve multiple opioids, totals will not add to 100%.

IMFs: Illegally-made fentanyls

Rx: Prescription

Source: SUDORS, 2020-2024

FIGURE 7. OPIOID OVERDOSE DEATHS INVOLVING IMFS SURGED, WHILE THOSE INVOLVING HEROIN DROPPED TO NEAR ZERO.



Proportion of opioid overdose deaths involving specific opioids over time. Because a death can involve multiple opioids, totals will not add to 100%.

IMFs: Illegally-made fentanyls

Rx: Prescription

Source: SUDORS, 2020-2024

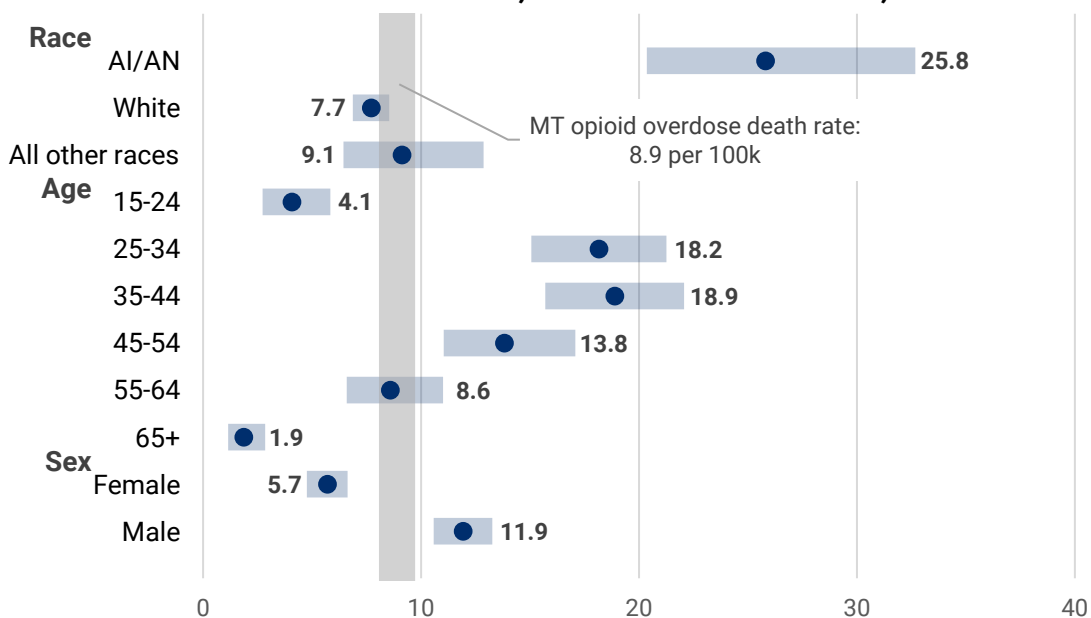
Demographics

Opioid overdose deaths are more common among American Indian/Alaskan Natives, working-age adults, and males. Overall, the Montana age-adjusted opioid overdose death rate from 2020-2024 was 8.9 per 100k residents (n=464). The Montana American Indian/Alaskan Native age-adjusted rate was 25.8 per 100k residents (n=80), about three times the state rate. People aged 35-44 had the highest age-specific rate (18.9 per 100k residents; n=135), over double the state rate. Males had an age-adjusted opioid overdose death rate of 11.9 per 100k (n=312). See Figure 8 and Appendix 3, Table 8 for further details.⁹

Geography

Too few Montana counties had sufficient counts of opioid overdose deaths to allow for comparisons. See Appendix 3, Table 9 for further details on county-specific data.

FIGURE 8. OPIOID OVERDOSE DEATHS ARE MORE COMMON AMONG AMERICAN INDIAN/ALASKAN NATIVES, WORKING-AGE ADULTS, AND MALES



Rates of unintentional/undetermined overdose deaths with an opioid 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 opioid overdose deaths in Montana among people under age 15.

Source: SUDORS, 2020-2024

Hospital and emergency department visits

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

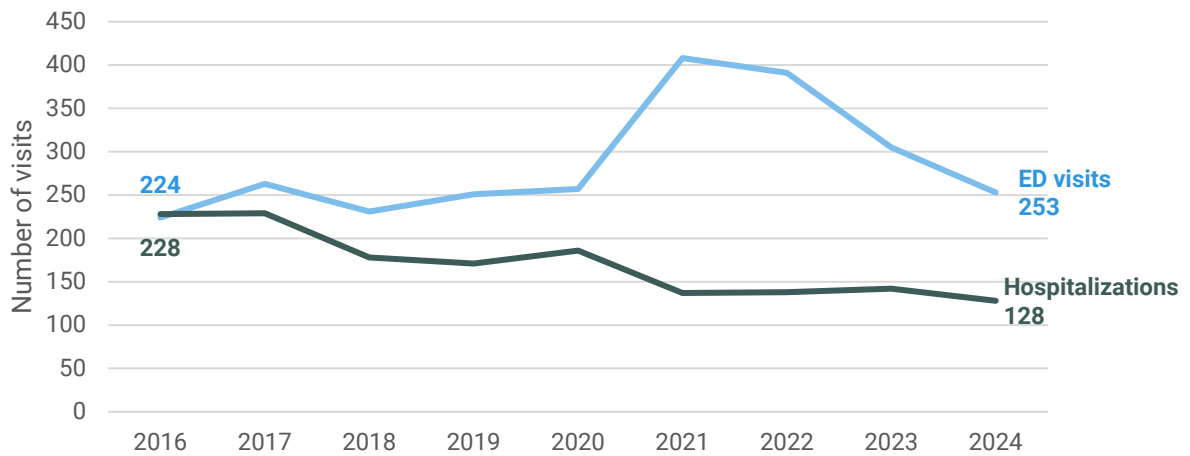
Trends

From 2020-2024, there were an average of 323 opioid overdose emergency department (ED) visits and 146 opioid overdose hospitalizations each year. ED visits increased in 2021 and have declined since. Hospitalizations have been declining since 2016 (Figure 9).¹⁰

Fentanyl overdoses have only been tracked using ICD-10-CM codes since October 1, 2020.¹¹ In this time, the proportion of opioid overdose ED visits coded as fentanyl overdoses increased from 11.3% in 2021 to 47.8% in 2024.¹⁰ This increase may result from both an increase in opioid overdoses involving fentanyl and improved reporting.

In addition to tracking severe incidents such as overdoses, Montana hospitals also document when an ED or hospital visit involves opioid use, abuse, or dependence. From 2020-2024, there were an average of 949 opioid-related ED visits and 1,411 hospital admissions per year. Counts have steadily declined since 2016 (Figure 10).¹⁰

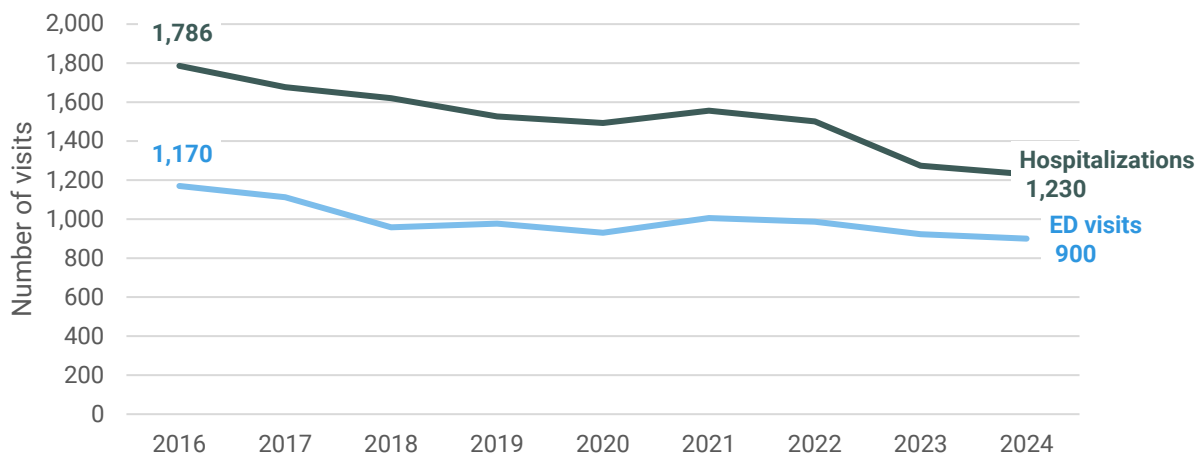
FIGURE 9. OPIOID OVERDOSE ED VISITS PEAKED IN 2021, WHILE HOSPITALIZATIONS HAVE STEADILY DECLINED



