



# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

## Opioid Advisory Council

### Minutes

Friday, August 8, 2025

9:00-11:00 am

Blaine Human Service Center, Room 2402

**Mission:** *To improve health, save lives, and reduce the impact caused by opioids and other substances in Anoka County by managing opioid settlement funding and supporting strategic partnerships.*

**Vision:** *All Anoka County residents and partners are supported, engaged, and prepared to overcome the opioid crisis and meet the challenges related to substance use in the community.*

**Called to Order** by Patti Constant, Senior Program Specialist – Opioids, at 9:02 am

**Present:** Patti Constant, Chris McCook, Katherine Cole, Susan Ferron, Peggy McNabb, Krista Johnson, Tim Kizer, Randi Prebil, Ryan George, Diana Hoffman, Nancy Norman, Corey Kohan, Musab Adam, Amanda Amundson, Latvea Wyatt, Joe Amerman, Carrie Wood, Derek Schuldt

**Absent:** Molly Nee, Megan Schueller, George Borrell, Quita Curtis, Troy Friesen, Lacey Towe, Christina Lefkowich, Nicholas Warnke, Joshua VanHeuveln, Sam Martinez, Jess VanKuyk, Melissa Olsen, Lori Lachner, Samantha Guthman

#### 1. Welcome, Introductions, Moment of Grounding, and Approvals

- Patti welcomed everyone to today's meeting of the Opioid Advisory Council.
- A moment of silence was observed to honor all the people that we have lost to deaths of despair (including suicide, drug overdose, & alcoholism), all of those currently struggling with behavioral health challenges (substance use disorders, mental illness), those who are bravely walking the recovery path, and all the families, friends, community members, and supports that are impacted. Thank you for helping us to remember why we are here.
- A reminder from Patti: Every single person in this room brings a unique piece of knowledge, information, and experience. Everyone has a unique role. Every perspective helps provide a piece of a bigger picture – no one is more important than another. Thank you each. You bring value to our group.
- This is also a field FILLED with acronyms. We become comfortable in 'our little piece of the puzzle' and think everyone shares that knowledge. I invite and encourage each of you to question/ask when things are unclear. We do NOT, nor should we, all come with the same background information, so we need to feel comfortable questioning/asking.





# ANOKA COUNTY

## OPIOID SOLUTIONS INITIATIVE

Please feel comfortable using AcroKnock... if you hear someone using an acronym or language that you are not familiar with, please knock three times – it's a gentle/friendly reminder to us all.

- Patti recognized today as being Chris McCook's final meeting with the Opioid Advisory Council. Chris has served as an AmeriCorps member in this position for two years and has contributed over 2,900 hours of valuable work, helping to move our Opioids Solution Initiative forward. Thank you so much, Chris, and best wishes as you work on completing your master's degree in public health administration and policy.
- Self-introductions were made, with Patti acknowledging new member Latvea Wyatt representing Neighborhood HealthSource North Metro Clinic, replacing Reysel Castillo.
- Along with self-introductions, Patti asked members . . . *If there were one very special activity addressing substance use **prevention**, what would you like that **prevention activity** to be?*
  - Educating and working with youth.
    - Education is powerful. Relationship building is key.
    - Address the dangers. Awareness goes a long way.
    - Target high school youth education as to the dangers, given cannabis legalization and potential for being cut with synthetics.
  - Family education.
  - Educate legislators, first responders, etc., as to current drugs being used. Up-to-date information sharing for epidemic prevention.
  - Enhanced enforcement.
  - Stigma surrounding treating substance use with medications.
  - Overprescribing pain medication / opioids.
  - Alternative ways to manage pain / non-pharmacologic.
  - Stop the flow of opioids.
  - Reducing stigma in the community so people will talk about it.
  - More support for post-treatment / addicts in recovery. Help them to rebuild their lives.
- Motion to approve the July 11, 2025, Advisory Council meeting minutes by Derek Schuldt. Second by Amanda Amundson. Motion carried.
- Motion to approve the August 8, 2025, Advisory Council meeting agenda by Ryan George. Second by Krista Johnson. Motion carried.

## 2. Data Trends Discussion

For information sharing and awareness, Patti shared and reviewed:

- The August 11, 2025, Public Health Advisory issued by the Minnesota Department of Health and forwarded by Jonelle Hubbard to Anoka County hospitals, clinics, health care providers, emergency management, communications, and the Midwest Medical Examiner addressing the rise in overdoses associated with non-opioid sedatives such as xylazine and





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

medetomidine.

- Derek reported that while the Sheriff's Office saw a times-three increase in xylazine back in 2022, it is hard to see if it is coming back. As it is veterinary drug used to sedate horses and large animals, xylazine is not an illegal narcotic.
- Krista noted toxicology reports she reviewed six months ago showed that 60% of those positive for fentanyl were also positive for xylazine.
- Amanda noted a need to provide xylazine education outreach.
- A PowerPoint titled *Community Mitigation Again Xylazine* from RTI International Research Institute Data providing post-mortem toxicology data specific to xylazine from January 1, 2022, through December 31, 2024, conducted in partnership with the Midwest Medical Examiner's Office and our Anoka County Public Health Department. Among the slides Patti presented on:
  - Catchment area – Minnesota counties currently being served by the Midwest Medical Examiner.
  - Sociodemographic characteristics of overdose deaths.
  - Overdose mortality rates among American Indian/Alaskan Native, Black/African American, and White populations.
  - Network of substances detected in overdose deaths by racial group.
  - Summary / overdose trends.
  - Anoka County overview.
  - Overdose mortality rates per 100,000 people.
  - Overdose mortality rates among American Indian/Alaskan Native, Black/African American, and White populations.
  - Overdose mortality rates in Anoka County.
  - Network of substances detected in overdose deaths by racial group.

This is a unique set of data and a nice baseline that we will watch over time. RTI International will publish this data in a drug and alcohol dependence journal. Patti will keep the council informed.

### 3. Community and County Updates / Patti Constant

- Patti called on members to share on upcoming events, opportunities, trends or issues you are seeing, etc. What should this group be aware of? What do we need to know?
  - Amanda Amundson, Begin Anew
    - Talking with Justin about coordinating some fun fall activities:
      - Recovery Month September -- host a stand at the Annual Walk for Recovery featuring recovery-themed flash tattoos.
      - Overdose Awareness Month October – *Overdose is Scary. Recovery is Ghoul.* Host Halloween activities for the recovery community, i.e., costumed gatherings, trunk and treat for the kids.





