

Report analyzes drug overdose morbidity and mortality among Kentucky residents

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A new report from the Kentucky Injury Prevention and Research Center (KIPRC) reveals the prevalence and charges associated with drug overdose in the Bluegrass state. The report, "Drug Overdose Deaths, Hospitalizations, and Emergency Department Visits in Kentucky, 2000-2012", analyzes overdose morbidity and mortality among Kentucky residents and documents the enormous societal and financial

toll on the Commonwealth's population. KIPRC, located in the UK College of Public Health, is a bona fide agent for the Kentucky Department for Public Health.

The report includes points of encouragement and concern. The good news is that, overall, overdose deaths and emergency department visits leveled off from 2011 to 2012, and the contribution of prescription opioids and benzodiazepines to [drug overdoses](#) decreased. In 2012, there were 6,496 overdose emergency department (ED) visits and 1,031 overdose deaths, compared with 6,492 and 1,022 in 2011, respectively. Pharmaceutical opioids remained the primary cause of overdose deaths in the state. Benzodiazepines remained the primary drugs involved in Kentucky resident [drug](#) overdose ED visits and hospitalizations in 2012, but decreased 9 percent from a high of 939 visits in 2011 to 856 visits in 2012. Intent to self-harm was the primary reason for hospitalizations due to overdose, similar to years 2000-201. Casey, Carroll, Nicholas, Powell, and Johnson Counties had the highest overdose ED visits in the time period of 2008 to 2012.

While the contribution of prescription opioids and benzodiazepines to drug overdoses decreased from 2011 to 2012, there was a precipitous increase in heroin involvement in overdose deaths, inpatient hospitalizations, and ED visits over the same period. Heroin contributed to 129 Kentucky resident [drug overdose deaths](#) in 2012, a 207 percent increase from the 42 heroin-involved deaths recorded in 2011. There was also a 174 percent increase for inpatient hospitalizations and 197 percent increase for ED visits related to heroin.

The spike in drug abuse and overdoses involving heroin is not unique to Kentucky. According to the Substance Abuse and Mental Health Services Administration, the number of heroin users increased by 80 percent from 2007 to 2012. Similarly, the Centers for Disease Control and Prevention reports a 55 percent increase in heroin-related overdose

deaths from 2000 to 2010. Many experts suspect a connection between increased heroin use and decreasing non-medical prescription opiate abuse.

Due to efforts like prescription drug monitoring programs, it has become increasingly difficult to obtain prescription drugs, while heroin has become cheaper and more accessible. In Kentucky, drug prescribers and dispensers are required to report to KASPER (Kentucky All Schedule Prescription Electronic Reporting) and use the system to identify and reduce the number of patients who are "doctor shopping", or obtaining multiple prescriptions to support their drug addiction. Identification of such patients can also facilitate their referral to addiction treatment resources.

The KIPRC report also reveals that impact of overdose on Kentucky is increasingly costly. Analysis showed that total charges for drug overdose hospitalizations rose by 7 percent to \$129.3 million in 2012, with Medicare being billed for \$41.3 million and Medicaid being billed for \$34.1 million. Kentucky resident drug overdose ED visit charges increased 5 percent to \$15.3 million.

Terry Bunn, PhD, director of KIPRC, says that the report highlights the fundamental importance of comprehensive approaches to drug abuse and treatment in the state.

"A multipronged strategy to reduce drug overdoses in the Commonwealth of Kentucky involves the basic elements of the public health model that includes the comprehensive surveillance and tracking of drug overdoses, identification of risk factors that result in drug overdoses, development of interventions to prevent drug overdoses, and the widespread adoption of drug overdose prevention interventions," she said.

The high number of pharmaceutical opioid and heroin deaths in Kentucky illustrates the need for naloxone, an opiate antidote, to be available for administration by first responders and friends and family of substance abusers in order to reduce [overdose deaths](#). Intranasal administration of naloxone during an opiate [overdose](#) has been credited with saving countless lives.

Bunn says that the report reflects the growing need for improved education of physicians on drug abuse and treatment, better law enforcement and adjudication, and significantly increased funding and volume for substance abuse and mental health treatment services across the state in order to decrease the extraordinary toll of drug abuse on individuals, families, and communities.

She also points to the need for the state to establish a comprehensive prescription/illegal drug of abuse surveillance system that includes medical examiner, toxicology, and treatment facility data.

"It's great that we at KIPRC can provide info on three major datasets, but more are needed to obtain an even broader picture and clearer understanding of drug overdoses and abuse in Kentucky."

More information: The report is available online:
[www.mc.uky.edu/kiprc/PDF/Drug- ... -Report-released.pdf](http://www.mc.uky.edu/kiprc/PDF/Drug-...-Report-released.pdf)

Provided by University of Kentucky

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