

The Opioid Overdose Crisis



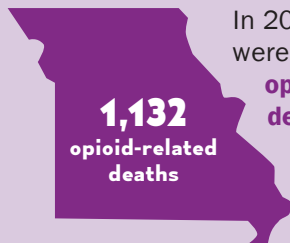
NO MO DEATHS.ORG

**The Missouri Department of Mental Health
is working to save lives every day.**

Here's what you need to know to join the effort.

A Special Advertising Supplement

By the Numbers



In 2018, there were **1,132** opioid-related deaths in the state of Missouri.

In 2018, **3 out of 4** Missouri opioid-related deaths involved fentanyl. In St. Louis, Fentanyl was involved in **9 out of 10** opioid-related deaths.



3 of 4
opioid-related
deaths involve
fentanyl



In the state of Missouri, black men are **3 times** more likely to die as a result of opioids than white men.

What are opioids?



Opioids are a type of medicine used to help relieve pain. They **lower the number of pain signals your body sends to your brain** and change how your brain responds to pain. Some common opioids are Codeine, Hydrocodone, Oxycodone, Morphine, Heroin and Fentanyl. Illegally manufactured powder fentanyl, often sold on the street as heroin, is much more potent than other opioids. It takes less of the drug to slow down breathing and overdose, a particular risk if individuals don't realize their drugs contain fentanyl. You cannot overdose from simply touching fentanyl or being in the same room with it.

Call to Action

We can all save a life — here's how

BY ANGELINE STANISLAUS, M.D.

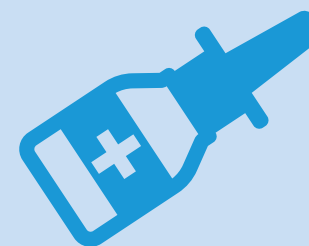
Chief Medical Director,
Missouri Department of Mental Health



1

CARRY NALOXONE

Any person at risk of experiencing or witnessing an overdose should have naloxone (also known as Narcan) and be prepared to use it to save a life. You can purchase naloxone from a pharmacy, **with or without a prescription**, for yourself or to help a person at risk. Find out where to get naloxone for free at noMDeaths.org.



2

ENCOURAGE TREATMENT

And know what works: Medical treatment for opioid use disorder – buprenorphine and methadone – reduce fatal overdose rates, reduce illicit drug use, and increase engagement in treatment. Medications are also available to help curb opioid cravings. Talking to a counselor, attending support groups, or accessing recovery housing or employment support services can also help. Turn to page 7 and 8 to learn more about treatment and recovery resources available in Missouri.



3

END THE STIGMA

As a community, we can work together to make sure we educate each other on opioid overdose response, arm ourselves with naloxone, and treat those living with addiction as people just like you and me – people who need love, support and access to care. It will take all of us, working together as a community, to make great strides in reversing the overdose death rate across our state. No more deaths. Together, we can save lives.



Prevention Works

Simple things can keep your kids away from opioids — and drug culture in general

Research consistently shows that when children are valued, complimented, allowed to take the lead on projects and engaged in their community, they are more likely to grow up healthy, caring and responsible. They are also less likely to drop out of school, be involved in crime, become pregnant as teenagers — or use drugs.

The Missouri Department of Mental Health offers prevention programs to reach young people before drugs become an issue. Using these simple techniques in your family and community can help keep an entire new generation drug-free.



Doing these things for our children...



