

Kentucky Statewide Opioid Stewardship (KY SOS)

April Newsletter

Spotlight

Harrison Memorial Hospital to Join ED Bridge Program

The Kentucky Statewide Opioid Stewardship (KYSOS) Emergency Department (ED) Bridge team is excited to announce that **Harrison Memorial Hospital in Cynthiana** has committed to implementing a Bridge Program. KYSOS is working with Kentucky hospitals to fight the opioid epidemic by providing services to inpatient hospital settings, outpatient primary care clinics, and emergency departments (ED) throughout the state.

The main objective of the ED Bridge Program is to ensure patients with opioid use disorder (OUD) receive 24/7 access to care. This program helps patients receive low-barrier treatment, bridge them to ongoing care in their community, and nurture a culture of harm reduction in EDs. One of the core elements of the program is to connect OUD patients with a Peer Support Specialist (PSS). Peer Support Specialists, persons in long term recovery, offer a unique opportunity to share their lived experiences to help mentor, guide, and encourage patients with OUD. Their connection to OUD patients is a key component to the program's success.

Kentucky Opioid Response Effort (KORE) is supporting the program and generously providing funding for participating hospitals to hire Peer Support Specialists for an entire year.

- **MAT Training:**

Educational offerings to meet the new DEA educational requirement on SUD/ODU CME

Courses: AMA Ed Hub link: <https://edhub.ama-assn.org/course/302>

Providers Clinical Support System (PCSS) link: <https://pcssnow.org/education-training/sud-core-curriculum/>

American Society of Addiction Medicine (ASAM) link: [ASAM eLearning: The ASAM Treatment of Opioid Use Disorder Course](#)



Free Virtual

SBIRT TRAINING

Screening, brief intervention,
and referral to treatment

SBIRT is a public health approach to the delivery of early intervention and treatment services for individuals at risk of developing substance use disorders (SUDs) and those who have already developed these disorders. SBIRT can be flexibly applied; therefore, it can be delivered in many clinical care settings. **SBIRT has been adapted for use in hospital emergency settings, primary care centers, office- and clinic-based practices, and other community settings including in schools and social services,** providing opportunities for early intervention for people that use substances and are at-risk before more severe consequences occur. **It is a billable service in the medical setting.**

Learning objectives:

- What is SBIRT?
- How can SBIRT be used to help those you serve regardless of setting.



Wednesday
April 24th, 2024

09:00AM-10:00AM CST

ZOOM Webinar
Registration



https://us02web.zoom.us/webinar/register/WN_-00e86dR2SPIPRVJuh6tw





DEA NATIONAL ^{Rx}
TAKEBACK

The logo features the text "DEA NATIONAL Rx" in blue, with "Rx" in red. Below it, the word "TAKEBACK" is written in white on a red and blue pill-shaped background. In the background, a yellow pill bottle is tipped over, with several red and blue capsules scattered on the white surface.

**Turn in unneeded medication
for safe disposal.**

**Saturday, April 27
10 a.m.–2 p.m.**

Keep them safe. Clean them out. Take them back.

Visit DEATakeBack.com for a collection site near you.



April 27, 2024- National Prescription Drug Take Back Day 10am

Keep them safe. Clean them out. Take them back. The US Drug Enforcement Administration (DEA) promotes this biannual National Prescription Take Back campaign, occurring every April and October. This initiative allows for safe and anonymous means to dispose of unused or expired prescription medications in law enforcement locations all over the United States. There is hope that by the removal of these medications from homes all across the nation, it will lessen the potential for pollution, environmental effects impacting public health, as well as greatly decreasing the potential of misuse and possible tragic outcomes when found in the wrong hands, such as children, pets and teens or adults. It may very well be the first line of defense, for some, in the prevention of opioid use disorder, overdose and overdose deaths. By going to www.dea.gov/takebackday, those interested can search for collection sites nearest to their chosen location. For those who may not be able to make it on **April 27, 2024**, there are at least 193 permanent prescription drug disposal locations in Kentucky that offer year-round services for medication disposal. Kentucky locations by county can be found on the Kentucky Office of Drug Control Policy website ([Prescription Drug Disposal Locations - Office of Drug Control Policy \(ky.gov\)](http://www.ky.gov)). Your local waste disposal provider may offer guidance on how to properly dispose of medications if unable to attend a take back event and there is an FDA approved flush list that is used only as a *next best* option for potentially dangerous drugs that, for some, may be harmful with even a single dose ([Drug Disposal: FDA's Flush List for Certain Medicines | FDA](https://www.fda.gov/drug-disposal)).

So how and where can you promote proper medication disposal in the workplace, home, or community? Maybe it is simply taking inventory of your personal medicine cabinet at home or those of extended family. Maybe it is incorporating disposal training and education with your patients at discharge. Wherever that may be, as one large team, protecting our fellow citizens, patients, family, and environment, we can spread the word regarding safe medication handling.

KENTUCKY

HARM

REDUCTION

SUMMIT

SAVE THE DATE
JUNE 20, 2024

Marriott Louisville East
1903 Embassy Square Blvd
Louisville, KY 40229

[REGISTER HERE](#)

#KYHarmReduction

Who Should Attend:

Harm Reduction Care Navigators: Physicians, Nurse Practitioners, Nurses, Nurse Case Managers, Community Health Care Workers

Mental Health Professionals: Certified Alcohol and Drug Counselors, Licensed Clinical Social Worker, Certified Social Workers, Health Educators, Case Managers, Peer Support Specialists, Recovery Coaches

First Responders: Law Enforcement Agencies, EMS, Fire Departments, Quick Response Teams



What To Expect:

National, State, Regional, Local Guest Speakers
Kentucky Overdose Prevention and Response Efforts
Harm Reduction Best Practices
Breakout Sessions
Poster Presentations
Vendor Exhibitions & Tutorials
AND MUCH MORE!

