



Heroin Response Strategy: Kentucky 2016 Data Brief

Heroin Response Strategy Program

With support from the federal Office of National Drug Control Policy and Center for Disease Control and Prevention, seven High Intensity Drug Trafficking Area (HIDTA) regions collaborated to create an innovative strategy to deal with the heroin and opioid problem. Their strategy went beyond conventional drug enforcement initiatives to address factors which have contributed to this crisis. The Heroin Response Strategy (HRS) program was created to develop a Public Health and Public Safety Network to reduce the incidence of overdoses, educate youth, and improve response & treatment access.

The HRS program had been functioning for a year at the end of 2016. Throughout the year, Public Health Analysts and Drug Intelligence Officers in each participating state devoted time to establishing essential relationships with community stakeholders and to addressing gaps and needs. One of the results of these new relationships includes the collection of data that can be shared to keep community stakeholders up to date on issues related to the epidemic.

The author is grateful to the Kentucky Board of EMS, the Kentucky Injury Prevention and Research Center, the Kentucky Office of Drug Control Policy, the Kentucky State Police, Louisville Metro EMS, the Office of Health Policy in the Cabinet for Health and Family Services, and the Office of the Kentucky State Medical Examiner for their contributions to this report.

This data brief contains information and statistics which are pertinent to the state of Kentucky. For questions, please contact:

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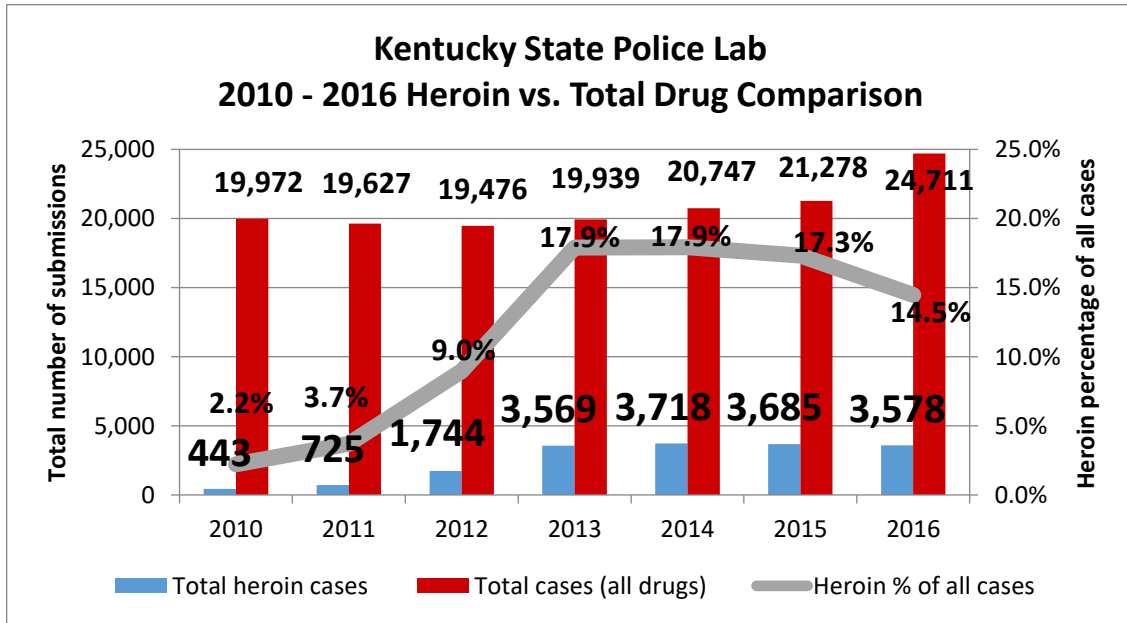
HEROIN AND FENTANYL DRUG SEIZURES AND ARRESTS ¹

The trafficking of fentanyl is more prevalent in larger cities in Kentucky. Shipments of this substance are coming from Ohio (Dayton, Columbus, and Cincinnati), Chicago, Detroit, Pennsylvania, Maryland, and China. The majority of fentanyl found in Kentucky is mixed or “cut” with heroin. Additionally, it is also sold and/or distributed as counterfeit Xanax pills. To avoid inhalation and skin contact, seizures of suspected fentanyl are sent to Kentucky State Police Laboratories for testing.

