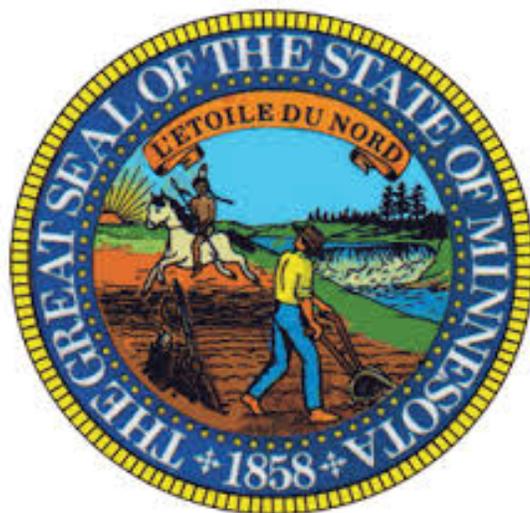


# Minnesota State Substance Abuse Strategy First Year Report



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## Background

The Minnesota State Substance Abuse Strategy was developed in late 2012 to address substance use disorders in Minnesota in a multi-faceted, comprehensive way. The strategy seeks to better align resources with long-term goals and strategies proven to prevent and reduce alcohol and illicit drug abuse and their consequences. The Minnesota Department of Human Services developed the strategy with the state departments of Public Safety, Corrections, Health and Education as well as the state judicial branch, the Minnesota National Guard and the Minnesota Board of Pharmacy.

The strategy contained 26 recommendations, three of which were identified as immediate policy priorities:

- Train physicians in the basics of addiction, opiate prescribing and alternative approaches to pain management.
- Train a broad range of front-line professionals about prescription drug abuse.
- Accelerate efforts to increase participation by prescribers and pharmacists in the Prescription Monitoring Program and examine alternative methods for law enforcement access.

Executive sponsors identified an additional five priorities: better align measurements with outcomes; better integrate routine substance use disorder screening into all health care settings; increase prevention messaging efforts; expand drug courts and other specialty courts in Minnesota; and strengthen support for multi-jurisdictional drug task forces.

In its first year, participation expanded beyond state agencies to include the Department of Labor and Industry, the Minnesota Prevention Resource Center, the Hennepin Regional Poison Center and the University of Minnesota/Boynton Health Service.

## First-year Immediate Policy Accomplishments

Since introduction of the strategy, initial action was taken on each of the three immediate policy priorities.

**Recommendation:** *Train physicians in the basics of addiction, opiate prescribing and alternative approaches to pain management, and require that they have a certain number of continuing education units on the topics as condition of recertification of their specialty licenses.*

To promote an increase in the number of prescribers of buprenorphine, a medication used to treat opioid dependence, 16,277 Minnesota physicians were informed of a process to become eligible to prescribe the medication. An agreement was also reached for the University of Minnesota Medical School to provide training materials on prescribing buprenorphine for all residents of

the school. One goal of increasing physician prescription of buprenorphine is to more closely integrate substance abuse treatment with primary physical health care.

**Recommendation:** *Train a broad range of front-line professionals about prescription drug abuse, treatment options for opiate addicts and how to reverse an opiate overdose.*

1,607 front-line professionals were trained on prescription drug abuse, treatment options for opiate addictions and how to reverse an opiate overdose.

**Recommendation:** *Accelerate efforts to increase prescriber and dispenser participation in the Prescription Monitoring Program and examine alternative methods for law enforcement access.*

The Prescription Monitoring Program established 3,147 new accounts for prescribers and dispensers in 2013. The program received over 500,000 queries during that same year.

As a result of recent legislation, methadone treatment programs are now required to utilize the Prescription Monitoring Program and comply with increased restrictions on take-home doses of methadone.

During the 2013 legislative session, the Board of Pharmacy initiated legislation that would enhance Minnesota's Prescription Monitoring Program (PMP). Portions of the bills related to drug manufacturing and compounding were enacted; however, the measures relating to the PMP failed to pass. Some of the changes include:

- Expanding permissible users to include health licensing boards when conducting investigations.
- Expanding permissible users to include Health Professionals Services Program (HPSP is the monitoring program for impaired individuals).
- Deleting the language that required a prescriber's written consent prior to releasing the name of a prescriber of a controlled substance.

