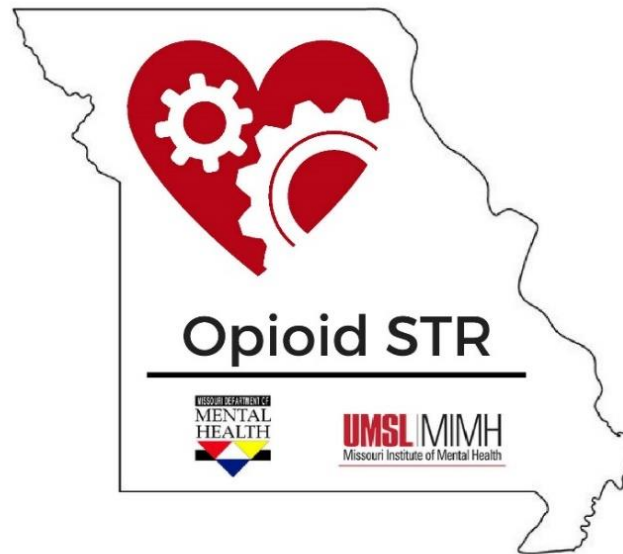


# A State Targeted Response to the Opioid Crisis: What Missouri's Doing and Why



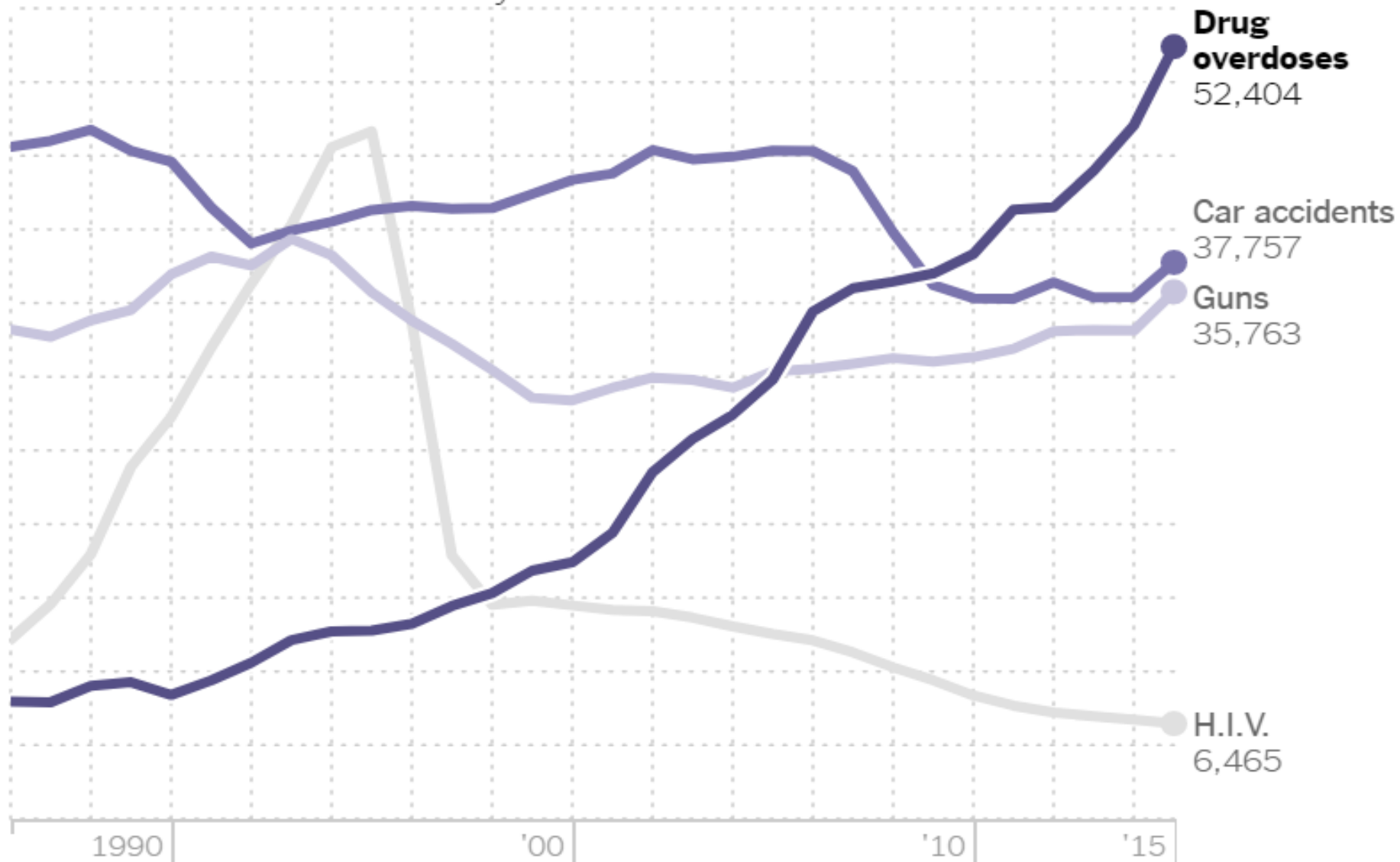
Rachel P. Winograd, PhD

Missouri Institute of Mental Health, University of Missouri-St. Louis

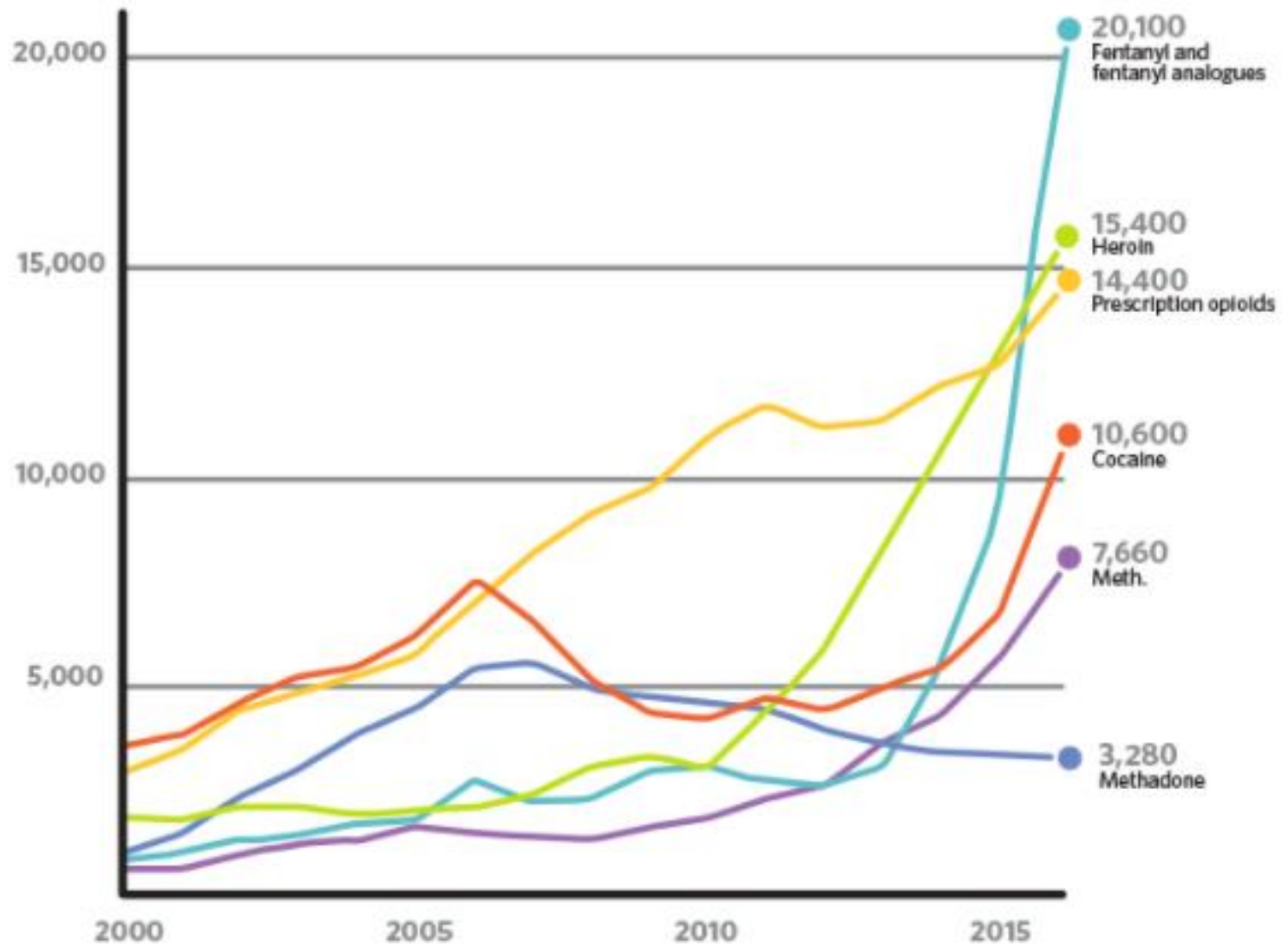
*In partnership with*

