2025

Kentucky Office of
Drug Control Policy

and

Kentucky Agency for
Substance Abuse Policy

2025 Combined Annual Report

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Justice and Public Safety Cabinet

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TEAM KENTUCKY
JUSTICE AND PUBLIC SAFETY CABINET

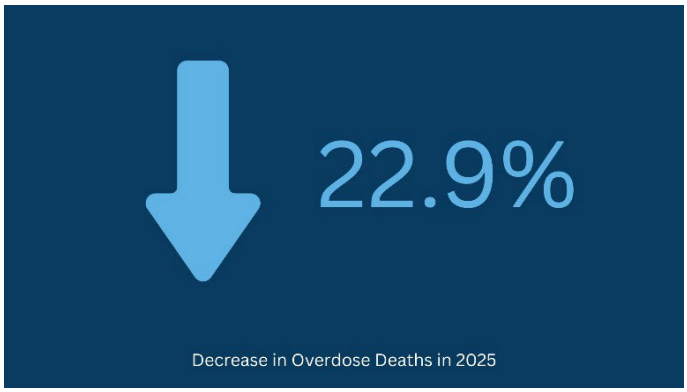
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Kentucky's Progress on Addiction Recovery

For the fourth straight year, the Beshear-Coleman administration has secured a decrease in drug overdose deaths.

- In 2025, there were 1,110 overdose deaths. This is a decrease of 22.9% from 2024.



- In 2024, there were 1,439 overdose deaths. This was a decrease of 28.8% from 2023 and is the largest decrease recorded in the history of the Commonwealth.[1]
- In 2023, there were 2,020 overdose deaths. This was a decrease of 8.2% from 2022.
- In 2022, there were 2,200 overdose deaths. This was a decrease of 2.5% from 2021 and was the first year Kentucky saw a decrease in overdose deaths since 2018.
- In 2021, there were 2,257 overdose deaths. This was a 14.5% increase from 2020 and was the highest number of overdose deaths ever reported in Kentucky.
- In 2020, there were 1,964 overdose deaths. This was a 49% increase from 2019.

According to the 2025 Kentucky Drug Overdose Fatality Report, 1,110 Kentuckians lost their lives last year to a drug overdose. Among Black Kentucky residents, 129 died from a drug overdose, a decrease from 170 in 2024, marking a 25.4% decrease.

Methamphetamine was the most frequently identified substance in the toxicology results from 2025 overdose deaths, being found in 49.5% of total drug overdose deaths. Fentanyl was present in 45.4% of overdose deaths. The two continue to be the most prevalent drugs contributing to overdoses in the commonwealth.

Since taking office, the Beshear-Coleman administration has worked tirelessly to fight the drug epidemic in Kentucky by increasing treatment resources and law enforcement support. Because of these efforts, in Kentucky in 2025:

- More than $29 million was distributed in grant and pass-through funding from the Office of Drug Control Policy;

[1] Disclaimer: When this report was released in 2025, it reported a total of 1,410 drug overdoses in 2024 for a reduction of 30.2%. As new death certificates were entered into the database, mostly from deaths among Kentucky residents who died in another state, this count has increased slightly.

- 182,810 doses of Narcan were distributed;
- 82 syringe exchange program sites served 25,543 unique participants;
- More than 137,000 Kentuckians received addiction services through Medicaid;
- More than 19,100 Kentuckians received addiction treatment paid for by the Kentucky Opioid Response Effort;
- More than 29,900 Kentuckians received recovery services (housing assistance, employment services, transportation, basic need services, etc.) in their community paid for by the Kentucky Opioid Response Effort;
- 23 Kentuckians sought treatment through the Kentucky State Police Angel Initiative;
- 3,005 incoming calls were made to the KY HELP Call Center with 19,138 outgoing follow-up calls;
- More than 52,800 school-aged students participated in substance use prevention curriculum supported by the Kentucky Opioid Response Effort; and
- Continuing to certify counties as Recovery Ready Communities.

Governor Beshear has continued to fight the state's drug epidemic from his time as attorney general, when he led the nation in the number of individual opioid lawsuits filed by an attorney general. Now, the Governor is working to make sure the hundreds of millions of dollars in settlement funds go to treatment and the communities impacted.

In February, Governor announced that recidivism rates in the Commonwealth have decreased for two years in a row. Nearly 70% of people released from state custody over the past two years have not returned.

Kentucky's Treatment Access Program also allows those without health insurance to enter residential treatment, and the Recovery Ready certification helps communities support residents who are seeking help for drug or alcohol addiction. The Beshear-Coleman administration creates a website to help people in recovery find housing, FindRecoveryHousingNowKY.org, and a website to support Kentuckians seeking second chances find a job, get an education or continue recovery, SecondChance.ky.gov. The site also connects business leaders with resources to help them hire second-chance talent.

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TREATMENT RESOURCES

KY HELP Call Center (833-8KY-HELP)

The KY HELP Call Center is available 24/7 to connect Kentuckians seeking treatment for themselves or a loved one with an Operation UNITE specialist who will work with them to find treatment as quickly as possible.

FindHelpNowKy.org

KSP Angel Initiative

Through the Kentucky State Police (KSP) Angel Initiative, Kentuckians suffering from addiction can visit one of KSP's 16 posts to be paired with a local officer who will assist in finding treatment. Individuals will not be arrested or charged with any violations if they agree to participate in treatment.

FindRecoveryHousingNowKY.org

FindNaloxoneNowKY.org

SecondChance.ky.gov

About this Report

The Office of Drug Control Policy (ODCP) is 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 of addiction. Annually, ODCP is required to review, approve and coordinate all current projects of any addiction treatment program that is conducted by or receives funding through agencies of the executive branch. This oversight shall extend to all addiction programs which are principally related to prevention or treatment or otherwise targeted at the reduction of addiction in the commonwealth.

ODCP is tasked with coordinating Kentucky's response to addiction. In meeting this obligation, ODCP works toward changing the way addiction is handled in Kentucky, reducing the problem, finding solutions and making the commonwealth a model for other states. ODCP has joined prevention/education efforts, treatment programs and law enforcement in a united effort to confront this epidemic, resulting in positive results. The success of ODCP's mission and initiatives is dependent on the continued involvement and support of grassroots coalitions, local and state agencies, and community and faith-based organizations throughout Kentucky.

The 2024 Combined Annual Report shows that state government is committed to its ongoing work of preventing and reducing addiction.

Many of these prevention, education and treatment programs are administered by the Kentucky Agency of Substance Abuse Policy (KY-ASAP), the Division of Substance Use Disorder within the Department of Behavioral Health Development and Intellectual Disabilities in the Cabinet for Health and Family Services, the Department for Public Health, the Kentucky State Police and other key partners. The 2024 report highlights the successful ongoing efforts to address the addiction crisis.

Together, ODCP and KY-ASAP oversaw and managed nearly $31,000,000. The joint work of both agencies is critical to supporting work in the field.

ODCP Core Values

- Plan for the development of an effective continuum of prevention and treatment services.
- Support key priorities and strategies across the full continuum of care, including prevention, harm reduction, treatment and recovery, within the context of the family, organizations, community and public policy.
- Assure collaboration of prevention, treatment and law enforcement initiatives related to addiction.
- Provide a repository of information on best practices and standards of practice for prevention, treatment, education and law enforcement (as related to addiction).
- Educate communities and families about addiction and resources for promoting a healthy lifestyle and assuring safety for Kentucky's children.
- Involve citizens at all levels of planning and implementing effective programs.
- Develop standards of practice that assure the development, maintenance and improvement of prevention, treatment, education and law enforcement initiatives.
- Coordinate overall research and evaluation of effectiveness of programs and services.
- Assist and make recommendations regarding the management of existing resources assuring cost efficiency.
- Advocate for the enhancement of resources for addiction initiatives.
- Assist in developing policy and legislation that supports the mission and goals of the agency.

Overarching Themes

Core Principles

- Coordination of federal, state and local government efforts is essential for effectiveness.
- Collaboration and communication among key stakeholders and agencies are vital for success.
- Mobilizing community initiatives is effective in addressing addiction.
- 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 and, when possible, integrate publicly funded prevention, treatment, and enforcement efforts.
- Reduce the demand for prescription and illicit drugs in Kentucky.
- Reduce the supply of prescription and 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/misuse initiatives.
- Increase access to substance abuse treatment.

2025 Overdose Fatality Report

Drug Overdose Deaths in 2025[1]

In 2025, 1,110 Kentucky residents died from a drug overdose, a decrease of 22.9% from the 1,439 resident deaths in 2024 and resulting in a rate of 24.3 deaths per 100,000 residents.

A review of the resident cases autopsied by the Kentucky Office of the State Medical Examiner and toxicology reports submitted by Kentucky coroners indicate that in 2025:

- Among Black Kentucky residents, 129 died from a drug overdose, a decrease of 25.4% from the 173 Black resident deaths in 2024. The rate of drug overdose deaths among Black residents in 2025 was 31.7 deaths per 100,000 Black residents, which was 29.4% greater than the rate of deaths among White residents and a decrease from the 42.4 deaths per 100,000 Black residents in 2024. The rate for White residents in 2025 was 24.5 deaths per 100,000 White residents, a decrease from the 32.1 deaths per 100,000 White residents in 2024.
- A total of 237 residents of Jefferson County died from a drug overdose, a decrease from the 351 resident deaths in 2024.
- The age group of 45- to 54-year-olds had the highest number of drug overdose deaths in 2025 at 299, a decrease of 22.3% from the 385 deaths among that age group in 2024. In 2025, the number of drug overdose deaths increased for residents who were 65 to 74 years old, 85 or older, and 5 to 14 years old.
- The following data on drug types are based on postmortem toxicology performed by either county coroners or the Office of The Medical Examiner (n=1,079):
  - Fentanyl was identified through toxicology in 504 drug overdose deaths, representing 45.4% of the total drug overdose deaths that year and a decrease of 42.9% from the 883 drug overdose deaths involving fentanyl in 2024.
  - Methamphetamine was identified in 549 drug overdose deaths, representing 49.5%of the total drug overdose deaths that year and a decrease of 23.8% from the 720 drug overdose deaths involving methamphetamine in 2024.
  - Cocaine was identified in 227 drug overdose deaths, representing 20.5% of the total drug overdose deaths that year and a decrease of 20.4% from the 285 drug overdose deaths involving cocaine in 2024.
  - Acetylfentanyl was identified in 75 drug overdose deaths, representing a decrease of 80.7% from the 389 drug overdose deaths involving acetylfentanyl in 2024.
  - Oxycodone was identified in 102 drug overdose deaths, representing a decrease of 13.6% from the 118 drug overdose deaths involving oxycodone in 2024.
  - Heroin was identified in 26 drug overdose deaths, representing a decrease of 31.6% from the 38 drug overdose deaths involving heroin in 2024.
  - Alprazolam was identified in 97 drug overdose deaths, representing a decrease of 2% from the 99 drug overdose deaths involving alprazolam in 2024.

[1]This report is based on data from the Kentucky Injury Prevention and Research Center derived from death certificates for all drug overdose deaths among Kentucky residents submitted by April 2026. Data are provisional and subject to change.

Table 1: Total Counts of Drug Overdose Deaths, 2023–2025

Residency	2023	2024	2025
Kentucky Resident (In-State Death)	1,969	1,419	1,100
Kentucky Resident (Out-of-State Death)	51	20	10
Non-Kentucky Resident (Death in Kentucky)	162	122	78
Total Deaths in Kentucky and Among Residents	2,182	1,561	1,188

Kentucky residency is based on the decedent's primary address at the time of death. Kentucky resident deaths include both those that occurred in Kentucky and those that occurred in other states. Non-Kentucky resident deaths include only those that occurred in Kentucky. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

From 2024 to 2025, the number of deaths that occurred within the jurisdiction of Kentucky decreased by 23.6%, from 1,541 deaths in 2024 to 1,178 deaths in 2025.

Many national sources of data, including those collected by the Centers for Disease Control and Prevention (CDC), report overdose statistics based on the jurisdiction of the state where the death occurred. To match counts provided by the CDC and other national sources, add the total counts of Kentucky residents who died in-state and non-Kentucky residents who died in Kentucky. The majority of this report will focus on deaths among Kentucky residents, as they are the target of drug overdose prevention activities in Kentucky.

Table 2: Kentucky Counties with the Highest Age-Adjusted Rates of Drug Overdose Deaths among Residents in 2025

	Kentucky County	Rate of Drug Overdose Deaths per 100,000 Residents	Count of Drug Overdose Deaths
1	Rockcastle	78.8	12
2	Estill	66.9	11
3	Boyd	65.5	35
4	Garrard	59.4	12
5	Floyd	55.6	21

Counties with rates based on counts less than 10 have been excluded from this list. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 3: Kentucky Counties with the Highest Counts of Drug Overdose Deaths Involving Fentanyl, as Identified through Toxicology in 2025

	Kentucky County	Drug Overdose Deaths Involving Fentanyl
1	Jefferson	168
2	Fayette	50
3	Kenton	21
4	Madison	18
5	Boyd	12

Counts are based on where the death occurred and not on the person's residence; thus, counts could include residents of other counties and/or states. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Table 4: Kentucky Counties with the Highest Counts of Drug Overdose Deaths Involving Methamphetamine, as Identified through Toxicology in 2025

	Kentucky County	Drug Overdose Deaths Involving Methamphetamine
1	Jefferson	113
2	Fayette	39
3	Madison	21
4	Pike	16
5	Boyd	14

Counts are based on where the death occurred and not on the person's residence; thus, counts could include residents of other counties and/or states. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Drug Overdose Deaths by Race

Table 5: Counts of Kentucky Resident Drug Overdose Deaths by Race, 2023–2025

Race	2023	2024	2025
Black	271	173	129
White	1,719	1,241	975
Other	30	25	6

Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 6: Age-Adjusted Rates for Kentucky Resident Drug Overdose Deaths by Race, 2023–2025

Race	2023	2024	2025
Black	68.4	42.4	31.7
White	45.6	32.1	24.5
Other	15.9	11.0	*

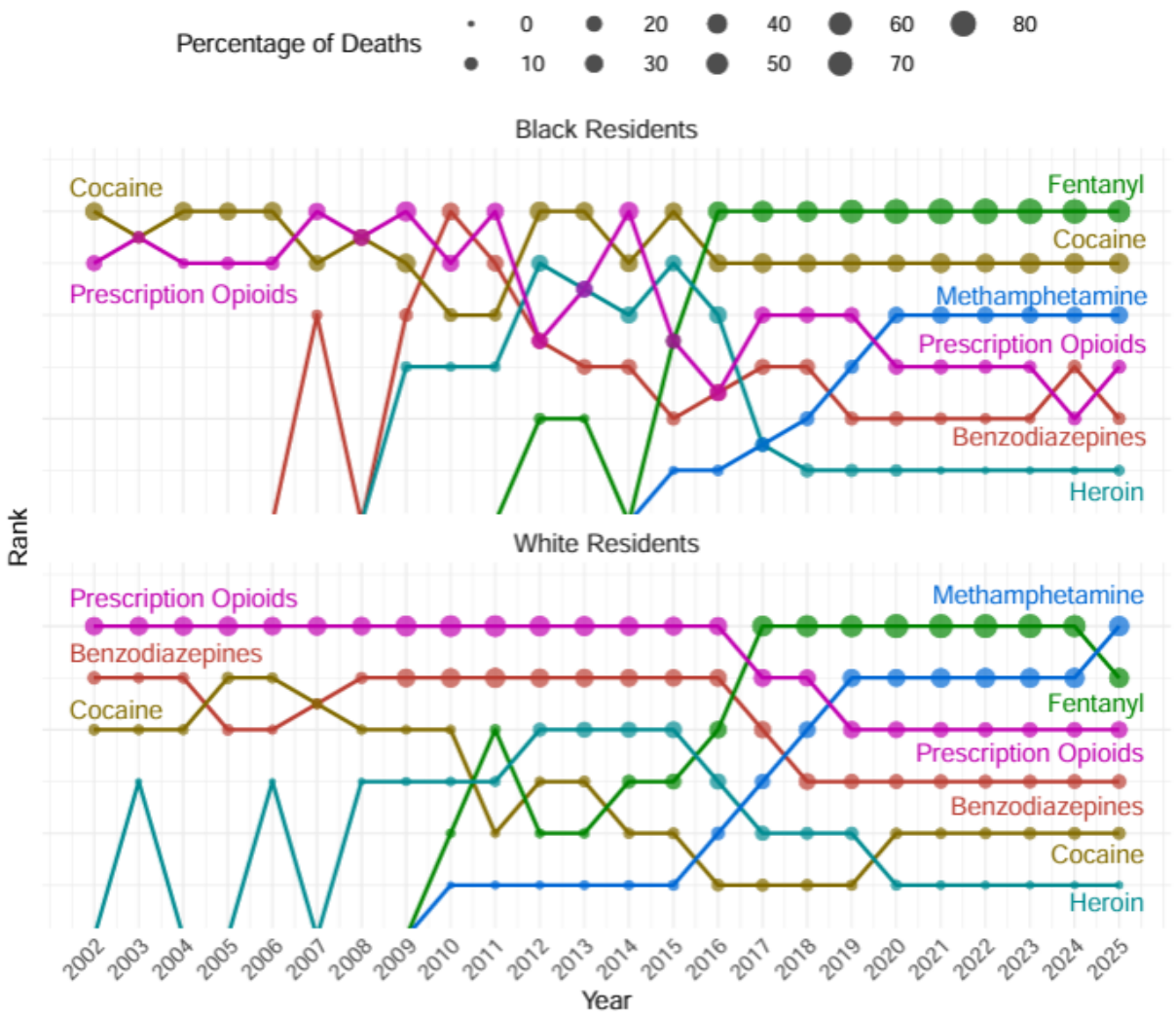
Rates are presented as the number of drug overdose deaths per 100,000 population. Data are provisional and subject to change. Rates based on counts greater than zero but less than ten have been suppressed in accordance with state data management policy. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 7: Percentage Change in Kentucky Resident Drug Overdose Deaths by Race, from 2023 to 2024 and 2024 to 2025

Race	2023 to 2024 Percentage Change	2024 to 2025 Percentage Change
Black	-36.16%	-25.43%
White	-27.81%	-21.43%
Other	-16.67%	-76.00%

Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Figure 1: Top Drugs Identified by ICD-10 Code on Death Certificates of Kentucky Resident Drug Overdose Decedents by Race, 2002–2025



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data are provisional and subject to change.
Data extracted April 2026.

