

# COMMONWEALTH OF KENTUCKY

## JUSTICE & PUBLIC SAFETY CABINET



## 2014 COMBINED ANNUAL REPORT

### KENTUCKY OFFICE OF DRUG CONTROL POLICY

-AND-

### KENTUCKY AGENCY FOR SUBSTANCE ABUSE POLICY

J. Michael Brown, Secretary  
Justice & Public Safety Cabinet

Van Ingram, Executive Director  
Office of Drug Control Policy  
February 2015



**STEVEN L. BESHEAR**  
GOVERNOR

COMMONWEALTH OF KENTUCKY  
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JUSTICE AND PUBLIC SAFETY CABINET

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**VAN INGRAM**  
EXECUTIVE DIRECTOR

February 9, 2015

The Honorable Steven Beshear, Governor  
The Honorable Crit Luallen, Lt. Governor  
Commonwealth of Kentucky  
The State Capitol  
Frankfort, Kentucky 40601

Dear Governor Beshear and Lt. Governor Luallen:

Since the establishment of this office on July 9, 2004, by Executive Order 2004-730, we have been responsible for all matters relating to the research, coordination and execution of drug control policy for the Commonwealth, while directing state and federal grants management that focus on prevention/education, enforcement and treatment efforts.

The Kentucky Office of Drug Control Policy is proud to coordinate Kentucky's response to substance abuse through prevention, treatment and law enforcement. Our goal is to change the way substance abuse is handled in Kentucky and reduce the problem, making the Commonwealth a model for other states.

We continue to work toward significant goals that will strengthen our position to fight drugs in our state through innovative partnerships, technology and leadership.

This report focuses on the 2014 accomplishments of the Kentucky Office of Drug Control Policy and the Kentucky Agency for Substance Abuse Policy (KY-ASAP) and the advances of other major partners in the substance abuse system. We continue to strengthen our partnerships within our Cabinet, Cabinet for Health and Family Services, Kentucky Attorney General Jack Conway, Environmental and Public Protection Cabinet, and across the state with coalitions and local boards, the law enforcement community, substance abuse treatment providers, prevention agencies and other stake holders.

We have joined prevention, treatment and law enforcement in a united effort to confront this epidemic and we have made great strides. As we plan for the future, we know the success of our initiatives depends on the involvement and support of our communities. We must tap into the resources of our families, local leadership and citizens to help reach our goals.

Although there is much to do on the substance abuse front, we have only just begun to make progress and will continue to do so with your support and that of the General Assembly who have been resolute in our effort to make Kentucky a safer place for the citizens of the Commonwealth.

Sincerely,

Van Ingram  
Executive Director

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# Executive Summary

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During the 2006 General Assembly, the Office of Drug Control Policy was enabled as the result of the reorganization of the Justice and Public Safety Cabinet. The enabling legislation designates the Office of Drug Control Policy to be responsible for all matters relating to the research, coordination, and execution of drug control policy and for the management of state and federal grants including but not limited to the prevention and treatment related to substance abuse. *By December 31 of each year, the Office of Drug Control Policy shall review, approve, and coordinate all current projects of any substance abuse program which is conducted by or receives funding through agencies of the executive branch. This oversight shall extend to all substance abuse programs which are principally related to the prevention or treatment, or otherwise targeted at the reduction of substance abuse in the Commonwealth.*

This report is intended to fulfill the statutory obligation listed above.

As this report reflects there are many ongoing projects throughout state government attempting to prevent and diminish substance abuse.

The majority of the programs are administered by the Division of Mental Health and Substance Abuse in the Cabinet of Health and Family Services. There are prevention and enforcement programs throughout the Justice and Public Safety Cabinet as well as the Alcoholic Beverage Control division. This report highlights the successful ongoing efforts of the Kentucky Agency for Substance Abuse Policy, law enforcement, and all other state agencies addressing substance abuse crisis.

# Overarching Themes

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## **Core Principles**

- Coordination of federal, state and local government efforts is essential for effectiveness
- Collaboration and communication among key stakeholders and agencies is vital for success
- Mobilizing community initiatives is effective in addressing substance abuse
- Utilizing multiple funding streams yields improved results
- Treatment, when available, works in healing lives, families and communities
- Preventing the onset of alcohol, tobacco and illicit drug use among youth is paramount to the reduction of demand

## **Overarching Goals**

- Establish multi-jurisdictional enforcement efforts that contain a local, state and coordinate, and when possible, integrate publicly funded prevention, treatment and enforcement efforts
- Reduce the demand for prescription & illicit drugs in Kentucky
- Reduce the supply of prescription & illicit drugs in Kentucky
- Promote the implementation of evidence-based strategies that target youth and adults
- Reduce the stigma associated with alcohol and drug addiction
- Promote safer communities and family stability
- Promote and support legislative efforts to address and fund alcohol, tobacco and other drug use/abuse initiatives
- Increase access to substance abuse treatment

## Trends

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In the first time in over a decade controlled substance dispensing, has dropped significantly. Additionally, hydrocodone combination products were rescheduled from CIII to CII.

<b>Drug</b>	<b>August 2011 through July 2012</b>	<b>August 2012 through July 2013</b>	<b>Change</b>
<b>Hydrocodone</b>	239,037,354	214,349,392	-10.3%
<b>Oxycodone</b>	87,090,503	77,022,586	-11.6%
<b>Oxymorphone</b>	1,753,231	1,138,817	- 35.0%
<b>Alprazolam</b>	71,669,411	62,088,568	-13.4%
<b>All Controlled Substances</b>	739,263,679	676,303,581	-8.5%

The percentage of Kentucky teens using prescription drugs for off-label purposes has dropped dramatically over the past four years, a new survey has found.

The 2012 Kentucky Incentives for Prevention (KIP) School Survey found that use of prescription drugs without a doctor's specific direction to do so has decreased steadily among sixth-, eighth-, 10th- and 12th-graders since 2004. The declines have been the most significant since 2008, when the Commonwealth intensified its efforts to combat prescription drug abuse.

According to the survey, 9 percent of 12th-graders reported using prescription drugs without a doctor telling them to do so in 2012, down from 15.2 percent in 2008. For 10th-graders, the percentage was 7.6 percent in 2012, versus 14.1 percent in 2008.

Off-label use among younger students declined as well. Among eighth-graders, usage dropped to 2.9 percent in 2012 compared to 6.5 percent in 2008; and less than 1 percent of sixth-graders reported using the medications without a doctor's direction in 2012, versus 2 percent who said they had in 2008.

Additionally, the report found that nearly every other area surveyed – including alcohol, tobacco, Oxycontin, cocaine and hard drug usage – had declined between 2008 and 2012.

Marijuana usage, however, remained the same or ticked up slightly among teens during that same time period.

The KIP survey is implemented by the Division of Behavioral Health and measures drug use, school safety issues and gambling. One hundred and fifty three out of 174 school districts participate in the survey. In 2012, 122,718 students participated.

House Bill 1 (HB1), landmark legislation, is credited with closing non-complaint pain management clinics and reducing the number of prescriptions for heavily-abused controlled substances. Plus, for the first time in a decade, the number of deaths blamed on prescription overdoses has declined.

# 2013 Overdose Fatality Report

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Substance abuse, particularly the diversion and abuse of prescription drugs, is one of the most critical public health and safety issues facing Kentucky. Over the past decade, the number of Kentuckians who die from drug overdoses has steadily climbed to more than 1,000 each year, exacting a devastating toll on families, communities, social services and economic stability and growth.

In an effort to reverse the trend, the Commonwealth has implemented a number of program and policy initiatives, including but not limited to the statewide use of prescription drug monitoring programs, expanded availability of substance abuse treatment opportunities, and the enactment of laws (House Bill 1 from the 2012 Special Session and House Bill 217 from the 2013 Regular Session) specifically addressing the availability of prescription medications.

HB 1 mandates that the Office of Drug Control Policy, in cooperation with the Kentucky Medical Examiner's Office, prepare and publish an annual public report to the Secretary of the Justice and Public Safety Cabinet to include:

- (1) The number of drug-related deaths;
- (2) The decedent's age, race, and gender but not his or her name or address;
- (3) The counties in which those deaths occurred;
- (4) The scientific, trade, or generic names of the drugs involved; and
- (5) The method by which the drugs were obtained, when available.

This report was compiled utilizing data from the Kentucky Medical Examiner's Office, the Kentucky Injury Prevention & Research Council, and the Kentucky Office of Vital Statistics.

Highlights of the 2013 findings include:

- Kentucky overdose fatalities stayed relatively steady in 2013. Overdose deaths in Kentucky regardless of the residency of the decedent numbered 1007 as tabulated by July 2014, compared to 1004 overdose deaths counted in the 2012 report.<sup>1</sup>

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<sup>1</sup> Number of 2013 known overdose deaths as of July, 2014. A small number of overdose deaths may still be reported for the previous year after this date. For comparison purposes, the 2012 Overdose Fatality Report indicated 1004 deaths; by the end of 2013, the final number of overdose deaths for 2012 was 1070.

- Autopsied overdose deaths attributed to the use of heroin increased. Of the 722 deaths autopsied by the Kentucky Medical Examiner last year that were determined to be from a drug overdose, 230, or 31.9 percent, were attributed to heroin, compared to 143, or 19.6 percent, in 2012.
- Jefferson County had the most overdose deaths of any county, with 191.
- The largest increase in overdose fatalities occurred in Fayette County, with 86 deaths in 2013 compared to 74 in 2012.
- The largest decrease occurred in Campbell County, with 22 fewer fatalities in 2013 than 2012 (33 versus 55, respectively). Other counties with significant declines in 2013 include Pike (12 fewer), Clark (10 fewer), and Madison (10 fewer).
- Overdose deaths in many Eastern Kentucky counties, when compared by 100,000 population, 2013 data, showed high rates.

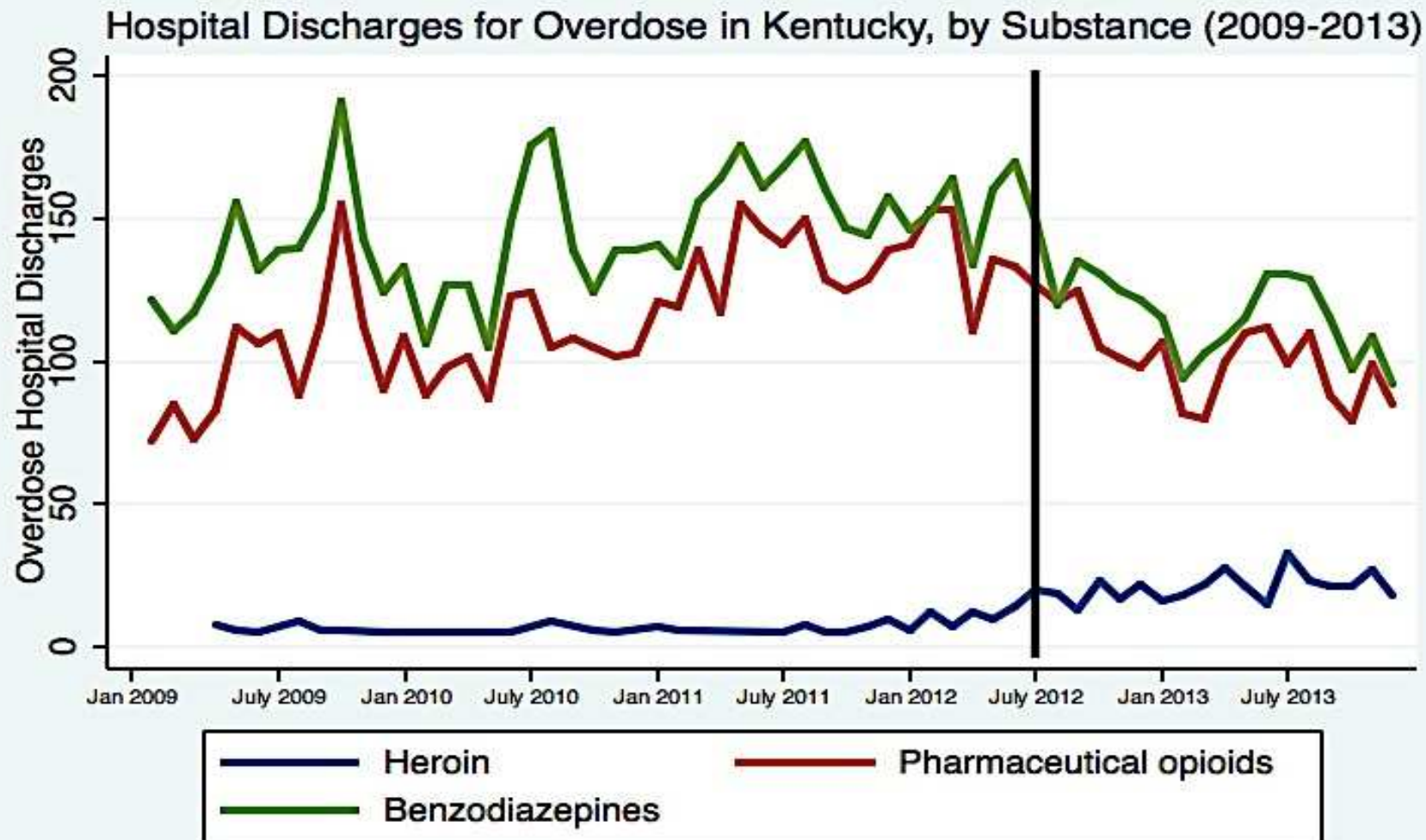
The top 6 counties by overdose deaths per 100,000 people for 2013 are:

Bell County 93.2 per 100,000  
 Clinton County 49.3 per 100,000  
 Breathitt County 44.3 per 100,000  
 Floyd County 43.9 per 100,000  
 Perry County 42.8 per 100,000  
 Harlan 42.1 per 100,000

A review of cases autopsied by the Kentucky Medical Examiner's Office indicates that in 2013:

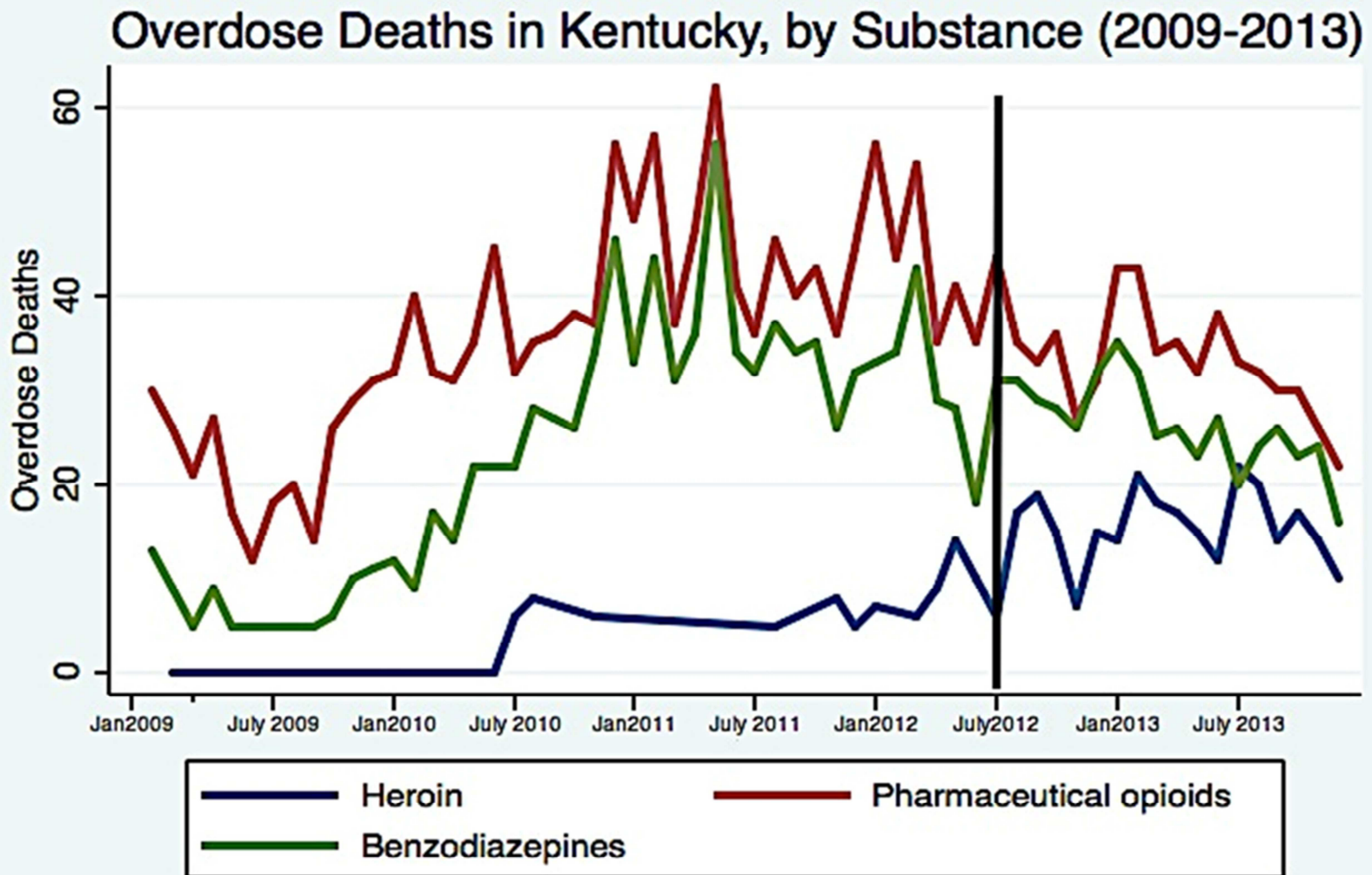
- Morphine was the most detected controlled substance in overdose deaths, present in 43.49% of all autopsied cases.
- Alprazolam was next at 34.76%, followed by 6 monoacetylmorphine (heroin) at 32%, hydrocodone at 24.79%, and oxycodone at 19.94%
- The youngest overdose fatality was 18 years old, and the oldest was 78 years old.
- The top five counties for heroin detected in overdose deaths, according to data from Kentucky Medical Examiner and coroner reports, include:

- 1) Jefferson County 105
- 2) Fayette County 35
- 3) Kenton County 34
- 4) Boone County 22
- 5) Campbell County 16



Data Source: Kentucky Office of Health Policy

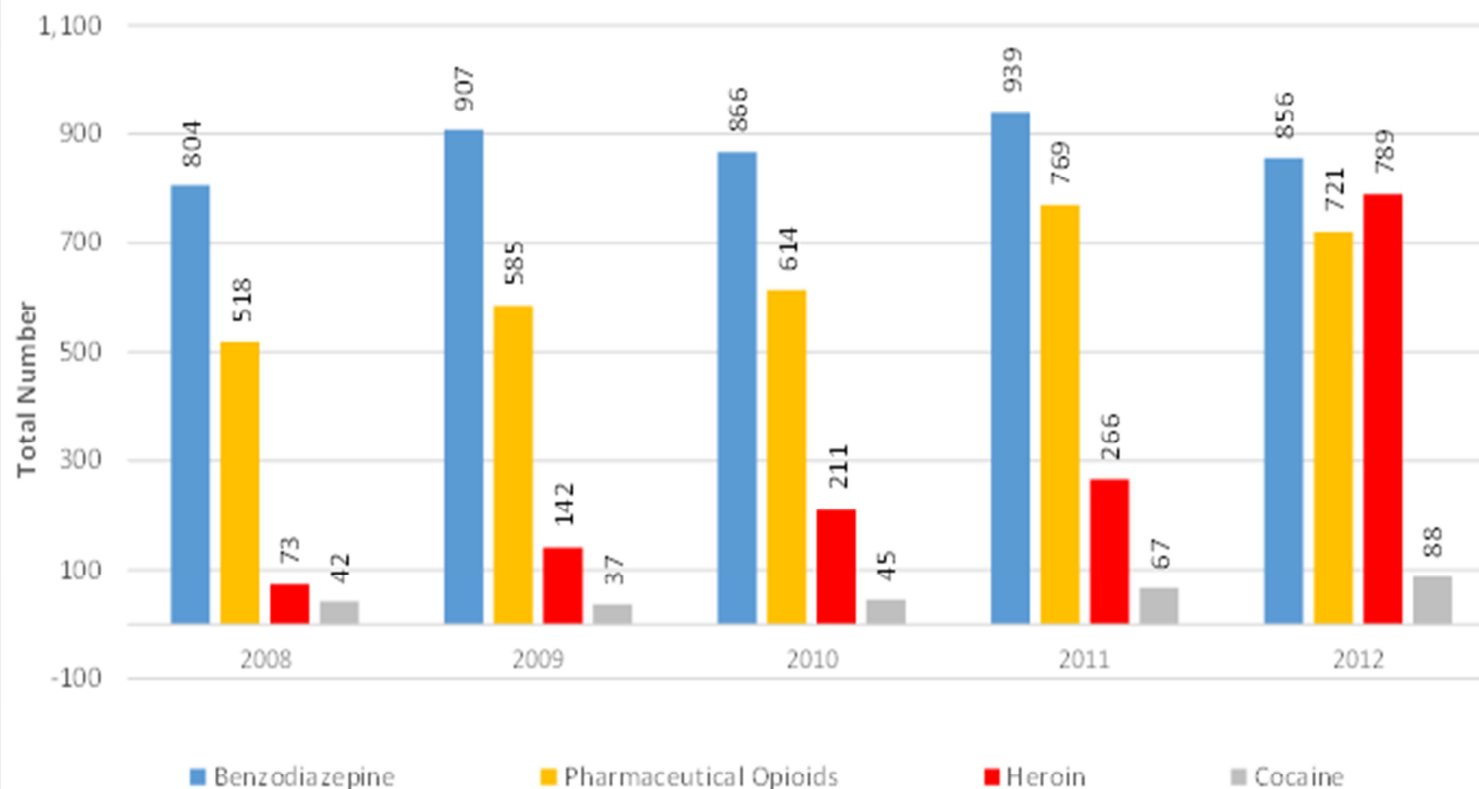
Note: Black vertical line represents House Bill 1 passage in July 2012



Data Source: Kentucky Office of Vital Statistics Death Certificate Data  
Note: Black vertical line represents passage of House Bill 1 in July of 2012

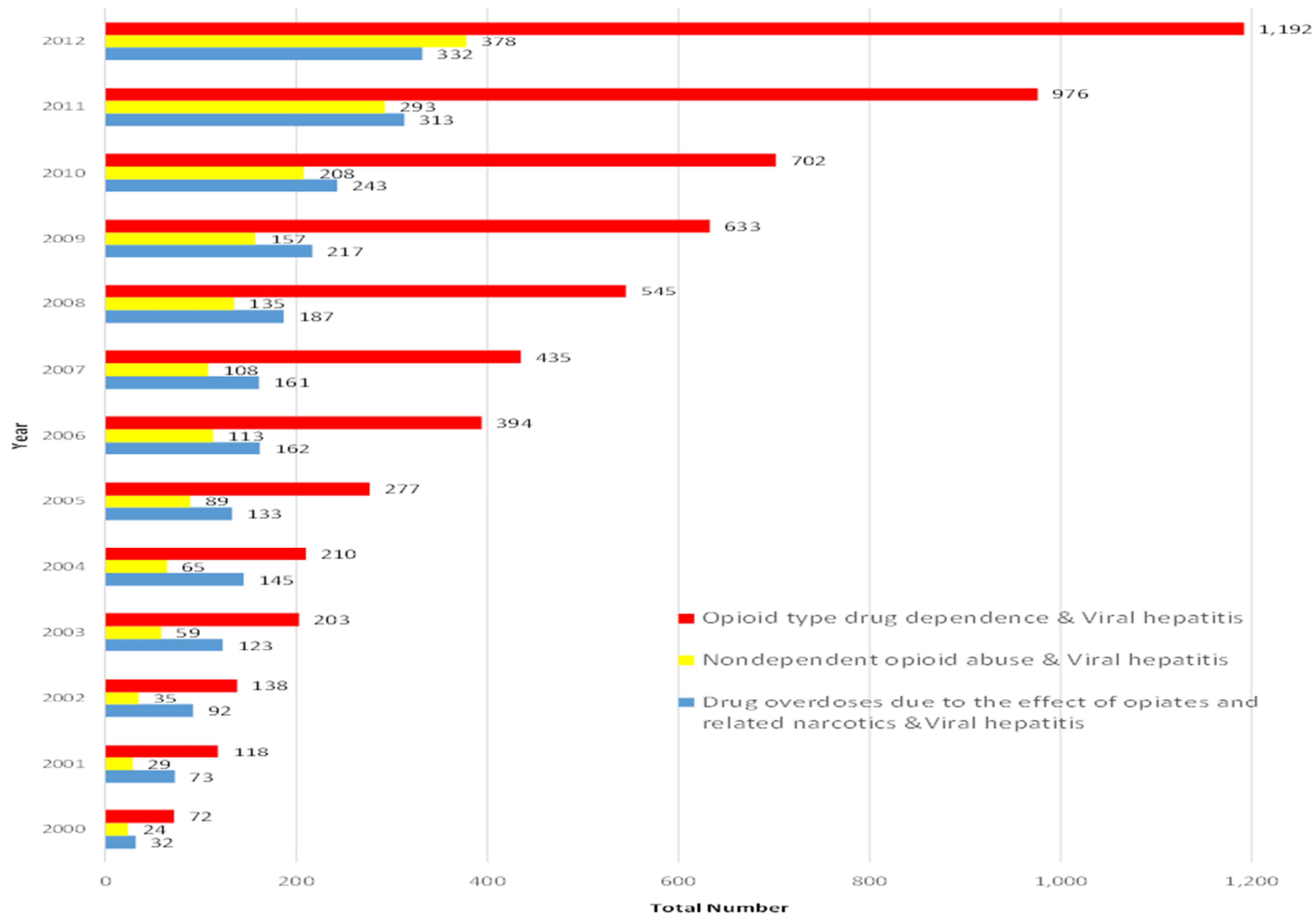


### Kentucky Resident Drug Overdose Emergency Department Visits by Drugs Involved, 2008-2012

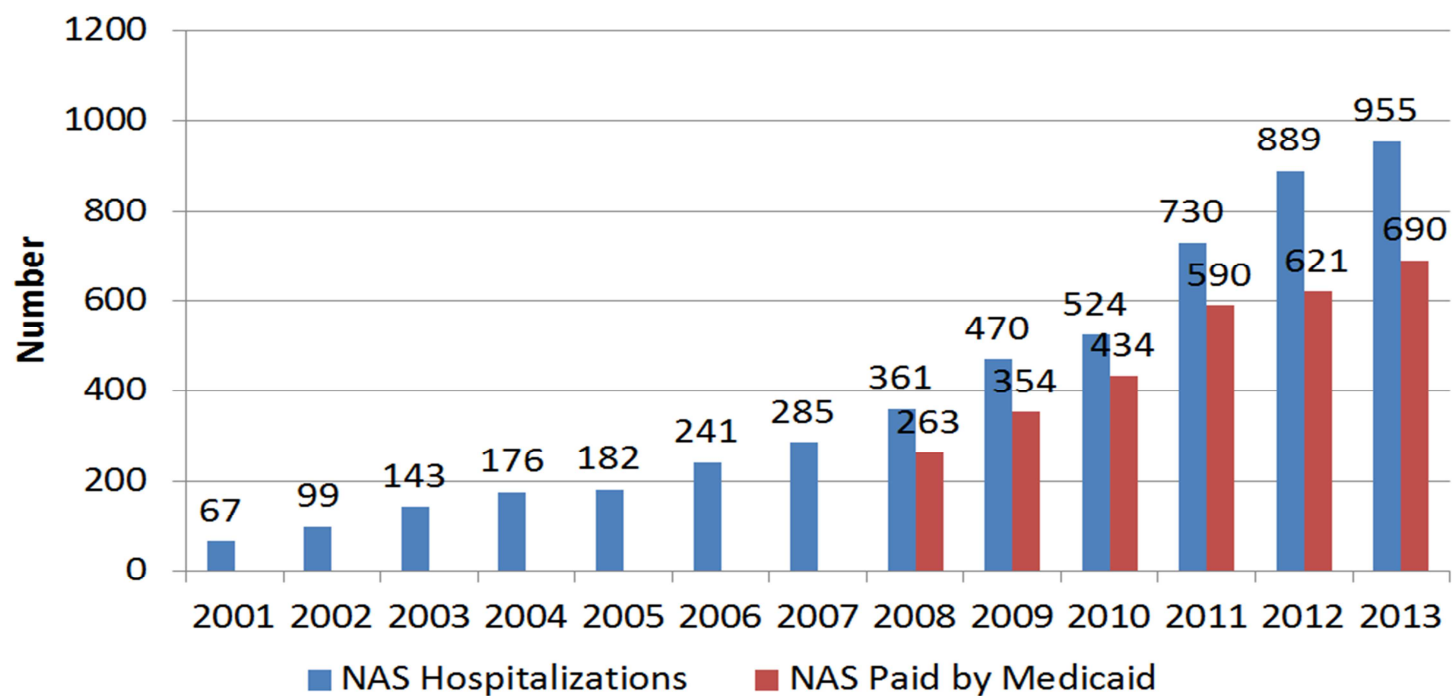


Produced by the Kentucky Injury Prevention and Research Center, January 2014. Data source: Kentucky Outpatient Services Database, Office of Health Policy. Data for 2010-2012 are provisional and subject to change.

