



Statewide Drug Control Assessment Summit 2004

Presented to:

Governor Ernie Fletcher

By:

Lieutenant Governor Stephen B. Pence

February - June 2004

August 23, 2004

The Honorable Ernie Fletcher
Governor, Commonwealth of Kentucky
The Capitol

Dear Governor Fletcher,

The Kentucky Drug Control Assessment Summit has completed their charge. We assessed current programs, initiatives, and concerns; we produced recommendations to create the foundations of a balanced, comprehensive and collaborative statewide drug control policy. Please accept this Final Report of the Summit.

Over three thousand citizens attended the sixteen public meetings held across the state beginning in February 2004. Over 850 surveys were submitted from program heads at the federal, state, and local levels, as well as from private citizens on the issues surrounding the substance abuse problems we face in Kentucky.

Recommendations in this report are noted in three colors: red represents those actions which may be taken immediately by the administration; blue are recommended action items by the Summit membership; and green represents actionable items that were too complex or introduced too late to the Summit for full discussion or consideration. The green issues were recommended by the full summit for more deliberative review by the Office of Drug Control Policy established in your recent Executive Order that reorganized the executive branch.

The Summit staff and I will be available to discuss the extensive details of this report and the specific recommendations at your convenience. Thank you for this opportunity to serve you and the Commonwealth on this most important initiative.

Sincerely,

A handwritten signature in black ink that reads "Stephen B. Pence". The signature is written in a cursive style with a long horizontal flourish at the end.

Stephen B. Pence
Lieutenant Governor

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August 23, 2004

Lieutenant Governor Stephen B. Pence
Secretary, Justice and Public Safety Cabinet
Chair, Statewide Drug Control Assessment Summit

Dear Lieutenant Governor Pence,

The Statewide Drug Control Assessment Summit has completed its charge and respectively submits the final report.

Since February 2004, the Summit membership has worked toward establishing a collaborative starting point for the inception of a more balanced, systemic, closely coordinated and pragmatic statewide drug control policy. The Summit members represented and demonstrated clear thinking across all domains. Never before have so many leaders from various organizations as well as local, state and federal government gathered to listen to citizens across the state provide input on substance abuse issues facing Kentucky. That input has proven imperative along with the collection, discussions and collaborative review of existing formal data in shaping recommendations of the Summit members contained in this report.

On behalf of the core group, appointed members and the membership of the sub-committees, thank you for the opportunity of being involved in this statewide effort.

A handwritten signature in cursive script that reads "John W. Bizzack".

John W. Bizzack, Ph.D.
Summit Facilitator
Commissioner, Department of Criminal Justice Training
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Jenny Wiley State Resort (Prestonsburg)
Hal Rogers Law Enforcement Technology Center (Hazard)
Somerset Center for Rural Development
J.R.'s Executive Inn (Paducah)
Hopkinsville Convention Center
Executive Inn Rivermont (Owensboro)
Wolf's Banquet Center (Henderson)
Holiday Inn University Plaza and Convention Center (Bowling Green)
Days Inn (Bardstown)
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EXECUTIVE SUMMARY

"We must move beyond just being tough on crime to being effective on crime, and that's not only for those caught in the jaws of addiction, but also for the taxpayer who foots the bill."

Governor Ernie Fletcher, State of the Commonwealth Address, January 2004.

The Kentucky Drug Control Assessment Summit has completed Governor Fletcher's charge to assess the status of local, state and federal drug control programs, policies, and initiatives and to prepare recommendations that will offer the administration the opportunity to establish the first uniform, balanced and collaborative statewide drug control policy.

Data has been collected over the past 20 weeks from Kentucky citizens and program administrators in all areas of the state and at all levels of local, state and federal government. The Summit membership has reviewed, discussed and developed specific recommendations; the following summary outlines key recommendations. While there are numerous additional actionable items, the areas listed below are primary executive decisions.

INTRODUCTION

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

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

The assessment was not proposed as a formal empirical process, but as a pragmatic appraisal to advance a sensible course of action. It is important that this initiative not be regarded a study – it is an assessment.

BACKGROUND SUMMARY

The paradigm Kentucky has used to address substance abuse problems lacks fundamental coordination and balance. While many past and current federal, state, and local programs serve a specific purpose, there is a clear lack of a well thought-out strategy designed to

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uniformly address the issues of **prevention-education, treatment, and enforcement** with a systemic approach.

There are pockets of substantial efforts in various areas of the state and by many agencies and programs; but few are coordinated under the banner of one plan grounded by a comprehensive, valid examination on how best to address this problem systemically.

A comprehensive assessment of this nature provides Kentucky a more accurate blueprint through which to create a valid strategy and road map to establish the desired outcome and assure adequate resources are efficiently deployed, developed and dedicated for that purpose.

A more modern approach to the problem is required to assure existing, current and future resources are effectively marshaled, and to ultimately change attitudes and long established cultural perspectives on the issue of substance abuse in Kentucky. Paraphrasing Governor Fletcher's State of The Commonwealth Address in January 2004, *The position of being 'tough on drug crime' has not proved as important as being 'effective on drug crime.*

A statewide collaborative working summit, as envisioned by Governor Fletcher and organized by Lt. Governor Pence, was the first step in establishing a well-balanced statewide drug control policy. The charge was to examine and provide, at a minimum, the following:

a) **Defining through collaborative assessment the extent of the overall substance abuse problems in Kentucky.**

FINDING: Summit panel conclusion from public meeting input is that the **substance abuse problems in Kentucky should be treated as though they are epidemic in proportion, and the state should develop a response equal to that task.** Pronouncement of an epidemic should not be undertaken if the eventual drug control policy is not substantially different from past policies. The consensus opinion of Summit members emerged that treating substance abuse as epidemic would provide the impetus for dramatic action across all domains and provide the administration with a banner that could be a figurative **rallying point for subsequent action.** In sum, the problem is serious enough to warrant serious attention. The context for the work of the Summit was thus established: the Summit would not glaze over issues with merely cosmetic or insignificant policy recommendations; **treating substance abuse as an epidemic requires sustained corrective action, sustained by the entirety of state government. Treating the problem as though it were an epidemic establishes the appropriate orientation for the government.**

b) **Assessment of all current drug control efforts in the state, including review of the adequacy of state law related to drug control.**

FINDING: Summit panels concluded that efforts are variegated and uncoordinated throughout the state in general. Examples of effective and appropriate roles of government exist in the context of an issue that spans cabinets much less departments or divisions and thus is

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unresponsive to traditional spans of control for agencies of government. The structure of government, while effective in other issues, prohibits effectiveness on this issue.

c) The identification of gaps and duplication of services.

FINDING: Summit discovered a need for a coordinating entity that is responsible for all matters relating to the research of and the coordination and execution of the administration drug policy; not to usurp the administration of federal grants or state expenditures by cabinets, but to oversee and assure that all funded programs are in compliance with administration policy and that all programs funded are outcome based.

d) Recommendations of program priorities and expenditure levels within State government and how program accountability should be addressed by administering agencies.

FINDING: That a systemic policy to drive programmatic prioritization is necessary to balance an effective drug control initiative; piecemeal budgeting is wasteful and most ineffective.

e) Recommendations on any necessary modernization, changes, additional legislation or Kentucky Administrative Regulations to effectively address substance abuse and trafficking in the state.

FINDING: A working committee of the summit reviewed legislative history and has provided summary direction to more effectively integrate and balance drug statutes; a central clearinghouse on future legislative initiatives relating to drug control policy are essential to effect the policy of the administration.

ASSESSMENT METHODOLOGY CONSIDERATIONS

This assessment was not intended to develop into an empirical research based process. It was intended to serve as a pragmatic appraisal from which a sensible course of action and policy may be planned. The charge was to assess the current situation, identify desired outcomes and recommend a strategy to achieve those outcomes.

Assessing the current state of the efforts in Kentucky to address substance abuse began with gathering fundamental information to present to the appointed members at the first meeting. The pre-compilation of basic data was only intended to provide the Summit membership with context information about existing programs, funding information, program authority and reported measurements of program successes as possible, and as available.

The basic method of using pre-formatted questionnaires to collect the required data for this assessment was utilized. The methodology involves the use of Appointed Members, subcommittee members and some Administrative Support Team staff, with expertise in specific

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areas, to use the pre-formatted set of questions to interview spokespersons about their work, programs and responsibilities.

Two questionnaires were used. One questionnaire was used as an interview tool to solicit and establish needed information from current programs for a balanced assessment. The second questionnaire was used exclusively for input from the general public. Once an interview was completed by an appointed member or subcommittee member, the data was forwarded to the Administrative Support Team by e-mail where it was compiled by the Team for monthly updates and review by the appointed membership. Information collected from the general public was accepted by e-mail or regular mail. Both questionnaires were available for completion on line at the Statewide Drug Control Summit Assessment web site at <http://kydrugsummit.ky.gov/>. Hard copies of the questionnaire were available to the general public at all Public Meetings.

Considering some data needed for this particular assessment already existed, this approach and review process provided the most efficient and suitable method of collecting and confirming the additional information needed for an orderly assessment. This method also offered an opportunity for all anecdotal information to be properly evaluated and reported.

BARRIERS IDENTIFIED FROM SUMMIT INTERVIEWS AND QUESTIONNAIRES

The following are brief descriptions of the consistent themes found in the data provided by the public as well as government administrators.

The following **barriers to prevention-education** issues were found:

1. Lack of leadership's support
2. Mixed messages of the culture sent to youth
3. Lack of comprehensive education and information availability and motivational tools
4. Fragmented services
5. Insufficient and unstable funding
6. Lack of commitment to science-based prevention programs
7. Insufficient work force development
8. Contradictory statistics; no central clearinghouse or resource that can be accurately depended upon
9. No holistic meaning to individual statistics

The following **barriers to treatment** issues were found:

1. Lack of access to existing treatment programs
2. Attitudes and stigmas
3. Funding and treatment costs
4. Lack of education
5. Lack of special care levels
6. Workforce challenges
7. Contradictory statistics; no central clearinghouse or resource that can be accurately depended upon
8. No holistic meaning to individual statistics

The following **barriers to enforcement** issues were found:

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1. No clearly defined and coordinated strategies for state law enforcement agencies with measurable objectives
2. Lack of effective and meaningful communications between state, local and rural police
3. Insufficient and unstable funding
4. Lack of institutional knowledge of treatment, education-prevention programs available throughout the state
5. Lack of central grant application assistance for local and rural police departments
6. Lack of sufficient oversight and accountability for funding from discretionary sources (federal monies)
7. Contradictory statistics; no central clearinghouse or resource that can be accurately depended upon
8. No holistic meaning to individual statistics

THE ISSUE OF SCIENCE-BASED PROGRAMS

Science-based programs are based on the concept of using strategies, actions and products that have been evaluated and shown to have an effect on actual substance abuse, protective factors, norms related to use or specific factors that have been linked to substance abuse. The assessment panels examined existing Kentucky programs for their commitment and use of the science-based concept; it is recommended by the Summit panel that more exhaustive analysis of the adherence to science-based programming should be one of the primary functions of the Office of Drug Control Policy.

The Summit panel established that programs are science based when they meet the following conditions:

1. The intervention(s) has been demonstrated to positively affect substance abuse, as well as the problems, risk factors, and protective factors related to use.
2. Research results have been published by a peer-review journal or have undergone equivalent scientific review.

With scarce resources the state should not fund programs that are untested, based on questionable assumptions or that delivered with little consistency or quality control. On the other hand, "one size does not fit all"; a variety of programs are needed to meet the diverse needs of all contact levels (individuals, families, schools, communities, professionals, policy and law makers).

RECOMMENDATIONS

Developing policy and implementing programs and procedures to manage effectively the resources to control substance abuse requires a holistic, long-term and outcome based approach. Kentucky cannot expect to resolve these challenges over night, but Kentucky can and should make balanced, steady and significant progress on all fronts.

An effective statewide drug control policy will require a cohesive, multilayered and systems approach. Such a policy links and coordinates initiatives to avoid duplication and ensure integration of various efforts as well as identify the best use of resources. Clearly, no single tactic

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pursued alone or to the detriment of other initiatives can work to contain or reduce illicit drug use. Kentucky will have to move forward on several paths at once to be successful.

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.

CONCLUSION: The Theme

Other states have conducted assessments of the substance abuse problem. Although various new approaches to the problems arose from their efforts, none fully demonstrated courage or will to affect broad policy in a systemic fashion that assures efficiency and effectiveness.

Kentucky's summit assessment is a model and offers sustained opportunity for the administration to unify focus and demand high performance. It also demonstrates strong leadership and long-term commitment towards meaningful change and making government more functional and responsible to the needs of its citizens without increasing the size of government.

SUMMARY OF RECOMMENDATIONS

Items or issues that follow in **Red** are actions that have been conveyed to the Governor and are banner items worthy of executive action.

Establish an **Office of Drug Control Policy**

- Reports to Lieutenant Governor
- Responsible for coordination of all substance abuse policy

Declare 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

- Elevates substance abuse to higher awareness and prioritization
- Consistent and emphatic theme
- Context for a manageable problem

Create a **Working Group to transition from Drug Summit to Office of Drug Control Policy**

- Composed of representatives from array of state agencies with significant roles in substance abuse policy
- Appointments and meetings for transition to occur within one full year from inception

Items that follow in **BLUE** are actionable items that are under consideration for inclusion in policy and are reported as recommended by the Summit.

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Initiate and support a [Coordinated Prosecution Initiative](#)

- Coordinate through the Office of the Attorney General
- Supports over-burdened local prosecutors
- Brings specialized state resources to bear on a local level

Establish [Standards for Enforcement Drug Task Forces](#)

- Some task forces have been funded for as long as 17 years
- Recognize task forces have a significant and important role in integrated policy
- Recognize the importance and value of oversight

Promote [Treatment Services](#) throughout the state

- Treatment works
- Incarceration is not a solution in and of itself
- Treatment is not available to abusers who want and would benefit from it

[Correctional Treatment](#) works when available

- Treatment for inmates, probationers and serve-outs is underfunded

[Drug Courts](#) are an effective component of a coordinated policy

- Combination of treatment and consistent oversight (deterrence effect) yields promising results
- Develop model to express and sustain statewide

The [Parole Board](#) is an important element of substance abuse policy

- Requires significant revisions and updates to policies and procedures
- Can serve as a significant component of the administration's policy on substance abuse

[Drug Related Legislation](#)

- The committee report of the summit for inclusion as an executive order to be coordinated with the summit timetable

Best Use of [Kentucky Agency for Substance Abuse Policy \(ASAP\)](#)

- ASAP administers Champions for a Drug Free Kentucky, funds a number of local boards that pursue prevention programming and coordinates other volunteer efforts
- Has had mixed successes and should be evaluated on a case-by-case basis to determine effectiveness

[Excise Tax on Cigarettes](#)

- Kentucky has one of the lowest tax rates in the country on tobacco
- Recommend an increase in the tax between \$0.03-0.09; additional revenues would range between \$20-60M
- Programming in each of the three domains could be funded

Issues that follow in **GREEN** are items that the Summit deferred action upon in lieu of more detailed review by the Office of Drug Control Policy.

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Drug Testing

- Consideration given to Federal Office of National Drug Control Policy grant opportunities to explore the feasibility of utilizing as part of Kentucky's drug testing policy
- Other target populations
- Drug testing is currently funded by the U.S. Department of Education in 23 separate communities (21 counties and two independent school boards)
- ODCP should examine the programs already developed in Kentucky for possible expansion

Kentucky Employee Assistance Program (KEAP)

- Coordinate with EAP any existing services regarding substance abuse for state employees that are developed in the future
- ODCP should have future integration of EAP into policy

Local Initiatives

- The Summit has become aware of a number of local initiatives regarding substance abuse throughout the state
- ODCP should devote resources to tracking and collaborating with these local initiatives as appropriate

Education/Prevention Findings

- A series of initiatives are currently being explored by the Education Cabinet that would redirect resources to substance abuse prevention

Drug Forfeiture Monies

- Drug forfeiture monies should be examined as a potential funding source for substance abuse related programs following a formula of redistribution of funds awarded
- ODCP should examine the existing drug forfeiture monies process

White Paper on Prevention

- ODCP to examine more thoroughly the White Paper for policy recommendations

SUMMIT HISTORY - INCEPTION

The Kentucky Drug Control Policy Summit was comprised of 51 members appointed by the Governor for the purpose of assessing the state of Kentucky's Substance Abuse Policy. The Summit was charged with the responsibility of assessing the effectiveness of existing and new local, state and federal substance abuse programs; soliciting input from citizens about substance abuse issues in their respective communities; and to formulate recommendations to improve the balance and effectiveness of statewide drug control efforts.

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BACKGROUND

INTRODUCTION

The fundamental objectives of the Statewide Drug Control Assessment Summit were to:

1. Conduct a systemic statewide assessment accurately defining the current and future scope of the issues surrounding drug prevention-education, treatment and enforcement.
2. Develop strategy recommendations on which to establish a statewide, balanced, and outcome-based drug control policy for Kentucky to:
 - a. Efficiently marshal existing and future resources
 - b. Identify gaps and duplication of services
 - c. Effectively address the drug prevention, education/treatment and enforcement efforts throughout the state.

The first step toward completing this direction was the responsibility of the **Statewide Drug Control Assessment Summit Core Group**. Lt. Governor Pence established and appointed members of a core group to design an effective mechanism under which to complete a statewide assessment and serve as a steering committee on the process. Members of the core group were:

- Joe Whittle – General Counsel, Office of the Lt. Governor
- Dr. John Bizzack – Commissioner, Department of Criminal Justice Training, Justice and Public Safety Cabinet
- Mardi Montgomery- Deputy Secretary, Education Cabinet
- Dr. Rice Leach – Commissioner, Department of Public Health, Health and Family Services Cabinet

The work of the assessment was not proposed or intended to be a formal, empirical process, but rather a pragmatic appraisal to advance a sensible course of action. It is important that this initiative not be regarded a study – it is an *assessment*.

An **Evaluation Team** made up of representatives from the faculty of the University of Kentucky, Eastern Kentucky University and the University of Louisville each examined the process proposed by the core group for general soundness in terms of issues, range, scope, level of measurement and data interchangeability, and affirm the structure and methodology. The evaluation team members were:

- Janna P. Vice, Ed.D.
Associate Dean, College of Business and Technology, Eastern Kentucky University.
- Allen Ault, Ed.D,
Dean, College of Justice and Safety, Eastern Kentucky University
- Richard R. Clayton, Ph.D.
Director, Center for Prevention Research, University of Kentucky
- George E. Higgins III, Ph.D.
Justice Administration, University of Louisville

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BACKGROUND SUMMARY

Citizens and government officials have repeatedly voiced concerns regarding the paradigm Kentucky used and continues to use to address substance abuse. The concern most commonly heard is the lack of fundamental coordination and balance between the three primary disciplines of education/prevention, treatment and enforcement. While many past and current federal, state and local programs serve a specific purpose, there does exist a clear lack of a well thought out strategies designed to uniformly address the issues of **prevention-education, treatment, and enforcement** with a systemic approach.

There are pockets of substantial efforts in various areas of the state and by many agencies and programs, but few are coordinated under the banner of one plan grounded by a comprehensive, valid examination on how best to address this problem systemically.

A comprehensive assessment of this nature provides Kentucky a more accurate blueprint through which to create a valid strategy and road map to achieve the foundation for the desired outcome, and assure adequate resources are efficiently deployed, developed and dedicated for that purpose.

A more modern approach to the problem is essential and required to assure existing, current and future resources are effectively marshaled toward ultimately changing attitudes and long established cultural perspectives on the issue of substance abuse within the Commonwealth. As acknowledged in Governor Fletcher's State of The Commonwealth Address in January 2004, *"The position of being 'tough on drug crime' has not proved as important as being 'effective on drug crime.'"*

A collaborative, statewide working summit, as envisioned by Governor Fletcher and organized by Lt. Governor Pence, was considered the first step in establishing a well-balanced statewide drug control policy. The charge of the initiative evolved with the process. The Summit membership was asked to examine and provide, at a minimum, the following:

1. Defining through collaborative assessment the extent of the overall substance abuse problems in Kentucky.
2. Assessment of current drug control efforts in the state, including review of the adequacy of state law related to drug control.
3. The identification of gaps and duplication of services.
4. The identification of federal, state and local funding sources and recommendations for streamlining and maximizing these resources.
5. Recommendations on program priorities and expenditure levels within state government and how program accountability should be addressed by administering agencies.
6. Recommendations on any necessary modernization, changes, additional legislation or Kentucky Administrative Regulations to effectively address substance abuse and trafficking in the state

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SUMMIT PROCESS GUIDELINES

Organization and Administrative Structure

1. Lt. Governor Pence served as Chair of the Statewide Drug Control Summit Assessment.
2. The Core Group was named to serve as a steering committee to facilitate the overall process and general work of each of the three panels.
3. Members were appointed to reflect a diversity of expertise from local, state, federal and private substance abuse programs and to sit on three panels to examine the areas of: prevention-education, treatment, and enforcement.
4. The Department of Criminal Justice Training provided lead administrative and logistical support, data collection and personnel to the chair, as well as to each of three panels. The Kentucky Criminal Justice Council staff supported the DOCJT in these efforts.
5. Lt. Governor Pence designated chairs for each panel responsible for facilitating the work of that panel (see organizational chart for structure).
6. The charge of each respective panel was to consider during the assessment, three specific questions:
 1. **Where we are?** (What is our current situation)
 2. **Where do we want to be?** (What are our desired outcomes)
 3. **How we are going to get there?** (What strategy must Kentucky use)

The **desired outcomes** represent the vision for what is sought for Kentucky. The **strategy recommendations** were to be collaboratively developed to help reach the **desired outcome**.

7. **Appointed Members** were charged to represent and respect the diversity of interests and issues surrounding substance abuse in Kentucky. Appointed members brought expertise from areas of: prevention-education, treatment and enforcement from state government departments, courts, business, victims advocates, state and federal prosecutors, corrections, education, training and perspectives of urban and rural community levels throughout the state. Appointed members were permitted to name one designee from their respective organization to attend any meeting on their behalf.
8. **Subcommittees** were created within each panel. The Subcommittee Chair was as appointed member of the panel, however each panel was permitted to include additional subcommittee members, as needed, to carry out the work. The Subcommittee Chair was responsible for presenting to the full-appointed membership a report at each monthly meeting of the progress made since the previous meeting in their respective domains.
9. **Meetings and locations** were selected to provide the environment necessary to produce viable assessments of the current resources, programs, efforts, problems and unique issues in all regions of the state. Appointed members and their panel subcommittees met once a month in Frankfort.

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Public Meetings were organized at 16 locations around the state to assure the broadest opportunity for local communities to participate and provide input. Input from public meetings were essential to the process and supplied broader ideas and information. The support team coordinated notifications of public and community officials, and area media outlets prior to each regional Public Meeting (announcing the purpose, meeting time and location). Public meetings across the state were also designed to establish dialogue with other professionals and with members of their communities. Written as well as oral presentations were encouraged and collected at the meetings and from the Web site established for the Summit.

10. **Funding** for this project came from drug asset forfeiture funds from the departments of the Kentucky State Police and Kentucky Vehicle Enforcement. General fund dollars were also used. Appointment to the core group, appointed membership and subcommittee membership were not positions. The work was planned and structured to accommodate only the following budget expenses during the Summit: travel, lodging, meals and essential fees related to meeting rooms and supplies. Expenses related to administrative and personnel support services were absorbed by the DOCJT and Kentucky Criminal Justice Council. The DOCJT also provided budget administration services. For the purpose of further reducing costs, meeting locations, lodging and meals were planned and coordinated whenever possible by the Administrative Support Team at locations where government interaccounting could be used (state parks, state universities).

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ASSESSMENT METHODOLOGY CONSIDERATIONS

This assessment was not intended to develop into empirical research. It was intended to serve as a pragmatic appraisal from which a sensible course of action and policy could be planned. The charge was to assess the current situation, identify desired outcomes and recommend strategies to achieve those outcomes.

Assessing the current state of the efforts in Kentucky to address substance abuse began with gathering fundamental information to present to the appointed members at the first meeting. The pre-compilation of basic data was only intended to provide the Summit membership with as much information about existing programs, funding information, program authority and reported measurements of program successes as possible, and as available.

The basic method of using pre-formatted questionnaires to collect the required data for this assessment was utilized. The methodology involved the use of appointed members, subcommittee members, and some Administrative Support Team staff, with expertise in specific areas, to use the pre-formatted set of questions to interview spokespersons about their work, programs and responsibilities.

Two questionnaires were used. One questionnaire was used as an interview tool to solicit and establish needed information from current programs for a balanced assessment. The second questionnaire was used exclusively for input from the public. Once an interview was completed by an appointed member or subcommittee member, the data was forwarded to the Administrative Support Team by e-mail and compiled by the team for use as monthly updates and review by the appointed membership. Information collected from the public was accepted by e-mail or regular mail. Both questionnaires were available for completion online at the Statewide Drug Control Summit Assessment Web site at <http://kydrugsummit.ky.gov/>. Hard copies of the questionnaire were available to the public at all public meetings.

Considering some data needed for this particular assessment already existed, this approach and review process provided the most efficient and suitable method of collecting and confirming the additional information needed for an orderly assessment. This method also offered an opportunity for all anecdotal information to be properly evaluated and reported.

SUMMIT ASSESSMENT WEB SITE

The URL for the Web site was: <http://kydrugsummit.ky.gov/>. The e-mail address was: kydrugsummit@ky.gov. This site provided an overview of the intent of the assessment process along with messages from Governor Fletcher and Lt. Governor Pence. Questionnaires were accessed, completed and sent directly to the Support Team from this site and e-mail sent from anyone to the attention of any of the Summit Assessment Panels or its members. Dates and locations of all meetings were posted on the site. A list of all panel members and their affiliation to programs or offices was posted on the site as well.

This link was not intended nor used as a "tip line" or "Crime Stoppers" link. There was an appropriate link, however, on the site for anyone who wished to forward information to a law enforcement agency.

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OTHER SIMILAR ASSESSMENTS BY OTHER STATES

Florida, Montana, Iowa and Hawaii have conducted similar collaborative assessments. Processes and methodology differ. There is no one central method of conducting such as assessment.

Such assessments have, however, provided findings, which did serve as a useful guide for the Kentucky assessment with regards to what panel members may have found as barriers. The following compilation reflects composite findings of assessments by other states, which were all similar to what the Summit ultimately identified in Kentucky as well.

The following **barriers to prevention-education** issues were found in other states:

1. Lack of leadership's support
2. Mixed messages of the culture sent to youth
3. Lack of comprehensive education and information availability and motivational tools
4. Fragmented services
5. Insufficient and unstable funding
6. Lack of commitment to science-based prevention programs
7. Insufficient workforce development

The following **barriers to treatment** issues were found in other states:

1. Lack of access to existing treatment programs
2. Attitudes and stigmas
3. Funding and treatment costs
4. Lack of education
5. Lack of special care levels
6. Workforce challenges

The following **barriers to enforcement** issues were found in other states:

1. No clearly defined and coordinated strategies for state law enforcement agencies with measurable objectives
2. Lack of effective and meaningful communications between state, local and rural police
3. Insufficient and unstable funding
4. Lack of institutional knowledge of treatment and education-prevention programs available throughout the state
5. Lack of central grant application assistance for local and rural police departments

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THE ISSUE AND THE ASSESSMENT OF SCIENCE BASED PROGRAMS

Science-based programs are based on the concept of using strategies, actions and products that have been evaluated and shown to have an effect on actual substance abuse, protective factors, norms related to use or specific factors that have been linked to substance abuse. The Summit membership was asked to examine existing Kentucky programs for their commitment and use of the science-based concept.

Programs are science based if they meet the following conditions:

1. The intervention(s) has been demonstrated to positively affect substance abuse, as well as the problems, risk factors and protective factors related to use.
2. Research results have been published by a peer-review journal or have undergone equivalent scientific review.

With scarce resources the state should not fund programs that are untested, based on questionable assumptions or that deliver with little consistency or quality control. On the other hand, "one size does not fit all." A variety of programs are need to meet the diverse needs of all contact levels (individuals, families, schools, communities, professionals, policy and law makers).

Little uniformity of documentation was found to be used by prevention-education treatment and enforcement about individuals or whole programs and therefore existing data was difficult to compare.

Panels were encouraged to focus their review and assessment on tested and effective programs. Many worthwhile projects and programs take place in Kentucky, however, panel members were directed not to presume every program or project was effective, or measured appropriately for its effectiveness.

Panel Members when assessing data compiled regarding enforcement, for example, were directed to exercise caution. Science-based programs in drug law enforcement were identified as slippery slopes. For decades across the nation, drug law enforcement has used a uniform style of performance-based measurement to validate programs. This approach does allow a measurement of seizures, forfeitures and arrests, but only against the previous year(s) compilation. Traditionally, increases in each area suggest higher performance and effectiveness. This may be the only or best method available to assess outcome for enforcement with regards to these areas. However, it would appear that since law enforcement is also involved in prevention-education programs, for example, that perhaps those efforts should also be a part of a single, outcome-based assessment of the work done by law enforcement in the future.

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ORIENTATION SUMMARY

Timetable

The work of the Summit Assessment began on February 12, 2004. The process was carefully planned and was expected to take at least 20 weeks to allow the adequate compilation of data, public meetings across the state, monthly meeting of full Summit members to review and discuss progress, compilation of findings and approval of the final report.

The assessment took place during a very busy period. It was only the early days of the Fletcher-Pence administration, so the transition was still underway. In addition, the General Assembly in was session. Membership to the Summit required highly committed people and authentic leadership at every level. High-quality work and on-time response to the charge was crucial from all members.

CONCLUSION

Developing policy, and implementing programs and procedures to manage effectively the resources to control substance abuse requires a holistic, long-term and outcome-based approach. While the summit did not expect to resolve all of these challenges overnight, members did make steady and significant progress on all fronts.

An effective statewide drug control policy will require a cohesive, multilayered and systems approach. Such a policy links and coordinates initiatives to avoid duplication and ensure integration of various efforts as well as identify the best use of resources. Clearly, no single tactic pursued alone or to the detriment of other initiatives can work to contain or reduce illicit drug use. Kentucky will have to move forward on several paths at once to be successful.

Support Team - Preparation


Core Group
Maps Process


Precompilation
of Data

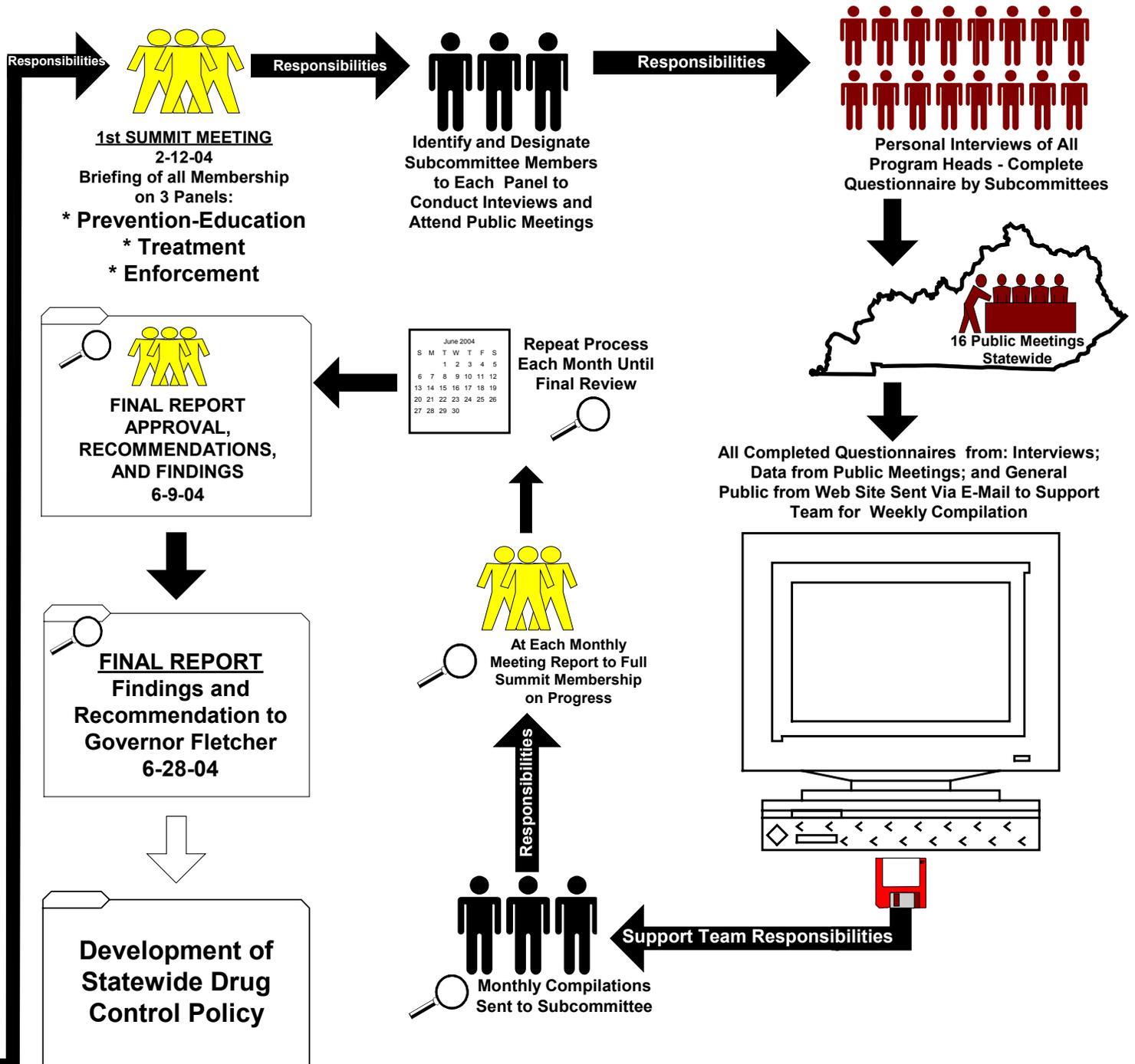

Evaluation Team
Established to
Review Methodology


Designate and
Appoint Panel
Members


Establish Support Team and
Schedule Coordinators,
Locations for Public Meetings


Establish Web Site
for Information and
Data Collection
from Public


Compilation Process Established
from Questionnaires and
Public Input



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APPOINTED SUMMIT MEMBERSHIP

Ex-officio Members

Robert Stivers, Chair, Senate Judiciary Committee
Gross Clay Lindsay, Chair, House Judiciary Committee

Core Group Representatives

Dr. John W. Bizzack, Commissioner, Department of Criminal Justice Training (Enforcement Panel)
Dr. Rice Leach, Commissioner, Department of Public Health (Treatment Panel)
Mardi Montgomery, Deputy Secretary, Education Cabinet (Prevention/Education Panel)

Panels

Enforcement Panel

Co-chair: Greg Stumbo, Kentucky Attorney General

Co-chair: Cleve Gambill, Deputy Secretary, Justice and Public Safety Cabinet

Sheriff Keith Cain, Daviess County; President, Kentucky Sheriffs' Association
Chief Van Ingram, Maysville; President, Kentucky Association of Chiefs of Police
Mark L. Miller, Commissioner, Kentucky State Police
Colonel Rodney Brewer, Deputy Commissioner, Kentucky State Police
Rod Maggard, Director, Rural Law Enforcement Technology Center
Gale Cook, President, Kentucky Commonwealth's Attorney's Association
Harold Johns, President, Kentucky County Attorney's Association
Major General Donald Storm, Adjutant General, Kentucky Army National Guard
Dr. William Walsh, Chair, Kentucky Law Enforcement Council; Director, Southern Police Institute
Greg Howard, Commissioner, Kentucky Vehicle Enforcement
Frank Rapier, Director, High Intensity Drug Trafficking Alliance
Karen Engle, Director, Operation UNITE
Joseph Lambert, Chief Justice, Administrative Office of the Courts
Stephen Horner, Commissioner, Alcoholic Beverage Control
Connie Payne, Manager, Kentucky Drug Court
George Moore, Commonwealth's Attorney, Mt. Sterling
Gary Oetjen, Drug Enforcement Administration
Greg Van Tatenhove, United States Attorney, Eastern District
David L. Huber, United States Attorney, Western District
Sheriff Terry Anderson, Director, Tri-County Drug Task Force - Benton
Dr. Tracey Corey, Kentucky Medical Examiner's Office

Treatment Panel

Chair: Karyn Hascal, Director, Division of Substance Abuse

Dr. James Holsinger, Secretary, Health and Family Services Cabinet
John Rees, Commissioner, Department of Corrections
Ron Bishop, Commissioner, Department of Juvenile Justice
Ernie Lewis, Director, Public Advocacy
James Kemper, President, Kentucky Jailers' Association

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John Coy, Chairman, Kentucky Parole Board
Danny Clark, Kentucky Board of Medical Licensure
David Sallengs, Branch Manager, Drug Enforcement, Department for Public Health
Andrew Pulito, President, Kentucky Medical Association
Dan Howard, Director, Kentucky Association of MH/MR Programs
Louise Howell, Director, Kentucky River Community Care
Robert Walker, University of Kentucky, Center on Drug and Alcohol Research
Dr. Rick Purvis, Director, Division of Mental Health, Department of Corrections
Drexel Neal, Acting Director, Division of Community Corrections, Lexington
Chris Block, Program Administrator, Office of Alcohol and other Drug Programs

Prevention/Education Panel

Chair: Tim Eaton, Superintendent, Pulaski County Schools

Dr. James Holsinger, Secretary, Health and Family Services Cabinet
John Rees, Commissioner, Department of Corrections
Ron Bishop, Commissioner, Department of Juvenile Justice
Mardi Montgomery, Deputy Secretary, Education Cabinet
Chief Van Ingram, Maysville; President, Kentucky Association of Chiefs of Police
Dr. Carl Leukefeld, University of Kentucky, Center on Drug and Alcohol Research
Sheriff Keith Cain, Daviess County; President, Kentucky Sheriffs' Association
D. G. Mawn, Acting Director, Kentucky Agency for Substance Abuse Policy
Stephen Horner, Commissioner, Alcoholic Beverage Control
James Kemper, Kentucky Jailers' Association
Scott Wegenast, Executive Director, Kentucky ACTION (Alliance To Control Tobacco In Our Neighborhoods)
Jon Akers, Executive Director, Kentucky Center for School Safety
Steve Kirby, Kentucky School Board Association
Dr. Robert Biggin, Associate Chair, Counseling & Educational Leadership, EKU
Sylvia Lovely, Director, Kentucky League of Cities
Dianne Shuntich, Assistant Director, Division of Substance Abuse
Brigette Stacy, Division of Student, Family & Community Support Services

Subcommittees

Prevention/Education Panel Subcommittee Members

Thelma Whiteside, Education Cabinet
Sandra Watts, Alcoholic Beverage Control
Harry Ryan, Alcoholic Beverage Control
Paul Deines, Kentucky League of Cities
Joe O'Nan, Kentucky League of Cities
Tad Long, Kentucky League of Cities
Karen Jones, Kentucky Agency for Substance Abuse Policy
Sandra Harston, Kentucky Agency for Substance Abuse Policy
David Pearce, Division of Substance Abuse
Steve Cambron, Division of Substance Abuse
James Ritchie, Division of Substance Abuse
Libby Mills, Department of Juvenile Justice
Shannon Means, Kentucky Center for School Safety
David Cole, Kentucky Crime Prevention Coalition
Nijel Clayton, Division of Student, Family & Community Support Services

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Phyllis Becker, ALERT Regional Prevention Center
Diana Burdette, Early Intervention Program
Davette Carpenter, Mercer County Substance Abuse Prevention Coalition
Jane Carter, Cumberland County Family Resource and Youth Services
Chandra Carter, Regional Prevention Center
Mindy Cash, Lincoln County Youth Service Center
Lynn Colvin, The Adanta Group
Patricia Cummings, Seven County Services, Inc
Karen Hall, Regional Prevention Center
Carolyn Isaac, Magoffin County Board, Kentucky Agency for Substance Abuse Policy
Amy Jeffers, Regional Prevention Center
Paige Patterson, University of Kentucky, Center for Drug and Alcohol Research
Deborah Shortt, Regional Prevention Center
C. Turner, Regional Prevention Center

Enforcement Panel Subcommittee Members

Brigadier General Norman Arflack, Kentucky National Guard
Jack Blair, Alcoholic Beverage Control
Major Mike Bosse, Lexington Police Department
Mike Burton, Drug Enforcement Administration
Frances Catron, Assistant United States Attorney, Eastern District
Steve Collins, Attorney General's Office
Doug Dailey, Rural Law Enforcement Technology Center
Joe England, Kentucky Vehicle Enforcement
Randy Fawns, Alcoholic Beverage Control
Denis Fleming, Attorney General's Office
Milton Galanos, Drug Enforcement Administration
Jim Acquisto, Daviess County Sheriff's Department
Julie Ilhardt, Kentucky Drug Court
David James, Attorney General's Office
Russ Kegel, Marshall County Sheriff's Office
Tony King, Drug Enforcement Administration
Mark L. Miller, Commissioner, Kentucky State Police
Laura New, Assistant United States Attorney, Western District
Lisa O'Hearn, Maysville Police Department
Karlus Owens, Kentucky National Guard
Major Mike Sapp, Kentucky State Police
Fred Stein, Assistant United States Attorney, Eastern District
Pierce Whites, Attorney General's Office

Treatment Panel Subcommittee Members

Debra Anderson, Baptist Regional Medical Center
Cindy Baumert, ADHD Project Succeed
Candace Blakeman, Probation and Parole
Rhonda Blevins, Probation and Parole
Sandra Brooks, Smoking Cessation and Prevention for Appalachians
Carol Browning, Probation and Parole
Ronsonlyn Clark, RiverValley Behavioral Health
Kathy Davis, Probation and Parole
Jeff Doig, Care Academy

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Heath Dolen, Division of Substance Abuse
Tom Foster, Probation and Parole
Tom Glover, Department of Public Advocacy
Becky Hagan, OASIS
Donna Hardin, Regional Prevention Center
Deana Hart, Probation and Parole
Martin Hatfield, Assistant United States Attorney, Eastern District
William Hausman
Kim Henagan, Probation and Parole
Brian Hewlett, Department of Public Advocacy
Harolyn Howard, Department of Public Advocacy
Mona Hoyle, Probation and Parole
Jerry Lucas, Ten Broeck Healthcare
David Mathews, Kentucky River Community Care
Rachel Mattox, Probation and Parole
Duncan McCracken, Fiscal Court, Drug Task Force, Warren County
Chris McNeill, Department of Public Advocacy
Christina Morgan, Probation and Parole
Betty Mueller, Retired, Division of Substance Abuse
Laura Nagle, Bluegrass Prevention Center
Veronica Nunley, Regional Prevention Center
Stephen Payson, Pikeville College School of Osteopathic Medicine
Leigh Pope, Regional Prevention Center
Helen Posey, HOPE
Russ Radenhausen, North Key Community Care
Mary Rafizadeh, Department of Public Advocacy
Kaye Ratliff, Gateway Juvenile Diversion Project, Inc.
Velva Reed, Awareness Counseling
John Salter, Recovery Resource Center, Inc.
Rob Sexton, Department of Public Advocacy
Tim Shull, Department of Public Advocacy
Hugh Spalding, Retired, Division of Substance Abuse
Larry Spencer, Probation and Parole
Erin Stevenson, University of Kentucky, Center on Drug and Alcohol Research
Terry Stinson, RiverValley Behavioral Health Regional Prevention Center
Greg Sutton, Department of Public Advocacy
Kathy Taylor, Probation and Parole
Teresa Turpin, Probation and Parole
Donna Wiesenhahn, Bluegrass Prevention Center
Judy Wilson, Regional Prevention Center
Vikki Woodward, Probation and Parole
Paula York, Cabinet for Health and Family Services

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Core Group and Panel Chairs

Joseph M. Whittle

Joe Whittle is General Counsel and Justice and Public Safety Cabinet liaison for the Kentucky Lieutenant Governor's Office. He is a former United States Attorney for the Western District of Kentucky.

Whittle was a partner in the Louisville law firm of Pedley, Zielke, Gordinier & Pence from 1995 to 2003. He is a former Grayson County Attorney, and has worked in private law practice in Leitchfield and Brownsville. Whittle also was the staff attorney for Reynolds Metals Company.

He is a former attorney advisor for the U.S. Army Corps of Engineers. Whittle was also an officer in the Army Judge Advocate General's Corps and served as German Claims Commissioner for the Army from 1957 to 1959 and for the U.S. Navy in 1956.

A native of Brownsville, Whittle attended Transylvania University in Lexington, Washington University in St. Louis and Western Kentucky University in Bowling Green. He received his law degree from the University of Louisville.

Among his honors, Whittle received the Outstanding Kentucky Lawyer of the Year Award in 1995 and was chairman of the U.S. Attorney General's Advisory Committee in 1991.

Mardi Montgomery

Mardi Montgomery was appointed as deputy secretary of Kentucky's Education Cabinet in 2004. She previously was a special projects coordinator for Danville Independent Schools and as an English teacher at Boyle County High School. She was named Kentucky Teacher of the Year in 2000 by the Kentucky Department of Education.

Montgomery graduated from Pulaski County High School in 1978 and from Centre College in 1993 with a Bachelor of Arts in English and Secondary Education. She went on to gain her Masters of Arts in Education from Eastern Kentucky University in 1997 and had advanced placement studies at Duke University. Montgomery also gained her Gifted Education Certificate (K-12) from Georgetown College and her Rank I Administration and Instructional Leadership in 2003.

Among the many awards she has won in the past five years are the Ashland Teacher Achievement Award 2000, Outstanding Educator 2000 given by the AEL Regional Education Laboratory, the Civic Star Award from the American Association of School Administrators and the Ashland Inc.'s Golden Apple Achiever Award for excellence in teaching.

Rice C. Leach, M.D.

Rice C. Leach was appointed as commissioner of the Kentucky Department for Public Health in July 1992 following more than 25 years service as an officer of the U.S. Public Health Service.

He joined the USPHS as an intern in 1966 and served most of his career in the Indian Health Service, where he was a general medical officer, hospital administrator, and director of all Indian Health Service programs in North and South Dakota. His IHS experience included developing an automated data system for patient care and public health programs; being a site project officer on a telecommunications project involving NASA, the Lockheed Space and Missile Corporation, and the USPHS; and numerous other consultation and development activities. He served as chief of professional staff recruitment for the USPHS and as chief of staff to the Surgeon General before accepting his assignment in Kentucky.

Dr. Leach is a native of Kentucky, a graduate of Amherst College, the University of Kentucky College of Medicine, and the Harvard School of Public Health, where he obtained a master's degree in Health Services Administration. He is a diplomate of the American College of Preventive Medicine and the

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American College of Physician Executives. He is a fellow to the American College of Physician Executives and a certified physician executive.

He has had temporary international health assignments in Panama and Guam and student assignments in Guatemala and Bolivia.

John W. Bizzack, Ph.D.

Dr. Bizzack is the Commissioner of the Department of Criminal Justice Training (DOCJT) in the Kentucky Justice and Public Safety Cabinet, a position he has held since 1996. The DOCJT is responsible for training all law enforcement officers in the Commonwealth and administering Peace Officer Professional Standards. In 2001, the DOCJT achieved national recognition when it became the first and remains the only accredited public safety training program in the United States.

He is a twenty-five year veteran of law enforcement, retiring in 1996, from the Lexington Division of Police at the permanent rank of Captain. Bizzack served in all areas of the Division of Police in various investigative and administrative assignments as well as the commander of special investigations, narcotics, homicide, and the Bureau of Investigation. He is the author of six books dealing with leadership, management, and other topical issues in the field of law enforcement and criminal justice.

He was instrumental in the design, development, and the implementation of the 1998 Peace Officer Professional Standards legislation that governs selecting and hiring standards for Kentucky Peace Officers, and the construction of Kentucky's Law Enforcement Training Complex in Richmond, located on the campus of Eastern Kentucky University. Commissioner Bizzack is active in professional associations and other organizations dealing with issues and various components of the criminal justice system. He serves as a member of the Kentucky Crime Council and was elected as the first President to serve on the Kentucky Law Enforcement Memorial Foundation Board.

PREVENTION-EDUATION PANEL

Tim Eaton

Timothy J. Eaton is superintendent of Pulaski County Schools.

He is a lifelong resident of Pulaski County and has served 26 years in public education. During that time, he has been a classroom teacher, assistant principal, principal, transportation director, deputy superintendent and superintendent of Pulaski County Schools.

Eaton has been in leadership positions throughout his personal and professional life. He is an active church and community member, and has served on the Commissioner of Education Advisory Council. He currently is a board member of the local YMCA, the Hal Rogers Boys & Girls Club, and is a member of the Chamber of Commerce.

He received a master's degree and Rank I in education from Eastern Kentucky University.

TREATMENT PANEL CHAIR

Karyn Hascal

Karyn Hascal is the acting director for Kentucky's Division of Substance Abuse in the Department of Mental Health/Mental Retardation Services. She has more than 27 years of experience working in the field of substance abuse.

Hascal worked in community mental health for 15 years as the program manager for a short-term (30-day) residential substance abuse treatment program, manager of the outpatient programs and special projects

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coordinator. During that time, she worked with indigent men and women, some of whom had co-occurring disorders.

As the clinical director for a private prison organization, she developed and operated substance abuse rehabilitation programs in Kentucky, Texas, Florida and Ohio prisons.

Hascal has worked extensively with the homeless, addiction population as well. She has held the position of executive director in two substance abuse agencies.

She has worked on the Kentucky TOPPS II project and the Kentucky Treatment Outcome Study. Hascal is on the faculty of the Kentucky School of Alcohol and Drug Studies, the Tennessee Summit on Alcohol and Drugs, the Southeastern School of Alcohol and Drug Studies and the D.C. Institute of Addiction Studies.

ENFORCEMENT PANEL CO-CHAIRS

Gregory D. Stumbo

Prior to being elected as Attorney General of Kentucky in 2003, Stumbo was elected to 12 terms as a state representative, was Kentucky's longest-serving House majority floor leader and the only Kentucky legislator in state history with 19 years experience in legislative leadership.

Among his honors, Stumbo has been named by the Ashland Daily Independent as one of the most influential Kentuckians now in public office. He has received the Kentucky Environmental Quality Commission's prestigious Earth Day award, was recognized by the Kentucky Academy of Trial Attorneys and the Kentucky Family Safety Foundation in 2002 for his commitment to consumer-friendly legislation, was selected by members of the East Kentucky Leadership Conference as outstanding "East Kentuckian of the Year" and, in 2001, the Floyd County Chamber of Commerce honored Stumbo as its "Floyd Countian of the Year."

Early in his career, Stumbo served as assistant Floyd County attorney and held the position of Martin city attorney for three years. He also served as trial commissioner to the Martin County District Court for one year.

He received his law degree from the University of Louisville and his undergraduate degree from the University of Kentucky.

C. Cleveland Gambill

C. Cleveland "Cleve" Gambill is the Deputy Secretary for the Justice and Public Safety Cabinet.

Gambill has spent the past 12 years serving as U.S. Magistrate Judge for the Western District of Kentucky. He has a total of 13 years experience as an Assistant U.S. Attorney in the Western and Eastern districts of Kentucky. Between 1983 and 1984, he served as chief of litigation in the Surface and Mining Division of the U.S. Department of the Interior. He served in the United States Army between 1969 and 1972, where he was a special agent in the Pentagon Counterintelligence Force.

Gambill holds a bachelor's degree from Transylvania University, a Master's Degree in Public Administration from George Washington University, and a law degree from Duke University.

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Evaluation Team

Dr. Allen Ault, Eastern Kentucky University

Dr. Allen Ault, dean of the College of Justice and Safety at Eastern Kentucky University served prior to coming to Kentucky in 2003 as chief of the Special Projects Division of the National Institute of Corrections, U.S. Department of Justice. He has served as commissioner of state departments of corrections in Georgia, Colorado and Mississippi, was a warden of a maximum-security prison, and for 11 years was president of a national criminal justice consulting firm.

In addition, Ault chaired the Criminal Justice Department at Georgia State University from 1979 to 1981, after teaching at the University of Colorado for two years. From 1995 to 1997, he was chief of the National Academy of Corrections in Boulder, Colorado.

Ault is a 2000 graduate of Harvard's John F. Kennedy School of Government's course: "Merging Perspectives on Drugs and Crime: A Cross Agency Approach Program." Additionally, Ault administered a \$6 million interdiction program under the President's Office of National Drug Control Policy that spanned 8 states and the federal Bureau of Prisons.

Dr. Richard Clayton, University of Kentucky

Richard R. Clayton is the Director, Center for Prevention Research at the University of Kentucky and National Program Director of the Research Network on the Etiology of Tobacco Dependence through the Robert Wood Johnson Foundation. Clayton is the Chair of the Division of Social and Behavioral Sciences, School of Public Health and is the Interim Chair of the Department of Preventive Medicine and Environmental Health, College of Medicine at the University of Kentucky.

Clayton is a Recipient of the Great Teacher Award from the University of Kentucky Alumni Association. Published extensively, Clayton is a nationally known, leading expert in the fields of Epidemiology, Etiology, Prevention, and Treatment of Tobacco Use and Dependence and Drug Abuse.

Dr. George Higgins, University of Louisville

Dr. George Higgins is an assistant professor in the department of justice administration at the University of Louisville. George received his Bachelor of Arts (B. A.) in Criminal Justice from Kentucky State University, Master of Public Administration (M.P.A.) at the University of Kentucky, and a Doctorate of Philosophy (Ph. D.) in Criminology from Indiana University of Pennsylvania. His teaching areas include race and gender issues in criminal justice and senior seminar (e.g. Criminal Justice Organizations). Higgin's research interests include testing criminological theory and quantitative methods.

Dr. Jana Vice, Eastern Kentucky University

Janna P. Vice is Professor and Associate Dean of the College of Business and Technology at Eastern Kentucky University. She received the Bachelor of Science and Master of Arts degrees from Eastern Kentucky University and a doctorate in vocational education from the University of Kentucky.

Dr. Vice has taught at the college level for 26 years. During her career, she has received a number of excellence-in-teaching awards, including being named the Outstanding Business Education Teacher in Kentucky in 1999. She also serves on the Board of Trustees at Alice Lloyd College.

Dr. Vice's professional career has been devoted to the topic of effective communication in the workplace. Her research has focused on bridging the gap between classroom theory and practical business application. In addition to having published numerous research articles in professional journals, she conducts executive-writing seminars for organizations, including The Valvoline Company, Marathon Ashland Petroleum, the Federal Bureau of Prisons, and the Kentucky Department of Criminal Justice Training.

Statewide Drug Control Assessment Summit 2004 - Final Report

Effective Methodology

The Lieutenant Governor's Statewide Drug Control Initiative takes a very comprehensive approach to determine the extent to which the three arms of drug control (education/prevention, treatment, and enforcement) work together. The stakeholders in each of these groups are first being asked to critically review and report their current efforts toward controlling illegal drugs in Kentucky. These reports will include their accomplishments as well as the challenges they face in accomplishing their program's mission.

Based upon the outcomes of this review, the Drug Summit will develop a strategic plan to better link the efforts and collaboration of these groups statewide.

This approach is very logical in that the assessment will give direction to this Initiative. Through the leadership of the Drug Summit, the persons most committed and involved in drug control in Kentucky can be mobilized to launch a collaborative and successful campaign against illegal drugs.

-Dr. Janna Vice, Associate Dean, College of Business and Technology at Eastern Kentucky University

Drug abuse is a problem that requires attention from virtually every agency in government. While some types of drug abuse may be more concentrated in some groups than others, for example criminal offenders, it spares no group and all individuals are at some risk for abusing drugs.

Drug abuse has been traditionally approached from two sides: 1) supply reduction (largely a function of the law enforcement, judicial, and corrections communities), and demand reduction (largely a function of the education, mental health, and treatment communities). While these approaches have worked to some extent, the compartmentalization required of the supply reduction-demand reduction paradigm is more divisive than integrating. In addition, this traditional paradigm has produced a number of very important organizations committed to addressing drug abuse in our state and data sets that help us understand the nature, extent, distribution, correlates, causes, and consequences of drug abuse. Unfortunately, this has also had the effect of creating "silos" that are unconnected.

The problem of drug abuse is too important, too costly at the state, local, family, and individual levels to remain in these silos. We need a comprehensive, integrated perspective on drug abuse and how to deal with its tentacles that are wrapped around so many parts of our society.

Therefore, this summit is a first and critical step – we need every area of state and local governments not only talking with each other and with the general public, but working together in a collaborative way. We need to better understand what all of the organizational elements of the dis-connected system we now have are doing so that we can help them get connected. The Kentucky creed of United We Stand, Divided We Fall, is no where more appropriate than in the issue of drug abuse.

-Dr. Richard Clayton, Director of the Center for Prevention Research at the University of Kentucky

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I reviewed the proposal and related materials regarding the Statewide Drug Control Assessment Summit. from the perspective of being responsible for Drug Interdiction and Drug Treatment programs while employed at the National Institute of Corrections in the U.S Justice Department.

Without question a three prong approach of education, interdiction and treatment, are an absolute necessity in any rational approach to drug use abatement in the United States.

The approach of finding out what resources are already available in Kentucky and then attempt to determine how we can better coordinate our efforts, eliminate redundancy and fill in the gaps appears to be very sound.

The right agencies and the correct cast of characters have been selected to get the job done. The biggest stumbling block to similar type efforts in the past has always been territorial imperative issues.

Both supply and demand drug reduction requires strong, patient and able leadership to bring about a coordinated attack on drugs that is effective. That type of leadership is an absolute necessity in demonstrating to the agencies involved that sharing and working together garners much greater results then maintaining independent control over their piece of the action.

-Dr. Allen Ault, Dean of the College of Justice and Safety at Eastern Kentucky University

Statewide Drug Control Assessment Summit 2004 - Final Report

QUESTIONNAIRES COMPLETED FOR THE SUMMIT

325 Interviews Completed

224 Government Questionnaires Completed

756 Public Users Logged

647 Questionnaires Completed through the website

The following are copies of the questionnaires; the first is aimed public input while the second is aimed at program administrators (public and private), government administrators, and departmental and cabinet level input.

Additionally, to augment the questionnaire process, interviews were conducted of Summit Members, subcommittee members, and other individuals that have a significant programmatic function in substance abuse.

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Statewide Drug Control Policy Summit Questionnaire

To be Completed by Persons Providing Input to the Assessment

First Name: _____

Last Name: _____

Address (Street/P.O.) _____

Address (City) _____

Address (County) _____

Address (ZIP)(Required) _____

Email of Person Completing Questionnaire: _____

Program Affiliation (name): _____

Program Address: (Street, P.O.): _____

Program Address: (City) _____

Program Address (County) _____

Program Address (Zip): _____

Contact Telephone: _____ (_____) _____

Program Website: _____

1. Which of the following categories best define the programs you represent?
 - Education/Prevention
 - Treatment
 - Enforcement
2. Please describe the three (3) most significant or pressing issues facing drug control in this geographical area.
3. Of the three program areas of education/prevention, treatment, and enforcement, which is most effective in your geographical area? What makes this program area most effective?
4. Of the three program areas of education/prevention, treatment, and enforcement, which is least effective in your geographical area? What makes this program area least effective?

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5. Describe the three (3) most frustrating aspects of the drug problem in your geographical area?
What needs to be done to make them not so frustrating?

6. How would you rate the overall effectiveness of statewide education/prevention programs?
 - Extremely effective
 - Fairly effective
 - Undecided
 - Fairly ineffective
 - Extremely ineffective

7. How would you rate the overall effectiveness of statewide treatment programs?
 - Extremely effective
 - Fairly effective
 - Undecided
 - Fairly ineffective
 - Extremely ineffective

8. How would you rate the overall effectiveness of statewide enforcement programs?
 - Extremely effective
 - Fairly effective
 - Undecided
 - Fairly ineffective
 - Extremely ineffective

9. Describe five (5) key areas where the efficiency and/or effectiveness of education/prevention, treatment, and enforcement programs could be improved significantly?

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Statewide Drug Control Policy Summit Questionnaire

*To be Completed by Persons Responsible for Current Drug Control Programs in the Areas
of Prevention, Education/Treatment and Enforcement*

Program Name

(Exact): _____

Cabinet/Department/Division: _____

Program Administrator (name): _____

Person Completing Questionnaire: _____

Program Address: (Street, P.O.): _____

Program Address: (City) _____

Program Address (Zip): _____

Contact Telephone: _____ (_____) _____

Email Person Completing Questionnaire: _____

Program Website: _____

1. What of the following categories best define the programs you represent:

- **Education/Prevention**
- **Treatment**
- **Enforcement**

2. At what level of authority does your program(s) exist:

- **Local government**
- **State Government**
- **Federal Government**
- **Federal Grant**
- **Private Entity**

3A. What specific agency or department is responsible for administering your program(s)?

3B. Who specifically administers the program?

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- 3C. Who specifically heads the department in which this program(s) is assigned?
- 4A. What is the source of the revenue used to fund the program(s) you represent?
- 4B. Annual budget amount \$: _____
- 4C. Number of full time personnel directly assigned to programs: _____
- 4D. Number of part time personnel assigned to programs: _____
- 5A. What is the purpose of your program(s)?
- 5B. What are the program's goals?
- 5C. What methods do you use to accomplish these goals?
6. Describe the five (5) most important responsibilities of each of the specific programs you represent and/or for which you are responsible?
- 7A. Describe the three (3) most significant accomplishments of each of the programs you represent?
- 7B. In your opinion, what made them significant?
- 8A. What are the three (3) most limiting aspects of maximizing the effectiveness of the program(s) you represent?
- 8B. What needs to be done to mitigate or alleviate the obstacles in 8A?
- 8C. Describe the overall efficiency of your program(s)?
9. List and describe any laws or administrative regulations that have limited the effectiveness of the program(s) you represent or made accomplishing your objectives difficult or impossible?
10. Do you collaborate with any other programs or agencies in the administration of your program(s)? If so, please elaborate.
11. Are there program or agencies whose collaboration would make your program more effective? If so, please elaborate.
- 12A. What valid method of assessment and evaluation is used to measure the desired outcome of your program(s)?
- 12B. How is the assessment used to refine policy and/or process?

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13. Describe three (3) areas of specific improvement that can be made in the effectiveness and efficiency of the program(s) you represent?
- 14A. Describe the five (5) most difficult issues, problems, or hurdles facing the area of prevention, education/treatment, and enforcement?
- 14B. What suggestions would you offer to help overcome these issues, problems, or hurdles?
- 15A. Excluding the program(s) you represent, what areas of substance abuse control programs do you believe are least effective at this time?
- 15B. What makes the program/area least effective?
- 16A. Excluding the program(s) you represent, what areas of substance abuse control programs do you believe are most effective at this time?
- 16B. What makes the program/area most effective?

All questionnaires and interview instructions included the following direction:

Questionnaires may be completed online at kydrugsummit.ky.gov

If you are unable to complete the questionnaire online, paper copy questionnaires may be returned to:

Statewide Drug Control Assessment Summit
c/o Dept. of Criminal Justice Training
Funderburk Bldg., 521 Lancaster Ave.
Richmond, KY 40475-3102
attn: Thor Morrison

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PUBLIC INPUT MEETINGS

Public Input Meetings were conducted at sixteen different sites across the state; summit members and subcommittee members of each panel represented the Summit at each of these meetings.

The format for the Public Input Meeting focused on providing individuals from the general public as much time as possible to voice concerns, share ideas, and offer possible policy recommendations. Panel and subcommittee members freely interacted with public audiences at each of the input meetings. Most of the meetings had local media coverage.

All individuals who came to Public Input Meetings, whether the individual addressed the assembled subcommittee or not were offered a public or program administrator's questionnaire and literature on the Summit website.

The following table depicts Input Meeting attendance sorted by panel. No one site had attendance over the three panels that would make the input more geared to a particular geographical area. All input was recorded and taken into consideration to help create an effective statewide drug control policy.

It should be noted that over 3,000 citizens attended the public meetings, however only those who spoke or voluntarily signed in at the meetings are recorded on the following chart.

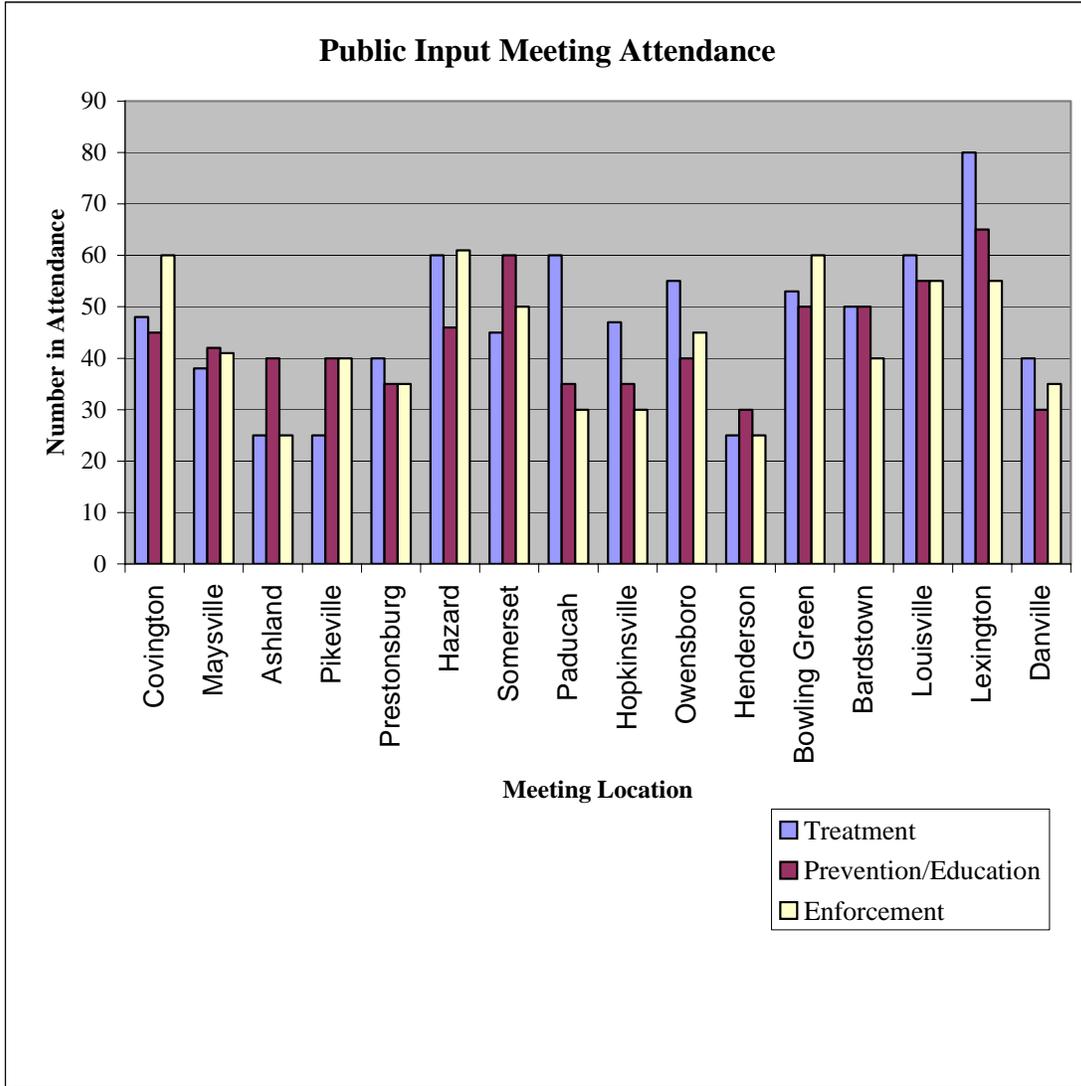
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PUBLIC INPUT MEETING ATTENDANCE

Location	Treatment	Prevention/ Education	Enforcement	<i>total by location</i>
Covington	48	45	60	<i>153</i>
Maysville	38	42	41	<i>121</i>
Ashland	25	40	25	<i>90</i>
Pikeville	25	40	40	<i>105</i>
Prestonsburg	40	35	35	<i>110</i>
Hazard	60	46	61	<i>167</i>
Somerset	45	60	50	<i>155</i>
Paducah	60	35	30	<i>125</i>
Hopkinsville	47	35	30	<i>112</i>
Owensboro	55	40	45	<i>140</i>
Henderson	25	30	25	<i>80</i>
Bowling Green	53	50	60	<i>163</i>
Bardstown	50	50	40	<i>140</i>
Louisville	60	55	55	<i>170</i>
Lexington	80	65	55	<i>200</i>
Danville	40	30	35	<i>105</i>
<i>Total by panel</i>	<i>751</i>	<i>698</i>	<i>687</i>	
<i>Overall total</i>				<i>2136 *</i>

** It should be noted that over 3,000 citizens attended the public meetings, however only those who spoke or voluntarily signed in at the meetings are recorded on the above chart*

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FUNDING FOR THE SUMMIT

All expenses of the Drug Control Policy Assessment Summit were paid for with drug forfeiture funds. These funds were forfeited to the Department of Kentucky State Police and the Transportation Cabinet's Division of Motor Vehicle Enforcement. Appalachian HIDTA (High Intensity Drug Trafficking Area) provided funds for travel and subsistence reimbursement as an outward show of support for the themes of the Summit.

The following pages account for all expenses of the Summit through May 24, 2004.

FINANCIAL REPORT					
			ACCOUNT NUMBER	1300-525-D525-EEBC	
MAJOR PROGRAM			TITLE	Drug Assessment Summit	
PROGRAM			GRANT NUMBER		
SUB-PROGRAM			GRANT PERIOD		
PAGE E-6					
JUSTICE CABINET					
GENERAL FUND		FEDERAL FUND		AGENCY AND FEDERAL FUND	
		Grant Award:		Balance Brought Forward	
Regular Appropriation		Federal Share		Current Receipts	\$150,000.00
Special Appropriation		KYDOJ Match			
Continued Appropriation		Agency Match			
Contingency Fund Gran				TOTAL:	\$150,000.00
Reorganization Transfer					
Salary Improvement Appropriation		TOTAL AWARD:		EXPENDITURES FOR MONTH	
Necessary Governmental Eq.					
Appropriation Reduction		Receipts To Date:		Personnel	
		Federal		Operating	
TOTAL:		KYDOJ Match		Capital Outlay	
		Agency Match			
Allotments To Date:		Project Income			
Personnel				TOTAL:	
Operating					
Capital Outlay					
		TOTAL RECEIPTS:			
TOTAL:					
EXPENDITURE CATEGORY	BUDGET	CUMULATIVE	ENCUMBRANCES	TOTAL	BALANCE
	FY 2003-2004	EXPENDITURES		EXPENDITURES	OF
PERSONNEL EXPENSE		THRU		& ENCUMBRANCES	ALLOTMENT
		5/24/2004			
SALARIES & WAGES					
111 Regular Salaries/Wages				0.00	0.00
112 Seasonal Wages				0.00	0.00
113 Occasional				0.00	0.00
115 Overtime				0.00	0.00
116 Differentials				0.00	0.00
118				0.00	0.00
FRINGE BENEFITS					
121 Employer's FICA				0.00	0.00
122 Employer's Retirement				0.00	0.00
123 Employer's Health Insurance				0.00	0.00
124 Employer's Life Insurance				0.00	0.00
OTHER PERSONNEL COSTS					
131 Workers' Compensation				0.00	0.00
132 Unemployment Compensation				0.00	0.00
133 Employee Training				0.00	0.00
134 Employee Health Exams				0.00	0.00
135 Bonds (Surety, Fidelity, etc.)				0.00	0.00
136 Uniforms, Rental or Purchase				0.00	0.00
137 Employee Moving Expense				0.00	0.00
138 Automobile Liability Insurance				0.00	0.00
PROFESSIONAL CONTRACT COSTS					
141 Legal Services				0.00	0.00
142 Auditing Services				0.00	0.00
144 Medical & Dental Services				0.00	0.00
145 Computer Services				0.00	0.00
146 Consulting Services				0.00	0.00
147 Advertising Services				0.00	0.00
149 Appraisal Services				0.00	0.00
150 Miscellaneous Services	17,000.00	1,042.94		1,042.94	15,957.06
OTHER					
161 Prison Labor (Payments to BOC)				0.00	0.00
162 Security Guard Service				0.00	0.00
163 Janitorial Services				0.00	0.00
164 Honorarium				0.00	0.00
165 Work Improvement Suggestion Award				0.00	0.00
166 Lab Test/Analysis Fee				0.00	0.00
TOTAL PERSONNEL	17,000.00	1,042.94	0.00	1,042.94	15,957.06

	EXPENDITURE CATEGORY	BUDGET	CUMULATIVE	ENCUMBRANCES	TOTAL	BALANCE
		FY 2003-2004	EXPENDITURES		EXPENDITURES	OF
	OPERATING EXPENSE		THRU		& ENCUMBRANCES	ALLOTMENT
			5/24/2004			
	UTILITIES/HEATING FUELS					
211	Natural Gas				0.00	0.00
212	Electricity				0.00	0.00
213	Water & Sewage				0.00	0.00
215	Heating Oil				0.00	0.00
216	Bottled Gas				0.00	0.00
217	Fuels Not Otherwise Classified				0.00	0.00
	RENTALS					
221	Rental, Non-State Building	12,000.00	3,145.00		3,145.00	8,855.00
222	Rental, State-Owned Building				0.00	0.00
223	Rental of Equipment	1000.00	111.00		111.00	889.00
224	Copy Machine Rental				0.00	0.00
225	Computer Rental				0.00	0.00
226	Carpool Rental				0.00	0.00
227	Aircraft Rental (State-Owned)				0.00	0.00
229	Rentals, Not Otherwise Classified	2,100.00	1,770.50		1,770.50	329.50
	MAINTENANCE/REPAIRS					
231	Maintenance, Buildings/Grounds				0.00	0.00
232	Maintenance of Equipment				0.00	0.00
233	Copy Machine Maintenance				0.00	0.00
234	Computer Maintenance				0.00	0.00
235	Maintenance of Vehicles				0.00	0.00
236	Repairs, Not Otherwise Classified	100.00	10.00		10.00	90.00
	POSTAGE & RELATED SERVICES					
241	Postage & Postage Meters	4,000.00	64.50		64.50	3,935.50
242	Freight				0.00	
243	Other Parcel Delivery Services				0.00	0.00
	MISCELLANEOUS SERVICES					
251	Printing Paid to State Agency	9,000.00	2,122.38		2,122.38	6,877.62
252	Printing Paid to Vendor	500.00	60.00		60.00	440.00
253	Laundry & Cleaning				0.00	0.00
254	Insurance Premium (Not Empl Relate)				0.00	0.00
255	Advertising				0.00	0.00
256	Garbage Collection				0.00	0.00
257	Services Not Otherwise Classified	13,000.00	10,808.02		10,808.02	2,191.98
	TELECOMMUNICATIONS					
261	Tele Chgs Paid to State Agency				0.00	0.00
262	Tele Chgs Paid to Vendor				0.00	0.00
263	Other Telecommunications				0.00	0.00
264	Cellular Telephone Charges	3,400.00	905.41		905.41	2,494.59
265	Pager Service				0.00	0.00
	COMPUTER SERVICES					
271	Dpt for Tech Services Comptr Chg				0.00	0.00
272	Dpt for Professional Support Chg				0.00	0.00
	ITEMS FOR RESALE					
313	Prepared Food for Resale				0.00	0.00
314	Cost of Meals for Employees				0.00	0.00
	SUPPLIES					
321	Office Supplies	5,000.00	136.48		136.48	4,863.52
322	Cltng/Prsn Sppls (Non-empl)				0.00	0.00
323	Janitorial & Mntnnc Sppls				0.00	0.00
324	Medical Supplies				0.00	0.00
325	Chemicals & Lab Supplies				0.00	0.00
326	Hshld & Ktchn Sppls				0.00	0.00
327	Rcrtnl & Athlct Sppls				0.00	0.00
328	Classroom Supplies				0.00	0.00
329	Agricultural Supplies				0.00	0.00
330	Phtgrhc & Related Sppls	500.00	10.59		10.59	489.41
331	Data Processing Supplies				0.00	0.00
332	Drugs & Phrmctcls				0.00	0.00
333	Motor Vehicle Supplies and Parts				0.00	0.00
334	Building Materials & Supplies				0.00	0.00
336	Small Tools				0.00	0.00
339	Other Supplies and Parts	5,000.00	1,550.15		1,550.15	3,449.85
339	Procurement Card Purchases	500.00	73.24		73.24	426.76

EXPENDITURE CATEGORY	BUDGET	CUMULATIVE	ENCUMBRANCES	TOTAL	BALANCE
	FY 2003-2004	EXPENDITURES		EXPENDITURES	OF
		THRU		& ENCUMBRANCES	ALLOTMENT
		5/24/2004			
COMMODITIES					
341 Food Products	3,000.00	273.22		273.22	2,726.78
342 Feeds				0.00	0.00
343 Motor Fuels & Lubricants	2,000.00	118.54		118.54	1,881.46
344 License Plates				0.00	0.00
345 Firearms and Ammunition				0.00	0.00
346 Furniture & Offc Equip. (u. \$500)				0.00	0.00
347 Machinery & Implmnts (u. \$500)				0.00	0.00
348 Instruments & Apprts (u. \$500)				0.00	0.00
350 Library Books (Unit or Set u. \$500)				0.00	0.00
351 Books for Department Use				0.00	0.00
TRAVEL					
361 In-state Travel	38,900.00	18,051.63		18,051.63	20,848.37
362 Out-of-state Travel	3,000.00	2,198.47		2,198.47	801.53
363 Travel, Non-state Employee	14,000.00	6,655.24		6,655.24	7,344.76
563 General Lodging	5,000.00	60.63		60.63	4,939.37
565 Per Diem Expense	2,000.00			0.00	2,000.00
566 Personally Owned Vehicle	4,000.00	157.44		157.44	3,842.56
569 Subsistence	5,000.00	98.41		98.41	4,901.59
MISCELLANEOUS COMMODITIES					
367 State Police Per Diem				0.00	0.00
375 Filing Fees & Court Costs				0.00	0.00
377 Prior Year Claims				0.00	0.00
378 Judgments				0.00	0.00
381 Dues				0.00	0.00
382 Subscriptions				0.00	0.00
399 Other				0.00	0.00
GRANTS & SUBSIDIES					
414 Loss Clms (Fire/Trnd Ins Awd)				0.00	0.00
417 Interdepartmental Grants				0.00	0.00
418 Municipal Aid Grants				0.00	0.00
431 Grant-in-aid, State				0.00	0.00
432 Grant-in-aid, Federal				0.00	0.00
NON-EXPENSE ITEMS					
503 Imprest Cash Advance				0.00	0.00
INTER & INTRA-TRANSFER					
531 Inter-Fund Tmsfr (JV Only)				0.00	0.00
532 Intra-Fund Tmsfr (JV Only)				0.00	0.00
533 Intra-Fund Tmsfr Interdpt Gnt				0.00	0.00
534 Inter-Fund Tmsfr Interdpt Gnt				0.00	0.00
353 Telephone/Telecom. Equipment				0.00	0.00
TOTAL OPERATING	133,000.00	48,380.85	0.00	48,330.85	84,619.15
CAPITAL OUTLAY EXPENSE					
601 Frntr & Off Equipment (o. \$500)				0.00	0.00
603 Mchnry & Implments (o. \$500)				0.00	0.00
604 Instruments & App. (o. \$500)				0.00	0.00
605 Motor Vehicles				0.00	0.00
606 Bldgs & Fixed Equipment				0.00	0.00
607 Library Books (o. \$500)				0.00	0.00
608 Athletic Equipment				0.00	0.00
609 Other Capital Outlay				0.00	0.00
611 Lease Prchs, Frntr/Off Equip				0.00	0.00
TOTAL CAPITAL OUTLAY	0.00	-	0.00	0.00	0.00
GRAND TOTAL	150,000.00	49,423.79	0.00	49,423.79	100,576.21
May 25, 2004					

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SUMMIT WEB SITE

www.kydrugsummit.ky.gov

The web site served as a portal through which anyone with Internet access could

- Access up to date information about the Drug Summit, including
 - Contact information
 - Public Meeting Times, Dates, Locations, and Directions
 - Press Releases
 - Publication Downloads
- Active links to questionnaires for public or government administrator input, and
- Links to other state resources.

At the time of press, the Summit website is still active; questionnaires may still be completed. All links are believed to be accurate at the time of press.

WEB SITE STATISTICS SUMMARY

Home Page	Lt. Governor's Message	Governor's Message	Public Survey	Government Survey	Interview Survey	Date
2676	78	89	351	283	172	2/19/2004
517	22	28	287	158	80	2/23/2004
153	8	7	63	30	25	2/24/2004
197	19	12	98	65	81	2/25/2004
554	37	28	238	147	160	3/1/2004
126	11	3	55	12	43	3/2/2004
213	8	8	50	79	79	3/3/2004
179	6	8	78	51	138	3/4/2004
332	20	17	140	125	146	3/8/2004
189	14	10	77	84	70	3/9/2004
55	8	3	11	26	10	3/10/2004
202	21	7	77	99	95	3/11/2004
523	29	22	132	177	241	3/15/2004
192	11	11	47	94	107	3/16/2004
140	6	10	40	54	29	3/17/2004
179	5	6	59	75	57	3/18/2004

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WEB SITE STATISTICS SUMMARY

Continued

<u>Home Page</u>	<u>Lt. Governor's Message</u>	<u>Governor's Message</u>	<u>Public Survey</u>	<u>Government Survey</u>	<u>Interview Survey</u>	<u>Date</u>
286	14	12	100	116	96	3/19/2004
231	15	6	61	49	77	3/22/2004
167	9	9	67	48	58	3/23/2004
261	17	14	77	78	108	3/25/2004
134	9	8	75	26	47	3/26/2004
213	12	8	59	54	64	3/29/2004
262	22	19	163	68	61	3/30/2004
249	14	10	141	76	90	3/31/2004
153	8	12	60	48	26	4/1/2004
268	13	16	97	57	49	4/2/2004
198	12	13	72	87	62	4/5/2004
131	8	4	45	7	52	4/6/2004
264	18	9	81	23	71	4/8/2004
93	4	3	14	48	31	4/9/2004
290	20	15	88	50	83	4/13/2004
165	13	9	55	37	31	4/14/2004
112	4	3	65	40	18	4/15/2004
294	13	15	90	64	27	4/19/2004
83	4	4	23	35	15	4/20/2004
335	16	13	141	104	89	4/22/2004
333	16	17	158	100	74	4/26/2004
80	4	4	43	36	25	4/27/2004
1671	147	128	380	321	297	6/1/2004
191	30	30	30	25	21	6/23/2004

Web site: Future Role

It is recommended the Summit website be maintained despite the fact that formal Summit process has concluded. Transitioning the website to the Office of Drug Control Policy along with its functions with cosmetic updates to electronic mail addresses would provide a proven vehicle for the public and program administrators to comment on substance abuse issues in the Commonwealth.

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CONTEXT OF ASSESSMENT

The following is a broad view of the current situation that was considered by each of the three Summit Panels. The Context of Assessment sections provide contextual material that should not be construed as exhaustive or thorough. Rather, these sections provide the expansive view of the various domains in which substance abuse is defined and the state's interests are programmatically expressed.

ENFORCEMENT ARENA

Enforcement Panel Statewide Drug Control Assessment Summit

A coordinated enforcement response to substance abuse issues is not possible under existing realities:

- There are 421 law enforcement agencies in the Commonwealth of Kentucky.
 - Subdivides nearly 8,000 peace officers statewide
 - Most of these agencies are municipal or sheriffs offices
 - Most of these agencies have 7 sworn officers
 - As such, there is no way to realistically focus on drug crimes for targeted enforcement.
- The State Police, Kentucky Vehicle Enforcement, Alcohol Beverage Control, and other state agencies are understaffed due to attrition and/or funding. Specialized units exist within the State Police to focus on drug related crimes, but staffing levels preclude concentrated efforts.
- Regional Drug Task Forces have emerged over the past 17 years as a answer for growing drug problems in local communities.
 - Drug Task Forces that receive Byrne Grant Funding emerge from inter-local agreements between municipalities and counties. There are varying degrees of cooperation or assistance sought from the State Police amongst the regional task forces.
 - Task Forces are eligible for receipt of assets forfeited under state law or federal law.
- Federal law enforcement is represented in the form of the Drug Enforcement Administration, Federal Bureau of Investigation, United States Marshall's Service, and other agencies.
- Additional federally funded programs in Kentucky include:
 - Appalachian High Intensity Drug Traffic Area and
 - Operation UNITE operating in southeastern Kentucky's 5th Congressional District.

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- Issues that confront law enforcement regarding drug crimes include:
 - Coordination of services
 - Information/intelligence sharing
 - Staffing needs
 - Fiscal needs

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The following is a broad view of the current situation that was considered by each of the three Summit Panels. The Context of Assessment sections provide contextual material that should not be construed as exhaustive or thorough. Rather, these sections provide the expansive view of the various domains in which substance abuse is defined and the state's interests are programmatically expressed.

PREVENTION ARENA

Prevention Panel Statewide Drug Control Assessment Summit

Guiding Principles for Alcohol Tobacco and Other Drug Abuse Prevention

1. Design a system for planning, funding and evaluating prevention efforts that coordinates the efforts of all state agencies and organizations involved in prevention and can be applied to efforts on the local level.
2. Utilize research and data to select effective prevention strategies that address universal, selected and indicated target populations that serve both youth and adults.
3. Work from a comprehensive prevention framework that utilizes multiple prevention strategies and that address the demand side and the supply side of alcohol, tobacco and other drugs.
4. Encourage widespread involvement in prevention activities.

Current Status of Substance Abuse Prevention in Kentucky

Tobacco

- Current cigarette smoking among Kentucky adults (aged 18 and older) is 30.5 percent compared to the all states median of 23.3 percent. (Center for Disease Control)
- The current smoking rate for Kentucky youth, grades 6-8 is 21.5 percent compared to a national rate of 11 percent. (Center for Disease Control)
- 11.6 percent of students surveyed have used smokeless tobacco within the last 30 days. (*KIP 2002*)
- 84 percent of 12th graders surveyed reported that tobacco was very easy to obtain. (*KIP School Survey 2002*)

Alcohol

- The average age of first use of alcohol by youth 12-17 in Kentucky is 12.6 years old. (*KIP School Survey 2002*)
- 62 percent of 12 graders surveyed report that alcohol is very easy to obtain. (*KIP School Survey as reported by 6th, 8th, 10th and 12th graders 2002*)
- 40 percent of students age 12-17 think alcohol is a problem at their school. (*KIP School Survey 2002*)
- 4.5% of total car accidents in Kentucky were caused by drunk drivers.

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Other Drugs

- Past month cocaine /crack use among youth 12-17 has increased from 2.4 percent in 2001 to 3 percent in 2003 (2003 KIP Survey.)
 - 13% of youth aged 12-17 have used marijuana in the last 30 days. (2002 KIP Survey.)
 - 62% of 12 graders report that marijuana is easy to obtain. (2002 KIP Survey)
- ❖ There are 14 Regional Prevention Centers, responsible for overseeing the implementation of prevention strategies throughout Kentucky.
 - a. There are currently 50 funded Champions coalitions implementing action plans throughout the state.
 - ❖ There are 53 KY-ASAP Local Boards that are implementing community based strategic plans to address alcohol, tobacco, and other drug prevention.
 - b. 16 Communities in Kentucky have been awarded Federal Drug Free Community Grants for alcohol, tobacco and other drug prevention.
 - c. Over half (approximately 100) school systems in Kentucky have participated in the KIP survey, to collect data on substance abuse use and risk and protective factors for 6th 8th 10th and 12th graders.
 - ❖ There are currently 89 Certified Prevention Professionals working in the Kentucky prevention system.
 - d. 2386 youth were served by the Early Intervention Program, a collaborative effort between the Division of Substance Abuse, the Administrative Office of the Courts, and the Department of Juvenile Justice
 - e. 34.3 percent of Kentucky schools had at least one evidence-based prevention program in 2001.

Substance Abuse Prevention Needs In Kentucky

- Increased interagency collaboration among key agencies involved in prevention on the state level.
- Increased commitment to effective prevention programs and mechanisms for ensuring accountability.
- A system for collecting, organizing and sharing objective data relating to risk and protective factors, substance abuse use, and related consequences.
- Expanded prevention training system that reaches all agencies involved in substance abuse prevention planning.
- Direction of supplemental resources to communities that demonstrate the greatest gaps in prevention service needs.
- Greater effort to address norms and attitudes that encourage underage drinking. (e.g. parental acceptance of teen drinking)
- Better data on adult substance abuse and more prevention strategies reaching adults and young adults in the workplace and in colleges.

