

Eastern Kentucky Has a Substance Use Problem – And a Remarkably Effective Way to Fix It



An Interview with Scott Lockard, MSW, CSW, Public Health Director, KY River District Health Department
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The odds are good that in a story of pervasive substance use, you won't see anything but a bleak landscape of loss.

But this is not that story.

Eastern Kentucky's substance use crisis, and how it was addressed, is not the story you're expecting. For at the intersection of hard work and hope, lay solutions carved from painstaking, patient work, of fits and starts, and of slowly won support for programs that reduce harm and save lives in Kentucky communities.

We interviewed Scott Lockard of the Kentucky River District Health Department in Hazard, Kentucky, not long after a big win: in early July, the health department – after review from 22 different Boards of Health, City Councils, and Fiscal Courts – now has approval to operate harm reduction needle exchange programs in each of the seven counties of the district. The anticipated start date for Leslie and Knott Counties was August 1. “In our five open needle exchange programs, we have now served 969 unduplicated patients as of May 31, 2019,” said Scott. “We have distributed 290,556 syringes and collected 255,128 syringes. When you factor in the number of syringes that our patients still have in their possession, that means we have a better than a one-to-one ratio collecting 3,332 more syringes than we distributed.”

Against the backdrop of this progress lay another crisis: the rise of infectious diseases, including hepatitis C, as a consequence of the epidemic. “We received funding from the CDC to support this work in the context of the infectious disease consequences of the opioid epidemic and a hepatitis C elimination project taking place in Hazard,” Scott said. In this wide-ranging interview, Scott shared with us the origins of the opioid overdose epidemic in his district; why it's important the health department engaged and led efforts to reduce the epidemic's reach; the many challenges; and the keys to the success of getting needle exchange programs approved in all seven counties.

KY RIVER
DISTRICT HEALTH DEPARTMENT

**“In harm reduction services, you're not just giving them clean needles; you're linking them to resources – any community resource they need, as well as treatment. Because people want to know there's hope.” —
Scott Lockard**

Background

NACCHO has been working with the CDC to support local health department efforts to address the impact of the opioid overdose epidemic on infectious diseases, focusing on community engagement and education; partnership development; and scale-up of harm reduction services. Funding for this project supports the development of a model of community mobilization and engagement to address the opioid overdose epidemic and its infectious disease consequences — including HIV, HCV, and HBV — with a vision toward eliminating viral hepatitis.

Kentucky River District Health Department was identified as an important location for this work, based on, among other factors, findings from the CDC vulnerability assessment and current efforts to eliminate HCV in the city of Hazard, the county seat of Perry County, Kentucky. Due to the urgent nature of the opioid crisis, the environment for acceptance of syringe service programs (SSPs) is favorable, yet, with reservations. The community has been very supportive of SSPs, and when he operated an SSP program in Clark County, Scott Lockard received almost full support of county government. Cultivating local champions was key, including bringing in the sheriff's department and the faith-based community. Powerful addiction recovery stories were also key in their progress toward gathering support, in addition to cultivating and empowering strong community champions; having a strong public health infrastructure; placing the opioid crisis within the context of economics and the disease consequences of economic vulnerability; and engaging the community in educational events.

A Scarred, Beautiful Landscape

In Hazard County, health status directly correlates to socioeconomic status. There are issues with diabetes and obesity. Smoking rates are very high; about 26 percent, with one out of four people a smoker. There are a lot of smoking-related illness, with lung cancer and heart disease. "We have some of the most beautiful geographic scenery in the country here, with the Daniel Boone National Forest and the beautiful Appalachian Mountains here in eastern Kentucky," said Scott. "But also, too, those mountains cause a lot of issues with isolationism. It's very tough and it causes transportation issues. The mountains limit access to the opportunities for physical activity. So we have a high degree of individuals that report poor mental health days in our region. In short, lots of challenges."

The Rising Crisis

"The Substance Use Disorder epidemic really started out in eastern Kentucky," Scott said. The region always had an issue with other substances, especially marijuana. The Kentucky climate is especially conducive to a highly favorable growing environment, and the terrain of isolated mountains and hills are great places to hide marijuana plants. For example, according to High Times magazine, Owsley County was home to some of the highest-quality marijuana in the country. The culture of Substance Use Disorder was already there, and prescription opioids, especially Oxycontin, Lortab, and Percocet, was fuel for the epidemic.

