

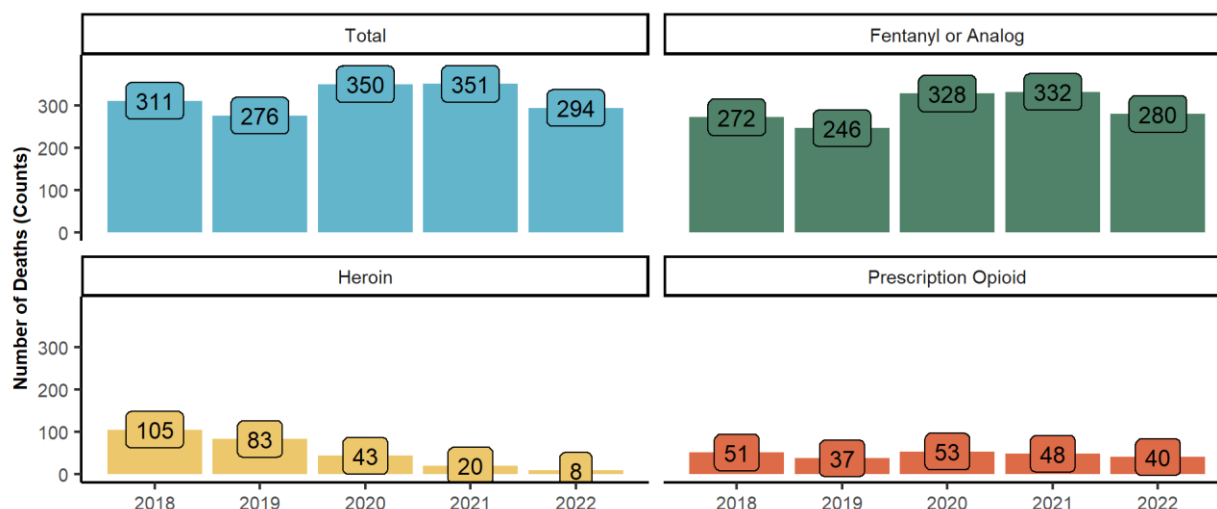
This brief is an update on opioid-involved deaths in St. Louis County. A death is considered opioid-involved if an opioid was listed either as or alongside the primary cause of death. This definition encompasses accidents, suicides, and homicides where an opioid was determined to have played a direct role in the death.

Key Findings:

- In 2022, opioid-involved deaths in St. Louis County decreased for the first time since 2019.
- Fentanyl was present in 62% of all drug-involved deaths and 94% of opioid-involved deaths in 2022.
- Disparities in opioid-involved mortality continue to persist, with Black men dying at a rate 2.7 times higher than any other demographic group.

The data utilized in this brief was provided by the St. Louis County Medical Examiner's Office and is provisional data, with numbers subject to change as more cases are closed. The data reflects deaths that have occurred within St. Louis County regardless of the deceased person's place of residence.

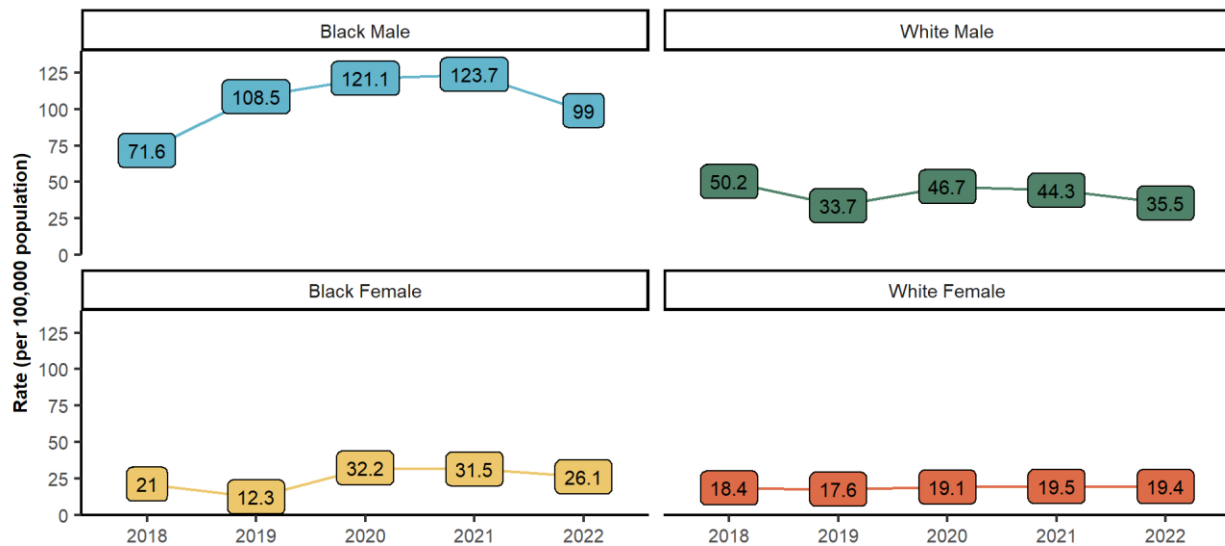
Figure 1. Opioid-involved deaths by opioid-type occurring in St. Louis County, 2018-2022



