



Polk County Opioid Settlement Advisory Council Minutes  
December 9, 2022 | 12-1:30 p.m. | Campbell Library East Grand Forks

*Attendees:*

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**Members**

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Jake Dahle	Laura Delage	Nicole Brandt
Shayla Solberg	Catherine Johnson	Marly Melbye
Elizabeth Boucher	Molly Paulsrud	Jackie Hanson
Cassie Heide	Andrew Larson	
Darin Selzler	Shannon Kronlund	
Jim Tadman	Aeisso Schrage	

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**Chief Strategist - Polk County Public Health**

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Sarah Shimek  
Kirsten Fagerlund  
Advisory - Dr. Mary Sens

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1. Call to Order
  - a. The meeting was called to order at 12:00 p.m. by Sarah Shimek.
2. Introductions
  - a. Introductions were made including reason for involvement in the Advisory Council lead by Kirsten Fagerlund.
3. Meeting Guidelines (Sarah Shimek & Council)
  - a. All members have an equal voice
    - Opportunity to speak, vote, agree or disagree during the meetings.
  - b. Speak from your own experience
    - Includes personal and professional experience.
  - c. Acknowledge complexity of opioid misuse
    - Avoid using generalizations about people who are using drugs.
    - Request that members work outside of the meetings to learn more about opioid/drug use stigma.

Proposed meeting guidelines were reviewed. No additional guidelines were brought forward for consideration by the Council.

4. Review of Membership Materials Provided (Sarah Shimek)
  - a. Timeline.
  - b. Agenda.
  - c. Colorado Opioid Response Blueprint.
  - d. Member Agreement and Member Agreement Reporting and Compliance Addendum.
  - e. Johns Hopkins Guiding Principles (sent to Council members via email).
  - f. MN Attorney General Opioid Settlement One Pager.
  - g. MN DHS OER Advisory Council Fact Sheet.

Council members asked to further review packet of materials as needed before the next meeting.

5. Background of Opioid Settlement (Sarah Shimek)

a. Prescription Opioids

- Prescription opioids are a class of drugs used to reduce pain. They can be used to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer. In recent years, there has been a dramatic increase in the acceptance and use of prescription opioids for the treatment of chronic, non-cancer pain, such as back pain or osteoarthritis, despite serious risks such as addiction, overdose, and the lack of evidence about long-term effectiveness.

b. How did we get here?

- One of the critical foundations of Purdue's marketing plan for OxyContin was to target the physicians who were the highest prescribers for opioids across the country. The resulting database would help identify physicians with large numbers of chronic-pain patients.

Purdue “aggressively” promoted the use of opioids for use in the “non-malignant pain market. A much larger market than that for cancer-related pain, the non-cancer-related pain market constituted 86% of the total opioid market in 1999. Purdue's promotion of OxyContin for the treatment of non-cancer-related pain contributed to a nearly tenfold increase in OxyContin prescriptions for this type of pain, from about 670 000 in 1997 to about 6.2 million in 2002.

During OxyContin's first 6 years on the market, Purdue spent approximately 6 to 12 times more on promoting it than the company had spent on promoting MS Contin, or than Janssen Pharmaceutical Products LP had spent on Duragesic, one of OxyContin's competitors.

In much of its promotional campaign—in literature and audiotapes for physicians, brochures, and videotapes for patients, and its “Partners Against Pain” Web site—Purdue claimed that the risk of addiction from OxyContin was extremely small.

This led us to the litigation and ultimate opioid settlement.

c. Waves of the rise of opioids

1. Rise in prescription opioid deaths started in 1999 (Natural and semi-synthetic opioids and Methadone).
2. Rise in Heroin overdose deaths started in 2010.
3. Rise in Synthetic opioid overdose deaths started in 2013 (Tramadol or Fentanyl, prescribed or illicitly manufactured).

b. Northwest region local data (Dr. Sens and DTF Commander)

- Dr. Sens reported Polk County is doing a good job but is glad this group is together now. Reported a widespread use of Narcan that is saving lives and that usage is increasing. She stated that drugs that are abused used to be all prescribed or diverted, most are now from synthetics and being made in basement labs. The biggest shift is what is out there. Meth is rampant and now seeing meth across the age span. Not seeing prescription related drug deaths. Nearly every drug overdose death she sees has some level of meth in them.
- The DTF Commander stated that teamwork of all community is needed and appreciated. States postal service is top distributor of drugs, and while complicated, they are working on solutions. Seen a decrease in illegal prescription drug use over the past two years. OD Map is utilized. Stated that MN has a Good Samaritan Law. Drug Take Back Boxes are available throughout Polk County.

