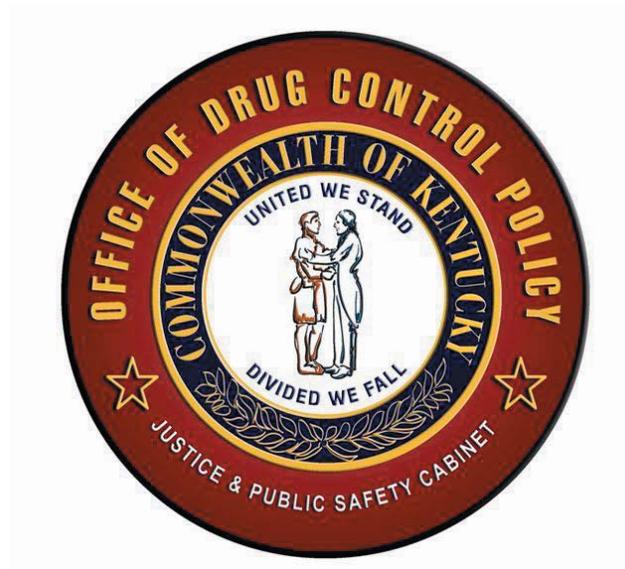


# OFFICE OF DRUG CONTROL POLICY

## 2005 ANNUAL REPORT



LT. GOVERNOR STEPHEN B. PENCE, SECRETARY  
JUSTICE & PUBLIC SAFETY CABINET

TERESA A. BARTON, EXECUTIVE DIRECTOR  
OFFICE OF DRUG CONTROL POLICY

APRIL 2006



**ERNIE FLETCHER**  
GOVERNOR

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

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April 15, 2006

The Honorable Ernie Fletcher, Governor  
The Honorable Stephen B. Pence, Lt. Governor  
Commonwealth of Kentucky  
The State Capitol  
Frankfort, Kentucky 40601

Dear Governor Fletcher and Lt. Governor Pence:

The following report was prepared by the dedicated and professional staff of the Office of Drug Control Policy (ODCP) with assistance from the Justice & Public Safety Cabinet.

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

We are pleased to report continued progress toward the recommendations outlined in the 2004 Statewide Drug Control Assessment Summit. We continue to work toward those significant goals that will strengthen our position to fight drugs in our state through innovative partnerships, technology and leadership.

This report focuses on the accomplishments since the creation of ODCP and advances of other major partners in the drug abuse system. We continue to strengthen our partnerships within our cabinet, Cabinet for Health and Family Services, Environmental and Public Protection Cabinet, Education Cabinet, Personnel Cabinet and across the state with coalitions and local boards, the law enforcement community, substance abuse treatment providers, prevention agencies and other stakeholders.

Although there is much to do on the substance abuse front, we have begun to make progress and will continue to do so with your support and that of the General Assembly.

Sincerely,

A handwritten signature in blue ink that reads "Teresa A. Barton".

Teresa A. Barton  
Executive Director

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# EXECUTIVE SUMMARY

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The 2005 Kentucky Office of Drug Control Policy Annual Report examines:

- History of ODCP
- Comprehensive approach and available resources
- Drug trends and data analysis
- Law enforcement and how we are collectively attacking the drug market
- Stopping drug abuse before it starts, progress in prevention, education and community action
- Treatment and how we are healing Kentucky's drug users
- Collaboration and coordination
- Major initiatives
- Plans for the future

Since the office was established just over a year ago, noteworthy strides have been made to address those issues identified during the 2004 Summit. We have continued to strengthen links with other organizations in professional, state and local communities.

As we review and analyze data from a variety of sources, ODCP has been able to develop policy, create awareness of dangerous trends, provide education and request training for specific areas of threat. Sources of data include the Drug Enforcement Administration (DEA), Kentucky State Police (KSP), Kentucky Vehicle Enforcement (KVE), local and regional law enforcement, medical examiners, coroners, physicians, pharmacists, vital statistics, Kentucky Incentives for Prevention (KIP) surveys, treatment needs assessments and outcome study, University of Kentucky, Office of National Drug Control Policy (ONDCP) and efforts of our seven contiguous states. These comprehensive sources help us in determining areas of weakness and strength.

Law enforcement agencies have long been the only concentrated force to fight drugs in our state and communities. Although Kentucky now has a comprehensive approach, law enforcement plays a more important role, since the communication lines have been opened with a concerted effort to integrate prevention, treatment and law enforcement initiatives through this office. In Kentucky, there are over 8,000 peace officers comprising 421 law enforcement agencies. Of these agencies, 86% have seven officers or less. Agencies of this size find it difficult to conduct pro-active drug-related investigations and our state has become more dependent on multi-jurisdictional drug task forces, KSP, KVE, Alcoholic Beverage Control (ABC), Kentucky Department of Fish and Wildlife Resources (KDFWR), Operation UNITE (5th Congressional District initiative) and other local responses with immediate demands.

ODCP has helped develop strong Champions Coalitions that focus limited Title IV funds on science-based curricula and environmental strategies in their schools and communities with the assistance of Regional Prevention Centers (RPCs). The Kentucky Agency for Substance Abuse Policy (KY-ASAP) local boards promote the reduction of alcohol, tobacco and other drug use in 110 counties as part of the coordinated community approach for policy development. We embarked on several new projects for 2005 in prevention and education including the East Kentucky School project serving over 2,300 students, drug testing as a component of a comprehensive plan and several awareness campaigns in cooperation with national initiatives.

Early Intervention Programs (EIP), KIDS Now! and Health Education Through Extension Leadership (HEEL) all work on initiatives to educate and prevent drug abuse in our youth and special populations.

Kentucky was one of 15 states chosen to receive an \$11.5 million grant to strategically focus on reducing youth drug use and abuse. The eight targeted communities were chosen based on an extensive analysis.

As we enter 2006, we are cautiously optimistic about legislation passed to limit the precursor for methamphetamine. While tremendous progress has been made, we will continue to work on laws that strengthen the criminal component and protect the public and our resources, while teaching our youth the reality of drug abuse and helping those with addictions.

This annual report reflects Governor Fletcher's resolve to consistently take strong actions to increase the number of beds available in this state for treatment. Thanks to the General Assembly, ODCP has been instrumental in healing our drug users by providing funds for involvement in local corrections treatment programs in jails, drug courts, treatment facilities in Clay and Pike counties and Recovery Kentucky.

# MISSION AND VISION

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## ▶ **MISSION**

The mission of ODCP is to serve as a leader and catalyst for improving the health and safety of all Kentuckians by promoting strategic approaches and collaboration to reduce drug use, related crime and to support recovery from drug abuse.

## ▶ **VISION**

The vision of ODCP is to lead the nation in ensuring a united effort among prevention, treatment and law enforcement initiatives to address drug abuse in Kentucky.

## ▶ **CORE VALUES & GUIDING PRINCIPLES**

ODCP is committed to the values adopted by the Justice & Public Safety Cabinet and the following core values and guiding principles:

- Plan for the development of an effective continuum of prevention and treatment services
- Assure collaboration of prevention, treatment and law enforcement initiatives related to substance abuse
- Provide a repository of information on best practices and standards of practice for prevention, treatment and law enforcement (as related to substance abuse)
- Educate communities and families about substance abuse 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 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 substance abuse initiatives
- Assist in developing policy and legislation that supports the mission and goals of the agency

## ► Priorities, Goals and Next Steps

### ***Goals for 2006:***

- Expand task force coverage in underserved/unserved areas and establish a long-term funding solution. Continue monitoring existing drug task force programs.
- Expand treatment for inmates in local facilities and monitor existing programs.
- Continue partnering with treatment facilities in Pike and Clay Counties.
- Provide education and prevention program for children in east Kentucky schools.
- Seek consistent source of funding for drug courts.
- Pilot student drug testing in Kentucky schools without testing and provide guidance to schools through a White Paper and staff assistance.
- Assist in the development of policies and procedures for state employee drug testing. Coordinate the design of training modules for supervisors and other employees.
- Provide technical assistance to KY-ASAP local boards and Champions Coalitions to assure implementation of ODCP policies.
- Host/co-host summits/conferences for student drug testing, KY-ASAP, Champions, narcotic officers, CAPTASA and the Kentucky School of Alcohol and Other Drug Studies.
- Promote the mission of ODCP through media, events and meetings including campaigns that address the ongoing effort to develop proactive policies regarding underage drinking, drug resistance, meth awareness, prescription drug abuse, overdose deaths and other programs.
- Develop technology to log the purchase of methamphetamine precursors.
- Facilitate drug policies in Kentucky through legislation addressing the environmental impact of meth labs, protection of children and vulnerable adults, establishment of recovery programs, implementation of a pre-conviction diversion program and provision of methods to seeking funding for law enforcement, education and treatment.
- Award communities funding through the state prevention framework state incentive grant for targeted drugs of abuse.
- Publish trend reports for issues related to substance abuse including specific substances, treatment effectiveness, etc.
- Convene the Drug Summit Advisory Group to report progress and develop ongoing strategy.
- Continue to bring coordination and collaboration to diverse stakeholders.
- Develop policies and procedures to implement a Medicaid benefit for those with substance abuse and co-occurring mental health issues.
- Continue to apply for private and federal grants.

# BACKGROUND

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## PROGRESS ON STATEWIDE DRUG CONTROL ASSESSMENT SUMMIT September 2004-September 2005

Following are recommendations of the Summit that are color coded for proper placement and consideration. Red items are actions that have been conveyed to the governor and are banner items worthy of executive action. Blue items were discussed and approved by the Summit for consideration by a policy coordinating office. Green items were not sufficiently discussed by the Summit to reach a consensus because the issue was too complex to take up by the Summit under the timetable established or the issue was not initiated into Summit discussions until late in the process.

**OFFICE OF DRUG CONTROL POLICY** – The Office of Drug Control Policy (ODCP) would be responsible for making policy recommendations to the appropriate departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, and treatment. These recommendations stem from the Statewide Drug Control Assessment and natural evolution of outcome-based programs directed by the administration.

**ACTION**—ODCP has been the key policy-making entity, coordinating programs related to substance abuse policy.

**POLICY SHOULD TREAT THE PROBLEM AS THOUGH IT WERE AN EPIDEMIC** – In concert with the announcement of the Office of Drug Control Policy the governor declared substance abuse to be as significant a problem as in surrounding states and that the government policy should treat the problem as though it were an epidemic.

**ACTION**—Policy has reflected this recommendation. The Strategic Prevention Framework – State Incentive Grant awarded to KY in 2004 reflects a change in planning to epidemiology planning for the use of resources.

**WORKING GROUP TO TRANSITION FROM DRUG SUMMIT TO OFFICE OF DRUG CONTROL POLICY**  
The working group should be composed of representatives from the Justice and Public Safety Cabinet, Education Cabinet, and the Cabinet for Health and Family Services for a one-year appointment to assist in the transition of the Office of Drug Control Policy.

**ACTION**—Working group will be called together for update of progress and status of programs and recommendations.

**COORDINATED PROSECUTION INITIATIVE** – It is recommended that the office of the Attorney General assemble teams of investigators and prosecutors capable of directing prosecution of targeted drug cases in local jurisdictions throughout the Commonwealth. Evaluate performance and outcome as it benefits analysis through the Justice and Public Safety Cabinet.

**ACTION**—the OAG has not assembled teams for this initiative.

**STANDARDS FOR ENFORCEMENT DRUG TASK FORCES** – There are presently 11 Byrne- funded Drug Task Forces (all administered and approved by the Justice and Public Cabinet). Future grant awards should conform to new standards, audit, inspection, compliance, and general oversight to and established by the Justice and Public Safety Cabinet and administered by ODCP.

**ACTION**—Standards have been approved and established. Model policies have been written and disseminated. Compliance with drug task force standards became mandatory July 1, 2005, when new grant funding was awarded. Compliance staff began on-site visits in August. Justice provided \$3,445,000 in Justice Assistance Grants and an additional \$460,000 in General Fund dollars.

**TREATMENT SERVICES** – Enable existing treatment providers with resources to reach and treat clients. Provide for expansion of treatment services and seek out innovative means and methods to provide delivery of effective treatment services.

**ACTION**—Jail treatment pilot projects have been added to 12 local jails with an expenditure of \$1,000,000. We intend to provide approximately 400 beds. ODCP has been involved with Recovery Kentucky efforts to place 2 facilities in each congressional district (500 beds for males and 500 beds for females total). ODCP provided \$1,500,000 to UNITE for treatment facilities in Clay and Pike Counties. We secured a \$400,000 grant to develop an infrastructure to provide substance abuse treatment to adolescents. We have applied for several other federal grants for treatment but do not have notice of award at this time.

**CORRECTIONAL TREATMENT** – Direct ODCP to coordinate needs assessment with the Department of Corrections regarding integration of substance abuse treatment with inmates, parolees, probationers and individuals having served-out sentences.

**ACTION**—ODCP has contracted with 12 counties to establish treatment and recovery services to local correctional/detention inmates, parolees, shock probationers, and halfway back participants. The grant application is officially titled “Community Corrections Recovery Pilot Program.” ODCP anticipates serving 400 inmates per year. ODCP works closely with the Department of Corrections in their efforts to increase institutional treatment and develop a re-entry program for inmates returning to the community.

**DRUG COURTS** – There is a need to develop a model to express and sustain statewide drug courts and for additional piloted drug courts.

**ACTION**—ODCP/Justice provided funding for McCracken Circuit (drug) Court. ODCP instituted 7 drug courts in 14 in coal-producing counties (\$2,000,000). A group to sustain long-term funding will be established.

**PAROLE BOARD** – It is recommended that a direct restructuring of the Parole Board use Executive Order authority and legislative initiative, with accompanying prioritization, to effect a “change to statutory scheme to one of performance oversight rather than statutory management of organization and procedure” Coy Interview, 2004 (emphasis added).

**ACTION**—The Board has, through legislation, been allowed to conduct hearings with two member boards. This has improved the review process and time factor. The Board has eliminated face-to-face hearings for all Class D felons. They are now file review only. The Board has eliminated hearings for all prisoners in disciplinary segregation until such time they are released from same. The Board is still in a comprehensive study to determine the best course and design for the Board to facilitate review of cases prior to decisions. As the vast majority of offenders are drug related a reduction of population will not occur until such times as there are more drug courts, treatment facilities, and laws allowing the Board to address the issue without treating all criminals the same.

**DRUG-RELATED LEGISLATION** – A number of bills, which were introduced but not passed by both houses of the legislature in the 2004 session of the General Assembly, contain language consistent with the themes of the Summit and should be considered for executive action.

**ACTION**—Senate Bill 63 passed without a dissenting vote and became effective June 20, 2005. ODCP has convened a Collaboration Group consisting of many state agencies to implement Senate Bill 63 and address the state and community level issues regarding meth labs, their clean-up and protocol for dealing with children exposed to meth.

**KENTUCKY AGENCY FOR SUBSTANCE ABUSE POLICY (ASAP)** – KY-ASAP should become one of the components of the ODCP reporting to the executive director of the ODCP for operation and administrative authority. All beneficiaries of KY-ASAP awards should be conditional on an outcome-based evaluation.

**ACTION**—KY ASAP is a branch within ODCP. Funding for local ASAP Boards is generated by tobacco settlement funds. ODCP allocated \$2.2 million for local boards in FY 2005. We are in the process of evaluation proposals and will be allocating approximately \$2.9 million in September. The ASAP Boards are allocating funds for prevention, treatment and law enforcement initiatives in their communities.

**EXCISE TAX ON CIGARETTES** – An increase in the excise tax should be between 3 to 9 cents and ODCP should direct funding prioritization of programs from revenue increase consistent with priorities of the governor’s substance abuse policy.

**ACTION**—Although the excise tax was increased by 26 cents during the 2005 General Assembly, no dollars were allocated to ODCP or any of its programs.

**DRUG TESTING** – Need to establish Kentucky as a model for school drug testing as a pilot for the nation with assistance from federal funding.

**ACTION**—ODCP established a Student Drug Testing Advisory Council to focus in 4 areas:

- 1) planning a Summit to be held in February 2006;
- 2) developing model policies and protocols;
- 3) making recommendations to the Administration regarding student drug testing, and
- 4) making recommendations regarding any needed legislation

The US Department of Education will award \$6.5 million to local school districts. These are direct allocations to local districts. ODCP plans to request \$325,000 to provide funding to approximately 4 school systems (for testing and evaluation) who are in the top 10 most prevalent abuse according to the KIP Survey.

**KENTUCKY EMPLOYEE ASSISTANCE PROGRAM (KEAP)** – The Employee Assistance Program (EAP) is a free, confidential program for helping state employees deal with problems that affect job performance, personal life and general well being. The ODCP needs to develop future integration of KEAP into policy.

**ACTION**—ODCP has met with KEAP regarding dissemination of information in light of proposed regulations to test state employees. This included discussions regarding resources for state employees who have a substance abuse issue.

**LOCAL INITIATIVES** – Regarding substance abuse, the ODCP should actively seek local initiatives, document present participating entities, pursue partnership and exchange of ideas with constituent interests, and facilitate communication between local interests with other executive branch entities.

**ACTION**—Through Champions’ Coalitions, KY ASAP local boards, and Operation UNITE, efforts are being made to provide local coalitions, boards, and groups with clearinghouse information regarding various drug control policy issues and initiatives.

**EDUCATION/PREVENTION FINDINGS** – The ODCP should examine and review all education /prevention programs and create a framework for Kentucky’s schools, treatment facilities, and law enforcement.

**ACTION**—ODCP in partnership with several other state Cabinets, has begun implementation of an \$11.5 million federal Strategic Prevention Framework-State Incentive Grant. The ODCP, in conjunction with the Division of Mental Health and Substance Abuse, is working to integrate all data collection systems involving prevention in an effort to streamline and have access to more valid data.

**DRUG FORFEITURE MONIES** – The ODCP should insure any process changes to forfeiture laws and regulation are consistent with the goal of facilitating return of deserved funds to local communities.

**ACTION**—ODCP has handled reporting of asset forfeiture for the Justice & Public Safety Cabinet for this past fiscal year and reporting was improved by over 200%. Law enforcement has been surveyed regarding changes to state asset forfeiture laws. Due to nature of elected prosecutors and county law enforcement, there are no recommended changes at this time.

**WHITE PAPER ON PREVENTION** – The White Paper on prevention was composed by the Kentucky Cabinet for Health and Family Services Division of Substance Abuse Expert Panel and the ODCP should examine and review the White Paper.

**ACTION**—The ODCP has reviewed the White Paper generated by the expert panel and is now working with members of that panel to address issues and concerns. Several members of the expert panel are members of the SPF-SIG Advisory Council.

