Heroin Overdoses in Kentucky

Svetla Slavova, Ph.D.
Kentucky Injury Prevention and Research Center
and Department of Biostatistics
University of Kentucky College of Public Health

The Southern Opioid Epidemic: Crafting an Effective Public Health Response
December 19, 2015
Historically High Opioid Prescribing in Kentucky

These maps show areas that received the most narcotics per capita from 1998-2001.
1. Johnson, Martin and parts of Lawrence counties
2. Perry, parts of Knott, Leslie counties
3. Pike County
5. Part of Hillsborough County, Fla.
6. Del Norte, Humboldt and part of Trinity counties, Calif.
7. Mingo, parts of Logan and Wayne counties

Narcotics in grams per 100,000 people for 1998-2001
- National median and below
- 85,000 – 115,000
- 115,000 – 145,000
- 145,000 – 175,000
- 175,000 – 205,000
- 205,000 – 235,000
- 235,000 – 275,410

Source: Drug Enforcement Administration

Linda J. Johnson and Chris Ware | Staff
Rate of Patients with More than Three Days (in a Quarter) Receiving >=100 Morphine Milligram Equivalents per Day by County, Kentucky 2012

Rate of patients receiving >=100 daily MME per 1,000 population*

* The data excludes prescriptions for buprenorphine and buprenorphine/naloxone combination.

Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. December 2016.

Policy and programmatic responses to prevent harmful prescribing and diversion of controlled substances

Kentucky House Bill 1 2012 Special Session:

- Mandated enrollment of controlled substance prescribers in the state’s Prescription Drug Monitoring Program (PDMP) called the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system (housed within the Office of Inspector General);
- Required prescribers to review patient’s prescription history before prescribing Schedule II or hydrocodone in Schedule III for all patients and at least every 90 days thereafter, with some limited exceptions (KRS §218A.172; KRS §218A.175; KRS §72.026);
- Set 120 day time limit for licensing boards to investigate complaints against prescribers;
- Required boards to honor restrictions placed on prescribers by other states;
- Required prescribers to report controlled substance convictions or face fine;
- Conviction/felony to result in permanent loss of prescribing privileges; misdemeanor – 2 to 5 years;
- Regulated ownership of pain management clinics;
- Required controlled substance prescribers to take Continuing Education on KASPER, addiction, and pain management;
- Required coordination between licensing boards and the Kentucky State Police (KSP), the Office of Attorney General (OAG), and Office of Inspector General (OIG);
- Required overdose death reporting coordination between Coroners, Medical Examiners, KSP, Office of Vital Statistics, Office of Drug Control Policy;
- Limited dispensing from office to 48 hour supply
Kentucky House Bill 1 Impact Evaluation Study

Law had significant impact on potentially inappropriate prescribers’ as well as patients’ behaviors without blanket chilling effect.
Figure 29: Doctor Shopping, Number of Patients and Prescriptions: Patients having Prescriptions Prescribed by Four or More Prescribers and being Dispensed from Four or More Pharmacies in One Three-Month Period (Quarter): KASPER, FY 2010 to FY 2013

KASPER Reports Requested 2008 – Q1 2016

Total Reports

- 417,986
- 532,527
- 694,522
- 802,131
- 2,670,934
- 4,549,316
- 4,997,673
- 5,498,298
- 1,419,138

Note: these figures do not include KASPER data requests received from other state Prescription Drug Monitoring Program authorized users.

Cabinet for Health and Family Services

Kentucky
UNBRIDLED SPIRIT

Physicians-Dentists
Law Enforcement
Pharmacists
APRN
Other
Rate of Patients with More than Three Days (in a Quarter) Receiving >=100 Morphine Milligram Equivalents per Day by County, Kentucky 2012 and 2015

* The data excludes prescriptions for buprenorphine and buprenorphine/naloxone combination.

Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. December 2016.
Noticeable improvement in patient outcomes in 2013:

- a decrease in drug overdose deaths
- a decrease in drug overdose hospitalizations
- a decrease in drug overdose emergency department visits
The decrease in pharmaceutical opioid overdose deaths in 2012 – 2013 coincided with an increase in heroin overdose deaths.

