



Kentucky Substance Use Research & Enforcement

Using data to drive public safety and public health efforts against substance use across the Commonwealth

Brief 18: Six Major Overdose-Related Substances and General Overdose-Related Events in Kentucky, January 1, 2017–September 30, 2021

Based on data from possession and trafficking citations, drug overdose-related deaths, emergency department visits, hospitalizations, submissions to the state police lab, and general drug overdose-related events



Produced by the Kentucky State Police Intelligence Branch and the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health.

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Data Evaluation Survey



We would like to hear your feedback on the Kentucky Substance Use Research & Enforcement (K-SURE) briefs and other outputs you use. This will help us improve future K-SURE briefs, stakeholder engagement, dissemination, and audience receptivity. You can find the survey here:

https://uky.az1.qualtrics.com/jfe/form/SV_bDzBAIOXZprzO85

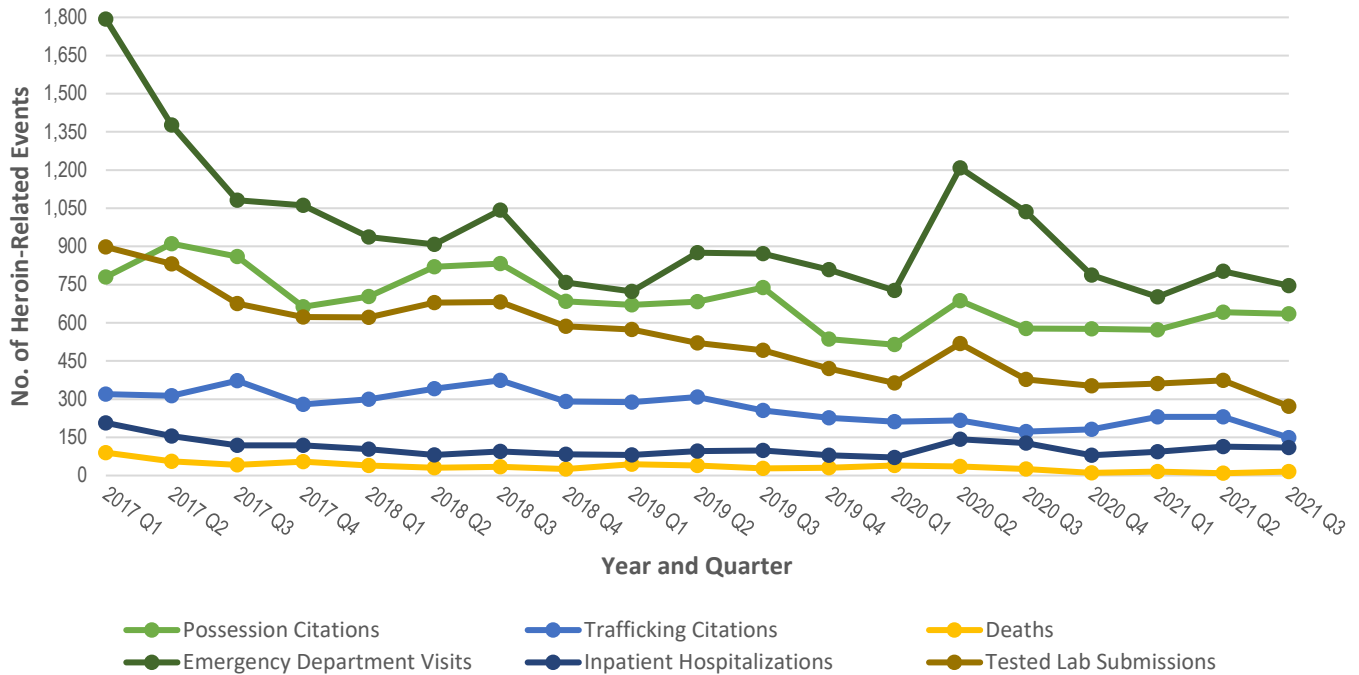


Thank you in advance!

- *The K-SURE Team* -



Heroin-Related Events



Data are provisional and subject to change. The number of citations could be greater than the number of individuals cited; citations are with over 90% of law enforcement agencies reporting. Deaths are based on drug overdose-related deaths among Kentucky residents. Drug overdose-related hospitalizations represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated in acute care facilities. Drug overdose-related emergency department visits represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated. Tested lab submission data represent those substances submitted to the lab for identification purposes; quantity is not reflected. Lab data represent submissions tested within the corresponding time frame; submission date is not reflected. Testing of submissions is based on those items supporting the highest-tier charge(s).

