KyOD2A Happenings⁶



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

August 2023

TOTAL DRUG OVERDOSE DEATHS DECLINE FOR FIRST TIME IN FIVE YEARS WHILE BLACK AND HISPANIC DEATHS INCREASE

By Allison Rogers, KIPRC Editorial Officer

he number of Kentucky drug overdose deaths declined for the first time since 2018, according to the Kentucky Injury Prevention and Research Center (KIPRC) Kentucky Resident Drug Overdose Deaths Annual Report. Death certificate data from 2022 show that drug overdose deaths in Kentucky decreased by more than 5% from the previous year (Table 1).

Although overall drug overdose deaths declined, the drug overdose mortality rate among Black Kentucky residents rose, exceeding that of White Kentucky residents for the second consecutive year (68.1 visits per 100,000 non-Hispanic Black residents vs. 50.9 deaths per 100,000 non-Hispanic White residents) (Table 2). The total number of drug overdose deaths among Black Kentucky residents increased by 8.7% (from 231 in 2021 to 251 in 2022). For

Table 1. Numbers and age-adjusted rates of total drug overdose deaths among Kentucky residents, 2018-2022

	Any Drug			
Year	Number	Rate		
2018	1,250	29.4		
2019	1,316	31.1		
2020	1,965	45.9		
2021	2,257	52.8		
2022	2,133	50.0		

Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. Data extracted April 2023. Data are provisional and subject to change.

that same period, opioid overdose deaths among Black Kentucky residents increased 7.5% (from 199 in 2021 to 214 in 2022), while stimulant-involved overdose deaths among Black Kentucky residents increased 2.2% (from 137 in 2021 to 140 in 2022).

Among Hispanic Kentucky residents, the total number of drug overdose deaths increased by 62.1% (from 29 in 2021 to 47 in 2022). For the same period, opioid overdose deaths among Hispanic Kentucky residents increased 53.8% (from 26 in 2021 to 40 in 2022), while stimulant-involved overdose deaths among Hispanic Kentucky residents increased 46.2% (from 13 in 2021 to 19 in 2022).

KIPRC's Kentucky Resident Drug Overdose Deaths Annual Report documents the number and rates of drug overdose deaths across the state and by individual county as well as by various demographic categories.

To access the full report, visit the **KIPRC** website.

Table 2. Numbers and age-adjusted rates of drug overdose deaths among Kentucky residents by ethnicity and race, 2018–2022

		Any Drug			
Ethnicity/ Race	Year	Number	Rate		
Hispanic	2018	22	14.9		
	2019	19	11.9		
	2020	25	17.8		
	2021	29	15.2		
	2022	47	25.5		
Non-	2018	76	19.9		
Hispanic	2019	105	29.5		
Black	2020	172	47.1		
	2021	233	62.2		
	2022	251	68.1		
Non-	2018	1,144	32.1		
Hispanic	2019	1,187	33.3		
White	2020	1,765	49.2		
	2021	1,984	55.6		
	2022	1,820	50.9		

KIPRC DRUG OVERDOSE COUNTY PROFILES UPDATED TO INCLUDE 2022 DATA

IPRC's Drug Overdose and Related Comorbidity County Profiles dashboard, which consolidates substance use-related emergency department, inpatient hospitalization, and death data for Kentucky residents, has been updated to include 2022 data.

The dashboard includes rates and counts for fatal overdoses, nonfatal overdose-related emergency department visits and inpatient hospitalizations, and substance use disorder diagnoses (excluding alcohol-, nicotine-,

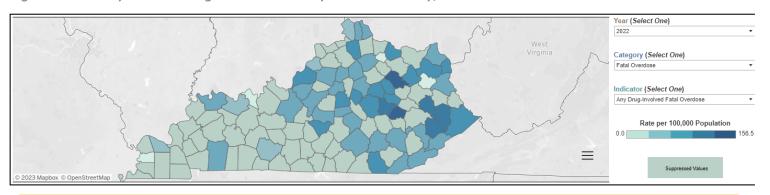
and inhalant-related disorders). Also included are data on neonatal abstinence syndrome births and drug-related infectious diseases. Overdose indicators are broken down by drug type (opioid, cocaine, heroin, stimulants, non-cocaine stimulants, and non-heroin opioids), and infectious diseases by diagnosis (endocarditis, hepatitis A, hepatitis C, and HIV).

The dashboard can be found on the KIPRC website.