Did the PDMP and pain clinics laws produce a shift from pharmaceutical opioid abuse to heroin in Kentucky?
TABLE. (Continued) Annual number of deaths and death rates* from overdoses of heroin or prescription opioid pain relievers (OPRs), by selected characteristics — 28 states, 2008–2012

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Year</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Absolute rate change</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S. Census region§§</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>1.0</td>
<td>1.2</td>
<td>0.9</td>
<td>1.8</td>
<td>2.7</td>
<td>1.9</td>
<td><strong>211.2</strong></td>
<td></td>
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<tr>
<td>OPR</td>
<td>4.1</td>
<td>4.3</td>
<td>4.3</td>
<td>4.8</td>
<td>4.6</td>
<td>0.3</td>
<td><strong>7.5</strong></td>
<td></td>
</tr>
<tr>
<td>Midwest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>1.3</td>
<td>1.5</td>
<td>1.6</td>
<td>2.0</td>
<td>2.6</td>
<td><strong>1.0</strong></td>
<td><strong>62.1</strong></td>
<td></td>
</tr>
<tr>
<td>OPR</td>
<td>3.7</td>
<td>4.2</td>
<td>4.3</td>
<td>4.2</td>
<td>4.1</td>
<td><strong>-0.2</strong></td>
<td><strong>-4.7</strong></td>
<td></td>
</tr>
<tr>
<td>West</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>1.5</td>
<td>1.6</td>
<td>1.2</td>
<td>2.1</td>
<td>2.3</td>
<td><strong>1.1</strong></td>
<td><strong>90.7</strong></td>
<td></td>
</tr>
<tr>
<td>OPR</td>
<td>8.2</td>
<td>8.5</td>
<td>7.9</td>
<td>8.2</td>
<td>7.9</td>
<td><strong>0.1</strong></td>
<td><strong>0.7</strong></td>
<td></td>
</tr>
<tr>
<td>South</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>0.6</td>
<td>0.7</td>
<td>0.4</td>
<td>0.6</td>
<td>1.0</td>
<td><strong>0.7</strong></td>
<td><strong>180.9</strong></td>
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<tr>
<td>OPR</td>
<td>6.9</td>
<td>7.6</td>
<td>7.9</td>
<td>7.2</td>
<td>6.6</td>
<td><strong>-1.3</strong></td>
<td><strong>-16.3</strong></td>
<td></td>
</tr>
</tbody>
</table>

Nationwide, death rates from prescription opioid pain reliever (OPR) overdoses quadrupled during 1999–2010, whereas rates from heroin overdoses increased by <30%. Individual states and cities have reported substantial increases in deaths from heroin overdose since 2010. CDC analyzed recent mortality data from 28 states to determine the scope of the heroin overdose death increase and to determine whether increases were associated with changes in OPR overdose death rates since 2010. This report summarizes the results of that analysis, which found that, from 2010 to 2012, the death rate from heroin overdose for the 28 states increased from 1.0 to 1.5 per 100,000, whereas the death rate from OPR overdose declined from 6.0 per 100,000 in 2010 to 5.6 per 100,000 in 2012. Heroin overdose death rates increased significantly for both sexes, all age groups, all census regions, and all race/ethnic groups other than American Indian/Alaska Native. Heroin OPR overdose mortality declined significantly among males, persons aged <45 years, persons in the South, and non-Hispanic whites. Five states had increases in the OPR death rate, seven states had decreases, and 16 states had no change. Of the 16 states with statistically reliable heroin overdose death rates (i.e., rates based on at least 20 deaths), 15 states reported increases. Decreases in OPR death rates were not associated with increases in heroin death rates. The findings indicate a need for intensified prevention efforts aimed at reducing overdose deaths from all types of opioids while recognizing the demographic differences between the heroin and OPR using populations. Efforts to prevent expansion of the number of OPR users who might use heroin when it is available should continue.
HEROIN

Heroin Seizures at the Southwest Border
CY2008 - CY2012


Slide courtesy of the Kentucky Office of Drug Control Policy
Kentucky Resident Drug Overdose Emergency Department Visits Involving Heroin, 2008

Number of ED Visits
- 0
- 1 - 4
- 5 - 10
- 11 - 15
- 16 - 20
- 21 - 35
- 36 - 60
- 61 - 90
- 91 - 300
- 301 - 822

Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. December 2016. Data source: Kentucky Outpatient Services Claims Files, Office of Health Policy, Cabinet for Health and Family Services. Data are provisional and subject to change.
Kentucky Resident Drug Overdose Emergency Department Visits Involving Heroin, 2015

Number of ED Visits
- 0
- 1 - 4
- 5 - 10
- 11 - 15
- 16 - 20
- 21 - 35
- 36 - 60
- 61 - 90
- 91 - 300
- 301 - 822

Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. December 2016. Data source: Kentucky Outpatient Services Claims Files, Office of Health Policy, Cabinet for Health and Family Services. Data are provisional and subject to change.
Kentucky Resident Drug Overdose Deaths Involving Heroin, by County of Residence, 2014-2015 Combined

Heroin

Death count

- 0
- <5
- 5 - 50
- 51 - 100
- 101 - 200
- Appalachian Counties

Note: Produced by the Kentucky Injury Prevention and Research Center (http://www.mc.uky.edu/kiprc), May 31, 2016. Data are provisional and subject to change. Numbers between 0 and 5 were suppressed according to state data release policy. When a drug overdose episode involves two or more drugs, the case is counted under each relevant drug category.
Drug Overdose Deaths, Kentucky and the U.S.

Age-Adjusted Rate for Drug Overdose Deaths Involving Heroin (T40.1), 2010-2015

Mortality Rate (# Deaths /100,000 Population)

Produced by the Kentucky Injury Prevention and Research Center (KIPRC), a bona fide agent for the Kentucky Department for Public Health, December 2016. Data sources: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html on Dec 8, 2016. Data are provisional and subject to change.
Slide courtesy of the Kentucky Office of Drug Control Policy
Joint Fentanyl Project Report  
Appalachia High Intensity Drug Trafficking Areas  

July, 2016  

The trafficking of fentanyl is more prevalent in the larger cities within the state.  

The majority of fentanyl found in Kentucky is mixed or “cut” with heroin, but it has also been sold/distributed as counterfeit Xanax pills.  

The preferred route of entry for this substance is through injection since it is mostly sold in powder form mixed with heroin.

<table>
<thead>
<tr>
<th>Narcan Administering, 2015 and 2016</th>
<th>2015</th>
<th>2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. Individuals Received Narcan</td>
<td>2341</td>
<td>1348</td>
</tr>
<tr>
<td>No. Individuals Received &gt; 1 dose</td>
<td>457</td>
<td>343</td>
</tr>
<tr>
<td>Percent Individuals Received &gt; 1 dose</td>
<td>19.52%</td>
<td>25.45%</td>
</tr>
</tbody>
</table>

*January through May, 2016  

Table 1. Data source: Louisville-Metro EMS
Kentucky Resident Drug Overdose Deaths Involving Fentanyl, by County of Residence, 2014-2015 Combined

Fentanyl

Death count

- 0
- <5
- 5 - 50
- 51 - 100
- 101 - 200

Appalachian Counties

Note: Produced by the Kentucky Injury Prevention and Research Center (http://www.mc.uky.edu/kiprc/), May 31, 2016. Data are provisional and subject to change. Numbers between 0 and 5 were suppressed according to state data release policy. When a drug overdose episode involves two or more drugs, the case is counted under each relevant drug category.
Drug Overdose Deaths, 2015
Age-Adjusted Rate per 100,000 Residents

Drug Overdose Deaths Involving Synthetic Opioids, 2015
Age-Adjusted Rate per 100,000 Residents

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ</td>
<td>38</td>
<td>50</td>
<td>100</td>
<td>230</td>
</tr>
<tr>
<td>KY</td>
<td>38</td>
<td>74</td>
<td>128</td>
<td>300</td>
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<td>MN</td>
<td>21</td>
<td>39</td>
<td>39</td>
<td>58</td>
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<tr>
<td>NM</td>
<td>11</td>
<td>25</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>NYC</td>
<td>10</td>
<td>61</td>
<td>60</td>
<td>19</td>
</tr>
<tr>
<td>OK</td>
<td>10</td>
<td>61</td>
<td>65</td>
<td>61</td>
</tr>
<tr>
<td>UT</td>
<td>24</td>
<td>61</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>WA</td>
<td>10</td>
<td>61</td>
<td>61</td>
<td>61</td>
</tr>
</tbody>
</table>

Note: Missing data for NM in 2012 and 2015, and for NYC in 2015.
### States with the Highest Age-Adjusted Drug Overdose Mortality Rates, 2015