Support

Family support and communication: reading together, playing games, having dinner together, sharing interests, helping with homework, encouraging open dialogue about issues and problems

A caring community environment and other positive adult relationships: involvement with extended family, teachers, coaches, neighbors and ministers



Positive Values

High expectations: model and expect integrity, honesty, school performance and restraint (particularly with respect to drug and alcohol use)

Constructive use of time: creative activities, sports, religion, time spent at home with family

Boundaries: family, school and neighborhood rules and consequences are clearly communicated and monitored

Giving back: families and community leaders model and emphasize helping others, being committed to equality and social justice



Commitment to Learning

School engagement: daily attendance, involvement in school activities (including clubs, sports and extracurricular activities)

Parental involvement: helping with homework, attending school functions, volunteering in the classroom or on campus

Continue learning at home: spend time doing homework (at least one hour a night), educational TV and games, reading for pleasure

...will lead to these things in our children



Development of Interpersonal skills

Confident in planning and decision-making

Peaceful conflict resolution

Empathy and sensitivity to others



Forming a Positive Identity

High **self-esteem**

Positive view of **personal future**

Sense of purpose and feeling of control over your life

The strategies listed here are selections from the 40 Developmental Assets framework. To learn more, visit search-institute.org.

How do I know someone in my life is addicted to opioids?



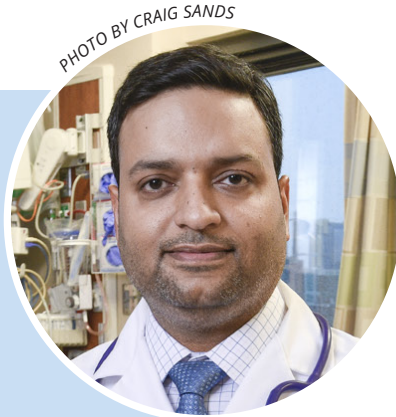
- ✓ Unable to quit or cut down
- ✓ Life revolves around using
- ✓ Failure to fulfill work or relationship obligations
- ✓ Continued use despite social or personal problems
- ✓ Stopping things they enjoy doing
- ✓ Putting themselves in dangerous situations
- ✓ Tolerance (taking more for the desired effect)
- ✓ Withdrawal (feeling sick when they don't take it)

Ask the Experts

Muhammad Farhan, M.D., heads Pain Management ECHO, a pain treatment and education center at Truman Medical Centers in Kansas City.

I have chronic pain – what alternatives are there to opioids?

A multi-modal approach includes non-opioid medications, relaxation techniques, physical therapy, exercise, massage, yoga, acupuncture, weight management and psychotherapy. Because I am sure of one thing: There is no single answer for managing chronic pain. I recently saw a patient who had been on morphine every two hours for years, until his doctor grew leery of continuing to prescribe and referred him to the clinic. He's not on a drop of morphine now, and yet, his pain is better controlled. He is doing so much better and his quality of life has improved.



Thomas Peter Pirotte, M.D., specializes in treating both long-term pain and substance use disorders at Jordan Valley Community Health Center in Springfield.

Are opioids always 'bad'? Should anyone ever take them?

In terms of the pain management piece, when we are dealing with patients who have severe, chronic, life-impairing pain, they are candidates for long-term opioids. And in most of these patients, there is no question why they are hurting – they have spinal deterioration or arthritis or both. We are treating patients so they are able to live their lives.

But the majority of our patients are also involved in physical therapy, taught coping skills, and participate in support groups. Some patients actually do well just using muscle relaxants, anti-inflammatories or certain antidepressants that have pain-relieving properties.

I need help with opioid addiction – will Medication for Addiction Treatment work?

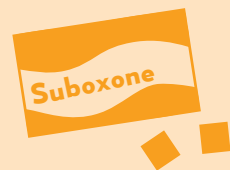
Patients with addiction have a very high risk of death by overdose. We can get them seen within five minutes and quickly get them started on stabilizing medications. Buprenorphine can get them off opioids and onto something much safer – helping to reduce their withdrawals and cravings almost immediately so they don't relapse. It works. We are saving lives.



What medications are available to help people stay away from opioids?

?

Medications for Opioid Use Disorder are prescribed by specially trained medical providers to help manage withdrawal symptoms and reduce cravings for opioids. **Medical treatment is most effective when taken for as long as it is working to help someone on their personal path.**



Buprenorphine (Suboxone or Subutex)

Opioid replacement in the form of a tablet or film that stops withdrawal and lowers cravings.



