



Kentucky Chamber  
**WORKFORCE**  
CENTER



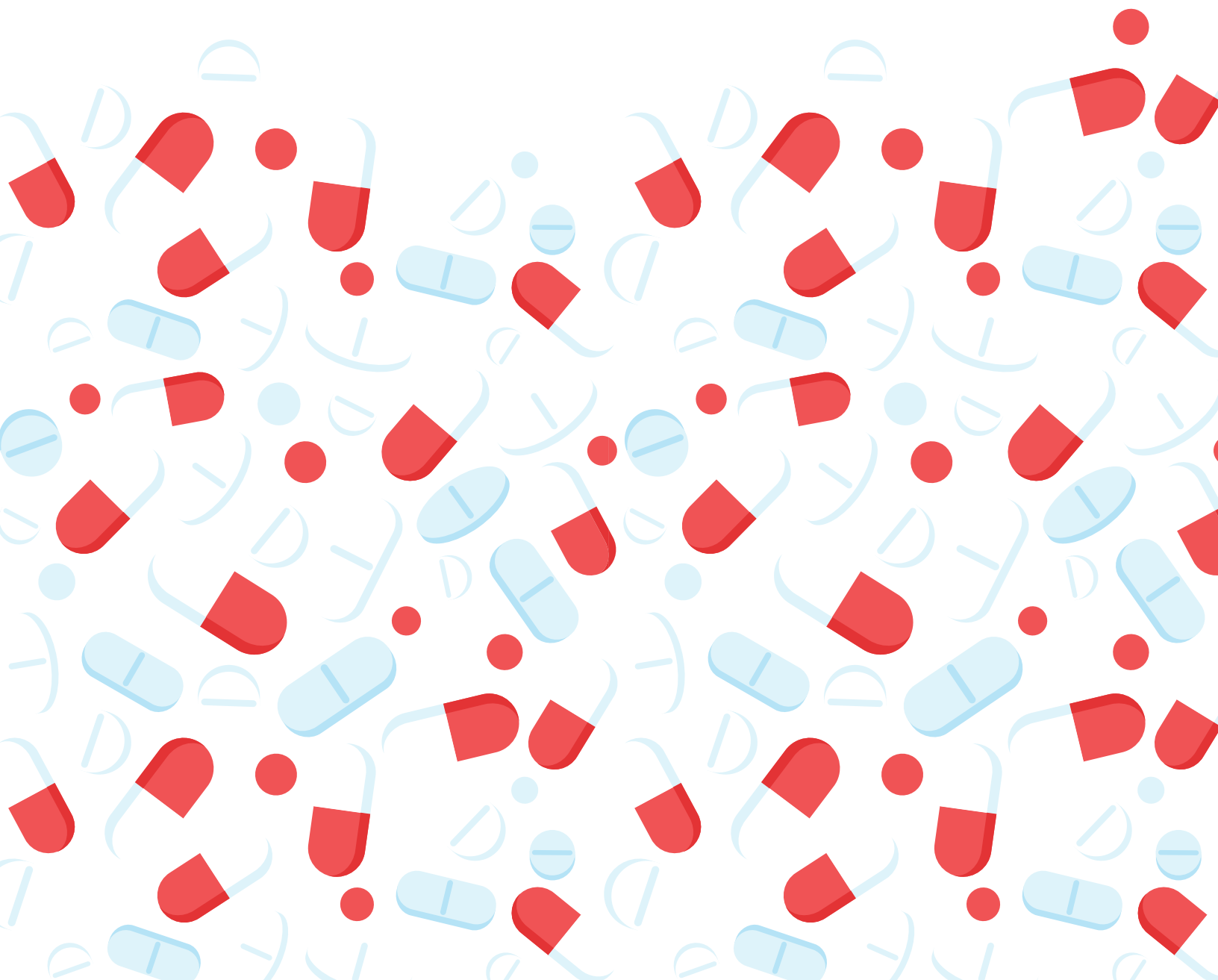
# **OPPIOID** **IN KENTUCKY** **ABUSE**

THE BUSINESS COMMUNITY'S PERSPECTIVE

OCTOBER 2019



In 2018, **more than 1,300** of our fellow Kentuckians died from drug overdoses — **an average of more than three people each and every day.**





# OPIOID ABUSE IN KENTUCKY:

## The Business Community's Perspective

Opioid abuse is killing Kentuckians every day. In 2018, more than 1,300 of our fellow Kentuckians died from drug overdoses — an average of more than three people each and every day.

The grim toll on individuals and their families is hard to grasp. It is clearly the most devastating impact of the opioid epidemic that is tightening its grip on our state. But the negative effects of opioid abuse reach into many other aspects of our society: criminal justice, child welfare, health care, the Medicaid program and Kentucky's workforce.

The White House Council of Economic Advisors recently estimated the annual cost of the opioid crisis to the nation's economy at more than \$500 billion — about 3% of the Gross National Product. This issue brief looks at opioid abuse in Kentucky, the scope of the problem, current efforts to reduce abuse, and best practices that can be adopted to combat the problem.

### WHAT ARE OPIOIDS?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers that are available legally by prescription — oxycodone, hydrocodone, codeine, morphine and others. Although the National Institute of Drug Abuse reports that opioid pain relievers are generally safe when taken for a short time as prescribed by a physician, their abuse (such as being taken in larger quantities than prescribed or without a prescription) can lead to addiction, overdose incidents and deaths. Prescription opioids are a scheduled drug under federal and state controlled substances law, meaning the drugs have a potential for abuse, and there are criminal penalties for their improper sale, use or possession without a valid prescription from a health care provider.



# SCOPE OF THE PROBLEM

There are no official estimates of the number of opioid abusers in Kentucky, but two statistics indicate the scope of the problem: the number of drug overdose deaths per 100,000 people and the number of opioid prescriptions per 100 persons.

In 2018, 1,333 Kentuckians died from a drug overdose. The vast majority of these deaths resulted from opioid overdoses. The Kentucky Office of Drug Control Policy reports that in 2018:

- People aged 35 to 44 were the largest demographic in overdose deaths, followed by ages 25 to 34.
- Heroin was involved in 188 overdose deaths, down from 270 in 2017.
- Fentanyl was involved in 61% of overdose deaths, up from 52% in 2017.
- The largest increase in overdose deaths was in Pike County, with Warren and McCracken counties also experiencing significant increases.
- The largest decrease in deaths occurred in Jefferson County, followed by Kenton, Campbell, Nelson and Jessamine counties.

To put these numbers in perspective, while 1,333 Kentuckians died from a drug overdose in 2018, 723 people died in traffic accidents, and 447 were murdered. But there is promising news. The number of Kentucky drug overdose deaths in 2018 represented a **15% decrease compared to 2017**.