Opioid overdose ED visit and hospitalization counts, 2016-2024

Source: MHDDS, 2016-2024

FIGURE 10. OPIOID USE, ABUSE, OR DEPENDENCE ED VISITS AND HOSPITALIZATIONS BOTH DECLINED SINCE 2016



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

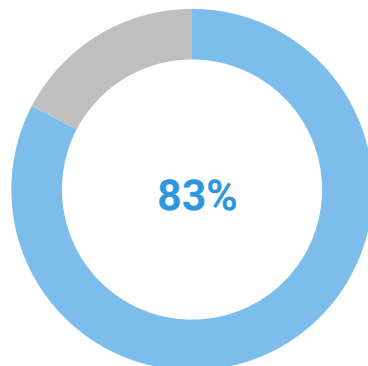
Source: MHDDS, 2016-2024

Intent

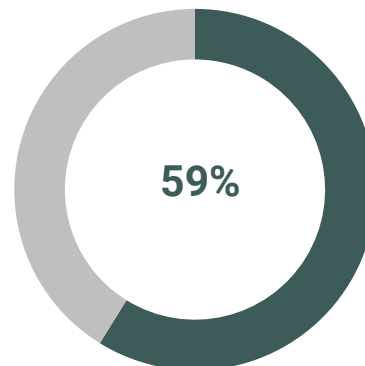
The majority of opioid overdose ED visits and hospitalizations were unintentional. From 2020 to 2024, 82.7% of opioid overdose ED visits were labeled unintentional (n=1,334). For hospitalizations, 58.8% were labeled unintentional (n=430; Figure 11).¹⁰

FIGURE 11. MOST NONFATAL OPIOID OVERDOSES ARE UNINTENTIONAL

ED Visits



Hospitalizations



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

Source: MHDDS, 2020-2024

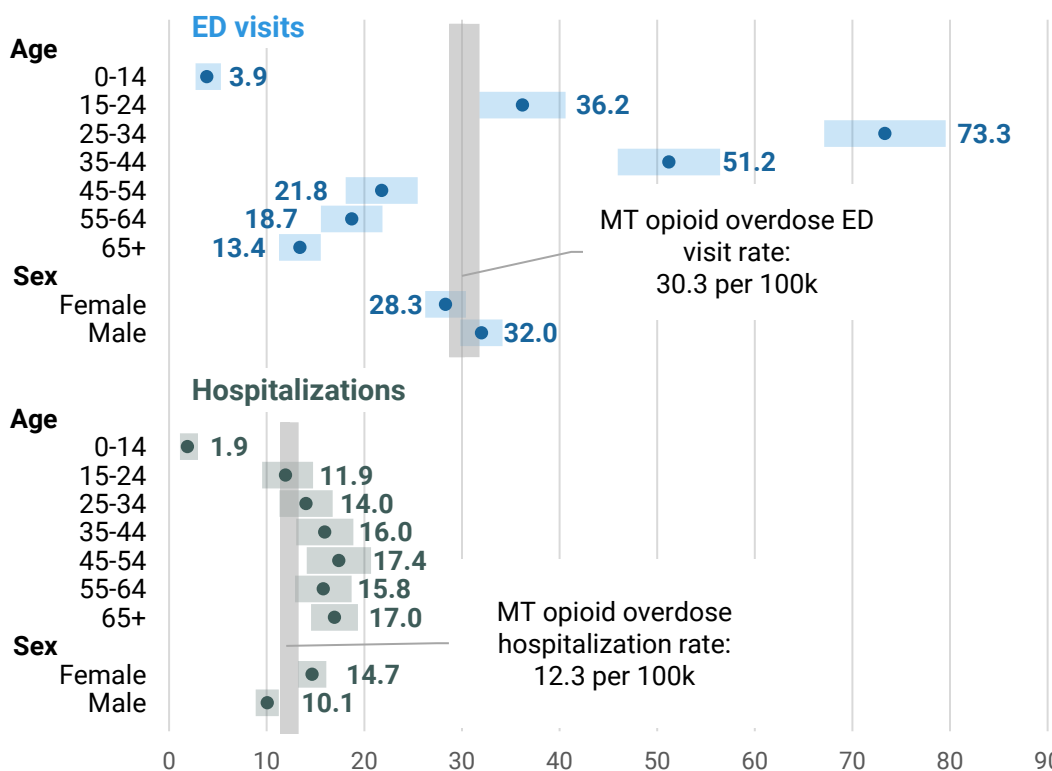
Demographics

Opioid overdose ED visits are more common among working-age adults. The Montana age-adjusted opioid overdose ED visit rate from 2020-2024 was 30.3 per 100k residents (n=1,614). People aged 25-34 had the highest age-specific rate (73.3 per 100k residents; n=533), over double the state rate. Age-adjusted rates by sex were similar to the state rate. See Figure 12 and Appendix 3, Table 13 for further details.¹⁰

Opioid overdose hospitalization rates by demographic more closely aligned with the state rate. The Montana age-adjusted opioid overdose hospitalization rate from 2020-2024 was 12.3 per 100k residents (n=731). People aged 45-54 had the highest age-specific rate (17.4 per 100k residents; n=107), slightly above the state rate. Age-adjusted rates by sex were similar to the state rate. See Figure 12 and Appendix 3, Table 13 for further details.¹⁰

Hospital discharge data is missing race data for approximately 25% of records.¹⁰ Because of this, we did not include race in demographic analyses.

FIGURE 12. OPIOID OVERDOSE ED VISIT RATES VARY WIDELY BY AGE, WITH LESS VARIATION AMONG HOSPITALIZATION RATES



Rates of opioid 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.

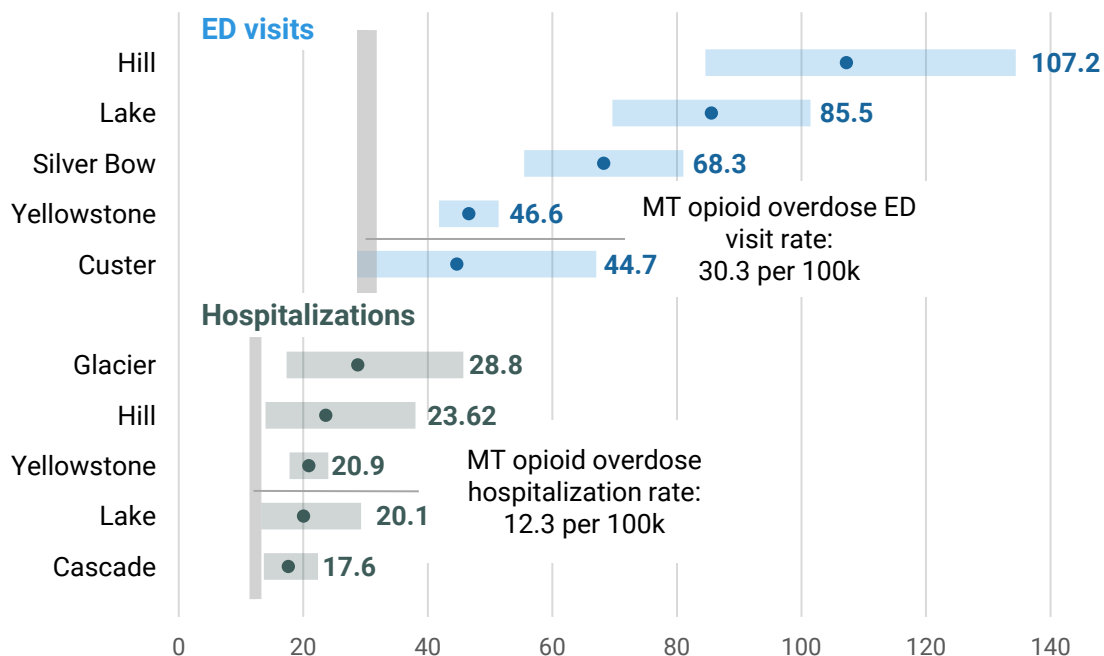
Source: MHDDS, 2020-2024

Geography

Hill, Lake, Silver Bow, Yellowstone, and Custer counties had the highest opioid overdose ED visit rates in the state. Hill County had the highest county rate at 107.2 per 100k residents (n=79), over three times the state rate. Gallatin County had the lowest county rate at 13.1 per 100k residents (n=86). Not all counties had enough opioid overdose ED visits to produce a rate for comparison. See Figure 13 and Appendix 3, Table 14 for further details. [10](#)

Glacier, Hill, Yellowstone, Lake, and Cascade counties had the highest opioid overdose hospitalization rates in the state. Glacier County had the highest county rate at 28.8 per 100k residents (n=20), more than double the state rate. Gallatin County had the lowest county rate at 6.5 per 100k residents (n=42). Not all counties had enough opioid overdose hospitalizations to produce a rate for comparison. See Figure 13 and Appendix 3, Table 15 for further details. [10](#)

FIGURE 13. HILL, LAKE, AND YELLOWSTONE COUNTIES HAD THE HIGHEST RATES OF BOTH OPIOID OVERDOSE ED VISITS AND HOSPITALIZATIONS



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

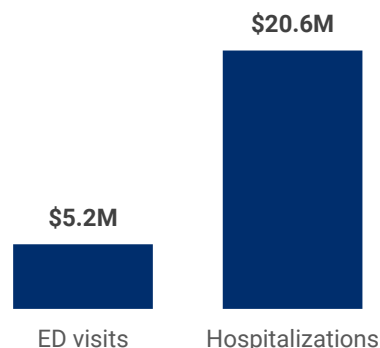
Source: MHDDS, 2020-2024

Charges

In Montana, the total charges (amount billed to a payer) associated with opioid overdose ED visits and hospitalizations exceeded \$25 million dollars from 2020 to 2024 (Figure 14).¹⁰

