



Opioid Abuse Advisory Committee Meeting

August 29, 2024

9 – Noon CT





Welcome & Introductions



Opioid Abuse Advisory Committee

- Lori Martinec, South Dakota Department of Health, Chair
- Becky Heisinger, South Dakota Association of Healthcare Organizations
- Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
- Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners
- Tiffany Wolfgang, South Dakota Department of Social Services
- Charles McGuigan, Attorney General's Office Representative
- Kristen Carter, South Dakota Pharmacists Association
- Dayle Knutson, Great Plains Indian Health Services
- Tyler Laetsch, South Dakota Board of Pharmacy
- Rep. Taylor Rehfeldt, South Dakota Legislature
- Dr. Erin Miller, South Dakota State University, College of Pharmacy & Allied Health Professions
- Tosa Two Heart, Great Plains Tribal Leaders Health Board
- Dr. Jennifer Ball, PharmD, Center for Family Medicine
- Brian Mueller, Pennington Co. Sheriff's Office
- Jill Franken, Sioux Falls
- Susan Kornder, Northeastern Mental Health Center
- Mary Beth Fishback, Brookings Behavioral Health & Wellness
- Jason Jones, Pierre Police Department
- Jason Foote, Yankton Police Department
- Dr. John Rounds, PT, Pierre Physical Therapy & Rehabilitation
- Dr. Melanie Weiss, OD, Weiss Eyecare Clinic
- Mallie Kludt, Volunteers of America





Federal Funding Updates

- DOH Grants
- DSS Grants





Opioid Settlement Fund Overview & Status Update

- Review of Active Settlements
- Future Allocation Discussion
 - Continuation of Current Initiatives
 - Proposal for Comprehensive Needs Assessment



Active Settlement Funds

Current Approved Uses

\$3,043.421

Total Received to Date

\$18,073,617

PAYMENT YEAR	TOTAL RECEIVED	APPROVED BY COMMITTEE	PENDING APPROVAL
2022	\$ 1,223,024.09	\$ 1,223,024.09	\$ -
2023	\$ 1,754,679.77	\$ 1,754,679.77	\$ -
Accounting System Fees 2023	\$ -	\$ 22.95	\$ (22.95)
Interest Proration 2023	\$ 23,912.18	\$ -	\$ 23,912.18
2024	\$15,072,001.24	\$ 65,694.30	\$ 15,006,306.94
	\$ 18,073,617.28	\$ 3,043,421.11	\$ 15,030,196.17

APPROVED ACTIVITIES BY COMMITTEE	TOTAL OBLIGATED
Prescription Drug Monitoring Program	\$ 373,206.00
Overdose Follow-Up Program	\$ 1,042,964.70
Opioid Settlement Community Grant Program	\$ 737,501.00
Program Sustainability Fund	\$ 836,259.41
Naloxone for Distribution for Businesses	\$ 30,000.00
Accounting System Fees	\$ 22.95
Administrative Costs	\$ 23,467.05
	\$ 3,043,421.11

Pending Settlement Funds

Current Funds Available (Unobligated): \$15,030,196

Between FY2025-FY2029...

Projected NEW Distributions to be received: \$21,724,817

Proposed Obligations: (\$16,286,785)

Remaining Funds (estimate): \$20,468,228

Proposed Obligations as of August 2024	Proposed Obligations					TOTALS
	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	
Prescription Drug Monitoring Program	\$ 186,336.00	\$ 193,836.00	\$ 201,336.00	\$ 208,836.00	\$ 216,336.00	\$ 1,006,680.00
Overdose Follow-Up Program	\$ 346,445.00	\$ 360,303.00	\$ 374,715.00	\$ 389,704.00	\$ 405,292.00	\$ 1,876,459.00
Opioid Settlement Community Grant Program	\$ 500,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 4,500,000.00
Program Sustainability Fund [2]	\$ 3,751,576.74	\$ 1,219,012.00	\$ 1,253,214.00	\$ 965,898.00	\$ 965,898.00	\$ 8,155,598.74
Naloxone for Distribution for Businesses	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	\$ 150,000.00
5% Administrative Costs	\$ 48,048.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 248,048.00
Needs Assessment (one-time request)	\$ 350,000.00					\$ 350,000.00
Funds Available:	\$ 15,030,196.17	\$ 14,693,838.89	\$ 16,853,543.58	\$ 17,807,869.48	\$ 19,027,022.38	
Proposed Obligations:	\$ (5,212,405.74)	\$ (2,853,151.00)	\$ (2,909,265.00)	\$ (2,644,438.00)	\$ (2,667,526.00)	\$ 16,286,785.74
Funds Remaining after Obligations:	\$ 9,817,790.44	\$ 11,840,687.89	\$ 13,944,278.58	\$ 15,163,431.48	\$ 16,359,496.38	
Projected Distributions:	\$ 4,876,048.45	\$ 5,012,855.69	\$ 3,863,590.90	\$ 3,863,590.90	\$ 4,108,731.71	
Estimated Balance Remaining [1]:	\$ 14,693,838.89	\$ 16,853,543.58	\$ 17,807,869.48	\$ 19,027,022.38	\$ 20,468,228.09	

[1] The estimated balance remaining each year could be used for priorities resulting from the needs assessment.

[2] The Program Sustainability Fund is calculated as 25% of the prior year Projected Distribution (e.g., 25% of \$4,876,048 anticipated to be received in FY25, or \$1,219,012, is deposited into the Fund in FY26). FY2025 is calculated by taking 25% of the fund balance pending approval, received in FY24 (25% of \$15,030,196.17).



Role of the Advisory Committee

- **Bylaws for the Committee are available online**
<https://doh.sd.gov/media/vtyhbawn/opioid-advisory-committee-bylaws.pdf>
- **The Committee is tasked with making formal recommendations to the Secretary of DSS for use of the Statewide Share**
- **DSS is tasked with oversight of the funding and assurance that it is used in a manner that in its judgement will best address the opioid crisis within the State**
- **DSS also is tasked with adhering to the state's budgeting process**



Settlement Fund

Next Steps



Recommend Proposed Obligations for current initiatives (previously approved activities) through FY29

- Prescription Drug Monitoring Program: \$1,006,680
- Overdose Follow-Up Programs: \$1,876,459
- Community Grant Program: \$4,500,000
- Program Sustainability Fund (25% of distributions received)
- Naloxone for Distribution to Businesses: \$150,000
- Administrative Costs: \$248,048



Recommend use of up to \$350,000 in one-time funds for a comprehensive opioid needs assessment

- Funds are budgeted in FY25 but the timeline for expenditure will extend into FY26



Project Updates

- Training & Technical Assistance to Emergency Departments (SDAHO)
- Avoid Opioid SD and Let's Be Clear – Public Awareness Campaign Update (Lawrence & Schiller)



Opioid Discussion

August 29, 2024

Clinical Improvement Consultants



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107,543

https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm

Statewide Assessment of ED Policies and Practices

- Education
- PDMP Utilization
- OUD/SUD Screening
- MAT initiation
- Toxicology Protocols
- Naloxone Prescribing

Statewide Assessment of Overdose Policies & Practices in Emergency Departments



South Dakota Department of Health & CDC Overdose Data to Action (OD2A) February 2020

Emergency departments are a key partner in preventing and responding to drug and opioid overdose, substance use disorder (SUD), and opioid use disorder (OUD). With the increase in overdose deaths in the U.S., hospitals and emergency department staff need to be prepared for patients presenting with SUD, OUD, and overdose. Little is known about how and whether emergency departments in South Dakota respond to patients with SUD and OUD, and those who present for drug overdose. The purpose of this project was to assess existing emergency department policies, procedures, and protocols about SUD, OUD, and overdose in South Dakota hospitals.

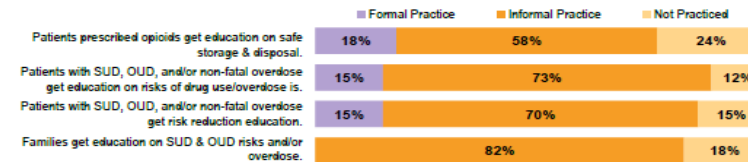
ASSESSMENT

- 49 hospitals invited to online survey, 33 participated (67% response rate).
- 57-questions assessed if formal (policy), informal (no policy, but staff may complete at own discretion), or no practices (hospital does not do this) exist at their hospital for education, Prescription Drug Monitoring Program (PDMP), screening, intervention, treatment, overdose, and naloxone distribution.
- Survey development and framework were guided by existing statewide protocols or guidelines from Arizona Department of Health, Maryland Hospital Association, Rhode Island Governor's Overdose Prevention & Intervention Task Force, and the Massachusetts Health and Hospital Association.

RESULTS

Many evidence-based practices around screening, intervention, and treatment have not been formalized in South Dakota EDs.

EDUCATION



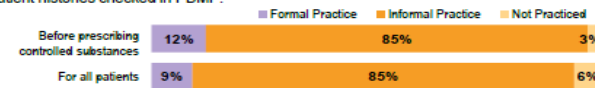
76% of hospitals lack drug take-back receptacles.

PDMP



64% do not have policies that prevent opioids being used as first-line treatment.

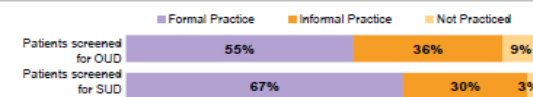
Patient histories checked in PDMP:

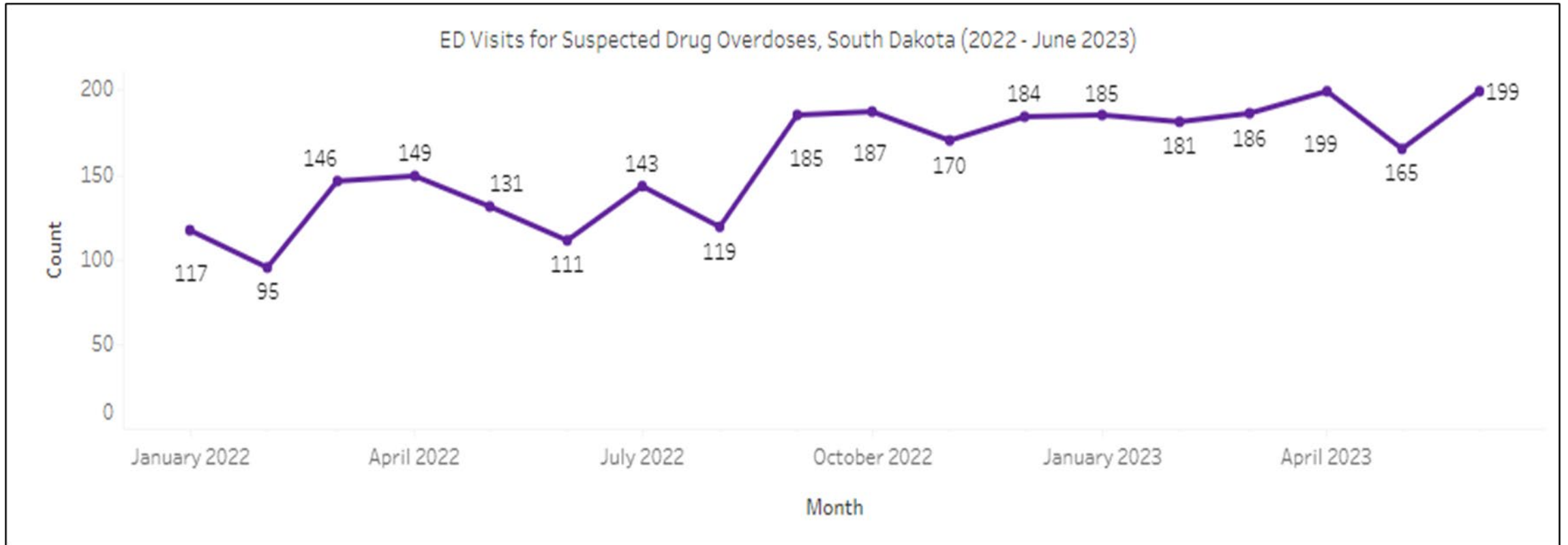


SCREENING



The ED is a prime opportunity to identify, engage, and intervene to prevent future overdoses.





<https://www.avoidopioidsd.com/key-data/>

! For immediate substance use help and support, [call 988 to connect with local trained counselors.](#)



WHAT ARE OPIOIDS? FIND HELP TAKE ACTION **PROVIDERS** PHARMACY KEY DATA ABOUT

FOR PROVIDERS

OUD TREATMENT

PROVIDER TRAINING

EXPANDING ACCESS TO MAT/MOUD

EMERGENCY DEPARTMENT PROVIDER TOOLKIT

Let's Be Clear:
Substance Use Disorder is a **treatable** condition.

Decision Tree for Providers

1

Screen & Identify
Patient Risk

2

Diagnose

3

Treat

4

Educate & Prescribe

Patient is Stable

During your consultation:

1. Review the patient's history.
2. Conduct a physical exam and [pain assessment](#).
3. [Review PDMP](#). Then, [identify/calculate MME/day](#).
4. Ask if the patient has a primary care provider.