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- There is a need to follow-up and supplement the Summit data with an in-depth needs and resource assessment based on available objective data, e.g. demographics, substance abuse surveys & agency service data.
- Develop more effective strategies to address prescription drug abuse and methamphetamine use.

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The following is a broad view of the current situation that was considered by each of the three Summit Panels. The Context of Assessment sections provide contextual material that should not be construed as exhaustive or thorough. Rather, these sections provide the expansive view of the various domains in which substance abuse is defined and the state's interests are programmatically expressed.

EDUCATION ARENA

Current Status of Education/Prevention

There are locally driven education/prevention and treatment programs in many communities, however, they may or many not aid in creating seamlessness for a holistic approach to education/prevention and treatment. There does not appear to be evidence of a framework or roadmap for collaboration of schools, treatment facilities, or law enforcement to follow in order to provide quality services to the people of Kentucky.

In addition to these overall observations, a great majority of our students housed in alternative settings may or may not be receiving services related to prevention, awareness, or treatment. Hence, the setting with the greatest concentration of drug-related offenses in the K-12 setting has no definitive strategy to address the needs of these students and families across Kentucky.

Programs: K-12

Title IV funds can be spent to purchase and implement programs with research bases showing their effectiveness at reducing behaviors in young people in regard to drug, alcohol, and violence. Districts and schools should use student surveys and other local information to determine how to spend their limited Title IV funds. These funds should be targeted toward those areas of the greatest need.

There are many commercial programs, with proven research bases, available for school districts to purchase. There are several organizations, such as SAMHSA (www.samhsa.gov) and CSAP (<http://prevention.samhsa.gov>), which include these programs on their web sites under "effective" or "model" programs. Additional information regarding grade levels, cost, and implementation strategies are included.

The Kentucky Department of Education also has a list of research-based programs. This document can be accessed through the KDE website at www.kde.state.ky.us. On KDE's home page, use the "QuickLinks" to find "Safe Schools." Scroll down until finding the link of "Kentucky's Safe and Drug-free Schools and Communities Manuals and Documents."

Title IV funds can be used for other purposes than curricula. A partial list of allowable expenses is provided below.

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Security Purchases: includes identification badges, security cameras, metal detectors, dog searches of lockers and school facilities, etc. A twenty percent (20%) limit applies to security purchases.

School Counselor or School Social Worker: Title IV funds can be applied to the salaries of these positions. Documentation should be kept by the school/district showing time devoted to drug, alcohol, and violence prevention activities.

Drug Testing: Title IV funds can be used for random student drug testing. Certain restrictions apply.

Professional Development: School staff working with students on drug, alcohol and violence prevention can attend Title IV-funded professional development activities. Certain restrictions apply. .

Parental Involvement: Activities and workshops designed to increase and improve parental involvement are allowable expenses for Title IV funds. Certain restrictions apply.

In addition to these current resources, Community Education and the Family Resource Youth Service Centers in Kentucky schools provide random services ranging from workshops for parental involvement and awareness to partnerships that administer Kentucky Intervention Prevention programs for substance abuse awareness at the sixth grade settings.

Imbedded in Kentucky's current health core content are portions of substance abuse and awareness components. In addition to the health core content, there are various aspects of substance abuse included in Kentucky's science core content and in schools that offer driver's education classes, there are some aspects of the impacts of drug and substance abuse contained therein. Again, there is no substantial content thread which runs across all contents in Kentucky's public schools.

Programs: Post-Secondary:

Currently, the University of Kentucky and Murray State University are implementing alcohol/drug awareness programs in cooperation with the Kentucky Malt Beverage Association.

Programs: Community:

There are random programs for youth being implemented throughout the state using Champion funds or other funds through various other funding sources outside of the Kentucky Department of Education. DARE programs are being administered in some communities, however, as with all educational initiatives in the K-16 level, they are locally driven and may or may not aid in creating a seamlessness for a holistic approach to education/prevention and treatment.

The following is a broad view of the current situation that was considered by each of the three Summit Panels. The Context of Assessment sections provide contextual material that should not

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be construed as exhaustive or thorough. Rather, these sections provide the expansive view of the various domains in which substance abuse is defined and the state's interests are programmatically expressed.

TREATMENT ARENA

Substance abuse in Kentucky has become a significant public health problem because the prevalence is increasing, it is widespread across Kentucky, and it impacts men, women, children and families without regard to age, race, socio-economic group, religion, or income. It is destroying significant elements of the economy, it is destroying the future for many children and young adults, and, it meets the definition of a public health problem. "A health problem becomes a public health responsibility if or when it is of such a character or extent as to be amenable to solution only through systematized social action. Its relative importance varies with the hazard to the population exposed. This hazard may be qualitative, in terms of disability or death; quantitative in terms of population affected; it may be actual or potential."

Today over 40,000 of Kentucky's 4 million citizens are in prison or on parole. Most of them got there for drug related offenses. The result is that over 1% of the population is unlikely to get a good job and return to a productive life. We know who is at risk of becoming an addict. *Anyone with a family history of alcohol or substance abuse is at higher risk than normal of becoming an addict.* The risk is also much higher among children whose parents are incarcerated, children who do poorly in school, children with low self-esteem, children living in broken homes, and increasingly, children who are obese or have other physical problems.

We know that good treatment works. There are examples all across the state and the country. Forty years ago, a 5% success rate was good in alcoholism treatment programs. Today 70% success rates are common and among physicians it is closer to 95%. Those counties that have drug courts swear by them. Communities that have programs to strengthen child self-esteem have demonstrated significant declines in school disciplinary problems.

Good treatment requires a variety of combinations...and it has to be readily available without long waiting times and without requiring travel over long distances. In the ideal setting, the practitioner, friend, or other person who is able to get the patient to acknowledge their dependency needs to be able to make an immediate referral for assessment and entry into the system. The combination can be as extensive as detoxification treatment, assessment, referral to inpatient treatment followed by up to a year in a residential treatment site, intense ambulatory treatment, and finally life long counseling. At the other end of the continuum is much less costly intense ambulatory care treatment followed by life-long counseling. Experience has shown that women and men both do better more quickly when their care is in gender specific groups instead of mixed gender groups.

There are many barriers to ensuring good treatment for all who need it. One significant problem is a lack of resources. The task force heard about problems with inadequate insurance coverage, excessive staff turnover due to low salaries, long waiting times, inadequate numbers of inpatient facilities, and problems with actually getting transportation to the treatment facility. But there are

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other significant barriers...many of them societal like discrimination, stigmatization, lack of jobs, and a serious lack of knowledge about drug abuse by providers, schools, parents, and the public in general. Finally there are organizational issues like missing critical services or counter productive turf battles among provider groups and specialists.

TREATMENT PANEL

Substance Abuse Treatment in Kentucky

Guiding Principles for Substance Abuse Treatment

Regarding substance abuse treatment, The Statewide Drug Control Assessment Summit finds that:

1. Treatment must be individualized to the specific needs of each person seeking treatment.
2. Treatment must include the full array of services to meet the needs of persons with severe dependence as well as less severe substance abuse.
3. Treatment has demonstrated effectiveness in reducing drug use, increasing abstinence, and reducing cost to tax payers.

Current Status of Substance Abuse Treatment in Kentucky

- It is estimated that 266,000 persons age 12 or older in Kentucky have alcohol or illicit drug dependence or abuse.
- Funding for public sector substance abuse treatment has remained flat for the past decade in spite of a need for more treatment capacity.
- Currently there are just over 275 publicly funded substance abuse clinical treatment sites in the state that provide mostly outpatient drug-free counseling.
 - There are 14 public detoxification facilities in the state with a total of 112 beds.
 - Kentucky has 27 publicly funded residential clinical treatment facilities that provide 30-day or shorter residential clinical treatment.
 - This provides a total of 710 public adult residential beds statewide (296 male, 212 female and 150 flexible beds).
 - Kentucky also has a private for-profit hospital with 30 residential beds in addition to its inpatient substance abuse clinical treatment beds.
 - There are only 324 adult and 116 adolescent inpatient substance abuse clinical treatment beds statewide among 7 providers (not-for-profit and for-profit).
 - There are 21 longer-term transitional living (3/4 way) programs for persons in recovery with 485 beds in the state.
 - The total residential clinical treatment capacity of 1,747 beds (residential, detoxification, inpatient, and transitional) equates to 1 bed per 2,313 Kentucky residents or 1 bed per 152 persons in need of substance abuse clinical treatment in the state using SAMHSA estimates of the number of persons in need of clinical treatment.
 - Residential clinical treatment capacity is estimated at less than 1% of the population in need of substance abuse clinical treatment and waiting lists of two-three months are common.

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- Outpatient counseling faces similar problems in that there are long waiting lists even for this type of treatment.
- Treatment in Kentucky has been shown to be effective with 66% fewer clients reporting arrests 12 months after treatment, 27% more clients working, daily alcohol use down by 61%, prescription drug use down by 71% - 92%.
- For every \$1.00 spent on substance abuse treatment in Kentucky \$4.16 in crime costs were avoided. When taxes on increased employment are included, there is a total avoided cost of \$5.34 for every \$1.00 spent on treatment.
- Current state allocations for all publicly funded substance abuse treatment in Kentucky, including federal block grant funds, are under \$38 million. Public substance abuse treatment allocations amount to \$9.40 per year per Kentucky resident.

Substance Abuse Treatment Needs in Kentucky

- Basic substance abuse treatment is needed in every county.
- Treatment services must be tailored to individual needs and be responsive to local community factors and drug use trends.
- Each region of the state should have a full array of services ranging from detoxification, inpatient, and residential treatment to intensive outpatient, case management, outpatient counseling, recovery supports, and long term, lower intensity drug-free living environments.
- There should be a diversity of treatment providers to allow clients a choice among providers.
- Treatment must be developed that is specific to the different needs of women and men.
- There is great need for increases in available and accessible treatment for adolescents with substance use problems.
- There is a need for greater coordination of services between the Department of Juvenile Justice and local treatment providers.
- Treatment should be tailored to the needs of Drug Court clients and services should be coordinated with overall Drug Court participation.
- Treatment needs to be linked with probation and parole, corrections, and the local courts to effectively treat criminal justice-referred clients.
- More substance abuse treatment needs to be made available in detention facilities and prisons.
- Treatment must also be linked with emergency rooms and primary care facilities throughout the state to facilitate ready access to care.

Substance Abuse Treatment Recommendations for Kentucky

- Dedicate a significant portion of new cigarette tax revenues to treatment. A minimum of \$0.06 should be dedicated to the Office of Drug Policy.
- Current funding for treatment should be increased by at least \$15 - \$20 million in order to develop the array of services needed.
- A portion of drug forfeiture funds should be dedicated to treatment and rehabilitation.
- Some of these funds must be used in capital outlays for new residential treatment facilities.

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- Core services should be available and accessible within a 35 mile radius of every Kentucky resident.
- 24-hour crisis information and referral assistance should be available statewide for parents and family members as well as substance abusers.

Current Status of Correctional Treatment

- There is a lack of treatment throughout the correctional system in Kentucky. Currently, the Department of Corrections is able to provide substance treatment to only 19% of those leaving the system each year who need it. It is able to ensure treatment for only 7% of those needing it who are being monitored in the community.
- There are very limited treatment resources and opportunities for persons who have misdemeanor convictions.
- Federal monies account for \$786,298 in residential substance abuse treatment for State prisoners.
- Need qualified substance abuse assessors instead of correction employees at county and regional jails.
- Sentencing guidelines may result in inappropriate incarcerations that might have been managed with better community-based and probation related treatments.

Recommendations for Corrections Based Treatment

- Develop more treatment capacity in targeted correctional facilities.
- Develop more community-based services for person exiting prisons and jails.

SAMHSA (2004) estimates that 266,000 persons age 12 or older in Kentucky have alcohol or illicit drug dependence or abuse. Funding for public sector substance abuse clinical treatment has remained relatively flat for the past decade in spite of a perceived need for more clinical treatment capacity. Currently there are just over 275 publicly funded substance abuse clinical treatment sites in the state that provide mostly outpatient drug-free counseling. There are 14 public detoxification facilities in the state with a total of 112 beds. Kentucky has 27 publicly funded residential clinical treatment facilities that provide 30-day or shorter residential clinical treatment. This provides a total of 710 public adult residential beds statewide (296 male, 212 female and 150 flexible beds). Kentucky also has a private for-profit hospital with 30 residential beds in addition to its inpatient substance abuse clinical treatment beds. There are only 324 adult and 116 adolescent inpatient substance abuse clinical treatment beds statewide among 7 providers (not-for-profit and for-profit). There are 21 longer-term transitional living (3/4 way) programs for persons in recovery with 485 beds in the state. The total residential clinical treatment capacity of 1,747 beds (residential, detoxification, inpatient, and transitional) equates to 1 bed per 2,313 Kentucky residents or 1 bed per 152 persons in need of substance abuse clinical treatment in the state using SAMHSA estimates of the number of persons in need of clinical treatment. Residential clinical treatment capacity is estimated at less than 1% of the population in need of substance abuse clinical treatment.

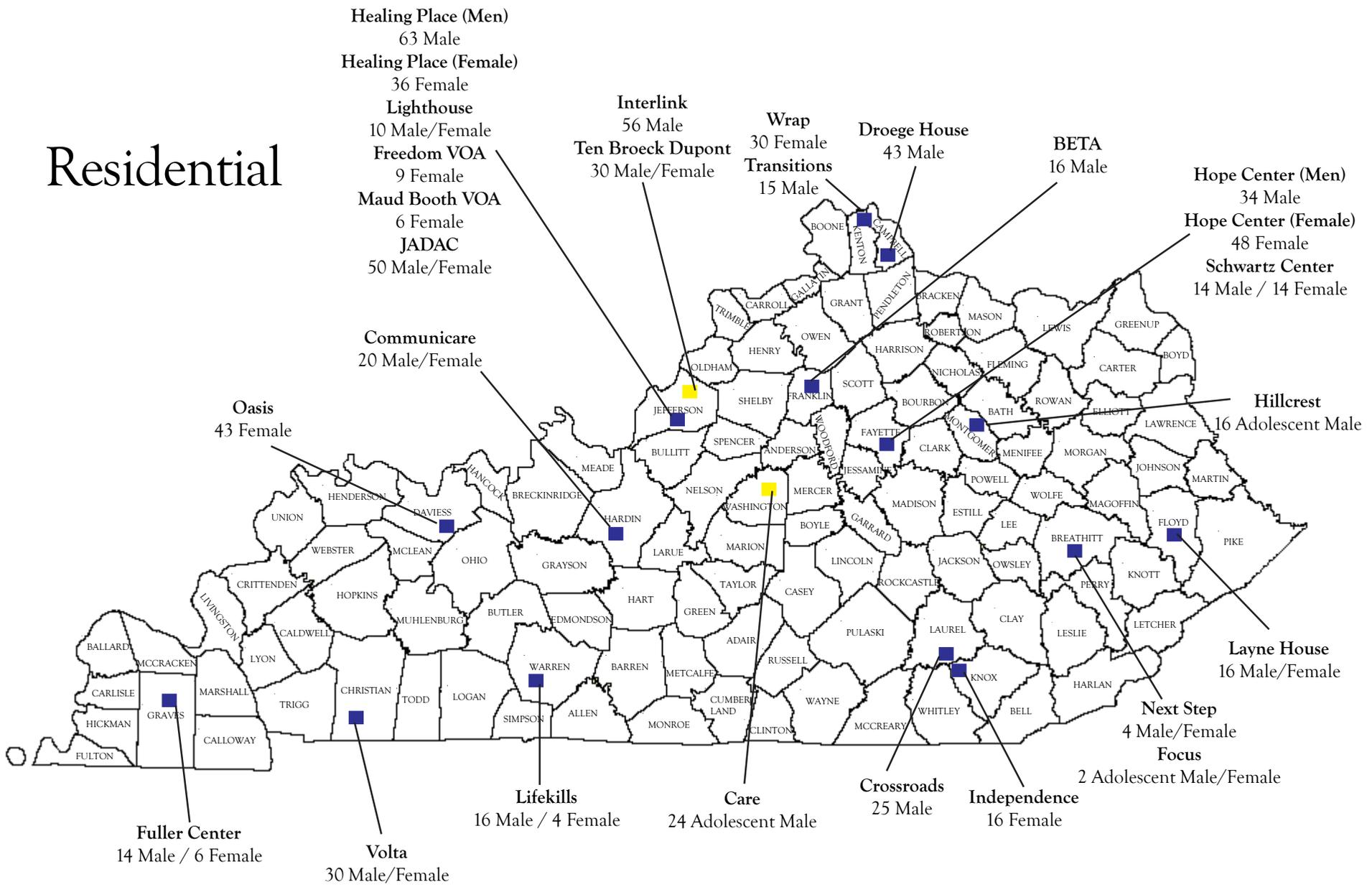
Table 1. Treatment Beds Available Currently in Kentucky

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Treatment Type	Number of Facilities	Male Beds	Female Beds	Flexible Beds (male or female)	Adolescent Beds	Total Beds
Residential	27	296	212	150	52	710
Detoxification	14	49	29	34	0	112
Transitional	21	362	119	0	0	485
Inpatient	7	0	0	324	116	440
TOTAL	69	707	360	508	168	1,747

Detoxification is a non-medical, moderately supervised period of withdrawal from substances that typically includes 3-5 days of residential care. The providers of detoxification are predominantly non-profit/public providers. Residential treatment consists of non-medical 24 hour care that is aimed at establishing a solid beginning to recovery and all but one are private non-profit/public providers. Transitional treatment is a part of long-term recovery process that includes a sober living environment with support services brought into the residential setting. Six of the 21 transitional programs are private with the others being private non-profit or public agencies. Inpatient care is hospital based and includes medical detoxification and occasionally, longer term inpatient care. All of the inpatient providers are private entities.

Residential

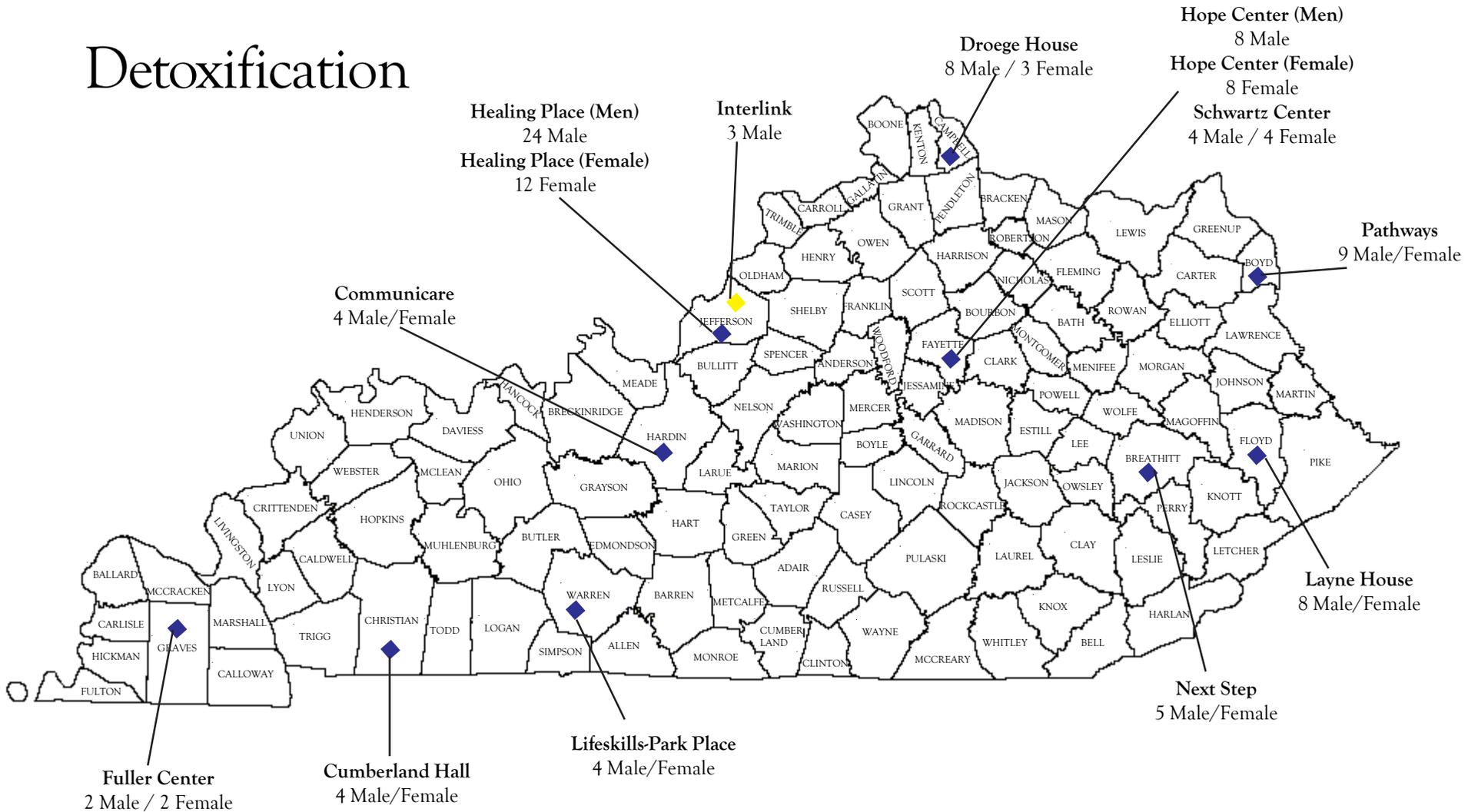


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■ Private

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Detoxification

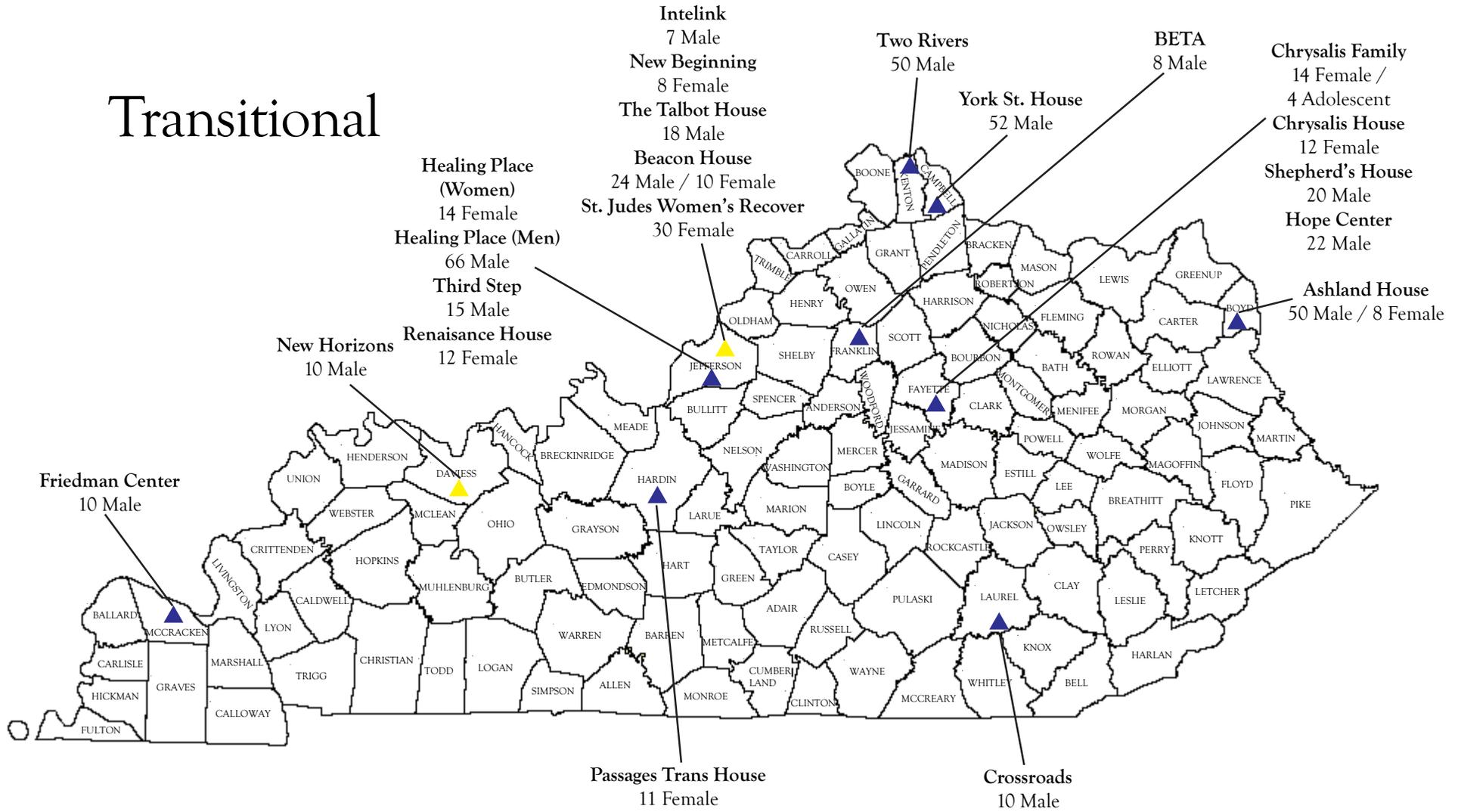


Legend:

◆ Private

◆ Public

Transitional



Legend:

▲ Private

▲ Public

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EXECUTIVE ACTIONS

(Color Coded Text: **Red**)

Items or issues that follow in **Red** are actions that have been conveyed to the Governor are banner items worthy of executive action.

The Fletcher Administration took office in December 2003. The higher echelons of the new administration were in place during the first quarter of 2004. Reorganization of the executive branch of government began in early 2004 and at time of press is still underway.

Accordingly, elements of policy and structure, both subordinate or at least dependent upon the reorganized executive branch, have been addressed during the Summit process. As the Summit was not conceptualized to operate in a vacuum, the reorganization of the executive branch has impacted or otherwise affected the work of the Summit. Some of the themes and practices considered by the Summit during the weeks of public input meetings and interim Summit meetings have already been effected at different levels of government. Those issues are included in the section of the Report given their monumental effect on remaining issues and the overall context of the Summit's considerations and recommendations. While these issues are no longer actionable items by the Summit, they are still more than historical context or revisionist opportunity for the Summit to endorse that which already is.

Briefings to the Lieutenant Governor and the Core Group members elevated or contributed to the value and weight of these items. Given actionable items that could be eventually recommended by the Summit were somewhat dependant upon the inception of these concepts to flourish, each of the included items were discussed in varying formats by the Summit. In terms of conclusions and consensus, as late as the 9 May 2004 full Summit meeting members endorsed these items for eventual inclusion into the Final Report.

Categorized as "Executive Actions," the following describes those items that have been discussed in varying levels of detail that have been conveyed to the administration for consideration as key elements of recommended policy:

- Office of Drug Control Policy
- Treating Substance Abuse
- Working Transition Group

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Kentucky Office of Drug Control Policy

Early discussions concerning the utility of convening a Drug Control Policy Summit included considerations of a centralized authority for information and advice to the Administration concerning drug policy.

Core group discussions and subsequent discussions with individual Summit members produced a growing consensus that Kentucky would not benefit from a “drug czar” while there was an indisputable need for a coordinating entity that could devote its entire time to understanding the inter-organizational needs and demands of a coordinated drug policy. The Administration would benefit from a single office addressing the relationships between cabinets and departments and how those relationships would effectively and systematically address substance abuse problems faced by the Commonwealth.

Data reviews throughout March and April of interview responses and public input questionnaires revealed a persistent frustration over the lack of unified, coordinated response to substance abuse issues from the government.

Accordingly, an Office of Drug Control Policy would be created for the benefit of the Lieutenant Governor to monitor drug control policy, its various programming throughout the government, and provide balanced recommendations to the Lieutenant Governor from the perspectives of prevention, treatment and enforcement.

The following was presented to the full Summit, convened 9 May 2004:

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Office Of Drug Control Policy (ODCP)

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, stemming from the Statewide Drug Control Assessment and natural evolution of outcome based programs directed by the administration. The Office would work in partnership with the Cabinet of Children and Families, the Department of Corrections, the Department of Education, the Department of Juvenile Justice, the Justice Cabinet, all state law enforcement departments, the National Guard, other state agencies and departments, community coalitions, local law enforcement officials, non-governmental organizations, and federal agencies committed to countering drug abuse.

Data from Summit Questionnaires and Interviews:

- Public commentary at input meetings and responses to websites questionnaires have demonstrated a significant frustration by the public due to inability to determine who to contact, which state agency to contact and how to see assistance on a variety of issues regarding all disciplines from once central source.
- Program administrator feedback, including panel member responses has essentially described similar frustrations, lack of centralized authority over issues that lead to further imbalances of any strategic plan.

Recommended Qualifications for Position:

- Mature and experienced skills, institutional knowledge and sound judgment, political savvy, articulate advocate, and proven capable administrator, professional with reasoned conviction with working knowledge of local, state and federal government structure and budget experience, recognizable and accepted as a proficient administrator by peers and general public upon announcement.

Recommendation:

- Create a control coordinated entity

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Kentucky Office of Drug Control Policy

At the 9 May Summit meeting, each Panel was asked to review and comment upon the concept of an Office of Drug Control Policy.

Discussion followed within each Panel; the Panels then reported back to the full Summit membership. Those summaries highlight several key areas of thought concerning such an office.

- May - Full Summit Meeting; initial consideration by the summit
- June - Full Summit Meeting; inclusion as recommendation of summit

Funding considerations were requested from the Administration immediately prior to the May meeting in anticipation that a coordinating office would be enthusiastically accepted. The primary directive was to seek out creative ways to fund the office without impacting existing programming and without placing an additional burden on the General Fund.

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Treating Substance Abuse as a Public Health Epidemic

During the first several Public Input Meetings, it had become apparent that substance abuse issues were pervasive and the government's policies were confined to individual Cabinets or Departments. No forward progress was going to be made unless there was a coordinated and sustained response from the government.

The following was approved for inclusion at the May meeting of the Summit:

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Treating Substance Abuse

Considerations and Context:

- The Department of Public Health is unique to state government; it is a platform that can elevate the substance abuse problem Kentucky suffers to a higher plane.
- Considering substance abuse as a “public health epidemic” would serve notice to private sector entities (physicians, specialists, insurance, attorneys, etc.) that the Administration has
 - Officially taken notice of the problem.
 - is dedicated to discovering the elements of the problems.
 - is equally dedicated to discovering and implementing strategies to solve the problems.
 - will stay the course.
- Dr. Rice Leach served as Commissioner of the Department of Public Health from 1992 – through the summit. Dr. Leach uses the following definition as a litmus test for concerted, dramatic state action: *“A health problem becomes a public health responsibility if or when it is of such a character or extent as to be amenable to solution only through systematized social action. Its relative importance varies with the hazard to the population exposed. This hazard may be qualitative, in terms of disability or death; quantitative in terms of population affected; it may be actual or potential.”*

(NOTE: Dr. Leach served as Commissioner of Public Health from 1992 through the drug summit. Dr. Leach administered the agency through floods and other natural disasters; Anthrax scares of 2002 and other public health issues. Leach previously served under Surgeon General Koop for the Bush administration and is a nationally recognized expert amongst experts in the domain of public health.)

Recommendations:

- Declare 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.
- Announcement made by the Commissioner of Public Health and the Secretary of the Cabinet for Family and Health Services in concert with the Governor’s release of this report and follow up action to the Summit’s recommendations.

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**Working Group –
Transition Summit to Office of Drug Control Policy**

A meaningful transition of data, ideas and energy will propel the concept of a coordinated, outcome-oriented policy effectively. To segue between the Summit and the Office of Drug Control Policy, a working group is recommended. This working group should be composed of representatives from each of the three cabinets that have a major role to play in policy development and execution for a one-year appointment to assist in the transition of the Office of Drug Control Policy:

- Justice and Public Safety Cabinet
- Education Cabinet
- Cabinet for Health and Family Services

Additionally, other members are recommended by virtue of their agencies' role in the planning, operationalization, and/or evaluation of policy. Likewise, legislative representation on the working group is an essential component for policy development. Chairs and ranking minority members from each of the three primary oversight committees for the respective cabinets named above are recommended to be appointed to serve on the working group.

Recommendation:

- The summit recommends the following entities for the transitional working group to be chaired by the Executive Director of the Office of Drug Control Policy. The working group should represent the necessary elements of government to maintain the holistic and multidisciplinary approach of the summit. While not a formal board or commission, the working group should be a temporary resource for the ODCP to establish communication, seek advice, and promote coordination of the various agencies of the state.

Transition Working Group
Unpaid, appointed by ODCP Director/Lieutenant Governor
United States Attorney
Representative of the Office of the Attorney General
Cabinet for Health and Family Services
Department of Public Health
Department of Mental Health / Mental Retardation
Justice Cabinet
Kentucky State Police
University of Kentucky
Kentucky School Board Association
Center for School Safety
Commonwealth Attorney's Association
Education Cabinet
House Judiciary Chair
Senate Judiciary Chair
Senate Health and Welfare Chair
House Health and Welfare Chair
Senate Education Committee Chair
House Education Committee Chair

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SUMMIT ACTION ITEMS

(Color Coded Text: **Blue**)

Items that follow in **Blue** are actionable items that are under consideration for inclusion in policy and are reported as recommended by the summit.

Items that emerged at Summit Meetings, which were consistent themes at Public Input Meetings, and were quantitatively or qualitatively robust issues in the data gathered from interviews and questionnaires were distilled into actionable recommendations for the Summit's consideration. These items follow and are presented here as they were presented at the May and June meetings of the Summit.

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Coordinated Prosecution Initiative

Data from Summit Questionnaires and Interviews:

- Public commentary at input meetings and responses to web-site questionnaires have demonstrated significant frustration with drug crime prosecution.
- Program Administrator feedback, including panel member responses, have essentially described gaps in service, lack of resources and issues that local prosecutors are not capable of handling adequately.

Role of the Attorney General:

“The AG’s office is understaffed but can be locus of well-trained special function investigators & prosecutors.” From the Summit Interview with the Attorney General, Greg Stumbo, 03/12/04.

Coordination is paramount goal; where local resources are not capable of meeting needs special prosecution teams from the Office of the Attorney General would be available.

- OAG coordinates resource allocation for CPI
- Pilot the initiative with evaluation through Justice and Public Safety Cabinet
- Additional staffing and funding possible after needs assessment and evaluation of pilot outcomes
- Ongoing evaluation component available to insure future coordination

Short-Long Term Benefits:

1. Consistent Sentencing Recommendations
2. Drug Court Usage
3. Treatment Diversion
4. Task Force Prosecutions
5. Affects Imprisonment Rates
6. Profile OAG
7. Improved Communication with Locals (LEN/Courts/Prosecutors)
8. Establishes Standards on Drug Cases
9. Assist with KSP Lab Workload
10. Substantial Component of Long-term Strategies for Statewide Drug Control Policy
11. Civil Litigation on Asset Forfeiture
12. Restructuring of Kentucky Sentencing Guidelines (Similar to federal guidelines; enabling legislation)

Recommendations:

- Enable the Office of the Attorney General to 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 benefits analysis through Justice and Public Safety Cabinet

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Drug Task Forces

Summit Input:

- Drug Task Forces are named by public input and by interviews and questionnaires from Program Administrators as a necessary component in an effective Drug Control Policy.
- Concerns expressed regarding oversight, standards, procedures, priorities of awards and coordination.

Context and Considerations:

- There are presently 11 Byrne funded Drug Task Forces (all administered and approved by the Justice and Public Cabinet)
- Not included in Byrne-funded task forces are:
 - Appalachian High Intensity Drug Trafficking Area (HIDTA) operates in Eastern Kentucky
 - Operation UNITE operates in counties in the 5th Congressional District in Eastern Kentucky.

Byrne funded task forces have been renewed and funded for as long as 17 years.

Recommendations:

- Where Task Forces are discovered to be in non-compliance with established standards, grant funding policy should be transitioned to short term commitments:
 - Effective immediately, grant recipients should be notified of the policy clarification and status.
 - Funding should be frozen for the next fiscal year pending review of process.
 - Grants should be denied for the same applicant if found to be in non-compliance
- 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 Kentucky Office of Drug Control Policy (ODCP).
- Structure of existing task forces should be phased out; a model for the state funded task forces should be established.
- Operation UNITE should serve as part of the state drug control policy strategy in the eastern regions of the state. Restructured task force model should operate for the western regions of the state.
- Operation UNITE should serve as the template for all awards, oversight and auditing criteria.
 - UNITE personnel utilize state training resources;
 - UNITE sworn personnel are drawn exclusively from state and local law enforcement per statute;
 - UNITE has placed a premium on communication with local communities.
 - Byrne grant awardees should demonstrate similar initiatives to comply with new state guidelines.
 - Byrne grant awards should be coordinated through the ODCP
 - Data for monitoring and oversight should be directed through ODCP.

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Treatment

Data from Summit Questionnaires and Interviews:

- Public commentary at input meetings and responses to website questionnaires have overwhelmingly called for more treatment services, increased access to services and adequate funding of services.
- Program Administrator feedback, including responses from panel members have essentially described gaps in service, lack of resources and lack of coordination and knowledge of services.

Summit Position:

1. Treatment Services need to be expanded and supported.

- Currently there are significant gaps in service
 - Minimal inpatient availability
 - Expense per patient:

Detoxification	\$1000
Assessment	\$100
28-day intense inpatient care	\$2700
Intense ambulatory care treatment	\$2000
6 months "after care"	\$1300
Residential Care	\$8500
Minimal Cost	\$3800 per event
High-end cost	\$8800 per event
- Estimates from the Kentucky Treatment Community*

- Regional models to be sure that the system, while addressing science-based interventions does so in a locally appropriate manner. Evaluations must see what worked well, what needs changing and to be able to adapt to a changing environment.
- ##### 2. Endorse and Support pursuit of grant award for federal Access to Recovery, directed by SAMHSA (Substance Abuse and Mental Health Services Administration) (Available current funding \$25 million).
- Under the plan, the state would operate a "voucher program for substance abuse clinical treatment and recovery support services...." SAMHSA press release 3/4/2004
 - Benefits include:
 - i. Consumer choice
 - ii. Outcome oriented
 - iii. Increased capacity

Recommendations:

- Enable existing treatment providers with resources to reach and treat clients
- Provide for expansion of treatment services
- Seek out innovative means and methods to provide delivery of effective treatment services.

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Correctional Treatment

Treatment services provided to inmates, parolees, shock probationers and Halfway Back participants is an effective way to break the cycle of substance abuse, drug-related crime and incarceration. Consistent with providing treatment to participants in Drug Court, treatment for charges of the correctional system will produce positive results.

Data from Summit Questionnaires and Interviews:

- Public commentary at input meetings and responses to Web site questionnaires have demonstrated a significant frustration by the public regarding treatment availability in general.
- Program administrator feedback, including panel member responses, has been more specific to treatment for both inmates and post-release individuals.

Current Conditions:

- Presently the Kentucky Department of Corrections provides substance abuse treatment programming under a \$4,268,413 budget.
- Federal monies account for ~\$700,000 in the form of a Residential Substance Abuse Treatment for State Prisoners Formula Grant.
- Beneficiaries of treatment: parolees, serve-outs and shock probationers in FY03: 9015

Recommendations:

- Data conveyed to the Summit suggests that in the absence of treatment during and after incapacitation, the state condemns itself to seeing many of the same offenders in the same capacity for new crimes post-release. **Therefore, prioritize correctional treatment alongside broader treatment initiatives.**
- Seek federal and private sources funding expansion of services.
- Direct ODCP to coordinate needs assessment with Department of Corrections regarding integration of substance abuse treatment with inmates, parolees, probationers and individuals having served-out sentences.

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Drug Courts

NOTE: Data from Administrative Office of the Courts, Kentucky Drug Court, March 2004

- As of February 2004 there are:
 - 27 Adult Drug Courts
 - 12 Adult Pilot/Planning Drug Courts
 - 10 Juvenile Drug Courts in operation
 - 2 Family Drug Courts in operation
 - 1 Family Drug Court in planning
 - 59 Kentucky counties without Drug Courts (49%)

- Existing Drug Courts are funded by:
 - \$900,000 Byrne Grants (Justice Cabinet)
 - \$5.5 million from Bureau of Justice Administration
 - \$1.2 million from Operation UNITE

<p><i>Cost off Imprisonment: \$17,000</i></p>

<p><i>Cost of Drug Court Graduate: \$3,000</i></p>
--

- Since 1996: **\$14,000,000 saved**

- Drug Court graduates:
 - Receive significantly **fewer new felony and misdemeanor charges**
 - Receive significantly **fewer new felony and misdemeanor convictions**
 - Are **less likely be reincarcerated** in local jails or state prisons
 - Are **less likely to be placed on probation** again

Recommendations:

- Develop model to express and sustain statewide
- Create more piloted drug courts

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**KENTUCKY ADMINISTRATIVE OFFICE OF THE COURTS
DRUG COURT PROGRAM**

BACKGROUND

Due to the importance and effectiveness of drug court programs, the Summit membership recommended that information about how drug courts are established and work be included in the final report.

Kentucky is recognized as a model and national leader in the Drug Court program. In 1993, Jefferson County began the first Drug Court in Kentucky. Three years later, the Administrative Office of the Courts (AOC) Drug Court program was established with Drug Courts in two other counties. The AOC Drug Court Department has been a grant-funded program since its inception. Since that time, Drug Court, which currently encompasses fifty-five counties, has graduated over 1,000 participants from the program. Drug Court participants represent a savings to the state of over \$14.5 million in jail/prison costs. In addition, the Drug Court graduates have a much lower recidivism rate (8 % for felonies) compared to the recidivism rate of probationers with similar offenses (26 % for felonies) and compared to the national Drug Court recidivism rate (16 % for felonies).

STRUCTURE AND COMPONENTS OF DRUG COURT

DESCRIPTION OF DRUG COURT:

Drug Court, a non-adversarial team approach to criminal behavior, offers an alternative to traditional processing of nonviolent drug offenders. Federal guidelines require that each Drug Court maintain ten key components. These components are very broad and are:

- mandatory alcohol and drug treatment
- team approach with prosecutors and defense bar to protect participants rights and promote safety in a non-adversarial manner
- assess and screen participants early in the criminal justice process
- access to a continuum of alcohol, drug and other treatment services
- frequent and random drug and alcohol testing
- weekly review by the judge for Phase I, bi-weekly for Phase II, and once every three weeks for Phase III participants
- ongoing program evaluation and collection of statistics
- continuous training for the Drug Court team
- partnerships with other public agencies to generate local support.

COMPONENTS OF A SUCCESSFUL DRUG COURT:

- judicial oversight
- random and frequent drug testing
- treatment

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- total participant/case management
- use of immediate imposed graduated sanctions

CREATING A DRUG COURT:

Drug Court is a non-adversarial team approach to criminal behavior due to drug addiction. The usual team consists of the judge, prosecutor, treatment provider and representatives of the defense bar, law enforcement, and probation and parole. Juvenile Drug Courts also have a school representative on the team. Drug Court has a procedure manual that the programs follow, but just as local courts create local rules for district and circuit court, the local team will make decisions on local procedures to be followed. After the team is formed, it receives training about the key components, the requirements for Drug Court, the phases of Drug Court, the difference from criminal courts, and how individuals qualify for Drug Court. Procedures manuals and all necessary forms are provided.

ENTERING THE PROGRAM:

Defendants enter Drug Court through one of two routes – diversion or probation. With diversion, pre-trial services identify those defendants who have been arrested on the charges that qualify for diversion: Possession of Controlled Substance, Possession of Drug Paraphernalia, Obtaining Controlled Substances by Fraud. Pre-trial then provides those names and records checks to the Drug Court staff for an assessment. For entry from probation, once a defendant has entered a guilty plea or been found guilty, the defendant or attorney can ask the court to allow Drug Court staff to do an assessment. The assessment is a nationally utilized tool that assists in determining if someone is a drug addict and, if so, what level of treatment will be needed. If a defendant is determined to be a drug addict, wants to be in the program and does not have any violent offenses, then the judge makes the decision whether to place that defendant in Drug Court. (The definition of violent crime is much broader than the KRS 439.4301 Violent Offender.)

PROGRAM REQUIREMENTS: Drug Court is a multiphase program with numerous requirements placed on a participant in the beginning of the program. As a participant progresses through Drug Court there is a lessening of some requirements so as to put an emphasis on the participant's accountability and responsibility. Normally the program takes approximately one to two years to complete.

PHASE 1: Stabilizing period usually takes 4 to 6 weeks, to make sure they are drug free for at least 30 days before elevating them to the next phase. Includes:

- at least three random urine drug/alcohol screens weekly
- four counseling sessions per week
- attend one court session weekly
- maintain court approved employment, training or education

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- maintain court approved housing
- begin arrangements for payment of court obligations
- individual plan created with Drug Court staff to focus on specific problems/needs

PHASE 2: Educational period, usually takes eight months to complete and includes:

- at least two random urine drug/alcohol screens weekly
- attending one court session every other week
- two counseling sessions per week
- maintain full time employment or education
- maintain stable housing
- continue paying court obligations
- update treatment plan as needed
- continue to work on self-help programs, such as a 12-step program

PHASE 3: Self-motivational period, usually lasts three months and includes:

- attending one court session every three weeks
- at least one random urine/drug screen per week
- one counseling session per week
- maintain full time employment or education
- update treatment plan
- continue paying court obligations

In addition to these requirements, Drug Court staff also conducts employment, school and/or home visits. Individual program plans may also require domestic violence counseling, anger management counseling, mental health services or other services the assessment and staff determines the participant needs.

AFTERCARE:

Participants are required to be available for six months after graduation to serve as mentors for new participants or group sessions. Aftercare also involves continued AA/NA meetings and random urine screens. Graduates are encouraged to contact Drug Court if they experience crisis in their lives. They also must inform Drug Court staff of any address changes for five years following graduation for program evaluation purposes.

INCENTIVES/SANCTIONS:

Another distinction from traditional Circuit/District Court-case processing is the use of incentives when participants take positive steps toward a drug-free/crime-free life. Some incentives include: dismissal of charges upon successful completion of diversion, conditional discharge of charges upon successful completion through the probation track, decreased supervision, certificates for completing phases and the privilege of mentoring new participants. Juvenile programs require more incentives because juveniles need an immediate reward for positive actions.

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There are two types of sanctions used by Drug Court – treatment and punitive. Treatment sanctions include residential drug treatment or more counseling. Punitive sanctions, for violations of Drug Court rules or laws include: community service, phase demotion, home incarceration, incarceration at the jail and termination from the program. Termination is determined on a case-by-case basis, but can occur for noncompliance with the rules and procedures, failures to appear, absconding or if the participant requests to be terminated.

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Parole Board

Context:

- The Parole Board is a seven-member panel and is the primary releasing agent from the Department of Corrections per KRS 349.
- KRS 349.340 requires that the board organize in panels of three members and conduct face-to-face hearings prior to parole release.
- According to John Coy, Executive Director of the Board:

“There are 25 separate corrections entities housing inmates. We conduct 12,000 to 13,000 parole hearings/reviews each year... We meet our statutory mandate of seeing inmates in the month of their eligibility. Approximately 10 percent of paroled inmates commit new crimes on parole. Approximately 30 percent are returned to prison for any reason. So, outcome wise, we do fairly well. The way we are required to do our work by statute is extremely inefficient.”

Recommendations:

- Direct restructuring of Parole Board utilizing 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).
- Structural changes should provide for
 - Two-person panels for review process and action to require unanimous vote of panel.
 - Elimination of unnecessary face-to-face interviews.
 - Allowing Panel to decide who should receive a face-to-face interview/hearing.
 - Panels being given time to review eligible inmates prior to review dates.
 - Effect of panel distribution: Commonwealth could experience a reduction of nonviolent drug offender population.
 - Savings to Corrections for prisoner transport and Parole Board travel.

Barriers and Obstacles:

- Public defenders and civil libertarians who support every inmate receiving a face-to-face interview regardless of merit of claim.

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2004 Drug Related Legislation Introduced

Considerations:

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. Several of those bills do not make changes to the criminal code. As such, the content of these bills may be introduced by Executive Order.

Recommendations:

- Convey to administration to consider for Executive Action

*Refer to next page for a list of the bills that were introduced

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***Legislative Language Review**

Recommendations:

Bill #	Sponsor(s)	Summary Information	Recommend
HJR 38	S. Nunn	Directing the Cabinet for Health Services to conduct a study to identify strategies to maximize the use of the federal prescription drug discount program under Section 340B of Public Law 102-585. (4) Strategies to improve access to prescription drug discounts for consumers of other publicly supported programs and services, including but not limited to state-operated and state-supported mental health and substance abuse services, and health care services provided to inmates of state and local correctional facilities and county jails.	To Be Included: Has language that supports and/or assists treatment providers.
HJR 65	C. Siler, T. Burch	The Kentucky General Assembly respectfully urges the University of Kentucky and the University of Louisville to analyze the scientific research literature to identify new drugs and therapies to treat obesity and drug addiction. The General Assembly further urges these universities to identify potential research questions that need to be investigated in order to understand the effect of chemicals on the brain areas relevant to the treatment of drug addiction and obesity and any relationship between obesity and the functioning of the endocrine system.	To Be Included: Has language that supports and/or assists with treatment strategies and research initiatives.

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HCR 59	M. Cherry	<p>The General Assembly of the Commonwealth of Kentucky urges the United States Congress and the Department of Health and Human Services to recognize the problems caused by direct-to-consumer advertising of prescription drugs by pharmaceutical companies.</p> <p>The General Assembly urges the Food and Drug Administration to aggressively monitor and regulate direct-to-consumer advertising of prescription drugs by pharmaceutical companies, pending Congressional action to limit, ban, or place increased restrictions on such advertising.</p>	<p>To Be Included: Has language that supports prevention/education initiatives and public awareness.</p>
HB 13	L. Napier, K. Bratcher, S. Brinkman, H. Collins, H. Cornett, B. Crall, R. Crimm, J. Draud,	<p>Require the notification of parents or guardians when health services relating to sexually transmitted diseases, emergency contraception, pregnancy, illegal drug use, or the contemplation of suicide are provided to minors by state or local government employees.</p>	<p>To Be Included: Has language that provides for the health/welfare of children.</p>

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	C. Embry Jr, J. Fischer, D. Ford, J. Gooch, K. Hall, M. Harper, C. Hoffman, T. Kerr, S. Lee, P. Marcotte, R. Mobley, M. Rader, R. Rand, J. Reinhardt, T. Riner, A. Smith, J. Stewart, R. Thomas, J. Vincent, C. Walton		
HB 24	B. Yonts	Relating to the production of methamphetamine, to specify that possession of two or more chemicals or two or more items of equipment with intent to manufacture methamphetamine is a violation of the statute.	Hold: Has language that changes a criminal statute
HB 25	G. Lindsay, J. Crenshaw, T. Riner	Amend KRS 218A.1438 to delineate the offense of unlawful trafficking in or transfer of a methamphetamine precursor; amend KRS 218A.1437 to redefine the elements of the offense of unlawful possession of a methamphetamine precursor; amend KRS 218A.010 to delete references to KRS 218A.1431;	Hold: Has language that changes a criminal statute.

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		amend KRS 250.991 relating to the penalties for possession of anhydrous ammonia to delete the sentencing enhancement provisions; amend KRS 218A.1402 to provide that the penalty for inchoate offenses relating to trafficking in a controlled substance be the same as for the actual offense; amend KRS 514.030 and 514.110 to delete the sentencing enhancement provision relating to anhydrous ammonia; repeal KRS 218A.1431 and KRS 1432.	
HB 27	J. Coleman	Amend KRS 218A.1432 relating to the manufacture of methamphetamine to specify that possession of two or more chemicals or two or more items of equipment for the manufacture of methamphetamine, along with requisite intent, violates the statute.	Hold: Has language that changes a criminal statute.
HB 83	T. Burch	<i>Require the Cabinet for Health Services to implement a harm reduction program in health departments; amend KRS 217.177 and 218A.500 to exempt penalties for participants of the harm reduction program and health department employees administering the harm reduction program.</i>	To Be Included: ONLY language concerning the Administrative Regulations – or consider a change to the KAR for the Harm Reduction program. Hold: Has language that makes a criminal statute.

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HB 110	R. Meeks	Prohibit the sale or distribution of any dietary supplement products containing ephedrine group alkaloids; provide for exceptions for medical purposes and for resale or distribution outside the Commonwealth; establish penalty of Class A misdemeanor for first offense and Class D felony for a second or subsequent offense.	Hold: Has language that changes a criminal statute.
HB 118	B. Yonts	Place current nonprescription formulations of ephedrine, pseudoephedrine, and phenylpropanolamine under controls similar to controlled substances; provide for dispensing by a pharmacist or a person under direct control of pharmacist; remove from publicly accessible shelves.	To Be Included: Language that could possibly be addressed in the Administrative Regulations – for Pharmacy. Hold: Has language that makes a criminal statute.
HB 151	T. Feeley	Require continuing education credit in new prescription drug protocols for doctors and dentists, respectively; require the equivalent of two hours of training to be incorporated into each board's current continuing education requirements; require the State Board of Medical Licensure and the Kentucky Board of Dentistry to collaborate with the Kentucky Board of Pharmacy and the Office of the Attorney General to develop and present training to	To Be Included: Has language that supports prevention/education initiatives and public awareness.

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		practitioners.	
HB 182	B. Buckingham	Relating to manufacture of methamphetamine, to specify that possession of two or more chemicals or two or more items of equipment for the manufacture of methamphetamine, along with the requisite intent, violates the statute.	Hold: Has language that changes a criminal statute.
HB 220	S. Nunn, J. Coleman K. Stein	Create a new section of KRS 205.510 to 205.630 to authorize the Department for Medicaid Services to designate providers for a recipient who abuses or overutilizes Medicaid services or who is convicted of unlawfully distributing a controlled substance; provide that the provider restriction will continue for a minimum of 12 months; exclude emergency services and referrals from the restrictions; require the department to annually determine if the restrictions for a recipient shall continue; authorize the secretary of the Cabinet for Health Services to promulgate an administrative regulation establishing guidelines to determine overutilization or inappropriate utilization of Medicaid services	PASSED as SB 14 and SB 40
HB 275	P. Bather	Create new section of KRS 439 to require Dept. of Corrections to identify non-violent substance abuse offenders; require Parole Board to consider non-violent offenders at least twice annually; specify substance abuse treatment and education.	To Be Included: Has language specifying identifying non-violent substance abusers – allows for parole consideration and

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			treatment/education.
HB 359	K. Stein	Amend KRS 218A.210 relating to possession of cont. substance in unauthorized container; requires dismissal of charge and expungement of records if defendant presents valid prescription to court.	Hold: Has language that changes a criminal statute.
HB 424	B. Yonts	Create new section of KRS 15A directing Justice Cabinet to establish and maintain work group on methamphetamine awareness; provide membership of group; provide strategies for education to businesses and public regarding danger of methamphetamine abuse; provides for education of businesses to prevent theft and illegal use of substances used to manufacture methamphetamine.	To Be Included: Has language calling for work group similar in most aspects to the Statewide Drug Control Summit Assessment but is specific to methamphetamine. Executive Order could expand as needed.
HB 536	J. Stacy	Amend KRS 189A.010 to include <i>per se</i> violation of DUI if specified minimums of certain controlled substances are present in blood or urine tests.	Hold: Has language that changes a criminal statute.
HB 547	C. Geveden	Amend KRS 218A adding language for penalty enhancements for possessing firearms during commission of other 218A	Hold: Has language that changes a criminal statute.

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		violations.	
SB 163	R. Stivers	Create new section in KRS 218A making it a crime to expose “child” to hazardous chemical substances when manufacturing controlled substances illegally.	Hold: Has language that changes a criminal statute.
SB 180	R. Roeding	Create new section in KRS 218A defining and making it an offense to sell, possess, distribute or facilitate distribution of “counterfeit prescription drug[s]”	Hold: Has language that changes a criminal statute.
SB 240	B. Guthrie; J. Pendleton; J. Turner; E. Worley	Amend KRS 314.011 to authorize advanced registered nurse practitioners to prescribe and dispense controlled substances; amend KRS 314.042 to require advanced nurse practitioner to enter into a written collaborative agreement with physician; amend KRS 218A.010 to include advance registered nurse practitioner to list of practitioners authorized to sign a prescription.	Hold: Has language that changes a criminal statute, as well as statute regulating medical professionals.
SB 255	J. Denton	Amend KRS 218A.170 to allow manufacturers to distribute anticonvulsants, including those classified as controlled substances, to physicians through the patient assistance program.	Hold: Has language that changes a criminal statute.
SB 261	R. Stivers	Create new section in KRS 197 requiring party subpoenaing state prisoner for civil litigation pay for costs associated with transport, detention and upkeep of prisoner; provide videoconferencing as preferred in available. Create new	To Be Included: Has language calling for drug testing of Corrections employees. May wish to limit to those employees

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		section in KRS 197 permitting Department of Corrections to drug test all employees in hazardous duty positions.	acting in sworn capacity or who have responsibility for the transportation of prisoners.
SB 155	D. Kelly	Amend and repeal various sections of the KRS - confirm Executive Orders 2003-064 and 2004-028.	This bill basically confirmed changes in Cabinets made by Governor Fletcher.

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Kentucky Agency for Substance Abuse Policy (ASAP)

The Agency for Substance Abuse Policy (ASAP) administers Champions for a Drug Free Kentucky, funds a number of local boards that pursue prevention programming and coordinates other volunteer efforts. There has been mixed success and each case needs to be evaluated to determine the most effective means possible.

Recommendation:

- The summit recommends the KY-ASAP be evaluated under the same outcome-based models as all other substance abuse programs.
- Recommended all beneficiaries of KYASAP awards be conditional on an outcome-based evaluation.
- KY-ASAP should become one of the components of the ODCP reporting to the executive director of the ODCP for operation and administrative authority.

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Excise Tax on Cigarettes

Each of the three Summit panels addressed the issue of excise taxes on cigarettes. A range of options emerged with the only consensus that formed was that an increase in the excise tax should be considered. A range of increases varied from \$0.03 to \$0.75. The table below was used as a worksheet to spark debate at the Summit meetings and to provide a frame of reference in terms of the revenue effects.

Effect of Changes to Excise Tax on Cigarettes

Approximate number of packs of cigarettes sold in Kentucky that are taxable:	728,520,000
Excise tax at	\$0.0300
Revenue from Cigarette Tax	\$21,855,600.00

Approximate number of packs of cigarettes sold in Kentucky that are taxable:	728520000
Excise tax at	\$0.0575
Revenue from Cigarette Tax	\$41,889,900.00
Less original tax in place rev.	\$21,855,600.00
New Revenue	\$20,034,300.00

Recommendations:

- An increase in the tax between \$0.03-0.09
- ODCP should direct funding prioritization of programs from revenue increase consistent with priorities of the Governor's substance abuse policy

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**ITEMS RECOMMENDED FOR MORE IN-DEPTH REVIEW BY
THE OFFICE OF DRUG CONTROL POLICY**
(Color-coded **Green**)

Issues that follow in **Green** are items that the summit deferred action upon in lieu of more detailed review by the Office of Drug Control Policy.

Items that follow were discussed at Summit meetings but were not approved for inclusion as “Recommended” (**Blue**), or the issue was too complex to have adequate consideration prior to the conclusion of the Summit. In either case, items that follow are recommended for additional review and eventual consideration by the Office of Drug Control Policy.

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Drug Testing

Data from Summit Questionnaires and Interviews:

- Drug testing has emerged as recommendations from conversations at a number of public input meetings.
- Program Administrator feedback, including panel member responses, has described drug testing as a useful element in a coordinated drug control policy.

Considerations:

- Random, suspicionless drug testing has been upheld where the population eligible for sampling participate, in extra-curricular activities.
- Random, suspicionless testing where the entire student body is eligible has not withstood judicial scrutiny.
- Directed, suspicion-based testing has withstood scrutiny.

Projection for effective policy:

- Seek federal funding through ONDCP to project pilot programs throughout the state,
- Establish Kentucky as a model for school drug testing as a pilot for the nation with assistance from federal funding,
- Utilize a balanced, random suspicionless approach of all students who participate in any extra-curricular activity,
- Consider random suspicionless testing for school personnel at piloted sites
- Consider suspicion-based testing programs that schools may utilize.
- Provide training for school personnel concerning all aspects of drug testing.

Recommendations:

- Explore expansion of Kentucky's existing random drug testing programs of school age children

* Attached are existing drug testing sites in Kentucky

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***Existing Student Drug Testing in Kentucky's Public Education System**

School	Whose Tested	Testing Policy	Years Tested
Bullitt County Day Treatment	Students in the Department of Juvenile Justice Contracted Program	Random or selective testing	4
Frederick Fraize High School	Student Athletes	Random testing	7
P.L. Dunbar High School	Student Athletes		
East Jessamine County High West Jessamine County High	Student Athletes	Mandatory testing	4
Tates Creek High School	Student Athletes	Mandatory and Random testing	
Franklin Simpson High School	Student Athletes	Voluntary testing	14
LaRue County High School	Student Athletes	Mandatory and Random testing	5
Green County	Student Athletes	Random testing	4
Nelson County			
Campbell County High Campbell County Middle	Extra-curricular Activities	Random or Suspicion testing	1

- Student drug testing is done at the school by the school nurse or at a drug testing laboratory that is selected by the Board of Education.
- Student and parent consent forms are signed at the beginning of each season or extra-curricular activity stating that a drug test may or will be administered at anytime to the student athlete.
- Funding for most of the drug testing comes from the local board of education, the schools Pepsi grant, and the student pays a fee at the beginning of the season for the drug testing.
- Positive drug tests result in suspension of X amount of games and mandatory drug counseling. Another drug test that is paid in full by the student athlete to be re-instated with the athletic team.
- A second and third positive drug test will result in additional suspension, more drug counseling sessions or suspension from all athletic sports for the duration of the students high school career.

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Kentucky Employee Assistance Program (EAP)

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. These problems may involve emotional, financial, marriage/family or substance abuse issues. This program is a state employees benefit and the services are also available to families at no cost.

Recommendations:

1. Coordinate with EAP any existing services regarding substance abuse for state employees that are developed in the future
2. Utilization of EAP throughout Executive Branch
3. ODCP to develop future integration of EAP into policy

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Local Initiatives

Data from Summit Questionnaires and Interviews:

- A significant number of responses have referenced local initiatives at the regional, county and municipal level whose primary focus is substance abuse.

Considerations:

- Initiatives range from public, private and public-private driven resources.
- There are varying degrees of representation found with each initiative.

Recommendations:

- Recommend that the ODCP:
 - Actively seek out local initiatives;
 - Document presence, participating entities;
 - Pursue partnerships and exchange of ideas with constituent interests; and
 - Facilitate communication between local interests with other executive branch entities.
- Recommend Summit transition this role and relevant information to ODCP as a work product with Final Report of Summit.

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Current Status of Education/Prevention

1. Pilot collaborative program in alternative school settings with targeted drug-related student offenders. This program should include educators, enforcement and health (treatment) representatives for a holistic approach and micro-model of macro-model in whole community setting.
2. Pilot Curriculum Adoption: Proven Scientifically Research-Based Prevention/Awareness curriculum to be used in alternative schools and/or compliment Jobs for Kentucky Graduates Curriculum at specified sites.
3. Promote drug awareness/prevention preparation in teacher pre-service programs in all teacher certification programs accredited by the Education Professional Standard Board.
4. Professional Development will continue to support and promote substance abuse and training professional development for K-16 educators and staff.

Recommendation:

- The Office of Drug Control Policy should examine and review all education/prevention programs.
- Create a framework for Kentucky's schools, treatment facilities, and law enforcement

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Asset Forfeiture

Summit Input

Public Input Meetings, Public Questionnaires and Interviews and Government Questionnaires:

Consistent topic, particular interest from self-reported enforcement respondents

Barriers:

- Forfeited funds do not easily reach operational entities
- Inconsistent and/or variegated methods for accounting of funds
- Members of enforcement community may misunderstand this initiative as effort by the state to control process.

Recommendations:

- The Office of Drug Control Policy should coordinate inquiry and drafting of revisions and amendments to Kentucky Revised Statutes and Kentucky Administrative Regulations concerning state-level forfeiture processes such that:
 - State forfeiture processes more closely mirror federal forfeiture procedures and particularly that,
 - State forfeiture processes do not revolve about conviction prior to forfeiture of assets.
- Asset forfeiture authority and prioritization:
 - ODCP should insure any process changes to forfeiture laws and regulations are consistent with the goal of facilitating return of deserved funds to local communities.
 - ODCP should be directed to pilot an eventual statewide accountability recommendation

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White Paper on Prevention

Composed by the Kentucky Cabinet for Health and Family Services Division of Substance Abuse Expert Panel, the White Paper is included here in full text such that it can be reviewed more thoroughly by the Office of Drug Control Policy. Individual programmatic components of the White Paper may rise to recommended policy objectives; however, the issues included were too detailed for the Summit to devote adequate time to explore each of them.

See Appendix A: White Paper on Prevention

Recommendation:

- Office of Drug Control Policy to examine and review the White Paper
- The White Paper on Prevention was compiled independently of the Drug Summit by an existing committee of experts in the domain of prevention regularly convened by the Department of Mental Health- Mental Retardation's Division of Substance Abuse. The paper was not completed in time for the Summit to fully consider it. As such, it is included in the Report at the request of the Division of Substance Abuse but is situated and labeled as a "green" item for further consideration by the Office of Drug Control Policy.

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**Kentucky Drug Summit Assessment
Public Input Meeting #1
Covington, Kentucky - February 18, 2004**

Treatment Panel Subcommittee

Panel Members Present: Chris Block; John Coy; Karyn Hascal; Dr. Rice Leach; Drexel Neal; and Dr. Rick Purvis.

Subcommittee Members Present: Jeff Doig; Russ Radenhausen; and Mary Rafizadeh.

Support Staff Present: Sharon Davis and Jo Carol Roberts.

Approximate Number of People in Attendance: 50

Number of Speakers: 20

Prevention-Education Panel Subcommittee

Panel Members Present: Mardi Montgomery, Steve Kirby, Commissioner Ron Bishop, Dr. Carl Leukefeld, D. G. Mawn, Dr. Robert Biggin, Dianne Shuntich, Paul Deines

Subcommittee Members Present: Sandra Watts

Support Staff Present: Janice Earnest and Linda Renfro

Approximate Number of People in Attendance: 50

Number of Speakers: 15

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Gary Oetjen, Greg Van Tatenhove, Cleve Gambill, Joe Whittle, Rodney Brewer, John Bizzack

Subcommittee Members Present: Steve Collins, Jim Acquisto, Norman Arflack, Lisa O'Hearn, Joe England, David James, Mike Sapp

Support Staff Present: Frank Kubala, Fran Root, Kay Fuson, Pam Smallwood

Approximate Number of People in Attendance: 60

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Number of Speakers: 24

**Kentucky Drug Summit Assessment
Treatment Panel
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Members Present: Chris Block; John Coy; Karyn Hascal; Dr. Rice Leach; Drexel Neal; Dr. Rick Purvis; Jeff Doig; Russ Radenhausen; Mary Rafizadeh

Support Staff: Sharon Davis and Jo Carol Roberts

PUBLIC INPUT:

Judge Grothaus, Kenton County District Court

Topic: Drug Court, HB77, Treatment Facilities

- Need funding for Juvenile Drug Courts
- Eastern State Hospital (only option for indigent people)
- Lack of in-patient treatment programs (30 day programs) in the N.KY area
- Advocates HB 77 (Involuntary Hospitalization)

Charlotte Wethington, Co-Chair, People Advocating Recovery

Topic: HB77

- Told personal story about her son who overdosed and could not get in the system unless he was arrested. Regrets not calling the police on her son.
- Advocates HB 77 (Bill named after her son, Matthew Casey Wethington, regarding Involuntary Hospitalization).

Officer Scott Paul, Independence Police Department

Topics: Drug Court, HB77

- Supports Drug Courts
- Need for regional in-house adolescent treatment centers
- Advocates HB 77

Joel Griffith, Cabinet for Health and Family Services

Topic: Child Protective Programs; Funding

- Advocates Child Protective Programs (drug screening for parents-accountability)

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- Need more programs working with families to be self-sufficient and to get children back with families
- Funding for Drug Testing

Tim Hanner, Asst. Superintendent, Kenton County Public Schools

Topic: Drug Court, Funding, Need More Programs

- Supports Drug Courts
- Need for in-patient treatment programs for N. KY.
- Out patient programs are not enough
- Have some programs in place but need \$\$ to continue

Edwin Kagin, Director, Kentucky Director for American Atheists

Topics: Drug Court, Secular Programs

- Supports Drug Courts
- Does not support AA programs, feels they are religion-based programs
- Feels programs should be secular

Gary Moore, Boone County Judge Executive

Topics: Funding, Need Treatment Programs

- Region is overlooked for treatment programs
- Have resources at the local level but need more funding
- Need more facilities/more funding
- Boone County Jail needs more beds to house inmates they have, they are not in business to house state inmates
- Have health Resources (\$\$), but cannot use them to treat prisoners
- Very interested in seeing barriers brought down in order to share resources

Curtis Blake, Kenton County Drug Courts

Topic: Drug Court, Funding

- Brought someone to speak about Drug Courts (PFC Edward Lewis)
- Drug Courts give juveniles an opportunity for a second chance at life
- Need for more funding

John Salter, Recovery Resource Center

Topic: Supports Program

- Supports Treatment/Recovery Programs
- Supports Diversion Programs

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- Supports 12 step program
- Would like to see agencies offer more than 12-step program
- Sees AA as a religious program - feels it needs looking at

Mary Pat Behler, Youth Substance Abuse Treatment Collaborative

Topic: Supports Need Assessment, Treatment

- Supports the Need Assessment
- N. KY does not have an in-patient treatment center
- Need after-care (sober support system)
- Member of Adolescent Substance Abuse Strategic Plan group and will send copy of plan send to the panel
- *Member of Regional Strategic Group (N. Key; Dept. of Juv. Justice; Comp Care; Catholic Services; Family Services; Children's group homes; schools and Transitions)*

Audrey Dupuy, University of Kentucky, Target Assessment Specialist

Topic: Treatment Concerns

- Conducts Holistic Assessments
- Concerned about gaps in treatment for adults (currently 3 options: 1—out patient counseling; 2—IOP at N. Key, 2 hours during the daytime, hard for people to get off work; 3—RAP house)
- Concerned about lack of availability of treatment
- Chances of recovery are low without many resources
- No treatment for dual diagnosis (substance abuse/MH) patients

Mac McArthur, Transitions

Topic: Need More Treatment Facilities/Programs/Funding

- Transitions helps needy, prisoners, homeless, uninsured people
- Need funding for outpatient offender rehabilitation
- Juvenile Drug Court has a one-year grant; funding will have to be secured
- Need 30-40 day residential treatment centers for Men
- Need childcare for women in recovery programs
- General Assembly needs to hear what people at forums are saying
- Needs to be at least 32 beds for indigent adolescents. Currently the state has less than 26 and only 8 for females

Note: Subcommittee member Jeff Doig asked Mr. McArthur if several people go over to Ohio for treatment and asked if rates are inflated for folks going from Kentucky to Ohio. Mr. Ed Muntel from N. Key stated several adolescents go to Ohio for treatment to use Medicaid for payment. It is \$1100/day in Ohio and \$420/day at N. Key and insured patients that go across the river will pay more.

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Ann Perrin, Health Foundation

Topic: Medicaid, Funds, Education

- Need funds for substance abuse/mental health/school based programs/childcare
- Nearest in-patient facility is in Falmouth
- Ohio provides services through Medicaid; Kentucky needs Medicaid funding
- Would like to change public opinion that substance abuse is a chronic disease
- Treatment does work and quality of life is better
- Concerned there are very few services for N. Kentucky
- Need to have a treatment option along with Drug Courts

Robert Crupper, Pastor, First Church of God

Topic: Spiritual

- Came to listen and learn
- Feels it is important to keep spiritual side in treatment/recovery

Mac McArthur, Transitions (spoke again)

Topic: Staff Salaries

- Concerned about pay scale; folks are trained in Kentucky then go to Ohio to make more money.

Richard Fowler, Private Citizen

Topic: Find Causes

- Substance abuse has to be looked as to what has caused the problem
- Supports building a recovery foundation with a spiritual aspect
- Works with OASIS / JUDA funded by United Way
- Would like to see agencies supply support to one another

Amanda Beck, N. Kentucky Health Department

Topic: HIV, Aftercare

- Substance abuse increases chances of HIV
- Recovery is life long process
- Without positive support, chances of relapse increases
- Need more after care as part of the recovery process
- Need more education component to treatment providers

Ed Muntel, North Key

Topic: HB 843

- Sees the importance of Drug Courts

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- Stated HB 843 Commission has laid a lot of groundwork in MH/MR issues along with the creation of regional planning councils
- Services outdated with the rapid growth of increasing population figure
- Aftercare factor is significant especially for dual diagnosis patients

Barb Hegge, Target Assessment Specialist

Topic: HB843, Drug Screening

- Limited in what she can do without ability to give drug screen test
- Want to refer folks to proper level of treatment with drug screen. Right now she can only go on the patients word
- Need more available treatment
- Concerned about getting families reunited
- HB 843 Discussion

NOTE: Mr. Doig asked Mr. Muntel if any of the recommendations from HB 843 have been met. Mr. Muntel reported there has been no funding increase over the past 10 years but that the overall budget has increased because of special programs (for example: There were dollars from the Administrative Office of the Courts, but it does not cover treatment). Mr. Muntel explained some funds have gone to Transitions. Ms. Hascal reported that thirteen of the fourteen regions place substance abuse as the number one funding priority to be used for expanding drug courts and treatment programs. Ms. Hascal emphasized that treatment will have a much louder voice with Law Enforcement and Prevention/Education components at the table.

Unidentified participant

Topic: Methadone Clinics

- Wanted to know if there are plans for Methadone clinics and felt there was a need for them

**Kentucky Drug Summit Assessment
Prevention/Education Panel
Public Input Meeting
Covington, Kentucky - February 18, 2004**

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PUBLIC INPUT

David Olds, Director, Mental Health Association & served as Chair of Northern Kentucky Agency for Substance Abuse Policy (ASAP)

Topic: Programs, data gathering, protective factors

- Wide range of science based preventive programs
- Northern Kentucky ASAP - 11 incentive grants to 10 schools for prevention programs
- Support local groups coming together, focus on community as a whole
- Problem - getting good local data. Data is old and inconsistent
- Support school system in gathering good data to determine what direction to take
- Age group when onset occurs is 14-15 years old, early teenage years
- Earlier they start the greater the risk they will develop problems
- Three most common drugs are tobacco, alcohol and marijuana; also inhalant use, especially in much younger kids
- Risk Factors: Family, family values, view of the child as to how positive school is
- 80% do not continue use if at least seven protective factors are in place
- Not telling families how to act, but giving an opportunity for parents to learn
- All schools received list of programs offered. Currently assessing the programs

Chris Ertel, Assistant Manager, Kenton County Pretrial Services Diversion Program

Topic: Diversion programs

- Deals with teenagers, college students re alcohol and drug offences
- Have used "diversion" programs since 1978. It has reduced recidivism
- Number of offenders are not where they need to be to get treatment
- Problem - locating education programs for young adults (for those who need less than treatment)
- Like to see more programs for young adults across the state, have more resources available
- Programs for college campuses (especially alcohol).
- Private agencies offer services - DUI mandated classes and alcohol/drug assessment. Client pays for the services; they are avoiding paying court fines.

Amy Weber, Northern KY REC

Topic: More and more non-violent offenders being locked up.

Strategies:

- Asset building
- Vendor education
- Responsible beverage service
- People will listen to youth—need an avenue to express non-use message
- Science-based programs: Are proven effective; match programs to KERA

Deleted:

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In Northern Kentucky:

- Planning two preventive conferences
- Third-party buyer project
- Champions groups
- N. KENTUCKY is under funded in these programs

Linda Verst, N. Kentucky Regional Prevention Center (works part-time)

Topic: Need prevention at an early age

- Comes from a recovering family (she and her husband-alcohol)
- Kids should be exposed to prevention, as we are to prevention of heart disease, etc.
- Data shows first use is average age of 12.6
- Middle school is critical
- Parents talking to kids is critical
- Kids who get an after-school job have higher use
- Particular drug of concern in N. Kentucky are alcohol, tobacco, marijuana

Dr Fred Bassett, Supt., Beechwood Independent Schools

Topic: Alcohol

- In his district, alcohol is drug of choice
- Not perceived to be particularly harmful
- Even parents will condone alcohol vs. kids being involved in other drugs
- Have parties with alcohol
- Big problem: third party providing alcohol
- Need to take a hard line with parents who do this—go after them
- Kids get alcohol from older siblings, friends
- Schools have programs to let kids know (problems) of alcohol, but kids see parents, friends, doing social drinking and don't see the bad consequences.
- Dropouts: Second chance programs and GED don't target substance abuse. There's a gap—no data on usage levels on home school and dropouts.

Spoke from audience: Becky Carol, Kenton Co. Schools

Topic: Keep contact with dropouts

- Dropouts have younger siblings, so she keeps dropouts on her case list
- Family Resource Centers all keep up with them and encourage getting GED, etc.
- They treat the whole family because they will let them in their home.

Tony Bacigalupe, Campbell Co. Fiscal Court (Senior at Thomas Moore College)

Topic: Community Education

- Working on developing a community education program.

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- In April, will offer two programs (Prime for Parents and Parents Who Care) each week to try and get parents involved.
- Programs – how to talk to kids re drugs and alcohol and Best methods re reduction of risk involved
- It's a challenge to get parents to come

Bob Douglas, KY Crime Prevention

Topic: School Resource Officers needed

- Summit last year showed lack of clear leadership across agencies
- Lack of involvement – child protective services
- Education – need more timely info on latest trends to help get in a proactive mode
- School Resource Officers need to be active in schools—many losing their positions which were funded by grants
- School Resource Officers work with Family Resource Centers on dropouts, etc.

Chuck Korzenborn, Kenton Co. Sheriff

Topic: Drug Court System

- Received an award for program, but everything is driven by money and he had to take officers off
- Drug Court System turned life around for participant
- Drug Court beneficial for adults? Yes, works for both adults and teens.
- A lot of people in jail who don't belong—they could be productive.

Charlotte Wethington, Co-Chair PAR (People Advocating Recovery), former teacher

Topic: Education and compassion needed re addiction

- Lost her son Casey to heroin overdose.
- As a parent, had delusions of son being from good family trying to do right thing, that addiction wasn't going to come to her house.
- Stigma related to addiction—don't have acceptance with what we're dealing with—lack of compassion
- Teachers have to buy-in to see programs are worth their time and effort
- Need to educate people as to the disease of addiction—it's a progressive disease

Gerald Turner, Boone Co. Schools, Director of Pupil Personnel

Topic: Truancy leads to problems

- Prevention needs to start with truancy
- Truancy and dropouts will open door to future problems. No chance to learn if not in school
- His district seeing results with Dept. of Juvenile Justice grant

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- Students getting a relationship with School Resource Officers—someone they can trust and talk to
- (Truancy) is a family issue—work with them on their turf, where they are comfortable
- Get them to school—whether it's getting them an alarm clock, etc.
- Truancy Court, a pilot program—research based, shown to work, positive reinforcement
- Kids get into trouble if not in school
- Six local attorneys work with students and families—check on them re attendance. All children approved by parents that they will be there
- Program—presently do home visits and assess situation. If find drug problem, students are not left in the cold.

Mary Pat Behler, Youth Substance Abuse (YSAT)

Topic: Increase tax on cigarettes and alcohol

- Think about cigarettes
- Gov. doesn't want to increase tax, but look at it as a health problem, not revenue
- Alcohol is a problem—increase tax on alcohol
- Best deterrent to youth smoking is to increase tax

Barry Dafin, Boone Co. Human Services (case worker, Family Court)

Topic: Family Court and Truancy Court

- Used to hospitalize kids—deal with Family Court now
- Developed Truancy Court due to belief—if not in school, probably causing other problems
- Teachers spend most amount of time with kids
- Courts and schools are involved in families so we are telling parents how to parent

Aaron Vissman, Brighton Center (Outreach Specialist)

Topic: Straight Edge group

- The Center refers people on the street to employment training
- Need accountability as to how grant money being distributed
- Grant money goes to other things
- Under funded so he has to help with people in shelters—thinks his time would be better spent on streets than in classroom
- Some kids fall into Straight Edge group—stay clean, not fall into drugs, but get social pressure
Some reports that they assault people as they leave bars—broke a kids arm because he was smoking

Erin H. Paul, North Key Regional Prevention Center

Topic: Tobacco

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- Works with N. Kentucky Tobacco Coalition
- We can't talk about drugs unless we talk about tobacco
- Very important to educate people that we're not attacking farmers
- Preemption--taking away the rights of local govt. in this regard (to pass a no smoking ordinance_
- Not reaching the people we need to reach: single mothers can't come out to a meeting; truant kids won't get the message
- N. Kentucky going to focus on pregnant women—excise tax would work on them, as well as on kids
- Youth are amazing on changing minds of adults—may be an untapped area—they can have an impact

Tim Hanner, Dep. Supt., Kenton Co. Schools

Topic: Drug Court, SROs

- Have a N. Kentucky Juvenile Drug Court program
- Is a model program that has to continue
- Safe Schools money touches lives of so many
- Full School Resource Officer (SRO) program—SROs in all middle schools—builds trust
- Family Youth Service Centers—works with and builds trust in families
Give schools freedom on how to use Safe Schools Money

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Covington, Kentucky - February 18, 2004**

Members Present: Steve Collins, Jim Acquisto, Norman Arflack, Gary Oetjen, Greg Van Tatenhove, Cleve Gambill, Joe Whittle, Lisa O'Hearn, Joe England, David James, Rodney Brewer and Mike Sapp

PUBLIC SPEAKERS:

Maria Watkins: Former drug charge; Spent 27 months in Ky. Drug Court; Thanked Judge Bartlett; Drug problem affects all "types" rich and poor.

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Judge Bartlett: Drug Court looks at how to address the problem; Need support from Chief Justice Lambert; Whole concept is alternative way to address the drug problem, recognize the problem, taking resources, applying more efficient way, state supervised (drug court) program; Those in the drug court program work, complete education, report weekly to court, work on changing their behavior; Desperate need of more treatment facilities; Can not be “soft” – use more “tough love”; Drug Court is attached to “Transitions” which is a non-profit organization funded by grants; Average cost to incarcerate someone is \$13,000 - \$14,000, average cost for drug court \$3,000 per year.

Bill Crockett, Kenton Co. Commonwealth Attorney: 33% of case load is drug related; Have to be convicted for underlying crime before you are eligible for Drug Court; They need to get treatment and get it early; Would like to have ability not to prosecute as opposed to immunity.

Cheryl Roberts: Lives in a Transition Home, Has been drug free for 85 days, Within 30 days has paid off fines, Was given a choice, Does community service

Jim Norris, Public Defender: Represent 700 people yearly, 70-80% are addicts; The ones going to jail are addicts and street dealers; Doctors are getting by with pushing pills.

Jim Acquisto, Daviess Co. Sheriff's Department: Are arresting more users than traffickers; Drug Court has been a resounding success in Daviess County, to be a good program you need good judges and good prosecutors; Need strict assessment; Need accountability in Drug Court; Has a problem with putting people in jail just to hold them for a treatment bed to become available; Drug Addicts on probation will re-offend.

Greg Sandel, Independence Police Department School Resource Officer: The panel has a severe job ahead, very difficult; Imperative to offer subsidies “money” to small towns; Enforcement is key, need assistance to get them off the streets and protect other citizens; Need resources.

Gene Flaughter, Mayor of Falmouth: Sellers should be main target; Sellers and users are now parents; A doctor sold drugs for 3 ½ years and people came from all over the state and out of state to him; Numerous makers of drugs spend small amount of time in jail and start all over again when released; Need to get sellers; Put more money into the drug problem; Get family life back to where it should be; If they are taught at age 12 to use drugs it is very hard to re-teach them.

Kim McCoy, Former Addict and Former Producer of Marijuana: Stayed out of public eye when producing marijuana, Was caught by feds; Parole officer gave her a drug patch; Recommends drug patch because you can not lie about using, it will detect drugs; Have to be serious about sobriety; Place programs in prison to keep them accountable; You do need to get the “little” dealers or else you won't get to the “big” dealers; Focus on the “small” they will get you to the “big” people.

Judge Doug Greathouse: Family unit is in total disarray; Allocation of resources especially in juvenile area; Juvenile system needs revamping; Look at juveniles and parents: No juvenile treatment centers in Northern Kentucky – no treatment, funding or facilities.

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Nancy Schaefer, Northern Kentucky Drug Strike Force: Funding and manpower are my issues; Funded by Burn Grant (which we are losing) and forfeiture money; You can get rid of “little fish” all day long – always someone to replace them, takes time to get “big fish”.

Henry Bertram, Pendleton County Judge: We don't have drug task force; Fund drug task force and you will get a solution; Drug Task Force in larger areas only push dealers into rural areas which become a “safe haven” for them.

Jim Parsons, Deputy Judge Boone County: Funding – if we get good forfeiture, our grant gets cut; Member of drug task force; Willing to spread into other counties but do not have enough funding; Large cities invest more into Law Enforcement but small areas can not, Jurisdictional authorities need statute broadening.

Greg Van Tatenhove, US Attorney, Eastern District: Listening is very helpful, especially with a regional focus; I look at 67 counties; Operation UNITE covers 30 counties; Drug Task Force is critical and needs to be vertically concentrated; UNITE focuses on street level drug problems in coordination with federal and local law enforcement; Northern Kentucky's state judicial system is strong; Critical that this coordinated effort take place.

Mike Ward, Chief of Police in Alexandria: 65% of cases are crossing lines; Strike force lost 4 youth lives to drug related instances; Drug task force has a mentor type program that is very valuable; Large amount of money is spent working drug cases; Street officers can not work drug cases in there area because everyone knows them; Alternative to money is information sharing and information technology; Kentucky State Police intelligence is incredible but we can not access at 3 a. m.; Local law enforcement stop can open up intelligence; Most sales are coming from across the river; Should be able to share information within and outside the state; Need to increase information technology that is available 24 hours a day; Use monies more efficiently by getting information on the street; School Resource Officers are extremely valuable – you get valuable information from students; Need accountability starting at young age.

Joe England, Kentucky Vehicle Enforcement: Institutionalized barriers are “false walls” that are blocking the way; Forfeitures sit idly for many years, \$700,000 - \$800,000 intradiction monies unused for years due to bureaucratic walls; Share trainings – not always about money; State and Federal agencies are approachable, it is a matter of cooperation.

Tim Hanner, Kenton County Schools Deputy Superintendent: Need cooperation with schools, drug task force and officers; Communication between local police department, school and court system to share information; School Resource Officer is also a staff member able to build relationships with students and families; It is about communication and both parties willing to share information; Family Resource Centers in elementary schools builds relations with families which builds trust; Northern Kentucky needs juvenile treatment center.

Charlotte Wethington, “Mom” and Co-Chair People Advocating Recovery (PAR): Son died from heroin overdose, Need intervention for ones that can't get arrested and placed into drug court;

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Lobbying for House Bill 77 the Matthew Casey Wethington Substance Abuse Bill which will allow family or friends to intervene, similar to the Marchment Act in Florida; It is not about the "big deals" that are killing are kids it is the "little bags" they are buying; Not a socially acceptable disease; Intervention is an addicts only hope; A "big stick" often makes a big difference. She felt her son was more afraid of jail than he was dying.

Amy Weber, North Key Community Care: Abuse does not happen overnight; Appreciates the multi-disciplinary approach; Encourages everyone to get involved in kids lives; If we continue to sit and blame each other nothing will happen, we have to work together; Arresting keeps them from using for a short time but, they just displace; We target 13-14 year olds for prevention; Incentives are important; Scare tactics will work with some but not all; All communities need to step up to the plate.

Donna Wells, Mom of Addict: Told personal story about her daughter who is an addict; Thinks dealers are in it for the money.

Don Wells, Pendleton County Attorney: Appreciates this initiative; Some families think that the judge and the prosecutors are the enemy instead of the drug; Send message to public advocate that your "criminal" would be better off to admit what they did; Give harsher sentences.

John Salter, Social Worker for Recovery/Resource Center Inc.: Former addict and alcoholic that did not use the 12 steps or attend programs; Try to be mindful that 12 steps is only one type of treatment; Use abstinence type of program; Diversity in recovery; Diversion programs rather than incarceration; If they have already been through one program try another type.

Bob Douglas, Kentucky Crime Prevention: Designate one agency; Try "drug czar" program; Possibly give state funding to school resource officer programs that are working when their federal funding runs out.

