



MIDWEST HIDTA 2024 MISSOURI OVERDOSE REPORT





Background Information

The results of the Midwest High Intensity Drug Trafficking Area (HIDTA) 2024 Threat Assessment revealed that fentanyl and methamphetamine were again the top two drug threats to the region.^[1] This conclusion was made utilizing Midwest HIDTA initiative responses to a law enforcement survey (LES) and public health partner responses to the public health survey (PHS), as well as drug trend and other related information collected over the past 12 months. This is the second year in a row that fentanyl was ranked as the number one drug threat.

Ongoing Causes for Concern

- Fentanyl will likely continue to pose the greatest threat to the region as the supply is expected to increase.^[1]
- Drug Enforcement Administration (DEA) laboratory testing in 2023, revealed 7 out of 10 fentanyl-laced counterfeit prescription pills now contain a potentially lethal dose of fentanyl, up from 4 out of 10 in 2021.^[2]
- Fentanyl will continue to be the greatest driver of drug poisoning deaths. Adulterants such as xylazine and medetomidine are of great concern to the Midwest HIDTA and will continue to be, especially as they have an increased impact on poisoning deaths in the region.^[1]
- The trend of mixing fentanyl and other synthetic opioids into other drugs in the region's illicit drug supply continues, as reported by both law enforcement and public health agencies.^[1]
- Methamphetamine will continue to pose a significant threat to the region with its high levels of availability, demand, use, and its transportation to and through the region.^[1]
- Low-cost, high potency methamphetamine transported from the Southwest Border will continue to saturate both rural and metropolitan drug markets.^[1]
- The level of violence and crime surrounding methamphetamine production, trafficking, and use will remain a threat to both law enforcement and the public.^[1]

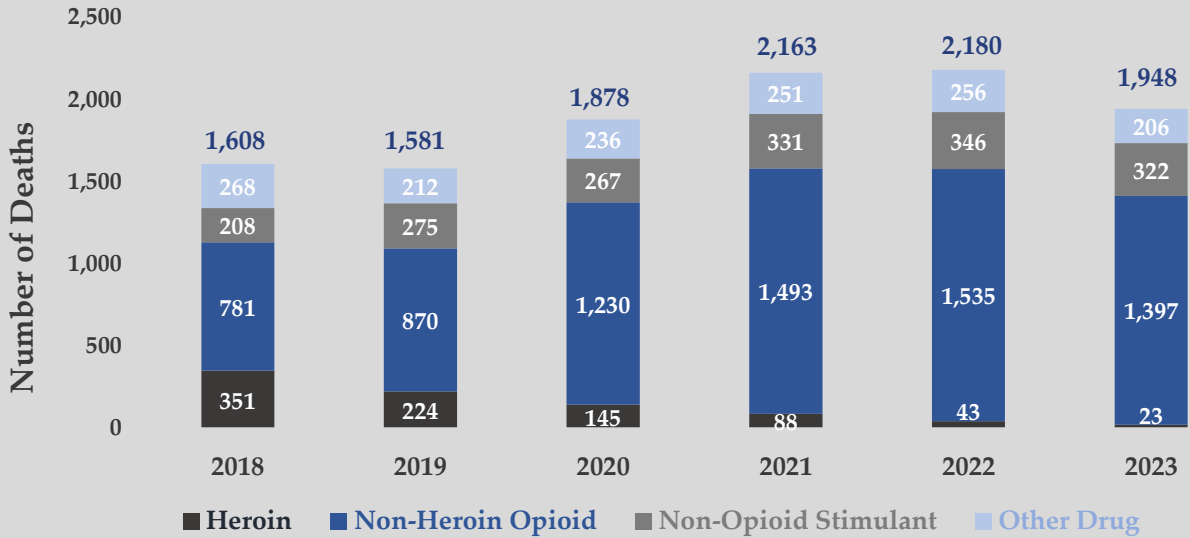
Missouri Outlook

The LES and PHS responses for Missouri coincided with the overall Midwest HIDTA results, ranking fentanyl as the primary threat and methamphetamine as the secondary threat in the state. The Missouri LES responses also indicated the availability and usage of fentanyl, in both pill and powder form, and methamphetamine in the state were all considered to be "high."^[1]

Missouri National Substance Use and Mental Health Services Survey – 2022

As of March 31, 2022, there were 261 substance use treatment facilities in Missouri, 213 of which were private non-profit (81.6%), 39 private for-profit (14.9%), 2 state government (0.8%), and 6 federally operated (2.3%). These facilities were treating 20,228 clients, the majority of which were on an outpatient basis, 18,811 (93%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 93.1% (243), private health insurance 78.5% (205), Medicare 59.4% (155), Medicaid 78.2% (204), and treatment at no charged or minimal payment for clients who could not pay 61.3% (160).^[3]

Missouri Resident Overdose Deaths 2018-2023 ^[4]

