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Reducing the Impact of IV Drug Use on our Community's Health

The effects of heroin addiction on health in Northern Kentucky are wide reaching—and the data prove it. In 2014, the region's hepatitis C rate was 19 times the national average, according to case reports from the Northern Kentucky Health Department. St. Elizabeth's emergency rooms treated more than 565 overdoses in the first six months of 2015, compared to 745 in all of 2014. Last year, 55 people in Boone, Campbell and Kenton Counties died from heroin overdoses, according to the Kentucky Office of Drug Control Policy.

In Northern Kentucky, heroin is commonly injected intravenously. This risky behavior is worsened by sharing needles and syringes: In a recent Health Department survey of those who either inject or have injected drugs in the last six months, only 22% of respondents said they use a new, clean needle each time they inject. Furthermore, 85% indicated that they have shared a needle at least one time and 40% said that they share on a regular basis.

As a result, rates of hepatitis C have increased 120% and hepatitis B has increased 65% over the past five years in Northern

Kentucky. Although the HIV rates in Northern Kentucky have been relatively stable thus far, they are poised to increase as has been seen in other communities with heroin epidemics.

The negative consequences of these behaviors are costly. The medications alone for one course of treatment for hepatitis C is \$84,000. Those who become infected with HIV through IV drug use face a lifelong cost of care averaging about \$600,000.

Contaminated equipment also poses a risk to the general public, when it is discarded in places where the public and first responders can be exposed to accidental needles.

A new tool for public health in Kentucky

The spread of these diseases can be reduced by the prevention of drug use and readily accessible, effective addiction treatment. Unfortunately, we do not have sufficient treatment capacity to meet the demand in Northern Kentucky. Therefore, we need an additional strategy that reduces the harm until our community's capacity im-

proves - a syringe access exchange program.

Such programs are an effective public health intervention that has been extensively researched and used in more than 200 locations in the U.S. since the 1980's. With the passage of SB 192 in March, local health departments in Kentucky are now allowed to operate such programs with the appropriate local approvals.

Syringe access exchange programs are an important tool that enables the Health Department to carry out its statutory requirement to control the spread of disease.

What's more, they are evidence based. Researchers at the National Institutes of Health, the General Accounting Office, the Centers for Disease Control and Prevention, and the National Academy of Sciences concur that syringe access exchange programs are an effective public health approach to reducing HIV and viral hepatitis infection.

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Upcoming Events

October 20,
NKMS Executive Board
Meeting

October 24,
Medical Staff &
Resident Welcome
Party

December 3,
Holiday Party



Please take a moment
to view some of the
changes that were
recently made to the
NKMS website.
<http://nkms.org>



Reducing the Impact of IV Drug Use on our Community's Health

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These programs have also been supported as effective strategies by many health and governmental organizations including the American Medical Association, the American Public Health Association, the American Pharmaceutical Association, the American Psychiatric Association, the American Bar Association, and the US Conference of Mayors, to name a few.

Although syringe access exchange programs are first and foremost about preventing the spread of communicable diseases by getting contaminated drug equipment out of circulation, they do much more, including:

- Offer individuals who inject drugs a link to the health care system by offering vaccinations, testing for hepatitis C, HIV, pregnancy and other conditions, and connections to care for these conditions.
- Educate individuals about reducing the risks associated with drug use, counsel about substance use, and enroll them in health care coverage.
- Distribute Naloxone to prevent overdoses and death.
- Provide a link to substance abuse treatment programs. Research studies compiled by amFAR, the Foundation for AIDS Research, found that individuals enrolled in

syringe access exchange programs were 25 percent more likely to seek drug treatment.

The operation of a syringe access exchange program in Northern Kentucky is a logical role for our public health department. It represents an extension of services that the Health Department already provides. Further, the Health Department has built a reputation as being a trusted provider in the community, both among clients and community partners.

What syringe access programs DON'T do is also important to note. Research compiled by amFAR and others has shown that syringe access programs do NOT encourage individuals to begin using drugs, do NOT increase drug use among existing users, and do NOT increase crime in neighborhoods in which such programs operate. These programs do NOT condone drug use - the nature of addiction is that addicts will inject with or without such a program.

Simply put, syringe access exchange programs prevent disease and death, and facilitate a connection to addictions treatment and a better life.

Building support

But to be successful, syringe access programs require community support.

Many people and organizations are working together to re-

spond to the problem of heroin, including law enforcement, elected officials, treatment providers, mental health professionals, doctors, hospitals, the business community, foundations and many more. As a result, the Northern Kentucky Heroin Impact Response Task Force has a response plan that includes strategies for every aspect of this epidemic, including syringe access exchange programs.