Educational Resources:

2020, 2021, and 2022, Kentucky Harm Reduction Summit Endured Modules

KIPRC Training Tools: 2021, 2022 and 2023 Harm Reduction Summit

KY OD2A Happenings: KY Harm Reduction Summit A Success pg. 7



For More Information:

Phoebe Wheeler-Crum, MA, Harm Reduction Training Coordinator,
Kentucky Department for Public Health
phoebe.wheelercrum@ky.gov



The 2024 Kentucky Harm Reduction Summit is supported by Cooperative Agreement Number 1 NU17CE01086, funded by the Centers for Disease Control and Prevention and awarded to the University of Kentucky Research Foundation and the Kentucky Injury Prevention and Research Center. Its contents are solely the responsibility of the authorized and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

As we have reached capacity of 500 attendees, 2024 Kentucky Harm Reduction Summit is now **CLOSED**.

2024 Kentucky Harm Reduction Summit Reminders:

- We will not accept on-site registration.
- We will not allow registration transfers due to the number of individuals on the waitlist.

For those who are interested in participating as an exhibitor, please complete the respective form below by close of business Friday, April 19, 2024.

- [Click here to submit a request to be an exhibitor.](#)

The Kentucky Harm Reduction Summit includes local, state, regional, and national speakers. This will be an excellent opportunity to learn, network, and fellowship with others regarding the state of harm reduction in the Commonwealth.

Phoebe Wheeler-Crum, MA, Harm Reduction Training Coordinator, KDPH, phoebe.wheelercrum@ky.gov.

OR

Chase Barnes, MPH, Harm Reduction Program Manager, KDPH, chase.barnes@ky.gov.

Clinical Pearls from KY SOS webinar

The KY SOS team hosted a webinar with **Dr. Stephanie Abel, PharmD, BCPS** that addressed stigma/bias in healthcare and its impact on patient care for people with an opioid use disorder. As the Opioid Stewardship Program Coordinator at UK HealthCare, Dr. Abel brings with her clinical pharmacy specialist experience in pain management and palliative care medicine. During the presentation, she was able to share a vast amount of knowledge centered on the impact of stigma on patient care in this opioid crisis. Clinical pearls from this webinar have been shared below:

Taming the Stigma Monster: Addressing the Impact of Long-standing Negative Perceptions of Opioid Use Disorder on Patient Care and Policy

Dr. Stephanie Able, PharmD, BCPS

- The words we use are important and we shall use *Person First Language*. This form of communication is helpful by putting the person before the condition and thereby avoids defining the person by the condition or behavior. For example, using person first language: “He has substance use disorder” vs. “This person is an addict.” By using

person first language, we are using evidence based, medically accurate and current terminology to reduce stigma.

- Dr. Abel noted substance use disorder is among the most stigmatized conditions worldwide, citing 75% believe SUD is not a medical illness and healthcare providers hold similar levels of stigma.
- Disparities exist in healthcare with treating OUD and in harm reduction compared to other conditions. Dr. Abel referenced the national current prescribing rate of buprenorphine and naloxone in emergency departments is 8.5% and 7.4%, respectively. Compared to nearly a 50% prescription rate for epinephrine following anaphylactic reactions.
- There are legal obligations for emergency departments to consider when treating patients with substance use disorders. Emergency Medical Treatment and Labor Act (EMTALA), Americans with Disabilities Act (ADA), and Rehabilitation Act of 1973 are a few to consider. We need to screen and offer diagnostic assessments for OUD, provide medications for OUD, and assist with referrals.

Helpful Resources provided by Dr. Abel

- Reducing Stigma Education Tools (ReSET)- free CE from OpenEdX partnership with Dell Med School: <https://vbhc.dellmed.utexas.edu/courses/course-v1:ut+cn01+2020-21/about>
- NIDA Words Matter CME/CE: <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>
- Addictionary: <https://www.recoveryanswers.org/addiction-ary/>
- NIDA Initiating BUP Resources for Prescribers (includes examples and cases for motivating patients): <https://nida.nih.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department>
- APhA Pharmacists Role in Reducing Stigma Surrounding OUD: <https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=NAXJNeFUWwM%3d>
- Excellent short YouTube videos explaining addiction:
- Episode 1 (The Hijacker): <https://www.youtube.com/watch?v=MbOAKmzKmJo>
- Episode 2 (Whirlpools of Risk): <https://www.youtube.com/watch?v=YJ01SUcQySs>
- Episode 3 (Understanding Severity): <https://youtu.be/PYjTKApza6E>

- Episode 4 (Don't Wait for "Rock Bottom"):
<https://www.youtube.com/watch?v=u6gd8WB0v-E>
- Harvard Science of Addiction: <https://youtu.be/pe5loX720Rk?si=LSUqNvw478fZIFFn>
- American College of Emergency Physicians stigma video: <https://vimeo.com/417656739>
- Addiction: A Story of Stigma, A Story of Hope:
<https://www.youtube.com/watch?v=HHiN7JftdcY>
- Beating Opioid Addiction: https://youtu.be/PfwO4rrd5CM?si=gC29g83X_KxJdDH4
- Podcast: The Daily – “He Tried to Save a Friend. They Charged Him With Murder” Direct link: <https://www.nytimes.com/2023/09/22/podcasts/the-daily/fentanyl-murder.html>

If you were unable to attend this presentation, we encourage you to watch online. The link to the recording and slides from the webinar: [Presentations & Recordings \(kentuckysos.com\)](https://www.kentuckysos.com)

Congratulations From KY SOS

The Kentucky Statewide Opioid Stewardship Program (KY SOS) is pleased to announce the successful completion of the American Society of Health-System Pharmacists (ASHP) Opioid Stewardship Certificate. KY SOS has sponsored these pharmacists as they continue their efforts in promoting safe prescribing of opioids in hospitals and clinics across Kentucky. We now have **20** pharmacists that have successfully completed the certificate. Congratulations to the following pharmacists:

