The Opioid Crisis

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Major Findings

- Between 1999 and 2015, opioid-related deaths in the United States quadrupled.
- More than 60 percent of all drug-related deaths in the United States involve opioids.
- Between 1999 and 2015, Missouri experienced a 273 percent increase in the number of overdose deaths.
- Opioid overdose deaths make up 65 percent of all drug overdose deaths in the state.
- Between 2006 and 2015, there was a 538 percent increase in babies born addicted to an opioid or other narcotic.
- Between 2006 and 2015, Missouri saw a 138 percent increase in hospitalizations and emergency department visits due to opioid misuse or abuse.

Introduction

Opioids are drugs commonly prescribed by physicians to treat and manage pain. Opioid-based medications include oxycodone, hydrocodone, morphine, and fentanyl. Opioids also include the illicit drug heroin, which has a similar effect on the body as prescription opioids. All opioids are highly addictive, and when misused or abused can lead to overdose and death.

There has been a sharp increase in the use and misuse of opioids in the United States. Since 1999 the number of prescription opioid-related deaths has quadrupled, and currently, more than 60 percent of all drug-related deaths involve prescription opioids.

The rise in prescription opioid use is also associated with illicit drug use. According to the Centers for Disease Control (CDC), three out of four heroin users report first abusing a prescription opioid, and between 2010 and 2015, heroin-related deaths across the country more than tripled.

A number of factors have contributed to this crisis. These include a relaxing of states' prescription drug regulations, medical guidelines related to pain treatment, along with a significant increase in the prescribing of opioids. The role of the pharmaceutical industry has also been linked to the escalating problem, as pharmaceutical companies responded to increased prescribing and demand with aggressive marketing of opioid drugs. Recent research suggests that changing economic and social conditions may also be contributing to the rise in opioid abuse and addiction, as more Americans turn to illicit drugs to cope with a feeling of despair related to a changing economy and labor market that have left many under-skilled and unemployed.

The Scope of the Epidemic

While the opioid epidemic has been widespread, certain geographical regions and populations have been affected more than others.
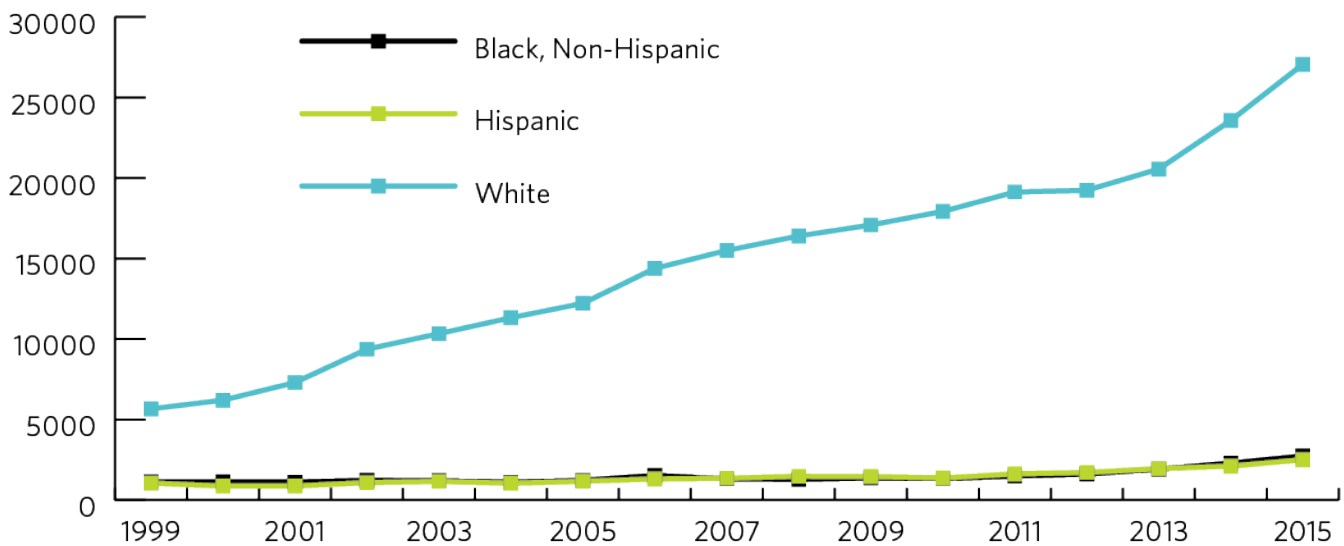
Geographically, rural communities in the northeastern and eastern parts of the United States, along with the south and the Midwest, are among the hardest hit regions. Urban areas have also experienced a significant increase in opioid misuse and deaths.

