# THE MISSISSIPPI OPIOID AND HEROIN DATA COLLABORATIVE



# Provisional Data Report Calendar Year 2024

Mississippi Board of Pharmacy Mississippi Bureau of Narcotics Mississippi State Department of Health Mississippi Department of Mental Health Mississippi Public Health Institute 3/26/2025

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# **DATA AND REPORT OVERVIEW**

- This report summarizes data on opioid prescriptions dispenses in Mississippi, fatal drug overdoses reported to the Mississippi Bureau of Narcotics, naloxone administrations by Emergency Medical Services for suspected overdoses, drug-related arrests, and treatment services for opioid-related disorders within facilities certified by the Mississippi Department of Mental Health
- The goal of this report is to provide timely and accurate information to the public and policy makers on key indicators measuring the scope of the opioid epidemic in Mississippi. The findings reported here, therefore, aim to inform and support data-driven decision-making. This report is updated quarterly to foster continuous quality improvement.
- All of the statistics featured in this report are based on available data, and data availability limitations vary somewhat across reported indicators. The Data Collaborative strives to present the latest data in a quarterly format, but some of the data sources used in this report are only released on an annual basis. Detailed information regarding each of the data sources used in the technical notes on page 2.



This report is the product of a collaborative effort by the following state agencies: Mississippi State Department of Health, Mississippi Department of Mental Health, Mississippi Bureau of Narcotics, Mississippi Board of Pharmacy, and The Mississippi Public Health Institute. The original formatting for these reports was developed by Manuela Staneva, MPH, Epidemiologist, Mississippi State Department of Health.

This project was supported by State Opioid Response (SOR) Grant No. TI083319 awarded by, the Substance Abuse and Mental Health Services Administration (SAMHSA). The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including illicit use of prescription opioids, heroin, and fentanyl analogs). This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

# **TECHNICAL NOTES**

## **Data Sources**

**Prescription Monitoring Program (PMP):** The PMP is a statewide electronic database designed to collect information on the dispensing of controlled substances. These data are used to inform the public about current trends in prescription drug use and assist medical professionals in making informed clinical decisions while preventing the illegitimate use of controlled substances. PMP data is collected by the Mississippi Board of Pharmacy. The findings presented in this report include prescriptions for opioid analgesics and opioid-containing cough medications.

**Drug-Related Mortality Data:** The Mississippi Bureau of Narcotics collects data on overdose deaths from reports filed by coroners. Deaths are reported for the quarter the overdose occurred regardless of when the coroner's report was received, regardless of when the death occurred. Additionally, not all coroners may report data on overdose deaths. Therefore, the reported data on overdose death counts may be incomplete, thereby creating a possible undercount.

Mississippi Emergency Medical Services Data: The Mississippi State Department of Health collects state-level data and maintains a cutting- edge database on all episodes of emergency medical care delivered by Emergency Medical Services (EMS). The data set contains structured data elements such as incident date and county, patient demographics, main patient complaint, and medications administered. It should be noted that transition in data reporting system may lead to future updates of these data.

Syndromic Surveillance Emergency Department Data: Syndromic surveillance (SynS) provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in emergency departments—before a diagnosis is confirmed—public health can detect unusual levels of illness to determine whether a response is warranted. Syndromic data can serve as an early warning system for public health concerns and can allow public health officials to characterize the extent of opioid and other drug-related overdoses in communities. Note: As of 8/6/2021, there are 52 health systems submitting SynS Emergency Department data in Mississippi. This does not mean just 52 hospitals. For instance, Baptist Memorial is counted as one of the 52 systems; however, they have many hospitals and clinics under the one health system. Similarly, University of Mississippi Medical Center (UMMC) is also counted as one of the 52 systems; however, they have multiple emergency rooms in the Jackson hospital as well as a hospital in Grenada. Overdose data from SynS Emergency Department indicates patient admission to an emergency department for an overdose. For drug overdose mortality data, see 'Drug-Related Mortality Data' reported by MBN.

**Treatment Admissions for Opioid Use Disorder:** Data includes admissions reported by substance use disorder (SUD) treatment providers that are certified by the Mississippi Department of Mental Health (DMH). The data represents outpatient and inpatient services, including medication-assisted treatment, as reported through DMH's data tracking tool. Treatments delivered within non-DMH certified facilities and general hospital admissions for SUDs are not featured in this report. Estimates reflect the number and types of patients commonly served by publicly funded treatment programs.

**Drug-Related Crime Data:** The arrest data reflects all drug-related offenses including the manufacture, sales, and possession of any controlled substance. This data may not be complete because of underreporting by local police departments. Additionally, crime statistics are influenced by the scope of law enforcement activities. Greater law enforcement capacity, for example, may lead to increased arrest rates for particular offenses.

