



**KENTUCKY INJURY PREVENTION
AND RESEARCH CENTER**

Nicotine Poisoning and E-Cigarette Dependence among Kentucky Residents, 2018–2024

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You may receive an email from KIPRC staff with a brief follow-up survey regarding this data report; thank you in advance for helping us to improve our services.



Table 1. Count of Acute Nicotine Toxicity Emergency Department Visits among Kentucky Residents by Age Group, Sex, and Race, 2018–2024

Toxic effect of other nicotine and tobacco, accidental	Year	Age Group			
		<18	18–24	25+	
	2018	5	20	58	
	2019	12	5	23	
	2020	7	0	14	
	2021	9	8	24	
	2022	13	*	*	
	2023	8	5	8	
	2024	16	*	*	
	Year	Sex			
		Female	Male	Other	
	2018	13	70	0	
	2019	10	30	0	
	2020	*	17	0	
	2021	7	34	0	
	2022	5	14	0	
	2023	*	17	0	
	2024	8	18	0	
	Year	Race			
		Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	*	31	48	*
	2019	*	27	11	*
	2020	*	15	*	0
	2021	0	19	*	*
	2022	*	17	*	0
	2023	*	8	9	*
	2024	*	20	*	*

*Counts greater than zero but less than five are suppressed in accordance with state data management policy. For some years, the second lowest count has been censored to protect a suppressed value.

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Table 2. Count of E-Cigarette Dependence-Related Emergency Department Visits among Kentucky Residents by Age Group, Sex, and Race, 2018–2024

Nicotine dependence, other tobacco products ¹	Year	Age Group			
		<18	18–24	25+	
	2018	288	2,761	14,365	
	2019	710	4,576	17,962	
	2020	727	5,340	17,953	
	2021	981	7,749	22,061	
	2022	1,623	12,146	33,559	
	2023	2,366	17,109	48,464	
	2024	2,706	20,967	64,427	
	Year	Sex			
		Female	Male	Other	
	2018	5,978	11,436	0	
	2019	*	14,872	*	
	2020	9,017	15,003	0	
	2021	*	17,609	*	
	2022	*	23,860	*	
	2023	35,833	32,087	19	
	2024	48,566	39,528	16	
	Year	Race			
		Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2018	2,971	14,104	178	161
	2019	4,983	17,827	217	221
	2020	4,538	19,063	213	206
	2021	4,460	25,650	358	358
	2022	6,048	39,990	748	748
2023	7,836	58,004	1,314	1,314	
2024	10,327	75,057	1,732	1,732	

¹Nicotine dependence, other tobacco products (i.e., e-cigarette dependence) was identified by the ICD-10-CM code F17.29; this code was analyzed in all diagnosis data fields and may not represent the primary diagnosis. ICD-10-CM codes that start with F are used to identify mental, behavioral, and neurodevelopment disorders, in addition to ICD-10-CM codes for substance use disorder. In emergency department visit data, this ICD-10-CM code is used to bill for a variety of conditions in which a person's nicotine dependence was a contributing factor for the hospital visit.

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Table 3. Count of Vaping-related disorder[†] Emergency Department Visits among Kentucky Residents by Age Group, Sex, and Race, 2022[†]–2024

Vaping-related disorder	Year	Age Group			
		<18	18–24	25+	
	2022†	10	10	17	
	2023	26	39	55	
	2024	28	44	132	
	Year	Sex			
		Female	Male	Other	
	2022†	18	19	0	
	2023	65	55	0	
	2024	105	99	0	
	Year	Race			
		Non-Hispanic Black	Non-Hispanic White	Hispanic	Other
	2022†	*	34	*	*
2023	*	114	*	*	
2024	15	179	*	*	

[†]Includes e-cigarette, or vaping, product associated lung injury (EVALI). ICD-10 code for Vaping-related disorder became effective October 1, 2022.

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Definitions

Hospital encounters with a diagnosis of acute nicotine toxicity were defined by the presence of ICD-10-CM codes T65.29 using an any mention approach. E-cigarette dependence was defined by the presence of F17.29 in an any mention approach.

Indicator	ICD-10-CM Code
Toxic effect of other nicotine and tobacco, accidental	T65.29
Nicotine dependence, other tobacco products	F17.29
Vaping-related disorder	U07.0

Counts represent the number of visits and may be greater than the number of patients treated.

Data Sources

Emergency department visits: Kentucky Outpatient Services Database, Office of Data and Analytics, Cabinet for Health and Family Services

Disclaimers

Data are provisional and subject to change. Counts greater than zero but less than five are suppressed in accordance with state data management policy. For some years, the second lowest count has been censored to protect a suppressed value.

The impact of the COVID-19 pandemic that started in 2020 should be considered when interpreting data and trend analyses.

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