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Opioid Abatement Coalition for the BRADD

Barren River Area Development District



28th July 2023





The United States is currently combatting a devastating and relentless opioid crisis, one that has struck with severity in the state of Kentucky. With the alarming surge in opioid-related deaths, addiction rates, and societal repercussions, this crisis has placed a negative impact on countless communities across the state. Kentucky, like many other states in the country, has been affected by the repercussions of opioid addiction leaving families shattered, healthcare systems overwhelmed, schools vulnerable and law enforcement agencies taxed from the growing problem. As the opioid crisis continues to unfold in Kentucky, it serves as a reminder of the urgent need for comprehensive strategies, collaboration, and compassion to address this public health emergency.

Substance use disorders, particularly those involving opioids such as fentanyl, have become a public health crisis with devastating consequences for individuals, families, communities, the workforce, and society overall, beginning in the 1990s. The combination of individual and external factors as well as societal influences cause diverse paths to opioid dependency. Patients with chronic pain may develop dependency through long periods of prescribed exposure. Individuals seeking relief from emotional or psychological distress may turn to opioids to cope with stress, trauma, or mental health issues, leading to dependency as a means of escape. Some may experiment with opioids recreationally and in turn, develop tolerance and dependency. The impact of opioid addiction is extensive, causing disruptions in every aspect of life for those battling addiction.

On an individual level, opioid addiction leads to severe physical and psychological dependence, jeopardizing the overall health and well-being of users. Physically, opioid addiction can lead to a range of health problems, including respiratory depression, increased susceptibility



to infections, and long-term damage to organs (Von Korff). It also affects receptors in the brain each time making it more difficult to overcome addiction the longer someone uses opioids. Psychologically, individuals may experience mood swings, anxiety, and depression, resulting in overall mental health decline. Substance abuse disorders cause impaired cognitive function which affects the user's ability to make sound decisions and carry out daily tasks. Additionally, opioid addiction can lead to financial difficulties, as users prioritize their addiction over meeting basic needs, leading to financial strain and potential homelessness. The pursuit of drugs can lead to engaging in risky behaviors and criminal activities, putting the individual at risk of arrest and incarceration. Opioid addiction creates a cycle that is challenging to break without appropriate support and treatment and similarly to chronic health conditions, they are often managed, not cured. This not only affects the person directly but also strains relationships with family and friends due to behavioral and emotional changes, leading to feelings of alienation and isolation.

Families of those battling opioid addiction endure emotional, financial, and psychological burdens, as they witness a loved one battle addiction. Children of parents struggling with addiction are at risk for neglect and abuse and the addiction cycle is often passed down through generations. Parents of children battling addiction suffer mental anguish and often financial difficulties from trying to help their children.

Communities suffer from opioid addiction contributing to increased crime rates, strained healthcare systems, and reduced workforce productivity. The economic burden is substantial as resources are drained by the need for addiction treatment, emergency medical care, and criminal justice interventions.

The impact of opioid addiction in the workplace can be observed through decreased productivity, increased absences, and a rise in workplace accidents causing a decline in



individuals' job performance. Frequent absences due to drug use or related health issues further strain the workforce, disrupt teamwork, and increase the workload on other employees. Because opioid addiction can lead to workplace accidents and injuries, employers face financial burdens such as increased healthcare costs and workers' compensation claims.

The legal system faces challenges in dealing with opioid-related crimes, such as drug possession, trafficking, and associated offenses. Overcrowded facilities and courts struggle to cope with the influx of cases, diverting resources away from other important matters. Additionally, opioid addiction can often lead to petty crimes, such as theft, committed by individuals seeking money to sustain their habit.

One aspect of the opioid crisis is the increased prevalence of fentanyl, a potent synthetic opioid, trafficked illegally from other countries such as China and Mexico. Fentanyl is far more potent than other opioids, making it extremely dangerous, even in small quantities. Illicitly manufactured fentanyl has been found in street drugs like heroin and counterfeit prescription pills, leading to a spike in overdose deaths.

