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Taking Responsibility in Missouri: Reversing the Overdose Epidemic

Missouri State Medical Association
American Medical Association
Drew Shoemaker MD
Jennifer Byrne LCSW, CADC



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Disclosures

- **NO Disclosures were noted for the presenters of this module.**

*The content of this activity may include discussion of off label or investigative drug uses.
The faculty is aware that is their responsibility to disclose this information.*

Target Audience

- The overarching goal of PCSS is to train healthcare professionals in evidence-based practices for the prevention and treatment of opioid use disorders, particularly in prescribing medications, and for the prevention and treatment of substance use disorders.

Educational Objectives

At the conclusion of this activity participants should be able to:

- Describe current and historic trends in the overdose epidemic both nationally and in Missouri
- Demonstrate state and national tools and resources to reduce harm for people taking opioids
- Identify ways to help make pain treatment safer and more effective, emphasizing safe opioid, non-opioid and non-pharmaceutical treatments
- Discover resources for treatment and recovery for people with opioid use disorder

Taking Responsibility in Missouri

This physician toolkit, is presented by the Missouri State Medical Association (MSMA) and the American Medical Association (AMA) provides state and national data and resources and tools for Missouri physicians to better understand and address the drug overdose epidemic in Missouri.

Brief announcement from MSMA:



Drug Overdose Deaths Nationally- 2020 Data

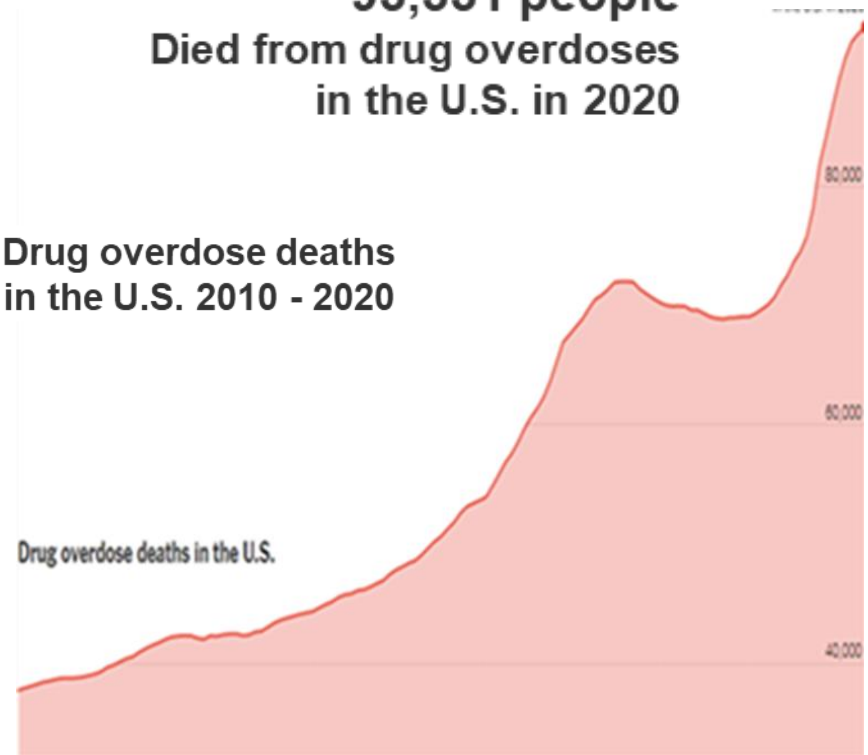
There were over 93,000 drug overdose deaths in 2020

- The number of drug overdose deaths exceeded the peak years of deaths for guns, AIDS, or car crashes.
- Overdose deaths increased in all states but two (South Dakota and New Hampshire)
- The highest number of overdose deaths involve:
 - Synthetic opioids-fentanyl and fentanyl analogs-mostly illicit
 - Stimulants such as methamphetamine and cocaine
 - Combined opioids and stimulants

<https://www.nytimes.com/interactive/2021/07/14/upshot/drug-overdose-deaths.html?referringSource=articleShare>