The median charge of an opioid overdose ED visit remained stable from 2016 to 2024 at about \$2,000 per visit. The median charge of an opioid overdose hospitalization was about \$15,000 per hospitalization from 2016 to 2023, then jumped to over \$22,000 in 2024 for unknown reasons (Figure 15).¹⁰

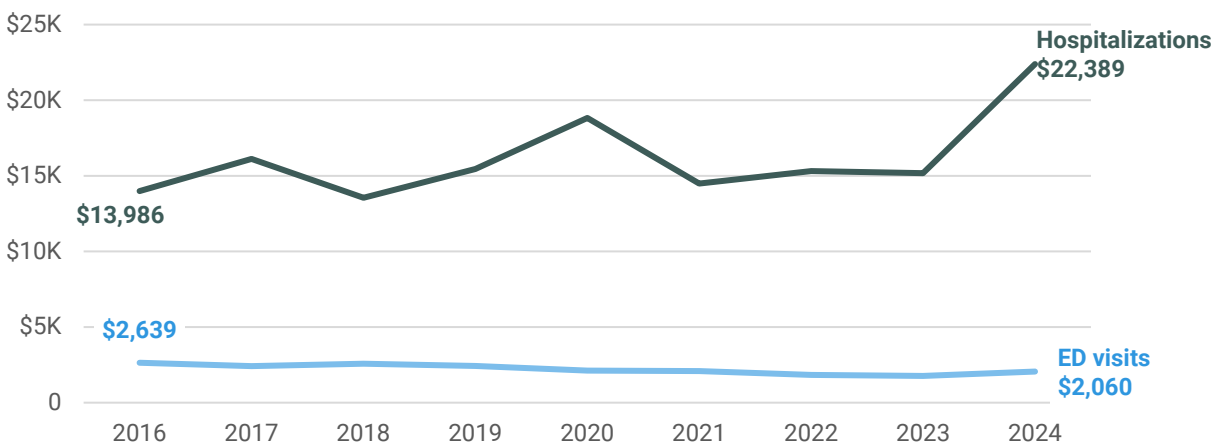
FIGURE 14. FROM 2020 TO 2024, OPIOID OVERDOSE ED VISITS AND HOSPITALIZATIONS EXCEEDED \$25M



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

Source: MHDDS, 2020-2024

FIGURE 15. THE CHARGE OF AN OPIOID OVERDOSE ED VISIT REMAINED STABLE, WHILE HOSPITALIZATION CHARGES JUMPED IN 2024.



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

Source: MHDDS, 2020-2024

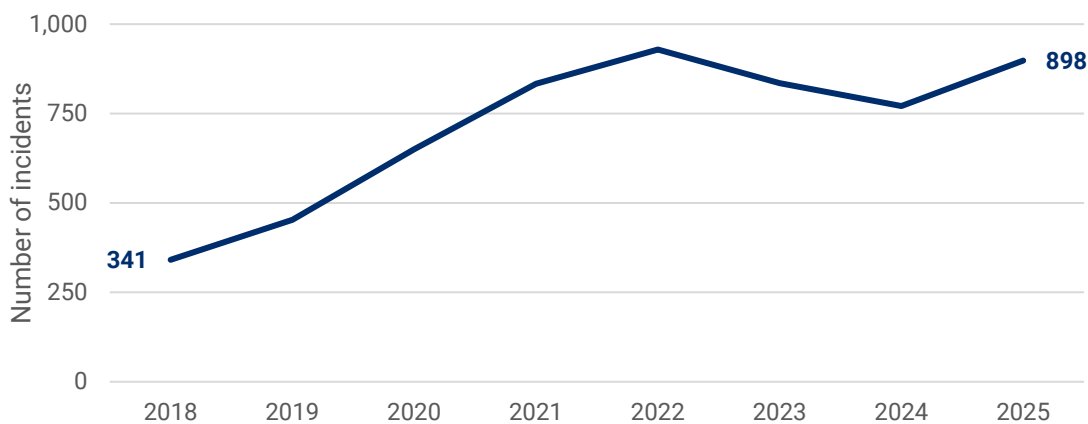
EMS incidents

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

Trends

From 2018 to 2025, there were an average of 714 suspected opioid overdose EMS incidents each year. The number of incidents increased from 341 in 2018 to 929 in 2022 and declined through 2024. Counts rose to 898 in 2025, a 16% increase from the previous year (Figure 16).¹²

FIGURE 16. SUSPECTED OPIOID OVERDOSE EMS INCIDENTS DECLINED FROM 2022 TO 2024 BEFORE RISING AGAIN IN 2025



Suspected opioid overdose EMS incident counts, Montana, 2018-2025.

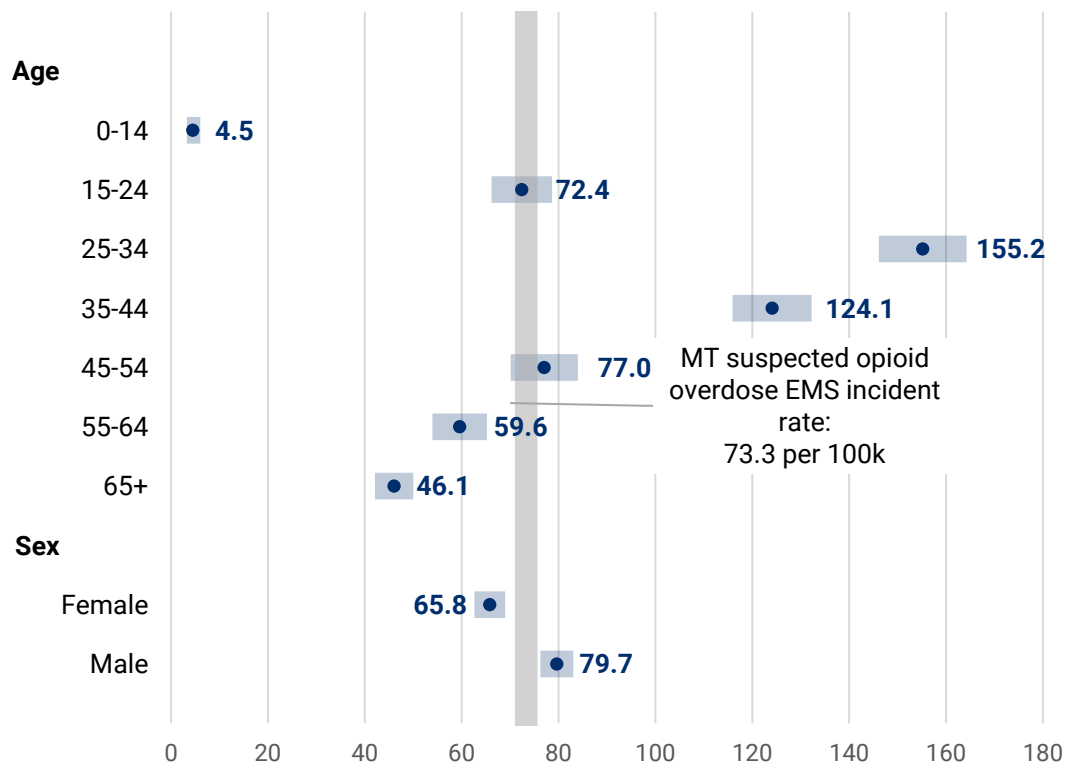
Source: MT EMS Dataset, 2018-2025

Demographics

Suspected opioid overdose EMS incidents are more common among adults aged 25-44. The Montana age-adjusted suspected opioid overdose EMS incident rate from 2020-2024 was 73.3 per 100k residents (n=4,018). People aged 25-34 had the highest age-specific rate (155.2 per 100k residents; n=1,128), 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 17 and Appendix 3, Table 18 for further details.¹²

Race data is missing for approximately 12% of suspected opioid overdose EMS incidents.¹² Because of this, we did not include race in demographic analyses.