◆ *This report was taken directly from the 2004 Statewide Drug Control Assessment Summit; therefore, this section may contain formatting inconsistencies.*

# OVERARCHING THEMES

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## ► COMPREHENSIVE APPROACH

ODCP is leading partnerships with state agencies, local coalitions, narcotic officers, pharmacists and other professionals in Kentucky to find more effective ways to reduce the harm and costs of drug abuse. What began in 2004 with the Drug Control Assessment Summit led by Lt. Governor Steve Pence, has evolved into a comprehensive effort to bring about meaningful legislation and changes in drug policy.

The goals of the Statewide Drug Control Assessment Summit were to:

- Conduct a systemic statewide assessment accurately defining the current and future scope of the issues surrounding drug prevention-education, treatment and enforcement
- Develop strategy recommendations on which to establish a statewide, balanced and outcome-based drug control policy for Kentucky to:
  - efficiently marshal existing and future resources
  - identify gaps and duplication of services
  - effectively address drug prevention-education, treatment and enforcement efforts throughout the state

## ► RESOURCES

ODCP partners encourage a variety of agencies at state and federal levels to access available resources. Kentucky's substance abuse initiatives have a variety of funding sources. Federal partners include the Office of National Drug Control Policy (ONDCP), Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP) and Office of Safe and Drug-Free Schools and Communities. In addition, ODCP and other agencies apply for time-limited federal grants in a variety of areas each year.

The majority of funding for substance abuse prevention and treatment in Kentucky comes through the federal Substance Abuse Prevention and Treatment (SAPT) block grant. These funds are administered by CSAT, which is a branch of the Substance Abuse and Mental Health Services Administration (SAMHSA). The SAPT block grant prioritizes spending these dollars. A minimum of 20% of SAPT block grant funds must be dedicated to substance abuse prevention activities that fall within the Strategic Prevention Framework. Priority for federal dollars must be given to:

- Pregnant injecting drug users
- Pregnant substance abusers
- Injecting drug users

State general fund dollars are also prioritized for populations. Kentucky Revised Statutes require, after prioritizing federal populations, preferential admission must be given to:

- Department of Community Based Services (DCBS) clients, including guardianship clients
- Persons infected with HIV, Hepatitis B or Hepatitis C
- Drug court clients

The following table represents a breakdown of state general fund, SAPT block grant and other federal funding for fiscal year 2005 - 2006.

	<b>SAPT Block Grant</b>	<b>Other Federal Funds (Grants)</b>	<b>State General Funds</b>	<b>Total</b>
<b>Treatment</b>	15,034,352	162,156	9,539,117	24,735,625
<b>Prevention</b>	5,717,782	1,310,761	1,834,327	8,862,870
<b>Total</b>	20,752,134	1,472,917	11,373,444	33,598,495

In 2004, the General Assembly allocated \$5.5 million to ODCP for designated programs. The level of funding available through the end of the biennium is outlined for:

- Drug court expansion - \$2 million
- Jail treatment expansion - \$1 million
- Drug task force enhancement - \$500,000
- Prevention education in Eastern Kentucky schools - \$500,000
- Operation UNITE treatment- \$1.5 million

ODCP oversees the Governor's portion of Title IV or Safe and Drug-Free Schools and Communities dollars allocated through ONDCP. These funds are earmarked at the federal level for Early Intervention Programs (EIP) (for youth convicted of driving under Kentucky's Zero Tolerance Law) and the support of Champions Coalitions. Funding for these activities in fiscal year 2005 - 2006 was \$2.2 million.

During the government reorganization in 2004, KY-ASAP was moved to ODCP as a branch within the office. KY-ASAP activities are funded by Phase I Tobacco Settlement dollars as earmarked by the General Assembly. These coalitions are awarded funding each year based on requests submitted to ODCP. These funds are used for substance abuse prevention, treatment and law enforcement initiatives at the local level.

## ► DATA AND RESEARCH

ODCP is collaborating with a number of research groups and agencies to collect, analyze and publish data and trends related to substance abuse in Kentucky. ODCP will continue to monitor data sources available and search for under-utilized sources of data to provide the best overall picture of drug issues. Arrests and crime data are important sources but we are also studying information from KIP surveys, drug treatment admission forms, autopsy records and trend reports from eKASPER (Kentucky All Schedule Prescription Electronic Reporting System) as well as private insurers.

**Marijuana:** Availability and demand remained high in Kentucky. The Kentucky State Police Marijuana Suppression Program experienced another busy year locating and destroying over 510,502 plants.

**Methamphetamine:** New legislation that restricted the sale of pseudoephedrine to pharmacies and required records be maintained on purchasers has had a dramatic effect on small meth labs. Although the law is less than a year old, preliminary data suggests a 60 – 70% drop in the number of clandestine labs reported by law enforcement. As the availability of locally produced meth declines, the proliferation of meth produced in super labs in Mexico and on the west coast continues to rise.

**Cocaine:** This drug continues to be a problem in many communities across Kentucky. When converted into rock form (crack) it is a cheap intense high that appeals to many.

**Prescription Drug Diversion:** Oxycodone, Hydrocodone and Diazepam continue to lead as diverted drugs of abuse. Kentucky made efforts to address the problem through legislation in 2005. Part of Senate Bill 63 dealt with the regulation of internet pharmacies. Any pharmacy dispensing to Kentucky patients must be registered in Kentucky. In addition, doctors who prescribe medications to a Kentucky patient must be licensed in Kentucky. ODCP will continue to educate health care providers, pharmacists and others about this long-term problem plaguing Kentucky.

**Heroin:** Availability and demand remain low in the Commonwealth as a whole. However, in the northern region of the state it has resurfaced as a problem drug.

## ► CRIME AND DRUGS: DRUG TRAFFICKING AND ABUSE TRENDS

In Kentucky, progress has been made by counter-drug agencies such as KSP, Kentucky National Guard, multi-jurisdictional drug task forces and local law enforcement agencies, to reduce the demand for marijuana, methamphetamine, cocaine and MDMA (ecstasy). However, the primary statewide drug threats continue to be marijuana, methamphetamine, diverted pharmaceutical drugs and cocaine. After marijuana, cocaine is the primary drug seized in Kentucky.

According to the 2005 National Drug Threat Survey, almost 40% of law enforcement agencies nationwide stated that methamphetamine poses the greatest threat to their jurisdiction more than any other drug. Kentucky's risk has been much the same.

Since Senate Bill 63, passed by the 2005 General Assembly restricting the sale of precursors, decreases in domestic methamphetamine production have occurred, in conjunction with law enforcement pressure and public awareness campaigns. The small clandestine laboratories have been reduced, but access to illicit methamphetamine produced in Mexico will be sufficient to meet the demand for the drug in Kentucky.

Marijuana has been cultivated in all 120 counties, but the eastern region has been the primary source, especially the Daniel Boone National Forest. In 2005, Kentucky was second in the nation with 510,000 marijuana plants eradicated, according to KSP.

Though Kentucky is the site of large-scale marijuana cultivation, most of the marijuana produced in the state is exported to markets in other states, including Illinois, Ohio, New York, California, Texas, Pennsylvania and Washington, D.C.

The limited competition in remote areas makes the small communities of eastern Kentucky immensely popular and profitable for cocaine trafficking organizations from major metropolitan areas.

Additionally, urban areas such as Lexington and Louisville are used as trans-shipment points for cocaine en route from the southwest border to markets in the northeastern United States.

Finally, several counties in eastern Kentucky lead the nation in terms of grams of narcotic pain medications distributed on a per capita basis. Aside from marijuana cultivation and trafficking, the trafficking and illicit usage of prescription drugs in the area may be the most significant current drug threat facing the residents of eastern Kentucky.

Mexican drug trafficking organizations and criminal groups are the most influential drug traffickers in the United States, and their influence is increasing. They are the predominant smugglers, transporters and wholesale distributors of cocaine, marijuana, methamphetamine and Mexican produced heroin in the country; they are expanding their control over the distribution of these drugs in areas long controlled by Colombian and Dominican criminal groups.



*This is an example of liquid meth coming into the country around Laredo, TX. It is being distributed from around San Antonio, TX.*

*It has shown up in Tennessee and Kentucky. Each bottle, when boiled down, will produce 1 lb. of crystal meth.*

*Usually located in suit cases with miscellaneous clothes. When shaken, microscopic bubbles will float to the top. It is slightly thicker than normal alcohol. Seals may be cut and glued or not broken at all.*

## ► METHADONE USE AND ABUSE IN KENTUCKY

ODCP is researching issues related to methadone due to recent information that has raised concern about the use and abuse of methadone in Kentucky. Current information reveals the number of deaths attributed, in all or part, to the abuse of methadone are on the rise. According to a sample of data obtained from Kentucky's medical examiner, 50% of overdose deaths sent to the medical examiner for toxicology review involved methadone. This sample indicated methadone was found in combination with a number of other drugs.

Often victims used methadone in combination with benzodiazepines, which is a "lethal cocktail." It is believed that methadone alone does not produce a sufficient euphoric feeling until taken in combination with another drug such as benzodiazepine, which potentiates the effect of methadone. There are also incidents of deaths

where other contributory factors such as drowning, alcoholism, diabetes, hypertension, etc., were involved. Rarely is death attributed to methadone alone. Following a preliminary review by ODCP, we have learned these facts about methadone use and abuse in Kentucky:

- Methadone is commonly prescribed for treating patients suffering from chronic pain and medical professionals describe methadone as an effective tool for pain management.
- Methadone used to treat pain can be prescribed by any licensed physician in Kentucky.
- Prescriptions written for methadone are reported by physicians to eKASPER as well as prescriptions filled for methadone by pharmacies.
- eKASPER reports an overall decrease in prescriptions written for methadone in a comparison of 2004 to 2005.
- Methadone written for pain relief by primary care physicians is dispensed in dry (pill) form.

In Kentucky, methadone is also used to treat the addiction of narcotics/opiates. Kentucky has 11 Narcotic Treatment Programs (NTPs) across the state. Methadone is the most commonly used drug for the treatment and maintenance of narcotic addiction. ODCP has gathered the following facts related to narcotic treatment in Kentucky:

- All treatment delivered by NTPs is overseen by a physician licensed in Kentucky.
- NTPs are tightly regulated at state and federal levels. On the federal level, they are regulated by DEA and CSAT. At the state level, they are regulated by the Division of Mental Health and Substance Abuse (MHSA) and Kentucky Board of Pharmacy.
- Kentucky NTPs are subject to stricter guidelines than federal guidelines; therefore, they have more rigid guidelines than those programs in bordering states.
- Methadone administered and dispensed by Kentucky NTPs is always in liquid form. The product used by NTPs is delivered in a wafer form. The wafer is then dissolved in juice and consumed by the patient. Medication dispensed by NTPs for use at home is dispensed in liquid form. NTPs in Kentucky do not dispense dry (pill) form methadone.
- NTP patients must comply with a set of criteria to be eligible to “take home” methadone. Those criteria include compliance with the program, negative random drug screens and no program violations for a period of time. The average “take home” dosage is from two to five doses. Kentucky statute indicates the maximum number of doses is fourteen days. In bordering states, patients may be eligible to take home doses for up to thirty days. MHSA has a record of the exact number of doses of methadone “taken home” from a NTP on any given day.
- Clients who are appropriately regulated on methadone do not report feeling euphoria or “high.” Clients in NTPs receive frequent urine drug screens and are required to be free from other illegal/prescription drugs. Clients who use/abuse other illegal or prescription drugs are sanctioned by the NTP. Those sanctions may include discharge from the program.
- The dosage of methadone is individualized for each client and is regulated by the physician. The dosage administered is the minimum required to prevent the withdrawal phenomenon.



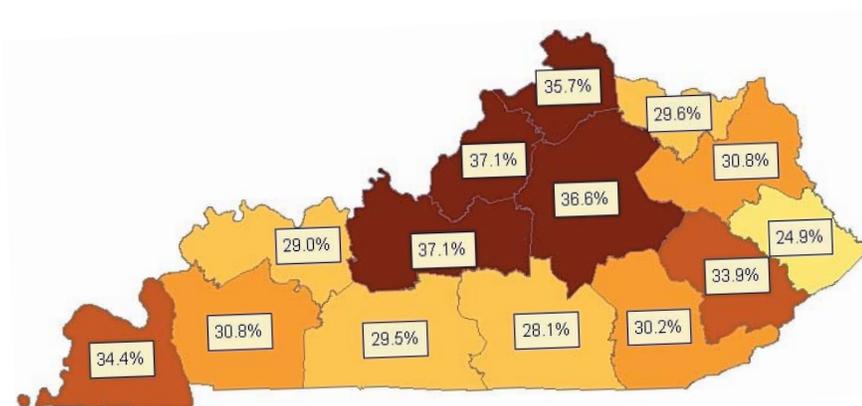
The KIP Survey is an important tool in planning and allocating resources for Kentucky youth. It appears only one in every twelve adolescents who need treatment for substance abuse is able to access treatment services. Development and enhancement of this service network will continue to be a priority for ODCP in the future.

## ► KENTUCKY NEEDS ASSESSMENT PROJECT

University of Kentucky CDAR recently completed the Kentucky Needs Assessment Project (KNAP). The SAPT Block Grant requires each state to conduct a needs assessment of adults and adolescents in the state to determine the level of need for treatment services. In collaboration with the Division of Mental Health/Mental Retardation (MHMR), ODCP works with UK-CDAR to conduct this study. The 2004 report includes estimates of nicotine, alcohol and illicit drug use by Kentucky adults 18 years and older, as well as estimates of substance use treatment needs. The full report can be viewed at <http://cdar.uky.edu/>. Highlights of the report include:

- It is estimated 374,884 adults need substance abuse treatment, but are not receiving it
- It is estimated over 50,000 adolescents aged 12 to 17 years need substance abuse treatment, but are not receiving it
- An estimated 1,052,348 adults or 33% of the total population used at least one illicit drug in their lifetime
- 213,560 adults used at least one illicit drug in the past year. Males accounted for 63.9% of recent users, while females accounted for 36.1%
- Almost 88% of Kentucky males and 80% of females have their first drink before the legal age (21)
- An estimated 716,741 adults smoke cigarettes daily
- It is estimated over 1/3 of Kentucky's population has used marijuana in their lifetime

**Adult Ever Used Any Illicit Drug**



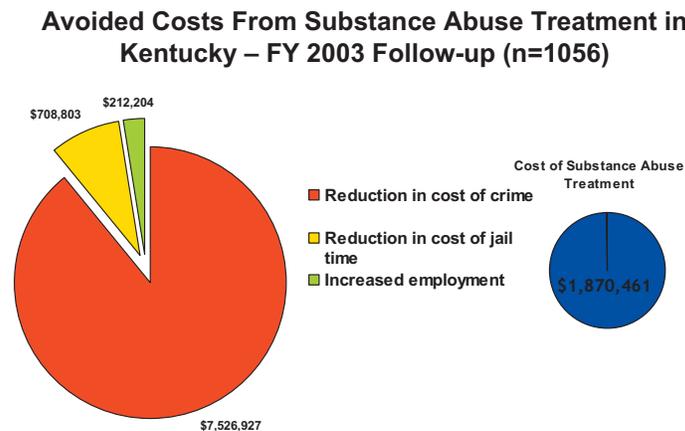
► **KENTUCKY TREATMENT OUTCOME STUDY**

In 1993, the Kentucky General Assembly passed legislation requiring all of Kentucky’s publicly funded substance abuse treatment providers to provide data for the Kentucky Treatment Outcome Study (KTOS). MHMR contracted with the University of Kentucky CDAR to conduct the study. KTOS is comprised of two parts. In the first part of the study, baseline data is collected on all adult treatment admissions. The second part consists of collecting the same data again twelve months post treatment. The comparison of the two data sets gives us a picture of the effectiveness of treatment over time. In 2003, KTOS began collecting data electronically on personal data assistants (PDAs) which revolutionized data collection. PDAs have made the process quick, easy and cost effective. KTOS is one of the most sophisticated data collection and research studies in the country with a baseline sample of over 9,000 participants in the 2004 study.

In the most recent 2004 KTOS report, data indicates very successful outcomes for substance abuse treatment provided in the publicly funded system. The full report can be found on CDAR’s website at <http://cdar.uky.edu/>. Highlights of the report include some of the following indicators:

- 63.9% of clients reported alcohol abstinence 12 months after treatment
- 55.9% of clients reported abstinence from illegal drugs 12 months after treatment
- 83% of clients reported abstinence from marijuana 12 months after treatment
- 91.1% of clients reported abstinence from opiates 12 months after treatment
- A 45.3% increase in full-time employment
- A 62.7% reduction in the number of clients reporting arrests in the past 30 days
- A 51.2% reduction in the number of clients reporting arrests in the past 12 months

In summary, treatment in Kentucky works! In 2003, KTOS initiated a study of the effectiveness of adolescent treatment among publicly funded treatment providers. In 2005, KTOS began a study of treatment provided in the correctional system. Criminal Justice KTOS will study the effectiveness of treatment provided in Kentucky’s prisons and jails. Baseline data is currently being gathered electronically. One of the most important aspects of KTOS is the cost-offset analysis conducted. The avoided costs from reductions in criminal activity from this analysis indicate that for every dollar spent on treatment, taxpayers avoid \$4.52 in crime-related costs. Treatment is not only effective, but cost efficient for Kentuckians.



# LAW ENFORCEMENT

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## ▶ OFFICE OF NATIONAL DRUG CONTROL POLICY

The principal purpose of ONDCP is to establish policies, priorities and objectives for the nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing and trafficking, drug-related crime and violence and drug-related health consequences. To achieve these goals, the director of ONDCP is charged with producing the National Drug Control Strategy. The Strategy directs the nation's anti-drug efforts and establishes a program, budget and guidelines for cooperation among federal, state and local entities.

By law, the director of ONDCP also evaluates, coordinates and oversees both the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement state and local anti-drug activities.

ONDCP coordinates agencies and resources at the national level including prevention, treatment and law enforcement. They are also the funding stream for a number of different projects including Appalachia HIDTA and Title IV Safe and Drug-Free Schools and Communities funds.

ODCP has worked closely with ONDCP on several projects including a joint conference of community coalitions and meth awareness campaign, which debuted in Louisville with Partnership for a Drug-Free America. ODCP will also partner with ONDCP on a student drug testing summit in late February, 2006.



## ▶ DRUG ENFORCEMENT ADMINISTRATION IN KENTUCKY

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

DEA was formed in 1973 as a result of a merger between its predecessor agency, the Bureau of Narcotics and Dangerous Drugs and criminal investigation elements of the United States Custom Service.

DEA offices in Kentucky are located in Louisville, Lexington, London and Madisonville. The assistant special agent in charge responsible for all DEA enforcement operations in Kentucky is located at the Louisville district office.

Resident offices in Louisville, Lexington, London and Madisonville are managed by resident agents in charge who supervise approximately 45 special agents, task force officers, diversion investigators and intelligence research specialists.