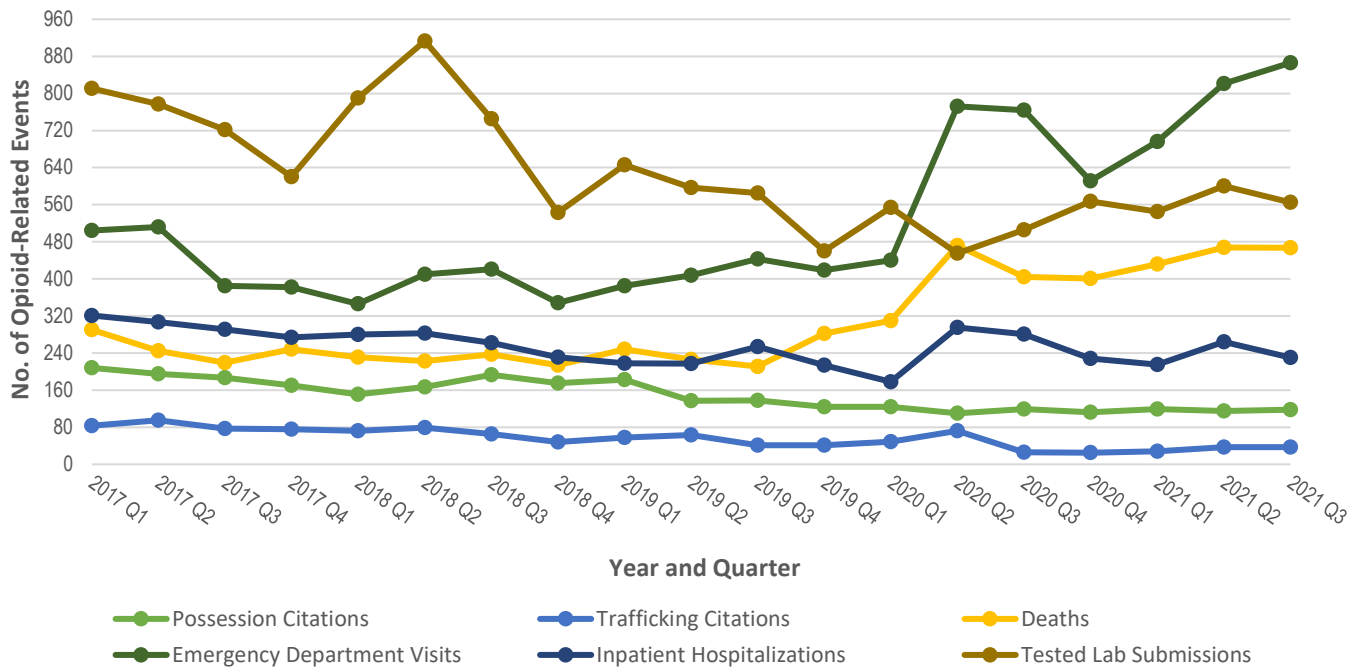
Data sources: Kentucky Open Portal System; Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky Outpatient Claims Files, Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky Inpatient Hospitalization Claims Files, Kentucky Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky State Police Crime Laboratory.

Key Findings:

- Heroin possession citations decreased by 18.6% from January 2017 through September 2021; no change was observed from Q2 2021 through Q3 2021.
- Heroin trafficking citations decreased by 53.4% from January 2017 through September 2021 and by 35.5% from April 2021 through September 2021.
- Kentucky resident heroin-related deaths declined by 82.2% from January 2017 through September 2021 and by 77.8% from Q2 2021 through Q3 2021.
- Both heroin-related emergency department (ED) visits and inpatient hospitalizations declined from January 2017 through September 2021 (by 58.4% and 46.9%, respectively) and from Q2 2021 through the Q3 2021 (by 7.1% and 2.7%, respectively).
- Heroin-related tested lab submissions decreased 69.7% from January 2017 through September 2021 (heroin accounted for 7.2% of the total tested submissions from January 2017 through September 2021 [data not shown]) but decreased 27.3% from Q2 2021 through Q3 2021.
- Overall, total heroin-related events (possession and trafficking citations, deaths, emergency department visits, hospitalizations, and tested lab submissions) decreased by 52.8% from the beginning of 2017 through the end of September 2021. Heroin-related events decreased by 11.2% from Q2 2021 through Q3 2021.