FIGURE 17. SUSPECTED OPIOID OVERDOSE EMS INCIDENTS ARE HIGHEST FOR ADULTS AGED 25-44



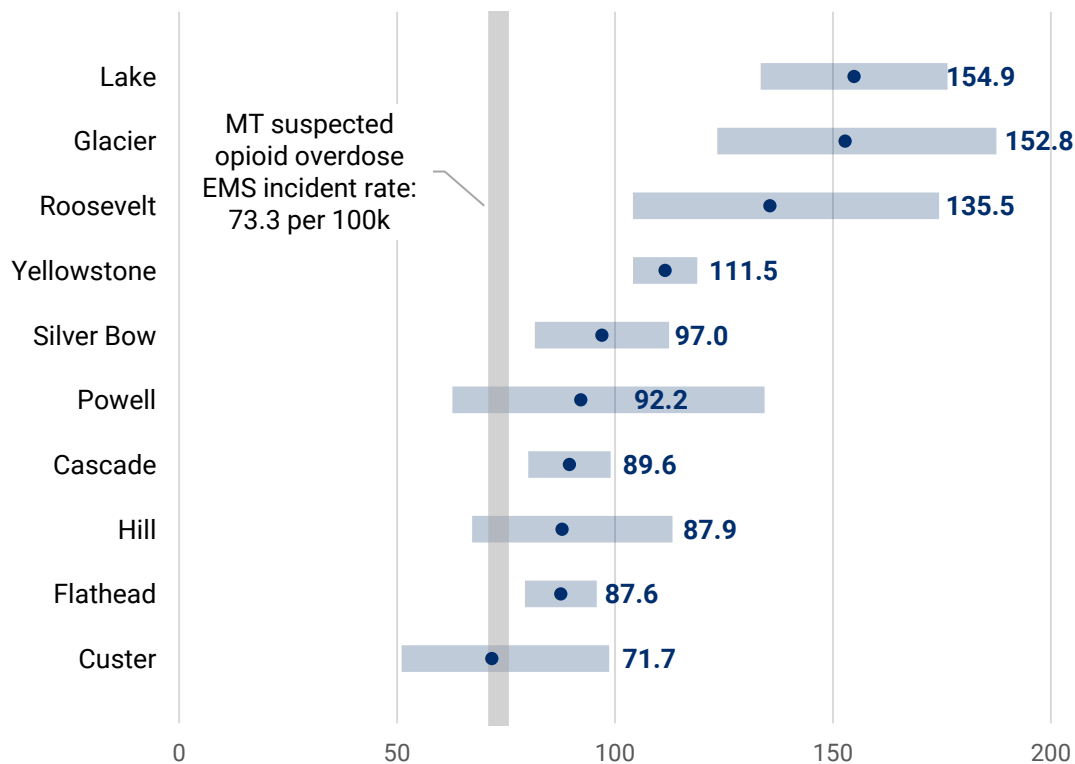
Rates of suspected opioid overdose EMS incidents per 100k residents, 2020-2024. Pale bands around each dot represent the 95% confidence interval. Sex rates are age-adjusted.

Source: MT EMS Dataset, 2020-2024

Geography

Lake, Glacier, Roosevelt, Yellowstone, and Silver Bow counties had the highest suspected opioid overdose EMS incident rates in the state. Lake County had the highest county rate at 154.9 per 100k residents (n=215), more than twice the state rate. Park County had the lowest county rate at 28.9 per 100k residents (n=26).¹² Notably, the top four counties with the highest rates also overlap with Indian reservation lands. Not all counties had enough suspected opioid overdose EMS incidents to produce a rate for comparison. See Figure 18 and Appendix 3, Table 19 for further details.

FIGURE 18. LAKE, GLACIER, AND ROOSEVELT COUNTIES HAD THE HIGHEST SUSPECTED OPIOID OVERDOSE EMS INCIDENT RATES



Age-adjusted rates of suspected opioid overdose EMS incidents per 100k residents, 2020-2024. Pale bands around each dot represent the 95% confidence interval.

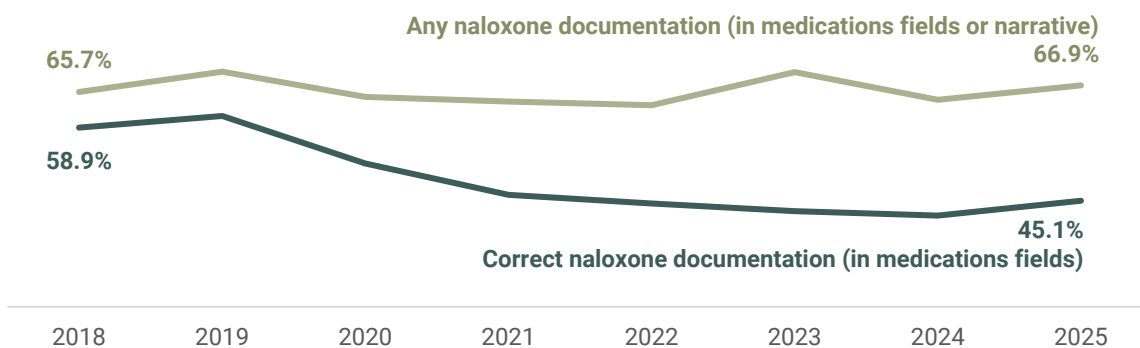
Source: MT EMS Dataset, 2020-2024

Naloxone administration

EMS records can have information on naloxone administration in a medications field or in the narrative field. For proper documentation, naloxone administration should be documented in the medications field regardless of the person administering it (EMS, law enforcement, a bystander, etc.). Manual review of a sample of incidents suggests that naloxone mentions in the narrative generally describe naloxone administration, either by EMS or another person prior to EMS arrival. In a small number of incidents, naloxone may be mentioned but not administered, such as when describing why it was not given. For example, a narrative could read, “naloxone not administered due to short transport time.”

Through 2023, EMS providers consistently mentioned naloxone in about two-thirds of suspected opioid overdose EMS incidents. Documentation of naloxone in the medications field has dropped steadily and was 45.1% in 2025.¹² The exact reason for this is unknown but could reflect an increase in naloxone administered prior to EMS arrival that does not get documented correctly. It could also reflect other changing patterns in EMS provider documentation (Figure 19).

FIGURE 19. ABOUT TWO IN THREE SUSPECTED OPIOID OVERDOSE EMS INCIDENTS INVOLVED NALOXONE, BUT CORRECT DOCUMENTATION HAS DECLINED



Percent of suspected opioid overdose EMS incidents with naloxone documentation, Montana, 2018-2025.

Source: MT EMS Dataset, 2018-2025

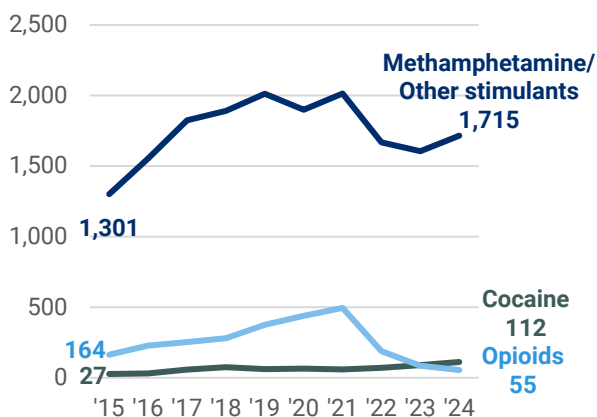
Drug seizures

Opioid seizures in Montana increased from 2015 to 2021 and have since declined dramatically (Figure 20). Overall, this amounts to a 66.5% decrease in the number of opioid seizures from 2015 to 2024, and an 88.9% decrease from the peak number of seizures in 2021. In 2024, opioids represented 2.3% of all drug seizures, and methamphetamine is consistently the most commonly seized drug.¹³

As mentioned in Mortality, illicitly manufactured fentanyl has been attributed to a large proportion of overdose deaths, and its presence in the illicit drug supply has been of great concern. There has also been concern about suppliers mixing other substances with illicit fentanyl during the production process, for example xylazine or medetomidine, which may increase the risk of overdose or cause other negative health outcomes.¹⁴⁻¹⁶

Analysis of seized drug samples tested through the Montana Forensic Science Division reveals that fentanyl is detected with about three other drugs on average. Acetaminophen and 4-ANPP, a fentanyl precursor (used in the production of fentanyl) are the most common other drugs detected (Figure 21).¹⁷

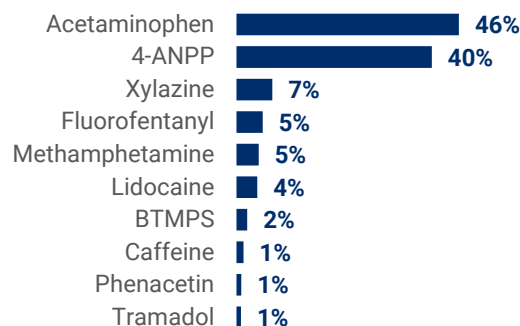
FIGURE 20. OPIOID SEIZURES PEAKED IN 2021 AND HAVE SINCE DECLINED.



Count of drug seizures by type of drug.

Source: Montana Incident Based Reporting System, 2015-2024

FIGURE 21. ACETAMINOPHEN AND 4-ANPP ARE THE MOST COMMON FENTANYL ADULTERANTS.



Percentages of top drugs found in drug samples containing fentanyl. Based on the total number of samples containing fentanyl in 2024 (n=1,928).

Source: MT Forensic Science Division, 2024

Discussion

Data implications

Most indicators of opioid overdose morbidity and mortality have shown declines in recent years. In particular, 2024 saw a 25% decrease in opioid overdose deaths from 2023. These trends are in agreement with most national comparison data, though national rates for opioid overdose indicators are generally higher than Montana rates.

While most sources do not have final 2025 data available, suspected opioid overdose EMS incidents rose by 35% in 2025. While it is unclear at this point whether these increases are indicative of a changing trend or a short-term anomaly in the data, this is something that will be closely monitored in 2026.

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

Prevention and treatment opportunities

Evidence-based primary 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 homes, schools, communities, and healthcare settings. Resource guides are available for prevention professionals to select evidence-based prevention activities appropriate for their setting.^{18,19}

Montana's substance use block grant provides support to primary prevention activities throughout the state.²⁰ Block grant recipients implement comprehensive evidence-based prevention programs tailored to their community. Prevention specialists serve all Montana communities.²¹ Local governments, tribes, and private entities also support prevention activities statewide, however they are not discussed further in this report.

