



# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

## Opioid Advisory Council Minutes

Friday, September 12, 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, Katherine Cole, Susan Ferron, Peggy McNabb, Krista Johnson, Tim Kizer, Randi Prebil, Ryan George, Angela Barkdull (Begin Anew Recovery), Lativea Wyatt, Joe Amerman, Carrie Wood, Derek Schuldt, Troy Friesen, Joshua VanHeuveln, Lori Lachner, Jess VanKuyk, Christina Lefkovich, Samantha Guthman, Megan Schueller

**Virtual:** Lacey Towe

**Absent:** Molly Nee, George Borrell, Quita Curtis, Diana Hoffman, Nancy Norman, Corey Kohan, Musab Adam, Nicholas Warnke, Sam Martinez, Melissa Olsen

**Guests:** Lori Halbur, LICSW, Coon Rapids Police Department  
Kirk Hughes, RN, EMT, CSPI – Minnesota Regional Poison Center

### 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.





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

- 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.

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.

- Along with self-introductions, Patti asked members . . . *If you had to choose ONE area for our next RFP funding in the community TODAY – what area would it be?*

<b>From the nine core abatement strategies:</b>	<b><u>Votes</u></b>
1. Broaden access to naloxone .....	0
2. Increase use of medications to treat OUD.....	1
3. Provide treatment and supports during pregnancy and the postpartum period .....	2
4. Expand services for neonatal opioid withdrawal syndrome (NOWS) .....	1
5. Fund warm-handoff programs and recovery services. ....	5
6. Improve treatment in jails and prisons .....	1
7. Enrich prevention strategies .....	6
8. Expand harm reduction programs .....	0
9. Support data collection and research .....	3

- Motion to approve the August 8, 2025, Advisory Council meeting minutes by Ryan George. Second by Derek Schuldt. Motion carried.
- Motion to approve the September 12, 2025, Advisory Council meeting agenda by Krista Johnson. Second by Josh VanHeuveln. Motion carried.

## 2. 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?

Carrie Wood, Anoka County Jail

- Our social worker, Kaitlin, started on September 8. I will introduce / connect her with this group once she becomes acclimated with her role. We’re glad to have her and look forward to her working with inmates on successful re-entry back into the community.
- An instructor from Minnesota Recovery is now coming in each week with training. She has a good rapport and will speak on different topics each week. She will also bring in individuals with lived experiences to talk with inmates. I will keep you informed as this training moves forward.
- Narcan is now available in the jail. Three people have asked for it to date.





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

Krista Johnson, Meraki Recovery Housing

- Walk for Recovery this Saturday, September 13, at the state capitol, includes music, food, dance, art, and activities.

Samantha Guthman, Allina Health

- Allina Health will be closing its inpatient addiction treatment unit – officially on February 20, 2026, but that may change. A public hearing with the Minnesota Department of Health coming up late September or early October.

- 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. Among the features to date:
    - Speakers –
      - Patti will give a general presentation on the state of opioids in Anoka County, our data, and our opioid solution efforts.
      - Panel Discussion / Diverse Participants
        - ✓ Lived experience individual
        - ✓ Parent who has lost a child
        - ✓ User currently on maintenance meds
      - Presentation on fentanyl
      - Fairview Naloxone Education Station – training and kits
      - 45 resource tables – room for a couple more
      - Kirk Hughes, Minnesota Regional Poison Center
- Opiate/Opiate Substitutes from a Poison Center Perspective Presentation including 7-OH and Robotripping

Patti spoke on the need / desire for strong attendance, and asked council members for their help with promotion. Watch for a promotional email from Patti the week of September 15. Forward it to all group and individual contacts. Post on your social media / Facebook / Insta pages. All promotional avenues available to you – work kiosks, wall posters for your work locations, postcard distribution. All available from Patti.

- By way of a state pilot project, Anoka County Public Health is one of three counties that have been given access to the state naloxone portal, which means we are now able to support your supply needs to some degree – by filling a temporary gap, or occasional naloxone needs for example.  
Patti is contact if you need a small supply. Places that need routine/ongoing orders should still be independently via your portal link.

### 3. Opioid Municipality Efforts

Noting eligibility of cities with populations of over 30,000, Patti reported Blaine, Coon Rapids, and Andover are receiving opioid settlement funding. Cities develop their own priorities and





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

spending allocations. Anoka County and the three cities meet quarterly for information sharing, support, etc.

Patti introduced Lori Halbur, LICSW, Coon Rapids Police Department, as our guest today to share on the work Coon Rapids is doing with its settlement funding. Lori spoke on:

- **Embedded Social Worker Staffing**
  - Following the success of a two-year pilot program in a part-time role, Lori joined the police department as a full-time social worker in 2022, with one-half of her salary coming from settlement funding.
  - In April 2025, a second social worker position was created and hired. While this position is currently 100% grant funded, eventually settlement funding will contribute to this salary.
  - In August 2025, an intern was hired to collaborate with Twin Cities area programs and study the work of social workers in other law enforcement agencies. The internship will run to May 2026.

Our social workers do a combination of ride-alongs with officers and responding to dispatch calls using their own vehicles. They may help with de-escalation as needed and talk with the subject about moving forward. Follow-up is either face-to-face, by phone, or by mail. Lori does a lot of community engagement, presentations, and works with family housing as well.

- We are looking to be creative with the funding, starting out by making naloxone available for pick-up at our police station and three fire departments.

There was discussion and agreement on the importance and need to educate and advocate for police, fire, and EMS out in the community. Educate on their community services, the value they add, the positive outcomes achieved for individuals, and the lives they save.

