

Opioid Crisis in Goodhue County, Minnesota

A Needs Assessment

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Author Note

Disclosures

Sand Prink Consulting, LLC was hired by Goodhue County Health and Human Services to conduct a needs assessment via community engagement. This report is produced for Goodhue County Health and Human Services and Goodhue County Commissioners to inform decision-making efforts on how to spend Opioid Settlement funds.

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Abstract/Executive Summary

The overall purpose of the study was to understand the impact of opioids in our Goodhue County communities so that effective strategies utilizing opioid settlement funds can be developed to address current needs and prevent further harm. To this end, key community stakeholders, including people with direct lived experience and/or service providers who work with people impacted by opioids, were engaged through focus groups and key informant interviews. Major findings, trends, and therefore recommendations identified through this study include:

- the community's priority to focus on prevention, early education, awareness-building
- youth focus
- a need for connection including support groups and peer recovery specialist help
- filling gaps in service that exist along the chemical health treatment continuum of care
- access to harm reduction strategies with accompanying education
- expanding access to and awareness of creative recreational outlets and alternative modalities for self-care
- increasing access to mental health care
- the imperative to include community members with *lived experience* in the planning, implementation, and evaluation of opioid related programming
- enhancing treatment court eligibility criteria
- increasing the tracking and sharing of opioid related data

To supplement the qualitative data gleaned through community engagement efforts, existing regional quantitative data was collected and included within the Appendices to help communicate the status of the opioid crisis in Goodhue County. Local resources already helping to fight the opioid crisis are also compiled within the Appendices.

Opioid Crisis in Goodhue County, Minnesota

The negative impact of opioids is devastating communities across the nation including those in Goodhue County, Minnesota. In comparison to all counties south of the metro in Minnesota from 2016-2019 (including Dakota, Rice, Scott, Olmsted and Winona,) Goodhue County had the highest rate of deaths by drug overdose at 12.4 per 100,000 population. The only two counties with higher rates than Goodhue County in all of the southern half of Minnesota were the two largest metro counties of Hennepin and Ramsey at 16.1 and 17 respectively per 100,000 population during the same time frame (Minnesota Department of Health, Minnesota Injury Data Access, 2023). And according to the Minnesota Department of Health Goodhue County Substance Use and Overdose Profile (2023), “In 2021, opioids were the drug involved in the greatest number of overdose deaths among Goodhue County residents.”

Even more alarming is the opioid use among youth in Goodhue County. The number of eighth, ninth and eleventh grade Goodhue County students who have used prescription pain medications without a prescription or differently than the doctor’s intention has increased since 2019 (Minnesota Department of Health, Goodhue County Substance Use and Overdose Profile, 2023). The greatest number of emergency room visits for drug overdoses involving opioids amongst Goodhue County residents in 2021 were people between 25 and 34 years of age and the age group with the second highest number of opioid overdoses was 15-24 years of age (Minnesota Department of Health, Goodhue County Substance Use and Overdose Profile, 2023). Most distressing is that two local adolescents from Goodhue County have died from opioid overdose in the last two years.

The detrimental impacts of the opioid crisis are vast and complex, affecting the physical, mental, social-emotional, economic and environmental health of our communities. The ripple

effect not only impacts the individual using opioids, but is far reaching through the individual's personal circle of friends and family, neighborhoods, regions, and the greater society. Addressing the opioid crisis is of vital importance through treatment and prevention in order to save lives, interrupt the expansive ripple effect, and stop further harm to the health of our communities.

Definition of Opioids

It is important to distinguish the meaning of opioids. The terms “opioids” and “opiates” are different although they are often used interchangeably. “Opiates refer to natural opioids such as heroin, morphine and codeine. Opioids refer to *all* natural, semisynthetic, and synthetic opioids” (Centers for Disease Control and Prevention, 2023, [Commonly Used Terms | Opioids | CDC](#)) **And, therefore, the term *opioids* was used throughout the study with participants and within this report in reference to all prescription opioids, as well as fentanyl and heroin.**

To provide more background information about opioids, the Center for Disease Control and Prevention (2023) defines the terms in the following manner:

“Prescription opioids can be prescribed by doctors to treat moderate to severe pain but can also have serious risks and side effects. Common types are oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone. Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S. There are two types of fentanyl: pharmaceutical fentanyl and illegally made fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. However, most recent cases of fentanyl-related overdose are linked to illegally made fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous” ([Opioid Basics | Opioids | CDC](#)).

Lastly, the opioid heroin is an illegal and extremely addictive drug extracted from poppy plants.

Purpose

The purpose of the project is to determine how to best use the Opioid Settlement funds to effectively treat and prevent further harm from the opioid crisis. Disbursement of the National Opioid Settlement funds has begun with Minnesota expecting to receive more than \$300 million over the next 18 years to help aid the fight against the opioid crisis. According to the Office of the Minnesota Attorney General Keith Ellison (2023), Goodhue County will receive over \$2.1 million over 18 years through both the “first wave” distributor and Johnson & Johnson settlement and the “second wave” settlement with Teva, Allergan, Walgreens, Walmart, and CVS (The Office of Minnesota Attorney General, 2023, [Fighting the Opioid Epidemic in Minnesota](#)).

Goodhue County Commissioners and Goodhue County Health and Human Services (GCHHS) sought out to hire a consultant, Laura Sand Prink, MSW, LGSW, Sand Prink Consulting, LLC, to conduct a needs assessment through community engagement efforts to understand the unique impact of opioids in Goodhue County so that effective strategies can be developed to address current, local, prioritized needs and prevent further harm through the utilization of Opioid Settlement funds.

Method**Participants**

First, it was imperative that the study include the perspectives and input of community members most closely and personally impacted by the opioid crisis, as well as those with professional experience and expertise on the topic. As a result, the prerequisites for participation in this study included direct and/or indirect lived experience and/or work experience with the opioid crisis, as well as being a community member of Goodhue County, defined as either residing within and/or working within Goodhue County. Oftentimes, individual participants

represented several stakeholder groups. For example, several participants had both professional experience and expertise as well as indirect/direct lived experience with opioid use. The study also strived to engage community members representative of a typical cross-section of Goodhue County with different ages and diverse backgrounds.

An initial goal of conducting 10 focus groups and 10 key informant interviews was set. In the end, a total of 50 people were engaged through 27 total community engagement encounters which comprised 4 focus groups and 23 key informant interviews. At this point, data saturation was met.

Thirteen people within the recovery community with prior opioid use participated in the study and were at various stages of recovery and/or sobriety. Parents, family members, friends and loved ones of individuals who have used opioids also participated, including 4 parents from separate families who have had one or more children who use(d) opioids, 3 of whom lost a child to fatal opioid overdose. Two of these youth deaths were recent—within the last two years. It was important to hear directly from local youth as well so six participants were from a local nonprofit youth leadership council and were all 16 or 17 years of age.

The study engaged professionals from various sectors of the community who offered valuable perspectives from their experience with the opioid crisis, including many local chemical health and mental health treatment center staff, Goodhue County Health and Human Services social workers, local staff within the justice system including attorneys, public defender, judge, adult and youth probation officers, and the drug treatment court team, as well as local law enforcement, narcotics investigator, school resource officer, school staff and administration, clergy members, and an emergency health care staff. Many of these professionals also shared

that they knew at least one or more people in their personal network who have been directly impacted by the opioid crisis.

Assessments and Measures

The needs assessment included an initial quantitative data review of existing local statistics on opioids use in Goodhue County, the development of a research plan based on best practices and consultation of experts in the field, and finally conducting key informant interviews and focus groups with stakeholders knowledgeable with the opioid crisis.

The quantitative data review. This review consisted of locating and collecting all available quantitative data sources relative to opioids in Goodhue County. This step of the assessment was included in order to identify what is already known about opioids use in Goodhue County, determine gaps in data to inform areas to strive to seek additional information, and also to help supplement the qualitative data to be gleaned through this community engagement process in order to communicate the story of the opioid crisis in Goodhue County in the most informative, inclusive, and accurate way possible. Data includes but is not limited to drug overdose deaths, opioid prescriptions dispensed, use among youth, substance use disorder treatment, nonfatal overdose, opioid dependence diagnoses, controlled substance offenses charged out through Goodhue County Attorney's Office, and Goodhue County Sheriff's Office opioid related data. In some instances, data can be disaggregated by gender, age, race/ethnicity, geography, and time. The active web links to these data are located in the Appendices of this report in order to provide continuous access to the most current data directly from each source, rather than displaying static charts within the report which become dated quickly.

Research Plan Development. The development of the research plan first consisted of researching best practices, reviewing all documentation provided by Goodhue County Health and

Human Services regarding the Opioid Settlement, and developing a work plan for the needs assessment and community engagement efforts. Lessons learned were also gathered from experts in the opioid treatment and prevention field via consultation with Ashley Anderson, formerly of Healthy Communities Initiative in Northfield (now with Minnesota Department of Health, Overdose Prevention Unit), as well as Lolita Ulloa, Hennepin County Director of System Design, who is leading the administration of opioid settlement funds and programming in Hennepin County.

