

City Officials Guide **to Addressing Drug Abuse** **in Kentucky Communities**



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The Bottom-Line Impact of Drug Abuse on Kentucky Cities

The statistics on drug abuse in Kentucky are grim and alarming, but not surprising.

- ◆ There were 61,413 drug arrests made in 2010, according to the Kentucky State Police annual report.
- ◆ The National Survey on Drug Use and Health found that Kentucky was one of the top 10 states for rates in several drug-use categories among persons age 12 and older: past-year non-medical use of pain relievers; past-month use of illicit drugs other than marijuana; and illicit drug dependence.
- ◆ One in five Kentucky teens has abused prescription drugs, and Kentucky loses 82 people a month to drug overdose deaths, according to the Kentucky Office of Drug Policy Control.
- ◆ The *Courier-Journal* reported that Kentucky drug addiction deaths have risen to 1,000 deaths per year, more than double the drug death overdose rate a decade ago. Deaths from prescription drug abuse rose from 403 in 2000, to 978 in 2009.
- ◆ The 2007 Youth Risk Behavior Survey findings suggest that Kentucky adolescents are at a significantly higher risk of being offered, sold or given an illegal drug by someone on school property as compared to other students in the United States (27 percent versus 22.3 percent). The prevalence of lifetime methamphetamine use

by our youth is 6 percent as compared to 4.4 percent in the United States.

City governments often absorb the trickle-down social, criminal and fiscal consequences of drug abuse. Emergency medical care services and law enforcement costs are just part of the front line defense that must address issues created by drug abuse.

Drug abuse has a high price tag for both the user and non-user.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University released a 2009 study that reported the total amount spent by federal, state and local governments on substance abuse and addiction was at least \$467.7 billion: \$238.2 billion, federal; \$135.8 billion, state; and \$93.8 billion, local. Nationally, 8.9 percent of total local expenditures are related specifically to substance abuse and addiction, including public safety, justice, education and health programs.

According to the Kentucky Institute of Medicine's 2007 Health of Kentucky study, "drug abuse has become a major health risk factor in Kentucky, in terms of the health cost to both the user and the state." Loss of productivity, healthcare costs and drug-related crime related to drug abuse costs ranges from \$2.5 to \$3.6 billion annually according to the Kentucky Office of Drug Control Policy.

Drug abuse affects businesses through absenteeism, lost productivity, and increased use of medical and insurance benefits by employees. Impairment can cause major on-the-job accidents and businesses often endure the brunt of theft from abusers seeking

ABOUT THIS RESOURCE

"You can't arrest your way out of the drug problem."

This phrase is often repeated by law enforcement, city officials and state leaders when discussing what tactics should be used to address drug abuse. But if incarceration is not the answer, what is?

The City Officials Guide to Addressing Drug Abuse in Kentucky Communities was created to help city officials understand the scope of the problem and navigate available resources. Please take this guide back to your community and share with other city officials and community partners.

For more information, contact Sarah Razor at the Kentucky League of Cities at 1-800-876-4552 or srazor@klc.org.

resources to obtain another high. Additionally, anecdotal evidence indicates that some Kentucky employers are having difficulties finding employees who can pass a drug test.

"You can have all the tools and resources available for industry, but you can't have your head in the sand. People are aware of drug problems, but they don't understand how deep it goes," said Todd Denham, executive director of the Winchester & Clark County Industrial Development Authority. "It is simple, really. The more highly skilled, educated and drug-free people in your community, the better the economic environment. That translates to more jobs."



What is the Role of City Government in Addressing Drug Abuse?

By Doug Nelson, Somerset Police Chief (Acting)

City government has the unique role of both proactive and reactive responsibilities in addressing drug abuse.

The proactive measure involves both law enforcement and community organizations to educate the public through various awareness programs. The goal of reducing drugs in our nation cannot be done without coordination or close cooperation between the public and private sector. The city should be involved in a continued effort to help young people pursue healthy, drug-free lifestyles. The city may do this through a comprehensive approach, more commonly referred to as environmental management. This concept involves an understanding of the role in public health and acknowledges a broad array of factors that influences individual health decisions, including the use and/or abuse of control substances. Environmental management seeks to bring about behavior change through multiple channels, both promoting positive behaviors and norms and discouraging high-risk behaviors. It encompasses a range of activities from environmental change that includes policy changes (at the campus and community levels) early intervention programs (aimed at students) awareness activities (aimed at groups known to be at a higher risk for engaging in problem behaviors), and health protection programs (that aim to minimize the harm incurred through problem behaviors).

While environmental management encompasses a spectrum of programs and interventions from primary prevention to early intervention and treatment, it stresses the prevention of high-risk behavior through changes to the environment in which citizens make decisions about violence and their alcohol and other drug use.

The reactive responsibility is exercised through the law enforcement action as well as code enforcement. These both address environmental concerns as well as the human factor. Code enforcement can prevent abandoned dwellings and unsafe structures that allow both drug sales and drug manufacturing to take place. Therefore, if locations for these events are reduced then the events will reduce. The concept of the control of the environment being an issue is similar to the theory introduced by social scientists James Q. Wilson and George L. Kelling, in an article titled "Broken Windows" which appeared in the March 1982 edition of *The Atlantic Monthly*. Once an area is prone to drug sales and drug dealers, it will spread to other areas, thereby increasing the program. As such, law enforcement should seek to contain the problem, and then deal with individual issues that are unique to that area. This twofold approach will first prevent the growth of the problem, and then focus on the root cause of the problem, which may be different from one community to another.

Prescription Drug Abuse a Growing Problem in Kentucky Cities

By Winchester Mayor Ed Burtner, Executive Board Member of the Kentucky League of Cities

It would be difficult to find a local elected official in Kentucky who doesn't recognize prescription drug abuse as a major problem in his or her own community. The facts are staggering. According to the Kentucky Office of Drug Control Policy:

- ◆ The abuse of prescription pain relievers is now only second to marijuana.
- ◆ From 2006 to 2008, 96 of Kentucky's 120 counties saw an increase in the rate of prescriptions dispensed for controlled substances. Of those 96 counties, 24 saw a 20 percent increase. Two counties saw an increase of more than 45 percent.
- ◆ Prescription drug-related offenses increased more than 13 percent in 2008.

Although the statistics are overwhelming, the numbers do not even begin to scratch the surface of the slew of social and economic problems caused by prescription drug abuse. Theft, home invasions, robbery, increased violence, incarceration, expensive rehabilitation treatment, medical costs from overdoses and drug-related injuries all threaten the safety of citizens and affect the bottom line for taxpayers. Additionally, our communities absorb the economic impact of abusers' time lost from work and increased demand on social welfare programs. Pill abuse affects every single citizen in my city - certainly not just the abuser.

Is there a pill mill in your community?