Methadone (Methadose or Dolophine)

Liquid replacement for opioids that stops withdrawals and lowers cravings. At first, you must take a daily dose at an Opioid Treatment Program.



Naltrexone (Vivitrol, Depade or Rivia)

Not an opioid replacement, it helps to block the effects of opioids and can be given as a monthly shot or daily pill.

Medical providers explain opioids – their use, their misuse and how to recover

Kanika Turner, M.D., M.P.H., is the associate medical director of the Family Care Health Centers and a consulting physician to the Missouri State Opioid Response Team.

I'm pregnant and using opioids. Can I talk to my primary care doctor? Is there a benefit to being treated in that setting?

Yes, primary care providers (PCPs) build long-term relationships with patients. Many PCPs are able to treat multiple substance use disorders while managing the medical and behavioral aspects of care. With pregnant patients, my clinic is unique because most were referred to high-risk OB physicians in the past and now we are providing SUD treatment services on a primary care level. This way patients receive care for themselves and their infant in one place.

Is Medication for Addiction Treatment all a person needs for recovery?

MAT, specifically buprenorphine and methadone, provides relief of withdrawal symptoms, so patients are more willing to engage in other treatment to help maintain their recovery. Treatment is always individualized and some people will benefit from group therapy and others from individualized therapy. Those who are started on medications often maintain their recovery and have fewer recurrences over the course of the first year, especially those who participate in recovery services. MAT works!



Kanika Turner, M.D., MPH
PHOTO COURTESY OF DR. TURNER

"In St. Louis, I have developed a faith-based approach to educate our communities about overdose education and naloxone distribution, starting with our churches and Black communities, which have been plagued by drug use for years. I believe our churches are the foundation of our communities and they restore hope, faith and a new life. Therefore, the churches I have trained are developing an Overdose Response Plan and storing naloxone on-site. With this initiative, I hope to train multiple churches of various denominations who can eventually become a referral source to treatment centers, a place for one to get naloxone, and a place to feel connected to humanity again."

How can we make sure everyone gets the care they need ?

**Acknowledge
Apologize
Activate**

Everyone needs to be included in the life-saving and effective treatment of opioid use disorder.

Acknowledge

Our history of racial discrimination in our society's approach to drug use and consequences

Apologize

For our role in perpetuating disparities in access to effective and life-saving services for African Americans

Activate

Our collective resources, knowledge and skills in now providing addiction care to those who have been left out in the past.

- Dr. Kanika Turner's Faith-Based Opioid Awareness Initiative

Why I Carry Naloxone

Four Missouri residents explain why they are prepared to save a life – and why you should be too



Pamela Paul is an ordained minister and pastor, who became a faith-based distributor for naloxone, with the goal of enlightening the community about overdose prevention and harm reduction.

“Naloxone is important because it can change the dynamics of an overdose and bring life back, all while giving power to people that feel powerless. I carry it because my nephew, my brother, and my son Bryan died of overdoses. I couldn’t save them. With naloxone, I can potentially help save countless others. I encourage others to carry naloxone, because in my experience naloxone has been the most accessible tool we have as Joe Citizen to combat overdose. In fact, I gave a bag of naloxone to a family friend. She shared it with her son on Monday. On Wednesday he overdosed. His sister revived him with naloxone and he is alive.”



Jerry Rodgers is a case manager supervisor for community outreach for Better Family Life, Inc., St. Louis, which is empowering communities through affordable housing, education and jobs.

“I feel like it is important to carry naloxone because of how fast the use of opioids is growing. The younger generation, especially in the urban communities, glorify popping opioid pills because it’s promoted in music as a way to escape. Due to how addictive fentanyl is, and that it’s being mixed with crack and other drugs, so many people are overdosing. I feel like naloxone is essential because opioids are everywhere and easy to obtain, so if you can save someone, why not? It’s sad to say, but naloxone is like the new first aid. Naloxone is the superman of the opioid world.”



