Commonwealth of Kentucky
RX RESPONSE
“Overall 1 out of every 550 patients started on opioid therapy died of opioid related causes a median of 2.6 years after the first opioid prescription. No other medication routinely used for a nonfatal condition that kills patients so frequently”

Dr. Tom Frieden CDC
STRATEGIES

• PRESCRIPTION MONITORING
• PRESCRIBING REGULATIONS
• ROGUE PAIN CLINICS
• DRUG DISPOSAL
• PRESCRIBER AND PUBLIC EDUCATION
House Bill 1 2012 Special Session

- REQUIRE PDMP ACCOUNTS FOR PRESCRIBERS

- REQUIRE THE USE OF KASPER PRIOR TO INITIAL PRESCRIBING SCH 2 OR 3 WITH HYDROCODONE

- Require Batch Data Reporting Every 24 Hours

- Require providers to review KASPER reports for all new patients requiring CS prescriptions, with mandatory review of KASPER reports when prescribing CS over 90 days
Set time limits for licensing boards to investigate complaints against prescribers 120 days.
HB1 Continued

- Boards must honor restrictions placed on prescribers by other states.

- Prescribers must report controlled substance convictions or face fine.

- Conviction / felony permanent loss of prescribing privileges

- Misdemeanor / 2 to 5 years
REQUIRE CEU’S IN AREA OF PAIN MANAGEMENT, ADDICTION ETC. FOR ALL PRESCRIBERS OF CS
HB 1 Continued

- Requires coordination between licensing boards and KSP, OAG and OIG.
- Requires overdose death reporting coordination between ME, KSP, ODCP, OVS, and Coroners
- Limits dispensing from office to 48 hour supply
MEDICAL PROFESSIONALS?
HB 1 CONTINUED

- REQUIRE PAIN CLINICS BE PHYSICIAN OWNED
- REQUIRE OWNERS TO HAVE NEVER HAD LICENSE DENIAL OR SUSPENSION BASED ON INAPPROPRIATE PRESCRIBING
- REQUIRE CERTAIN LEVELS OF STUDY FOR PAIN PRACTITIONERS
- REQUIRE LICENSING OF PAIN CLINICS
- Define pain clinics in statute
- Require pain clinics to have the ability to bill 3rd party payors
Established two types of pain clinics

1) Physician /Hospital Owned
   Licensed by KBML
   502-429-7150

2) Non physician owned grandfathered
   Licensed by OIG in CHFS out of 38, 5 remain
   502-564-2815
HB 217

- Moved action items out of statute placing them in regulation
- Created exemptions to certain standards for hospitals, long term care facilities, emergency situations and hospice
- Modified standards for pain clinic owner/medical director
<table>
<thead>
<tr>
<th>Drug</th>
<th>July 2011 through June 2012</th>
<th>July 2014 through June 2015</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>3,303,453</td>
<td>2,603,642</td>
<td>- 21.2%</td>
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<tr>
<td>Oxycodone</td>
<td>977,256</td>
<td>937,530</td>
<td>- 4.1%</td>
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<tr>
<td>Oxymorphone</td>
<td>24,485</td>
<td>18,459</td>
<td>- 24.6%</td>
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<tr>
<td>Tramadol</td>
<td>431,455</td>
<td>542,930</td>
<td>+ 25.8%</td>
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<tr>
<td>Alprazolam</td>
<td>947,672</td>
<td>769,814</td>
<td>- 18.8%</td>
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<tr>
<td>Diazepam</td>
<td>413,983</td>
<td>350,685</td>
<td>- 15.3%</td>
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<td>Buprenorphine/Naloxone</td>
<td>269,488</td>
<td>491,130</td>
<td>+ 82.2%</td>
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<tr>
<td>All Controlled Substances</td>
<td>10,417,237</td>
<td>9,927,621</td>
<td>- 4.7%</td>
</tr>
</tbody>
</table>

Figures represent number of prescriptions dispensed as reported to KASPER.
Key Findings: General Impact of HB₁

- Total number of CS prescriptions dispensed decreased in the post-HB₁ period
  - 4-8% depending on schedule and class
- HB₁ preferentially impacted prescribing and dispensing of opioids and benzodiazepines with no impact on stimulant prescribing
- Argues against a blanket chilling effect of HB₁ on CS prescribing
- Initial confusion and workflow disruptions have largely resolved, and for the most part, have not negatively impacted health care professional practices
  - A minority of prescribers indicated they no longer prescribe CS or prescribe fewer CS as a result of the HB₁ mandate
- Health professionals aren’t always confident in their ability to identify patients with dishonest drug-seeking behavior
Top Prescribed Controlled Substances by Therapeutic Category by Doses - 2015

