



# **Substance Use Prevention, Treatment, and Recovery Grants**

**LEGISLATIVE REPORT**

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## **Substance Use Prevention, Treatment, and Recovery Grants Legislative Report**

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## Executive Summary

Substance use and misuse has rippling effects on individuals, families, communities, and society at large. Impacts are emotional, physical, and economic. Deaths attributable to alcohol continue to increase while overdose deaths have begun to decrease slowly. Disparities still exist among demographic groups in overdose and use rates. There are shared risk and protective factors for the use of multiple substances which means there are opportunities to prevent the use of a variety of substances with similar strategies.

The Substance Use Prevention, Treatment, and Recovery Grant Program created by [Statute 342.72 SUBSTANCE USE TREATMENT, RECOVERY, AND PREVENTION GRANTS](https://www.revisor.mn.gov/statutes/cite/342.72) (<https://www.revisor.mn.gov/statutes/cite/342.72>) provides \$5.5 million for grants to support evidence-informed, culturally specific initiatives to prevent substance use, encourage treatment, and support recovery with communities that are at increased risk for substance use, and communities experiencing disproportionate rates of substance misuse and overdose. Ten percent is allowable to support the necessary administrative costs to implement the grant program.

## Background

Substance use and misuse deeply impact individuals, families, communities, and society on multiple levels. For example, in 2019, excessive alcohol consumption cost the state approximately \$7.85 billion.<sup>1</sup> The majority of Minnesota adults report drinking alcohol (58.4%), with about 17% of all adults reporting binge drinking during the last 30 days in 2023. Cannabis use has increased among adults in Minnesota from 2018 to 2023, with about 14% of Minnesota adults reporting cannabis use during the past 30 days. Heavy cannabis use (20 or more days during the past 30 days) is reported by 40% of cannabis users.<sup>2</sup>

The number of alcohol-attributable deaths continues to increase each year. In 2023 there were 1,021 deaths that were fully attributable to alcohol, including only those causes of death that are 100% attributable to excessive drinking. More than 95% of these deaths are due to chronic diseases, with alcoholic liver diseases the leading cause of alcohol-attributable deaths. American Indian Minnesotans were more than four times as likely to die from a fully alcohol attributable death than white Minnesotans.<sup>3</sup>

In 2023, Minnesota saw its second year of lower numbers of overall drug overdose deaths; however, the number of Minnesotans that die from drug overdose, a preventable fatality, are still far too many and certain communities are disproportionately impacted by these deaths. Synthetic opioids continue to dominate fatal overdoses, with slight decreases in any opioid- and synthetic opioid-involved overdoses. Importantly, for every one overdose death in 2023, there were nearly 13 nonfatal overdoses treated in Minnesota hospitals. The total number of nonfatal overdoses remained elevated but relatively stable compared to 2022. Across the state, the

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<sup>1</sup> Gloppen KM, Roesler JS, Farley DM (2022). Assessing the costs of excessive alcohol consumption in Minnesota. *American Journal of Preventive Medicine*, 63(4), 505 – 512. <https://www.health.state.mn.us/communities/alcohol/data/costs.html>

<sup>2</sup> Behavior Risk Factor Surveillance System, 2023. <https://www.cdc.gov/brfss/>

<sup>3</sup> Minnesota Death Certificate Data, 2023.

number of drug overdose deaths decreased by 8% in 2023 (1,384 to 1,274 deaths).<sup>3</sup> The largest decrease of 21% was seen in the Greater Minnesota counties (482 to 381 deaths). The Metro counties also saw a decrease of 1% (902 to 893 deaths).