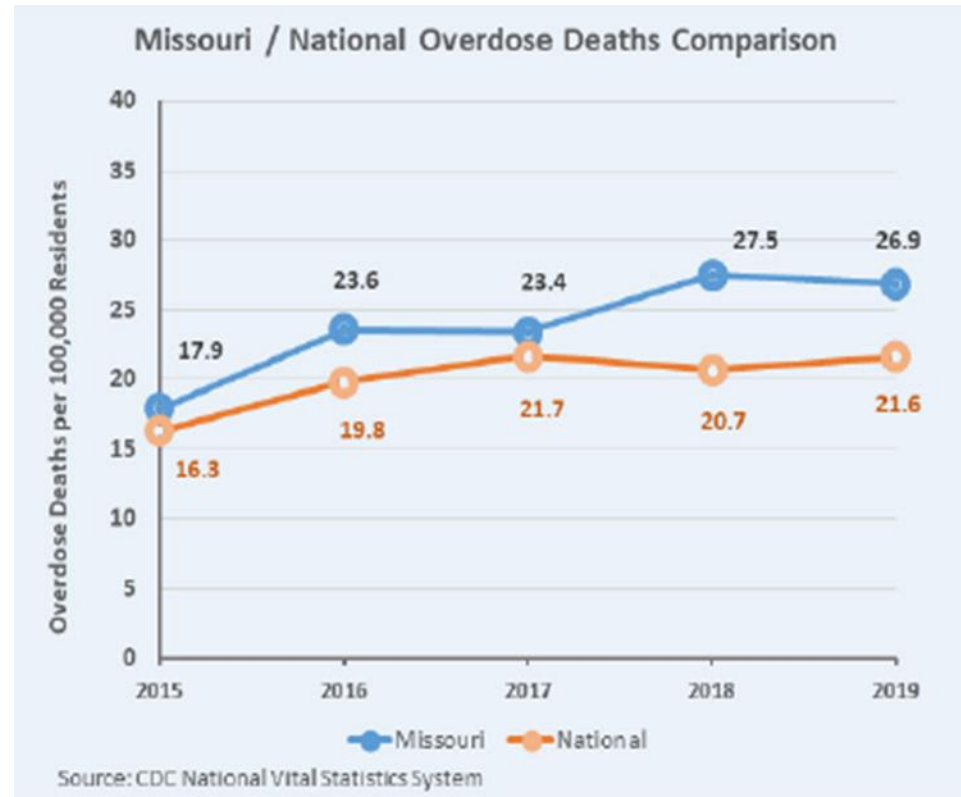
93,331 people
Died from drug overdoses
in the U.S. in 2020

Drug overdose deaths
in the U.S. 2010 - 2020



National and Missouri Fatal Drug Overdoses Compared

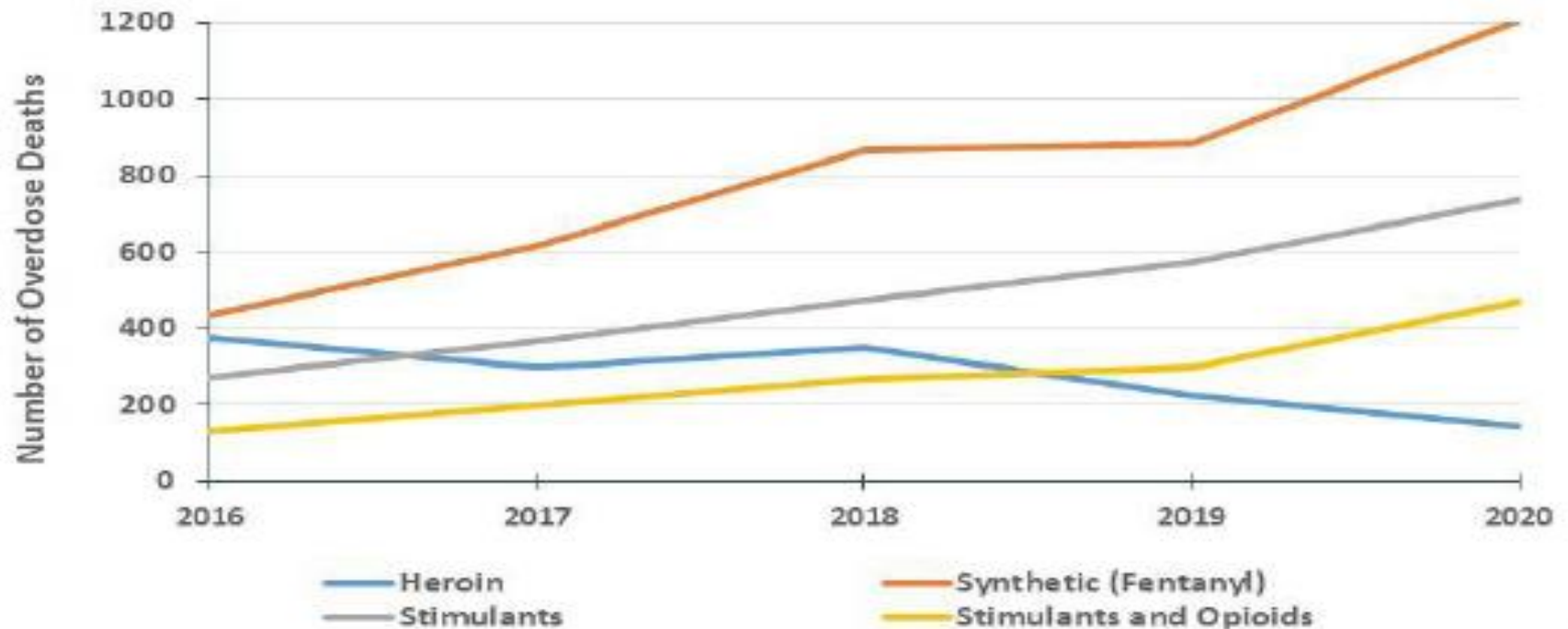
- **Nationally**, the rate of fatal drug overdoses had dropped somewhat from 2017-2019, from 21.7 per 10,000 people to 20.7 per 10,000 people
- **In Missouri**, fatal drug overdoses showed a slight decrease from 2016 to 2017, from 21.6 per 10,000 persons to 21.4 per 10,000 persons.
- **Comparatively**, rates of fatal overdoses in Missouri have been somewhat higher than the national average from 2015 to 2019.



