Saint Louis County

Public Health and Human Service Department – www.stlouiscountymn.gov

David Lee
Director

May 6, 2016

Dear Senator Klobuchar,

The effects of drug addiction are detrimental to the people and very fabric of our communities. The opioid epidemic is jeopardizing the health and safety of current and future generations in all counties of Northeastern Minnesota. Reports of drug overdoses to the Duluth Police Department, through 911, almost quadrupled between 2014 and 2015 (26 and 100, respectively). The number of opioid drug overdose deaths jumped from zero between 2002 and 2010, to 64 overdose deaths between 2011 and 2014 (Minnesota Department of Health, Injury and Violence Unit). In St. Louis County, we are partnering to address this growing problem of drug addiction by coordinating our prevention and response efforts and by informing each other and the community.

The Opioid Abuse Response Strategies (OARS) task force represents community organizations, local government, higher education, health care systems, health plans, law enforcement and many others. Our local collaborations are strong, but we are limited as to how much we can prevent and control the opioid epidemic in our communities. We seek your help at the federal level with the following:

Prevention

Increased federal funding is needed for evidence-based or promising-practice primary prevention strategies targeting substance abuse.

Increased public disposal access is needed for unused/unwanted medications (i.e., MN bill: SF 1425/HF 1503).

Treatment

More treatment centers and longer treatment programs are needed. Individuals seeking treatment are not able to enter into programs immediately; wait times are currently too long. The wait to enter treatment can be up to 4-6 weeks for placements for individuals not under civil commitment.

Reimbursement rates for treatment facilities have increased only 2 percent since 2011, from the MN Department of Human Services (DHS). This has severely limited the ability to develop new programs and recruit and retain staff to meet the demands of the opioid epidemic. Capacity could be expanded if reimbursement rates increased. The Center for Alcohol and Drug Treatment (CADT-Duluth) has been losing money in the outpatient setting and had to disband a dual disorder treatment program.

The CADT has developed an opioid-specific, short-term stabilization, assessment, and referral unit but does not have the funding to support it.
Increased access to medication assisted therapy, specifically buprenorphine, could be enhanced

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by allowing advanced practitioners to become licensed prescribers.

Increased access to the Prescription Monitoring Program (PMP) is needed for non-dispensing pharmacists (i.e., MN bill: SF 1440/HF 1652). Essentia-Health, a regional health care system, estimates their chronic opioid use population to be as high as 10,000 patients across the region.

Recovery support

More licensed alcohol and drug counselors (LADC) are needed to complete Rule 25 assessments. Providing federal grants or financial aid to colleges to award to students pursuing degrees or certification as LADCs could help encourage enrollment and make these programs more accessible.

Treatment programs have reduced their capacity in order to fall under defined federal Institutions for Mental Disease guidelines; federal restrictions on the use of medical assistance dollars limit the size of residential treatment programs to 16 beds.

State treatment facilities have reduced capacity and narrowed target populations to individuals who are under court ordered civil commitment.

Harm reduction

The Centers for Disease Control and Prevention promotes harm reduction strategies, such as needle exchange programs, but have cut funding for the prevention and control of Hepatitis C infections over the last 10 years.

Increased public access to naloxone is needed.

Enforcement and regulation

A need exists to comprehensively tackle the drug trafficking problem at the federal level with recognition of the growing trend - youth becoming addicted to opioids through prescription medication and then changing to heroin when the prescription medication supply has been expended.

The Good Samaritan Law (MN) introduced in 2014 prevents law enforcement from prosecuting individuals who call 911 to report an overdose. Establishing a grant-funded outreach worker position to respond to these individuals, within 24 hours of the overdose to provide options of getting into treatment or other needed assistance, would fulfill another important need.

Three drug courts operate in Northeastern Minnesota, and all are full with a wait list. Funding is needed to expand drug courts.

We appreciate your efforts in the U.S. Senate on behalf of the residents of Minnesota. We are encouraged by the *Comprehensive Addiction and Recovery Act* legislation that you have passed through the Senate, and request your continued attention in preventing and controlling this opioid epidemic.
Respectively submitted by the OARS Task Force,

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