Opioid-Related Events

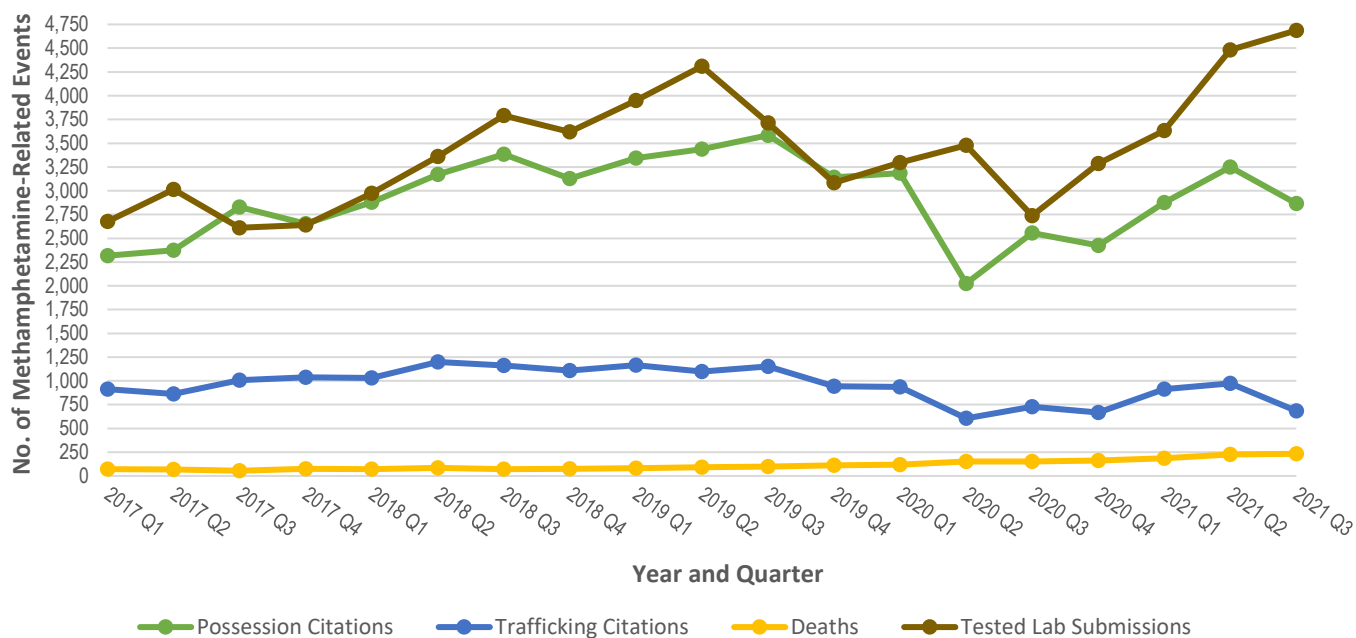


Data are provisional and subject to change. Opioid-related events reflect non-heroin- and non-fentanyl-related opioids. The number of citations could be greater than the number of individuals cited; citations are with over 90% of law enforcement agencies reporting. Deaths are based on drug overdose-related deaths among Kentucky residents. Drug overdose-related hospitalizations represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated in acute care facilities. Drug overdose-related emergency department visits represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated. Tested lab submission data represent those substances submitted to the lab for identification purposes; quantity is not reflected. Lab data represent submissions tested within the corresponding time frame; submission date is not reflected. Testing of submissions is based on those items supporting the highest-tier charge(s). Data sources: Kentucky Open Portal System; Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky Outpatient Claims Files, Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky Inpatient Hospitalization Claims Files, Kentucky Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky State Police Crime Laboratory.

Key Findings:

- Opioid possession citations decreased by 43.3% from Q1 2017 through Q3 2021 and increased by 2.6% from Q2 2021 through Q3 2021.
- Opioid trafficking citations decreased by 55.4% from Q1 2017 through Q3 2021, and no change was observed from Q2 2021 through Q3 2021.
- Opioid-related emergency department visits increased by 71.8% from Q1 2017 through Q3 2021 and by 5.5% from the Q2 2021 through Q3 2021.
- Opioid-related inpatient hospitalizations declined by 28.3% from Q1 2017 through Q3 2021 and by 12.9% from Q2 2021 through Q3 2021.
- Kentucky resident opioid-related deaths increased by 61.0% from Q1 2017 through Q3 2021, and no change was observed from Q2 2021 through Q3 2021.
- Tested lab submissions that positively identified opioids decreased by 30.3% from 2017 through Q3 2021 and increased by 5.8% from Q2 2021 through Q3 2021. Opioids accounted for 8.5% of the total tested submissions from Q1 2017 through Q3 2021 (data not shown).
- Opioids and their devastating effects remain prevalent throughout the Commonwealth, with a 3% increase in opioid-related events from Q1 2017 through Q3 2021 and a 1% decline from Q2 2021 through Q3 2021.