**1,333**

Of our fellow Kentuckians died from drug overdoses in 2018



**723**

People in Kentucky died in traffic accidents in 2018



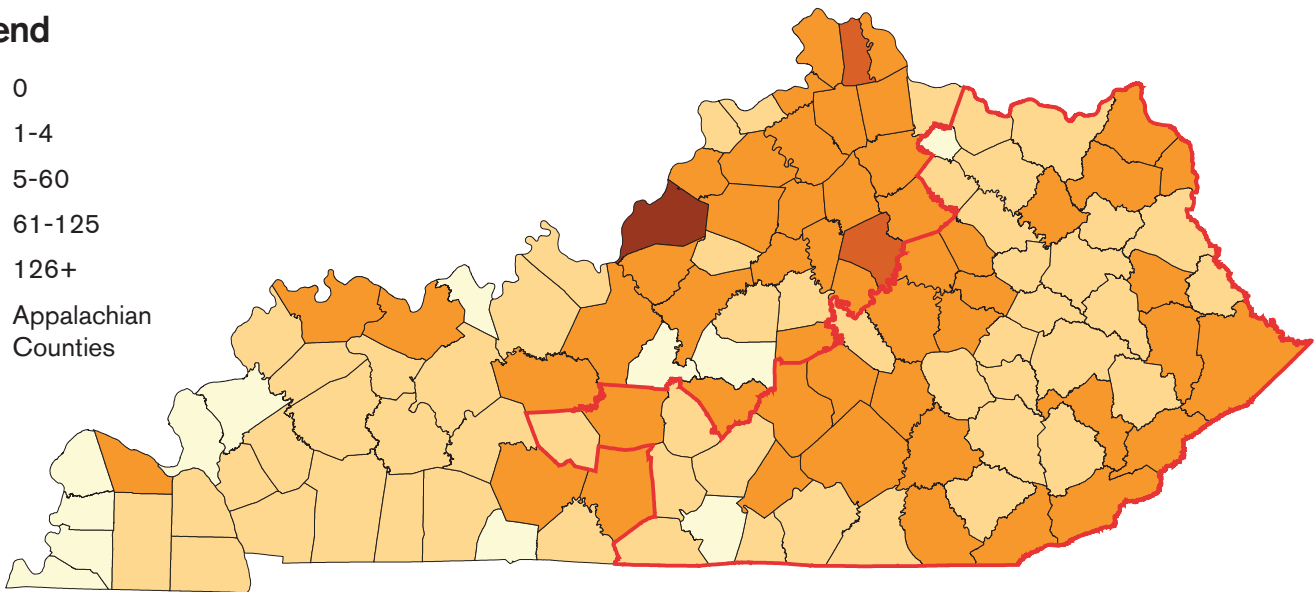
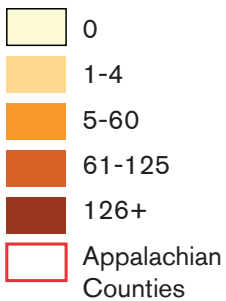
**447**

People in Kentucky murdered in 2018

The map below shows the number of drug overdose deaths by Kentucky county in 2018.

## Number of Drug Overdose Deaths by County of Residence, Kentucky, 2018

### Legend

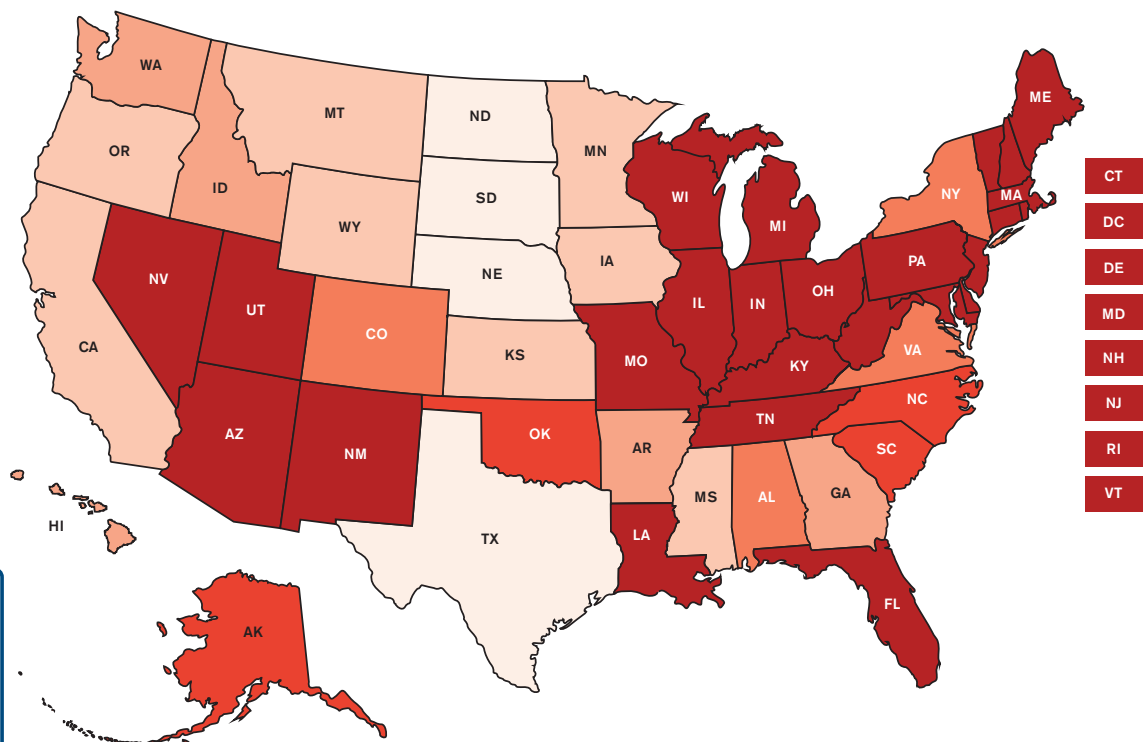
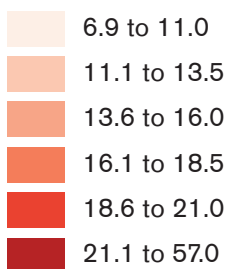


Source: Kentucky Injury Prevention and Research Center, as published in the 2018 Overdose Fatality Report by the Kentucky Office of Drug Control Policy

Currently, drug overdose data for the 50 states is only available for 2017. The following map shows that Kentucky's drug overdose death rate of 37.2 per 100,000 people in 2017 was the fourth highest among the 50 states.