Drug Overdose Deaths by Age

Table 8: Counts of Kentucky Resident Drug Overdose Deaths by Age Group, 2023–2025

Age	2023	2024	2025
0–4	9	5	<5
5–14	<5	<5	<5
15–24	98	65	42
25–34	370	232	134
35–44	581	385	269
45–54	480	362	299
55–64	370	277	237
65–74	95	93	103
75–84	9	16	16
85+	<5	<5	5

Counts greater than zero but less than five were suppressed in accordance with state data release policy. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

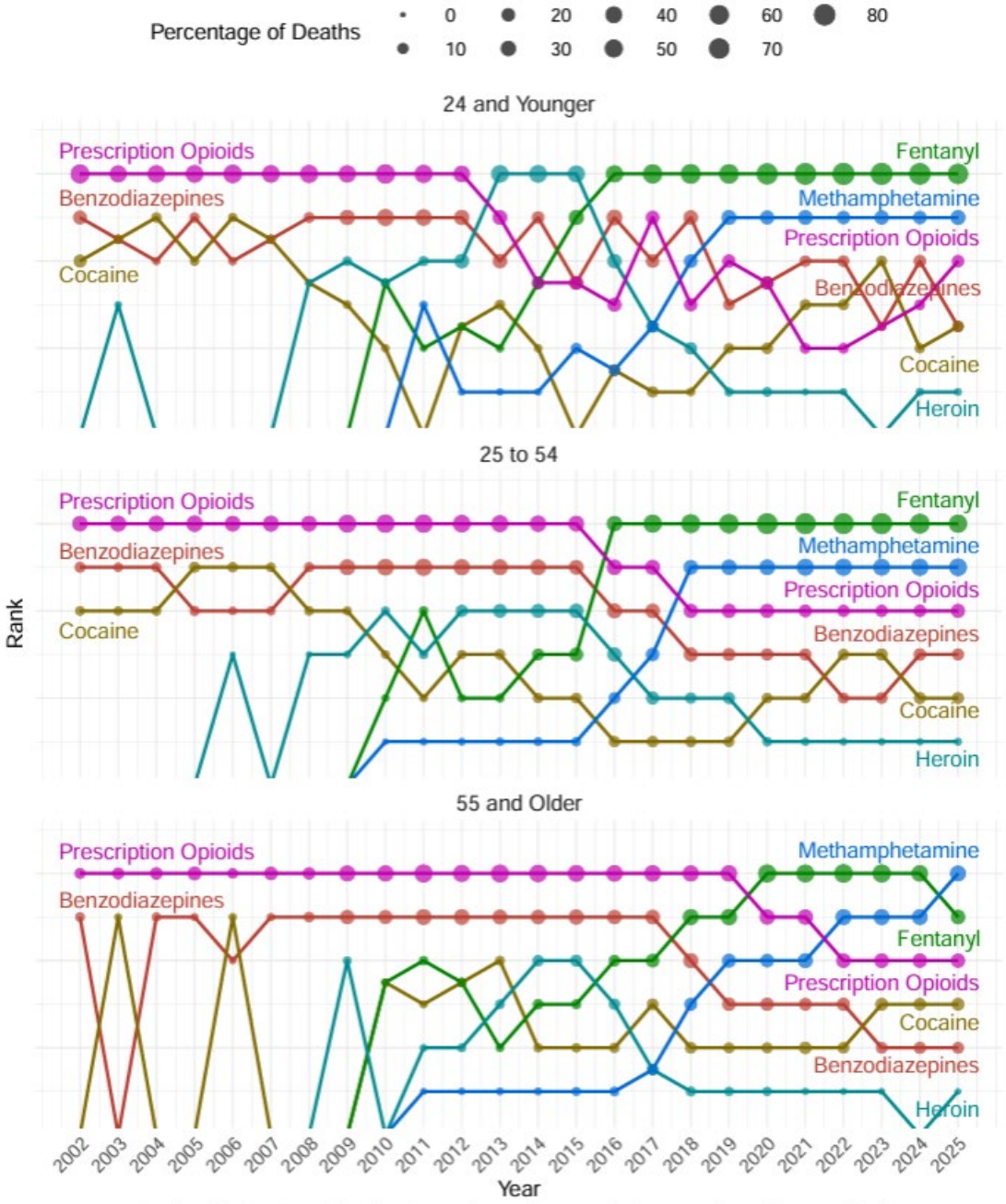
Table 9: Age-Specific Rates of Kentucky Resident Drug Overdose Deaths, 2023–2025

Age	2023	2024	2025
0–4	*	*	*
5–14	*	*	*
15–24	16.4	10.8	7.0
25–34	61.4	38.1	22.0
35–44	102.0	66.8	46.7
45–54	86.2	64.9	53.6
55–64	63.7	48.2	41.2
65–74	19.6	18.9	21.0
75–84	*	6.2	6.2
85+	*	*	*

* Rates based on counts greater than zero but less than 10 have been suppressed in accordance with state data management policy.

Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Figure 2: Top Drugs Identified by ICD-10 Code on the Death Certificates of Kentucky Resident Drug Overdose Decedents by Age Group, 2002–2025



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data are provisional and subject to change.
Data extracted April 2026.

Substances Found in Drug Overdose Decedent Toxicology Testing

Table 10: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2025

Substance	Overall Frequency	Black Decedents	White Decedents
Methamphetamine	549	40 (33.3%)	505 (53.0%)
Caffeine	514	44 (36.7%)	465 (48.8%)
Fentanyl	504	73 (60.8%)	426 (44.7%)
Amphetamine	492	37 (30.8%)	451 (47.4%)
Nicotine	491	62 (51.7%)	426 (44.7%)
4-ANPP	452	68 (56.7%)	379 (39.8%)
THC	252	44 (36.7%)	205 (21.5%)
Cocaine	227	63 (52.5%)	161 (16.9%)
Naloxone	227	33 (27.5%)	191 (20.1%)
Ethanol	146	21 (17.5%)	125 (13.1%)
Gabapentin	134	11 (9.2%)	123 (12.9%)
Morphine	120	23 (19.2%)	96 (10.1%)
Oxycodone	102	10 (8.3%)	92 (9.7%)
Alprazolam	97	8 (6.7%)	88 (9.2%)
Hydrocodone	96	6 (5.0%)	90 (9.5%)
Methadone	96	<5 (–%)	* (–%)
Clonazepam	92	6 (5.0%)	86 (9.0%)
Diphenhydramine	85	8 (6.7%)	77 (8.1%)
Acetylfentanyl	75	12 (10.0%)	63 (6.6%)
Oxymorphone	73	6 (5.0%)	67 (7.0%)
Buprenorphine	69	0 (0.0%)	69 (7.2%)
Hydromorphone	62	5 (4.2%)	57 (6.0%)

Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths exclude Kentucky residents who died in other states. Identified drugs are not mutually exclusive. If results are positive for more than one drug, each drug is included in its respective category counts. Counts greater than zero but less than five were suppressed in accordance with state data release policy. Some additional values are censored to prevent calculation of a suppressed value, as inidicated by an asterisk (*). Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Table 10, *cont.*: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2025

Substance	Overall Frequency	Black Decedents	White Decedents
Dihydrocodeine	57	<5 (–%)	* (–%)
Acetaminophen	49	<5 (–%)	45 (4.7%)
Delta-8 THC	49	<5 (–%)	46 (4.8%)
Nordiazepam	44	<5 (–%)	41 (4.3%)
Oxazepam	42	<5 (–%)	40 (4.2%)
Amiodarone	40	<5 (–%)	37 (3.9%)
Hydroxyzine	39	<5 (–%)	36 (3.8%)
Metoprolol	38	<5 (–%)	36 (3.8%)
Ibuprofen	36	<5 (–%)	33 (3.5%)
Temazepam	34	<5 (–%)	32 (3.4%)
Amitriptyline	33	<5 (–%)	29 (3.0%)
Nortriptyline	33	<5 (–%)	29 (3.0%)
Tramadol	33	<5 (–%)	29 (3.0%)
Citalopram	32	<5 (–%)	29 (3.0%)
Codeine	31	<5 (–%)	27 (2.8%)
Carfentanil	29	6 (5.0%)	23 (2.4%)
Clonazolam	29	5 (4.2%)	24 (2.5%)
Mitragynine	28	<5 (–%)	27 (2.8%)
Trazodone	28	<5 (–%)	26 (2.7%)
Naproxen	27	<5 (–%)	26 (2.7%)
Heroin	26	10 (8.3%)	16 (1.7%)
Desvenlafaxine	25	0 (0.0%)	25 (2.6%)

Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths exclude Kentucky residents who died in other states. Identified drugs are not mutually exclusive. If results are positive for more than one drug, each drug is included in its respective category counts. Counts greater than zero but less than five were suppressed in accordance with state data release policy. Some additional values are censored to prevent calculation of a suppressed value, as inidicated by an asterisk (*). Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Table 10, *cont.*: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2025

Substance	Overall Frequency	Black Decedents	White Decedents
Diazepam	25	<5 (–%)	24 (2.5%)
Fluoxetine	25	<5 (–%)	21 (2.2%)
Cyclobenzaprine	22	<5 (–%)	20 (2.1%)
Desmetramadol	22	<5 (–%)	21 (2.2%)
Para-Fluorofentanyl	21	<5 (–%)	18 (1.9%)
Pregabalin	21	0 (0.0%)	21 (2.2%)
Dextro	20	<5 (–%)	17 (1.8%)
Quetiapine	20	<5 (–%)	17 (1.8%)
Salicylates	19	0 (0.0%)	19 (2.0%)
Venlafaxine	19	0 (0.0%)	19 (2.0%)
Bupropion	18	<5 (–%)	16 (1.7%)
Duloxetine	18	0 (0.0%)	18 (1.9%)
Norsertraline	17	<5 (–%)	16 (1.7%)
Xylazine	17	<5 (–%)	13 (1.4%)
Levetiracetam	16	<5 (–%)	14 (1.5%)
Mirtazapine	16	<5 (–%)	14 (1.5%)
Lorazepam	14	<5 (–%)	13 (1.4%)
Bromazolam	13	<5 (–%)	12 (1.3%)
Metonitazene	13	<5 (–%)	11 (1.2%)
Aripiprazole	12	<5 (–%)	7 (0.7%)
Chlorophenylpiperazine	12	0 (0.0%)	12 (1.3%)
Lamotrigine	12	<5 (–%)	11 (1.2%)

Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths exclude Kentucky residents who died in other states. Identified drugs are not mutually exclusive. If results are positive for more than one drug, each drug is included in its respective category counts. Counts greater than zero but less than five were suppressed in accordance with state data release policy. Some additional values are censored to prevent calculation of a suppressed value, as inidicated by an asterisk (*). Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Table 10, *cont.*: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2025

Substance	Overall Frequency	Black Decedents	White Decedents
Promethazine	12	0 (0.0%)	12 (1.3%)
Sertraline	12	0 (0.0%)	12 (1.3%)
Dex	11	<5 (–%)	8 (0.8%)
Doxylamine	10	<5 (–%)	7 (0.7%)
Phenylpropanolamine	10	0 (0.0%)	10 (1.1%)
Quinidine	10	0 (0.0%)	10 (1.1%)
Topiramate	10	0 (0.0%)	10 (1.1%)
Fluorofentanyl	9	<5 (–%)	* (–%)
Lidocaine	9	<5 (–%)	* (–%)
N-Pyrrolidino Metonitazene	9	<5 (–%)	* (–%)
N-Pyrrolidino Protonitazene	9	<5 (–%)	* (–%)
Olanzapine	9	0 (0.0%)	9 (0.9%)
Pseudoephedrine	9	0 (0.0%)	9 (0.9%)
Tadalafil	9	0 (0.0%)	9 (0.9%)
Acetone	7	0 (0.0%)	7 (0.7%)
Amlodipine	7	0 (0.0%)	7 (0.7%)
Atenolol	7	<5 (–%)	* (–%)
Valeryl Fentanyl	7	<5 (–%)	* (–%)
Zolpidem	7	0 (0.0%)	7 (0.7%)
Ketamine	6	0 (0.0%)	6 (0.6%)
Ortho-Methylfentanyl	6	<5 (–%)	<5 (–%)
Risperidone	6	0 (0.0%)	6 (0.6%)

Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths exclude Kentucky residents who died in other states. Identified drugs are not mutually exclusive. If results are positive for more than one drug, each drug is included in its respective category counts. Counts greater than zero but less than five were suppressed in accordance with state data release policy. Some additional values are censored to prevent calculation of a suppressed value, as inidicated by an asterisk (*). Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Table 10, *cont.*: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2025

Substance	Overall Frequency	Black Decedents	White Decedents
Chlordiazepoxide	5	0 (0.0%)	5 (0.5%)
Dextrorphan	5	0 (0.0%)	5 (0.5%)
Diltiazem	5	0 (0.0%)	5 (0.5%)
Brompheniramine	<5	0 (0.0%)	<5 (–%)
Ephedrine	<5	0 (0.0%)	<5 (–%)
Paroxetine	<5	0 (0.0%)	<5 (–%)
Phentermine	<5	0 (0.0%)	<5 (–%)
Propranolol	<5	<5 (–%)	<5 (–%)
Tizanidine	<5	0 (0.0%)	<5 (–%)
Warfarin	<5	0 (0.0%)	<5 (–%)
Bisoprolol	<5	<5 (–%)	<5 (–%)
Butalbital	<5	0 (0.0%)	<5 (–%)
Doxepin	<5	0 (0.0%)	<5 (–%)
Furosemide	<5	0 (0.0%)	<5 (–%)
Methocarbamol	<5	0 (0.0%)	<5 (–%)
Midazolam	<5	0 (0.0%)	<5 (–%)
Naltrexone	<5	0 (0.0%)	<5 (–%)
Nifedipine	<5	<5 (–%)	<5 (–%)
Nordoxepin	<5	0 (0.0%)	<5 (–%)
Sildenafil	<5	0 (0.0%)	<5 (–%)
11-Difluoroethane	<5	0 (0.0%)	<5 (–%)
5f-Adb Metabolite	<5	0 (0.0%)	<5 (–%)

Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths exclude Kentucky residents who died in other states. Identified drugs are not mutually exclusive. If results are positive for more than one drug, each drug is included in its respective category counts. Counts greater than zero but less than five were suppressed in accordance with state data release policy. Some additional values are censored to prevent calculation of a suppressed value, as inidicated by an asterisk (*). Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Table 10, *cont.*: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2025

Substance	Overall Frequency	Black Decedents	White Decedents
Buspirone	<5	0 (0.0%)	<5 (–%)
Chlorpheniramine	<5	0 (0.0%)	<5 (–%)
Clonidine	<5	0 (0.0%)	<5 (–%)
Dicyclomine	<5	0 (0.0%)	<5 (–%)
Donepezil	<5	0 (0.0%)	<5 (–%)
Labetalol	<5	<5 (–%)	<5 (–%)
Lacosamide	<5	0 (0.0%)	<5 (–%)
Meprobamate	<5	0 (0.0%)	<5 (–%)
Oxcarbazepine	<5	0 (0.0%)	<5 (–%)
Phenobarbital	<5	0 (0.0%)	<5 (–%)
Adb-4en-Pinaca	<5	<5 (–%)	0 (0.0%)
Amlodipine (Norvasc)	<5	0 (0.0%)	<5 (–%)
Atomoxetine	<5	0 (0.0%)	<5 (–%)
Desalkylgidazepam	<5	0 (0.0%)	<5 (–%)
Glipizide	<5	0 (0.0%)	<5 (–%)
Guaifenesin	<5	0 (0.0%)	<5 (–%)
Levamisole	<5	0 (0.0%)	<5 (–%)
MDMA	<5	0 (0.0%)	<5 (–%)
Memantine	<5	<5 (–%)	0 (0.0%)
Methanol	<5	0 (0.0%)	<5 (–%)
Methylphenidate	<5	0 (0.0%)	<5 (–%)
Phenacetin	<5	<5 (–%)	0 (0.0%)

Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths exclude Kentucky residents who died in other states. Identified drugs are not mutually exclusive. If results are positive for more than one drug, each drug is included in its respective category counts. Counts greater than zero but less than five were suppressed in accordance with state data release policy. Some additional values are censored to prevent calculation of a suppressed value, as inidicated by an asterisk (*). Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Table 10, *cont.*: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2025

Substance	Overall Frequency	Black Decedents	White Decedents
Phenibut	<5	0 (0.0%)	<5 (–%)
Phenylethylmalonamide (Pema)	<5	0 (0.0%)	<5 (–%)
Primidone	<5	0 (0.0%)	<5 (–%)
Prochlorperazine	<5	0 (0.0%)	<5 (–%)
Psilocin	<5	0 (0.0%)	<5 (–%)
Suvorexant	<5	0 (0.0%)	<5 (–%)
Valerylfentanyl	<5	0 (0.0%)	<5 (–%)
Zonisamide	<5	0 (0.0%)	<5 (–%)

Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths exclude Kentucky residents who died in other states. Identified drugs are not mutually exclusive. If results are positive for more than one drug, each drug is included in its respective category counts. Counts greater than zero but less than five were suppressed in accordance with state data release policy. Some additional values are censored to prevent calculation of a suppressed value, as inidicated by an asterisk (*). Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

Drug Combinations Identified through Toxicology

Table 11: Most Common Two-Drug Combinations Identified through Toxicology for all Drug Overdose Deaths that Occurred in Kentucky, 2025

Drug Combination	Total Count of Deaths	Black Decedents*	White Decedents*
Amphetamine, Methamphetamine	471	32 (3.4%)	435 (45.7%)
4-ANPP, Fentanyl	452	68 (7.1%)	379 (39.8%)
Fentanyl, Methamphetamine	265	26 (2.7%)	236 (24.8%)
4-ANPP, Methamphetamine	242	26 (2.7%)	213 (22.4%)
Amphetamine, Fentanyl	235	25 (2.6%)	207 (21.7%)
4-ANPP, Amphetamine	212	24 (2.5%)	185 (19.4%)
Cocaine, Fentanyl	151	38 (4%)	110 (11.6%)
4-ANPP, Cocaine	144	37 (3.9%)	104 (10.9%)
Methamphetamine, THC	135	16 (1.7%)	117 (12.3%)
Amphetamine, THC	127	14 (1.5%)	111 (11.7%)
Fentanyl, THC	119	30 (3.2%)	86 (9%)
4-ANPP, THC	109	27 (2.8%)	79 (8.3%)
Cocaine, Methamphetamine	105	20 (2.1%)	83 (8.7%)
Fentanyl, Morphine	102	20 (2.1%)	81 (8.5%)
4-ANPP, Morphine	98	20 (2.1%)	77 (8.1%)
Amphetamine, Cocaine	95	18 (1.9%)	75 (7.9%)
Gabapentin, Methamphetamine	69	<5 (–%)	* (–%)
Methamphetamine, Morphine	64	10 (1.1%)	53 (5.6%)
Amphetamine, Gabapentin	63	<5 (–%)	* (–%)
Ethanol, Methamphetamine	60	6 (0.6%)	54 (5.7%)

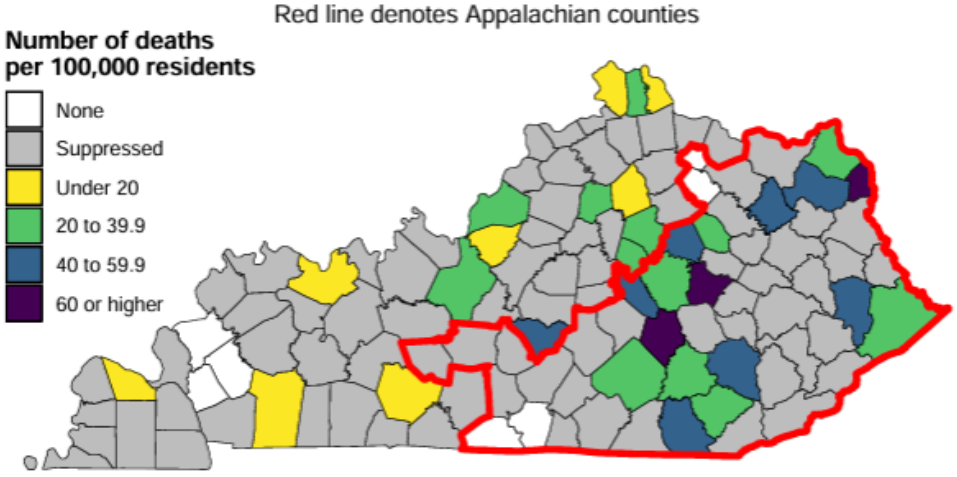
*Count (% of deaths with available toxicology)

Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths may include some non-Kentucky residents and will exclude Kentucky residents who died in other states. Drug combinations are not mutually exclusive. If results are positive for more than one included combination of drugs, each combination is included in its respective category counts. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Drug Overdose Fatality Surveillance System.

County-Level Maps

Figure 3: Age-Adjusted Rates of Drug Overdose Deaths by Kentucky County of Residence, 2025

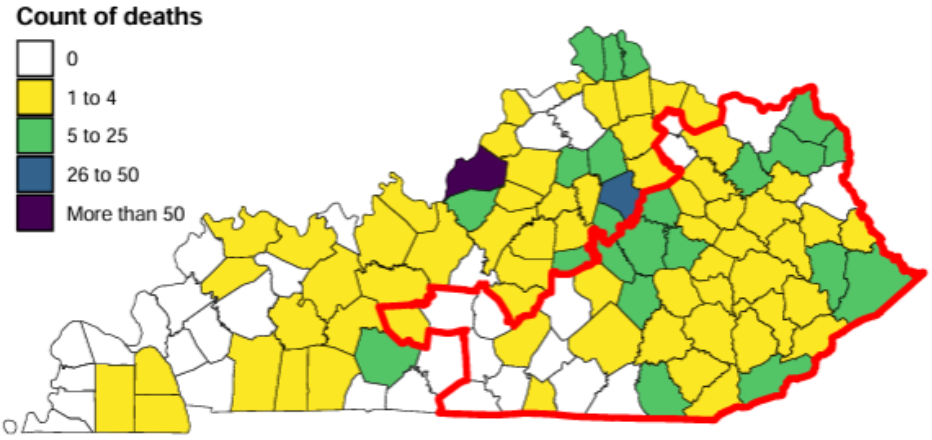
Red line denotes Appalachian counties



Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. April 2026.

