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HOPE MADE POSSIBLE

UK and partners across the Commonwealth forge pathways out of opioid addiction

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By Alicia P. Gregory

"My name is Alex Elswick. And I'm a person in long-term recovery." Applause breaks out from the audience of policymakers, federal and state officials, clinicians, justice department representatives, substance use researchers and treatment staff. Elswick, clean-cut in a light gray suit and blue button-down shirt, is in the spotlight at the 2019 Rx Drug Abuse and Heroin Summit in Atlanta.

Elswick notes his struggles with anxiety and his efforts to self-medicate. He continues, "I was first exposed to opioids when I was 18 years old, when I had my wisdom teeth removed, and I was prescribed oxycodone. I became addicted in short order, transitioning from taking oxycodone orally, to snorting it, shooting it and, eventually, to shooting heroin. My addiction took me most every bad place that a man can go."

This included stints in jail, treatment centers, a halfway house, sleeping under a bridge in Dayton, Ohio, and panhandling to feed his addiction.

He then tells the crowd two things led him into recovery: access to evidence-based care and ongoing care. Elswick recounts six months in an inpatient treatment center, six weeks in an intensive outpatient program and then ongoing work with a therapist for his anxiety.

He earned a master's degree in family sciences at UK in 2017, is currently pursuing his Ph.D., and serves as a substance use prevention and recovery specialist in the UK Cooperative Extension Service. Elswick and his mother co-founded a Lexington nonprofit called Voices of Hope.

"Our mission is to help people in recovery stay in recovery," Els-wick says. "And we're a grateful community partner in the HEALing Communities study."

That day in Atlanta, Elswick shared the stage with Francis Collins, National Institutes of Health (NIH) director; Nora Volkow, National Institute on Drug Abuse (NIDA) director; and Sharon Walsh, UK Center on Drug and Alcohol Research (CDAR) director.