Chad Sabora is a former prosecutor for Cook County, Illinois; a recovery advocate; harm reduction activist; and a person in long-term recovery from opioid use disorder. He co-founded the Missouri Network for Opiate Reform and Recovery to help others struggling with addiction, and to advocate for effective drug policies, including layperson access to naloxone.

“Whether you believe addiction is a choice or not, it shouldn’t be a death sentence. The only consequence naloxone removes is death and dead people don’t recover. Let’s give people the opportunity to live long enough so they can find recovery. Everyone can. I’m living proof of that.”

How do I prevent an OD with ABC



A. Administer naloxone

Naloxone is a medication that reverses the effects of an opioid overdose. It is safe and will cause no harm if given to someone who has not taken opioids. Naloxone can easily be given through a nasal spray or intramuscular injection.

B. Begin Rescue Breathing

C. Call 911

In Missouri, the 911 Good Samaritan Law protects the person calling 911 and the person experiencing the drug or alcohol overdose from minor drug and alcohol related charges. This law does not cover distribution of a controlled substance, drug manufacturing or active warrants. For more information, see noM0deaths.org.

Dani Mondloch, MSW, LCSW, is a licensed behavioral health social worker in Columbia, Missouri.

“I carry naloxone because I love and value people who use drugs. Overdose deaths are 100% preventable and the result of a broken system. Being prepared to reverse an overdose, to save a life, is the easiest act of resistance against the systemic marginalization of those most impacted by the overdose crisis. These are your children, your friends, your neighbors, your colleagues – and they deserve the chance to be alive and be heard. Naloxone is more accessible than ever. It’s easy to use and functionally harmless. Carry it with you and be prepared to save a life.”





Heather Martin is living a life with renewed hope.
PHOTO BY TYLER GRAEF

One Story of Recovery

People need time and support to overcome opioid addiction

Heather Martin struggled with addiction for most of her adult life. But with the combined help of rehabilitation, social support and medical treatment, Martin is now looking at nearly two years of recovery.

The road to recovery has not been easy. To cope with a turbulent home life, Martin began drinking and smoking marijuana at 13. She suffered an injury when she was 20, and was introduced to opioid pain killers. That turned into a decade of opioid dependence and addiction.

In 2013, the Missouri Department of Social Services took custody of her two children. “Without my children, I had this huge hole in my heart I didn’t know how to heal. . .,” she said. “That’s when I graduated from [pills] to heroin and I used a needle for the first time.”

She checked into a rehabilitation facility, but felt strong physical and mental cravings for opioids and went right back to using.

Over the next four years, Martin struggled with homelessness, incarceration and mounting legal problems as a result of her addiction. In 2016, she faced felony drug distribution charges.

It wasn’t until 2018 that she made another attempt at recovery. She reached out to her probation officer for help getting back into a rehab facility. “I think I’m going to die if you don’t get me in there,” she told him.

Martin’s return to a treatment facility that May included Suboxone, which works by stimulating opioid receptors in the brain, reducing withdrawal symptoms, calming

cravings and blocking out other opioids such as heroin.

“I’ve learned coping skills, I have a support system . . . I’ve done my part. The things I can’t control, that’s where the Suboxone came in,” she said. “On Suboxone, I don’t have those cravings anymore. It’s turned my life around.”

Since completing treatment, Heather is employed, has moved into her own apartment, and is rebuilding relationships with her family. Today, she is living a life with renewed hope, and looks forward to a future where she plans on helping others find sustainable recovery from the grip of addiction. “It’s something I do know a lot about,” she said, “and feel I can be really beneficial.”

Recovery Lifeline



Rev. Ladell Flowers is an ordained minister and a longtime recovery specialist, who currently is the elected chair of the Missouri Coalition of Recovery Support Providers (MCRSP). Rev. Flowers deeply believes providing wraparound services dramatically improves outcomes for people in treatment.