Based on findings from these steps, choose which path best fits the patient:

- a. [Suspect OUD](#)
- b. [Common Acute Pain Condition](#)



Prescribing Medication-Assisted Treatment

To treat those with Opioid Use Disorder, it is crucial to expand access to evidence-based treatment.

Medication-assisted treatment (MAT) and Medications for Opioid Use Disorder (MOUD) is considered the best treatment option for OUD as part of a comprehensive treatment plan.

- MAT/MOUD combines FDA-approved medication and behavioral therapy
- Medication works to relieve physical symptoms and cravings associated with withdrawal
- Patients can focus on making positive lifestyle changes that support long-term recovery

There are three FDA-approved medications used for OUD MAT/MOUD. Each have specific protocol providers must follow in order to prescribe:

Methadone

- Opioid agonist medication that has been used for decades
- Blunts or blocks the effects of opioids to reduce craving and withdrawal

Buprenorphine

- Works similarly to methadone
- Only partially activates opioid receptors
- Often reduces drug use and protects patients from overdose

Naltrexone

- Completely blocks opioid receptors and is used after detoxification to prevent relapse
- No abuse and diversion potential or overdose risk

[Dr. Tinguely Education Sessions:](https://sdaho.org/quality-integration/)

<https://sdaho.org/quality-integration/> > Quality Integration > Opioid Stewardship > Education

Resources

South Dakota Resources for Substance Use Disorders



Avoid Opioid SD is a joint effort between the South Dakota Department of Health and Department of Social Services to address opioid abuse and misuse in the state. The website: www.avoidopioidsd.com has MANY resources including how to find help, treatment options, medication assisted treatment (MAT) for providers, and a multitude of excellent resources and information on how to treat opioid use disorder.

Care Coordination is a FREE, confidential service available for all South Dakotans, patients and medical providers. Call the Resource Hotline at 1-800-920-4343 and ask to speak to a Care Coordinator. They are trained specialists with additional training for opioid use disorder support. They are available to answer all kinds of questions to help get on the path to recovery. They help with housing, transportation, employment, food assistance, treatment options, financial assistance, behavioral health, and provide family support.



Your personal guide to addiction recovery.

Opioid Care Coordination is FREE & confidential

OPIOID TEXTING SUPPORT

When you text OPIOID to 898211, enter your zip code and county. The service is then customized based on your location, your specific needs, and questions. It is beneficial if you are worried about yourself or a loved one but not quite ready to talk about it. It will provide answers and information for anyone looking for additional resources for substance use disorders.

988 is not only a suicide hotline, but they also provide substance use information along with support programs. They provide connection to all levels of treatment options including care coordination and follow-up support.



Resource Hotline 1-800-920-4343 FREE, confidential support—available 24/7



CONTACT US
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South Dakota Resources for Substance Use Disorders



Face It TOGETHER provides an effective approach to addiction wellness. They provide personalized peer coaching for those impacted by addiction, including loved ones. All Face It TOGETHER coaches have personal experience with addiction, either directly themselves, as a close loved one or both. They have degrees in a range of fields and complete extensive training to become certified coaches. www.wefaceittogether.org

The Center provides a range of resources and connects individuals to services. To contact the Helpline Center: Call 211

Use the Helpline Center's statewide database to find opioid prevention, treatment, and support services in your area. Search by county or zip code. www.avoidopioidsd.com/find-help/searchable-database



The Link is a community triage center in Sioux Falls. It is a safe place for people experiencing a non-violent behavioral health crisis or needing care for substance abuse disorder to access immediate treatment and referral to support services. The Link treats patients residing in Minnehaha or Lincoln Counties. Phone number: 605-275-1000. www.linksf.org

BCBH-SD offers a suite of free evidence-based self-management education and physical activity programs for adults and caregivers living with chronic pain. In a supportive group environment, participants learn skills to safely manage and balance life with ongoing physical and/or mental health conditions. goodandhealthysd.org



Order FREE opioid-related resources from the SD DOH and Social Services:

www.avoidopioidsd.com/take-action/print-materials



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CLINICIAN SUBSTANCE USE RESOURCES

Clinician Consultation Center

National Clinician Consultation Center:

Warmline: (855) 300-3595

Consultation is available Monday through Friday, between 9 a.m. and 8 p.m. ET, from addiction medicine-certified physicians, clinical pharmacists, and nurses with special expertise in pharmacotherapy options for opioid use. Voicemail is available 24-hours a day

Mentoring

PCSS-Medication Opioid Use Disorder (MOUD) Mentoring

Application: <https://pcssnow.org/mentoring/find-a-mentor/>

Email: pcssmentoring@aaap.org

Discussion Forum: <https://pcss.invisionzone.com/register>

**This is not a program to offer medical advice about specific patients. Rather, this program is designed for experts to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder. This resource program is one component of a large program of education and mentoring services for providers.*

PCSS-Medication Alcohol Use Disorder (MAUD) Mentoring

Website: <https://www.pcss-maud.org/mentoring>

Email: PCSSMAUD@asam.org

Phone: 301-656-2294

**The PCSS-MAUD Mentoring Program is a national network of trained healthcare professionals and experts in the field. Mentors provide guidance and coaching on how to prevent, treat, and support recovery for individuals with alcohol use disorder.*

Resources

Boston Medical Center (BMC):

MAT QuickStart Clinical App: <https://www.addictiontraining.org/quick-start/> - BMC developed this guidance to help inform clinicians on the use of medications for opioid use disorder. Interactive clinical algorithms walk you through each step of the clinical decision-making process to help care for patients.

BMC Resources for providers: <https://www.addictiontraining.org/resources/>

Bridge To Treatment:

Resources: <https://bridgetotreatment.org/tools/resources/>

Includes resources such as:

- Acute Care Treatment of Alcohol Use Disorder
- Acute Pain Management in ER and Critical Care
- A Patient-Centered Rapid Access Approach to Substance Use Disorder
- Buprenorphine and Pharmacy Frequently Asked Questions
- Buprenorphine ER Quick Start
- Buprenorphine Hospital Start: Low-Dose Buprenorphine Initiation with Opioid Continuation
- And many more!

Clinician Substance Use Resources 1-pager



CENTER FOR FAMILY MEDICINE



Currently, there are 3 state-supported clinics in SD that offer MAT.



ASSESSMENT

COWS: Clinical Opioid
Withdrawal Scale

SOAPP-R: Screener and Opioid
Assessment for Patients with
Pain

NIDA Quick Screen



QUESTIONS?

Break
the
Stigma

Stigma: A Personal Testimony from Megan Cantone

Recording for the webinar is on our website.

<https://sdaho.org/quality-integration/> >
Quality Integration > Opioid Stewardship >
Education







Opioid Response Network

Clinical Improvement Consultants



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AVOID OPIOID


brand transition

FALL 2024

now:

- Campaign with updated look, feel, tone and voice
- Website optimizations that included nods to the new brand name and landing page for web users
- Developing plan, assets and strategy for the future
- Research on the current brand

 Avoid Opioid SD
Saturday, August 31 at 9:00am

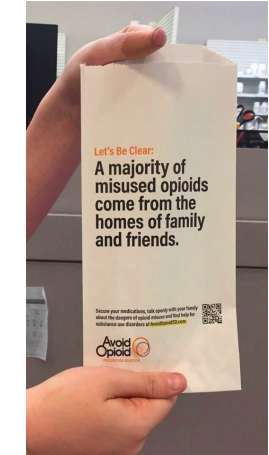


It's Overdose Awareness Day. From 2020-2022, nearly 40% of overdose deaths in South Dakota occurred while a bystander was present. That means you could be the difference between life and death. Learn the signs of an overdose and how to act fast.

[#TogetherWeCan](#) [#IOAD2024](#) [#EndOverdose](#) [#OverdoseAwarenessDay](#) [#RecoveryJourney](#) [#SupportGroup](#) [#SubstanceUseDisorderAwareness](#)

Learn the Signs of an **Overdose**:

- Lost Consciousness
- Limp Body
- Slowed Breathing
- Pinpoint Pupils
- Pale or Cold Skin
- Slowed Heart Rate



Let's Be Clear: About Fake Pills

 Let's Be Clear.
Find Help >

Addiction is a treatable disease.  Let's Be Clear.
Find Help >

LET'S BE CLEAR: ABOUT OPIOIDS

It's good to be clear about substance use. About safety, support and getting help. Knowing the dangers of opioid misuse, especially for teens and young adults, can prevent addiction, overdose and even death. Opioids are highly addictive narcotics commonly prescribed for severe pain. And even though they provide relief for those struggling, they must be used with extreme caution. Opioids are a major contributor to fatal overdoses in South Dakota. Remember: If they're not prescribed to you by your doctor, they're not safe.

Facts

- A majority of misused prescription opioids come from the homes of family and friends.
- 1 in 4 people who are prescribed opioids struggle with misuse.
- Chronic pain affects nearly 1 in 5 adults in the US.
- Opioids account for 47.3% of drug related deaths in South Dakota.*

*South Dakota State Epidemiological Outcomes Behavioral Health Indicators 2024 Executive Summary

The Risks of Opioid Misuse

- Substance Use Disorder
- Long-term health problems
- Paralysis
- Coma
- Death
- Overdose

Naloxone Saves Lives

Naloxone is the easiest way to reverse an opioid overdose. Anyone can use naloxone without any medical training. If you or someone you know is at risk for opioid overdose, you should always carry naloxone and keep it at home.



To find a naloxone pharmacy near you, visit: [AvoidOpioidSD.com/find-a-naloxone-pharmacy](https://avoidopioidSD.com/find-a-naloxone-pharmacy).

What to Do if You Think Someone is Overdosing

It can be hard to tell whether a person is overdosing or not. If you aren't sure, always treat it like an overdose — you could save a life.

1. Call 911 Immediately*
2. Follow Dispatch Instructions
3. Administer Naloxone
4. Try to Keep the Person Awake and Breathing
5. Lay the Person on Their Side to Prevent Choking
6. Stay with the Person Until Emergency Assistance Arrives

*South Dakota law protects a person who is overdosing or the person who called for help from legal trouble.

Fentanyl

Fentanyl is a powerful synthetic opioid 50 to 100 times more potent than morphine. Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths. Even the smallest dose can be deadly. As little as two milligrams, or the size of 5 grains of salt, can cause overdose.

Lock Boxes

Both prescription and over the counter drugs can be harmful if taken in the wrong way or by the wrong person. Storing medications safely at home can help keep everyone safe. Medication lock boxes make sure medicine is only accessible to the right people and help reduce accidental overdose or medication misuse. Sign up for a free lock box at [AvoidOpioidSD.com/take-action/medication-lock-boxes/](https://avoidopioidSD.com/take-action/medication-lock-boxes/).



Let's Be Clear

The words we use matter. And by saying "substance use disorder" instead of "addiction," you're emphasizing that it's a chronic — and treatable — disease. Help reduce stigma and make it easier for people to seek treatment by talking openly with your family. Find help for substance use disorders at [AvoidOpioidSD.com](https://avoidopioidSD.com)

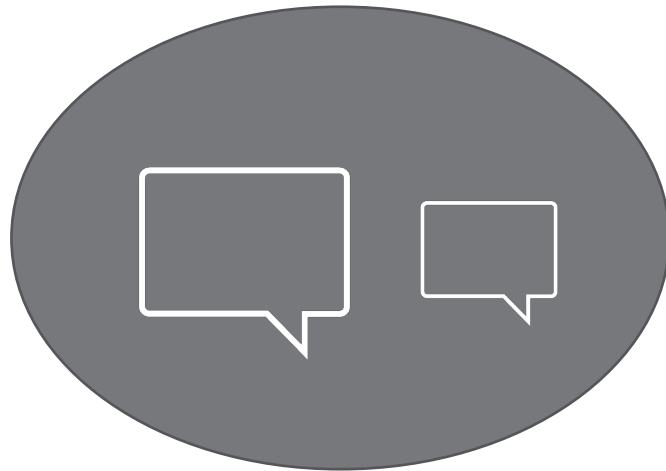
Avoid Opioid 
[AvoidOpioidSD.com/take-action](https://avoidopioidSD.com/take-action)

Content was developed in partnership with the South Dakota Departments of Health and Social Services.

Let's Be Clear:
A majority of misused prescription opioids come from the homes of family and friends.

Learn More > 

approach overview



In-depth Interviews

11 completed interviews
Individuals with lived experience
Substance use professionals



Committee Survey

8 completed surveys
Opioid Advisory Committee

understanding the challenge

a focus on fentanyl

Prescriptions v. Illicit Drugs

- Opioid use has evolved over time
 - Harder to get prescription pills
 - Heroin is less common
 - More pressed pills available
- Fentanyl mixed with other substances

I would lean much harder on the fentanyl, pressed pills. The prescription pills are around but not like they used to be...I think it's the fentanyl, the pressed pills, that is more important and really hurting people right now.