The Missouri Department of Mental Health, Division of Behavioral  
Health

# The number who die each year from...



# Drugs involved in U.S. overdose deaths 2000 to 2016



SOURCE: CDC - NATIONAL CENTER FOR HEALTH STATISTICS

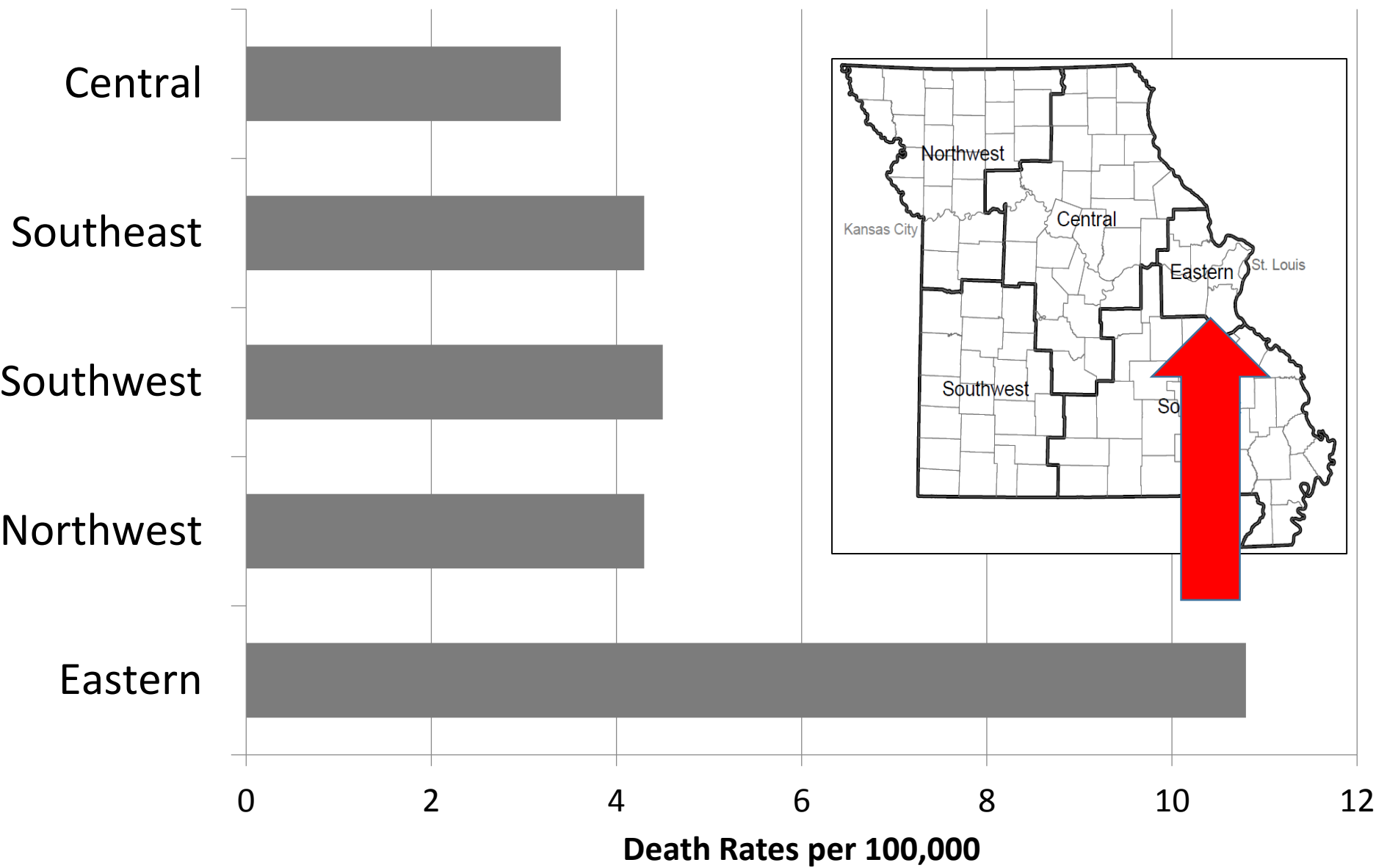
# Total Number of Opioid-Related Overdose Deaths in 2016



