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“Combating the Opioid Crisis: Battles in the States”

### **Kentucky’s Crisis**

2016 proved to be a deadly year for the citizens of the Commonwealth of Kentucky who saw 1,404 of their family members, friends, and neighbors die from drug overdoses. Since 2012, drug overdoses have accounted for more accidental Kentucky deaths than motor vehicle crashes. The leading culprit, Fentanyl, a potent synthetic opioid, was detected in 47% of overdose deaths, up from 34% in 2015. According to the Kentucky State Police, there was a 6,000% increase in laboratory samples submitted to the Central Forensic Laboratory testing positive for fentanyl from 2010 to 2016. Last year, in addition to fentanyl, the Kentucky State Police reported samples from 10 different counties testing positive for carfentanil, a fentanyl derivative which is 100 times more potent than fentanyl itself. Fentanyl continues to engulf Kentucky as the Kentucky State Police report that the number of submissions testing positive for fentanyl in the first two quarters of 2017 has already exceeded the 2016 total. The 2017 samples also included cyclopentylfentanyl, acetylfentanyl, butyrylfentanyl, acrylfentanyl, furanylfentanyl, and carfentanil. According to Appalachia HIDTA’s 2018 Threat Assessment, Kentucky remains particularly vulnerable to drug trafficking organizations because of its central geographical location and many interstate highways.

In addition to increased rates of substance use disorders and overdose deaths, the opioid epidemic has also brought the threat of blood borne pathogens such as viral hepatitis and human immunodeficiency virus (HIV). According to the Centers for Disease Control and Prevention, 54 of the top 220 counties most vulnerable to a rapid outbreak of HIV are located in Kentucky. In response to the devastating HIV outbreak just over the Ohio River in Austin, Indiana in 2014, the 2015 Kentucky General Assembly became the first Southern state to authorize the creation of syringe exchange programs designed to reduce the incidence of needle sharing and prevent the spread viral hepatitis and HIV. Over 30 Kentucky counties have authorized syringe exchange programs since the General Assembly granted county officials the power to do so. Aside from HIV, forms of viral hepatitis such as hepatitis C also pose a large threat to the residents of Kentucky. From 2008 to 2015, Kentucky had the highest rate of acute hepatitis C infections.

## **Department of Corrections Response**

The Kentucky Department of Corrections remains the single largest treatment provider in the Commonwealth. In 2004, the Kentucky Department of Corrections had 475 substance abuse treatment slots available. Today, the Kentucky Department of Corrections has 5,901 treatment slots which represents a 1,100% increase in substance abuse treatment slots available to Kentucky inmates since 2004. The Kentucky Department of Correction's substance abuse treatment programs utilize evidence-based cognitive behavioral therapy and therapeutic community models. According to a recent study by University of Kentucky professors, the Kentucky Department of Corrections' Substance Abuse Treatment program resulted in a \$4.29 return on investment in terms of cost avoidance for every \$1.00 spent on the program itself in FY 2015. During the 12 months following release, 70% of participants were not re-incarcerated, 85% maintained housing, and 68% were employed at least part-time. The study participants also reported decreased illicit drug use, decreased feelings of serious depression and anxiety, and decreased instances of suicidal ideation.

In 2015, the Kentucky Department of Corrections began a pilot project aimed at reducing fatal overdoses among inmates released on parole. The Kentucky Department of Corrections uses a validated risk and needs assessment to target those inmates most vulnerable to overdoses and offer them the chance to voluntarily receive injections of naltrexone, a long-acting opioid receptor antagonist, before they leave prison. Within 24 hours of being paroled, participating inmates meet with social service clinicians at their local Probation and Parole offices who assist the inmates in determining healthcare coverage eligibility and setting up an appointment for the inmate's next naltrexone injection. The initial results from the pilot project have been so promising that representatives from five other states, tribal authorities from Montana, and the U.S. Virgin Islands have observed the program.

## **21<sup>st</sup> Century Cures Act Programming**

The Kentucky Office of Drug Control Policy worked closely with representatives from the Kentucky Cabinet for Health and Family Services to develop a comprehensive strategy to utilize funds from the 21<sup>st</sup> Century Cures Act to bolster evidence-based treatment interventions aimed at reducing the impact and prevalence of opioid use disorder among non-fatal drug overdose survivors, pregnant and parenting women, and state and county inmates.

Initiatives aimed at survivors of non-fatal overdoses include the creation of specialized medication-assisted treatment bridge clinic programs and the placement of peer recovery specialists in emergency departments. The specialized bridge clinics would initiate a medication-assisted treatment protocol with overdose victims while they are still in hospital in order to stabilize them long enough to obtain treatment in the community. The peer recovery specialist initiative, which was modeled after Rhode Island's Anchor ED program, would incentivize Kentucky hospitals to contract with certified peer recovery specialists who could counsel recent drug

overdose survivors while they are still in the emergency department and help them enroll in a treatment program if the survivor chooses treatment in that instance. Some additional funds will be used to distribute naloxone at community awareness events, emergency departments, and syringe exchange programs

The initiative aimed at pregnant and parenting women would create an integrated continuum of care model, which breaks down silos between obstetrics care, primary care, medication-assisted treatment provider care, and case management. Once the model is perfected, a training program will be developed and offered to healthcare and treatment providers.

Finally, part of the 21<sup>st</sup> Century Cures Act funding will be used to create a targeted employment pilot program for state and county inmates reentering into society with a history of opioid use disorder. The program will hire employment specialists to assist former inmates in finding and maintaining employment in Northern and Eastern Kentucky, which are two regions that have been most affected by the opioid epidemic.