**African American and American Indian populations are dying from drug overdose deaths in Minnesota at unequal rates compared to white Minnesotans.** According to preliminary 2023 data, American Indian Minnesotans were ten times more likely to die from drug overdose than white residents, and Black residents were more than five times as likely. Another sector of the population impacted greatly by substance use are individuals who were incarcerated. As reported by MMB, “Individuals in the criminal justice system have been hit particularly hard by the opioid epidemic. In 2015 and 2016, the odds of reporting a history of criminal justice system involvement increased more than fivefold for persons with OUD. Even more worrisome, drug overdose is now a leading cause of death among formerly incarcerated individuals; recently released prisoners and jail inmates are up to forty times more likely to die of an opioid overdose than the general population. In Minnesota between 2010 and 2019, drug overdoses accounted for one in three deaths occurring within one year of release from the Department of Correction— with 20% of those deaths occurring in just the first two weeks of release.”<sup>4</sup> The ripple effect of incarceration is great. Having a parent that is or has been incarcerated is the second most common adverse childhood experience (ACE) reported by Minnesota youth, second only to living with an adult who has a mental illness. As youth collect more ACEs throughout their life, their risk for various health outcomes increases, including substance use and misuse.<sup>5</sup>

**Substance use, including cannabis use among youth, carries greater risk** than for other ages for several reasons.<sup>6,7</sup> Because the brain is still developing, substance use before age 25 may affect how the brain builds connections for functions like attention, memory, and learning. Youth are more likely to become addicted, especially when substance use starts at a young age. Youth who use substances, including cannabis, may not do as well in school and may have problems with memory. Mental health can also be impacted, as cannabis use can increase the risk of youth experiencing suicidal thoughts.

According to the Minnesota Student Survey (MSS)<sup>8</sup>, in 2022 approximately 37.4% of eleventh graders reported any alcohol and/or other substance use (excluding tobacco) in the last year. Of those substances, the most used as reported by students are alcohol, cannabis, and prescription medications for pain relief.

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<sup>4</sup> Minnesota Management and Budget. Treating Opioid Use Disorder for Criminal-Justice-Involved Individuals. 2021. [Medication for Opioid Use Disorder for Individuals in the Criminal Justice System](https://mn.gov/mmb/assets/Treating%20Opioid%20Use%20Disorder%20for%20Criminal-Justice-Involved%20Individuals_tcm1059-511580.pdf) ([https://mn.gov/mmb/assets/Treating%20Opioid%20Use%20Disorder%20for%20Criminal-Justice-Involved%20Individuals\\_tcm1059-511580.pdf](https://mn.gov/mmb/assets/Treating%20Opioid%20Use%20Disorder%20for%20Criminal-Justice-Involved%20Individuals_tcm1059-511580.pdf)).

<sup>5</sup> Merrick MT, Ford DC, Ports KA, et al. Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. *MMWR Morb Mortal Wkly Rep* 2019;68:999-1005. DOI: <http://dx.doi.org/10.15585/mmwr.mm6844e1>.

<sup>6</sup> Hammond CJ, Chaney A, Hendrickson B, Sharma P. Cannabis use among U.S. adolescents in the era of marijuana legalization: a review of changing use patterns, comorbidity, and health correlates. *Int Rev Psychiatry*. 2020 May;32(3):221-234. doi: 10.1080/09540261.2020.1713056. Epub 2020 Feb 6. PMID: 32026735; PMCID: PMC7588219.

<sup>7</sup> Winters KC, Lee C-YS. Likelihood of developing an alcohol and cannabis use disorder during youth: Association with recent use and age. *Drug Alcohol Depend*. 2008;92(1-3):239-247.

<sup>8</sup> Minnesota Student Survey (MSS). 2022. <https://www.health.state.mn.us/data/mchs/surveys/mss/index.html>

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While use is trending downward, alcohol remains one of the top used substances by Minnesota youth. According to the 2022 MSS, 17.2% of 11<sup>th</sup> graders, 7.3% of 9<sup>th</sup> graders, 5.1% of 8<sup>th</sup> graders reported having used alcohol in the past 30 days. Alcohol accessibility remains a concern in Minnesota. Of the students that reported alcohol use, the primary method of obtaining alcohol was from social means including friends, parents, or family members.

The legalization of commercial cannabis in 2023 increased its availability to youth. According to the MSS, from 2013 to 2022 (before legalization) the proportion of 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students who reported past month cannabis use decreased. Among 11<sup>th</sup> graders, 16.6% reported cannabis use in 2013, 15.8% in 2016, 15.5% in 2019, and 11.9% in 2022. MSS will be implemented again in 2025. Notably, in 2023 (the year of legalization), the Minnesota Youth Tobacco Survey indicated that 19.7% of 11<sup>th</sup> graders (and 23.1% of 12<sup>th</sup> graders) reported cannabis use in the past month indicating a possible increase of youth cannabis use.<sup>9</sup> Methodologies are different between the MSS and the Youth Tobacco Survey making a direct comparison impossible, but this is a possible indication of change after cannabis legalization.