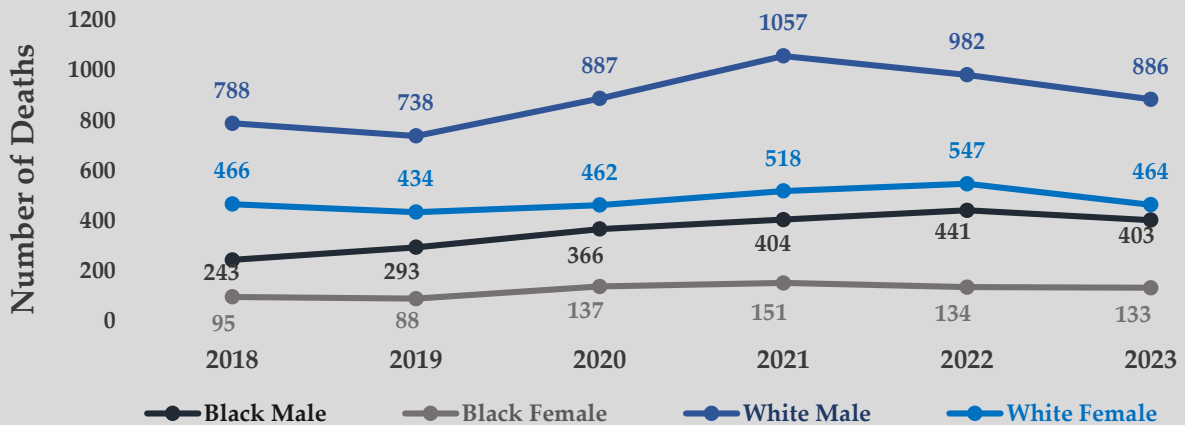


Source: Missouri Department of Health & Senior Services

Missouri Overdose Deaths 2018 to 2023 ^[4]

- Overdose deaths for all drugs increased 21% - 1,608 to 1,948
- Overdose deaths for all non-heroin opioids increased 79% - 781 to 1,397
- Overdose deaths for heroin decreased 93% - 351 to 23
- Overdose deaths for non-opioid stimulants increased 55% - 208 to 322

Missouri Overdose Deaths - Gender & Race - 2018-2023 ^[4]

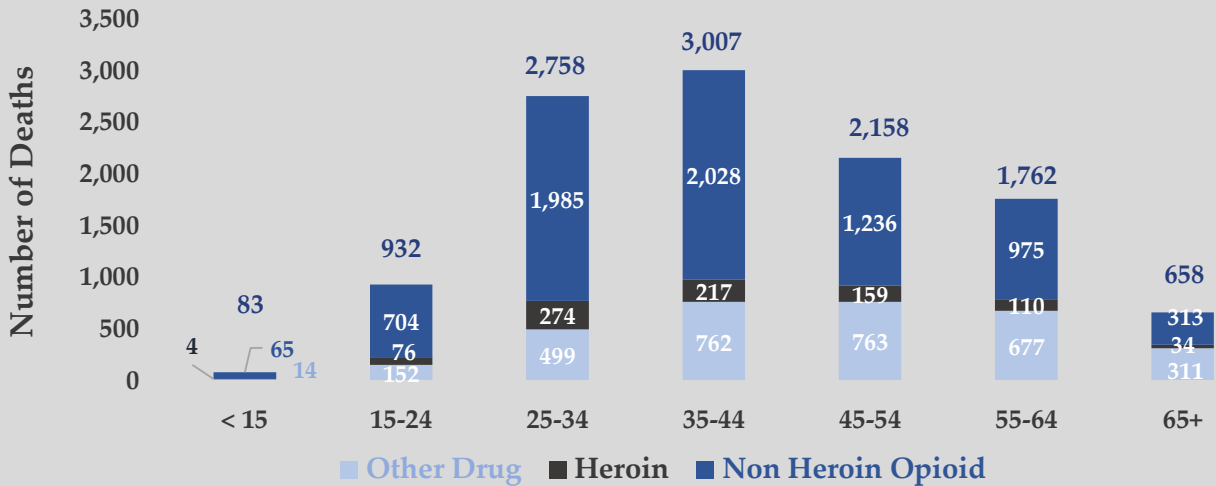


Source: Missouri Department Health & Senior Services

Missouri Drug Overdose Mortality Rates by Gender and Race – 2018-2023 ^[4]

- Black male overdose deaths increased 66% - 243 to 403
- Black female overdose deaths increased 40% - 95 to 133

Missouri Resident Overdose Deaths - Age & Drug Type 2018-2023 ^[4]