-Person With Lived Experience



A large, light gray warning sign graphic consisting of a triangle with a thick border and a vertical exclamation point in the center. The text 'populations most at risk' is overlaid on the sign in a bold, orange, sans-serif font.

populations most at risk

- Younger people are most at-risk
 - Less life experience
 - Don't understand the risk
 - More willing to participate in risky behaviors
- The Native American population
- Individuals experiencing a trauma – mental or physical
 - Injury
 - Abuse
 - Neglect/abandonment
- Individuals in proximity – situations of social normalization



at risk audiences

Which of the following populations do you believe are most at risk for experiencing challenges with opioids or overdoses? (Select all that apply)

Native Americans	88%
Youth and young adults (Under 25)	88%
Veterans	50%
Individuals in blue collar professions	38%
Agriculture producers	13%
Healthcare professionals	13%

Of the following groups, which do believe need more resources or education about opioids? (select all that apply)

Native Americans	100%
Youth and young adults (Under 25)	86%
Veterans	57%
Individuals in blue collar professions	43%
Agriculture producers	14%
Elderly/Mature individuals	14%

A large, faint graphic of four interlocking puzzle pieces in the background, arranged in a 2x2 square. The pieces are light gray and have a subtle shadow effect.

co-occurring disorders

Opioid Use is Often Co-occurring With Other Disorders

Substances

- Opioid use frequently goes hand-in-hand with alcohol and methamphetamine use

Mental Health & Trauma

- Undiagnosed or untreated disorders
- Unresolved trauma

stigma & stereotypes



Stereotypes about people who use substances

- A primary reason for people not seeking help
- Blaming user for becoming dependent
- Removing the humanity from the person
- Labeling as a “junkie” or “addict”

One thing I get a lot is it was a choice. It started out as a choice. You're right. I chose to pick it up and I chose to use, but when I did that, it flipped a switch.

There was something in my brain chemistry, that all it took was the right thing and it was going to snowball. So, it really makes me mad when people are like, "It's a choice. Why don't you just stop?"

-Person With Lived Experience



understanding what recovery means

- Recovery is a process, not an end point
 - Getting into recovery can take multiple tries
 - Everyone is different and needs individual approaches
 - Restarting use isn't a failure
- Recovery evolves over time – the person's relationship with their recovery changes over time




**considering the
creative approach**

alternative messaging approaches

ABOUT OPIOIDS ABOUT OUD TREATMENT OPTIONS TALK TO SOMEONE FAMILY SUPPORT

FOR OPIOID USE DISORDER...

NO MORE SHAME.



Fentanyl is up to **50x** stronger than heroin and **100x** stronger than morphine.


50x

1 in 4 people who are PRESCRIBED OPIOIDS STRUGGLE WITH ADDICTION



"Recovery is POSSIBLE. And it is BEAUTIFUL."

FOR HELP
Call 734-544-3050
Washtenaw.org/ItsPossible



Molly, Washtenaw County, in recovery for 9 years

DROP THE F*BOMB

TALK TO YOUR KIDS ABOUT FENTANYL

Fentanyl is being used to make counterfeit pills and is being laced into other illicit drugs. Make sure your teens know the facts.

Learn the facts on fentanyl and start a life-saving conversation with your teen.

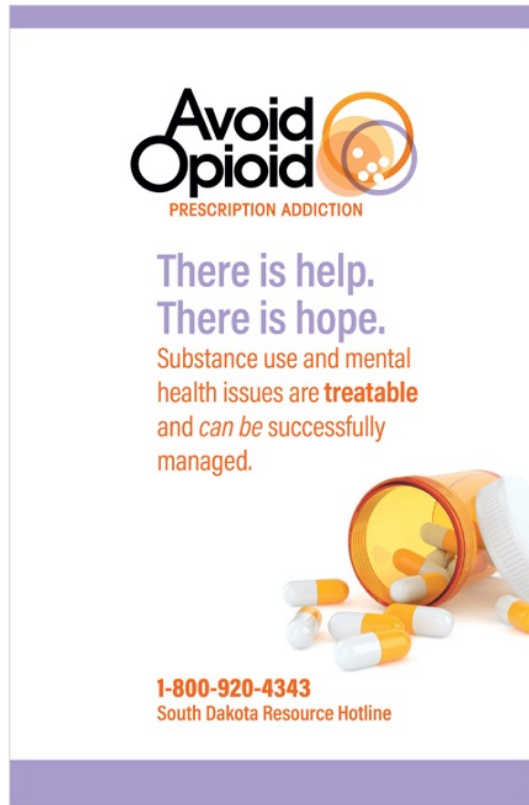
DropTheFBomb.com



If you're struggling with prescription opioids, there is hope. Recovery is possible.




previous campaign efforts



Avoid Opioid
PRESCRIPTION ADDICTION

There is help.
There is hope.
Substance use and mental health issues are **treatable** and *can be* successfully managed.

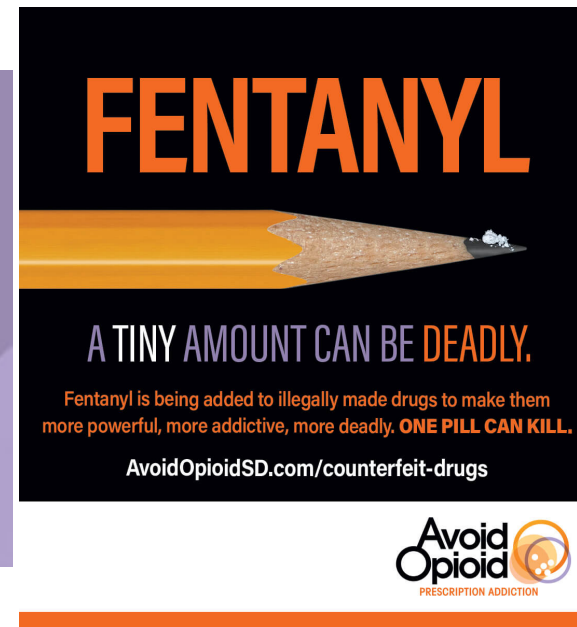


1-800-920-4343
South Dakota Resource Hotline




Since 2012,
OPIOID DEATHS
have steadily
INCREASED
in South Dakota

VIEW DATA ▶



FENTANYL

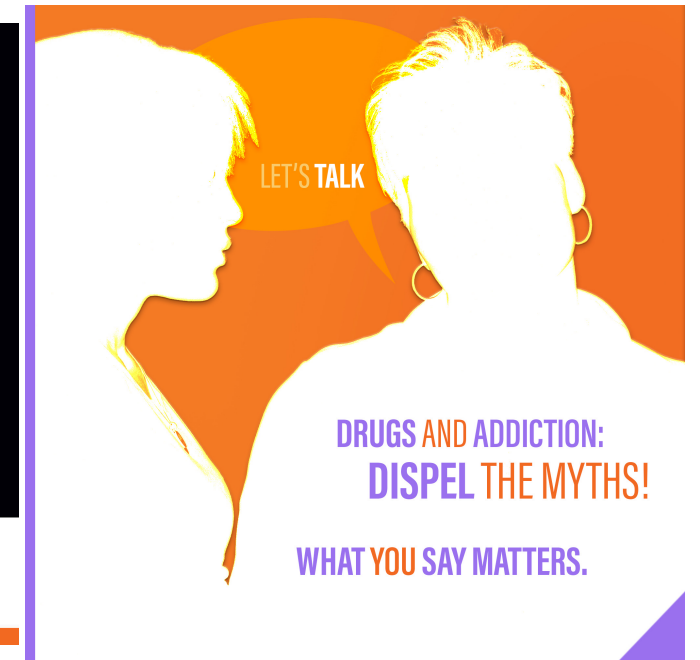


A TINY AMOUNT CAN BE DEADLY.

Fentanyl is being added to illegally made drugs to make them more powerful, more addictive, more deadly. **ONE PILL CAN KILL.**

AvoidOpioidSD.com/counterfeit-drugs

Avoid Opioid
PRESCRIPTION ADDICTION



LET'S TALK

**DRUGS AND ADDICTION:
DISPEL THE MYTHS!**

WHAT YOU SAY MATTERS.



strengths & challenges

STRENGTHS

Established brand
Awareness within the industry
Historically addresses
prescription pill challenges

CHALLENGES

Possible messaging confusion
Does not address polysubstance use
Historic focus does not offer flexibility
to the evolving situation

messaging direction

The message is not about avoiding opioids

Help South Dakotans understand appropriate use of opioids

Make people aware of the dangers of misuse

Understand how to support and protect people who use

Incorporate polysubstance use

launching the new brand

SOUTH DAKOTA,

**Let's Be
Clear**



PREVENTION. TREATMENT. RECOVERY.



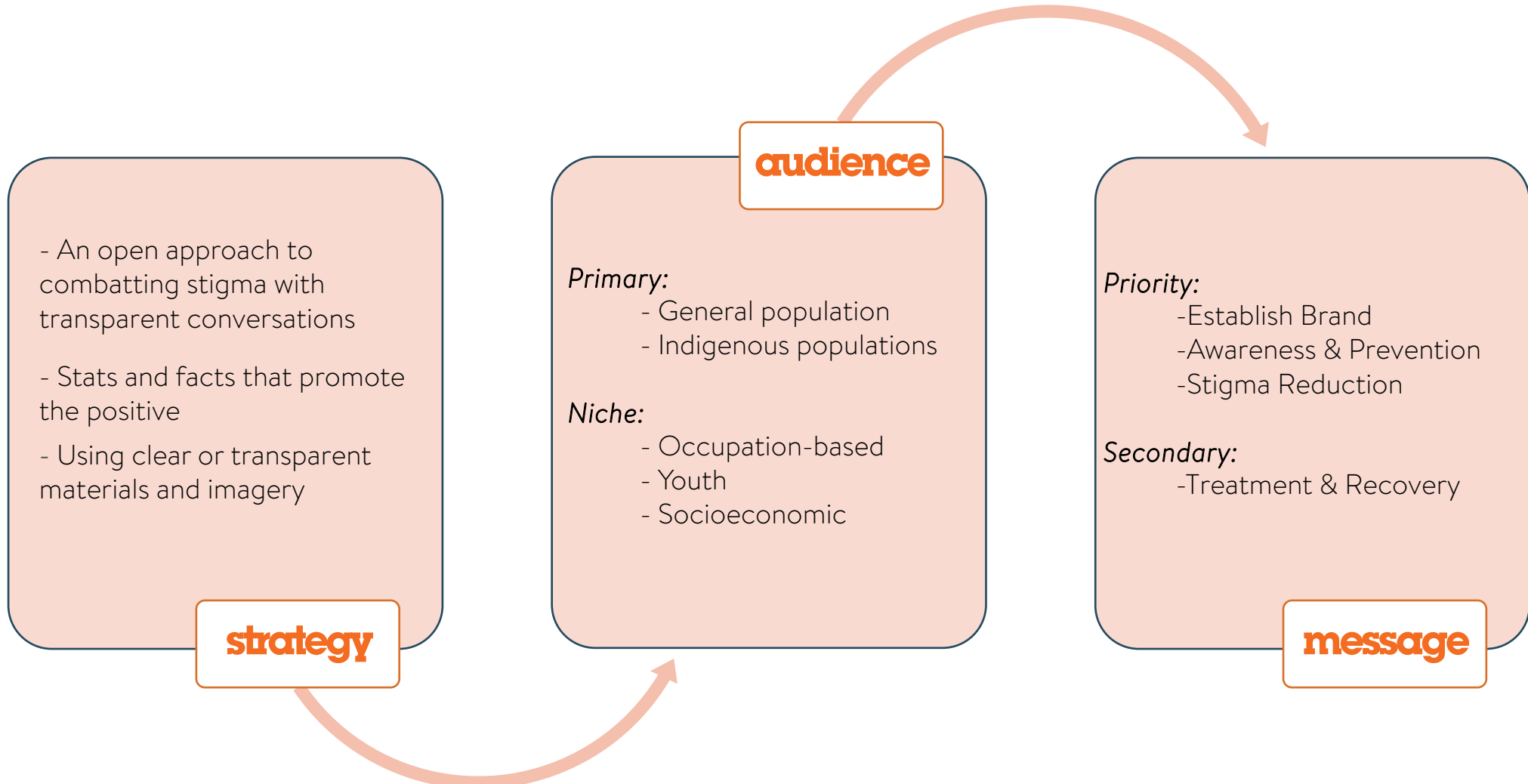
Stigmas create barriers.
Walls that prevent us from truly understanding
and seeing each other.

So let's be clear about substance use.
Clear about safety, support and getting help.
Clear about myths and misinformation, from opioids
to MOUD to counterfeit pills. And help every South
Dakotan see clearly that substance use isn't the way
to fill what feels empty.

Together, we can spark moments of clarity, start
open conversations and be free of stigmas around
substance use.



Let's Be Clear brand



strategy

- An open approach to combatting stigma with transparent conversations
- Stats and facts that promote the positive
- Using clear or transparent materials and imagery

audience

Primary:

- General population
- Indigenous populations

Niche:

- Occupation-based
- Youth
- Socioeconomic

message

Priority:

- Establish Brand
- Awareness & Prevention
- Stigma Reduction

Secondary:

- Treatment & Recovery

key strategies



- Creative production on all Let's Be Clear assets
- Perception study
- Day-in-the-life testimonial videos
- Organic social media strategy
- Identify and respond to overdose clusters
- Paid media
 - Prioritize high reach placements to generate awareness
 - Targeted platforms to reach specific audiences
 - Utilize long-form content to educate
 - 'National Day' considerations for paid and organic messaging



new website

- Let's Be Clear's mission, goals and efforts using current best practice language
- Increase usage of the various prevention, treatment and recovery resources by serving as a repository for relevant information
- Easily connect providers with valuable, up-to-date information
- Change the narrative around substance use, SUDs and the barrier these stigmas create for someone seeking help
- Build in flexibility to be nimble to future needs, trends and campaigns



SUBSTANCE USE DISORDERS

GET HELP

PREVENTION

PROVIDERS

RESOURCE LIBRARY



▼ Do you need help right now? ▼

Let's Be Clear
**Substance Use Disorder is a treatable
disease.**



next:

- Brand transition– October 2024.
- New website – October 2024
- Brand campaign
 - Fall/Winter 2024
 - Spring/Summer 2025



questions?