Population Estimates for Mississippi: Rates were calculated using the 2021 Mississippi population estimates released by the U.S. Census Bureau. Accessed on 4/01/2022 at: https://www.census.gov/quickfacts/MS

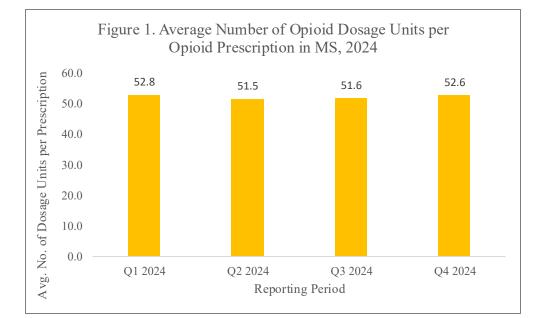
Historical Data: An appendix of previous years' data can be found at the Mississippi State Department of Health website: https://msdh.ms.gov/msdhsite/\_static/44,0,382,740.html

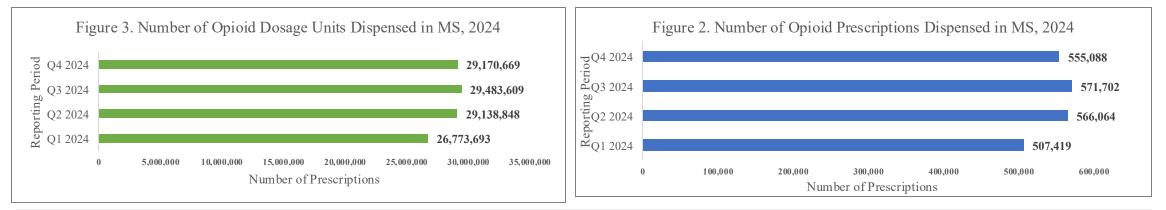
#### **References:**

- 1. National Take Back Day Results. Drug Enforcement Administration. 2022. Accessed on 4/1/2021 athttps://takebackday.dea.gov/
- 2. Public Controlled Substance Disposal Locations. Accessed on 3/25/2022 athttps://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1

# **OPIOID PRESCRIPTIONS AND DOSAGE UNITS DISPENSED**

- Opioid Prescriptions: In 2024, over 2.2 million opioid prescriptions were dispensed in Mississippi.
  - On average, 6,028 opioid prescriptions were dispensed every day during 2024.
  - A 3.36% decrease in the number of opioid prescriptions was observed from 2023 to 2024.
  - In 2024, there were enough opioid prescriptions dispensed for 74.59% of Mississippians to have a prescription.
- Opioid Dosage Units: During 2024, over 114 million opioid dosage units (e.g. pills) were dispensed in Mississippi.
  - On average, approximately 313,881 dosage units were dispensed each day during 2024.
  - Compared to 2023, the number of dosage units dispensed decreased by 3.1% or approximately 3.6 million pills in 2024.
  - In 2024, there were enough opioid dosage units dispensed for each Mississippian to have a supply of 38.8 dosage units.





**CONSIDERATIONS:** This report identified a considerable decline in the number of opioid prescriptions from 2019. This downward trend could be driven by regulation revisions made between 2018 and 2019 by the MS Board of Medical Licensure, MS Board of Nursing, and the MS Board of Dental Examiners as well as education outreach and prevention efforts.

Calendar Year 2024

Data Source: Prescription Monitoring Program (MS Board of Pharmacy)

# SUSPECTED DRUG OVERDOSE DEATHS

## FINDINGS

- In 2024, 213 (67.83%) of the 314 suspected overdose deaths reported to the Mississippi Bureau of Narcotics (MBN) were opioid-related. The number of opioid-related deaths decreased by 29.0% from 2023 to 2024, and the total number of overdose deaths decreased by 19.9%.
- The number of deaths involving heroin decreased from 2023 (6 deaths) to 2024 (2 deaths) by 66.67%.
- There were 6.6 opioid-related overdose deaths per 100,000 persons reported to the Mississippi Bureau of Narcotics (MBN) in 2024.

Table 1. Number of Suspected Overdose Deaths Reported to MBN by Type of Involved

The number of deaths involving fentanyl decreased from 2023 (140 deaths) to 2024 (92 deaths) by 34.92%.

Substance, MS, 2024*					
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	2024 Final Total
Prescription opioid related overdose`	10	8	10	11	39
Fentanyl related deaths	29	20	14	29	92
Fentanyl and prescription related deaths	27	23	10	15	75
Heroin related deaths	0	1	1	0	2
Heroin and prescription related deaths	0	0	0	0	0
Heroin and Fentanyl related deaths	2	0	1	2	5
Total opioid related overdose deaths	68	52	36	57	213
Other related overdose deaths	21	13	13	10	57
Prescription related overdose deaths	10	7	14	13	44
Total non-opioid related overdose deaths	31	20	27	23	101
Overall total suspected overdose deaths	99	72	63	80	314

# Figure 4. Percentage of Total Suspected Deaths by Type of Involved Substance, MS. 2024 80.0% Deaths 70.0% of Total Suspected D %0.09 %0.08 %0.09 %0.00 %0.09 %00 Percentage 0 90.02 % 0.0% O3 2024 O1 2024 Q2 2024 O4 2024 2023 Total **Reporting Period** Opioid-related overdose deaths