Evidence-based treatment

Medications for opioid use disorder (MOUD) are the primary evidence-based and recommended treatment for opioid use disorder (OUD). MOUD include methadone, buprenorphine, and naltrexone. These medications help a person to manage withdrawal symptoms, reduce cravings for opioids, and restore their brain chemistry. MOUD is

typically provided in conjunction with psychosocial treatment, which can help people with OUD address underlying problems that may contribute to their addiction.^{22,23}

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.^{24,25} Other state efforts to support substance use treatment include:

- **Healing and Ending Addiction through Recovery and Treatment (HEART) Initiative.**²⁶ 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).**²⁷ 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).**²⁸ DPHHS receives funding from SAMHSA’s SOR grant to expand the use of evidence-based prevention, treatment, and recovery support services to address opioid misuse and use disorders.
- **Behavioral Health System for Future Generations (BHSFG).**²⁹ 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 opioid use prevalence and outcomes will continue. In future reports we hope to have additional indicators specific to opioid use, as well as additional detailed analyses based on emerging issues and topics of interest.

Citations

1. National Institute on Drug Abuse. Opioids. <https://nida.nih.gov/research-topics/opioids>. Accessed September 12, 2025.
2. Centers for Disease Control and Prevention. (2022). CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States. Retrieved on 12 Sep 2025 from <https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>
3. United States Drug Enforcement Administration. Facts About Fentanyl. <https://www.dea.gov/resources/facts-about-fentanyl>. Accessed September 12, 2025.
4. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health, State Releases. <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases>. Accessed January 29, 2026.
5. Centers for Disease Control and Prevention (CDC). 1991-2023 High School Youth Risk Behavior Survey Data. Available at <http://yrbs-explorer.services.cdc.gov/>. Accessed October 16, 2025.
6. Montana Office of Public Instruction. Youth Risk Behavior Survey. <https://opi.mt.gov/Leadership/Data-Reporting/Youth-Risk-Behavior-Survey>. Accessed September 12, 2025.
7. Montana Department of Public Health and Human Services, Montana Vital Statistical Analysis Unit, 2016-2024. Accessed October 17, 2025 via <https://dphhs.mt.gov/publichealth/EMSTS/InjuryandOverdoseIndicators>
8. 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, 2018-2023, and from provisional data for years 2024 and later, 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 Oct 17, 2025
9. Montana State Unintentional Drug Overdose Reporting System (SUDORS), 2020-2024. EMS & Trauma Systems Section, Public Health and Safety Division, Montana Department of Public Health and Human Services.
10. Montana Hospital Discharge Data System, 2016-2024. Epidemiology and Scientific Support Bureau, Public Health and Safety Division. Montana Department of Public Health and Human Services. Data provided courtesy of participating MHA members.
11. ICD10Data.com. <https://www.icd10data.com/ICD10CM/Codes/S00-T88/T36-T50/T40-/T40.41>. Accessed January 30, 2026.

12. Emergency Medical Services Data, 2018-2025. EMS & Trauma Systems Section, Public Health and Safety Division. Montana Department of Public Health and Human Services.
13. Montana Incident Based Reporting System, 2015-2024. Montana Board of Crime Control, Statistical Analysis Center. https://dataportal.mt.gov/t/MBCC/views/CIM-DrugSeizures/DrugTrendsDashboard?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=n&%3AshowVizHome=n&%3Aorigin=viz_share_link. Accessed December 17, 2025.
14. Centers for Disease Control and Prevention. What you should know about xylazine. <https://www.cdc.gov/overdose-prevention/about/what-you-should-know-about-xylazine.html>. Accessed January 29, 2026.
15. Palamar JJ, Krotulski AJ. Medetomidine Infiltrates the US Illicit Opioid Market. *JAMA*. 2024;332(17):1425-1426. <https://www.doi.org/10.1001/jama.2024.15992>
16. Singh VM, Browne T, Montgomery J. The Emerging Role of Toxic Adulterants in Street Drugs in the US Illicit Opioid Crisis. *Public Health Rep*. 2020;135(1):6-10. <https://www.doi.org/10.1177/0033354919887741>. Accessed January 29, 2026.
17. Montana Forensic Science Division, 2024.
18. Centers for Disease Control and Prevention. ENGAGE: Evidence-Based Strategies to Prevent Youth Substance Use. https://www.cdc.gov/overdose-prevention/media/pdfs/2025/08/ENGAGE_Resource-for-Action_508c.pdf. Accessed January 29, 2026.
19. Griffin KW, Botvin GJ. Evidence-based interventions for preventing substance use disorders in adolescents. *Child Adolesc Psychiatr Clin N Am*. 2010;19(3):505-526. <https://www.doi.org/10.1016/j.chc.2010.03.005>.
20. Montana Department of Public Health and Human Services. Substance Use Block Grant Programs. <https://dphhs.mt.gov/BHDD/Prevention/SubstanceUseBlockGrant>. Accessed January 29, 2026.
21. Montana Department of Public Health and Human Services. Prevention Specialist Regional Location and Contact Information. <https://dphhs.mt.gov/assets/BHDD/Prevention/PreventionSpecialistRegionLocationsandContact.pdf>. Accessed January 29, 2026.
22. Centers for Disease Control and Prevention. Treatment of opioid use disorder. <https://www.cdc.gov/overdose-prevention/treatment/opioid-use-disorder.html>. Accessed January 29, 2026.
23. American Society of Addiction Medicine. The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. <https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/guidelines/npg-jam-supplement.pdf>. Accessed January 29, 2026.

24. Montana Department of Public Health and Human Services. Substance Use Disorder Services and Resources. <https://dphhs.mt.gov/bhdd/SubstanceAbuse/>. Accessed January 29, 2026.
25. Montana Department of Public Health and Human Services. Montana Recovery Residence Registry. <https://dphhs.mt.gov/BHDD/MontanaRecoveryResidenceRegistry>. Accessed January 29, 2026.
26. Montana Department of Public Health and Human Services. Healing and Ending Addiction through Recovery and Treatment (HEART). <https://dphhs.mt.gov/heartinitiative/>. Accessed January 29, 2026.
27. Centers for Disease Control and Prevention. Overdose Data to Action. <https://www.cdc.gov/overdose-prevention/php/od2a/>. Accessed January 29, 2026.
28. Substance Abuse and Mental Health Services Administration. State Opioid Response Grants. <https://www.samhsa.gov/grants/grant-announcements/ti-24-008>. Accessed January 29, 2026.
29. Montana Department of Public Health and Human Services. Behavioral Health System for Future Generations. <https://dphhs.mt.gov/FutureGenerations/>. Accessed January 29, 2026.
30. Montana Department of Public Health and Human Services. Public Health and Safety Division Rate Calculation Guidance. <https://dphhs.mt.gov/assets/publichealth/Epidemiology/PHSDRateCalculation.pdf>. Accessed January 30, 2026.
31. Montana Department of Public Health and Human Services. Public Health and Safety Division Guidelines for the Release of Public Health Data. <https://dphhs.mt.gov/assets/publichealth/PHSDGuidelinesforreleaseofpublichealthdata2024.pdf>. Accessed January 30, 2026.
32. National Center for Health Statistics. Postcensal estimates of the resident population of the United States for April 1, 2010, July 1, 2010-July 1, 2020. United States resident population by year, county, single-year of age, bridged race, Hispanic origin, and sex. Prepared under a collaborative arrangement with the U.S. Census Bureau; 2021. https://www.cdc.gov/nchs/nvss/bridged_race/data_documentation.htm#vintage2020
33. US Census Bureau, Montana Department of Commerce Census and Economic Information Center (CEIC). Vintage 2024 Montana population data with single year age, detailed race, ethnicity, and sex by county. 2025.

Appendix A. Data source notes

Prevalence

National Survey on Drug Use and Health (NSDUH)⁴

- **Description:** NSDUH is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years and older. State and regional 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:** Respondents were asked questions regarding heroin use and prescription opioid misuse in the past year. Prescription opioids are a type of prescription psychotherapeutic. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.
- **Limitations:**
 - The absence of questions regarding other opioid use, such as illicit fentanyl use, limits the ability to estimate the true prevalence of opioid misuse.
 - Survey responses about stigmatized behavior such as illicit drug use may suffer from underreporting.

Youth Risk Behavior Survey (YRBS)^{5,6}

- **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 prescription pain medication misuse asks, "During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?" Any answer greater than 0 is considered lifetime use. The YRBS question about heroin use asks, "During your life, how many times have you used heroin (also called smack, junk, or China White)?" Any answer greater than 0 is considered lifetime use.
- **Limitations:** These data apply only to youth who attend school and, therefore, are not 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 Statistics⁷

- **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:** Opioid 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 T40.0-T40.4, T40.6
- **Limitations:** There is no specific ICD-10 code for many opioids, including fentanyl, which can limit analyses.

CDC WONDER⁸

- **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:** Opioid 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 T40.0-T40.4, T40.6
- **Limitations:** See vital statistics.

State Unintentional Drug Overdose Reporting System (SUDORS)⁹

- **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 an opioid 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 participation in SUDORS in 2019, so long-term trends are unavailable.