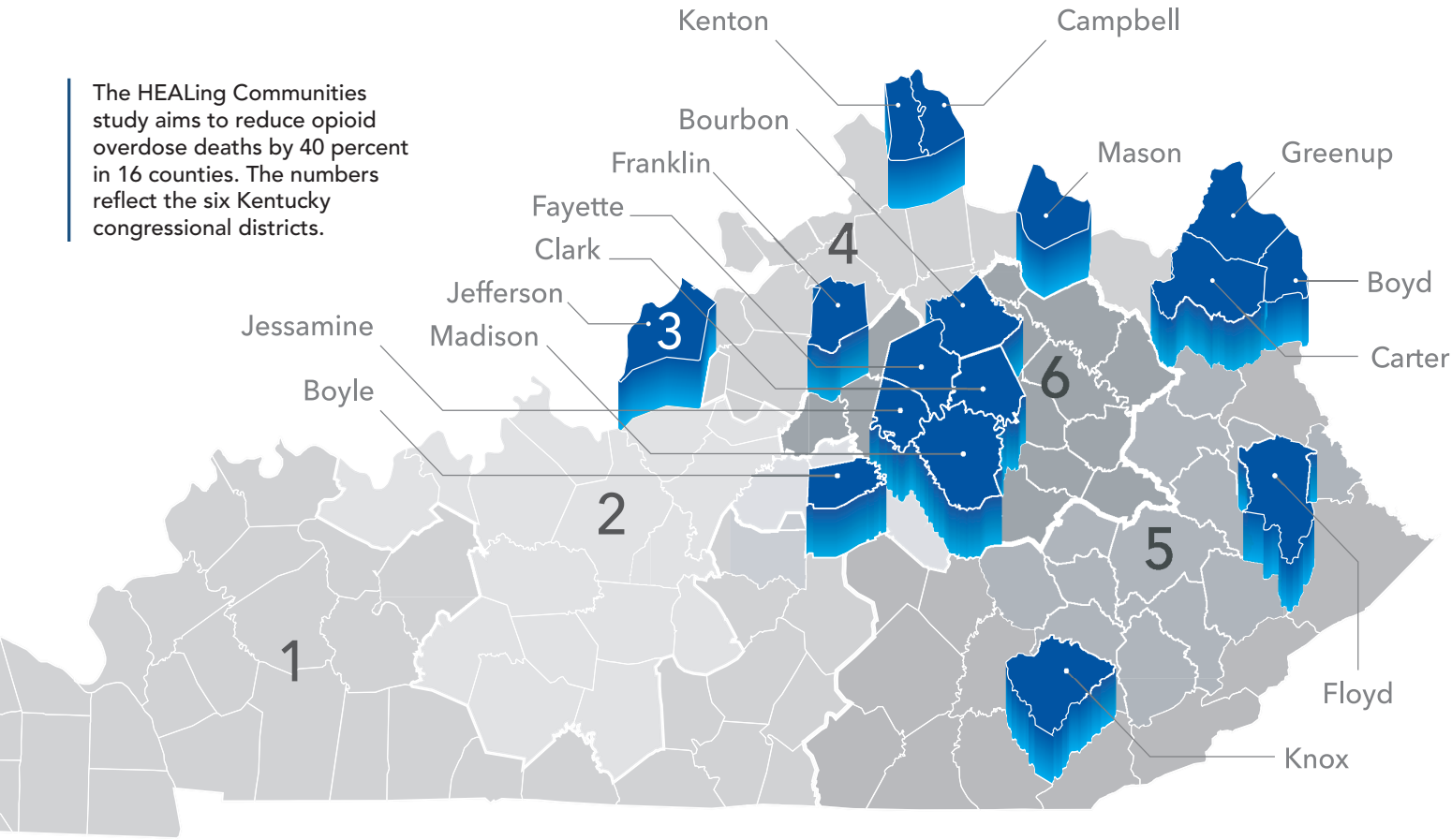
Alex Elswick

The week before the Rx Summit, Alex Azar, U.S. Secretary of Health and Human Services, Collins and Volkow held a press conference to announce grants to four institutions — the University of Kentucky, Ohio State University, Boston Medical Center and Columbia University — in a national initiative called HEAL (Helping to End Addiction Long-term). The HEALing Communities study is one facet of this initiative to speed the transfer of scientific solutions from academia to communities, and share data nationally on what works, to improve access to care for the more than 2 million Americans struggling with opioid addiction.

The four-year, more than $87 million HEALing Communities study is the largest grant ever awarded to UK, and it has an ambitious but profoundly important goal: reducing opioid overdose deaths by 40 percent in 16 counties that represent more than a third of Kentucky's population.

Kentucky ranks 5th in the United States for opioid overdose deaths — 1,160 people died in Kentucky in 2017. Kentuckians have suffered since the early days of the opioid epidemic.

Walsh leads the HEALing Communities study. She's a professor in both the UK College of Medicine and UK College of Pharmacy and has been doing research on opioid use disorder



The HEALing Communities study aims to reduce opioid overdose deaths by 40 percent in 16 counties. The numbers reflect the six Kentucky congressional districts.

for nearly 30 years. Some of her and her colleagues' early work on opioid use in Kentucky was rejected for publication because it was viewed as a local, isolated problem.

"We were the canary in the coal mine," says Walsh. "We knew a crisis was brewing."

HOME-GROWN TENACITY

Nineteen researchers from six UK colleges make up the team on the HEALing Communities study.

"It's a testament to the excellent training and research here that 12 of our team researchers have UK degrees, some of them multiple degrees," Walsh says.

Six of the researchers are Kentucky natives. "For the native Kentuckians, they have a deep-rooted love for this place. But for the people who come to UK from other places, they develop this fierce dedication to UK. This place inspires that," Walsh says. "As President Capilouto says, 'We are the University for Kentucky.' The passion of these 19 team members is a witness to the tenacity with which they work to improve lives.

"When I asked people to partner with us on this project — which we knew was going to be a heavy lift as it's the largest scale project UK has ever done — not a single person said no," Walsh says. "It's like a team of 200 people that are all rowing in the same direction."

She tapped many longstanding community partnerships, in particular with the Kentucky Cabinet for Health and Family Services and the Justice and Public Safety Cabinet. Local boards and health departments, state government entities, and treatment delivery partners, like Voices of Hope, round out an impactful infrastructure to tackle the opioid crisis.