# **Kentucky Resident Hospitalizations Involving Opioid Drug Overdose or an Opioid-Related Disease Condition AND Viral Hepatitis, 2000-2012**

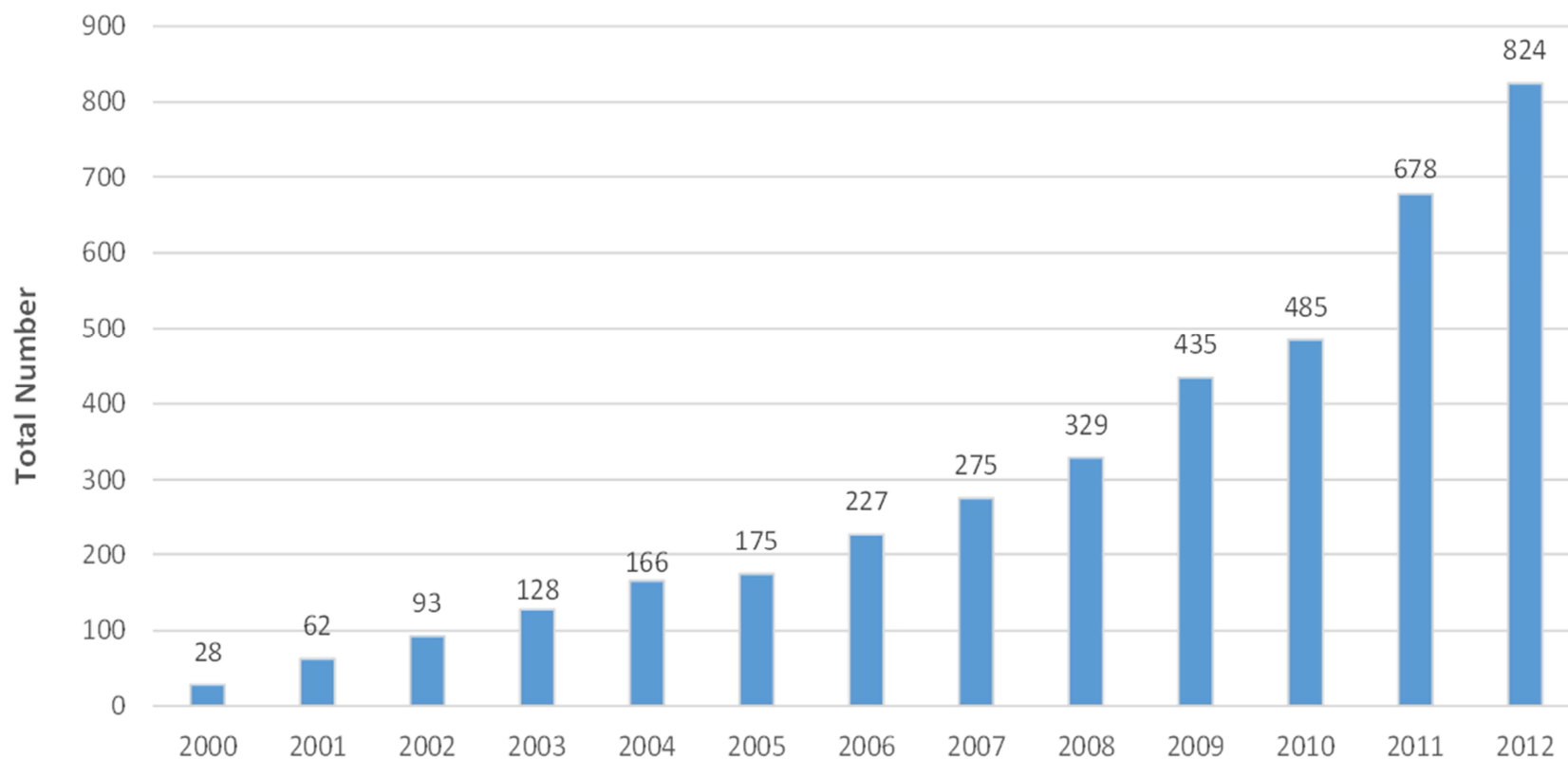


## NAS Hospitalizations of Kentucky Newborns



Data Source: Kentucky Medicaid Management Information System;  
 Claims database for calendar years 2008-2013;  
 Kentucky Injury Prevention and Research Center, KY Hospitalization Database  
 for calendar years 2008-2013  
 NAS is defined by the ICD9-CM code 779.55  
 2013 data is preliminary and numbers may change

## Kentucky Resident Neonatal Abstinence Syndrome Hospitalizations, 2000-2012



Produced by the Kentucky Injury Prevention and Research Center, January 2014. Data source: Kentucky inpatient hospitalization discharge data, Office of Health Policy. Data for 2010-2012 are provisional and subject to change.

# Heroin

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Heroin has had a resurgence in our nation and Kentucky is no exception. Heroin deaths have climbed exponentially. Especially hit hard have been Northern Kentucky, Louisville, and Lexington raising fears that a heroin scourge will soon ravage the entire Commonwealth.

Heroin – known by the nicknames such as Black Tar, Big H. Dog, Horse, and Puppy Chow. Heroin can be injected, smoked in a water pipe, inhaled as smoke through a straw, or snorted as powder through the nose.

Heroin is deadly because it is both highly addictive and unpredictable. The drug is a depressant, derived from morphine, a natural occurring substance extracted from the opium poppy.

Heroin is also dangerous, and much more potent, because there's no way to know exactly what you're buying. National experts say street heroin may be cut with other drugs or substances such as sugar, starch, quinine or even poisons such as strychnine. Some states have recently reported heroin laced with the narcotic painkiller fentanyl.

Police in Louisville and the Northern Kentucky suburbs of Cincinnati said they began seeing more heroin as early as four years ago, but it was in the last 12 months that heroin had increased dramatically.

In 2013 the following counties had the highest total of heroin-related deaths:

- Jefferson County – 106
- Fayette County – 35
- Kenton County – 34
- Boone County – 22
- Campbell County - 16

A key driver behind the uptick in heroin abuse was the reformulation of two widely abused prescription pain drugs, making them harder to crush and snort. Drug manufacturers reformulated OxyContin in 2010 and Opana in 2011.

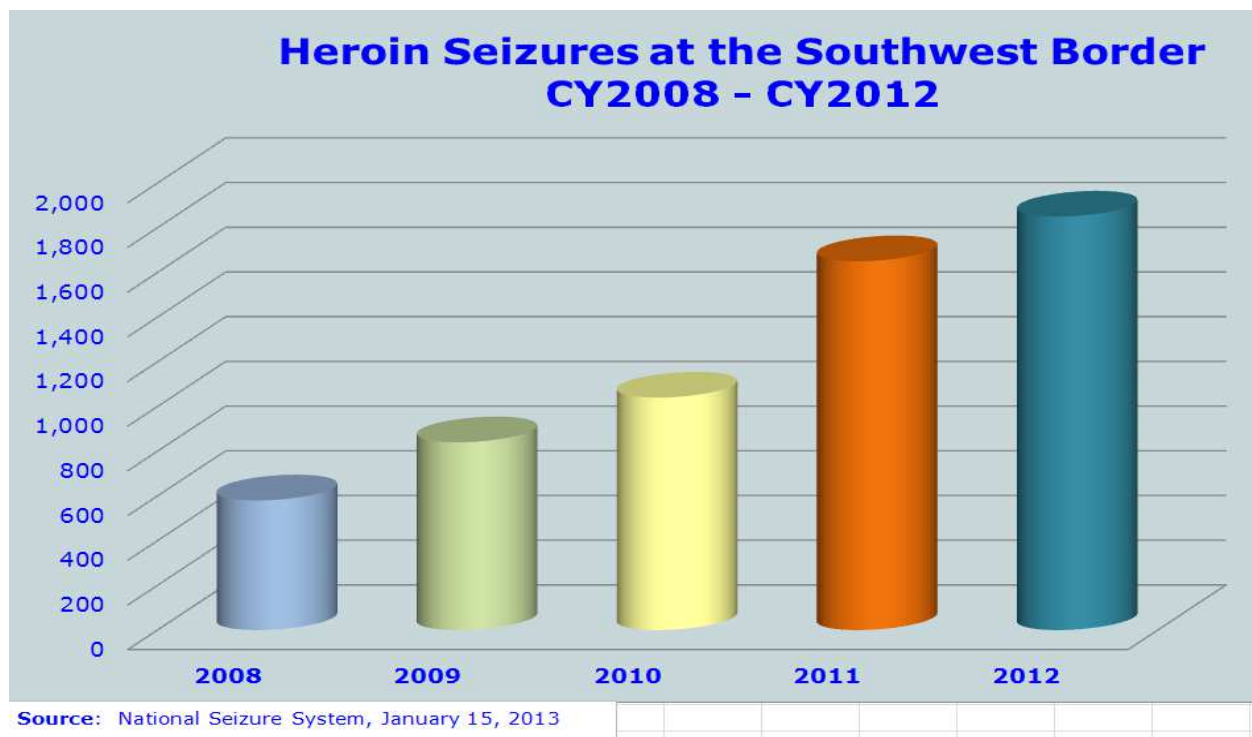
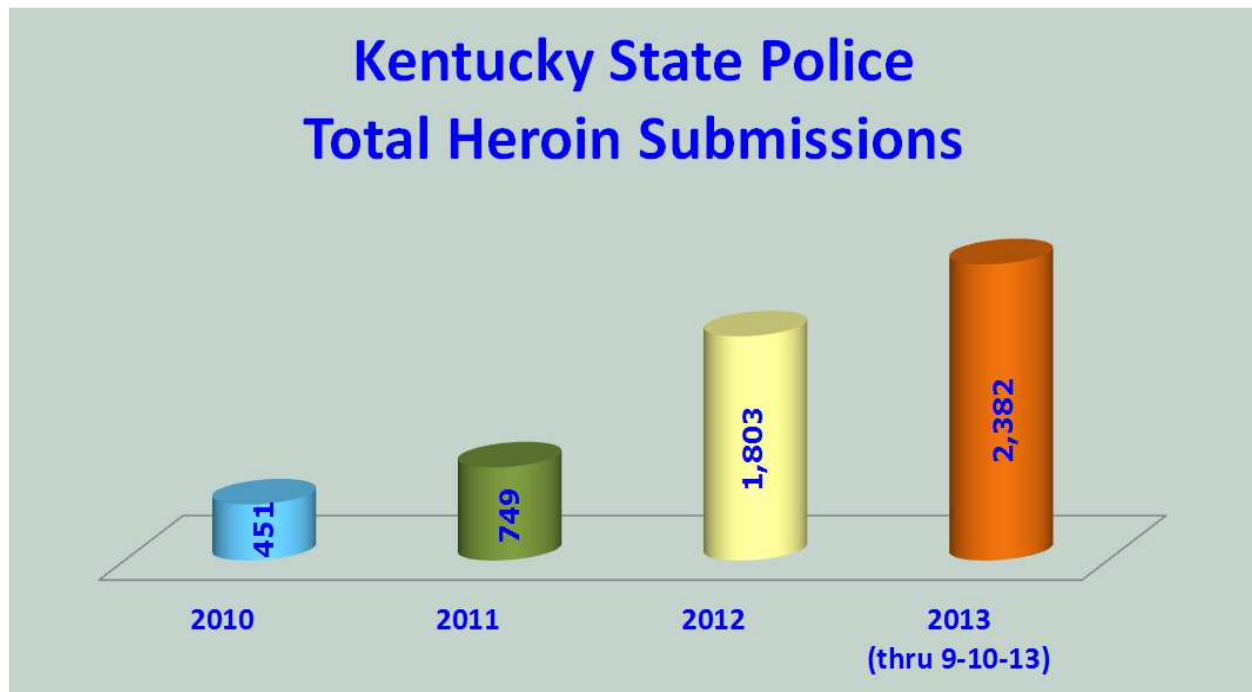
A growing number of young people who began abusing expensive prescription drugs are switching to heroin, which is cheaper and easier to buy. The reason may come down to basic economics: illegally obtained prescription pain killers have become more expensive and harder to get, while the price and difficulty in obtaining heroin have decreased. An 80 mg OxyContin pill runs between \$60 to \$100 on the street. Heroin costs about \$9 a dose. Even among heavy heroin abusers, a day's worth of the drug is cheaper than a couple hits of Oxy.

During the first nine months of 2014, at least 723 Kentucky deaths were attributed to a drug overdose, with heroin involved in 27% of those cases.

To impact the problem, the Kentucky Office of Drug Control Policy will continue to work towards increased public education, increased access to treatment, enhanced penalties for major traffickers, and greater access to naloxone.

30% of all drug overdose deaths in Kentucky involved heroin.

# Heroin



# Trainings

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## 2013 Symposiums for Medical Professionals

These free “[Kentucky Medical Communities UNITED](#)” forums were jointly sponsored by the University of Kentucky, Operation UNITE, Appalachian Regional Commission, Kentucky Office of Drug Control Policy and Kentucky Coalition of Nurse Practitioners & Nurse Midwives.

Among topics discussed were the new key requirements imposed by the 2012 Kentucky General Assembly (HB 1) and amendments enacted, identification of drug abuse and dependence in patients, assessing patients for addiction risk, explaining the KASPER (Kentucky All-Schedule Prescription Electronic Reporting) system, and evaluating the risks versus rewards of opioid therapy.

Participants in the training forums were eligible to receive 4.5 continuing education credit hours for physicians, physician assistants, nurses, nurse practitioners, dentists, dental hygienists, pharmacists, social workers, Certified Alcohol and Drug Counselors, psychologists and Certified Health Education Specialists. The trainings were approved by the Kentucky Board of Medical Licensure, Kentucky Board of Nursing, and Certified Health Education Specialists as meeting statutory requirements imposed by House Bill 1.

Prescription drugs cause more overdose deaths than all other substances combined including cocaine, methamphetamine, and heroin. To address this increasing problem, the Kentucky Legislature enacted **House Bill 1** in 2012 followed by **House Bill 217** in 2013. Measured impacts have seen the total doses of all controlled substances dropping over 10%, several facilities identified as pain management clinics closing or discontinuing providing pain management services, and KASPER utilizations have dramatically increased.

The modules of the symposium were intended to help the prescriber identify and screen for substance use disorders, use KASPER and urine drug testing therapeutically, recommend and understand treatment options particularly for vulnerable populations such as opioid dependent pregnant women, and improve their medical understanding of addiction as a chronic relapsing illness deserving of medical treatment.

### **Overview of HB1 and Regulations - C Lloyd Vest II, JD**

In 2012, HB1 established new procedures for the Board of Medical Licensure, established new requirements for physicians, required specific sanctions for certain conduct, required the Board to set out prescribing/dispensing standards in regulations, and established ownership and other requirements for pain management facilities.



### **How to Recognize Drug Abuse and Dependence in Patients - Gregory L. Jones, MD**

Addiction is a common disease. It is frequently diagnosed late in the course or not at all. A high index of suspicion is necessary. It carries much misunderstanding and stigma as well. Reduction of the stigma is needed. Better screening and early referral for specialized treatment are also needed.

### **How to Discuss Drug Issues With a Patient – Gregory L. Jones, MD**

Many healthcare professionals are uncomfortable discussing alcohol and drug use with their patients. Optimal healthcare requires this information for good clinical decisions. All providers need to improve their comfort and skill set in having these discussions.

### **An Update on KASPER - Post House Bill 1 – David R. Hopkins, BS**

Controlled substance prescribers and dispensers in Kentucky may not be fully aware of legislative changes affecting their use of the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system. This training is intended to provide medical professionals with a more comprehensive understanding of KASPER operation and features as well as to provide information on legislative updates.

### **Opioid Therapy: Risks vs. Rewards – Gregory L. Jones, MD**

Opiate use is widespread in the management of chronic pain and is frequently the only modality applied. Optimally, opiate use would not be first line treatment and would be used only in conjunction with other modalities. There is a need for better understanding of the nature and optimal management of chronic pain.

## 2014 Symposia for Medical Professionals

### Substance Abuse in Pregnancy: Your role in reducing addiction related risk for Kentucky mothers and babies

The Office of Drug Control Policy, in collaboration with the Public Health Perinatal Substance Abuse/Neonatal Abstinence Workgroups, is hosting this conference on compassionate care for pregnant women with perinatal substance use disorders. Women who are addicted to substances while pregnant often avoid seeking the care and treatment they need because of shame and stigma associated with drug use in pregnancy; fear of having their infant “taken away” or other punitive measures also deters them from seeking needed treatment that could improve outcomes.

This symposium features speakers including an obstetrician-attorney, an addiction specialist, a child protection professional, and people with personal experiences around addiction, who will address best practices in how to engage these women in care and treatment in a non-judgmental environment where it is recognized that addiction is a disease. It is the ability to engage these women in care and treatment that opens the door for successful treatment and improved outcomes for the mother, the infant, and the family.

#### **Understanding Addiction as a Disease – James Nocon, MD, JD**

Because few medical schools teach addiction medicine, there are few educated providers. Treatment options are limited by this lack of knowledge. Health care providers need to be educated about addiction medicine because addiction fits the medical model, and there is a great need to expand treatment options.

#### **Compassionate Care in Treating Opioid Dependence During Pregnancy – Michelle Lofwall, MD**

There is a lack of understanding of challenges, needs, and treatment of opioid dependence during pregnancy. Health care providers need an improved understanding of the challenges pregnant opioid dependent women face. They also need to improve communication with and be aware of treatment opportunities for pregnant women with opioid addiction.

#### **Child Protective Services in Families with Addiction – Tina Willauer, DCBS**

#### **Personal Experiences – Krystal Lowery, BS**

## The Good, Bad, and Ugly of Addiction

Substance use disorders are common medical disorders of which all health care providers should be aware, have basic knowledge about, and practice competence in order to screen, refer, and/or treat. Prescribers as well as non-prescribing health care providers need training in substance use disorders, urine drug screening and testing, and therapeutic use of KASPER. The latter two are practice behaviors that are required by law for prescribers of several controlled substances in Kentucky.

This activity was jointly sponsored by the University of Kentucky, Operation UNITE, Appalachian Regional Commission, and Kentucky Office of Drug Control Policy.

### **Prescription Drug Abuse and Other Risky Behaviors in Rural Appalachia – Jennifer R. Havens, PhD, MPH**

Drug abuse and related harms in rural Appalachia in the context of social network formation is a very real problem. Data presented will raise awareness about the medical consequences of prescription drug abuse, including injection drug use and infectious disease transmission. Data on overdose and treatment seeking will be presented.

### **Substance Abuse Treatment as an Integral Part of the Health Care System – Kelly Clark, MD, MBA**

There is inadequate utilization of the most appropriate treatment for prescription drug abuse. There is a lack of understanding of costs of untreated and treated prescription drug addiction and of the levels of care for treatment.

### **Methadone and Buprenorphine: Evidence-base in Addiction Treatment and Common Pitfalls and Myths – Michelle R. Lofwall, MD**

Substance use disorders are common medical disorders that all health care providers should be aware of and have basic knowledge and practice competence. Methadone and buprenorphine are important treatment options that can help bring treatment back into main stream medical practice.

### **Treating Opiate Addiction in Pregnancy: How We Got Here and Are We There Yet? – Jonathan W Weeks, MD**

Substance use disorders are increasing in pregnant patients. Health care providers should be aware and have basic knowledge of treatment options for these patients to improve patient and fetal health.

**Neonatal Drug Withdrawal: A Clinical Primer – Lori A Devlin-Phinney, DO, MHA**

The prevalence estimates for prenatal substance use vary widely and are difficult to establish. The 2011 National Survey on Drug Use & Health states that 5% of pregnant women between 15-44 years old used illicit drugs during the past month. Infants who have been identified as having been drug exposed in utero need a pediatric medical home in which they can easily receive regular growth and nutritional assessments, evaluation for developmental and social/emotional delays, and close follow-up for subtle signs of neglect and abuse.

**Therapeutic Use of KASPER and Urine Drug Screening and Testing in Clinical Practice – Michelle R Lofwall, MD**

KASPER and UDS/T can be used as therapeutic clinical tools to help monitor for unintended adverse effects of prescribed opioids (and other controlled drugs with known abuse potential and increasing presence in overdose death cases such as the opioids and benzodiazepines) and to help health providers not be unintentional sources of diverted medications. This process can get providers talking more to patients (and their family/friends) about the need for safe storage, diversion, misuse, and substance use disorder that impacts patients and public health.

**The Front Line of Health Care and Drug Abuse – Ryan A Stanton, MD**

Patients with substance abuse disorders are increasingly coming to the Emergency Department for treatment. Prescribers need to be aware of how substance abuse is a co-factor in other medical conditions and be able to identify aberrant patient behaviors in the Emergency Department.

**A Harm Reduction Strategy: Expanding Access to the Opioid Antidote Naloxone – Daniel P Wermeling, PharmD, FCCp, FASHP**

Naloxone, the opioid antidote, is under-utilized in the prevention and treatment of opioid overdose. Health care professionals caring for and families of high overdose risk patients can reduce overdose morbidity and mortality by learning new ways to prescribe, dispense, and administer naloxone.

## Overdose Prevention: Improving Response and Saving Lives

Kentucky, long troubled by widespread abuse of prescription opioids, has seen a dramatic rise in deaths from heroin overdose in recent years. Naloxone is the standard treatment for suspected opioid overdose, already in use by emergency rooms and emergency medical technicians across the country.

### **Heroin: An Old Dog with New Tricks - Ryan A. Stanton, MD**

The landscape of substance abuse is constantly changing and the ongoing spike in heroin abuse provides unique challenges in the acute and chronic practice settings. Healthcare providers must understand the changing landscape and adjust their practice to address heroin abuse and how it may present in their setting.

### **A Harm Reduction Strategy: Expanding Access to the Opioid Antidote Naloxone - Daniel P Wermeling, PharmD, FCCP, FASHP**

Naloxone, the opioid antidote, is under-utilized in the prevention and treatment of opioid overdose.

Healthcare professionals caring for and families of high overdose risk patients can reduce overdose morbidity and mortality by learning new ways to prescribe, dispense, and administer naloxone.

This activity was planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint partnership of the University of Kentucky College of Medicine, Kentucky Office of Drug Control Policy, and Operation UNITE. The University of Kentucky College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

## Law Enforcement – Drug Task Forces

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Kentucky's law enforcement community continued to perform at a high level during 2014. The Office of Drug Control Policy was instrumental in bringing law enforcement agencies together to share intelligence, resources and collaborate on significant drug investigations.

The Kentucky Justice and Public Safety Cabinet also provides grant funding for 12 multi-jurisdictional drug task forces. During 2014, standards, model policies and best practices for drug task force operations continued to be evaluated and reviewed and ensure program compliance. The Office of Drug Control Policy in conjunction with the Grant's Management Branch, conducted annual audits and on-site inspections with all grant recipients and ensure program compliance.

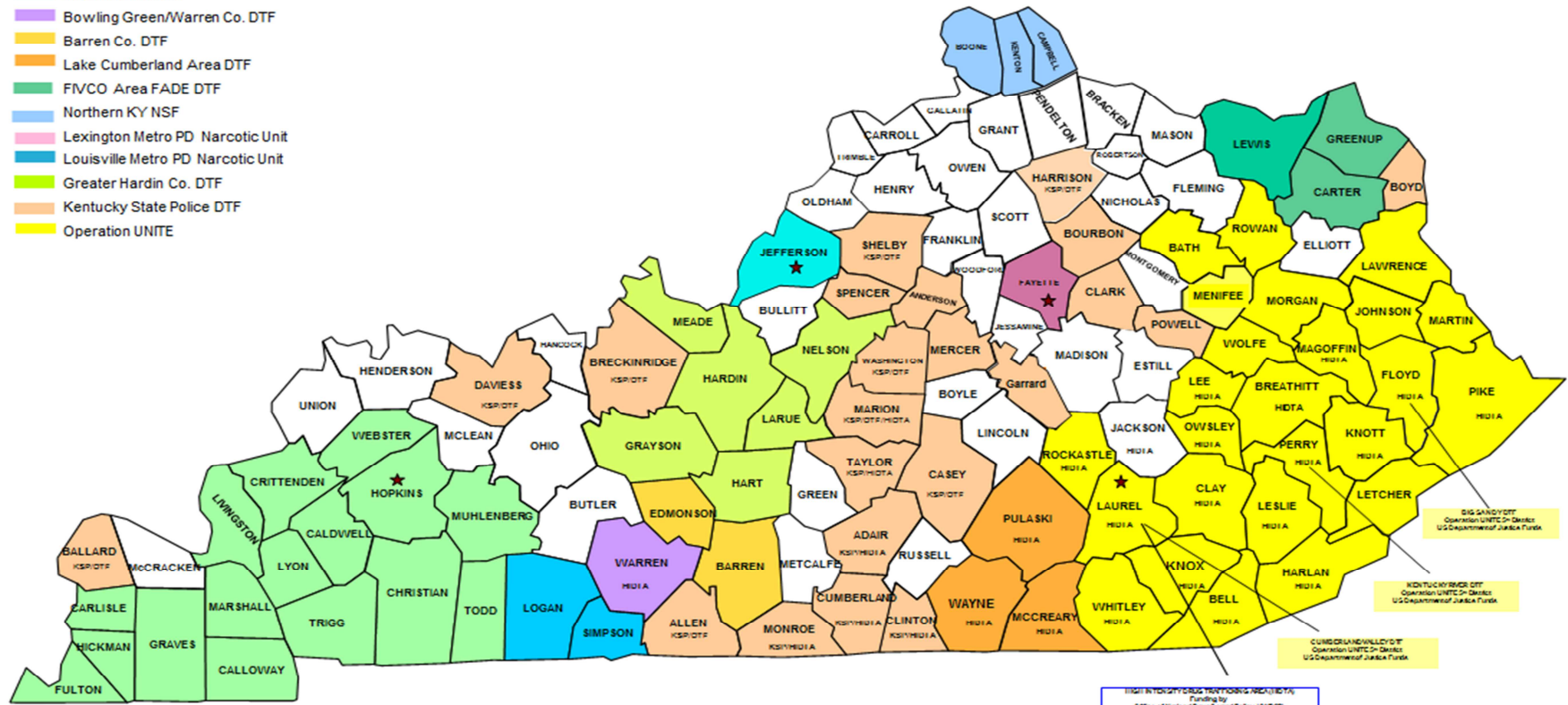
Many of Kentucky's police departments and sheriff's offices conduct drug investigations on a daily basis. Although they may not be part of a formalized drug task force, there is still a great deal of collaboration and cooperation that occurs between federal, state and local agencies. Many local law enforcement agencies have detectives assigned exclusively to formalized drug task forces. This section highlights the agencies and their contributions to drug enforcement.

Kentucky's Drug Task Forces have been instrumental in reducing the manufacturing of methamphetamine in rural and urban areas, reducing the illegal distribution of prescription drugs and the growth and distribution of marijuana.



# Kentucky Drug Task Force Regions

- Pennyrite Narcotics TF
- South Central DTF
- Bowling Green/Warren Co. DTF
- Barren Co. DTF
- Lake Cumberland Area DTF
- FIVCO Area FADE DTF
- Northern KY NSF
- Lexington Metro PD Narcotic Unit
- Louisville Metro PD Narcotic Unit
- Greater Hardin Co. DTF
- Kentucky State Police DTF
- Operation UNITE



★ **US Department of Justice  
Drug Enforcement Administration**  
 Louisville District Office – Jefferson County  
 Lexington Resident Office – Fayette County  
 London Resident Office – Laurel County  
 Madisonville Post Of Duty – Hopkins County

11/2014

## Law Enforcement – Partnerships

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The Office of Drug Control Policy has many partners at the state, local and federal levels of enforcement. Without effective partnerships, the drug enforcement initiatives would suffer in efficiency. The opportunity to share manpower, information and resources is invaluable to successful operations. The ODCP works very closely with all of the partners listed below.

### •**Drug Enforcement Administration**

The United States Department of Justice, DEA is the primary federal law enforcement agency in the United States charged with enforcing federal narcotic laws.

### •**Appalachia HIDTA**

Appalachia HIDTA (High Intensity Drug Trafficking Area) was designated in 1998 through ONDCP. Since then, participating agencies from the 68 HIDTA counties in Kentucky, Tennessee and West Virginia have worked together to coordinate drug suppression activities. Kentucky has 27 of the 68 HIDTA counties.

### •**Multi-Jurisdictional Drug Task Forces**

The Office of Drug Control Policy oversees and, in part, funds the network of 12 drug task force program across the Commonwealth. Drug Task Forces currently cover 61 counties and serves 2.7 million citizens.

### •**Kentucky State Police Methamphetamine Response Program**

KSP continues to be the lead law enforcement agency in the Commonwealth instrumental in the dismantling of clandestine methamphetamine laboratories. KSP has also provided funding, training, equipment, supplies and overtime to certified clan lab response personnel on state, county and local levels.

### •**Governor's Marijuana Strike Task Force** (Kentucky State Police Marijuana Suppression Program)

Kentucky is one of the top source states for the cultivation of very high quality domestic marijuana. This marijuana is a contributory factor for its desirability as an export product. In attacking a drug problem that affects an entire region of the nation, Kentucky's Marijuana Suppression Program has become an integral part of the National Drug Strategy and as such, has continued to receive nationwide acclaim. In 2014 over 448,000 plants were eradicated.



### •**Kentucky State Police Rural Drug Suppression Program**

The Rural Drug Suppression Program of the Kentucky State Police is comprised of at least one detective from each of the 16 State Police posts from around the state who conduct street level narcotic enforcement within the post area. In addition, detectives from Drug Enforcement Special Investigation East and West Sections are also assigned to the program as needed. KSP detectives work cooperative narcotic investigations with most local agencies within their post areas as well as federal law enforcement agencies who may adopt state cases for federal prosecution.

### •**Alcoholic Beverage Control**

ABC is charged to protect the public welfare and interest by regulating the alcohol beverage industry. The enforcement, education and legal divisions of ABC oversee: licensing, provide training to people employed in the alcoholic beverage industry and enforce the laws and regulations of the Commonwealth pertaining to alcohol and tobacco violations. The enforcement and education divisions have also partnered in a new awareness program to prevent access and use of alcohol and tobacco products by minors.

