

# Reducing Opioid Deaths in Missouri: Harm Reduction Strategies

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## Opioid Crisis in Missouri

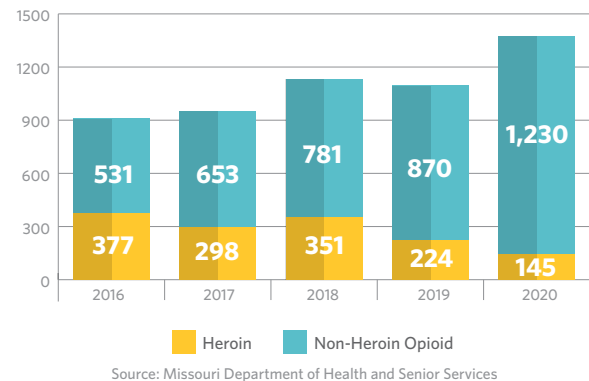
In Missouri in 2020, about 1 in 54 deaths, or 1,375 deaths in total, were caused by opioid overdoses. The same year drug overdose was the leading cause of death in adults aged 18-44 in the state.<sup>1</sup> Between December 2020 and December 2021, there was a nearly 15% increase in reported drug overdose deaths from the year before. The actual number may be higher because overdoses are often underreported.<sup>2</sup>

Over the last ten years, synthetic opioids such as fentanyl have increasingly resulted in overdose deaths.<sup>3</sup> In 2020, nearly 90% of opioid overdose deaths in Missouri were caused by fentanyl or fentanyl analogs.<sup>4</sup> Fentanyl is a highly potent opioid that is about 50 to 100 times stronger than morphine. Two milligrams or less of fentanyl, and even smaller amounts of fentanyl analogs, can be fatal to an adult who is not opioid tolerant.

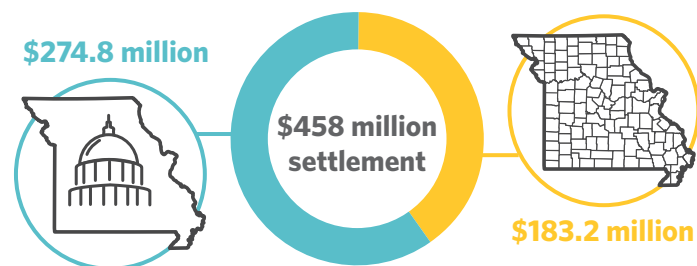
Because fentanyl is highly potent and relatively inexpensive, drug dealers often mix it with other opioids such as heroin, or with drugs such as cocaine and methamphetamine, which increases the risk of overdose.

In February 2022, Missouri was awarded \$458 million in settlements from top U.S. opioid producers.<sup>5</sup> About 60% of these funds, \$274.8 million, will go to the state and the rest, \$183.2 million, will be distributed among Missouri subdivisions, including all 114 counties and 79 cities. The funds will be paid out over 18 years with larger sums disbursed in the earlier years. The Johnson & Johnson settlement agreement and Distributor settlement agreement each list core uses for the settlement funding, such as funding the purchase of naloxone, expansion of medication-assisted treatment (MAT) services, treatment for pregnant and postpartum women with opioid use disorder, treatment for neonatal abstinence syndrome, treatment for incarcerated populations, implementation of evidence-based prevention programs, expansion of syringe services programs, and collection of evidence-based data on the effectiveness of state opioid abatement strategies. The agreements also include general approved uses, including treatment and prevention of opioid use disorder, as well as supporting education and wellness of first responders, provider training, and research efforts.<sup>6</sup>