"One of the tough things about Kentucky when we look at the ACEs [adverse childhood experiences] and childhood trauma, we see lots of individuals that unfortunately experience trauma in their younger

“Well, I think we’ve learned some valuable lessons here about what works, what doesn’t work, and the importance of relationships and really talking to individuals about what their needs are and how that we can meet them through our services. And it’s been a great experience, a very valuable experience. I feel like I have learned a lot, because we made a lot of mistakes.”

years. And as we get into the exploration of Substance Use Disorder as a disease and how it impacts the brain wiring and brain functioning, a lot of people are very predisposed to this condition.”

In the health district, Substance Use Disorder consistently comes up in the community health assessments. A high percentage of the region’s population is also disabled or suffering from chronic pain, having worked in the coal fields, one of Kentucky’s traditional chief industries. The work is physically strenuous, and the fields are places where people easily get hurt. Many people began their journey into Substance Use Disorder by getting a prescription for a pain medicine to deal with an injury on the job, or something of that nature. Pain management became what Scott called the “fifth vital sign,” as they began to see rampant over-prescribing in the region.



Kentucky River Snapshot



- A seven-county district health department in eastern Kentucky: Perry, Knott, Letcher, Leslie, Wolf, Lee and Owsley counties.
- These seven counties are some of the poorest counties, not only in the commonwealth of Kentucky, but several of the counties appear up on lists of some of the poorest counties of the nation each year, including Owsley County.
- Serves a population of a little over 92,000 individuals. The health district’s geographic area is over 2,000 square miles of a very rural district, which presents a lot of challenges.
- Median household income, according to the most recent census data, is \$27,566.
- The poverty rate is 31.7 percent in the district, so one-third of all of the residents are below the poverty line.
- The high school graduation rate is only 72 percent, and very few people go on to college.

Fast-forward to 2015, when a “pill mill” bill passed, effectively cutting off one of the avenues of prescription opioid misuse and prosecuting unscrupulous doctors writing mass prescriptions. An unintended consequence of the bill was that limiting access to prescription opioids led to the rise of heroin and methamphetamine use across the state.

“One of the big factors then that also had played a role is the patterns of use,” Scott said. “For years, the area saw the way people were misusing substances, either smoking marijuana or taking oral medication or

crushing it and snorting it. But then as the transition was made to injectable drug use, IV [intravenous] drug use –which is the most common practice now we see, with the substances that are being used, we have a lot of IV drug use, and the sharing of needles to use substance has led to a lot of sharing of other things as well, with the diseases and concerns. So as we get our community assessments and work with our communities, the impact of Substance Use Disorder was just prevalent in all of our communities, and it was an area that our community partners and us realized we needed to work on together.”

The Work Begins

In order for a health department to operate a needle exchange program, it had to get approval from their local board of health, the county in which the program would operate, and then also the city. Those involved to tap for approvals included an elected county government at the fiscal court, an elected city council or city commission, and then the appointed board of health. “I was involved in some of these conversations at the state level. A lot of people really doubted that outside of the golden triangle, maybe Louisville and Lexington, and probably not even northern Kentucky, would we see needle



exchange programs. We never dreamed we would actually get them in the rural parts of the state.”

This information helped the health department as it began considering the ramifications of a needle exchange outside of the metropolitan areas; Louisville was the early adopter, and they helped blaze the trail for eastern Kentucky. At that time, in 2016, Scott was the director of the Clarke County Health Department in Winchester, which sought and received approval in

“In 2015 at the state level, there was a Senate Bill 192 that was passed; it was an attempt to address the opioid epidemic in Kentucky. This was the authorizing legislation that, through negotiations, there was an agreement to allow health departments to operate needle exchange programs – syringe service programs, whatever we want to call them here. But this authorization was very, very controversial, and quite honestly, I think that concession was made to allow needle exchange programs because they didn’t think we could get them approved locally.”

“When the CDC published this list of 220 U.S. counties that were most susceptible to an outbreak of HIV or hepatitis C due to injectable drug use, the number-one county in the nation is a county here in my district, the Wolfe County Health Department. Number four county in the nation is Perry County, number eight is Leslie County, number 12 is Owsley County, number 17, Knott County – all of my counties that I serve, my seven counties made this list.”

Clarke County to get one of the first needle exchanges opened in the state. Scott served on the advisory group that helped to create the policies for the state needle exchange programs in partnership with the Department of Public Health. The Kentucky River District began talking about the importance of working with elected officials. “And all of the county judges are on the Board of Health,” Scott said. “This was our health department board, and even on the board, there were some people that had great reservations, wondering if we’re really enabling.”

