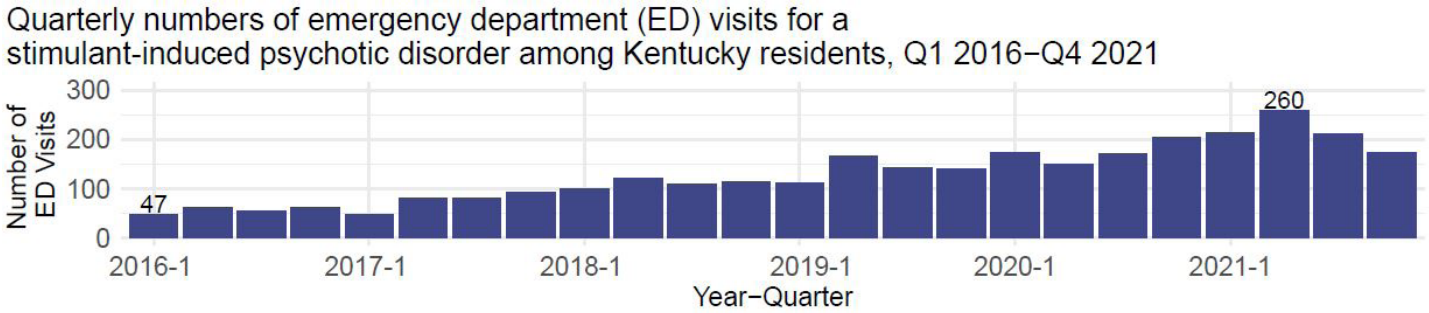
KyOD2A Happenings

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

April 2022

# A TALE OF TWO CRISES: THE RISE OF STIMULANT-INDUCED PSYCHOTIC DISORDER DIAGNOSES IN THE WAKE OF THE OPIOID EPIDEMIC




Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health.
The definition used to identify ED visits involving a stimulant–induced psychotic disorder is based on the presence of the codes F15.15, F15.25, or F15.95 in any diagnostic category. These codes are applied independently of intoxication status during the ED encounter and do not include patients presenting at the ED with delirium or perceptual disturbances resulting from current stimulant intoxication.
Data source: Kentucky Outpatient Services Database, Office of Health Data and Analytics, Cabinet for Health and Family Services.
Data are provisional and subject to change. April 2022.

*By Meghan Steel, Epidemiologist, Kentucky Injury Prevention and Research Center*

As illustrated above, emergency departments (EDs) in Kentucky are treating a growing number of patients presenting with stimulant-induced or methamphetamine-induced psychotic disorder.

Community prevention efforts can focus on enhanced training to connect patients and their families to substance use disorder treatment facilities using FindHelpNowKY.org, a substance use disorder treatment locator with near-real-time availability information.

The methamphetamine and opioid use crises have significant links. In Kentucky in 2016, non-cocaine stimulants, including methamphetamine, were involved in 13% of all opioid overdose deaths. By 2020, that number had risen to 33%. Unfortunately, this trend appears to be accelerating, with 42% of opioid overdose deaths in 2021 also involving a non-cocaine stimulant. More detailed information on drug overdose deaths in Kentucky can be found in the Kentucky Injury Prevention and Research Center (KIPRC) annual report, Kentucky Resident Drug Overdose Deaths, 2016–2020.

The reasons for polysubstance use vary from person to person. Ellis, Kasper, and Cicero (2018) found that some users switch to methamphetamine as a more affordable and easier-to-access drug compared to opioids, while others cite a desire to counter the effects of the progressively more potent opioids that have saturated the illicit drug market. Finally, some persons being treated for an opioid use disorder with medication-assisted therapy turn to stimulants to replace the high they were previously receiving from opioids.[1]

In 2019, the U.S. Congress allowed for the expansion of the State Opioid Response Grant program to include interventions targeting the prevention and treatment of stimulant use and stimulant use disorder.[2] This change allows recipients of grants from the largest source of federal funds targeting substance use disorder to better adapt to the changing landscape of drug use across the country.

Data are available through KIPRC to assist community organizations in applying for grants under this expanded use of the legislation.

