IN SPORTS

Spring high school preview

Anoka County
UNION HERALD

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ARTS & ENTERTAINMENT

'Beauty and the Beast' at St. Francis
Page 6B

INSIDE

Easter fun at Anoka Senior Center
Page 2A

25th annual Mayors' Prayer Breakfast
Page 3A

Abeler, Scott have town hall
Page 8A

Area Leos clubs join forces to serve
Page 12A

PUBLIC NOTICE:

The Local Board of Appeal and Equalization for the City of Andover will meet at 7 p.m. April 30 to discuss assessment and classification of property for the purposes of 2020 taxes payments.

See this and other Public Notices on pages 1-10C

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Andover teen recovering after brain surgery

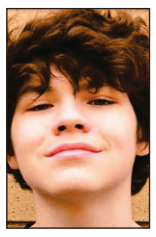
By Connor Cummiskey
Staff Writer

An Andover teen is recovering after a brain infection that led to numerous surgeries and temporary blindness.

In January Daelan Curry, who has a suppressed immune system, grew sick with what appeared to be a routine illness. After a couple of days his mother, Mary Curry, brought him to be tested for streptococcus and influenza.

While both tests came back negative, Daelan did not improve. Mary – who was a nurse before she decided to stay home to support her son Devon, who suffered a traumatic brain injury – was certain it was a sinus infection and was concerned when physicians sent Daelan home only with instructions to stay hydrated and rest.

"All he was doing was running to the bathroom and throwing up," Mary said.



Daelan Curry

The doctors Daelan saw suggested it could be a handful of afflictions, including a sinus infection, but after roughly two weeks with a fever, a CT scan showed a bacterial infection in Daelan's brain called an Empyema.

"It's like little pus, abscess grenades that infect the area," Mary said.

While being transferred to an intensive care unit, Daelan became delirious and went temporarily blind from a

Continued on 10A

SEEKING SOBRIETY

Treating opioid addiction throughout Anoka County

By Paige Kieffer
Staff Writer

Anoka County, like the rest of the state and nation, faces an opioid epidemic that's claiming lives. But treatment for addiction is available, and local health care professionals are on the front lines of the response to the opioid crisis.

Clinics and hospitals in Minnesota have reported an overwhelming increase in patients seeking treatment for opioid addictions, causing a surge in the need for services. In 2017 patients made 2,037 emergency room visits for opioid-involved overdoses in the state, and that number keeps increasing every year, according to the Minnesota

Continued on 7A

Refrigerator fire leaves home uninhabitable in Coon Rapids

By Jonathan Young
Managing Editor

A fire that apparently started with a small refrigerator in the basement left a Coon Rapids home uninhabitable Wednesday, April 10.

Around 10 a.m., the Coon Rapids Fire Department received a call reporting alarms sounding and smoke coming from the basement of the home at 1257 129th Lane NW. Crews brought the fire under control by about 10:20 a.m., according to the Fire Department's report.

A woman had been in the house with her 4-year-old when alarms sounded, according to the report. She noticed smoke coming from vents in the kitchen and opened a door to the basement to find heavy smoke, so she evacuated and called 911.

A fire that apparently started with small refrigerator caused significant damage to the basement of the home at 1257 129th Lane in Coon Rapids April 10. Photo courtesy of the Coon Rapids FD

A fire inspector concluded the blaze started with a small dorm-style refrigerator enclosed in a cabinet behind a

Continued on 9A

Housing project approved at former site of Coon Rapids Shopping Center

By Peter Bodley
Contributing Writer

The site plan and preliminary plat for 136 owner-occupied, single-family homes on smaller lots were unanimously approved by the Coon Rapids City Council earlier this month.

The development is planned on about 43 acres city-owned property in Port Riverwalk, south of Coon Rapids Boulevard from Egret Boulevard to Coon Creek. The site was once home to more than a dozen buildings, including the former Coon Rapids Shopping Center, Coon Rapids Clinic and a bank. The HRA acquired the property in the early 2000s, demolished the buildings, then cleaned up pollution in the area.