Figure 4: Count of Drug Overdose Deaths Involving Fentanyl, as Identified through Toxicology, by the Kentucky County Where the Death Occurred, 2025

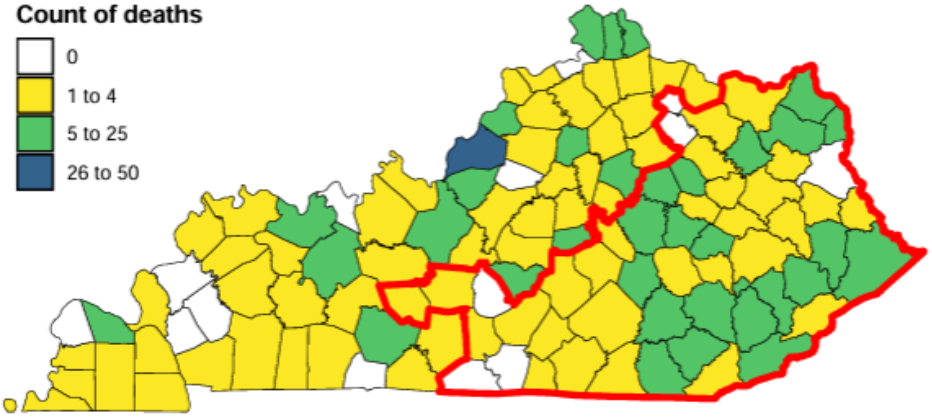
Red line denotes Appalachian counties



Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths may include some non-Kentucky residents and will exclude Kentucky residents who died in other states. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Drug Overdose Fatality Surveillance System. April 2026.

Figure 5: Count of Drug Overdose Deaths involving Methamphetamine, as Identified through Toxicology, by the Kentucky County Where the Death Occurred, 2025

Red line denotes Appalachian counties



Toxicology data are available only for deaths that occurred in Kentucky (n=1,079). These deaths may include some non-Kentucky residents and will exclude Kentucky residents who died in other states. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Drug Overdose Fatality Surveillance System. April 2026.

Counts and Age-Adjusted Mortality Rates by County

Table 12: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2025

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,110	24.3
Adair	<5	Suppressed
Allen	<5	Suppressed
Anderson	<5	Suppressed
Ballard	<5	Suppressed
Barren	<5	Suppressed
Bath	<5	Suppressed
Bell	6	Suppressed
Boone	16	10.8
Bourbon	<5	Suppressed
Boyd	35	65.5
Boyle	9	Suppressed
Bracken	<5	Suppressed
Breathitt	5	Suppressed
Breckinridge	<5	Suppressed
Bullitt	15	16.7
Butler	<5	Suppressed
Caldwell	0	0.0
Calloway	<5	Suppressed
Campbell	15	16.1
Carlisle	<5	Suppressed

Counts greater than zero but less than five and rates based on counts greater than zero but less than 10 were suppressed in accordance with state data release policy. Rates based on counts less than 20 are unstable and should be interpreted with caution. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 12, *cont.*: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2025

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,110	24.3
Carroll	<5	Suppressed
Carter	10	43.0
Casey	<5	Suppressed
Christian	10	17.2
Clark	17	49.0
Clay	11	55.5
Clinton	<5	Suppressed
Crittenden	0	0.0
Cumberland	0	0.0
Daviess	20	19.7
Edmonson	<5	Suppressed
Elliott	<5	Suppressed
Estill	11	66.9
Fayette	72	23.3
Fleming	<5	Suppressed
Floyd	21	55.6
Franklin	16	31.1
Fulton	<5	Suppressed
Gallatin	<5	Suppressed
Garrard	12	59.4

Counts greater than zero but less than five and rates based on counts greater than zero but less than 10 were suppressed in accordance with state data release policy. Rates based on counts less than 20 are unstable and should be interpreted with caution. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 12, *cont.*: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2025

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,110	24.3
Grant	6	Suppressed
Graves	<5	Suppressed
Grayson	6	Suppressed
Green	<5	Suppressed
Greenup	11	36.3
Hancock	<5	Suppressed
Hardin	26	21.7
Harlan	8	Suppressed
Harrison	5	Suppressed
Hart	<5	Suppressed
Henderson	<5	Suppressed
Henry	<5	Suppressed
Hickman	<5	Suppressed
Hopkins	6	Suppressed
Jackson	5	Suppressed
Jefferson	237	30.1
Jessamine	12	20.3
Johnson	6	Suppressed
Kenton	40	21.7
Knott	7	Suppressed

Counts greater than zero but less than five and rates based on counts greater than zero but less than 10 were suppressed in accordance with state data release policy. Rates based on counts less than 20 are unstable and should be interpreted with caution. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 12, *cont.*: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2025

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,110	24.3
Knox	10	34.1
Larue	<5	Suppressed
Laurel	17	25.7
Lawrence	<5	Suppressed
Lee	9	Suppressed
Leslie	6	Suppressed
Letcher	<5	Suppressed
Lewis	<5	Suppressed
Lincoln	6	Suppressed
Livingston	<5	Suppressed
Logan	6	Suppressed
Lyon	0	0.0
Madison	34	33.3
Magoffin	<5	Suppressed
Marion	6	Suppressed
Marshall	9	Suppressed
Martin	6	Suppressed
Mason	<5	Suppressed
McCracken	10	13.3
McCreary	<5	Suppressed

Counts greater than zero but less than five and rates based on counts greater than zero but less than 10 were suppressed in accordance with state data release policy. Rates based on counts less than 20 are unstable and should be interpreted with caution. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 12, *cont.*: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2025

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,110	24.3
McLean	<5	Suppressed
Meade	<5	Suppressed
Menifee	<5	Suppressed
Mercer	<5	Suppressed
Metcalfe	<5	Suppressed
Monroe	0	0.0
Montgomery	12	36.8
Morgan	<5	Suppressed
Muhlenberg	<5	Suppressed
Nelson	<5	Suppressed
Nicholas	0	0.0
Ohio	6	Suppressed
Oldham	6	Suppressed
Owen	<5	Suppressed
Owsley	<5	Suppressed
Pendleton	5	Suppressed
Perry	8	Suppressed
Pike	20	38.0
Powell	7	Suppressed
Pulaski	12	21.2

Counts greater than zero but less than five and rates based on counts greater than zero but less than 10 were suppressed in accordance with state data release policy. Rates based on counts less than 20 are unstable and should be interpreted with caution. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 12, *cont.*: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2025

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,110	24.3
Robertson	0	0.0
Rockcastle	12	78.8
Rowan	10	45.9
Russell	6	Suppressed
Scott	10	16.6
Shelby	7	Suppressed
Simpson	<5	Suppressed
Spencer	6	Suppressed
Taylor	12	44.0
Todd	<5	Suppressed
Trigg	5	Suppressed
Trimble	<5	Suppressed
Union	<5	Suppressed
Warren	14	9.7
Washington	<5	Suppressed
Wayne	<5	Suppressed
Webster	<5	Suppressed
Whitley	16	45.4
Wolfe	5	Suppressed
Woodford	7	Suppressed

Counts greater than zero but less than five and rates based on counts greater than zero but less than 10 were suppressed in accordance with state data release policy. Rates based on counts less than 20 are unstable and should be interpreted with caution. Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2026. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

About the Annual Overdose Fatality Report

Pursuant to KRS 72.280, as passed in House Bill 1 from the 2012 session, the Office of Drug Control Policy, in cooperation with the Office of the State Medical Examiner, prepare and publish an annual report for the Secretary of the Justice and Public Safety Cabinet that includes:

1. The number of drug-related deaths;
2. The decendent's age, race, and gender, but not their last 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.

The report is compiled from data collected by the Office of the State Medical Examiner, the Kentucky Injury Prevention and Research Center, and the Kentucky Office of Vital Statistics. The Kentucky Injury Prevention and Research Center, with suppport from the Centers for Disease Control and Prevention, launched the Drug Overdose Techinical Assistance Core (DOTAC) to suppot local health departments, community coalitions, and state and local agencies in their efforts to address substance misuse, abuse, and overdose. DOTAC's goal is to support and enhance local agencies' and community organizations' access to timely local data and analytical results on controlled substance prescribing, drug-related morbidity, and mortality trends. More information on the available data, analytics, and community services in available in KIPRC's online resource library.

Reports produced by the Centers for Disease Control and Prevention include both deaths of Kentucky residents and nonresidents in their reporting. Kentucky's overdose report includes only the deaths of Kentucky residents, which has been the standard since the Kentucky General Assembly first required this annual report. The Kentucky Office of Drug Control Policy includes resident deaths only in order to better target drug overdose prevention activities for Kentuckians.

Definitions

Drug overdose deaths include events with an underlying cause of death code of X40-X44, X60-X64, X85, or Y10-Y14. Drug overdose deaths involving specific drug types are identified through toxicology testing of blood, urine, and/or vitreous fluids.

Data Sources

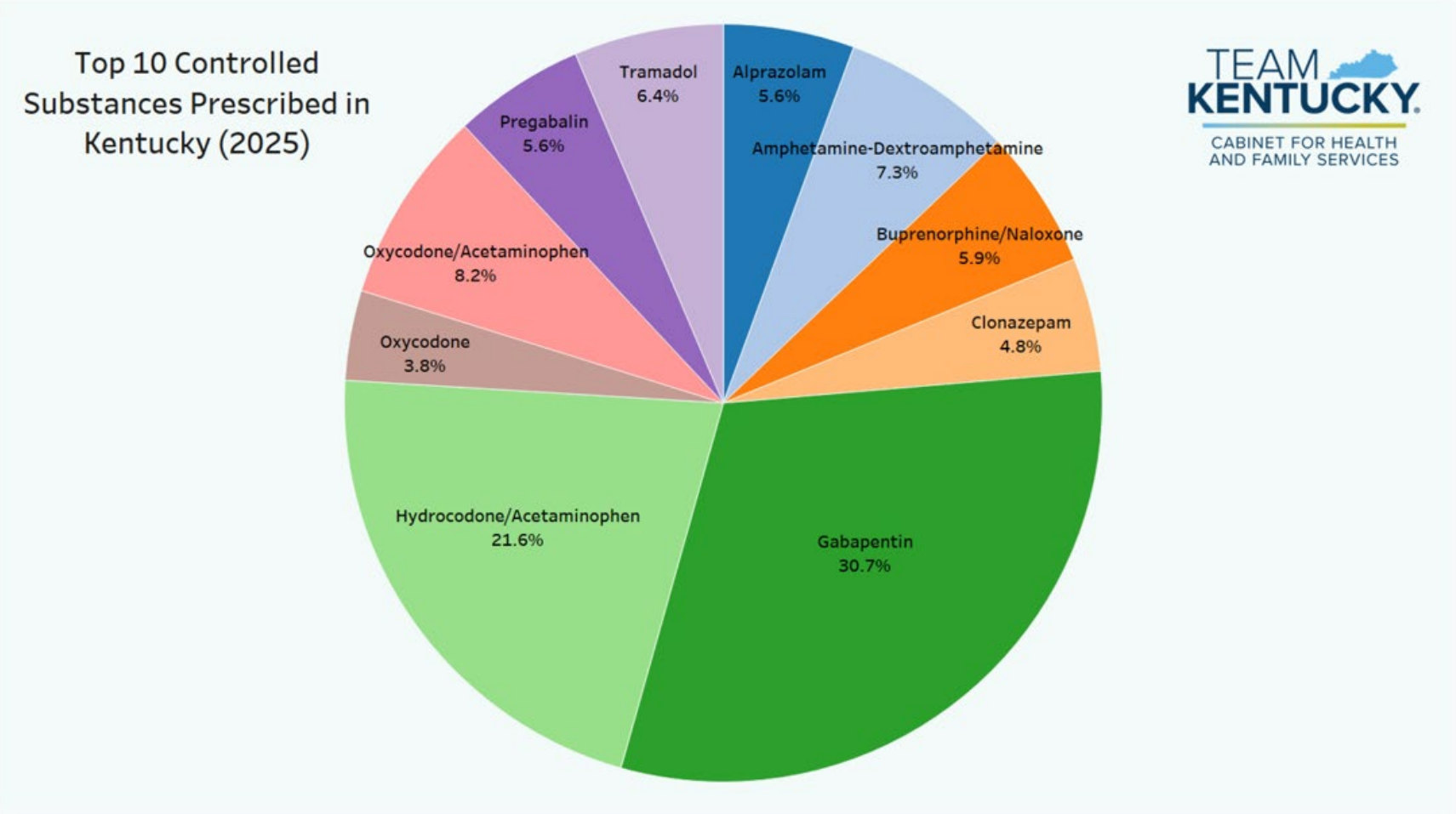
Drug overdose deaths were identified through the Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, and the Cabinet for Health and Family Services.

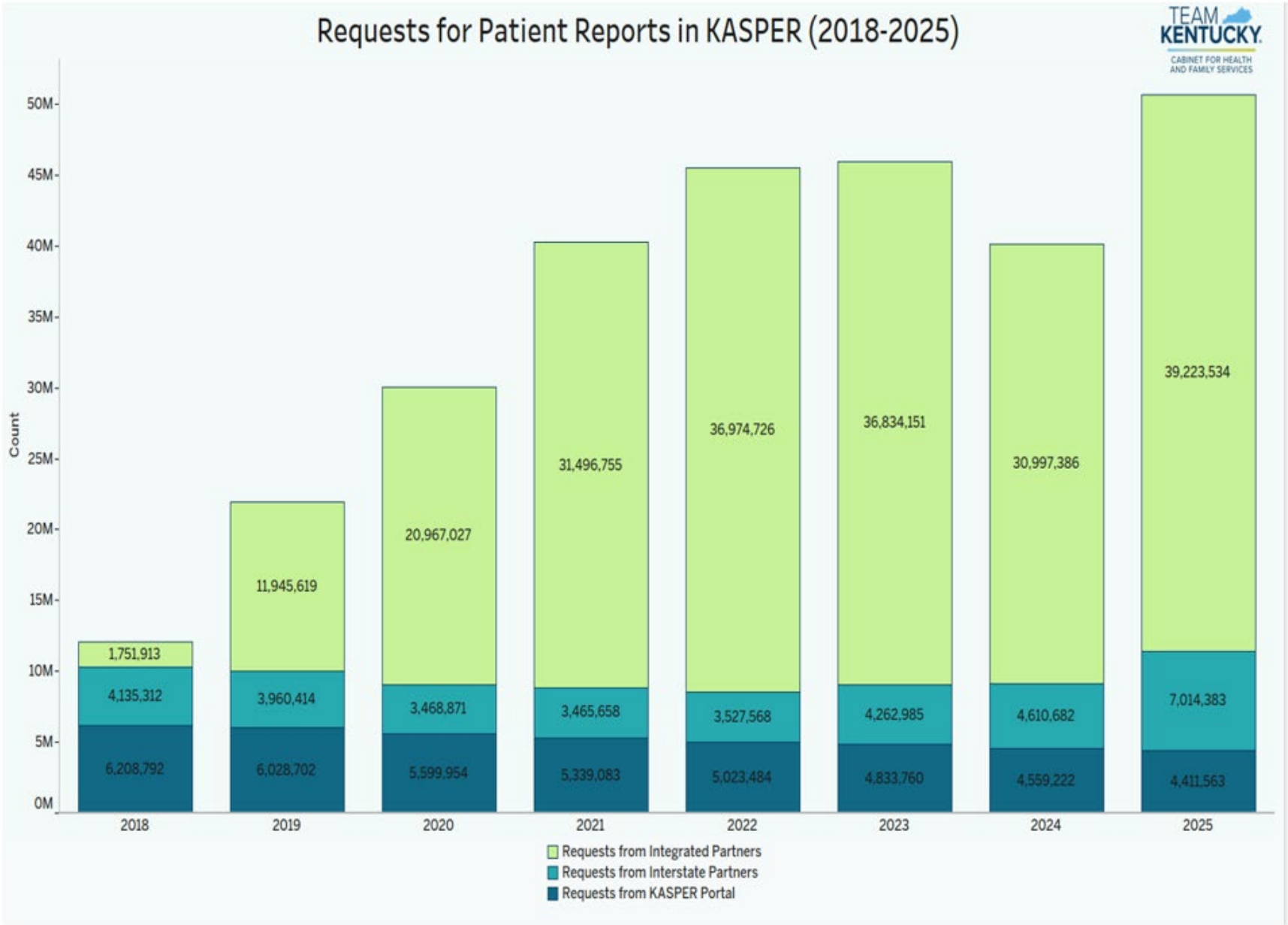
Toxicology testing results were accessed through the Drug Overdose Fatality Surveillance System, which utilizes post-mortem toxicology reports, coroner investigations, medical examiner autopsy reports, and data from the Kentucky All-Schedule Prescription Electronic Reporting records paired with the death certificate data described above.

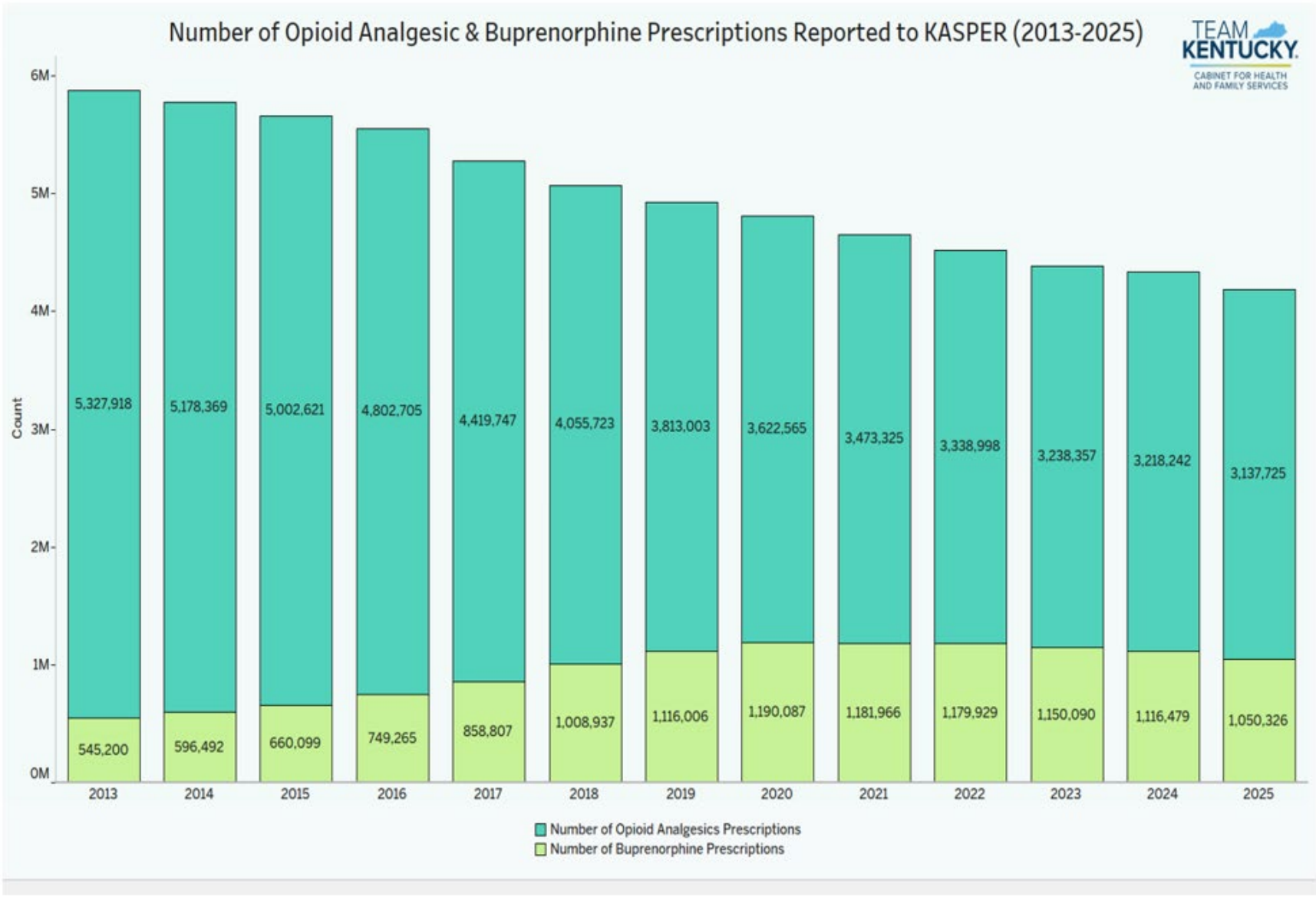
Population estimates are based on the US Census Bureau's Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin. All rates presented in this report have been age-adjusted using the US Standard 2000 population. Population estimates for 2025 were not available at the time this report was generated. Rates for 2025 are based on the population estimates for 2024.

