

Substance Use Action Plan

Action Plan to Address Substance Use and Overdose
2022 – 2024

Saint Louis
COUNTY
MISSOURI

Letter from the County Executive



Sam Page
County Executive

The substance use and overdose epidemic has become a nationwide crisis, and St. Louis County is certainly not immune. The number of substance-involved deaths in our area has increased by 33.2% over the past five years. This crisis knows no bounds. It affects people of every community, every age, and every socioeconomic status.

While the COVID-19 pandemic has been the department's primary health concern in the last few years, we have taken several steps to address the rising rate of substance use and overdoses. In 2019, St. Louis County implemented an Overdose Reporting Act (ORA) (Ordinance #27542), which establishes drug overdoses as a reportable condition to improve availability of actionable public health data. This helps us collect timely data and increase our understanding of overdose trends. In June 2021, The State of Missouri passed a law that will create a statewide prescription drug monitoring program (PDMP) for the entire state. In the meantime, St. Louis County continues to operate its own PDMP as the statewide system is being developed. St. Louis County distributes Narcan® at no cost to county residents. The Department of Public Health distributed 1,253 Narcan® kits in 2021 alone.

It will take intentional, thoughtful, and strategic action to end the substance use and overdose epidemic. This epidemic is a threat to the health of the entire population and requires a holistic response from multiple sectors. This action plan is a part of this holistic response, with five major areas of focus: education and prevention, harm reduction and rescue, treatment, recovery, and public health surveillance. Information and actions specific to each of these five areas of focus can be found in the following pages.

Everyone in St. Louis County should be aware of the substance use and overdose epidemic, as well as what we can do to overcome it. Each of us can help in addressing this community problem.

Sincerely,

A handwritten signature in black ink that reads "Sam Page". The signature is fluid and cursive, with the first letters of "Sam" and "Page" being capitalized and prominent.

Sam Page
County Executive, St. Louis County

Letter from the Director



Faisal Khan, MBBS, MPH
Director

As a public health department, we have a duty to fulfill the essential service of monitoring the health of our community to investigate, diagnose, and address health hazards and their root causes. Similarly, we have a duty to inform and educate, as well as to strengthen, support, and mobilize communities and partnerships. We are to protect and promote the health of all people in all communities within St. Louis County.

The opioid crisis has evolved into a substance use crisis, with the number of substance-involved deaths increasing continually since 2012. St. Louis County recorded its highest number of substance-involved deaths in 2021, when 490 lives were lost to this epidemic. These are sons, daughters, mothers, fathers, friends, and family members. The devastating effects of substance use and overdose reach far beyond any one person.

The rise of synthetic opioids has grown steadily in the past few years, and the role of fentanyl in opioid-related and substance-involved deaths is a rapidly growing concern. In 2021, fentanyl was present in 94.5% of opioid-related deaths and 66.1% of all substance-involved deaths. While opioids were present in 70% of the substance-involved deaths that occurred in 2021, the number of yearly deaths involving stimulants more than doubled between 2017 and 2021. Our emergency rooms experienced 1,918 overdose visits in 2020, at a total cost of \$42,661,273.

Equity and individual experiences must be at the core of our work to address the substance use and overdoses. We must recognize and respond to the individual and community-level trauma our residents have endured and which acts as a further risk factor to substance use. We must continue to break down barriers and work together if we want to effectively address substance use and overdose within our community. This landscape is ever-changing, so we must continue to be nimble and pivot when needed, always updating our efforts to meet people where they are.

Sincerely,

A handwritten signature in black ink that reads "Faisal Khan". The signature is fluid and cursive, with the first name "Faisal" being more prominent.

Faisal Khan, MBBS, MPH
Director, Saint Louis County Department of Public Health

Substance Use and Health Equity

The St. Louis County Department of Public Health (DPH) recognizes that racism, discrimination, criminal legal system involvement, and the stigmatization of people who use drugs are systemic problems that disproportionately affect marginalized groups. People of color and members of the LGBT+ community experience disproportionately high rates of substance use disorder and overdose. This impact has manifested in profoundly unequal outcomes during the “war on drugs” and has resulted in over-representation of people of color and members of the LGBT+ community in the criminal legal system, further amplifying racism and stigma. After involvement in these systems, key components of a recovery-oriented lifestyle—including housing, appropriate health care, post-secondary education, and employment—become exponentially more difficult, if not impossible, to access.

This plan’s goals, strategies, and related activities will work to dismantle systemic racism and discrimination, specifically as it exists in substance use prevention, treatment, and recovery structures. Further, DPH holds itself accountable to the principles of health equity, inclusion, and justice for Black/African American, Indigenous and People of Color (BIPOC) communities and LGBT+ communities.

Each strategy will work in collaboration with BIPOC and LGBT+ communities to devise strategies to address inequities in substance use disorder prevention, treatment, and recovery services; understand cultural barriers to prevention, treatment, and recovery; and examine what can be done in the future to provide meaningful, culturally appropriate services.

The St. Louis County Department of Public Health staff recognizes that input from BIPOC and LGBT+ communities is essential to help guide our response to the opioid and overdose epidemic in a way that respects the culture and traditions of individual communities and the impact of systemic racism and discrimination. This will be a long process, and the DPH is committed to fulfilling the strategies and activities in the Substance Use Action Plan, in both word and deed, to achieve equity and justice in the provision of substance use disorder prevention, treatment, and recovery.

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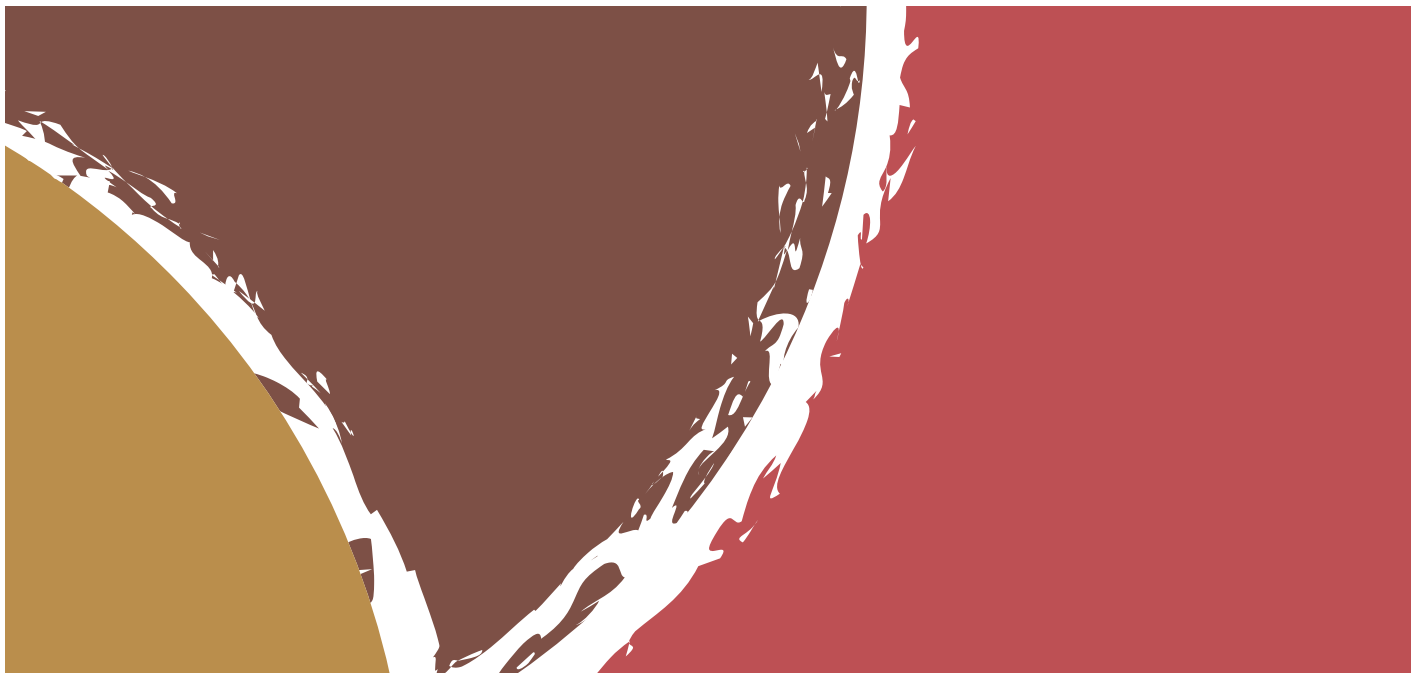
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For questions about this action plan or to find out how you can get involved, please contact Damon Broadus, Director of Health Promotion and Public Health Research, Saint Louis County Department of Public Health: 314-615-1602 or DBroadus@stlouiscountymo.gov.

Acknowledgements

Thank you to the many organizations that have been instrumental in crafting the prior and current iterations of this action plan. We appreciate your valuable input and continued commitment to building a healthier community.