The Board of Pharmacy joined an interstate network that allows authorized users of Minnesota's Prescription Monitoring Program to search for prescription information in several other states.

## **Other First-year Accomplishments**

Related to the three immediate policies and other priorities identified by the executive sponsors, accomplishments included:

- Tightening of opioid treatment regulations. These include allowing state licensors to monitor for compliance with federal regulations; requiring programs to provide patients with education concerning other treatment options; and granting discretion to county and

tribal placing authorities when placing individuals who have an opioid addiction into treatment.

- Production and broadcast on Twin Cities Public Television of the documentary “[Heroin at Home](#)” to address the increase in opiate abuse in Minnesota. Produced by the Department of Human Services in partnership with Twin Cities Public Television, the three-part documentary examines the dramatic increase in heroin and opiate use in Minnesota and what is being done to address it.
- Establishing, with \$875,000 in new funding three new drug courts (for DWI, veterans and mental health) and expanding two existing courts to treat offender populations that don’t currently have access to drug courts.
- Strengthening National Drug Task Force efforts with several new analysts from the National Guard.
- Offering additional training for primary care clinicians to provide substance abuse brief intervention and referral to treatment (SBIRT). This training will be supported by \$600,000 from the Governor and Legislature to create an SBIRT curriculum and manage and evaluate individual and program outcomes.
- The St. Cloud correctional facility will open 46 chemical dependency treatment beds in 2014.
- A study was conducted by the Department of Health and the Hennepin Poison Control to determine the extent of synthetic drug use and their impact on emergency department visits.
- Strengthening Driving While Impaired ([DWI](#)) sanctions and use of ignition interlock devices. The new sentencing guidelines will be implemented in 2014 and take into account the number and severity of previous violations.

## **Multi-Agency Areas of Focus for 2014**

While progress has been achieved, much work remains. Heroin and opiate abuse still plague Minnesota communities, unhealthy alcohol consumption continues to ravage the health and wellbeing of Minnesotans and the alarming increase in use of synthetic drugs has presented a new crisis. Future efforts must be responsive to these concerns by ensuring the long-term sustainability of drug courts, supporting legislative initiatives to increase the availability of naloxone, taking a comprehensive and collaborative approach to combating synthetic drugs and reducing prescription drug abuse.

### **Reducing Prescription Drug Abuse**

Prescription drug abuse continues to be a serious problem in Minnesota. Focus this year will be on increasing awareness of prescription drug abuse, strengthening the Prescription Monitoring Program and supporting proper prescribing. Prevention messages will be created to increase awareness of taking medications as prescribed, proper storage and disposal of unused

medications and identification of prescription drug misuse. A stronger Prescription Monitoring Program will give prescribers the tools they need to properly inform patients of the risks when prescriptions are not taken as prescribed. The strategy also supports the Institute for Clinical Systems Improvement's protocols for effective prescriber practices. Promotion of prevention, screening, intervention and referral for treatment of prescription drug abuse throughout the healthcare system will continue this year. More opportunities to properly dispose of unused prescriptions will decrease the likelihood of misuse. Other efforts to reduce prescription drug abuse include reviewing and evaluating evidence-based best practices for medication-assisted treatment. This will ensure individuals who need medication-assisted treatment are receiving individualized health care services. Reversing prescription drug abuse in Minnesota requires all of these efforts as well as enforcement of laws deterring prescription drug abuse.

### **Naloxone Legislation**

In the last few years many communities in Minnesota have experienced an opioid overdose death that could have been prevented if an opiate reversal agent (Naloxone) had been available. An opioid reversal agent such as naloxone rapidly reverses an opioid overdose when administered in a timely manner and emergency services are contacted. Naloxone can be administered via an intramuscular injection or nasal spray. It is a short-acting drug that may require additional administrations until emergency personnel arrive. Naloxone is not known to have any addictive properties and can be made available via prescription. Current state law prohibits anyone other than medical professionals or paramedics from administering the drug. Legislation has been proposed that would increase access to naloxone to law enforcement and laypersons with minimal training. Increasing the access to naloxone beyond medical professionals would save lives in Minnesota.