## Age-adjusted Drug Overdose Death Rates by State, 2017

### Legend

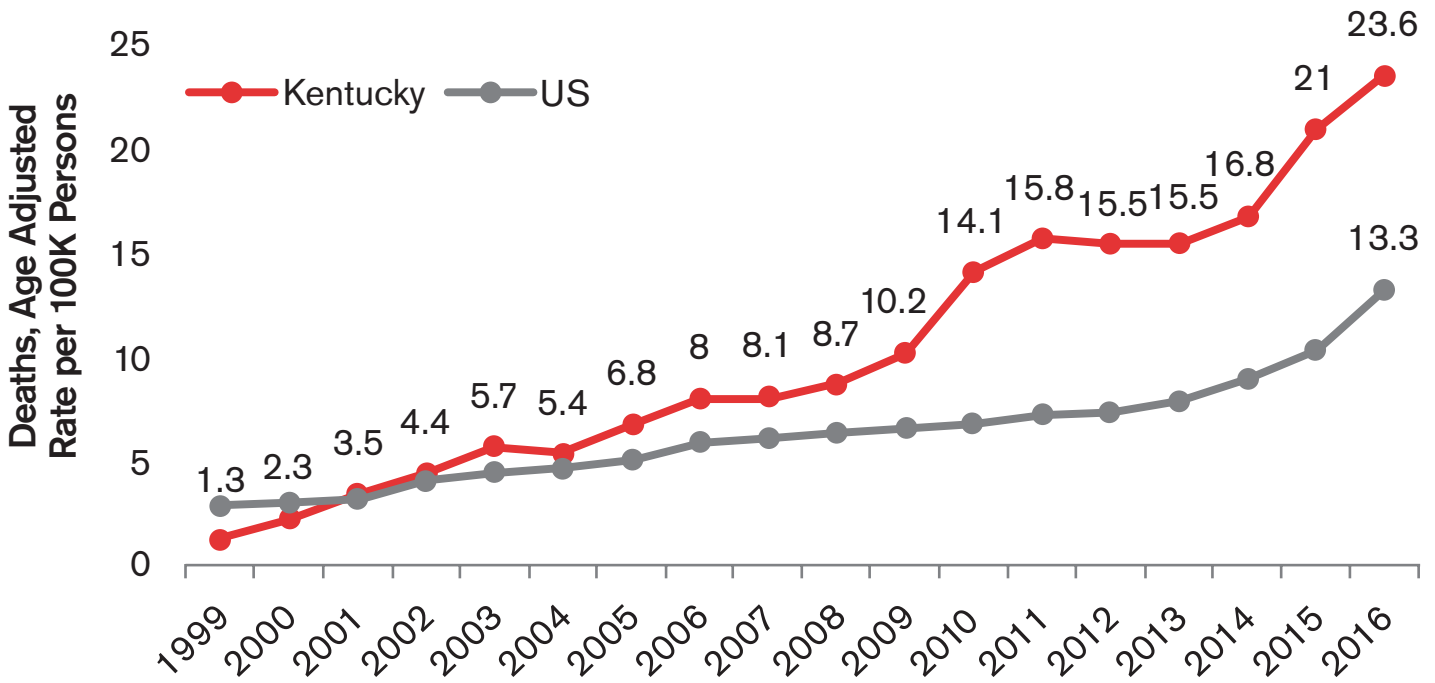


Kentucky's drug overdose death rate was **fourth highest** among the 50 states.

Source: U.S. Centers for Disease Control and Prevention

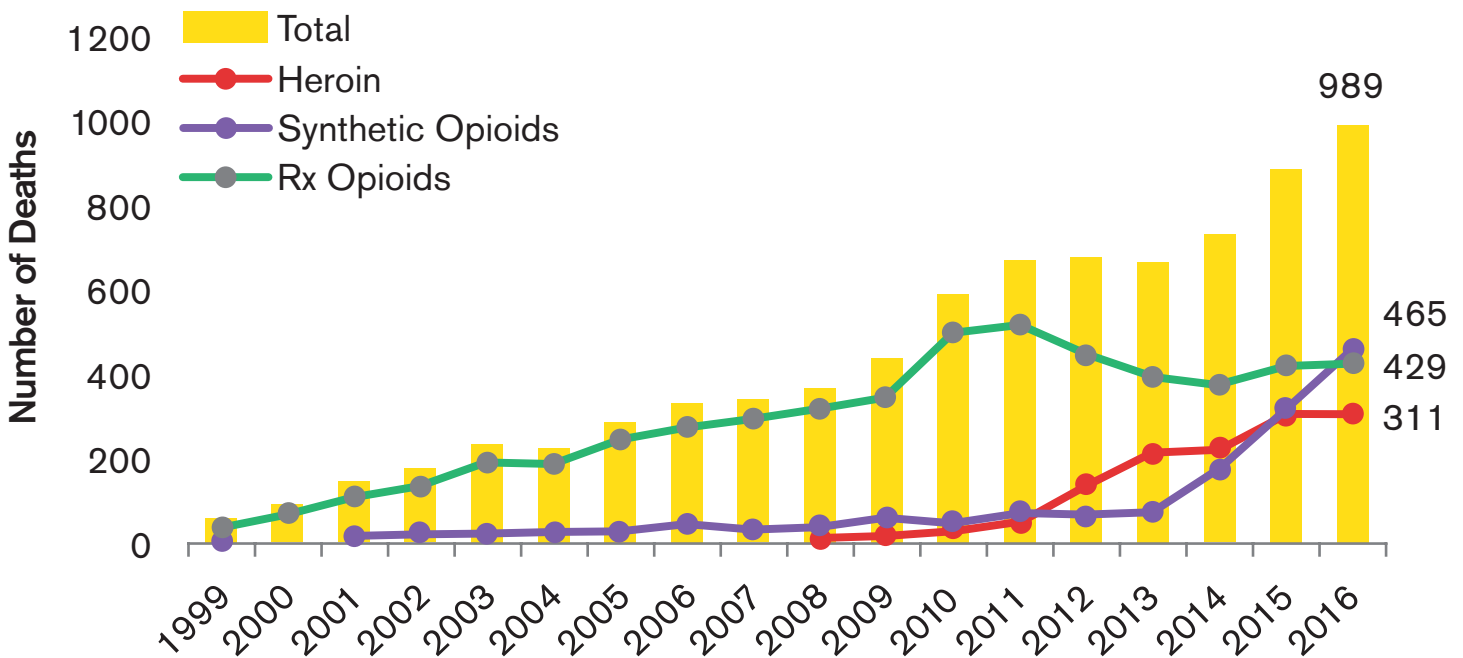
The graph below shows the increase in the rate of opioid-related overdose deaths from 1999 to 2016 and the number of opioid-related overdose deaths in Kentucky by type of opioid for the same period. Kentucky's rate of opioid-related overdose deaths was 23.6 deaths per 100,000 persons for 2016 — nearly double the national rate — making Kentucky a top ten state for opioid-related deaths. Since 2012, overdose deaths related to heroin in Kentucky have increased from 143 to 311 (a 117% increase), and deaths related to synthetic opioids have increased from 70 to 465 (a 564% increase).

## Rate of Opioid-Related Overdose Deaths in Kentucky



Source: CDC WONDER

## Number of Opioid-Related Overdose Deaths in Kentucky



Source: CDC WONDER

The National Institute on Drug Abuse estimates that 21% to 29% of patients prescribed opioids for chronic pain misuse them, and between 8% and 12% develop an opioid use disorder. The federal Centers for Disease Control and Prevention (CDC) reports that most people who abuse prescription opioids get them at no cost from other people or steal them from a friend or relative. However those at highest risk of overdose (who use prescription opioids non-medically for more than 200 days per year) get the drugs in a variety of ways: 27% use their own prescriptions; 26% are given them by friends or relatives; 23% buy from friends or relatives; and 15% buy from a drug dealer.



Kentucky is a **top ten state** for opioid-related deaths.

### Those at Highest Risk of Overdose

**27%**

Use their own prescriptions

**26%**

Are given them by friends or relatives

**23%**

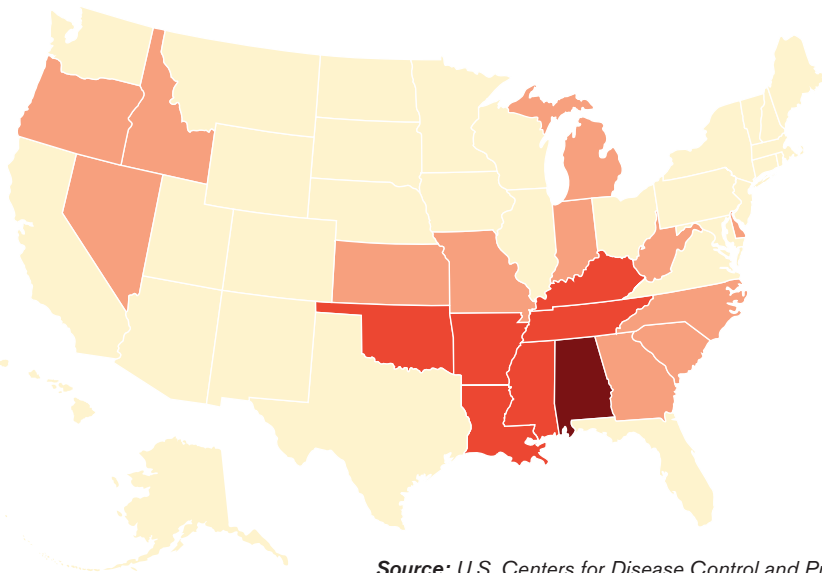
Buy from friends or relatives

**15%**

Buy from a drug dealer

In terms of legal prescriptions, the overexposure to opioids in Kentucky is readily apparent. Data collected by the CDC indicates the rate of opioid prescriptions in Kentucky (86.8 per 100 persons) was the seventh highest among the 50 states in 2017. The national average was 58.7 prescriptions per 100 persons. Only six states (Alabama, Arkansas, Louisiana, Mississippi, Oklahoma and Tennessee) reported a higher opioid prescription rate than the Commonwealth. While Kentucky's opioid prescription rate is high, it dropped more than 10% from 2016 to 2017. The map below gives an indication of how Kentucky compares nationally in opioid prescriptions. (Darker colors represent higher prescription rates.)