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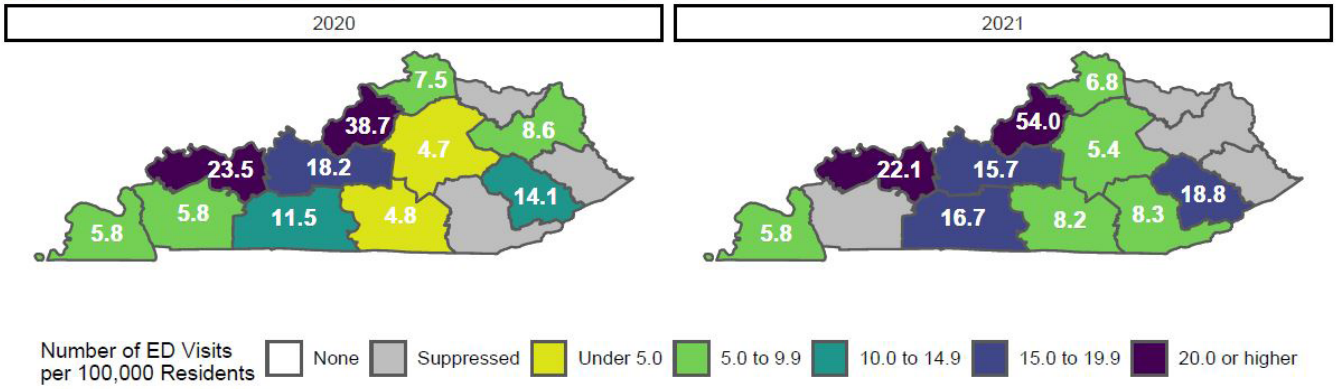
Rates of emergency department (ED) visits for stimulant-induced psychotic disorder among Kentucky residents, by community mental health center (CMHC) coverage region, 2020–2021




Rates based on numbers less than 10 are suppressed in accordance with state data management policy.
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Data source: Kentucky Outpatient Services Database, Office of Health Data and Analytics, Cabinet for Health and Family Services.
Data are provisional and subject to change. April 2022.

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[3]SAMHSA. Funding Opportunity Announcement (FOA) No. TI-20-012: State Opioid Response Grants. Department of Health and Human Services, Rockville, MD. 2020. https://www.samhsa.gov/grants/grant-announcements/ti-20-012

## GET TO KNOW KIPRC'S MEGHAN STEEL

**An epidemiologist with the Kentucky Injury Prevention and Research Center, Meghan Steel attended the University of Alabama and then the University of Texas Medical Branch for her master's degree. Her work creating custom data reports at KIPRC is primarily through the Overdose Data to Action grant with the Drug Overdose Technical Assistance Core (DOTAC).**

*Where did you grow up and what college did you attend?*

**I grew up spending the majority of my time in the North Dallas area of Texas with my mother, but my Kentucky roots started when I was around 14 years old and my father's side of the family moved to a small farmhouse in Bourbon County. It took me several years to make my way back to Lexington—first I earned my bachelor's degree in anthropology at the University of Alabama (Roll Tide) and then my masters of public health degree in epidemiology at the University of Texas Medical Branch.**

*What drew you to public health?*

**Public health gave me an opportunity to apply the otherwise esoteric lessons from my medical anthropology classes in a real-world setting through which I could also directly help the people I would have previously been only observing from a distance. Similarly, as a person who enjoys tackling large, systemic issues that often require complex and dynamic interventions, public health and specifically health policy seemed like the ideal field to achieve that goal. I am also good at collecting knowledge from otherwise disparate sources and interpreting those findings into a format that can be used to make active improvements in my community, a skill that my work in public health regularly utilizes.**

*—continued on page 5*

# DRUG OVERDOSE FATALITY REVIEWS: THE SEARCH FOR A COMMON THREAD

*By Jonathan Greene, KIPRC Communications Manager*

Following the drug overdose death of an 18-year-old who thought he was taking Percocet, Hardin County Deputy Coroner Shana Norton connected the teenager's death to other overdoses with a major similarity: People thought they were receiving Percocet but took pills laced with fentanyl and other opioids.

Shana knew something needed to be done about the spate of overdoses with similar circumstances, so she reached out to Terrie Burgan at the Lincoln Trail District Health Department, who introduced her to the idea of a drug overdose fatality review (DOFR) team, which she had seen in KIPRC's *Drug Overdose Prevention Tackle Box* (see box at right).