6. Primary purpose of group (Sarah Shimek)

a. The role of the Chief Strategist

- Become aware of best practices and educate ourselves on the things that do work.
- Establish a baseline understanding of what our community needs and what work is already being done.

- Gather community input through an assessment on how funds should best be spent.
- Develop a Request for Proposal (RFP) process to enable people in the community to get funding to do the work that is most important. Members of the Advisory Council will review the RFPs, and a formal recommendation to the Board of Commissioners will be submitted for approval. This process will allow us to get as much money out into the community to do the work that we are here to do.
- The state will receive \$303 million with Polk County to receive just under \$1.9 million over a period of 18 years. The bulk of the funds will be allotted in the early years. Our first payment was around \$65,000, and the second payment will be about \$313,000 to round out the end of 2022.

b. Memorandum of Agreement details (Sarah Shimek)

- The Memorandum of Agreement is available on the Attorney's General page, which covers the settlement details (link sent to members via email).
- The Minnesota Memorandum of Agreement lists Public Health as the Chief Strategist for the funds making our role to convene stakeholders and community members, layout best practices, and guide the spending of the funds with members of the Advisory Council.
- We are required to have one open meeting a year with municipalities, townships, and cities, which will potentially be scheduled in early 2023.
- We are to prevent and address addiction across areas of Public Health, Public Safety, and Human Services. Therefore, we asked for vast geographical and sector-based representation in the county.

c. Exhibit A what is allowed for use with the funds

- The list is very large and includes:
  - (a) Treatment
    - ◆ Treatment of opioid use disorder, supporting people with treatment and recovery, connecting people to the help they need, and addressing perinatal needs and babies who are born to parents who struggle with substance use disorder.
  - (b) Prevention
    - ◆ Youth and preventing use from the start.
  - (c) Other
    - ◆ First responders, leadership planning, coordination, training, research, and post-mortem.

7. John's Hopkins Guiding Principles (Sarah Shimek)

a. The Advisory Council has adopted these guiding principles

- Principle 1 - Spend the money to save lives.
- Principle 2 - Use evidence to guide spending.
- Principle 3 - Invest in youth prevention.
- Principle 4 - Focus on racial equity.
- Principle 5 - Develop a fair and transparent process for deciding where to spend the funding.

b. There is an Advisory Council page on the Polk County website for transparency. Meeting minutes, how funds are being spent, data, and other information will be posted here.

8. Action Steps (Sarah Shimek)

- a. Council discussion on best meeting days/times for members.
- b. The next Meeting will be held virtually on Wednesday, January 11, 2023, at 10:00 a.m. to 12:00 p.m.

- Deeper dive into data. (Mary Lyon, AmeriCorps Public Health Project Coordinator, Assoc of MN Counties, and Mary DeLaquil, Epi, MDH)
- Strategies and best practices for opioid prevention. (Sarah Shimek, Sarah Reese and Council member sharing)

c. Funding Prioritization Survey (Mary Lyon)

- Modeled after the Colorado Opioid Crisis Response Blueprint.
- A community assessment survey will be done to determine how people think they would hypothetically spend \$10 million over a period of five years, including prevention, treatment, recovery, criminal justice, and harm reduction. The survey will allow us to know where the community thinks the funds should be spent to have the largest impact.
- The Chief Strategist will finalize the survey and have Advisory Council members complete it first to determine if any changes are needed before distributing it to the community.

9. Adjourn

- a. Meeting adjourned at 1:28 p.m.