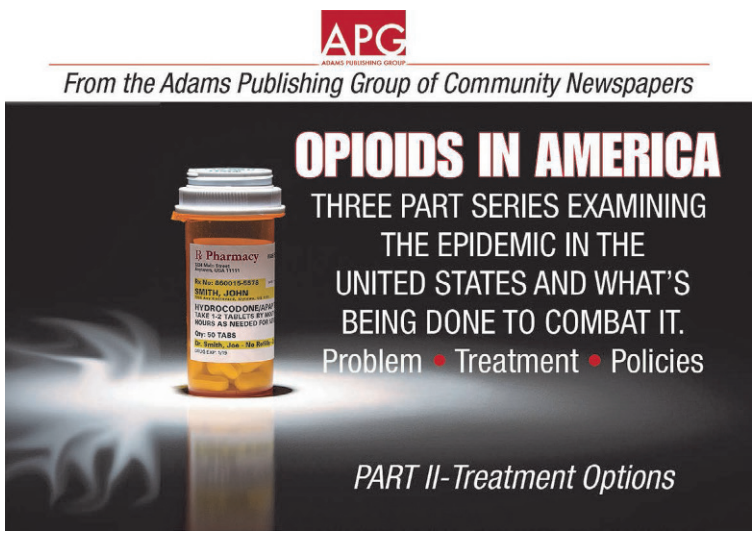
Coon Rapids-based Centra Homes expects construction to start this summer, along with city infrastructure

Continued on 10A

Opioid addiction: A treatable disease

This is the second of three parts in a series by Adams Publishing Group newspapers about the nation's ongoing and evolving opioid crisis. Part 2 looks at treatment options for people addicted to opioids and the availability of those services.

By Waylon Cunningham
Adams Publishing Group



Tucked between a barber shop and an antiques store along a dark highway into Knoxville, the Flatiron Club is easy to miss driving by at night. Its only announcement, completely invisible in the dark, is a small, unlit sign above the door.

Inside, two older men and a woman holding a Styrofoam cup loiter in the fluorescent-lit space. A nearby foldout table and chairs sit unused. A young man, thick-armed in a tight black shirt, walks in.

"Sorry," an older man tells him, "the meeting's been canceled – the organizers got sick, no one came." Then he pauses to reconsider. "Pull up a chair," he says.

Seated around the table meant for a much larger group, the four are quiet at first. The young man, though he's normally reserved, begins to speak.

"Hi, my name is David," he says, "and I'm an addict."

Then the room, white and sterile-looking, comes alive with stories of struggle and redemption.

David Wilson, a 27-year-old from a struggling community on the Kentucky border, is one of the 1.7 million people in the United States with an opioid abuse disorder, as estimated by the American Addiction Centers. Clean now for nearly three years, Wilson tries to attend at least four meetings a week, more than his halfway house requires. And while the meeting at the Flatiron Club is not even for opioids – it's technically a Crystal Meth Anonymous group – there is an understanding among the recovery community that the actual drug doesn't matter, as long as you're attending meetings.

And you'd better be attending meetings.

For years, those wading through the long process of addiction have found relief in support groups based on the 12-step Alcoholics Anonymous program. "The therapeutic value of one addict helping another is without parallel," goes an often-repeated line from the Narcotics Anonymous handbook.

But there's another reason these discussion groups play such a central role. Few other resources are available at all for those in long-term recovery.

While public awareness about addiction has grown in recent years as the opioid crisis deepened, the solutions offered by policymakers and nonprofits are often weighted toward what is, for many addiction stories, only the opening act.

To try to stop addiction before it happens, 15 states stretching from Utah to South Carolina have placed strict limits on painkiller prescriptions. High school educational drives are intended to warn students away from abuse. And for those in the throes of addiction, emergency services have begun to stockpile naloxone, an overdose-reversing drug.

But for everything that comes after the active addiction, attention and funding peter out.

Laws slowly changing

The continuing stigma surrounding addiction is a large impediment, says Steve Wildsmith, a recovery advocate in the marketing department of Cornerstone of Recovery, an intensive residency program in Louisville. While many states have laws mandating that insurance plans include addiction-treatment coverage, the majority will pay "at most" for 28-day rehab programs, Wildsmith says.

Physical healing of the brain takes much longer – up to 10 years for sustained remission, according to 2017 statistics from the National Institutes of Health. Meanwhile, about 4 percent of the opioid-addicted population dies annually of overdoses.

But this approach is beginning to change.

"There's been a growing realization that this is a lifelong, chronic disease," said Karen Pershing, executive director of the Metro Drug Coalition, an anti-addiction nonprofit partially funded by the City of Knoxville.

As data continues to show a worsening crisis, groups like the American Psychiatric Association have adapted. In 2013, the APA updated the DSM, the standard diagnostic manual for clinicians of mental disorders, to convey the new understanding of addiction as chronic and those who suffer from it prone to relapse.

