JACKSON COUNTY PUBLIC HEALTH

POLICY BRIEF

Harm Reduction

COMMUNITY ENGAGEMENT & POLICY DIVISION // APRIL 2025

Introduction and Background

Opioid dependence and addiction have been noted in medical literature as long as opioids have been prescribed; however, in the late 1990s, pharmaceutical lobbying and mass availability of cheap opioids led to a meteoric rise in opioid misuse (Schmidt, 2023). From 2002 to 2022, the age-adjusted rate of deaths involving synthetic opioids increased from 0.4 deaths per 100,000 people to 22.7 deaths per 100,000 people in the United States (Spencer et al., 2023).

In 2023, 1,427 Missourians died from an opioid overdose, with fentanyl involvement in 93% of those deaths (Missouri Department of Health and Senior Services [DHSS], 2024a; University of Missouri St Louis Addiction Science Team, 2024).

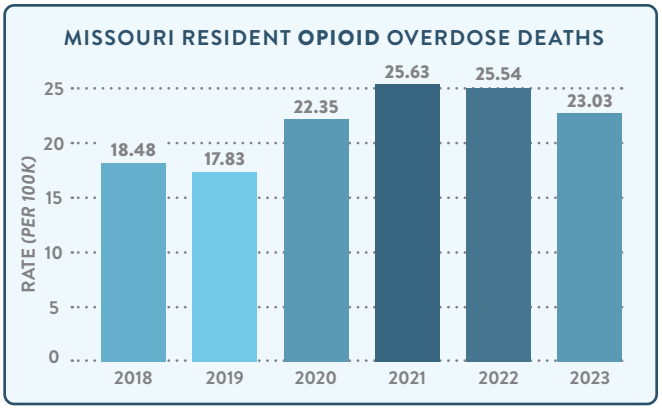
Additionally, Missouri recorded 10,156 emergency room visits and 7,258 inpatient hospitalizations from drug overdoses in 2023 – decreased from 2022 counts. The state's inpatient overdose rate was nearly double the national average that year (DHSS, 2024b). These hospitalizations and ER visits represent the nonfatal overdoses that can burden the healthcare system and strain emergency services.

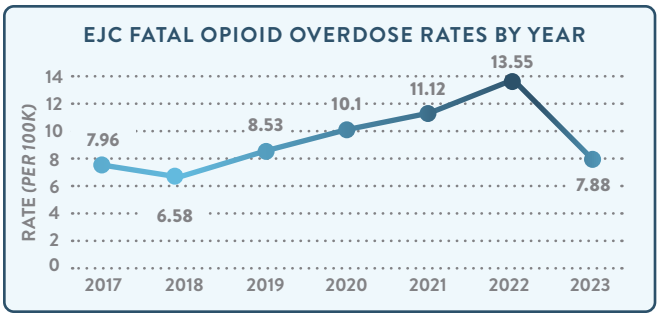
The fatal opioid overdose rate decreased in 2023
(DHSS, 2024a)

OPIOID OVERDOSES IN EJC

In Eastern Jackson County (EJC), 25 residents died from an opioid overdose in 2023, a rate of 7.88 per 100,000 people. This represents a 42% decrease in fatalities compared with 2022 (Jackson County Public Health [JCPH], 2024).

In 2023, males had a higher fatal overdose rate than females (10.35 and 5.53 per 100,000 respectively), and people under 44 years old were more likely to die of an opioid overdose (9.17 compared to 6.06 for 45 years and above). Black EJC residents experienced a significant increase in fatal overdose rates in 2023 (14.44 per 100,000) compared to 2020-2022 (1.88, 9.17, 7.22 per 100,000). The communities with the highest rates of fatal overdose in EJC were Grandview (64030) at 20.33 deaths per 100,000 residents, and Blue Springs (64015) at 10.67 deaths per 100,000 residents (JCPH, 2024).





Recommendations for Harm Reduction Policies and Practices

Harm reduction is the practice of reducing the negative outcomes associated with risky behavior. The harm reduction model, like other recovery models, uses quality of life and individual wellbeing as the key indicators of success. Even if a person is not ready to stop their drug use, they can make other changes to improve their overall health, thus engaging in the recovery process.

Harm reduction strategies are just one set of interventions on a wide spectrum of approaches to the complex issue of substance use. Harm reduction strategies do not encourage substance use; rather, they acknowledge that people will always find avenues to meet their needs, whether or not those practices are legal or healthful. Implementing harm reduction practices at a policy level as outlined below gives community members additional options to engage with systems of care and move toward recovery.

Community members may voice concerns that harm reduction practices might enable or encourage substance use. Several studies have examined this potential phenomenon and concluded that ***harm reduction practices do not increase the frequency or amount of opioids used.***

Specifically, people who use drugs (PWUD) who participated in overdose intervention and naloxone administration training either had no change in substance use patterns (College-Fisby et al., 2023) or reported decreased opioid use after education (Jones et al., 2017; Wagner et al., 2015).

RECOMMENDATION

Community Naloxone Distribution

Naloxone is a medication that can reverse an opioid overdose. As a full opioid antagonist, it works by attaching to opioid receptors in the brain, leaving no room for opioids and blocking their effects (Centers for Disease Control and Prevention [CDC], 2024a). Because of its safety and effectiveness, naloxone has become widely available to the general public (CDC, 2024a). Many states, including Missouri, have statewide standing pharmacy orders to allow naloxone distribution to the community without a prescription.

