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

The Annual Report for Kentucky Resident Drug Overdose Deaths, 2017–2021, produced by the Kentucky Injury Prevention and Research Center (KIPRC), presents the burden of drug overdose deaths for Kentucky residents from 2017 through 2021. The report provides the total counts and rates of drug overdose deaths in Kentucky for a number of categories including sex, race, ethnic group, age group, and drug type. Numbers and rates for all 120 Kentucky counties are included in the report.

Highlighted findings include:

- In 2021, a total of 2,251 Kentucky residents lost their lives from a drug overdose. This was an increase of 14.6% over the 1,965 drug overdose deaths among Kentucky residents in 2020.

- In 2021, the number of deaths involving fentanyl and methamphetamine increased over that of 2020. Fentanyl was involved in 69.4% (1,562) of the total number of deaths and was the most common drug type identified in Kentucky drug overdose deaths. This represents a 15.4% increase from the 1,354 fentanyl-involved overdose deaths in 2020. Methamphetamine was involved in 38.1% (858) of the overdose deaths in 2021, representing an increase of 48.2% over the 579 methamphetamine-involved overdose deaths in 2020.

- For the five-year period from 2017 to 2021, 65.2% of Kentucky residents who died were male and 90.7% were white.

- Among black Kentucky residents, the total number of drug overdose deaths increased by 34.3% (from 172 deaths to 231 deaths) from 2020 to 2021. For the first time since Kentucky began to reliably calculate drug overdose mortality rates, 2021 saw the rate of overdose deaths of black residents (58.5) surpass that of white residents (53.5).

It is important to note that this report includes information only on Kentucky residents. The source for the data in this report is the Kentucky Death Certificate Database from the Kentucky Office of Vital Statistics. For further information about Kentucky resident drug overdose deaths and how the annual report was compiled, please see the full report at www.kiprc.com/resources.
Svetla Slavova, PhD, has been named interim associate dean for research for the University of Kentucky’s College of Public Health (CPH).

Slavova, who is an associate professor with CPH’s Department of Biostatistics and a faculty associate with the Kentucky Injury Prevention and Research Center, assumed the role on July 18.

“I’m excited to serve my college and to help through this transition,” she says. “I’m honored and humbled that people believe that I have the experience and the knowledge to help. The college has a good research infrastructure and support for the work that we will be doing. I will be able to focus on research and new initiatives, as I will be working with a very strong and experienced research team.”

In announcing the appointment, CPH Acting Dean Dr. Heather Bush thanked all who provided feedback and input regarding the position of interim associate dean for research.

“I am thrilled that Dr. Slavova has agreed to serve and lead in this important area for our College,” says Bush. “Dr. Slavova holds one of the University’s highest research awards, University Research Professor, and has been honored as a [Dr. Rice C. Leach] Public Health Hero. Her productivity as a scholar continues to make an impact on public health practice. She is an exemplar of what public health research can be, and I am excited for her to lead college-wide efforts and initiatives to grow research in CPH.”

Slavova has authored and co-authored many peer-reviewed publications highlighting analytical approaches to understanding and combating the opioid epidemic. She was awarded the 2018 Jess Kraus Award for best paper published in Injury Epidemiology. A paper authored by Slavova is currently the top cited paper for the last three years in the journal Drug and Alcohol Dependence.

Slavova has been a principal or co-investigator on programs funded by different agencies, including the Centers for Disease Control and Prevention, the Food and Drug Administration, the National Institute for Occupational Safety and Health, the Department of Justice, the National Institute on Drug Abuse, and the National Highway Traffic Safety Administration. Slavova is currently the principal investigator on multiple grants. She is also a co-investigator on the largest UK research grant, the HEALing Communities Study, funded by the National Institute on Drug Abuse, serving as a co-director for its Data, Informatics, and Biostatistics Core.

In the role of interim associate dean for research, Slavova hopes to help early career faculty as they apply for grants, work on applying for collegewide research center grants that will support and expand the CPH’s research infrastructure, and develop a training program for faculty and professional staff on research data management, in line with the 2023 NIH Data Management and Sharing Policy that will become effective on Jan. 25, 2023.

“Sometimes it is difficult to get your first funding, your first grant, from the National Institutes of Health, because you do not have prior data or have any records that would promise good results,” she explains. “One of the things that I would like to accomplish is to work with early career faculty to help them find the right funding mechanisms for their application and work with them to find the right support.

“Early career faculty have some startup funding, but they don’t have established teams, established mentors, and collaborators. I see part of my work helping early career faculty to make those successful connections to start applying for funding.”

Slavova completed the UK’s Chairs’ Academy in December 2021. She was previously recognized for her leadership by the Council of State and Territorial Epidemiologists (CSTE), receiving the CSTE 2018 Distinguished Leader Award.

Slavova earned her PhD and MS degrees in Statistics from the University of Kentucky and an MS in Computer Science from Sofia University, Bulgaria.
In an effort to raise awareness of substance misuse among Fayette County youth, DrugFreeLex and the New Vista Regional Prevention Center hosted a scholarship contest for high school students this year. Unlike most other scholarship programs, however, this scholarship gave students a choice on how to enter—either by submitting an essay or an art piece.