**35%**

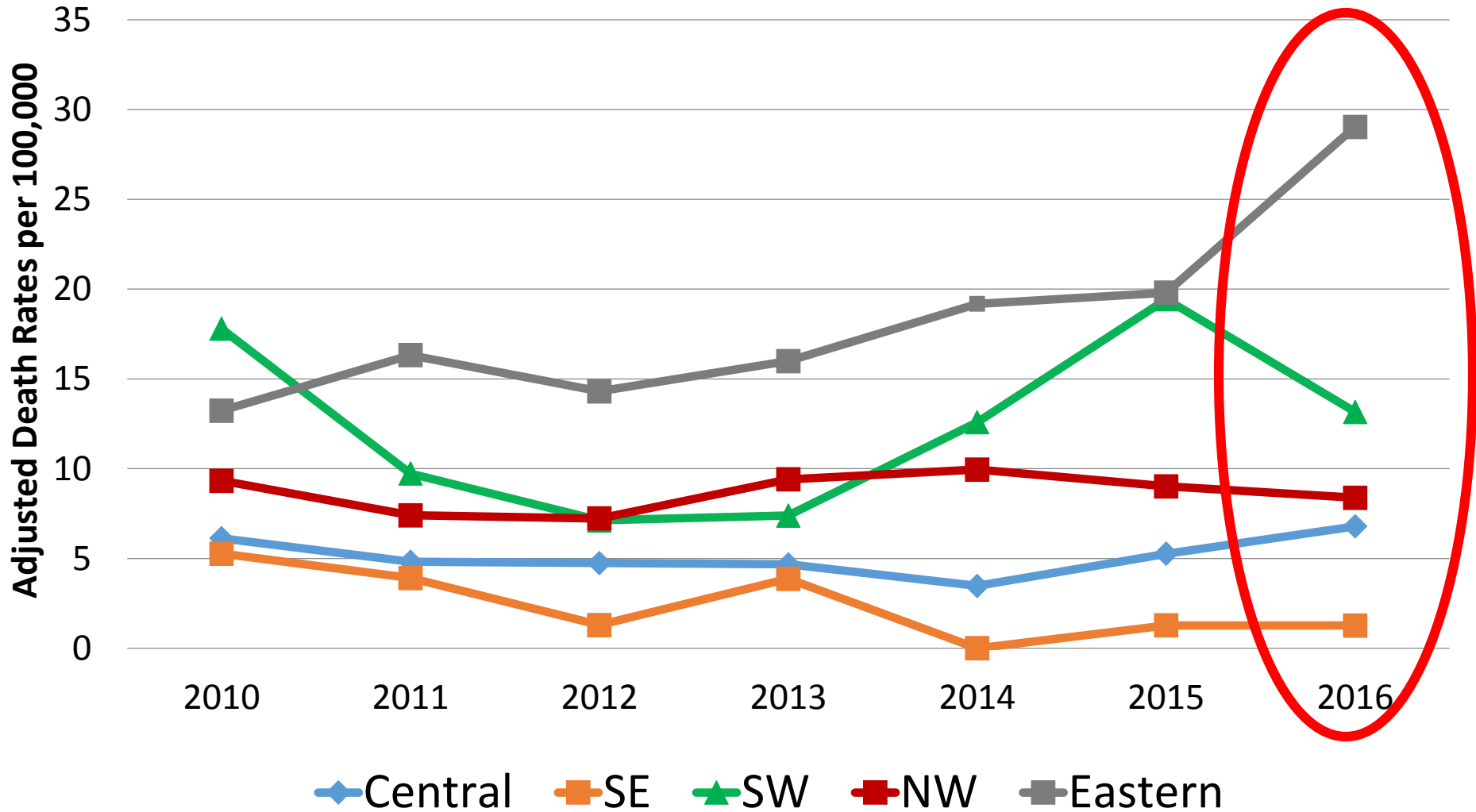
**increase  
from  
2015  
to  
2016**

# 2001-2015 Opioid Deaths Adjusted by Population (per 100,000)



*\*Data sources: Department of Health and Senior Services (2016), Bureau of Vital Statistics(2016), Missouri Census Data Center (2016)*

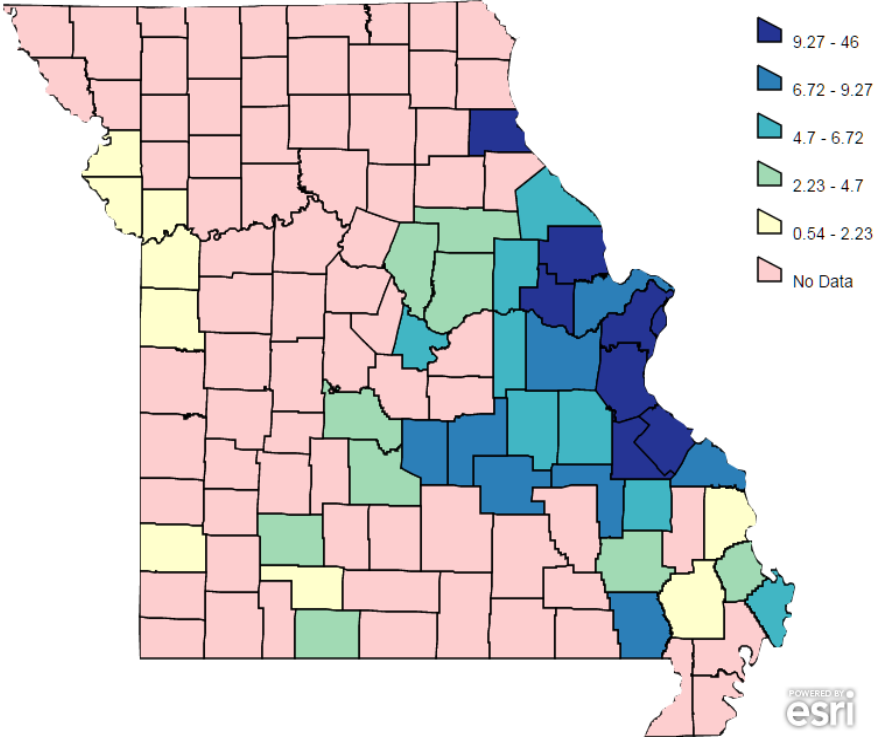
# Missouri Regional Opioid Related Deaths from 2010-2016



*\*Data sources: Department of Health and Senior Services (2016), Bureau of Vital Statistics(2016), Missouri Census Data Center (2016)*

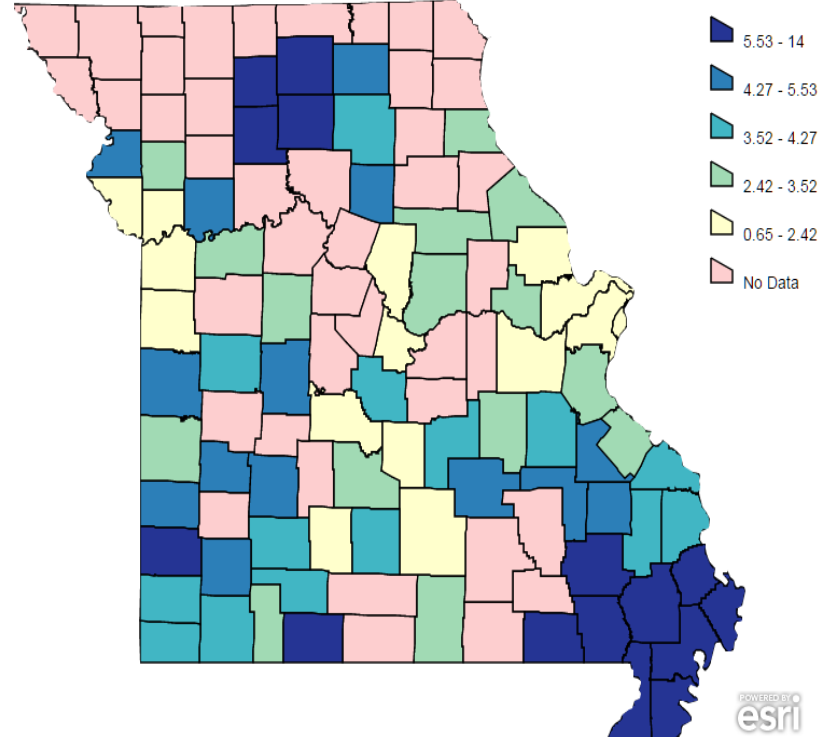
# What & Where

2015 - Substance Use Treatment Admissions Primarily for Heroin - Rate Per 10,000 Population Ages 12 and Older, 5 year aggregate - for Fiscal Years 2011 - 2015