- **Sydney Holmes, PharmD**- UofL Health – UofL Hospital
- **Matthew Oakley, PharmD, MBA, CPHQ** - Owensboro Health Muhlenberg Community Hospital
- **Joan B. Haltom, Pharm.D., FKSHP** - Ephraim McDowell Health
- **Angela Sandlin, PharmD, BCPS** - Baptist Health LaGrange
- **Hanna Earich, PharmD, BCPS** - UofL Health - Jewish Hospital
- **Marintha Short, PharmD, BCPS** - Continuing Care Hospital
- **Julie Edwards, PharmD, BCACP** - Robley Rex VA Medical Center
- **Leigh Ann Keeton, PharmD, BCPS**- King's Daughters Medical Center
- **Jacob Lyles, PharmD, RPh** - Owensboro Health Muhlenberg Community Hospital
- **Kelsee Crawford, PharmD** – Baptist Health Corbin
- **Janet Fischer, PharmD** – UofL Health – Mary & Elizabeth
- **Laura Stiles, PharmD** – Owensboro Health Muhlenberg Community Hospital
- **Emily Henderson, PharmD, LDE** – Kentucky Hospital Association
- **Shanna Jagers, PharmD** -Kentucky Hospital Association
- **Nicole Brummett, PharmD**- The Brook Hospitals KMI and DuPont
- **Dustin Peden, PharmD** – Logan Memorial Hospital
- **Lisa Patton, PharmD**- Mercy Health- Marcum & Wallace Hospital

- **Jessica Wagner, PharmD, BCPS**- Robley Rex VA Medical Center
- **Stacy Allen, PharmD**- Kentucky Hospital Association
- **Karen Sparks, RPh, MBA** - St. Elizabeth Healthcare

In the News

- On **March 14, 2024**, President Biden’s administration encouraged businesses and organizations across America to increase access to and training on naloxone. This push for businesses and organizations to increase access to and training on naloxone could be easily accomplished by including this lifesaving medication in the company’s emergency kits as well as providing it to employees and customers. To read the press release: <https://www.whitehouse.gov/ondcp/briefing-room/2024/03/14/icymi-biden-%E2%81%A0harris-administration-launches-the-white-house-challenge-to-save-lives-from-overdose/>
- Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services (HHS) announced the final rule to update and modify provisions in Opioid Treatment Programs (OTPs) and standards for treatment of OUD with MOUD in OTPs. **April 2, 2024**, is the date this final rule goes into effect with **October 2, 2024**, being the compliance date. To read the complete final rule: <https://www.federalregister.gov/d/2024-01693/p-3>
- As more and more children and teens are overdosing, should pediatricians start treating their patients for OUD? This interesting read from NPR gives insight into the thoughts of some pediatricians and a brief story of one teen in recovery. The full article may be accessed: <https://www.npr.org/sections/health-shots/2024/02/16/1231128088/more-kids-are-dying-of-drug-overdoses-could-pediatricians-do-more-to-help>

Data Update

KY SOS continues to encourage all facilities to submit their monthly data into KY Quality Counts (KQC). Please continue to report **monthly** data on both the process and outcomes measures. Education and the future of the program are based in part on the data reported. Areas of improvement and areas of success will be highlighted and emphasized as KY SOS continues. If you need assistance with data input or navigation of the KQC data collection system, please contact **Emily Henderson** (ehenderson@kyha.com), **Stacy Allen** (sallen@kyha.com), **Marilyn Connors** (mconnors@kyha.com), **Shanna Jagers** (sjagers@kyha.com), **Mary Beth Ecken** (mecken@kyha.com) or **Melanie Landrum** (mlandrum@kyha.com).

KY Quality Counts – for all your quality data reporting: <https://www.khaqualitydata.org>

on long-term opioid therapy. Develop, train staff, and implement workflows and tools; develop patient outreach and education.

5. Caring for Patients with Complex Needs-Develop policies and resources to ensure that patients who develop opioid use disorder (OUD) and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the primary care setting or by outside referral. Implement assessment tools; identify and connect to resources for complex patients.

6. Measuring Success-Identify milestones and monitor progress. Measure success and continue improving with experience.

Appalachian Regional Healthcare (ARH) was the first health system in Kentucky to implement this important program. As the pilot health system, the 6BB program has been implemented into all ARH clinics. Thank you to ARH for piloting this 6BB program! The goal for this 6BB Program is to be implemented across the state. Clinics are currently being recruited to implement outpatient work. KY SOS has been working with TJ Regional Health to implement the 6BB program in all 9 clinics. Also, we are pleased to announce that AdventHealth Manchester has joined the KY SOS outpatient program and has begun implementing the program. Thank you to ARH, TJ Regional Health, and AdventHealth Manchester for your commitment to safe, consistent, and patient-centered opioid management throughout your primary care clinics. Ongoing recruitment and education of this program is a priority of the KY SOS program. Reducing opioid overprescribing while improving safe opioid use in inpatient and primary care clinics in Kentucky continues to be the KY SOS mainstay and goal. If your facility has interest in learning more about the 6BB program and implementing, contact Emily Henderson (ehenderson@kyha.com), Shanna Jagers (sjagers@kyha.com) or Marilyn Connors (mconnors@kyha.com) for more information about the KY SOS 6BB program implementation.

WHAT IS SUBSTANCE USE DISORDER?

Marilyn Connors, D.O.

In 2021, there were 46 million people, older than 12 years of age, with at least one SUD in the U.S. Of these, only 6.3% had received treatment. Substance use disorder was once viewed as a character flaw, lack of willpower or a moral failure, but research has shown otherwise. Research has shown that substance use disorder is a complex, multifactorial chronic brain disease with a 50% genetic predisposition. Addiction is characterized by the 4 C's, loss of Control, Craving, Compulsive drug-seeking and use, despite the harmful Consequences of this behavior.

According to the American Society of Addiction Medicine (ASAM), addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, environment, and life experiences. This definition includes the rapidly growing scientific field of epigenetics. Epigenetics involves how life experiences, behavior, and environment can cause

changes in the expression of genes i.e. whether the gene is expressed or not. Epigenetic changes may be temporary or permanent, while some may be passed on to future generations. This phenomenon highlights the critical interaction between social determinants of health (such as genetic, developmental, behavioral, social, environmental factors) and a person's physical and mental health. For example, individuals who have high scores on the ACE's questionnaire (Adverse Childhood Experiences) have a higher incidence of SUD. The ACE questionnaire for adults includes queries about childhood physical, sexual, or psychological abuse/neglect, loss of a parent to divorce/death/incarceration, exposure to mental illness or substance use disorder in the home. Research has shown that individuals living in Kentucky have higher than average ACE scores. Individuals with substance use disorder (SUD) also have a higher risk of both physical and mental illness, including stroke, heart and lung disease, psychiatric disease, and shorter lifespans.