All In Clayton Coalition	Places for People
Behavioral Health Network (BHN)	PreventEd
Behavioral Health Response (BHR)	Regional Health Commission (RHC)
BJC HealthCare	Saint Louis County Department of Human Services (DHS)
Bosnian Opioid Project	Saint Louis County Department of Public Health (DPH)
Business Health Coalition	Saint Louis County Justice Services
The CENTER Initiative	Saint Louis County Office of the Medical Examiner
City of St. Louis Department of Health	Saint Louis County Police Department
Community Partners in Prevention (CPiP)	Saint Louis University
Drug Enforcement Administration (DEA)	SSM Health
H.E.A.L. (Halting the Effects of Addiction Locally)	St. Charles County Department of Public Health
Harm Reduction Coalition	St. Louis area EMS and Fire Departments
Integrated Health Network (IHN)	St. Louis area pharmacies
Jefferson County Health Department	St. Louis College of Pharmacy
Mercy Health System	The T
Missouri Department of Mental Health (DMH)	Substance Abuse and Mental Health Services Administration (SAMHSA)
Missouri Hospital Association (MHA)	University of Missouri-St. Louis, Missouri Institute of Mental Health, State Opioid Response team
Missouri Network for Opiate Reform and Recovery	Washington University
Missouri State Medical Association (MSMA)	
Overdose Response Strategy (ORS)	

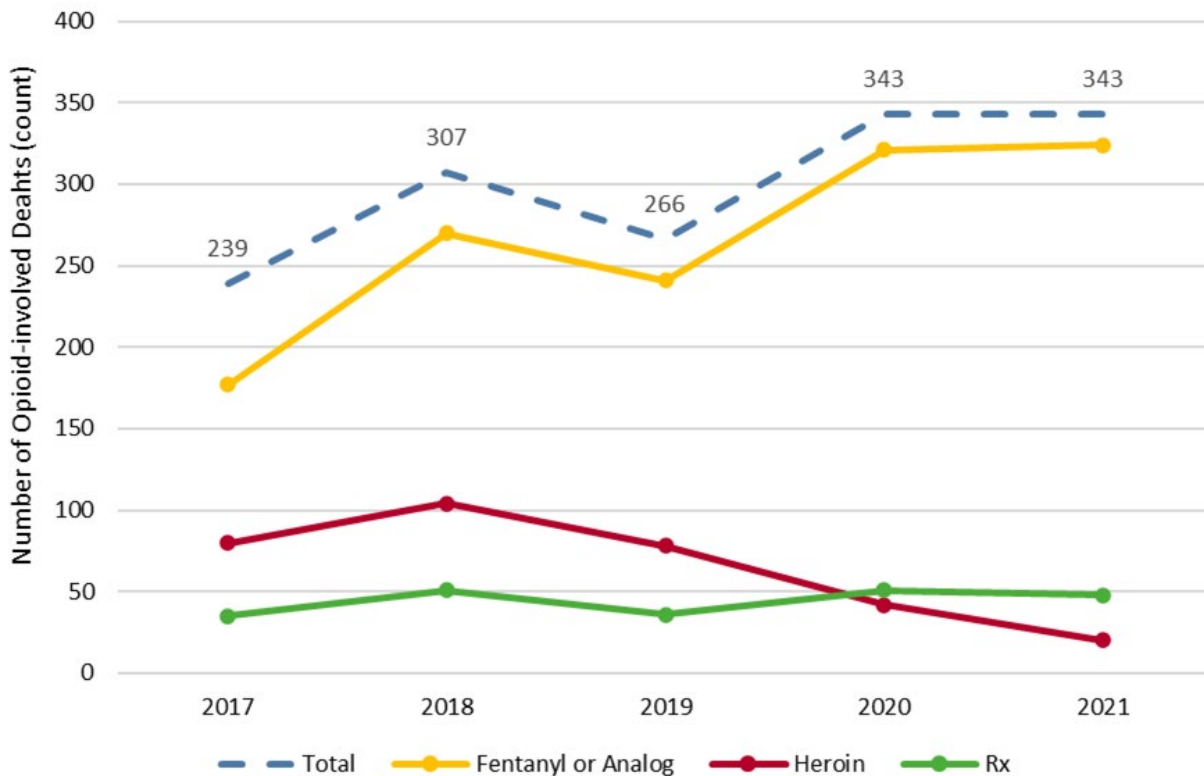


THE SUBSTANCE USE AND OVERDOSE EPIDEMIC: A PUBLIC HEALTH CRISIS

Substance use disorders (SUD), particularly opioid use disorder (OUD), are rising rapidly across St. Louis County and the broader St. Louis metropolitan area. During the COVID-19 pandemic, overdose deaths increased sharply. As the substance use epidemic continues to evolve and change, so too does the response by the Saint Louis County Department of Public Health (DPH). This action plan outlines St. Louis County's continued commitment to fighting the substance use and overdose epidemic, as well as elevating the work of our community partners in meeting the needs of our constituents living with substance use disorder and those affected by drug overdose.

The Impact of Opioids in St. Louis County

Opioid-Related Deaths Occurring in St. Louis County (2017 – 2021)

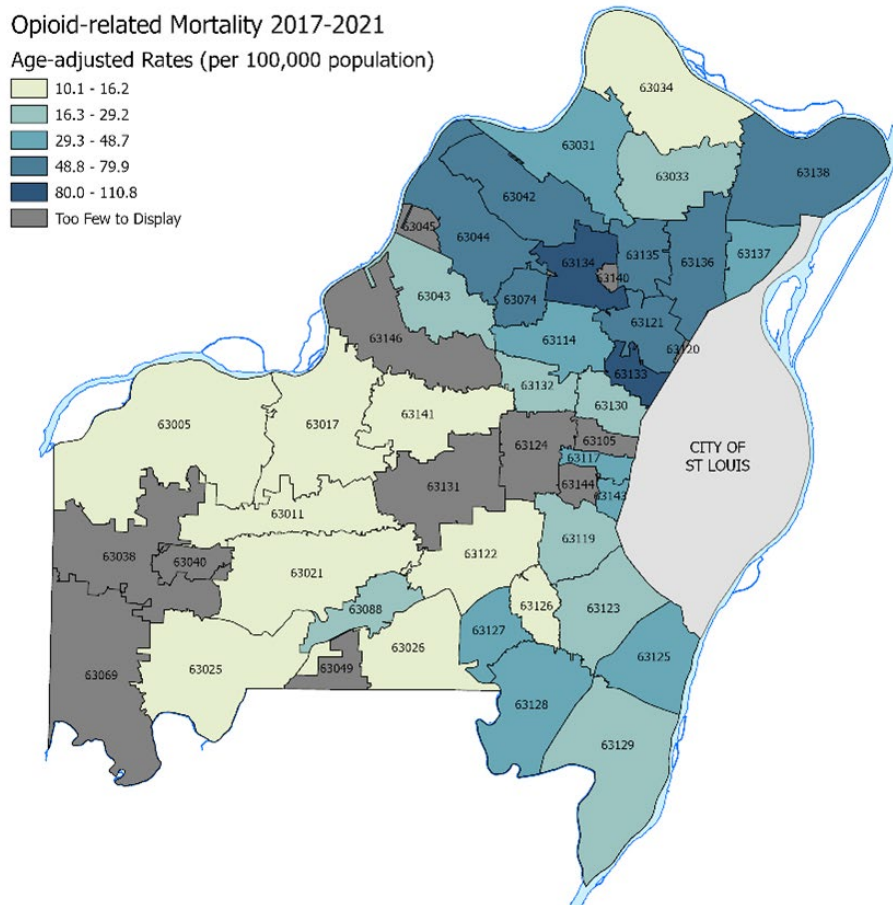


Note: The above data comes from the St. Louis County Office of the Medical Examiner. Data represents deaths that occurred in St. Louis County in which an opioid was present. The total line accounts for all deaths that involved an opioid. Counts for specific substances involved are non-mutually exclusive; a death involving multiple substances would be counted in each of those categories.

The impact of opioids remains a priority area for this action plan due to these drugs' large proportional involvement in substance-involved deaths. Opioids were present in 70% of substance-involved deaths that occurred in 2021. An opioid is a type of drug that interacts with receptors in the brain to reduce feelings of pain and which may cause euphoria. If ingested in large amounts, opioids can cause slowed breathing, unconsciousness, and death. Examples of opioids include the illegal drug heroin; synthetic opioids such as illicitly produced fentanyl; and pain medications available legally by prescription, such as oxycodone, hydrocodone, tramadol, morphine, fentanyl, and others. While opioids can treat pain, they also carry health risks. People may develop tolerance (needing higher doses to have the same effect over time) and dependence (an adaptation that leads to withdrawal symptoms if the dose is discontinued). Over time, people who use opioids may develop opioid use disorder. OUD is a medical condition characterized by a problematic pattern of opioid use which includes impairment of social functioning, development of tolerance, and difficulty controlling or reducing use due to withdrawal symptoms.¹

There were 343 opioid-related deaths in St. Louis County in 2021, tying 2020 for a record number of deaths. This is the third year in which more than 300 people have died from opioid-related causes in St. Louis County. The general trend since 2017 shows continual increases. Communities across St. Louis County have been affected; as the map below shows, there were opioid-related overdose deaths in almost every ZIP code in the county.

St. Louis County Opioid-Related Overdose Mortality by ZIP Code of Occurrence (2017 – 2021)

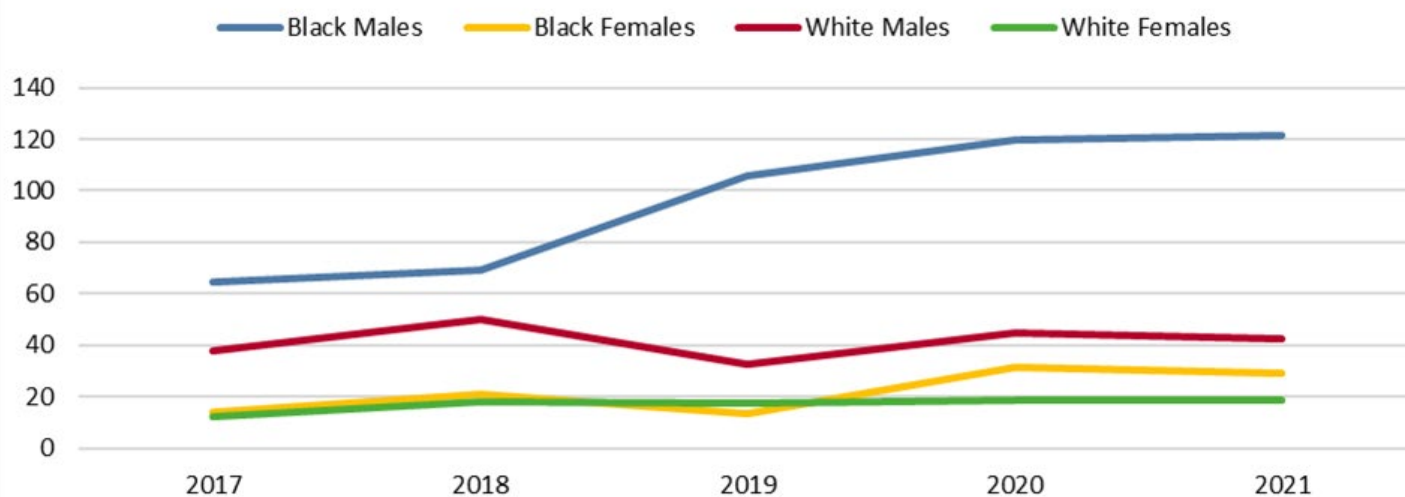


This Map was produced with 2017-2021 opioid-related mortality data provided by the St. Louis County Medical Examiner's Office. Rates in the following zip codes should be interpreted with caution due to an RSE >30 (63005, 63025, 63034, 63126, 63127, 63132)

¹ SAMHSA, 2015, substance use disorders, www.samhsa.gov/disorders/substance-use.

