



## **It's an addiction crisis: Across Minnesota, the “opioid crisis” is so much more than just opioids**

Executive summary

Full Report here: <https://www.ruralmn.org/its-an-addiction-crisis/>

June 2018

**By Marnie Werner, VP Research & Operations**

Minnesota is not immune to the opioid epidemic, but while society has been mobilizing against opioids, the statistics on drug overdoses, emergency room visits and admissions to treatment indicate that our state isn't facing an opioid crisis as much as it is facing an *addiction* crisis, and the drug of choice right now is meth. Since 2009, treatment admissions for meth in Greater Minnesota have skyrocketed compared to opioids, and deaths due to meth use are on the rise, too.

## Findings

### **Meth was and still is a bigger problem in Greater Minnesota than in the Twin Cities.**

Looking at the primary substance being used at the time of admission to treatment via public services shows that meth has outstripped opiates and heroin on a per-100,000 population basis. After bottoming out in 2009, admissions to treatment for meth have been on the climb in Greater Minnesota, and the numbers are following suit in the Twin Cities. In 2016, 7,664 people in Greater Minnesota sought out treatment for meth addiction, a 25% increase over the year before (6,164) and almost twice as many as in the Twin Cities (4,386).

**County budgets: The buck stops here.** This epidemic is taking its toll especially on counties, both financially and socially. Counties are the gatekeepers for access to social services for most Minnesotans. Alcohol has long been the most-abused substance followed by marijuana, but meth has seen such a resurgence that in 2016 around one third of Minnesota counties reported having as many or more people being admitted to treatment for meth as alcohol.

**Rising addiction rates pose a serious threat to children.** Substance abuse can create surprisingly complex, expensive and traumatic situations, especially when children are involved. The most serious implications for the future are what drugs can do to unborn children. Neonatal abstinence syndrome, where the child is born effectively addicted to the drug, can affect anywhere from 45% to 94% of infants exposed to opioids before birth, a [National Institutes of Health report states](#). The effect of methamphetamine on an unborn child is less well known but can range from birth defects in the brain, heart, spinal cord, kidneys and limbs to premature birth, stroke and emotional problems. The outcome is children dealing with lifelong social, emotional, behavioral and physical problems, increased health care costs and low achievement.

**Encounters with law enforcement.** In 2001, 27% of drug arrests were for meth; in 2017 it was 74%, according to the Minnesota Department of Public Safety; 2,125 arrests involved meth compared to 750 arrests that didn't. [The amount of meth seized by the State Patrol in 2017](#) more than doubled from 2016 to 2017 (66 pounds compared to 160 pounds), while the state's multi-county, multi-agency [Violent Crime Enforcement Teams \(VCETs\)](#) seized 625 pounds of meth in 2017 compared to 230 pounds in 2015.

**Hospitals: The cost of addiction adds up.** The Twin Cities area sees the highest actual numbers in visits, admissions and charges related to meth and opioids, but when data are adjusted to reflect population differences, hospitals in northeastern Minnesota experienced the highest emergency department use and highest charges for meth and/or opioid patients per 100,000 residents.

An analysis of data from the Minnesota Hospital Association shows that over a ten-year period between January 2008 and September 2017 (the latest data available), individuals with some variety of health problems related to meth and/or opioids visited Minnesota's hospital emergency departments 161,197 times. The charges resulting from outpatient emergency department visits involving meth and opioids represented less than 1% of total charges, but still totaled \$232.5 million. Over the same time period, hospital *admissions*

resulting from emergency department visits came to \$2.4 billion, while *total inpatient charges* for admissions related to just meth and/or opioids (not including other drugs) came to \$4.1 billion over that same time span.

**Workforce: The primary barrier to access.** The need for workers is acute in many areas of health care and human services, whether urban or rural, and is limiting people's access to treatment. The strong demand is helping drive an increase in the number of students entering licensed alcohol and drug counselor programs at Minnesota's colleges and universities, but until those students graduate treatment facilities will still struggle to find appropriately trained and certified staff. The shortage is also creating upward pressure on salaries for counselors, but government reimbursement rates have not kept pace.

**Local communities, local solutions.** Some communities are acting creatively to make the system work better.

*Intervention: Blue Earth County's Yellow Line Project.*

Blue Earth County Human Services, the county's law enforcement agencies and the county attorney's office have developed the Yellow Line Project. Its goal: to break the cycle of repeat encounters with law enforcement due to drug use by getting people into treatment quicker.

*CHI St. Gabriel's Health and St. Gabriel's Foundation:  
Morrison County Prescription Drug Task Force.*

With a grant from the Minnesota Department of Health, CHI St. Gabriel's Health Center in Little Falls joined with a number of community partners to form the Morrison County Prescription Drug Task Force. Initial strategies have focused on changes within healthcare, including new prescription policies and improved community collaboration and communication. So far, the program has seen 453 of their original 500 patients tapered off of opioids completely, with savings to Medical Assistance calculated at \$3.8 million.

*Sanford Bemidji Medical Center: First Steps program.*

Sanford Bemidji Medical Center started First Steps to Healthy Babies to provide education, support, case management, counseling and medication-assisted therapy to help pregnant women control their addictions while they are pregnant and afterward. Their goal is to decrease both the number of babies exposed to drugs and the number removed from their mothers and put into foster care.

*Addressing the issue: Minnesota Hospital Association.*

According to the Minnesota Hospital Association, the opioid epidemic is a high priority for hospitals and health systems throughout the state. Hospitals and health systems are taking a number of steps to actively address the drug problem. While their steps target opioid use, many of them can also be translated to the problem of meth.

## Recommendations

*Addiction: We have an addiction crisis, and opioids are only one part of it. Meth is the drug of choice in Greater Minnesota.* Rather than focusing only on individual drugs, we need policies to address the underlying causes of drug use and abuse.

*Workforce:* Although demand is filling college programs and may therefore make the supply of licensed alcohol and drug counselors less of an issue in the near future, rural areas will continue to struggle to find workforce in addiction treatment, health care and related areas.

*Treatment:* Continue to focus on solutions that promote long-term recovery rather than a short-term fix.