- Other-related overdose deaths (non-opioid)
- Prescription-related overdose deaths (non-opioid)

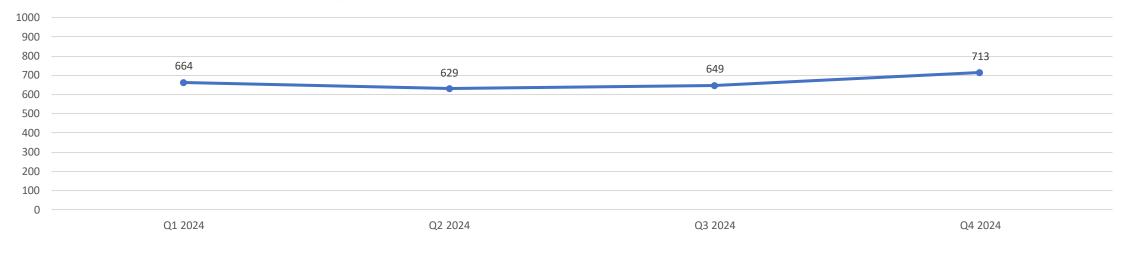
**CONSIDERATIONS:** The accurate assessment of drug-related fatalities depends on complete and high-quality data. The reliability of mortality data, however, is impacted by several constraints such as insufficient resources, training, or time for performing thorough death investigations. In addition, Mississippi lacks a centralized system for connecting different entities involved in the compilation and reporting of mortality data. Efficient collaboration among state agencies, educational outreach for coroners, and standardized protocols for drug overdose investigation and reporting are measures that can improve drug-related mortality surveillance.4 It should also be noted that the MBN does not include a death in the count until a toxicology report has been completed; therefore, currently pending cases will result in increased numbers in the future.

Data Source: Drug-Related Mortality (Mississippi Bureau of Narcotics)

# **EMS NALOXONE ADMINISTRATIONS**

## FINDINGS

- Emergency Medical Services (EMS) data revealed that naloxone was administered 2,655 times during 2024, which is 13.9% lower than the number of administrations in 2023 (3,084).
- There were 90.3 EMS naloxone administrations per 100,000 persons in Mississippi in 2024.
- > On average, 221 naloxone administrations were reported in Mississippi each month during 2024.



#### Figure 5. Number of Naloxone Administrations by EMS, MS, 2024

**CONSIDERATIONS:** The life-saving drug naloxone, an opioid antagonist, is used to reverse opioid overdose. The emergence and growing popularity of highly toxic synthetic opioid substances require the following state-level actions:

• Facilitating and expanding access to naloxone for patients with opioid use disorders.

• Providing training on naloxone administration for all first responders and all persons at risk for opioid-related overdoses as well as their families, friends, and community members.

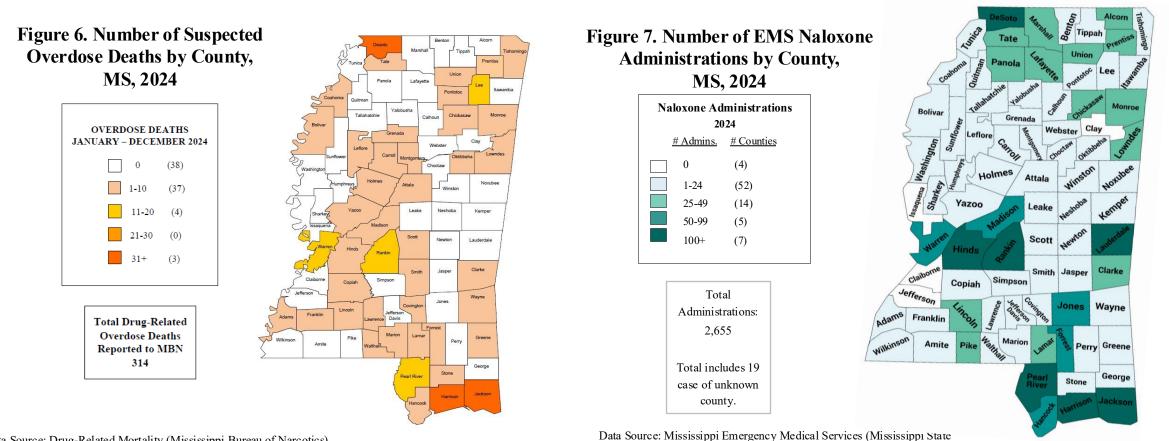
**IMPORTANT MESSAGE**: Figure 5 documents only naloxone distributed through EMS. Additional distribution occurs through the State Opioid Response (SOR) grant and a standing order. In May 2018, State Health Officer of Mississippi, Dr. Mary Currier, signed a standing order that covers, without a prescription, the dispensing and administration of naloxone. The standing order was re-signed by Dr. Paul Byers, State Epidemiologist, in May of 2019 2020, 2021, 2022 and 2023. The order has been signed again by Dr. Justin Turner for 2024.