The epidemic is so prolific that Scott offered that there’s not a family in eastern Kentucky that has not been touched by it or knows somebody within a close proximity that has been touched by it. The first question is, why is the health department doing this? They then talk about how the program works and share data and experiences from other places that have had needle exchanges. They explain how such a program could work in their community, how it could be successful, and describe the successes they’ve achieved in other areas, that other people have achieved, and the potential of success.

Kentucky River District found an ally in Cale Turner, the respected county judge in Owsley County, who understood the need and led the effort to get the first needle exchange in Owsley County. “He pushed the public health leadership at the time here at Kentucky River to actually move forward with getting the needle exchange. They partnered with a local pharmacist who agreed to buy their initial supply of syringes. So then they got approval in Owsley County, the smallest county in our district, but one that also has one of the biggest challenges with Substance Use Disorder, and that was the first county to come onboard in August of 2017.”



The adjoining Lee County came next, after a lot of trial and error: first to the fiscal court and the city commission, and that program began in October 2017. “Typically, in our needle exchange programs, you will have one or two people that will come in to test the waters and to see, and then when they find out that they’re being treated with respect and dignity – and that they are not being arrested whenever they come out into the parking lot with their supplies – then you will see others [making use] of the service.”

Scott was hired by Kentucky River District in January 2018, and in April, brought three more counties online with needle exchange services in Wolfe, Perry, and Letcher counties. There were necessary delays — due to local county judge elections and transitions at the health department, as well as strategic timing of when to begin working with newly elected judges and lawmakers — in beginning the work in the new fiscal year with the appropriate approvals.

By the Numbers

	Population	Number of Participants	Syringes Distributed	Syringes Collected
Owsley County	4,500	250	81,749	76,702
Perry County	26,553	354	290,000	255,000

“We have probably got the highest participation rate per capita of any needle exchange in the nation in Owsley County, Kentucky, because Substance Abuse Disorder is a huge issue in that community,” Scott said. “My epidemiologist said that we have actually surpassed our thousandth unduplicated patient. So 1,000 participants and over 300,000 needles exchanged for a small, rural Kentucky health department. I really am amazed.”

The Keys to the Work

“No matter how good your data is, the issues surrounding needle exchanges are profoundly emotional for some people. People know someone who has overdosed, who, because of drugs, has committed a property crime, so while the data is very, very important in getting approvals, that data is not going to win the approval by itself. You have to appeal to the emotional component and be sensitive to that,” Scott said.

As with any long-term effort, the key is the starting point. “There is no shortcut to becoming a respected part of the community and becoming actively engaged,” Scott said. “Your communities have to know who their health department leadership is and what their health department does, and they have to value them as a partner in the community.”

“It’s so good to get back to true public health and think, how many cases of Hepatitis C and HIV have we actually prevented by exchanging 300,000 needles? You know, it’s just – the public’s health, it’s what we’re all about. And helping us to really regain our focus. And maybe that’s one of the reasons I’m just starting this fiscal year off on cloud nine. I just feel supercharged about doing good public health, because that’s what we’re doing.”

- **Cultivate champions.** “Who’s going to be your champion to carry your message for you, because you’re expected to carry as Public Health?” said Scott. “When you can get law enforcement to carry your message, the business community, the faith-based community – that’s really key. Because Al-Anon and other support groups meet in churches, find local clergy to support the effort; this helps to defuse arguments from the faith-based community. “In Clark County, it was a local Episcopal priest who became a champion, citing the sanctity of the individual and the need to deliver care. Anticipating the negatives is as vital as reinforcing the positives about the benefits of an SSP.” Letcher County community leaders in healthcare have been a driving force behind the HEAL coalition, Help End Addiction for Life.
- **Understand the positions of your key decision-makers and policymakers.** “Be able to respond to their questions and make your presentations so flexible, that you can have the ability to go where they’re leading you and address their issues.” In eastern Kentucky, there’s more of an atmosphere of

sitting down and talking through issues. “When we designed our materials, we designed it to answer those basic questions. And the first question is, ‘Why are we even talking about this? Why do we need a harm reduction needle exchange program?’ And that’s when we talk about the prevalence of injectable drug use, how Kentucky leads the nation in hepatitis C, the concerns.

