Kentucky drug overdose deaths soar

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Recent studies reveal increasing rates of prescription painkiller addiction, methamphetamine production, and fatal overdoses in the state of Kentucky. The drug problem has been compounded over the past decade by cuts to funding for drug treatment programs, which have increasingly been replaced with jail terms.

In an investigative series published in January and February, the Louisville *Courier-Journal* found that Kentucky drug addiction deaths have risen to 1,000 deaths per year, surpassing traffic fatalities in the state, and more than double the drug death toll of a decade ago. Deaths from prescription drug abuse rose from 403 in 2000, to 978 in 2009. Traffic accidents killed 791 Kentuckians in 2009.

Kentucky spends less than a quarter of what many states spend to contend with addictions, and drug policy programs have not seen an increase in funding for more than 10 years. What little funding has been earmarked for drug prevention, control, and treatment has been cut by millions of dollars. The Office of Drug Control Policy was cut last year by $2.1 million, forcing the agency to reduce its staff from 10 to only 4 employees. The $1.5 million budget for the Kentucky family and juvenile drug courts, which provide alternatives to prison or foster homes for drug-devastated families, was entirely eliminated January 1, 2011.

Operation UNITE, a non-profit agency focused on the epidemic of drug abuse in the Appalachian coalfields region of Kentucky, saw its 2007-08 budget slashed from $10.3 million to $4.6 million the following year.

The Appalachian region, and particularly eastern Kentucky, southwestern West Virginia, and southeastern Ohio are stricken with poverty and high unemployment, which has fed a black market economy and led to rising drug addiction rates. Eastern Kentucky registered a prescription drug overdose death rate of 26.3 per 100,000, which is almost twice as high as the rest of the nation.

The *Courier-Journal* investigation found that eastern Kentucky's Bell County registered a staggering prescription drug death rate of 54 per 100,000, and advocates have reported treating children as young as 9 for addiction.

Bell County Sheriff Bruce Bennett estimates that 98 percent of the county's crime problems are drug related, specifically prescription drugs. Moreover, it is estimated that 3.5 percent of the county's grandparents are raising their grandchildren. Their parents, often addicted to drugs, face an economic environment that is devoid of jobs or opportunities. Bell County's median income is just over $19,000.

Surrounding counties confront a similar social crisis. In Breathitt County, one quarter of the county's $4 million budget is spent on the jailing of mainly prescription drug addicted residents; in a Lee County grief support network, one in three participants said they had lost a loved one to a drug overdose.

In many counties in the coalfields region, well over one-third of residents live below the poverty line, with large numbers of families barely subsisting on $10,000 per year. Moreover, Census Bureau figures indicate that in some counties, more than half of the adult population over the age of 25 did not receive a high school diploma or general equivalency degree. The lack of job opportunities, along with an utter absence of recreational facilities or cultural activities have forced young people to flee the area in search of opportunities, further collapsing the social and economic prospects in communities.

These areas are geographically cut off. Roads and infrastructure are either non-existent or in dire need of repair. There are few health resources for residents and access to specialists is unheard of.

The high levels of drug addiction, poverty and inequality serve as a microcosm for the country at large. The economic crisis has caused a spike in Medicaid applications from 930 a month in 2009, to 3,400 a month in 2010. The Kaiser Family Foundation has projected that the Medicaid rolls in Kentucky could swell by 424,000 in the years to come.

As of last year, 790,000 Kentuckians—one in five—were enrolled in the Medicaid program. There is a high proportion of Medicaid recipients in Appalachia, but, coupled with low reimbursement rates and redundant bureaucracy, many doctors and primary health care practitioners refuse to accept Medicaid.

Other measures of economic hardship bear out the predicament of millions of people. The poverty rate in Kentucky stands at 22 percent, and the official unemployment rate is 10.6 percent. Roughly 18 percent of the population was enrolled in the food stamp program in 2010, an increase of 1.7 percent the year before. These numbers do not include those who cannot attain food stamps because of the restrictive and bureaucratic qualification standards. Only households with no more than 130 percent of the poverty threshold are eligible, and in most cases being employed is often a requirement for food

stamp benefits. Moreover, the modest food stamp rates average $210 per month.