Data Source: Mississippi Emergency Medical Services (Mississippi State Department of Health)

# SUSPECTED OVERDOSE DEATHS AND NALOXONE ADMINSTRATIONS BY COUNTY

## **FINDINGS**

Suspected Overdose Deaths: The top 3 counties Jackson (74), Harrison (52), and Desoto (34) accounted for 50.96% of all suspected overdose deaths in 2024. Naloxone Administration: The top 3 counties: Harrison (369), Hinds (257), and Lauderdale (172), accounted for 30.1% of all 2,655 EMS naloxone administrations in 2024.



Department of Health)

Data Source: Drug-Related Mortality (Mississippi Bureau of Narcotics)

# TREATMENT ADMISSIONS FOR OPIOID DISORDERS

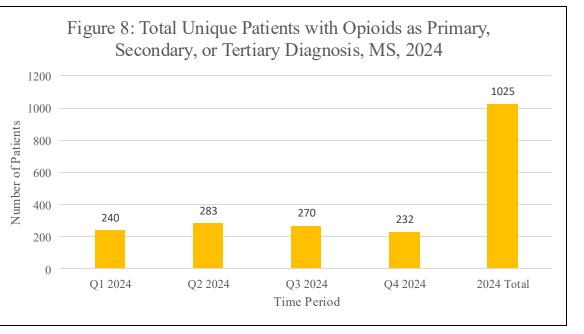
# FINDINGS

- Table 2 and Figure 8 report opioid-related admissions to facilities certified by the Department of Mental Health (DMH). The data was collected from clients served by the State Opioid Response (SOR) grant, which provides funding for substance use treatment services at reduced or no cost to *underinsured or uninsured* people.
- A total of 4,662 Mississippians were admitted in 2024 to community mental health centers for all substance use disorders and 1,025 (see table 2) for opioid use disorders (includes primary, secondary, and tertiary)
- Opioids were listed as the primary diagnosis for 610 (13.08%) of the 4,662 unique patients admitted in 2024.
- In Q1, the most patients (185) were admitted for opioid use disorder as a primary diagnosis; however, the most people were admitted for all substance use disorders in Q2 (283)
- Figure 8 displays the total number of unique patients for whom opioids were a primary, secondary, or tertiary diagnosis. There was an increase in unique patients diagnosed with an opioid use disorder from Q1 to Q2 2024 but a decrease in Q4.
- Due to the limited population, this data does not comprise a representative sample of the state's substance use or opioid use prevalence. This population, however, does provide a stringent test of program effectiveness.

**CONSIDERATIONS:** The actual number of unique patients is a best estimate because patients can be admitted to multiple drug treatment programs, relapse, be re-admitted for a different treatment, or re-admitted in a different region.

Opioids as	Opioids as Primary, Secondary, or Tertiary Diagnosis, MS, 2024				
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	2024 Total
Primary	185	162	148	115	610
Secondary	11	73	81	74	239
Tertiary	44	48	41	43	176
Total	240	283	270	232	1025

Table 2: Unique Patients at Mental Health Facilities with



# TREATMENT ADMISSIONS FOR OPIOID DISORDERS: TYPE OF OPIOID

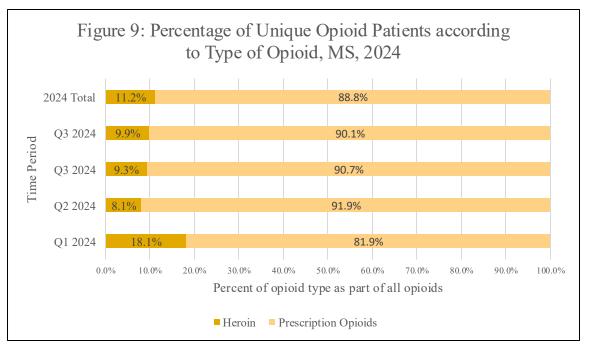
## FINDINGS

- Table 3 and Figure 9 report opioid-related admissions to facilities certified by the Department of Mental Health (DMH). The data was collected from clients served by the State Opioid Response (SOR) grant, which provides funding for substance use treatment services at reduced or no cost to *underinsured or uninsured* people.
- Table 3 and Figure 9 categorize the type of opioid involved in opioidrelated admissions (primary, secondary, and tertiary diagnoses) to facilities certified by DMH.
- The "other opioids" category includes prescription opioids and constituted 88.8% of all opioid-related admissions in 2024. Heroin represented 11.2% of admissions.
- Q2 was the peak of opioid admissions (260) while the lowest number of admissions was in Q1 (194)
- Due to the limited population, this data does not comprise a representative sample of the state's substance use or opioid use prevalence. This population, however, does provide a stringent test of program effectiveness.

**CONSIDERATIONS:** The actual number of unique patients is a best estimate because patients can be admitted to multiple drug treatment programs, relapse, be re-admitted for a different treatment, or re-admitted in a different region.

**NOTE:** In July 2020, a transition occurred from the historical reporting system to a SAMHSA-recommended statewide reporting system that produces more accurate data. Therefore, some reported numbers may reflect admission and patient miscounting.