### •**Kentucky Attorney General Jack Conway**

Working closely with federal, state and local law enforcement officers, the Drug Investigations Branch is tasked with helping combat illegal drug abuse in Kentucky communities. The primary focus for the Drug Investigations Branch include:

- **diversion of prescription drugs** — illegal distribution, abuse, or unintended use of prescription drugs
- **"doctor shopping"** — individuals receiving prescriptions for the same drug from more than one doctor during the same time period or presenting false symptoms to multiple doctors in order to receive prescription medications
- **over-prescribing** — physicians who routinely prescribe more of a drug than is required by the diagnosis; this usually indicates that a doctor or pharmacist is writing prescriptions for personal gain or non-medical purposes
- **theft of prescription drugs**
- **illegal sale of prescription pain pills**

## Law Enforcement – MethCheck

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On July 10, 2007 the Kentucky Department of Corrections expanded a contract they held with APPRISS, a Louisville based company to provide the statewide VINE, JusticeXchange system. The contract included a pilot program to electronically monitor the sales of pseudoephedrine (PSE) in pharmacies in Laurel County, Kentucky. After two years of study, a revision of the original contract was approved by Finance and this program went into effect statewide on June 1, 2008. This project is a partnership between the Office of Inspector General Professional Standards Branch and the Cabinet for Health and Family Services and the Kentucky Office of Drug Control Policy. Funding for the first year of this project was provided by the KASPER program.

Kentucky became the second state to implement a real-time statewide electronic monitoring system capable of blocking the sale of pseudoephedrine products to individuals in violation of purchasing more than 9 grams in 30 days. It also provides 24/7 access to law enforcement officers conducting investigations on individuals suspected of violations of PSE restrictions. The Office of Drug Control Policy is required to respond to calls from pharmacies and customers during regular business hours. In the first 7 months of operation the system blocked over 10,000 attempts to violate PSE restrictions resulting in over 30,000 grams of PSE kept out of the hands of potential meth cooks.

In 2014, The Office of Drug Control Policy assisted 125 pharmacies and over 800 customers.

# KENTUCKY METHAMPHETAMINE LAB RESPONSE

## Numbers Provided by EPIC & ACS Container Program & Louisville Metro

updated Nov 14, 2014

### Statewide Labs - Chart 1

	January	February	March	April	May	June	July	August	September	October	November	December	TOTALS
2000	6	7	8	18	8	14	4	2	5	11	13	8	104
2001	15	13	25	22	16	4	14	12	8	16	18	12	175
2002	41	29	38	35	47	34	24	23	27	25	22	25	370
2003	24	38	56	53	41	52	30	37	38	45	31	39	484
2004	47	73	79	60	51	35	43	44	40	39	53	36	600
2005	77	74	69	85	62	57	38	21	18	34	27	27	589
2006	45	42	31	23	26	18	16	18	15	23	31	21	309
2007	26	26	23	14	16	26	33	22	37	29	26	31	309
2008	30	28	60	44	30	20	27	42	32	44	37	34	428
2009	41	63	70	44	61	49	79	71	60	73	67	63	741
2010	83	82	89	105	67	85	84	75	103	107	116	84	1080
2011	125	133	175	121	94	60	84	99	93	88	69	92	1233
2012	129	158	132	96	97	88	75	60	65	70	41	49	1060
2013	83	98	72	66	54	52	38	43	26	52	30	54	668
2014	60	52	63	52	41	48	29	45	29	45	14		478

## Funding

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The Office of Drug Control Policy was awarded funding for specific programs by the General Assembly for the 2013 biennium. Allocations included:

The Office of Drug Control Policy oversees the KY-ASAP funds allocated from the Phase I Tobacco Master Settlement Funds. In SFY 2014, the ODCP distributed \$1,700,200.00 to the KY-ASAP local boards in 118 of Kentucky's counties.

In 2012-2013 The Kentucky Office of Drug Control Policy was the recipient of a grant from the National Governor's Association.

## Collaborative Partnerships

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The Office of Drug Control Policy has established significant working relationships with many governmental and private agencies across the Commonwealth and nationally. The strength of success is found in the quality of the working relationships. Listed below is a sampling of some of the agencies that have partnered with the ODCP on initiatives:

- The Commonwealth Alliance for Substance Abuse Prevention
- Appalachian Regional Commission
- Kentucky Coalition of Nurse Practitioners & Nurse Midwives
- University of Kentucky
- Community Anti-Drug Coalitions of America (CADCA)
- Big Brothers / Big Sisters Youth of the Year
- Department of Education
- Department for Medicaid Services
- Department for Public Health
- Department for Behavioral Health, Development and Intellectual Disabilities
- Eastern Kentucky University
- Environmental and Public Protection Cabinet
- Governor's Task Force on Campus Safety
- Kentucky All Scheduled Prescription Electronic Reporting (KASPER)
- Kentucky Administrative Office of the Courts – Drug Courts
- Kentucky Alcoholic Beverage Control
- Kentucky Attorney General's Office
- Kentucky Board of Pharmacy
- Kentucky Center for School Safety
- Kentucky Child Now
- Kentucky College Network Steering Committee
- Kentucky County Attorneys Association
- Kentucky Crime Prevention Coalition
- Kentucky Injury Prevention Group
- Kentucky Narcotic Officer's Association
- Kentucky Office of Homeland Security

- Kentucky Pharmacists Association
- Kentucky Prevention Network
- Kentucky Retail Federation
- Kentucky School Boards Association
- Kentucky State Police
- Office of Inspector General in the Cabinet for Health & Family Services
- Office of National Drug Control Policy
- Operation Unlawful Narcotics Investigation, Treatment & Education
- The Partnership at DrugFree.org
- People Advocating Recovery
- Regional Organized Crime Information Center (ROCIC)
- Reach of Louisville
- Regional Prevention Centers
- Substance Abuse and Mental Health Services Administration
- SYNAR Inter-Agency Workgroup
- Tobacco Prevention and Cessation Program Strategic Planning Group
- University of Kentucky Center on Drug and Alcohol Research
- University of Kentucky Community Coalition on Underage Drinking
- UNITE Medical Advisory Board
- JPSC Legislative Team
- NADDI (National Association of Drug Diversion Investigators)
- SEOW (State Epidemiology Outcomes Workgroup)
- MHDDAS (Mental Health Developmental Disabilities Addiction Services)
- Kentucky Pharmacy Board - PSE Sales
- PIRE (Pacific Institute for Research & Evaluation)
- Kentucky Medical Examiners Officer-Dr. Corey
- Governors Re-entry Task Force committee
- Physician Training sessions - Buprenorphine in the office setting
- Penal Code Task Force
- UK Real Time Data Collection Study
- Interstate Prescription Drug Abuse Task Force-KY, OH, WV and TN
- Recovery Kentucky

- HIDTA (High Intensity Drug Trafficking Areas)
- KSPAN (Kentucky Safety & Prevention Alignment Network)
- KY Domestic Violence Committee with RX training
- KY League of Cities
- Kentucky Medical Association
- Kentucky Board Nursing Licensure
- American Institute Technology Labs
- Kentucky Workers Compensation
- Drug Enforcement Agency
- Kentucky Board of Medical Licensure

# Kentucky Office of the Attorney General

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Attorney General Jack Conway, Gov. Steve Beshear, First Lady Jane Beshear and members of the Substance Abuse Treatment Advisory Committee today announced that 19 substance abuse treatment grant proposals from across the commonwealth have been selected for funding through the [KY Kids Recovery](#) program.

The grants will fund comprehensive adolescent substance abuse treatment programs, both expanding treatment beds at existing facilities and creating new adolescent treatment programs with the full continuum of care, including intensive outpatient and follow-up care centers.

Kentucky only has about one-tenth of the treatment beds it needs, and according to the most recent report from the Substance Abuse Health and Mental Services Administration, one in eight Kentucky high school students meet the criteria for a substance abuse disorder.

Beshear created the Substance Abuse Treatment Advisory Committee by executive order to oversee the KY Kids Recovery grant program and distribution of the settlement funds. Existing providers, new providers, community partnerships and nonprofits were eligible to apply for the KY Kids Recovery grants.

The Substance Abuse Treatment Advisory Committee submitted the 19 recommended proposals to Beshear, who approved the funding for the recipients. The programs recommended for funding are located in every region of the state and encompass all aspects of evidence-based, substance abuse services for adolescents, including prevention, outpatient counseling, intensive outpatient and residential services.

"Kentucky has been woefully lacking in comprehensive, statewide treatment options for youth who suffer from addiction and substance abuse disorders," he said. "With these grants, families will now have places to turn to for help. Early detection and intervention are the keys to solving the larger problem of substance use and abuse across Kentucky."

For the grants \$17,976,992 has been recommended in funding from an available total of \$19,200,000. The remaining balance will be reserved for future statewide projects and administrative oversight of recipients' expenditures. Awards will be paid through Kentucky Housing Corporation, in compliance with state accounting procedures.

A pilot program with the University of Kentucky, the University of Louisville, and St. Elizabeth's Hospital awarding them \$105,500 to begin naloxone distribution.



## **Grant recipients:**

### **Boys & Girls Haven, Louisville, \$267,084**

Will expand its existing programs to offer a continuum of substance abuse treatment services for adolescents and their family members across the Jefferson and Salt River Trail regions (Anderson, Bullitt, Breckinridge, Franklin, Grayson, Hardin, Henry, LaRue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington and Woodford counties). These services will build upon the agency's expertise in providing community-based treatment.

### **Children's Home of Northern Kentucky, \$1.5 million**

Will initiate residential substance abuse treatment services for adolescents and expand its current Champions Program (Community-Based Behavioral Health Treatment for children and youth in grades 6-12) to include more intensive substance abuse treatment services. Residential treatment will be provided on the Covington campus, serving eight northern Kentucky counties (Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton counties).

### **Communicare, \$1,200,695**

Provides behavioral health services to the eight-county Lincoln Trail Area Development District (Breckinridge, Grayson, Hardin, LaRue, Marion, Meade, Nelson and Washington counties). The proposal developed will expand existing adolescent substance abuse treatment services to include residential, partial hospitalization and intensive outpatient services. Communicare currently provides prevention, intervention and outpatient substance abuse treatment services for adolescents.

### **Cumberland River Behavioral, \$959,775**

Will open a 15-bed residential facility and an intensive outpatient program for substance abuse treatment in London. These programs will utilize evidence-based screening, assessment, treatment and continuing care recovery services for youth.

### **Four Rivers Behavioral Health, \$315,876**

Will implement an adolescent substance abuse intensive outpatient treatment program in Paducah. This program is available to residents of Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston, McCracken and Marshall counties.

### **KVC Behavioral Health Care Kentucky, \$2,032,998**

KVC Kentucky is designing the large-scale implementation of evidence-based, in-home services to treat adolescents with substance abuse and co-occurring disorders across 59 counties in central and eastern Kentucky.

**Kentucky River Community Care, \$686,165**

Will provide substance abuse treatment services to adolescents in the Kentucky River Comprehensive Care area (Breathitt, Knott, Lee, Letcher, Leslie, Owsley, Perry and Wolfe counties). These services will range from initial screening through individual and group outpatient and residential treatment, where necessary.

**Maryhurst, \$932,928**

The expansion of services to outpatient treatment reflects Maryhurst's mission of "serving those in greatest need" and provides the opportunity to bring these services to communities such as Shively in southwest Louisville, Portland in west Louisville, and surrounding counties. The expansion of services will include screening, assessment, mobile crisis intervention, peer and family support, intensive outpatient programs, outpatient therapy and residential services.

**Methodist Home of Kentucky, \$542,682**

This program will use evidence-based practices to support the delivery of services in Woodford, Anderson, Clark, Bourbon, Boyle, Mercer, Powell, Garrard and Jessamine counties. The program includes assessment, case management services and four levels of treatment: outpatient, intensive outpatient, relapse prevention and residential.

**Mountain Comprehensive Care Center, \$192,720**

The center is currently conducting a SAMHSA-funded and nationally ranked Assertive Adolescent and Family Treatment Program in Floyd and Pike counties in the Big Sandy Area Development District in eastern Kentucky, and due to the level of need, proposes to expand its services to all of the Big Sandy Region, including Floyd, Johnson, Magoffin, Martin and Pike counties. The project will build the capacity of staff to provide adolescent substance abuse prevention and early detection, as well as an outpatient substance abuse treatment program in local schools.

**Necco, \$1,371,283**

Necco serves thousands of youth and their families each year through a variety of programs in Kentucky, Ohio, West Virginia and Georgia. Necco will offer a "Comprehensive Services for Youth with Substance Use Disorders" program. The program is built upon a foundation of evidence-based assessments and treatment utilizing nationally recognized intervention models. Necco will offer these services to youth and families in every county in the Commonwealth from office locations in Lexington, Paducah, Grayson, Bowling Green, Florence, Louisville, Hazard, Owensboro, Somerset and Elizabethtown.

**Our Lady of Peace, \$1,471,143**

Part of KentuckyOne Health, Our Lady of Peace has partnered with 26 public high schools in Oldham, Jefferson, Bullitt, Hardin, Meade and Breckinridge counties to implement a three-year after-school substance abuse intensive outpatient program for adolescents, ages 14-18. Services will include mobile assessments, substance use prevention education, a community-based intensive outpatient program and after care. Additionally, Our Lady of Peace has partnered with the district and fiscal courts in Oldham, Henry and Trimble counties to implement a juvenile home incarceration program that will allow adolescents to engage in an after-school substance abuse outpatient program as an alternative to detention center placement following drug/alcohol violations.

**Pathways, \$841,655**

A-STAR (Adolescent Substance abuse Treatment and Recovery) is Pathways Community Mental Health Center's answer to expanded adolescent substance abuse services in Kentucky's northeastern region (Bath, Boyd, Carter, Greenup, Lawrence, Montgomery, Morgan and Rowan counties). A-STAR will expand the continuum of services by adding three specialists in adolescent addiction treatment to serve the region. In addition, two recovery support specialists will work to ensure that participants have a network of recovery support to facilitate long-term success. Pathways will train and supervise 10 existing school-based staff to screen, assess and provide evidence-based addiction services to their caseloads. Pathways will work to replicate and expand the successful Boyd County Juvenile Substance Abuse Program in two other counties. Through this funding, the Early Intervention Program will be reinstituted to serve youth, schools, courts and families.

**Pennyroyal Center, \$1,075,131**

The goal of the Pennyroyal Kentucky Kids Recovery Project is to reduce substance use and abuse among the youth of the Pennyroyal Region (Caldwell, Christian, Crittenden, Hopkins, Muhlenberg, Lyon, Todd and Trigg counties). Services will include a full array of substance abuse and co-occurring services, including assessment, individual, group, and family therapy, an intensive outpatient program, school services, mentoring, case management, in-home therapy services, medication-assisted treatment and residential services. In addition to the treatment program expansion, training will be provided for all staff involved in this program. It is projected that the project will expand services to treat 300 youth and their families.

**Ramsey Estep Homes, \$1,521,744**

Will create a dedicated residential substance abuse program and outpatient program. Ramey Estep Homes, located in Rush, will utilize existing facilities to dedicate residential beds that will serve youth from the entire state of Kentucky. Ramey also plans to enhance its network and its community-based services to create an outpatient substance abuse program with wraparound services that strengthens the continuum of care.

**Rivendell Behavioral Health Center, \$24,905**

Currently has an inpatient and partial hospitalization adolescent substance abuse treatment program and is looking to expand on the program to better serve the needs of the community. The provider, located in Bowling Green, will develop outpatient programs for adolescents who struggle with substance abuse. The programs will utilize nationally recognized intervention models.

**Specialized Alternatives for Families and Youth of Kentucky, \$1,089,271**

The program will connect families to services that support and sustain long-term recovery. This includes the development of a realistic transitional plan to help adolescents and families successfully bridge the journey from home to a variety of treatment options and back to living, going to school and/or working in the community again. New treatment programs will be developed in high-need areas of Pulaski, Mason and Warren counties to address both substance use and trauma. SAFY will develop a training program to help foster parents support early intervention and/or treatment for youth and families needing substance use services. Foster parent training and support will open respite, crisis stabilization and recovery support in 70 counties across the Commonwealth.

**The Ridge Behavioral Health System, \$1,350,008**

The Ridge/Bluegrass Collaborative is a partnership effort between Ridge Behavioral Health and [Bluegrass.org](http://Bluegrass.org), the two largest providers of adolescent substance abuse services the Bluegrass area (Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer Nicholas, Powell, Scott and Woodford counties). The project will implement the evidence-based Seven Challenges model of intervention across the full continuum of care for adolescents experiencing problems with all levels of substance abuse.

**WestCare, \$600,982**

WestCare has a decade of experience in providing substance use and mental health treatment services to the citizens in eastern Kentucky. The organization will provide substance use treatment and prevention services for 500 eastern Kentucky youth over the next year. Outpatient treatment services for youth ages 16 to 21 will be available in Pike, Knott and Estill counties. The organization will also provide licensed residential substance use treatment to males using a youth track for ages 18 to 21 at Hal Rogers Appalachian Recovery Center in Pike County. WestCare Kentucky will target youth from 15 counties for residential services. The organization will also provide evidence-based prevention services to at least 300 area high school students in Pike and Estill counties.

The KY Kids Recovery grants were created after Attorney General Conway settled cases against two pharmaceutical companies for \$32 million. The court orders filed in both settlements require that the funds be spent on drug treatment programs.

In addition to the \$19 million in KY Kids Recovery grants, the settlement is providing \$500,000 to complete construction of a Recovery Kentucky center in Carter County, \$2.5 million for almost 900 scholarships over two years to Recovery Kentucky centers, and \$560,000 to create 14 drug-free homes for people completing and transitioning out of residential substance abuse treatment programs.

The following entities are also receiving funds over the next two years from the settlement:

\$6 million to administer and upgrade KASPER, Kentucky's electronic prescription drug monitoring program.

\$1 million to support substance abuse treatment for pregnant women by Chrysalis House in Lexington and Independence House in Corbin.

\$1.5 million to the University of Kentucky to develop best practices for adolescent substance abuse treatment providers.

\$1 million to develop a school-based substance abuse screening tool with the Kentucky Department of Education to intervene with at-risk children before they enter judicial or social services systems.

\$250,000 to create a database to evaluate outcomes of adolescent treatment.

[The Keep Kentucky Kids Safe Program](#) warns Kentucky kids about the dangers of abusing prescription drugs. In 2010, Attorney General Jack Conway joined with the Kentucky Office of Drug Control Policy, the Kentucky Pharmacists Association, the National Association of Drug Diversion Investigators, Operation UNITE and Dr. Karen Shay and Lynn Kissick, two mothers from Morehead, Kentucky who lost daughters to prescription drug overdoses, to launch the Keep Kentucky Kids Safe program.

Attorney General Conway and his Keep Kentucky Kids Safe partners travel to middle and high schools across the state to warn kids about the devastating consequences of prescription pill abuse. They are also urging parents to lock-up and monitor all prescriptions in the home.

Students hear from those on the frontlines in the battle against this epidemic, including Attorney General Conway, state officials, law enforcement, prosecutors, pharmacists and parents who have lost children to this scourge.

[Prescription Drug Abuse Prevention PSA Contest Attorney General Jack Conway](#) and his Keep Kentucky Kids Safe partners announced the start of their annual prescription drug abuse prevention public service announcement (PSA) contest for Kentucky's middle and high school students. The competition is part of General Conway's statewide public awareness and education initiative on the dangers of prescription pill addiction.

Attorney General Conway's video PSA competition is held in partnership with the Kentucky Office of Drug Control Policy, the Kentucky Pharmacists Association, National Association of Drug Diversion Investigators (NADDI), Operation UNITE and concerned parents, Dr. Karen Shay and Lynn Kissick.

### **2014 Winner – Atherton High School**



Briana Anderson, Marilyn Collazo, Raina Hughes, Sydney Handley, and Talitha Edwards of Jefferson County's Atherton High School, with Louisville Metro Police Officer Chet Overberg (video shot and edited by Zach Trusty, not pictured)

### **2014 2nd place Winner – Calloway County High School**



Bobbi Brashear, Chasity Ross, Halee Bergman, and Kaci Paschall from Calloway County High School

## Prevention – Bureau of Justice Assistance Grant

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The [Kentucky Injury Prevention and Research Center](#) (KIPRC) has been awarded a \$400,000 grant from the Bureau of Justice Assistance to develop data-driven, multidisciplinary approaches to reduce prescription drug abuse and overdoses in Kentucky. KIPRC is a bona fide agent for the Kentucky Department for Public Health and is housed within the University of Kentucky [College of Public Health](#).

Kentucky had the second highest drug overdose death rate in the U.S. in 2012, with 25 deaths per 100,000 individuals, according to data from the National Center for Health Statistics. Despite the rise of heroin contribution, prescription opioid pain relievers, such as oxycodone, hydrocodone, methadone, or fentanyl, are still the leading cause for drug overdose deaths in the state.

According to Svetla Slavova, the project's principal investigator and an assistant professor of biostatistics, the award is a collaborative effort between criminal justice and public health agencies to enhance the state's analytical capacity to identify existing and emerging prescription drug abuse trends and individuals and communities at risk of prescription drug overdose. The project will also address sources of diversion and determine best practices for sharing prescription drug overdose-related data.

This grant will give us an opportunity for the first time to review multiple data sources related to overdose deaths. We believe the information we will have as a result of this grant will help shape policy and ultimately assist in reducing accidental overdose deaths.

The program will have far-reaching effects in agencies across the state.

The Office of Inspector General in the Cabinet for Health and Family Services is a primary partner on the project. The grant award involves development of targeted search algorithms and analytical capabilities to enhance proactive use of Kentucky All Scheduled Prescription Electronic Reporting System (KASPER) data to identify possibly harmful prescribing practices and to inform prescribers' continuing education and policy development.

With support from this grant, Kentucky will establish an Action Team to examine data and analytic reports from various sources (including KASPER, medical examiners, coroners, hospitals, and emergency departments) to identify areas at greatest risk for prescription drug abuse.

The Action Team will also propose risk mitigation activities including education, outreach, treatment and enforcement. Action Team representation will include the Kentucky Board of Medical Licensure, Kentucky Board of Pharmacy, Kentucky Board of Nursing, Kentucky Pharmacists Association, Kentucky Department for Public Health, Office of Inspector General, Kentucky Agency for Substance Abuse Policy (KY-ASAP), Office of Drug Control Policy, Office of the Chief Medical Examiner,

Operation UNITE, the Institute for Pharmaceutical Outcomes and Policy, and the Kentucky Injury Prevention and Research Center. An invitation for participation in the Action Team is also extended to other agencies and organizations committed to the mission to reduce drug abuse and misuse in the Commonwealth.



## Prevention – KY Agency for Substance Abuse Policy

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KY-ASAP has continued to evolve since its placement into the Office of Drug Control Policy in 2004. KY-ASAP continues to embrace and incorporate the philosophy of ODCP to involve the three-pronged approach of prevention, treatment and law enforcement. The Kentucky Agency for Substance Abuse Policy is unique in that local boards determine their own needs for their service area. Through a strategic plan and needs assessment, the local boards identify the issues they need to direct their dollars toward concerning tobacco, alcohol, and other drugs as related to abuse.

Local communities continue to be required to complete a community needs and resource assessment as well as develop a strategic plan and assist in coordinating the local response to alcohol, tobacco, and other drugs before they receive KY-ASAP local board designation. ODCP has applied limited resources to support of the local boards and currently has less than two full-time positions dedicated to local boards<sup>1</sup>. Fortunately, Regional Prevention Centers now provide technical assistance both to newly forming as well as existing local KY-ASAP boards. Furthermore, newly designated local boards now receive only \$20,000 upon completion of their needs & resource assessment and strategic planning documents.

KY-ASAP Local Boards now exist in 118 of Kentucky's 120 counties and is currently being used in many of these communities as the primary component of a comprehensive drug education/prevention, treatment, and law enforcement programs. Within that three pronged approach, there are several intervention programs that have been proven to be effective and are available to schools, families and communities.

Local KY-ASAP boards are effective in their individual communities because these boards are comprised of the key stakeholders in the communities. Through these stakeholders a unique and varied perspective can be brought to the discussion table thus allowing a holistic approach to a local board's ability to reach its entire community demographic. These stakeholders include individuals from the following sectors:

School Superintendent	Faith Based Community	Judicial System
Law Enforcement	Media	Health Care
University/College	Mental Health Center	Judge Executive
Health Department	Family Resource Center	Business
Groups in ATOD Prevention	Groups in ATOD Treatment	DCBS
Leaders in ATOD Prevention		

Additionally, local boards may choose to add other community members to its membership roster. These additional members include parents, students, or other community members.

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<sup>1</sup>staffing levels at ODCP and KY-ASAP decreased from as high as 14 to 4 today

The local KY-ASAP boards, through its community partners, engage in a variety of policy and programming initiatives; examples of these include:

100% Tobacco Free Policy	Attitudes & Behavioral Surveys
Beth's Blessings	Chad's Hope
Community Coalitions	ATOD Assemblies
Curriculum	Curricula Facilitation
DEA National Take Back Days	Drug Court
Drug Court Staffing Training	Drug Testing
DUI Checkpoints	Educational Materials
Educational Meetings	Family Learning Nights
GOALS Curriculum	Health Fairs
HOT Conference	Indoor Smoking Ordinances
Juvenile Drug Court	Keep a Clear Mind Curriculum
Ladies Like Us Curriculum	Law Enforcement K-9 Unit Support
Law Enforcement AlcoBlow Kits	Law Enforcement Breathalyzer
Law Enforcement Crisis Intervention	Law Enforcement Equipment
Law Enforcement Overtime	Law Enforcement Training
Leveraging Other Funding	Life Skills Curriculum
Messaging/Marketing Campaign	Nicotine Replacement Therapy
Permanent Prescription Disposal	Project Graduation
Project Prom	Protective Factor Building
Random Student Drug Testing Policy	Recovery Month Activities
Red Ribbon Week	School Resource Officer
Responsible Beverage Server Training	Smoke-Free Coalitions
Smoking Cessation Classes	Social Host Policy
Synthetics Educational Trainings	Teens Against Tobacco Use (TATU)
TEG/TAP Programs	Treatment Transportation
Treatment Vouchers	Underage Drinking Campaigns
UNITE Clubs	Youth Coalitions
Youth PSA Contests	

The Commonwealth is very fortunate to have local KY-ASAP boards that are extremely dedicated and offer innovative and creative approaches to attacking the tobacco, alcohol and other drug challenges in their communities. These local boards have a unique ability to find community collaborations that allow them to blend and braid various funding sources to provide the best practical solutions to the challenges they face throughout their communities. Through these community collaborations, local KY-ASAP boards are able to combine KY-ASAP funding with other funding to accomplish more in all communities across the Commonwealth.

Local Boards continue to take advantage of the many collaborative opportunities and outreach responsibilities it has to share the mission regarding prevention, treatment and law enforcement. Boards are always looking for a "teachable moment" with communication and collaboration to be successful.

KY-ASAP will continue to work toward significant goals that will strengthen our position to fight drugs in our communities through innovative partnerships, technology, and leadership.

In conclusion, the KY Office Of Drug Control Policy/Kentucky Agency for Substance Abuse Policy cannot stress enough that the local boards are dedicated, effective, valuable, but most of all, successful. They are an excellent local community tool and much needed component in educating, preventing, treating and enforcing substance abuse as part of a comprehensive prevention program.

Local boards are currently and have been involved in the following activities:

- Pain Clinic Ordinances
- Synthetic Drug Ordinances
- Supporting Tobacco Cessation programs
- Contracting with local school districts to provide evidence-based prevention programs in schools
- Hosting regional youth summits which focused on tobacco and underage drinking issues
- Investing in Drug Courts for adults and juveniles
- Providing Meth Awareness Trainings for community members
- Payment assistant for treatment services
- Support of School Resource Officers
- Providing financial support to law enforcement for prevention efforts
- Addressing substance abuse policies at all levels
- Media Ads with alcohol, tobacco and other substance facts (locally, statewide, & nationally)
- Student generated Public Service Announcements concerning Substance Abuse issues
- Supported community events such as Red Ribbon Week, Project Prom, Project Graduation, We Card, and Great American Ghost Out
- Collaborated with school districts and health departments to change smoking and drug policies at schools and provided financial support for programs such as Tobacco Education Groups/Tobacco Awareness Program (TEG/TAP), Teens Against Tobacco and Genesis Express
- Hosted Town Hall meetings to build awareness
- Preparing for community and school policy changes such as smoking ordinances, social host ordinances and random student drug testing
- Conducting adult and student surveys to assess the needs of their communities

Local KY-ASAP Boards utilize the KIP (Kentucky Incentives for Prevention) survey, among others, to collect their baseline data. The survey is conducted bi-annually in the fall in even-numbered years, with 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders attending school in most Kentucky counties. To learn more about the KIP Survey and view the latest drug trends among youth in Kentucky visit the Reach of Louisville website at: <http://www.reachoflouisville.com>. In addition to the KIP survey, many local boards also continually conduct other adult and youth surveys in an effort to ascertain the most current and relevant community data.