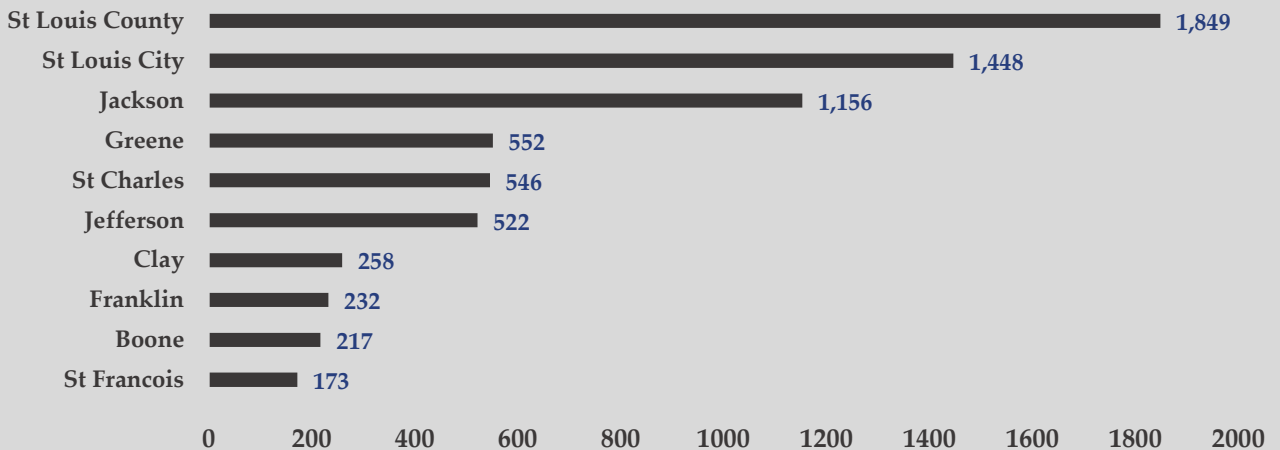


Source: Missouri Department of Health & Senior Services

Missouri Resident Overdose Deaths by Age and Drug Type – 2018-2023 ^[4]

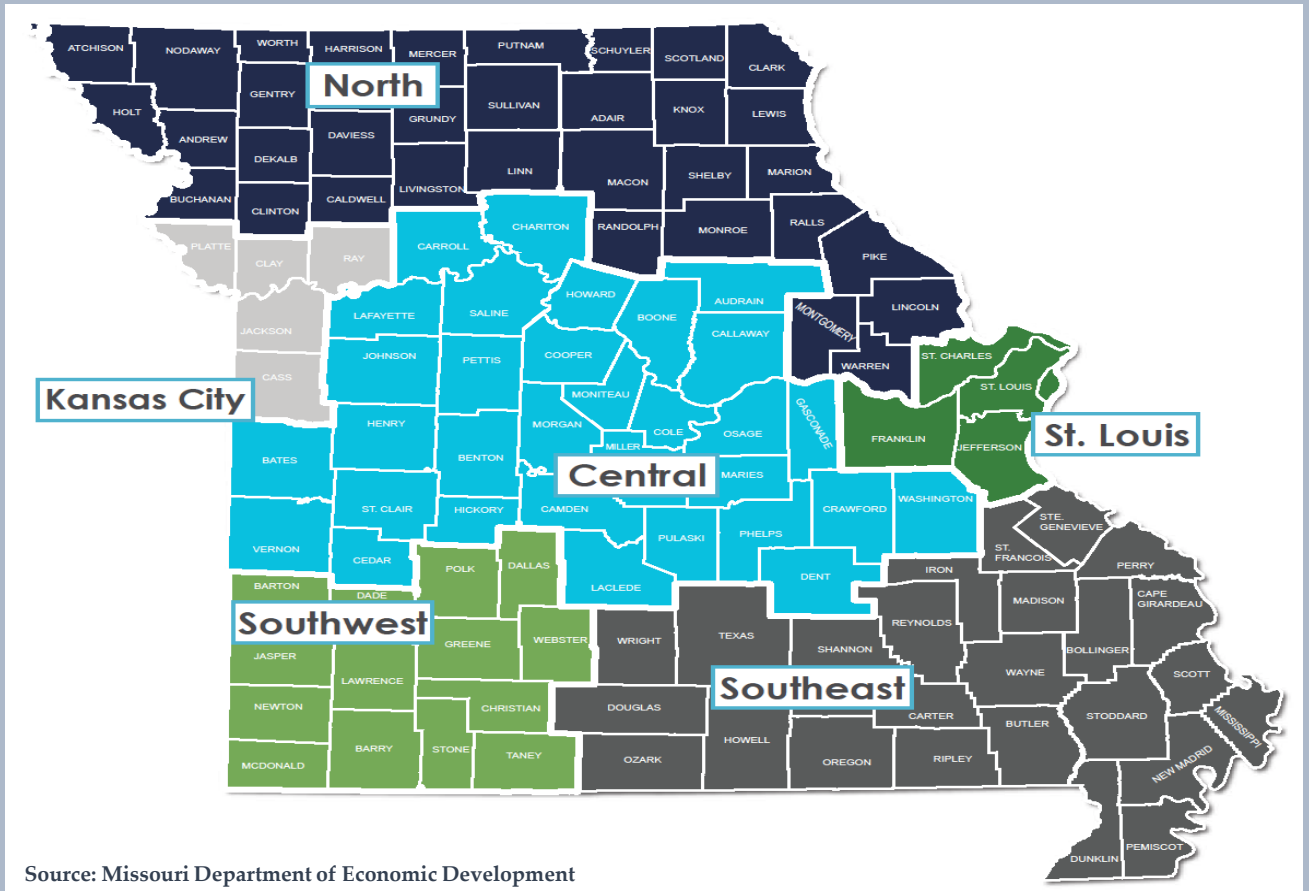
- Age Group <15: 83 deaths (65 non-heroin opioid, 14 other drug, 4 heroin)
- Age Group 15-24: 932 deaths (704 non-heroin opioid, 152 other drug, 76 heroin)
- Age Group 25-34: 2,754 deaths (1,985 non-heroin opioid, 499 other drug, 274 heroin)
- Age Group 35-44: 3,005 deaths (2,028 non-heroin opioid, 762 other drug, 217 heroin)
- Age Group 45-54: 2,157 deaths (1,236 non-heroin opioid, 763 other drug, 159 heroin)
- Age Group 55-64: 1,761 deaths (975 non-heroin opioid, 677 other drug, 110 heroin)
- Age Group 65+: 660 deaths (313 non-heroin opioid, 311 other drug, 34 heroin)