# ANOKA COUNTY

## OPIOID SOLUTIONS INITIATIVE

- Compassion Coffee, West Main Street, Anoka, working to serve the unhoused population by employing people affected by homelessness, helping to find housing, and teaching life-skills. Meeting space available as well. Begin Anew will be coordinating naloxone training for Compassion Coffee staff.
- Krista Johnson, Meraki Recovery Housing
  - Recovery Café had a successful Night to Unite event with great participation.
  - Meraki Recovery Housing (100 beds) has had to transition 15 beds due to funding loss. As the funding loss will continue, we have begun implementing monthly payment plans for residents. We will do what we can to meet the needs, with a long-term plan to partially fund into 2027, when funding is expected to be restored. We are dedicated to keeping recovery housing available in Anoka County.
- Carrie Wood, Anoka County Sheriff's Office / Jail
  - We have been offering Narcan by request to inmates upon release. Staff are becoming more familiar with it.
  - We have surveyed our staff about their opioid knowledge. About 75% are interested in learning more about opioids, so we are partnering with Hennepin County wherein a doctor and opioid specialist will come in and train staff beginning this fall.
- Patti's Updates
  - Continuing to work on our October 4<sup>th</sup> Spotlight on Opioids community event to be held at Spring Lake Park High School from 10 a.m. to 2 p.m. Hopefully each of you have received vendor table information. Among the features to date:
    - Patti will speak on Anoka County data and our OSI efforts.
    - Panel of lived experienced individuals. Please contact Patti with potential participants.
    - Speaker on fentanyl. Speaker has been secured. Need-to-know / awareness presentation, rather than fear-based information.
    - Working to come up with one additional topic / speaker. Contact Patti with your ideas.
    - Naloxone information station rather than a set-time training. Valuable conversation and sharing. Hoping to have a few people available to provide naloxone training, just not at a scheduled time.
    - Please provide Patti with potential vendor table participants as well.More to come.
  - An RFP grantee sponsored Narcan and chest compression evening training on August 7. Positive feedback from two recipients this morning.
  - Documentary videorecording is moving along with many events being recorded.
  - We have conducted short surveys at two ACBC food shelf events and the Anoka County Fair. Very simple yes / no questions, i.e., do you know what naloxone is; do you carry naloxone; have you been trained in naloxone; would you feel comfortable administering naloxone. Participant age bracket is identified as well. Roughly 200 participants to date. Great way to initiative conversation. Good baseline data.





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

## 4. Gaps Analysis Process Discussion / Patti Constant

Subsequent to last month's discussion on prevention and naloxone priorities, wherein a need was identified to learn at this point what is happening in every part of the community, Patti is working on conducting a gaps analysis to gather that information, which will be helpful in guiding decisions and better direct our second round of settlement funding distribution.

Patti is asking for feedback on three potential gaps analysis models we could go with. Which one would move us most effectively and timely to second round funding discussion and decision making?

1. One large, full-day event with many community partners participating and able to address all aspects. Feasible?
2. We could work externally, with Melissa, Wilder Research, for example, for a facilitated process of bringing together small focus groups for targeted conversation, i.e., law enforcement, housing.
3. We could construct and send out a very clear survey seeking the needed information. Patti would ask council members to provide email information for potential survey recipients -- their contacts, partners, and more, to develop a survey distribution list.

Discussion and preference centered on a survey, given the broader audience and higher number of participants we could reach and potentially hear back from.

Patti is waiting to her back from Melissa at Wilder for her thoughts on conducting an efficient gaps analysis.

Amanda spoke to conducting a survey via a QR code at the Annual Walk for Recovery, for example. Would need to identify the responder, the population being served, and more.

Contact Patti with any additional thoughts or ideas you may have on a gaps analysis process.

## 5. Revisiting our Prevention and Naloxone Priorities Discussion / Patti Constant

From Patti's Mural Project Check-In handout from last month's meeting, Patti facilitated a discussion seeking input and thoughts on the **prevention** portion wherein, going back to our first-round funding process, prevention ideas were categorized based on priority, impact, and feasibility.

- Low-hanging Fruit: Lower impact, but feasible
  - Bathroom / locker room ads to educate.
    - Diana reported the Substance Use Disorder subgroup is continuing its collaboration, expanding connections with the schools, working to determine key school contacts. Building that over the next couple months.





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

- Best Bets: Higher impact and feasible
  - Patti noted we have two grant recipients with video productions underway at this time.
    - Susan suggested looking at trying to build on the RFPs already funded rather than starting from scratch.
    - There was lengthy conversation surrounding ideas and thoughts about a comprehensive resource site / one-stop shop for posting access to resources. Patti noted the work being done by the upcoming Hope Hub website that would house a video documentary for schools to access. Anoka County would own and serve as gatekeeper of the site.
    - Amanda noted that Hennepin County has a pamphlet / resource listing that can be handed out on the streets. An Anoka County resource app would be very helpful for her work.
    - Susan suggested engaging high school youth by way of an after-school club, for example, or extra curriculum activity for proactively promoting opioid prevention.
    - Amanda suggested targeting high school LGBTQ communities with suggestion for opioid prevention work as well, as they are a higher risk population.
  - Collaborate with school districts to promote recovery ambassadors.
    - Patti noted the work of Josh VanHeuveln with Anoka-Hennepin in this respect, pointing out that many school districts are interested in replicating Josh's position.
    - Diana spoke on the need to educate school districts on what other districts are doing and success they are having, rather than each district reinventing the wheel.
    - Overall commentary on challenges due to the differences among school districts and administration.
    - Additional commentary on moving forward legislatively
- Moonshots: High impact, but not immediately feasible
  - Policy / Systems Change
    - Patti noted that now would be the time to move forward with any thoughts about proposing legislation for the 2026 session, noting Jeremy Drucker, State Director of Addiction and Recovery, as a contact.
  - Training / Education
    - Susan spoke on the need for Mercy Hospital's Emergency Room to provide definitive care for people coming with an overdose episode. Patients leaving the ER after overdosing are barely stable and at high risk, yet leave the ER with no recommended treatment or resources. Krista noted Anoka County's lack of a detox facility.

## 6. Closing

- Thank you. I appreciate you being here today...
- Next Meeting -- Friday, September 12, 2025, 9-11:00 am, Blaine Human Service Center, Room 2402.





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

**Adjourn 10:58 am**

---

**Patti Constant**  
Senior Program Specialist

---

**Randi Prebil**  
Health Promotion and Planning Manager  
PHES

---

**Peggy McNabb**  
Administrative Services Supervisor

**Approved: 9-12-2025**





# PUBLIC HEALTH ADVISORY

## TIME SENSITIVE

**This message requires your attention within 24 hours.**

**DATE:** August 12, 2025

**TO:** Anoka County Hospitals and Infection Preventionists  
Anoka County Clinics and Urgent Care Centers  
Anoka County Public Health Medical Director  
Anoka County Public Health Staff  
Anoka County Emergency Management  
Anoka County Emergency Communications  
Midwest Medical Examiner's Office

**FROM:** Jonelle Hubbard, Director  
Public Health and Environmental Services Department

**SUBJECT:** Health Advisory: Sedative Associated Overdoses

**PHONE:** Anoka County Public Health and Environmental Services Department, Disease  
Prevention and Control: 763-324-4240  
Minnesota Department of Health: 651-201-5414

### Action Steps:

**Hospitals, clinics and other facilities:** Please forward to all health care providers who may work with people who use drugs.

