



Opioid Abuse Advisory Committee Meeting

**April 2, 2025
1 pm – 4 pm CT**



Welcome & Introductions

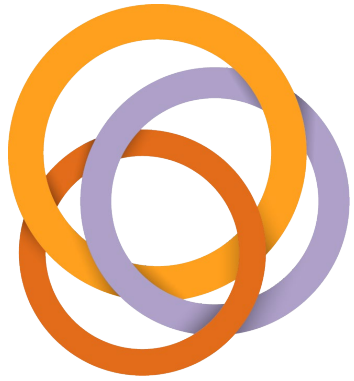
Committee Members

- 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
- Brenna Koedam, South Dakota Department of Social Services
- Amanda Miiller, 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
- Mallie Kludt, Volunteers of America
- 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
- Joe Kippely, Sioux Falls Health Department
- 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



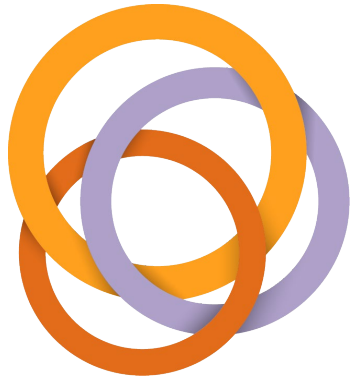
Federal Funding Updates

- DOH Grants – Lori Martinec, Administrator, Office of Injury, Violence and Overdose Prevention, DOH
- DSS Grants – Melanie Boetel, Director, Division of Behavioral Health, DSS



Legislative Updates

Beth Dokken, Division Director, Family and Community Health, DOH



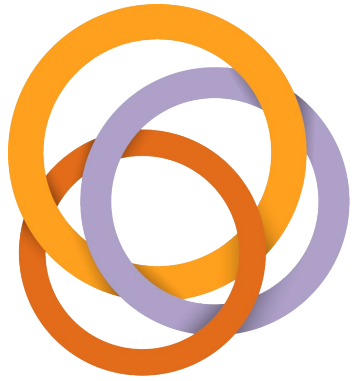
Stigma-Free Language & Best Practices

- Randee Peterson, Substance Use Services Manager, Division of Behavioral Health, DSS
- Dr. Melissa Dittberner, University of South Dakota [Link to Video](#)

Language Best Practices

Using person-first language and removing certain terminology can assist with stigma reduction when discussing addiction or someone diagnosed with a substance use disorder.

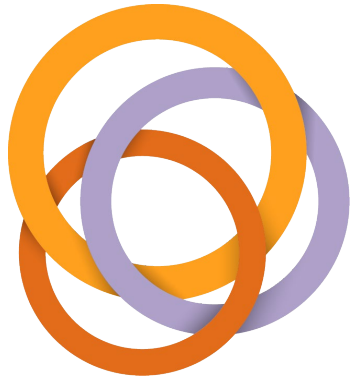
Try this:	Instead of:
Person with a substance use disorder	Addict
Person with alcohol use disorder	Alcoholic
Person who misuses alcohol	Drunk
Person in active use	Junkie
Person in (long-term) recovery	Former Addict
Substance use disorder	Habit
Use/Misuse/Other than prescribed	Abuse
Testing negative/positive	Clean/Dirty UA
Newborn exposed to substances	Addicted baby



Committee Bylaw Review & Proposed Name Change

Opioid Advisory Committee

Lori Martinec, DOH & Committee Chair



Opioid Settlement Fund Updates

Jennifer Humphrey, Strategic Initiatives Program Specialist, DSS

Melanie Boetel, Director, Division of Behavioral Health, DSS

Active Settlement Funds

Total Received to Date
\$18,738,033

Received in FY23 = \$3,001,616
(6/1/22 – 5/31/23)

Received in FY24 = \$10,949,576
(6/1/23 – 5/31/24)

Received in FY25 = \$4,786,840
(6/1/24 – current)

Active Settlement Funds

Approved Obligations as of August 2024	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
Overdose Follow-Up Program	\$ 346,445.00	\$ 360,303.00	\$ 374,715.00	\$ 389,704.00	\$ 405,292.00
Opioid Settlement Community Grant Program	\$ 500,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00
Program Sustainability Fund	\$ 3,751,576.74	\$ 1,219,012.00	\$ 1,253,214.00	\$ 965,898.00	\$ 965,898.00
Naloxone for Distribution for Businesses	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00
5% Administrative Costs	\$ 48,048.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
Needs Assessment (one-time request)	\$ 350,000.00				
Approved Budget Totals:	\$ (5,212,405.74)	\$ (2,853,151.00)	\$ (2,909,265.00)	\$ (2,644,438.00)	\$ (2,667,526.00)
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

A total of **33 applications** were received for consideration in the most recent cycle.

- Total funding requested: \$1,147,994
- Approximately half (16) were received from organizations that have or have had a Community Grant Award.
- The area of highest focus was Treatment (15 applications) and related initiatives.
- The scoring team consisted of DSS staff, DOH staff, and one advisory committee representative.
- Applications have been reviewed, scored, and are pending review with the DSS Cabinet Secretary.
- Awards will begin June 1, 2025

Community Grant Awards Overview

- Current Grant Review criterion focuses on whether or not projects align with an approved use of funding.
- Recommendation from the DSS Cabinet Secretary to form a workgroup to review the funding criterion and make recommendations for any changes in advance of the next cycle.

Since 2023, local governments have distributed \$1,893,297 in opioid settlement funds.

- *Treatment Activities (56% of Funding)*
 - Contracting with community behavioral health providers to serve individuals impacted by opioid use
 - Funding drug court programs, including participant support services
- *Prevention Activities (37% of Funding)*
 - Purchasing overdose-reversal medications
 - Training of city/county employees and volunteer first responders on opioid-related interventions
 - Supporting Resource Officer positions and prevention education
 - Supporting National Take Back days and safe medication disposal sites
- *Other Strategic Investments (7% of Funding)*
 - Training for law enforcement, including specialized drug detection capabilities

Overview of Participating Local Government Activities to Date

reported as of January 2025

Status Update

- RFP was released for bid in January 2025
 - Encompassed a request for assessment of all approved use topic areas
 - Bidders could select multiple topic areas
- RFPs were due to DSS on March 6
- 11 proposals were received and are being scored
- Scoring will be complete today with a review meeting of the scoring committee set for next week
- Award decisions will be made in April for contract(s) to begin June 2025
- Work will continue through the state fiscal year
- Interim reports to the committee will be made at its second 2025 meeting
- Final reports will be made in the Spring of 2026 to the committee

Progress Update on Opioid Needs Assessment



Project Updates

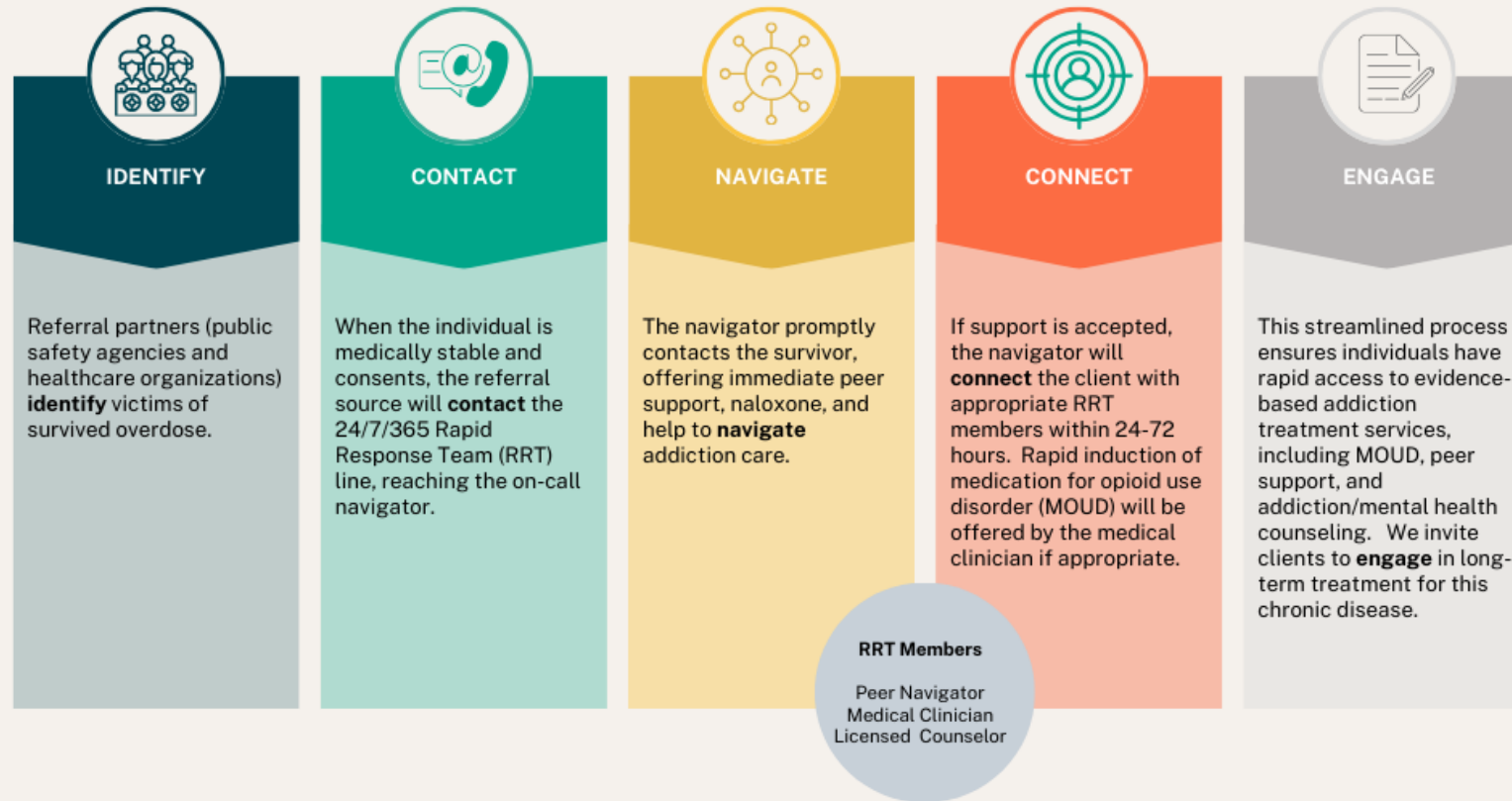
- Overdose Follow-Up Program Updates
- Naloxone Saturation – Anonymous Distribution Project Update

Project Recovery

Post-Overdose Rapid Response Team

POST-OVERDOSE RAPID RESPONSE TEAM

WORKFLOW



P R O J E C T R E C O V E R Y

2024 Activations and Outcomes

PROJECT RECOVERY RAPID RESPONSE TEAM

TREATING OPIOID USE DISORDER **Together.**



OUR TEAM



Navigators provide non-judgmental and non-coercive support. They extend the reach of treatment opportunities beyond the clinical setting.