These conditions have contributed an increase in mental illness, depression and drug addiction. A 2008 study by the federal Appalachian Regional Commission found high rates for both psychological distress (16.1 percent) and major depressive episodes (10.6 percent) in the coalfields region. Abuse of painkillers like Oxycontin and Percocet is more than twice the national rate.

Other dangerous drug addictions are also on the rise. According to the Lexington *Herald-Leader*, there were 1,080 methamphetamine lab incidents last year, the law enforcement response to which cost $2.9 million in state funds. That amount includes investigative costs, waste-removal cleanup, supplies, lab analysis and transportation of the highly poisonous waste from the scene.

That figure, however, does not include the cost to house nearly 25 percent of Kentucky's inmate population convicted of drug offenses, which cost the state some $460 million last year.

House Bill 463, signed into law on March 3, will limit jail time for non-violent drug crimes. However, this bill does nothing to address the root causes of the addiction epidemic and comes as tens of millions of dollars more are being cut from the social safety net.

Experts agree that the key to lasting recovery is long-term treatment. However, there are few long-term drug treatment opportunities in eastern Kentucky, and the waiting list for rehabilitation programs can be as long as three months. A recent federal survey found that a mere eight percent of Kentuckians who need treatment get it in state-funded programs.

A report from the University of Kentucky published in October 2010 stated Kentucky had 1,040 licensed, residential substance-abuse treatment beds for adults, and 17 of the 37 centers in the state offer long-term stays of 90 days or more. However, given the scope of the problems the resources are insufficient.

Health advocates stated in the report that in addition to eastern Kentucky, the Louisville Metro area is increasingly in need of treatment centers. There are only 10 adult treatment centers and two adolescent centers in the Louisville region; eastern Kentucky offers five treatment centers and three adolescent centers. Both the Louisville numbers and the numbers for eastern Kentucky are too few.

The situation is similarly bleak in Ohio, where drug deaths have also surpassed traffic fatalities—approaching 1,500 annually by 2008. The prescription painkiller addiction epidemic produced 13 deaths per 100,000 people in 2008—a figure that is well above the national rate of 8.5 and is growing much faster than the national rate. The Appalachian region of southern Ohio has the highest death rates, including Adam, Brown, Clinton, Jackson, Ross, Scioto and Vinton Counties.

In 2009, 39 percent of all hospital admissions in the tri-state area surrounding Portsmouth, Ohio, were drug related—five times the national average. In Portsmouth's Scioto County alone at least 117 people died of drug overdoses, and authorities have identified at least eight drugs-on-demand "pill mills" in Scioto county where drugs are available on a cash-only basis. These clinics draw drug-addicted patients from the tri-state area, feeding the epidemic in the coalfields region.

One of the most appalling consequences of the drug epidemic is its impact on the youth of the region. One in 10 children born last year in Scioto County had drugs in their system and were dependent on them at birth. Police in Portsmouth have arrested groups of 12- and 13-year-old children caught up in drug trafficking and abuse.

West Virginia leads the nation in drug overdose death rates. Between 2001 and 2008, nine out of ten drug deaths involved prescription drugs, according to data from the state Health Statistics Center. Over that period, the rate of fatal prescription overdoses rose from 5.1 per 100,000 to 21.5.

According to the Kaiser Family Foundation, West Virginia also has the highest rate of prescribed drugs per capita, at 19. Because of the collapse of the coal mining workforce, the population is, on average, older, in poorer health from decades of poverty; working age residents are more likely to be engaged in jobs such as mining, logging, manufacturing, and hauling, that cause strain and injuries. All of these factors contribute to higher rates for painkiller use, and subsequent addiction and mis-use.

Purdue Pharmaceuticals (the maker of Oxycontin) is complicit in the drug addiction epidemic in the region. Court records reveal that the company sought out doctors who prescribed high numbers of pain pills regardless of whether or not they had training in pain management. The company misled doctors and patients by claiming the drug was less likely to be abused than traditional narcotics.

A federal case brought by the Justice Department in 2007 found three executives guilty of providing false information to doctors, they paid millions in fines. However, given the vast wealth of the company—which sold more than $1 billion worth of Oxycontin alone the same year—the meager sums paid in fines were of no lasting significance. Among other local outreach programs, the West Virginia Prescription Drug Abuse Quitline, a hotline that was started in 2008 from $1 million from the Perdue settlement, will run out of funding next year and faces termination.