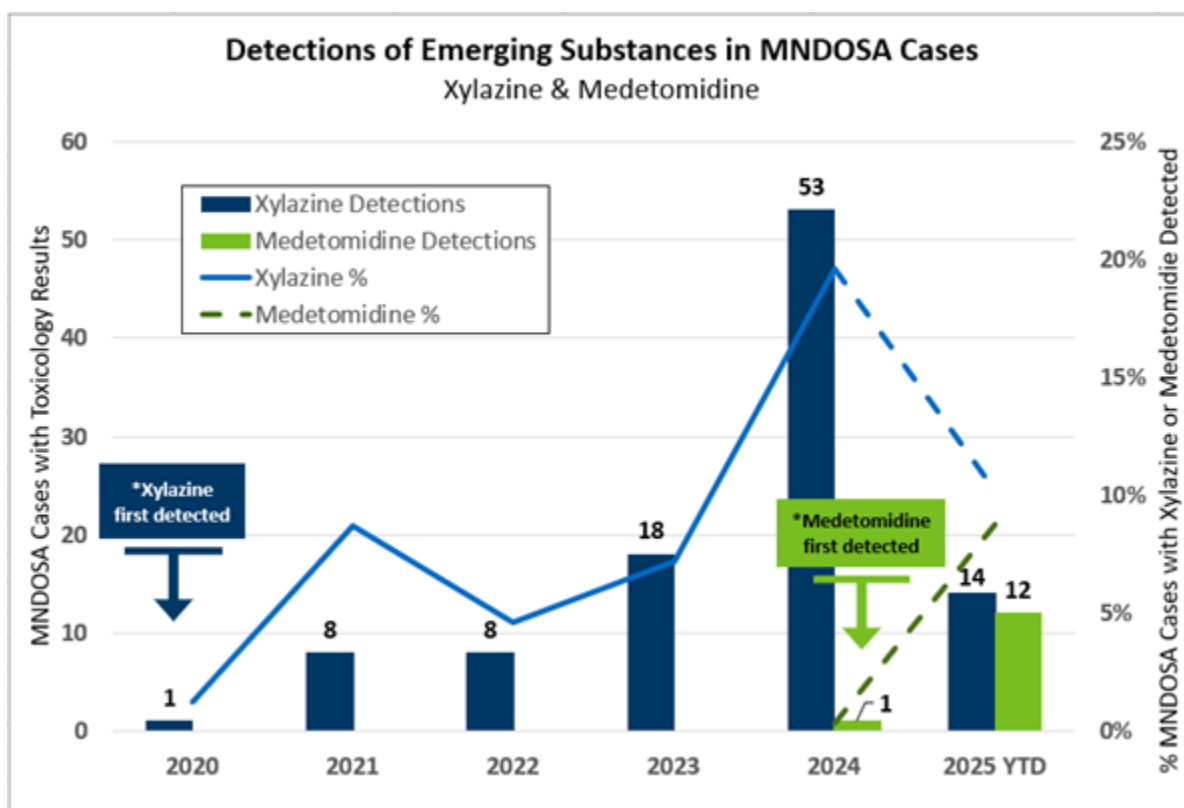
#### **Health care providers:**

- Focus on restoring the breathing of overdose patients, rather than restoring their consciousness.
- Consider naloxone administration to treat suspected drug overdose in patients experiencing combined respiratory insufficiency and unresponsiveness to reverse the effects of opioids such as fentanyl or heroin.
- Monitor breathing and be aware that non-opioid sedatives such as xylazine and medetomidine do not directly respond to naloxone.

- Treat opioid withdrawal and sedative withdrawal simultaneously with clinically directed and evidence-based medications.
- Join the Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA) to help MDH share data from hospital partners about statewide drug trends.
- Get Involved with the [Minnesota Drug Overdose and Substance Use Surveillance Activity \(MNDOSA\)](https://www.health.state.mn.us/communities/injury/data/mndosa.html) (<https://www.health.state.mn.us/communities/injury/data/mndosa.html>) to help MDH collect and share data about statewide drug trends.

### Situation Update

Following nationwide trends, Minnesota has seen a rise in overdoses associated with non-opioid sedatives like xylazine and medetomidine. While drug traffickers may add these sedatives to their drug supplies to reduce costs or modify the substances’ effects, the people who use illicit substances often do not know what they are taking or the risks involved. **The presence of non-opioid sedatives mixed into other drugs significantly complicates the treatment of overdose patients.**



**Source: Minnesota Drug Overdose and Substance Use Surveillance Activity Data (MNDOSA), Division of Injury Prevention and Mental Health, Minnesota Department of Health, 2020-2025.**

Toxicology testing from overdose patients treated at participating emergency departments across Minnesota has detected increasing numbers of sedative associated overdose cases since 2020, when xylazine overdoses were first recorded. In 2024, MDH began detecting medetomidine, another sedative in the same class as xylazine and with similar effects. This testing is done through MNDOSA, which currently partners with eight hospitals across Minnesota. These data provide a snapshot of substance exposures, which can vary by region and may not represent all Minnesota communities.

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties. It is for official use only. Do not distribute beyond the intended recipient groups as described in the action items of this message.

## **Sedative Associated Overdose Symptoms and Pharmacology**

Veterinary sedatives like xylazine and medetomidine are being found mixed into opioids, nearly always in presence of fentanyl. Since these sedatives are not opioids, they will not respond directly to naloxone. **Naloxone should still be considered and administered to restore adequate breathing and may help improve unresponsiveness if the latter is due to opioid toxicity.** However, providers and first responders should be aware that sedatives may cause people to remain sedated. While medetomidine toxicity and withdrawal have been described, this information is limited in humans. Some of the effects described have been consistent with those observed with therapeutic use and withdrawal of the similar FDA approved medication dexmedetomidine.

## **Overdose Response and Withdrawal Treatment**

Health providers should consider the possibility of exposure to sedatives when patients presenting with an overdose do not respond to naloxone. In these situations, provide supportive respiratory care and proper management of blood pressure. Overdose response should focus on restoring adequate respiratory status including breathing. Consciousness may not improve in the setting of sedative toxicity.

Sedative use, when stopped abruptly, can lead to severe withdrawal symptoms, including anxiety, irritability, restlessness, and hypertension. If admitted for inpatient care, clinicians must be prepared to manage sedative associated withdrawal symptoms simultaneously with opioid withdrawal.

## **For More Information**

- [MDH Minnesota Drug Overdose and Substance Use Surveillance Activity \(MNDOSA\) \(https://www.health.state.mn.us/communities/injury/data/mndosa.html\)](https://www.health.state.mn.us/communities/injury/data/mndosa.html)
- [MN Poison Control Center \(https://mnpoison.org/\)](https://mnpoison.org/)
- [Philadelphia HAN: Medetomidine, a potent non-opioid veterinary sedative, has been detected in the illicit drug supply \(https://hip.phila.gov/document/4421/PDPH-HAN-0441A-05-13-24.pdf\)](https://hip.phila.gov/document/4421/PDPH-HAN-0441A-05-13-24.pdf)
- [Chicago HAN: Medetomidine in Chicago's Drug Supply May 20, 2024 \(https://www.chicagohan.org/alert-detail/-/alert-details/46684184\)](https://www.chicagohan.org/alert-detail/-/alert-details/46684184)
- [MMWR: Overdoses Involving Medetomidine Mixed with Opioids \(https://www.cdc.gov/mmwr/volumes/74/wr/mm7415a1.htm?s\\_cid=mm7415a1\\_w\)](https://www.cdc.gov/mmwr/volumes/74/wr/mm7415a1.htm?s_cid=mm7415a1_w)
- [AP: Animal sedative medetomidine is showing up in the US illegal drug supply, CDC says \(https://apnews.com/article/cdc-animal-sedative-medetomidine-40e02b935d1c37189da4b9cd6ccd3210\)](https://apnews.com/article/cdc-animal-sedative-medetomidine-40e02b935d1c37189da4b9cd6ccd3210)

A copy of this HAN is available at: [MDH Health Alert Network \(www.health.state.mn.us/communities/ep/han/\)](http://www.health.state.mn.us/communities/ep/han/)

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.