A DOFR team is a multidisciplinary group that typically includes the coroner, law enforcement officers, health care professionals, emergency medical responders, substance use treatment providers, and former or current substance users. A team reviews records and reports of overdoses, with the goal of identifying missed opportunities for prevention and gathering data to inform prevention policies and intervention strategies.

While many in a community might be aware of the pervasive problem of drug overdose, Shana says many might not be aware of the full picture.

"Are they aware that X amount comes out of X city? Or are they aware that the majority of our population that's dying from drug overdoses is between the ages of 30 and 40?" she says. "Are they aware that all of our drug overdoses have fentanyl in them?"

Shana says the DOFR gives everyone the same information and hopefully will be a resource to help save someone's life.

"My advice is, if you have a heart for [DOFR], and you want to do it, go for it," says Shana. "Yes, the packets [of records] are very overwhelming, but if it's something that you really want to do, just start doing them. We're going to start doing [DOFRs] without being funded. But we see it as a need for our county, so we'll just find a way to do it."


Hardin County Deputy Coroner Shana Norton (*The News-Enterprise*)

Shana adds that she and Jennifer Osborne of the Lincoln Trail District Health Department have been fortunate to receive strong support from those in the community, noting that their DOFR is fairly large.

"I hope that other counties say, if Shana is doing this, we can do this," she says.

## DRUG OVERDOSE PREVENTION TACKLE BOX

**Information on drug overdose fatality reviews is one small part of the *Drug Overdose Prevention Tackle Box*, created by KIPRC to help Kentucky's communities, especially rural and small-town Kentucky, develop a strategy to fight the drug overdose epidemic.**

**The Tackle Box is made up of two sections. The first outlines how to design an overdose prevention strategy best-suited for a particular community. The second section includes descriptions of more than 40 evidence-based and evidence-informed drug overdose prevention programs.**

**"Our intent in Part II was to start a listing of common programs that are easy to sort through and compare and compatible with most Kentucky communities. If possible, the listings address program cost, program evidence base, and pros and cons," says Drug Overdose Community Interventions Program Manager Genia McKee.**

**To download the Tackle Box, visit https://kiprc.uky.edu/sites/default/files/2021-01/Drug%20Overdose%20Prevention%20Tackle%20Box.pdf.**

# RESTAURANT GROUP WORKS WITH LOCAL HEALTH DEPARTMENT TO OFFER NALOXONE TRAINING TO EMPLOYEES

Founded in 1998, the Bluegrass Hospitality Group (BHG) includes six restaurant brands, with Malone's and Drake's their best known. Employing more than 1,700 people, BHG restaurants are found in Lexington, Louisville, Florence, Nicholasville, and Owensboro, Kentucky, as well as in towns in five additional states.

Cortney McCarty was working at the Malone's in the Hamburg area of Lexington when a coworker found two men—not customers or employees—non-responsive behind the restaurant's parking lot.

"They had overdosed," Cortney recalls. "It got me thinking about just the sheer number of people that we have coming through our restaurants. I didn't want something to happen in one of our restaurants and us not have the opportunity to help if we could."

So, Cortney—who has a degree in public health—signed up for the Lexington-Fayette County Health Department's free community training on naloxone, used to reverse the effects of an opioid overdose.

And she didn't stop there. She successfully pitched to the corporate office the training for employees at all BHG restaurants. So far, two trainings have been held at BHGU, BHG's employee training facility, with the goal of each restaurant having at least two people who are knowledgeable about administering naloxone. Today, every BHG restaurant's first-aid kit contains naloxone.

Cortney, who is now the managing partner of the Malone's at Palomar Center in Lexington, believes that any business that deals with the public should offer the training to staff and keep naloxone on hand.


Chris Smith, with the Lexington-Fayette County Health Department, leads a naloxone training class.

"The training doesn't take a long time. It's 15-20 minutes out of somebody's day. And from my point of view, I don't see any downside to it because [opioid overdose] may occur, whether it be a guest or an employee or a passerby. Like I said, over there in Hamburg, it was just someone in the parking lot. But if we could have gotten to them earlier…."