Methamphetamine-Related Events



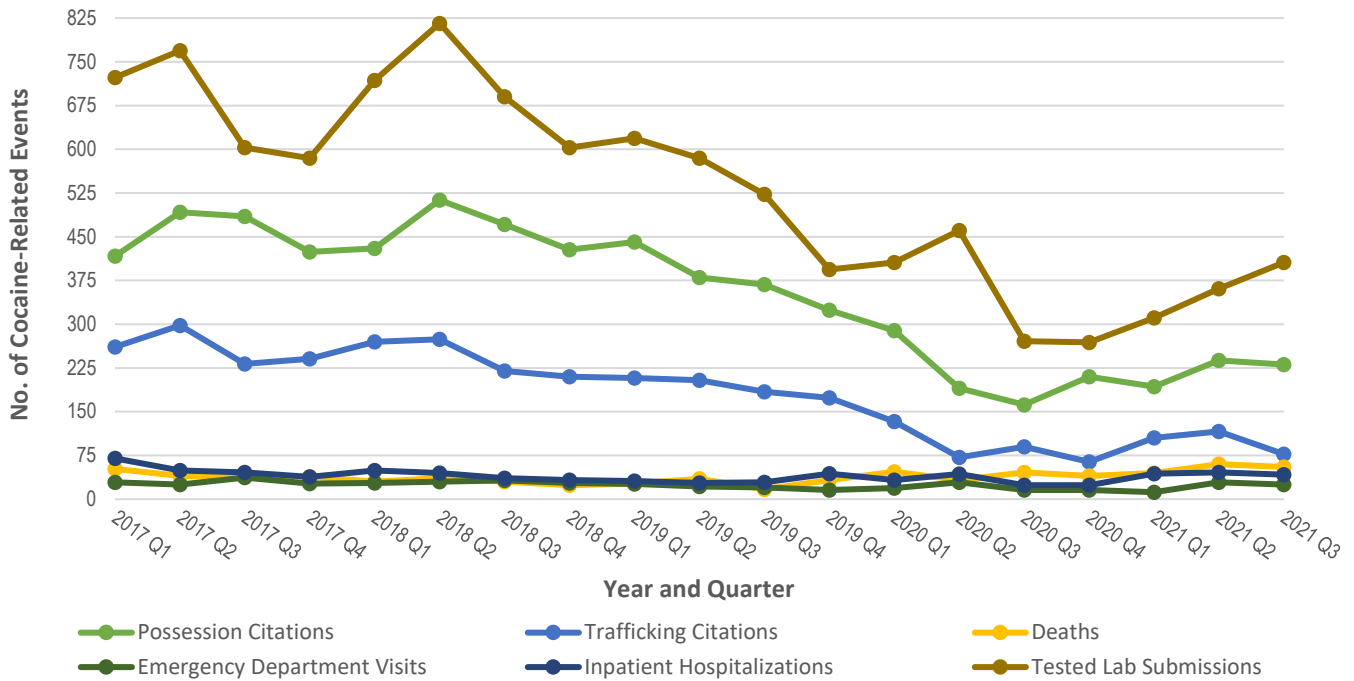
Data are provisional and subject to change. The number of citations could be greater than the number of individuals cited; citations are with over 90% of law enforcement agencies reporting. Deaths are based on drug overdose-related deaths among Kentucky residents. Drug overdose-related hospitalizations represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated in acute care facilities. Drug overdose-related emergency department visits represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated. Tested lab submission data represent those substances submitted to the lab for identification purposes; quantity is not reflected. Lab data represent submissions tested within the corresponding time frame; submission date is not reflected. Testing of submissions is based on those items supporting the highest-tier charge(s).

Data sources: Kentucky Open Portal System; Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky State Police Crime Laboratory.

Key Findings:

- Methamphetamine possession citations rose 23.6% and trafficking citations decreased by 25.1% from Q1 2017 through Q3 2021. Both methamphetamine possession and trafficking citations decreased from Q2 2021 through Q3 2021 (by 11.8% and 29.6%, respectively).
- A 223.6% increase in methamphetamine-related overdose deaths was observed among Kentucky residents from Q1 2017 through Q3 2021; all involved the use of more than one drug (polydrug use). A 2.2% increase in deaths occurred from Q2 2021 through Q3 2021.
- Tested lab submissions positively identifying methamphetamine increased by 75.1% from Q1 2017 through Q3 2021 and by 4.6% from Q2 2021 through Q3 2021. Methamphetamine remains the most common drug submitted to Kentucky State Police Laboratories (data not shown), accounting for 46.3% of the total tested submissions from Q1 2017 through Q3 2021 (data not shown).
- Methamphetamine use and distribution continue to threaten the Commonwealth's safety and health, as methamphetamine-related events increased by 41.6% from Q1 2017 through Q3 2021; meanwhile a 5.2% decrease in methamphetamine-related events occurred from Q2 2021 through Q3 2021.

Cocaine-Related Events



Data are provisional and subject to change. The number of citations could be greater than the number of individuals cited; citations are with over 90% of law enforcement agencies reporting. Deaths are based on drug overdose-related deaths among Kentucky residents. Drug overdose-related hospitalizations represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated in acute care facilities. Drug overdose-related emergency department visits represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated. Tested lab submission data represent those substances submitted to the lab for identification purposes; quantity is not reflected. Lab data represent submissions tested within the corresponding time frame; submission date is not reflected. Testing of submissions is based on those items supporting the highest-tier charge(s).

