OPIOID MISUSE:  
A Complex Problem Requiring Multifaceted Solutions

AN EPIDEMIC IN MISSOURI

Rate of Hospital Inpatient and Emergency Department Visits for Analgesic Opioid Overuse by Senate District, FY 2015

- Rate per 100,000:
  - Under 318
  - 318 – 350
  - 350.1 – 485
  - 485.1 – 553
  - 553.1 – 1,525

Since 2009 in the U.S., opioid deaths have surpassed motor vehicle deaths.2

The additional hospital-based charges for opioid-exposed infant births covered by Medicaid is now more than $23 MILLION annually – at a cost to MO HealthNet of nearly $10 MILLION.

WHAT WE CAN DO ABOUT IT

In Practice With Patients

- Pain Management: Pain may be caused by acute injury or a chronic condition and are managed by different therapies. Chronic pain often is effectively controlled without opioid-based medications.

- ED Guidelines: In December 2015, Missouri providers and hospitals suggested prescribing recommendations of which 79% have been adopted.2

- Patient Education: Explain why a more cautious approach to prescribing opioids, other forms of pain management, pain expectations and safe disposal of narcotics are important considerations.

- Assessment: Assess individuals for the risk of opioid misuse, and take initiative for treatment referrals.

In Policy Within Communities

- Increase access to treatment options and locations
- Use tools such as a PDMP

1 Missouri Hospital Association, Hospital Industry Data Institute, 2017.
3 MHA Opioid Emergency Department Prescribing Guidelines survey (n=71), January 2017.