Minnesota Department of Health

# Opioid Overdose Anomaly Case Study: Ramsey County

## Overview

Over a 30-hour period from Wednesday to Friday, Ramsey County, specifically Saint Paul, experienced a significant increase in opioid overdoses, totaling 14 incidents. A spike on Thursday, with 10 overdoses, exceeded the daily moderate threshold and triggered an anomaly alert. Incidents were concentrated in unsheltered facilities, public spaces, and law enforcement custody (including jails). These cases disproportionately affected men, especially Black men, and people experiencing homelessness.

**As a result, the Minnesota Department of Health (MDH) issued a Tier 2 alert, prioritizing targeted response for at-risk groups and coordination among key partners.**

## Background

A moderate alert was triggered in Ramsey County after the number of overdose incidents surpassed the daily moderate threshold, with 10 overdoses occurring on Thursday. To better assess the scope of the alert, MDH examined cases from late Wednesday night and early Friday morning as well. Following the alert, MDH conducted an in-depth data review, notifying local partners with “For Information Only” communications to limit dissemination and prevent public concern. Local public health informed their Overdose Spike Response Team (OSRT) of the ongoing review and encouraged reporting relevant information back to MDH. The Tier 2 alert was recommended based on:

1. Exceeding the moderate threshold for overdose incidents.
2. Identification of an overdose cluster affecting people experiencing homelessness (PEH) and those in law enforcement custody.

MDH recommended focused outreach to affected groups and harm reduction strategies for at-risk populations without broad public messaging.

## Incident Analysis

1. **Extent and Duration of Anomaly:** Fourteen opioid overdoses over 30 hours in Ramsey County.
2. **Substance Involvement and Routes of Administration:** All patients responded to naloxone. Specific substance details were available in 57% of cases, with reports of:
   1. Smoked marijuana cigarette
   2. Blue pills ingested rectally
   3. Smoked substance containing fentanyl
   4. Percocet mixed with fentanyl dust
   5. Attempted to smoke crack, potentially mixed with heroin
   6. Witnessed smoking an unidentified substance outside
   7. Believed heroin ingestion
   8. Percocet
3. **Geographical Concentration:** All but one incident occurred in Saint Paul, with the other occurred in a bordering city.
4. **Location and Circumstances of Discovery:**
   1. **Unsheltered Facilities and Public Spaces:** Over half the overdoses occurred in unsheltered facilities and public spaces, such as streets and transit.
   2. **Law Enforcement Custody:** Three cases were in police custody, including two in jail.
5. **Demographics:**
   1. **Gender:** Men represented 79% of cases.
   2. **Race:** Black people comprised 50% of cases, with Black men representing 43%.
   3. **Social Vulnerability:** Many affected were experiencing homelessness, highlighting housing and service access vulnerabilities.

## Key Risk Factors

* **Polysubstance Use:** Incidents involved a range of drugs, often unknowingly mixed with opioids.
* **Inhalation as a Common Route:** smoking substances is increasingly common, requiring tailored harm reduction.
* **High-Risk Environments:** Overdoses frequently occurred in shelters, public transit, and jail settings.
* **Black Men and PEH:** Black men and PEH were disproportionately represented.
* **Challenges Following Overdose Reversal:** Many survivors lacked follow-up resources, highlighting a need for sustained interventions.

## Recommended Actions

1. **Targeted Naloxone Distribution:** Equip shelters, outreach teams, and law enforcement with naloxone, focusing on unsheltered and public areas.
2. **Safer Use and Harm Reduction Messaging:** Provide messaging on safer use, the Good Samaritan Law, and available resources for people in high-risk settings.
3. **Cross-Agency Coordination:** Ensure law enforcement, corrections, and public health partners coordinate efforts, including data-sharing and outreach.

## State Response

* **Ongoing Surveillance:** Continuously monitor overdose trends, providing regular updates and data analysis to local health authorities.
* **Resource and Messaging Coordination:** Supply additional resources, such as naloxone kits and fentanyl test strips, and support culturally targeted messaging for affected groups.