The Key Informant Interviews. Participation in these one-on-one conversations with Sand Prink Consulting, LLC was completely voluntary. Participants were informed that in no way would their decision about whether or not to participate affect their relationship with Sand Prink Consulting, LLC or Goodhue County Health and Human Services now or in the future. Key Informant Interviews were conducted in a confidential, quiet, neutral space at a time that was convenient to the participant. The participant was given the option of virtual Zoom meetings, in-person meetings at a study room at the public library, the private interview rooms at Goodhue County Health and Human Services building, or other space of their choosing suitable for such interviews.

Consent of each participant was gained prior to participation in the study. For minors under the age of 18, assent of the participant and consent of the legal guardian was obtained. Risks and benefits of participation in the study were shared with participants including the potential for stories involving the use of opioids and its negative effects on people and communities to be emotionally triggering, especially for individuals with personal experience with addiction, use of opioids or fatal loss of a loved one. The researcher strongly encouraged individuals to only participate if they feel safe, secure and confident doing so and have

appropriate resources and support to turn to, if needed, immediately upon completion of the key informant interview or focus group. The benefits of participating include contributing valuable information that can lead to informed decisions about effective programming to implement in the community thus making a real positive impact in the fight against the opioid crisis. A Visa or Target gift card incentive was given to community members with lived experience who participated in the study during their own personal time to compensate and thank them for their time.

Recruitment and referrals were done through simple invitations via phone and email first to local organizations who have professional experience and expertise on the topic. The researcher then asked for their assistance inviting individuals/clients/consumers who may have lived experience and personal interest in participating in the study. An invitation to participate was also shared on social media channels through Goodhue County Health and Human Services, placed on United Way of Goodhue, Wabasha and Pierce Counties weekly E-newsletter and emailed to the professional network of Sand Prink Consulting, LLC all of which successfully assisted with recruitment of participants.

Each Key Informant Interviewee was asked the same questions. Each Key Informant Interview was recorded via Otter AI, a secure online transcription software, which provided recorded audio and real time transcription to ease an accurate recall of content and assist with the qualitative analysis.

Focus Groups. Focus groups were planned with homogenous groups who already had established relationships with their fellow participants. There was a level of familiarity, shared experiences, and common backgrounds. Focus groups were conducted with both people with professional experience as well as lived experience. This allowed for the researcher to dive

deeper into issues affecting these specific populations and achieve greater understanding of their unique experiences. Focus groups each had between five and six participants and were held in a familiar place to them, at a convenient time, in quiet, confidential, accessible rooms. The facilitators encouraged organic conversation with one another which generated valuable input. Refreshments and/or meals were provided to increase comfort, community and as a token of thanks. Again, focus group participants with lived experience, who participated in the study on their own personal time, were thanked and compensated with a Visa or Target gift card. Consent was obtained prior to participation in the focus group. Minors also had their legal guardians provide consent.

Again, risks and benefits of participation in the study were shared with participants in the same manner as during key informant interviews. Each Focus Group followed the same template and asked the same questions. These sessions were also recorded and transcribed through Otter AI software.

Youth Group. A clear theme arose throughout this community engagement process of prioritizing prevention efforts and targeting youth. This is coupled with the fact that there were two recent deaths of local adolescents due to opioid overdose, therefore it was imperative to include the perspective of youth. A focus group was successfully carried out with a local nonprofit's youth leadership council. Obtaining the honest, unfiltered youth voice in addition to their feedback on these specific themes suggested by other participants or stakeholders was the main goal of this final focus group.

Results

Causes of the Opioid Crisis

Understanding the root cause of the issue is essential in order to identify an appropriate strategy to effectively address it. Selected strategies cannot treat symptoms alone, but must also address the underlying causes. Participants shared numerous causes for what they perceived to have induced the opioid crisis including untreated mental health, self-medication of physical and emotional pain, over prescription of opioids by healthcare providers, “big pharma” or the pharmaceutical companies ulterior motives (which resulted in these opioid settlements), peer pressure, boredom, curiosity, impulsivity, immature brains (frontal lobes not fully formed) impacting decision-making, already existing chemical dependency for oneself or an inherited susceptibility, poverty and lack of resources. Previous trauma, ongoing stress, wide accessibility of opioids now than ever before with the increased connectivity via internet, aftermath from Covid 19, lack of programs to address and prevent this issue locally, and looser/delayed/lesser criminal justice penalties were also named as causes of the opioid crisis. Lastly, an injury with subsequent opioid prescription for pain relief can lead to increased risk for abuse, lack of education around chemical health, the fact that everything is laced with fentanyl and its extreme potency, the relentless influx of drug cartels, and a lack of awareness of alternative pain management or coping skills and self care are all causes listed by study participants.

Another cause brought up by several stakeholders was the increased prevalence of detrimental family dynamics. Several stakeholders suggested that certain family stressors or traumatic experiences such as divorce, separation, lack of parental presence, guidance, or supervision all may increase risk of opioid use. This is also known as adverse childhood experiences (ACEs), which “are stressful events occurring in childhood including domestic

violence, parental abandonment through separation or divorce, a parent with a mental health condition, being the victim of abuse (physical, sexual and/or emotional), being the victim of neglect (physical and emotional), a member of the household being in prison, (and) growing up in a household in which there are adults experiencing alcohol and drug use problems” (Public Health Scotland, 2023). Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for the Application of Prevention Technologies reports, “ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person’s lifespan, including those associated with substance misuse” (SAMSHA, 2023).

Lastly, a lack of felony friendly employment and housing opportunities in the community to support recovery community members who have criminal records to work and maintain stable housing, increases the risk for relapse and the potential for further criminal addictive behavior.

Similar to stakeholder input, Mayo Clinic (2023) reports:

“Known risk factors of opioid misuse and addiction include poverty, unemployment, family history of substance abuse, personal history of substance abuse, young age, history of criminal activity or legal problems including DUIs, regular contact with high-risk people or high-risk environments, problems with past employers, family members and friends (mental disorder), risk-taking or thrill-seeking behavior, heavy tobacco use, history of severe depression or anxiety, stressful circumstances, (and) prior drug or alcohol rehabilitation.” (Mayo Clinic, 2023, [How opioid addiction occurs - Mayo Clinic](#))

Ultimately, the causes mentioned by participants seemed to all fall under the categories of untreated mental health, “big pharma,” immature brains affecting decision-making, wide access to drugs, lack of chemical health education, and the prevalence of adverse childhood experiences.

Successful local programs

Understanding what strategies, programs and resources are already successful at effectively addressing the opioid crisis in Goodhue County is also important, similar to asset mapping.

“Asset mapping refers to the general process of identifying and gathering information about a community’s assets. An asset is any resource or strength found already within a community which can be used to uncover effective solutions, to promote social inclusion, and improve the health and well-being of its citizens. Inventorying resources already available makes it easier to coordinate and increase accessibility to care while also providing a framework for effective community planning and development. Knowing what is available can help shape important decisions such (as) how best to allocate finite funding within a rural community.” (Rural Health Link, 2023, [C4-Toolkit-Community-Asset-Mapping.pdf \(ruralhealthlink.org\)](https://www.ruralhealthlink.org/C4-Toolkit-Community-Asset-Mapping.pdf)).

To uncover what the participants perceive as helpful programs in addressing the opioid crisis, they were asked, “*What existing community resources within Goodhue County are already helping to effectively address this issue?*” Participants’ responses included: local chemical health treatment centers such as Common Ground, Midwest Recovery, and Valley View Recovery Center. Also mentioned was Goodhue County Treatment Court, which is a therapeutic approach providing services and supervision for individuals increasingly involved with the court system due to issues around their addiction. Also assisting with the fight against the opioid crisis is law enforcement’s successful efforts seizing illegal drugs, which directly contributes to reduced access and therefore the prevention of use and overdose. One law enforcement officer interviewed explained the benefit of the use of ODMAP, an online (<http://odmap.hidta.org>), real-time, overdose detection mapping application, and stated,

“And then we make an arrest for what we think is involved in the sales and that number significantly drops. So like for example, we had numbers in 2021 that were skyrocketing. We found what we believe to be the source, made an arrest and the numbers went to zero for quite some time. And the number started picking up again, at the beginning of, end of 22 and 2023. We were able to identify the source, made an arrest and the numbers basically went back to zero. So I do think we have the privilege of being a small community. So when somebody does get involved in sales here, having that intervention as quick as possible to stop those drugs from hitting our streets has statistically had a significant impact on overdoses and addiction. Although it's temporary, you know, until somebody else comes along and fills those shoes and it's just keeping that ability to intervene quickly.”

Recovery community members mention that the Clay City Alcoholics Anonymous group and also working with Peer Recovery Specialists “who’ve been there, done that,” are both extremely effective because of the accessible, regular, relatable, genuine peer support and accountability provided. In reference to the Clay City AA group, one recovery community member said, “I’ve been going there for years. And nobody's shunned out because of what you do by any means. Everybody's there to support each other.”