Patti thanked Lori and acknowledged gratefulness for the opioid work Coon Rapids is doing.

#### 4. **Presentation:** Opiate/Opiate Substitutes from a Poison Center Perspective **Kirk Hughes, RN, EMT, CSPI – Minnesota Regional Poison Center**

Noting Tim Kizer's recommendation of Kirk Hughes as an informative speaker for our Advisory Council, Patti welcomed and introduced Kirk to our meeting:

Kirk Hughes has been working as an RN, as a certified specialist in poison information, and as education director for the Minnesota Regional Poison Control System since 2000 and has managed over 98,000 tox-related cases. He retired from the fire service after 27 years in July 2022. He has also worked as an investigator for the Hennepin County Medical Examiner's Office and provided expert witness services for the Hennepin County Prosecutor's office. His publications appear in the American Journal of Perinatology, Case Reports in Clinical Medicine, and the Journal of Clinical Toxicology. He will present today on *Opiates and Opiate Substitutes from a poison center perspective*. Kirk will be at our October 4<sup>th</sup> Spotlight on Opioids and Overdose as well.





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

Kirk presented a PowerPoint titled *Drugs of Abuse*

- New national logo. Same national phone number:



- The Minnesota Regional Poison Center is a state agency housed in the Hennepin County Medical Center.
- Of the 53 accredited poison centers in the United States, the Minnesota Regional Poison Center serves Minnesota, North Dakota, and South Dakota, and takes over 40,000 calls each year. They operate 24/7, are HIPAA compliant, and services are at no cost.
- Kirk presented many slides with much detail on opioid abuse trends, impacts on the brain and body, opioid use disorder treatment, and more.
- “It’s a great thing to see someone off drugs and leading a productive life,” said Kirk, referencing the work that goes into opioid research, studies, patient care, and more.
- Contact Kirk with your interest in having him present to your agency or organization. No fee.

## Closing

- Thank you to all.
- Next Meeting -- Friday, October 10, 2025, 9-11:00 am, Blaine Human Service Center, Room 2402.

**Adjourn 11:05 am**

---

**Patti Constant**  
Senior Program Specialist

---

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





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

*Peggy McNabb*

---

**Peggy McNabb**  
**Administrative Services Supervisor**

**Approved: 10-10-2025**



Government Center | 2100 Third Avenue, Suite 600 | Anoka, MN 55303-5041  
[www.AnokaCountyMN.gov](http://www.AnokaCountyMN.gov) | 763-324-4200 | FAX: 763-324-1033

**Affirmative Action / Equal Opportunity Employer**

### **1. Broaden access to naloxone:**

This involves training more individuals and increasing the distribution of naloxone, an overdose-reversing medication, to ensure it's available to those who are most likely to encounter an overdose.

### **2. Increase use of medications to treat OUD:**

This strategy focuses on expanding access to medications like methadone and buprenorphine, which are used to treat opioid use disorder, through education for providers and first responders, as well as increasing treatment options.

### **3. Provide treatment and supports during pregnancy and the postpartum period:**

Expand programs and services specifically for birthing parents and young families impacted by OUD, including support for neonatal opioid withdrawal syndrome.

### **4. Expand services for neonatal opioid withdrawal syndrome (NOWS):**

Increase the range and availability of services to help infants born with OUD and withdrawal symptoms.

### **5. Fund warm-handoff programs and recovery services:**

Establish and fund "warm-handoff" or "wrap-around" programs that help individuals with OUD transition from one care setting to another, providing ongoing support and recovery services.

### **6. Improve treatment in jails and prisons:**

Enhance the availability and quality of treatment for opioid use disorder for individuals incarcerated in jails and prisons.

### **7. Enrich prevention strategies:**

Implement and support evidence-informed prevention initiatives, which can include community anti-drug coalitions, stigma reduction campaigns, and public education on safe drug disposal.

### **8. Expand harm reduction programs:**

These programs aim to reduce the negative consequences of drug use and can include efforts like overdose prevention training, distribution of naloxone, and screenings for diseases.

### **9. Support data collection and research:**

Strengthen public health data collection and reporting efforts to better understand the opioid crisis and guide the development of effective abatement strategies.



# Quick Bio

- ▶ **9 years active Navy**
- ▶ **27 years Fire/Rescue (Retired 3 years ago)**
  - ▶ **Hazmat Technician**
- ▶ **30 years EMS**
  - ▶ **Minnesota EMSRB State Evaluator**
- ▶ **26 years at the Minnesota Regional Poison Center**
- ▶ **2.5 years Death Scene Investigator for the Hennepin Medical Examiners Office**
- ▶ **Expert Witness services**
- ▶ **Former TEMPO Instructor (Hennepin EMS)**



International  
Talk Like A  
Pirate Day,  
9/19/25

# New National Logo: Same National Number



# US Poison Centers



There are 53 accredited poison centers in the United States



Minnesota  
Regional  
Poison Center

# 2024 ANNUAL REPORT

SERVING MINNESOTANS SINCE 1972

[mnpoison.org](http://mnpoison.org)