### **Synthetic Drugs**

Abuse of synthetic drugs has continued to be a problem in various areas of the state, notably northern Minnesota. Collaborative efforts will be made this year to ensure that adequate authority and tools exist to combat the ongoing synthetic drug problem. It is expected that legislation will be introduced during the 2014 session that, at a minimum, does the following:

- Expands the definition of "drug" found in Chapter 151 to clarify that synthetic drugs are, in fact, included in the definition.
- Makes permanent the Board of Pharmacy's expedited rule-making authority and strikes the requirement that rules adopted by the Board under that authority be ratified by the Legislature.
- Creates and funds a pilot to train prosecutors on best practices associated with prosecuting drug cases and funding expert witnesses in synthetic drug investigations and trials.
- Presents a long-term funding plan for the Bureau of Criminal Apprehension lab to analyze and test drugs.

- Directs the commissioners of Education, Health and Human Services to formulate and implement educational awareness campaigns on the dangers of synthetic drug use.

### **Drug Courts**

Drug courts have been particularly effective in helping offenders recovering from substance use disorders maintain sobriety and improve their quality of life. Drug court participants receive long-term treatment, show improvement in pursuit of educational and employment opportunities have lower re-offense rates and spend less time in jail than non-drug court participants.<sup>1</sup> Ongoing funding sources need to be identified and sustained to continue the positive results of drug courts. In addition to funding, access to drug courts must be increased throughout Minnesota to allow participation by individuals likely to benefit regardless of their residence at conviction.

### **Additional Focus Areas**

The Minnesota State Substance Abuse Strategy Senior Leadership Team will continue its work to address substance abuse through increased collaboration and coordination, responsiveness to new problems and advocacy with local, state and federal policymakers. One or more agencies will also focus on the following work areas:

### **Prevention**

Evidence-based programs continue within Minnesota to enhance individual “protective factors” (those associated with reduced potential for substance use) and to reduce “risk factors” (those that make substance use more likely). Evidence-based primary prevention programs are cost-effective; research shows that each dollar invested in primary prevention results in a savings of \$18 dollars per student over their lifetime.<sup>2</sup> Planned prevention efforts this year are:

- Assessment of current prevention efforts in Minnesota schools.
- Creation and maintenance of an audience specific website about to educate the community about synthetic drugs.
- The formulation and implementation of an educational awareness campaign on the dangers of synthetic drug use. The campaign will be designed to reach a broad audience but contain targeted messages for students and youth.

### **Neonatal Abstinence Syndrome**

Using illicit or prescription drugs during pregnancy can result in the baby being born dependent to the substance and require medical care. Babies that show signs and symptoms of drug

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<sup>1</sup> [Statewide Drug Court Evaluation](#). Minnesota Judicial Branch, Date of Publication: September 2012.

<sup>2</sup> Substance Abuse Prevention Dollars and Cents: [A Cost-Benefit Analysis](#). Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention. United States Department of Health and Human Services.

withdrawal after birth are diagnosed as having Neonatal Abstinence Syndrome.<sup>3</sup> Since 2008, Minnesota has seen a substantial increase in the number of infants born diagnosed with Neonatal Abstinence Syndrome.<sup>4</sup> The departments of Health and Human Services are jointly working on surveillance of Neonatal Abstinence Syndrome and addressing the needs of this delicate population so they can prevent this trend from continuing.

### **Alcohol**

The Department of Health has been working with the Excellence in State Public Health Law Project<sup>5</sup> to identify and work on a consensus policy approach to reducing the amount of binge drinking in Minnesota. This effort is a collaboration among the departments of Health, Human Services and Public Safety and representatives of the Legislature and the Governor's Office. The Department of Public Safety is committed to reducing DWI fatalities and injuries with its work on the [Toward Zero Deaths national campaign](#). The [Toward Zero Deaths](#) campaign focuses on driver education in partnership with effective enforcement of traffic laws, creating coordinated emergency responses to crashes, expanding DWI courts and pursuing laws that support substance-free driving to increase public safety.

