

Kentucky Office of
Drug Control Policy
and

Kentucky Agency for
Substance Abuse Policy

2024 Combined Annual Report

Keith L. Jackson, Secretary
Justice and Public Safety Cabinet

Van Ingram, Executive Director
Office of Drug Control Policy



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Kentucky's Progress on Addiction Recovery

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

- In 2024, there were 1,410 overdose deaths, this is a decrease of 30.2% from 2023.
- In 2023, there were 1,984 overdose deaths. This was a decrease of 9.8% from 2022.
 - *Disclaimer: When this report was released in 2024, it reported a total of 1,984 drug overdoses for a reduction of 9.8%. As new death certificates were entered into the database, mostly from deaths among Kentucky residents who died in another state, this count increased to 2,020 drug overdose deaths for a decrease of 8.2% from 2022 to 2023.*
- In 2022, there were 2,200 overdose deaths. This was a decrease of 2.5% from 2021 and 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 2024 Kentucky Drug Overdose Fatality Report, 1,410 Kentuckians lost their lives last year to a drug overdose. Among Black residents, 170 died from a drug overdose, a decrease from 271 in 2023, marking a 37.3% decrease. Fentanyl was present in 62.3%, and methamphetamine was present in 50.8% of overdose deaths. The two continue to be the most prevalent drugs contributing to overdoses in the state. The report also indicates that all Kentucky age groups saw a decrease in overdose deaths with the only increase among those ages 75-84.

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. Due to these efforts, in 2024, Kentucky saw:

- \$29,754,033 distributed in grant and pass-through funding from the Office of Drug Control Policy;
- 170,000 doses of Narcan distributed;
- 84 syringe exchange program sites served 27,799 unique participants;
- 142,312 Kentuckians received addiction services through Medicaid;
- 17,399 Kentuckians received treatment paid by Kentucky Opioid Response Effort;
- 17,984 Kentuckians received recovery services (house assistance, employment services, transportation, basic need services, etc.) in their community paid by Kentucky Opioid Response Effort;
- 19 Kentuckians sought treatment through the Kentucky State Police Angel Initiative;

- 3,329 incoming calls made to the KY HELP Call Center with 14,087 outgoing follow-up calls; and
- 25 counties are certified as Recovery Ready Communities representing more than 1.5 million Kentuckians.

The Governor 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, Gov. Andy Beshear is working to make sure the hundreds of millions of dollars in settlement funds go to treatment and the communities impacted.

Recently, Gov. Beshear announced that Kentucky secured another low recidivism rate. Nearly 70% of people released from state custody over the past two years have not been reincarcerated. Since 2022, out of nearly 13,000 individuals released from state custody, 8,930 have not returned. For those inmates, the current recidivism rate is 30.81%, which is 1.6% lower than the prior year.

The state'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 created 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.

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 \$32,000,000. 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.

2024 Overdose Fatality Report

The 2024 Kentucky Overdose Fatality Report is compiled by the Kentucky Injury Prevention and Research Center using data from the Office of Vital Statistics, the Office of the State Medical Examiner and Kentucky's coroners. These numbers are subject to change.

The Centers for Disease Control and Prevention report includes both the 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 to better target harm reduction and prevention activities for Kentuckians.

Key Findings from 2024¹

In 2024, 1,410 Kentucky residents died from a drug overdose, a decrease of 30.2% from the 2,020 resident deaths in 2023 and resulting in a rate of 32.0 deaths per 100,000 residents. A review of the resident cases autopsied by the Kentucky Office of the Medical Examiner and toxicology reports submitted by Kentucky coroners indicates that in 2024:

- 170 Black Kentucky residents died from a drug overdose in 2024, a 37.3% decrease from the 271 Black resident deaths in 2023. The rate of drug overdose deaths among Black residents in 2024 was 43.3 deaths per 100,000 Black residents, which was 37% greater than the rate of deaths among White residents and a decrease from the 69.2 deaths per 100,000 Black residents in 2023. The rate for White residents in 2024 was 31.6 deaths per 100,000 White residents, a decrease from the 45.7 deaths per 100,000 White residents in 2023.
- A total of 340 residents of Jefferson County died from a drug overdose, a decrease from the 501 resident deaths in 2023.
- The age group of 35- to 44-year-olds had the highest number of drug overdose deaths in 2024 at 379, a decrease of 34.8% from the 581 deaths among that age group in 2023. The number of drug overdose deaths for residents who were four years old and younger decreased from 9 deaths in 2023 to 5 deaths in 2024.
- The following data on drug types are based on identification through toxicology reports for all drug overdose deaths that occurred in Kentucky:
 - Fentanyl was identified through toxicology in 878 drug overdose deaths, representing 62.3% of the total drug overdose deaths in 2024 and a decrease of 39.4% from the 1,450 drug overdose deaths involving fentanyl in 2023.

¹ This report is based on data from Kentucky Injury Prevention & Research Center derived from death certificates and toxicology reports for all drug overdose deaths among Kentucky residents submitted by April 2025. Data are provisional and subject to change.

- Methamphetamine was identified in 716 drug overdose deaths, representing 50.8% of the total drug overdose deaths in 2024 and a decrease of 28.9% from the 1,007 drug overdose deaths involving methamphetamine in 2023.
- Cocaine was identified in 284 drug overdose deaths, representing 20.1% of the total drug overdose deaths in 2024 and a decrease of 27.6% from the 392 drug overdose deaths involving cocaine in 2023.
- Acetylfentanyl was identified in 389 drug overdose deaths, representing a decrease of 46.1% from the 722 drug overdose deaths involving acetylfentanyl in 2023.
- Oxycodone was identified in 115 drug overdose deaths, representing a decrease of 24.3% from the 152 drug overdose deaths involving oxycodone in 2023.
- Heroin was identified in 38 drug overdose deaths, representing a decrease of 2.6% from the 39 drug overdose deaths involving heroin in 2023.
- Alprazolam was identified in 99 drug overdose deaths, representing a decrease of 34% from the 150 drug overdose deaths involving alprazolam in 2023.

Table 1: Total Counts of Drug Overdose Deaths, 2022–2024

Residency	2022	2023	2024
Kentucky Resident (In-State Death)	2,138	1,969	1,391
Kentucky Resident Out-Of-State Death)	62	51	19
Non-Kentucky Resident (Death in Kentucky)	171	162	119
Total Deaths in Kentucky and Among Residents	2,371	2,182	1,529

* Records for out-of-state deaths are missing from the dataset for deaths that occurred in 2021.

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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

From 2023 to 2024, the number of deaths that occurred within the jurisdiction of Kentucky decreased by 29.1%, from 2,131 deaths in 2023 to 1,510 deaths in 2024.

Many national sources of data, including those collected by the 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, please add the totals for counts among 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 residents will be the target of harm reduction and prevention activities in Kentucky.

Table 2: Kentucky Counties with the Highest Rates of Drug Overdose Deaths among Residents in 2024

Kentucky County	Rate of Drug Overdose Deaths per 100,000 Residents	Count of Drug Overdose Deaths
1 Lee	156.0	12
2 Knott	134.6	18
3 Breathitt	129.6	16
4 Powell	109.8	12
5 Estill	85.4	11

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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Kentucky Counties with the Highest Rates of Drug Overdose Deaths in 2022

Table 3: Kentucky Counties Where the Highest Counts of Drug Overdose Deaths Involving Fentanyl Occurred, as Identified through Toxicology in 2024

	Kentucky County	Drug Overdose Deaths Involving Fentanyl
1	Jefferson	292
2	Fayette	86
3	Kenton	32
4	Madison	24
5	Boyd	24

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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

Table 4: Kentucky Counties Where the Highest Counts of Drug Overdose Deaths Involving Metham- phetamine Occurred, as Identified through Toxicology in 2024

	Kentucky County	Drug Overdose Deaths Involving Methamphetamine
1	Jefferson	169
2	Fayette	38
3	Boyd	20
4	Madison	19
5	Pike	17

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. 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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

Drug Overdose Deaths by Race

Table 5: Counts of Kentucky Resident Drug Overdose Deaths by Race, 2022 – 2024

Race	2022	2023	2024
Black	259	271	170
White	1,903	1,719	1,216
Other	38	30	24

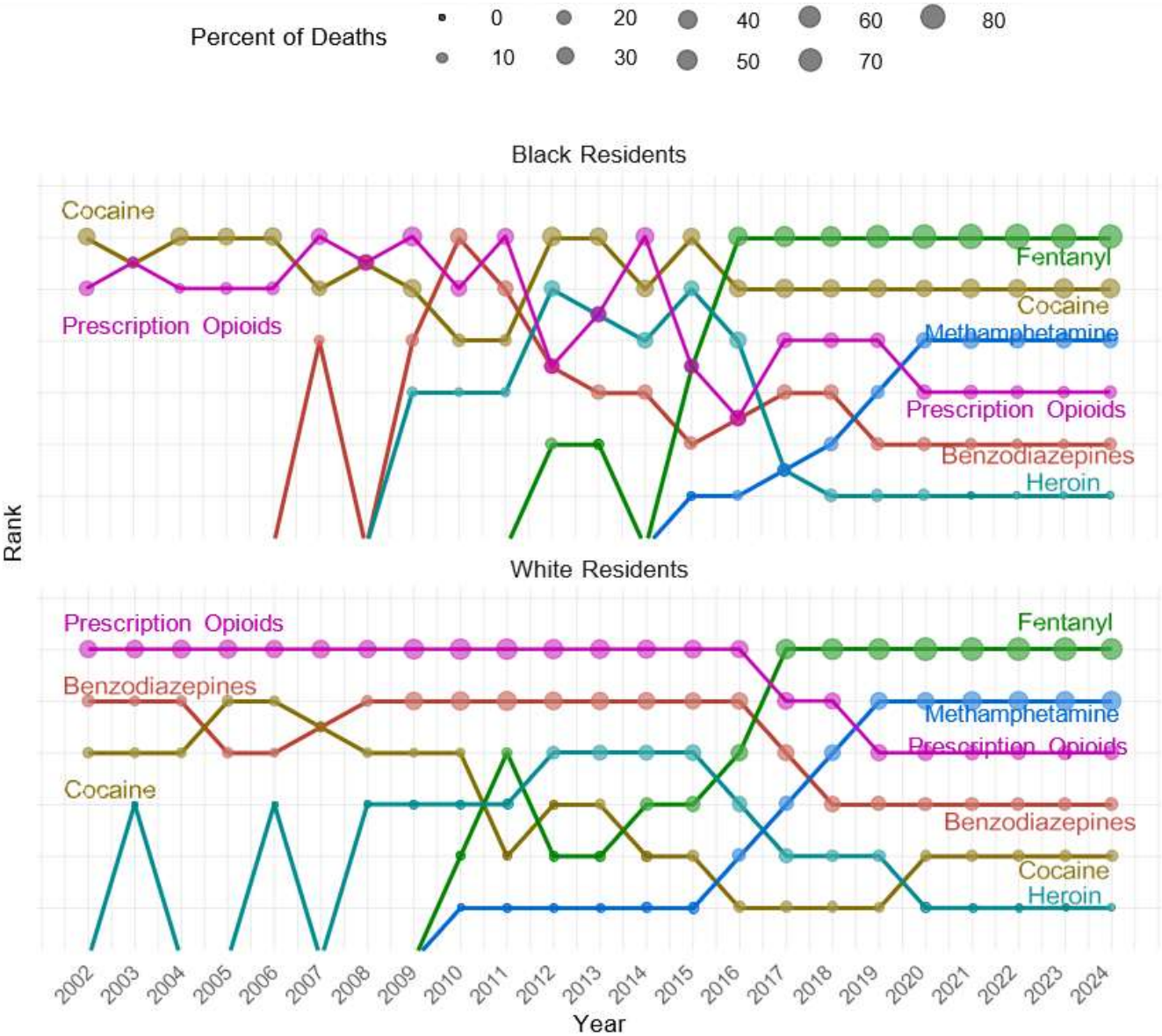
Data are provisional and subject to change. Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. April 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 6: Age-Adjusted Rate for Kentucky Resident Drug Overdose Deaths by Race, 2022 – 2024

Race	2022	2023	2024
Black	67.5	69.2	43.3
White	51.3	45.7	31.6
Other	20.2	16.7	12.2

Rates are presented as the number of drug overdose deaths per 100,000 population. 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 2025. 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 the Death Certificates of Kentucky Resident Drug Overdose Decedents by Race, 2002–2022



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 2025.