Among population groups, white, non-Hispanics experience the highest rate of opioid-related deaths. There has been a stark increase in opioid use, misuse, and abuse particularly among white males. Reports on mortality rates in the U.S. find that in contrast to other groups, whites between the ages of 45 and 54 have experienced a decline in life expectancy in part due to an increase in drug use, particularly opioids.

Research suggests that disparities in pain treatment by physicians may also contribute to the disproportionate increase in opioid use and overdose by middle-aged whites. Whites are more likely to be offered opioids as part of pain management than patients of color and are more likely to have access to pain management treatment.

Opioid Overdose Deaths by Race and Ethnicity
(1999 - 2015, United States)

Source: Data is based on Centers for Disease Control (CDC) analysis by the Kaiser Family Foundation.

In response to the rise in opioid-related deaths and overdoses, states and localities across the country have enacted a range of interventions and policies. Strategies include Good Samaritan Laws, expanded access to the overdose antidote naloxone, and increased funding for treatment. Some states have also enacted stricter prescribing guidelines to reduce use and encourage the use of alternative effective treatments.

One intervention that has been adopted by all states is the implementation of a prescription drug monitoring program (PDMP). PDMPs are databases that track the prescription of opioid-based drugs and allow prescribers, pharmacists, law enforcement, or other approved persons access to help identify instances of "doctor-shopping" among patients. Research shows that PDMPs are particularly effective in reducing doctor-shopping and modifying prescriber behavior.

Studies show that individually and collectively, these interventions have been effective at reducing effects of the opioid crisis.

The Missouri Opioid Crisis

Similar to national trends, Missouri has experienced a sharp increase in opioid use, misuse, and overdoses. Since 1999, the state has experienced a 273 percent increase in the number of overdose deaths. Out of the 50 states, Missouri is 21st and 22nd in the rate of prescription and illicit opioid overdose deaths, respectively. Sixty five percent of all drug-related deaths annually in the state involve opioids.

Data from the Missouri Hospital Association illustrate the growth of the opioid epidemic in Missouri. According to their data, between 2006 and 2016 there was a 138 percent increase in opioid-related hospital admissions, and a 538 percent increase in the number of opioid-addicted babies.
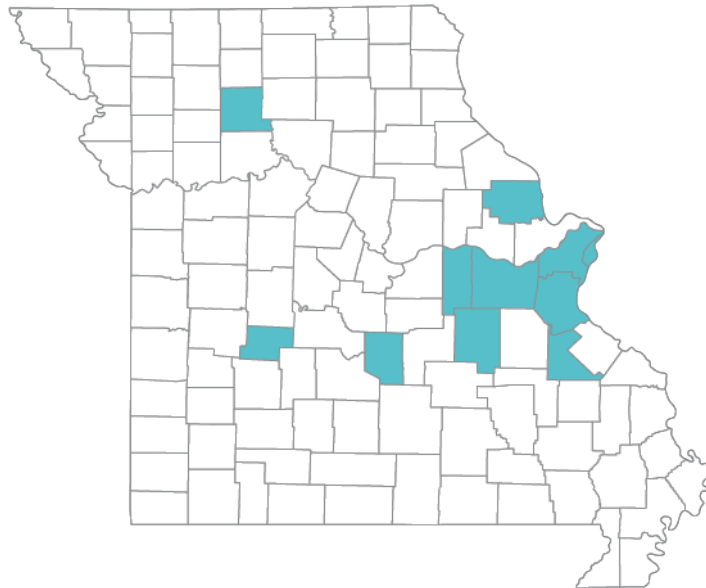
Geographically, eastern Missouri, St. Louis County, and the city of St. Louis have the highest rates of opioid-related deaths. The population groups across the state most affected by the crisis mirror national trends, with white males being most affected. According to the Hospital Industry Data Institute, drugs are not only the cause of more than 75 percent of the increased mortality rate among white males, but that segment of the population has experienced a drug-induced death rate that is significantly higher than projected.