Suspected illegal activity at any healthcare facility should be reported to the Office of Inspector General in the Cabinet for Health and Family Services. Such reports can trigger an investigation and often, the threat of, or actual inspection of pill mills causes operators to move or shut down. Four regional offices can provide you with a short complaint form that can be completed anonymously. For additional information, please visit: <http://chfs.ky.gov/os/oig/dhcfscplaintinfo.htm>.

Forming Community Partnerships and Collaborative Efforts

There is no one-fits-all approach to addressing drug abuse in communities. Each city has unique problems and circumstances, but collaboration among governmental agencies, nonprofit organizations, the faith-based community, parents and grandparents, neighborhood associations, the school system and other stakeholders is clearly an essential part of the solution. Fortunately, there are collaborative program models available to help your city integrate efforts with other stakeholders.

Regional Drug Task Forces

Over the last 17 years, regional drug task forces have emerged as an answer for growing drug problems in local communities. Fourteen different drug task forces across the state help provide a regional and holistic approach to law enforcement issues related to drug crimes. Services provided by task forces vary widely, but many help provide police supervision, equipment, training, resources and staff that could otherwise be unobtainable by individual governmental agencies. Additionally, this cooperation allows law enforcement agencies to work together to identify, arrest, and prosecute key members of illegal drug trafficking organizations.

Drug task forces are funded from a variety of sources, including federal grant money and allocations made through interlocal agreements. Task forces are also eligible for receipt of assets forfeited under state law or federal law.

"Drug enforcement takes place at the local level by city and county law enforcement agencies and at the federal level by the DEA. Drug task forces help provide a regional approach to fill gaps," said Bill Mark, director of the Northern Kentucky Drug Strike Force, which serves Boone, Campbell and Kenton counties.

Please see the enclosed map and visit drug task forces in your region. For more information, visit <http://odcp.ky.gov/enforcement/drugtaskforce.htm>.

Kentucky ASAP Program

The Kentucky Agency for Substance Abuse Policy (KY-ASAP) was created in 2000 to develop a strategic plan to reduce the prevalence of alcohol, tobacco and other drug use among youth and adult populations in Kentucky and coordinate efforts among state and local agencies in the area of substance abuse prevention. KY-ASAP adheres to the philosophy of a three-pronged approach of prevention, treatment and enforcement in the area of substance abuse.

KY-ASAP has become a vital part of substance abuse prevention, treatment and law enforcement efforts in many of Kentucky's communities. Currently, 75 local KY-ASAP boards cover 113 of the 120 counties in the Commonwealth. Sixteen of these boards are regional and consist of two or more counties that have joined efforts to address substance abuse issues affecting their area. The local boards consist of stakeholders in each county or multi-county jurisdiction. During FY 2011, local boards received \$1,638,000 in funding to

CITY PERSPECTIVES

By Midway Councilmember Sharon Turner, Vice Chair, Woodford Co. ASAP Board

It was around 2003, that I heard about the Woodford Co. ASAP (Agency for Substance Abuse Policy) Board. I applied through Midway City Council to be appointed as the representative from Midway to the Board. Having previously worked with organizations that helped obtain statewide funding for safe Project Proms and Project Graduation, I felt compelled to help make a difference in any way I could.

Woodford County ASAP works with a three-pronged approach of prevention, treatment and enforcement in the area of substance abuse. Our goal is to reduce the abuse of tobacco, alcohol and other drugs in our communities, including the abuse of prescription drugs. A key concept of KY-ASAP is policy change. Local boards continually work within their respective communities and governments to bring about these policy changes. In fact, several Kentucky communities, many with the assistance of local KY-ASAP boards, have implemented policy and ordinance changes. These changes can include Social Hosts, Mandatory Server Training, Keg Registration and supported programs such as Project Graduation, Parents who Host Lose the Most, Not in My House Community Forum and working with our Drug Court, just to mention a few.

Many communities are starting to see the effects that these abuses are causing - such as increased crime and the economic impact of being unable to offer employers a dependable workforce that can pass a drug test. KY-ASAP has become a vital part of substance abuse prevention, treatment and law enforcement efforts in many of Kentucky's communities. Being involved with the WC ASAP Board has been one of the most rewarding associations in my life. Here's hoping that if you have a local ASAP board, you will take the time to attend a meeting and see what they are accomplishing in your area - if you make a difference in one person's life it's been a great day!

Sharon Tankersley, the Drug-Free Communities Project Coordinator for the Fayette County Mayor's Alliance on Substance Abuse.

The organization focuses its efforts on underage drinking, prescription drugs, marijuana and tobacco cessation and receives funding from multiple sources, including KY-ASAP and federal funding from Drug-Free Communities program.

The Alliance collaborates closely on prevention efforts with school personnel in Fayette County. Information from the Kentucky Incentives for Prevention (KIP) longitudinal study helps determine how resources are allocated and what actions should be taken. The KIP survey assesses the extent of alcohol, drug and tobacco use among 11- to 18-year-olds throughout Kentucky to evaluate the impact of prevention efforts aimed at reducing substance use.

The Mayor's Alliance got its start from some small mini-grants and funding from LFUCG, and as the organization grew, the title became more honorary in nature. It is a KY-ASAP Board governed by an independent board of directors, although past and present mayoral administrations have been supportive of the organization.

"It's all about collaboration. We wouldn't be nearly as strong without the support from the police department and Lexington city officials," said Tankersley.

Contact:

Sharon Tankersley
 Fayette County Mayor's Alliance on Substance Abuse
 859-225-3296 ext. 651
 setankersl@bluegrass.org
 drugfreefayette.com

Regional Prevention Centers

Kentucky's Regional Prevention Centers (RPCs) can help individuals and groups develop prevention programs that will encourage healthy choices about alcohol, tobacco and other drugs. The centers are set up to serve all counties in the state. RPCs are in place to help build collaboration and serve as a communications hub between local ASAP boards, law enforcement agencies, government agencies, faith-based groups, volunteer community members and other stakeholders.

Prevention specialists at each center provide education and training programs, information and consultation services. The centers can assist residents, city leaders and other groups in coming together to discuss their community's strengths and needs and to develop a comprehensive prevention plan. Please call 866-213-8739 to be connected with your RPC for complete details.

