



KENTUCKY DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Kentucky.

Kentucky At-a-Glance:

- In 2007-2008, Kentucky was one of the top ten 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.

Source: National Survey on Drug Use and Health 2007-2008

- The number of meth lab seizure incidents in the state of Kentucky increased 138%, from 297 incidents in 2007 to 706 incidents in 2009.

Source: El Paso Intelligence Center's National Seizure System (EPIC-NSS)

- Approximately 8 percent of Kentucky residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Kentucky exceeds the national average.

Drug Use Trends in Kentucky

Drug Use in Kentucky: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 8.41 percent of Kentucky residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 4.39 percent of Kentucky residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007-2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 722 persons died in Kentucky in 2007. This is compared to the number of persons in Kentucky who died from motor vehicle accidents (853) and firearms (612) in the same year. Kentucky drug-induced deaths (17 per 100,000 population) exceeded the national rate (12.7 per 100,000).

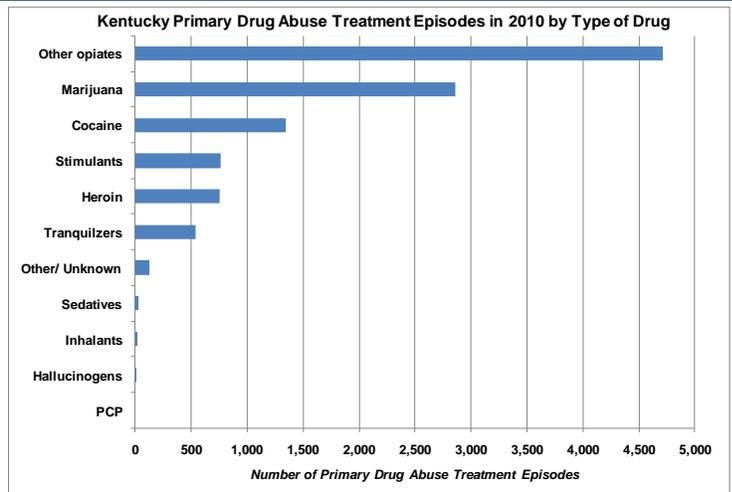
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Substance Abuse Treatment Admissions Data

Kentucky primary treatment admissions:

The graph at right depicts substance abuse primary treatment admissions in Kentucky in 2010. The data show that opiates, including prescription drugs, are the most commonly cited drugs among primary drug treatment admissions in the state.

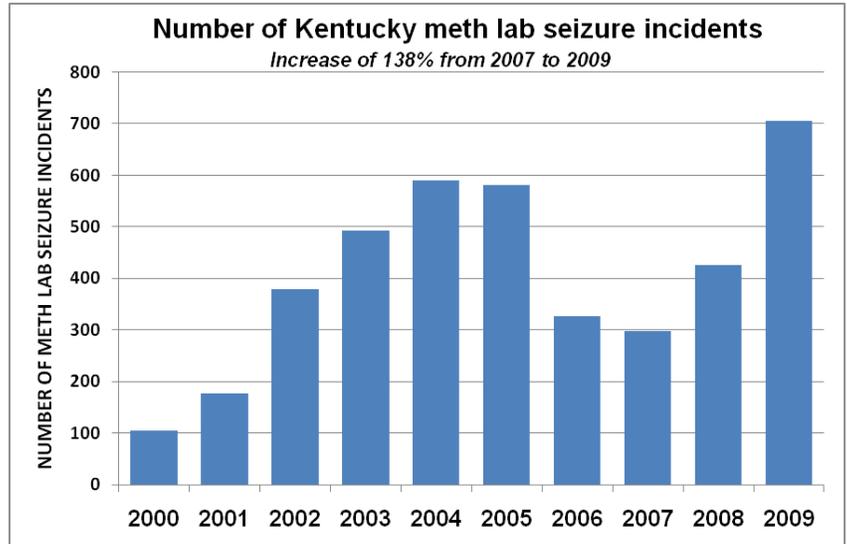
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration : <http://oas.samhsa.gov/dasis.htm>



Methamphetamine Lab Seizures

Methamphetamine Seizures: Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. Meth lab seizures in Kentucky have exceeded this overall trend, increasing 138%, from 297 in 2007 to 706 in 2009.

Source: EPIC, NSS, extracted 11/2010.