1-800-222-1222



## 2024 KEY FACTS AND STATS



Provided **IMMEDIATE** help to **43,660** callers

Poison specialists assisted an average of **120** people each day



**27%** of patient cases involved health care providers seeking treatment recommendations



**92%** of exposures occurring in a residential setting were safely managed at home with Poison Center assistance



**35%** of cases involved a child under the age of 6 years



**88%** of cases transferred from nurse lines were managed at home



**76%** of callers would have sought emergency medical attention if the Poison Center was not available



**66%** of exposures involved prescription and/or over-the-counter medications

---

**24/7**

---

**HIPAA  
Compliant**

---

**Free  
Service**

---



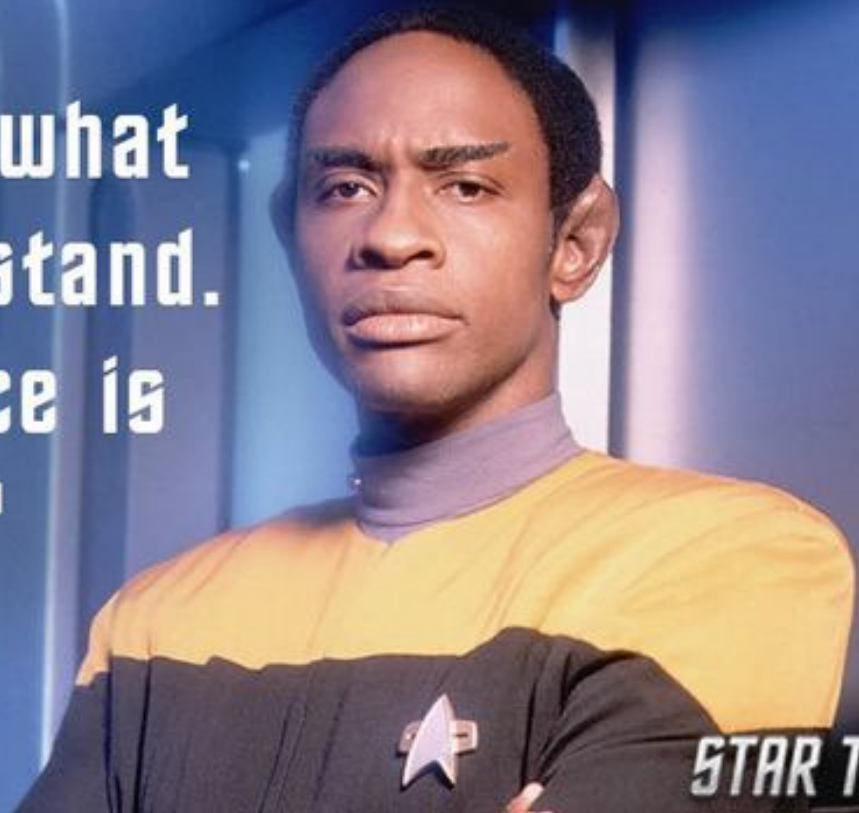


## Certified Specialist in Poison (CSPI) Information

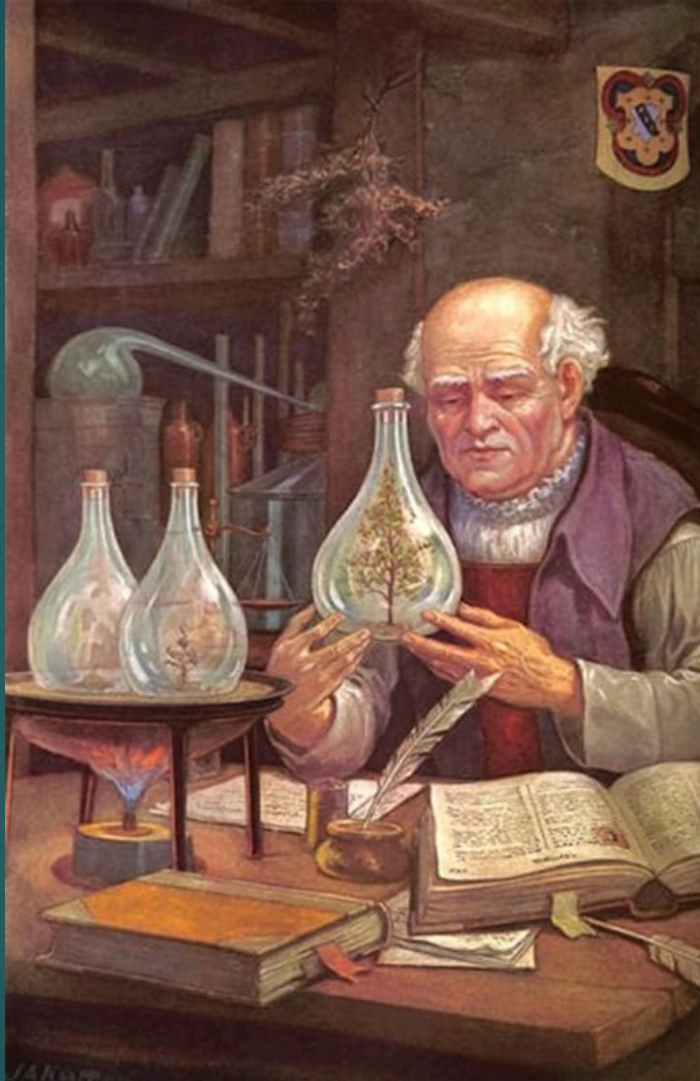
- 1 year at a Poison Center
- 3000 cases
- RN or Above
- Recert every 7 years

"We often fear what  
we do not understand.  
Our best defence is  
knowledge."

- Tuvok



STAR TREK



THE  
DOSE  
MAKES  
THE  
POISON

-Paracelsus

1493 - 1541

Fentanyl  
lethal dose  
2 mg

[DEA.gov](http://DEA.gov)



Carfentanil  
lethal dose  
.02 mg

It only takes a very small dose of carfentanil – .02 milligrams – to be lethal, less than the amount of fentanyl found on the tip of a pencil.