Data Note: Opioid breakouts are not mutually exclusive, deaths with multiple opioids are counted towards each drug class

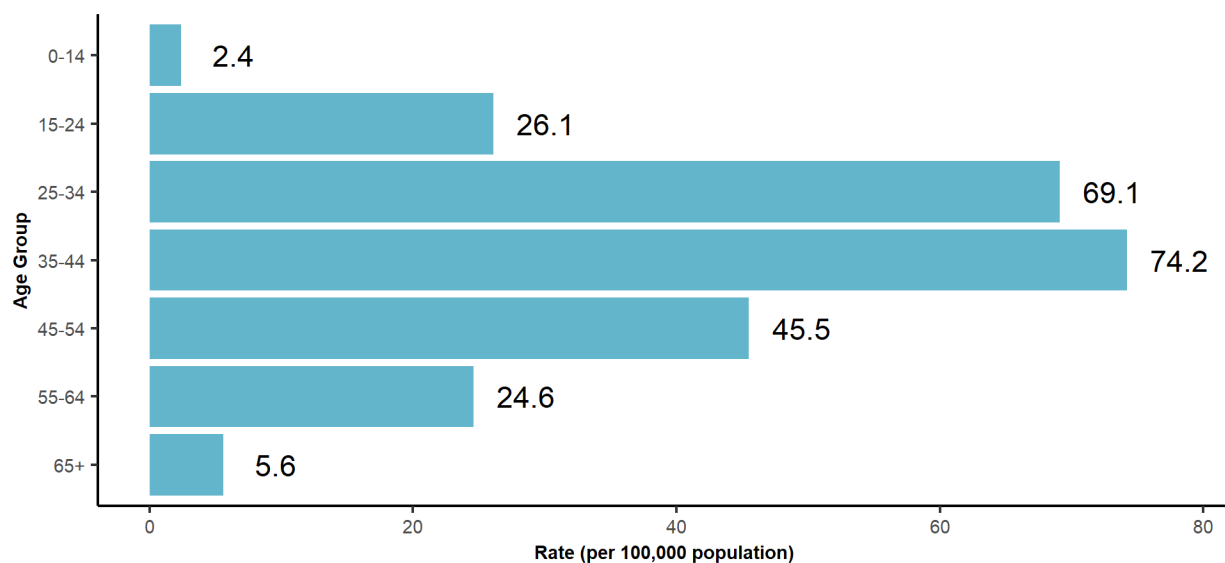
- In 2022, there were 294 opioid-involved deaths in St. Louis County, the lowest number since 2019 and a 16% decrease in comparison to 2021.
- The opioid-involved mortality rate for St. Louis County, in 2022, was 31.9 deaths per 100,000 population.
- Opioids were present in 67% of the drug-involved deaths that occurred in St. Louis County in 2022.
- Fentanyl or its analogs contributed to more than 95% of all opioid-involved deaths.
- 47 deaths involved the veterinary sedative xylazine paired with fentanyl or an analog, a 194% increase over 2021.
- The presence of heroin in drug-involved deaths has diminished significantly, down 92% over the last 5 years.

Figure 2. Age-adjusted opioid-involved mortality rates by race and sex, 2018-2022