For every fatal overdose, there are many more nonfatal overdoses. Unlike fatal overdoses, there is no universal reporting infrastructure for nonfatal overdoses. To address this challenge, St. Louis County adopted the Overdose Reporting Act (ORA) (Ordinance #27542) in 2019. The ORA establishes drug overdoses as a reportable condition to improve availability of actionable public health data. Since that time, DPH has worked in partnership with health systems throughout St. Louis County to collect timely data. This data helps DPH assess the scope of the problem throughout the County.

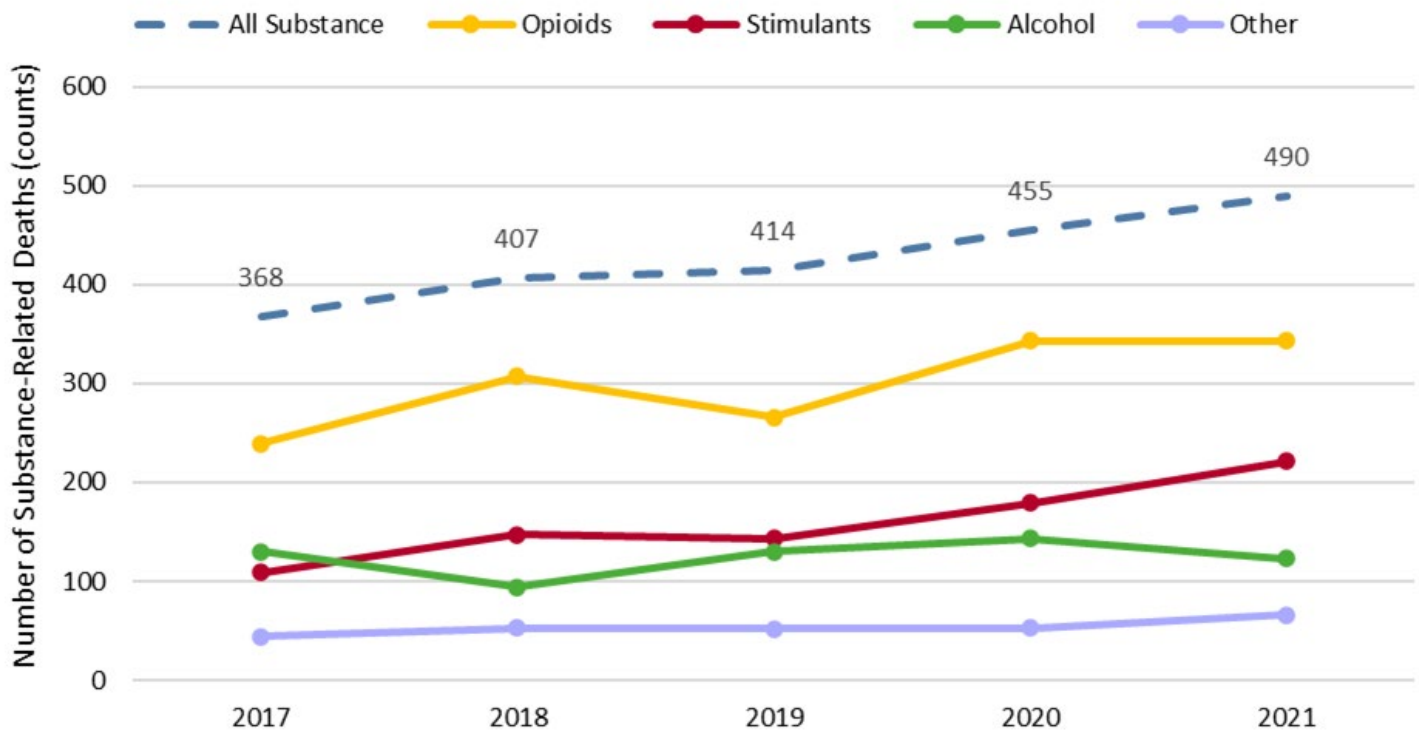
In 2020, hospital facilities within St. Louis County treated 2,538 suspected nonfatal overdoses, and 2,307 were reported in 2021. These counts for suspected nonfatal overdose events include all individuals who were treated by major county health facilities, regardless of their place of residence. This data only accounts for events where individuals were treated at a hospital; as such, counts are likely an underestimate of how many nonfatal overdoses occurred.



There are wide disparities in the burden of opioid overdoses between different demographic groups; this is especially evident in mortality data. Overall, men experience a much higher mortality rate than women. In 2021, the opioid-involved mortality rate for men was 56.0 per 100,000 population while the mortality rate for women was 20.4 per 100,000 population. As is depicted above, the gap between Black men and other demographic groups has widened significantly over time. In 2021, Black men experienced the highest opioid-related mortality rate at 121.3 deaths per 100,000 population. The next highest rate was for White men, who experienced a mortality rate of 42.5 deaths per 100,000 population.

Fentanyl is a major contributor to the increase of fatal and nonfatal overdoses. Fentanyl is a synthetic opioid that is approximately 100 times more potent than morphine and 50 times more potent than heroin. Just two milligrams of fentanyl is generally considered a lethal dose. When other substances are mixed with fentanyl, it is especially difficult to estimate a safe dose. In 2020 and 2021, fentanyl was present in more than 70% of stimulant-involved deaths and present in 94.5% of deaths that involved an opioid.

Deaths involving other substances



Acknowledging the changing nature of the substance use epidemic, DPH seeks to further understand and address the impacts that non-opioid substances (such as alcohol, methamphetamine, PCP, cocaine, ecstasy/MDMA, and prescription medications) are having on St. Louis County residents. The number of substance-involved deaths has grown significantly over the last 5 years. Since 2017, substance-involved deaths have increased by 33.2%. Much like opioid-related mortality rates, substance-involved deaths among Black men are disproportionately common, with rate of 170.6 deaths per 100,000 population in 2021. This is an 86.2% increase since 2017. In St. Louis County, stimulants and alcohol are the second and third most common substances contributing to deaths. Of great concern is the increase in stimulant-involved deaths over the last five years. The number of deaths per year involving stimulants increased by 102.8% from 2017 to 2021, with a total of 221 deaths involving a stimulant in 2021.

Beyond the risk of overdose, substance use disorder has far-reaching consequences on individuals' lives, their immediate social networks, and the broader community. Substance use has complex biological and social implications. The effects of substance use are cumulative, significantly contributing to costly social, physical, mental, and public health concerns. Separation of families, incarceration, housing instability, financial problems, risky sexual behavior, unemployment, and loss of empowerment are all potential consequences of SUD.¹ Substance use and substance use disorders are estimated to cost the United States \$442 billion each year in health care, lost productivity, and court-related expenses. More than 10 million full-time workers in the United States have a substance use disorder, a leading cause of disability.²

1 Galea S & Vlahov D. 2002. <https://ncbi.nlm.nih.gov/pmc/articles/PMC1913691/pdf/pubhealthrep00207-0140.pdf>.

2 Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. CHAPTER 7, VISION FOR THE FUTURE: A PUBLIC HEALTH APPROACH. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK424861/>.

COVID-19 and Substance Use

Recent data and reports show a complex relationship between the COVID-19 pandemic and rates of substance use. Drug overdose deaths have increased rapidly during the pandemic.¹ At the same time, the CDC considers substance use disorder a risk factor which makes individuals more likely to become severely ill from COVID-19. Opioids slow breathing, increasing the risk for overdose and long-term damage to the brain, heart, and lungs, and leading to an increased susceptibility to contracting COVID-19 or developing a more severe case once infected. Likewise, stimulants such as methamphetamine, cocaine, and amphetamine constrict the blood vessels and may increase the risk for stroke, heart attacks, abnormal heart rhythm, seizures, and other conditions that may lead to more severe heart or lung damage in someone with COVID-19. According to a September 2020 analysis of electronic medical records, hospital patients who had received a diagnosis of opioid use disorder in the past year were 10.2 times more likely to contract COVID-19 than those without. Similarly, hospital patients who had received a diagnosis of cocaine use disorder in the past year were 6.5 times more likely to be diagnosed with COVID-19 than those without.² More research is needed to better understand the relationship between substance use and COVID-19.

Action Plan

St. Louis County's original action plan was released in 2018 and laid out priorities specific to addressing the opioid epidemic for the years 2018 through 2020 and forward. While opioids and their impacts are still a top priority, this iteration of the action plan is updated to reflect the situation in 2022 and seeks to not only build upon the framework of the previous plan but to address the broader aspects of the substance use epidemic. Like the previous plan, this plan lays out coordinated strategies to address substance use and overdose.