Dose  
Makes  
The  
Poison

# Opioid Abuse Trends





# NOTHING IS WHAT IT SEEMS



Authentic Oxycodone

VS



Counterfeit Oxycodone



Authentic Xanax®

VS



Counterfeit Xanax®



Authentic Adderall®

VS



Counterfeit Adderall®

6:02  
51°



## XYLAZINE ON THE RISE IN MINNESOTA

INVESTIGATES

National drug lab warns about xylazine spike in Minnesota

A national drug testing company issued a new warning in Minnesota after seeing a spike in tests coming back positive for xylazine.

The drug is typically used as a tranquilizer on horses. It's now being mixed with fentanyl to extend the high, but it's adding a new level of danger to the addiction crisis.

Millennium Health, one of the nation's largest drug testing labs, recently identified Minnesota as one of only two states that saw a "significant increase" in xylazine.

### Street Names

- Tranq
- Tranq Dope
- Sleep Cut
- Zombie Heroin

## Xylazine Toxidrome and Effects

### CNS toxicity:

Areflexia, asthenia, ataxia, blurred vision, **coma**, **disorientation**, dizziness, dysarthria, faintness, hyporeflexia, miosis, **seizure**, slurred speech, **somnolence**, staggering

### Respiratory:

**Apnea**, shallow breathing

### Skin:

**Ulcerations**

### Cardiovascular:

**Bradycardia**, **hypotension**, PVCs, ST segment changes, tachycardia

### Endocrine:

**Hyperglycemia**



# From Antidepressant Tianeptine to Street Drug ZaZa: A Narrative Review

Morgan L Wagner<sup>1</sup>, Joseph Pergolizzi Jr<sup>2</sup>, Jo Ann K LeQuang<sup>3</sup>, Frank Breve<sup>4</sup>, Giustino Varrassi<sup>5</sup>

Affiliations + expand

PMID: 37485121 PMID: PMC10359047 DOI: 10.7759/cureus.40688

[Free PMC article](#)

## Abstract

Tianeptine is often incorrectly described as a selective serotonin reuptake inhibitor, but it actually is a  $\mu$ -opioid receptor agonist with anxiolytic effects. It has been approved since the late 1980s in about 24 countries as a treatment for depression, but it was never cleared to market in the United States for this purpose. Nevertheless, tianeptine joined the billion-dollar US market of nootropics as ZaZa or Tianna Red and is widely available online and in small shops without a prescription, to the point that it has been nicknamed "gas station heroin." While the therapeutic dose range is about 25 to 50 mg/day, tianeptine abusers may take 100 times that amount. Tolerance occurs rapidly and users who seek to recapture the short-lived euphoric effects of the drug have to take more and more. Social media has peer-support sites for those trying to discontinue tianeptine. Tianeptine is associated with multiple side effects at high doses along with dependence, withdrawal symptoms, toxicity, respiratory depression, and even mortality. Agitation is more often a presenting symptom of withdrawal than toxicity. Tianeptine is often used by polysubstance drug abusers who may be unaware of the drug's dangers. Few clinicians are aware of tianeptine and most urine assays do not screen for it. Greater awareness is needed for this drug and steps must be taken as tianeptine or "gas station heroin" is emerging as a new public health threat.

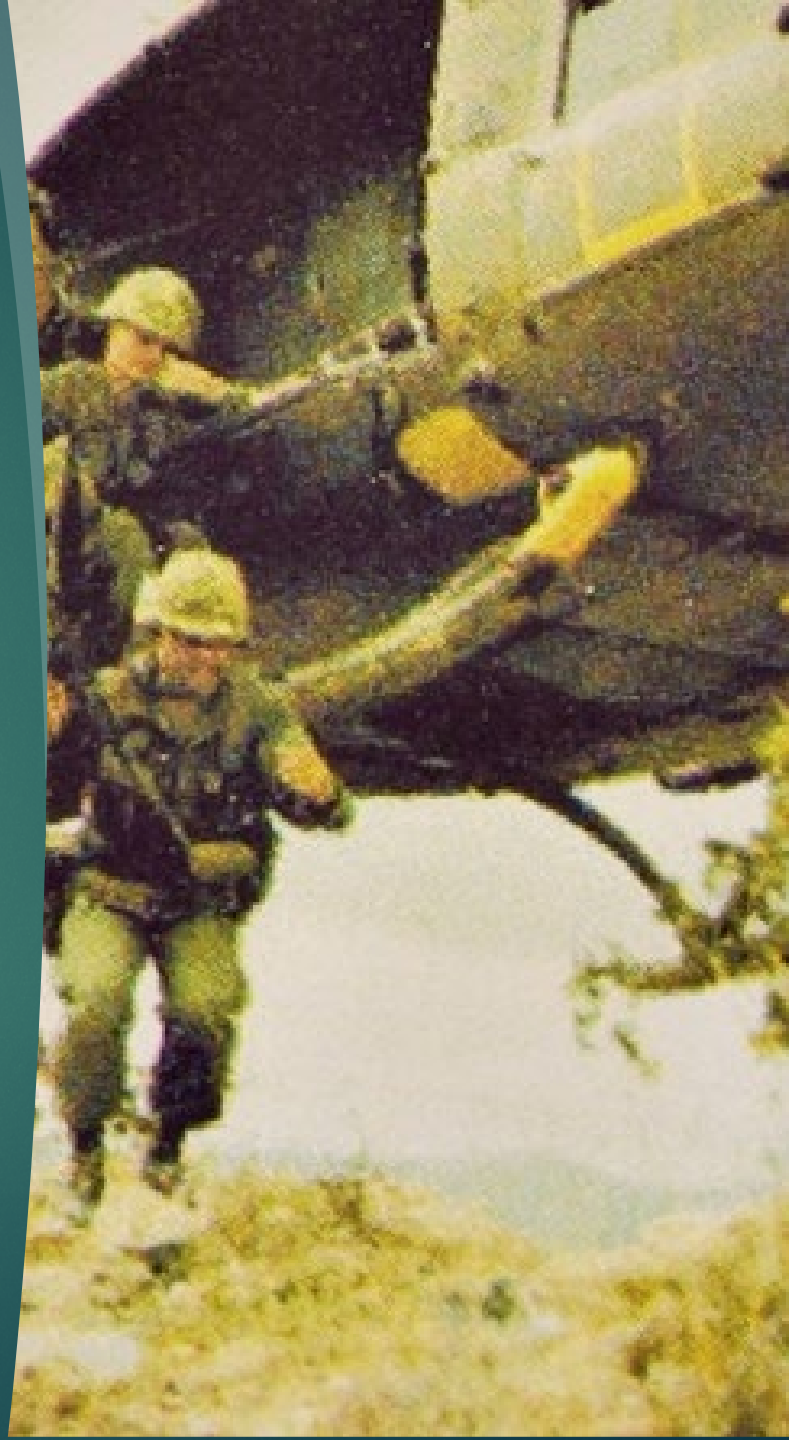
# Tianeptine (ZaZa)

