

KENTUCKY LAUNCHES RECOVERY HOUSING BED AVAILABILITY LOCATOR

Recovery housing offers people who are newly in recovery a safe, supportive alcohol- and illicit drug-free living environment. But finding a recovery house that is accepting new residents can be difficult and time-consuming. In order to help people who are seeking recovery housing, the housing locator website FindRecoveryHousingNowKY.org was created by the Kentucky Injury Prevention and Research Center (KIPRC) in partnership with the Kentucky Recovery Housing Network.

The website quickly generates an individualized list of Kentucky recovery houses with immediate openings based on the person's needs. Website visitors can narrow their search by location, rent amount, amenities, services, residence requirements, transportation options, and more.

Searching for recovery housing on the website takes less than 2 minutes. More than 90 recovery homes are listed on the website, with more being added all the time.

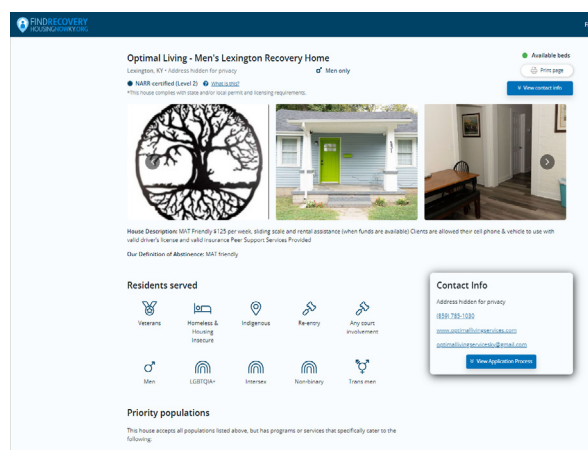
Kentucky Gov. Andy Beshear joined other state and community leaders and KIPRC representatives on Sept. 28 to announce the launch of the website.

"Our job is to provide help, hope, and a hand to lead people ... into the light—of acceptance, opportunity, and community," Gov. Beshear said. "Recovery housing is an integral part of this process. This website will allow those on their journey to recovery to access valuable resources faster than ever before."

"For many individuals, this website will play a critical role in their recovery journey," said Terry Bunn, PhD, director of KIPRC and professor of epidemiology and environmental health. "Now, people will easily have the information they need to contact recovery houses with openings. Entry into a recovery home with associated services helps to build recovery capital necessary to achieve and maintain long-term recovery from substance use disorders."

FindRecoveryHousingNowKY.org is modeled after FindHelpNowKY.org, which was also developed by KIPRC. FindHelpNowKY.org is a website that lists

substance use disorder treatment centers with available openings. FindRecoveryHousingNowKY.org is the next step in the continuum of care that helps people find suitable housing to sustain their recovery.



FindRecoveryHousingNowKY.org offers benefits for recovery housing managers as well. The Recovery Management System allows recovery house owners and operators to track bed usage, resident information (including successes), and additional house operations. The system tracks information related to residents from their arrival at the home until departure.

The National Alliance for Recovery Residences (NARR) Certification Module, another tool for recovery house operators, allows recovery house owners to use FindRecoveryHousingNowKY.org to apply for NARR certification through the Kentucky Recovery Housing Network, Kentucky's NARR state affiliate.

FindRecoveryHousingNowKY.org is funded by the Centers for Disease Control and Prevention (CDC). In addition to the dynamic collaboration between the CDC and KIPRC, FindRecoveryHousingNowKY.org wouldn't be possible without the following contributing partners: the Kentucky Cabinet for Health and Family Services, the Kentucky Recovery Housing Network, Get Help, and the Fletcher Group.

DRUG OVERDOSE DISPARITIES IN KENTUCKY

By Meghan Steele,
KIPRC epidemiologist

In 2021, the rate of drug overdose deaths of Black Kentucky residents surpassed that of White Kentucky residents.