“Not all students are gifted in the traditional sense of academics, but this does not mean that those students are any less valued or worthy,” said Shawn Freeman, director of prevention at New Vista and coordinator at DrugFreeLex. DrugFreeLex, the local Kentucky-ASAP (Agency for Substance Abuse Policy) board, is made up of members of the community who are passionate about reducing the burden of substance use in Fayette County. New Vista offers educational programs, alcohol, tobacco and substance use training and resources to promote mental health and reduce youth substance use and suicide across 17 counties in the Bluegrass region.

To qualify for a $1,000 scholarship, students must be pursuing education after high school (through college, a trade school, etc.) and must have overcome obstacles related to drug use/mental health in their family or personal life.

The essay scholarship required that students submit an essay addressing: What strengths do you have that have helped you overcome these substance use/mental health struggles, and how will you use these strengths in the future to positively impact your community?

For the art scholarship, students had to submit an art piece, in the form of a drawing or painting, addressing the following prompt: What does mental wellness look like?

“Scholarship opportunities are almost always in an essay format,” said Ciera Bowman, DrugFreeLex secretary and Youth Service Coordinator at Henry Clay High School. “I loved this outlet because we were able to encourage students whose strength may not be writing but who are very artistic.”

Freeman said the contest gave DrugFreeLex the opportunity to hear intimate stories and perspectives from students. She said it is something they’ll be doing again.

The student who won the art scholarship will have their artwork showcased at several sites across the county.

“When I spoke with the winner of this scholarship, they were so happy,” Bowman said. “You could just see the joy on their face. This is a tough topic to address for anyone, let alone feel comfortable expressing your personal life views for other people to see.

“I hope other agencies will jump on this kind of scholarship opportunity.”

Freeman said she also hopes local ASAP boards will host similar contests and DrugFreeLex is happy to share any of their resources and information from its contest.

For more information on the scholarship, or if anyone is interested in becoming part of DrugFreeLex, reach out to Freeman at shawn.freeman@newvista.org.
According to the Centers for Disease Control and Prevention, approximately 60,000 children per year—or about four busloads per day—are seen at U.S. emergency departments because they ingested medicine that they shouldn’t have.

In fact, 16% of all near fatalities and fatalities of Kentucky children were related to ingesting illicit or licit substances, according to the 2020 Kentucky Child Fatality and Near Fatality External Review Panel Annual Report.

Medication lock boxes and bags are helpful for keeping harmful medications away from curious young children and out of the hands of those for whom the medication was not prescribed. This is the first of two articles highlighting KIPRC collaborations that disseminate medication lock boxes and bags to organizations and medical professionals throughout Kentucky.

A partnership between the University of Kentucky’s Division of Pediatric Forensic Medicine (DPFM) and KIPRC offers medication lock bags along with training to medical providers, therapists/counselors, case managers, nurses, and others who have contact with caregivers of children at risk of accidental medication ingestion.

As accidental ingestions outpaced pediatric abusive head trauma as a leading cause of child death or near death in Kentucky, Christina Howard, MD, chief of DPFM, and Tonya Jernigan, a social worker with the division, saw the potential for helping prevent future ingestions by training and outfitting medical professionals who work with at-risk families.

“We are consulted on cases in which providers think that there’s some kind of child maltreatment—neglect, medical neglect, something like that—and we also frequently get called in if kiddos have had some kind of ingestion,” said Jernigan. “We like to use the information and the knowledge that we have to inform prevention efforts.”

Jernigan and Howard, through the KIPRC Overdose Data to Action (OD2A) grant, developed a continuing education training module for medical professionals on recognizing instances where caregivers might be putting children at risk through unsafe medication storage practices and discussing safe medication storage with those caregivers. The OD2A grant also funded the purchase of 13,000 medication lock bags for providers to pass on to caregivers.

The training points out that parents need to know that unintentional ingestions can happen even if all of the medications in the house are stored out of site.

“We see many kids that come in because they get ahold of grandparent’s medication or somebody visiting the home who has medication in their purse,” Jernigan said. “I mean, what three-year-old doesn’t love to dig through somebody’s pocketbook?”

Providers and prescribers of medications for opioid use disorder, in particular, should find the training—and lock bags—useful. Jernigan points out that patients with substance use disorder, whether in treatment yet or not, are at risk of exposing children to extremely hazardous substances.

“If kids get ahold of something like buprenorphine or methadone, the likelihood of having a really adverse event from that is much greater than maybe potentially ingesting something like ibuprofen,” Jernigan said. “Even if folks who have a substance use disorder are not in treatment, if they’re not in that stage of their recovery yet, just lock all the drugs away. It’s incredibly important that people who use illicit drugs know they have access to [the bags]. It’s also important for staff at syringe exchange programs to talk about these issues to syringe exchange participants.”