# KY-ASAP: State Board Members

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## **Connie Smith, Chairman**

Dept. of Behavioral Health, Developmental & Intellectual Disabilities

## **J. Michael Brown**

Secretary, Justice & Public Safety Cabinet

<b><u>Steven Bing, Director</u></b> KY Health Department Association <i>Designee: Maria Hardy</i>	<b><u>Heather Wehrheim</u></b> American Lung Association Appointment Pending  <i>Designee:</i>
<b><u>Steve Shannon</u></b> KY Association of Regional Programs  <i>Designee:</i> <i>Contact: Tracie Noll</i>	<b><u>Jeff Jones</u></b> Local Tobacco Addiction, Subs. Abuse Bd.  <i>Designee: None</i>
<b><u>J. Michael Brown, Secretary</u></b> Justice & Public Safety Cabinet  <i>Designee: Van Ingram</i>	<b><u>Stephanie Mayfield, Commissioner</u></b> Department for Public Health Contact: Jenny Wells <i>Designee: Rebecca Gillis</i>
<b><u>Fred Higdon, Commissioner</u></b> Alcoholic Beverage Control  <i>Designee: Tiffany Quarles</i>	<b><u>Lola Patterson-Watts</u></b> Private Community-Based Organization  <i>Designee: None</i>
<b><u>Laurie Dudgeon, Director</u></b> Administrative Office of the Courts  <i>Designee: Elizabeth Nichols</i>	<b><u>Ronald J. Rice, Chief-Maysville PD</u></b> Local Tobacco Addiction, Subs. Abuse Board  <i>Designee:None</i>
<b><u>Tim Cesario</u></b> Private Community-based Organizations  <i>Designee:</i>	<b><u>James Sharp</u></b> Kentucky Cancer Society  <i>Designee:None</i>
<b><u>Leslie Hall</u></b> KY Family Resource Youth Services Coalition  <i>Designee: Mary McKenzie</i>	<b><u>David Sloane</u></b> American Heart Association  <i>Designee: Tonya Chang</i>
<b><u>Audrey Haynes Secretary</u></b> Cabinet for Health & Family Services  <i>Designee: Maggie Schroeder</i>	<b><u>Connie Smith</u></b> Division or Behavioral Health, Dept. of Behavioral Health, Developmental & Intellectual Disabilities <i>Designee: Cathy Prothro</i>
<b><u>Terry Holliday, Commissioner</u></b> Department of Education  <i>Designee: Thomas Edgett</i>	UPDATED 10/2014



**ADAM H. EDELEN**  
**AUDITOR OF PUBLIC ACCOUNTS**

Audrey Tayse Haynes, Secretary  
Cabinet for Health and Family Services  
275 East Main Street, 5W-A  
Frankfort, KY 40621

Van Ingram, Executive Director  
Office of Drug Control Policy  
125 Holmes Street  
Frankfort, KY 40601

Independent Accountant's Report

We have reviewed the expenditures of the Kentucky Health Care Improvement Fund from July 1, 2012 to June 30, 2013. The Cabinet for Health and Family Services and the Office of Drug Control Policy are responsible for the expenditures of the Kentucky Health Care Improvement Fund.

Our review was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States. A review is substantially less in scope than an examination, the objective of which is the expression of an opinion on the expenditures of the Kentucky Health Care Improvement Fund. Accordingly, we do not express such an opinion.

Based on our review, nothing came to our attention that caused us to believe that the expenditures of the Kentucky Health Care Improvement Fund are not completely and accurately recorded, in all material respects, in the enhanced Management Administrative Reporting System (eMARS).

This report is intended solely for the information and use of the Cabinet for Health and Family Services, Office of Drug Control Policy, Kentucky Health Care Improvement Authority, Tobacco Settlement Agreement Fund Oversight Committee, and Legislative Research Commission and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

Adam H. Edelen  
Auditor of Public Accounts

June 3, 2014

209 ST. CLAIR STREET  
FRANKFORT, KY 40601-1817

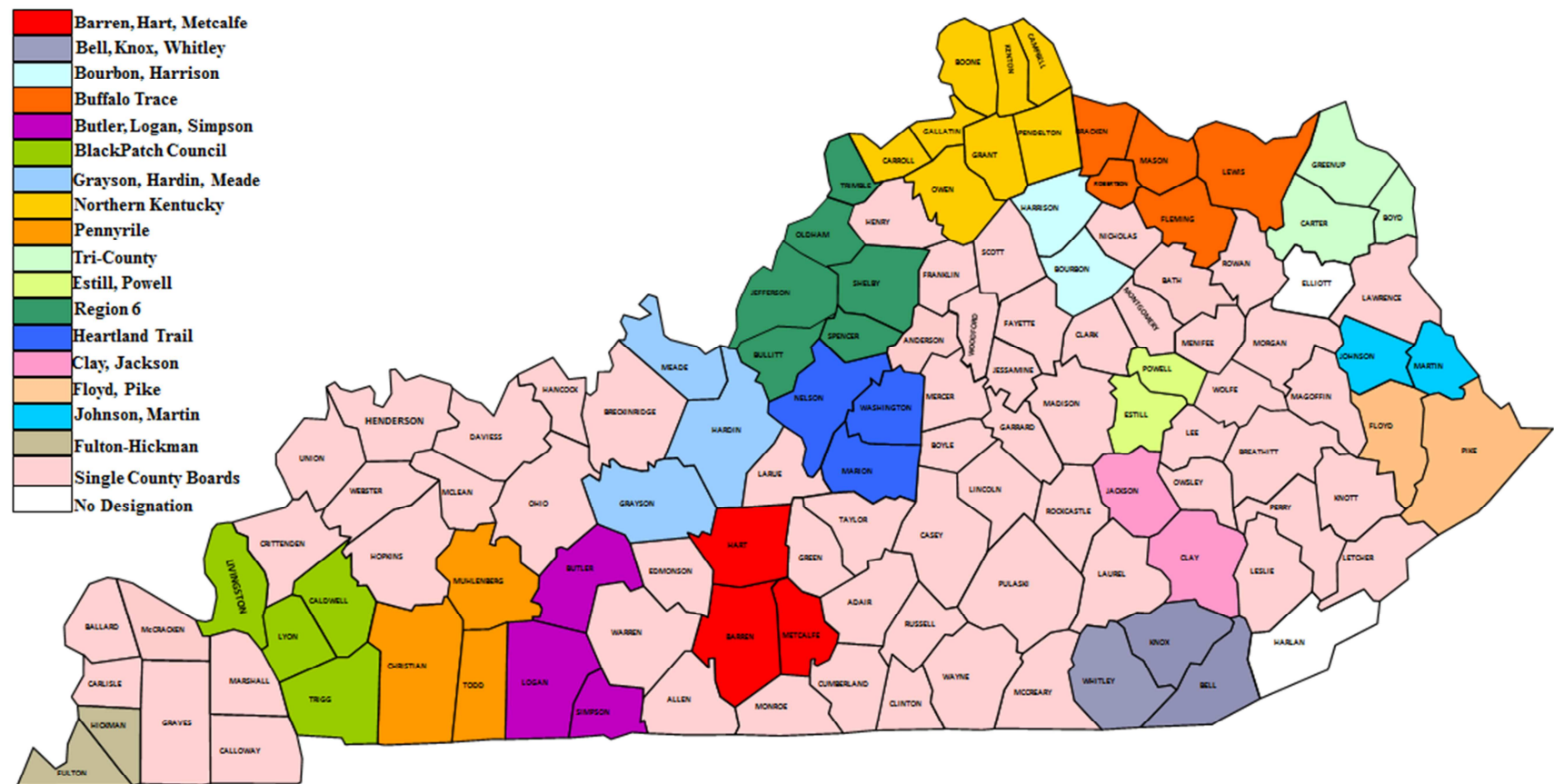
TELEPHONE 502.564.5841  
FACSIMILE 502.564.2912  
WWW.AUDITOR.KY.GOV

AN EQUAL OPPORTUNITY EMPLOYER M/F/D



# Kentucky Agency for Substance Abuse Policy

79 Local Boards in 118 Counties  
(17 multi-county & 111 single county)



Updated: 12-1-2014

**KY-ASAP State Boards  
(79 boards in 118 counties)**

1	Adair County Local KY-ASAP Board
2	Allen County Local KY-ASAP Board
3	Anderson County Local KY-ASAP Board
4	Ballard County Local KY-ASAP Board
5	Barren-Hart-Metcalf Local KY-ASAP Board (BHM)
6	Bath County Local KY-ASAP Board
7	Bell-Knox-Whitley Local KY-ASAP Board (BKW)
8	Black Patch Council Local KY-ASAP Board (Livingston, Lyon, Caldwell, Trigg)
9	Bourbon/Harrison Local KY-ASAP Board
10	Boyle County Local KY-ASAP Board
11	Breathitt County Local KY-ASAP Board
12	Breckinridge County Local KY-ASAP Board
13	Buffalo Trace Local KY-ASAP Board
14	Butler-Logan-Simpson Local KY-ASAP Board (BLS)
15	Calloway County Local KY-ASAP Board
16	Carlisle County Local KY-ASAP Board
17	Casey County Local KY-ASAP Board
18	Central KY Local KY-ASAP Board
19	Clark County Local KY-ASAP Board
20	Clay-Jackson Local KY-ASAP Board
21	Clinton County Local KY-ASAP Board
22	Crittenden County Local KY-ASAP Board
23	Cumberland County Local KY-ASAP Board
24	Daviess County Local KY-ASAP Board
25	Edmonson County Local KY-ASAP Board
26	Estill-Powell Local KY-ASAP Board
27	Fayette County Local KY-ASAP Board
28	Floyd-Pike Local KY-ASAP Board
29	Franklin County Local KY-ASAP Board
30	Fulton-Hickman County Local KY-ASAP Board
31	Garrard County Local KY-ASAP Board
32	Graves County Local KY-ASAP Board

**KY-ASAP State Boards  
(79 boards in 118 counties)**

33	Grayson-Meade-Hardin Local KY-ASAP Board
34	Green County Local KY-ASAP Board
35	Hancock County Local KY-ASAP Board
36	Heartland Trail Local KY-ASAP Board
37	Henderson County Local KY-ASAP Board
38	Henry County Local KY-ASAP Board
39	Hopkins County Local KY-ASAP Board
40	Jessamine County Local KY-ASAP Board
41	Johnson-Martin Local KY-ASAP Board
42	Knott County Local KY-ASAP Board
43	LaRue County Local KY-ASAP Board
44	Laurel County Local KY-ASAP Board
45	Lawrence County Local KY-ASAP Board
46	Lee County Local KY-ASAP Board
47	Leslie County Local KY-ASAP Board
48	Letcher County Local KY-ASAP Board
49	Lincoln County Local KY-ASAP Board
50	Madison County Local KY-ASAP Board
51	Magoffin County Local KY-ASAP Board
52	Marshall County Local KY-ASAP Board
53	McCracken County Local KY-ASAP Board
54	McCreary County Local KY-ASAP Board
55	McLean County Local KY-ASAP Board
56	Menifee County Local KY-ASAP Board
57	Mercer County Local KY-ASAP Board
58	Monroe County Local KY-ASAP Board
59	Montgomery County Local KY-ASAP Board
60	Morgan County Local KY-ASAP Board
61	Nicholas County Local KY-ASAP Board
62	Northern KY Local KY-ASAP Board (Carroll, Gallatin, Boone, Kenton, Campbell, Pendleton, Grant, Owen)
63	Ohio County Local KY-ASAP Board
64	Owsley County Local KY-ASAP Board



**KY-ASAP State Boards  
(79 boards in 118 counties)**

65	Pennyrite Local KY-ASAP Board (Todd, Christian, Muhlenberg)
66	Perry County Local KY-ASAP Board
67	Pulaski County Local KY-ASAP Board
68	Region 6 Local KY-ASAP Board (Trimble, Oldham, Jefferson, Bullitt, Spencer, Shelby)
69	Rockcastle County Local KY-ASAP Board
70	Rowan County Local KY-ASAP Board
71	Russell County Local KY-ASAP Board
72	Scott County Local KY-ASAP Board
73	Tri-County Local KY-ASAP Board (Carter, Greenup, Boyd)
74	Union County Local KY-ASAP Board
75	Warren County Local KY-ASAP Board
76	Wayne County Local KY-ASAP Board
77	Webster County Local KY-ASAP Board
78	Wolfe County Local KY-ASAP Board
79	Woodford County Local KY-ASAP Board

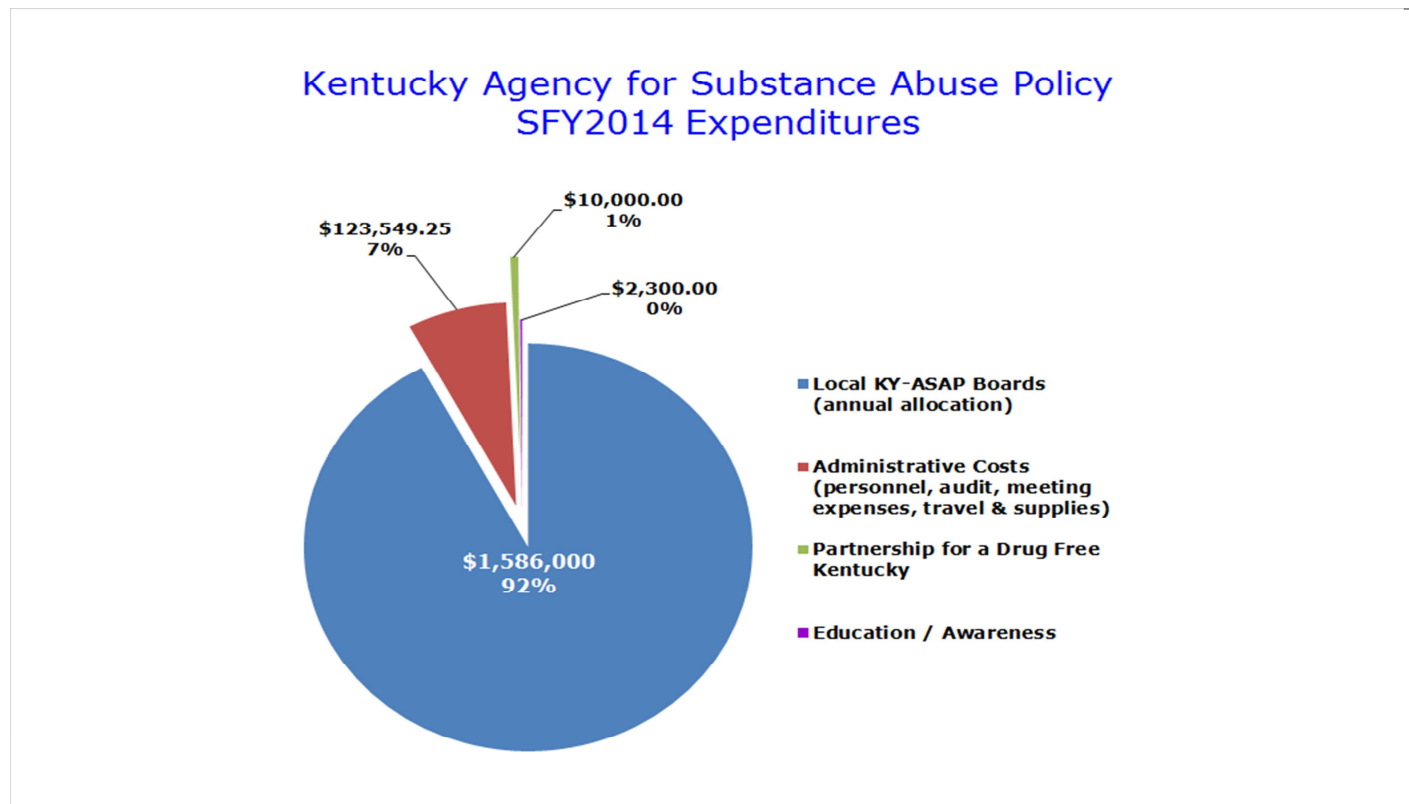
## KY-ASAP: Account Summary – Fiscal Year 2014 – July 1, 2013 thru June 30, 2014

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**Includes Expenditures through June 30, 2014**

Description	Amount
Annual Allotment	\$1,700,200.00
2013 Carry Forward	\$47,109.84
2014 Budget Reduction	\$0.00
SFY2014 Revised Budget	\$1,747,309.84
<b>SFY2014 BEGINNING BALANCE</b>	<b>\$1,747,309.84</b>
Salary & Fringe	\$116,599.90
Annual Allocations to Local KY-ASAP Boards	\$1,566,000.00
New Board Start-Up Funding (McCracken County)	\$20,000.00
Supplies/telephone charges	\$661.13
Board Meetings	\$587.95
In-State Travel (Employee)	\$629.15
Board Member Travel to Board Meetings	\$211.12
Partnership for a Drug-Free Kentucky	\$10,000.00
Auditor's Office (annual audit report)	\$4,860.00
Exhibitor Fee – Kentucky Health Department Association Conference	\$300.00
Co-Sponsorship of 2014 Kentucky Youth Leadership Symposium	\$2,000.00
<b>TOTAL EXPENDITURES</b>	<b>\$1,721,849.25</b>
<b>BALANCE</b>	<b>\$25,460.59</b>

## Kentucky Agency for Substance Abuse Policy SFY2014 Expenditures



# SFY2014 KY-ASAP Local Board Annual Funding

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<b>KY-ASAP LOCAL BOARDS SFY2014 FUNDING RECOMMENDATIONS</b>			
<b>Board</b>	<b>Award Amount</b>	<b># of counties</b>	<b>Available Funding</b>
			<b>\$1,566,000.00</b>
Adair County	\$13,500.00	1	\$1,552,500.00
Allen County	\$13,500.00	1	\$1,539,000.00
Anderson County	\$13,500.00	1	\$1,525,500.00
Ballard County	\$13,500.00	1	\$1,512,000.00
Barren/Hart/Metcalf	\$40,500.00	3	\$1,471,500.00
Bath County	\$13,500.00	1	\$1,458,000.00
Bell/Knox/Whitley (BKW)	\$40,500.00	3	\$1,417,500.00
Black Patch Council (BPC)	\$54,000.00	4	\$1,363,500.00
Bourbon/Harrison	\$27,000.00	2	\$1,336,500.00
Boyle County	\$13,500.00	1	\$1,323,000.00
Breathitt County	\$13,500.00	1	\$1,309,500.00
Breckinridge County	\$13,500.00	1	\$1,296,000.00
Buffalo Trace	\$67,500.00	5	\$1,228,500.00
Butler/Logan/Simpson (BLS)	\$40,500.00	3	\$1,188,000.00
Calloway County	\$13,500.00	1	\$1,174,500.00
Carlisle County	\$13,500.00	1	\$1,161,000.00
Casey County	\$13,500.00	1	\$1,147,500.00
Central KY	\$13,500.00	1	\$1,134,000.00
Clark County	\$13,500.00	1	\$1,120,500.00
Clay/Jackson	\$27,000.00	2	\$1,093,500.00
Clinton County	\$13,500.00	1	\$1,080,000.00
Crittenden County	\$13,500.00	1	\$1,066,500.00
Cumberland County	\$13,500.00	1	\$1,053,000.00
Daviess County	\$13,500.00	1	\$1,039,500.00
Edmonson County	\$13,500.00	1	\$1,026,000.00
Estill/Powell	\$27,000.00	2	\$999,000.00
Fayette County	\$13,500.00	1	\$985,500.00
Floyd/Pike	\$27,000.00	2	\$958,500.00
Franklin County	\$13,500.00	1	\$945,000.00

**KY-ASAP LOCAL BOARDS  
SFY2014 FUNDING RECOMMENDATIONS**

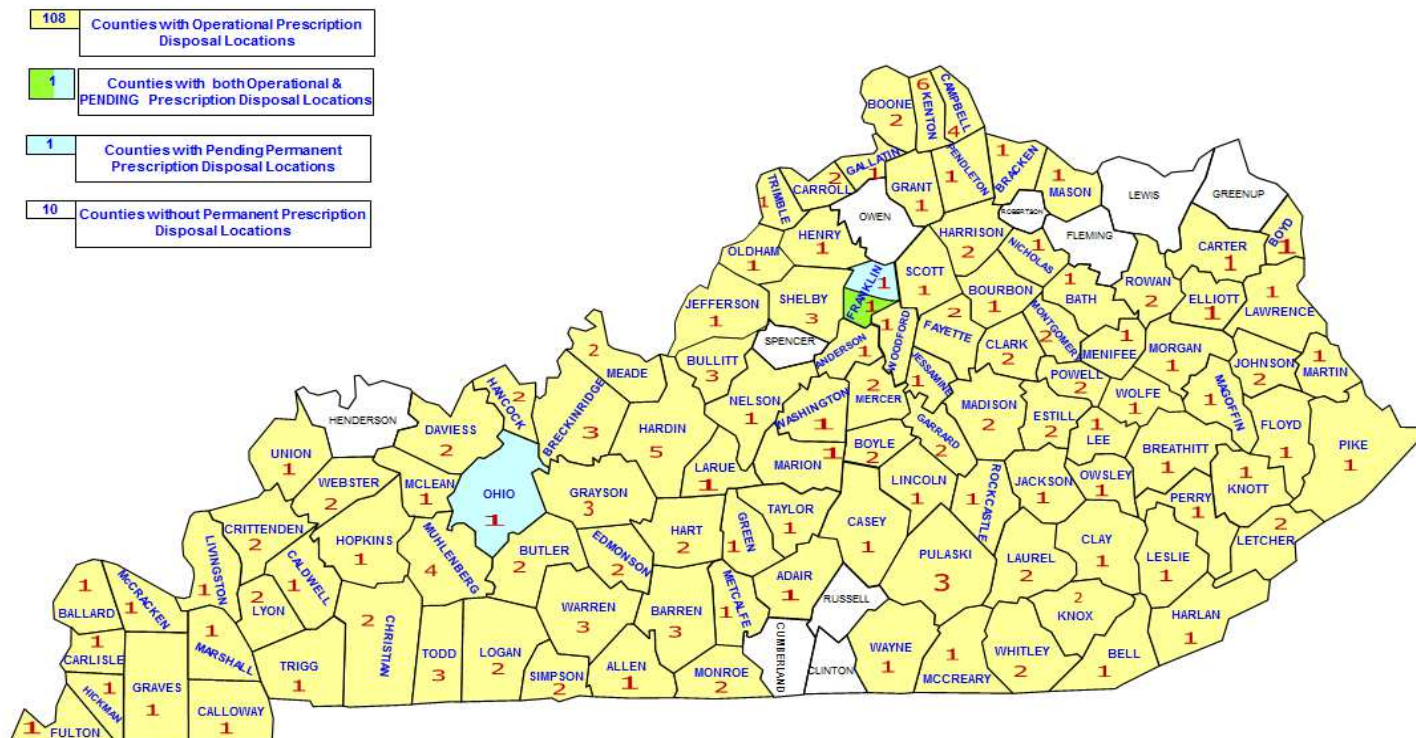
<b>Board</b>	<b>Award Amount</b>	<b># of counties</b>	<b>Available Funding</b>
Fulton County ( <i>Hickman county joined after SFY2014 awards</i> )	\$13,500.00	1	\$931,500.00
Garrard County	\$13,500.00	1	\$918,000.00
Graves County	\$13,500.00	1	\$904,500.00
Grayson/Meade/Hardin (GMH)	\$40,500.00	3	\$864,000.00
Green County	\$13,500.00	1	\$850,500.00
Hancock County	\$13,500.00	1	\$837,000.00
Heartland Trail	\$40,500.00	3	\$796,500.00
Henderson County	\$13,500.00	1	\$783,000.00
Henry County	\$13,500.00	1	\$769,500.00
Hopkins County	\$13,500.00	1	\$756,000.00
Jessamine County	\$13,500.00	1	\$742,500.00
Johnson/Martin	\$27,000.00	2	\$715,500.00
Knott County	\$13,500.00	1	\$702,000.00
LaRue County	\$13,500.00	1	\$688,500.00
Laurel County	\$13,500.00	1	\$675,000.00
Lawrence County	\$13,500.00	1	\$661,500.00
Lee County	\$13,500.00	1	\$648,000.00
Leslie County	\$13,500.00	1	\$634,500.00
Letcher County	\$13,500.00	1	\$621,000.00
Lincoln County	\$13,500.00	1	\$607,500.00
Madison County	\$13,500.00	1	\$594,000.00
Magoffin County	\$13,500.00	1	\$580,500.00
Marshall County	\$13,500.00	1	\$567,000.00
McCracken County ( <i>designated after SFY2014 awards</i> )	\$0.00	1	\$567,000.00
McCreary County	\$13,500.00	1	\$553,500.00
McLean County	\$13,500.00	1	\$540,000.00
Menifee County	\$13,500.00	1	\$526,500.00
Mercer County	\$13,500.00	1	\$513,000.00
Monroe County	\$13,500.00	1	\$499,500.00
Montgomery County	\$13,500.00	1	\$486,000.00
Morgan County	\$13,500.00	1	\$472,500.00
Nicholas County	\$13,500.00	1	\$459,000.00
Northern KY	\$108,000.00	8	\$351,000.00
Ohio County	\$13,500.00	1	\$337,500.00

**KY-ASAP LOCAL BOARDS  
SFY2014 FUNDING RECOMMENDATIONS**

<b>Board</b>	<b>Award Amount</b>	<b># of counties</b>	<b>Available Funding</b>
Owsley County	\$13,500.00	1	\$324,000.00
Pennyrile	\$40,500.00	3	\$283,500.00
Perry County	\$13,500.00	1	\$270,000.00
Pulaski County	\$13,500.00	1	\$256,500.00
Region 6	\$81,000.00	6	\$175,500.00
Rockcastle County	\$13,500.00	1	\$162,000.00
Rowan County	\$13,500.00	1	\$148,500.00
Russell County	\$13,500.00	1	\$135,000.00
Scott County	\$13,500.00	1	\$121,500.00
Tri-County	\$40,500.00	3	\$81,000.00
Union County	\$13,500.00	1	\$67,500.00
Warren County	\$13,500.00	1	\$54,000.00
Wayne County	\$13,500.00	1	\$40,500.00
Webster County	\$13,500.00	1	\$27,000.00
Wolfe County	\$13,500.00	1	\$13,500.00
Woodford County	\$13,500.00	1	\$0.00
	<b>\$1,566,000.00</b>	<b>116</b>	

# Kentucky Permanent Prescription Drug Disposal Locations

**Kentucky**  
**Permanent Prescription Drug Disposal Locations**  
**173 locations in 110 counties**  
*(including 2 pending locations)*



updated: May 15, 2014

<b>Kentucky Permanent Prescription Drug Disposal Locations (as of 05-15-2014)</b>			
<b>County</b>	<b>Location</b>	<b>Hours Open</b>	<b>Phone</b>
<b>Adair</b>	<b>Kentucky State Police, Post 15</b> 1118 Jamestown Street Columbia, KY	24/7	270-384-4796
<b>Anderson</b>	<b>Anderson County Sheriff</b> 208 S. Main Street Lawrenceburg, KY	Mon - Fri 8-6	502-839-4021
<b>Allen</b>	<b>Allen County Sheriff's Dept.</b> 194 Wood Street Scottsville, KY	24/7	270-237-3210
<b>Ballard</b>	<b>Ballard County Sheriff's Dept.</b> 437 Ohio Street Wickliffe, KY	Mon-Fri 8-4 or anytime city hall is open	270-335-3561
<b>Barren</b>	<b>Cave City Police Dept.</b> 103 Duke Street Cave City, KY	Mon.-Fri 8-4	270-773-2441
<b>Barren</b>	<b>Barren County Sheriff's Dept.</b> 117 N. Public Square, #3a Glasgow, KY	Mon.-Fri 8-4 Sat.-8-Noon	270-651-2771
<b>Barren</b>	<b>Glasgow Police Dept.</b> 201 S. Broadway Street Glasgow, KY	Open 24/7	270-651-5151
<b>Bath</b>	<b>Owingsville Police Dept.</b> 19 Goodpaster Avenue Owingsville, KY 40360	24/7	606-674-2341
<b>Bell</b>	<b>Pineville Police Dept.</b> 300 Virginia Ave. Pineville, KY 40977	City Hall Mon-Fri 8-4	606-337-2207
<b>Boone</b>	<b>Florence Police Dept.</b> 8100 Ewing Blvd. Florence, KY	Mon-Fri 8:30-5	859-647-5420
<b>Boone</b>	<b>Boone County Sheriff's Office</b> 3000 Conrad Lane Burlington, KY	Mon-Fri 8-5	859-334-2234
<b>Bourbon</b>	<b>Paris Police Dept.</b> 545 High Street Paris, KY	24/7	859-987-2100



<b>Boyd</b>	<b>Boyd County Sheriff's Dept.</b> 2900 Louisa Street Catlettsburg, KY 41129	Mon-Friday 8:00 a.m. - 4:00 p.m.	606-739-5135
<b>Boyle</b>	<b>Danville Police Dept.</b> 445 West Main Street Danville, KY	<b>Mon - Fri</b> <b>9:00 a.m. - 4:00 p.m.</b>	859-238-1224
<b>Boyle</b>	<b>Boyle County Sheriff's Office</b> 321 West Main Street Danville, KY	<b>Mon - Fri</b> <b>8:30 a.m. - 4:00 p.m.</b>	859-238-1123
<b>Bracken</b>	<b>Bracken County Sheriff's Office</b> 116 W. Main Brooksville, KY	M-Tu-Th-Fri. 8-4 Wed/Sat-8:00-Noon	606-735-3233
<b>Breathitt</b>	<b>Jackson Police Dept.</b> 333 Broadway Jackson KY 41339	24/7	606-666-2424
<b>Bullitt</b>	<b>Bullitt County Sheriff's Office</b> 300 Preston Hwy. Shepherdsville, KY	Mon-Fri 8-4	502-543-2514
<b>Bullitt</b>	<b>Mt. Washington Police Dept.</b> 180 Landis Lane Mt. Washington, KY	Mon-Fri 8-5	502-538-4216
<b>Bullitt</b>	<b>Hillview Police Dept.</b> 283 Crestwood Lane Louisville, KY	Mon-Fri 8-4:30 can vary	502-955-6808
<b>Butler</b>	<b>Butler County Sheriff's Office</b> 110 North Main Street Morgantown, KY	Mon-Fri 8-4	270-526-3676
<b>Butler</b>	<b>Morgantown City Police</b> 2800 Sailing Circle Huff Ingram Drive Morgantown, KY	24/7	270-526-3662
<b>Breckinridge</b>	<b>Breckinridge County Sheriff's Dept.</b> 208 S. Main Street, #210 Hardinsburg, KY	<b>not yet installed</b> Mon. thru Fri. - 8-4 Saturday 8-12	270-756-2361
<b>Breckinridge</b>	<b>Irvington Police Dept.</b> 109 W. Caroline Irvington, KY	Mon - Friday 8-5 Saturday - 9-12	270-547-3835