Table 1. Felony Heroin and Opiate Arrests

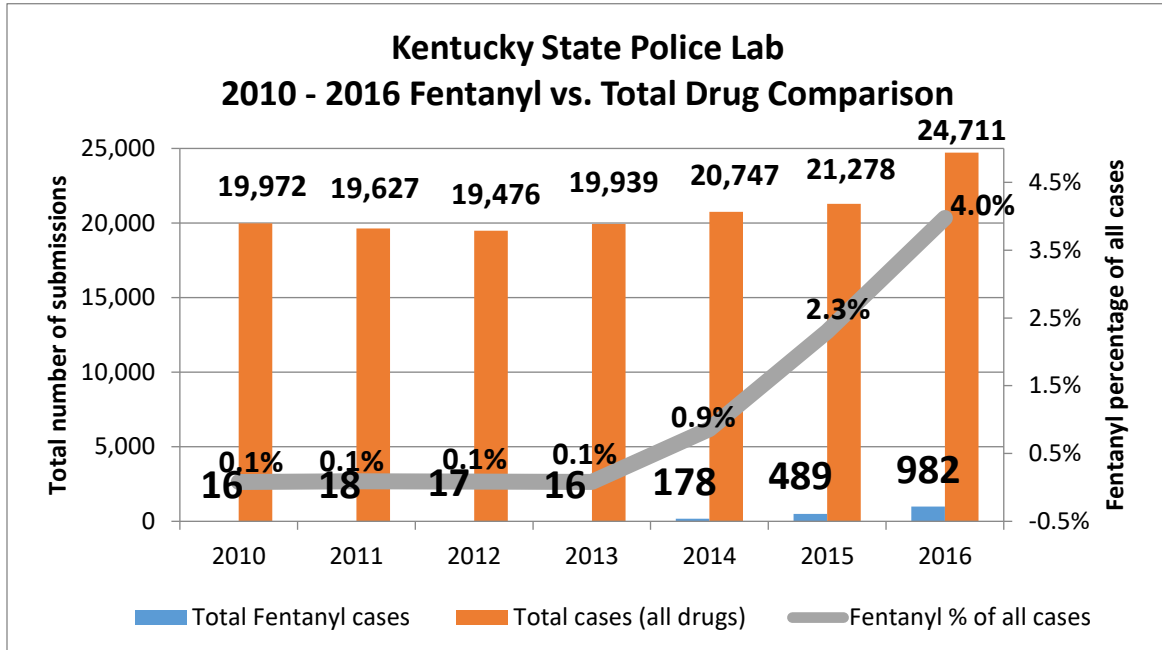
2015	2016	% Change
4,289	4,687	9.28%

Figure 1



¹ Kentucky State Police, 2017

Figure 2



Key Points:

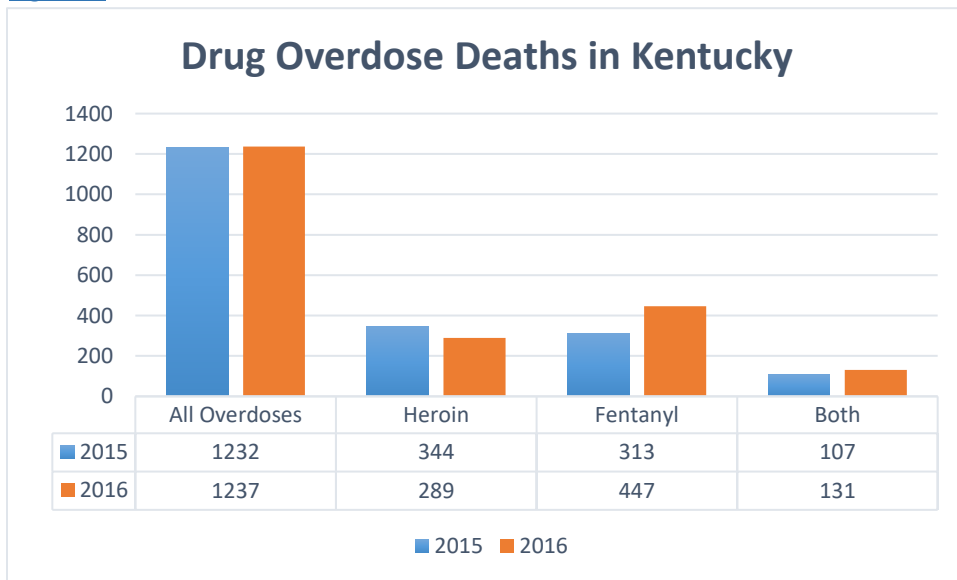
- Drug activity related to heroin and opiates has increased in 2016. Although arrests increased, it is not known how many of the individuals who were arrested were Kentucky residents.
- In 2016, of the drugs submitted to the Kentucky State Police Lab for analysis, the proportion of heroin submissions to all other drugs decreased, but the total number remained consistent over the previous three years (see Fig 1).
- The Kentucky State Police (KSP) have witnessed a steady increase in fentanyl seizures over the last seven years, however, fentanyl submissions almost doubled between 2015 and 2016.

