Montana Epidemiological Updates

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DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Disclosures

Neither Sandra Biller or Helen McCaffrey have financial interests to disclose related to this presentation.

Agenda

Current trends in substance use and overdose

Prevalence, morbidity, and mortality trends

Substance trends

Drug supply trends

Data resources

Current trends in Hepatitis C

Hepatitis C disease

Trends and demographics

Special populations

HCV treatment and cure

Substance Use and Overdose

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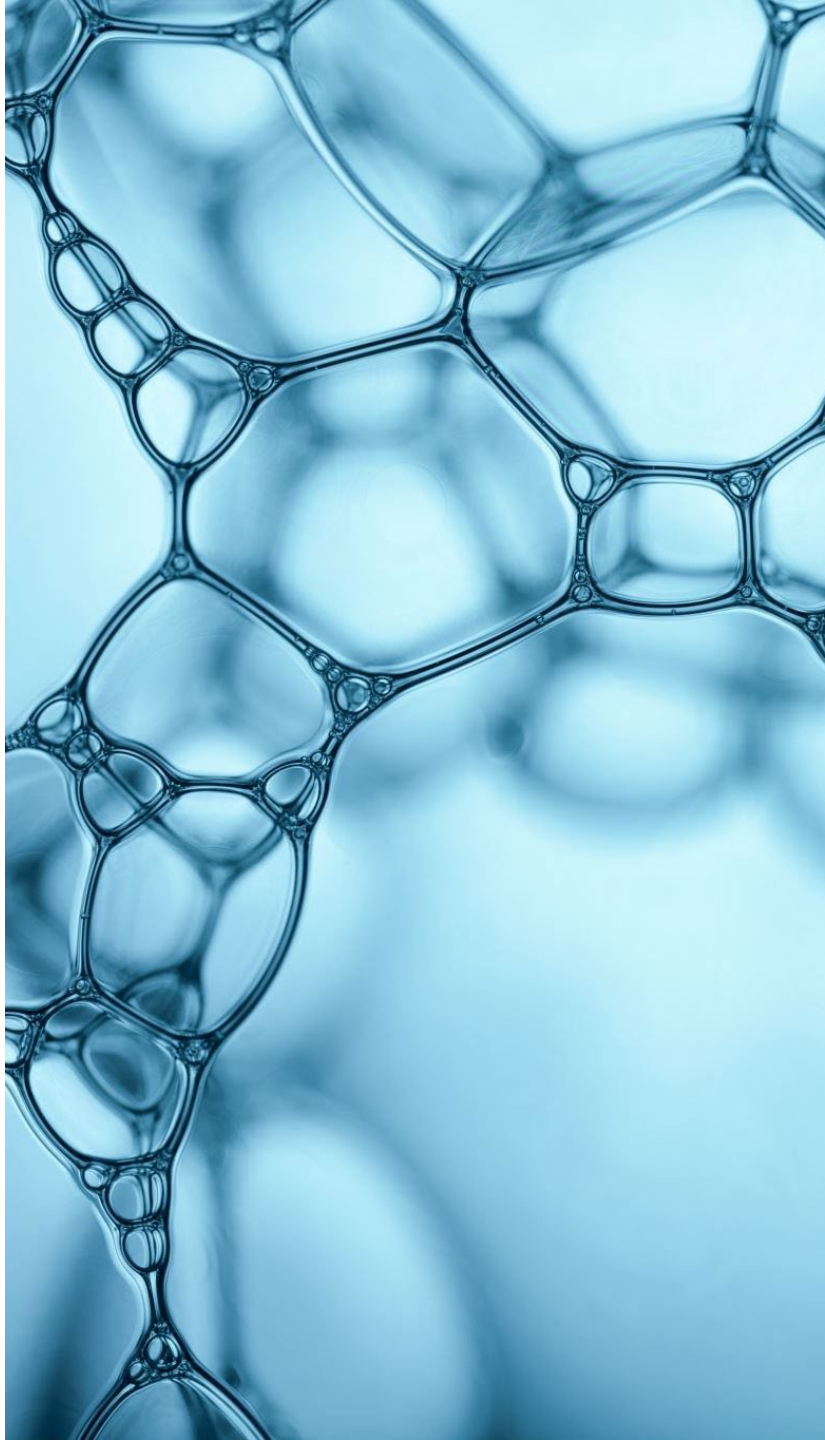
Note

Whenever possible, overdose indicators are focused on **unintentional/undetermined intent overdoses** only

Some 2025 and 2026 data is provisional.



Approximately **5% of Montana adults** have used illicit drugs in the past month.

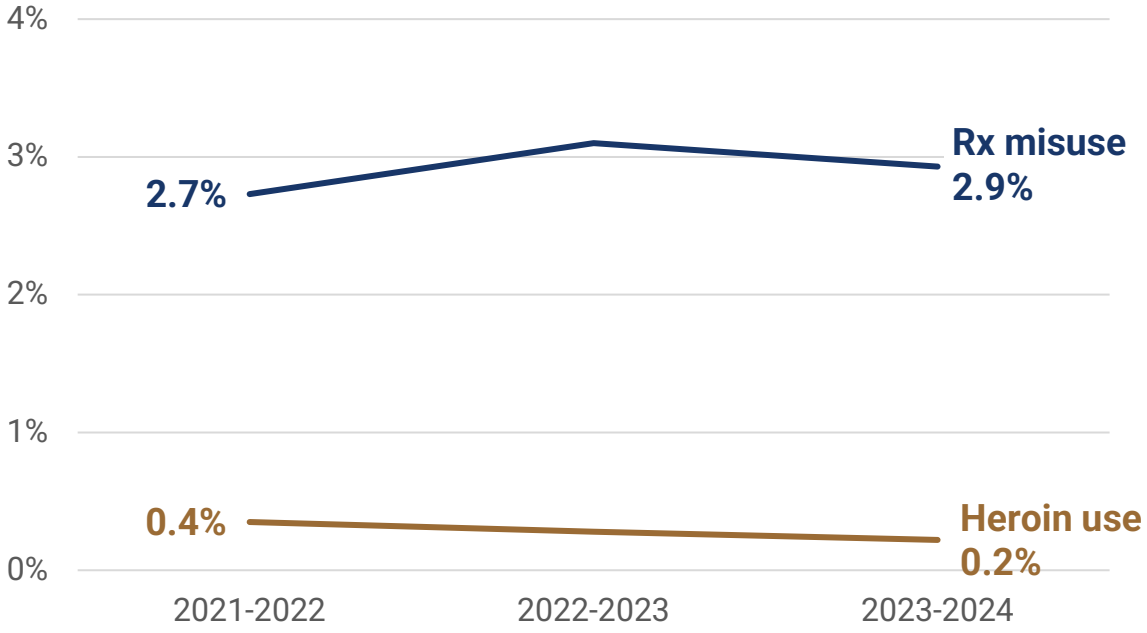
Drug overdose is the **4th leading cause** of injury-related death in Montana.

Sources: National Survey of Drug Use and Health (NSDUH)
Drug Overdose Deaths in Montana 2014-2023

Prevalence: Opioids

Adult prevalence

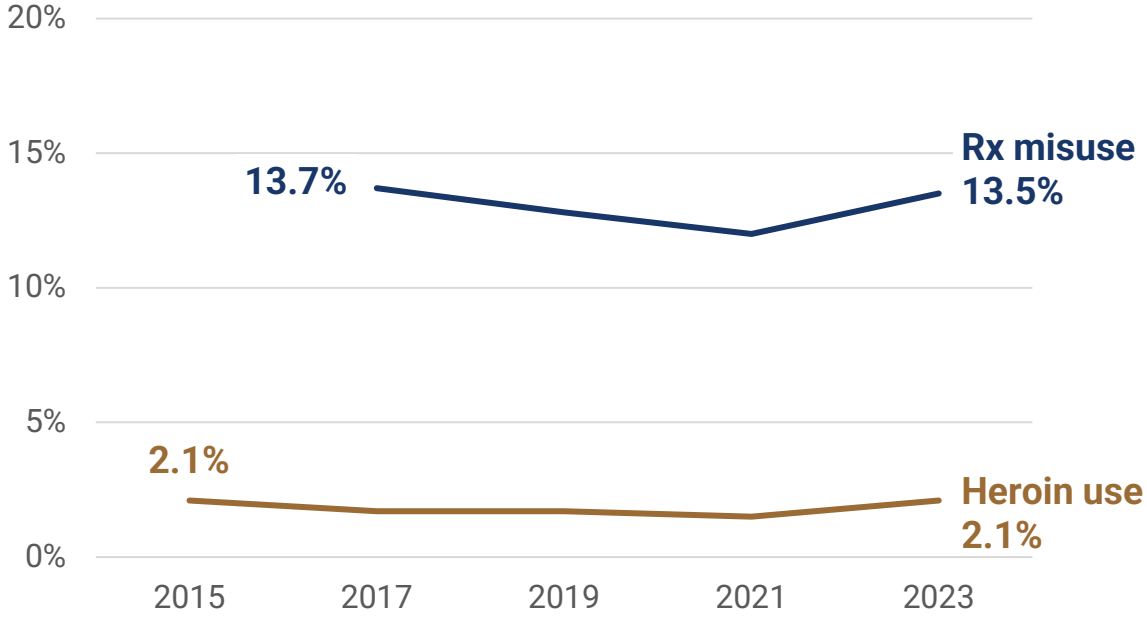
Past-year **pain medication misuse** and **heroin use,** Montana adults (self-reported).



Source: National Survey of Drug Use and Health (NSDUH)
Not pictured: Fentanyl misuse prevalence is ~1%, trend not available

Youth prevalence

Lifetime **pain medication misuse** and **heroin use,** Montana high school students (self-reported).

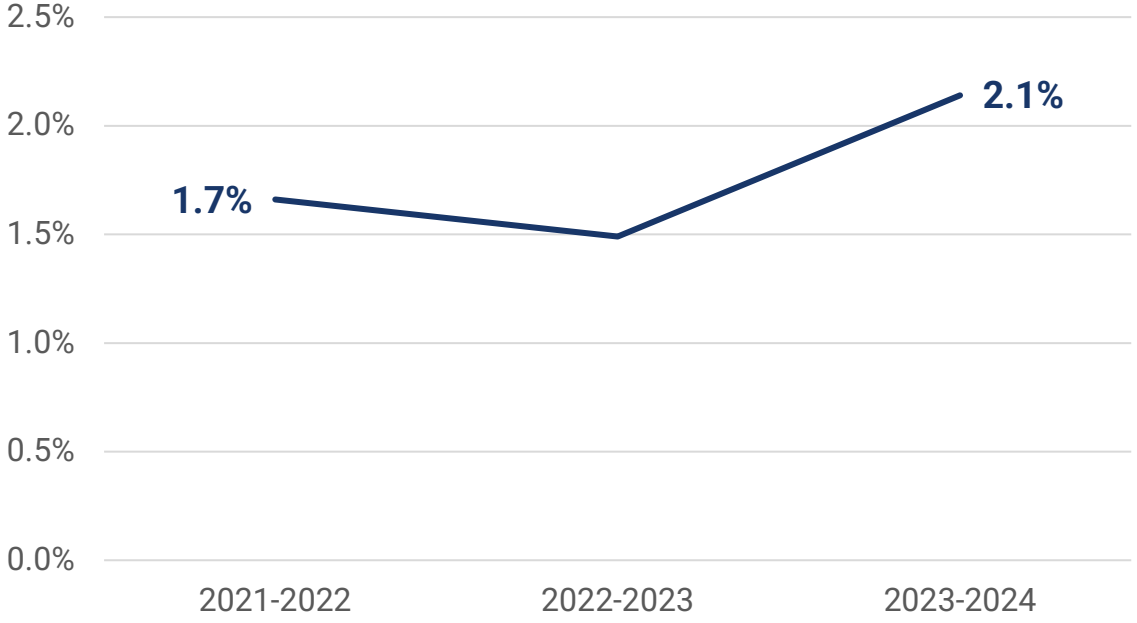


Source: Youth Risk Behavior Survey (YRBS)

Prevalence: Methamphetamine

Adult prevalence

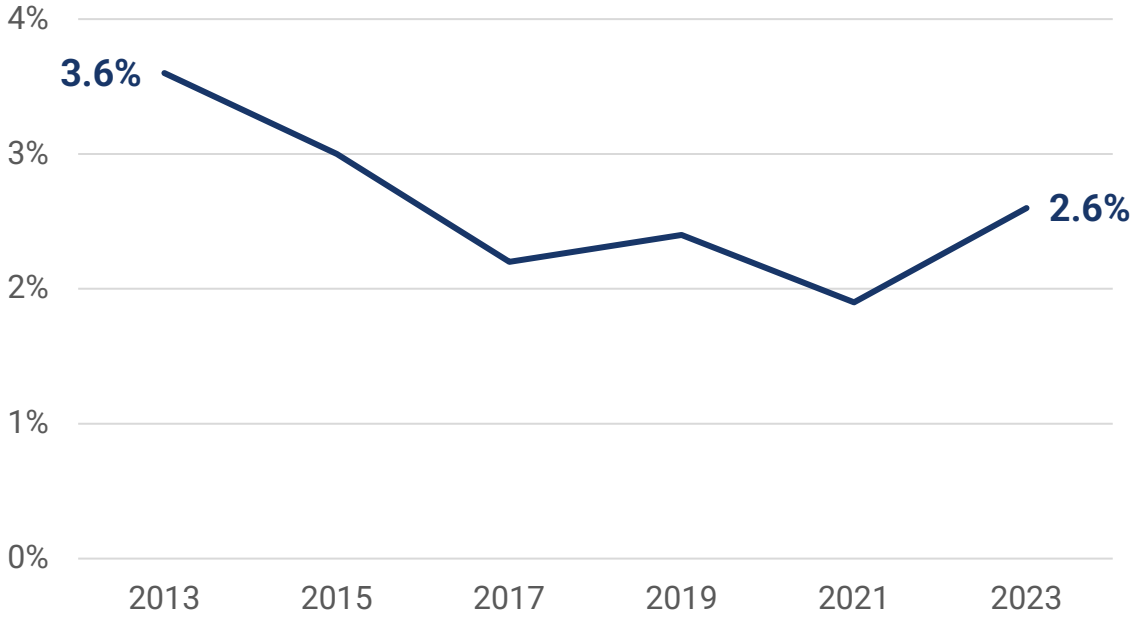
Past-year methamphetamine use,
Montana adults (self-reported).