Drug Overdose Deaths by Age

Table 7: Counts of Kentucky Resident Drug Overdose Deaths by Age Group, 2022–2024

Age	2022	2023	2024
0-4	6	9	5
5-14	<5	<5	<5
15-24	119	98	64
25-34	446	370	223
35-44	659	581	379
45-54	516	480	355
55-64	347	370	274
65-74	89	95	90
75-84	14	9	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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

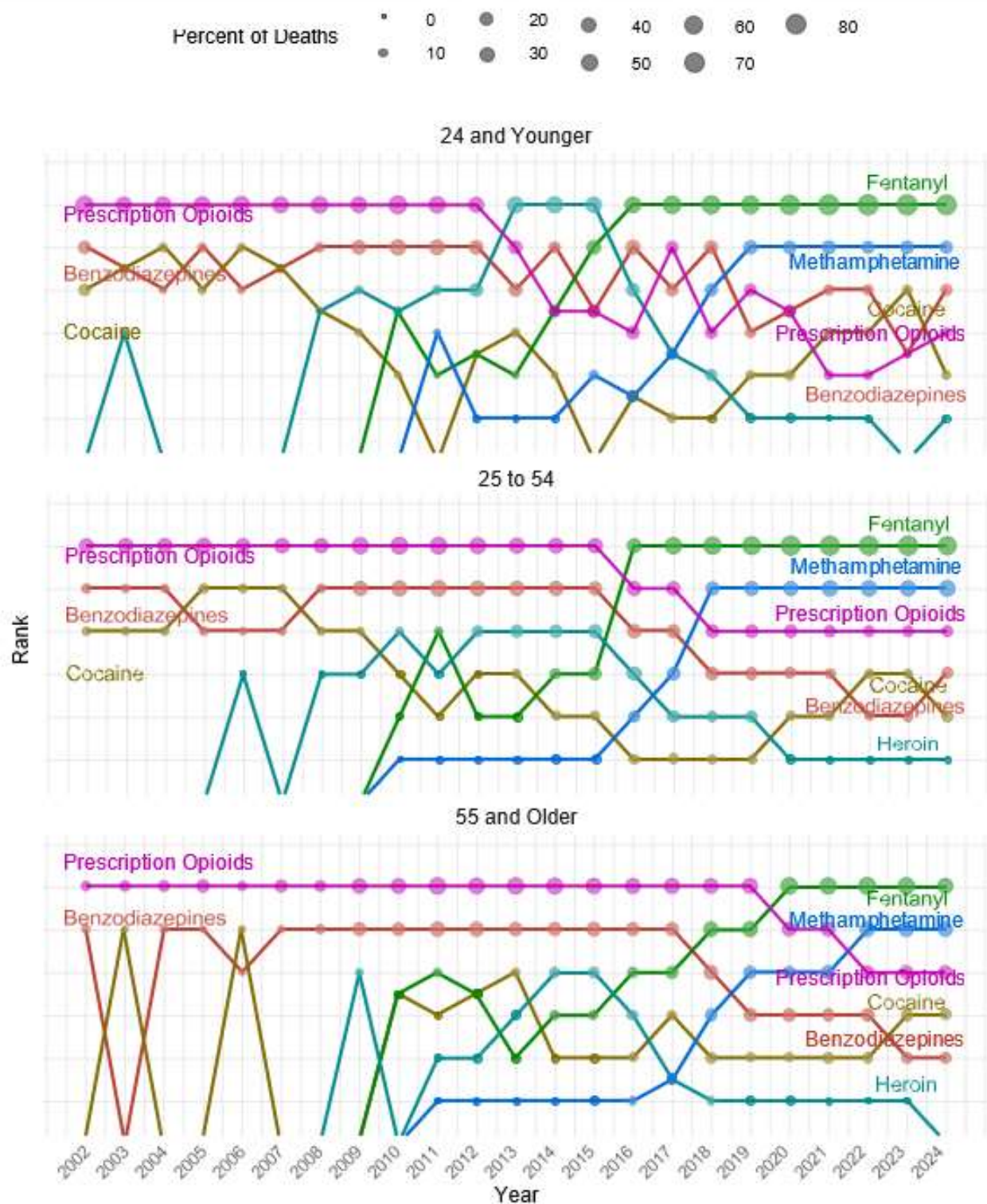
Table 8: Age-Specific Rates of Kentucky Resident Drug Overdose Deaths, 2022–2024

Age	2022	2023	2024
0-4	*	*	*
5-14	*	*	*
15-24	20.3	16.6	10.8
25-34	75.2	62.2	37.5
35-44	116.7	102.7	67.0
45-54	92.9	86.6	64.1
55-64	59.0	63.8	47.3
65-74	18.7	19.6	18.6
75-84	5.9	*	6.5
85+	*	*	*

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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

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

Figure 2: Top Drugs Identified by ICD-10 Code on the Death Certificates of Kentucky Resident Drug Overdose Decedents by Age Group, 2002–2022



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 2025.

Substances Found in Drug Overdose Decedent Toxicology Testing

Table 9: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2024

Substance	Frequency
Fentanyl	962
4-ANPP	864
Methamphetamine	781
Amphetamine	650
Acetylfentanyl	424
Caffeine	372
Nicotine	328
Cocaine	314
Gabapentin	248
THC	239
Ethanol	209
Morphine	165
Para-Fluorofentanyl	163
Naloxone	146
Clonazepam	135
Oxycodone	118
Hydrocodone	117
Alprazolam	107
Buprenorphine	90

Toxicology data are available only for deaths that occurred in Kentucky, (n=1,504). These deaths may include some non-Kentucky residents and will 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 their respective category counts. 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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

Table 10: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2024

Substance	Frequency
Dihydrocodeine	73
Delta-8 THC	71
Hydromorphone	69
Nordiazepam	64
Oxymorphone	64
Methadone	63
Xylazine	60
Tramadol	53
Diphenhydramine	52
Oxazepam	52
Bromazolam	48
Clonazepam	45
Heroin	44
Temazepam	43
Diazepam	41
Carfentanil	40
Desmetramadol	37
Acetaminophen	36
Nortriptyline	26

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Table 11: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2024

Substance	Frequency
Amitriptyline	25
Lorazepam	25
Metonitazene	25
Codeine	24
Hydroxyzine	21
Fluoxetine	19
N-Pyrrolidino Metonitazene	19
N-Pyrrolidino Protonitazene	19
Norsertraline	18
Quetiapine	18
Amiodarone	17
Desvenlafaxine	17
Citalopram	16
Ibuprofen	15
Metoprolol	15
Mitragynine	15
Naproxen	15
Trazodone	15
Duloxetine	14

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Table 12: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2024

Substance	Frequency
Pseudoephedrine	14
Sertraline	14
Acetone	13
Cyclobenzaprine	13
Quinidine	13
Dextro	12
Salicylates	12
Bupropion	11
Phenylpropanolamine	10
Promethazine	10
Venlafaxine	10
Olanzapine	9
Pregabalin	9
Chlordiazepoxide	7
Lamotrigine	7
MDMA	7
Mirtazapine	7
Paroxetine	7
Phentermine	7

Toxicology data are available only for deaths that occurred in Kentucky, (n=1,504). These deaths may include some non-Kentucky residents and will 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 their respective category counts. 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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

Table 13: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2024

Substance	Frequency
Propranolol	7
Aripiprazole	6
Levetiracetam	6
Lidocaine	6
Ketamine	5
Risperidone	5
Chlorophenylpiperazine	<5
Methocarbamol	<5
Phenobarbital	<5
Topiramate	<5
Zolpidem	<5
Acrylfentanyl	<5
Atenolol	<5
Buspirone	<5
Butalbital	<5
Desalkylgidazepam	<5
Dextrorphan	<5
Diltiazem	<5
Donepezil	<5

Toxicology data are available only for deaths that occurred in Kentucky, (n=1,504). These deaths may include some non-Kentucky residents and will 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 their respective category counts. 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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

Table 14: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2024

Substance	Frequency
Flualprazolam	7
Lacosamide	6
Midazolam	6
Nordoxepin	6
Amlodipine	5
Brompheniramine	5
Chlorpheniramine	<5
Dex	<5
Doxepin	<5
Doxylamine	<5
Isopropanol	<5
Metoclopramide	<5
Naltrexone	<5
Oxcarbazepine	<5
Protonitazene	<5
Sildenafil	<5
Tadalafil	<5
Tianeptine	<5
Trihexyphenidyl	<5

Toxicology data are available only for deaths that occurred in Kentucky, (n=1,504). These deaths may include some non-Kentucky residents and will 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 their respective category counts. 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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

Table 15: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2024

Substance	Frequency
Bisoprolol	<5
Butyrl	<5
Carbamazepine	<5
Clozapine	<5
Clozaprine	<5
Dicyclomine	<5
Ephedrine	<5
Flecainide	<5
Furosemide	<5
Haloperidol	<5
Hydrochlorothiazide	<5
Isotonitazene	<5
Loperamide	<5
MDA	<5
Methanol	<5
Metodesnitazene	<5
Nabumetone	<5
Phenacetin	<5
Phenibut	<5

Toxicology data are available only for deaths that occurred in Kentucky, (n=1,504). These deaths may include some non-Kentucky residents and will 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 their respective category counts. 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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

Table 16: Counts of Substances Identified through Toxicology Testing of Drug Overdose Deaths that Occurred in Kentucky, 2024

Substance	Frequency
Psilocin	<5
Theophylline	<5
Tripolidine	<5
Valeryl Fentanyl	<5
Verapamil	<5
Warfarin	<5
Ziprasidone	<5
Zonisamide	<5

Toxicology data are available only for deaths that occurred in Kentucky, (n=1,504). These deaths may include some non-Kentucky residents and will 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 their respective category counts. 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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

Drug Combinations Identified through Toxicology

Table 17: Most Common Two-Drug Combinations Identified through Toxicology for all Drug Over- dose Deaths that Occurred in Kentucky, 2024

Drug Combination	Total Count of Deaths	Black Decedents*	White Decedents*
4-ANPP, Fentanyl	864	129 (70.9%)	716 (55.3%)
Amphetamine, Methamphetamine	622	41 (22.5%)	575 (44.4%)
Fentanyl, Methamphetamine	509	48 (26.4%)	451 (34.8%)
4-ANPP, Methamphetamine	462	45 (24.7%)	409 (31.6%)
Amphetamine,	425	38 (20.9%)	381 (29.4%)
Acetylfentanyl, Fentanyl	424	64 (35.2%)	347 (26.8%)
4-ANPP, Acetylfentanyl	408	62 (34.1%)	334 (25.8%)
4-ANPP, Amphetamine	376	33 (18.1%)	337 (26%)
Cocaine, Fentanyl	250	78 (42.9%)	165 (12.7%)
Caffeine, Fentanyl	241	28 (15.4%)	207 (16%)
Fentanyl, Nicotine	238	38 (20.9%)	196 (15.1%)
Caffeine, Nicotine	235	23 (12.6%)	209 (16.1%)
4-ANPP, Cocaine	222	67 (36.8%)	148 (11.4%)
4-ANPP, Caffeine	222	26 (14.3%)	192 (14.8%)
4-ANPP, Nicotine	221	33 (18.1%)	185 (14.3%)
Acetylfentanyl, Methamphetamine	215	24 (13.2%)	186 (14.4%)
Caffeine, Methamphetamine	194	15 (8.2%)	175 (13.5%)
Amphetamine, Caffeine	172	10 (5.5%)	161 (12.4%)
Acetylfentanyl, Amphetamine	171	15 (8.2%)	152 (11.7%)
Methamphetamine, Nicotine	171	20 (11%)	149 (11.5%)

* Count (% of deaths with available toxicology)

These deaths may include some non-Kentucky residents and will exclude Kentucky residents who died in other states. Toxicology data are available only for deaths that occurred in Kentucky, (n=1,504). 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 their 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 2025. Data source: Drug Overdose Fatality Surveillance System (DOFSS).

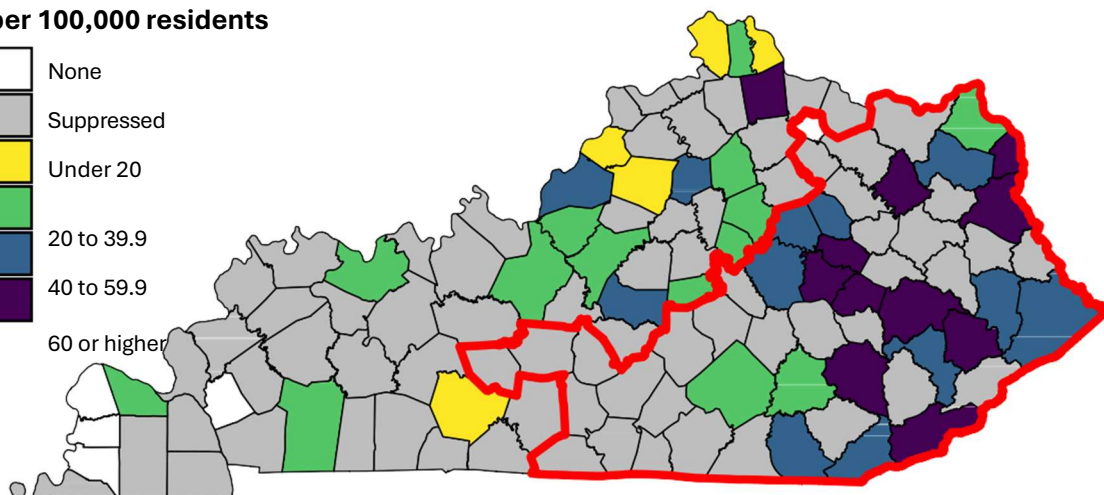
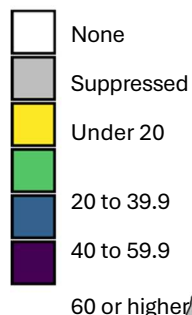
County-Level Maps

Figure 3: Age-Adjusted Rates of Drug Overdose Deaths by Kentucky County of Residence, 2024

Red line denotes Appalachian counties

Number of deaths

per 100,000 residents



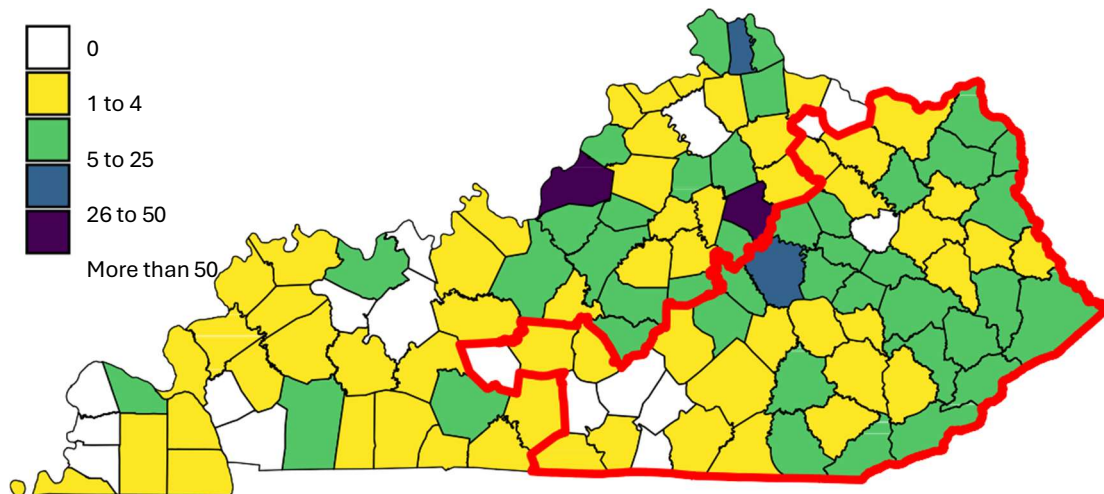
Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services. April 2025.

