

March 18, 2025

Dear Minnesota Senate Education Policy Committee Members –

I practiced primary care medicine in Stillwater and St. Paul for 30 years and also taught public health at the UMN for 10 years. I am writing in support of the addition to SF 2234 that calls for the following language: “that includes overdose recognition, prevention, and response education”.

As you know, this addition is being requested by a group of students who are taking an active interest in public policy. I had the privilege of watching them in action at the Capitol last Fall when they hatched this idea. It was their #1 policy priority for 2025.

Sadly, deaths from opioid overdose have become a significant public health problem in the U.S., including Minnesota. Many of these overdose deaths occur in the presence of other people, so there is an opportunity to recognize the problem and intervene through the use of nasal naloxone. A number of my colleagues who work in high-risk areas carry nasal naloxone with them at all times.

A recent study from the UMN School of Public Health reports the following:

Naloxone is far more effective when people who use drugs are not alone. Combining naloxone distribution with interventions to address solitary drug use could lead to a reduction in opioid overdose deaths by up to 37.4%.

Interventions aimed at increasing the likelihood of overdoses being witnessed have a significant impact on opioid overdose deaths. Even without reversal drugs, increasing witnessed overdoses by 20% to 60% could reduce deaths by 8.5% to 24.1%.

Hence, the combination of public awareness of opioid overdose and the availability of nasal naloxone has the potential to reduce opioid deaths. The students' concerns and their desire to act should be honored and commended. They are really putting the “public” into public health. I give them my full support.

Thanks for considering this important addition to SF 2234.

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