Top 10 Counties - Highest Overdose Death Counts - All Drugs - 2019-2023 ^[4]



Source: Missouri Department of Health & Senior Services

Missouri Overdose Deaths by Region – All Drugs – 2019-2023 ^[4]



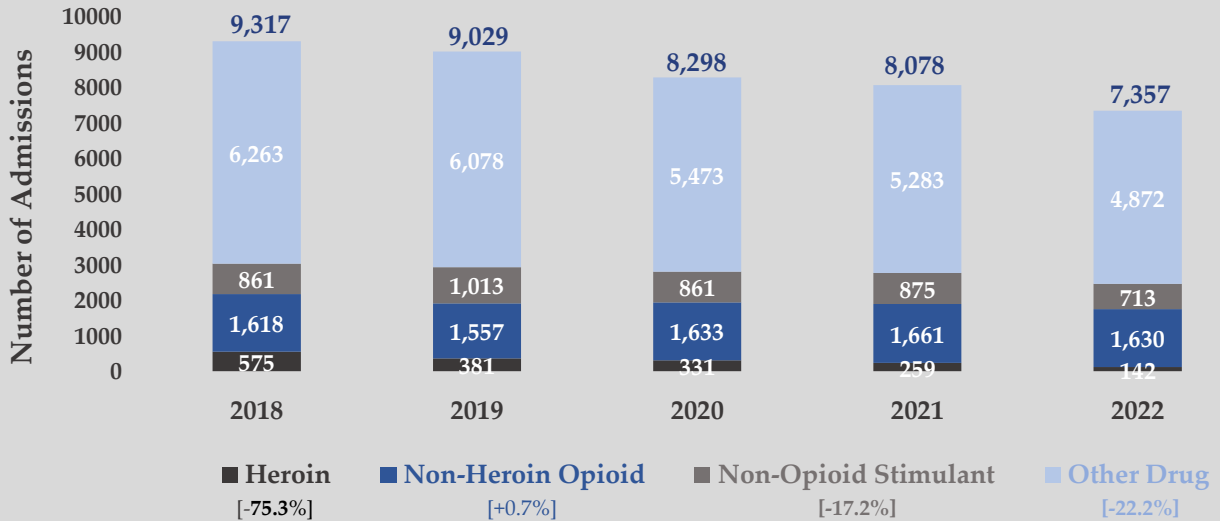
Source: Missouri Department of Economic Development

Region	2019	2020	2021	2022	2023	% CHANGE 2022/2023
Central	145	171	215	190	191	+ 0.5%
Kansas City	233	289	391	461	426	- 8%
North	49	60	82	88	83	- 6.8%
Southeast	66	100	92	102	84	- 19.6%
Southwest	176	193	275	251	241	- 4%
St Louis	912	1,065	1,108	1,088	923	- 15.4%
TOTAL	1581	1878	2163	2180	1948	- 10.6%

There was a reduced number of overdose deaths for each of the reported drug types (opioid, heroin, non-heroin opioid, and stimulant w/opioid) in the St. Louis, Kansas City, and Southeast Regions from 2022 to 2023. The Southwest Region had increases in opioids (+3.3%, 151 to 156), and non-heroin opioids (+5.4%, 147 to 155). The Central Region had increases in opioids (+5.2%, 136 to 143), non-heroin opioids (+6.8%, 132 to 141), and stimulants w/opioids (+16.1%, 62 to 72). The Southeast Region had an increase in heroin overdoses (+100%, 1 to 2). ^[4]



Missouri Resident Overdose Inpatient Visits* 2018 to 2022 / Overall Reduction of 21% [5]



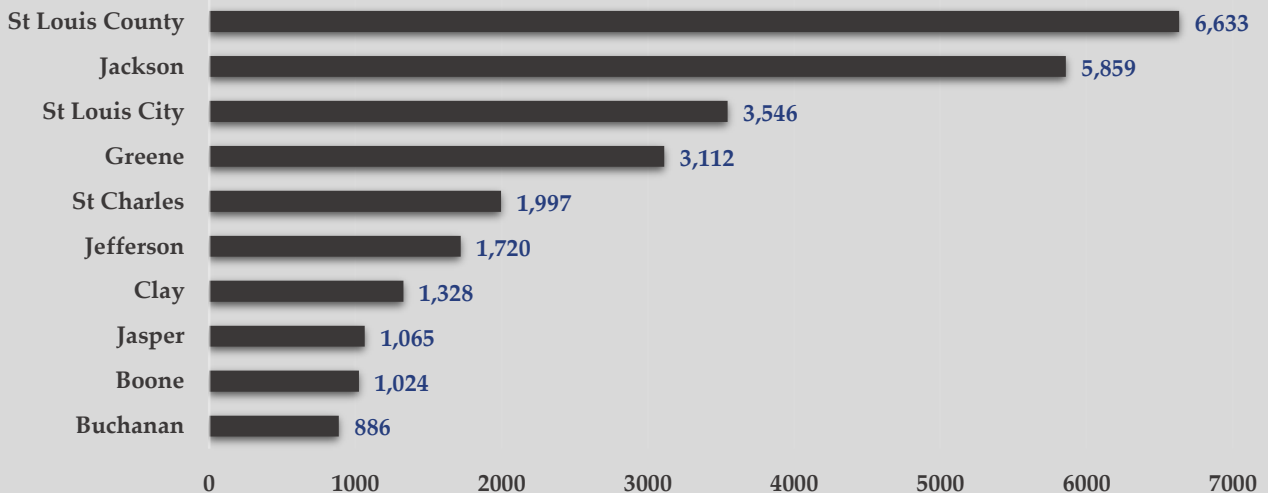
Source: Missouri Department of Health & Senior Services

