

The Opioid Crisis: *What's Happening in Kansas?*

In 2015, more people died from drug overdoses nationally (52,000) than died from motor vehicle crashes (35,000) or from gun violence (36,000). During the five-year period from 2012 to 2016, more than 1,500 Kansans died from drug poisoning, with over 45 percent of deaths involving a pharmaceutical opioid (oxycodone, methadone, fentanyl, hydrocodone, etc.) or heroin. Forty-six percent of the victims were age 35–54. While Kansas has not yet experienced the alarming increase in the rate of overdose deaths seen in many states, more than 100 Kansans have died every year since 2012 due to opioids.

Against this backdrop, the Kansas Health Institute (KHI) held a symposium on August 29, 2017, featuring Andrew Kolodny, M.D., a national expert on the prescription opioid and heroin crisis, and two panel discussions involving Kansas leaders representing key agencies and industries engaged in the response to the crisis.

An Epidemic of Addiction was the subtitle of the keynote presentation by Dr. Kolodny, Co-Director of the Opioid Policy Research Collaborative in the Heller School for Social Policy and Management at Brandeis University. He described how the epidemic arose and marked 1996 as the “inflection point”—the year Purdue Pharmaceuticals introduced OxyContin into the market.

Kolodny stated that overdose deaths due to prescription opioid pain relievers (OPRs) outpaced deaths from heroin between 2000 and 2015, and noted the increase in deaths from OPRs and heroin—a less expensive alternative to OPRs—was particularly impacting non-Hispanic Whites age 35–54. He also presented data showing the increase in opioid

“To say that the epidemic is disproportionately white is an understatement. It’s really striking how white the epidemic is.”

– Andrew Kolodny, M.D.,
Brandeis University



prescribing, sales and marketing since 1997. He suggested a three-prong approach to controlling the epidemic, including preventing new cases of opioid addiction, treating people already addicted, and reducing the supply of opioids from pill mills and the black market.

Prescribing and Treatment

Following Kolodny’s keynote, Robert F. St. Peter, M.D., KHI’s president and CEO, facilitated a discussion on prescribing and treatment with a panel representing physicians, pharmacists, substance use disorder treatment providers and health insurers. The panelists provided their perspectives on the appropriate use and prescribing of OPRs, the treatment of Kansans addicted to OPRs and other substances, and the health insurance coverage available for treatment. The panelists also discussed the steps their groups are taking to address the opioid epidemic and noted the need for education and treatment alternatives for chronic pain, especially in rural parts of the state.

“Do we think there is no such thing as chronic pain? . . . People need to be functional. . . We have to be humanistic when looking at this problem.”

– Joe D. Davison, M.D., WWFP

Regulation and Enforcement

Kansas Attorney General Derek Schmidt kicked off the afternoon panel discussion with brief comments about how his office is responding to the criminal aspects of the opioid crisis, including the illegal

diversion of opioids by licensed professionals and illicit sales of drugs, including fentanyl. He also noted Kansas' participation in a multi-state antitrust lawsuit against the manufacturer of Suboxone, a prescription drug used to treat opioid and heroin addiction. The lawsuit, filed by 36 attorneys general across the country, alleges a conspiracy to block generic competitors from introducing alternatives to Suboxone into the market. Schmidt also stated his office would like access to all available data that could help identify the nature and source of the opioid problem in Kansas.

Linda J. Sheppard, J.D., KHI's strategy team leader for health reform, facilitated a panel discussion with law enforcement, pharmaceutical manufacturers and representatives of state agencies overseeing the state's response to the crisis.

Attendees learned about the K-TRACS prescription monitoring database program, which collects prescribing data electronically submitted by Kansas practitioners and pharmacists who prescribe and dispense scheduled substances or drugs of concern to end users. The collection of this data allows physicians to review the prescription history of their patients and identify potential misuse. The Kansas Board of Pharmacy also has begun implementation of House Bill 2217, the emergency opioid antagonists legislation that authorizes pharmacists, first responders and others to dispense and administer naloxone to individuals experiencing intentional or accidental overdose of opioid-based drugs. The Kansas Department of Health and Environment and the Department for Aging and Disability Services are administering two federal grant programs to use

data to prevent the misuse of prescription drugs and to provide funding for education and treatment programs in 94 counties. Attendees heard about efforts of pharmaceutical manufacturers to develop non-opioid alternatives for chronic pain and new addiction treatment drugs. They also learned of the dramatic increase in the supply and use of heroin being seen by law enforcement officers around the state in the last two years. Law enforcement also is encountering imported fentanyl, a powerful synthetic opioid that is similar to morphine, but 50 to 100 times more potent.

"It's coming."

*- Ed Klumpp,
Kansas Association of Chiefs of Police*

Looking Ahead

While attendees at the symposium gained valuable information about the scope and nature of the opioid epidemic in Kansas and how state leaders and organizations are already responding to the problem, the need for additional discussion and action is clear. What actions could policymakers take to minimize the impact of the epidemic in Kansas? What additional research or data is needed to help policymakers and other organizations in the state respond to what is already happening in Kansas? How do we ensure that Kansans suffering from addiction have access to treatment, especially in the rural parts of the state? What could we learn from states that are already dealing with a much more widespread misuse of opioids than we are now seeing in Kansas?

A Special Thanks to our Panelists

Prescribing and Treatment

- Joe D. Davison, M.D., West Wichita Family Physicians, P.A.
- Bob Twillman, Ph.D., FAPM, Academy of Integrative Pain Management
- Jody Reel, Pharm.D., Kansas Pharmacists Association
- Sandra Dixon, L.M.S.W., DCCCA, Inc.
- Pat George, Valley Hope Association
- Kenneth Mishler, Pharm.D., M.B.A., Blue Cross and Blue Shield of Kansas

Regulation and Enforcement

- Alexandra Blasi, J.D., M.B.A., Kansas Board of Pharmacy
- Lori Haskett, Kansas Department of Health and Environment
- Kimberly Reynolds, Kansas Department for Aging and Disability Services
- Sharon Brigner, R.N., PhRMA
- Ed Klumpp, Kansas Association of Chiefs of Police
- Tim Eldredge, Butler County Sheriff's Office

KANSAS HEALTH INSTITUTE

The Kansas Health Institute delivers credible information and research enabling policy leaders to make informed health policy decisions that enhance their effectiveness as champions for a healthier Kansas. The Kansas Health Institute is a nonprofit, nonpartisan health policy and research organization based in Topeka that was established in 1995 with a multiyear grant from the Kansas Health Foundation.

Copyright© Kansas Health Institute 2017. Materials may be reprinted with written permission. Reference publication number KHI/17-21.

 212 SW 8th Avenue | Suite 300
Topeka, Kansas | 66603-3936

 785.233.5443

 khi.org

 /KHIorg

 @KHIorg