- Amphetamine 3.9% Adderall
- Zolpidem 3.2% Ambien
- Buprenorphine-Naloxone 3.1% Suboxone
- Lorazepam 4.0% Ativan
- Diazepam 4.0% Valium
- Clonazepam 7.1% Klonopin
- Tramadol 9.8% Ultram
- Alprazolam 10.4% Xanax
- Hydrocodone 37.6% Lortab Vicodin
- Oxycodone 16.9% OxyContin Percocet

Cabinet for Health and Family Services
Key Findings: General Impact of HB1

- HB1 significantly impacted:
  - **KASPER registration**
    - 262% increase in prescriber registrants
    - 322% increase in pharmacist registrants
  - **KASPER queries**
    - 650% increase in mean number of queries made annually by prescribers
    - 124% increase in mean number of queries made annually by pharmacists
  - **KASPER utilization**
    - Health care professional surveys indicated increased utilization of reports for treatment decisions and increased frequency of discussion of reports with patients and other health care providers

Total number of Kentucky Prescribers, Pharmacists, and Law Enforcement Queries to KASPER, July 2009 to July 2013
Key Findings: Impact on Prescriber Behavior

- HB1 significantly impacted potentially inappropriate prescribing
  - One-third of prescribers report prescribing fewer CS since passage of HB1
  - High-dose oxycodone prescribing decreased post-HB1
- Significant increases in buprenorphine/naloxone prescribing noted across the study period
  - Over 40% increase in number of buprenorphine prescriptions
  - Could represent increase in number of patients seeking treatment for opioid-use disorders
## KBML Prescribing Investigations 2010-2014

<table>
<thead>
<tr>
<th>YEAR</th>
<th># of Actions Taken</th>
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<td>8</td>
</tr>
<tr>
<td>2011</td>
<td>24</td>
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<tr>
<td>2012</td>
<td>43</td>
</tr>
<tr>
<td>2013</td>
<td>48</td>
</tr>
<tr>
<td>2014 Jan-June</td>
<td>12</td>
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</table>

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Cases Opened</th>
<th>Cases Reviewed</th>
<th>Action Taken</th>
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<tr>
<td>2010</td>
<td>28</td>
<td>41</td>
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<tr>
<td>2013</td>
<td>84</td>
<td>105</td>
<td>48</td>
</tr>
<tr>
<td>2014 Jan-June</td>
<td>39</td>
<td>48</td>
<td>12</td>
</tr>
</tbody>
</table>
Please note the actions taken do not reflect cases where the Board voted to send a Letter of Concern, Letter of Admonishment, or cases where the Board voted to enter into an Interim Order to allow a physician to remediate an issue through education.

Also the actions taken also do not reflect “Complaints” which are often filed in conjunction with other orders such as Emergency Actions.
DRUG DISPOSAL

178 PERMANENT DROP OFF SITES
110 OF 120 COUNTIES
PROGRAMS OPERATED AT LOCAL LEVEL
DISPOSAL GUIDANCE PROVIDED BY STATE
Over 178 locations
FREE ONLINE EDUCATION at UK CE CENTRAL

• HB1 Regulations ~ C. Lloyd Vest II, JD

• Opioid Therapy Risk vs. Reward ~ Greg L. Jones, MD

• An Update on KASPER - Post House Bill 1 ~ David Hopkins

• How to Discuss Drug Issues with a Patient ~ Greg L. Jones, MD

• How to Recognize Drug Abuse and Dependence in Patients ~ Greg L. Jones, MD
Prescription Drug Abuse and Other Risky Behaviors in Rural Appalachia
Substance Abuse Treatment as an Integral Part of the Health Care System
Methadone and Buprenorphine: Evidence-base in Addiction Treatment and Common Pitfall and Myths
FREE ON LINE EDUCATION

- Opioid Dependence Treatment During Pregnancy
- Neonatal Drug Withdrawal: A Clinical Primer
- Therapeutic Use of KASPER and Urine Drug Screening and testing in Clinical Practice
- The Front Line of Health Care and Drug Abuse
- A Harm Reduction Strategy: Expanding Access to the Opioid Antidote Naloxone
40,000 STUDENTS
PRESCRIPTION PAINKILLER HIGHWAY

An Addict's Journey

Interactive Story
KIP Survey

- LIFETIME USE OF RX DRUGS 10TH GRADE
- 2008 - 19.3%
- 2012 - 10.4%
USE OF RX PAST YEAR

- **GRADE 10**
  - 2008 - 14.1%
  - 2012 - 7.6%
  - 2014 - 8%
USE OF RX PAST MONTH

- GRADE 10
  - 2008- 14.1%
  - 2012- 4.1%
  - 2014 – 3%
HEROIN IS HERE
Overdose Deaths that Occurred in Kentucky