Access to harm reduction tools such as Narcan, Naloxone, and Fentanyl Test Strips, can prevent death and overdose. These simple harm reduction tools have given recovery community members another chance at life, treatment and sobriety. According to Substance Abuse and Mental Health Services Administration (SAMHSA) 2023, “Harm reduction is an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives.” ([Harm Reduction | SAMHSA](#)) When a person overdoses from opioid use, Naloxone can reverse or reduce the possibly fatal effects when either injected or given via nasal spray by a bystander. “Fentanyl test strips are small strips of paper that can detect the presence of fentanyl

in all different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powder, and injectables)” (Centers for Disease Control and Prevention, 2023, [Fentanyl Test Strips: A Harm Reduction Strategy \(cdc.gov\).](#))

One recovery community member shared support for harm reduction tools stating,

“You need to be aware of how much dangerous stuff is out there and it's like, you should not do it, but it's like if you are, like, at the very least, like, here's a free test kit, like you should be testing this to see if it's real or not, you know, or is this actually a real prescription opioid or was this manufactured in who knows where and there's fentanyl in it and I, you know, as they said, obviously, the ultimate goal is to not have any kids getting into it, period, but I know that everybody's first the main objective is, you know, to not lose any kids or people in the community...I think that's a very important, you know, step to take would be you know, having easy, cheap or free access to like test kits for that.”

Participants who are parents of youth who have used opioids as well as service providers have stated drug take-backs or local medication disposal programs help get prescription medications out of the community, thus reducing chances of misuse and abuse by individuals for whom they are not intended. Several recovery community members shared they readily accessed the prescription medications from a loved one who had leftover medications following a surgical procedure. Local mental health programs such as Fernbrook, Hiawatha Valley Mental Health Center, Nystrom and Associates, Mayo Clinic Health System and Goodhue County’s Make it Ok program (which is no longer in existence) were all mentioned as helpful as well. Many participants shared that access to mental health care is extremely important. One youth participant remarked that mental health therapy “is the most helpful thing ever,” specifying that “having mental health resources are very valuable to the prevention of drug use.”

Lastly, several participants mentioned the importance of community connections and supportive relationships as crucial for prevention and successful recovery and maintaining sobriety. One recovery community member who also works with people in jail said,

“I tell people that the opposite of addiction is connections. The more good connections you have, the harder it is for you to go back...when you start to use the first thing you do is start disconnecting, you disconnect from, you, after a while you disconnect from your wife, your kids, you disconnect from anybody and everybody that's ever loved you. And then if you're like me, you get thrown in prison. Now you just got disconnected from society itself. So for a lot of people, I'm their first good connection. I try to put them with more good connections.”

Several others agreed saying verbatim, “the opposite of addiction is connection.”

This participant also said, “as a pastor, I can always say that I believe we need more God in our system. You know, but that goes when, when you see ‘pastor’ in front of my name.” Several other lay people also shared the crucial role that church has had in maintaining their sobriety, namely faith in God and the connections provided within a congregation.

Notably, when asked what programs are available in Goodhue County that are already effectively addressing the opioid crisis, several participants, both those with lived experience and those with professional experience said, “nothing.” Upon further clarification, there were two different meanings to this same response. Some participants were simply unaware of the local programs that do exist to help community members with chemical health treatment needs. And, two, even the participants who were aware of existing resources claimed that there are significant gaps in service delivery saying “it's not enough,” and “it feels like there is nothing” available to help, especially compared to resources available in other counties. One parent whose child died

from opioid overdose remarked, “nothing, to my knowledge,” when asked what resources, if any, specifically in Goodhue County, are helpful in addressing this issue.

Interestingly, several community members in recovery stated that incarceration and/or law enforcement intervention and court orders were what ultimately helped them to successfully get sober. They remarked that they “loved using drugs,” getting high, and did not want to quit. They said they needed to be forced to quit. They needed a “wakeup call.” One recovery community member who had just gotten out of inpatient treatment after being in jail said, “the only way an opioid addict is gonna get sober is from forced help. Or you're at such a horrible place in your life where you're like I can't take anymore.” Another recovery community member shared, “I was a drug addict for over 30 years. It ended when I was sentenced to 110 months in prison for drug charges...if I wouldn't have gone to prison when I did, I'd be dead right now.”

One person with lived experience stressed the importance of providing therapeutic programming while a person is in jail in order to maintain that sobriety once they get out. She said, “it doesn't help people to just put them in jail and just you know think that just because they've been sober for five months or a year or something like that, that they're going to get out and stay that way. They're going to go back to the same thing *unless* they have other tools.”

Two other participants from the recovery community said getting sober was the result of sheer willpower combined with family and life purpose. One did it for her unborn son. Another did it because he wanted to marry the love of his life who said he must get sober first. Others expressed the need to have something positive to look forward to and keep them busy, namely a job or a nice, safe, stable home.

Additional Opioid Programming Needs

Stakeholders shared that there are not enough local resources available for treatment and prevention of opioid use. It became apparent that there were significant gaps in service that exist, in addition to the need for spreading awareness of what does exist. Participants were asked what additional opioid programs are needed to help the opioid crisis in Goodhue County.

Professionals from chemical health treatment programs described that ideally there would be an entire continuum of care available locally, which would allow individuals to be able to receive appropriate care in a timely, effective, and affordable way no matter the stage someone is at in their use, addiction, or recovery. Every person's pathway through care or their point of entry and exit may look different.

The programming needed as suggested by participants along this continuum of care includes all of the following: from preventative efforts that include programs, education and policies, to low barrier points of entry into treatment such as screening, assessments, 24/7 resource phone lines providing access and assistance navigating help. It also includes emergency chemical health care such as detox, and long-term inpatient programs that have more beds and longer stays than just 30 days, or whatever is determined to be therapeutically necessary, even though insurance companies oftentimes will only pay up to 30 days.

Also, there is a need for more sober housing to transition individuals back into their own environments after completing inpatient programs. Sober housing could include halfway, three quarter, and independent sober housing. These different options have varying levels of structure and independence to help transition someone in the smoothest and most successful way as possible, described by chemical health treatment providers as a "step-down approach." Aftercare options to help support individuals in their continued recovery and sobriety are also needed,

including “sober fun” outings for individuals and their families, one on one support via 24/7 sponsors, peer recovery coaches, case managers, individual counselors, support groups such as Narcotics Anonymous, caregiver support groups for families and friends affected by the opioid crisis, and local programs providing access to Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD).

“MOUD stands for Medications for Opioid Use Disorder. It’s a term used by addiction and medical professionals... MAT considers medication a short-term intervention. It’s part of a larger treatment approach. By contrast, MOUD uses medication as a stand-alone treatment for opioid addiction. The medication itself may be used for months or years. It’s much like taking heart medication or insulin. The medication helps a person manage triggers and cravings. With this support, a person can make other life changes to help their recovery. The duration of treatment depends on a person’s needs” (Promises Behavioral Health, 2023, [Why What We Say Matters: MAT vs MOUD for Addiction Treatment \(promises.com\)](https://www.promises.com/blog/why-what-we-say-matters-mat-vs-moud-for-addiction-treatment)).

Study participants shared that this medication therapy is only available in Rochester or the metro, not locally, so accessing it requires a significant amount of time on a daily basis. They said this then makes maintaining employment challenging and also requires additional resources, for example chauffeurs from local transportation assistance programs, gas, vehicles, and the time investment of accompanying staff or loved ones. One participant said, “I think we travel so far for treatment for a lot of things. I mean, the client I had was in Pine Island, driving all the way to Rochester every day for the methadone treatment to be able to stay sober, or I have a client here in Red Wing drive all the way to Woodbury or whatever for methadone.” Another participant shared how her dad drives her brother every single day at 5:45am from Red Wing to Rochester for his methadone treatment.

More availability of harm reduction tools such as Fentanyl test strips and Narcan and Naloxone is needed to save lives of individuals who overdose. These simple tools are not only for those who may relapse, but also for individuals who use a drug for the first time and overdose. Many participants in this study remarked that “fentanyl is in everything” and “people don’t even know it.” It was reported that fentanyl has even been found in vape cartridges, marijuana and other drugs and the user had no idea. One parent of a child who died of opioid overdose said, “back in the day, people drank alcohol, maybe smoked weed. And now times have changed and fentanyl is in everything. It's not safe to experiment. Like maybe it was back in the day, that you could try. (Now) you could try it one time and die from that one trial.”

One mother of two children with prior opioid use (one of whom died from overdose) shared, “once you find your child is addicted, you know. I had an experience this last year, I was helping some friends try and find services for their child who was addicted to opioids and one of the things that I always highly encourage is have naloxone in your home. Like if you know, even if, even if your child is not addicted, I think this is a good idea. If you have opioids in your home for any reason, have naloxone...because you just don’t know who’s gonna get into it.”