Regional Prevention Centers

Four Rivers Regional Prevention Center
 425 Broadway, Suite 202, Paducah, KY 42001
 Michelle McDaniel
 mmdaniel@4rbh.org

Pennyroyal Regional Prevention Center
 400 Hammond Plaza, Hopkinsville, KY 42240
 Linda Woods
 lwoods@pennyroyalcenter.org

River Valley Regional Prevention Center
 1100 Walnut St., Cigar Factory Complex, Owensboro, KY 42301
 Gary Hall
 hall-gary@rvbh.com

LifeSkills Regional Prevention Center
 380 Suwannee Trail, Bowling Green, KY 42012
 Joy Ford
 jford@lifeskills.com

Communicare Regional Prevention Center
 1311 N. Dixie Avenue, Bldg A, Elizabethtown, KY 42701
 Kelly Harl
 kharl@communicare.org

Seven Counties Services Regional Prevention Center
 101 W. Muhammad Ali Blvd., Louisville, KY 40202
 Tamela Pumphrey
 TPumphre@sevencounties.org

Northkey Regional Prevention Center
 7075 Industrial Rd., Florence, KY 41042
 Allyson Butler
 abutler@northkey.org

Bluegrass Regional Prevention Center
 1351 Newtown Pike, Bldg. 3, Lexington, KY 40511
 Donna Wiesenbahn
 djwiesenba@bluegrass.org

Regional Prevention Center of Comprehend, Inc.
 731 Kenton Station Road
 Maysville, KY 41056
 Lauren Penrose
 LPenrose@comprehendinc.org

Pathways Regional Prevention Center
 1212 Bath Ave, 9th Floor, Ashland, KY 41105-0790
 Amy Jeffers
 amy.jeffers@pathways-ky.org

Mountain Regional Prevention Center
 104 South Front Avenue, Prestonsburg, KY 41653
 Rachel Willoughby
 RWilloughby@mtcomp.org

KRCC Regional Prevention Center
 79 Little Grapevine Creek Rd., Hazard, KY 41701
 Donna Hardin
 krccrpc@yahoo.com

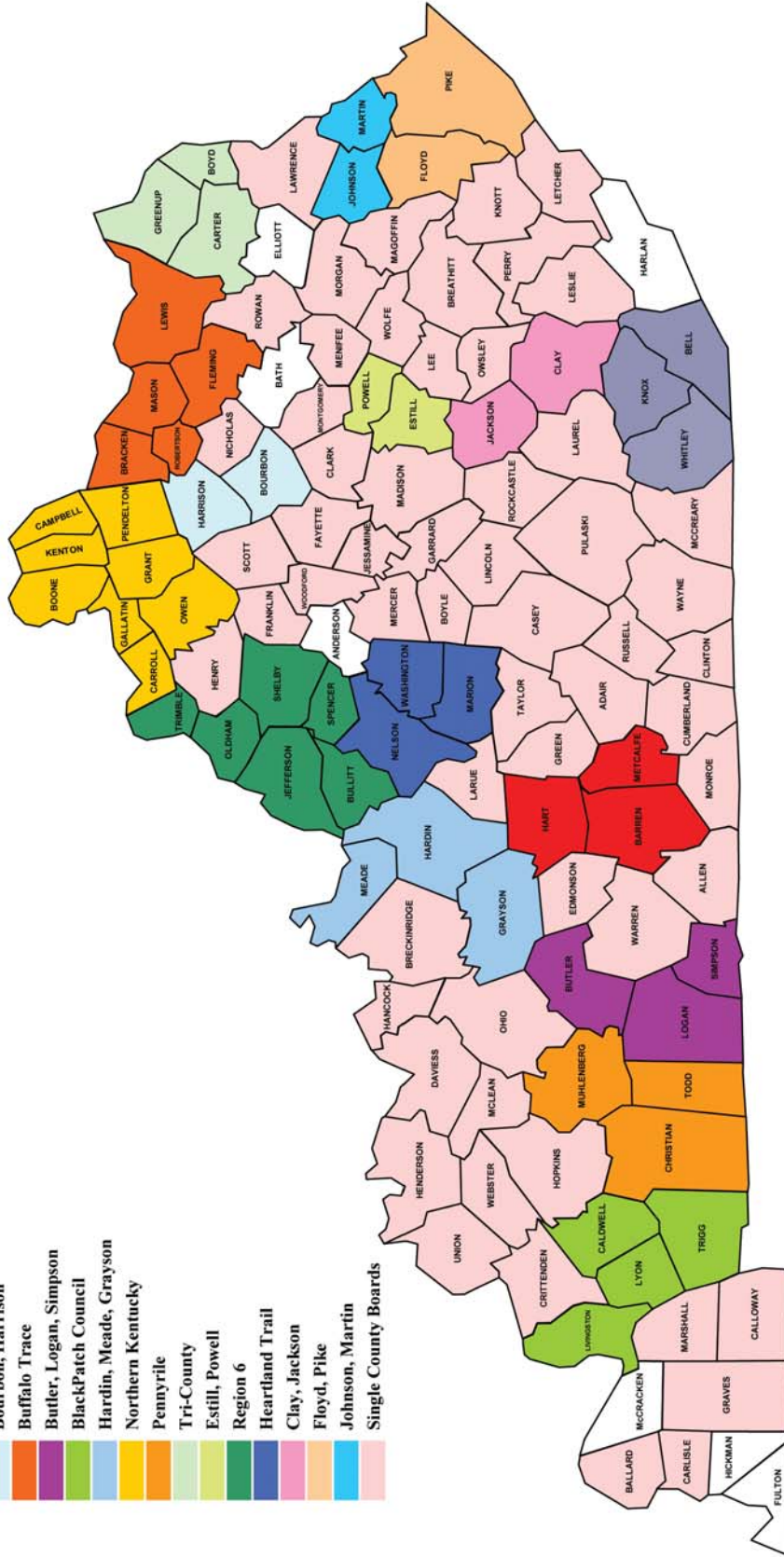
Cumberland River Regional Prevention Center
 223 S. Cherry St., Pineville, KY 40977
 Virginia Asher
 rpcdirector@live.com

Adanta Regional Prevention Center
 259 Parkers Mill Road, Somerset, KY 42501
 Sherri Estes
 sestest1@adanta.org

KY-ASAP Local Boards

75 Local Boards (Represents 113 Counties)

- Barren, Hart, Metcalfe
- Bell, Knox, Whitley
- Bourbon, Harrison
- Buffalo Trace
- Butler, Logan, Simpson
- BlackPatch Council
- Hardin, Meade, Grayson
- Northern Kentucky
- Pennyrite
- Tri-County
- Estill, Powell
- Region 6
- Heartland Trail
- Clay, Jackson
- Floyd, Pike
- Johnson, Martin
- Single County Boards



Visit <http://odcp.ky.gov/kyasap.htm> for more information.

State Action to Address Drug Abuse Issues

Pain Clinic Oversight



During the 2011 Kentucky General Assembly, Senator Higdon sponsored Senate Bill 47, a measure that would have imposed regulation and state oversight of pain management facilities. Pain management facilities would include any facility that advertises pain management services or employs a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications.

This measure would have required pain management facilities to obtain a license for operation from the Kentucky Cabinet for Health and Family Services and designate a physician who is responsible for operation of the facility and responsible for maintaining licensure with the Cabinet.

"Florida and Ohio have already passed legislation like this, so we know what we need to do to target only pill mills and not legitimate medical facilities. We have been meeting with stakeholders during the interim and hope to have enough support to get this bill made into law early in the session and get these pill mills out of our communities," said Senator Higdon.

Although the bill died in committee, Senator Higdon has indicated that he plans to run a similar measure again in the 2012 legislative session. The Kentucky League of Cities will continue to strongly support legislation requiring state oversight of pain management facilities.

