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The Opioid Crisis in Minnesota

No state has been untouched by the national opioid epidemic. Preliminary data from the Minnesota Department of Health suggests 401 Minnesotans died from an opioid-involved overdose in 2017, more than six times higher than opioid overdose deaths recorded in 2000.¹

“The opioid crisis is a public health emergency impacting virtually all of our communities throughout Minnesota,” said Michael Swanoski, Senior Associate Dean of the College of Pharmacy at the University of Minnesota.

Opioid-involved deaths began to spike in 1999 to 2015, when the number of opioid-involved deaths in the U.S. quadrupled.



401 **2000-2017**
Opioid-involved deaths



Differences in Race

Minnesota’s racially and ethnically diverse populations have been hit especially hard by the opioid crisis.¹



Drug overdose mortality rates by race (2010-2016)*



* Refers to all drug overdoses, including opioids, methadone, heroin, synthetic opioids, cocaine, psychostimulants and benzodiazepines.

American Indians are five times more likely to die from a drug overdose than white Minnesotans.³ In 2015, American Indians made up 1.1 percent of Minnesota’s population, but 15.8 percent of those in treatment for opioid use disorder. American Indian babies are 7.4 times more likely to be born to mothers engaging in hazardous opioid use.³

African Americans are two times more likely to die from a drug overdose than white Minnesotans.³ The age-adjusted drug mortality rate for African Americans in Minnesota is the sixth highest in the U.S.³

African Americans and American Indians have higher rates of opioid use disorder and overdose. The Minnesota Department of Health cites these reasons, among others:⁴

- Higher incidence of historical trauma
- Higher incidence of adverse childhood experiences
- Lack of access to medical care and/or non-opioid treatment options
- Stigma in pursuing chemical health treatment and recovery support
- Lack of access to culturally responsive treatment programs
- Racial bias on the part of providers

Age Distributions of Drug Overdose Deaths by Age

36% American Indians
(Ages 25-34)

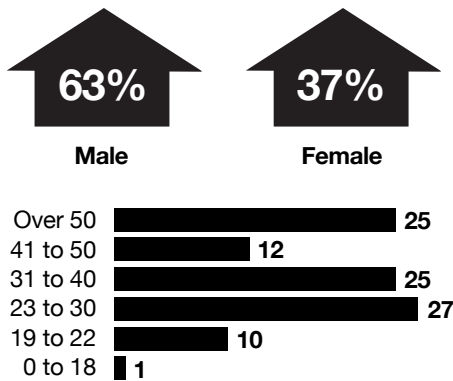
33% African Americans
(Ages 45-54)

23% White
(Ages 25-54)

Geographical Differences

Both the seven-county metro (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington) and Greater Minnesota have been affected by opioid use disorder. From 2000 to 2015, the opioid overdose rate increased in the Metro area by almost 495 percent and 1,155 percent in Greater Minnesota.

According to claims data from the American Medical Association, the total percentages of Minnesotans living with opioid use disorder as follows⁶:



Children

When a woman engages in risky opioid use during pregnancy, she risks exposing her unborn baby to opioids. This can result in newborns showing signs of withdrawal, a phenomenon known as neonatal abstinence syndrome. From 2010 to 2014, the number of babies born to mothers struggling with problem opioid use more than doubled in Minnesota.

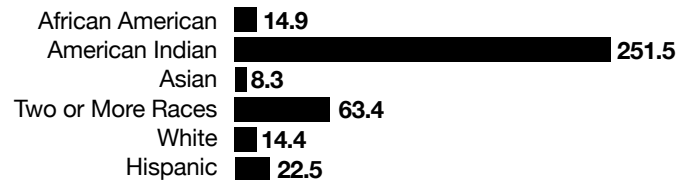
Even more startling, the rate of babies born in withdrawal is more prevalent among Minnesota's racial and ethnic communities.

Older children of adults with opioid use disorder are also being affected. Children entering foster care because of parental drug use increased from 1,200 in 2012 to 2,800 in 2016, a 133 percent change over four years. Though this data is reflective of all drugs, trends suggest that these increases are primarily due to opioids.¹

American Indian children are also 17 times more likely to be removed from their homes due to parental drug abuse.

2016 Children Entering Foster Care

Drug use of parents cited as the reason (per 10K children)



1 The Opioid Epidemic in Minnesota (Minnesota Department of Human Services)
 2 Preliminary 2017 Drug Overdose Deaths (Minnesota Department of Health)
 3 Neonatal Abstinence Syndrome Data Brief (Minnesota Department of Health)
 4 Race Rate Disparity in Drug Overdose Death (Minnesota Department of Health)
 5 Opioid Dashboard (Minnesota Department of Health)
 6 Opioid Abuse and Dependence – Minnesota (American Medical Association)