For individuals with felonies on their records, “felony friendly” housing and employment is necessary for recovery community members who desire and are ready to work and maintain their own homes. Lack of appropriate housing and employment are obstacles in the way of these individuals maintaining sobriety, increasing the chance for relapse and further criminal addictive behavior. In regards to the need for more felony friendly housing, one recovery community member who has a felony on his own record said,

“We need to create more felon friendly housing. I see people that are doing everything they're supposed to be doing. You know, they did their treatment. They went to sober

living, they got a job, started to get back on their feet again. And now they're ready to take that next step of real life work, you know, living in society and they can't find a place to live. And so where did they go? They go right back to where they came from... I said, look at my wife and I. I'm pretty successful. You know, and I'm not talking rich, but I'm, with life, I'm pretty successful. If we lost our house and had to rent a place, I can't rent a place. I've got, I've got almost 20 years of sobriety, I'm a pastor, I got a credit score of almost 800, I can't rent a place because of that little word behind my name. I would have to move in with my wife and hope I don't get caught. Nobody falls in love quicker than a man that needs a place to live. So he gets tied up with a gal that he probably isn't meant to be with. But she's got living quarters for him. Okay, they're now, they're living together. They have a child. This child wasn't wanted and probably not even ready to have a child. Then something happens. They're not married. He doesn't really live there. Now we got a broken family again. I think felon friendly housing is huge. We need that.”

Felony friendly housing and employment can interrupt a negative and costly ripple effect in our community and prevent further crime and family stressors. Another participant with lived and professional experience with the opioid crisis agreed, remarking that if we can provide help for our community members with chemical dependency, our crime rates will go down. This participant said that a local law enforcement officer told him, “that they can relate about 75% of their calls to addiction. They said if you get rid of addiction in the county you could fire three officers and most of it’s because of the theft that has to happen to support the habits. The, you know, stealing, credit card fraud, you name it. It’s all tied to it. And then there’s the violence. There is the paranoia, a lot of the domestics are tied to addiction too.” When the researcher asked another law enforcement officer about this specific statistic, he said he thought the number may be more like 90% of calls are associated with addiction.

Many participants stressed the need for more youth programs. One local chemical health provider with a long career referred to the ongoing lack of youth programs in Goodhue County

as “pathetic” and “there’s never been anything.” Several participants suggested adding school-based programming including a Licensed Alcohol and Drug Counselor (LADC) that can be available during school hours. One parent of a child who died from overdose supports this idea and said,

“I would like to see something maybe at school where the kids were, if it's been identified that a student is having some problems...or doing some drugs that we can get them into a counseling program or treatment program, and it starts at the school... and put some kind of programs in place where we have people that can try to help these kids. Like specifically substance abuse, like, I know that they know kids are using substances at the high school. So let's, let's try to remedy, remedy that, like, have, have people that work at the school to help those kids...like treatment counselors (or LADC).”

Another participant who works in the schools said,

“One of my dreams that I came up with ... is having like an LADC at every school, yeah, I would even say that I was gonna say every higher level school like middle school or high school, but I even think for elementary school is like having a support like that. That's a community support in the school for families or for caregivers. It's such a, it's such a stretch goal, but it would be amazing to see some really specific, like community resources showing up in schools where some of those barriers can be removed.”

Others suggested widening eligibility criteria for existing programming could increase accessibility for many individuals seeking help. For example, several participants with lived experience shared they were told “your drug use is not bad enough yet,” or “you need a court order” or “you don’t meet criteria.” This left individuals feeling like they need to wait until the problem is “really bad,” essentially then it’s “too late.” Recovery community members shared that they wished their own self-advocacy efforts, or the efforts of loved ones around them, could be met with more success and not additional systemic barriers.

In general, there is a need to spread awareness of resources and educate the community about chemical health. To assist with spreading awareness, resources encountered throughout this needs assessment and community engagement process have been compiled within the appendix. Please note this is not exhaustive of all available resources.

Prevention Efforts

After participants were asked what programs, strategies and treatment options are successful for people who are already using opioids, it was important to understand how the community could prevent people from using opioids in the first place. Prevention efforts most suggested by participants include more access to mental health care. One participant with lived experience discussed her main priority by stating,

“Well, number one is more mental health services. And also, I think earlier intervention. I think these kids are not being taught early enough about the dangers and how serious it is...there’s like no mental health services for the teens in this area anymore. There's such a waiting list to even be evaluated at Mayo... They don't even accept clients in Red Wing anymore. And because they're so filled up and then the waiting list for Rochester is astronomical. Like we're talking like a year or more, even get in to see a therapist. So it's no wonder that these kids are self medicating. And, you know, I just don't think they know where to turn.”

Participants also suggested more education about diverse outlets, coping strategies, self-care and alternative pain management options such as the availability of art spaces, nature exploration, pet therapy, talk therapy, aromatherapy, nutrition therapy, chromotherapy, breath therapy, equine therapy, instrument libraries, music and beats, and sports.

Also mentioned several times was a safe place to go for youth that is fun as well as increased connections and positive relationships with youth via mentoring. One youth expanded

on the lack of things to do and said, “I only have three places to go in Red Wing...Target, the park or home.”

Providing community education about opioids, misuse, signs, symptoms and resources was another theme in terms of prevention efforts. Another prevention effort commonly suggested by participants was educational curriculum in the schools for youth, specifically programming that is begun earlier in elementary or middle school and in a more consistent and regular manner throughout the remainder of secondary school. Participants stressed the importance of the curriculum to be effective, engaging, authentic or “real,” relevant to the times, and including testimonials from community members who have experienced the opioid crisis first-hand. One recovery community member stressed the importance of sharing real stories of lived experience with youth in school and said, “I think teaching kids when they're younger ...I remember in high school and then there was when we did the health class and the DARE class... they're showing you pictures. Not only that, but the reality of like, *what actually happened*, the sores, and like, how it destroys your life.” Another recovery community member expanded on these sentiments by saying, “What they should be showing (in school) is how it can cost someone everything. Everything they once cared about. Completely gone.”

Another participant who works in the school discussed the need for prevention programming in the school,

“Get people in schools to talk about it. I'm of the belief that you have to talk about things, not push them under the rug because that doesn't help. Some people think if you talk about it, it will actually invite it...which I don't agree with that at all. I think we have to talk about this stuff...just the preventative for me is so important. Like getting people into the schools. To talk about it probably would be my thing that we should do. Number one, okay...Programs in the community sometimes I feel like are not very well attended.

You know, by parents in the evenings or whatever. So I would say that the school stuff is where it needs to start so that kids are hearing it.”

The researcher then specifically asked about any potential interest from the school to utilize Opioid Settlement funds for chemical health curriculum. She responded, “100%, we would work that in somehow. That is a great idea.”

A theme amongst parents of youth who have used opioids was the case for tighter criminal justice and stiffer penalties for dealers of drugs as a means of preventing access to drugs in general and thus reduction in use and overdose. One parent of a youth who recently died from a fatal opioid overdose shared,

“I think there should be stiffer penalties for the people selling these pills...like the person that sold (my child) the pills received 81 months from a plea deal, but he's only gonna serve two thirds of that sentence. So he's getting 81 for it was a third degree murder charge, but he got manslaughter second degree, so it's like, it's not enough. I mean, I'm glad he didn't walk free, but it isn't enough. Yeah, he'll be out someday, he'll be able to have a family. I don't get to have grandbabies with my (child).”

Getting feedback directly from youth in regards to prevention was imperative as “youth prevention” was a major theme throughout the study. During the focus group with youth, when asked what the youth opioid use looks like here in Goodhue County, the youth shared that they were aware of opioid use occurring in the schools during school hours, that all age groups of youth are using, and that everything is laced with fentanyl which they believe is definitely causing more overdoses lately. They shared that every year for the last several years, they are aware of either a student dying from overdose or experiencing a nonfatal overdose and being severely affected by drugs.

When asked what prevention efforts are working well in our schools and community to effectively prevent opioid use, several youth said “none” or that they were unaware of any programs. Several shook their heads “no.” One shared that peer to peer informal support was helpful, stating that the youth warn each other about dangers of drugs and/or which drug dealers have the “dirty” fentanyl laced drugs.

When asked what prevention efforts are ineffective, they shared that the only chemical health education the students had was in the required 7th and 10th grade health classes, commenting that it was very brief, lacked details, and skimmed over content without providing any depth. They shared that when a fellow student died from opioids, grief counseling was offered through the school but it was delayed and “too late” as it was provided three or four months after the student died. The youth shared that they feel the subject of youth chemical use is ignored in the school and that it needs to be addressed because it is a current reality.