There are 3 main brain structures involved in the neurobiology of addiction: the basal ganglia (controls reward pathway), amygdala (emotional control center) and prefrontal cortex (controls executive functions such as decision-making, organization, judgement). Since the brain does not reach full maturation until at least 25 years of age, younger individuals are at higher risk for substance use and addiction. Most drugs affect the brain's reward pathway by flooding it with dopamine. Increased dopamine causes reinforcement of the drug's pleasurable or euphoric effects, which cause a cascade of central neurologic changes that reinforce and strengthen the process of addiction. Long-term substance use results in alterations in the brain, in which the brain adjusts to excess levels of dopamine, causing the person to experience less pleasure due to drug tolerance. DSM-5 states that a diagnosis of SUD can be applied to 9 classes of drugs: alcohol, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics or anxiolytics, stimulants, tobacco, and other substances.

The dopamine and opioid pathways in the brain can also be activated by drug-related activities, visual cues, people, places, drug paraphernalia and mood. Therefore, any drug-related stimulus associated with previous substance use can become a trigger and produce intense cravings for continued use or relapse.

SUD can be successfully treated with medication and behavioral health counseling. The brain changes that occur with long-term substance use disorder often persist beyond detoxification, abstinence, and treatment. As with all chronic medical conditions, relapses may occur. However, studies show that medication such as buprenorphine or methadone for opioid use disorder, reduce the risk of overdose fatalities by 40% and 60%, respectively.

Early intervention and engagement of patients with medical treatment, behavioral health services, and availability of harm reduction measures at all possible access points is an essential part of reducing harm from illicit opioids. KY SOS continues our efforts to promote opioid stewardship and access to treatment through our primary care outpatient clinic program, inpatient program, and ED bridge program.

The outpatient program is currently recruiting hospital-owned primary care clinics throughout the state who are interested in improving opioid stewardship. Our contact information is below along with resources for more information about the neurobiology of addiction.

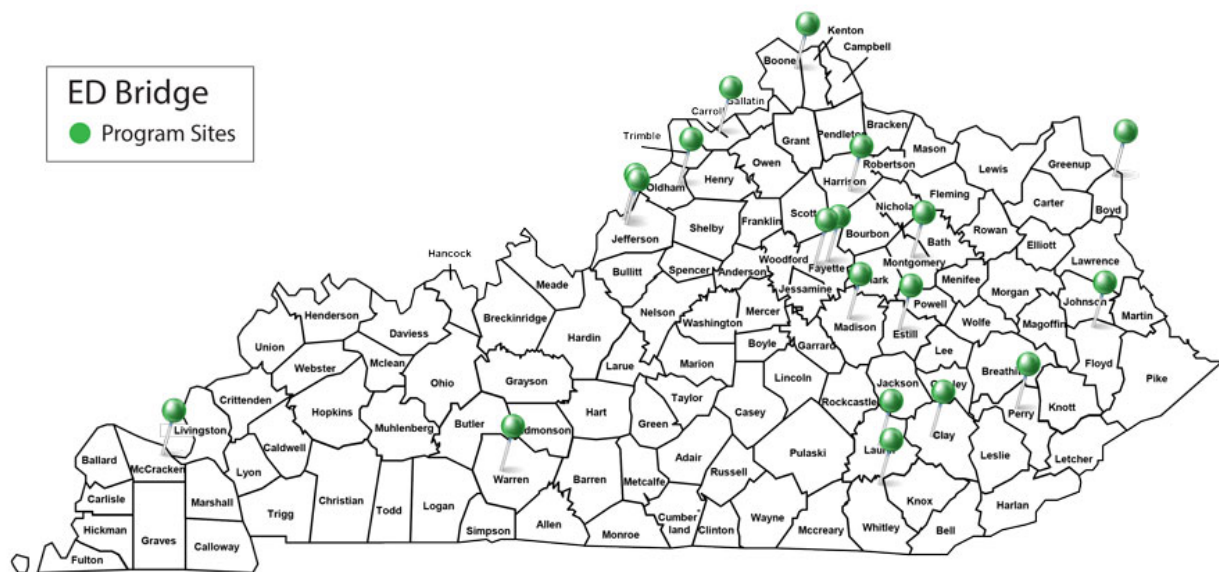
Shanna Jagers: sjagers@kyha.com phone: 502-992-4377

Marilyn Connors: mconnors@kyha.com phone: 502-992-4393

[Addiction Medicine Toolkit | Opioids | CDC – https://www.cdc.gov/opioids/addiction-medicine/index.html](https://www.cdc.gov/opioids/addiction-medicine/index.html)

<https://www.asam.org/quality-care/clinicalguidelines>

<https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-prevention>



Emergency Department Bridge Program

The ED Bridge program is an expansion of the existing KY SOS program, which focuses on inpatient and outpatient (primary care clinics) opioid stewardship. This expansion will provide even more access to treatment and care for patients across the Commonwealth.

The main objective of the ED Bridge Program is to ensure patients with Opioid Use Disorder (OUD) receive 24/7 access to care. The state has 11 ED Bridge Programs in place, making a difference in the lives of patients and their communities. The KY SOS team will continue to expand the ED Bridge Program into hospitals across the state and is pleased to announce the following facilities have pledged their commitment to begin an ED Bridge Program at their hospital.

1. Baptist Health LaGrange
2. Carroll County Memorial Hospital
3. MedCenter Health-Bowling Green
4. Mercy Health-Lourdes Hospital
5. CHI Saint Joseph-London
6. CHI Saint Joseph-Mount Sterling
7. Mercy Health- Marcum & Wallace Hospital
8. Harrison Memorial Hospital

The ED Bridge Program will help patients across our state receive low barrier treatment, connect them to ongoing care in their community, and nurture a culture of harm reduction in our Emergency Departments.

With the addition of an ED Bridge Program, these hospitals will help patients find treatment and recovery, thus saving lives in Kentucky communities. This is important work, and we are thankful for these hospitals pledging their support to help fight the state's opioid epidemic.