Medical clinicians are prepared to diagnose substance use disorders, offer appropriate evidence-based treatments, and prescribe MOUD.



Licensed therapists are ready to provide support to individuals and families experiencing the crisis of overdose. They link survivors to expanded addiction and mental health counseling.

WHY CALL?

People who survive overdose are exponentially more likely to experience another overdose. Our RRT provides interventions that link individuals to resources that they need to improve their health. RRT programs save lives.

CONTACT US

OUR STORY

In partnership with South Dakota's Department of Social Services/Division of Behavioral Health, creating the Rapid Response Team (RRT) is an actionable step towards reducing overdose deaths by rapidly linking at-risk individuals with evidence-based addiction treatment.

OUR VISION

Our RRT consists of a navigator, a medical clinician, and a licensed therapist who will remove barriers to treatment for overdose survivors. Within 24-72 hours of referral, we will provide peer support, education, counseling, and direct access to medications for opioid use disorder (MOUD).

OUR MISSION

- We know addiction is a treatable chronic brain disease.
- We know opioid overdose is a public health crisis.
- We know that effective treatment of substance use disorders reduces risk, improves health, and saves lives.
- We know that overdose survivors, their friends, and their loved ones deserve support.



www.project-recovery.org



Main: 605.340.1234
RRT: 605.593.6570



625 Flormann Street
Rapid City, SD 57701

2025 Q1 Activations and Outcomes

RAPID RESPONSE TEAM

ADDICTION IS A TREATABLE CHRONIC BRAIN DISEASE

Direct Community Access



Overdose Follow-Up Program Update

Presented by Angela Kennecke



Naloxone (NARCAN) Community Saturation Project

Originally presented at
the ad hoc meeting held
February 26, 2025

THE NEED

- First responders, schools, universities, and other organizations working with or connected to populations at risk for overdose have had access to naloxone since 2017 due to statewide distribution.
- Contracted agencies with State Opioid Response funding have had means to provide clients served with naloxone as a prevention strategy since 2017.
- Individuals can access naloxone at no cost at more than 100 partnering pharmacies statewide through a statewide standing order (beginning in 2020).
- Decreased stigma can be achieved through increased anonymity. More than 10,000 kits have been distributed statewide by these routes, but they potentially miss several individuals in need as they are not anonymous.

Naloxone (NARCAN) Community Saturation Project

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February 26, 2025

THE ASK

- **Opportunity:** Facilitate a comprehensive community-level saturation takedown to saturate communities across South Dakota with access to overdose reversal medication and monitor for measurable impact in reducing opioid overdose deaths or related-hospitalizations or harm
- **Volume Needed:** 20,000 kits
- **Timeline:** Distribute within the next six months
- **Method:** Community-access “boxes” co-located with AEDs or in public places to permit anonymous access

Naloxone (NARCAN) Community Saturation Project

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HOW to ACCOMPLISH

- The SD Attorney General's Office has negotiated a deal with Teva Pharmaceuticals (a participant in the National Opioid Settlement Agreement) to purchase naloxone at a fixed price of \$25 per kit, and to provide the first 2,000 kits in the order at no cost in lieu of cash payment.
- Most recent cost of kits procured through grant funds has been between \$33 - \$45
- A distribution plan is under development involving Emily's Hope.
- An estimated 5,000 kits of the 20,000 needed for the takedown are available now through recently purchased kits using SOR funds.

Naloxone (NARCAN) Community Saturation Project

REQUEST of the COMMITTEE

- **Request:** Recommend up to \$375,000 of settlement funds for the procurement of the remaining 15,000 kits at the negotiated rate.
- **Source:** Since the committee approved the use of funds, including projected allocation amounts through FY2029, a portion of the projected allocations from the Teva settlement will be utilized for naloxone vs what the council previously approved the funds for.

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the ad hoc meeting held
February 26, 2025

Naloxone (NARCAN) Community Saturation Project

DECISION & NEXT STEPS

The committee reviewed and posed several questions:

- Plan for access and distribution
- Considerations being taken to account for any legal barriers to public access
- Product type available through negotiation with Teva (prescription or OTC)
- Expiration dates of kits to be provided from Teva
- Plan for priority placement of kits
- Could distribution be partnered with training on how to recognize signs of an overdose and how to administer the medication

Motion was made and passed to approve moving forward with negotiations with the stipulation that the product acquired be over the counter and that a method for distribution encompass all of SD.



Data & Surveillance

- Overdose Data Update from Amanda Weinzetl, Epidemiologist, DOH
- Prescription Drug Monitoring Program Update from Melissa DeNoon, South Dakota Board of Pharmacy



South Dakota Department of Health

Overdose Data Presentation

By Amanda Weinzetl

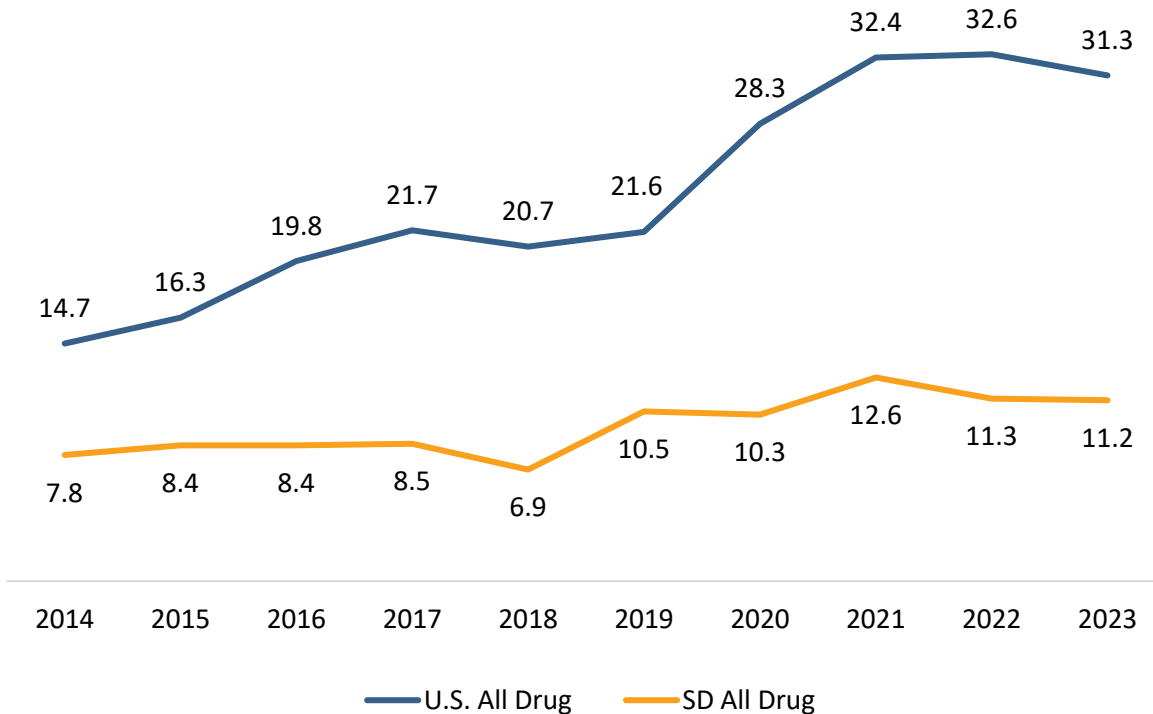
Overdose Death Rates – SD vs. US



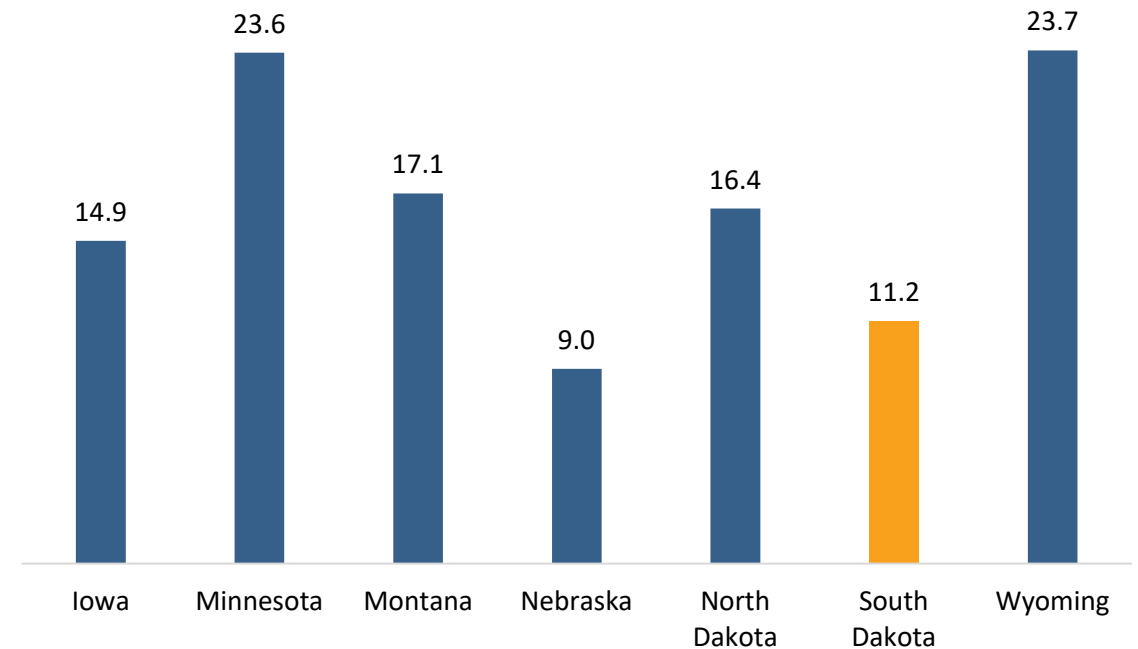
In 2023, South Dakota had the **2nd LOWEST OVERDOSE** death rate