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

Where the Death Occurred, 2024

Red line denotes Appalachian counties

Count of deaths



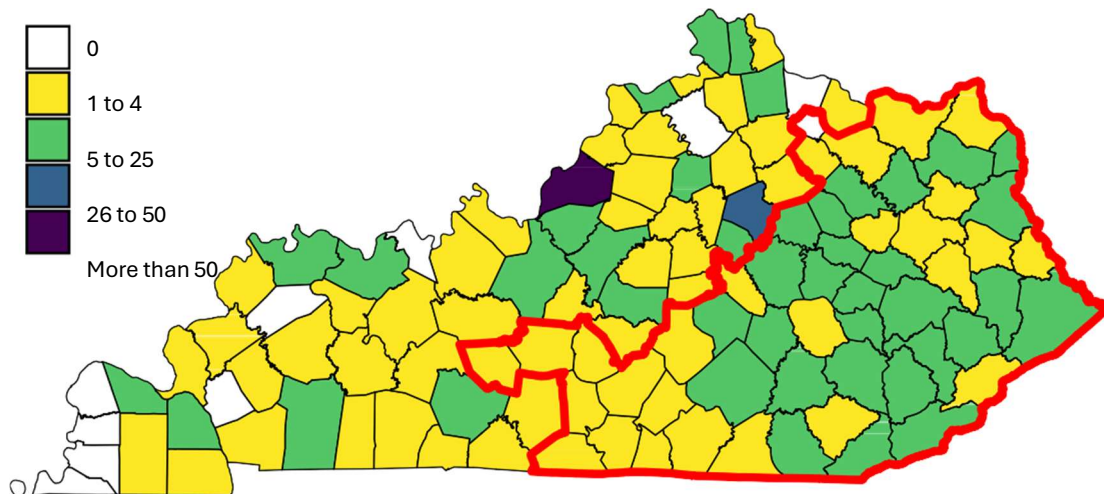
Toxicology data are available only for deaths that occurred in Kentucky, (n=1,390). Produced by the Kentucky Injury Prevention and Research Center, as bona fide agent for the Kentucky Department for Public Health. Data source: Drug Overdose Fatality Surveillance System (DOFSS). April 2025.

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

Where the Death Occurred, 2024

Red line denotes Appalachian counties

Count of deaths



Toxicology data are available only for deaths that occurred in Kentucky, (n=1,390). 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 (DOFSS). April 2025.

Age-Adjusted Mortality Rates by County

Table 18: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2024

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,410	32.0
Adair	<5	Suppressed
Allen	5	Suppressed
Anderson	<5	Suppressed
Ballard	0	0.0
Barren	9	Suppressed
Bath	6	Suppressed
Bell	11	51.9
Boone	18	13.5
Bourbon	7	Suppressed
Boyd	34	64.2
Boyle	10	30.8
Bracken	<5	Suppressed
Breathitt	16	129.6
Breckinridge	<5	Suppressed
Bullitt	23	27.1
Butler	<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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 19: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2024

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,410	32.0
Caldwell	<5	Suppressed
Calloway	5	Suppressed
Campbell	10	10.5
Carlisle	0	0.0
Carroll	9	Suppressed
Carter	11	46.6
Casey	<5	Suppressed
Christian	12	22.5
Clark	16	45.9
Clay	17	76.8
Clinton	6	Suppressed
Crittenden	<5	Suppressed
Cumberland	<5	Suppressed
Daviess	22	21.0
Edmonson	<5	Suppressed
Elliott	<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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 20: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2024

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,410	32.0
Estill	11	85.4
Fayette	87	28.1
Fleming	<5	Suppressed
Floyd	15	44.1
Franklin	27	46.6
Fulton	<5	Suppressed
Gallatin	5	Suppressed
Garrard	7	Suppressed
Grant	8	Suppressed
Graves	7	Suppressed
Grayson	<5	Suppressed
Green	5	Suppressed
Greenup	12	34.7
Hancock	<5	25.2
Hardin	29	Suppressed
Harlan	19	76.5

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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 21: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2024

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,410	32.0
Harrison	<5	Suppressed
Hart	6	Suppressed
Henderson	9	Suppressed
Henry	5	Suppressed
Hickman	0	0.0
Hopkins	6	Suppressed
Jackson	<5	Suppressed
Jefferson	340	45.5
Jessamine	14	25.3
Johnson	<5	Suppressed
Kenton	49	28.5
Knott	18	134.6
Knox	5	Suppressed
Larue	<5	Suppressed
Laurel	15	25.0
Lawrence	13	77.9

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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 22: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2024

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,410	32.0
Lee	12	156.0
Leslie	5	Suppressed
Letcher	6	Suppressed
Lewis	<5	Suppressed
Lincoln	8	Suppressed
Livingston	<5	Suppressed
Logan	<5	Suppressed
Lyon	0	0.0
Madison	37	41.9
Magoffin	<5	Suppressed
Marion	11	48.9
Marshall	7	Suppressed
Martin	<5	Suppressed
Mason	<5	Suppressed
McCracken	14	20.8
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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 23: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2024

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,410	32.0
McLean	<5	Suppressed
Meade	6	Suppressed
Menifee	<5	Suppressed
Mercer	5	Suppressed
Metcalfe	<5	Suppressed
Monroe	<5	Suppressed
Montgomery	10	40.5
Morgan	<5	Suppressed
Muhlenberg	<5	Suppressed
Nelson	10	21.9
Nicholas	5	Suppressed
Ohio	<5	Suppressed
Oldham	11	16.0
Owen	<5	Suppressed
Owsley	5	Suppressed
Pendleton	11	76.9

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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 24: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2024

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,410	32.0
Perry	12	43.6
Pike	22	42.7
Powell	12	109.8
Pulaski	14	22.3
Robertson	0	0.0
Rockcastle	8	Suppressed
Rowan	16	85.0
Russell	<5	Suppressed
Scott	19	31.1
Shelby	10	18.2
Simpson	6	Suppressed
Spencer	7	Suppressed
Taylor	7	Suppressed
Todd	<5	Suppressed
Trigg	<5	Suppressed
Trimble	<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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Table 25: Counts of Drug Overdose Deaths and Age-Adjusted Drug Overdose Mortality Rates, by Kentucky County of Residence, 2024

County	Count of Drug Overdoses	Age-Adjusted Drug Overdose Mortality Rate
Kentucky	1,410	32.0
Union	<5	Suppressed
Warren	17	11.6
Washington	5	Suppressed
Wayne	<5	Suppressed
Webster	<5	Suppressed
Whitley	13	41.5
Wolfe	7	Suppressed
Woodford	6	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 2025. Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

About the Annual Overdose Fatality Report:

House Bill 1, from the 2012 Special Session, mandates that 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 decedent'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 utilizing data from the Office of the State Medical Examiner, Kentucky Injury Prevention and Research Center and the Kentucky Office of Vital Statistics. Kentucky Injury Prevention and Research Center, with support from the Center for Disease Control, launched the **Drug Overdose Technical Assistance Core (DOTAC)** to support 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, analytical and community services is available at <https://kiprc.uky.edu/injury-focus-areas/drug-overdose-prevention>.

The Centers for Disease Control and Prevention report includes both the 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 to better target harm reduction and 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 from toxicology testing of blood, urine, and/or vitreous fluids.

Data Sources

Drug overdose deaths were from the Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Kentucky 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 death certificate data.

Disclaimers

Counts greater than zero but less than five are suppressed in accordance with state data management policy. Data are provisional and subject to change.

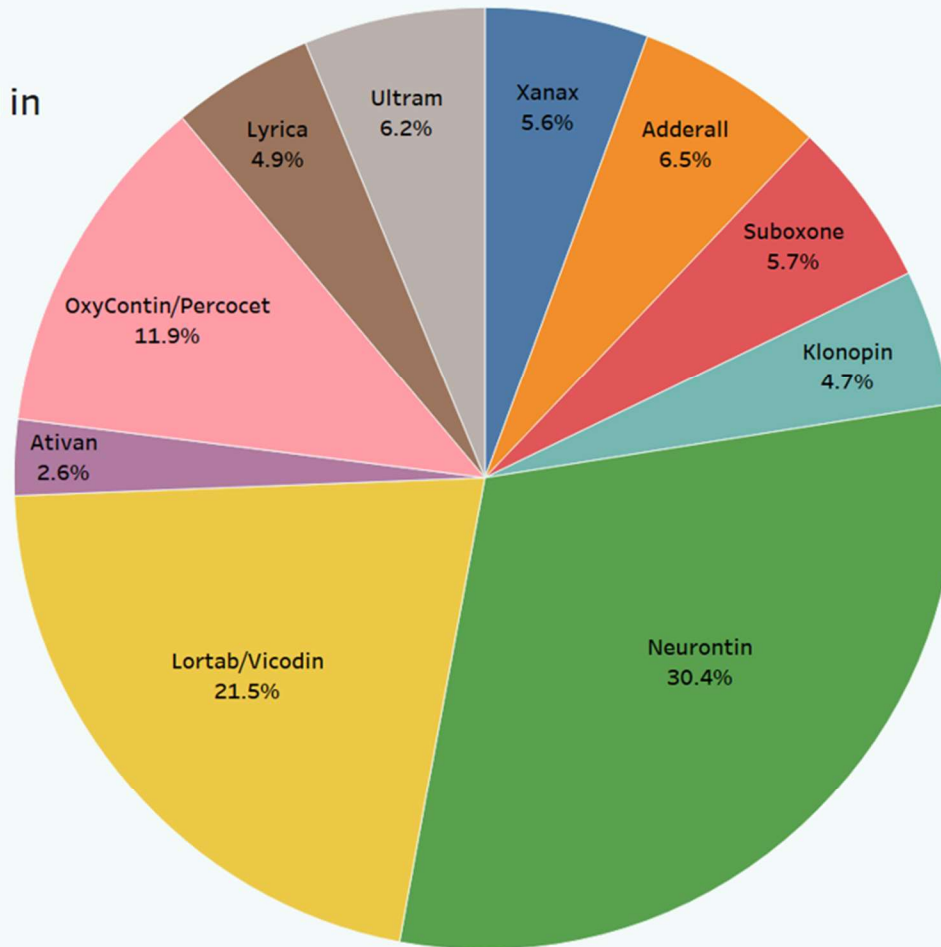
Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health, April 2025. This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of cooperative agreement 1 NU17CE010186 totaling \$5.4 million with 0% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC, HHS, or the U.S. government. For more information, please visit [CDC.gov](https://www.cdc.gov).

Special thanks to the following agencies for their contribution to the 2023 Kentucky Overdose Fatality Report: University of Kentucky College of Public Health, the Kentucky Injury Prevention and Research Center, and the Kentucky Department of Public Health.