# Community Mitigation Against Xylazine

NIDA R21DA060954

PI: Brad Ray



# Community-Based Drug Checking

- Harm Reduction Sisters in Duluth, MN
- Longitudinal drug checking study
  - Weekly drug checking for two months
  - Baseline and weekly follow-up survey
  - Qualitative interviews with those whose drugs test positive for xylazine
- Enrollment started March 5
- 17 subjects recruited (as of April 29) and 5 have completed the follow-up
- 1 person (as of April 29) has had a substance test positive for xylazine
- Additional sources of drug surveillance data can help understand the prevalence of xylazine in the region: postmortem toxicology

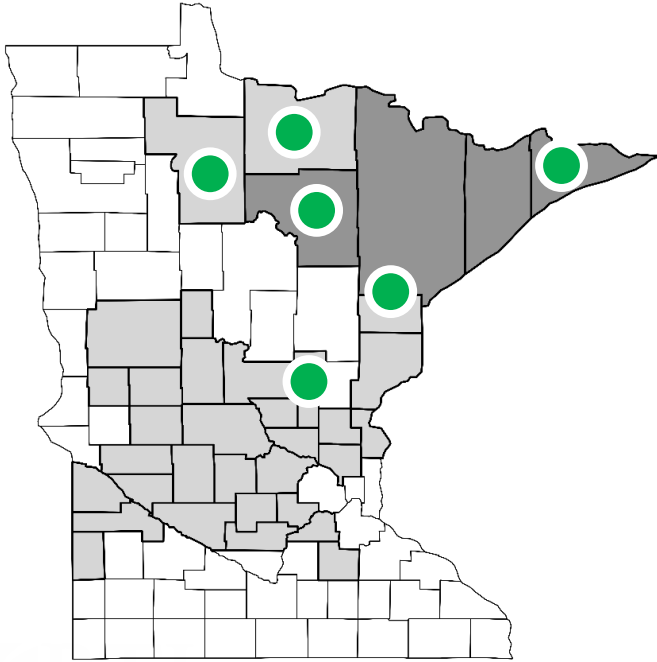
# Postmortem Toxicology Data Overview

- Study timeframe: January 1, 2022, and December 31, 2024
- Data were collected from 964 drug overdose deaths in 36 counties in partnership in Minnesota between the Midwest Medical Examiner's Office (MMEO) and the Anoka County Public Health and Environmental Service
- Information on the decedent's residence and where the death occurred
- Descriptive statistics were conducted using 2023 and 2024 Census data
- Funded by Opioid Settlement Funding

# Detailed Methods

- Counted overdose events in catchment area
- Calculated overdose death rates with Census data
- Computed:
  - Annual, Quarterly age-adjusted overdose mortality rates,
  - Rate ratios of overdose rates,
  - Prevalence odds ratios.
- Assessed polydrug combinations using network analysis techniques

# Catchment Area



Minnesota catchment counties where the Midwest Medical Examiner's Office investigate overdose death, January 1, 2022 to December 31, 2024.

Tribes are located in green:

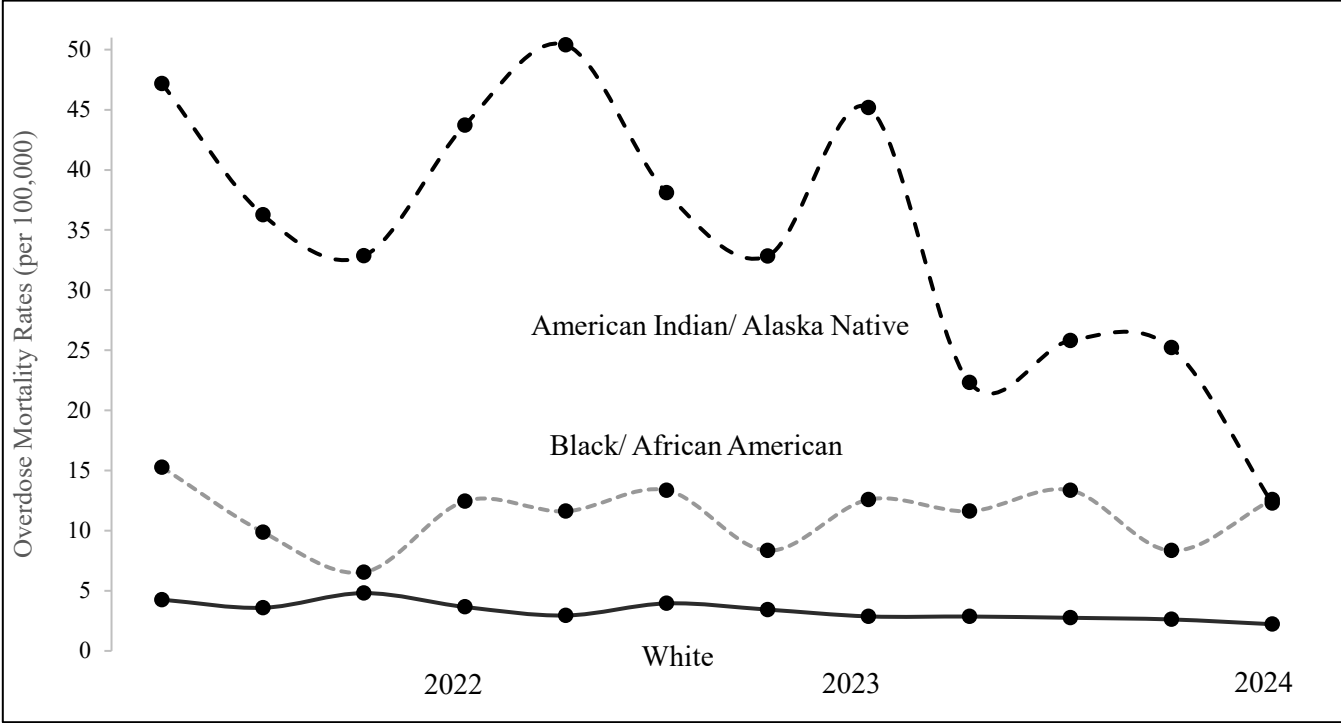
- Red Lake Tribe
- Grand Portage Tribe
- Leech Lake Tribe
- Bois Forte Tribe
- Mille Lacs Tribe
- Fond du Lac Tribe

Notes: Rural-Urban Continuum Code (RUCC) from 1-9 with higher numbers indicating more rural areas. Darker gray and asterisks indicates catchment counties on the Iron Range. The catchment counties and corresponding RUCC include Cook (9), Grant (9), Lac Qui Parle (9), Lincoln (9), Swift (9), Pope (8), Chippewa (7), Renville (7), Yellow Medicine (7), Douglas (6), Itasca (6),\* Koochiching (6), Lake (6),\* McLeod (6), Meeker (6), Morrison (6), Otter Tail (6), Pine (6), Todd (6), Wadena (6), Kandiyohi (4), Beltrami (3), Rice (3), Stearns (3), Carlton (2),\* St. Louis (2),\* Anoka (1), Benton (1), Carver (1), Chisago (1), Isanti (1), Mille Lacs (1), Sherburne (1), Sibley (1), Wright (1).

# Sociodemographic Characteristics of Overdose Deaths in Minnesota Catchment Area, January 1, 2022, to December 31, 2024.