Overdose Deaths in Missouri By Substance

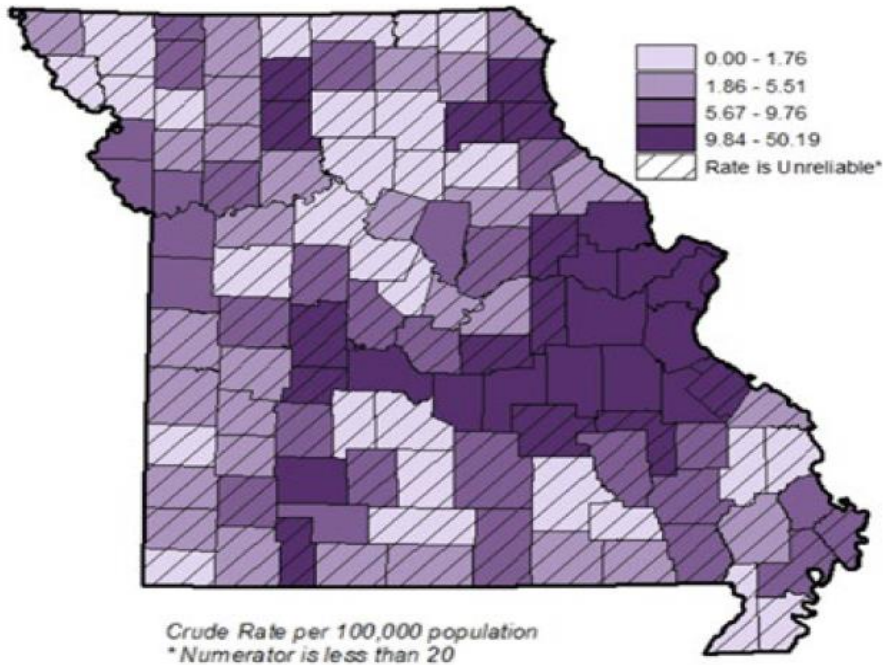
OVERDOSE TRENDS

Missouri Fatal Overdose Trends
MO Resident Overdose Deaths by Substance



Overdoses by County

OPIOID OVERDOSE DEATHS BY COUNTY 2014-2018



Source: Bureau of Health Care Analysis and Data Dissemination
Missouri Department of Health and Senior Services

2020 data shows the top 10 counties/areas in terms of total overdose deaths are:

- St. Louis County - 400
- St. Louis City - 300
- Jackson - 177
- Jefferson County - 114
- St. Charles County - 113
- Greene County - 90
- Franklin County - 53
- Clay County - 49
- Boone - 33
- Pulaski - 29

COVID-19 Pandemic Effect on the Overdose Epidemic

81,000 drug overdose deaths occurred in the United States from May 2020 to May 2021, the highest number of overdose deaths ever recorded in a 12-month period, according to data from the CDC.

- In addition, during the period of March 2020 to October 2020
 - Increases were seen in the number of ED visits nationally for **fatal and non-fatal drug overdoses.**
 - These ED visits occurred despite the constraints of stay-at-home orders and recommendations to avoid public spaces.
 - This finding may reflect **disruptions to the illicit drug supply** and/or people using illicit opioids alone or in more risky ways.
 - This also may reflect **decreased access to naloxone** and other harm reduction services due to COVID-19 related shutdowns.

Non-Fatal Overdoses in Missouri



Think Health St. Louis

Nonfatal Opioid-Related Overdoses per Quarter (Region: St Louis Area, City & County)