- **Fear is a great motivator.** This includes fear of an outbreak, fear of HIV, and fear of needle-stick injuries to children on playgrounds. Practically everyone has a personal connection to the epidemic.
- **Describe how the programs work.** Share some data and experiences from other places that have had needle exchanges. Explain how the program would work in their community: why do they need it, do they work, how would it work here, how are we going to achieve success. Talk about successes in other areas of public health, including harm reduction, the potential of success, the need to create a culture of recovery.



- **Engage the community; coalitions are key.**

Keep organizations and coalitions in the forefront, and educate them on your progress. Engage your communities in different venues and at events to discuss and answer questions about harm reduction and needle exchanges, including health fairs. Consider whole-community events, such as a recovery walk to raise awareness. Scott said, "We're having events specifically tailored to individuals who have Substance Use Disorder. Five years ago, this would've been unheard of. And now we're having events where people will come out and remember those who have ODeD; that have lost loved ones due to overdose. I think just by talking about it, by normalizing it, by just making sure our presence is out there."

- **Think strategically across sectors.** This includes local law enforcement champions, judges from the drug courts, champions from the treatment community. "The first time a policymaker sees you cannot be the time you come to ask them to make such an important decision for their community." Become as involved in the community as possible, including coalitions, different organizations. Scott points out that he attends fiscal court meetings when his schedule permits, and all the county judges are on his board. Also, look to your judicial system about reclassifying drug possession as a misdemeanor, so people are employable after treatment.

- **Look to the business community for partners.** In order for treatment to be successful, people need



a job when they come out of treatment. "Working with employers is key to re-employing people with Substance Use Disorder, because if you're not giving that person economic opportunity once they go through treatment, they're going to relapse," Scott said.

- **Introduce people in presentations who have been in addiction,** traversed the low points of treatment, have successfully navigated treatment and recovery, and is now employed and living a normal life again. Showing the face of hope is a powerful story.
- **Anticipate the negatives.** "Have the emotional intelligence to know when you're doing your presentation, when data is not enough, and realizing that people find this objectionable, and not trying to minimize their feelings or dismiss them for having those feelings. Because – and I've often shared, once you educate yourself, then you really understand the significance of it and that it gives us such important touch points with individuals who have Substance Use Disorder and how we need to work with them and to get them services they need and ultimately get them treated."

- **Continue to make Naloxone widely available and make use of state monitoring programs.** In increasing support for substance use treatment, use the state monitoring programs, with CASPER to monitor prescriptions, and use data in your decision-making.
- **Encourage the creation of needle exchange programs.** “It’s one thing when we as public health carry the public health message, but when you have one of the leading conservative entities in your state that has a great relationship with most of our Republican party members across the aisle who traditionally take a more hardline approach to a lot of these issues, that is huge. So having the state chamber of commerce on board with this and working with us has been great.”

Challenges, and Looking Ahead

There will always be questions: about needle disposal, whether those with Substance Use Disorder are being enabled, and distribution of resources. Issues are often addressed with education and using data to paint a clear picture of both the challenges and successes.

Kentucky River District’s role in harm reduction continues to grow. The health department team has been successful in getting a Comprehensive Smoke and Vape Free Ordinance passed at the Perry County Fiscal Court and Hazard City Council in June, representing a big step forward for the Eastern Kentucky Region, which has some of the poorest health outcomes in the country. They are incorporating testing and encouraging everyone to get tested for hepatitis C or HIV, other sexually transmitted infections and expanding its harm reduction efforts. They’re also planning to roll out a mobile needle exchange harm reduction unit in the next few months. “Five years ago,” Scott said, “if you’d asked me about Substance Use Disorder, I’d say, “Well that’s Mental Health’s bailiwick; it’s really not us as Public Health.” And I think that’s the key for health departments and Public Health – that we adapt to whatever the biggest public health need is in our communities, and Substance Use Abuse Disorder has risen to that level. In many of our communities, it is the biggest threat to public health that we face today.”

“If there’s any silver lining to the Substance Use Disorder that I see, is that it is truly a problem that is so huge, that it has broken down barriers and built bridges between agencies that have realized that we can’t do it all ourselves, and we have got to work together.”



Hear an episode of NACCHO’s Podcast from Washington with Scott Lockard, Public Health Director for Kentucky River District Health Department, about the implementation of the department’s needle exchange

program and how other health departments can replicate positive health outcomes:

<http://bit.ly/2qxcXZI>