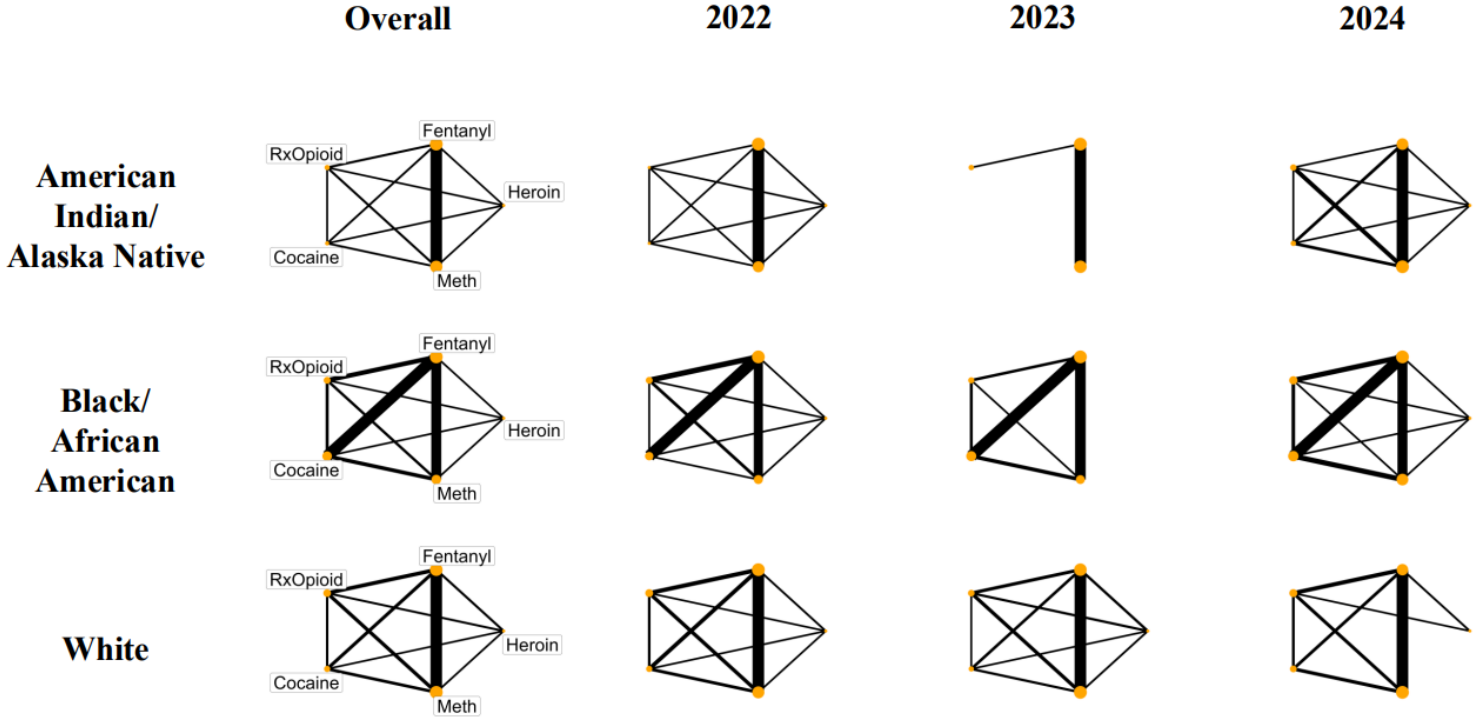
	Overall		2022		2023		2024	
<b>Characteristics</b>	964		377		336		251	
<b>Age</b>	M	SD	M	SD	M	SD	M	SD
	42.82	14.00	41.36	13.61	43.00	13.96	44.75	14.43
<b>Race</b>								
American Indian/ Alaska Native	130	13.49	51	5.29	52	5.39	27	2.8
Black/ African American	100	10.37	33	3.42	40	4.15	27	2.8
White	690	71.58	274	28.42	229	23.76	187	19.4
Other, Unknown and Multi-Race-Ethnicity	44	4.56	19	1.97	15	1.56	10	1.04
<b>Sex</b>								
Male	662	68.7	264	70	231	68.8	167	66.5
<b>Place of Death</b>								
Residence	641	66.5	258	68.4	215	64	168	66.9
Hospital Setting	168	17.4	64	17	58	17.3	46	18.3
Other Residence/Unknown	155	16.1	55	14.6	63	18.8	37	14.7

# Overdose Mortality Rates Among American Indian/Alaska Native, Black /African American, and White Populations, January 1, 2022 to December 31, 2024: **Catchment Area**



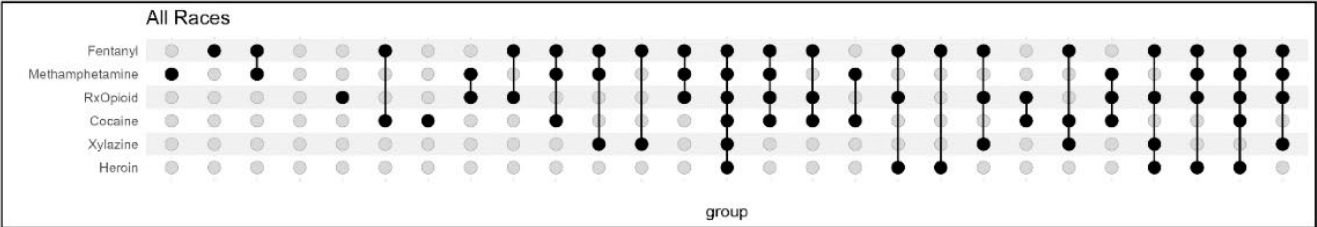
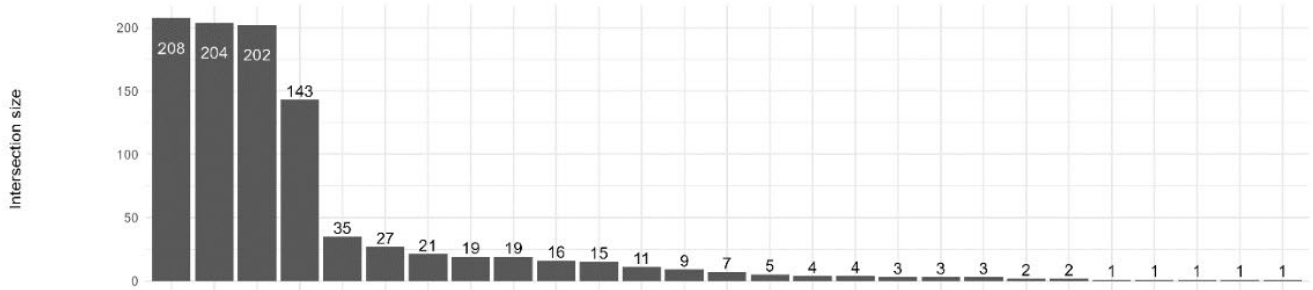
NOTES: Rates were age-adjusted using quarterly overdose mortality rates per 100,000 population from the US Census Bureau, with underlying quarterly rates detailed in Supplemental Table 1. The 2023 US Census Bureau population estimate was used for both 2023 and 2024.

# Network of Substances Detected in Overdose Deaths by Racial Group: **Catchment Area**



Notes: The weight (thickness) of each line indicates the frequency (count) of co-occurrences between the connecting nodes (i.e. substances) in a given year by race-ethnicity. The node size indicates the frequency (count) of each specific substance with larger nodes denoting more frequent polydrug occurrences.