Source: National Survey of Drug Use and Health (NSDUH)

Youth prevalence

Lifetime methamphetamine use,
Montana high school students (self-reported).

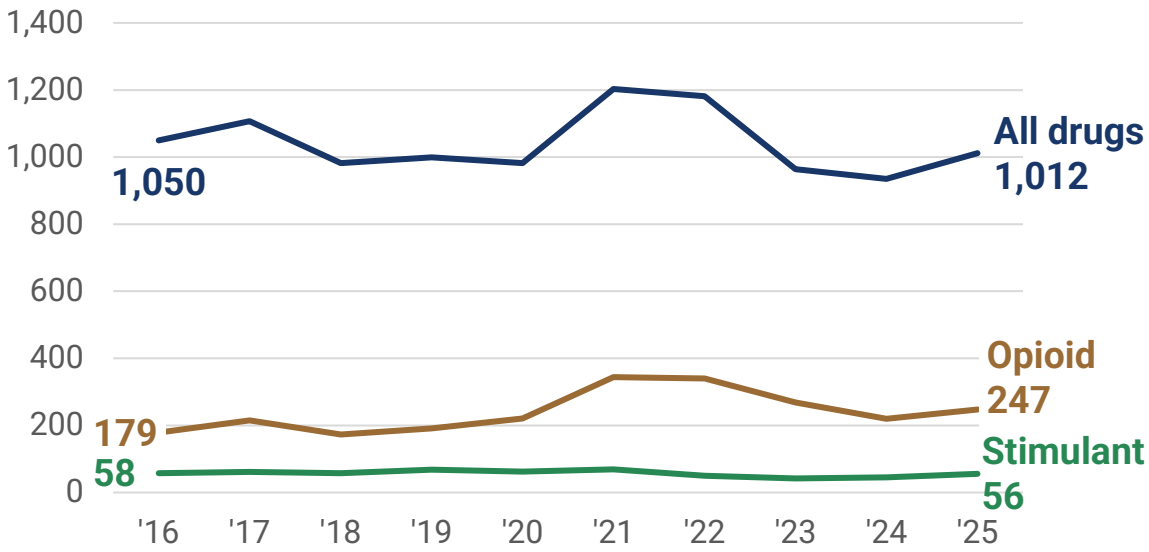


Source: Youth Risk Behavior Survey (YRBS)

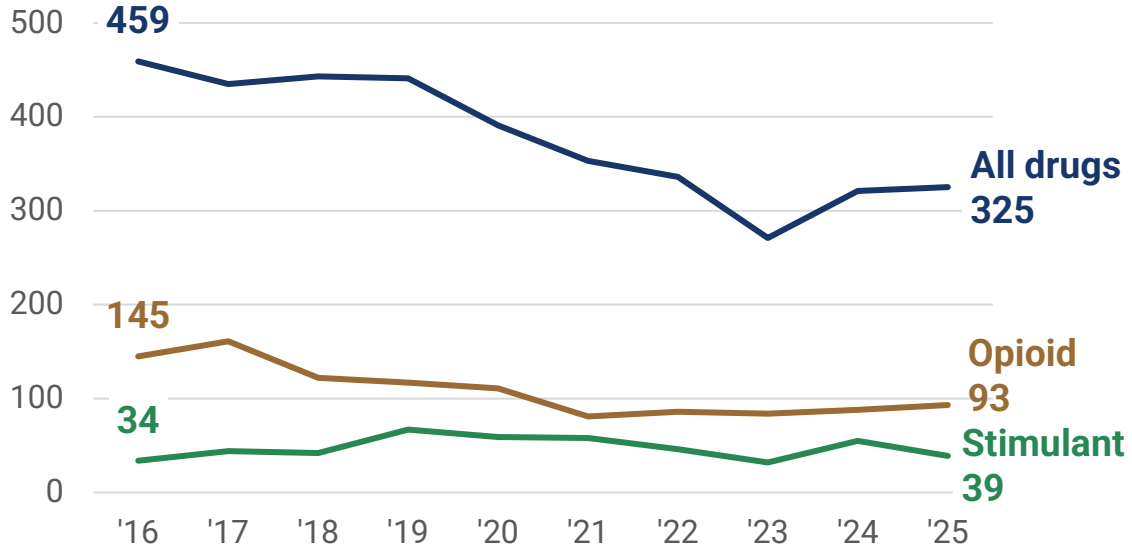
Morbidity: Overdose hospitalizations and ED visits

Unintentional drug overdose ED visits and hospitalizations had been declining, but counts more recently show a plateau or moderate increase.

Unintentional drug overdose ED visits

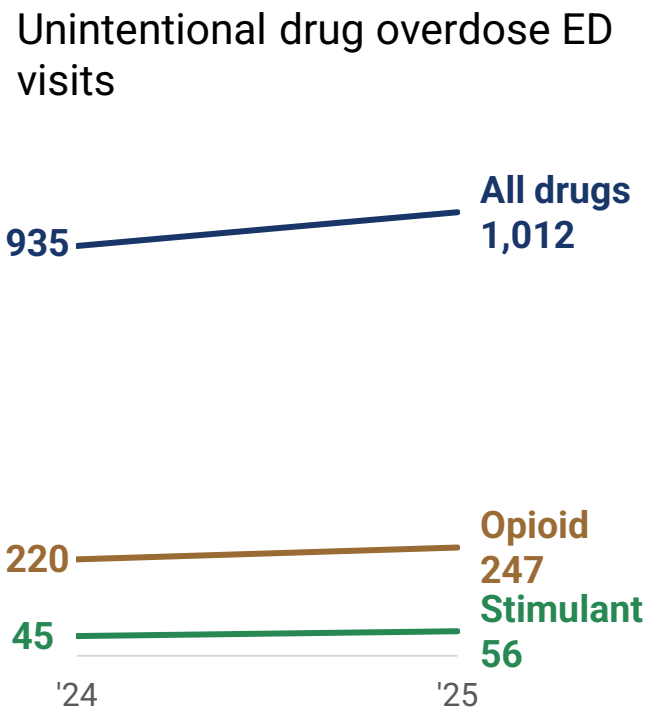


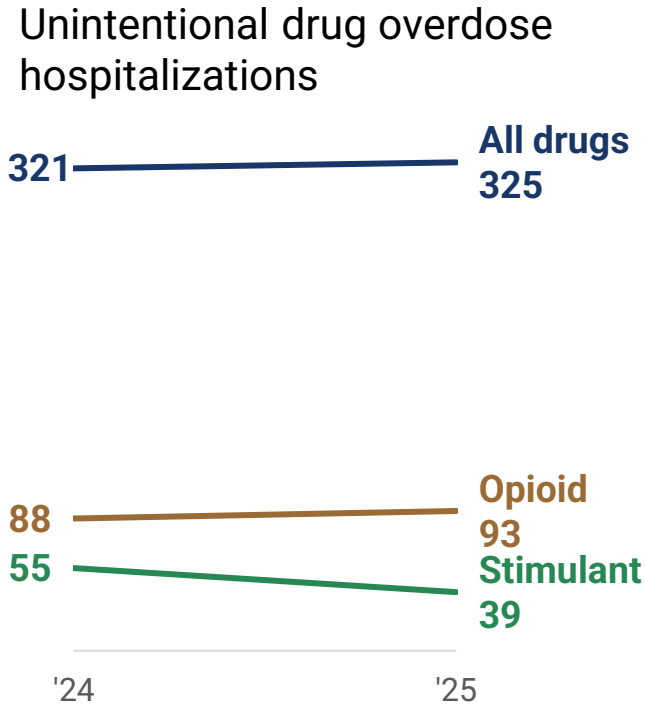
Unintentional drug overdose hospitalizations



Statewide unintentional/undetermined overdose ED visit and hospitalization counts by drug and year. MT residents only.
Source: Montana Hospital Discharge Data System (MHDDS). Data provided courtesy of Montana Hospital Association participating hospitals.

Morbidity: Overdose hospitalizations and ED visits





ED visits:

- **+8%** unintentional
- **+12%** opioid
- **+24%** stimulant

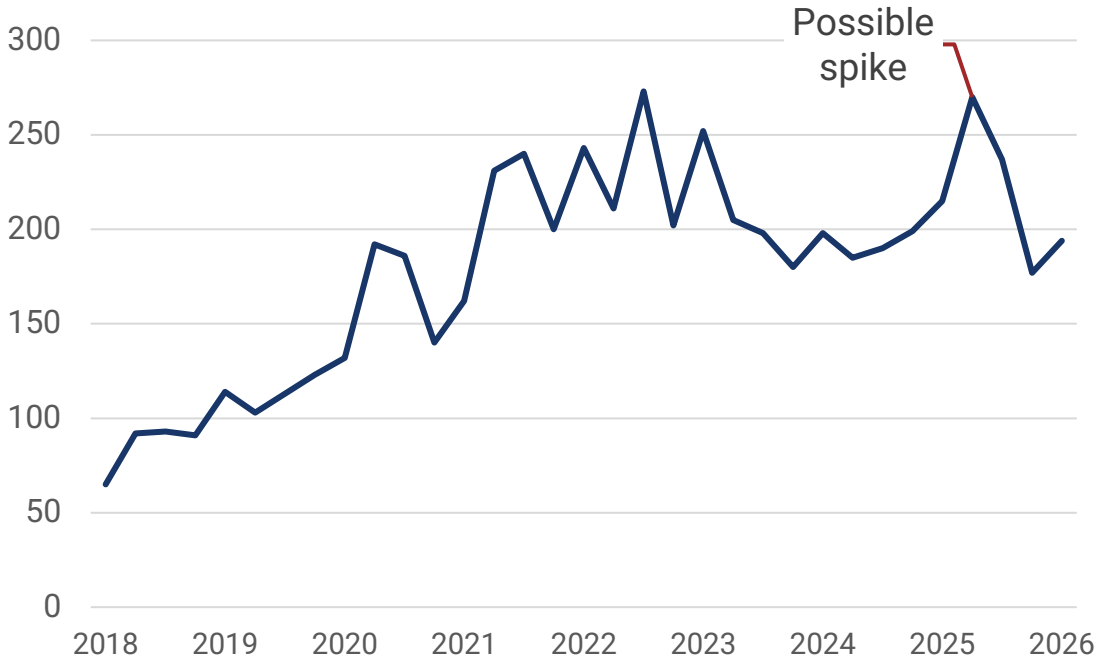
Hospitalizations:

- **+1%** unintentional
- **+6%** opioid
- **-29%** stimulant

Statewide unintentional/undetermined overdose ED visit and hospitalization counts by drug and year. MT residents only.
Source: Montana Hospital Discharge Data System (MHDDS). Data provided courtesy of Montana Hospital Association participating hospitals.

EMS incidents

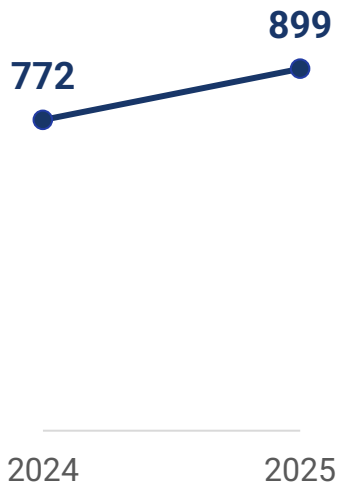
Suspected opioid overdose EMS calls experienced a spike in 2025 and have since declined.