## Missouri Opioid Deaths 2016-2020



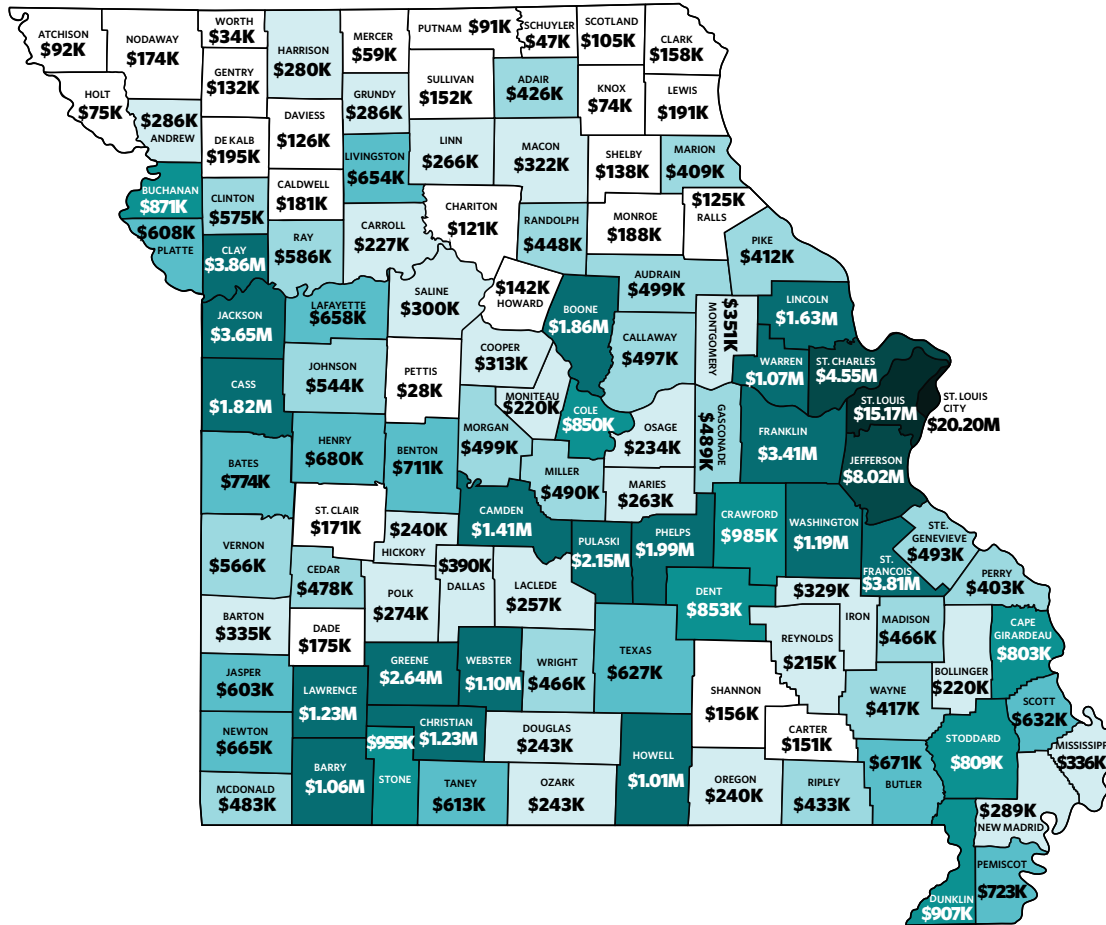
**Figure 1.** Non-heroin opioids, which can include synthetic opioids such as fentanyl or its analogs, are [increasingly responsible](#) for opioid overdose deaths in Missouri.



**Figure 2.** Attorney General Eric Schmitt [announced](#) in February 2022 that Missouri was awarded about \$458 million in a settlement from top U.S. opioid producers, and about \$274.8 million of this money would be allocated to the state, while about \$183.2 million would be divided up among the participating subdivisions.



### Disbursement Amount by County



**Figure 3.** This figure shows the estimated amounts of the settlement that each Missouri county may receive. The values were calculated by multiplying Attorney General Eric Schmitt’s estimate of the settlement that will go to Missouri counties by the share per subdivision as listed out on page 239 of the Distributor Settlement Agreement, and page 232 of the Janssen Settlement Agreement.

Missouri law states that opioid settlement funding shall only be used for opioid-related approved purposes included in the settlement agreements. This law lays out which state entities may access the funds, including the Department of Mental Health, Department of Health and Senior Services (DHSS), Department of Social Services, Department of Public Safety, Department of Corrections, and the state Judiciary.<sup>7</sup> The state has also affirmed that proceeds from these settlements will be used to provide grants for addiction treatment and prevention programs, but no plan has yet been released detailing how this funding will be utilized.<sup>8</sup> Depending on the state’s parameters for the disbursement of these funds, these settlements could provide an opportunity to expand and improve opioid harm reduction and substance use treatment programs in Missouri.