Lab Testing Quality Enhancement Projects

Presented by Department of Health Secretary Melissa Magstadt and Dr. Tim Southern, Director of the SD Public Health Lab



South Dakota Public Health Laboratory



**South Dakota Opioid Abuse Advisory Committee Meeting
August 2024**

Forensic Chemistry Section: Overview

- The Forensic Chemistry Section performs blood and urine toxicology, blood alcohol analysis, seized drug testing, and medical cannabis testing.
- Most forensic chemistry testing services are provided for state and federal law enforcement agencies as well as the Department of Corrections and United Judicial System.
- In addition to testing, forensic chemistry staff:
 - Maintain national accreditation
 - Provide consultation to LEOs and attorneys
 - Investigate trends in the emergence of new illicit substances
 - Develop and implement tests to identify drugs
 - Provide expert courtroom testimony

Forensic Chemistry

Subject Matter Expertise

Blood Alcohol Analysis

Blood Toxicology

Urine Toxicology

Drug and Evidence Analysis

Opioid Analysis

Industrial Hemp Testing

Medical Cannabis Testing



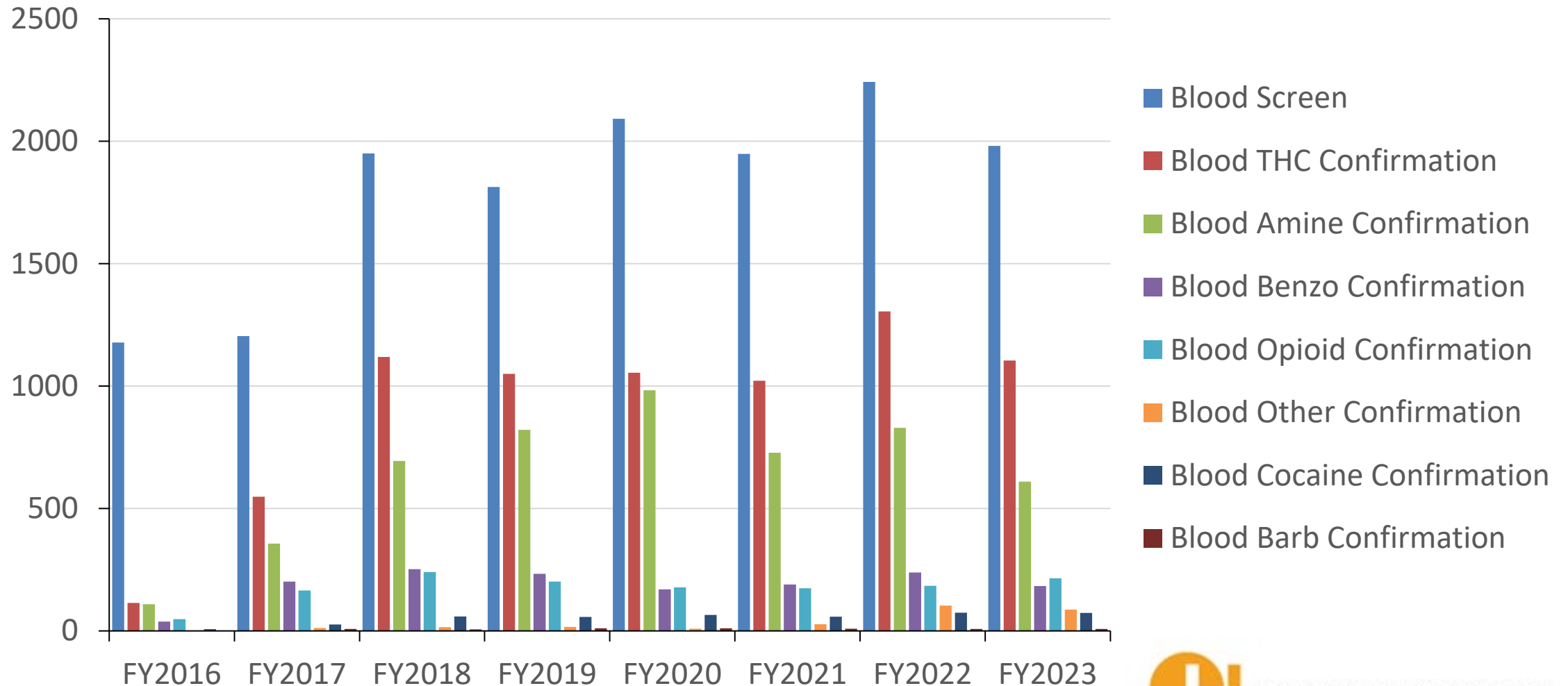
South Dakota Public Health Laboratory

Forensic Chemistry Section

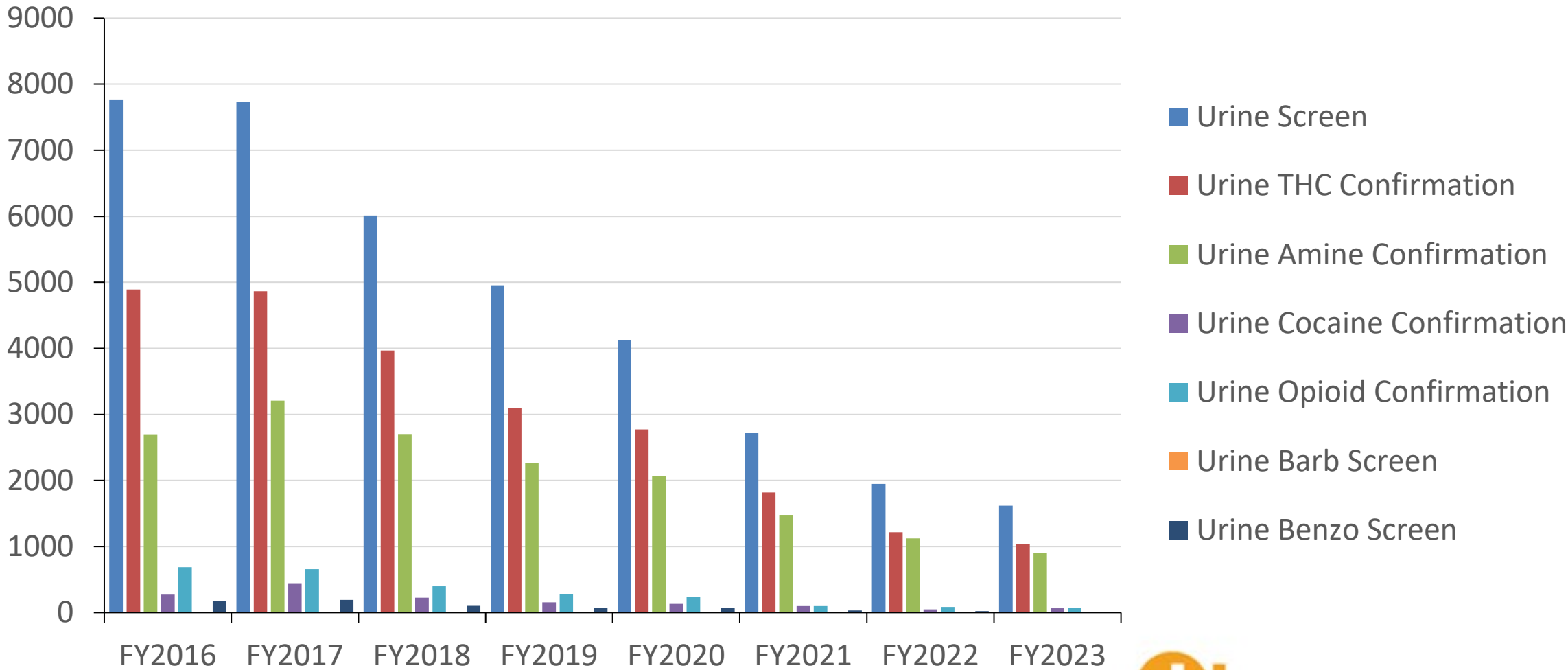
- SDPHL performs seized drug and toxicology testing.
 - The seized drug testing program can identify any substance for which a standard is available.
 - Substances include common over the counter medications, prescription medications, illicit substances, and novel substances.
 - The Toxicology testing program can identify six classes of drugs from blood and four classes of drugs from urine.
 - Opioids can be identified from both blood and urine.



Annual Blood Toxicology Volumes



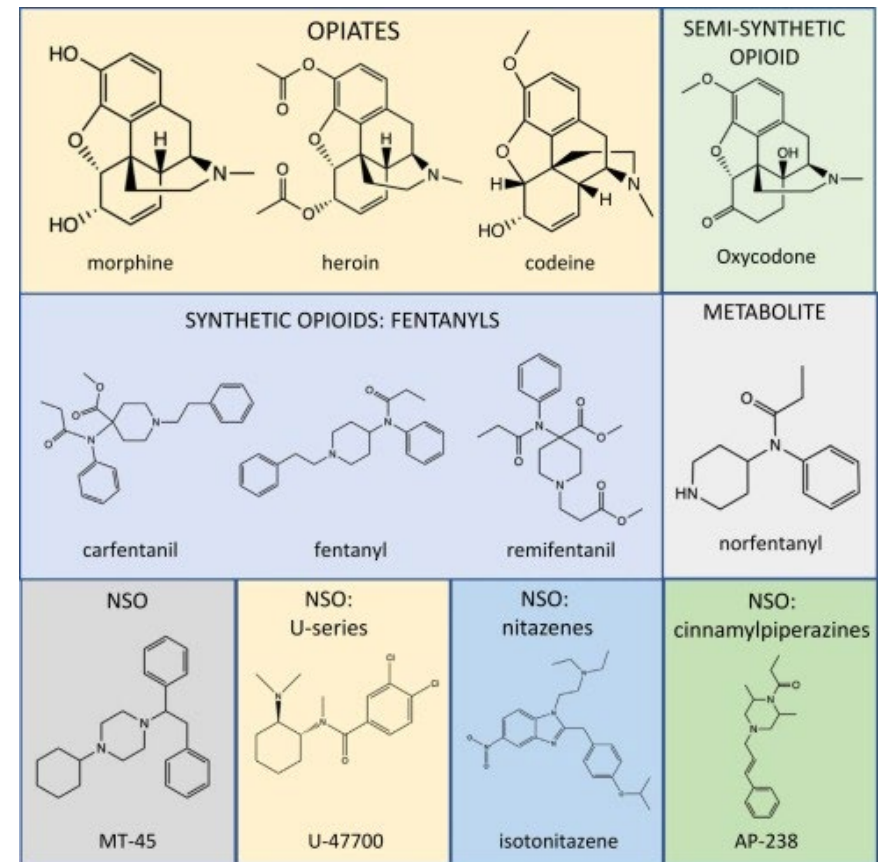
Annual Urine Toxicology Volumes



South Dakota Public Health Laboratory

Forensic Chemistry Section

- SDPHL encounters opiates including those found in prescription medications and the illicit drug market.
- Semi-synthetic and synthetic opioids are also encountered.
- The most commonly encountered opioids by SDPHL Forensic Chemistry staff include:
 - Fentanyl
 - Norfentanyl
 - Hydrocodone
 - Tramadol





South Dakota's Opioid Road Map: *Data & Surveillance*

- Overdose Data Update
- Prescription Drug Monitoring Program Update



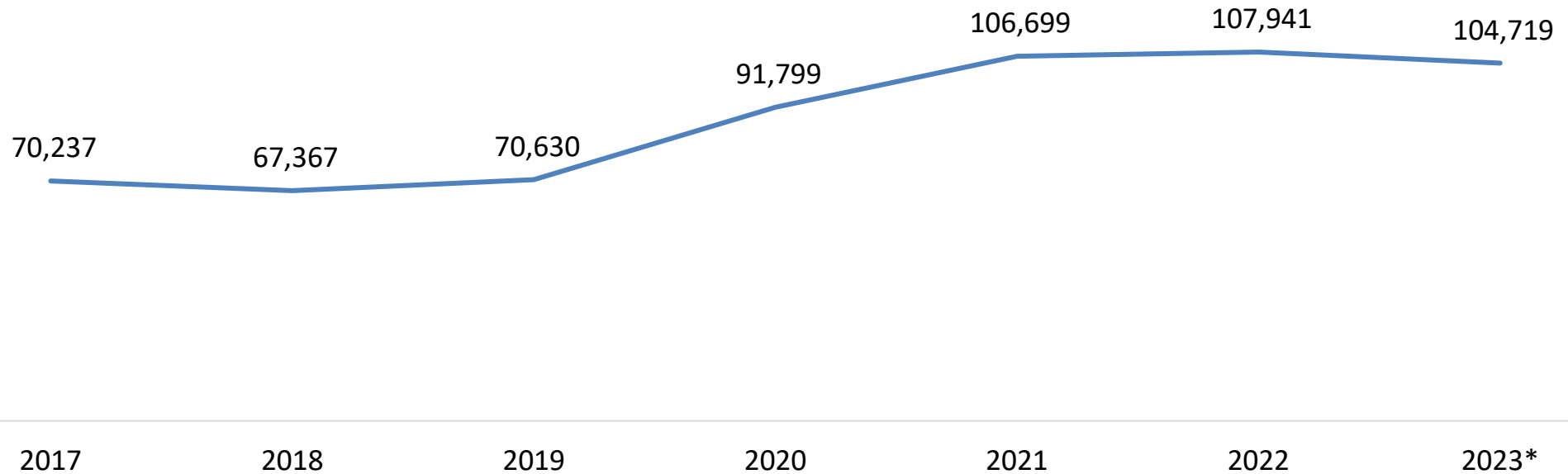
Overdose Data Updates

Opioid Advisory Committee Meeting
August 29th, 2024

Amanda Weinzetl, MPH
Injury Prevention Epidemiologist
South Dakota Department of Health



U.S. overdose deaths decreased in 2023 for the first time since 2018 (*2023 is provisional)





Overdose Deaths Rates – SD vs U.S.