The new plan builds upon the prior iteration, but also maintains many cornerstone similarities. This newly revised plan aims to:

- **Raise awareness about substance use, overdoses, and how our community is affected by them.**
- **Prevent opioid use disorder and substance use disorder.**
- **Increase the availability of naloxone (Narcan®) to rescue people during an overdose.**
- **Increase the number of people connected to treatment with a focus on high-risk populations.**
- **Enable people in recovery to access recovery services and supports that increase quality of life.**

The action plan lays out initiatives in five priority areas which naturally have some overlap:

- **Education and prevention**
- **Harm reduction and rescue**
- **Treatment**
- **Recovery**
- **Public health surveillance**

¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2021, [COVID-19 and People at Increased Risk | Drug Overdose | CDC Injury Center](#)

² Jalal H, Buchanich JM, Roberts MS, Balmert LC, Zhang K, Burke DS. Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016. *Science*. 2018;361(6408):eaau1184. doi:10.1126/science.aau1184

Current Efforts

COMMUNITY HEALTH IMPACT METRICS

Nonfatal overdoses per month:

- Data will be collected as part of the action plan activities by partnering with health systems and first responders.
- Data will represent the number of nonfatal opioid overdoses presenting to a health facility within St. Louis County. Persons experiencing a nonfatal overdose have an increased risk of fatal overdose. The number of nonfatal overdoses, in combination with fatal overdoses (opioid-related deaths), will provide a more complete understanding of substance use in St. Louis County and can be used to evaluate resource capacity within the area.
- On average, 193 nonfatal overdoses were reported per month in 2021.

Opioid-related deaths (YTD):

- Data is from the St. Louis County Medical Examiner's office.
- The number of opioid-related deaths represents those occurring in St. Louis County regardless of the decedent's place of residence.
- Opioid-related deaths are those in which heroin, fentanyl, or other opioids (like prescription opioids) were involved.
- 343 opioid-related deaths (YTD) occurred in St. Louis County between January and December 2021.

Stimulant-related deaths (YTD):

- Data is from the St. Louis County Medical Examiner's office.
- The number of stimulant-related deaths represents those occurring in St. Louis County regardless of the decedent's place of residence.
- Stimulant-related deaths are those in which cocaine, amphetamines, or other stimulants (like prescription stimulants) were involved.
- 221 stimulant-related deaths occurred in St. Louis County between January and December 2021.

All substance-involved deaths (YTD):

- Data is from the St. Louis County Medical Examiner's office.
- The number of substance-related deaths represents those occurring in St. Louis County regardless of the decedent's place of residence.
- Substance-related deaths are those in which any type of substance or multiple substances (opioids, stimulants, cannabis, alcohol, etc.) were involved.
- 490 substance-involved deaths occurred in St. Louis County between January and December 2021.

Naloxone reversals reported (YTD):

- Data from the Statewide Overdose Field Report System.
- Naloxone can reverse an opioid overdose. Naloxone reversal data shows the number of times naloxone has been used to rescue someone from an opioid overdose in St. Louis County as reported voluntarily through the Statewide Overdose Field Report System.
- This field report, while utilized primarily by the general public, may be used by first responders, local EMS, hospital systems, and other community organizations to report the use of naloxone to rescue someone suffering from an opioid overdose. Reports of overdose events do not include personal identifying information. As this tool is voluntary and does not wholly capture all administrations of naloxone, this number is likely an underestimate of the actual occurrence of opioid overdoses. In total, 262 naloxone reversals were reported in St. Louis County in 2021.

193nonfatal
overdoses**3,511**naloxone kits
distributed
by DOTS**343**opioid-related
deaths**1,253**naloxone kits
distributed
by DPH**221**stimulant-
related deaths**136**MAT providers
in St. Louis
County**490**substance-
involved
deaths**16**partner
facilities**262**naloxone
reversals

ACTION PLAN PROGRESS METRICS

Naloxone kits distributed:

- Naloxone is a medication that can reverse an opioid overdose, and naloxone kits are distributed by DPH and several partner organizations, such as Drug Overdose Trust and Safety (DOTS), a team organized by UMSL's Missouri Institute of Mental Health. Distribution numbers are tracked.
- DPH and DOTS both provide overdose education, naloxone training, and naloxone to those at risk of experiencing or witnessing an overdose event. The number of naloxone kits distributed gives an understanding of naloxone availability and accessibility for overdose reversal and rescue in the community.
- 3,511 naloxone kits were distributed by DOTS in 2021.
- 1,253 naloxone kits were distributed by DPH in 2021.

Overdose education trainings conducted:

- Overdose education can be tailored to a variety of settings and individuals. It is a vital tool in preventing overdoses and other consequences of substance use. The training includes information on the different types of substances, the signs and symptoms of an overdose, how to administer naloxone, stimulant overamping, and the link between trauma and substance use.
- The training has been implemented by DPH for many years. DPH tracks its naloxone distribution, but the number of overdose education trainings, beyond the purpose of naloxone distribution, has not been formally tracked. Starting in 2022, the number of trainings and outreach touchpoints will be tracked.

Medication-assisted treatment (MAT) providers:

- Data is from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Medication-assisted treatment providers can treat opioid use disorder with buprenorphine in St. Louis County. Buprenorphine is the most common medication used to treat opioid use disorder and requires specific education and training by SAMHSA.
- There are 136 MAT providers in St. Louis County as of 2022. This number is based on providers' ZIP codes and only accounts for those who have consented to share their practice information.

Agencies reporting nonfatal overdoses:

- Data will be collected as part of the action plan activities by partnering with health systems and first responders. Data will represent the number of agencies that have partnered with DPH to provide information on nonfatal overdose events in the St. Louis area
- People who experience a nonfatal overdose are at increased risk of future fatal overdose.
- The number of nonfatal overdoses, in combination with fatal overdoses (opioid-related deaths), will provide a more complete understanding of the opioid epidemic in St. Louis County and can be used to evaluate resource capacity within the area.
- As of June 2022, 16 facilities are reporting nonfatal overdoses on behalf of four agencies.

Current Efforts

Many organizations and entities are undertaking significant initiatives to address substance use and overdoses. This Substance Use Action Plan aims to coordinate and build on these existing efforts to make our community healthier.

St. Louis County Prescription Drug Monitoring Program (PDMP)

The St. Louis County PDMP, operated by DPH, monitors the prescribing and dispensing of schedule II – IV controlled substances to assist in safer prescribing practices. The program’s goals are to 1) improve controlled substance prescribing by providing critical information regarding a patient’s controlled substance prescription history, 2) inform clinical practice by identifying patients at high risk who would benefit from early interventions, and 3) reduce the number of people who misuse, abuse, or overdose while making sure patients have access to safe, effective treatment. The St. Louis County PDMP launched on April 25, 2017. Any Missouri jurisdiction can participate by enacting legislation; as of December 1, 2021, 75 Missouri jurisdictions are participating in the PDMP, and additional jurisdictions may join quarterly.

Missouri State Opioid Response

The St. Louis County PDMP, operated by DPH, monitors the prescribing and dispensing of schedule II – IV controlled substances to assist in safer prescribing practices. The program’s goals are to 1) improve controlled substance prescribing by providing critical information regarding a patient’s controlled substance prescription history, 2) inform clinical practice by identifying patients at high risk who would benefit from early interventions, and 3) reduce the number of people who misuse, abuse, or overdose while making sure patients have access to safe, effective treatment. The St. Louis County PDMP launched on April 25, 2017. Any Missouri jurisdiction can participate by enacting legislation; as of December 1, 2021, 75 Missouri jurisdictions are participating in the PDMP, and additional jurisdictions may join quarterly.

St. Louis Community Resources United to Stop Heroin (CRUSH) coalition

CRUSH is a community coalition and 501(c)3 comprised of educators, prevention specialists, recovery and treatment facilities, community partners, law enforcement, and those with lived experience. CRUSH aims to bring culturally relevant information, resources, and education about opioid use disorder and substance use disorder to the most vulnerable segments of our St. Louis population. Initially formed as an effort to alert the public that heroin was making a resurgence, CRUSH serves as a centralized resource hub to provide accurate, relevant, and up-to-date information to both the general public and to the organizations actively working to address the issue in the St. Louis region.

Drug Overdose Trust and Safety (DOTS)

The DOTS project works to reduce the incidence of fatal opioid overdose through naloxone distribution, care connection, and cross-sector collaboration. It integrates safety and public health principles into trainings and facilitates partnerships between first responders and community-based service providers to transform interactions between first responders and people who use drugs. The SHIELD (Safety and Health Integration in the Enforcement of Laws on Drugs) training curriculum is comprehensive and cross-sectoral to provide a more intentional approach to addressing first responders’ overdose response and occupational safety. It has been implemented in nine targeted

high-need urban counties. The DOTS team also distributes naloxone to trained first responder agencies within hotspot areas in each of the nine targeted counties. EMS is trained to leave behind naloxone with individuals who survive an overdose and their family members or associates. “Leave-behind naloxone” (LBN) programs help improve naloxone access among networks of people who may be actively using drugs or have relationships with individuals who are actively using. Lastly, DOTS improves first responders’ ability to make appropriate post-overdose service connections by increasing the number and quality of collaborations between first responders and treatment, recovery, and other social service providers. They capitalize on existing and growing EPICC (Engaging Patients in Care Coordination) programs in the target regions, which use peer support specialists to connect individuals to treatment services following an opioid overdose.

PreventEd (formerly NCADA)

PreventEd is one of the leaders in the primary prevention of substance use in the St. Louis region. It implements prevention programming in school districts across St. Louis County and six surrounding counties. The curriculum is research-based and evidence-informed. PreventEd also does community outreach, helps people navigate community resources, and provides substance use assessment and referral services for those seeking help for themselves or a loved one.