## Opioid Prescriptions Per 100 People, 2017



The rate of opioid prescriptions in Kentucky was **seventh highest** among the 50 states in 2017.

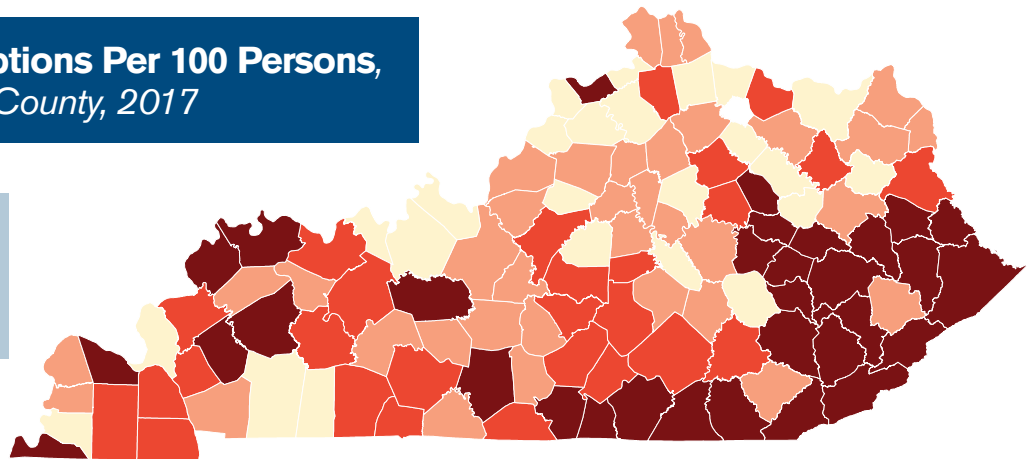
**Darker colors represent higher prescription rates**

Source: U.S. Centers for Disease Control and Prevention

The map below illustrates the rate of opioid prescriptions per 100 persons by Kentucky county in 2017.

## Rate of Opioid Prescriptions Per 100 Persons, by Kentucky County, 2017

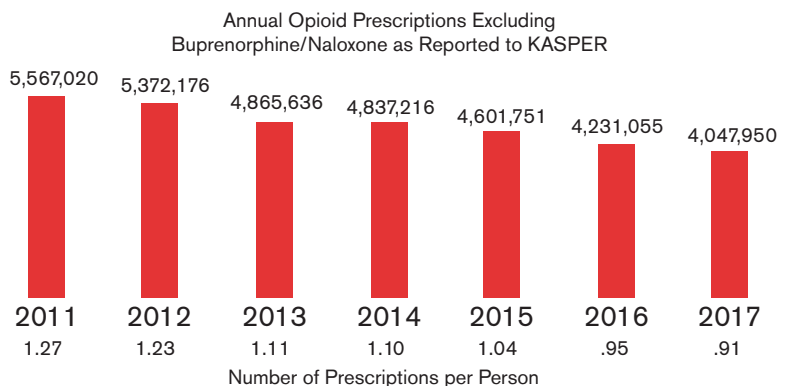
**Darker colors represent higher prescription rates**



Source: Centers for Disease Control and Prevention, U.S. County Opioid Prescribing Rates, 2017

More recent data from 2018 reveals a promising trend. The total number of opioids prescribed in Kentucky dropped by more than 4% compared with 2017:

## Opioid Prescriptions for Pain, Total/Per Person



Source: 2018 Combined Annual Report, Kentucky Office of Drug Control Policy and Kentucky Agency for Substance Abuse Policy





# THE IMPACT OF OPIOID ABUSE



## Families and Children

The horrible impact of opioid abuse on families has been well documented in media accounts in recent years, and the devastating effects of addiction are well known to an addict's family members and friends.

### These effects include:

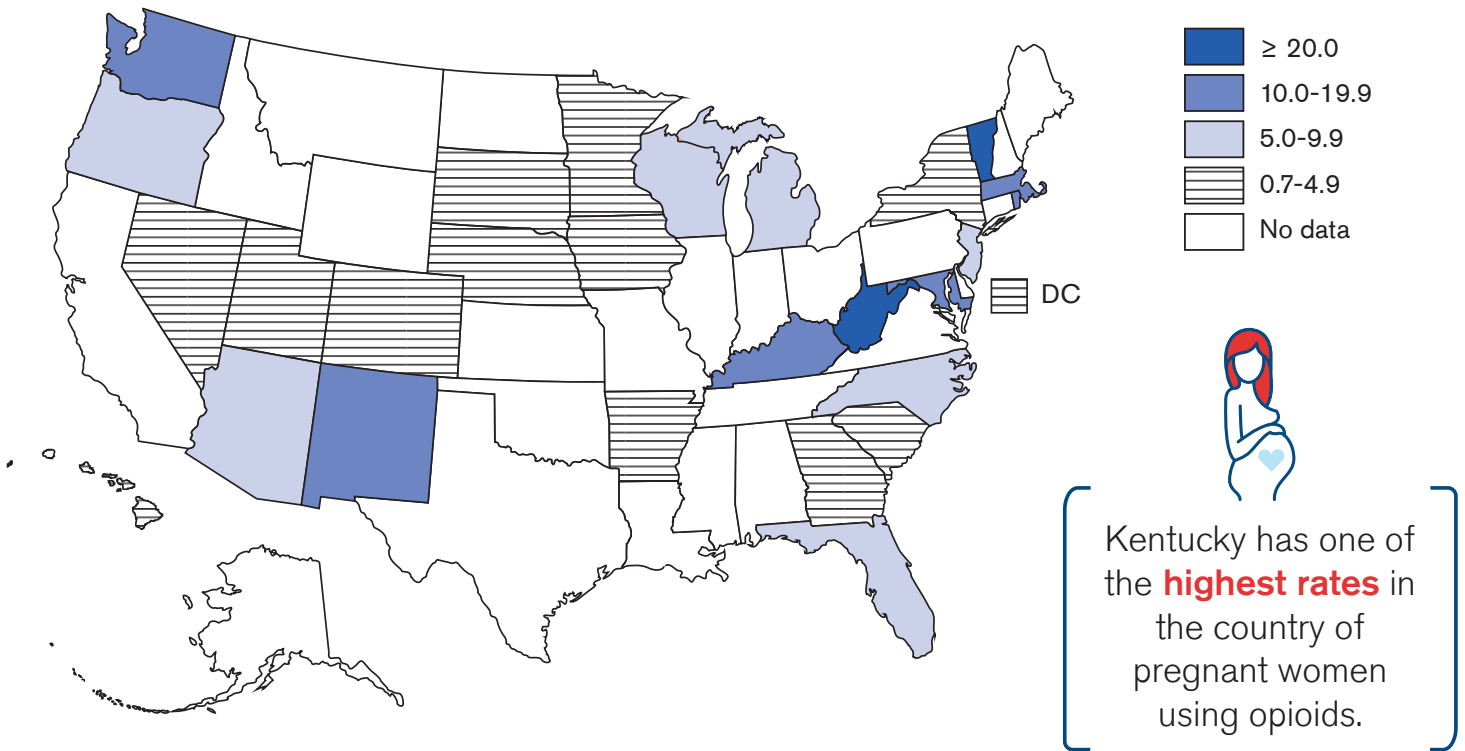
- Stress
- Inability to control finances
- Employment problems
- Relationship problems
- Co-dependency
- Interaction with the criminal justice system