According to Kentucky death certificate data, in 2021 there were 61.8 deaths per 100,000 Black Kentucky residents compared to 52.7

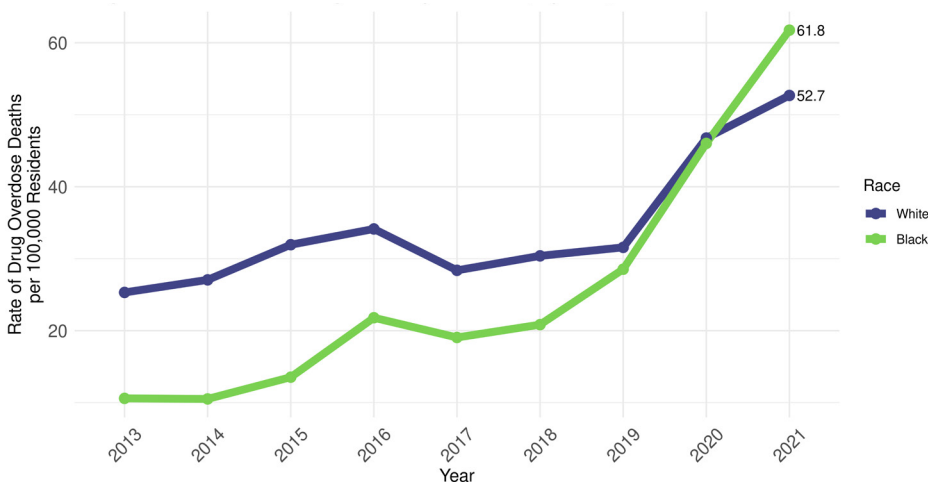
deaths per 100,000 White Kentucky residents (Figure 1).

The difference is most pronounced among males, with Black men experiencing a rate of about 91 drug overdose deaths per 100,000 residents compared to about 71 White male drug overdose deaths per

100,000 residents (Figure 2).

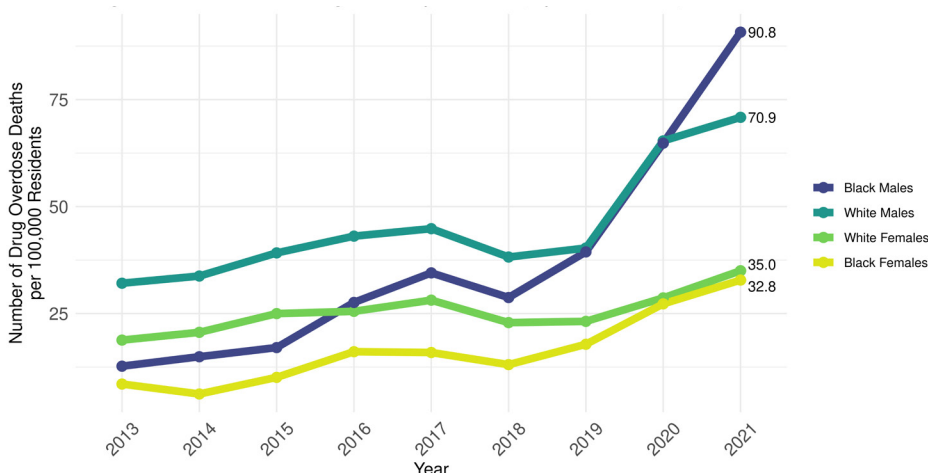
More information on drug overdose deaths by race and other topics is available in KIPRC's Annual Report for Kentucky Resident Drug Overdose Deaths, 2017–2021 and our online KIPRC Resources Library.

Figure 1. Rate of drug overdose deaths among Kentucky residents, by race, 2013–2021



Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health. These data only include non-Hispanic residents. The definition used to identify a drug overdose death includes events with an underlying cause of death code of X40–X44, X60–X64, X85, or Y10–Y14. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. Data are provisional and subject to change. Data extracted December 2022.