Youth reporting pain medication misuse has decreased in recent years. According to the National Survey on Drug Use and Health<sup>10</sup>, during 2021-2022 about 1.7% of 12–17-year-olds in Minnesota reported misuse of pain medications (e.g., OxyContin, Percocet, Vicodin), a decrease from 3.6% of youth in 2015-2016.

**Addressing shared risk and protective factors for substance use can help prevent and reduce substance use of all kinds.** For example, youth who report more adverse childhood experiences (ACEs) are increasingly more likely to report substance use for each additional ACE reported. In addition, youth who report more protective factors, such as having a positive adult to talk to and having a positive identity are less likely to report substance use.

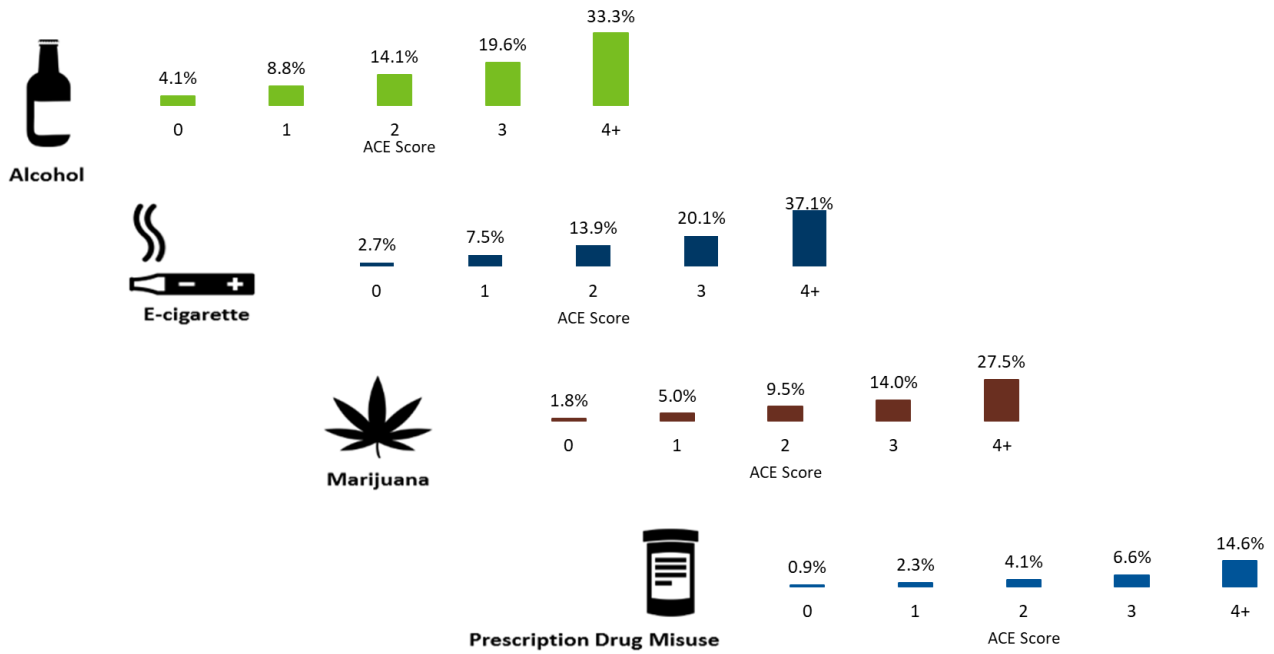
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<sup>9</sup> Minnesota Youth Tobacco Survey (MYTS). 2023. <https://www.health.state.mn.us/data/mchs/surveys/tobacco/index.html>

<sup>10</sup> National Survey on Drug Use and Health. 2021-2022. <https://www.samhsa.gov/data/data-we-collect/nsduh-nationalsurvey-drug-use-and-health>