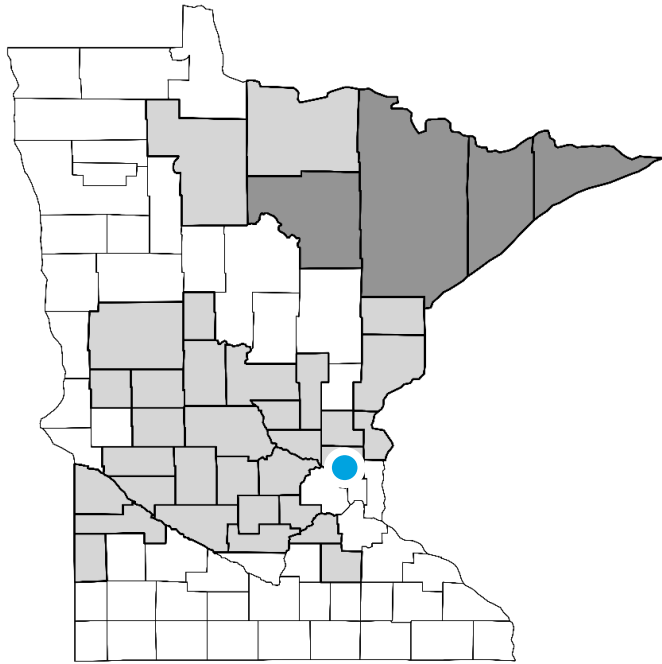
# Polydrug Upset Plot: Catchment Area



# Summary of Catchment Area Overdose Trends: 2022 to 2024

- **967 drug overdose deaths** across 36-county catchment area from 2022-2024
- **Overdose Mortality Rate** (per 100,000):
  - Catchment area: 76.14
- **Catchment area trends**
  - Overdose deaths declined, consistent with provisional national data
  - **Mortality rate decreased for White, AI/AN, and Black/African American populations**, with decreases of 34.7% , 46.5%, and 21.1%, respectively.
- **Year over Year Trends**
  - **AI/AN overdose mortality rates increased in 2023, then declined in 2024**
  - White rates declined steadily across all 3 years
- **AI/AN overdose mortality rate comparisons**
  - 2023: 12.61 times higher than White
  - 2024: 8.04 times higher than White
  - **AI/AN individuals were 6.23 times more likely to die from overdose than non-AI/AN in 2024** (down from 8.63 in 2023 and 7.62 in 2022)

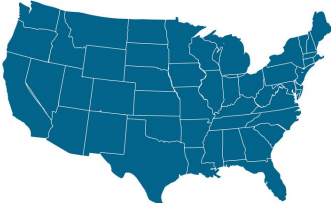
# Anoka County, Minnesota Overview



- **Population:** ~376,840 (2024 est.)
- **Total area:** 446 sq mi
- **Geography:**
  - Bordered by the Mississippi River to the southwest
- **Demographics:**
  - White (non-Hispanic): 76.0%
  - Black of African American: 8.3%
  - American India and Alaska Native (AI/AN): 0.4%
  - Asian or Pacific Islander: 5.4%
  - Hispanic/Latino: 5.6%
- **Cities:**
  - **Largest City:** Blaine (suburb in the Twin Cities metro)
- **Tribal Context**
  - Historically home to Dakota and Ojibwe tribe peoples
  - No federally recognized reservation in the county

# Overdose Mortality Rates (per 100,000)

32.6



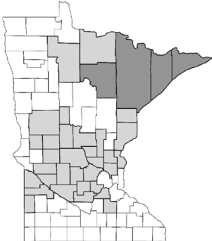
National

24.8



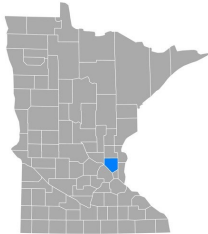
Minnesota

76.14



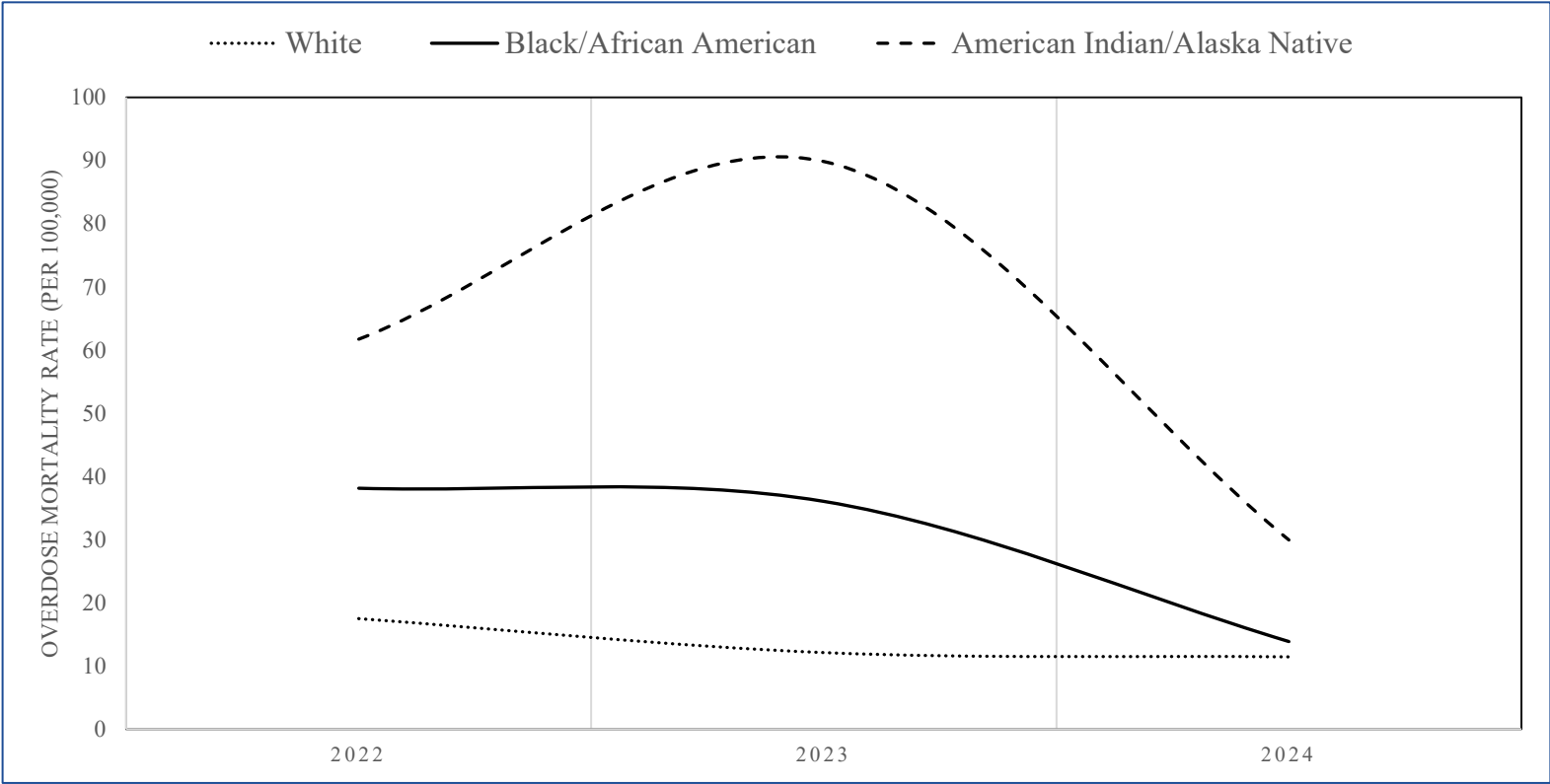
Catchment Area

46.45



Anoka County

# Overdose mortality rates among American Indian/Alaska Native, Black /African American, and White Populations in **Anoka County**, January 1, 2022 to December 31, 2024