“One of the things that’s almost universal among people who are using is they tear up support systems,” said Rev. Flowers. “When they come back, they often come back with nothing. So recovery support services provide a web or network to bring resources together.”

Across Missouri, recovery support services includes recovery housing, transportation, counseling, basic life skills education, day drop-in centers and Recovery Community Centers.

What is an RCC?



Recovery Community Centers (RCCs) provide a **peer-based supportive community that builds hope and supports healthy behaviors** for individuals with opioid use disorder, no matter what phase of use or recovery they may be in. These RCCs do not provide treatment per se, but they provide compassion and support — and help connect people with treatment if that is what they want. To find an RCC in your area, visit nomodeaths.org/recovery-community-centers.

Where to Get Help

Here are some resources in the Eastern Region of Missouri

The following agencies provide grant funded drug addiction treatment to people with and without insurance:

BASIC Inc.

3654 S Grand Blvd
St. Louis, MO 63118
(314) 621-9009
<http://www.basicinc.org>

Center for Life Solutions

(Opioid Treatment Program)
9144 Pershall Road
Hazelwood, MO 63042
(314) 731-0100
<http://www.centerforlifesolutions.org/>

Community Treatment Inc.

1817 Gravois Road
High Ridge, MO 63049
110 N Mill Street
Festus, MO 63028
(877) 266-8732
<http://www.comtrea.org/>

Gateway Free and Clean

1430 Olive St. # 300
St. Louis, MO 63103
(314) 421-6188 ext. 3106
(816) 569-8079
<http://www.recovergateway.org/>

New Beginnings

1027 South Vandeventer Ave.
St. Louis, MO 63110
(314) 367-8989
<http://newbeginningscstar.org/>

Queen of Peace Center

325 North Newstead Ave
St. Louis, MO 63108
(314) 531-0511
<http://www.qopcstl.org/>

Westend Clinic

(Opioid Treatment Program)

5736 W Florissant Ave
St. Louis, MO 63120
(314) 381-0560
<http://westendclinic.org/>

Preferred Family Healthcare

2120 Parkway Drive
St. Peters, MO 63376
(636) 224-1200

4066 Dunnica Ave.
St. Louis, MO 63116
(314) 833-6155

4928 Delmar Blvd.
St. Louis, MO 63108
(314) 889-0846

3800 South Broadway
St. Louis, MO 63118

2510 S. Brentwood
Brentwood, MO 63144
(636) 224-1600

1011 East Cherry St.
Troy, MO 63379
(636) 528-7226

1570 S. Main St.
St. Charles, MO 63303
(636) 224-1200

325 San Juan Drive
St. Charles, MO 63303
(636) 224-1100

1601 Old S. River Road
St. Charles, MO 63303
(636) 224-1000
<https://pfh.org/missouri>

The following Community Health Centers provide integrated primary and behavioral care, including opioid use disorder treatment:

Affinia Health Care

1717 Biddle Street
St. Louis, MO 63106
(314) 814-8606
<http://affiniahealthcare.org>

Places for People

4130 Lindell Blvd
St. Louis, MO 63108
(314) 615-2119
<http://www.placesforpeople.org/>

CareSTL Health

4500 Pope Ave.
St. Louis, MO 63115
(314) 385-3990

5541 Riverview Blvd.
St. Louis, MO 63120
(314) 389-4566

5471 Dr. Martin Luther King Drive
St. Louis, MO 63112
(314) 367-5820

**For a complete list of addiction treatment providers, visit
<https://dmh.mo.gov/alcohol-drug/help> or call (800) 575-7480**



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Missouri Institute of
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4633 World Parkway Circle
St. Louis, MO 63134
(314) 516-8400
nomodeaths.org



**Missouri Department of
Mental Health**
1706 E. Elm St.
Jefferson City, MO 65101
(573) 751-4122



**Substance Abuse and Mental Health
Services Administration**
1-(800) 662-HELP (4357)
TTY: 1-(800)487-4889
<https://www.samhsa.gov/>



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