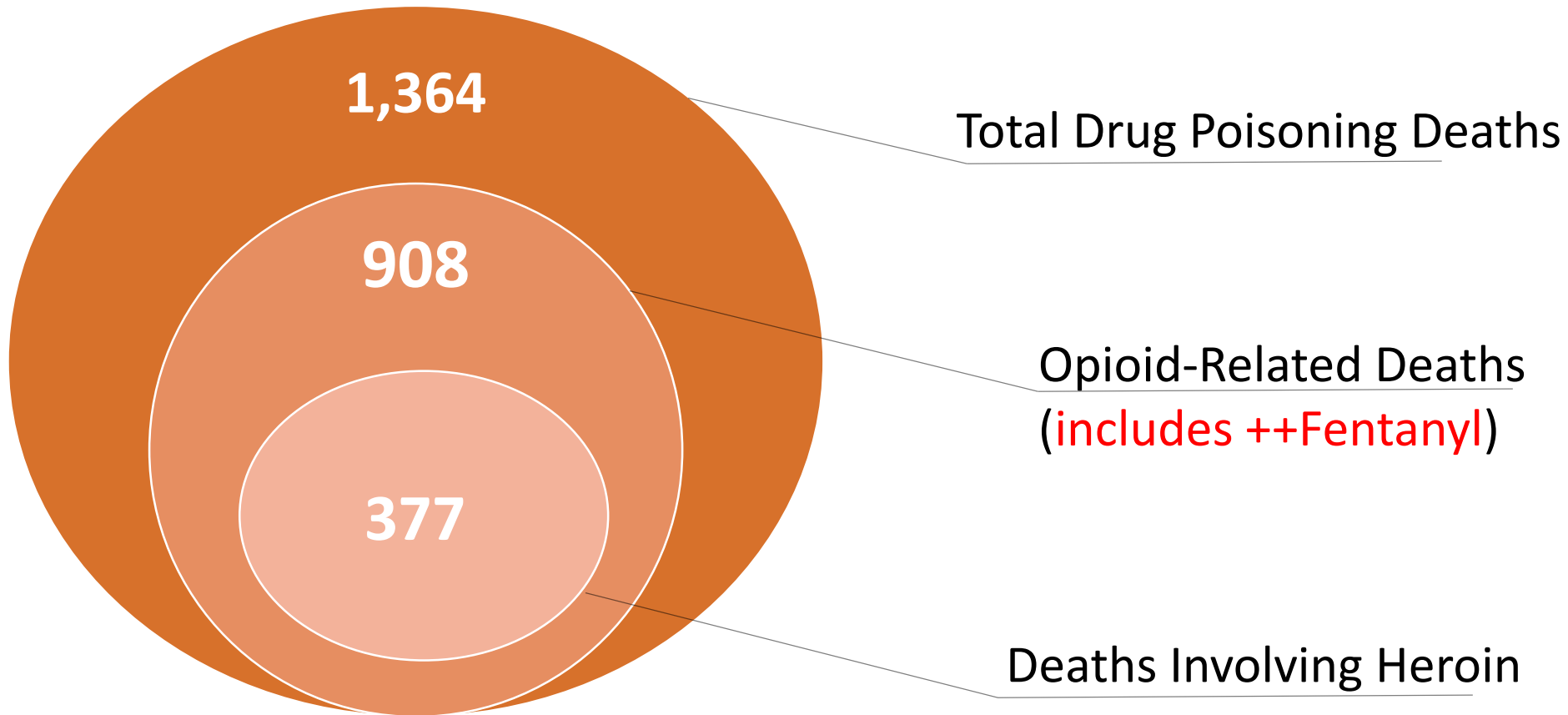
## Heroin Treatment Admissions

2015 - Substance Use Treatment Admissions Primarily for Prescription Drugs - Rate Per 10,000 Population Ages 12 and Older, 5 year aggregate - for Fiscal Years 2011 - 2015



## Rx Drug Treatment Admissions

# Missouri Drug Overdose Deaths in 2016



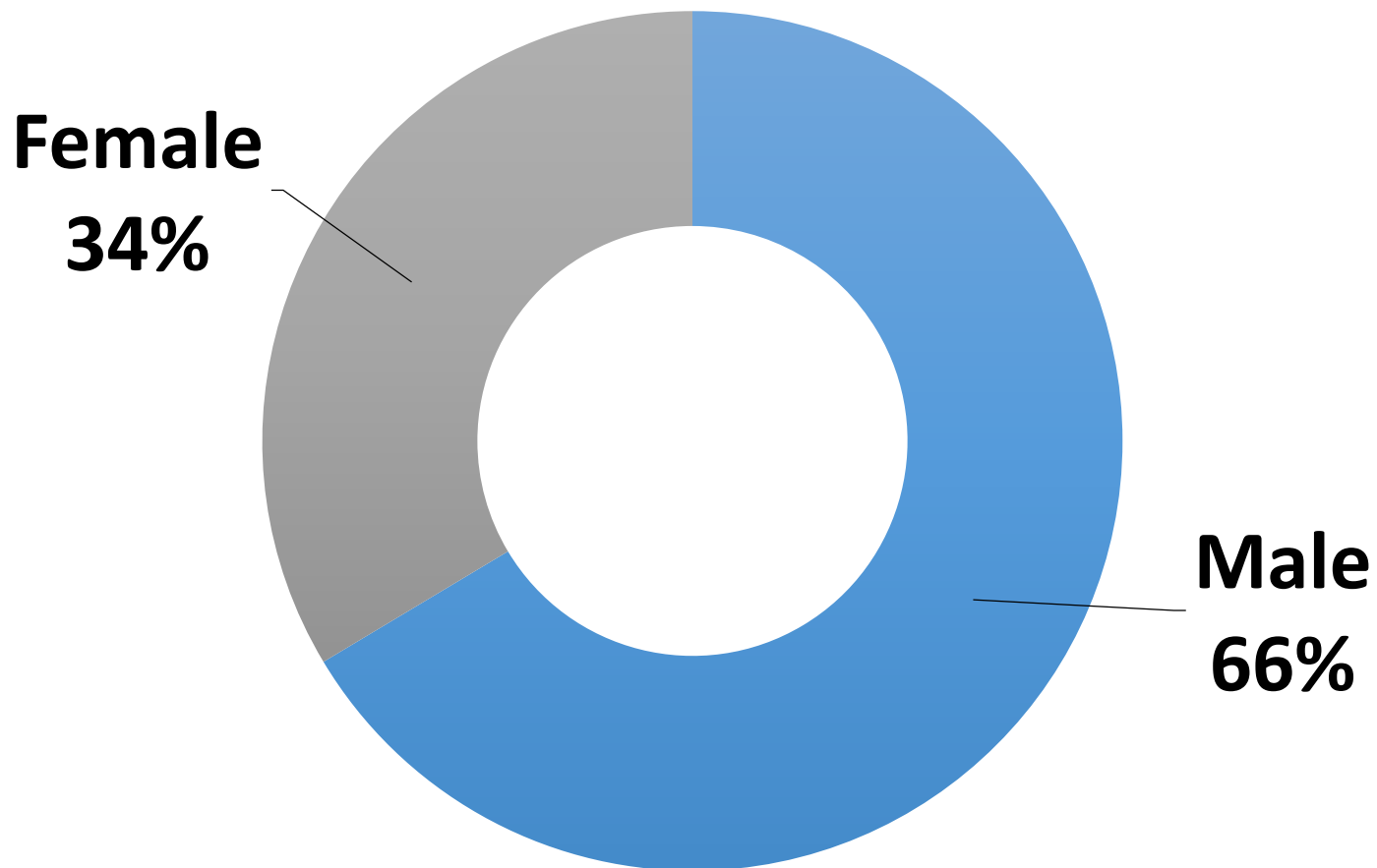


# A Focus on Heroin & Fentanyl in St. Louis

- ~70% of Opioid deaths in 2016 were in Eastern Region
- St. Louis has the 6<sup>th</sup> highest overdose rates of US cities...why?
- Increased purity, injection, combining drugs → **higher risk**

