



State Substance Use and Opioid Response

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Substance Use Disorder: Minnesota Impacts

Substance Use Impacts

Opioid Use Impacts

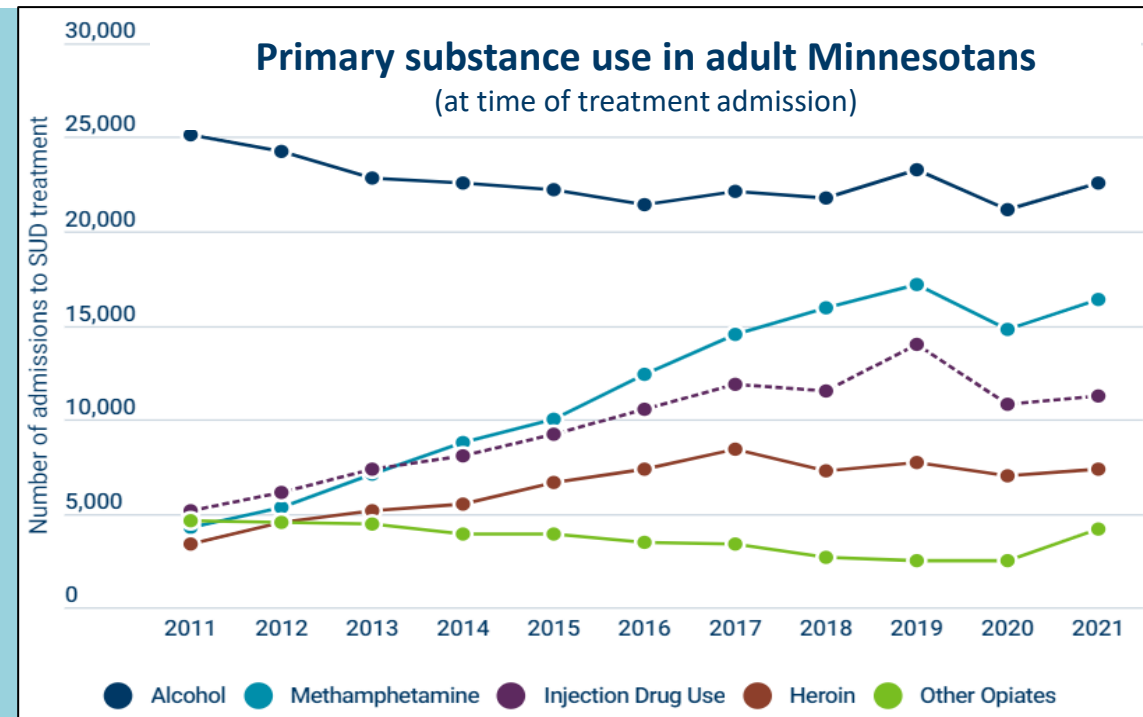
Opioid
Population
Impacts

In 2023 48.5 million Americans (17% of people) experience substance use disorder in the last year.

In addition to the physical, emotional and social impact, it has tremendous financial costs.

Excessive drinking alone cost Minnesotans \$7.85B in 2019 through loss of productivity, healthcare and other costs

[Source: study by MN Dept. of Health](#)



Source: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation system (DAANES)

In 2022, about 62,000 people were admitted to Substance Use Disorder treatment programs.