Another result of opioid abuse is Neonatal Abstinence Syndrome (NAS). NAS occurs in newborns exposed to opioids during pregnancy, causing the babies to become drug dependent. Infants that survive NAS can develop behavioral problems or cognitive and speech impairments. Kentucky has one of the highest rates in the country of pregnant women using opioids. A new report released by the CDC analyzed women hospitalized to deliver babies from 1999 to 2014 and found Kentucky had the third-highest rate of opioid use at delivery among the 50 states. The report found that in 2014, Kentucky's rate was 19.3 births per 1,000 — only West Virginia and Vermont had higher rates (see map on page 9). Testimony before the Interim Joint Committee on Health and Welfare indicated Kentucky's rate rose to 20.0 births per 1,000 in 2015. Legislation enacted in 2015 provides priority access to substance abuse treatment for pregnant women in Kentucky and prevents discrimination against pregnant women by substance abuse treatment providers.



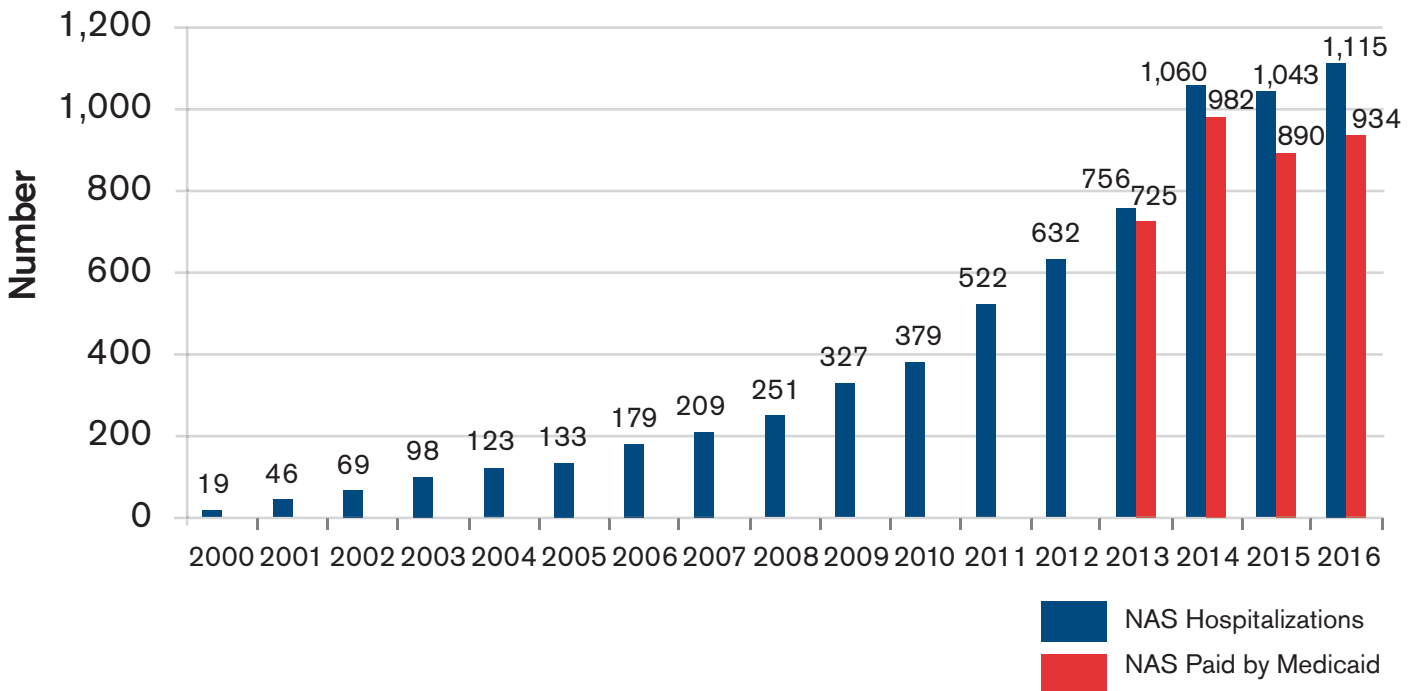
Kentucky has the **third-highest rate** of opioid use at delivery among the 50 states.

## Prevalence of Opioid Use Disorder Per 1,000 Hospital Deliveries, 2013-2014

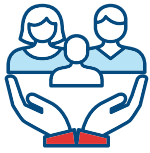


Source: Opioid Use Disorder Documented at Delivery Hospitalization — United States, 1999-2014, Centers for Disease Control and Prevention, August 10, 2018

## Kentucky Hospitalizations for Neonatal Abstinence Syndrome (NAS), 2000-2016



Source: Kentucky Injury Prevention and Research Center, May 2016



## Foster Care

When opioid-addicted parents are incarcerated, their children are often taken into state custody and placed in the foster care system. The opioid epidemic has had a dramatic impact on the number of children in foster care in Kentucky. In 2011, 6,659 children were in foster care; by April of 2019, the number had risen more than 46% to 9,739. A June 2018 Courier-Journal story reported that the dramatic increase in children in foster care in

Kentucky is largely attributed to the opioid crisis. The Cabinet for Health and Family Services reports the average cost per day for a child in foster care is \$83.14, and the total average cost per child for the total time he or she is in foster care is \$54,696.



## Criminal Justice System

A 2010 legislative task force found the percentage of offenders imprisoned for drug offenses rose from 30% in 2000 to 38% in 2009. In addition, 25% of all inmates were being held for drug offenses, and 70% were imprisoned for a first offense. In response to these and other findings, the 2011 General Assembly revised criminal statutes to reduce prison time for low-risk, non-violent drug offenders in possession of small amounts of drugs.