OVERDOSES

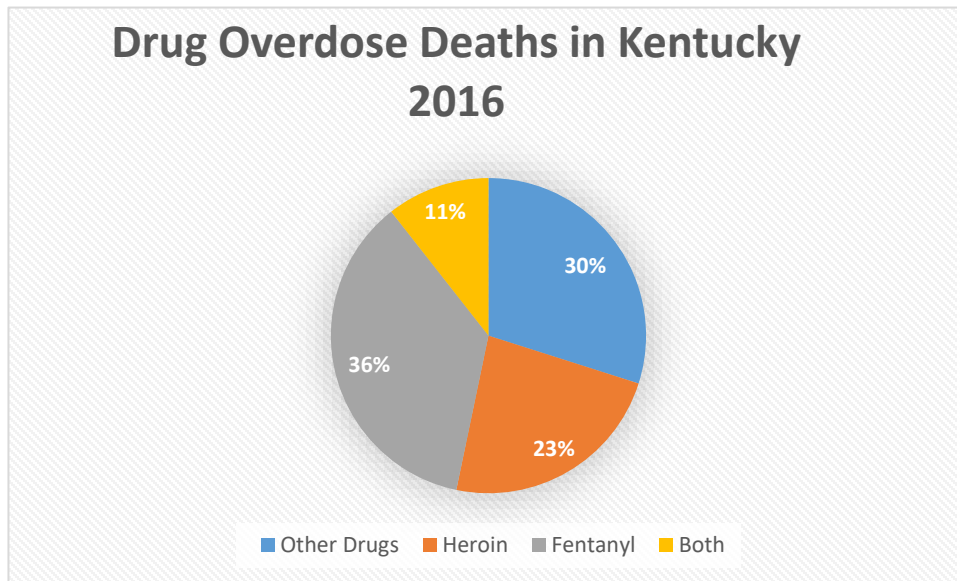
Substance abuse is not limited to alcohol or heroin. Ingestion and intravenous use of prescription and illicit opioids have contributed to increased overdose rates in Kentucky over the last decade. The increased prevalence of fentanyl noted by Kentucky law enforcement has caused serious negative health impact. Due to the clandestine nature of heroin mixed with fentanyl, most users are not aware that fentanyl has been mixed with heroin. As a result, they do not know that they have an increased risk of suffering an overdose.

Fatal Overdoses²

Figure 3



² Kentucky Injury Prevention and Research Center/Office of the Kentucky State Medical Examiner, 2017

Figure 4**Key Points:**

- Heroin-related deaths (alone, not combined with fentanyl) account for 23% of all overdose deaths, which is 16% *less* than in 2015
- There were 578 overdose deaths related to fentanyl, including deaths attributable to only fentanyl or fentanyl combined with heroin
 - Fentanyl accounts for approximately 47% of all overdose deaths, a 34% increase since 2015
- Fentanyl-related (alone, not combined with heroin) deaths have increased by 43% since 2015
- In 2016, the five counties which the highest number of deaths related to heroin and/or fentanyl deaths are:
 - 1) Jefferson
 - 2) Fayette
 - 3) Kenton
 - 4) Boone
 - 5) Campbell