Substance Use Disorder- Opioid Use

Substance Use Impacts

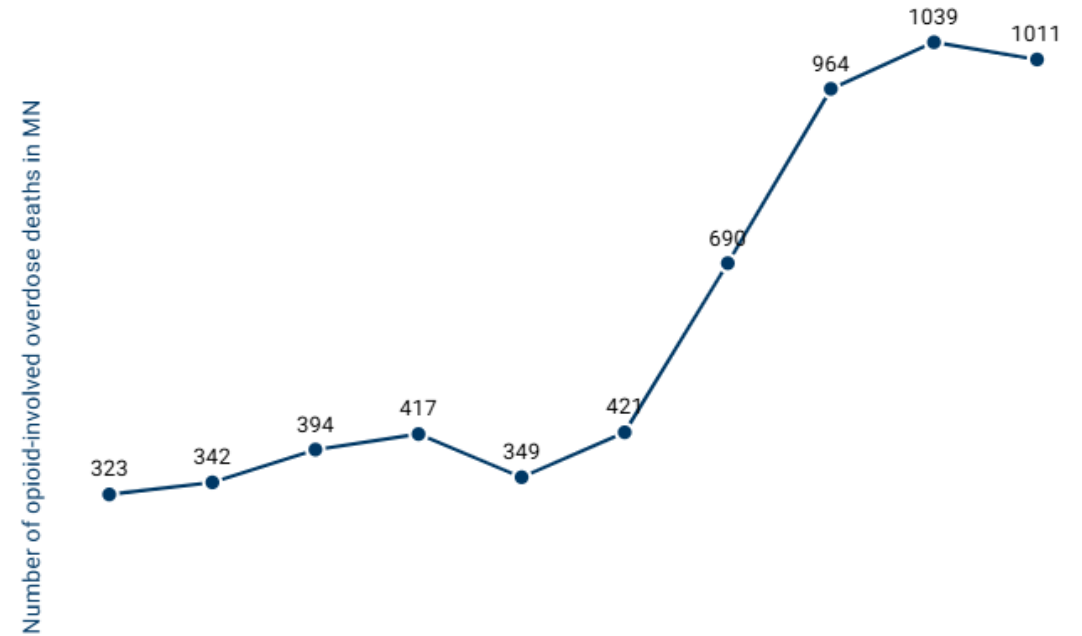
Opioid Use Impacts

Opioid
Population
Impacts

In 2023, about **9 million Americans**, 12 or older misused opioids in the last year

- In Minnesota, Opioid overdose deaths **increased by 43%** from 2020 to 2022.
- In 2023 and 2024 overdose deaths began to decline for the first time in 5 years

The number of opioid-involved drug overdose deaths in 2023 decreased for the first time in five years.



In Minnesota, the number of opioid-involved **overdose deaths has more than doubled since 2019**

Substance Use Disorder- Population impacts

Substance Use Impacts

Opioid Use Impacts

Opioid
Population
Impacts

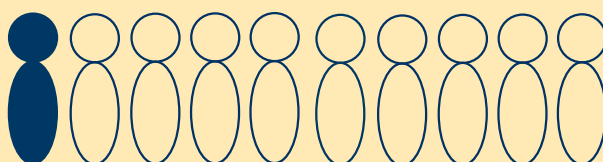
In **2021**, there were **312** nonfatal hospital visits for **opioid overdose** among Minnesotans aged **15-19 yrs.**

There are large disparities in populations affected by opioid overdose deaths.

Of all overdose deaths in MN:

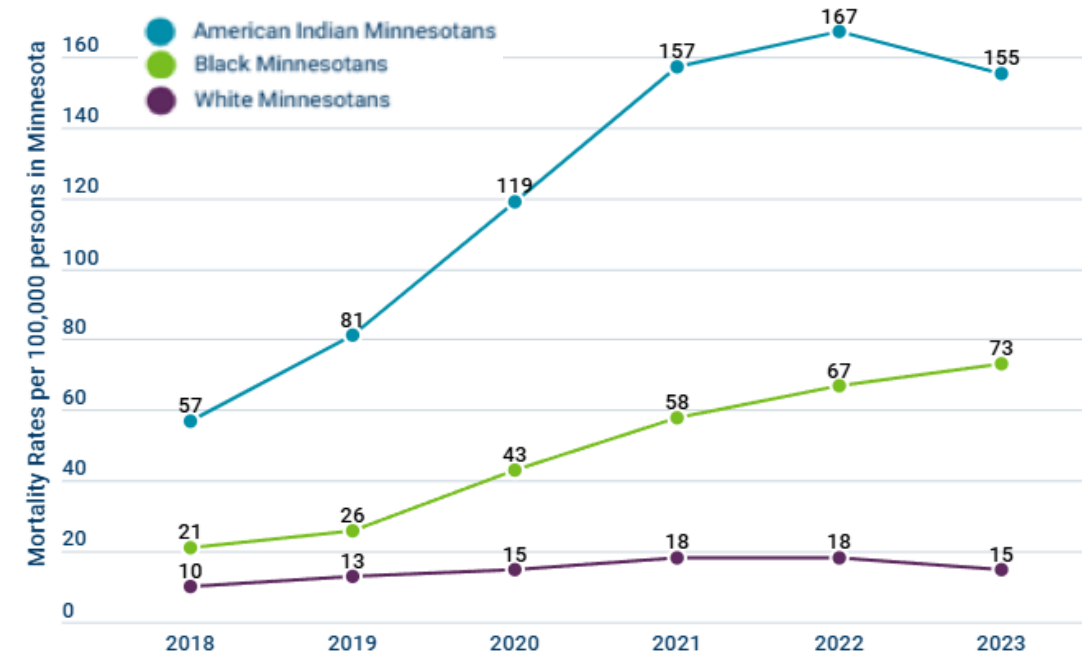
1 out of **5** 

were **individuals released from a correctional facility** within a year

1 out of **10** 

were **people experiencing homelessness**

Opioid Overdose Deaths



Compared to white Minnesotans who die of opioid overdose:

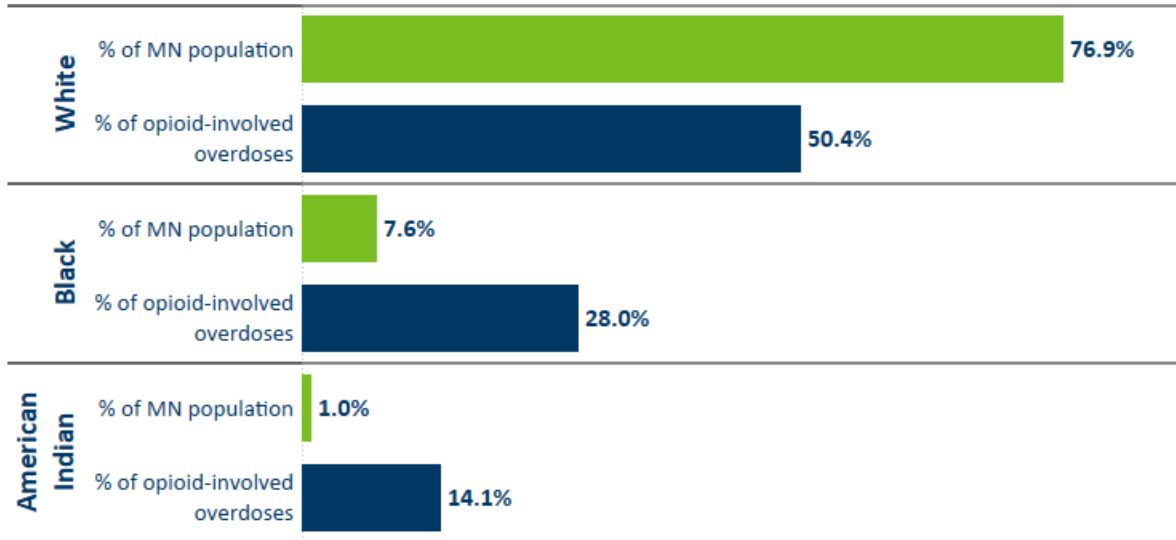
- **9 times greater** death rate if you are **Native American**
- **3 times greater** death rate if you are **Black**

Source: Minnesota death certificates

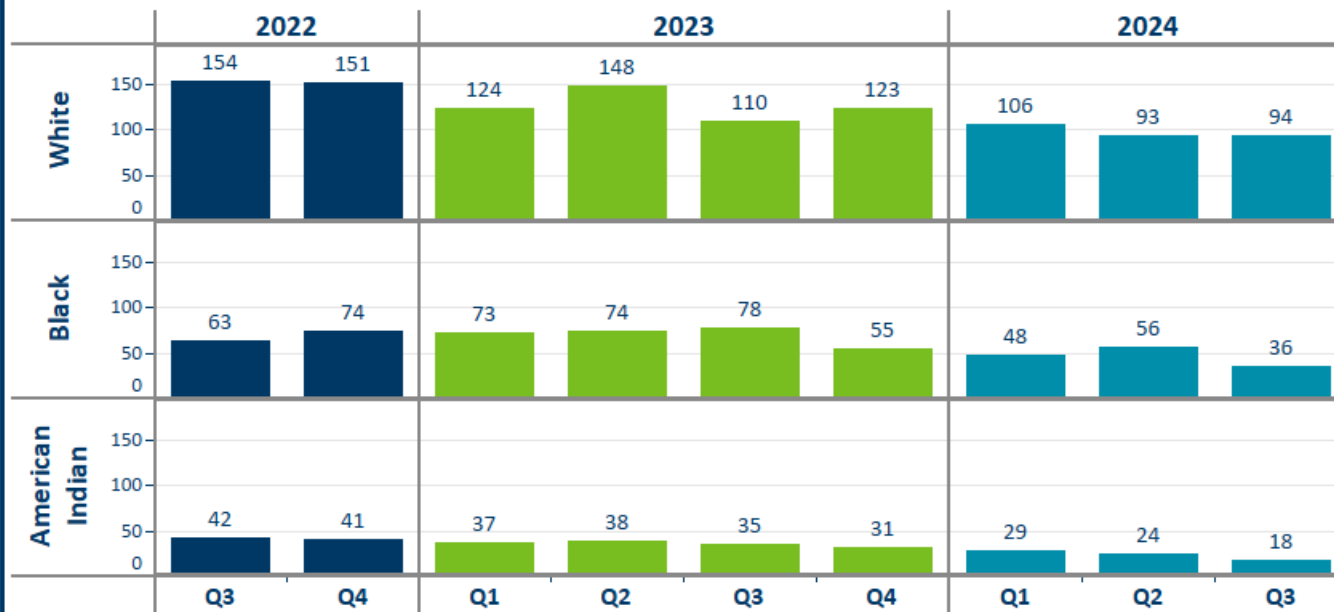
Opioid-involved overdose deaths, by race