# Overdoes Mortality Rates in Anoka County 2022-2024



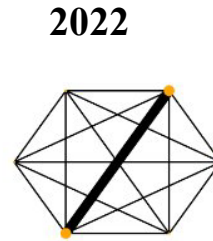
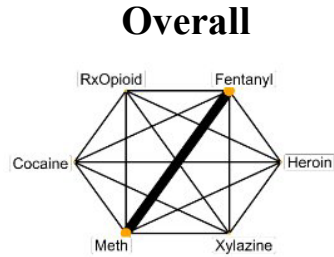
**Table 1.** Anoka County Overdose Mortality Rates, Rate Ratios, and Prevalence Odds Ratio

Year	Overdose Mortality Rate per 100,000			Rate Ratio		Prevalence Odds Ratio	
	White	American Indian/ Alaska Native	Black/African American	American Indian/ Alaska Native	Black/African American	American Indian/ Alaska Native	Black/African American
2022	17.50	61.73	38.13	3.53	2.18	3.12	1.93
2023	12.12	89.85	36.05	7.41	2.97	6.20	2.49
2024	11.45	29.95	13.87	2.62	1.12	2.45	1.13

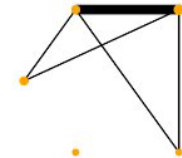
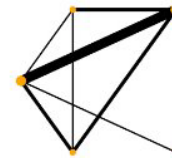
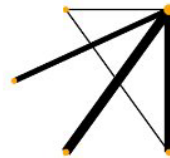
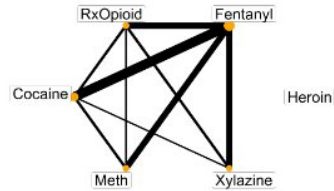
# Network of Substances Detected in Overdose Deaths by Racial Group: Anoka County



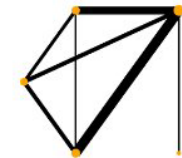
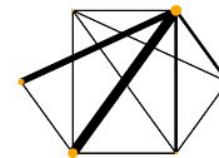
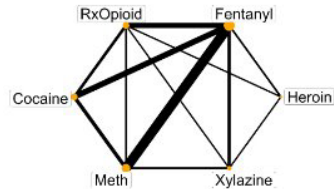
**American  
Indian/  
Alaskan Native**



**Black/  
African  
American**

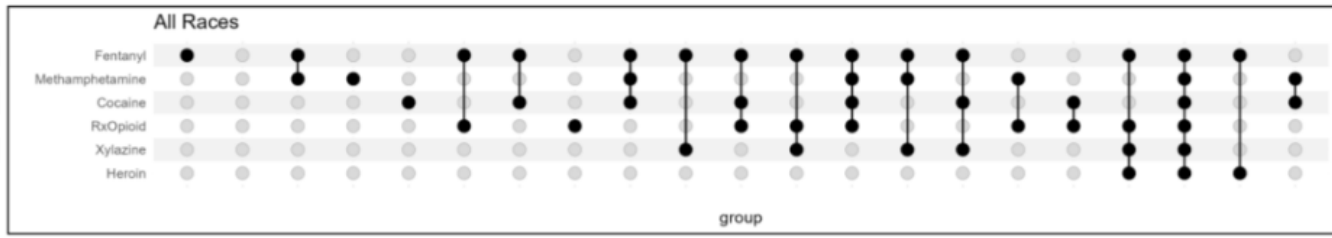
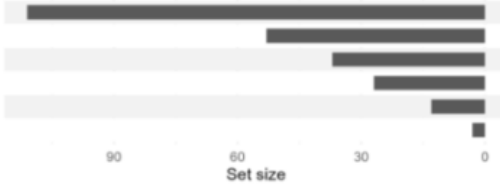
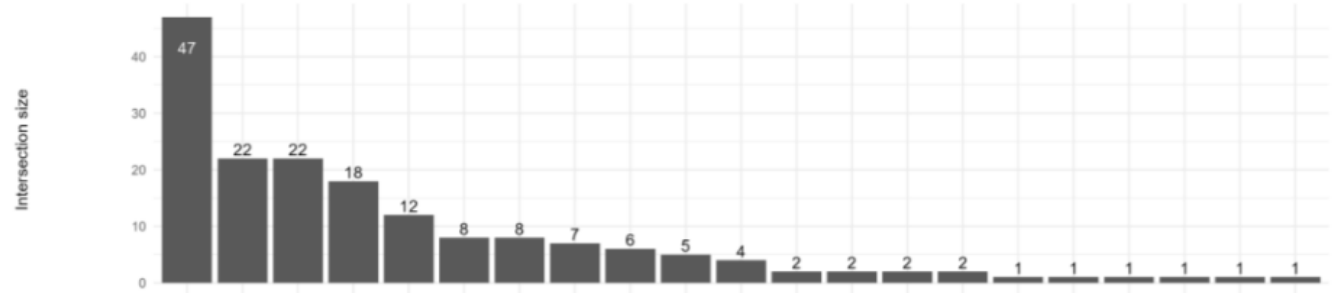


**White**



Notes: The weight (thickness) of each line indicates the frequency (count) of co-occurrences between the connecting nodes (i.e. substances) in a given year by race-ethnicity. The node size indicates the frequency (count) of each specific substance with larger nodes denoting more frequent polydrug occurrences.

# Polydrug Upset Plot: Anoka County



# Summary of Anoka County Overdose Trends: 2022 to 2024



- **173 drug overdose deaths** in Anoka County 2022-2024
  - 18% of overdoses in catchment area
- **Overdose Mortality Rate** (per 100,000):
  - Anoka County: 46.45
- **Anoka County Area Trends**
  - Overdose deaths declined from 2022-2024, consistent with provisional national data
  - **Mortality rate decreased for White, AI/AN, and Black/African American populations**, with decreases of 34.59%, 51.48%, and 63.66%, respectively.
- **Year over Year Trends** (\*consistent with catchment area\*)
  - AI/AN and Black rates increased slightly in 2023, then declined in 2024
  - White rates declined steadily across all 3 years
- **AI/AN overdose mortality rate comparisons**
  - 2023: 7.41 times higher than White
  - 2024: 2.62 times higher than White
  - **AI/AN individuals were 6.20 times more likely to die from overdose than non-AI/AN individuals** in 2023, compared to 3.12 times in 2022 and 2.45 times in 2024

## Prevention

### **Low Priority: Low impact and low feasibility**

#### **Low-hanging Fruit: Lower impact, but feasible**

##### AWARENESS / PREVENTION

- Bathroom/locker room ads to educate

##### SERVICES / SUPPORTS

- Conduct school surveys to identify gaps and needs
- Review school health profiles