Table 3: Num	Table 3: Number of Unique Opioid Patients by Type of Opioid,MS, 2024				
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Total 2024
Heroin	43	23	25	23	114
Other Opioids	194	260	244	209	907



Data Source: Treatment Admissions for Opioid Use Disorder (Mississippi Department of Mental Health)

# **DRUG-RELATED CRIME DATA**

# FINDINGS

#### **Drug-Related Arrests:**

- The total number of drug-related arrests reported in 2024 was 20,143, which is a 6.13% increase from 2023 (18,980).
- > In 2024, an average of 1,678 drug-related arrests were reported each month in Mississippi.
- > There were 682 drug-related arrests per 100,000 persons reported to MBN in 2024.
- In 2024, the highest numbers of drug-related arrests were reported in DeSoto (2,792), Hinds (2,395), and Harrison (1,823) counties. They accounted for 34.8% of all drug-related arrests in Mississippi.

#### **Pharmacy Burglaries:**

- > In 2024, there were 33 completed pharmacy burglaries which was an increase from 2023.
- > There was a 266.6% increase in completed pharmacy burglaries from 2023 to 2024.

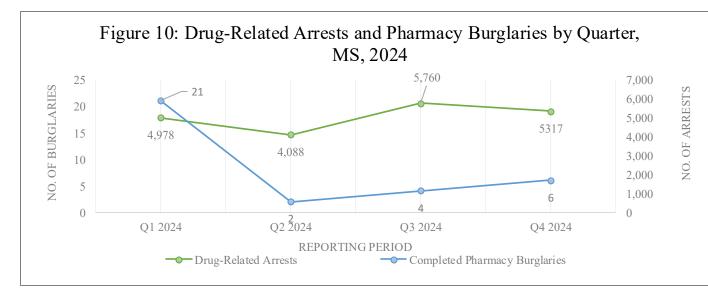
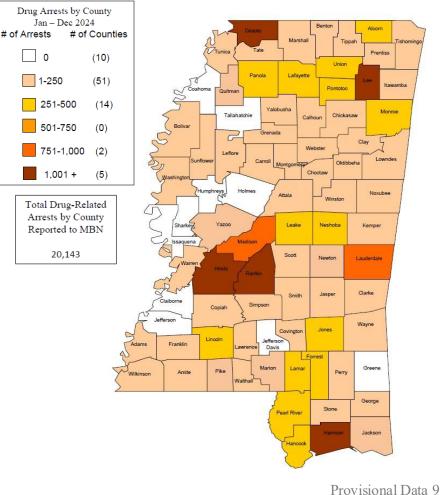


Figure 11. Number of Drug-Related Arrests by County, MS, 2024



#### THE MISSISSIPPI OPIOID AND HEROIN DATA COLLABORATIVE

# **DRUG TAKE BACK**

## FINDINGS

- The Drug Enforcement Administration (DEA) holds a National Prescription Drug Take-Back Day each year in April and October to collect unused prescription medications. Since its inception, nearly 7,262 tons of drugs have been collected nationwide, with over 32 tons collected in Mississippi alone.
- In October 2024, a total of 629,953 pounds of drugs were collected from 4,644 sites across the United States. During the same event, 3,437 pounds were collected from 46 sites in Mississippi.



Figure 12. National Prescription Drug Take Back Day Results Number of Collection Sites and Weight Collected, United

- > The Collection Site Locator on the DEA's website can be used to find public collection sites between Take Back Days.<sup>1</sup>
- Prescription drop boxes are also available year-round at school and law enforcement locations in the following areas in Mississippi:<sup>2</sup>

Bay St. Louis PD	Jackson PD Headquarters	Louisville PD	MHP – Meridian	Ocean Springs PD	Vicksburg PD
Biloxi PD	Jackson – Precinct 1	McComb PD	MHP – Pearl	Oxford PD	Waveland PD
Brandon PD	Jackson – Precinct 2	MHP – Batesville	MHP – Starkville	Pascagoula PD	PD = Police Department /
Byram PD	Jackson – Precinct 3	MHP – Biloxi	MHP – Tupelo	Pass Christian PD	MHP = Mississippi Highway
Columbus PD	Jackson – Precinct 4	MHP – Brookhaven	Moss Point PD	Pearl PD	Patrol / SD= Sheriff's Department
D'Iberville PD	Kemper Co. School District	MHP – Hattiesburg	Mississippi State University	Ridgeland PD	Depuriment
Gulfport PD	Long Beach PD	MHP – Jackson I-55	Campus PD	Smith Co. SD	
					D 1 D 1

Data Source: Drug Take-Back Day (Drug Enforcement Agency)

# **COUNTY-LEVEL DATA: 2024**

Table 4. Number of Suspected Overdose Deaths, EMS Naloxone Administrations, and Drug-Related Arrest by County, MS, 2024