Figure 2. Rate of drug overdose deaths among Kentucky residents, by sex and race, 2013–2021



Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health. These data only include non-Hispanic residents. The definition used to identify a drug overdose death includes events with an underlying cause of death code of X40–X44, X60–X64, X85, or Y10–Y14. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. Data are provisional and subject to change. Data extracted October 2022.

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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NEW FORMS, DOSES OF NALOXONE AVAILABLE

By Allison Rogers, KIPRC Editorial Officer,
and Jody Jaggers, Kentucky Pharmacy
Education & Research Foundation

People who might need to administer naloxone to someone who is overdosing on opioids now have two more options available to choose from: ZIMHI™, approved by the U.S. Food and Drug Administration in October of 2021, is a single-dose, prefilled syringe that delivers 5 milligrams (mg) of naloxone hydrochloride solution in the muscle or under the skin. Kloxxado®, approved in March of 2021, is an 8 mg naloxone nasal spray.

With ZIMHI and Kloxxado joining the 0.4 mg injectable and 4 mg intranasal versions of Narcan® on the market, how does someone choose which to keep on hand?

Jody Jaggers, Director of Pharmacy Public Health Programs with the Kentucky Pharmacy Education & Research Foundation, recommends being mindful of how much naloxone each device actually delivers to the person experiencing the overdose.

“The biggest difference is that ZIMHI is a higher dose,” says Jaggers, who graduated from the UK College of Pharmacy in 2005. “It’s 5 mg of naloxone, and since it’s intramuscular, more of it is going to be absorbed. With most nasal sprays, 20% is probably a good absorption rate. So, if you’re spraying 4 milligrams, you might absorb 1 milligram, roughly, into the system.”

“[The purpose of] naloxone is to allow a person to start breathing again,” says Jaggers. “The opioid that’s in their system could still be present when the naloxone wears off, especially if it’s a longer-acting opioid,” putting them at risk of re-over-

dosing, Jaggers warns. Depending on the person, the effects of naloxone last anywhere from 30 minutes to two hours.

But which option would the average citizen choose? Jaggers decided to use the Kentucky State Fair, where the Harm Reduction team typically provides bystander overdose response training and gives out free naloxone, to find out. In conjunction with the University of Kentucky College of Pharmacy, Center for the Advancement of Pharmacy Practice, the Kentucky Cabinet for Health and Family Services Kentucky Opioid Response Effort grant and the Department for Public Health, Jaggers and the multi-agency team offered this year’s fair-goers who received bystander overdose response training their choice of the Narcan nasal spray, the Kloxxado nasal spray, or the ZIMHI injection and kept track of their choices. Over the course of the 11-day fair, 1,154 two-dose units, across all three brands, were given out.

While the results of the study are still being analyzed for publication, Jaggers was able to report that all three products did very well.

“Generally speaking, all three products were well received,” he said. “There was no huge preference for one product over another. The biggest surprise to us was ZIMHI. Candid-

ly, based on my expectations as a pharmacist and my experience with people’s aversion to needles, I thought that very few would want ZIMHI. And I was wrong. It was right there with the other two.”

Cabinet for Health and Family Services Secretary Eric Friedlander praised the team’s efforts during the state fair.

“We know that all the people who stopped by for training and Narcan had opportunity to save lives of families friend last and neighbors,” Friedlander said. “The Cabinet’s Harm Reduction team was pleased to collaborate with the University of Kentucky



to ensure a more informed public about opioid overdose. Hundreds of fair-goers streamed through our state fair booth and took the opportunity to learn more about lifesaving measures and to receive free samples. I am proud and encouraged that we showed our community that saving lives is the most important thing we can do.”

For more information on harm reduction and/or naloxone, contact Jody Jaggers at jjaggers@kphanet.org.

MEDICATION LOCK BOXES AVAILABLE THROUGH KSPAN

By Allison Rogers, KIPRC
Editorial Officer

According to the Centers for Disease Control and Prevention, accidental ingestions send approximately 50,000 children under five years old to emergency departments each year. One- and two-year-old children make up nearly 70% of emergency department visits for unsupervised medication ingestions by children.