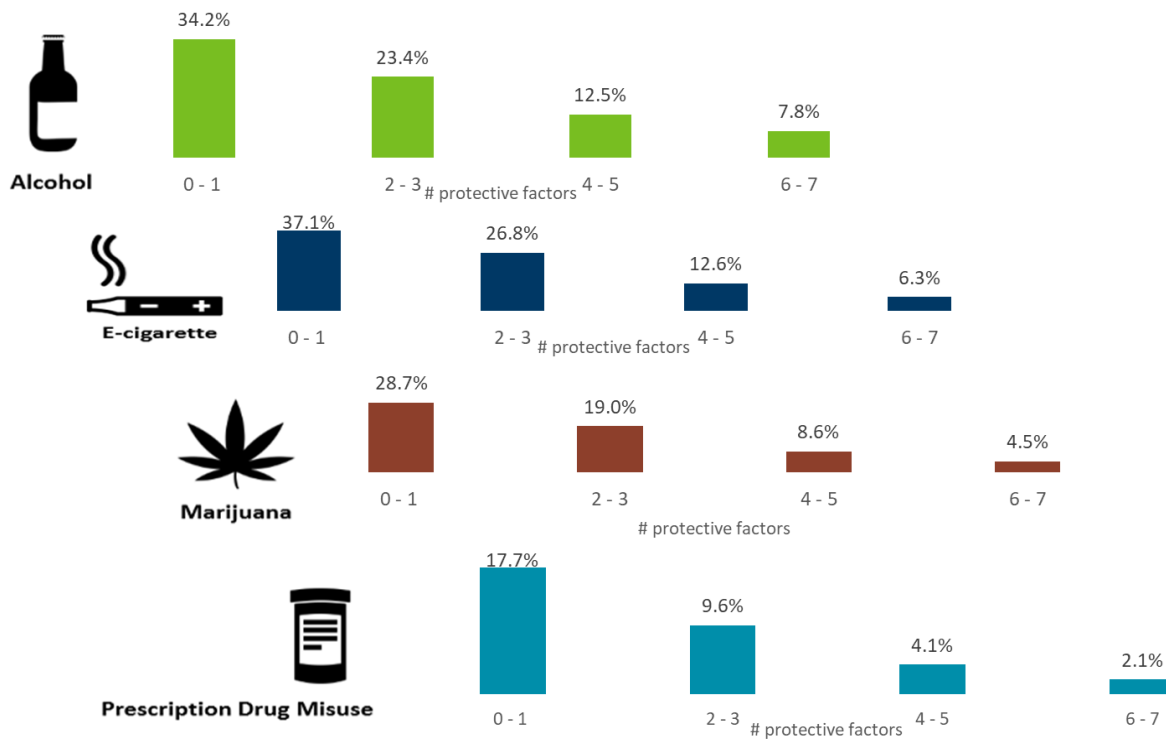
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Youth who report *more ACEs* also report *more substance use*.



2022 Minnesota Student Survey data; 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders

Youth who report *more protective factors* are *less likely* to report substance use.



2022 Minnesota Student Survey data; 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders

## Grant Program Status

During the 2024 Minnesota Legislative Session, [Statute 342.72 SUBSTANCE USE TREATMENT, RECOVERY, AND PREVENTION GRANTS](https://www.revisor.mn.gov/statutes/cite/342.72) (<https://www.revisor.mn.gov/statutes/cite/342.72>) was updated. This law established a substance use treatment, recovery, and prevention grant program to be administered by the commissioner of health. This program was formerly managed by the Office of Medical Cannabis. The scope of this grant program was widened to address substance use and misuse prevention, treatment, and recovery in addition to cannabis use prevention, treatment, and recovery.

The statute dictates that up to 25% of the grant funds may address treatment, while the remaining 75% of funds must focus on prevention and recovery efforts. The funding dedicated to prevention and recovery of substance use disorder and mental health must address substance use prevention for youth and supplies that assist individuals and families to initiate, stabilize and maintain long-term recovery. Activities may include prevention education, school-linked behavioral health, school-based peer programs, peer supports, self-care and wellness, culturally specific healing, community public awareness, mutual aid networks, telephone recovery checkups, mental health warmlines, harm reduction, recovery community organization development, first episode psychosis programs, and recovery housing.