Morbidity

Hospital Discharge Data System¹⁰

- **Description:** Hospital data in this report were taken from the Montana Hospital Discharge Data System (MHDDS). MHDDS data is 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:** Opioid visits were identified if there was any mention of an ICD-10-CM code of
 - Opioid overdose: T40.0-4, T40.60, T40.69, with a sixth character of 1, 2, 3, or 4 (excludes adverse effects and underdosing)
 - Fentanyl overdose: T40.41 (introduced 10/1/2020)
 - Opioid use, abuse, or dependence: F11
- **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.
 - MHA participation is voluntary and coverage may fluctuate if a facility changes their membership status.

Emergency Medical Services (EMS) Data¹²

- **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 captures 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:** Suspected opioid overdoses are identified using Montana’s [EMS suspected opioid overdose syndrome](#). Cases also must meet the following criteria:
 - **Incident location:** Montana
 - **Agency type:** Ground transport
 - **Response type:** 911 response
- **Limitations:**
 - 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.
 - Overdose syndromes are not perfect; they may catch non-overdoses or miss true overdoses. Syndromes can also include cases not relevant for all purposes - for example, EMS suspected opioid overdoses may include cases related to medication errors as well as due to substance use/misuse.

Crime data

National Incident Based Reporting System (NIBRS)¹³

- **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 of 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 opioids.
- **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 opioids.

Montana State Crime Lab¹⁴

- **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 opioids 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 US 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](#).³⁰

Data suppression in this report follows the [Public Health and Safety Division Guidelines for Release of Public Health Data](#).³¹ 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, but counts are presented in appendix tables.

Race categories used for SUDORS analyses are:

- Non-Hispanic American Indian or Alaska Native
- Non-Hispanic White
- 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 for years prior to 2021 and single race estimates from the Montana Census and Economic Information Center (CEIC) were used for 2021 and later.^{32,33} 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 data products. For example, some metrics 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 opioid 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.

Others

See [Appendix A](#) for additional limitations specific to each data source.

Appendix C. Reference Tables

TABLE 1. SELF-REPORTED PAST-YEAR PRESCRIPTION PAIN MEDICATION MISUSE AMONG ADULTS AGED 18+, MONTANA, WEST, AND UNITED STATES, 2021-2024

Location	Years	Estimate	Lower CI	Upper CI
Montana	2021-2022	2.7%	2.0%	3.8%
Montana	2022-2023	3.1%	2.3%	4.2%
Montana	2023-2024	2.9%	2.1%	4.0%
West	2021-2022	3.3%	2.9%	3.7%
West	2022-2023	3.0%	2.7%	3.4%
West	2023-2024	2.8%	2.5%	3.1%
United States	2021-2022	3.2%	3.0%	3.4%
United States	2022-2023	3.1%	3.0%	3.3%
United States	2023-2024	2.9%	2.7%	3.0%

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.

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

TABLE 2. SELF-REPORTED PAST-YEAR HEROIN USE AMONG ADULTS AGED 18+, MONTANA, WEST, AND UNITED STATES, 2021-2024

Location	Year	Estimate	Lower CI	Upper CI
Montana	2021-2022	0.4%	0.2%	0.7%
Montana	2022-2023	0.3%	0.1%	0.6%
Montana	2023-2024	0.2%	0.1%	0.4%
West	2021-2022	0.3%	0.2%	0.5%
West	2022-2023	0.3%	0.2%	0.4%
West	2023-2024	0.2%	0.2%	0.3%
United States	2021-2022	0.4%	0.4%	0.5%
United States	2022-2023	0.3%	0.3%	0.4%
United States	2023-2024	0.2%	0.2%	0.3%

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.

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

TABLE 3. LIFETIME PRESCRIPTION PAIN MEDICATION MISUSE AMONG HIGH SCHOOL STUDENTS, MONTANA AND UNITED STATES, 2017-2023

Location	Year	Estimate	Lower CI	Upper CI
Montana	2017	13.7%	12.6%	14.9%
Montana	2019	12.8%	11.6%	14.2%
Montana	2021	12.0%	10.9%	13.3%
Montana	2023	13.5%	12.1%	14.9%
United States	2017	14.0%	12.7%	15.4%
United States	2019	14.3%	12.8%	15.9%
United States	2021	12.2%	11.3%	13.2%
United States	2023	11.6%	10.4%	13.0%

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

Source: Youth Risk Behavior Survey, 2017-2023

TABLE 4. LIFETIME HEROIN USE AMONG HIGH SCHOOL STUDENTS, MONTANA AND UNITED STATES, 2015-2023

Location	Year	Estimate	Lower CI	Upper CI
Montana	2015	2.1%	1.6%	2.7%
Montana	2017	1.7%	1.3%	2.2%
Montana	2019	1.7%	1.2%	2.3%
Montana	2021	1.5%	1.1%	2.0%
Montana	2023	2.1%	1.6%	2.8%
United States	2015	2.1%	1.5%	2.8%
United States	2017	1.7%	1.3%	2.2%
United States	2019	1.8%	1.3%	2.5%
United States	2021	1.3%	1.1%	1.6%
United States	2023	1.6%	0.9%	2.8%

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

Data source: Youth Risk Behavior Survey, 2015-2023

TABLE 5. OPIOID OVERDOSE DEATHS, MONTANA AND UNITED STATES, 2015-2024

Location	Year	Count	Rate	Lower CI	Upper CI
Montana	2015	42	4.4	3.1	6.0
Montana	2016	37	3.7	2.6	5.2
Montana	2017	37	3.6	2.5	5.0
Montana	2018	59	5.8	4.3	7.5
Montana	2019	68	6.9	5.3	8.9
Montana	2020	85	8.4	6.7	10.5
Montana	2021	113	11.0	8.9	13.1
Montana	2022	113	10.7	8.7	12.7
Montana	2023	123	11.3	9.3	13.4
Montana	2024	92	8.4	6.7	10.4
United States	2015	33,091	10.4	10.3	10.5
United States	2016	42,249	13.3	13.2	13.4
United States	2017	47,600	14.9	14.7	15.0
United States	2018	46,802	14.6	14.4	14.7
United States	2019	49,860	15.5	15.3	15.6
United States	2020	68,630	21.4	21.2	21.5
United States	2021	80,411	24.7	24.5	24.8
United States	2022	81,806	25.0	24.8	25.2
United States	2023	79,358	24.0	23.9	24.2
United States	2024	54,045	16.3	16.1	16.4

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 6. OVERDOSE DEATHS WITH OPIOID INVOLVEMENT, MONTANA, 2020-2024

Year	Total overdose deaths	Opioid overdose deaths	Percent
2020	123	72	58.5%
2021	140	77	55.0%
2022	178	112	62.9%
2023	164	119	72.6%
2024	149	84	56.4%
Total	754	464	61.5%

Overdose deaths of unintentional/undetermined intent only. Opioid involvement is counted when toxicology results listed an opioid as contributing to cause of death.

Source: SUDORS, 2020-2024

TABLE 7. OVERDOSE DEATHS BY TYPE OF OPIOID INVOLVED, MONTANA, 2020-2024

Year	Opioid overdose deaths	IMF overdose deaths	Rx opioid overdose deaths	Heroin overdose deaths	Percent involving IMFs	Percent involving Rx opioids	Percent involving heroin
2020	72	24	26	36	33.3%	36.1%	50.0%
2021	77	45	19	19	58.4%	24.7%	24.7%
2022	112	85	32	6	75.9%	28.6%	5.4%
2023	119	90	27	6	75.6%	22.7%	5.0%
2024	84	61	27	2	72.6%	32.1%	2.4%
Total	464	305	131	69	65.7%	28.2%	14.9%

Overdose deaths of unintentional/undetermined intent only. Opioid types are counted when toxicology results listed an opioid as contributing to cause of death. Because a death can involve multiple opioids, totals will not add to 100%.

IMFs: Illegally-made fentanyls

Source: SUDORS, 2020-2024

TABLE 8. OPIOID OVERDOSE DEATHS BY DEMOGRAPHIC, MONTANA, 2020-2024

Category	Demographic	Count	Rate	Lower CI	Upper CI
Race	AI/AN	80	25.8	20.4	32.7
Race	White	344	7.7	6.9	8.5
Race	All other races	40	9.1	6.4	12.9
Age Group	0-14	0	-	-	-
Age Group	15-24	29	4.1	2.7	5.8
Age Group	25-34	132	18.2	15.1	21.3
Age Group	35-44	135	18.9	15.7	22.1
Age Group	45-54	85	13.8	11.0	17.1
Age Group	55-64	62	8.6	6.6	11.0
Age Group	65+	21	1.9	1.2	2.9
Sex	Female	152	5.7	4.8	6.6
Sex	Male	312	11.9	10.6	13.3
Overall		464	8.9	8.1	9.7

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 9. OPIOID OVERDOSE DEATHS BY COUNTY, MONTANA, 2020-2024