Black and American Indian population are overrepresented in the overdose population compared to MN total population.

Comparison of opioid-involved overdose death population to MN population, 2023



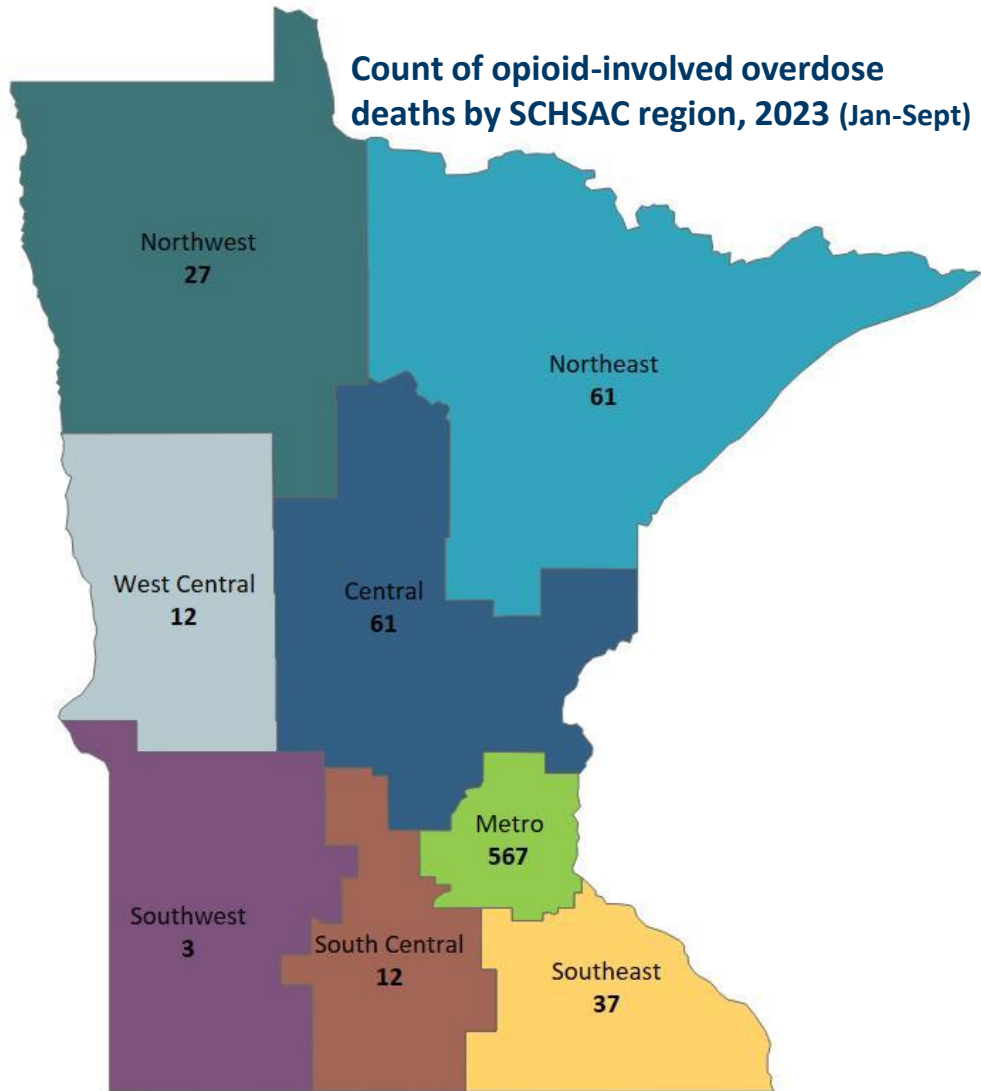
Quarterly opioid-involved overdose deaths