First responders and naloxone overdose rescue

PreventEd and DOTS provide regular trainings on overdose education and how to administer naloxone. St. Louis County Police began carrying naloxone in 2016; currently, at least 38 municipal police departments in the county carry it. 551 successful overdose reversals using naloxone have been reported in St. Louis County from 2020 to 2021. It is widely assumed that, due to the voluntary aspect of the reporting system, the actual occurrence of nonfatal overdoses is much higher than can be captured by these metrics.

Health systems

Health systems in the region are engaged in a variety of initiatives to address opioid use disorder and the overdose epidemic. Emergency departments are on the front lines of treating individuals who experience an opioid overdose and are putting systems in place to refer patients to longer-term treatment instead of simply treating the acute overdose emergency. A growing number of doctors are initiating MAT directly in the emergency department, and area BJC, SSM, and Mercy hospitals are participating in Behavioral Health Network’s EPICC Project. The EPICC Project is a hospital-initiated opioid overdose program that provides 24/7 referral and linkage services for patients who present to the hospital for opioid overdose or misuse to establish immediate connections to community-level treatment services. Community health centers and specialized treatment programs play a critical role by providing medical and psychosocial treatment to support patients with OUD. Health systems additionally provide data on suspected nonfatal overdoses to DPH, which allows for better understanding of the scope of the substance use epidemic on the region.

Missouri Department of Health and Senior Services (DHSS)

Addressing substance use disorder and the overdose epidemic is a priority for DHSS. DHSS supports efforts around education, data analysis, and naloxone distribution initiatives, among many others. DHSS leads the MORE project, which aims to reduce opioid overdose deaths through training, education, and distribution of naloxone. The project, which is a partnership with MIMH and DMH, prioritizes areas with limited access. DHSS is also working on improving the timeliness of opioid overdose reporting through the Overdose Data to Action (OD2A) grant, of which DPH is a recipient.

Community-based primary prevention coalitions

PreventEd and DOTS provide regular trainings on overdose education and how to administer naloxone. St. Louis County Police began carrying naloxone in 2016; currently, at least 38 municipal police departments in the county carry it. 551 successful overdose reversals using naloxone have been reported in St. Louis County from 2020 to 2021. It is widely assumed that, due to the voluntary aspect of the reporting system, the actual occurrence of nonfatal overdoses is much higher than can be captured by these metrics.

Law Enforcement Assisted Diversion (LEAD)

LEAD is a national model for a police-led, community-based diversion program designed to connect people with SUD with social services to reduce unnecessary involvement with the criminal justice system. LEAD allows law enforcement officers to divert people suspected of committing non-violent, low-level crimes like drug-related offenses to community-based services rather than to jail. LEAD aims to improve public safety by using harm reduction principles to address the underlying factors that drive criminal justice contact. The St. Louis County LEAD program is primarily led by the Office of the Prosecuting Attorney in partnership with police departments, Justice Services, and DPH.

The CENTER Initiative

The mission of the CENTER Initiative is to reduce overdose, confront the impact of trauma, and invest in the long-term wellbeing of Black people impacted by addiction, drug use, and overdose in the St. Louis region. It conducts community-based participatory research, working to gather information and gain understanding of community ideas. The initiative works to address the funding, policy, and accountability landscape by investing in local Black organizations and networks, listening to Black people impacted by addiction, and ensuring that these individuals have the autonomy and capacity to respond to the needs of their communities. CENTER intends to create systemic changes to end punitive and coercive approaches that disproportionately harm Black people and instead prioritize culturally appropriate services that center the agency, autonomy, and safety of Black people who use drugs.

Bosnian Opioid Project

The Bosnian Opioid Project addresses the opioid crisis in underserved immigrant and ethnic communities. It is working to address the gaps in current data and offer educational and prevention resources in diverse languages. Resources are designed to be culturally responsive.



EDUCATION AND PREVENTION

Preventing people from developing a substance use disorder is one of the most effective ways to decrease the number of substance-involved deaths in the long term. More specifically, preventing substance use among youth is critical to ending the substance use crisis. Education can help community members of all generations understand the risks of substance use and empower them to make personal decisions with health and safety in mind. It is important to ensure that educational efforts are accessible to residents of communities with different cultures, languages, and ethnic backgrounds in order to achieve equity. A variety of organizations including PreventEd, BJC School Outreach and Youth Development, the Bosnian Opioid Project, and several community-level prevention coalitions promote prevention messages both in schools and among the wider population.

Awareness campaigns can lessen the stigma around SUD, helping people understand that SUD is a disease and not a character flaw or moral failing. Ultimately, education and prevention efforts aim to reduce the number of people who begin using substances and encourage people who struggle with unhealthy substance use to seek help earlier.

Education, prevention, and awareness efforts should be shaped to meet the specific needs of the most impacted communities. Black men ages 18 to 35 are experiencing fatal overdoses at disproportionately high rates. Working with young Black men to understand their needs and the factors that put them at risk is critical to providing information and resources to meaningfully reduce risk and affect change. The initiatives below aim to strengthen current efforts and reach new audiences with education and prevention messages.

GOAL

Increase community awareness and education of substance use and overdose.

2022	County	<ul style="list-style-type: none"> ➤ DPH creates and implements a social media campaign to increase accessibility of information and resources relating to SUD and overdose prevention. ➤ DPH updates the substance use section of the County's website. ➤ DPH actively identifies and recruits new partners to provide overdose education and awareness. ➤ DPH continues to offer all educational materials in a variety of languages (Bosnian, Spanish, etc.). ➤ DPH partners with the Ethnic Communities Opioids Response Network-Missouri to design culturally appropriate resources to educate diverse ethnic communities (e.g., translation, videos, etc.).
	Partners	<ul style="list-style-type: none"> ■ The CENTER Initiative provides training, education, and resources to community members and providers to promote the wellness and agency of people who use drugs and increase the understanding that drug use is a complex phenomenon that is often the result of individual and community trauma.
		<ul style="list-style-type: none"> ➤ DPH adds staff members, preferably with lived experience with substance use disorder, to increase capacity for SUD education and prevention efforts.
2023	County	<ul style="list-style-type: none"> ➤ DPH provides education specifically on fentanyl (what it is, where it's found, and current trends), tailoring the content and delivery of messaging about fentanyl and use disorder to different audiences, using research-based, non-stigmatizing, and effective messaging strategies. ➤ DPH strengthens and builds relationships to ensure equitable distribution of strategic outreach efforts for those communities with high incidence of SUD but low utilization of DPH resources.
	Opportunity	<ul style="list-style-type: none"> ➤ DPH works with minority ethnic and linguistic communities to create culturally appropriate resources in multiple languages.
2024+	County	<ul style="list-style-type: none"> ➤ DPH acts as a community hub for up-to-date information, resources, and emerging trends to ensure the community has access to accurate information and links to treatment and harm reduction strategies.
	Opportunity	<ul style="list-style-type: none"> ➤ DPH strengthens relationships with minority ethnic and linguistic communities to bolster community engagement.

The plan is designed to change based on the evolution of the epidemic itself, assessments of the effectiveness of different interventions, and future funding opportunities. Throughout the plan, initiatives will be denoted with the following symbols:

- Actions to be implemented by the Saint Louis County Department of Public Health with current resources.
- Actions to be implemented by partners with current resources.
- + Opportunities dependent on legislation, additional funding, capacity, or new commitments.

GOAL

Reduce the stigma around substance use disorder by promoting the messages that treatment is available and recovery is possible.

2022	County	➤ DPH utilizes social media to decrease stigma and increase the public's understanding that addiction is a disease, naloxone can save lives, treatment is available, and recovery is possible.
	Partners	<ul style="list-style-type: none"> ■ PreventEd continues to provide school-based, community-based, and youth leadership primary prevention and education programs, while also serving as a resource navigator by providing substance use assessments and referral services for those seeking help for themselves or a loved one. ■ Several local community coalitions (e.g. All In Clayton, Community Partners in Prevention) work to keep youth safe from the effects of substance use and build a community that prioritizes drug prevention as a vital part of developing healthy, thriving young people. ■ St. Louis CRUSH coalition continues to facilitate events that normalize conversations about addiction and provide local resources for people to seek help if they need it.
2023	County	<ul style="list-style-type: none"> ➤ DPH launches the "Anyone Can 2.0" public awareness campaign that centers equity and lived experiences to decrease stigma and increase the public's understanding that substance use disorder is a disease, naloxone can save lives, treatment is available, and recovery is possible. The campaign will appear on social media, the County website, and in print materials. ➤ DPH partners convene treatment providers to maintain an up-to-date and accurate list of treatment centers and recovery supports. This information can then be shared with the community to streamline the process for those seeking resources.
2024+	County	➤ Public awareness efforts adapt to keep pace with the changing nature of the epidemic and the evolving resource landscape.

GOAL

Address the growing racial and social disparities in substance use and overdoses.

