A State Targeted Response to the Opioid Crisis: What Missouri’s Doing and Why

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In partnership with
The Missouri Department of Mental Health, Division of Behavioral Health
The number who die each year from...

- Drug overdoses: 52,404
- Car accidents: 37,757
- Guns: 35,763
- H.I.V.: 6,465
Total Number of Opioid-Related Overdose Deaths in 2016

908

35% increase from 2015 to 2016

Source: DHSS, 2017
2001-2015 Opioid Deaths Adjusted by Population (per 100,000)

Death Rates per 100,000

- Central
- Southeast
- Southwest
- Northwest
- Eastern

Missouri Regional Opioid Related Deaths from 2010-2016

What & Where

Heroin Treatment Admissions

Rx Drug Treatment Admissions
Missouri Drug Overdose Deaths in 2016

Total Drug Poisoning Deaths: 1,364
Opioid-Related Deaths (includes ++Fentanyl): 908
Deaths Involving Heroin: 377

Source: DHSS, 2017
A Focus on Heroin & Fentanyl in St. Louis

• ~70% of Opioid deaths in 2016 were in Eastern Region
• St. Louis has the 6th highest overdose rates of US cities...why?
• Increased purity, injection, combining drugs → higher risk
2016 Percent of Opioid Related Deaths in Missouri by Sex

Female 34%
Male 66%

2016 Opioid Related Death Rate in Missouri by Race and Ethnicity

**Ethnicity is separate from race, these individuals are also included somewhere in the race counts**

*Data sources: Department of Health and Senior Services (2016), Bureau of Vital Statistics (2016), Missouri Census Data Center (2016)*
What’s being done around the world to address the epidemic

**Prevention**
- Prescription drug monitoring
- Mental health parity laws
- Prescribing guidelines
- Alternative pain treatments

**Treatment**
- Expanded access to medical treatment for OUD

**Harm Reduction**
- Syringe access
- Safe consumption sites
- Good Samaritan laws
- Increased access to overdose education and naloxone

**Recovery**
- Peer support, Community, Domains of health and wellness
HARM REDUCTION

MO-HOPE Project
Addressing Opioid Overdose

(Missouri Opioid & Heroin Overdose Prevention and Education)
DMH + NCADA + MIMH

www.mohopeproject.org
Overdose knowledge and response trainings

• Emergent Use
  • Responders (police, fire...)

• Take-home Use
  • Substance Use Disorder treatment providers (therapists, physicians...)
  • People who use drugs, their families, and associates
State Targeted Response to the Opioid Crisis Grants (Opioid STR)

Missouri: $10,015,898 x 2 years = $20,031,796

Service grant; at least 76% for treatment & recovery support
Missouri’s Plan

“Combined with coordinated collaboration and sophisticated evaluation, The Opioid STR project aims to transform the system of care for OUD in Missouri.”

PREVENTION
- Promote opioid-related education in schools and communities
- Lead chronic pain management education for providers
- Provide increased access to overdose education and naloxone distribution for those at risk of experiencing or witnessing an opioid overdose

TREATMENT ★★★★
- Recruit, train, and support providers for Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
- Provide MAT for uninsured individuals with Opioid Use Disorder (OUD) that incorporates a disease management model
- Supply hospital-based screening, treatment induction, and connection with MAT services in the St. Louis area, with statewide expansion
- Increase access to telemedicine for OUD treatment

RECOVERY
- Support safe and effective recovery housing
- Build the workforce of certified peer specialists to help individuals meet the needs of their recovery
- Promote wellness and recovery through recovery community centers in high-stigmatized areas, which will reduce stigma and provide information, engagement, and support for local-Pearing communities

SUSTAINABILITY & COMMUNITY IMPACT
- Reduce the barriers to the provision of MAT and naloxone by changing Department of Health billing and service policies
- Provide education, training, and infrastructure support to ensure continued access to treatment and recovery services following the conclusion of the Opioid STR project
- Promote policy changes to reduce barriers and expand access to medications like Medication
Opioid STR Prevention Efforts

• Implement evidence-based primary prevention school programming in two high need areas in the state

• Provide professional telehealth education and case consultation on chronic pain management in primary care settings

• Expand implementation of Overdose Education and Naloxone Distribution (OEND)
more heroin

We need

Mo' Heroin Prevention
Program

Community Pharmacy Naloxone Expansion

Program sponsored by:
Missouri Opioid State Targeted Response
Opioid STR Treatment Efforts

**Primary goal:** Increase access to medical treatment for uninsured individuals with opioid use disorder (OUD) through interdisciplinary provider training, direct service delivery, healthcare integration, and improved transitions of care.