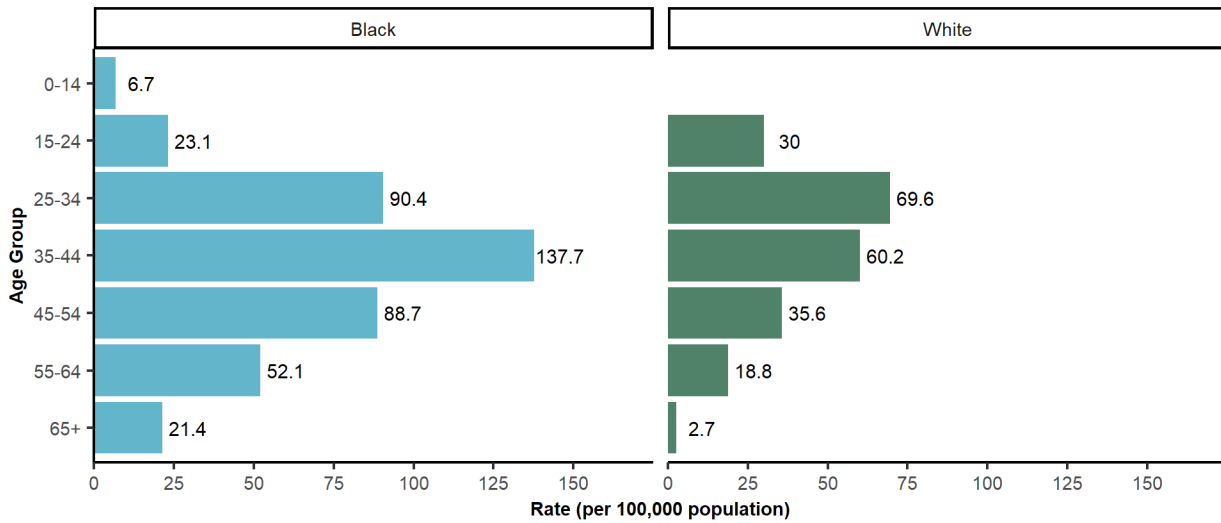
- In 2022, the opioid-involved mortality rate for Black men was 99 deaths per 100,000 population, 2.7 times higher than the next closest demographic group.
- The opioid-involved mortality rate for Black men decreased by 20% in 2022, the first such decrease in the last 5 years.
- In 2022, White men had an opioid-involved mortality rate of 36.2 deaths per 100,000 population, continuing a downward trend since 2018 and representing a 27% decrease over the past 5 years.
- Black women had a mortality rate of 26.1 deaths per 100,000 population in 2022, a slight decrease after two years of higher-than-average mortality rates.
- The opioid-involved mortality rate for White women has remained steady over the last 5 years. In 2022 the rate was 19.4 deaths per 100,000 population.

Figure 3. 5-year average opioid-involved mortality rates by age group, 2018-2022



- The 5-year age-specific mortality rate was highest among the 35-44 age group at 74.2 per 100,000 population, followed closely by individuals in the 25-34 age group, who had a mortality rate of 69.1 per 100,000 population.
- Between 2018 and 2022, an opioid contributed to 81% of all drug-involved deaths involving an individual under the age of 15.

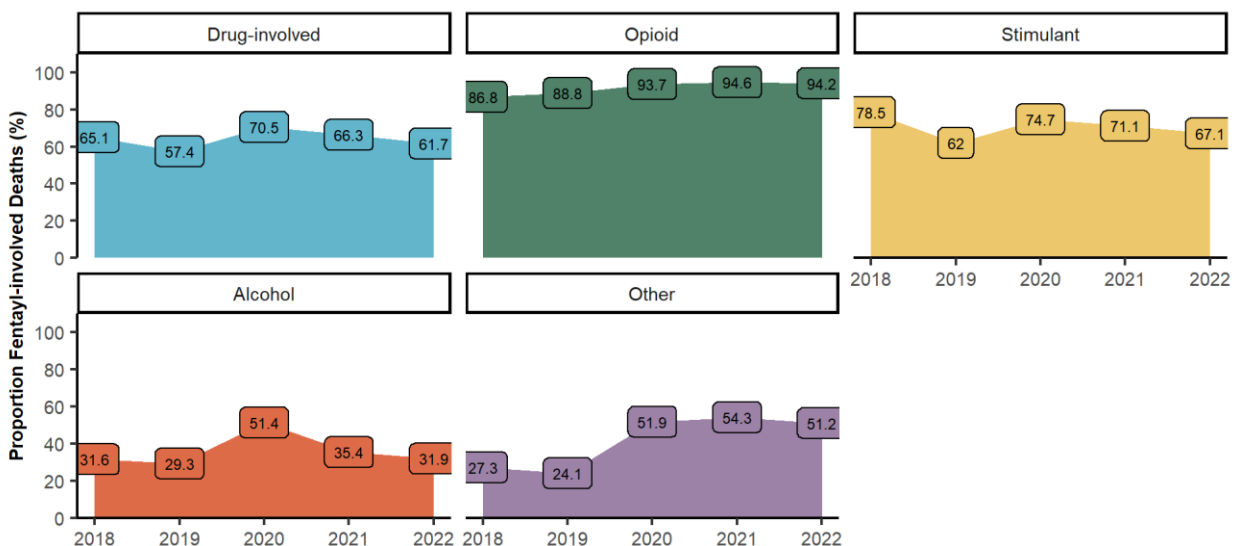
Figure 4. 5-year average opioid-involved mortality rates by race and age group , 2018-2022



Data Note: 0-14 age group not displayed for White race group due to suppression standards

- The opioid-involved mortality rate for Black individuals was highest in the 35-44 age group, followed closely by the 25-34 and 45-54 age groups.
- The opioid-involved mortality rate for White individuals was highest in the 25-34 age group.
- Black children in the 0-14 age group had an opioid-involved mortality rate of 6.7 per 100,000 population. They accounted for 82% of opioid-involved deaths that occurred in the 0-14 age group between 2018 and 2022.