Please contact Emily Henderson (ehenderson@kyha.com), Mary Beth Ecken (mecken@kyha.com) or Melanie Landrum (mlandrum@kyha.com) if you have questions about the ED Bridge program. KY SOS is looking forward to working together to grow the ED Bridge Program across Kentucky.

KY SOS Community Highlights

Be sure to send your area events/activities/program information you wish to share, and the KY SOS program will be happy to spread the word across the state. The following items have been shared with KY SOS.

KY Moms- Maternal Assistance Towards Recovery shared:



KY-Moms
Maternal Assistance
Towards Recovery

*"Healthy
Communities
Start with
Mom"*

WHAT WE DO

Pregnant/Postpartum

KY-Moms improves birth outcomes by helping pregnant and post-partum people recover from substance use disorders and risk factors.

Case Management

Case Management services needs are immediately assessed and appropriately addressed to help maximize functioning in the community while reducing barriers.

Outreach

The KY-Moms team provides community outreach, education of substance use, community trainings, along with early identification and intervention services.

Prevention

Prevention Education services to educate the pregnant/post-partum person of the risk factors associated with substance use and to assist in reduction of those risk factors.

tinyurl.com/KY-Moms



OUR MISSION

KY-Moms Maternal Assistance Towards Recovery (MATR) is a behavioral health prevention and case management program focused on risks and effects of substance use/misuse while providing education, information, resources, support and hope to pregnant and postpartum individuals and their families and to the professionals who serve them.

DRIVEN BY OUTCOMES

KY-Moms improves Kentucky birth outcomes by helping pregnant and postpartum individuals recover from substance use risk factors and substance use disorders. By engaging high-risk pregnant individuals in prevention education services, intensive case management, substance use treatment and other needed services, the program helps address risk factors and substance use in pregnancy. KY-Moms helps moms provide their babies with a healthier, safer start in life.

PROGRAM QUALIFICATIONS

Prevention Education:

- Any pregnant person
- Any person up to 60 days postpartum

Case Management:

- Pregnant person with a substance use disorder
- Post-partum person with a substance use disorder up to 1-year post-delivery

RESEARCH

Research indicates that substance use during pregnancy occurs at nearly equal rates across races and income levels. All individuals should receive substance use and mental health screenings throughout pregnancy and post-partum periods. KY-Moms offers a variety of services to best support them and their community.

Here is the reason why **WHY CHOOSE US**

- Substance use screening and assessments
- Case management
- Prevention
- Education
- Addressing risk factors
- Counseling referrals

- Services for at-risk or with identified substance use disorder
- Community setting or home
- Assistance with other medical needs or family-based services

tinyurl.com/KY-Moms

State Contact:
Katie Stratton
502-782-6192

Located at all 14
Community Mental
Health Centers

KY Moms: Maternal Assistance Towards Recovery (MATR) Services:

- ❖ For Pregnant and Postpartum Individuals who are at risk for or diagnosed with Substance Use Disorders
- ❖ Operated by KY's 14 Community Mental Health Centers
- ❖ Additional Mental Health services and Recovery Supports are offered by each region. Contact the CMHC regional contact for more information.

Kentucky Division of Substance Use Disorder
 Program Administrator contact:
 Katie Stratton: (502) 782-6192
 katie.stratton@ky.gov



KY Moms MATR by Community Mental Health Region

- 1- Four Rivers Behavioral Health**
 (Paducah & surrounding counties)
 Cynthia Turner (270) 442-8039 x 1716
 ctturner@4rbh.org
- 2- Pennyroyal Center**
 (Hopkinsville & surrounding counties)
 Chris Sparks (270) 886-0486
 cspark@pennyroyalcenter.org
- 3- River Valley Behavioral Health**
 (Owensboro & surrounding counties)
 Brooke Arnold (270) 689-6564
 arnold-brooke@rvbh.com
- 4- Lifeskills**
 (Bowling Green & surrounding counties)
 Amy Hutchinson (270) 901-5000 x 1277
 ahutchinso@lifeskills.com
- 5- Communicare**
 (Elizabethtown & surrounding counties)
 Amanda Clark (270) 765-5992 x 1405
 ACCClark@communicare.org

- 6- Seven Counties Services**
 (Louisville & surrounding counties)
 Patty Gregory (502) 589-8600
 pgregory@sevencounties.org
- 7- NorthKey Community Care**
 (Newport and surrounding counties)
 Carley Ashcraft (859) 578-3200 x 5774
 carley.ashcraft@northkey.org
- 8- Comprehend**
 (Maysville & surrounding counties)
 Tara Anderson (606) 759-7799
 tanderson@comprehendinc.org
- 10- Pathways**
 (Ashland & surrounding counties)
 Kalinda Cade (606) 324-1141
 Kalinda.cade@pathways-ky.org
- 11- Mountain Comprehensive Care**
 (Prestonsburg & surrounding counties)
 Kristen Taylor (606) 889-0328
 kristen.taylor@mtcomp.org

- 12- KY River Comprehensive Care**
 (Hazard & surrounding counties)
 Jamie Mullins-Smith (606) 666-7591 x7100
 Jamie.smith@krccnet.com
- 13- Cumberland River Behavioral Health, Inc.**
 (Corbin & surrounding counties)
 Deborah Hampton (606) 337-2070
 deborah.hampton@crccc.org
- 14- The Adanta Group**
 (Somerset & surrounding counties)
 Sherri Estes (606) 679-9425
 sestest1@adanta.org
- 15- New Vista**
 (Lexington & surrounding counties)
 DaShawn Freeman (859) 619-5083
 shawn.freeman@newvista.org

Project Link
 Seven Counties Services
 Pregnancy Case Management
 Louisville
 Jada Nance
 (502) 583-3951 ext. 3115
 jnance@sevencounties.org

Revised 12/06/2023

Did You Know...?

KY SOS Advisory Committee members will come to your facility or schedule a zoom meeting for technical assistance. This opportunity allows your staff to get specific education on opioid best practices. If you have specific questions, reach out to KHA/KY SOS staff and you will be connected with the appropriate KY SOS Advisory Committee member.

