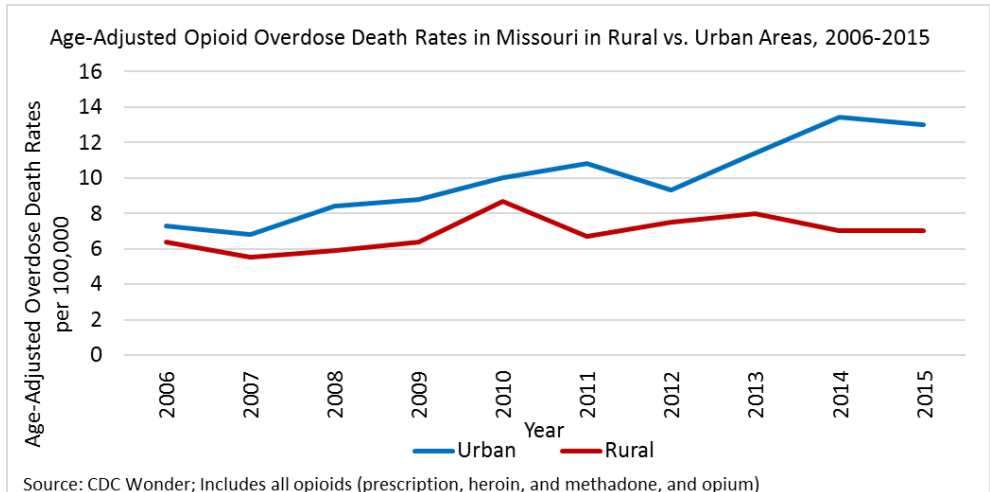


# THE OPIOID EPIDEMIC

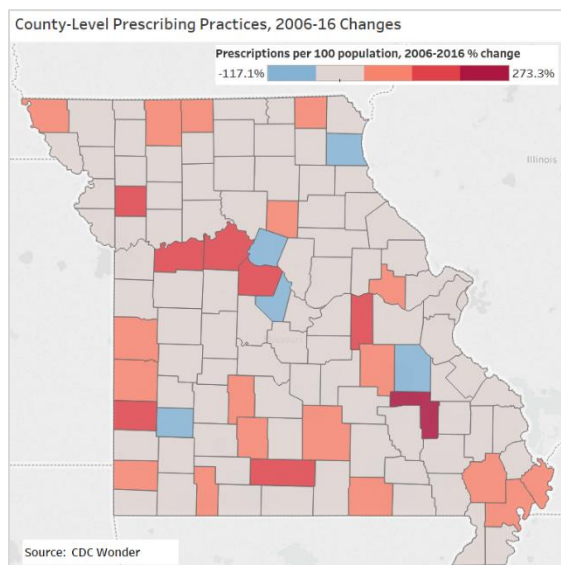
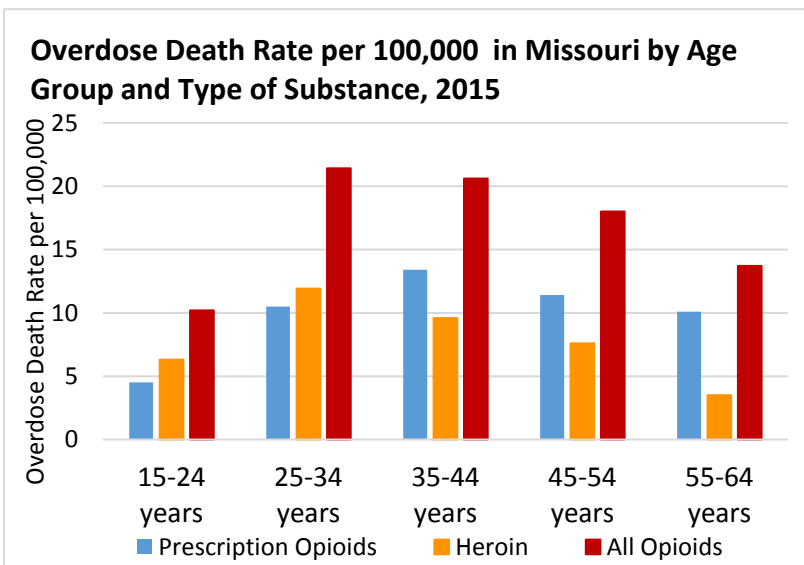
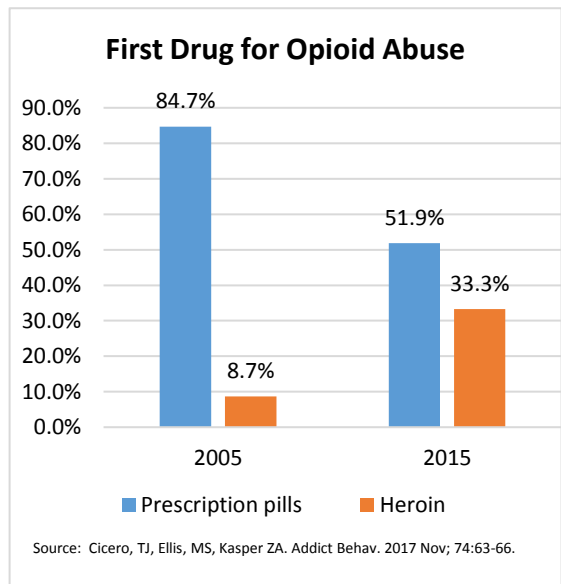
## Rising Death Rates

Death rates due to overdose death rates are rising in both urban and rural areas over the past ten years. They have risen sharply in urban areas since 2012. The most recent data on the type of drug first used by those who later become addicted suggests that currently (as of 2015), many users actually begin with heroin, rather than prescription pills.