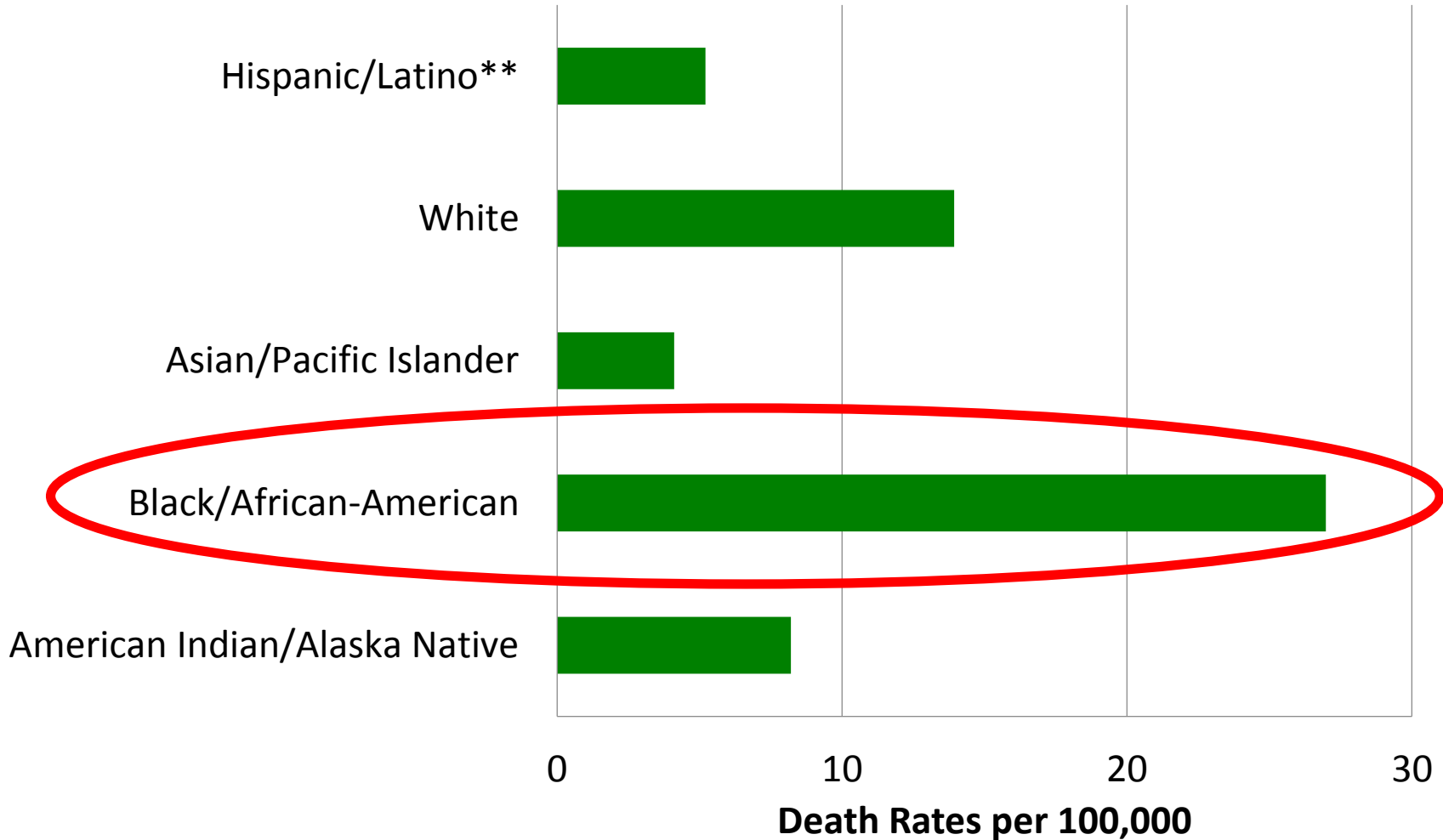


# 2016 Percent of Opioid Related Deaths in Missouri by Sex



*\*Data sources: Department of Health and Senior Services (2016), Bureau of Vital Statistics(2016), Missouri Census Data Center (2016)*

# 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

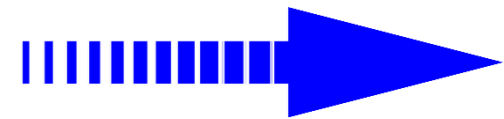
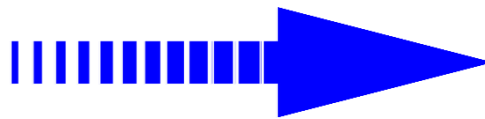
## • **Harm Reduction**

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



## • **Recovery**

- Peer support, Community, Domains of health and wellness





# MO-HOPE Project

## Addressing Opioid Overdose

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

[www.mohopeproject.org](http://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)



The screenshot shows the SAMHSA website header with the logo and navigation menu. The main content area features a newsroom article titled "SAMHSA to award nearly \$1 billion in new grants to address the nation's opioid crisis" dated Wednesday, December 14, 2016. The article title is highlighted in red. A sidebar on the left contains a "Newsroom" section with a link to "Media Guidelines for Bullying Prevention".

**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)
- Provide MAT for uninsured individuals with Opioid Use Disorder (OUD) that includes a disease management model
- Supply hospital-based screening, treatment induction, and connection with ongoing care 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 their needs
- Promote wellness and recovery through recovery community centers in high-need areas. These centers 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 Health billing and service policies
- Provide education, training, and infrastructure support to ensure continuation of treatment and recovery services following the conclusion of the Opioid STR project
- Promote policy changes to reduce barriers and expand access to medication-assisted treatment on Medicaid



# 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' H

Program



Community Pharmacy

NALOXONE EXPANSION

Program sponsored by:

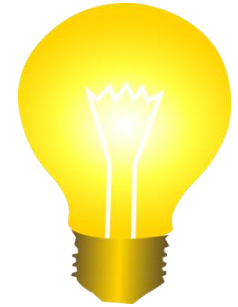
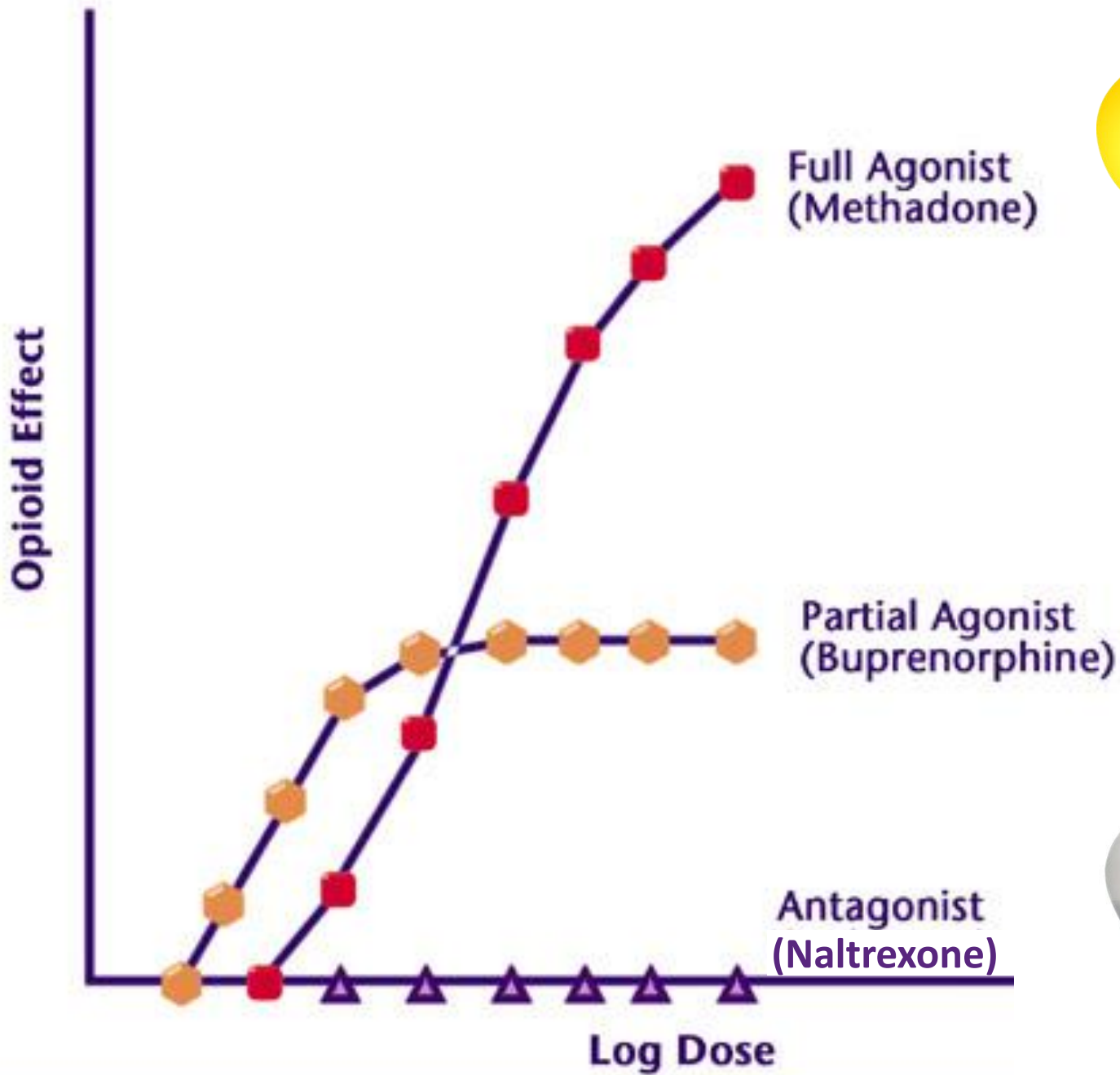


Missouri Opioid State  
Targeted Response

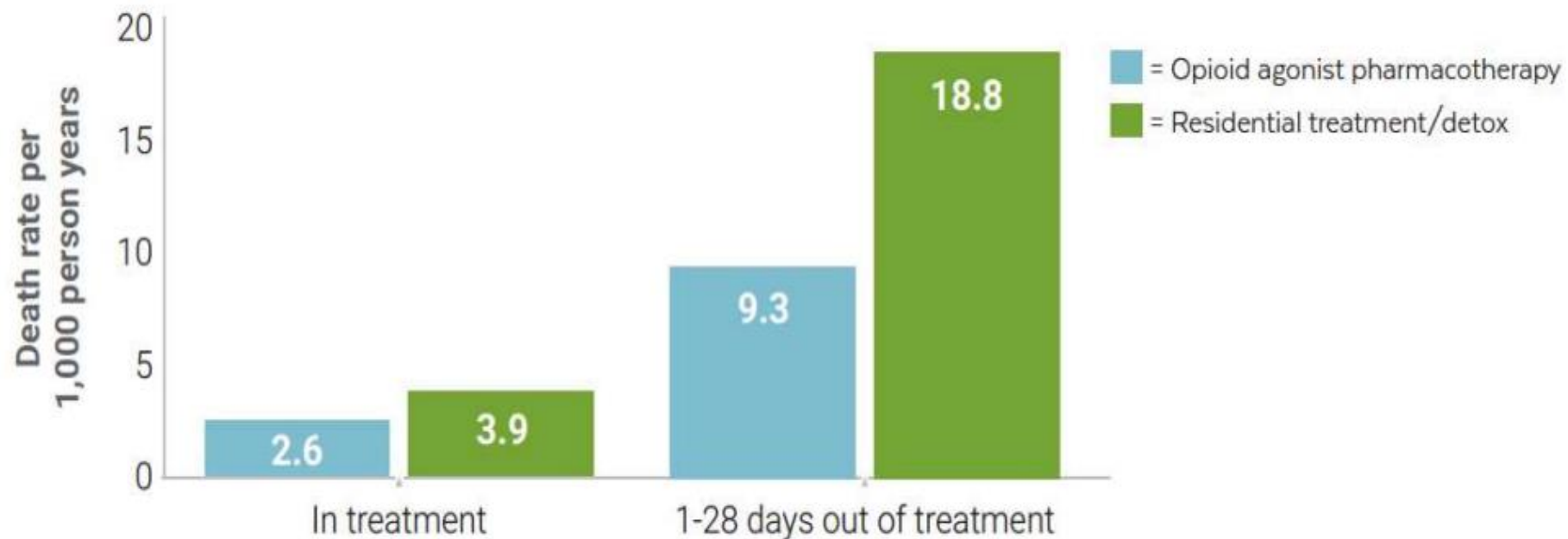


# Opioid STR Treatment Efforts

- **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



Source: Pierce M, Bird SM, Hickman M, et al. Impact of treatment for opioid dependence on fatal drug-related poisoning: a national cohort study in England. *Addiction*. 2016;111(2):298-308.

# 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



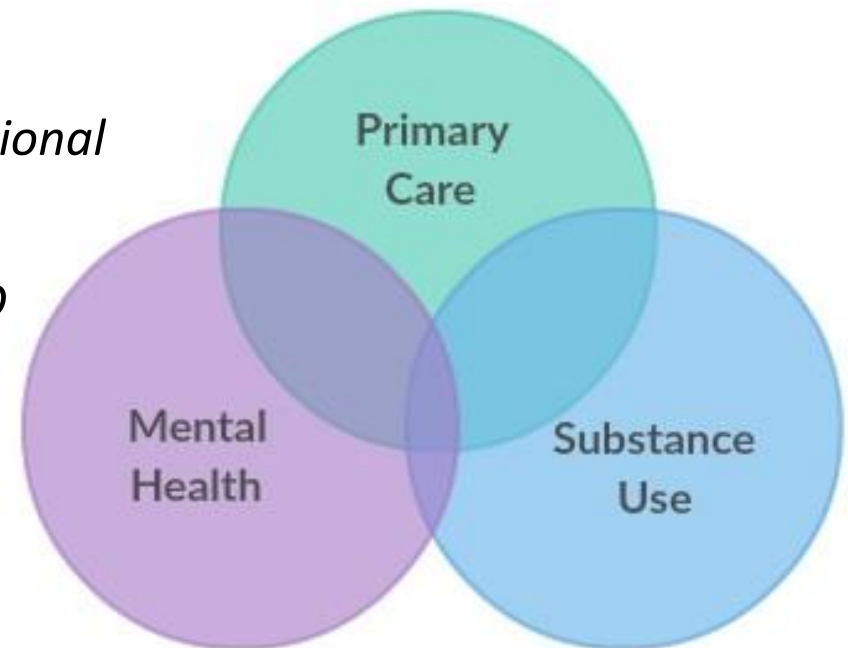
# Treatment: Big Picture



*\*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
- Homelessness
- 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:**