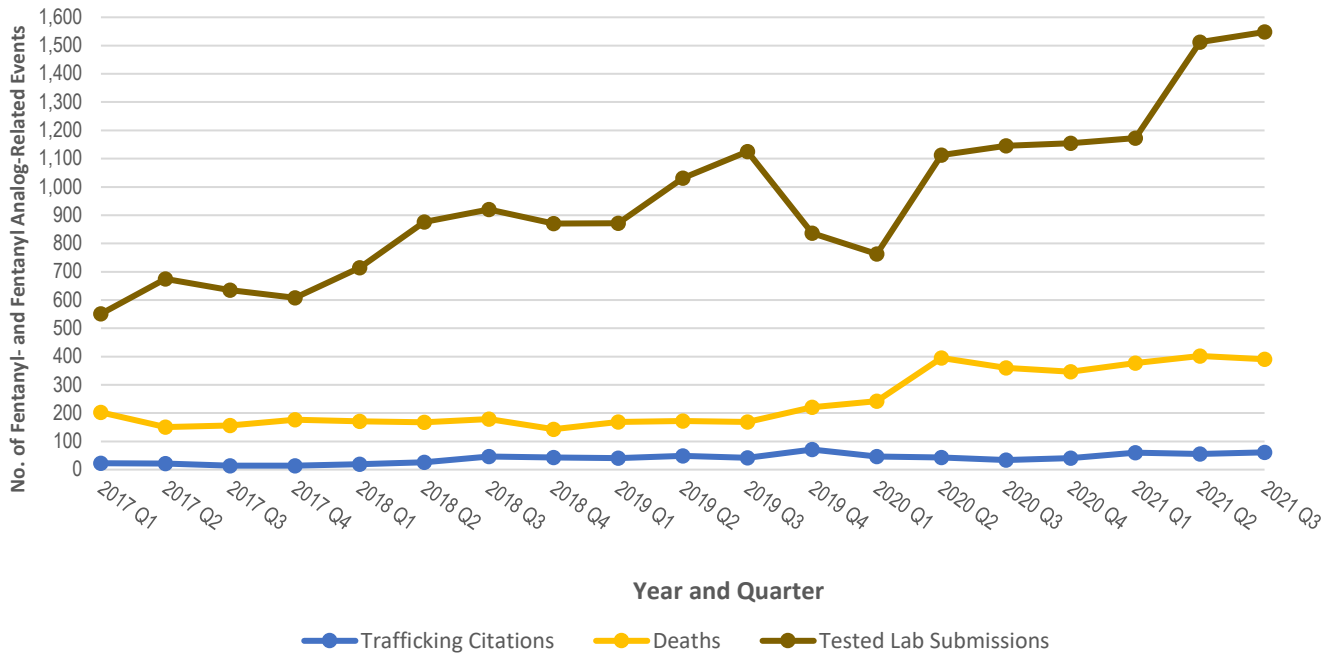
Data sources: Kentucky Open Portal System; Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky Outpatient Claims Files, Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky Inpatient Hospitalization Claims Files, Kentucky Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky State Police Crime Laboratory.

Key Findings:

- Statewide cocaine possession and trafficking citations decreased (by 44.6% and 70.5%, respectively) from Q1 2017 through Q3 2021. Notably, possession and trafficking citations decreased from Q2 2021 through Q3 2021 (by 2.9% and 33.6%, respectively).
- Cocaine-related deaths increased by 5.8% from Q1 2017 through Q3 2021; an 8.3% decrease was observed from Q2 2021 through Q3 2021.
- Cocaine-related emergency department visits declined from Q1 2017 through Q3 2021 and from Q2 2021 through Q3 2021 (by 13.8% and 13.8%, respectively).
- Cocaine-related inpatient hospitalizations declined by 40.0% from Q1 2017 through Q3 2021 and by 8.7% from Q2 2021 through Q3 2021.
- Tested lab submissions positively identifying cocaine decreased by 43.8% from Q1 2017 to Q3 2021; a 12.5% increase occurred from Q2 2021 through Q3 2021. Cocaine accounted for 7.3% of the total tested lab submissions from Q1 2017 through Q3 2021 (data not shown).
- Overall, cocaine-related events decreased 46.1% from Q1 2017 through Q3 2021. However, a subtle decrease (1.6%) was observed from Q2 2021 through Q3 2021.