## ▶ APPALACHIA HIDTA

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

The mission of Appalachia HIDTA is to:

- measurably reduce the production and trafficking of illegal drugs in HIDTA counties





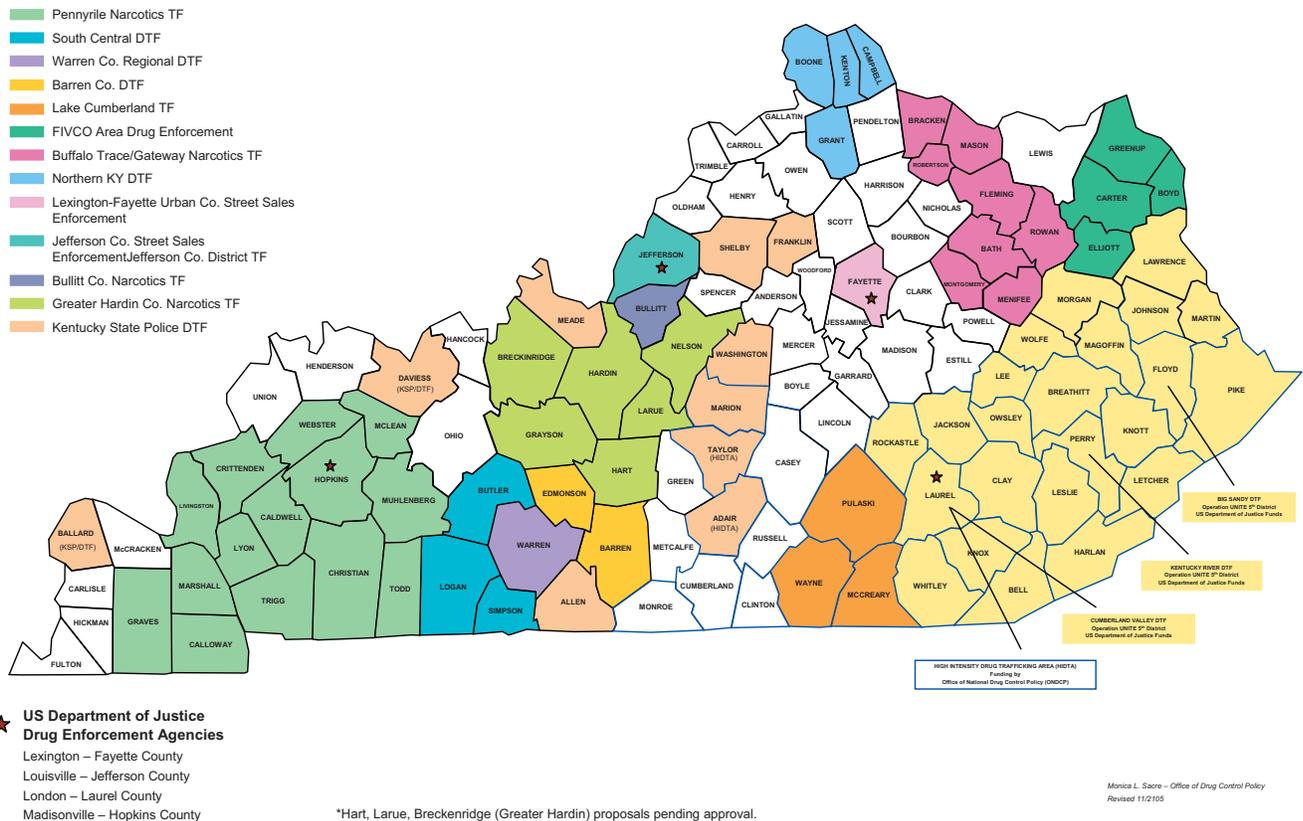
## ► MULTI-JURISDICTIONAL DRUG TASK FORCES

Kentucky's law enforcement community performed at a high level during 2005. There were significant drug investigations conducted by many different agencies. ODCP has been instrumental in bringing law enforcement agencies together to collaborate and share intelligence and resources.

The Kentucky Justice and Public Safety Cabinet also provides grant funding for 13 multi-jurisdictional drug task forces. During 2005, standards, model policies and best practices were established for the task forces by a committee which included task force directors as well as other law enforcement executives. ODCP's compliance section conducts annual audits/inspections with each grantee.

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

# Kentucky Drug Task Force Regions





## ▶ **BARREN COUNTY DRUG TASK FORCE**

Barren County Drug Task Force, located in Glasgow, has been in operation since September 2, 2003, and provides drug law enforcement to Barren and Edmonson Counties. These two counties have a combined population of approximately 51,394 residents in a predominantly rural environment.

The task force has a full-time director, administrative assistant and experienced full-time detectives from the Barren County Sheriff's Office, Cave City Police Department and Brownsville Police Department.

In 2005, the task force initiated 255 criminal investigations which resulted in the arrest of 205 defendants and seizure of \$38,839 in drug proceeds and assets.

These criminal investigations were directed at street and mid-level drug traffickers who were responsible for the distribution of powder cocaine, crack cocaine, marijuana, methamphetamine and diverted pharmaceutical drugs. In addition, task force officers responded to 15 clandestine methamphetamine laboratories.

One of the more significant investigations conducted by the task force in 2005 involved a mobile clandestine methamphetamine lab discovered in the parking lot of a local restaurant in Barren County. Task force officers and the Cave City Police Department executed a search warrant resulting in the seizure of approximately 100 grams of methamphetamine, drug paraphernalia and the arrest of a dangerous felon.



## ▶ **BOWLING GREEN/WARREN COUNTY DRUG TASK FORCE**

Bowling Green/Warren County Drug Task Force has been in operation since January 1, 1997, and provides drug law enforcement in Warren County. The task force is located in Bowling Green which is a rapidly growing urban area with a combined city/county population of approximately 97,168 residents. The task force is an extension of all law enforcement agencies within Warren County and is dedicated to the suppression of illegal drugs and narcotics.

The task force has a full-time director, administrative assistant and experienced full-time detectives and agents from the Bowling Green Police Department, Warren County Sheriff's Office, Western Kentucky University Police Department, KSP, Federal Bureau of Alcohol, Tobacco, and Firearms (ATF), Kentucky Office of the Attorney General (OAG) and Cabinet for Health and Family Services (CHFS).

In 2005, the task force initiated 533 criminal investigations which resulted in the arrest of 351 defendants and seizure of \$198,719 in drug proceeds and assets.

These criminal investigations were directed at street, mid-level and upper-level drug trafficking organizations responsible for the distribution of cocaine, marijuana, methamphetamine and diverted pharmaceutical drugs. In addition, task force officers responded to 36 clandestine methamphetamine laboratories.

One of the more significant investigations conducted by the task force in 2005 involved an eastern European drug organization trafficking in powder and crack cocaine in Bowling Green. This multi-agency investigation, which was federally prosecuted by the U.S. Attorney's Office in Louisville, resulted in the execution of three search warrants, indictment and arrest of 7 individuals and seizure of 3 pounds of cocaine.



### ► SOUTH CENTRAL KENTUCKY DRUG TASK FORCE

The South Central Kentucky Drug Task Force, located in Russellville, has been in operation since July 1, 2004, and provides drug law enforcement to Logan, Butler and Simpson Counties. These 3 counties have a combined population of approximately 57,303 residents in a predominantly rural environment.

The task force has a full-time director, administrative assistant and experienced detectives and interdiction officers from the Logan County Sheriff's Office, Butler County Sheriff's Office, Simpson County Sheriff's Office, Russellville Police Department and Franklin Police Department.

In 2005, the task force initiated 493 criminal investigations which resulted in the indictment and arrest of 148 defendants and seizure of \$59,000 in drug proceeds and assets.

These criminal investigations were directed at street-level and structured drug trafficking organizations responsible for the distribution of crack cocaine, marijuana and methamphetamine. In addition, task force officers responded to 31 clandestine methamphetamine laboratories.

One of the more significant investigations conducted by the task force occurred in late 2004/2005 and involved an outdoor marijuana cultivation where 212 plants, with a street value of approximately \$400,000, was seized from the defendant's property. As a result of information and evidence obtained from a search warrant, this case was referred to the U.S. Attorney's Office in Louisville for federal prosecution. However, prior to the initiation of forfeiture proceedings on the property and ensuing criminal trial, the defendant attempted to solicit murder of the drug task force director and Logan County sheriff. The subsequent murder-for-hire investigation conducted by an ATF special agent successfully resulted in additional federal charges against the defendant for soliciting murder of law enforcement officers.



### ► PENNYRILE NARCOTIC TASK FORCE

The Pennyriple Narcotic Task Force has been in operation since October 1988 and provides drug law enforcement to Christian, Hopkins, Todd, Muhlenberg, McLean, Webster, Crittenden, Caldwell, Lyon, Trigg, Livingston, Marshall, Graves and Calloway Counties. These 14 counties have a combined population of approximately 313,561 residents in a predominantly rural environment.

The task force has a full-time director, deputy director, grant supervisor, administrative assistant, 6 experienced full-time detectives employed by the task force and full-time experienced detectives from the Graves County Sheriff's Office, Marshall County Sheriff's Office, Calloway County Sheriff's Office, McLean County Sheriff's Office, Murray Police Department and Mayfield Police Department.

In 2005, the task force initiated 920 criminal investigations which resulted in the arrest of 522 defendants and seizure of \$7,552 in drug proceeds and assets.

These criminal investigations were directed at street, mid-level and upper-level drug trafficking organizations responsible for the distribution of cocaine, methamphetamine, marijuana and diverted pharmaceutical drugs. In addition, task force officers responded to 62 clandestine methamphetamine laboratories.

During 2005, the task force conducted numerous drug roundups which had a significant impact in such counties as Hopkins, Muhlenberg and Crittenden. In one particular investigation, approximately 60 individuals were arrested which resulted in the seizure of significant amounts of cocaine, marijuana, methamphetamine and removal of thousands of dosage units of prescription drugs off the street.



### ▶ **LAKE CUMBERLAND AREA DRUG TASK FORCE**

The Lake Cumberland Area Drug Task Force, located in Somerset, has been in operation since October 1, 1993, and provides drug law enforcement to Pulaski, Wayne and McCreary Counties. These 3 counties have a combined population of approximately 96,177 residents in a predominantly rural, mountainous environment.

The task force has a full-time director, administrative assistant, 3 experienced full-time agents employed by the task force and full-time experienced detectives and agents from KSP, Somerset Police Department and U.S. Forest Service.

In 2005, the task force initiated 543 criminal investigations which resulted in the arrest of 134 defendants and seizure of \$818,581 in drug proceeds and assets.

These criminal investigations concentrated on mid-level and upper-level drug traffickers and structured drug trafficking organizations responsible for the distribution of marijuana, methamphetamine and diverted pharmaceutical drugs. In addition, task force officers responded to 11 clandestine methamphetamine laboratories.

One of the more significant investigations conducted by the task force in 2005 involved an international drug trafficking organization responsible for smuggling multi-pound quantities of liquid methamphetamine from Guadalajara, Mexico to Kentucky via Las Vegas and Nashville. Seventy-three individuals have been identified and numerous others have pled guilty in U.S. Federal District Court in London.



### ▶ **FIVCO AREA DRUG ENFORCEMENT (FADE) TASK FORCE**

The FIVCO Area Drug Enforcement (FADE) Task Force, currently located in Ashland, has been in operation since 1988 and provides drug law enforcement to Greenup, Carter and Elliott Counties. These 3 counties have a combined population of approximately 72,185 residents in a predominantly rural environment.

The task force has a full-time director, administrative assistant, part-time clerical support and experienced detectives from the Carter County Sheriff's Office, Elliott County Sheriff's Office, Flatwoods Police Department, Russell Police Department, Raceland Police Department and Grayson Police Department.

In 2005, the task force initiated 485 criminal investigations which resulted in the arrest of 66 defendants and seizure of \$60,414 in drug proceeds and assets.

These criminal investigations were directed at street-level, mid-level and major drug trafficking organizations responsible for the distribution of crack cocaine, marijuana and diverted pharmaceutical drugs. In addition, task force officers responded to 6 clandestine methamphetamine laboratories.

One of the more significant investigations conducted by the task force in 2005 involved a licensed medical practitioner and pharmacist who were illegally collaborating in prescribing and filling pain medication prescriptions. These false prescriptions numbered in the thousands and the investigation revealed clients were coming from as far away as Columbus, Ohio and Winchester, Kentucky to get their prescriptions filled. The task force's investigation was successful and closed the illicit operation.



### **BULLITT COUNTY DRUG TASK FORCE**

The Bullitt County Drug Task Force, located in Shepherdsville, has been in operation since October 2001 and provides drug law enforcement to Bullitt County. Shepherdsville is a rapidly growing suburban area just south of Louisville/Jefferson County. Bullitt County has a population of approximately 66,645 residents. The task force has the primary responsibility of enforcing state narcotic laws within the county and is dedicated to suppressing those illegal activities.

The task force has a full-time director, administrative assistant and experienced full-time detectives from the Bullitt County Sheriff's Office and Shepherdsville Police Department.

In 2005, the task force initiated 427 criminal investigations which resulted in the arrest of 188 defendants and seizure of \$18,900 in drug proceeds and assets.

The task force directed its investigative efforts towards street and mid-level drug trafficking violators who were engaged in the distribution of powder cocaine, crack cocaine, marijuana, methamphetamine and diverted pharmaceutical drugs. In addition, task force officers responded to 21 clandestine methamphetamine laboratories.

One of the more significant investigations conducted by the task force in 2005 was a cooperative state/federal investigation under "Project Backfire." This case involved a structured methamphetamine distribution organization operating in Bullitt and Jefferson Counties. As a result of this cooperative effort, the organization was successfully dismantled and 5 defendants were arrested in Bullitt County.



### **BUFFALO TRACE/GATEWAY NARCOTIC TASK FORCE**

The Buffalo Trace/Gateway Narcotic Task Force, located in Maysville, has been in operation since 1990 and provides drug law enforcement to Mason, Bracken, Robertson, Fleming, Rowan, Bath, Montgomery and Menifee Counties. These 8 counties have a combined population of approximately 106,541 residents in a predominantly rural environment.

The task force has a full-time director, part-time administrative assistant and 2 experienced full-time agents employed by the task force.

In 2005, the task force initiated 169 criminal investigations which resulted in the arrest of 58 defendants and seizure of \$2,567 in drug proceeds and assets.

These criminal investigations were directed at street-level drug dealers who were responsible for the distribution of powder cocaine, crack cocaine, marijuana, methamphetamine and diverted pharmaceutical drugs. Task force officers did not respond to any clandestine methamphetamine laboratories.

A more significant investigation conducted by the task force involved a major cocaine distribution organization operating in Mason, Bath and Montgomery Counties. Nine major distributors were arrested and all but one has been convicted in both state and federal court. As a result of the investigation and arrests, availability of cocaine was significantly reduced in Bath, Montgomery, Menifee, Rowan, Fleming and Mason Counties.



### ► **GREATER HARDIN COUNTY NARCOTIC TASK FORCE**

The Greater Hardin County Narcotic Task Force, located in Elizabethtown, has been in operation since July 1, 1995, and provides drug law enforcement to Hardin, Nelson, Grayson, Hart, Larue and Breckinridge Counties. These 6 counties have a combined population of approximately 212,366 residents and have both urban and rural environments.

The task force has a full-time director, administrative assistant and experienced full-time detectives and interdiction officers from the Elizabethtown Police Department, Hardin County Sheriff's Office, Nelson County Sheriff's Office, Leitchfield Police Department, Grayson County Sheriff's Office and Radcliff Police Department.

In 2005, the task force initiated 812 criminal investigations which resulted in the arrest of 785 defendants and seizure of \$94,039 in drug proceeds and assets.

These criminal investigations were directed at street, mid-level and structured drug trafficking organizations responsible for the distribution of cocaine, methamphetamine, marijuana and diverted prescription pharmaceutical drugs. In addition, task force officers responded to 37 clandestine methamphetamine laboratories.

One of the more significant investigations conducted by the task force in 2005 involved a long term investigation that focused on organized street-level drug trafficking, including cocaine, marijuana and prescription pharmaceutical pills in Leitchfield (Grayson County). This investigation successfully concluded with the arrest of 23 individuals on numerous felony and misdemeanor charges.



### ► **NORTHERN KENTUCKY DRUG STRIKE FORCE**

The Northern Kentucky Drug Strike Force, located in Independence, has been in operation since 1977 and provides drug law enforcement to Boone, Kenton, Campbell and Grant Counties. These 4 counties have a combined population of approximately 365,817 residents in a predominantly urban environment and border Cincinnati, Ohio, riverside.

The task force has a full-time director, evidence technician, administrative assistant and experienced full-time detectives from the Boone County Sheriff's Office, Grant County Sheriff's Office, Kenton County Police Department, Campbell County Police Department, Florence Police Department and Newport Police Department.

In 2005, the task force initiated 323 criminal narcotic investigations which resulted in the arrest of 187 defendants and seizure of \$160,247 in drug proceeds and assets.

These criminal investigations focused on street and mid-level violators who were responsible for the distribution of heroin, cocaine, marijuana, methamphetamine and diverted prescription pharmaceutical drugs. In addition, task force officers responded to 12 clandestine methamphetamine laboratories.

One of the more significant investigations conducted by the task force in 2005 involved a two-month long heroin investigation in Highland Heights (Campbell County). Numerous undercover purchases of heroin, cocaine and marijuana were made resulting in the arrest of 70 individuals and removal of multi-ounce quantities of heroin and cocaine and multi-pound quantities of marijuana off the streets. Intelligence information obtained as a result of post arrest interviews revealed the heroin was being purchased in Cincinnati, Ohio and transported into northern Kentucky through the I-275 and I-471 loops. Numerous burglary and auto theft investigations were also cleared up as a result of the drug arrests made.



### ▶ **LOUISVILLE METRO NARCOTICS TASK FORCE**

The Louisville Metro Narcotics Task Force, located in Louisville, has been in operation since 1992 and provides specialized drug law enforcement to Jefferson County. Jefferson County has a population of approximately 700,000 residents and is the 16th largest metropolitan area in the United States.

The task force is supervised by a captain, 2 lieutenants, 6 sergeants, 29 full-time experienced narcotic detectives and 3 civilian employees.

In 2005, the task force initiated 1,670 criminal investigations which resulted in the arrest of 710 defendants and seizure of \$984,838 in drug proceeds and assets.

These criminal investigations focused on street, mid-level and structured drug trafficking organizations responsible for the distribution of powder cocaine, crack cocaine, marijuana, methamphetamine and diverted prescription pharmaceutical drugs in the county-wide metropolitan area.