Solutions have begun to follow suit.

Massachusetts' 2018 opioid legislative package, signed by Gov. Charlie Baker at the STEPRox Recovery Support Center

Continued on 10A

Treating opioid addiction in Anoka County

Continued from Page 1A

Department of Health.

Local health care leaders are working to expand and improve opioid treatment services to address the ongoing need.

Effective treatments

Kicking an addiction isn't easy, but it's possible.

Depending on the type addiction, however, some treatments give patients a better chance at success, according to Dr. David A. Frenz, medical director of addiction medicine for Allina Health, which has a residential treatment program at Mercy Hospital-Unity in Fridley.

"Historically in Minnesota there has been a one-size-fits all approach to addiction treatment regardless of substance," said Frenz, who has been a medical director over 15 years at various organizations. "No matter if it's alcohol or cocaine you get the same treatments. The problem is addiction is very different depending on the substance."

According to Frenz, the cold-turkey approach, group therapy or 12-step programs rarely work when treating opioid addictions. He said typically patients should be tapered off opiates over a period of eight months to two years, while at the same time using the approved medication treatments.

"Getting on opioids is easy, but getting off of them is hard," he said

When a person takes an opioid, the brain has a rush of dopamine, an important neurotransmitter. With repeated opioid use, the brain struggles to produce dopamine without the drugs, which leads to withdrawal symptoms such as insomnia, muscle aches, sweating, vomiting, depression, tremors and more.

Frenz said the main ways people are introduced to opioids is through prescribed medications and/or using opioids recreationally.

Melissa Brogger, executive director of Blaine's Anthony Louis Center, said teens with opioid addictions are typically introduced to opioids after trying gateway drugs like marijuana, methamphetamines and prescription medications.

Unlike other addictions, Frenz said, opioid addictions are often most effectively treated through the use of the medications.

The U.S. Food and Drug Administration has approved three medications for treating opioid addictions: naltrexone (ReVia, Vivitrol), methadone and buprenorphine (Suboxone), with the latter two being the most commonly used.

Methadone, an opioid, is more difficult to access due to the Harrison Narcotic Act (1915), which regulates and taxes the production, importation and distribution of opiates and coca products.

Methadone can only be administered at federally approved clinics. Locally Allina Health has provided methadone to patients in its residential program at Mercy Hospital on its Unity campus in Fridley. For outpatient methadone treatments there is Valhalla Place and Specialized Treatment Services in Brooklyn Park.

Buprenorphine is easier to access in Anoka County because it can be prescribed not only by a physician, but also through a nurse or physician's assistant.

The Anthony Louis Center in Blaine works with teenagers to treat opioid and other addictions. It provides both residential and outpatient treatments. Services include detoxification, group and individual therapy, opioid educational programming, psychological consultations and nursing assistance.

"Educating our clients is key because many of these teenagers have little understanding about the drugs they've been taking," said Brogger. "Educating them helps treat the addiction."

The center's nursing staff helps administer buprenorphine treatments, but not methadone.

Individuals with opioid addictions should typically start by seeing their primary care doctor, Frenz said, unless they recently had an overdose – then they should go to the nearest emergency room.

Opioid addictions can be treated in a residential or outpatient program, Frenz said. The amount and frequency of treatments vary depending on the severity of the addiction.

Naloxone, often known by the brand name Narcan, which helps block the effects of opioids, is also often prescribed to patients in treatment in case of an overdose. Naloxone can be administered intravenously or through a nasal spray.

"An overdose is a wake-up call for a lot of people, but it's still likely it will happen again," Frenz said.

He said psychosocial treatments are also beneficial because they treat the psychological reasons causing the addiction. Treatments include structured counseling, motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention.

Frenz said he and other physicians can provide psychosocial treatments in either an office-based setting or through telecommunications.

Preventing opioid addictions

Frenz said many physicians have inadvertently contributed to the opioid epidemic.

The opioid epidemic started in the late 1990s when doctors began prescribing more opioids after the Joint Commission, an independent organization that accredits and certifies health care organizations and programs in the United States, declared pain was being undermanaged and patients should be experiencing little to no pain.

"In the 1990s the thinking around chronic pain completely changed," Frenz said. "Before the late-1990s opiates were rarely used for chronic pain. It just was not considered acceptable. Then the whole paradigm changed, and it was kind of coincidental with the development of OxyContin. ... More people were being prescribed opioids for pain relief, and because of their vulnerability, either biologically or genetically, they develop an addiction."