County	Count	Rate	Lower CI	Upper CI
Beaverhead	5	-	-	-
Big Horn	2	-	-	-
Blaine	3	-	-	-
Broadwater	0	-	-	-
Carbon	2	-	-	-
Carter	0	-	-	-
Cascade	29	7.8	5.2	11.3
Chouteau	2	-	-	-
Custer	8	-	-	-
Daniels	0	-	-	-
Dawson	1	-	-	-
Deer Lodge	6	-	-	-
Fallon	0	-	-	-
Fergus	5	-	-	-
Flathead	57	10.8	8.1	14.1
Gallatin	26	4.0	2.6	6.0
Garfield	0	-	-	-
Glacier	9	-	-	-
Golden Valley	0	-	-	-
Granite	1	-	-	-
Hill	11	-	-	-
Jefferson	4	-	-	-
Judith Basin	0	-	-	-
Lake	27	18.8	12.2	28.0
Lewis and Clark	21	6.4	4.0	9.9
Liberty	0	-	-	-
Lincoln	4	-	-	-
McCone	0	-	-	-
Madison	0	-	-	-
Meagher	1	-	-	-
Mineral	0	-	-	-
Missoula	52	8.3	6.2	11.1
Musselshell	2	-	-	-
Park	9	-	-	-
Petroleum	0	-	-	-
Phillips	0	-	-	-
Pondera	3	-	-	-
Powder River	0	-	-	-
Powell	2	-	-	-
Prairie	0	-	-	-
Ravalli	8	-	-	-
Richland	3	-	-	-
Roosevelt	5	-	-	-
Rosebud	2	-	-	-
Sanders	3	-	-	-
Sheridan	1	-	-	-
Silver Bow	26	15.9	10.2	23.7
Stillwater	4	-	-	-

County	Count	Rate	Lower CI	Upper CI
Sweet Grass	1	-	-	-
Teton	1	-	-	-
Toole	0	-	-	-
Treasure	0	-	-	-
Valley	1	-	-	-
Wheatland	3	-	-	-
Wibaux	0	-	-	-
Yellowstone	94	12.2	9.8	14.9
Unknown	20	-	-	-
Overall	464	8.9	8.1	9.7

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: SUDORS, 2020-2024

TABLE 10. OPIOID OVERDOSE ED VISITS AND HOSPITALIZATIONS, MONTANA, 2016-2024

Type	Year	Count	Rate	Lower CI	Upper CI
ED visits	2016	224	21.3	18.4	24.2
ED visits	2017	263	25.3	22.1	28.4
ED visits	2018	231	22.1	19.2	25.1
ED visits	2019	251	24.2	21.1	27.3
ED visits	2020	257	24.4	21.3	27.4
ED visits	2021	408	39.2	35.3	43.1
ED visits	2022	391	36.6	32.9	40.3
ED visits	2023	305	28.2	25.0	31.5
ED visits	2024	253	22.9	20.0	25.8
Hospitalizations	2016	228	20.5	17.8	23.3
Hospitalizations	2017	229	20.0	17.3	22.7
Hospitalizations	2018	178	15.5	13.1	17.8
Hospitalizations	2019	171	14.3	12.1	16.6
Hospitalizations	2020	186	16.0	13.6	18.5
Hospitalizations	2021	137	11.7	9.7	13.7
Hospitalizations	2022	138	11.7	9.6	13.7
Hospitalizations	2023	142	12.0	10.0	14.1
Hospitalizations	2024	128	10.5	8.6	12.4

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

Rates are age-adjusted per 100k residents

Data source: MHDDS, 2016-2024

TABLE 11. OPIOID USE, ABUSE, OR DEPENDENCE ED VISITS AND HOSPITALIZATIONS, MONTANA, 2016-2024

Type	Year	Count	Rate	Lower CI	Upper CI
ED visits	2016	1,170	113.7	106.9	120.5
ED visits	2017	1,112	106.6	100.1	113.1
ED visits	2018	958	92.0	86.0	98.0
ED visits	2019	977	94.9	88.8	101.1
ED visits	2020	930	90.2	84.3	96.2
ED visits	2021	1,006	94.8	88.7	100.8
ED visits	2022	987	90.2	84.4	96.0
ED visits	2023	923	82.7	77.2	88.2
ED visits	2024	900	81.5	76.1	87.0
Hospitalizations	2016	1,786	162.5	154.6	170.4
Hospitalizations	2017	1,677	149.1	141.7	156.6
Hospitalizations	2018	1,620	141.8	134.5	149.0
Hospitalizations	2019	1,527	134.7	127.6	141.8
Hospitalizations	2020	1,493	129.2	122.4	136.1
Hospitalizations	2021	1,556	132.9	126.0	139.8
Hospitalizations	2022	1,501	124.0	117.4	130.5
Hospitalizations	2023	1,274	102.5	96.6	108.3
Hospitalizations	2024	1,230	97.1	91.4	102.7

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

Rates are age-adjusted per 100k residents

Data source: MHDDS, 2016-2024

TABLE 12. OPIOID OVERDOSE ED VISITS AND HOSPITALIZATIONS BY INTENT, MONTANA, 2020-2024

Year	ED visits	Hospitalizations
Unintentional	1,334	430
Self-harm	223	281
Assault	0	1
Undetermined	57	19
Total	1,614	731

Source: MHDDS, 2020-2024

TABLE 13. OPIOID OVERDOSE ED VISITS AND HOSPITALIZATIONS BY DEMOGRAPHIC, MONTANA, 2020-2024

Type	Category	Demographic	Count	Rate	Lower CI	Upper CI
ED visits	Race	AI/AN	265	-	-	-
ED visits	Race	White	908	-	-	-
ED visits	Race	All other races	81	-	-	-
ED visits	Race	Missing/Unknown	360	-	-	-
ED visits	Age Group	0-14	37	3.9	2.7	5.3
ED visits	Age Group	15-24	258	36.2	31.8	40.6
ED visits	Age Group	25-34	533	73.3	67.1	79.6
ED visits	Age Group	35-44	366	51.2	46.0	56.5
ED visits	Age Group	45-54	134	21.8	18.1	25.5
ED visits	Age Group	55-64	135	18.7	15.6	21.9
ED visits	Age Group	65+	151	13.4	11.3	15.5
ED visits	Sex	Female	751	28.3	26.2	30.4
ED visits	Sex	Male	863	32.0	29.8	34.2
ED visits	Overall		1,614	30.3	28.7	31.8
Hospitalizations	Race	AI/AN	64	-	-	-
Hospitalizations	Race	White	440	-	-	-
Hospitalizations	Race	All other races	33	-	-	-
Hospitalizations	Race	Missing/Unknown	194	-	-	-
Hospitalizations	Age Group	0-14	18	1.9	1.1	3.0
Hospitalizations	Age Group	15-24	85	11.9	9.5	14.8
Hospitalizations	Age Group	25-34	102	14.0	11.3	16.8
Hospitalizations	Age Group	35-44	114	16.0	13.0	18.9
Hospitalizations	Age Group	45-54	107	17.4	14.1	20.7
Hospitalizations	Age Group	55-64	114	15.8	12.9	18.7
Hospitalizations	Age Group	65+	191	17.0	14.5	19.4
Hospitalizations	Sex	Female	435	14.7	13.2	16.1
Hospitalizations	Sex	Male	296	10.1	8.9	11.2
Hospitalizations	Overall		731	12.3	11.4	13.3

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: MHDDS, 2020-2024

TABLE 14. OPIOID OVERDOSE ED VISITS BY COUNTY, MONTANA, 2020-2024

County	Count	Rate	Lower CI	Upper CI
Beaverhead	3	-	-	-
Big Horn	12	-	-	-
Blaine	5	-	-	-
Broadwater	2	-	-	-
Carbon	11	-	-	-
Carter	0	-	-	-
Cascade	141	34.5	28.7	40.3
Chouteau	1	-	-	-
Custer	25	44.7	28.7	67.1
Daniels	2	-	-	-
Dawson	7	-	-	-
Deer Lodge	15	-	-	-
Fallon	1	-	-	-
Fergus	7	-	-	-
Flathead	163	32.3	27.2	37.4
Gallatin	86	13.1	10.4	16.4
Garfield	0	-	-	-
Glacier	19	29.9	17.9	47.6
Golden Valley	0	-	-	-
Granite	3	-	-	-
Hill	79	107.2	84.6	134.4
Jefferson	8	-	-	-
Judith Basin	5	-	-	-
Lake	119	85.5	69.6	101.5
Lewis and Clark	54	15.8	11.8	20.8
Liberty	2	-	-	-
Lincoln	22	24.8	14.8	39.6
McCone	1	-	-	-
Madison	1	-	-	-
Meagher	0	-	-	-
Mineral	2	-	-	-
Missoula	186	29.9	25.5	34.3
Musselshell	2	-	-	-
Park	21	24.5	14.8	39.1
Petroleum	1	-	-	-
Phillips	1	-	-	-
Pondera	5	-	-	-
Powder River	0	-	-	-
Powell	5	-	-	-
Prairie	1	-	-	-
Ravalli	40	19.2	13.4	26.8
Richland	7	-	-	-
Roosevelt	4	-	-	-
Rosebud	11	-	-	-
Sanders	11	-	-	-
Sheridan	0	-	-	-
Silver Bow	115	68.3	55.5	81.0
Stillwater	15	-	-	-

County	Count	Rate	Lower CI	Upper CI
Sweet Grass	1	-	-	-
Teton	3	-	-	-
Toole	3	-	-	-
Treasure	1	-	-	-
Valley	8	-	-	-
Wheatland	3	-	-	-
Wibaux	1	-	-	-
Yellowstone	373	46.6	41.8	51.4
Overall	1,614	30.3	28.7	31.8