Medication lock boxes and bags are helpful for keeping medication away from curious young children. Last month's issue of OD2A Happenings featured a program that disseminates medication lock bags and provides training to medical professionals throughout Kentucky. In this issue, we focus on another program, KIPRC's Kentucky Safety and Prevention Alignment Network (KSPAN) Child Home Safety Committee, that, in partnership with the Kentucky Violence and Injury Prevention Program, Prevent Child Abuse Kentucky, and the Kentucky Justice and Public Safety Cabinet's Office of Drug Control Policy, provides medication lock boxes to local entities throughout the state to then distribute to households with children.

"KSPAN's Child Home Safety Committee and Kentucky's Child Fatality and Near Fatality External Review Panel were seeing a lot of

children with ingestion poisoning," said Joel Griffith, Child Home Safety Committee Chair. "So we said, 'What do we need to do to help to alleviate that risk? Let's get medication lock boxes out there for people to put those medications in and at least lock them away from the small children.'"

In less than a year, they've distributed 1,835 medication lock boxes to elementary schools, hospital



emergency rooms, public libraries, medically assisted drug treatment providers, Family Resource and Youth Services Centers, local health departments, and others in 33 Kentucky counties.

Organizations are encouraged

to give the boxes out to families with children and dangerous drugs—licit or illicit—in the home. Two types of boxes are available: a nonmetal one intended for homes with young children and a metal box for homes with older children.

"That's not to say a teen can't break into the metal boxes," said KSPAN's Steve Sparrow. "But you can't break into the box without noticeable damage to it. You will at least know that somebody's broken into the box."

Another 3,150 lock boxes are being purchased with funds from the Kentucky Agency for Substance Abuse Policy Board. About half of those will be distributed to the 14 Regional Prevention Centers throughout the state.

Each lock box comes with three educational brochures: 6 Tips to Safely Store Medicine, produced by Kentucky Children's Hospital; Home Safety Checklist: Ensuring Safe and Healthy Child-

hoods, from Prevent Child Abuse Kentucky; and Face It's CONNECT to Build Family Resilience, which offers tips for building family resilience.

For more information on the lock box program, contact Steve Sparrow at steve.sparrow@uky.edu.

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KIPRC CONVERSATIONS: ANDREW FARREY

By Jonathan Greene, KIPRC
Communications Manager

Andrew Farrey is a syndromic surveillance epidemiologist at the Kentucky Injury Prevention and Research Center. He primarily works with syndromic surveillance data, monitoring nonfatal drug overdose and self-harm trends in Kentucky residents. In addition to his duties as a syndromic surveillance epidemiologist, Andrew also works with Kentucky poison control center call data and Kentucky Emergency Medical Services data.

KIPRC Communications Manager Jonathan Greene sat down with Andrew to learn more about his work as a syndromic surveillance epidemiologist.

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

AF: I was born in and grew up in Atlanta, GA. I attended Oglethorpe University for my undergrad (and played baseball for 4 years), then went to Georgia State University for my master of public health degree.

JG: *What drew you to public health?*

AF: I took an infectious disease epidemiology class as an undergrad that exposed me to introductory-level public health concepts, and I continued studying on my own until I applied to my MPH program. I found over time the more I learned about public health, the more rewarding and fulfilling I found it.

JG: *What is your current role at KIPRC?*

AF: I am our syndromic surveillance/CDC DOSE (Drug Overdose Surveillance & Epidemiology) epidemiologist. My primary responsibilities

are monitoring nonfatal drug overdoses using syndromic surveillance data, expanding our statewide drug overdose surveillance, and monitoring Kentucky's syndromic surveillance data quality, but I also work with our EMS and poison control data.