## Harm Reduction

Harm reduction is a public health approach that aims to reduce the negative consequences associated with substance use while respecting the autonomy of individuals. This approach involves a variety of strategies that promote safer use, decrease stigma associated with addiction, and connect people who use substances with health and social services.<sup>9</sup>



Harm reduction strategies are shown to be effective. For example, safe injection sites are found to reduce drug overdose deaths and prevent transmission of blood-borne illnesses. MAT improves treatment retention, reduces opioid use, decreases drug-related mortality and criminality, reduces risk of HIV transmission, and improves fetal outcomes for pregnant women with opioid use disorder.<sup>10</sup> These interventions are lifesaving and often provide an opportunity to connect people to health professionals for other services and care.<sup>11</sup>

During the 2022 legislative session, Senator Holly Thompson Rehder (R) introduced a bill that would legalize needle exchange programs to allow access to sterile needles and syringes, facilitate safe disposal of used syringes, and provide a link to other health and addiction-related services. The bill did not pass.<sup>12</sup> Needle exchange programs remain an effective method of harm reduction that can help reduce transmission of blood-borne pathogens.<sup>13</sup> Other harm reduction strategies, such as improving access to naloxone, decriminalizing the use of fentanyl test strips, and expanding access to naltrexone to treat opioid addiction, could also be implemented to strengthen Missouri's harm reduction approach.

## Harm Reduction Strategies

### Improving Access to Naloxone

Naloxone, commonly known in its nasal spray form, Narcan, a Food and Drug Administration-approved drug is a life-saving opioid antagonist that reverses opioid effects. It can quickly restore normal breathing in a person whose breathing has slowed or stopped due to opioid overdose, thus reducing overdose-related deaths.<sup>14</sup> Naloxone is effective when there are opioids in the person's system, but causes no harmful effects when opioids are absent. It can be safely administered by laypeople, which means that even bystanders can help prevent a fatal overdose.<sup>15</sup> In 2020, 5,609 Missouri lives were saved with naloxone.<sup>16</sup>

Access to naloxone has improved in recent years. Missouri passed a Good Samaritan Law in 2017 that protects the person experiencing an opioid overdose, as well as other individuals carrying and using naloxone, from arrest for possession of drugs and drug paraphernalia.<sup>17</sup> Also, as of 2017, a statewide standing order was issued that allows anyone to purchase generic naloxone and Narcan nasal spray at a Missouri pharmacy without a prescription. However, individuals would need a prescription for other naloxone products that are not covered by this standing order.<sup>18</sup>

The cost of naloxone varies depending on whether an individual has health insurance and what kind of insurance they have. Missouri Medicaid currently covers naloxone nasal spray and intra-muscular naloxone vials.<sup>19</sup> Generally, most insurance plans will cover naloxone that is administered in a medical setting, but coverage of take-home naloxone varies.<sup>20</sup> The average cost of Narcan without health insurance is \$120, which can be cost-prohibitive for those paying out of pocket.<sup>21</sup> One option for uninsured individuals is to utilize organizations in Missouri that provide naloxone to individuals for free, such as Prevent+Ed, Missouri Network for Opiate Reform and Recovery, The T, Saint Louis County Department of Public Health, NEXT Distro, and others.<sup>22</sup>

Access to naloxone in Missouri is currently in jeopardy because the federal grant that the state has relied on since 2016 to help purchase and distribute the medication expired in August of 2021. Supplies of naloxone are dwindling as overdose deaths increase in the state.<sup>23</sup> There is need for more funding for naloxone distribution, which could be addressed through state and local opioid settlement funds or additional federal grants sought by the state.

One solution to help ensure utilization of naloxone as an opioid harm reduction method would be to improve availability of and access to this treatment option. The White House released a model law that would help states develop a plan for improving access to and promoting education about naloxone. It would also require health insurance providers to cover naloxone and encourage citizens to obtain this life-saving drug while protecting them from prosecution for administering it.<sup>24</sup>



## Decriminalize Fentanyl Test Strips

Fentanyl test strips are small pieces of paper that can accurately detect the presence of fentanyl and its analogs in drugs, whether in pill, powder, or injectable form. They are an evidence-based method of preventing drug overdose and are simple, easy to use, and inexpensive. These test strips empower individuals to make informed choices and save lives.<sup>25</sup>

There is a high level of stigma attached to the legalization and use of fentanyl test strips, based on the idea that a person with substance use disorder is incapable of making rational choices about safety. However, research has shown that individuals who were provided with fentanyl test strips made positive changes that lower the risk of overdose. Moreover, they were shown to be safe and easy to use in both community and medical settings. When health professionals distribute fentanyl test strips, they are able to provide information about substance use treatment options and other harm reduction methods directly.<sup>26</sup>