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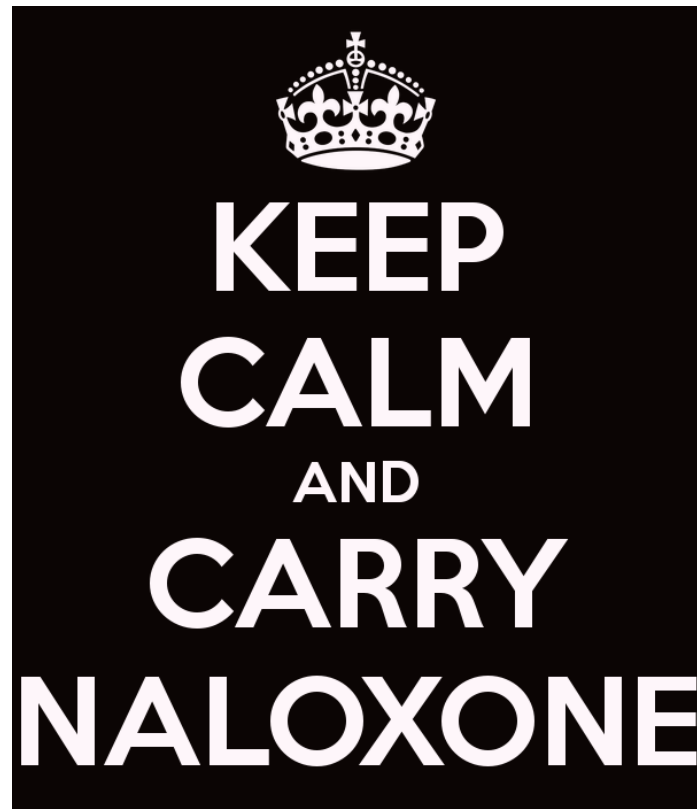
Renee Rothermich, M.A

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!

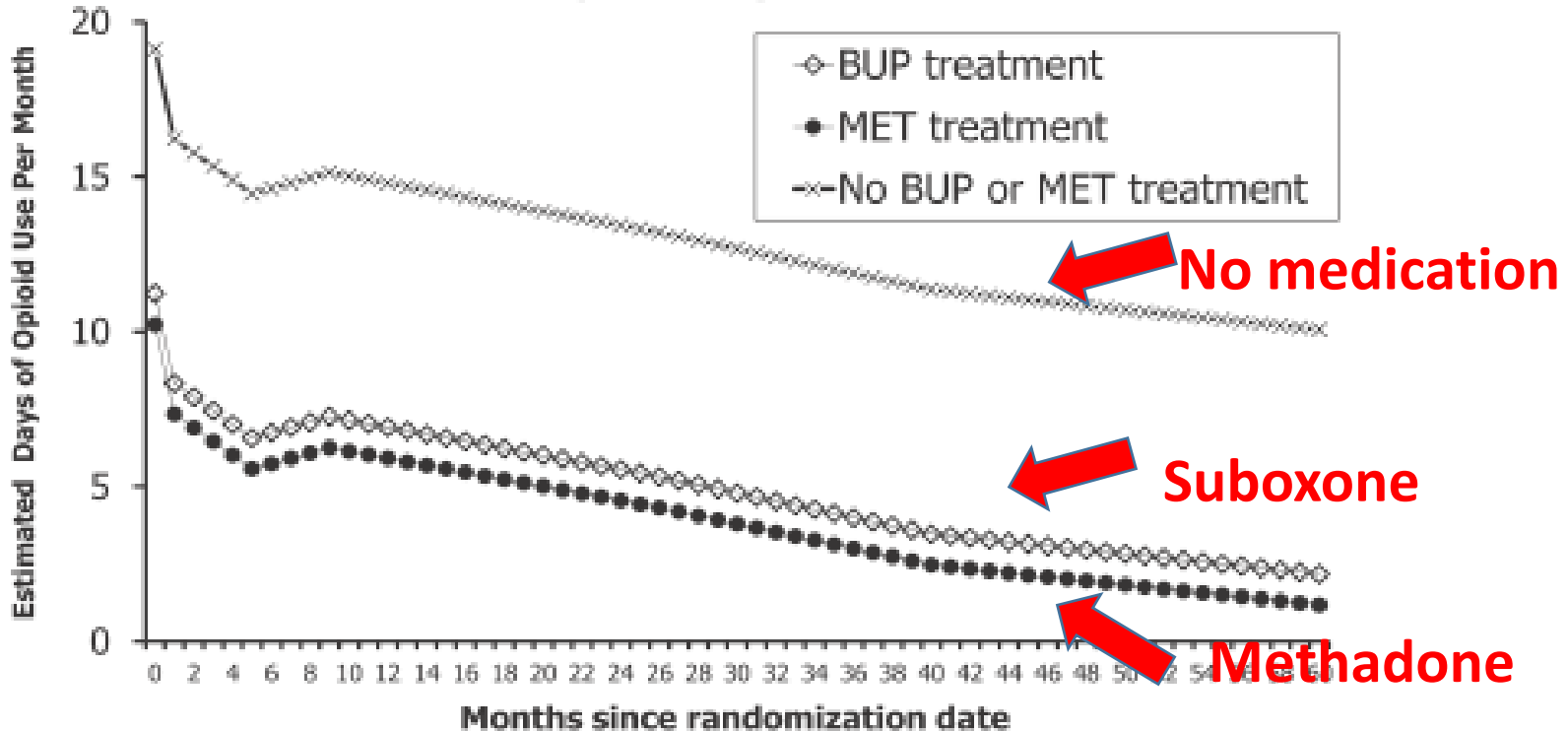


Visit [www.missouriopioidstr.org](http://www.missouriopioidstr.org) to learn more and sign up for our statewide listserv

Extra Slides

**Illicit Drug Use**

### Estimated Days of Opioid Use by the Types of Treatment Based on Model 4 (N = 795) <sup>††</sup>



<sup>††</sup>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 ( $n = 795$ )<sup>††</sup>. 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

Ranked by death rate

County	# of Overdose Deaths
St. Louis County	237
St. Louis City	182
Jefferson	80
St. Charles	69
Jackson	58

County	Overdose Death Rate per 100,000
St. Louis City	58.44
Franklin	35.98
Jefferson	35.68
St. Louis County	23.73
Lincoln	19.90