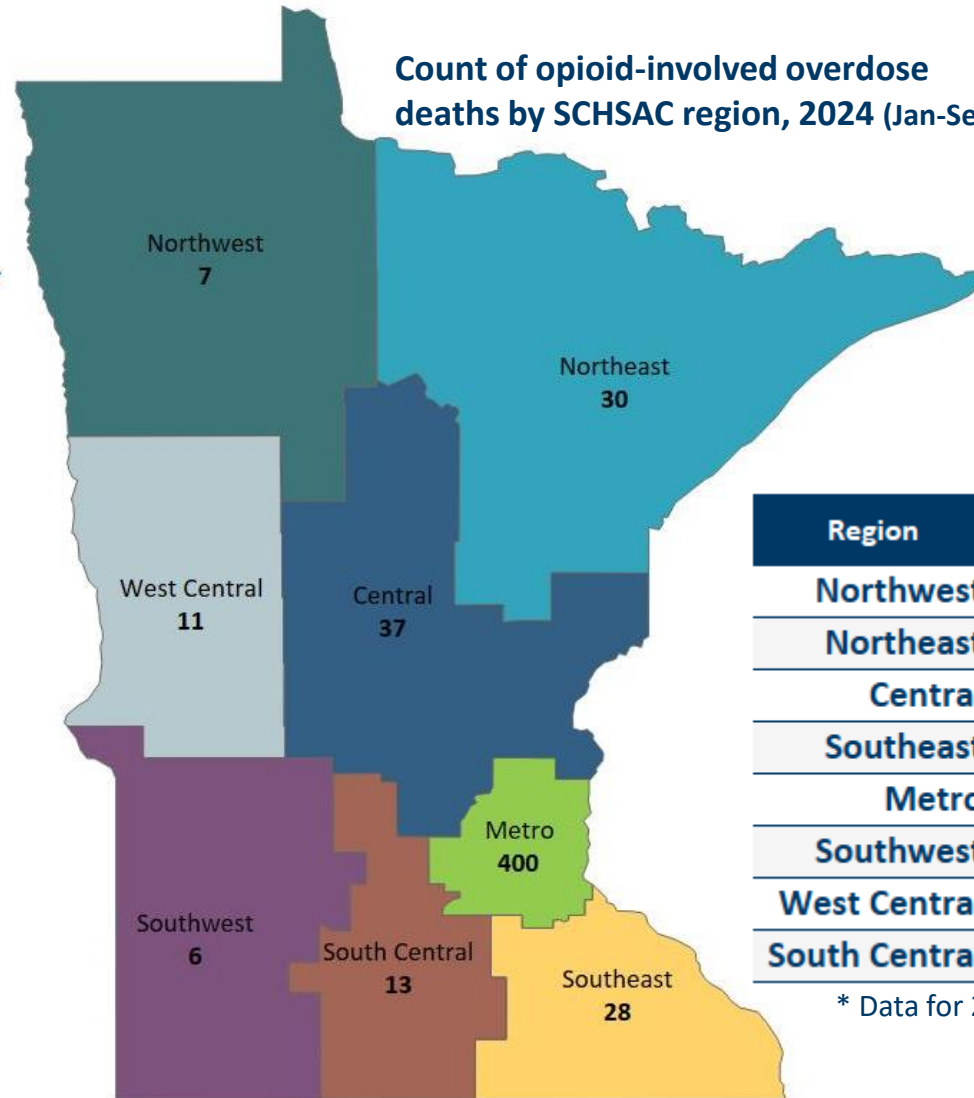
* Data for 2024 is preliminary and likely to change as cases are finalized.