2022	County	<ul style="list-style-type: none"> ➤ DPH and partners (such as the CENTER Initiative and Behavioral Health Network [BHN]) work together to increase understanding of the disproportionate rate of overdose among Black men. ➤ DPH incorporates education on the impact of historical factors and racial disparities for substance use disorder in the “Anyone Can 2.0” campaign to enhance the level of compassion the public has for individuals experiencing SUD.
	Partners	<ul style="list-style-type: none"> ■ The CENTER Initiative conducts community-engaged research to identify challenges, needs, and priorities for Black people who use drugs and those impacted by addiction. One specific project uses qualitative focus groups of direct service providers in North St. Louis to better understand why Black people are overdosing at increasing rates. ■ The CENTER Initiative promotes understanding among decision-makers and the public of the severity of the current overdose crisis for Black people in St. Louis through their community advisory board.
2023	Opportunity	<ul style="list-style-type: none"> ✚ DPH collaborates with the St. Louis County Courts and prosecutor’s office to increase utilization of the Prosecutor Led Diversion program by at-risk individuals in the ZIP codes with the highest rates of overdose. ✚ DPH collaborates with the major health care systems and other local organizations to address how bias impacts the care and thus, recovery, of Black, Indigenous, and people of color (BIPOC) community members struggling with substance use disorder. ✚ DPH assesses the data on arrests and sentencing of drug-related offenses in St. Louis County and analyzes for trends of racial disparities to ensure equitable access to diversion programs.
2024+	Opportunity	<ul style="list-style-type: none"> ✚ DPH uses race, ethnicity, and language-driven data to create effective community engagement and communication strategies for minority ethnic and linguistic communities. ✚ DPH analyzes policies in the justice system and advocates for dismantling racist foundations in favor of more equitable solutions. Such disparities are identified by collecting and analyzing data regarding the demographics of those incarcerated for non-violent, substance-related crimes and comparing that to the demographics of those participating in diversion programs. The goal is to ensure that referral to diversion programs is equitable.



HARM REDUCTION AND RESCUE

Prevention efforts are important, but they do not address the health needs of those who are already using substances or who have already developed a substance use disorder. Harm reduction helps to protect people who use drugs (PWUD). It is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, such as unintentional overdose and the transmission of bloodborne infections. Harm reduction is built on the belief in, and respect for, the rights of PWUD, but also benefits families and the broader community (citation: Harm Reduction Coalition, 2022).

An important harm reduction tool is naloxone, a safe and effective medication that reverses the effects of an opioid overdose. A statewide standing order allows any pharmacy in Missouri to dispense naloxone without a prescription. DPH, the Drug Overdose Training and Safety (DOTS) Project, the Missouri State Opioid Response (SOR) 2.0 project, St. Louis County Justice Services, and others are working diligently to increase community access to naloxone. In 2021, DPH distributed 1,253 naloxone kits. The Statewide Overdose Field Report System serves as a method to track the number of naloxone administrations. In 2021, 262 successful rescues were reported in St. Louis County. Due to the voluntary reporting structure, it is likely that many more occurred without being reported.

Harm reduction strategies have often been opioid-centric, but increases in stimulant use require dedicated strategies to address overamping, routes of administration, and testing supplies. Overamping is the term used to describe what could be called an “overdose” on a stimulant. Other harm reduction strategies specifically address health risks associated with injection drug use, such as the risk of spreading HIV, viral hepatitis, and other bloodborne diseases due to sharing injection equipment. Syringe service programs (SSPs), sometimes called syringe exchange programs, have been shown to decrease the spread of these diseases by disposing of used syringes and distributing clean, unused syringes. Engaging PWUD in these programs also provides an opportunity to offer health screenings and link them to treatment. Another promising harm reduction strategy is the distribution of fentanyl test strips, which are inexpensive and give results in five minutes. Knowing that fentanyl is present can allow PWUD to modify their usage (use less, use more slowly, have naloxone available, and avoid using alone) to reduce the likelihood of an overdose.

The initiatives below aim to strengthen current harm reduction efforts as well as promote additional and new harm reduction methods.

GOAL

Increase community access to naloxone (Narcan®) to decrease the risk of death by opioid overdose.

2022	County	<ul style="list-style-type: none"> ➤ DPH purchases naloxone to expand its capacity to distribute to people at risk of experiencing or witnessing an overdose. ➤ DPH educates the general public on naloxone, how it saves lives, and where and how to get it. ➤ DPH reviews and implements best practices for providing overdose and naloxone education to the general public. ➤ DPH health education coordinators seek out opportunities to promote community engagement in non-traditional venues to reach individuals who have been missed in past outreach efforts.
	Partners	<ul style="list-style-type: none"> ■ The Missouri State Opioid Response project, the DOTS project, and ENACT (Expanding Naloxone Access and Community Trainings) continue to provide overdose education and naloxone training and distribution to first responders, law enforcement, and the community at large. ■ The CRUSH coalition continues to conduct community events such as “Walk N’ Talks” to distribute naloxone in ZIP codes with high risk and low resources. ■ St. Louis County Justice Services provides naloxone and provides training to interested individuals when they leave the jail.
2023	County	<ul style="list-style-type: none"> ➤ DPH increases the number of community members who are trained on how to recognize an overdose and administer naloxone. ➤ DPH partners with people with lived experience to gain insight and feedback on their current overdose education and naloxone distribution training presentations.
	Opportunity	<ul style="list-style-type: none"> ✚ DPH distributes naloxone to high-risk areas as identified through overdose surveillance.
2024+	County	<ul style="list-style-type: none"> ➤ DPH continues to focus outreach, community education, and naloxone distribution in high-risk, low resource areas.

GOAL

Decrease the health risks associated with injection drug use.

2022	County	<ul style="list-style-type: none"> ➤ DPH continues to gather information about the effectiveness of syringe service programs (SSPs) and revises future operational plans should such programs become legal in Missouri. ➤ DPH continues to disseminate safer-use educational materials to high-risk DPH patients, recovery community centers, and other community partners to help people who inject drugs avoid infections or overdosing. ➤ DPH supports programs that acquire and distribute fentanyl test strips to help PWUD detect the presence of fentanyl in their drug supply.
	Partners	<ul style="list-style-type: none"> ■ The CENTER Initiative and The T promote safe use, provide education on how to reduce the harms of drug use and prevent overdose, and increase access to safe use supplies like sterile needles and test kits.
2023	County	<ul style="list-style-type: none"> ➤ DPH shares and promotes evidence about the effectiveness of SSPs and puts operational plans in place should syringe access legislation pass. ➤ DPH continues to disseminate safer-use educational materials and adjust messaging to reflect developments in the epidemic as appropriate.
	Opportunity	<ul style="list-style-type: none"> + DPH conducts community outreach to communicate the many benefits of SSPs and address potential misconceptions about SSPs.
2024+	Opportunity	<ul style="list-style-type: none"> + Pending the passage of enabling legislation, DPH partners with community organizations that provide SSPs. Services could include syringe disposal, syringe distribution, naloxone distribution, HIV and hepatitis screening, safer use information dissemination, and if desired, referral to substance use disorder treatment services. + DPH provides technical assistance and tools to support SSP operators such as assistance in conducting a needs assessment, monitoring program implementation, and evaluating the effectiveness of the program.

GOAL

Increase the community's awareness and knowledge of harm reduction.

2022	County	<ul style="list-style-type: none"> ➤ DPH uses a variety of strategies, such as the County website, the “Anyone Can” campaign, and social media to improve the community’s knowledge about the importance of harm reduction, the guiding principles of harm reduction, and various harm reduction strategies. ➤ DPH gathers evidence-based information about the usefulness of fentanyl test strips to advocate for a policy change that removes the classification of fentanyl test strips as drug paraphernalia and allows for their public use as a harm reduction strategy. ➤ DPH identifies evidence-based information about stimulant overamping and creates messaging to inform the public. ➤ DPH locates Housing First providers to offer permanent housing for individuals with SUD in accordance with harm reduction strategies.
	Partners	<ul style="list-style-type: none"> ■ The CENTER Initiative uses a new training curriculum that provides harm reduction education with a focus on safe use strategies for active drug users to avoid overdose, infection, disease, and other risks. ■ The T pilots a new program that provides access to harm reduction resources, such as safer use supplies and education, to PWUD through direct mobile outreach. ■ The LEAD program prioritizes the principles of harm reduction. It does not mandate treatment or abstinence in exchange for help; instead, it provides safe use information to participants who aren’t ready or don’t want to stop using.
2023	County	<ul style="list-style-type: none"> ➤ DPH promotes evidence-based information demonstrating the usefulness of fentanyl test strips. ➤ DPH promotes harm reduction strategies beyond opioid-related use, including information about stimulant overamping in its substance use education and outreach strategies.
	Opportunity	<ul style="list-style-type: none"> ✚ DPH works with local health care providers to increase provider/prescriber education and knowledge of harm reduction strategies to enhance discussions related to substance use between health care providers and patients.
2024+	County	<ul style="list-style-type: none"> ➤ Protocols are updated regularly to reflect any new harm reduction services in the community or new harm reduction research.



TREATMENT

Medication Assisted Treatment, or MAT (also referred to as medication assisted therapy, medication assisted recovery, or medications for opioid use disorder), is an addiction treatment that combines psychosocial support with medications such as buprenorphine, methadone, or naltrexone. Research shows that this combination is the most effective treatment for opioid use disorder, and patients receiving MAT have better retention in treatment compared to those who do not use medication. Currently, there are no FDA-approved medications to treat stimulant use disorders. However, there are evidence-based non-pharmacological treatments such as motivational interviewing, contingency management, community reinforcement, peer recovery support services, and cognitive behavioral therapy.

About 388,000 Missouri residents had a substance use disorder as of 2018, but less than half (about 170,000) accessed treatment.¹ Access to MAT is limited by ineffective systems to connect those in need to providers, financial barriers, a lack of certified providers, and stigma against medical treatment for substance use disorders. Those in the criminal justice system have particularly limited access. Incarcerated people die from overdose at a rate about 120 times higher than the general population,² so increasing treatment in prisons and jails can save many lives.³

It is critical to keep in mind that many people with substance use disorders have co-occurring mental health disorders, and many have lived through traumatic experiences. It is imperative for substance use treatment and behavioral health care to be holistic and trauma-informed, prioritizing principles such as safety, collaboration, empowerment, and responsiveness.