Count of opioid overdose-related 911 responses by ground transporting EMS agencies, quarterly, 2018-2026.
Source: MT EMS dataset, 2018-2026

2024 v. 2025

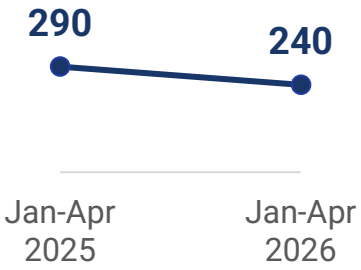
+16% suspected opioid overdose



Count of opioid overdose-related 911 responses by ground transporting EMS agencies, yearly, 2024-2025

2025 v. 2026 to-date:

-17% suspected opioid overdose



To-date comparisons are based on January-April counts for 2025 and 2026

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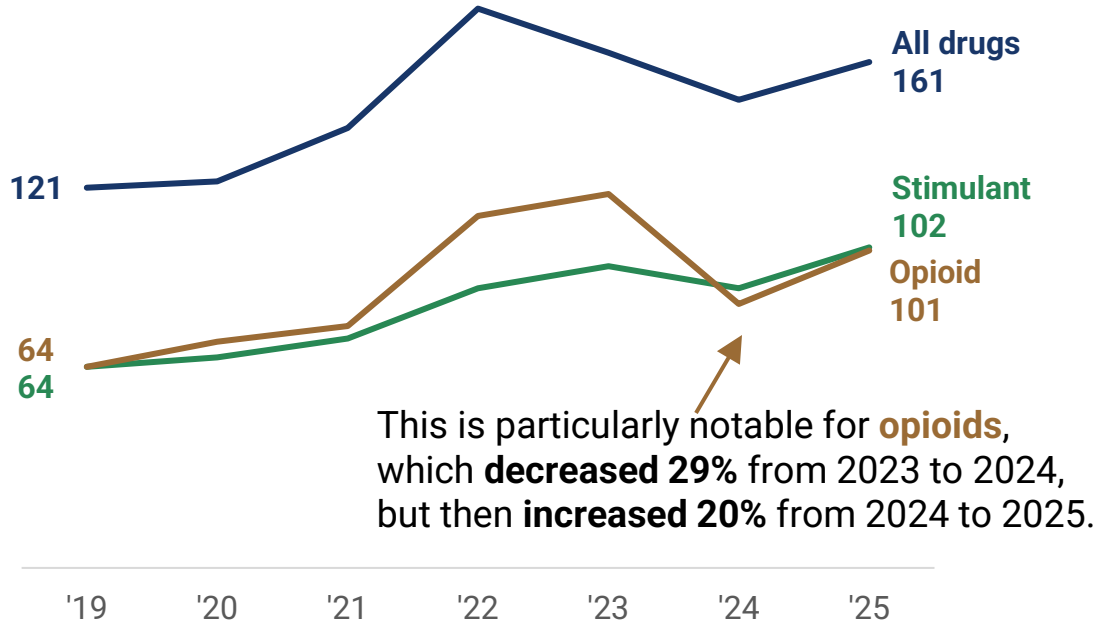
Data is preliminary and based on data pulled 5/1/2026. Numbers are subject to change.

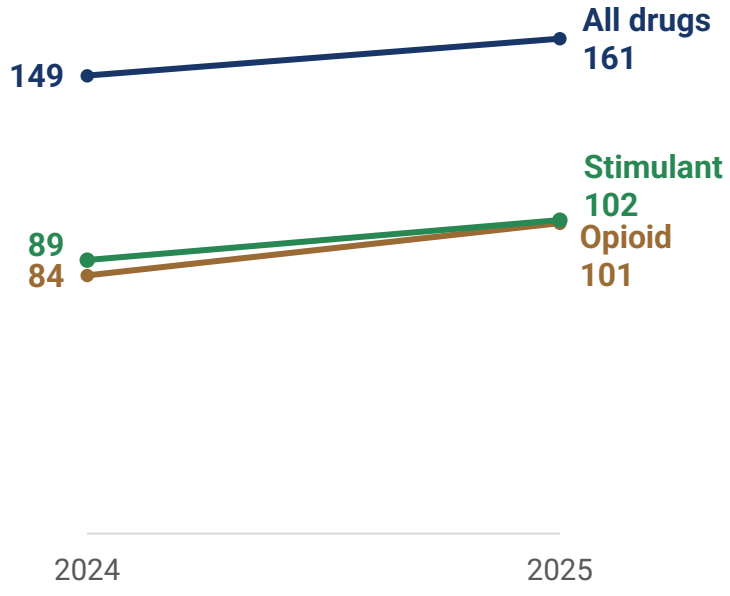
Mortality: SUDORS

Unintentional overdose deaths rose in 2025 after a sharp decline in 2024.



Unintentional/undetermined intent overdose deaths 2024 to 2025 (provisional):

- **+8%** unintentional
- **+20%** opioid
- **+14%** stimulant

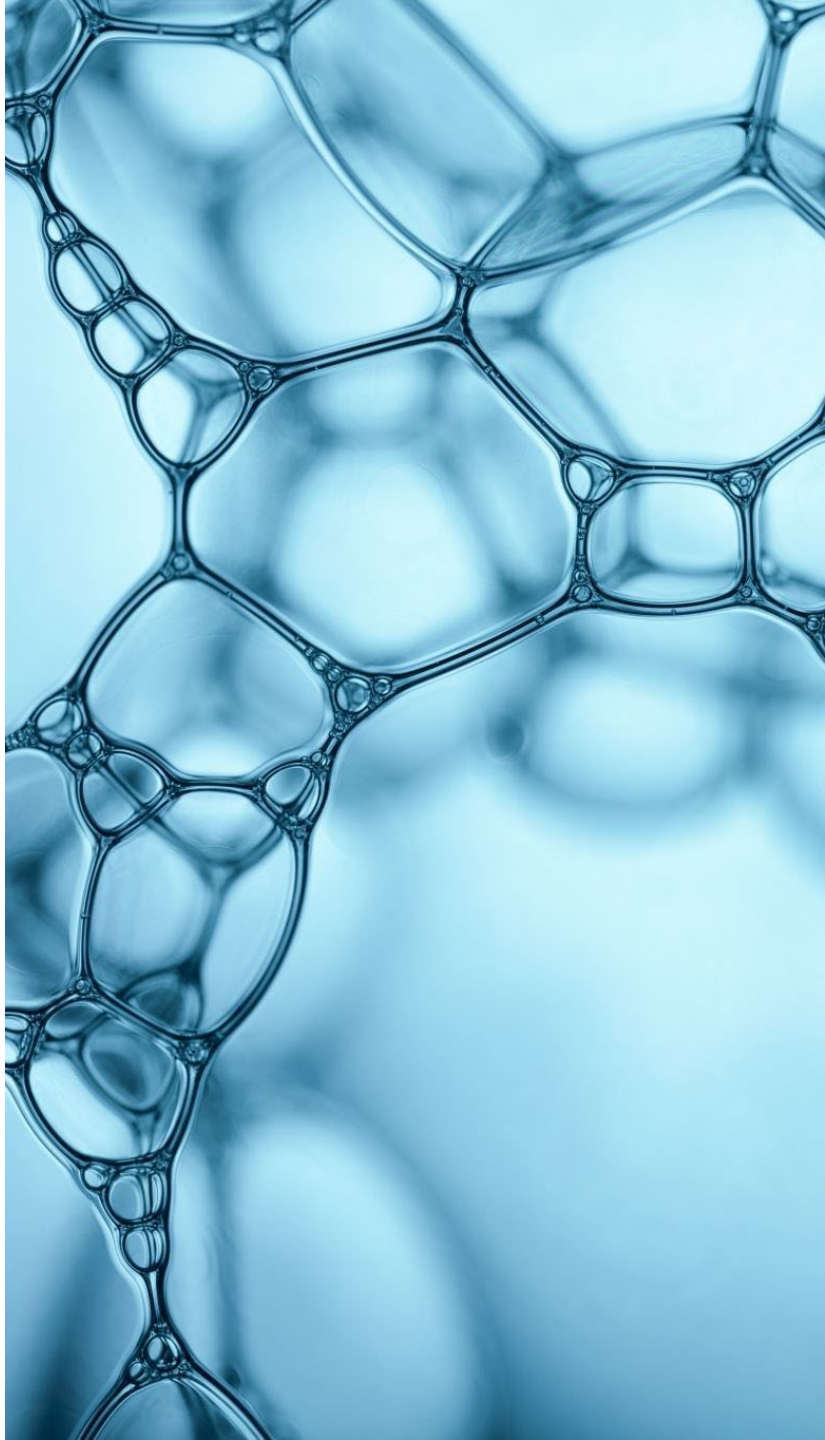


Unintentional/undetermined intent overdose death counts by year and type of drug.
Source: Montana State Unintentional Drug Overdose Reporting System (SUDORS).
Unintentional and undetermined intent overdose deaths that occurred in MT only. 2025 data is provisional.

Most unintentional overdose indicators show a decline followed by a moderate increase in 2025 – why?

Could it be due to:

- Changes in **substance involvement**?
- Changes in the **drug supply**?
- Something else?

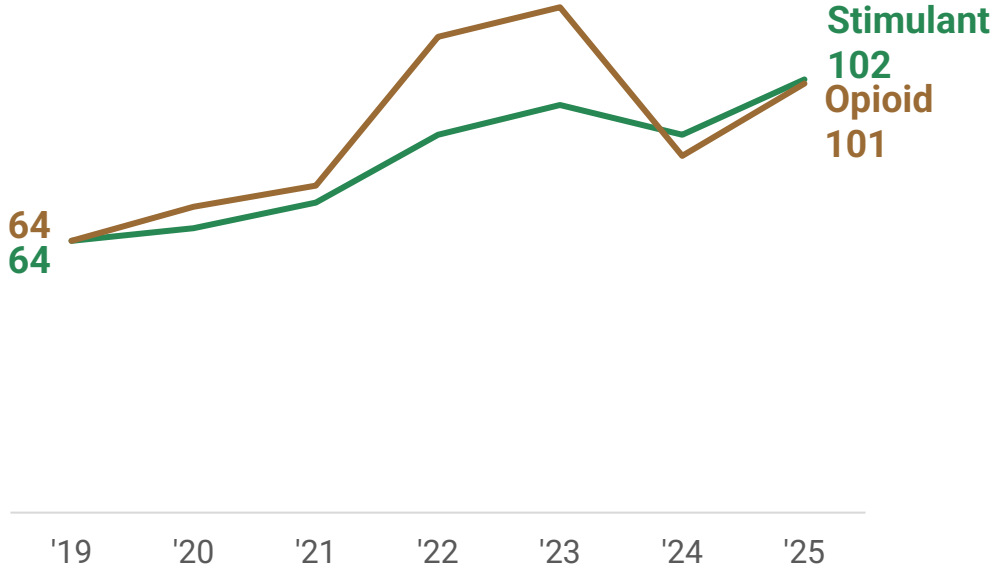


Substance Involvement

Are people overdosing on different substances?

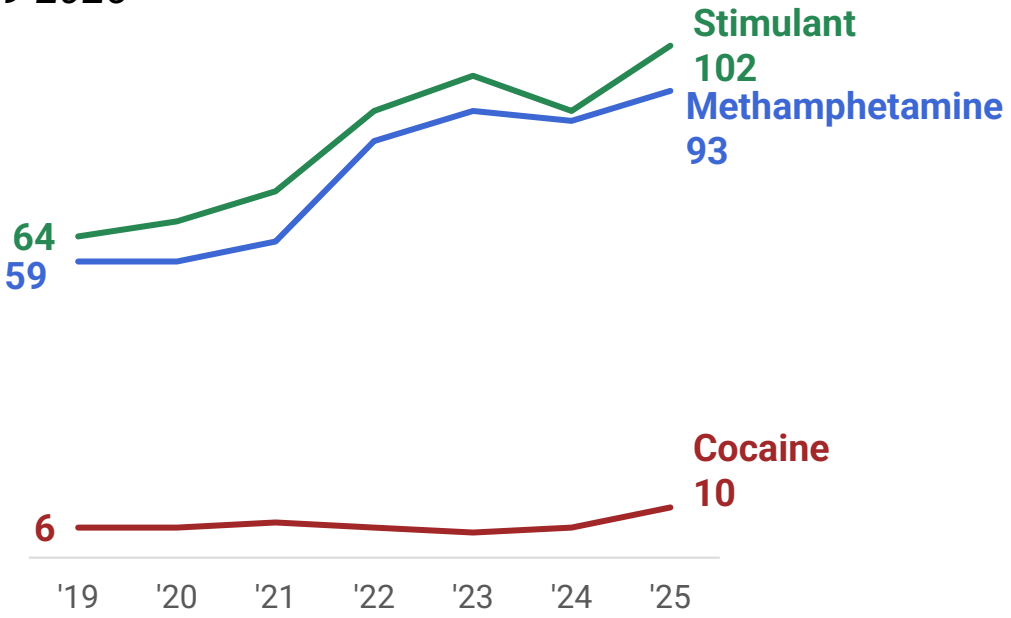
Counts of overdose deaths involving opioids and/or stimulants were about the same in 2025.