**Kentucky Drug Summit Assessment
Public Input Meeting #2
Maysville, Kentucky - February 25, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Ron Bishop, Chris Block, Karyn Hascal, Drexel Neal, Dr. Rick Purvis, Candace Blakeman, Mike Burton, Jeff Doig, Betty Mueller, Kathy Taylor, and Patty Reed

Statewide Drug Control Assessment Summit 2004 - Final Report

Support Staff Present: Sharon Davis and Jo Carol Roberts

Approximate Number of People in Attendance: 45

Number of Speakers: 12

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Karen Jones, Jon Akers, Paul Deines, Carl Leukefeld, Steve Kirby, Brigitte Stacy, David Pearce and Libby Mills

Support Staff Present: Jane Carrier and Linda Renfro

Approximate Number of People in Attendance: 40

Number of Speakers: 14

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Greg Stumbo, Van Ingram, Steve Collins, David James, Gary Oetjen, Jim Acquisto, Joe England, Norman Arflack, Lisa O'Hearn, Fred Stein, Harold Mac Johns, Frank Rapier and Mike Sapp

Support Staff Present: Kay Fuson and Pam Smallwood

Approximate Number of People in Attendance: 35

Number of Speakers: 15

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Maysville, Kentucky - February 25, 2004**

Members Present: Ron Bishop; Chris Block; Karyn Hascal; Drexel Neal; Dr. Rick Purvis; Candace Blakeman; Mike Burton; Jeff Doig; Betty Mueller; Kathy Taylor; Patty Reed

Support Staff: Sharon Davis and Jo Carol Roberts

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PUBLIC INPUT:

Tom Griffith, Office of Public Advocacy

Topic: Need for Drug Court/Diversion Programs

- More access to drug treatment would reduce problems
- Establish drug court/intensive diversion programs
- Need local in-patient facility
- 50% of cases are drug cases
- Change in sentencing (mandatory jail time) regarding possession of marijuana
- Need public transportation system for Maysville
- Public awareness of drug court success by exhibiting statistics
- Black people less likely to get probation and white people get probation more often because they can afford treatment
- Need pretrial diversion, but prosecutors have to be onboard
- Department of Juvenile Justice's new mindset produces better, more productive kids

Allen Clay Stone, Bluegrass Area Development District

Topic: Treatment vs. Incarceration

- Treatment is better than incarceration
- District judges need more latitude with diversion programs
- Cheaper to treat than to incarcerate
- Violent drug offenders should be incarcerated
- More jobs in Fleming County will promote a better work ethic and prevent drug usage
- Opposes mandatory sentencing

Allen Levay, Comprehend, Inc.

Topic: Funding and Lack of Programs

- 2.6% flexible funding increase in the past 11 years and is narrowly defined
- Qualified staff issues for rural areas
- Dual-diagnosed folks fall through the cracks
- Need Medicaid cover services
- Need adolescent outpatient programs
- Need residential beds for the 5-county area
- Need public education
- Not enough treatment resources to keep up with demand

Sallie McNiel, Comprehend, Inc.

Topic: DUI Offenses

- Frustrated seeing clients continually with 8th or 9th first DUI offenses
- Need stricter laws in 2nd and 3rd DUI offenses

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- 1/3 of DUI clients are on other substances

Carolyn Wells, St. Claire Regional Medical Center

Topic: Hospital Treatment Issues

- Patients released from 3-day treatment have no place to go for after care unless they go to homeless shelters then return for another 3-day treatment
- Numbers for three-day detox cases increasing from last year
- Fewer people have medical insurance
- Kentucky dollars are going to other states that accept Medicaid
- Medicaid pays for ICU patients, would be cheaper to pay for 28-day treatment
- Funds for treatment
- Needs for dual-diagnosed folks
- Must get into Criminal Justice system to get good treatment

Steve Vice, St. Claire Regional Medical Center

Topic: Funding

- Need more funding for adolescent treatment programs
- Produces a monthly quality assurance reported and asked panel members if there was certain data (for statistics purposes) they would like for him to collect

Betty Charles, Morehead Professional

Topic: Funding and Treatment Facilities

- Need treatment facilities for 17-18 year olds
- Majority of clients between ages of 20-40
- Need more community-based re-entry programs
- Need funding for treatment programs and facilities
- No treatment available for Oxycontin abuse

Terry Cunningham, NAACP

Topic: NAACP Involvement

- Need treatment options for low-income people
- Drug abuse is major concern in African-American community in the Maysville area
- NAACP is addressing needs through churches, Sunday schools, etc.
- Public Defenders are overwhelmed

Pastor George W. Edwards, Sr., Scott United Methodist Church

Topic: Community Concerns and Issues

- Lack of halfway/rehabilitation homes or facilities for indigent persons
- Low income and non-white persons are incarcerated more for drug offenses and have less access to treatment
- Minority kids are given prison sentences for drug offenses while white kids get a slap on the wrist and sent home

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- Gangs infiltrate from across the river and offer minority kids the opportunity to sell drugs to make money
- Drugs generate money for lots of people in many ways
- Police and other people in Criminal Justice system are involved with drugs or look the other way for white community
- Everyone needs to get on the same page
- Problem with primary breadwinner or caregiver with families getting treatment without losing their job or having childcare difficulties
- Would like a smoke-free and drug-free state; there will never be a drug-free America
- Applauds efforts by MADD against alcohol problems
- Black people are not the ones bringing drugs into the country
- Wants to see results of everyone working together

La Mer Kyle-Reno, Office of Public Advocacy

Topic: Family and Aftercare

- Family, children, jobs need to be maintained while getting treatment
- Need for aftercare programs

Jason Gilbert, Office of Public Advocacy

Topics: Public Transportation, Fees, Treatment

- Need public transportation
- More fees on DUI's than any other offense
- Impossible for black people to get into treatment

Unidentified participant

Topic: Parent Involvement

- Parents need to be educated and go through treatment with children

**Kentucky Drug Summit Assessment
Prevention/Education Panel
Public Input Meeting
Maysville, Kentucky - February 25, 2004**

Members Present: Karen Jones, Jon Akers, Steve Kirby, Brigitte Stacy, David Pearce, Paul Deines, Dr. Carl Leukefeld, Libby Mills, (Norman Arflack, Jim Acquisto, Mike Burton)

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Support Staff: Jane Carrier and Linda Renfro

PUBLIC INPUT

LaDonna Barnett, Comprehend RPC

Topic: Parent involvement, schools, programs, coalitions

Prevention involves more than education in the schools

- Get citizens and parents more involved in public policy
- Have safe home networks that work and kept going with parents making pledges and being responsible for children
- Encouraging parent and child communications
- Public workers being updated with drug activity thru newsletter, publications
- Parents being made aware of happening in schools, phone calls, networking, PTA, PTO
- Early intervention program for violators, with parent participation
- School surveys throughout all the counties with feedback reaching the right people
- Educate administrators on importance of drug free schools
- There is a big difference between how drugs affect community college home students and boarding students
- Making parents aware that their kids are not always trustworthy
- Champion programs are there in the schools and communities for kid participation
- Coalitions in communities are both good and bad, streamline coalitions
- Dare programs have been a big help in schools, with officer being visible, but only meant to help until something else came along
- People wanting to be apart of something that works
- We need movers and shakers in education
- Not having enough time to meet everyone's needs

Kimberly Vance, Comprehensive RPC

Topic: Schools

- Have more effective curriculum in school on substance and drug abuse
- Pulling schools together and having personnel attend school meetings
- Sharing and meeting each other's needs
- Having to much on your plate to handle everything

Tim Stump, Buffalo Trace District Health Dept.

Topic: Coalitions

- Coalitions work because they have the same group of people
- How to reach kids who are already drinking and doing drugs

Kent Butcher, Maysville Police Department

Topic: Programs

- Adopt a School program - each officer adopts a school and acts as a liaison
- DARE program needs to continue through middle school and high school

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- Two problems with prevention are funding and lack of volunteers

David Boldt, Lewis County Primary Care Center, Inc.

Topic: Education, funding

- Severe problem among prenatal population
- Need adult education on effects of substance abuse on unborn babies
- DARE is an excellent program
- Funding is spread among so many programs that nobody gets enough to make a difference

Phyllis Reed, Augusta Ind.

Topic: Programs

- Participation in the Guiding Good Choices Program, 22 week course
- Offer free programs to community
- Dare Programs to pre-school and kindergarten
- State Police and Prevention Center Programs
- Pick good times to do your programs
- Have enough back up to cover programs if needed.
- Have students drug tested, which they do

Allen Clay Stone

Topic: Kids, sanctions

- Talk to kids on their level
- Kids who work after school less likely to be involved with drugs (in his area)
- Control in schools through drug programs, drug education in schools is very important
- Supports tobacco tax
- Need to grow the economy to alleviate poverty
- Talk with kids one-on-one and explain ramifications
- Don't sanction doctors and keep people from having good pain management
- Mandatory sentencing - local judge should have control

Karen Hall, Comprehend RPC

Topic: College

- College age survey - majority make good choices, prevention programs are working, 29 average age

Vicki Brace, KY ASAP

Topic: Drug Court

- Boards over this area sponsored 4 people for Drug Court and 3 graduated
- Funding is the biggest problem

James L. Gallenstein, Mason County Judge

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Topic: Funding, mandatory sentencing, tobacco use

- Jails are revolving doors
- Funds should be spent on education, prevention and treatment
- Mandatory sentencing for second time they are caught- cannot arrest everyone and expect local taxpayers to pay for the expenses, should be state objective because locals don't have the funds
- Survey in that region - 8% believe tobacco use causes problems, hurdle in tobacco producing regions

Mark Clements, Commonwealth of Kentucky

Topic: Educate young kids, sanctions

- More exposure for young kids, no one tells them it is wrong
- Need to have sanctions so those who haven't tried drugs will not think it is OK since nothing is being done

Stockton Wood, Commonwealth Attorney

Topic: Prescription use, funds

- Demographic cultural, prescription use started innocently enough
- Without enough resources cannot do more

Alan Levay, Comprehend, Inc.

Topic: Educate public

- Need message educating people on crank and oxycontin use
- Economic and social impact from marijuana use
- Get message out to public

Patty Rudd, Comprehend, Inc.

Topic: Tobacco use, education

- There is information on tobacco use, not much on alcohol
- Take a strict look at officials and medical professionals
- More education, less corruption, strict consequences

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Maysville, Kentucky - February 25, 2004**

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Members Present: Greg Stumbo, Van Ingram, Steve Collins, David James, Gary Oetjen, Jim Acquisto, Joe England, Norman Arflack, Lisa O'Hearn, Fred Stein, Harold Mac Johns, Frank Rapier and Mike Sapp

Support Staff: Kay Fuson and Pam Smallwood

PUBLIC INPUT:

Allen Clay Stone, Bluegrass A.D.D.

Topics: Community Involvement

- Need to know who your "bad guys" are
- Have to win the war on poverty in order to win the war on drugs
- Liquor and modest drugs takes up a lot of Law Enforcement time
- I am not for mandatory sentences, no need for five year sentence for one joint
- Give judges more latitude to call the shots
- Look at the drug problem logically
- Keep up KSP classes, keep new officers on board with community involvement
- "Common Sense" police work
- Community involvement is the key

David Bolt, BT-ASAP Lewis County Primary Care

Topic: Involve Medical Licensure and Pharmacy Board

- Need to consider involving medical licensure and pharmacy board
- Continuing medical education
- Some patients with chronic medical problems can't get medication because their doctors are afraid to write them a prescription because they may show up on the CASPER Report
- Pharmacy's have responsibilities (may choose not to fill prescriptions)

Donna Penrose, Comprehend

Topic: Prescription Drug Abuse

- Had eye surgery with complications that left her in great deal of pain, her general practitioner asked her to get all pain medicine from her specialist in Cincinnati so he would not show up on any reports
- Gave testimony to a time when she was visiting her general practitioner who had a lot of hospice patients, the physician received a phone call saying they had run out of morphine for a patient, he knew that he had already ordered more than enough but felt that someone involved was stealing, had no other choice but to order more, did not want patient suffering
- Have to find way to monitor employees to find out who is stealing or abusing the drugs available; these people don't look like substance abusers or dealers
- Have outside groups come in to review, guarantee that the agency won't be held responsible, only the person stealing or abusing will be held responsible
- We don't know the "bad guys" anymore; they could be your children, grandchildren or anyone

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Tim Gibbs, Rowan County Deputy Judge Executive

Topic: Remove common drug items from front counters

- Currently we have Champion and ASAP groups but feel like every four to eight years we have to start over
- Community is not paying attention to what is being sold in local gas stations, stores are placing items commonly used for drugs (postage scales, flavored rolling papers, clips, etc.) at the check out stand
- Need to remove these items from the front counters, this will not cost a thing, do not need a city ordinance, just have public asked that these items be moved
- Raise awareness in the community as to what the primary uses are for these items and make removing these items a service project

Isaac Jones, Citizen

Topic: Get back to basics

- Communities are ready to fight the drug problem
- You need to get police officers more involved in the community
- We don't have coalitions formed anymore
- Legislators need support
- Need to hold people longer, hold to true sentence

Rodney Coffey, Menifee County Sheriff

Topic: Prescription drug abuse, Grants needed for equipment

- 80% of crime is drug related most from prescription drugs
- Dealers are getting prescription drugs via internet, sometimes from several companies
- Can not arrest them if prescription is in their name
- We need more support from Kentucky State Police and Drug Task Force
- Judges need more laws for second time offenders, suggest something similar to DUI laws
- We are sending the wrong message by only giving them a small fine
- Lack of funding for drug investigations, can get plenty for equipment, communications, etc.
- Need more grants for drug investigation equipment

Mike Sapp, Subcommittee Member, Kentucky State Police

Topic: Answers Sheriff Coffey in regards to helicopter assistance

- Cost Kentucky State Police \$400 per hour to operate helicopter
- We schedule flights based on intelligence
- Gather all intelligence, map it out and grid – we will help when we can

James Sammons, Security Officer, Bank of Maysville

Topic: Parent involvement groups

- Need groups to educate parents
- Children and grandchildren are stealing and parents bail them out

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- Lions Club and PTA's should talk with parents to tell them not to bail out their children

Norman Arflack, Subcommittee Member, Kentucky National Guard

Topic: Community Involvement

- People in communities are asking what can we do to help
- We have let the dealers take over our communities
- Citizens can conduct surveillance and gather intelligence to share with their police departments and sheriff's offices

Rodney Baber, Citizen

Topic: Looks lucrative to kids; lots of income

- Our current drug problem is capitalism at its best, they don't pay taxes, they don't pay insurance
- When a child brings mom \$500 in one day – she is going to turn a “blind eye”
- Unless you have a lot of money to spend you will be fighting a losing battle, this has been around for a long time
- Marijuana is not the only “gateway” drug, cocaine and alcohol are also “gateway” drugs
- Get police officers out in the public more (ex: tossing ball with kids)
- Jail is no longer a deterrent, it is a badge of honor
- Kids are turning more to drugs because of their role models, many dealers have funded corporations, music videos and such, the kids are wanting to be rich like them
- Suggest getting to them at early levels in school, at home and have law enforcement contact at early age

Robert Berryman, Citizen

Topic: General concern

- Some streets you can not drive through until the dealers are finished making their sales
- Dealers always want a plea bargain so they can turn someone else in
- I know a guy who was picked up for forgery then became an informant
- Why aren't the people in the crack house arrested instead of the guy buying
- Cut out the buyers

Tim Fegan, Buffalo Trace Gateway Narcotics Task Force

Topic: Concerns with Casper Report

- Doctor should run Casper report on new clients, could prevent “doctor shoppers”
- Second offenders are getting 8-10 years and are out within 2 months
- Public Defenders are refusing to represent those willing to help Task Force to find bigger dealers
- Dealers are insulating themselves with “littler” dealers
- Need a national type of Casper database so we can report across state lines

Greg Stumbo commented on the last statement: Congressman Rogers has a bill in the Senate (Senate Bill 14) that would encourage states to share Casper reports

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Stockton Wood, Maysville Commonwealth Attorney

Topic: Explaining statement made by Mr. Fegan

- Public Defenders say that since they are helping the Task Force they feel it is a conflict of interest to represent these people.
- You should have your judge look into this.

Mike Sapp, Subcommittee Member, Kentucky State Police

Topic: Referring to statement made by Mr. Fegan

- Other states are calling us wanting information about our Casper database
- Kentucky is leading "the pack" with this system
- No one is arrested by Casper Report

Bob Tribby, Mason County Jailer

Topic: Issues of overcrowding and addicts without treatment in jails

- In our zeal and zest to get solutions we forget the end result as seen in our detention center
- When I was an officer I did not care what happened to the person I arrested once the paperwork was complete
- 80% of people in detention center have substance abuse problems

Question from Panel: How many in Detention Center would benefit from treatment?

Answer from Mr. Tribby: I can not answer, that depends on the guy going through the process.

Question from Panel: Do you have problems with people trying to slip drugs into the detention center?

Answer from Mr. Tribby: That is an everyday battle. We have recently gone tobacco free in our facility, now that is what we are fighting against the most.

Greg Stumbo, Enforcement Panel Co-Chairman

Topic: Law Enforcement and Community Involvement

- Obviously there needs to be a mechanism to get law enforcement and the community more involved whether it is via Chamber of Commerce, Rotary Club or Church groups. How can we organize this better?
- It seems to be sporadic, right now an organization may be in one community but not in the one next door
- This problem will not be solved in the next two or three years, this is long term
- Administrative support, please gather information as to what drug courts are in place outside of Congressman Rogers area

John McNeil, Circuit Court Judge

Topic: Drug Court

- I am real interested in Drug Court, I observed a session in Lewis Co., seems to be very good
- I presume it takes a lot of work to get one started
- Is federally funded

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- My understanding Drug Court is a reprieve from incarceration
- If a person has gone to jail when they come back to the same community they have a low self esteem and run with the same crowd and fall right back into the same problem
- I have three counties in my circuit, this does not leave enough time for other programs

Patty Rudd, Comprehend

Topic: Drug Court, Treatment Funding

- I helped plan the Lewis County Drug Court, no funds were set aside for treatment
- There is a Bill in Frankfort now for involuntary treatment, only problem no funds are set aside for treatment
- I am a recovering alcoholic and drug addict
- Adolescent treatment is absolutely necessary but is never put on the table
- Stop taking adolescents home, take them to jail and call their parents
- This disease kills people
- It is not a right of passage for a 16 year old to get drunk every weekend or to have a joint in their pocket
- Use enforcement to get them help
- Going to jail got my attention, what got me most was there were people just like me there, I was no longer afraid of being locked up because I was treated well in there; what scared me most was when I left, because I was no longer afraid to be locked up
- Has to be funding for treatment
- Help people hit bottom so they will get help
- Someone told me that I was the only one to blame for my addiction
- Chronic alcoholics are serving life sentences 90 days at a time
- Have to stick money into treatment

Joe England, Subcommittee Member

Topic: General Comments

- In the Covington meeting Judge Bartlett said treatment is still a problem due to not enough treatment centers
- Treatment has to be there
- Per Judge Bartlett in Drug Court if you slip, punishment has to be immediate
- Sounds like there is a stumbling block getting Drug Court started
- Recurring word in these first two meetings is "treatment"

Van Ingram, Subcommittee Chair

Stated that in interviews across the state, "Drug Courts appear to be a favorable option." It just needs the funding.

Patty Rudd, Comprehend

Topic: Need for treatment

- We need treatment beds, we can't get any

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- If they come to me, if I can get them treatment immediately they can get help but when I have to tell them “come back in six weeks” they won’t

Donna Penrose, Comprehend

Topic: Wethington Bill

- Wethington Bill in Frankfort does not have funding set aside for treatment, the person doing the commitment has to pay for the treatment out of pocket

John McNeil, Circuit Judge

Topic: General Accountability of Youth and Judges

- I was surprised that 85% of people in jail are for drug related cases
- Don’t forget while looking at statistics, others are arrested for robbery and such that are really drug related
- State of Kentucky spends too much on the penitentiary system, most of these kids are 19 – 27 years old. If penitentiary system could be shrunk, could some of that funding be spent on treatment?
- Patty brought up another issue – juvenile court and the inability of that judge to exact a penalty is contributing to the problem
- Amazed at the lobby on juvenile court day, how crowded they are, it is like a big holiday because they know that nothing is going to happen to them
- Until we create a system for young people to respect the judicial system we are going to have a problem getting a handle on things

David Cartmell, Mayor of Maysville

Topic: Law Enforcement Officers

- This has been the most forthright discussion in this town
- So many demands are placed on police officers today, please don’t burden them with more than responsibilities than budgets or time will allow.

**Kentucky Drug Summit Assessment
Public Input Meeting #3
Ashland, Kentucky - March 4, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Mike Burton; Jeff Doig; Karyn Hascal; Brian Hewlett; Dr. Rice Leach; Drex Neal; and Todd Trumbore.

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Support Staff Present: Janice Earnest and Jo Carol Roberts

Approximate Number of People in Attendance: 25

Number of Speakers: 13

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Steve Kirby, Carl Leukefeld, Brigette Stacy, Ron Bishop, Harry Ryan, Shannon Means, Steve Cambron, Sandra Harston, Paul Deines, Ronne Nunley

Support Staff Present: Jane Carrier and Linda Renfro

Approximate Number of People in Attendance: 40

Number of Speakers: 24

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Steve Pence, Greg Van Tatenhove, Van Ingram, Tracey Corey, Norman Arflack, Gary Oetjen, Mike Sapp, Jim Acquisto, Steve Collins, Greg Howard, Doug Dailey, Julie Ilhardt, Lisa O'Hearn, Mike Bosse

Support Staff Present: Kay Fuson and Pam Smallwood

Approximate Number of People in Attendance: 25

Number of Speakers: 7

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Ashland, Kentucky - March 4, 2004**

Members Present: Mike Burton; Jeff Doig; Karyn Hascal; Brian Hewlett; Dr. Rice Leach; Drex Neal; and Todd Trumbore.

Support Staff: Janice Earnest and Jo Carol Roberts

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PUBLIC INPUT:

Todd Trumbore, Pathways Addiction Services

Topic: Services Provided and Services Needed

- Licensed Community Mental Health Center and Drug/Alcohol Treatment Center
- Covers 10 county Region from Ashland to Mt. Sterling
- Nine bed residential unit in Ashland
- Provide assessment and treatment to in excess of 3,200 individuals per year
- Outpatient treatment for alcohol and drug addiction
- Intensive outpatient counseling
- Specialty services for dually-disordered (substance abuse/mental health disorder)
- Adolescent services
- Hillcrest Hall in Mt. Sterling—16-bed phased treatment program
- Treatment needs to be readily available
- Medications are important element of treatment for many patients
- Treatment does not have to be voluntary to be effective
- Treatment programs should provide assessment/counseling for HIV/AIDS, Hepatitis B and C, Tuberculosis and other infectious diseases
- Supports the work of HB843 and the regional planning councils
- Hopeful to open transitional living facility for women with children
- Supports Drug Courts (progress of participants/alternative to incarceration)
- Staff needs for adolescent addiction programs

Debbie Bailey, Pathways Addiction Services

Topic: Funding and Lack of Programs

- Need residential center for substance abuse
- More programs for women
- Staff—not enough for all the clients
- Need more preventive fetal alcohol syndrome programs

Lynette Slusher, Hillcrest Hall/Pathways

Topic: Funding and Treatment Facilities

- Need for long term residential center
- Centers for dual-diagnosed clients
- Education for Hepatitis/AIDS/HIV
- Funding for programs
- Public awareness—availability of treatment programs
- Need for extensive outpatient care
- More positive activities for kids
- Treat behavior as well as addiction
- Treat parents as well as kids

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Lara Sutherland, Hillcrest Hall/Pathways

Topic: Treatment

- Need for family assessment
- Addiction education
- Need for aftercare
- Public awareness of treatment resources available
- Feels treatment/prevention go hand in hand
- More Families Anonymous (only 4 in KY)
- Funding for clients that can not afford treatment

Terri Maggard, Hillcrest Hall/Pathways

Topic: Personal Story/Funding and Treatment

- Mother and Wife of drug addicts
- Son went for treatment but only has a medical card and it is not enough
- Need for funding for treatment of those who can not afford treatment

Brian Hewlett, Office of Public Advocacy

Topic: Drug Courts

- Funding for fulltime Drug Courts (not just pilot projects)
- Supports treatment over incarceration/ second chances for folks
- 75-85% of clients are substance abuse clients
- Need for long term treatment center in Ashland
- Public awareness of substance/alcohol abuse issues
- Addiction knows no barriers
- Law Enforcement needs more information about Drug Courts

Linda B. Stone, Pathways Addiction Services

Topic: Treatment and Funding

- Need for intensive outpatient program
- Supports Men outpatient programs
- Support Women outpatient programs
- Need for funding for qualified therapists
- Need for evening treatment programs (flexible hours)
- Need for transportation to treatment (most do not have licenses)
- Funding for books, treatment materials, drug courts
- Burn out among therapist is high (they are not in it for the money)
- Build relationships with county officials (e.g.; judges, county atty, probation/parole folks)
- Need intensive outpatient center for adolescents
- Need aftercare treatment programs(most do not attend unless court ordered)
- Need organizations to donate space for treatment programs (such as 12-step programs)
- Feels incarceration has saved several lives

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Judy Krug, Morehead State University

Topic: Student awareness

- Need for student awareness of dangers of drugs/alcohol
- Spoke about lawsuits against colleges regarding drug/alcohol overdoses

Cherie Spradlin, Pathways (Grant writer)

Topic: Drug Courts and Funding

- Supports Drug Courts
- Need for more funding for treatment side of drug courts

Shawn Shepherd, Drug Court Graduate

Topic: Drug Court Success Story

- Gave him a second chance
- Helped turn life around
- All negatives turned into positives
- Treatment showed him a positive path of life
- Need more resources available

Tamiko Griffith, Pathways

Topic: Addiction Awareness

- Emergency Rooms need trained mental health/substance abuse personnel on staff not just on call
- Suggested continuing education for Doctors in mental health/substance abuse subject area

Mike Burton, Drug Enforcement and Profession Practices

Topic: Methadone Clinics

- Asked if there is a need for Methadone Clinics
- Utilize KASPER System (Prescription Drug information sharing system) at Methadone clinics to prevent substance abuse

Unidentified Participant

Topic: Fetal Alcohol Syndrome (FAS)

- Teachers need more information about fetal alcohol syndrome
- Many FAS children misdiagnosed with attention deficit disorders

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**Kentucky Drug Summit Assessment
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Members Present: : Steve Kirby, Carl Leukefeld, Brigette Stacy, Ron Bishop, Harry Ryan, Shannon Means, Steve Cambron, Sandra Harston, Paul Deines, Ronne Nunley

Support Staff: Jane Carrier and Linda Renfro

PUBLIC INPUT:

Ronne Nunley, ALERT Regional Prevention Center

Topics: Prevention strategies and programs, funding

- Prevention strategies - education, environmental factors, change norms, enforce laws, new regulations and policies
- Programs - Life Skills, vendor checks/recognition
- Partnership with employers of local businesses for drug free communities
- Provide training for those who serve alcohol
- KIP Student Survey data provides leverage to get funding

Jan Chamness, Montgomery County Health Department

Topics: Prevention programs, streamline funding

- Look to ALERT as prevention specialist for tobacco, alcohol and drug use
- Champions is science based program
- Too Good for Drugs program
- Prevention funding best spent in elementary schools
- Prevention is strong key before enforcement and treatment
- Streamline funding - application process, eliminate duplication/overlap for different funds

Kay Runyon, Ashland/Boyd County Health Department

Topics: Smoking issues, funding

- Ninety percent of lung cancer is found in smokers - prevent smoking and prevent lung cancer
- Need access to mental health counseling
- Need funding for community coalitions

Mona McClain, Gateway District Health Department

Topics: Smoking issues and education,

- Clean indoor town meeting in near future - Champions and ASAP helped
- Educating community has caused 7 area restaurants to go smoke free

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- Educate store vendors on
- Need less duplication of meetings

Bill Farley, R.A.M.S. FRYSE

Topics: Programs, Radio PSAs

- One time programs only reach a few people
- Local Champions and ALERT got more people involved
- Ran radio PSAs during football games
- Raceland Mayor signed proclamation for drug free week

Judy Krug, Morehead State University

Topics: College students, grants, programs

- Prevention is an issue because college students are a high risk population
- No direct funding for universities to support programs
- ASAP helps train vendors which is important for 18 years and older population
- Grant funded programs - offer enough money from one source instead of numerous grants with different application processes

Sheila Stephens, Our Lady of Bellefonte Hospital

Topics: Safety nets, prescription medications

- Strengthen current safety - prevention, treatment, Drug Courts
- Appropriate pain management - physicians who are fearful of prescription abuse won't prescribe pain medication for legitimate needs
- Medications used as prescribed are not a problem

Jennifer Newman, ALERT Regional Prevention Center

Topics: Early intervention, programs, funding

- Early intervention program for juveniles received referrals from schools, courts and Department of Juvenile Justice
- Offer monthly education program for referrals that parents must attend
- Funding cuts would cause agencies to have to charge clients a fee and it is not feasible to deny services if the family cannot pay
- Prime for Life program for children and adults
- Evaluation of early intervention program from 1997-2000 showed a decrease in tobacco, alcohol and marijuana use and increase in communication
- Parents may not take child to program due to lack of time and/or money

Christi Vincent, Carter and Elliott Co. POWER Champions

Topics: Programs, smoke free businesses

- Currently working with local large manufacturing plant to have a smoke free business, offering nicotine replacement
- Local Champions work with the Family Resource Center on programs

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- Work with pregnant women - have community baby showers and give out information on second-hand smoke issues
- Tri-County ASAP board making policy changes in the community with focus on having smoke free businesses

Terry Clark, Ashland Police Department

Topics: Programs

- DARE program - education is working
- Need more funding for programs to be able to do more

Ricky Kirk, ALERT Regional Prevention Center

Topics: Programs, schools

- Need comprehensive approach to help schools understand prevention programs
- Proper implementation of programs - train teachers and monitor schools
- Emerging trend is prescription drug abuse
- Schools are calling RPC for assistance

Mark Heyerly, ALERT Regional Prevention Center

Topics: Funds, programs, data collection

- KIP survey numbers show how programs are working
- Need to assure legislators and citizens that funds are properly utilized
- RPC offers a large system for data collection and compilation to come up with performance measures
- RPC offers guidance for implementing programs and need to continue to strengthen the system

Phyllis Becker, ALERT Regional Prevention Center

Topics: Certified Prevention Professionals, community needs

- Division of Substance Abuse provides training for certification as a Certified Prevention Professional
- Certified professionals give the community a knowledgeable person as a resource
- Need to keep updated on current trends
- Must know the needs of the community before you can help
- Lawrence County attacking prescription drug abuse

Becky Walker, East Carter YSC/Carter County Schools

Topics: Programs, truancy, funding

- Use programs that are offered on a regular basis
- Problem with education is the delivery system, with more state requirements how to deliver programs - two solutions to delivery in this area is elementary guidance counselors and school resource officers
- Family Court and Truancy Court - truancy often caused by substance abuse issues

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- Concern is prescription drug abuse and funding to help adults
- Mental health issues with kids are often traced to substance abuse problem in the family
- Recommend focusing on child and the whole family to mold program to fit their needs

Debbie Mecca, ALERT Regional Prevention Center

Topics: Training, youth participation

- Offer training to get out information
- Primary concern is needs of the community
- Exemplary youth are participating in programs

Christina Morgan, ALERT Regional Prevention Center

Topics: Youth participation, community needs

- Youth coalitions
- RPC serves as a network for programs and home base for coalitions
- Empower the community by training and ideas
- Make youth advocates for life

Cara Ramey, Student, Paul Blazer High School

Topics: Smoking issues

- Smoking at school is a major problem
- No smoking signs in school bathrooms
- Inform students about consequences of smoking

Ricky Waddle, Student, Russell High School

Topics: Smoking issues

- Participated in caravan to capital to talk about tobacco excise tax, if prices go up kids will smoke less

Monica Marks, Student, local high school

Topics: Programs

- Champions is very important
- Promote more information tailored to high school students
- Confront high school students with hard facts
- Champions do not focus enough on education of high school students

Student, local high school

Topics: Smoking issues

- Involved in program because see effects of smoking on family members and wants to keep family and friends from experiencing those effects

Whitney Martin, Student, Paul Blazer High School

Topics: Smoking issues

- Effects from second hand smoke

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- Offered family members information on consequences of smoking

Amy Jeffers, ALERT Regional Prevention Center

Topics: Community needs, funding, programs

- Stress importance of individual community needs
- Community readiness is important
- Kentucky ASAP is looking at alternative funding sources to expand ability to meet different populations
- Two focus programs are nicotine replacement in work place and support Drug Courts
- Prescription drug abuse summit to network professionals formed an executive summary with 4 issues - website, education team going to community, protocol with pain management doctors, and network with communities in other states

Chelsea Adkins, West Carter Youth Advisory Board

Topics: Smoking issues, inhalants

- Focus on inhalant use
- Provide pamphlets to doctors and encourage them to give to parents who smoke
- Inform people of effects of smoking

**Kentucky Drug Summit Assessment
Public Input Meeting
Enforcement Panel
Ashland, Kentucky - March 4, 2004**

Members Present: Steve Pence, Greg Van Tatenhove, Van Ingram, Tracey Corey, Norman Arflack, Gary Oetjen, Mike Sapp, Jim Acquisto, Steve Collins, Greg Howard, Doug Dailey, Julie Ilhardt, Lisa O'Hearn, Mike Bosse

Support Staff: Kay Fuson and Pam Smallwood

PUBLIC INPUT:

Shaun Shepherd, Drug Court Participant

Topics: Success of Drug Court

- Came from good family, began using as teen to rebel
- Stole guns to buy; stepfather had him arrested
- Spent time, came out, still used
- Got busted and was offered drug court

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- Gave him responsibility and goals
- Never wants to go back to prison
- Counselors and Judge seem to really care
- Will graduate in few months, has been clean since August, hopes to maintain by attending support groups such as AA

Marc Rosen, Judge, Boyd County

Topic: Drug Court Issues

- Great appreciation for the Drug Summit
- His drug court is only a pilot program; much of staff is volunteer
- Has been running 8-10 people
- Reports the successful completion rate is 60%--70% nationwide and locally; age range is 18-40 years of age; gets referrals from attorneys, officers and staff
- Has strict application requirements
- Biggest problems are employment issues once they have felony charge and cooperation with prosecutors in getting diversions.

Terry Keelin, Sheriff Boyd County

Topic: Pharmaceutical Drugs

- Finding massive amounts of pills and prescriptions
- Pills coming from internet

Chief Phillip Piercy

Topic: Kaspar Reports and Medical License Board

- Prescriptions need to be closely monitored; have accountability and training to prevent doctors from writing too many
- Not enough funds to be front line defense
- Law Enforcements needs help with this problem
- Could do so much in the way of prevention with a DARE program
- Can we get support and manpower to ask retailers to lock up particular items

Mr. Van Tatenhove comments that Kaspar Reports are showing some promise. Judge Rosen comments on Oxycontin seminar on training for doctors when they feel pressured to treat with these meds.

Van Ingram comments on Kaspar being border controlled. Can only get results from Kentucky database.

Steve Collins reports that Mr. Stumbo testified on Kaspar System and it's uses. We need to support passage of that bill.

Gary Oetjen comments on amount of codone use and sales have dropped significantly in KY. It was being focused on and when you drop the ball to focus on something else, it will come back up. Chief—give us some informants; you are the front line.

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Mike Crawford, Detective, Ashland Police Department

Topic: Kaspar reports

- Kaspar reports are only given out to KSP and DEA
- Response was given that those policies are in the beginning stages of change

Mike Sapp, Subcommittee Member, Kentucky State Police

Topic: Comments on funding

- Resources are and always have been a problem
- Question is "What can we do with the funds we have?"
- No cost to ask retailers to cooperate with purchase limits of some items
- Asset forfeiture takes about 18 months to turn around; some funds are going to local agencies; every penny is spent on some type of drug investigation

Greg Howard, Panel Member, KVE

Topic: Moving in right direction

- Money issues will always be same
- Attitudes of political leaders, law enforcement have changed for the better
- Step in the right direction to focus on the problem
- Added comment by Van Ingram to get the public involved in making a stand about overtime issues with the political leaders.
- How involved is law enforcement in prevention coalition groups?
- Response from Chief Piercy: I would go if I were invited.

Shannon Means, KY Center for School Safety

Topic: Officer Involvement in Prevention Programs

- How involved is law enforcement in prevention coalition groups?
Response from Chief Piercy: I would go if I were invited

Harry Ryan, ABC

Topic: Reiterate about Prevention

- Prevention is the key
- Any prevention at it's early stages
- Get law enforcement involved in the prevention coalition groups whether you're asked or not.

Judy Krug, Morehead State University

Topic: Focus on campus

- Feels campus is a high risk area; can walk across the hall at any given time to buy
- Has concerns about how much campus police can do; are they as qualified as regular law enforcement?
- Campus police could use more training and not as "public safety"

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**Kentucky Drug Summit Assessment
Public Input Meeting #4
Pikeville, Kentucky - March 8, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Karyn Hascal, Chris Block, Jeff Doig, Scott Walters, Sandra Harston, Libby Mills, Haroldlyn Howard

Support Staff Present: Jo Carol Roberts and Betty Godsey

Approximate Number of People in Attendance: 25

Number of Speakers: 11

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Steve Kirby, Brigitte Stacy, Ron Bishop, David Pearce, Thelma Whiteside, Sandra Harston, David Cole, Shannon Means, Joe O'Nan

Support Staff Present: Jane Carrier and Margaret Johnson

Approximate Number of People in Attendance: 40

Number of Speakers: 14

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Van Ingram, Jack Blair, Greg Van Tatenhove, Pierce Whites, Greg Howard, Milton Galanos, Donald Storm, Rodney Brewer, Jim Acquisto, Karen Engle

Support Staff Present: Kay Fuson and Brenda Tousignant

Approximate Number of People in Attendance: 40

Number of Speakers: 15

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**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Pikeville, Kentucky - March 8, 2004**

Members Present: Karen Hascal, Chris Block, Jeff Doig, Libby Mills, Haroldlyn Howard, Scott Walters, Sandra Harston

Support Staff: Jo Carol Roberts, Betty Godsey

To open the meeting, Ms. Hascal introduced the panel members and invited the first of 11 speakers to offer comments and concerns. There were approximately 25 people in attendance and 13 different topics were discussed. The meeting concluded shortly after 4pm.

Public Input

Serena Stiltner, Pike Main Street Program

Topic: Treatment Facilities, Educations

- Housing
- Coordinator
- Pike Teen Board asking for drug screening (students)
- City schools have drug policy for athletes
- Drug screening for county would be for other students if policy is adopted

Sharon Younce, AOC, Pike County Drug Court

Topic: Drug Court

- Feasibility study reference long term treatment housing
- All types of agencies must work together

Judy Darnell, AOC, Pike Circuit Drug Court

Topic: Drug Courts, Funding

- Grant money for Circuit drug court will only allow working 25 hours per week: grant runs out in 2005
- Can only take 15 clients
- Drug court works
- Saving one person may say 3 generations of families
- Criteria non violent

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Walter May, Pikeville Methodist Hospital

Topic: Treatment Facilities, Funding

- Drug De-tox unit at Pikeville Methodist Hospital
- Epidemic in area
- Patient after patient over dosing on drugs
- No way to pay for this program; insurance will not pay and patients cannot afford to pay
- Unit was full after first day
- Losing money
- Need another doctor right now
- Must safely get patients to point they can be treated

Jo Ann Anderson, Pikeville Methodist Hospital

Topic: Treatment, KASPER

- Epidemic
- Multiple directions must be approached
- Prescription Drug : poly drug (multiple drugs)
- CASPAR has been positive but people go across state lines to obtain drugs
- Ky Board of Medical Licensure; length process 9 months to a year
- Education and training in school system but also for medical providers for alternative or lower medication and lower cost medication
- Long term beds is an issue

Deborah Stanley, Department of Juvenile Justice

Topic: Drug Screening, Family Accountability

- 8 year old agency
- Look at WHY kids are committing crimes; majority involved in substance abuse
- Sparse staff
- Drug problem is everywhere
- Give offenders set of regulations
- Drug screens (not for court purposes)
- Problem deeper than Johnnie using drugs; cultural problem
- Trying to obtain certifications: Prime for Life
- Try to attach the problem to the family; need long term care
- Consistent long term follow up

Rhonda Clark, VanArk Behavioral Management, Inc.

Topic: Advocated Treatment and Prevention Programs

- Treatment only as good as those who give it
- Are the people give treatment qualified
- Prevention Research Institute is wonderful program; should start in 3rd grade
- PRI should be taught to parents and should be mandatory
- Business is for profit so you have to watch what you say and who you say it to; who is sending business

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- First assessment allows finding where resources are needed
- Are the people sent to the best place for treatment

Norman Teater, Pikeville Methodist Hospital

Topic: Resource Directory

- Is there a website that has programs available in areas and who works on the programs
- Tennessee has such a program
- Ms Hascal advised there is such a website KDMHMR Services

Scott Walter, Mountain Comprehensive Care

Topic: Treatment, Funding for Long Term Treatment Facilities

- 21 bed alcohol/drug treatment center; 8 week waiting period
- Must pick persons most likely to benefit from treatment
- 1987; needs assessment; need juvenile treatment and expanded adult
- Coalitions
- No expansion in funding in 12 years
- Intensive outpatient treatment stay at capacity
- Education for teachers also done
- Six years ago I could not have rounded up 3 people
- Drug screening policy for schools should be placed in Health policies and not in Conduct policies
- If additional funding were available first priority would be long term residential treatment facility for juveniles and second priority would be long term residential treatment facility for adults adults

Haroldlyn Howard, Office of Public Advocacy

Topic: Public Defense, Funding and Treatment

- 90 to 95% of cases have substance abuse issues
- Biggest problem we don't adequate treatments centers, funding
- Only people in meeting are the ones working in this area and already know substance abusers are sick and no place for treatment
- 98% of Pike County believe drug abuse is a social problem and don't want funds going for treatment
- Public must be educated that this is a medical problem and must demand funding from legislators

Parents should be held accountable; make them responsible Todd Duff, Pikeville Methodist Hospital

Topic: Residential Treatment Facilities, Expand Outpatient Program

- 21 bed acute medical de-tox
- Need long term treatment in area
- CARE Academy (Pike County)

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- Lady left crying because there was no place to go
- All agencies full
- De-toxed 25 last month but few were able to be tied into a program other than outpatient counseling (and they will be booked shortly)
- Gentleman left de-tox; daughter called twice this morning looking for place for her father to go
- Taken love one to Boone County, New York City and want place here in Pike County
- Referrals from drug courts, doctor referrals but mostly self-referrals

Jeff Doig, CARE Academy

Topic: Treatment

- AODE- 13 to 18 year old boys (9 months could not afford to pay staff)
- 96 bed facility for young adults (18 to 25) start at 18 beds; give away 4 beds to people who cannot afford to pay
- Need for funding
- Supports ideal for community support groups

**Kentucky Drug Summit Assessment
Prevention/Education Panel
Public Input Meeting
Pikeville, Kentucky - March 8, 2004**

Members Present: Steve Kirby, Ron Bishop, David Pearce, Thelma Whiteside, Sandra Harston, David Cole, Shannon Means, Joe O’Nan, Bridgett Stacy

Support Staff: Jane Carrier and Margaret Johnson

Public Input:

Debbie Mullins, Arms Around Appalachia, Spenserian College

Topics: Drugs and ICQ

- Young people doing drugs, aspirin, oxycontin, prescription, Antiseptic, going on-line to get information and history, ICQ
- Talking to kids, not talking down to them
- Throw away cliques, kids don’t think they belong anywhere
- Helping kids to get good self esteem about themselves
- Finding the right buttons to push in helping kids

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- Kids hurting each other in school
- Drugs starting in early grade school
- Putting kids in alternative programs and suspending them from school
- I-Safe, safe place for kids on the internet
- Parents having no knowledge of computers and what their kids are doing on them
- Students gaining trust with their peers and building good relationships with them
- Don't embarrass students, but take them to task if there is the need
- Not writing students, giving them every opportunity to become good students and seeing them thru until the end

Darlene Starnes, Mountain Comprehensive Care, RCP

Topics: Programs and educating students and parents

- KEAP in schools doing survey's
- Suspending kids from school to eliminate the problems
- Kids are coming to school high on drugs
- Having Red Ribbon programs each week for kids
- Kids making good choices with these programs and being involved.
- Giving students to much information and they don't have enough skills to handle this information
- Friends and peers giving drugs to each other and this making them part of the group and being cool
- Educate students with preventive programs and being even more supportive of them for not using drugs.
- Letting students know that they are not nerds for not using drugs and not being part of the cool kids who do
- Educate adult and parents on what is going on with their kids
- Doing survey's on parents, whether or not their kids should be using drugs and if so, should they be supervised
- Have safe home networks, share their beliefs, early intervention programs
- Telling children about the laws and how it effects their children now and in the future
- Establishments letting kids buy alcohol under age
- Educating vendors, employees and following up to see if they are following still selling the alcohol
- Money is problems and not having enough to fund programs, plus moving teachers who are qualified to help in programs
- Having Data programs (Dry Alcohol, Tobacco, Awareness) giving awards to students for not using drugs, having them sign a pledge if they participate
- Getting curriculum, testing, focus on prevention does work, emphasis on education
- Having a close working relation with the health departments, hospitals, schools

Marionette Little, Pike County School System

Topics: Programs in school

- Let children know at an early age that it's okay not to do drugs

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- Letting them know what's what about drugs
- Having early prevention and comprehensive drug programs
- Do drug education curriculums in school at an early age
- Don't put blame on each for drug problems
- Know the needs and learn how to handle them
- Having a passion to help and making a difference in oneself
- It's parents who have the problem getting involved
- Teaching children to be sensitive to others and their needs
- Having school programs, Here's-looking-at-you, DARE, JKG Program, Safe School Data, Red Ribbon Week
- Getting kids the right information they need and having their parents involved and networking
- Kids changing when they get to high school
- Getting kids the right mentors in school

Megan Chaney and Bek Damron, Students, Shelby Valley High School

Topics: Drugs in School

- Parents and teachers don't know what's going on in school about drugs
- Everyone has a drug problem
- Youth leadership councils, taking other policies and making new ones pertaining to drugs
- Appeal to other students to the problems of drugs
- Having other kids speak to each other about drugs
- Making it cool not to do drugs rather than being apart of it
- The loner's are not necessary doing the drugs
- Getting students to have mentors and letting them see how they have handled their lives
- Starting early (5th grade) in school and educating the kids about drugs
- Teachers and parents being in denial about what the students are doing
- Having someone who will listen and being concerned about them
- Having programs in school, Champions

Ken Truitt, Coach Pike County

Topics: Drug Testing in School for Kids in Sports

- Having drug testing in school
- Community being supported with drugs in school
- Task Force
- Good role models for kids to follow
- Being aggressive with the problem

Steve Pagson, PCSOU

Topics: Drug Problems

- ASAP, Coalitions, Kaspar being involved with drug problem
- People doing doctor shopping
- Mental health agencies being in charge of substance abuse

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- Economic problem, SSI, welfare checks reasons for to take drugs
- KEAP should be used for measuring stick
- Large problem with kids taking prescription drugs with prescriptions
- Treatment needed and detoxification
- Eastern part of state is in denial about the drug problem and it's use pertaining to kids
- Telling actual facts about deaths, when it is actually a drug over dose

Shurella Hall, Shelby Valley YSC

Topics: Drugs affecting students

- Affordable treatment centers
- Getting other kids to help with the problem

Erdil Looney, Nurse, Pikeville Methodist Hospital

Topics: Educating our communities

- Realizing the need to educate our professional about the drugs that have been approved by FDA
- People using any substance when they are desperate
- Drug reps don't always affect that drugs have
- Education being a big key to the long term answer
- Having a doctor patient relationship
- There's a big difference in a person taking and using drugs
- People being in drugs for the big bucks
- Detox centers for being drug users and patient training after they leave

Milton Galanos, DEA

Topics: Education

- Prevention and Education being the key to the solution
- Don't just put people in jail
- Gangs being eliminated before they take hold

Mike Titus, Pike County Schools

Topics: Curriculums and programs

- People wearing many different hats
- Asking for support for your programs
- Moving teachers around and taking from them their areas that they've being affective in
- Having alternative programs
- Making problem a part of your curriculum in school
- Problems are not the same in different regions
- Having in school supervision programs

Deborah Stanley, Dept Juvenile Justice, Branch Manager

Topics: Drugs and families

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- Teens educating adults about issues and problems with drugs
- Drugs are not an isolated problem
- Drug testing is one step to fixing the solution
- Looking beyond problem and situation to why drugs are being used and what to do about it
- Don't always blame the families, there are sometimes other factors
- Families being in denial about what their child is doing
- Making parent and child responsible for their actions
- Convince the youth that drugs are bad
- Giving incentives for not doing drugs and praising them with pat on back
- Replace the needs for doing drugs with employment and other resources
- Support them, being there for kids and making them feel that they belong somewhere
- Crime-for-Life and ATC are good training programs

Durward Narram Jr, Jenkins Independent School System

Topics: Gangs and drug issues

- Gangs coming in doing drugs and settling into area
- More education in drug issues
- Identify if drug issues and training are becoming something other than what it started out being
- Parent and educators having their heads buried in the sand
- Getting young people involved in other things, because they can't be prosecuted
- In the future big gangs are going to be an issue in rural communities
- High officials not taking care of drug problems because of their payoff

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Pikeville, Kentucky - March 8, 2004**

Members Present: Van Ingram, Jack Blair, Greg Van Tatenhove, Pierce Whites, Jack Blair, Greg Howard, Milton Galanos, Donald Storm, Rodney Brewer, Jim Acquisto, Karen Engle

Support Staff: Kay Fuson and Brenda Tousignant

PUBLIC INPUT:

Frank Justice, Mayor of Pikeville

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Topic: Working programs, cooperation, incarceration not helping

- Drug problem is crippling this city
- City officials meeting on drug problems, everyone in meeting has been affected by drugs
- Looking for working program such as UNITE
- Drug problem came to our attention by loosing some of our young people
- Oxycotin is more addictive than marijuana
- Started working with law enforcement, judges and prosecuting attorneys
- What type of cooperation do you need to fight this problem
- Had three sting operations
- Incarceration is not helping
- Ones who want treatment we can help, those who don't want treatment we can't help
- Got to get "these people" off the streets
- Drug Court that has started is fantastic

Question by panel – Has oxycotin caused broadening of drug problems?

- The addictive power of oxycotin is so powerful
- Our workforce is suffering from the problem
- Now is the time for solution
- Got to get the drug problem under control
- Right now working on Operation UNITE

Darrel Mullins, District Judge

Topics: Affecting youth, Overpopulated jails, Educate parents

- Have seen addicts get younger
- On our dockets 7500 – 8000 cases per year
- Overburdened courts and jails
- Jail holds 140 inmates, not unusual to have 240
- Frustrating for judges, courts, jails, lawyers and police officers
- I watch people destroy themselves everyday
- Need parents help, need education
- Incarceration will work for some but not for others
- It will take all of us doing what we can
- I want them off the street as a parent and a citizen
- Community involvement
- No treatment program that will work for all
- We have to become outraged and not desensitized
- Our young people don't fear anything
- Has to be consequences for actions
- I want jail to be a terrible experience for them (juveniles)
- Hardly sees DUI's anymore, mostly drugs
- Good responses from "Faith Community"
- Juvenile drug court and drug court are doing a good job
- Another problem we have is treatment facilities, there are not enough

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- Have to get them to treatment quick
- Our hospital has a detox unit that stays full, they are doing a good job
- Drug court works well
- I think treatment is the key
- No family is immune

Walter May, President Pikeville Methodist Hospital

Topics: Doctor Shopping, Prescription Drugs

- Drug dealers look different today
- Prescription drug problem is getting worse
- Need tight sanctions on physicians and pharmacist
- Physicians can have license revoked or suspended without the hospital being notified
- Need to fundamentally look at physicians writing prescriptions
- Doctors need to be more sensitive to the problem going on in the area
- Doctors may have distorted view on how quickly people can get hooked on drugs
- Drug reps “train” physicians on medications
- Hospitals should be able to check Kaspar reports
- No nationwide reporting system
- We do have a detox unit at our hospital, 20 bed facility cost \$500,000 per year. The day we opened this unit we were full and could double the size
- Most hospitals don’t have a detox unit because it is so costly

Charles Keese, Pike County Sheriff

Topics: Drug Task Force, UNITE

- The problem in this county is the worst I have ever seen
- Sheriff’s don’t have proper funding to make a difference on the drug problem in our communities
- Meet with other sheriff’s a few years ago to form a drug task force, worked well at that time, don’t think we would get the same results today.
- Would like to see UNITE work with local police department
- I have seen lots of overdoses in this community
- Believe that DARE program is outdated
- I think we are wasting our time because we have drugs in our schools today
- Marijuana is not a problem today, it is prescription drugs and doctor shopping
- I believe we’ve got hope

Sue Ratliff, Deputy County Judge Executive

Topics: Funding, Share information, Treatment Facilities

- Drug choices have gotten more sophisticated
- Elderly people are afraid to have prescription medications in their home, someone may break into their homes
- Licensure of these medications have to be dealt with
- Need funding for treatment facilities

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- Our jail is overcrowded
- Can not build enough jails for those involved
- My opinion, we need more treatment facilities
- UNITE Pike looks at six entities, have tried to bring them all together to share in efforts
- Pull resources, share information as county's, agencies etc., put aside personal issues
- County's need revenue to do what they need to do
- Incarcerate those who need it and treatment for those that need it
- Could possibly change formulation of oxycotin so it would not be narcotic
- We need to give treatment and education
- We need treatment centers

Scott Hopkins, Kentucky State Police

Topic: Programs in use by KSP

- Discussed current programs they are using
- Suggested Kaspar uses over state border
- Need more manpower
- Work alongside educators
- Have field information reports for our neighborhood watches

Jim Booth, Kentucky State Police

Topic: Added to speaker above

- Need a way to follow up when a person fills a prescription and goes through over half the bottle in one day, they are obviously selling
- No control over "knock and talk"

Rick Bartley, Commonwealth Attorney

Topics: Drug analysis lab staffing, Vehicular Homicide Statute

- I think it is a shame that we can fill up a detox unit two times at a loss, we should have the money to treat our people
- Send in an undercover addict to see how long it takes to get treatment
- Pursue law suit against Purdue Pharma, go for it and use the money to fund treatment centers
- If there was a terrorist in Pike County doing what oxycotin is doing, our streets would be lined with tanks
- Need drug recognition experts
- Need a way to calculate the amount of drugs in a persons system and give rating similar to blood alcohol levels
- Need a Vehicular Homicide Statute, when a person is drunk or high
- Our drivers are impaired by drugs and some are impaired by drug and alcohol
- Need the ability to get test results in a more timely manner, need better staffing in our lab analysis
- No continuity or accountability in labs
- Labs need to be looked at and looked at seriously

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Rodney Brewer, Enforcement Panel Member, Kentucky State Police

Topics: Defending crime labs

- KSP have to trained DRE's
- DRE is a program we believe in
- Meet with Lt. Gov. Pence, crime lab has problems, lab has back log, partly because we are doing so good at enforcement and we have good drug programs like UNITE
- ATF is helping with cases involving weapons, tools and firearms
- Some solid dose cases are being farmed out
- KSP has funding to bring these analysts in for testifying
- Staffing is a tough issue, outside sources will hire out staff once we get them trained
- Court-net, instead of having officers drive they can check on the net to see where the cases are from that standpoint. Some officers have driven to testify only to find that their case has been dismissed

Terry Mosser, Department of Criminal Justice Training Supervisor

Topic: Drug Recognition Experts

- Program started in the 70's in LA
- Have to be re-certified every two years
- 12 step standardized process to decide if they are impaired
- One device used is a pupilometer
- Also will check reaction to light, convergence, blood pressure, body temperature, pulse rate, muscle rigidity
- Important to interview arresting officer, symptoms can change over short period of time
- Can not determine exact drug but drug type
- Very dynamic program, one that KY needs

Lesley Varney, Pike County Deputy Sheriff

Topic: Serious problem

- I am an experienced DARE officer and chief of police
- Serious drug problem, very addictive
- I transport people to rehab and detention, have been told that they get hooked the first time they crush and snort oxycotin
- People loose good jobs, homes and resort to stealing
- Problem I see we need to follow up DARE at high school level, also need to educate parents
- Affects all family types

Bruce Anderson, Pikeville Police Department

Topic: Sharing information

- Purdue Pharma gave us \$10,000 and 1,000 placebos
- Congressman Rogers has given us several grants
- I am open to share with other agencies, how we got these

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- Pikeville PD does its own homicide cases, remember us, remember our DRE's, remember the police departments that are active and busy
- Lets open the door let Pikeville PD share info with KVE
- Have annual meetings with local PD's to share information
- We have to begin sharing information
- Oxycotin is horrible
- Don't focus just on one type of drug, cover them all

Gene So, Asthma and Allergy Center

Topic: KASPAR, prescription writing, get doctors involved

- Could not get clients because doctor's were not writing prescriptions for "those" types of drugs
- No one wants to take off the gloves to fight the "bad" doctors
- New powers to Kaspar, why can't we have a special task force to handle the "bad" doctors
- Most controlled substances are issued to those above 40
- Maybe grandparents are selling to supplement social security benefits
- We need to go after doctor's, they work from pressure of others
- Talk with doctors and ask them to help the community by writing less prescriptions
- You can see the doctors that are treating disabilities are the ones overwriting prescriptions

Jennifer Taylor, Mother

Topic: Personal Testimony

- Son died two months ago from drug overdose
- Feels the system failed him and failed her
- He went through detox at Pikeville Hospital was then transferred to Kentucky Rivers where he was kicked out for smoking, he was not there for smoking cessation

Ken Trivett, Operation UNITE Pike

Topic: Operation UNITE

- Great cooperation from law enforcement
- I would like to commend our law enforcement and mayor, have funded Substance Abuse Coordinator for our area
- Pike community has to solve its own problems

Kelsey Friend, Jr., District Judge

Topic: Long term treatment

- Oxycotin does not kill by itself, must be added to other drugs
- Need to get these people long term treatment
- Need more than short term process
- Congressman Rogers can get us federal funds but we need state and local funds so we can have long term treatment facility

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- Can not afford to get them into programs
- We are going to continue to loose people if we don't have long tern treatment programs
- Until we address consumption and treatment, we can not win the battle
- Drug court has high success rate

**Kentucky Drug Summit Assessment
Public Input Meeting #5
Prestonsburg, Kentucky - March 9 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Rice Leach, Karyn Hascal, Chris Block, Jeff Doig, Scott Walters, Ron Bishop, Drexel Neal, Danny Clark, Mike Burton

Support Staff Present: Jo Carol Roberts and Betty Godsey

Approximate Number of People in Attendance: 40

Number of Speakers: 15

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Steve Kirby, Brigette Stacy, David Pearce, Sandra Harston, David Cole, Joe O'Nan, Libby Mills, Thelma Whiteside

Support Staff Present: Jane Carrier and Margaret Johnson

Approximate Number of People in Attendance: 35

Number of Speakers: 19

Enforcement Panel Subcommittee

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Panel and Subcommittee Panel Members Present: Greg Stumbo, Van Ingram, Jack Blair, Greg Van Tatenhove, Milton Galanos, Jim Acquisto, Karen Engle, Norman Arflack, Connie Payne, Keith Cain, Steve Collins

Support Staff Present: Kay Fuson and Brenda Tousignant

Approximate Number of People in Attendance: 35

Number of Speakers: 11

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Prestonsburg, Kentucky - March 9, 2004**

Members Present: Rice Leach, Karyn Hascal, Chris Block, Jeff Doig, Scott Walters, Ron Bishop, Drexel Neal, Dr. Danny Clark, Mike Burton

Support Staff: Jo Carol Roberts, Betty Godsey

To open the meeting, Ms. Hascal introduced the panel members and invited the first of 15 speakers to offer comments and concerns. There were approximately 40 people in attendance and 26 different topics were discussed. The meeting concluded shortly after 2:00 PM.

PUBLIC INPUT:

Viki Woodward, Corrections, Probation and Parole

TOPICS: Treatment, After-Care Programs

- Lost 3 clients until 2001, 2001 lost 22 (11 so far this year)
- Need treatment centers
- After care programs
- In a month 50 new people (250 total a month) all substance abuse, probation/parole
- Majority of death were due to overdose
- Average into treatment 6 to 10 weeks into a program

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Father Beiting Catholic Diocese

TOPICS; Available resources, Spiritual side must be addressed

- Priest in eastern Kentucky for 54 years
- Stark poverty
- Tremendous need for cooperation and unity
- Has resources: Started Christian Appalachia Project, (CAP), SCHOOLS ARE US (buy schools and make available for housing for different uses such as homeless)
- Need to bring in the spiritual
- Has been successful at raising money for needs
- Volunteers from 70's to teens
- Make contacts for providing work
- Christian students want to bring in athletes to speak to young people
- 90% of problems with prescription drugs so we need to do something with "doctors"
- Doctors know who is prescribing drugs so others should be able to know
- County ministerial associations could be a resource
- Faith-based programs in high schools
- CAP
- Joshua House
- Need to challenge people to do the right thing toward people who have had problems with the law or with addictions
- Bible Schools and camps make kids aware of the possible problems; have kids influence parents
- Takes a long time to change attitudes

Rev. Julie Hager Love, United Methodist Church

TOPICS: Training for clergy, Mentoring

- United Methodist Church
- 10 year commitment to work with substance abuse problems
- Ask them to the table (church, ministerial associations)
- Had a summit with churches, law enforcement, treatment
- Shalom Ministry; 6 month training will come out with plan
- Partner mothers in churches with mothers with abuse problems for mentoring
- Need training events for clergy
- Churches pray about and preach about problem on same Sunday

Jim Recktenwald, Paintsville Professional Association

TOPICS: Evaluation of treatment, Funding, Methadone clinics

- Upset with news coverage; drug problems could happen anywhere
- Years ago unusual to see death in high school; death rate is so high now it takes a page or two in a yearbook to list the students that have died in a class
- Drugs play the biggest role in deaths
- Often throw mud at wrong type of intervention or prevention
- Methadone deaths are not major cause, prescription drugs are

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- Better to have a living client to work with
- We have gotten use to the idea that people will die
- Prejudices are tied up in how we look at issues; we don't want to see it
- Lag time is too great
- Addictions are a mountain I don't want to climb by myself
- In the past I have said no to certain programs but different things appeal to different people
- Interface between programs are poor or lacking (perhaps due to obtaining funding)
- Sources of funding do not always know how to evaluate treatments
- Need to evaluate results
- Politics; marijuana # 1 or 2 cash crop in Kentucky; must be willing to change policies
- Opium replacement treatment uses another drug that is addictive
- Need to look at Step-down technology in de-tox programs
- (Personal note) Program that works with women; women in program had been partying with officials that were working with them
- Policies are sometimes at cross purposes

Melinda Stumbo, Our Lady of the Way Hospital, Nursing Manage, Martin, Ky.

TOPICS: Problems for ER, Drug Seekers, KASPER

- Awareness of how it affects Emergency Department
- Seeing more overdoses and drug seekers
- Desensitize the care givers
- Increases liability of care givers
- Primary physicians prescribe drugs that are sold and then patients comes to ER for more drugs
- Physicians are becoming more aware and use KASPER but sometime do not prescribe needed medication
- Agreed that ER needs a hand-off

Norman Caldwell, Department of Juvenile Justice

TOPICS: Education of parents, Community safety

- Start working with kids at 12, 13, to 18 and then a little over
- District covers 10 counties
- 90 to 95% of kids have drug problems of one kind or another
- Parents often are not educated to know that drug problem exists in home (even educators themselves)
- Parents have to have education
- Always looking for resources/ referrals
- Focus on community safety
- Anyone who attempts to try treatment for juveniles must stay one step ahead; kids very knowledgeable and know how to work system

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- Many times drug problems are a secondary problem
- Try to keep kids in community
- When they come home the home environment has not changed; often drugs are being used in home and family is dysfunctional
- Not all kids are high level users or dealers but some are
- Difficult to convince kids that are dealing and making \$500 a day that they would be better off working at McDonald's

Joseph Sammons, HRMC/ Morehead State University

TOPICS: Intervention and Outpatient Programs, Physician Education, Adolescent treatment

- Working though hospital on substance abuse treatment programs
- Medical doctors are part of the problem
- Teachers are interested and taking his college course (trooper taking class)
- Doctors need education on addictions
- Doctors are afraid to prescribe needed pain medication for substance abusers
- Dr. Keller, UK has successful program
- Lost lot of clients over years
- Lesson from Henry Ford, set up training program, social workers went into homes
- Have to get to root of problems (family)
- Need adolescent long term follow up program
- Need community and law enforcement involvement
- Medications can help with addiction
- Campus ministry programs

Shirley Thompson, UK, TAP

TOPICS: KChip Abuse, Need more treatment facilities and more qualified people

- Families are leaving welfare but receive KChip
- KChip automatic chance for abuse
- Mentoring programs
- Medicaid does not pay for treatment
- More treatment facilities
- More qualified people in the field

Mike Vance, Buckhorn Children Facility

TOPIC: Adolescent residential treatment centers

- 102 year old that does child care; serve Ohio also
- Substance abuse major issue for Kentucky children
- Sometimes starts with family
- We have children that have 20 placements before they come to them but often successful
- Care for some the most needy children
- Limited resources for what needs to be done
- Hope to start treatment center at Buckhorn

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- Want to become a residential treatment center
- Goal is to provide permanency
- Ask redirection of resources that would allow a partner with mental health that would touch lives of children

Scott Walker, Mountain Comprehensive Care Center

TOPICS: Low funding, low pay, Medicare and state pay for everything but treatment

- Kentucky ranks 44th out of 50 in funding
- Low pay for workers
- Need substance abuse as a public health issue
- Medicare, state will pay for everything but treatment of substance abuse
- Services of pregnant women at 165% of benchmark because of services being paid for
- DUI business in Kentucky fairly lucrative

Karen Conley, Mountain Regional Prevention Center

TOPICS: Early Intervention, More accurate “cause of death” reporting

- Early intervention programs (under 21); (EPI is educational program that starts with assessment); kids as young as 11 snorting pills
- Pills are an industry
- Kids get pills at home
- 4 deaths on street last week; only 1 from natural causes
- Look at the way deaths are reported

Dr. Tom Styer, Emergency Room Doctor, Our Lady of the Way Hospital, Martin, Ky.

TOPICS: KASPER , frustrated with lack of resources, Doctors mandated to treat pain

- Doctors mandated to treat pain
- What is enough medication and what is not
- Alcohol at 8.8 is still to high
- Substance abuse level
- Doctor shopping
- Hate to be in position of judging patient
- Patients complain about inadequate pain control
- Money is put where priorities are
- Physicians should be alert to problems
- Physicians perception is that they are being targeted

Rhonda Clark, Van Ark Behavioral Management, Inc.

TOPICS: CADC, CADC “Code of Ethics, CADC “pimped” out

- Treatment is only as good as those who can provide it
- Code of Ethics, CADC
- Pimp out CADC by initialing something that is wrong; should be investigated

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Tomeka Runyon, Mountain Comprehensive Care Center

TOPICS: Jobs, Drugs are the industry

- Asked clients what is it going to take to get better: replied “a job”
- Clients can stay clean and sober, get education and then can’t get a job or only minimum wage job
- Drugs are the industry
- Client sold drugs to get treatment
- Clients pay their rent, buy groceries by selling drugs because they can’t get jobs
- Lose medical card and other benefits when they get a minimum wage job
- Have to get jobs here
- Several clients said “quit slapping me on the wrist.”
- Clients also said that as long as doctors will give them prescriptions they will continue to get them and sell them
- Need judicial system that treats people the same
- Some physicians are problem
- Individuals needs to be held accountable
- If individuals want help they should be able to get it

Rose Price, Target Assessment Project

TOPICS: Mandatory Treatment

- Mandatory treatment was the standard (Eastern State)
- Success rate has better chance with mandatory treatment
- In favor of mandatory treatment
- Politicians promise finding waste and having money for paying for programs (during elections)
- 60s had high value on mental health

**Kentucky Drug Summit Assessment
Prevention/Education Panel
Public Input Meeting
Prestonsburg, Kentucky - March 8, 2004**

Members Present: Bridgett Stacy, David Cole, Thelma Whiteside, David Pearce, Joe Onan, Sandra Harston, Libby Mills, Steve Kirby

Support Staff: Jane Carrier and Margaret Johnson

Public Input:

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Mary Bradley, Floyd County Schools

Topic: Many kids get drugs from parent's prescriptions. Also forged prescriptions a problem

- *Some kids are getting drugs from home.*
- Whole family is addicted.
- Stolen forged prescriptions are a problem; even if one pharmacy does not fill they will just keep trying until one does.
- There is a shortage of counselors and treatment facilities.
- Intervention should start as early as kindergarten.
- There are few programs available to address whole family addiction.
- Need more education within the school system.
- Education, Juvenile Justice, probation and parole and treatment need open collaboration.

Pete Grigsby, Assistant Superintendent, Floyd County School System

Topic: Drug Abuse education should be a part of school curriculum

- Currently working with Ky ASAP, UNITE, Champions, Hal Rogers and citizens groups.
- Information on drug abuse should be part of the curriculum, along with health and Physical Education
- Currently academics, health and athletics have been separate, but all need to be equally emphasized.
- Nutrition, better health habits and physical ability enable child to resist alcohol, drugs and tobacco.
- The whole child needs to be emphasized again.
- The whole child will do better if well fed, fit and healthy.
- KY is behind in fighting obesity.
- Pull academics and physical education together to help produce children who will do well in class and ultimately be successful as an adult.
- Tie in community to help educate parents.

Rhonda Clark, Van Ark Regional Behavioral Management

Topic: Prescription drugs and DUI

- Provides counseling and treatment for substance abuse and also help people get their driver's license back after being charged with DUI.
- A large number of people do not understand that they can be charged with DUI due to driving on prescription drugs.
- The Doctors and pharmacists should explain they are at a risk to become addicted and may be arrested if caught driving while on medication.
- The Doctors and pharmacists should have the patient sign that they understand.

Mike Vance, Vice President, Buckhorn Children Center

Topic: Public and private agencies working together to meet needs

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- Children are referred to them after being committed to the Cabinet for Families and Children.
- Their main focus is to improve the lives of suffering children and families.
- They do limited abuse intervention and prevention but there is a shortage of funding.
- Are open to partnerships with public agencies.
- After a child has been permanently placed they go back into the public school system.
- Private, faith based and public agencies need to speak with one voice.

Jamie Minix, Prevention Coordinator, Floyd County Judge Executive's office.

Topic: Education for families and articles on drug tips in the newspaper.

Generations of drug abuse

- Works with the Drug Task Force, KY ASAP, and Champions Program.
- They are working to provide more community education.
- Have been successful in providing tips for drug prevention in the children's section of the Floyd County Times.
- There is a lack of awareness about the extent of the drug problem in the county as a whole.
- Many parents are in denial and don't want anyone to think that they or their family are involved with drugs.
- Very few families in her area not affected.
 - Handed down from generation to generation.
 - It is the norm.
 - We must change the norm

Lola Ratliff, Floyd County Schools

Topic: Only a few involved and not enough to make a difference

- Some parents are going to be involved in everything that their kids are doing.
- However, parents as a whole don't get involved especially if drugs or alcohol are mentioned.
- UNITE looks promising.
- Hope is universal.
- We need to take a look at intervention and treatment.

James Roe, Superintendent Paintsville Independent Schools

Topic: Long term solution being the cure

- We have been "saying NO to drugs" for 30 years and it is not working.
- The only thing that will change drugs is education and prevention.
- Need a three-fold plan...enforcement, health and treatment.
- People have their head in the sand; do not know what is out there.
- Teachers don't know how to recognize drug abuse.
- Education is the key.
- Set foundation for a 20-year plan.
- Teach kids to be healthy.
- It will take a long-term coordinated effort.

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- Put drug abuse education in school the same way we teach a child to read; start with the four year olds and continue through high school.
- We have to raise a generation of parents.
- We cannot control what parents do.
- May mean having to lengthen school day or year.
- Teachers will find away if they believe that it will be long term an effective.
- Need concerted effort of healthy life-style, morality and character education.
- We have been busy teaching subjects, not the child.
- Have to educate the child to be a responsible adult.

Tim Watkins, Magoffin County Board of Education

Topic: Court system not being consistent with drug abusers

- We have lost sight of our goal and purpose, which is teaching kids.
- It is easy to obtain recreation drugs.
- We need to know what kind of plan can be put into place.
- We are strapped by the court system. Need consistency in treatment and punishment no matter whose kids they are.

Paul Fanning, Superintendent, Floyd County Schools

Topic: Don't underestimate our kids

- The biggest cash crop here is marijuana.
- Student drug testing
- Education proponent is very effective. Assessment, intervention and law enforcement must work together.
- Please don't mandate without funding.
- Greater number of kids not involved with drugs than those who are.
- Those involved in extracurricular activities less likely to be involved with drugs.
- We have to admit that we have a problem. I
- f it takes law enforcement, so be it.
- Early on we thought we were teaching them **how not** to do drugs but ended up giving them too much information and actually taught them **how** to do drugs..
- We must be strongly coordinated and should know what our resources are.
- Genetics could be a factor.
- Prescription abuse is hard to recognize and easy to conceal.
- Need to provide training on how to recognize abuse.
- We should never underestimate our kids. They can be very creative. Will go to great extremes to obtain and conceal if they are hooked.

Thursa Sloan, Floyd County Health Department

Topic: Getting kids and parents educated about drugs

- Early education is a must.

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- Can provide some assistance by providing assistance through the HANDS program. Program for first time mothers that teaches nurturing and development. Begins as soon as they learn they are pregnant.
- Work with parents and children through a 10 week after school program called FIT.
- Time is needed during the school day so more will participate.
- Want to be part of the solution.
- Need a plan to take back to the stakeholders.
- Don't mind mandates as long as there is funding.

H. B. Elkins, Director of People Encouraging People (PEP), Beattyville

Topic: Running articles on drug tips

- Need emphasis on educating the community as well as the children.
- Communities don't know what help is available.
- UNITE will assist communities in creating coalitions to fight substance abuse.
- KY ASAP and Champions empower local communities.
- Writes a newspaper column letting people know how to get involved.
- Urge employers to provide information to their employees on substance abuse by putting information in with their payroll checks.
- Should ensure education at all levels.
- Should educate parents and people in the community on what to look for.
- PEP provides alternatives for kids not to get involved with drugs with activities such as movie night, free concerts and after school activities.
- Involved in Court Watch. There is a problem in circuit court. People need to be aware of what goes on in the courts.
- Part of court problem is plea-bargaining and misuse of shock probation.
- Many dealers are not "drug addicted" but "money addicted"
- Drug court does not help if the person is not drug addicted.
- Have to battle the idea that dealing drugs is the norm and the only way to make a living.
- People believe that it is law enforcement's fault that they can't provide for their children when they are arrested for selling drugs.

Amanda Nolan, Americorps, PCC

Topic: Takes a community to raise a child

- Works with families who don't care if their kids are using drugs or tobacco.
- Parents should be educated
- Parents should suffer consequences
- Takes a community to raise a child
- Program is designed to help people become self-sufficient.

Darlene Starnes, Mountain Comprehensive Care

Topic: Connect with Kids, Slick Tracy and Project Northland

- Involved with project Northland in which the 6th grade component involves large parent involvement.

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- Is based on a comic book series” Slick Tracy”.
- Kids participate in classroom activities and then take comic book home, which involves activities with child and parents.
- Kids get incentives if parents participate.
- If no parent available, then they look for another adult who is interested and willing to participate with the child.
- Many parents do not believe their kids are on drugs.
- Need a way to reach large number of parents.
- Pikeville Independent school system has a drug testing policy for their athletes.
- If there were federal money available might see more drug testing in schools.
- Drug testing is a good tool for the casual user or athlete.
- If drug testing is done, need something in place to provide treatment for those who test positive.
- Use of tobacco products at school is a problem.
- Part of the problem is that the faculty smokes.
- Fines for clerks selling to minors has been raised.
- Some schools offer education on how to quit smoking.
- Counselors are needed in every school. How to get to counseling and still provide anonymity is a concern.
- Need consistent enforcement across the board. Coalitions can help encourage fair punishment.

Bill Bates, Director of Adult Education, KVEC

Topic: Jobs, college

- Provides job skills assessments
- Help with college entrance exams
- Works with drug prevention.
- Wants to be involved with putting the program in place

Rob Gullett, Drug Prevention Coordinator, KVEC

Topic: Character building classes and drug testing

- Difficult to know how to reach kids who are not taught right from wrong at home.
- Asked the community for volunteers who would be willing to teach character building class on hour a week in the school.
- Invited pastors, lawyers, Sunday school teachers and moms if giving one hour a week was worth saving a child from a life of drugs. Got great response.
- Principal saw a 65% reduction in disciple referrals at the end of the first year.
- Knott County is implementing a strict drug testing policy that includes all employees.
- We need to drug test every student and employee.

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Dessie Bowling, KVEC

Topic: Connect with Kids

- Connect with Kids.
- TV airs a film called Ripped apart, which is about steroid use. Kids watch with parents, then discuss at school the next day.

Jim Reckinwaldt, Paintsville Professional Association

Topic: The approach to treatment has been confused

- Prevention is a natural process with a person is in treatment.
- Prevention is the only treatment some children get.
- Prevention and treatment not communicating with each other.
- Treatment and prevention are often played against each other.
- Need a better way to disseminate information. Prevention must get lifesaving information out and treatment must respond.
- Slow information is causing deaths.
- Drug Court help de-stigmatize and decriminalize addictions. People are offered a choice on the front end.

Norman Caldwell, District Supervisor Juvenile Justice

Topics: Kids not having good home environments

- Drugs are usually not the reason juveniles are committed to Department of Juvenile Justice. It usually for public offenses.
- However 90 to 95 % do have some drug abuse problems.
- They try to offer education and treatment for drug abuse.
- Provide information on ways to avoid drugs.
- They can keep them off drugs as long as they are under their control.
- The problems arise when they go back home to parents who either don't know or care.
- Must reach the families.
- Most juveniles don't believe the consequences of their actions. Think it won't happen to them.
- The whole point is to help juveniles function in the community.

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**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Prestonsburg, Kentucky - March 9, 2004**

Members Present: Greg Stumbo, Greg Van Tatenhove, Jack Blair, Van Ingram, Karen Engle, Keith Cain, Norman Arflack, Steve Collins, Milton Galanos, Connie Payne, Jim Acquisto

Support Staff: Kay Fuson and Brenda Touisgnant

Public Input

H. B. Elkins, People Encouraging People Coalition

Topics: Prescription Drugs, Shock Probation, Mandatory Sentencing

- Prescription drug problems in Lee Co. had sheriff and other police arrested
- Drug Court are only addressing users, not getting sellers
- Judge will accept plea bargain and then lessen the sentence
- We seem to be overusing shock probation, it is being used with repeat felons
- Please recommend some legislation to severely restrict shock probation only use for first offender
- Restrict judges from shortening sentences
- Mandatory sentences for traffickers
- Have some way to make complaints against judges, require documented pattern
- Our coalition is funded federally
- We provide drug free activities and education
- Appreciate UNITE and the work they are doing forming coalitions
- I appreciate your efforts to solve this problem

Tom Wyatt, Johnson Co. Sheriff Department

Topics: Methadone Labs, Revise KRS

- First concern is meth problem in Johnson County
- KRS has been changed so that a person must have in possession all chemicals to make methadone
- Our makers are getting smart, they have all but one or two chemicals and a book "How to manufacture" in possession
- What can we do as law enforcement to get this law looked at?
- What can we do as a community, attorneys, and etc. do?
- Can we change this by charging "a criminal attempt to manufacture"
- We shut down our first meth lab Oct 2002
- We are combating as hard as we can
- Like all small departments we have low funding but we are fighting hard

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- Johnson Co. Sheriff's Office has zero tolerance on meth and all illegal drugs
- Have some meth coming from out of state
- Makers are going out of town to learn how to produce and then will charge \$10,000 to teach others
- KSP is currently doing our lab cleanup

*Jim Acquisto comments, DEA will certify, train your officers DEA cops money is available for cleanup

*Milton Galanos comments, Call your respective DEA rep and let them know that you want their training, you will also need to call your representative

J. M. Wood, Lifestyle Counseling

Topics: Revise KRS, Treatment Issues

- KRS – there are bits and pieces that can be used to combat enforcement, treatment
- Maybe look at difference statutes to come up with uniform, cohesive, compact method to handle this
- Why is it, if you have drugs in your pocket it is called possession but when it is in your belly it is called public intoxication
- Another thing, KRS – hospitals are required to provide a method of treatment or send to another facility for treatment
- How many hospitals have doctors trained to recognize and treat drug abuse?
- It would be nice to build treatment facilities across the state
- We need legislation to allow this to happen
- I oversee four treatment facilities and treat 800 people per year and receive 1300 phone calls
- 98% of the people we treat are court ordered either by DUI, Circuit, District or Family court
- Probably only have about ten people per year walk in on their own to say they need treatment or help
- Compulsory treatment, those forced, stay longer and get more out of it than those seeking treatment
- Unless we fear circumstances of doing wrong more than we enjoy the wrong, we won't get help
- Alarming number of physicians writing methadone prescriptions
- Kaspar is not cracking down on methadone yet

Tom Styer, Physician

Topic: Stronger DUI Laws

- See a lot of intoxication, not always alcohol
- Need stronger laws on driving under the influence whether alcohol or other drugs
- I have a problem substituting drugs for detox, doesn't make sense to me
- I am afraid that methadone may become too easy to get
- What is too much to prescribe? You build up tolerance, no maximum dose of narcotics – have to look on individual basis

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Question from panel: Please respond from your perspective things we have heard about physicians writing too many prescriptions vs. doctors saying no to chronic pain.

Answer: Self-policing falls under anti-trust regulations. Would hate to be in the position that I doubt a patient is in pain, sometimes we under treat chronic pain and benefit those looking and overstating pain to receive medications for their own use or to resell. I have worked with local law enforcement to try to stop some of these people searching for medications

Question from panel: Talk about uniqueness and addictiveness of oxycotin.

Answer: My first response was this is a good drug but not for emergency room use. This should only be used for chronic cancer patients. Highly potent. There is no maximum dose of narcotics you build up tolerance. Oxy is abused by crushing and snorting. I imagine the manufacturer is resistant to reformulate. If formulated with allestone, would take care of a lot of the problem.

Question from panel: As soon as oxy came out you knew that it was not appropriate for emergency room use, did you do your own research as opposed to drug rep giving you this information?

Answer: Actually rep told me and then I did further research.

Question: People should not drive under the influence, do you warn your patients or write for label on prescription bottle?

Answer: Responsibility falls on pharmacy for label. I will tell some patients. Should consider mandating warning labels.

Statements by panel member Keith Cain

- Perdue pharma is only company to step forward and begin to formulate plan with law enforcement to help solve the problem. They are considering reformulation.
- The issue is not the drug, it is what we choose to do with these drugs. They were made to improve quality of life
- Would like to see guidelines on other intoxicants than alcohol

Carolyn Wood, Lifestyle Counseling

Topic: Warning labels on prescriptions

- Not enough information out there that certain medications cause impairment
- Don't think we are getting info to people that they need
- Hold pharmacy's accountable to inform
- No one told me that I can not operate machinery while taking medications

Diane Rudd, Reaching Every Addict through Christ Help

Topic: Prescription Drugs

- What laws can be made for doctors prescribing too much medication
- Operation UNITE will allow us to turn in names of doctors
- Our sheriff's office needs more funding to hire more officers

Jim Kelly, Social Security Administration

Topics: SSI Abuse and Medicaid Abuse

- Increase in reports from law enforcement about arrest they made involving someone being paid SSI benefits. Their question does the income from their drug sales impact

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their SSI benefits. Some receive SSI, Social Security and Medicaid cards they are misusing by pretending to have symptoms to get prescription for intent to resale, sometimes they will even rent their Medicaid card.

- Aware that people are abusing SSI and Medicaid, we are pretty busy but we have a responsibility to see that people receiving benefits are entitled
- Continued reports from law enforcement that the person they arrested could have fooled them that they were disabled by the way they fought the arrest
- Instances when person arrested (receiving SSI) may own several new vehicles and have around \$50,000 cash in hand; these same people have signed sworn statements that they do not own anything or have any cash
- We are paying cases every month to those that say they meet all requirements
- If we don't have any evidence then we continue to pay
- Charge some of these, maybe it would discourage others, they don't want their checks cut off

Jay Barrett, Public Advocacy

Topics: Plea Bargains, Defendants Rights, Lab Delays

- I don't think we are your enemies, I think we are your adversary – not always at sentencing
- Commends AOC, the Governor and Operation UNITE, these are the relief's I see
- With drug court, we refer them, give them some hope
- Relapse is expected, but what are the consequences?
- We do want them to get through the programs
- Delays have to do with resources
- We are handicap by our resources as well
- There is a history of law enforcement being part of the problem
- Not any resources for defense there will be no more "rocket docket"
- Committed to the whole client, we know that it is better if they are not in the system so often
- We are not asking the Governor for more resources but if you know of ways to get federal funds we are interested
- Have represented cases in London and all but two weeks of the year these cases involved meth labs
- Need better lab resources
- State addressing to "farm out" lab cases, we are fighting to stop the video testimonies
- We want to see our clients helped
- Meth and oxycotin are the two biggest threats

Michael Ormerod, Prestonsburg Police Department

Topic: Judicial System Overload

- Over the last fourteen months we have operated drug task force on street level drugs. The problem is that in twelve months we hit 100 people in street level buys producing 50 cases. Thirty-five of these cases have not made court due to the high volume of case load

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- We have the right idea to combat drug problem but our judicial system is not set up to handle the increase

Comments by Mr. Van Tatenhove; My sense is we have used federal funding in a productive way but there is a cost, the more street level cases, the less we follow through with organization cases. We have committed to hiring Assistant Commonwealth Attorney that will be HIDTA funding. In Eastern District, through HIDTA funding, we are going to hire six Assistant Commonwealth Attorneys. However, this puts more pressure on judges and public defenders.

- We deal primarily with prescription drugs
- We can buy drugs seven days per week – at some point we need to beef up our judicial system

Dill May, County Judge Executive

Topics: Drug Court, Enforce Consequences

- No individual can attack this problem
- Oxycotin is a good thing when used properly, need better education
- One ounce of fear equals one pound of love
- We as parents miss the high call to our children
- Magoffin County has lots of people on drugs. I have to talked to a number of parents crying because their child is on drugs
- We need to get something in tact such as Drug Court. We have to put consequences behind actions
- I would much rather follow my children to a treatment facility than to a graveyard
- We have lost too many of our youth to overdose
- Surprises me what lengths people will go to to get their fix
- I believe that we can come up with a solution
- I am telling your panel, we need help in Magoffin County
- I believe this with all of my heart, people hooked on drugs need and want our help
- When kids take two or three oxycotins they can't get off the stuff

Jeffrey Doig, Care Academy, Inc., Treatment Panel Subcommittee Member

Topics: Share funds, Kaspar, Accountability

- I operate two residential facilities and have been in mental health facilities and others
- Personal experience – many years I became involved in the criminal justice system because of some bad choices I made
- Criminal justice system works as well as treatment
- Prevention, Education and Treatment now share monies
- We need intervention of local judges, I would not have received treatment prior to incarceration
- We need a lot of local accountability and solutions
- Drug Court is a very good new program, I am very supportive but I have concerns, don't throw all energy there

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- We have to work together sharing funds
- Kaspar system is great and was introduced for the right purposes. How can we use this system to find those in need of treatment
- Concerns about convascated drug money. Where does it go? How used? Can we share those funds?
- It is time that we put a face with things that work
- Treatment works, criminal justice system works

Question from Mr. Van Tatenhove; Can you be more specific about what made you want to get out of system?

Answer: Accountability, eventually I was held responsible

- Tough love with this group is appropriate, it does work
- Comes down to choices
- Natural consequences are not bad
- Natural, logical consequences will motivate a person
- Don't think we put enough faces behind success stories
- We don't operate under grant funds, we generate our own revenue
- Treatment has to be available

**Kentucky Drug Summit Assessment
Public Input Meeting #6
Hazard, Kentucky - March 16, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Karyn Hascal, Danny Clark, Robert Walker, Louise Howell, Libby Mills, Rick Purvis, Mike Burton, Jeff Doig, David Matthews, Kathy Taylor, Deana Hart

Support Staff Present: Janice Earnest and Sharon Davis

Approximate Number of People in Attendance: 60

Number of Speakers: 26

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Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Mardi Montgomery, Steve Kirby, Tim Eaton, D. G. Mawn, Tad Long, James Ritchie, Ron Bishop, Robert Biggin, Carl Leukefeld, Milton Galanos

Support Staff Present: Betty Godsey and Linda Renfro

Approximate Number of People in Attendance: 46

Number of Speakers: 13

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Cleve Gambill, Van Ingram, Steve Collins, Gary Oetjen, Jim Acquisto, Frank Rapier, Greg Howard, Mark Miller, Karen Engle, Martin Hatfield, Jack Blair, Connie Payne, Rodney Brewer.