JG: *I know that your work (partially) involves creating an alert system to show when there are overdose spikes in areas. How were you able to create that? How did that idea come about?*

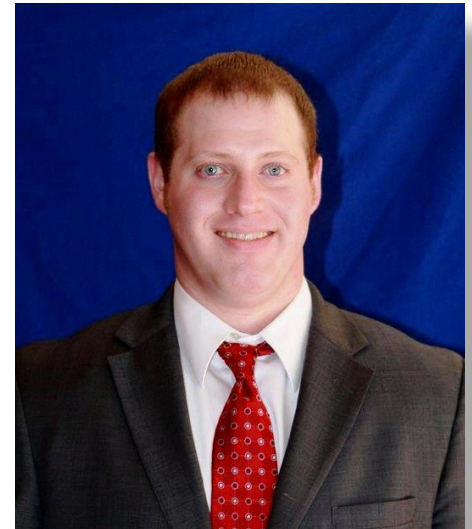
AF: One of the OD2A deliverables I'm responsible for is expanding and improving Kentucky's drug overdose surveillance, so the idea stemmed from meeting that deliverable in a way that would be practical and as helpful/useful as possible for local stakeholders.

Many of our counties report one overdose or less per day on average in syndromic surveillance data, so county alerts and hospital alerts derived from traditional anomaly detection methods were leading to near daily alerts that weren't actionable or practical (many counties would trigger an alert if they reached three overdoses in a day, despite that not being particularly unusual).

This led me to SaTScan, which factors in a geospatial component alongside the temporal (time series) component, meaning SaTScan detects clusters of events across time and space/location, as opposed to temporal anomalies alone. This makes it less sensitive to the common pitfalls associated with anomaly detection in low-count time series, and it can also identify overdose spikes presenting across multiple counties or hospitals.

Similar systems have been in place in New York City and Baltimore for years.

JG: *I believe you also helped the state in a similar way in eastern Kentucky after the flooding in mid-2022. Can you explain that work?*



Andrew Farrey, syndromic surveillance epidemiologist with KIPRC

AF: I've assisted KDPH with injury surveillance of two natural disasters; the tornadoes in western Kentucky in December of 2021, and the EKY flooding in July/August of 2022. Syndromic surveillance was the only timely/near real-time public health data source available in both cases, so I developed ESSENCE queries to detect tornado-related injuries and flooding-related injuries, and wrote up reports for distribution to state-level stakeholders that I sent out for several weeks following each disaster.

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page

JG: *What's the most interesting part of your role?*

AF: I enjoy syndromic surveillance query development, using syndromic surveillance data to create reports that can help bring the data to a wider audience, and monitoring/analyzing the data quality of Kentucky's syndromic surveillance feed for data quality issues. Data quality Issues typically present as an incorrect or invalid text string in a specific component of

the HL7 messages a particular facility is submitting, but they can also result from use of an invalid or outdated code set, or an error in how a specific facility was onboarded.

JG: *Anything else you'd like to add?*

AF: Syndromic surveillance can be used to detect patient encounters for just about anything that might be of interest. For example, I have a worker's compensation-related injury query

we aren't using, and there are existing syndrome definitions for motor vehicle collisions, firearm injuries, falls, and much more. If you have any interest in using syndromic surveillance data for more rapid/timely surveillance of your injury area, I'm more than happy to work up a syndrome definition (if one doesn't already exist) and generate a report for you.

TRAFFIC SAFETY CHECKPOINTS

By Robert McCool, KIPRC Program Coordinator

The substance use epidemic has contributed to an increase in the number of motor vehicle crashes caused by drivers with illicit substances in their systems. While alcohol-related crashes and fatalities have generally declined over the past several decades, the number of crashes related to other substances appear to be increasing. It is difficult to identify the exact effect of illicit substances other than alcohol on highway safety for several reasons: A good roadside test for illicit substances other than alcohol doesn't yet exist, many drivers have mixed alcohol with other substances, and some substances stay in the body for long periods, making it difficult to determine the exact substance(s) that may have contributed to a particular crash.