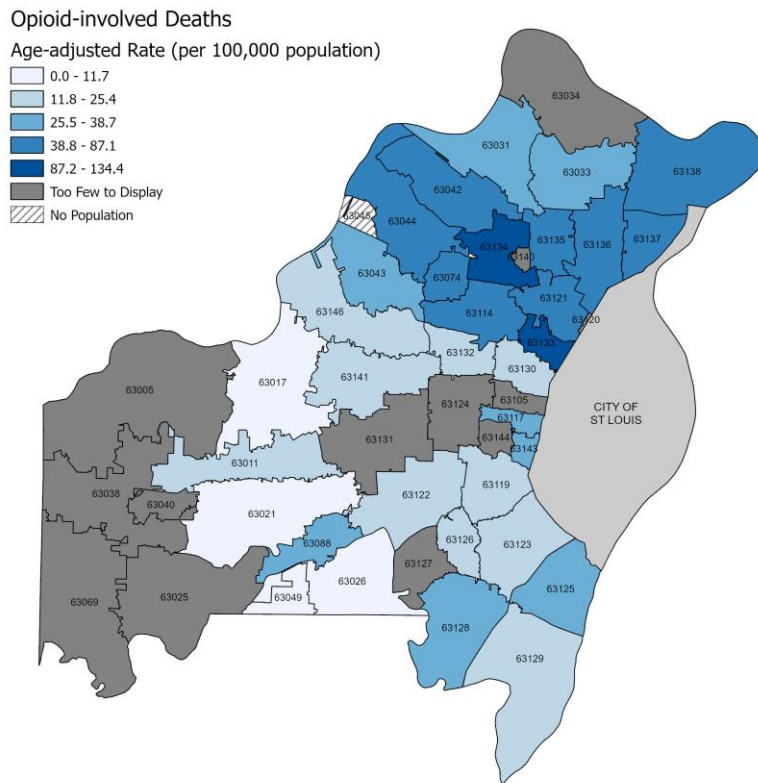
Figure 5. Percent fentanyl involvement by drug class, 2018-2022



- Fentanyl continues to be a major contributor to drug-involved mortality in St. Louis County.

- Between 2018 and 2022, on average, fentanyl has been present in 64% of drug-involved deaths each year. In 2022, fentanyl contributed to 62% of all drug-involved deaths.
- In each of the past 3 years, fentanyl has been present in at least 90% of opioid-involved deaths.
- Deaths that involved alcohol were the only category examined within this analysis where fentanyl did not contribute to 50% or more of the deaths in 2022.

Map 1. Opioid-involved deaths by ZIP code of occurrence, 2018-2022



This map was produced with 2018-2022 drug-involved death data provided by the St. Louis County Medical Examiner's Office

- Opioid-involved deaths occurred at the highest rates within ZIP codes in the Inner North and Outer North geographical regions with some smaller pockets occurring in Central and South as well.
- 63133 and 63134 were the two ZIP codes with the highest rate of opioid-involved deaths at 134.4 per 100,000 population and 100.5 per 100,000 population respectively.
- Over the 5-year period, 63136, 63114, and 63121 were the three ZIP codes where the largest number of opioid-involved deaths occurred.

Conclusion

2022 saw the first decrease in drug-involved deaths within St. Louis County since 2015 and the first decrease in opioid-involved deaths since 2019. Strong collaboration and persistent efforts will be needed to turn this one-year decline into a lasting trend. The 2019 decline in opioid-involved deaths was followed by back-to-back years of record high opioid-involved fatalities within St. Louis County. Additionally, drug-involved deaths cannot be addressed within a geographic bubble. 2022 provisional data from the National Center for Health Statistics suggests that drug overdose deaths in the United States will top 100,000 for the second year in a row.¹ The overdose epidemic is a top public health concern that will require continued attention.