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Deaths</th>
<th>Population</th>
<th>Crude Rate per 100,000</th>
<th>Age-Adjusted Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>West Virginia</td>
<td>725</td>
<td>1,844,128</td>
<td>39.3</td>
<td>41.5</td>
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<tr>
<td>2.</td>
<td>New Hampshire</td>
<td>422</td>
<td>1,330,608</td>
<td>31.7</td>
<td>34.3</td>
</tr>
<tr>
<td>3.</td>
<td>Ohio</td>
<td>3,310</td>
<td>11,613,423</td>
<td>28.5</td>
<td>29.9</td>
</tr>
<tr>
<td>4.</td>
<td>Kentucky</td>
<td>1,273</td>
<td>4,425,092</td>
<td>28.8</td>
<td>29.9</td>
</tr>
<tr>
<td>5.</td>
<td>Rhode Island</td>
<td>310</td>
<td>1,056,298</td>
<td>29.3</td>
<td>28.2</td>
</tr>
<tr>
<td>6.</td>
<td>Pennsylvania</td>
<td>3,264</td>
<td>12,802,503</td>
<td>25.5</td>
<td>26.3</td>
</tr>
<tr>
<td>7.</td>
<td>Massachusetts</td>
<td>1,724</td>
<td>6,794,422</td>
<td>25.4</td>
<td>25.7</td>
</tr>
<tr>
<td>8.</td>
<td>New Mexico</td>
<td>501</td>
<td>2,085,109</td>
<td>24.0</td>
<td>25.3</td>
</tr>
<tr>
<td>9.</td>
<td>Utah</td>
<td>646</td>
<td>2,995,919</td>
<td>21.6</td>
<td>23.4</td>
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<tr>
<td>10.</td>
<td>Tennessee</td>
<td>1,457</td>
<td>6,600,299</td>
<td>22.1</td>
<td>22.2</td>
</tr>
<tr>
<td>11.</td>
<td>Connecticut</td>
<td>800</td>
<td>3,590,886</td>
<td>22.3</td>
<td>22.1</td>
</tr>
<tr>
<td>12.</td>
<td>Delaware</td>
<td>198</td>
<td>945,934</td>
<td>20.9</td>
<td>22.0</td>
</tr>
<tr>
<td>13.</td>
<td>Maine</td>
<td>269</td>
<td>1,329,328</td>
<td>20.2</td>
<td>21.2</td>
</tr>
<tr>
<td>14.</td>
<td>Maryland</td>
<td>1,285</td>
<td>6,006,401</td>
<td>21.4</td>
<td>20.9</td>
</tr>
<tr>
<td>15.</td>
<td>Nevada</td>
<td>619</td>
<td>2,890,845</td>
<td>21.4</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Poisoning Emergency Department Visits by State, 2014

Rate per 100,000 residents:
- 107.1 - 153.3
- 153.4 - 174.2
- 174.3 - 213.0
- 213.1 - 304.5
- Data is not available

*Data did not include admissions
Note: Alaska and Hawaii not to scale
Data Source: 2014 State-submitted Injury Indicator Data, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Indicator definitions are available from:
Available from https:// stacks.cdc.gov/view/cdc/42328
Kentucky Resident Drug Overdose Emergency Department Visits
Drugs Most Commonly Listed as Contributing to the Overdoses

Note: An overdose that involved multiple drugs was counted under each relevant drug category.

Produced by the Kentucky Injury Prevention and Research Center, a bona fide agent for the Kentucky Department for Public Health. December 2016. Data source: Kentucky Outpatient Services Claims Files, Office of Health Policy, Cabinet for Health and Family Services. Data are provisional and subject to change.
Infectious Diseases Associated with Injection Drug Use
Acute Viral Hepatitis C (2013)
All races/ethnicities | Both sexes | 2013 | All age groups | By State

Legend classified using quantiles according to 2013 data.

National Data By Year

This is a user-generated report. The findings and conclusions are those of the user and do not necessarily represent the views of the CDC.

Query and graphics are based on viral hepatitis surveillance data. Data may include a combination of the following: acute viral hepatitis A, hepatitis B, and hepatitis C; by state and year; shown in numbers. For more info, see: Viral Hepatitis Surveillance Notes.


Disclaimer: This is a user-generated report. The findings and conclusions are those of the user and do not necessarily represent the views of the CDC.

Data Source: Query and graphics are based on viral hepatitis surveillance data. Data may include a combination of the following: acute viral hepatitis A, hepatitis B, and hepatitis C; by state and year; shown in numbers. For more info, see: Viral Hepatitis Surveillance Notes.