Support Staff Present: Brenda Tousignant and Pam Smallwood

Approximate Number of People in Attendance: 61

Number of Speakers: 16

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Hazard, Kentucky - March 16, 2004**

Members Present: Karyn Hascal, Danny Clark, Robert Walker, Louise Howell, Libby Mills, Rick Purvis, Mike Burton, Jeff Doig, David Matthews, Kathy Taylor, Deana Hart

Support Staff: Janice Earnest and Sharon Davis

PUBLIC INPUT:

James Lewis, Leslie County Clerk

Topics: Multiple Generations of Family Destruction, Urgent Need for Resources

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- Substance Abuse is the #1 problem in Eastern KY
- Important that we seem to have a new direction in Eastern KY
- Economically devastating, destroying families
- Cannot postpone action
- All our resources must be utilized to defeat this enemy (drug abuse)
- Major devastating force to the people who use, families, associates
- KY River Community Care is a major player in treatment, but needs more resources
- Need to make sure when resources are allocated that they are allocated to facilities that have resources to deal with it
- Resources are slim, cannot wait for tomorrow, must combat it now
- Can't calculate the cost to families

Nan Neece, KY ASAP, Protection and Permanency

Topic: Devastation of Families, Need Treatment and After-Care Programs

- Deals with families, children, grandparents
- 291 children in foster care in KY River Region, 112 of those added since beginning of 2004
- 39% of referrals have identified substance indicators
- Deal with substance abuse on a daily basis
- Parents can't pass drug tests
- Lots of grandparents are taking care of children
- Want to send families to treatment, but can't find facilities or after-care programs
- Is a huge epidemic, not only drugs but Hepatitis C

Darrell Harrell, Commonwealth Attorney 39th Judicial Circuit -- Breathitt, Wolfe and Powell Counties

Topics: Treatment is the most important; Treatment works; Need more facilities and resources

- Treatment is most important of the 3 panels
- Incarceration does not solve problem
- Can't possibly incarcerate all the individuals, not enough money, facilities, or staff
- 4 out of 5 cases have some element of substance abuse
- Will make pleas for treatment to reduce charges, but not enough facilities to handle demand
- Treatment is the most important element that will be discussed today
- Joshua's Dream House is a fine facility
- Related case of person who wrote bad checks; father was very supportive; agreement that businesses be repaid and complete in-patient treatment and case will be dismissed; the program was successfully completed and person was hired at Joshua's Dream House
- Treatment does work
- Need treatment facilities in every county
- Only way to break the cycle is treatment

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- Hope Gov. Fletcher, Lt. Gov. Pence and panel will do everything to get more treatment resources

Doris Bishop, LKLP Safe House

Topics: Personal Story, Devastation of families and children, Hopelessness

- Experienced substance abuse from a personal side: treatment and law enforcement, with two sons
- Destroys family system
- She is a Grandmother and hasn't gotten to see her grandchildren for 2 years
- Have to have tough love
- Brings devastation, homelessness, personal problems
- Physical devastation of bodies ages 12-80
- Can get prescription drugs through mail (OxyContin, Xanax, Lorset)
- Incarceration for prevention of self-destruction or abuse aimed at someone else
- Son is clean today, because he was incarcerated and followed that treatment
- Has worked in a lot of counties in Eastern KY and sees domestic violence and abuse
- Spirits are broken and they turn to something that makes them feel better
- Solution is multi-treatment: people who care, have compassion
- Childcare should be addressed when children are removed from homes
- Should not only drug-test users but people who are watching over them—jails, courthouses, transportation
- Helped form a Parents Against Drugs (PAG) committee
- Question to panel: Reference child care -- when social services removes them from home—how long before drugs are out of system (of care giver)
Answer from panel: Variable, depends on individual

Katherine Couch, LKLP Safe House

Topics: Personal Story, Educate Public, Provide Employment

- Wants to know what to do for the prevention and after-care of clients
- Has a personal interest: has almost destroyed her, her family and children
- Daughter received treatment and got clean, has college education, but nobody will hire her; had to leave her home area to get a job
- Substance Abusers are not trashy people; they are good people; they have a low self-esteem
- Substance Abusers need help; need to educate public to help and provide employment
- Treatment can and does work

Cread Holland, KADD (Kick Alcohol and Drug Dependency)

Topics: Lack of Rehab Centers, Centers can only serve their counties

- Established a Website to provide information for people looking for a rehab center
- Volunteers help people find a rehab center, chapters in Mt. Sterling and Powell County
- His child needed help and he couldn't find help, even a phone number

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- (KADD) Works all thru Eastern KY and Hazard area
- Not enough rehab centers
- Not enough long-term rehab centers in this area
- Rehab centers say they can only serve their counties, people in other counties are turned away
- Cannot deny people help based on where they live
- Another problem-- a lot of people in jail but we cannot get them help
- Bring help to addicts, go to the jails and do AA an NA meetings
- Suicide and OD occur in a few days after release

Pam Pritchard, Wolfe County, KY, Represents Community and Civic Organizations

Topics: Correlation between poverty and substance abuse, Need more treatment facilities/programs, Treatment can work

- Alliance for progress meeting recently got info that Wolfe County made the top-10 list for having the lowest per capita income in the nation
- Direct correlation between poverty and substance abuse
- Desperately in need of funds for treatment
- Residential treatment centers becoming overwhelmed due to prescriptive drug abuse
- Epidemic level in the mountains
- Optimistic about Project Unite but can not succeed without treatment facilities
- Dr. Pauline Fox said she has seen a marked increase in violence against women and children due to drug abuse
- No longer a luxury to have treatment facilities
- Have seen friends become slaves to prescription drugs
- Have seen treatment programs turn peoples' lives around
- Unless we find funds for treatment centers, families will be lost
- Losing the heart and soul of communities in Eastern Kentucky

George Pilgrim, Represented Wolfe Co. Judge Exec. Raymond Hearst

Topic: Need funding and support

- Thanks Gov., Lt. Gov., and Karyn Hascal
- Have abuse of prescription and illegal drugs problem
- Going to fight along with law enforcement and court system to put drug pushers out of business
- Some treatment is offered--need help and support on the state level
- Asking everyone to join them in ridding Eastern KY of drugs

Michael Kadish, Owner and operator of Adams Market, Leslie Co.

Topics: Community changing, Businesses are affected by Substance Abuse, Need local and immediate treatment facilities/programs

- Seen community change dramatically in 5-8 years due to substance abuse
- Everyone is suffering from the effect of substance abuse

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- Major focus now on which neighbor or family member is addicted and where to get treatment
- Business people are affected; not a safe place anymore to be in business; robberies happening; bad checks common problem; people get desperate and resort to desperate means
- Need funding for family treatment
- Need sufficient resources so people can get help right away--not the next day or the next week
- Aren't enough counselors to see everyone when they need to be seen
- Need help here--not two or three hours away; people want it close to home

Judy Cattoi, Substance abuse counselor, KY River Comp. Care

Topics: Funding, Treatment services/facilities/programs, Medicaid, Infant addiction

- Provides outpatient counseling
- Needs increased funding for more treatment services
- Desperate parents want to get children in treatment immediately; no place to send them right away
- Outpatient waiting list is long (about 1 month) and by that time the individual has gone back to using and we've lost the opportunity to help them
- KY River clients have doubled in the last few years with no increase in funding
- Need funding for indigent clients
- Insurance companies rarely reimburse for substance abuse treatment
- No Medicaid assistance
- KY Cabinet for Health Services statistics indicate this region has twice as many clients, but doesn't have detox, half-way houses, limited residential services
- Region has more arrests than statewide
- Drugs of choice have become more addictive and require longer treatment
- Serious issue – babies being born (to drug users) have increased risk of addiction
- Need a variety of services and funding
- With variety of services, addicted persons do recover

Vera Stacy, KY River Cabinet for Health and Family Services (DCBS), Substance Abuse clinician in Leslie Co., part time in Perry Co

Topics: Middle and High Schools have marijuana problems, Need local programs, Need community support, Need employment opportunities

- Leslie Co. sees a lot of middle and high school students with marijuana abuse daily
- Perry Co. students are sent to alternative school for semester or longer--real need for more interventions at that level
- Need at school level to have substance abuse clinician to work with kids
- Difficult to find a treatment place immediately
- In Leslie and Perry, see a great need for substance abuse detox unit and 30 day-program so people don't have to go far away--need to address our problems here
- Seeing a lot of self-help groups here

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- Need churches, businesses to promote these groups
- Send a lot of people to Next Step in Jackson; clients go to Joshua's Dream
- Project Unite is making a difference in Leslie Co.
- Need more employment opportunities, two good factories to start would make a difference in problem
- It's a disease and has to be treated as such
- Have to be open to people and give them a second chance
- Most people need to have treatment several times before it can help

Charles Beech, Lee Co.

Topics: Need for juvenile treatment/facilities

- Trying to address problem in Lee Co. to get something done, employees in bank were desperate on how to address it, so got together as a group and built a mental health facility. Making it an adolescent facility
- No facilities in small communities; must send them 50-100 miles away
- Difficult to keep up as a parent and follow and understand the treatment
- Parents say it's easier to give kids money than to use tough love and have them steal from you
- While we have them incarcerated, please start the treatment while there is an opportunity
- Strongly encourage state, local govt. to get behind these issues

Doug Wilson, Breathitt Regional Juvenile Detention Center

Topics: Juvenile incarceration and Treatment

- Take juveniles from 37 counties from eastern region of state, may have them overnight to several weeks
- Can know a lot about the kid and know they have a drug problem, but don't have enough time to do anything
- Do some counseling while they are with them but can't do much in that short of time
- Have issues of confidentiality and if kid doesn't want it, can't do anything
- Need a process for treating kids on short term and using the information that is obtained
- Hopefully, with all agencies will get together so we can get some answers

Austin Rogers, Recovering alcoholic

Topic: Need Treatment Beds and Funding

- KY River District is in dire need of beds for treatment
- Was advised the other day--KY River has 8 beds--that's one for each county of ADD District
- Need help up here; have an epidemic that is destroying our region
- Need funding
- Have know-how, have good quality staff working, but it needs to be increased and more focus on treatment.

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Jeffery Coots, Chief Exec. Officer for Joshua's Dream Foundation

Topic: Funding for Faith-Based Organizations

- Lost 22 yr.-old bother to drug addiction, knows what it does to families
- This is a multi-faceted problem; affects all people across all socio-economic backgrounds
- Asked that faith-based community have equal footing with everyone else regarding funding
- Joshua's Dream offers faith-based option to recovery
- Eastern KY people don't like to leave home to seek treatment
- Need treatment options here so we don't have to drive somewhere else
- Need communication between the agencies
- This is not about turf; it's about people dying
- Have had people as old as 56 yr-old; we do adults, not juveniles
- Need options for all ages
- Faith-based options have proven programs that work—wants consideration on funding

Sharon Hendrickson, Jackson City Council and mother

Topic: With no money, no treatment; with no treatment, no hope

- Wants to talk about hope; help
- 50% of deaths in Breathitt Co last year related to substance abuse
- Lot of groups have begun to work
- Tired of talk
- Can we tell people there's hope on the way?
- Know mothers that sleep with their 25-year-old, chain them to bed, follow them to bathroom to stop them ingesting drugs
- Kids steal from parents; parents want their children arrested so they can get treatment
- Message is simple: With no money, no treatment; with no treatment, no hope
- Mothers tell us they get no sleep at night, waiting for a phone call that child overdosed
- We want to help ourselves, but we have to have money

Sam Cockerham, KY Works Program, Cabinet for Families and Children, Lee and Owsley Counties

Topic: Help people become self-sufficient

- Trying to help people become self-sufficient
- We take two steps forward and one step back
- Substance abuse has touched my family as well
- Can not be fixed overnight
- We do appreciate that these agencies are ready to help, we understand the limitations and barriers, appreciate opportunity to have input

Diane Sizemore, KY Works Program, Big Sandy Area Development

Topics: Fragmented Treatment, Pain Clinic and Physicians prescribing addictive drugs, Need for tighter regulations

- Drug problem hit her family directly

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- Realized how fragmented treatment is--how difficult to access it
- Need a system that isn't fragmented—that will treat the whole person, not just detox them and turn them loose, but address the underlying mental health issues
- Easy for young people to go to family doctor and get a referral to pain clinic
- Many people have gotten addicted through family physicians
- Need better monitoring of drugs available to our people
- Would like to see facilities here at home that would take a holistic approach--provide aftercare, follow up
- Medical profession and treatment facilities needs overseers
- Like to see stronger regulations as to how services are delivered and on prescriptive drugs
- Hepatitis B and C increasing

Wilma Terry, KY River Comprehensive Care, Project Advance

Topics: Need Funding and Programs, OxyContin has changed the way we do treatment

- Project Advance is women's day treatment/out-patient program
- Operate on \$267,000 budget per year, treated 120 women (primarily Perry County) last year at an average of \$2000 per person
- Program operates in 3 phases: final phase continues case management for 18 months
- Intensive outpatient model
- Use holistic approach; treat the whole person, childcare, housing, etc
- Do timely assessment, get people in within one week — today if emergency
- Each person has an assigned clinician
- Work together as a team and take care of client needs
- Get them into appropriate level of care
- Believe OxyContin has changed the way we do treatment forever; highly addictive; so popular because of it's potential for abuse
- Survey one week last year; 23 of 25 were addicted to Oxycontin
- Takes months to do some decent recovery
- 95 % were dually diagnosed, many suffer from mental illness (bipolar, depression, domestic violence, post-traumatic stress, sexual abuse)
- Have a psychiatrist that deals with women's issues
- Need programs established in every county for women and for men
- Can't deal with problems at hand without more funds

Garnett Sexton, UK Targeted Assessment Program

Topics: Funding for treatment, Medicaid

- Funded by federal block grant
- Primary things they do are work to see clients become self sufficient
- Get clients into some kind of treatment and work toward health and taking care of their families
- Do pretreatment counseling
- Barrier is funding for treatment—no money—families financially devastated due to addiction

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- Greatest thing happened for women's treatment is Medicaid approved to pay for women
- Without project advance it would be a doomed effort to start with--helps to pay for women on different levels of care
- No accessible resources
- People can go to doctors and get drugs that cause addiction which is paid by Medicaid, but can't get Medicaid to cover treatment

Nina Cornett, Project Unite, private citizen

Topics: Prescription Drugs, Need Treatment Centers, Hepatitis C

- Started working on a drug coalition under Project Unite
- 70 people attended first meeting—very severe problem in Letcher Co. with drugs
- Doctors write prescriptions too freely
- Washington Post study on internet drugs had Letcher County as #1 in Nation
- Court didn't process a single drug case to trial in 2003
- Heard most—Need treatment centers
- Unemployment is actually about 40%
- Really far from treatment centers; poor county
- Problem is right here for prescription drugs
- Have a lot of economic incentives for persons to get drugs and sell them
- Hepatitis C is big problem
- Please consider special problems in Eastern Kentucky

Madeline Flanery-Kinser, Letcher County citizen

Topics: SSI Abuse, Need Treatment Facilities

- Had 3 family members to die of drug overdose in last 24 months
- Treatment is most important part of this whole intervention
- Not enough facilities
- Had 13 drug-related deaths in community of Pine Creek in last recent months
- Accountability is big issue – no responsibility to be drug-free while drawing \$900 per month on SSI
- Stepson in drug related/alcohol accident -- got SSI check, not mandated to do anything, no rehab
- Dozens of people in community who had injury and got addiction
- KY has highest number of people receiving SSI in nation, reason to look into using voc. rehab money for treatment
- Makes no sense that they don't have to work (SSI recipients)
- If a person has an addiction, they are disabled, but giving them a check without any accountability isn't doing them any favors
- Heard a doctor say, "Some lives are so pitiful that have to medicate for them to exist."

Judge Stevens, Perry County

Topics: Need Detox Unit, Pain Clinics are problems, Prejudice

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- Perry Co. has 13th largest caseload in state
- Would help if jails has a detox unit
- Sets high bonds to keep them in jail until they can get in rehab
- Help if program like KRCC had license to start work with people while in jail; need to be staffed by a doctor and registered nurse
- Pain clinics are big problems in this area; people she sees in court have all kinds of prescriptions for narcotics; also they have multiple prescriptions
- People never question the doctor when he says you're disabled; they are meek and don't stand up for themselves
- Work, education, having feeling of being worthy human being gets people out of this problem
- There is a great prejudice against Eastern KY people
- Doesn't have a drug court, but runs her court like a drug court, puts strict guidelines on them
- Education is the thing; if they don't get high school or GED they will be on her docket
- Thinks home schooling is the worst thing that has happened in KY

David Matthews, Director of Adult Services at KY River, KACC

Topics: Need more treatment centers, funding, staff

(Gave some charts to Panel)

- If you combine and rank counties you can identify counties that have greatest substance abuse problem impact (crimes, deaths, traffic accidents)
- Eastern KY has large number of counties that have sub. abuse problem
- Thinks there is a stigma and bias re Eastern KY; can't get it through to Frankfort, Washington—sense of disbelief—drugs are bad everywhere
- If substance abuse weren't highest priority, what would be?
- Funded 900 grants, grants to KY, TN at bottom of funding on Federal level. States at top—Hawaii, Alaska, DC
- Have to have a variety of approaches available
- Model for calculating what we need—based on research that's been done—estimate of types of treatment that we need—lot of different ways we can spend services or increase treatment.
- Description of services that we do offer—serve quite a few people. To sustain their recovery it takes a whole community
- Solutions: I
- In Appalachia a contribution could be by the pharmacies, physicians—having them trained in assessment and referral.
- More trained staff
- Need facilities to provide these services
- Drug courts funding to operate and have resources for treatment
- Community corrections is a big part of the solutions

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- Reality is it takes money—tobacco tax, beer tax, Medicaid support for sub. abuse treatment, less money on institutions and more on where the most good can be done (in the community)
- Use cigarette, beer tax and it won't kill the industry
- Redirect money (\$18,000 yr. to house an inmate) could treat a lot of people

Tracy Frazier, From Letcher Co.- part of coalition working with substance abuse problem

Topics: Dual diagnosis, Funding, Immediacy

- Dual diagnosis – rarely a separation with mental health and substance abuse
- Funding—throw out traditional ways of looking at funding
- Immediacy – a “now” problem, worse than any natural disaster
- Accurate depiction of number of people affected with this problem

**Kentucky Drug Summit Assessment
Prevention/ Education Panel
Public Input Meeting
Hazard, Kentucky - March 16, 2004**

Members Present: Steve Kirby, Mardi Montgomery, Tim Eaton, D. G. Mawn, Tad Long, James Ritchie, Ron Bishop, Robert Biggin, Carl Leukefeld, Milton Galamos

Support Staff: **Linda Renfro, Betty Godsey**

To open the meeting, Ms Montgomery introduced the panel members and invited the first of 13 speakers to offer comments and concerns. Tim Eaton, Pulaski County Schools chaired the committee. There were approximately 46 people in attendance and 15 different topics were discussed. The meeting concluded shortly after 4:30 PM.

Public Input

Joy White - Regional Prevention Center

Topics: Prevention education, Kentucky ASAP, School policies and programs

- High in this area - DUI, pregnant women smoking, oxycontin, methamphetamines
- Prevention education
- ASAP Board helps other agencies work together and fill gaps
- Grant money has limitations; must look outside the box

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- Policies, dress codes, self-esteem all part of prevention education
- Need prevention; larger amount of money is spent treatment
- Center for Substance Abuse offers science based curriculums that work
- KIP survey; top two problems in schools are tobacco and alcohol; start with nicotine; (average age beginning is 12)
- Parenting education,
- Policies in schools need to be changed; Science based problem solving instead of suspension
- Need money to provide prevention curriculum
- Reconnecting Youth works on absenteeism, grades, self-esteem
- We Card; 26 1/2 % sold to underage in 6 week period in 8 counties; after education the rate fell to 8%
- Responsible beverage server training: helps understand state laws, fake id's, better insurance rates
- Pregnant women and smoking; zero tolerance
- Prevention, Intervention and Education are very important
- Different agencies must pull together; find out what is out there and use resources
- Life Skills

Jerry Wyrick- Regional Prevention Center

Topics: Marijuana, Education is key, Society norms must be changed

- Primary focus is marijuana
- Marijuana is addictive
- Key to prevention is education; educate on danger of drugs and harm from drugs
- Treatment and enforcement necessary but they are dealing with problem that has developed when prevention and education have not been strong enough
- Any significant and long term change is going to come through prevention and education
- More efforts into prevention
- Norms of society must be changed
- Alcohol has been acceptable; now pot has become acceptable
- Inched our way to being a drug culture
- Education on radio spots
- 60% of youths in treatment are there because of marijuana addiction
- Submit articles to newspapers
- Beginning to set up coalitions in schools
- Begin education in elementary school
- Parents need to be educated
- THC level in marijuana is 5 times higher
- Easy to see effort in enforcement and treatment but not prevention

Charles Turner-Regional Prevention Center

Topics: Prevention, Evidence based drug curriculum works, community efforts

- Prevention Specialist

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- Kentucky famous for tobacco, horses, KFC, whiskey (bourbon); all are addictions
- Three ways to fight, prevention, enforcement, treatment
- The only one to reduce drug use is prevention but less resources
- Results are easier seen in enforcement and treatment, difficult to show something that hasn't happened
- Prevention (used to be presenting programs in schools but not cost effective); 2 people for 8 counties
- Education was not the whole answer
- After school students went back into environment that countered the message in the schools
- Efforts based solely on volunteers is hard to sustain
- Evidence based drug curriculum (federal) works
- Schools will buy but not use; teachers say they don't have time; not a priority
- Perry County Schools do excellent job
- Contemporary efforts in community that work are alcohol vendor education, compliance checks and groups working together

Jim Watkins- Knott Abuse Council

Topics: KY ASAP, Champions for Drug Free Kentucky, community needs

- Ky. ASAP is needed, vital thing that provides tools to local people to do what is best for area
- Champions for Drug Free Kentucky
- Local input
- KIP Survey provided evidence of needs - implement programs, people to work
- Knott County problem
- Working with local school boards to implement plans
- Set about to do what will make a difference in Knott County
- Have a plan
- Frankfort helped
- KY ASAP provides tools needed
- Local RPC Coordinator helped
- Need resources and help

Russell Oliver- SHALOM of Perry County

Topics: Youth centers with programs to involve youth

- Work with youth
- Not enough money spent on youth
- Want to spend money on youth centers with more than pool tables, ping pong tables; create programs for them to do activities in the community
- Youth centers closed because of drugs
- Concerned with how young kids are selling drugs
- Shalom is Methodist group; working in project to get youth back in society

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- Concern is there are 3 beer distributors in Perry County, all of the stores have beer
- God is important part of solution
- Not enough local facilities for treatment

Michelle Kilgore- Reclaiming Futures, KY River Community Care

Topics: Community relationships, Need funding, collaboration

- Robert Wood Johnson grant for 5 years
- Work with juvenile justice, at risk youth or youth on drugs
- Prevention is treatment
- Kids who abuse drugs and alcohol are more likely to break laws
- Only a fraction of youths have access to treatment
- 291% increase in rate of incarceration
- Cost to incarcerate 1 child would treat 10 to 13 kids a year
- Work to build community relationships
- Work on pro-social issues
- Need funding
- Need collaboration
- Need support from state and federal

Nina Cornett- private citizen

Topics: Prescription drugs, Make drug use socially unacceptable

- Started coalition in Letcher County
- Surest way to solve the problem is to take the profit out of it
- Letcher County has unemployment rate of 11% (formal rate)
- Easy way to make money is out of drugs
- Primary problem is prescription drugs
- Need to educate the medical profession
- Have large number of people with a medical card in Letcher County
- Among some in Letcher County drug use considered all right
- People running for office see votes
- Needs to be socially unacceptable
- Need to educate people to make a living and provide jobs
- Need more local treatment centers
- 70 people turned out for 1st meeting of coalition

Madeline Flannery Kincer- Letcher County Coalition, Hazard Community College

Topics: No consequence for illegal drug use; Disability checks for mental incompetence

- Faculty member of Hazard Community College
- DARE activity planned that students would wear same color to school; child refused because mother was addict and just saying no didn't work
- Relative died of drug interaction in 60s on diet pills and tranquilizers
- Relative is doctor and did study for university; ways to treat depression without addictive drugs

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- Medical incompetence
- Reason for receiving disability checks from social security is mental incompetence
- Worked for Families and Children; every month young mother with baby wanted to know how to get her baby a check; average age of mother was 13
- Need to give clear message that drug abuse is not ok
- Spending time in jail but no rehabilitation when released
- Students know when teachers and principals have drug related problem
- Need stricter regulations on home schooling

Doris Bishop- LKLP Safe House

Topics: Educate parents and public on symptoms of drug use; Time is crucial, medical card recipients

- Kentucky domestic violence association (umbrella)
- Been on both ends; victims and survivors
- Personal story - relative had dual problem of drug abuse and domestic violence as a battered person; another relative had to obtain warrant when forged check on their account
- Time is crucial from Point A to Point B
- Educate ourselves and public
- Personal story - had to beg to get relative committed to hospital; mental assessment; stayed 10 days; family consultation; treatment for 10 weeks; went back home to previous life
- Medical cards, checks for nerve problems
- Have someone designated to follow up on disability payment recipients
- Free childcare and free medication
- Young people know how to play the system; have seen it come down through the generation
- 2003- 39 reported overdoses in this county
- Would like to be liaison as referral for long term and short term treatment
- Failure in homes; do not recognize symptoms, educate parents
- I want to make a difference; you have to start with one
- Public service announcements might help
- Change patterns of behavior
- **Home school used as an excuse not to send children to school**

Tracy Hamilton

Topics: Parents should be educated

- Started doing drugs at 14; introduced by adult, led to cocaine and methamphetamines, have been sober for 10 years
- Believed God has given me a chance
- Parents weren't educated on drugs
- Brother murdered over drugs; have seen 12 year olds offer drugs; adults need to tell children about effects of drugs

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- Parents should confront children about drugs and get involved
- Only family support was spouse
- Send parents information about drug use (like missing children brochures that are sent out)

Unknown Speakers

- Will board of education take look at home schooling issue
- Parents are high
- Legislators are voice of public
- Parents drawing check

Billy Bowling, Leslie County Deputy Sheriff, DARE officer

Topics: DARE works; Faith based ministries, parent involvement

- Works in Leslie County School District
- Could see a difference when DARE is taught K-12
- Strongly recommend DARE
- Biggest problem in school is marijuana; 60 kids caught with drugs; mostly marijuana
- Starts at home; get parents involved
- Parents don't know what kids have done; lack of knowledge
- Faith based programs help
- Need to get message out
- Need to get everybody in community must be involved
- Rehabilitation can work if done in right manner
- Parents must realize it is their responsibility as much as anybody
- New research based curriculum
- Develop relationship between teacher/officer and student

Faith based ministries have youth ministers that could help

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Hazard, Kentucky - March 16, 2004**

Members Present: Cleve Gambill, Van Ingram, Steve Collins, Gary Oetjen, Jim Acquisto, Rodney Brewer, Frank Rapier, Greg Howard, Mark Miller, Karen Engle, Martin Hatfield, Jack Blair, Connie Payne

Support Staff: Brenda Tousignant and Pam Smallwood

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Madeline Flannery Kinser, Fletcher County Coalition – Hazard Community College.

Topics: Role of Kentucky Board of Licensing in Regulating Doctors. SSI Abuse.

- Asked a physician to discontinue prescribing Oxycotin to her son, but physician continued. She called the Board of Licensing and they told her only her son could make a complaint like this. This did not make sense. (Occurred in 1987)
- Overlap in SSI and Drug Addiction. Feels a strong correlation between the two. They get the money from SSI and use it to buy the drugs.
- The SSI is almost always based upon mental incompetence. One man deliberately cut off four of his fingers to qualify for SSI.
- SSI mental incompetence is referred to as “Crazy Checks” by recipients.
- Suggest a pilot program to test SSI recipients for drug use and enroll them in a Rehab program if necessary because we are now giving drug users checks to remain addicts with consequences.

Martin Hatfield responded: We cannot stop SSI just because they are drug users, but a conviction is required beforehand.

Nina Cornett: Letcher County resident.

Topics: SSI Abuse, Corrupt Judges, Medical Board To Study Prescription Drugs.

- Society accepts the drug abuse. When police make raids everyone knows about it beforehand and lets the guilty parties know they are coming.
- Judges are elected and voters influence the Judges decisions.
- The State Medical Board needs to study the problem of prescription drugs.
- Government is paying for medications (to SSI recipients) only to be used for drug abuse purposes.

Martin Hatfield responded: HIDTA and UNITE have dedicated funds to hire prosecutors and attorneys to aid in this area in prosecuting offenders. There are no political issues involved in the HIDTA and UNITE organizations.

George Wooten: An Eighty Eight year old former Sheriff, lives in Hyden.

- Lot of people on SSI because they cannot make a living. We need to train them so they can get jobs...logging, farming, wood carving, specialize in a trade. Start them early.
- Law Enforcement told everyone how much these drugs were worth so now everyone wants to grow and sell it.
- We need to consolidate our jails.

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Peyton Reynolds: An Attorney in Letcher County.

- 90% of cases he represents are drug related.
- There are limited resources and increased case load because of the increase in enforcement, and asks, "How can we represent these people when my case load is so overloaded?" Everyone is entitled to a prepared defense but everything is so covered up that we cannot prepare each case properly.

Steven Collins responded: What can be done?

- Reynolds: We will need more money for public advocacy.

Cleve Gambill responded: As you know we have a tremendous backlog in our lab. Do you see anyway the drug could be stipulated?

- Reynolds: That would just bog down the court even more. A drug report from the lab is necessary.

Karen Dial: Shalom Network of Perry County.

- Differential treatment of classes in the court. The poor are treated differently, and the Judge is asking himself, "How many votes does this person represent?"
- How can Judges be held accountable?
- There are big drug parties going on. The church people know about the parties, how can the police not know?
- Long term incarceration does not help the drug user. Needs long term treatment.
- There are advertisements on the media for all kinds of prescription drugs.
- We need law enforcement and County Officials to be accountable.
- How can we differentiate between treatment and incarceration for drug crimes?
- Maybe another level of incarceration?

Connie Payne responded: Treatment vs. Incarceration is in essence a Drug Court. Your community is starting to implement this effort.

Tommy Noble: Counselor for Juvenile Detention Center in Jackson.

- Sees a difference in sentencing. We need a consistency in the different judicial districts.
- Treatment facilities are very limited in Jackson. They are needed desperately.
- Has attended UNITE training and is concerned about its relation to juveniles.
- Law Enforcement in the area needs to utilize technology better, maybe video conferencing for juveniles.

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Karen Engle responded: Juvenile drug courts operate under different rules than the adult programs.

Connie Payne responded: There are currently three juvenile drug courts and they are more education oriented.

Pat Wooten: Perry County Sheriff. A former Educator.

- Sheriffs Dept are running their wheels off just transporting juveniles. Should get more unified and more involved in the drug problem through the Sheriffs Association.
- I am ashamed to say this, but how did the drug problem get away from us? I know there is not a simple answer but a unified approach to solving this problem is very good. I mean Enforcement, Treatment, and Education.
- The courts are backlogged. Perry County has District Court every day. Most Counties do not. Almost all drug cases start out in District Court. Judge's assignments are based on population but need to be based on caseload.
- We also need more State Police Officers. Post 13 stays so busy and needs more officers in this area. Why can't it be staffed according to the cause?
- Seems the citizens of Perry County look to their Sheriffs dept for help but most of our time is spent collecting taxes and transporting juveniles.

Doug Karrius: Minister and member of the Leslie County Drug Awareness.

- Just begun working with UNITE and Court Watch. A girl with family money bragged to him about getting no jail time for drug abuse because her family influenced the judge.
- He thinks Judges should be switched from Counties in which they are elected to reduce or remove the influence that goes along with votes for re-election.
- A lady that lives near him, caught operating a meth lab, only spent one day in jail because she had influence with the Judge.
- Large families ban together to get a family member free (inferring voting influence)
- Citizens are afraid to become Court Watchers because of retribution from the Judges in the event one of their families gets into trouble.
- Knows drug rings are forewarned about raids.
- Most deaths in the area caused by drug related causes are noted on the death certificate as a Natural Causes instead of Drug Overdoses. That should be changed so the Coroner must show the actual cause of death, if it is drug causation, for statistical reasons, and public awareness.

Mike Burton - Pharmacist and Prescription Drug Investigator

- An increase in Prescription Drug crimes have risen Seventeen percent since 1989, and 50% since 2002. Included with these crimes are: Fraud, Robbery, Abuse to Children, Fatal Auto Accidents.

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- Judges and Attorneys have discretion in these matters but they may not be elected if their decisions are not favorable to the right groups. Perhaps we should look at mandatory sentencing.
- The leading cause of Prescription Drug Abuse has been the acceptability of the crime by the community.

Carroll Smith – Letcher County Resident.

- Need to look at prevention. If we have prevention we have no factor. Enforcement may be a way of prevention.
- Coal trucks pulled off the road as far you can see. The word was out that there was going to be a random drug test of coal truck drivers, so what does that tell you?
- Why not have drug testing to get a CDL, and random drug testing afterwards?
- Why don't coal trucks get weighed? Disaster is on its way. You have an overloaded coal truck and the driver is on drugs.
- Vehicle Enforcement does not pull over coal trucks and weigh them; they can only be weighed at an Interstate scale.

Greg Howard responded: He's correct on these counts. We now have new attitudes with new leadership and KVE works hard and works well with KSP and we get one to two complaints per day about coal trucks. We are now going to take a new approach. Weighing coal trucks should take place.

John Cleveland: Representative of Project UNITE.

- We've lost a lot of young people in this area due to prescription drugs. We want to learn more about the KASPER system. If the community knew the Doctors, Pharmacies, and Clinics abusing, we could apply pressure.
- Drug courts in Letcher County have no facilities for treatment.
- Kids are taught to say NO to drugs, Physicians need to say NO to drugs!

Mike Burton responded: KASPER is not for public information. Many privacy issues are involved.

Connie Payne responded: Drug court is aware of the lack of facilities. Funds are just not allocated. Treatment team panel should be able to guide you.

Teresia Griffith: Kentucky River Community Care.

- Substance abuse is inherited. All family members seem to have the same problem from generation to generation. We need to treat the whole family.
- Communities must become involved. Communities must take ownership of drug children.

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Leigh Anne Stephens: Perry County District Judge.

- We have a tremendous caseload. UNITE is good but it causes case overload for all. Larger Counties have more Judges. We are understaffed in our Sheriff's Department, jail, and courts. Do not look at population; look at caseload!
- I suggest a detox unit for the jail. The Crime Lab is backed up.
- Officers must do a better job on completing Probable Cause to bring criminals before Judges.
- This home schooling is a joke! Some parents did not even go through the eighth grade and they're going to teach their kids? Need to have more structured guidelines on home schooling. Only helping to create a criminal when the parents do not even have an eighth grade education themselves.
- I am considered a high bond Judge, but then it overloads the jail. On these issues I don't worry about whether I get re-elected or not.

Steve Duff – Sheriff of Harlan County.

- Pills and Drugs have made an industry. We have created the pill problem ourselves due to the industry of it.
- UNITE will be a great help. KSP has only so many drug officers. People in our County are in a panic. We are understaffed.
- Legal community are not holding people to their sentence and convicts are back on the street in a short time. They probate everyone from the hard-core addict to the big time business dealer.
- No teamwork between police agencies.
- County people are oppressed and can't live here and are afraid to take a stand because their homes may be burned, and afraid they are going to get robbed.
- I'm asking for help from the State. I see prostitution in a family just to get pills.
- We have to scrape for every dollar we can get out of Frankfort, and we need your help. Lots of times we wait before we arrest someone because there is no room in the jail.
- Judges should impose sentences with teeth in it.
-

Dan Caudill – Chief of Police in Harlan.

- We do not have enough officers to fight the drug war. If the ratio of people fighting any of our wars were the same as in this war, we would have been wiped out long ago.
- Funding is the key. We just need some help, from anywhere and it can be almost anyone but we need help.

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Todd Roberts – Assistant Chief of Manchester.

- We have a Doctor that flies in to hold a pain clinic, and people line up for miles to get a prescription for pain pills. Meth labs are everywhere in our area and we try to get every case into the Federal Court system.
- We need better regulations for Doctors!
- The only way for pay raises or promotions for officers is to leave the area. We need incentives to get them to stay. Everyone talks about pay raises for teachers, but no one considers decent pay for police officers.
- We cannot educate our children unless they have a stable environment, and the police are largely responsible for providing some kind of stability so these children have an environment in which they can be educated.
- We need to see higher bonds for drug dealers because now they are in and out of jail all the time. We also need training in handling of Meth Labs. I had an officer injured in a Meth Lab, and they are on the increase in our area.

Steve Collins responded: A Senate Bill should come back to the House this week which would give better access to the KASPER reports. It would be useful in determining Doctors and Pharmacists medications and prescriptions. Attorney General Stumbo supports this bill.

**Kentucky Drug Summit Assessment
Public Input Meeting #7
Somerset, Kentucky - March 17, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Karyn Hascal, Chris Johnson, Betty Mueller, Rick Purvis, Drexel Neal, Ron Bishop

Support Staff Present: Janice Earnest and Sharon Davis

Approximate Number of People in Attendance: 45

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Number of Speakers: 14

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Steve Kirby, Mardi Montgomery, D. G. Mawn, James Ritchie, Libby Mills, Robert Biggin, Milton Galanos, Joe O'Nan

Support Staff Present: Linda Renfro, Betty Godsey

Approximate Number of People in Attendance: 60

Number of Speakers: 27

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Cleve Gambill, Steve Collins, Gary Oetjen, Jim Acquisto, Karen Engle, Martin Hatfield, Jack Blair, Connie Payne, Norman Arflack, David James, Mike Sapp, Doug Dailey, Russ Kegel, Lisa O'Hearn.

Support Staff Present: Brenda Tousignant and Pam Smallwood

Approximate Number of People in Attendance: 50

Number of Speakers: 17

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Somerset, Kentucky - March 17, 2004**

Members Present: Karyn Hascal, Chris Johnson, Betty Mueller, Rick Purvis, Drexel Neal, Ron Bishop

Support Staff: Janice Earnest and Sharon Davis

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James Lyons, Baptist Regional Medical Center (BMRC), Corbin

Topic: Medicaid, Need Adolescent treatment programs

Significant issues could be reduced by controls in Medicaid program:

- Require Medicare beneficiaries to identify a single primary care provider for each beneficiary
- Would prevent doctor shopping
- Implementing a pharmaceutical benefits management system that could track prescription narcotics
- Why should KY taxpayers continue to accept less strenuous controls than we are compelled to accept ourselves?

Areas of concern for Baptist Regional:

- Adolescent substance abuse continues as a growing problem in southeastern KY
- Resources for adolescent substance abuse treatment and prevention are limited and are desperately needed in this area
- Existing Comp. Care services are taxed to their limits
- If adolescent does not have a co-existing psychiatric disorder, Medicaid won't pay
- Residential treatment facilities elsewhere in the state often have long waiting lists
- Options for expanded adolescent residential treatment facilities within southeastern Ky. are severely needed
- Need for additional funding for chemical dependency treatment for adults
- Medicaid does not pay for adults sub. abuse treatment
- BRMC inpatient adult chemical dependency detox/treatment unit boasts a 75% completion rate for those in the program
- Follow-up has shown successful sobriety rates at one-year mark of more than 70% sober
- Residential facilities are desperately needed for adult addicts and alcoholics
- Only Comp. Care receives funding from the state for this type of residential treatment; this results in long waiting list and an ineffective treatment continuum
- Currently, funding from the state level for any type of substance abuse treatment in KY has been exclusively funneled through Comp. Care system
- Recommend that access to funding be opened up
- Southeastern KY has an epidemic of narcotic (particularly Oxycontin) addictions
- Funding needs to be specifically directed to this area of the state
- Law enforcement efforts and penalties for drug violations need to be linked to treatment solutions

Dedra Poynter, Refuge Ministries

Topic: Faith-Based Initiatives

- Trying to bring communities/counties together
- Renovating an old school house to turn into a outpatient and residential treatment center
- Personal story
- Some doctors will volunteer their time
- Giving people tools to work with and can go back out and be productive

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Ken Creekmore, Field Supervisor, AOC, KY Drug Court, Eastern District

Topic: Methadone Clinics, Methamphetamine, Transportation

- New methadone problem emerging in Eastern KY
- Folks are going to Ohio, Va. and West Va., and bringing methadone back and selling it on the streets
- Some clinics are just drug dealers, not regulating these people
- Requirements for meth clinics should be regulated, give required doses and show that they are weaning these people off
- Methadone clinics are ok as a last resort
- Methamphetamine is a plague in this county and is spreading fast; people are dying
- Losing people if we can't get them to treatment quickly
- Problem of drug court is transportation, in eastern KY.
- Drug court has been highly successful, but short on resources

Panel Question: Do you keep statistics on outcome?

Yes, we have success rates on number of people who finish drug court. They have a much lower rate of recidivism than those under other programs. It costs around \$17,000 to incarcerate, \$3,000 yr. for them in drug court. We require adults to be employed (and then they are paying taxes), pay child support, closely supervised and frequently drug tested. Thinks judicial supervision counts a lot for the success of drug court.

Panel Question: What do you do in the small counties for affording drug tests

In eastern KY they can't afford the price of drug testing; so we have most of our people in the field do drug testing (screens). They mail the sample off to a lab for confirmation. We don't pay very much. When they first start we test 3 times a week, do random testing, curfew checks. It's the supervision that's making the program so successful. We're hoping to get it up around 60% success rate.

Dr. Purvis: Contracts for drug testing could drive the cost down

Gene Green, chairperson for UNITE Coalition

Topic: People To People

- People-to-people, person-to-person drug awareness, back to the basics of pastors, etc, who really know these people, rather than a department
- Personal Story - 53-yr. old man lost business, lost family, now he has applied for a county job and is rehabilitated his life, was told he would get to go to work, but got a call from the dept. that said we need to update your application. That type of person really needs to be encouraged and rewarded because he has come off drugs. He can go back to jail or we can let him go back on streets without a job and put him back in treatment at high cost.
- Need person-to-person, volunteers that will really get out there; pray
- A doctor told me Oxycontin is a full dosage or nothing; can't give a smaller dosage. Need power to reduce it and wean them off it.

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Kristie Kennedy, UK, TAP

Topics: Need treatment centers, housing, transportation; Medicaid

- Work with men and women who have mental health; domestic violence problems
- Holistic assessment on clients to assess needs
- Lack of treatment centers, housing, transportation
- Has to take a lot of clients to Corbin or other counties
- Has to wait 6-8 weeks to get them to treatment in other counties and then are on bottom of list
- If have felony drug charge, you can't get housing
- Medicaid won't transport for substance abuse cases, very discriminated against

Kelly Durham, Office of Public Advocacy in Somerset

Topics: Alternative Sentencing, Transportation, No Immediate Treatment, Need Dare Programs

- Worked with first alternative sentencing program in state
- Noticed in last 16 yrs. that courts have seen alternative sentencing work (Fayette Co. good example)
- In this area, has gone more to a judge thing, other than in Corbin, there are no other residential treatment centers; have to call Lexington or Bowling Green
- If client won't relocate, they won't even talk to you
- Transportation is a problem, works with indigent people for the most part, they seem to be getting in the most trouble and ending in the court system
- If a person is finally willing to seek treatment and you have them wait 8-9 weeks they aren't in the mood anymore
- Works on capital cases, death penalty, got so out of control on drugs that they don't care what they do—kill family, etc. for drugs
- Education is a big thing, kids are getting involved so early
- DARE programs need to get back up and running
- Let the people know what is out there and available, find a way to disseminate the information to people who might come in contact with a person who has a sub. abuse problem
- You have a person who has substance abuse problem but have mental illness also; there needs to be something available for those people
- Women are becoming single mothers, victims of domestic violence and turning to drugs
- Juveniles—needs more outpatient and residential options before kids are placed in JJJ
- We could probably benefit from getting factories to educate employees and integrate into their programs some counseling for drug problems
- If you fire them you put them out on the street and what are they going to do?

Larry Warren, Truant officer for Pulaski Co. Schools

Topics: No Adolescent treatment facilities, 12-Step Works

- Every week, confronted with kids who have drugs problems; no where to send them

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- We had the hospital in Columbia, but now is closed down
- No local treatment facilities
- Personal Story - 26-yr.-old son is drug addict
- 12-step program works
- Convicted felons can't get a job
- Need to drug test kids at random in school
- Local businesses are selling drug paraphernalia in stores (rolling paper, roach clips)

Robin Wilde, Office of Public Advocacy, Eastern Region, Sentencing Specialist

Topics: Eastern Kentucky culture; Need employment opportunities, better education, treatment programs and facilities; Mentoring

- If you haven't been in eastern KY or have relatives, you may not know the mentality—they don't want to leave their towns.
- We need to deal with the whole person.
- Putting people in prison because they are sick, they need treatment.
- The parents are overwhelmed with their kids; some put alcohol in the baby bottles so the parents can rest
- There are no jobs in eastern KY, unless in Pikeville.
- Coal companies have pulled out. If you don't have a job you don't feel good about yourself, you need to feel important.
- Need to put money in eastern KY for work, better education, drug treatment.
- Need good long-term treatment.
- Please invest our tax dollars into getting them help—not outpatient—has to be a continuation—lengthier stay.
- You're going to relapse--in drug court you test positive and you're out
- Mentoring is an important program.
- Train average citizens to be mentors

Shelia Whitlow, Jane Todd Hospital, Green Co.

Topics: Programs/Treatment offered; Funding

- Have acute detox
- Trying to get residential programs
- Have specialists in addictionology, is certified
- Have certified CADC
- Have psychologist, psychiatrist, case management
- Are submitting application to get DUI program
- Need some money
- Participate with KY ASAP, Champions
- Higher in state for substance abuse, child abuse
- Would love to volunteer to be a pilot program
- Family—getting family education
- People go thru 5-7 days, depending on insurance, can go up to 21 days
- Will take indigent patients, but makes it hard, cost consideration

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- Licensed for acute detox

Deborah Anderson, Live in Laurel Co., work in Corbin, certified alcohol counselor, social worker

Topics: Continuum of Care, Coordination between agencies; Competitive Funding

- Work for BRMC (Baptist Regional Medical Center)
- As a treatment professional hopes from these forums, solutions come

Have some suggestions:

- Continuum--research indicates over time success is achieved only with staying in the continuum care—very important
- Make sure we have a long range of services –at least 1 ½ year
- Comprehensive and coordinated range of services—a lot of our treatment could be combined to provide the full continuum
- Coordination between treatment and criminal justice—could move a long way
- Competitive funding—there is not competitive activity for funds. The only way we move ourselves into professional status is by being challenged to do so. Might improve what is offered to clients.
- Having to provide for and assess the outcomes

Domenick Capobianco, Corbin Professional Associates

Topics: 12-Step Works; Need Methadone

- Moved here in 1996, works with alcoholics and addicts that need help
- Complimentary of Deborah Anderson--find a way for her to help people
- Firm believer in the 12-step program
- Be flexible and incorporate different philosophies and put them together
- Believe in bring them in; stabilize them: help them engage in society
- Then see them understand why they need further treatment
- Take methadone and stabilize them
- Need more nonprofit program for meth.

Lawrence Underwood, Counselor at Lake Cumberland Regional Hospital

Topic: Funding

- Right now, people are coming into the hospital suicidal, but you find out they really want help, someone to step in
- Funding is a problem
- We've got to do something different
- No one is in this business to get rich
- Worried there is not a CDC program in the hospital

Curtis Deloach, Therapeutic Outreach, Inc.

Topics: Funding; Culture

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- Continuum care working with the hospitals
- Looking at 20 different sources of funding to make this stay afloat
- It's not a matter of enriching ourselves
- We go and find the funding, some have given up
- We need a collaboration of the govt.—we need a method, make things cheaper
- We're dealing with a culture of drug use—tells individuals that what they are doing is appropriate
- Have to treat the culture
- It will take a long time to make a cultural shift
- We have to have the same attitude about alcohol
- It won't work without honest, direct, full, complete, every penny left in the treasury, or we lose our youth
- What we need is action, you talking to federal people, you backing us up
- Meth—the craziness, labs in cars, 16 year old running them

Shelia Wilson, Access Mental Health

Topics: Private Facility Issues; Medicaid

- A for-profit facility
- Also a certified DUI/alcohol/ drug instructor
- When she applies for a grant, must have this certificate of need
- Can't touch the medical card, unless they have a dr.
- Went to Frankfort, they sent her all over the place, we're in this transition, can't do anything now
- Try to get in jail system—have to fill out an application, have building inspected—takes 6 months, if you're lucky
- People come in to her with a medical card, she tries to help them, sometimes does it free
- We're willing to do what needs to be done, but we need help
- Have a staff of case managers

**Kentucky Drug Summit Assessment
Prevention/ Education Panel
Public Input Meeting
Somerset, Kentucky - March 17, 2004**

Members Present: Steve Kirby, Mardi Montgomery, D. G. Mawn, James Ritchie, Libby Mills, Robert Biggin, Milton Galamos, Joe O'Nan

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Support Staff: Linda Renfro, Betty Godsey

To open the meeting, Ms Montgomery introduced the panel members and invited the first of speakers to offer comments and concerns. Tim Eaton, Pulaski County Schools chaired the committee. There were approximately people in attendance and different topics were discussed. The meeting concluded shortly after 1:30 PM.

Public Input

Nancy Hale, Rockcastle County Schools

Topics: Education of children, Training new teachers

- Educator for 26 years
- County had been in denial; are now aware and there is a lot of communication
- Need to begin educating more thoroughly our children
- Most effective part of DARE was when high school athletes were brought in
- New teachers need education training on drugs in college
- Can't teach a child to read who is on drugs
- Teachers don't know what to look for
- Affecting 100 percent of students, teachers, families and everyone in community

Ellen Zornes, Adair Co Schools/ Coalition

Topics: Coalition has been effective, School Resource Officers are effective; Need for more funding

- Previously teacher in 3 counties, elementary principal, now Title IV and coalition chair
- Drug problem in Adair
- KY ASAP and SROs help
- New assessment- drug problem has decreased
- Need the Family Resource Centers and Youth Services Centers (major funding cuts would hurt in drug prevention)
- Education/preventive/work with families with clothes etc
- ADANTA (free) KIP survey provide training
- Lake Cumberland Health Department
- Need to keep funding for agencies that help
- Coalition in Adair County - coherency
- Doing a lot right
- Ky. Division of Substance Abuse
- Need street names of drugs
- Murders in Adair County woke a lot of people up
- Community Coalition has a large impact; mobilized people including law enforcement; made people aware; school system stepped up education, DARE, before school and after school programs in all schools, 21st Century, parent trainings, PTA meetings; community meetings
- Character education, family bonding, also included fun things like soccer,

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- Used data to see what we needed to do, more people in classroom other than teachers
- Letters to Editor, pictures, radio talk about positive things
- Rewards to students
- Teacher can be funded with Title IV
- ASAP Assessment, need more drug education for students
- March Inhalant Month- realization for need for training
- Must have facts and statistics to do the job
- SO, KSP, city police partnered with Coalition, Project Graduation
- Concerned might not be money to keep SROs after grant funding
- 1 incident involving students and drug this year
- Need funding to keep SROs, they can do additional training and also are there if anything else happens
- Need federal dollars that can bring in speakers to impact students
- Decrease of driver's education more problem of DUI (no funding) no insurance incentive; could be tie in intervention program that kids would have to go through to get driver's license

Sherrie Estes, ADANTA and Regional Prevention Center

Topics: Parent education, RCP survey, Collaboration

- Coalition; volunteers provided parenting programs
- Schools struggle to get teachers to do science based programs because of time limitations
- Work with SROs to be sure teaching is appropriate
- Pilot project; training for teachers doing Life Skills training, KY ASAP
- Reach parents more
- Community survey to find out attitude of adults (15 questions) what do they think about youth use, smoke free restaurants, workplaces smoke free, providing alcohol to minors
- American Cancer Association
- **Collaboration**

Judy Wilson, ADANTA, Regional Prevention Center

Topics: ADANTA, Regional Prevention Centers, KY ASAP

- 15 centers across state located in mental health center
- 5 full time prevention specialists- 6 to 10 counties each
- Mandated to do substance abuse prevention totally
- Prevention is more than just awareness - provide consultation, grant writing, environmental strategies, policy, evidence and science based curriculum, training, research, videos, brochures, offer resources
- More changes in 5-6 years; substance abuse is a larger issue and people paying more attention; call center for services
- Early intervention

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- Umbrella for substance abuse and pregnancy issues; provide education about fetal alcohol syndrome and smoking; can get into treatment; mothers have no ideal they are harming the baby
- Trying to get physicians and schools to refer to the program
- Established 9 county coalitions
- 7 ASAP boards
- 1 multi level board that covers 1 county
- KIP survey - need consistent data for the region
- Need more data;
- Work with HIDTA
- Proud of what we have accomplished; wonderful staff
- Must be certified to work in the center
- Prevention begins when communities care
Must all work together
- Interface with family resource center
- Do parenting classes throughout the year

Kathy Hall, Southwestern High School

Topics: Coalitions, collaboration

- Serve on coalitions
- Collaborates with RPC for services

Wanda Gaskin

Topics: Standards for School Resource Officers, UNITE

- Standard for School Resource Officers - building connection with students has been positive experience
- UNITE
- All programs need to work together
- No child left behind
- Building a community of character
- Foundations of good behaviors, courage
- Teaching good character is first and foremost responsibility of family but educators must teach also
- Takes a village; got parents, businesses partnered; word of the month; character virtue, weave it into fabric of school, teachers model it
- Hosting July 26th Character Education Summit here at center
- Need to be tied into curriculum
- Need committed school boards and officers

Johnny Chaplin, Monticello Independent Schools

Topics: Student drug use, collaboration

- Harder to tell if student is using drugs

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- As early as sixth grade students are experimenting with gateway drugs
- Collaboration between schools and local health departments

Judy Goodin, Somerset Independent Schools

Topic: School Resource Officers needed in more schools

- SRO becomes children's friend, they are needed in more schools and among younger students

Tracy Aaron LCHD

Topic: Tobacco

- Tobacco use is a touchy issue in this area
- Tobacco leads to harder drugs

Unknown Speaker

Topics: Prescription drugs, Funding

- Alcohol and maybe marijuana; now more trouble with prescription pills and they are harder to detect
- Early age they are experimenting
- Keep funding coming

Sonja Wilds, Pulaski Board of Education

Topics: Collaboration, Treatment gap

- Collaboration schools, family resource centers, health departments
- Focus on alcohol, tobacco
- Few curriculum on prescription drugs
- Treatment gap: treatment is not always accessible or affordable
- Judges, Court Designated Workers, law enforcement need to know what is available
- Apathy of drug use may be lack of education
- Need adult education
- Programs to support parents are important

T Balpen Cumberland River Comprehensive Care Center Bell County

Topics: Different drugs in different schools, SAD

- 8 counties, schools use different drugs
- Approach every county differently, kids are proud of what they use in their county, modify to fit their county
- Realize that what goes on must be modified to fit the county
- Family member wants to belong to SAD because the key athletes belong; SAD has a tremendous impact because it is students peers

James Miller Jailer, Rockcastle Co

Topics: Educational programs for jails, Incentives for taking training

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- Problem is parent, or other relative
- 2 jails that qualify for substance abuse program
- Need to offer educational programs in jail, offer incentive for taking training
- Faith based
- Many leave jail and go right back to same environment and use again
- Most jailers want to help people

Walter Maguire, District Judge, 28th District

Topics: Every case is an individual case, Programs must cooperate

- 23 years experience
- Every child that has a drug or emotional problem is an individual case
- Programs must cooperate KSP, education, courts review programs and deal with problem
- Lots of kids have various problems, each one is an individual case
- Family Resource Centers need bigger role and impact in community
- Need to identify problem kids, what can we do
- Coordination of efforts, resources and focus in schools first
- Make a difference
- Deal with problems where they are - schools, jails

Terry Burton Rockcastle County Schools

Topics: Drug Screenings, KASPER, Prescription Drugs

- Lab technologist that does drug screenings
- Have a problem with illegal drugs and lots of prescription drugs
- Majority of drugs screens show drugs from physicians
- KASPER
- Personal Story - family member was having problem with gall bladder; in 4 days was prescribed 60 lortabs; this has to be addressed
- 5 years ago almost zero drug screening; now we do lots
- Need to change mind set; we take a pill for everything; can't watch TV without seeing advertisement for drugs and that needs to be addressed
- Gateway drugs
- Original contact with drug is through prescription drugs
- KMA must buy into this

Rosemond Brown, Rockcastle County Schools

Topic: KY ASAP

- Fortunate to have Terry Brown on board
- Concerned that KY ASAP might not be receiving grant this year

Monica, Student, Monticello Independent

Topics: SAD

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- Here to learn about drugs
- Member of SAD

Meg Phillips, Student, Monticello Independent

Topics: SAD, student role models

- See kids coming to school on drugs

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Somerset, Kentucky - March 17,2004**

Members Present: Cleve Gambill, Norman Arflack, Steve Collins, Gary Oetjen, Jim Acquisto, Lisa O'Hearn, David James, Mike Sapp, Doug Dailey, Russ Kegel, Karen Engle, Martin Hatfield, Jack Blair, Connie Payne.

Support Staff: Brenda Tousignant and Pam Smallwood

PUBLIC INPUT:

Martin Hatfield, panel member.

Thought asset forfeiture was very successful. Most of the assets acquired are retained by law enforcement to use for drug related crimes.

Jan Fletcher, Adair County resident, mother of 5, part-time journalist, city council, teen challenge program

Topics: Corrupt officials, Drug cover, Slow returns from crime Lab.

- Problems are tied to heritage of Kentucky people. Ky listed in magazine as 8th most corrupt state. Rural communities afraid of corrupt elected officials. Elements of bribes in Ky. Drug dealers have brisk business operating with protection from laws. Family, clan-style politics in state has created this problem.
- Limit power of District Court Judges, as some do abuse.
- Used auto business' that move around often have been proven to be a drug cover.
- Recommends more funds to KSP lab to get quicker results.

Steve Cheatham, Adair County Sheriff

Topics: Law Enforcement partnership, slow returns from Crime Lab, drug dealers' rights.

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- Law Enforcement needs to work in partnership with each other.
- We usually know the drug dealers, but difficult to establish probable cause. We have to abide by the law and respect their rights.
- Crime labs across state slow in processing; creating problems with court cases.

Mike Sapp responded: We have initiated some improved practices; reduced backlog of Crime Lab cases by 20%. We expect to eliminate the back log entirely within 18 to 24 months, and using Court Net. Presently training new staff.

Martin Hatfield responded: HITDA and UNITE have contributed funds to labs. Should help the turnaround time.

Walter McQuire, District Judge, Somerset

Topics: Lab Tests, Evidence accountability

- Concerned about time delay of lab tests, especially critical in DUI cases.
- In all cases - all evidence needs to be accounted for.
- Attorneys are ineffective because of a lack of evidence.

Thurston Frey, Mayor, Monticello

Topics: Prescription Abuse.

- Task Force doing good job.
- Big Problems with doctor shopping, some bad doctors putting money in their pockets and writing pain prescriptions for those that do not need medication.
- Commend Law Enforcement. If we all work together THIS will work.

Dave Gilbert, Director Lake Cumberland Task Force

Topics: Medical Field Support, Coordination, Drugs, and Corruption.

- Problems with some corruption within law enforcement so it is difficult to disseminate certain information to other agencies without it leaking to the drug dealers.
- Problem with pharmacy drugs getting worse.
- Combat doctor shopping with medical field support in border towns.
- Coordinate efforts of all agencies toward drug problem

Gene Greene, Chairmen, Operation UNITE

Topics: Drug Related Crimes, Senior Citizens, Neighborhood Watch

- Empower neighborhood watch
- Utilize the senior citizen, volunteer work, homebound. Can report on unusual activity usually drug related. Seniors population afraid but concerned and want to help.
- Doctors can "wean" people off prescription drugs if they choose.

Ronnie Cash, Deputy Sheriff, Cumberland County.

- Need funds. When we ask for help we are told there is no money. Only help we get is KSP.

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Jeff Hancock, KSP officer

Topics: Kaspar, Support Sheriff

- Supports Deputy Sheriff Cash, they need funds.
- What is KASPAR report structure?
- Asked to be a team member in Drug Court, but was declined because of a conflict of interest.

Karen Engle responded: Adair and Casey have been selected to have Drug Court. Will contact and recommend you to be on the team. ALL members of law enforcement are welcome in Drug Court...team effort.

Steve Collins responded: Senate Bill 14 in House now. Hope it will broaden use of KASPAR reports. Attorney General is very much in favor of this bill.

Paul Winchester: Attorney in Whitley and Perry County.

- See same faces from youth to adult in the courts. Juvenile Drug Court is a means of treatment as well as law enforcement. Drug Courts could use expansion.

Karen Engle responded: Whitley County funding comes from operation UNITE.

Lawrence Hodge: Sheriff of Whitley County.

- Need reward programs for those officers that are doing a good job.
- There is no money to make any drug arrests.
- Police work hard and put their lives on the line.
- Officers are underpaid.
- Border Counties have different issues. Dealers are killing our County, and are just out of reach.
- We need help from the DEA or someone to help us.

Karen Engle responded: UNITE will return forfeiture funds to your department and they could be used for reward programs.

- County and KSP are working well together. There is a good cooperation level.

Gary Oetjen responded: What problems are going on across the border?

- Selling pills from a junkyard near the border. Every day we pick up a buyer but we cannot get the big fish.

Gary Oetjen responded: We have reduced some of the prescriptions here in Kentucky; one drug will decrease while another will increase. It's hard to keep a finger on the

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problem. We are trying to increase HIPTA and UNITE efforts. Feels it will help with the citizens driving the politics of the community.

Dave Keller: Deputy Director of HIPTA.

- Feels like he has been in the trenches.
- HIPTA program enhances the efforts of law enforcement. Today HIPTA is more task force oriented, and growing.
- We need Commonwealth Attorneys and Prosecutors to back us strongly; it takes courage.

Danny Jones: Cumberland River Comprehensive Care/ Baptist Regional Medical Center – Corbin. (Adolescent and adult chemical dependency treatment)

- Offers detox and psychological treatment.
- 25% of students in 6th through 12th grade feel they have a drug problem.
- If the adolescent does not have a co-existing psychiatric disorder; payment for treatment is not possible through Medicaid.
- Ironically however, when the adolescent substance abuse has grown to dependency, or into another psychiatric illness; Medicaid payment may then be accessed.
- It would seem more clinically and financially effective to fund prevention and outpatient substance abuse treatment.
- Law enforcement efforts and penalties for drug violations need to be linked to treatment solutions.
- We boast a 75% completion rate for those who enter the program at our facility, with a claim of 70% sober after one-year mark of discharge.
- Let us know what we can do to help you, the law enforcement community.

Willard Reardon: Richmond Police Dept.

- We have a good task force and we feel strongly about the DARE program.
- We need a more educated community, continuity across the State from law enforcement / education standpoint. We need to get citizens talking to politicians.

Russ Kegel responded: Do DARE programs end too soon?

- Yes, we need older kids involved / peer pressure.
- Its especially important in single parent families.

Joey Hoover: Chief of Police of Jamestown.

- 15 years on the job, and ten years teaching DARE. This was the most rewarding part of the job.
- Drug Court program just beginning in our area.
- Drug recognition programs for officers need to be expanded. Only two drug recognition experts in Kentucky. One is Terry Mosser. Maybe we can get training from him.
- Drug users need treatment, but law enforcement needs to focus more on the dealers.
- Many kids in the schools are good kids. Would like to see the good ones influence the drug users and dealers into quitting.

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- Drugs are so widespread it's hard to find a good old drunk any more, but we don't have the tools or knowledge to make the arrests. We need training.
- Police officers should ask themselves the question, "Where can I lose this case?"

Jim Cox: Public Defender

- Mostly handles Prescription Drug Cases and Methamphetamine Cases.
- Usually represent the poor, depressed, and uneducated.
- Perception – If you have money, you have power.
- Attorneys should be positive role models. Go to schools and set up mock trials. May give a realistic view of a real trial and the consequences.
- Am an advocate of the Drug Court program, but need long term support group or long term life skill training.

Mike Sapp responded: What percent of your cases are drug related?

- A large percent are drug related but not necessarily drug crimes.

Cleve Gambill responded: When do we get out the big stick?

- When you see the profits; when you have the big dealer and not the small time addict. Hit them harder and retain their property.

Dennis Benningfield: Lieutenant KSP – London Post

- Government housing tends to be the most drug-infested areas. Networking throughout.

Sergeant Riley: KSP – Clay County.

- We need to do something about Clay County. We need help. We need to look at the bigger cases that we can send to Federal Court. Smaller cases are repeated over and over.
- Clay County is a hub and needs to be attack hard.

Connie Payne responded: Do you work with the court system?

- Yes, trying to use the arrested person as buyers to get other dealers.
- We need cooperation from the Court/Judge to make this work.

Connie Payne responded: Drug Court would not hold defendant back from helping police to catch others.

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**Kentucky Drug Summit Assessment
Public Input Meeting #8
Paducah, Kentucky - March 23, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Karen Hascal, Chris Block, Rick Purvis, Mona Hoyle, Chris McNeill, Duncan McCracken

Support Staff Present: Jo Carol Roberts, Jarred Ball

Approximate Number of People in Attendance: 60

Number of Speakers: 14

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Sandra Watts, Thelma Whiteside, D. G. Mawn, James Kemper, David Pearce, Joe O'Nan, Rice Leach

Support Staff Present: Helen Koger and Linda Renfro

Approximate Number of People in Attendance: 35

Number of Speakers: 12

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Greg Howard, Gale Cook, Mark Miller, Donald Storm, Keith Cain, Connie Payne, Tracey Corey, Greg Stumbo, Mac Johns, Tony King, Jim Acquisto, Cleve Gambill, Russ Kegel, Lisa O'Hearn

Support Staff Present: Kay Fuson and Edliniae Sweat

Approximate Number of People in Attendance: 43

Number of Speakers: 15

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**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Paducah, Kentucky - March 23, 2004**

Members Present: Karen Hascal, Chris Block, Rick Purvis, Mona Hoyle, Chris McNeill,
Duncan McCracken

Support Staff: Jo Carol Roberts and Jarred Ball

To open the meeting, Ms. Hascal introduced the panel members and invited the first of 14 speakers to offer comments and concerns. There were approximately 60 people in attendance and 19 different topics were discussed. The meeting concluded shortly after 4pm.

Donnie Youngblood, Probation and Parole

Topic: Treatment, Faith-Based Programs and Education

- Not long enough treatment programs
- Too few treatment beds
- Need for in-house treatment
- More self-supported programs
- Education counselors Vocational Counselors,—GED, 4 year degrees
- Need for health/personal trainers (society has gotten too fat and lazy)
- Spiritual Coordinator—Faith-Based Programs
- Need to evaluate families at home
- More cohesive efforts / partnerships

Kimberly Boyd, Office of Public Advocacy

Topic: Treatment and Treatment Facilities

- Set up treatment for voluntary and court ordered
- Judges need to know about defendant's prior treatment and how much they have had.
- Most clients walk away from treatment before it is completed
- Need for halfway houses to help substance abuse users back into mainstream

Lavonda Muncy, Drug Court Graduate

Topic: Recovering Alcoholic/Drug Abuser and Drug Courts

- Received second chance from Drug Courts
- Need for alcohol and drug education for folks incarcerated in jails/prison
- Realizes drug addiction is a disease
- Sponsors folks in AA

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- Need for expansion in drug rehabilitation
- Need for expansion in drug courts

Larry Hyde, 56th District Drug Court

Topic: Treatment Facilities and Education

- Not enough facilities
- Need for education
- Cheaper for treatment than incarceration
- People in recovery need extended treatment
- Frustrated of facilities that are available other places such as Lexington, Louisville, and Frankfort
- Need for more in-patient treatment centers
- Shortage of drug/alcohol counselors
- No long term treatment facilities in western Kentucky
- Clients can not afford the \$35 dollars to get them in treatment

Joe Morris, Probation and Parole

Topic: Treatment

- Have lost mental health providers, closest provider 40-45 minutes away
- Most clients do not have drivers license and can not get to treatment
- Usually 2 week wait for evaluation with 4 – 8 week wait for treatment
- \$35 assessment fee which most clients can not afford
- Need for long term treatment

Gloria Young, Four Rivers Behavioral Health

Topic: Treatment, Funding, Staff Needs

- Need for long term residential treatment center for men
- Need for Drug Court
- Need for long term treatment for women
- Wait months for treatment
- Need for funding for educational resources
- Need for support staff
- Expand services, extensive outpatient services
- Need for quality staff
- Funding
- Treatment works when you can get it

Clayton Asp, Teen Challenge of Kentucky

Topic: Faith-Based Programs, Residential Treatment Facilities

- Support groups in correction systems
- Want residential program in Faith-Based setting

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- Churches offer resources
- Grass roots programs
- Need for residential treatment centers

Melissa Brown, University of Kentucky, Institute on Women and Substance Abuse

Topic: Women with Substance Abuse problems, Child Welfare

- Need to look at gender issues
- Women with substance abuse problems and scared of losing custody of children

Chris Woolby, Director of Lifeline

Topic: Lifeline facility

- Invited local folks to come and visit Lifeline center
- Need for folks to Network to fight drug problem
- Lifeline will be a long term residential facility

Norman Howard, University of Kentucky Women's Institute

Topic: Dual Diagnosed folks

- When we get long term facilities—need assessment/treatment for dual diagnosed clients

Allison Ogden, Four Rivers Behavioral Health

Topic: Funding, Partnerships, Drug Courts, and Sustainability of Programs

- Funding for services
- More Partnerships
- Western Kentucky feels forgotten
- Supports Drug Courts
- Cheaper for Drug Courts than incarceration
- KY Treatment Outcomes Study—Treatment works
- Sustainability of treatment programs
- Same treatment funding as in 1995
- For tax modernization if it will help Kentucky's drug problems
- Supports treatment for inmates
- More Detox centers
- Long care term for women

Julie Thomas, Probation and Parole, Fulton County

Topic: Treatment, SAP programs, and services for dual-diagnosed folks

- No jobs
- No transportation for drug assessment or treatment
- No treatment available
- \$35 to go to treatment and most do not have it
- Supports SAP programs in Jails
- Services for dual-diagnosed folks

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Randy King, Four Rivers Behavioral Health

Topic: Outpatient services, Training, Funding for Treatment, Long term residential treatment

- Need for services
- 6 – 8 weeks wait for treatment
- No residential services available
- Funding for Treatment
- Need for halfway houses for women/women with children
- Folks in the treatment field are not in it for the money

John Weyers, Department of Juvenile Justice

Topic: Funding, Funding for drug screens

- Secure funding for drug screens
- Need for one mental health counselor per regional office
- Funding for services
- Take care of children so they can take care of us

Larry Bland, Department of Corrections

Topic: Solutions begin at home, Faith-Based Programs

- Solutions start at home (harder for single parent families)
- Supports Faith-Based Programs
- Youths have low self-esteem and need spirit of God
- Supports Life Line program

Angie Forgy, Drug Court

Topic: Transportation, housing, Drug Courts

- Transportation to services
- Housing for services
- No jobs available, can not afford gas
- **Read letter from Phyllis Peters:**
 - Address the drug problem is rural areas
 - No drug education
 - Need for local treatment centers
 - Supports drug/alcohol programs in jails
 - Need for funding for programs
 - 68 graduates from drug court, with 2 felony convictions

Dick Lovell, Four Rivers Behavioral Health

Topic: Medicaid, Funding for services, Services for Dual-diagnosed folks, Adolescent treatment

- Need for funding for programs
- Redirect criminal justice monies to substance abuse services

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- Need for Adolescent treatment
- Transition services for Women
- Pay for treatment services with Medicaid
- Need for services for dual-diagnosed folks
- Programs at universities

Chris McNeil, Office of Public Advocacy

Topic: Consistent alternatives for Judges in drug sentencing, Rehab, Education

- Most cases have a substance abuse problem
- Create more options for rehabilitation
- Have as many free programs as possible
- Combine smaller counties resources
- Consistent alternatives for Judges in drug sentencing
- Insert evaluation of client between plead and sentencing and send them to treatment
- Deferred sentencing, Rehab over incarceration

**Kentucky Drug Assessment Summit
Prevention/Education Panel
Public Input Meeting
Paducah, Kentucky - March 23, 2004**

Members Present: Sandra Watts, Thelma Whiteside, D. G. Mawn, James Kemper, David Pearce, Joe O’Nan, Rice Leach

Support Staff: Helen Koger and Linda Renfro

Sandra Watts, Alcoholic Beverage Control, chaired the committee. To open the meeting, Ms. Watts introduced the panel members and invited the first of **12** speakers to offer comments and concerns. There were approximately **35** people in attendance and 31 different topics were discussed. The meeting concluded at 5:00 PM.

Public Input

Dottie Kraemer, Calloway County Alliance for Substance Abuse Prevention

Topics: Coalitions, collaboration, KY ASAP, school programs, Drug Court, funding, tobacco use, empower

- Many patients in emergency rooms have drug related problems

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- Coalition in Calloway Co - large coalition for benevolent services
- Successful coalition, mobilized local concerned citizens
- Coalition works with treatment, intervention, prevention
- KY ASAP brought us together, provided strategies
- Brought together those who could make a difference
- Collaboration
- KIP survey to address gaps
- No community is free of drug issues
- Need help in treatment area, not enough people or facilities to do the job
- Long waiting list to get into one treatment center in this area
- Did research and implemented specific programs that are science based in grades 3-8
- Stop drug use before it starts
- Balanced comprehensive program – prevention, intervention, treatment
- School system uses Life Skills, too early to tell how much we can do with program - will know in 5 years
- How to intervene – KASA
- Drug Court good but not enough financial support
- Pilot drug court program – 5 enrolled
- 85% or higher in jail are there for drug related issues
- Give us the tools to do the job and keep it local, grass roots
- Biggest issue for the Sheriff is what to do about meth – need to offer training to address issues, especially home visits training
- Murray State University has coalition, binge drinking, smoking, we provide resources
- Early onset of tobacco use is dropping – appropriate use of tobacco settlement funds to provide programs and education, including the use of billboards
- Rising narcotics numbers by kids using prescription drugs
- Over the counter medicine is becoming a problem such as abusing cough medicine – it is readily available and students are realizing they can take in high amounts
- Character education – Integrate into school
- Mental health issues
- Received federal money but don't have enough counselors to use
- Grass roots citizens movements who address issues out of concern and care are important
- Parent Power Program – help family unit
- Prevention means stopping before happening – use research based programs and teach exactly as it is supposed to be taught
- Identify high risk kids - academic failures, violence issues, at risk family issues
- Awareness is vitally important
- Empower us – don't just hand us a program – allow us to use local data to come up with ideas
- Use what is successful, use proven models

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Bob Wilson, Carlisle County Schools, Safe Schools Coordinator

Topics: Funding, school programs, KIP survey

- Carlisle Co – do not have hospital or major industry, resources and funding is a major issue
- Drug prevention and awareness for our children is very important
- Funding is low because of low tax revenue
- Like to see more monies for drug prevention
- Programs county would like to initiate but no funding available
- Doesn't have to be a program during school, after school programs
- Mental health office moving out of county because of budget restraints – will resource be as good
- KIP survey to pinpoint problems and determine what programs are needed

Frank Brazzell, High School Principal, Hickman County Schools

Topics: Mental health counselors, educate parents, lack of treatment centers, economy, school programs

- 4 counties sharing mental health counseling, need more counselors
- Change counselors often
- Problem – more kids coming into office worrying about parents have drug problems, try to get help for parents and watch over kids
- Can educate kids but hard to educate parents
- Not enough treatment centers
- Kids are not bothered by parent using alcohol as much as long as not abusive
- DARE, Champs, working on getting Life Skills
- Major issue is lack of employment in area
- Sliders – families move from county to county
- Difficult to get parents involved
- Mental health one day per week is not enough

Olivia Burr, School Social Worker, Cooper Whiteside Elementary School

Topics: At risk kids, funding, more collaboration, parent involvement, Truancy Court, school programs, prescription drug use

- Many students are on free lunch and have parents or grandparents incarcerated for drug issues
- Target at risk kids, 9 or more absences and 5 or more – targeted 40 kids last year
- Juvenile Justice grant – funds helped program
- Less referrals because of targeting our resources
- Need more collaboration and targeting resources
- Diluted with serving all students
- Need to do more grass roots efforts
- Home visits with parents is important – use Family Resource Center
- Pull in resources – private counselors
- Before school programs

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- Kids who feel connected and having parents come to school is important
- Make parents understand we want them involved
- Connecting with parents, using available resources helps
- Truancy Court got parents to school in education process and kids attendance improved
- Programs effective where you mandate parents to get involved
- Life Skills is good program
- Parents is where we are missing out – if we don't get them involved we will keep losing kids
- Need to hire people who are dedicated to our children
- Prescription drug use is increasing – kids get them from the home
- Children are modeling parents behavior – if have problem or upset, take a pill
- Pediatricians work with office well on prescription use
- Kids from low income families usually do not participate in extra school activities – offer activities for this group

Diana Brown Purchase ADD

Topics: Community based, resources

- Assist counties to work together as a group, what is available, not available
- This should not be a blanket answer, base on community needs
- For strategic plan used workbook with information gathered from KIP survey, KSP, AOC, and surveys to identify areas of concern and what resources were needed
- Look at what resources are available to help
- Workbooks will be reviewed next month
- Policy boards do not do the work but look for resources
- Current program is not broad based, but community based
- Each community was different with different objectives
- Counselors into prison system

Randa Simpson, Crittenden County Coalition, KY ASAP

Topics: Science based programs, work together

- School system has science based programs
- Put monies into prevention, treatment and education
- Agencies are working together

Rebecca McQuage, PES-Site

Topics: School programs, youth smoking issues, underage drinking, KIP Survey, use of funds

- Worked 15 years in prevention field—works with groups
- There is a basis of knowledge of prevention in Kentucky – KY ASAP, Champions, Division of Substance Abuse
- Kids smoke, drive drunk, etc.
- Concern is lack of consequences for children smoking in school

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- Starts with cigarettes, need smoke free areas
- Concern for family being safe in community
- Concern is underage college kids getting alcohol, University frat party where kids can get drinks
- Want to see changes in community
- KIP survey and public meeting determined all counties have problems
- Made changes, funding ended, programs died
- High rate of smoking in this area
- Need more treatment centers - no youth residential treatment centers in this area
- Programs for adults difficult to find
- We are learning to talk with each other
- Personal Story - Child is friend of family, barely graduated high school, mother was alcoholic and child got into drugs and was in treatment – need to pay attention to our children and parents
- Need to look at smoking rates and early introduction to alcohol
- Put money where needed
- Balanced, prevention dollar goes much farther than treatment and enforcement
- Prevention is shining star in KY and we need to keep polishing it

Gail Ridgeway, West Kentucky Community and Technical College

Topics: College student drug use and education, faith based initiatives

- Disabilities coordinator - serve 175 students, only person responsible to do education
- At the college level it has to be voluntary education, cannot force them to receive information
- Kids smoking marijuana are not going to attend drug education meetings
- Difficult to get students together on community colleges
- Drug use affects retention rates, class attendance
- Spills over to the work force—4 of 45 passed drug test at recent job interview
- We don't know where we stand, not addressing this to students
- Need faith based initiatives
- Make kids feel they can be productive in society
- Role models are people who have lived it and overcome
- Rehabilitation or revolving door
- Equal access into work force for those coming out of prison and provide mentors

Charlie Ross, Purchase ADD

Topics: Local needs, leadership, change attitudes, TV drug advertising, economy

- Have tools at local level
- Resource partnership 4Ps screening process
- Catch in early state-low birth weight
- Don't Create programs that require people to go to places they don't want to go to

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- Build on what is there, capture people where they are—moms, kids come to health dept-starting point
- Provide leadership in Frankfort
- Tobacco tax is not popular but necessary
- Changing the attitude toward using drugs
- Constant message use of drugs, this one is OK but that one is not—on TV
- Regulate advertising of drugs on TV
- Drug use tied with economic opportunity—increasing economic opportunities
- Increasing the economy must be part of package
- At current tax level may not be able to do basic services
- Provide hope

Renee Buckingham, DCBS Purchase Region

Topics: Kids in home with substance abuse, treatment, partnerships, data collection

- Department works with families who are trying to become self sufficient – tied to substance abuse
- 350 children in foster care in Purchase Region
- Collecting information to prove issues - how many kids came from situation with parent dealing with substance abuse
- Also seeing increase in of calls from law enforcement going to bust meth lab and need health workers for small children at location
- Prove that parents are off drugs—drug test before kids are returned
- Comprehensive treatment—not available here, or can't pay
- Welfare reform efforts – hard to serve clients who have been involved in substance abuse
- Provide incentives and partnerships for those in service fields, instead of fighting over small amount of money need to cooperate and work together
- Computer system—substance abuse field, keep up on data base for documentation
- Have to substantiate impact on child having parent selling or abusing drugs

Shelly Ragan, 42nd Judicial Circuit

Topics: Drug Courts

- Personal Story: did not see drug use in family member
- 64 indictments in Calloway County and most for meth
- Drug Courts work - go to school activities, drug screen – need to continue funding
- Option - go to jail or go to drug court
- Consider adult drug courts
- Drug abuse problems crosses all socio economic lines

Martha Lysand, Paducah City Alternative School

Topics: Funding, parent accountability

- Need funding and support from courts
- Make parents more accountable
- Keep educational system safe, still have to work until age 16

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- Need support in school system to reach students
- Serious issue – kids in detention and parents don't care
- Takes a lot of people to be successful

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Paducah, Kentucky - March 23, 2004**

Members Present: Greg Howard, Gale Cook, Mark Miller, Donald Storm, Keith Cain, Connie Payne, Tracey Corey, Greg Stumbo, Mac Johns, Tony King, Jim Acquisto, Cleve Gambill, Russ Kegel, Lisa O'Hearn

Support Staff: Kay Fuson and Edliniae Sweat

PUBLIC INPUT:

Sharon Henry, Victim

Topics: Early Release Program, Victim Recovery

- Personal story, beaten, stabbed, bitten and raped by drug user who was on early release program for another crime
- No longer can live a "normal" life
- Takes medication for panic attacks and sleep disorder from this ordeal
- Does not like being in large crowds or by herself

Jere Hughes, Fulton Police Department

Topics: Prescription Drugs, Drug Task Force, Drug Crime causes inflation

- Severe drug problems in our community include cocaine, meth, prescription drugs and marijuana
- People on drugs commit serious crimes such as assaults, rapes and shop lifting
- Drug crime causes inflation by stores raising prices to cover shop lifting costs, insurance companies raise premiums to cover thefts and medical field raises cost
- Believe in Drug Task Force, would love to send more officers to local drug task force but can't due to funding
- Need more money for drug enforcement team for around the clock coverage 24/7 to devote solely to drug problems

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Bill Draper, Retired

Topics: Prescription Drugs, Kaspar

- Pain pills are slow to withdraw; unique, they addict quickly, hard to get off of
- This is the only drug that was in our custody
- Drugs are coming from doctors and pharmacies
- Believe Kaspar system could be used more

Comment from Greg Stumbo – Senate Bill 114 will upgrade the Kaspar system and create standards for Kaspar

Angie Forgey, First Judicial Circuit Drug Court

Topic: Drug Court

- Gave report on this particular drug court
- Stated need for more funding
- 68 graduates with only two felony residules
- We do not prepare them for life after rehabilitation, need follow up program
- Rural communities are on the forefront, not behind the big cities

John Weyere III, Department of Juvenile Justice

Topics: JIST (?)

- Youth stay with us for six months or until 18 years of age
- We conduct curfew checks on youths on probation
- Lot of progression with youth while conducting drug screens
- Hope that law enforcement officers will work closer with the juvenile justice system

Bob Buchanan, Ballard County Judge Executive

Topics: Better Counseling

- Drugs are bad in the school system and jails
- Need more direct counseling
- Need trained counselors

Tim Langford, Commonwealth Attorney

Topics: Drug Court, Funding

- It takes funds to fund these programs
- Lots of plans but no funds
- Good programs are probation and parole, job corp, and drug court, all of these need better funding
- Community involvement is needed

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George Workman, Grave County Sheriff Department, Drug Task Force

Topics: Stricter Laws, Harsher Sentencing, More Officers

- Closer watch needed on ankle monitor violations
- Need to quit babying these people, same people keep coming through the system
- Need to tighten up on cutting deals to lessen sentence
- Enforce the rules that are on hand
- Need more officers of the street
- Look at DUI laws, mandatory sentencing
- Need more funding to keep officers on the street
- Stricter laws, quit worrying about money
- While worrying about money more kids are growing up with drugs all around them

Cliff Gill, McCracken County Jailer

Topics: Overcrowded Jails, Drug use in jails

- Jail holds 342 legally, this morning we had 387 and on Sunday we had 425
- Meth causes medical and mental health problems
- 60 – 70% of inmates are for drug related crimes
- We are struggling to keep drugs out of the jail

Lavonda Muncy, Drug Court Graduate

Topics: Kentucky Drug Court, Informing everyone about drug court

- 28 days is not long enough to learn about your drug problem
- I am a graduate of drug court and am 31 days clean and sober
- More information about drug court needs to be put all for all jails, not just select ones
- Drug court needs to be advertised more
- Need more money for recovery programs
- Addicts need to be taught how to live drug free
- First probation did not know about drug court. As an addict I did not want to go to treatment, when judge sent me to jail that was my savior, that was when I learned about drug court
- Everyone has to hit their bottom; Traffickers are not only fighting the disease they are getting addicted to the money
- Everyone needs to go to jail, they need to go through the judicial system
- Have to be punished

John Davis, Graves County Sheriff

Topics: Cooperation among agencies, Need more treatment beds

- In 2002 we used \$16,500 buying drugs
- Oxycotin is a huge problems
- Education needs to be improved
- Need DARE type program for Middle and High School level

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- Sharing of information with everyone is good
- Not sure the reasoning but treatment beds are being taken away in mental health facilities
- The answer is more funding
- Without drug task force we could not fight this problem
- Drug sellers are using the internet to find locations to sell drugs
- More education is needed
- Make sure they take the help that is offered

John Hayden, McCracken County Sheriff

Topics: More officers, Internet Pharmaceuticals

- Prescription drug problem, doctors are over prescribing medications
- Pharmaceutical companies are selling over the internet, UPSing to your door
- We need help from the Federal Government regulating pharmacies and the internet
- Need more law enforcement officers to work drug cases
- Need more funds
- Need more officers working these cases, Statewide

Michael Adams, Department of Juvenile Justice

Topics: Juvenile Curfew Checks, Drug Screens, Room Checks; Agency Cooperation

- DJJ does drug screens, curfew checks and room checks
- We work with local police departments
- Juveniles are used to peddle drugs
- DJJ offers supervision release where we can get these kids into treatment
- All agencies must work together and find solutions
- We do attend training but sometimes “dumb luck” works best
- Not skilled as officers, we have some skills but that is why we have (take) officers with us

Larry Bland, Kentucky State Penitentiary

Topics: Community Involvement, Mentor Program

- More than enforcement need to be addressed
- Mentor our youth and young adults
- Need more programs such as Pal league, Little league
- Need more church involvement
- We need to get involved with and be a leader in our community

Randy King, Four Rivers Behavioral Health

Topic: Fair treatment

- Most of the people that come to us for treatment are forced to come to treatment, they see us as the lesser of two evils
- Some do not see the system as being fair
- They need to feel like they are being treated fairly
- You help them when you let them know you are trying to treat them fairly

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**Kentucky Drug Summit Assessment
Public Input Meeting #9
Hopkinsville, Kentucky - March 24, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Dr. Rice Leach, Chris Block, Dr. Rick Purvis, Drexel Neal, and Tom Glover

Support Staff Present: Jo Carol Roberts, Jarred Ball

Approximate Number of People in Attendance: 47

Number of Speakers: 24

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Sandra Watts, Thelma Whiteside, D. G. Mawn, James Kemper, David Pearce, Joe O'Nan

Support Staff Present: Helen Koger and Linda Renfro

Approximate Number of People in Attendance: 35

Number of Speakers: 18

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Cleve Gambill, Rodney Brewer, Tracey Corey, Tony King, Jim Acquisto, Connie Payne, Karlas Owens, Stephen Collins, Mac Johns, Lisa O'Hearn, Joe England

Support Staff Present: Kay Fuson and Edliniae Sweat

Approximate Number of People in Attendance: 30

Number of Speakers: 17

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**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Hopkinsville, Kentucky - March 24, 2004**

Members Present: Dr. Rice Leach, Chris Block, Dr. Rick Purvis, Drexel Neal, and Tom Glover

Support Staff: Jo Carol Roberts, Jarred Ball

To open the meeting, Dr. Purvis introduced the panel members and invited the first of 24 speakers to offer comments and concerns. There were approximately 47 people in attendance and 15 different topics were discussed. The meeting concluded shortly after 2 p.m.