* Patient admitted and spent at least 1 night in hospital

Missouri Resident Overdose Inpatient Visits Age & Drug Type- 2018-2022 [5]

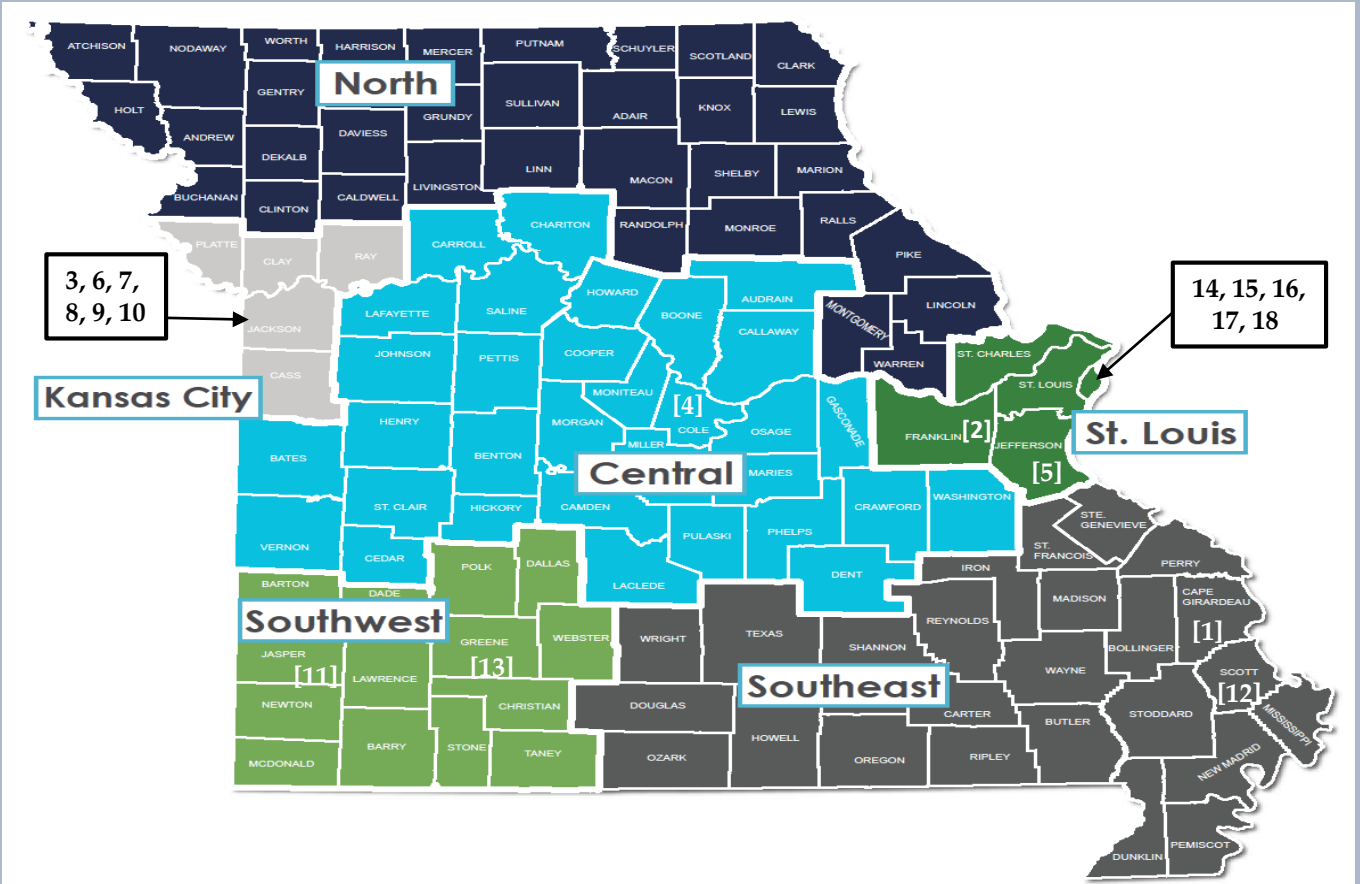
- Age Group < 15: 2,379 overdoses (2,086 other drug, 289 non-heroin opioid, 4 heroin)
- Age Group 15-24: 7,813 overdoses (6,842 other drug, 754 non-heroin opioid, 217 heroin)
- Age Group 25-34: 6,475 overdoses (4,443 other drug, 1,382 non-heroin opioid, 650 heroin)
- Age Group 35-44: 5,792 overdoses (4,118 other drug, 1,258 non-heroin opioid, 416 heroin)
- Age Group 45-54: 5,124 overdoses (3,794 other drug, 1,147 non-heroin opioid, 183 heroin)
- Age Group 55-64: 5,218 overdoses (3,356 other drug, 1,688 non-heroin opioid, 174 heroin)
- Age Group 65+ : 4,918 overdoses (3,307 other drug, 1,568 non-heroin opioid, 43 heroin)