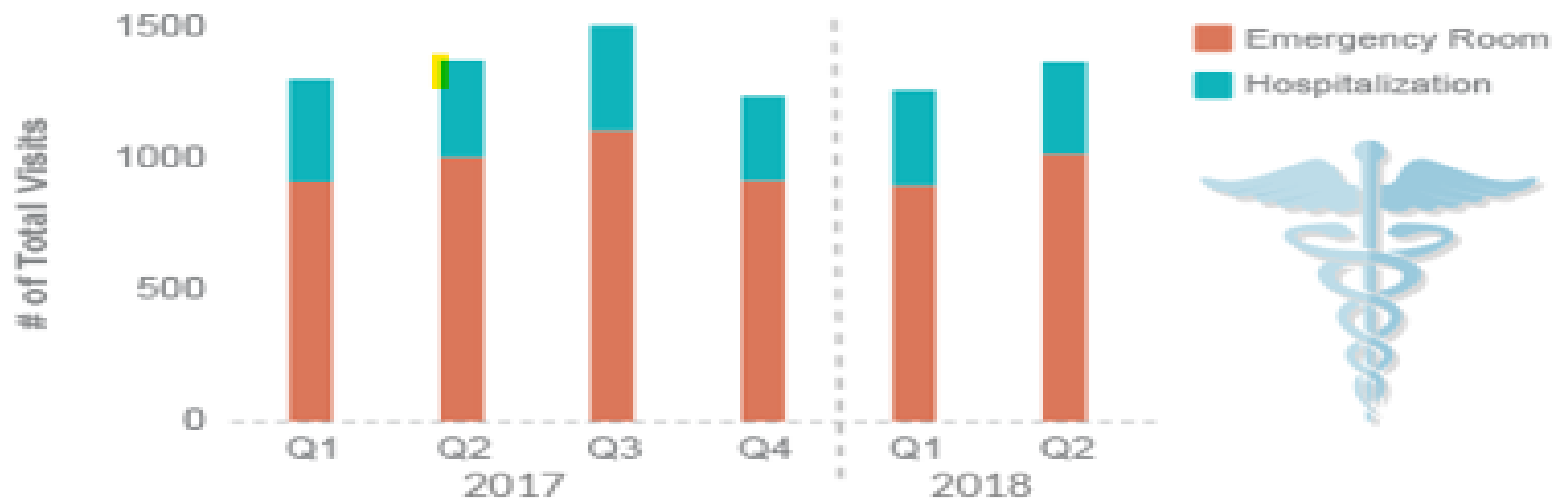


Source: Think Health St. Louis

Non-Fatal Overdoses in Missouri

The Cost

Nonfatal Opioid Overdose Health Care Utilization January 2017- June 2018



Above: More than half of nonfatal opioid overdose discharges involved heroin. On average, the cost of a nonfatal opioid overdose ER visit is just under \$2,900 and the patient is in their late 30s.

Below: The overdoses most often occur in a house or apartment and emergency medical services is frequently present.

Better Data is Essential to Combat the Overdose Epidemic

Difficulties remain in accessing high-quality, timely, comprehensive, and standardized data

- Metrics are available generally for drug related overdose deaths
- Data for non-fatal overdoses and other key indicators are not widely collected or standardized across states and communities

Current data is:

- ...incomplete.
- ...not standardized for comparison.
- ...not timely.
- ...widely variable from location to location.

Data gaps prevent an effective public health approach and interventions to reduce overdoses and overdose deaths.

View the AMA data dashboard:

<https://end-overdose-epidemic.org/data-dashboard/>

Prescriptions Opioids Not Driving the Overdose Epidemic Anymore

Opioid prescriptions decreased **44%** nationwide since 2011 but drug overdoses have **tripled**



Opioid Prescribing in Missouri Has Decreased and Stabilized.

- Opioid prescribing in Missouri has decreased but continues to be higher than the national average. In 2018, Missouri providers wrote 63.4 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4.

Rise in Fatal Overdoses Mostly Due to Illicit Fentanyl

Fentanyl

- A **synthetic** (man-made) opioid **50x** more potent than heroin and **100x** more potent than morphine.
- **Prescribed** in the form of transdermal patches, tablets, lozenges, or nasal sprays.
- Can also be **illegally** made (**illicitly manufactured fentanyl**) and mixed into other drugs like heroin or cocaine.

In 2019, the largest increase in fatal overdoses occurred from synthetic opioids (not methadone) compared to other type of opioids.

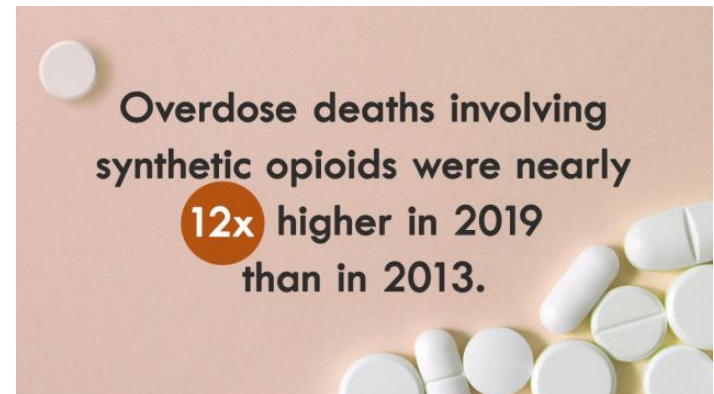
- Known illicitly manufactured synthetic opioids:
 - fentanyl
 - carfentanil
 - acetylfentanyl
 - furanylfentanyl

MOST overdoses from synthetic opioids are NOT from prescribed fentanyl. Rather they are from ILLICITLY manufactured fentanyl and its analogs.