CITY ADVOCACY

The Kentucky League of Cities serves as the united voice for cities at the State Capitol. In addition, KLC works with the National League of Cities to protect member interests at the federal level. You can review KLC's legislative priorities at klc.org.

KLC will continue to actively monitor any legislation introduced impacting Kentucky's criminal laws on the use, manufacturing or sale of illicit drugs, as well as any legislation affecting the treatment and rehabilitation of users.

Although KLC is the "on the ground" presence for cities in Frankfort, the best and most effective advocates for city issues are city officials. Please talk to your legislators and members of Congress about drug abuse and other issues that are of concern to your community. Use this guide as a reference to help you explain how their vote will affect your shared constituents.

You can stay up-to-date on all legislative matters related to city government by signing up for KLC's *Legislative Bulletins* and *Legislative Alerts*. These emails will keep you informed of any progress on this legislation and let you know when it is time to take action.

The importance of such legislation has become imminent after the Office of the Kentucky Attorney General issued an advisory opinion regarding the ability of city and county governments to ban pain clinics in their respective jurisdictions. The advisory opinion concluded that local units of government are prohibited from banning or otherwise regulating "pain clinics" and those ordinances that attempt to do so "are beyond the legitimate authority of a unit of local government."

Many city and county governments have adopted or considered ordinances to either ban or extensively regulate the pain

management facilities because of the significant negative impact that drug abuse is having on the quality of life in many Kentucky communities.

While the opinion carries no legal authority and does not invalidate existing city ordinances, the opinion sheds light on how a court might handle a legal challenge to a local ordinance attempting to regulate pain clinics. The Attorney General stated that because state law comprehensively addresses the practice of medicine and the prescription of controlled substances in state statutes and regulations that local governments were preempted from imposing any additional regulations. In addition, the opinion discussed the difficulty of labeling this type of business as a public nuisance in a local ordinance.

Pseudoephedrine Ban



State lawmakers also considered legislation in 2011 that would require a doctor's prescription for 15 drugs that contain pseudoephedrine, which can currently be purchased over the counter. After debate over limiting access to popular medicines used to combat colds and allergies, a compromise was offered that would generally require prescriptions to buy the medications, but pharmacists also could dispense them to those obviously suffering from colds and allergies. Ultimately, the legislation and amendments offered died in session. It is very likely this bill will reappear in 2012.

**2011 Public Safety
Accountability Act**



A historic justice reform bill designed to decrease the state's prison population, reduce incarceration costs, reduce crime and increase public safety will affect drug issues at the local level. House Bill 463 provides alternatives to incarceration for many low-risk, nonviolent offenders. A major goal of the legislation is to reduce the number of inmates serving time for drug offenses by increased investment in addiction treatment programs and community supervision. Some of the changes are immediate and some of the changes are phasing in over several years.

HB 463 is estimated to save the Commonwealth \$422 million over the next decade. The bill modernizes Kentucky drug laws by reducing prison time for low-risk, nonviolent drug offenders who possess small amounts of illegal drugs. It then reinvests the savings from the reduced prison costs into drug treatment opportunities for offenders who need help. The law also strengthens probation and parole laws by basing key decisions on the risk posed by offenders and improving supervision, and links offenders to appropriate community resources.

For additional information on the legislation, please visit klc.org to download the *2011 Legislative Update*, which includes a detailed summary of the legislation. The Kentucky Association of Counties has also prepared a webinar on HB 463 for local officials available at kaco.org.

Prescription Drug Monitoring



Currently 48 states and one territory have legislation authorizing the creation and operation of a prescription drug monitoring program (PDMP). In Kentucky, this system is commonly referred to as KASPER, which stands for the Kentucky All Schedule Prescription Electronic Reporting. Thirty-five states currently have a PDMP that is operational, meaning they are collecting data from dispensers and reporting information from the database to authorized users.

The Council of State Governments, in conjunction with federal and state policymakers, state legislators, and other interested stakeholders, has developed the Prescription Drug Monitoring Program Compact, which is a model compact that would allow all state PDMPs to communicate with one another, creating greater uniformity, information sharing and cooperation across state lines. An interstate system would provide a more reliable and effective means of ensuring that these medicines are properly distributed. Currently, information sharing across state lines is being piloted in four states, including Kentucky and Ohio.

"While KASPER provides an effective tool for health care providers and law enforcement officers in the fight against prescription drug abuse and diversion, interstate data sharing among prescription drug monitoring programs is needed to enhance the effectiveness of the programs as tools to improve public health and safety," said Health and Family Services Cabinet Secretary Janie Miller. "Prescription drug abuse is a public health epidemic and it simply isn't enough to

What is KASPER?

The Kentucky All Schedule Prescription Electronic Reporting (KASPER) was designed to help address prescription drug abuse by serving as a source of information for health care professionals and as an investigative tool for law enforcement officers.

Prescribers, pharmacists, law enforcement officers, licensure boards, Medicaid/Medicare members or providers, judges and probation and parole officers can request KASPER reports, which can help identify patients who may be abusing prescription drugs.

All dispensers (such as pharmacies) in Kentucky are required to report scheduled prescriptions to the KASPER system within seven days of filling. However, participation to use KASPER data is voluntary. Only 30 percent of the eligible providers have a KASPER log in. This indicates that less than only a fraction of eligible prescribers review the information on previously obtained scheduled prescriptions before writing a new scheduled prescription. Despite the availability of information, the low participation from prescribers greatly limits the success of eliminating the practice of doctor shopping.

monitor drugs dispensed only in our state. Having the ability to report data from other states will dramatically strengthen our ability to monitor and detect abuse."

Congress would have to approve the creation of the interstate compact, and each state would have to adopt legislation to participate. KLC is supportive of action requiring any medical providers who can prescribe narcotics to participate in the KASPER system. Additionally, KLC supports federal and state legislation to create an interstate compact for prescription drug monitoring.

Federal Legislative Update

Pill Mills Getting Attention in Congress

H.R. 1065, known as the "Pill Mill Crackdown Act of 2011," was introduced in Congress earlier this year by Florida Rep. Vern Buchanan (R-13th) with bipartisan support. The legislation toughens federal penalties for pill mill operators by doubling the prison sentence for offenders from 10 to 20 years and tripling the fine from \$1 million to \$3 million. The measure also proposes using assets seized from drug violators to fund state drug monitoring databases, enforce actions against pill mills, and support drug treatment programs. Additionally, it would reclassify hydrocodone combination drugs (some of the most addictive and dangerous drug mixtures) to make them more difficult to prescribe and obtain.

H.R. 1065 is cosponsored by Kentucky Rep. Hal Rogers (R-5th) and Rep. Brett Guthrie (R-2nd). Rep. Rogers said in a statement, "Congressman Buchanan's bill gets it absolutely right. More and more of my colleagues are joining the fight to put these unregulated pill mills out of business and the pushers behind bars... I believe this bill is another important and thoughtful step in our fight to end the scourge of prescription drug abuse."