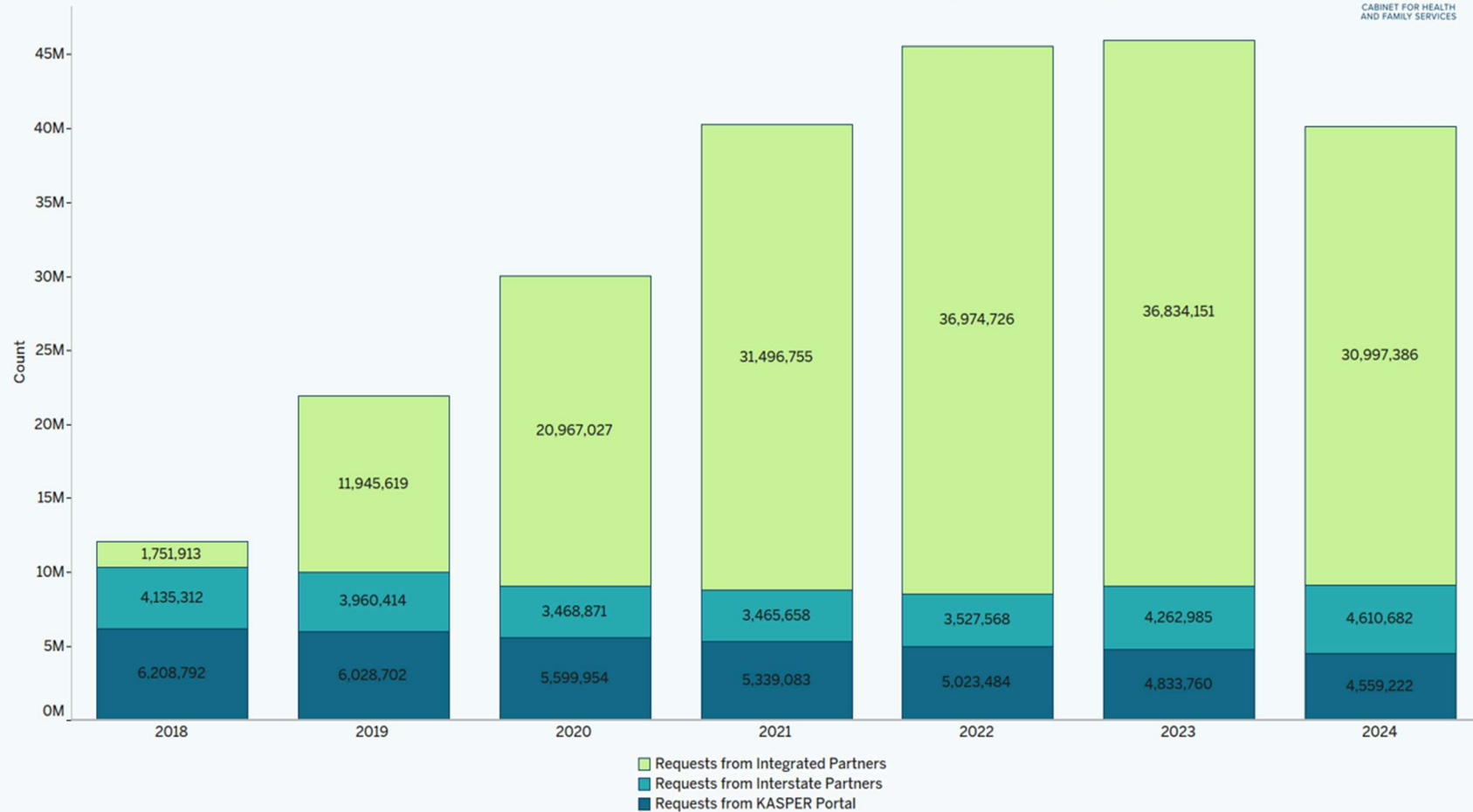
Kentucky All Schedule Prescription Electronic Reporting (KASPER) Summary

Top 10 Controlled
Substances Prescribed in
Kentucky (2024)

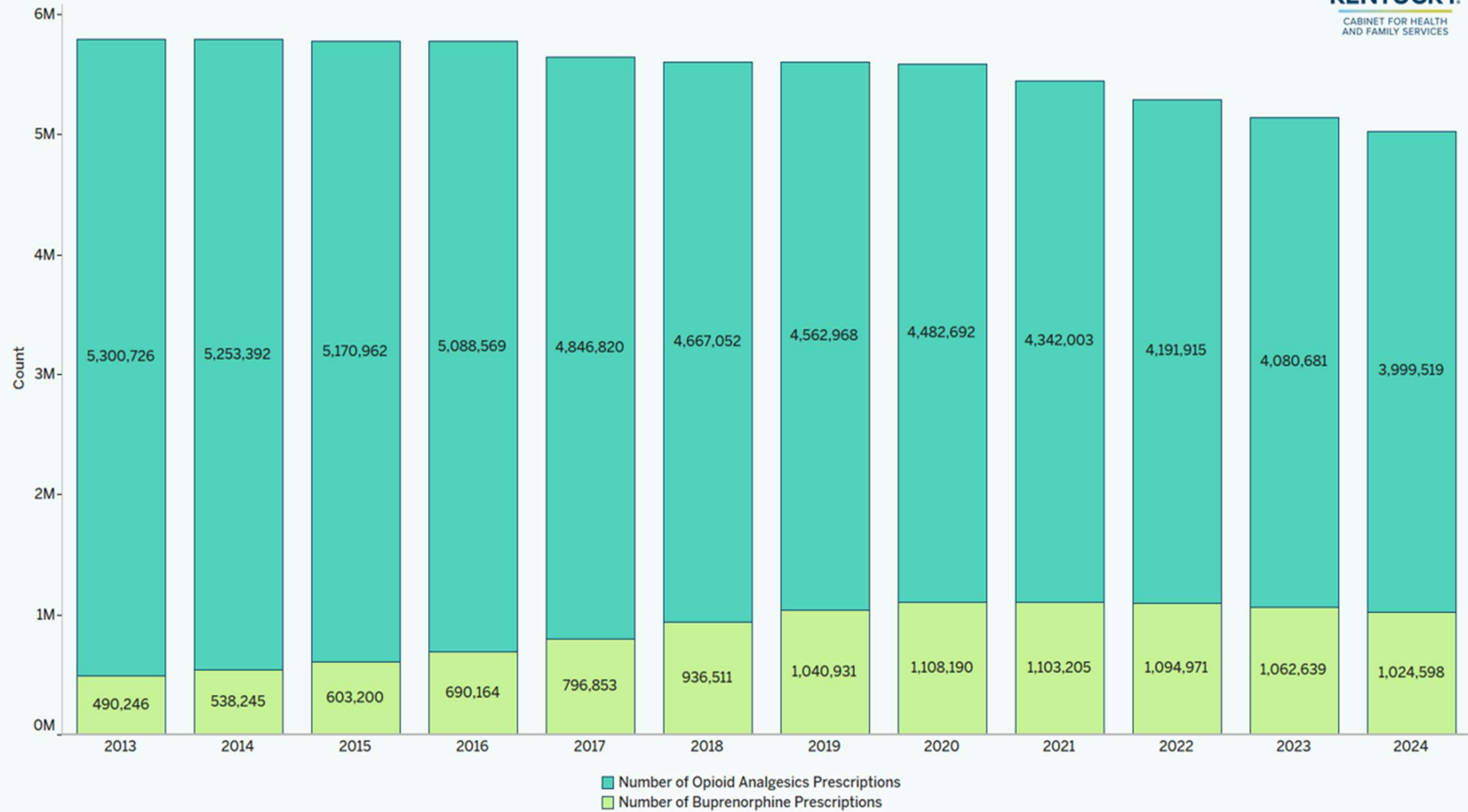


TEAM
KENTUCKY.
CABINET FOR HEALTH
AND FAMILY SERVICES

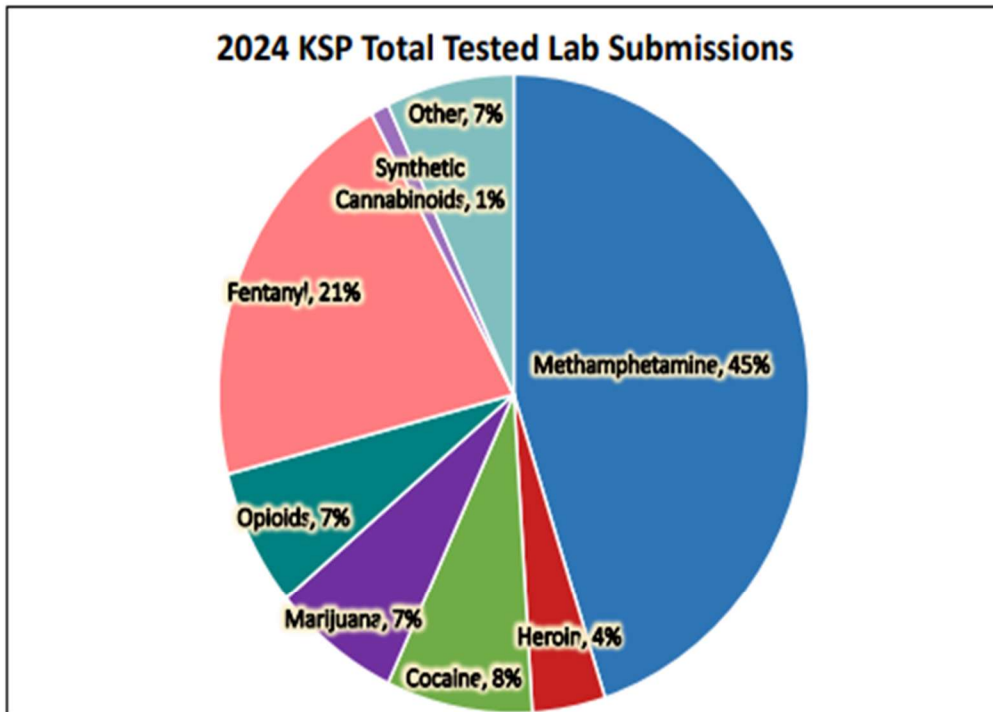
Requests for Patient Reports in KASPER (2018-2024)



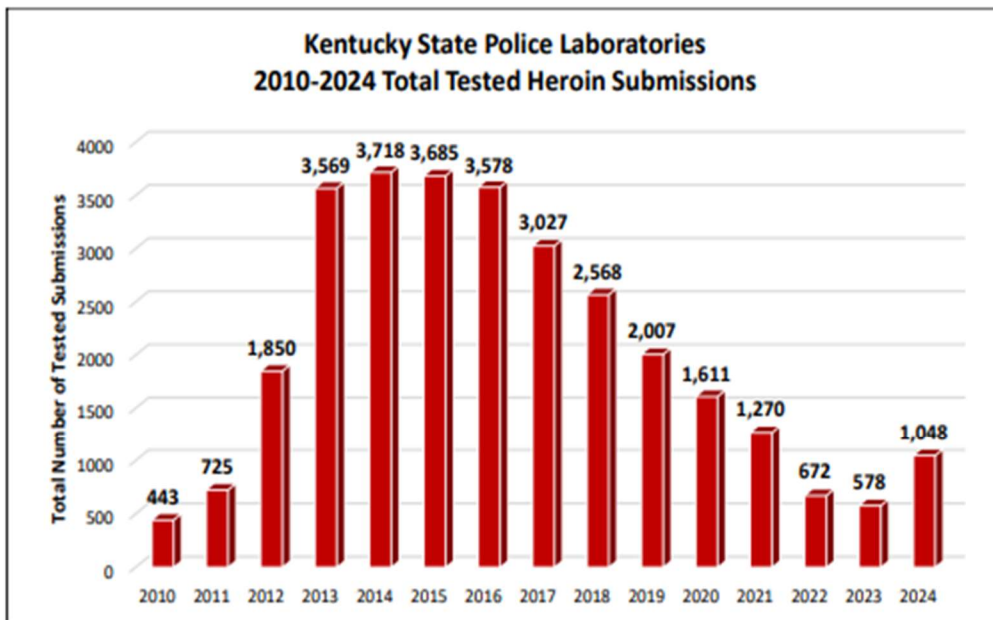
Number of Opioid & Buprenorphine Prescriptions Reported to KASPER (2013-2024)



Data Provided by the Kentucky State Police

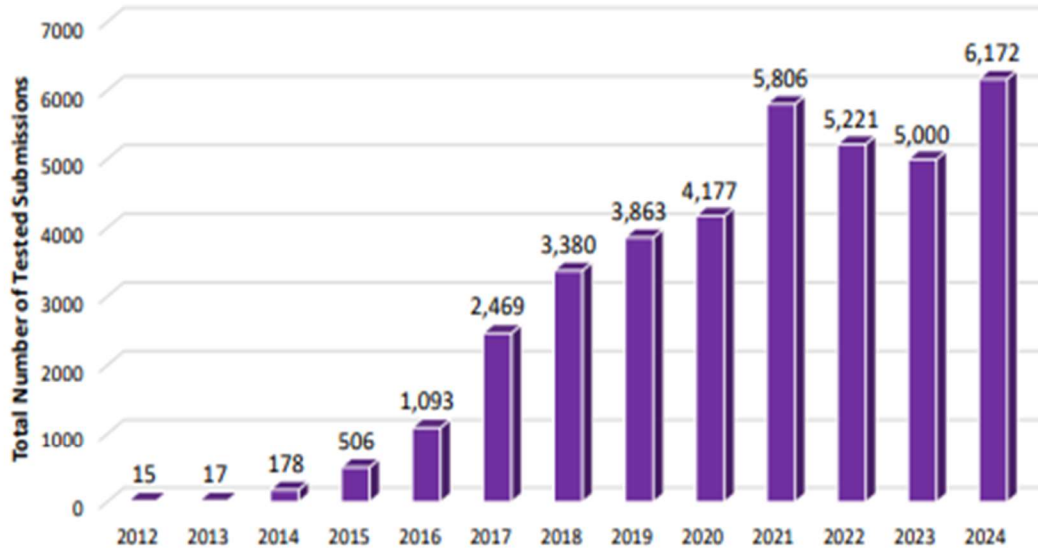


Data are provisional and subject to change. Tested Lab Submission Data represents those substances submitted to the lab for identification purposes; quantity is not reflected. Lab Data represents submissions tested within the corresponding time frame; submission data is not reflected.