Up to 25% of the grant funds is for substance use disorder treatment programs. These may include adoption or expansion of evidence-based practices; competency-based training; continuing education; culturally specific and culturally responsive services; sober recreational activities; developing referral relationships; family preservation and healing; and start-up or capacity funding for programs that specialize in adolescent, culturally specific, culturally responsive, disability-specific, co-occurring disorder, or family treatment services.

## Status

### Data-Informed Focus

As outlined in the background section, the American Indian and justice-impacted populations have a significantly higher risk of substance misuse and overdose. The grants provided through this funding, using a data-informed framework, will focus on urban American Indian serving organizations, justice-impacted populations, and other culturally specific initiatives focused on communities experiencing disproportionate rates of substance misuse and/or overdose.

Grants ranging from \$100,000-300,000 per year will be awarded with 50% of the grants being awarded to youth focused programming and initiatives. All grantees must explain how their work addresses mental wellness as it pertains to risk of substance use and substance use disorder. Grantees will be offered the opportunity to use up to 25% of their funding on treatment, including mental health and substance use disorder treatment services, and the other 75% of funding must be dedicated to prevention and recovery initiatives. Urban American Indian-serving organizations are defined as organizations dedicated to the health of urban American Indians not living on tribal lands. Organizations serving justice impacted populations include organizations with programming for formerly incarcerated people (both recent and historically), families of currently or formerly incarcerated people, and youth at risk of incarceration. Other culturally specific initiatives will be selected by the applicants'



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ability to show disparities through data and proof of organizational leadership representative of the focus population.

### Staffing

The Injury and Violence Prevention Division (IVPD) recently created a Substance Use Prevention Programs Unit to lead this work. Staff have been hired to create and manage this grant program to build subject expertise around cannabis, particularly, and to engage in collaboration with existing programs to create synergy around substance use prevention efforts.

### Advisement

As part of the statute, the commissioner must consult with the Governor's Advisory Council on Opioids, Substance Use, and Addiction, the Commissioner of Human Services, and the Office of Cannabis Management to develop an appropriate application process, establish grant requirements, determine what organizations are eligible to receive grants, and establish reporting requirements for grant recipients. Additionally, IVPD is working closely with programs across MDH and the Minnesota Office of Addiction and Recovery to ensure appropriate and effective efforts are being funded.

As a first step, a presentation was made to the Governor's Advisory Council on December 3, 2024. Discussion was shared around topics and strategies for funding and valuable feedback was collected to inform the upcoming RFP process. Appointments have been scheduled to meet with the other required advisors to collect a full range of suggestions for this work in early January 2025.

With a focus on American Indian-serving organizations and organizations that serve justice impacted people, input on the final RFPs will be sought from the Office of American Indian Health in MDH, as well as colleagues working in the justice involved space at MDH. This will occur concurrently in January 2025.

People with lived experience in all categories will be asked to participate in the grant application review process to determine grantees.

The projected date of RFP posting is February 2025.

### Conclusion

The Substance Use Prevention, Treatment, and Recovery Grant Program is filling a distinct need in Minnesota. Focusing on communities that experience a disproportionate rate of substance misuse and overdose will address the deepest need in the state and, due to the ripple effect of wellness, will ultimately improve the health and wellness of all communities. Particularly providing support to youth-serving programs supports prevention in early stages to prevent mental illness associated with substance misuse, increase mental well-being, and prevent the start of substance use or the return to substance use. The grant program will be active in the first quarter of 2025.

**For more information about MDH’s work in substance use prevention, please visit:**

[Alcohol and other drug use \(https://www.health.state.mn.us/communities/alcohol/basics/about.html\)](https://www.health.state.mn.us/communities/alcohol/basics/about.html)

[Cannabis \(https://www.health.state.mn.us/communities/cannabis/index.html\)](https://www.health.state.mn.us/communities/cannabis/index.html)

[Drug overdose prevention \(https://www.health.state.mn.us/communities/opioids/index.html\)](https://www.health.state.mn.us/communities/opioids/index.html)