County	Number of Suspected Overdose Deaths	Number of EMS Naloxone Administrations	Number of Reported Drug-Related Arrests	County	Number of Suspected Overdose Deaths	Number of EMS Naloxone Administrations	Number of Reported Drug-Related Arrest
Adams	3	9	67	Leflore	1	16	18
Alcorn	*	25	483	Lincoln	3	36	292
Amite	*	<5	46	Lowndes	1	40	187
Attala	1	7	123	Madison	7	76	925
Ben ton	*	<5	23	Marion	2	17	64
Bolivar	1	19	5	Marshall	*	48	10
Calhoun	*	12	103	Monroe	9	26	292
Carroll	1	5	62	Montgomery	2	12	112
Chickasaw	3	31	177	Neshoba	*	6	282
Choctaw	*	<5	1	Newton	*	11	32
Claiborne	*	*	*	Noxubee	*	<5	7
Clarke	1	26	122	Oktibbeha	1	22	131
Clay	*	*	107	Panola	*	26	310
Coahoma	3	18	*	Pearl River	15	115	380
Copiah	2	7	1	Perry	*	5	12
Covington	1	21	115	Pike	*	33	38
DeSoto	34	161	2792	Pontotoc	6	<5	294
For rest	5	66	492	Prentiss	1	38	17
Franklin	1	8	3	Quitman	*	<5	2
George	*	5	46	Rankin	12	113	1137
Greene	2	<5	*	Scott	5	15	191
Grenada	1	19	153	Sharkey	*	<5	*
Hancock	6	59	420	Simpson	*	15	213
Harrison	52	369	1823	Smith	1	6	48
Hinds	2	257	2395	Stone	1	19	110
Holmes	1	<5	*	Sunflower	*	17	2
Humphreys	*	6	*	Tallahatchie	*	8	*
Issaquena	*	*	*	Tate	2	31	229
Itawamba	*	<5	34	Tippah	*	24	100
Jackson	74	154	190	Tishomingo	4	<5	164
Jasper	*	12	87	Tunica	*	18	90
Jeffer son	*	*	*	Union	9	31	496
Jeffer son Davis	*	<5	*	Walthall	1	<5	490
Jones	*	80	277	Warren	11	55	176
Kemper	*	8	24	Washington	*	10	39
Lafayette	*	27	306	Wayne	1	12	12
Lamar	4	44	310	Webster	*	<5	73
Lauder dale	*	172	766	Wilkinson	*	<5	4
Lawrence	2	172	70	Winston	*	11	3
Leake	*	5	345	Yalobusha	*	13	10
Leake	15	12	1586	Yazoo	4	13	45

Data Sources: Drug-Related Mortality (Mississippi Bureau of Narcotics), Mississippi Emergency Medical Services (Mississippi State Department of Health), and Drug-Related Crime (Mississippi Bureau of Narcotics) Provisional Data 11

#### THE MISSISSIPPI OPIOID AND HEROIN DATA COLLABORATIVE

#### SUSPECTED OVERDOSE DEATHS, EMS NALOXONE ADMINISTRATION, AND DRUG-RELATED ARRESTS

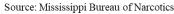
- Figure 13 displays the 9 districts used by the Mississippi Bureau of Narcotics (MBN).
- > Table 5 shows the 5 districts with the highest rates of suspected overdose deaths, EMS naloxone administrations, and drug-related arrests in 2024.

# Table 5. Rank of MBN Public Safety Districts: Rates of Suspected Overdose Deaths, EMSNaloxone Administration, Drug-Related Arrests, MS, 2024

#### Figure 13: Department of Public Safety Districts

Suspected	Overdose Deaths per 100,	000 Persons by MBN Public Safety District, MS, 2024
Rank	MBN District	Suspected Overdose Deaths per 100,000 Persons
1	8	26.52
2	4	12.43
3	3	9.47
4	9	6.00
5	5	5.82
* Overdose death data for	or 2024 is pending due to lab	results.
EMS Nalox	one Administrations per 10	0,000 Persons by MBN Public Safety District, MS, 2024
Rank	MBN District	Administrations per 100,000 Persons
1	8	142.62
2	6	117.02
3	3	86.73
4	1	86.42
5	7	81.34
Drug-F	Related Arrests per 100,000	Persons by MBN Public Safety District, MS, 2024
Rank	MBN District	Drug-Related Arrests per 100,000 Persons
1	4	1135.49
2	3	934.36
3	6	815.02
4	1	766.99
5	8	596.54





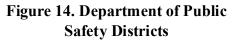
Data Sources: Drug-Related Mortality (Mississippi Bureau of Narcotics), Mississippi Emergency Medical Services (Mississippi State Department of Health), and Drug-Related Crime (Mississippi Bureau of Narcotics) Provisional Data 12