Special thanks to the following agencies for their contributions to the 2025 Kentucky Overdose Fatality Report: University of Kentucky College of Public Health, the Kentucky Injury Prevention and Research Center, and the Kentucky Department for Public Health.

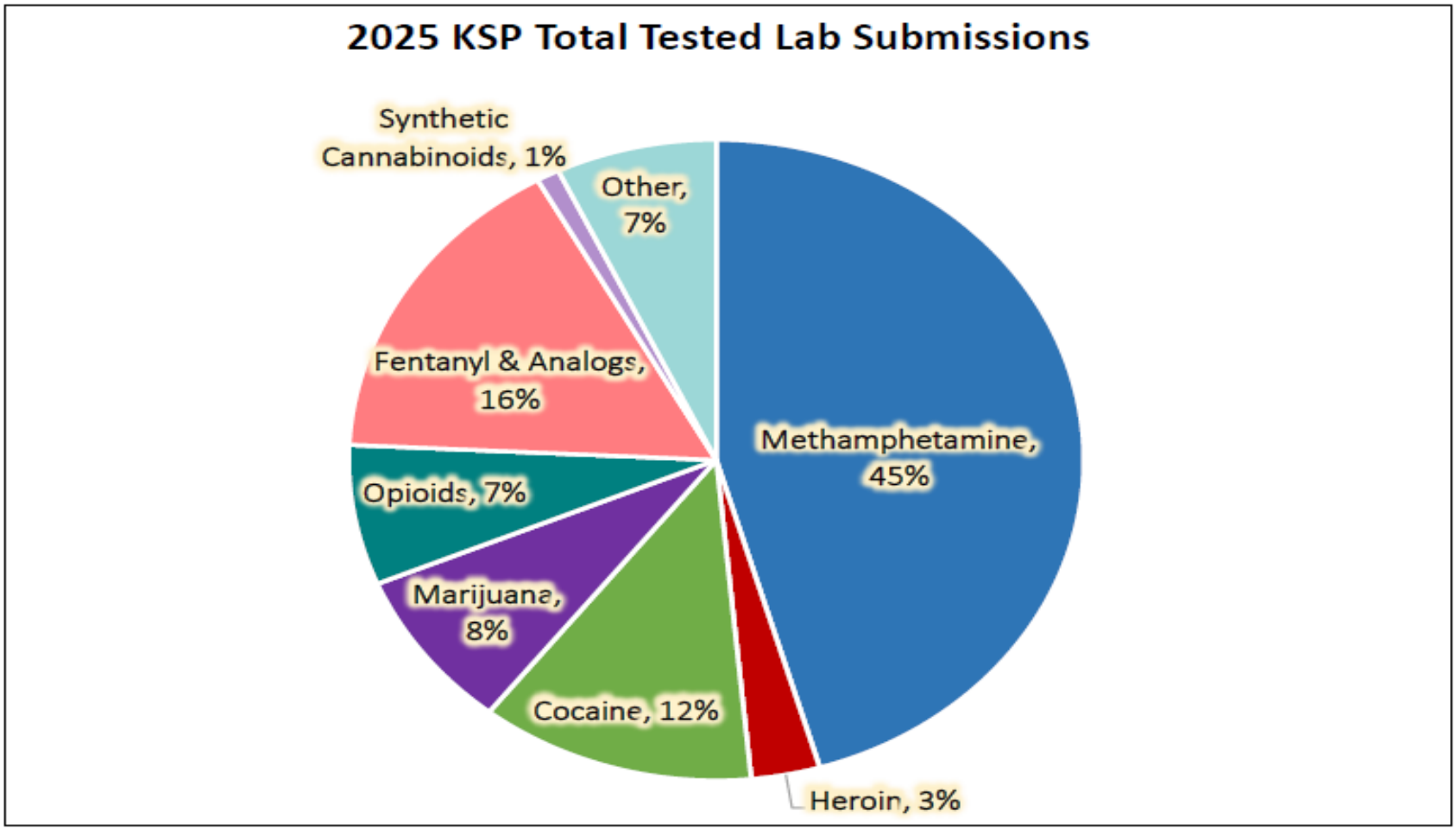
Kentucky All Schedule Prescription Electronic Reporting (KASPER) Summary



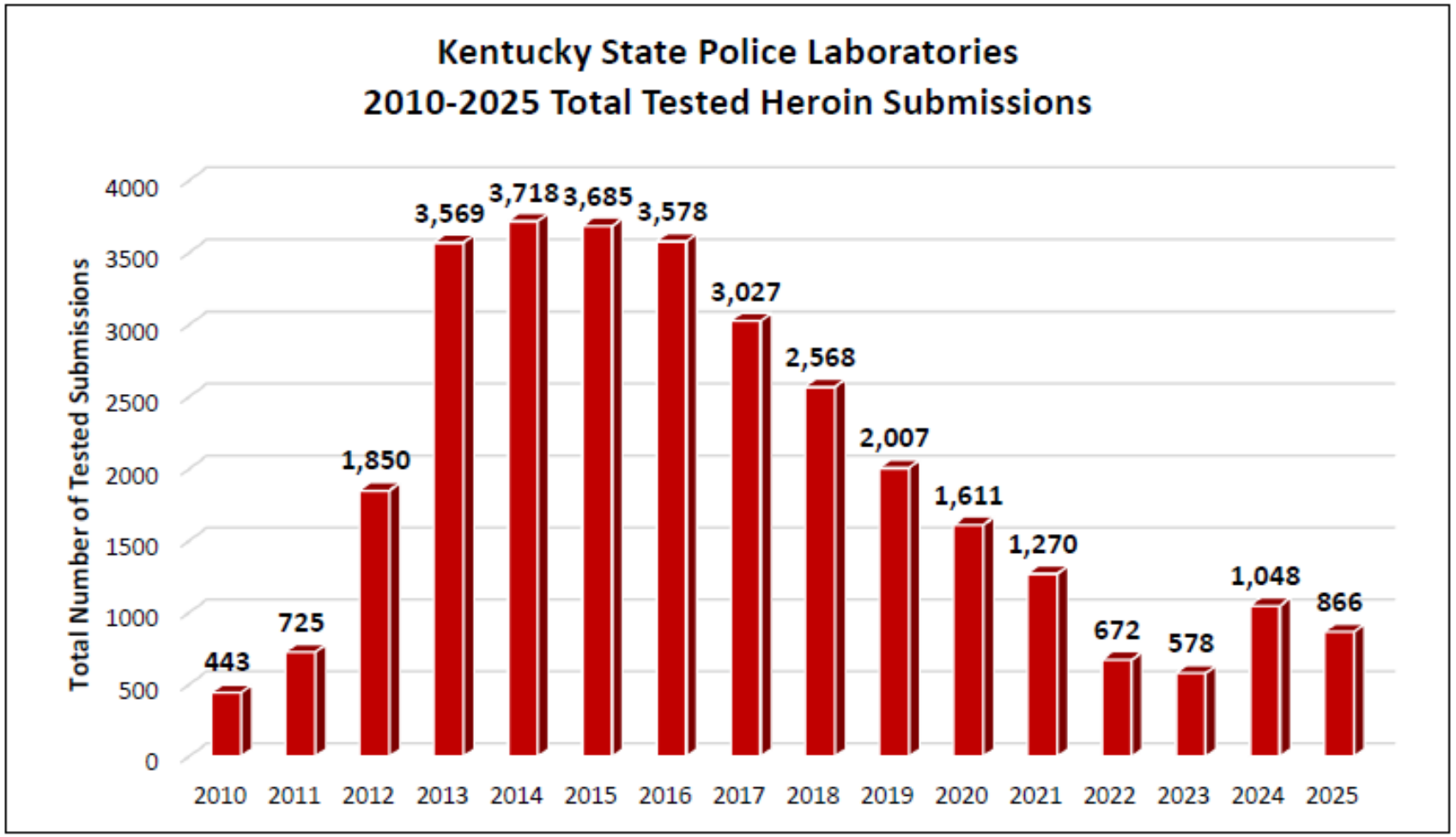

Requests for Patient Reports in KASPER (2018-2025)
TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Count
50M
45M
40M
35M
30M
25M
20M
15M
10M
5M
0M
2018
2019
2020
2021
2022
2023
2024
2025
1,751,913
4,135,312
6,208,792
11,945,619
3,960,414
6,028,702
20,967,027
3,468,871
5,599,954
31,496,755
3,465,658
5,339,083
36,974,726
3,527,568
5,023,484
36,834,151
4,262,985
4,833,760
30,997,386
4,610,682
4,559,222
39,223,534
7,014,383
4,411,563
Requests from Integrated Partners
Requests from Interstate Partners
Requests from KASPER Portal


Number of Opioid Analgesic & Buprenorphine Prescriptions Reported to KASPER (2013-2025)
TEAM KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Count
6M
5M
4M
3M
2M
1M
0M
5,327,918
5,178,369
5,002,621
4,802,705
4,419,747
4,055,723
3,813,003
3,622,565
3,473,325
3,338,998
3,238,357
3,218,242
3,137,725
545,200
596,492
660,099
749,265
858,807
1,008,937
1,116,006
1,190,087
1,181,966
1,179,929
1,150,090
1,116,479
1,050,326
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
Number of Opioid Analgesics Prescriptions
Number of Buprenorphine Prescriptions

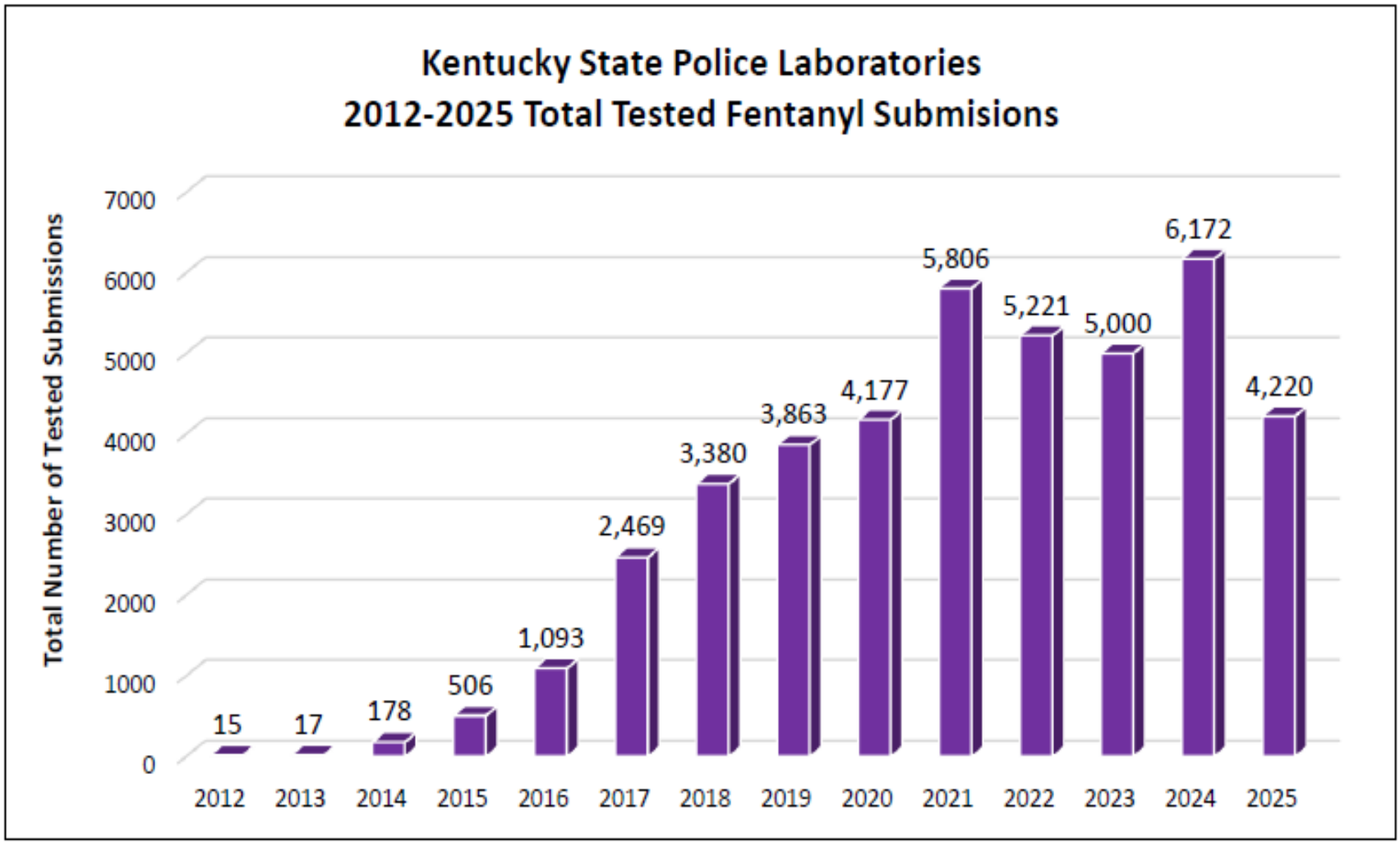
Data Provided by the Kentucky State Police



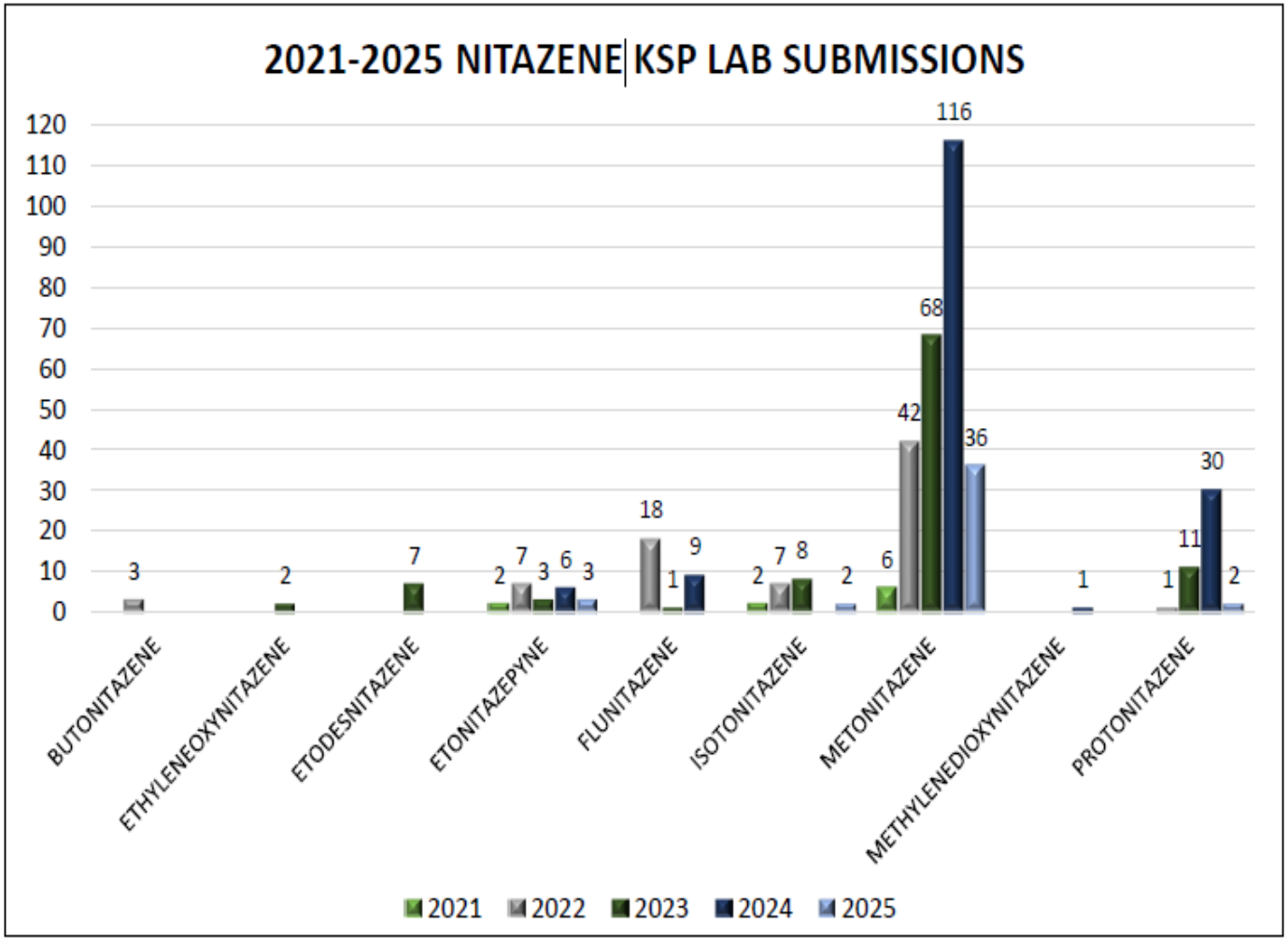
Data are provisional and subject to change. Tested Lab Submission Data represents those substances submitted to the lab for identification purposes; quantity is not reflected. Lab Data represents submissions tested within the corresponding time frame; submission data is not reflected.



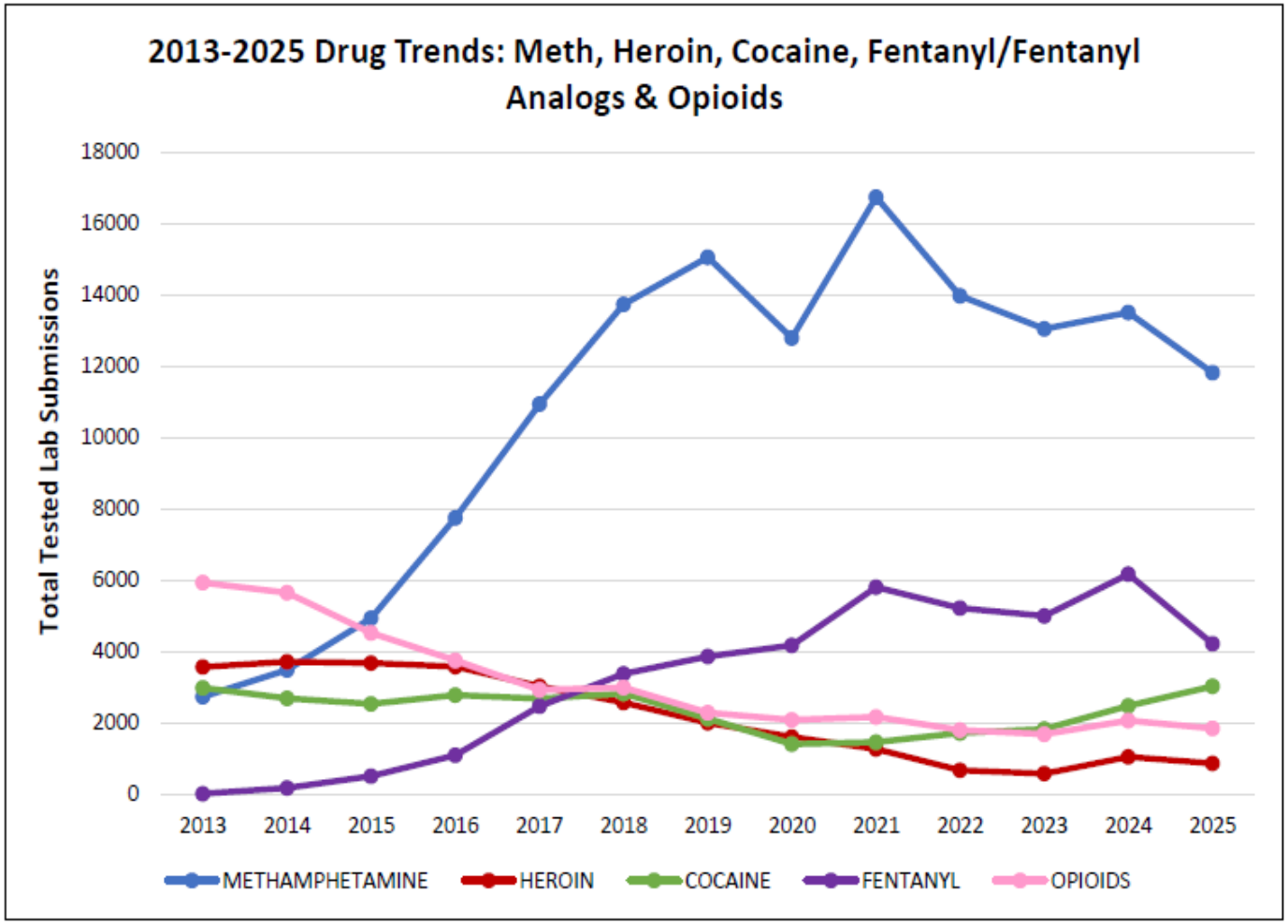
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Kentucky Office of Drug Control Policy SFY2025 Funded Programs

In Fiscal Year 2025, the Beshear-Coleman Administration, in partnership with the Office of Drug Control Policy, awarded a total of $28,322,902, from the state budget to 17 Kentucky Programs to combat addiction in the Commonwealth.