*Chris Smith, RN BSH, a harm reduction nurse specialist with the Lexington-Fayette County Health Department, participated in the BHG employee training. Below, Chris recounts some of the lessons learned from doing naloxone training in the hospitality industry.*

In December 2019, the Harm Reduction team at the Lexington-Fayette County Health Department was invited by a local restaurant group to train staff to recognize and respond to an opioid overdose. Several members of our team, some of whom are in recovery from substance use disorder (SUD), were particularly excited by this opportunity to address the well-hidden prevalence of substance use in the hospitality industry. At the conclusion of the training, the trainer thanked the group for its forward-thinking leadership and called on the rest of the industry to follow suit. This led to a frank and open conversation about substance use in the workplace. Trying to determine how best to offer help, a manager asked, "How can I recognize when an employee has a problem with substance use?"

The trainer replied simply, "You can't. And if you think you can, you're going to miss the folks who need your help the most." This led to a lively discussion, during which the trainer explained that creating a workplace culture in which people struggling with substance use feel safe to ask for

*—continued on next page*

*—Naloxone Training, continued*

help might be far more effective in reducing substance use-related harms than monitoring or surveillance. Presenting to the same group two years later, the trainer answered the same question this way:

- Suspect no one.
- Expect anyone.
- Respect everyone.

### SUSPECT NO ONE

It is impossible to determine that a coworker is experiencing a substance use disorder based on appearance, attendance, or work habits. Any life difficulty, struggle, or trauma can result in behavioral changes. People with SUD may be particularly skilled at controlling the outward appearance of this struggle. Employers that are constantly monitoring for signs of problematic substance use are unlikely to be approached by struggling people that need help.

### EXPECT ANYONE

Create a cultural environment where all struggling people feel safe to ask for help without fear of retribution or termination. Current evidence suggests that SUD results from a complex set of physiological changes that can occur in the brain when people use substances. It is a medical mental health condition that can be treated. Create organizational policies and structures that offer immediate assistance and evidence-based treatment navigation. Remind people often that these compassionate policies are in place. Allow space for coworkers that have received assistance to discuss their experiences openly, if they choose.

### RESPECT EVERYONE

Not all substance use is problematic. Cultural attitudes and biases can profoundly influence our perceptions regarding substance use. Certain substances are far more stigmatized than others, irrespective of the behaviors of people that use them. Examine your own biases when addressing problematic behavior in the workplace, focusing on the behavior instead of the substance.

It is always appropriate to set behavioral norms in the workplace. If an underlying SUD is related to problematic behavior, explain how that behavior must change and set clear boundaries. Offer the option of treatment navigation. SUD treatment success is possible, but only for the willing.

*—Get to Know Meghan Steel, continued*

*3) What is your current role at KIPRC?*

I am an epidemiologist working on the Overdose Data to Action grant. Specifically, I am part of the strategy 5 team known as the Drug Overdose Technical Assistance Core or DOTAC. This role represents the bridge between the surveillance and the community prevention strategies of the grant by creating custom reports that translate the complex data on drug overdose in Kentucky into digestible reports that can be used to develop and implement evidence-based and evidence-driven interventions.

*4) As you work with the DOTAC team, you produce many data reports. Can you explain how that works?*

DOTAC works with three primary data sets: 1) death certificate data, 2) hospital discharge data, and 3) emergency medical services (EMS) data. Each of these data sources contains unique information that can help us assess the burden of drug overdose in Kentucky and how this burden has changed over time. Anyone with a vested interest in assessing the burden of drug overdose in their service region can submit a request for a custom report.

*5) What's the most interesting part of your role?*

*To continue reading, visit https://kiprc.uky.edu/news/kiprc-conversations-meghan-steel.*

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# KENTUCKY RECOVERY HOUSING NETWORK PROVIDES CERTIFICATION, ASSISTANCE FOR RECOVERY RESIDENCES

*By Jonathan Greene, KIPRC Communications Manager*

While the number of recovery houses has significantly increased in the last 30 years, they were subject to no nationwide standards until 2011, when the National Alliance for Recovery Residences (NARR) was established to address this shortcoming.

NARR has since developed standards for recovery housing, but individual states provide certification. Kentucky's NARR affiliate, the Kentucky Recovery Housing Network (KRHN), seeks to help improve access to quality substance use recovery residences through standards, support services, placement, education, research, and advocacy. KRHN is housed in the Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities and is funded by the Kentucky Opioid Response Effort (KORE).

"Our vision is all persons in recovery from addiction having access to the recovery support they need in order to live happier, healthier lives," says Jonathan Philpot, program administrator for KRHN. "As the state affiliate of NARR, KRHN values hope, compassion, respect, responsibility, and fairness. We have the additional goal of raising the quality, capacity, and availability of recovery housing in all areas of Kentucky."