When asked what would effectively help prevent youth from using opioids, they shared access to free or low cost mental health therapy because it’s so helpful and can prevent self-medication of emotional pain with street drugs/alcohol/opioids. A school-based prevention program, like a youth leadership program, was suggested by one youth and was a very popular idea amongst all youth in attendance. This youth leadership program could be a way for peers to get the word out, express the dangers of using opioids, sit around and talk about their experiences, and provide support to one another as “listening to peers is more helpful than hearing from adults.” One youth shared that it could be held during advisory periods during the school day, use a set curriculum, and be co-facilitated by an adult staff. Another youth shared her recent research findings from a project she did in school about AA (alcoholics anonymous) and the effectiveness of “positive peer pressure” which could be incorporated into this program.

Youth also strongly supported the idea of having a school-based chemical health counselor, or LADC, available. These youth shared that there are teachers and guidance counselors who are trusted adults at school they can go to but that they feel these staff need to be focused on their own jobs and aren't necessarily trained in mental health or chemical health.

Another youth talked about the need for harm reduction approaches for youth who are already using opioids. This youth stated that abstinence only instruction does not work for everyone and compared handing out fentanyl test strips to youth using opioids like giving out condoms to youth having sex. "(It's) something that could help people who are already down that path, right? Because you rather them be like safe doing it, then have them just do it and be unsafe."

Barriers and Challenges

The reality is that any efforts to address the opioid crisis will be met with barriers and challenges. Acknowledging such barriers and being prepared to address them is essential. Barriers and challenges suggested by participants included a lack of funding to pay for new initiatives and a lack of time to spend on efforts to mitigate or prevent the issue. A shortage of Licensed Alcohol and Drug Counselors (LADCs) was a common challenge mentioned by participants who stated there are very few people going into the field due to insufficient compensation in an already stressful job.

Another challenge is the immense stigma people in recovery feel from the community, in addition to the NIMBY mentality (not in my backyard). Participants shared that local chemical health treatment programs have tried to open sober living housing in residential neighborhoods in Red Wing and were met with much resistance from neighbors who showed up to a forum to discuss the possibility. The message given by neighbors as described by study participants who

were also present was “we don’t want them people here” making recovery community members feel like “scum of the Earth.” Another participant discussed stigma stating, “I talk about the fact that there's people in society that don't care about these people. Even though so many of us are touched by addiction and by mental health, still there is this stigma attached to it that you're weak. So we somehow have to, we have to overcome that, that, that barrier, that challenge, and get people to realize that we're all affected by this opioid crisis, whether it's directly or indirectly.”

The existence of NIMBY coupled with landlords who won’t rent to people with felonies creates a major barrier for recovery community members to obtain appropriate housing. It is not uncommon for members of the recovery community to have drug related charges on their records, sometimes felonies, due to criminal addictive behavior. Having landlords who are willing to rent to people with felonies helps people have stable housing thus supporting their chances at staying sober and not turning to use drugs again. If individuals can maintain sobriety then they are not engaging in criminal addictive behavior and communities are safer.

People in the recovery community also shared that they were met with certain eligibility criteria that precluded them from participating in the programs they sought to get themselves into as discussed earlier. Acknowledging one has an issue with chemical use and being ready to seek help is a major feat, or obstacle to overcome, in itself. One recovery community member stated, “For those people who've reached the stage of ‘ok, I'm an addict, I need to deal with this.’ You're literally on your own, you have to do your own research. You have to do all of the programs, do all of the homework yourself. Really, really, really, really, really make an attempt to get in there and you know, even then, half the time we get turned away.”

One recovery community member said that all the hurdles and barriers he met made him want to give up trying to get help saying he often felt like, “f*ck this, I’m going to get high.”

Another recovery community member shared his struggle of trying to self-advocate for chemical health treatment access,

“I’ve never gotten in any like, legal trouble or anything I’ve like, only been pulled over even a handful of times in my life. When I tried to, I like, I was like, realizing my problem was getting kind of bad, like, maybe seven years ago, eight years ago when I was like, Alright, I’ve been an addict for like, 10 years...and I had like a newborn son and it was just wild. When I, me and my wife were like, alright, like you need to go get some help. And like, she was never an addict or anything. And then I went to, there’s a place above Marie’s or whatever. I forget what it’s called...But I like called them and they were like, well, you either need to be in like, are you, do you have a referral from the court? Or like, and I was like, I called a few places that gave me similar answers that were kind of like, unless you have like a referral from like, either the courts or medical referral. I was like, because you’re just like, okay, get addiction help and maybe you’ll get a phone number or maybe it’ll link you to like treatment centers, but if you’re like at the beginning of like, ‘Alright, I’m an addict. I don’t know what to do now.’ It’s sort of like, like this barrier where you don’t know what to do and then it sucks that you can’t even just call somebody and they’re like, ‘Alright, here’s your plan right now. Like you’re not in any trouble. Here’s what to do.’”

One single-parent who was interviewed stated she asked for help so many times but couldn’t succeed in getting help for her child. She felt this was due to her child’s behavior not being “bad enough” for law enforcement intervention, “that there’s just a lot that the state or the county can’t do” in terms of forcing or mandating help for her child, and the fact that there are a significant lack of available programs for youth locally, which all left this parent feeling helpless. Traumatized, a few weeks after trying to seek treatment, this parent discovered her child’s lifeless body, and tried to resuscitate, but the child had died of an opioid overdose. Now the

parent goes to PTSD therapy to deal with intrusive thoughts and the recurring image in her mind of how she found her deceased child and the anxiety and panic attacks that accompany it. This parent shared, “I wouldn’t wish this on anyone. Ever.”

Social policies, agendas, politics and conflicting values regarding chemical use can also be barriers to treatment, recovery and prevention. Many participants also said simply that “it’s everywhere” meaning that opioids are so readily accessible via a multitude of social media avenues, and the vast majority of street drugs are now laced with Fentanyl which is highly addictive and incredibly potent.

Goodhue County has a treatment court for adults who meet the eligibility requirements which include “felony level crimes, where drugs/alcohol were a substantial factor, felony level probation violations, diagnosis of substance use, moderate to severe, no current or history of violence, must assess as high risk/high need, (and) must enter guilty plea or admit to probation violation” (Goodhue County Treatment Court, Board Presentation, March 16, 2021, [11647](#) (goodhue.mn.us)). Some critiques given by participants regarding treatment court were that many individuals who could really benefit from treatment court were ineligible due to the participation criteria set forth by the program’s funding. One specific critique was the inability of individuals with a history of violence to participate, since oftentimes criminal addictive behavior can be violent. Having burglaries on one’s record would preclude them from participating in treatment court. Also, sometimes individuals may have issues with addiction but not yet have received felonies on their records yet, and could benefit but are not eligible because not yet considered “high need.” The participants’ reasoning behind that critique is their belief that the program could be very successful for lower level offenders thus assisting before it’s “too late” and even effectively helping to prevent more high-level crimes and harm to themselves and the

community. It shall be noted that participants shared this eligibility criteria is mandated by federal funding and therefore efforts to alter it will be challenging. If additional and/or private funding could be obtained for treatment court, the eligibility guidelines *may* be able to be expanded and include lower level offenders thus helping them earlier in their journey and possibly be preventative.

There is also a drug and alcohol offender class in Goodhue County that is only accessible to youth who have committed a petty offense such as minor consumption, possession of paraphernalia, and/or possession of a small amount. These youth can either pay a \$50 fine or they can participate in an informational class. Unless youth who are using opioids have been caught committing a petty offense, they are ineligible for participation in the class.

An individual's denial of the problem or lack of readiness for help can be another barrier. Long waiting lists to get into mental health therapy, namely not enough appointments and not enough providers are also significant barriers.

Ultimately, community members who have used opioids stated they felt that the overall system is not set up in the best possible manner to be a supportive environment conducive for successful recovery due to the multitude of barriers and precluding eligibility criteria that may be mandated by certain funding, laws, or/or policies. Systems level change efforts need to be deployed to create an environment that makes it much easier for individuals to obtain help for addiction.

Populations Most Affected by the Opioid Crisis

The study sought out to determine who is most affected by the opioid crisis in Goodhue County so efforts could target these populations. Participants were asked, "Who is most affected by the opioid crisis?" Most participants responded by saying, "addiction doesn't discriminate,"

suggesting that anyone can fall victim to opioid use and abuse no matter your age, gender, income level, race/ethnicity, etc. One mother expanded on this sentiment by saying,

“The first time I took my son to a methadone clinic in Woodbury, it was very eye opening to me ...about how across the board this affects everybody. So there would be cars in the parking lot that are held together by duct tape, and there'd be these brand new really expensive luxury cars. There would be really young people walking in to get methadone and really old people walking in to get methadone. It's, it just affects so many people way across every part of society. It doesn't matter, it gets you no matter what your, your status is.”

Some elaborated further on these sentiments by stating, yes, anyone can become addicted to opioids, however some populations fare better than others in their recovery journey based on their social determinants of health. The Centers for Disease Control and Prevention (2023) states,

“Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems”(Centers for Disease Control and Prevention, 2023).