Among other efforts, the expanded funds will help support treatment in communities and jails, alternative sentencing programs and care for expectant mothers who are struggling with drug dependency and recovery efforts in the Commonwealth.

Funding for Fiscal Year 2025 includes the following allocations:

FUND: 0100
FUNCTION: AK00

Substance Abuse Initiatives - $16,083,784.08

- $1,298,080.39 - KY-ASAP Local Boards Supplemental
  Funds from ODCP to local KY-ASAP Board to operate prevention, enforcement and treatment programs specifically related to opioids.

- $2,000,000 - DPA Alternative Sentencing Worker
  Funds from ODCP to the Department of Public Advocacy (DPA) to provide alternative sentencing workers in DPA offices to assist with social needs of defendants.

- $3,204,800 - CHFS – Neo-Natal Abstinence Syndrome
  Funds from ODCP to Division of Behavioral Health to expand treatment for pregnant and parenting women with substance use disorder.

- $2,795,200 - CHFS – Community Mental Health Centers
  Funds from ODCP to Division of Behavioral Health to expand treatment access through Community Mental Health Centers (CMHC).

- $2,000,000 - PAC – Rocket Docket
  Funds from ODCP to Prosecutors Advisory Council (PAC) to subgrant to Commonwealth's Attorneys to operate Rocket Docket programs.

- $3,000,000 - DOC – Substance Abuse Program
  Funds from ODCP to the Department of Corrections (DOC) to operate Substance Abuse programming in prisons and county jails for state and non-state inmates. Funds are also used to operate a Naltrexone program for inmates with opioid use disorder leaving custody.

- $650,000 - UNITE Call Center
  Funds from ODCP to Operation UNITE to operate a screening and statewide referral service.

- $300,000 - Recovery Ready Communities Program
  Funds will be used to establish a framework for communities to become Recovery Ready, bringing much needed consistency to local substance use prevention, treatment and recovery efforts.

- $305,000 - KSP – Interdiction & Prevention
  Funds from ODCP to the Kentucky State Police (KSP) to enhance interdiction and prevention efforts.

- $530,703.69 - EKCEP - Recovery & Support Specialists
  Funds from ODCP to EKCEP to support citizen recovery and employment outcomes and to provide services that maximize the likelihood of employment success for recovering citizens and citizens affected by addiction.

FUND: 65AH
FUNCTION: AH00

Tobacco Master Settlement Agreement - $3,289,296.31

- $2,290,000 - KY-ASAP Local Boards (traditional awards)
  Funds from ODCP to local KY-ASAP boards to operate prevention, treatment and enforcement projects and programs.

- $185,000 - Media – Kentucky Broadcasters Association Partnership
  Funds for public education partnership announcements to be aired on radio and television stations throughout Kentucky.

- $20,000 - Media – Kentucky High School Athletic Association
  Funds from ODCP to provide Public Service Announcements at Kentucky High School Athletics Association Championship Games.

- $169,296.31 - EKCEP - Recovery & Support Specialists
  Funds from ODCP to EKCEP to support citizen recovery and employment outcomes and to provide services that maximize the likelihood of employment success for recovering citizens and citizens affected by addiction.

- $375,000 - Kentucky Chamber of Commerce – Second Chance Employment
  Funds from ODCP to the Kentucky Chamber Foundation to address destigmatizing the addiction epidemic and to support employers' role in opioid prevention, treatment

and recovery in the workplace; business engagement; and opioid use, prevention and response.

- $233,500 - Volunteers of America – Restorative Justice
  Funds from ODCP to support a Restorative Justice Program administered by Volunteers of America. The Restorative Justice Program allows crime victims to participate more fully in the resolution of a committed offense with a focus on seeking solutions and making amends. Specifically, these funds will be used to provide restorative justice practices in the Kentucky District Court Judicial Districts of 27, 34 and 41, which includes Clay, Leslie, Jackson, Knox, Laurel, McCreary and Whitley counties. These restorative justice practices include: family group conferencing; case management services; and evaluation of the restorative justice project implemented in Clay, Leslie, Jackson, Knox, Laurel, McCreary and Whitley counties.

- $16,500 – Kentucky Injury Prevention & Research Center – FindHelpKY Promotion
  Funds from ODCP to support the Find Help Now website platform to include locators for recovery housing, naloxone, and mental health treatment in addition to SUD treatment. Specifically, funds were used to update promotional materials, This includes stickers, brochures, and other digital and printed materials that are distributed to partner organizations, like health departments and recovery community organizations who are working on the frontline of overdose prevention.

FUND: 13CY
FUNCTION: AE00

Service Fee - $750,000

- $150,000 – CHFS – Medical Cannabis Law Enforcement Training
  Funds from the ODCP to the Cabinet for Health and Family Services, Office of Medical Cannabis to provide training to Kentucky Law Enforcement agencies and personnel regarding relevant laws and regulations for medical cannabis businesses and cardholders in Kentucky and recognizing lawful and unlawful medical cannabis activities.

- $600,000 – DOC – Substance Abuse Program, Naltrexone, etc.
  Funds from the ODCP to DOC to operate Substance Abuse programming in prisons, county jails for state and non-state inmates. Also to operate a Naltrexone program for inmates with opioid use disorder leaving custody.

FUND: 0100
FUNCTION: AH00

General Fund - $8,000,000

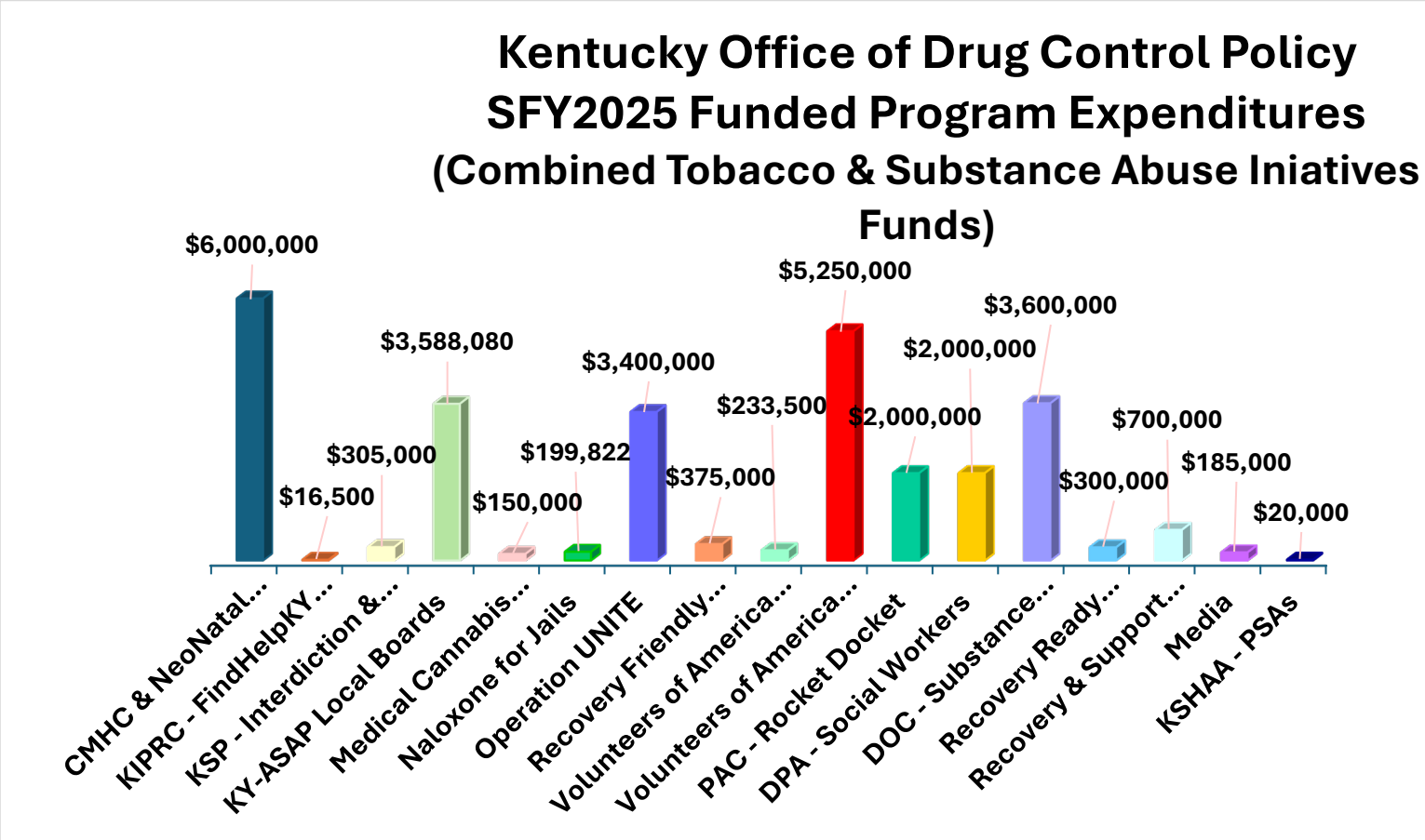
- $2,750,000 - UNITE – Operating Expenses
  Funds from ODCP as a pass-through to Operation UNITE for operating expenses.

- $5,250,000 - Volunteers of America – Freedom House Expansion & Family Recovery Court Funds from ODCP to Volunteers of America to administer Freedom House.

FUND: 1200
FUNCTION: AE00

COSSAP – KCARE - $199,821.60

- $199,821.60 - Naloxone for Jails
  Funds from COSSAP – KCARE federal grant to provide naloxone to inmates upon release.



TEAM KENTUCKY
JUSTICE AND PUBLIC SAFETY CABINET

MethCheck

In 2005, Kentucky and dozens of other states passed laws restricting the sale of products containing pseudoephedrine (PSE), the key ingredient for methamphetamine production. These laws closely followed similar legislation enacted in Oklahoma in 2004. States that restricted PSE began seeing immediate declines in meth-lab responses. Those declines, however, were short-lived, as meth users and cooks began an activity known as 'smurfing,' a process of purchasing small amounts of PSE at multiple locations. [3]

The National Precursor Log Exchange (NPLEx) is a real-time electronic logging system used by pharmacies and law enforcement to track sales of over the counter (OTC) cold and allergy medications containing precursors to the illegal drug methamphetamine. This system has the ability to alert the pharmacist at the point of sale when an individual is attempting to exceed legal product limits.

In 2012, Senate Bill 3 was passed that further limits the amount of over-the-counter allergy and cold medication that may be purchased without a prescription.

Impacts of MethCheck / NPLEx Kentucky

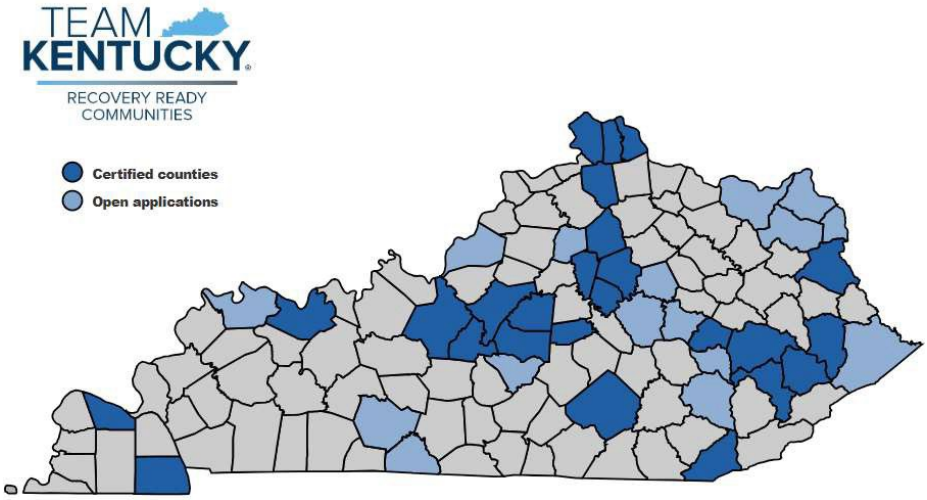
- Reduces the quantities of allergy or cold medicines containing ephedrine, pseudoephedrine or phenylpropanolamine that may be purchased without a prescription from 9 grams to 7.2 grams per month.
- Establishes an annual limit of 24 grams of allergy or cold medicine containing ephedrine, pseudoephedrine or phenylpropanolamine that may be purchased without a prescription, whereas existing law did not specify an annual limit.
- Prohibits individuals under the age of 18 from purchasing any quantity of allergy or cold medicines containing ephedrine, pseudoephedrine or phenylpropanolamine without a prescription.
- Requires pharmacies to maintain an electronic record-keeping system that allows them to prohibit transactions in excess of the limits established by this bill and provides ODCP with unimpeded access to records for statistical analysis purposes.
- Requires ODCP to submit annual statistical reports on the sale of compounds, mixtures or preparations containing ephedrine, pseudoephedrine or phenylpropanolamine to the Legislative Research Commission.
- Prohibits individuals convicted of any offense relating to methamphetamine from possessing or attempting to possess medication containing ephedrine,

[3] Note: In the 2024 legislative session HB386 was passed, which removes the annual and package purchase limits for pseudoephedrine.

pseudoephedrine or phenylpropanolamine until 5 years after the following dates:

- The date the individual was convicted
- The date the individual was discharged from incarceration
- The date the individual was released from probation or parole.

Recovery Ready Communities 2025 Year in Review



House Bill 7, sponsored by Rep. Adam Bowling (R-Middlesboro) and passed during the 2021 legislative session, established a framework for communities to become Recovery Ready, bringing much-needed consistency to local substance use prevention, treatment and recovery efforts. The bill sought to ensure Kentuckians struggling with addiction are supported in their communities.

Recovery Ready Communities leverage a combination of access to treatment, employment opportunities, education opportunities and safe housing for those in recovery.

By providing job training and employment opportunities to people in recovery, employers struggling to recruit workers in a tight labor market and booming economy benefit from a wider labor pool.

It is also an acknowledgement that the issue of those struggling with addiction and who use drugs must be viewed more holistically, and the willingness among people and organizations throughout Kentucky to join the recovery ready effort is an indication that things have changed.

Gov. Beshear is encouraging communities across Kentucky to strengthen their fight against the drug epidemic by having them apply for certification as a Recovery Ready Community.

Upon application, communities will undergo an evaluation process, including a site visit and assessment from Volunteers of America staff, who will then make a recommendation to the Advisory Council for a decision on certification.

Communities that are not initially designated as Recovery Ready will receive an explanation for the denial, as well as an offer of technical assistance from Volunteers of America to help formulate new programs or interventions necessary to achieve certification. Once improvements are made, communities are encouraged to reapply and get certified. There is no application deadline. The advisory council will certify communities on a rolling basis.

On May 18, 2023, Governor Beshear designated Boyle County as the first Recovery Ready Community for its commitment to providing residents with access to addiction treatment and recovery support and removing barriers to the workforce. Nine counties were certified in 2023, 14 were certified in 2024 and an additional 14 were certified in 2025. This represents more than 1.7 million Kentuckians and builds on the progress of three straight years of declines in overdose deaths in Kentucky.

Recovery Ready Communities Program Update

2023

Boyle County	05/12/2023	31,394 population	Category 3
Woodford County	09/19/2023	27,728 population	Category 3
Perry County	09/19/2023	26,739 population	Category 3
Boone County	09/19/2023	144,135 population	Category 1 (as NKY region)
Kenton County	09/19/2023	174,862 population	Category 1 (as NKY region)
Campbell County	09/19/2023	94,008 population	Category 1 (as NKY region)
Grant County	09/19/2023	25,722 population	Category 1 (as NKY region)

2024

Scott County	02/02/2024	61,700 population	Category 2
Hardin County	02/02/2024	112,826 population	Category 2
McCracken County	02/02/2024	67,550 population	Category 2
Breathitt County	06/28/2024	12,804 population	Category 4
Jessamine County	06/28/2024	112,826 population	Category 2
Lee County	06/28/2024	7,313 population	Category 4
Nelson County	06/28/2024	48,706 population	Category 3
Daviess County	08/29/2024	104,457 population	Category 2
Fayette County	08/29/2024	329,437 population	Category 1
Pulaski County	08/29/2024	66,824 population	Category 2
Calloway County	08/29/2024	38,975 population	Category 3
Knott County	11/25/2024	13,438 population	Category 4
Lawrence County	11/25/2024	15,798 population	Category 4
Floyd County	11/25/2024	34,532 population	Category 3

2025

Bell County	05/14/2025	23,051 population	Category 4
LaRue County	05/14/2025	15,128 population	Category 4
Marion County	05/14/2025	19,851 population	Category 3 (as joint m&w region)
Washington County	05/14/2025	12,269 population	Category 3 (as joint m&w region)
Letcher County	08/26/2025	20,139 population	Category 4
Boyd County	08/26/2025	47,777 population	Category 2 (as a joint neky region)
Carter County	08/26/2025	26,098 population	Category 2 (as a joint neky region)
Greenup County	08/26/2025	35,273 population	Category 2 (as a joint neky region)
Clay County	08/26/2025	19,592 population	Category 4
Owsley County	08/26/2025	3,928 population	Category 4
Lewis County	11/18/2025	12,875 population	Category 4
Henderson County	11/18/2025	44,175 population	Category 3
Warren County	11/18/2025	147,936 population	Category 2
Estill County	11/18/2025	14,002 population	Category 4

Recovery Ready Advisory Council

Pam Darnall, Chairperson
Family Children's Place – President & CEO
Representing family advocates with experience in substance use recovery disorders

Van Ingram
Executive Director, Kentucky Office of Drug Control Policy

Betty Kelley Hart Representing the Kentucky League of Cities **Designee:** None	**Hector Alcala, Menifee Co. Judge Executive** Representing the Kentucky Association of Counties **Designee:** None
Steve Shannon, Executive Director Representing the KY Association of Regional Programs **Designee**: None	**Beth Davisson, Senior Vice President** Kentucky Chamber Foundation **Designee**: Ryan Bowman
Lawrence Droege, Attorney, Stites & Harbison Representing the Recovery Consortium of Kentucky **Designee**: None	**Dr. Daniel Corrie Shull, Minister** Representing the Kentucky School Boards Association **Designee**: None
John Moberly Representing the Leadership of Active Law Enforcement Officers in KY **Designee**: None	**Dr. Ammar Almasalkhi, Physician, Pulmonary Specialist of Louisville** Representing active Kentucky Licensed Practicing Physicians **Designee**: None
Gene Detherage Representing Individuals in Recovery from substance use disorder **Designee:** None	**Rickey Greene, Entrepreneur, Action Shots Inc.** Representing Individuals in Recovery from substance use disorder **Designee**: None
Debra Hembree Lambert, Chief Justice of the Supreme Court **Designee:** Debbie Hall, Behavioral Health Liaison	**Russell Coleman, Attorney General** **Designee:** Chris Evans, Executive Director, KY Opioid Abatement Commission

Dr. John Langefeld, Commissioner Department of Public Health **Designee:** Chase Barnes	**Cookie Crews, Commissioner** Department of Corrections **Designee:** Jeannie Waldridge, Director, Division of Addiction Services
Dr. Katie Marks, Commissioner Department for Behavioral Health, Developmental and Intellectual Disabilities **Designee:** Sarah Johnson, Division of Substance Use Disorder, DBHDID	**Michael Yoder, Commissioner** Education and Labor Cabinet **Designee**: Dr. John C. Gregory, KYAE Executive Director
Damon Preston, Public Advocate Department of Public Advocacy **Designee:** Dawn Gasser, Justice Program Supervisor, Department of Public Advocacy	**Senator Robert Stivers, President of the Senate** **Designee:** Senator Whitney Westerfield
Representative David W. Osbourne, Speaker of the House **Designee:** Alecia Webb-Edgington, President, Life Learning Center	**Joel Thornbury, Pharmacist, Nova Pharmacy** Representing The Kentucky Pharmacist Association **Designee:** None
Stephanie Raglin Representing Faith Community Organizations with experience in substance use recovery disorders **Designee**: None	

Behavioral Health Conditional Dismissal Program

The Behavioral Health Conditional Dismissal (BHCDP) pilot program began on Oct. 1, 2022 as a result of the passage of Senate Bill 90.

