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Kentucky is at the epicenter of the Opioid Use Disorder crisis and the number of individual Kentuckians dying and overdosing every day is staggering. So, for a state with a population of 4.4 million, we’re losing 1400 people a year, which is about 4 a day. And the complexity of the issue is how do we address it and where do we begin to make a difference. And the struggle has been as it overlaps so many different agencies and entities.

So, the challenge is, is that how do we get all of these individuals around the shared set of information and how do we align our resources, so that we’re working and how do we know when we’re making a difference in each of those individual areas?

So, it’s been very gratifying for me sort of toiling away in the behavioral health world that the aha moment for me is when this became a healthcare issue. And it’s the data that drove that understanding, I think, when we began to look at HIV risk, Hepatitis C, neonatal intensive care and NAS. And so, when this came out of sort of the silo of behavioral health into the overall population health issue is when we really started to be able to make a difference. And I think data drove that. It was the compelling data about the scale and scope and complexity of the problem.