<b>Breckinridge</b>	<b>Cloverport Police Dept.</b> 212 W. Main Street Cloverport, KY	Mon - Fri 8 -4	270-788-3751
<b>Caldwell</b>	<b>Caldwell County Sheriff's Office</b> 100 E. Market Street, #25 Princeton, KY	no box drop off at office Mon-Fri 8-4	270-365-2088
<b>Calloway</b>	<b>Calloway County Sheriff's Office</b> 701 Olive Street Murray, KY	24/7	270-753-3151
<b>Campbell</b>	<b>Newport Police Dept.</b> 998 Monmouth Street Newport, KY	Mon-Fri 8:30-4:30	859-292-3625
<b>Campbell</b>	<b>Highland Heights Police Dept.</b> 176 Johns Hill Road Highland Heights, KY	Call officer 8-4	859-441-8956
<b>Campbell</b>	<b>Fort Thomas Police Dept.</b> 130 N. Fort Thomas Avenue Fort Thomas, KY	Mon-Fri 8-4:30 anytime city hall is open	859-292-3622
<b>Campbell</b>	<b>Campbell County Police Dept.</b> 8774 Constable Drive Alexandria, KY	Mon-Fri 8-4 except holidays	859-547-3100
<b>Carlisle</b>	<b>Carlisle County Sheriff's Dept.</b> 985 US Hwy 62 Bardwell, KY	Mon-Fri 8-4	270-628-3377
<b>Carroll</b>	<b>Carroll County Sheriff's Office</b> 440 Main Street, 1st Floor Carrollton, KY 41008	Mon-Fri 8:30 - 4:30	502-732-7010
<b>Carroll</b>	<b>Carrollton Police Dept.</b> 750 Clay Street Carrollton, KY	24/7	502-732-6621
<b>Carter</b>	<b>Carter County Sheriff's Dept.</b> 300 W. Main Street Grayson, KY	Mon - Fri - 8:30 - 4 & Saturday - 8:30 - noon	606-474-5616
<b>Casey</b>	<b>Liberty Police Dept.</b> 51 Jockey Street Liberty, KY 42539	24/7	606-787-6371
<b>Clark</b>	<b>Winchester Police Dept.</b> 16 South Maple Street Winchester, KY	24/7	859-745-7400
<b>Clark</b>	<b>Clark County Sheriff's Office</b> 17 Cleveland Avenue, #1 Winchester, KY	Monday-Friday 8:00 a.m.-4:00 p.m.	859-744-4390

<b>Clay</b>	<b>Manchester Police Dept.</b> 200 White Street Manchester, KY 40962	24/7	606-598-8411
<b>Christian</b>	<b>Hopkinsville Police Dept.</b> 112 West 1st Street Hopkinsville, KY	Mon-Friday 8:00 a.m. - 4:00 p.m.	270-890-1500
<b>Christian</b>	<b>Christian County Sheriff's Dept.</b> 215 W. 7th Street Hopkinsville, KY	Mon-Fri 8:00 - 4:30	270-887-4141
<b>Crittenden</b>	<b>Marion Police Dept.</b> 217 S. Main Street, #102 Marion, KY	24/7	270-965-3500
<b>Crittenden</b>	<b>Crittenden County Sheriff's Dept.</b> Crittenden County Courthouse Marion, KY 42064	Monday-Friday 8:00 a.m.-4:00 p.m.	270-965-3400
<b>Daviess</b>	<b>Daviess County Sheriff's Dept.</b> 212 Saint Ann Street #103 Owensboro, KY	Mon-Fri 8-4:30	270-685-8444
<b>Daviess</b>	<b>Owensboro City Police Dept.</b> 222 East 9th Street Owensboro, KY	24/7	270-687-8888
<b>Edmonson</b>	<b>Edmonson County Sheriff's Dept.</b> 110 Jackson Street Brownsville, KY	Mon-Fri 8-4	270-597-2157
<b>Edmonson</b>	<b>Brownsville Police Dept.</b> 121 Washington Street Brownsville, KY	Mon-Fri 8-4	270-597-3814
<b>Elliott</b>	<b>Elliott County Sheriff's Dept.</b> 118 S. KY 7 Sandy Hook, KY	Mon - Fri 8 - 4	606-738-4167
<b>Estill</b>	<b>Irvine Police Dept.</b> 101 Chestnut Street Irvine, KY	Mon. - Fri. 8-4	606-723-2221
<b>Estill</b>	<b>Ravenna Police Dept.</b> 620 Main Street Ravenna, KY	Mon. - Fri. 8-3	606-723-3332
<b>Fayette</b>	<b>Fayette County Sheriff's Dept.</b> 150 N. Limestone, Suite 236 Lexington, KY	Mon - Fri 8 - 4	859-252-1771
<b>Fayette</b>	<b>Lexington Division of Police</b> 150 E. Main Street Lexington, KY	24/7	859-258-3600
<b>Floyd</b>	<b>Prestonsburg Police Dept.</b> 200 N. Lake Dr. Prestonsburg, KY 41653	24/7	606-886-1010

<b>Franklin</b>	<b>Frankfort Police Dept.</b> 300 West 2nd Street Frankfort, KY	24/7	502-875-8525
<b>Franklin</b>	<b>Franklin County Sheriff's Office</b>	<b>pending</b>	
<b>Fulton</b>	<b>Fulton County Sheriff's Dept.</b> 2216 Myron Cory Dr. #4 Hickman, KY	Mon - Fri 8-4	270-236-2545
<b>Gallatin</b>	<b>Gallatin County Sheriff's Office</b> 106 West Main Street Warsaw, KY	Mon-Fri 8-4:30 . weekends-deputies accept at local banks	859-567-5751
<b>Garrard</b>	<b>Garrard County Sheriff's</b> 15 Public Square Lancaster, KY	Mon, Tues, Thur, Fri 7:30 - 4:30 Wed & Sat 8 - 12	859-792-3591
<b>Garrard</b>	<b>Lancaster Police Dept.</b> 308 West Maple Avenue Lancaster, KY	24/7	859-792-6000
<b>Grant</b>	<b>Grant County Sheriff's Office</b> 212 Barnes Road, Suite A Williamstown, KY 41097	Mon-Fri 8:00 - 4:00	859-824-3333
<b>Graves</b>	<b>Graves County Sheriff's Office</b> 101 East South Street #3 2nd Floor Courthouse Annex Mayfield, KY 42066	Mon-Fri 8-4:30 (CT)	270-247-6501
<b>Grayson</b>	<b>Leitchfield Police Dept.</b> 117 S. Main Street Leitchfield, KY	24/7	270-259-3850
<b>Grayson</b>	<b>Grayson County Sheriff's Dept.</b> 44 Public Square Leitchfield, KY	Mon-Fri 8:00 - 4:00	270-259-3024
<b>Grayson</b>	<b>Caneyville City Hall</b> 304 East Maple Street Caneyville, KY 42721	Mon, Tues, Wed, Fri 8:00 - 4:00	270-879-9701

<b>Green</b>	<b>Greensburg Police Dept.</b> 105 West Hodgenville Avenue Greensburg, KY 42743	24/7	270-932-4202
<b>Hancock</b>	<b>Hancock County Sheriff's Office</b> 225 Main Cross Street Hawesville, KY	Mon-Fri 8-4	270-927-6247
<b>Hancock</b>	<b>Lewisport Police Dept.</b> 405 2nd Street Lewisport, KY 42351	Mon-Fri 9:00 - 3:00 & Mon-Sun 5:00pm - 12:00 am	270-295-6188
<b>Hardin</b>	<b>Elizabethtown Police Dept.</b> 300 S. Mulberry Street Elizabethtown, KY	24-7	270-765-4125
<b>Hardin</b>	<b>Radcliff Police Dept.</b> 220 Freedoms Way Radcliff, KY	24-7	270-351-4479
<b>Hardin</b>	<b>West Point Police Dept.</b> 509 Elm Street West Point, KY	Mon-Fri 8 - 4:30	502-922-4135
<b>Hardin</b>	<b>Vine Grove Police Dept.</b> 300 W. Main Street Vine Grove, KY 40175	Mon-Fri 8 - 5:00	270-877-2262
<b>Hardin</b>	<b>Kentucky State Police, Post 4</b> 1055 North Mulberry Elizabethtown, KY	24/7	270-766-5078
<b>Harlan</b>	<b>Harlan County Sheriff's Office</b> 210 E. Central Street Harlan, KY 40831	Mon-Fri 8:30 - 4:30	606-573-1313
<b>Harrison</b>	<b>Harrison County Sheriff's Office</b> 113 W. Pike Street Cynthiana, KY	Mon-Fri 8:30-4:30	859-234-7135
<b>Harrison</b>	<b>Cynthiana Police Dept.</b> 420 E. Pleasant Street Cynthiana, KY	Mon-Fri 8:00 - 4:30	859-234-7157
<b>Hart</b>	<b>Hart County Sheriff's Dept.</b> 116 East Union Street Munfordville, KY	Mon.-Fri 8-4	270-524-2341
<b>Hart</b>	<b>Horse Cave Police Dept.</b> 121 Woodlawn Avenue Horse Cave, KY	Mon-Fri 8-4:30	270-786-4357
<b>Henry</b>	<b>Henry County Sheriff's Department @ the Courthouse</b> 30 North Main Street New Castle, KY	Mon-8-6 & Tues-Fri-8-4:30	502-845-2909

<b>Hopkins</b>	<b>Hopkins County Sheriff's Office</b> 56 N. Main Street Government Center Madisonville, KY 42431	Mon - Fri 8:00 - 4:00	270-825-5661
<b>Hickman</b>	<b>Hickman County Sheriff's Dept.</b> 110 E. Clay Street, Suite B Clinton, KY	Mon-Fri 8-4	270-653-2241
<b>Jackson</b>	<b>Jackson County Police Dept.</b> 1st & Main Street McKee, KY 40407	Mon-Fri 8-4	606-287-4460
<b>Jefferson</b>	<b>Jefferson County Sheriff's Office</b> 531 Court Place Suite #600 Louisville, KY	Mon-Fri 8 - 4	502-574-5400
<b>Jessamine</b>	<b>Nicholasville Police Department</b> 510 North Main St. Nicholasville, KY	Mon-Fri 8-5	859-885-9468
<b>Johnson</b>	<b>Johnson County Sheriff's Office</b> 342 Second Street Paintsville, KY 41240	Mon-Fri 8-4	606-789-3411
<b>Johnson</b>	<b>Paintsville Police Dept.</b> 101 Euclid Paintsville, KY 41240	24/7	606-789-4221
<b>Kenton</b>	<b>Erlanger Police Department</b> 505 Commonwealth Avenue Erlanger, KY	Mon-Fri 8-5	859-727-5660
<b>Kenton</b>	<b>Edgewood Police Dept.</b> 385 Dudley Road Edgewood, KY	Mon-Fri 8 a.m.-6 p.m.	859-331-5911
<b>Kenton</b>	<b>Villa Hills Police Dept.</b> 719 Rogers Road Villa Hills, KY	Mon-Fri during business hours-then by appt. through dispatch	859-341-3535
<b>Kenton</b>	<b>Park Hills Police Dept.</b> 1106 Amsterdam Road Park Hills, KY	24/7	859-431-6172
<b>Kenton</b>	<b>Fort Wright Police Dept.</b> 409 Kyle's Lane Fort Wright, KY	Mon.-Fri 7:30-5	859-331-2191
<b>Kenton</b>	<b>Kenton County Police Dept.</b> 11777 Madison Pike Independence, KY	24/7	859-392-1983
<b>Knott</b>	<b>Knott County Sheriff's Office</b> 54 Main Street W. Hindman, KY	Mon - Fri 8-4	606-785-5354

<b>Knox</b>	<b>Knox County Sheriff's Office</b> 234 Court Square Barbourville, KY 40906	Mon - Fri 8-4	606-546-3181
<b>Knox</b>	<b>Barbourville Police Dept.</b> 196 Daniel Boone Drive Barbourville, KY	Mon - Fri 8 - 4	606-546-4562
<b>LaRue</b>	<b>Hodgenville Police Dept.</b> 200 W. High Street Hodgenville, KY	24/7	270-358-3013
<b>Laurel</b>	<b>Laurel County Health Dept.</b> 525 Whitley Street London, KY	no box - bring to Rebecca	606-864-6600
<b>Laurel</b>	<b>London Police Dept.</b> 503 S. Main Street London, KY 40741	24/7	606-878-7004
<b>Lawrence</b>	<b>Lawrence County Sheriff's Office</b> 310 S. Main Street London, KY 40741	Mon-Fri 8:30-4:30 Sat-8:30-12:00	606-638-4368
<b>Lee</b>	<b>Beattyville Police Dept.</b> 61 River Drive Beattyville, KY 41311	24/7	606-464-5030
<b>Leslie</b>	<b>Leslie County Sheriff's Office</b> 22010 Main Street Hyden, KY 41749	24/7	606-672-2200
<b>Letcher</b>	<b>Jenkins Police Dept.</b> 9409 Hwy 805 Stanford, KY 41537	M-F 9-5	606-365-2696
<b>Letcher</b>	<b>Letcher County Sheriff's Office</b> 6 Broadway St. Whitesburg, KY 41858	Mon-Sat 7-12 midnight	606-633-2293
<b>Lincoln</b>	<b>Lincoln Co Sheriff's Office</b> 104 N 2nd St. Stanford, KY 40484	Mon-Fri 8-4 Sat-9-12	606-365-2696
<b>Livingston</b>	<b>Livingston County Sheriff's Dept.</b> 321 Court Street Smithland, KY 42081	Mon-Fri 8-4	270-928-2122
<b>Logan</b>	<b>Logan County Sheriff's Dept.</b> 100 North Owen Street Russellville, KY	Mon-Fri 8:00 - 4:30	270-726-2244
<b>Logan</b>	<b>Russellville Police Dept.</b> 104 SW Park Square Russellville, KY	Mon-Fri 8:00 - 4:00	270-726-7669
<b>Lyon</b>	<b>Eddyville Police Dept.</b> 419 Dogwood Avenue Eddyville, KY	Mon-Fri 8:00 - 4:00	270-388-2287
<b>Lyon</b>	<b>Lyon County Sheriff's Office</b> 500 W. Dale Street, 100 Eddyville, KY	Mon-Fri 8-4	270-388-2311 ext. 2038

<b>Madison</b>	<b>Richmond Police Dept.</b> 1721 Lexington Road Richmond, KY	24/7	859-623-1714
<b>Madison</b>	<b>Berea Police Dept.</b> 212 Chestnut Street Berea, KY	24/7	859-986-8456
<b>Magoffin</b>	<b>Magoffin County Sheriff's Office</b> 201 East Maple Street Salyersville, KY	Mon.-Fri 8-4	606-349-2914
<b>Marion</b>	<b>Lebanon Police Dept.</b> 124 W. Mulberry Street Lebanon, KY	24/7	270-692-2121
<b>Marshall</b>	<b>Marshall County Sheriff's Office</b> 52 Judicial Drive Benton, KY	Mon.-Fri 8-4:30	270-527-3112
<b>Martin</b>	<b>Martin County Sheriff's Office</b> 100 East Main Street Inez, KY 41224	Mon-Fri 8-4:30	606-298-3572
<b>Mason</b>	<b>Mason County Sheriff's Office</b> 120 West 3rd Street Maysville, KY 41056	Mon-Fri 9-4:30	606-564-3309
<b>McCracken</b>	<b>Paducah Police Dept.</b> 1400 Broadway Paducah, KY 42001	Mon-Fri 8-6	270-444-8550
<b>McCreary</b>	<b>McCreary County Sheriff's Office</b> 36 Court Street Whitley City, KY 42653	Mon-Fri 8-4:30	606-376-2322
<b>McLean</b>	<b>McLean County Sheriff's Office</b> 135 E. Second Street Calhoun, KY	Mon - Fri 8:00 - 4:30	270-273-3276
<b>Meade</b>	<b>Meade County Sheriff's Dept.</b> 516 Hillcrest Drive Brandenburg, KY	Mon, Tue, Wed, Friday 8 - 4:30 Thursday 8 - 6:30	270-422-4937
<b>Meade</b>	<b>Muldraugh Police Dept.</b> 120 S. Main Street Muldraugh, KY	Mon - Fri 8:30 - 4:00	502-942-2824
<b>Menifee</b>	<b>Menifee County Sheriff's Office</b> 192 Dale Back Street Frenchburg, KY 40322	M-T-W-FR- 8:30-4:00 Thurs-Sat 8-11:30	606-768-3875
<b>Mercer</b>	<b>Mercer County Sheriff's Office</b> 207 W. Lexington Harrodsburg, KY	Mon - Fri 8 - 4:30	859-734-4221
<b>Mercer</b>	<b>Harrodsburg Police Dept.</b> 411 N. Greenville Street Harrodsburg, KY	Mon - Sun 24/7	859-734-3311



<b>Metcalfe</b>	<b>Metcalfe County Sheriff's Dept.</b> 106 S. Main Street Edmonton, KY	Mon-Fri 8-4	270-432-3041
<b>Monroe</b>	<b>Monroe County Sheriff's Dept.</b> 200 N. Main Street, #E Tompkinsville, KY	Mon-Sat 8-4	270-487-6622
<b>Monroe</b>	<b>Tompkinsville Police Dept.</b> 201 E. 2nd Street Tompkinsville, KY	24/7	270-487-6191
<b>Montgomery</b>	<b>Mt. Sterling Police Dept.</b> 35 South Bank Street Mt. Sterling, KY 40353	Mon - Sun 24/7	859-498-8899
<b>Montgomery</b>	<b>Montgomery County Sheriff's Office</b> 1 Court Street Mount Sterling, KY	Mon-Fri 8-4	859-498-8704
<b>Morgan</b>	<b>West Liberty Police Dept.</b> 561 Main West Liberty, KY 41472	24/7	606-743-4385
<b>Muhlenberg</b>	<b>Greenville Police Dept.</b> 200 Court Street Greenville, KY	No box drop off at office Mon-Fri 24 hrs. a day	270-754-2464
<b>Muhlenberg</b>	<b>Central City Police Dept.</b> 214 N. 1st Street Central City, KY	Mon-Fri 8-4	270-754-2464
<b>Muhlenberg</b>	<b>Powderly Police Dept.</b> 211 Hillside Road Powderly, KY 42367	Mon - Fri 8-4	270-338-5123
<b>Muhlenberg</b>	<b>Muhlenberg Sheriff's Office</b> 100 Main Street Greenville, KY	No Box drop off at office Mon-Fri 8-4	270-338-3345
<b>Nelson</b>	<b>Bardstown Police Dept.</b> 212 Nelson County Plaza Bardstown, KY	Mon-Fri 24 hrs a day	502-348-6811
<b>Nicholas</b>	<b>Nicholas County Sheriff's Office</b> 125 E. Main Street Carlisle, KY	24/7	859-289-3740
<b>Ohio</b>	<b>Ohio County Sheriff's Office</b>	<b>PENDING</b>	<b>PENDING</b>
<b>Oldham</b>	<b>Oldham County Police Dept.</b> 1855 N. Hwy 393 LaGrange, KY	Mon-Fri 8:30 - 4:30	502-222-1300

<b>Owsley</b>	<b>Owsley County Sheriff's Office</b> P. O. Box 70 Booneville, KY 41314	Mon-Fri. 8-4	606-593-5161
<b>Pendleton</b>	<b>Pendleton County Sheriff's Office</b> 202 Chapel Street Falmouth, KY	Mon-Fri 9-4.	859-654-4511
<b>Perry</b>	<b>Hazard Police Dept.</b> 800 High Street Hazard, KY 41702	24/7	606-436-2222
<b>Pike</b>	<b>Pikeville Police Dept.</b> 101 Division Street Pikeville, KY 41501	24/7	606-437-6236
<b>Powell</b>	<b>Powell County Courthouse</b> Court Street Stanton, KY 40380	Mon-Fri 7-5	606-663-1459
<b>Powell</b>	<b>Clay City Municipal Building</b> 4651 Main Street Clay City, KY 40312	Mon-Fri 7-5	606-663-2224
<b>Pulaski</b>	<b>Pulaski County Sheriff's Office</b> 100 North Main Street Somerset, KY	24/7	606-678-5145
<b>Pulaski</b>	<b>Pulaski 911 Center</b> 145 North Highway 27 Somerset, KY	24/7	606-678-5008
<b>Pulaski</b>	<b>Somerset Police Dept.</b> Somerset Sub Station 41505 Hwy. 27 Somerset, KY 4201	24/7	606-678-5176
<b>Rockcastle</b>	<b>Mount Vernon Police Dept</b> 125 Richmond St. Mt. Vernon, KY 40456	Mon.-Fri.call 606-256-2427 for officer	606-256-3437
<b>Rowan</b>	<b>Rowan County Sheriff's Office</b> 600 W. Main Street Morehead, KY 40351	Mon - Fri 8:00 - 4:00	606-784-5446
<b>Rowan</b>	<b>Morehead Police Department</b> 100 University Boulevard Morehead, KY 40351	Mon - Fri 7:00 - 7:00	606-783-2035
<b>Scott</b>	<b>Scott County Sheriff's Dept.</b> 120 N. Hampton Street Georgetown, KY	Mon - Fri 8:30 - 4:30	502-863-7855
<b>Simpson</b>	<b>Simpson County Sheriff's Dept.</b> 203 East Kentucky Street Franklin, KY	Mon-Fri 8-4	270-586-7425
<b>Simpson</b>	<b>Franklin Police Dept.</b> 100 S. Water Street Franklin, KY	Mon-Fri 8-4	270-586-7167

<b>Shelby</b>	<b>Shelbyville Police Dept.</b> 303 Main Street Shelbyville, KY	Mon-Fri 8:30 - 4:30	502-633-2326
<b>Shelby</b>	<b>Simpsonville Police Dept.</b> 108 Old Veechdale Road Simpsonville, KY	Mon-Fri 8:00 - 4:00	502-722-8110
<b>Shelby</b>	<b>Shelby County Sheriff's Dept.</b> 501 Main Street #8 Shelbyville, KY	Mon-Fri 8:30 - 4:30	502-633-4324
<b>Taylor</b>	<b>Campbellsville Police Dept.</b> 100 Terri Street Campbellsville, KY 42718	24/7	270-465-4122
<b>Todd</b>	<b>Todd County Sheriff's Dept.</b> 202 East Washington Street Elkton, KY	Mon-Fri 8-4	270-265-9966
<b>Todd</b>	<b>Elkton Police Dept.</b> 73 Court Square Elkton, KY	Mon-Fri 8-4:00	270-265-9879
<b>Todd</b>	<b>Guthrie Police Dept.</b> 110 3rd Street Guthrie, KY	Mon-Fri 8-4	270-483-2520
<b>Trigg</b>	<b>Trigg County Sheriff</b> 31 Jefferson Street Cadiz, KY 42211	24/7 (after hours ring bell for entry)	270-522-6661
<b>Trimble</b>	<b>Trimble County Sheriff's Dept.</b> 30 US Hwy 42E Bedford, KY	Mon-Fri 8-4	502-255-7138
<b>Union</b>	<b>Union County Sheriff's Office</b> 100 East Main Street Morganfield, KY	box in vault inside Mon-Fri 8-4	270-389-1303
<b>Warren</b>	<b>Warren County Sheriff's Office</b> 429 E. 10th Street Bowling Green, KY	Mon-Fri 8 - 4:30	270-842-1633
<b>Warren</b>	<b>Bowling Green Police Dept.</b> 911 Kentucky Street Bowling Green, KY	24/7	270-393-2473
<b>Warren</b>	<b>Kentucky State Police - Post 3</b> 3119 Nashville Road Bowling Green, KY	24/7	270-782-2010
<b>Washington</b>	<b>Springfield Police Dept.</b> 1 Police Drive Springfield, KY	24/7	859-336-5450
<b>Wayne</b>	<b>Monticello City Police Department</b> 195 North Main Street Monticello, KY	Mon-Fri 24 hrs.	606-348-9313

<b>Webster</b>	<b>Webster County Sheriff's Office</b> 25 US HWY 41A South Dixon, KY 42409	Mon-Fri 8-4	270-639-5067
<b>Webster</b>	<b>Providence Police Dept.</b> 200 N. Willow Street Providence, KY 42450	24-7	270-667-2022
<b>Whitley</b>	<b>Williamsburg Police Dept. City Hall</b> 423 Main Street Williamsburg, KY 40768	Mon-Fri 9-4	606-549-6023
<b>Whitley</b>	<b>Corbin City Police Dept.</b> 805 S. Main Street Corbin, KY 40701	24/7	606-528-1122
<b>Wolfe</b>	<b>Wolfe County Sheriff's Office</b> 10 Court St. Campton, KY 41301	Mon-Fri 8-4 Sat-8-12	606-668-3569
<b>Woodford</b>	<b>Woodford County Sheriff's Office</b> 103 South Main Street Versailles, KY	Mon-Thur- 8-5 Fri-8-5:30	859-873-3119



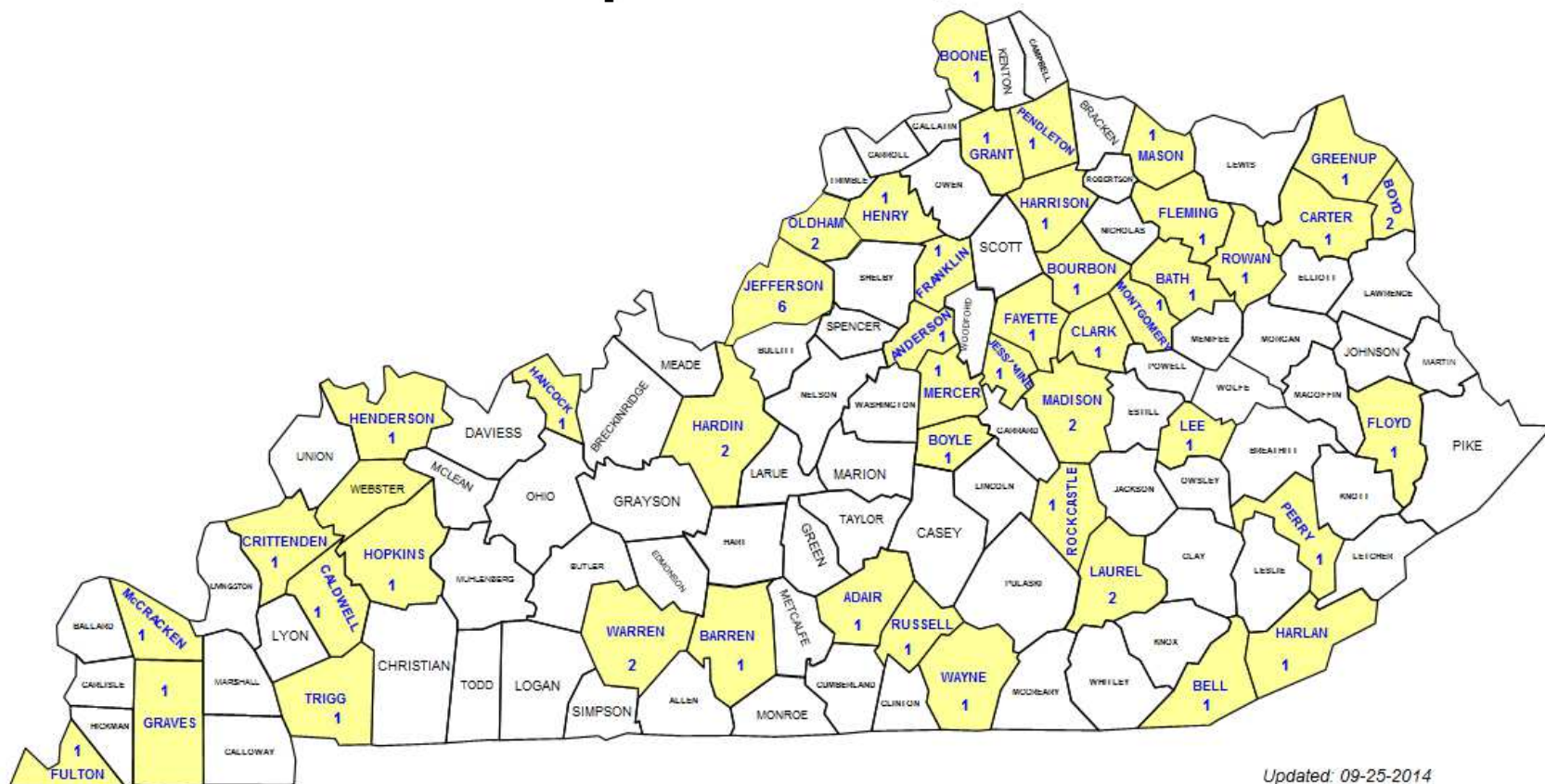
U.S. Department of Justice Drug Enforcement Administration  
Office of Diversion Control

Got Drugs?