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 15. OPIOID OVERDOSE HOSPITALIZATIONS BY COUNTY, MONTANA, 2020-2024

County	Count	Rate	Lower CI	Upper CI
Beaverhead	3	-	-	-
Big Horn	8	-	-	-
Blaine	6	-	-	-
Broadwater	0	-	-	-
Carbon	6	-	-	-
Carter	0	-	-	-
Cascade	74	17.6	13.7	22.4
Chouteau	1	-	-	-
Custer	12	-	-	-
Daniels	0	-	-	-
Dawson	6	-	-	-
Deer Lodge	1	-	-	-
Fallon	0	-	-	-
Fergus	2	-	-	-
Flathead	63	10.7	8.1	14.0
Gallatin	42	6.5	4.6	8.9
Garfield	0	-	-	-
Glacier	20	28.8	17.3	45.7
Golden Valley	1	-	-	-
Granite	2	-	-	-
Hill	19	23.6	13.9	38.0
Jefferson	10	-	-	-
Judith Basin	0	-	-	-
Lake	31	20.1	13.3	29.3
Lewis and Clark	30	7.6	5.0	11.1
Liberty	0	-	-	-
Lincoln	16	14.0	7.3	25.5
McCone	1	-	-	-
Madison	0	-	-	-
Meagher	0	-	-	-
Mineral	2	-	-	-

County	Count	Rate	Lower CI	Upper CI
Missoula	86	12.9	10.3	16.2
Musselshell	4	-	-	-
Park	10	-	-	-
Petroleum	0	-	-	-
Phillips	1	-	-	-
Pondera	3	-	-	-
Powder River	1	-	-	-
Powell	4	-	-	-
Prairie	0	-	-	-
Ravalli	31	12.1	7.9	18.1
Richland	3	-	-	-
Roosevelt	6	-	-	-
Rosebud	1	-	-	-
Sanders	2	-	-	-
Sheridan	1	-	-	-
Silver Bow	18	9.8	5.6	16.1
Stillwater	5	-	-	-
Sweet Grass	2	-	-	-
Teton	1	-	-	-
Toole	5	-	-	-
Treasure	1	-	-	-
Valley	7	-	-	-
Wheatland	0	-	-	-
Wibaux	0	-	-	-
Yellowstone	183	20.9	17.8	24.0
Overall	731	12.3	11.4	13.3

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 16. OPIOID OVERDOSE ED VISIT AND HOSPITALIZATION CHARGES, MONTANA, 2016-2024

Type	Year	Count	Total Charges	Median Charge
ED visits	2016	224	\$764,455	\$2,639
ED visits	2017	263	\$938,989	\$2,417
ED visits	2018	231	\$812,901	\$2,572
ED visits	2019	251	\$923,607	\$2,424
ED visits	2020	257	\$892,150	\$2,122
ED visits	2021	408	\$1,214,415	\$2,090
ED visits	2022	391	\$1,232,932	\$1,836
ED visits	2023	305	\$995,995	\$1,767
ED visits	2024	253	\$816,795	\$2,060
ED visits	Total	2,583	\$8,592,238	\$2,188
Hospitalizations	2016	228	\$4,775,760	\$13,986
Hospitalizations	2017	229	\$4,502,311	\$16,120
Hospitalizations	2018	178	\$3,507,003	\$13,548
Hospitalizations	2019	171	\$4,341,507	\$15,450
Hospitalizations	2020	186	\$4,962,387	\$18,823
Hospitalizations	2021	137	\$3,189,253	\$14,492
Hospitalizations	2022	138	\$3,896,900	\$15,312
Hospitalizations	2023	142	\$3,790,297	\$15,176
Hospitalizations	2024	128	\$4,774,997	\$22,389
Hospitalizations	Total	1,537	\$37,740,414	\$15,920

Source: MHDDS, 2020-2024

TABLE 17. SUSPECTED OPIOID OVERDOSE EMS INCIDENTS, MONTANA, 2018-2025

Year	Count	Rate	Lower CI	Upper CI
2018	341	31.38	27.92	34.83
2019	453	42.27	38.24	46.31
2020	650	59.24	54.49	63.99
2021	833	77.29	71.9	82.68
2022	929	85.25	79.63	90.87
2023	835	75.11	69.89	80.34
2024	771	69.19	64.17	74.2
2025	898	-	-	-

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 18. SUSPECTED OPIOID OVERDOSE EMS INCIDENTS BY DEMOGRAPHIC, MONTANA, 2020-2024

Category	Demographic	Count	Rate	Lower CI	Upper CI
Race	AI/AN	816	-	-	-
Race	White	2,293	-	-	-
Race	All other races	430	-	-	-
Race	Missing/Unknown	479	-	-	-
Age Group	0-14	43	4.5	3.2	6.0
Age Group	15-24	516	72.4	66.2	78.7
Age Group	25-34	1,128	155.2	146.1	164.3
Age Group	35-44	887	124.1	115.9	132.3
Age Group	45-54	474	77.0	70.1	84.0
Age Group	55-64	430	59.6	54.0	65.2
Age Group	65+	519	46.1	42.1	50.0
Age Group	Unknown	21	-	-	-
Sex	Female	1,777	65.8	62.6	69.0
Sex	Male	2,214	79.7	76.3	83.0
Sex	Unknown	27	-	-	-
Overall		4,018	73.3	71.0	75.7

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 19. SUSPECTED OPIOID OVERDOSE EMS INCIDENTS BY COUNTY, MONTANA, 2020-2024

County	Count	Rate	Lower CI	Upper CI
Beaverhead	12	-	-	-
Big Horn	36	65.2	45.3	91.3
Blaine	21	70.0	42.4	109.6
Broadwater	3	-	-	-
Carbon	13	-	-	-
Carter	0	-	-	-
Cascade	367	89.6	80.1	99.0
Chouteau	4	-	-	-
Custer	41	71.7	51.1	98.7
Daniels	6	-	-	-
Dawson	2	-	-	-
Deer Lodge	7	-	-	-
Fallon	5	-	-	-
Fergus	19	31.2	18.0	51.5
Flathead	464	87.6	79.3	95.8
Gallatin	228	34.8	30.2	39.5
Garfield	0	-	-	-
Glacier	97	152.8	123.5	187.5
Golden Valley	1	-	-	-

County	Count	Rate	Lower CI	Upper CI
Granite	3	-	-	-
Hill	64	87.9	67.2	113.2
Jefferson	38	55.3	37.6	79.4
Judith Basin	0	-	-	-
Lake	215	154.9	133.4	176.3
Lewis and Clark	203	56.4	48.4	64.4
Liberty	2	-	-	-
Lincoln	51	42.0	29.6	58.8
McCone	1	-	-	-
Madison	14	-	-	-
Meagher	0	-	-	-
Mineral	14	-	-	-
Missoula	440	67.2	60.7	73.6
Musselshell	11	-	-	-
Park	26	28.9	18.2	44.5
Petroleum	0	-	-	-
Phillips	0	-	-	-
Pondera	12	-	-	-
Powder River	2	-	-	-
Powell	33	92.2	62.7	134.3
Prairie	3	-	-	-
Ravalli	88	35.4	27.7	44.7
Richland	7	-	-	-
Roosevelt	65	135.5	104.1	174.4
Rosebud	20	50.9	30.4	81.4
Sanders	34	60.5	40.3	88.3
Sheridan	6	-	-	-
Silver Bow	161	97.0	81.6	112.4
Stillwater	23	49.4	30.0	78.1
Sweet Grass	8	-	-	-
Teton	7	-	-	-
Toole	10	-	-	-
Treasure	0	-	-	-
Valley	14	-	-	-
Wheatland	2	-	-	-
Wibaux	2	-	-	-
Yellowstone	908	111.5	104.1	118.9
Unknown	205	-	-	-
Overall	4,018	73.3	71.0	75.7

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 20. SUSPECTED OPIOID OVERDOSE EMS INCIDENTS WITH NALOXONE ADMINISTRATION, MONTANA, 2018-2025

Year	Total	Naloxone documentation in medications fields	Naloxone documentation in medications fields or narrative	% Naloxone documentation in medications fields	% Naloxone documentation in medications fields or narrative
2018	341	201	224	58.9%	65.7%
2019	453	277	315	61.1%	69.5%
2020	650	339	421	52.2%	64.8%
2021	833	385	532	46.2%	63.9%
2022	929	414	587	44.6%	63.2%
2023	835	360	580	43.1%	69.5%
2024	771	326	495	42.3%	64.2%
2025	898	405	601	45.1%	66.9%
Total	5,710	2,707	3,755	47.4%	65.8%

Data source: Montana EMS dataset, 2018-2025

TABLE 21. 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 22. TOP 10 SUBSTANCES FOUND IN SEIZED DRUG SAMPLES CONTAINING FENTANYL, MONTANA, 2024

Substance	Count	% of fentanyl samples
Acetaminophen	887	46.0%
4-ANPP	779	40.4%
Xylazine	143	7.4%
Fluorofentanyl	105	5.4%
Methamphetamine	89	4.6%
Lidocaine	83	4.3%
BTMPS	43	2.2%
Caffeine	28	1.5%
Phenacetin	19	1.0%
Tramadol	18	0.9%

Data source: Montana State Crime Lab, 2024