One of the more significant investigations conducted by the task force in 2005 involved a collaborative effort with Louisville Metro/DEA Louisville. A reverse undercover marijuana investigation resulted in the execution of 8 federal and state search warrants, seizure of \$503,900, luxury vehicles and jewelry, arrest of the two organization leaders and identification of an additional 30 individuals involved in this organization.



### ▶ **LEXINGTON/FAYETTE SPECIAL INVESTIGATIONS UNIT**

The Lexington/Fayette Special Investigations Unit, located in Lexington, has been in operation since 1988 and provides specialized drug law enforcement to Fayette County. Fayette County has a population of approximately 266,358 residents and is the second largest metropolitan area in Kentucky.

The unit is supervised by a lieutenant, 3 sergeants and 13 full-time experienced narcotic detectives.

In 2005, the unit initiated 350 criminal investigations which resulted in the arrest of 223 defendants and seizure of \$531,326 in drug proceeds and assets.

One of the more significant investigations conducted by the unit in 2005 involved a marijuana distribution organization operating in Lexington. This investigation into an organization trafficking in high quality "B.C. Bud" marijuana resulted into a collaborative effort with the DEA Lexington Office which led to the seizure of approximately 2,200 lbs. of marijuana, approximately \$1 million, \$2.5 million in assets and the arrest of 20 individuals.



▶ **KENTUCKY STATE POLICE METHAMPHETAMINE RESPONSE PROGRAM**

KSP is the lead law enforcement agency in Kentucky that has been instrumental in dismantling clandestine methamphetamine laboratories by providing funds, training, equipment, supplies and overtime to certified clan lab response personnel on state, county and local levels. KSP's Methamphetamine Response Program has received national recognition by the DEA for its vision in planning and implementing this program.

Response personnel dismantle clandestine laboratories and store the waste in approved hazardous waste containers at selected sites throughout the state. A DEA approved contractor then removes the waste on a weekly basis. This container program has resulted in significant cost savings to all law enforcement agencies that respond to clandestine laboratories and hazardous chemical dump sites.

This program has proved so successful in Kentucky that DEA began implementation of this model program in other states by using KSP's protocol as a guide.



▶ **KENTUCKY STATE POLICE DRUG TASK FORCE OFFICER PILOT PROGRAM**

In 2005, KSP Drug Enforcement-Special Investigations Branch initiated the Drug Task Force Officer Pilot Program. KSP recognized over the past few years drug trafficking organizations and clandestine methamphetamine laboratories had steadily increased. Those statistics combined with strategic intelligence and long-term planning prompted KSP to move forward in different ways to combat the drug epidemic.

One way was to create the Drug Task Force Officer Pilot Program. For years, KSP had been working cooperatively with various local law enforcement agencies throughout the state on mutual narcotic related investigations. As a result of these pre-existing relationships, ongoing criminal investigations and comprehensive strategic planning, KSP initiated the pilot program with the Ballard County Sheriff's Office, Springfield Police Department (Washington County) and Lebanon Police Department (Marion County).

The purpose of this cooperative enforcement effort was to pool resources and assets in some of the more rural parts of the state where drug law enforcement had been difficult to enforce. In addition to the agencies previously mentioned, KSP is planning to engage in formal task force officer agreements with 7 additional law enforcement agencies located in underserved areas in central and northwestern Kentucky.



▶ **GOVERNOR'S MARIJUANA STRIKE TASK FORCE  
(KENTUCKY STATE POLICE MARIJUANA SUPPRESSION PROGRAM)**

Kentucky is one of the top source states for the cultivation of very high quality domestic marijuana. This marijuana is a contributory factor for its desirability as an export product. Seizures have occurred not only in bordering states, but as far away as Michigan and Pennsylvania. In attacking a drug problem that affects an entire region of the nation, Kentucky's Marijuana Suppression Program has become an integral part of the National Drug Strategy and as such, has received nationwide acclaim.

In the past two years, Kentucky has ranked second in the nation for the amount of outdoor marijuana plants eradicated and for the past fifteen years, in the top four for the amount of marijuana grown each year. These

rankings were based on several criteria such as the number of arrests, number and amount of seizures and number of indoor marijuana grows seized.

Random samples collected during 2004 that were sent to the University of Mississippi for analysis, placed the average THC content for Kentucky outdoor marijuana at 15.4%. A THC content of this level is usually seen with indoor marijuana grows and further demonstrates the potency and danger of Kentucky's marijuana.

Indoor investigation, as well as outdoor eradication, requires assets and resources that no single law enforcement agency in Kentucky possesses. The Marijuana Suppression Program in Kentucky, utilizing the resources of 8 federal, state and local law enforcement agencies, has made great strides in the cannabis suppression effort which has proven to be above and beyond what surrounding states have accomplished.

Outdoor Plants:	507,862	Indoor Plants:	2,640
Outdoor Plots:	7,411	Indoor Grows:	52
Outdoor Arrests:	452	Indoor Arrests:	67

Total Plants: 510,502  
Total Plant Value: \$1,049,021,580.84

Bulk Pounds seized: 12,688.69  
Total Assets Seized: \$644,643.45\*

*\*Two major cases still pending will take the asset total to near \$2 million.*

The Kentucky Eradication Task Force faced many new obstacles during 2005. This was the first year in 16 years that the Kentucky National Guard could not provide ground support in the form of eradication personnel. This forced the task force to become a law enforcement officer driven operation and it tasked the already limited resources of partnering law enforcement agencies. Kentucky finished second in the nation behind California in the amount of marijuana eradicated in 2005.

The task force also faced the difficult task of dealing with the loss of one third of the Guard's air assets for about a third of the eradication season. DEA's CERT (Cannabis Eradication Response Team) made its first visit to the Commonwealth. The addition of the CERT assistance yielded a very successful season; however, 384 pre-spots and 197 grower harvested plots identified approximately 40,000 plants were not eradicated this season.

The task force continues to struggle with funding source cuts and stagnant budget appropriations, in spite of increased cost for services (flight time) and increased usage of overtime, due to utilizing law enforcement officers at record levels.

The Kentucky Eradication Task Force received an award by ONDCP for being one of the most outstanding eradication programs in the United States. The award was presented by John Walters, director of ONDCP, in Washington, D.C. on January 19, 2006.



## ▶ **KENTUCKY VEHICLE ENFORCEMENT**

The Special Operations Division of KVE has a primary focus on the interdiction of criminal activities involving commercial motor vehicles. These interdiction efforts are directed at any illegal cargo, whether stolen property or illicit narcotics and drugs. In support of this effort, KVE fields Special Operations officers with K-9's in its various regions (posts) throughout the state. In fiscal year 2005, KVE seized narcotics with a street value of \$2,070,500 including 794 pounds of marijuana, 268 grams of cocaine, 139 grams of methamphetamine and 3,505 pills.

KVE also used grant funds to host a three-week-long session of the Desert Snow interdiction training attended by officers from KVE, KSP, local law enforcement agencies and other law enforcement agencies from surrounding states. This training provided a unique opportunity for officers to see how contraband is hidden in commercial vehicles and passenger cars and learn the most effective strategies to detect these vehicles.



## ▶ **KENTUCKY OFFICE OF HOMELAND SECURITY – FUSION CENTER**

In an effort to effectively and efficiently safeguard our homeland and maximize anti-crime efforts, Kentucky is in the process of establishing an Intelligence Fusion Center. The concept of fusion is the guiding principal of facilitating the sharing of homeland security-related and crime-related information and intelligence. The fusion process turns information and intelligence into actionable knowledge.

Kentucky's Fusion Center will be a highly functional Intelligence Fusion Center that will make the state safer by developing an "all-crimes" approach and situational awareness to prevent crime and acts of terrorism. The Fusion Center will collect, analyze and disseminate "all-crimes" information to identify emerging patterns and trends.

ODCP plans to provide applicable data to the Fusion Center and extract significant data to provide analysis for drug-related programs.



## ▶ **ALCOHOLIC BEVERAGE CONTROL**

In 2005, the Enforcement Division of Alcoholic Beverage Control (ABC) issued approximately 1,300 citations and 84 warnings for alcohol-related charges. In March 2005, ABC investigators seized over 400 grams of suspected marijuana, over 1,100 prescription pills including Oxycodone, Hydrocodone and Alprazolam, 2 handguns and over \$7,000 cash from an alcohol licensee in Covington while responding to an alcohol violation complaint.

ABC investigators have also been involved in methamphetamine precursor investigations at locations holding an alcohol license. Over 600 brochures have been distributed to licensees to educate them about recently enacted legislation regarding methamphetamine precursors. In addition, the Education Branch of ABC has instructed approximately 3,800 alcohol servers in laws and regulations since July 2004 through its Server Training in Alcohol Regulation (STAR) training program.



## ► KENTUCKY DEPARTMENT OF FISH & WILDLIFE RESOURCES

The Kentucky Department of Fish and Wildlife Conservation Officers spent 2,210 hours working with the Governor's Marijuana Strike Force (Kentucky State Police Marijuana Suppression Program). Conservation officers cited 149 drug charges in the course of their duties during 2005. Conservation officers encountered numerous meth labs, marijuana plots and other illegal activities that aid in the prevention of drug abuse in Kentucky.

## ► DE-CONFLICTION

The SAFET Net application (Secure Automated Fast Event Tracking NET work) is an internet based de-confliction system purchased by London Appalachia HIDTA in 2003.

SAFET Net provides law enforcement officers with a tool to enter a variety of events, schedule them and determine if their event would conflict with an existing event by another law enforcement agency at the same time and location.

The event de-confliction module is designed to reduce potential confrontation between agencies which could lead to disastrous results. The target module allows officers to enter subjects of their investigation to ensure their targets are not the same as other agencies.

SAFET Net can also store intelligence information on persons, vehicles, weapons, telephones, addresses and businesses and keeps a record for federal and state narcotic task forces and law enforcement agencies in Kentucky that are trained and have password access to the system.

The SAFET Net application notifies law enforcement officers through e-mail and/or telephone about the event they scheduled and if it conflicts with an event scheduled by another agency at the same time and location.

Appalachia HIDTA has been instrumental in training law enforcement agencies throughout Kentucky. In 2005, ODCP collaborated with Appalachia HIDTA in training the trainers. ODCP personnel then conducted site visits to all state drug task forces and provided de-confliction training.

According to statistics provided by Appalachia HIDTA, in 2005, 192 separate law enforcement agencies in all HIDTA areas received de-confliction training. This included all state drug task forces in Kentucky. In 2005, 1,456 events and 833 targets were entered in the system, up from 1,100 events and 453 targets in 2004.



## ► 2005 NARCOTIC OFFICER'S CONFERENCE

On November 9 and 10, 2005, ODCP, KSP, Kentucky Narcotic Officers Association (KNOA) and Regional Organized Crime Information Center (ROCIC) presented the first ever conference specifically designed and limited to Kentucky's narcotic officers. Nearly 250 representatives of law enforcement throughout the state attended the two-day conference in Lexington.

The program provided instruction which included legal updates, Drug Endangered Children, methamphetamine updates, technical equipment issues and a presentation from DEA special agent Dennis Lindsay on Narco-Terrorism. Lindsey is an experienced speaker and lecturer at advanced law enforcement seminars and has represented DEA as an instructor in 27 countries around the world.

Governor Fletcher presented the Kentucky Narcotic Officer of the Year Award to Agent Frank Antos of the United States Forest Service and assigned to the Lake Cumberland Area Drug Task Force. Agent Antos along with other Lake Cumberland Area Drug Task Force members initiated a 13-month domestic marijuana cultivation/distribution investigation resulting in the seizure of over \$600,000 worth of property. Currently, federal indictments are pending on 5 members of this drug trafficking organization.



In February 2005, Agent Antos also initiated another investigation resulting in numerous pending sealed federal indictments. Agent Antos discovered a suspect with approximately a half a pound of meth inside his vehicle. After further investigation it was determined the organization was capable of delivering 8 pounds of meth from Mexico to Las Vegas to Pulaski County every 10 days. According to the DEA, this was the first actual case documented of 100% pure liquid meth coming into the United States. It was transported in carry-on luggage inside tequila bottles. During the past 8 months Agent Antos along with others in the task force have identified 73 individuals involved in the distribution of meth solely in the state of Kentucky.

Senator Robert Stivers and Representative Gross Lindsay received legislative leadership awards for their contributions to substance abuse issues. In the 2005 Kentucky General Assembly, Senator Stivers and Representative Lindsay were instrumental in the passage of Senate Bill 63 (anti-meth legislation).

*“Getting drugs out of our communities is a priority of this administration. The education and training this conference offers is invaluable to the officers in the fight against drugs.”*

*Governor Ernie Fletcher*

## ► METHAMPHETAMINE COLLABORATION

ODCP has convened a workgroup to examine the implementation of Senate Bill 63 which begins to address the issues of methamphetamine production and addiction in Kentucky. This collaboration brings together a very diverse group of professionals who represent areas of communities affected by methamphetamine use, manufacture and abuse. Participants include the Environmental Protection Cabinet, Department of Public Health, MHMR, University of Kentucky – Drug Endangered Children Initiative, Family Resource/Youth Services Center, Department of Community Based Services, Child Protective Services, KSP, Kentucky National Guard and Department of Criminal Justice Training. The group’s purpose is to design template protocols for dealing with the identification, elimination and clean-up of meth labs, children and vulnerable adults affected by meth labs and the education of community stakeholders.

A smaller working group has been established to develop recommendations for future legislation to address such issues as quarantine, clean-up and notification to prospective buyers and/or renters of properties contaminated by methamphetamine labs.



# PREVENTION AND EDUCATION

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## ► REGIONAL PREVENTION CENTERS

Kentucky has a statewide infrastructure of Regional Prevention Centers (RPCs) designed to build community capacity to provide prevention services and coordinate prevention initiatives. Each of the 14 Regional Mental Health Boards has an RPC and an RPC director. The primary task of the RPC is to assure that community initiatives fall within the guidelines of the Strategic Prevention Framework as outlined by CSAP. They are also responsible to assure groups providing prevention services are utilizing evidence-based strategies in their approach to ATOD prevention. RPCs are funded by the SAPT Block Grant which requires at least 20% of the SAPT Block Grant dollars be set aside for prevention.

RPCs have been instrumental in smoke-free community initiatives seen in several of Kentucky's larger cities including Louisville and Lexington. They work closely with KY-ASAP Local Boards, Champions Coalitions and other community organizations.

## ► KY-ASAP (KENTUCKY AGENCY FOR SUBSTANCE ABUSE POLICY)



KY-ASAP was created in 2000 by the General Assembly to promote the reduction of alcohol, tobacco and other drug use in Kentucky by working with communities to help them identify existing needs and resources.

KY-ASAP is required by KRS 12.332 (1) to “develop a strategic plan to reduce the prevalence of smoking and drug and alcohol abuse among the youth and adult populations in Kentucky.” The legislature also charged KY-ASAP to make policy recommendations related to both the implementation of the strategy as well as to achieve related outcomes.

### ◆ *Vision*

A commonwealth of healthy communities free of alcohol, tobacco and other drug abuse and related consequences.

### ◆ *Mission*

To promote the reduction of alcohol, tobacco and other drug use through the implementation of comprehensive research-based strategies.

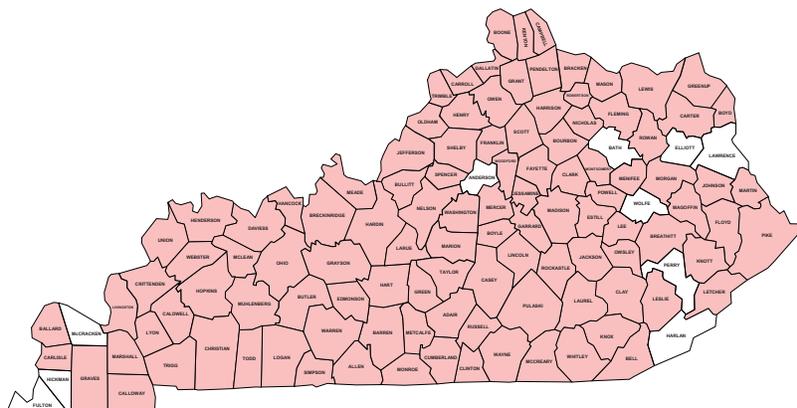
The KY-ASAP Branch developed and implemented a process through which single or multiple county local boards were designated to serve as advisory and coordination boards. First, local boards complete a needs and resource assessment of their community, then form a strategic plan based on data specific to their community. Local boards do not implement direct programming, but develop policies and recommendations to state and local agencies. Such policies and recommendations essentially serve as a bridge between legislation and needs and strengths of different regions associated with the local boards. These local boards are required by law to have representation by core organizations: family youth resource center directors, county judge/executives, community mental health centers, health departments, school superintendents and service region administrators (Department for Community Based Services).

A state board comprised of 17 members appointed by the Governor directs KY-ASAP. Pursuant to KRS 12.330, 13 of those seats are designated to representatives of state agencies; representatives of locally organized KY-ASAP Local Boards fill 2 seats; and 2 seats are filled by community-based organizations. The goal of the state board is to advise the ODCP executive director on policies necessary to implement best

practices for the prevention and treatment of alcohol, tobacco and other drug use in Kentucky's communities. The board meets quarterly.

## KY-ASAP Local Boards – 2005

69 Local Boards (Represents 110 Counties)



### ► CHAMPIONS FOR A DRUG-FREE KENTUCKY



Champions for a Drug-Free Kentucky is a statewide network of anti-drug community coalitions. The program was founded in 1986 with a mission to “promote the prevention of the abuse of alcohol, tobacco and other drugs and the reduction of violence in Kentucky communities.” There are 77 active Champions

Coalitions serving communities in Kentucky. Funding is provided through ODCP using Title IV Safe and Drug-Free Schools and Communities federal funds.

Champions Coalitions are local, starting with family and school and then building throughout the neighborhood. Coalition building at the local level is critical to successful prevention efforts.

Champions Coalitions implement “model” programs based upon scientific research and work by CSAP, Safe and Drug-Free Schools Community Program and SAMSHA, among others. To learn more about science-based prevention programs, visit SAMSHA’s website at <http://www.samsha.gov>

Champions Coalitions develop a strategic plan for their community based upon a needs and resource assessment. Coalitions identify “gaps” between resources and needs. Then, base their prevention plan on survey results and the Risk and Protective Factors Conceptual Framework. The framework includes: individual factors, peer association factors, school-related factors, community environment factors, community factors, family environment factors and society-related factors.

New Champions Coalitions spend their first year as a coalition developing a prevention plan based on risk and protective factors, needs and resource data. Coalitions recruit members, write by-laws and elect officers. At this point, Coalitions have the education and tools needed to begin implementing science-based prevention curricula and environmental strategies in their schools and communities.