Ed Slack, Parent

Topic: Personal story, Treatment, Family Accountability

- 28 day treatment is not long enough
- Need program to follow-up 28 day program (support groups)
- Need for long term treatment center in region
- Hard to locate treatment facility resources
- Drug problems start at schools
- Families need to help problem family member is having
- Would like to see GED option instead of returning substance abuser back to school where the problem is
- Liked long term program that Louisiana has

James Stone, Spirit of Freedom

Topic: Faith-Based Program

- This program works with substance abusers and alcoholics
- Faith-Based Program is family oriented
- 20 lesson/20 week—non-denominational program
- Teaches life living skills
- Program is in 49 states
- Works with Probation/Parole and Drug Courts
- Offers a 10-week youth program
- Faith-Based programs are community based

Jim Adams, District Judge

Topic: Drug Courts

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- Cheaper for treatment than incarceration
- Drug Courts truly work with a treatment component
- Need for more Drug Courts
- Drug Court started with Federal funding but will need to be self-sufficient
- Hopefully legislature will help out with funding for Drug Courts
- Recidivism rate is less than 10% over a five year period
- Started a juvenile drug court and now have an adult drug court also

Hiedi Sortor, Vocational Rehabilitation

Topic: Treatment, Drug Courts

- Helps alcoholics/substance abusers find employment
- 28-day treatment is not long enough
- Drug Courts are successful
- Need for long term treatment facilities in this area.

Annette Butler, Recovering substance abuser

Topic: Drug Courts

- Was lucky to have a drug court program
- Taught her respect, trust, honesty and responsibility
- Helped get her life back together

Howard Dixon, Pennyroyal Center

Topic: Lack of treatment facilities

- Need treatment facilities for adolescents and adults
- Treatment them or jail them.
- Longer treatment is more successful
- Need transitional facilities for adolescents and adults
- Need for Detox centers
- Funding

Janice Cunningham, Christian County Drug Court

Topic: Drug Court Program, Funding and Treatment Facilities

- Agrees 28-day treatment is not long enough
- Need for long term treatment facility in region
- Most folks can not afford treatment
- Need for a community treatment facility—no one wants to go out of community
- Drug Court—operating on a shoe string budget
- Surrounding counties do not have Drug Courts

Kathy Oakley-Huitt, UK TAP assessor

Topic: Treatment for women

- Barriers for women in treatment

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- Need for intensive outreach programs with child care options
- Voc Rehab helps with ideas of treatment
- Along with substance abuse problems, some women have mental health issues, domestic issues and learning problems
- Need to look at women's treatment differently.
- Women that are pregnant get into treatment faster than other women

Larry Hyde, 56th District Judge

Topic: Drug Court and Treatment

- Fortunate to have Drug Court, it works
- Fortunate to have VOLTA—state operated treatment facility (1-2 week wait)
- Funding does not make it to western Kentucky
- Feels education is a good start
- 6-8 weeks wait for treatment
- Supports treatment over incarceration
- 28-day treatment is required before long term treatment can be obtained
- No Detox facilities in western Kentucky (have to send clients/and their dollars out of state)

Bob lovingood, Christian County School Superintendent

Topic: Early intervention programs

- Expelled more students this year than the past 3 years
- Zero tolerance for kids with drugs
- Need for early intervention programs (starting with kindergartners)
- Need for a drug program specialist (or perhaps health/PE teacher)
- Kids have low self-esteem and have peer pressure
- Harder for single-parent children

Phinny Thompson, Division of Substance Abuse

Topic: Treatment Programs

- 3rd and 4th DUI offenders are not getting treatment while incarcerated
- Jail is a good motivator, some establish recovery while incarcerated
- Need for education/treatment

Arnold Lynch, Christian County District Judge

Topic: Drug Court, Funding

- Supports Drug Court
- Have juvenile and Adult Drug Courts
- Need for funding for programs to continue

David Ptaszek, Pennyroyal Center

Topic: Treatment, Funding, Community Effort, Prevention

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- Most every family is affected by a substance abuser
- Community effort in Christian County
- Need for more treatment resources
- Supports the work of HB 843
- Need for transitional living for women with children
- Looking at land for mental health facility
- Need for intensive outpatient for adolescents and adults
- Drug Courts are successful
- Need for prevention activities that are science-based and evidence based (Train the trainer programs, 5 prevention folks for region)
- Need to provide case management process for follow-up purposes.
- Need funding for Drug courts with treatment component
- Would like to see study of use of Medicaid funds to support substance abuse treatment

Edwin White, Judge, Christian County Courts

Topic: Drug Court Program

- Need for more SAP beds in jails
- SAP is successful
- Shock probates people if they complete SAP program
- Many volunteers support the drug court program
- 31 participants in Drug Court program (maximum amount of participants)
- Drug Courts have a 72% national success rate
- Graduates help others to succeed
- Advocate to Drug Courts—it works

Jill Sholar, UK, Women's Substance Abuse

Topic: Women's barriers and issues

- Women in treatment have barriers being parents to children
- In-patient services are not long enough
- Wait 6 -8 weeks for treatment
- SAP program is good if you can get it

Joe Baker, Recovering addict

Topic: Methadone

- Need for spiritual side of recovery
- Using methadone treatment is psychologically painful
- Good 12-step program at VOLTA
- Need for Detox program before treatment can begin
- Folks in Drug Courts need to be sanctioned
- Supports work camps

Kecia Felcher, Pennyroyal center

Topic: Personal story, Advocates Involuntary Treatment, More Detox Beds

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- Advocates involuntary treatment
- Need for more Detox beds (ER referrals, can no be under the influence at a treatment center)
- Lives in Muhlenberg County, 910 beds there and almost all have drug conviction
- Need facility for dual-diagnosed patients
- SAP program is good if they can get it
- Clients afraid of losing there children while at treatment

Elaine Tooley, Department of Juvenile Justice Cabinet

Topic: Advocates involuntary treatment, Need for long term treatment

- Advocates long term treatment
- Need for more local treatment programs
- Family problems make it difficult for patients to be successful
- Need longer treatment than 28 days
- Dr. shopping needs to be stopped (Dr. Leach reported on the KASPER program that will help patient, nail DR.)

GretaTopic: Personal Story

- Genetics play role is substance abuse
- Drugs have devastated family unit

Sabrina Grubbs, Pennyroyal Mental Health Center

Topic: Early intervention programs, Detox, Follow-up treatment, Transportation

- Advocates early intervention programs
- Sees problems with susceptibility, environment and availability of drugs
- Sees adolescents with drug problems starting at 8, 9, 10 year olds (start with Marijuana and inhalants)
- Treatment is main component to get it under control
- No treatment available
- Most parents do not feel treatment is necessary
- Detox not available
- Need more jail programs
- Drug court does not have a Detox piece
- Need for follow-up treatment (length of engagement is more successful)
- No transportation available to treatment

Randa Simpson, Christian County Coalition

Topic: Education for professionals, Addiction is a disease, Funding

- Need for substance abuse for professionals
- Addiction is a disease
- Need for funding
- Communities need to pull together as a team
- Single moms—51% with children under age of 18

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- Kids deal drugs
- People sale prescription drugs
- No borderlines to drug dealers
- Need pilot programs to get communities involved
- Need to address problems in the rural communities

Carlos Wilson, Department of Juvenile Justice

Topic: Intervention programs

- Peer pressure in schools
- Need early intervention programs in school as early as kindergarten
- Parents need to talk to kids all the time

Reverend Frank Cowan, Crittenden County

Topic: Community Partnerships, Funding, Prevention/Education

- Need for prevention, education and treatment
- Need for funding
- Advocates community partnerships

Livy Leavell, Jr., Christian County Jailer

Topic: Long term treatment, SAP programs, Funding, Drug Court

- Sees inmates with substance abuse problems
- 30 day treatment is not long enough
- Need for funding
- Treatment cheaper than incarceration
- Treatment works if clients are in it long enough
- Need funding to provide mental health treatment
- Has 31 drug treatment beds and could fill 300 beds if he had them
- Drug courts have 72% national success rate

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**Kentucky Drug Assessment Summit
Prevention/Education Panel
Public Input Meeting
Hopkinsville, Kentucky - March 24, 2004**

Members Present: Sandra Watts, Thelma Whiteside, D. G. Mawn, James Kemper, David Pearce, Joe O’Nan

Support Staff: Helen Koger and Linda Renfro

Sandra Watts, Alcoholic Beverage Control, chaired the committee. To open the meeting, Ms. Watts introduced the panel members and invited the first of **18** speakers to offer comments and concerns. There were approximately **30** people in attendance and 24 different topics were discussed. The meeting concluded at 5:00 PM.

PUBLIC INPUT

Rev. Frank McCallum, Crittenden Co. KY ASAP Board

Topics: Funding, need more treatment centers, community events

- Strong point – people in place who are willing and able
- Need more funds, good money management
- People on board are diversified group
- Could be a pilot program for drug assessment
- Education, treatment and prevention
- Not enough treatment
- In court system, sent to prison system instead of rehabilitation – becomes a prevention issue again, costs county and state, could save over a million dollars on one person
- Forums twice annually
- Community events - get people together to listen and take back
- Got people in place – decal for honorary member - went to banks, county government, city government, and they bought ads endorsing

Charlotte Chilcutt, Pennyroyal RPC Coordinator

Topics: Prevention cost effective, school programs, community involvement, Champions, early intervention, parent programs, programs for industries

- Background in social work – have seen both sides
- Prevention is based on public health model, more we prevent the less costly, cost effective
- Kentucky well respected in effective programs
- Areas of focus in Region 2 – market research based/science based programs heavily to schools

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- Studies show structured programs on substance abuse most effective, the younger started the better
- Provide technical assistance to schools to determine which program is best for them
- Focus on community mobilization – form KY ASAP boards, revitalized 4 Champions groups, looking to focus on regional Champions group
- Provide more technical assistance in future, change social norms for adults
- Environmental strategies – smoke free businesses, decal on door
- Parent Alert Program – call parent if someone tries to buy alcohol - get license plate number, call LEN, call parent to let them know someone in that car tried to buy alcohol
- Training on bullying and violence in schools
- Market science based programs to help with parenting, market in jails to parents
- Working on research based program to offer to industries, something for supervisors, drug free workplaces and policies—Employee Assistance Program (EAP)
- Early intervention programs, includes pregnant women
- Materials available and will be on website this year, staff will offer technical assistance
- Science based curriculums available to schools – look to see if it fit needs of their school system
- Work closely with treatment people
- Published effectiveness rates on program, surveys and follow up surveys
- Is difficult to get parents involved, sanction on child if parent does not attend

Sheila McKnight, Pennyroyal RPC, Early Intervention Program

Topics: School programs, parental involvement and education, surveys

- Program is research based program, kids make good choices
- Promotes long term health of youth and young adult population
- Zero tolerance – diversion group, high risk behaviors
- 3 areas - Increase abstinence, delay first use, reduce high risk choices
- Young adult and youth being exposed as early as possible, 12-13 years old
- Started bringing program into schools, teach 7 hour version of curriculum
- Problem – parental involvement and support, offer sessions to inform them of program and curriculum
- Mandate and make school policy in one area before kids can return to school
- Have kids attention, they are focused on what is being said in program
- Help children realize to make low risk choices
- Keep stats for up to a year after the student graduates
- Parent must come to impact session if student wants out of alternative school

Jack Kelly, Pennyroyal RPC

Topics: Champions (grant process), underage drinking, youth empowerment, community involvement, school programs, coalitions

- Counties have bought into prevention efforts and have made significant progress
- Caldwell Co – Champions implement Project Northland (alcohol prevention program)

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- Partnered with center to expand underage drinking/driving program – working with clerks office by offering information to child and parent
- Caldwell Co youth won award from Gov for work in Champions, one of the longest running Champions group in state
- New this year – Youth Empowerment System – grants for youth groups to do prevention strategies (alcohol awareness, survey of attitudes and where getting). Post survey of campaign to see results-limited funds
- Lyon Co revitalized Champions group
- Importance of local group/coalition to address their community needs
- Involved people in community
- Combine surveys from counties to determine effectiveness
- Crittenden Co – established science based programs in schools, Project Northland, tobacco prevention program, program for alternative school, expanded in elementary schools
- Class Action – program to prevent alcohol abuse
- Need to focus on programs for high schools, keep prevention going all the way through school
- Coalitions – need dedicated people to get things done
- Family Resource Center – program that businesses can agree to not let people smoke in the business
- Need – make Champions grant simpler application process, paperwork process complicated – don't need lengthy needs assessment-RPC knows community needs
- Need more cooperation between Dept. of Education and Division of Substance Abuse to work on science based prevention programs in schools – liaison between the two agencies
- Cost to purchase science based programs can hinder some counties

Donald Noffsinger, Probation & Parole, Drug Court

Topics: Drug Court, combined efforts

- Drug Courts
- Experience in LEN and education
- Involved in treatment area
- Placed 50 prescreened inmates with barge company in Paducah – this worked because it took them off streets, got them a paycheck and they had self-esteem, only 2 quit
- 650 inmates at Green River facility, only 15 in GED program, time the program is offered interferes with gym and recreation time
- Success will come through combination of treatment, education and law enforcement
- Have to have buy-in
- Recommends education for inmates to help them to get a good job—the facilities are already there
- Link up with Kentucky Tech and teach marketable trades
- Shock probation should be once not 5 or 6 times—it is not a shock at that point

James Stone, Spirit of Freedom Ministry

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Topics: Adult and youth programs, faith based, support after program

- Worldwide program
- Work with about 600 court systems across America
- Adult and youth program (10-17) About 80% complete the program (lose some in jail system and some don't want)
- 75% success rate that don't end up back in court
- Faith based program, non profit, non denominational, not discussed in class
- 20 week program (one hour once a week) administered through area churches, must complete all 20 sessions, teach life skills about parenting, managing finances, coping with life problems, moral character, responsibility, build self esteem, build respect and change the environment
- Trying to break generational chain
- Use in jail facilities, pre-release program and those incarcerated
- Youth program is 10 weeks, suggest they go through twice
- One time charge of \$20 for adult for book, no charge for youth
- Goal is to be part of the solution, number of programs in KY (Russellville, Hopkinsville, Madisonville and others) and would like to further the work
- Treatment and education program
- Work with schools in after school programs
- Funded through churches, local churches furnish facilities, staff
- Offer support after completed program

Sarah Evans, Todd County Family Resource Center, Pennyrile KY ASAP

Topics: Collaboration, tobacco and alcohol use among youth, early intervention, parent involvement, school programs, KY ASAP funds programs, mentoring

- Collaboration, with limited resources have to work together
- Family Resource Center, Health Dept, KY ASAP, Housing Authority
- Community based services – most children in foster care are meth babies, one or more parent was using, then entering school and additional problems
- Concern – youth alcohol and tobacco use (kids use smokeless tobacco in the schools, 15 or younger)
- Peer pressure in schools
- Early Intervention Program got off to rocky start
- Lack of parental participation
- Focus on alternative school, getting back into regular classes they must complete program
- Funding from KY ASAP – Life Skills (8-week program) program in schools, will be evaluating in near future, 3rd-9th grade
- Delta Rural grant helped
- Use Project Northland
- Continuing the DARE program also
- Revitalized Champions, waiting to see of get grant money
- Active tobacco coalition, billboard competition

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- Many one time events funded by KY ASAP – safe alcohol-free drivers, health fairs, safety days, alcohol and poison awareness week, media campaign and high school students made commercials that will be shown prior to prom and Project Graduation, vendors showing alternative to smoking and what you can purchase for cost of tobacco, poster contests, Kick Butts Day, and talking with 5th graders about smoking prevention
- Have participation from school and community
- Church programs that have been well attended
- Need funds, continue to fund KY ASAP and Champions
- After school program “Girls on the Run” that teaches self esteem will be implemented
- Applied for numerous grants
- One on one mentoring has made a difference
- Big Brothers and Big Sisters - Title VI funds – programs
- Coalition board has contracted with Western to do survey

Kathy Dickinson, Pennyroyal KY ASAP

Topics: Collaboration, policies

- KY ASAP has allowed collaboration among agencies, essential part of community
- Need to work together
- One common denominator among groups is ASAP
- Must have policies to mandate

Vicki Myers, Todd County Board of Education

Topics: Collaboration, KY ASAP helped, prevention specialist in schools,

- Need to work together
- In small communities have to wear several hats, cannot focus on drug prevention
- Not just one solution, must use many programs
- KY ASAP – seen more progress in school system
- Suggest – prevention programs – get prevention specialist in the schools
- Use science based programs
- Working with court system, court ordered

Marshale Robison, Pennyroyal RPC

Topics: School programs, parent education, Champions (grant process)

- Life Skills, Project Northland, revitalized Champions, Tobacco Coalition
- Muhlenberg – Life Skills, Character Counts, Keep a Clear Mind (send home program that must be signed off by parents and offer incentives when finished), program for divorced families, KY Youth Empowerment
- Offer technical assistance to groups
- Parent education offered
- Champions grants should be made easier process

Ed Slack, Private Citizen

Lack of treatment centers, parent denial, resources

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- Personal story - young relative had drug problem - stable family, good grades, in short term treatment then long term treatment
- Prevention does not work for all people
- Teachers don't know which parents want to know if there is a suspected drug problem
- Addicts recognize other addicts, they have a distinctive personality, could bring into schools
- Parents have denial their kids are on drugs
- Drugs are in each school and that is where kids get them
- For recovery must change school environment
- Not enough long term treatment facilities and they are expensive
- Need availability of resources - who to call
- Not enough resources being used after kids get on drugs
- Would like to see Kentucky have license teenage recovery centers
- Percentage that child will be alcoholic increases if parents are
- Kids do not mature while on drugs

Scott Bivins, Pennyriale Narcotics Task Force, Muhlenberg County Police

Topics: Generational drug use, grant writing assistance, parent involvement, funding, tobacco education

- Dealing with 2nd and 3rd generations of drug users
- Bringing people together as team is working, pooling resources
- How do you fund logistical expert to manage resources
- Need grant writing assistance
- Kids in school - why not let somebody come in to speak to families, but how do you get families to come in to school
- Send information home to parents and get them to sign off
- Mindset that police are bad guys, need ways to partner police
- Put under one umbrella, one central area
- Character counts—new program, Life Skills, Parent Alert
- Must learn alternative, replace "just say no" with positive
- Build character
- Partner law enforcement, build on positive things
- Lack of parental involvement
- Need tobacco education in school
- Alcohol use is accepted by school kids
- Treatment –meth, then get hooked on methadone—selling on street and state paying for it

Kelli Hall, Todd County Board of Education, Todd County Substance Abuse Prevention

Topics: Alcohol use among students, need Champions and ASAP

- Substance abuse coordinator, graduated from Murray, worked in treatment 5 summers
- Don't always know if you are helping abusers

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- KIP statistics - 13% of 6th graders, 23% of 8th graders and 43% of 12th graders use alcohol on a regular basis
- Parents Disapproval of alcohol use - 87% in 6th grade, 88% in 8th grade, 79% in 10th grade and 62% in 12th grade
- Continue prevention strategy
- Need Champions, ASAP
- All fighting for same cause
- Early intervention is important

Dee Padgett, KY ASAP/Tobacco Control Coalition, Hopkins County Health Dept.

Topics: Adult usage survey, KIP survey

- Phase 3 rehab
- Adult usage survey, pilot project, 500 surveys given out in front of Wal-Mart, offered incentive if they complete the survey
- Received KIP survey results recently—smoking less, alcohol higher than anticipated, 18% in 12th grade—maybe
- Parents or grandparents gave tobacco and alcohol to small children (K-3rd grade)
- Need “Law” if you give your child drugs, recourse
- Strengthen child abuse laws for giving child drugs

Raymond Giannini, Pennyroyal District Health Department

Topics: Early intervention, collaboration, funding, tobacco use, court referrals

- Relapse problem, certain treatment no available to the poor
- Public health is geared on prevention
- Resource center plays vital role, “coordinate me” services
- Learned how to raise money
- Have learned how to collaborate with other agencies
- We are service delivery - need money on local level
- Put money in salaries
- Early intervention and prevention is the key
- Do positive things in negative subjects
- Many are tobacco users
- 1 out of 4 teens have STD
- Real teen issues, is no different in inner-city than rural area—both are desperate
- Do health assessment, work with others programs
- Better success with programs when referred through the court system - Drug Court

Susan Alexander, RN, Pennyroyal RPC, KIDS NOW program

Topics: KIDS NOW program, prenatal services, PSAs would held, funding, Fetal Alcohol Syndrome

- Get referrals from health department - pregnant women who use drugs
- 2 hour service format, offer incentives to come
- Healthy moms - healthy babies

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- Up to 60 days—prenatal services
- Screen by Health Department, can still attend program, even if test positive
- PRI program—can attend if test high risk
- Continuity of care provided
- Want to learn to have a healthy baby
- Things change—not OK to drink beer if pregnant
- Medicaid funding
- Need Public Service Announcements about program—video
- Kids Now brochure
- Moms want this service—girls age 14, using substance and they are pregnant
- If they don't hope - can't get education—fantastic response
- Funded for Kids Now from Tobacco Settlement. cut 25% in funds this past year
- Confidential if they prefer
- Safe and neutral aspect of the program is won't take kids away
- Would help if have formalized curriculum and training on program
- Voluntary program
- Using nurses to be “Hands” people
- Look at other funding sources
- CDC in Kentucky 23% of pregnant women smoke compared to 12% in other states
- Focus on Fetal Alcohol Syndrome - offer training to physicians

Jim Adams, District Judge, 3rd District

Topics: Drug Courts work, parent involvement, treatment, education

- Started process for Juvenile drug court in 1998—took 2 years to get up running, operational in 2000
- Great successes—partner with local schools systems
- Kids come from troubled families
- Kids in Juvenile drug court participate in day treatment program
- 85% of crimes committed by juveniles are between 3:30-7 p.m. - keep kids off street in treatment
- Educational components
- Drug Court treatment does work, coerced treatment with judicial supervision works
- Drug Courts are cost effective - costs \$30,000 per year to incarcerate, Drug Court treatment costs \$5,000, created a tax payer instead of tax taker
- Must be in school or fully employed
- Expand drug courts in every county, take non-violent offenders, put in treatment and make tax payers instead of takers
- GNC-Turbo Flush to mask drug use and test clean
- Expect resistance in phase 1, but in to recovery in Phase 2
- No alcohol, drugs or tobacco allowed
- Have sanctions and rewards-trying to educate them how a life looks like drug free
- Test dirty, 20 hours community service then increase with each reoccurrence
- When dealing with juveniles, parents made to go to group sessions

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- Have 17 graduates from Juvenile drug courts, 4 in college, 2 repeats, 75% successful rate
- See team, have sanctions, must see judge ever week
- Recidivism rate 10%
- Juvenile drug court is optional program,
- Each kid is assessed, it is very intensive program, tough road and parents must get involved
- Complete program and after-care, all charges are dismissed, record expunged
- Treatment combined with enforcement along with judicial supervision

Larry Hyde, 56th District Drug Court

Topics: Drug Courts work, education, lack of treatment centers, funding

- Drug court has high success rate
- Jails are full, try to educate but also monitor with drug screens, class A, Class D with felons who have created a crime
- Institutionalize a person for awhile, give period of time to get clean, then quiet time
- Make home visits
- Educate for substance abuse
- Monitor individuals w/drug screens, monitor they are paying court costs and maintain normal lifestyle
- Law Enforcement goes with him when he suspects misuse
- Both our judges are very supportive
- 70% success rate
- saving large amount of money
- Major problem is funding for education, law enforcement
- Help them succeed
- Not enough certified drug counselors
- No detox centers in western Kentucky, have to incarcerate to get help
- It is a Mental Health issue, jail not dumping ground for drug addiction
- Costing money to incarcerate just to educate drug user

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Hopkinsville, Kentucky - March 24, 2004**

Members Present: Cleve Gambill, Rodney Brewer, Tracey Corey, Tony King, Jim Acquisto, Connie Payne, Karlos Owens, Steve Collins, Mac Johns, Lisa O'Hearn, Joe England

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Support Staff: Kay Fuson and Edliniae Sweat

Public Speakers

Donald Noffenzer, Drug Court, Probation and Parole

Topics: Drug Court, Shock Probation, Focus all areas combined

- Probation and parole, drug court touches on enforcement and treatment
- I have seen the drug problem from several areas
- Developed contacts with the barge lines and placed 50 drug court clients with these good paying jobs – only two have quit
- They are regularly drug tested by the Coast Guard
- I have a large case load 100 – 120 individuals, most are drawing SSI, most look very healthy to me
- Will take a combination of views from enforcement, prevention/education and treatment to lick this problem
- They have to get their G.E.D. and jobs
- Shock probation is fine but must have responsibility with this
- Probation is a stop gate, we need to do more with them than just monitor their criminal activity
- Shock probation should be a shock, should not expect it three or four times, should only get it once

David Patszek, Pennyroyal Center

Topics: Drug Court, Funding, Prescription Drugs, Intense Treatment by committed staff

- Drug Court is a wonderful concept
- One issue – intensive treatment – need more staff to facilitate more drug courts in our area
- Treatment aspect is highly important for drug court, we are committed but need more funding to help with that
- Over the last two years we have seen a rise in prescription drugs, the increasing meth rate has doubled our case load the last two years

Tracy Hann, Local Businessman

Topics: Prevention/Education, Locks for anhydrous tanks, Alarm stickers on homes, Farmer training in anhydrous tanks

- I have been involved with the anti drug campaign in South America
- The less prevention/education we have the more the problem will come to us
- The drug problem is overwhelming
- Criminals know where it is easier to get caught and avoid these areas
- Should look into better locks for anhydrous ammonia tanks

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- Can sell one gallon of anhydrous ammonia on the street for \$1200, could be cost effective to nip this in the bud
- My wife sees an increase in people looking for prescription drugs
- Education effort would be helpful
- Having locks in the anhydrous tanks is an inconvenience to suppliers – they won't voluntarily purchase and use these locks – need to make them do this

Michael Pape, Congressman Whitefields Assistant

Topics: Drug Task Force, Community Involvement, Agency Cooperation, Education

- In 1998 our local law enforcement contacted our office to discuss our drug problem, we found through this meeting the amount of time spent by officers, the draining of funds to deal with meth problems
- Through a \$1 million federal grant we started the Pennyrile Drug Task Force
- We have made great strides with enforcement issues
- We need to curb the demand to stop the supply
- The community as a whole needs to take an interest
- Our school system sees an increase with the drug problem
- One teacher stated our biggest change is how much our children are exposed to drug use by family

Cheyenne Albro, Pennyrile Task Force Coordinator

Topics: Rework Catilia Law, Funding – don't cut grants, Clan Lab training for officers statewide, More manpower both officers and prosecutors, Drug Court

- Meth initiative, primarily supported by law enforcement, buy equipment and training
 - Saw a need for four wheel drive vehicles for remote areas, we have supplied equipment, etc through Federal Government assistance
 - Cleanup cost for meth is a tremendous cost in 1999 we spent \$120,000 for cleanup
 - Cooperation with DEA and KSP has helped with cost
 - We have concentrated so much on meth that we have overloaded our jails
 - We concentrate on our greatest evil, does not mean that other problems have gone away
 - We do not need to see any drop with current grants that are available
 - We need a mix of prevention and education
 - Need education in each grade
 - Would be tremendous to have Statewide Clan Lab Training available, much needed and deserving
 - Starting to see them make their own anhydrous ammonia, also seeing black market to Eastern Kentucky
 - Locks would help, fencing would help, educating farmers would help
- Question – Other than money, what is the number one tool needed to combat this problem.
- Primarily funding, cooperation with agencies (which has increased)
 - Need training, better resources for judicial system and drug court, also look for other programs
 - Still seeing California dope, comes through the mail

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- We deal primarily with “mom and pop” labs, one out of ten will be a larger lab
- Not seeing illegal immigrants as a great factor
- Street level drug cases do cross the State line
- Some come out of state to steal anhydrous ammonia
- Will start seeing more meth kids in our schools
- Will see great burden on healthcare due to meth complications

Coleman Dixon, Eddyville Police Department, SRO Lyon Co. High School

Topics: Prescription Drugs, Teachers in denial, Resources to educate teachers, Need backing from juvenile court, Stricter juvenile laws

- Increase in prescription drug problem in school, more difficult to locate and recognize
- 50% of our teachers say there is not a drug problem in Lyon Co. Schools, I find this surprising, we did 25 arrest last year
- Need resources to educate the teachers and administration as to what to look for, this may help bridge law enforcement and education
- Need to stop early age use – won’t be adults using
- Don’t get backing from juvenile court for juvenile dealers, they slap them on the back of the hand and send them back
- My chief arrested a high school student twice for selling “coke” to a second grader, nothing happened to seller
- I have an open door policy with students
- Better educate teachers - will help better educate community
- Respect for officers has declined – if you get on their level you earn respect
- Why can’t we put Sudafed behind the counters

Anna Caryl Guffey, Field Representative for Senator Jim Bunning

Topics: Federal Funding, Drug related inflation, Drain on community

- Meth drains our small communities both socially and economically
- Drug Court and incarceration cost are accelerating as well as health and dental cost
- Law enforcement cost are rising due to cleanup
 - Huge drain on our community
 - We continue to ask for federal funding

Linda Schumann, Crittenden County Tomorrow

Topics: More officers and better technology for them, More funding for rural communities, Easier grant writing, Monitor Medicaid applicants, Curfew and random drug test for juveniles, Drug test High School Athletes, Get drug test kits to parents

- Please see attachment for her statement

Walter Shamgle, Community on Religion and Racism

Topics: Treatment Needed, Incarceration

- America has a drug abuse problem
- I don’t believe incarceration is the answer

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- Those addicted need treatment
- 20 – 25% of Americans have used illegal substances
- Problem is too big for criminal justice system to handle alone

Jim Adams, District Judge

Topics: Drug Court, Treatment, DUI Court, Tweak DUI Laws

- Drug court is one solution
- We have amazing success stories from both adult and juvenile drug court
- Only way to break the cycle – drug court and treatment, to become a responsible worker, to become a tax payer no longer a tax taker
- Some states have DUI Court – good for chronic users
- Need to tweak laws a little bit in order to utilize DUI court

Gerald Barnett, Elkton Police Department

Topics: Clean up jails, Teachers don't want help

- We need School Resource Officers in Todd County, our educators don't want one

Rick Boling, Commonwealth Attorney

Topics: Drug Court is needed in every county, Long term treatment, More officers, Federal Funding

- Law enforcement in Hopkinsville does an excellent job
- We have a good working relationship
- Drug Court really does work – I was the biggest advocate against it but have seen great results, it really works
- Hope Drug Court keeps growing, need in all counties
- Can not send someone to 28 day treatment and think they can make it, Need long term treatment program
- Local agencies can not afford to make buys that would make a federal case
- Large back logs
- Need more officers for drug task force
- If you want treatment, drug court is for you

Norma Chapman, Community Health Nurse

Topics: Drug use in jails

- Using drugs in jail as well as on the streets
- Take all the money being spent on incarceration and treatment, How much education would that buy?
- There are still issues we are not looking at – if they are going to do the same thing in jail that they are going to do on the street

Sgt. T. Davis, Madisonville Police Department

Topic: First Responder Training

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- The first time I responded to a meth lab cleanup I opened a jar to close to my face, I shut down for a few minutes
 - Tell your parents it is much easier to talk to police officers than to speak to morticians
 - Need funding for first responders training (for meth labs)
- Question by panel – What actions can we take to limit availability to anhydrous?
- Increase insurance on tanks, a slow leaker killed an infant
 - Notify retailers of civil suits against slow leaking tanks
 - If you know the risk and disregard it you are liable

Ed White, Drug Court Judge

Topics: Drug Court, Video System to officers, Funding, More Probation Officers

- Drug Court is alive and well
- Graduates become responsible citizens, they keep jobs, pay taxes, pay child support
- Have seen some graduates become drug counselors
- Only two paid drug court workers, others volunteer time
- We need money – Mental Health facilities need money
- Please give us more probation officers, especially if we are not going to send them to institutions
- People who commit a crime need to go to the penitentiary
- Case load has double with cocaine and meth
- Need to use link from KSP to court system to help them cover cost for officers to travel to court
- Get video system to officers to video buys, these work well in courtrooms

Charles Orange, Commonwealth Attorney

Topics: Education, Security System for anhydrous tanks, Update education programs

- The drug problem is breaking small counties
 - We have people from Georgia, Alabama, Tennessee, Louisville and Somerset coming here to steal anhydrous ammonia
 - One thief totaled a police car trying to escape
 - We need to try to stop theft at manufacturing level, Ammonia security alert system is available to put on fences that will alert guards that someone is trying to get in
 - Some companies are coming up with locks for portable anhydrous ammonia tanks
 - Have read that this works well in Iowa
 - Prevention of theft of anhydrous is needed
 - We do encourage first time offenders to seek treatment
 - SAP system need to be improved
 - Program called “Tony Rice” in Tennessee is one that we use
 - Teen Challenge program really works well
 - Need a more even distribution of Commonwealth Attorney’s across the state, some of these attorney’s cover as many as four counties
- Question from panel – Do you have a relationship with supply stores that you feel you could get them to put these locks on the tanks?

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- Need legislative assistance or local ordinance to encourage this. This would curtail the meth production. They need to be encouraged to use these locks

Comment from Sgt. T. Davis – are you going to put the same restrictions on farmers? Our guys are going out stealing from our farmers in their fields. Would also take regulations on farmers. No way to monitor how much is being used in the field and how much is being stolen. Most farmers try to empty the tank before the sun goes down.

Kent Knight, Todd County Judge

Topic: Educate and rehabilitate convicts

- Need help to control this, we are looking to possibly expand our jail
- They come from all over to steal from us
- Each county is going to have to try to keep up with their people in jail
- While they are in jail educate them and rehabilitate them
- Don't know how well the locks would work, possibly use fence with low voltage

**Kentucky Drug Summit Assessment
Public Input Meeting #10
Owensboro, Kentucky - March 30, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Dr. Rice Leach, Libby Mills, Ronsonlyn Clark, Tom Foster, Karyn Hascal, Ernie Lewis, David Sallengs, Rob Sexton

Support Staff Present: Sharon Davis and Brenda Tousignant

Approximate Number of People in Attendance: 55

Number of Speakers: 31

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Sandra Watts, D. G. Mawn, Brigitte Stacy, David Cole, Milton Galanos, Joe O'Nan, John Rees, Ron Bishop, James Ritchie, James Kemper, Jr.

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Support Staff Present: Helen Koger and Jane Carrier

Approximate Number of People in Attendance: 40

Number of Speakers: 20

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Cleve Gambill, Greg Howard, Steve Collins, Mark Miller, David James, Jim Acquisto, Connie Payne, Gary Oetjen, Tony King, Rodney Brewer, Norman Arflack, Keith Cain, Russ Kegel, Van Ingram,

Support Staff Present: Janice Earnest and Pam Smallwood

Approximate Number of People in Attendance: 45-50

Number of Speakers: 14

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Owensboro, Kentucky - March 30, 2004**

Members Present: Dr. Rice Leach, Libby Mills, Ronsonlyn Clark, Tom Foster, Karyn Hascal, Ernie Lewis, David Sallengs, Rob Sexton

Support Staff: Sharon Davis and Brenda Tousignant

Karyn Hascal opened the meeting at **1:40 p.m.** by introducing the panel members and invited the first of **31** speakers to offer comments and concerns. There were approximately **55** people in attendance and **32** different topics were discussed. The meeting concluded shortly after **5:00 p.m.**

Public Input:

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Bud Boarman, Private Citizen

- No comments, just wanted to hear what is being done about the drug situation

RonSonlyn Carter, River Valley Behavioral Health

Topics: Treatment in Prisons, Funding, Continuum of Care, Gender Specific

- Addiction is a public health issue
- Addiction is a disease
- Suggest: Expanded area treatment, 24/48 day treatments are not enough especially for Methamphetamine users
- Funding has not increased in 10 years – no meth or oxy ten years ago
- Shift in money from Criminal Justice to Treatment
- Most prisoners are non-violent drug offenses; would be much better served if they were in drug court
- Look at mandatory sentences
- Look at what happens when a person gets in the CJ system, need treatment up front
- Need more treatment while in prisons
- Need more staff
- Need long-care treatment program to win the war against Meth
- Need a 30-day cooling off period (eat and sleep) before starting treatment
- Treatment needs to be gender specific
- Need continuum of care
- Challenge local colleges to have a major or emphasis in basic addiction education; Masters programs do not have a lot of classes in addiction

Brandy Laslie, Private Citizen

Topic: Personal Story

- Personal story about sister battling crank; losing son; no insurance; no medical card; doesn't have any money to finance treatment; has hit bottom; keeps going back to the same "friends" when trying to get off crank

Dennis Carpenter, River Valley Behavioral Health

Topics: Funding, Training, Public Awareness

- Lack of funding
- Lack of respect in the public's image
- Other diseases get more recognition and funding
- Public wants to sweep problems under the rug
- Need more specific training
- Quit the lip service and start doing some action

Hazel Frazie, River Valley Behavioral Health

Topics: Employment, Funding

- Clients cannot find employment after treatment
- Clients need a way to support their families – will go back to drugs

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- Employers not willing to take the risk
- City of Owensboro finds money for river walk but not for long-term treatment

Lee Magleaner – GRCC, Therapeutic Community

Topics: Facilities, Prisoner Treatment, Staffing

- 954 bed green river facility – 2 counselors for 50 clients – must schedule bathroom breaks for counselors
- Treatment affects family (6-9 months)
- 17,000 in prisons, majority in there on drug-related charges
- Tried education to death
- Education, skills, and an attitude change
- 99% repeat addicts
- Few type 1 addicts (takes first time) – most type 2 (takes several treatment programs)
- Have a captured audience and can do treatment for a long period of time
- Who is taking care of the families while they are in treatment or prison
- Need help with counselor/patient ratio
- Lots of relapse
- Need a 30-40 bed hospital
- 3rd largest city in the state
- People cannot pay

Pam Stafford – River Valley Behavioral Health

Topic: Early Intervention/Zero Tolerance Program

- Early Intervention/Zero tolerance program – 2000
- Survey results show attitude as well as behavioral changes
- Improves lives verified through personal stories
- Program works and need to remain as a resource

Diane McFarling – River Valley Behavioral Health

Topics: Early Intervention/Zero Tolerance Program, Youth

- Early Intervention Zero Tolerance Program
- Important for youth to identify groups or people they need to associate with
- Significant changes in drug abuse
- Improve communications with parents
- Intervention before they get into criminal justice system
- Hope to influence kids to prevention side in order to impact the treatment side

Terry Stinson – River Valley Behavioral Health

Topic: Veterans

- Drug Abuse hits all socio/economical persons
- Veterans (combat and non-combat) 11,900 vets in Owensboro
- 5 million spent on housing/education
- Alcohol is drug of choice

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- Lack of local treatment facilities
- VA in Louisville, Marion, ill and Nashville, TN
- Veterans are a different culture
- Drinking at a cheap rate at local VA clubs

Linda Welsh – Oasis

Topics: Domestic Violence, Children, Funding

- Spouse abuse shelter and provides drug and alcohol treatment – 7 county area
- Domestic violence associated with substance abuse
- Increase in prescription drugs, alcohol, and meth
- Children are affected through substance abuse and domestic violence
- Increase in divorce rate
- Children having problem with school and violence
- Women look at the right kind of treatment to serve their and their families needs
- Long term treatment is the best
- Long term affects on women, children, and partners
- Need more money
- Need to expand services in the community
- Trying to find funding to meet the community's needs

Diana Rummage – Oasis

Topics: Family Treatment, Funding, Children

- Addiction is a family illness
- Children are the forgotten victims
- Need to spend money and get more funding
- Older siblings taking on the parental role
- Children held back in school because they can't get home support
- 3 year olds providing food for selves
- Positive parenting skills needed for mothers
- Children know a lot about drugs and alcohol, but don't get a lot of education
- Most important thing to give a child is a productive parent

Gloria Jones – Oasis

Topics: Holistic Treatment, 12-Step

- Residential setting for 10 yrs
- Women need safe, structured environment
- Incarceration for non-violent crimes not effective
- Long-term, 12-step, holistic treatment needed

Brenda Jones – Oasis

Topics: Long-term Treatment, Family

- Since 1996
- Associate with lots of people present at drug summit

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- Keep “long-term” in vocabulary
- Long-term treatment a must for meth treatment
- Believe addicts have an illness that deserves same treatment as people with long-term illnesses such as cancer, diabetes, etc.
- Want a safe, sober and self-sufficient family system

Dave Matthews – New Horizons

Topics: Long-term Treatment, Funding, Employment

- 9-12 month program
- Drug addicts in every line of work
- Affects everyone and affects our tax dollars
- 3rd largest city in state but have very poor resources for drug treatment
- Need funding to treat indigent people
- Need long-term care
- Traffickers need to go to prison
- Employ felons and they work harder and are more dependable because they are thrilled to have a job and a second chance
- Alcoholics and addicts are the best cons in the world
- Need immediate treatment, can't wait
- A person will not get help until they are ready

Rosemary Lawson – Boulware Mission

Topics: Funding, Facilities

- 83 years in community
- Sheltering company for homeless men
- Small population of women and children disease not socially accepted
- Collaborate with area substance abuse services
- Private donations with very little monetary public money
- Excellent treatment services in the area but they are not able to receive funding
- Provide everything for clients with little public dollars
- Small staff (8), 6 are former clients, 3 have felony records
- Sobriety is a process, some folks must reach the bottom before they realize there is another way to live
- Focus on entire human being
- 75 in attendance at AA meeting on Friday night
- Need awareness, facilities
- Turned away 1200+ in 2003 (sent them to Henderson, Evansville, Bowling Green)

Roger Stacy – Community Solutions

Topics: Funding, Mentoring, Faith-based

- Thanks Gov and Lt. Gov for coming to Owensboro today
- 33 yr old son is a recovering alcoholic – know the disease
- The war of drugs will not be won at the state or federal level but on the local level

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- There are programs in Owensboro that work
- These programs run on shoestring budgets
- Take back to Frankfort look beyond what was done before and the bureaucracy and know that the success will be the local agencies
- People need to come to Owensboro and see what is happening with the programs here
- Mentoring is key give the funding to programs that have positive results
- Owensboro has their act together but needs more funds
- Faith-based initiatives are great

Sister Eula Johnson – Boulware Mission

Topic: 12-Step

- Know what substance abuse has done to individuals, families and communities
- Impacted law enforcement and education
- Boulware offers structure, life skills, support, accountability, safety
- Clients experiences tough love balanced with compassion
- Have seen the same people that she sees in court
- All persons deserve a chance and an opportunity to be treated with dignity
- Miracles happen because of the 12-step program

Teresa Henry – Dept of Juvenile Justice

Topics: Juvenile Addiction, Funding, Staffing

- Certified drug and alcohol counselor
- Long-standing family history who are at risk to develop addictions
- Kids already in trouble with law and are on probation
- Fortunate to be able to work with local treatment programs and facilities
- Prevention and education is vital in preventing juvenile addiction
- Most kids are adolescents and are on the average 9 years of age
- Has seen a 5 year old who has an addiction
- Inhalants, meth, hallucinogens, inhalants
- Need more staff, counselors and treatment options
- Need a strong family component treatment option
- Have to send kids to Bowling Green for treatment
- Kids are trafficking and stealing from each other
- Dealing to feed their habit
- Learning to cook crank
- Need more professionals certified in out-treatment
- Need a 12-step, self-help program for kids
- Need a social setting for teenage addicts

Beck Hagan – Director of Oasis

Topics: Gender Specific Treatment, Educational Services,

- 1994 year long survey of clients – women, victims of DV
- Need gender specific treatment

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- Need child care
- Clients do not want to let state have kids
- Need healthcare
- Want it in Owensboro
- Need educational services but not in public forum
- Need support
- Empowerment
- Addicts cannot take confrontation
- Don't treat one size fits all, needs a phased program
- Dealing with untreated childhood problems such as sexual abuse, domestic violence, depression and addiction
- Want a long-term program
- Need Holistic treatment
- Need different types of treatment to keep up with different types of addictions
- It takes about 31 sources to keep Oasis going
- Need funding
- Bureaucracies do not serve people

Sandra Hepler – Lighthouse Counseling Services

- Has worked when there was lots of funding; now it is different
- Need a place to refer clients based on the level of care that they need
- Must come to Owensboro to find in-patient program and will have to wait about 3 months
- Intensive out-patient program works
- Family is an important part of treatment
- No funding for intensive out-patient
- Master level counselors at associate degree level salary
- Working with juveniles at a local school
- Must treat the whole family
- Need community funding
- Need more treatment for juveniles that treats their whole family

Jeff Nelson – GRCC, Therapeutic Community

- The Department of Corrections is broke and running on skeleton crews
- Do not have enough officers
- You don't want addicts on the street manufacturing meth and using firearms in the neighborhoods
- Addicts are not going to buy the program from anyone unless the counselor has experienced addiction
- All the degrees in the world cannot help an addict
- They are not going to be willing to change unless they hit bottom

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- 69% success rate for persons a year out (clients are restricted and segregated from the rest of the population and some got to transition centers, don't necessarily go home, tracked by parole system)
- In treatment for 6 months with 3 month pretreatment
- Our whole state is in a budget problem
- Western KY does not have in-patient treatment facilities because of insurance companies

Linda Roberts – Mission Manager at Boulware Mission

- Not in job for the money, care for people
- Most successful programs are multi-discipline
- Biggest concern is the value of the person not the cost to the community, state, etc.
- Abuse is out of control because family members have hidden the addiction problems
- Problem because of the demise of the family unit
- Behaviors of hiding is not going away
- Family still has tendency to hide what is going on in their family unit
- We eliminate homelessness one life at a time
- Homelessness is a symptom of a bigger problem
- Boulware Mission becomes the family for the person concerned
- Believe faith-based community should be the greatest supporter
- Should be about putting families back together
- If addiction goes to the point to law enforcement then put some teeth to the laws
Providers need to set boundaries and hold to them
- Need to look at soft-love and tough-love
- Look at value of person to their family and their community
- Listen to the client
- Care about the person socially, physically, spirituality
- Attended 2-day seminar on grants for faith-based programs, impossible to complete paperwork and receive grants

Craig Watson – Office of Public Advocacy

- Funding is good but not realistic
- Need more staff training
- Short-term punishment is less expensive
- Need Drug Court
- Funding for Juvenile Justice, put the child in effective treatment programs
- AA programs not age appropriate
- Like more access to individual counseling for substance abuse issues
- Sex offenders tend to have substance abuse issues
- Treatment goals need to be met before released and need to incorporate substance abuse treatment
- Dedicated drug treatment center in YDC
- Need more treatment programs/facilities

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Jim Toler – DCBS

- Speaking for the 2 yr old who is endangered while wondering in the streets because caretaker is overdosed in house
- Speaking for the elderly who has possessions stolen while they are being visited by a family member
- Innocent people injured/killed in automobile accidents due to someone driving under the influence
- Need to collaborate services
- Need random drug testing on children's caretaker
- Targeted Assessment Project in the region
- Need affordable and accessible treatment services
- Need quick access to services
- Support drugs and family courts – proves to be effective
- Need holistic assessment and treatment approach
- This community known for ability to collaborate
- 327 children in out-home care

Tim Allman, Counselor

- 135 female bed community facility
- Help them fit back into society
- River Valley does a fantastic job – 37.5 - 40% come back into treatment

Cindy Lyons – Office of Public Advocacy

- 85-90% of clients have some sort of substance abuse problem
- Untreated mental illness – need more treatment to prevent substance abuse
- Inmates at Daviess County Jail call her all day long because they have nothing to do
- Inmates have not received any positive reinforcement while growing up
- Educate/Treat inmates while they are incarcerated
- Jailer is starting a garden for them to work in while in jail
- Jailer trying to get a rehab program

Janet Messer – Lighthouse Counseling Services

- Service 7 counties
- Offender treatment
- Holistic treatment approach
- Work with juvenile and adult sex offenders
- 1-3 year treatment for sex offenders
- A lot of good work for sex offenders could be used for substance abusers
- Need systematic collaboration for treatment with schools, private and governmental agencies
- Make offenders responsible and accountable

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Suzanne Craig, Lighthouse Counseling

- Case Manager KY Impact Program
- Parent is ready for treatment but can't find immediate care – sometimes a 60-day wait
- Lack of funding
- Watches families fall apart while waiting for a treatment bed
- Master's degree people don't want to go into drug/substance abuse because of salary
- Need to pay people what they are worth

Tura McLaherne – Daviess County Public Schools, Certified Substance Abuse Counselor

- Need inpatient and outpatient treatment facilities for youth
- Need money for law enforcement to take care of problems locally
- No consequences for youth for their actions
- Need to educate people to do prevention
- Have a prescription drug problem here
- Doctors prescribing kids Xanax
- Medical field needs education on prescribing drugs for youth and adults
- Need Juvenile Drug Court
- Parents using drugs and alcohol with their children

Laura Morris, Private Citizen

- Family history of addiction
- Need a juvenile treatment facility
- Honored to be in company of people who dedicate their lives to helping people
- Drug Court is needed
- Excellent local facilities
- Give Boulware Center a grant
- Drug treatment for those who are incarcerated
- 24 beds ready in jail for treatment but need funding
- Costing city \$1.5 million
- Daviess County extremely rural, not enough good jobs, unemployment, uneducated, Meth is cheap to make
- We want to help ourselves
- Daviess County/Owensboro has a coalition

Bob Darling, President, Community Solutions

- Would like a study on meth use

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**Prevention/Education Panel
Public Input Meeting
Owensboro, Kentucky - March 30, 2004**

Members Present: Sandra Watts, D. G. Mawn, Brigette Stacy, David Cole, Milton Galanos, Joe O’Nan, John Rees, Ron Bishop, James Ritchie, James Kemper, Jr.

Support Staff: Jane Carrier and Helen Koger

Sandra Watts, Alcoholic Beverage Control, chaired the meeting. To open the meeting Ms. Watts introduced the panel members and invited the first of 20 speakers to offer comments and concerns. Approximately 40 people in attendance and 39 different topics were discussed. The session concluded at 5:00 PM.

Public Input

Don Crasell, GRDHD- Tobacco, Department Coordinator

Topics: Tobacco, Usages of Tobacco, Education, Tobacco Money

- Tobacco is no 1 killer, medicate expensive, don’t push tobacco out
- KY spent tobacco money as supposed to –farmers develop crops, new day
- Culture, history in Kentucky, but need to face facts, tobacco money maker, encourage other uses
- Not against farmers, lessen burden
- Tobacco rates usage decreased, funds decreased
- Keep focus, keep pressure on
- Making progress not going up and not going down
- Smokeless tobacco not going down
- Need to involve parents in prevention 5% parents thought it was their job to tell kids not to smoke
- Make parents involved and accountable
- Science based, research based
- When students use tobacco in school, require that they be involved in special programs
- Don’t forget us
- Other uses? Vaccines, March Scale Biology
- Used Tobacco Settlement money and used it wisely
- Price is number 1 for prevention—raise excise tax on tobacco, especially smokeless tobacco
- Put more emphasis on spit tobacco
- Tobacco is gateway drug to all drugs
- Kids will listen to parents—have parents tell kids not to smoke

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- Kids stealing cigarettes, statistics on that?
- Small percentage of tobacco money going to educate children
- Find ways to get parents involved in problems of usage of tobacco
- Provide curriculums on research and science about these usages

Laura Morris, "Acleon Team One"/Pride

Topics: Tobacco money, Prevention, Education, Prescription Drugs, Attitudes and Behaviors, Strategies and Tobacco Issues

- Blood money from alcohol 20% goes to education
- What to do to prevent, raise price and discourage teens up to 18 years
- Raise excise tax to help with prevention
- Educating parents and youth
- We are sacrificing our children
- Has drugs moved to other areas
- 10 million less users than 1979 in US
- Prescription drugs use in US
- Take pill for weight loss, and solving problems
- Problem with all genders, not just males
- Change attitude, change behaviors
- Not enough emphasis put on tobacco
- Kids listen to parents, must educate and reach the parent
- Develop other strategies
- Don't forget tobacco issues
- Parents both working and kids are home alone
- Legalization is not solution
- How do we reduce effect, then eliminate it
- Do drug evaluation in jails
- Illiteracy is a problem in jails.
- Give felons hope and encouragement.
- Not enough reinforcement done in high school on DARE
- Look for loop holes in the system

Allen Greg, Boulevard Mission, President of Homeless Program

Topics: Homeless Shelters , Mental Health, Alcohol and Drugs Addiction, Salvation Army,

- Deal ever day with homeless, 60-80 % addiction
- Mental Health resources under funded
- Going to psychologist, getting a prescription to take the edge off
- Being over medicated and taking more than they should
- Working with medical and spiritual side of problem and working thru these issues
- Recovery is not a high success rate
- Spend 5 minutes with psychologist then 1 hour therapist

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- Overuse of drugs
- Deal with addiction and whole person
- Programs must get to the bottom of issues
- Must work with mental and spiritual part of person
- Alcohol and drugs are great solvents—will get rid of things
- Not enough resources for all areas of recovery
- Going to homeless shelters and then dealing with addiction
- Salvation Army helps with problem.
- The whole person needs to be addressed
- Create solutions where person can be healed
- People are disconnected –look for a connection, cell phones, answering machines so we never have to talk to people
- Must address painful situations
- Money not always the reason for the need to help, you have to be able to love to help with peoples needs

Steve Winkler, Boys and Girls clubs of Owensboro

Topics: State Lobbyist, Smart Moves, Curriculums, Teaching and Education, Drugs and Prescriptions in School, Programs and Funding, Parent and community participation

- KY alliance to look at substance abuse and programs for kids
- Lobby for state funding call “smart moves”
- Putting programs in every school
- Program deals ages 6-9 yrs, 10-12 years and 12-14
- Curriculum is age appropriate
- Used tobacco settlement money teaching 3000 kids this year
- Train teachers and counselors
- Smart moves teach subjects on alcohol, sexual involvement
- Work with parents on Methamphetamine issues
- Kids are bringing drugs and prescription drugs to school
- Kids are sniffing cans, markers
- Age 6 to 14 years
- Pre-test, Post-test of children
- Desire for parents to get together once month to talk about curfew, educate parents, send letters home to parents by kids at school
- Provide meals, baby sitting services, whatever it take to reach parents
- Promoting and advertise program
- Principals and administrators must promote programs
- Evaluations are done on students and sent back to state department
- Success measurement?
- 30,000 from state, title 4 funding from schools, 4-5 sources funding not just state but local as well through partnerships

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- Seven locations with smart-parents in county and averaging 50-60 parents attending each night
- Educate children in all facts of drugs, don't be selective
- Parent and community participation in programs are different
- Putting money back into the programs and not just taking it away
- There are different sources funding programs
- Need an increase in parent and school participation
- Reviewing programs and seeing where you need to go
- Implement KIP survey

Judge Tom Castlen, Circuit Judge, Owensboro

Topic: Law Enforcement, Educating Felons, GED's and jobs

- Circuit judge for 9-10 years
- Over past 19 years in law enforcement
- Sentenced over 1000 cases
- Ask felons how much education and where employed, not a large percentage where educated or employed
- 40% of inmates do not have GEDs
- All felons must have job to graduate from drug court
- Most are not one time offenders
- They must agree to get GED to probate
- This needs to be made mandatory
- Must have GED to get a decent job
- This would have a positive affect on their lives and made them proud to have a job
- Consequences are strongly encourages in the court systems

Richard Brown, Dept of Corrections

Topics: Education in Black Communities, Federal Funding, Band Aids, Curriculum

- Education with reference on black community
- 7% black population
- People with jobs, monitor federal funding in black communities
- There is a major need for education in black communities
- What are you doing in low income black community
- Band aids in the black communities
- Making education the same for all races
- Curriculum in school for each class needs to be part of grade system from grade 1 on up
- Have in house suspension programs.
- Students has to be responsible for their behavior

Cindy Lyons, Office of Public Advocacy

Topic: Drug problems, Stealing for drugs, Over and self medicating, TV and Drugs, Drug Court, Punishment and Consequences

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- 85-90 % have drug problem, stealing money
- Not getting help needed in jails, need more rehab
- Self medicating
- Tobacco, daughter busted--if school had program for parent and student attend class before returned to school
- TV glamorizing drug abuse, kids watch too much
- Parent not being at home
- Have programs for both the parent and kids
- Teaching them right from wrong and about being suspended
- Making the child and parent responsible for their actions
- Drug Court teaches for ever mistake, there is a consequences
- Educators have responsibility
- Policies are now being reviewed to change—make the punishment fit the crime
- Punishment will not be 3 days watching TV
- No one thing to solution
- Need more employees
- In-house suspension
- Must be consequence for behaviors

Gary Hall, River Valley Behavioral Health Regional Prevention Center, Senior Director

Topics: Organizations, merits and measures, Grants, Partnerships, ASAP, KIP, MADD, school violence, Guidelines and Strategies

- Benefited by many organizations working together in KY, IN, IL
- Prevention grow to emerge as a professional field
- Merits and measures to use service and people in their efforts
- Region 3 highest saturated rate per capita, science based
- Positive things are substance about in curriculum and increasing this every year and expanding other services
- Hope and Together We Care—grants
- Received partnership grants
- ASAP 7 counties will have program in April
- April 22 Hancock will receive designation
- KIP student use survey, accesses use and non use
- Addressing school violence
- \$131,000 to almost doubled in funding
- Required to have a Masters Degree
- Partner with small and large corps also churches
- Concerns and complaints on the war on drugs
- Local papers cause us to fell we're losing the war on drugs
- Invest in children at an early age and thru high school
- Transportation—war on potholes
- Let's find what is effective in working with drug problems.

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- Having the disease but not the cure, but a treatment
- Maybe medical cure for additions, but until then, we have things that will work
- Education, changing community norms through strategies-Mothers against drunk drivers
- Pennies on the dollar, prevention is cheap compared to incarceration—it is cost effective
- Identify trends on how they affect areas, going up and down
- Achilles heals of programs not being used.
- Need for parenting education
- Train the trainers
- KIP survey
- Staff of 4 people
- Changing community norms? Just say No rallies, Champions, Education,
- More knowledge is know after training
- Having better guide lines and using them
- Churches need to have guidelines at receptions
- Individual and environmental strategies

Bob Darling, Communities Solutions for Substance Abuse

Topics: Education, Local Officials, Seriousness of Problem, Working Together, Being in denial

- Education—ordnance is a model for state
- Local elected officials that change ever 2-4 years, not aware of what is going on in their community
- Every community has problems
- Educating our local officials when they enter office
- Don't know seriousness or scope of problem
- Frankfort should monitor education and provide this training
- Needs to be an on going process that keeps officials updated
- Frankfort and communities need to work together on drug problems
- Create training for officials for 2-4 hours, by video
- Being in denial that there is a problem
- Work through local officials

Kathy Campbell

Topics: Neighborhood programs, Drug problems and treatments, Education, drug addicts and drug courts

- Neighborhood watch programs
- Having drug problems in a family
- Brother—7 rehab treatments none of them helped
- He began more angry and frustrated than ever
- Support program helped, had brother arrested, got in drug court
- Drug Court helped self esteem of family member also provided education to family so they could know how to deal with brother and what your up against
- Rehab does not have a long term effect

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- Keeping someone in rehab until they graduate from program
- Structured, must go to drug court every week
- Family members being involved in program and educated about the affect of drugs and alcohol
- Drug addicts being responsible for own actions
- Drug Court required to get help or go to jail—a consequence if any
- Being enablers to the problems

Lt David Thompson, Owensboro Police Department

Topic: Family support

- Need family support
- Family being involved and being there in progress

Debbie Johnson, Community Solutions for Substance Abuse

Topics: Time and Money, Local and State Support, Partnerships, Funding, Surveys

- Takes time and dollars –prevention and accountability
- Asking for re-structuring on community and state level—working together
- Have been forming partnerships—sheriff, PD
- Coalition is very effective
- Accountability forming relations to get in school doors for surveys
- Hold school systems accountable, don't cut peoples funding
- Dept of Public Health – increase support and recognize the importance of system
- Look at it in terms of process, then work together, needs, resources
- Household Surveys and KIP Surveys
- We need help from Frankfort, but also involve community, a reciprocal relationship
- Must have financial help
- Don't cut funding
- Substance abuse being hit hard on funding, money being held on programs in Frankfort
- Jailer has helped for help with partners, hold communities accountable
- We are willing to do our work, but we need your help

James Robinson, Ohio County, Together We Care, Ohio County Schools, Parent of 3

Topics: Drug in the school, Grants, Mentoring, Take responsibility, Be simple and have passion

- Ohio County
- Received KIP grant
- Smart Moves, great process
- Give parent everything they want to get them involved
- Drugs are the same everywhere
- Tell students what the Red flags in elementary school

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- Prevention does not have to be complicated
- No one thing to do to reduce drugs, it is comprehensive
- Ohio Co. has received 3 national awards
- Believe in
- 5 development stages
- Give something that makes sense
- Be a mentor, help kids at school 1 hour per week
- Let every buy into the program
- Used research based data
- Don't blame and do claim responsibility
- Kids lead meetings
- Developed own mentor program
- Employers having "Time off with pay" works effectively
- Un-complicate the system
- KIP, Project Northland, PCP, Champion
- Don't confuse local people with language
- Behavior needs to change
- Simple is as simple does
- Jesus had a good message, be simple
- Give passion to the people
- "Care About the Kid"
- Must have the passion, share the story

Pat Hammock, Webster County CE ASAP Liaison

Topics: ASAP, DARE, Just Say No, Delta, Drugs Crossing Boundaries, Passion, Drugs & Tobacco

- Don't stop ASAP funding
- Getting parents to show up
- KY ASAP helping kids to know what is about
- Having passion and being sensitive to tobacco
- Drugs are not the same
- DARE, Just Say No Programs
- Terrified of Methamphetamine, not the same as tobacco
- Working together as group
- Celebrate the victories, it is contagious
- Percentage of inmates in jail due to drugs and alcohol—100%
- Drugs cross boundaries
- Taking God out of everything
- Delta project health related aid counties under insured populations

Sally Washburn, Coordinator for Family Resource Center Muienburg Co. Families and Children

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Topics: KERA, Friskies, Character Counts, School programs, Funding

- Dept of Education, fully funded, 774 centers in elementary schools
- KERA—Friskies. Parent link to school—families resource centers
- Passion for kids
- We remove any barrier to learning
- Have mentoring programs, anti-smoking programs
- Goal of Friskies—work with parents
- Curriculum based programs in school
- State leave monies alone for funding programs
- Have left God out of everything
- Do not blend monies with different programs
- Don't want funds blended and leave funding as is, would impair activities
- "Character Counts" Education is a basis that can help with all problems—can teach trustworthiness, honesty
- Family Resource Centers provide food, clothing medical etc

John Kazlauskas, Chief of Police in Owensboro

Topics: Cost to community, large number of officers assigned to drugs, Drugs in the school, Parents responsibility, Training, Facilities

- Owensboro has more officers assigned to drugs than any other police force –tremendous drain on resources
- Costing communities much
- Where does education start?
- Drug problems are community problems, not just law enforcement
- School, family and church is gone
- Parent being friends and not parents
- Expect school to teach kids
- DARE program still there
- Drugs in elementary schools—marijuana and alcohol
- Put money into schools to talk about drugs, start in Kindergarten
- LE, Ed and rehab
- Police Department is only as good as its training, what do they need to look at and for
- Officers need more training in drug for officers
- Long distant training is hard on department and community
- Must send officers to Richmond to get training
- Need training facilities in western KY—have land
- Methamphetamine, cocaine, marijuana, etc, also Western KY problem

Need more education in schools and Police officers

Precursor Law, if all ingredients are not present, officer cannot make the arrest.

Earl Lowey, Lighthouse Recovery

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Topics: Mentors, Barriers, Court Systems, Alcohol and Addiction, Grandparents Raising children

- Mentors Program
- Have 12 step program recovery program, not professional, not accredited, but effective
- Safe House
- Barriers, need guidelines, checklist
- \$50,000
- Bringing people from court systems in lieu of jail, 6-12 months
- Financial needs insignificant
- Blocked in many areas—need a board to oversight that works with court systems to work with addicts without defending selves because do not have licensed people.
- We are highly regarded on local level, would like to see laws changed to allow this
- Don't know all but they know what to tell doctors to get prescription drugs
- Hold them accountable, not doing harm to these people, drug test required to do 12 step program
- Respectability and credit
- 26 years of alcohol addiction has desire to help others
- Not professionals so Alcohol and Drug Abuse said
- Program endorsed by Davies Co. Court system
- About 300 similar programs in state (Peer counselor)
- Would accept funding
- Objective is to serve indigent people
- Problems start in the home
- 52% children being raised by grandparents in county
- Parents give up parental rights to children in order not to attend drug rehab
- Keep program simple not use all the money for administrators

Sandy Rich, Lighthouse

Topics: Courts, Drugs and Families

- Keeping it small and simple, it has blown up to something big
- Have to many referrals from court
- 3rd and 4th generations with problems
- Drugs more important than family
- It was bigger than we expected

Bridget Wilson, Lighthouse

Topics: Home and School, Drugs, Foster homes

- Problems start at home, not at school
- Kids are learning at home about drugs, not at school
- Kids go to foster home because they have not where else to go
- Don't give up on them, give them help

Gary Ball

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Drugs are a struggle, but it's worth the effort, so we don't become like other countries, where they don't take care of their children

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Owensboro, Kentucky - March 30, 2004**

Members Present: Detective Russell Kegel, Steve Collins, Sheriff Keith Cain, Norman Arflack, Rodney Brewer, Tony King, Gary Oetjen, Connie M. Payne, Jim Acquisto, David James, Mark Miller, Van Ingram, Greg Howard, Cleve Gambil,

Support Staff: Pam Smallwood and Janice Earnest

PUBLIC INPUT:

Charlotte Martin

Topic: Abandoned Children

(Holding a baby in her arms)

- **This baby's mother is in LaGrange (crank)**
- **She had a 5 & 7 yr. old removed.**
- **Went to prison, had a 3 yr.old. then went back to prison and had this baby.**
- **Will be out in 2 months: Concerned because state has no idea where this baby is**
- **No one has checked up on this baby:**
- **I'm the only person in KY who is an advocate for the bereaved.**
- **Doing a video on how grief affects a person.**
- **Lost son and talked with other parents across America.**
- **When this baby is returned to his mother he will go thru grief and I will be a victim when I loose this baby.**
- **Kept another baby and then it was returned to the mother and then in 5 ½ weeks she almost tortured him to death. Then she returned the baby to me.**
- **The incarceration is not enough to stop these mothers.**

Panel Question: How did you come thru this process (getting the baby)?

Ans: Mother transferred custody to me. She knew my sister. No plan in place for this baby not to have to go thru that grief or have a transitional period.

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David Henderson, Horse Branch KY. Ohio Co.

Topic: Drug addition as a disease

- If I had a heart attack you would take me to the hospital and give me care for what I needed
- Car accident-- take me to the hospital and take care of the injuries
- If I have a mental health problem such as addiction, clinically depressed, self medicating on alcohol or drugs, I get set up in a drug sting, drag me to court, sentence me, give me a criminal record, then I can't go get a decent job because I have a record
- So I wander around, depressed, and take drugs, don't have money so I make drugs, get picked up again--revolving door
- It will cost the state thousands of dollars, cost family thousands
- All I need is hospitalization, anti anxiety medications, etc. so I can think for myself
- Need long-term therapy, need someone to care and help me
- Need hospital floors devoted to addiction
- Have to assist in recovery process
- Need law enforcement who really care; co. attorneys who really care
- Citizens need to make sure they do just that
- Need to take patients to hospital, not to a jail
- Need clean politicians to bring in companies to give us a chance at life
- Need health service jobs, community involvement, families who really care
- If you had to walk in our shoes, would you help me or round us up as cattle?

James Messer, Lighthouse Counseling, Henderson

Topic: More cooperation between law enforcement and treatment

- Attitude from some law enforcement that says treatment does no good
- You are enhancing or giving support--to abuse again
- We need law enforcement that backs up our treatment
- We want to see those pushing young people to use drugs prosecuted
- Counselors talk about when they have that oppositional youth or adult that won't respond until they meet the blunt of the law, when the judicial branch treats them with kid gloves
- At that point they needs an awakening
- Mental illness individual is not going to recover without that treatment

Panel: Your points are well taken--mentality in the past, but now is a greater awareness. That's what this summit is all about-- to try and bring these entities together. That is part of the focus of this summit to try to resolve the issue.

Jay Wethington, Commonwealth Attorney

Topic: Judicial system concerns

- Works with many law enforcement officers who know they are saving lives with incarceration
- Incarceration is a necessary element

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- Has some problems with terrible shortage in lab personnel
- My office is faced now with the outsourcing to other state labs
- Going to cost the Commonwealth \$2000 to get a lab person to testify about ----- a --- of cocaine.
- Recently waited a year on a DNA test, because of the lab shortage
- Those people are great but we don't have enough of them
- Another problem is Operation Fast Track--allows lab personnel to choose what drugs are to be tested
- They test drugs I don't have any proof on
- Recently, a bill about protecting children around Meth labs
- We don't think that is going to work--bill needs to be redrawn, make it an enhancement of the statutes we have now
- People are not spending enough time in the penitentiary--or receiving the treatment that's needed in the penitentiary

Panel Question: How do you feel about shock probation?

- A. We have a stellar education process in this county and a drug court that is the envy of many. It's a valuable tool. I believe it's being used properly with the best of their intentions. You are going to have to expect that people are going to fail and you don't need to always throw the book at them.

What's your opinion on the present law on Cotilla?

- A. The Legislature should have already taken care of that problem. It's not a judicial problem.

What do you think about mandatory sentencing?

- A. Many federal judges are frustrated with that program. Not in favor of mandatory sentencing based on a formula or grid. My office participates in Project Backfire. I use those drug guidelines as a tool myself. They have their place.

We have made such a stink about not having lab results, that now they are sending all the drug reports to my office. I don't have time to be the clearinghouse for all the reports. I have noticed some improvement.

Labs need to be talking to the law enforcement before they decide what to test.

Need to get prosecutors and law enforcement to work on that, so they don't waste those resources on a case that's already been settled.

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Panel Member: Jim Acquisto

- My opinion of the situation in Daviess County--We are in the middle of a huge Methamphetamine. Hydros ammonia is all over the place. Someone steals it every day.
- Most Meth manufacturers are abusers themselves.
- We can't seize it (?) and sell it because we don't know what's dumped on it
- One out of three we arrest has a gun.
- We have the record of most finished product seized in a county.
- The city police are working with cocaine. A huge market here in Owensboro.
- Prescription problems. We are not nearly aware in law enforcement, as we should be.
- In schools most arrest are Ritalin, -----
- We have Ecstasy here too, and marijuana, obviously,
- I worked an armed robbery where a juvenile and others broke in to steal drugs. They were using Oxycontin and crushing it and taking half of it--that can kill you.
- If we didn't have Meth initiative I don't know what we would do--Congressman Lewis' initiative--excellent enforcement program.
- Our jailer started an excellent enforcement treatment program.
- All these things need to be expanded. Our coalition needs to be supported by govt. and expanded.
- A combined agency drug task force would help a lot of problems that we have here. It would eliminate duplication of effort. But to do that we have to have funding--money for manpower, Meth lab cleanup
- Need a juvenile drug treatment in-house facility here--they have to go to Bowling Green.
- Need to continue drug court programs
- Cotillia--current house bill--I would disagree and not support it.
- Child endangerment bill--if you charge them with a Class D for manufacturing--It should be a felony for making Meth with a child present.
- There is a bill suggest to put Sudafrin behind the counter, it will slow them down
- Mandatory sentencing--if you have it you don't have to worry about it.
- DUI drugs is a major problem
- Coalition grass roots efforts are the way to go

Comment: Things that are being done in Eastern KY need to be done in Western Kentucky also.

John Kazlauskas, Chief of Owensboro Police Dept.

Topic: Education/Dare Program

- We have a big problem in Owensboro, and we're not going to shy away form it
- Our governmental leaders have addressed the problem. It is a community problem and this community is working hard to solve that problem
- It's very important that we realize why this has happened to us. Our society has changed. Gone are the days of school, church, and family
- People send kids to school and want the school to do it all.
- The DARE program has taken a hit in the last few years. We still have a DARE program in Owensboro city schools.

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- We have fallen short on education.
- We know drugs are entering our school at the grade school level. It's important that we look at this very seriously. We need to get some educators in to the school system to educate these people.
- Its important that we continue law enforcement, but have to get the education in our schools in the lower levels where it belongs.

Gary Campbell, Retired Police Officer with Owensboro PD, now works in Livermore

Topic: Geographic concerns

- Ask you to remember the rural counties
- Two-thirds of my county is in a flood plain; the largest business in my co is agriculture.
- I request you to do it on a regional basis—treatment as well as enforcement.
- We don't have a lot of the advantages that the large counties do, but we have the same problems.

Elvis Doolin, Sheriff of Ohio County

Topic: Grant money stipulations

- Thanked panel for coming down to listen to problems
- We do have our share of the problem. Have 10 full-time officers and hear a lot on the street that say you're not doing much about the problem, you catch them and just turn them loose
- We do care and are working on it day and night
- In a county like mine (rural) we need money to fight it.
- When we get grants, a big problem is when they send them they put so many regulations on it that I can't hardly use it for anything.
- Got Homeland Security money but has regulations; we can't hire people, etc.
- Who would know better how to spend it than me who is working with it?
- I'm not gung ho on incarceration. It's not working--prisons and jails are full.
- When they are sentenced there's no place for them to go for treatment.
- We need more efforts spent on building places to treat these people.
- Put them in prison, they have to parole to make room for others coming in. If you don't follow up they go right back to what they came from
- They won't be hired because they are convicted felons.
- In my co. State Police help me a lot and we have good help from city police.
- We all have to work at it and pull together to be successful

Lt. Jeff Jones, Daviess County Sheriff Dept.

Topic: Funding

- Grants: approached Congressman Ron Lewis and got a grant which was split between three agencies.
- Got money in 2001--been notified that 100,000 appropriated for -----
- Close to \$16 million has been appropriated. Here in Western KY we're fighting the Meth problems.

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- Small agencies--it will take additional funding to assist all the agencies in Western KY to fight this problem

Panel Question: What does it cost you to clean up the average Meth lab?

A. We try to keep the cost down between \$1500-\$2000--that's not the cost of the officers and equipment we use to dismantle the lab.

Question: Ball park figure of overtime, equipment

A. Last year we spent close to \$80,000 in overtime for the officers. That would include the cleanup. Some of the restrictions is the additional manpower. We can use it for overtime for existing personnel.

Chairman Cleve Gambill: Would a reward system work?

A. Historically, they have not been that successful in this area. I would be cautious--how would we gauge the big fish out there? You may create a problem for law enforcement, generating leads that go nowhere.

Panel Comment: Little fish, you have to start at the ground level. We all want that big dog, but for a lot of little rural communities, that's a pipe dream.

Audience Member: I think law enforcement generally knows the people that are dealing in their jurisdiction. It takes time, effort and dollars to get a good conviction on a major supplier. There's a lot of expertise, a lot of informer at the lower level to get the big fish. Law enforcement will continue to get the big fish.

Panel: In Covington, the most compelling story was the young lady who said I was a big dealer; I got caught because I got stupid. sold to someone I didn't know. To work a major undercover deal--you can't afford it. You have to get in the inner circle--have to buy a lot of dope from the little dealers to get that big dealer

Answer: Jim Acquisto has been active in working toward a drug task force in our county. Daviess Co. Sheriff Department and Owensboro have a good working relationship
Are there federal dollars we should be looking at? **Ans:** I think so and we continue to do that.

Panel Comment: Need additional personnel so we can make something like that happen. I'm proud of my community and we have a supply of co. officials, we just need assistance in generating funds to make that happen.

Lt. David Thompson, Owensboro Police Dept.

Topic: Funding

- It comes down to money.
- We need officers, prosecutor, chemist, for a task force.
- You're looking at \$4-500,000 a year.

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- Are we going to guarantee that grant money?
- If we hire and then the money goes away what are you going to do?
- We don't have boundaries.
- We all need to work together.
- Its not as easy as saying we need to form a task force.
- There are other things other than drugs that we have to deal with.
- Give us money and we'll make it work.
- We don't have enough manpower to deal with it.
- If we get the money and manpower we'll take care of the problem

Rob Sexton, Directing attorney for Public Defenders Office

Topic: Positive about success rates

- When I began I would characterize it as adversarial.
- In recent years, I have clients that come to me and tell me they thank God for the day they were arrested.
- The problem has become so bad and the misery drugs cause so intense, that I have more clients that would rather face the rigor of law enforcement than the way they've been living.
 - Many have told me they think you are doing the Lord's work.
 - Are people who would be facing a lifetime of social problems but have managed to break that cycle.
 - It's not just a matter of gearing up your willpower and getting off drugs, but a shift.
 - Your efforts are appreciated.

Panel Question: What's the answer? drug courts?

Answer: Drug court has been one of the most powerful programs to address this problem. It can't be the only solution. There needs to be a variety of approaches. Many people who don't qualify for drug courts have come up with another approach to the problem. Teamwork is required, cooperation between law enforcement, corrections, probation, defense attorneys. Good results can be achieved often if everybody works together.

Panel Question: Some of the most remarkable testimony we have heard is from drug courts graduates. How would you react to making persons cooperate before getting in drug court?

Answer: I don't feel fully qualified to address that question. My understanding is that -- -- advocates that informant not be allowed into drug court. You can't be an informant and be in recovery. Informants need to be around people who use drugs, participate in the drug culture. I think if we really make treatment the priority it might create a problem for law enforcement. No more powerful approach to this problem than treatment.

Panel Member: Drug Courts need more staff to graduate more persons.

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Panel discussion: If there was a pot of money that you could go to and say we need help right now?

One of our problems that KY has had with task force grants, COPS money ran out and KY was one of the preeminent states that got grants to clean up the labs. Since they got their own funding they didn't turn in their reports. Labs go underreported. Indiana has been super-reporting their labs and KY has underreported. Other states will get a bigger piece of the pie than KY.

A problem of having groups working separately is underreporting and is going to hurt us in getting federal dollars. Need a state reg. hat if you do a Meth lab you have to do this form.

Take this message back to our peers; I know the sheriffs are notorious for not doing it.

Mary Frase, Director, RCD Program

Topic: Rehabilitation process

- Went to a meeting the other day re expansion of the River Walk.
- I'd rather see some of that money go to long-term treatment.
- If a person wants to support their family legally, it's hard to get a job if they have something on their record.
- See these people having the doors shut in their faces, trying to feed their children, and we say not in my establishment I wouldn't have you work for me.
- What would we have these people do?
- I want to be their advocate.
- Meth has taken over this county; surrounding counties
- I would like to see something change along the line of honest employment of these people.
- We have to stop shutting doors.

Panel Comment: A lot of these employers in drug court counties know that those people are drug free. We've sold these employers on that—these people are drug tested.

Panel Question: Do you have people on SSI? Think the threat of losing a govt. check would have any effect?

A. I think a lot of these people would give up subsidy if they could find employment. They are hard working and determined. We can use that to our advantage.

Panel Question: How do people get in your treatment program?

Answer:

- They walk in or are court ordered.
- Family members have a big hand in getting them in—give ultimatum.
- We get a lot from drug court.

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- Some insurance companies have a hard time giving us money for drug treatment—that's a problem for people that really want it.
- The first time in treatment 15 out of 20 make it
- It's hard the first time around to get it all.
- If they've been using Meth they've really hurt themselves--emotionally, physically, memory affected, sometimes we expect miracle within a certain number of days.
- It takes a lot of humility, putting your teeth to the grindstone, I have deep admiration for those people who are willing to do that.

Panel Question:

A lot of the treatment programs, are they incorporating job skills, education, so once they free themselves of the monkey on their back can they go to employer and say I have these skills.

Answer:

- We do a lot of anger management, treatment, but in terms of reading, writing it's hard to work that into their day.
- We don't have money or staff.
- I'd like to see all the agencies in Owensboro develop a plan along that line.

Question: Those you see with Meth addiction--have you had them tell you they are just as addicted to cooking Meth?

Answer: Yes

Panel Comment:

May be a power thing. He's "the man" to all those who want it. They will brag on how good they can cook it.

Thirteen-year-old got recipe in juvenile detention. Cookers recruit juveniles to go get ingredients and pay them in Meth.

Had a girl told us she had used pretty much every drug and could lay it down. First time she used Meth she knew she was hooked. Didn't want to get out of bed if she couldn't have it.

Panel Question: Do you feel sorry for cooker?

Answer:

- The problem we encounter in KY is the cooker becomes the user.
- A good portion of these Meth labs, the cook makes a batch and uses a portion and sells the rest.
- The danger factor is the cook is a user plus the manufacturer at the same time.

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- They're under the influence most of the time they are cooking--that's why they mess up and make bad batches.

Panel Question: Any states made a dent in Meth problem?

Answer: How do you judge successful. Canada –you don't see coming across the border.

Panel Question: Legally we know the difference between trafficker and user. Successful cocaine dealers rarely use their own product. How do we differentiate the dealer from the abuser? If they snort a line of coke once, twice a month are they a user?

Answer: If you find a 21-yr-old selling to a high school kid, he's a dealer.

Panel Question: Is there big money in Meth?

Answer:

- Not the tweaker lab dealers.
- A good portion of the labs in Kentucky are gram to ounce cookers.
- We have 1000s of tweaker labs.
- No, not that much money in the normal Meth production.

- Those cooking small quantities are cooking high quality dope and impacting many people.
- We always want to go after the big time dealer, but the reality are there are countless individuals that are ruining peoples lives that are nickel and dime dealers
- When arrested they say where's all my money if I'm a big time dealer.

David Matthews, Works in treatment field

Topics on children

- Daviess County has made a dent
- They think they are high rollers because money comes in and goes out.
- It is the power—over all those people.
- I believe in incarceration.
- I tell people don't ever give up.
- I stay in the program for the kids.
- Its epidemic
- I firmly believe the authorities in Daviess County have made a dent and its through long hours.
- We could have drug and alcohol in every school in this town and they would stay busy.

Panel Question:

Do you think if you were the chief of police you would be tougher on dealers?

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Answer:

- I can tell you in 15 minutes if a person is a user or dealer.
- They can't lie to me, I've used them for 20 year and I know.

Terry Mosser, Dept. of Criminal Justice Training

- From a prosecution standpoint is there any benefit in knowing if the individual that is transporting drugs for sale--to know if they are under the influence?

Officer Matthews' Answer:

- A lot of states are having success in using the DRE's in prosecuting
- If he has dope in his pocket it helps us.
- I see this as a plus but the defense may say he's just high.

Panel Question: Is there any requirement on storage of anhydrous ammonia?

Officer Matthews' Answer:

- There was a bill filed that it would have to be stored inside fences.
- The farmer you talk to today will be much different that that farmer you talked to a few years ago.

I

Dennis Carpenter, Treatment Field

Topic: Treatment versus Incarceration

- Recovering myself.
- Law enforcement likes to use "the war on drugs" but I would like to ask law enforcement side what we're doing for those casualties of war.
- Can we go that step further and offer that treatment
- We can't just throw away the key.
- Give them that second chance, if they fail that maybe we need tougher penalties.
- We offer casualties of war treatment.
- Incarcerating them alone isn't working.

Panel Question: Is there anyone you would not feel mercy towards? If you were chief, who would you go after?

Answer:

- Yes, if someone is breaking the law
- Aren't we arguing semantics here
- What if that person just made that one mistake?

Panel Comment: Anyone who wears a badge that would make a blanket statement that everyone who makes a mistake should be incarcerated—to think we can solve that problem that way—there is life after incarceration and we need to look at what we can do to treat that

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person. If we are really engaged in a war on drugs we have to look at the people who are in the way—it takes all of us in law enforcement, treatment, etc.

Panel Comment: Its amazing how pro-Drug Court law enforcement is across the state, not just drug court, but treatment. They understand they're not all bad people, but you have to protect the other citizens of the Commonwealth.

Mark Miller, KY State Police Commissioner, Comment:

The Kentucky State Police is part of the Justice Cabinet, we're here. KSP and all the agencies are on board with the idea that this is a combined arm approach.

Panel Comment:

- As a police officer who frequently arrests people abusing drugs, it's great when we see the results of drug court.
- The war on drugs is against drug use.
- The casualties include officers, sheriffs, who spend their lives against this.
- Incarceration is a form of treatment in a way--the person is detoxified while in incarceration.
- It's not just punishment, effectively removes them from their addiction.

Panel Comment: For law enforcement, 80% of crimes are related to drugs.

Dennis Carpenter, Treatment Field

- Threat of jail helps keep people in treatment--It worked in my case.

Laura Morris

Topic: Concern about community

- My brother took about 20 years of not figuring it out until he was ordered to.
- We spend a lot of money here, we need more officers,
- I know we have more crank and Meth here because we have so much anhydrous setting out there.
- I want to ask that people who have anhydrous -----
- We need to fund officers who work in narcotics.
- We need funding to help clean up HAZMAT sites.
- I've heard about the Pennyrile Task Force, and Bowling Green, Warren County Task Force
- I think they get a lot of work for the money.
- I would like to see a drug task force here.
- We need some more guidance in that.
- One thing that hurt us in this county is the loss of our juvenile detention center.
- We have lost some officers being here on the job because they're transporting.

Audience Question: Can we get any funding to help farmers fence anhydrous?

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Answer: There was a bill--had it passed that would have helped.