Unintentional overdose deaths by drug type, 2019-2025.



Stimulant overdose deaths have steadily increased.

Unintentional overdose deaths by stimulant drug, 2019-2025



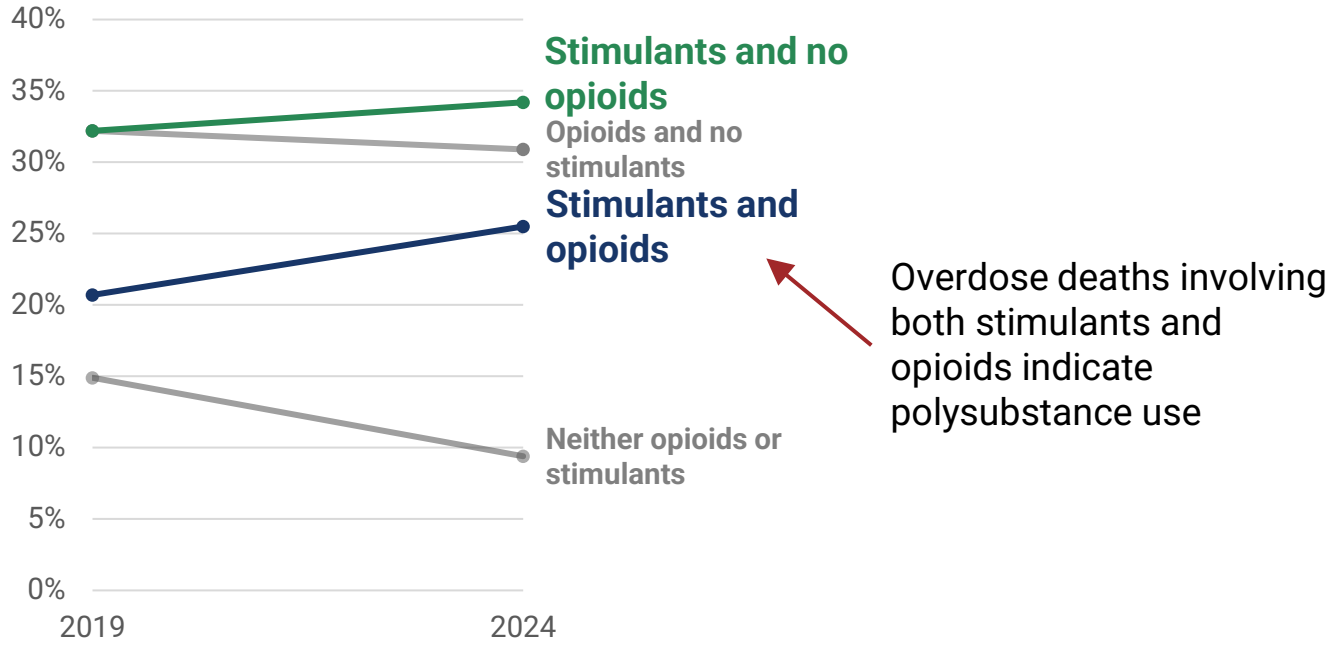
Unintentional/undetermined intent overdose death counts/percents by year and type of drug.
Source: SUDORS. Unintentional and undetermined intent overdose deaths that occurred in MT only. 2025 data is provisional.

Substance Involvement

Are people overdosing on different substances?

Overdose deaths involving both stimulants and opioids are increasing.

Proportion of unintentional overdose deaths involving stimulant drugs and/or opioids, 2019-2024



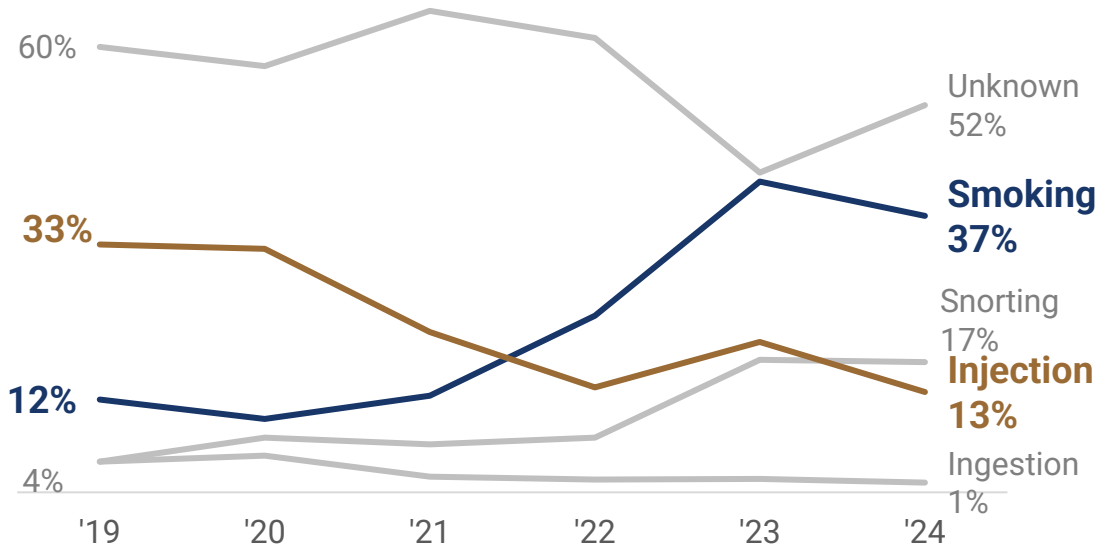
Unintentional/undetermined intent overdose death counts/percents by year and type of drug.
Source: SUDORS. Unintentional and undetermined intent overdose deaths that occurred in MT only. 2025 data is provisional.

Consumption Patterns

Are people using substances differently when they overdose?

When evidence is available, overdose decedents more often consume their drug by **smoking** it. Decedents with **evidence of injection** are declining.

Percent of overdose deaths with evidence of route of drug use



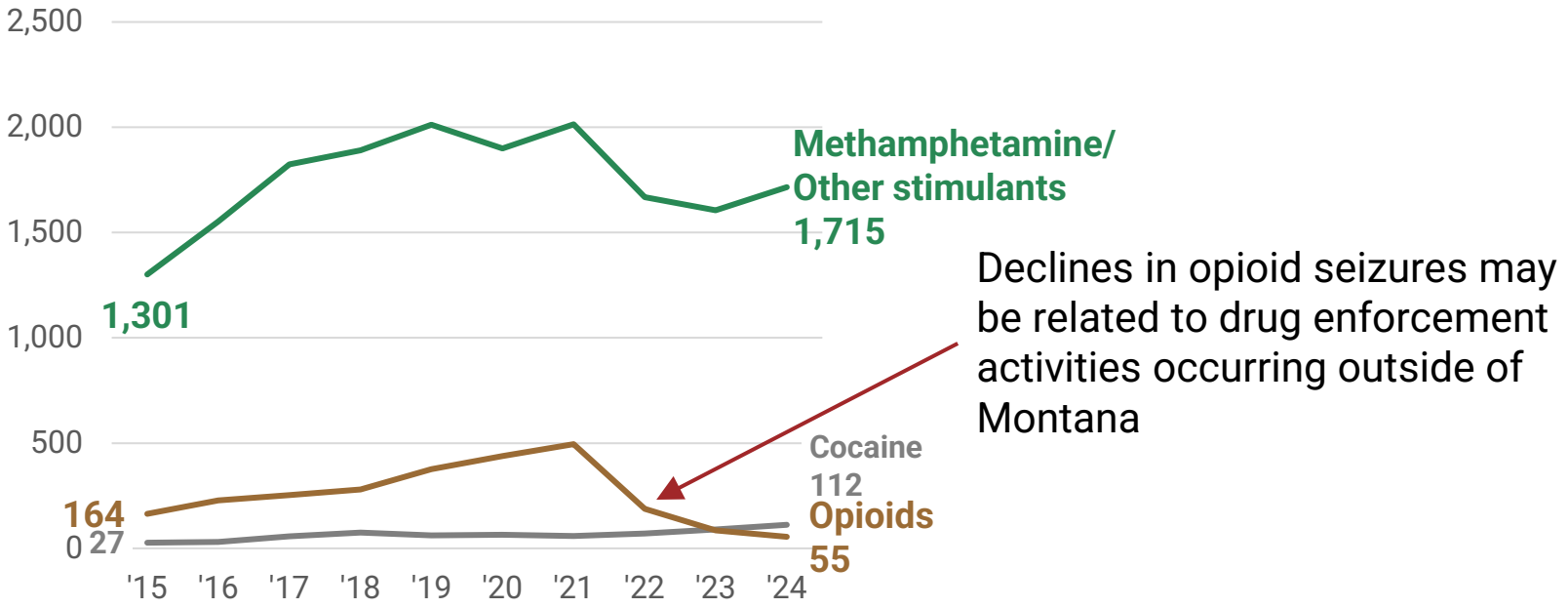
Unintentional/undetermined intent overdose death percents by year and route of drug use.
Source: SUDORS.

Drug supply

Is law enforcement seizing different drugs?

Drug seizures involving **opioids** have dropped notably, while **methamphetamine** seizures remain high.

Law enforcement drug seizures by drug type, 2015-2024



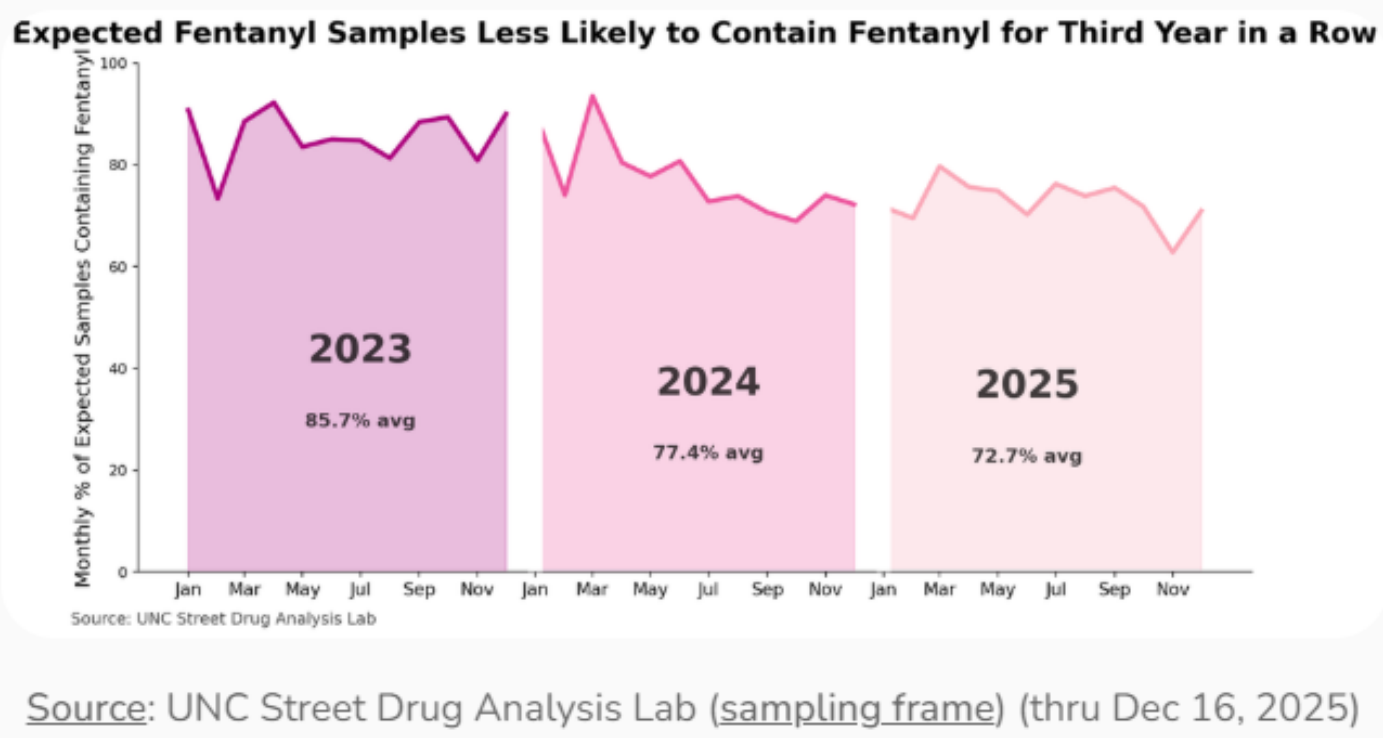
Source: Montana Board of Crime Control, 2015-2024.