As of press time, the bill had been referred to both the House Committee on the Judiciary and the House Committee on Energy and Commerce. KLC will continue to monitor H.R. 1065 during the 112th Congress.

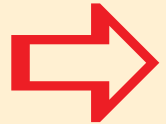
2011 National Drug Control Strategy

The Obama Administration released the 2011 National Drug Control Strategy to "serve as the nation's blueprint for reducing drug use and its consequences." This guide provides important background information and policy strategy that puts emphasis on drug prevention and early intervention programs in healthcare settings. The Administration's latest version of the *Strategy* emphasizes community-based drug prevention, integration of drug treatment into the mainstream health care system, innovations in the criminal justice system to break the cycle of drug use and crime, and international partnerships to disrupt transnational drug trafficking organizations. For more information, please visit www.whitehousedrugpolicy.gov/strategy/.

CITY ADVOCACY

Your city can pass resolutions to take official positions on issues and urge action from other governmental agencies. Use the sample resolution included in the toolkit to show your city's official position.

Resolutions can be used to send a message to legislators and members of Congress to encourage them to support your city in addressing drug abuse issues. Once your city votes to pass the resolution, mail a copy to your elected leaders, along with a letter with more details about how legislation or action that you are encouraging would specifically affect citizens in your community.



Remember: City government is often the first line of defense and legislators want to know how citizens at home will be affected by their vote.



Bill Tracker

You can track the status of all bills important to your city during session at www.klc.org.

Sample Drug Resolution

CITY OF [_____]

IN SUPPORT OF FEDERAL LEGISLATION AND AN INTERSTATE COMPACT TO COMBAT PILL MILLS

WHEREAS, the Office of National Drug Control Policy states that prescription drugs account for the second most commonly abused category of drugs, behind marijuana and ahead of cocaine, heroin, methamphetamine, and other drugs.

WHEREAS, prescription drug abuse poses a unique challenge because of the need to balance prevention, education, and enforcement, with the need for legitimate access to controlled substance prescription drugs.

WHEREAS, the term "pill mill" is used to describe a doctor, clinic or pharmacy that is prescribing or dispensing powerful narcotics inappropriately or for non-medical reasons.

WHEREAS, H.R. 1065, known as the "Pill Mill Crackdown Act of 2011," as introduced toughens federal penalties for pill mill operators by doubling the prison sentence for offenders from 10 to 20 years and tripling the fine from \$1 million to \$3 million.

WHEREAS, H.R. 1065 as introduced uses assets seized from drug violators to fund state drug monitoring databases, enforce actions against pill mills, and support drug treatment programs.

WHEREAS, H.R. 1065 as introduced reclassifies hydrocodone combination drugs (some of the most addictive and dangerous drug mixtures) to make them more difficult to prescribe and obtain.

WHEREAS, prescription monitoring programs (PMPs) are highly effective tools utilized by government officials for reducing prescription drug abuse and diversion. PMPs collect, monitor, and analyze electronically transmitted prescribing and dispensing data submitted by pharmacies and dispensing practitioners.

WHEREAS, currently 48 states and one territory have legislation authorizing the creation and operation of a PMP. Thirty-five states currently have a PMP that is operational, whereby they are collecting data from dispensers and reporting information from the database to authorized users.

WHEREAS, the ideal means for achieving greater uniformity, information sharing and cooperation across state lines does not yet exist.

WHEREAS, an interoperable system of information sharing among the various state monitoring programs is likely to be a far more reliable and effective means of ensuring that these medicines are properly distributed.

WHEREAS, the Council of State Governments, in conjunction with federal and state policymakers, state legislators, and other interested stakeholders, has developed the Prescription Monitoring Program Compact.

WHEREAS, congressional consent is required by Article I, Section 10 of the United States Constitution to create an interstate compact.

NOW, THEREFORE, BE IT RESOLVED that the United States Congress should support the passage of H.R. 1065, known as the "Pill Mill Crackdown Act of 2011," as introduced.

BE IT FURTHER RESOLVED that the United States Congress and the Kentucky legislature should support the creation of an interstate compact to link prescription drug monitoring programs from state to state.

Approved by the City [Council/Commission] of the City of [_____], [insert date]

How can I determine what I can do to help my city address drug issues?

Many community coalitions use a needs assessment and other research tools to gauge specific drug abuse problems in a community as well as determine local attitudes and risk factors.

The Cabinet for Health and Family Services Division of Behavioral Health has created a community norms survey tool to help your city collect data on attitudes and perceptions regarding substance abuse. Community norms surveys can also shed light on the degree of awareness of the substance abuse problem and to what extent they are willing to take action. In other words, it will help reveal how ready the community is to deal with the problem. Community readiness is a vital element of prevention planning.

Community norms significantly influence the demand, availability and enforcement of laws, and they can either support or hinder enforcement efforts to regulate abused substances. The Community Norms Toolbox can enable communities to gather reliable data on adult perceptions and attitudes concerning substance abuse in order to gauge readiness for prevention strategies and policy changes that will reduce the availability of alcohol, tobacco and other drugs.

City officials should contact their Regional Prevention Center (see page 7 for a directory) for assistance administering a community norms survey. Additionally, the Regional Prevention Center can share results from any previously conducted surveys in their area. Please visit

http://mhmr.ky.gov/dbh/sa_norms.asp for more information.

How can my city assess the effectiveness of current efforts?

To properly evaluate what actions are working in your community and what work is needed, it is important to understand the full scope of what is already being offered not only in your hometown, but in the region as well.

Talking with your local Kentucky Agency for Substance Abuse Policy (KY-ASAP) board and other community partners can give you a better idea of what services and programs currently exist in your community. See page 5 for more information on community partnerships.

Many communities begin the process with a review of current programs to determine:

- ◆ What programs are in place in the community?
- ◆ Were strict scientific standards used to test the programs during their development?
- ◆ Do the programs match community needs?
- ◆ Are the programs being carried out as designed?
- ◆ What percentage of at-risk youth is being reached by the programs?

Another evaluation approach is to track data over time on drug abuse among students in school, rates of truancy, school suspensions, drug abuse arrests and drug-related emergency room admissions. Data from community drug abuse

assessments can serve as a baseline for measuring change. Because drug abuse problems change with time, periodic assessments can ensure that programs are meeting current community needs.

Visit the National Institute on Drug Abuse at drugabuse.gov for more information on evaluation and assessment.

Community Outreach Programs

Youth Education Programs

In 1983, the Drug Abuse Resistance Education (D.A.R.E.) began as a drug education program that uses a curriculum designed to help young people resist the pressures of substance abuse and violence while developing decision making skills. The program focuses on accurate information about substance abuse with the major focal points being marijuana, tobacco and alcohol. The lessons deal with the consequences of abuse, building self-esteem, providing ways to resist and identify peer pressure, and alternatives to drug use.