## Street Names for Tianeptine



# Last US Heroin Epidemic?

- ▶ Vietnam: Estimated 10-20% of US Soldiers were addicted to heroin
- ▶ Nixon declared “War on Drugs”
- ▶ Operation Golden Flow
- ▶ UDS prior to leaving Vietnam
- ▶ If (+) then drug intervention and 5-7 days of detox prior to returning home
- ▶ RESULTS:
- ▶ After a year only 1% remained addicted
- ▶ Only 5% Relapsed within a year



# US Fentanyl Deaths 2023



Estimated ~70,000 (DEA)



US Troop deaths in Vietnam, Iraq & Afghanistan = 65,294

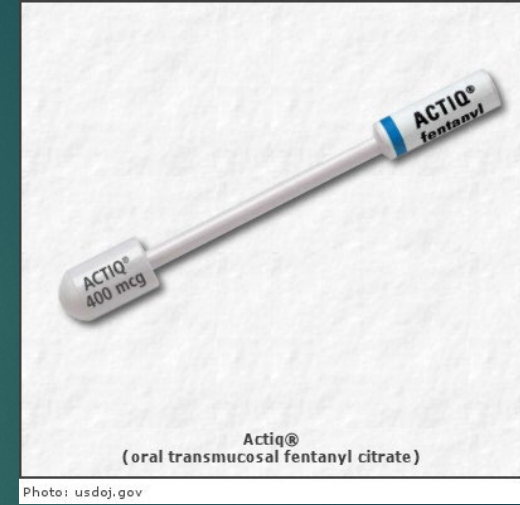
# Why Fentanyl vs Heroin?

- ▶ Cheaper
  - ▶ 1 kilo of Heroin ~ \$25K
  - ▶ 1 kilo of Fentanyl ~5K



# Fentanyl

- ▶ Prescription
- ▶ Mostly provided as a transdermal patch
- ▶ “Suckers” used extensively in military



# Opioid Toxidrome



Miosis (Pinpoint pupils)



Respiratory Depression




CNS Depression



Narcan  
Resistant  
Opioids?????



In this image taken from police body camera video and provided by the San Diego County Sheriff's Department, San Diego County Sheriff's Deputy David Faiivae gets aid from an officer, after being exposed to fentanyl on July 3, 2021 in San Diego. A public safety video that told viewers the deputy had a near-death experience after being exposed to fentanyl used the actual footage, the San Diego Sheriff's department said Monday, Aug. 9, 2021, after critics questioned the deputy's severe reaction. The video shows "an actual incident involving the deputy as he processed a white powdery substance that tested positive for Fentanyl," a department news release said. (San Diego County Sheriff's Department via AP)  THE ASSOCIATED PRESS

# ACMT/AACT 7/12/17



## General Precautions and Management of Exposure

- Workers who may encounter fentanyl or fentanyl analogs should be trained to recognize the symptoms and objective signs of opioid intoxication, have naloxone readily available, and be trained to administer naloxone.
- For opioid toxicity to occur the drug must enter the blood and brain from the environment. Toxicity cannot occur from simply being in proximity to the drug.
- Toxicity may occur in canines utilized to detect drug. The risks are not equivalent to those in humans given the distinct contact that dogs, and not humans, have with the local environment.

## Dermal precautions

- For routine handling of these drugs, nitrile gloves provide sufficient protection.
- In situations where an enclosed space is heavily contaminated with a potential highly potent opioid, water resistant coveralls should be worn.
- Incidental dermal exposures should immediately be washed with copious amounts of water. Alcohol based hand sanitizers should not be used for decontamination as they do not wash opioids off the skin and may increase dermal drug absorption.

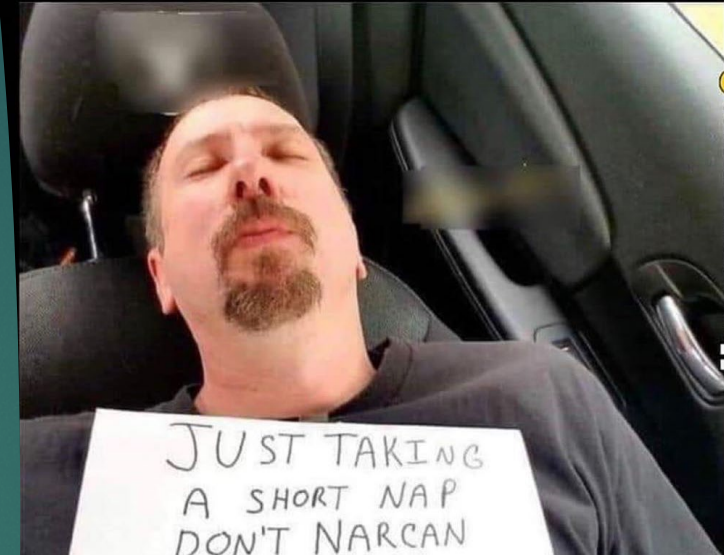
## Respiratory precautions

- In the unusual circumstance of significant airborne suspension of powdered opioids, a properly fitted N95 respirator or P100 mask is likely to provide reasonable respiratory protection.