Fentanyl- and Fentanyl Analog-Related Events



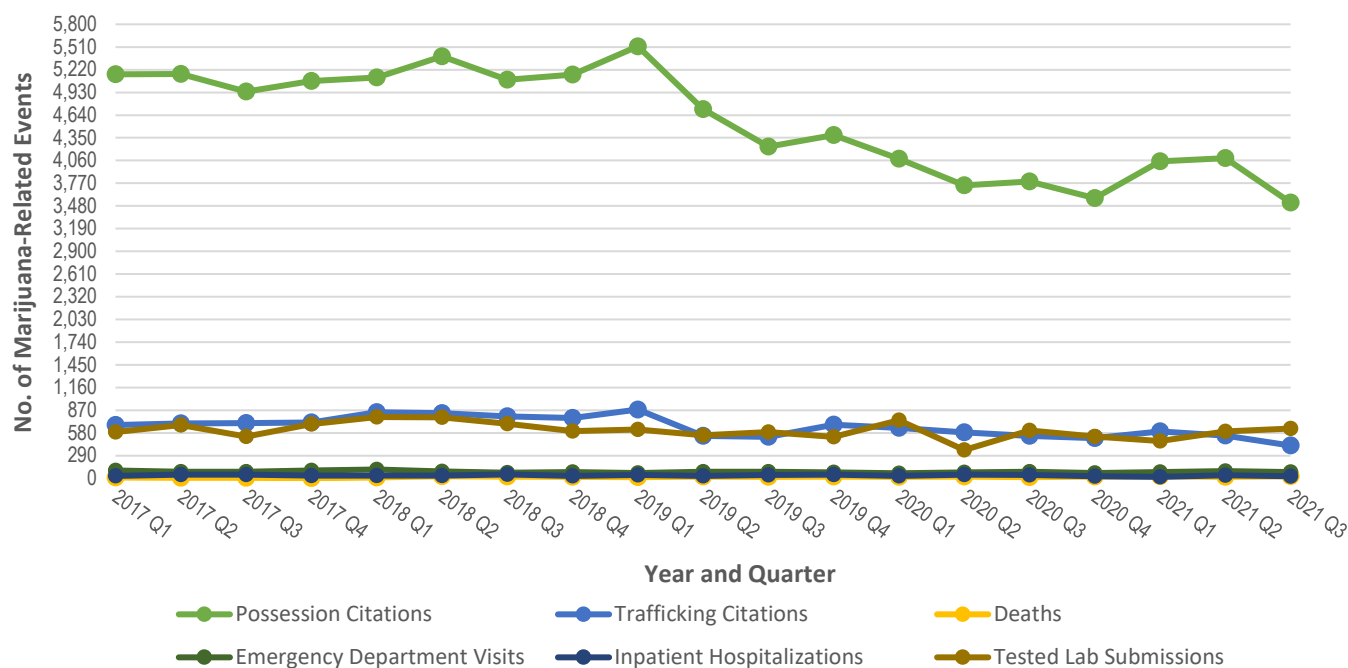
Data are provisional and subject to change. The number of citations could be greater than the number of individuals cited; citations are with over 90% of law enforcement agencies reporting. There are no Kentucky Revised Statute codes for fentanyl possession. Deaths are based on drug overdose-related deaths among Kentucky residents. Drug overdose-related hospitalizations represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated in acute care facilities. Drug overdose-related emergency department visits represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated. Tested lab submission data represent those substances submitted to the lab for identification purposes; quantity is not reflected. Lab data represent submissions tested within the corresponding time frame; submission date is not reflected. Testing of submissions is based on those items supporting the highest-tier charge(s). Data sources: Kentucky Open Portal System; Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky State Police Crime Laboratory.

Key Findings:

- Fentanyl and fentanyl analog trafficking citations increased 165.2% from Q1 2017 through Q3 2021. Trafficking citations increased by 10.9% from Q2 2021 through Q3 2021. Citations related to fentanyl and its related analogs may be underestimated, as fentanyl is often associated with polydrug use and laboratory testing is often needed to confirm its presence.
- Fentanyl- and fentanyl analog-related deaths increased by 93.6% from Q1 2017 through Q3 2021 and decreased by 2.7% from Q2 2021 through Q3 2021.
- Tested lab submissions positively identifying fentanyl and fentanyl analogs increased by 180.9% from Q1 2017 through Q3 2021 and by 2.4% from Q2 2021 through Q3 2021. KSP Laboratories see several different fentanyl derivatives, along with polydrug mixtures such as heroin/fentanyl, cocaine/fentanyl, and methamphetamine/fentanyl, making up 12.8% of total tested lab submissions from Q1 2017 through Q3 2021.
- Fentanyl and fentanyl analogs are pervasive in Kentucky—increasing the risk of overdose and exposure to individuals, families, communities, and public safety—as fentanyl- and fentanyl analog-related events across Kentucky increased 157.7% from Q1 2017 through Q3 2021 and by 1.6% from Q2 2021 through Q3 2021.