Despite the difficulty in determining the specific substances involved in crashes, there is no doubt that driving with the involvement of alcohol and illicit substances remains a major safety issue. Kentucky saw a 32% increase in "impaired" [based on the National Highway Traffic Safety Administration definition (NHTSA)]

driving fatalities from 2019 to 2020. The number of "impaired" driving collisions increased from 2020 to 2021, though the number of fatalities related to "impaired" driving decreased by 10%.



Numerous research studies have shown that traffic safety checkpoints conducted by law enforcement officers are an effective way to reduce alcohol-impaired driving. Checkpoints have been strongly endorsed by both the Centers for Disease Control and Prevention and the NHTSA as an effective, evidence-based strategy for reducing alcohol and illicit substance use driving.

Beyond traffic safety, however, checkpoints can also play a role in reducing the personal and community

harm associated with illicit substance use. When coupled with access to drug court, diversion programs, and other treatment and recovery-focused interventions, an encounter with a traffic safety checkpoint can prevent a tragedy for an individual with an illicit substance use disorder. Checkpoints may aid in reducing access to illicit substances by increasing the actual and perceived risk of apprehension for individuals who are trafficking in illicit substances.

KIPRC has been providing training to Kentucky law enforcement officers on the legal, safe, and effective operation of checkpoints for several years as part of the Center's traffic safety strategy. KIPRC's eight-hour Traffic Safety Checkpoints Planning and Operation course is provided at several sites across Kentucky each year. The course is free for law enforcement officers and is approved for continuing education credit by the Kentucky Law Enforcement Council.

Individual officers interested in attending the course, and law enforcement agencies that would like to host a course session, may contact Robert McCool at rmccool@safekentucky.org or (859) 257-6741.

2022 KENTUCKY HARM REDUCTION SUMMIT A SUCCESS

By Chase Barnes, Department for Public Health Harm Reduction Program Manager

More than 1,200 professionals from 36 states, Puerto Rico, and Canada—a 33% increase over the previous year—gathered virtually on August 10 and 11 for the 2022 Kentucky Harm Reduction Summit.

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

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, HIV, and hepatitis C. Continuing education credits were available for attorneys, certified alcohol and drug counselors, certified health education specialists, 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 four keynote sessions and 12 breakout sessions, including two panel discussions, focused on recovery capital, 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, societal inequities, drug overdose data, peer

workforce, and community resources.

Six sessions are available for viewing and continuing education credits at <https://www.ccentral.com/hrs>:

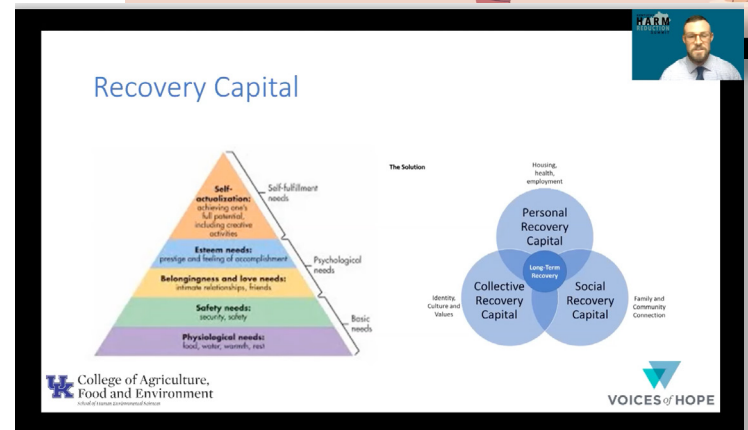
- OnPoint NYC: Safe Consumption New York
- Potential Sequelae of Injection Drug Use
- Recovery Capital: Assets, Not Abstinence
- The Kentucky Opioid Response Effort: Harm Reduction Principles and Strategies
- Building a Movement to End the Intersecting Issues of Overdose, Homelessness, and Incarceration
- Building a Peer Workforce to Support Harm Reduction and Wellness.

