

### Opioid Settlement Advisory Council/ Open Meeting Agenda

November 13, 2023 | 9:30-11:00am Key Largo | 29 Valhalla Dr. | Slayton, MN 56172

Welcome and Introductions	
Opioid Settlement Recap	
Memorandum of Agreeme	ent review
Data and trends	
SW Opioid Settlement Adv	visory Council
Current funded proj	jects
Brainstorm ideas fo	r future funding
Next Steps	
Adjourn	
Notes/Action Items:	



## Statewide Trends in Drug Overdose: Preliminary 2022 Data Update

Note: This report includes preliminary 2022 death certificate and hospital discharge data.

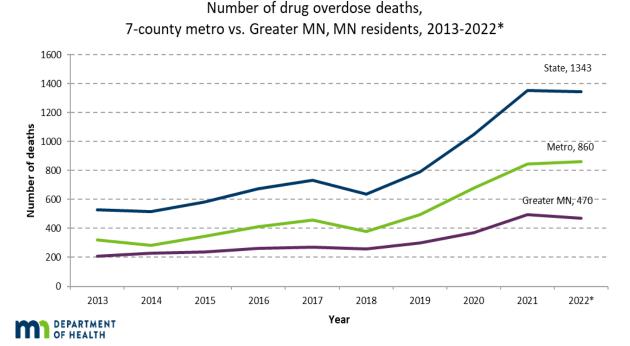
#### **Summary**

Drug overdose continues to affect the lives of many Minnesotans. In 2022, on average three Minnesotans died each day from a drug overdose with the total number of drug overdose deaths holding steady from the previous year. Drug overdose deaths continue to be dominated by synthetic opioids (e.g., fentanyl), psychostimulants (e.g., methamphetamine), and cocaine. Moreover, for every one drug overdose death, there were nearly 13 nonfatal drug overdoses.

### Statewide drug overdose deaths

Minnesota data is in line with national trends that are also experiencing a slowdown of overdose deaths. Statewide data show that drug overdose deaths are holding steady from 2021 to 2022 (1,356 to 1,343 deaths) (Figure 1), with an increase expected when final data become available. A small increase in drug overdose deaths was seen in the Seven-county Metro (the Metro) while Greater Minnesota saw a modest decrease. In the Metro, drug overdose deaths increased 2% from 2021 to 2022 (846 to 860 deaths); in Greater Minnesota, drug overdose deaths decreased 5% from 2021 to 2022 (495 to 470 deaths) (Figure 1). We expect 2022 numbers to increase when final data are available.

Figure 1. The number of drug overdose deaths in 2022 remained stable from the previous year.



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2013-2022 NOTE: 2022 data are preliminary and likely to change when finalized.

#### Opioid-involved overdose deaths

In 2022, we saw a continuation of trends for opioid categories as compared with previous years, but the rate of increase slowed considerably compared with the past few years. From 2021, statewide 2022 data show a 3% increase for all opioid-involved deaths (977 to 1002 deaths). Deaths involving synthetic opioids, including fentanyl and fentanyl analogues, increased 5% (882 to 922 deaths), and were involved in 92% of all opioid-involved deaths and 62% of overdose deaths overall (Figure 2). Other opioid categories continued to decrease in 2022. Deaths involving commonly prescribed opioids (i.e., other opioids and methadone) decreased 15% (207 to 176 deaths); deaths involving heroin decreased 56% (103 to 45 deaths) to a ten-year low (data not shown).

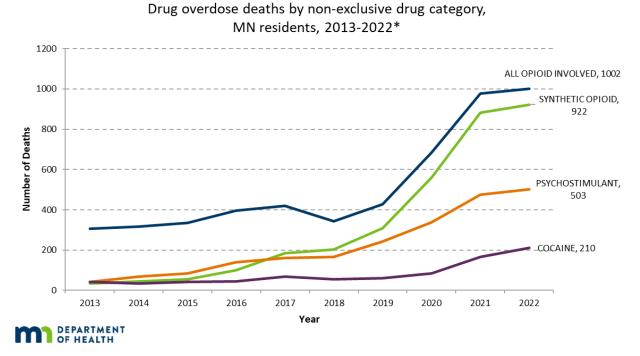
#### Non-opioid overdose deaths

Statewide 2022 data also show increases from 2021 for deaths that involved stimulants. Cocaine-involved deaths saw the largest increase of any drug category, increasing 27% (165 to 210 deaths). Many other states in the nation have also seen increases in cocaine-involved deaths along with significant decreases in heroin-involved deaths. Psychostimulant-involved deaths, which includes methamphetamine, modestly increased 6% (474 to 503 deaths) during

#### MINNESOTA DRUG OVERDOSE LANDSCAPE IN 2022

this period (Figure 2). Deaths involving benzodiazepines decreased 3% (119 to 116 deaths) (data not shown).

Figure 2. There was a large increase in overdose deaths, driven by synthetic opioids, psychostimulants, and cocaine.



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2013-2022.