**Kentucky Drug Summit Assessment
Public Input Meeting #11
Henderson, Kentucky - March 31, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Dr. Rice Leach, Ron Bishop, Libby Mills, Ronsonlyn Clark, Tom Foster, Karyn Hascal, Ernie Lewis, Jerry Lucas, Rick Purvis, Tom Glover, Greg Sutton

Support Staff Present: Sharon Davis and Brenda Tousignant

Approximate Number of People in Attendance: 25

Number of Speakers: 14

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Sandra Watts, D. G. Mawn, Brigitte Stacy, David Cole, Milton Galanos, Libby Mills, James Ritchie, James Kemper, Jr. Paul Deines

Support Staff Present: Helen Koger and Jane Carrier

Approximate Number of People in Attendance: 30

Number of Speakers: 22

Enforcement Panel Subcommittee: Greg Howard, Van Ingram, Russ Kegel, Jim Acquisto, Steve Collins, Norman Arflack, David James, Connie Payne, Rodney Brewer, Tony King, Keith Cain, Gale Cook, George Moore, Cleve Gambill

Panel and Subcommittee Panel Members Present:

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Support Staff Present: Janice Earnest

Approximate Number of People in Attendance: 25-30

Number of Speakers: 10

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Henderson, Kentucky - March 31, 2004**

Members Present: Dr. Rice Leach, Ron Bishop, Libby Mills, Ronsonlyn Clark, Tom Foster, Karyn Hascal, Ernie Lewis, Jerry Lucas, Rick Purvis, Greg Sutton

Support Staff: Sharon Davis and Brenda Tousignant

Karyn Hascal opened the meeting at 9:45 a.m. by introducing the panel members and invited the first of **14** speakers to offer comments and concerns. There were approximately **25** people in attendance and **22** different topics were discussed. The meeting concluded shortly after **2:00 p.m.**

Public Input:

Mike Buschell, DPA, Madisonville

- Christian and Muhlenburg Counties have drug courts, but Hopkins County does not have a drug court
- Question to panel: Is a 30-day program enough?
- Some local churches offer after-care support to clients who have completed 30-day program
- Questioned panel members regarding length of treatment, definition of drugs and how to treat addictions (Dr. Leach, Karyn Hascal and Ronsonlyn Carter provided answers and insight.)
- Social consequences are devastating
- Lessen criminology

Jennifer Harwood, Another Way, Inc., Morganfield

- Opened October 2003; Committed to bringing treatment to an area with limited resources;

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- Have treated 150-200 clients in 6 months - many are not able to pay
- Met Gov. Fletcher during Red Ribbon Week and thanked him for his attempts to help substance abuse problems
- Service Henderson, Webster, Union Counties; Union County is the worse of the 3
- Methamphetamine is main drug
- Anhydrous ammonia tanks are plentiful
- Agriculture uses more anhydrous than any other county
- Clients forced to go to other counties to find treatment
- Client transportation a problem
- Lack of money for salaries
- Success of Drug Court outweighs the losses – relayed success story about a client involved in a neighboring state’s drug court
- Would like to see Drug Court in every county in state
- Need funding
- Need more physicians with understanding of addiction
- Need doctors to stop contributing to problem
- Need more community awareness
- Need Frankfort to act on information from summits
- Need insurance companies to provide funds for substance abuse
- Long waiting lists, not enough treatment facilities
- Residential treatment not always needed, day treatment works for some clients
- Do not want to duplicate services, want to collaborate with other agencies
- Work on a sliding payment scale, but doesn’t help pay the bills
- Grants are difficult to obtain
- Treatment is a lifetime commitment
- Need family involvement and after-care program
- District Court section fills an entire page of the local newspaper
- Take back to Gov. Fletcher that we need some help and funding
- Works another full time job to help pay the bills for the center
- Gave panel a packet of information (KY-ASAP Needs and Resource Assessment Workbook for Union County, April 2003)
- Need in-patient followed by long-term intensive outpatient but not enough funding

Lawrence Peyton, New Horizon

- Need more funding
- Only 5 inmates can attend program because of lack of funding
- State charges a \$50 fee to help get clients’ licenses back and inmates cannot pay
- Positive drug screen puts an addict back in prison
- Treatment works
- When are we going to get more money for treatment?
- Have people on waiting lists
- Family problem; have a Father, Son and Grandson in treatment at the same time

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- People have to buy-in before they will commit to treatment
- Let court decide treatment versus incarceration to serve a sentence
- Merge Criminal Justice system with Treatment

Sondra Heppler, Lighthouse Counseling

- Not a licensed treatment program but will be so in about 4 weeks; have licensed counselors
- Have seen positive results through intensive outpatient programs
- Clients can keep their jobs
- Mothers can be with their children
- Juveniles can remain in school
- Clients can remain in their community
- Family is important in treatment - have a program called "Family in Counseling"
- Many clients cannot pay for treatment
- Lack of funding for private treatment centers
- People have to leave treatment program to go to jail due to Methamphetamine
- Drug court will help us work together

Tiffany Cole, Volunteers of America, Louisville

- Faith-based, gender specific treatment for men and women
- Gender specific treatment works
- Parents can take their children
- Made reference to Maine's penny per drink tax; money went to substance abuse treatment
- Referrals from Child Protective Services, JDAC, Project Link, Hospitals, Doctors, Probation and Parole
- Faith-based works if handled professionally
- Counsels HIV positive that any substance abuse may affect their HIV medications
- Easier to deliver effective treatment if in gender and age specific groups
- Do not have as many issues concerning romantic relationships and acceptance
- Many women have never had a positive relationship with another woman
- Some women are victims of domestic violence
- Need professionals for assessments and screenings for level of care
- Need facilities
- Need funding

Jeff Wesley, Lighthouse Counseling

- Attended Law Enforcement Summit in Owensboro
- Sad that our institutions are not meeting the needs of our juveniles
- Heroin addiction is a chronic brain disease
- Meth affects many biological systems – memory deficits, learning deficits, depression, sleeplessness, muscular malfunctions
- Need to scare children straight

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- Need to put teeth in laws, treatment and consequences
- Would like to think legislature would be passed soon on substance abuse, but history prevents this from happening
- Judges treat children too kind – truancy, theft,
- Education, Prevention, Treatment, and Enforcement all need to be involved in juvenile substance abuse treatment and programs
- Need to work with families at a neutral site, not in the homes
- This is not a bi-partisan problem; it is an “Us” issue
- Thank you – we were listened to and were heard

Judge Wiederstein, Juvenile Court Judge

- Need a holistic approach to helping children – education, treatment, and enforcement
- Children’s problems are parents, sexual/physical abuse, and education
- Drug Court will work here if implemented
- Need to look at the way tax dollars are spent periodically
- Need treatment facilities for paying and nonpaying clients
- Get the school system, county government, state government, court system, and industry involved and come up with a treatment program
- Indictments have increased about 100% in the past 4 years on drug related charges
- Public must be educated on the cost of substance abuse from infancy to the elderly

Craig Sutton, Judge Haydon’s Court, Public Defender, Henderson

- Need to sell substance abuse treatment to the legislature
- Want a drug court in Henderson County
- Record years of indictments in circuit court relating to Meth

Janet Messer, Lighthouse Counseling Services Inc.

- To get a drug court a community must go through a competitive process
- No chemical dependency follow-up on the chemical dependency screening that was completed due to a domestic violence situation
- More effective in the domestic violence and sex offender program if can also treat the chemical dependency issue

Mike Mountain, River Valley Behavioral Health

- Only a \$5000 increase in substance abuse funding last year
- Get \$600 per each client that we serve
- Finding funding is a problem

Jamie Like, Henderson County School Counselor

- Substance use a significant problem in community
- Do student drug testing
- Must send children to Bowling Green for in-patient treatment
- Kids using alcohol, tobacco, etc. 24/7

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- Society does not understand addiction
- Asking educators and others to do canned programs for educating children
- Children with Medical Cards – Impact Plus – difficult to be eligible because of substance abuse
- Children diagnosed with ADD, ADHD, receive SSI benefits – can provide for these problems but cannot provide benefit for children with substance abuse
- Need Mentoring programs
- No one thing is the answer
- Addiction is addiction and is a disease
- Gaps in services which kids can't access the right services
- Global issue and educating all public is naïve, start with parents/guardians of students in DJJ, school systems
- Need to teach adults and kids that addiction is a disease
- Use drugs to feel better
- Teach students that there are other ways to feel better
- Body never forgets that it was addicted

Jim Evans, River Valley

- Need more family support through education and counseling while client is in treatment
- Why do we want to do an “either or” with this issue – need to look at the problem globally

Shelia Powers, KY-ASAP, Henderson Family Court

- See multiple members of the family in court in short periods of time
- Treatment serves as intervention (intervening for the children)

Nicole Pilarski, UK Targeted Assessment Project

**Kentucky Drug Assessment Summit
Prevention/Education Panel
Public Input Meeting
Henderson, Kentucky - March 31, 2004**

Members Present: Sandra Watts, D. G. Mawn, Milton Galanos, James Ritchie, Brigitte Stacey, Libby Mills, David Cole, James Kemper, Jr., and Paul Daines

Support Staff: Jane Carrier and Helen Koger

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Sandra Watts, Alcoholic Beverage Control, chaired the meeting. To open the meeting Ms. Watts introduced the panel members and invited the first of 22 speakers to offer comments and concerns. Approximately 50 people in attendance and 24 different topics were discussed. The session concluded at 2 p.m.

Public Input

Martie Gregory, Henderson County Schools, guidance counselor

Topic: Education needed for parents and students; also need coordination from Frankfort

- Students bringing prescriptions to school, then exchange is made
- Education needed for parents and students
- Students are medicated, not sure they understand, sharing medications or using marijuana with prescription can be dangerous
- Information is not getting out about basic alcohol, there are missing links, tell us the gaps
- We need coordination from Frankfort
- How do you get these programs into school? Various ways in classroom—DARE, Red Ribbon Week, also from Alternative school to kids at risk
- In early grades, guidance lessons given by meeting in small groups
- Not sure we have K-12 comprehensive plan in place for prescription or meth, in the curriculum in every grade
- Need drug class for college students preparing to teach
- Biggest barrier to implement? No barrier, we have people in place
- Health teachers are driven by the test, cover the standards of drug and alcohol
- Do have prescription problem
- Put specific activities that go along with topic—English in Sophomores
- Train physicians on proper pain medication

Marganna Stanley, Henderson County Schools

Topic: Have comprehensive plan but need to network with other school districts

- Do have comprehensive plan in Henderson County Middle school
- “Here is looking at you”
- Second Step—character education
- In High School, we use Michigan Model
- To use Title IV money, we do have a comprehensive plan
- Our current funding seems adequate, but could always use more
- Quadrupled prescriptions—had 44 violations, of which 23 prescription violations in High School--Trafficking, Under influence
- KIP survey, changed to reflect prescription drugs and meth so we can do tracking
- Center School Safety—very helpful with funding, use for alternative school. Need more funding for this program
- Serves on KY ASAP board, just received \$50,000
- Would be nice to network with other school districts

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- Courts and Law Enforcement work with schools

Keith Omar, Central office in Union County Schools

Topic: Barriers are unfunded state laws

- We have barriers—state law that determines how schools operate
- No PE, no music and no counselor offered in elementary schools
- Had to cut funding by 4 million?????
- Have surplus in funding by closing down small schools, but fears this funding will be taken away
- SBDM law is structured
- Ten years ago, we had PE, Music and Counselors in schools
- Teacher must teach curriculum that will be assessed in the fall
- Don't make unfunded mandates
- ASAP been very positive in Union County
- Unfunded mandates, regarding ASAP, got \$50,000 to spend--money does make a difference, forced people around table to discuss, needs to be money to cover media notifications
- We have seen mandates on the books with no funding which forces local people to ignore these laws
- Continue funding for ASAP, as it is starting to make difference—billboards and building awareness helps issues
- Family Resource centers very effective—all positive

Patty Poole-Davis Family Resource Center, Henderson

Topic: Parents are the problem, must be held accountable

- We need more money
- She is a mother of 3 children
- Preaching to choir, people not here who need to listen
- We are visiting parents who do not come to school
- Parents take the ADHD medication their children are on, problem is the parents
- Can't afford case worker
- Putting out fires all day long, but not getting to the root of the problem, and that is the parents
- Not seeing the programs making impact, because parents of at-risk students don't come to school for meetings
- Problem—should we report? Yes, always is the answer, when the issue was smoking pot in front of kids. Yes, it is illegal for parents to smoke pot in front of their children
- Kids come to school high, what to do with parents? Parents are causing problem
- Parents must be accountable
- Need more money, trial and error, mentors for at-risk children like fire grant
- Target kids....
- Role model mentoring takes funding—someone impacts success of child
- Kids HOPE program is small

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- Children adapt attitudes of parents and get sucked under

Statement made by panel members:

If you have addicted parent, you are past education and in intervention phase—treatment instead of prevention—kids are suffering—need court order or parents permission. Collaboration necessary, locating all agencies together—one stop shopping

- Would make easier for parents
- Have funds for prevention to keep kids out of system
- DCBS regional director?

Stephanie Esters, HOPE, Inc.

Topic: Need money to develop community, pull multiple groups together

- Hope is in process of developing Mentoring program
- Don't have boys or girls club
- School-based curriculums fidelity, how much can you put in your day?
- Tons of programs, not working because not being implemented as they should
- Make it tie together
- Develop community –pull multiple groups together
- No money, Have received Champions in the past

Betty Peckenpaugh, West Community Resources, not a teacher

Topic: Focus on mentoring

- Serve 7 counties, need grants, currently provide services to intense children
- In past had mentoring program, did not work, because tried to take the child out of community
- Now trying to place college student with child in school
- Trying to create new ways to work with children—as service provider, we are working to improve
- Helps child when child bonds with an adult
- Take referrals from DJJ, court system, schools

Charlie McCollom, Henderson County Attorney

Topic: Need more parent accountability with stiff punishments

- Wife does ultrasounds, 44% of patients she sees are on drugs
- ADD kids, if you smoke, drink, or take drugs damage neural fibers –can't care about anybody but selves—alcohol damages small brain fibers
- Parents don't care, should fire parents who don't do what doctor recommends
- Rewarding parents for having addicted babies does not work
- HANDS program w/Public Health Program
- Women lie, say don't smoke
- Population growing faster within this group
- Everybody trying to get disability and we keep rewarding
- Need more parent accountability with stiff punishments

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Jamie Like, Henderson County Schools

Topic: Addition is addition more concentration on different additions

- Not talking enough about addiction
- Treatment, no in-patient treatment options, must sent out of county—2 hours away
- Problem is we can't get approved for impactable or impeccable services ????
- Turned down, documented
- Approximately 100 students, most are on disability
- Parents receiving ADHD funding of \$568 per month
- From school system point of view, gave large grant from Wellman foundation
- We do have one-stop shopping
- Physicians prescribe medications for kids—Why? Ritalin addictive, need more medications that are less addictive
- Addiction is addiction
- Not just parents, it is all of us who should have responsibility
- Collaborative Partners 50-60 people, meet ever 2 months to talk—KY ASAP

Panel Member:

Prescription use in kids is hereditary

Todd Satterfield, Henderson County Schools

Topic: "Health" should be a required subject in the schools

- Substitute teacher at Alternative school
- Overlooking the importance of health in our life
- Core subjects are important, but the subject of Health is elective
- Put more emphasis on Health for life
- Make it a requirement
- Trying to teach students to just say "NO"
- Prioritize Health

Rhonda Gillham, Henderson County Schools

Topic: Parents do not take job seriously enough

- When we see problem, we work to fix it
- Do what we can
- Prescribing drug use, had only 9 parents to attend meeting after much advertising
- 44 drug violations happened at school
- Parents do not see that it is their problem
- Kids spend 9% of time at school, but parents think teachers should provide 100% education
- Parents allow kids to have parties at their house with alcohol and sometimes provide it
- Kids may be on medication which is not good to mix with alcohol--liability for parents who host

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Shauna Evans, Henderson County High School Coordinator and ASAP

Topic: Substance abuse is above state average

- Youth Service Center for 3 years, work with Family Resource Centers
- Can see results from high schools
- Gave a personal story of a high school female student who is 4 months pregnant with second child. Young mother was about to drop out of school because she could not stand the stress. Shauna purchased pacifier for crying baby, now young mother is getting ready to go to college
- 2100 students in High School
- Provide small things like deodorant to help students
- Substance abuse in Henderson is above state average
- Through ASAP, recognize problems
- In KIP survey, kids do not feel connected to parent
- 83% lack of parent support makes kids drop out
- Open ears to hear
- Communities can be there and be supportive of their kids. Getting to know your neighbor and the kids in it and learning how to help.
- When you make contact with kids as a knighthood this helps kids increase their self-esteem. Get to know the kids and what goes on in their lives.
- Students have an opportunity to go thru a team leader program.
- They have had a lot of training and planning for these programs.
- The evaluations are for real.
- Programs have many units. Red, Green, and Blue. Kids are divided into the different groups. Can have the same unit all thru high school or can go to other units depending on the subject they want.
- For the first 2 years at Henderson County High School, this division makes bigness of school seem smaller

Sheila Powers, works with family court and KY ASAP, Judicial Center

Topic: Need funding; must educate parents

- Works together with the school counselor, can call and ask school to check on children
- Kids come to her and say their parents make them do drugs
- Education of parents necessary—hide prescription drugs for they are just as dangerous as other drugs
- We have collaboration in system
- Need funding to continue
- Above average in low birth weight and children who are attached to their parents
- Substance abuse is the overriding issue in family court
- Same families, generational drug abuse same as generational poverty
- Domestic violence has a factor of drug abuse
- Judge is good on consequences of act

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Greg Sutton, office of Public Advocacy

Topic: Money is key, economic development is very important

- Beneficial but needs to be earlier than 9th grade
- Would be nice to have more education in jail
- Need help to transition inmates back into community
- Prescription abuse—it is important to not focus on drug of the day, but drugs in general, address all issues
- Crack is here
- Hope these Drug Assessment Input meetings will be an ongoing issue not one time
- Public defenders just putting out fires
- Money is one of the keys, economic development is very important
- If opportunity is not there, offenders will use path of least resistance
- Drug court is answer—treatment and education
- 450 Circuit Court indictments this year as a result of drugs, meth specifically
- Who and how many can be in drug court at a time.
- Don't have anywhere in Henderson to go to treatment
- www.pills.com is a website to locate certain drugs availability in counties throughout US
- Ecstasy is here—PMA is a derivative but it has a delayed reaction and that makes it very dangerous to teens who want instant results

James Kemper, board member

Sees it at jail, repeat offenders, pay bond and get released

Aaron Aud, River Valley Behavioral

Topic: War on drug abuse is ongoing struggle

- Different generations
- I don't want anyone to forget where they came from
- What impact did you make
- How did you become successful
- It is a war, not one time thing
- Ongoing continued struggle
- People need to be more real to issues
- Marijuana and alcohol are gateway drugs
- NFL athletes are starting to sponsor alcohol on television
- Don't lose faith and hope

Larry Payton, Mew Horizons, DUI counseling in school now retired

Topic: Substance abuse is made to look attractive but very expensive

- The current attitude is that one lives better through chemistry, take pill for this or that
- TV full of ads
- No safe way to use tobacco
- We must take a stand and outlaw gateway drug on TV—alcohol as tobacco
- Same chemical reaction going on in our brain—whether it is alcohol or medication

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- Alternative to jails—offer 1-5 years in treatment instead of 1-5 years in jail, give offender a choice and let the court support it, decriminalize the disease of addiction, treatment works, but we have to hit with all forces
- Get away from territorial issues
- Started jail programs for substance abuse, have 5 in program now
- 10 week program costs \$50 to attend
- Funding is part of the issue, cost \$17,200 per year to keep man in treatment?????
- 10% are in jail for Under Influence
- Liquor industry is in top 10 lobbying agencies in Washington DC

Rita Payton, New Horizons Counseling

Topic: Lack of jobs can lead to drug abuse

- Seeing what is happening to children
- Children getting in way
- Kids getting injured by parents
- Need funding for addicts and non problematic drinkers
- As many moms on drugs as dads
- Have no jobs for adults

Mark Powell, Agency manager for Kentucky Farm Bureau Insurance, ASAP member, Union County

Topic: Good agency to partner with/requires new drivers to watch video before issuing insurance

- Have had family member in treatment and had to pay for facilities for inpatient
- Vehicle was stolen from driveway. 17 year old girl hiding, stolen another car that evening, mother meth user, stole 2 vehicles, incarcerate –grandfather came to ask get siblings out of the house
- Receiving money to support habit
- Family cooking meth, granddaughter facing serious charges
- Treatment facilities may be able to help
- Mother arrested, live meth lab
- Farmer farming 10,000 acres, was severely burned with anhydrous ammonia—when he thought the pressure was off of the hoses when he disconnected from tractor--great lengths go to get anhydrous
- Need treatment, people are dangerous if meth users
- Need systematic plan set in place— when family members have problems there needs to be program that lets individuals know where to go to get help—call 800 number for help
- Enabling sons addiction by not knowing where to go
- Meth is dangerous
- Have great communication in community
- Why are we not seeing violence in this county that is traditionally associated to meth?
- ASAP Farm Bureau expects more from judicial –in favor of
- Educate the average person so they will know what options are available

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- Would be good agency to partner with state
- When a 16 yr old getting license, parent and child must come to office to receive 30-minute presentation. Only reason child gets insurance is as a favor to parent. MAD brochures. Tells his expectations to new driver, if faced with drugs, to remove himself from the situation.
- Then ask for commitment from parents and ask not to endorse or tolerate drugs
- Kids are the number 1 job of parents; to do job as parent, kids will give additional opportunity again next day ???
- Will lose insurance through Farm Bureau—each agency is independent
- Parents not able to say no to children
- Personal story—driver of borrowed jeep overturned, killed one etc; company out over \$300,000 and did not have the car insured, just the driver
- Ask local business not for money but ads, support ASAP come together as one, try to partnership

Steve Haden, panel member

- What are the better ideas coming out of these meetings? Education is needed at elementary and junior high and high school level
- Better ideas for treatment?

David Cohen, panel member

Need a very comprehensive plan. Need collaborative approach in continuing manner, all coming up with plan in local communities. Recommend take strongest resources, build on strengths, one person can make a difference.

James Kemper, panel member

Must be a forced issue –jailers cannot force inmates to take classes. If complete classes, more likely to get paroled, vast majority—just gives opportunity to get out of cell. Broken homes, single parent—lost sight of family values.

Leslie Newman, Henderson County ASAP

Topic: Ongoing evaluation necessary to determine what is effective

- Alateen program
- Be evaluated, ongoing to see what is working and what is not working
- If DARE is not working, then let's see what is working
- Tobacco settlement money, use as was intended
- Tobacco excise tax not enough, better if higher
- Studies show increase in price--deters kids
- Public health, encourage
- Encourage and address problem big business, agriculture and health
- Preempts local governments—tobacco is state issue
- Awareness about increase in excise tax –kids will not start to smoke if price is high

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- Excise tax is new to state government as whole, could this tax be used for substance abuse and education?
- Tobacco money 20% should be used, money not answer to everything

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Henderson, Kentucky - March 31, 2004**

Members Present: Cleve Gambill, George Moore, C. Gale Cook, Sheriff kith Cain, Tony King, Rodney Brewer, Connie M. Payne, David James, Norm Arflack, Steve Collins, Jim Acquisto, Det. Russ Kegel, Van Ingram, Greg Howard

Support Staff: Janice Earnest and Pam Smallwood

PUBLIC INPUT:

Gary Hall, Henderson Co. ASAP Local Board, Regional Senior Director, River Valley Behavioral Health

Topic: Teaching youth to take law enforcement serious

- Been in this business for 14 years
- Because of relationship with DARE, school personnel, partnered with Gen. Assembly, lowered (legally drunk) drug laws
- Henderson is benefited by AOC
- We've had a long term-relationship with prevention, DARE, etc.--learned a lot from mistakes, and what works and doesn't work—have to utilize different types of strategies to be effective
- Try to reach parents and youth thru curriculums in schools, churches
- Majority of people who use drugs are 19-45 and work, with a full-time job
- They have children in public schools
- It's difficult to separate those individuals from other individuals in the community
- Environmental strategies is helping to pass ordinance and laws and partner with law enforcement, judicial system
- MADD had parents, sons, daughters who shared horrors of drunk driving
- I was a victim of drunk driving car crash
- So, when we look at youth I have some concerns

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- In KIP surveys, they ask do you feel something bad will happen to you if you get caught by law enforcement? —kids answer “NO”
- Maybe they think they won’t get caught and have gotten away with it so many times they think they can again
- Some parties are so huge, law enforcement can’t handle 300 people all over the place
- Henderson, Union, Webster Co. have the same problems
- Meth is an issue
- Consider, in law enforcement you’re doing no favors if you let young people off with drinking and driving
- Sometimes (law enforcement) make them pour it out, call parents)
- Zero tolerance law is giving a way to identify them early in their substance abuse
- Identify them as needing treatment or education
- It’s a red flag to their families
- Some parents in denial, but some are grateful kids are cited and they are alerted and can try to do something about it
- Unfortunately we had best intentions in early 80s--War Against Drugs
- We know the war against drugs takes diligence and millions of dollars
- People are saying we’re not wining the war against drugs.
- Say, people in prison 25 years for using a joint.
- Tremendous amount of hope out there.
- We need all facets--law enforcement, military--all of us together can make an impact.
- If we give up and legalize drugs we will have a nation like Russia (stung out on vodka)
- Expensive to fight this war, but alternative is unthinkable

Question from Cleve Gambill:

Would it work if youngster caught on drugs, to take the license away?

Answer:

- Kind of a carrot and stick
- If lost license, probably think they will never get caught
- Way its designed now gives them incentive to go to outpatient program and other mental disorders might be caught
- It might be going too far at this point
- Lots of folks drive without a license,
- Better to advocate treatment, lose license for a number of day and then get license back.

Panel Question:

What is surveys that say people indicate they think there won’t be a consequence?

Answer:

Div. of substance abuse owns the survey. Lots of them don’t think they will get caught.

Panel Question:

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What are your thoughts on mandating drug testing in schools?

Answer:

If there is a way to identify probable cause--but as far as a carte blanche, I'm not sure where that stands legally.

Panel Comment:

Health issue such as tuberculosis, no one thinks anything about testing. I think it would be welcome in a lot of schools.

Gary Hall: Would help to set a new norm, just a question of not sure what the courts would do with it.

Audience member:

- As wonderful as that sounds, way too often the parents are the source of the problem and might say "no."
- Because kids are involved in issues that don't start with their generation--parents would be in trouble

Cleve Gambill: What if you test people who want to get a license--you test them for drugs?

Jeff Hart:

If we have an incident where we cite a young person and have the ability to take license--I think that's a great idea.

Chief Ed Brady:

- A young person who is running with a peer group--the drivers license isn't going to be the compelling force in their life--these are my friends, it's cool
- If willing to risk incarceration for drugs, are willing to risk it for the license.

Norm Arflack:

- This way you have an alternative
- There is probably some good to be gained there.
- There are that large group out there that I think its important to them.
- That's the first thing they have to have at 16, is that car.

Audience:

- Have a teenager, does not feel that would make any difference whatsoever.
- Additionally, I'm a court appointed special advocate, many of my clients have been picked up many times but they still drive.

Panel Comment:

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- I think the enticement might be that once they are caught if they don't get treatment they lose the license.
- I've arrested 100s of drunk drivers in my life, but I don't ever recall talking to someone who had the mind set I'm probably going to get caught tonight. 'Everyone I've arrested thought, "I will not get caught."

Audience Member:

- It's appalling to me that good parents don't think the law applies to them
- Their kids—driving at 15 to learn to drive at 16.
- They think it's ok because you're almost 16.
- Everybody pushes the limit.
- They really don't think that's illegal.
- I don't think it's going to make an impression.

Cleve Gambill:

If a parent, because child lost license and insurance rates go out the roof--don't you think parents would pay attention?

Answer:

Insurance is already out the roof and it doesn't seem to matter, some parents believe they are above the law and that sentiment is carried over to the kids.

Cleve Gambill:

Do you think being subject to drug testing would prevent children from using drugs?

Gary Hall:

- For a number of kids that would be a deterrent but for some, because of their families it wouldn't.
- All the publicity about Meth, it doesn't deter people from cooking Meth.
- It's really a difficult thing, how do you reach that culture.
- It's kind of an attitude that a lot of people have, feel like we can fudge

Cleve Gambill: What should police do that would work?

Answer:

- That's a difficult thing
- Cited 40 for drinking at the festival, none of those kids came to program.
- If any of them have any influence and can reach the judge, kids are back out on street.
- Whole system has to be more vigilant--no matter whose parents the kids have.
- Maybe use a Field Card—law enforcement fill out card and send to Co Attorney
- Co. Attorney sends letter to parents detailing event of field party, identify auto, child, and alert parents they were at these parties.
- Parents don't know.

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Audience Member:

- Have some parents here who allow underage drinking in their homes.
- What if we have a hotline--the neighbors could report it?
- I think the parents should be prosecuted.
- Should be parents and quit being the friend.

Panel Member: We charged parents in our county.

Panel Member:

- Basically you've got three groups
- Some kids regardless are going to fall between the cracks
- Many kids between these groups that their friends influence.
- Kids are concerned--prom is coming up and they think I know what my friends are going to do

Mark Ball, Agency Manager, Farm Bureau Insurance

Topic: Mandatory testing/loss of driving privileges

- Re testing kids in high school--agree with sheriff, if they had a legitimate reason why
- I can't give them a reason to stay away from things.
- Kids that would test positive--might help you identify those who will have a problem
- In need of some type of treatment program
- I'm opposed to anything that gives up our freedoms, but in favor of things that might save a life.
- I would be willing to guess that no one has seen an auto (ins.) rate decrease on their policy.
- One reason is due to uninsured motorist claims.
- Once they loose license, current law encourages them to break law--max fine for being caught is less than insuring that person.
- They can actually break the law several times a year and come out economically better than insuring
- Customarily when lose license lose insurance and go in high-risk bracket.
- Only thing I can see that helps deter them is when they lose their freedom (jail)
- Baby DUI law—way it treats minors, lose license for 30 days, go to counseling.
- When dealing with minors, are in favor of working with first offense, get counseling, treatment, but encourage them to reveal source where they obtain drugs, or alcohol.
- I have a kid--we know of two parties scheduled after prom hosted by parents; that will have alcohol.
- He's agreed to come home and remove himself from that situation.
- You have to educate the parents someway.

Charles McCallen, Henderson County Attorney

Topic: Parents who support drinking among teens

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- As a local official we could run a public service notice in paper setting out liabilities of parents who provide alcohol to minors
- Parents' theory is they are going to drink--I'd rather they be here and I have their keys.

Cleve Gambill: We've heard that one use of Meth and they are hooked.

Chief Ed Brady:

- I've had calls after the parties, but not one call before the parties.
- We could help prevent some of this if we knew it in time.
- We get good information from our school people.
- But a lot of the parents who know other parents are supplying alcohol have never called me.
- I'm going to ask parents to call me and we'll have some police cars sitting in their neighborhoods.

Audience Member:

- One of the problems might be we don't have juvenile holding facility in our county.
- Bowling Green is closest and that might be one reason people don't.
- On the Uniform Police Citation, if they could ask the question, "Where did you get your last drink or alcohol?"

Chief Ed Brady: They are asked that.

Dorris Crowley, Webster County Jailer

Topic: Over crowding in jails/slow court dates

- 1995 we had to add more beds, added more this year
- Running population of 92 this morning
- Our court system in Webster County, judge taking care of three counties--had hands full.
- Backlog, guy waited two years working thru court system
- In two weeks we've picked up seven labs on roadside
- It's out there
- Using Marijuana a few years ago, you were baddest person
- Don't hear of Marijuana now, its all Meth.
- It's growing
- Our problem is the middle 20s, not kids
- Our court systems need to be a little faster to get people sentenced.
- I'd like to see mandated in school that kids have to take some kind of class.
- Show them pictures of wrecks, teeth, needle tracks
- Smoking has dropped with kids, because they hear so much on TV, but you don't see enough about drugs.

Mark Ball, Agency Manager, Farm Bureau Insurance

Topic: Incentives for non-using kids

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- We voted to spend \$500 at Project Graduation
- \$600 educating on dangers of drinking and driving.
- We identified at high school level they were only being reached out to thru the Freshman year.
- Jr. and Seniors need to be reached out to.
- Encouraging school system to host state police programs
- Have evening seminar--children who want parking permit have to bring guardian with them and then parking permits are handed out.
- A privilege not a right
- More times we can reach out to children with different topics of interest may increase chances of reaching kids in need
- Trying to partner with as many agencies as possible
- Having Ghost Out program
- Lots of progress being made--Not looking for immediate results-- long term plan.

Janet Messer, Lighthouse Counseling (clients from seven counties of Green River Region)

Topic: Collaboration of courts for sexual/drug offenders

- Work with a lot of offender population--Domestic violence, enforcement, juvenile
- Have drug issues along with offender problem
- Need you to understand that treatment does work if given appropriate tools and supportive teeth thru courts
- Domestic violence offenders by law must have chemical assessment
- Do not have to comply with chemical dependency recommendation
- Need collaboration of all entities to make a difference
- Need a drug court in this area—I serve clients in all seven counties
- We all need drug court and stop turf battle
- Work together to make a difference

Panel Member:

- In Henderson County judges have applied for grants
- Owensboro grant is not dependent on Henderson's
- We attempted to get state funding for every county but doesn't look like that's going to pass (in General Assembly)

George Moore: I'm hearing, there are those areas where there are terms and condition and areas where there are suggestion and requests--is that a problem?

Cindy Weaver:

- I think there is some problem with that--they come back and say we didn't understand, so they come back a second time and they've done a little bit of what was suggested.

Audience: I think what we're talking about is case management.

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Charles McCallen, Henderson County Attorney

Topic: Resources

- We do give them substantial chances to meet it
- It is a resource issue
- We only have so many beds in the jail.

Panel Member: I hear that everyone is committed to the same goal.

Audience Member:

- Would like to make good people aware if you're asked to serve (jury) to do it
- The people on juries like to be there--don't have anything else to do--probably on drugs and won't prosecute those who are being tried for drugs

Audience Member: Since Motor Voter bill—my jury panels have gone downhill

(Discussion on offender databases)

Audience Member:

- We enter all domestics in our county
- Only problem is when people commit other crimes, judge may issue that order but as police department we may not know that.
- Some people can fall thru our cracks

Panel Member:

- One thing we've talked about is doing a better job of using technology so officer can know
- We need to get information out to beat cop at 2 in the morning and they can make arrests based on violation of probation.

Rodney Brewer:

- That's one of the projects were working on—start sharing
- Now working on 40 counties where wireless technology will be
- Will allow messaging between police vehicle from one agency to another and allow officer in car to run a check on an individual
- Working on a real time warrant file
- Near in next few year being able to do fingerprinting on side of road.

Cleve Gambill: I think I hear you saying we need to share information instead of holding on to it.

Chief Ed Brady: We could clear out thousand of warrants if we had centralized file.

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Audience Member:

- Several year ago we tried to pass a law re computers not talking to each other
- Brought KSP and others in and agreed to modify computers, everyone in agreement
- AOC said they would run their own computers, didn't have to modify, and we couldn't do anything to make them modify
- Warrants and other documents may be in the clerks office--you can't access that
- That's the situation--I assume that's still the position of AOC

Audience Member: What I'm hearing in Webster County is the crime lab backlog.

Rodney Brewer:

- Backlog is any case over 60 days turnaround
- We are 462 cases backlog now
- There are several missions taking place
- One of the key points is to eliminate backlog
- By end of year we hope to have 30 day turnaround
- We choose 3 labs across US, all certified, must meet all our standards, outsourcing program costs locals nothing--funded thru state dollars.
- Extremely hard time recruiting for what we pay in crime lab
- After we hire have hard time retaining after they get training and experience
- Outsourcing is a one-stop initiative to get us over this hump of backlog
- We also improved the business practices at the lab
- Software allows certain individuals to get in to see status of case in system on any given day
- Found that of the cases entering our lab they were not being court netting.
- 26% had already been pled, would have been a total waste of time.
- Fast track Program—defender picked up with multiple drugs, program immediately processes most serious
- If cocaine, they are notified it was cocaine
- Does not prohibit analyzing of other drugs if that doesn't work that they pled.
- As preventative measure in firearm section, contacted ATF and FBI who currently assisting us in cases we have there
- Business practices have been improved significantly.
- When backlog is reduced we will be able to continue to recruit and retain people.
- Only 18 percent (of cases) coming in lab are from KSP
- Did not have foresight to see at time that we didn't have staffing for proliferation of task force cases.
- Asking task forces that they will pay for additional lab personnel (when they apply for grants)

Jeffery Hart, Assistant Chief, Union County

Topic: Control of Ingredients

- Got to be a way, got to control or schedule Ephedra

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- What we're seeing is erosion.
- People loading 5 or 6 people in car and going and buying it
- Needs to be addressed on federal level
- Takes 8 hrs. of time for one investigator to work one (Meth) lab
- Takes 24 hours by time they document, write reports, etc.
- Got to have some help, to control precursors.
- Western Kentucky issue--Can't control the lithium; used in batteries, etc.
- No way to flag Ephedra right now.
- Used precursor statute effectively.
- People coming over here from Missouri.
- If we were to control it, like diabetes syringes--have to sign for it.

Cleve Gambill:

What about the storage of anhydrous?

Answer:

- I see anhydrous, they go under fences
- If we regulate the American farmer I think we will wind up paying for that.
- Know farmer who has done everything he knows to do--buying car alarms with motion sensors and mounting them on the back of his tanks.
- If we had them sign for the Ephedra at least they have to show an ID.
- Put in database (Kasper) where you can search them.
- Gain us a lot of info we can use for search warrants.
- Is a Western Kentucky problem--We're having houses explode.

Cleve Gambill:

Are you finding that Wal-Mart and other stores are limiting to 3 boxes? Even mom and pop stores, are they cooperating?

Answer:

Yes, (I have one problem) but the rest of them, I don't have any problem with them. As far as I can tell, they're doing all they can do.

Cleve Gambill:

Do you think if there were mandatory sentences...?

Answer:

I think that's an option--we have 3 counties in my judicial district--share judges, so basically we get 1 court day a week, if lucky, given the amount of activity. Probably wouldn't hurt at all.

Cleve Gambill:

Do you think most of Meth cookers are users?

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Answer:

I'd say 90 percent are feeding habits. We see the professional cooks--takes longer to get them, they don't make the mistakes.

Were going to be dealing with long-term health problems

Cleve Gambill:

If you put a Meth persons in a half-way house situation, would that work or is the addiction so much you have to have them totally incarcerated?

Answer:

They will tell you there is no greater joy in their life than that first hit. If you put that person in merely a supervised living area I don't think you will have any success

Bill Mills

Topic: Lack of facilities

- The people we talk to, if they want help, there's not any facility around here
- So, it's going to meeting, go out cook with their buddies
- You've got to have in-house
- Had juveniles call--messed up on crank--want help, got to have in-house facility.

Jim Acquisto:

Do you guys have drug court? Seems to have met some success with Meth addicts.

Audience Member:

- A big problem I have as far as Meth, from enforcement perspective--where do you want to get--caught the 50 percent serve or 20 percent serve.
- I've been with Henderson Police 14 years
- See people on street I've arrested 3 times--people parole right out
- We can't deal with people if they know they're out in a few months.

Gale Cook:

- I have to put in a request for FBI, DEA, have to have video of them cooking, lab work, tie it up with a nice bow and then feds will look at it.
- Leaving it to feds isn't the answer
- We don't have deterrents, don't have punishment, right now don't have rehabilitation in jails.
- If you want a treatment program start them in your jails, they aren't going anywhere.
- You will have to look at your community resources
- It's destroying our people--we know Meth causes damage to soft tissue
- Read that sex releases 5000 endorphins, Meth releases 15,000

Audience Member:

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- Been several research studies, re alcohol, Meth, cocaine re (causing) ADD
- Wife works at gynecologist office--44% of patients on Meth, marijuana
- Vicious cycle--starts with mother pregnant, and have Meth in system

George Moore:

- New law goes into effect on urine cleaning products
- How identify those folks?

Answer:

- States that have passed it, Internet folks aren't selling in those states
- Our intent is to go after those folks.

Question: What about mandatory sentencing?

Answer:

Yes, take it out of the hands of the judges. Make shock probation a shock, they are housed locally, send them to LaGrange.

Chief Ed Brady: On new law, re: selling urine cleansing could Attorney General go after some of these advertisers who continue to try to sell them in the state?

Answer:

- Yes, to the extent that we have the power to do so.
- We're going to also look at some civil prosecutions.
- First survey the state to see where products have been seized, where they came from, and if they knew or should have known how it was going to be used.

Gale Cook:

May be time for Kentucky to look at whether discretionary parole remains viable. May need to be moving to a situation where everyone knows the cost on the front.

Audience Member: Got to get these people contributing, get GEDs, jobs

Cleve Gambill:

Do we keep good records on Meth labs?

Answer: I would guess no,

Audience Member: If you don't have to report and get a cleanup it's not reported,

Cleve Gambill:

Do we need a central clearing house for numbers? Where do we go if we want state numbers?

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Answer: DEA keeps

Audience Member:

- If we have a working lab, we call KSP.
- If we seize the precursors we try to do that. And go with precursor arrest.
- Recommend RCTA 24-hour course for all law enforcement.
- Our jails are draining us, its not fixing our problem.
- Money is the issue here.
- We've got to do something different from what were doing today--It's not working.

Panel Member:

- I think you're right in that, just doing what were doing right now is not going to work.
- We will never incarcerate or treat ourselves out of the drug problem.
- Failure rate for treatment is high or higher than recidivism rate for incarceration.

Audience Member: The highest grad of GEDs occurred in KY last year in co. jails. It's a generation out here that we're losing and I don't know how to fix it.

Audience Member:

- Want to plug drug courts--think that is an area that would like to see time, money resources for

Chief Ed Brady:

Very pleased that this panel would come to Henderson. Appreciate the time you spent with us.

Audience: (Judge)

Thank you for being here. Please don't let this be a shelf document when it's done. We're willing to help fund a drug court in the county. We've got to do something different

**Kentucky Drug Summit Assessment
Public Input Meeting #12
Bowling Green, Kentucky - April 1, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Dr. Rick Purvis, Drexel Neal, Jeff Doig, Ron Bishop, Jerry Lucas

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Support Staff Present: Jo Carol Roberts, Brenda Tousignant

Approximate Number of People in Attendance: 53

Number of Speakers: 26

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Sandra Watts, D. G. Mawn, Dianne Shuntich, Libby Mills, Milton Galanos, Nijel Clayton

Support Staff Present: Helen Koger and Linda Renfro

Approximate Number of People in Attendance: 50

Number of Speakers: 26

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Cleve Gambill, Steve Collins, Tony King, David James, Connie Payne, Mac Johns, Mike Sapp, Mark Miller, Joe England, Norman Arflack, Jim Acquisto, Van Ingram, Frank Rapier

Support Staff Present: Kay Fuson and Margaret Johnson

Approximate Number of People in Attendance: 60

Number of Speakers: 20

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Bowling Green, Kentucky - April 1, 2004**

Members Present: Jeff Doig, Ron Bishop, Jerry Lucas, Drexel Neal, and Dr. Rick Purvis

Support Staff: Jo Carol Roberts, Brenda Tousignant

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To open the meeting, Dr. Purvis introduced the panel members and invited the first of 26 speakers to offer comments and concerns. There were approximately 53 people in attendance and 14 different topics were discussed. The meeting concluded shortly after 2 p.m.

Phil Patton, Circuit Judge

Topic: Treatment over incarceration, Residential treatment facility

- Lock up traffickers, not drug users
- Can not incarcerate are way out of this problem
- Need for residential treatment center
- Weeks/months wait for treatment
- Can not afford to lock up everyone

David Henderson, Ohio County

Topic: Funding, Treatment

- Incarceration is not the answer
- Funding, but not directly to the county (state oversee funding usage, not county level)
- Have small families work together
- Supports AA, NAA, Alanon efforts
- Need treatment facilities, residential and outpatient
- Mandatory treatment
- Addiction is a family sickness
- Cure for user and family members
- Have small counties collaborate efforts
- Need for outpatient treatment

Bill Slater, Counselor

Topic: Harm Reduction, Funding

- Harm Reduction through public health education, clean needles, and good drug taking practices
- Health problems are family problems
- Sees people with health problems, crime issues and addiction problems
- Need for funding for health problem issues
- War on Drugs is a failure

Senator Jody Richards

Senator Richards thanked everyone for their participation in the drug summit. Senator Richards voiced his concern about illegal drugs with oxycontin problem in eastern Kentucky and the methamphetamine problem in western Kentucky. Senator Richards reported there are two current laws that have started to help the drug problems in Kentucky. The first law is that drugs can not be sold within a 1000 yards of a school and the second pertains to forfeiture of assets if you are convicted of selling drugs. Senator Richards commended the Governor and Lt. Governor for their efforts in reducing these problems and through this process more legislation could be enacted.

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Roger Thomas, 21st District

Mr. Thomas expressed concerns about the societal cost and cost to families that drug problems cause. Mr. Thomas said there is a need to develop treatment programs across the state. Mr. Thomas commended everyone for the efforts at this summit.

David Melear, Rivendell

Topic: Aftercare programs, Grants, Collaborations

- Need for aftercare programs
- Need for step down programs
- 3-5 week wait for treatment
- Need for collaboration between incarceration and treatment
- Would like to see more collaboration with Department of Juvenile Justice Cabinet
- Need for grants to Department of Juvenile Justice to get treatment centers for adolescents
- Need for Education in Schools
- Holistic approach—build foundations
- Concerned about FDA approved generic version of oxycontin and what problems that will cause
- Need for Funding for more treatment and education programs

Melinda Gill, Lifeskills

Topic: Medicaid, Treatment, Transportation, Gaps

- Would like to see Medicaid help with treatment costs
- Need for jobs (people unemployed—leads to drug use and selling of drugs)
- Need resources of treatment
- Need resources for dual-diagnosed individuals
- Need more case managers
- Barriers to treatment with the need for transportation for clients to jobs and treatment
- Landlords do not remodel homes after a meth lab was in it and kids are at risk
- Families are torn apart through drug problems
- Feels there are more Gaps in services than duplication of services

Jeff Rice, Lifeskills

Topic: Funding, Treatment, Medicaid

- Would like to see more collaboration of efforts
- Treatment problems—2 fold: 1-availability 2-accessibility
- When people need treatment they need to get it when they want it, not 6-8 weeks wait
- Funding for treatment while they are incarcerated
- Funding for state funded in-patient program (VOLTA is the only one now)
- Need to look at Medicaid—Treatment is Treatment
- Need for more programs for youth
- Funding for adolescent treatment centers

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Karen Garrity, Lifeskills

Topic: Medicaid, Dual-diagnosed clients, Funding, Drug Courts

- Need for Medicaid to pay for treatment services
- Need to train staff for dual-diagnosed clients
- 50-90% mentally ill clients have substance abuse problems
- Have not had an increase in funding for years
- Need for more case managers
- If Medicaid would pay, clients could be looked at as a whole problem, not just a piece
- Supports Drug Courts
- Need for Drug Court Funding
- Jail is not treatment
- Jails need more treatment resources
- Warren county currently has Adult drug court (Circuit) and are developing Juvenile drug Court (District)
- Need for residential treatment center

Kathy Whitson, Lifeskills

Topic: Funding, Medicaid, Treatment, Drug Court

- Need Medicaid to pay for treatment
- Funding for treatment of dual-diagnosed individuals
- Funding for more treatment resources
- Clients drawing disability can not get treatment for substance abuse
- Need for more case management workers
- More treatment resources for women (transportation, employment, child care)
- More step down treatment programs
- Need for intensive outpatient programs
- Longer clients are in treatment the better success rate
- Need for Drug Court in Barren County (need support from local officials)
- Need more funding for treatment programs

William Buford, Treatment Coordinator for Warren County Drug Court

Topic: Treatment, Drug Court, Funding

- Need to lower fees to get into treatment centers
- Need for more state owned treatment facilities
- Need for intensive outpatient treatment
- Need Drug Court in Barren County
- People are literally dying to get into treatment
- Need more treatment resources in jail
- Need funding to sustain treatment programs
- Warren County Drug Court—75-85% success rate since 1997, only 3 felony convictions
- Providers are overworked and underpaid
- Alcoholics may be around for 30 years, but you do not see crack addicts around very long

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Stacy Martin, Citizen, Recovering Drug Addict

Topic: Drug Court, Supports AA, NAA, Residential treatment facility

- Was hooked on methamphetamine, lost home, business and children
- Need rehabilitation center in Barren county
- Need for residential treatment center for men and for women
- Jail helped her realize she needed to turn her life around
- Utilizes support groups—Narcotics anonymous has really helped her

Betty Dailey, Citizen

Topic: Women's groups, Treatment, Medicaid

- Her drug problems affected the whole family
- Need women's residential treatment centers (help keep families together)
- Addiction is a disease
- Wants to put life back together
- Went to Volta, blood pressure too high, sent back to jail
- Is in women's program through Lifeskills
- Need to use Medicaid for treatment
- Would like to see solutions from public input meetings

Allyson Pruitt, Citizen

Topic: Family care, treatment, Aftercare

- Recovering addict, spent time in jail, tore family apart
- Need for more treatment centers
- Individuals need different treatment
- Need for family oriented care to go along with treatment
- Need more family time when in treatment
- Need for more aftercare
- Has found outreach program through church
- People have to change behaviors, get strength from other recovering folks, start new path
-

Martin Wesley, Park Place/Lifeskills

Topic: Intensive Outpatient program, Adolescent treatment facilities, More treatment facilities

- Need for more intensive outpatient programs, only one available
- Resources are thin
- Need for more treatment facilities
- Frustrated that facilities have 2 -3 months wait
- Need to evaluate admission process into treatment centers
- Would like to see more Family groups, Adolescent treatment facilities
- Professionalize treatment facilities

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Martha Loveless, Choices Counseling Center (Private counseling program)

Topic: Treatment Vouchers

- Treat folks on individual basis
- Most clients do not have funds to get into programs
- Need vouchers for individuals to get into treatment that suits their needs (Note: Dr. Purvis noted the Federal Government is currently looking at vouchers for treatment)
- Use state funds for inpatient and outpatient treatment facilities
- Give people options
- Idea of prohibition—do not lock up small time pot user, but put away the drug dealers and big time users

Tammie French and students, Middle School Health Education Teacher

Topic: Teen outreach program

- Students abstain from sex, drugs and alcohol
- Students conduct health fairs at school
- Spoke about a program called Middle School Confessions (anonymous concerns/problems from middle school students)
- Students stated they would like parents to talk to them more
- Students stated there is a lot of peer pressure regarding sex, drugs and alcohol
- Students discussed Wish List they made for their parents—their list include: be talked to more, do not assume the worst, explain to me how to, show concern, tell us you love us, compliment us, support us, share interest, etc.
- Parent spoke about teen outreach—stated it has been a true eye opener—kids have issues like: peer pressure on sex, alcohol, drugs, bullying, and depression
- Parent speaking: these kids are mentors to friends, have open door policy to friends, good rapport with kids and knows what is going on in the schools
- Currently this program is in 8th grade, but the outreach program has 3 levels it can be taught at: elementary, middle, and high school
- In treatment: treat parents as well as kids
- More education for parents
- Outreach program funded through the health department from a Federal Grant
- Kids are curious, educate them of the dangers/consequences
- Most parents are in denial
- Middle school confessions have a focus towards parents

Joni Furlong, UK Center for Drug and Alcohol Research

Topic: Drug Court, Women's issues, Funding, Inpatient treatment

- 90 % of adolescents age 9-13 are injecting drugs
- Need to look at women's barriers to treatment (keeping a job, childcare, accessibility to treatment, transportation)
- Need for inpatient treatment facilities
- Must have funds for services
- Funds for Drug Courts to be successful

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- Funding for qualified staff (people are not in it for the money)

Ron Bixler, citizen (retired treatment counselor)

Topic: Dual-diagnosed clients, treatment programs, Women's barriers

- Need treatment facilities for dual-diagnosed clients
- Addiction is a chronic disease
- Need for women's treatment where children can be a part of healing process
- Housing for women
- Use Medicaid for treatment programs
- Treat depression along with alcohol / drug problems
- Need for balanced/collaborative effort of resources in Warren County

Roosevelt Pearson, Recovery Home (Miracle House)

Topic: Self-supported recovery home

- Need for more jobs
- Runs a recovery home where residents pay their rent, food by keeping a job (show proof of hours worked), required to attend certified drug/alcohol program outside of house.
- Recovery House with 12 acres has patio, playground, self-help programs, guest speakers, 2 visits per week allowed from family members
- Need funding to help sustain program
- Need to access licenses more easily for setting up recovery homes
- Behavior changes need to start at home
- Recovery home provides stability, responsibility, support and positive environment

Unidentified participant

Topic: Treatment, Funding

- Need for more treatment
- 28 day treatment is not long enough
- More funding for treatment facilities

Lynda Wilkerson, Lifeskills

Topic: Elderly, Funding, Education

- Need for treatment facilities for elderly people
- Funding for treatment for elderly people
- Need for Geriatric education as well as treatment

Kathy Glenn, Field Supervisor Drug Court

Topic: Drug Courts, Funding for Quality Staff, Treatment

- All drug courts of Kentucky should be accountable
- GED required for drug court graduation
- Drug Courts are 1-2 year programs with constant supervision
- Would like to see Drug Court in every county
- It takes the first six months of the drug court just to get the client to have a clear head

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- Need for drug court staffing
- Funding for quality staffing
- Need for regional treatment facilities
- 2-3 month wait to get in state run treatment facility (VOLTA)
- Have about 100 participants in home incarceration with only 3 full time case managers
- Clients pay \$500 for home incarceration, \$25 drug screen test every 45 days. (NOTE: Panel members stated that price was over inflated)
- Need for statewide fee schedule for home incarceration
- It is difficult for clients to come up with \$55 fee to get into treatment
- Need more funding for treatment options

Representative Frank Rapier

Topic: Drug Testing

- Have confidential drug screen for every student
- Get child into treatment if needed
- Children face peer pressure everyday (easier for them to say no with drug screens at school)
- Enforcement is looking at the treatment aspect of this statewide drug problem

Lesla Watts, Bowling Green Professional Associates

Topic: Hepatitis C, Education, Transportation, Methadone

- Need for Doctors and nurses to be in attendance at these public forums
- The professionals need education as well as the general public
- Hepatitis C is a huge problem
- Drug use can lead to HIV problems
- Need for public transportation to support groups, treatment
- More education regarding methadone and its uses
- Need for accreditation of treatment programs in Kentucky
- Doctors prescribing methadone for chronic pain relief need to be educated about the dangers of getting patients hooked on methadone
- Need for clean needles for drug users
- Anecdotal evidence shows that methadone comes to our state from other states

Jimmy Farley, Drug Court

Topic: Drug Court, Treatment in jails, Medicaid

- Medicaid pays for doctors appointment, prescription, but will not pay for treatment
- Drug traffickers are not permitted to participate in Drug Court
- Need to clarify what is a drug trafficker (how much)
- Need for treatment programs in jails

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- Disappointed to see forum segregated with Law Enforcement, Treatment, and Prevention-Education panels in three separate rooms

Gwenda Hines, Probation and Parole, Todd County

Topic: Caseload, Treatment, SAP programs in jails, employment

- 100 clients on her caseload
- 90% of clients are methamphetamine addicts
- 1-2 month wait for treatment
- Unemployed clients can not afford treatment with only option being jail
- Need for long term inpatient treatment with low or no cost
- Need more funding for treatment and is willing to pay more taxes if that is what it takes
- Need for SAP programs in jails
- Need for more resources

Pam Priddy, UK TAP program

Topic: Women's issues, Treatment

- Women's problems: Domestic abuse, housing, mental health problems, family problems, employment, transportation, and substance abuse
- Barriers to treatment: Funding, transportation, child care, inaccessibility to treatment, no female inpatient treatment beds
- Needs: Help keeping children with them, diversions to jail, funding, intensive services, cross training/collaboration of efforts, housing, and healthcare

Carol Belcher, UK TAP program

Topic: Treatment

- Clients have 6-8 week wait for treatment (It is inhumane to have people wait that long for treatment)
- Need for halfway house
- Need for Intensive Outpatient treatment services
- 28 day treatment is not long enough
- Addiction is a disease
- People are literally dying to get into treatment
- Money would be well spent on women's treatment programs
- Need for more staff
- Need to get children with parents
- Most referrals come from social services and churches
- Need for collaborative effort with treatment services
- Pregnant substance abusers are high priority in Kentucky

Rena Tuck, Office of Public Advocacy

Topic: Drug Court, Treatment

- Need for more Drug Courts
- Need for more treatment opportunities

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- Need to look at Drug Court guidelines for Drug Traffickers
- Feel we are preaching to the choir, other panels need to hear concerns
- 1-2 month wait for treatment
- Need treatment for dual-diagnosed clients
- Need for programs to be self-sufficient

**Kentucky Drug Assessment Summit
Prevention/Education Panel
Public Input Meeting
Bowling Green, Kentucky - April 1, 2004**

Members Present: Sandra Watts, D. G. Mawn, Libby Mills, Dianne Shuntich, Nijel Clayton, Milton Galanos

Support Staff: Linda Renfro and Helen Koger

Sandra Watts, Alcoholic Beverage Control, chaired the meeting. To open the meeting Ms. Watts introduced the panel members and invited the first of **26** speakers to offer comments and concerns. Approximately **50** people were in attendance and 41 different topics were discussed. The session concluded at 2:15 p.m.

Public Input

Tammy French, Bowling Green Junior High

Topics: Health education in schools, school programs,

- Conducts health education class to help reduce teen pregnancy, drug abuse, etc., taught at 8th grade level
- Group of kids promote good atmosphere in school
- Program – Middle School Confessions – students spoke to parents on what they have seen or experienced and what parents can do to help, whole community was invited, around 150-200 in attendance
- Constantly coming up with different activities to promote in school
- Weekend activities is where kids get involved in drugs
- Conducting health fair to educate kids

Anisha Davis, Student, Bowling Green Junior High School

Topics: Parent involvement

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- Middle School Confessions program - parents were shocked at what children were doing at middle school age
- Want to see parents talk with kids more, kids realize how important it is to wait
- Video on kids using alcohol

Ben Lawson, Student, Bowling Green Junior High School

Topics: Educate on drug use, Internet drug information

- Have seen or heard of kids who use marijuana, speed, and drink
- Taught what drugs do to you – some people don't understand – they think it won't hurt them and don't grasp what can happen
- Not alienated from kids who take drugs or alcohol
- Saw 13-14 year old who had alcohol poisoning
- Kids get alcohol from the home - weekend parties where parents are not home
- Getting high on fumes from markers
- Saw kid who had marijuana seeds and he was going to plant them
- Easy for kids to get info and items on marijuana off the Internet
- Kids lie on surveys

Ben Rauh, Student, Bowling Green Junior High School

Topics: Kids view of drug use, school surveys

- Kids think drug use is cool
- Kids talk about using drugs like it is OK
- Need to do more surveys - School Pride Survey on how easy to get drugs and how much used
- Top students at Junior High sponsoring booth at Health Fair in April

Cat Cantrell, Student, Bowling Green Junior High School

Topics: Ecstasy

- Ecstasy use is not a big problem but has a friend who likes to take it and speed
- Ecstasy and speed are becoming a problem with kids using

Dr. Lynda Wilkerson, Advocate for the Elderly, Life Skills

Topics: Drug abuse in elderly, educate family on elder drug abuse, funding

- Advocate for the elderly
- Tremendous drug abuse with prescription drugs of the elderly, mainly because they don't understand, family members are not going to doctor appointments with them
- Elders seek help for substance abuse from general practitioner
- Lack of coordination among doctors treating the elderly, prescriptions
- Families are not educated about disease of alcoholism
- Need funding for mental health centers in geriatric services

Susan Brown, RN, Barren River District Health Department, Certified Child

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Birth Educator

Topics: Life Skills program, smoking during pregnancy,

- Supports Life Skills program, focusing on smoking when pregnant, smoking while pregnant causes several health issues for babies—low birth weight, premature, lifelong mental and emotional problems
- Outreaching to pregnant women, offer support to quit smoking
- Pregnant women do not qualify for Cooper Clayton program
- Many women do not look at smoking as a drug since it isn't illegal
- Don't consider smoking marijuana when asked if they smoke
- Take cigars and empty tobacco out and fill with marijuana
- Convenience stores have items at counter that can be used for drugs—single flower container is perfect to mix drugs
- Cover 10 counties, transportation is a problem for some women –glad to see us coming to them in their area
- Offer incentives for pregnant women to come to classes
- Women open up at classes

Carol England, Life Skills

Topics: Life Skills program

- See women coming in that are taking drugs
- Life Skills program gets women to open up

Chaelea Carter, Life Skills Prevention Center

Topics: Programs, assessments, research, collaboration, prevention strategies

- Prevention, intervention, treatment and recovery
- 10 Champions groups, 6 local ASAP boards
- Staff must become certified prevention professionals
- Need assistance with grant writing
- Conduct needs and resource assessment and help in those areas
- Prevention is more than awareness and education
- Provide substance abuse prevention research
- Work with federal and state guidelines
- Networking
- Accomplished – city businesses must attend responsible beverage server training, local community group not allow smoking in 50 feet of event, breathe easy campaign where dentist participated
- Collaborate with local health dept
- Drug curriculum in 15 of 16 school systems that work with
- Bring prevention strategies to community
- Need funding for additional personnel, community involvement

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Amy Pierce, Life Skills Prevention Center, Prevention Specialist

Topics: Vendor education, college survey, social norming

- Offer responsible beverage server training
- Offer train the trainer sessions for responsible beverage servers
- Try to get ordinance passed that vendors who sell package alcohol would require training
- Breath easy – guideline – 15 smoke free policies
- Fund college assessment survey – National College Health Survey being used across the nation, baseline data from 2002
- Social norming campaign – targeting high risk drinking on college campus
- Give students healthy norm
- Conducted drug free campaign – help kids through persuasive information, used media

Kathryn Steward, Western Kentucky University Health Education Coordinator

Topics: Life Skills program, programs for university students, funding needs, additional personnel needed, alcohol use,

- Global survey – changes in prevention/education efforts
- KY network to reduce high risk drinking
- Collaboratively working with Life Skills program
- Focus on many health issues that affect college students
- Need funding for education at university level, concentrated focus on alcohol use
- Health services talks with students
- Students given GHB
- Ecstasy use – people are not weighing the consequences
- Some start using drugs in college, first time leaving their safety net
- Need to concentrate efforts in self esteem, college students are lonely and bored
- Offer alternative activities for college students and get them there with incentives
- Need funding for education of university students
- Offer training on peer mentoring
- Educate professors on what to do if suspect drug users
- Assault issues from drinking and drug use
- Athletes have random drug testing, if test positive must attend educational session
- Program for students caught using alcohol, Alcohol 101 program
- Arrest numbers for marijuana use is down, but use is not down
- Need education for driving while using marijuana
- Program for college students – send card about 1-2 weeks before 21st birthday – information on safer drinking tips, alcohol poisoning
- Needed to improve program – person to focus specifically on drug use
- Cuts in funding will hurt program in future
- Need education on social skills
- Program no longer required for incoming freshmen, voluntary program in place but have to pay for it
- Educate parents to have kids not take candy from others, candy necklaces with drugs

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Eric Gregory, Life Skills Prevention Center

Topics: Community effort, grants, gateway drugs, environmental strategies, methamphetamine use

- Important to realize it takes comprehensive plan, community involvement
- Work with grants, Champions, Youth Empowerment, ASAP
- Awarded drug free community grant – gives community ammunition to combat problem
- Youth Empowerment – piloting in spring
- Have 6 groups working
- Education is one component of prevention
- Don't forget gateway drugs – need to address and target (alcohol and tobacco)
- Marijuana tough to address environmentally – one strategy is working to remove magazine high times and other publications available locally with information on marijuana cultivation, psychedelic mushroom spore cultivation
- Over the counter medications – working to put behind counter
- Methamphetamine issues – distribute informational flyer – educate on hazards to environment, educate public on recognition of meth labs, how to report if they find one (in this area have anonymous tip line that goes to Warren County Drug Task Force)
- Relative is mechanic and suspected items for meth lab in vehicle – who do we contact on looking for items used in meth labs
- Education on meth lab items for retail stores that show precursors to meth lab, approaching pharmacies and educating on items for meth labs, target large battery suppliers on lithium
- Make some of precursors hard to get
- Reduction of rolling papers—keep out of easy reach at store
- Combat apathy, educate that hazard does apply to you, kids could be exposed, anhydrous ammonia tank can explode and it attacks the wet areas of the body
- Cross reference who is purchasing a ammonia and how much do they need
- Info on marijuana and meth labs, etc. can be found on Internet easily by kids
- Make it illegal for parent to give child drugs

Unknown

Topics: Comprehensive effort, legislation

- Comprehensive effort of all to combat problem
- For legislation, fence around area where anhydrous ammonia tanks are located – need input

Frank Rapier, Director Appalachia HIDTA

Topics: Mandatory drug testing in schools, peer pressure

- Ordering drugs from Canada, easy on Internet
- Parents would not send children to school if there was an epidemic – that is what we have today with drug problem

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- Need mandatory random drug testing of every kid in school – not to penalize but to help them and have services in place if they test positive, gives kids protection from peer pressure that sways many young people (could test blood or hair) If students test positive, recommends mandatory treatment
- If keep kids off drugs until certain age, less likely to start
- Received \$18 million grant money for Eastern Kentucky—need similar grant for entire state
- Complete Pride survey anonymous so can be honest—some people lie

Lecia Priddy, Edmonson County ASAP

Topics: Community support, funding, consistency

- Have community support
- Changes in funding and staff makes for a slower process
- Grant funded programs – no money for implementation; money is for materials
- Need direction on program implementation
- Consistency in staffing, funding and continuation would help
- Educational program on tobacco and offer incentives if they did not use – lost funding for program

Cathy Parker, Life Skills Prevention Center, Early Intervention

Topics: Parent information and education, surveys, collaboration

- Low risk choices
- Information to parents and students
- Parent education on importance of communication with children
- Youth are screened and then referred (120 screened and only 20 referrals), follow up survey once they complete program, provide information
- Collaborate with others
- Judges and court designated workers refer kids to program

Dr. Minatren, Western Kentucky University

Topics: Tobacco use, funding for peer mediators, RAVE clubs, educate parents and teachers, drug screening, hire professionals, mental health counselor deficit, educate parents

- 22 years in drug/alcohol field, teaching and counseling, corrections, military
- Research in South Carolina of 200 females – if they smoked 14 times more likely to abuse alcohol, if they are smoking (14-19 years old) red flag, also friends smoke
- Need funding for training for peer mediators, Champions budget was cut, have manpower but not dollars
- Club/date rape drugs has hit KY at RAVE clubs – drugs readily available (ecstasy, GHB, GAB) and they target 14-19 years old and advertise no alcohol
- Urine screen does not work on some drugs
- Educate parents and teachers on over the counter drugs (certain brand of nail polish remover – GHB)

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- Golden Gym selling item to build body and has GHB in it, need education on this
- Louisville has 2 RAVE clubs and Nashville has 1, backwards E is clue it is a club
- CADC – do not have a have masters level, need different levels for bachelor degree and masters degree
- Pathology – dual diagnosis of drug use and mental health – need clinical level to do work with training
- Drug screening teenagers – (teachers, security officers and counselors bring it in to school) – screen educators and administrators in educational institutions also
- Screen blood or urine – depends on the drug
- Kentucky has deficit of mental health counselors/salaries low and on call 24 hours
- Need funding for education
- Need parent education on huffing
- Red flag – break ins at veterinary clinics – getting drug
- Don't have social skills to speak with people who do not use drugs
- Beer distributor is sponsor at Western Kentucky University cornerstone

Joyce Adkins, Barren River District Health Department, Tobacco Coordinator, Health Dept.

Topics: Need funding, tobacco use, at risk kids, social norming, adult mentors, community involvement

- Need additional funding for tobacco use
- Keep kids off tobacco, usually first use of a drug, they don't see tobacco as being a drug
- All kids at risk, especially those predisposed
- Kids need to know there are healthy and unhealthy risks they can take; kids are risk takers
- Kids with problems are high-risk for everything
- College age kids - no restrictions
- Need to know what the risks are
- High risk kids – parents or relative using drugs
- Part of prevention is social skills – teach them while young
- Kids need social norming—many kids think it is normal to smoke, drink alcohol and take drugs
- Teach kids assertive skills to say no, how to set goals
- Kids need to feel needed in the community—one program gave makeovers in a nursing home
- Kids need adult mentors in the community
- Build kids self esteem

Bob Gregory, Logan County Sheriff's Dept.

Topics: Awareness training, methamphetamine use, early education

- Need program to offer training how to go to county and create awareness of drugs
- Methamphetamine is worse drug, 95% addiction rate from first time user

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- Not enough jails if everyone sentenced
- Start drug education in 6th grade
- Must have meth awareness program in this state so we don't lose our people

Dr. Richard Wilson, Western Kentucky University, Public Health Professor

Topics: Drug trends, gateway drugs, evidence based prevention programs, environmental strategies, use of funds, methamphetamine and oxycontin use

- Advantage as senior person is historical perspective – doing things so much better today than 20 years ago, have more impact now
- Drug statistics and trends - 1978 drug use peaked and in the 80s it decreased
- Drug use only peripherally related to our activities, trends not linked to what we are doing
- Only chipping away at the margins
- Win the war on drugs is naive thinking
- Alcohol and tobacco are more significant drugs
- Today 12,000 people will die from tobacco use, 300 alcohol use, 50 other drugs – what drug prevention deserves most funds
- Tobacco and alcohol are gateway drugs
- Oxycontin and methamphetamines – don't know as much about users, what adults use, not enough statistics - what are dimensions of problem; Before we shift funds, ask what are statistics based on, percentage wise how does it effect them
- Promote evidence based prevention programs – invest in programs that will have impact - good use of resources; A “neat idea” is not good enough within itself
- Hold people more accountable for effectiveness—reasonable expectation will be effective
- Focus on environmental strategies – drug free lifestyles
- Focus on populations - pregnant women, Hispanics are emerging population and growing
- Universal drug testing is a waste of money based on 20 years of prevention experience – waste of resources - opportunity costs, what do you quit doing to have money to do testing, infrastructure in schools to follow up on kids using, number one drug problem in high schools is alcohol and statistics already show it is there
- Alcohol number one drug problem in high schools and on college campuses

Davie Greer, County Judge Executive, Barren County

Topics: Educating schools, Drug Courts

- Missing prevention – schools don't think they have a problem, administration turns head away from the problem
- Young people get drugs in schools everyday (sometimes from counselors, school administrators)
- Need to get to grass roots of the problem
- Drug Courts helping – don't help by sending to jail

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Jeff Rice, Life Skills Inc.

Topics: Collaboration, funding, coordination, changing values

- Must be collaborative effort
- Keep funding for local communities—ASAP, Law enforcement, business and Health Department
- Need coordination by someone who can set meetings and grant application – fund boards to have director
- Need to look at prevention as more than handing out information – changing values and beliefs on a daily basis, making good choices

Beth Siddens, Barren River District Health Department

Topics: Evaluation of programs, gateway drugs, funding, coordination of programs, ethnic sub-population

- Evaluation – be sure funding is set aside for solid, good evaluation, did it actually make changes in knowledge, attitudes
- Gateway drugs – caffeine is a drug people do not realize they are giving their kids, wiring brain for moods, setting up for later addiction
- Need stability and continuity of funding
- Need staff person to coordinate programs and for evaluation
- Ethnic sub-population – Hispanic population, social norms is a problem, acceptance of alcohol use, substance abuse is taken for granted
- Need groups to target ethnic sub-population

Dennis Chaney, Barren River District Health Department, Public Health Director

Topics: Funding for demonstrated collaboration, Character Counts, caffeine use, prescribing practices by medical profession, school system is collective audience, reimburse medical profession for prevention efforts

- Worked on both public and private health care
- This area has community spirit in collaboration, not all across the state
- Need to consider funding for demonstrated collaboration, requirement to receive funding that groups must work together
- Equipping young people starting in preschool in capacity to be secure with themselves, Character Counts
- High caffeine drinks available – teaching kids about the rush
- Self esteem issues, lack of physical activity
- Education in the home
- Collective audience is in the school system
- Find balance to education person holistically
- Need attention given to reimbursement to medical profession for prevention efforts
- Involves entire health care system

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- Capacity to address prescribing practices of medical profession, KASPAR program, doctor shopping needs to be monitored,
- Address practice of physicians encouraging people to keep coming back

Dickie Carter, Logan County Magistrate

Topics: Education on meth awareness, parent awareness, Need God in Schools, community effort

- Prevention is asset – start with younger children and parents
- Drug awareness programs are important—don't have a clue of the cost of people on drugs
- Parents say child is draining finances keeping them out of jail
- Parents are not aware of how a person on drugs thinks
- Volunteer programs don't seem to work, can check yourself out – needs to go through the court system
- People have to do things they don't want to do in order to help family members
- Need to educate public on meth awareness
- We can win the war on drugs
- Government cannot be accountable for everyone's actions
- Need God in the schools
- People need to look after our children, community effort

Ms. Greer, County Judge, Barren County

- Good programs in Barren County
- Schools say "No problem"
- Students know who they can get drugs from
- As judge, she has visited jails and inmates are sometimes given Paxil to keep them quiet

Dashal Thompson, Monroe County, Tobacco Coordinator

Topics: Drug education curriculum in schools, parents allowing drug use, tobacco use, methamphetamine issues, limited resources

- Have limited resources
- Department of Education – curriculums that fit into guidelines, drug education part of normal education, teachers trained to teach
- Shortage of people to teach drug education programs in schools
- Illegal for kids to possess tobacco but parents allow them to use
- Methamphetamine issues – destroying environment
- Tobacco use is serious - hurting kids, second hand smoke
- Relative has asthma and has serious breathing problems when around tobacco smoke

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**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Bowling Green, Kentucky - April 1, 2004**

Members Present: Cleve Gamble, Stephen Collins, Tony King, Connie Payne, David James, Mac Johns, Mark Miller, Joe Acquisto, Norman Arflack, Van Ingram Frank Rapier, Mike Sapp, and Joe England

Support Staff: Kay Fuson and Margaret Johnson

Representative Jody Richards:

- I want to thank each of you for coming.
- I am pleased you are here to get a handle on his problem
- In an earlier session we passed law to help combat this problem, forfeiture program
- Warren county drug task force created
- Made it a felony to deal drugs within 1000 yards of a school
- We are always looking for suggestion to help make laws stronger
- We will pass what ever laws necessary to implement the recommendations of this Drug initiative.
- I also want to thank Commissioner Bizzack for his hard work on this problem.
- Governor Pence has a good heart and a vision for what needs to be done. Vision is important.

Representative Roger Thomas:

- I want to welcome you all to BG
- I want to commend Senator Stivers and chairman Lindsey who have worked diligently to combat drug problems
- I also want to thank Commissioner Bizzack, Department of Criminal Justice Training, for his hard work.
- Thanks to Bowling Green police, WKU police, the Warren County Sheriff's Officer and the Kentucky State Police.
- They have wonderful working relationship.
- I see that Barney Jones, Barren County is here and I want to commend him as well.
- Thanks to all law enforcement for providing safe environment for families to live and work.

General Topics

Jackie Strobe, Jailer Warren County

TOPIC: Additional drug testing lab needed in Bowling Green

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- We need a drug lab in Bowling Green
- Currently there are 565 total inmates in jail in Warren County.
- Of the 241 waiting trial, 90% on drug related charges
- Methamphetamine users have many health problems.
- I am saddled with medical bills costing over \$700,000 and I don't think the jail should be responsible
- Should explore sharing seized money with jails to help with costs.

Charles Orange, Commonwealth attorney Logan and Todd County

TOPIC: Locks for Anhydrous Ammonia Tanks due to increase in thefts

- See increasing problem with methamphetamine
- 303 thefts last year
- Thefts almost as big a problem as the meth itself
- Many businesses don't even have fences
- People come from other counties and states to steal
- Southern Iowa put locks on Anhydrous ammonia tanks and none have been defeated
- Thanks to Harold Mac Johns went to bat to get additional prosecutors
- We are in heart of the meth problem
- Users range from young child whose parents make meth to senior citizens who have become addicted in senior years

Question: Do locks and fences really work and do you have numbers from Iowa on how effective they have been

Answer: Worked well at retail sights in Iowa, but they did not send to farms.

- There is a fence security system that will notify service that fence is being tampered with
- Sellers should put tanks in well light areas toward road so police can see
- Locks, and fences, will make a difference

Question: Are penalties severe enough and will enhancing the penalty help

Answer: I don't know if stiffer penalty will help.

Question: Stephens Collins, what is usual sentence for theft of ammonia?

Answer: First offense, 2 years, serve at least 6 months in jail and if addicted send to treatment

Frank Rappier:

- I like idea of locks.
- Has worked well on thefts of explosives
- Why should we pay police to guard sites that sell ammonia?
- Supplies should take responsibility for their own sites

Dr. Ken Embry, Medical Review Officer

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TOPIC: Change in mandatory testing, hair test vs. urine test

- Involved with research and have been surprised by intense use of meth
- Did drug testing for uncle who owns a trucking company.
- Found that 10% of the drivers tested positive
- Could conclude, that if tested, 10% of entire work force might test positive for meth
- 10% of hair tested positive for coke and meth
- 10% passed the urine testing
- Department of Transportation won't change from urine testing for years
- No real cure many meth users starve themselves and die
- One patient says only thing that cured her was her time in jail; no access to meth
- Gut feeling is the only hope is they will be incarcerated for long time
- He charges \$60 for hair test and \$40 for urine.
- It takes 5-7 days to get hair test results
- Can get urine test back over night.

Question, Tony King: Are we seeing higher incidents of foreign drives transporting drugs into KY? Are foreign drivers tested?

Answer: There are approved labs in Mexico whose finding DOT will accept. Don't know if the testing is mandatory.

Question, Cleve Gamble. Has your research been published yet? We would be interested in a copy when it is completed.

Answer: He is working on it now and should be completed soon.

Tommy Loving: Bowling Green Warren County Drug Task Force

TOPICS: Methamphetamine use on the rise in Warren County. Need a drug test lab in Bowling Green. Appropriate use of Drug Court.

- Judge Buchannon could not be here but is very supportive of this program. Task force was his idea. He got all local law together and decided we would just take care of the problem. Justice Secretary Cherry helped find funds.
- Jan 2004- HIDA and also brought an ATF agent on board
- Bring a satellite drug test lab to BG
- 1997 1998 no meth labs
- 1999 3 cases
- 2000 14 cases
- 2001 36 cases
- 2003 54 cases
- 1st quarter 63 meth labs
- Congressman Lewis helped secure meth lab grant
- One thing that is working in Warren County is that all police agencies work together
- Share info with each other as well as with prosecutors, city and county officials
- Am supportive of drug court when handled correctly for users
- Don't put dealers in drug court, is like putting the fox in hen house

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- Another problem is internet pharmacy, drugs already shipped
- HIDA has helped with funding
- I know that it takes treatment and education
- Don't take our funds
- Don't tamper with forfeiture statutes
- Am concerned with the 2005 federal budget. Will be a reduction in grants.
- Contact your representatives and let them know how important our money
- Leave state statues alone where forfeitures are concerned
- People cooking and selling are using
- People involved with methamphetamine are a complete drain on system

Question: Connie Payne: How do you determine if the person is an addict or a trafficker?

Answer. We make at least two buys to make sure they are dealing.
If they are addicted and selling they should get treatment in prison

Question, Tony King: What is your opinion on mandatory sentencing?

Answer: We use federal statutes because the penalty is stiffer.

Mark Miller: I want to compliment Director Loving on the work the task force does. I am looking into the drug lab issue.

Routinely hear that everyone in law enforcement needs to communicate better.

Warren County does not have this problem.

Question, Tony King? How is your clandestine lab training; are you satisfied?

Answer: Tommy Loving. Yes it is good training.

Jeff Scruggs, Barren County Drug Task Force

TOPIC: Keeping Drug Task Force Funding

- In operation since Oct 2003
- Here to lobby for task forces in state
- Keep task force funded grants or any other monies so we won't have to worry about task forces fighting for funds
- Barren County answered 160 drug complaints, ranging from pot smoking to cooking meth
- Worked 60 cases and made 60-70 arrest
- Am supportive of treatment
- If they are not in system to begin with they will not seek treatment
- If a person truly wants to get help they have to be the one that starts it.
- We will help as they go along
- Am concerned about the money issue

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- DEA, ATF and KSP all supportive of task forces
- Received \$30,000 from Senator Lewis's grant
- We have got to have money and support
- We need your support to keep Drug Task Force up and running
- We are all trying to attack the same problem
- Would like to see all agencies work together and when that happens will see progress
- Would like to see state wide task force multi-jurisdictional

Renee Tuck, Director Public Defender's Office Warren County

TOPIC: Drug Court

- Don't want to take your money
- The more you arrest the more we have to defend
- People don't commit these crimes by themselves
- Usually 4-5 others with them
- Have to stress boundaries of ethics to provide attorneys for others
- Drug court is a valuable asset; need to use more
- Needs some type of distinction in trafficking charges

Dickie Carter, Logan County Magistrate

TOPIC: Prison ministry, Treatment options

- Thrilled to see people here interested in drug problem
- State-wide problem
- Law Enforcement can't solve alone
- Not a family in KY that has not been affected
- A child should not have to go to school and have someone try to sell drugs to him everyday
- Parents talk to your children
- Law Enforcement and the Judicial system needs policing
- Encourage state and federal authorities to police the police and Drug Task Force
- Have to get to point where we forget who is who in community. Should not matter if he is the judges or preachers kid
- God works
- Work with a group that goes into prisons on the weekend to minister
- Prisoner are calm after they visit
- Encourage you all to stick with this
- Volunteer programs don't always work; if they can check themselves in, they can check themselves out
- Have to go thru judicial system sometime
- Drug addicted person's main goal is figure out where to get next drugs

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Melinda Gill, Therapist Logan Community Health Agency

TOPIC: Medicaid will not pay for treatment for substance abuse, Cleanup of meth houses.

- My comments are to Law Enforcement
- We are charged with providing treatment
- Unemployment has impact on drug use
- Logan County has high rate of abuse
- No job, no transportation, no income no way to get work
- Selling meth becomes an option
- First try to pay bills, then use, then traffic, then get arrested
- No agency charged with clean up after a meth house has been raided so new family moves in with chemicals still present
- Some are sincere and want treatment other do not, how do we tell the difference?
- Huge delay between referral and treatment
- Need to hire skilled people who can determine who can be helped
- People are referred to same person/system that did not work previously
- Pot is often socially acceptable
- People who can't find ways to support themselves will sell drugs
- Most of her clients believe pot should be legal
- Pot is most commonly used drugs
- Second most commonly used drugs are:
Caucasian, meth
African American, cocaine
- Difference between drug of choice is not skin color but cultural differences

Question Joe Acquisto: What would you suggest should be done with the repeat? referrals?

Answer: Some can't be cured only managed

Kathy Whitson, Life Skills, Barren County

TOPIC: Treatment

- People with character disorders can be helped with treatment
- Sometime jail time works wonders
- Want to back up what Ms Tuck says, not interested in taking money
- More arrests equal need for more treatment
- Have limited service providers
- Due to number of people needing treatment, can only provide limited treatment
- Research has proven, the longer person is in treatment the better the outcome
- Need to help people learn how to stay clean,
- I am a alcoholic, could not have gotten clean without help
- We need Drug Court in Barren County
- Sometime accountability is treatment related
- Medicaid will pay for people with personality and character disorders but will not pay for treatment but not for drug abuse.

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- Treatment should to start at jail level. When released, they go back to a people toxic environment.
- Pot use has become acceptable
- Pot is more subtle, but no less toxic.

Connie Payne: Judge Patton is working on getting Drug Court in Barren County. Have some federal funds and is hoping for state funding, but does not look good for this year.

Question, Cleve Gamble Is there a profile yet on who may be a good candidate for treatment.

Answer: Not yet, I usually act on gut instinct.

Judge Sam Potter Warren County District Judge

TOPIC: Drug test lab needed in Bowling Green

- Am in favor of a drug lab in Warren County
- Know expensive but will save money in long run
- Has to be indicted in 60 days, or if not have to be released and then go right back to selling
- Lab would benefit, lab results back sooner and case started sooner, get treatment or jail sooner
- Children not in foster care.
- Establishment of drug lab would expedite process.
- Don't know if mandatory sentencing is the answer because trafficking is hard to define.
- I busted drug lab while hunting. Subjects were from Senora KY.

Question Cleve Gamble, Should judges be more consistent with sentencing?

Answer: Don't do sentencing on felony

Will local government be willing to do in kind contributions to help get the project started?

Answer: Yes, I know that Dr Ransdell, WKU President, will be willing to participate. County bears burden of keeping people in jail while waiting to go to court.

Judge Margaret Huddleston, Family Court, Warren County

- We don't always hear about the kids that are removed from home due to drugs Some children are becoming addicted themselves.
- Lab would help address the issue.
- Have a wide base of community support to do in kind contributions.
- Know if Judge Buchannon and Dr. Ransdell could be here, they both would be here.

Jim Devasier, Southern Ky Drug Task Force, Logan, Simpson and Butler Counties

TOPIC: Drug Task Force Funding, All Law Enforcement Working Together
Progression of drugs:

- 1978 undercover narcotics officer, we had no good equipment

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- Make hand to hand buys using informants
- Had to party 3-4 nights a week to make buys
- In living the life spoke to people and heard about crystal meth
- If ever takes hold, meth will be horrible problem
- Coke just beginning in larger cities in KY
- Users enjoyed rush of coke in first 30 minutes
- Do more for another rush
- Never get enough
- Crack coke came along, rush lasted 10 minutes
- Oxycotin, quicker rush
- What once was a drug to get high becomes a drug to get normal
- Judge Gill said saw relief when people sentenced to jail, because there was no access to get high or die
- Have a sick society
- Enforcement is still pivot in the problem
- Have entered time when we need to pull our borders in and attack the supply, the manufactures and the users.
- Local police can't do it. Busy working cases such as burglary and robbery, most of which are connected to drugs
- Have entered a time when it is imperative that we have drug police such as Drug Task Force
- Would ask each of you not to cut the funds for Drug Task Force
- Without Drug Task Forces in state, drug problem cannot be fought

Steve Woods, Allen County S.O., Detective

TOPIC: Drug Task Force

- Task force only way we can hurt the drug problem
- Only two detectives in county
- We work all felonies
- We can not work all other cases and work drugs as well
- We want to become a part of a Drug Task Force, local officials do not want to give up the people because they fear they will work drugs in other counties and not Allen.
- Money and personnel biggest help
- Some people don't believe in mandatory sentencing I do. People don't just wake up one day and say I am going to become a dealer.
- If a person is an addicted dealer, should get treatment in jail
- Those who deal should stay in jail for a specific amount of time.
- Some people just like to cook. His high comes from cooking and selling his dope. Makes sure he has high quality meth. Did his 60 days in jail and was right back out cooking again. Had to arrest again and in the process, had to shoot the suspect.
- Put officers in dangers when they have to keep arresting the same person
- Need to educate our officials. Hear too many times drugs are a victimless crime; not so 90% of our crimes are drug related.

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Karen Garraridy, Life Skills, 10 county area

TOPIC: Need additional treatment centers, Medicaid Problems

- I believe in the therapy value for some going to jail, but jail is not treatment.
- As we see more people who would have been in pen moving into county jail, I see drug court as an alternative to some people.
- Preference would be drug court with treatment funding
- Can stay in home and have support
- Can get counseling and be monitored
- If you can serve the person and the community in the least restrictive way, that is how we should do it.
- Not enough treatment for juvenile drug abusers.
- Many juveniles have substance abuse problems as well as mental health disorders.
- Cannot treat abuse due to Medicaid not paying for treatment for substance abuse.
- Charge for treatment is \$10.00
- If people have to pay for treatment that used to be free, people don't want treatment.
- If an officer arrests a person with mental conditions, and he also has a substance abuse problem and that person talks about abuse problem he will have to pay.
- We can't pay because our costs have risen but we have not had additional funding.

Karen Timmel, Barren and Metcalf Counties, Commonwealth attorney

TOPIC: Increase in use of meth, back log in drug lab, Rocket Docket

Over whelmed by the use of meth in this area

- Increase in case load ½ case are meth related
- Not here to talk about money
- Have heard a lot of people asking for lab in Bowling Green, probably all counties could use a lab
- Judge Patton keeps a person in jail until they can get treatment.
- People out on bond get additional charges, might be helpful to use the system that Jefferson County uses, Rocket Docket. People waive right to indictment, speeds case along.
- If defense attorneys are willing to waive subject's right to lab report, cases could be moved along.
- Could we get a new rule on the 60-day time limit that would help with the back log from the lab?
- Have developed a new evidence collection kit to send to the lab. Will cut down on time it takes to get lab results back.
- Part of reason for backlog is the increase in number of cases.

Keith Deeds, Operator of a half way house

TOPIC: Half way houses

- Has lock down capabilities.

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- We are not a treatment facility.
- Residents are required to go to counseling.
- Can't set up in Bowling Green city limits, due to ordinance that will not allow them to operate in city limits.
- Would ask that the city reconsider.
- We could help with the problem of them being back on street before trial.

Question, Tony King: How does your company handle the meth problem

Answer: Counselor will assess whether they can be in program or not. We use certified methods of testing. Have to go through detox prior to entering their program.

William Bufford, Treatment Coordinator for Warren County Drug Court.

TOPIC: Treatment

- Not here for funding.
- Most important thing right now is cooperation between law enforcement and treatment.
- Don't agree that jail is always the best thing for traffickers.
- Know a young man who had a \$500 a day habit, had to sell to support, that young man was me. Had some good law enforcement officers who stepped in and helped.
- Was fortunate enough to get into drug court.
- In African American community, selling drugs is a way to get money. Is a way to obtain things they need and want.
- Had a young woman who began to use meth to loose weight due to being in an abusive relationship, became addicted and then began to sell.
- Everyone who uses drugs is not a criminal even though they may be committing criminal acts.
- Should take a look at background and other circumstances surrounding the activity and use info to determine how to proceed.
- Some people who are involved in drugs, do need to go to jail, but some don
- People who use meth, don't want to share, so they learn to make meth.
- Most people I have met in criminal justice system have never seen a real live addict become a productive member of society.
- It is not true that once an addict always an addict. I am proof of that.
- Seems like everyone is going in their own separate way.
- This is a good idea, but, what happens when the current government leaves office and next people don't like it?
- We are not going to stop people from getting high. We need to learn to deal with it at its very base.
- The mentality that we will keep popping the small users is wrong.
- 50-year-old former addict just got GED because an officer was willing to see some good in him.
- Like to see officers be more willing to help.
- I had officers who took an interest in me and checked in on me.

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- Must get treatment to people in jail who are sitting there figuring out ways to get high when they get out.
- Those who do not have a criminal mentality have one once they get in jail.
- It is a fact that people can get high in jail so what have we accomplished by putting them in jail?
- We are going to invite the arresting officers to the next drug court graduation.
- We need to come up with a way for us to all have the same common goal, which is to save a life.

