KyOD2A Happenings

USING DATA TO REDUCE THE BURDEN OF DRUG USE AND OVERDOSES IN KENTUCKY

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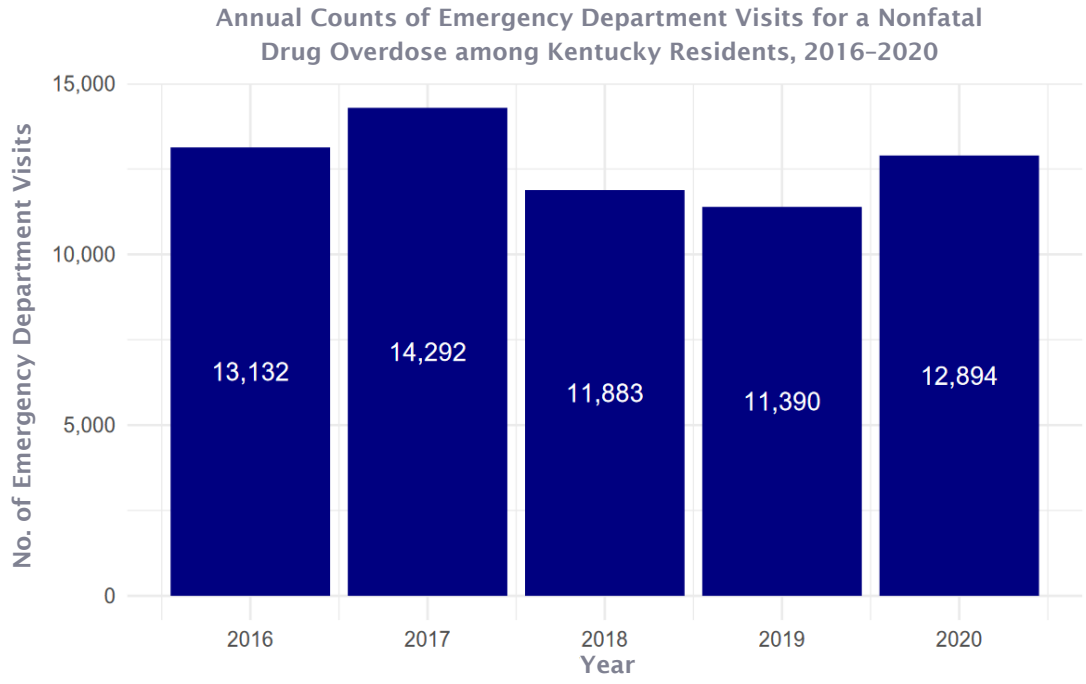
DRUG OVERDOSE-RELATED EMERGENCY VISITS INCREASED IN 2020 DESPITE OVERALL DECLINE IN EMERGENCY VISITS



Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health. Data are provisional and subject to change.

Drug overdoses treated in Kentucky emergency departments in 2020 increased more than 13% over 2019 figures, according to a new report published on the Kentucky Injury Prevention and Research Center (KIPRC) website titled *Kentucky Resident Emergency Department Admissions for Nonfatal Drug Overdoses, 2016–2020*. This increase is compelling, as it occurred during a time when, overall, ED admissions were down due to the COVID-19 pandemic. From 2019 to 2020, drug overdose deaths increased nearly 50%. KIPRC will be examining the underlying associations with the nearly three times larger increase in fatal drug overdoses than nonfatal drug overdoses in 2020.

Other important findings from the report include a 35% increase in nonfatal drug overdoses and a 73% increase in the involvement of opioids among black Kentuckians. The increase of nonfatal drug overdose among black residents was three times larger than for white residents. The increase of opioid involvement in nonfatal drug overdoses among black residents was also three times larger. Stimulant involvement in nonfatal drug overdoses among black residents was 18% greater in 2020 than in 2019. These increases indicate a need to target prevention and intervention efforts to this population.

The full report can be found at kiprc.uky.edu/sites/default/files/2021-08/ED%20Report%20Updated.pdf.