Kentucky's RPCs help Champions Coalitions develop prevention plans. Fifteen centers are set up to serve all counties in the state. Prevention specialists at each center provide education and training programs, information and consultation services. For more about RPCs, visit <http://chfs.ky.gov/dph/saRPC.htm>

In the summer of 2005, ODCP awarded approximately \$750,000 to Champions Coalitions in communities across Kentucky. Coalitions have put money to work in their communities and schools through implementation of such programs as "Project Northland," a science-based prevention curriculum which targets underage use of alcohol and "Guiding Good Choices," a prevention program which incorporates parental involvement to teach children to abstain from alcohol, tobacco and illegal drugs. In addition to science-based prevention curricula in schools, coalitions implement environmental strategies in their communities. A good example of an environmental strategy being implemented in Kentucky communities is "Take it Outside," an awareness program which targets the dangers of secondhand smoke and encourages smokers to take it outside.

### CHAMPIONS FY 06 PREVENTION PROGRAMS/ENVIRONMENTAL STRATEGIES

Adair County Substance Abuse Coalition	Across Ages, Heartwood Character Education
Barren County Safe Communities	Underage Drinking Prevention Action Plan
Bath County Champions	Too Good for Drugs, Second Steps Prime for Life Under 21, Lifeskills Tobacco Vendor Education, Class Action Project Northland, Responsible Beverage
Boyd and Greenup County Champions	Project Northland, Class Action, Life Skills, Too Good for Drugs and Violence, Prime for Life, TEG (Tobacco Education Group), Second Steps
Breckinridge County Champions	Random Student Drug Testing, Take It Outside Environmental, Methamphetamine Training
Buffalo Trace Champions (Bracken, Fleming, Lewis, Mason and Robertson) <a href="http://www.u-need-2-know.com">http://www.u-need-2-know.com</a>	Safe Homes, New Teen Drivers, Family Matters, Meth Awareness Campaign, Inhalant Awareness Campaign, Alcohol Social Norming project
Butler County Champions	Life Skills, Smoke Detector System Environmental Strategy
Caldwell County Champions	Project Towards No Drug Abuse, LifeSkills Training, Class Action, Good Behavior Game, Project Towards No Tobacco
Carter/Elliott P.O.W.E.R. Champions	Life Skills, Tobacco Education Group, Tobacco Compliance Checks/Vendor Education, Take It Outside Environmental Campaign
Crittenden County Champions	Project TNT, Class Action
Community Solutions for Substance Abuse (Davies)	C2:Community Counseling/Faith-Community-School Mentoring Project
Mayor's Alliance on Substance Abuse (Fayette)	Community Norms Survey, Awareness Program
Mountain Champions (Floyd and Pike)	Project Northland
Coalition for a Safe and Drug Free Franklin County	Community Norms on Alcohol Use, Safe Place
Garrard County Champions	Families that Care; Guiding Good Choices
Grant County Champions	LifeSkills, TEG/TAP
Grayson County Anti-Drug Coalition	Methamphetamine Training, Here's Looking at You, Safe Homes Directory

Champions for a Drug Free Hancock County	First year coalition
Hardin County Tobacco Free Coalition	Keep a Clear Mind, Counter-Advertising (Tobacco), Hardin County Smoke-Free Dining Guide Environmental Strategy, Mommy and Me
Hardin County COPE (Coalition on Prevention and Education)	First year coalition
Hart County Safe Spot	Keep a Clear Mind, Project Northland
Henry County Care Team <a href="http://www.henrycountycareteam.org">http://www.henrycountycareteam.org</a>	CAFE
Knott Drug Abuse Council	Here's Looking at You
Lawrence County Champions	Too Good for Drugs, Tobacco Vendor Education, Life Skills, Community Readiness to Address Substance Abuse Prevention Strategy
Lincoln County Champions	Life Skills
Livingston County Champions	First year coalition
Logan County Youth Action Team	Guiding Good Choices, Project Northland, Class Action, TIPS (Training for Intervention Procedures)
Lyon County Champions	Safe Homes of Kentucky, TNTU (Toward No Tobacco Use), Good Behavior Game, Hot Spot Card Environmental Strategy
McLean County Champions Against Drugs	Project Northland Super-Charged, Not on Tobacco
Madison County Community Partnership	Second Step, Active Parenting, Faith-based Youth Leader Forums
Heartland Safe Community Coalition (Marion County)	Prime for Life, Creating Lasting Family Connections, Methamphetamine Trainings, Big Brother/Big Sister
Meade County Champions	Voluntary Random Drug Testing, Methamphetamine Training
Menifee County Champions	Project Northland, Kentucky Adolescent Tobacco Prevention Project, Tobacco Vendor Education/Compliance Checks Environmental Strategy, TEG/TAP, Life Skills, Prime for Life Under 21
Mercer County Champions	Too Good for Drugs and Violence, Get Real About Tobacco, Club Hero, Second Step Parenting Program, Big Brothers/Big Sisters
Metcalfe County Anti-Drug Coalition	Project Northland, Life Skills Elementary Curriculum, Methamphetamine Training
Montgomery County Champions	Too Good For Drugs, Life Skills, Tobacco Vendor Education/Compliance Checks Environmental Strategy, Alcohol Vendor Education/Compliance checks/ Alcoholic Beverage Control's S.T.A.R. Program
Morgan County Champions	Tobacco Vendor Education, No Bullying
Muhlenberg County Champions	Peace Camp (Violence Prevention)
Prevention Advocates for Tomorrow's Health (PATH) Nelson County	STARS (Start Taking Alcohol Risks Seriously) for Families, Strengthening Families, Nelson County Meth Watch Environmental Strategy

Nicholas Countians for a Safe and Drug Free Community	Guiding Good Choices
Ohio County Together We Care	Minnesota Smoking Prevention, Life Skills, Project Northland, Creating Lasting Family Connections, Project Northland Community Process
Challengers of Oldham County <a href="http://www.oldhamcountychallengers.com">http://www.oldhamcountychallengers.com</a>	Social Norms Campaign
Challengers for a Drug Free Pendleton County	Life Skills, TEG/TAP, Parental awareness/education environmental strategy, Youth Prevention Efforts
Pulaski County Health Council	Too Good for Drugs, Class Action, Life Skills, Let Each One Teach One, Guiding Good Choices
Rowan County Champions for a Drug Free Kentucky	Too Good for Drugs, Tobacco Vendor Education/ Compliance Checks Environmental Strategy, Alcohol Vendor Education/Compliance Checks Environmental Strategy, Community Readiness Assessment
Scott Countians Against Drugs (SCAD)	Project Alert, Positive Action, New Driver Project, Parent/ Adult Education Environmental Strategy
Shelby County Drug/Alcohol Advisory Council	Social Norms Campaign
Campbellsville/Taylor County Anti-Drug Champions Coalition <a href="http://ctccoalition.com/index.html">http://ctccoalition.com/index.html</a>	Stay Safe, Stay Sober, Stay Alive Campaign, Helping Hands, Community Awareness Campaign, We Card Tobacco Vendor Training Environmental Strategy, TEG/ TAP, Guiding Good Choices, Prime For Life Under 21
Todd County Champions	Leadership and Resiliency Program, Life Skills, Parenting Wisely, New Driver Safety Program Environmental Strategy, Community Awareness Campaign
Trigg County Champions	First year coalition
Washington County Heartland Youth Coalition	Here's Looking at You, TAP/TEG, Strengthening Families, Safe Homes Directories
Wayne County Community Health Council	Life Skills, "Take it Outside" Environmental Strategy, Guiding Good Choices
Barren River Tobacco Prevention Coalition (Warren County)	First year coalition
Webster County Champions	Project Northland, Creating Lasting Family Connections, Prime for Life, Project Alert
Region 5 Champions (Breckinridge, Grayson, Hardin, Larue, Washington, Marion, Meade, Nelson)	Keep a Clear Mind, Methamphetamine Training
Region 6 champions (Bullitt, Henry, Oldham, Shelby, Spencer, Trimble)	Social Norms Campaign



- **Champions for a Drug-Free Kentucky Coalition of the Year Award**  
Given to a coalition that has developed and implemented a strategic plan that promotes the field of prevention, has implemented and produced outstanding results from prevention curricula and/or environmental strategies and has involved parents and youth in its efforts to reduce the underage use of tobacco and alcohol and the use of illegal drugs.

*The 2005 Champions for a Drug-Free Kentucky Coalition of the Year Award was presented to Challengers of Oldham County.*

- **KY-ASAP Single County and Multi-County Local Board Award**  
Given to recognize local boards, single and multi-county, that have developed and implemented a strategic plan based on their needs and resource assessment document which demonstrates a reduction in the abuse of alcohol, tobacco and other drugs.

*The 2005 KY-ASAP Single County Local Board of the Year Award was presented to the Clinton County KY-ASAP Local Board.*

*The 2005 KY-ASAP Multi-County Local Board of the Year Award was presented to the Barren-Hart-Metcalf KY-ASAP Local Board.*

- **Kentucky Y.E.S.! Youth Group of the Year Award**  
Recognizes a youth group that used imagination and hard work to implement successful environmental strategies in their community.

*The 2005 Kentucky Y.E.S.! Youth Group of the Year Award went to the Meade County Youth in Charge.*

- **ODCP 1st Annual Award**  
Given to a person who has made outstanding contributions to substance abuse prevention.

*The ODCP 1st Annual Award was presented to Connie Smith, Division of Mental Health and Substance Abuse.*

- **ODCP 2005 Professional Lifetime Achievement Award**  
Given as special recognition to a professional in the field of substance abuse prevention, early intervention or treatment and for years of outstanding service through education, collaboration and leadership to communities to reduce alcohol, tobacco and/or other drug problems across a region or the Commonwealth.

*The ODCP 2005 Professional Lifetime Achievement Award was presented to Chandra Carter, Director, Lifeskills RPC, Bowling Green.*

► **DRUG AND SUBSTANCE ABUSE EDUCATION PROGRAMS FOR EASTERN KENTUCKY SCHOOLS**



ODCP is partnering with the Kentucky Center for School Safety (KCSS) and Kentucky School Boards Association (KSBA) to provide drug prevention consultants to implement evidence-based substance abuse prevention and education pilot programs in Eastern Kentucky school districts during the 2005-2006 school year. The pilot programs will be delivered to fifth graders and evaluated for effectiveness by an outside evaluator, REACH, Inc. of Louisville. The pilot program will provide prevention-education, “Too Good For Drugs,” to youth during the transitory development period of adolescence. “Too Good For Drugs” is a universal, school-based prevention program designed to reduce the intention to use alcohol, tobacco and illegal drugs. The program focuses on five skills to increase children’s sense of control: responsibility, self-sufficiency goal setting, decision-making, bonding with others and identifying and managing emotions and communications

effectively. A reduction in substance abuse is the ultimate objective of the pilot program. The 2005 General Assembly appropriated \$500,000 for this project.

According to the eligibility criteria, allocation amount and geographic location, 7 drug prevention consultants have been hired. The consultants consist of 2 sworn officers, 4 bachelor level educators and 1 licensed certified professional. All consultants have experience in substance abuse prevention and teaching different curricula. They will be responsible for teaching skills and concepts which include understanding the consequences of using drugs, benefits of being drug-free, identifying and countering pro-drug pressures, resisting advertising appeals and how to support others on their decisions not to use. The composition of the team was chosen to compliment the three substance abuse domains of ODCP: prevention-education, treatment and enforcement.

After research, it was determined that school districts have made efforts to implement drug prevention programs. However, with continued demands of increasing academic standards and meeting proficiency in 2014, the training and implementation of programs have not been met.

Effective prevention programs are frequently used to increase awareness of the negative consequences of drugs and alcohol, tobacco and illicit drug use and to promote negative attitudes about substance use. The drug prevention consultants will work directly with students to offer life skills focused on developing behavioral and social skills to protect against substance abuse including refusal skills, anger management, conflict resolution, decision making social skills and academic enrichment interventions.

Drug prevention consultants will provide methods such as didactic/classroom style presentations, one-on-one and support group interactions to create meaningful positive outcomes. Consultants will offer staff development to raise faculty and staff awareness of the connection between prevention education and student’s academic success as well as work with existing community resources.

School districts with the highest number of drug violations and self-reported use were requested to apply for services offered through the pilot programs. Those school districts are located in Harlan, Floyd, Pike, Johnson, Perry, Clay, Knott and Whitley Counties. There are 48 participating elementary schools located in these 8 counties with 2,307 students.

KSBA, as a partner of KCSS, will provide administrative management to implement the pilot programs. It is the intent of KSBA and KCSS to foster cooperation and maintain a collaborative spirit with ODCP.

## ► STUDENT DRUG TESTING



Kentucky schools have not gone unaffected by the growing problem of substance abuse. School administrators and community stakeholders continually strive to find the most effective prevention and intervention strategies to protect and educate Kentucky's youth regarding substance abuse and dependence.

National surveys report drug use among the nation's youth at alarming rates. According to Monitoring the Future, a national survey that tracks drug use among America's youth, in 2004 alcohol use remained extremely widespread among teenagers.

- 77% of students have consumed alcohol by the end of high school (44% by 8th grade)
- 60% of 12th graders and 20% of 8th graders report having been drunk at least once in their life
- 51% of students have tried an illicit drug by the time they finish high school
- 30% of students have used inhalants (as early as 8th grade)

Moreover, the 2004 National Survey on Drug Use and Health revealed the rate of substance dependence or abuse was:

- 8.8% for youth aged 12 to 17
- 21.2% for young adults aged 18 to 25
- 7.3% for persons aged 26 or older

Among persons with substance dependence or abuse:

- 60.5% of youth aged 12 to 17
- 39.2% of young adults aged 18 to 25
- 24.3% of adults aged 26 or older were dependent on or abused illicit drugs

According to the Fall 2004 KIP Survey which included surveys from 96,917 students from 125 school districts in Kentucky:

- 20% of 12th graders who responded reported using marijuana one or more times within the past 30 days
- 6.5% of 8th graders, 4.8% of 10th graders and 2.8% of 12th graders who responded reported using inhalants once or more within the past 30 days

Identifying an effective strategy to combat youth substance use is vital to address this public health concern.

According to the Statewide Drug Control Assessment 2004 Final Report, student drug testing was an item the summit deferred action upon in lieu of more detailed review by ODCP. Creation of the Student Drug Testing Advisory Council was a major step in determining the best course of action in the possible expansion of student drug testing in Kentucky. The council is comprised of experts and community stakeholders from across Kentucky with an interest in exploring increased student drug testing while representing the various needs of school systems throughout the state.

According to ONDCP, in addition to creating a culture of disapproval toward drugs in communities, student drug testing also achieves three public health goals:

- Deters children from initiating drug use
- Identifies children who have just started using drugs so parents and counselors can intervene
- Helps identify children who have a dependency on drugs so they can be referred to drug treatment

Additionally, the creation of a Student Drug Testing Advisory Council aligns with the priorities of ONDCP. In an August 29, 2002, press release regarding a publication entitled, “What You Need to Know About Drug Testing in Schools,” John Walters, executive director of ONDCP, stated, “As a society, we simply cannot surrender our children to the harms caused by illegal drugs. Substance abuse is not a right of passage for young people; it is a dangerous behavior that can impede academic progress, lead to risky decision-making and cause chemical changes in the brain that result in long-term physiological damage. Drug testing can be an important tool at a critical time in a young person’s development for preventing drug use and getting help to those who need it. We are providing parents and educators with the means to determine if student drug testing is an appropriate response to the drug threat in their schools and communities.”

The Student Drug Testing Advisory Council is co-chaired by Teresa A. Barton, executive director of ODCP and Jon Akers, executive director of KCSS. The Advisory Council is comprised of stakeholders from across Kentucky. The Advisory Council includes representatives from:

Office of Drug Control Policy	Kentucky Center for School Safety
Attorney General’s Office	Kentucky Embedding Project
Department of Education	Concerned Parents
Department of Juvenile Justice	Kentucky Sheriff’s Association
Kentucky School Board Association	Kentucky Association of Chiefs of Police
Superintendents Association	Parent Relations Specialists
School Administrators Association	KY-ASAP Local Boards
Division of Mental Health and Substance Abuse	Champions Coalitions
Department of Public Health	Representatives from schools that are drug testing students and schools that do not test
School Council Members	Operation UNITE Drug Counselor Staff
School Resource Officers Association	Kentucky Youth Advocates
Family and Youth Resource Centers	

One of the first major tasks of the Advisory Council is to host a “Kentucky Student Drug Testing Summit.” The one-day event will be held on February 28, 2006, at The Brown Hotel in Louisville, Kentucky. The Summit will be modeled after ONDCP’s Student Drug Testing Regional Summits and will provide opportunities for school system administrators, teachers, concerned parents and others to learn about the benefits of student drug testing from school systems that have experienced a decline in drug use since implementing student drug testing. The Summit will be a venue to educate consumers about the limitations of student drug testing



According to the Department of Labor, the annual cost to American employers of on-the-job substance abuse is estimated to be \$100 billion. This figure includes lost productivity, theft, accidents and additional health-care costs. Studies reported by the Institute for a Drug-Free Workplace show:

- Of all workplace drug users who test positive, 52% are daily users
- Employees who test positive for drugs were 60% more likely to be responsible for plant accidents, use a third more sick leave and have more unexcused absences
- One national automobile manufacturer reports that drug-using employees averaged 40 days of sick leave each year, compared with 4.5 days for non-users
- The state of Wisconsin estimates that expenses and losses related to substance abuse average 25% of the salary for each worker affected

### ***Legal Basis for Employee Drug Testing:***

Chapter 18A.110 of the Kentucky Revised Statutes states the Personnel Cabinet Secretary shall promulgate comprehensive regulations governing applications and examinations. KRS 18A.110 (7)(c) authorizes the Secretary to use any investigation of character, personal traits or physical skill which serves the need to test the relative fitness of applicants for state employment.

The Secretary is directed by KRS 18A.043 to promulgate administrative regulations to implement the provisions of the Federal Drug Free Workplace Act of 1988, 41 USC – 701 through 707 (Subtitle D of Public Law 100-690).

KRS 18A.030 (2)(i) requires the Personnel Cabinet Secretary to prepare, in cooperation with appointing authorities and others, programs for employee training, safety, morale, work motivation, health counseling and welfare including delegate authority to other Cabinets and Departments for devising their own drug testing policies.

Since October 2004, Kentucky Department of Corrections (DOC) has tested applicants on a post-offer/pre-employment basis. Nearly 10% of those tested came back positive – 113 out of 1,200. DOC has also tested 34 on a reasonable suspicion basis since October 2004. Of this 34, 9 tested positive and disciplinary action/termination was issued on each.

As a result of the pre-employment/post-offer implementation, DOC has been working with the Personnel Cabinet to remove those applicants that tested positive from employment registers to ensure they are not hired in other locations/positions.