In 2017 nearly 198,000 opioid prescriptions were written for people in Anoka County, according to the Minnesota Department of Health.

"Health care professionals often underestimate the dangers of opioids," Frenz said. "The solution is to not start people on opioids."

Frenz said more non-opioid treatments are now being explored for chronic pain patents. Some of these treatments include NSAIDs (Advil, Motrin, Aleve), acetaminophen (Tylenol), COX-2 inhibitors (Celebrex), antidepressants (Pamelor, Cymbalta, Savella), anti-seizure medications (Gralise, Lyrica, Neurontin), pain pump systems, steroid injections and surgery.

These options can be prescribed through a primary care doctor, physician specialists or a pain clinic.

"Pain clinics were initially a product of the paradigm change in the late 1990s," Frenz said. "Initially they were the prescribers of the opioids, and now they are the 'unprescribers.'"

Frenz said typically physicians prescribe opioids in low quantities for major surgeries or injuries. He advises patients who are prescribed opioids not to take them unless they're in serious pain, and to treat minor to moderate pain through other methods.

Brogger, with Anthony Louis Center in Blaine, said educating children at a young age on the dangers of drugs would help prevent abuse of drugs, including opioids.

"There is never enough education, and the access teens have to it is not very timely or readily available," she said.

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This story is part of ABC Newspapers' coverage of the local opioid epidemic in conjunction with a three-part series by Adams Publishing Group about the national opioid crisis.

Where to get help

For assistance visit your primary care doctor. For severe addictions visit your local emergency room, and for overdoses call 911.

If you are struggling with any drug or alcohol addiction, you can call the 24/7 National Drug Helpline at 1-888-633-3239.

Fighting for sobriety

Collette, a young woman from Anoka County, recently celebrated being 20-months sober from opioids and other substances after graduating from Minnesota Adult and Teen Challenge, a Twin Cities-based Christian rehabilitation and recovery center.

Collette said she first started using prescription pills and marijuana at age 14. Concerned for their daughter, her parents sent her to a rehabilitation facility for treatment.

By 18 years old she began using opioids such as fentanyl and illegally obtained prescription pills, and eventually she turned to heroin, because it was cheaper.

"It started out as recreational use, and it was a way to make friends and just hang out," she said. "Then eventually it turned into me just trying to fill a hole. I didn't like reality when I was wasn't messed up, so I just stayed messed up all the time."

Collette said she first willingly sought treatment when she was 18.

"I was miserable when I wasn't high, and I was going through withdrawals," she said. "I saw the direction my life was going in, and a part of me really didn't want it while the other part of me didn't care, but there was still a part of me fighting against it."

Collette found local help by researching treatment facilities online. After entering rehab, her doctors immediately started her on methadone, a drug to help ease patients off opioids.

Collette struggled to stay sober. One day her ex-boyfriend sneaked narcotics into the treatment center for her. Soon Collette received her first felony for drug possession.

In order to afford opioids, Collette said she began burglarizing homes with her ex-boyfriend when she was 20.

"It was a really expensive habit," she said. "I was doing that to just stay well."

Over the next decade, Collette went in and out of rehab about 20 times, often receiving treatments with either methadone or buprenorphine (often known by the brand name Suboxone).

Although they're effective for many people, Collette didn't like how methadone and buprenorphine made her feel.

"I was still high, but it was a legal high," she said. "I didn't like how it made me feel."

Collette said she also did walk-ins at local hospitals and clinics. There she completed a Rule 25 assessment, which is when a health care provider assesses the severity of an individual's addiction. Rule 25 also helps provide patients financial assistance for treatment as needed.

Later Collette started using methamphetamines and eventually ended up in prison, which she said saved her life.

Upon leaving prison, Collette turned to Minnesota Adult and Teen Challenge for residential treatment. Along with her health care team they decided to have Collette do a cold-turkey approach for treatment.

"I was clear-headed and able to function," she said. "I was able to really be sober for the first time in a long time."

Collette said therapy was beneficial, and she liked the program's incorporation of faith.

"It helped me unearth the reasons why I was getting high," she said.

Collette recently graduated from the program and has been sober 20 months, which is the longest she has ever been sober. Next she will participate in the center's Leadership Institute, which is a continued education option for individuals who have completed the long-term program.

"Treatment only really works when you're ready to stop," she said.

Collette encourages people who are addicted to opioids talk to their health care providers to explore other options for treatment if traditional methods aren't working.

"There are other options," she said. "Sometimes it takes a little bit. You just have to give it some time."