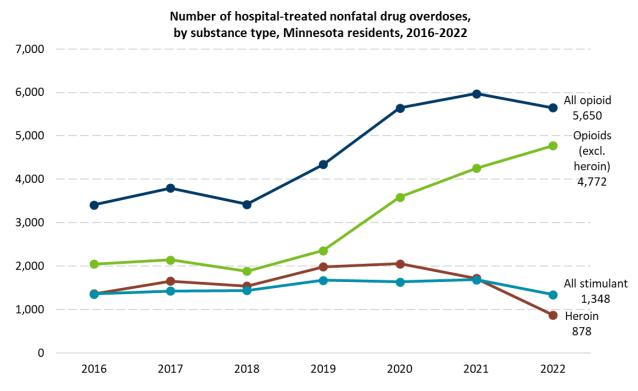
NOTE: 2022 data are preliminary and likely to change when finalized. NOTE: Drug categories are non-exclusive.

#### Nonfatal drug overdose

In 2022, for every one overdose death, there were nearly 13 nonfatal overdoses. A majority of nonfatal overdoses were treated in the emergency department (69%) and were of unintentional (i.e., accidental) or undetermined intent (65%). The number of hospital-treated nonfatal overdoses remained relatively stable, decreasing 5% from 2021 to 2022 (17,792 to 16,934 overdoses). This trend was true across the state – the number of hospital-treated nonfatal drug overdoses in the Metro (10,726 to 10,222 overdoses) and Greater Minnesota (7,062 to 6,686 overdoses) remained relatively stable over this time period.

Nonfatal overdoses involving at least one opioid remained relatively stable, decreasing 5% (5,971 to 5,650 overdoses) (Figure 3). Of note, nonfatal overdoses involving an opioid other than heroin, like fentanyl, increased 12% (4,253 to 4,772 overdoses), whereas the number of nonfatal overdoses involving heroin substantially decreased (49% decrease; 1,178 to 878 overdoses). Nonfatal overdoses involving at least one stimulant, including psychostimulants and cocaine, decreased 20% (1,686 to 1,348 overdoses), but surpassed nonfatal overdoses involving heroin for the first time.

Figure 3. From 2021 to 2022, the number of hospital-treated nonfatal overdoses involving an opioid other than heroin, like fentanyl, increased while the number of nonfatal drug overdoses involving heroin substantially decreased.



SOURCE: Minnesota Hospital Discharge Data, Injury and Violence Prevention Section, Minnesota Department of Health, 2016-2022.

NOTES: Nonfatal drug overdoses of all intents are included. Drug categories are non-exclusive.

### Suggested citation.

DeLaquil, M., Wright, N., Giesel, S. (2023) Statewide Trends in Drug Overdose: Preliminary 2022 Update, Data Brief. Minnesota Department of Health.

Minnesota Department of Health, Injury and Violence Prevention Section, Drug Overdose Epidemiology Unit

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10/19/2023

To obtain this information in a different format, contact  $\underline{\textit{Health.DrugODEpi@state.mn.us}}$ .



Opioid Settlement Advisory Council
Annual Meeting



November 13, 2023 9:30-11:00 am Key Largo 29 Valhalla Drive Slayton, MN 56172



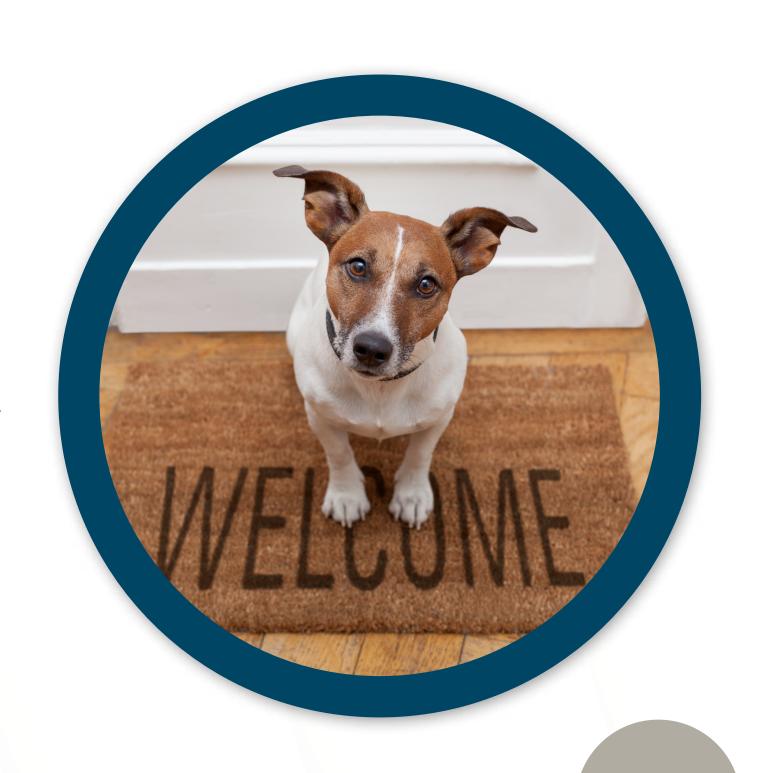


# Introductions

Who are you?

If you've been a part of this council, what's one take-away that you have?

If not, what do you hope to get from this meeting?