The curriculum is taught by highly trained uniform law enforcement officers who are assigned to a classroom and have immediate credibility with the students. The D.A.R.E. program addresses drug/alcohol use and violence on a proactive approach rather than a reactive one.

“In an electronic age where personal communication is dwindling, D.A.R.E. provides a personal contact with police for youth, which for some is the only positive contact with law enforcement they will have,” said

Florence Police Officer Adam Argullin, the D.A.R.E instructor for his city.

D.A.R.E. funding sources vary in each community. Often the personnel and materials costs are a shared expense among the city police department, school system, county government, court fees and parent-teacher associations. For more information, please contact Bruce Olin at bruce.olin@ky.gov or 502-782-1777.

Many communities also use the Life Skills Training (LST) program for middle school students designed to address a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and education. An elementary school version was recently developed, and the LST booster program for high school students helps to retain the gains of the middle school program. For more information, visit www.lifeskillstraining.com.

Adult Drug Courts

Kentucky Drug Court is administered through the Administrative Office of the Courts in Frankfort and oversees 55 adult Drug Court programs that serve 115 counties. The mission is to provide a court-supervised treatment alternative that stops illicit drug use and related criminal activity and promotes a positive life change through substance abuse education and treatment.

Drug Court coordinates the efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social services and treatment communities to actively intervene and break the cycle of substance abuse, addiction

and crime. The program consists of three phases that last a total of at least one year and are followed by aftercare. Drug Court staff and participants work together to develop individual program plans with specific responsibilities and goals with timetables. Plans include group, family and individual counseling; drug testing; education and vocational training; scheduled payments of restitution, child support and court fees; and health and community activities. Participants report directly to their Drug Court judge, who rewards progress and sanctions noncompliance. When participants successfully complete the program, charges may be dismissed through diversion or conditional discharge may be granted through probation.

The program's funding comes from state funds approved through the Kentucky General Assembly.

Adult Drug Court is proving to be successful. Graduates are less likely to reoffend than individuals on probation who did not participate. This translates into major savings for Kentucky taxpayers. For every \$1 spent on Drug Court graduates, the state saves \$2.72 on what it would have spent on incarcerating these individuals. For every \$1 spent on Drug Court, \$5.58 is returned in savings from increased child support payments, a decrease in domestic violence incidents and traffic accidents, and a reduction in the use of mental health services and public assistance.

Please contact Connie Neal, the manager for Kentucky Drug Court at 502-573-2350 or visit <http://courts.ky.gov/stateprograms/Drug+Court/Adult+Drug+Court/> for more information.

In 2008, 20.2 percent of Drug Court graduates were convicted of a new felony in the two years after they graduated, versus a 57.3 percent felony conviction rate for those who did not participate in Drug Court but were on probation for offenses similar to those committed by Drug Court participants.

Teen Academy

When funding for Juvenile Drug Courts was abolished, the Court-designated workers (Administrative Office of the Courts employees who process juvenile complaints) in Boone County collaborated with the Florence city police department to create the Teen Academy. The Teen Academy is very low-cost program used to educate approximately 40 carefully selected teens who had been in trouble with the law in the past year. The teens meet in small groups for two hours a week over a four-week period with city police officers to learn about law enforcement, the dangers of drugs and driving under the influence, and other relevant topics. The purpose is to educate offenders and foster stronger community relations with those who have the potential to be positively redirected before they offend again.

Contact Court-designated worker Ann Coffman at anncoffman@kycourts.net or 1-800-928-2350 for more information.

Community Drug Disposals

In October 2010, Congress approved and the President signed the Secure and Responsible Drug Disposal Act. It provides states and local governments the authority to

collect expired, unused or unneeded prescription drugs. The United States Department of Justice Drug Enforcement Administration (DEA) reports that a majority of abused prescription drugs are obtained from family and friends, including the home medicine cabinet. Take-back programs and events can remove the availability of drugs that may be abused.

Several city police departments have placed permanent bins in the common areas of police stations so that citizens have a place to dispose of unused prescription drugs safely.

In addition, some police departments have collaborated with health departments and other community organizations to create one-day drug disposal events in the community in conjunction with DEA National Prescription Drug Take Back Days. The Frankfort Police recently hosted a similar event where community members were asked to bring expired, unneeded and unused prescriptions and over-the-counter medications to the Franklin County Health Department. Police collected almost 17,800 pills, tablets and capsules.

For information about setting up a drug disposal day in your area and the National Prescription Drug Take Back Day program, please visit http://www.deadiversion.usdoj.gov/drug_disposal/takeback/ or contact Martin Reed at 502-582-5905.

Much like city governments, times are very tough at the state and federal level. Funding for city governments to address drug-related law enforcement needs and prevention are being cut and eliminated in every program. Please contact your members of the state legislature and Congress to let them know what these cuts could mean to your city.

Community Oriented Policing Services (COPS)

The Office of Community Oriented Policing Services (COPS) is a federal agency that works to advance the practice of community policing. COPS does its work principally by sharing information and making grants to police departments around the United States. According to the U.S. Department of Justice, COPS grants have funded 1,424 additional police officers and sheriff deputies to engage in community policing activities, including crime prevention, in Kentucky.

- ◆ 310 local and state law enforcement agencies in Kentucky have directly benefited from funding made available through the COPS Office.
- ◆ \$17,529,596 has been awarded to add 182 school resources officers to improve safety for students, teachers and administrators in primary and secondary schools throughout Kentucky.
- ◆ \$35,272,910 has been awarded for crime-fighting technologies.
- ◆ On average, Kentucky cities have received \$4 million a year in COPS funding.

This funding has allowed officers to spend more time on the streets of Kentucky fighting and preventing crime through timesaving technology, information-sharing systems and improved communications equipment.

Please visit www.cops.usdoj.gov for more information.

Edward Byrne Memorial Justice Assistance Formula Grant (JAG)

In 2004, Congress created the Edward Byrne Memorial Justice Assistance Formula Grant (JAG) to streamline justice funding and grant administration. The funding is designed to provide local government law enforcement agencies with the flexibility to prioritize justice funds where they are needed most.

The U.S. Bureau of Justice Assistance awards grants for local governments to improve the functioning of the criminal justice system and to enforce state and local laws that establish offenses related to controlled substances.

The Byrne Justice Assistance Grant (JAG) Program is a partnership among federal, state and local governments to create safer communities. Please visit <http://www.ojp.usdoj.gov/BJA/grant/jag.html> for more information.

Funding Cut for Meth Cleanup, Burden Shifted to Local Governments

Federal funding for methamphetamine lab clean up has gradually been cut over the last 10 years, leaving a majority of the financial burden now on state and local governments. This shift has

JUSTICE GRANTS FACING MAJOR CUT

Two major sources of federal funding that help cities address drug problems are facing elimination or severe cuts. At press time, the Appropriations Committees in both the U.S. House of Representatives and U.S. Senate passed bills cutting or eliminating the Community Oriented Policing Services (COPS) Office and virtually all of its programs. The Byrne Justice Assistance Grants (Byrne JAG) and other grant programs are also likely to receive drastic cuts or be eliminated.