# National Drug Take-Back Day

## September 27, 2014



Updated: 09-25-2014  
57 locations in 46 counties



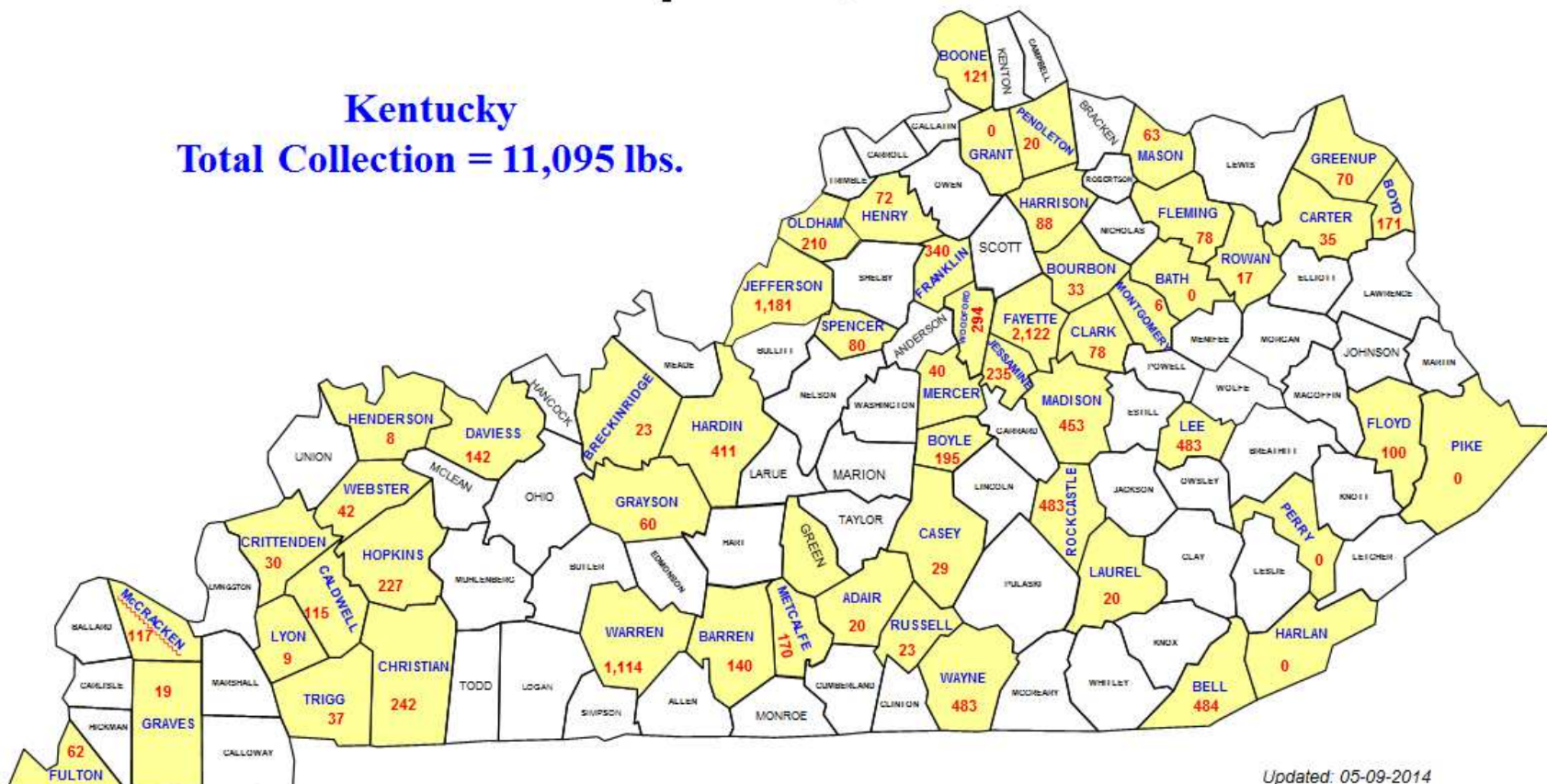


## Got Drugs?



**April 26, 2014**

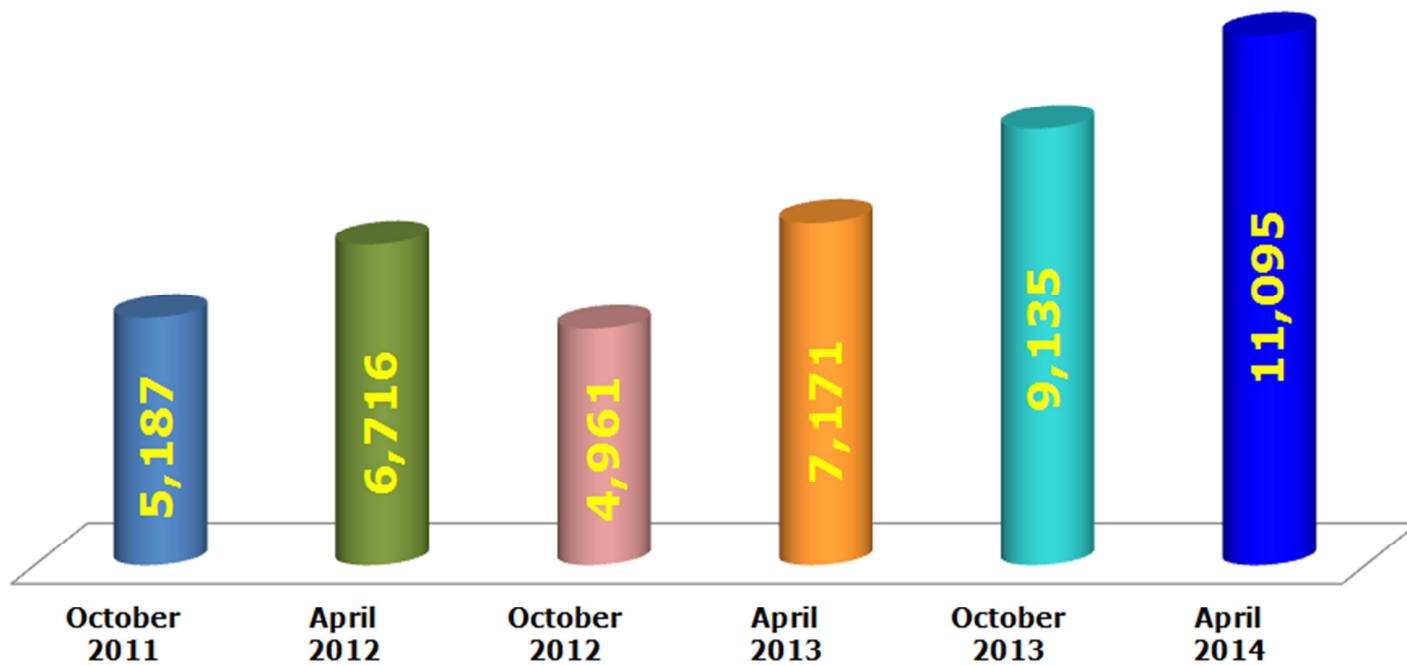
**Kentucky**  
**Total Collection = 11,095 lbs.**



Updated: 05-09-2014

80 locations in 55 counties

## National Drug Take Back Day Kentucky Annual Collection Totals\*



\*collection weight in lbs.

## KY-ASAP: Drug-Free Communities Support Program

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The Drug Free Communities program is directed by the White House Office of National Drug Control Policy, in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA). The DFC program provides grants of up to \$625,000 over five years to community coalitions that facilitate youth and adult participation at the community level in local youth drug prevention efforts, including prescription drug diversion and prevention initiatives, as well as underage drinking prevention programs. Coalitions are comprised of community leaders, parents, youth, teachers, religious and fraternal organizations, health care and business professionals, law enforcement, and the media. Data show that communities receiving DFC funding have seen significant reductions in past 30-day use of alcohol, tobacco, and marijuana among middle and high school students.

### **FY 2014 New Drug-Free Communities Grantees**

Coalition for a Healthy Oldham County - LaGrange

Boone County Alliance For Healthy Youth – Fort Mitchell

Casey County Kentucky Agency for Substance Abuse Policy -Liberty

Countywide Youth Coalition (YoCo) - Pleasureville

7<sup>th</sup> Street Corridor PAL Coalition - Louisville

Shelby County Drug/Alcohol Advisory Council – Shelbyville

Louisville Metro Alliance for Youth – Louisville

Knox County UNITE Coalition – Barbourville

### **FY 2014 DFC Continuation Grantees**

The Save Our Kids Coalition, Inc. – Bowling Green

Hancock County Partners for a Healthy Community/Healthy Youth -  
Hawesville

Owsley County Drug Awareness Council - Booneville

Monroe County CARES – Tompkinsville

Carter County Drug Free Coalition - Grayson



Trimble CARES - Bedford

Champions for Drug Free Carroll County- Carrollton

Green County KY-ASAP Board - Greensburg

The Scottsville Allen County Faith Coalition - Scottsville

Northern KY KY-ASAP Board - Covington

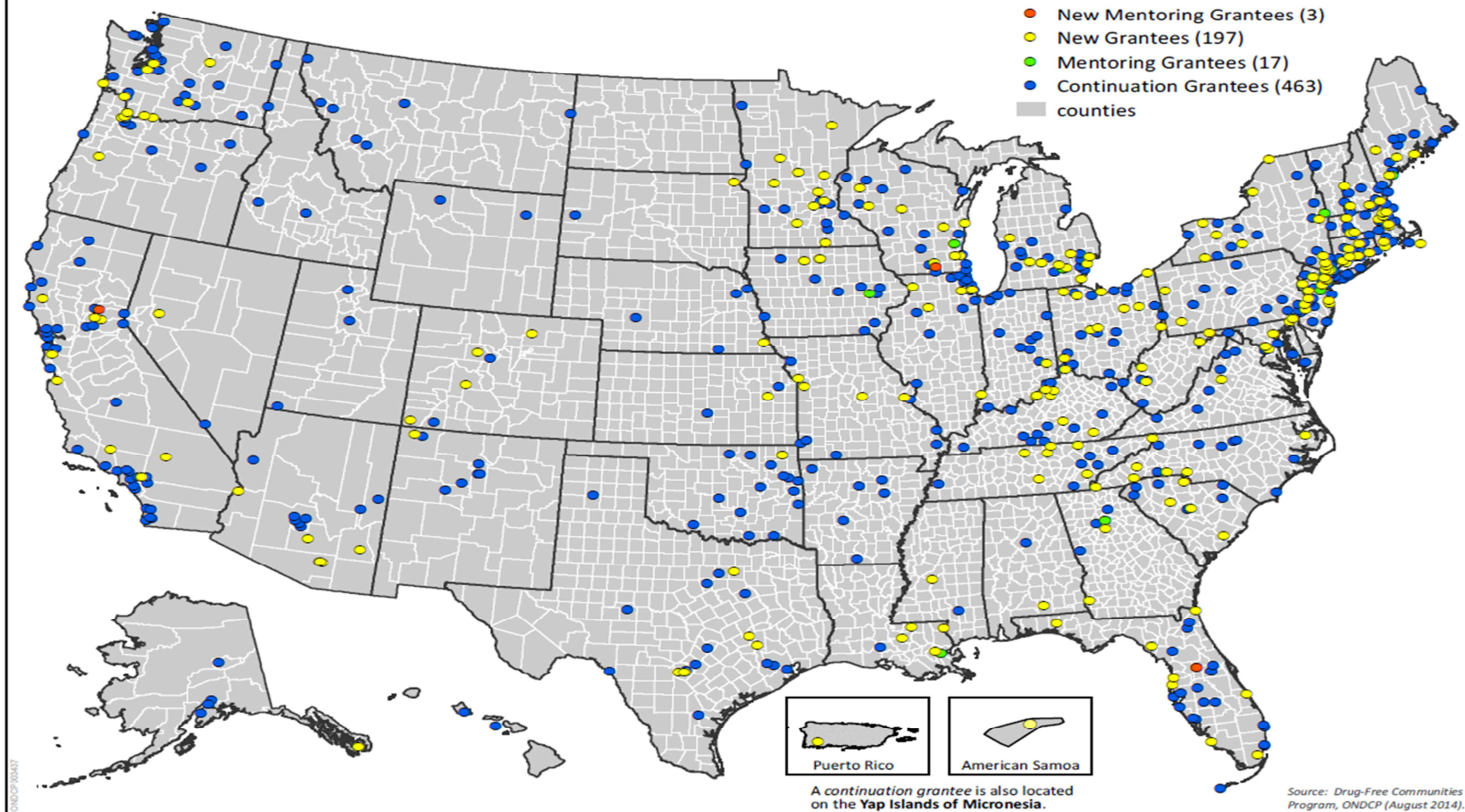
Pulaski County KY-ASAP Board - Somerset

Barren Hart Meade Kentucky Agency for Substance Abuse Policy - Glasgow

Graves County Kentucky Agency for Substance Abuse Policy - Mayfield

Kenton County Alliance to Prevent Substance Abuse - Erlanger

## 680 Drug-Free Communities Program Grantees for Fiscal Year 2014



## KY-ASAP: 4th Annual Youth Leadership Symposium

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The 2014 Kentucky Youth Leadership Symposium, co-sponsored by the Kentucky Center for School Safety, the Kentucky Crime Prevention Coalition, and the Kentucky Agency for Substance Abuse Policy, was held on June 23-24, 2014 at General Butler State Resort Park in Carrollton, Kentucky. Approximately 125 students (26 youth groups) in 8<sup>th</sup> – 12<sup>th</sup> grades attended the symposium which is designed to educate youth on how to be leaders in their schools and community with specific regards to good decision making and to provide program ideas and resources for prevention activities ~ including bullying prevention, teen driving safety, theft prevention, school safety, tobacco, alcohol & drug prevention, and other prevention “hot topic” issues.

The conference was extremely fortunate to have the 2014 CBS “Survivor” reality television contestant Jefra Bland as a presenter at this year’s symposium. In addition to the challenge of the survivor contest, Jefra has overcome many challenges including cancer and her father’s fight with prescription drug abuse.



# Youth Leadership Symposium

**Monday - June 23, 2014**

Time	Topic	Speaker
9:00 AM — 10:00 AM	Registration	Conference Center Lobby
10:00 AM — 10:05 AM	Opening Ceremony	Carroll County High School Honor Guard
10:05 AM — 11:20 AM	Leadership & Responsibility	Lt. Robert Carter
11:20 AM — 12:00 PM	Lunch	Lodge Dining Room
12:00 PM — 12:30 PM	Resource Bingo	Conference Center Lobby
12:30 PM — 1:30 PM	Breakout Session 1. Peer2Peer 2. Mobile Education 3. Defining the Gentleman/ Discovering the Lady	Fayette County Youth Operation UNITE Officer Josh Hale
1:30 PM — 2:30 PM	Breakout Session 1. Peer2Peer 2. Mobile Education 3. Defining the Gentleman/ Discovering the Lady	Fayette County Youth Operation UNITE Officer Josh Hale
2:30 PM — 2:40 PM	Snack	Conference Center Lobby
2:40 PM — 3:40 PM	Breakout Session 1. Peer2Peer 2. Mobile Education 3. Defining the Gentleman/ Discovering the Lady	Fayette County Youth Operation UNITE Officer Josh Hale
3:40 PM — 5:00 PM	On Your Own	
5:00 PM — 9:00 PM	Dinner — poolside (bring your float & towel)	Lodge Pool
9:15 PM — 11:30 PM	Movie on the Green (bring your chair or beach blanket)	Golf Course—1st Green



# Youth Leadership Symposium

**Tuesday - June 24, 2014**

Time	Topic	Speaker
8:00 AM — 9:00 AM	Breakfast	Lodge Dining Room
9:00 AM — 10:30 AM	Stay Tuned	Adam Argullin
10:30 AM — 11:00 AM	Leadership & Survival Strategies	Jefra Bland (Survivor 2014 Contestant & 2009 Ms. Teen KY USA)
11:00 AM — 11:30 AM	Lunch	Lodge Dining Room
11:30 AM — 2:30 PM	Team Survivor Challenge Canoe Challenge <i>you may get wet</i> Shelter Building Relays Great Shoot-Out	General Butler State Resort Park Staff
2:30 PM — 3:00 PM	Closing Activities Door Prize — must be present to win	Conference Center

**Special Thank You to  
Kentucky Office of Drug Control Policy  
Kentucky State Police**





## KY-ASAP: State Board Agency Report

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KY-ASAP is required by KRS 15A.342 (formerly codified as KRS 12.332) (20) to report on “the proper organization of state government agencies that will provide the greatest coordination of services, report semi-annually to the Legislative Research Commission and the Governor on the proper organization structure, devising and implementing an accountability system to be designed to ensure efficiency and efficacy of service and grants, and on other matters as requested by the Legislative Research Commission and the Governor.” The following is the semi-annual update of state government activities and other organizations that serve on the KY-ASAP state board.

### **Administrative Office of the Courts (Laurie Dudgeon)**

**Federal**—Since 2009, the Administrative Office of the Courts, Division of Drug Court has partnered with the University of Kentucky Department of Education Policy Studies and Evaluation and Morehead State University Department of Social Work to secure numerous federal grants with the Substance Abuse and Mental Health Service Administration (SAMHSA) and the Bureau of Justice Assistance (BJA).

In 2014, Kentucky received 1 joint SAMHSA/BJA grant, 3 BJA implementation grants, and 2 BJA enhancement grants. The BJA/SAMHSA grant not only allows for enhanced treatment, recovery support and wraparound services but will also allow the Muhlenberg County Drug Court Program to increase the number of participants served overall. The implementation grants fund Kentucky’s first DUI court in the 38<sup>th</sup> Judicial Circuit (Ohio, Butler, Hancock and Edmonson Counties), the first AOC Mental Health Court in Hardin County, and Kentucky’s third Veterans Treatment Court in Fayette County. The enhancement grants allow drug court participant’s access to inpatient treatment beds in facilities not previously available because of limited funding.

In 2014, Judge Karen Thomas and 9 Northern Kentucky (Kenton, Campbell and Boone Counties) team members and Judges Andrew Self and Jim Adams and 9 Christian County team members were selected to participate in the National Drug Court Institute’s Veteran’s Treatment Court Planning Initiative Training. The Hardin County Veterans Treatment Court, funded by a BJA grant in 2013 began accepting participants in January 2014.

In August Kentucky Drug Courts held its first statewide conference since 2009 as a result of a BJA grant that was received in 2013. 371 judges, drug court staff, prosecutors, defense attorneys, treatment providers and law enforcement officers attended the 2.5 day conference at the Galt House in Louisville. Presenters included drug court and other treatment professionals from both the national and local level. The information presented was invaluable and feedback was extremely positive.

**State - Office of Drug Control Policy (ODCP)**—ODCP administers funds to the AOC Division of Drug Court in coal producing counties. Adult Drug Courts in 35 counties [Bell, Boyd, Breathitt, Clay, Daviess, Elliott, Floyd, Hancock, Harlan, Henderson, Hopkins, Jackson, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Magoffin, Martin, Menifee, Morgan, Muhlenberg, Ohio, Owsley, Perry, Pike, Pulaski, Rockcastle, Union, Webster, Whitley and Wolfe] are operational through these funds. Since inception, these programs have graduated 2,143 participants, have collected \$2,898,584 in child support, restitution and court costs and as of December 31, 2014 had 721 active participants.

**State - KY-ASAP**—KY-ASAP continues to collaborate with AOC Drug Court programs throughout the state. Jurisdictions have often sought and received assistance through KY-ASAP for enhanced funding for the basic essentials of Drug Court, drug testing and treatment. KY-ASAP local boards also provide a variety of assistance to Drug Court programs, ranging from providing transportation for participants, to purchasing graduation items, assisting with resources, or assisting with education about alcohol and drugs. Drug Court staff have provided trainings and/or information regarding substance abuse to local KY-ASAP boards or other community groups.

**State - Community Corrections Grant**—The AOC Division of Drug Court received a Community Corrections grant for the continuation of the pilot SMART Probation Projects in 6 jurisdictions: Allen/Simpson; Jefferson; Shelby/Spencer/Anderson; Campbell; Pike; Knott/Magoffin; and Lincoln/Pulaski/Rockcastle. SMART (Supervision, Monitoring, Accountability, Responsibility, Treatment) was authorized by Kentucky House Bill 463, Section 103. SMART targets and appears to be effective for defendants who use or abuse substances, but whose substance use has not risen to the level of addiction, or defendants who have previously been unsuccessful on probation because of technical violations or a defiant disregard for the terms of probation. The probation strategy uses long term behavior modification concepts combined with supervision and immediate responses to negative behavior choices either by the probation officer or the judge.

**State - Operation UNITE**—The Division of Drug Court and Family and Juvenile Services Department continued to partner with Operation UNITE through the use of Operation UNITE's treatment vouchers, shared trainings, and collaborative projects. In 2014, Dr. Nora Volkow, Director of NIDA, Mary Bono, former U.S. Representative of California, Michael Botticelli, ONDCP, U.S. Representative Hal Rogers, and -Honorable Nathan Deal, Governor of Georgia were just a few of the presenters at the UNITE's third National Rx Drug Abuse Summit. Local UNITE community coalitions assist individual Drug Court programs with a variety of needs ranging from assistance in arranging transportation to educational opportunities.

**Shop and Share**—First Lady, Jane Beshear, Kroger and Food City have collaborated with the Kentucky Domestic Violence Shelters (KDVA), Kentucky Drug Courts, Kentucky Commission on Women, Kentucky Federation of Women, The Girl Scouts of the Wilderness Road Council, The Girl Scouts of Kentuckiana, and many more clubs and organizations to get items donated to the domestic violence

shelters. Items included food, baby supplies, toiletries, and paper products. The event began in 2008 and has raised more than 3 million dollars in goods over the last 6 years. In the 2014 one-day event more than \$839,000 in much needed items was raised. Kentucky Drug Courts have participated in the event every year donating hundreds of man-hours to the cause.

**Local Government and/or Entities - Fiscal Courts**—Several fiscal courts throughout the state continue to provide money and/or space for Kentucky Drug Court programs in their jurisdiction. This funding pays for staff, additional treatment and additional drug testing.

**Local Government and/or Entities - Steering Committees**—Drug Court programs have influential leaders/citizens in the community that comprise a steering committee. A steering committee may raise funds to assist and help with buying food for drug court events, graduations, or special holiday dinners. Some steering committees have been known to assist participants with in-patient treatment beds and other financial burdens.

**Local Government and/or Entities - SCAD (Scott Countians Against Drugs)**—The SCAD provided funding for the Scott County Drug Court staff to attend the Kentucky School of Alcohol and Other Drug Studies for the past four years.

**Local Government and/or Entities - Louisville Urban League**—The Louisville Urban League has provided work force development through job readiness and job placement programs. They have also provided group educational counseling to the Jefferson County Drug Court participants.

**Local Government and/or Entities - Educational Opportunities**—The Division of Drug Court conducted numerous process meetings across the state during 2014. The purpose of the meetings was: to train new drug court judges and team members and for the teams to perform self-evaluation of their programs and processes. The training and self-evaluation ensures that each team continues to utilize the National Association of Drug Court Professionals 10 Key Components for Drug Courts and the Kentucky Supreme Court's Drug Court Administrative Procedures. Along with drug court staff, judges and team members, representatives from several community service organizations and other agencies partnering with drug courts attended the meetings. Representatives included, but were not limited to, local community mental health agencies, local and state law enforcement agencies, jailers, prosecutors and defense bar, Department of Social Services, Office of Vocational Rehabilitation, probation officers, past drug court graduates, members of the faith based community, local pharmacists and physicians, Circuit Court Clerks and others interested in and involved with the drug courts.

**Pretrial Services**—The AOC Division of Pretrial Services is responsible for making release recommendations to the court for incarcerated defendants, and provides supervision services, as ordered by the court, for some defendants awaiting trial in



an effort to mitigate any risk of failing to appear for future court hearings or committing new criminal acts while they are released on bail. As part of their investigation, Pretrial Officers interview incarcerated defendants, conduct various evidence-based assessments, and thoroughly examine each defendant's criminal history.

Based on the pretrial investigation, a recommendation can be made to the court for consideration of a defendant's release from jail with the condition of obtaining a substance abuse evaluation by a licensed treatment facility or obtaining treatment. In calendar year 2014, 27% of all defendants interviewed were identified as having potential issues with substance abuse<sup>2</sup>, and 876 defendant cases were released on bail with a court ordered condition to receive either substance abuse treatment or a formal treatment evaluation.

For a defendant with a condition to seek treatment or a treatment evaluation, local Pretrial Officers provide the defendant with a list of licensed treatment providers in the region, and then monitor compliance with the treatment conditions – which may include drug testing through Pretrial Services' approved vendors – until final disposition of the defendant's court case.

Also, Pretrial Services identifies all defendants for veteran and/or combat service, in accordance with KRS 431.515. Kentucky Rule of Criminal Procedure 4.08 authorizes Pretrial Officers, with permission of the veteran, to provide the veteran's contact information to the Department of Veterans Affairs. This award-winning program facilitates VA services such as substance abuse treatment, mental health treatment, housing, education and counseling. In calendar year 2014, over 4,400 veterans were identified by this program.

### **Alcoholic Beverage Control (Fred Higdon)**

The Kentucky Department of Alcoholic Beverage Control (ABC) licenses and regulates the sale of alcoholic beverages in Kentucky. Along with that responsibility, ABC actively combats youth access to alcohol and empowers licensees to serve alcohol responsibly through effective programs and policies. ABC ensures compliance and understanding of ABC laws through a two-pronged approach of education and enforcement.

**Education** - The Education Branch within the Department of Alcoholic Beverage Control provides the Server Training in Alcohol Regulations (STAR) training seminars throughout the state. This program is in place to train and educate the people who work with, sell and serve alcohol in Kentucky. The main goals of STAR are to reduce alcohol sales to minors, reduce sales to intoxicated persons, to provide information on Kentucky Revised Statutes relating to alcohol sales and to inform servers of legal liabilities when serving or selling alcoholic

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<sup>2</sup> This percentage is significantly lower than in past years: previously, substance abuse issues were identified by the defendant answering 'yes' to at least one question on a substance abuse assessment and having a substance abuse question on the risk assessment. On July 1, 2013, Pretrial Services modified the risk assessment and eliminated that question; the substance abuse assessment remains part of the interview.

beverages. Participation in the program results in a better trained and informed workforce for our retailers' establishments. Upon completion of the four hour course and passing the exam, participants are awarded a certification from the Commonwealth of Kentucky, which is valid for three years. The Department trains approximately 4,000 individuals annually. Classes are rotated to various statewide locations to provide accessibility to all retailers and their employees as well as city and county ABC Administrators, prevention groups and law enforcement officers. ABC currently has 18 contract trainers strategically located throughout the Commonwealth that provide the instruction during the STAR classes. The Education Branch schedules all STAR classes as well as schedules all on-site requests and special event trainings. They also promote the STAR program. During 2014, 285 classes were held with 5,281 individuals being trained. Since the beginning of STAR, there have been approximately 43,000 people certified through the program. The agency deems this a contributing factor to the significant decrease in sales to minors as measured by our Department's Operation Zero Tolerance Program. Sales to minors decreased from 24% in 2001 to 11% in 2014. This represents a reduction of 13% in the past thirteen years.

Emphasis on server training continues to increase with fourteen (14) new communities in Kentucky mandating server training from 2013-2014, bringing the total number to 79 cities and/or counties. Many have requested ABC's assistance and indications are that numerous other communities will follow in the future as more areas change from dry to wet via local option elections.

In addition to the STAR training program, the Education Branch conducted special event training to organizations that sell and serve alcohol at temporary locations during 2014, such as the Louisville Archdioceses and other private organizations. Education Branch personnel also developed and delivered presentations statewide to various civic organizations as well as high schools, universities, and the general public. These groups included: Lexington Mayor's Alliance, Adair County High School, Taylor County High School, Campbellsville Independent High School, Green County High School, Washington County High School, and numerous other organizations upon request. The Education Branch Manager served as the designee for the Department with The Lexington Mayor's Alliance and the Kentucky Prevention Network. Further, upon request, staff meets with various organizations, including industry and community awareness groups, city councils, and prevention entities.

**Enforcement** - The Enforcement Division of the Kentucky Department of Alcoholic Beverage Control also considers preventing youth access to alcohol a top priority. ABC Investigators are vested with full police powers to enforce all state laws. Investigators are strategically located throughout the Commonwealth to maximize their special emphasis on the enforcement of the state's alcohol laws on a daily basis. Enforcement conducts and engages in effective alcohol compliance enforcement strategies. One such program is Operation Zero Tolerance (OZT). OZT checks retailer compliance by enlisting 18-20 year old investigative aides who attempt to purchase alcoholic beverages at licensed premises throughout the state. OZT compliance checks are designed to ensure that licensees are not selling

alcoholic beverages to minors. If a sale is made to an investigative aide during an OZT compliance check, the employee who makes the sale is cited to criminal court and an administrative citation is issued against the licensed establishment. OZT compliance checks are randomly conducted at licensed premises throughout the year. The goal of the division is to raise retailer awareness of checking IDs at the point of sale and preventing youth access to alcoholic beverages.

During the 2014 calendar year, the Division conducted 1,477 OZT checks resulting in 161 alcohol purchases and a compliance rate of 89%.

Another enforcement strategy utilized is Target Enforcement Details (TED), in which ABC works with local and state law enforcement agencies during special events where alcoholic beverages are sold in conjunction with a high concentration of minors. The Enforcement Division brings in ABC investigators from all over the state to work these events. Investigators walk through and observe the crowd for any alcohol violations. ABC personnel frequently receives requests to assist local law enforcement with enforcing alcoholic beverage laws so that local law enforcement can focus on traffic control, securing the perimeter, and other general law enforcement duties. As the only law enforcement agency in the Commonwealth that specifically enforces alcoholic beverage laws, the Enforcement Division is duty-bound to commit personnel and resources to these special events. It is an important part of ABC's mission in combating underage drinking.

During the 2014 calendar year, the Division conducted 32 TED events resulting in 514 citations.

In addition to OZT and TEDs, the Enforcement Division conducts Cops-In-Shops details. The Cops-In-Shops program is targeted at deterring minors from obtaining alcoholic beverages at the point of sale. During Cops-In-Shops details, Investigators work alongside local law enforcement personnel and pose as employees or customers at a specific retail location. When an underage person purchases or attempts to purchase alcoholic beverages, they are cited to district court. During 2014, the division reported working at 9 retail locations with a total of 30 citations issued.

A fourth prevention initiative is conducted through tobacco sales compliance checks at Kentucky retail establishments. As with OZT, Investigators employ 16-17 year old aides who attempt to purchase tobacco products at retail outlets. These checks are designed to ensure retailers are not selling tobacco products to minors.

During the 2014 calendar year, the division conducted 1,393 tobacco checks resulting in 83 underage tobacco purchases for a 95% compliance rate.

Another part of the tobacco prevention initiative is the Federal Synar Survey. This survey assesses retailer compliance regarding the sale of tobacco products. The goal of the survey is to maintain a high rate of compliance through education and prevention efforts and the data collected during the survey shows the success of those ongoing efforts. The Synar survey is part of the Substance Abuse Prevention

and Treatment Block Grant. If compliance rate falls below 80%, the funds can be decreased by up to 40%. The grant gives support to public health initiatives, prevention measures and educational programs for substance abuse. The Synar compliance checks are conducted during the summer when youth are not in school. Investigators are assigned to perform inspections at randomly selected retail outlets through the research firm, REACH of Louisville, Inc.