# Overview of meeting

\*Review of Opioid Settlements in Minnesota

\*Brief history and data regarding opioid use

\*Strategies to reduce the effects of opioid use

\*Review SWHHS Advisory Council's activities to present

\*Group discussion

\*Looking forward



# Minnesota Opioid Settlements

"Although lawsuits will never remedy the pain and tragedy Minnesotans have suffered, and no amount of money will ever be enough to make Minnesota families and communities whole for the death and destruction that these opioid companies have caused, the justice system can help us fix the many problems caused by this crisis."

https://www.ag.state.mn.us/opioids/

Minnesota is participating in National Settlement Agreements with several pharmaceutical distributors and opioid manufacturer companies.

Minnesota's share of these settlements could be around \$535 million over the next 18 years.

SWHHS' six counties=about \$4.42 million

75% of funds will go to local communities and 25% to the State, to be overseen and distributed by Opioid Epidemic Response Advisory Council (OERAC).

Local Public Health departments names Chief Strategist to identify, collaborate, and respond to local issues as Local Governments decide how to leverage and disburse funds.

All funds must be use for opioid mitigation activities including but not limited to; prevention, treatment and recovery, harm reduction, and research and training.

# The Opioid Crisis

In the 1990's opioids were prescribed to treat patients who had undergone surgery or who had cancer. Pharmaceutical companies reassured the medical community that their products were not addictive.

1996-Oxycontin was marketed by Purdue Pharma. Oxy was marketed aggressively to medical professionals.

In the 2000's, Dr.'s began prescribing more for chronic pain, using higher doses for longer periods of time.

For decades, heroin was the most commonly used illegal opioid. However, by the end of the 2010's, heroin use and overdose deaths began declining. Recently, synthetic opioids (fentanyl) have been driving a dramatic spike in overdose deaths.

From 1999 to 2015, the number of deaths involving opioid drugs quadrupled in the U.S.

Data from the Minnesota Department of Health shows that from 2020 to 2021, opioid-involved overdose deaths increased by 44%, to an all-time high of 978 deaths in 2021. Fentanyl, a highly potent synthetic opioid, was involved in the majority of the deaths.

In 2021, an estimated 9.2 million Americans age 12 and older misused opioids, including 8.7 million prescription pain reliever abusers and 1.1 million heroin users.

Key subsance Use and Mental Health Indicators in the United States: Results from the 2021 National Survey on Drug Use and Health

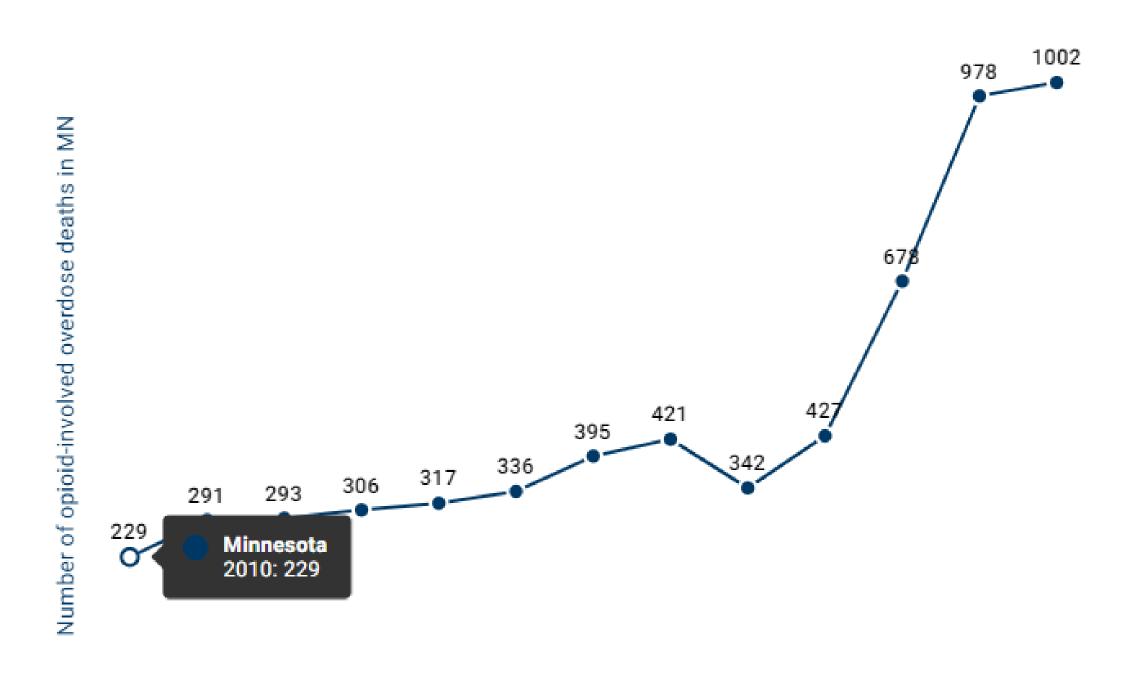






# **Opioid Overdose Deaths**

The number of opioid-involved drug overdose deaths in 2022 increased by 3% from the previous year.