Under Missouri law, drug-checking items such as fentanyl test strips may be characterized as illegal drug paraphernalia, which places individuals who distribute or receive the test strips at risk of prosecution.<sup>27</sup> Other states, including Tennessee and Alabama, have passed legislation to decriminalize fentanyl test strips to reduce opioid overdose deaths. Missouri lawmakers should consider legalizing fentanyl test strips to mitigate fentanyl-related overdoses.<sup>28</sup>

## Improve Access to Naltrexone Treatment Plans

One of the primary objectives for substance use disorder (SUD) treatments is to achieve and maintain abstinence from substance use. This can be achieved by FDA-approved opioid antagonist drugs such as the monthly injectable, Vivitrol, or the once-a-day tablet, naltrexone hydrochloride, both of which contain the same active ingredient, naltrexone. Naltrexone is a MAT that works as an opioid antagonist by binding to opioid receptor sites and helping someone in recovery stay abstinent by blocking the euphoric and sedative effects of opioids. This treatment reduces and suppresses opioid cravings. Naltrexone is not an opioid, is not addictive, and does not cause withdrawal symptoms upon cessation of use.<sup>29</sup> Patients who have been treated with naltrexone may have lower tolerance to opioids after treatment, which may place them at risk of overdose if they later use opioids. Naltrexone, combined with a comprehensive management program that includes behavioral therapy and psychosocial supports, is considered a best practice for opioid use disorder treatment.<sup>30</sup>

Since 2018, all state Medicaid programs cover naltrexone as an approved oral MAT for opioid dependence.<sup>31</sup> Missouri Medicaid also provides coverage for Vivitrol, long-acting injectable naltrexone, if patients show evidence that they are enrolled in a SUD counseling program.<sup>32</sup> Many private insurance plans cover some or all of the cost of naltrexone, but coverage varies depending on the plan. The average cost of generic oral naltrexone without insurance is \$101 for a 30-day supply, while the average cost of Vivitrol, which has no generic alternative, can be over \$1,000 per shot.<sup>33</sup> Other than utilizing available coupons, there is very little aid available for uninsured Missourians to help pay for naltrexone. Other states have used federal grants to improve low-income and uninsured individuals' access to naltrexone and other MATs.<sup>34</sup> Missouri could adopt a similar approach to improve naltrexone access for uninsured Missourians.

At the end of the 2022 legislative session, Governor Mike Parson signed HB 2162 into law, which allows the Director of DHSS to issue a standing order for naltrexone.<sup>35</sup> Important next steps to ensure access to naltrexone include state-driven technical assistance to help increase provider adoption of naltrexone treatment programs.



## Underutilization of MATs

Even though effective medications are available to treat opioid use disorder, MATs are an often underutilized treatment. For example, buprenorphine is an FDA-approved MAT for opioid use disorder that can help diminish opioid dependency, reduce drug use, and improve treatment retention.<sup>36</sup> However, despite the existence of Missouri's centralized, public MAT delivery system, in 2016 there were only 22 buprenorphine prescriptions per 1000 people, and only 2.6 of 100 buprenorphine prescriptions were used.<sup>37</sup>

A recent study that examined barriers to MATs found that logistical issues most often prevented providers from utilizing MATs.<sup>38</sup> In Missouri, barriers to utilization of MATs include the burdensome requirements for prior authorizations and eligibility paperwork that providers face. Additionally, many insurance plans have high deductibles and cost-sharing, which may make treatment unaffordable for some patients. Policy changes that address these administrative burdens can help improve utilization of MATs in Missouri. This is illustrated by changes made during the MedFirst pilot program, which was piloted in Missouri as part of the Substance Abuse and Mental Health Services Administration's 2017 State Targeted Response (STR) grant. Among other things, STR leaders were able to alter billing requirements and waive prior authorization requirements, which allowed patients to access MAT services more quickly. They also increased provider reimbursement payments for the STR program. Evaluation of this pilot program found increased utilization of buprenorphine as an opioid use disorder treatment, increased retention rates among individuals receiving this treatment, faster access to medical services, and lower costs of care.<sup>39</sup> State-level policy changes to address administrative burdens could help to improve treatment availability and utilization.

## Conclusion

Adoption of additional harm reduction strategies would prevent overdose deaths and stem the increase in such deaths in Missouri. Harm reduction strategies save lives by preventing overdoses and giving individuals more information about the substances they're using. These methods can also help meet other needs by connecting individuals to health care, addiction, and social services.

## Endnotes

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## REDUCING OPIOID DEATHS IN MISSOURI: HARM REDUCTION STRATEGIES

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## REDUCING OPIOID DEATHS IN MISSOURI: HARM REDUCTION STRATEGIES

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