Centers for Disease Control

Illicit Fentanyl

- Fentanyl is cheaper to produce but more potent than heroin and drug sellers may prefer it to heroin due to a higher profit margin.
- Fentanyl has been imported from overseas-in 2018 federal investigators uncovered hundreds of online transactions that resulted in packages of fentanyl being shipped from China to the US mostly via the US Postal Service.
- Since fentanyl is so powerful, multiple doses of naloxone may be necessary to counteract an overdose



Stimulants and Benzodiazepines are Contributing to Overdoses

Stimulants such as cocaine and methamphetamine as well as prescription benzodiazepines can contribute to overdoses and overdose deaths.

According to CDC data analysis some concerning trends during 2019–2020 were identified when it comes to benzodiazepines:

- Increases in both nonfatal and fatal overdoses involving benzodiazepines mixed with opioids, those from prescription benzodiazepines alone, and those from illicit and prescription benzodiazepines without any opioids involved.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7034a2.htm?s_cid=mm7034a2_w

What Is Harm Reduction?

- **Harm reduction** is a set of ideas and interventions that seek to reduce the multiple harms associated with drug use. Examples of harm reduction programs for opioid users:



MO Stays Safe - Safer Drug Use and Risk Reduction

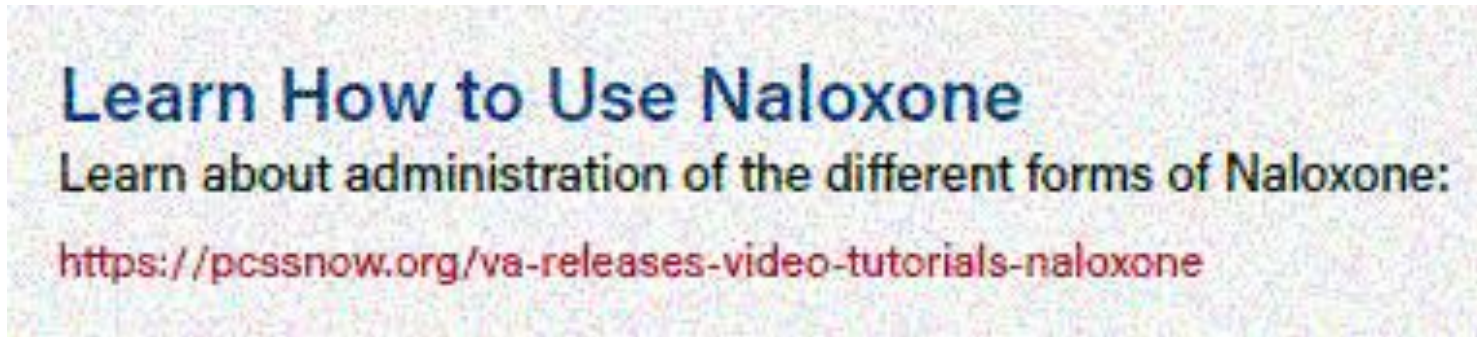
- ***Syringe exchange programs***
- ***Safe injection sites***
- ***Safe injection kits***
- ***Naloxone rescue***



<https://health.mo.gov/living/healthcondiseases/communicable/hivaids/saferdruguse.php>

Naloxone

- **Naloxone** is an **FDA approved opioid antagonist** that rapidly reverses overdoses involving opioids.



- **Naloxone** can be administered through a nasal spray or an intramuscular or IV injection.

Know when your patient is at higher risk of overdose

Overdose Rescue with Naloxone

Who can intervene in an overdose situation??

- First responders: police, fire, EMS and paramedics
- Bystanders, friends, and family members-nasal spray only
- Non-Physician health care workers (nurses, nursing aides, PA's, nurse practitioners, etc)
- Anyone who is carrying naloxone nasal spray with instructions and witnesses an overdose...

Recognize Signs of a Drug Overdose

Common signs of an opioid-related overdose:

- ▶ Unresponsiveness, can't be woken up
- ▶ Shallow or no breathing
- ▶ Small pinpoint pupils
- ▶ Clammy skin
- ▶ Gurgling noises
- ▶ Blue-gray lips and nails

Harm Reduction and Overdose Prevention Efforts in Missouri

NOMODEaths is a collaborative project involving healthcare agencies, academic institutions, and content experts throughout Missouri that aims to expand access to integrated **prevention, treatment, recovery support, and harm reduction** services for individuals with opioid use disorder (OUD) and stimulant use disorder throughout the state of Missouri.

Project goals include:

Prevention

- Provide help in accessing Naloxone
- Promote youth prevention programs
- Provide pain management education for providers
- Raise public awareness about opioids, pain, opioids use disorder, response and recovery

Treatment

- Provide help in accessing treatment for OUD
- Train and educate providers about delivering treatment for OUD
- Promote 'Medication First' approach to OUD treatment
- Link individuals with OUD to available care resources

Recovery

- Support safe and effective recovery housing.
- Train and certify peer specialists to help individuals meet their recovery goals.
- Promote wellness and recovery through recovery community centers in high-need areas.