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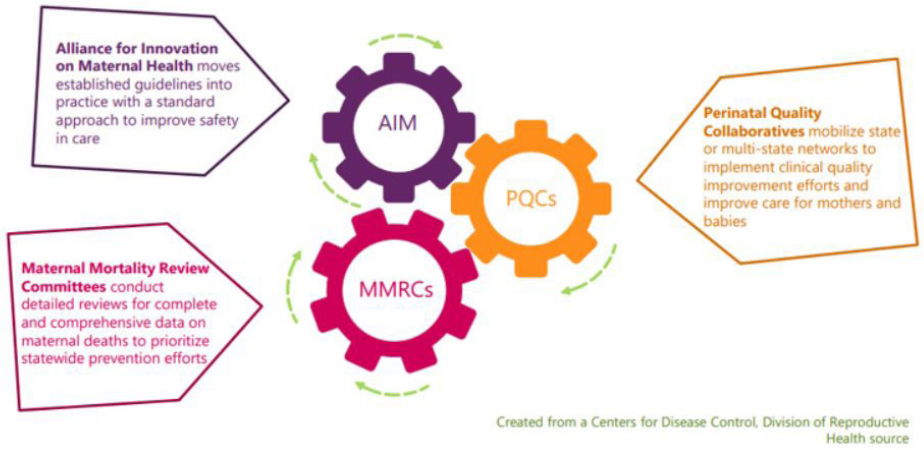
KENTUCKY PERINATAL QUALITY COLLABORATIVE JOINS ALLIANCE FOR INNOVATION IN MATERNAL HEALTH

By Monica Clouse, MPH, CPH
Program Manager, KyPQC



Maternal morbidity and mortality are an important issue throughout the United States as well as in Kentucky. According to the Centers for Disease Control and Prevention, an estimated 700 women die annually in the United States from pregnancy-related complications, many of which are preventable.

In Kentucky, health care providers and policymakers are addressing maternal mortality through a variety of ways. In 2017, Kentucky formed the Maternal Mortality Review Committee (MMRC). MMRCs are state-level organizations made up of clinicians, data scientists, and policymakers. The purpose of the MMRC is to identify common causes of mortality in this population, report findings, and support policy changes that will improve outcomes.

In 2019, the Kentucky Perinatal Quality Collaborative (KyPQC) was formed to translate the MMRC's findings into boots-on-the-ground initiatives to improve care for mothers and babies. Because of the local nature of PQCs, interventions are based on unique needs that support the opportunity for the greatest impact in each community. With support from more than 500 stakeholders, the KyPQC is developing its first quality-improvement initiatives, developed by cross-functional workgroups.

The Alliance for Innovation in Maternal Health (AIM) program is a respected national data-driven program that develops maternal safety and quality improvement initiatives. Initiatives are organized into safety bundles that address common causes of maternal mortality in the US and include obstetric hemorrhage, severe hypertension, safe reduction of primary cesarean birth rate, and opioid use disorder. States choose which bundles to implement, and birthing facilities within AIM states have the option of participating. The values of participating are predictable improvements in quality and access to training, data, and other valuable resources. The credibility of AIM, coupled with greater access to resources, both reinforces and extends the work already being done in maternal health.

Kentucky's enrollment into the Alliance for Innovation in Maternal Health represents a natural progression of the state's commitment to improving perinatal care. As the MMRC and the KyPQC had already conducted surveillance that indicated that substance use disorder is a leading cause of maternal mortality in Kentucky, the KyPQC has chosen the substance use disorder safety bundle as the first AIM initiative to implement in Kentucky hospitals. This safety bundle will magnify current KyPQC initiatives that are aimed at improving surveillance and screening practices for substance use disorder in Kentucky's birthing hospitals.

The official KyPQC website has launched! Please take a moment to visit by clicking on KyPQC.org.

KyOD2A Happenings is produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. To comment on the content of this newsletter or to subscribe or unsubscribe, contact KIPRCinfo@uky.edu.

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Kentucky Public Health Prevent. Promote. Protect.