Note: Law enforcement data is NOT representative of the overall illicit drug supply but can be helpful for identifying general trends.

Drug Supply

How is the illicit fentanyl supply changing?

Nationally, fentanyl supply is **increasingly adulterated**.



Source: UNC Street Drug Analysis Lab (sampling frame) (thru Dec 16, 2025)

Link

HEALTH

Historic decline in U.S. overdose deaths threatened by changing street drug supply

APRIL 14, 2026 · 1:03 PM ET

Brian Mann

Source: NPR

Medetomidine in the U.S. Illegal Fentanyl Supply Increasing Risk for Overdose and Severe Withdrawal Syndrome

APR. 2, 2026

AT A GLANCE

- Distributed via the CDC Health Alert Network
- April 2, 2026, 10:00 AM ET

This is an official

Source: CDC

Drug Supply

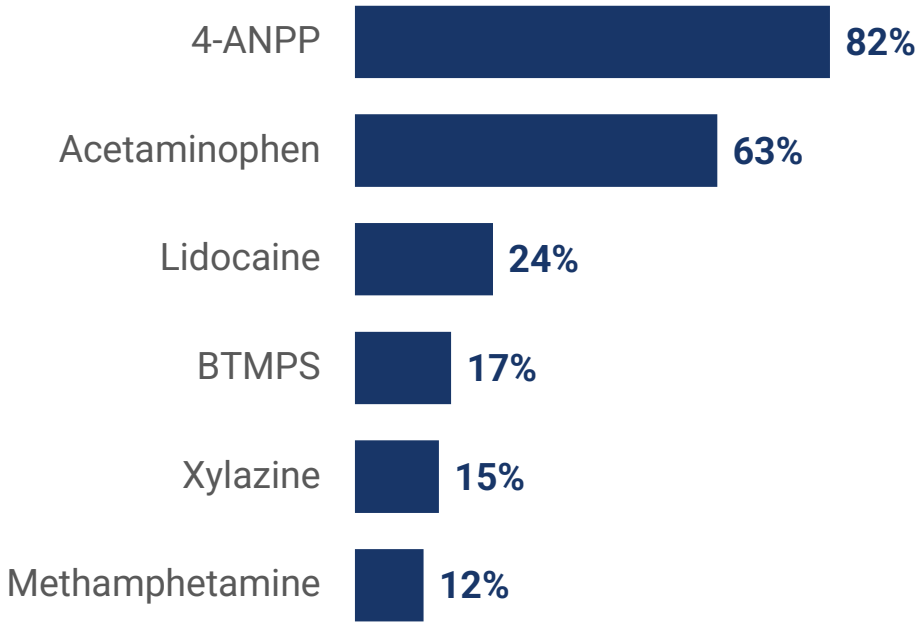
What is in the illicit fentanyl supply in Montana?

Adulterants of note in Montana's fentanyl supply:

- **Lidocaine:** local anesthetic, possibly added to enhance the effect of fentanyl. Not responsive to naloxone.
- **BTMPS:** an industrial chemical used in plastics manufacturing. Role in the fentanyl supply is unclear
- **Xylazine:** a veterinary tranquilizer that can slow breathing, heart rate, and blood pressure. Does not respond to naloxone. Associated with skin wounds regardless of consumption method.

Sources: *NIH: Xylazine*
CFSRE: Local Anesthetics (Lidocaine and other 'Caines): Toxic Adulterants Found in Illicit Street Drugs
Kansas Journal of Medicine: Emerging Concern: Lidocaine Adulterated "Purple" Fentanyl in the Midwest
JAMA: UV Stabilizer BTMPS in the Illicit Fentanyl Supply in 9 US Locations

Top drugs found in seized drug samples containing fentanyl, %



Source: Montana Forensic Sciences Division, 2025. Count of fentanyl samples included: 524

Substance use and overdose: Summary

A **declining trend** in overdoses appears to be **slowing**

Unclear cause to changes in trends

Stimulant and polydrug—caused deaths are increasing

The illicit drug supply is rapidly changing and **increasingly adulterated**

Where to find more information

Reports

- Summary of Opioid Use in Montana
- Summary of Methamphetamine Use in Montana

Dashboards

- Montana Timely Overdose Data Dashboard (MTODD)
- SUDORS Dashboard (unintentional overdose deaths)
- Injury and Overdose Indicators
- EMS Dashboard

To come: Montana Prescription Drug Registry Dashboard (anticipated release in fall 2026)

Hepatitis C

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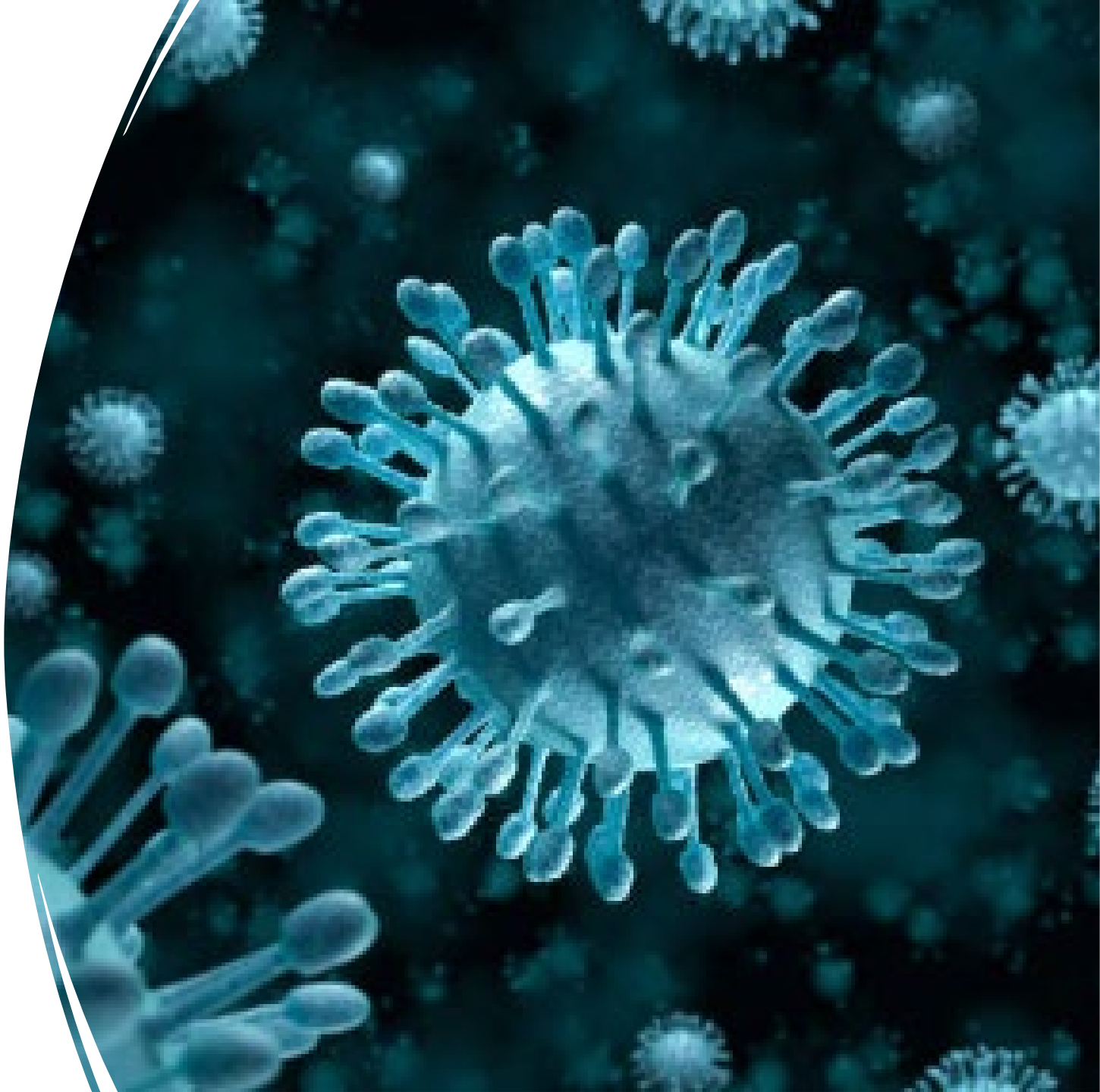
Overview

- Hepatitis C disease
- Trends and demographics
- Special populations
- HCV treatment and cure

Please note:

- **As a low morbidity state, small number of events should be interpreted with caution**
- **2025 data is provisional**



Hepatitis C (HCV) Disease

- HCV is a viral disease which causes liver inflammation, sometimes leading to leading serious liver damage.
  - Disease can be acute or chronic
- In the United States (U.S.), there were 4,848 new cases of acute hepatitis C reported during 2022. There were 67,400 estimated acute HCV infections during that time.
- CDC estimates that 2.4 million people in the U.S. are living with chronic HCV infection.

HCV is one of the most reported communicable disease in Montana

- **Acute HCV** – 23 cases annually*
  - Represents recent disease transmission
  - Incubation period is approximately 4-12 weeks
  - *About 20% to 30% develop symptoms*

- **Chronic HCV** – 1,160 cases annually*
  - *75%–85% of people do not have symptoms*

- While there is highly effective treatment, there is no vaccine or post-exposure prophylaxis

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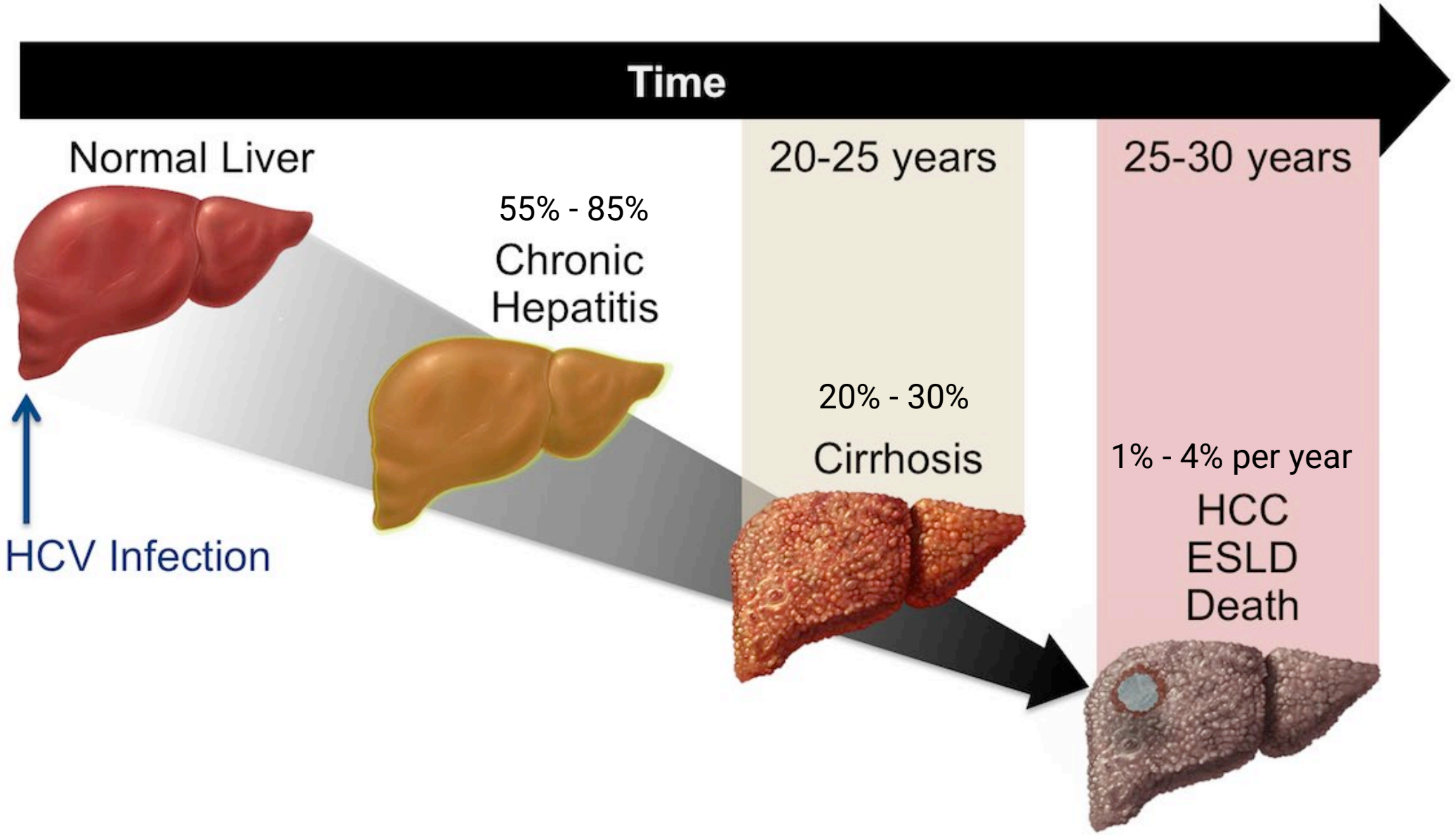
* 2021-2025 average