### **Withdrawal Management**

Minnesota has seen a decline in detoxification and withdrawal services throughout Minnesota. The state has 22 detox facilities with a joint capacity to treat 338 clients. The detoxification facilities are widely distributed in rural and remote parts of the state. In order to access a facility, some clients may need to be transported for hundreds of miles. This has resulted in an increased burden for law enforcement and emergency departments. In response to the lack of services in the state's withdrawal management services (detox), the Alcohol and Drug Abuse Division will develop additional services with a sustainable payment model that can expand the state's capacity to provide quality withdrawal management services across communities.

## **Snapshot of Substance Abuse in Minnesota**

### **Heroin and Other Opioids**

While prescription drug abuse is the nation's fastest growing drug problem,<sup>6</sup> Minnesota saw a decrease in treatment admissions for prescription drug abuse and an increase in treatment admissions for heroin abuse in 2012.

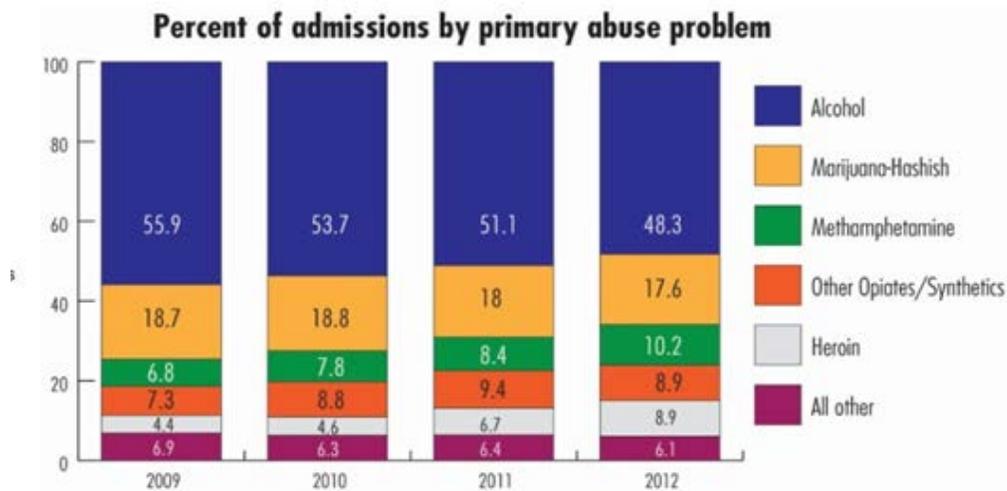
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<sup>3</sup> [Neonatal abstinence syndrome](#) "is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb. Babies of mothers who drink during pregnancy may have a similar condition," as defined by MedlinePlus. Service of the United States National Library of Medicine, National Institutes of Health.

<sup>4</sup> Minnesota Health Care Program Prevalence on Neonatal Abstinence Syndrome. Performance Management and Quality Improvement, Minnesota Department of Human Services, August 15, 2013.

<sup>5</sup> Excellence in State Public Health Law. [The Aspen Institute](#).

<sup>6</sup> Prescription Drug Abuse Strategies to Stop the Epidemic 2013. Trust for America's Health. [Trust for America's Health Report](#).



SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Performance Management & Quality Improvement, Minnesota Department of Human Services, 2013

In the most recent “[Prescription Drug Abuse: Strategies to Stop the Epidemic](#),” Minnesota had the fifth lowest drug overdose mortality rate in the United States and scored 8 out of 10 on the [New Policy Report Card](#) of Promising Strategies to Help Curb Prescription Drug Abuse.<sup>7</sup> The two items for which Minnesota did not receive a score are rescue drug laws and Good Samaritan laws. A push to get naloxone, a rescue drug law, approved this legislative session is supported by the State Substance Abuse Strategy. Risks and benefits of Good Samaritan language are being reviewed. The Drug and Violent Crime Enforcement Team reports an increase in heroin seizures and arrests.<sup>8</sup>

### Synthetics

Minnesota is on the forefront of addressing complex and challenging issues associated with synthetic drugs. Recent prosecution of synthetic drug sales have been successful despite the challenges of synthetic drug makers selling drugs online and frequently changing formulations to stay ahead of government bans on specific chemical compounds. A Select Committee on Controlled Substances and Synthetic Drugs was formed and held hearings in 2013. It is anticipated that the select committee will introduce synthetic drug legislation in the 2014 session. Multi-agency efforts are planned for 2014 to address synthetic drugs in Minnesota.