GETTING STARTED WITH ODMAP

By Robert McCool, MS
Program Manager, Community Injury Prevention Program, KIPRC

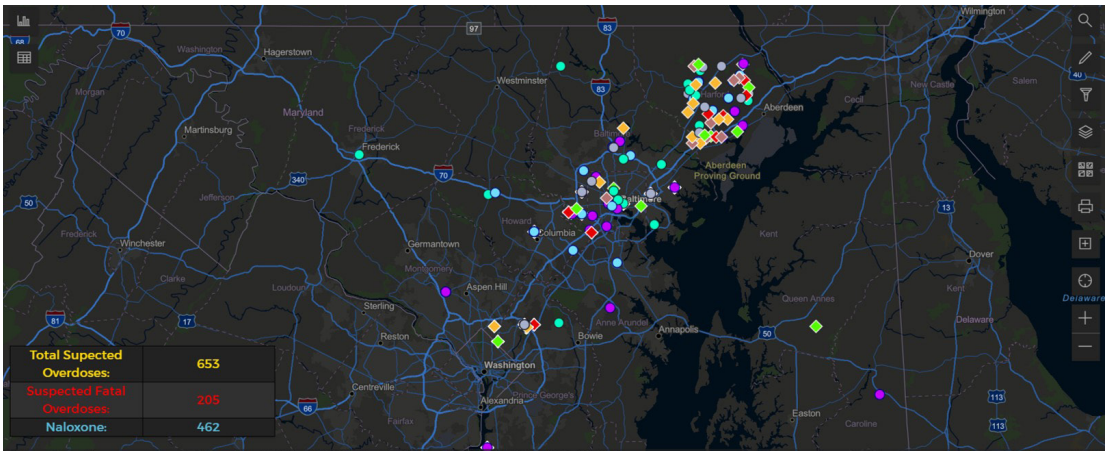
Overdose Detection Mapping Application Program, or ODMAP, is a simple, web-based system that allows local and state public safety and public health organizations to report suspected drug overdose events within their jurisdiction and to track the occurrence and approximate location of those events.

ODMAP provides near-real-time reporting and mapping of suspected drug overdose events across jurisdictions. This allows communities to:

1) See when and where suspected drug overdoses occur in their community so they can allocate public health and public safety resources more effectively;
2) Receive alerts of sudden spikes in suspected drug overdose events in their community, allowing them to activate drug overdose outbreak response plans and rapid intervention teams; and
3) Monitor suspected drug overdose events in neighboring jurisdictions in order to predict potential spikes within their own community.

To use ODMAP, an organization must be a public safety or public health organization and have a legitimate, official interest in drug overdose tracking. Public safety organizations include law enforcement agencies, fire departments, emergency medical services agencies, and rescue squads. Agencies with public health missions include public health departments and hospitals.

There is no cost for agencies to enter data directly through the web-based system and to access data. If a public safety organization wishes to integrate the ODMAP software with their computer-assisted dispatch (CAD) software so that drug overdose events are automatically added to ODMAP when they are logged by dispatchers, the integration cost will be determined by the provider of the CAD software.



ODMAP screenshot courtesy of ODMAP—Washington/Baltimore HIDTA

To access ODMAP, your agency must first request access and be accepted as a user. To request access, visit www.ODMAP.org/AgencyAccess/RequestForm.

ODMAP works best when it is implemented countywide in a coordinated way. As this may not be possible in all counties, it is better to have some organizations in a county reporting suspected drug overdose events than to have none at all. The best way to begin planning for countywide ODMAP use is to bring together interested parties (e.g., public health, law enforcement, EMS, and first responders) to determine the level of interest and potential role for each organization. A good place to begin is with an active local anti-drug or substance use prevention coalition or a community health and safety coalition.

If ODMAP is being implemented on a coordinated, countywide basis and one organization is taking the lead role for an entire county, that organization will sign the user agreement and then serve as the administrator and vetting agency for all of the organizations in the county that use the system. If you are considering a countywide ODMAP system, strongly consider bringing all organizational leads together to discuss the role and duties of each organization. For example, EMS may be responsible for entering all drug overdose event reports, while the local health department creates a weekly or monthly report for stakeholders.

For easy-to-understand instructions on how to get started with ODMAP, visit kiprc.uky.edu/sites/default/files/2021-08/ODMAP%20FAQs.pdf.

For more detailed information about ODMAP, including an overview video, please visit www.ODMAP.org.

ACADEMIC DETAILING: PROVIDING PRACTITIONERS WITH PREVENTION TOOLS

By Kristen Blankenbecler, PharmD
Director of Clinical Outreach,
Kentucky Pharmacists Association

While the Centers for Disease Control and Prevention's Overdose Data 2 Action focuses on the collection of data on nonfatal and fatal drug overdose and the use of that data to inform prevention and response efforts, it also provides for prevention strategies such as provider and health systems support and peer-to-peer learning. As part of its program, the Kentucky's OD2A program saw value in including academic detailing as one of its prevention strategies.