- Agonist and partial-agonist evidence-based medications...
  - Primarily buprenorphine products (Suboxone)

- Too many specific treatment objectives to list...
OPIOID OVERDOSE DEATH RATE PER 1,000 PERSON YEARS AMONG 151,983 PEOPLE WITH OPIOID USE DISORDER SEEKING TREATMENT IN THE UNITED KINGDOM

Agonist therapy helps with more than “just” mortality

• Office-based Suboxone maintenance treatment →
  • More likely to report AA affiliation (homegroup, sponsor, meeting attendance)
  • More likely to be employed
  • Less likely to report:
    • Damaging a close relationship
    • Doing regretful or impulsive things
    • Hurting family
    • Experiencing negative personality change
    • Failing to do things expected of them
    • Taking foolish risks
    • Being unhappy
    • Having money problems
  • Less likely to use other substances
  • Less likely to use heroin

Treatment: Big Picture

*More buprenorphine prescribers

*OUD treated across care settings, bi-directional referrals

*Changing the standard of OUD care in SUD settings
Opioid STR Recovery Support Efforts

• Provide **recovery housing** for 500 individuals (per year)

• Use **Peer Support Specialists** with personal substance use experience

• Activate four **recovery community centers** in high-need areas of the state

• Provide **recovery management checkups** to keep individuals engaged in treatment
• Genetics
• Isolation
• Childhood trauma
• Sexual abuse
• Poverty
• Lack of housing
• Unemployment
• Chronic pain
• Hopelessness
• Cycles of incarceration
• ...the list goes on
So where does that leave us?

How do we manage the opioid crisis?

Differently than we have been

In ways that benefit and include everyone who lives with addiction

Using methods to keep people alive, first and foremost
Thank you

MIMH Opioid STR Team:
Claire Wood, PhD
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Alex Dello, MPH
Lauren Green
Claire Ward, MSW
Keith Eldgridge
Umit Tokac, PhD

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Renee Rothermich, M.A
Brent Murphy

...and so many partners!
Partners

- Missouri Coalition for Community Behavioral Healthcare
- Behavioral Health Network of Greater St. Louis
- Missouri Department of Health and Senior Services
- Missouri Hospital Association
- Missouri Network for Opiate Reform & Recovery
- St. Louis County Department of Public Health
- Community Academic Partnership on Addiction (CAPA), Washington University
- St. Louis College of Pharmacy
- Southern Illinois University-Edwardsville
- University of Kansas Medical Center
- Missouri Telehealth Network – ShowME ECHO (University of Missouri-Columbia, University of Missouri-Kansas City,
- Missouri Primary Care Association
- NCADA, Community Partnership of the Ozarks
- Missouri Recovery Network
- Missouri Coalition of Recovery Support Providers
- MO HealthNet
- ...and many, many more!
Visit www.missouriopioidstr.org to learn more and sign up for our statewide listserv.
Extra Slides
Estimated Days of Opioid Use by the Types of Treatment Based on Model 4
(N = 795) ++

- BUP treatment
- MET treatment
- No BUP or MET treatment

++The number of participants in each type of treatment varied in each month and is therefore not indicated in the figure; on average over the follow-up period, each month there were about 14.2% of the participants in BUP treatment, 38.5% in MET treatment, and 46.9% in neither BUP nor MET treatment.

Figure 4 Estimated days of opioid use by the types of treatment based on model 4 (n = 795)++. BUP: buprenorphine; MET: methadone.

Pain, Addiction, Depression, and Suicide

• How many drug overdoses are actually suicides?
What’s happening in MO?