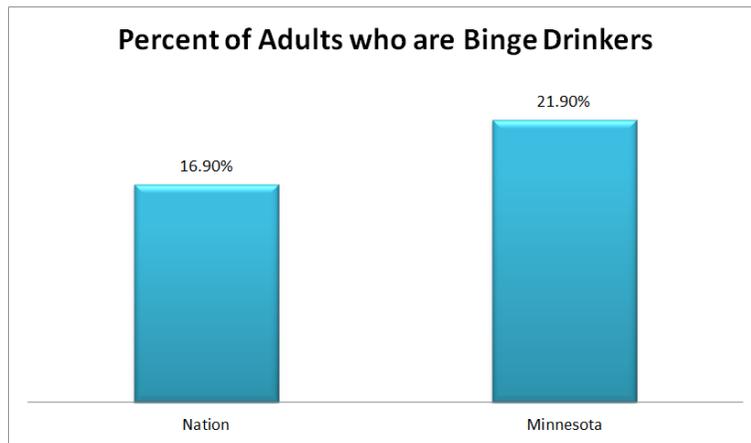
### Alcohol

Alcohol remains the primary substance of abuse by those entering treatment facilities. Alcohol abuse, particularly binge drinking, continues to be a serious issue in Minnesota communities. Minnesota ranked higher than the national average for binge drinking in 2012; 21.9 percent of

<sup>7</sup> [Prescription Drug Abuse Strategies to Stop the Epidemic 2013](#). Trust for America’s Health. Trust for America’s Health Report.

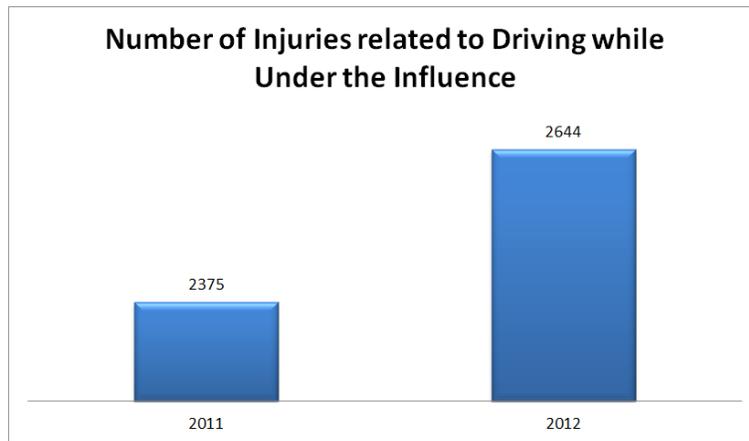
<sup>8</sup> Office of Justice Programs, Minnesota Department of Public Safety, November 2013.

Minnesota adults reported binge drinking compared to the national average of 16.9 percent.<sup>9</sup> That rate puts Minnesota seventh highest in binge drinking out of the 50 states.



Source: Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention 2012.

Driving while under the influence of alcohol remains a serious and dangerous problem in Minnesota. While the number of fatalities resulting from drunk driving declined in 2012, the impact of driving while impaired has not. Last year the Department of Public Safety reported 2,644 injuries and a decrease in DWI arrests from 29,257 in 2011 to 28,418 in 2012.<sup>10</sup>



Source: Minnesota Impaired Driving Facts 2010-2012, Office of Traffic Safety, Minnesota Department of Public Safety.

## Marijuana

Marijuana is second only to alcohol as the substance of use cited by Minnesotans when they seek treatment for substance use disorders. Addiction to marijuana is widespread and often serves as a gateway to additional illicit drug use.<sup>11</sup> Repetitive use of marijuana has been shown to cause

<sup>9</sup> [Behavioral Risk Factor Surveillance System \(BRFSS\)](#); Centers for Disease Control and Prevention [2012](#).