Unfortunately, these proposals to cut state and local government programs come at a time when cities are already being forced to reduce public safety expenditures, including personnel.

In a time of federal budget crisis, it is vitally important for cities to communicate the need for public safety funding to Kentucky's congressional delegation.

become even more intensified as cities face other increasing expenses and the number of meth labs in Kentucky is skyrocketing.

The U.S. Drug Enforcement Administration had previously provided resources through a federal grant that covered meth lab waste disposal. In a recent media report, the DEA estimated that there will be more than 12,500 meth labs to clean up across the nation next year, at a cost of \$26 million. Louisville Metro spent an estimated \$20,000 in local funds to pay a contractor to safely dispose of the waste for 154 labs. More than 1,000 meth-lab incidents were reported in Kentucky last year alone, the third highest number in the country.

Drug Free Communities Grants

The Drug Free Communities Support Program (DFC) is a federal grant program that provides funding to community-based coalitions that organize to prevent youth substance use. Since the creation of DFC in 1997, the program has funded nearly 2,000 coalitions and currently mobilizes nearly 9,000 community volunteers across the country. The philosophy behind the program is that local drug problems require local solutions. Recent evaluation data indicate that where DFC dollars are invested, youth substance abuse is lower. Over the life of the DFC program, youth living in DFC communities have experienced reductions in alcohol, tobacco and marijuana use.

The DFC program operates on a yearly grant cycle that starts with a request for applications (RFA) posted in January of each year.

Community coalitions that meet the eligibility requirements can apply during the open period for funding. DFC grants are awarded for five years with a maximum of 10 years. Coalitions can ask for up to \$125,000 per year and must provide at least a one-to-one match (cash, in-kind, donations, but no federal funds) each year, with increases in years eight through 10.

You can visit www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program for more information.

Kentucky Agency for Substance Abuse Policy (KY-ASAP)

Please see page 5 for more information.

Currently, 75 local Kentucky Agency for Substance Abuse Policy (KY-ASAP) boards cover 113 of the 120 counties in the Commonwealth. The local boards

consist of stakeholders in each county or multi-county jurisdiction. During FY 2011, local boards received \$1,638,000 to implement their efforts to reduce the prevalence of tobacco, alcohol and other drugs in their communities.

For more information on KY-ASAP funding opportunities, please visit <http://odcp.ky.gov/kyasap.htm> for a complete list. You can also contact Amy Andrews with the Kentucky Office of Drug Control Policy at 502-564-9564 or amy.andrews@ky.gov for additional information.



www.operationunite.org

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KLC Toolkit Release

FOR IMMEDIATE RELEASE
 September 19, 2011

Dear Mayors;

It's no secret that communities across our Commonwealth – both urban and rural – have met a formidable foe in dealing with substance abuse-related issues. In Kentucky, the greatest public health threat comes from abuse of prescription medications (especially opioid pain medications). Drug addiction now claims 1,000 lives a year, surpassing traffic fatalities, and more than double the drug death toll of a decade ago. An entire generation of innocent children is now caught up in abuse and/or neglect because of drugs in the home. And, despite the need, less than 9 percent of those needing long-term treatment for addiction actually receive it.

These are our family members, current and future employees, civic and business leaders, and consumers. Aside from the personal toll, substance abuse has a dramatic impact on annual budgets for law enforcement, health care, social programs, treatment and workers compensation; it impacts quality of life, business recruitment and tourism. As elected leaders you can acknowledge this problem and proactively take the lead in crafting local solutions.

There are no quick fixes, but there are effective ways to make an impact quickly. I encourage you to reach out to volunteer groups trying to address substance abuse in your community by:

- Allowing (and encouraging) city employees one paid day per month to become active with an anti-drug organization.
- Taking a leadership role by actively supporting drug awareness and education initiatives.
- Hosting Town Hall forums to raise awareness about programs such as Casey's Law (for the involuntary treatment of addicts)
- Hosting educational forums about the dangers posed from the production of methamphetamine, how parents/guardians can talk with their kids about drug abuse, why employers should be concerned about creating and maintaining a drug-free workplace, the importance of properly storing and tracking prescription and over-the-counter medications in the home, etc.

Substance abuse will not go away on its own. Left to fester, it will destroy the fabric of your community. As a leader, I encourage you to step up and demonstrate commitment to your citizens. If you would like additional information on how this can be accomplished please contact me at 1-866-678-6483 or by e-mail to unite@centertech.org.

Sincerely,

Karen Kelly
 President/CEO
 Operation UNITE

Resources for City Governments: Recovery Kentucky Centers

Thousands of Kentuckians experience homelessness each year. Many of them are "chronically homeless," meaning they remain homeless for extended periods due to chemical dependency and other special needs. While the chronically homeless only represent a fraction of the homeless population, they consume over 50 percent of homeless resources. Recovery Kentucky was created to help Kentuckians recover from substance abuse, which often leads to chronic homelessness.

There are 10 Recovery Kentucky centers across the Commonwealth: Campbellsville, Erlanger, Florence, Harlan, Henderson, Hopkinsville, Morehead, Owensboro, Paducah and Richmond. These centers provide housing and recovery services for up to 1,000 Kentuckians simultaneously across the state. These housing recovery centers were designed to reduce the state's drug problem and resolve some of the state's homelessness issues. They help people recover from addiction and help them gain control of their lives to reside in permanent housing.

As supportive housing projects, each center uses a recovery program model that includes peer support, daily living skills training, job responsibilities and challenges to practice sober living. This type of supportive housing and recovery program is proven to help people who face the most complex challenges to live more stable, productive lives.

In Henderson, Women's Addiction Recovery Manor (WARM) is a Recovery Kentucky Center

designed to help participants recover from substance abuse and rebuild their lives. Henderson's WARM inpatient facility provides 100 beds for women with various substance addictions as well as the related problem of homelessness.

"WARM has been a tremendous asset to our community," said Henderson Mayor Steve Austin. "Their record of rehabilitation and getting participants back into the workforce has been outstanding. This is a fantastic resource for not only our citizens, but those in the region and across the state."

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

Recovery Kentucky is a joint effort by the Department for Local Government (DLG), the Department of Corrections and Kentucky Housing Corporation (KHC). These agencies developed a financial plan that has provided construction and operational financing, including a \$2.5 million annual allocation of low income housing tax credits from KHC, which will generate a total equity investment of approximately \$20 million for construction costs. Operational funding includes approximately \$4 million from DLG's Community Development Block Grant program and approximately \$3 million from the Department of Corrections. The local governments and

Do you know what treatment options are available in your community?

Citizens often look to city officials to find help for loved ones with drug abuse problems. It is important for all city officials to be aware of where to go to find treatment options in your community and the surrounding area so that you are prepared to direct citizen and advocacy groups to the right sources.

For a list of prevention and treatment programs in your area, please visit <http://mhmr.ky.gov/providerdirectory/onlineproviderdirectory.aspx> to access the Online Provider Directory created by the Cabinet for Health and Family Services.