2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

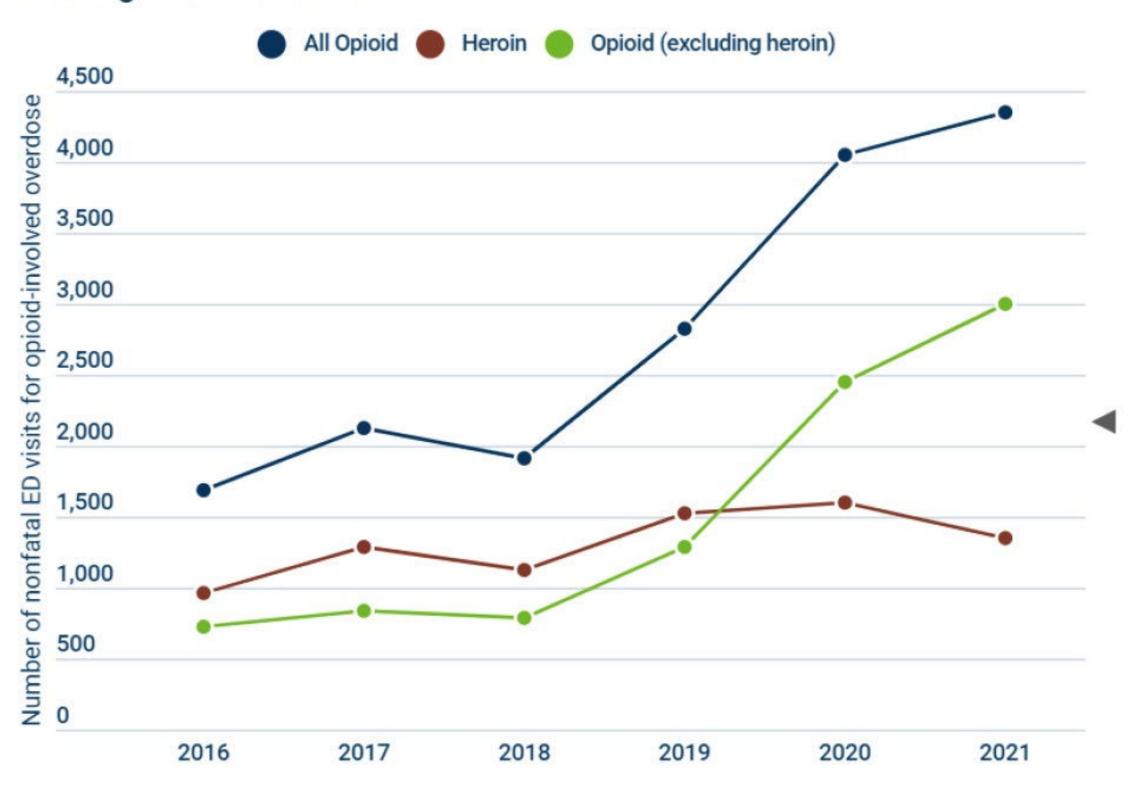


Source: Minnesota death certificates

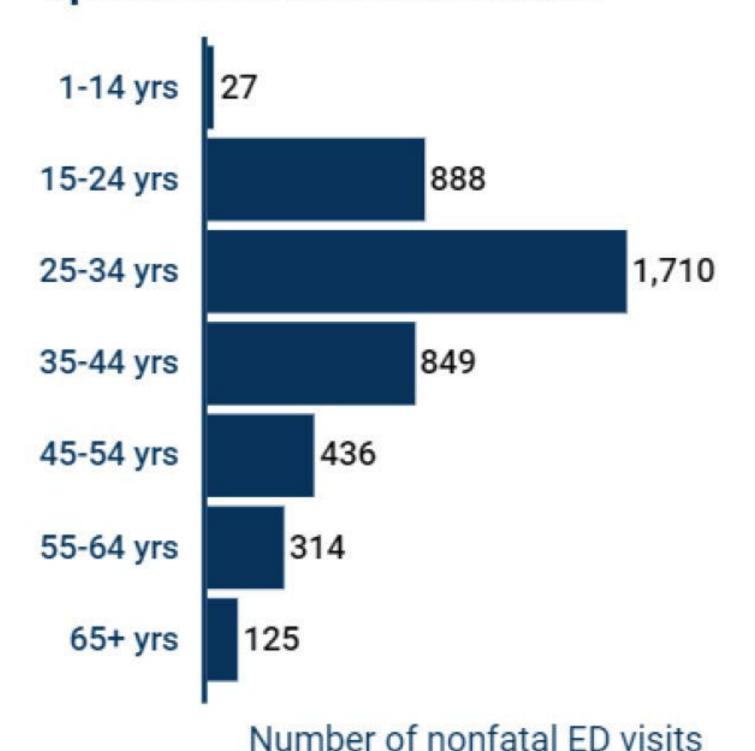
\*NOTE: Any 2022 drug overdose death data is considered preliminary and is likely to change when finalized. The 2022 data included here is indicative, not final, of 2022 drug overdose deaths.