# WHEN YOU TAKE A NAP IN THE HOSPITAL PARKING LOT BEFORE SHIFT

## ▶ Clinical Pearls

▶ 4mg intranasal = to about 2.1 mg IV

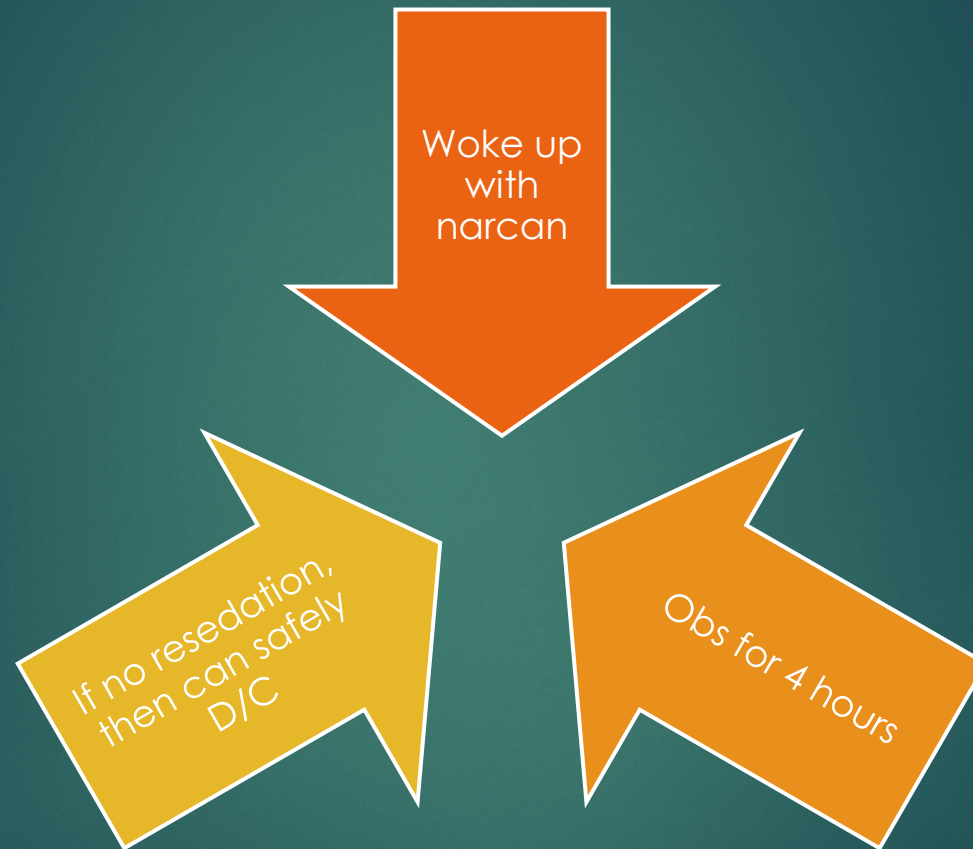


# New Kid in Town: OpVee®

- ▶ 6-methylene analog of naltrexon
- ▶ nalmefene acts as a competitive opioid receptor antagonist
- ▶ When compared to naloxone, nalmefene has a longer duration of action and a higher affinity for opioid receptors (France 2021; Krieter 2019)



