

KyOD2A Happenings



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

Volume 2, Issue 3

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KIPRC UNVEILS INTERACTIVE DASHBOARD FEATURING COUNTY-LEVEL DRUG OVERDOSE DATA

Kentucky Resident Drug Overdose Counts by State and Counties

County Select (Table)

Boone

Count for Boone

Category	Indicator	2016	2017	2018	2019	2020
Fatal Overdose	Any Drug-Involved Fatal Overdose	44	44	43	34	50
	Any Opioid-Involved Fatal Overdose	27	37	39	24	48
	Heroin-Involved Fatal Overdose	13	9	5	*	*
	Non-Heroin Opioid-Involved Fatal Overdose	19	34	38	24	48
	Stimulant-Involved Fatal Overdose	*	7	14	17	15
	Cocaine-Involved Fatal Overdose	*	*	5	*	5
	Non-Cocaine Stimulant-Involved Fatal Overdose	0	6	10	14	10
Nonfatal Overdose-Related ED Visits	Any Drug-Involved Nonfatal Overdose	347	421	353	333	348
	Any Opioid-Involved Nonfatal Overdose	234	303	216	175	181
	Heroin-Involved Nonfatal Overdose	184	235	154	100	73
	Non-Heroin Opioid-Involved Nonfatal Overdose	50	70	63	75	111
	Stimulant-Involved Nonfatal Overdose	11	11	13	13	15
	Cocaine-Involved Nonfatal Overdose	*	0	0	0	*
	Non-Cocaine Stimulant-Involved Nonfatal Overdose	10	11	13	13	14
Substance Use Disorder Diagnosis	ED Visits	871	753	773	677	720
	Inpatient Hospitalizations	719	721	592	443	440

*Per state data release policy, numbers less than five have been suppressed. If calculation of suppressed counts is possible, the next smallest count is also suppressed and noted with an asterisk.

To make drug overdose data more easily accessible to individuals, local communities, and state agencies, the Kentucky Injury Prevention and Research Center (KIPRC) has redesigned its Drug Overdose and Related Comorbidity County Profiles dashboard, which consolidates drug overdose-related emergency department, inpatient hospitalization, and death data for every Kentucky county (and for the state as a whole). The dashboard, which will be updated annually, can be found on the organization's website at <https://kiprc.uky.edu/programs/overdose-data-action/county-profiles>.

"The Kentucky Overdose Data to Action program focuses on using public health surveillance data to inform prevention and intervention planning at the state and local levels," said

Dana Quesinberry, principal investigator for surveillance on the CDC-funded program at KIPRC. "These county profiles are an efficient method for us to provide data from multiple sources in a concise 'one stop' location."

The dashboard includes rates and numbers for drug overdose and selected co-occurring medical conditions for each county in Kentucky. The data are organized into four tabs or pages. The first and second tabs (rates and numbers, respectively) include data on fatal drug overdoses, nonfatal drug overdose-related emergency department (ED) visits, and substance use disorder diagnoses (excluding alcohol-, nicotine-, and inhalant-related disorders); the third and fourth tabs include data on neonatal abstinence syndrome births, total infectious disease ED visits and inpatient hospitalizations, and ED visits and inpatient hospitalizations for infectious disease with co-occurring drug-related diagnoses. Drug overdose indicators are broken down by drug type and the infectious disease diagnosis (endocarditis, hepatitis A, hepatitis C, and HIV). Relevant ICD-10-CM definitions are included on the fifth tab.

"The new dashboard contains death (mortality) data due to drug overdose, in addition to hospital (morbidity) data," said Madison Merzke, data management analyst for KIPRC. "It also contains a new year of data—2020—and rates, in addition to numbers."

Users can download a PDF, image, or PowerPoint slide of a county's data.

PARTNERING WITH PUBLIC SAFETY AND FIRST RESPONDERS

By Ashley M. Bush,
DrPH, Research
Program Administrator,
KIPRC

Partnerships are key to reducing the burden of the drug overdose epidemic in Kentucky. Through the Overdose Data to Action (OD2A) grant funded by the Centers for Disease Control and Prevention, KIPRC has been working to build partnerships to address this devastating crisis. One such collaboration is the Kentucky Substance Use Research and Enforcement project (K-SURE). K-SURE is a data sharing collaborative between the Kentucky State Police (KSP) and KIPRC that is pivotal to understanding the nature of drug trends in Kentucky.

This public health and public safety partnership allows data sharing between KSP and KIPRC that includes drug trafficking and possession citations, tested lab submissions, drug overdose-related mortalities, emergency department (ED) visits, inpatient hospitalizations, etc. None of the shared data sets contain any personally identifiable information.