Drug use in the workplace, even in Kentucky state government, exists and efforts should be taken to help employees and the public who are served. The Kentucky Personnel Cabinet offers the Kentucky Employee Assistance Program (KEAP) to assist employees with personal problems, including alcoholism and drug abuse, which affect their work performance. Supervisors may refer employees to KEAP when job performance deteriorates, however participation is voluntary. If unacceptable job performance continues, disciplinary action including termination may result.

In 2006, ODCP will continue to encourage other cabinets and departments to consider employee drug testing for pre-employment and post-offer safety sensitive type positions.

## ► METH AWARENESS CAMPAIGN

ONDCP and the Partnership for a Drug-Free America announced in December 2005 the start of a new advertising campaign in Kentucky targeting the illicit drug methamphetamine. Designed to mobilize individuals and local community groups to reduce meth use at the local level, the new effort launched in Louisville was one of 23 U.S. cities to receive the ad campaign.

John Walters, director of ONDCP stated, “The methamphetamine challenge has touched communities across this nation differently, but its devastating consequences are borne by all Americans. By helping to educate our citizens about the misery and destruction meth causes, we can work to make this problem smaller. Together with our state and local partners, we are aggressively pushing back against the drug and are working to make America a safer place.”

The ad campaign combines real-life stories of people impacted by methamphetamine with scenarios that depict the unique secondhand threat meth poses to communities at large. The campaign’s two main themes “So, Who Has the Drug Problem Now?” and “End Meth in Your Town” challenge individuals to learn more about the threats meth poses to both their families and communities.

“With concern about meth spreading across America and being introduced to a new generation unfamiliar with the lethal nature of this drug, preventative action is essential,” said Steve Pasierb, president and CEO of the Partnership. “If we can persuade parents and community leaders to take a stand against this drug, we can ensure that meth will not become the next drug of choice of a new generation.”

Once a threat largely in the Southwest, use and production of methamphetamine has moved steadily eastward, with an emphasis now on the Midwest, Northwest and portions of the South. Meth users are prone to violence and neglectful behavior which can affect their children and neighbors. The chemicals used in meth production are flammable and highly toxic, which can pose a twofold threat to the environment and residents.

Nationwide, approximately 12 million people have tried meth at least once, with 1.4 million reporting use in the past year. While national prevalence data show meth use in the United States is slowly declining, illegal meth labs continue to threaten communities and strain local law enforcement resources in affected regions.



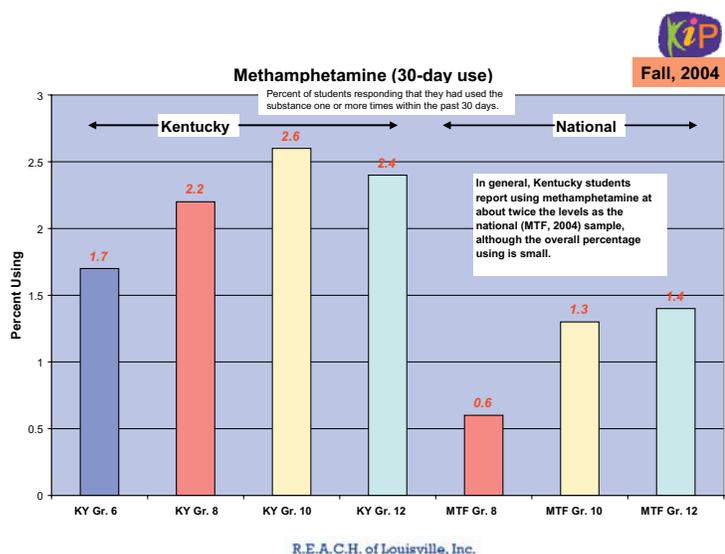
Kentucky Lieutenant Governor Steve Pence joined with ONDCP and the Partnership to announce the statewide initiative. “Methamphetamine has literally devastated some communities in the commonwealth, but Kentucky is not going to surrender to this deadly addiction,” he said. “We are committed to winning the battle against meth, but we need help. I commend the ONDCP and the Partnership for a Drug-Free America for their efforts to energize public awareness with this new campaign.”

The advertising campaigns were created pro bono for the Partnership by two agencies, Leo Burnett of Chicago and J. Walter Thompson of New York. The research-based campaigns were subject to rigorous qualitative testing and proved resonant among community members, spurring them to seek information on meth and take part in their community’s efforts to fight the drug.

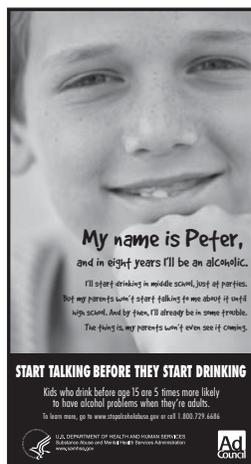
Congresswoman Anne M. Northup said, “Meth use has spread throughout Kentucky and is so destructive to families. More and more children in Kentucky and across the nation must be taken away from addicted parents, where relationships and lives are devastated. I applaud this public awareness campaign. By educating everyone about real-life stories, we can help to confront the drug problem.”

The anti-meth ads will also run in Atlanta, Austin, Cedar Rapids, Charlotte, Chicago, Dallas, Denver, Des Moines, Grand Rapids, Miami, Pittsburgh, Minneapolis, Portland, Raleigh-Durham, Sacramento, Salt Lake City, San Antonio, San Francisco, Seattle, Savannah, Springfield and Tampa/St. Petersburg.

ODCP is distributing the campaign DVD and media materials for use across the state.



## ► PREVENTING UNDERAGE ALCOHOL USE: A NATIONAL MEETING OF THE STATES KENTUCKY YOUTH SAFE AND SOBER (KYSS)



The U.S. Department of Health and Human Services (HHS) in partnership with the Ad Council launched a national public service advertising campaign in November 2005 designed to prevent underage drinking. The campaign aims to encourage parents to speak to their children about alcohol in an effort to prevent and reduce underage drinking.

The Federal Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) asked Kentucky and other state teams to encourage communities throughout their state to hold town hall meetings focused on the prevention of underage drinking in March 2006. The town hall meetings will allow states to facilitate local people to take ownership of community problems, create coalitions and processes to plan solutions to those problems and implement evidence-based strategies to solve the underage drinking problem one community at a time. One objective of ICCPUD is to increase public awareness and concern about underage drinking as an action

issue across the nation. Preventing Underage Alcohol Use: A National Meeting of the States brings teams from states together to lay the groundwork for action in communities around the country.

The Kentucky Youth Safe and Sober (KYSS) Committee consists of the following partnering agencies: ODCP, KSP, ABC, Education Cabinet, Governor’s Office of Homeland Security (GOHS), RPCs and Cabinet for Health and Family Services (CHFS).



Kentucky's First Lady, Glenna Fletcher has agreed to serve as the honorary chair and spokesperson for Kentucky's initiative to prevent underage drinking. Mrs. Fletcher will attend the roll-out press conference, some of the town hall meetings and record public service announcements.

The committee identified communities to participate in the town hall meetings in March 2006. Each community selected will receive a stipend of \$1,000 from SAMSHA to hold a town hall meeting in their community on or around March 28, 2006. The focus of the meetings will be awareness and prevention of underage drinking. All of the Drug-Free Communities' (DFCs) grantees will automatically receive the stipend along with an additional 15 communities selected by the committee. DFCs receiving the stipend are as follows:

<b>Coalition Name</b>	<b>Community</b>
McLean County Community Coalition	Calhoun
Campbellsville/Taylor County Anti-Drug Coalition	Campbellsville
Mercer County Substance Abuse Prevention Coalition	Harrodsburg
Russell County Local Board	Russell Springs
Ohio County Together WE Card, Inc. (TWC)	Hartford
Calloway County Alliance for Substance Abuse	Murray
Madison County Partnership	Richmond
Prevention Advocates for Tomorrow's Health (PATH)	Bardstown/Nelson County
Portland Now Prevention Partnership	Louisville/Jefferson County
Spencer County CAN (Community Action Network)	Louisville
Knott Drug Abuse Council, Inc.	Hindman
Mayor's Alliance on Substance Abuse	Lexington/Fayette County
Henry County CARE Team	Pleasureville
Corbin Community Coalition	Corbin/Knox/Whitley Co.
Washington County Heartland Youth Coalition	Springfield
Challengers of Oldham County	LaGrange
Magoffin Board for KY-ASAP	Salyersville
Boyd and Greenup County Champions	Ashland
BHM KY-ASAP/DFC Coalition	Glasgow/Barren County
Clay-Jackson KY-ASAP Local Board	Manchester
Lincoln County Champions for Prevention Coalition	Stanford
Boyle County ASAP/Danville Boyle County Promise for Youth	Danville
Allen County Comm. Drug Assessment Program (AC-CDAP)	Scottsville
People Encouraging People, Inc.	Beattyville/Lee County
Covington Partners in Prevention	Covington/Kenton

The KYSS committee used the following criteria to select the additional 15 communities:

- Problems and costs associated with underage drinking produced by the Pacific Institute for Research and Evaluation (PIRE)
- Alcohol-related collisions map indicating those counties comprising 60% of alcohol-related collisions during 2004 involving underage drivers produced by KSP
- Alcohol-related discipline violations in Kentucky public schools from the Department of Education

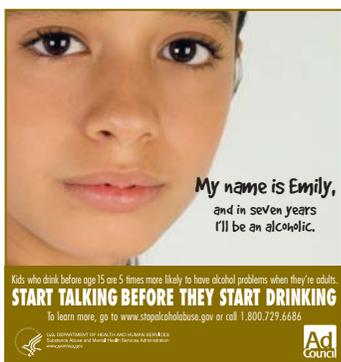
- Statistics on binge drinking and drunkenness
- Alcohol-related law violations in Kentucky schools
- Juvenile DUI rates produced by REACH of Louisville, Inc.
- Statistics on sales to underage individuals from ABC

Based on the criteria, the following additional communities were selected:

Boone County  
 Campbell County  
 Christian County  
 Daviess County  
 Fulton County  
 Hardin County  
 Jessamine County  
 Logan County

Lyon County  
 Meade County  
 McCracken County  
 Pike County  
 Pulaski County  
 Warren County  
 Whitley County

One tool communities will use is a television or internet broadcast concerning underage drinking. The broadcast will be designed to be the focal point of town hall meetings to raise public awareness, mobilize existing community coalitions and organize new community coalitions to address the issue. Each community will organize a town hall meeting inviting concerned community members to attend and watch the broadcast together with others from the community. Immediately after the broadcast, a panel of community experts and citizens will discuss the problem of underage drinking locally in their community. At the conclusion of the panel, the meeting facilitator will provide the group with an opportunity to organize and take action in the community to address underage drinking through a comprehensive community process over time.



In sum, the proposed strategy calls for the development of a campaign to engage adults in a concerted effort to stop enabling or ignoring youth drinking. The campaign calls on the alcohol industry to enter a partnership with government to implement a coordinated, evidenced-based approach to reduce underage drinking. Steps to increase compliance with laws against selling or providing alcohol to minors are included. It calls for reducing youth exposure to alcohol advertising or music and other entertainment with products and ads that glorify drinking. The campaign recognizes the potential importance of school-based education approaches. Finally, local leaders are asked to apply the multiple tools available to address underage drinking within the context of their communities. Efforts to reduce underage drinking need to focus on adults and must engage society at large.

## ► STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT

In 2003, Kentucky was one of 15 states and territories awarded an \$11.5 million grant from the Center for Substance Prevention. The overarching goal of this initiative is to reduce youth drug use and abuse. The purpose of this five-year project is two-fold. First, it is intended to create a data-driven infrastructure for the allocation of prevention funds across the Commonwealth. SAMHSA wants to assure federal dollars are being allocated to communities with the greatest need and highest risk for substance abuse among youth. The secondary purpose is to conduct intensive research on the success of prevention initiatives. SAMHSA's goal is to obtain empirical evidence that concentrated prevention initiatives do "move the needle" in terms of reduced drug use by youth in targeted communities.

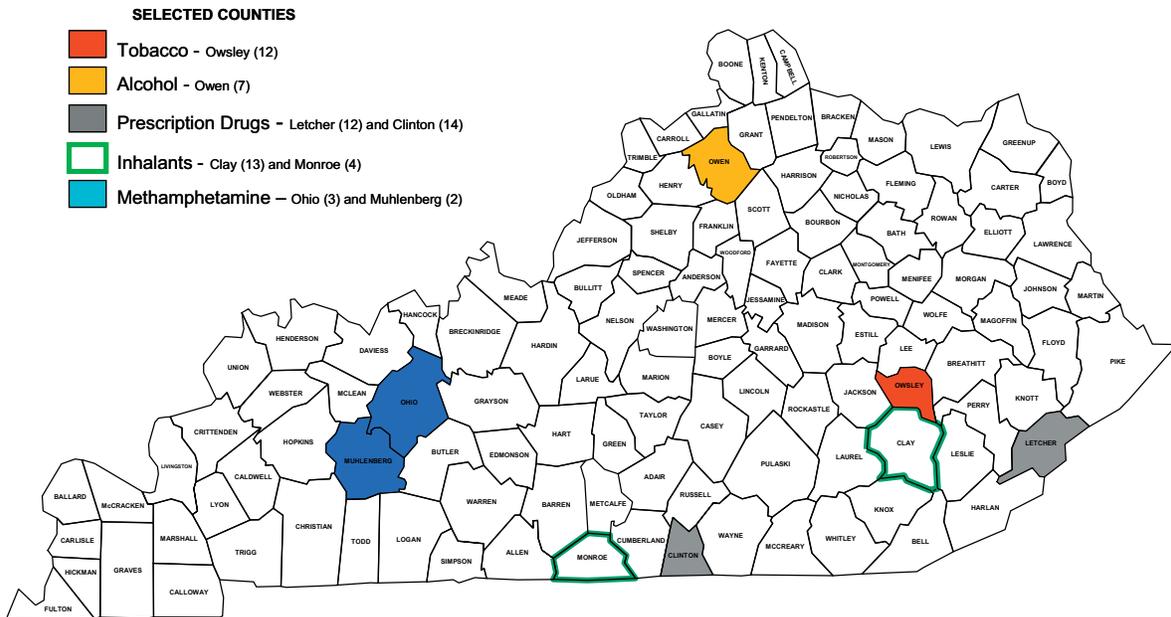
CSAP outlined a "roadmap" for designing prevention programs in communities. This guideline, the Strategic Prevention Framework, outlines a number of steps to be utilized in designing a prevention strategy:

- Is your community ready for prevention? (Assess community readiness and mobilize the community)
- What are your community's greatest needs for prevention? (Conduct a needs assessment)
- Which risk and protective factors are your priorities? (Translate needs indicator data into risk and protective factors)
- What resources already exist in your community that address the risk and protective factors you have prioritized? (Conduct a resource assessment)
- Where will you focus your prevention efforts? (Select universal, selective, or indicated strategies)
- Which prevention strategies have been shown through research to be effective? (Select scientifically-defensible best practices to implement)
- How will you evaluate your prevention program? (Conduct evaluation planning, implementation, analysis and use results for future program planning)

The SPF-SIG project is a collaboration between ODCP, MHMR and REACH of Louisville, Inc. An extensive data warehouse has been constructed to enable the analysis of many different factors in a community including youth alcohol, tobacco and other drug use, crime data, DUI data, mortality data and data surrounding social and cultural factors in a community. The first year of the grant award period has been devoted to development of a data warehouse and analysis of the data. The product of this analysis is a selection of targeted communities who will then participate in targeted prevention activities. The Strategic Planning Committee, comprised of experts representing a number of state agency stakeholders, designated the priority drugs including: alcohol, tobacco, prescription drugs, methamphetamine and inhalants. Following an extensive analysis of risk and readiness factors, 8 communities have been targeted for concentrated prevention activities and research. These target communities with their designated drug of focus are:

- Clay County – Inhalants
- Clinton County – Prescription Drugs
- Letcher County – Prescription Drugs
- Monroe County – Inhalants
- Muhlenberg County - Methamphetamine
- Ohio County – Methamphetamine
- Owen County – Alcohol
- Owsley County – Tobacco

## SPF-SIG Selected Counties by Priority



Targeted communities will collaborate with RPCs, KY-ASAP local boards, Champions Coalitions and other community stakeholders to implement their prevention efforts. All specific activities must be evidence-based and fall within the guidelines of the Strategic Prevention Framework as outlined by CSAP.

### ► HEALTH EDUCATION THROUGH EXTENSION LEADERSHIP

The University Of Kentucky College of Agriculture provides Health Education through the Extension Leadership (HEEL) initiative across the Commonwealth. HEEL serves as a catalyst for change by bridging people, resources, ideas and actions, using the unique model of the land grant system of outreach and education combined with university-based research and formal collaborations with long-term partnerships. HEEL creates innovative strategies for improving health outcomes and reducing the burden of chronic disease for all Kentuckians at local, regional and state levels.

Healthy People 2010 goals for the nation document identified community programming as the key to increasing the quality and span of healthy life and successfully reducing health disparities. HEEL programs are developed to be delivered by county extension agents, who are experienced community educators, working in collaboration partnerships with their local community partners and our formal extension volunteers, the Kentucky Extension Homemakers.

Rural and urban communities in Kentucky are experiencing a number of cultural, economic and social changes while at the same time being bombarded with information technology and communication filtered through sound bites and talking heads. HEEL's mission, simply stated, is to take the University to the people through research-based education consumers can rely on. County extension agents serve as the link between people in every county, specialists and faculty at the University of Kentucky and faculty and staff located at our regional facilities.

HEEL program resources target:

- Limited resource audiences (both urban and rural)
- Communities with limited resources
- Farm operators, agricultural and forestry workers and their families
- Health volunteers and professionals
- Infants, children, young adults and seniors
- Special populations

Methamphetamine use, abuse and manufacture has had a dramatic effect on citizens of Kentucky, not only those who use and manufacture the drug but the land, soil, water and air around meth labs. An additional serious impact of methamphetamine is the affect on children exposed to the use and manufacture of these products. Chemicals used to make meth are extremely toxic. Children exposed to these toxins can experience a wide range of physical and developmental problems related to contamination. ODCP has been working closely with the HEEL program and the Kentucky National Guard to educate people about the affects of meth on children. The numbers of drug endangered children across the state continue to grow in part because we are now recognizing the signs of contamination in children.