Walsh sums up a three-step community-engaged process, which will kick off in the first communities by the end of 2019. "We'll partner with each community to identify what's working. Then they'll pick from a menu of evidence-based practices to fill in service gaps. And we'll help them create a communications campaign to get the word out," she says.

The project's hypothesis: communities will reduce opioid deaths by increasing distribution of naloxone (a drug that can reverse an opioid overdose), expanding use of medications for opioid use disorder (OUD) and improving prescription opioid safety. It's a hypothesis based on evidence from UK studies and studies across the country.

"We know what works," she says. "This study will get those scientific solutions to the people who need them."

THIS IS YOUR BRAIN ON OPIOIDS — ADDRESSING STIGMA AND SPREADING SOLUTIONS

What do you wish people understood about OUD? It's a question Walsh and her colleagues have been asked many times, and the answer boils down to the fact that opioid use changes the brain. When people stop using opioids, their brain doesn't just fix itself. OUD is a chronic disorder.

"We should think about the management of OUD like any other chronic disease, like diabetes. We provide medication, education and support to help a person manage their diabetes, knowing it's a lifelong condition. The same should hold true for persons with OUD," says Patricia Freeman '87 '91 PHA, an associate professor in the College of Pharmacy who leads the HEAL study prevention team.

But often people view drug use as a choice. If it's a choice, then blame can be assigned.

Walsh says, "I've never met someone who was addicted to heroin and was enjoying it. People lose everything in that process, and sometimes they lose their lives."

April Young '10 PH, who leads the community engagement team for the HEAL project, says, "I've been at community meetings where people have stood up and said, 'Let them die.' It wears on you — the lack of empathy."

She recently talked with a woman in Morehead. "She told me she was excited to finally be on the waiting list for buprenorphine for her heroin addiction," says Young. "Then, she said she was number 116 on the list. And all I could think was 'The system is failing her. I hope she survives that long.'"

Young, an associate professor in the College of Public Health, leads another NIDA-funded project called CARE2HOPE in 12 Appalachian counties. Her team surveyed people who were actively using drugs. "Among the first 219 people we surveyed, only 29 had been prescribed naloxone. Yet, 21 of those 29 had used it to reverse an opioid overdose. We are missing a tremendous opportunity. Imagine how many more lives could be saved if we expanded access to naloxone," she says.

"Since 2015 when Senate Bill 192 passed, pharmacists in Kentucky have been able to dispense naloxone directly, without a prescription," says Freeman. "The Center for the Advancement of Pharmacy Practice, that I direct, led the effort to prepare pharmacists by developing and conducting trainings around the state."

More than 2,500 pharmacists in 90 of Kentucky's 120 counties are now board certified to dispense naloxone without a patient-specific prescription. "Making naloxone available to reverse opioid overdose and making sure people know how to recognize an overdose and administer naloxone is key in our ability to effectively address this crisis," Freeman says.

But stigma stops much of the work we could do, Walsh says. If someone dies of an overdose, often the family doesn't want that to be revealed.

"Things don't get fixed until you shine light on them," she says. "One of the goals here is to shine light on the truth around OUD and its treatment."

Elswick says, "People sometimes ask me why I didn't try medication for OUD, and the answer is I would have, if it had been offered to me. The only time it was ever brought up was by a therapist, and it was proposed as a sort of alternative therapy, like acupuncture. I was incredulous to find that it's the gold standard for treating my condition. It could have saved me a lot of pain."

There are three FDA-approved medications for OUD: methadone, buprenorphine and naltrexone. Each medication has its own challenges. Methadone must be administered in federally certified opioid treatment programs. KY has 28 of these programs. Buprenorphine prescribing requires additional training and a special waiver. Kentucky has 1,000 waivered providers at last count. Naltrexone, administered often by monthly injection, is expensive, few practices offer it and making sure people get a follow-up dose can be a challenge.

Walsh says the HEALing Communities study will likely not create new treatment centers, but it can make significant inroads by training more providers and increasing the number of people treated.

"When we engage people in treatment and help manage the chronic disease of OUD, recovery and remission are possible. There is hope," says Freeman.

