Drug Overdose
Inpatient
Hospitalizations
in Kentucky,
2000 - 2014
Drug Overdose Hospitalizations in Kentucky, 2000-2014

January, 2016

Prepared by
David Akers MA, MS
Svetla Slavova, PhD
Terry L. Bunn, PhD

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Kentucky Injury Prevention and Research Center (KIPRC)
333 Waller Avenue, Suite 242
Lexington, Kentucky 40504

For more information contact
Svetla Slavova
E-mail: ssslav2@email.uky.edu

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Executive Summary

1. In 2014, there were 5,741 Kentucky resident hospitalizations for drug overdoses. This is an increase of 3% from the 5,590 drug overdose hospitalizations registered in 2013, ending the decreasing trend from the previous two years.

Note: The number of drug overdose hospitalizations represents instances of care (hospital admissions) rather than distinct patients. The state inpatient hospitalization discharge data do not contain personal identifiers like names, addresses, or social security numbers in order to protect patient privacy. Thus, our counts do not necessarily correspond to the number of people who overdosed in a given year: one patient could have been transferred from one hospital to another, generating two hospital admissions. Likewise, a patient who had two overdose episodes during a given year would have two distinct hospital admission records. The counts of hospital admissions describe the burden of the drug overdose epidemic on the health care facilities and the insurers and allow for better capacity planning.

2. The 2014 Kentucky resident age-adjusted drug overdose hospitalization rate was 128.8 per 100,000 Kentucky residents, up slightly from the 126.6 rate from 2013, and down from 144.7/100,000 in 2012.

3. Females remained at higher risk for drug overdose hospitalizations (148.6/100,000) compared with males (108.4/100,000) in 2014.

4. Adults ages 45-54 years old were at highest risk for overdose hospitalizations (201/100,000) in 2014, followed by 35-44 year olds (191/100,000), and 25-34 year olds (172/100,000).

5. In 2014, there were 2,325 hospitalizations for intentional self-harm (suicide attempt) with drugs and 1,977 hospitalizations for unintentional (accidental) drug overdose.

6. The total charges associated with the hospital treatment of Kentucky resident drug overdoses in 2014 were $150.3 million dollars, a 16% increase from the $129.4 million dollar total in 2013. The $150.3 included $53 million billed to Medicare, $59 million Medicaid, $7 million self-pay or charity, and $24 million to commercial insurance. The $59 million billed to Medicaid was almost double the $30 million from 2013.

7. The total length of hospital stay for the treatment of the 5,741 Kentucky resident drug overdoses in 2014 was 21,777 days.

8. Pharmaceutical opioids and benzodiazepines remained the most commonly abused drugs leading to drug overdose hospitalizations. In 2014, there were 1,245 drug overdose hospitalizations involving benzodiazepines, 1,095 involving pharmaceutical opioids, and 325 involving heroin. When a drug overdose involved two or more drugs, the drugs were counted under each relevant drug category. From 2012-2014 heroin-related overdose hospitalizations were more frequent among those 25-34 years old. Pharmaceutical opioids were most often registered in drug overdose hospitalizations for Kentucky residents 55 years of age and older. Benzodiazepines were more common in drug overdose hospitalizations for those 45 to 54 years of age.

9. The majority of the 2012-2014 drug overdose hospitalizations among residents 55 years of age or older were unintentional. For all other age groups, drug overdose hospitalizations were more often due to intentional self-harm (suicide attempt) than to accident.

10. The highest rates of overdose hospitalizations involving prescription drugs were observed in the Kentucky counties in the Appalachian region. The highest rates of overdose hospitalizations involving heroin were observed in Northern Kentucky, Jefferson, and Fayette counties.

11. The highest number of inpatient hospitalizations for drug overdoses in 2013 were reported by the following facilities: St. Elizabeth Florence, St. Elizabeth Edgewood, University of Kentucky Good Samaritan Hospital, University of Louisville Hospital, University of Kentucky Hospital, Owensboro Medical Health System, Baptist Hospital East, and the Medical Center at Bowling Green.
Kentucky Resident Drug Overdose Hospitalizations by Age Group, 2000-2014

Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.

Kentucky Resident Drug Overdose Hospitalization Rates by Age Group, 2000-2014

Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.
### Kentucky Resident Drug Overdose Hospitalizations by Age Group, 2000-2014

<table>
<thead>
<tr>
<th>Year</th>
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<th>35-44</th>
<th>45-54</th>
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### Kentucky Resident Drug Overdose Hospitalization Rates by Age Group, 2000-2014

( Rate per 100,000 Kentucky Residents )

<table>
<thead>
<tr>
<th>Year</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
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<th>55+</th>
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<td>191</td>
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Kentucky Resident Drug Overdose Hospitalizations by Intent, 2000-2014

Total Number

- Unintentional
- Self Harm
- Undetermined
- No Ecode

Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky Inpatient Hospitalization Discharge Data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.