- SD = 11.2 per 100,000
- US = 31.3 per 100,000

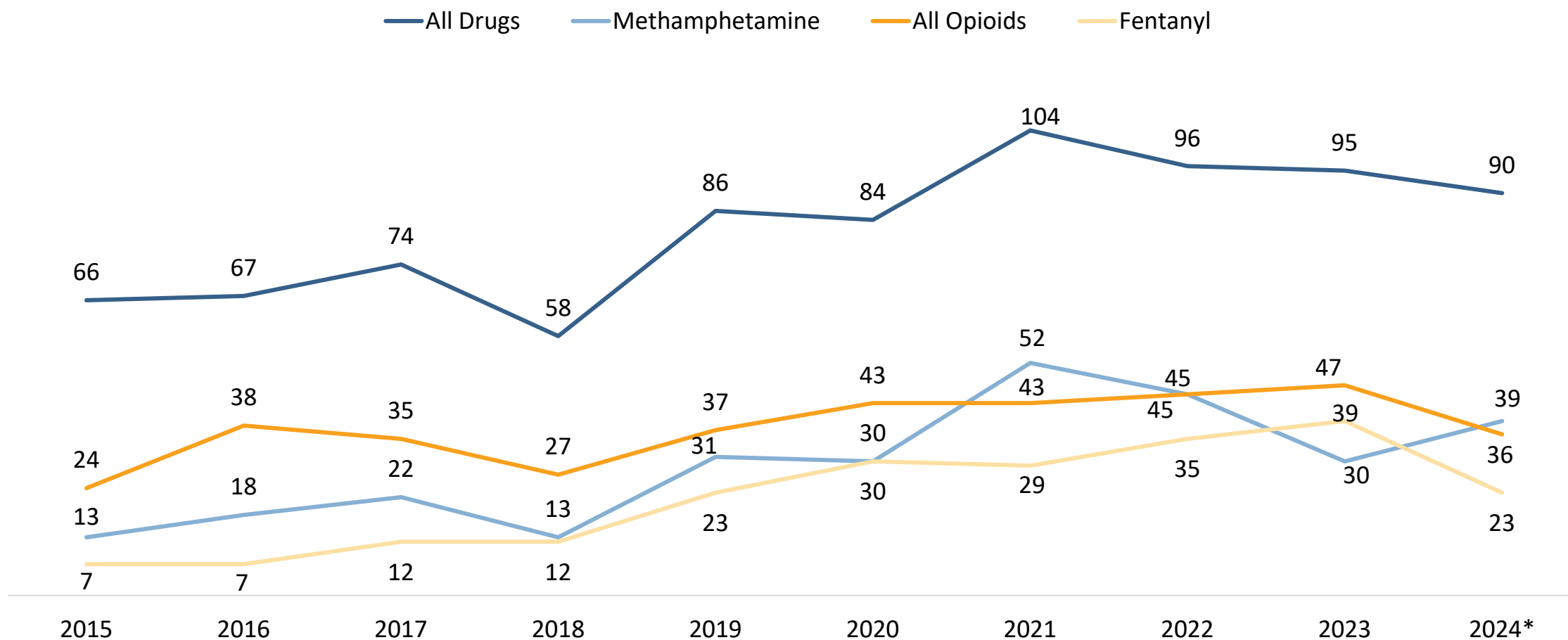
Overdose Age-Adjusted Death Rates



2023 Overdose Age-Adjusted Rates, Selected States

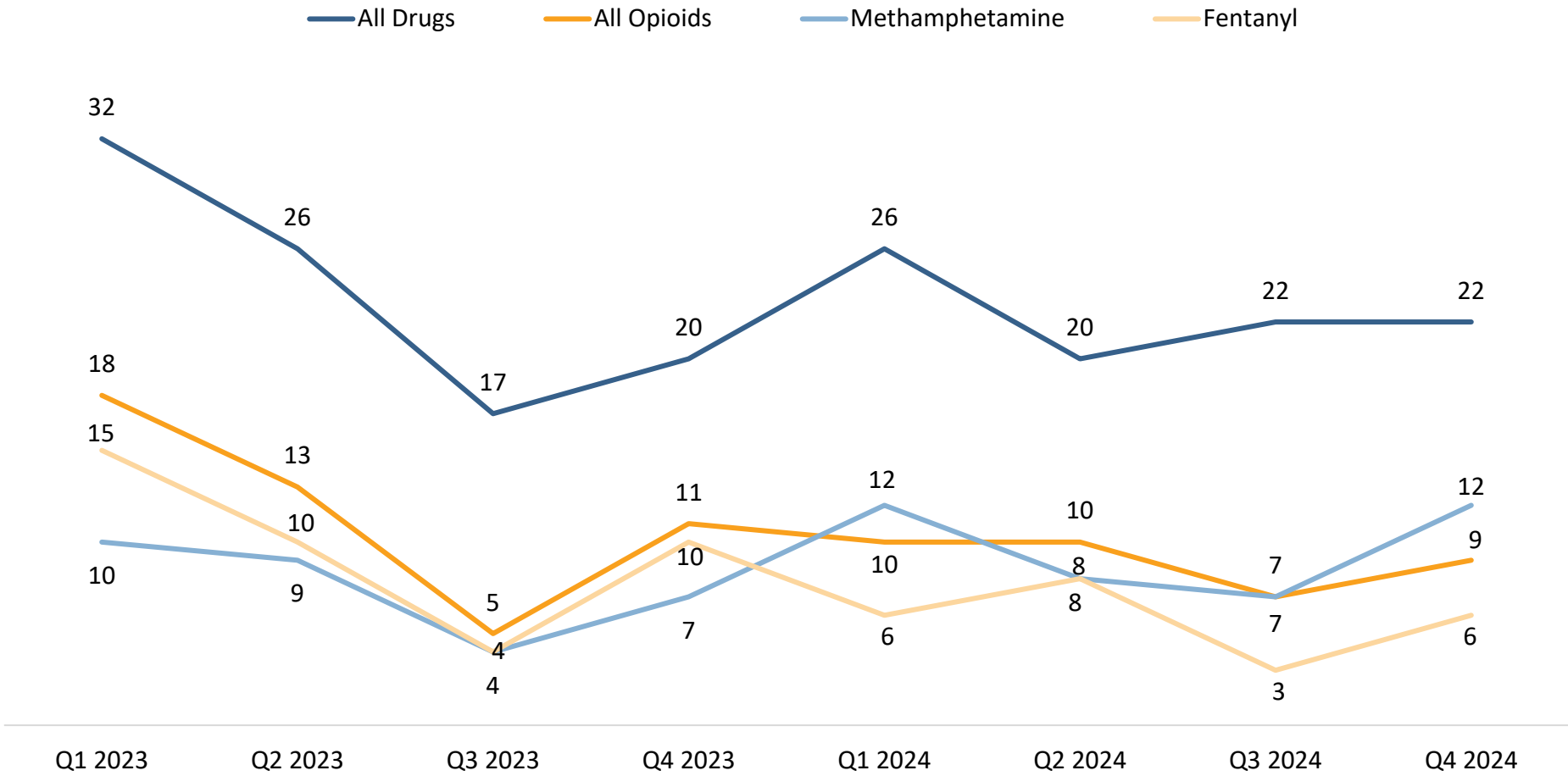


Overdose Deaths by Drug Type – South Dakota



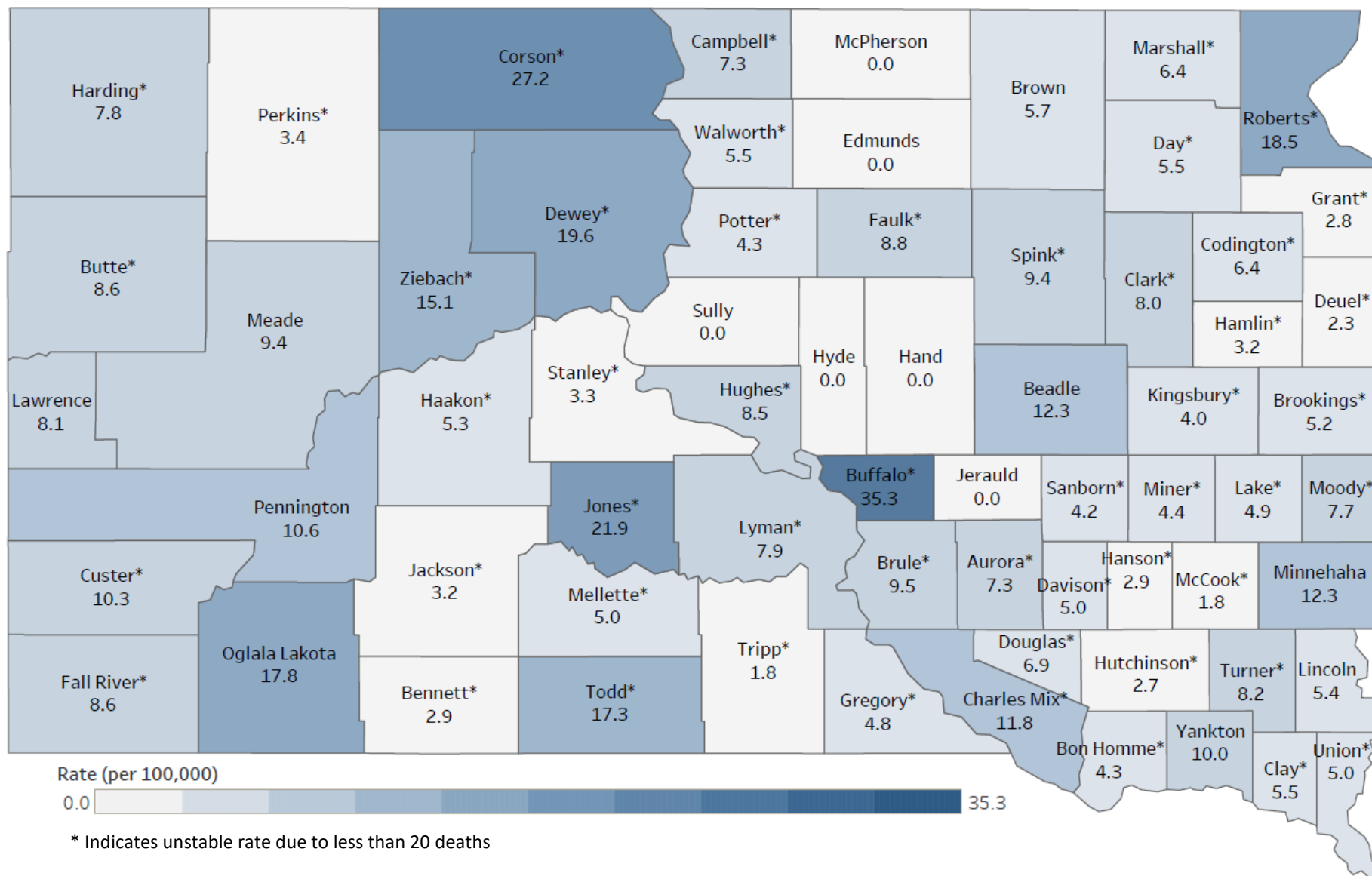
*2024 data is provisional and subject to change