As a result of this data sharing, K-SURE has developed reports that are available to the public. Quarterly reports provide information on the prevalence of drugs such as heroin, methamphetamine, non-heroin opioids, fentanyl and fentanyl-related analogs, cocaine, as well as on general drug overdoses. (Another drug category will be added soon focusing on

marijuana [cannabis], so stay tuned.) The reports examine drug trends and key highlights. Additionally, K-SURE creates annual reports examining changes in statewide substance use annually, drug-related maps, and public safety and public health indicators by KSP post. All K-SURE reports can be found on the [KIPRC website](#).

The Drug Burden Risk Indices and Hot Spots by Kentucky State Police Post, 2020 maps are an example of how the data can be used to inform prevention efforts. Public health and public safety indicators were used to describe the drug burden for each KSP post (Kentucky's 120 counties are served by 16 KSP post areas). These were then used to create and map what we call risk index scores, statistically significant hot spots, and high-burden counties.

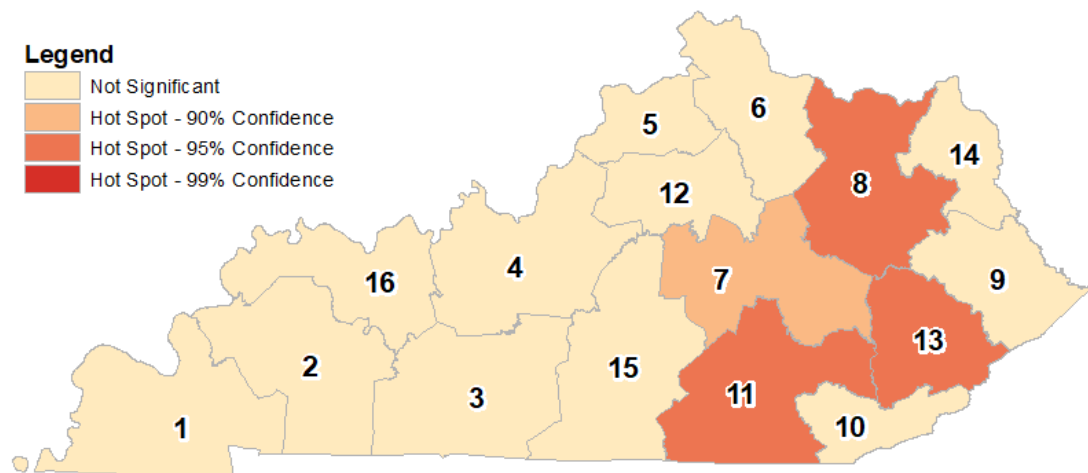
These maps can be used by partners and stakeholders to prioritize

drug-related prevention and intervention efforts and to leverage resources. For example, communities can apply for additional resources, such as personal protective equipment, syringes, and naloxone (Narcan), to support interventions in high-burden areas. K-SURE reports have also been used to support grant applications to support activities such as drug enforcement investigations.

We encourage any county, regional, or state agency to use these K-SURE reports as a collaboration resource to help leverage support for drug overdose prevention programs.

Let us know how you use these reports, and don't forget to complete the [K-SURE data survey](#). Your feedback will help us improve future K-SURE briefs, stakeholder engagement, and audience receptivity.

Drug Burden Risk Hot Spots by Kentucky State Police Post, 2020



Hot spots are derived from Index Scores. Index Scores are calculated by averaging the 2020 ranks for Kentucky State Police posts in 1) drug trafficking citation rates; 2) drug possession citation rates; 3) tested lab submission counts; 4) drug overdose- (DO-) related death rates; 5) DO-related emergency department visit rates; and 6) DO-related hospitalization rates. Data are provisional and subject to change. Produced by the Kentucky Substance Use Research & Enforcement (K-SURE) Collaborative. September 2021. Data sources: Kentucky Open Portal System, Kentucky State Police; Kentucky State Police Crime Laboratory; Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky Outpatient Services Database, Office of Health Data and Analytics, Cabinet for Health and Family Services; Kentucky Inpatient Hospitalization Claim Files, Kentucky Office of Health Data and Analytics, Cabinet for Health and Family Services; 2020 Census State Redistricting Data, Kentucky State Data Center.

2021 KENTUCKY HARM REDUCTION SUMMIT A SUCCESS

By Jonathan Greene, KIPRC
Communications Manager

More than 900 professionals from 30 states and 96 of Kentucky's 120 counties gathered virtually for the August 2021 Kentucky Harm Reduction Summit, a 30% increase over the previous year's number of attendees.