In 2022, South Dakota had the

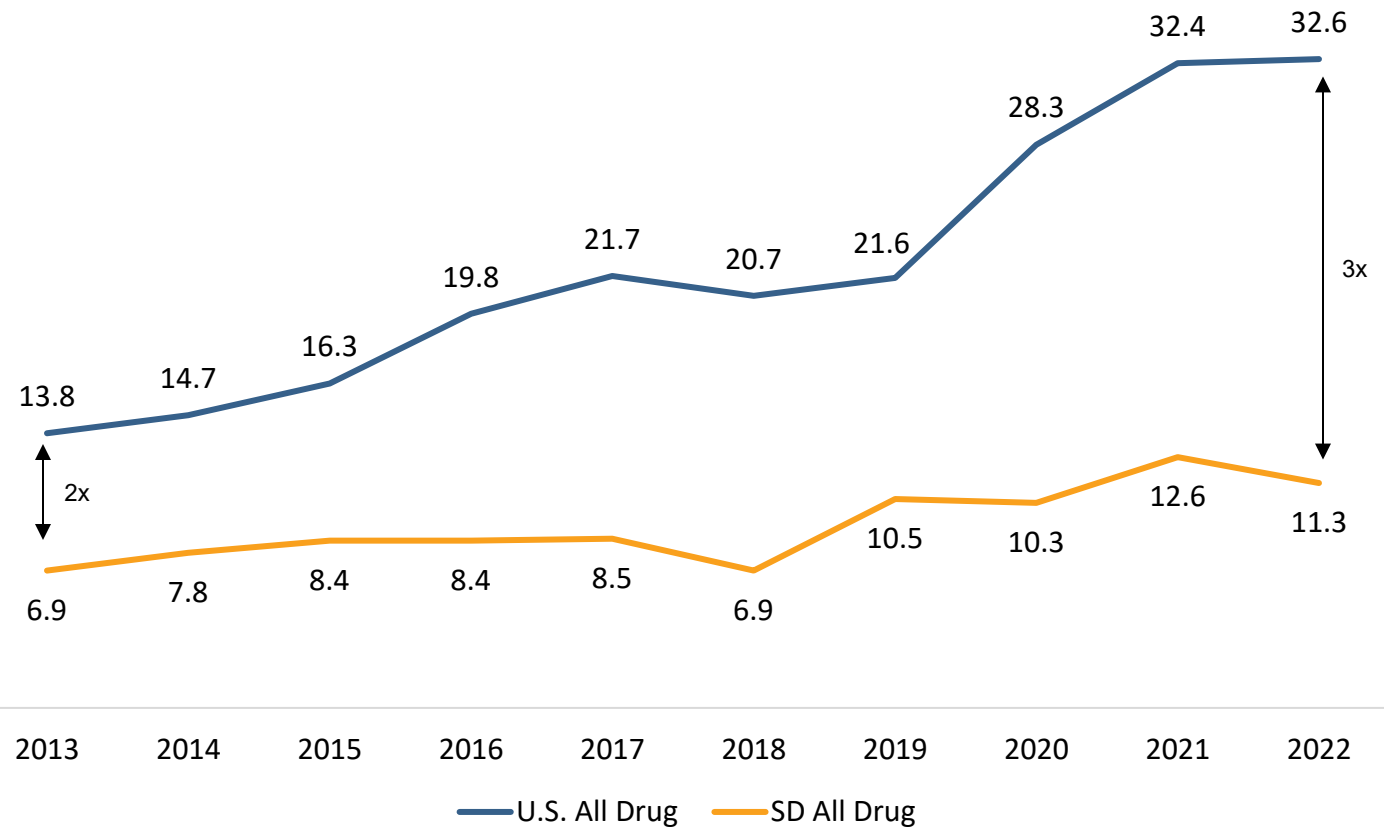
LOWEST OVERDOSE death rate

- SD = 11.3 per 100,000
- US = 32.6 per 100,000

LOWEST OPIOID OVERDOSE death rate

- SD = 5.5 per 100,000
- US = 25.0 per 100,000

Overdose Age-Adjusted Death Rates

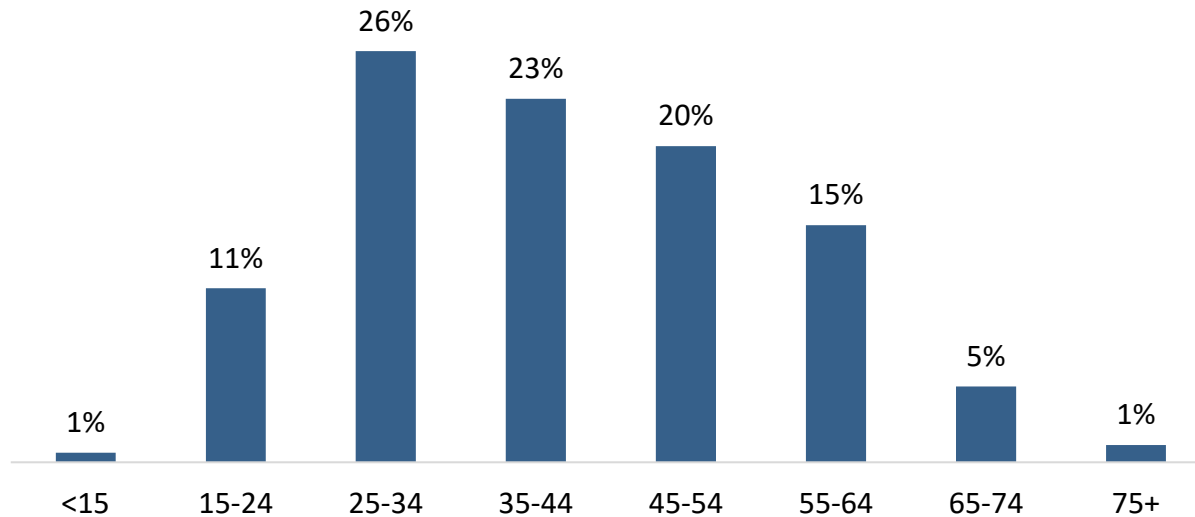




Overdose Deaths in South Dakota

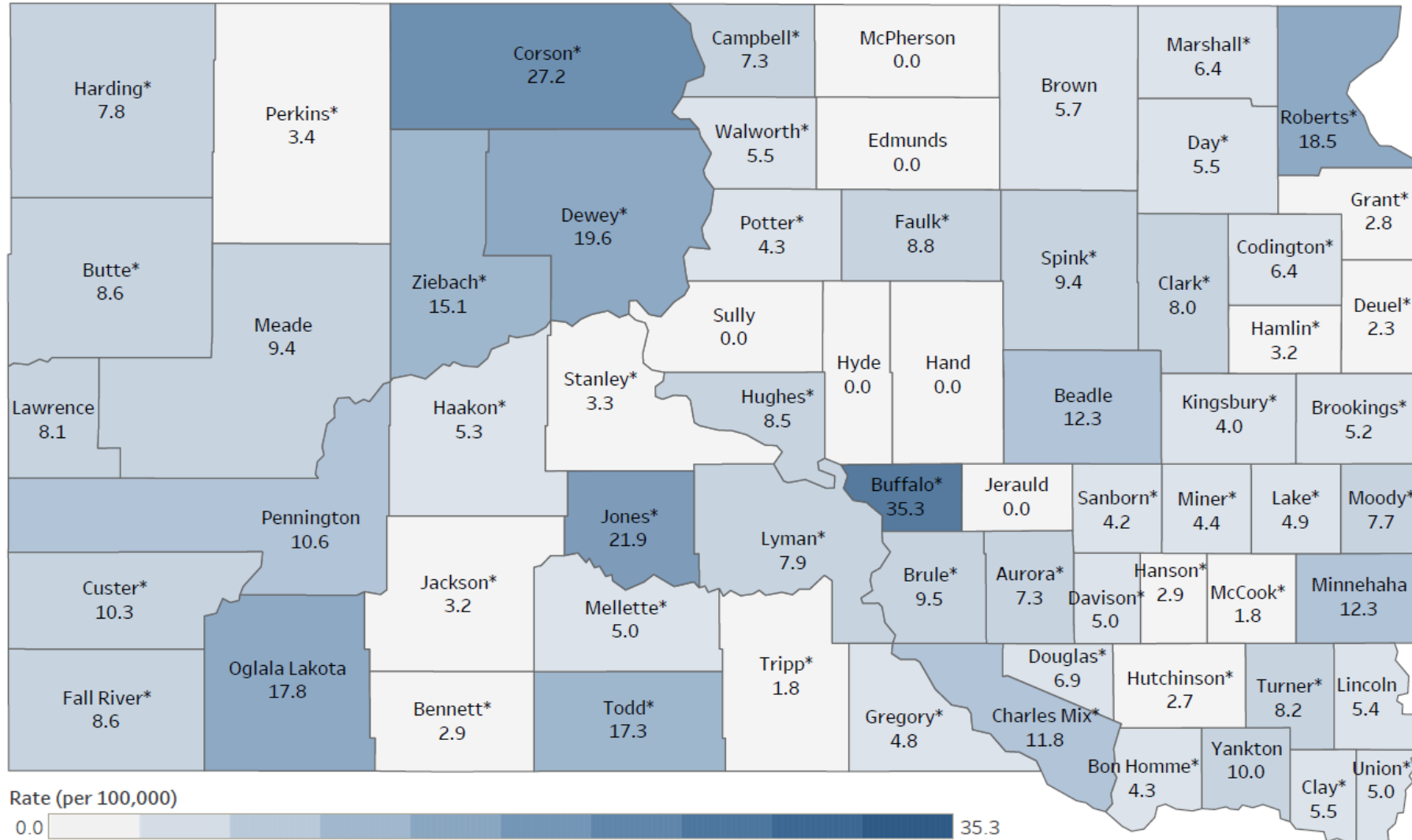
- 57% of SD overdose deaths were male and 43% were female (2014-2023)
- The SD American Indian overdose death rate is 3.3 times higher than the SD White overdose rate (2014-2023)