Academic detailing is an adaptation of a sales and marketing tool that pharmaceutical companies have long used to sell their products: conducting one-on-one meetings with physicians to "educate" them about their products. With academic detailing, pharmacists with the Kentucky Pharmacists Association meet with physicians to provide key messages on topics related to safe prescribing practices, fatal drug overdose prevention, non-stigmatizing language, hepatitis C testing, appropriate interventions to improve access to treatment, and naloxone use and replacement.

The main difference between pharmaceutical detailing and academic detailing is that academic detailers are strictly educating and have no financial incentive to sell a product. Rather than success being defined by how much product is sold, the end goal of academic detailing is increased provider awareness and understanding of a specific topic.

For OD2A, academic detailing focuses on education around safer opioid prescribing, harm reduction, and the treatment of opioid use disorder. Detailing sessions are provided by a pharmacist and are available to providers as well as pharmacists anywhere in the state of Kentucky. They can be conducted one-on-one or in small, informal groups. Visits are tailored to the provider's needs, and questions and can be done in person (depending on current COVID measures/mandates) or virtually.

Like everyone else, the academic detailing program experienced delays and changes due to COVID-19. We will relaunch detailing visits, both in person and via Zoom. Academic detailing visits can range from a quick 15 minutes over lunch to a full hour, based on your needs. If you are interested in a detailing session or a series of sessions, please email kristen@kphanet.org to schedule.

Continuing education products are available on the Kentucky Pharmacists Association website (www.kphanet.org/) at no charge as part of OD2A. These can be completed at your leisure and can be reviewed as often as you determine is helpful or necessary. Current products available discuss safe opioid prescribing and the treatment of opioid use disorder. More continuing education products are in development, and we welcome recommendations for future topics.

Resources on safer pain management prescribing practices, harm reduction practices in healthcare, and medications for opioid use disorder can be found on KIPRC's website at https://kiprc.uky.edu/programs/academic-detailing.

Determining When To Initiate or Continue Opioids for Chronic Pain

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

—Centers for Disease Control and Prevention's recommendations for prescribing opioids for chronic pain outside of active cancer, palliative, and end-of-life care

KENTUCKY SEES NEARLY 50% INCREASE IN FATAL DRUG OVERDOSES IN 2020

By Dana Quesinberry, JD
Co-Principal Investigator, OD2A

In 2020, 1,964 Kentuckians died from drug overdose, a 50% increase over 2019 numbers. The *2020 Overdose Fatality Report*, a new report from the Kentucky Office of Drug Control Policy in cooperation with the Kentucky Injury Prevention and Research Center, found that Kentucky's age-adjusted drug overdose mortality rate in 2020 was 46.18 per 100,000 Kentuckians.

According to the report, the counties with the highest mortality rate in 2020 were Knott (121.69/100,000), Clark (104.33/100,000), and Bourbon (98.43/100,000). Kentucky's more metropolitan counties saw the biggest increases in drug overdose deaths: Jefferson County saw 193 more overdose deaths in 2020 than in 2019, Fayette had 51 more, and Clark had 20 more.

Kentucky residents aged 35–44 had the highest fatal drug overdose rates, followed closely by those aged 25–34, and then those aged 45–54. In 2020, fatal drug overdoses among white residents increased 48% over 2019, and fatal drug overdoses among black residents increased nearly 64%.

Fentanyl and its analogues were significant drivers of drug overdose mortality in 2020, with approximately 71% of all drug overdose deaths involving the synthetic opioid. Acetylfentanyl was involved in more than 500 deaths. Fatal drug overdoses involving methamphetamine increased from 517 cases in 2019 to 801 in 2020, a more than 54% escalation.

GET TO KNOW THE OFFICE OF DRUG CONTROL POLICY'S VAN INGRAM

By Jonathan Greene,
Content Manager, KIPRC

In late 2004, following months of town hall meetings across the Commonwealth, Gov. Ernie Fletcher created the Office of Drug Control Policy (ODCP) to coordinate Kentucky's response to substance misuse.