Regarding opioid addiction and substance use disorders in general, many communities and organizations make efforts individually in attempts to promote prevention and recovery. In terms of prevention, public education campaigns have been created to educate communities about the lasting effects, addictive properties, safe storage and disposal, and the importance of taking prescribed opioids as prescribed.

Within Med Center Health, there is an existing Opioid Stewardship Program and an upcoming Bridge Program through the Kentucky Statewide Opioid Program for the emergency department. The Opioid Stewardship Program serves the purpose of guiding physicians to prescribe opioids accurately and appropriately to limit unnecessary patient exposure to lower the

risk of dependency. Some of the priorities for the Opioid Stewardship Program are to avoid prescribing opioids for ankle sprains and non-complicated vaginal deliveries. The emergency department bridge program serves to provide low-barrier treatment by ensuring buprenorphine is on the hospital formulary and readily available for same-day treatment, to assess and remove unnecessary barriers to treatment, connect patients to ongoing care in the community by linking patients to peer support specialist (PSS), and provide naloxone to all patients upon discharge with opioid use disorder diagnosis.

There are countless resources in individual communities within the region to combat the opioid crisis, but individual resources will be depleted from the continued growth of the problem unless resources and efforts are combined. Many of the current resources are tailored to physical or mental treatment, not treating the person as a whole, often leading to recidivism. Most of these agencies and resources operate within silos throughout the state. Even within our communities the resources may not always be coordinated. In turn, Kentucky is encouraging regions (Area Development Districts) to form coalitions in order to coordinate plans, programs and resources. The Barren River Area Development District (BRADD) is a set of ten counties located in South Central Kentucky. The counties included in the BRADD are Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson, and Warren.

The Commonwealth of Kentucky has been awarded 842 million dollars in Opioid Abatement Settlement funds that will be disbursed through 2038. The Kentucky Opioid Abatement Advisory Commission (KYOAAC) has been established under the Office of the Kentucky Attorney General through the General Assembly passing of House Bill 427 with the purpose of allocating opioid abatement funds. Guiding legislation from the Kentucky General Assembly through SB 90 interprets and sets into place protocols for acceptable use of these

funds by local governments. KRS 15.921 details the makeup of the Commission, and the reimbursement process and identifies twenty-nine acceptable fund uses for prevention, treatment, and recovery. This funding is to be distributed over the next several years. There will be 6.7 million dollars allocated within the BRADD area alone with almost 2 million dollars that has already been distributed. Judge executives and mayors will receive half of this funding (421 million dollars), the matter in question for these officials is what to spend this funding on considering there are strict regulations on the approved uses.

Major stakeholders in the area decided an efficient use of these funds would be creating an opioid abatement coalition for the BRADD. The purpose of this initiative is to establish a collaborative coalition of community leaders representing local government, healthcare, school systems, law enforcement, and community organizations. The primary focus of this coalition is to address a wide range of aspects concerning substance use disorders, particularly those related to opioids. These aspects include prevention, treatment, recovery, and assurance of care. After proposing the coalition for opioid abatement to many judge executives and mayors within the BRADD, responses were positive.

The creation of the coalition began with organizing a symposium to facilitate the exchange of knowledge, ideas, and expertise throughout the communities in the BRADD. The symposium will make way to collaborate resources across different industries and create a sense of community for multiple counties through an issue each individual industry and community is battling.

To plan the symposium, a contact list was created to ensure all affected parties are included. The contact list is comprised of members from the community, healthcare, law

enforcement, schools, and the workforce. From the community, Mayors, County Judge Executives, Faith Coalition Directors, and Agency for Substance Abuse Policy (ASAP) Directors were invited. Healthcare members that were included are community mental health program directors, emergency department and other medical staff, and substance use program directors such as inpatient and outpatient rehabilitation programs. From law enforcement, circuit judges, drug courts, the drug task force, the city police department chief, the sheriff, jailors, and parole and probation officers were invited to attend the symposium. Superintendents from each county and principals from elementary, middle, and high schools were invited as the opioid crisis has affected children of all ages.