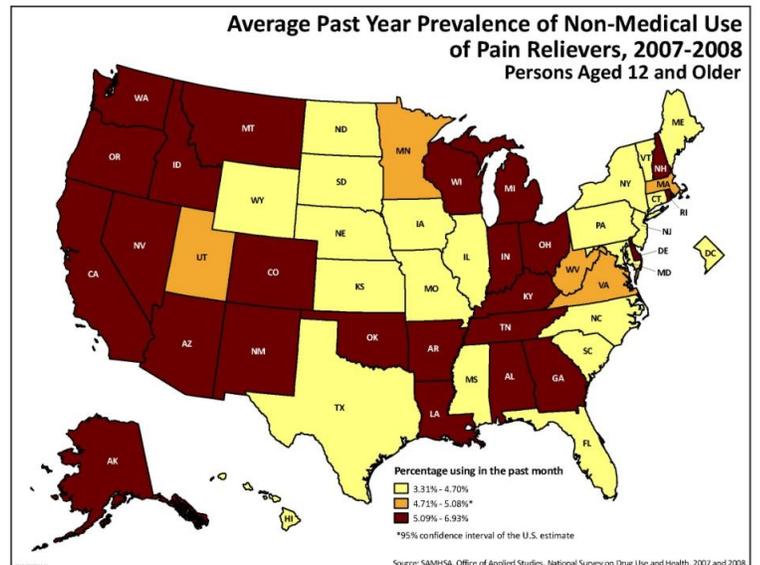
State-Level Action: Return pseudoephedrine to prescription-drug status

Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

Prescription Drug Abuse

ONDCP’s Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration’s Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America’s Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

Kentucky's **All Schedule Prescription Electronic Reporting System (KASPER)** tracks Schedule II – V controlled substance prescriptions dispensed within the state. In 1999 The Cabinet for Health and Family Services was given the challenge to establish a program to fight the rising incidence of the diversion of legal prescription drugs into the illegal market. Thus, a KASPER report shows all scheduled prescriptions for an individual over a specified time period, the prescriber, and the dispenser. Enhanced KASPER (eKASPER) provides Web-based access to KASPER data.

Source: Kentucky Cabinet for Health and Family Services: <http://chfs.ky.gov/os/oig/KASPER.htm>

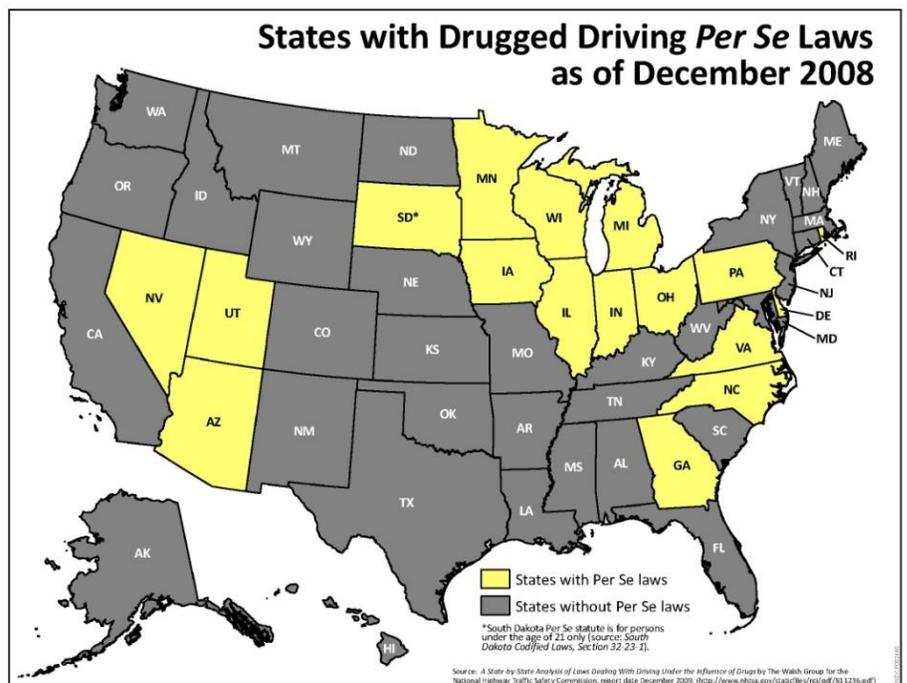
State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting Per Se Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Kentucky does not have a *Per Se* standard. However, under Kentucky Revised Statutes Section 189A.010, a person shall not operate or be in physical control of a motor vehicle while under the influence of any other substance than alcohol or combination of substances which impair one's driving ability or while under the combined influence of alcohol and any other substance which impairs one's driving ability. Proof required: Defendant was operating or was in physical control of a motor vehicle in Kentucky and while operating the vehicle, the defendant was under the influence of a substance which impaired the defendant's driving ability. No possible defenses are found. Refusal to submit to a drug test is admissible into evidence in criminal cases.