Table 1. Rates of fatal overdoses and nonfatal overdose-related hospitalizations and emergency department visits among Kentucky residents, by type, 2018-2022

Category	Indicator	2018	2019	2020	2021	2022
Fatal Overdose	Any Drug-Involved Fatal Overdose	28.0	29.5	43.6	50.1	47.4
	Any Opioid-Involved Fatal Overdose	21.1	22.1	35.4	39.9	36.8
	Cocaine-Involved Fatal Overdose	2.7	2.5	3.7	4.9	4.8
	Heroin-Involved Fatal Overdose	2.9	3.2	2.5	1.2	0.6
	Non-Cocaine Stimulant-Involved Fatal Overdose	7.6	9.9	15.6	22.0	21.2
	Non-Heroin Opioid-Involved Fatal Overdose	20.3	21.6	35.2	39.8	36.7
	Stimulant-Involved Fatal Overdose	9.8	12.0	18.4	25.5	24.7
Nonfatal Overdose-Related ED Visits	Any Drug-Involved Nonfatal Overdose	266.4	254.9	286.3	287.1	250.0
	Any Opioid-Involved Nonfatal Overdose	114.8	109.2	139.2	128.2	106.2
	Cocaine-Involved Nonfatal Overdose	2.6	1.9	1.8	1.8	1.9
	Heroin-Involved Nonfatal Overdose	81.3	73.1	83.2	61.2	37.7
	Non-Cocaine Stimulant-Involved Nonfatal Overdose	17.6	15.0	14.6	13.7	11.3
	Non-Heroin Opioid-Involved Nonfatal Overdose	34.1	36.9	57.0	68.1	69.2
	Stimulant-Involved Nonfatal Overdose	19.7	16.7	16.2	15.3	13.0
Nonfatal Overdose-Related Inpatient Hospitalization	Any Drug-Involved Nonfatal Overdose	120.0	110.0	109.0	103.0	95.6
	Any Opioid-Involved Nonfatal Overdose	29.7	26.5	29.0	27.0	25.0
	Cocaine-Involved Nonfatal Overdose	3.4	2.7	2.5	3.2	2.5
	Heroin-Involved Nonfatal Overdose	7.4	7.5	8.8	7.9	5.3
	Non Heroin Opioid-Involved Nonfatal Overdose	22.7	19.4	20.8	19.7	20.1
	Stimulant Not Cocaine-Involved Nonfatal Overdose	12.6	12.0	11.1	11.7	10.3
	Stimulant-Involved Nonfatal Overdose	15.1	14.1	13.1	14.4	12.4

Figure 1. Kentucky resident drug overdose rates by state and county, 2022



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FULL HOUSE AT KENTUCKY HARM REDUCTION SUMMIT

By Stephanie Ramsey, KIPRC Production and Marketing Coordinator

capacity crowd attended the in-person Kentucky Harm Reduction Summit, held June 14-15 at the Perkins Conference Center at Eastern Kentucky University and co-hosted by the Madison and Estill counties health departments.

"Participant registration reached capacity at 400 and closed within two weeks of opening," said Phoebe Wheeler-Crum, Harm Reduction Public Health Educator at the Kentucky Department for Public Health (KDPH).

Attendees included staff from local health departments across the state that are working in harm reduction, clinicians and support staff who are working on addiction or recovery in mental health and behavioral health settings, and individuals from academic universities. Eight states and 78 Kentucky counties were represented at the annual Summit, sponsored in part by KIPRC.

Kentucky Harm Reduction Summit created an atmosphere that allowed fellow harm reductionists the opportunity to exchange ideas, learn, and network," said Chase Barnes, Harm Reduction Program Manager at KDPH

Sessions included presentations on Redefining Recovery, Franklin County's Just Say Yes Card (a component of the Icelandic Youth Prevention Model), Community Outreach on Overdose Education and Naloxone Distribution, Maternal Health, the Stigma of Opioid Use in the Black and Indigenous Communities, and Harm Reduction Policy. The Summit also included panels on various initiatives throughout the Commonwealth, including Mobile Outreach and Community Approach to Harm Reduction, which provided attendees an opportunity to ask questions and create a dialogue with panelists.

Participants could visit 15

exhibits related to harm

recovery and four poster presentations on topics associated with behavioral and mental health, infectious disease, drug overdose treatment and recovery services, maternal health, and drug overdose prevention.