Others suggested that the opioid crisis disproportionately affects males, those living in poverty and Native Americans. Quantitative data on gender and race was retrieved to support two of the three of these sentiments. Of all the unintentional opioid overdose fatalities for Goodhue County residents from 2017 to 2022, 60% were in fact male (Southeast Minnesota Opioid Profile for Goodhue County Residents, 2023). Also, according to the Southeast Minnesota Opioid Profile for Goodhue County residents (2023), between 2017 and 2022, 53% of fatalities from opioid overdose were White, 13.33% Black, 3.33% Asian/Pacific Islander, 30% American Indian, and 93% were non-Hispanic. ([Microsoft Power BI \(powerbigov.us\)](https://powerbigov.us)). This

compares to the overall population in Goodhue County which is 92% White, 1.3% Black, 0.7% Asian/Pacific Islander, 1% American Indian, and 96.4% non-Hispanic, with 1.6% identifying as some other race and 3.3% two or more races, according to the United States Census Bureau, American Community Survey, 5-Year Estimates for 2017-2021 (www.Redwingreportcard.org, 2023). So, yes, Native Americans are disproportionately affected by the opioid crisis.

More research is needed to determine the relationship between income level and opioid use. However one participant shared his belief that people living in poverty struggle more because they have fewer financial resources. “Middle class people and upper middle class people do have drug problems. They do have addiction to oxycodone, but they have other resources, and they go to Hazelden.”

Several participants shared that people exiting longer term stays in inpatient treatment or jail were at an increased risk of fatal overdose if they use opioids upon release. People who have had a period of sobriety may use an amount comparable to previous use before treatment or incarceration, but their tolerance levels decreased significantly during their stay. If they relapse, they are at an increased risk for overdose.

People in the recovery community shared that those with chronic pain and those who had medical procedures who are prescribed opioids afterward to manage pain are both at higher risk for dependence and abuse of opioids. One recovery community member shared how he began using opioids,

“My introduction to the opioid world was much more subtle I guess. I had a work injury where I cut off a finger and the doctor put me on oxycodone for three months and then took me off cold turkey at the end of it. You know, three or four days later, I felt like I was dying, which I was able to figure out the only difference was I was no longer taking the pills. So I knew some other people who had the same pills and I bought some pills

from them and low and behold I felt better. So through, through that kind of gateway I suppose I entered into the world of opioids, because then you know a lot of the people that I would hang out with were people that could either get pills for me, or were using pills or other substances themselves. So you know, tolerance starts to build over time. You start going for something stronger. They're like, 'Oh, hey, maybe you should, you know, try heroin that's stronger, you don't need as much.' You know, then you start taking that, your tolerance continues to build and eventually you're dealing with fentanyl. Then you're hanging out with pretty much everybody who's an addict. You don't have any friends that are sober. The thought of having sober friends never even really occurred to me until a couple years ago. So yeah, there's many different ways of getting introduced. All over the world, through somebody you know personally or or through a work accident. You know, that's the part I think a lot of people don't focus on enough. Is that, you know, in kindergarten at career day that you know, nobody stood up and said I wanted to be a heroin addict when I grow up. It's a lot more subtle than that. Eventually you're done. Just you realize where you're at and you're like, how the hell did I get here? ... Doesn't matter how strong willed you are or not. You know, a scenario like mine. I cut off my finger in a work accident. Low and behold six months later, I'm a heroin addict."

Prioritizing how to spend Opioid Settlement funds

Given the limited amount of funds that will be available to address the opioid crisis locally, coupled with a multitude of allowable ways to utilize the Opioid Settlement funds, the study sought out to understand the community's priorities. Even when asked specifically by the researcher, very few suggested ways it should not be spent; however, several recovery community members did agree that the thought of spending Opioid Settlement funds on medications and putting that money back into the banks of pharmaceutical companies is an oxymoron. One said, "I would say it's sort of a, it would be a slap in the face, to put this money into, in my opinion, put this money into...other pharmaceutical companies." This was in response to his mixed feelings about the effectiveness of methadone, mistrust of pharmaceutical

companies' intentions, and questions regarding providers' prescribing practices as discussed later in the *differences between stakeholder groups* section of this report.

Nearly all participants focused on ways it should be spent. Prioritizing prevention programming, early education and targeting youth populations were topics nearly all participants agreed upon. In fact, "education" was mentioned in 100% of the interviews. Specific strategies within these priorities included hiring a school-based LADC or youth prevention specialist, providing school based education and curriculum about chemical health, providing training for people working with youth on a daily basis (school staff, youth workers, churches, community recreation, etc), providing education for parents and community members, and establishing a youth leadership team within the school system comprised of youth who would provide peer led prevention education, activities, speakers, support groups, mentoring, and the dissemination of resources.

Lastly, providing a safe, fun, free place for kids to spend time in the community was a common theme suggested by several participants for preventing chemical use amongst youth. One participant said it would be ideal to have a youth drop-in center program in Red Wing that would be a structured place for kids to come and go, with leaders there to support the youth. She explained kids need pro-social activities, a healthy outlet, mentorship, and guidance.

The researcher asked the youth what they ultimately want the decision-makers to know about youth opioid use and prevention efforts. The main points the youth emphasized included:

1. Drug use and addiction does not discriminate. It can affect everyone.
2. Having chemical health education, resources and mental health support are super important in preventing drug use.

3. Allow youth to be involved in the decision-making and guidance of implementation of programs.
4. Provide education/information earlier in youth lives.
5. Peer leadership groups may be the most effective idea as hearing from kids is more effective than hearing from adults.

The researcher asked during the recovery community members' focus group, what they ultimately want the decision-makers to know. They responded, "That we all want the help." Another stated, "Yeah, that we all need the help. Yeah, that it doesn't really matter what stage of our lives we're in and we need the help whether we realize it or not." A third person said, "even when you don't want it. You still need it." Lastly, one said, "I never wanted help. But yeah, definitely needed it...we're humans just like everybody else. We need the help."

Themes

Six main themes arose throughout the community engagement process and include:

1. prevention, early education and building awareness
2. the need for connection including support groups and help from peer recovery specialists
3. filling in the gaps in service along the continuum of care
4. increasing access to mental health
5. providing harm reduction strategies including Narcan/Naloxone
6. expanding access to and awareness of creative, recreational, outlets and alternative modalities for self care or positive things to do in the community.

Discussion

Limitations

As discussed earlier, quantitative data shows that BIPOC community members are disproportionately affected by the opioid crisis. As a result, special efforts were made to understand how the BIPOC (Black, Indigenous, and people of color) community within Goodhue County was impacted by the opioid crisis. The overall participant sample did successfully represent the overall demographics of our Goodhue County communities; however, it did not mirror the racial/ethnic makeup of the population most disproportionately affected by opioid overdose deaths, as suggested by data on deaths by drug overdose from Southeast Minnesota Opioid Profile for Goodhue County residents (2023).

Invitations to participate in the study were shared with two local organizations serving BIPOC community members. In the end, there was no participation directly representative of either organization within the study. To support successful participation of BIPOC communities in future methodology, an anonymous survey in languages spoken by our community members and shared with certain demographics the study strives to engage could be added. Including a disclaimer in invitations that interpreters can be available for the interview might also assist with recruitment efforts. This may eliminate potential barriers to participation. Also, the researcher could establish a stronger relationship within these communities beforehand to build trust and hopefully encourage participation. It is important to note that the deep impact of generations of historical trauma still exists for BIPOC neighbors. There is an ongoing need for continued efforts to repair relationships and establish trust. Lastly, members of the BIPOC community should be included in the interpretation of these results to ensure findings align with their lived

experience. It will also be imperative to include BIPOC community members in the planning and implementation of future opioid programming.

It is also important to note that according to The Office of Minnesota Attorney General website (2023), “Tribal nations have negotiated their own separate settlements” and therefore Prairie Island Indian Community may receive their own Opioid Settlement funds to be used to bolster efforts specifically within their community (The Office of Minnesota Attorney General, 2023, [Fighting the Opioid Epidemic in Minnesota \(state.mn.us\)](https://www.state.mn.us/leg/office/office.cfm?id=10000)).

Participation from greater Goodhue County general education school districts in smaller communities outside of Red Wing was also limited. A couple of school personnel assisting with recruitment efforts from these greater Goodhue County schools did mention they themselves were unaware of youth opioid use in their schools or communities, which may suggest why both students/families as well as school personnel in the smaller towns did not participate. Invitations to participate were also shared in the last couple of months of the school year and again during the few weeks leading into the summer season, which are busy times of the year, and therefore potential rationale for why school personnel may not have participated.

It should be noted however that efforts were successful engaging Goodhue County Education District. This school building is physically located in Red Wing, yet is a collaboration representative of six southeastern Minnesota school districts including Kenyon-Wanamingo, Cannon Falls, Goodhue, Lake City, Zumbrota-Mazeppa and Red Wing. Goodhue County Education District also provides River Bluff Education Center which provides specialized educational services, 5 Rivers Online School, and Tower View Alternative Learning High School. As a result, students from across Goodhue County were indeed represented in this particular manner.