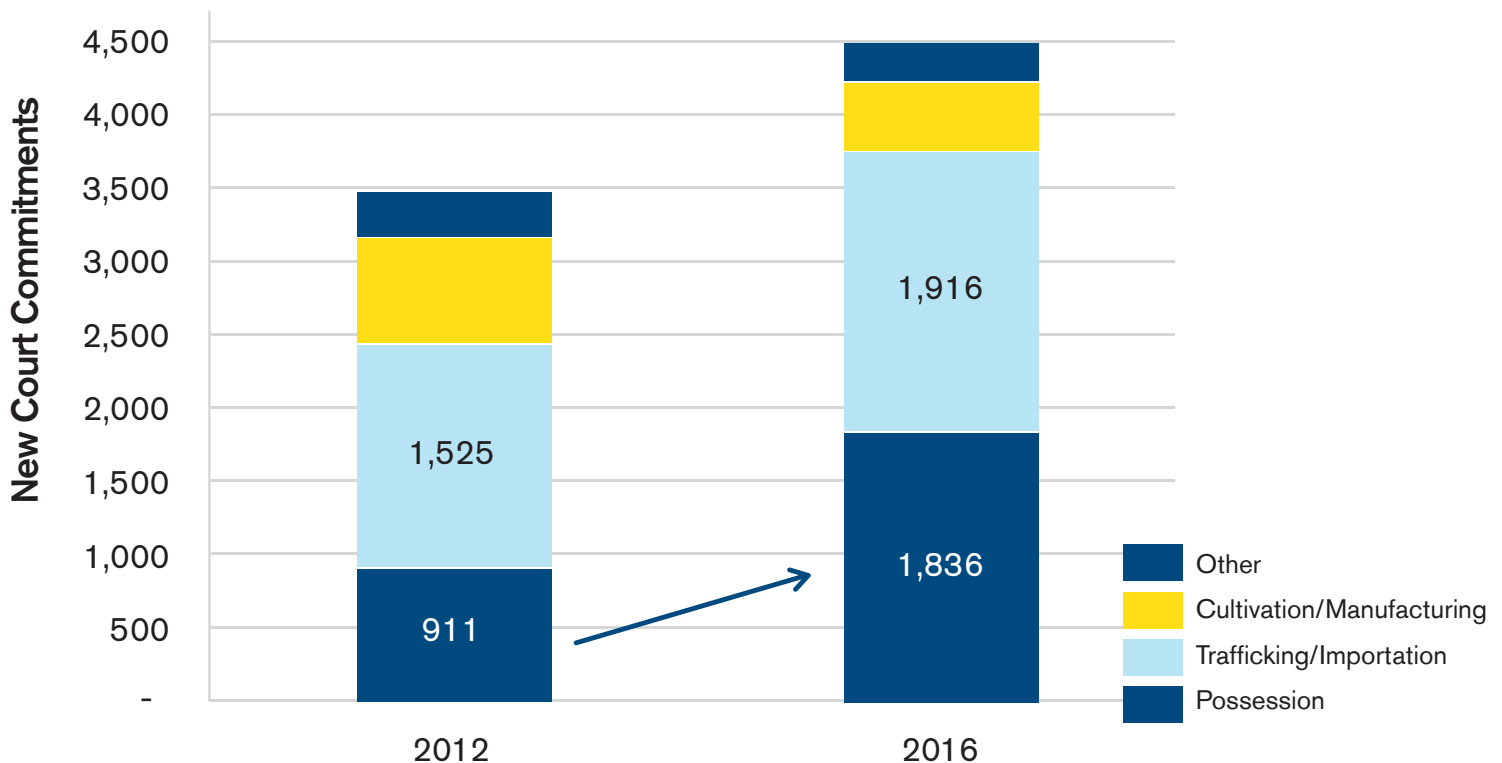
More recent data released in November 2017 by the CJPAC Justice Reinvestment Work Group created by Governor Matt Bevin found that, despite the 2011 statutory changes, the number of offenders sent to state prison for drug possession more than doubled from 2012 to 2016, and 38% of all offenders were sentenced for drug offenses. The following graph shows the number of offenders imprisoned for drug trafficking grew from 1,525 in 2012 to 1,916 in 2016 (a 25.6% increase), while the number of offenders being jailed for drug possession increased from 911 in 2012 to 1,836 in 2016 (a 101.5% jump).

As the current cost to incarcerate a state inmate in Kentucky is \$18,406 per year, the approximately 4,500 additional inmates in prison for drug offenses in 2016 cost Kentucky taxpayers more than \$82 million per year (this does not include those previously incarcerated or those incarcerated since 2016).



**38%** of all offenders were sentenced for drug offenses.

### New Court Commitments by Drug Offense Type, 2012 vs 2016



Source: Subgroup Report Recommendations, CJPAC Justice Reinvestment Work Group, November 29, 2017



## Health Care/Medicaid

In testimony before the Interim Joint Committee on Health and Welfare in 2017, state Medicaid officials noted that at the time Medicaid covered 1.4 million people (approximately one in three Kentuckians) and consumed about one-third of the total state budget when federal funds were included. While Kentucky spends

less on behavioral health (which includes substance abuse treatment) than peer states, Medicaid expenditures for substance abuse treatment quadrupled between 2014 and 2016. Substance abuse treatment, which was not covered by Medicaid until 2013, now accounts for 16% of the total expenditures for behavioral health.

Another health-related impact of opioid use is the incidence of Hepatitis C attributed to injection drug use. The National Institute on Drug Abuse reports Kentucky has one of the highest rates of Hepatitis C infection in the country, with 38,000 reported cases (approximately 10,000 of the cases are Medicaid beneficiaries).



Kentucky has one of the **highest rates** of Hepatitis C infection in the country.

### Kentucky lags in a number of important areas in providing substance abuse treatment:

- There were 312 substance abuse treatment programs in Kentucky in 2006; in 2015, there were 482. Medicaid coverage for substance abuse treatment increased demand for the programs, but the data suggests there aren't enough qualified personnel to staff them.
- Kentucky falls below the national average in the number of behavioral health professionals for every 1,000 people with substance abuse. A 2013 report on Kentucky's health care workforce estimated Kentucky needed more than 1,600 additional full-time mental health providers, including social workers and substance abuse counselors.
- A 2017 analysis by the Council on State Governments calculated state General Fund spending on substance abuse agencies per \$1,000 of all state dollars spent and found Kentucky was the worst state in the country by this measure.



## Workforce

Reports by Princeton economist Alan Krueger, published in 2016 and 2017, found a strong link between rising opioid prescriptions and declining workforce participation rates (the percentage of the civilian population employed or looking for work). The reports estimated that nearly half of men age 25 to 54 who are not in the workforce take pain medication daily. Krueger suggests the increased opioid prescriptions could account for approximately 20% of the decline in men's workforce participation and 25% for women.

Research released in May 2018 by the Federal Reserve Bank of Cleveland estimated the workforce participation rate was 4.6% less on average in counties with high rates of opioid prescribing.

### A presentation by Deloitte Consulting cited national data on the impact of opioids on the workforce:

- Workers' compensation programs account for 18% of opioid prescriptions, and 68% of injured workers receive opioids. (Opioids are the most prescribed type of drugs in the Kentucky workers' compensation system.)
- Half of all men age 24-54 who are not in the labor force take pain medication on a daily basis.
- People who abuse pain medication have the lowest workforce participation rate compared to people who misuse other types of drugs.
- Workers who abuse opioids miss an estimated 29 days of work over a year's time—more than workers who use other types of drugs or alcohol.

A 2017 report by the Kentucky Chamber of Commerce on workforce participation found Kentucky had one of the lowest workforce participation rates in the country. Contributing factors cited included high levels of disability and poverty, high levels of incarceration, low education attainment and high levels of substance abuse. Given Kentucky's high rate of opioid prescriptions (seventh highest among the 50 states), the economic research indicates the opioid epidemic plays a key role in Kentucky's low workforce participation rate and the difficulty many employers have in filling available jobs, as documented in a Kentucky Chamber 2018 workforce report.