### **Nonfatal Overdose**

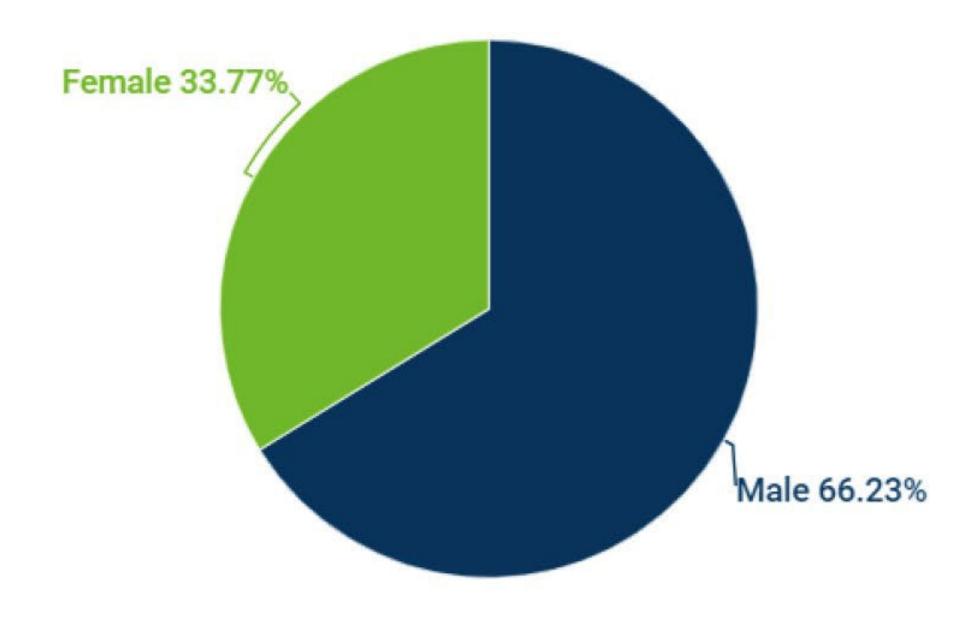
Nonfatal emergency department (ED) visits for opioid-involved overdose continued to increase from 2020 to 2021. This increase was driven by nonfatal overdoses involving opioids other than heroin, whereas nonfatal overdoses involving heroin decreased.



In 2021, 25-34-year-old
Minnesotans had the greatest
number of nonfatal ED visits for
opioid-involved overdoses.



In 2021, male Minnesotans had a greater proportion of nonfatal ED visits for opioid-involved overdose than female Minnesotans.



# Substance Use Disorder Treatment

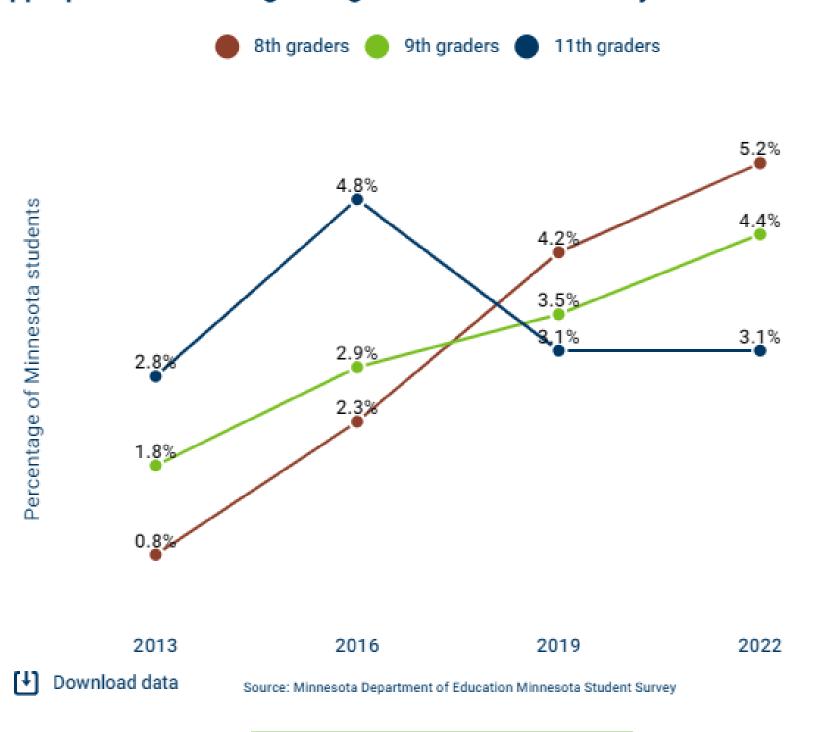
Only 1 in 10 people with a substance use disorder receive treatment in the U.S.



Among adult Minnesotans, alcohol remains the primary substance used at the time of admission to Substance Use Disorder (SUD) treatment. Continuing previous year trends, methamphetamine has been the second leading substance used at admission to treatment.

### **Use and Misuse Among Youth**

Among Minnesota students surveyed, the percentage of 8th and 9th graders who reported inappropriate use of pain medications (e.g., OxyContin, Percocet, Vicodin) in the past 12 months has continued to increase. Inappropriate use among 11th graders remained steady from 2019 to 2022.







### SPEND MONEY TO SAVE LIVES

Supplement vs. Supplant.
Don't use funds to fill budget gaps.
Build on existing programs

# evidence

### **USE EVIDENCE TO GUIDE SPENDING**

Use existing evidence based research to determine what works and what doesn't

### GUIDING PRINCIPLES FOR SPENDING

Johns Hopkins-Bloomberg School of Public Health



### **INVEST IN YOUTH PREVENTION**

Support children, youth and families in effective programs



### **FOCUS ON RACIAL EQUITY**

Direct funding to underserved communities who are most affected by opioid overdose