The symposium will include keynote speaker Doug Griffiths. Griffiths is the author of *13 Ways to Kill Your Community* and will be speaking on the long-term community effects of opioid abuse. The keynote will be followed by a panel of experts in areas affected by drug abuse. The panel will present sections including the Psychological Condition of Addiction, Clinical Condition of Addiction, Chemical Effects of Opioids, Treatment of Addiction, and Legislative Actions on Addiction. The panel discussion will be followed by personal anecdotes of those who have battled opioid addiction and are in recovery. After personal narratives are shared, the president and CEO of Life Learning Center will present on community response to addiction. The panel will then open for discussion and questions.

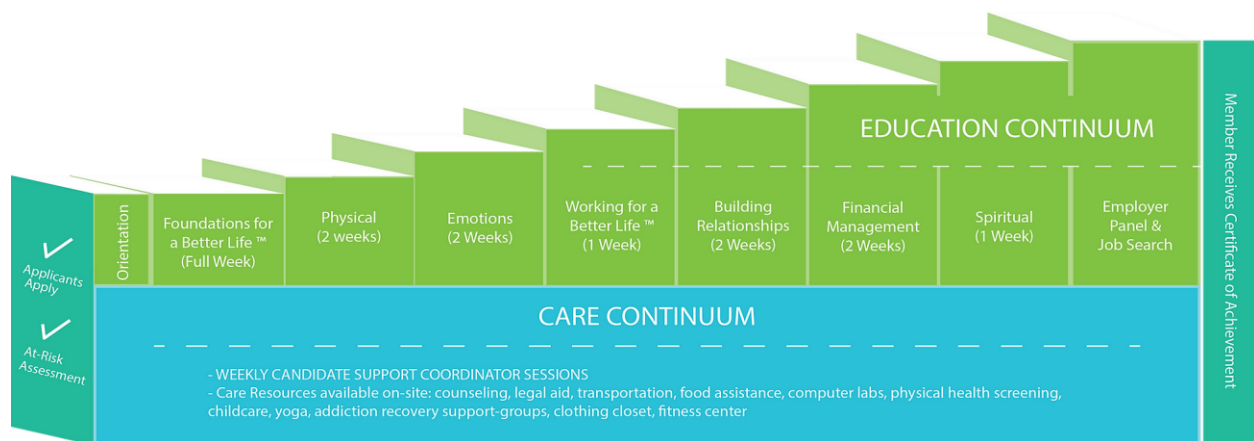
Following presentations and discussions, the priority focus areas of the coalition will be shared. Some of these include enhancing school programs, coordination of care, workforce programs, and coordination of the community's efforts towards improving prevention, treatment, recovery for individuals with addiction.



A call to action will follow the symposium requesting participants to consider being an active member of workgroups moving forward for prevention, recovery, and treatment. The prevention workgroup will include schools and law enforcement. Some areas being considered are limiting drug trafficking through the school system with the use of drug-detecting technology and obtaining a full-time school resource officer on site. The school systems, healthcare agencies, and law enforcement will work toward creating a curriculum that will be shared with students each year to stress the importance of abstaining from drug use and addiction's lasting effects. The school system will also increase counseling for students to give teens a more positive outlet for depression and anxiety. The workgroup for treatment will include law enforcement, recovery, and mental health centers in the community such as Lifeskills, Rivendell, and Med Center Health. The initiative of the treatment workgroup is to create positions for navigators to direct patients to the correct level of care such as inpatient detox, inpatient, and outpatient rehabilitation, and to coordinate care across different levels of treatment and different corporations that offer treatment. Treatment and recovery centers will collaborate with law enforcement to provide treatment for those incarcerated to limit recidivism. There may be a possibility to build a sober living facility on the property of one of the existing treatment centers to extend treatment to another level that the treatment workgroup will collaborate on. The final workgroup will be focused on recovery. Included in this workgroup will be workforce representatives, mental health, recovery, and sober living facilities. The goal of this workgroup is to stabilize individuals after treatment is complete. This may include corporations offering job placement to those with a criminal record to help provide routine and stable income.

