

Wright County Public Health Confronts Opioid Crisis

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The misuse of and addiction to opioids has become a public health crisis. Opioid-related deaths have skyrocketed; in 2017, 417 Minnesotans died from an opioid-related overdose, compared to 180 in 2007 (Injury and Violence Prevention Section, Minnesota Department of Health). The increase in misuse not only contributes to higher death rates related to overdoses, but also lowers the life expectancy of individuals experiencing addiction. This places a great burden on healthcare systems, social services agencies, families, and communities.

Local public health departments are part of a multi-faceted system working to resolve the opioid crisis and prevent further misuse. Current strategies, often employed by healthcare and criminal justice systems, are reactive and focus on the behavior of individuals experiencing addiction. With strong expertise in primary prevention and public education, local public health has the capacity to implement evidence-based strategies that change policies, systems, and environments to resolve the opioid crisis by preventing addiction.

In 2017, Wright County had the eighth highest number of opioid prescriptions written in Minnesota counties, according to the Prescription Monitoring Program. In early 2018, Wright County was one of two counties awarded the opportunity to use Statewide Health Improvement Partnership (SHIP) funds to pilot projects focused on the opioid crisis. Over the next year, Wright County Public Health (WCPH) worked to address barriers, bridge gaps, and create awareness around the dangers of opioid prescriptions.



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WCPH began by convening key stakeholders within local healthcare systems, now known as the Opioid Action Team, to coordinate opioid misuse prevention in the health care sector. The team developed best practice prescribing guidelines, identified characteristics of an opioid use disorder, and shared practices for managing chronic pain without long-term opioid use. Educational materials were created and distributed to local hospitals and clinics to help create a dialogue between provider and patient around safe opioid use.

While working with the Opioid Action Team, WCPH also partnered with nurses co-located in schools to help them identify substance abuse disorders in students. Staff were trained to use the SBIRT (Screening, Brief Intervention, and Referral to Treatment) model, resulting in support, education, and resource provision to students identified with potentially harmful substance use. Family home visitors will also soon be implementing the SBIRT model.

To shed light on the community impact of opioid misuse, public education, an essential service of public health, was provided by WCPH via presentations to elected officials, civic organizations, and community members. Several prescription drug take-back events were hosted to encourage the disposal of unused, unwanted, and expired medications, and a medication drop box was installed in the mobile Wellness on Wheels van to expand the reach.

Key concepts that continue to be addressed include: encouraging increased use of Naloxone (Narcan), encouraging use of Medication-Assisted Treatment (MAT) for substance abuse disorders, and implementing maternal abstinence programming to decrease the incidence of Neonatal Abstinence Syndrome (NAS). The Wright County MEADA (Mentorship, Education, and Drug Awareness) Coalition hopes to expand their substance abuse prevention efforts through youth engagement and education. ■

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