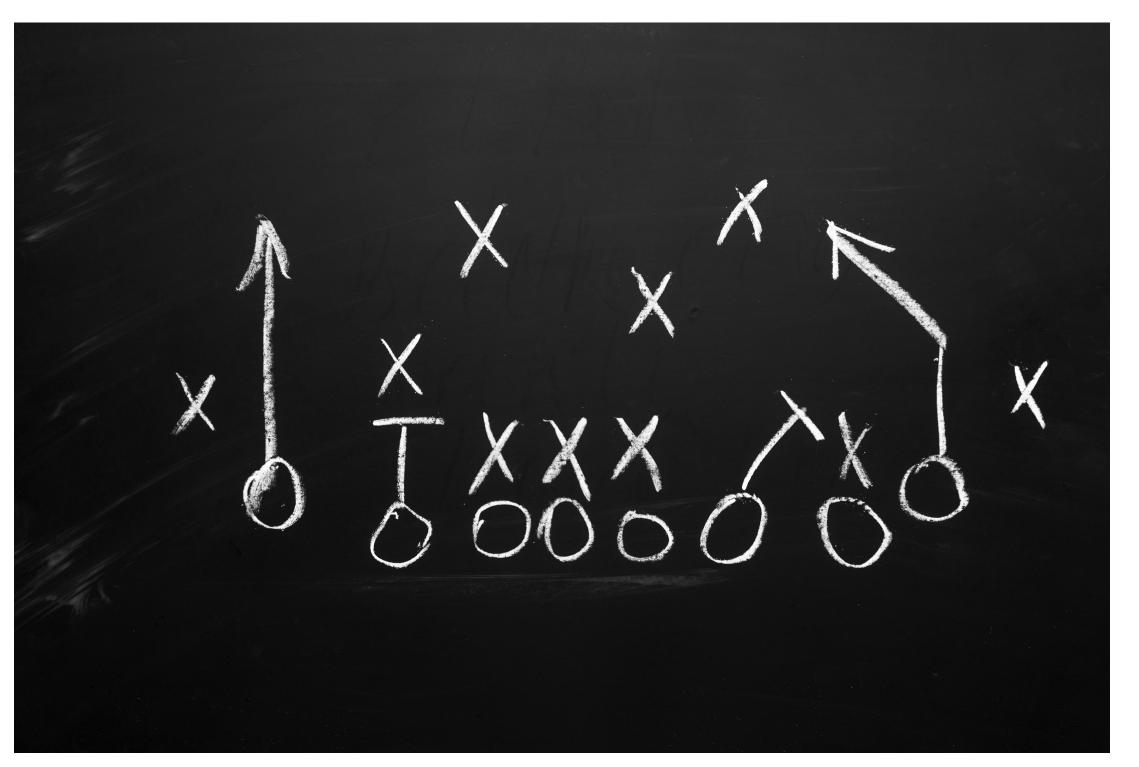


# DEVELOP A FAIR AND TRANSPARENT PROCESS FOR SPENDING FUNDS

Guided by PH with active engagement of the community

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# Strategies







# Prevention

Primary prevention efforts—which are designed to stop use before it starts—can interrupt the pathways to addiction and overdose, reduce the demand by addressing the reasons people turn to opioids, create healthy communities by reducing risk factors and increase protective factors.





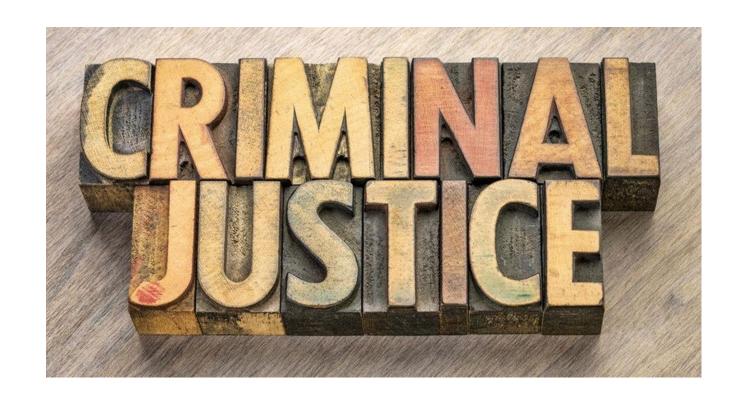


### Harm Reduction

Assortment of judgement free approaches that can help reduce negative consequences of substance use. Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.







### Criminal Justice

Many individuals with opioid use disorder come into contact with the justice system each year, making the nexus between the criminal justice system and the health care system a critical juncture for responding to the opioid crisis and simultaneously promoting public health and public safety. Collaborations across these sectors are essential to providing effective screening, treatment, and discharge planning; connecting individuals to services following release; promoting long-term recovery while reducing recidivism; and ultimately bringing the opioid crisis under control.







# Treatment & Recovery

Preventing overdose death and finding treatment options are the first steps to recovery. Treatment may save a life and can help people struggling with opioid addiction get their lives back on track by allowing them to counteract addiction's powerful effects on their brain and behavior. The overall goal of treatment is to return people to productive functioning in their family, workplace, and community.