Provisional 2024* Overdose Deaths – South Dakota



*2024 data is provisional and subject to change

Overdose Death Rates by County, 2014-2023



Counties with the highest stable rates:
(more than 20 deaths)

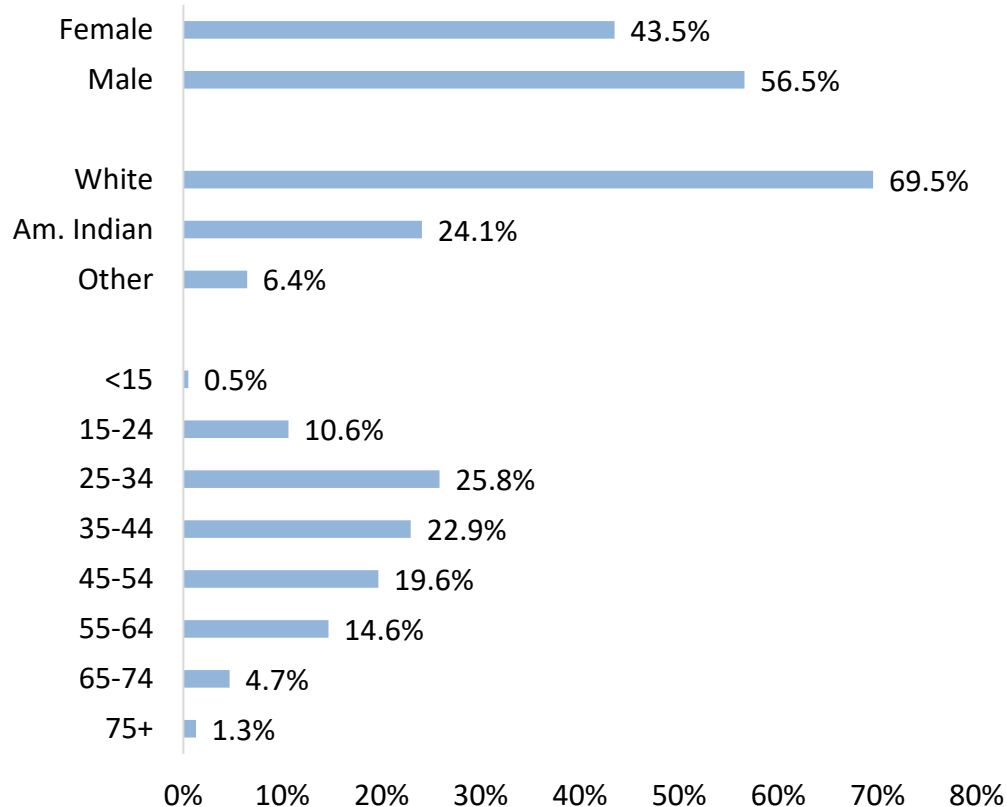
- Oglala Lakota (17.8 per 100,000)
- Beadle (12.3 per 100,000)
- Pennington (10.6 per 100,000)
- Yankton (10.0 per 100,000)
- Meade (9.4 per 100,000)

South Dakota Rate: 9.0 per 100,000

Overdose Deaths by Demographics, SD

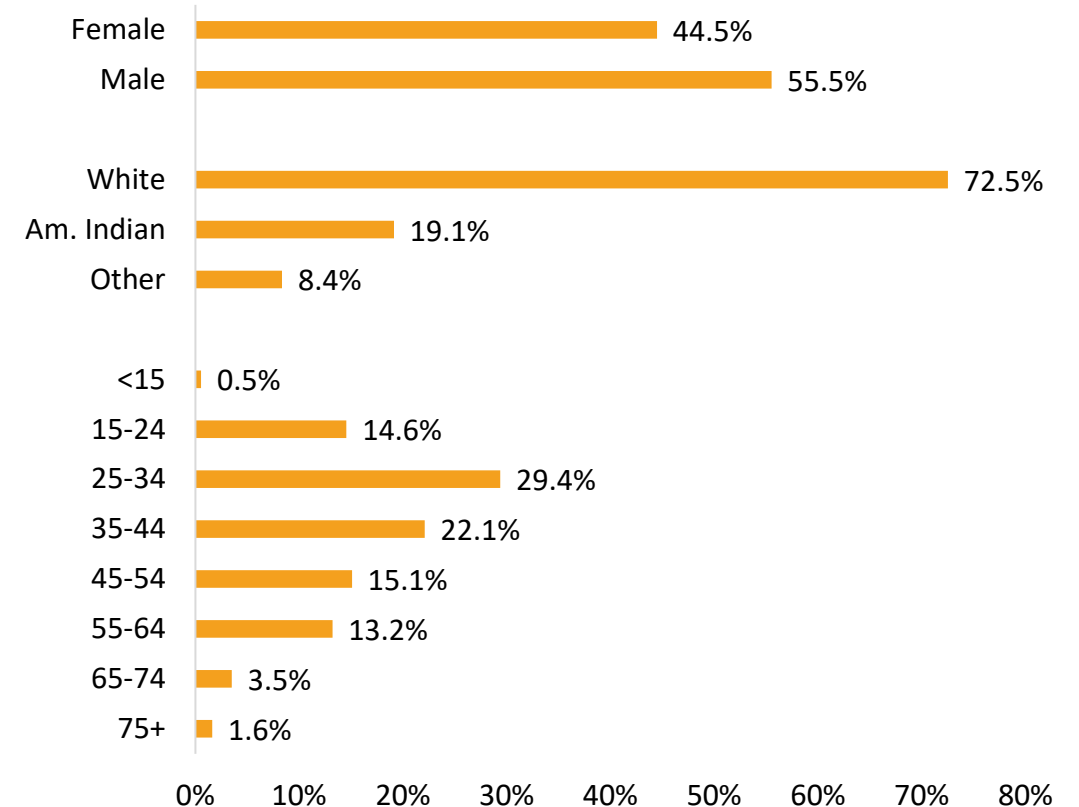


Overdose Deaths by Demographics, 2014-2023



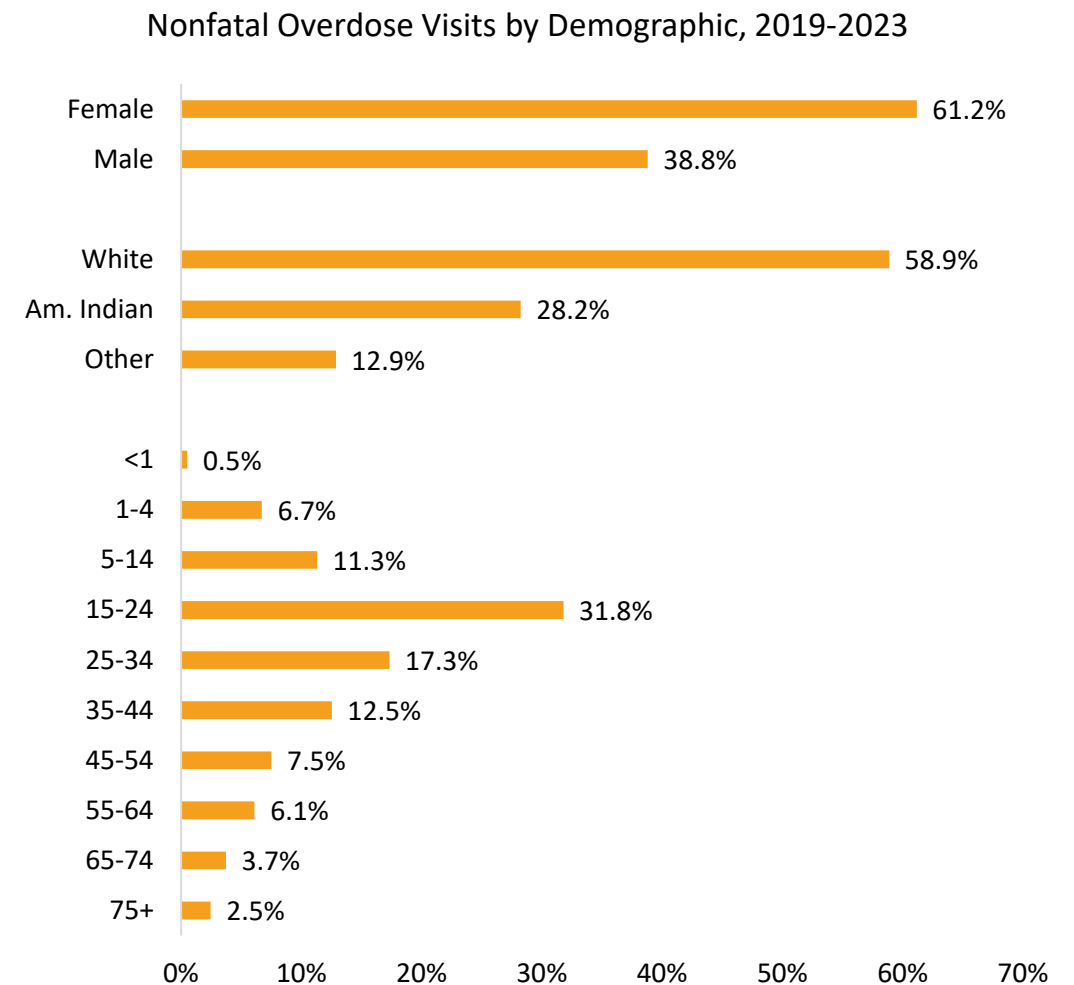
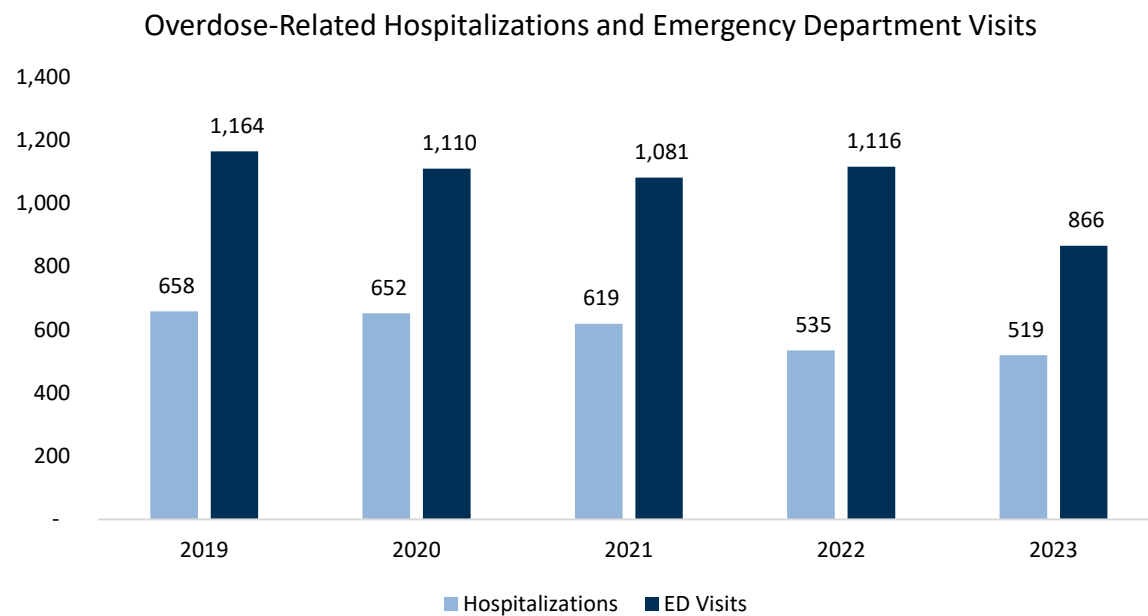
American Indian overdose death rates are 3.3 times higher than White race rates in South Dakota (2014-2023)

