Investing in what works for opioid use disorder (OUD)

The opioid crisis is one of the state's most persistent public health challenges. In 2021 alone, more than 920 Minnesotans died of an opioid overdose with tens of thousands of other individuals, families and communities harmed by opioid addiction. Local governments are on the front lines of this epidemic, providing services needed to prevent, treat, and aid in recovery from substance use disorder. With recent opioid manufacturer and distributor settlements, governments are planning investments in new or expanded offerings. To support the work, this brief outlines resources for identifying and implementing evidence-based practices.

Defining evidence and sources for "what works"

High-quality evidence helps us apply finite resources in ways proven to help residents, but it can be difficult for any one entity to read and apply even a fraction of the available research. Independent groups, like the Pew Charitable Trusts and the National Association of Counties (NACo), recognize this challenge, and have worked to review the literature, define evidence and collate practices. Often, these groups look for a specific research design, called an impact evaluation, that seeks to isolate whether a service caused a change in outcomes. While there are other equally valuable ways of knowing, these definitions offer a common reference point.

Evidence based: Service or practice has been found effective by at least one qualifying evaluation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.

Theory-based: Service or practice has either no research on effectiveness or research designs that do not meet the above standards. This ranking is neutral. Services may become evidence based after research reveals their causal impact on participant outcomes.

No effect: A service or practice rated no effect has no impact on the measured outcome or outcomes of interest. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.

Below are several clearinghouses with additional sources at MMB's Using Evidence in Policymaking website (https://mn.gov/mmb/evidence/).

- NACo's Opioid Solution Center (https://www.naco.org/resources/opioid-solutions-center)

- Pew Charitable Trust Clearinghouse (https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database)
- SAMSHA Opioid Overdose Resources (https://www.samhsa.gov/find-help/overdose)
- MMB's Results First Local Inventory (https://mn.gov/mmb/results-first/inventory/)
- DHS Opioid Resource page (https://mn.gov/dhs/opioids/)

A summary of evidence-based practices in use in Minnesota

Over the last two decades, we have learned much about what works and for whom in treating OUD. The table below highlights several highly effective, evidence-based approaches that are currently being used by the state, tribal nations and local governments in Minnesota. State partners can provide introductions to current implementers to discuss what has been learned.

Evidence-Based Practice	Definition	Local Examples
Medications for opioid use disorder (MOUD)	Pharmacotherapies, like buprenorphine and methadone, that treat OUD (aka MAT).	Allina Health
Contingency management to promote MOUD use	A behavioral treatment that uses low-cost incentives to reinforce treatment goals. Effective at promoting recommended use of MOUDs.	University of Minnesota
Integrated pain management	Nonpharmacological therapies that help provide care for chronic and non-chronic pain.	Hennepin Health
Motivational interviewing (MI)	A conversational technique to help clients resolve behaviors that prevent change and commit to reducing substance use.	Blue Cross, Blue Shield
MOUD in criminal justice settings	Beginning use of MOUD in jail or prison. Best practice is to connect individuals to Medical Assistance, MOUD dosages, and a warm handoff to a provider at release.	Dakota, Hennepin, Stearns
Naloxone education and distribution	Provides at-risk or proximate individuals with medicine and training that can reverse an overdose.	Steve Rummler Network
Permanent supported housing	Permanent housing that provides a connection to treatment and other public services.	Anishinaabe Endaad
Project ECHO	Telehealth program to teach primary care providers how to properly prescribe MOUDs.	Hennepin Health
Screening, brief intervention and referral to treatment	Assessment for disordered use and referral to treatment in primary, emergency or other care settings.	MDH lessons from the field
Syringe services programs	Provides syringes and other harm reduction supplies to substance users, as well as a connection to treatment providers and public services.	Southside Harm Reduction

Table 1 Opioid use disorder evidence-based practices

Creating new evidence

At one point, all of the discussed interventions were unproven solutions that were, only later, validated by reseach. As communities try new approaches, we want to study what is working and for whom. The Opioid Settlement statute (2022 Session Law Chapter 53) lays out a plan for governments to learn from one another. It also authorizes MMB to partner with state and local governments, on a voluntary basis, to conduct evaluations of activities that are not yet evidence based.

For questions about this brief or evaluation capacity, email ResultsManagement@state.mn.us.