Matt Pettigo, News Paper Editor

TOPIC: ASAP

- I am a member of the Allen Substance Abuse Program.
- Gives state dollars to coordinate how to use to fight drugs.
- Used funds to buy equipment for Law Enforcement and also hired a coordinator.
- Seeking a fed grant for a transportation for students deemed at risk to participate in after school programs.
- I am a child of a drug abuse house. I do not and have not ever used. I went to school without breakfast; instead coke and marijuana were on kitchen table.
- This is a good program and I would ask that you continue it.
- We are investing in the kids of tomorrow, we are breaking the cycles.
- What we invest in today may become the actions that we may or may not have to take tomorrow.
- Drug fact sheets to go on place mats on local restaurants.
- The genius of the ASAP concept is that different communities can solve their own problems in ways specific to them. What may work in one area may not work in another.

Question, Tony King: What kept you from following in those same steps?

Answer: sheer determination not to let them control me. I got help from my friends who had good strong solid families. Let me see that is not the way it has to be.

- Are working on getting counselors in schools to help the kids involved in similar situations.

Steven Spies. Former military officer in Vietnam, former Judge and former ATF Agent.

TOPIC: People involved with drugs should suffer consequences

- If you don't break the drug problem with swift enforcement it will dance on like it has since the 60's.
- The problem of the drug abuser is not my problem. He needs to realize that their consequences to his actions.
- We need minimum and uniform sentencing guidelines.
- Young offenders need to know the consequence to their actions.

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- If go to jail and have things taken away, will realize the consequences, the other kids will also realize what will happen.
- Not one valid study that can prove that diversion programs are successful. Mandatory sentencing provides consistence.
- Severe consequences are the only answer.
- Have to take away the incentive.
- Make an appropriate, sure swift response with kids.
- Need direct affect on the supply and demand side.
- Each act should have a consequence.
- Punish those who are addicts.

Kathy Glenn, Field Supervisor Drug Court for State of KY

TOPIC: Drug Court, Jail not always the answer

- Hard to listen, to the previous speaker.
- Agree has to be a consequence.
- We have taught our kids not to listen to us until we angry.
- We should have consequence but many have never had any guidance.
- I am former addict. I was in military when this occurred. I was injured and was in hospital and addicted on prescription drugs. Luckily I had people to help me so I was never charged.
- There has to be a balance. If arrest were the only answer, our prisons would not be overflowing.
- Hat off to police officers. Can imagine how frustrating it must be to see people who they arrested walking the street.
- Drug court helps them gain living skills, something they have never had before.
- Have evidence of a person who completed drug court and is still clean, saw their probation officer only one time and were told don't sign in if you do I will have to do paperwork.
- I want us to work together.

Roosevelt Pearson, House of Miracles

TOPIC: Drug Court, Jail not always the answer

- Operates a half way house.
- Residents must have a job in 90 days.
- Have to report what they are doing to
- Was a former drug user, was given shock probation by a judge in one county.
- Went into a recovery home for a year.
- The recovery home gave me the ability to get a job.
- The recovery house taught me about my drug problem, prison did not.
- Made me responsible and accountable.
- Provide AA programs, feelings meetings and speakers meetings.
- All people must be in a certified counseling program.
- I had to be taught like a child to learn to live all over again.

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- Got an opportunity to realize my dream thanks to Dr. Avery
- Was told all his life will not amount to nothing and he believed, but someone believed in him and loved him.
- Only when I asked God to help me did I begin to change.
- Have stayed clean by helping others.
- I am not here for money.
- I am here to show that I am tangible evidence that treatment and recovery centers and half way houses work.
- We have open door policy for any and all law enforcement to come see what we are doing.
- Have lab results from random drug screens.
- Have a board for regulation.
- Have evidence that addicts are holding jobs and interacting with their families.
- Families come and participate in counseling meetings. Family are enablers. They need to know when to say no.
- We need to come together to come up with solutions.
- 28-day treatment was not a solution for me.
- Jail was not a solution for me.
- The house provides homes and a place where members share with each other.
- I am glad to be here not in cuffs
- I am glad that the police did arrest me sometimes because if not, I might be dead.

**Kentucky Drug Summit Assessment
Public Input Meeting #13
Bardstown, Kentucky - March 13, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Karyn Hascal, Karen Stephenson (representing Robert Walker), Jerry Lucas, Rice Leach, Jeff Doig, Rick Purvis, Libby Mills, Chris Block, Betty Mueller, Louise Howell, Dan Howard.

Support Staff Present: Jo Carol Roberts, Sharon Davis.

Approximate Number of People in Attendance: 50

Number of Speakers: 16

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Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Dianne Shuntich, Milton Galanos, Sylvia Lovely, John Akers, David Cole, Steve Kirby, D. G. Mawn, Ron Bishop

Support Staff Present: Betty Godsey and Linda Renfro

Approximate Number of People in Attendance: 50

Number of Speakers: 19

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Cleve Gambill, Jim Acquisto, Greg Howard, Mark Miller, Rodney Brewer, Van Ingram, Tracey Corey, General Storm, Lisa O'Hearn, David James, Jack Blair, Dave Keller, Tony King

Support Staff Present: Margaret Johnson, Kay Fuson

Approximate Number of People in Attendance: 40

Number of Speakers: 17

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Bardstown, Kentucky - April 13, 2004**

Members Present: Karyn Hascal, Karen Stephenson (representing Robert Walker), Jerry Lucas, Rice Leach, Jeff Doig, Rick Purvis, Libby Mills, Chris Block, Betty Mueller, Louise Howell, Dan Howard.

Support Staff: Jo Carol Roberts, Sharon Davis.

To open the meeting, Karyn Hascal introduced the panel members and invited the first of **16** speakers to offer comments and concerns. There were approximately 50 people in attendance and 16 different topics were discussed. The meeting concluded shortly before 5:00 p.m.

Betty Heck, Life Designs

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Topics: Barriers to Women, Pretreatment Programs for Adolescents

- Changed treatment to fit women.
- Women addicts cannot get jobs because they are a woman, felon, black, has children, does not have transportation.
- Women are afraid that if they go into treatment they will lose their kids.
- Now focuses on adolescents.
- Parents do not have a clue to the drug problem. Parents are in denial about the problem and think the problem caused by someone else.
- Some adolescent treatment centers (Timbrook) in Elizabethtown, but not full because of lack of community/parent awareness.
- Pretreatment programs have to involve parents.

(Spectators: Laws need to be changed for involuntary admission/retention. Insurance only pays for a few days and then they are released. This is a life-long process.)

Jerry McGrace, Private Citizen, Nelson County

Topic: Personal Story

Son (23) is in jail because of drugs. Been on numerous drugs. Been in treatment centers 3 times. Also went to Shepherd House in Lexington and stayed clean about 4 months. ADD, has not reading comprehension. Can do anything physical. Self-esteem is low. Steals because of drugs. He is unable to keep a job. Quit school when sophomore because he couldn't learn. Stole his aunt's car to go get drugs, but brought it back the next day. Had him arrested. Assumes he needs to be in jail to get the help he needs. He would never hurt anyone, but just can't stay away from drugs. Started at age 12 or 13, got the drugs at school. Lived with grandmother but he stole checks from her. Went to rehab again. Hasn't hit bottom yet. Can't understand the hold drugs have on him. Drugs: cocaine, crack, prescriptive drugs. He also suffers from depression. Wants help, doesn't know what else to do.

K. Hascal – Addiction is a reoccurring disease. Must be treated as an illness. Sometimes it takes incarceration for the person to seek treatment.

A.J. Steele, Communicare, Inc.

Topics: Integrating Dual Diagnosis Treatment, Medicaid, Funding

- Dual diagnosis (mental health) is an area that is lacking.
- No coordination of treatment.
- No funding if there isn't any insurance coverage.
- Medicaid does not cover substance abuse.
- Will put mental illness as primary diagnosis so Medicaid will pay and they will be able to receive treatment.
- Funding
- Have complicated cases and cannot provide the treatment necessary due to lack of funds.
- Michigan has a good system. Know there are ways to do things differently.
- Low salaries.

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(Dan Clark: we need numbers to present to Frankfort to verify this problem.)

Jim Skees, Private Citizen, Elizabethtown

Topics: Personal Story, Serenity Club, Funding

- Related personal story of alcohol abuse.
- Need to educate people about drug abuse.
- Use law enforcement to help stop problem.
- Third line of defense is recovery – one day at a time.
- Help start Serenity Club in E-town. Rent building. Have about 30 meetings a week (7 days a week). Have about 2200 come to meetings per month. Self-sufficient for funding.
- Tremendous number of young people with drug and alcohol problems coming there through drug court.
- Have noticed positive change in the young people.
- Solution is to never stop going to meetings.
- Go to meetings to stay sober and carry the message.
- Need approximately 7000 sq. ft. to expand.
- Funding is a problem.
- Need a halfway house.

Lizette Markham, Communicare, Inc.

Topics: Funding, Medicaid

- Funding is a big issue.
- Patients have no money because they have lost everything because of substance abuse.
- Would like money that is put into jail cells be put into vouchers for treatment.
- Lack of insurance and Medicaid

Helen Mudd, DCBS, Bardstown

Topics: Funding, Immediate Treatment

- Funding barriers.
- Termination of parental rights has long-term consequence.
- Need immediate treatment so children will not be removed from homes.
- Have no contracts to pay for drug screens. Court will do some screenings. Patient cannot afford to pay.

Judge Kimberly Shumate, District Judge, Hardin County

Topics: Creative Funding Strategies

- People are destitute.
- Drug court tells addict that they have to have money up-front.
- Case Story: Meth addict caring for disabled sister and is in jail and has no money for treatment.
- Would like to see addicts be able to pay as they go rather than require them to pay it up front.

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- Need creative funding strategies.
- Need more halfway houses.

Terry L. Reams, Communicare, Inc. Director

Topics: Whole Person Concept

- Everyone has his or her own agenda and we need to remember that the issue is the addict or loved one who may be dying from substance abuse.
- Support the whole person concept.
- Minnesota concept.
- Tobacco consumption may be more of a health problem than alcohol and drug abuse.
- Must continue to talk about substance abuse problems.
- Demonstrated fake markers and lipstick to show pipes used as smoking pipes.

(Dr. Leach: Tobacco is a problem but it is not what is killing young people.)

Patrick Whelan, Private Practice, Bardstown

Topics: Funding, AA, Minnesota

- Need funding.
- Quality treatment does work.
- AA works – it is a treatment with low costs, but does not have qualified people.
- Look at the Minnesota model; has quality providers and higher success rates.

Arthur Young, Food Producer/Farmer

Topic: Funding, Family Treatment

- Related personal story of alcohol addiction. Was in Minnesota program and stayed 28 days. Went to AA meetings for 12 years.
- Related personal story of tobacco addiction. Tried to get off cigarettes. Went to barn and rolled his own cigar
- Takes a lot of work and follow-up.
- Need a one-on-one type treatment.
- Money issue, addiction, and substances are not going away, need to keep pressure on insurance companies through legislatures.
- Biggest percentages of the addicts are forced to go to treatment.
- Family members need treatment too.
- Addiction is chemistry, not mental.

Theodore Cudlaski, University of Kentucky, Lexington

Topics: Funding Issues, Criminal Justice

- When there is no federal funding there ceases to be state funding.
- People need more qualified care than they are receiving.
- Prisons are full of substance abusers.
- Most people come into treatment through the criminal justice door.

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- Families are ashamed because they are criminals.
- Now the White House says they are aiding and abetting terrorism.

Judge John Simcoe, District Judge, Hardin County

Topic: Drug Court

- Continue drug court programs.
- Had grandfather, father, and son in drug court.
- Put pressure on federal, state, and local government to fund drug courts.
- Run a misdemeanor drug court program.
- Median age is 22.
- Federal government funds start-up programs, but once money is used up there is no other funding.
- Showed local government how much money could be saved by using drug court and they gave \$50,000 to continue to drug court.
- Need community support.
- If you force it on a judge, it will not work.
- Need buy in from judges, police and community.
- Don't have money funded for treatment.
- Work with temporary agencies to find work for drug court participants. They are drug tested 4 times a week.
- Committed to Drug Court Program in Hardin County.
- When you find something that works, it is worth being saved.

Diane Cavanaugh, Hardin County Drug Court

Topic: Drug Court

- There are a lot of collaborative models elsewhere that is working.
- Must be creative to get treatment paid.
- Need a system to buck Kentucky system and be creative.

Bill Osborne, Communicare, Inc.

Topic: Drug Courts

- Treatment while through criminal justice system works.
- Local judge requires families to also participate in treatment.
- Need halfway house.
- Drug court works.
- Outpatient treatment doesn't work as well as inpatient.
- Inpatient works with follow-up.
- Coordination works.
- Have forced an anti-social behavior because of locking up drug users.
- Support HB 843.

Dr. Tom Ingram, Stepworks, Elizabethtown

Topic: Treatment programs, Funding, Remove Barriers

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- Need more treatment programs.
- Need access to dollars that are there.
- Remove barriers.
- Remove rural treatment barriers
- Need more aftercare.

Jeffery Schumann, Team Taylor County

Topic: Treatment Centers, Funding

- People who provide treatment, live treatment.
- Counselors see same people repetitively and want to say thank you for their commitment.
- There are a large percentage of programs that are successful even though they do not require a lot of money to implement.
- Should give these programs some money to help provide space for meetings.
- Providing jobs is a priority for Team Taylor County.
- Addicts are dismissed from jobs for absenteeism rather than being an addict.
- Different geographic areas need to be treated differently. Not the same for everyone.
- Don't have many choices for treatment facilities in Taylor County.
- Hard to get federal funding due to lack of providers.

**Kentucky Drug Assessment Summit
Prevention/Education Panel
Public Input Meeting
Bardstown, Kentucky - April 13, 2004**

Members Present: Dianne Shuntich, Milton Galanos, Sylvia Lovely, Jon Akers, David Cole, Steve Kirby, D. G. Mawn, Ron Bishop

Support Staff: Linda Renfro and Betty Godsey

Sylvia Lovely, Executive Director, Kentucky League of Cities, chaired the meeting. To open the meeting Ms. Watts introduced the panel members and invited the first of **19** speakers to offer comments and concerns. Approximately **50** people were in attendance and 34 different topics were discussed. The session concluded at 5:00 p.m.

Public Input

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Kelly Harl, Prevention Director, Communicare Regional Prevention Center

Topics: Comprehensive approach, strategies, funding and manpower, KIP survey

- Need comprehensive approach
- Kids Now program - ultimate goal is to have babies born free from drugs
- Educate pregnant women about issues; screening and treatment
- Do fun activities like baby showers and provide information for pregnant women who smoke (used dolls)
- Intervention services for pregnant women after identifying them
- Community members greatest assets; if they want the training and programs schools listen
- Need funding and more volunteers
- Used KIP student survey to write Champion Grants
- Schools implement violence prevention curriculum based on KIP survey
- Meet communities where they are
- To make a difference we must use multiple strategies
- KIP survey is data must used to help obtain grants

Deborah Shortt, Communicare Regional Prevention Center

Topics: Youth empowerment, collaboration, regional mobilization, funding and training for service providers

- PR person; sell concept of prevention; performance based funding; training of facilitators
- Students receive drug prevention education
- Parents need to stay in touch (music has sex, drugs and violence)
- Youth Empowerment
- Alcohol, tobacco and drug coalitions in every county and one regional action group; provide consultation
- Goal is to increase collaboration and ensure no duplication of services
- Provide funding and training for service providers
- Zipper shots (looks like jello cups; drinking one is same as 3 beers; no longer sold in Kentucky due to combined efforts)
- Regional mobilization is one of the strengths
- Motivational speakers might work if there are other programs in place
- PATH (Prevention Advocates for Tomorrows Health) is at where we want other coalition groups to be

Mary Byerly, Communicare Regional Prevention Center

Topics: Peer and adult mentors, youth prevention groups, speakers in schools

- 17 active youth groups
- High school students work in grade and middle school on tobacco issues
- Vendor education
- Students hear from leaders of the communities

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- Youth in Charge, Youth Empowerment, Tatoo Groups, Champion groups, SAD clubs; several counties have several youth groups in middle and high school; will sometimes collaborate with adult Champion groups
- Late elementary and middle schools have speakers that speak about esteem issues, violence issues

Kristy McGrew, Communicare Regional Prevention Center

Topics: Environmental strategies, collaboration

- Environmental strategies focus on locations
- Pamphlets
- Trooper contacted County Attorney's office on how to ban "tobacco based" products in novelty stores – paraphernalia is disguised as lipstick, markers
- Collaboration with hospitals to provide 2nd hand smoking information and smoking while pregnant

Rachel Briney, Communicare Regional Prevention Center

Topics: Early intervention,

- Early Intervention Program; Zero Tolerance
- Referred to Early Intervention Program by Drug Courts, Juvenile Court and parents
- 3 Hour Impact, Officer talks with child, screening for further assessment
- Intervention for first time offense
- Zero Tolerance program - first offense DUI - screening then education class or further assessment
- Kids that do not follow through go back to court in both programs
- Community members need to be vocal
- Kids are motivated by adult sponsors who will listen to them

Rod Mattingly, Lincoln Trail District Health

Topics: Parent involvement, motivational speakers

- Need parental involvement and adult mentors
- One time motivational speakers are OK

Dean Watts, Nelson County Judge Executive

Topics: Marijuana use acceptable, need model for counties to use, county curfew, need more law enforcement manpower, DARE program, funding

- Citizen who had been in jail spoke at his school when he was a young student and made an impact on him because he talked about how drug use affected them
- Marijuana use has become acceptable because it is not considered drug with effects like cocaine or heroin
- Message must come from credible people
- Initiated DARE program again
- Need model for counties to use; training seminars for local officials on what programs work (referred to RPC)

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- Initiated curfew in the county about 5 years ago; possible it made a difference because juvenile detention rates were lower (expenses ½ of what it was last year) and law enforcement said it has made a difference
- Need assistance from police (fewer Kentucky State Police now than 10 years ago)
- Not enough staff for local law enforcement and Hardin County Drug Task Force
- Local government will be involved when constituents are, involve city council members and magistrates
- Problem with DARE is paying for police officer and not materials
- Need funding partnerships - how will programs be funded when federal money runs out

Sgt Tim Cleary Elizabethtown Police Department

Topics: DARE program in schools, parent involvement, drug detecting canines in schools, marijuana use, prescription drug abuse, drug testing in businesses

- DARE had educational role
- Teach math and English on regular basis but DARE is taught as 10 week program in 5th and 6th grade; then another 10 weeks in 7th and 8th grade; finally high school junior/senior program.
- LIFE SKILLS took the place of DARE; geared more toward tobacco
- We teach kindergarten level on “good and bad” touch; pain medication
- Get drugs for anything now
- More parents showed up for DARE graduation early in program than now
- Parents became upset when tobacco was called a drug
- Kentucky State Police used drug canines and made 7 arrests at Elizabethtown High School and randomly check other high schools and middle schools, parents were notified and signed permission form at beginning of school year of possibility of school search (including cars and lockers)
- If you preach kids will turn you off; make it their decision and explain what can happen
- Marijuana is the prominent use; also prescription drugs; kids are replacing prescription drugs with placebos and selling the real drugs
- Teachers want education on current drugs
- Need models for businesses on drug testing in workplace
- You can find models for handling domestic violence but not drug abuse
- Need parental education; went through Chamber of Commerce to give door prizes to get parents to come to training
- Parents contradict drug use message – have parties and furnish alcohol for kids
- Drug testing information on Internet – young kid showed website where you can get “clean urine sample” to use for drug test

Joyce Seymore, Hardin County Schools

Topics: Research based curriculum, community involvement, youth empowerment, parent involvement, coalitions, funding

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- Title IV program; receive significant amount of money and have purchased curriculum and have partnered with other groups to find research based curriculum to use
- Community involvement very important (not just schools)
- Youth Empowerment (students learn and then teach others)
- Parent involvement and other activities important
- Community coalitions important; providing activities; learn about curriculum; Continue funding
- Coalitions – build trust level among groups – law enforcement, health and educators
- KIP survey; Hardin County was involved; it worked because there was trust that schools would not be labeled as “having drug problems”
- Need to help support education, safety audits
- Keep funding for programs that are working
- DEA profile of Kentucky - marijuana is culturally acceptable in Kentucky; we need to let the youth, our own people and the nation know that we want a drug free Kentucky
- Regional Prevention Center is active in getting community involved, building a relationship with parents; build trust
- Look at all three areas (prevention/education, treatment and law enforcement) and try to balance; education and prevention is important but so is law enforcement and treatment must be mandated and provided
- Should be a seamless process where everyone including community knows what is going on and everyone is communicating
- Community have individual needs as well as collective needs

Sarah Hornback, LaRue County Schools

Topics: Community programs, parent education and involvement, sources

- Need programs that encompass the whole community but do not single out parents as having kids involved in drugs
- Parent education and involvement
- Bombarded with drug use is “normal” in the media
- Need expertise; who to call that can provide needed information
- Need broader based programs

Virginia White, Nelson County High School

Topics: Agriculture economic assistance

- Continue to fund agriculture alternatives to take place of tobacco
- Economic assistance
- Parent raise marijuana so kids think it is OK

Steve Middleton, Nelson County Coalition, former Clinic Manager, Buckhorn

Topics: PATH, KIP grant, community involvement, parent involvement, partnerships, programs, youth involvement

- State kids in foster care system

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- Representing PATH (Prevention Advocates for Tomorrows Health) coalition started in 1995; saw gang wannabes; major field parties that resulted in 2 deaths
- Bourbon is major industry in this community
- Received KIP grant and hired someone full time
- Important for people in the community to get together
- Brought in excess of \$1,000,000 in grant money to fight problems in community
- Don't have as much parental involvement as we would like
- When people get together you can accomplish something
- Partnered with city of Bardstown to get grant money
- Strong relationship with city police and sheriff and county officials
- KIP survey is absolute necessity to keep going – provides ongoing data for needs assessment
- Received federal drug free community grant because the coalition is strong and widely represented across the community
- KIP required science based program; programming that has been researched and have been proven successful
- Parent Alert; went around to liquor stores and had them contact them when underage drivers came in and then sent letter to owners of vehicles
- Alcohol server training in restaurants around town
- Work closely with schools and Resource centers
- Strengthening Families programs work with youth and adults on drug abuse issues
- Formed to make a difference in the community not to just get grant money
- Regional Prevention Centers helped educate group on writing grants, research based training
- Community based groups can access money that RPC cannot
- To obtain KIP grant it took 6 to 8 people hundred of hours
- Developing stronger youth component (Youth in Charge)
- Work closely with local media to get the message out
- First time people have shown interest at state level

Trooper Steve Pavey, Kentucky State Police

Topics: School programs, peer pressure, adult mentors

- Did patrol for 15 years; stopped car found small bag of marijuana; law enforcement spends a lot of time for ½ ounce of marijuana; need to find a way to prevent the problem
- Need prevention and education; frees police to do other things
- 80% of work time spent doing school programs; if I can get to 2 kids out of 30 it is better than sitting on the side of the road
- Part of ASAP, part of Champions, work with RPC
- Need parental involvement but sometimes parents teach the wrong thing
- Personal Story - officer has been trying to get his kids because mother has been arrested for DUI, fired for substance abuse; 2 kids went to school counselor about problems with

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mom (even thought she was dead at times) and social services got involved, then father was able to get kids

- Not one entity can solve problems; we are much stronger in numbers
- Peer pressure motivates kids; have popular kid speak out against drugs
- Caring adults are key factors with kids; parents are not always the right adult

Karen Johnson, Nelson County Board of Education

Topics: Researched based programs in schools, KIP survey for data collection

- Researched based programs in schools
- Schools and fiscal court decided there was a problem and got a committee together with community members and worked on drug screening for athletes; fiscal court funded seed money
- Received grant money for drug testing to expand to lower grade athletes and other activities
- Part of grant used for research
- KIP survey was big part of data and need it to continue every year
- Drug testing is not the whole answer but a piece of the puzzle

Stacy Winsett, Nelson County Board of Education

Topics: Drug testing, health care professionals in schools, KIP survey, after school programs

- Work with variety of community partners; prevention center, district health department, fiscal court
- Drug testing has education, main focus of drug testing is to give kids a reason to say no
- 5,000 students has 1 health care professional but 1 per 700 needed; hope to hire additional health care professionals who will work to drug testing
- Getting upgraded policies on drug testing
- Significant need at middle school and even young level (from KIP survey)
- NEED KIP survey every year
- Key to success has been buy in from the entire county
- Everyone gets tested at first and then randomly; system wide drug testing
- Mandatory parental participation meeting in new policy
- Grant from US Department of Education
- Teachers have limited time; community members must become involved
- Need more parent based programs after school hours

Mike Glass, Assistant Principal, Nelson County High School

Topics: Expulsion from school because of drugs, stronger first time discipline

- Teachers have education standards they must meet to move schools forward
- In past 3 years many kids expelled over drugs, kids need to be in school
- Kids see most discipline as slap on the hand
- Need stronger discipline the first time such as mandatory sentences (education programs, counseling); reality check (they think they are above and beyond anything we can do)

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Judy Richardson, Nelson Board of Education

Topics: Saturday school, steroid use

- Saturday school instead of expulsion
- Steroid use at college level an issue

Charlotte Jones, Hardin County Juvenile Delinquency Prevention Council, Hardin County Adolescent Services

Topics: Champions group, risk factors, inhalant use, kids coping skills

- Legislatures found the majority of juvenile arrests in the state were from nine counties and Hardin was one of the nine
- Highest density of school population at time council developed
- Delinquency prevention
- Effective Champion group and educators
- Research indicates if kid is engaging in one risk factor, they are probably engaging in three (risk taking driving, sex, drinking, violence, drugs)
- 5th to 8th grade is biggest arrest group, if kids haven't gotten in trouble by 8th grade there is just small chance they will
- Can't remove all risk factors but can build internal resources of at risk kids
- Need to increase resiliency and personal competency of kids
- Expression Through the Arts Program
- Tell kids what they can do not just what they can't do
- Inhalants are beginning to become a problem
- The person who goes into schools to conduct the programs is what makes them work

**Kentucky Drug Summit Assessment
Enforcement Panel
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Number in attendance: 40

Support Staff: Margaret Johnson, Kay Fuson

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Public Speakers

Larry Woosely, Director of Drug Task Force, Hardin, Nelson and Grayson Counties.

Topics: Increase in prescription drug abuse, Meth lab clean up is very costly

- 46% of females who come into Comucare Treatment are addicted to prescription drugs
- It is easy to go to the doctor and get prescriptions, they know which doctors and pharmacies are easiest to get prescriptions from
- Drug companies are now advertising on TV
- We are not seeing too many prescriptions coming via internet
- We are sending the message that using drugs is OK
- Drug use and problems are territorial
- Use of P2P method of producing meth is a real problem
- Manpower shortage makes it difficult to work prescription cases only
- Our Drug Task Force communicates and works well with surrounding law enforcement and other drug task forces.
- Cleaning up meth labs is very costly
- They do not have a large problem with thefts of anhydrous ammonia
- Biggest need is more manpower
- Need a better way to determine how manpower is divided up so that all counties can have someone working drugs
- Have found KASPAR to be one of the best tools I have seen in years
- We don't have a lot of anhydrous theft, most are going out of state or to Western Kentucky, some has been stolen from the railways

Willie Wells, Police Officer Radcliff Police Department:

Topic: Need better controls on the sell of ingredients used to produce meth

- He works part time at Kroger see a lot of couples who come in together and then split up so they can buy more of the ingredients used to make meth
- Need stricter control/ law on the amount of ephedrine that can be sold
- Most business are not aware of the problem
- Need more awareness programs for schools and businesses
- Need education programs like DARE
- Also are seeing people buying large amounts of matches
- Seems like legislation has taken away a lot of our tools
- We need legislation back on our side
- Totally disagree with the suspects having to be in possession of all ingredients before they can be charged
- Ecstasy is beginning to be a problem in his area
- Give the police the tools to do what they have to do

Kelly Eastin, Circuit Court Judge, Hardin County

TOPIC: Drug Court

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- Has never seen anything as powerful as meth
- Drug court is not glorified probation
- Drug court is not for the violent offender
- Must be careful to draw the line between an addict and a trafficker
- Have to be sure to use the few slots available in the correct manner
- Do not introduce the trafficker in with the addict
- Over use of shock probation
- Mandatory sentencing
- Has never seen a federal judge who really liked drug court
- Takes away the discretion
- Already have guidelines in place
- Will graduate first two people out of drug court soon
- Has about a 50% graduation rate from the program
- Mandatory incarceration period to dry out/there may be a legal issues
- There are occasions when there is a drying out period due to having to wait to see a judge.
- There is a problem with inconsistent sentencing by different judges but does not have a solution
- Court Watch
- National Drug Recognition Expert Program
- Funding of Drug Court Treatment done on a sliding scale and participants work and pay for a portion of the treatment themselves.
- Agree with Governor Fletcher's proposal for full funding

Wayne Edwards, Post Commander, Elizabethtown

TOPIC: Man Power their biggest issue

- Marijuana is the primary drug in the Elizabethtown KSP post area
- Meth is on the rise in the area
- The "cookers" are going into the three counties in his area that do not have Drug Task Force in them. He is providing drug coverage with the rural drug suppression teams.
- Need more manpower and funding for small agencies to put officers on drug task force
- Treatment or diversion program could help us

Ralph Trumbo, Larue County Jailer

TOPIC: Cost of medical treatment

- Must provide medical care for every inmate
- Cost is continually going up, see no end in sight
- He is already over budget due to cost of providing medical care to inmates
- When he takes them to the doctor, all they do is give more drugs
- Inmates tell him they need more programs to prepare them for life when they get out.

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- Problems with the parole letting drug offenders go, then the offender gets revoked and he is right back in his jail where he has to provide care for another six months
- Too much delay in getting inmates into state prison

Terry Geohegan, Commonwealth Attorney, Nelson County

TOPIC: Convictions vary from county to county

- Cannot get a conviction on marijuana charge in Nelson County
- Man power is a problem/his staff still the same after 10 plus years
- Rolling meth labs are a problem in Hart County
- Have kids in some areas of Hardin County selling pills at school in the sixth grade
- County schools are very cooperative
- Would support mandatory sentencing
- Take a look at how jury selection is done
- We need consistency in our courtrooms from our judges
- Need more manpower in law enforcement and prosecution
- 60% of crime in Hart County is drug related

Yvonne, McNary, Parent, and also works for Community Prevention Center

Topic: Marijuana Use

- Marijuana is the drug of choice for kids in high school
- Biggest drawback is parents, they don't see smoking pot as problem, they either use or grow themselves
- Let the kids in your life know marijuana can ruin their life
- Kids believe that they won't get into trouble because they are juveniles
- TV and the internet provide a lot of bad information
- We need more educational programs with new facts about drugs

Kim Shumate, District Judge, Hardin County

TOPIC: Juvenile Involved with drugs

- They have the ability to put people in jail for drug offenses
- If someone is caught using drugs at school, school sanctions, then sends to court
- We got the "NO SMOKING" message across to our kids but did not get the "MARIJUANA IS A DRUG" message across to them.
- Ecstasy is beginning to show up in Hardin County
- Early incarceration has a definite effect
- They are fortunate to have the Drug Task Force in their county.
- Drug Task Force are not evenly dispersed across the state and they should be
- Parents of juveniles who are charged with possession, should be mandated to attend an education prevention program
- Does not think that taking away a juvenile's driving privileges for drug offenses will have the desired effect.

Julian Taylor, Probation and Parole, 10th Judicial District

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TOPIC: Drug tests

- Each officer determines who gets drug tested and they are performed in the office
- Have been successful in determining who is using
- 90% of kids on drug and theft charges do not have a father in the home
- 90% of them get drugs from their parents
- Parole board is letting everyone out, our case load is very high

Kenny Jones, Assistant Supervisor Probation and Parole, Elizabethtown

TOPIC: Manpower

- Need more manpower
- Officers do not have enough time to spend with their clients to properly assess their needs.
- They drug test but are not actively involved in their treatment
- People are not going to stop using until they get in their head that they want to stop
- Use of halfway house in smaller communities
- Put resources into helping them get treatment, maybe in the form of a loan
- Would be helpful if Probation and Parole Officers had the authority to send them to jail immediately if they have a positive drug test
- ¾ of their revocations are drug related
- Number of times they can test positive before they are sent back is too high

OPEN DISCUSSION:

Magistrate Nelson County

- Drugs are cost the county a fortune
- 1.3 million spent each year on drugs
- Number of female prisoners on the rise
- They provide AA in-house
- 95% of people in jail are awaiting trial
- Drugs are available in the jail
- Change state law so they can work in exchange for shortened sentences

Question: Would it help to stop SSI checks if the person is convicted on a drug offense?

Man in audience:

- It hurts the children
- Take away the Medicaid card, this is how they buy their drugs
- People need to be more aware of what is going on with their kids and drugs
- Mandatory drug testing in schools
- Mandatory drug testing to renew drivers license
- Judge Shumate said they will drive anyway. Will not get the desired results.

Question: Is the rise in the immigrant population affected the drug trafficking in your area?

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Answer: Larry Woosely: No, but it may be because he does not have Spanish officers to infiltrate the drug dealers.

Sherry Morgan, Department of Juvenile Justice.

TOPIC: Better use of treatment

- Officers should be a part of treatment and should think more in terms of treatment not just punitive measures.
- Law Enforcement should expand into treatment.

Nelson County Deputy:

TOPIC: Parent Involvement

- Officers offered parent education night at school, very poor turnout.
- Children who are caught with drugs must meet with counselor and officer on Saturday.
- Parents should be involved
- Parents are the ones in denial that their kids use drugs.

David Simmon, Grayson County Sheriff's Office

TOPIC: Need more manpower

- Could use another trooper assigned to his county

**Kentucky Drug Summit Assessment
Public Input Meeting #14
Louisville, Kentucky - March 14, 2004**

Treatment Panel Subcommittee:

Panel and Subcommittee Members Present: Karyn Hascal, John Rees, Erin Stephenson (Representing Robert Walker), Ron Bishop, Betty Mueller, Rice Leach, Jerry Lucas, Tim Shull (Representing Ernie Lewis), Rick Purvis, Chris Block, Martina Gregory

Support Staff Present: JoCarol Roberts, Sharon Davis

Approximate Number of People in Attendance: 60

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Number of Speakers: 22

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Sylvia Lovely, Dianne Shuntich, Milton Galanos, John Akers, David Cole, D. G. Mawn, Libby Mills, Thelma Whiteside, Bridgett Stacy, Lisa O'Hearn

Support Staff Present: Linda Renfro and Brenda Tousignant

Approximate Number of People in Attendance: 55

Number of Speakers: 27

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Greg Stumbo, Cleve Gambill, Gale Cook, Russ Kegel, Paul Denies, Tony King, Steve Collins, Stephen Horner, David James, Norman Arflack, Tracey Corey, Rodney Brewer, Van Ingram, Joe England, Jim Acquisto, Mark Miller, Lisa O'Hearn

Support Staff Present: Kay Fuson and Pam Smallwood

Approximate Number of People in Attendance: 55

Number of Speakers: 15

**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Louisville, Kentucky - April 14, 2004**

Members Present: Karyn Hascal, John Rees, Erin Stephenson (Representing Robert Walker), Ron Bishop, Betty Mueller, Rice Leach, Jerry Lucas, Tim Shull (Representing Ernie Lewis), Rick Purvis, Chris Block, Martina Gregory.

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Support Staff: Jo Carol Roberts, Sharon Davis

To open the meeting, Karyn Hascal introduced the panel members and invited the first of 22 speakers to offer comments and concerns. There were approximately 60 people in attendance and 25 different topics were discussed. The meeting concluded shortly after 2:00 p.m.

Diane Hague, Director of Seven Counties Jefferson Alcohol and Drug Abuse Center, Louisville, KY

Topics: Treatment, Step-down services, Tax on alcoholic drink sales, Stigmas

- Serves a 7 county area.
- Alcohol and drug addiction has no cure and requires self-care.
- Alcoholics and drug addicts do not always follow their treatment plan and sometimes even make up their own treatment plan. This is no different from diabetics and asthmatics.
- Some will not get appropriate care due to insurance nonpayment, Medicaid nonpayment, and indigence.
- Have a stigma problem with alcoholics and drug addicts thus do not receive adequate funding for treatment.
- National studies show after treatment, patients show a decrease of utilization of other health care.
- Treating alcoholics and drug addicts is cost efficient.

Recommendations:

- Provide adequate treatment for alcoholics and drug addicts.
- Implement a 1cent tax on retail alcohol sales (dedicated alcohol premium).
- Better legislation for parity in insurance payments. Must have sufficient money for step-down (community-based) services for at least one year. (e.g.; Oregon program)
- Require training for professionals to relay that alcohol and drug addiction are illnesses and require long-term care.
- Provide treatment for the indigent

Dr. Rick Cloud, University of Louisville, Kent School of Social Work

Topics: Treatment Factors versus Incarceration

- Research literature – only a small percentage have felony drug convictions.
- Incarceration makes problem worse.
- Treatment is more economical and effective than incarceration.
- Not aware of any research of involvement of the criminal justice system in drug treatment successes.
- Need treatment and long-term after-care after release from prison.
- Could assign a social worker to every person we incarcerate and save money.
- Incarcerated felons lose contact with pro-social network.

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- The incarcerated felons are isolated.
- Family and children suffer from lack of support.
- People can not pay child support while incarcerated
- Treat addiction as a mental disorder

Dr. Seana Golder, University of Louisville, Kent School of Social Work

Topics: Treatment

- Need intensive community-based treatment for drug-involved offenders.
- Treatment reduces recidivism
- Need for community-based long term treatment

Pat McKaren, Director, Volunteers of America

Topics: Effects Drugs/Alcohol have on the brain, Treatment,

- Alcohol and drug abuse contribute to criminal behavior, homelessness, work problems and unemployment, school problems, family problems, and health problems.
- Presented handout regarding alcohol and drug use and the effects on the brain.
- Addiction to alcohol and drugs is a treatable chronic disease that should be viewed as a public health issue.
- Treatment should be personalized and based on the best scientific protocols and standards of care.
- Many things we are doing are contrary what works best.
- The first intervention for most addicts is the criminal justice system and incarceration.
- Enforcement needs to become colleagues with the treatment system.
- Huge group of addicts are just a public nuisance.
- Incarceration is a poor use of resources.
- AA is great but is not for everyone. Some need more professional guidance.
- Sending someone to AA from the Bench is not treatment.
- Treatment has to be a range of services.
- Recovery rather than punishment.
- Treatment returns impaired individuals to a state of stability who positively contribute to the community.

Hugh Spalding, Volunteer, Substance Abuse Recovery Alliance and Addiction Recovery Advocates

Topic: Recovery Ambassador Workshop, Stigmas

- Treatment saves lives and money.
- Recovering addicts (5 or more years) are willing to tell story when knows it will help others.
- Recovery Ambassador Workshop to be held in Louisville, September 18, 2004.
- SARA deals with devastation of addiction.
- SARA supports Healing Place, Morton Center, Moore Center, and others.
- SARA uses 12-step program.

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- Alcohol and drug abuse can be prevented and treated.
- 1/10 Kentuckians are affected by alcohol and drug abuse.
- Treatment works and restores lives and heals families.
- Family needs to be a big part of treatment
- At conference, will apply for CEU's for Certified Alcohol Drug Counselors

Phil Marshall, The Healing Place

Topic: Long Term Treatment, Raise Awareness, Education, Prevention / Intervention programs

- Education, empowerment and raising awareness are key in substance abuse and addiction.
- Must continue to have conferences such as this and discuss what needs to be done in treatment and prevention.
- Healing Place celebrating 15th anniversary. Serve 1000 meals a day on \$3000 month.
- Most clients have a criminal record.
- Need for long term treatment facilities
- Has worked with groups in Lexington and Owensboro to help them set up similar programs.
- 75% of funding comes from donations and other private sources.
- Must get 2.5 million a year to help continue to fund meals and other services.
- People come from all over the state for treatment.
- Must work with children of clients. Known as the "lost kids." Working with about 70 children.
- Must have a continuum of care.

Jay Davidson, The Healing Place

Topic: Peer Counseling, Transitional housing, Collaboration

- Addiction is a primary healthcare issue.
- 12-step programs work.
- Homeless people need to be attracted and given hope.
- Program works because have alcoholics and addicts helping other alcoholics and addicts.
- Make behavioral changes to stay clean and sober
- Peer accountability is 24/7 and come from peer community
- Residential peer treatment, have physical control of patients for about 5 months.
- Need for transitional housing for up to 12 months
- Need for collaboration among services

Mike Berry, Recovering Alcoholic, Angel Program, People Advocating Recovery

Topic: Personal Story, Stigma, Health Insurance

- Personal story – worked in radio and as a TV anchor. Liked to drink.
- By 45, lost job, family and children to alcohol.
- Attempted suicide and thought of taking his family with him in death.
- Would like people to start thinking a different way.

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- If he had admitted his addiction would have lost his job.
- If he had not admitted his addiction would lose his job.
- Could not get help because of fear of losing all he had (job, family, car, insurance) – lost it all anyway.
- Employers wanted him to do something about “his problem”.
- Need to break the cycle.
- Must be able to give hope.
- Need the freedom to seek recovery.
- Want to get rid of the stigma of the disease.
- Denied health insurance because he was in recovery.
- Have a good life now – wife, children, small business.
- Want to be given the freedom to acknowledge who he is and not be labeled.

Terry Adair, VP Adolescent Drug Abuse Consortium

Topic: Adolescent Treatment, Coordination of Services

- Need aftercare for adolescents.
- 80% of kids who come have a substance abuse issue.
- 40% have a substance abuse problem.
- 15% are chemically dependent.
- Need for longer treatment programs
- Would like to see addictionologists become more instrumental and involved.
- Would like to see coordination of services and agencies.
- Would like to see money spent more effectively and competitive use of grants across the region.
- Take away the stigmas
- Economics—big part of the problem

David Patterson, Volunteers of America

Topic: Methadone

- Too risky to be a regular addict on street so addicts pair up with MD's to get prescriptive drugs.
- Doctors have affected drug dealers by prescribing.
- Methadone is a public health issue.
- Methadone clients should not have a driver's license.
- Addicted Physicians are not put on Methadone.
- Methadone and Oxycontin are a million dollar business.

Recommendations:

- Start dealing with doctors and pain clinics using the methadone as standard of treatment.
- Deal with attorneys.
- Deal with criminal justice.
- Methadone is not treatment it is part of the problem.

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Michael Gosser, Louisville Adolescent Network

Topic: Collaboration of Agencies and Services

- Coordinated and collaborative system of care for adolescents (age 12-20) substance abuse services
- Partner with numerous agencies in Louisville and surrounding area.
- New treatment imitative – seven challenges.
- Treatment is science-based and cost effective.
- Inefficiency of systems causes duplication of services.
- Use single assessment tool all agencies could utilize.
- Use a centralized assessment and intake – eliminates redundant information and services.
- Working together can make a huge difference.
- Lack of transportation funding.
- Lack of funding for outpatient care.
- Trying to make delivery of services better.
- Need case management services.
- The reduction of duplication has been important to increase our reserves and serve the indigent population
- We are committed to working together to improve access to needed services for adolescents

Kenneth Frye, National Certified Counselor, Retired Alcohol and Drug Counselor, Volunteer

Topic: Treatment, Funding, Partnerships

- Chemical dependency has chemical diagnosis as well.
- More funding for hospitals and jobs and less jails
- More involvement with law enforcement with community.
- More education on stigmas such as depression.
- Partnerships of churches, hospitals, jails and workshops for all involved.

Kathy Taylor, Concerned Parent

Topic: Intervention Programs, Alternatives to incarceration

- Works in education in Frankfort.
- No simple answer to drug enforcement.
- Children are exposed every day.
- Men and Women are incarcerated all over state for drug use/abuse.
- Take select incarcerated individuals and put them to work for us in a structured program teaching children and adults about drug use/abuse.
- Need mandatory treatment programs at prisons.
- Need for alternatives to incarceration.
- Make inmates more productive and proactive.

Debbie Slagel-Pike, Seven Counties

Topic: Personal Story, Treatment, Halfway houses

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- ITE (I'm the example – that treatment works)
- Drank all through high school, use every kind of drugs there is, has been to jail, jailer gave her liquor (70's).
- Went to college in '70's but kept dropping out and drinking and using drugs.
- Parents tried to get her into treatment beginning at age 16.
- Worked in factory for 3 years and could use drugs freely.
- Went to San Diego and worked as a maid.
- Suicidal and sought counseling. Treated for major depression.
- Got sober and began job with a treatment facility.
- Able to go to college.
- Wouldn't be sober today if it had not been for treatment and a halfway house.
- Alcohol and drug free for 25 years.
- Gives back to others.
- Treatment and halfway houses helped her be successful

Todd Reynolds, Kentucky Association of Addiction Professional

Topic: Does it make sense essay, Funding for Treatment, Expanding Drug courts

Does it make sense that:

- Federal government spends less on addiction than any other disease.
- To incarcerate drug addicts and alcoholics for nonviolent crimes.
- Drug and alcohol addiction has reached epidemic levels among adolescents yet it is impossible to find a treatment bed available.
- That inpatient treatment is almost impossible to get.
- That some insurance and Medicaid will not pay for treatment.

We believe:

- Best to go to a qualified addiction specialist.
- Long term treatment is more successful.
- That chronic relapsers need extended care and extended services to support recovery.
- Addiction is a chronic illness.
- Treatment is more cost effective to incarceration.

Would like to see:

- Increased resources and funding for treatment.
- Expand eligibility for individuals seeking treatment.
- Expand Drug Courts and treatment-sentencing alternatives.
- Assure that addiction professionals, CADC are an essential, important and integral part of the solution.

John Fitzgerald, Commercial Editorial Photographer

Topic: Personal Story

- Personal story – began recovery on son's first birthday, now he is graduating from college.
- Stepson has finished treatment at Lighthouse.

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- Finding treatment for stepson was difficult.
- Our greatest hope for our son was for him to be in jail.
- Son is now paying property taxes on his own home.
- There is no real long-term adolescent treatment facility.
- Sharing strength and hope for helping someone to find treatment and want Gov. and Lt. Gov to respond to it.

Kathy Davis, Department of Corrections, Probation and Parole, Jefferson County

Topic: Treatment, More available Resources

- Work with revolving door clients.
- Many involved with criminal justice system as a result of addiction.
- 25-year old young man being incarcerated since 18 and is told that he must leave and go into community to get a job and he has not received the treatment that he needed.
- Waiting list to get a screening appointment is 6 weeks.
- Looking at welfare of community and client and the only solution is to incarcerate until can get him in a treatment facility.
- Need more services, programs and facilities.
- Have seen clients become a productive member of community and give back.
- Need to provide more opportunities for clients to get the level of care that they need.
- People have more dual-diagnosis.
- Look and see where resources need to be placed.
- Adopted 3 day old addicted to crack and alcohol. She went through withdrawal. She will be 3 June 1. Has been discharged. Advanced for her age.
- Parents of addicted babies do not know how to get resources that they need such as day care, physicians, etc.
- Need more success stories like my daughter.

Elaine Cleveland Coomer, Recovering drug addict, alcoholic, and convicted felon

Topic: Personal Story, Change stigma of being convicted felon

- Want to change the stigma of being a convicted felon.
- Had everything a young couple could have, and then life was changed forever due to using cocaine.
- Used money from household budget to support habit.
- In a matter of 5 years the life that I had went down the drain. Stole credit cards to buy jewelry to sell and buy drugs. Lied and isolated herself. Began shoplifting, writing bad checks, and was charged with embezzlement.
- Incarcerated 3 years at Pee Wee Valley.
- Did not want to change just didn't want to pay any consequences.
- Got a job while in prison and tried to present a good image.
- Began JADAC Program, conned the system and was released from prison.
- Did not stop using and gave a dirty urine test and was put back in prison.
- Asked to see director of program and she gave me a big book to read.
- Wanted to change life and become the person I was meant to be.

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- Grateful for the opportunity to go to prison and get the help I needed.
- Went back to the JADAC program, became a tutor.
- After 3 years I was paroled and went to a halfway house. Stayed clean, worked hard and got life on tract.
- Work at a local hospital in the corporate office.
- Want people to know that we all fall, but that we can get back up.
- Must look at the big picture. It takes a process.
- Community can make a difference – jobs, housing, etc.
- Stop raising the bar so high, we can make a difference if given a chance.
- Could not chaperone child's event because she was a convicted felon. She was able to get permission to get it

Janice Cunningham, Moore Center

Topic: Methadone Clinics, Best Practice Treatment

- Moore Center is a methadone treatment center.
- Continuum of care. Help people who have dual diagnosis, opium addicts, etc.
- Longer one stays in treatment the better the chance for recovery.
- Legislatures and state narcotics department work very hard to regulate methadone centers.
- Must follow phase programs to participate in program.
- Work with probation and parole.
- Goal is to get people off methadone but some may be on it for the rest of their lives.
- Methadone was originated to stop the spread of aids, but is now used for drug treatment.
- Methadone treatment, just like any other treatment, can be successful if used properly.
- Want the panel to do a "best practice" for treatment for this state.

Tim Shull, Department of Public Advocacy

Topic: Juvenile Treatment

- Lot of resources in Louisville area for juvenile treatment.
- Need a lot more of resources for rest of the state.
- Teenagers are our future.
- More funding dollars for treatment for teenagers.

Audrey Walker, Jefferson County Drug Court

Topic: Need diversity in treatment – counselors, administrators, etc.

- Advocate for clients.
- Clients to see people who look like themselves – African-American, Hispanic, and other non-whites.
- Diversity is not one of our strong points in this field.
- Treatment is white male-oriented, male-dominated field.

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- Clients need a comfort zone if we want to keep them coming back.
- Women are not receptive to a male counselor.
- Make an effort to recruit a more diverse population for people in this field.

Natalie Rateneller, Louisville Youth Group

Topic: Gay, Lesbian, Bisexual and Transgender Youth

- Work with Gay, Lesbian, Bi-Sexual involved in drug and alcohol treatment.
- Don't feel supported or nurtured.
- Have done research with UK, and many young people have used and abused drugs and sexual promiscuity.
- Health service providers need training.
- Need to lose the bias when treating these young people.

Joanne Weis, Louisville Metro Human Services (from her notes)

Topic: Housing for runaways and homeless families, Drug Courts

- Need for housing for runaway adolescents
- Need for housing for homeless families with drug addiction and related problems
- Supports Drug Courts
- With Drug Courts, more drug free births have resulted

**Kentucky Drug Assessment Summit
Prevention/Education Panel
Public Input Meeting
Louisville, Kentucky - April 14, 2004**

Members Present: Dianne Shuntich, Milton Galanos, Sylvia Lovely, John Akers, David Cole, D. G. Mawn, Libby Mills, Thelma Whiteside, Bridgett Stacy, Lisa O'Hearn

Support Staff: Linda Renfro and Brenda Tousignant

Sylvia Lovely, Executive Director, Kentucky League of Cities, chaired the meeting. To open the meeting Ms. Watts introduced the panel members and invited the first of 27 speakers to offer comments and concerns. Approximately 55 people were in attendance and 44 different topics were discussed. The session concluded at 2:15 p.m.

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Public Input

T. J. Delahanty, U.K. Cooperative Extension Service

Topics: Resources, community involvement, collaboration, coordination of services, state leadership role

- Works with community in their issues
- Coordinate federal grant on youth partnership – state and local agencies address issues that affect youth in our state
- Common around Kentucky is a passion for people to make their community a better place to live and they are Kentucky's greatest resource, use that compassion and commitment to help our young people
- There is probably not a family in KY that has not been affected by drugs
- Think about one young person in your life that you care about deeply, think about what your hopes and dreams are for that young person, (my hope for my family member would be healthy, happy and successful), drug free is a piece that helps young people to be healthy, happy and successful
- Drug prevention and education are essential for young people in our state
- In 2003 President Bush put together a group that represented federal agencies that addressed disadvantaged youth – 331 programs, a significant amount of that budget for disadvantaged youth goes to communities
- Not a lack of people that have compassion but they don't work together because they don't know about the other person who has the same compassion and commitment they do
- Communities that have been successful are the ones that found a way to work together around the walls
- We don't look at common outcomes that encourage communities to work around the walls
- Common approaches – work individually, work in schools, work with family, work with community
- Average middle school has 14 different prevention programs but all working individually when science tells us the same ingredients achieve all of those individual outcomes
- We have the opportunity – leadership, communities that work together
- Need to coordinate all prevention programs to work together and give them the resources they need, they know what works best, need to work together
- Don't need the Needs Assessment – communities need help in planning, knowing what is available, give them opportunity to tear down walls, have opportunity to work together
- State needs to take leadership in finding out what programs and resources are available and helping them plan prevention as a whole, work together at state level
- Each community needs to look at what resources are available and apply those resources
- Develop common outcomes will help them work together

Linda West, Regional Prevention Center Director, Seven Counties Services

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Topics: Community partnerships, diversity, evidence based programs, coalitions, funding, geo mapping services, communication at state level, environmental strategies

- Operated by a board of community volunteers
- Plans, promote comprehensive prevention strategies, primarily tobacco, alcohol and other drugs
- Community partners
- Seven counties, Jefferson, Bullit, Oldham, Henry, Spencer, Trimble, Shelby – largest urban area in KY
- Unique because largest urban area in KY, Jefferson County contains 17% of total state population, our region contains both urban, suburban and rural counties making for much diversity, 2 of the largest school districts, Spencer Co. is fastest growing rural county in the state, 11th fastest in the country, merged government, 16th largest city in the nation, Shelby County has one of the largest Hispanic community, 2nd language is English
- In all counties the schools offer evidence based programs
- All 6 rural counties participate in the KIP survey – baseline and are we making improvements, extremely important
- Now have capacity to provide geo mapping services, can pinpoint where there are outlets for alcohol and where juvenile crimes take place, helps to know where to put services
- In each 6 rural counties there are active, working coalitions, found funding to help them keep going
- Regional Prevention Centers are a part of community mobilization
- In Jefferson Co numerous groups working together
- Juvenile Delinquency Council
- Higher than state average of tobacco use in rural counties
- High use of alcohol in Jefferson County, violence related to drug use
- Uniqueness brings challenges
- Vision – Committed to being the recognized leader in prevention
- Comprehensive prevention – awareness (recognizing there is a problem), education (school has a piece, using science based curriculum), educating our communities, environmental (one of most important), enhance ability of groups seeking the make changes (school policies, community policies, social norms), community based process, supply and demand (working with law enforcement on local level and they are strong partner), evaluation (assessing effectiveness of comprehensive approaches, are we making a difference),
- Successful prevention – based on needs assessed and identified by all stakeholders (community know what their needs and resources are), achieve and sustain desired outcomes (not just numbers), multi-system and multi-level (all involved), increase protective factors and reduce risk factors, reaches all populations, cultures (meet diversities), (ensure programs are working)
- Challenges to effort – prevention funding-receive lowest per capita in state causing to reduce efforts, got outside funding to cover demand for services, funding has remained static (same level for last several years), have maintained staff because 89% of division funding goes toward salaries and we want to keep that staff (leaves very little for travel or to do what we want to), other funding opportunities are becoming less available, attracting

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and maintaining quality staff is difficult and have to rethink our approach and have to be very deliberate in what we do

- What can be done at the state level – prevention needs to reach across many areas – drugs, child abuse, need deliberate communication at state level; planning should take place on regional and local level; less infrastructure; assure adequate funding is available to carry out effective prevention; support environmental strategies that reduce supply and demand; be sensitive to diversity

Jackie Engle, Regional Prevention Center, Seven Counties Services

Topics: Risk factors, pregnant women who smoke, collaboration

- Reduce risk factors – Healthy Journey for Two program
- Program is to reduce risks to pregnant women
- Presented as educational baby shower, engage women in positive, fun, non-threatening manner
- Having healthy babies – opportunity for success
- Effects of role if partner or someone else uses drugs
- Assessment – link with partner agency for assistance
- Cast a wide net – have touched all 7 counties in region, reached over 500 women – collaborative effort, schools family resource centers, hospitals, community events, community groups
- Numbers – focus is women, have reached 326 this year, screened 140
- What have women got from program – before class many did not think alcohol is a drug, also tobacco
- Placenta – many felt it protected child from substances but reduced that number
- Comments from women in program – very good learning experience, will come back, more programs needed
- Letter from partnering agency – case manager for Passport, Health Journey for Two fills a gap
- 85% rate for healthy birth from women in program
- Women said they would tell their peers and family members about dangers
- Spread message through collaboration with professionals (schools, hospitals, doctors), working to get packet to doctors

Vicki Serrano, Regional Prevention Center, Seven Counties Services

Topics: Early intervention, social norms, risk factors, protective factors, parent/child communication, change parents attitudes

- Early intervention program coordinator, alcohol, tobacco and other drugs
- Successful program, continue to evaluate program for what is successful and what to change
- Goals of Early Intervention program – reduce number using alcohol, tobacco and drugs
- Increased communication among parents and children, changed social norms, get kids to understand to it dangerous to use drugs
- Majority of charges are first time marijuana or alcohol charge

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- Follow up
- Dramatic reductions in percent of youth using beer, liquor, cigarettes since being in program
- Risk and protective factors – get them to cut down use (it affects school performance) and take part in more healthy activities
- Parents say communication is 50% increase with youth and they think children are better able to communicate
- Change thinking that it is not that big a deal
- Substance Use Change in Belief – change societal norm (pg 11)
- School performance improves and circle of friends improve after being in program
- Any one can access the services, have referrals from community based services, parents, courts
- Communication with parents – survey parents in initial screening of kids, parents attitude - it is OK if give kid beer at home, OK to drink as long as they don't drive, OK to drink as long as in a hotel room, just part of growing up

Patricia Cummings, Regional Prevention Center, Seven Counties Services

Topics: Limited resources, faith based programs, diverse populations

- Critical with limited resources to find ways to use those resources, use what works with outcomes
- Court Designated Workers are referring less and doing their own programs that have not been shown to have outcomes, not getting directive on what to use from AOC
- Faith based programs are effective, especially in African-American community, fits so well in recovery, their support system and social network
- Too many programs in this state do not meet the diverse populations
- Difference working in urban and rural area – one consistency is listening to community and letting them guide the process
- Coalitions do not survive with funds to pay for staffing

Nancy Faadt, DSA

Topics: Court Designated Workers referrals, parent involvement,

- In process of making changes in Court Designated Worker's referrals to what programs
- Wants kids to get quality services
- Key component to have parents involved in process

Gregory Hobbs, Microbec Laboratories

Topics: Long term programs, Drug Courts, drug testing

- Clients from Jeff Co. Drug Courts
- Drug Courts – see people when collecting specimens
- Touches a broad spectrum of people, 75/25 ratio male
- For programs to be effective people must be in them a long time, a year or more
- If complete program keep a large percentage out of jail
- In Jefferson County can afford Drug Court – not every community/county can have one

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- Drinks to mask urine test – they tell you to drink a lot of water so they are diluting the urine and can detect in the test, products that work are things you put directly in the urine
- Jefferson County does not drug test in schools, Warren Co has a voluntary program with incentive to participate

Unknown, Oldham County Schools

Topics: Drug testing in schools

- Oldham Co. does drug test in their schools
- Legally Oldham Co just test athletes

Beth Hicks, Assumption High

Topics: Student Assistance Program, comprehensive prevention programs, collaboration, school counselor

- Student Assistance Program in schools
- Helps kids to make choices to be healthy – Student Assistance program works, 8 schools has a counselor to work with students
- Broad brushed program – looks at all prevention and risks for students, provides programming throughout the year, early intervention
- SAPs helps kids be successful in school
- Originally funded by the state dept but less now, RPC assists
- Not funding to do SAPs in schools
- Drug testing is not the answer, a comprehensive program is where you will make a difference
- KY was forerunner in SAPs
- Put funding in comprehensive program
- Parent prevention program – won't serve alcohol to kids
- Collaborate with community services
- One trained person in the school
- Shelby Co, Oldham Co. has gotten funding for the program
- Continue to fund RPCs
- Get Title IV funds that is used to train counselors

Elizabeth Briel, Elderserve, Jefferson County

Topics: Empower grandparents raising grandchildren, elder drug abuse, elderly exploited

- Serve people over 60, 2 sites
- At home visits see elderly are exploited by young people on drugs
- Parents who relinquish care of children – many of these parents are on drugs
- Grandparents are being impacted by raising children whose parents have to relinquish them due to drugs, these children are wise about drugs but may fall
- Grandparents may not have formal custody, don't have the same rights or benefits as natural or adoptive parents
- Empower grandparents with monetary or other benefits

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- Elderly sometimes become addicted to prescription drugs
- Elderly that are forgetful can overtake and sometimes they cut in half dose because they can't afford medication

Paul Kiser, Seven Counties Services

Topics: Tobacco use, environmental approaches

- Worked for KY ACTION for 3 yrs previously
- Legal drugs – tobacco is addictive drug and number one gateway drug
- Kids that smoke younger are more likely to abuse alcohol and drugs
- Integral to keep in mind tobacco use – costs state over \$3 billion a year
- Environmental approaches – emphasis significant policy changes – clean air ordinances, raise tax
- Will significantly impact everything else done

Ted Strader, Copes, Inc.

Topics: Science based programs, funding, empower parents, stigma of drug use, program evaluation

- COPES - prevention agency, free nonprofit entity
- Model substance abuse program
- Published book on prevention, 4 published research articles
- Used in 45 states around the nation
- Model program for Substance Abuse Program
- Funded 25 years with state substance abuse division until last year
- Using funds from other states to stay alive and using personal money
- Involved in state prevention program for years
- Would like to be brought back to the table in prevention efforts for the state
- Re-examine Copes role in KY
- What is working in prevention – program is one of the science based
- Parents are apathetic until they realize where to get answer, when you give parents what they need they feel empowered
- Outcomes – impacts risk and protective factors and alcohol and drug use, influences behaviors, train people in skills
- Evaluate the program – third party evaluation
- Creating Lasting Family Relations – creating relationships
- Education can help mindset – get rid of stigma, help understand dynamics of change

Terry Adair, Maryhurst Treatment Center for Youth

Topics: Culture, methadone treatment, community based programs

- Works with Creating Lasting Family Relations program – has benefited
- Working in community based programs
- Prevention can come at any point in a life, culture promotes alcohol and drug use, culture is part of message

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- Be aware in Louisville area there is 3 methadone programs (1 has 200 clients and is regulated, program not regulated properly serves 800 clients)
- Research shows that methadone treatment is good for some

Mary Parker, Citizen

Topics: Early intervention, drug testing in schools, comprehensive program, peer pressure, parent education

- Personal Story: Two family members in treatment programs; saw changes in family member in 6th grade (low self-esteem), saw depressed behavior, not wanting to bathe, other family member informed parent; at college family member used cocaine and got DUI, then got treatment; knew signs were there but didn't know when to put in treatment, tried AA at 16 years old; both family members had attention deficit, lack of impulse control; started with them not feeling good about themselves and was root of problem; family members participated in school activities; prayers and constant love and being there for family members helped
- What many programs are missing is not starting early enough
- Take alternative look at using drug testing as preventive measure
- Kids think they won't get caught and think parents won't know
- If child is not in trouble parents don't think there is problem
- Need comprehensive program for student and family, it is a family issue
- Peer groups convince kids doing drugs is the social thing to do
- Civil liberties – how can we say it is wrong to search when we have kids in trouble
- Drug tested in the home, got off Internet, can get at Walgreen's now, medical insurance will drop
- When child stays with same peer group less chance of recovery
- Most effective thing that can be done – drug testing in schools as part of the package, everyone treated the same way (not just athletes)

Mike Barry, Citizen

Topics: Stigma on alcoholism, discrimination against alcoholics, educate public on disease of alcoholism

- Personal Story: had successful career, TV new anchor, wrote articles, did commercials by the age of 35; by age 45 lost job, family, lived in homeless shelter; lost all hope, attempted suicide and was going to kill family also, nearly died, admitting problem meant losing everything, insurance company would cancel policy; I am responsible for my own actions, don't want people to make me feel I have to hide; story you will hear over and over again
- Thinking in a different way – stigma and discrimination placed on disease of alcoholism – admitting would mean losing job, end up in jail
- Employers don't know how to approach
- Access is restricted, discourage alcoholics from seeking treatment
- Freedom to be able to seek recovery – take stigma and discrimination out of the disease
- Don't deny health care, school loans because admitted having a problem

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- Wouldn't treat someone the same way if had high blood pressure or other disease besides alcoholism
- Don't hold alcoholics back anymore, give them freedom to help themselves and fully participate in life
- Prevention and education – education is part of the process and is taking the stigma out, teach early this is not a moral issue but a disease
- Freedom to have hope

John Embers, Director of Addition Service

Topics: Early education in schools, stigma of alcoholism

- Education is prevention, educate children in elementary schools as early as 3rd grade and continue through high school (hit hard in high school), should be done throughout educational process
- Take stigma out of society of alcoholism, society feels it is a moral problem
- Only way to win is educate
- Adults are affected by the disease then children are affected

Rebecca DeJarnatt, Louisville Metro Alliance for Youth

Topics: Alcoholism is family disease, needs assessment, coordination of services, funding, community specific

- Member of ALANON, ALATEEN sponsor
- It is a family disease, hard to admit, denial within is hard to get over, can't cure alcoholism or control it
- Jefferson County has a very active council
- Look at big picture in the community, needs assessment
- Decrease truancy, build competencies to reduce risk factors
- 1,500 youth and families being served
- Provide technical assistance and training
- 50% of students have changed
- 22 members and very diverse representation – law enforcement, judges, metro government, youth servers
- Youth Enhancement Services – coordinate all service available in Jefferson County
- Need to be continued – targeted funding for community specific needs, community can target and focus on where needs are
- Look at full continuum of services for youth

Sharon E. Mercer, Kentucky Pain Initiative

Topics: Adequate pain management, collaboration, education for health care providers, drug information on Internet

- Group of health care professionals who meet to look at 2 important issues – in the state of KY patients are not getting adequate pain management and diversion of drugs is a problem

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- Address a balanced approach to pain management – law enforcement, regulatory agencies, & health care – have formal collaboration of these 3 groups
- Education in health care arena – there is a tremendous need for basic education and for medical professionals already in practice, (also pharmacists) don't get adequate information – translates to education for the patients
- Terminally ill patients are different in terms of addiction
- Prescription drug use is everywhere
- Young kids are getting drug information off the Internet, over the counter drugs, need to know what your kids are looking at on Internet and that is hard to do

Lavernne Beasley

Topics: Faith based programs, oxycontin use

- Personal Story: has family member on oxycontin and was concerned, talked with doctor and he was not concerned because of health issues of person; working to get family member off oxycontin
- Have faith based programs – young people who deal family issues, work with families
- Adopted children from substance abuse environment, they are advanced students, parents need to be in their life and continue to support them

William Mitchell, Faith Based Program

Topics: Methadone treatment, faith based programs, needs assessment

- Methadone is trade off (former heroin addict), still has effects from drug
- Many who use methadone go back
- Needs assessment program and seek to make life better by educating people about drugs – group in church who recognized there was a problem and come together
- Minister to families
- Champions, works with Seven Counties
- Someone who needs drug rehabilitation – offers information and guide them through the process
- Had to have total renewing of my mind, found that through faith, church
- All of us are affected by drug abuse
- Personal Story: was in and out of prison for 25 years for heroin addiction, lost family; changing my mindset started in the church
- Go to churches and community centers and talk about how drugs affect lives
- Different groups of people use different drugs, not one particular drug of choice in this area

Betty, Parent

Topics: Coricidin abuse

- Personal Story: family member in recovery, drug of choice was Coricidin, has affected some of child's organs
- 90% of those in her high school say they have used Coricidin

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Vicki Gaten, Home School Coordinator

Topics: Students with parent who abuse drugs

- Seeing many parents who are users - kids don't want to go home, called Safe Place 8 times this year
- Have students who have parents out of rehab who are living with someone they met there and students are being threatened
- Student bonds with us and they don't want to leave that environment when 18 years old
- Many parents want their kids out of the house at 18

Melanie Druin, Henry County Care Team

Topics: Coalitions, KIP project, risk factors, protective factors, consistent message, community endeavor, stigmas

- Coalition began in 1992 – started through school system
- Worked through Seven Counties and they were the foundation
- KIP project – one of most difficult but one of the best things we have done, built comprehensive plan and implemented
- 103 people participate in some way
- Go after risk factors and build on protective factors
- Build programs together, not separate entities
- How do we get message out – coalition analyzes data to determine if need program changes
- Need one consistent message
- Prevention is a lifestyle, takes in faith and business community and any system in our county
- Looking at our community and build programs to fit our needs
- Deal with stigmas every day
- African-American churches works with coalition
- Work with law enforcement, get information out about TIP line
- Group interacts well together
- Cost effective, put things together in one basket and go after issues
- Slow process to get people to work together
- Get people who are passionate about the process, need buy in

Doug Crowdus, Mentors Against Drugs

Topics: Speaking in schools

- Will speak in Jefferson County school system, no charge
- Faxed counselors in local schools about speaking in schools, out of 85 there was 6 who wanted the speaking engagements
- Been straight for 19 years
- Don't know how to get into schools, trying to do something positive for the community

Elizabeth Burrows, Challengers of Oldham County

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Topics: Research based programs, environmental strategies, social norms, media messages, parent attitudes

- Nonprofit substance abuse organization in existence for about 20 years
- Community partners, local law enforcement, RPC
- Comprehensive strategy for prevention – research based prevention, drug testing of high school athletes, Student Assistance Programs in high school, environmental strategies, believe in effective prevention
- Implemented social norms approach and integrated in prevention strategies – focus is middle school and high school
- Correct students misperception of alcohol and tobacco use
- Social norms is data driven – also include adult perceptions
- Media message - materials designed by kids
- Social norms is researched based, approach not a project or program, can focus on adult onset addiction, focus on adult alcohol and tobacco use
- Parental approval or disapproval can make a difference

Linda Shovner, Assistant Principal, Oldham County Schools

Topics: Individual treatment, extended school services

- When students return from treatment programs, being assessed and treated in groups instead of individually
- No program will work, it is the commitment of people
- Extended School Services program – doesn't take a lot of money to do effective things
- Consider pilot programs – involve more people with kids in the afternoon, someone there who cares

Natalie Roteneller, Louisville Youth Group

Topics: Sexual orientation youth issues

- Gay, lesbian, bisexual youth - drug prevention
- Need education, training, policy issues
- One-third of all youth suicides are because dealing with sexual orientation issues
- Strategic to have young lesbian, gay, bisexual people involved in prevention groups

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**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Louisville, Kentucky - April 14, 2004**

Members Present: Van Ingram, Jack Blair, Greg Van Tatenhove, Pierce Whites, Jack Blair, Greg Howard, Milton Galanos, Donald Storm, Rodney Brewer, Jim Acquisto, Karen Engle

Support Staff: Kay Fuson and Pam Smallwood

PUBLIC INPUT:

Mike Barry, Anger Program

Topics: Negative Stigma, More public speaking

- We need to start making changes
- Alcohol started taking over my life at age 30, I gave up everything (family and job) at age 40
- I nearly died trying to get free from alcohol
- Stigma of recovery and stigma of being alcoholic, if I told anyone I was an alcoholic I risked loosing it all and if I didn't I risked loosing it all
- I was aware of the 12 step program but was not sure where to find it
- I was formerly a News anchor, there were numerous times that I delivered the news at about a 2.0 blood alcohol level
- I hope to start speaking in public about the stigma to give others hope
- I could not get insurance because I was an alcoholic
- We have to start doing a balancing act – Start speaking openly and start helping each other

Ron McKurman, Certified Counseling Service

Topics: Need treatment before incarceration, Keep treatment simple

- As a result of my addiction I have been incarcerated eight times, 5 times in the US and three times outside the US
- Because of the programs I have been through I have learned about alcoholism
- I am the President of Certified Counseling Services
- Over a program that is called "TAK" to help those who work with Thoroughbreds keep from loosing their license
- I will go to the courtroom to offer alternative to incarceration
- Treatment is not the first alternative currently offered in our criminal justice system
- Informant is the first thing we want from criminal justice side which causes gangs, etc.
- Make treatment the first alternative, some do need to be locked up, but offer treatment first
- Conduct treatment very simply

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- Place in Tennessee called “Serenity Park”, says that if we keep incarcerating we will have a society where you are either a jailer or a convict

Elaine Coomer, Recovering Drug Addict

Topics: Personal Story, Long term treatment is necessary

- Had a good home, good job, good husband, two children – got introduced to cocaine and lost it all within five years
- Went to prison for embezzling to support my habit and went through the JADAC
- Upon completion of the JADAC program I went to the Renaissance House which is an 18-21 month residential treatment facility, this built my self esteem, gave me parenting classes, I am a good role model now for my children
- I am now a foster parent for those whose parents are on drugs
- I also working daily now with women who are alcoholics and recovering addicts
- Very important to let others know
- Think it is very important to look at what felons have to do to come back into the world, you have a problem with going back to “old habits”.
- Nobody talks about getting a job
- You have to help build their self esteem, help them find jobs

Diane Hague, Director of SADAC

Topics: Partnership with treatment and criminal justice system, Need individualized treatment plans, Long term treatment is necessary

- I primarily work in treatment but work with those who have been in the criminal justice system
- There is a method of care for alcoholics and drug addicts
- They don’t always follow their treatment plan, want to do it their own way
- When those with chronic diseases relapse they feel pain immediately and get sick very quick – Alcoholics and addicts don’t feel pain quickly, those around them feel it first
- Criminal justice and treatment are great partners, make sure they stay in treatment for the proper amount of time
- Need sanctions to make sure they stay in treatment 6 months to 2 years
- Thirty day treatment does not get it
- Criminal Justice also needs alternative for long time incarceration
- We should effectively compose sanctions to combine criminal justice and treatment
- Need sufficient funding for step down services (ex: halfway houses)
- Must have six months extensive treatment
- Treatment does work when provided, works best when combined with strict rules
- Proven 68% decrease in criminal behavior once they have gone through proper treatment
- Treatment must be placed on individual basis

Question from panel: Whole scheme of Criminal Justice, What elements should be looked at and who should decide who would benefit from Treatment in place of incarceration?

Answer: Criminal Justice and Certified Substance Abuse Counselors together should decide.

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Question from panel: When arrested how soon should assessment be performed? Who should do time and who shouldn't?

Answer from Ron McKurman: Two year alternative treatment program, work with those on shock probation. Some will use the program. We are not going to make an assessment just to get them out of trouble. I won't take someone who is just a dealer, they need to be locked up. I agree with Diane, they need to go through at least a two year program. Treatment needs to be done by treatment professionals if we are going to be effective. Eliminate the things that don't work. What really works is simplicity and repetitiveness.

Question from panel: Do you believe that you can talk to someone and know if treatment will work for them?

Answer: You need the sanctions to enforce that if you don't complete the two year program you must pay the consequences. Alternative must be followed by the letter, if they don't I will come back and lock them up.

Diane Pedro, St. Jude Women's Recovery System

Topics: Job placement for recovered addicts

- I would also like to endorse the concept of partnership with criminal justice and treatment
- We have developed a relationship with Drug Courts – they are highly effective
- We have to teach those in recovery to deal with stigmas
- To watch these people grow is very rewarding
- Our goal is returning homeless addicted women to productive lives
- Our biggest problems are finding job placement and finding them homes
- We would like to have resources available to know what employers would be willing to give them a job

Question from panel to Ron McKurman: We have heard repetitively the incarceration doesn't work, what made you decide after eight convictions, that was enough?

Answer: Going twenty years without parole and receiving treatment

Question from panel to Ron McKurman: So you basically have to decide that you no longer want to do this?

Answer: Partly this is done by treatment but it really needs to be partnered with the criminal justice system.

Question from panel to Ron McKurman: So, you don't think law enforcement should use informants?

Answer: I am saying that informant should not be the first alternative. I had the opportunity to probate as an informant, someone told me that treatment would be a better way for me. We need tough treatment and tough law enforcement combined.

Bill Glass, Probation and Parole

Topic: Commitment and consequences

- Commitment and consequences work together if they are not committed for the long haul then the consequences will keep them on track

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Linda Gasbarre, Luther Lockett Correction Complex

Topics: Need certified drug counselors, Funding for treatment

- We will get the ones (eventually) with long term consequences
- Many of these guys say they wish they would have received harsher sentencing and gotten into treatment sooner
- Everyone is motivated differently
- We have to work together, very important to pull resources together
- We have other crimes that can be associated with drug problems

Question from panel: what is the effectiveness of thirty day and less treatment, what about resources and the availability of counselors?

Answer by Diane Hague: Now counselors have to get certification, would help if had more funding. Halfway houses should be for no more than thirty, if you have a bigger facility it becomes "institutionalized". Institutions do not prepare them to go into the communities.

Comment from panel member Jim Acquisto: I disagree with not using informants, we still send informants to jail, we tell them you act now or I don't want to hear anymore about it from you.

Comment for Ron McKurman: Some informants make it a full time job.

Comment from Acquisto: With ours, they inform one day and that is it.

Question from Acquisto: Would you advocate treatment for manufacturers of meth who also use or would you incarcerate?

Answer by Diane Hague: Hold them accountable. Part of being accountable is treatment.

Question from Acquisto: What about mandatory minimums, would this motivate treatment?

Answer from Ron McKurman: Why take them out of treatment to make them do the time? Give clear consistent message.

Kathy Bingham, Program Director

Topics:

- We have had about twenty-seven people come through the house, 99.9% of them are drug and/or alcohol related
- I recommend that everyone involved read the book "When Prisoners Come Home"
- This will ditto everything that has been said today

Question from panel: What types of incentives should there be for employers to take a risk and hire those recovered?

Answer by Diane Hagan: Close HR supervision, especially while on probationary period. We have had employers come back to us very pleased and want to know if we have more women that need jobs. They also need to offer a good training period. We need to sit down with corporate and look at both sides and partner with them. Maybe the focus needs to be on an individual basis. It has always been a negative thing to have a record, we need to look at the successes. You need to hear successes and failures. Let them know we will work with them as case managers.

Further comment from Bill McKurman: Maybe offer tax incentives to business owners so they will look closer at these felons to possibly hire them.

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Comment from panel member: One difficulty prosecutors have is recognizing those who would benefit from treatment. I think we need a way to handle the monitoring to identify those who would benefit.

Comment from Diane Hagan: We need certified drug counselors to perform assessment. You need partnership with criminal justice system. Alcohol and drug professional should perform assessment and formulate their treatment plan and criminal justice system must impose the sanctions.

Comment from panel member: Almost like a drug court on an individual basis. Maybe we should like at a pilot program certified counselor working alongside the commonwealth attorney.

Comment from Diane Hagan: I can see two ways to get money for treatment. One is to open Medicaid for drug and alcohol treatment. The second is to place a one cent tax on alcohol, that would raise approximately \$14,000,000 statewide.

Don Armstrong, Chief Judge Jefferson District Court and Jefferson Drug Court

Topics: Drug Court (adult, juvenile and family)

- We are tenth oldest drug court in the United States
- We have had 400 graduates and 40 drug free babies have been born through our drug court
- I have been asked to read a letter from Judge Henry Webber (see attached documentation) who was not able to attend today.
- We have three judges with adult drug court, we have a family drug court for moms and we have juvenile drug court
- Judges, prosecutors, commonwealth attorney's, probation and parole officers, treatment workers, treatment centers are all involved
- They all buy into this system
- Very interesting to watch the transformations weekly
- We have three rules in drug court, (1) Show up on time (2) Try hard (3) Be honest
- They have to get an education and a job
- Drug Court works, 47% of graduates don't repeat
- Please look at funding Drug Court
- Accountability, must do drug screens, must see judge weekly
- For graduation they have to write a letter to their arresting officer
- If they lie, they will go to jail
- There is accountability and consequences in this program
- We have to know this is a disease so we can help them be productive citizens

Doug Crowdus, Mentors Against Drugs 2000

Topics: Better educate our children

- I have been drug free for 19 years
- Would like to know what we are doing for the kids?

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- Have tried to get this program into our schools, only six out of eighty-five have responded
- I work well with kids

Comment from panel member: I am on the Ky. School Board Association. Schools are reluctant. The drug problem in school is not getting better. Sometimes it is best for them to hear from those who have had life changing experiences from drugs.

Doug:

- That is one problem that I have, teachers are afraid that the kids will say "I can do drugs and quit like he did"
- One challenge that I have is that I don't have any credentials
- I am good at hands on
- Some schools say they are too busy

Comment from panel member: I recommend that you get others on board with you and meet with school board members. Talk with a school board member, let them know what you are all about, try to get them to help you.

Doug: I have to know that Police are teaching DARE and schools are doing Lifeskills, I would be happy to partner with them.

Dr. Pat McCannon, Volunteers of America

Topics: Long-term effects to your brain, This is a public health issue, More treatment lowers the demand for drugs

- Would like to speak about the effects of Alcohol
- Why do they have these problems?
- How much malfunction goes on with impairment
- Gave handout, Power Point Presentation of brain comparisons of a normal brain, alcohol brain and marijuana brain (see attached). You can see by the pictures the way drugs eat away at your brain.
- If they are impairing your brain, they must be dealt with
- Thirty days of treatment does not even come close, have to have longer term treatment
- Causes poor judgment, chronic lateness and poor time management
- Have trouble learning from experience; don't ever seem to learn from their mistakes
- Have decreased motivation
- Have chronic pain, they use this as a way to not do things, they don't really have pain they have a brain impairment
- They are uncooperative, they commit crimes, they need treatment
- Research say that immediately after they are caught they fall into other crimes, this is addiction at its worst
- We have to rethink this issue, this has to be looked at as a public health problem
- We need to clean up our communities
- We have a demand problem, if we have more treatment it will drive down the demand problem

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- We need more judges and law enforcement to promote treatment
- There is knowledge what treatment works and what doesn't
- Can't send people to AA and think that is enough
- Treatment is about helping people change
- We need longer treatment stays
- Treatment should be assessed by certified professionals
- Treatment should use scientific methods to prevent relapse
- Treatment should return impaired individuals to good citizens

Question from Panel: Who do we need to put in prison?

- You need categories
- Treatment should be the first option
- Best thing to be available, offer treatment first, let them decide if they want to stay or just serve their time
- Treatment is demanding, it will put people in a position where they have to be serious
- Treatment does limit their freedoms
- If we don't treat them they will re-offend
- We could do a lot better for our communities by treating instead of just incarcerating them
- We need to look at things from a different set of eyes

Stacey Burnett, Mother, Recovering Addict

Topic: Personal Story

- I believe that each addict is an individual
- I was one that had chance after chance
- My prison term saved my life
- During my term I had the opportunity to go to treatment and learn about who I was
- I have to make a choice everyday and make my treatment everyday
- Went to the Renaissance House for twenty-four months
- Serving time in prison was easier than going through treatment
- It did take 2 ½ years to learn how to pick up a tool and work
- It would not have mattered
- I can't say enough about the opportunities I have thanks to treatment and the Renaissance House
- If I could have one thing, it would be that those I love could have the opportunities I have had

Susan Carpenter, Speech Pathologist

Topics: Better Parent Involvement, Start Prevention Earlier

- Two of my three sons has had addiction problems
- Concerned about the apathy of parents
- After going through programs with my sons, we are missing the boat by not starting prevention at an earlier level
- Drug test our high school students

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- We are going to have to slap these parents in the face with these drug testings
- We have got to have intensive treatment for families
- Parents have to be involved

Phillip Turner, Louisville Metro

Topics: Law enforcement is the gateway to treatment, Agency cooperation is needed, Better resources with DARE, More funding

- I agree with treatment and prevention spoken here today
- I agree, prevent it before it ever comes
- Law enforcement is part of the solution, we would much rather prevent a crime than to investigate one
- We have had problems with violent crime, most drug usage or drug trafficking
- We suffer from the economy
- Don't over look local agencies
- Gateway to treatment programs is law enforcement
- We are on the front end, we need more help
- **Collaboration of agencies**
- Look at the past records of these individuals
- We need the help too, the demand for law enforcement has increased too
- The demand is in far excess than what we can handle
- We could become more involved with DARE but we need more resources
- Funding to assist with what we are already doing such as training
- Help us get that person, who is a first time offender, into that gateway to treatment
- We need training, equipment and technology
- Don't forget us on the front end
- If we can help partnership, we are willing

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**Kentucky Drug Summit Assessment
Public Input Meeting #15
Lexington, Kentucky - April 20, 2004**

Treatment Panel Subcommittee

Panel and Subcommittee Members Present: Karyn Hascal, Robert Walker, Louise Howell, Jerry Lucas, Drexel Neal, Betty Mueller, Dan Howard, Jeff Doig, Chris Block, Kathy Taylor, Rachel Mattox, Larry Spencer, Libby Mills, Paula York.

Support Staff Present: Jo Carol Roberts, Sharon Davis

Approximate Number of People in Attendance: 80

Number of Speakers: 23

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Dianne Shuntich, Sylvia Lovely, John Akers, David Cole, D. G. Mawn, Ron Bishop, Thelma Whiteside, Brigett Stacy, Steve Kirby, Lisa O'Hearn

Support Staff Present: Jane Carrier and Linda Renfro

Approximate Number of People in Attendance: 65

Number of Speakers: 23

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Cleve Gambill, Gale Cook, Russ Kegel, Greg Stumbo, George Moore, Greg VanTatenhove, Jim Acquisto, Steve Collins, Connie Payne, Gary Oetjen, Joe England, Van Ingram, Rodney Brewer, Greg Howard, Rice Leach, Karlos Owens, Lisa O'Hearn

Support Staff Present: Kay Fuson and Pam Smallwood

Approximate Number of People in Attendance: 55

Number of Speakers: 14

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**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Lexington, Kentucky - April 20, 2004**

Members Present: Karyn Hascal, Robert Walker, Louise Howell, Jerry Lucas, Drexel Neal, Betty Mueller, Dan Howard, Jeff Doig, Chris Block, Kathy Taylor, Rachel Mattox, Larry Spencer, Libby Mills, Paula York.

Support Staff: Jo Carol Roberts, Sharon Davis.

To open the meeting, Karyn Hascal introduced the panel members and invited the first of 23 speakers to offer comments and concerns. There were approximately **80** people in attendance and 26 different topics were discussed. The meeting concluded shortly after 5:00 p.m.

County Judge Wallace Taylor, Estill County

Topics: Funding, Estill County Mountain Top Project

- Applaud Gov & Lt. Gov for taking this stance on substance abuse.
- See problem in community.
- Lost a nephew to meth abuse.
- Estill County loses about 2 people a month to meth.
- Have seen a meth lab set up in a fishing tackle box.
- Failing in treatment and drug enforcement.
- Nearly 1900 beds in the state to treat substance abuse. Not enough.
- 90-120 day wait before juveniles can get into treatment.
- Must do something today – we can not wait.
- Have to send people out of the state to get treatment.
- People are dying because they cannot get treatment.
- Estill County Mountain Top Project – substance abuse program.
- These problems affect the entire region.
- Estill County plans to build a recovery center for substance abuse and related disorders.
- Partnership with courts, agencies, churches, families and other concerned organizations and people.
- Want to see what is working in other states and put it to work here.
- Mountain top recovery center with walking trails and education programs.
- Need to treat people and offer them the opportunity to be a productive citizen.
- Will be training people to make them employable and also offering employment to others in the center.
- Consider funding for this project.

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Carol Stange, Coordinator, Kids Now Prevention Services, Prevention Research Institute, Lexington, KY

Topics: Substance Use/Abuse During Pregnancy, Funding

- Need to think of the pregnant substance abuser when thinking of treatment.
- Problems from specific drugs – Cocaine, Oxycontin, etc.
- Research is not definitive about long-term affect on children.
- Narcotic abuse causes low birthrate, Fetal alcohol spectrum disorder,
- Most infants will recover well with the proper medical care.
- Effects of tobacco on the fetus are low birth rate, SIDS, increased respiratory and ear infections, asthma, behavioral problems, attention deficits.
- Much shame and stigma to a pregnant woman with substance abuse problems – reluctant to talk about it.
- Fear of removal of children from home and incarceration prevents women from talking about substance abuse problem.
- Want women to get prenatal care.
- What are we doing – PRIDE Program, Project Link, receive federal funding, Medicaid benefits.
- Need funding maintained.
- Have treated over 7000 pregnant women.
- Need a stigma reducing media campaign.
- Need funding to conduct extensive evaluation of the program's impact on babies.
- Need increase in physician education about FASD and pregnancy issues.

Patricia Cordona, Harrison County Comp Care, Chair Person for KYASAP

Topics: Funding

- Proliferation of what treatment programs are out there, what works and what doesn't.
- Try to use most effective programs.
- All collaboration takes time.
- Talk with everyone at least every 2 months to work on collaboration.
- Work with dual-diagnosed clients.
- Important to clients and their families on how to address substance abuse issues.
- Need treatment dollars to provide programs.
- Some of KY-ASAP money went to drug courts to help develop programs.
- Many clients are indigent.
- Can not provide all treatment for free – can provide some.
- Lot of education provided but need funding for treatment.