Opioid Overdose Deaths by Demographics, 2014-2023



American Indian opioid overdose death rates are 2.8 times higher than White race rates in South Dakota (2014-2023)

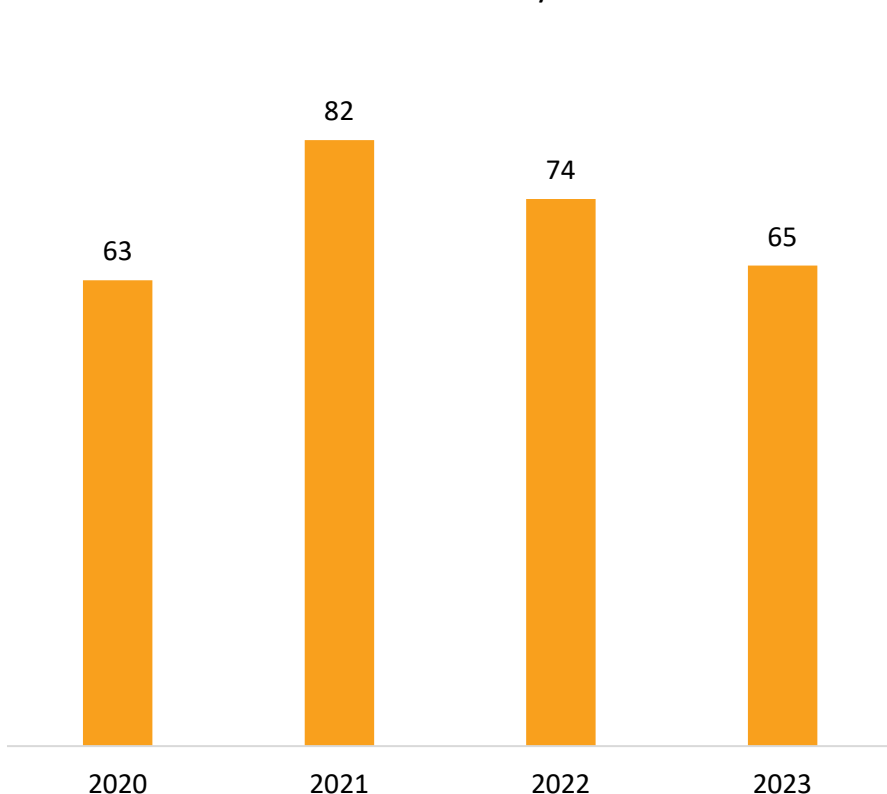
Nonfatal Overdose Visits, SD



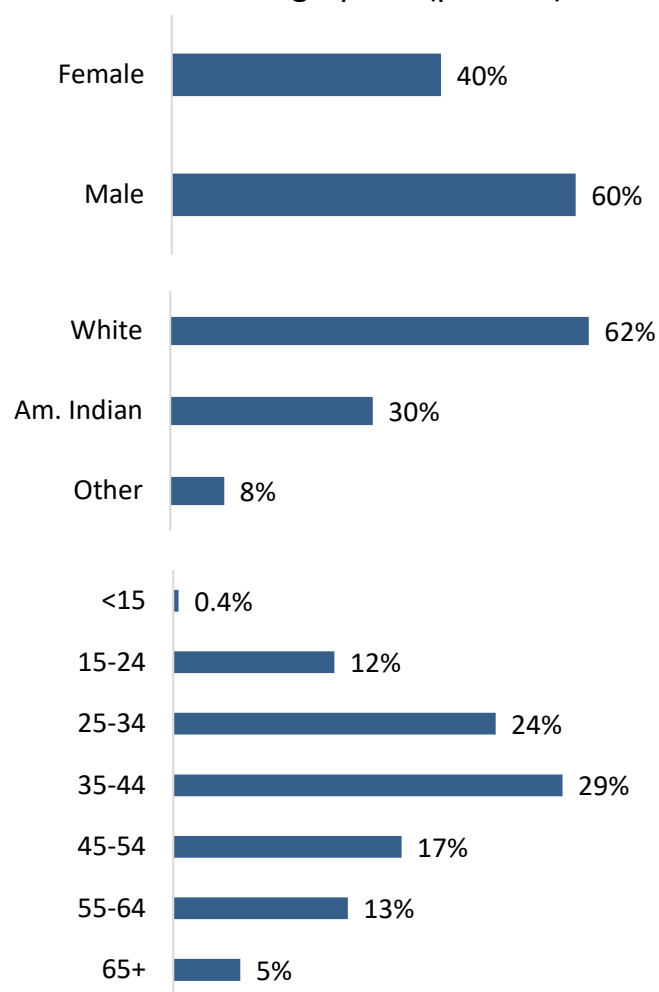
SUDORS Data – Unintentional & Undetermined Overdose Deaths



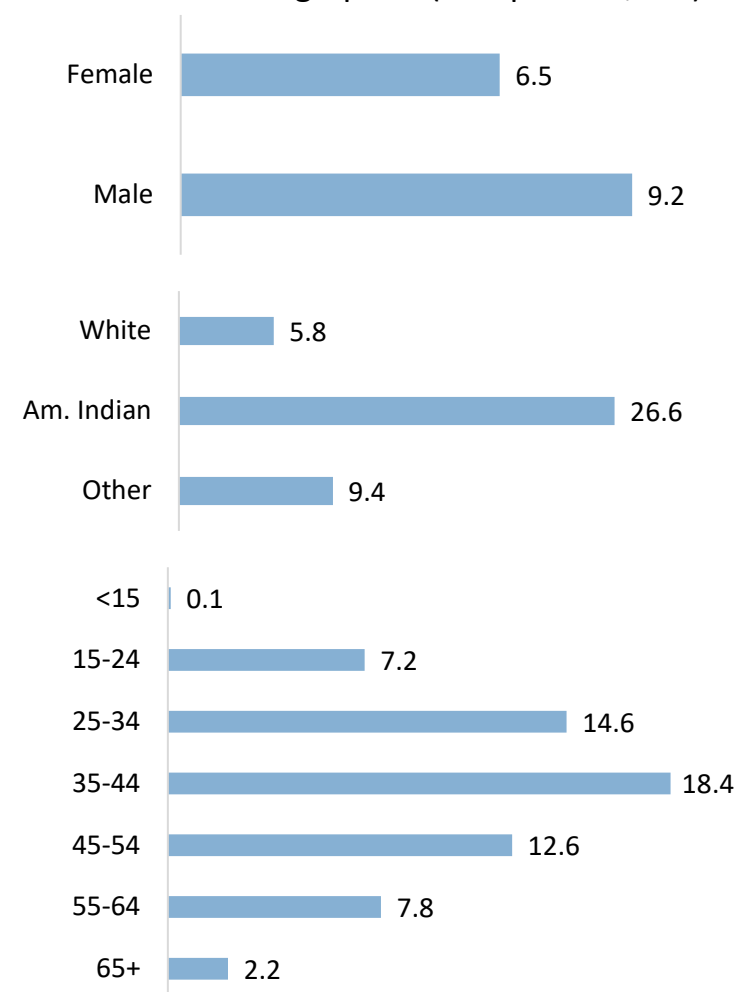
SUDORS Deaths by Year



SUDORS Demographics (percent)

