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Kansas and National Efforts to address the Opioid Abuse Crisis

**Presented to the Joint Committee on Corrections and Juvenile Justice Oversight
By Kansas Attorney General Derek Schmidt**

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Chairman Jennings, Vice Chair Baumgardner and Members of the Committee:

Much has been said in recent months regarding the increasing rates of opioid abuse, addiction and overdose deaths, and deservedly so. Last week, President Trump took the unusual step of declaring the opioid crisis a “public health emergency.” I commend the committee for holding this hearing to discuss how this crisis is playing out on the local level.

We are fortunate, thus far, in Kansas that we have not seen the levels of increased opioid abuse that have been seen in areas of the rust belt and Appalachia. In most parts of Kansas, methamphetamines remain the most problematic substance abuse issue. But, anecdotal evidence from the law enforcement community suggests that it’s coming.

Nationwide, the Centers for Disease Control and Prevention (CDC) estimates opioid overdoses kill 91 Americans every day. While firm statistics on the number of Kansas deaths are not readily available, the Kansas Department of Health and Environment says pharmaceutical opioids are a leading cause of drug poisoning deaths in Kansas. The CDC says the number of opioid prescriptions has quadrupled since 1999, despite Americans reporting a steady amount of pain.

It is imperative that we focus our efforts now to ensure the opioid crisis in Kansas does not reach the epidemic levels it has reached in other areas of the country. This will require a multifaceted approach, and many initiatives are currently underway.

Beginning in 2010, the Drug Enforcement Administration has coordinated “National Drug Take Back Days,” once or twice a year. This coordinated effort between the DEA, my office, and local law enforcement has resulted in an increased focus on the importance of properly disposing of unused medicines when they are no longer needed to prevent their accidental or intentional misuse. The most recent of these take back days was last Saturday. In Kansas, 13,337 pounds of unused medications were collected for safe disposal at 87 locations around the state. In the 14 collection day that have been held, more than 65 tons have been collected and safely disposed from Kansans.

In addition to these scheduled “take back days,” many law enforcement agencies and pharmacies now offer year-round secure drop boxes for unused medications.

A legislative change made during the 2017 session will also help to save lives of those experiencing an overdose. House Bill 2217 made opioid overdose-reversal medications, such as naloxone, available without an individual prescription. Many pharmacies in the state have already announced their intention to carry this medication.

On the national level, in my role as president of the National Association of Attorneys General, my colleagues from other states and territories and I are closely focused on this issue. My office, along with 40 other state attorneys general are participating in a joint investigation of the companies that manufacture and distribute prescription opioid drugs. While I cannot discuss specific companies that may be the targets of these investigations or the status of the investigations, I felt it was important to acknowledge that Kansas has been and remains a part of this broad-based, bipartisan, coordinated effort.

We have also asked insurance companies to review their policies, which in many cases incentivize the prescribing of opioid painkillers instead of other non-opioid pain management techniques, such as physical therapy, acupuncture, massage, chiropractic care and non-opioid medications. Increased reliance on these alternatives, when appropriate, can help combat a significant factor contributing to the over-prescription of opioid painkillers.

There also are cases in which prescribers and/or pharmacies are compromised – through burglaries or through other malfeasance – and when those cases arise, they are properly investigated. I am unable to discuss any specific examples that may be pending.

Finally, my colleagues and I have urged Congressional leaders to make treatment for drug addiction more affordable and accessible by passing legislation to remove a 50-year-old provision in the Medicaid program that currently acts as a barrier to residential addiction treatment. The bill addresses the “Institutions for Mental Diseases” (IMD) exclusion, which was created in the original 1965 Medicaid legislation, to prevent the funding of large, residential mental health facilities. While the exclusion led to the closure of what were, in many cases, inhumane institutions, it now has the unintended effect of limiting Medicaid funding for residential treatment facilities, which can be one of the most effective ways to treat drug addiction. The “Road to Recovery Act” will remove the exclusion for addiction treatment facilities only. This will help open new avenues for addiction treatment while maintaining appropriate restrictions on mental health facilities.

As these efforts and the conversation surrounding the response to the opioid crisis continue, it is crucial that we maintain a coordinated response between the policy makers, law enforcement, and health care and social services professionals.

I again thank the committee for your attention to this important issue.

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