During the inspection, two Investigators enter a retail outlet. After safety is determined by the Investigators, the teen investigative aide enters and attempts to purchase tobacco products. If the employee and/or retailer sell tobacco products to the investigative aide, an ABC Investigator will issue an administrative citation to the suspected violator for the violation of KRS 438.310. The Investigator will seize the tobacco product from the investigative aide and process it as evidence until a hearing is held and/or the case is resolved. If no sale is made to the investigative aide, the investigative aide and the Investigators leave and proceed to the next assigned inspection. The management of each retail outlet is later notified of the results (compliance/non-compliance) of the inspection.

In 2014, Investigators of the Division conducted 231 (Synar) tobacco checks resulting in 18 violations and a compliance rate of 92%.

In 2011, ABC was awarded a contract by the Food and Drug Administration (FDA) to enforce provisions of the Family Smoking Prevention and Tobacco Control Act of 2009. Under the law, tobacco retailers will be inspected to ensure they are complying with new marketing and sales standards.

The following link may be used to check on FDA tobacco inspections.

<http://www.fda.gov/TobaccoProducts/GuidanceComplianceRegulatoryInformation/ucm232109.htm>.

### **American Cancer Society – Kentucky Chapter (James Sharp)**

The American Cancer Society is a voluntary health organization dedicated to eliminating cancer death and suffering through research, education, advocacy and patient support services. Lung cancer is the leading cause of cancer-related death in both men and women in Kentucky with nearly 3,500 people dying this year alone. With smoking linked directly to lung cancer, the American Cancer Society works to impact this most preventable cause of death in our society.

In association with key partners, the American Cancer Society works to change state and federal policies to decrease the numbers of tobacco related deaths. Some of the most effective tactics advocated for include an increase in state tobacco taxes to reduce youth smoking and smoke-free local laws to protect all workers from the dangers of secondhand smoke.

The American Cancer Society also works to enact comprehensive tobacco control policies and cessation programs including education efforts to help people kick the tobacco habit and support services, like the Quit Line. For those diagnosed with

cancer after smoking, the organization offers an array of patient support services so cancer patients can cope with the disease and its treatment.

### **American Heart Association (David Sloane)**

The American Heart Association is a voluntary health organization dedicated to reducing death and disability due to heart disease and stroke. Because tobacco use is one of the major risk factors for heart disease and stroke, preventing and reducing tobacco use among children and adults is one of the association's top priorities. Our efforts in this area primarily take the form of advocacy initiatives to promote policy and environmental changes that will have a positive impact on tobacco use and initiation.

The American Heart Association works with the American Lung Association, the American Cancer Society, the Campaign for Tobacco Free Kids and other key partners on all tobacco related advocacy activities. Policy initiatives are based on best practices guidelines for comprehensive tobacco prevention and cessation programs.

Our current focus is on advocating for passage of a statewide comprehensive smoke-free law that would prohibit smoking indoors in public places and workplaces, while continuing support for local smoke-free campaigns. 39 Kentucky communities have enacted smoke-free ordinances or regulations at the local level, 22 of which are comprehensive. As a result approximately 34% of Kentuckians live in an area covered by a strong local law. The American Heart Association believes that all Kentuckians have the right to breathe clean air and we hope that Kentucky will become the 25<sup>th</sup> state to pass a strong law.

Public awareness and education regarding the health hazards of tobacco use is integrated into the association's program activities as well. This includes Get With the Guidelines, the organization's premier hospital based quality improvement program and Go Red for Women, our national movement that empowers women to prevent heart disease and lead healthy lives.

### **American Lung Association (Heather Wehrheim)**

The American Lung Association (ALA) is dedicated to preventing lung disease and promoting lung health. Founded in 1904 to fight Tuberculosis, the American Lung Association is America's oldest nonprofit voluntary health organization. The American Lung Association carries out its mission using three basic strategies: education, advocacy and research. Considering that tobacco use is the most preventable cause of lung disease in our culture, the American Lung Association works closely with key partners to change local, state and federal policies to decrease the numbers of tobacco related deaths.

The American Lung Association's policy goals in this area are based on best practice guidelines for comprehensive tobacco prevention and cessation programs and primarily take the form of advocacy and educational tobacco cessation programs.

The American Lung Association continues to support policy changes that can result in lowering tobacco utilization and preventing people, including youth, from starting smoking. The American Lung Association supported increasing the tobacco tax in Kentucky in past years and notes that Kentucky is still way below the national average cigarette tax rate. Raising cigarette taxes results in an increased demand for cessation services and a decrease in the overall smoking rate in Kentucky by \$1.00.

ALA continues to support smoke-free laws in local communities throughout Kentucky. Kentucky now has 23 communities that have passed comprehensive smoke-free laws and 16 others with less strong smoke-free laws. We are a part of the Smoke-free Kentucky Coalition which is working for a statewide smoke-free law. Currently, Susan Westrom is sponsoring a House bill to make all public places SmokeFree in the state. We have advocated for this legislation and will lobby legislators to make sure it is passed this legislative session.

The American Lung Association also offers: public education about the consequences of tobacco use; a free call center to answer questions regarding lung health and provide counseling on quitting smoking; assistance to a network of support groups around the state for people and their families who are dealing with chronic lung disease. Finally, the American Lung Association offers a variety of school based programs for youth and continuing education opportunities for health care professionals to ensure the most up to date information is available on lung health issues.

**Cabinet for Health and Family Services (Secretary Audrey Haynes),  
Department for Behavioral Health, Developmental and Intellectual  
Disabilities Division of Behavioral Health (Connie Smith)**

**The Division of Behavioral Health Substance Abuse Prevention Branch -  
Substance Abuse Prevention and Treatment Block Grant Prevention Set-Aside:**

No less than 20% set aside for primary prevention programs for individuals who do not require treatment for substance abuse. The majority of this prevention set aside is allocated to the state's network of Regional Prevention Centers (RPCs) housed within the Community Mental Health Centers (CMHCs) and Kentucky's network of Prevention Enhancement Sites. These prevention funds allow the RPCs to implement community-based strategies consistent with the Strategic Prevention Framework to reduce the consequences of substance use by youth and adults and to build community coalitions to support prevention efforts. The RPCs are excellent community consensus builders and many have been instrumental in assisting their communities in establishing tobacco and alcohol related ordinances.

**Accomplishments** - The Prevention Branch continues to pursue the four goals of SAMSHA's Strategic Initiative # 1 the four goals of the Strategic Initiative # 1 are:

1. With primary prevention as the focus, build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness.
2. Prevent or reduce consequences of underage drinking and adult problem drinking.
3. Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.
4. Reduce prescription drug misuse and abuse.

### **Goal # 1**

The integration of mental health and substance abuse prevention continues to be a priority. In 2014 DBH provided five adult Mental Health First Aide trainings approximately 114 people. In addition DBH sponsored a Youth Mental Health First Aid training for trainers and certified 25 people in Youth Mental Health First Aid.

### **Goal #2**

Alcohol abuse prevention, especially among under age youth was formally designated as a priority of the State Prevention System in 2010. The consequences of underage drinking are costly and far reaching. According to The Center for Substance Abuse Prevention (CSAP) the costs of alcohol abuse and underage drinking, including lost productivity and health and crime-related costs is \$235 billion, more than the cost of all illicit drug use. Youth using alcohol are 3 times more likely to commit a violent offense than youth who do not drink. According to a study by National Institute on Drug Abuse, 46% of all patients on life support in trauma centers are there as a result of drinking.

The Regional Prevention Centers (RPCs) work to build the capacity of local coalitions to effect community changes that will reduce both the social and retail availability of alcohol to underage youth. Strategies to reduce of social availability of alcohol include educating parents about the health and legal consequences of providing alcohol to youth and by passing laws such as Social Host ordinances which hold adults accountable for knowingly allowing youth to consume alcohol on their property. Strategies to reduce retail availability of alcohol to underage youth include laws such as Keg Registration, and Responsible Beverage Servers Training. Keg Registration requires wholesalers or retailers to attach a tag, sticker, or engraving with an identification number to kegs exceeding a specified capacity. These ID tags may aid law enforcement in efforts such as the location where the keg is to be consumed and the tag number of the vehicle used to transport the keg. Responsible Beverage Service (RBS) training programs give owners, managers, and staff of establishments that serve alcohol knowledge and skills to help them serve alcohol responsibly and fulfill the legal requirements of alcohol service. Thanks largely to the efforts of the RPC network and the Alcohol Prevention Enhancement Site there are currently 26 cities and counties that have Social Host Ordinances, 78



cities and counties that have Responsible Beverage Server Training Ordinances and 10 counties and cities that have Keg Registration Ordinances.

In addition to these policies the Kentucky Prevention System established the Kentucky Alcohol Policy Alliance (KAPA) in 2013, a statewide partnership to identify current statutory issues, increase public support for effective and necessary policies, and formulate solutions to reduce underage and high-risk drinking.

The Kentucky Prevention Network's most significant accomplishments in Alcohol Abuse Prevention for 2014 are listed below.

- 12 new Responsible Beverage Server Trainings ordinances were passed
- 1 Ordinance passed in the Louisville Metro area that eliminated the licenses for package retailers to sell wine and distilled spirits between the hours of 2 AM and 4 AM.
- Increased enforcement of the Lexington Fayette Urban County Social Host Ordinance.
- 2 new county Social Host Ordinances were implemented.
- Conducted, in collaboration with KAPA, statewide survey of retail and restaurant licensees to gauge beliefs, misconceptions and knowledge of RBS training
- Created a Regional Law Enforcement Task Force in Region 15,
- Created an underage drinking toolkit for all law enforcement officers of the Commonwealth. The Toolkit contains underage drinking fact sheets, information on Social Host and Responsible Beverage Server training, and information on the new medical amnesty law.
- Through its Partnership for Success (PFS) grant DBH has provided funds to community coalitions to implement alcohol compliance checks, party patrols, Responsible Beverage Server (STAR) training for restaurant and bar staff; evidence-based school curriculums for middle school and high school, conduct social norms campaign, provide training on alcohol awareness for high school coaches. Local coalitions focusing on alcohol in the PFS regions have provided portable alcohol sensors and breathalyzers to law enforcement in order to better enforce the underage drinking laws in their areas.

For more information on alcohol prevention in Kentucky please visit:

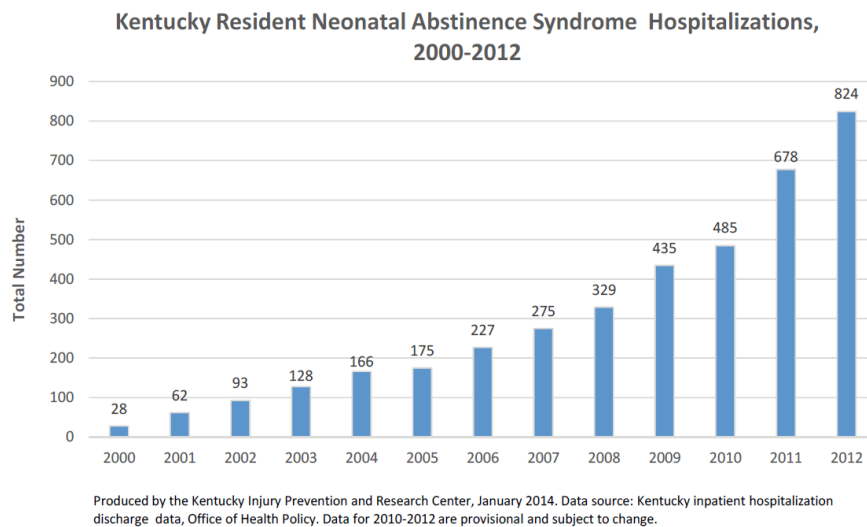
<http://www.kyprevention.com/>

In 2014 the Division of Behavioral Health applied for an opportunity to participate in SAMHSA's Prescription Drug Abuse Policy Academy. Kentucky's proposal was one of 13 accepted. In June, staff from the DBH Prevention Branch, Treatment Branch along with members of DPH, Medicaid, KASPER and KY-ODCP attended a SAMSHA-sponsored training in Washington D.C. During this training the Kentucky team drafted a work plan with goals and objectives for addressing Kentucky's growing problem of infants born substance dependent. The priorities of the work plan are:

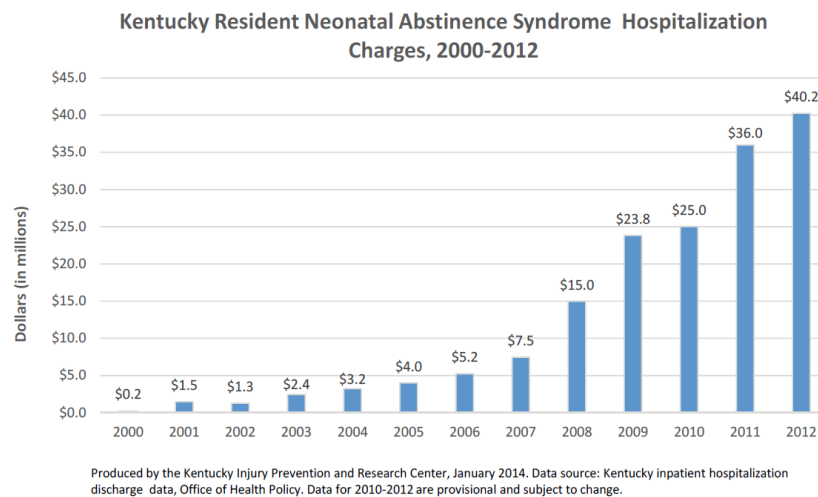


- Prevention of substance misuse and its morbidity, including overdose deaths and child deaths.
- Identification of women of childbearing age with substance misuse and substance exposed infants.
- Develop a system of integrated, coordinated ongoing services for mother and child affected by substance misuse

As can be seen from the graph below, from 2000 to 2012, there has been a drastic increase in the number of KY infants that have been hospitalized with Neonatal Abstinence Syndrome (NAS). In 2000, there were 28 NAS babies hospitalized in the state, by 2012, 824 babies were reported hospitalized with NAS.



As this rise in diagnoses occurred, the cost to treat children with NAS significantly increased from \$235,423 in 2000 to \$39,770,716.00 in 2012.



Pregnant women, who chronically abuse prescription medications, also have a greater-than-normal risk for medical complications. The most frequent resulting in the highest percentage of complications are various infections in the pregnant mother and her fetus. Infections can be profoundly harmful to both mother and child, particularly if they remain unrecognized and untreated during gestation. Substance exposed infants and children have also been shown to have significantly higher rates of early mental health and behavioral problems, as well as higher rates of adverse birth outcomes, and required increased health care utilization after discharge.<sup>3</sup> As KY moves forward in prevention and treatment of mothers abusing substances during pregnancy and infants with NAS, we now realize that the prevalence of substance-exposed infants (SEI) is unknown. We have learned that many SEIs do not develop symptoms during the typical 48-hours of hospitalization after birth and only a portion of the SEIs will develop withdrawal symptoms. Considering the fact that no single agency has the resources, conclusive information, or the ability to address the full range of needs of all substance-exposed or substance-affected newborns and their families, SEI issues must be fully addressed and handled in an intensely collaborative setting.

The idea of creating a system of care to address this problem is not a new concept in Kentucky. But for a variety of reasons it has not proceeded beyond the planning stages to the actual implementation of policies and programs. Participation in the SAMHSA Prescription Drug Abuse Policy Academy has provided Kentucky the opportunity to move concretely toward the realization of this important and valuable goal.

In September, the Division of Behavioral Health applied for technical assistance from federal neonatal experts. The proposal was accepted. In depth needs assessment and capacity building to address the neonatal abstinence problem has now begun.

### **Goal # 3**

Prevent suicides and attempted suicides among populations at high risk, especially military families, LGBTQ youth, and American Indians and Alaska Natives.

The Division of Behavioral Health continues to pursue strategic initiatives relating to populations of high risk. The Substance Abuse Prevention Branch is collaborating with the Suicide Prevention Program and the Military Behavioral Health Coordinator to conduct statewide needs and resource assessment of active military and veteran's behavioral health needs. The goal of the project is to create a comprehensive map of resources and service providers to meet the needs of the military population. The needs assessment was completed during 2014.

In 2014 the DBH Prevention Branch applied for SAMSHA's Suicide Prevention grant. Kentucky's proposal, was accepted. The project, titled Zero Suicide Initiative is a five year \$3.6 million dollar grant. Kentucky's Zero Suicide Initiative will provide suicide safer communities and suicide safer care services for youth and young

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<sup>3</sup> Halfon N, Mendonca A, and Berkowitz G, *Health status of children in foster care. The experience of the Center for the Vulnerable Child.* Arch Pediatr Adolescence Med, 1995. (149(4): 386-92.

adults ages 10-24 who are at high risk of suicide. This comprehensive approach will be initially implemented in the Adanta community mental health center ( region 14) and will then be expanded throughout the Commonwealth.

**Key Activities:**

1. Promote the adoption of “zero suicides” as an aspirational goal and as a core component of behavioral health care services for Suicide Safer Care organizations and practices.
2. Integrate and coordinate suicide prevention activities using the Strategic Prevention Framework across multiple sectors and settings for Suicide Safer Communities.
3. Promote Zero Suicide systems –level change integration with Kentucky’s Initiative for Collaborative Change System of care Expansion for children and youth, and integration with behavioral health treatment and prevention initiatives aimed at young adults.

**Goal #4**

Reduce prescription drug misuse and abuse.

Regions funded through our Partnership for Success Grant continue to implement large scale strategies to reduce the misuse and abuse of prescription drugs among 12 – 24 year olds. These strategies include:

- Installing and publicizing permanent drop boxes to safely disposed of unused medication.
- Sponsoring county wide prescription drug take back days
- Educating parents, and senior citizens on how to effectively store and dispose of unused prescription drugs (MEDS Program).

**Other Accomplishments:**

**State Epidemiological Outcomes Workgroup (SEOW) Supplement Grant –** DBH is now entering year 3 of its SEOW grant.

SEOW accomplishments for 2014 include:

- A report on trends and consequences of underage drinking in Kentucky
- A study of KIP data to determine if comprehensive smoke free laws decrease youth smoking rates in Kentucky.
- The addition of a “data visualizer” to the data warehouse. The data visualizer features enhanced graphic qualities which allow users to more quickly see regional data across a spectrum of substance abuse and mental health indicators. To view the data visualizer go to:  
<http://sig.reachoflouisville.com/SEOWDataViz.aspx>

**Synar Program** - A requirement of the Federal Block Grant funding is the annual Synar survey. This survey is conducted by the DBH in collaboration with the Office of Alcoholic Beverage Control. The survey is conducted by ABC Officers and

recruited youth who attempt to buy tobacco products from a number of randomly selected retailers. This year Kentucky's noncompliance rate was 7.8% - an increase of slightly more over two percentage points from last year's rate of 5.4%. Kentucky's baseline rate in 1997 was 24%. This meant that 24% of the retailers surveyed sold tobacco products to underage youth. The requirement for the Block Grant compliance is that the state's non-compliance rate must be under 20% of the retailers or the state risks a loss of 40% of Block Grant funds. Starting in 1997, Kentucky's non-compliance rate has fallen from the baseline of 24% to this year's non-compliance rate of 5.7%. This rate is one of the lowest in the nation and is truly an accomplishment for Kentucky. While Kentucky's retail violation rates have greatly improved, youth still report that it is easy to obtain tobacco products from stores and from non-commercial sources such as an older friend, sibling or parent.

In terms of perceived availability of cigarettes, the longitudinal trend from Kentucky Incentives for Prevention Survey (KIP) 2003-2010 shows marginal, but steady decreases across all grade levels (6th, 8th, 10th and 12th). The most recent Kentucky data on perceived availability of cigarettes compares very favorably with the latest Monitoring the Future data. Nationally 55% of eight graders report that cigarettes are easy, or sort of easy to get, as compared to 41.9% of Kentucky 8th graders. Nationally, 76% of 10th graders report that cigarettes are easy to get while in Kentucky that figure stands at 63.8%.

#### Synar Program Accomplishments:

- Created the Kentucky Tobacco Retailer Advisory Council. The purpose of the Advisory council is to:
  - Suggest effective ways to market the online merchant education training (TRUST) to retailers throughout Kentucky;
  - Provide input on any retail oriented media campaigns;
  - Suggest effective messaging to retailers about the youth access problem in Kentucky
  - Help recruit tobacco merchants for focus groups;
  - Provide input on what kinds of additional educational tools and resources would be helpful to tobacco retailers in Kentucky.
- This year, at the suggestion of the Tobacco Retail Advisory Council, the Kentucky Synar Program developed a window cling to be posted on the windows of all retail stores that have received Kentucky's Tobacco Retail Underage Sales training (TRUST). Research has shown that stores with such signage have higher compliance rates than those that don't. The window cling is featured below.



- Five hundred and 70 retailers received TRUST training via an online training system.

**The Prevention Enhancement Sites (PES)** - The Prevention Enhancement Site (PES) system was created in 1998 through a State Incentive Grant from the Center for Substance Abuse Prevention (CSAP), to do research and provide technical assistance and training to Regional Prevention Centers and local coalitions on best practices in Alcohol, Tobacco and Other Drug (ATOD) abuse prevention.

The system consists of five sites, each with a particular area of expertise: alcohol, tobacco, marijuana, Fetal Alcohol Spectrum Disorder and faith-based initiatives.

The PES system serves Regional Prevention Centers, local prevention planning boards, Champions groups, faith-based groups and other local stakeholders. PES services are provided to prevention groups in Kentucky free of charge.

Working within the Strategic Prevention Framework process, the Prevention Enhancement Sites are instrumental in increasing the effectiveness of local community efforts to decrease the availability of alcohol, tobacco and other drugs. The following report highlights some of the major accomplishments of the Prevention Enhancement Sites for 2010-2011.

#### Alcohol PES:

See Alcohol accomplishments above under Strategic Initiative # 1 Goal 2:

#### Faith-based PES

- The Faith-based PES held its third annual conference in May 2014. The "Wellness and Prevention" Conference was planned, marketed, and presented with a focus on the strengths of both substance abuse and mental health and how integrating relationships between these two fields can help achieve common goals.
- 174 faith community leaders, prevention specialists, mental health and substance abuse treatment providers, drug court and other professionals in attendance represented a 15% increase from the year before. There were conference participants from all 14 KY regions.
- Technical assistance was provided to approximately 20 conference attendees who were interested in providing new prevention information to their faith or community groups.
- The Faith Based PES marketed, planned, and facilitated 2 Mental Health First Aid trainings and a Deaf and Hard of Hearing. 132 people were trained and approximately 20 new faith-based contacts were made.

In collaboration with the KY Faith Based Coalition, two Mental Health First Aid trainings were provided for 58 contacts last fall.

- Facilitated "Partners in Recovery: Focus on Deaf and Hard of Hearing Services 101" training for 74 Communicare employees.
- Collaborated with the KY Faith Based Coalition to sponsor two Mental Health First Aid trainings for 58 contacts.

#### Fetal Alcohol Spectrum Disorder PES:

Three online self-study courses were developed available for CEUs:

**Course #1**, "sex, booze and baby" was developed for college students, and sent to the chair of the health / wellness department at every Kentucky college and university.

**Course #2**, "Non-Compliance: A Brain-Based Perspective": This course, designed for clinicians (mental health and substance abuse), social workers and teachers, focuses on reframing non-compliance using the framework of invisible disabilities / FASD. The link will be distributed to all CMHCs statewide.

**Course #3**, "FASD: 1 in 100": is an overview of FASD issues, including prevention, identification, diagnosis and intervention. It is currently still being developed and piloted. The FASD PES anticipates a launch date of September 2014.

- National presentations included:
  1. "Back (and) to the Future: 40 Years of FASD" conference in Atlantic City, NJ
  2. Center for Excellence FASD Day
  3. Center for Excellence, Best Practices

Four Family Support Network trainings occurred across the state. These were directed at families raising children with FASD and persons in their family or friend network.

The FASD PES worked closely with DBH treatment branch and DPH Maternal and Child Health branch to expand the scope of focus which this year included substance-exposed pregnancies

#### Marijuana PES:

The Division of Behavioral Health continues to provide technical assistance and training to communities on best practices in Marijuana prevention through the Marijuana Prevention Enhancement Site (PES). With the advent of medical marijuana and the legalization of marijuana for recreational purposes in some states the perception of risk of marijuana use is unfortunately decreasing among Kentucky youth in all grade levels. Particularly alarming are the decreased

perception of risk among younger (6th -8th grade) students that have occurred from 2003 to 2012. From 61.7% to 49.9% for 6th graders and from 57.6% to 47.6% for 8th graders. Overall, marijuana usage rates for Kentucky youth in all grade levels measured has slightly decreased or stabilized The Marijuana PES provides the following services:

- Technical assistance for communities.
- Analysis of effective prevention strategies and activities for marijuana prevention.
- A database of current literature and legislative alerts related to marijuana.

In 2014 the Marijuana PES created "Dangers and Awareness of Synthetic Drugs in Our Community" a video that educates the general public about the harmful effects of synthetic drugs and effective strategies for restricting their availability. The video can be viewed at: <http://dbhdid.ky.gov/dbh/sa-pes-mj-synthetics.aspx>

### Tobacco PES

- Distributed approximately 250 Smart Mouth middle school curricula. This is the only curriculum that currently addresses spit tobacco, snus (spitless), e-cigarettes, hookahs and dissolvable nicotine products.
- Assisted Smoke-Free Kentucky in their efforts through marketing and the development and distribution of legislative postcards across the state.
- Organized and facilitated the youth component of Smoke Free Kentucky Day at the Capitol. Seventy-six youth and their 14 adult sponsors from 10 counties received advocacy training, met their legislators and attended a press conference.
- Partnered with the DPH Tobacco Program to develop a protocol and identified four regional prevention centers to conduct E-Cigarette Environmental Scans in order to identify marketing and advertising methods at establishments that sell e-cigarettes.
- Conducted four youth focus groups within four regions with the highest youth cigarette and smokeless tobacco use.
- Provided TA to 32 separate coalitions and/or organizations on effective tobacco prevention, individual, and environmental strategies.
- Increased the state's capacity to train communities through six specific trainings on the following:
  1. Tobacco and Nicotine in 2013: What Are We going to Do About It? – KPN
  2. Smart Mouth: Beyond Smoking and Spit Tobacco – Webinar for DPH Tobacco Prevention Specialists.
  3. Clearing the Air: Youth and Tobacco-closing the Gate Conference – maysville, KY
  4. School Tobacco Policy 2014 – Webster County High School
  5. Negative Health Impacts of Tobacco and Nicotine Use: From E-cigarettes to Marijuana- Owsley County Drug Awareness Coalition.

- Increased capacity for implementation of tobacco prevention strategies through training 100 Tobacco Prevention and Cessation Specialists and coordinating 200 people for the School Health Summit
- Increased the capacity for youth and young adult participation through providing three implementation mini-grants and funding youth from a 10 school systems to attend the smoke – Free Kentucky Day at the Capital.
- Provided TA to 10 schools regarding tobacco-free school policies.
- Facilitated youth component of Smoke-Free Kentucky Day at the Capitol which included 76 youth and 14 adult sponsors from 10 counties.
- Assisted with efforts to educate the public and legislators about the benefits of a smoke-free state law. The effort has gained momentum toward the 2015 legislative session.

### **Youth Empowerment System (Y.E.S.)**

The goal of the Youth Empowerment System is to build capacity for Kentucky youth to plan, implement and evaluate substance abuse prevention strategies in their schools and communities. Y.E.S. is led by a steering committee composed of representatives from each of the Regional Prevention Centers. A primary responsibility of the Y.E.S. steering committee is to evaluate and fund yearly grant applications and plans submitted by youth groups across the state. This year the Substance Abuse Prevention Branch provided \$50,000 dollars to fund YES activities across for 37 YES groups across the state.

### **KIDS NOW Plus**

The KIDS NOW Plus program focuses on reducing alcohol and drug use during pregnancy by providing prevention education to all pregnant women and intensive case management services for those pregnant women with a substance use problem. This program is mainly funded by Tobacco Settlement funds through the Governor's Office of Early Childhood in conjunction with a limited amount of Substance Abuse Prevention and Treatment Block Grant dollars. This funding primarily supports services for any women experiencing high-risk pregnancies due to substance use in an effort to reduce risks to the fetus from use of alcohol, tobacco and other drugs.

Referrals to the program come from local public health departments, private doctors, school programs, and other community agencies who utilize a screening tool to refer pregnant women to the program. Services are provided in eight (8) of the 14 community mental health centers and include prevention education classes for all pregnant women on the risks of substance use and the importance of abstinence during pregnancy and making safe choices for a lifetime.

Kids Now Plus program offers community outreach services, prevention education services, and case management services. Prevention education services play a key role in referring women to case management services. Women with higher risk factors work with their case manager to identify a plan that will address their service needs. These needs typically include referrals for substance abuse



treatment as well as mental health and domestic violence services. In addition, case managers typically connect the women with other community services such as prenatal care, housing, and food stamps. Follow-up after the birth is continued for two months.

Women who receive case management services complete a baseline and postpartum assessment. The baseline information is used for service planning with the women as well as data for evaluation of the program that is completed by the University of Kentucky Center for Drug and Alcohol Research. Frontline staff has been trained in the evidence-based practices of Motivational Interviewing, Intensive Case Management and the use of Motivational Incentives.

With the recent expansion of Medicaid services across the state, it has provided the opportunity to introduce the Kids Now Plus services to the remaining 6 Community Mental Health Centers. By doing this, women that present with high risk factors for substance use during pregnancy will be provided with educational and treatment options that will assist them in making safe choices during their pregnancy and their lifetime.