Time
Normal Liver
20-25 years
25-30 years
55% - 85%
Chronic
Hepatitis
20% - 30%
Cirrhosis
1% - 4% per year
HCC
ESLD
Death
HCV Infection

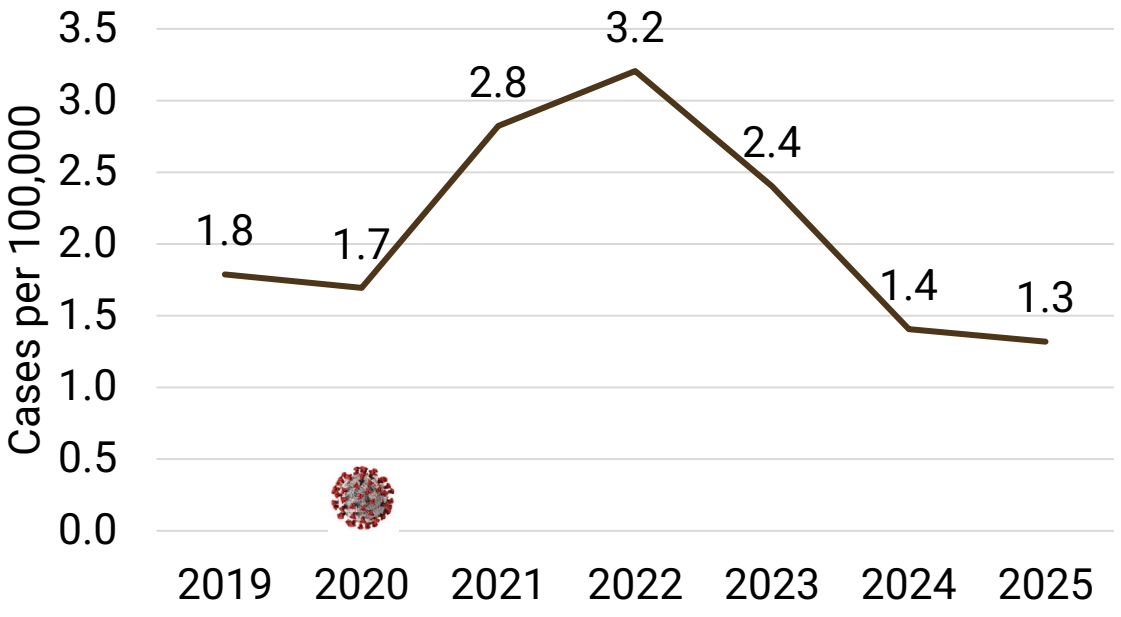
Awareness of HCV infection status

- Most recent data (2019) estimated that only 56% of persons infected with HCV in the United States were aware of their HCV infection status.
- Awareness of infection status was lower in persons who were foreign-born and in persons with income below the poverty level.
- These most recent data do not show a major improvement from a prior analysis (2001-2008) that reported 50% of persons infected with HCV were aware of their HCV infection status.

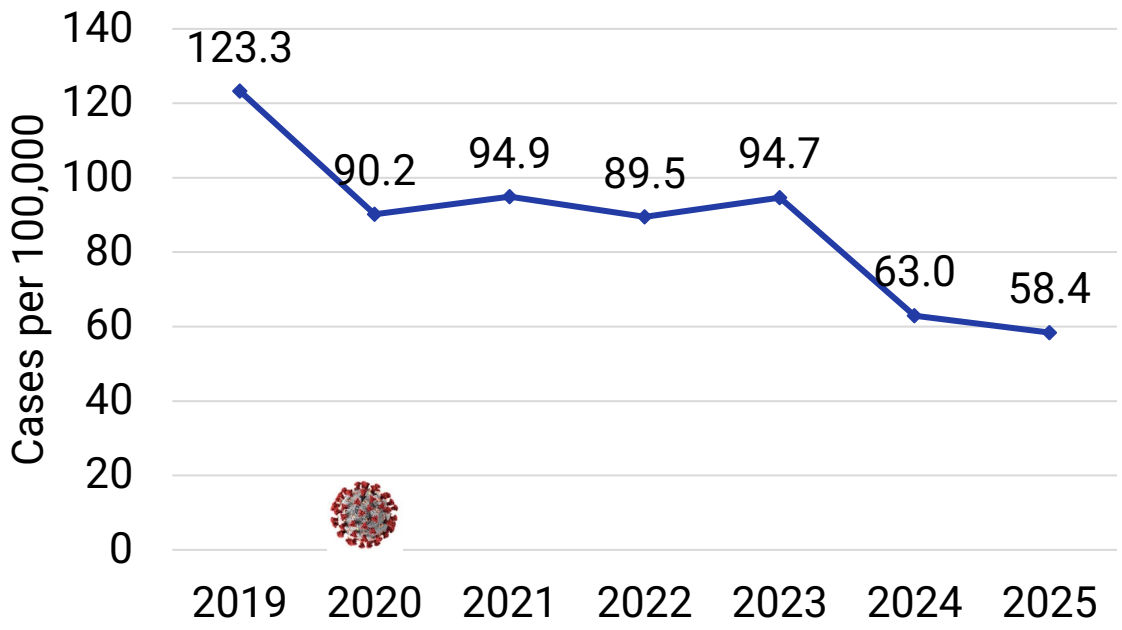
Source: Kim HS, Yang JD, El-Serag HB, Kanwal F. Awareness of chronic viral hepatitis in the United States: An update from the National Health and Nutrition Examination Survey. J Viral Hepat. 2019 May;26(5):596-602. doi: 10.1111/jvh.13060. Epub 2019 Mar 13. PMID: 30629790.

Hepatitis C cases, Montana, 2019-2025

Acute HCV



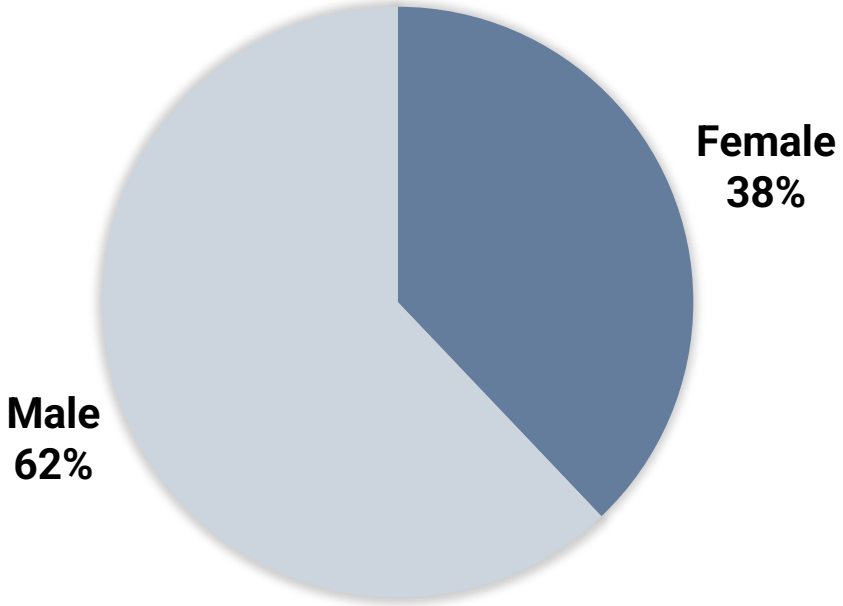
Chronic HCV



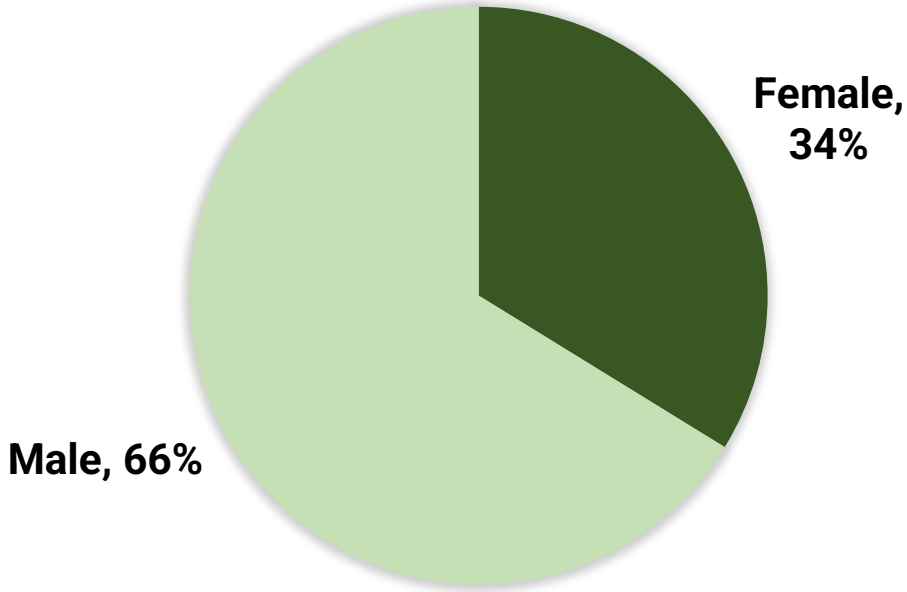
- The rate of acute HCV increased between 2020 and 2022. This may have been influenced by the impact of COVID-19 pandemic on substance use and disruption in health care.
- Chronic HCV rates decreased in 2020 likely due, in part, to COVID-19 related disruptions in screening and health care utilization.

Percentage of acute and chronic HCV cases by sex, Montana

Acute HCV (2021-2025, N=124 cases)

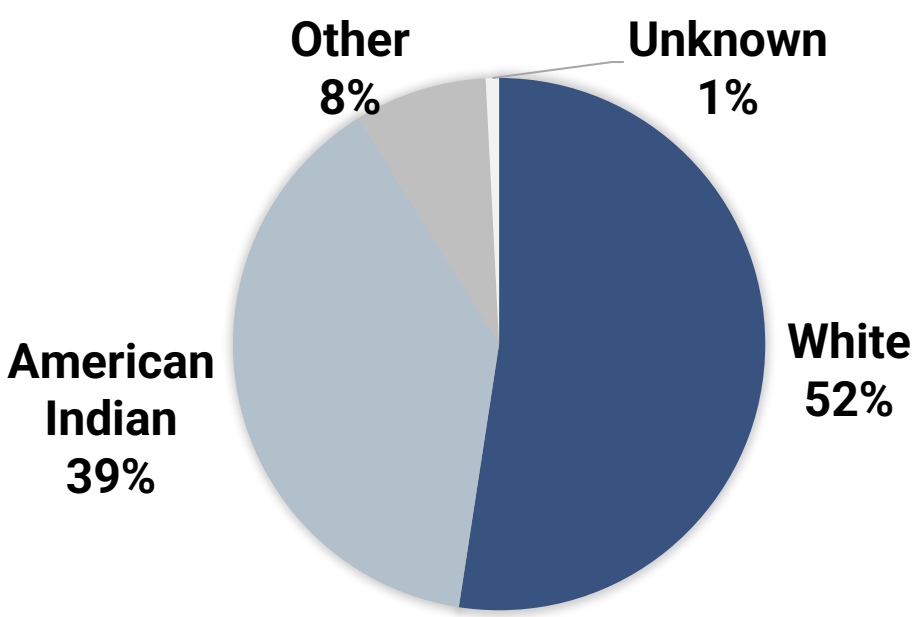


Chronic HCV (2025, N=664 cases)