Kentucky Resident Drug Overdose Hospitalization Rates by Intent, 2000-2014

Hospitalization Rate (# hospitalizations/100,000 population)

- Unintentional
- Self Harm
- Undetermined
- No Ecode

Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky Inpatient Hospitalization Discharge Data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.
Total Charges for Drug Overdose Hospitalizations (in millions), 2000-2014

Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.

Drug Overdose Hospitalizations by Total Length of Stay, 2000-2014

Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.
Kentucky Resident Drug Overdose Hospitalizations by Expected Payer, 2000-2014

Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.

Kentucky Resident Total Drug Overdose Hospitalization Charges by Expected Payer, 2000-2014

Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.
Kentucky Resident Drug Overdose Hospitalizations by Expected Payer, 2000-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Commercial</th>
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<th>Medicare</th>
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Kentucky Resident Drug Overdose Hospitalization Charges by Expected Payer, 2000-2014

<table>
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<tr>
<th>Year</th>
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<th>Medicaid</th>
<th>Medicare</th>
<th>Other</th>
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## Kentucky Resident Drug Overdose Hospitalizations

**by Drug Type, Gender, and Year, 2010-2014**

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<th></th>
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<tbody>
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<td>41</td>
<td>106</td>
<td>172</td>
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<td>21</td>
<td>69</td>
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<td>120</td>
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<tr>
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<td>636</td>
<td>501</td>
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<td>636</td>
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<tr>
<td>Heroin &amp; Cocaine</td>
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<td>14</td>
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<td>13</td>
<td>36</td>
<td>30</td>
<td>27</td>
<td>24</td>
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</tbody>
</table>

*Numbers are suppressed, per state’s data management policy, when the counts represent zero to four (0-4) hospitalizations. When a drug overdose episode involves two or more drugs, the case is counted under each relevant drug category as well as under the category representing the combination of the two drugs that contributed to the overdose.*

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*Produced by the Kentucky Injury Prevention and Research Center, January 2016. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2011-2014 are provisional and subject to change.*
Kentucky Resident Drug Overdose Hospitalizations
by Drug Type and Age Group, 2012-2014 Combined

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Age Group</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55+</th>
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<tbody>
<tr>
<td>Heroin</td>
<td>173</td>
<td>290</td>
<td>153</td>
<td>111</td>
<td>36</td>
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</tr>
<tr>
<td>Pharmaceutical Opioids</td>
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<td>524</td>
<td>684</td>
<td>994</td>
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<tr>
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*Numbers are suppressed, per state’s data management policy, when the counts represent zero to four (0-4) hospitalizations.

When a drug overdose episode involves two or more drugs, the case is counted under each relevant drug category as well as under the category representing the combination of the two drugs that contributed to the overdose.

---

Kentucky Resident Drug Overdose Hospitalizations
by Age Group, Payer Source and Intent, 2012-2014 Combined

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### Number of Drug Overdose Hospitalizations and Rates per 100,000 Residents, by County, 2010-2014

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*Counts less than 5 were suppressed according to the state data management policy. Rates based on less than 20 events are unreliable and were suppressed by the state data management policy.
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About This Report

This report presents drug overdose hospitalization data for Kentucky residents treated in Kentucky acute care hospitals. The data source is the Kentucky Inpatient Hospitalization (IH) Discharge Files, Cabinet for Health and Family Services, Office of Health Policy, 2000-2014 (data for 2011-2014 are provisional and subject to change). Inpatient hospitalization data were coded according to the International Classification of Disease, 9th revision, Clinical Modification (ICD-9-CM, http://www.cdc.gov/nchs/icd/icd9cm.htm). The ICD-9-CM system describes a drug overdose (also called drug poisoning) using diagnosis codes and E-codes. The Kentucky data system includes up to 25 diagnosis code fields for each hospitalization. The first diagnosis code is called the principal diagnosis code. The principal diagnosis for a hospitalized patient is the main reason for the patient’s hospital stay and is based on the clinical findings during the patient’s stay. Other conditions/diagnoses that exist at the time of the hospitalization and affect the diagnosis, treatment, or length of stay in the health facility are also coded in the remaining 24 diagnosis code fields and are called secondary diagnoses. ICD-9-CM diagnosis codes describing drug poisonings are in the range 960-979. Drug overdose (drug poisoning) diagnoses should be supplemented (when circumstances of the overdose are known) with additional codes called external-cause-of-injury codes (E-codes), that describe the intent of injury. Based on the external-cause-of-injury code, a drug poisoning can be classified by intent as accidental (unintentional, E850-E858), intentional (self-harm, E950.0-E950.5; or assault, E962.0), or undetermined (E980.0-E980.5, when there is insufficient documentation in the medical chart to determine whether the drug overdose was accidental or intentional). Some drug overdose hospitalization records, however, do not list any E-codes. We treat such records as a separate category ("No E-code") when reporting the intent of the overdose. On average, 90 to 95 percent of the Kentucky drug overdose hospitalization records listed valid external-cause-of-injury codes describing the intent of the overdose.