<sup>10</sup> [Minnesota Impaired Driving Facts 2010-2012](#), Office of Traffic Safety, Minnesota Department of Public Safety.

<sup>11</sup> [Marijuana: Facts for Teens](#). National Institute on Drug Abuse. The Science of Drug Abuse and Addiction. Revised October 2013.

changes in brain structure that disrupt learning and impair a person's ability to form new memories, perform complicated tasks and participate in athletics.<sup>12</sup> Marijuana is addictive.<sup>13</sup> More than two-thirds of treatment admissions involving those under the age of 18 cite marijuana as their primary substance of abuse, more than three times the rate of alcohol and more than twice for all other drugs combined for this age group.<sup>14</sup>

## Conclusion

Although challenges continue in the realm of substance abuse in Minnesota, there are also positive trends, including the following:

- A reduction in the number of fatalities associated with driving while under the influence of alcohol. This may be attributable to increased public education and stronger legislation and law enforcement efforts that discourage driving while under the influence.
- Greater access to treatment in correctional facilities, leading to a decrease in likelihood of re-convictions.
- Drug courts are growing in numbers and having a positive effect on offenders and the community.
- Greater utilization of the Prescription Monitoring Program by prescribers and pharmacists reducing rates of doctor shopping and prescription drug use disorders.

The Minnesota State Substance Abuse Strategy is committed to shared accountability, information sharing and alignment of resources to support the strategy. Multi-agency dashboard measures<sup>15</sup> have been established to guide the State Substance Abuse strategies future short and long-term planning.

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<sup>12</sup> [Marijuana Abuse](#): Research Report Series, How does marijuana use affect your brain and body? National Institute on Drug Abuse. The Science of Drug Abuse and Addiction. Revised 2012.

<sup>13</sup> [Marijuana Abuse](#): Research Report Series, Is marijuana addictive? National Institute on Drug Abuse. The Science of Drug Abuse and Addiction. Revised 2012

<sup>14</sup> Substance Abuse and Mental Health Services Administration 2009. Office of Applied Studies. Treatment Episode Data Set (TEDS): 2009 Discharges from Substance Abuse Treatment Services, DASIS.

<sup>15</sup> See Figure 1 in the Appendix: [Dashboard Measures](#).

## Appendix:

**Figure 1: Dashboard Measures**

<b>Agency (ies)</b>	<b>Measurement</b>	<b>Key Substance Abuse Strategy affecting this measure</b>
Human Services	Decrease the number of babies born that test positive for alcohol and drugs.	Create more opportunities for early intervention in health care and other settings.
Human Services	Increase the number of adults screened for substance abuse that are receiving rehabilitative mental health services	Create more opportunities for early intervention in health care and other settings.
Education Health Human Services	Decrease the rate of students reporting alcohol use in the past 30 days.	Strengthen prevention efforts within and across the communities.
Education Health Human Services	Decrease the rate of students reporting cigarette smoking in the past 30 days.	Strengthen prevention efforts within and across the communities.
Education Health Human Services	Decrease the rate of students reporting any marijuana use in the last year.	Strengthen prevention efforts within and across the communities.
Education Health Human Services	Decrease the rate of students reporting any methamphetamine use in the last year.	Strengthen prevention efforts within and across the communities.
Public Safety	Decrease the number of fatalities related to driving while under the influence.	Interrupt the cycle of substance abuse, crime and incarceration.

<b>Agency (ies)</b>	<b>Measurement</b>	<b>Key Substance Abuse Strategy affecting this measure</b>
Public Safety	Increase the number of felony charges.	Interrupt the cycle of substance abuse, crime and incarceration.
Corrections	Increase the number of individuals receiving treatment in corrections each year.	Interrupt the cycle of substance abuse, crime and incarceration.
Drug Courts	Increase the number of individuals served by drug courts.	Interrupt the cycle of substance abuse, crime and incarceration.
Health	Decrease binge drinking in Minnesota.	Interrupt the cycle of substance abuse, crime and incarceration.