



The Opioid Crisis Is Not a Policy Problem.

It is a generational wound carried by individuals, hollowing out families, and fracturing communities that depend on your leadership.

80,000+

Overdose deaths annually in the U.S.

CDC, 2023

2,131

Missourians lost in a single year

CDC, Oct 2020–Oct 2021

\$1T+

Annual economic burden in the U.S.

NIH Estimate

The Weight of This Crisis

Behind every statistic is a human story — and a structural failure.

Communities didn't choose this crisis. They were handed it. And now they are expected to solve it alone, under-resourced, and under-equipped.

Rural counties watch their workforce dissolve. Emergency departments operate at capacity. Children enter foster care in record numbers.

This is not a local failure. It is a national emergency at the doorstep of every county commissioner in America.

01 Ages 25–34

The Young Adult

Highest overdose death rate nationally. Often first prescribed opioids for a legitimate reasons like surgery, injury, dental work. Addiction restructures brain chemistry; recovery demands sustained clinical support most individuals cannot access without structured community programs.

02 Families

The Parent

Millions of children raised by grandparents or in foster care because a parent's addiction led to custody loss before loss of life. Families absorb the treatment burden without training, resources, or relief, straining marriages and depleting generational wealth.

03 Rural Areas

The Rural County

Missouri's most vulnerable counties: fewest mental health providers per capita, longest distances to care, least economic diversity. The downstream cost lands on every county causing reduced workforce, strained courts, overwhelmed emergency infrastructure.



The Money Arrived. The Impact Didn't.

\$50B+ in national opioid settlements. Missouri alone: ~\$900M over 18 years. Yet in 2023, 68% of local governments spent \$0.

68%

of MO local governments
spent \$0 in 2023

MO DMH Annual Report, 2024

01 Fiscal Inertia

Funds Collecting Interest

Funds not in use collect interests. That's technically prudent, functionally useless for people who need care.

02 Legal Ambiguity

Unclear Allowable Use

Exhibit E approved-use lists requires combining legal and clinical requirements that may be difficult to interpret. Without clarity, cautious decision making often leads to inaction.

03 Fear of Audit

Personal Liability

Forensic audits and aligned 42 CFR Part 2 / HIPAA enforcement are fully active. County officials and grant managers face personal exposure if funds are misspent.

04 Evidence Gap

Misaligned Spending

Some counties spend, but without outcome documentation, clawbacks are real. Without an evidence infrastructure, spending is as dangerous as sitting still.

⚠ The Real Consequence: When innovators can't access funds, settlement dollars don't just sit idle, they fail to generate evidence. Every dollar undeployed is data never collected, a program never tested, a proof point never built. The evidence-based approach to fighting the opioid crisis is lost before it begins.