Resources

Never Use Alone

A lifesaving resource is available to people who use drugs while alone. If you have patients or know individuals that use drugs while alone, please encourage them to call **800-484-3731** or visit the website: <https://neverusealone.com/main/>. This nationwide overdose prevention, detection, crisis response and reversal lifeline provide a NO Judgement, NO Stigma, Just Love approach by an all-volunteer peer-run call center. Operators are available 24 hours a day, 7 days a week, 365 days a year.

Apply For Recovery Ready Communities

The Recovery Ready Communities Certification Program is designed to provide a quality measure of a city or county's substance use disorder (SUD) recovery efforts. The program offers

local officials, recovery advocates, and concerned citizens the opportunity to evaluate their community's current SUD treatment programs and interventions in a framework that is designed to maximize positive public health outcomes among Kentuckians suffering from SUD. To apply: <https://rrcky.org/apply/>

Kentucky Injury Prevention and Research Center (KIPRC) Has New Overdose Detection Mapping Application Program (ODMAP) For Public Health and Public Safety

([UK KIPRC](#)) ODMAP is a simple, web-based mapping tool that allows public safety and public health organizations to report and track suspected drug overdose events in near real time so that responses to sudden increases or spikes in overdose events can be mobilized. ODMAP is a free public service from the [Washington/Baltimore High Intensity Drug Trafficking Area](#). For more detailed information about ODMAP, including an overview video and documentation, please visit www.ODMAP.org.

The Kentucky Naloxone Copay Program

The Kentucky Naloxone Copay Program, funded by Substance Abuse and Mental Health Services Administration (SAMHSA), increases access to naloxone for all individuals in communities across KY. The copay program works by reducing the out-of-pocket expense for naloxone products. OTC Narcan is now included in the program. For complete details on the Kentucky Naloxone Copay Program, please

visit: <https://www.kphanet.org/copay#:~:text=For%20Naloxone%20Prescriptions%3F-How%20Much%20Does%20The%20Kentucky%20Naloxone%20Copay%20Program%20Pay%20For,their%20third%20party%20prescription%20coverage>

*KY Department for Public Health Harm Reduction Program shared:
Find Naloxone Now Kentucky*



The Kentucky Department for Public Health Harm Reduction Program is excited to announce the launch of [Find Naloxone Now KY](#), a statewide naloxone access portal and locator map that connects Kentuckians to 136 locations where naloxone is available locally and free of charge. These include Community-Based Organizations, Local Health

Departments, Recovery Community Centers, and Regional Prevention Centers. An additional layer allows website users to view the more than 1,000 community pharmacies where naloxone is available for purchase, by using Medicaid benefits or the naloxone insurance co-pay program. The new website also helps connect agencies to grant funded sources of naloxone. Now, agencies wishing to distribute naloxone in their communities can simply click the “Ordering for an Agency?” button, answer a few questions, and fill out the relevant request form.

We have also published the attached suite (zip file) of materials that match the website content and are approved for distribution:

- Brochures:
 - Fentanyl and Xylazine Test Strips
 - Opioid Overdose Recognition and Response
 - Generic IM Naloxone
 - Generic Nasal Spray
 - ZIMHI
- Postcard and Business Card:
 - Naloxone Administration and Rescue Breathing
- One-Pagers:
 - Opioid Overdose Risk Reduction for people who:
 - Use prescription opioids
 - May respond to an opioid overdose
 - Use unregulated (illicit) opioids
 - Use any unregulated (illicit) drugs
 - Opioid Overdose Recognition and Response

For further reference, please see the following:

- [Official press release](#)
- [Video clip](#) from Governor Beshear’s announcement during the 3/14 Team Kentucky Update
- Published [video](#) by the Cabinet for Health and Family Services

If you have any questions regarding [Find Naloxone Now KY](#), using the materials, or expanding your Overdose Education and Naloxone Distribution program please reach out directly to Chris Smith, Overdose Prevention Program Manager, at chriss@ky.gov.

KY Department for Public Health Harm Reduction Program shared the following one-pagers and brochures:

Find Naloxone Now Kentucky

OPIOID OVERDOSE RECOGNITION

What are Opioids?

Opioids are drugs that alter the body's perception of pain. They remain among our most important and effective tools for treating many different types of pain. Examples of opioids include:

hydrocodone (Lortab, Norco)	morphine (MS Contin)
oxycodone (Oxycontin, Percocet)	diacetylmorphine (heroin)
hydromorphone (Dilaudid)	fentanyl (Duragesic, Sublimaze, Actiq)

What is an Overdose?

Opioids work in the same part of the brain that controls breathing. Overloading the brain with opioids can slow down or shut down breathing and lead to death. This is an opioid overdose. It's important to give naloxone quickly when you suspect an overdose. If an overdose is not reversed, it is likely that this person will eventually stop breathing and die.

A person who has overdosed will be unable to wake up or talk to you. Never let them sleep it off!

- They may be breathing slowly - less than once every 5 seconds.
- They may be breathing shallowly - their chest or belly may move only a little with each breath.
- They may be making snoring, gurgling, or rattling sounds.
- Their skin may be pale, cool, and clammy.
- Their lips or fingernails may be gray or blue.
- They may not be breathing at all.

If you think someone may have overdosed, make every effort to wake them up. You can shout at them or try to shake them awake. If they do not wake up, you should give them naloxone.

Even if you do not think they can hear you, explain loudly and clearly that you are going to give them naloxone.

If someone else is there with you, they can call 911.

What is Naloxone?

Naloxone is a medication that temporarily reverses opioid overdose. It works by blocking the effects of opioids in the brain. It is available in both nasal spray and injectable forms.

Naloxone is a *very* safe medication. If you give naloxone to someone who has not taken opioids, it cannot hurt them - it will not have any effect at all. Even though naloxone only reverses opioids, it's safe to use even if you are not sure what someone has taken, or you don't know why you can't wake them up.

Reducing Risk

Unregulated fentanyl is the cause of most opioid overdoses. It may be:

- sold as or mixed with heroin,
- mixed into cocaine or methamphetamine,
- or pressed into counterfeit pills.