The ultimate intention of this initiative is to open a recovery center within the BRADD for area-wide use as well as arrange for local healthcare organizations to participate in a research study on Ibogaine.

A recovery center that obtains a similar mission and functions that the BRADD aspires to have been The Life Learning Center in Covington, Kentucky. The Life Learning Center offers “The Foundations for a Better Life” a twelve-week program for “at-risk” individuals to find the “root cause” of poverty. “At-risk” individuals could include those dealing with substance abuse, post-incarceration from a felony or misdemeanor, mental health issues, unemployment, financial constraints, unsafe living conditions, or any other barrier that withholds them from reaching their highest potential.



The organizational structure of The Foundation for a Better Life twelve-week program.

Some services are offered by the Life Learning Center. (Value exceeding \$40,000 in 2022)

- Meals and food boxes
- Technology, fitness equipment, transportation, childcare, and laundry services.
- Safety net backpacks including hygiene and personal care items.

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- Recovery meetings including Alcoholics Anonymous (AA) and Self-Management and Recovery Training (SMART).
 - Employment readiness assistance including resume coaching, mock interviews, tattoo removal, and business-appropriate clothing.

Regarding substance abuse, the Life Learning Center uses an approach created by the Northern Kentucky Office of Drug Control Policy called the “No Wrong Door Approach”. This approach contains the idea that offering a community collaborative strategy including more services or ways into the recovery process simultaneously will reach more of the population and offer a more lasting effect because each individual dealing with substance abuse is at a different point in their journey encountering their own set of obstacles. Essentially, the more services that are offered at the same time, the more change that will occur. There will never be an excess of services for substance abuse. The “No Wrong Door” approach offers many introductions to recovery, even through incarceration.

The ideal recovery center in the BRADD will include a sober living facility and a Multidisciplinary Recovery Reentry Team Concept (MRRT) program. An MRRT program would be a partnership between law enforcement and the judicial system and the recovery center situationally giving the choice of participating in the program rather than being incarcerated. The goal of an MRRT program is to break the cycle of being released from incarceration and returning to drug abuse and instead, change behavior and reach their highest potential.

The Opioid Abatement Advisory Commission is willing to allocate \$42 million of the \$842 million which will be matched with federal funding for \$84 million total to research. The Commission held a hearing that was a proposal for the approval of ibogaine for opioid addiction treatment. Ibogaine is a psychoactive indole alkaloid that after a single treatment, reduces opioid

withdrawal symptoms leading many into recovery. Ibogaine is currently approved in other countries but is illegal in the United States leading citizens to travel to offering countries to receive treatment. Consequently, it is unknown if safety standards are adequate when receiving treatment in a foreign country. Ibogaine is approximately six years from being FDA-approved and prepared for treatment in the United States but when the clinical trial phase begins, rural hospitals in the area are interested and willing to host. After approval, Ibogaine will be another helpful tool for those with unsuccessful recovery after undergoing other treatment sources and can help fight the opioid crisis.

Each journey through opioid addiction is unique and challenging therefore no resource or support is excessive. The coalition and subsequent workgroups, intend to tackle the opioid crisis from multiple angles, focusing on school programs, coordinated care, workforce initiatives, and community engagement. By leveraging the available resources and exploring potential future treatment options, the coalition hopes to serve as a platform for exchanging knowledge, fostering collaboration, and community building, with the goal of combating opioid abuse. Ultimately, addressing this crisis requires ongoing commitment, innovation, and compassionate support to bring about permanent change to the lives of those affected and build healthier, more resilient communities.

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