Responses to a follow-up survey were positive, saying the event was organized, enjoyable, and, overall, a great event. The Kentucky Harm Reduction Planning Committee will review and discuss all recommendations submitted by the 2023 Kentucky Harm Reduction Summit participants in preparation for next year's Summit.

This year's Summit was planned and implemented by UK HealthCare CECentral, the Kentucky Cabinet for Health and Family Services, and the Kentucky Department for Public Health.

To access the Summit's presentations and handouts, visit the **KIPRC** website.



surveillance of the Kentucky Drug Over-

dose Data to Action Program at KIPRC; Edward Kuehne, Deputy Manager, Intelligence, Investigative Support Center, Appalachia HIDTA; the FindHelpNow.org booth; Devin Oller, MD, FACP, FASAM, Investigator, HEALing Communities Study; Kentucky River District Health Department The Hub panelists Mark O'Brien, Shawn Maynard, Rebekah Hogan, The HUB Program Director JoAnn Vanzant, and moderator Marie Winfrey, FR-CARA Program Coordinator. (Photos by Stephanie Ramsev)

KIPRC RELEASES SMALL BUSINESS TOOLKIT FOR HIRING EMPLOYEES IN RECOVERY

By Stephanie Ramsey, KIPRC Production and Marketing Coordinator

ata show that, nationwide, 70% of all adults with an alcohol or substance use disorder (about 13.6 million people) are employed. Substance use disorders impact Kentucky small businesses in many ways. SUDs lead to more absences, injuries, and increased costs for businesses, making this a workplace safety concern. Yet workers in recovery from SUDs take 10% fewer unplanned days off per year than the average worker, and the turnover rate for employees in recovery is 12% lower.

To address the significant number of workers in recovery from substance use disorders, the Kentucky Occupational Safety and Health Surveillance (KOSHS) program at the Kentucky Injury Prevention and Research Center has developed a toolkit to assist small businesses in hiring and retaining this significant segment of the population.

"We focused the toolkit on small businesses as they typically do not have a human resources department dedicated to hiring and supervising employees," said Rebecca Honaker, MPH, program director for KOSHS.

To address the needs of small employers, the KOSHS program conducted interviews with Kentucky businesses with 25 or fewer employees. Twenty-eight employers were asked about their workforce challenges, hiring strategies, history of hiring employees in recovery, hiring policies and procedures, and what resources

they would find most helpful. The collected responses from the interviewees were used to guide the development of the toolkit to meet the needs of small business owners.

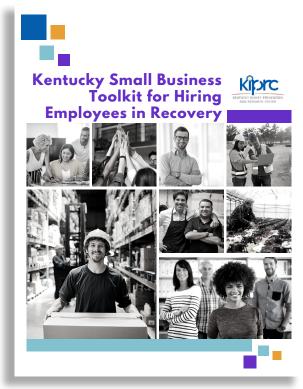
"Implementing recovery-friendly hiring work-place practices can have many positive impacts for small businesses and employees in recovery. Making these changes can help employers reduce turnover, improve safety and productivity, and reduce health care costs. We also know that meaningful employment helps people stay in recovery," said Honaker.

A recovery-friendly workplace is a business that puts policies and practices in place to hire, support, and retain staff who are in recovery. Becoming a recovery-friendly workplace benefits business owners by expanding the pool of job candidates and supports employees in recovery by providing a job that gives structure and purpose.

The Kentucky Small Business
Toolkit for Hiring Employees in
Recovery contains information for
small business owners in Kentucky
on hiring and legal considerations for
those in recovery, sample workplace
policies, and information about programs and resources for both employers and employees.

The toolkit walks employers through the following steps to becoming a recovery-friendly workplace:

addressing stigma surrounding



substance use disorder,

- creating a positive work environment that is supportive of people in recovery,
- taking new approaches to recruiting employees,
- adopting new policies for hiring people in recovery,
- using tax credits, bonding programs, and community resources,
- connecting employees to recovery resources in the community, and
- promoting a business as a recovery-friendly employer and communicating what that means to current employees and job applicants.

To access the full toolkit, visit the KIPRC website.

QUESINBERRY NAMED CSTE CO-CHAIR

IPRC's Drug Overdose Surveillance and Occupational Safety and Health teams recently attended the 2023 Council of State and Territorial Epidemiologist (CSTE) Conference, which brought together more than 2,500 public health epidemiologists from across the country.