Harm Reduction

- Expand access to overdose education
- Expand access to naloxone
- Reduce overdose events

If you use drugs, you **matter**.
You are **valued**.
You **deserve help**.

www.NOMODEATHS.org

Text **NOMO** to 65780 to learn where to get help for heroin, fentanyl, or pill use.

Harm Reduction and Overdose Prevention Efforts in Missouri

Missouri Opioid-Heroin Overdose Prevention and Education (MO-HOPE) Project is a partnership between healthcare agencies, academic institutions and community groups that is focused on reducing opioid overdose deaths in Missouri through expanded access to overdose education and naloxone, public awareness, assessment, and referral to treatment. The MO-HOPE Project

- Provides training and tools for overdose prevention and reversal to community members, emergency responders, pharmacists and providers
- Raise awareness and knowledge surrounding the overdose crisis
- Encourage evidence-based approaches to the prevention and treatment of opioid use disorders



MO-HOPE Project



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Safe Opioid Prescribing and Management-PDMP

Prescription Drug Monitoring Programs (PDMP) offer timely access to patient prescribing data and can provide lasting benefits for both physicians and patients.

PDMPs have had a **significant impact on efforts across the country to slow prescription drug misuse, addiction, and overdose**

- Decreases in patients with overlapping opioid claims
- Decreases in drug seeking behavior
- Decreases in overdose deaths from natural opioids and methadone.
- Decreases in substance abuse treatment admissions.
- Increases in the proportion of patients receiving MOUD after the enactment of mandatory PDMPs
- ***According to the CDC, “prescription drug monitoring programs continue to be one of the most promising state-level interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk”.***

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776301>

St. Louis County-PDMP

The **St. Louis County Prescription Drug Monitoring Program (PDMP)** monitors the prescribing and dispensing of schedule II-IV controlled substances to assist in the identification and prevention of prescription drug misuse and overdose.

Currently, this regional PDMP is available to **94% of the prescribers in Missouri**

The PDMP's goals are to:

- Improve controlled substance prescribing by providing critical information regarding a patient's controlled substance prescription history;
- Inform clinical practice by identifying patients at high-risk who would benefit from early interventions; and
- Reduce the number of people who misuse medications or overdose, while making sure patients have access to safe, effective treatment.



<https://pdmp-stlcogis.hub.arcgis.com/>



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A Statewide PDMP for Missouri Physicians

- On June 7th, 2021, Missouri Governor Parson signed SB 63 into law, which will create a statewide prescription drug monitoring program for the entire state of Missouri.
- Missouri was the only state remaining in the US without a state-level PDMP.
- The Missouri State Medical Association (MSMA) has strongly supported the creation of a state-level PDMP as well as protection of physician's rights to legitimately prescribe needed pain medication for patients.
- State officials and the MSMA encourage physicians to continue utilizing the St. Louis County PDMP as the statewide system is being developed.

Additional Tools for Safer Prescribing

Tools for Safer Prescribing

A provider Toolbox developed by the **Opioid Community of Practice-A collaborative** coordinated by the **St. Louis County Department of Public Health**

Opioid Prescribing and Pain Management Toolbox

Resources for Healthcare Providers

Prescribe to Prevent

Prescribe to Prevent is a national organization of prescribers, pharmacists, public health workers, lawyers, and researchers working on overdose prevention and naloxone access. Prescribe to Prevent has compiled resources to help health care providers with prescribing for pain, treating substance use disorder and educating patients to reduce overdose risk and provide naloxone rescue kits to patients



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Challenges: Providing Care For Pain

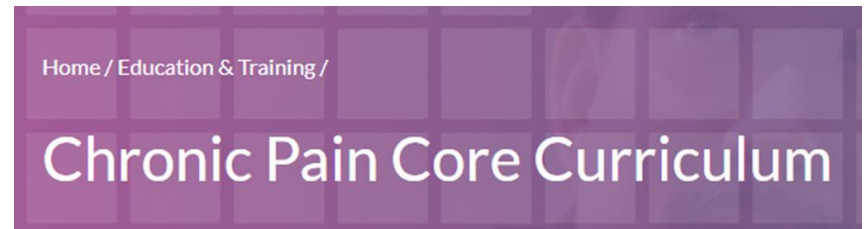
Reductions in opioid prescribing has helped decrease prescription opioid related overdoses and overdose deaths but has left Missouri physicians with new challenges in providing adequate and non-opioid care for pain.

- **Keeping patients with chronic pain conditions who have been on high dose or long-term opioids in care and stable is a priority.**
- **While following regulatory and best practice guidelines**, opioid prescribing and management decisions should be individualized, physician-driven and made collaboratively between the physician and the patient.
- **Tapering patients off long term opioids is not always necessary**-if the patient and the prescriber agree on a taper or dose reduction, follow guidelines to provide for a comfortable, collaborative and safe tapering or dose reduction process.
- **Know your Missouri regulations and guidance: Mo Health Net and the MO Dept of Health and Senior Services** provides guidance on safe opioid prescribing and how to prevent diversion in your practice.
 - <https://health.mo.gov/safety/bnnd/doc/practitionersguidelines.doc>
 - <https://dss.mo.gov/mhd/providers/opi-program.htm>

PCSS-Enhance Your Knowledge on Chronic Pain Care

PCSS

- PCSS clinical experts have developed an updated comprehensive core curriculum for healthcare providers in treating chronic pain and addressing concerns about opioid use disorder.
- These 11 modules, taken individually or cohesively, will provide learners with up-to-date and evidence-based information on best opioid prescribing practices and treatment of opioid use disorder. Healthcare professionals who participate in this curriculum should see an increase in their competence and confidence as they treat patients who may suffer from chronic pain.