***Drug Endangered Children*** - Through HEEL's leadership, an advisory council was formed to serve as a steering committee for drug-related issues that place children, elderly adults and the environment at risk. Kentucky Alliance for Drug Endangered Children (DEC) includes representatives from law enforcement, emergency medicine, crime prevention, pediatrics, public health departments, ODCP, Kentucky Board of EMS, Children's EMS, Adult Protection, Child Protective Services, Environmental Health, Kentucky Injury Prevention Center and the College of Social Work. The DEC alliance is offering trainings across Kentucky led by the National Alliance for Drug Endangered Children for county extension agents, family resource center

coordinators, emergency room physicians, EMS workers, social workers and other first responders. Through the trainings, community teams are developing protocol for responding to and treating vulnerable populations exposed to methamphetamine production. Following are results of this initiative:

- 1,400 professionals were trained by the National Alliance for DEC
- The National Medical Protocol for DEC is used and has been set as the standard in five hospitals throughout central and eastern Kentucky
- Provided assistance to the DEC Training Network of Appalachia. This brings information and training resources to community coalitions including Operation UNITE, Champions and KY-ASAP groups who seek to decrease the impact of drugs in their communities
- Developed new and improved ways to track the number of children whose health is impacted by adult substance abusing behavior
- Developed and implemented Walk Your Land, a methamphetamine identification program for landowners and farmers
- Developed and implemented Meth: Too Close to Home, a meth identification program for home visitors and other professionals



**Walk Your Land** – Through the regional issues programming approach, quick response teams were established to address substance abuse issues in Eastern and Western Kentucky, particularly the production and use of methamphetamine. HEEL staff has led these efforts and developed an intensive programming plan for 2004/2005. Materials developed included a pamphlet for identifying meth waste, training manual, data maps indicating illicit drug use, abuse, production and sales, PowerPoint presentations, teaching outlines and evaluation tools. HEEL staff has conducted trainings for approximately 300 county extension agents and their community partners in Eastern, Central and Western Kentucky. Partnerships have been formed with KSP, Operation UNITE and the Pennyriale Narcotics Task

Force. This partnership focuses on education to prevent the necessity of legal action in situations where farmers and other landowners find and dispose of waste they may not realize is considered toxic. This effort will also increase the protection of soil and water from methamphetamine-related contamination.

### ► **KENTUCKY Y.E.S.!**

In 2002, a group of Kentucky's RPC Directors recognized Kentucky was not involving youth enough in anti-drug efforts. They took action, researched youth development models and chose the "Youth Empowerment System" (Y.E.S.) to fill the gap in Kentucky's prevention and education efforts.

The role of Kentucky Y.E.S.! members is similar to the adult Champions Coalition members. The mission is "through youth engagement, build capacity to plan, implement and evaluate substance abuse prevention strategies in the Commonwealth of Kentucky." Kentucky Y.E.S.! has three long-term goals:

- Increase community awareness of youth substance abuse issues
- Increase youth advocacy efforts
- Increase youth implementation of substance abuse prevention strategies including individual and environmental

Kentucky Y.E.S. effectively meets the goals of community-based youth development programs. Kentucky Y.E.S.!'s accepted theory and empirical evidence through interventions are designed to help build personal resilience including:

- Social competence
- Problem-solving skills
- Autonomy (sense of identity and ability to act independently and exert control over his or her environments)
- Sense of a purpose and future

Kentucky youth become involved in Kentucky Y.E.S.! through school-based or community-based groups mobilized by RPCs. Kentucky Y.E.S.! groups are directed by a steering committee dedicated to empowering youth groups by directing and evaluating funding proposals and plans to implement strategies which focus on the prevention of alcohol, tobacco and other drug use and abuse.

Below are a few of the Kentucky Y.E.S.! 2005 activities and accomplishments:

- Hancock County “Dedicated Teens” worked with local law enforcement to gather information on underage alcohol use
- Owensboro High School Champions participated in community efforts to establish a smoking ban in public places by attending meetings and circulating petitions
- Ashland - Kentucky YES! members recorded a clean indoor air television commercial which will air on local stations
- Morgan County - a member of TAP (Tobacco Awareness Program) received training from the “Drive to Stay Alive” program and is making presentations to all junior and senior students
- Mercer County - youth members collaborated with the student council to mentor peers who are at-risk for alcohol and/or drug use



All members of the Kentucky YES! youth groups participated in Red Ribbon Week, Great American Smoke Out, Kick Butts Day and HOT (Helping Overcome Tobacco). Kentucky Y.E.S.! members received anti-drug and alcohol prevention training at the Champions for a Drug-Free Kentucky/KY-ASAP Joint Conference held in October 2005.

### ► **EARLY INTERVENTION PROGRAM**

In Kentucky, persons under 21 years of age who are convicted of driving under the influence of drugs and/or alcohol are subject to Kentucky’s zero tolerance law. Since it is unlawful for persons under 21 to purchase alcohol, there is no acceptable level of use. The Early Intervention Program (EIP) is designed to provide prevention, intervention and treatment opportunities for these individuals. EIP is provided in all regions of the state through the network of RPCs. Services are delivered by specialists trained in early intervention protocol. The program’s goal is to intervene in these cases to provide information and skills to enable these clients to stop using drugs and/or alcohol and assist them in learning to make more positive life decisions. All participants of EIP receive the Prime for Life curriculum designed by the Prevention Research Institute. These programs are funded through Safe and Drug-Free Schools and communities dollars administered by SAMHSA and ONDCP.

### ► **KIDS Now!**

ODCP collaborates with MHMR, REACH of Louisville, Inc., Institute on Women and Substance Abuse at the University of Kentucky and a network of local health departments to implement the KIDS Now! program. As more pregnant women were identified to have problems with the use and abuse of tobacco, alcohol and illicit drugs, this program was created to provide prevention, intervention and treatment to pregnant women across the state.

Professionals in all regions of the state meet with pregnant women identified by health departments to give them information about the effects of substance use and abuse on the fetus. Assessment instruments have been developed to determine those women who are in need of intervention and treatment. Over 2,000 women per year are receiving services through this program which has increased the number of women entering treatment and abstaining from substance use during pregnancy. Funding for this project is from Phase I Tobacco Settlement Funds.

## ► **eKASPER**

The Kentucky All Scheduled Prescription Electronic Reporting system (eKASPER) is one of the first prescription drug monitoring programs in the country. It has evolved into a very sophisticated monitoring program which is now web-based. Doctors are required to report all prescriptions for Schedule II through V drugs and pharmacies are required to report all scheduled drug prescriptions filled in the state.

eKASPER began in 1999 and it was anticipated the system would run approximately 2,000 reports per year. Since January 2006, eKASPER is averaging 932 reports per day based on a 5 day work week. Physicians request 93% of these reports. The web-based system has about 2,000 users and over 90% of the reports requested via the web are returned to the requestor in under a minute. Program operating costs for eKASPER have been reduced by 75% since using the web-based application.

While this is an effective tool for law enforcement to investigate diverted drugs of addiction, it has also become a very effective tool for clinical practice. Health care professionals are now able to access an eKASPER report in a few seconds, which delineates the prescription history for a patient including all scheduled drugs prescribed and filled prior to the last 30 days. eKASPER is being used as an intervention and case management tool. ODCP and eKASPER are working with managed care insurance companies to educate health care providers and patients about the dangers of diverted drugs.

## ► **MINERS SUBSTANCE ABUSE TASK FORCE**

The Miners Substance Abuse Task Force was charged with gathering and evaluating pertinent information on substance abuse and its impact on the health and safety of miners. In addition, they were to develop recommendations for state and federal regulatory agencies, as well as the mining industry, to eliminate substance abuse. The task force included a diverse group of individuals to ensure all stakeholders were represented and had a voice in the deliberations. Membership included representatives of state mine safety agencies from Kentucky, Virginia and West Virginia, Mine Safety and Health Administration, health and safety professionals representing both large and small coal companies, labor, ODCP and the insurance industry. The task force conducted 8 meetings between March and November 2005 and heard from several experts on various topics related to substance abuse in our communities and mining industry.

This task force set the tone for the 2006 General Assembly to look seriously at substance issues as they relate to mine safety.

# TREATMENT

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## ► **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)**

SAMHSA is the federal agency that oversees and funds substance abuse prevention and treatment initiatives in states and territories. There are two centers and three institutes of SAMHSA that focus on particular projects. ODCP works closely with SAMHSA to coordinate substance abuse initiatives in Kentucky. SAMHSA sets priority populations for funding, performance requirements for states and reporting guidelines for grants. Kentucky works closest with the centers (described below) but also has research activities related to the institutes. Kentucky is conducting clinical trials with the National Institute on Drug Abuse in the area of effective treatment modalities for pregnant women and using buprenorphine for detoxification from narcotic addiction. ODCP is also working with the National Institute of Alcohol and Alcoholism to research the long-term effectiveness of mutual help programs.

CSAT is the primary funding agency for substance abuse treatment with the SAPT Block Grant. These dollars are allocated to all states based on population. CSAT monitors the quality of state's treatment efforts and provides technical assistance to states. CSAT also funds other development and conference grants.

CSAP administers prevention grants to states and monitors the quality of state's prevention efforts. CSAP assures prevention activities fall within the Strategic Prevention Framework. The agency also provides technical assistance and other grant opportunities. CSAP is currently the oversight agency for Kentucky's \$11.5 million SPF-SIG grant.

## ► **PUBLICLY FUNDED TREATMENT IN KENTUCKY**

Kentucky has a publicly funded service delivery system that allows substance abuse treatment to be available to those who request it. Treatment services are delivered through the network of Regional Mental Health Boards as part of a comprehensive system of care for mental health, mental retardation and substance abuse. There are 14 private non-profit boards that deliver the substance abuse services. Boards provide services on-site in nearly all of Kentucky's 120 counties.

District 1 – Four Rivers Behavioral serves Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Livingston McCracken and Marshall

District 2 – Pennyroyal Regional Mental Health/Mental Retardation Board serves Caldwell, Christian, Crittenden, Hopkins, Lyon, Muhlenberg, Todd and Trigg

District 3 – River Valley Behavioral Health serves Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster

District 4 – Lifeskills, Inc. serves Allen, Barren, Edmonson, Hart, Logan Metcalfe, Monroe Simpson and Warren

District 5 – Communicare, Inc. serves Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson and Washington

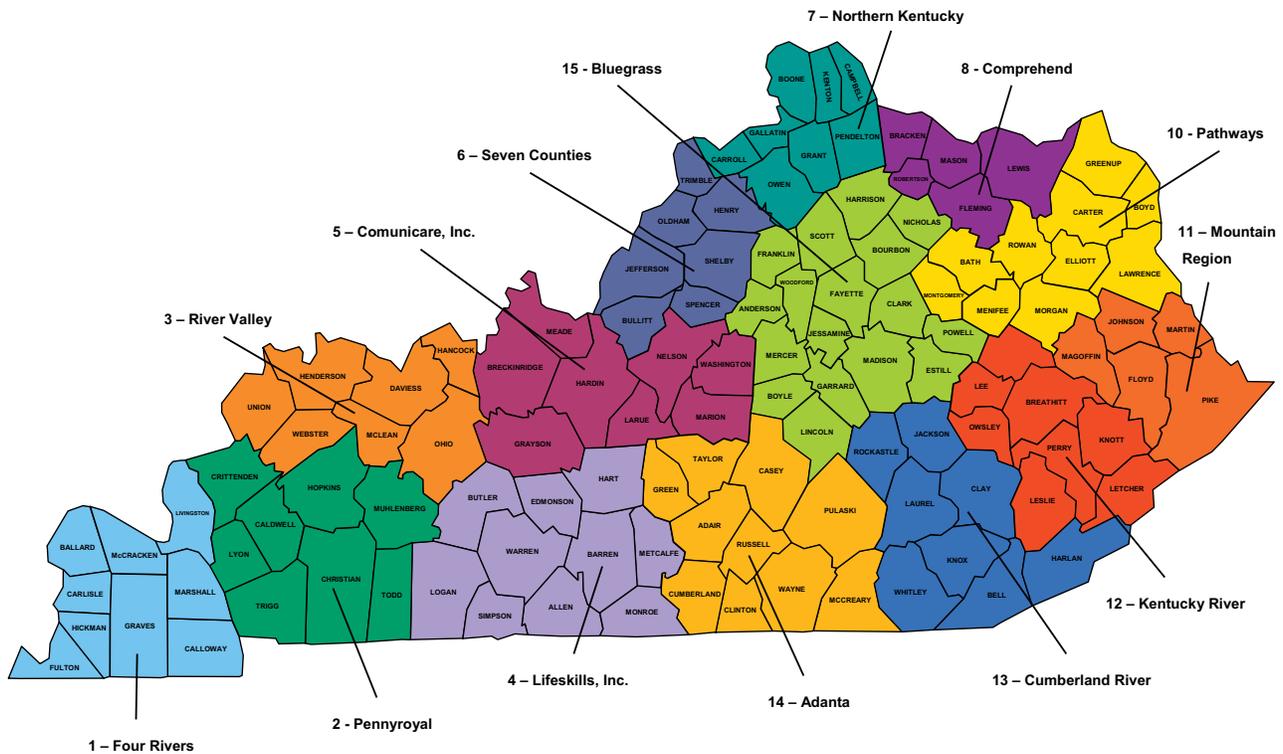
District 6 – Seven Counties Services, Inc. serves Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble

District 7 – Northkey Community Care serves Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton

District 8 – Comprehend, Inc. serves Bracken, Fleming, Lewis, Mason and Robertson

- District 10 – Pathways, Inc. serves Bath, Boyd, Carter, Elliott, Greenup, Lawrence, Menifee, Montgomery, Morgan and Rowan
- District 11 – Mountain Comprehensive Care serves Floyd, Johnson, Magoffin, Martin and Pike
- District 12 – Kentucky River Community Care serves Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry and Wolfe
- District 13 – Cumberland River Regional Mental Health/Mental Retardation Board serves Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle and Whitley
- District 14 – Adanta, Inc. serves Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne
- District 15 – Bluegrass Regional Mental Health/Mental Retardation Board serves Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott and Woodford

## Regional Mental Health & Mental Retardation Districts



This system offers the full range of substance abuse treatment services including:

- Detoxification
- Drug and alcohol education
- Life Skills training
- Short-term residential
- Family residential
- Out-patient
- Intensive out-patient
- Narcotic treatment
- Transitional living
- After-care

The SAPT Block Grant is the primary funding stream for these services. Each year Kentucky receives a portion of the Block Grant based on population. This funding is overseen by CSAT and is administered in a performance partnership with the states. Kentucky receives approximately \$20 million in these funds.

In 2004, this system provided services to over 27,000 citizens. Research conducted by CDAR indicates this system provides cost effective and successful treatment to many Kentuckians. The average cost of treatment in this system is \$1,850 per year per person.

### ► **COMMUNITY CORRECTIONAL RECOVERY PROGRAMS**

In fiscal year 2006, ODCP was allocated \$1 million to fund substance abuse treatment in community correctional facilities across the Commonwealth. Following a request for proposals, the first pilot sites were chosen and include the following communities:

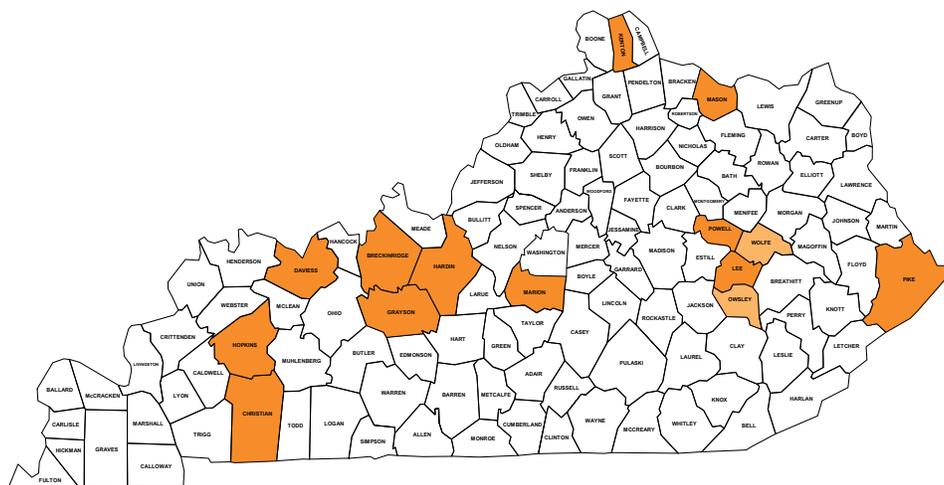
- Christian County Detention Center
- Daviess County Detention Center
- Grayson County Detention Center
- Hardin County Detention Center
- Hopkins County Detention Center
- Kenton County Detention Center
- Marion County Detention Center
- Mason County Detention Center
- Three Forks Regional Jail

These programs expanded jail treatment capacity by 225 beds providing services to over 500 men and women per year. They provide a model of recovery utilizing a modified therapeutic community, education on addiction and recovery, mutual help, re-entry planning and other relevant topics. Evaluation of these programs will utilize the Criminal Justice KTOS program conducted by the University of Kentucky CDAR. A variety of factors will be analyzed for the evaluation, including a reduction in alcohol and drug use, reduced criminal activity and improved living and employment situations following incarceration.

The second round of funding will expand the number of available beds in community jails by another 175 beds and serve approximately 350 additional inmates. Proposals in the second round include expanding new programs in several facilities and enhancing existing programs. These programs will continue to use the Recovery Dynamics curriculum and a modified therapeutic community model.

- Breckinridge County Detention Center – New program
- Pike County Detention Center – New Program
- Powell County Detention Center – New Program
- Hardin County Detention Center – New program
- Daviess County Detention Center - Expansion
- Kenton County Detention Center - Expansion
- Marion County Detention Center - Expansion
- Mason County Detention Center - Expansion

### Community Correctional Recovery Pilot Programs



### ► DRUG COURTS

In 2005, \$2 million was provided by the General Assembly to establish new drug courts in coal-producing counties (Butler, Crittenden, Edmonson, Hancock, Henderson, Hopkins, McLean, Muhlenberg, Ohio, Union and Webster). The funding, provided by the legislature, was included in ODCP’s budget and as such is administered through ODCP. Prior to receiving the funds, ODCP and AOC representatives discussed budgetary and contractual issues. Subsequently, ODCP and AOC entered into a Memorandum of Agreement (MOA).

The Kentucky Drug Court has conducted 5 trainings for the recipient counties and has provided funding for the establishment of 7 new drug court programs, encompassing 14 counties. As of July 15, 2005, 6 of the 7 programs were operational and continue to report positive responses/involvement from each community. The seventh new drug court designated for Carter and Elliott Counties has been funded; however, is not operational at this time.