With fentanyl contributing to an average 64% of drug-involved deaths each year between 2018 and 2022, combating fentanyl-involved deaths must remain a high priority in the battle against the overdose epidemic. A large increase in deaths that combine fentanyl and xylazine signals new challenges to be addressed. This drug combination causes open wounds and infections that will require special care and expanded interventions. Fentanyl and stimulants are another co-occurring drug combination that continue to be present in a large number of drug-involved deaths.

Several large disparities were evident in opioid-involved deaths between 2018 and 2022. Black St. Louisans, men, and young people were all disproportionately affected. In 2022, Black men died at a rate 2.7 times higher than the next closest demographic group. Additionally over the 5-year period, Black children accounted for 82% of opioid-involved deaths in youths under the age of 14. Large disparities also exist in the geographic distribution of deaths.

Methods

Provisional data was provided for this brief by the St. Louis County Medical Examiner's Office. Each year the Medical Examiner's office, which is part of the St. Louis County Department of Public Health (DPH), provides the Substance Use Program with a report that includes drug-involved deaths that occurred in St. Louis County.

DPH reviewed toxicology results and medical examiner notes to determine which drugs were involved in each death. This brief reports all drug-involved deaths that occurred in St. Louis County, regardless of the decedent's place of residence. This provides a more complete capture of the burden of drug-involved deaths on St. Louis County. The American Community Survey (ACS) was used to generate 5-year estimates for the St. Louis County population by age, gender, and race for 2018-2021. At the time this report was prepared, the 2022 ACS 5-year estimates had not been released, so 2021 population estimates were used instead. Age-adjusted and age-specific rates and 95% confidence intervals were calculated in SAS and R using population estimates from ACS. The rates were age-adjusted to the 2000 U.S. population. Maps displaying age-adjusted rates by ZIP code were generated using ArcGIS. The St. Louis County Chronic Disease Epidemiology team relies on suppression standards to protect identifiable groups in its work. As a result, any counts less than 5 or rates calculated with an error (RSE) greater than 30 are not presented.

Limitations

There are several limitations of the data used for this brief. Medical Examiner data is provisional and numbers are subject to change as cases continue to be finalized by the Medical Examiner's Office. Another limitation of this brief is its lack of direct comparison to drug overdose. The case definition used for drug-involved deaths in this brief varies slightly from the standard definition of drug overdose, namely its inclusion of deaths where alcohol is the primary drug which are often reported separately from drug overdose deaths by other case definitions. The data presented in this brief also lacks some of the inclusivity and equity that St. Louis County Department of Public Health strives for in its' work. In death cases gender identity and sexual orientation information is not directly available and biological

sex is reported based on the Medical Examiner's observation. Race/ethnicity data is also based on the Medical Examiner's observation. Some race/ ethnicity groups have small populations, making it challenging to accurately present their health data. In an effort to protect identities this information has been suppressed.

Resources

In an effort to address the needs of community members who may be directly impacted by the Overdose Epidemic, the following are brief examples of St. Louis County Department of Public Health resources. The resources listed below are just a few of the available options and a more comprehensive list can be found at: <https://stlouiscountymo.gov/st-louis-county-departments/public-health/substance-use-resources/>

Harm Reduction

Naloxone is available for community members free of charge, no ID required, and no questions asked, at all three St. Louis County clinic locations and by mail. Clinic locations and contact information are available at: <https://stlouiscountymo.gov/st-louis-county-departments/public-health/locations/>

DPH also provides training and naloxone to organizations that are interested in becoming naloxone distribution sites for community members at risk of witnessing or experiencing an opioid overdose. Further information can be found at: <https://stlouiscountymo.gov/st-louis-county-departments/public-health/substance-use-resources/naloxone-and-overdose-resources/>

Treatment and Recovery

St. Louis County Department of Public Health is supportive of community members at all stages of substance use. For those interested in treatment or recovery options, St. Louis County Department of Public Health operates three community health centers that offer comprehensive, confidential, patient-centered preventive and primary health care. The health centers are open to all community members regardless of ability to pay. As part of the available primary-care offerings, providers within all three clinics are equipped to offer medication-assisted treatment (MAT). MAT combines behavioral health support with medications to create sustainable recovery. To make an appointment, or for more information, please call 314-615-0500.

For members of the community interested in other treatment or recovery options, the Substance Abuse and Mental Health Services Administration (SAMHSA) offers free, 24/7 treatment and referral information, available in both English and Spanish, via their confidential hotline at 1-800-662-4357, or through searchable treatment locators at their website <https://findtreatment.gov/locator>.

References

1. National Vital Statistics System. August 2023. Provisional Drug Overdose Death Counts. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm#nature_sources_of_data.

Suggested Citation

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For questions and comments related to this brief, please email CAdams@stlouiscountymo.gov.