# Other strategies:

# Advisory Council history



Feb/March 2023

- First initial meetings
- Completed Resource Assessment
- Completed Needs Assessment

March 2023

• Community Input Survey

**Summer 2023** 

Created a Funding Sub-Committee

August 2023

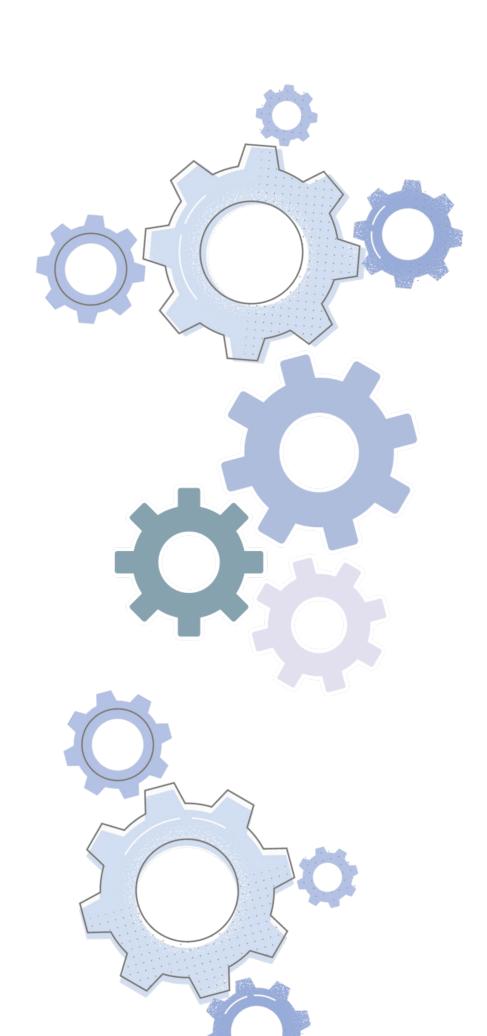
Round 1 Grant Applications

October 2023

- Reviewed Grants
- Made recommendations to the SWHHS Community Health Board

November 2023

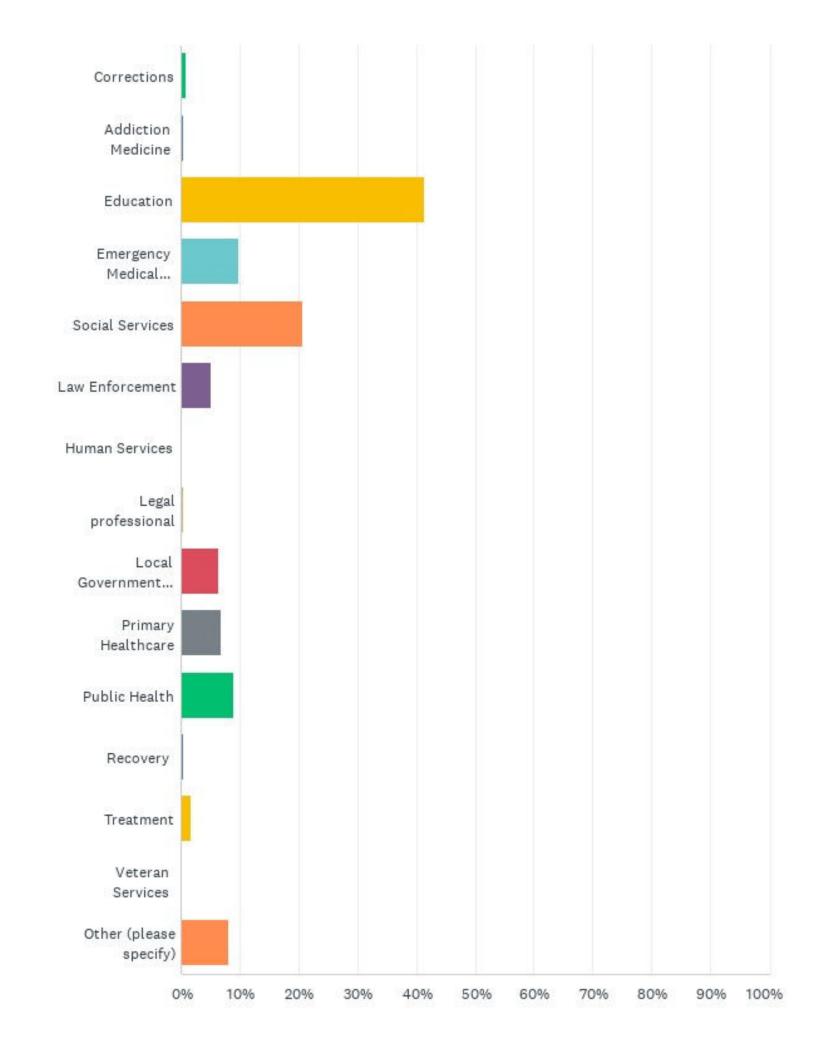
Awarded 6 grants





# Community Input Survey

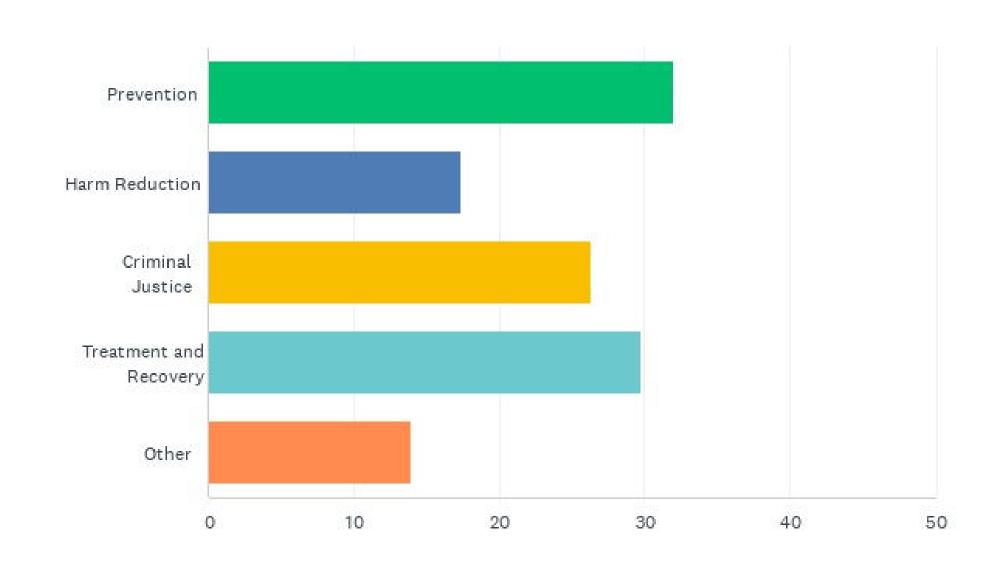
What sector best represents your involvement?



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# Community Input Survey

What percentage of funds should be spent on each category?



# Current funded projects

### CentraCare

CentraCare-Redwood's project is to implement RN Care Navigation in the OB department to improve continuity of care for pregnant and post-partum women with substance use disorder. They will also implement MOUD in the Emergency Department to improve continuity of care for patients with substance use disorder. They will also place additional emphasis on disseminating anti-stigma and harm reduction awareness, education and increase efforts within the community.

### Lyon County Sheriff's Office

The Lyon County Sheriff's Office will utilize funding to maintain ongoing well-being health care needs, food and other K9 care supplies for existing K9.