Top 10 Counties with the Highest Inpatient Visits - All Drug Types - 2018-2022 [5]



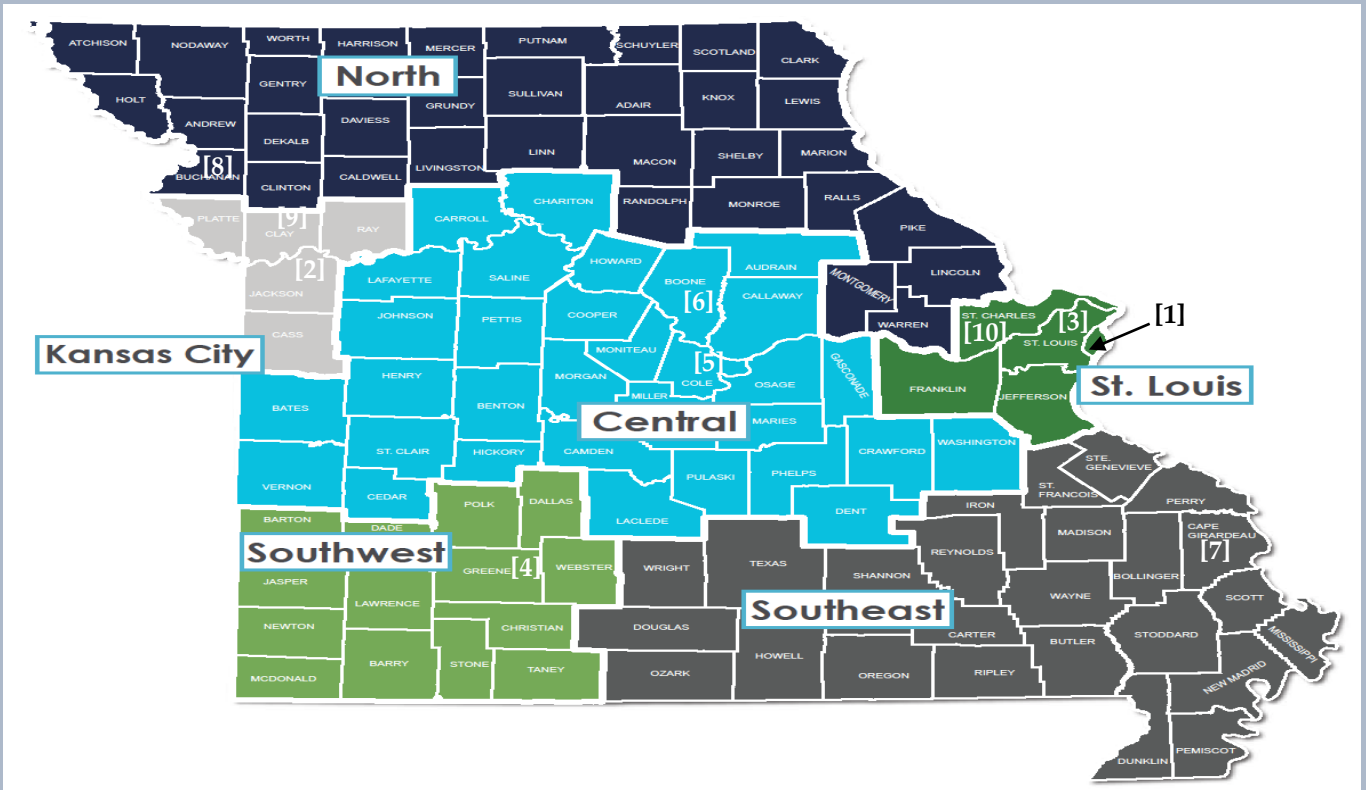


Missouri HIDTA Initiative Drug Seizures 2021-2023 ^[4]