Non-fatal Overdoses

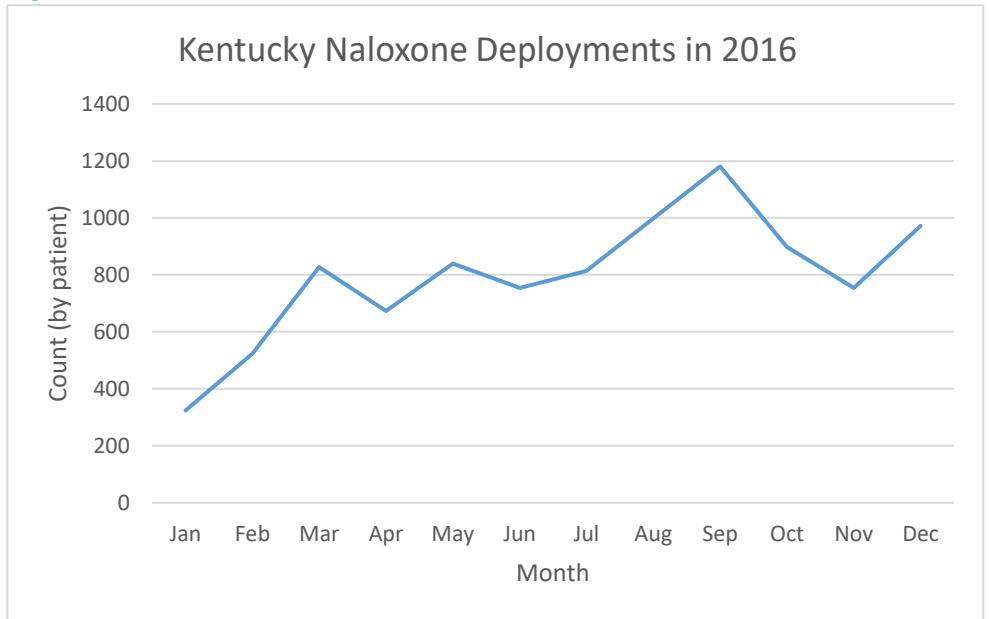
In late summer of 2016, Kentucky experienced a surge of overdose calls. It is believed this spike in overdoses is associated with carfentanil. Carfentanil is 100 times more

potent than fentanyl and is intended for large-animal use only.³ The areas highly impacted include Northern and Central Kentucky, creating a larger burden for EMS and first responders. Standard doses of naloxone are not always effective in reversing the effects associated with this drug and it is more difficult to revive patients who have overdosed with carfentanil.

Table 2. EMS Naloxone Deployments 2016^{4*}

Month	Count (by patient)
Jan	324
Feb	523
Mar	827
Apr	673
May	840
Jun	754
Jul	814
Aug	998
Sep	1181
Oct	898
Nov	755
Dec	973
Total	9560

Figure 5



**Naloxone/Narcan is often used as a catch-all for EMS calls. The numbers represented in the figures above may not all be true overdoses.*

³ "CARFENTANIL." National Center for Biotechnology Information. PubChem Compound Database. U.S. National Library of Medicine, n.d.

⁴ Kentucky Board of EMS and Louisville Metro EMS, 2017.

2015 Opiates + Heroin				2016 Opiates + Heroin			
Age Group	Heroin	Opioids	Total	Age Group	Heroin	Opioids	Total
15-24	557	118	675	15-24	722	137	859
25-34	1159	264	1423	25-34	2005	345	2350
35-44	538	213	751	35-44	1012	298	1310
45-54	323	195	518	45-54	477	222	699
55-64	88	137	225	55-64	147	189	336
65-74	<5*	69	69	65-74	19	85	104
75+	0	39	39	75+	<5*	44	44
Total	2665	1035	3700	Total	4382	1320	5702

* Cells based on counts less than 5 were suppressed according to the state data release policy.

Key Points:

- EMS overdose calls have fluctuated throughout 2016, but peaked in late summer/early fall
- Hospital Emergency Department (ED) visits have increased by 54% since 2015
- The largest demographic for heroin and opioid ED visits is age group 25-34
- There were more ED visits for heroin than opioids in both 2015 and 2016

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