

Statement for the Record
Submitted to U.S. House of Representatives
Energy and Commerce Committee, Health Subcommittee
Combating the Opioid Crisis: Prevention and Public Health Solutions
March 22, 2018
By Michael E. Kilkenny, MD, MS
Physician Director, Cabell-Huntington Health Department
Huntington, WV

I would like to thank the Energy and Commerce Health Subcommittee for inviting me here today to testify on behalf of local health departments across the country that have seen an unprecedented rise in opioid related overdoses and deaths. My name is Dr. Michael Kilkenny and I am the Physician Director for the Cabell-Huntington Health Department in West Virginia. I am here today representing local health departments as a member of NACCHO, the National Association of County and City Health Officials.

Cabell County is currently experiencing the highest overdose rates in West Virginia and one of the highest overdose rates in the country, however, this epidemic is hardly limited to our area. Every day more than 100 American lives are lost due to an opioid overdose. In addition to the cost in lives and human suffering, the White House Economic Council has put a price tag of \$504 billion on the economic burden of this crisis. This epidemic is dramatically impacting the next generation of West Virginia workforce and its trajectory will impact our residents for many years and generations to come.

My jurisdiction of Cabell County and the City of Huntington, West Virginia are particularly hard hit by the opioid epidemic and all its related death and disease. Besides



leading the state that leads the nation in overdose death, we also have nation leading rates of Hepatitis B, Hepatitis C, and Neonatal Abstinence Syndrome, forming for us an epidemic of epidemics. Recognizing the rapid rise of these rates in 2015, and with few resources, Huntington leaders put in place a comprehensive opioid response plan. With remarkable collaboration of nearly all community agencies and the support of the Centers for Disease Control and Prevention (CDC) and the West Virginia Bureau for Public Health, we were able to start the first officially sanctioned harm reduction program in West Virginia, and today, there are fifteen such programs, most in local health departments. We have supplied naloxone and training on its administration to all law enforcement agencies operating in the county. In addition, we operate a community naloxone distribution program which, along with Cabell County Emergency Medical Services, reversed more than 2,500 overdoses last year, saving countless lives. A Quick Response Team is contacting overdose survivors to offer support, referral, and transportation to recovery.

Without resources from CDC and other federal sources, our response would not have succeeded. In order to meet surveillance and other prevention needs, CDC must have adequate funding to ensure local health departments are equipped to contain outbreaks and monitor data while still serving other aspects of their community's health.

A sometimes overlooked aspect of the epidemic is the rise in blood-borne infections associated with injection drug use. Historically, substantial progress has been made in reducing HIV infections among injection drug users, but increases in injection drug use stemming from the opioid epidemic present a new set of challenges, particularly in rural and suburban communities. A recent CDC study also shows that between 2004 and 2014, admissions to drug

treatment programs for patients who inject opioids increased by 93%, while acute hepatitis C virus (HCV) infections rose in parallel by 133%. The sharpest increases in new HCV cases were among 18- to 29-year olds - a staggering 400% rise over a ten-year period. This problem can only be solved by support for local efforts to address both opioid misuse and overdose and associated infectious diseases. This challenge was experienced in Scott County, Indiana in 2015, when this rural community experienced an HIV outbreak resulting in over 220 newly diagnosed HIV cases, of which over 90% were also infected with hepatitis C. As we speak, southern West Virginia and northern Kentucky are also seeing increases in new cases of HIV among people who inject drugs.

CDC has identified 220 counties at-risk for an HIV outbreak similar to the 2014-15 outbreak in Indiana. Twenty-eight of 55 West Virginia counties are on that list, including Cabell County, which is just 250 miles upriver from the Indiana outbreak. Twenty-six states with large rural populations, besides West Virginia, had more than one county at risk for an outbreak.

Offering disease testing, linkage to care, peer counseling services, direct referral to recovery, immunizations, contraceptive services, education, naloxone access, and sterile syringe access, the Cabell-Huntington Harm Reduction Program is a comprehensive resource for injection drug users and persons suffering from substance use disorder. With these CDC recommended services available in an agency certified to state standards, acute Hepatitis C declined 60% in 2017, and the portion of acute Hepatitis B cases associated with injection drug use also declined. While there has not been an outbreak of HIV in Cabell County, investigation supported by the West Virginia Bureau for Public Health and CDC, we have been able to link

surveillance to disease tracking to specific local intervention capable of strategic action to reduce identified outbreak risks.

The proposed bill “Eliminating Opioid-Related Infectious Diseases Act of 2018” authored by Representative Leonard Lance (R-NJ), a member of this committee, is a necessary step in reducing the rate of infectious disease outbreaks and would provide CDC with an additional \$40 million a year for surveillance activities, helping local health departments to prevent an outbreak before it occurs.

Representative Lance’s bill would help to decrease the toll of infectious disease by encouraging robust surveillance of infections associated with injection drug use. It would also support health professionals on the front lines of infectious disease outbreaks by providing education and training in the detection and control of infections. On behalf of NACCHO, I would like to suggest that the bill be expanded to include surveillance of Hepatitis B (HBV) as well as C and HIV. A CDC surveillance program that includes HIV, Hepatitis B and C would help identify where new incidences of infection are occurring fastest, and accordingly target areas to help reduce the greatest burden of infection and support prevention programs to include vaccination against HBV, which is approximately 100 times more infectious than HIV.

Another challenge in my community is the rise in the use of powerful synthetic opioids such as fentanyl and carfentanil, which has exacerbated the epidemic because of the potency of these drugs. Small amounts of fentanyl can immediately send a user into an overdose, and without an overdose reversal drug such as naloxone, that person may die. People at highest risk of a fatal overdose are those who unknowingly take fentanyl that may be unknowingly present in another drug, including heroin. Local health departments are tasked with monitoring the

health of communities through surveillance systems and using data to alert policymakers and inform their programs.

Prescription drug and illicit overdose, including fatalities, must be surveilled in order to monitor opioid use trends and examination of linkages with prescription and illicit drug abuse. A bill authored by Representative Ann Kuster (D-NH), another member of this committee, recognizes this threat and would assist public health laboratories to their efforts to detect fentanyl and other synthetic opioids. Fentanyl testing may prevent overdose deaths in heroin users that are unaware a supply is laced with fentanyl. In addition to involvement from NACCHO recommends in addition to the agencies named in the bill, CDC should be included in these efforts. In addition, I support the pilot program authorized in this bill which would allow point-of-use testing that could save lives. Staying ahead of the supply chain will allow for early detection and prevent large overdose outbreaks.

Local health departments like mine are working 24-7 to save lives and address both the risk of opioid overdose and the risk of infections, and ultimately the burden of injection drug use. Both of these bills will provide support for activities that would help local health departments to prevent infections and overdoses, and allow for priority to high-risk populations.

In closing, I want to highlight the need for Congress to make an increased investment in funding for CDC and other health agencies involved in the opioid crisis to tackle the threats of infectious disease and overdose and death. High risk communities like Cabel-Huntington often lack the public health and healthcare infrastructure and services to comprehensively address the epidemic and need federal support to continue doing this work.

Thank you for the opportunity to speak to you today and to share my perspective from the front line of the opioid epidemic.