NARR certification through KRHN is voluntary, and becoming certified is a three-part process, according to Jonathan: a policy and documentation review, an interview with the operator and/or a lead staff person, and a site visit.

For the interview, Jonathan says KRHN is looking for two things primarily:

First, does daily life at the recovery residence model what is set forth in its policies and procedures? Staff should know what the policies are and should apply them consistently and fairly, he says. Second, does the residence operate on the social model of recovery?

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"The social model of recovery promotes norms that reinforce healthy living skills and associated values, attitudes, and connection with self and community for sustaining recovery," Jonathan says. "In practice, this is where we are looking for a 'homelike environment.' Residents should have space to gather and hang out, whether that be for house meetings or just to socialize. They should have some ability to suggest changes or make their own house rules."

With the site visit, KRHN checks that the residence is clean and well-maintained and that the residents have sufficient room and facilities.

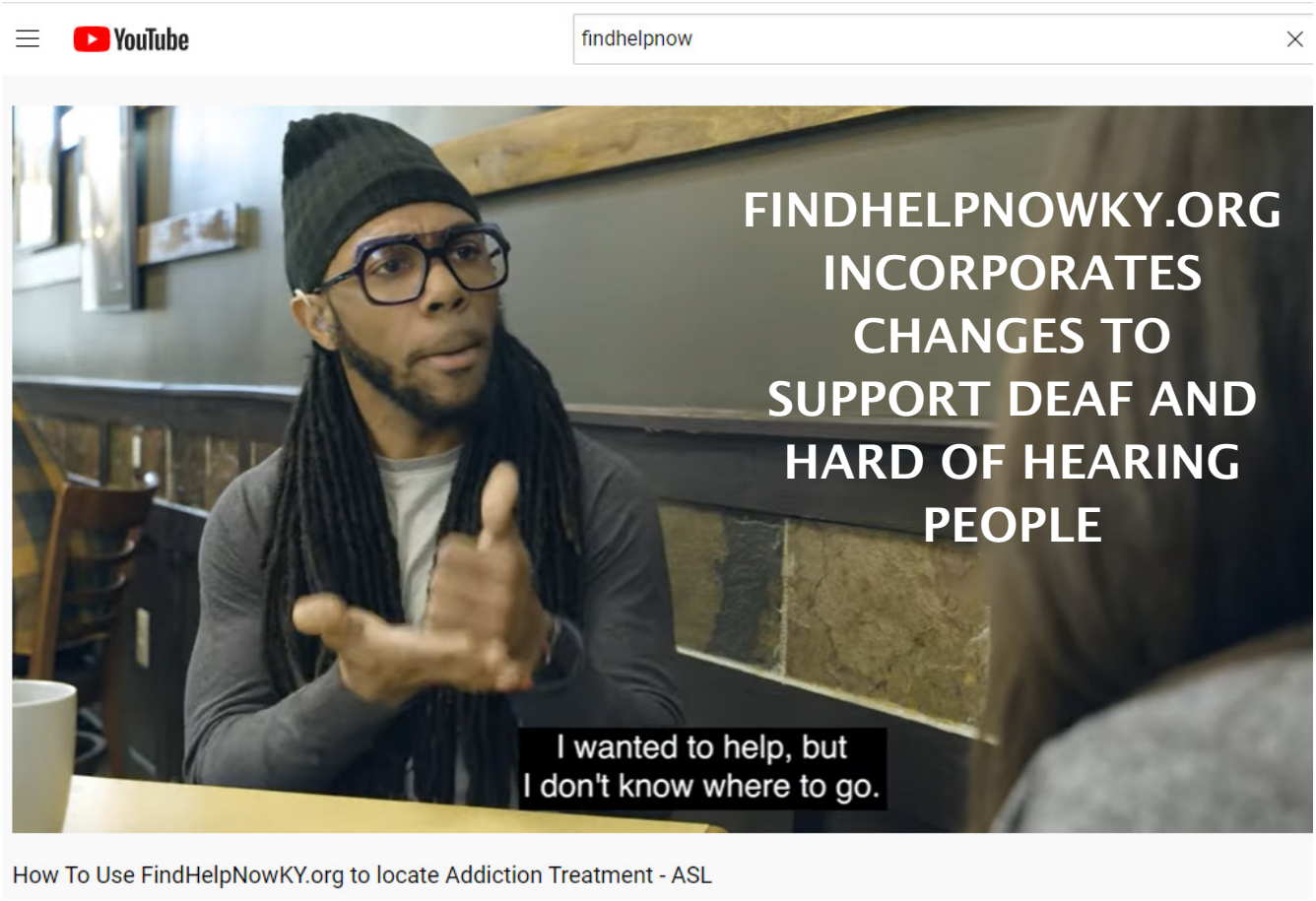
Jonathan says this last part can be a "deal breaker," so KRHN always discusses it with the administrator or staff person up front. Bedrooms have to be large enough to reasonably house a person safely and comfortably (at minimum 50 square feet per person). The NARR standard also requires at least one full bathroom for every six people living in the residence.