When using opioids:

- Start with the lowest dose.
- Be aware that using multiple drugs increases risk and tolerance is lower after taking a break from using opioids.
- Have naloxone nearby. Try to make sure someone is there to administer it.
- Call Never Use Alone at 800-484-3731.

Good Samaritan Law

KRS 218A provides some immunity for drug possession and paraphernalia charges when seeking medical assistance for overdoses.

These protections do not apply to outstanding warrants, probation or parole violations, or other non-drug related crimes.

To activate these protections, the caller must tell the 911 dispatcher that they believe they are responding to an overdose.



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OPIOID OVERDOSE RESPONSE

ADMINISTERING NALOXONE

Nasal Spray

Position the person on their back, if possible.

PEEL Peel back the foil and remove naloxone spray from the packaging.



PLACE

Hold the naloxone spray with two fingers on either side of the nozzle. Gently insert the nozzle into one nostril.



PRESS

Press the plunger all the way in until it clicks. This releases the entire dose.



Intramuscular (IM) Injection



Remove the cap from the glass vial.



Place the needle into the vial.



Draw all of the naloxone into the syringe.



Insert the needle all the way into an upper arm or thigh muscle

Inject the full dose of naloxone.



Naloxone takes 2-3 minutes to work!

Wait at least 2 minutes for a response before giving more naloxone! If you are alone with the person who's overdosed, *now* you can call 911. To prevent choking, roll them on their side with their knee and elbow in front.

A person who has overdosed may wake up after naloxone administration *or* they may remain unconscious if non-opioid drugs are present. **If someone who received naloxone is breathing slowly, shallowly or not at all,**

RESCUE BREATHING IS ESSENTIAL!

Place them on their back. Make sure nothing is in their mouth. Place a barrier mask if you have one.



Tilt their head back, lift their chin and pinch their nose closed. This opens the airway.



Give one breath slowly, watching to see their chest rise. Continue giving one breath every five seconds.

Give rescue breaths for at least 2 minutes, then give another dose of naloxone if you continue to see signs of overdose. If they start to gurgle or breathe on their own, stop and roll them onto their side.



Aftercare

"I think you overdosed, so I gave you naloxone. I'm here to help and I'll stay here to make sure you're ok."

If this is someone who uses opioids regularly, they may be in severe opioid withdrawal. They may want to use again. Assure them that they will feel better when the naloxone wears off. If they refuse medical care, try to have someone they trust stay with them for the next several hours or overnight. Try to make sure they have more naloxone.



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Using any drug can be risky. This is true of drugs that are sold over the counter, like aspirin, prescription medications like antibiotics, or unregulated drugs like heroin or methamphetamine.

People who drive cars can reduce their risk of injury by wearing seatbelts. People who spend time outdoors reduce their risk of injury by wearing sunscreen. People who use aspirin or antibiotics can reduce the risk of side effects by taking these medications with food.

The risk reduction strategies here are similar and shared with the goal of keeping people safe and reducing the risk of overdose death for all Kentuckians.

OPIOID OVERDOSE RISK REDUCTION

for people who:

USE PRESCRIPTION OPIOIDS

- Carry naloxone, the drug used to reverse opioid overdose.
- Take opioid medications only as directed.
 - Take the amount prescribed at the times prescribed.
 - If you are taking opioid medication in any other way, see "Opioid Overdose Risk Reduction for people who use unregulated opioids."
- Take only your medication.
 - Any opioid medication not obtained from a pharmacy may be counterfeit and could contain fentanyl or other unregulated substances. See "Opioid Overdose Risk Reduction for people who use unregulated opioids."
- See your healthcare providers regularly.
 - Make sure that each provider you visit has a current copy of your full medication list.
- Using opioids with any of the following can increase the risk of overdose:
 - alcohol
 - benzodiazepines
 - any other opioids (Xanax, Valium,
 - sleeping pills Klonopin)
 - gabapentin
 - cocaine
 - (Neurontin)
 - methamphetamine
- Monitor closely conditions that increase risk for overdose, such as decreased liver or kidney function.
- Dispose of any unused opioid medications properly.

MAY RESPOND TO AN OPIOID OVERDOSE

- Carry naloxone, the drug used to reverse opioid overdose.
 - Rapid administration is key to reversing an overdose.
 - If someone who received naloxone is breathing slowly, shallowly, or not at all rescue breathing is essential.
- **Fentanyl can be deadly to people who use drugs.**
 - Although fentanyl is extremely potent opioid, it must be directly ingested to cause an overdose.
 - overdose occurs when people swallow, smoke, snort or inject fentanyl.
- **Fentanyl is extremely unlikely to harm people who do not use drugs.**
 - Powdered fentanyl does not remain suspended in the air and does not easily absorb through the skin.
 - The American College of Medical Toxicology (AMCT) and American Academy of Clinical Toxicology (AACT) state that "the risk of clinically significant exposure to emergency responders is extremely low."
 - Regular nitrile gloves, eye protection, and a disposable N95 mask are sufficient protection when responding to an overdose.
 - A CPR barrier mask is sufficient protection when providing rescue breathing.



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Harm Reduction

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OPIOID OVERDOSE RISK REDUCTION

for people who:

USE UNREGULATED (ILLICIT) OPIOIDS

- Carry naloxone, the drug used to reverse opioid overdose.
- **Never** use unregulated opioids alone.
 - If you are using opioids, try to have someone there with you
 - who is not using the same thing at the same time,
 - who has naloxone, knows how to use it, and can administer it if needed.
- If no one is available, call the Never Use Alone number for support: 1-800-696-1996.
- Keep in mind that unregulated drugs can vary in potency.
 - Counterfeit pills and products sold as heroin often contain fentanyl in inconsistent quantities. It can be very difficult to know what you are getting and how strong it is.
 - Use fentanyl test strips.
- Start with the lowest dose. Go slowly.
- Try to wait between using different types of drugs.
- If using again after taking a break, use smaller amounts with extra caution.
 - If you have recently gone through opioid withdrawal, your tolerance for opioids is decreased. You can overdose very easily.
 - If you have recently been in treatment, recovery or have been recently incarcerated, you are especially at risk.