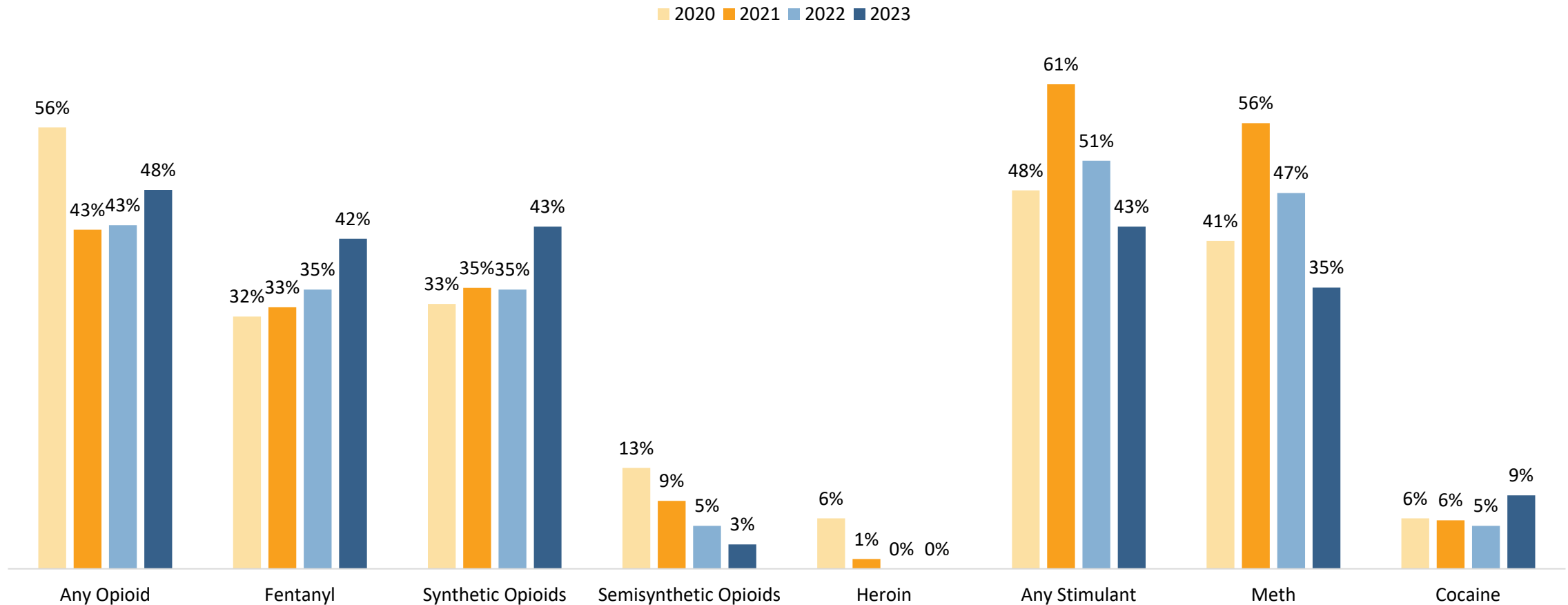


SUDORS Demographics (rate per 100,000)





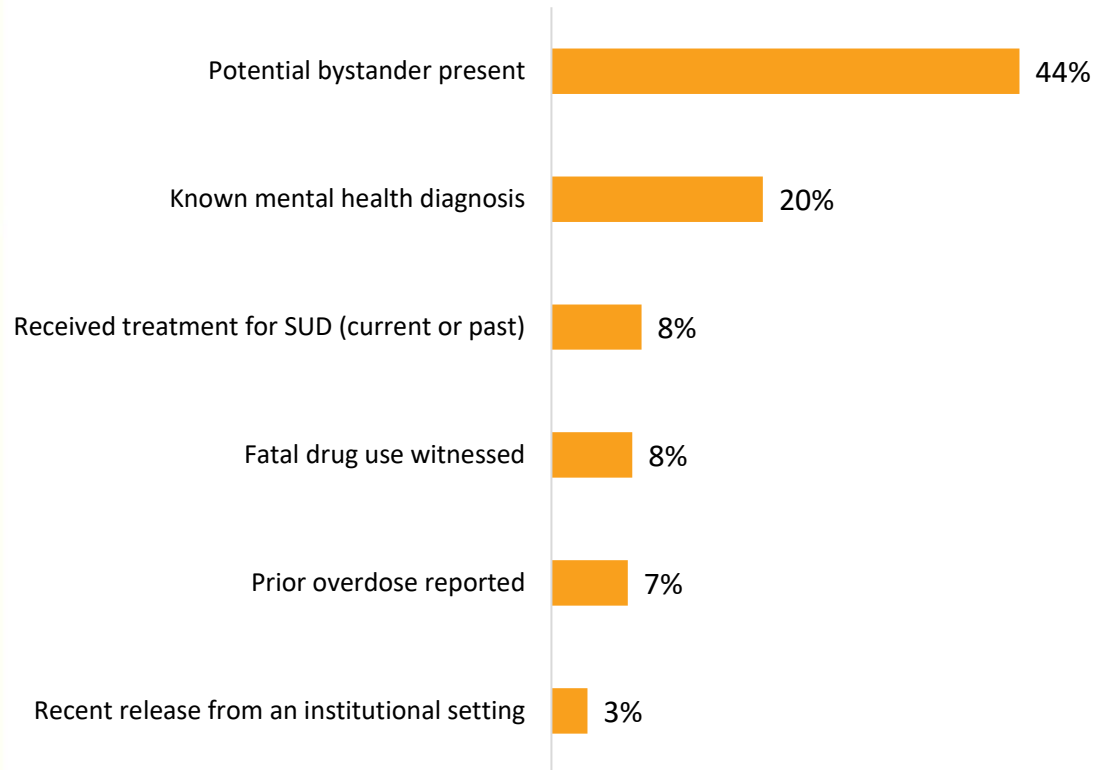
SUDORS Data – Drug(s) Listed as Cause of Death



SUDORS Circumstance Data



62% of overdose deaths had at least one opportunity for intervention



Place of Injury

- 78% - house/apartment
- 5% - hotel/motel
- 4% - street/highway/sidewalk
- 4% - facility (hospital, jail, shelter, group home)
- 2% - natural area (field, river, woods, beach)
- 7% - other/unknown places

Place of Death

- 57% - residence (decedent's home or other residence)
- 24% - emergency department/hospital
- 18% - other location



SD PDMP Update

Opioid Abuse Advisory Committee

April 2, 2025

Melissa DeNoon, R.Ph., SD PDMP Director

Grant Funded PDMP Enhancements & Projects

DOH CDC OD2A in States Grant

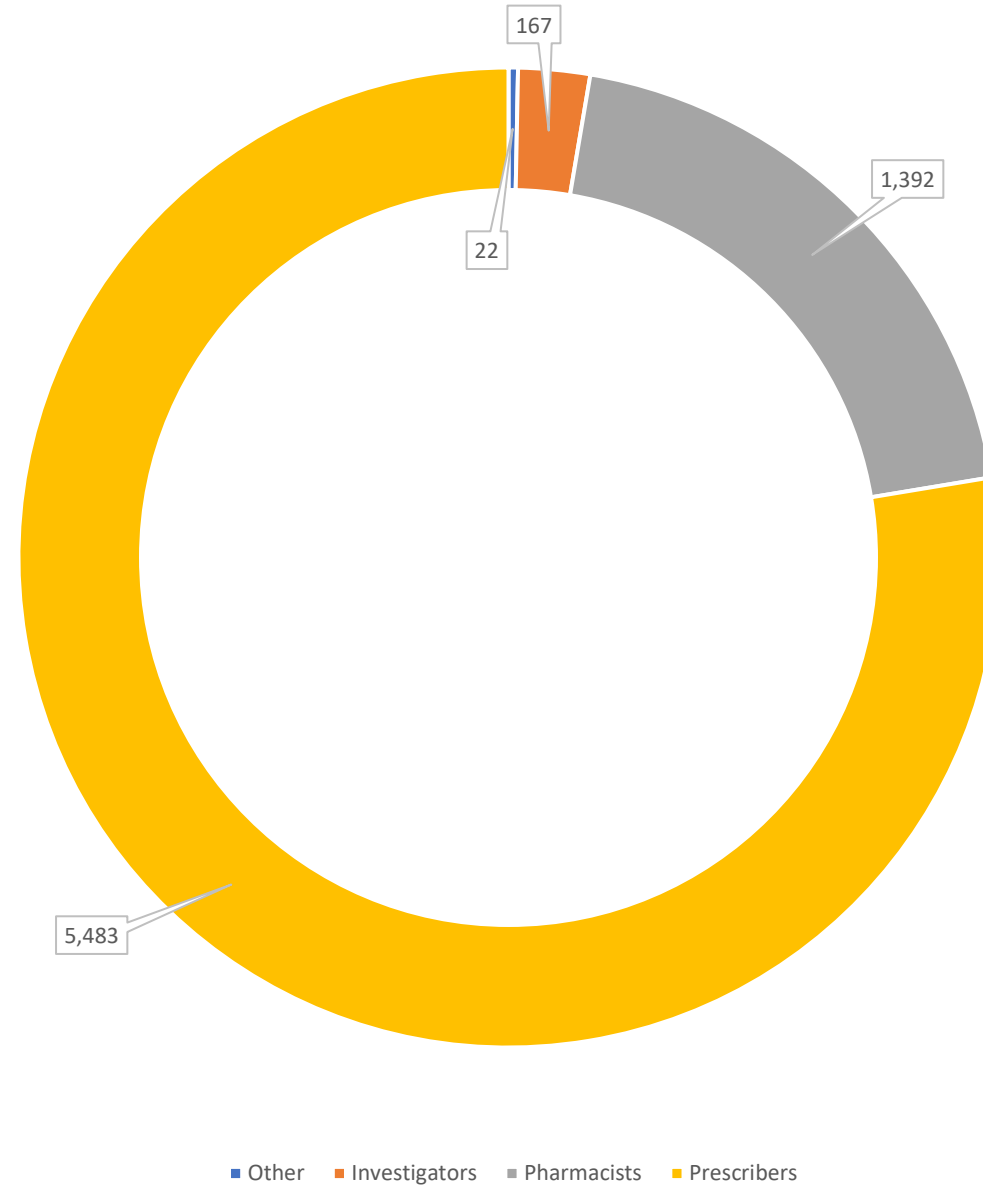
- Clinical Alerts
- Prescriber Reports
- Advanced Analytics
- Masked Data Extracts