Several efforts are underway in the region to expand treatment access. Behavioral Health Network's Engaging Patients in Care Coordination (EPICC) project has linked more than 5,000 patients in emergency departments to peer recovery coaches and served over 13,000 community members. EPICC continues to expand statewide. Assisted Recovery Centers of America (ARCA) positions mobile treatment centers in treatment deserts, areas with low or limited access to substance use treatment options. More recently, the expansion of Missouri Medicaid (MO HealthNet) provides free or low-cost health coverage to 275,000 more Missourians, including

¹ National survey of substance abuse treatment services, 2019 state profile)

² Binswanger, I.A. et al. 2007. Release from Prison – A High Risk of Death for Former Inmates. *N Engl J Med.* 356(2): 157-165. Doi:10.1056/NEJMsao64115)

³ Green TC et al. 2018. Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System. *JAMA Psych.* Doi:10.1001/jamapsychiatry.2017.4614)

parents who have not qualified before, adults without children, young adults, women of reproductive age, people leaving prison, and veterans. Once enrolled in coverage, individuals receive full health care coverage, including access to primary and preventive care, emergency services, substance use disorder treatment, and prescription drug benefits⁴. Recent research shows states with expanded Medicaid have lower rates of recidivism compared to states that have not expanded the program⁵.

GOAL

Increase access to care and strengthen linkages to treatment for individuals who have recently experienced an opioid overdose.

2022	County	<ul style="list-style-type: none"> ➤ DPH continues to promote evidence-based treatment for substance use disorders among providers and work with centralized referral systems across the region to streamline the referral process so individuals with SUD can more easily find available appointments with providers. ➤ DPH investigates the potential to implement telehealth appointments, by DPH Clinical Services and/or contracted medical services, within our clinics for the initiation and maintenance of MAT. ➤ DPH will continue to engage in collaborative efforts to improve access to care for residents across St. Louis County.
	Partners	<ul style="list-style-type: none"> ■ Area health systems, including BJC, Mercy, and SSM, continue to link patients who arrive at an emergency department post-overdose to community-based treatment via Behavioral Health Network's programs: Engaging Patients in Care Coordination (EPICC) for adults and Youth Emergency Room Enhancement for minors. ■ The CENTER Initiative expands equal, responsive, and timely access to the existing regional substance use treatment and service options for Black people who use drugs. ■ The Missouri Hospital Association continues to encourage more emergency department physicians to begin MAT for patients immediately following an overdose.
2023	Opportunity	<ul style="list-style-type: none"> ✚ DPH conducts a feasibility study for a substance use support center in North County.
2024+	Opportunity	<ul style="list-style-type: none"> ✚ Pending the results of the feasibility study and funding support, DPH begins the planning stages of a substance use support center in North County.

⁴ Antonisse, Garfield, Rudowitz, & Guth, 2019. The Effects of Medicaid Expansion under the ACA: Updated Findings from a Literature Review, kff.org

⁵ Aslim, Erkmen Giray and Mungan, Murat C. and Navarro, Carlos and Yu, Han, The Effect of Public Health Insurance on Criminal Recidivism (February 19, 2020). Journal of Policy Analysis and Management, Forthcoming, George Mason Law & Economics Research Paper No. 19-19, Available at SSRN: <https://ssrn.com/abstract=3425457> or <http://dx.doi.org/10.2139/ssrn.3425457>

GOAL

Increase access to treatment for high-risk groups including those in jail, the unhoused, pregnant women, and the uninsured.

2022	County	<ul style="list-style-type: none"> ➤ Two of the three DPH clinics continue to provide MAT, and DPH works to re-introduce MAT at the third health center and expand hours at all three locations. ➤ DPH Substance Use Program and clinic staff collaborate internally to share substance use information, education, and trainings. ➤ St. Louis County Corrections Medicine continues their established MAT program that provides individuals in the jail with access to medications. ➤ DPH Substance Use Program, Public Health Nursing, and Maternal/Child Health staff collaborate to assess the current landscape of substance use among pregnant women and its impact on newborns. ➤ DPH collaborates with St. Louis County's Prosecutor Led Diversion program and the LEAD program to identify and align efforts when appropriate.
	Partners	<ul style="list-style-type: none"> ■ St. Louis County Justice Services and Corrections Medicine continue to provide linkage services, case management, community-based treatment, and recovery supports to individuals leaving the jail.
2023	County	<ul style="list-style-type: none"> ➤ DPH continues to provide necessary training and supports to St. Louis County clinic staff and MAT providers. ➤ DPH Substance Use Program, Public Health Nursing, and Maternal/Child Health staff collaborate to develop resources and strengthen supports to address substance use among pregnant women and its impact on newborns. ➤ DPH works with the St. Louis County Prosecuting Attorney to assess for areas of opportunity in the existing LEAD and Prosecutor Led Diversion programs, looking for any disparities in referral of high-risk demographics.
	Partners	<ul style="list-style-type: none"> ■ DPH will continues working with Justice Services to help individuals within the jail resume receiving services that were interrupted during incarceration and enroll in further services as needed.
	Opportunity	<ul style="list-style-type: none"> ✚ DPH expands MAT services to all three community clinics with extended hours. ✚ DPH, St. Louis County Justice Services, and Corrections Medicine collaborate to assess the potential for full expansion of MAT in the St. Louis County Jail.
2024+	County	<ul style="list-style-type: none"> ➤ DPH and clinic staff continue to provide coordinated services to clients. ➤ DPH Substance Use Program, Public Health Nursing, and Maternal/Child Health staff continue to provide support to pregnant women who use substances or with substance use disorder. ➤ DPH continues to partner with the St. Louis County Prosecuting Attorney to review data from LEAD and the Prosecutor Led Diversion program to determine their impact on overdose and recidivism.
	Opportunity	<ul style="list-style-type: none"> ✚ Pending the MAT expansion assessment results, the St. Louis County jail provides MAT to all individuals in the jail who are eligible and interested.

GOAL

Promote the importance of patient choice and experience in treatment and recovery avenues.

2022	County	<ul style="list-style-type: none"> ➤ DPH Substance Use Program staff identifies best practices for person-centered care and acts as a resource to DPH's clinical services. ➤ DPH supports the use of shared decision-making via patient decision aids (PDAs), which explain treatment options and provide information needed to make health care decisions, so that patients can decide what is right for them.
	Partners	<ul style="list-style-type: none"> ■ The CENTER Initiative works towards a health care and treatment system that emphasizes culturally appropriate services that prioritize the autonomy, agency, and safety of Black people who use drugs.
2023	County	<ul style="list-style-type: none"> ➤ DPH revises its 'Substance Use Resources' webpage to share best practices. ➤ DPH Substance Use Program and clinical staff collaborate to provide trainings and education to health care providers and prescribers.
2024+	County	<ul style="list-style-type: none"> ➤ DPH continues to update its 'Substance Use Resources' webpage with current and relevant information. ➤ DPH Substance Use Program staff adjust health care provider and prescriber trainings based on outcome evaluation.



RECOVERY

Substance use disorder is a chronic condition that requires ongoing management and support. Recovery is a process in which individuals improve their health and wellness; secure stable housing; find a purpose through school, work, or other activities; and reintegrate into their families and communities. Recovery looks different for every individual. It is important to put in place systems of support that allow people in recovery to chart their own paths and achieve their own goals. Whether those goals are recovery housing, a recovery community center, or support group meetings, it is important for individuals to have access to services that fit their needs.

Additionally, workplaces that are recovery-friendly and trauma-informed are better positioned to help and support their employees, as well as the people they serve. A recovery-friendly and trauma-informed workplace decreases the stigma associated with substance use disorder, encourages employees to get help sooner by providing an environment and resources that support them, and prioritizes the diversity that individuals with lived experience bring to the workforce.

Employers that are informed and sensitive to substance use issues may benefit from increased inclusivity, reduced absenteeism and presenteeism, a healthier work environment, increased productivity, reduced employee turnover, reduced recidivism, and lower health care and operating costs¹.

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Missouri Model both describe what it means to be trauma-informed. There are six guiding principles of a trauma-informed approach: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, and respect for diversity². A trauma-informed approach allows people who have experienced traumatic events to reach their full potential.

This area aims to strengthen investment in recovery initiatives and highlight innovative ways to support individuals in their recovery process. These efforts not only help individuals in recovery but also strengthen the regional workforce and community.

¹ Recovery Friendly Workplace, 2020, [DHMAS001_RSW-Toolkit-Section2-RD3.indd \(recoveryworksct.org\)](#)

² [Center for Preparedness and Response, 2020](#)

GOAL

Address the needs of individuals in recovery from substance use.

2022	County	<ul style="list-style-type: none"> ➤ DPH provides resources via outreach events, social media posts, and print materials on the various recovery community centers in the region. ➤ DPH identifies strategies to gain insight and information from people with lived experience of SUD or friends and family members of those with lived experience. ➤ DPH identifies current and emerging evidence-based recovery supports.
	Opportunity	<ul style="list-style-type: none"> ✚ DPH invites federal partners to present funding opportunities to organizations in the St. Louis region seeking resources for recovery community centers and supports.
2023	County	<ul style="list-style-type: none"> ➤ DPH consults and elevates those with lived experience of SUD to gain insight and perspective as it pertains to program development and the needs of the community. ➤ DPH identifies best practices to inform and promote effective solutions among the community to prevent overdoses.
2024+	County	<ul style="list-style-type: none"> ➤ DPH monitors current best practices and trends regarding recovery supports to act as a resource for the community. ➤ DPH uses insight and information from partner advisory boards to increase services and support for individuals in recovery.

GOAL

Make DPH a recovery-friendly and trauma-informed organization.