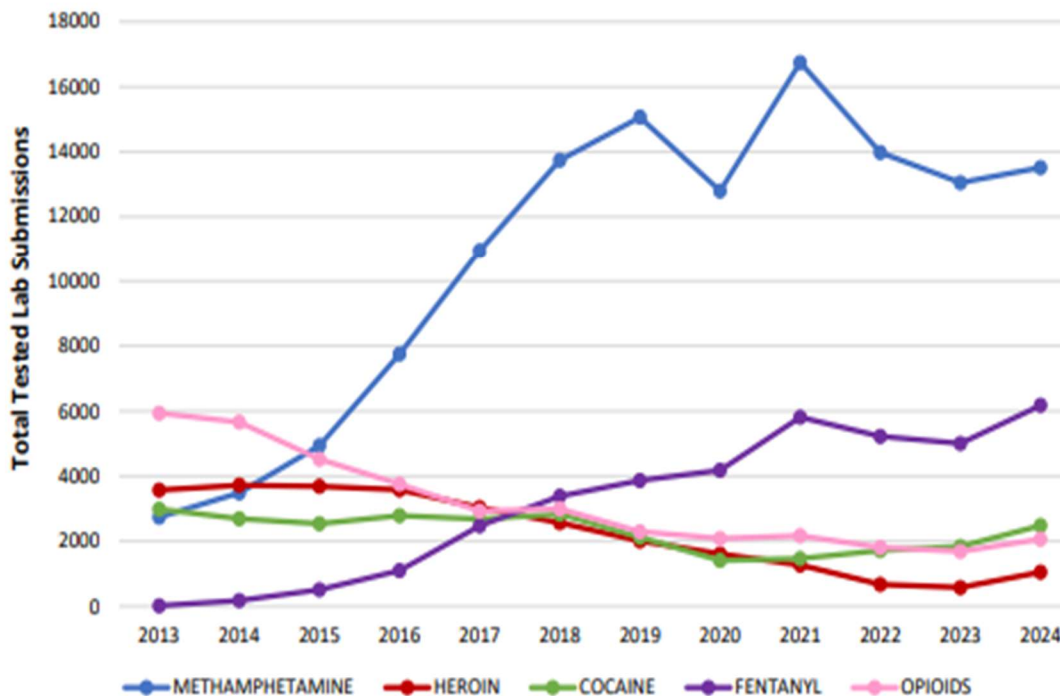
Data are provisional and subject to change. Tested Lab Submission Data represents those substances submitted to the lab for identification purposes; quantity is not reflected. Lab Data represents submissions tested within the corresponding time frame; submission data is not reflected.

Kentucky State Police Laboratories 2012-2024 Total Tested Fentanyl Submissions

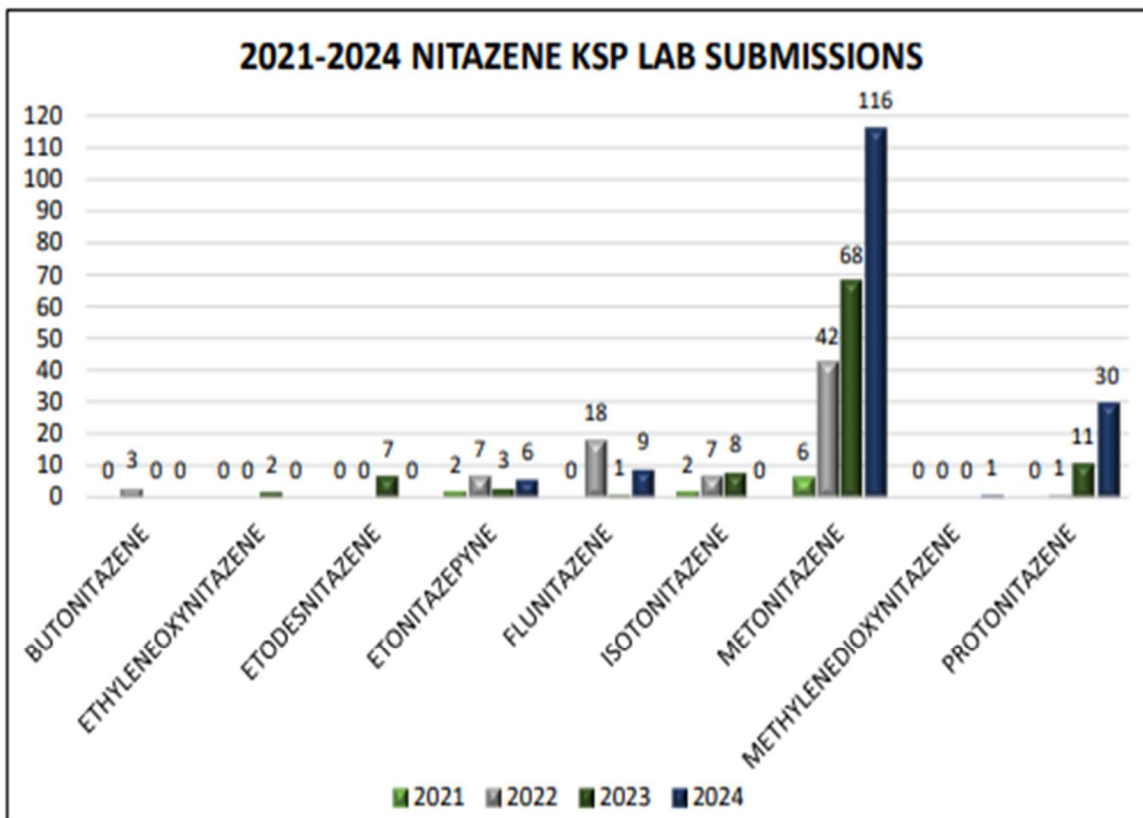


Data are provisional and subject to change. Tested Lab Submission Data represents those substances submitted to the lab for identification purposes; quantity is not reflected. Lab Data represents submissions tested within the corresponding time frame; submission data is not reflected.

2013-2024 Drug Trends: Meth, Heroin, Cocaine, Fentanyl/Fentanyl Analogues & Opioids



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.



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.

Kentucky Office of Drug Control Policy SFY2024 Funded Programs

In Fiscal Year 2024, the Beshear-Coleman Administration, in partnership with the Office of Drug Control Policy, awarded a total of \$29,754,033.82 from the state budget to 29 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 2024 includes the following allocations:

FUND: 0100 **FUNCTION: AK00**

Substance Abuse Initiatives - \$16,378,300

- \$1,049,734.07 – KY-ASAP Local Boards Harm Reduction
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.
- \$3,000,000 – 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.
- \$3,000,000 – 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.

- \$600,000 – UNITE Call Center
Funds from ODCP to Operation UNITE to operate a screening and statewide referral service.
- \$600,000 – KPERF – Naloxone for Law Enforcement
Funds from ODCP to Kentucky Pharmacy Educational Research Foundation (KPERF) to purchase, provide and train law enforcement agencies for Naloxone.
- \$50,000 – Kentucky Office of the State Medical Examiner – Staffing & Toxicology
Funds from ODCP to the Kentucky Office of the State Medical Examiner to assist with staffing and toxicology.
- \$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.
- \$300,000 – KSP – Interdiction & Prevention
Funds from ODCP to the Kentucky State Police (KSP) to enhance interdiction and prevention efforts.
- \$138,205.87 – UK Research Foundation
Funds to provide an evaluation of justice treatment programs.
- \$25,000 – Kentucky Narcotics Officers Training Conference
Funds used to provide a training conference for Kentucky Narcotics Officers.
- \$4,026 – Law Enforcement Deflection & Diversion Training
Funds to provide Deflection & Diversion Training to Law Enforcement.

FUND: 65AH

FUNCTION: AH00

Tobacco Master Settlement Agreement - \$5,416,004.41

- \$2,330,000 – KY-ASAP Local Boards (traditional awards)
Funds from ODCP to local KY-ASAP boards to operate prevention, treatment and enforcement projects and programs.
- \$354,217.35 – KY-ASAP Local Boards Harm Reduction
Funds from ODCP to local KY-ASAP boards to operate prevention, enforcement and treatment programs specifically related to opioids.

- \$185,000 – Media – Partnership
Funds for public education partnership announcements to be aired on radio and television stations throughout Kentucky.
- \$1,500,000 – 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.
- \$30,000 – Louisville Metro – Reducing Barriers to Re-Entry
Funds from ODCP to support the Reducing Barriers to Re-Entry Program administered by the Opportunity Network to be used to better connect justice-involved individuals to supports and opportunities that will redirect them to productive lives by bringing system decisionmakers together with users and providers of services and supports to improve outcomes and remove barriers to successful re-entry. The funding is intended to address policy and practice gaps in order to create a community that prevents and reduces recidivism. The funding is further intended to provide a connection to opportunities for justice-involved individuals, specifically returning youth and adults, to build and rebuild their lives in the community.
- \$250,000 – 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.
- \$40,000 – Casey's Law Educational Campaign
Funds will be used to provide a statewide educational campaign on Casey's Law.
- \$206,000 – CHFS – Public Health – FindHelpKY Promotion
Funds from ODCP to CHFS – Department of Public Health for the FindHelpKY website.

FUND: 13D0
FUNCTION: AH00

KY ATTORNEY GENERAL - PURDUE LAWSUIT - \$1,500,000

- \$1,500,000 – UNITE – Operating Expenses
Funds from the Office of Attorney General from Purdue Pharma settlement to ODCP as a pass-through to Operation UNITE for operating expenses.

FUND: 0100
FUNCTION: AH00

General Fund - \$5,850,000

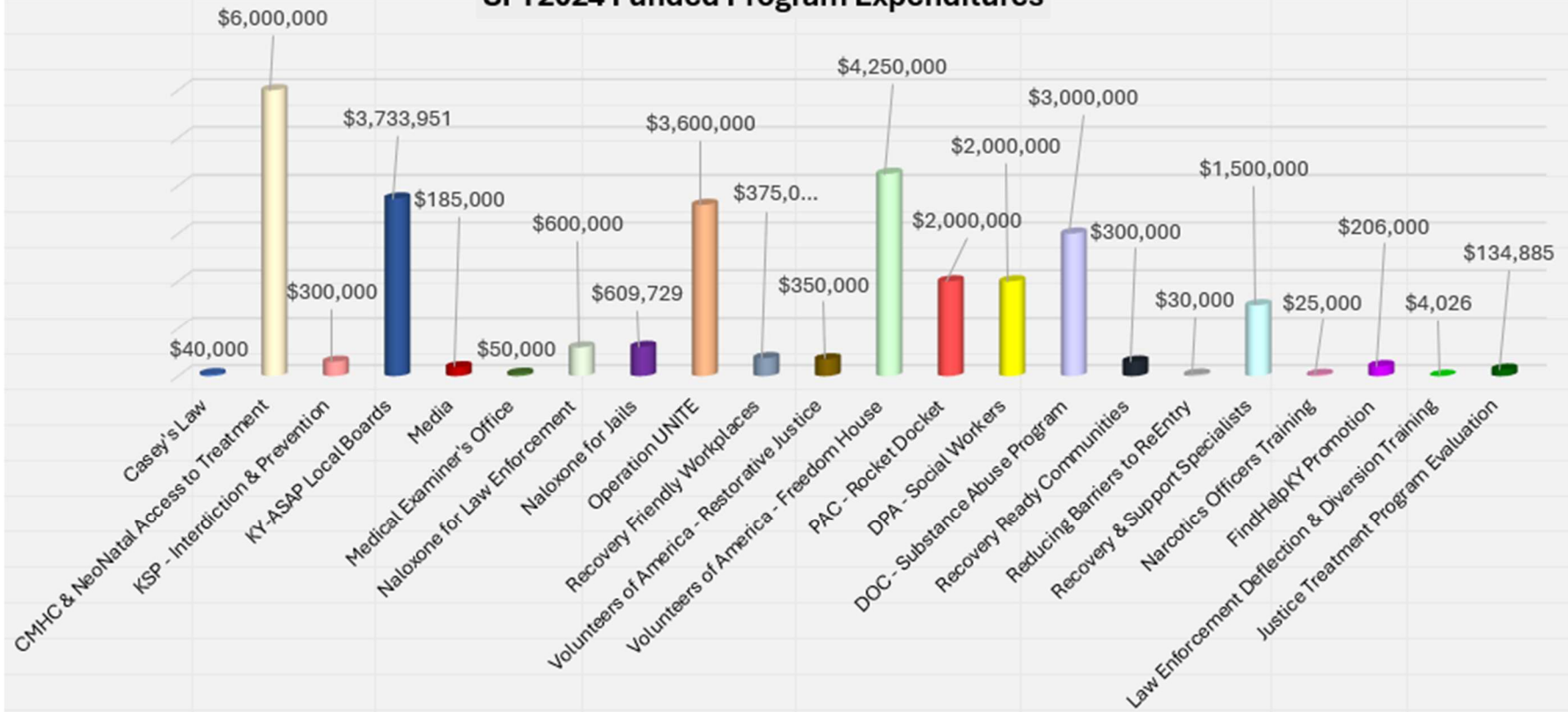
- \$1,500,000 – UNITE – Operating Expenses
Funds from ODCP as a pass-through to Operation UNITE for operating expenses.
- \$4,250,000 – Volunteers of America – Freedom House Expansion & Family Recovery Court
Funds from ODCP to Volunteers of America to administer Freedom House.
- \$100,000 – Volunteers of America – Restorative Justice
Funds from ODCP to support a Restorative Justice Program administered by the Volunteers of America. The Restorative Justice Program allows victims of crime to participate more fully in the resolution of the offense that has been done, 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 restorative justice project implemented in Clay, Leslie, Jackson, Knox, Laurel, McCreary and Whitley counties.