Kentucky Resident Drug Overdose Emergency Department Visits by Drugs Involved, 2008-2012

Produced by the Kentucky Injury Prevention and Research Center, January 2014. Data source: Kentucky Outpatient Services Database, Office of Health Policy. Data for 2010-2012 are provisional and subject to change.
Kentucky Resident Hospitalizations Involving Opioid Drug Overdose or an Opioid-Related Disease Condition AND Viral Hepatitis, 2000-2012

Total Number

Year | Total | Opioid type drug dependence & Viral hepatitis | Nondependent opioid abuse & Viral hepatitis | Drug overdoses due to the effect of opiates and related narcotics & Viral hepatitis
---|---|---|---|---
2012 | 1,192 | 378 | 332 | 208 | 0
2011 | 976 | 293 | 313 | 243 | 0
2010 | 702 | 208 | 317 | 243 | 0
2009 | 633 | 157 | 217 | 0 | 0
2008 | 545 | 135 | 187 | 0 | 0
2007 | 435 | 108 | 161 | 0 | 0
2006 | 394 | 113 | 162 | 0 | 0
2005 | 277 | 89 | 133 | 0 | 0
2004 | 210 | 65 | 145 | 0 | 0
2003 | 203 | 59 | 123 | 0 | 0
2002 | 138 | 35 | 92 | 0 | 0
2001 | 118 | 29 | 73 | 0 | 0
2000 | 72 | 24 | 32 | 0 | 0

Produced by the Kentucky Injury Prevention and Research Center, January 2014. Data source: Kentucky Outpatient Services Database, Office of Health Policy. Data for 2010-2012 are provisional and subject to change.
NAS Hospitalizations of Kentucky Newborns

Data Source: Kentucky Medicaid Management Information System; Claims database for calendar years 2008-2013; Kentucky Injury Prevention and Research Center, KY Hospitalization Database for calendar years 2008-2013
NAS is defined by the ICD9-CM code 779.55
2013 data is preliminary and numbers may change
HEROIN

- DATA BASED ON MEDICAL EXAMINER AND CORONER DATA

- OUTSTANDING REPORTS.
1248 TOTAL OVERDOSE DEATHS REPORTED IN 2015*
APPROXIMATELY 28% HAVE HEROIN IN THE TOXICOLOGY REPORT
APPROXIMATELY 34% HAVE FENTANYL IN THE TOXICOLOGY REPORT
OVERWHELMING MAJORITY POLY DRUG

*Data from KIPRC source OVS
HEROIN

- DATA BASED ON MEDICAL EXAMINER AND CORONER DATA
- OUTSTANDING REPORTS.
HEROIN BY COUNTY 2014 Top 5

- JEFFERSON 131
- KENTON 51
- FAYETTE 34
- CAMPBELL 20
- BOONE 19
FENTANYL TOP 5 IN 2015

- KENTON 53
- FAYETTE 51
- JEFFERSON 39
- BOONE 29
- CAMPBELL 20
Kentucky State Police Laboratories
Total Heroin Submissions - 2010 through May-2016
Kentucky State Police Laboratories
Total Fentanyl Submissions - 2010 through May 2016*
HEROIN

Heroin Seizures at the Southwest Border
CY2008 - CY2012

(U) Contraband
Amount Seized on 2013
Amount Seized on 2014
Percentage Change
Marijuana 35,654 KGS 32,293 KGS -9%
Cocaine 1,152 KGS 1,530 KGS +32%
**Heroin 134 KGS 284 KGS +112%**
Meth Ice 550 KGS 992 KGS +80%
(U) Figure 1. Total amount of contraband seized in top 10 interstates for CY2013 and CY2014. This information was obtained from analysis of seizure data in the NSS.*
The availability of heroin continued to increase in 2012, likely due to high levels of heroin production in Mexico and Mexican traffickers expanding into white powder heroin markets in the Eastern and Midwest United States. Further, some metropolitan areas saw a recent increase in heroin overdose deaths. Law enforcement and treatment officials throughout the country are also reporting that many prescription opioid users have turned to heroin as a cheaper and/or more easily obtained alternative to prescription drugs.