Marijuana-Related Events



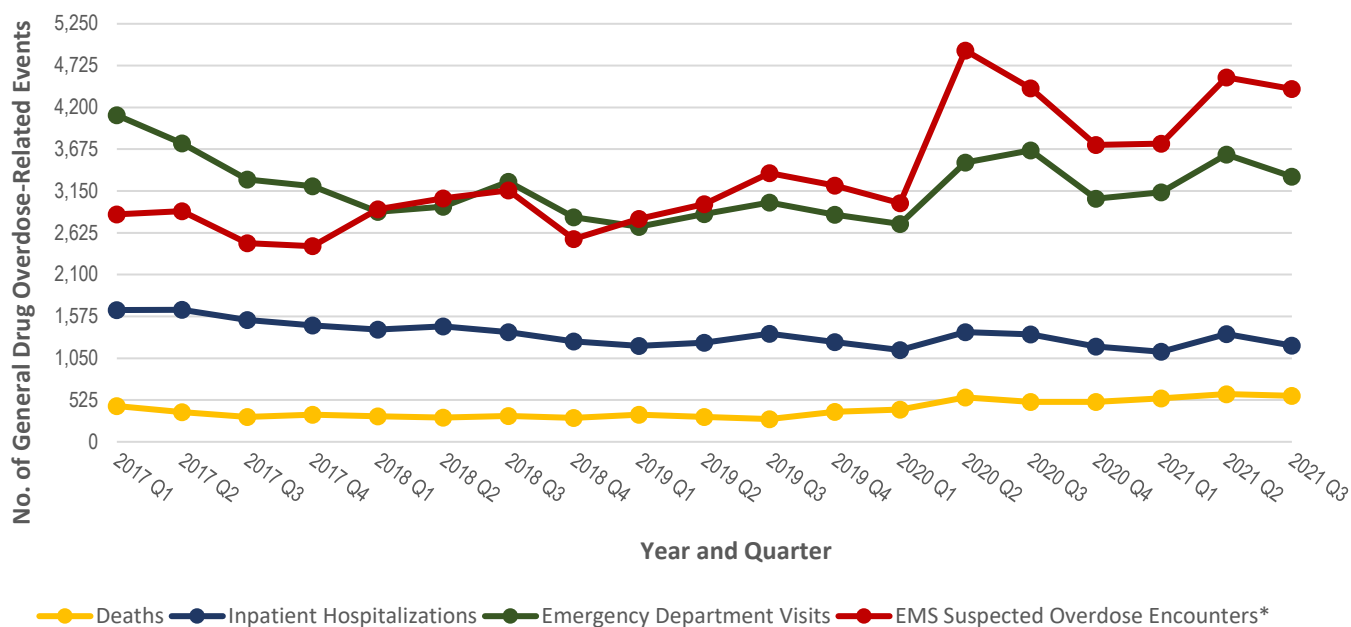
Data are provisional and subject to change. The number of citations could be greater than the number of individuals cited; citations are with over 90% of law enforcement agencies reporting. Deaths are based on drug overdose-related deaths among Kentucky residents. Drug overdose-related hospitalizations represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated in acute care facilities. Drug overdose-related emergency department visits represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated. Tested lab submission data represent those substances submitted to the lab for identification purposes; quantity is not reflected. Lab data represent submissions tested within the corresponding time frame; submission date is not reflected. Testing of submissions is based on those items supporting the highest-tier charge(s).

Data sources: Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky Outpatient Claims Files, Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky Inpatient Hospitalization Claims Files, Kentucky Office of Health and Data Analytics, Cabinet for Health and Family Services.

Key Findings:

- Marijuana possession citations declined by 31.8% from Q1 2017 through Q3 2021 and decreased by 13.8% from Q2 2021 through Q3 2021.
- Marijuana trafficking citations declined by 38.4% from Q1 2017 through Q3 2021 and by 23.5% from Q2 2021 through Q3 2021.
- Marijuana (cannabis)-related deaths increased by 125% from Q1 2017 through Q3 2021 and by 42.1% from Q2 2021 through Q3 2021; all involved polydrug use.
- Marijuana-related emergency department visits decreased 18.2% from Q1 2017 through Q3 2021 and by 13.8% from Q2 2021 through Q3 2021.
- Marijuana-related inpatient hospitalizations declined 12.1% from Q1 2017 through Q3 2021 and 23.7% from Q2 2021 through Q3 2021.
- Tested lab submissions positively identifying marijuana increased 7.4% from Q1 2017 through Q3 2021 and 6.5% from Q2 2021 through Q3 2021. Marijuana accounted for 8.2% of the total tested submissions from Q1 2017 through Q3 2021 (data not shown).
- Marijuana use and distribution are prevalent across Kentucky, even as declines were observed in marijuana-related events from the beginning of 2017 through Q3 2021 as well as from Q2 2021 through Q3 2021 (28.3% and 12.4%, respectively).

General Drug Overdose-Related Events



*A large emergency medical services (EMS) agency began reporting to the Kentucky State Ambulance Reporting System starting in January 2018.

Data are provisional and subject to change. Deaths are based on drug overdose-related deaths among Kentucky residents. Drug overdose-related hospitalizations represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated in acute care facilities. Drug overdose-related emergency department visits represent encounters of care among Kentucky residents and could be greater than the number of individual patients treated. EMS suspected overdose encounters, which represent encounters of care and could be greater than the number of individual patients treated, are based on scans of free-text fields and medication fields (for naloxone/Narcan administration with indicated positive response) and based on state of incident (Kentucky).

Data sources: Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services; Kentucky Outpatient Claims Files, Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky Inpatient Hospitalization Claims Files, Kentucky Office of Health and Data Analytics, Cabinet for Health and Family Services; Kentucky State Ambulance Reporting System, Kentucky Board of Emergency Medical Services.