Those town hall meetings had featured panels made up of stakeholders from law enforcement and drug overdose prevention and treatment. The panels concluded that, while there were many agencies that touched on the addiction crisis, no one agency was coordinating what everyone was doing, said Van Ingram, current ODCP executive director.

Since its creation, the ODCP has evolved into the governor's legislative liaison for all things drug policy, the spokesperson for media requests as they relate to drug issues in Kentucky, and, since 2015, the guardian of about $20 million per year in funds that deal with treatment, recovery, and prevention.

Office of Drug Control Policy Director Van Ingram

Ingram, who has been the executive director since 2008, has been part of the ODCP since the beginning. After serving with the Maysville Police Department for more than 23 years—the last six as chief of police—he was one of the stakeholders on the town hall meeting tour and was offered a position when the office was created.

"There is a lot of coordination between all of these agencies that have money and have responsibilities in the addiction crisis," he said. "We talk almost every day about what each are doing, what each are funding, how it is going. We try to really coordinate across state government in everything we do."

Ingram noted that the ODCP has other duties as well, including managing asset forfeiture reports, producing a drug fatality overdose report, and producing an annual report for the legislature and governor's office. He added that the office often testifies in front of the general assembly on bills that have to do with substance use or issues on substance use.

The longtime director said the coordination of programs and funds is the most critical.

"If we're not all rolling in the same direction and trying to accomplish the same goal, we're not going to be nearly as effective," Ingram said. "There are things I can do with state funds that others can't with federal funds. There are things they can do with federal that I can't do with state funds. So we can coordinate when we want to see something happen and work together to

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make that occur."

He said the level of cooperation in Kentucky is something he's not seen anywhere else. And the partnerships are invaluable too.

Ingram pointed to the partnership with the Kentucky Injury Prevention and Research Center (KIPRC). ODCP first partnered with KIPRC on training before expanding to the FindHelpNowKY.org website and, later, drug overdose data surveillance.

"KIPRC provides data every month, and I know I will get updated with what is going on around the state," he said. "It is crucial to making good policy decisions and where and how you want to spend money. If I'm pouring money into an area where there is no neonatal abstinence syndrome, I'm wasting it. I need to be spending it where it is a problem. It really helps us to do our jobs and make better use of taxpayer dollars."

Ingram said he's been impressed with the evolution of KIPRC and how its team has become the go-to source for quality data.

"When I first started to get to know (KIPRC Director) Terry (Bunn), Svetla Slavova, and others, drugs weren't their comfort zone. They recognized the need and quickly became subject matter experts.

"And quickly, KIPRC became the source to go to for good data. It's helped us write grants in Kentucky and helped us do so many things. I'm very grateful for our partnership with KIPRC and the work we've done together."

Ingram said the local health departments have been instrumental too with pushing for syringe service programs. It's a partnership he's proud to have.

"Syringe service programs are not the most popular thing to have," he said. "It would have been easy to ignore it or say that's not our role. We have 75 syringe service programs, more than any state in the country. I credit all of that to our local public health people that said we need to do our job and we need to stop the spread of infectious disease."

As the drug epidemic continues on, Ingram said the partnerships around the state must continue—Kentucky has come too far and made too much progress to stop.

"I hope we keep the progress we've made and keep moving forward," Ingram said.

The ODCP is based out of the state Justice and Public Safety Cabinet.

FUNDING OPPORTUNITY

The **Foundation for Opioid Response Efforts (FORE)** is providing grant support for specific projects that aim to improve, expand, and/or scale evidence-based family-, school-, and/or community-based prevention services for children and families, particularly for those at highest risk. This RFP targets projects that can develop, adapt, explore, and/or evaluate promising evidence-based models of family- and community-based prevention for opioid use disorder and overdose.To access the RFP, **click here**.

NEW REPORTS

Steel M, Merzke M, Farrey A, Liford M. 2021. **Kentucky resident emergency department admissions for nonfatal drug overdoses, 2016–2020**. Kentucky Injury Prevention and Research Center. https://kiprc.uky.edu/sites/default/files/2021-08/ED%20Report%20Updated.pdf

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Sheppard AB, Young JC, Davis SM, Moran GE. **Perceived ability to treat opioid use disorder in West Virginia.** *Journal of Appalachian Health.* 2021;3(2):32–42. DOI: https://doi.org/10.13023/jah.0302.04

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