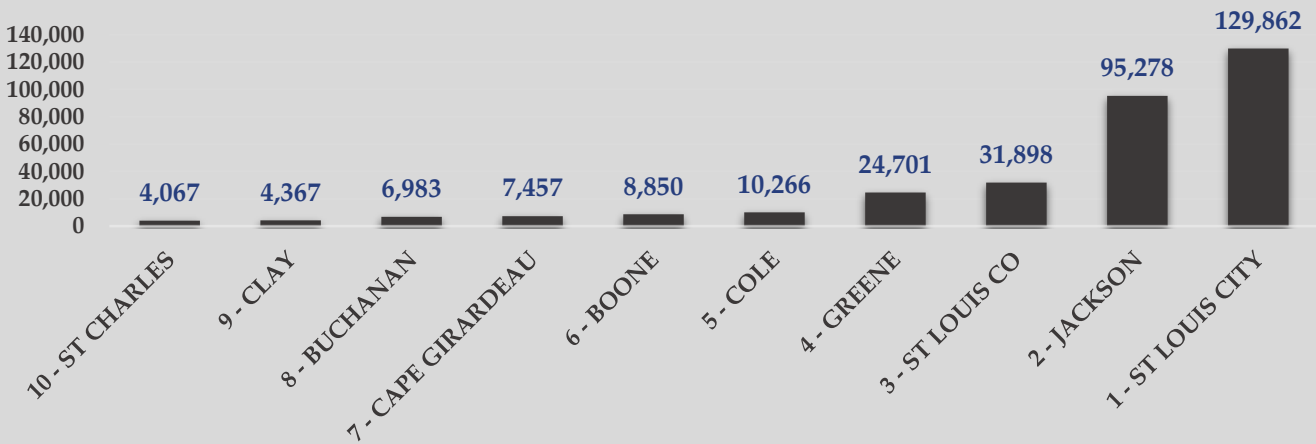


HIDTA INITIATIVE SEIZURES ONLY (Does not include non-HIDTA seizures)	SEIZED DRUG - YEAR – AMOUNT ^[8]							
	FENTANYL (GRAMS)				METH/ICE (GRAMS)			
	2021	2022	2023	TOTAL	2021	2022	2023	TOTAL
1 - CAPE GIRARDEAU DEA DTF	0	904	1,823	2,727	18,477	38,407	3,935	60,819
2 - FRANKLIN COUNTY NEU	98	520	1,745	2,363	2,804	10,013	2,931	15,748
3 - JACKSON COUNTY DTF	4,002	17,261	13,838	35,101	109,202	160,997	162,730	432,929
4 - JEFFERSON CITY DEA TF	114	1,004	11	1,129	50,720	24,937	1,730	77,387
5 - JEFFERSON COUNTY MEG	108	384	390	882	33,006	15,353	4,469	52,828
6 - KC DEA INTERDICTION	15,719	9,672	2,123	27,514	806,892	75,105	96,611	978,608
7 - KC DEA NORTHLAND DTF	0	1,071	14,503	15,574	3,336	9,771	25,750	38,857
8 - KC FBI COMBINED TF	1,268	5,781	52,169	59,218	18,889	73,719	230,348	322,956
9 - KCMO METRO TF	44,875	30,681	45,105	120,661	172,979	183,562	228,370	584,911
10 - KC/OVERLAND PARK DEA TF	1,344	13,641	17,628	32,613	128,211	81,127	78,600	287,938
11 - OZARK DET	1,785	712	2,957	5,454	19,528	48,373	8,202	76,103
12 - SOUTHEAST MO DTF	11	348	84	443	10,362	43,381	21,304	75,047
13 - SPRINGFIELD DEA TF	2,929	3,851	6,341	13,121	37,616	155,162	43,213	235,991
14 - SAINT CHARLES COUNTY DTF	2,067	2,009	31,436	35,512	10,447	41,904	58,410	110,761
15 - SAINT LOUIS COUNTY MJDETf	70,014	36,409	61,334	167,757	201,978	164,375	71,796	438,149
16 - SAINT LOUIS DEA GROUP 37	3,401	11,040	14,340	28,781	6,671	10,218	42,645	59,534
17 - ST LOUIS DEA VIOLENT TRAFFICKERS TF	134,113	14,935	4,931	153,979	138,961	47,819	12,464	199,244
18 - SAINT LOUIS FBI SQUAD 5	9,201	5,217	6,294	20,712	25,802	9,181	3,598	38,581
TOTALS	291,049	155,440	277,052	723,541	1,795,881	1,193,404	1,097,106	4,086,391

➤ Over the past 3 years, these initiatives have seized over **360,000** potentially lethal doses of fentanyl. ^[8]



Top 10 Counties Naloxone Kits Supplied To From 2019-2023 by MIMH-AST*



*MISSOURI INSTITUTE OF MENTAL HEALTH ADDICTION SCIENCE TEAM

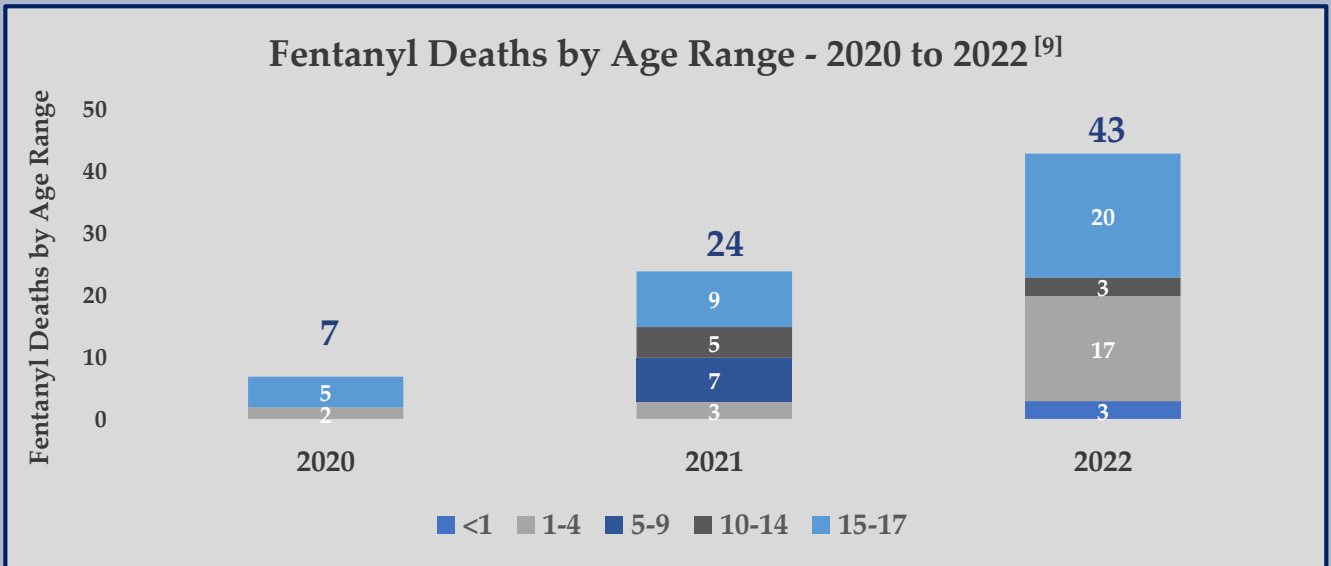
- Of these 10 counties, 7 of the 10 were also included on the list of Top 10 Counties with the highest death counts (exceptions Buchanan, Cape Girardeau, and Cole), and 8 out of 10 were in the Top 10 Counties for Inpatient Visits (exceptions Cape Girardeau and Cole).^[6]
- In Fiscal Year 2023 (07-01-2022 to 06-30-2023) MIMH-AST distributed 155,215 Naloxone Kits to 773 different agencies in Missouri.^[6]
- “One in 45 deaths in Missouri in 2022 was due to opioid crisis. One in 3 people have been impacted by the opioid crisis.”^[7]