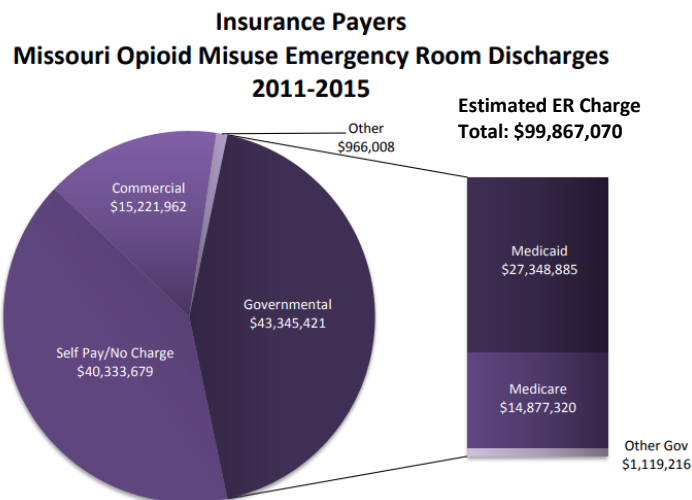
Overall, opioid abuse is highest in the 25-34 age category, with heroin as the predominant type of opioid leading to death. But death rates in older age categories, especially ages 35-44, are almost as high. However, the type of opioid at this age and older ages is more likely to be prescription pills. For teens and young adults under age 25, again heroin is the most likely type of opioid as a cause of death.

Across Missouri, there is regional variation in prescription opioid prescribing practices. Large increases over the past ten years have been observed in many counties. A few counties have shown drops over the same time frame.



## Costs to Missouri

Charges for opioid-involved emergency room discharges of Missouri residents were nearly \$100 million over the four-year period 2011-15. More than 43% of that sum was charged to governmental insurance sources, almost two thirds of which was charged to Medicaid. A large proportion of charges falls in the self-pay/no charge category. This indicates a large amount of the cost of opioid-involved overdoses is either being paid out-of-pocket by patients or being absorbed by hospital safety nets. Note that the data show the initial charges associated with the visit and do not necessarily represent the cost to the hospital for providing the care; nor do they represent the amount actually collected by the hospital for providing the care.



**Governmental Insurance payers include: Medicare, Medicaid, Workers' Compensation, CHAMPUS, Veteran's Administration, TriCare, and all other government insurance.**

*Source: Bureau of Health Care Analysis and Data Dissemination, MO DHSS*

## Current Missouri Policy

The Missouri Opioid State Targeted Response (Opioid STR) project aims to expand access to integrated prevention, treatment, and recovery support services for individuals with opioid use disorder (OUD) throughout the state. The primary focus is on rigorous, multidisciplinary provider training and education on Medication Assisted Treatment (MAT) and the provision of evidence-based treatment services to uninsured individuals with OUD presenting for care within state-funded programs. Primary prevention activities are increased awareness and decreased availability of opioids, led by local agencies in high risk areas. Prevention of overdose deaths will be accomplished through training clinical providers and at-risk individuals in the criminal justice system on Overdose Education and Naloxone Distribution practices, and by providing telemedicine didactic and consultation services to primary care providers treating chronic pain. Recovery support services will be provided in the form of Recovery Community Centers, supportive housing, and recovery management checkups, all delivered with a focus on peer engagement.

### FY2018 Opioid Allocated Monies

FY2018 Budget - **\$11 million**

Federal Opioid STR Grant - **\$11 million**

PDO Overdose-Related Deaths Grant - **\$1 million**

## Examples of Success

**North Carolina – Project Lazarus** ♦ community coalition of medical professionals, hospital officials, law enforcement agents, members of the faith community, and social services and education representatives ♦ multifaceted approach including: community activation and coalition-building, epidemiologic surveillance and monitoring, prevention of overdoses through medical education and other means, and use of rescue medication to reverse overdoses. ♦ 26% reduction in ER visits related to substance use/abuse in counties with Project Lazarus ♦ unintentional overdose deaths in Wilkes County decreased 69% from 2009-2011 and continue to decrease.

**Colorado – Three Imperative Pilot Program** ♦ 1. hardwire cultural change with regard to opioids ♦ 2. develop resources for prescribers across opioid episode ♦ 3. engage community in efforts to reduce opioid use, misuse ♦ implemented at Swedish Medical Center 2016: opioid prescribing down 30% ♦ Yampa Valley Medical Center reported early positive results

**Florida, Illinois, Indiana, Kansas, Maine, Ohio, Texas, Washington State, and West Virginia – Integrating & Expanding PDMP Data** ♦ integrate PDMP with health information technologies (HITs) to streamline provider access ♦ improve comprehensiveness of PDMP reports by initiating or increasing interstate PDMP data exchange