Videos of non-credit sessions should be posted on the KIPRC website soon.

The event was jointly provided by the University of Kentucky, Cabinet for Health and Family Services, Kentucky Income Reinvestment Program, Gateway District Health Department, and the Kentucky

Department for Public Health, in collaboration with the Kentucky Aids Education Training Center, Kentucky Injury Prevention and Research Center, Kentucky Mobile Harm Reduction, and the Kentucky Opioid Response Effort.

Planning for the 2023 Kentucky Harm Reduction Summit will begin soon. Topic suggestions for next year’s conference include prevention,



the criminal justice system, quick response teams, and strategies to target vulnerable populations.

For more information on the Kentucky Harm Reduction Summit, contact Chase Barnes at chase.barnes@ky.gov.

RECENTLY PUBLISHED REPORTS

- Bruzeliuss E, Martins SS. [US Trends in Drug Overdose Mortality Among Pregnant and Postpartum Persons, 2017-2020](#). *JAMA*. 2022;328(21):2159–2161. doi:10.1001/jama.2022.17045
- Delcher, C., Harris, D.R., Anthony, N., Stoops, W.W., Thompson, K., Quesinberry, D. [Substance use disorders and social determinants of health from electronic medical records obtained during Kentucky's "triple wave"](#). *Pharmacology, Biochemistry, and Behavior*. 2022 Nov 22;221:173495. doi: 10.1016/j.pbb.2022.173495. Epub ahead of print. PMID: 36427682.
- Ward, P. J., Young, A. M., Slavova, S., Liford, M., Daniels, L., Lucas, R., & Kavuluru, R. (2022). [Deep neural Networks for fine-grained surveillance of overdose mortality](#). *American Journal of Epidemiology*. 2022 Oct 12;kwac180.

POSITION ANNOUNCEMENT

The Harm Reduction Program at the Kentucky Department for Public Health is seeking applicants for Public Health Educator. The Public Health Educator–Harm Reduction position will perform a variety of tasks including serving as Planning Section Chief for the Kentucky Harm Reduction Summit and developing and coordinating state-wide harm reduction trainings and meetings through coordination with public health professionals and other subject matter experts. Those with background in administration, project management, public health, or health administration are encouraged to apply. This position is located in Frankfort, Kentucky. For a full position description, visit <https://gohire.org/job/public-health-educator-harm-reduction>. Direct questions to chase.barnes@ky.gov.

KIPRC PRODUCTS

- Costich, J., Murphy, A. (2022). [Kentucky Trauma Registry 2021 Annual Report](#). Kentucky Injury Prevention and Research Center.
- Kentucky Fatality Assessment and Control Evaluation. (2022). [Occupational Fatalities in Kentucky 2021 Annual Report](#). Kentucky Injury Prevention and Research Center.
- Kentucky Substance Use Research and Enforcement (2022). [Substance Use among Kentucky Residents Aged 18 Years and Younger, 2017–2021](#). Kentucky Injury Prevention and Research Center.
- Kentucky Substance Use Research and Enforcement. (2022). [K-SURE Brief: Saving Lives through the Angel Initiative](#). Kentucky Injury Prevention and Research Center.

OTHER RESOURCES

#iCANendthetrend has created three videos to help guide parents through talking to their children about the dangers of using e-cigarettes. Developed by University of Kentucky College of Education faculty in the Department of Kinesiology and Health Promotion and funded in part by DrugFree Lex, the Fayette County local Kentucky Agency for Substance Abuse Policy Board, #iCANendthetrend helps build awareness on the dangers of tobacco use, including e-cigarette use, the costs associated with nicotine dependence, and ways youth have been targeted and influenced to use these products. Click on the title to go to the video.

1. [A Parent's Guide to Talking to Your Child about Vaping](#)
2. [The Dangers of Vaping: A Physician's Message](#)
3. [Help Your Child Quit Vaping](#)