FUND: 1200
FUNCTION: AE00

COSSAP - KCARE - \$609,729.41

- \$609,729.41 – Naloxone for Jails
Funds from COSSAP – KCARE federal grant to provide naloxone to inmates upon release.

Kentucky Office of Drug Control Policy SFY2024 Funded Program Expenditures



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.²

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.

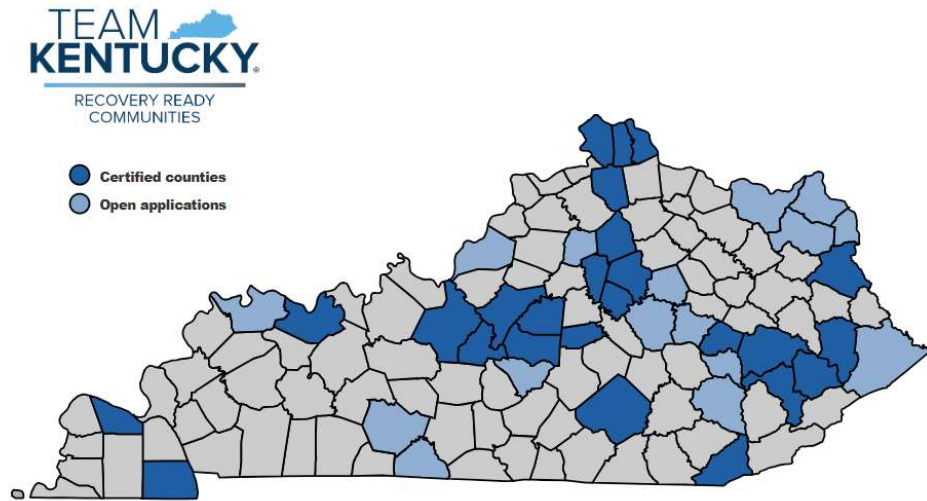
Impacts of MethCheck / NPLEx Kentucky

- 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.

² Note: In the 2024 legislative session [HB386](#) was passed, which removes the annual and package purchase limits for pseudoephedrine

- Prohibits individuals convicted of any offense relating to methamphetamine from possessing or attempting to possess medication containing ephedrine, pseudoephedrine or phenylpropanolamine until 5 years after the following dates:
 - The date the individual was convicted;
 - The date the individual was discharged from incarceration; or
 - The date the individual was released from probation or parole

Recovery Ready Communities 2024 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.

Recover 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, Gov. 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, and an additional 14 were certified in 2024.

The counties certified in 2024 are:

- Scott
- Hardin
- McCracken
- Breathitt
- Jessamine
- Lee
- Nelson
- Daviess
- Fayette
- Pulaski
- Calloway
- Knott
- Lawrence
- Floyd

Recovery Ready Communities 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

<u>Matt Perkins, Mayor of Ashland</u> Representing the Kentucky League of Cities Designee: None	<u>Ray Jones, Pike County Judge Executive</u> Representing the Kentucky Association of Counties Designee: None
<u>Steve Shannon, Executive Director</u> Representing the KY Association of Regional Programs Designee: None	<u>Beth Davisson, Senior Vice President</u> Kentucky Chamber Foundation Designee: Ryan Bowman
<u>Lawrence Droege, Attorney, Stites & Harbison</u> Representing the Recovery Consortium of Kentucky <u>Designee:</u> None	<u>Dr. Daniel Corrie Shull, Minister</u> Representing the Kentucky School Boards Association Designee: None
<u>John Moberly</u> Representing the Leadership of Active Law Enforcement Officers in KY Designee: None	<u>Dr. Ammar Almasalkhi, Physician, Pulmonary Specialist of Louisville</u> Representing active Kentucky Licensed Practicing Physicians Designee: None
<u>Gene Detherage</u> Representing Individuals in Recovery from substance use disorder Designee: None	<u>Rickey Greene, Entrepreneur, Action Shots Inc.</u> Representing Individuals in Recovery from substance use disorder Designee: None

<u>Debra Hembree Lambert, Chief Justice of the Supreme Court</u> Designee: Debbie Hall, Behavioral Health Liason	<u>Russell Coleman, Attorney General</u> Designee: Chris Evans, Executive Director, KY Opioid Abatement Commission
<u>Dr. Steven Stack, Commissioner</u> Department of Public Health Designee: Dr. Connie White, DPH Deputy Commissioner	<u>Cookie Crews, Commissioner</u> Department of Corrections Designee: Jeannie Walldridge, Director, Division of Addiction Services
<u>Dr. Katie Marks, Commissioner</u> Department for Behavioral Health, Developmental and Intellectual Disabilities Designee: Sarah Johnson, Division of Substance Use Disorder, DBHDID	<u>Michael Yoder, Commissioner</u> Education and Labor Cabinet Designee: Dr. John C. Gregory, KYAE Executive Director
<u>Damon Preston, Public Advocate</u> Department of Public Advocacy Designee: Dawn Gasser, Justice Program Supervisor, Department of Public Advocacy	<u>Senator Robert Stivers, President of the Senate</u> Designee: Senator Whitney Westerfield
<u>Representative David W. Osbourne, Speaker of the House</u> Designee: Alecia Webb-Edgington, President, Life Learning Center	<u>Joel Thornbury, Pharmacist, Nova Pharmacy</u> Representing The Kentucky Pharmacist Association
<u>Stephanie Raglin</u> Representing Faith Community Organizations with experience in substance use recovery disorders	

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 a 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:



Source: KYMap.net

- 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, Chairman

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	
Steve Shannon, Executive Director	Association of Regional Programs	
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

KY-ASAP has continued to evolve since its placement in the Office of Drug Control Policy 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 positions³, 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		

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

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

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	Alcohol, Tobacco, and Other Drugs 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 and successful. They are an excellent tool and a 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, and 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

Eric Friedlander, 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
1024 Capital Center Drive, Suite 320
Frankfort, KY 40601

We have reviewed the expenditures of the Health Care Improvement Fund from July 1, 2022 to June 30, 2023. 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 Health Care Improvement Fund are complete and accurate. Our responsibility is to express a conclusion on the expenditures reported within the 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 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 Health Care Improvement Fund are complete and accurate, in all material respects, in order to express 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.

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

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

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

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 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, 2023, in order for them to be complete and accurately reported within the Health Care Improvement Fund.

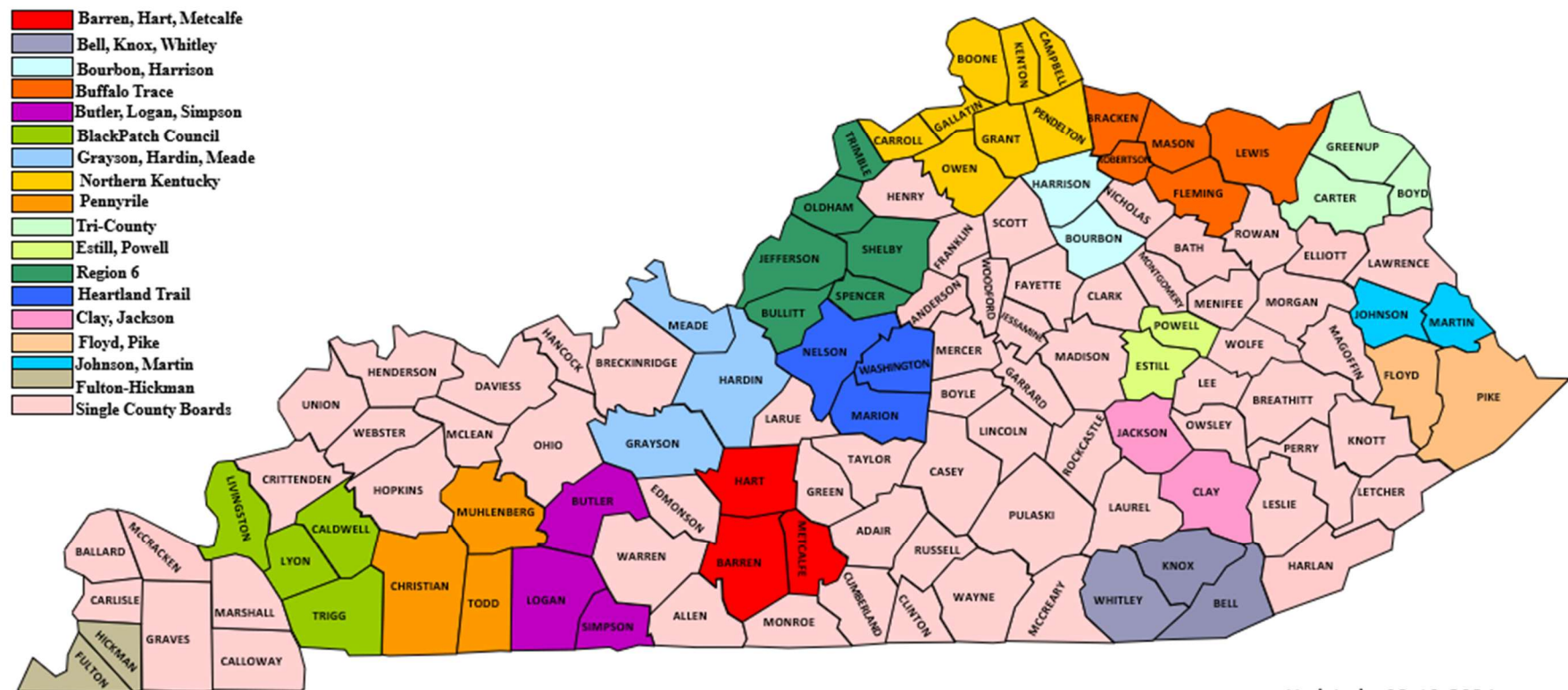
This report is intended solely to fulfill the review requirements established in Kentucky Revised Statutes (KRS) 194A.055 and is not suitable for any other purpose.

Respectfully Submitted,
Allison Ball
Allison Ball
Auditor of Public Accounts
Frankfort, Kentucky

May 28, 2024

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

Tim Cesario, Chairman

Cumberland River Behavioral Health – Director Substance Abuse Services
Private Community Based Organization

Keith L. Jackson

Secretary, Justice & Public Safety Cabinet

<u>Dana Nickles, Director</u> KY Public Health Association <i>Designee: None</i>	<u>Shannon Black Baker</u> American Lung Association <i>Designee: None</i>
<u>Veronica Nunley</u> KY Association of Regional Programs <i>Designee: None</i>	<u>Shane Britt</u> Local Tobacco Addiction, Subs. Abuse Bd. <i>Designee: None</i>
<u>Keith Jackson, Secretary</u> Justice & Public Safety Cabinet <i>Designee: Van Ingram</i>	<u>Dr. Steven Stack, Commissioner</u> Department for Public Health <i>Designee: Dr. Connie White</i>
<u>Allyson Taylor, Commissioner</u> Alcoholic Beverage Control <i>Designee: Richard Mayse</i>	<u>Shelley Elswick</u> Private Community-Based Organization <i>Designee: None</i>
<u>Jason McGinnis, Interim Director</u> Administrative Office of the Courts <i>Designee: Elizabeth Nichols</i>	<u>Charles Kendell</u> Local Tobacco Addiction, Subs. Abuse Board <i>Designee: None</i>
<u>Melanie Yeager</u> Private Community-based Organizations <i>Designee: Tim Cesario</i>	<u>Vacant</u> Kentucky Cancer Society <i>Designee: None</i>
<u>Amanda Heacock</u> KY Family Resource Youth Services Coalition <i>Designee: Ashli Taylor</i>	<u>Ashlea Christiansen</u> American Heart Association <i>Designee: Tracey Monks</i>
<u>Eric Friedlander, Secretary</u> Cabinet for Health & Family Services <i>Designee: Maggie Schroeder</i>	<u>Paula Brown</u> Division for Behavioral Health, Dept. of Behavioral Health, Developmental & Intellectual Disabilities <i>Designee: Camille Croweak</i>
<u>Dr. Robbie Fletcher, Interim Commissioner</u> Department of Education <i>Designee: Doug Roberts</i>	UPDATED 11/2024