Dana Quesinberry, JD, DrPH, co-principal investigator for surveillance of the Kentucky Drug Overdose Data to Action Program at KIPRC, led a discussion-based workshop on capturing more information on populations affected disproportionately by health inequities, to facilitate surveillance and data support for decision making for public health interventions.

Quesinberry has been named the 2023-2024 co-chair of CSTE's Injury, Substance Use, and Mental Health Subcommittee.

"I am honored to be able to lead this important committee and to support the work of our public health epidemiologists," Quesinberry said.

As part of her duties, Quesinberry will oversee several subcommittees that focus on a range of applied public health epidemiology topics in the area of injury epidemiology and substance use and mental health. Each subcommittee of CSTE provides a forum for state, tribal, local, and territorial epidemiologists, federal partners, and other public health stakeholders to engage in these topics and work to find collaborative solutions.



Drug Overdose Surveillance team members (left to right): Svetla Slavova, Dana Quesinberry, Michelle Dean, Chris Delcher, Sarah Hargrove, DeAnna Naurath, Lara Daniels, Leslie Pennington, Lydia Shelvin, Claudia Brisson



Occupational Safety and Health team members (left to right): Patrick Maloney, Terry Bunn, Rebecca Honaker

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KVIPP TRAINING, GUIDEBOOK ON CONDUCTING TRAFFIC SAFETY CHECKPOINTS

By Stephanie Ramsey, KIPRC Production and Marketing Coordinator

Traffic Safety Administration and the Centers for Disease Control and Prevention found that alcohol-related motor vehicle crashes in a community can be decreased by up to 20% with properly conducted traffic safety checkpoints, also known as sobriety checkpoints.

A properly conducted check-point involves peace officers systematically stopping vehicles passing through a checkpoint to look for signs of impairment, suspended driver licenses, and other serious traffic violations. While checkpoints are effective, the U.S. and Kentucky supreme courts have established strict standards for checkpoints to avoid violating motorists' Fourth Amendment right to be free from unreasonable search or seizure.

To increase traffic safety checkpoint training and guidance for Kentucky officers, KIPRC's Kentucky Violence and Injury Prevention Program (KVIPP) developed and published the Kentucky Traffic Safety Checkpoint Guidebook in 2016.

The Guidebook was updated in 2021 due to changes in case law, in particular Runyon v. Commonwealth, a case from the Kentucky Court of Appeals.

"The first edition was well received, but through feedback from Kentucky Association of Counties, the Kentucky Office of Highway Safety, and various law enforcement agencies, it was decided to create a training course that covered the content from the Guidebook," said McCool. KVIPP developed a one-

day (8-hour) training course that covers the material presented in the Guidebook. The class includes both classroom training and a practical

skills exercise. KVIPP worked with the Kentucky Department of Criminal Justice Training to obtain Kentucky Law Enforcement Council certification for the course. which allows officers to

receive continuing education credit for completing the course.

The best practices covered in the Guidebook and the training course help law enforcement agencies ensure that their checkpoints are planned and conducted to meet current legal and safety standards so that cases developed from a checkpoint stand up in court and agencies and officers don't face potential liability. They also help protect members of the public and the safety of officers during the checkpoint.

The one-day, in-person training addresses the everchanging substance use epidemic as well. KVIPP has added information about substance use and treatment options to the course handouts and discusses those materials during the training course. The course covers what substance use disorder (SUD) is, treatment options that are available for people with SUD, and how officers can work with prosecutors and the justice system to

help suspects with SUD get into treatment, either voluntarily or court-mandated. While this information isn't part of the core content that officers



must learn to pass the course test, it provides an opportunity for them to learn about ways to reduce recidivism and improve outcomes for individuals charged with impaired driving offenses.

In-person training also allows KVIPP staff members to disseminate the most up-to-date information available. Due to the nature of printed material and the speed with which court rulings and statutes can change, the course almost always includes helpful information that is more current than the information in the latest edition of the Guidebook. (It is still important, however, that those who plan, approve, and supervise checkpoints be familiar with the information in the Guidebook.) Participating in a training course allows participants to ask general questions about the material, pose questions about specific scenarios, and share experiences with other course participants.

The training is primarily de-

signed for leaders and supervisors in law enforcement agencies, as well as for patrol officers who may help

to plan checkpoints and/ or serve as the officer in charge for a checkpoint. While the training course is primarily designed for senior leaders and supervisors, it is open to any peace officer in the Commonwealth. The training is also beneficial for prosecutors and other public of-

ficials within the criminal justice system, as the information may help them to deal with impaired driving cases more effectively.