### **Best Bets: High Impact and feasible**

##### AWARENESS / PREVENTION

- Sponsor a video from a person in recovery sharing what helped or what would have helped; create a CEU training around this
- Participate in Learning Community Project ECHO
- Educate the public on non-opioid options for pain management
- Media Campaigns:
  - Create an app
  - Share personal stories (storytelling)
  - Address stigma
  - Educate on risks
  - Create a Jeopardy-style game with prizes
  - Create or purchase a video game to help students navigate high school
  - Partner with influencers (e.g., Timberwolves, Vikings – both have request forms); offer payment for promotional videos

##### SERVICES / SUPPORTS

- Collaborate with school districts to promote recovery ambassadors
- Place LADCs with mental health training in schools
- Hold conversations with schools to assess current efforts and areas of need
- Support state chemical health groups in schools

- Proactively reach out to schools
- Partner with Child & Family Councils to pursue grant funding

#### PROGRAMS/ACTIVITIES

- Promote alternative therapies (e.g., yoga, mindfulness, art therapy)

#### UNCATEGORIZED

- how to get education to peds (Pediatricians?) doctors about anxiety and depress
- Who is the best person to train young people:
- training in peer trainers (40 hours of training), working in sober houses,
- Need everyone to be trained (first responders, trained individuals, and peers)
- Need to be community based, cannot be an outside. 6th to 12th. Should be someone they relate to.
- Know the truth, is a program that goes into high school. Keep it real, and teachers will leave room. want to share experience
- Give kids choices because we don't want to pick a lane for them.
- social media is key
- Create a conference that gives CEU and community resources

### **Moonshots: High Impact, but not immediately feasible**

#### POLICY / SYSTEMS CHANGE

- Advocate for changes in insurance policies and drug formularies
  - Explore options at the county level through Human Services
  - Improve access to effective non-opioid pain medications for state-funded cases
  - Collaborate with legislators to advance these changes in future sessions

#### TRAINING / EDUCATION

- Provide privacy in education settings for students
- Train providers to screen for risk factors, discuss tolerance, and use stigma-free language
- Educate providers on prevention strategies and upstream solutions
- Address harmful social trends influencing youth behavior
- Assess what dentists and doctors are promoting for pain management
- Ensure all providers can prescribe Suboxone
- Educate on best practices and address cultural bias in prescribing
- Promote alternatives such as Buprenorphine (note: often requires prior authorization) and Ibuprofen
- Address concerns around profit-driven care vs. patient-centered care
- Reassess patient-controlled Suboxone dosing protocols
- Address the misconception that MAT is simply replacing one drug with another

#### AWARENESS / PREVENTION

- Promote full transparency on how to safely withdraw from opioids

- Educate youth who have not used in a while to go slow and use lower doses
- Place educational materials in restaurant bathrooms

#### PROGRAMS / ACTIVITIES

- Expand school-based prevention programs
- Develop campaigns targeted to specific student populations
- Conduct market trend analysis for each school to tailor strategies
- Sponsor school events and host lunch-period education tables
- Train high school students to speak at other schools

#### Unsorted:

#### PROGRAMS / ACTIVITIES

- Partner with the Minnesota State High School League (MSHSL)
- Promote healthy youth development
- Offer prosocial community activities


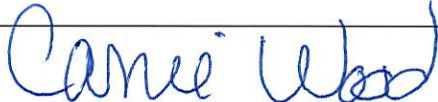

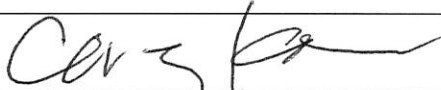
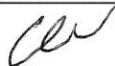
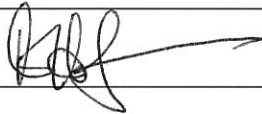
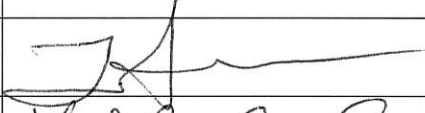
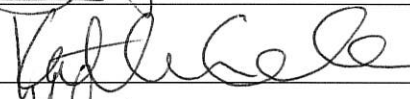
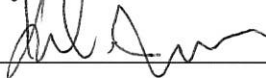
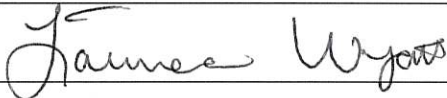
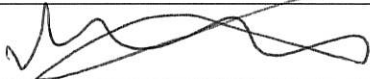

#### SERVICES / SUPPORTS

- Expand mental health supports
- Place prevention staff in schools
- Support early intervention programs
- Enhance the Prescription Drug Monitoring Program (PDMP)

#### AWARENESS / PREVENTION

- Address stigma
- Educate on risks
- Incorporate storytelling

## Anoka County Opioid Advisory Council Meeting Sign-In / August 8, 2025

Name	Signature	Representing
Amanda Amundson		Recovery Navigator, Begin Anew Recovery
Angel Marshal		Community Member
Carrie Wood		Operations Lieutenant, Anoka County Jail / Sheriff's Office
Chris McCook		Associate Health Education Specialist / Anoka County Public Health & AmeriCorps
Christina Lefkowich		Director of Treatment Service, Riverplace Counseling Center
Corey Kohan		Senior Manager, Rum River Campus Anoka County Community Corrections
Derek Schuldt		Narcotics and Violent Crime Lieutenant, Anoka County Sheriff's Office
Diana Hoffman		Senior Social Worker, Anoka County Social Services and Behavioral Health
George Borrell		Director, Anoka County Social Services and Behavioral Health
Jess VanKuyk		Senior Manager, Anoka County Children and Family Services
Joshua VanHeuveln		Chemical Health Professional, Anoka-Hennepin Schools
Joe Amerman		Cannabis Planner / Anoka County Public Health
Katherine Cole		Supervisor, Anoka County Public Health Budget and Technology
Krista Johnson		Owner/Operator, Meraki Recovery Housing
Lacey Towe		Forensic Technician, Midwest Medical Examiner's Office
Lativea Wyatt		Harm Reduction LPN, Neighborhood Health Source
Lori Lachner		Community Member
Megan Schueller		Supervisor, Anoka County Behavioral Health and Substance Use Disorder
Melissa Olsen		Treatment Director Specialized Treatment Services, Inc.
Molly Nee		Senior Communications Specialist, Anoka County
Musab Adam		Director of Community Relations, Access Healing Center
Nancy Norman		Anoka County Attorney's Office
	<b>CONTINUED</b>	





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

## Opioid Advisory Council

### Minutes

Friday, August 8, 2025

9:00-11:00 am

Blaine Human Service Center, Room 2402

**Mission:** *To improve health, save lives, and reduce the impact caused by opioids and other substances in Anoka County by managing opioid settlement funding and supporting strategic partnerships.*

**Vision:** *All Anoka County residents and partners are supported, engaged, and prepared to overcome the opioid crisis and meet the challenges related to substance use in the community.*

#### Call to Order

#### 1. Welcome, Introductions, Moment of Grounding, and Approvals

- 7-11-2025 Meeting Minutes
- 8-08-2025 Meeting Agenda

#### 2. Data Trends Discussion

#### 3. Community and County Updates

#### 4. Revisiting our Prevention and Naloxone Priorities Discussion / Patti Constant

- What did we prioritize?
- Where are we now?
- What has changed?
- What are we missing?

#### 5. Gap Analysis Procession Discussion

#### 6. Closing

