A Multiple Indicator Analysis of Heroin and Opiate Use in Missouri: 2001 to 2011

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MISSOURI RECOVERY NETWORK

Our Mission
The Missouri Recovery Network mobilizes those in recovery, their families and allies to help end discrimination, broaden social understanding about addiction and recovery, reduce barriers to and support recovery, and achieve an improved public response to alcohol and other drug use disorders as a public health crisis.

Our Vision
All Missourians with alcohol and/or other drug use disorders are assured prompt, equal access to treatment & recovery support services allowing them to achieve and sustain recovery and be accepted as valued members of their communities.

ROOSEVELT UNIVERSITY’S ILLINOIS CONSORTIUM ON DRUG POLICY

Our Mission
We promote socially just and economically viable drug policies by providing sound research to policymakers, advocates, impacted individuals and the general public.

Our Vision
The Consortium looks to a time when substance use is viewed as a public health issue rather than a criminal justice problem. We envision a future when substance use declines due to decreased demand achieved through advancements in drug and alcohol treatment, mental health services and prevention and outreach programs.
EXECUTIVE SUMMARY

It has been well documented that heroin use is rising in the Midwest, and Missouri is no exception. According to DEA reports, Midwest heroin availability indicators increased by 50% from 2008 to 2010 and the Midwest has the second highest rate of the four regions of the US. Only the Eastern states rank higher. Demand from oxycodone users who substitute heroin for prescription opiates has increased the use of heroin throughout the Midwest, including certain portions of the state of Missouri.

- Twenty-four percent of law enforcement agencies in Missouri indicate that heroin is the greatest drug threat, while only 13% of law enforcement agencies indicate that cocaine is the major drug threat in their Missouri community;
- In the St. Louis area, including, St. Louis City and St. Louis County, St. Charles, St. Francis, Jefferson, Franklin, Lincoln, Warren and Washington Counties, heroin was the second most common illicit drug seized after marijuana, accounting for nearly 17% of seizures;
- Kansas City’s heroin problem is worsening and the availability of the heroin has greatly increased in the Kansas City metropolitan area since 2007.

Prescription opiate use has increased in general over the past 20 years, rising from approximately 76 million prescriptions in 1991 to 210 million prescriptions in 2010. In Missouri, opiate use is not confined to one part of the state. Opiate medications, also known as prescription painkillers, are highly available in Missouri.

- Missouri’s rate of prescription opiate pills sold is ranked first in the census region, higher than Kansas, Iowa, North and South Dakota, Minnesota, Nebraska and Illinois;
- Oxycodone and hydrocodone are the most commonly abused controlled prescription drugs in Kansas City. Law enforcement have disbanded multi-million dollar drug trafficking rings;
- In the St. Louis region and surrounding counties, prescription opiate seizures by police were nearly as common as methamphetamine seizures (4.6% versus 5.2% of all drug seizures).

Hospitalizations for Opiates/Heroin

From 2006 to 2010, the percentage of heroin or opiate abuse diagnoses in Missouri emergency rooms rose 63.1%. In 2010, a total of 28,498 Missouri residents were admitted to local hospitals seeking medical assistance for concerns associated with illicit drug use.

- More than 13,000 drug hospitalizations involved the use of heroin and opiates;
- Nearly half (45.8%) of all hospital admissions for drugs were due to heroin and other opiates;
- Patients admitted to hospitals in St. Louis were most likely to mention heroin or opiate use (52.8%), followed by patients in Springfield (48.1%), patients in Non-Metropolitan Statistical Areas (47.1%), Columbia (39.8%), Joplin (39.5%), Kansas City (33.7%), and St. Joseph counties (28.3%).
Public Treatment Admissions over Time

From 2001 to 2011, public treatment admissions in Missouri for heroin and other opiates have increased dramatically and significantly, surpassing cocaine and other drugs of abuse. While the focus in Missouri has been primarily on methamphetamine, cocaine and marijuana, the drug threat from heroin and other opiates is significant.

- In 2011, opiates and heroin combined made up 26% of all drug treatment admissions (excluding alcohol) and were the second most common reason to enter treatment behind marijuana in 2011;
- Methamphetamine comprised just 19% and cocaine just 13% of treatment admissions;
- Opiate treatment admissions increased more than sevenfold (645% increase) between 2001 and 2011;
- Heroin treatment admissions more than doubled (increasing 150%) between 2001 and 2011;
- Heroin treatment admissions made up just 7% of all drug admissions in 2001. By 2011, heroin was involved in 16% of all drug treatment admissions;
- Opiate treatment admissions accounted for just 1% of all treatment admissions in 2001, but in 2011 the number had risen to 10%;

![Public Treatment Admissions by Drug 2001 to 2011](image)

Demographic Changes in Heroin Users

Individuals most likely to use public treatment are younger than they were in the past. Additionally, the increasing numbers of females in public treatment systems and the increase of white users indicate, that like much of the country, demographics of Missouri heroin users have shifted into a new cohort. The
rise of younger white users has been documented across the country. In Missouri, the patterns are the same: more whites entering treatment, more accounts of suburban use, and fewer gender differences:

- **Today the majority of those entering treatment for heroin are aged 30 or younger (55%),** while in 2001 those under 30 represented the minority of treatment admissions (43%);
- **Today, more than 41% of those entering treatment are female,** but 10 years ago, two thirds of those entering public treatment for heroin were male, while just one third were female;
- **Today, whites comprise the majority (60%) of publicly funded treatment admissions while African Americans make up just 30% of treatment admissions for heroin.** This is in stark contrast to ten years ago when African Americans comprised the majority of heroin treatment admissions.

### Demographic Changes in Opiate Use

There is an assumption that opiate users are from predominantly rural areas, but as evidenced by multiple Missouri data indicators, this is not the case. It is important to recognize the relationship between heroin and opiate users. Many heroin users begin their use with opiate pills and transition to heroin as pills become too difficult or expensive to obtain. When thinking about opiate users, it is essential to understand that today’s opiate user may very likely become tomorrow’s heroin user.

Today, the majority of those entering treatment for opiates other than heroin are white (92%), indicating no significant change since 2001. The opiate treatment population is comprised of both females and males equally (52% v 48%). The percentage of younger people who are admitted to Missouri’s public treatment systems for opiates other than heroin has increased significantly.

- **The majority of those admitted to public treatment were aged 30 or younger in 2011** while in 2001, users aged 30 or younger represented the minority of those admitted to treatment (56.5% in 2011 versus 38.4% in 2001);

### Mortality

Nationally, accidental drug overdoses nearly tie motor vehicle accidents as the number one cause of accidental death. Missouri has been impacted greatly by drug deaths:

- **Deaths due to heroin more than tripled in just 4 years** (increasing 254% from 69 deaths in 2007 to 244 in 2011);
- **Missouri’s drug overdose rate is significantly higher than the US rate** at 13.1 per 100,000 individuals, while the US rate is 11.9 per 100,000;
- **Missouri’s drug overdose rate ranked first in the region,** surpassing Illinois, Kansas, North and South Dakota, Minnesota, Iowa and Nebraska.
- **Missouri’s drug overdose rate was more than double that of Nebraska and nearly twice as high as Iowa.**