

Reducing Opioid-Associated Risks: Key Opportunities and Successes in Kentucky and West Virginia

Background and Context

Across the country, both prescription and illicit opioids continue to cause thousands of fatal and nonfatal overdoses each year. Some opioids, such as heroin, may be injected and pose additional risks related to HIV and hepatitis C (HCV) transmission. In 2015, ASTHO undertook a project funded by the Health Resources Services Administration (HRSA) to apply lessons learned from the [HIV outbreak in Scott County, Indiana](#) to other states with communities identified as potentially vulnerable to the rapid spread of these bloodborne infectious diseases. According to a [CDC study](#), several counties across Kentucky and West Virginia share certain characteristics and indicators that make these jurisdictions more vulnerable to a potential HIV or HCV outbreak among persons who inject drugs. In light of these findings, ASTHO's project involved collaborating with Kentucky and West Virginia to engage stakeholders in planning opioid overdose and HIV/HCV prevention efforts.

For more information on the opioid epidemic and other urgent public health issues, check out ASTHO's ***Public Health Review*** podcast series. Earlier this year, ASTHO [produced](#) a two-part podcast, "The Epidemic of Epidemics," with episodes that explore how coalitions in Kentucky are driving prevention efforts, and what public health practitioners in West Virginia are doing to identify and care for newborns who have

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Cross-Cutting Themes

ASTHO conducted an action planning session with both Kentucky and West Virginia in fall 2016. Through these sessions, ASTHO worked with state partners to convene stakeholders from healthcare, public health, education, and other sectors to discuss key opportunities for coordination and alignment around preparing for, preventing, and responding to potential HIV and HCV outbreaks. Through these meetings, both states identified the themes presented below, which are [aligned](#) with principles of systems change—a set of elements critical to making sustainable changes within public health systems.

- **Vision and Leadership:** State public health leaders value a coordinated approach among stakeholders to prevent HIV and HCV outbreaks. They also view state-level agencies as essential to building local capacity for preventing HIV, HCV, and injection opioid drug use. State health officials in Kentucky and West Virginia are engaged in these efforts. In addition, the Kentucky Safety and Prevention Alignment Network works closely with the department of public health to coordinate statewide efforts. The West Virginia Department of Health and Human Resources' Bureau for Public Health also collaborates with the state's Bureau for Behavioral Health and Health Facilities.

- **Data:** States and jurisdictions need timely and complete data and value sharing data to target prevention efforts. Both states participate in data collection and data sharing initiatives to create local- and county-level data profiles and establish syndromic surveillance systems, which are near real-time data systems used to identify outbreaks and other emerging public health concerns.
- **Partnerships:** Collaborative, multi-sector partnerships are critical to state prevention efforts. Stakeholders in both states emphasized the value of coalitions, multi-level communication, and partner engagement, as well as the need to break down silos. Kentucky is building local coalitions and West Virginia has an emerging syringe exchange coalition.
- **Policy and Practice:** A primary focus of state discussions was on testing and treatment, including access, stigma, funding, and HIV/HCV testing integration. West Virginia is looking at HIV/HCV testing integration and the cost of HCV treatment. Kentucky is exploring opt-out testing for HIV/HCV for at-risk patients. A second focus was on harm reduction and establishing syringe exchange programs (SEPs). Both states have established model SEPs. A third area of discussion was addressing stigma and social determinants of health through primary prevention.
- **Financing:** Both states focused on the challenge of identifying sustainable funding for SEPs. Kentucky has received Determination of Need designation from CDC to redirect existing funds toward SEPs. Another focus area was around increasing funding for viral hepatitis efforts. West Virginia received three-year funding for hepatitis education. The role of Medicaid in covering HCV treatment is also a critical component of states' financing efforts.

State Successes

The state examples below describe a state success on a topic that state stakeholders prioritized over the course of ASTHO's work with them.

West Virginia: Using Data to Address Neonatal Abstinence Syndrome

Since 2008, physicians in West Virginia have observed increasing numbers of babies experiencing neonatal abstinence syndrome (NAS), which results when infants are exposed to substances in utero. However, the available data on NAS were not reliable. In 2014, physicians began training each other on how to screen and identify infants born with NAS, and the quality of the NAS data improved as a result.

Physicians also needed to leverage the first prenatal visit to identify what was happening for the mother during the pregnancy in order to connect her to resources. In response, a group of West Virginia physicians and their public health partners, developed the [Prenatal Risk Screening Instrument](#) (PRSI), a questionnaire designed to gather data to improve prenatal care and identify substance misuse. The PRSI is intended for the physician and the pregnant patient to complete together at the first prenatal visit and should generate a rich conversation. Pregnant women who use substances are often fearful of losing custody of the child at birth and also experience ongoing stigma. Physicians can use the PRSI to begin building trust with the patient, and to identify supports and services—for example, referrals to home visiting programs or the Drug Free Moms and Babies Program—that will lead to the best outcomes for both mother and child.

West Virginia's efforts to address NAS are beginning to pay off. Based on data from the [Birth Score](#), a tool that collects information after the infant's birth, stakeholders have observed a leveling-off of infants born with NAS as of early 2018. Similarly, the state has observed a leveling-off of new enrollment into

early intervention services. The data from both the PRSI and the Birth Score instrument have been central to these accomplishments and have allowed the state to measure success. The state also uses the data to obtain funding for existing and new programs that benefit mothers and children.

Kentucky: Supporting and Implementing Harm Reduction

In 2015, the Kentucky state legislature [passed](#) SB 192 to allow communities to have [SEPs](#). Although this is an evidence-based approach that has been successfully implemented for decades in many states and jurisdictions, allowing SEPs was a milestone for Kentucky. As of spring 2018, Kentucky has 43 SEPs. In order for a community to establish a SEP, the local board of health, the municipality's government, and the county government all have to approve the proposal. Local stakeholders invest significant effort in obtaining this buy-in. The approval process often centers on educating communities about how HIV and HCV spread. Advocates emphasize that keeping people alive is a priority—and allows them to enter treatment. In the process of building support for local SEPs, communities develop new cross-sectoral partnerships between public health, school systems, public safety, and others.

To support local harm reduction efforts, the Kentucky Department for Public Health's Preparedness Branch operates a 60-foot mobile harm reduction trailer that travels to different communities. The mobile unit visits build visibility for local efforts to establish a SEP, and sometimes the mobile unit supports an existing SEP. Mobile unit staff conduct naloxone administration trainings, distribute free naloxone kits, and provide free HCV and HIV testing. Since 2017, the trailer has visited 30 communities and staff have distributed 1,587 naloxone kits, each with two doses of naloxone nasal spray. In addition to offering services to community members, hosting the trailer offers an opportunity for the local health department and state health department to collaborate.