Mike Berry, Private Citizen

Topics: Personal Story; Remove Stigma

- Relayed personal story about his career and family success.
- Lost it all by age of 45 due to alcohol abuse.
- Attempted suicide; even attempted to take family with him.

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- Want to make amends to the people in Lexington.
- Would like to remove the stigma that society imposes.
- Could not admit problem because he might lose his job; lost it anyway.
- Want to give addicts hope, health, and healing.
- Do not want people denied healthcare and employment.

Karen Adams, Private Practice, KY ASAP, Cynthiana, KY

Topics: Funding; Manpower; Personal Story

- Need funding, manpower.
- Cannot stay at Summit because work begins at the base of the mountain.
- At 9:00 last night learned that family member had committed suicide due to substance abuse.
- Treatment can not become territorial.
- Need for different treatment for different people's needs.

Deborah Spicer, Bluegrass Regional Health, Harrison County

Topics: Collaboration of Treatment; Funding; Drug Courts

- Substances abuse a big problem in Harrison County.
- Working to get a drug court.
- Working to decrease substance abuse problem.
- Found out something that works – all players working together.
- Studies show that drug courts work.
- Have grant from KY ASAP for program in schools.
- Both Adult and Juvenile Drug Courts—Less expensive than incarceration.

Beth Maze, Circuit Judge, Mt. Sterling, KY

Topics: Lack of Treatment Facilities; Funding; Methadone Clinics

- Frustrated at lack of treatment facilities.
- Would like a rehab facility that is a correction facility.
- Need to treat dual diagnosis.
- Need to teach people employable skills.
- People lose everything when they go to jail. When they get out they have nothing thus go back to drugs.
- Must consider county finances when bond is set.
- When shock to rehab there must be a bed available. Lots of time they are paroled before they get into treatment.
- Methadone clinics should be outlawed.
- Lack of outpatient facilities, AA, and NA meetings. Time of meetings is a problem.
- Need halfway houses.
- Need long-term treatment.

Lynn Posze, Private Citizen, Paris

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Topics: Stigma and Discrimination; Gender/Age Specific Treatment; Criminalizing Addiction; Methadone Treatment

- Addictions are hard to talk about.
- A friend was told that it was inappropriate to talk about recovery during a job interview.
- People with drug related records cannot get student loans or can't get public housing.
- Hard to get on their feet if they can't get services like other people do.
- Include women when discussing substance abuse problems.
- Need more gender specific treatment.
- Prosecuting pregnant women with substance abuse problems when they are trying to seek treatment.
- Need more adolescent treatment.
- Methadone gets a bad name. Sometimes it is appropriate for people to stay on methadone indefinitely.

Lynn Dunn, KARP

Topics: Treatment, Incentives for Universities, Scholarships for recovering addicts

- Saw first death from substance abuse when 22 years old.
- Treatment works.
- \$66 million could not do what needs to be done to provide the kind of care people desperately want.
- Substance abuse professionals
- Need a healthcare system that will recognize substance abuse as a public health issue.
- Need incentives at universities to provide more services.
- Need scholarships for students and recovering addicts.

Keith Sorrell, Private Citizen

Topics: Long-term Treatment Facilities

- Treatment facilities do not provide enough long-term care. Should be no less than one year.
- Drugs are just a solution to other problems.
- Problem cannot be treated with another drug.
- Need to be drug free for a year before prescribing drugs for other illnesses such as depression, bi-polar.
- Need counselors who understand what an addict is going through. Even difficult for families to understand.
- Substance abuse is a deadly disease.
- Treatment works, only needs to be tweaked.
- Need facilities in every county.

Ben Northern, Special Advisor to Drug Court, Clark County

Topic: Personal Story; Collaboration of Services; Staffing

- Putting together a collation to put treatment services in one place.

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- Hooked on Cocaine and it took everything he had. Has degree in Criminal Justice. Spent one year in prison.
- Has to remind himself every day that he is a dope addict.
- Cannot scare, buy or beg disease out of anyone. Have to decide when they want to quit.
- Corrections needs to get in real world.
- Probation and Parole need a lot more people.
- People Helping People attempting to put in residential facility and a day program in Clark County.
- Need to get doctors with the program and monitor prescriptions.

Ron Kibbe, Coordinator for Comp Care, Clark County

Topics: Holistic Approach to problem; Collaboration; Access to Treatment

- Chairperson of KY-ASAP.
- Substance abuse is a society, community problem.
- Meth labs are found in homes where normally would not have been found.
- Hope for collaboration of services statewide.
- Social stigma is a huge problem.
- There's a great deal of frustration working in this field.
- Relapse is a part of the treatment process.
- Substance abuse affects personal lives, homes, children, and employment.
- Need immediate, accessible treatment in the community.

Tim Arnold, Department of Public Advocacy

Topic: Juvenile Treatment

- Juvenile Justice tends to neglect drug and alcohol abuse. Have programs for sex abuse, behavior problems, etc.
- Need to address drug and alcohol abuse and establish a juvenile treatment center.
- Need additional community-based programs.

Jonathan Cole, Clinical Psychologist, Pain Treatment Center of Lexington

Topic: Education; Collaboration

- Sees patients who seek pain medications by fraud.
- Some patients are addicted to their pain medications that have true pain.
- Some patients do not take their medications because they are afraid they will become addicted.
- Some patients' families steal their medications.
- Need education on prescribing pain medications.
- Need more education on addiction.
- Need more education on conducting addiction assessment.
- Need more collaboration of services.
- People with addictions are not addressing their pain issues.
- Medicaid cut funding on urine drug screens.
- Comprehensive Care is overwhelmed in Fayette County.

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Neal Vaughn, Community Volunteer, Crystal's Halfway House

Topic: Success Story

- Worked with Crystal's Halfway House. Told history of treatment, problems and funding.
- People with real illnesses need appropriate medications and treatment.
- Women had many issues besides getting sober (parenting responsibilities, employment, spouses).
- Hired a grant writer and have received millions of dollars in grants.
- Started a vocational program (PRIDE).
- Now have children's services (community center, after-school programs)
- Need more patient specific treatment.
- Have spent years fund raising.
- Mentor women going through drug court.
- Have answer here and just don't know how they are going to get it to other places.
- Trying to partner to get beds paid for.
- Good news is this is a system that works.
- Problem is there is no infrastructure in other areas of the state to provide the treatment needed.
- We can achieve goals but not overnight.

Thelma Page, Program Director, PRIDE Program

Topic: Gender Specific Treatment; Funding

- 100% of babies born drug-free this year. Had 72 women.
- 1/3 of people who need treatment are getting treatment.
- Need more gender specific treatment. There are more women than men in population.
- Need to educate general public.
- If not gender specific treatment, and then add gender specific issues (domestic violence, children, education).
- Need funding.
- Need more treatment beds.

Betsy Campbell, Cardinal Hill Hospital

Topic: Specific Training for Brain Injury Professionals

- Believe that treatment works, but it does not work if it is not available.
- Many of patients are injured as a result of substance abuse.
- \$48 billion spent per year to treat brain injuries.
- Treatment for substance abuse is not available to brain injured population with substance issues.
- Lack of training for brain injury professionals on substance abuse treatment.

David Hadden, Schwartz Center

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Topic: Access to Treatment

- Treatment does work, but problem is access to treatment.
- Lack of beds available.
- No place for clients to go after treatment.
- Many returns because of lack of follow-up care.

Stephanie Raglin, Hope Center Recovery for Women

Topic: Personal Story; Treatment Facilities

- Personal story. Chronic alcoholic and drug abuser. Give praise to God. Living testimony that recovery does work. Convicted felonist. Getting ready to graduate from Midway College with bachelor's degree.
- Need more short and long-term treatment facilities.
- Need half-way houses.
- Advocate for Hope Center and AA.
- Does not feel stigmatism.
- Have a passion for what she does today.
- Locking up people is not going to help.

Felito Aldarondeo, University of Kentucky Counseling & Testing Center

Topic: Funding; Staffing

- Substance abuse problems on campus.
- Most students have abuse problem before they get to college.
- Need support when they arrive on campus.
- Need more staff and funding.
- Works with students to increase their motivation to change.
- Need more community resources for treatment options (inpatient and outpatient).
- Working to stop the extending of bar hours in Lexington.
- Need beverage server training in Lexington.

Dr. George Ross, Licensed

Topics: Adolescent Treatment

- Traveled to 43 states offering training in prevention.
- Need to redefine the political climate regarding teenage substance abuse.
- An adolescent has the right to grow up in a drug-free environment.
- If kids develop drug problem, there is no affordable treatment for them.
- Drug use usually starts around 13 years of age.
- The longer they use the longer treatment is needed.
- Need to treat as a disease.
- Why don't we require mandatory testing before they go to school? Not as a criminal effort but a medical effort.

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- Alternative schools - 90-95% of students get high. Graduate with a watered down curriculum with a drug problem.
- Need to convert our alternative schools into treatment centers. Some think we need to convert the high schools into treatment centers.
- Substance abuse is an accepted way of life.

Comments: Drug testing is a legal issue. Would need a statute to test. If we were to test kids right now, we would have an epidemic. This is the first time an Administration has been opened to issues regarding substance abuse. This is a public health issue rather than a criminal justice issue.

Geoff Wilson, The Ridge, Adolescent Treatment

Topics: Adolescent Treatment; Funding; Community Awareness; Collaboration of Services

- 1/10 adolescent receives needed treatment. (4700)
- How are we going to identify kids with problems more rapidly?
- Most clients come from criminal justice system.
- Only 18% of treatment centers have structured programs.
- There is a lack of aftercare services.
- Must be an understanding that relapse is a part of the process.
- Admissions are going up for kids, thus problem is increasing.
- Long waiting lists.
- Need early treatment education.
- High need for adolescent continuum of care.
- Lack of State funds, community awareness.
- Dual diagnosis.
- Collaboration of treatment services/facilities and education institutions.
- Support Juvenile Drug Courts.
- Need funding for training.
- Treatment is cost effective.

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**Kentucky Drug Assessment Summit
Prevention/Education Panel
Public Input Meeting
Lexington, Kentucky - April 20, 2004**

Members Present: Dianne Shuntich, Sylvia Lovely, John Akers, David Cole, D. G. Mawn, Ron Bishop, Thelma Whiteside, Briggett Stacy, Steve Kirby, Lisa O'Hearn

Support Staff: Jane Carrier and Linda Renfro

Sylvia Lovely, Executive Director, Kentucky League of Cities, chaired the meeting. To open the meeting Ms. Lovely introduced the panel members and invited the first of **23** speakers to offer comments and concerns. Approximately **65** people were in attendance and **38** different topics were discussed. The session concluded at 5:15 p.m.

Public Input

Donna Bernier, Bluegrass Prevention Center

Topics: Knowledge of community, information dissemination, change attitudes, state leadership, community buy in

- Packet about services that are offered
- Have a dedicated staff with a passion for prevention, 6 certified staff
- Utilizes best practices to address drug issues
- Have a working knowledge of community
- Uses 6 effective strategies
- Information dissemination is one strategy – keep up with current trends, Internet is one place kids get info and drugs, having training is extremely important
- Responsible beverage server training in area – Lexington voting on extended bar hours
- Kentucky has infrastructure for prevention – coalitions, coordination and collaboration
- Change our attitudes, behaviors, norms – get volunteers – needs strong professional criteria
- State leadership needs to take existing to the next level, focus on what works and what doesn't, provide training and structure
- Cabinets need to work together and people must meet criteria to work in community
- Kentucky is starting to be recognized for best practices
- Community buy in strategy – they have to see outcomes to see that what they do matters, assessments are important to use data, need to be driven by what we know

Marilyn Rogers, Bluegrass Prevention Center/Prevention Specialist

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Topics: School curriculum, environmental strategies, science based programs, coalitions, parent involvement, business community involvement, number of prevention specialist

- Strategies – education, science based prevention education programs are used in schools
- Problem is amount of time schools have to devote to prevention curriculum – look at how system is set up and make part of curriculum
- Need stronger environmental strategies – have light consequences that are not effective, parents buy alcohol for kids
- Program – drive-in units that sell liquor get license plate of those who try to buy alcohol but look to be under 21, notify vehicle owner that person that seemed to be underage was trying to buy alcohol while driving their vehicle
- Youth Coalition – in Nicholas County youth want to do mentoring program for younger students
- Coalitions with broad range of partners, collaborate with other groups
- All communities want to make long term commitments to make a difference with our youth
- Coalitions are the backbone of prevention efforts
- Help communities leverage funds
- Barrier is ratio of specialist to counties served – everyone gets a little time and attention and they deserve a lot more
- Barrier is lack of involvement by parents, we must find a way to protect their children
- Need more active involvement from business community
- Parents as well as employers would benefit if on site programs are offered, go where the parents are
- EAPs are available when child needs treatment
- Consider involving businesses at state and local level
- People tend to think it won't happen to me

Ruth Staten, UK CON - UHS

Topics: Media advertisements

- Initiative to advertise not to get hotel rooms for kids after proms – met with media people to more strongly create an umbrella message it is illegal and unhealthy to offer drugs to minors

Denise Lois

Topics: Attitude of parents

- Study showed that by 12th grade 20-25% of parents think it is OK for kids to drink

Richard Circone, Methodist Home

Topics: Tobacco use, drug prevention curriculum in schools,

- Tobacco is gateway drug and state is afraid to address the issue
- How do we implement drug prevention curriculum into schools
- Getting programs in school system – make it part of the health care program

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- Move from “NO” to “KNOW”
- POSIP tells you what students are high risk, school could then recommend treatment, see if reduction of risks, learn parents' perception and any problems they have

Rob Good, Bluegrass Prevention Center

Topics: Early intervention for screening, education, referrals; community involvement, science based curriculum

- Conducts early intervention program that catches kids at cusp of use
- 2 programs – one is 12-17 year olds referred by CDW and are somehow at risk for substance abuse problems, other is Zero Tolerance and kid is already caught with alcohol while driving (low breath alcohol test)
- Goal is to reduce number engaging in high risk activities and recidivism rate
- 3 steps, screening, education, referrals
- Screening – view of where they are in regard to alcohol and drug use, 80% of kids assess for education program
- In education process youth really begin to turn corner and understand health impairment they have brought on themselves by substance use
- Just not teaching about drugs but general persuasion process toward risk involved, use science based curriculum
- Rely on the connected consequences of a variety of sources, parents and guardians have impact - give parents guidelines, bring in someone to talk about legal issues, CDWs
- Prevention can work if a lot of people work together in youth's atmosphere
- Bring program to community – have urban and rural areas, diversity
- Teach program at least once every 60 days
- To get community buy in make program accessible
- Suggestion to make parent component of program required
- Working with youth at an age they can make choices and parents may be a negative influence

Cynthia Snider, Bluegrass Prevention Center

Topics: KIDS NOW Program, drug use by pregnant women, collaboration, train nurses and family support people

- Five adopted children with health issues from drug use
- KIDS NOW program – work with pregnant women, family, their doctors and nurses
- Need more people to work with program to make it better
- Pregnant women don't always know they shouldn't drink
- Child can have brain impairment or organ damage resulting from pregnant woman drinking
- Healthy Baby Healthy Choices program – offer incentive for women to attend
- Women want help and education
- Train nurses and family support people
- Seen a great deal of collaboration, Lincoln Co building a conference room for classes

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- One fear women have is afraid of losing children – get word out no one is there to take their child

Carol Stange, Prevention Research Institute/Kids Now/Prevention Coordinator

Topics: Drug use during pregnancy, funding, Medicaid benefits, reduce stigma, research, referrals by private physicians to programs, continuum of care

- Substance abuse and pregnancy problem in Kentucky is a serious problem
- 5 Thousands of births of children that are affected by substance abuse
- Many use alcohol during pregnancy and they can have serious consequences
- Had Medicaid benefit that supported substance and preventive services and during prevention gets 3 levels paid for - education, Prime for Life, abuse dependency
- KIDS NOW program
- Division funneled money out to centers for programs for pregnant women
- Have relationships with health departments and some physicians
- Work with community health centers and offer incentives for women to attend programs
- Tobacco settlement money is decreasing
- Need stigma reducing campaign (safe places for pregnant women to go to, feel safe to talk with their physicians)
- Need research on pregnant women who go through program and how it affected the births
- Need to know how to encourage private physicians to refer pregnant women to program
- Establish a continuum of care that includes reaching women – basic facts; more intensive for high risk; those who already experiment
- Screening is a critical piece to determine who needs education and who needs treatment - what level of service do they need
- Need to make sure pregnant women continue to be part of the prevention population, continue funding

Ray Daugherty, Prevention Research Institute

Topics: Tobacco use, view prevention across life span, bridge gap between prevention and treatment, funding, focus groups

- Difficult to face challenge of how to do more with less
- Substances that hurt us most as society scare us the least – focus on those that scare up the most when developing policies
- Tobacco doesn't have social implications but is number one cause of death
- View prevention across life span – not just young population
- Knowing the right question to ask from a policy standpoint – focusing on preventing use or focusing on preventing problems
- Bridge gap between prevention and treatment area
- Data on alcohol – who is consuming and how consumed, 30% consume 90% of alcohol, focus on this group (if prevention defined to use won't help those who need treatment), those who need treatment are a prime group

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- Heaviest drinking and drug use age is 18-25, heaviest drinkers during that age group were heaviest drinkers in high school, focus on this group
- To solve money issue – can easily fund everything needed to be done by small user fee/tax on substances used – alcohol and tobacco

Dr. George Ross, Licensed Psychologist

Topics: Message from culture, drug use during development stages, educate adult community, health problem, mandatory drug testing in schools, community involvement

- Traveled in 43 states in prevention
- Most professionals feel that majority of things done in the last 20 years have not been affective
- Most efforts directed toward kids, may be the wrong direction, redirect efforts with different assumption
- In acceptance state as adult culture
- Society has accepted alcohol drug use as a safe alternative
- Culture sends drug messages that it is acceptable behavior
- Children have a right to grow up in environment free of alcohol drug use
- Drug usage among youth is brain poisoning – need to get message to community
- Kids are using drugs during developmental stage
- Recommend re-shift focus to education of adult community that we are allowing our children to be brain poisoned – form of child abuse
- Recommend it is a health problem, not legal problem, recommend health department take over
- Mandatory drug testing for kids in school, make them aware they have a problem
- Takes a community along with parents to raise a child

Lane Stonecypher, Director of Substance Abuse, Methodist Home

Topics: Signals Programs, substance abuse programs in schools, environmental strategies, parent component, social norms

- Signals Program – about changing attitudes - focus on physiology, look what you are doing to yourself
- Kids are about being free and need to feed into that – can the choices you make today take away your freedom tomorrow, redefine freedom
- Program has 5 hours of material from a forensic pathologist – shows physiology and reality of using drugs
- Need to allocate more time in schools for substance abuse programs – continue through all levels, not one answer for all kids
- Environmental strategy – get rid of cigarette vending machines, license tobacco vendors to raise money, license removed if they sell to minor
- Parent component – bring parents together by using screening tool, perception of child's use, give them strategies to help their children
- Reconnecting kids in positive social norms, DARE is positive force

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Debbie LaBoone, FCPS - Safe Schools Office

Topics: Mandated drug curriculum in schools

- Schools teach what is mandated – make drug curriculum required

Ellen Hahn, UK College of Nursing/Associate Professor

Topics: Comprehensive approach, tobacco addiction, environmental strategies, funding, mass media campaign, science based programs, sustainability

- Recommend – ensuring prevention is comprehensive combination of strategies, based on science, and is sustainable
- Comprehensive - Focus should be broad view including alcohol and tobacco
- 430,000 deaths in Kentucky due to tobacco addiction, larger than alcohol number
- Spend over \$400 billion per year in drug related issues
- Prevention is not just education, education is part of prevention
- Encourage local communities to make smoke free policies, change culture of community
- Smoking in public places promotes addiction, helps kids to make healthy choices
- Need to raise cigarette tax, more than 26 cents, at least 10% of price
- Need mass media campaign to counteract tobacco advertising
- Need smoking cessation programs to help prevent health problems
- Use science based programs, effective environmental strategies, what money spent needs to include evaluation
- Sustainability – ¾ of schools doing researched programs
- Make sure prevention systems stay together, Kentucky is known around the nation for good infrastructure
- For every dollar invested in prevention can save \$10 in treatment
- Uniform measure for prevention programs in general – policy interventions, smoke free laws, mass media education that reaches all people
- Measure of programs - Center for Substance Abuse, National Registry, Centers for Disease Control
- Strategy to promote policy changes takes years of work and buy in

Cyndi Steele, Bourbon County Health Dept

Topics: Comprehensive approach, tobacco use

- Takes comprehensive approach
- Rewards are small but great
- Must be sustainable
- Comprehensive groups need to include users and those you are trying to change behaviors, diverse group, action people, willing to take stand, accountability must be in place
- Data says tobacco kills more people than alcohol
- 25% of babies are born to nicotine addicted mothers

Deidra Simpson, Clinical Pharmacist UK, KY Pain Initiatives

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Topics: Pain management with drug control, educational programs for health care providers, funding, prescription drug abuse, KASPAR program

- Physicians, pain specialists, pharmacists and law enforcement are part of group that looks at pain management – with drug control there will be less pain management
- Health care providers are not taught enough about narcotics, screening, how and when to involve law enforcement
- Some health care providers will not prescribe narcotics
- DATIS Program – UK College of Pharmacy – provide one on one education to primary care health care providers on drugs
- To change behaviors need one to one education because it is effective
- Presentation is important, be cautious in how presented
- Need education in schools and pharmacy schools
- Funding is one year grant from Center for Disease Control, would like to see program go statewide
- Success in talking with health care providers (60% in local area), offer service to improve health care, make them aware of pain centers
- KASPAR program – negative comments were felt it wasn't very useful, confusion on how to get on program, lag time when asking and getting information is longer
- Prescription drug use

Nancy Rawlings, Fayette County ASAP Board

Topics: Prescription drugs for behavioral issues

- Concern for children who are given prescription drugs for behavioral issues from families of parents that are addicted

Skip Johnson, Estill County Board of Education/DJJ/ASAP Board

Topics: DARE program, impact study for what is working, school curriculum

- Have some things that are working through KY ASAP
- People are financially accountable, report quarterly on finances
- Still using DARE program – see officer in positive way
- Do impact study to see what is working and keep it
- Schools are test driven
- We are molding kids to fit the curriculum, not curriculum to fit the kids

Magdalena Tinajero, Mayor's Alliance on Substance Abuse

Topics: Involvement of police in schools

- Networking and police in Hispanic community
- Surveys from Hispanic community of police
- Need involvement of police in schools

Nancy Rawlings, Fayette Co. ASAP Board

Topics: Drug Courts, media campaign, abuse and neglect associated with drug use

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- Some support for ASAP boards – cosponsored programs with other groups
- Support Drug Courts and keg registration in Fayette County
- Focusing on media campaign, lasting and not one time blitz
- Keep ASAP board – very important
- Get message out to people who are moving to Fayette County that we care about our children and we support them not drinking and using drugs, not legal and not healthy
- Think outside the box for media campaign – using experts that have had successful media campaigns, different message for kids and parents
- Why are social workers and health professionals not here?
- Abuse and neglect and what occurs within families, social services sees this is a critical issue
- Awareness is what we need

Jimmie Persley, Scott Co ASAP Board/Retired Nurse

Topics: Funding for prevention, community cultures, science based programs, health community more proactive, KY ASAP

- Continuum should start with communities, prevention and education
- Jails should be a last resort, don't take money from prevention
- Community cultures are different and what is provided should fit that particular culture
- Use science based programs
- Develop some way to encourage health community to be more proactive, more assessment, have them part of the network
- Children sell their prescription drugs
- KY ASAP has encouraged development of policies at the community level

Birdie K. Salyer, Magoffin Co. Health Dept.

Topics: Multi-faceted approach, data collection, UNITE Program, DARE Program

- Have heard ASAP mentioned a lot today, not mentioned at local input meetings
- Started with comprehensive needs assessment to see where we stood as a county
- On community level discovered where the gaps were and ASAP had funded programs to fill gaps
- Multi-faceted approach
- One finding of process was discrepant data
- In last 6 days in Magoffin County - 36 yr old died-drug related, motorcycle accident victim killed due to drugs, 2 car wreck and 2 people killed and drugs found, 23 yr old man killed in house fire and suspect drug related
- Work with UNITE, federal program for Eastern Kentucky area
- Home visits for high risk families
- DARE is institutionalized and needed
- Many crimes in families that are drug related are never reported

Jimmie Lewis, Bluegrass Prevention Center

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Topics: Fetal Alcohol Syndrome, community support, education in schools, need more treatment centers, support services

- Project on Fetal Alcohol Spectrum Syndrome – enormous amount of collaboration among many groups, worked across different professions and groups
- Fetal Alcohol Syndrome is preventable
- Substance abuse is not a simple thing, it takes supportive, effective communities
- Education in schools – look at levels and be sensitive to those
- Cross training and bringing different together
- Work with local health departments on substance abuse treatment in community
- Want all women screened with initial entry to program and need to know what resources are available to refer them to
- Some women cannot afford treatment
- Not enough access to treatment
- Must be a comprehensive approach
- Need support services to navigate the system, such as provide transportation
- Go into homes in a way that offers person a human contact and helping solve problems
- No programs where you can take children to treatment, so if a woman does not have family support must put children in foster care

Sandra Murphee, Bluegrass Prevention Center

Topics: Environmental strategies, research, community buy in, KIP survey. data collection, proven practices, leadership support

- Proven practices that are environmental strategies
- Effective research
- Buy in from communities – if enough data on that community on number using, KIP survey, (prevalence data,) need norming data
- When people understand ordinances are effective there is high buy in
- Table topper distributed in restaurants, hospitals, doctors offices – changed atmosphere of city council
- Collected data in 1999 about what they knew and would support in Madison County, did not make a difference
- Proven practices – Kentucky is at bottom of alcohol taxes, prevent happy hour/drink specials that promotes drinking
- Need support from Governor to change attitudes and policies, from Governor down not from parent up
- Leadership needs to stand behind prevention policies

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**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Lexington, Kentucky - April 20, 2004**

Members Present: Cleve Gambill, Gale Cook, Russ Kegel, Greg Stumbo, George Moore, Greg VanTatenhove, Jim Acquisto, Steve Collins, Connie Payne, Gary Oetjen, Joe England, Van Ingram, Rodney Brewer, Greg Howard, Rice Leach, Karlos Owens, Lisa O'Hearn

Support Staff: Kay Fuson and Pam Smallwood

PUBLIC INPUT:

Dr. Jonathan Cole, Psychologist, Pain Treatment Center

Topic: Patients with pain management issues vs. the addict

- Major problem with addiction and diversion
- Look @ under treatment and the restrictions due to doctors fears
- Physicians are unclear or when or how to contact law enforcement
- Solution is to develop training for physicians in the area of pain management
- More communication and joint training for physicians and law enforcement

Comment from Rice Leach—He would be glad to coordinate an effort to make physicians aware (talk afterwards)

Bill Welker, Citizen, Estill County

Topic: Volunteer Groups

- 2 deaths a month due to drugs that are “documented”
- Sure there are more, not documented to protect family
- Forming group—PADD; Parents Against Drug Dealers
- Citizens volunteer group to help enhance the efforts of Law Enforcement
- In process of documenting information through court records and justice system to evaluate where the best efforts should go. Want stats
- Want to be able to hold accountable the public officials; want their input
- Inviting all officials that have involvement with this problem; prosecutors, judges, budget officials.
- Will be inviting some members of this panel to come and give input.

Commended by Mr. Stumbo as a wonderful way to start to combat the problem

Mike Barry, Recovering Alcoholic

Topic: Help with Recovery

- In recovery for a decade

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- Concerned about the stigma that this disease be kept quiet
- Was encouraged to lie about his disease which kept him out of recovery longer
- Finally sought treatment after hitting rock bottom
- Still has difficult time convincing people that his life is worthwhile while being honest about his disease.
- Wants to be a public advocate for people with this disease
- People are losing insurance, work benefits and jobs
- Reaching out to people through program he has developed—Angel Program

Judge Julia Adams, Circuit Judge Madison & Clark County

Topic: Unenforceable sentences

- If you are going to follow the laws of this country in sentencing—You must have teeth to back them
- Treatment offering in prison is nothing—have to be in prison and on the list for five years to get treatment—no one stays in prison five years. Get probation.
- One way will not work for every person
- Proper assessment is the only fair way
- 120 counties in this state have no continuity
- It is as different legally as it is educationally

Stephanie Ratliff, mental health worker

Topic: families of drug abuse

- Treating drug addicted pregnant women
- Holding people accountable for prescription drug abuse; pharmacists, physicians, etc
- Educating public how to handle the abusing doctor
- Prosecutors please encourage or mandate treatment; when incarcerated without treatment options; becomes unconstitutional due to the fact that she can't care for herself or unborn child.
- Medicaid program should be revisited
- Who do people call when they suspect the doctor is helping people to abuse?

Answer from Rich Leach: Call me!! (502) 564-5970 I will run a KASPER Report and send it to the proper authorities.

Laura Slaughter, Schwartz Center, Lexington

Topic: Treatment and change of lifestyle afterwards

- Some crimes are drug related without treatment options because the arrest was another charge.
- Education and Treatment while incarcerated needs good assessment to get to the actual problem.
- Give them tools to become useful citizens; education, lifestyle changes, counseling, etc.

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Gayle Slaughter, private citizen and Lexington attorney

Topic: Issues of African/ American population

- Perception of some African/Americans is that the drug problem in their perspective areas is not addressed because it is a way to keep their race down.
- Think that prosecution is targeted to blacks.
- Be vigilant about corruption with the ranks of law enforcement
- More efforts to corporate police and the communities involved
- Incentive to participate in information sharing.
- Consider the economics of this problem.

Dennis Hamilton, Parks and Recreation

Topic: Community Involvement

- Get community center going; ask for volunteers
- Ask community to get involved
- Don't depend on police for everything that happens; can only answer so many calls
- People are afraid of getting involved, but not getting involved is worse for them and the community

Judge Mary Noble, Fayette Circuit Court

Topic: Therapeutic Justice/Power in Courts

- Give conditions on release with power and intention to follow thru
- Drug Courts are successful
- Not sufficient to just have programs—need office and director to coordinate between laws, treatment and abusers
- Have specialized training for law enforcement to identify addictions.
- Treatment should involve life skills
- We should make incarceration that really counts
- No good tools for assessment—common sense and experience

Beth Maze, Circuit Judge

Topic: More treatment facilities, Funding

- We need treatment facilities
- Give them treatment, psychological help and help for depression
- They have no hope when they get out, we need to give them hope
- Need to have vocational training for class C and D felons
- Methodone clinics need to be outlawed immediately, we are substituting one drug for another
- Officers are going under the gun to produce cases as a way to justify the need for more officers
- Change to a point system so they will go for the big cases, place more pint value for the bigger catches
- Don't change PSI's
- Most that I see are good people and want to be good people

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- We will need more parole officers if we keep PSI the same
- Like the idea of monitoring parolees
- Money for small counties for jails

Major Bosse, Lex PD

Topic: Willingness of Police to help

- What drives Law enforcement are the calls from the public
- Favors drug courts
- Agencies need to work together on this
- Blur the lines between law enforcement, treatment and education

Kevin Babcock, Sgt Powell County So

Topic: Community Enhancements

- Meet monthly with school officials
- Involve school officials, officers, PD's, community leaders, parents to form group
- Find a way to get the kids away from the lifestyle that got them there

Cap. Tim Lucas, KSP

Topic: Development of an Office or Department

- Common thread to bring these ideas together
- Form an office of Accountability, Responsibility, Coordination
- Have a staffed and funded office to carry out, follow thru and monitor law enforcement, judicial, treatment, etc.
- Have office governed by panel from Justice to ensure long term results

Wallace Taylor, Estill County Judge

Topic: Form Treatment Centers in Kentucky

- Treatment is a must
- See the same old people in the system; never any results
- We are not getting convictions; at a loss of what to do with them
- Spend dollars on treatment centers instead of jails and garner income for the state instead of spending on more jails
- That would benefit the community and state and addicts
- Make that Kentucky's way out for our addicts and budget concerns.

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**Kentucky Drug Summit Assessment
Public Input Meeting #16
Danville, Kentucky - April 21, 2004**

Treatment Panel Subcommittee:

Panel and Subcommittee Members Present: Karyn Hascal, Ron Bishop, John Coy, John Rees, Chris Block, Jeff Doig, Betty Mueller, Kathy Taylor, Dan Howard, Erin Stephens, Jerry Lucas, Ernie Lewis.

Support Staff Present: Jo Carol Roberts, Sharon Davis.

Approximate Number of People in Attendance: 40

Number of Speakers: 13

Prevention-Education Panel Subcommittee

Panel and Subcommittee Members Present: Dianne Shuntich, Sylvia Lovely, John Akers, David Cole, D. G. Mawn, Libby Mills, Lisa O'Hearn, Dr. Rice Leach, Harry Ryan, Brigette Stacy

Support Staff Present: Betty Godsey and Jane Carrier

Approximate Number of People in Attendance: 30

Number of Speakers: 14

Enforcement Panel Subcommittee

Panel and Subcommittee Panel Members Present: Cleve Gambill, Gale Cook, David James, Jim Acquisto, Greg Vantatenhove, Van Ingram, Mark Miller, Connie Payne, Joe England, Karlos Owens, Lisa O'Hearn, Rodney Brewer

Support Staff Present: Kay Fuson and Pam Smallwood

Approximate Number of People in Attendance: 35

Number of Speakers: 11

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**Kentucky Drug Summit Assessment
Treatment Panel
Public Input Meeting
Danville, Kentucky - April 21, 2004**

Members Present: Karyn Hascal, Ron Bishop, John Coy, John Rees, Chris Block, Jeff Doig, Betty Mueller, Kathy Taylor, Dan Howard, Erin Stephens, Jerry Lucas, Ernie Lewis.

Support Staff: Jo Carol Roberts, Sharon Davis.

To open the meeting, Karyn Hascal introduced the panel members and invited the first of **13** speakers to offer comments and concerns. There were approximately **40** people in attendance and 28 different topics were discussed. The meeting concluded at 5:00 p.m.

James Hillman, KY ASAP, Franklin Co.

Topics: Funding; Solutions for Generating Revenue

- Not tackling the money problem.
- What are we doing to get more money for substance abuse?
- Must raise taxes to get more money.
- Must find effective ways of raising revenue for substance abuse treatment
- Increase fines for people who break the laws.
- Increase the price of cigarettes (tax).
- Research ways to get revenue from alcohol sales. Would like to see 10% of advertising to be spent on alcohol abuse.

Ramon Smith, BETA, Oxford House, Director

Topics: Need More Half-way Houses, Case Managers, Housing

- Oxford House is state funded for up to 6 people to reside in one house and get back into society. We call it a ¾ way house. Residents must maintain their sobriety to remain in house. This provides a good support/peer group.
- Ask men to stay at least 3 months, can stay up to a year.
- Need more half-way houses.
- Need more case managers for medical care, employment issues, vocational training, etc.
- Need housing for men after treatment.

Questions and Answers:

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- Where do you receive your funding? State funding and private donations.
- We are on a farm setting. Use public transportation.
- What kind of relationship do you have with community in regards to locating half-way houses or other residential placements? We have one in our rural areas. We educate the public and try to make them aware and give the residents a better understanding. We try to educate our clients on being a good neighbor.
- What are the barriers? Finding locations and funding; locating jobs, hiring and maintaining staff.

James Heath, Danville Comp Care – IOP- Director

Topics: Funding; Detoxification Centers; Residential Programs

- Intensive outpatient program where clients can maintain families and careers.
- Condensed version of a residential program.
- Meets 3 nights a week for 12 weeks.
- Uses 12-step protocol.
- When they complete this program must participate in a 12-step program.
- This program works for lots of people.
- Survey shows outcome measures to obtain funding – shows a high percentage of no alcohol use after 6 months.
- Need more funding.
- Need more residential programs for men and women. Have a 4-week to 4 month wait for treatment.
- Need a detoxification center.
- Drug Courts should require a residential program
- Medicaid – assistance for treatment.
- More dual diagnosis units.
- State funded 80%; third party funded 20%.
- Have some EAP programs.

Kathy Miles, Private Practice,

Topics: Treatment Centers and Programs; Indigent Care; Physician Education; Child/Adolescent Treatment; Continuing Education for MH Professionals;

- Have a lot of Employee Assistance and Insurance customer. Seeing people who are switching drugs. A lot of people have no health insurance. Work together with other agencies in the area.
- Need more adult detox units and need them closer to home (must send them to Ashland).
- Need more adolescent treatment.
- Need more outpatient centers.
- Need more indigent care.
- Need to promote community service so clients can help pay for their treatment and improve their self-esteem.
- Need to look at Medicaid requirements to cover substance abuse and allow private practice.

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- Need to look at physicians to look at prescriptive drug education.
- Need private childcare agencies to move toward substance abuse treatment.
- Need more child/adolescent psychiatrists in KY, especially in rural areas.
- Need MH professionals to have continuing education on substance abuse.
- Need more services for dependent women with children.
- Concerned about recruiting and keeping counselors due to salaries.

Lee Trent, Bluegrass MH-MR, Lincoln County

Topics: Residential Beds; Medicaid; Gender-Specific Treatment and Issues

- Substance abuse and addiction is #1 healthcare problem in nation.
- Could decrease numerous health problems (high blood pressure, kidney problems, etc.) if we can treat substance abuse.
- Lack of residential beds.
- Medicaid funding for substance abuse.
- Gender-specific treatment and issues.

Randy Hignit, Bluegrass MH-MR

Topics: Adolescent Treatment

- Adolescent treatment is the number 1 issue in Kentucky.
- Hard to move money from adult treatment to adolescent.
- Don't need any more money for pregnant women. Don't have more clients than we can deal with.
- Need more coordinated efforts when it comes to kids.
- Schools don't want to deal with drug problems.
- Need more long-term treatment.

Comment from audience: Charter Ridge does not need to be the model for adolescent treatment.

Kay Showler, Bluegrass MH Board - Madison, Estill and Clark County

Topics: Adolescent Treatment; Funding; Gender Specific; Long-Term

- Adolescent treatment.
- Need to instruct kids what to do rather than what not to do.
- Education helps.
- Tried to get Drug Court, but didn't get the funding.
- Coordinated community efforts help adolescent treatment.
- Need funding for flexible-type services.
- Need more involvement with families.
- Gender-based treatment worked better.
- Long-term treatment is best.

Perry Johnson, Director, Volunteers of America

Topics: Treatment for all People; Drug Court; Licensed Counselors/Providers

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- Tax paying Republican voter who is in recovery.
- Where are the vouchers that President Bush promised and when is it going to happen? (Karen relayed status on grant.)
- Court system got him in treatment; served in military; married and adopting children.
- Treatment works.
- Treatment saves money versus incarceration.
- Wants to know how Frankfort is going to spend his tax money to help treatment.
- Increase resources and funding.
- Expand eligibility to all people.
- Expand drug courts into all areas.
- Certification is not enough; need licenses.

Suzanne Hockersmith, Eastern State Hospital, Lexington

Topics: Be Proactive to Law Enforcement Activities (Drug Raids, etc.); Dual Diagnosis; Treatment Beds; Indigent Services; Establish "Wait" Houses

- Majority of clients are habitual drug abusers with suicidal tendencies. Maybe half are dual-diagnosis.
- All treatment centers need to have a suicidal track. Serve 56 counties.
- Need to be proactive to what we know will be immediate emergencies. After drug raids and suppliers are off the streets, abusers will be hurting and looking for drugs and help. Need to work with police that this is ripe moment to get people into treatment.
- Need more treatment beds, ESH beds cost more than any in the state.
- Need to prioritize treatment beds. Move high priority clients to the front of the list.
- Need funds for dually diagnosis treatment.
- Need funds for indigent people.
- Need to seriously look at what other states are doing.
- Need laws for court committed treatment. (law was passed)
- If no beds available, maybe can have a wait house where they can go and have a safe sobriety while waiting for treatment.

Art Scheckel, Bluegrass MH/MR

Topics: Enforced Treatment; Dual diagnosis; Immediate Treatment

- CJ, courts, and law enforcement are critical in treatment. Enforced treatment works.
- Need more enforcement period of treatment.
- Dual diagnosis needs/resources/funds.
- Need immediate treatment/care available.
- Need long-term treatment.
- We can't treat successfully treat everybody, but can have an impact on a majority of people.

Londa Atkins, Public Advocacy

Topics: Standardization of Programs; Mandatory Treatment for Sentenced Youth

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- Have a questionnaire that they administer to adolescents. The majority indicate that they have an alcohol and drug abuse addiction.
- DJJ addresses sex offenders and mental health issues.
- Need to get information to court system.
- Kids can't go back home to their families because their families are incarcerated.
- Need standardization of programs.
- Need to deliver care to mandatory sentenced youth.

Judy Myers, Community Health Nursing, Estill County Development Team

Topics: Need input from Adolescents; Nursing alcohol and drug disease education; Early Detection in ER's; Dual Diagnosis

- Recommend that there is a formalized effort to get input from adolescents. They can tell us what works.
- Dual diagnosis issues.
- Lack of resources for early detection in local emergency rooms and doctor's offices.
- Nurses need to be better educated on alcohol and drug disease.

Lewis Tucker, Private Practice

Topic: Obstacles; Need a Seamless Continuum of Care

- Obstacles to providing treatment: complacency; turf issues; poverty conscientiousness
- Need a seamless continuum of care that is sensitive to needs of clients, families, and businesses.
- We pulled out all stops to get UPS in Louisville and Toyota in Georgetown. We need to pull out all stops to address substance abuse issues.
- Honor energy put into the summit input effort.

**Kentucky Drug Assessment Summit
Prevention/Education Panel
Public Input Meeting
Danville, Kentucky - April 21, 2004**

Members Present: Dianne Shuntich, Sylvia Lovely, Jon Akers, David Cole, D. G. Mawn, Libby Mills, Brigett Stacy, Harry Ryan, Lisa O'Hearn, Dr. Rice Leach

Support Staff: Jane Carrier and Betty Godsey

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Sylvia Lovely, Executive Director, Kentucky League of Cities, chaired the meeting. To open the meeting Ms. Lovely introduced the panel members and invited the first of **14** speakers to offer comments and concerns. Approximately **30** people were in attendance and **31** different topics were discussed. The session concluded at 5:00 p.m.

Public Input

Dr. Earl Motzer; Mercer County Substance Abuse Coalition; Haggin Memorial Hospital

- Focus on prevention (5 Years ago)
- KIP Survey
- See Slide (brought board with data)
- Dedicated volunteers/ paid executive
- Project Alert (7th and 8th Grade)
- Second Step for students and parents
- Faith based programming: provide materials
- Parents Guide to Parties (brochure)
- Community involvement
- Work with coaches (Playbook against Drugs)
- Media, bulletin boards and other activities
- Fund school psychologist
- Tell Governor to utilize the above things- they work
- Work with leadership of Kentucky Medical Association, Kentucky Hospital Association, Board of Licensure to get more doctors involved through yearly training
- Get some physicians to champion the cause

Dolores Portwood, Bluegrass Prevention Center/Coalition

- 30 years teaching, coach before retirement
- Early intervention specialist
- Barriers; one center for 5 counties; hard for people to get to programs; turn over in employment so they did not know who she was
- Estill County and Powell County asked for help; Ky ASAP; ask to come into schools; started getting more students when she went into the two counties and did not just have program in Madison County in central location
- Prime for Life series now being taught; program is done after school
- Solution to problem is communication; must know them and they must know you
- Need more services for rural county
- Need more funding
- Local officials want to know what to do
- School referrals went up when in local area
- If we educate first they may never become chemically dependent
- Since 1995 the alcohol and drug abuse has come down
- Education for student and parents
- Parents are sometimes made to attend Prime for Life training

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- Communication, learn and know your people
- Go to meetings and parent groups

Roger Trent; Boyle ASAP and Health Department

- December 2002 commissioned to assess abuse in community; perceptions about substance abuse in community
- 27% considered problem serious
- 46% could not name any program that dealt with prevention or treatment in Boyle
- Underage drinking, smoking by pregnant women, tobacco use
- Firmly believe need for state support
- Smart Moves, Reconnecting Youth,
- Prevention is the key
- Need highly visible statewide support for prevention
- Need more and closer treatment options
- Need to change Medicaid policy to pay for treatment
- Need to increase efforts to change adult perceptions
- Field parties are not appropriate and are illegal
- Need to change court system
- Need to get parents involved
- Inaction is the issue
- KIP data is shared with the community
- Tell Governor to fund prevention and make treatment available; get money where it needs to be

Kerry Cowan; Bluegrass Regional Prevention

- Need universal statewide curriculum approved by Department of Education and mandated
- Research shows program must be on-going
- KY ASAP and Champions
- Send curriculum specialist to get training and then they could teach local teachers
- Needs to come from Center for Substance Abuse Prevention
- Have science based programs in schools

Wayne Thurman, Lincoln County Schools

- Communities Anti-Drug conference in Washington; one class (Montana); most Montanans don't do-----; use of positive; reached to students and adults
- 75% of youth chose not to use marijuana in Kentucky; use positive approach
- 21st Century After-school programs; average 50 middle school kids (program has grown); kids just won an archery championship and are excited and know they are successful
- After three years sometimes all you have left is equipment
- Need something available for students in elementary and middle high school
- Have plugged in money from other sources
- "Don't rob Peter to pay Paul"

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- Students are now going to school every single day when they weren't before
- Involve parents by having family nights
- Connecting Youth
- Short summer program; same kids come back in program in the fall
- Grant ends May 31st; have written for an extension

Representative Jack Coleman

- Get everyone involved in program

Alice McLaughlin-Centre College- Director of Health Services

- Alcohol, drug. Eating disorders
- These students are the future leaders of our state
- Need funding for prevention on college campuses
- Peer Educations Program
- Core alcohol and drug surveys; surveys actual use and perception
- Students leaders say they don't drink or drink responsibly
- Provide grant money to do Social Norms or other research based programs that work
- Provide incentives for colleges that implement programs
- Provide mentor programs for low income children
- 49% binge drinking; 13% have tried marijuana but 87% have not
- Use peer educators and fun activities
- Need for college networking

Angela Brumley Shelton; Bluegrass Regional Prevention; Prevention Specialist

- Work Clark, Estill, Powell, and Fayette
- The best thing we do is collaboration; need to build trust with community leaders
- Need to do that we are not going anywhere, will not abandon them and will not take over (and we need to know that from the state)
- Problems; lack of cultural acceptable messages
- Needs of Hispanic community is great and they have nothing in terms of prevention
- Lack of research based prevention
- Held first Hispanic baby shower; had 26 people attend; taught 2 hours about prenatal issues include use of alcohol; had one in Mercer County yesterday with 50 attending.
- Need to network and prove themselves
- Childcare and transportation are barriers
- Incentives are important to get people to come (like car seats)
- Mexican restaurant in Lexington provided food at ½ price
- Credibility is important
- Support the ideal of collaboration
- Lose credibility when funding is cut
- Want to send message that community members are unique and respected
- Need to support community, meet their needs
- KIDS Now

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- Get to know the people in your area and their language

Donna

- Follow up Hispanic women through the health department
- Health departments refer clients to other counties for classes and services
- No competition and collaboration is important

Phyllis Elder; Lincoln County Champions

- Formula funding instead of competition funding; based on need and then there was an evaluation but strong accountability
- Increase time for programs (extending school day)
- Need RPC to continue to provide support
- Need more treatment facilities; takes six weeks to see someone now
- Increase in taxes to help pay
- After School Alliance survey through grant from Drug Free
- Did not get funds from state
- KIP survey now every other year but we have to survey every year to be in compliance and have to pay for it
- Needs to be programs that remove the stigmatism of abuse
- Need Governor and legislature to bite the bullet and provide money
- We have to do something for our kids because they are not coping with life
- After school programs allows kids to relax in positive ways
- Lincoln County began by writing KIP grant and continues to grow; with less funding we wear different hats
- Must be collaboration; share resources
- May be in jeopardy of losing grant from Drug Free

Judy Gaddes; Marion County Board of Education

- Director of Student Personnel; Title IV Director, Food Services Director
- Able to bring hospital, health department, community together
- KIP program is running pretty much like it was but funded at local level
- Tired of writing grants
- Need matching funding
- Schools are just a slice of community; agencies and educators
- Need parents and adults to quit sending out double standard
- Need parents to be responsible and accept punishment
- Need law to make parents attend training
- Need to think in a collaborative manner and interface kids and parents and society
- Having two parents

Yvette Carpenter; Mercer County Substance Abuse

- Want the Governor to know something should come out of this

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- Need access
- Need access to students in schools
- Need continuing training all the way through schools
- Needs to be part of core content and out of Frankfort
- Needs to be part of the Report Card for schools
- Like formula funding ideal
- Have criteria communities have to meet but don't meet just the ones with the most needs
- Parents are a source of frustration
- Kids get home from school with no one in home due to work
- Parents are uneducated and uninvolved
- Parents need to be educated; can't get them to show up
- Not sure but incentives might work (reduction in taxes)
- Parents say it is wrong to binge drink but aren't doing anything
- School system will be getting three children with fetal alcohol syndrome next year

Laura Nagle; Bluegrass Prevention Center

- Research project
- Working with women and kids who are working
- 2 out of every 1,000 live births have fetal alcohol syndrome
- Design research project to focus on prevention but realized problem also with women and kids living with problem
- 70% thought fetal alcohol syndrome means they are born drunk
- Most professionals are not trained to recognize
- Community issue
- When we don't recognize that person has brain that works differently it hard to understand
- Trying to force a person with a brain injury to
- Have done a lot of trainings and people have said it is new information
- Surveyed 410 professionals; don't know typical behaviors, how to recognize
- 6 hours training for professionals
- Diagnostic team; huge need
- Kids and families will not get care until it is talked about
- Need to provide current up to date for professionals
- Every region needs a diagnostic team
- Whole team works with family about particular child's strengths and problems and develops program
- Women need to be given consistent message

Louis Tucker; Substance Abuse Counselor

- Focus on what I have seen in last 20 years
- Complacency
- Turf, my client not yours
- Poverty Consciousness

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- There is enough money if it is done efficiently
- Need seamless system of law enforcement, prevention, intervention; include every sector; sensitive to needs of individuals and families
- In managed care system learned to do the right way the first time and it did not have to be done again
- This is a health and wellness issue; will break down stereotypes
- Not enough hours to educate
- Being system driven
- Doing it right the first time no matter the cost and will not have to be repeated

**Kentucky Drug Summit Assessment
Enforcement Panel
Public Input Meeting
Danville, Kentucky - April 21, 2004**

Members Present: Cleve Gambill, Gale Cook, David James, Connie Payne, Jim Acquisto, Mark Miller, Greg VanTatenhove, Van Ingram, Karlas Owens, Joe England

Support Staff: Kay Fuson and Pam Smallwood

PUBLIC INPUT:

Landa Adkins, Public Advocacy

Topics: Prevention at early age

- Work with juveniles that have already entered the criminal justice system
- Most with alcohol and drug abuse, some families are involved
- They commit people crimes and property crimes
- Very limited to the treatment they are getting
- We need to address these problems at an early age

Pigeon Deep, Community Prevention Center

Topics: Parent involvement, prevention at earlier age

- There are too many controllers for our kids, try teach them that only their parents are their "controllers"
- Try to put the control back on the parents
- Tell them you can't trust all adults
- Do program at jail, adjustment center

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- Our class is designed for families of junior high
- Would like to see program for our younger kids
- Get help from those in jail and take this info to teach our children
- A lot of kids are not given information as to what drugs will do to you
- There are no support systems for them when they get out of treatment
- Have learned from those in jail never say never
- We don't do treatment, we do prevention
- Would like to see that our kids are not afraid to go to someone with authority for help
- Would like for them to come ask for help when they have fallen back into the trap
- At the jail we have a fifteen minute gripe session before we start class
- They want to learn about what they can do to help their kids
- We use the "getting real" approach, they have to speak from their heart

Question from panel: Do you think there should be sanctions when they fall?

Answer: I don't think they should be let go to re-offend. We need more treatment.

Question from panel: Who would a young person listen to more, parents or those who have been there done that?

Answer: Both – parents aren't educated enough to give full view but they control where they go. Would like to see them work hand in hand – would even educate the parents. This has to be addressed numerous times and ways. Would be good idea if some on parole, that wanted to, could speak to kids about the effects of drugs.

Steve Hutt, Comprehensive Care

Topics: Offer treatment first and more than once

- My biggest concern is what happens between criminal justice system and treatment
- Not a big fan of incarceration but know that it is necessary
- Four reasons people are incarcerated (1) Rehabilitation (2) Punishment (3) Removal from society (4) Determent
- Concerns me that there is a bad side to incarceration it could almost be considered a "Crime College", new place to deal drugs
- Treatment does work but not initially
- Treatment will take hold the more times they are exposed to it
- Jails have NA and AA programs
- Would like to see what would happen if we took addict and placed them in a lock down facility that looks more like a treatment facility
- Each time a person seeks treatment differently
- We need to give them several chances with treatment

George Million, Corrections

Topics: Treatment

- We are opening a 200 bed treatment facility for some in prison and some that are halfway back

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- In our efforts to be successful we are going to have to have a good assessment program, we will have to keep in mind some do have criminal minds
- We need to try to figure out what they will be like after treatment, will they go back to crime

Jack Coleman, State Representative

Topics: KASPAR, Medicaid fraud, Funding for Task Force

- I have spent fourteen years in Frankfort, twelve of these years working on the drug problem
- In 1993 I started looking at Medicaid fraud
- We need a consistent, on size fits all, attack on this problem
- Our communities are longing for this, parents want this
- One problem with Prescription Drugs is the Medicaid program, they get these drugs free
- When KASPAR was created we were running 5-7 thousand reports per year, now we are running 70 thousand per year
- We need to be careful with the way we use the KASPAR system, it was designed for law enforcement, I hope it doesn't get used for health care management
- 80% of KASPAR use is by providers, hopefully we can give them direct access
- Take a look at the Medicaid system for doctor shoppers
- We have tried to set up a Regional Task Force but we need more funding
- Our officers are overworked trying to fight these problems
- By having a Drug Task Force you only need one officer from several departments
- Our officers are getting in trouble for all of the overtime they are getting – closing meth labs takes a lot of time
- With rolling meth labs now, a house fire is no longer just a house fire and a wreck is no longer just a wreck
- We need statewide regulations the EMS and firefighters need to got to plan “B” if meth is involved

Question from panel: Has KASPAR been used to successfully prosecute doctors?

Answer: If you get a lot of users to pop up on the list, providers become seen. It was not really designed for this, it was designed to alert us to “doctor shoppers”

Byron Richardson, Lebanon Police Department, Special Operations Director

Topics: Broaden jurisdictions, Drug Task Force

- We have three tier system with drugs (1) Buyer/User (2) Street dealer (3) Distributor
- We have talked to HIDTA for funding and they can't help
- Small cities troopers are spread thin
- Need more funding in our small cities for Drug Task Forces and equipment
- I have worked cases that take us over county lines
- I was following a drug tip once, found over three pounds of marijuana but we had crossed the county line so I could not do anything about it
- Extend jurisdictions on drug cases

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- Need mandatory sentencing
- Our biggest problem is cocaine
- We are not going to beat this drug problem, every time we take one dealer off the street, three more take his place
- If we could get the distributors we would not have a problem

Question from panel: Are you suggesting like a “hot pursuit” law?

Answer: Similar, we went to see a guy about something that happened in our city, started out as a misdemeanor but turned into a felony. We need to be able to follow where the drugs may go or the “big” crime may take us.

Richie Bottoms, Commonwealth Attorney

Topics: Updated Equipment, Change legislation

- Catila Law is a major problem that takes me from a “B” felony to a “D” felony the one to five years is not enough of a deterrent
- This one to five years will be just like clock work
- Fourth offense DUI after five years rolls off the record, this needs to be changed
- Have seen tremendous turn around in lab results getting back quicker
- Do think lab is going to continue to need help, please keep them funded properly
- Need updated equipment for officer and jurors
- Makes a better case if we can have good tapes ahead of time for jurors concerning drug buys

Comment from panel: Would you like to see a class D fourth offense DUI within five years to stay on your record permanently so that any other DUI will be a felony? Have you tried to convict them on possession of meth which is a class C felony?

Answer: We are trying to find several different ways. It is hard to deter these kinds of people because they are in this for a business. Not opposed to moving that into the meth section, but dealing with anhydrous is very dangerous and serious enough as itself to carry the higher punishment.

Question from panel: How do you feel about mandatory sentences?

Answer: Don’t see it as necessary in our court because we (as a whole) take a pretty strong stand. We don’t probate drug offenders. I do think it would be good to give uniformity.

Question from panel: Do you have drug court here?

Answer: Our judge has his own version of drug court.

Question from panel: How do you tell the difference between addict that deals to support his own habit and a dealer as a real dealer? Should we do assessments?

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Answer: Rare that we have a one time buy, I think our law enforcement has a good thumb and know pretty much the difference. Our judges don't really make a difference between them as far as sentencing is concerned. I have realized there is a little bit of a difference in them.

Fred Armstrong, Chief of Springfield Police Department

Topics: Agency cooperation, Cocaine being brought into KY, Task Force

- Need more agency to agency cooperation where information is concerned
- We are having a problem with the amount of cocaine coming into Kentucky, not a small quantity and it is 82% pure
- Cocaine is coming in from Mexico, Arizona, Nebraska and into Kentucky in Bowling Green to Louisville, distributed through local businesses that are only used as a front
- Need a task force not only for enforcement but to relay information
- We are lacking resources for manpower to follow up on these tips
- Need some type of regional information center
- Have to depend on cooperation of other agencies
- We are not getting information at local level
- We have requested to become a HIDTA county, has not been finalized

Comment from panel: If you have an officer that is working with KSP or DEA as task force they should be able to get this information

Tammie Lee, Probation and Parole

Topics: Consistent guidelines, Accountability

- As society as a whole our problems are not going to be solved overnight
- I do believe that the guidelines need to be consistent
- At some point enforcement is just that, we have to hold their feet to the fire
- We have a huge problem in prison system, they learn new ways to commit crimes

Question from panel: When on parole, what happens with first "dirty screen"?

Answer: The previous administrations stance was with the first dirty screen send them to treatment, they did not want them revoked.

Question from panel: What about a second "dirty screen"?

Answer: We have to discuss this with our supervisor to decide whether they go back to treatment or the Beta House

Question from panel: Do you think people on parole get off easier than those on probation?

Answer: Shock probation, we have some that know the system, they know that they are better off spending the end of their sentence in prison than risking a new sentence.

Question from panel: Do you think we should do away with parole?

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Answer: No, I have some really good clients that I would love to cut loose because they would do anything to keep from going back to jail. I have one guy who is my king drug trafficker, he is passing this down to his children. At some point these people are going to have to be held accountable.

Steve Becker, Assistant Chairman of Danville School Board

Topics: Better juvenile laws

- No tolerance for schools is really a challenge, we have to educate until they are 21 years of age
- We may have to move them from one school system to another (ex: alternative education or night school)
- We have no enforcement, if we have a student on drugs or in possession we are told that it is no big deal
- We have got to get new laws on the books for seventh and eighth grade students

Question from panel: Should we drug test in our schools?

Answer: I have a problem with that because you have so few that are involved. I would rather conduct locker searches. I am not real sure, this is something the school board has struggled with.

Question from panel: Do you students loose their license if they do drugs?

Answer: No

Question from panel: If you poll your teachers, what percentage would say there is a drug problem in your school?

Answer: Not sure

- We did have a DARE program, I believe this works in small communities
- I think it would be more successful to take students into the prisons

Tim Carmen, Probation and Parole

Topics: Look at families

- We need to look at the family unit this is where a child learns the "norms" of life
- What is their attitude toward law enforcement?
- How can we encourage families
- It is very difficult for us to re-educate the people we are here to help
- Can make the biggest affect by working with families, whether it is education or prevention

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APPENDIX A: White Paper on Prevention



Substance Abuse Prevention in Kentucky: A White Paper

Submitted by the Expert Panel on Prevention
KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

DIVISION OF SUBSTANCE ABUSE

April 2004

SUBSTANCE ABUSE PREVENTION IN KENTUCKY:

A WHITE PAPER

Executive Summary

Substance abuse prevention in Kentucky is concerned with all drugs of abuse, including legal and illegal substances, because drug abuse is closely associated with numerous health, legal, and impairment problems. Effective substance abuse prevention is grounded in science, and aims to delay or halt the initiation of substance abuse through a range of individual and environmental strategies (e.g., education, community mobilization, policy development, enforcement, vendor education, media campaigns). There is evidence that for each \$1 invested in prevention, up to \$10 is saved in the treatment of alcohol, tobacco, and other substance abuse. Prevention services are delivered through a comprehensive array of programs and organizations, and are most often delivered in collaboration with Regional Prevention Centers across the Commonwealth. Recent statistics in Kentucky (and at the national level) evidence significant reductions in the use of most substances by youth over the past five years. Substance abuse prevention programs play a major role in producing these findings, and represent a vital component of Kentucky's attempts to combat drug abuse.

**Division of Substance Abuse
Department of Mental Health and Mental Retardation
Kentucky Cabinet for Health and Family Services**

In Collaboration with the Kentucky Expert Panel on Prevention

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Introduction

The Cabinet for Health and Family Services employs an Expert Panel on Substance Abuse Prevention to provide guidance on the development of a statewide prevention system based on best practices.¹ The panel consists of distinguished professors from several state universities, who have special expertise in prevention science. The Division of Substance Abuse in the Department for Mental Health and Mental Retardation Services convenes and directs the work of the panel.

Substance Abuse Prevention in Kentucky: A White Paper has been prepared by the Division in collaboration with the Expert Panel. By outlining basic definitions, principles, and approaches, the paper provides a perspective which may serve Kentucky Drug Summit leaders as a foundation for Kentucky's prevention system.

The broader field of prevention includes research and practice related to preventing a wide variety of problematic issues (e.g., violence, unplanned pregnancy, HIV/AIDS, criminal behavior). Some broad strategies may be employed to address all of them. However, the focus of this white paper is on ideas and strategies specific to the prevention of substance abuse.

What Drugs are of Concern to Prevention?

Alcohol and tobacco are key targets.

Prevention is concerned with all drugs of abuse, including legal and illegal substances. Particular attention is devoted to tobacco and alcohol abuse because of their widespread use and severe health consequences. Tobacco and alcohol use are

of special concern since they serve as a "gateway" to the use of other drugs. Tobacco use causes 430,000 deaths per year in the United States, followed by more than

"From the standpoint of reducing negative consequences to society, particular attention should be given to tobacco and alcohol abuse."

100,000 from alcohol and nearly 16,000 from illicit drugs.² One in four deaths each year in the U.S. is attributable to alcohol, tobacco, or illicit drug use. There are more deaths, illnesses, and disabilities from drug abuse than from any other preventable condition.

In Kentucky, tobacco is an overwhelming concern. In 2002, Kentucky led the nation in adult cigarette smoking prevalence, 32.6% vs. 22.8% in the U.S.³ Children in the Commonwealth smoke and chew tobacco at rates much higher than the national average, and lung cancer rates among adults are the highest in the country.^{4,5} Marijuana use among youth is also higher than the national average, perhaps related to the fact that Kentucky is one of the top marijuana producing states.

The last few years have seen an explosion in prescription drug abuse problems and methamphetamine (meth) labs moving into the state. Inhalant use, ecstasy, even heroin abuse are significant problems among young people in various areas around the Commonwealth. These are compelling issues which must be addressed by prevention, treatment, and law enforcement working together. However, they should

not be allowed to replace persistent efforts aimed at the most commonly abused substances.

What is Drug Abuse?

Addiction is only one of its many consequences.

Drug abuse involves a pattern of increasing levels of use resulting in negative health consequences, impairment in social or psychological functioning, or inability ability to function at work. (For the purposes of this paper, the terms “drug abuse” and “substance abuse” will be used interchangeably.) Although not all people who use drugs are physically dependent or experience negative consequences, many develop addiction, a chronic, relapsing disease.

A great variety of problems are associated with drug abuse. Health problems include acute problems such as heart and asthma attacks, alcohol poisoning, drug overdose, withdrawal symptoms (including hangover), and temporary or permanent physical damage to the body. In addition a wide variety of disease conditions are associated with chronic tobacco (e.g., cancer and heart disease), alcohol (e.g., cirrhosis of the liver), and other drug use including drug dependency and addiction. Youthful experimentation can lead to more serious and long-term drug involvement. Adolescent tobacco use, for example, often triggers tenacious addiction. Legal problems result from illegal activities related to drug use, e.g., underage drinking and cigarette smoking, illegal drug dealing or possession, illegal procurement of pharmaceuticals, and theft, robbery, or violence connected with acquiring drugs. For example, in 2002, teenage drivers were involved in 23 fatal car crashes in Kentucky.⁶ Impairment problems result from a drug’s short-term effect on the

user’s emotional responses, behavior, judgment, motivation, and psychomotor functioning. Impairment can result in accidents, unplanned sexual encounters, acts of aggression, and other destructive behavior. Interpersonal problems, work problems, and school problems are all associated with impairment effects.

What is Substance Abuse Prevention?

Users are not losers! They may benefit from prevention efforts.

Substance abuse prevention aims to delay or stop the initiation of drug abuse through the use of individual and environmental approaches designed to reduce risk. Effective substance abuse prevention is grounded in science and is comprehensive in nature. In other words, a variety of science-based approaches are needed in combination to reduce the risk of substance abuse. Prevention serves persons who do not currently use drugs, persons who use drugs in a non-abusive way, and persons who may currently abuse drugs, but who are not in need of treatment for drug abuse or dependency.

Substance abuse prevention must be viewed in the context of a continuum from risk reduction to treatment. Problem identification and referral bridges prevention and treatment by sorting out who needs prevention and who needs treatment. Persons who are experiencing drug problems (or for whom the risk of developing problems is particularly high) need to be assessed. For example, a worker who tests positive for drugs would need to be assessed to determine what kind of service might be most helpful: either intensive prevention or some kind of recovery program.

Although there are a multitude of activities that can play a role in substance abuse

prevention, it would be inappropriate to envision prevention as “everything” (i.e.,

“Distinguishing prevention from intervention and recovery activities is essential to the development of effective prevention strategies.”

anything that results in a happier, healthier, or higher-functioning individual). The fact is that happy, healthy, and high-functioning people often abuse drugs, and suffer severe consequences as a result. While recognizing that healthy people are more resilient and better equipped to overcome drug-related difficulties, substance abuse prevention must endeavor to address the specific factors that motivate the particular behaviors of drug use and abuse.

Who Needs Prevention?

It's not just for kids!

People may assume that prevention activities are targeted primarily at youth since many experiment with drugs and develop addiction during the transitory developmental period of adolescence. Indeed, youth-oriented prevention efforts are the cornerstone of prevention programming. Prevention strategies attempt to discourage youthful experimentation because it can result in serious legal and impairment-related problems besides creating a risk for escalation into heavy use and drug dependency.

Conceptualizing prevention as exclusively youth-oriented, however, fails to recognize that most initiation of illegal drug use occurs between the ages of 18 and 34

(adolescence to young adulthood)⁷. The vast majority of the negative consequences associated with drug abuse are experienced by adults and those affected by them.⁸ The behavior of parents and other adults, as well as by community policies developed by adults, set a powerful example for youth.

Prevention of drug abuse is relevant across the entire life span, from the womb to the tomb. For different age groups of adults, the nature and extent of drug abuse problems require prevention to be targeted based on constellations of risk factors (rather than “one size fits all”). Young adults are at particularly high risk, as they often exercise their newfound independence in trying risky behaviors, such as smoking, getting drunk, and “partying” with the popular drugs of the day. Prevention strategies raise awareness of the dangers involved and create an environment more conducive to healthy choices (such as smoke-free/drug-free college dormitories

“... most initiation of illegal drug use happens between the ages of 18 and 34.”

and workplaces). Some other groups of adults that are at higher-than-average risk for drug abuse include: 1) those with a history of involvement with the criminal justice system, 2) those with a history of drug abuse as a youth, and 3) those with a history of mental problems, such as conduct disorder as a youth that has become antisocial personality disorder as an adult. Even among the elderly there are potential problems with abuse of medications, either using too little or too much, or inappropriate combinations of prescribed medications.

Prevention strategies aimed at adults are implemented in workplaces, faith communities, healthcare and social services systems, and many other community venues.

Another common misconception is that prevention should be targeted at lower socio-economic and minority demographic groups. This false impression may be the result of media portrayals. Statistics reveal a very different picture. Drug use patterns and the consequences of drug abuse do indeed differ among various social and economic groups (the consequences of drug use for someone living in poverty differ from those with more resources). But persons of wealth and high socio-economic status are as likely as others to use and abuse alcohol and other drugs (and to have associated problems).⁹ In fact, some patterns of drug use are more prevalent among those with more financial resources.

What Strategies are Used in Prevention?

It's not just education in the schools!

If asked to give examples of strategies used to prevent substance abuse, most people would be likely to cite media campaigns and slogans like “Just Say No,” along with educational programs in the schools. In reality, prevention strategies encompass a wide variety of activities. Some take the form of specific *programs*, e.g., DARE – a school curriculum delivered by law enforcement officers. Prevention programs aim at influencing the drug use choices of the individuals who participate in the programs. Other prevention strategies aim at changing the environment to make it more conducive to good choices for everyone.

The U.S. Center for Substance Abuse Prevention has identified six prevention

strategies: information, education, alternatives, environmental strategies, community mobilization, and problem identification and referral. Research has demonstrated that a comprehensive approach employing a number of these strategies together is the most effective prevention approach. Explanation of the six strategies is given below, with examples of how they have been implemented in Kentucky.

Information

Making sure the right message gets through

Providing information via printed materials, print and broadcast media, health fairs, group presentations, and web site resources raises awareness of the risks associated with drug use. For example, Kentuckians have worked closely with local media to disseminate messages designed by the Partnership for a Drug-Free America that aim at alerting both youth and adults to the dangers associated with various substances. This well-known campaign utilizes professional advertising talent and focus groups to develop and test effective prevention messages. Providing information on risk is supported by studies noting a correlation between increased perception of risk and reductions in the use of substances. Media messages are also used to communicate social disapproval, which is also correlated with decreased use.¹⁰ Advertisements that show the serious consequences of tobacco use in emotionally evocative ways change pro-tobacco norms, promote smoking cessation, and help to prevent relapse.¹¹

Adults play a special role in prevention, not only through their example, but by communicating their concern about substance use to their children, setting rules and expectations, and providing proper supervision. Prevention information

programs for parents can raise awareness of the drug use patterns in their community, the peer pressures their children may face, and specific actions they can take to help their children avoid substance use.

However, not all prevention information strategies are effective. Inaccurate information that exaggerates dangers (known as “scare tactics”) eventually reduces the credibility of the provider, and may backfire when recipients discover the truth and feel they have been manipulated. Programs for youth that exhibit drugs and drug paraphernalia (or provide intriguing details on how drugs are used) are counterproductive – often sparking interest

“The federal Center for Substance Abuse Prevention has identified six primary prevention strategies.”

rather than avoidance. Captivating speakers who are in recovery may also inadvertently communicate to youth a sense that they can “get away with” abusing drugs for a time and then wind up a celebrity of sorts. In general, research suggests that brief presentations tend to have very limited and short-term effects.¹²

Education
Going beyond “Just Say No”

Education as a prevention strategy goes beyond simply raising awareness. Educational approaches (e.g., school-based curricula) involve interaction between the presenter and the recipient and require an investment of time for both delivery of the educational component and training of those who will deliver it. Educational strategies aim at producing increases in knowledge, motivation, and skills that help

prevent drug use. Many educational programs are being delivered in Kentucky classrooms. These programs frequently focus on the middle school grades because youth often initiate tobacco, alcohol, and other drug use during those years. Examples of educational programs that have been shown to be effective in preventing drug use include Project Alert, LifeSkills Training, and Project Northland. These curricula have been rigorously evaluated and shown to reduce drug use. A Kentucky Department for Public Health study showed that 500 of 691 public and private middle and high schools in Kentucky (73%) provided at least one research-based substance abuse prevention curriculum to students. The state goal is for 100% of schools to make this commitment.¹³

Prevention education is not just for youth. Programs for parents that enhance family bonding and parenting skills have been demonstrated to prevent drug use among children in the family. Promising programs for adults (targeting their own, rather than their child’s, drug use) are also available.

Effective educational programs generally involve several sessions, with a total program length ranging from six to twenty hours. Because of the time commitment required to complete such programs, it is often difficult to get potential prevention providers to adopt them and potential prevention audiences to participate. This is particularly true for programs aimed at adults. Unlike the “captive audiences” of children in school, parents and other adults are often very difficult to recruit. Despite this obstacle, prevention providers in Kentucky delivered educational programs to over 1,300 adults during fiscal year 2003.

Comprehensive community prevention approaches that combine two or more effective educational programs such as family-based and school-based programs can be more effective than a single program.¹⁴ In addition, integrating prevention programs into behavioral health services such as mental health and substance abuse treatment is an especially promising approach for preventing substance abuse.¹⁵

“Decisions about which approaches should be funded by public dollars are now guided by the findings of scientific research.”

An exception to the “captive audience” problem with adults occurs when Kentuckians are arrested for DUI. Persons caught driving under the influence are assessed to determine whether they need prevention or treatment, and then are referred to the appropriate service. Last year 10,330 Kentuckians received an intensive prevention education program as part of the DUI program.

Alternatives
Not all fun and games

For many years, professionals and parents concerned about youth drug abuse have promoted the idea that young people use and abuse drugs because they have nothing else to do. The belief is that if teens are provided more constructive activities, they will be less inclined to experiment with drug use. While this belief is intuitively plausible, experience and prevention research in the last two decades have shown that a more cautious view is required.¹⁶ Research on the alternatives strategy has

demonstrated that it is not effective just to fill idle hands, but that the nature of the alternative activity and the youth targeted with the strategy are important influences determining success.

A variety of community services and activities fall within the definition of alternative strategies. These approaches provide positive activities, usually for youth, which serve to divert their energy and attention away from drug involvement. Some approaches, such as academic tutoring programs, address factors like school failure that put a child at increased risk for substance abuse. Mentoring programs (e.g., Big Brothers, Big Sisters) that provide social support and bonding with pro-social adults are among the most promising prevention alternatives.¹⁷

The Boys and Girls Clubs of America provide a special alternative prevention program to thousands of youth each year in Kentucky. These clubs provide after-school activities that include delivery of a program called “Smart Moves,” which has been demonstrated to reduce alcohol, tobacco, and other drug use.¹⁸

Based on limited evidence, it is thought that effective alternatives strategies will do one of the following: 1) focus on skill building, 2) target youth at greatest risk for drug abuse, 3) pair adolescents with caring adults, or 4) provide the strategy over time, as opposed to a single event.¹⁹ It is also understood that alternatives will be most effective when combined with other types of prevention strategies, such as education programs and policy changes. There is a continuing need for evaluation of alternatives programs, and prevention planners should look for evidence of effectiveness of any proposed alternatives strategy.

Environmental strategies
Making healthy choices the easy choices

Some of the most effective prevention strategies aim at influencing the environment in which drug use occurs. Environmental prevention approaches can “make the healthy choices the easy choices.”²⁰ This is achieved by changes in public policy that modify social norms.

Because environmental strategies are relatively “cheap” to implement, and have the potential to influence large numbers of people, they have become especially attractive to elected officials interested in getting the most “bang for the buck.” In addition, these strategies are the ones that elected officials can play the most direct role in executing. Political support and leadership are needed for environmental prevention strategies at all levels of government.

Regulatory influences

- ❑ **Ordinances** - Lexington’s smoke-free city ordinance is a prime example of an environmental prevention strategy. Prohibitions on smoking in public places provide a powerful social message to youth, as well as strong motivation for smokers to quit.²¹ In addition, smoke-free campaigns raise awareness of the dangers of secondhand smoke.
- ❑ **Tax changes** - Raising the price of substances by levying additional taxes results in lowered levels of substance use. Youth are particularly vulnerable to this approach.²²
- ❑ **Enforcement** - Environmental approaches also include increased or more aggressive law enforcement efforts. In Kentucky, the Department for Alcoholic Beverage Control (ABC) monitors businesses selling alcohol and

tobacco to enforce the provisions regarding underage sales to minors. In addition, ABC staff and prevention specialists provide educational programs to help vendors improve their skills at “carding” and increase their motivation to comply with the law.

- ❑ **Vendor education** - Training for all sellers and servers of alcohol has now been mandated by city councils in Bowling Green, Owensboro, Danville, Harrodsburg, Corbin, Georgetown, Lyndon, and Mayfield. Similar environmental strategies are underway in other locations.

“Environmental prevention approaches can make the healthy choices the easy choices.”

- ❑ **Keg registration policies** - These have been passed in Bowling Green, Lexington, and Richmond. These policies provide a mechanism for law enforcement personnel to identify the person who purchased a keg for an underage party. The purpose of this policy is to send a message to parents and others about the social unacceptability of such irresponsible behavior.

Influencing community norms

- ❑ **Parent Alert program** - Many environmental approaches attempt to reduce the availability of drugs in one way or another. The “Parent Alert” strategy being implemented in Lexington is one example. A community task force makes arrangements with “drive-thru” liquor stores to have them report the license numbers of vehicles used by youth attempting to purchase alcohol. The

task force sends a letter to each vehicle owner alerting them to the fact that an underage youth driving their vehicle attempted to purchase alcohol. Information about the dangers of underage drinking, as well as an invitation to a prevention program, is included in the letter.

- ❑ **Community initiatives** - More informal policies implemented in communities can also play an important preventive role. For example, “Safe Homes” networks have been established in several Kentucky locations. These are networks of parents who have signed a public pledge to properly monitor activities at parties their children give or attend. Parents are encouraged to call other parents in the network to “check out” party plans, and to be visible and appropriately attentive to social activities going on in their own homes.
- ❑ **Influencing the media** - Environmental strategies may include altering how alcohol, tobacco, and other drug use are portrayed in the media and by businesses advertising their products. Too often these portrayals glamorize smoking, drunkenness, and drug use. For example, concerned parents report that the new “Scooby-Doo 2: Monsters Unleashed” movie just released includes a humorous scene in which

“Political support and leadership is needed for environmental prevention strategies at all levels of government.”

“Shaggy” inhales fumes from a whipped cream can, and a television commercial for the movie shows that scene along with the commentary,

“Scooby really knows how to party!” This cavalier portrayal is disturbing to people aware of the devastating and permanent effects of inhalant abuse on children. Many people may also recall the scene in “E.T.” where the extraterrestrial innocently gets drunk on a beer and acts funny. Preventionists call for public objections to such scenes in films directed at children.

The marketing of alcohol and tobacco through advertising and promotional activities has a powerful environmental influence on adults as well as youth. Radio messages from college-oriented drinking establishments are particularly egregious. Prevention includes advocacy for more responsible advertising and limitations on “2-fers,” “all-you-can-drink,” and similar promotions.

Youth in Ashland, Kentucky, (guided by a prevention specialist) took action in a campaign known as “Hands Off Halloween.” They objected to posters of Halloween characters such as Shrek and Spiderman (that appeal primarily to kids) being used to advertise alcohol. The youth asked liquor store owners to either eliminate these materials or place them inside the store, rather than in the storefront where children’s attention would be drawn to them. All the businesses complied with the youths’ request. This was a small victory, but one that took its place in a multi-strategy approach aimed at improving the environment in that community.

Community mobilization
It takes a village...

This strategy involves many different activities aimed at building an infrastructure for effective community action. The ultimate goal of community mobilization is a well-functioning community prevention system. “Community” may be defined

geographically or by any sociodemographic or other characteristic that creates an identity for a group of people.

Kentucky has emphasized community mobilization strategies for many years and is known nationally for its collaboration among agencies both at the state and local levels. While many states separate tobacco prevention from other drug prevention activities, Kentucky is a national leader in cross-agency collaboration. In 2000, funds from the Master Settlement Agreement (MSA) were allocated to establish the Kentucky Agency for Substance Abuse Policy (KY-ASAP), and the Kentucky Department for Public Health created tobacco prevention and cessation programs in every local health department. KY-ASAP developed a system of local substance abuse policy boards that are involved in community mobilization strategies. The local health department tobacco coordinators are integrally involved in the work of the KY-ASAP boards. The boards have used a structured, guided process of assessing the needs and resources of the community and developing a plan to address identified substance abuse issues.

In addition to the more recent MSA-funded community mobilization, between 50 and 80 “Champions” community task forces are

“Recent statistics in Kentucky and on the national level show significant reductions in the use of most substances by youth over the past five years.”

active in the state in any given year. These task forces plan and implement a variety of prevention activities, under the guidance of prevention specialists from Kentucky’s Regional Prevention Center network. Support is provided also by the Champions state office, which sponsors an annual Champions conference where volunteers can network and learn from state and

“In Boyd and Greenup counties a coalition including prevention specialists, schools, businesses, elected officials, churches, parents, youth, and concerned citizens addressed youth substance abuse using a variety of strategies. Highly significant decreases in drug use (on the order of 25-50%) were achieved for alcohol, tobacco, marijuana, and prescription drugs.”

national experts in community mobilization. Many of the Champions groups have been successful in obtaining funding from the Division of Substance Abuse, and even larger grants from the federal government.

Community mobilization activities include the formation and guidance of groups like Champions. Fund-raising, grant writing, collaborative planning, data collection,

program monitoring, and evaluation are other important functions included in this strategy – all geared towards developing an efficient and effective prevention infrastructure.

Another key activity included in this strategy is training. This differs from education in that it is geared toward preparing people to play an effective role in prevention, rather than helping them make healthy choices for themselves. Training teachers to deliver school drug abuse curricula and training task force leaders on effective vs. ineffective prevention approaches are examples of this strategy.

“Between 50 and 80 ‘Champions’ community task forces are active in the state in any given year.”

Community mobilization is being used to address the critical problems of methamphetamine and prescription drug abuse in Kentucky today. Concerned leaders bring together representatives from various segments of the community that can play a role in prevention. A prescription drug abuse “summit” was held in Ashland last year that included officials from health, law enforcement, substance abuse treatment, the justice system, and community service agencies. The group shared information and ideas from their various points of view and made plans for action. Preventionists in Maysville, Kentucky, used a similar approach in anticipation of the methamphetamine problem moving into the Buffalo Trace area. Plans were made to head this problem off, if possible, through cooperative endeavors utilizing community mobilization strategies.

Problem identification and referral *Bridging prevention and treatment*

Problem identification and referral is utilized to identify individuals who are at high risk or already experiencing drug problems. Once the individual is identified, he or she receives a professional assessment. The assessment provides the information needed for an appropriate referral, which can be to either a prevention or a treatment service.

Two programs operated through the Division of Substance Abuse provide examples of the problem identification and referral strategy.

In the Juvenile Justice Early Intervention Program (EIP), high-risk youth are identified when they have their first alcohol- or drug-related encounter with the juvenile justice system. Selected youth and their parents may choose the EIP as a “diversion” from proceeding through the court system. Court-designated workers collaborate with prevention specialists to

“...decisions about which approaches should be funded by public dollars should use the findings of scientific research as a blueprint.”

develop appropriate diversion policies and procedures. The youth are assessed by a substance abuse specialist to determine whether they need treatment or intensive prevention education. Those that need prevention receive a multi-session education program, and their parents attend a four-hour prevention class. Parents also receive ongoing information through

prevention newsletters. Kentucky's Juvenile Justice EIP served 3,117 youth in fiscal year 2003.

The KIDS NOW program reaches out to pregnant women throughout Kentucky and provides them with a continuum of services aimed at reducing alcohol, tobacco, and other drug use during pregnancy. The pregnant women are offered an information program that increases their awareness of the possible effects of drug use on the developing fetus. In addition, problem identification is effected through use of a screening tool. If the screening indicates drug use or specific risk factors for drug use, the woman receives a more in-depth assessment. As in the EIP, the results of the assessment determine whether she is referred for prevention or treatment.

These two programs exemplify not only the problem identification and referral strategy, but also how a variety of prevention strategies (information, education, community mobilization) may be used in an integrated approach that also includes intervention and recovery services.

How Do We Know Which Prevention Strategies are Most Effective?

The answer to this question is simple – we rely on credible evidence from rigorous research on the efficacy and effectiveness of prevention strategies and programming. In the substance abuse area this is made somewhat easier because of the huge amount of rigorous research that has been conducted in prevention in the past 20 to 25 years. Much research has been published on the correlates, predictors, and causes of substance abuse among youth (i.e., the risk and protective factors) and how programs that attempt to change these factors influence the outcomes of prevention

programs. However, the risk and protective factors that help explain why some use substances and others do not are not fully understood and do not operate in the same ways in all individuals or settings. Therefore, there are still many unanswered questions and controversial issues. This requires a continued commitment to critically examining and evaluating the efforts that we make to prevent substance abuse and to applying well-established scientific principles to the planning and evaluation of prevention efforts.

All decisions about which approaches should be funded by public dollars should use the findings of scientific research as a blueprint. Published prevention research studies that have been subjected to rigorous critical review are considered to be the most credible sources of scientific information. A number of federal agencies employ scientific review panels to identify programs that have credible evidence of effectiveness. Those programs that have met rigorous criteria are identified through this process. Studies demonstrating the efficacy of policy approaches are generating increased interest in environmental strategies, particularly with regard to prevention of tobacco and alcohol use and abuse among youth. Guides to so-called “best practices” and effective programs have been published by several federal agencies and other lead organizations in the prevention field (see list at the conclusion of this paper). Prevention specialists in Kentucky are responsible for seeing if those programs need to be tailored in any way to special circumstances present in Kentucky that may not have been present in the settings where the research was conducted.

Is Prevention Cost-effective?

Substance abuse creates an enormous economic and disease burden. It is estimated that the societal cost of drug abuse is over \$414 billion each year in the U.S.²³ For each \$1 invested in prevention, up to \$10 is saved in the treatment of alcohol, tobacco, and other substance abuse.^{24,25}

“For each \$1 invested in prevention, up to \$10 is saved in the treatment of alcohol, tobacco, and other substance abuse.”

Is Prevention Working?

Recent statistics in Kentucky and on the national level show significant reductions in the use of most substances by youth over the past five years.²⁶ These reductions coincide with increased dissemination of prevention programs and strategies that have evidence of effectiveness. This trend is encouraging, and appears to indicate that prevention is indeed working.

An even more compelling demonstration of prevention effectiveness can be seen at the local level when a community makes a concerted effort to reduce drug use and gathers data to evaluate its effectiveness. An example of this was documented by the Boyd/Greenup Champions for a Drug-Free Kentucky. In 1999, schools in Boyd and Greenup counties began measuring student drug use to assess needs and assist in the

planning of a comprehensive prevention strategy. Data were collected from all 6th, 8th, 10th, and 12th graders. Over the next few years, a coalition of prevention specialists, schools, businesses, local health departments, elected officials, churches, parents, youth, and concerned citizens addressed youth substance abuse issues employing a variety of strategies. Schools implemented Project Northland, a curriculum supplemented by community activity and parent involvement. Law enforcement officers increased compliance checks to be sure tobacco vendors in the area refused sales to minors. Prevention specialists conducted mock alcohol compliance checks and provided vendor education. Youth were invited to participate in alternative activities. To evaluate the effort, student surveys were conducted again in 2000, 2001, and 2002. Significant decreases in drug use (25-50%) were achieved for alcohol, tobacco, marijuana, and prescription drugs. This is one Kentucky community that has become convinced that prevention works.

Is Training Available for Prevention Workforce Development?

A number of prevention training programs are offered each year in Kentucky. There is a two-week Prevention Academy that provides the basis for further study in the field. The Kentucky School of Alcohol and Drug Studies held each year in July and the Champions conference in November afford opportunities for Kentuckians to attend courses presented by outstanding state and national experts. In addition, state and local agencies offer courses throughout the year.

“Presently, there are about 100 prevention specialists certified in Kentucky. Most are employed in the Regional Prevention Center system.”

The most purposeful training program specifically for substance abuse prevention is the certification program for prevention specialists. A prevention specialist is a professional who has received in-depth training on substance abuse prevention issues. Kentucky has a certification board for prevention professionals. This board sets standards for training and supervised experience, and oversees the administration of an exam of prevention knowledge. The exam and credentialing process are compliant with the requirements of the International Certification and Reciprocity Commission, thereby establishing recognition for the certification in other states and countries.

Prevention specialists provide guidance to community organizations and task forces in the planning and implementation of prevention efforts. They also deliver prevention education programs, information services, and early intervention services. In recent years, many prevention specialists have acquired expertise in environmental strategies and have advocated for healthy public policies.

Presently, there are about 100 prevention specialists certified in Kentucky. Most are employed in the Regional Prevention Center system. These specialists have played a key role developing and promoting prevention training and credentialing.

Where Can You Get More Information?

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