2022	County	➤ DPH creates messaging for outreach and training that explains the role of trauma and its connections to substance use and other risky behaviors.
		➤ DPH assesses the level of treatment and recovery support available in the workplace.
		➤ DPH conducts an assessment on the current standard operating procedure when an employee wants to seek help for substance use disorder.
		➤ DPH conducts an assessment on its current medical leave policy to see if it is inclusive of individuals wanting to seek help for substance use disorders.
		➤ DPH reviews county personnel policies and procedures surrounding short term disability, leave of absence, and job protections to assess whether appropriate support is provided to employees with substance use concerns.
2023	County	➤ DPH Substance Use Program staff advocate for the adoption of recovery-friendly workplace policies.
		➤ DPH provides support for internal policy changes needed to become a recovery-friendly employer, like putting clear protocols and procedures in place for employees who want to seek help without disrupting their employment.
		➤ DPH, in cooperation with St. Louis County Department of Personnel, incorporates awareness, education and training on being trauma-informed into staff orientation. This will better prepare St. Louis County staff to work with individuals with substance use disorder or who are in recovery, and more importantly, help provide a perspective shift for all staff to view substance use through a non-stigmatizing and non-judgmental lens.
2024+	Opportunity	✚ Based on research into promising practices across the country, DPH creates model standards for recovery-friendly workplaces.
		✚ DPH prepares model policies for recovery-friendly workplaces.
2024+	County	➤ DPH medical leave is more inclusive and explicit about leave pertaining to substance use disorder treatment.
2024+	Opportunity	✚ DPH fully adopts and implements the necessary organization-wide changes to meet recovery-friendly workplace standards and policies.
		✚ DPH fully adopts and implements the necessary organization-wide changes to be trauma-informed. This strategy is in alignment with the DPH Strategic Plan 2020 – 2025.



PUBLIC HEALTH SURVEILLANCE

Public health surveillance is the collection, analysis, use, and sharing of data to shape public health practice. Surveillance is critical to responding to substance use and overdose because it helps reveal how large the problem is, who is affected, and how trends change over time.

Data related to substance use and overdose come from several sources, including the St. Louis County Prescription Drug Monitoring Program, the Office of the Medical Examiner, the Hospital Industry Data Institute, the CDC's National Syndromic Surveillance System, and the Missouri Department of Health and Senior Services. The Missouri Institute of Mental Health at the University of Missouri-St. Louis has developed an overdose field report that can be used to report the use of naloxone to rescue someone from an opioid overdose. First responders and the general public may report these events on a completely voluntary and anonymous basis.

Unfortunately, the data is only as accurate as what the reporter wishes to disclose. Since reporting is voluntary, the numbers are an underestimate of the actual burden of opioid overdoses in the area. Information may not always be local, comprehensive, or timely. The gaps that most impede our ability to aim our public health efforts appropriately and equitably are 1) the lack of comprehensive and timely nonfatal overdose data and 2) the difficulty of identifying predictive risk factors due to challenges linking multiple different data sources.

GOAL

Strengthen the timeliness and completeness of data collection, analysis, use, and sharing across multiple systems to monitor trends and identify opportunities for interventions.

2022	County	<ul style="list-style-type: none"> ➤ DPH strengthens collaboration with health systems and other key partners to support reporting of nonfatal overdoses. ➤ DPH continues to strengthen relationships and data-sharing with other local public health agencies to provide a better regional picture of substance use. ➤ DPH incorporates an overdose field report into its overdose education and naloxone distribution training and encourages patrons to complete the report if naloxone is administered.
	Partners	<ul style="list-style-type: none"> ■ The DOTS project continues outreach to police, fire, and EMS departments, treatment centers, and community members for collaboration on overdose surveillance.
2023	County	<ul style="list-style-type: none"> ➤ DPH uses available data from stakeholder collaborations to adapt and improve its response to substance use and overdose. ➤ DPH links existing nonfatal and mortality data sources and analyzes trends to better understand patterns that lead to fatal overdose.
	Opportunity	<ul style="list-style-type: none"> ✚ DPH Substance Use Program staff collaborate with Communicable Disease staff and other partners to better understand the impacts of COVID-19 pandemic on SUD. ✚ DPH and partners collect race, ethnicity, and language-driven data and to better understand the impact of the substance use crisis in various demographics.
2024+	County	<ul style="list-style-type: none"> ➤ DPH identifies areas where additional data is needed on substance use and overdose and develops solutions to address critical gaps.
	Opportunity	<ul style="list-style-type: none"> ✚ As timeliness of data availability improves, DPH and partners implement platforms for tracking and mapping opioid overdoses in near real-time to identify geographical hot spots for focused interventions and alert public health and safety authorities of overdose spikes.

GOAL

Investigate common characteristics of overdose victims to identify predictive risk factors.

2022	County	<ul style="list-style-type: none"> ➤ DPH Substance Use Program staff identifies best practices for establishing an overdose fatality review (OFR) team to identify underlying characteristics of those who have suffered a fatal overdose. ➤ DPH identifies mental health providers, community shelters, and social service organizations that can collaborate to increase data-sharing across sectors.
2023	County	<ul style="list-style-type: none"> ➤ DPH increases collaboration with mental health care providers, community shelters, and social service organizations to increase data-sharing across sectors. ➤ DPH supports the increase of staff capacity across DPH to assist in the creation and operation of an OFR team.
	Opportunity	<ul style="list-style-type: none"> ✚ DPH Substance Use Program staff conducts a feasibility study of establishing an OFR team.
2024+	County	<ul style="list-style-type: none"> ➤ DPH continues its relationships with mental health care providers, community shelters, and social service organizations to share data.
	Opportunity	<ul style="list-style-type: none"> ✚ Pending the results of the feasibility study, DPH begins to create an OFR team made up of key individuals from the community.

GOAL

Inform the public and policymakers of the current state of the substance use epidemic and overdose crisis and the county's response to ensure full transparency, collaborate efforts, and help drive positive change.

2022	County	<ul style="list-style-type: none"> ➤ DPH provides a public-facing nonfatal overdose data dashboard for stakeholders and other interested individuals to be more informed on how overdoses are affecting our communities. ➤ DPH maintains a website that disseminates information about the substance use and overdose crisis and our response. ➤ DPH releases yearly mortality briefs to increase understanding of usage patterns that lead to fatal outcomes.
2023	County	<ul style="list-style-type: none"> ➤ DPH updates and improves the existing website to create a strong hub of data and information related to substance use, such as progress on action plan activities, news related to upcoming initiatives, and substance use data and reports. ➤ DPH and partners, such as DHSS, work together to amplify existing regional data and publish more region-focused data to provide the clearest picture possible of the impacts of substance use and overdoses. ➤ DPH expands its available public-facing data to make existing and new data more accessible for community members and partners.
2024+	County	<ul style="list-style-type: none"> ➤ DPH continues to expand available data as well as seek out new methods to disseminate data and get it into the hands of partners and the public who can use it for actionable change. ➤ DPH ensures that the website continues to be a hub for up-to-date information, resources, and interaction.

GOAL

Maintain Prescription Drug Monitoring Program (PDMP) administration and support the pending transition from St. Louis County to the state.

2022	County	<ul style="list-style-type: none">➤ DPH maintains the PDMP and its core functionality for health care providers across the state. DPH continues to release quarterly jurisdiction-specific reports and annual whole-system reports. DPH continues to encourage use of the PDMP and increase utilization by providers.➤ DPH creates protocols with the state Office of Administration to ensure continuity of operations when transitioning the PDMP to the state.
2023	County	<ul style="list-style-type: none">➤ DPH develops data usage agreements between the State and County to continue receiving dispensation data for St. Louis County after the transition.
2024+	County	<ul style="list-style-type: none">➤ DPH continues to provide transition support to the state as needed.

Conclusion

In response to the ever-evolving landscape of the substance use epidemic and its impacts on St. Louis County and the surrounding area, this action plan was designed to provide an updated framework from which the Saint Louis County Department of Public Health will work to address a multifaceted crisis of substance use and overdose.

Dedicated partners across the region are carrying out incredible work on this issue. This action plan identifies areas where DPH plans to amplify these current efforts as well as implement response efforts of our own.

The plan outlines DPH's priority areas for response: to educate community members on the scale of the epidemic, prevent substance use, mitigate the risks faced by individuals who use substances or those who develop substance use disorders, save lives through robust naloxone distribution, encourage treatment, and celebrate recovery. Each of these actions is strengthened by continued growth of and collaboration on a public health data system that allows DPH and other organizations to measure, analyze, and adapt to the changing needs of the community.

Individuals and organizations across St. Louis County have an opportunity to create positive change. Through continued collaboration and communication, we can help mitigate the impacts of substance use and overdose on St. Louis County residents and communities.

Acronyms

ARCA: Assisted Recovery Centers of America

BHN: Behavioral Health Network

CDC: Centers for Disease Control

CENTER: Community Engagement, Trauma, Equity and Renewal

CPIP: Community Partners in Prevention

CRUSH: Community Resources United to Stop Heroin

DHSS: Department of Health and Senior Services

DOTS: Drug Overdose Trust and Safety

DPH: Saint Louis County Department of Public Health

EMS: Emergency Medical Services

ENACT: Expanding Naloxone Access and Community Trainings

EPICC: Engaging Patients in Coordinated Care

LBN: Leave Behind Naloxone (Narcan®)

IHN: Integrated Health Network

LEAD: Law Enforcement Assisted Diversion

MAT: Medication-Assisted Treatment/Therapy

MIMH: Missouri Institute of Mental Health

OFR: Overdose Fatality Review

ODUD: Opioid use disorder

PDA: Patient decision aid

PDMP: Prescription Drug Monitoring Program

PWUD: People who use drugs

RHC: Regional Health Commission

SAMHSA: Substance Use and Mental Health Services Administration

SHIELD: Safety and Health Integration in the Enforcement of Laws on Drugs

SOR: State Opioid Response

SSP: Syringe service program

STR: State Targeted Response

SUD: Substance use disorder



Substance Use Action Plan

Action Plan to Address Substance Use and Overdose
2022 – 2024

www.anyonecanstl.org