Source: *A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Kentucky coalitions received grants from ONDCP:

- 7th Street Corridor PAL Coalition (Louisville)
- Breckinridge County Coalition for Change
- Bullit County Partners in Prevention
- Calloway County Alliance for Substance Abuse Prevention (CCASAP)
- Campbell/Taylor Anti-Drug Coalition
- Carter County Drug Task Force
- Champions for Drug Free McCreary County
- Champions for Drug Free Carroll County
- Community Solutions for Substance Abuse (Owensboro)
- Corbin Community Coalition
- Green County KY ASAP (Agency for Substance Abuse Policy)
- Hancock County Partners for a Healthy Community and Healthy Youth
- Henry County CARE Team
- Kenton County Alliance to Prevent Substance Abuse
- Kentucky Agency for Substance Abuse Policy-Northern Kentucky Board
- Knott Drug Abuse Council
- Magoffin County Local Board for KY – ASAP/Coalition
- Mayor's Alliance on Substance Abuse (Lexington)
- McLean County Community Coalition
- Ohio County Together We Care
- Owsley County Drug Awareness Council
- Portland Now Prevention Partnership
- Prevention Advocates for Tomorrow's Health (PATH) Coalition
- Rowan County UNITE Coalition, Inc.
- Russell County Partners in Prevention
- Scott Countians Against Drugs
- Seven Counties Services
- Shelby County Drug/ Alcohol Advisory Council, Inc.
- The Monroe County KY-ASAP Board
- The Save Our Kids Coalition
- The Scottsville Allen County Faith Coalition, Inc.
- Trimble CARES

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in Kentucky

Appalachia HIDTA: Adair, Bell, Breathitt, Clay, Clinton, Cumberland, Floyd, Harlan, Jackson, Jefferson, Knott, Knox, Laurel, Lee, Leslie, Letcher, McCreary, Magoffin, Marion, Owsley, Perry, Pike, Pulaski, Rockcastle, Taylor, Warren, Wayne, and Whitley counties.

The Appalachia HIDTA operates out of London, Kentucky, and encompasses 67 counties in three states: Kentucky, Tennessee and West Virginia. During 2009, the State of Kentucky was the Nation's fourth largest illicit producer of domestic marijuana. Diverted prescription drugs obtained by traffickers and abusers from South Florida pain clinics also pose a severe threat to Kentucky. Other methods of diversion include pharmacy theft, "doctor shopping," and multi-ethnic drug trafficking organizations (DTOs) based in Detroit, MI, and Columbus, OH.

Methamphetamine production, trafficking, and abuse present additional serious threats to the public. Although state laws controlling the sale and access to pseudoephedrine have had a significant effect on the number of clandestine methamphetamine laboratories in the region, small-quantity methamphetamine producers and abusers have adapted to the restrictions and are employing new techniques to acquire the necessary raw materials. The number of clandestine meth labs, dumpsites, and chemical/glassware seizures increased from 2009 to 2010. Methamphetamine is locally produced by abusers and loosely organized individuals who get together on an irregular basis to assemble equipment, obtain materials, and conduct a methamphetamine "cook."

- The Appalachia HIDTA is working with several other HIDTAs to stem the illicit flow of prescription drugs into Kentucky.
- The HIDTA's Up-in-Smoke initiative was responsible for the arrest and prosecution of over 109 individuals involved in illicit marijuana growing operations in the Daniel Boone National Forest.

Federal Grant Awards Available to Reduce Drug Use in the State of Kentucky

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards

2010

Department of Education

Safe and Drug-Free Schools and Communities_National Programs	5,144,542
Alcohol Abuse Reduction Grants	1,905,202
Grants For School-Based Student Drug-Testing Programs	1,002,536
Safe Schools/Healthy Students Grants	2,236,804

Department of Health and Human Services

Administration for Children and Families	8,837,762
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse	1,166,028
Mentoring Children of Prisoners	922,400
Promoting Safe and Stable Families	6,749,334
Health Resources and Services Administration	1,675,000
Healthy Start Initiative	1,675,000
Immediate Office of the Secretary of Health and Human Services	300,000
Family and Community Violence Prevention Program	300,000
National Institutes of Health	10,252,200
Discovery and Applied Research for Technological Innovations to Improve Human Health	483,454
Drug Abuse and Addiction Research Programs	9,768,746
Substance Abuse and Mental Health Services Administration	30,199,671
Block Grants for Prevention and Treatment of Substance Abuse	20,736,291
National All Schedules Prescription Electronic Reporting Grant	98,421
Projects for Assistance in Transition from Homelessness (PATH)	475,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	8,889,959

Department of Housing and Urban Development

Assistant Secretary for Community Planning and Development	2,291,902
Shelter Plus Care	2,291,902
Assistant Secretary for Housing--Federal Housing Commissioner	(52,536)
Shelter Plus Care	(52,536)