Overdose Deaths by Age Group, 2014-2023





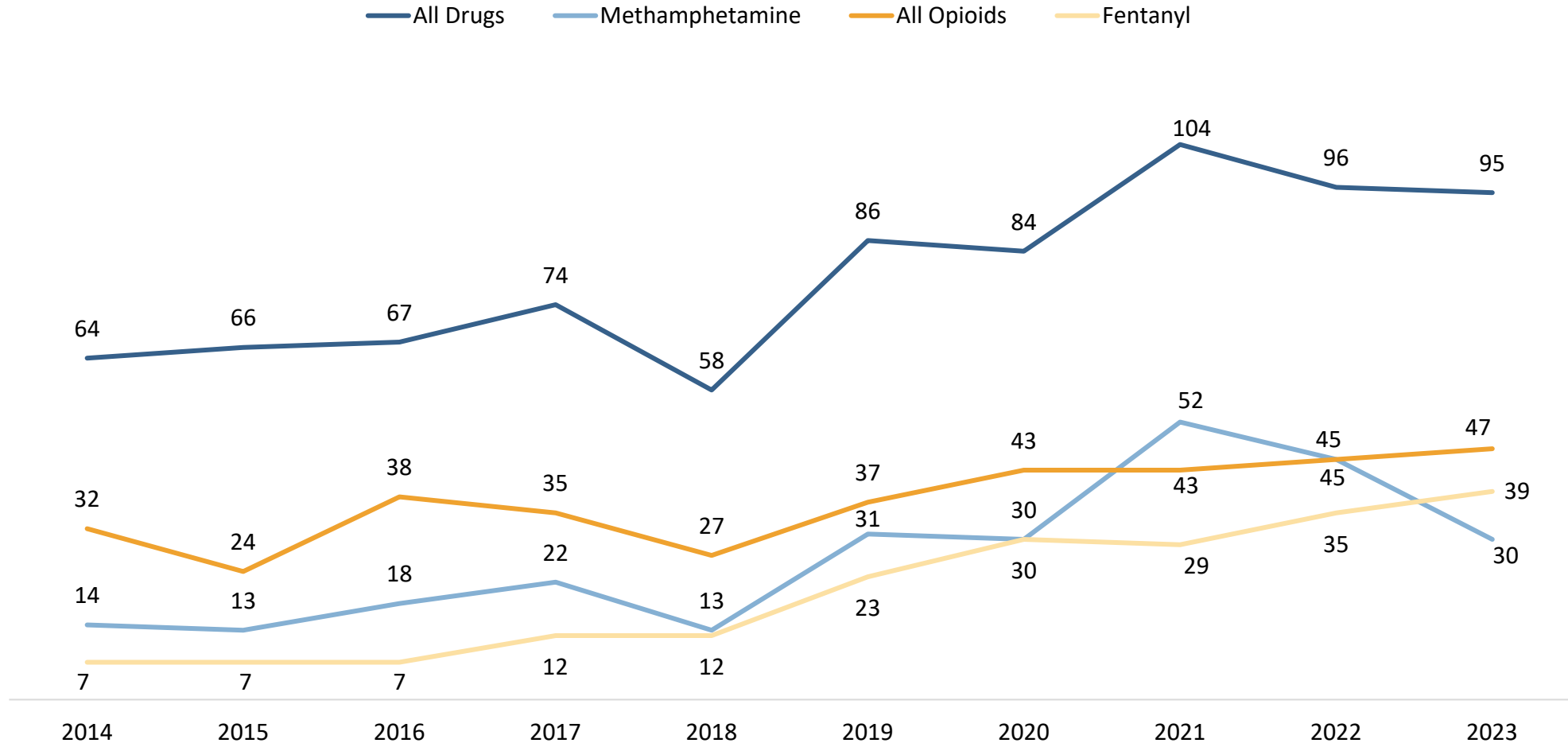
All Drug Overdose Death Rates by County, 2014-2023



* Indicates unstable rate due to less than 20 deaths

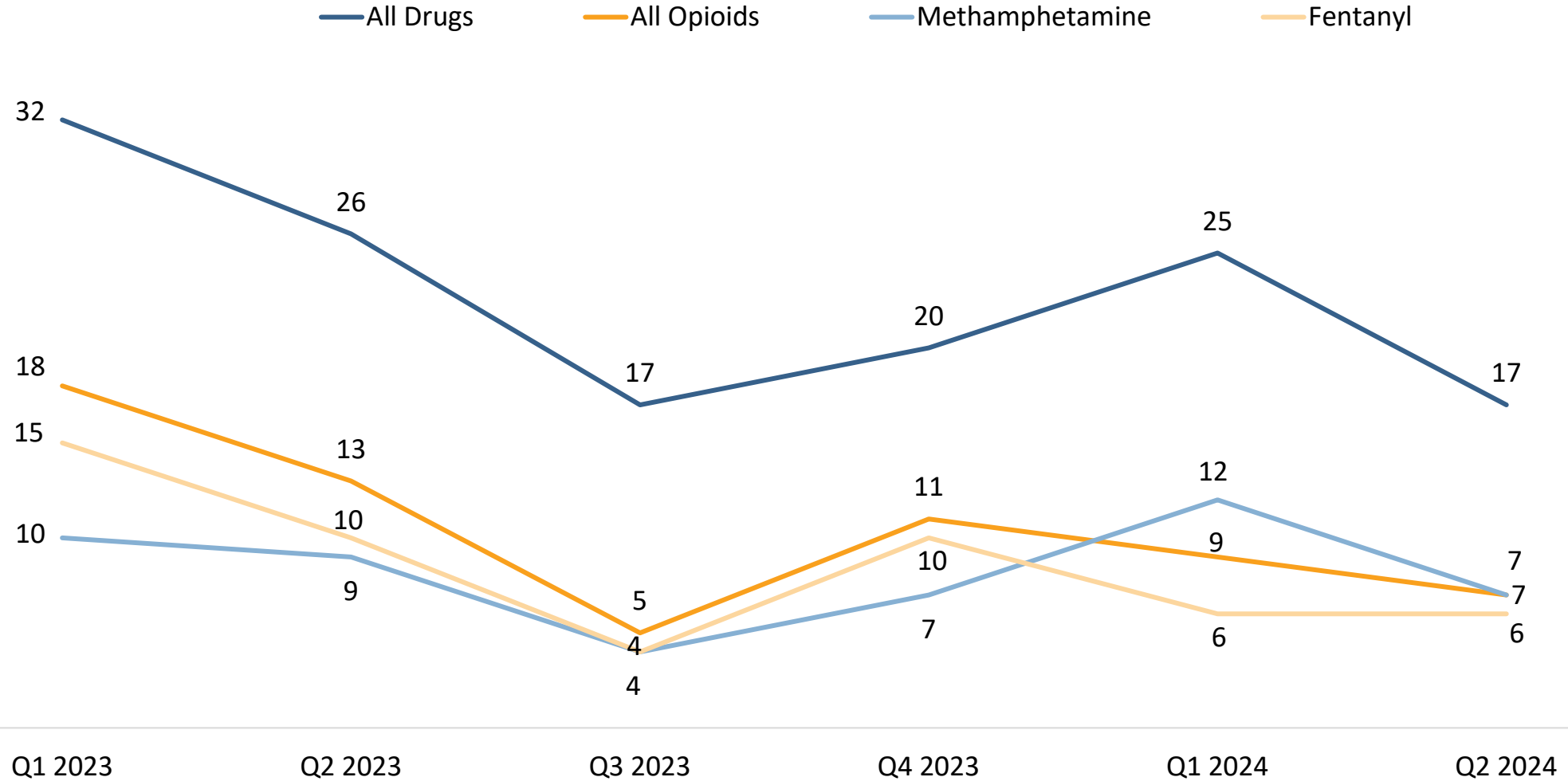


Overdose Deaths by Drug Type, South Dakota





Provisional Overdose Deaths



NOTE: 2024 data is provisional

Questions?

Amanda Weinzetl
605-367-7436

Amanda.Weinzetl@state.sd.us



SD PDMP Update



Opioid Abuse Advisory Committee

August 29, 2024

Melissa DeNoon, R.Ph., SD PDMP Director

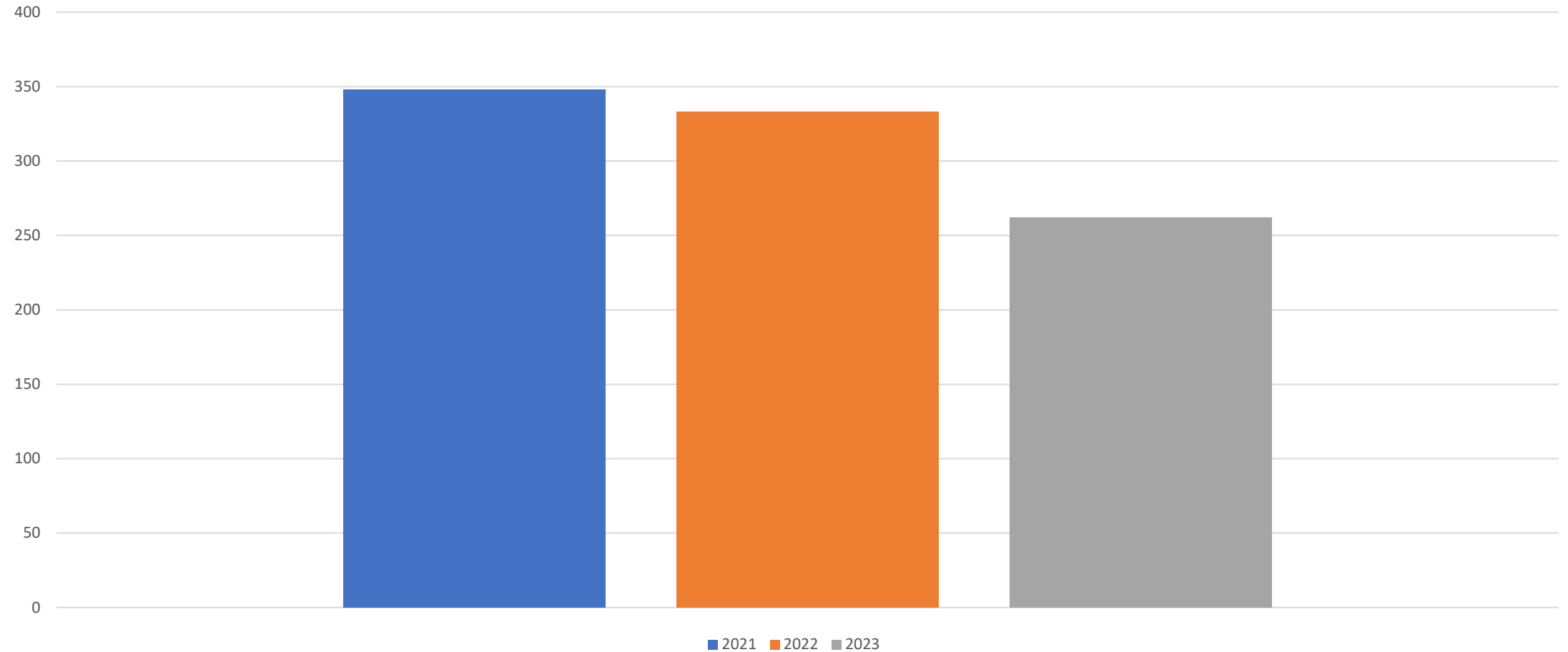
Grant Funded PDMP Enhancements & Projects

- DOH CDC OD2A in States Grant
 - Clinical Alerts
 - Prescriber Reports
 - Advanced Analytics
 - Masked Data Extracts
- DSS SAMHSA SOR III Grant
 - PharmaDrop Drug Take-Back Program

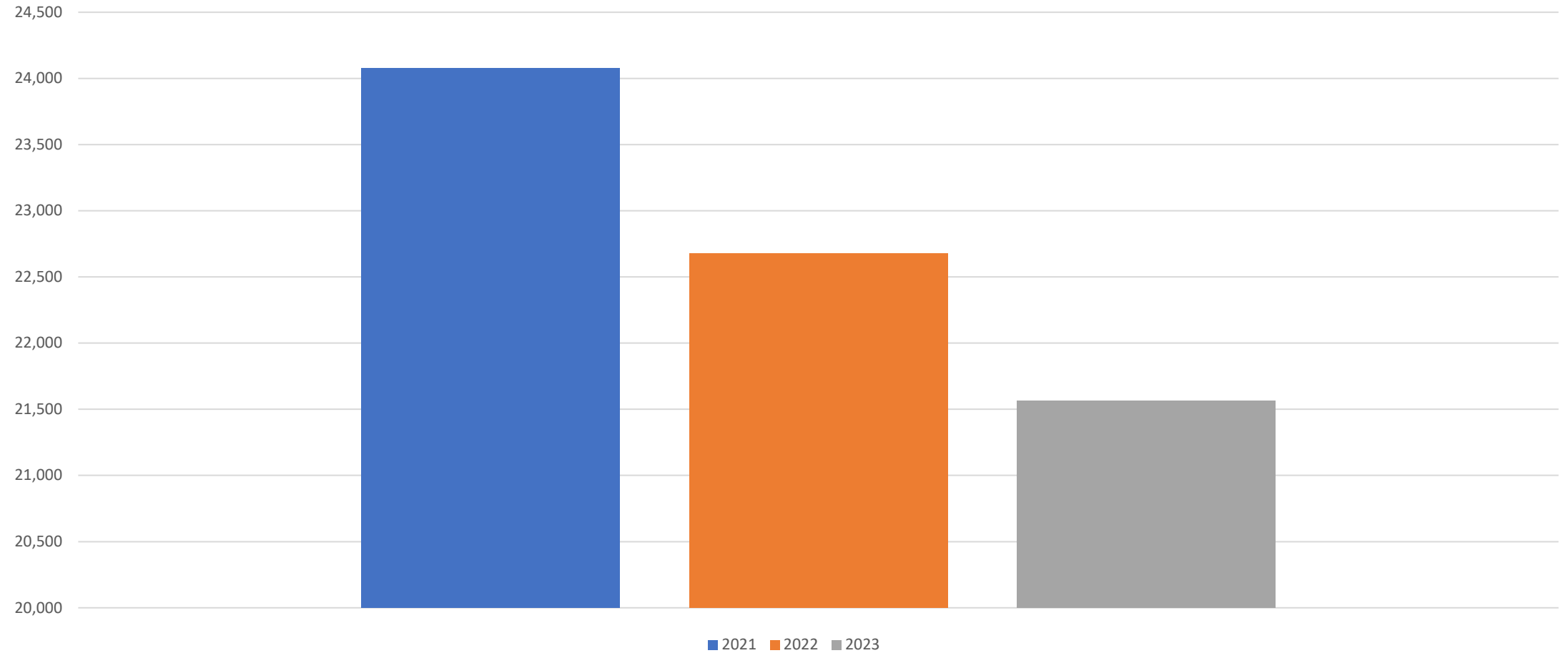
Clinical Alerts

- 2018 enhancement to SD's PDMP platform
- Provides notifications on patients that meet or exceed one or more of three thresholds:
 - Multiple provider episodes within a time period (aka the “shopper” threshold)
 - Daily active morphine milligram equivalents (MME)
 - Concurrent opioid and benzodiazepine prescribing
- Goal is to inform practitioners of patients potentially at risk and aid in clinical decisions for best patient care