### Minnes ota West Community and Technical College

Minnesota West Community and Technical College will be developing an Alcohol and Drug Counselor certificate program that integrates on-the-job-training with just-in-time online course delivery to meet credit hours and practicum hours required by the State of Minnesota.

### Murray County Central Schools

Murray County Central Schools will purchase two lock boxes to store Narcan and signs to indicate the presence of an overdose emergency kit.

### Redwood County Sheriff's Office

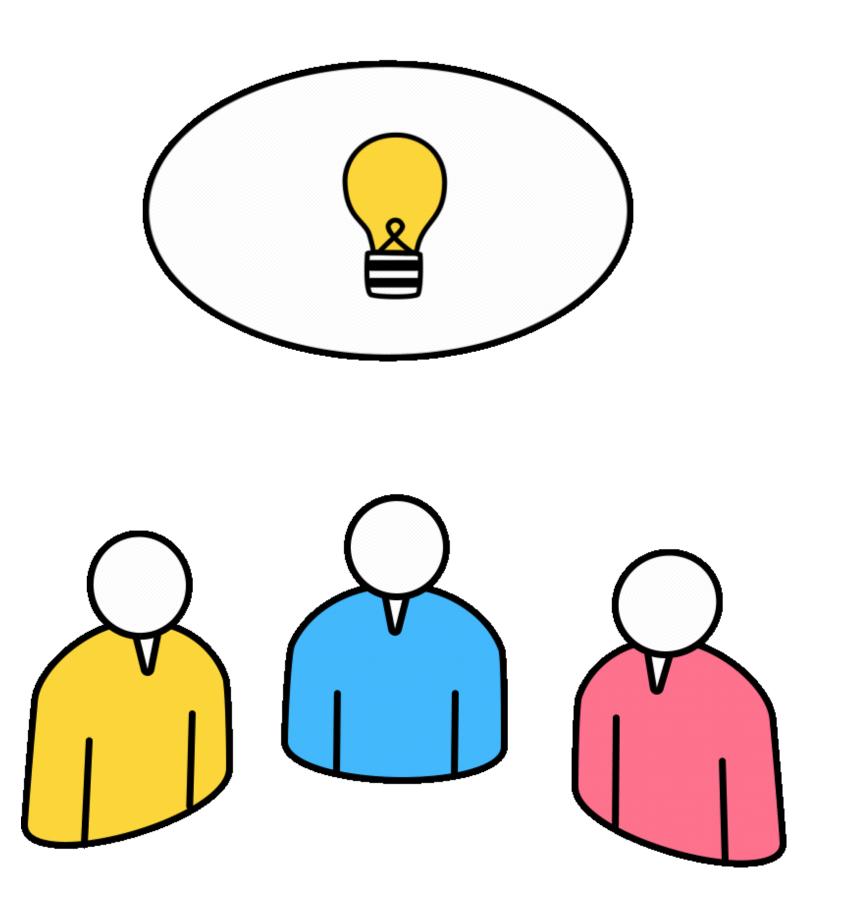
The Redwood County Sheriff's Office will implement a K9 program within the department; including the purchase of a dog, squad updates and training.

### New Life Treatment Center

New Life Treatment Center will increase their counseling staff and peer support specialist, mileage for travel costs between programs, supplies, and training for staff.



# Group Discussion!



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# At your tables:

Answer these questions:



Is there anything you've seen or heard today that stands out or surprised you today?

What would you like to see the funding used for in the future?

Commentant Questions?



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# THANK YOU