DSS SAMHSA SOR III Grant

- PharmaDrop Drug Take-Back Program

SD PDMP Users

Total Users Yr Ending 2024 =
7,064



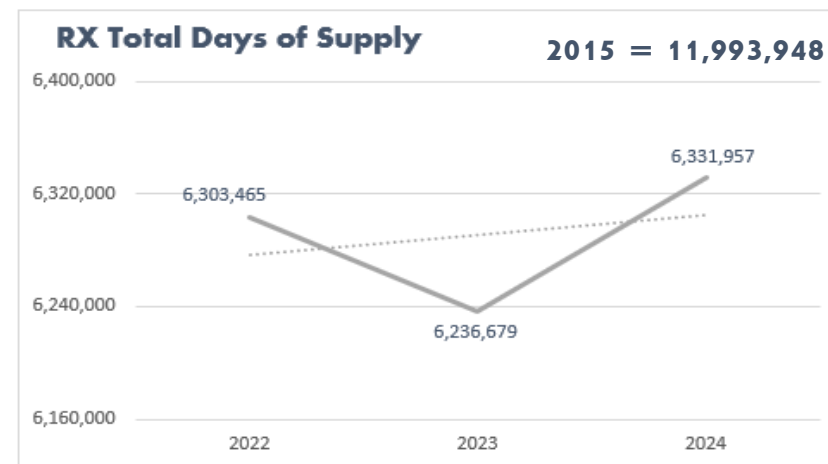
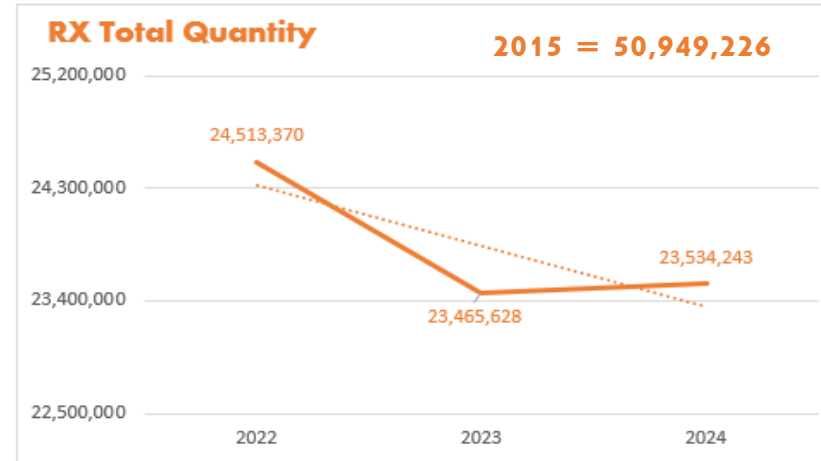
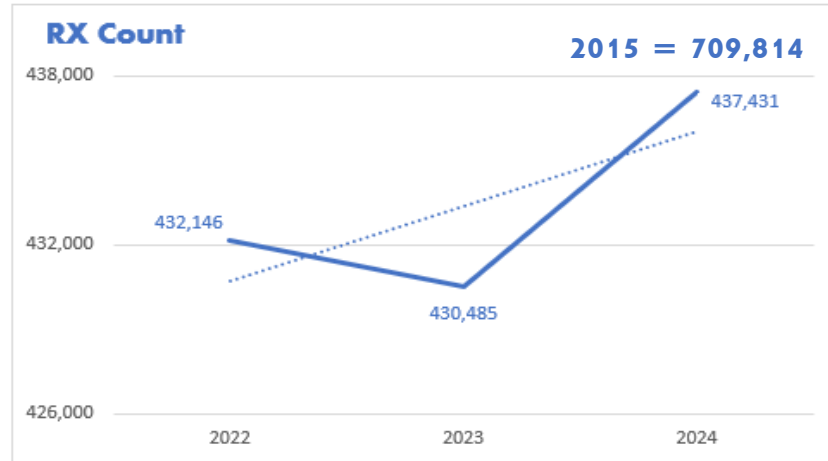
My Top Three Benefits of the PDMP for Healthcare Practitioners

1. Provides a comprehensive controlled substance prescription history of a patient
2. Improves clinical decision-making to prescribe or dispense controlled substances
3. Helps identify patients with substance use disorder leading to earlier intervention, treatment, and recovery

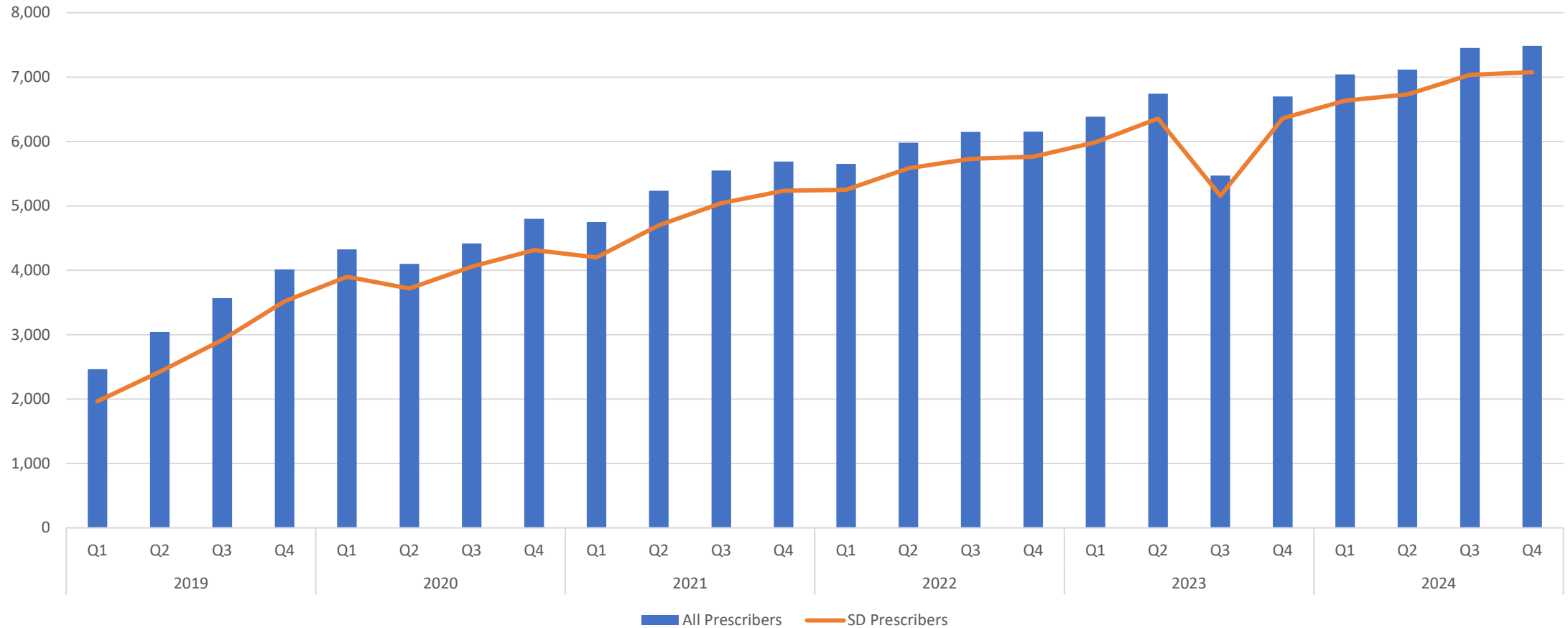
Top Ten Controlled Substances to SD Patients

Year 2024 Top Ten Controlled Substances (CS) to SD Patients	RXs	Quantity	Days of Supply	2023 Rank	2022 Rank
HYDROCODONE BITARTRATE/ACETAMINOPHEN	137,622	7,130,757	1,724,325	1	1
AMPHETAMINE AND DEXTROAMPHETAMINE SALTS	130,894	5,783,253	3,895,307	2	2
TRAMADOL HCL	109,506	6,311,247	1,831,796	3	3
METHYLPHENIDATE HCL	79,060	3,311,186	2,361,445	5	5
LORAZEPAM	76,883	3,151,865	1,636,366	4	4
OXYCODONE HCL	67,346	3,024,266	723,372	7	8
CLONAZEPAM	66,547	3,556,506	1,945,539	6	6
ZOLPIDEM TARTRATE	66,087	2,394,176	2,366,429	9	7
LISDEXAMFETAMINE DIMESYLATE	62,781	1,920,892	1,883,131	8	10
PREGABALIN	57,233	4,498,586	2,003,338	11	11

Trending SD Patients' Opioid Prescriptions



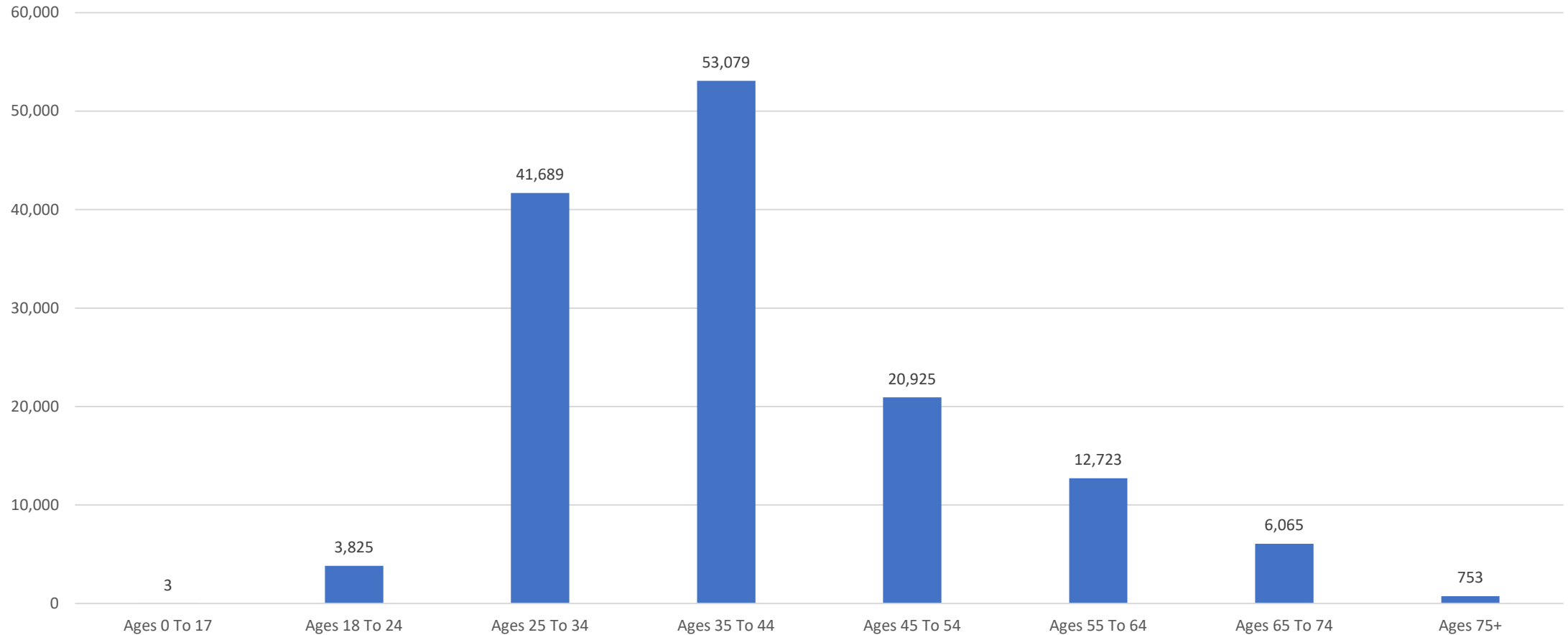
MOUD* Buprenorphine RX Count – SD Patients 2019-2024



Source: SD PDMP

*May include indications other than MOUD.