Definition: A hospitalization was considered a drug overdose hospitalization if:
1) any of the ICD-9-CM codes in the range 960-979 were listed in any diagnosis (principal or secondary) fields; or
2) any of the ICD-9-CM codes in the range E850-E858, E950.0-E950.5, E962.0, or E980.0-E980.5 were listed in the E-code fields.

Appendix A describes the ICD-9-CM codes that identify specific drugs/classes of drugs contributing to the drug overdose.

Age-adjusted rates were based on 2000 U.S. standard population data.

Limitations:
1. Only records for Kentucky residents treated in Kentucky acute care hospitals were included in this report. Data for Kentucky residents treated in neighboring states were not available. Therefore, the counts and rates presented likely underestimate the full extent of drug overdoses in Kentucky.
2. Reported counts reflect the number of hospitalizations or encounters of care for drug overdoses, rather than number of distinct patients. The inpatient hospital discharge data do not include personal identifiers such as names, addresses, or social security numbers in order to protect patient privacy. Thus, our counts do not necessarily correspond to the number of people who were hospitalized for an overdose in a given year: one patient could have been transferred from one hospital to another, generating two hospital admissions. Likewise, a patient who had two overdose episodes requiring inpatient hospital treatment during a given year would have two distinct hospital discharge records. The counts of hospital admissions better describe the burden of the drug overdose epidemic on the health care facilities and the insurers and allow for better capacity planning.
### APPENDIX A

**ICD-9-CM codes for acute poisonings due to the effects of drugs (drug overdoses)**

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<th>Type of Poison</th>
<th>ICD-9-CM codes</th>
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<td><strong>DRUG</strong></td>
<td>E850-E858, E950(.0-.5), E962.0,</td>
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<td>E980(.0-.5), 960-979</td>
</tr>
<tr>
<td>-Nonopioid analgesics, Antipyretics, and Antirheumatics</td>
<td>E850(.3-.8), 965(.1-.8)</td>
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<td>--4-Aminophenol derivatives</td>
<td>E850.4, 965.4</td>
</tr>
<tr>
<td>-Opiates/opioids</td>
<td>E850(.0-.2), 965.0</td>
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<tr>
<td>--Heroin</td>
<td>E850.0, 965.01</td>
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<tr>
<td>--Pharmaceutical Opioids</td>
<td>E850(.1-.2), 965(.00,02-.09)</td>
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<td>---Methadone</td>
<td>E850.1,965.02</td>
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<tr>
<td>-Cocaine</td>
<td>E854.3*, E855.2*, 968.5*, 970.81</td>
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<tr>
<td>-Antidepressants, barbiturates and other antiepileptics, sedative-hypnotics, and psychotropic drugs not elsewhere classified</td>
<td>E851-E853, E854(.0-.2,8), E855.0, E950(.1-.3), E980(.1-.3), 966, 967, 969, 970(.0,1,.89)</td>
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<tr>
<td>--Benzodiazepines</td>
<td>E853.2, 969.4</td>
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<tr>
<td>--Psychostimulants with abuse potential including methamphetamine, MDMA (Ecstasy)</td>
<td>E854.2, 969.7</td>
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<tr>
<td>-Anticoagulants</td>
<td>964.2</td>
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<tr>
<td>-Other specified and unspecified drugs</td>
<td>E850(.9), E855(.1,3-.9), E856-E858, E950(.0,4,.5), E962.0, E980(.0,4,.5), 960-963, 964(.0,1,3-.9), 965.9, 968(.0-.4,6-.9), 970(.9),971-979</td>
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*Not the only drug in this category.

For more information, please refer to:

[Consensus Recommendations for National and State Poisoning Surveillance, Safe States, April 2012](#).