USE ANY UNREGULATED (ILLICIT) DRUGS

- Carry naloxone, the drug used to reverse opioid overdose.
 - Tell someone where it is and how to use it.
- If you are using unregulated drugs, you may be using fentanyl.
 - Fentanyl may be added to counterfeit pills that look like Xanax, Percocet, or generic oxycodone with the Stamp M-30.
 - Fentanyl is sometime found in other unregulated drugs such as cocaine or methamphetamine.
 - Overdose can occur by any route: swallowing, smoking, snorting, or injecting.
 - Use fentanyl test strips.
- Your risk for overdose is extremely high if you use opioids accidentally.
 - If you do not use opioids regularly, even small amounts can cause an overdose.
 - If you become unresponsive, it may not be obvious that an opioid overdose is occurring. This could delay the administration of naloxone.



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Prevent. Promote. Protect.

Here. Now. Always.

Created February 2024

What are fentanyl and xylazine test strips?

Drug checking strips can help you understand if fentanyl or xylazine is in a substance before you use it.

Fentanyl is an extremely potent opioid that may be added to drugs like heroin, methamphetamine, cocaine and pills. Fentanyl increases the risk of overdose.

Xylazine is a tranquilizer that is increasingly added to products sold as heroin. It can complicate an overdose and can cause skin wounds that may be difficult to heal.

Fentanyl test strips (XTS) and xylazine test strips (FTS) can detect the presence of these substances, but they aren't perfect. False negative and false positive results are both possible - you can still overdose even when the strip is negative. Follow these instructions closely to get the most accurate results.

Reducing Risk

Counterfeit pills and products sold as heroin often contain fentanyl in inconsistent quantities. Xylazine may be mixed with fentanyl. It can be very difficult to know what you are getting and how strong it is.

Start with the lowest dose. Go slowly. Try to wait between using different types of drugs.

Carry naloxone, the drug used to reverse opioid overdose. Use FindNaloxoneNowKY.org to find naloxone near you.

If you're using drugs, try to have someone there with you who's not using the same thing at the same time, who has naloxone and can give it to you if you need it. If no one is available, call the Never Use Alone number for support: 1-800-696-1996.



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Kentucky
Opioid
Response
Effort

This project is supported in part by SAMHSA Grant H70T19832383 awarded to the Kentucky Cabinet for Health and Family Services and was created in February 2024.

Fentanyl and Xylazine Test Strips



*If you know what
you're taking, you can
reduce your risk.*

 Find Naloxone
NowKY
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Step 1:

Get a sample ready.

Place a small amount of the substance, about the size of a match head, in a clean dry container.



**Test only
5-10
milligrams.**

If you're testing a pill, make sure you remove different parts of the pill to avoid "the chocolate chip cookie effect."



Step 2:

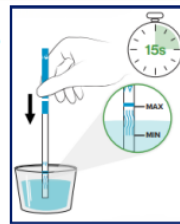
Add water.

Pour 1 teaspoon (5 mL) water into the container and stir to mix.

Step 3:

Dip the strip.

For best results, use the strip within an hour after you take it out of the package.



Place the wavy end of the test strip in the water and hold it there for 15 seconds.

Step 4:

Wait.

Take the test strip out of the water and lay it on a flat, non-absorbent surface.

The strip is ready to read when the control line (C) appears and the background is clear, usually after about 1 minute.

Do not read the results after 10 minutes.



If no control line (C) appears, something went wrong. Repeat the test.

Step 5:

Read the results.

Two red lines is a negative result. Even faint lines are considered negative. Remember, no test is 100% accurate and the substance may still contain xylazine, fentanyl or one of its relatives.

One red line on a fentanyl test strip is a positive result. This means that **fentanyl has been detected**.

One red line on a xylazine test strip is a positive result. This means that **xylazine has been detected**.

**ONE RED LINE =
POSITIVE RESULT**

**TWO RED LINES =
NEGATIVE RESULT**

Additional Resources on the KY SOS Website

- Find Help Now KY is a website used to assist individuals in the community find an addiction treatment facility. For more information, visit the website at www.findhelpnowky.org
- Find Recovery Housing Now KY is a real-time SUD recovery network to help individuals in recovery locate housing. This website links individuals in recovery to safe, quality, and available housing in Kentucky. For more information, visit the website at: <https://www.findrecoveryhousingnowky.org/>
- Kentucky Opioid Response Effort (KORE) has funded access to treatment and recovery for individuals who have functional hearing loss and need effective communication. The guidelines can be found on the KY SOS website or click the link to be directed: <http://www.kentuckysos.com/Portals/2/Documents/KOREGuidelinesDeafHardofHearingAccessdoc.pdf>

- Kentucky Recovery Housing Network (KRHN) is the state resource for recovery residence providers. Please visit: <https://chfs.ky.gov/agencies/dbhddid/Pages/krhn.aspx>
- The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline. Please visit: [Lifeline \(988lifeline.org\)](https://www.988lifeline.org)
- Find Naloxone Now KY is a statewide naloxone access portal and locator map that connects Kentuckians to 136 locations where naloxone is available locally and free of charge. For locations near you, visit the website at: [Find Naloxone Now KY](https://www.findnaloxone.com)
- Addictionary: <https://www.recoveryanswers.org/addiction-ary/>

All other KY SOS resources can be found at <http://www.kentuckysos.com/Resources>

For more information, please visit: www.kentuckysos.com

To contact a KY SOS staff member:

Melanie Landrum for data-related questions – mlandrum@kyha.com

Emily Henderson for ED Bridge/outpatient/program related questions– ehenderson@kyha.com

Mary Beth Ecken for ED Bridge questions- mecken@kyha.com

Shanna Jagers for outpatient primary care clinic questions- sjagers@kyha.com

Marilyn Connors for outpatient primary care clinic questions- mconnors@kyha.com

Stacy Allen for inpatient pharmacy-related questions – sallen@kyha.com

Missed a webinar or newsletter? All presentations are recorded, and newsletters filed at:

www.kentuckysos.com

[Resources \(kentuckysos.com\)](http://www.kentuckysos.com/Resources)

[Presentations & Recordings \(kentuckysos.com\)](http://www.kentuckysos.com/Presentations%20&%20Recordings)