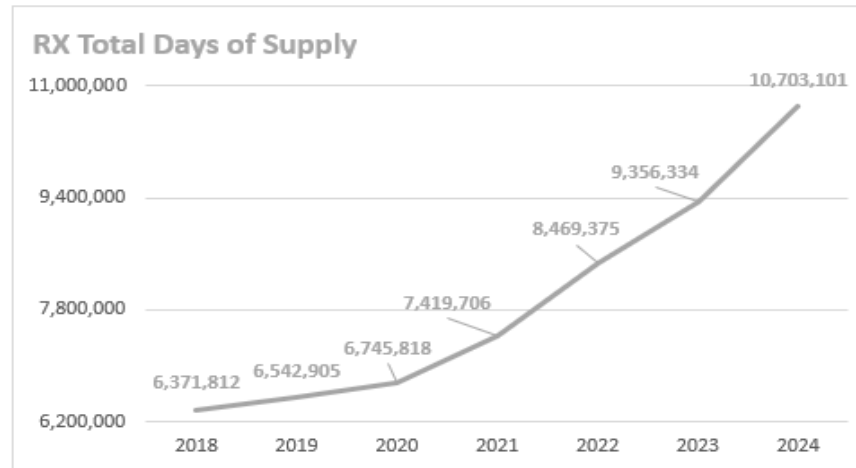
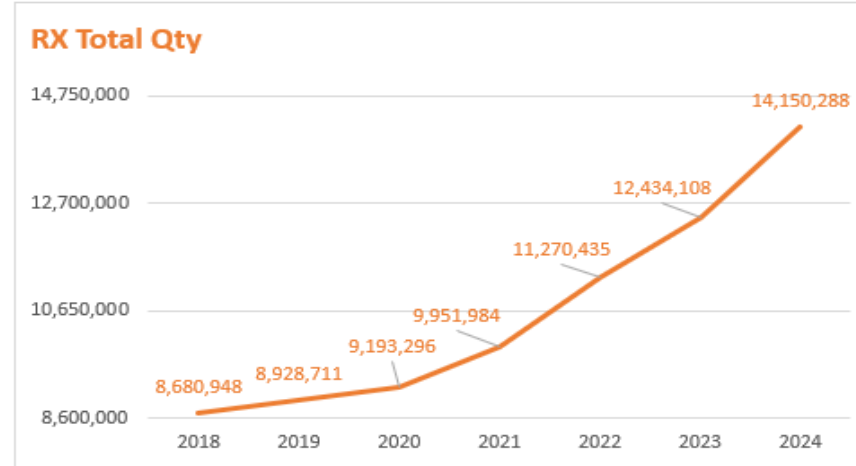
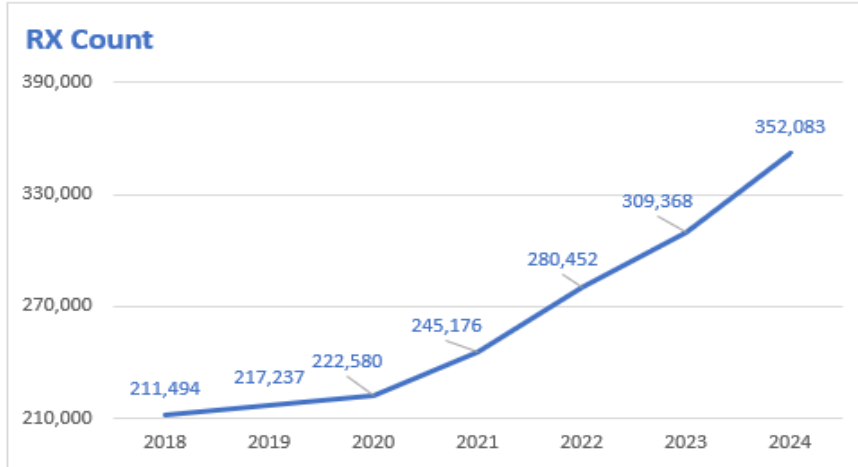
MOUD* Buprenorphine RX Count by SD Patient Age 2019-2024



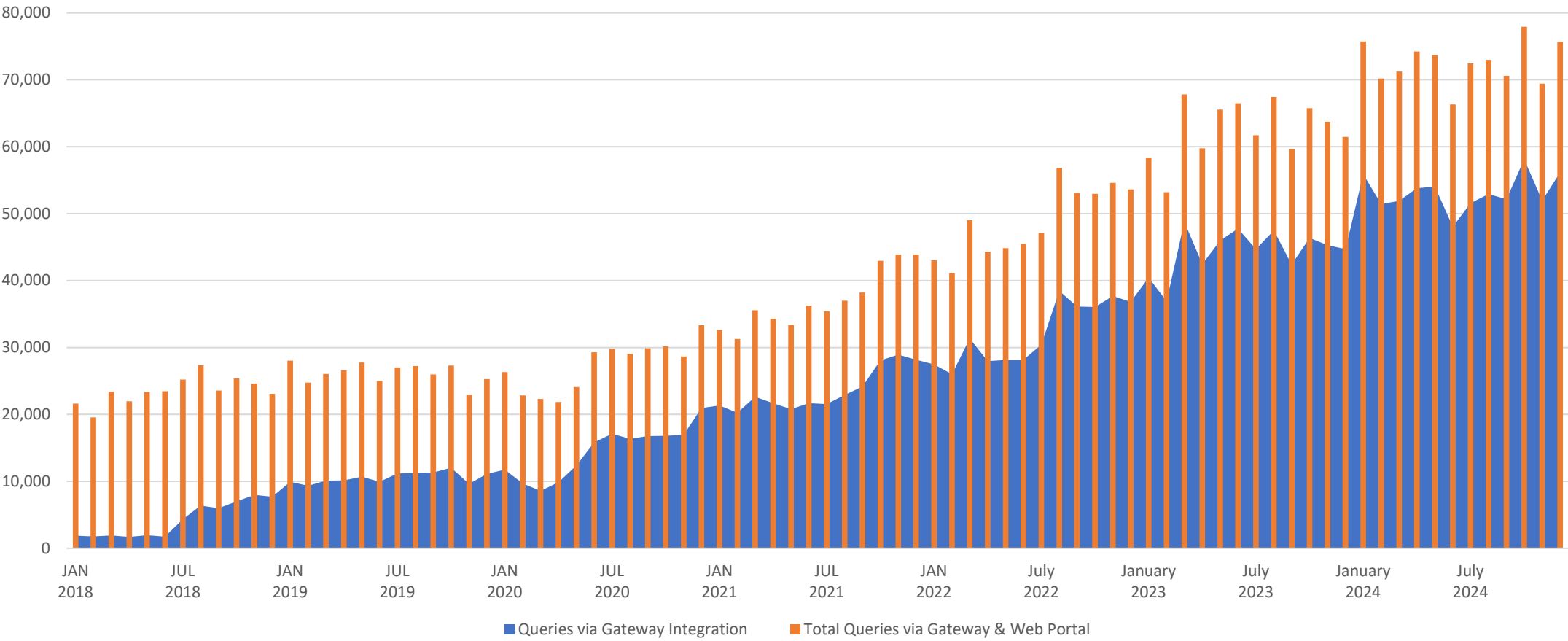
Source: SD PDMP

*May include indications other than MOUD.

Stimulants – SD Patients

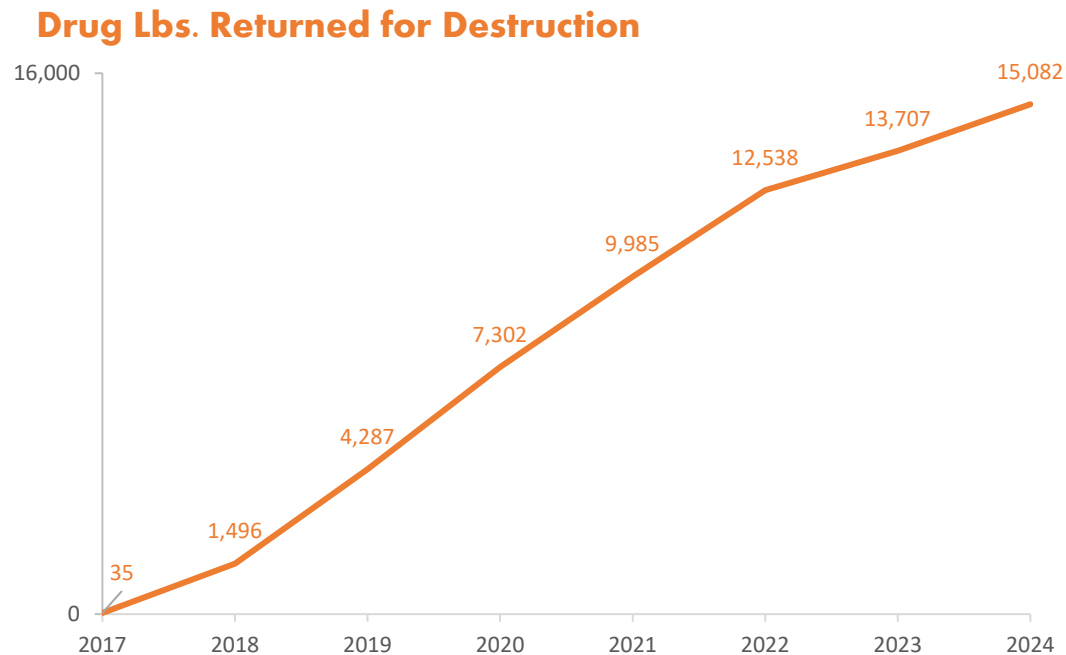


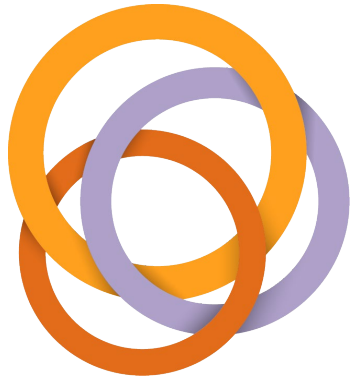
Trending PDMP Utilization by SD Prescribers & Pharmacists



PharmaDrop Drug Take-Back Program

- 92 receptacle sites participating located in 44 SD counties





Committee & Partner Updates

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



Public Input & Closing Remarks