Opioid prescriptions could account for approximately **20% of the decline in men's workforce participation** and **25% for women.**



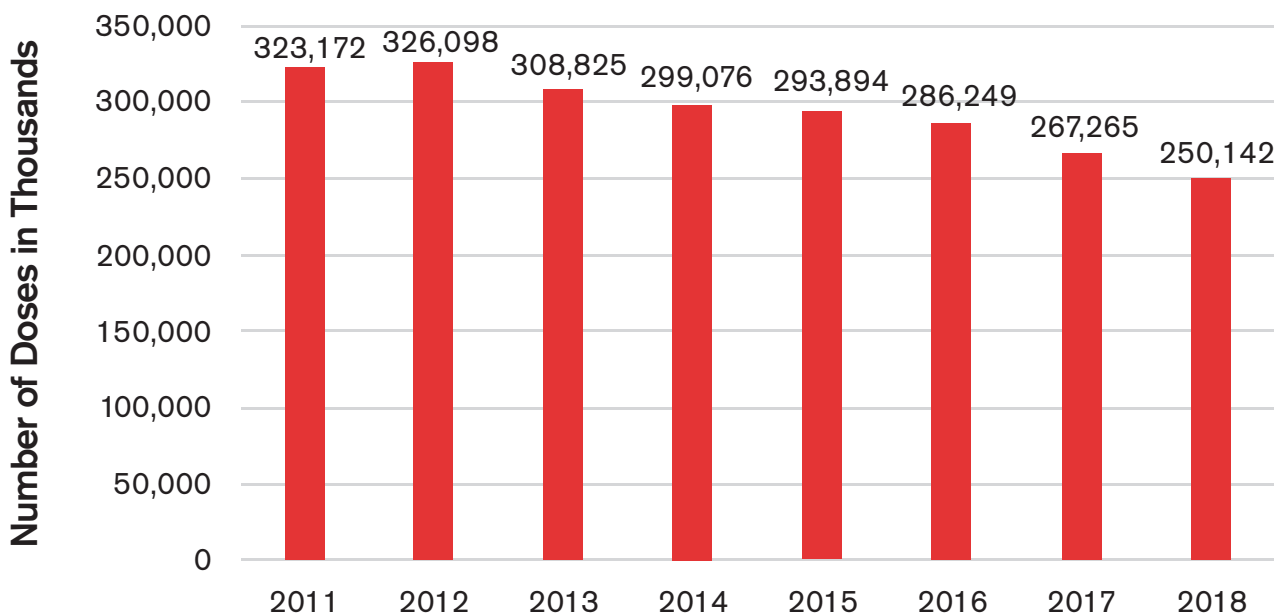
# RECENT KENTUCKY EFFORTS

Kentucky has taken a number of actions in recent years to combat the opioid epidemic. **These include:**

## Mandatory Prescription Monitoring

Kentucky was one of the first states to create a system (called KASPER) to monitor prescriptions for controlled substances. Created in 1999, KASPER is used to track all prescriptions for a controlled substance for an individual patient. The system allows for real time tracking, and 2012 legislation requires health care providers to obtain a KASPER report on a patient to determine whether a patient already has a prescription from another provider before writing a prescription for certain controlled drugs. While opioid prescriptions in Kentucky are relatively high compared to other states, the Kentucky Office of Drug Control Policy reports these efforts have reduced the number of opioid doses prescribed by more than 22% since 2011 (see graph below).

**Annual Opioid Analgesic Doses**  
*(excluding Buprenorphine/Naloxone) as Reported to KASPER*



Source: Kentucky Office of Drug Control Policy and Kentucky Agency for Substance Abuse Policy, Combined Annual Report, 2018

## Regulation of Pain Clinics

The 2012 legislation also established standards for pain clinics. The law defined a “pain management facility” as any facility where the majority of patients receive treatment for pain. All pain management facilities must register with the Kentucky Board of Medical Licensure, and physicians who prescribe controlled drugs to patients are required to complete special training in pain management. The CDC cited Kentucky as a success story in the mandatory use of KASPER and regulation of pain clinics and noted that opioid prescriptions were reduced in 62% of Kentucky counties as a result.

## Limits on Painkiller Prescriptions

Kentucky, along with 17 other states, has enacted laws limiting the number of prescription painkillers that health providers can prescribe. Kentucky’s law took effect in August 2017 and limited prescriptions for opioids to a three-day supply in most cases. The 2018 annual report of the Kentucky Office of Drug Control Policy found that the total number of doses for opioids declined from 267.2 million in 2017 to 250.1 million in 2018, a reduction of 6.4%. A poll released in July 2018 by the Foundation for a Healthy Kentucky found that the number of adults who reported getting prescriptions for pain medication had dropped significantly; 34% said they had received prescriptions for pain medications in the prior five years, a drop from 55% in 2011.

## Workers’ Compensation Drug Formulary

Opioid drugs represent the largest class of drugs prescribed in Kentucky workers’ compensation cases. Legislation enacted by the 2018 General Assembly creates medical treatment guidelines for chronic pain management provided to injured workers in addition to a drug formulary that limits drugs that can be prescribed under the program. Research indicates that the use of treatment guidelines and formularies in workers’ compensation programs can reduce the use of opioid drugs, lower costs and return employees to work more quickly.

## WellCare Program

WellCare, a Medicaid Managed Care Organization serving more than 400,000 Kentucky Medicaid patients, recently instituted a program designed to reduce opioid prescriptions. The program identified 1,300 patients at risk for misuse of opioids and connected each patient to one pharmacy, one health care provider and a case manager with training in substance abuse. Case managers connected at-risk patients to appropriate resources designed to address overuse of opioids. After six months, opioid prescriptions to patients in the program were reduced by 50%.

## Naloxone Access

Naloxone is a medication that can reverse an opioid overdose by blocking the effects of opioid on the brain and restoring breathing. Kentucky enacted legislation in 2015 that allows law enforcement officers, firefighters, jailers, EMS personnel, school personnel and others to administer naloxone without a prescription and with immunity from legal liability if the drug is administered in good faith. The Kentucky Office of Drug Control Policy maintains an online registry that allows the public to locate pharmacies in their area that supply naloxone without a prescription. The registry, which is the first of its type in the nation, also provides directions on how to provide first aid to a person experiencing an overdose.

## Help Lines

Kentucky has established the **KY Help Call Center (1-833-859-4357)** to provide referrals statewide to public and private substance abuse treatment providers. Callers can speak to a specialist about treatment options and available resources.

**Several local jurisdictions in Kentucky offer similar help lines, websites or collaboratives to address opioid addiction:**

- Operation Unite (residents of the Fifth Congressional District)
- GetHelpLex.org (Lexington)
- Northern Kentucky Helpline for Heroin, Opiate Addiction
- Inject Hope (collaborative in Southwest Ohio, Northern Kentucky and Southeast Indiana)



Call the **KY Help Call Center**  
**1-833-859-4357**  
to speak to a specialist about treatment options and/or resources.

## Opioid Business Response Program

The Kentucky Chamber of Commerce Workforce Center is joining with the Kentucky Cabinet for Health and Family Services and the Kentucky Justice and Public Safety Cabinet to engage the business community as part of the solution in addressing the state’s opioid epidemic. The program will work directly with employers to help them better understand their role in combatting the epidemic and drive needed changes in their response to the epidemic. Employment Specialists will help employers address issues related to workplace prevention, treatment and recovery. An Employer Opioid Task Force will serve as an oversight committee for the program.



# BEST PRACTICES

While the CDC has identified Kentucky actions as promising practices, additional tools that have been recommended include:

## CDC Promising Strategies

- **Guidelines for Prescribing Opioids:** These guidelines for prescribing opioids for chronic pain offer online training and other resources for health care providers. The guidelines provide specific recommendations to providers for treating pain lasting longer than three months.
- **Evaluate State Data:** Systematically evaluate data from the state Medicaid program, workers' compensation program, and the state employee health plan to monitor the prevalence of opioid prescriptions.