Department of Justice

Office of Justice Programs	31,234,061
Community Capacity Development Office	157,000
Congressionally Recommended Awards	5,810,000
Criminal and Juvenile Justice and Mental Health Collaboration Program	200,000
Drug Court Discretionary Grant Program	299,979
Edward Byrne Memorial Justice Assistance Grant Program	17,114,488
Enforcing Underage Drinking Laws Program	356,400
Gang Resistance Education and Training	35,000
Harold Rogers Prescription Drug Monitoring Program	400,000
Juvenile Accountability Block Grants	684,400
Juvenile Mentoring Program	300,000
National Institute of Justice Research Evaluation and Development Project Grants	3,454,407
Residential Substance Abuse Treatment for State Prisoners	449,994
Second Chance Act Prisoner Reentry Initiative	1,972,393

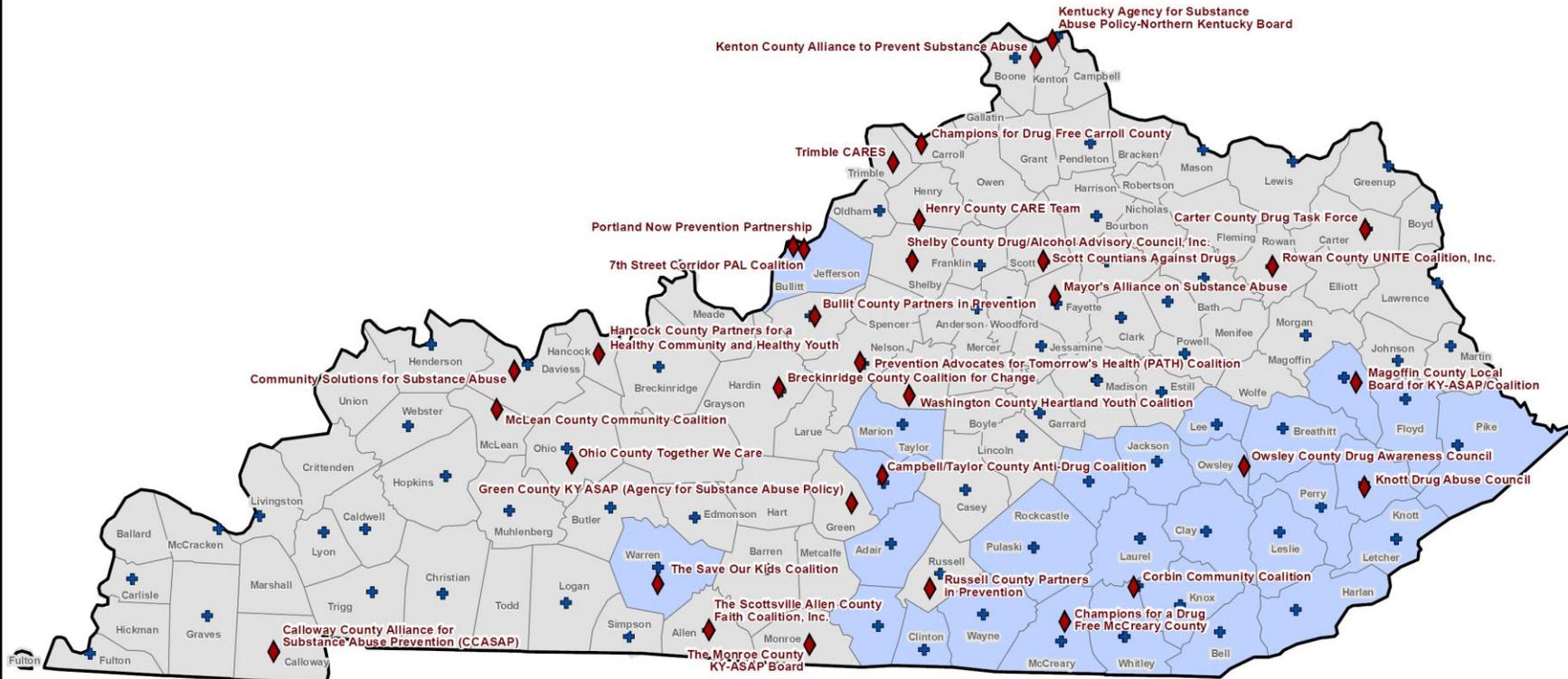
Executive Office of the President

Office of National Drug Control Policy	6,646,598
High Intensity Drug Trafficking Area Program	6,646,598
Substance Abuse and Mental Health Services Administration	4,018,425
Drug-Free Communities Support Program Grants	4,018,425

Grand Total **100,547,625**

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. Updated 6/7/2011.

Office of National Drug Control Policy Programs in Kentucky with Drug Court Locations



- ◆ Drug Free Communities program grantees
- + Drug Court locations
- Appalachia HIDTA counties
- County Boundaries

Source: ONDCP and National Drug Court Institute, September 2011

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