Differences between stakeholder groups

Participants from the recovery community and others with indirect lived experience, for example those who have a loved one with Opioid Use Disorder, suggested more often the benefit of and the need for more harm reduction programs and tools compared to other groups interviewed. This group seemed to understand more about what harm reduction is. However, it shall be noted that not all participants were in favor of harm reduction. Some were concerned about the misuse and abuse of such harm reduction tools. One participant said,

“I kind of go back and forth with Narcan. Like I think it's a good idea for people to be trained in it. But sometimes I think that if the clients who are using have people who have Narcan it's like a free pass for them that hey, these people can bring me back if I overdose because they have Narcan... but four doses of Narcan and you're still not back because you used too much. You know, it's like their safety net, but it's not really a safety net. That's how I feel about Narcan... Yeah, one of my clients had four doses and couldn't bring them back.”

There is an imperative for the education of naloxone to accompany its disbursement to encourage responsible use. Even the youth were concerned about people taking advantage of harm reduction tools; however, they still believed they were necessary lifesaving tools in an emergency. One youth elaborated on the need for education about Narcan/Naloxone use by saying, “A way to prevent harm or to like help with that issue that you're talking about is to have like an educational meeting before you get the Narcan. Yeah, so that way, you know, like, how do you use it? What did you use it for like, What are the dangers of taking it without overdosing, like, all of that stuff, so that way, they feel less like, Oh, this is just a fun thing for me to have now. So it can take multiple like instances like brought up as a serious issue like this is how you use it.”

Participants, both professionals and those with lived experience, disagreed about incarceration and law enforcement efforts. Some criticized efforts and support decriminalization, and some pleaded for more involvement, tougher penalties, and claimed getting arrested and put in jail “saved my life.” Professionals had varying stances from one another, and those with previous opioid use also had varying philosophical stances from one another, interestingly.

Others with lived experience disagreed about the effectiveness of MAT/MOUD. One participant said, “I’ve been, I’ve been sober for 50 days. I’ve been on methadone, off and on methadone for over 12 years. (Withdrawal from methadone is) harder than heroin. And these are programs that are offered to people you know, who are heroin addicts, opioid addicts, by the methadone clinic. You can get methadone or you can get Suboxone...it’s the same difference. All you’re doing is you’re exchanging one crutch for another.” Another recovery community member shared how he believed how methadone was unnecessarily prescribed to his fellow peers in treatment explaining, “When I got down to 90 days, before I got out, I was in a treatment program in there and they came in and they were trying to, they were like, well, if you have an opiate addiction we’re gonna give you this before you get out, and it didn’t make sense to me because I was like, I was like these dudes have been in here for three, four years with nothing, with nothing, and now they’re getting out to go back onto the street and you want to start them on methadone, suboxone?” One community member with lived experience expressed her support for a local methadone clinic, but one that’s “responsible” stating,

“If there was like a grant that was given towards this town, I think that it should be used for like a treatment facility or a methadone clinic but but also a methadone clinic that’s responsible and that helps people wean themselves off, that UAs and stuff like that, because I know that there’s months at a time where my (family member) can go down there and he’s not UA’d and he almost like brags about it. And I know that there’s, he tells

me that there's literally people that go in there to like, get that first dose so that when they get higher in the afternoon, like they it's cheaper for them because that first one is free. He said there's literally people that just use it as you know, a place to get high is how he describes it.”

Lastly, there was disagreement about the effectiveness of a detox facility. Chemical health treatment providers shared that it serves the immediate purpose of getting someone sober who is in crisis. Recovery community members stated it is not effective at all. One explained, “detox achieves absolutely nothing. All it does is put you in hell through three days to a week, and then lets you back out, and say, go use!” Another agreed and expanded on those sentiments by saying, “they don’t work at all.”

Recommendations

Nothing about us without us. This sentiment is a slogan used “to communicate the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy. In its modern form, this often involves national, ethnic, disability-based, or other groups that are often marginalized from political, social, and economic opportunities” (Wikipedia, 2023, [Nothing about us without us - Wikipedia](#)). These sentiments were shared loud and clear by Goodhue County youth, members of the recovery community, and also chemical health treatment providers. It is imperative to involve these stakeholders in a collective impact process. There is energy, passion, lived experience, bountiful knowledge, personal investment, and professional expertise to harness within this stakeholder group. This can lead to more effective strategies at reducing opioid use in our community. These stakeholders want to and should be involved in planning, administration, and evaluation of strategies.

An advisory board could be created to include stakeholders from the community engagement process who participated as well as those who weren't able to participate but want to be involved moving forward. Special recruitment efforts should be made to invite even more members of the BIPOC community considering the disproportionate effects of the opioid crisis on these populations. This Advisory Group could include all the diverse perspectives of professionals in the field as well as those with lived experience. It was clear that all stakeholders have a valuable, valid point of view offering insight into this crisis. This will help the group truly meet people wherever they are at in their journey.

Advisory Group tasks could include discussing proposed frameworks for potential programs, pivoting when circumstances arise, assist with developing and facilitating community education and messaging, conduct fatality reviews in order to inform system changes that are necessary, and help with evaluating strategies. An invitation could be extended to all study participants to join the Mental Health Chemical Health Coalition's opioid subgroup as well as additional partners who were not able to participate in study but still wanted to be involved.

Youth participants clearly communicated a strong desire to be included in the decision-making and program development process for youth programs. This key component could be carried out through a Youth Prevention Leadership team, or similar program, within the school system.

Fill Continuum of Care Gaps. There are several possible ways to fill the gaps in the ideal continuum of care locally. They include spreading awareness of hotlines for help, adding a residential inpatient program for females and/or more beds in general for males, and the ability for longer stays past 30 days. Also recommended is more halfway, $\frac{3}{4}$ and independent living sober houses to transition recovery community members into. Additionally, enhancing or

growing outpatient programs and aftercare services such as NA, support groups, Peer Recovery Specialists, local access to MAT/MOUD, sober fun outings, and adding felony friendly housing and employment opportunities are recommended. Filling *all* of these gaps may not be feasible; nor is there enough funding at this time. Filling any of them would help provide effective treatment options to help more people.

Focus on Youth Prevention. Focusing on youth prevention is a definite priority and can be facilitated through strategies such as establishing a youth leadership team in school, adding a school-based LADC, and/or Prevention Specialist, providing education via an effective, engaging, relevant chemical health curriculum that is started earlier in elementary and/or middle school and used consistently throughout secondary school, and utilizing speakers with first hand experience, and engaging apps with AI aging filters to help communicate the effects of chemical use over time (the latter is an idea recommended by the youth participants in the study). Several curricula, lesson plans, documentaries and activities are available online free of charge for students at various levels. See appendix for some examples. Lots of additional resources exist.

Increased access to mental health would improve outcomes and deter youth from self-medicating their emotional pain with illegal drugs. Mental health and chemical health concerns often coexist and will benefit from approaches that acknowledge and include both. Youth should also be taught alternative modalities for coping and self care, as mentioned earlier in the report. Hosting a Drug Awareness Week could be a good way to engage both students and staff, but could also engage parents and community members if the week's events were open to the public. It would bring acute awareness of the issue and reduce stigma. Make it engaging, authentic, and real, including testimonies from local community members, and disburse resources in a fair style and open forum.

Harm Reduction. Disbursement of harm reduction tools such as Narcan/Naloxone and fentanyl test strips, with accompanying education around safe use is recommended for any organization commonly encountering individuals who may use drugs. Organizations could target harm reduction interventions and deploy Peer Recovery Specialist outreach at high risk sites, as evidenced by real time ODMAP opioid overdose surveillance data. Access to harm reduction tools is necessary in order to truly meet *all* community members where they are at in their own chemical health journey, and to truly and simply save lives.

Enhanced Goodhue County Treatment Court and Diversion Services. Expanding eligibility criteria, if possible, to allow more offenders to participate in and take advantage of the successful treatment court and diversion programming is important. This may require systems change, namely diversifying funding streams and/or changing policy and law, which may be challenging yet would yield positive results in our community.

Additional Data Tracking. Additional data tracking is needed by a wide variety of agencies who experience the impact of opioid use in order to set baselines for initiatives and evaluate impact over time. Continued monitoring of data over time can allow groups to pivot accordingly and inform their programming, policies and procedures based on the changes in data. Not only should individual organizations increase their data tracking, but it's equally important to share their data with other stakeholders to support a collective impact approach.

As discussed earlier, law enforcement is successfully using real time data via ODMAP to monitor and identify influx of drugs and then make arrests which then effectively rid large amounts of narcotics from the drug dealing streams, which in turn effectively prevents opportunity for use and overdose. Another way for other organizations, such as treatment providers, to use the same ODMAP data tracking tool is to administer community-based

interventions and harm reduction outreach by Peer Recovery Support in areas that have seen sharp increases in overdose. This example illustrates the use of one data source, which can subsequently be used in two completely different organizations for both prevention and treatment or harm reduction.