# Length of Observation

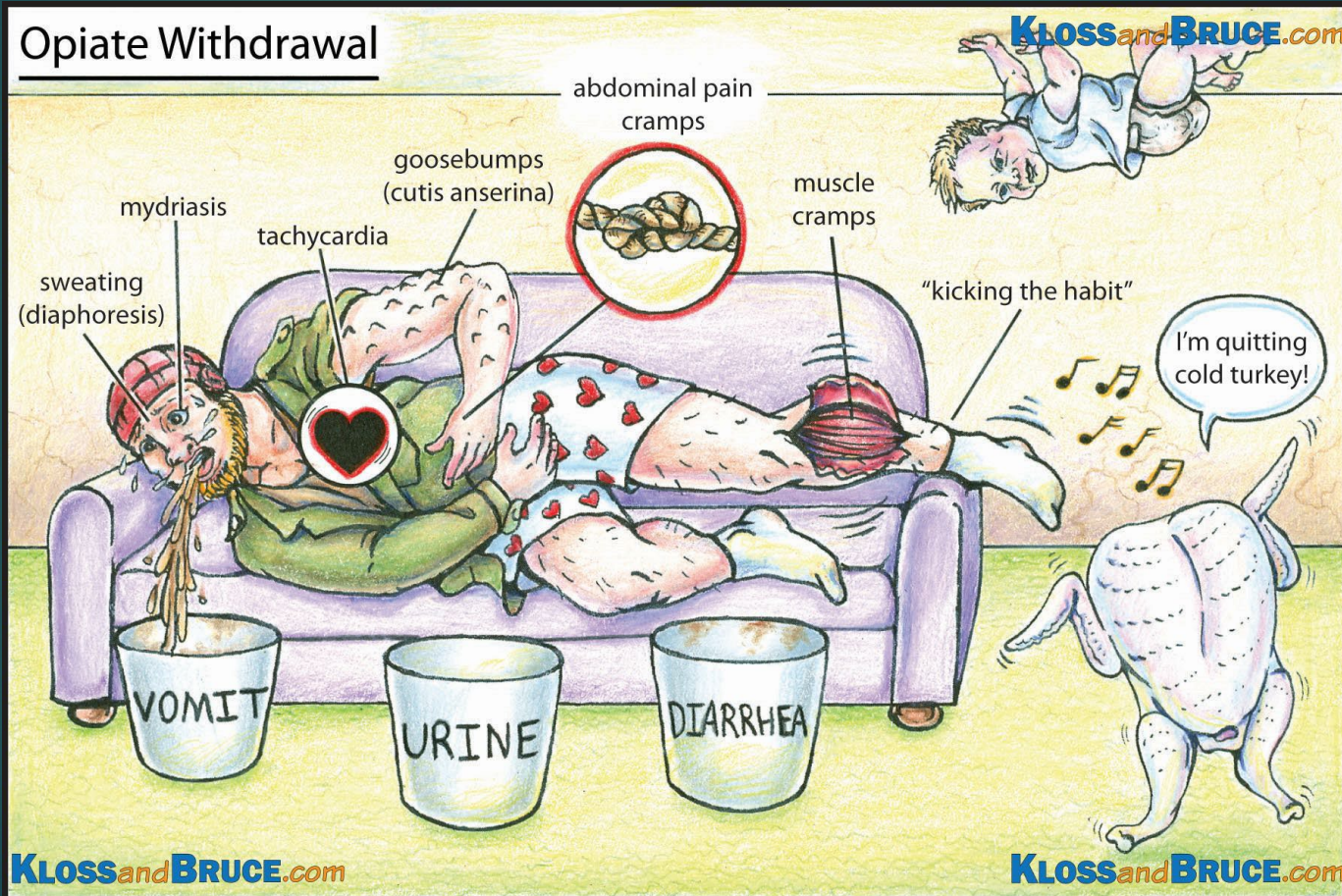


**Exceptions: Oxycontin/Methadone**

# Remember

↳ Opiate withdrawal generally not life threatening, but...

## Opiate Withdrawal



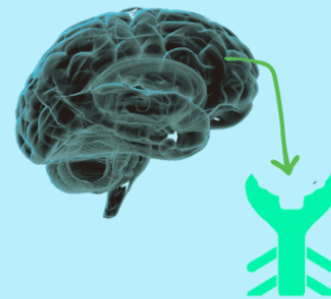
# Opioid Use Disorder Treatment

Ceiling effect

Safe in Pregnancy

Easier access

## METHADONE VS. SUBOXONE



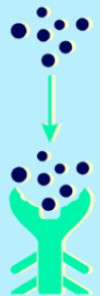
Empty Opioid Receptor

Methadone



Full agonist:  
generates effect

Suboxone



Partial agonist:  
generates limited effect



# Opioid Substitutes

# Robotripping

- ▶ Seeking DEX (non-addictive opiate effects in high amts)
- ▶ Coricidin HBP cough and cold also has antihistamine = anticholinergic effects
- ▶ Patients act intoxicated



# Kratom (Mitragnyna speciosa)

- ▶ Tropical tree in the coffee family
- ▶ Used in Thailand in the 1940's to ease opioid withdrawal (Opium costs increased in 1942)
- ▶ Effects dose dependent
  - ▶ Low Dose (1-5 grams) = Stimulant
  - ▶ Medium/High Dose (5-15 grams)= Opiate-like effects
- ▶ Case reports of Serious Withdrawal effects
- ▶ 1st death published of only Kratom in system causing death in a Pt. (Hughes, et al. 2019)



Pharmacy Education Board

# Tramadol, TramaDONT

PMID:  
15675908  
15651948  
Hansten & Horn

## Opioid Effects

Highly variable

Tramadol



Liver  
Meta-  
bolism



→ M1 (active metabolite)  
binds 300x stronger  
than tramadol

↓ poor  
metabolizers

→ ultra-rapid  
metabolizers



## Serotonin Effects

Can lead to

① Seizures ⚡

• especially if hx or on meds  
that ↓ seizure threshold

② Serotonin syndrome

• especially if on other  
serotonergic meds

low CYP2D6  
activity  
↓  
no/low  
analgesic  
effect

Mexicans 3-6%  
African-Am 2-5%  
Caucasians 6-10%  
Asians 1%

high CYP2D6  
activity  
↓  
↑ opioid effect  
↑ respiratory  
depression

Ethiopians 30%  
Saudis 20%  
Portuguese 10%  
Greeks 10%  
Caucasians 6%

Remember

- ① tramadol has variable effects (codeine also)
- ② try other opioids (i.e. morphine) or non-opioids

# Gabapentin (Neurontin)

## FDA Approved Uses

- Adjuvant Antiepileptic
- Post-Herpetic Neuralgia

## Off-Label Uses

- -Migraines
- Fibromyalgia
- -Mental Illness
- Chemical Dependence

# Loperamide (Imodium® A-D)

2 mg Tabs

Over the  
Counter

Resolves the  
“Hershey Squirts”



# Other Trends

“Poor mans  
Methadone”