FENTANYL’S RELATION TO MISSOURI’S CHILD POISONING CRISIS

The dangers posed by fentanyl’s wide availability represents an unnerving chapter in Missouri’s ongoing battle against opioid misuse. In 2022, Missouri witnessed a particularly alarming rise in incidents where children suffered from fentanyl poisoning, highlighting a distressing dimension of the opioid epidemic.

The Missouri Child Fatality Review Program Annual Report for 2022 revealed a sharp increase in child fatalities due to fentanyl, with 43 children succumbing to the potent opioid ^[9]. This marked a near doubling of such deaths, with those under the age of 5 experiencing a staggering 500% increase in fatalities. ^[9]^[10]

Children in the two to four age range are most vulnerable, accounting for 76% of poisoning cases, with two-year-olds at particular risk due to their tendency to explore by mouth. ^[11] The older children, especially four-year-olds, are more adept at accessing potentially dangerous substances, increasing their risk of exposure to improperly stored medications and illicitly manufactured fentanyl in various forms. ^[11]



Public education campaigns are crucial for raising awareness about the dangers of fentanyl. The Drug Enforcement Administration (DEA) emphasizes the lethality of illicit fentanyl, particularly through campaigns like "One Pill Can Kill," which educates on the risks associated with counterfeit pills. ^[12] The Missouri Department of Health and Senior Services (DHSS) also targets high-risk zip codes with media campaigns to increase awareness of opioid misuse and overdose. ^[13]

Community engagement programs form a crucial part of the strategy, with the DEA's Operation Engage facilitating stakeholder gatherings and youth engagement activities to educate on drug dangers. ^[12] Statewide, agencies like the Department of Social Services collaborate with the Family and Community Trust to directly improve community and family life. ^[14]

Missouri ORS Team, in Collaboration with the Missouri Department of Health and Senior Services (DHSS), Introduces and Educates Missouri Local Public Health Agencies and Partners on Overdose Fatality Reviews (OFR).

What are Overdose Fatality Reviews - Overdose Fatality Reviews (OFR) are a locally-based, multi-disciplinary process for understanding the risk factors and circumstances leading to fatal overdoses and identifying opportunities to prevent future overdoses. The basis of OFR – like all fatality reviews – is that overdose fatalities could have been prevented with the right action, timing, intervention, and/or response.

What are the goals of OFRs?

The primary goals of OFRs in local communities are to better understand the context of these deaths and to take immediate action to prevent future deaths. This is accomplished through:

- Recognizing and addressing gaps and barriers in services.
- Identifying underlying causes of substance use disorders.
- Determining prevention strategies targeting opioids and other substances.
- Developing recommendations for policy and program changes at local and state levels.
- Building a community of multi-disciplinary partners to collaborate across agencies.

The Missouri Department of Health and Senior Services Overdose Data to Action Program (OD2A), along with the Missouri Overdose Response Strategy (ORS) team, convened with local public health colleagues in Jefferson City on March 20, 2024 to discuss Missouri Overdose Fatality Reviews (OFR).

During this in person, one-day event, participants learned how to engage local partners to create local overdose fatality reviews. National OFR subject matter experts from the Bureau of Justice Assistance (BJA), Institution for Governmental Research (IIR) and the national Overdose Response Strategy (ORS) presented information on the OFR framework of multidisciplinary partners using aggregate and case review data to identify and implement recommendations, resulting in impactful community change. The convening highlighted how OFRs are identifying and implementing recommendations to prevent substance-related deaths in communities across the country.

The event was attended by 48 participants from among 21 local public health agencies, community healthcare partners, Missouri state courts system, as well as state and national public health partners. Kansas City and Greene County Health Departments, both of which staff attended the convening, have had formulation meetings and are moving forward with the creation of OFRs.

The ORS Team assisted the Department of Health and Senior Services with the creation of a post survey that was recently distributed to Local Public Health partners in regard to their OFR technical assistance needs. The survey was created in an effort to fine tune the type of technical assistance desired by partners and the best delivery method needed to assist them in establishing local Overdose Fatality Reviews.





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