AMA Education on Pain

- **Opioids and Pain Management CME:**
 - This comprehensive list of CME activities will enable you to meet your state requirements around opioid analgesics while gaining critical knowledge about acute and chronic pain management, substance misuse treatment, overdose prevention, pain treatment and medical and adult-use marijuana: <https://edhub.ama-assn.org/course/277>
- **The eLearning series “[Practical Guidance for Pain Management](#)”** is also available on the AMA Ed Hub™. This series offers physicians and the broader care team access to educational content in a variety of topics across six modules:
 - Understanding pain and conducting a pain assessment
 - Treating common pain conditions
 - Using opioids safely
 - Using non-opioid medications
 - Using non-pharmacologic treatment modalities
 - Treating Older Adults

Resources for Physicians on Pain Care-AMA

- **Key Terms in Pain Care**
 - The AMA Pain Care Task Force developed a glossary of terms and definitions for commonly used language concerning the treatment of patients with pain: [Glossary-Pain Care Terms-AMA](#)
- **Barriers to Providing Evidence-Informed Pain Care to our Patients**
 - Read article published in AMA Journal of Ethics, authored by AMA Pain Care Task Force. [Barriers to Evidence Based Pain Care-AMA Journal of Ethics](#)
- **Principles of Evidence Based and Evidence Informed Pain Care for Physicians:**
[Principles of Pain Care-AMA](#)
 - Treatment of pain ranges from simple and straightforward regimens for short term acute pain to long-term multimodal management of chronic and sometimes complex pain conditions. Although clinical practice guidelines will differ depending on the specific condition, practice setting and pain presentation, the AMA Pain Care Task Force has identified ten Principles of Care that all physicians can adopt.

Identify Opioid Use Disorder

In 2018:

- An estimated **2 million** people nationally had an opioid use disorder. Over **20 million** are thought to have some kind of substance use disorder.
- **Over 21.2 million Americans** needed substance use disorder treatment, but **only 3.7 million people** received any kind of treatment.
- **Missouri ranked 30th** in buprenorphine prescribing to Medicaid enrollees among the 50 states.

Evidence Based Treatment for Opioid Use Disorder

Access to evidence-based treatment services and recovery supports is key to addressing the opioid use disorder epidemic and preventing overdoses

- Medications for opioid use disorder (MOUD) can substantially reduce morbidity and mortality associated with OUDs, yet just 18% of people with OUDs in 2019 received these medications during the prior year. (NIH-NCBI)
- Medications should be combined with **behavioral counseling** for a “whole patient” approach, known as Medication Assisted Treatment (MAT). (NIDA)
- **Obtaining the X-waiver to prescribe buprenorphine just got easier.**
 - In April 2021, Health and Human Services (HHS) announced exemption for all eligible physicians and other prescribers from the federal certification (training) requirement to obtain their waiver to prescribe buprenorphine for up to 30 patients. **The X-waiver is still required-the training is available but voluntary.** (HHS)

Medications for Opioid Use Disorder (MOUD)

- **Buprenorphine and Buprenorphine/Naloxone** (partial agonist and partial agonist/antagonist)
 - Sublingual film
 - Sublingual tablets (with and without naloxone)
 - Extended release-injectable
 - *Intrathecal pump-sometimes used for anesthesia*
- **Naltrexone** (antagonist)
 - Tablets
 - Oral granules-dissolved in water
 - IM injection
- **Methadone** (full agonist)-methadone treatment can only be provided via a SAMHSA-certified opioid treatment program-may be accompanied by outpatient counseling
 - Liquid oral concentrate

<https://pcssnow.org/medications-for-opioid-use-disorder/>

Find Treatment in Missouri for OUD/SUD

Become familiar with the addiction treatment facilities in your community.

Missouri Department of Mental Health-The Division of Behavioral Health (DBH) has programs around the state to help individuals with substance use disorders or mental illness. There are programs for youth, adolescents and adults.

- Help for Opioid Dependence Directory: <https://dmh.mo.gov/behavioral-health/treatment-services>

The Substance Abuse and Mental Health Services (SAMHSA) Treatment Locator: Help Is Available From Licensed Providers Across The Country

- Find substance use disorder treatment providers near you:
<https://www.samhsa.gov/find-treatment>

PCSS Educational Resources on Opioid/Substance Use Disorder



**Simulated Training:
Talk About OUD with Your Patients**

A 30-minute interactive case-based training offering best practices and evidence-based communication strategies to address the needs of patients with OUD.