## National Academy of Medicine

In a recent publication, "First, Do No Harm: Marshaling Clinician Leadership to Counter the Opioid Epidemic," the National Academy of Medicine issued a call to action to clinicians to make progress in dealing with the opioid epidemic, focusing on several key messages:

- Prioritize non-opioid strategies for chronic pain management
- Follow five basic axioms of responsible opioid prescribing (tailor treatment for each patient, employ precautionary protocols, work as a team, and treat and link to treatment services)
- Promote policies that stimulate and support action on evidence

The academy recommends that clinicians work with community leaders, elected officials and the business community in providing guidance for policy initiatives.

## CJPAC Justice Reinvestment Work Group

As noted previously, this work group found that the number of people going to jail for drug possession had more than doubled in a five-year period. To change this trend, the work group recommended that first-degree drug possession be reclassified as a misdemeanor as follows:

- **First conviction:** Class A Misdemeanor with presumptive probation (no jail time)
- **Second conviction:** Class A Misdemeanor (0 to 12 months in jail)
- **Third and subsequent convictions:** Class "Baby D" felony (one to three years in jail)



## CONCLUSION/ RECOMMENDATIONS

As this brief has outlined, opioid abuse is taking a terrible toll on families, overwhelming our child welfare system, filling our prisons, and placing stress on an overburdened state budget. From a business perspective, opioid abuse is contributing to the Commonwealth's low workforce participation rate and the ability of employers to find qualified candidates to fill existing jobs. Despite the strong steps Kentucky has taken in fighting opioid abuse, additional change is needed now to reduce the human suffering and economic damage caused by opioids.

The 2017 U.S. Surgeon General's report, "Facing Addiction in America," stressed that effective steps to prevent and treat substance abuse are possible, but:

"Making this change will require a major cultural shift in the way we think about, talk about, look at, and act toward people with substance abuse disorders. Negative attitudes and ways of talking about substance misuse and substance use disorders can be entrenched, but it is possible to change social attitudes. ... Cancer and HIV used to be surrounded by fear and judgment, now they are regarded by many as simply medical conditions. ....There is a strong scientific as well as a moral case for addressing substance abuse disorders with a public health model that focuses on reducing both health and social justice disparities, and it aligns strongly with an economic case."

There is considerable evidence that the vast majority of Kentuckians have already made this change in attitude. An April 2017 Kentucky Health Issues Poll released by the Foundation for a Healthy Kentucky found that 70% of Kentuckians believe that addiction is a disease. However, the high rate of Kentuckians going to prison for drug possession and the difficulty some abusers have in finding substance abuse treatment suggest that state public policy needs to catch up with the views of taxpayer/voters/citizens.

With this in mind, the Kentucky Chamber believes that as a guiding principle, state policy should stress treatment over punishment for opioid abusers and makes the following recommendations to better address our opioid problem:

- **Reclassify drug possession as a misdemeanor** as recommended by the CJ PAC Justice Reinvestment Work Group to reduce the number of offenders going to jail for drug possession. The increased cost of incarcerating drug abusers is unsustainable, and resources should be prioritized toward treatment.



The Kentucky Chamber believes, state policy should stress **treatment over punishment** for opioid abusers.



- **Increase state support for substance abuse treatment** and include data in the annual report of the Kentucky Office of Drug Control Policy and Kentucky Agency for Substance Abuse Policy that outline the total number and location of substance abuse treatment beds in Kentucky, provide treatment utilization data, and identify areas in need of services. Also, ensure full implementation of mental health parity laws that require private health insurance to cover mental health treatment to the same degree as physical health.

- **Continue efforts to make naloxone** widely available to reverse the effects of an opioid overdose.

- **Use data from state health coverage programs**, such as Medicaid and the state employee health plan, to identify patients at risk of opioid abuse and direct them to appropriate resources. With more than 1.6 million Kentuckians covered by these two plans (36% of the state population), the state should follow the lead of WellCare as outlined earlier and create a similar program.

- **Continue use of mandatory prescription monitoring programs (KASPER)**, to identify health providers fraudulently prescribing opioids, but also use monitoring data to identify patients abusing opioids and direct them to treatment or other interventions instead of focusing on incarceration.

- **Encourage the creation of needle exchange programs.** There are currently 45 needle exchange programs across Kentucky, and the Cabinet for Health and Family Services has issued guidelines for their operation and maintains a registry of these programs. The CDC reports that Syringe Services Programs, commonly called needle exchanges, can reduce new HIV and viral hepatitis infections by decreasing the sharing of syringes and injection equipment. They also reduce overdose deaths by providing education on how to prevent and respond to drug overdoses. Finally, people who inject drugs and use these programs are five times more likely to enter a treatment program for substance abuse. According to the Cabinet for Health and Family Services, 54 Kentucky counties are at risk of rapid dissemination of HIV and hepatitis due to people who inject drugs, and needle exchange programs can significantly reduce this risk.



There are currently  
**45 needle exchange  
programs**  
across Kentucky.

- **Engage the medical community and licensure boards** on a systematic basis to ensure sound pain management practices are being used when prescribing opioids (such as the CDC guidelines) and to consider the need for any changes in state law to improve compliance.

- **Create local collaboratives** with community and business leaders to discuss the opioid problem, provide public education and consider innovative solutions.

- **Support efforts to hire people in recovery.** With Kentucky's workforce participation rate among the lowest in the nation, in part due to drug abuse, employers are in dire need of qualified job applicants. Encouraging employment of those in recovery will not only help boost workforce participation, it will also serve as a strong symbol to drug abusers that a productive life beyond drug abuse is possible if they enter treatment.



# KENTUCKY OPIOID EPIDEMIC BY THE NUMBERS

**1,333**

Of our fellow Kentuckians died from drug overdoses in 2018

**21% - 29%**

People misused prescription opioids

**35 - 44**

Ages of people that were the largest demographic in overdose deaths

**188**

Heroin was involved in overdose deaths in 2018

**29**

Days missed of work over a year's time for workers who abuse opioids

**86.8**  
per 100 persons

Kentucky's rate of opioid prescriptions among the 50 states in 2017

**9,739**

Children in foster care in Kentucky as of April 2019

**19.3**  
births per thousand

Kentucky's rate of opioid use at delivery

**54**

Kentucky counties at risk of rapid dissemination of HIV & hepatitis due to people who inject drugs

**70%**

Of Kentuckians believe that addiction is a disease

**1,836**

Number of offenders being jailed for drug possession in 2016  
(101.5% jump since 2012)

## ARE YOU AN EMPLOYER LOOKING FOR ADDED SUPPORT?

**Are you an employer looking for added support to navigate effective policies in the areas of hiring, treatment, recovery and prevention to combat the addiction epidemic of today?**

Kentucky's business community has become acutely aware in recent years that the state's opioid epidemic is more than a public health issue, it is also a serious workforce issue. Employers are feeling its impact firsthand. As businesses struggle to find and retain workers, the opioid crisis is making their challenges even greater.

The Kentucky Chamber Workforce Center is proud to launch the Opioid Response Program for Business. Work with our team to help audit your existing policies and make recommendations for the best practices to maintaining a drug-free workplace while supporting a recovery-friendly culture.

**This program is no cost to the employer.**

**Please contact [workforcecenter@kychamber.com](mailto:workforcecenter@kychamber.com) for more information and let's recover Kentucky's Workforce.**



**Kentucky Chamber  
WORKFORCE  
CENTER**



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