The heroin epidemic, and the communicable diseases associated with it, will not go away on their own. The more we can do as health care providers to reduce the harm of IV drug use in our community and to help those who struggle with addiction to get their lives back on track through treatment and recovery, the better our communities will be.

Our window of opportunity is now before the rates of HIV start increasing in the IV drug using population, before we are forced to deal with an HIV epidemic akin to neighboring Scott County, Indiana.

A syringe access exchange program is an important step that we must take.

Lynne M. Saddler, MD, MPH
District Director of Health
Northern Kentucky Health
Department

President's Report

What Can I Do? Part VIII

Plenty

"You may have to fight a battle more than once to win it."

Margaret Thatcher



Encouraging greater physician political involvement has been the theme of my presidency and is the policy of the KMA for good reason. If we were all to support this effort, we could enhance our political clout in Frankfort and we could win long-fought battles such as tort reform and peer review protection. To that end, some suggestions of what you can do have been offered here over the past two years:

- 1) Give us your cell phone number for our rapid action political network,
- 2) Contribute to KPPAC,
- 3) Attend the Meet Your Legislators Dinner,
- 4) Vote,
- 5) Attend the KMA Physicians' Day at the Capitol,
- 6) Be a delegate to the KMA convention,
- 7) Start your own PAC,
- 8) Urge colleagues who have not yet done so to join the KMA, and
- 9) Contribute your time and/or money to the campaigns of physician-friendly legislators.

You do not have to do all of the above, but I implore you to do at least some of them for the good of your profession and your patients. You may say that you are too busy, or that these battles have been lost, but please remember the words of Lady Thatcher given above, and something Henry Ford once said, "Whether you think you can, or you think you can't--you're right."

Thank you for the privilege of serving as your president.

Eric Neils, MD, President, NKMS

Holiday Party

The Annual Holiday Party sponsored by the Northern Kentucky Medical Society and the Northern Kentucky Medical Society Alliance will be Thursday, December 3, 2015 at the Ft. Mitchell Country Club.

The festivities begin with a cash bar, silent auction, and hors d'oeuvres at 6:30 PM. Dinner will be served at 7:30 PM.

The Holiday Party gives the opportunity to recognize the NKMS physician members who have retired from the active practice of medicine. If you, or if you know of

another member who has retired from the active practice of medicine in 2015, please contact the NKMS, Karla Kennedy, at 859-496-6567 or via email: nkms@nkms.org.

We wish to extend our sympathy to the families of the following physician members who have passed away in 2015.

Paul H. Klingenberg, MD

William Waller, MD



Northern Kentucky
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Northern Kentucky's
Physician Network

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DRIVING IS A PRIVILEGE

The Medical Review Board of the Kentucky Transportation Cabinet holds regular hearings in Frankfort to allow Kentucky citizens to petition suspension of their driving privileges. The board is composed of physicians specializing in Neurology, Physical Medicine and Rehabilitation, Psychiatry and Ophthalmology. Most suspension petitioners lose their license because of vision problems. Referrals to the board are made by police officers, family members, family physicians and driving testers. Semi-formal hearings include driving records, medical evidence and testimony. The board then makes a recommendation to maintain or suspend privileges, orders additional testing if needed and annual review if needed. Additional testing can include a Road Test at an approved facility. Drivers are given several opportunities to pass. Drivers on annual review have their records and testing checked by board members in between hearings. Board recommendations are subject to a legal appeal process.

A summation of the preceding paragraph is this- Drivers in Kentucky who have their privileges challenged can and do get due process from the government.

Kentucky law puts the burden of reporting a driver with a new physical problem that could impair their ability on the driver. If an accident raises the issue, police can report. Concerned family and family physicians can report.

Our communities are mostly structured for transportation by individual drivers. Loss of driving privileges can have a dramatic effect on living situation, lifestyle and self-esteem and can place an extra burden on friends and family members. But safety concerns can and should take precedence. Are you/we ok if preventable deaths and life-changing injuries are caused by impaired drivers?

Kentucky does not retest vision of drivers when their license is renewed. Other states do. The vision testing performed at Driver Testing Centers is far from perfect. Both eyes are tested simultaneously and visual field loss is not measured. It is a screening test. If the testee fails, they are required to see an ophthalmologist or an optometrist for further testing. Small town favoritism sometimes influences results. Some providers encourage their patients to continue driving when test results are unambiguously worrisome.

What are we to do? At a minimum, it seems like common sense to retest vision upon renewal. This requires action by the legislature and opposition will arise. We should support retesting.

Charles Breen, MD