# Example of Data Difficulty...

## DHSS Data

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



**237** St. Louis County

**182** St. Louis City

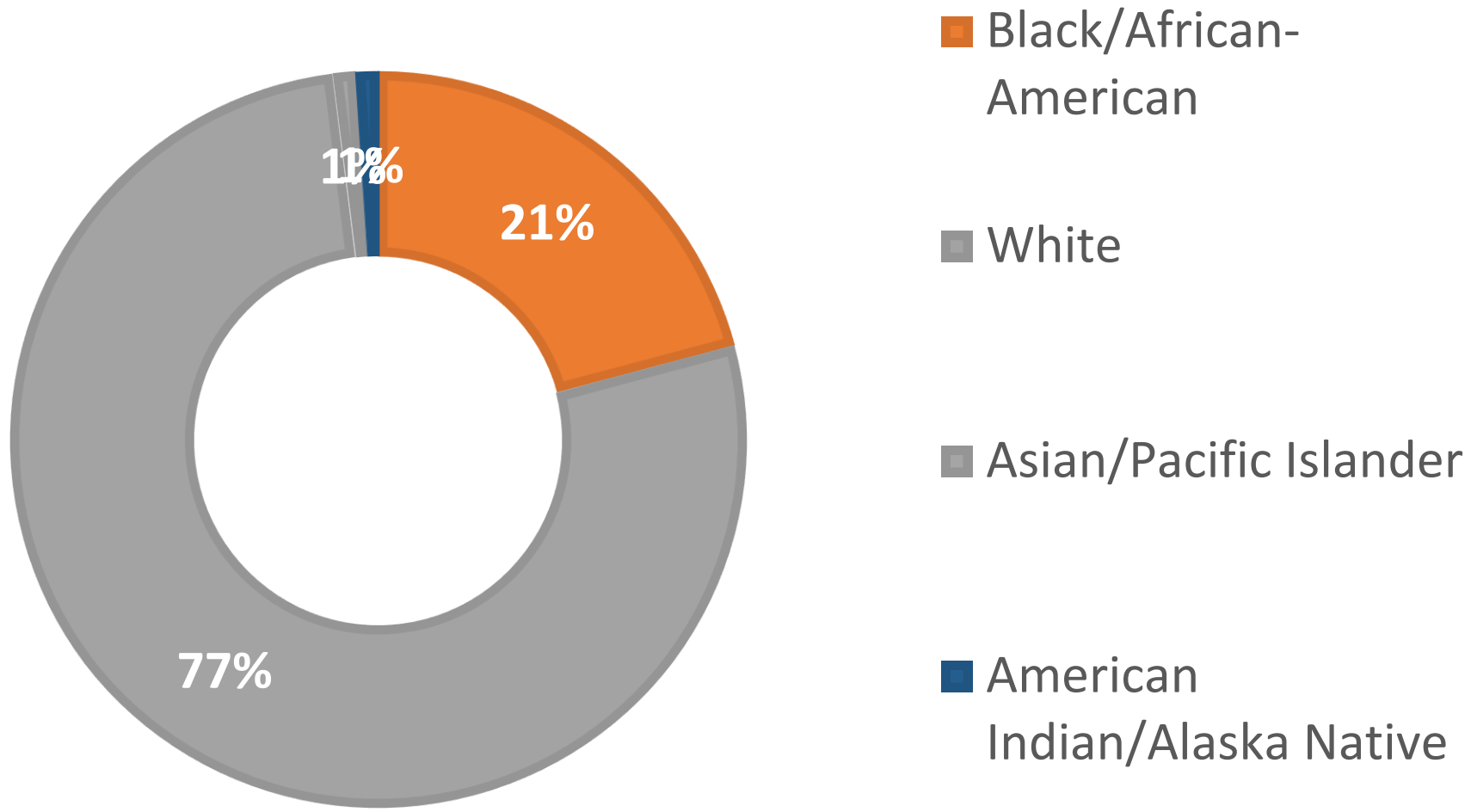
## Medical Examiner Data

- Uses **location** of death
- Some counties test for Fentanyl

**273** St. Louis City

**153** St. Louis County

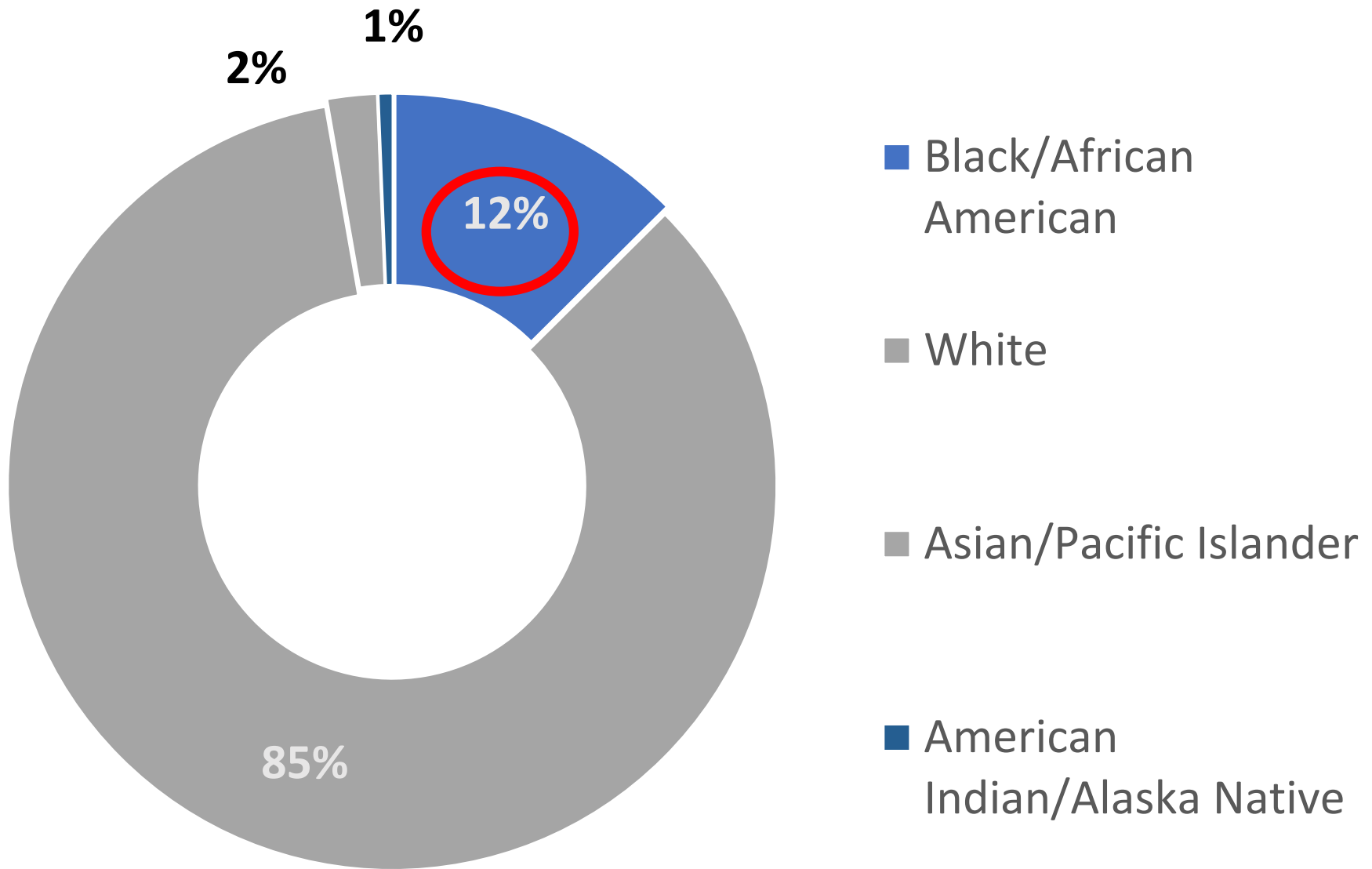
# 2016 PERCENT OF TOTAL OPIOID RELATED DEATHS IN MISSOURI BY RACE



*\*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



# Sustainability and Community Impact

**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



Fentanyl was the main cause of overdose deaths nationally in 2016

## 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



# 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



33%



66%

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 Opioid State Targeted Response



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

## TREATMENT

- Recruit, train, and support providers for Medication Assisted Treatment (MAT) delivery
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- 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

Contact: Dr. Rachel Winograd, Project Director, [Rachel.Winograd@mimh.edu](mailto:Rachel.Winograd@mimh.edu)  
Phil Horn, Project Manager, [Philip.Horn@mimh.edu](mailto:Philip.Horn@mimh.edu)  
[MissouriOpioidSTR.org](http://MissouriOpioidSTR.org)