

### ***The Other Pandemic: Before and after Covid, opioids ravage region***

[https://www.nolangroupmedia.com/mountain\\_advocate/news/before-and-after-covid-opioids-ravage-region/article\\_9f13d156-7c39-11eb-9592-9b5366ac5714.html](https://www.nolangroupmedia.com/mountain_advocate/news/before-and-after-covid-opioids-ravage-region/article_9f13d156-7c39-11eb-9592-9b5366ac5714.html)

For years, Appalachian communities have faced the brunt of a drug epidemic. Opioids have flooded the region over the past two decades, compounding economic challenges already putting a strain on many communities — Knox County included.

A 2017 report published by the Department of Health and Human Services (HHS) concluded that “the burden of nonmedical opioid abuse in rural Appalachia extends beyond individual drug users as it tears away at traditionally close-knit families, reduces the viable workforce, increases crime, overloads the justice system, and spreads disease through the region.” The study found numerous reasons why the epidemic has hit the area so hard. Appalachian communities like Knox County are home to a large number of physical jobs like mining, logging, and factories, making the population prone to workplace injuries and chronic pain. This combined with companies marketing these painkillers to physicians in the region resulted in increased availability. The study further found that “opioid and polysubstance misuse often translate into injection drug use and, in turn, high rates of blood-borne diseases such as Hepatitis C and HIV, which have increased the region’s social and economic burdens.”

Treatment was a major focus of the HHS report. “Many characteristics make substance use treatment difficult and distinctive when compared to other impoverished areas,” it stated. Three of the major characteristics listed were “lack of access to health professionals because of cost and insufficient health insurance coverage; lack of access to qualified health care providers as a result of travel distance, lack of training in evidence-based and evidence-supported treatments, and/or lack of trust in health profession also to provide effective treatment; and lack of educational and economic opportunity contributing to systemic poverty, a key determinant of higher rates of substance abuse.”

Knox County Sheriff Mike Smith echoed the need for more treatment, saying “the problem is treatment and helping them get off it. They aren’t don’t get the help they need.” Smith believes we need more treatment and facilities to combat the opioid epidemic, a position supported by decades of research. “We do more than arrest people. We work with UNITE and take them to treatment. We try to help and get them the treatment they need,” he added.

Smith estimates that his department deals with illegal narcotics “50% of the time.” “It’s a daily battle, he stated.”

Knox County Jailer Mary Hammons put forth a similar statistic. “Our jail stays full and over half of the cases involve some form of drug abuse,” she said. Hammons also pointed out the burden opioids and other drugs have put on the Knox County taxpayer. “Tax money has

been used to control those under the influence who are sometimes out breaking the law to gain funds to sustain their addiction or so out of their minds they are hurting themselves or other people. Tax money to house those we detox, tax money to offer rehab to those willing to work on overcoming their addiction,” she stated, adding “We are working on solutions to help those who are already addicted and we are praying that our community will continue to help educate those at risk of trying drugs.”

Hammons highlighted the Knox County Detention Center’s various rehabilitation programs. The covid-delayed GED program recently started up and classes on parenting, anger management, moral recognition therapy, and PORTAL New Direction, with more to come in the next two weeks.

A study released by the Kentucky Injury Prevention and Research Center (KIPRC) in 2016 found that between 2011 and 2014, there were 47 overdose deaths in Knox County; among the highest rates in the state at 36.89 per 100,000 people. A later report from the center showed there were 19, 10, and 13 deaths in 2015, 2016, and 2017 respectively. Other nearby counties have often suffered even worse; a 2016 overdose fatality report from the Kentucky Justice and Public Safety Cabinet lists Bell County as having the second most deaths per capita in the state at 58.53. A 2016-2017

Another report from KIPRC, released in December 2020, states that Kentucky opioid-related deaths increased 6.6% from January 2017 to March 2020. There is no data showing the percentage of opioid users who transition to other drugs, but over the same time period, methamphetamine deaths rose 66.7%. Fatal overdoses are not the only sort however. Between 2016 and 2019 there were 239 non-fatal overdoses in Knox County, 36 solely from opioids. In that same time frame, there were 1,358 drug-related trips to the emergency room and 1,683 hospitalizations.

Law enforcement agencies recognized the threat of painkillers long ago.

A drug assessment produced by the Kentucky State Police and the National Drug Intelligence Center in 2002 reported a 163% increase in treatment admissions for abuse of oxycodone between 1998 and 2000. The assessment noted then that “the abuse of pharmaceuticals is a significant problem in Kentucky. In eastern areas of the state, the abuse of pharmaceuticals, particularly Oxy-Contin, has reached alarming levels.” The assessment also noted 1998 legislation in Kentucky that required certain safeguards in prescription paper. It was stated that physicians with questionable prescribing habits near the Kentucky border began advising patients to fill their prescriptions in other states. These regulations would do little to stop the growth of the epidemic however.

In 2008 Barbourville pharmacist Calvin Manis pleaded guilty to misbranding a drug, a charge that entailed “the alteration, mutilation, destruction, obliteration, or removal of the whole or any part of the labeling of, or the doing of any other act with respect to, a food, drug, device, tobacco product, or cosmetic if such act is done while such article is held for sale (whether or not the first sale) after shipment in interstate commerce and results in

such article being adulterated or misbranded.” He was sentenced to three years probation and fined \$10,000; he would also be sentenced to a year in prison for charges related to the sale of firearms. Last year, Manis was indicted on 16 prescription drug-related charges for illegally distributing Oxycodone. He plans to plead guilty on Friday, March 5.

The opioid epidemic, and through it a larger drug issue, continues to plague Knox County and the region. From 2010 to 2014, there were 361 overdose hospitalizations at Knox County Hospital, now Barbourville ARH Hospital. According to KIPRC, opioid-related emergency room visits increased 53.2% from January 2017 through June 2020 and 75.5% from the first to second quarter of 2020. Over the same 2017-2020 period, there was a 106.8% increase in suspected drug overdose encounters by emergency medical services across the state. Data from Kentucky State Police Post 10 shows that from 2017-2019, there were 46 opioid overdose deaths in Knox, Bell, and Harlan Counties, with another 87 emergency room visits and 108 hospitalizations.

Instances of opioid deaths, possessions, crime lab tests, emergency room visits, and hospitalizations were all noted as increasing in the three Post 10 counties.