Opioid-involved overdose deaths, by region

Count of opioid-involved overdose deaths by SCHSAC region, 2023 (Jan-Sept)



Count of opioid-involved overdose deaths by SCHSAC region, 2024 (Jan-Sept)



Region	(Jan-Sept)			% change 2022-2024
	2022	2023	2024	
Northwest	24	27	7	-70.8%
Northeast	55	61	30	-45.5%
Central	65	61	37	-43.1%
Southeast	49	37	28	-42.9%
Metro	534	567	400	-25.1%
Southwest	7	3	6	-14.3%
West Central	12	12	11	-8.3%
South Central	13	12	13	0.0%

* Data for 2024 is preliminary and likely to change as cases are finalized.

Opioid Epidemic Key Takeaways

- In 2023, 70% of overdose deaths in Minnesota involved at least one opioid
- Commonly prescribed opioids are no longer the major cause of opioid overdose deaths. Fentanyl is involved in over 90% of opioid overdose deaths
- The illicit drug landscape is changing and dynamic. People are increasingly unaware of what is in the drugs they consume. Significant amount of use is polysubstance
- Medications for Opioid Use Disorder (MOUD) are FDA-approved drugs that are proven to reduce substance use disorder for opioids. Most effectively used in combination with counseling and behavioral therapies
- Harm reduction is recognized as way to limit harms to communities and keep people alive to find a recovery pathway

State Agency Roles in Addressing Substance Use and Misuse

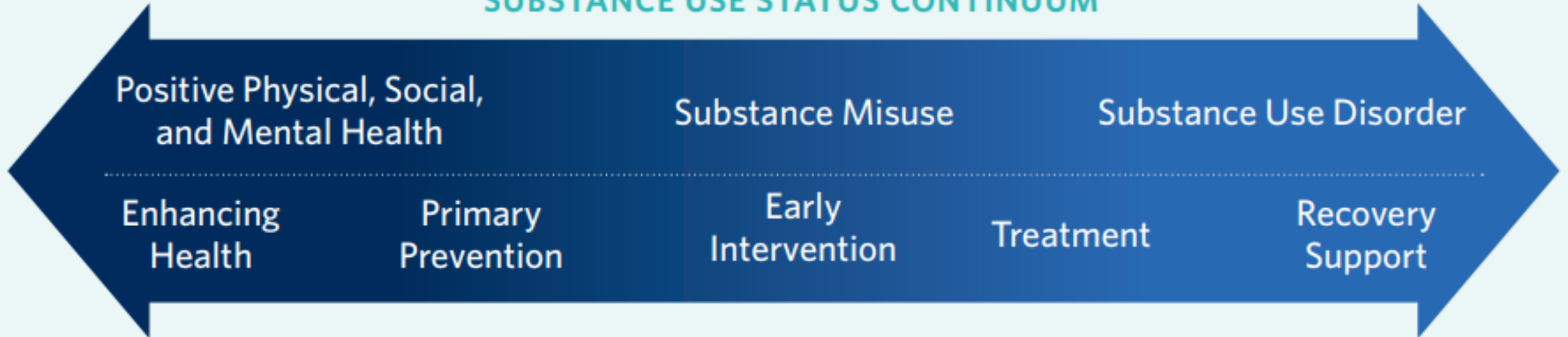
- **DHS:** Functions as both the state Medicaid Agency and Single State Authority for substance use and misuse, making it the largest funder of SUD services across the prevention, treatment, and recovery continuum. Supports OERAC in administering the state's share of opioid settlement funds, separately manages and administers federal State Opioid Response (SOR) grants SAMSHA Substance Abuse Block Grant; and manages the Behavioral Health Fund which ensures direct access to treatment services for Minnesotans who lack adequate insurance coverage. Acts as a key data partner.
- **DCT:** SUD provider of last resort; runs CARE facilities for individuals civilly committed for SUD. Many patients in other DCT programs such as MSOP and the Security Hospital experience SUD.
- **MDH:** State public health authority; grant funds SUD activities across the continuum with a focus on prevention, recovery, and the intersection of SUD with other public health issues such as suicide prevention, gun violence, and adverse childhood experiences. Supports workforce development, provides technical assistance, and overdose and epidemiological surveillance. Acts as a key data partner.
- **DOC:** Provides a continuum of substance abuse services to the 85% of its population with an SUD. One of the largest treatment providers in the state, in FY 2024 there were 1652 admissions to the SUD program and 79% completed treatment.
- **DPS:** Works both on the “supply” and “demand” side of substance use through law enforcement, regulatory oversight, multi-jurisdictional drug task forces, and public awareness campaigns. Office of Justice Programs seek to improve community safety and prevent harms associated with substance use. Acts as a key data partner.