“We’re training providers so they feel comfortable and understand the importance of having this conversation with patients,” Jernigan said.

To access the training, visit the CECentral website at www.cecentral.com/node/1784.

Note: The next issue of KyOD2A Happenings will highlight the second program, which provides medication lock boxes to organizations throughout Kentucky.
By Jonathan Greene, KIPRC Communications Manager

The Fletcher Group Rural Center of Excellence (RCOE) helps rural communities and organizations develop recovery housing as part of the continuum of care for those who are in treatment for a substance use disorder. Through funding from the Health Resources and Services Administration (HRSA), the RCOE provides technical assistance on a range of topics and other best-practice services to combat the opioid epidemic.

A grant from the Appalachian Regional Commission started The Fletcher Group’s journey of technical assistance. It was the HRSA grant, however, that set the group on a path of providing technical assistance nationally, said Ernie Fletcher, MD, co-founder and chief medical officer of The Fletcher Group. Currently, the organization is active in 44 states.

“We don’t operate any recovery houses or treatment centers; we provide the technical assistance to support the development, expansion, and quality improvement of them. We have an amazing team that our CEO Dave Johnson has put together,” Fletcher said. “We have probably the largest collection of expertise in recovery housing programs to anyone in the country.”

The Fletcher Group’s technical assistance covers all aspects of recovery housing, ranging from finding funding to case management systems, harm reduction, and trauma-informed care. The organization’s unique approach is based on implementation science. “I believe our success is due to our ‘boots on the ground’ approach,” Fletcher said. “Our team supports recovery housing operators and other recovery support organizations by being in these communities helping build their recovery ecosystems. We’re more of a catalyst and facilitator than adviser.”

About 25% of the staff has lived experience, Fletcher noted, which is important when helping recovery housing operators and organizations move toward best practices and evidence-based practices.

“They’re not speaking academically or from theoretical precepts,” he said. “They can bring the evidence-based practices there, but they also bring lifelong experiences and perspectives that give them a deeper understanding and, frankly, a deep credibility with these recovery houses.”

Fletcher said those looking to build recovery houses often have a deep passion but lack the resources to hire consulting firms and seek needed advice. This is where The Fletcher Group comes in, as the HRSA grant allows the organization to provide those services free of charge to rural communities.

“We get a lot of feedback such as, ‘We wanted to get this started, but we didn’t know quite how to go about it,’” Fletcher said. “A lot of it is just giving folks the confidence that what they want to do can be done. And then maybe we help guide them along a bit.”

Beyond providing technical assistance, the RCOE is also working on a recovery housing locator website that will allow people to search for recovery housing that best meets their needs and is accepting tenants. In Kentucky, the project is being developed in a partnership with the Kentucky Injury Prevention and Research Center.

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Fletcher said there’s been synergy between the two organizations, as KIPRC launched a similar project, FindHelpNow.org, which is a near-real-time substance use disorder treatment locator that started in Kentucky and is expanding nationally.

“KIPRC developed FindHelpNow for treatment access,” he said. “And this really was a natural evolution to add recovery housing or recovery support services.”

For those looking into developing recovery housing in their area, Fletcher said to stay positive and dream big on projects.

“Sometimes it’s easier to dream a little bigger than it is small because you start to stir up the community. You get a project that’s big enough for people to get excited about,” he said. “And not only that, but you can tap into some federal resources that are not available for smaller projects. I think sometimes the rural communities and the folks there don’t have access to the information that urban communities have.

“We can help fill in that gap and bring that linkage and hopefully inspire them to dream big without dreaming so big that they get frustrated.”

When 😷 IS SOMETHING TO WORRY ABOUT

Illicit drug buying has taken a significant turn in recent years. Today’s buyers and dealers can connect from behind phone screens, employing a language that young people in particular are fluent in: emojis.

Do you speak drug emoji? Match the drug with its corresponding set of emojis* to find out.

A. Cocaine 1. 🍁 véhicules, 🎆, 🎀
B. Heroin 2. 🍎, 🎮, 🎯
C. Marijuana 3. 🍃, 🍋, 🍓
D. Methamphetamine 4. 🍇, 🍅, 🍉
E. Opioids 5. 🎆, 🎈, 🎆

For more on identifying the most common overdose-related substances in Kentucky, download The Kentucky Substance Use Research & Enforcement’s (K-SURE’s) Pictodictionary: Six Major Overdose-Related Substances in Kentucky and Resources, a collaboration of the Kentucky State Police Intelligence Branch and the Kentucky Injury Prevention and Research Center. The Pictodictionary is available for download on the KIPRC website.

Solution: A5, B3, C4, D1, E2

Those looking for technical assistance in recovery housing can contact Michelle Day, Director of Administration, at mday@fletchergroup.org or check out The Fletcher Group website, www.fletchergroup.org, to learn about eligibility and available resources.
RECENTLY PUBLISHED REPORTS


KIPRC PRODUCTS

Kentucky Injury Prevention and Research Center. (Updated 2022). Kentucky resident drug overdose-related morbidity and mortality dashboard.


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