Community distribution programs for naloxone are an evidence-based intervention to prevent opioid overdose fatalities. These programs often include educating priority populations about the risk factors for opioid use and overdose, signs of opioid overdose, how to administer naloxone, and legal protections such as Good Samaritan laws (Razaghizad et al, 2021). Best practices for community distribution programs involve using overdose data to identify populations at a higher risk for experiencing or witnessing overdoses. Some examples of priority populations include people who use drugs (PWUD), people in recovery, people re-entering the community after incarceration, youth, and the support systems of those populations.

Examples of community efforts to distribute naloxone and reach priority populations include:

- ***Expanding access through partnerships*** with schools, libraries, drug treatment centers, and first responders.
- ***Providing low- or no-barrier access*** to naloxone in collaboration with these organizations.
- ***Installing naloxone distribution boxes*** and vending machines in public spaces.
- ***Offering training programs*** to help community members recognize overdoses and effectively administer naloxone.

These approaches aim to ensure naloxone is readily available and communities are equipped to save lives.

Policy Implication

The combination of Missouri's standing order and increased federal funding for naloxone distribution in recent years has led to increased availability of naloxone in Missouri. To more effectively reach people at a high risk of overdose, Missouri could implement several key policies. One approach is to expand naloxone availability in schools. Missouri, through its statewide standing order, allows schools to possess naloxone. Missouri DHSS also provides guidance for school districts to develop naloxone protocols and modify district policy accordingly (DHSS, n.d.). Some states, however, explicitly authorize or even mandate schools to have naloxone on site. Some states go even further by requiring staff and students to be trained on naloxone administration (Legislative Analysis and Public Policy Association [LAPPA], 2023). A bill introduced in the 2024 Missouri legislative session would have required high schools in Missouri to train students and employees on the administration of naloxone, but it did not receive a committee assignment (Missouri 102nd General Assembly, 2024). Mandating that schools maintain a supply of naloxone and training teachers and staff to administer it could greatly enhance the response to potential overdoses and help save lives.

RECOMMENDATION

Syringe Services Programs

Syringe services programs (SSPs), sometimes called needle exchange programs, are community-based programs that offer a wide range of resources to PWUD. The programs are based around the knowledge that people with a dependence on injection drugs will use those drugs whether or not they have access to clean injection supplies. Repeated use of syringes or sharing syringes leads to an increased risk of disease transmission (i.e. HIV, HCV, and local infection) (CDC, 2024b).

SSPs issue sterile syringes, needles, and other injection equipment and safely dispose of used equipment. They also provide a critical point of contact for people who may otherwise avoid systems of care, connecting PWUD with services without requiring sobriety or abstinence of use. PWUD can find resources for improving their health like infectious disease treatment, preventative medical care, behavioral health services, and linkage to substance use treatment. SSPs reduce transmission of HIV and HCV (CDC, 2024b). They are effective at connecting PWUD with treatment: SSP participants are five times more likely to enter treatment and three times more likely to stop using drugs than people who never use an SSP (CDC, 2024b).

Policy Implication

SSPs are currently outlawed in Missouri, as the state includes syringes in its definition of drug paraphernalia. For these programs to operate under full legal protection, Missouri would need to legalize SSPs by explicitly authorizing their operation. This could be accompanied by repealing or amending existing drug paraphernalia laws to remove references to "syringe" and injection-related items. Additionally, creating exemptions for individuals participating in SSPs would ensure that those who obtain syringes through these programs are not penalized.

When a sterile syringe dispensing machine was placed in Sydney, Australia, researchers tracked police-recorded offenses for the surrounding areas. In the 26 months of the study, crime "remained stable or decreased" (Day et al., 2016). In the same study, most people who utilized the machine lived within one kilometer of the site, indicating that the service did not attract new people to the area. Two similar articles analyzed crime rates before and after substance use treatment programs were established; both found that arrests (Fixler et al., 2024) and crime (Bondurant et al., 2018) decreased significantly after the clinics opened.

RECOMMENDATION

Drug Checking Equipment

Drug checking is a harm reduction practice where people who intend to use an illicit substance can test the substance for unexpected and dangerous components, such as fentanyl or xylazine. Test strips can be used almost anywhere and only require a small amount of clean water and a small, clean container like a water bottle lid. Fentanyl test strips have been made increasingly available to the general public (Pu et al., 2021).

The intention of encouraging drug testing is to allow PWUD to make informed, non-coerced decisions about using the substance. Armed with the knowledge that a substance may contain harmful ingredients, individuals might decide to dispose of it, reduce the dose, use more slowly, use around other people, or employ other safer use strategies (National Harm Reduction Coalition, 2020).

Policy Implication

Missouri legalized the possession of fentanyl test strips in 2023, but further steps are needed to ensure individuals at risk can easily access overdose prevention tools and harm reduction resources. For example, Minnesota enacted a comprehensive drug checking equipment law that repealed existing drug paraphernalia statutes and eliminated penalties for all items considered "paraphernalia," including syringes and all drug checking equipment (Minnesota Department of Health, 2023). Broad legislation like this not only facilitates the use of current drug-checking tools but also supports the adaptation of new and emerging technologies, such as xylazine test strips, without continuous legal updates. Implementing similar policies would enhance harm reduction efforts in Missouri.

Conclusion

By prioritizing the well-being and autonomy of individuals who use drugs, harm reduction strategies such as community naloxone distribution, drug checking, and syringe services programs have demonstrated effectiveness in reducing the immediate risks and long-term health consequences of opioid use. These initiatives not only mitigate the physical dangers associated with substance use but also foster greater engagement with healthcare and support services, thereby contributing to improved overall quality of life for PWUD and their communities.

By acknowledging the complex realities of substance use and focusing on reducing harm, these practices play a vital role in enhancing the health and well-being of individuals and communities alike.

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