Data can also be used to conduct community-wide overdose fatality reviews in order to understand what led to the individual's overdose death, what could have been done differently, what was helpful, and what new strategies or partnerships could be put in place, etc.

Community Education and Awareness Building. It became apparent that the resources that did exist already to fight the opioid crisis were not well known. Spreading awareness of existing resources is a must so that parents, educators, law enforcement, chemical health treatment center staff, justice department, and nonprofits can quickly refer community members they are concerned about to appropriate help. This could be done via already existing community events and fairs, such as River City Days and/or setting up a newly established Chemical Health Fair. Regular email blasts with resource guides or hotlines could be sent out to stakeholders. Service providers can also make specific efforts to share their resources more widely, and ensure their staff are well-versed in community resources and serve as connectors to service and treatment options.

There was also stigma and misunderstanding about the realities of opioids in our community. Many shared a common concern for the “NIMBY” or “Not in my backyard” mentality held by community members, which is the opposition by residents to new developments in their neighborhood, such as new sober living programs.

Based on their personal experiences, both recovery community members and chemical health treatment providers shared an argument against the NIMBY mentality: individuals

receiving treatment for chemical health are far less likely to engage in risky behavior than those not seeking treatment and thus are less of a threat to the community. Community education would help to spread truth and awareness of resources, how to help, warning signs, etc. See resources in Appendices for ready to use, free toolkits for community education. Some options for specific best practices strategies that fall within each of these overall categories of recommendations can be found in the appendices of this report.

In conclusion, it is evident that the opioid crisis is complex, and no one entity can solve the issue alone in our county. It will take a village. There is an opportunity through the use of the Opioid Settlement funds to implement best practice approaches to make a real difference in the lives of our local community members, which will in turn set off a positive ripple effect improving the physical, mental, social-emotional, economic and environmental health of our entire county, region and beyond.

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Appendix A: Local Opioid Resources and Best Practices

Common Ground	Commongroundmn.org (651) 347-6500
Midwest Recovery	Midwestrecovery.org (651)846-9010
Valley View Recovery Center	Valleyviewrecovery.com (507) 601-5006
Hiawatha Valley Mental Health Center	Hvmhc.org (651) 327-2270
Fernbrook Family Center	Fernbrook.org (651) 212-7429
Nystrom & Associates	Nystromcounseling.com (651) 977-5001
Naloxone Finder	Knowthedangers.com/naloxone-finder/
Fast Tracker MN-Substance Use Disorder Program Locator	fasttrackermn.org
Goodhue County Treatment Court	Jessica Schumacher-Coordinator jessica.schumacher@co.goodhue.mn.us 651-764-5028
Narcotics Anonymous	Christ Episcopal Church 321 West Avenue Red Wing, MN 55066 Fridays 7pm
MN Department of Human Services and Substance Abuse and Mental Health Services Administration (SAMHSA) : Opioid outreach, education, treatment, resources	Knowthedangers.com
Steve Rummmler Hope Network	Steverummmlerhopenetwork.org
Change the Outcome-Community Education	www.Changetheoutcome.org

Appendix A: Local Opioid Resources and Best Practices, Continued...

Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	Goodhue County Law Enforcement Center (651) 267-2610 430 West 6th Street Red Wing, MN 55066
Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	Wanamingo City Hall (651) 267-2621 401 Main Street Wanamingo, MN 55983
Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	Kenyon Police Department 507-789-5214 709 2nd Street Kenyon, MN 55946
Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	Zumbrota Police Department 651-732-5219 50 West 2nd Street Zumbrota, MN 55992
Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	Cannon Falls Police Department 507-263-9323 918 River Road Cannon Falls, MN 55009
University of Minnesota Community Based Opioid Prevention and Education (COPE)	https://Opioid.umn.edu
Southside Harm Reduction Services	https://southsideharmreduction.org
Dose of Reality (Office of MN Attorney General)	https://Doseofreality.mn.gov
Johns Hopkins Bloomberg School of Public Health-Nationally Recognized Guidance for Opioid Settlement Funds	https://opioidprinciples.jhsph.edu
MATTERS Network-Medication for Addiction Treatment and Electronic Referrals	https://mattersnetwork.org
ODMAP-Overdose Detection Mapping Application Program	http://odmap.hidta.org
Mayo Clinic Health System-Psychiatry and Psychology	https://www.mayoclinichealthsystem.org/locations/red-wing/services-and-treatments/psychiatry-and-psychology
Make it Ok	https://makeitok.org

Appendix B

DRUG OVERDOSE DEATHS-MN INJURY DATA ACCESS SYSTEM (MIDAS)

<https://www.health.state.mn.us/communities/injury/midas/drugdeath.html>

- Drug overdose rates by type of drug, by year, by county, by demographic, compared to state overall

Appendix C

GOODHUE COUNTY SUBSTANCE USE AND OVERDOSE PROFILE-MN DEPARTMENT OF HEALTH

<https://www.health.state.mn.us/communities/opioids/countyprofiles/goodhue.html>

- Drug overdose deaths by year, by drug
- Emergency room visits for nonfatal opioid overdose by year, by drug, by age, by sex
- Opioid prescriptions dispensed by year, number prescribed by year, rate of healthcare visits for opioid dependence by year
- Use and misuse among youth-percent of students by grade and year using prescriptions differently than how doctor intended
- Substance use disorder treatment admissions by drug, by year

Appendix D

GOODHUE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY SUMMARY 2021

<https://co.goodhue.mn.us/DocumentCenter/View/24375/2021-Goodhue-CHNA-Summary>

- Health status categories by gender, age, annual household income, history of mental illness, weight status, and convenience sample at GCHHS, CARE Clinic, Food Shelf

Appendix E

NONFATAL DRUG OVERDOSE DASHBOARD

[Nonfatal Drug Overdose Dashboard - MN Dept. of Health \(state.mn.us\)](#)

- Nonfatal drug overdose by type of drug, by type of hospital visit, by year, by county/state/region, by age, by gender, by race/ethnicity, by count (#), by rate per 1,000, by proportions (%)

Appendix F

DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM REPORT (DAANES)

[Substance Use in Minnesota : Data By Location : Goodhue County \(sumn.org\)](#)

- Substance use by drug, by consequence (probation/arrest/school disciplinary incidents), by intervening variables/perceptions, by substance use treatment admissions, by location (county/region/state), by demographic (grade, gender, race/ethnicity, age, sexual orientation)

Appendix G

MN STUDENT SURVEY DATA-GOODHUE COUNTY 2022

[Data Reports and Analytics \(mn.gov\)](#)

- Numerous indicators including actual substance use/perception of use/consequences of use, by substance (tobacco/vape/alcohol/drugs), by county/school district/state, by year, by grade, by gender, by frequency

Appendix H

GOODHUE COUNTY OPIOID PROFILE-OLMSTED COUNTY PUBLIC HEALTH SERVICES

[Powerbigov.us](#)

- Overdose fatalities for Goodhue County residents by year, by drug, by county, gender, race, ethnicity, age
- Nonfatal overdoses by year, by drug, by age, by race, by ethnicity
- Opioid use, abuse, dependence rates by year and rate per 1,000, by county, by region, by gender, by age, by race, by ethnicity
- Opioid prescriptions dispensed, by number, by year, by region/county/state
- Substance use treatment by number of admissions, by year, by drug, by county/region/state
- Overdose fatalities (occurrences within Goodhue County), by age, by year, by drug, by county of residence

Appendix I

MINNESOTA DRUG OVERDOSE AND SUBSTANCE USE SURVEILLANCE ACTIVITY (MNDOSA)

<https://www.health.state.mn.us/communities/injury/data/mndosa.html>

- Toxicology results from blood/urine samples indicating type of drug or combination of drugs, by year

Appendix J

GOODHUE COUNTY ATTORNEY'S OFFICE

Opioid Statistics July 1, 2022 – August 1, 2023

These numbers represent the number of controlled substance offenses charged out during this time period. Some defendants possessed multiple drugs so each type of drug is included in the below numbers.

- Cocaine – 16
- Fentanyl – 19 (two of these were juveniles)
- Heroin – 16
- Methadone – 3
- Oxycodone – 9 (two of these were juveniles)
- Murder-Sale of Controlled Substance – Fentanyl – 2 (one of these was a juvenile)
- Declines due to Overdose Immunity from Prosecution – 3 (one Cocaine, two Heroin)
- Under Review and not charged yet – 3 (one Oxycodone, one Cocaine, one Heroin)

Appendix K

LAW ENFORCEMENT

- Goodhue County Sheriff's Office
 - Most recent one year: July 11, 2022 thru July 11, 2023, Goodhue County-wide (SO and local PDs)
 - 22 suspected OD's
 - 3 deaths from OD's
 - 12 uses of narcan
 - These overdoses include any type of drug, however a majority of the cases end up involving fentanyl.

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