• Greitens’ and Cabinet’s “#1” issue
• St. Louis County PDMP
• Rx data from Express Scripts
• SB 501 (911 Good Sam, Pharmacy Nlx, Courts, more)
• DMH grants...
70% of Overdose Deaths Occurred in the Eastern Region

Ranked by total number

<table>
<thead>
<tr>
<th>County</th>
<th># of Overdose Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis County</td>
<td>237</td>
</tr>
<tr>
<td>St. Louis City</td>
<td>182</td>
</tr>
<tr>
<td>Jefferson</td>
<td>80</td>
</tr>
<tr>
<td>St. Charles</td>
<td>69</td>
</tr>
<tr>
<td>Jackson</td>
<td>58</td>
</tr>
</tbody>
</table>

Ranked by death rate

<table>
<thead>
<tr>
<th>County</th>
<th>Overdose Death Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis City</td>
<td>58.44</td>
</tr>
<tr>
<td>Franklin</td>
<td>35.98</td>
</tr>
<tr>
<td>Jefferson</td>
<td>35.68</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>23.73</td>
</tr>
<tr>
<td>Lincoln</td>
<td>19.90</td>
</tr>
</tbody>
</table>

Source: DHSS, 2017
Example of Data Difficulty...

**DHSS Data**
- Uses *residence* of deceased
- Statewide by county
- MEs lack standardized toxicology

**Medical Examiner Data**
- Uses *location* of death
- Some counties test for Fentanyl

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2016 PERCENT OF TOTAL OPIOID RELATED DEATHS IN MISSOURI BY RACE

- 21% Black/African-American
- 77% White
- 1% Asian/Pacific Islander
- 1% American Indian/Alaska Native

*Data sources: Department of Health and Senior Services (2016), Bureau of Vital Statistics (2016), Missouri Census Data Center (2016)*
2016 Missouri Census – Population Estimates by Race

*Data sources: Missouri Census Data Center (2016)*
Primary goal: Increase the likelihood of sustainability through policy and practice change

• MO HealthNet policy changes...
• Research and evaluation of effectiveness...
• Gain momentum to change reimbursement structures...

*Catalyze a culture and practice shift in the way we address opioid use...
What about social capital?
Missouri Opioid Crisis: Overdose Deaths

Data Sources: DHSS Bureau of Vital Statistics, 2017; Katz, 2017

County Rank by Death Rate
- St. Louis City
- Franklin
- Jefferson
- St. Louis County
- Lincoln

County Rank by Total Number of Deaths
- St. Louis County
- St. Louis City
- Jefferson
- St. Charles
- Jackson

Number of Opioid Overdose Deaths in 2016
- 908

35% increase in opioid overdose deaths from 2015 to 2016

93% of opioid overdose deaths were accidental in 2016

Who is Dying?
- White individuals account for the MOST deaths, yet Black individuals are TWICE as likely to die from an overdose death given their proportion of the population in Missouri
- Most deaths occur among 25-44 year olds

7 in 10 overdose deaths in Missouri occurred in St. Louis and surrounding counties

Heroin and fentanyl are the main causes of overdose deaths in urban areas
Missouri’s Opioid State Targeted Response (STR) grant is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)

**PREVENTION**
- Promote opioid-related education in schools and communities
- Lead chronic pain management education for providers
- Provide increased access to overdose education and naloxone distribution for those at risk of experiencing or witnessing an opioid overdose

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**RECOVERY**
- Support safe and effective recovery housing
- Build the workforce of certified peer specialists to help individuals meet their recovery goals
- Promote wellness and recovery through recovery community centers in high-need areas. This will reduce stigma and provide information, engagement, and support for long-term recovery.

**SUSTAINABILITY & COMMUNITY IMPACT**
- Reduce the barriers to the provision of MAT and naloxone by changing Department of Mental Health billing and service policies
- Provide education, training, and infrastructure support to ensure continuation of effective treatment and recovery services following the conclusion of the Opioid STR grant period
- Promote policy changes to reduce barriers and expand access to medication for individuals on Medicaid

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