Key Findings:

- Statewide drug overdose-related deaths increased by 29.2% from Q1 2017 through Q4 2020; a 3.5% decline was observed from Q2 2021 through Q3 2021.
- Drug overdose-related emergency department visits declined 18.7% from Q1 2017 through Q3 2021 and by 7.6% from Q2 2021 through Q3 2021.
- Drug overdose-related hospitalizations declined by 27.0% from Q1 2017 through Q3 2021 and by 10.7% from Q2 2021 through Q3 2021.
- Emergency medical services (EMS) suspected drug overdose-related encounters increased 55.3% from Q1 2017 through Q3 2021. A 3.1% decline in EMS encounters occurred from Q2 2021 through Q3 2021.
- Among the law enforcement agencies currently reporting, 1,601 naloxone doses were administered from December 12, 2018, through September 30, 2021 (data not shown).
- Drug use, misuse, and distribution are still affecting Kentuckians, as a 5.5% increase in general drug overdose-related events was observed from Q1 2017 through Q3 2021. A 5.8% decrease occurred from Q2 2021 through Q3 2021.

K-SURE Data Matrix

	Emergency Department (ED) Visits	Inpatient Hospitalizations	Deaths	Possession Citations	Trafficking Citations	Crime Lab Submissions
Heroin	T401	T401	T401	KRS: 35120, 35121, 42195, 42196, 42205, 42206	KRS: 35100, 35101, 42105, 42106, 42376, 42377, 42378, 42379, 42466, 42468, 42470, 42480, 42483, 42486	Tested lab submissions represent those substances submitted to the lab for identification purposes; quantity is not reflected.
Opioids	T400, T402, T403, T404, T4060, T4069	T400, T402, T403, T404, T4060, T4069	T400, T402, T403, T404, T406	KRS: 35220, 35221, 42197, 42198, 42209, 42210, 42237, 42238, 42246	KRS: 35200, 35201, 42109, 42110, 42372, 42373, 42374, 42375, 42435, 42436, 42437, 42438, 42137, 42138	
Methamphetamine			Text scan	KRS: 42187, 42188, 42215, 42216	KRS: 42113, 42114, 42290, 42291, 42364, 42365, 42366, 42367	
Cocaine	T405	T405	T405	KRS: 35320, 35321, 42193, 42194, 42203, 42204	KRS: 35300, 35301, 42103, 42104, 42368, 42369, 42370, 42371	
Fentanyl and Fentanyl Analogs			T404 and text scan; Fentanyl Analogs: Methylfentanyl, Methoxybutyrylfentanyl, Acetylfentanyl, Acrylfentanyl, Hydroxythiofentanyl, Butyrylfentanyl, Carfentanil, Furanylfentanyl, Para_1, Para_2, U47700		KRS: 42465, 42472, 42474, 42476, 42478, 42590, 42593, 42596, 42599	
Marijuana	T407X1, T407X2, T407X3, T407X4, T407X5	T407X1, T407X2, T407X3, T407X4, T407X5	T407	KRS: 42330	KRS: 42301, 42302, 42311, 42312, 42321, 42322	
General Drug Overdoses	T36-T50, T369, T379, T399, T414, T427, T439, T459, T479, T499	T36-T50, T369, T379, T399, T414, T427, T439, T459, T479, T499	X40-X44, X60-X64, X85, Y10-Y14			
Data Sources	Kentucky Outpatient Claims Files, Office of Health and Data Analytics, Cabinet for Health and Family	Kentucky Inpatient Hospitalization Claims Files, Kentucky Office of Health and Data Analytics, Cabinet for Health and Family	Kentucky Death Certificate Database, Office of Vital Statistics, Cabinet for Health and Family Services: Frankfort, Kentucky	Kentucky Open Portal System, Kentucky State Police: Frankfort, Kentucky	Kentucky Open Portal System, Kentucky State Police: Frankfort, Kentucky	

	Services: Frankfort, Kentucky	Services: Frankfort, Kentucky				
Notes	<p>The codes listed above are relevant ICD-10-CM codes.</p> <p>Drug overdose-related emergency department visits represent initial encounters of care among Kentucky residents and could be greater than the number of individual patients treated. Data are provisional and subject to change.</p>	<p>The codes listed above are relevant ICD-10-CM codes.</p> <p>Drug overdose-related hospitalizations represent initial encounters of care among Kentucky residents and could be greater than the number of individual patients treated in acute care facilities. Data are provisional and subject to change.</p>	<p>The codes listed above are relevant ICD-10 codes.</p> <p>Deaths are based on drug overdose-related deaths among Kentucky residents. Deaths may involve more than one drug. Data are provisional and subject to change.</p>	<p>Possession citations reflect violations of Kentucky Revised Statutes (KRS). The number of citations could be greater than the number of individuals cited; citations are with over 90% of law enforcement agencies reporting. Data are provisional and subject to change.</p>	<p>Trafficking citations reflect violations of Kentucky Revised Statutes (KRS). The number of citations could be greater than the number of individuals cited; citations are with over 90% of law enforcement agencies reporting. Data are provisional and subject to change.</p>	<p>Lab data represent submissions tested within the corresponding time frame; submission date is not reflected. Testing of submissions is based on those items supporting the highest-tier charge(s). Data are provisional and subject to change.</p>