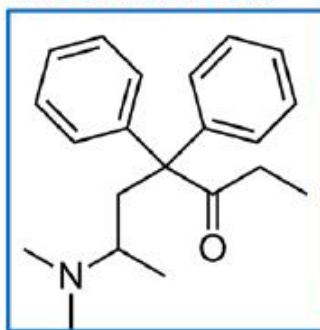
1977 Scheduled V

Descheduled in  
1980

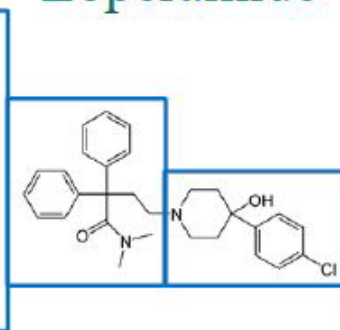
Urban Indications  
Withdrawal  
Abuse



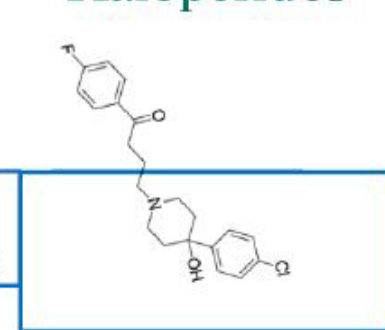
Methadone



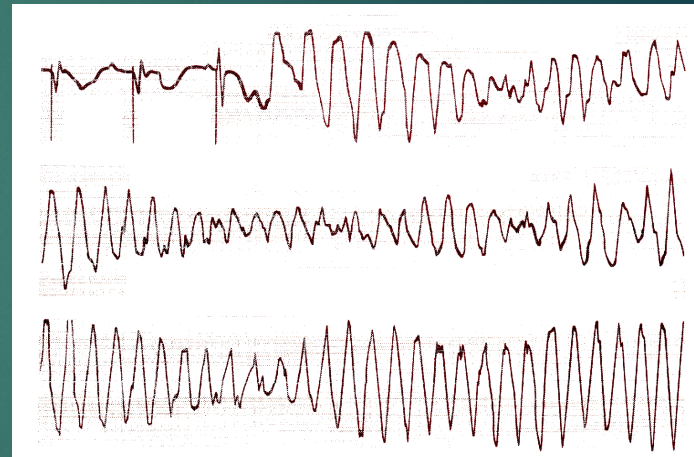
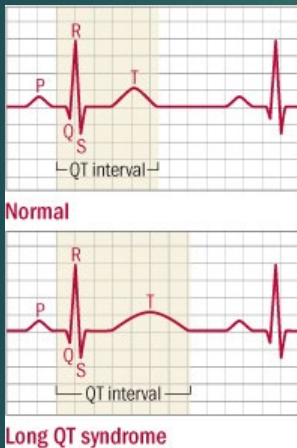
Loperamide

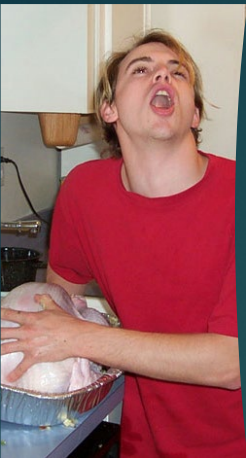


Haloperidol

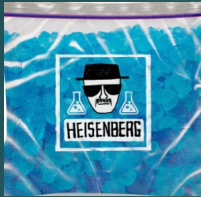


# Its OTC, Its got to be Safe...Right?





# Drug Stuffer Obs



Meth

- Sympathomimetic Effects
- Medical Obs = 8 hours\*



Cocaine

- Sympathomimetic Effects
- Medical Obs = 6 hours



Heroin

- Opioid Effects
- Medical Obs = 6 hours

\*Arens A, Lee S, Pueringer RC, et al. A 24-hour observation time is hard to swallow: Evidence for 8 hours of observation of methamphetamine stuffers. *Clin Toxicol*. Published online 2020:118 (abstract #193).

# Questions?






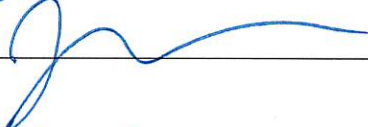
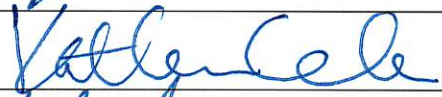






**Please take a few minutes to  
complete our evaluation**



[Kirk.hughes@hcmcd.org](mailto:Kirk.hughes@hcmcd.org)

## Anoka County Opioid Advisory Council Meeting Sign-In / September 12, 2025

Name	Signature	Representing
Amanda Amundson		Recovery Navigator, Begin Anew Recovery
Carrie Wood		Operations Lieutenant, Anoka County Jail / Sheriff's Office
Christina Lefkowich		Director of Treatment Service, Riverplace Counseling Center
Corey Kohan		Senior Manager, Rum River Campus Anoka County Community Corrections
Derek Schuldts		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.
Miriam Ward		Community Member
Molly Nee		Senior Communications Specialist, Anoka County
Musab Adam		Director of Community Relations, Access Healing Center
Nancy Norman		Anoka County Attorney's Office
Nicholas Warnke		Community Member
	<b>CONTINUED</b>	





# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

## Opioid Advisory Council Agenda

Friday, September 12, 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, Moment of Grounding, Introductions, and Approvals**
  - 8-8-2025 Meeting Minutes
  - 9-12-2025 Meeting Agenda
  
2. **Community and County Updates**
  
3. **Opioid Municipality Efforts: Coon Rapids**
  - **Lori Halbur**, LICSW, Coon Rapids Police Department
  
4. **Presentation: Opiate/Opiate Substitutes from a Poison Center Perspective**
  - **Kirk Hughes**, RN, EMT, CSPI – Minnesota Regional Poison Center
  
5. **Closing**