It is also with the expansion of Medicaid services that the current providers of Kids Now Plus programs are able to bill Medicaid for many of the substance use services that they providing to those in the community. Due to this being a new reimbursement method, Kids Now Plus Service providers are learning the processes of the Medicaid billing system.

### **Family Resource Youth Services Coalition of Kentucky (FRYSCKy) (Leslie Hall)**

The FRYSCKy Coalition was established as a professional organization to enhance and promote the work of the Kentucky Family Resource and Youth Services Centers. The FRYSCKy Coalition promotes a network, including educators, family support practitioners and other human service providers, who strive to remove educational barriers to learning, in order to learn from each other, share resources and collaborate more effectively on behalf of families, children and youth.

The Kentucky Family Resource and Youth Services Centers were established as a component of the historic Kentucky Education Reform Act (KERA) of 1990. The mission of these school-based centers is to help academically at-risk students succeed in school by helping to minimize or eliminate non-cognitive barriers to learning.

These partnerships are critical in efforts on behalf of students to promote:

- early learning and successful transition to school;
- academic achievement and well-being; and
- graduation and transition into adult life.

Each center offers a unique blend of programs and services to serve the special needs of their students and families. Family Resource Centers address the needs of the elementary school population while the Youth Service Centers assists with Middle and High School students and families. Substance Abuse Prevention and Counseling is a **mandated** core component in the Youth Services Centers and is addressed by the Health Services and Referrals mandated component in many of the Family Resource Centers. FRYSC prevention efforts consist of campaigns, presentations, assemblies, Red Ribbon Week activities, Kick Butts Campaigns, student clubs, and brochures. Many of these programs are provided on an on-going basis.

The FRYSCKy Coalition and the Division of FRYSC assists with statewide prevention efforts through the professional trainings provided to center coordinators. Information gleaned from these trainings is disseminated throughout the state through the 800+ Family Resource and Youth Service Centers. Coordinators are also representatives on many local community agency boards. As an FRYSCKy Coalition representative on the KY ASAP board I have reported prevention efforts and initiatives to both the FRYSCKy Coalition and at the local FRYSC regional meeting.

### **Kentucky Department of Education (KDE) (Terry Holiday)**

The Kentucky Department of Education (KDE) continues to prepare and distribute an Annual Safe Schools Statistical Report. This report provides a summary of all behavior violations, including those associated with drugs, alcohol or tobacco use, in Kentucky public schools. The [2013-14 report](#) can be linked to directly or accessed from KDE's [safe school reporting website](#).

In November 2014, KDE co-hosted the National Dropout Prevention Network annual conference in Louisville, KY. This conference included several sessions and trainings involving drug and alcohol awareness and prevention. In addition, KDE will be working with three Kentucky school districts (Jefferson, Fayette and Pulaski Counties) as part of the AWARE grant. The purpose of the grant is to improve access to school- and community-based behavioral health awareness, prevention, early intervention, and treatment services for school age youth.

### **Kentucky Association of Regional Programs (KARP) (Steve Shannon)**

No Report Submitted

### **Kentucky Public Health Association (Steve Bing)**

KHDA and KPHA have been very active members of the Smoke Free Coalition supporting Forums around the Commonwealth as well as doing local level grassroots discussion in the respective locales the members serve. There have been local Board of Health anti-smoking resolutions passed by many LHDs as well as numerous discussions with local elected and business leaders. Through KPHA there

were numerous petitions signed and letters written on the subject. As to other substance abuse issues each LHD(KHDA member) has worked to varying extents in their local community to be supportive from a public health perspective in education and treatment with other appropriate entities in the locale.

Additionally, the local health departments have been very active in addressing specifically heroin issues and legislative solutions in their service areas. KYASA has been helpful in providing insight, data, and guidance. We also have learned from KYASA leadership on the pertinent subjects from The Kentucky HealthNow initiatives.

### **Local Tobacco Addiction Substance Abuse Board – Law Enforcement – Buffalo Trace Local KY-ASAP Board – Maysville Police Department (Chief Ronald J Rice)**

With the significant spike in Heroin cases (and the noticeable decrease in prescription pill use/abuse), the department partnered with the Cincinnati-Northern Kentucky Drug Enforcement Agency, initiating operation "Hometown Hero"; which to date has netted five Federal incitements, (four of which have been sentenced); twelve local incitements, several have been sentenced or taken plea deals; and in excess of thirty incitements are anticipated in early 2015.

Programs from both the State and Local Agency for Substance Policy boards have been instrumental in assisting both city and county law enforcement mainly through their twenty four hour "tip" hot line. As of November 30, 2014 twenty-four "tips" had been received (this calendar year) and passed to the appropriate law enforcement agency. One tip passed to the Maysville police department alleged drugs and prostitution at a local motel, which led to a case being opened, officers working with management of the motel; and the issues were resolved in a timely efficient manner.

The continued efforts of the Buffalo Trace Agency for Substance Abuse Policy board and the Regional Prevention Center, of Comprehend Inc. to maintain and seek avenues to improve publicity of the "tip line" through PSA's, posters, advertisement, three point cards at sporting events, etc. should encourage other community members, to have the mind set of...if you see it, report it.

The Town Hall, Heroin is Here, meetings sponsored by BT-ASAP provided law enforcement, medical professionals and others with the opportunity to present to citizens in five communities in four counties of the Buffalo Trace region the effects of the heroin epidemic.

Kentucky and Buffalo Trace ASAP continue to be a vital link with law enforcement in this community.

## **Local Tobacco Addiction Substance Abuse Board – Daviess County Local KY-ASAP Board (Jeff Jones)**

No Report Submitted

## **Private Community-Based Organizations - Cumberland River Comprehensive Care Center (Tim Cesario)**

### **July**

- Attended quarterly RPC Directors meeting
- Attended Laurel County ASAP meeting – Announced upcoming Under Age Drinking Town Hall Meeting
- Conducted interviews for vacant Prevention Specialist position
- Collaborated with Laurel County ASAP to conduct an Under Age Drinking Town Hall Meeting to introduce the idea of a social host ordinance in Laurel County
- Attended first Bell County Health Coalition meeting, hosted by Bell County Health Department – Offered SA prevention services to assist in making Bell County a healthier community
- Attended Knox County Health Coalition – 1) Participating in Strategic Planning Committee to develop a plan to address SA needs of the community  
2) Collaborating with Knox County Health Department on introducing the need for a city-wide smoking ban
- Participated in Kentucky Alcohol Policy Alliance (KAPA) meeting/conference call – reported on Laurel County's Under Age Drinking Town Hall Meeting and discussed RPC's administering Responsible Beverage Server (RBS) surveys
- Provided SA prevention materials to two retired state police, whom are presenting to children/youth at Vacation Bible School in Bell County
- Attended Laurel County Health Coalition
- Met with Frankfort staff for required FY 15 Work Plan and Budget Review

### **August**

- Attended monthly UNITE meetings in Knox, Harlan, Jackson, and Rockcastle Counties  
Harlan – Discussed partnering to host a community meeting in late Fall to increase awareness of Substance Abuse Prevention efforts. Provided technical assistance regarding a substance abuse prevention curriculum for students participating in Archery.

Knox – Discussed having a pumpkin contest for students in local schools centered around substance abuse prevention

- Attended SOAR (Shaping Our Appalachian Region) Health Impact Series in Hazard – Learned our communities health needs, which are a result of “Listening Sessions” held in Summer 2014
- Participated in Lynn Camp Back to School Bash and distributed Substance Abuse Prevention literature and brochure
- Attended monthly ASAP Meetings in Clay/Jackson, Laurel, and Rockcastle Counties  
Clay/Jackson – Provided information on Red Ribbons and will partner with KY National Guard to provide them for middle/high school students. Accepted the invitation to participate in Jackson County Health Fair in October and provide substance abuse information to parents and students.  
Laurel – Partnering to increase awareness of Prescription Drug Lock Boxes in place and provided technical assistance regarding an additional Prescription Drug Lock Box (Mobilization Unit)
- Rockcastle – Discussed need to advertise Prescription Drug Lock Box to increase awareness and utilization
- Attended monthly health coalitions in Bell, Jackson, Knox, Laurel and Rockcastle Counties  
Met with FRYSC Regional Supervisor and CCC. Discussed how our programs can collaborate to provide a community training
- Attended Budget Fair
- Made revisions to RPC FY15 Work Plan, recommended by Department of Behavioral Health, and submitted updated Work Plan August 22
- Completed agency goals/objectives for RPC and KIDS NOW Programs

## **September**

- Participated in Knox UNITE and sub-committee to plan county-wide substance abuse prevention pumpkin and classroom door contest in local schools
- Represented Regional Prevention Center at Union Colleges Facing Addiction Project Round Table Discussion and Book Launch Reception, featuring Hal Rogers and Mitch McConnell
- Held RPC and KIDS NOW monthly staff meetings
- Marketed RPC and KIDS NOW services to SA Tx staff at their monthly in-service meeting
- Participated in Bell/Knox/Whitley ASAP, Laurel ASAP, and Clay/Jackson ASAP meetings  
Laurel – Partnering to increase awareness of Prescription Drug Lock Boxes. A Rx Take Back Banner was made to advertise this effort and includes RPC logo and other Laurel community partners logo
- Completed Responsible Beverage Servers (RBS) survey mailings in conjunction with Kentucky Alcohol Policy Alliance (KAPA). This project was a

statewide project. The survey will gather data on public opinions on RBS trainings for licensed facilities selling alcoholic beverages

- Funded and hosted "Mental Health First Aid for Youth" Training at CAPERS in Corbin for CRCCC staff.
- Attended Suicide Prevention Consortium, in Lexington, to learn information regarding efforts to address suicide and how suicide relates to substance abuse
- Attended state mandated KIDS NOW statewide meeting/training in Frankfort
- Attended monthly health coalitions in Bell, Jackson, and Knox  
Jackson – will participate in Community Health Fair, in October, focused on Oral Health. We will provide information on effects of tobacco and tobacco related products, including prevention and treatment information
- Participated in UNITE meetings in Harlan, Knox, Jackson
- Attended Kentucky Prevention Network Conference in Lexington and earned prevention trainings hours toward Certified Prevention Specialist (CPS) Certification
- Attended Brushy Fork Institute in Berea, representing newly formed health coalition in Bell. Our prevention specialist was 1 of 6 coalition members selected to attend. By attending the coalition is eligible for funding for community projects

## **October**

- Held monthly RPC and KIDS NOW staff meetings
- Attended mandated RPC Directors Retreat at Dale Hollow
- Participated in UNITE meetings in Bell, Knox, Jackson, Laurel, and Whitley
- Participated in Laurel ASAP
- Participated in monthly health coalitions in Bell, Knox, Rockcastle, Whitley,
- Participated in the following webinars "Making the case for Coalition" and "November Tobacco Awareness Month"
- Funded and hosted "Mental Health First Aid for Youth" Training at Bell/Whitley CAA in Pineville for CRCCC staff
- Scheduled a day trip to Adanta RPC, for Nov. 17<sup>th</sup>, to shadow their director and prevention specialist. This is on RPC Work Plan and recommended by state staff.
- Presented on and marketed RPC and KIDS NOW service for Bell/Whitley CAA Service Providers
- In conjunction with Knox UNITE we judged pumpkins and classroom doors with substance abuse prevention messages and assisted to provide prizes for winners.
- Provided information on effects of tobacco and tobacco related products at Jackson Community Health Fair, focusing on oral health. Included information on prevention efforts and treatment.
- Prepared SBIRT (Screening, Brief Intervention and Referral to Treatment) Training for KIDS NOW staff. This is a required training and we were guided

by state staff on how to provide this training through our local prevention center.

- Visited each CRBH outpatient office and provided booklets, "Prescription Drugs: An Informational Guide for Parents", that clinicians can utilize to increase knowledge base and distribute to clients. We also provided wall posters and flyers on Gambling Addiction to increase awareness of this issue in our region.

## **November**

- Held monthly RPC and KIDS NOW staff meetings
- Participated in UNITE meetings in Bell, Knox, Laurel, Rockcastle and Whitley. At Laurel UNITE provided SA information/materials to 4 Americorp participants.
- Participated in Rockcastle ASAP. Has been asked to assist with awareness project once Rx Drop box is placed in Livingston
- Participated in monthly health coalitions in Bell, Clay, Knox, Laurel, Rockcastle and Whitley. Assisting Rockcastle County coalition in awareness efforts for Prescription Lock Boxes. Providing information for Resource Guide for Whitley County coalition. Assisting to build community support in Bell County coalition. Working to build relationships with community partners in Clay County coalition. Provided information to Laurel County Coalition about success of first Mental Health Support Group
- Participated in St. Joseph's Community Health Coalition Annual Review Board Meeting-developed community connections for KIDS NOW Program
- Participated in the following webinars "Strategic Prevention Framework: An Overview", "KY Faith Based Prevention Enhancement Site Training #5: Commonly Abused Drugs" and "Disposal of Controlled Substances"
- Provided "Screening, Brief Intervention and Referral to Treatment" Training to KIDS NOW staff
- Visited ADANTA Regional Prevention Center and met with their Director, KIDS NOW Staff and Prevention Specialist. Gained knowledge and learned new ideas on how to work with communities and provide effective prevention projects. This is on RPC Work Plan and recommended by state staff
- Director completed recertification application, for Certified Prevention Specialist, through Kentucky Certification Board for Prevention Professionals
- Held staff meeting to plan and prepare for 2<sup>nd</sup> Annual Southeastern KY Addiction Symposium
- Attended Community Collaboration for Children Regional Network Meeting – RPC and KN staff will participate in Regional Network Conference in December, at London Community Center, to distribute SA information/material and share services/resources available
- Contacted local high schools to obtain information regarding suicide prevention trainings provided to staff/students and suicide policies in place for students whom have been identified as at risk for suicide. This is

reporting information required by state staff in relation to our suicide prevention efforts and SPEAK funds received in July 2014

- Organized and prepared charts (over five years old) to be taken to London Office. Organized and filed current charts (under five years old) to be kept at RPC
- Attended Prevention Academy in Louisville, KY
- Participated in Laurel County's first "Mental Health Support Group" – Provided suicide prevention information and materials to community members, both professional and consumers

## **December**

- Held monthly RPC and KIDS NOW staff meetings  
Participated in UNITE meetings in Clay, Harlan, Knox, Laurel, Rockcastle, Whitley
- Participated in monthly health coalitions in Bell, Clay, Laurel, Rockcastle
- Participated in monthly ASAP meetings in Clay, Jackson, Laurel
- Bell County Health Coalition made decision to dissolve the coalition, however may try to form again in Spring 2015.
- Participated in the following webinars "Under the Influence", "Parents Who Host, Lose the Most" and "Prevention Prescription Abuse"
- Set up as a vendor at Rays of Light Conference in London, KY, sponsored by Community Collaboration for Children. Market program services to community professionals region wide and further developed relationships with Family Resource Youth Services Center staff.
- Participated in Laurel County Mobile Prescription Take Back project
- In planning stages for 2<sup>nd</sup> annual Southeastern Kentucky Addiction Symposium to be held April 9-10, 2015.
- In planning stages for projects related to underage drinking prevention/alcohol policy initiatives
- Updated RPC Policy and Procedures Manual
- Reviewed new DRAFT Medicaid Regulations, including KIDS NOW Prevention and Case Management
- Reported information obtained from local high schools, regarding suicide prevention trainings and suicide policies, to state staff. This is in relation to our suicide prevention efforts and SPEAK funds received in July 2014.
- Participated in meeting with Bell County Sheriff Department staff and CRBH administrators. Marketed RPC services for future collaboration of a SA Resource Directory and other prevention efforts.



## **Private Community-Based Organization - Knott Drug Abuse Council (Lola Patterson)**

**Mission/Goals** - The mission of the Knott Drug Abuse Council (KDAC) is to “reduce substance abuse among youth and overtime adults in Knott County”.

The goals of the Knott Drug Abuse Council is to reduce substance abuse among Knott County youth and over time reduce substance abuse among Knott County adults, by addressing the community factors that increase the risk of substance abuse and promote the factors that minimize the risk of substance abuse, while establishing and strengthening the collaboration among Knott County, private non-profit agencies, federal, state, and local governments to support the efforts of the Knott County Drug Abuse Council to prevent and reduce substance abuse among our youth.

**Purpose** - The purpose of the Knott Drug Abuse Council is to work throughout all of Knott County for the prevention, education, and eradication of drugs and alcohol abuse.

### **Description -**

- July 2001 the Knott Drug Abuse council was formed.
  - 2003 the council received 501(c)3 status.
  - 2005 Executive Director hired.
  - 2006 Administrative Assistant hired.
  - 2008 Graduated from the CADCA National Coalition Academy
  - 2009 KDAC partners with early intervention program.
  - December 2009 Youth in Action program established.
  - 2010 Stop Program Coordinator hired
  - February 1, 2010 Town Hall Meeting held
  - 2010 Carr Creek Elementary named UNITE Club of the Year
  - 2011 Received National recognition for work on a round table discussion that included Congressman Hal Rogers, Gil Kerlikowske, Director of the Office of National Drug Control Policy, and Lola Patterson, Knott Drug Abuse Council Executive Director.
  - 2011 Participated in the Sticker Shock Program at local businesses.
  - 2011 Participated in the Ghost-Out Event at Knott Central High School.
  - 2011 Knott County Central High School named UNITE Club of the Year.
  - 2011 Pain Clinic Ordinance passed in Knott County.
  - 2011 Provided 2 “Take Back” days so residents could bring in unwanted or unneeded medication.
  - 2011/ 2012 Provides extra DUI checkpoints on high traffic weekends such as Prom, Graduation and Gingerbread Festival
  - 2012 Social Host Ordinance passed in Knott County.
- The Knott County Drug Abuse Council has successfully implemented a range of skill building and educational activities for youth and adults across Knott County. This includes Town Hall Meetings, Dad’s Day Out, Christmas with Kenny’s Kids, Back to School Bash, and Project Prom to name a few.

- 2012 Received recognition for 10 years participation in the KY-ASAP program.
- November 2012, Lola Patterson, Executive Director of the Knott Drug Abuse Council was appointed to the Kentucky Agency for Drug Abuse Policy by Governor Beshear.
- Provided support for the annual H.O.T. Conference 2009-2013
- 2013 Participated in Ghost-Out event at Knott County Central High School
- 2014 Worked with getting the Alive at 25 program into the local High Schools
- Participated in Read Across America at local Grade Schools 2008-2014
- Annual Easter Egg Hunt for local children, partnered with LKLP 2008-2013
- Trunk or Treat Events for Halloween 2012-2014
- Provided Information on substance abuse/ extra patrols for Knott County Trail Rides 2011, 2012, 2013
- Project Graduation 2006-2014
- Provided items for use in local Little League group Spring 2014
- provided Christmas Sponsorship for students from local schools with substance abuse problems in the family 2006- Present

**Funding** - The Knott Drug Abuse Council received its initial funding through the Kentucky Agency for Substance Abuse Policy. Currently, the Knott Drug Abuse Coalition receives funding the individual and corporate donations, as well as grants. KDAC continues to receive funding through KY-ASAP grants, as well as Operation Unite. The Knott Drug Abuse Council has been able to achieved monumental success through minimal operating funds indicating that the coalition is dedicated to achieving the its mission of "reducing substance abuse among youth and overtime adults in Knott County".

### **Kentucky Department for Public Health (Stephanie Mayfield)**

Tobacco use is the number one public health threat in Kentucky. Our adult and youth smoking rates, annual deaths related to smoking, and lung cancer death rates are among the highest in the country. Tobacco-related diseases cause more deaths in Kentucky and across the nation than AIDS, automobile accidents, homicides, suicides, alcohol, and illicit drug use combined.

The Tobacco Prevention and Cessation Program is primarily funded by Kentucky's Master Settlement Agreement (MSA). Approximately, eighty percent of Public Health MSA funds (for tobacco prevention and cessation) are distributed to local health departments. The Program also receives grant funds from the Centers for Disease Control and Prevention. Grant funds cover state staff, administrative costs, and a local grants program.

All local health departments have a Tobacco Prevention and Cessation Specialist whose activities include youth prevention education in schools, promoting smoking cessation, conducting community assessments, providing technical assistance to schools and businesses, and developing youth and adult coalitions to promote policy and environmental changes such as local smokefree ordinances.

The Tobacco Prevention and Control Program is an active partner on the KY-ASAP Board and at the local level (through local health departments) working together to reduce youth smoking, illegal sales to minors, promoting tobacco cessation including providing Nicotine Replacement Therapy (NRT), and supporting 100% Tobacco Free Schools.

#### 2014 Highlights

- Comprehensive smoke-free ordinances or regulations protect 1,428,471 Kentuckians, or 32.5% of our total population, from the harmful effects of secondhand smoke (SHS) exposure in public places and workplaces.
- Currently 447 schools in 37 school districts (21% of KY districts) have adopted a 100% Tobacco Free School Policy through the combined efforts of Coordinated School Health and Tobacco programs.
  - A 100% TFS policy prohibits tobacco use by staff, students, and visitors twenty-four hours a day, seven days a week, inside Board-owned buildings or vehicles, on school-owned property, and during school-sponsored student trips and activities.
- According to 2013 Youth Risk Behavior System (YRBS) survey, current smoking among Kentucky high school students has decreased from 24.1% in 2011 to 17.9% in 2013. Since 1997, the prevalence of high school smoking has decreased by 61.9%.
- Since 2002, Kentucky's adult smoking rate has declined 13.2% to 26.5% in the 2013 Behavioral Risk Factor Surveillance System.
- In 2013, the 30-day quit rate at 12 months after Kentucky's Quit Line (1-800-QuitNow) was 28.25%, an increase of 6.5% over the previous year.

Since 2012, Quit Now Kentucky has expanded services beyond traditional telephone coaching to enhanced, integrated services including:

- Web-based services      – E-referrals                      – E-messaging
- Text messaging              – Mobile app for Android and iPhone

## KY-ASAP: Partnership for a Drug-Free Kentucky

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Beginning January 2008 the Kentucky Office of Drug Control Policy (ODCP) became an Affiliate/Alliance member with the Partnership for a Drug-Free America.

The Office of Drug Control Policy in collaboration with the Partnership for a Drug-Free America continues its statewide PSA campaign to bring professionally produced localized media messages to supportive media partners in a sustained effort to reduce the incidence of substance abuse in the Commonwealth. Our collaboration with the Partnership for a Drug-Free America continues to bring over \$6 million in professionally produced PSAs to Kentucky each year.

The tremendous benefits that we receive from the Partnership allow us to counter any and all negative messages with positive prevention strategies. This is an excellent opportunity for a positive story on another initiative KY-ASAP & the ODCP is doing to support the reduction of youth & adult substance use.

Addiction is the single greatest preventable illness in the country, and like other diseases, it affects not just the person with the illness but also family and friends. Ninety percent of addictions get started in their teenage years. Parents are more pressed for time than ever, and in addition to finding the time to talk with their children about the health risks of drugs and alcohol, they tell us they need new information, tools, support and help on what to say and do.

Because our mission is to serve as a leader and catalyst for improving the health and safety of all Kentuckians by promoting strategic approaches and collaboration to reduce drug use and related crime this is a perfect opportunity for the ODCP/KY-ASAP to collaborate and be apart of such an important and proactive issue.

The PSA's are powerful prevention messages that have gotten excellent media coverage this past year and have been an excellent opportunity for a positive story on another initiative the ODCP is doing to reduce substance abuse.

Parents and children are inundated with media messages about drug use and abuse among celebrities and major sports figures. The benefits we receive from these PSA's allowed ODCP to counter those negative messages with positive prevention messages.

ODCP/KY-ASAP continues to take advantage of the many collaborative opportunities and outreach responsibilities it has to share our mission regarding prevention, treatment, and law enforcement. It is necessary for us to be able to disseminate that information statewide.

ODCP has also collaborated with the local KY-ASAP boards across the Commonwealth to assist us in the distribution of the powerful PSA's to insure the message is disseminated across Kentucky.

## Treatment– Recovery Kentucky

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[Recovery Kentucky](#) was created to help Kentuckians recover from substance abuse, which often leads to chronic homelessness. There are ten Recovery Kentucky centers across the Commonwealth. They are in Campbellsville, Erlanger, Florence, Harlan, Henderson, Hopkinsville, Morehead, Owensboro, Paducah, and Richmond. These centers provide housing and recovery services for up to 1,000 Kentuckians simultaneously across the state.

These recovery centers were designed to reduce the state's drug problem and resolve some of the state's homeless issues. They help people recover from addiction and help them gain control of their lives to eventually reside in permanent housing.

As supportive housing projects, each center uses a recovery program model that includes peer support, daily living skills classes, job responsibilities, and establishes new behaviors.

This type of supportive housing and recovery program is proven to help people who face the most complex challenges to live more stable, productive lives. It has been demonstrated successfully by both the Hope Center in Lexington and The Healing Place in Louisville, which were models for the program, and was named "A Model That Works" by the U.S. Department of Health and Human Services.

Without a stable place to live and a support system to help them address their underlying problems, most homeless people who also suffer from substance abuse and addiction bounce around between shelters, public hospitals, prisons, psychiatric institutions, and detoxification centers. Recovery Kentucky was designed to save Kentuckians millions in tax dollars that would have been spent on emergency room visits and jail costs.

Recovery Kentucky is a joint effort by the Department for Local Government (DLG), the Department of Corrections, and Kentucky Housing Corporation (KHC). These agencies developed a financial plan that has provided construction and operational financing, including a \$2.5 million annual allocation of Low Income Housing Tax Credits from KHC, which will generate a total equity investment of approximately \$20 million for construction costs. Operational funding includes approximately \$3 million from DLG's Community Development Block Grant program and approximately \$5 million from the Department of Corrections.

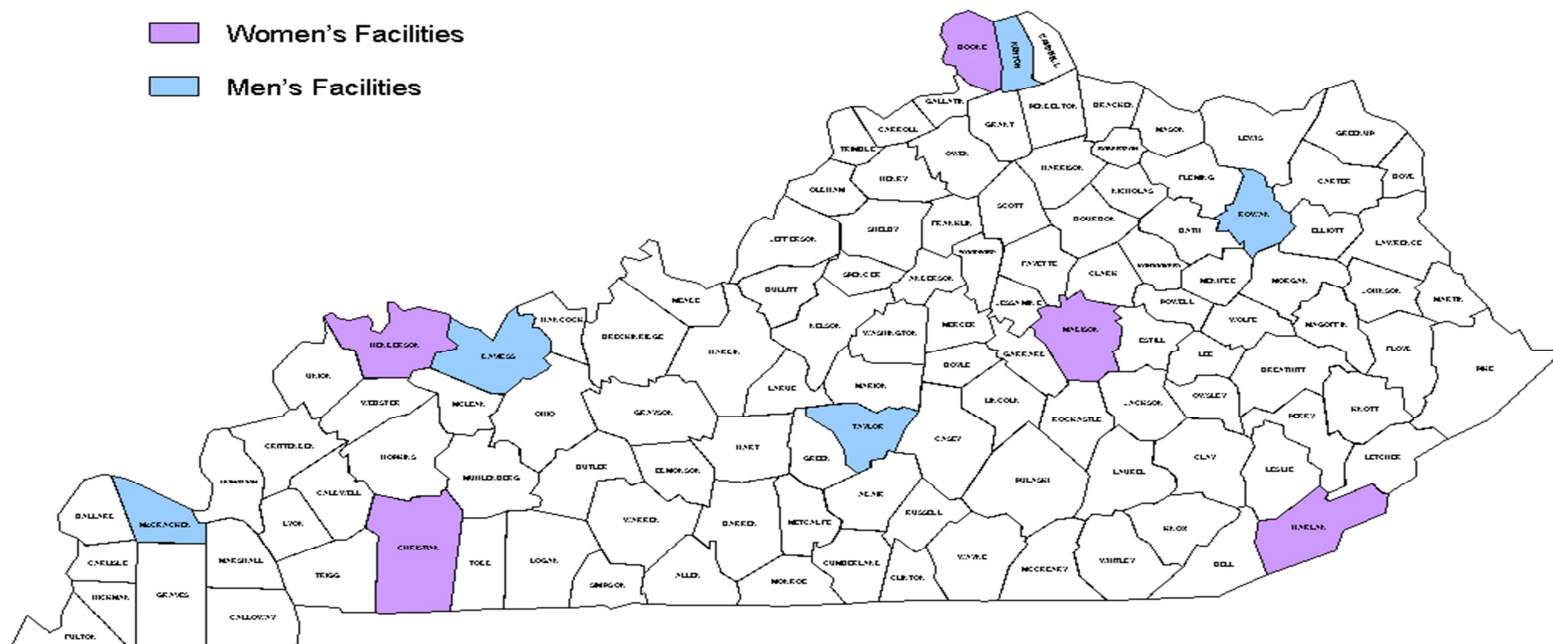
The local governments and communities at each Recovery Kentucky center location have also contributed greatly in making these centers a reality.

The Recovery Kentucky Task Force was created in 2008 to ensure the continued effectiveness and financial success of this initiative. The Recovery Kentucky Task Force continues to be a positive force in forwarding this important program.

Recovery Kentucky facilities are based on the recovery model developed in Kentucky by The Healing Place in Louisville. This model is based on concepts of mutual help – one addict helping another addict to find a path to recovery. These programs combine the opportunity of housing and safety while addressing the most common cause of homelessness-drug and alcohol addiction. The Healing Place is a nationally recognized model which has been replicated in several other areas including the Hope Center in Lexington. These programs are effective, cost efficient and inclusive for nearly all who request their services.

In 2004, the Office of Drug Control Policy was allocated funding to develop substance abuse recovery programs in local jails across the Commonwealth. Nine programs were funded as pilots in the initial round of funding. In the 2008 General Assembly, funding was appropriated to the Department of Corrections to provide residential services in the existing sixteen jail sites. The Department of Corrections is currently providing residential substance abuse recovery services to state inmates housed in selected county jails.

# Recovery Kentucky



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