KVIPP's goal is to offer the course several times each year in various communities around Kentucky. KVIPP has trained more than 60 officers this year (as of March 2023), with additional course sessions planned.

"We've had very positive feedback from officers who attended the course," said McCool. "Numer-

Commonwealth of Kentucky

Traffic Safety

Checkpoint Guide

ous graduates have used the information they learned during the course to help their law enforcement agency plan and conduct traffic safety checkpoints."

One participant helped his agency plan a checkpoint that was held a few weeks after he completed training, Mc-

Cool explained. The officer informed KVIPP that one of the vehicles that was stopped at the checkpoint was driven by a senior state judicial official. The official complimented the officer and his agency on both their effort to reduce impaired driving by conducting the checkpoint and on the very professional way in which the checkpoint was conducted. "That is exactly the sort of result that the

guidebook and course were designed to achieve," said McCool.

The simplest way for law enforcement agencies and individual officers to learn more about the training course, and to register for the course if they would like to attend, is to visit the Kentucky Safety and Prevention Alignment Network (KSPAN) website at www.safekentucky.org. Agency representatives and individual officers can also email rmccool@safekentucky.org or call (859) 257-6741 for more information.

Agencies interested in hosting a course session can e-mail or call to discuss a course date and location. A minimum of eight participants are needed to hold a course session, and the sessions are typically capped at 20 participants to allow for adequate participation in the practical skills portion of the course. There is no cost, either to officers or their agencies, to attend the course.

The Guidebook is available on the KSPAN website.

KVIPP is funded by the Centers for Disease Control and Prevention and is part of KIPRC. For more information, visit <u>safekentucky.org</u>.

KIPRC RESOURCES AND PUBLICATIONS

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KSPAN TO HOST 2023 FALL AND OSTEOPOROSIS PREVENTION VIRTUAL SUMMIT

By Steve Sparrow, KVIPP Program Manager

he captain of the Lexington Division of Fire & Emergency Services Community Paramedicine division; the administrator of the Kentucky Cabinet for Health and Family Services' Department for Aging and Independent Living;

and a researcher with the National Center for Injury Prevention and Control round out the agenda of this year's Fall and Osteoporosis Prevention Summit.

The Summit, to be held virtually on Wednesday, August 16, from 10:00 a.m. to 3:30 p.m. ET, is open to all fall-prevention professionals and provides education, training,

and networking opportunities.

The Fall and Osteoporosis
Prevention Summit is hosted by the
Kentucky Safety and Prevention
Alignment Network (KSPAN), the
Kentucky Safe Aging Coalition, the
Kentucky Department for Public
Health, and the Kentucky Department
for Aging and Independent Living.
Continuing education credits for nursing, physical therapy, social work,
and community health workers are
provided.

ABOUT KSPAN

KSPAN is a network of more than 100 public and private partners, including health departments, hospitals, nonprofits, occupational and public safety agencies, wellness, recovery, drug overdose and mental health practitioners, who are dedicated to promoting safety and preventing injuries throughout Kentucky.

KSPAN members meet quarterly in Frankfort to network and learn about injury prevention programs run by state and local organizations that help make Kentucky a safer state to live and work. Overdose prevention, cyber safety for children, sport's injury prevention, highway traffic safety programs, safe aging, suicide and violence prevention, teen driving

> programs, new data and statistical trends and resources to help counties improve their health and safety programs are all examples of recent presentations featured at the quarterly meetings.

Anyone can join KSPAN.
There is no

cost; all you need is a desire to make Kentucky safer.

To join, learn more about KSPAN, or find state and county level injury data, go to KSPAN's website or visit KSPAN's Facebook page.

Click <u>here</u> to access the Fall and Osteoporosis Prevention Summit agenda and <u>here</u> to register.



Part of KIPRC, KSPAN's vision is a Kentucky where citizens and visitors can live, work, study, travel, and play with minimal risk of exposure to injury and violence, and, if an injury occurs, all citizens have access to medical treatment, recovery, and support services. KSPAN's mission is to work together to improve the state's capacity to conduct injury prevention and control activities across a wide range of injuries and risk factors and to increase the effectiveness of existing prevention efforts through greater coordination and alignment of resources.