The virtual conference brought together professionals from a variety of disciplines, including education, emergency medical services, health care, law enforcement, legal, public health, pharmacy, and social work, as well as state and local officials.

The theme of the summit was "Ending the Epidemics," which encouraged presenters to focus on the current epidemics of opioid use disorder, other substance use disorders, neonatal abstinence syndrome, and hepatitis C. Continuing education credits were available for attorneys, certified alcohol and drug counselors (CADC), certified health education specialists (CHES), community health workers, emergency medical services workers, nurses, pharmacists, physicians, registered environmental health specialists and sanitarians, and social workers.

Throughout the two-day event, the two keynote sessions, 14 breakout sessions, and four panel discussions focused on harm reduction programs, disease prevention strategies, drug overdose trends, wound care, health equity, mental health and substance use, lived experience, housing for high-risk populations, legislative updates, legal strategies, public messaging, societal inequities, drug overdose data, and community resources.

The 2021 Kentucky Harm Reduction Summit received great feedback from attendees and leader-

ship of multiple organizations. One attendee said, "I had little knowledge about illicit drugs and the national statistics of drug overdose deaths. Now, I have a better understanding of the impacts and prevalence and can better assist the high-risk clients within my agency."

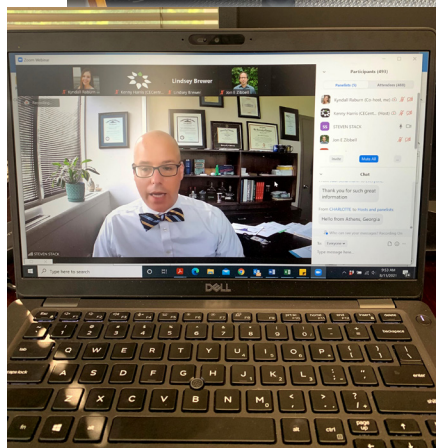
Another attendee stated, "The information received is going to increase my knowledge to create an outreach harm reduction unit embedded in the police department."

Three sessions are available for viewing and continuing education

credits:

- Housing for Unhoused and High-Risk Populations: Urban versus Rural (<https://www.cecentral.com/activity/21019>);
- A Statewide Collaborative Approach to Improving Care for Pregnant People Affected by Opioid Use in Massachusetts (<https://www.cecentral.com/activity/21020>); and
- COVID-19, Mental Health and Substance Use: Rapid Research

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Top photo, from left to right: Chris Dennison, accreditation manager, CE-Central; Kenny Harris, multimedia developer, CECentral; Evan Tune, associate director of technology, CECentral; Kyndall Raburn, preparedness field assignee, CDC/Kentucky Department for Public Health; Dillon Sweeney, media and support specialist, CECentral; Jim House, naloxone distribution/Mobile Harm Reduction Program administrator, Kentucky Department for Public Health

Bottom left photo: Kentucky Public Health Commissioner Dr. Steven Stack

Bottom right photo: Thank you gift for Summit speakers

2021 HARM REDUCTION SUMMIT RECAP, CONTINUED

Review and Implications for Prevention (<https://www.cccentral.com/activity/21021>).

Videos of non-credit sessions eventually will be posted on the KIPRC website.

The event was jointly provided by the Kentucky Injury Prevention and Research Center, the Kentucky Cabinet for Health and Family Services, the Kentucky Income Reinvestment Program, and the Kentucky Department for Public Health (KDPH), in collaboration with the Kentucky AIDS Education and Training Center, the Barren River District Health Department, the Kentucky Mobile Harm Reduction Program, and the Kentucky Opioid Response Effort. The 2021 Harm Reduction Summit was supported by Cooperative Agreement Number NU17CE924971, funded by the Centers for Disease Control and Prevention and awarded to the University of Kentucky Research Foundation and KIPRC.

Planning for the next Kentucky Harm Reduction Summit has begun, and, based upon feedback, the upcoming conference will include topics such as stigma, domestic violence, and strategies to target vulnerable populations.

FOR ADDITIONAL
INFORMATION ON
PAST AND FUTURE
HARM REDUCTION
SUMMITS, CONTACT
JIM HOUSE AT [JAMESR.
HOUSE@KY.GOV](mailto:JAMESR.HOUSE@KY.GOV).