In response to the crisis, the health, law enforcement, and medical communities have responded by enacting a range of policies and practices designed to reduce the rate of opioid use, overdose, and death. On July 17, 2017,

Highest Rates of Deaths Due to Opioid Overdoses by County of Residence 2012 - 2016
(Per 100,000 population)

Rate	County	Deaths
33.24	St. Louis City	526 Deaths
27.15	Jefferson County	302 Deaths
20.37	Franklin County	104 Deaths
18.42	St. Francois County	61 Deaths
17.26	Hickory County	8 Deaths
16.95	Lincoln County	46 Deaths
16.89	Pulaski County	45 Deaths
15.96	Livingston County	12 Deaths
15.94	St. Louis County	798 Deaths
14.78	Gasconade County	11 Deaths
14.66	Crawford County	18 Deaths

Source: Bureau of Vital Statistics, Missouri Department of Health and Human Services

Missouri became the last state to implement a PDMP, when Governor Eric Greitens signed an executive order establishing a partnership with the pharmaceutical company Express Scripts to develop and operate a program. This program will not be as rigorous as other state PDMPs as it will not allow doctors, pharmacists, and other health-care providers access to the database. The database will be monitored by Express Scripts, and analysis of data will be provided to the Missouri Department of Health and Senior Services to identify instances of overprescribing and to make recommendations for action by licensing boards or law enforcement.

Prior to the governor's executive order and in the absence of a statewide PDMP, localities across the state have been enacting their own. As of August 1, 2017, 27 counties and seven cities in Missouri had joined the St. Louis County PDMP. These localities act cooperatively to monitor and share data about the prescribing of opioids.

In 2016, Governor Jay Nixon signed into law a measure allowing licensed pharmacists and pharmacy technicians to sell and dispense naloxone, an opioid overdose antidote that is used to reverse the process of overdosing. The law also allows patients to purchase the antidote without a prescription.

In May of 2017, the Missouri Legislature passed a Good Samaritan Law (Senate Bill 501) allowing those who call 911 seeking assistance for themselves or others overdosing on an opioid to receive immunity from a possession charge. While the bill does not protect individuals from being charged for other offenses, it does protect individuals from opioid-related penalty when seeking help. The law took effect in August.

The state also recently received two federal grants to combat the opioid crisis. In 2016, Missouri was among 43 other states awarded funding by the CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA). Missouri received Prescription Drug Opioid Overdose Prevention Grant funds and Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality funding to address the issues of addiction prevention and monitoring of the problem. These grants will help fund interventions to reduce opioid deaths and allow for improved monitoring of the problem in Missouri among health care providers, state agencies, and other stakeholders.

Issues to Consider

The wide-ranging nature of the opioid crisis will require an equally wide-ranging response. States across the country have already implemented broad interventions, including implementation of PDMP and the funding of treatment programs. While Missouri has enacted a number of policies and practices, some interventions are limited in scope, jurisdiction, or resources. A uniform, multifaceted, statewide response will allow for a more rigorous policy response to the problem, especially in areas of the state currently without certain interventions. It would also allow for the collection of more data on the effectiveness of statewide strategies to inform future efforts.

Endnotes available upon request.

For more information about the opioid crisis in Missouri, opioid-related resources and interventions, please visit the Missouri Foundation for Health's health policy publications page: https://mffh.org/the-foundation/publications/policypubs/