BHCDP provides an alternative to incarceration by allowing eligible defendants to receive treatment for a substance use and/or mental health disorder based on qualifying charges and behavioral health needs. Services may include, but are not limited to, outpatient and inpatient treatment, medications for addiction and mental health treatment, case management, educational and job training, and recovery supports. If the participant adheres to and completes the treatment plan outlined by a behavioral health provider, their charges will be dropped.

BHCDP allows defendants a chance at a real, new start with access to the support and resources needed to manage and overcome different barriers associated with substance use and behavioral health, instead of being incarcerated.

View more first-hand experiences with the Behavioral Health Conditional Dismissal Program, as well as data from the first year of the program, in the Annual Report here.

Who can participate?

Defendants who meet the following requirements are eligible to participate in the BHCDP:

- Must be charged with a qualifying offense (no violent offender, sex offense, DUI, domestic violence or protective orders against victim);
- Must be at least 18 years of age and a resident of the commonwealth;
- Must not have a previous conviction for a Class A, B, or C felony, or a Class D felony or misdemeanor that is not a qualifying offense;
- Has been assessed by pretrial services as low-risk, low-level offender;
- Clinical assessment must indicate behavioral health disorder;

OR Determined by the attorney for the Commonwealth or the attorney for the defendant as a viable participant in the program.

Where is this available

The BHCDP is currently available in the following counties, with expansion into further counties ongoing:



- Oldham
- Henry
- Kenton
- Madison
- Clark
- Greenup
- Lewis
- Warren
- Johnson
- Letcher
- Pike
- Pulaski
- Wayne
- Russell
- Daviess
- Hopkins
- McCracken
- Christian

Who chooses the treatment provider?

The state provides defendants with a list of approved providers based on the individual needs of the defendant. The defendant can choose any provider from this list.

Who pays for the treatment?

Treatment is offered at no cost to defendants; all costs are covered by insurance or other funding sources.

How long is the treatment?

The length of treatment varies for each individual and is based on the provider's recommendations. Treatment will be at least one year but will not be longer than the maximum potential period of incarceration if the defendant is found guilty of the charged offenses.

How can I become a provider?

Applicants who wish to be approved as a treatment provider for SB 90 participants must meet the following criteria:

- Licensed by the Cabinet for Health and Family Services
- Agency enrolled as a Medicaid-approved Provider with all MCOs
- Agency accredited by at least one (1) of the following:
    - American Society of Addiction Medicine (ASAM);
    - Joint Commission on the Accreditation of Healthcare Organizations; or
    - Commission on Accreditation of Rehabilitation Facilities (CARF).
- At least two years of experience as an agency administering evidence-based behavioral health treatment services.
- Agency must provide or be willing to refer clients to behavioral health providers that support access to all forms of medications for opioid use disorder (i.e., methadone, buprenorphine, naltrexone).
- Agency attests to adhere to all programmatic, data and referral requirements of this program.
- A Community Mental Health Center must provide behavioral health services in locations within the counties for which their Board is duly recognized as the Regional Community Mental Health Center.

Behavioral Health Conditional Dismissal Program Advisory Council

Van Ingram, Chairperson
Kentucky Office of Drug Control Policy – Executive Director

Name	Representing	Designee
Zach Ramsey, Executive Director, Administrative Office of the Courts	Administrative Office of the Courts	Jason Reynolds
Judge Foster Cotthoff	District Judges Association	
Jim Daley	Kentucky Jailers Association	Barry Brady
Katie Marks, Commissioner	Department for Behavioral Health, Development and Intellectual Disabilities	Sarah Johnson
Damon Preston, Public Advocate	Department of Public Advocacy	Melanie Lowe
Dr. John Gregory	Office of Adult Education, Department of Workforce Development	
Lisa Lee, Commissioner	Department for Medicaid Services	Leslie Hoffman Angela Sparrow
Stacy Tapke	Kentucky County Attorneys Association	
Patricia Summe	Kentucky Circuit Judges Association	
Kathy Senter	Kentucky Commonwealth Attorneys Association	

The Kentucky Injury Prevention and Research Center (KIPRC)

The Kentucky Injury Prevention and Research Center (KIPRC) is a partnership between the Kentucky Department for Public Health and the University of Kentucky's College of Public Health that combines academic investigation with practical public health initiatives.

KIPRC's purpose is to decrease the burden of injury in the Commonwealth. This partnership, grounded in a belief that most injuries are preventable, cultivates a collaborative approach to problem solving. KIPRC works to reduce injury through education, policy initiatives, public health programming, surveillance, risk factor analysis, direct interventions, and evaluation.

KIPRC's mission is to increase knowledge and awareness of the injury prevalence in Kentucky, and to impart skills and strategies to reduce this problem and make Kentucky a safer place to call home.

In collaboration with the Beshear-Coleman administration, KIPRC launched FindRecoveryHousingNowKY.org. It is a free, searchable website that generates an individualized list of Kentucky recovery houses with immediate openings.

People who visit the site can confidentially locate safe, affordable recovery housing openings based on their needs and personal situation. Users can narrow their search by location, rent amount, amenities, services, residence requirements, transportation options and more. FindRecoveryHousingNowKY.org is an unparalleled digital resource for addiction treatment facilities, parole and probation officers, people who have completed inpatient addiction treatment or are re-entering the community after incarceration, as well as the general public

FindRecoveryHousingNowKY.org is modeled after FindHelpNowKY.org, which was also developed by KIPRC. FindHelpNowKY.org is an online search engine that generates individualized lists of addiction treatment centers with the current availability. FindRecoveryHousingNowKY.org is the next step in the continuum of care that helps people find suitable housing to sustain their recovery once they have initiated addiction treatment.

The recovery search engine offers benefits for housing managers in addition to those seeking addiction recovery. The Recovery Management System (RMS) is for recovery house owners and operators to be able to track bed usage, resident information (including successes) and additional house operations. The system tracks information related to residents from their arrival at the home until departure. The RMS will be an ever-evolving system, based upon the needs of the recovery house owners, operators and, most importantly, their residents.

The Certification Module is another tool for recovery house operators. It will allow recovery house owners to use FindRecoveryHousingNowKY.org to apply for National Alliance for Recovery Residences (NARR) certification through the Kentucky Recovery Housing Network (KRHN),

Kentucky's NARR state affiliate. The original process included sending large amounts of documentation back and forth through the mail; the certification module allows for electronic document submission that makes the process much easier and faster for everyone involved.

FindRecoveryHousingNowKY.org is funded by the Centers for Disease Control and Prevention (CDC) and produced by KIPRC, the bona fide agent of the Kentucky Department for Public Health. In addition to being the result of a dynamic collaboration between the CDC and KIPRC, FindRecoveryHousingNowKY.org wouldn't be possible without the following contributing partners: the Kentucky Cabinet for Health and Family Services, the Kentucky Recovery Housing Network, Get Help, and the Fletcher Group

Kentucky Agency for Substance Abuse Policy

The Kentucky Agency for Substance Abuse Policy (KY-ASAP) has continued to evolve since its placement in the Office of Drug Control Policy (ODCP) in 2004. KY-ASAP continues to embrace and incorporate the philosophy of ODCP to utilize the three-pronged approach of prevention, treatment, and law enforcement. KY-ASAP is unique in that local boards determine their own needs for their service areas. 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 misuse.

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. Although ODCP has limited resources to support local boards, with currently less than two full-time positions[4], its strong collaboration with Regional Prevention Centers provides technical assistance to both 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 and resource assessment and strategic planning documents.

KY-ASAP Local Boards now exist in all 120 counties and are being used in many of these communities as the primary component of a comprehensive drug education/prevention, harm reduction, treatment and law enforcement program. Within the 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, unique and varied perspectives 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 Alcohol, Tobacco, and Other Drugs Prevention	Groups in Alcohol, Tobacco, and Other Drugs Treatment	DCBS
Leaders in Alcohol, Tobacco, and Other Drugs Prevention		

[4] Staffing levels at ODCP and KY-ASAP decreased from as high as 14 in 2004 to 3 in 2022.

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

The local KY-ASAP boards, through their 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
Naloxone Distribution
Nicotine Replacement Therapy
Permanent Prescription Disposal
Project Graduation
Project Prom
Protective Factor Building
Random Student Drug Testing Policy
Recovery Month Activities
Red Ribbon Week
Responsible Beverage Server Training
School Resource Officer
Smoking Cessation Classes
Smoke-Free Coalitions
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 fortunate to have dedicated local KY-ASAP boards that 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.

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

ODCP and KY-ASAP reiterate 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 addiction as part of a comprehensive prevention program.

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

- Permanent Prescription Drug Disposal Locations
- Naloxone Distribution in the Community
- 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, addiction 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 addiction policies at all levels
- Media Ads with alcohol, tobacco, and other substance facts (locally, statewide, & nationally)
- Student generated Public Service Announcements concerning Addiction 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 biannually in the fall in even-numbered years, with participants including 6th, 8th, 10th, and 12th 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.

ALLISON BALL
AUDITOR OF PUBLIC ACCOUNTS

Independent Accountant's Report

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

Dr. Steven Stack, Secretary
Cabinet for Health and Family Services
275 East Main Street, 5W-A
Frankfort, KY 40601

Dr. Aaron Thompson, President
Kentucky Council on Postsecondary Education
100 Airport Road, Second Floor
Frankfort, KY 40601

We have reviewed the expenditures of the Kentucky Health Care Improvement Fund from July 1, 2024, to June 30, 2025. The Office of Drug Control Policy (ODCP), the Cabinet for Health and Family Services (CHFS), and the Kentucky Council on Postsecondary Education (CPE) are responsible for ensuring expenditures reported within the Kentucky Health Care Improvement Fund are complete and accurate. Our responsibility is to express a conclusion on the expenditures reported within the Kentucky Health Care Improvement Fund based on our review.

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. Those standards require that we plan and perform the review to obtain limited assurance about whether any material modifications should be made to the expenditures reported within the Kentucky Health Care Improvement Fund. The procedures performed in a review vary in nature and timing from and are substantially less in extent than, an examination, the objective of which is to obtain reasonable assurance about whether the expenditures reported within the Kentucky Health Care Improvement Fund are complete and accurate, in all material respects, in order to express an opinion. Accordingly, we do not express such an opinion. Because of the limited nature of the engagement, the level of assurance obtained in a review is substantially lower than the assurance that would have been obtained had an examination been performed. We believe that the review evidence obtained is sufficient and appropriate to provide a reasonable basis for our conclusion.

209 ST. CLAIR STREET
FRANKFORT, KY 40601-1817

TELEPHONE 502.564.5841
FACSIMILE 502.564.2912
AUDITOR.KY.GOV

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

TEAM KENTUCKY
JUSTICE AND PUBLIC SAFETY CABINET

Van Ingram, Executive Director, Office of Drug Control Policy
Dr. Steven Stack, Secretary, Cabinet for Health and Family Services,
Dr. Aaron Thompson, President, Kentucky Council on Postsecondary Education
(Continued)

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements related to the engagement.

The procedures we performed were based on our professional judgment and consisted primarily of analytical procedures and inquiries with agency personnel.

ODCP, CHFS, and CPE are responsible for the material portion of expenditures reported within the Kentucky Health Care Improvement Fund. Immaterial expenditure activity responsible by other entities were not subject to our review procedures and would not impact our conclusion.

Based on our review, we are not aware of any material modifications that should be made to the expenditures, as recorded in the enhanced Management Administrative Reporting System (eMARS) by ODCP, CHFS, and CPE for the year ended June 30, 2025, in order for them to be complete and accurately reported within the Kentucky Health Care Improvement Fund.

This report is intended solely to fulfill the review requirements established in Kentucky Revised Statutes (KRS) 194A.055 and is not suitable for any other purpose.

Respectfully Submitted,

Allison Ball

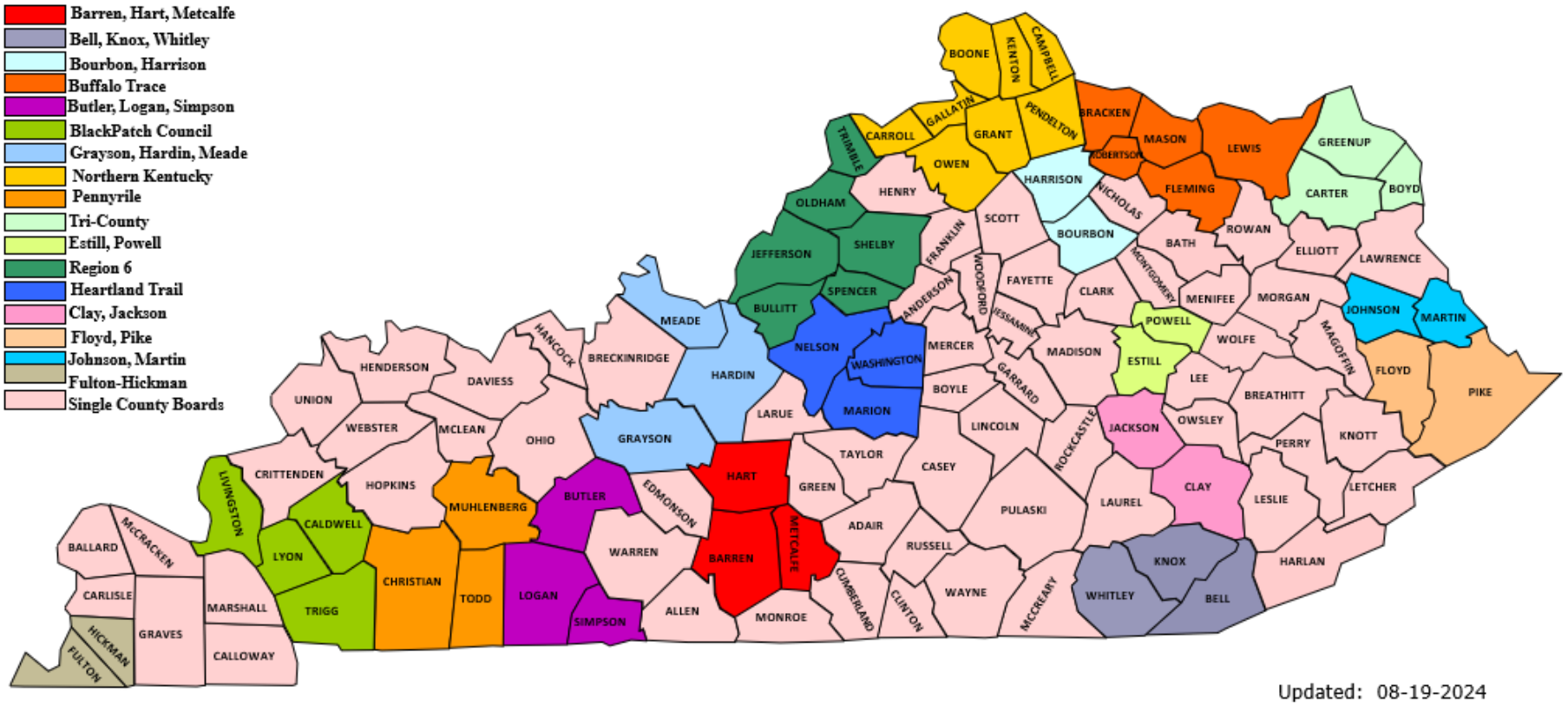
Allison Ball
Auditor of Public Accounts
Frankfort, Kentucky

May 12, 2026

TEAM KENTUCKY
JUSTICE AND PUBLIC SAFETY CABINET

Kentucky Agency for Substance Abuse Policy

81 Local Boards in 120 Counties
(17 multi-county & 64 single county)



Updated: 08-19-2024

KY-ASAP: State Board Members

Charles Kendell, Chairman
Private Community Based Organization

Keith Jackson
Secretary, Justice & Public Safety Cabinet

Dana Nickles, Director KY Public Health Association *Designee: None*	**Shannon Black Baker** American Lung Association *Designee: None*
Veronica Nunley KY Association of Regional Programs *Designee: None*	**Shane Britt** Local Tobacco Addiction, Subs. Abuse Bd. *Designee: None*
Keith Jackson, Secretary Justice & Public Safety Cabinet *Designee: Van Ingram*	**Dr. John Langefeld, Commissioner** Department for Public Health *Designee: Chase Barnes*
Scotty Tracy, Commissioner Alcoholic Beverage Control *Designee: Rob Roberts*	**Shelley Elswick** Private Community-Based Organization *Designee: None*
Zach Ramsey, Director Administrative Office of the Courts *Designee: Elizabeth Nichols*	**Charles Kendell** Local Tobacco Addiction, Subs. Abuse Board *Designee: None*
Tara Hyde Private Community-based Organizations *Designee: Melissa Allgeier*	**Vacant** Kentucky Cancer Society *Designee: None*
Amanda Heacock KY Family Resource Youth Services Coalition *Designee: Ashli Taylor*	**Ashlea Christiansen** American Heart Association *Designee: Tracey Monks*
Dr. Steven Stack, Secretary Cabinet for Health & Family Services *Designee: Sarah Johnson*	**Paula Brown** Division for Behavioral Health, Dept. of Behavioral Health, Developmental & Intellectual Disabilities *Designee: Camille Croweak & Sheila Barnard*
Dr. Robbie Fletcher, Interim Commissioner Department of Education *Designee: Rachel Njenga*	*UPDATED 01/2026*

KY-ASAP Local Boards 81 boards in 120 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-Metcalfe 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	Elliott County Local KY-ASAP Board
27	Estill-Powell Local KY-ASAP Board
28	Fayette County Local KY-ASAP Board
29	Floyd-Pike Local KY-ASAP Board
30	Franklin County Local KY-ASAP Board
31	Fulton-Hickman County Local KY-ASAP Board
32	Garrard County Local KY-ASAP Board
33	Graves County Local KY-ASAP Board