GET TO KNOW KENTUCKY'S REGIONAL PREVENTION CENTERS

By Jonathan Greene,
KIPRC Communications Manager

Created in 1992, Kentucky's Regional Prevention Centers (RPCs) assist communities in developing and implementing comprehensive plans to prevent alcohol, nicotine, marijuana, opioid, and other substance use and misuse. Fourteen RPCs, located at community mental health centers, serve all counties in the state. From January 1 to October 31, 2021, prevention specialists at RPCs delivered more than 13 million prevention services in more than 7,000 separate activities or events. Prevention services are required to help those with substance use disorders build recovery capital.

HOW RPCS WORK

RPCs provide technical assistance to community stakeholders and are funded by state and federal monies administered by the Prevention and Promotion Branch of the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID).

Prevention specialists at RPCs work with a community to implement the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF). The SPF is a five-step decision-making framework that assesses local community needs related to behavioral health issues, identifies capacity to address those needs, develops and implements a plan to address those needs, and evaluates the efforts. RPCs provide training and technical assistance to communities on implementing the five steps. Within the planning phase, RPCs guide the selection of evidence-based strategies and support implementation once selected. Additional work focuses on increasing protective factors and reducing risk factors around youth substance use, according to Shelly Steiner, a program implementation specialist with the Kentucky Opioid Response Effort who works with the Prevention and Promotion Branch to support the RPCs as they support communities in the implementation of evidence-based programs, practices, and policies.

THE PROCESS

The RPCs are as involved as each community needs them to be. Patty Gregory, an RPC director for Seven Counties Services, said RPC staff learn about the communities in which they work and the culture of each community, identify the key leaders and prevention champions, and assess the dynamics and local contexts of the community.

"Most of all, prevention specialists must work to build the trust of the community," said Gregory, who works in Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble counties. "We do not go into a community and tell them what they need to do. We build trust and understanding and then bring the tools to the table that the community members can use to do good evidence-based programming."

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REGIONAL PREVENTION CENTERS, CONTINUED

RPCs educate members of the community coalitions about prevention and then lead them through the SPF, which is the basis for all the RPCs' prevention services, Gregory said. Once the coalitions are trained and have the tools, RPCs guide them through the process of bringing different segments of the community together to look at what the problem is, why there is a problem, and why it's a problem there.

NEED FOR DATA

One of the biggest needs for communities is local data that show how substance use and suicide and other behavioral health challenges are tied together, said Paula Brown, DBHDID RPC liaison and program administrator.

"For instance, we know that there is a link between alcohol use and suicide at the national level, but it's very hard to show that locally," she said. "That inhibits our ability to work collaboratively on some of those issues. There is also a need for additional substance use data for adults."

KIPRC works to provide county-level data, including morbidity and/or mortality data, to stakeholders.

"The data provided by KIPRC is essential in ensuring that our prevention providers have the data to focus their efforts on the highest needs for that local community," said Patti Clark, assistant director of the Division of Behavioral Health and former program manager for the Prevention and Promotion program.

To request data from KIPRC, visit <https://kiprc.uky.edu> and click on the data request button.

SUBSTANCE USE AND DRUG OVERDOSE PREVENTION RESOURCES

The following KIPRC resources may be helpful to community members and leaders attempting to reduce substance use and prevent drug overdoses in their community. All are free of charge.

DRUG OVERDOSE PREVENTION TACKLE BOX

The *Drug Overdose Prevention Tackle Box* provides information for organizations and community groups that are interested in preventing substance use and drug overdoses. Part I of the Tackle Box provides background information on the substance use epidemic, outlines the roles and goals of substance use prevention, harm reduction, treatment, and recovery, and outlines how to select, implement, and evaluate a substance use prevention/drug overdose prevention strategy that is best suited for a particular community. It also includes a list of potential data sources and additional resources. Part II includes descriptions of evidence-based and evidence-informed drug overdose prevention programs.

To access, visit [Drug Overdose Prevention Tackle Box](#).

FENTANYL TEST STRIP HOW-TO

Fentanyl Test Strips: Know What's in Your Drugs, Prevent Overdose provides information on how to use fentanyl test strips, harm reduction strategies that can be utilized to reduce the risk of a drug overdose, and steps on how to administer naloxone in the event of a drug overdose.

To access, visit [Fentanyl Test Strip How-To](#).

UNDERSTANDING ODMAP

This resource is intended for public safety agencies, public health departments, and hospitals interested in using ODMAP, the simple, web-based software 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 in near real time.

To access, visit [Understanding ODMAP](#).

FINDHELPNOWKY.ORG

FindHelpNowKY.org, a free online system, allows anyone to search for available treatment programs for individuals who may be suffering from substance use disorder. Website searches do not require any personally identifiable information. Individuals can search by type of treatment facility as well as by other factors. Search results include a list of substance use disorder treatment programs that match the search criteria and currently have space available, ranked in order of distance.

