



## **Medication Assisted Treatment and Opioid Abuse**

**Description:** The Department of Human Service has licensed numerous Medication Assisted Treatment (MAT) programs throughout the state that demonstrate wide ranges in approaches and outcomes.

- Both harm reduction and recovery-oriented systems of care have proven to be effective when ethically and effectively operated, and
- Opioid abuse has exploded to unacceptable levels in Minnesota and has become the main pathway to growing heroin abuse, and
- Minnesota ranks as one of the highest states with heroin abuse while at the same time ranks in the lowest tier of states for admission to treatment for prescription painkillers, and
- The nature of substance use disorder (SUD) has changed rapidly and dramatically over the past decade due to the availability of increasingly addictive chemicals to *all* ages of Minnesotans, from *all* walks of life, in *all* Minnesota communities, and
- Neonatal Abstinence Syndrome (NAS) and Maternal Opioid Abuse during pregnancy have become increasingly dangerous to the welfare of babies and communities, including our child protection system, and
- The State of Minnesota needs to routinely monitor and enforce effective and specific treatment standards for drug testing, drug use, and appropriate adjustments to treatment should a patient be unable to comply with treatment requirements and/or the treatment plan, and
- Minnesota policymakers need to understand the economic underpinnings of drug use and the drug trade – both legal and illegal, and need to be informed about the intentions and motivations of individuals who operate within the culture of the illegal and legal drug trade, and
- Drug courts in Minnesota play a significant role in decriminalizing chemical dependency actions; in addition, individuals who have been incarcerated for drug-related crimes can benefit from education, treatment, and re-entry assistance, and
- Many children who suffer with substance use disorder are incarcerated and available for screening, assessments, and treatment while they are in custody.

**Proposed Action/Solution—** The Minnesota Social Service Association strongly urges the Minnesota Department of Human Services:

- Require all licensed MAT facilities to conduct frequent and credible drug testing for clients, and that immediate and direct interventions take place when there is evidence of illegal drug abuse, and
- To analyze its licensing policies and procedures and include appropriate operational standards for MAT facilities to include minimal acceptable standards of recovery and/or treatment for every client, and to terminate operations of those MAT facilities that are not able to operate according to state regulations, and
- To immediately conduct a thorough review and analysis of the dosing policies, procedures and actual practices of MAT facilities.

The Minnesota Social Service Association strongly urges the Minnesota Department of Human Services and the Minnesota Department of Health:

- To immediately launch a concerted effort to independently research the cause of the unacceptable increases of opioid abuse in the State of Minnesota, and that this study include

input from individuals who are recovering addicts and/or seeking treatment, who are intimately informed about the subject and are:

- Incarcerated for drug offenses in Minnesota, and
- Involved in treatment at a non-profit MAT program in Minnesota, and
- Involved in treatment at a for-profit MAT program in Minnesota, and
- Involved in treatment at a MAT program operated by a federally recognized tribe in Minnesota.

The Minnesota Social Service Association strongly urges the Minnesota Department of Corrections to:

- Provide drug education and treatment for incarcerated individuals who will benefit from it, and
- Make funds available to tribal communities and local corrections to plan and provide reentry and support services so that the critical transition from jail or prison to community can be successful and that recovery can be sustained so that the rates of recidivism can be reduced, and
- Plan and provide ex-offender reentry services that include connecting ex-offenders to community-based substance abuse treatment before they are released from jail or prison, and post-release services that include clinical case management be arranged and mandated as a condition of release, and
- Include safe, stable, and affordable housing as a critical part of reentry planning, and that an effort be launched with the Minnesota Department of Housing to find ways to make appropriate housing available to ex-offenders, and
- Make funds available to tribal and local communities to plan and provide reentry and support services for youth so that the critical transition from incarceration to community can be successful and that recovery can be sustained so that the rates of recidivism can be reduced, and
- Plan and provide ex-offender reentry services to youth that include ex-offenders to community-based substance abuse treatment before they are released from jail or prison, and that post-release services that includes clinical case management be arranged and mandated as a condition of release.

The Minnesota Social Service Association strongly urges the Minnesota Legislature to require a five level parallel strategy for combating the growing opioid abuse problem in Minnesota:

1. Prevention: reduce the over-prescribing of Rx painkillers, educate the public on the risks of same, find ways of discouraging the voluntary and accidental diversion of ALL prescription pharmaceuticals
2. Treatment: better and quicker access to treatment and rehabilitation, better funding for treatment, longer periods of engagement, follow-up appointments fully funded, integration with mental health and primary care
3. Recovery support: expansion of peer-support groups, telephone/texting/tele-presence support, job training, sober housing, reducing stigma, etc.
4. Harm reduction: MAT, syringe exchanges, naloxone availability, supportive housing
5. Enforcement and regulation: targeted efforts to disrupt the black market, investigation and prosecution of diversion, drug courts etc.

The Minnesota Social Service Association strongly urges the Minnesota Legislature to:

- Require *all* patients receiving care in an MAT program to participate in the Prescription Monitoring Program, seeking federal legal change to CFR 42 as needed, to ensure all recipients receive coordinated care with their primary care physician.
- Provide incentives to primary care physician practices to accept patients that have transitioned to treatments such as suboxone, who can successfully be treated in their clinic settings, thereby increasing capacity for new patients to be treated in MAT clinics. Patients can receive more comprehensive care from their primary care physician by incorporating suboxone treatment as part of their overall healthcare. Suboxone is formulated to reduce the risk of overdoses, thus making it safer to be prescribed as part of overall primary care treatment.
- Direct the Minnesota Office of the Legislative Auditor to thoroughly evaluate and assess the overall impact of the regulations, sale and monitoring of opioid- related treatment, including Methadone Assisted Treatment Programs.

**Consequence of No Change:** Minnesota has witnessed a surge in the use and abuse of opioids in recent years. No change will leave Minnesota families struggling to cope with the realities of addiction which negatively impacts families and is costly to Minnesota health and human service programs, criminal justice programs and others.