KY-ASAP Local Boards 81 boards in 120 counties	
34	Grayson-Meade-Hardin Local KY-ASAP Board
35	Green County Local KY-ASAP Board
36	Harlan County Local KY-ASAP Board
37	Hancock County Local KY-ASAP Board
38	Heartland Trail Local KY-ASAP Board
39	Henderson County Local KY-ASAP Board
40	Henry County Local KY-ASAP Board
41	Hopkins County Local KY-ASAP Board
42	Jessamine County Local KY-ASAP Board
43	Johnson-Martin Local KY-ASAP Board
44	Knott County Local KY-ASAP Board
45	LaRue County Local KY-ASAP Board
46	Laurel County Local KY-ASAP Board
47	Lawrence County Local KY-ASAP Board
48	Lee County Local KY-ASAP Board
49	Leslie County Local KY-ASAP Board
50	Letcher County Local KY-ASAP Board
51	Lincoln County Local KY-ASAP Board
52	Madison County Local KY-ASAP Board
53	Magoffin County Local KY-ASAP Board
54	Marshall County Local KY-ASAP Board
55	McCracken County Local KY-ASAP Board
56	McCreary County Local KY-ASAP Board
57	McLean County Local KY-ASAP Board
58	Menifee County Local KY-ASAP Board
59	Mercer County Local KY-ASAP Board
60	Monroe County Local KY-ASAP Board
61	Montgomery County Local KY-ASAP Board
62	Morgan County Local KY-ASAP Board
63	Nicholas County Local KY-ASAP Board
64	Northern KY Local KY-ASAP Board (Carroll, Gallatin, Boone, Kenton, Campbell, Pendleton, Grant, Owen)
65	Ohio County Local KY-ASAP Board

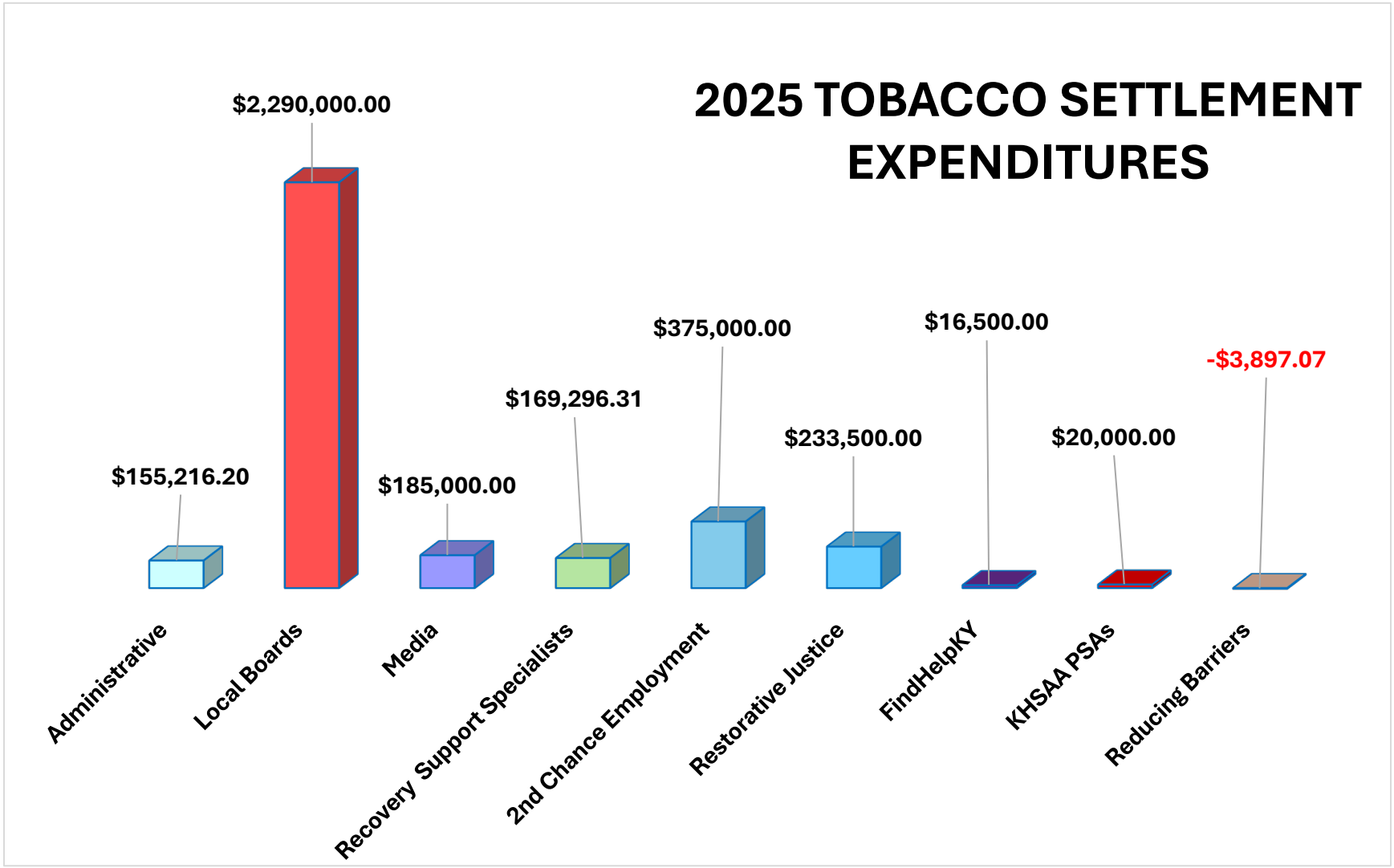
KY-ASAP Local Boards 81 boards in 120 counties	
66	Owsley County Local KY-ASAP Board
67	Pennyrile Local KY-ASAP Board (Todd, Christian, Muhlenberg)
68	Perry County Local KY-ASAP Board
69	Pulaski County Local KY-ASAP Board
70	Region 6 Local KY-ASAP Board (Trimble, Oldham, Jefferson, Bullitt, Spencer, Shelby)
71	Rockcastle County Local KY-ASAP Board
72	Rowan County Local KY-ASAP Board
73	Russell County Local KY-ASAP Board
74	Scott County Local KY-ASAP Board
75	Tri-County Local KY-ASAP Board (Carter, Greenup, Boyd)
76	Union County Local KY-ASAP Board
77	Warren County Local KY-ASAP Board
78	Wayne County Local KY-ASAP Board
79	Webster County Local KY-ASAP Board
80	Wolfe County Local KY-ASAP Board
81	Woodford County Local KY-ASAP Board

KY-ASAP Program Funding & Expenditures

Program Expenditure Summary SFY2025
July 2025 through June 30, 2026
(Tobacco Fund – 65AH)

Kentucky Office of Drug Control Policy Tobacco Settlement SFY 2025 Expenditures	
	Expenditures
KY-ASAP Local Board Traditional Awards	$2,290,000.00
Media - KBA Public Service Announcements	$185,000.00
Eastern KY Concentrated Employment Program - Recovery & Support Specialists	$169,296.31
Kentucky Chamber of Commerce - Recovery Friendly Workplaces	$375,000.00
Volunteers of America - Restorative Justice	$233,500.00
KY Injury Prevention & Research Center - FindHelpKY Promotion	$16,500.00
KY High School Athletics Association Championship PSAs	$20,000.00
Louisville Metro - Reducing Barriers to ReEntry*	-$3,897.07
Salary, Fringe, Travel & Administrative Costs	$155,216.20
TOTAL SFY 2025 EXPENDITURES	**$3,440,615.44**

**Return of unexpended funds awarded in FY2024*

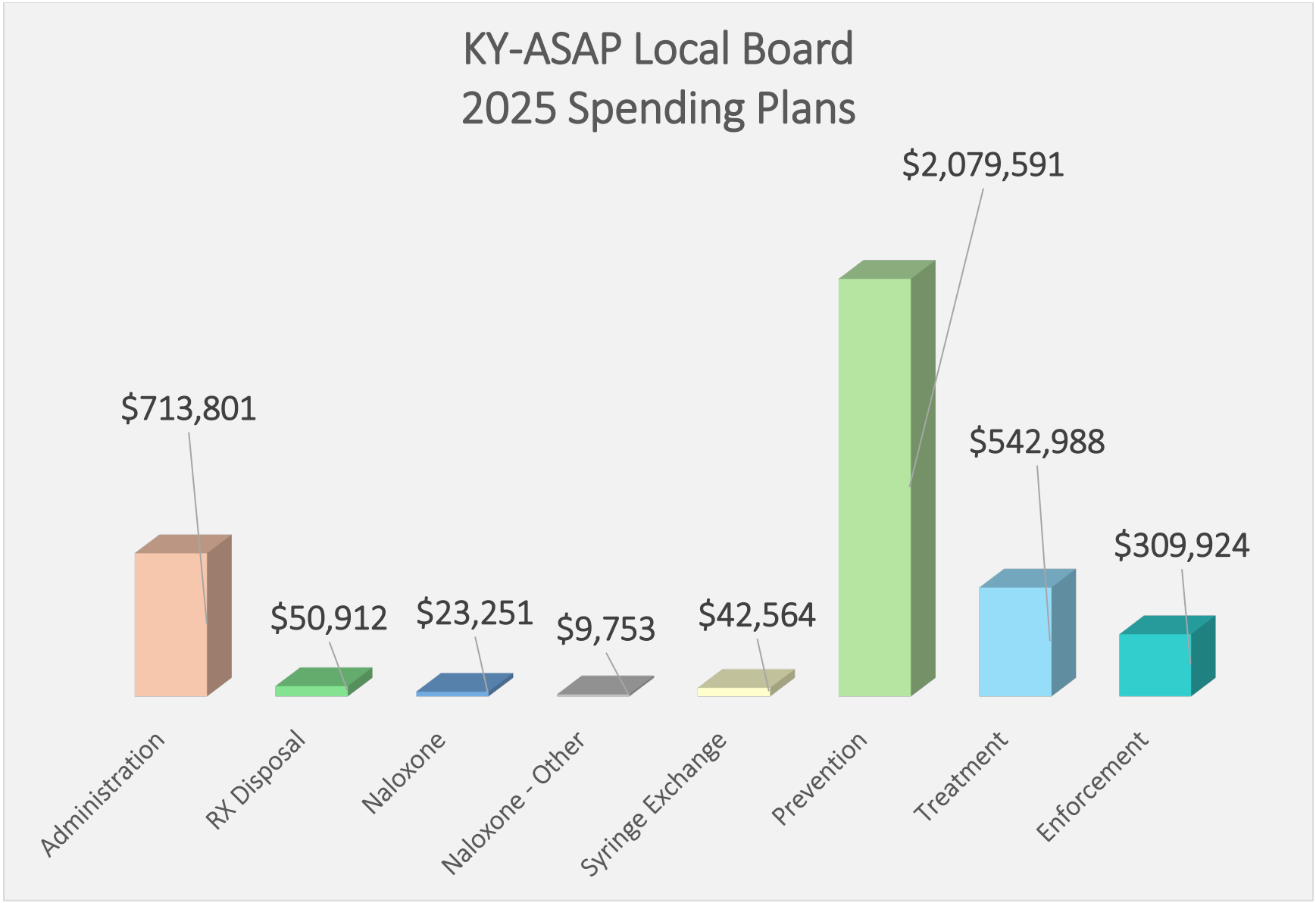

2025 TOBACCO SETTLEMENT EXPENDITURES
$155,216.20
$2,290,000.00
$185,000.00
$169,296.31
$375,000.00
$233,500.00
$16,500.00
$20,000.00
-$3,897.07
Administrative
Local Boards
Media
Recovery Support Specialists
2nd Chance Employment
Restorative Justice
FindHelpKY
KHSAA PSAs
Reducing Barriers

SFY2025 KY-ASAP Local Board Awards Amounts

KY-ASAP LOCAL BOARDS SFY2025 FUNDING		
Board	Traditional Award	Harm Reduction Award*
Adair County Local KY-ASAP Board	$20,000.00	$0.00
Allen County Local KY-ASAP Board	$20,000.00	$11,710.00
Anderson County Local KY-ASAP	$20,000.00	$18,948.18
Ballard County Local KY-ASAP	$20,000.00	$0.00
Barren-Hart-Metcalfe (BHM) Local KY-ASAP Board	$60,000.00	$19,982.00
Bath County Local KY-ASAP Board	$20,000.00	$20,000.00
Bell-Knox-Whitley (BKW) Local KY-ASAP Board	$60,000.00	$20,000.00
Blackpatch Council Local KY-ASAP Board	$80,000.00	$0.00
Bourbon-Harrison Local KY-ASAP Board	$40,000.00	$9,500.00
Boyle County Local KY-ASAP Board	$20,000.00	$16,145.00
Breathitt County Local KY-ASAP Board	$20,000.00	$18,381.94
Breckinridge County Local KY-ASAP Board	$20,000.00	$18,347.69
Buffalo Trace Local KY-ASAP Board	$100,000.00	$19,999.00
Butler-Logan-Simpson (BLS) Local KY-ASAP Board	$60,000.00	$0.00
Calloway County Local KY-ASAP Board	$20,000.00	$0.00
Carlisle County Local KY-ASAP Board	$20,000.00	$0.00
Casey County Local KY-ASAP Board	$20,000.00	$19,940.06
Clark County Local KY-ASAP Board	$20,000.00	$19,048.52
Clay-Jackson Local KY-ASAP Board	$40,000.00	$20,000.00
Clinton County Local KY-ASAP Board	$20,000.00	$0.00
Crittenden County Local KY-ASAP Board	$20,000.00	$20,000.00
Cumberland County Local KY-ASAP Board	$20,000.00	$0.00
Daviess County Local KY-ASAP Board	$20,000.00	$20,000.00
Edmonson County Local KY-ASAP Board	$20,000.00	$0.00
Elliott County Local KY-ASAP Board	$20,000.00	$12,766.53
Estill-Powell Local KY-ASAP Board	$40,000.00	$20,000.00
Fayette County Local KY-ASAP Board	$20,000.00	$20,000.00
Floyd-Pike Local KY-ASAP Board	$40,000.00	$0.00

KY-ASAP LOCAL BOARDS SFY2025 FUNDING		
Board	Traditional Award	Harm Reduction Award*
Franklin County Local KY-ASAP Board	$20,000.00	$16,513.06
Fulton-Hickman Local KY-ASAP Board	$40,000.00	$0.00
Garrard County Local KY-ASAP Board	$20,000.00	$0.00
Graves County Local KY-ASAP Board	$20,000.00	$20,000.00
Grayson-Meade-Hardin (GMH) Local KY-ASAP Board	$60,000.00	$54,246.48
Green County Local KY-ASAP Board	$20,000.00	$1,666.61
Hancock County Local KY-ASAP Board	$20,000.00	$0.00
Harlan County Local KY-ASAP Board	$10,000.00	$0.00
Heartland Trail Local KY-ASAP Board	$60,000.00	$59,537.34
Henderson County Local KY-ASAP Board	$20,000.00	$3,075.00
Henry County Local KY-ASAP Board	$20,000.00	$6,228.63
Hopkins County Local KY-ASAP Board	$20,000.00	$8,910.00
Jessamine County Local KY-ASAP Board	$20,000.00	$19,437.20
Johnson-Martin Local KY-ASAP Board	$40,000.00	$0.00
Knott County Local KY-ASAP Board	$20,000.00	$72.70
LaRue County Local KY-ASAP Board	$20,000.00	$7,326.75
Laurel County Local KY-ASAP Board	$20,000.00	$19,999.52
Lawrence County Local KY-ASAP Board	$20,000.00	$20,000.00
Lee County Local KY-ASAP Board	$20,000.00	$17,901.45
Leslie County Local KY-ASAP Board	$20,000.00	$5,631.44
Letcher County Local KY-ASAP Board	$20,000.00	$0.00
Lincoln County Local KY-ASAP Board	$0.00	$0.00
Madison County Local KY-ASAP Board	$20,000.00	$10,000.00
Magoffin County Local KY-ASAP Board	$20,000.00	$20,000.00
Marshall County Local KY-ASAP Board	$20,000.00	$15,733.67
McCracken County Local KY-ASAP Board	$20,000.00	$19,069.43
McCreary County Local KY-ASAP Board	$20,000.00	$0.00
McLean County Local KY-ASAP Board	$20,000.00	$0.00
Menifee County Local KY-ASAP Board	$20,000.00	$0.00
Mercer County Local KY-ASAP Board	$20,000.00	$20,000.00
Monroe County Local KY-ASAP Board	$20,000.00	$0.00
Montgomery County Local KY-ASAP Board	$20,000.00	$20,000.00
Morgan County Local KY-ASAP Board	$20,000.00	$20,000.00
Nicholas County Local KY-ASAP Board	$20,000.00	$0.00

KY-ASAP LOCAL BOARDS SFY2025 FUNDING		
Board	Traditional Award	Harm Reduction Award*
Northern Kentucky Local KY-ASAP Board	$160,000.00	$147,791.41
Ohio County Local KY-ASAP Board	$20,000.00	$20,000.00
Owsley County Local KY-ASAP Board	$20,000.00	$20,000.00
Pennyrile Local KY-ASAP Board	$60,000.00	$0.00
Perry County Local KY-ASAP Board	$20,000.00	$8,535.70
Pulaski County Local KY-ASAP Board	$20,000.00	$20,000.00
Region 6 Local KY-ASAP Board	$120,000.00	$269,417.30
Rockcastle County Local KY-ASAP Board	$0.00	$0.00
Rowan County Local KY-ASAP Board	$20,000.00	$8,867.78
Russell County Local KY-ASAP Board	$0.00	$0.00
Scott County Local KY-ASAP Board	$20,000.00	$20,000.00
Taylor County Local KY-ASAP Board	$20,000.00	$0.00
Tri-County Local KY-ASAP Board	$60,000.00	$33,350.00
Union County Local KY-ASAP Board	$20,000.00	$0.00
Warren County Local KY-ASAP Board	$20,000.00	$0.00
Wayne County Local KY-ASAP Board	$0.00	$0.00
Webster County Local KY-ASAP Board	$0.00	$0.00
Wolfe County Local KY-ASAP Board	$20,000.00	$20,000.00
Woodford County Local KY-ASAP Board	$20,000.00	$20,000.00
TOTAL	**$2,290,000.00**	**$1,298,080.39**
Harm Reduction Awards were funded with funds General Funds for Substance Abuse Initiatives		


KY-ASAP Local Board
2025 Spending Plans
$713,801
$50,912
$23,251
$9,753
$42,564
$2,079,591
$542,988
$309,924
Administration
RX Disposal
Naloxone
Naloxone - Other
Syringe Exchange
Prevention
Treatment
Enforcement

Prescription Drug Disposal Program

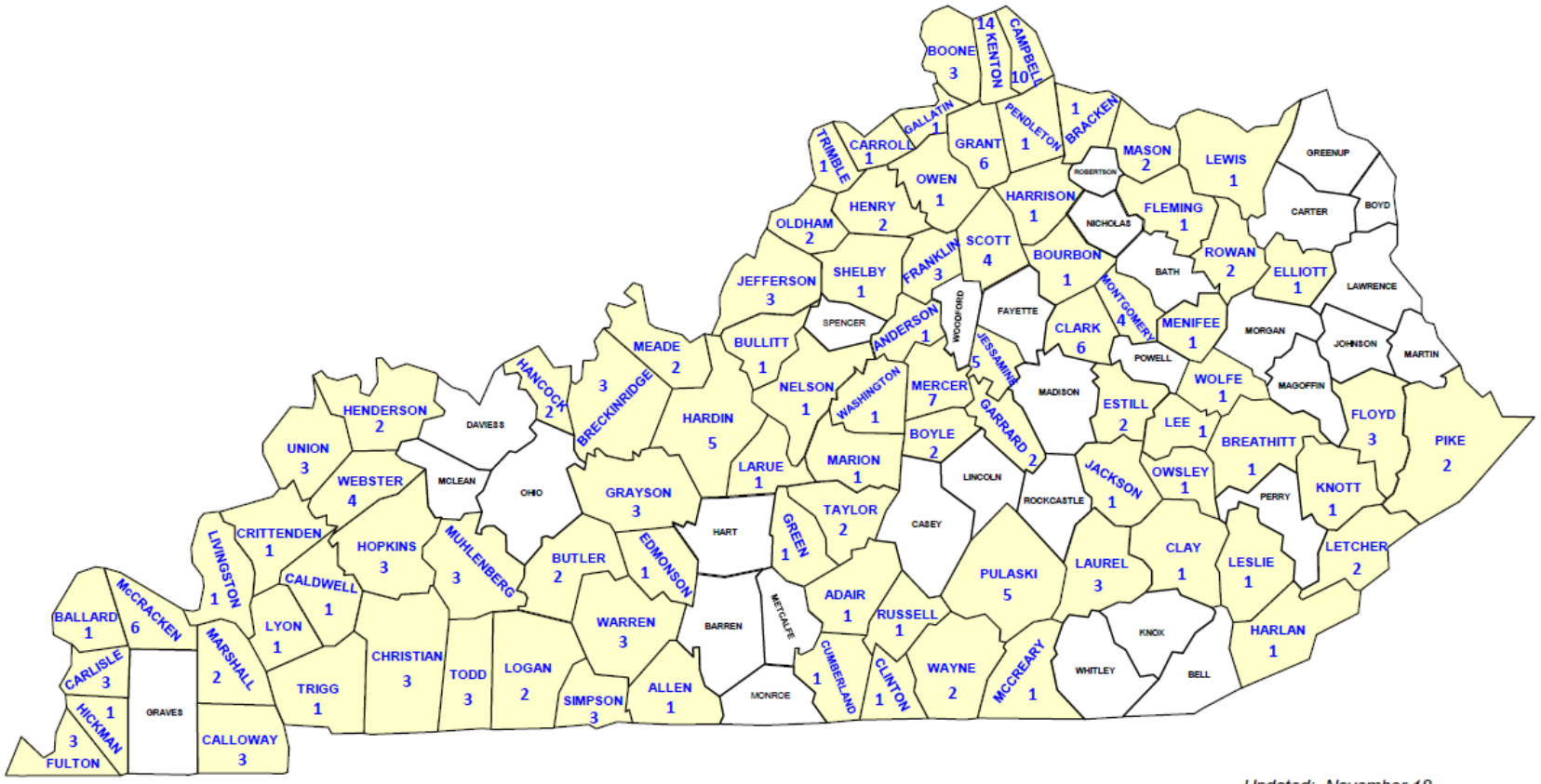
Unused or expired prescription medications are a public safety issue, leading to potential accidental poisoning, misuse and overdoses. Proper disposal of unused drugs saves lives and protects the environment.