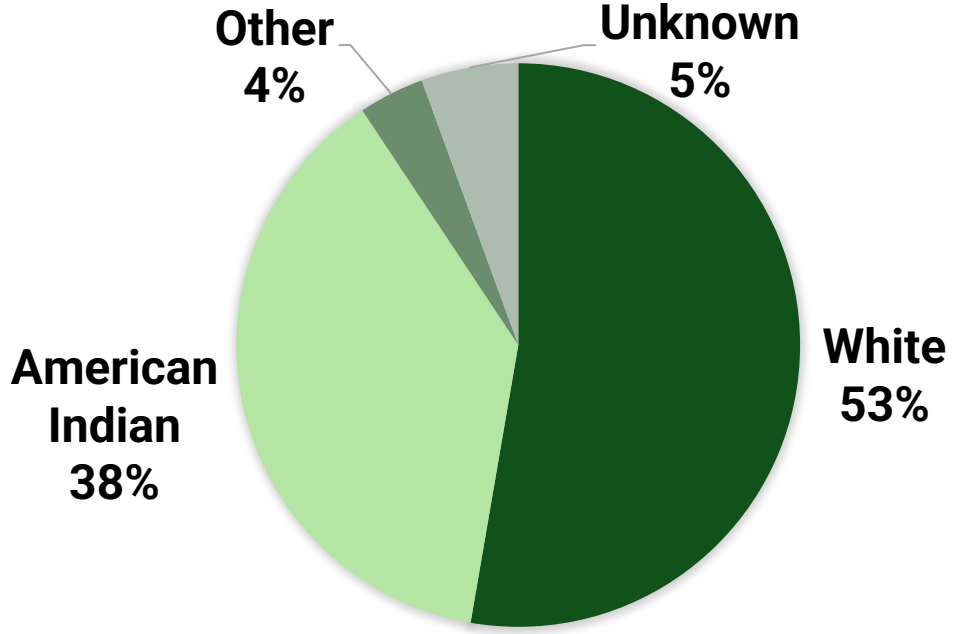


Percentage of acute and chronic HCV cases by race, Montana

Acute HCV (2021-2025 , N=124 cases)



Chronic HCV (2025, N=664 cases)



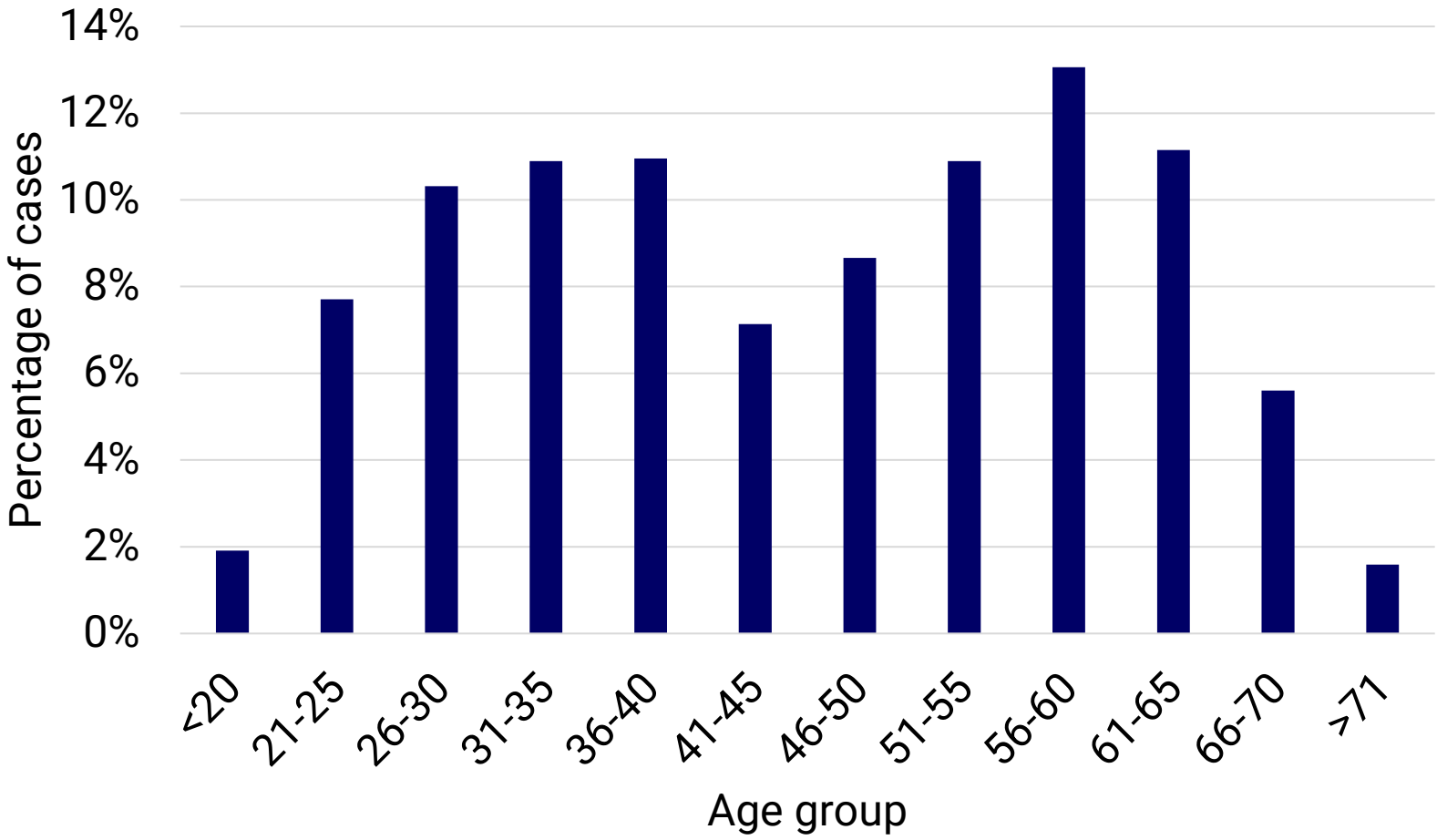
Communities with robust screening practices have the benefit of identifying new cases and may, as a result, experience higher reported disease counts.

HCV - A disease of two generations

Chronic HCV affects multiple generations with infections highest among two age groups: persons 26–40 years old and persons older than 60 years.

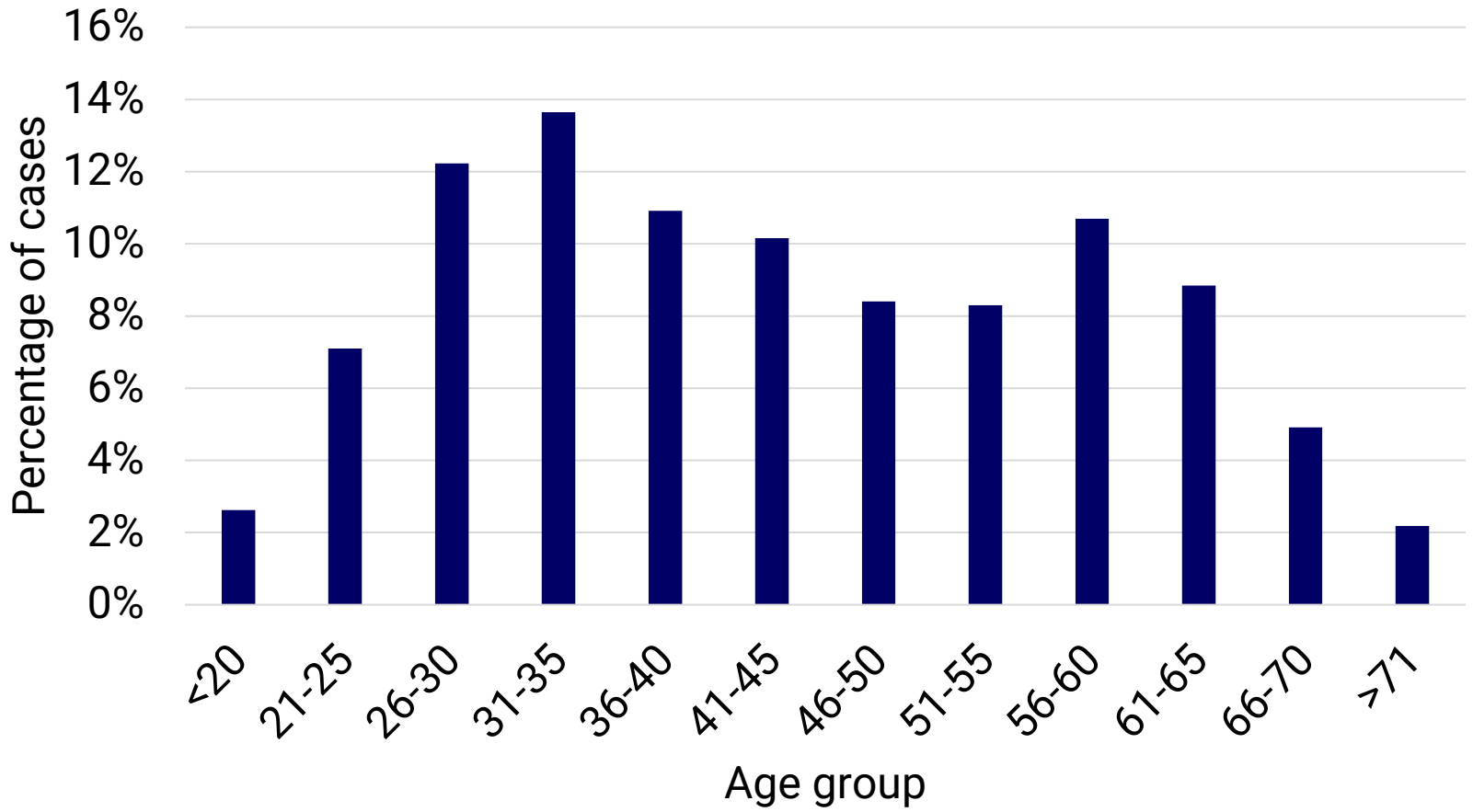
Younger populations typically acquire the disease through injecting drug use, while persons older than 60 are more likely to have developed chronic HCV through unscreened blood products prior to 1992.

Chronic HCV cases by age group, Montana, 2017



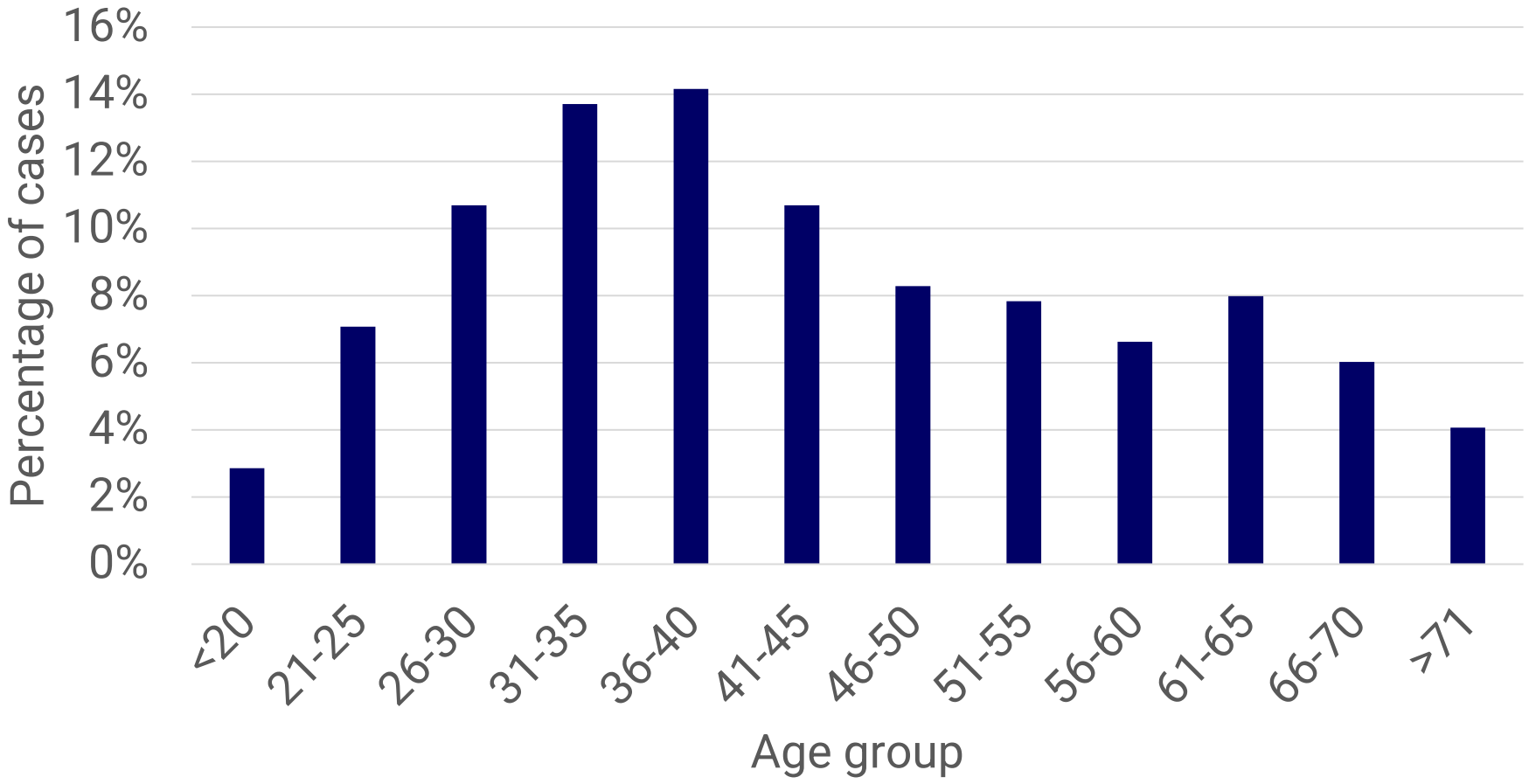
In 2017, **42%** of people with chronic HCV were **≤40 years old**.