State Agency Roles in Addressing Substance Use and Misuse

- **DCYF:** Works to identify families affected by substance use and misuse, connect parents to appropriate treatment services, and provide specialized family-focused supports aimed at keeping families together while ensuring child safety.
- **COM:** Regulates the commercial insurance market; ensures mental health and substance use parity.
- **MDE:** Addresses substance use and misuse in schools through school health programs, model curricula, and statewide health standards. Funds recovery schools.
- **OHE:** Minnesota state college and university system is a primary source of behavioral health workforce development; addresses student basic needs including collegiate recovery.
- **MMB:** Robust research data, and evaluation measuring program impact and effectiveness. Acts as a key data partner.
- **Office of Cannabis Management:** Develop and regulates adult use cannabis market including some public health components such as product testing and potency limits. Also administers grant funding that can be used for prevention or recovery.
- **Office of Addiction and Recovery:** Staffs and leads the Subcabinet on Opioids, Substance Use and Addiction; provides cross-administration coordination and alignment; gives policy guidance to the Governor; supports agencies in implementation of key administration priorities and objectives; builds partnerships across jurisdictions and stakeholder groups.

Substance Use Disorder Continuum of Care

SUBSTANCE USE STATUS CONTINUUM



SUBSTANCE USE CARE CONTINUUM

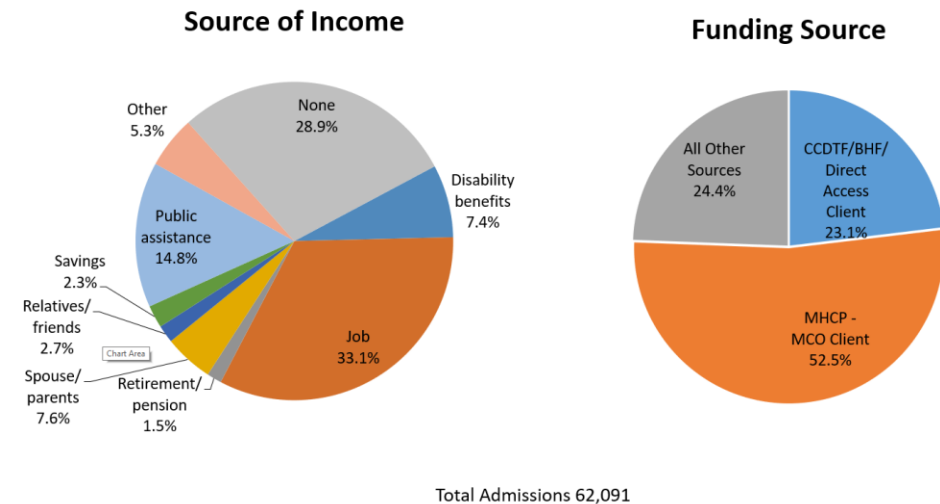
Source: *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* (U.S. Department of Health and Human Services, Office of the Surgeon General, 2016)

Substance Use Disorder Financing

4 major categories of SUD financing

- **Medicaid**—The workhorse of SUD response. Primarily funds treatment and some recovery. Forecasted program.
- **Behavioral Health Fund**—MN-specific program that covers behavioral health costs (primarily treatment) for individuals who are eligible for but not enrolled in Medicaid.
- **State and Federal Grants**—Broad category that includes specific state appropriations and federal grants from SAMSHA and other sources. Primary category of funding for prevention and harm reduction. Also funds recovery and some treatment.
- **Opioid Settlement Funds**—Shows up in communities primarily as grant funding. 25% of settlement dollars go to the state, 75% percent to counties and cities over 30,000.

CY2022 Adult SUD Treatment Admissions



Total Admissions 62,091

Source: Minnesota Department of Human Services, BHDH, DAANES (6/28/2024)