Becoming NARR certified has numerous benefits, Jonathan says. The standard recognizes excellence in the provision of safe, supportive housing; follows a code of ethics; ensures policies are clear and fair; and promotes safety and environmental standards. In addition, certification also provides advocacy, because NARR advocates for recovery residences and the social model of care.

Beyond the certification process, KRHN provides technical assistance to recovery residences, including guidance on policy and best practices. KRHN also offers training opportunities and frequently includes speakers on open calls to discuss issues relevant to recovery operators.

In partnership with KIPRC and KORE, NARR-certified residences are eligible for inclusion in a new online recovery housing directory, FindRecoveryHousingNowKY.org, launching in the summer of 2022. This website will allow operators to list their residences and update availability in near real time. With funding from the Health Resources and Services Administration (HRSA), the Fletcher Group Rural Center of Excellence offers technical assistance on NARR certification as well as trainings on establishing or maintaining a recovery house.

To learn more about KRHN and recovery housing certification, contact Jonathan Philpot at jonathane.philpot@ky.gov or (502) 782-8478.




*By Jonathan Greene, KIPRC Communications Manager*

One of the biggest obstacles for individuals who use substances is access to substance use disorder (SUD) treatment. Depending on the individual, access can mean more than finding an open bed in an SUD treatment facility.

For those who are Deaf, Hard of Hearing, or DeafBlind, there is often a lack of understanding between those with and without hearing loss and providers may not be familiar with providing culturally affirmative and linguistically accessible treatment.

However, thanks to a partnership between near-real-time SUD treatment locator FindHelpNowKY.org and the Deaf and Hard of Hearing Services program at the Kentucky Division for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID), the website now offers information in American Sign Language (ASL) and has resources specifically created for the diverse linguistic community.

The partnership started when Michelle Niehaus, Program Administrator for Deaf and Hard of Hearing Services at DBHDID, reached out to Danita Coulter and the FindHelpNowKY team.

Michelle says Danita worked as a liaison between the two organizations and explained how the FindHelpNowKY.org system works and the goals of the SUD treatment facility locator platform.

Through the partnership, enhancements were created to add Deaf or Hard of Hearing to the Populations Served and ASL to the Languages Supported options on FindHelpNowKY.org.

Concurrently, Danita and Michelle presented to various provider groups to offer education on language access requirements and barriers experienced by the community.

The website now displays the ASL icon for facilities that offer onsite interpreters and added professional closed captioning to the current FindHelpNowKY.org marketing videos on its YouTube channel.

In addition, the FindHelpNowKY team and DBHDID created or adapted multiple resources to make them more readable for and relevant to the population.

"FindHelpNowKY resources offer a model of how to create content with a community for a community and to work toward continuous quality improvement," says Michelle on how vital it was to get Deaf/Hard of Hearing resources on the site.

"Not only can individuals who are Deaf, Hard of Hearing, or DeafBlind use the website, so can their loved ones, organizations serving the community, and providers who want to learn more. We need to be creative and flexible when showing people that help *is* available and how they can find it."

## RECENTLY PUBLISHED REPORTS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## NEW KIPRC RESOURCES

The slide presentation from KIPRC's 2022 Kentucky Overdose Data 2 Action Community Summit is now available on the KIPRC website. The Community Summit, held Jan. 27, 2022, updated participants 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 REQUEST A DATA REPORT FROM KIPRC, VISIT HTTPS://KIPRC.UKY.EDU AND CLICK ON THE DATA REQUEST BUTTON. REQUESTS TAKE APPROXIMATELY TWO WEEKS TO FULFILL.**

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