#### RATE OF SUSPECTED NONFATAL DRUG OVERDOSES FOR OPIOIDS, HEROIN & STIMULANTS (PER 100,000 PERSONS)

# Table 6: Provisional Syndromic Surveillance Emergency Department Nonfatal DrugOverdose Data per 100,0000, MS, 2024

Suspected All	Nonfatal Drug Overdoses per 1	00,000 Persons by Public Safety District, MS, 2024
Rank	Public Safety District	Suspected All Nonfatal Drug Overdoses per 100,000 Persons
1	8	316.46
2	7	231.06
3	4	228.02
4	9	204.64
5	6	196.78
Suspected Nonfa	tal Opioid Drug Overdoses per	100,000 Persons by Public Safety District, MS, 2024
Rank	Public Safety District	Suspected Nonfatal Opioid Overdoses per 100,000 Persons
1	8	83.79
2	4	50.43
3	3	32.65
4	6	30.07
5	7	29.70
Suspected Nonfa	tal Heroin Drug Overdoses per	100,000 Persons by Public Safety District, MS, 2024
Rank	Public Safety District	Suspected Nonfatal Heroin Overdoses per 100,000 Persons
Rank 1	Public Safety District 8	
Rank 1 2	* *	Suspected Nonfatal Heroin Overdoses per 100,000 Persons
1	8	Suspected Nonfatal Heroin Overdoses per 100,000 Persons 4.62
1 2	8 7	Suspected Nonfatal Heroin Overdoses per 100,000 Persons 4.62
1 2	8 7	Suspected Nonfatal Heroin Overdoses per 100,000 Persons 4.62
1 2 3 4 5	8 7 6 2 4	Suspected Nonfatal Heroin Overdoses per 100,000 Persons 4.62 2.94
1 2 3 4 5 Suspected Nonfat:	8 7 6 2 4 al Stimulant Drug Overdoses p	Suspected Nonfatal Heroin Overdoses per 100,000 Persons 4.62 2.94 er 100,000 Persons by Public Safety District, MS, 2024
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1 2 3 4 5 <u>Suspected Nonfat</u> Rank 1 2	8 7 6 2 4 al Stimulant Drug Overdoses p Public Safety District 8	Suspected Nonfatal Heroin Overdoses per 100,000 Persons 4.62 2.94 er 100,000 Persons by Public Safety District, MS, 2024 Suspected Nonfatal Stimulant Overdoses per 100,000 Persons 17.88 11.01

SPECIAL INTEREST: Public Safety District 8 is number one for each category of drugs listed.





Source: Mississippi Bureau of Narcotics

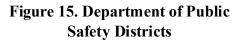
Data Source: Syndromic Surveillance Emergency Department Data (Mississippi State Department of Health). Counts from 1-4 subject to suppression under MSDH policy to protect privacy.

#### NUMBER OF SUSPECTED NONFATAL DRUG OVERDOSES FOR OPIOIDS, HEROIN & STIMULANTS

# Table 7: Provisional Syndromic Surveillance Emergency Department Nonfatal DrugOverdose Data by Count, MS, 2024

Suspected An	l Nonfatal Drug Overdoses by Coun	t and by Public Safety District, MS, 2024
Rank	Public Safety District	Suspected All Nonfatal Drug Overdoses by count
1	8	1575
2	1	1065
3	7	708
4	3	672
5	4	642
		nt and by Public Safety District, MS, 2024
Rank	Public Safety District	Suspected Nonfatal Opioid Overdoses by count
1	8	417
2	1	146
3	4	142
4	3	131
5	7	91
	-	int and by Public Safety District, MS, 2024
Rank	Public Safety District	Suspected Nonfatal Heroin Overdoses by count
1	8	23
2	1	9
3	6	<5
4	2	<5
5	1	<5
Suspected Nonfa	tal Stimulant Drug Overdoses by Co	ount and by Public Safety District, MS, 2024
Rank	Public Safety District	Suspected Nonfatal Stimulants Overdoses by count
1	8	89
2	3	38
3	1	36
4	4	31
5	7	30

SPECIAL INTEREST: Public Safety District 8 has the most for each category of drugs listed.





Source: Mississippi Bureau of Narcotics

Data Source: Syndromic Surveillance Emergency Department Data (Mississippi State Department of Health). Counts from 1-4 subject to suppression under MSDH policy to protect privacy.

#### Table 8: Provisional Syndromic Surveillance Emergency Department Nonfatal Drug Overdose Data by Rate per 100,000 and by Count, MS, 2024

Safety District 1	Number of Nonfatal	Rate of Nonfatal Overdoses per
(pop. = 637, 813)	Overdoses	100,000 persons
All Drug	1065	166.98
Heroin	<5	
Opioid	146	22.89
Stimulants	36	5.64
Safety District 2	Number of Nonfatal	Rate of Nonfatal Overdoses per
(pop. = 211,558)	Overdoses	100,000 persons
All Drug	408	192.85
Heroin	<5	
Opioid	51	24.11
Stimulants	20	9.45
Safety District 3	Number of Nonfatal	Rate of Nonfatal Overdoses per
(pop. = 401,236)	Overdoses	100,000 persons
All Drug	672	167.48
Heroin	<5	
Opioid	131	32.65
Stimulants	38	9.47
Safety District 4	Number of Nonfatal	Rate of Nonfatal Overdoses per
(pop. = 281,551)	Overdoses	100,000 persons
All Drug	642	228.02
Heroin	<5	
Opioid	142	50.43
Stimulants	31	11.01
Safety District 5	Number of Nonfatal	Rate of Nonfatal Overdoses per
(pop. = 240,485)	Overdoses	100,000 persons
All Drug	378	157.18
Heroin	<5	
Opioid	55	22.87
Stimulants	7	2.91

