Missouri opioid deaths on track to exceed traffic fatalities

Traffic and opioid-related deaths

The number of opioid-related deaths are on track to surpass traffic-related deaths in Missouri for the first time this year.*

*Preliminary figures through Aug. 31
Sources: Missouri State Highway Patrol, Missouri Department of Health and Senior Services

GATEHOUSE MEDIA
Deaths from opioid overdose could reach a grim milestone this year in Missouri as narcotic fatalities appear likely to exceed those from traffic accidents for the first time in official state statistics.

In 2016, the Department of Health and Senior Services recorded 908 opioid overdose deaths and the Missouri State Highway Patrol catalogued 947 traffic fatalities. Through Aug. 31, the death toll from opioids stood at 733 and the count for traffic fatalities was 591.

Both agencies have higher, more recent figures - 22 additional opioid deaths through Oct. 31 and 183 more traffic fatalities through Saturday -- but a comparison is difficult because overdose reporting takes longer to process than traffic data.

Those opioid deaths, part of a national trend that led President Donald Trump to declare a public health emergency, include eight in Boone County this year. Since Jan. 1, 2016, Boone County Medical Examiner Chris Stacy said he has handled 43 intoxication related deaths of all kinds and 25 motor vehicle collision deaths for the county.

The local numbers could have been much worse – the Columbia Fire Department has responded to 309 overdose calls since Jan. 1, an average of one every day. The department has administered the anti-overdose drug naloxone, also known as narcan, 17 times. The University of Missouri Hospital emergency room has administered it 38 times.

In one recent case, no response could have been fast enough, Lt. Michael Holz of the fire department said. A young man didn’t have time to put the needle away before he was dead.

“The needle wasn’t in his arm, it had obviously fallen out, but it killed him instantly,” Holz said. “It killed him instantly because he was in rigor in the process of doing his drugs.”
Randall Williams, director of the state health department, will open a Nov. 29 opioid summit at the Courtyard hotel co-hosted by the Columbia-Boone County Department of Public Health and Human Services. Law enforcement, health professionals and researchers will discuss the opioid epidemic. It is one of nine local summits across the state that is just a part of the public response.

“We have two phenomenon going on,” Williams said Thursday. “In St. Louis we have people dying of fentanyl. In rural Missouri, especially in southeast Missouri, it is the number of prescriptions being filled and the misuse and abuse of oral narcotics.”

The summits are intended to put local health departments in charge of a response tailored to the needs of each area, Williams said.

“The purpose is to align our federal, state and local partners together so they know what resources are available for those entities,” Williams said.

Missouri is the only state without a statewide program to monitor prescriptions. A program ordered by Gov. Eric Greitens after lawmakers failed again this year to pass legislation mandating a program is having difficulty being launched. Williams declined to discuss the issues because the contract to develop the database is still in the hands of state purchasing agents.

A program sponsored by St. Louis County provides only spotty coverage across the state but the first report on Oct. 11 showed opioid prescription rates in Columbia to be about average for the jurisdictions participating.

In Congress, U.S. Sen. Claire McCaskill, D-Mo., has investigated opioid manufacturer sales and marketing practices. In Missouri, the rival for her seat, Attorney General Josh Hawley, is suing three major opioid manufacturers for deceptive marketing and has sent demands for documents to 10 other manufacturers and distributors.

In 2014, Missouri passed a law allowing first responders to carry and administer naloxone and last year followed that with a law allowing pharmacies to dispense the drug without a prescription if they set up a standing protocol with a doctor. Along with the Columbia Fire Department, the Boone County Fire District keeps the drug in their kit.

“We have been using it for just over two years and have used it successfully many times,” assistant chief Gale Blomenkamp said. “The issue with having that is that it has got to be administered pretty early in an event.”
The epidemic has no social or economic boundaries, Holz and Lt. Pete Waldron of the fire department said Friday. The more severe overdose cases, however, are among users who inject their drugs rather than those who consume them orally. Responding to the scene of an overdose has many dangers, they said.

“We have a lot of calls where we have to have a heightened awareness of what we are going in to,” Waldron said.

In Butler County recently, a law enforcement officer exposed to drugs during an investigation became unresponsive and was administered naloxone, Williams said. Fentanyl is especially dangerous because such a small amount can kill either through absorption through the skin or if it becomes airborne as a powder.

“The biggest problem is that the people getting these drugs, as well as the law enforcement investigating or the EMS showing up, nobody ever really knows what is in these drugs,” Williams said.

Naloxone is an aerosol and revives the patient instantly. That can have its own dangers, Holz said.

“You give narcan to somebody who is unconscious and it doesn’t take 5 or 10 minutes to wake them up,” he said. “They are up. And if they have spent a lot of money on that drug, they are mad. There’s been several instances in St. Louis, and I think we had one here, where someone woke up and immediately grabbed a gun off the night stand.”

Saving the lives of someone who has overdosed is an opportunity to get them into treatment. While it can take two to four weeks to obtain a bed at Phoenix Health Programs for alcohol treatment, the agency tries to make room for a person in crisis from opioid addiction within 48 hours, said Laura Cameron, program manager.

The program has 30 beds for men, six for women and up to seven detox beds, she said. Medication to block opioids is one of the more successful treatments currently she said.

And every case manager is prepared for the worst, Cameron said.

“All of our case managers are carrying narcan now,” she said.

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