“2013 DEA DRUG THREAT ASSESSMENT”
HOW DID WE GET HERE

- LONG HISTORY OF OPIOID/PAINKILLER ABUSE
- INCREASING NUMBERS OF IV DRUG USAGE
- ABUSE DETERRENT FORMULATIONS
- CRACKDOWN ON ROGUE PAIN CLINICS
- GREATER AWARENESS FROM PRESCRIBERS
- ESTABLISHED DRUG CARTELS RECOGNIZING DEMAND
HEROIN

PRICE

AVAILABILITY

PERCEPTION OF RISK

PUBLIC ATTITUDES
HOW DO WE IMPACT THE PROBLEM

- PUBLIC EDUCATION
- INCREASED ACCESS TO TREATMENT
- ENHANCED PENALTIES FOR MAJOR TRAFFICKERS
- GREATER ACCESS TO NALOXONE
Senate Bill 192
“The Heroin Bill”
Requires coroners to notify the Commonwealth Attorney having jurisdiction when an overdose death involving a Schedule 1 drug occurs.
A Good Samaritan provision, will prevent possession and paraphernalia charges to someone that reports an overdose to authorities and stays with the victim.

Overdose victims are often left to die because people they are with fear being arrested. This provision should alleviate that concern if done in good faith.
Greater use of the life-saving drug Naloxone, which can reverse overdoses if administered in time.
Naloxone

- A person or agency, including a peace officer, jailer, firefighter, paramedic, or emergency medical technician or a school employee authorized to administer medication under KRS 156.502, may:
  - (a) Receive a prescription for the drug naloxone;
  - (b) Possess naloxone pursuant to this subsection and any equipment needed for its administration; and
  - (c) Administer naloxone to an individual suffering from an apparent opiate-related overdose.
A person acting in good faith who administers naloxone received as the third party under this section shall be immune from criminal and civil liability for the administration, unless personal injury results from the gross negligence or willful or wanton misconduct of the person administering the drug.
Require that any dispensing under this section be done only in accordance with a physician-approved protocol and specify the minimum required components of any such protocol;
Needle-Exchange Local Option
A local-option needle exchange program, which would reduce the prevalence of such blood-borne diseases as HIV and Hepatitis C and the prevalence of dirty needle sticks by police officers, firefighters, EMS workers and children in the community.

The day after Senate Bill 192 was signed by Governor Beshear, Indiana Governor, Mike Pence declared a public health emergency in Scott County Indiana. That community is now facing HIV rates more common in sub-Saharan Africa. A needle exchange program could have been an entry point to get some of these addicts into treatment.

In Kentucky, communities will now have the ability to take this step if they choose.
Treatment Provisions

- Requires Medicaid/managed care to approve or deny a substance abuse provider application within 45 days.
- Requires Medicaid to provide an annual report on substance abuse treatment services.
- Requires ED’s to make a treatment referral to persons involved with an overdose.
Priority for pregnant women with substance use disorder.

Department of Corrections to establish a pilot program for extended release opiate antagonist among opiate addicts being released from custody.
Anyone who sells up to two grams of heroin will continue to face a Class “D” felony, which is one to five years in prison, and be required to serve 50 percent of their sentence before being eligible for parole if circumstances show the person is a commercial trafficker.

Those selling two grams up to 100 grams will now face a Class “C” felony, which is 5 to 10 years.

Those trafficking in more than 100 grams will face a Class “B” felony, which calls for 10 to 20 years in prison.
Tougher Penalties

- Created the offense of Importing Heroin into the state for sale or distribution any amount. Class C felony. Required to serve 50% of sentence.
Funding

- Up to 10 million dollars to be divided among 8 program areas by the Secretary of the Justice and Public Safety Cabinet IN 2015
- Funding increased to in FY 2016 to 15.7 million and
- 16.3 million in 2017
Funding

- DOC to provide treatment in local jails for non state inmates.
- KY ASAP to expand treatment for state inmates.
- DOC to establish pilot with extended release opiate antagonist.
- KY ASAP to provide supplemental grant funding to Community Mental Health Centers.
Funding

- KY ASAP to address neo natal abstinence syndrome treatment needs.
- KY ASAP for traditional programs
- DPA to expand social worker program
- PAC to expand “Rocket Docket” programs.
<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Guatemala</td>
<td>10 kg</td>
</tr>
<tr>
<td>09</td>
<td>India</td>
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<tr>
<td>08</td>
<td>Vietnam</td>
<td>20 kg</td>
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<td>07</td>
<td>China</td>
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<tr>
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Van Ingram
Executive Director
Kentucky Office of Drug Control Policy
125 Holmes Street
Frankfort, Ky 40601
502.564.8291
Van.Ingram@ky.gov
www.odcp.ky.gov
Follow us on Facebook & Twitter