Activate
Go to Settings

Examples of state efforts across the continuum

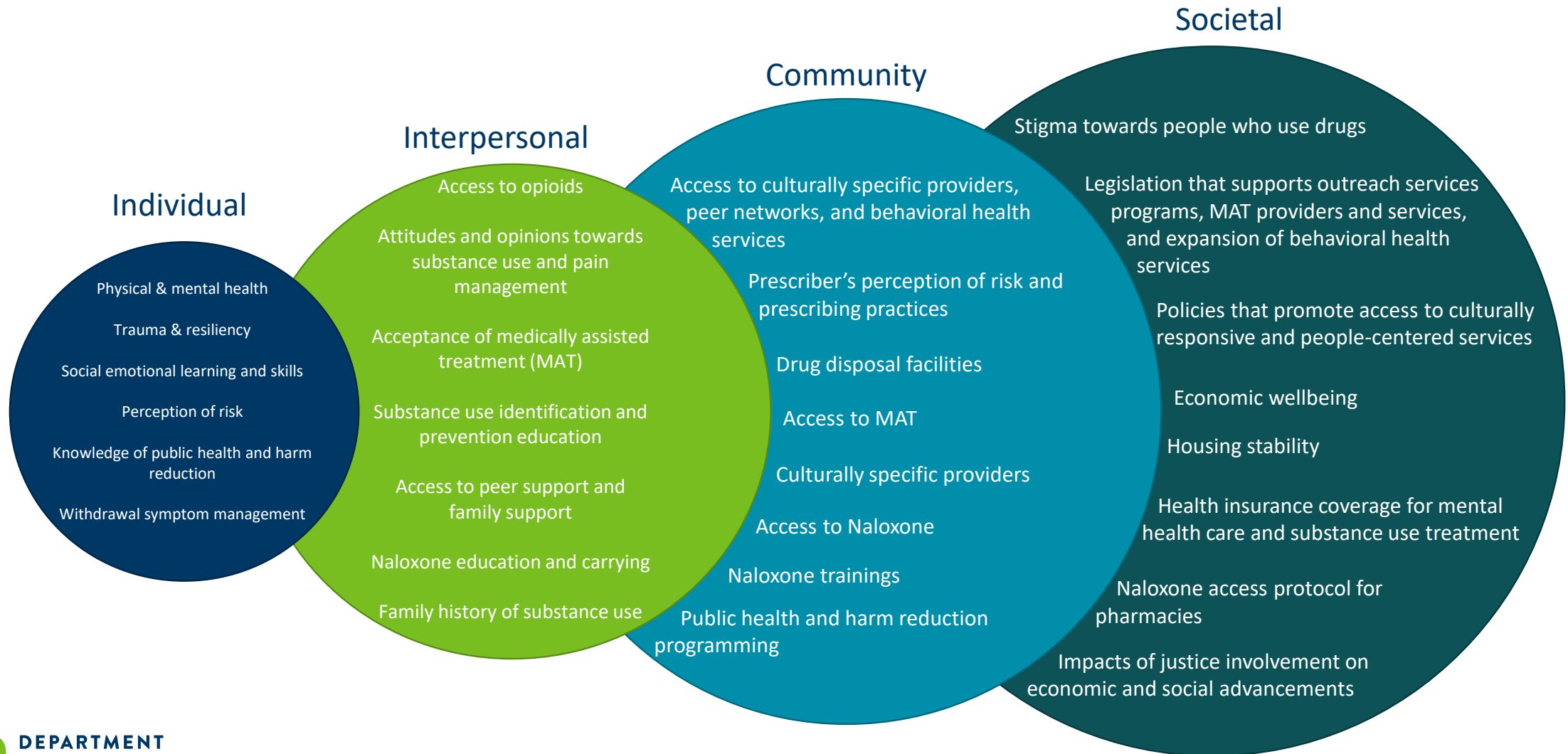
Prevention: Anti-poverty measures like the children's tax credit, community-based prevention support, culturally specific outreach, disrupting pathways to adolescent substance misuse, public awareness campaigns to reduce stigma and promote treatment and wellbeing

Harm Reduction: Naloxone funding and distribution, safe recovery sites, outreach programs, "Harm Reduction, Health, and Housing Hubs," drug checking programs, impaired driving public awareness campaigns

Treatment: Improving treatment quality by implementing American Society of Addiction Medicine standards into state law, expanding access to medicines for opioid use disorder, supporting traditional healing practices.

Recovery: Supporting peer recovery support specialists, recovery community organizations, recovery friendly workplace initiative.

SUD Response Across Lifespan and Social Ecological systems



Key State Initiatives

- **DHS 1115 SUD Reform Waiver**
- **DHS/DOC 1115 Reentry Waiver**
- **DOC Jail Rules Rewrite**
- **MDH Comprehensive Overdose Morbidity and Prevention Act**
- **MDH Cannabis/SUD Prevention Grants**
- **MDE Statewide Health Standards**
- **Recovery Friendly Workplaces**
- **Naloxone Saturation**