Notes: Viral Hepatitis case report data are submitted from all 50 states and the District of Columbia for the years 2000 to 2013. These data are summarized by disease, year, age group, sex, and race/ethnicity. For more info, see: Viral Hepatitis Surveillance Notes.
FIGURE 1. Incidence of acute hepatitis C among persons aged ≤30 years, by urbanicity and year — Kentucky, Tennessee, Virginia, and West Virginia, 2006–2012

Hospitalizations with co-existing diagnoses for opioid misuse and HCV
Kentucky residents 18 years of age or older
Average annual rate per 100,000 population, 2010-2014
Kentucky’s Response to Heroin: Senate Bill 192 (“The Heroin Bill”)


1. Tougher Penalties for heroin trafficking
2. Treatment provisions:
   • Requires Medicaid/managed care to approve or deny a substance abuse provider application within 45 days.
   • Requires Medicaid to provide an annual report on substance abuse treatment services.
   • Requires ED’s to make a treatment referral for persons involved in an overdose.
   • Priority for pregnant women with substance use disorder.
   • Department of Corrections to establish a pilot program for extended release opiate antagonist among opiate addicts being released from custody.

3. Good Samaritan provisions:
   • Prevents possession and paraphernalia charges to someone who reports an overdose to authorities and stays with the victim until help arrives.

4. Needle Exchange – Local Option:
   • Permits clean needle exchanges at health departments if a local jurisdiction approves.

5. Naloxone provisions:
   • Ensured increased availability of naloxone.
Rate of Buprenorphine Prescriptions Dispensed by County, Kentucky 2012 and 2015

Neonatal Abstinence Syndrome case definition: 1) Any mention of ICD-9-CM diagnosis code 779.5 (ICD-10-CM code P96.1), AND 2) Any mention of ICD-9-CM diagnosis code V30-V39 (liveborn infant according to type of birth) (ICD-10-CM code Z38), AND 3) Kentucky resident, AND 4) Patient’s year of birth matches the reporting year (inpatient files were searched for the reporting year and the first quarter of the following year).
Specific concerns regarding Kentucky Counties:
1. Dense drug user networks similar to Scott County Indiana
2. Lack of syringe exchange programs

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.


County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States.

Data-Driven Multidisciplinary Approaches To Reduce Prescription Drug Abuse in Kentucky (Bureau of Justice Assistance)

• Development of data sharing agreement between KIPRC and agencies data owners in order to establish a comprehensive drug overdose and drug abuse-related surveillance
• Enhancement of the state PDMP analytical capabilities to identify possibly harmful prescribing practices
• Enhancement of patient reports with morphine milligram equivalent daily dose history and a warning flag for overlapping prescriptions for opioids and benzodiazepines
• Linkage of death certificates, post-mortem toxicology results, and PDMP records to identify prescription drug diversion and
Enhancement of PDMP patient reports with morphine milligram equivalent daily dose information

CABINET FOR HEALTH AND FAMILY SERVICES
Commonwealth of Kentucky
275 East Main Street
Frankfort, KY 40621-0001
Drug Enforcement Branch - KASPER
Patient Controlled Substance Report
Between 09/29/2013 and 09/29/2014

Patient Name: DOE, JOHN

Active Cumulative Morphine Equivalent *

Date Filed Drug Name Patient DOB Qty Days Prescriber Name Prescriber DEA City Pharmacy Name Pharmacy City Rpt To Daily MED Pat ID
10/01/2013 Amphetamine/Seconal 05/23/1985 90 30 Danville Good Neighbor Pharmacy Danville KY 1
10/12/2013 Suboxone IM-20MG 05/23/1985 2 1 Danville Good Neighbor Pharmacy Danville KY 160 1
10/11/2013 Suboxone IM-20MG 05/23/1985 4 2 Danville Good Neighbor Pharmacy Danville KY 160 1
10/32/2013 Suboxone IM-20MG 05/23/1985 8 5 Danville Good Neighbor Pharmacy Danville KY 160 1
10/72/2013 Suboxone IM-20MG 05/23/1985 2 1 Danville Good Neighbor Pharmacy Danville KY 160 1
10/92/2013 Suboxone IM-20MG 05/23/1985 6 4 Danville Good Neighbor Pharmacy Danville KY 160 1
10/142/2013 Suboxone IM-20MG 05/23/1985 3 2 Danville Good Neighbor Pharmacy Danville KY 160 1
10/182/2013 Suboxone IM-20MG 05/23/1985 3 2 Danville Good Neighbor Pharmacy Danville KY 160 1
10/222/2013 Suboxone IM-20MG 05/23/1985 4 2 Danville Good Neighbor Pharmacy Danville KY 160 1
10/232/2013 Suboxone IM-20MG 05/23/1985 2 1 Danville Good Neighbor Pharmacy Danville KY 160 1

KASPER reports enhanced with MME history were implemented on Dec 3, 2015.