You can also visit www.kentuckytreatmentcenters.com/

For a national listing, please visit <http://dasis3.samhsa.gov/Default.aspx> for the Substance Abuse and Mental Health Services Administration (SAMSHA) treatment locator.

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

For more information about getting a Recovery Kentucky center in your area, please contact Mike Townsend, Kentucky Housing Corporation at 800-633-8896 or mtownsend@kyhousing.org.

Narcotics Anonymous

Narcotics Anonymous (NA) is well established throughout much of North America, with nearly 400 meetings in Kentucky. It is a nonprofit of fellowship men and women for whom drugs had become a major problem that meets regularly to help each other stay clean. Membership is open to all drug addicts, regardless of the

particular drug or combination of drugs used. One of the keys to NA's success is the therapeutic value of addicts working with other addicts. Members share their successes and challenges in overcoming active addiction and living drug-free, productive lives.

NA does not accept financial assistance, and all chapters are self-supporting. City officials can help by offering the use of community space. If your community does not have an NA meeting and you feel that you need one, please contact NA World Services at 818-773-9999 for additional information.

Casey's Law

By Kenton County Attorney Garry L. Edmondson

Casey's Law is the common name given to Kentucky Revised Statutes 222.430 - 222.437 regarding the involuntary treatment for alcohol and drug abuse. The law went into effect on July 13, 2004. It is named after Matthew "Casey"

Wethington, a young man who suffered from a drug addiction and died of a heroin overdose at the age of 23.

Casey's Law provides a means of intervention with someone who is unable to recognize his or her needs for treatment due to their addiction. Casey's Law allows parents, relatives and/or friends to petition the court for treatment on behalf of the person who is abusing alcohol and/or drugs (respondent). The treatment options available under the law can vary depending on circumstances of each individual case and can range from detoxification to intensive treatment through recovery. The person seeking the involuntary

treatment (petitioner) is obligated to pay all costs incurred in the process as well as all cost of treatment and must sign a guaranty of payment. Costs incurred can be extensive, something the petitioner should be aware of before signing the guaranty of payment.

Under Casey's Law, a person suffering from drug or alcohol abuse will not be ordered to undergo involuntary treatment unless that person presents an imminent threat of danger to themselves, their family or others as a result of alcohol or drug abuse, or there exists a substantial likelihood of such a threat of danger in the near future. Additionally, it must also be determined that the respondent can reasonably benefit from the treatment ordered.

To seek intervention using Casey's Law, one must petition the court. The petition is first filed in District Court by the petitioner (spouse, relative and/or friend). The petition includes the basis of how the respondent is suffering from alcohol and/or drug abuse and how the respondent presents a danger or threat of danger to self, family or others if not treated. Upon receipt of the petition, the court reviews the allegations in the petition and examines the petitioner under oath. The court then determines whether there is probable cause to believe that the respondent should be ordered to undergo involuntary treatment. If probable cause is established, the court orders the respondent to be evaluated and a hearing to determine if involuntary treatment is proper is set within 14 days.

The respondent is then notified of the date and purpose of the hearing. The respondent must be evaluated by two qualified health

professionals, at least one whom is a physician, at least 24 hours prior to the hearing. If the respondent does not voluntarily attend the evaluation before the hearing, the court may issue a summons to the respondent. The summons commands the respondent to appear at a time and place for evaluation. The respondent must be served with the summons before any further action may take place. If the respondent is avoiding service of the summons or the respondent's location is unknown, the process halts until the respondent is located and the summons is served upon him or her.

If the respondent has been served with the summons and fails to appear for the evaluation, the court may order the sheriff or other police officer to transport the respondent to a facility for examination. These transportation costs are also included in the cost of treatment, which the petitioner is liable.

Once the respondent has been evaluated, the court will have the hearing to determine if involuntary treatment is proper. If upon completion of the hearing the court finds that the respondent should undergo treatment, the court shall order treatment from 60 days up to 360 days, dependent upon the request in the petition and the result of the hearing. Failure of respondent to undergo treatment as ordered by the court may place the respondent in contempt of court.

A copy of the petition may be located online at www.kycourts.net.

Applying Prevention Principles to Drug Abuse Prevention Programs
<http://www.drugabuse.gov/Prevention/applying.html>

Cabinet for Health and Family Services Online Provider Directory
<http://mhmr.ky.gov/providerdirectory/onlineproviderdirectory.aspx>

Cabinet for Health and Family Services Community Norms Toolbox
http://mhmr.ky.gov/dbh/sa_norms.asp

COPS Office: Grants and Resources for Community Policing
<http://www.cops.usdoj.gov/>

Drug Free Communities Support Program
<http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program>

Drug Free Fayette County
<http://drugfreefayette.com/>

Edward Byrne Memorial Justice Assistance Formula Grant (JAG)
<http://www.ojp.usdoj.gov/BJA/grant/jag.html>

Examples of Research-Based Drug Abuse Prevention Programs
<http://www.drugabuse.gov/Prevention/examples.html>

Kentucky Agency for Substance Abuse Policy (KY-ASAP)
<http://odcp.ky.gov/kyasap.htm>

Kentucky Association of Counties HB463 webinar
<http://kaco.org/legislative-services/hb463-webinar.aspx>

Kentucky Cabinet for Health and Family Services
<http://mhmr.ky.gov>

Kentucky Drug Courts
<http://courts.ky.gov/stateprograms/Drug+Court/Adult+Drug+Court/>

Kentucky Drug Task Forces
<http://odcp.ky.gov/enforcement/drugtaskforce.htm>

Kentucky Office of Drug Control Policy
<http://www.odcp.ky.gov>

Kentucky Treatment Centers
<http://www.kentuckytreatmentcenters.com/>

Life Skills Training
<http://www.lifeskillstraining.com/>

National Institute on Drug Abuse
<http://www.nida.nih.gov>

National Prescription Drug Take Back Day
http://www.deadiversion.usdoj.gov/drug_disposal/takeback/

Office of National Drug Control Policy
<http://www.whitehouse.gov/ondcp>

Planning for Drug Abuse Prevention in the Community
<http://www.drugabuse.gov/Prevention/planning.html>

Preventing Drug Abuse among Children and Adolescents
<http://www.drugabuse.gov/Prevention/Prevopen.html>

Substance Abuse & Mental Health Services Administration (SAMSHA)
<http://www.samhsa.gov/>

SAMSHA treatment locator
<http://dasis3.samhsa.gov/Default.aspx>

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The "City Officials Guide to Addressing Drug Abuse in Kentucky Communities" was created from a directive by the Kentucky League of Cities Board of Directors, who recognized that city officials across the state needed more information about the funding and resources available to help address drug issues in their hometowns.

KLC would like to thank the city officials, state officials, law enforcement personnel and prevention and treatment experts who served on a focus group and otherwise provided their expertise to help in the development of this publication.

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