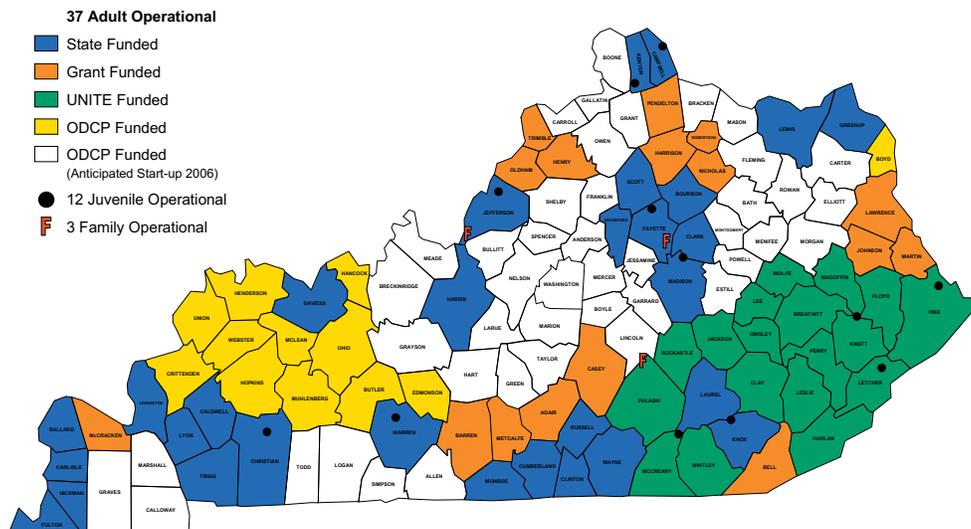
Through a joint effort of Chief Justice Lambert and Lt. Governor Pence, funding was provided in 2004 for the McCracken County Drug Court. ODCP continued funding for the program in 2005.

In June 2005, the Jefferson County Drug Court program (the only drug court in Kentucky that is not within the purview of the AOC Kentucky Drug Court) informed ODCP, AOC and Jefferson County officials that funding for its adult program would end on July 1, 2005. ODCP, working along with Jefferson County officials and AOC, provided funding to assist the Jefferson County Drug Court.

In 2004, the Kentucky Drug Court received Byrne (now Justice Assistance Grant or JAG) funding for treatment. At the conclusion of the fiscal year, all funding had not been utilized. For fiscal year 2005, the Kentucky Drug Court program was granted an extension and continues to utilize the money for treatment purposes.

Barren and Metcalfe Counties were awarded a JAG grant from the Justice and Public Safety Cabinet. By providing funding for staff, drug testing, treatment and space, this grant has allowed the circuit to establish a drug court.

## Kentucky Drug Court Operational Map



### ► FAMILY DRUG COURT TREATMENT

In 2005, Kentucky received a grant award from CSAT to develop a pilot Family Drug Court Treatment program. The grant award is \$1.5 million for a 3 year period to provide drug court services to an entire family who is involved with substance abuse. Many of the target participants of this grant are parenting women who have been arrested and convicted for a drug-related crime. This grant provides services to the entire family, regardless of its composition. These services may include intensive substance abuse treatment, case management, wrap-around services, family reunification services, drug court monitoring, urine drug screens, etc. The grant opportunity also provides for an extensive evaluation process to determine long-term effectiveness of this approach. It is believed that many substance abusers, who have participated in treatment, are at a high risk for relapse due to other untreated family issues. This comprehensive approach offers a network of support for the family as well as the identified substance abuser.

The Fayette County Drug Court was chosen as the pilot site for this grant and is currently delivering services. The Family Drug Court has partnered with a number of community stakeholders to deliver services. University of Kentucky CDAR has been assigned the task of evaluating the project.

## ► **CLAY AND PIKE COUNTIES UNITE TREATMENT FACILITIES**

In July 2005, Lt. Governor Steve Pence along with ODCP presented \$1.5 million in coal severance funds appropriated by the 2005 General Assembly to Operation UNITE for the construction of a treatment center in Manchester and to enhance the operation of an existing treatment facility in Pikeville.

“Getting dealers off the street is a critical component of our efforts, but true success will only come by putting broken lives and families back together,” said Lt. Governor Steve Pence. “We have a significant shortage of drug treatment facilities across the state. The money for these two drug treatment centers is absolutely essential for people to get the help they need.”

The funds will supplement \$1.5 million U.S. Representative Hal Rogers secured in the federal budget for the treatment facilities.

### ***Clay County UNITE Facility:***

The Clay County (Manchester) UNITE facility project will consist of the construction of a Residential Substance Abuse Treatment Facility. This facility will provide a safe and holistic healing environment for those seeking help from addiction.

According to SAMSHA, in 2004 there were 1,439 residential treatment beds in Kentucky. This translates to 1 bed for 2,862 Kentucky residents, or 1 bed for every 148 persons needing clinical residential substance abuse treatment. More than two times the number of men receive treatment compared to women. The average wait for residential care is 4-8 weeks. It is estimated that clinical care in Kentucky is provided to only 2.7% of the population requiring treatment.

Following is a summary of some characteristics of the treatment program:

- All male population
- 24-hour residential facility
- One on one counseling
- 30 to 150 days treatment
- Group therapy and motivational
- Individualized treatment plans
- Pastoral counseling
- Relapse prevention skills development
- Family counseling, therapy, education and involvement
- After care planning
- Health and nutrition planning
- Life management skills
- 12 Step faith-based meetings
- Faith enhancement opportunities
- Parenting instruction
- Continuing education
- Anger management

### ***Pike County UNITE Facility***

The Pike County UNITE facility is an existing facility which will receive additional funding. WestCare Kentucky, Inc. has established a 30 bed, long-term, residential, therapeutic community for males (18 years and older) diagnosed with substance use disorders. The Pike County Residential Treatment Project operates in a donated treatment facility located in Ashcamp. The facility is licensed for 72 beds and WestCare is working to obtain additional funding to build the program to its full capacity. Future plans are to operate a transitional living home on the property and open a Community Involvement Center in the Pikeville area that will offer assessments and referrals, outpatient counseling for males and females, AA and NA meetings.

WestCare's mission is to empower those with whom it comes into contact to engage in a process of healing, growth and change, benefiting themselves, their families, co-workers and communities. WestCare devotes its best collective and individual efforts toward uplifting the human spirit by consistently improving, expanding and strengthening the quality, efficacy and cost-effectiveness of the work it does in building for the future.

The facility will utilize the long-term, residential, therapeutic community (TC) approach to treatment. The Pikeville Medical Center will provide detoxification services for clients in need prior to admission for long-term treatment. WestCare has a long and positive history implementing this approach. Primary services provided for clients within the TC are as follows:

- Assessment
- Treatment and discharge planning
- Individual counseling
- Group counseling
- Family counseling
- Relapse prevention
- Recovery education
- Life skills training
- Peer assistance
- 12-step support
- Recovery/serenity bible groups
- Transportation
- Aftercare
- Transitional living

Relationships with community service providers will be established to provide as many referral services on site as possible.

- Referral as needed to:
  - Vocational rehabilitation
  - Adult education
  - Parenting classes
  - Medical/psychiatric services
  - Dental services
  - Publicly supported transportation

The objective of the community is to provide a safe, nurturing environment in which participants can develop a sense of trust in staff and other residents in treatment so they can share and scrutinize their problems, feelings and beliefs. Additional objectives are to provide a means by which the residents can integrate new and positive experiences, using these experiences to increase self-esteem and opportunities to practice new, adaptive living skills, social skills and be empowered to experience success.

► **RECOVERY KENTUCKY**

In 2004, Governor Ernie Fletcher announced the “Recovery Kentucky” initiative. The purpose of this effort is to create 10, 100 bed recovery facilities across the state with 2 located in each congressional district. Each facility will be gender specific. Funding for this project is a creative collaboration between the Kentucky Housing Corporation and the Governor’s Office for Local Development. This past year focused on the selection and development of sites. The following communities have requested funding for Recovery Kentucky facilities:

- Hopkinsville (Women)
- Harlan (Women)
- Florence (Women)
- Henderson (Women)
- Paducah (Men)
- Morehead (Men)
- Richmond (Women)
- Owensboro (Men)
- Covington or Northern Kentucky (Men)
- Campbellsville (Men)

These programs will begin opening in 2007 and provide programs based on a modified therapeutic community, mutual help and Recovery Dynamics education.

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

► **KENTUCKY YOUTH FIRST**

In 2005, Kentucky received a grant award from CSAT to develop an infrastructure for the provision of substance abuse treatment. Kentucky Youth First is a \$1.2 million grant awarded for a period of 3 years. According to the 2004 Kentucky Needs Assessment, over 50,000 youth (ages 12-17) are estimated to need treatment in Kentucky. Currently the state has out-patient services available to adolescents in only 5 of the 15 community mental health regions. There are 20 residential beds available in the public service delivery system for adolescents and 6 of those are designated for females. This grant will enable Kentucky to provide intensive training for professionals in treating adolescents, provide materials for service providers and potential referral sources and community coalition building around adolescent treatment and recovery issues.

► **FAITH-BASED AND COMMUNITY INITIATIVES**

Faith-based and community organizations have a long tradition of helping Kentuckians in need and together represent an integral part of our social service network. Governor Fletcher has supported the Faith-Based and Community Initiative (FBCI) with the intent of creating an office in Kentucky. On March 18, 2005, Governor Fletcher signed the act which established the Kentucky FBCI.

The mission of FBCI is to work toward enhancing the capability and capacity of service providers to create and expand opportunities for at-risk Kentuckians while focusing on the following areas: substance abuse, education, health, poverty and crime. All too often, the federal government has put in place complicated

rules and regulations preventing faith-based organizations from competing for funds on an equal footing with other organizations. Governor Fletcher believes federal funds should be awarded to the most effective organizations, whether public or private, large or small, faith-based or secular and all must be allowed to compete on a level playing field.

*“The paramount goal is compassionate results, and private and charitable groups, including religious ones, should have the fullest opportunity permitted by law to compete on a level playing field, so long as they achieve valid public purposes, like curbing crime, conquering addiction, strengthening families, and overcoming poverty.”*

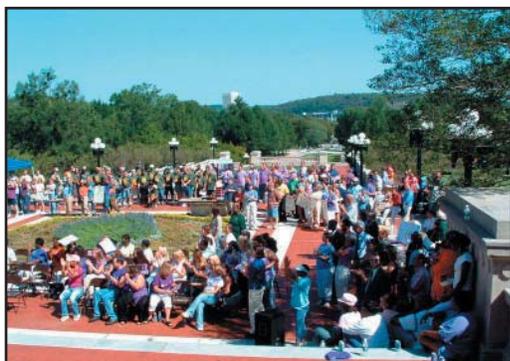
*President George W. Bush*

The federal government has worked to strengthen and expand the role of these organizations in social services through an array of regulatory and policy reforms, legislative efforts and public outreach. By making information about federal grants more accessible and the application process less burdensome, the initiative has empowered faith-based and community organizations to compete more effectively for funds. The ultimate beneficiaries are America’s poor, who are best served when the federal government’s partners are the providers most capable of meeting their needs.

A steering committee was appointed from volunteers in Kentucky representing various faith-based and community organizations as well as government officials. Each member helped make decisions regarding the structure, sustainability and purpose of the Kentucky FBCI.

State agencies have appointed a liaison to work with FBCI to ensure the needs of Kentucky citizens are being met in an efficient way. Work on a Kentucky office continues. The steering committee will also continue to work with liaisons from various state departments to focus on the purpose and mission of the Kentucky FBCI. For updated progress on the initiative, visit [www.fbc.ky.gov](http://www.fbc.ky.gov).

## ► PEOPLE ADVOCATING RECOVERY



In 2003, an advocacy organization for substance abuse began in Kentucky. The state-wide organization’s membership represents recovering substance abusers, their friends and families. Anyone whose life has been touched by substance abuse is eligible to participate in the organization. People Advocating Recovery (PAR) holds meetings in various regions of the state. The state-wide group comes together to rally for substance abuse issues, lobby for legislation related to substance abuse and support other initiatives. Members communicate primarily via a list serve and email.

In the 2004 General Assembly, PAR membership lobbied in support of a bill making involuntary commitment of substance abusers a possibility in Kentucky. This bill was passed and signed into law by Governor Fletcher. PAR continues to work on other pieces of legislation and advocate for expanded treatment and prevention in Kentucky.

► **EPIDEMIOLOGY WORKGROUP**



For the past ten years, recognized experts from across the state have come together to discuss substance abuse from an epidemiology perspective. The workgroup is chaired by the deputy executive director of ODCP and meets quarterly. During working sessions, the group reviews research being conducted in Kentucky and elsewhere.

The Epidemiology Workgroup consists of members of the University of Kentucky CDAR, UK Department of Psychology, UK Department of Behavioral Science, U of L School of

Social Work, Morehead State University Department of Social Work, Association of Regional Mental Health Programs and others.

► **KENTUCKY SCHOOL FOR ALCOHOL AND OTHER DRUG STUDIES**

For the past 33 years, Kentucky has hosted the largest summer institute for substance abuse studies in the country. The Kentucky School of Alcohol and Other Drug Studies is a week-long intensive training experience available for a wide variety of professionals including counselors, social workers, teachers, probation and parole officers, doctors and nurses. The priority of the school has remained skill development for professionals in the field. The school offers over 22 course selections each day over the course of a week to over 1,000 participants. While the courses are all related to substance abuse, they cover a wide range of clinical topics including cutting edge modalities of treatment, the latest technology in prevention, issues related to co-occurring disorders and other relevant topics. Each year, the school invites nationally recognized professionals from across the country to speak at daily plenary sessions and provide workshops in their field of expertise. The Kentucky School also offers a Leadership Academy for those who are interested in developing leadership skills.

Each year the Kentucky School recognizes outstanding individuals and organizations in the field of substance abuse. Awards for prevention, treatment, advocacy and community are presented to those who have distinguished themselves during the past year. The awards are named in honor of Dr. Robert Straus, a national leader in research related to alcoholism and drug addiction. Dr. Straus is currently retired from the University of Kentucky where he served as Chair of the Department of Behavioral Science. In 2005, The Robert Straus Award for treatment was presented to Todd Trumbore of Pathways, Inc. for his commitment to the treatment of substance abuse. The Straus Award for Prevention was awarded to Chandra Carter of Lifeskills, Inc. for her innovative work in prevention. The Community Organization Straus Award was presented to Community Solutions of Owensboro for their prevention and treatment initiatives in their community. The Straus Award for Advocacy was presented to Mike Barry of Louisville, Kentucky for his work with PAR.

In addition to the Straus Awards, recognition is given for outstanding leadership in the field of substance abuse. The Michael E. Townsend Award is named in honor of Mike Townsend who served as an inspiration and leader for 34 years as the Director of the Division of Substance Abuse. The 2005 Townsend Award was presented to Jay Davidson of The Healing Place in Louisville, Kentucky for his creativity, passion and commitment to recovery.

# GLOSSARY

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**AA** – Alcoholics Anonymous

**Alprazolam** – A benzodiazepine indicated for the management of anxiety disorders or the short-term relief of symptoms of anxiety (the brand name for this medication is Xanax)

**ATF** - Federal Bureau of Alcohol, Tobacco and Firearms

**ATOD** – Alcohol, tobacco and other drugs

**B.C. Bud** – a type of marijuana indigenous to the Pacific Northwest

**Benzodiazepine** – A class of medication often indicated for the management of anxiety disorders or the short-term relief of symptoms of anxiety

**Buprenorphine** – A medication used in the treatment of narcotic addiction known under the brand name of Subutex and Suboxone

**CHFS** - Cabinet for Health and Family Services

**CADCA** – Community Anti-Drug Coalitions of America

**CERT** – Cannabis Eradication Response Team

**CSAT** – Center for Substance Abuse Treatment

**CSAP** – Center for Substance Abuse Prevention

**CHFS** – Cabinet for Health and Family Services

**Clandestine** - marked by, held in, or conducted with secrecy

**MHMR** – Department of Mental Health/Mental Retardation

**DEA** – Drug Enforcement Administration

**DFC** – Drug Free Community

**DUI** – Driving Under the Influence

**EIP** – Early Intervention Program

**Epidemiology** – a branch of medical science that deals with the incidence, distribution, and control of disease in a population

**FBCIF**- Faith-Based and Community Initiative

**FRYSC** – Family Resource/Youth Services Center

**HIDTA** – High Intensity Drug Trafficking Area

**Hydrocodone** – an analgesic and anti-tussive Schedule II narcotic which is marketed in multi-ingredient Schedule III products (hydrocodone is sold under the trade names Anexsia®, Hycodan®, Hycomine®, Lorcet®, Lortab®, Tussionex®, Tylox®, Vicodin®, and Vicoprofen®) These are available as tablets, capsules, and/or syrups.

**ICCPUD** - Interagency Coordinating Committee on the Prevention of Underage Drinking

**eKASPER** – Kentucky All Scheduled Prescription Electronic Reporting

**KCSS** – Kentucky Center for School Safety

**KEAP** – Kentucky Employee Assistance Program

**KSBA** – Kentucky School Board Association

**KSP** – Kentucky State Police

**KTOS** – Kentucky Treatment Outcome Study

**KVE** – Kentucky Vehicle Enforcement

**KYSS** - Kentucky Youth Safe and Sober

**KIP** – Kentucky Incentives for Prevention

**Methadone** – an analgesic that can be used to manage pain (also used for the treatment of narcotic addiction)

**Methamphetamine** - Methamphetamine is a stimulant, a potent member of the phetamine family (methamphetamine comes as pills, powder or as clear chunky crystals (ice) - street names for methamphetamine include: speed, meth, chalk, ice, crystal, glass and crank)

**NA** – Narcotics Anonymous

**NTP** – Narcotic Treatment Program

**ONDCP** – Office of National Drug Control Policy

**ODCP** – Office of Drug Control Policy

**OAG** - Kentucky Office of the Attorney General

**Operation UNITE** - Unlawful Narcotics Investigation Treatment & Education

**Opiate** - compound containing the fundamental morphine structure (examples are heroin, buprenorphine and naltrexone)

**Opioid** - any compound possessing similarity to opiates (common opioids are endorphin, fentanyl and methadone)

**Oxycodone** - a prescription pain medication

**OxyContin** - is the brand name of a time-release formula of the analgesic chemical oxycodone.

**PDA** – Personal Data Assistant

**Recovery Program** – a peer-to- peer program focusing on recovery from substance abuse using a mutual help model

**RPC** – Regional Prevention Center

**SAMHSA** – Substance Abuse and Mental Health Services Administration

**SAFET** - Secure Automated Fast Event Tracking

**SPFSIG** – Strategic Prevention Framework State Incentive Grant

**STAR** – Server Training in Alcohol Regulation

**Synthetic opiate/opioid** - a compound with some opioid similarities, synthesized using no products extracted from opium

**TEG** – Tobacco Education Group

**TAP** – Tobacco Awareness Program

**THC** – Tetrahydrocannabinol, primary active ingredient in marijuana

**UK-CDAR** – University of Kentucky Center on Drug and Alcohol Research

**Y.E.S.!** – Youth Empowerment System

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