BREAKING THE CYCLE AND GETTING HOPE TO THE INCARCERATED

"When individuals reach a place where they start to commit crimes to maintain their addiction, serving time in jails and prisons often becomes their reality," says Michele Staton '04 MED, who works on the HEAL criminal justice intervention team, led by Carrie Oser '98 AS.

"This incarceration period can be an opportunity for treatment," says Oser, a sociology professor in the College of Arts and Sciences who has more than a decade of NIDA funding for her work on addiction services in criminal justice settings.

The Kentucky Department of Corrections has nearly 6,000 treatment beds and has increased access to naltrexone.

"The good news is that treatment and recovery support have expanded both within jails and prisons and in the community. We have a growing, vibrant community of individuals in long-term recovery who are living proof that recovery is possible," says Katherine Marks '15 PH, '15 AS. She is the liaison between UK and the Cabinet for Health and Family Services and a research assistant professor in the College of Medicine.

The team is working to coordinate care navigation services inside and outside the criminal justice setting, so a person with a substance use disorder leaves incarceration with housing, transportation and treatment lined up.

Oser says, "Re-entry is a vulnerable period for relapse and recidivism, so ensuring people have basic documents like a government-issued ID or insurance coverage for access to needed medical care is essential."

"Addiction is not biased. It does not discriminate by gender, age, social class, race. We have all been impacted in some way by the power of addiction, and we have an obligation to move beyond the stigma of addiction to a place where we all take responsibility for the solution," Staton says.

A TALE OF THREE FRIENDS AND NALOXONE

Mandy Binkley became part of the solution. She saw the devastation of substance use in her own family, and she knew she had to do something. "I left corporate America after 11 years and decided to become a nurse in my early 30s," Binkley says.

She became a nurse navigator at the First Bridge Clinic. This outpatient clinic at CDAR in Lexington provides a same-day or next-day treatment option. Patients are referred to the clinic in withdrawal, often after being treated for overdoses at the UK Chandler Hospital Emergency Department. Here patients receive medication management, counseling, nurse care navigation, peer support services, overdose prevention and naloxone training.

Binkley personally trains each patient on how to use the naloxone nasal spray and gives them a kit to take home. She tells a story that changed three lives. "We had a patient who decided to go out with some friends, and he used illicitly and so did they.

Personnel involved in the HEALing Communities study include, left to right, first row: Katherine Thompson, Donald Helme, April Young, Jeffrey Talbert, Hannah Knudsen and Sharon Walsh; second row: Carrie Oser, Heather Bush, Svetla Slavova, Laura Fanucchi and Hilary Surratt; back row: Amanda Fallin-Bennett, Michele Staton, Michelle Lofwall and Patricia Freeman.

His friends overdosed. He miraculously did not. He used the naloxone I gave him to bring them back, and he called 911."

The next day he made another call — to the clinic to thank Binkley for the naloxone and the training that saved his two friends. "I cried," says Binkley.

"It made all of us cry," Walsh says. "And he decided that this outpatient clinic wasn't sufficient. He wanted something more intensive, because he knew he needed to change his life."

Binkley says, "We made the referral and got him into a residential treatment facility. The end result was a win-win for everyone. He was able to save two lives, and we were able to hopefully help save his."

This is just one instance of the transformational hope Binkley says she sees in her work at the clinic. She says, "The news talks about the opioid crisis, but it doesn't ever talk about what happens when people stay in treatment. I'm proud of what we do here."

Walsh echoes Binkley, "You see someone who ended up at the Emergency Department with an overdose, got an appointment and shows up here for their first visit malnourished, disheveled, not well. But you could come back and see that same person six weeks later and sometimes they're almost unrecognizable. It is truly transformative. What could be better than that?"

Back in Atlanta, on stage at the Rx Summit, Elswick gives these parting thoughts about transformation. "After I speak people say the kindest things. 'Alex, we're proud of you. You're so strong. You're so brave.' I'm not in recovery because I'm strong or because I grit my teeth hard enough," he says. "My best friend is at the Fayette County Detention Center right now on drug charges. He has a substance use disorder. And the primary difference between he and I is not strength. It's not willpower. It's access to care." ■