To access, visit <https://findhelpnowky.org/ky>.

JOIN US FOR THE NEXT KENTUCKY OVERDOSE DATA 2 ACTION COMMUNITY SUMMIT

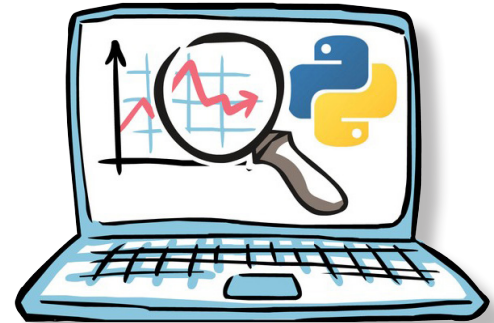
Topic: Kentucky Resident Nonfatal Drug Overdoses and
Substance Use-Related Morbidities

Date & Time: January 27, 2022, 1:00–2:00 PM ET

Please join data analysts from KIPRC for a virtual update
on trends in nonfatal drug overdoses, births with neonatal
abstinence syndrome, and hospital encounters involving
infectious diseases related to injection drug use among
Kentucky residents.

To register, visit https://uky.zoom.us/webinar/register/WN_5rixE6Q4TcGAzH2RzTFLUQ.

Questions? Contact Mira Mirzaian (mira.mirzaian@uky.edu) at KIPRC.



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TO REQUEST A DATA REPORT FROM KIPRC, VISIT
[HTTPS://KIPRC.UKY.EDU](https://kiprc.uky.edu) AND CLICK ON THE DATA
REQUEST BUTTON. REQUESTS TAKE APPROXIMATELY
TWO WEEKS TO FULFILL.



Happy holidays from everyone at the
Kentucky Injury Prevention and Research
Center!

EMPLOYMENT OPPORTUNITY

The Kentucky Department for Public Health, Division of Public Health Protection and Safety is hiring a harm reduction program manager to administer, manage, and provide leadership for implementation of the department's Harm Reduction Program. Duties include providing overall management of the program and assigned personnel, serving as a lead advocate for public health harm reduction initiatives, and providing guidance and technical assistance to local health departments, syringe services programs, harm reduction groups, and other agencies/organizations. The harm reduction manager will also compile data to evaluate program effectiveness and to help shape the policies at the state and local level to reduce the occurrence and/or severity of substance use disorder and other health conditions related to harm reduction; oversee, develop, schedule, and conduct harm reduction-related meetings, training, and conferences; and supervise staff in the administration of the program. For more information, visit <https://gohire.org/job/harm-reduction-program-manager-kdph-frankfort-ky/>.

NEW REPORTS

- Kentucky Substance Use Research & Enforcement. (2021). A four-year review of substance use and distribution in Kentucky, 2017–2020. *K-SURE Report (No. 14)*.
- Kentucky Substance Use Research & Enforcement. Six Major Overdose-Related Substances in Kentucky, January 1, 2017–March 31, 2021. *K-SURE Brief (No. 15)*.
- Larochelle MR, Slavova S, Root ED, Feaster DJ, Ward PJ, Selk SC, Knott C, Villani J, and Samet JH. (2021). Disparities in opioid overdose death trends by race/ethnicity, 2018–2019, From the HEALing Communities Study. *American Journal of Public Health*. 111, 1851–1854, <https://doi.org/10.2105/AJPH.2021.306431>
- Nabarun D, Brown J, Nocera M, Lazard A, Slavova S, Freeman P. (2021). Abuse-deterrent opioids: A survey of physician beliefs, behaviors, and psychology. *Pain and Therapy*. 10.1007/s40122-021-00343-z Slavova S, Quesinberry D, Hargrove S, et al. (2021). Trends in drug overdose mortality rates in Kentucky, 2019-2020. *JAMA Network Open*. 2021;4(7):e2116391. doi:10.1001/jamanetworkopen.2021.16391
- Steel M, Mirzaian M. (2021). Kentucky resident inpatient hospitalizations for nonfatal drug overdoses, 2016–2020. Kentucky Injury Prevention and Research Center.
- Thompson RA, Sanderson WT, Westneat S, Bunn T, Lavender A, Tran A, Holsinger C, Flammia D, Zhang L, He Y. (2021). Opioid exposure among first responders in four southeastern states: Kentucky, Virginia, Mississippi, and Georgia. *Health Science Reports*. 4(3):e335. doi: 10.1002/hsr2.335. eCollection 2021 Sep.PMID: 34401522

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