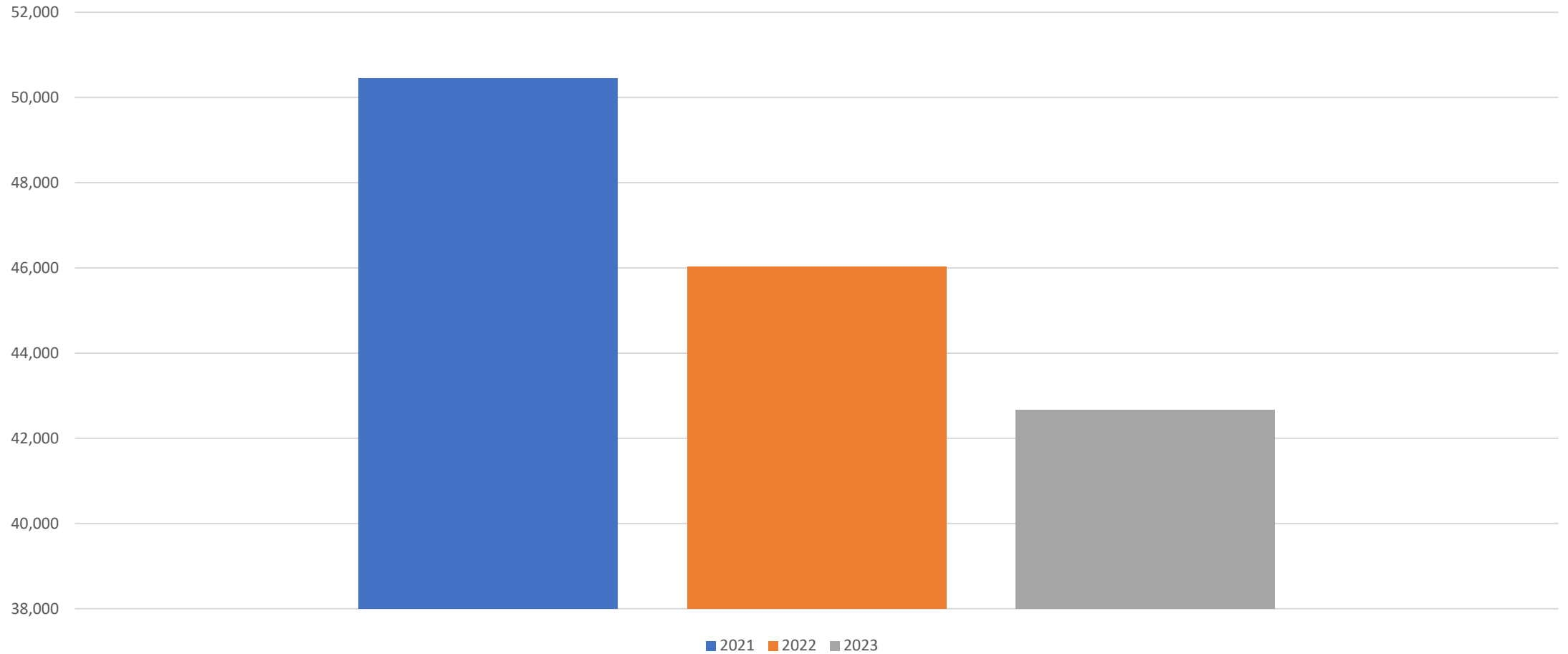
Multiple Provider Episodes Alert



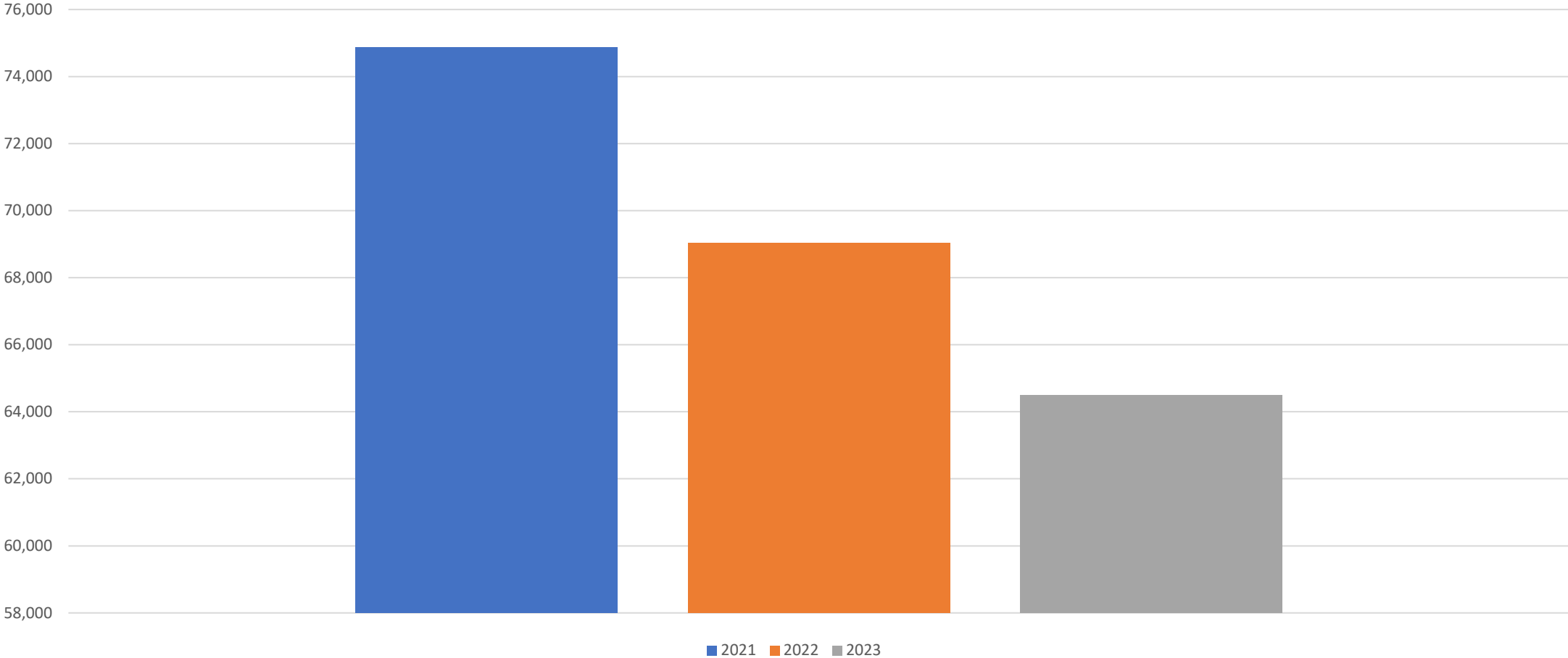
Daily Active MME Alert



Opioid Benzodiazepine Alert

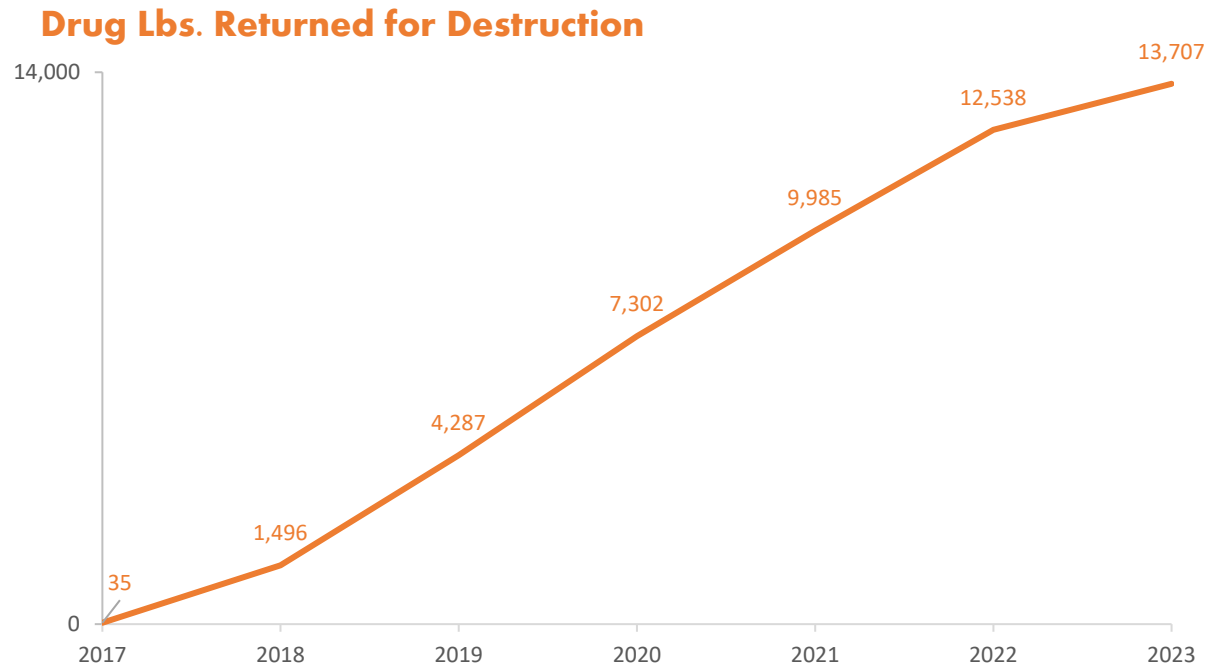


Total Clinical Alerts



PharmaDrop Drug Take-Back Program

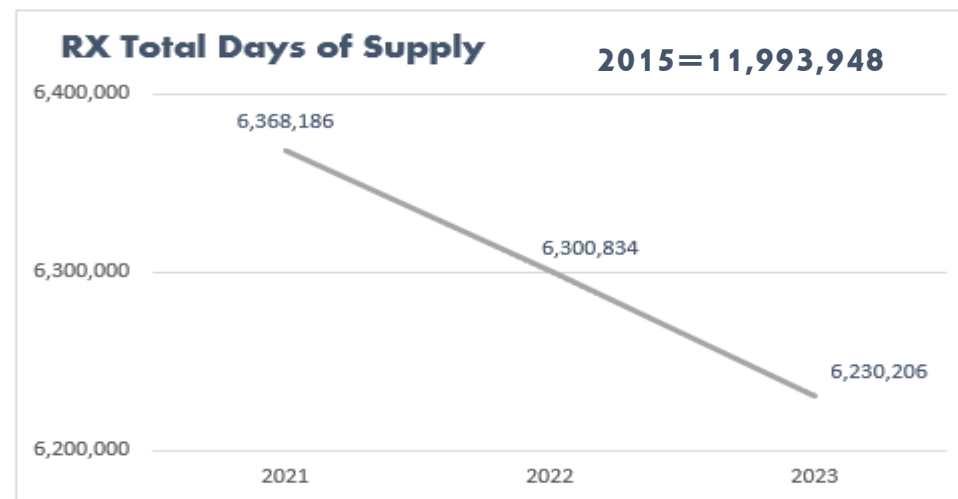
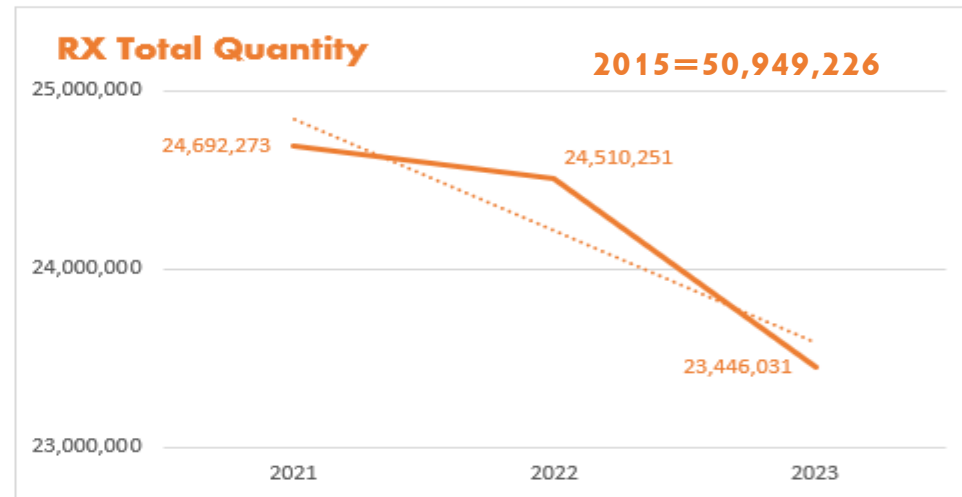
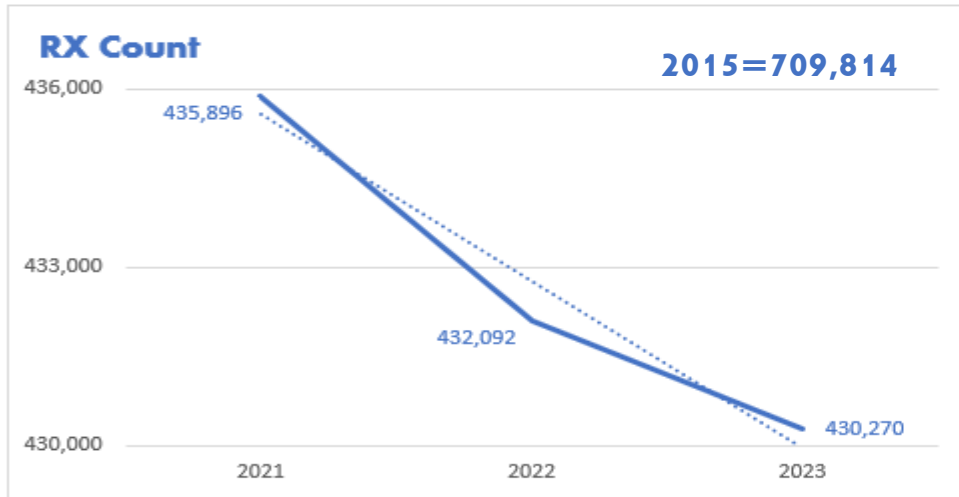
- 92 receptacle sites participating located in 44 SD counties