In 2011, understanding the necessity for Kentuckians to have a safe, convenient and responsible means of disposing prescription drugs, KY-ASAP created and published a statewide directory identifying prescription drug disposal locations. At its inception, the directory identified 69 locations in 42 Kentucky counties. The directory makes it easier for citizens of the commonwealth to dispose of their expired or unwanted medications, both prescription and over the counter. Prescription drop boxes are available across Kentucky in conjunction with law enforcement agencies and local governments. To date, there are 202 locations for drug disposal in 88 counties, including law enforcement locations, all Walgreens, Walmart and Meijer pharmacies, and many independent pharmacies, with sites added daily.

Collection Site Locator
Collection sites can be found at https://odcp.ky.gov/Pages/Prescription-Drug-Disposal-Locations.aspx



Kentucky
Permanent Prescription Drug Disposal Locations
(202 locations in 88 Kentucky Counties)



Updated: November 18, 2025

National Drug Take Back Initiative



NATIONAL TAKE-BACK INITIATIVES
April 26, 2025
October 25, 2025
10:00 am – 2:00 pm

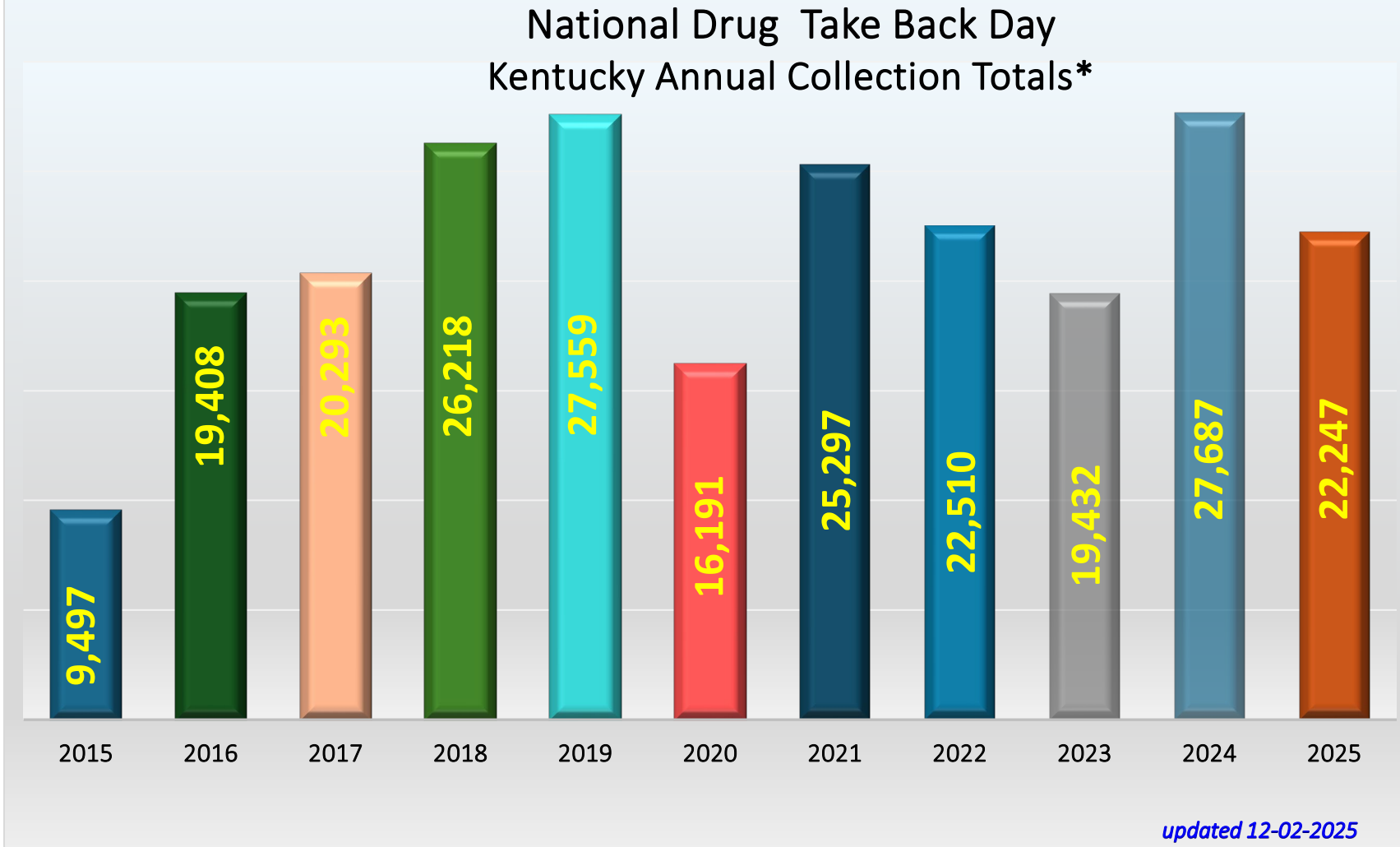
Opioid misuse in the United States and in Kentucky remains a critical public health concern.

National Prescription Drug Take Back Day allows consumers a safe, convenient, and responsible way to dispose of unused or expired prescription drugs at locations in communities throughout the country.

The majority of misused prescription drugs were obtained from family and friends, often from the home medicine cabinet.

In Kentucky, law enforcement agencies participated in National Take Back Day events on April 26 and October 25, 2025, where they collected a total of 22247 pounds of unused, unwanted, and expired prescription drugs. In all, Kentucky has collected a total of 286,561 pounds of unused and/or unwanted prescription medications at all Drug Take-Back events and locations since October 2011.

To make it easier for citizens of the commonwealth to dispose of their expired or unwanted medications, both prescription and over the counter, prescription drop boxes are available across Kentucky. There are now 202 locations in 88 counties, with sites added daily. Citizens can search by county for the closest to them by visiting the Kentucky Office of Drug Control Policy website at https://odcp.ky.gov/Pages/Prescription-Drug-Disposal-Locations.aspx


National Drug Take Back Day
Kentucky Annual Collection Totals*
9,497
19,408
20,293
26,218
27,559
16,191
25,297
22,510
19,432
27,687
22,247
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
updated 12-02-2025

Drug-Free Communities Support Program

The Drug-Free Communities (DFC) program has been a central, bipartisan component of the United States' demand reduction strategy since its passage in 1998 because it recognizes that the drug issue must be dealt with in every hometown in America.

Housed in the Office of National Drug Control Policy (ONDCP), it provides the funding necessary for communities to identify and respond to local drug and alcohol use problems.

The DFC program recognizes that in order to be sustainable over time, it must have community buy-in. In order to be eligible to apply for a DFC grant, a local coalition must:

- Be in existence for 6 months prior to applying;
- Have community wide data for planning, implementation and evaluation;
- Target the entire community with effective strategies;
- Provide a dollar-for-dollar match for every federal dollar (up to $125,000/year);
- Target the entire community with effective strategies; and
- Have community wide involvement to reduce youth drug, alcohol and tobacco use, which must include:
    - Youth
    - Parents
    - Businesses
    - Media
    - Schools
    - Youth-Serving Organizations
    - Religious or Fraternal Organizations
    - Law Enforcement
    - Civic or Volunteer Groups
    - Healthcare Professionals
    - State, Local or Tribal government agencies with expertise in the field of substance misuse
    - Other local organizations involved in reducing substance misuse

Despite the growth of the program from $10 million in 1998 to $100 million in 2019, since its inception there has only been enough money to fund 34.4% of those who have applied for funds.

DFC grantees have reduced drug use and misuses in communities throughout the country to levels lower than the national average because they are organized, data-driven and take a comprehensive, multi-sector approach to solving and addressing drug issues.

DFC coalitions are singularly situated to deal with emerging drug trends, such as methamphetamine, prescription drug misuse and synthetic drugs because they have the necessary infrastructure in place to effectively address drug-related issues within their communities.

The DFC program is a worthy investment of scarce federal resources:

- It is not only effective in reducing youth drug use, but many DFC grantees are currently matching two or three times as much as the federal grant funding they receive; and
- DFC grantees have clearly shown they can prevent and reduce drug use in communities nationwide.

FY 2025 Kentucky New Drug-Free Communities Grantees

Allen County Agency for Substance Abuse Policy – Scottsville
Bullitt County Youth Coalition – Shepherdsville
Just Say Yes – Frankfort
Gallatin County Champions – Glencoe
Champions for a Drug-Free Grant County – Williamstown
Owen county Drug Prevention Coalition – Owenton
Champions for a Drug Free Lyon County – Eddyville
Estill Pathfinders Initiative Coalition – Irvine
Champions for a Drug Free Pendleton County – Falmouth
Healthy Community Coalition – Louisville
Drug Free Warren County – Bowling Green
Webster County KY-ASAP – Dixon
Wolfe County Coalition UNITED Against Drugs – Campton
Woodford County Agency for Substance Abuse Policy - Versailles

Treatment Initiatives

Casey's Law

Casey's Law, signed in 2004, has helped more than 6,000 Kentuckians struggling with addiction. Under this law, families and loved ones of those in active addiction can seek a court order for involuntary treatment. Governor Beshear took legislative action to help those suffering from an addiction who are not in a position to seek help for themselves. Expanding on the work of Casey's Law, Beshear signed House Bill 362 into law in 2022 which permits the court to determine if an individual should be ordered to undergo treatment for a substance use disorder beyond a reasonable doubt. At this time, the court shall order treatment for a specific amount of time. If the individual fails to undergo treatment, they will be held in contempt of court.

The act provides a means of intervening with someone who is unable to recognize their need for treatment due to their impairment. This law allows parents, relatives and/or friends to petition the court for treatment on behalf of someone struggling with addiction. Denial and distorted thinking impede a person's ability to make a rational decision. Addiction is a progressive, life-threatening disease that, for many, results in death. The best hope of survival for a person facing addiction is intervention. Studies show that involuntary treatment can be just as successful as voluntary treatment. Most individuals with addiction disorder receive court-ordered treatment only after they have been arrested for a crime while under the influence. Drugs and crime often go hand-in-hand because people who are addiction-impaired are forced by their disease to resort to any means necessary to procure their drug. But not all people struggling with addiction are arrested. Court-ordered treatment can be effective regardless of who initiates it.

The following steps must be taken in order to involuntarily commit someone to treatment:

- Obtain a copy of the petition from the District Court clerk's office by requesting Form 700A – the Verified Petition for Involuntary Treatment of Alcohol/Drug Misuse – or click here to download.
- A spouse, relative, friend or guardian of the addiction-impaired person completes the petition and files it with the District Court clerk.
- The court reviews the allegations in the petition and examines the petitioner under oath.
- The court determines whether there is probable cause to order treatment for the person named in the petition (the respondent).
- If probable cause is established, a judge appoints an attorney to represent the respondent, orders the respondent to be evaluated and schedules a hearing within 14 days.

- The respondent is notified of the date and purpose of the hearing.

- The respondent is evaluated by two qualified health professionals, at least one of whom is a physician, to determine if the respondent could benefit from treatment

- If the judge finds the respondent should undergo treatment, the court shall order treatment from 60 days up to 360 days, depending upon the request in the petition and the result of the evaluation. Treatment options vary depending upon each individual's circumstances and can range from detoxification to intensive treatment through recovery

As the law is currently written the petitioner is obligated to pay all costs incurred in the process as well as for the court-ordered treatment. The petitioner must sign a guarantee for payment.

Kentucky Department of Corrections

Addiction Services of Kentucky

The Division of Addiction Services is responsible for the clinical and administrative oversight of all Substance Use Disorder (SUD) treatment related to inmates, parolees, and probationers within our care as determined by statute. This oversight includes treatment in prisons, jails, reentry service centers (RSCs), recovery Kentucky Centers (RKCs), and Intensive Outpatient Programs (IOPs) through a partnership with regional Community Mental Health Centers (CMHCs). Substance Use Disorder clinical determination for probationers and parolees through a network of social service clinicians in the Probation & Parole districts are also included in this oversight.

Currently, Addiction Services has programs in the following:

- 16 programs in 12 prisons with a total of 1,161 beds
- 28 programs in 19 detention centers/jails with a total of 1,449 beds
- 13 Reentry Service Centers (RSC) with a total of 1,182 beds
- 13 Recovery Kentucky Centers (RKC) with a total of 780 beds
- 15 Intensive Outpatient Programs (IOP) – Community Mental Health Centers with a total of 1,470 treatment slots.

The Department has expanded programming from 475 treatment beds in 2004, to a current level of 6,072 treatment and aftercare slots in 2025. All prison and jail treatment programs are licensed through the Department of Behavioral Health, Developmental and Intellectual Disabilities. The Division of Addiction Services utilizes an evidence-based curriculum that is geared specifically to justice-involved clients with substance use disorder. The Division of Addiction Services has remained committed to providing services and interventions that are clinically driven instead of focusing on punitive responses.

Recovery Kentucky

The Division of Probation and Parole is responsible for overseeing the Reentry Service Center (RSC) program. The RSC program accommodates state inmates, parolees, & probationers and is designed to help them integrate back into society after their incarceration. Inmates that qualify for this program have obtained their community custody qualification and are near their parole eligibility date. These facilities are privately owned entities that are contracted by the Kentucky Department of Corrections to provide housing, care, & programming.

This integration program allows an offender to become reacquainted with their families and the community and gives them a head start seeking employment. These facilities offer vocational training programs, educational opportunities, and cognitive behavioral programs that can give an offender better options once their incarceration or supervision has ended. We also have RSC facilities that offer addiction services programing to help those offenders that battle substance use disorders.

The Average Daily Population (ADP) of residents participating in the Recovery Kentucky Center program is approximately 503.

Recovery Kentucky Centers

The Healing Place of Campbellsville 105 Hiestand Farm Road Campbellsville, KY 42718 Director: Matt Wise Phone: 270-789-0176 Fax: 270-789-0189	**Brighton Recovery Center for Women** 375 Weaver Road Florence, KY 41042 Director: Anita Prater Phone: 859-282-9390 Fax: 859-252-6400
Center Point Recovery Center 530 County Park Road Paducah, KY 42001 Director: Max Grantham Phone: 270-444-3640	**Cumberland Hope Community** 6050 Highway 38 Evarts, KY 40828 Director: Julie Hinkle Phone: 606-837-0100 Fax: 606-837-0500
Genesis Recovery Center 400 CW Stevens Blvd. Grayson, KY 41143 Director: Chris Branham Phone: 606-898-2111	**Grateful Life Center** 305 Pleasure Isle Drive Erlanger, KY 41018 Director: Brandon Suhr Phone: 859-359-4500 Fax: 859-359-4540

Hickory Hills Recovery Center 100 Recovery Way Emmalena, KY 41740 Director: Michael Nix 606-785-0141	**Liberty Place Recovery Center for Women** 218 Lake Street Richmond, KY 40475 Director: Alisha Wilhoit Phone: 859-625-0104 Fax: 859-625-0188
Men's Addiction Recovery Center (M.A.R.C.) 1791 River St. Bowling Green, KY 42101 Director: Nicole Frield Phone: 270-715-0810	**Owensboro Regional Recovery Center** 4301 Veech Road Owensboro, KY 42303 Director: Sarah Adkins Phone: 270-689-0905 Fax: 270-689-0903
SKY Hope Recovery Center 77 Union St. Somerset, KY 42501 Director: Melissa Estep Phone: 606-425-4787	**Trilogy Center for Women** 100 Trilogy Avenue Hopkinsville, KY 42240 Director: Jessica Sullivan Phone: 270-885-2902 Fax: 270-885-2905
Women's Addiction Recovery Manor (W.A.R.M.) 56 North McKinley Street Henderson, KY 42420 Director: Nicole Frield Phone: 270-826-0036 Fax: 270-826-2696	

Office of Drug Control Policy Staff

Van Ingram **van.ingram@ky.gov**

Van Ingram is the Executive Director for the Kentucky Office of Drug Control Policy. Van joined the KY-ODCP in **November 2004**, shortly after the office was created with the mission of coordinating Kentucky's addiction efforts in enforcement, treatment and prevention/education.

Van served with the Maysville Kentucky Police Department for more than 23 years, the last six as Chief of Police. He is a former President of the Kentucky Association of Chiefs of Police and was named "Kentucky Chief of the Year" in 2001. He is the 2004 recipient of the Governor's Award for Outstanding Contribution to Law Enforcement, as well as the Melvin Shein Award for distinguished service to Kentucky law enforcement.

Van is a certified law enforcement instructor and has trained officers across the state on a variety of topics, including community-oriented policing, case management, and "Kentucky Addiction Issues" for Chiefs, Sheriff's and command staff. He is a frequent speaker on a variety of addiction issues both in Kentucky and nationally.

Heather Hogan Wainscott

Heather Wainscott joined the Kentucky Office of Drug Control Policy in **March 2005** as Branch Manager. Heather began her public service career in 1997 serving as the Executive Assistant to the Franklin County Judge Executive, as well as the Payroll & Human Resources Administrator for the Franklin County Fiscal Court.

Heather has an extensive background in Local Government Administration and Public Relations. She also worked as a contract lobbyist, and served as Director of Marketing for Junior Achievement, a not-for-profit organization whose purpose is to inspire young people to succeed in a global economy. Heather also has a breadth of high-school and middle-school classroom teaching experience in World History, American History, and Political Science.

Heather holds a Bachelor of Arts degree in Political Science and Education from the University of Kentucky.

Amy Andrews **amy.andrews@ky.gov**

Amy Andrews joined KY-ODCP as the Program Manager for the Kentucky Agency for Addiction Policy in **July 2007**. She began her service with the State of Kentucky in 2004 working with the Kentucky Office of Homeland Security, the Kentucky Personnel Cabinet, the Governor's Office of General Counsel and the Office of the Governor's Chief of Staff. Additionally, Amy worked as a legal assistant with the U.S. Attorney's Office for both the

Middle District of Georgia as well as the Western District of Kentucky. Her duties included working with the Anti-Terrorism Advisory Council and the Law Enforcement Coordinating Committee. Amy attended Columbus State University where she majored in Criminal Justice.

Logan McChesney **logan.mcchesney@ky.gov**

Logan McChesney began working with the Office of Drug Control Policy in **November 2023**. Previously, Logan began his service with the Kentucky Legislative Research Commission helping with research for the legislature. Logan also worked at the Kentucky State Police in the NICS Unit operating with background checks for firearm purchases within Kentucky. In addition to working with the Office of Drug Control Policy, Logan also was responsible for assisting with the Child Fatality Near Fatality External Review Panel. Logan received his bachelor's degree from Eastern Kentucky University where he majored in Criminal Justice with minors in Political Science and Computer Information Systems.

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