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-Metcalf Local KY-ASAP Board (BHM)
6	Bath County Local KY-ASAP Board
7	Bell-Knox-Whitley Local KY-ASAP Board (BKW)
8	Black Patch Council Local KY-ASAP Board (Livingston, Lyon, Caldwell, Trigg)
9	Bourbon/Harrison Local KY-ASAP Board
10	Boyle County Local KY-ASAP Board
11	Breathitt County Local KY-ASAP Board
12	Breckinridge County Local KY-ASAP Board
13	Buffalo Trace Local KY-ASAP Board
14	Butler-Logan-Simpson Local KY-ASAP Board (BLS)
15	Calloway County Local KY-ASAP Board
16	Carlisle County Local KY-ASAP Board
17	Casey County Local KY-ASAP Board
18	Central KY Local KY-ASAP Board
19	Clark County Local KY-ASAP Board
20	Clay-Jackson Local KY-ASAP Board
21	Clinton County Local KY-ASAP Board
22	Crittenden County Local KY-ASAP Board
23	Cumberland County Local KY-ASAP Board
24	Daviess County Local KY-ASAP Board
25	Edmonson County Local KY-ASAP Board
26	Elliott County (1 st half designation compete)
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

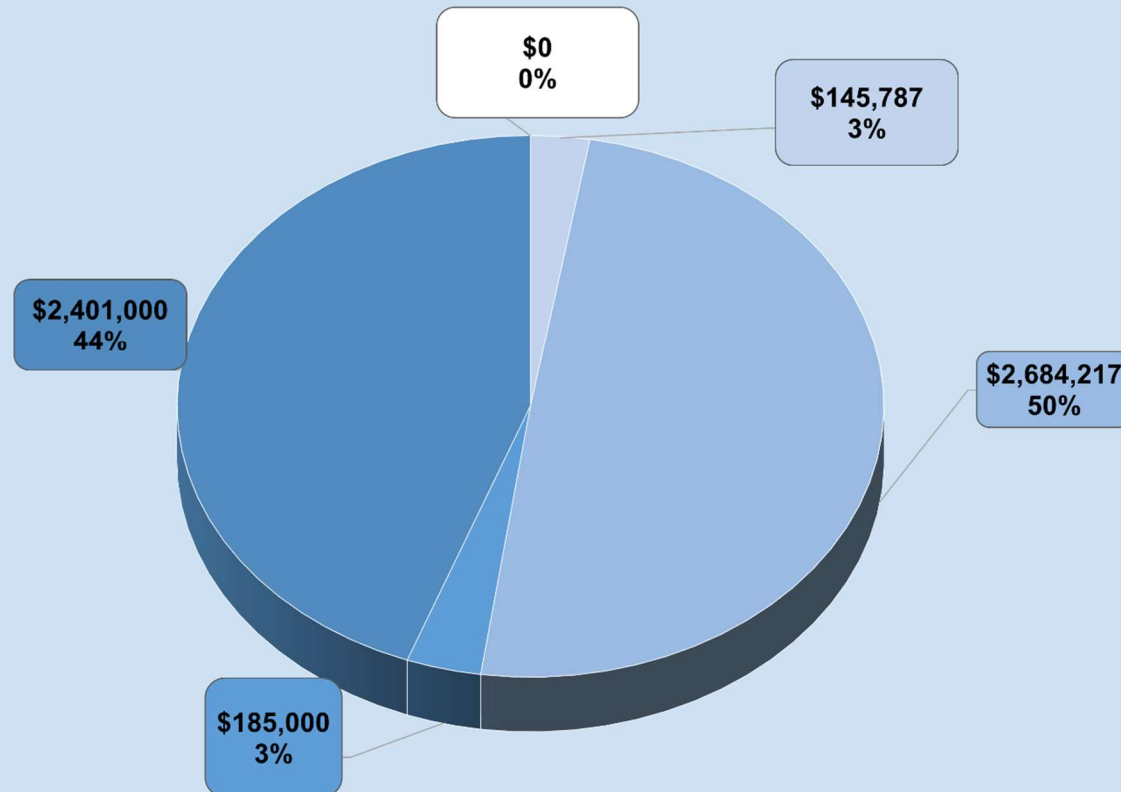
KY-ASAP Program Funding & Expenditures

Program Expenditure Summary SFY2024
 July 1, 2023 through June 30, 2024
 (Tobacco Fund – 65AH)

Kentucky Office of Drug Control Policy Tobacco Settlement Expenditures	
	2024
Casey's Law Educational Campaign	\$40,000.00
CHFS - Public Health - <u>FindHelpKY</u> Promotion	\$206,000.00
Eastern KY Concentrated Employment Program - Recovery & Support Specialists	\$1,500,000.00
KY-ASAP Local Board Traditional Awards	\$2,330,000.00
KY-ASAP Local Board Harm Reduction Awards	\$354,217.35
Kentucky Chamber of Commerce - Recovery Friendly Workplaces	\$375,000.00
Louisville Metro - Reducing Barriers to <u>ReEntry</u>	\$30,000.00
Media - KBA Public Service Announcements	\$185,000.00
Volunteers of America - Restorative Justice	\$250,000.00
Salary, Fringe, Travel & Administrative Costs	\$145,787.06
TOTAL	\$5,416,004.41

2024 Tobacco Settlement Expenditures

- Administrative
- Local Boards
- Media
- SUD-ODJ Programs
- To Be Determined



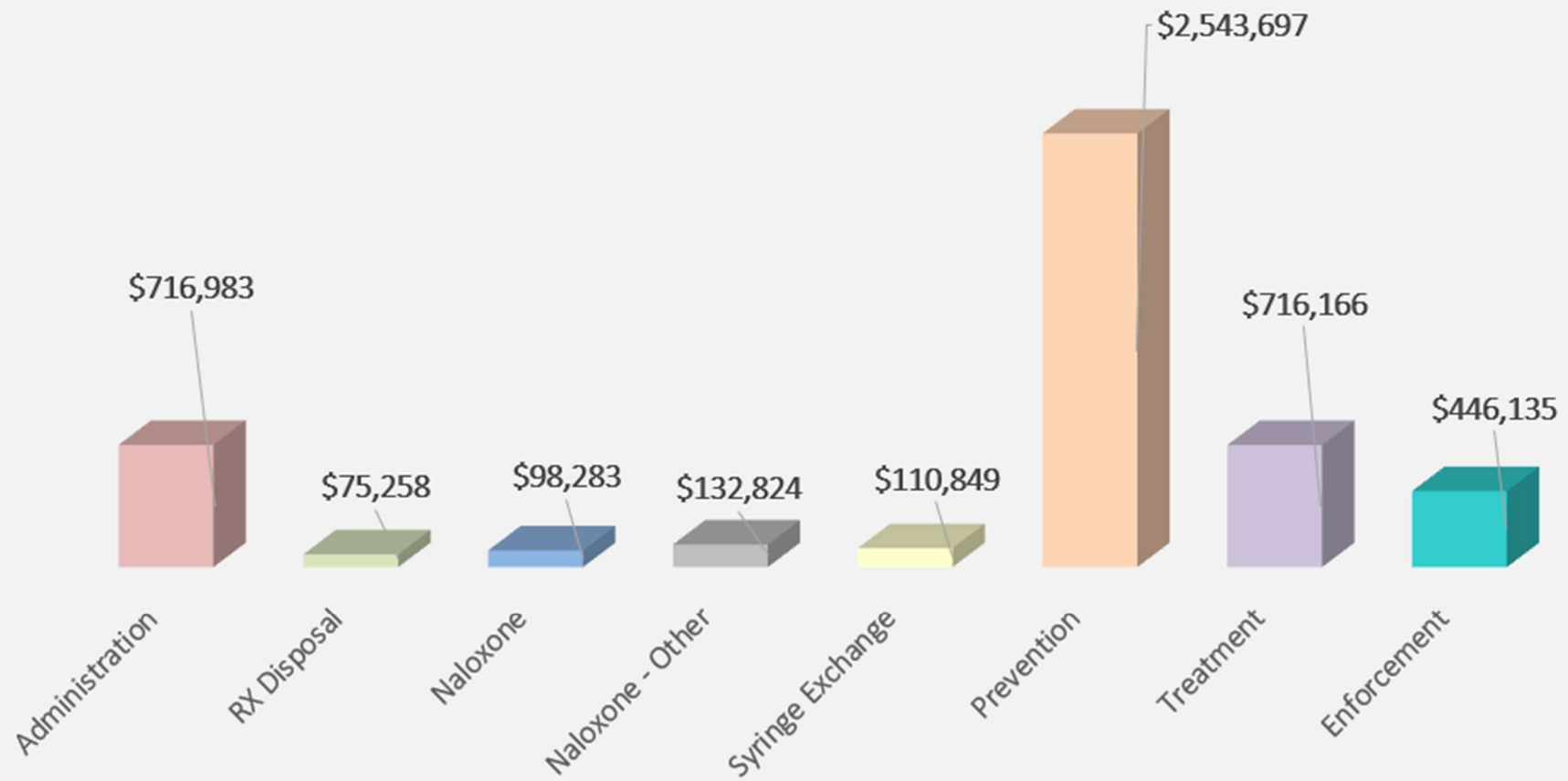
KY-ASAP: SFY2024 Local Boards Awards Amounts

KY-ASAP LOCAL BOARDS SFY2024 FUNDING		
Board	Traditional Award	Harm Reduction Award ¹
Adair County Local KY-ASAP Board	\$20,000.00	\$0.00
Allen County Local KY-ASAP Board	\$20,000.00	\$14,000.00
Anderson County Local KY-ASAP	\$20,000.00	\$20,000.00
Ballard County Local KY-ASAP	\$20,000.00	\$0.00
Barren-Hart-Metcalf (BHM) Local KY-ASAP Board	\$60,000.00	\$19,936.80
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	\$0.00
Boyle County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Breathitt County Local KY-ASAP Board	\$20,000.00	\$17,614.25
Breckinridge County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Buffalo Trace Local KY-ASAP Board	\$100,000.00	\$20,000.00
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	\$20,000.00
Clark County Local KY-ASAP Board	\$20,000.00	\$18,950.00
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	\$0.00
Edmonson County Local KY-ASAP Board	\$20,000.00	\$0.00
Elliott County Local KY-ASAP Board	\$20,000.00	\$20,000.00
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
Franklin County Local KY-ASAP Board	\$20,000.00	\$20,000.00
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	\$60,000.00
Green County Local KY-ASAP Board	\$20,000.00	\$0.00

KY-ASAP LOCAL BOARDS SFY2024 FUNDING		
Board	Traditional Award	Harm Reduction Award ¹
Hancock County Local KY-ASAP Board	\$20,000.00	\$0.00
Harlan County Local KY-ASAP Board	\$0.00	\$0.00
Heartland Trail Local KY-ASAP Board	\$60,000.00	\$60,000.00
Henderson County Local KY-ASAP Board	\$20,000.00	\$16,925.00
Henry County Local KY-ASAP Board	\$20,000.00	\$6,544.83
Hopkins County Local KY-ASAP Board	\$20,000.00	\$0.00
Jessamine County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Johnson-Martin Local KY-ASAP Board	\$40,000.00	\$0.00
Knott County Local KY-ASAP Board	\$20,000.00	\$20,000.00
LaRue County Local KY-ASAP Board	\$20,000.00	\$11,000.00
Laurel County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Lawrence County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Lee County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Leslie County Local KY-ASAP Board	\$20,000.00	\$16,042.70
Letcher County Local KY-ASAP Board	\$20,000.00	\$14,499.65
Lincoln County Local KY-ASAP Board	\$0.00	\$0.00
Madison County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Magoffin County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Marshall County Local KY-ASAP Board	\$20,000.00	\$20,000.00
McCracken County Local KY-ASAP Board	\$20,000.00	\$20,000.00
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	\$8,800.00
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
Northern Kentucky Local KY-ASAP Board	\$160,000.00	\$137,500.00
Ohio County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Owsley County Local KY-ASAP Board	\$20,000.00	\$0.00
Pennyrite Local KY-ASAP Board	\$60,000.00	\$0.00
Perry County Local KY-ASAP Board	\$20,000.00	\$9,741.49
Pulaski County Local KY-ASAP Board	\$20,000.00	\$0.00
Region 6 Local KY-ASAP Board	\$120,000.00	\$278,076.75
Rockcastle County Local KY-ASAP Board	\$10,000.00	\$0.00
Rowan County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Russell County Local KY-ASAP Board	\$20,000.00	\$5,904.95

KY-ASAP LOCAL BOARDS SFY2024 FUNDING		
Board	Traditional Award	Harm Reduction Award ¹
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	\$60,000.00
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	\$20,000.00	\$14,840.00
Webster County Local KY-ASAP Board	\$20,000.00	\$20,000.00
Wolfe County Local KY-ASAP Board	\$0.00	\$13,575.00
Woodford County Local KY-ASAP Board	\$20,000.00	\$20,000.00
	\$2,330,000.00	\$1,403,951.42
¹ Harm Reduction Awards were supplemented from 65AH (tobacco) \$354,217.35 funded with 65AH & \$1,049,734.07 (AK00)		

KY-ASAP Local Board
2024 Spending Plans



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 193 locations for drug disposal in 115 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>