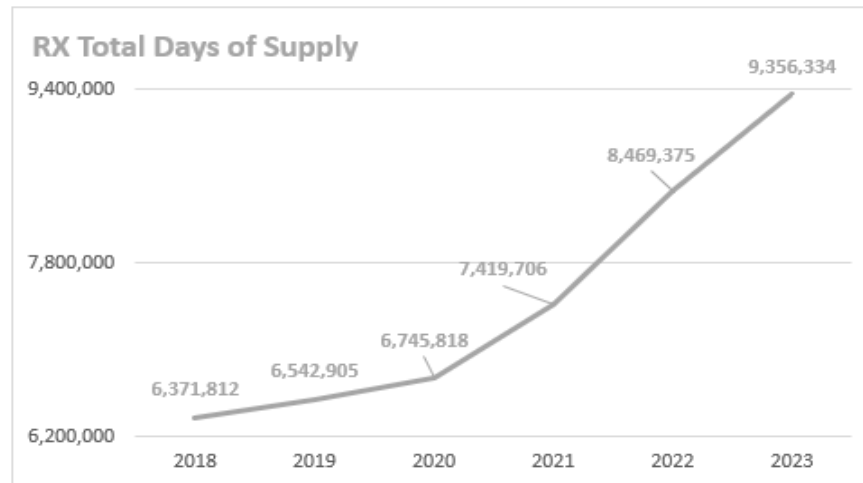
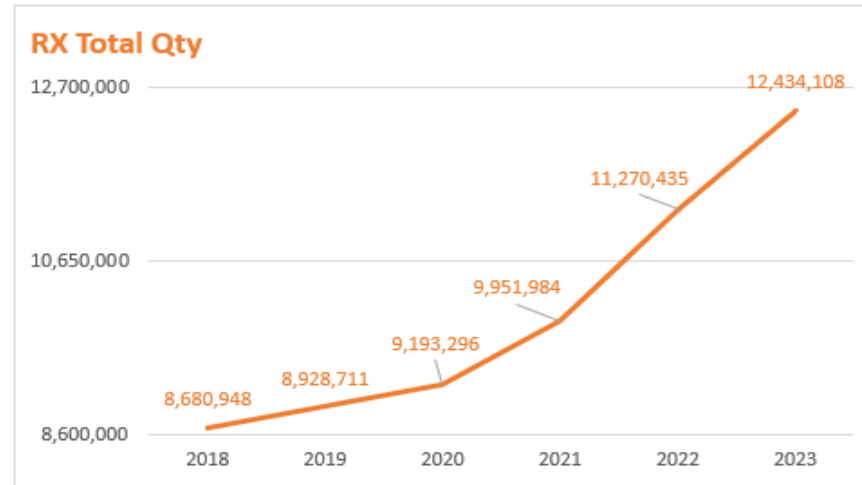
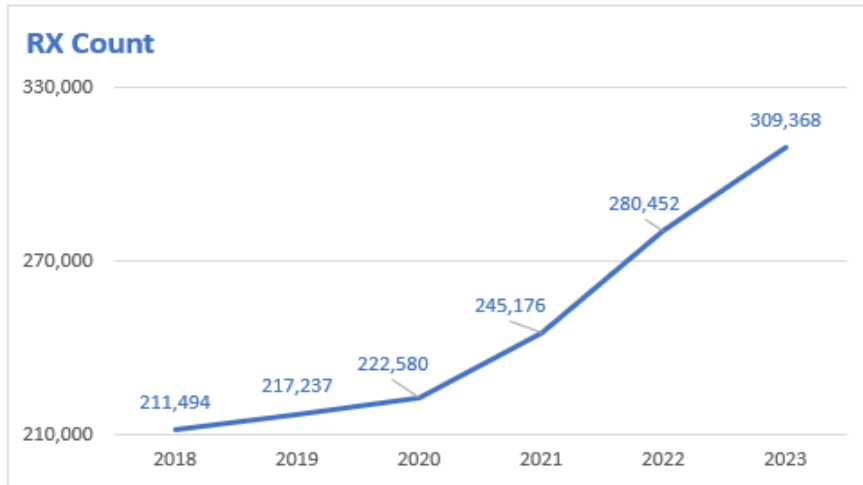
Top Ten Controlled Substances to SD Patients

Year 2023 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	Avg Quant/Rx	2022 Rank	2021 Rank
HYDROCODONE BITARTRATE/ACETAMINOL	138,480	7,266,151	1,728,936	52	1	1
DEXTROAMPHETAMINE SULF-SACCHARATE	112,373	5,105,189	3,329,095	45	2	3
TRAMADOL HCL	109,604	6,450,319	1,842,680	59	3	2
LORAZEPAM	75,434	3,113,393	1,613,439	41	4	4
METHYLPHENIDATE HCL	72,688	3,094,021	2,163,012	43	5	7
CLONAZEPAM	67,808	3,627,681	1,978,064	53	6	5
ZOLPIDEM TARTRATE	67,284	2,392,221	2,378,201	36	7	6
OXYCODONE HCL	59,247	2,766,636	676,235	47	8	8
LISDEXAMFETAMINE DIMESYLATE	57,813	1,767,678	1,742,753	31	10	10
PREGABALIN	50,397	4,032,574	1,775,147	80	11	11

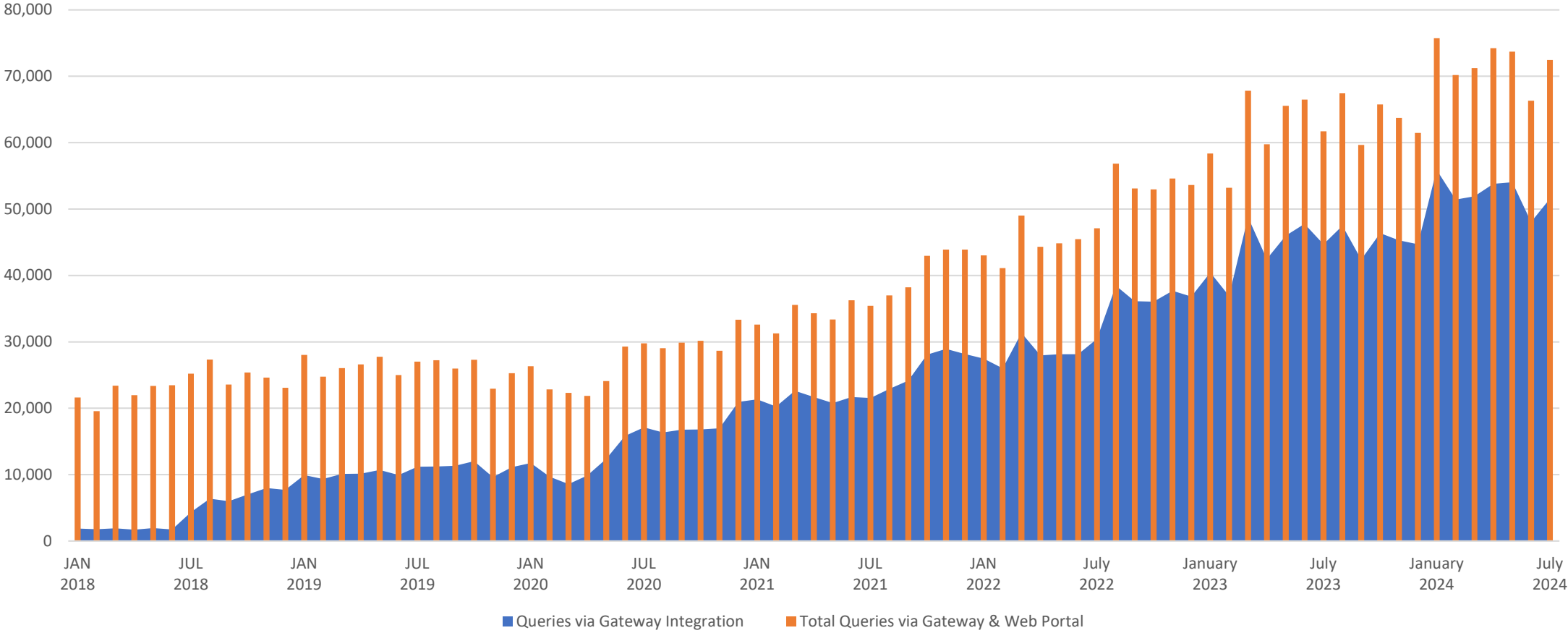
Opioid Prescriptions – SD Patients



Stimulants – SD Patients

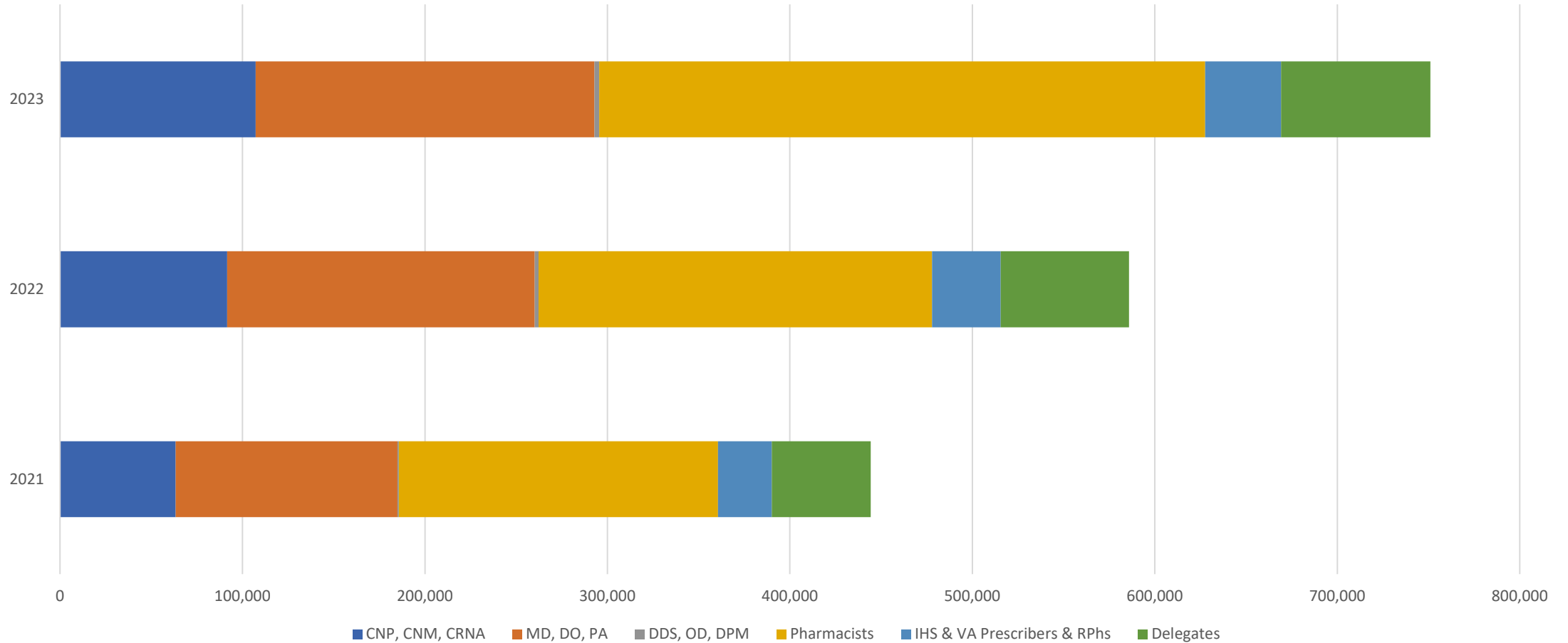


Trending PDMP Utilization by SD Drs & RPhs



PDMP Utilization by Role Type

*SD Licensees





Committee & Partner Updates

- Roundtable updates from Committee members
- Updates from other partners on shared strategies

Facilitated by Lori Martinec





Public Input

Closing Remarks