#### Figure 16. Department of Public Safety Districts



Source: Mississippi Bureau of Narcotics

Safety District 6 (pop. = 232,753)	Number of Nonfatal Overdoses	Rate of Nonfatal Overdoses per 100,000 persons
All Drug	458	196.78
Heroin	<5	
Opioid	70	30.07
Stimulants	12	5.16
Safety District 7 (pop. = 306,417)	Number of Nonfatal Overdoses	Rate of Nonfatal Overdoses per 100,000 persons
All Drug	708	231.06
Heroin	9	2.94
Opioid	91	29.70
Stimulants	30	9.79
Safety District 8 (pop. = 497,700)	Number of Nonfatal Overdoses	Rate of Nonfatal Overdoses per 100,000 persons
All Drug	1575	316.46
Heroin	23	4.62
Opioid	417	83.79
Stimulants	89	17.88
Safety District 9		
(pop. = 166,656)	Number of Nonfatal Overdoses	Rate of Nonfatal Overdoses per 100,000 persons
	Nonfatal	· · ·
(pop. = 166,656)	Nonfatal Overdoses	100,000 persons
(pop. = 166,656) All Drug	Nonfatal Overdoses 341	100,000 persons 204.64

Data Source: Syndromic Surveillance Emergency Department Data (Mississippi State Department of Health). Counts from 1-4 subject to suppression under MSDH policy to protect privacy.

# Announcements and Special Interests

#### **Fentanyl Test Strips**

- Fentanyl Test Strips: Mississippi's governor, Tate Reeves, signed House Bill 722 to decriminalize possession of Fentanyl test strips beginning July 1, 2023. It is anticipated that this change will help to save lives of Mississippians by giving them a tool to test any drug suspected to contain Fentanyl, which is a powerful synthetic opioid that is responsible for approximately 70,000 overdose deaths annually.
  - Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S.<sup>1</sup>
  - There are two types of fentanyl: **pharmaceutical fentanyl** and **illicitly manufactured fentanyl**. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer.
  - Illicitly manufactured fentanyl (IMF) is available on the drug market in different forms, including liquid and powder.<sup>1</sup>
  - Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths.<sup>1</sup> Even in small doses, it can be deadly. **Over 150 Americans die** every day from overdoses related to synthetic opioids like fentanyl.<sup>2</sup>

#### **ODFree.org**

- https://odfree.org is a website created by the Mississippi Public Health Institute in partnership with the Mississippi State Department of Health and content provided through the MOHDC partnership to allow the general public to easily find information regarding:
  - ➤ Resources for:
    - o Naloxone Information: Includes a link to order a dose of Naloxone to be delivered to your residence.
    - Drug Take Back: Provides the next scheduled DEA Drug Take Back Day with statistics from previous efforts.
    - Request A Town Hall: To discuss the opioid epidemic in the state of Mississippi and have an open forum conversation of how communities can get involved.
    - Pain on the Job: Discusses opioids in the workplace due to job-related injuries and the dangers involved.
    - International Overdose Awareness Day: Brings to light the information for the public to get an overview of just how far-reaching potential overdoses could happen.
    - Professional Resources: Provides links to important resources, such as, Mississippi Behavioral Health Learning Network, Peer Recovery Center of Excellence, National Institute on Drug Abuse Training, U.S. Drug Enforcement Agency Resources, CDC, and SAMHSA.
- 1. Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290–297. DOI: http://dx.doi.org/10.15585/mmwr.mm6911a4.
- 2. NCHS, National Vital Statistics System. Estimates for 2020 are based on provisional data. Estimates for 2015-2019 are based on final data (available from: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm).

# Websites for contributors to this report

- <u>Mississippi Board of Pharmacy</u>
- <u>Mississippi Prescription Monitoring Program</u>
- Mississippi Bureau of Narcotics
- <u>Mississippi State Department of Health</u>
- This report is published on the MS Department of Health Website.
- Some of the other topics published on this site are:
  - Mississippi Surveillance Overdose System (MS-SOS)
  - Overdose Mortality Data
  - Hospital Discharge Data
  - Prescription Monitoring Program Data
  - Collaborative reports (This report is broken down into current year quarters and previous year's annual reports)
- Mississippi Department of Mental Health
- Mississippi Public Health Institute

# THE MISSISSIPPI OPIOID AND HEROIN DATA COLLABORATIVE (MS OHDC)

# **PROJECT DESCRIPTION AND GOALS**

Five state agencies have united to transform one of the most formidable drug-related challenges Mississippi has ever faced into an opportunity for developing data-driven policy changes aimed at combating the current opioid epidemic and preventing future drug-related crises.