[Begin Course](#)



Home / Education & Training /

SUD 101 Core Curriculum



October 14, 2020 @ 2:00 pm - 3:00 pm

Rise of Methamphetamine: New Risks, Current Treatments

Learn About OUD/SUD

Treatment of Opioid Use Disorder

Opioid Use Disorder - PROJECT ECHO empowers and supports primary care providers in Missouri to more effectively and confidently treat patients suffering from opioid use disorder:

<https://showmeecho.org/clinics/opioid-use-disorder>

Educational Resources for the Treatment of Substance/Opioid Use Disorder from PCSS

SUD Core Curriculum:

<https://pcssnow.org/education-training/sud-core-curriculum>

SUD for the Healthcare Team:

<https://pcssnow.org/education-training/sud-for-the-healthcare-team>

PCSS Exchange:

pcssnow.org/education-training/pcss-exchange

Clinical Roundtables are available on a variety of topics related to opioid use and other substance use disorders:

<https://pcssnow.org/mentoring/clinical-roundtable>

Training for clinicians interested in learning more about Medications for Opioid Use Disorder (MOUD) is available at:

<https://pcssnow.org/medications-for-opioid-use-disorder>



Reduce Stigma-PCSS and AMA Resources

Learn about reducing stigma

- Patients with chronic pain and patients with a substance use disorder deserve comprehensive care and compassion, not judgement



Addiction Stigma

Dr. Nora Volkow - Director of National Institute on Drug Abuse on Addiction Stigma:

<https://d14rmgtrwzf5a.cloudfront.net/about-nida/noras-blog/2020/04/addressing-stigma-surrounds-addiction>

Importance of clinically accurate, non-stigmatizing language around addiction:

<https://end-overdose-epidemic.org/awareness/stigma>

PCSS resources on combating stigma and having difficult conversations with patients about substance use:

<https://pcssnow.org/resources/resource-category/stigma>

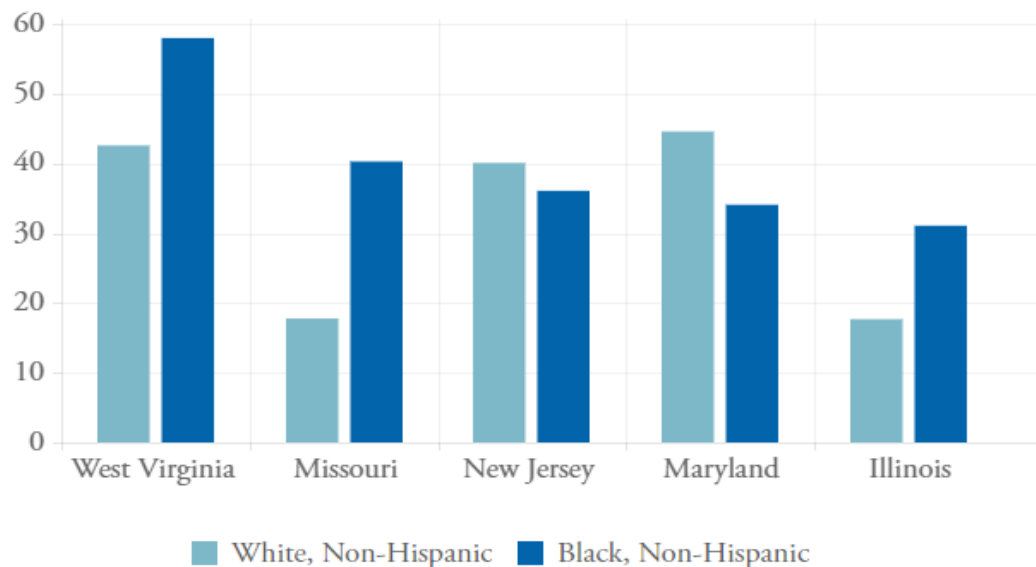
Racial Disparities and Overdose Deaths



An NIH study based on data from a population of 8.3 million people across KY, MA, NY & OH found Non-Hispanic Black individuals experienced a 38% increase in the rate of opioid overdose deaths from 2018 to 2019, while the rates for other race and ethnicity groups held steady or decreased.

<https://www.nih.gov/news-events/news-releases/disparities-opioid-overdose-deaths-continue-worsen-black-people-study-suggests>

NATIONAL OPIOID OVERDOSE DEATHS BY RACE, 2018



Excluding the District of Columbia, Missouri has the second highest opioid overdose deaths rate for Black individuals in the country. Source: Kaiser Family Foundation, Opioid Overdose Deaths by Race

PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for addiction treatment.**
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

For more information visit:

<https://pcssNOW.org/mentoring/>

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PCSS Discussion Forum

Have a clinical question?



Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

[Ask Now](#) ▶



<http://pcss.invisionzone.com/register>



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PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Behavioral Health
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine



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Educate. Train. Mentor



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