Chronic HCV cases by age group, Montana, 2020



In 2020, **47%** of people with chronic HCV were **≤40 years old**.

Chronic HCV cases by age group, Montana, 2025



In 2025, **50%** of people with chronic HCV were **≤40 years old**.

What are the implications of this shift?

- Younger populations are more likely to have continued risk of transmitting the virus through injecting drug use.
- Increased risk of perinatal transmission.
  - About 62% of female cases in 2025 in Montana were among women of reproductive age (15-45 years old)
- Treatment gap and lower percentage of cure
  - 1 in 3 people overall are cured (U.S. 2013-2022)
  - 1 in 4 people under 40 years are cured
  - 1 in 6 people under 40 years and without insurance are cured

Wester C, Osinubi A, Kaufman HW, et al. Hepatitis C Virus Clearance Cascade — United States, 2013–2022. MMWR Morb Mortal Weekly Rep 2023;72:716–720. DOI: http://dx.doi.org/10.15585/mmwr.mm7226a3

HCV in Key Populations

"Hepatitis C is a deadly, common, and often invisible result of America's opioid crisis,"

Jonathan Mermin, M.D., M.P.H., director of CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

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People who inject drugs

- According to the CDC, injecting drug use (IDU) accounts for the majority of new HCV infections in the U.S. (approximately 70%) and is the key driving force of the epidemic.
- The prevalence of HCV in persons who currently or previously injected drugs ranges from18% to 88% depending on geographic location and exposure duration.
- The first few years after an individual begins to inject drugs constitute a high-risk period during which the rate of HCV infection can exceed 40%.

Source: American Association for the Study of Liver Diseases and Infectious Disease Society of America HCV Guidance: Recommendations for Testing, Managing and Treating HCV

People in correctional settings

- Recent cross-sectional surveys suggest that HCV prevalence among incarcerated populations in the U.S. ranges from 3.0% to 34.6%, which exceeds the HCV prevalence in the general population (U.S. prevalence 0.5% to 1.4%).
- According to the CDC, approximately 30% of all persons with HCV infection in the U.S. have spent at least part of the year in a correctional institution
- HCV-associated liver disease is a frequent cause of death in inmates and has recently surpassed death from HIV (National Institutes of Health).

Sources: Busschots D, Kremer C, Bielen R, Bielen R. **Hepatitis C prevalence in incarcerated settings between 2013–2021: a systematic review and meta-analysis**. BMC Public Health. 2022;22(1):2159.

American Association for the Study of Liver Diseases and Infectious Disease Society of America HCV Guidance: Recommendations for Testing, Managing and Treating HCV

He T, Li K, Roberts MS, Spaulding AC, Ayer T, Grefenstette JJ, Chhatwal J. Prevention of Hepatitis C by Screening and Treatment in U.S. Prisons. Ann Intern Med. 2016 Jan 19;164(2):84-92. doi: 10.7326/M15-0617. Epub 2015 Nov 24. PMID: 26595252; PMCID: PMC4854298.

HCV Treatment and Cure

"The development of a safe and highly effective cure for hepatitis C is one of the most stunning medical achievements of the past 20 years. But unfortunately, too many people in our country still face insurmountable barriers to accessing this treatment. This is a truly historic opportunity."

Francis S. Collins, M.D., Ph.D., of the National Institutes of Health, White House National Hepatitis C Elimination Program

MONTANA DPHHS
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Overview of HCV treatment

- Hepatitis C is treated using direct-acting antiviral (DAA) tablets. Some people may clear the disease and not need treatment. Treatment is always needed for chronic HCV.
- There are 6 main strains of the virus. Treatment ordered will be one most effective for the specific strain of hepatitis C.
- Medication is taken for 8 to 12 weeks with minimal side effects.
- Treatment is highly effective at clearing the infection in more than 95% of people.

When to initiate treatment

- American Association for the Study of Liver Diseases (AASLD) and Infectious Disease Society of America (IDSA) recommend treatment for all patients with **acute or chronic HCV** infection, except those with a short life expectancy that cannot be remediated by HCV therapy, liver transplantation, or another directed therapy.
- Because 15-45% of people with HCV spontaneously clear the infection, some medications may be recommended specifically for persons with chronic infection.

IDSA
Infectious Diseases Society of America

AASLD
AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

Successful treatment and cure

- The clinical definition of cure is defined as the continued absence of detectable HCV RNA for at least 12 weeks after completion of therapy.
- While HCV antibodies remain present for life, persons who have successfully cured can no longer transmit the virus to others.
- Cure has been shown to be durable in more than 99% of patients followed-up for ≥5 years.

How are we doing with treatment?

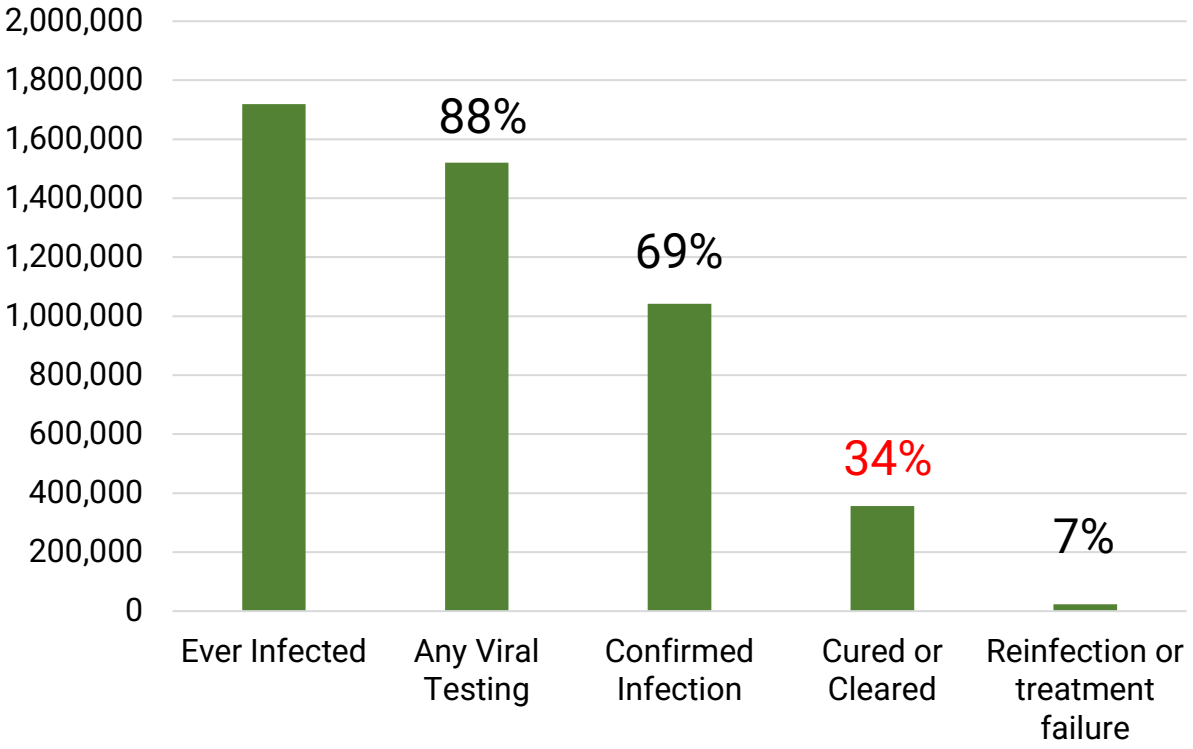
Hepatitis C Clearance Cascade

This analysis identifies people who:

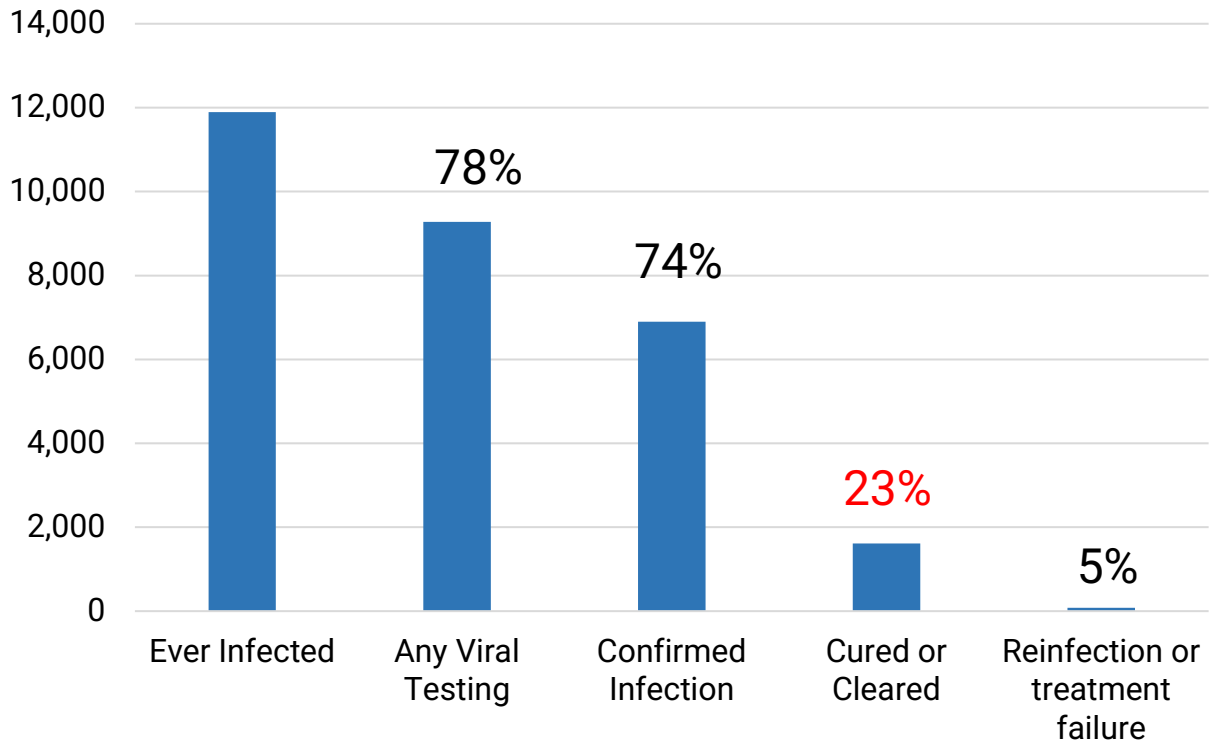
- Were ever infected with HCV
- Had testing to indicate who had confirmed disease
- Had the HCV infection cured or cleared
- Were reinfected or experienced treatment failure

Hepatitis C Clearance Cascade, U.S. and Montana

United States (2012-2025)



Montana (2020-2024)



- In the U.S., about 1 in 3 people with confirmed HCV are cured.
- In Montana, about 1 in 4 people with confirmed HCV are cured.

Takeaways – Who to screen?

- While there are vulnerable populations, CDC recommends universal hepatitis C screening.
  - All adults 18 and older and all pregnant women during each pregnancy
- More frequent screening is recommended for people in certain high-risk groups, including:
  - People who currently or have previously injected drugs, as well as those who have shared needles or drug preparation equipment
  - People with HIV
  - Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
  - Infants born to people with known hepatitis C

Takeaways – Treatment

- ***Treatment is highly effective, yet a small percentage of people are cured of hepatitis C.***
- According to American Association for the Study of Liver Diseases and Infectious Disease Society of America - ***active or recent drug use or a concern for reinfection does not need to be a contraindication to HCV treatment***.
- Data suggest that reinfection is not common in drug users who clear HCV with therapy even if they continue to inject drugs ***provided steps are taken to minimize the risk.*** This includes harm reduction and syringe services programs.

Resources

- Talking to loved ones about Hepatitis C
- Support for caregivers
- Financial assistance to pay for treatment
  - Pharmaceutical company sponsored prescription assistance
  - Non-profit organizations offering insurance copayment assistance
- Partnership for Prescription Assistance
- Search for a Clinical Trial

Resources

American Association for the Study of Liver Dieases HCV Practice Guidance

CDC screening recommendations

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