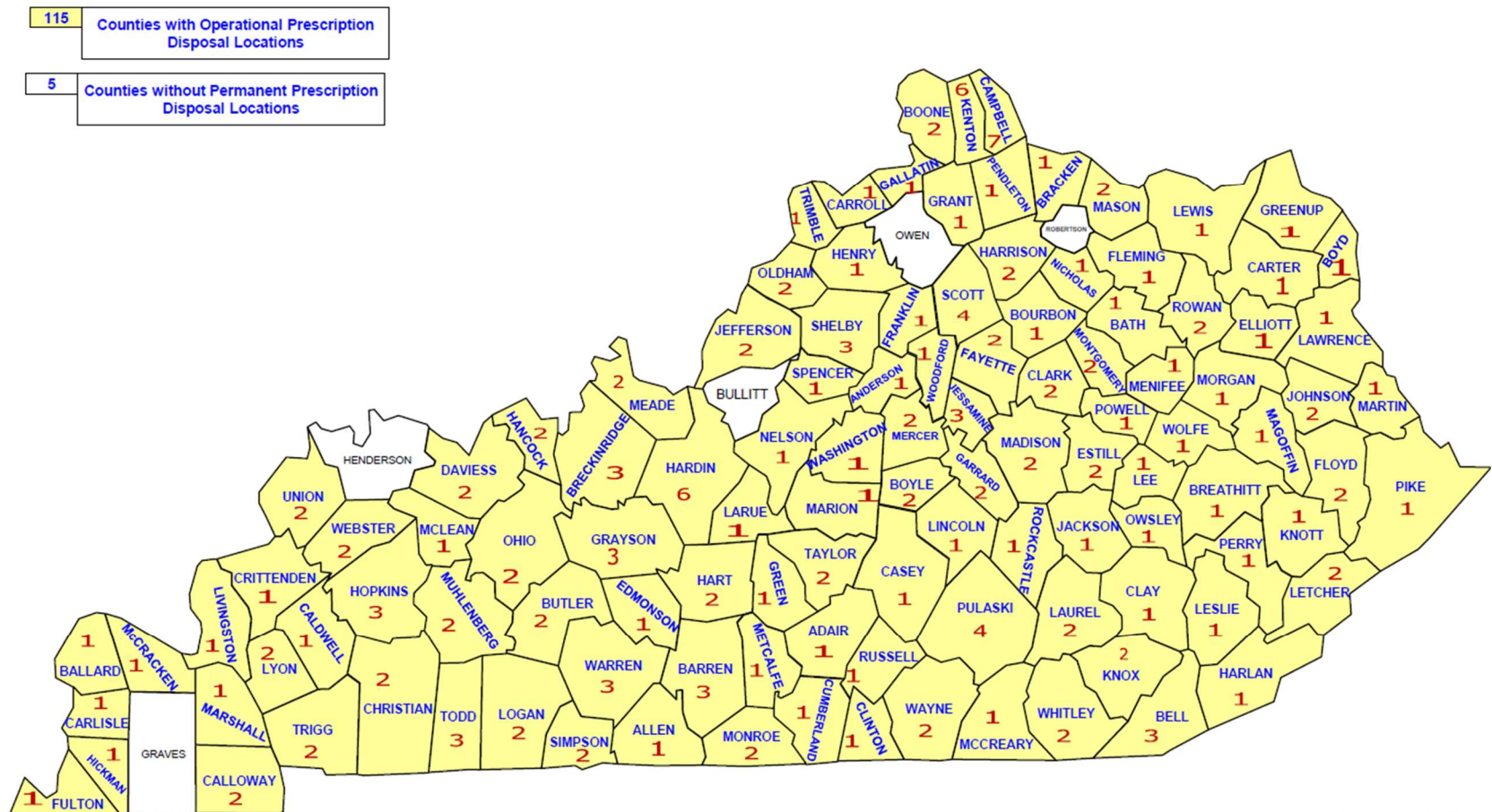
Find a Prescription Drug Disposal Location

Search by County



SEARCH

Kentucky
Permanent Prescription Drug Disposal Locations
193 locations in 115 counties



updated: April 2022

National Drug Take Back Initiative



NATIONAL TAKE-BACK INITIATIVES

April 27, 2024

October 24, 2024

10:00 am – 2:00 pm

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

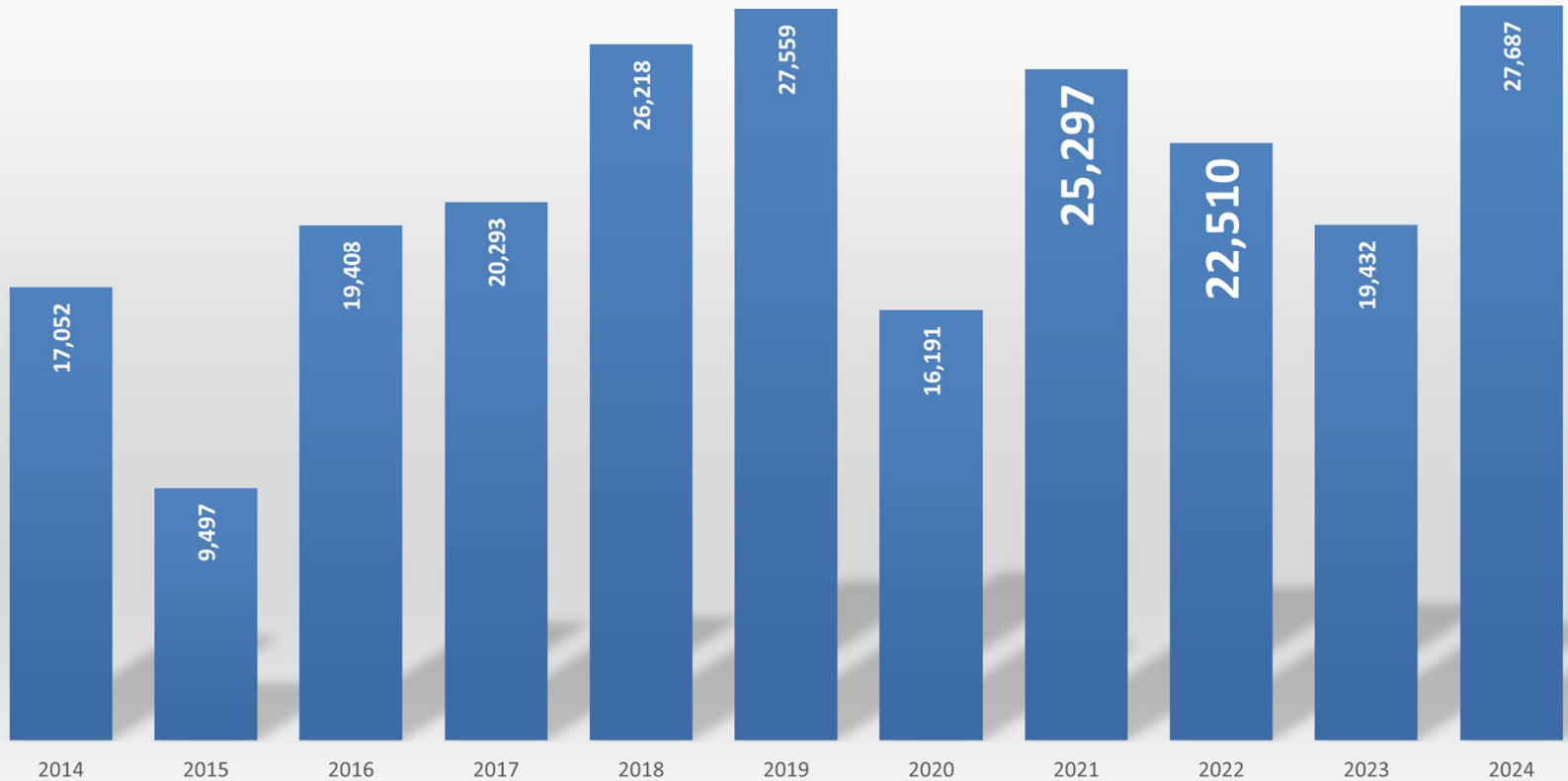
National Prescription Drug Take Back Day allows consumers a safe, convenient, and responsible way to dispose of unused or expired prescription drugs at locations in communities throughout the country.

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 27 and October 24, 2024, where they collected a total of 27,687 pounds of unused, unwanted, and expired prescription drugs. In all, Kentucky has collected a total of 231,144 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 193 locations in 115 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*



updated 10-28-2024

Drug-Free Communities Support Program

The 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 grand funding they receive; and
- DFC grantees have clearly shown they can prevent and reduce drug use in communities nationwide.

FY 2024 Kentucky New Drug-Free Communities Grantees

Bullitt County Youth Coalition - Shepherdsville
Gallatin County Champions Incorporated - Warsaw
Drug Free Warren County – Bowling Green
Woodford County Agency for Substance Abuse Policy – Versailles
Wolfe Countians Against Drugs - Campton
Allen County Agency for Substance Abuse Policy Board - Scottsville
Just Say Yes (JSY) - Frankfort
Webster County KY-ASAP – Dixon
Champions for a Drug-Free Lyon County - Eddyville
Owen County Drug Prevention Coalition - Owenton
Champions for a Drug- Free Grant Count - Williamstown
Champions for a Drug Free Pendleton County - Butler
Butler County Drug Free Coalition – Morgantown
Graves County Agency for Substance Abuse Prevention Community Support - Mayfield
Campbell County Drug Free Alliance - Newport
Shawnee Transformational Youth Coalition - Louisville
Spencer County Community Action Network - Taylorsville
Erlanger – Elsmere Early Childhood Community Collaborative, E3C - Erlanger
Central Louisville Coalition - Louisville
Champions for a Drug-Free Muhlenberg County – Central City
Healthy Community Coalition – Louisville
Casey County KY-ASAP - Liberty
Mental Health America of Northern Kentucky and Southwest Ohio, Inc. – Ft. Mitchell
Coalition for a Healthy Oldham County - LaGrange

TREATMENT RESOURCES

KY HELP Call Center 833-8KY-HELP

The KY HELP Call Center, created in 2017 through a partnership with Operation UNITE, remains available to those with a substance use disorder, or their friends or family members, as a quick resource for information on treatment options and open slots among treatment providers. Individuals may call 833-8KY-HELP (833-859-4357) to speak one-on-one with a specialist who will connect them with treatment as quickly as possible.

The Kentucky Injury Prevention and Research Center (KIPRC)

The Kentucky Injury Prevention and Research Center (KIPRC) at the University of Kentucky College of Public Health manages a vital website, www.findhelpnowky.org, for Kentucky health care providers, court officials, families and individuals seeking options for substance abuse treatment and recovery. It offers real-time information about available space in treatment programs, and guides users to the right type of treatment for their needs. The site provides a search engine for drug treatment, helping users locate treatment providers based on location, facility type, and category of treatment needed.

KSP Angel Initiative

The Kentucky State Police (KSP) Angel Initiative is a proactive program designed to help people battle addiction. Anyone suffering from a substance use disorder can visit one of KSP's 16 posts located throughout the commonwealth to be paired with a local officer who will assist with locating an appropriate treatment program. The Angel Initiative is completely voluntary, and individuals will not be arrested or charged with any violations if they agree to participate in treatment. For more information about the Angel Initiative, visit the KSP website at <http://kentuckystatepolice.org/angel-initiative/>.

FindRecoveryHousingNowKY.org

FindNaloxoneNowKY.org

SecondChance.ky.gov

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. Gov. 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

Recovery is possible if you **ASK** for help!

The Kentucky Department of Corrections Division of Addiction Services is responsible for the clinical and administrative oversight of all addiction treatment related to inmates, parolees and probationers within its care as determined by statute. This oversight includes treatment in prisons, jails, reentry service centers (RSCs), Recovery Kentucky Centers (RKC)s 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.

To date, the division has programs in the following:

- 14 programs in 11 prisons with a total of 1,033 beds;
- 29 programs in 19 detention centers/jails with a total of 1,584 beds;
- 14 Reentry Service Centers with a total of 1,247 beds;
- 14 Recover Kentucky Centers with a total of 780 beds; and
- 15 Intensive outpatient Programs - Community Mental Health Centers with a total of 1,470 treatment slots.

DOC has expanded programming from 475 treatment beds in 2004, to a current level of 5,949 treatment and aftercare slots in 2023. All prison and jail treatment programs are licensed through the Cabinet for Health and Family Services Department of Behavioral Health, Developmental and Intellectual Disabilities. The DOC 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

Recovery Kentucky was created to help Kentuckians recover from addiction, which often leads to chronic homelessness. There are 13 Recovery Kentucky centers across the commonwealth. They are in Bowling Green, Campbellsville, Erlanger, Florence, Grayson, Harlan, Henderson, Hopkinsville, Owensboro, Paducah, Richmond, Somerset and Knott County. These centers provide housing and recovery services for up to 2,000 Kentuckians across the state.

The Recovery Kentucky centers were designed to reduce the state's drug problem and resolve some of the state's homeless issues. They help people recover from addiction and gain control of their lives so they can eventually reside in permanent housing.

Thousands of Kentuckians experience homelessness each year. Many of them are "chronically homeless," meaning they remain homeless for extended or repeated periods of time, often due to chemical dependency and other special needs. While the chronically homeless only represent a fraction of the homeless population, they consume over 50% of homeless resources.

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

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

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

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

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, sheriffs and command staff. He is a frequent speaker on a variety of addiction issues both in Kentucky and nationally.

Heather Hogan Wainscott heather.wainscott@ky.gov

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.

**OFFICE OF DRUG CONTROL POLICY
JUSTICE AND PUBLIC SAFETY CABINET**

**125 HOLMES STREET
FRANKFORT, KENTUCKY 40601**

**502-564-9564
502-564-6104 (FAX)**

**1-888-414-ODCP
WWW.ODCP.KY.GOV**



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