For 4th quarter 2015, 47,610 adults (ages 18+) received opioids with MME>100. During 1st quarter 2016, the number dropped to 46,615 (2% decrease).

For 4th quarter 2015, 126 youths received opioids with MME>100. During 1st quarter 2016, the number dropped to 95 (25% decrease).
Program Activities
A. Enhance PDMP
   • Integration with electronic health records
   • Improve PDMP as a prescriber tool (i.e., ACME warning)
B. Community Outreach
   • DOTAC – Drug Overdose Technical Assistance Core
   • Community Capacity Assistance
   • Academic detailing for prescribers
   • Naloxone administration training for law enforcement
C. Policy evaluation with cost benefit analysis
   • Clinical profession-specific prescribing guidelines
   • Mandatory decedent toxicology testing
D. Substance Use Disorder Information and Treatment Referral Service
   • Information call line with audience specific repositories of information (i.e.,
     Individuals, families, primary care providers, law enforcement, worker, etc.)
   • Web-based treatment availability locator
E. Public safety and public health data hot/cold spot mapping
F. Comprehensive, multi-source drug overdose fatality surveillance (death certificates,
   post-mortem toxicology results, PDMP history, medical examiner data, coroner
   investigation reports)
Provides Timely, Local-level Data to Support Harm Reduction Initiatives, Inform Local Prevention and Interventions

Drug-related inpatient hospital discharges and emergency department visits
PIKE county residents: 2010-2014

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tr>
<td><strong>Infectious disease</strong></td>
<td></td>
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</tr>
<tr>
<td>Hepatitis C</td>
<td>130</td>
<td>194</td>
<td>259</td>
<td>356</td>
<td>474</td>
</tr>
<tr>
<td>HIV</td>
<td>7</td>
<td>10</td>
<td>22</td>
<td>17</td>
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</tr>
<tr>
<td>Endocarditis</td>
<td>15</td>
<td>18</td>
<td>22</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td><strong>Comorbid infectious disease and drug overdose, abuse or dependence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug overdose, abuse or dependence with Hepatitis C</td>
<td>36</td>
<td>73</td>
<td>92</td>
<td>130</td>
<td>193</td>
</tr>
<tr>
<td>Drug overdose, abuse or dependence with HIV</td>
<td>-</td>
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<tr>
<td>Drug overdose, abuse or dependence with Endocarditis</td>
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<td>-</td>
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</tr>
</tbody>
</table>

An asterisk (*) indicates that a count of at least one but fewer than five was suppressed.

Data sources: Kentucky Inpatient Hospitalization and Outpatient Services Claims Files, Frankfort, KY (2010-2014); Cabinet for Health and Family Services, Office of Health Policy. Data files for 2009-2014 were provisional at the time this was prepared, and are subject to change.

Produced by: Kentucky Injury Prevention and Research Center, January 2016

http://www.mc.uky.edu/kiprc/injury-topics/drug-overdose/county-profiles.html#
The Kentucky Injury Prevention and Research Center (KIPRC)
University of Kentucky College of Public Health
a Bona Fide Agent for the Kentucky Department for Public Health

Kentucky Enhanced State Surveillance of Opioid-involved Morbidity and Mortality (CDC)

Program goals and activities
A. Increase timeliness of nonfatal overdose reporting
   • Develop a rapid drug overdose surveillance system based on ED data feeds
   • Data quality improvement of ED data feeds
   • Establish reporting surveillance of naloxone administrations by EMS
B. Increase timeliness of fatal overdose reporting and dissemination
   • Timeliness and frequency of DOFSS data collection
   • Examine and report on risk factors
C. Dissemination of surveillance to key stakeholders for rapid response
Operation UNITE Initiatives

www.operationunite.org

Overview

Operation UNITE (Unlawful Narcotics Investigations, Treatment & Education) is a 501(c)(3) non-profit corporation created in 2003 by U.S. Congressman Harold “Hal” Rogers (KY-5th) to provide a regional, community-based anti-drug response to the prescription drug epidemic sweeping across southern and eastern Kentucky.

Serving a 32-county region, UNITE is engaged in numerous education, treatment, and law enforcement initiatives – many with state and federal partners – designed to empower citizen groups and community leaders to no longer accept or tolerate the drug culture. This is achieved through expanding youth-focused anti-drug prevention and education programs, community campaigns about the dangers of drugs, coordinating treatment and outreach programs for those struggling with addiction, providing support to families and friends of substance abusers, and conducting undercover narcotics investigations.
Svetla Slavova
ssslav2@uky.edu