

ALCOHOL TAX FUND 2019-2021 FUNDING PRIORITIES RECOMMENDATIONS REPORT

A PLANNING PROCESS BY THE DRUG AND ALCOHOLISM COUNCIL
OF JOHNSON COUNTY, KANSAS, TO DEVELOP ALCOHOL TAX FUND
FUNDING PRIORITIES FOR 2019 THROUGH 2021

May 2018



**Drug and Alcoholism Council of Johnson County and
United Community Services of Johnson County
Alcohol Tax Fund 2019-2021 Funding Priorities
Final Report**

Introduction

Alcohol and drug addiction impacts approximately 20.1 million people aged twelve or older in the United States (2016 National Survey on Drug Use and Health). Over \$600 billion dollars is spent annually in the United States to treat substance abuse (National Institute of Drug Abuse, 2018). Substance abuse is a chronic condition that goes untreated for approximately 89% of those with a Substance Use Disorder (SUD) resulting in negative impacts on all facets of society (individuals, families, and businesses), and likely to appear in multiple community systems (child welfare, criminal justice, emergency rooms, hospitals and primary care), costing communities billions of dollars annually (Substance Abuse Mental Health Services Administration - SAMHSA, Briefings on Substance Use Treatment and Recovery in the United States).

Trends in use of substances, addiction and treatment of Substance Use Disorder (SUD) are evolving both nationally and locally. And while tobacco, alcohol, and stimulants continue to be the most-favored drugs of choice, emerging trends in prescription drug abuse, opioid addiction, synthetic drug use, vaping, the legalization of marijuana and even electronic addiction have not only challenged treatment philosophies and modalities, but also reinforced the need for a strong foundation of prevention, evidenced-based treatment, and recovery oriented systems of care.

Alcohol Tax Fund

The Alcohol Tax Fund (ATF) is revenue collected from a state tax on liquor by the drink and by legislative mandate a portion must be used for programs that have the principal purpose of treating, preventing, or providing education about alcohol and drug abuse. Part of the revenue generated by the tax is returned to the jurisdiction (city or county) in which it was collected to address drug and/or alcohol abuse based on needs identified at the local level.

Drug and Alcoholism Council of Johnson County, ATF Grant Funds and Funding Priorities Report

The Drug and Alcoholism Council (DAC) of Johnson County, a project of United Community Services (UCS) of Johnson County, manages an annual grant allocation process of Alcohol Tax Fund (ATF) dollars on behalf of Johnson County Government and multiple cities in Johnson County, Kansas. Established in 1982, the DAC includes representatives from the municipalities that contribute to this fund, and community volunteers who have either a personal or professional interest in addressing substance abuse in this community (see Appendix 1 for 2018 participating municipalities and DAC membership).

The DAC submits funding recommendations to contributing jurisdictions that have the ultimate authority and responsibility for determining which recommended programs receive ATF grants. The recommendations are guided by Funding Priorities that are approved by the DAC annually. Every three to five years the priorities are developed through a formal planning process that includes input from key stakeholders, review of current literature, and analysis of indicator data in Johnson County. This report includes the DAC approved funding priorities for the 2019-2021 grant cycles, a description of the methodology, and a summary of the information collected and reviewed.

2019-2021 Alcohol Tax Fund Funding Priorities*

By state statute, an identified portion of Alcohol Tax Fund (ATF) dollars must be used to fund programs “whose principal purpose is alcoholism and drug abuse prevention and education, alcohol and drug detoxification, intervention in alcohol and drug abuse or treatment of persons who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers.” KSA §79-41a04 (as amended).

For the purpose of this application, these programs are generally defined as follows:

- Education and Prevention programs are designed to promote awareness and self-efficacy, and provide information, activities, and skill building to prevent problems with, or addiction to, alcohol and/or drugs.
- Intervention programs are designed to interrupt alcohol and/or drug use, and may include activities applied during early stages of drug use which encompass preventing the transition from drug use to abuse.
- Substance Abuse Treatment programs are licensed by the State of Kansas to provide substance abuse treatment services, and are designed to assist clients with stopping use of alcohol and drugs and avoiding relapse.

**Numbering of priorities does not indicate one is more important than another.*

For the purpose of the Alcohol Tax Fund, overall priority is given to:

1. Programs that target populations who are at-risk for substance use or abuse such as individuals who have mental health issues, individuals who are homeless and/or have other co-occurring issues, and individuals involved in the child welfare or criminal justice system.
2. Programs that address barriers to service including hours of operation, transportation, lack of care for children of parents seeking services, and physical location.
3. If fees are charged for services, there are accommodations for those clients with no ability, or limited ability, to pay the fees (such as a sliding fee scale based upon income).
4. Programs that demonstrate competency in addressing language and cultural barriers, and provide bi-lingual services in high demand languages, such as Spanish.
5. Programs that provide services to meet a current community need (defined through indicator data or *Communities That Care* survey trends).
6. Programs that demonstrate an awareness of the role of trauma in prevention and treatment of substance use and utilize a trauma informed care approach in delivery of services.
7. Programs that are evidence-based or reflect a best or promising practice, and include measures to ensure fidelity.
8. Programs that utilize measurable outcome data to improve service delivery.
9. Strategies and services that involve families, parents, guardians, and/or other support systems.
10. Programs that demonstrate, through service delivery, competency in addressing the interrelationship between substance use/abuse and other risk factors as defined above in priority number one.

Priorities for Education and Prevention Programs include:

1. Strategies that seek to delay onset of first use of substances.
2. Programs that target use of gateway drugs and address new trends in drug use across all age groups.
3. Programs that utilize *Risk and Protective Factors* strategies.

Priorities for Treatment and Intervention Programs include:

1. Programs that provide effective treatment strategies for individuals with co-occurring substance use and mental health disorders.
2. Programs that serve targeted populations with early intervention strategies.
3. Programs that collaborate with other organizations and sectors, and provide linkage to community supports.
4. Programs that incorporate Recovery Oriented Systems of Care (ROSC) which sustain and support recovery, including but not limited to providing peer support, housing, case management, and/or linkages to recovery communities and activities.

Additional Considerations

There are additional areas that the DAC will remain cognizant of over the next three years. Those areas include:

- Increased tolerance of marijuana due to legalization of medical and recreational use in many states. The impact of vaping as a gateway to nicotine and drug addiction
- Impact of SB367- a juvenile reform bill that passed in the 2016 legislative session to reduce unnecessary detention of juveniles (outlined further on page 5)
- Indicators of opioid addiction in Johnson County including seniors prescribed opioids during recovery from surgeries
- Relationship between substance use and teen suicide
- The habitual use of electronics as a form of addiction and its potential connection to alcohol and drug addiction

Information to Support the Priorities

Surveys and Interviews

Methodology

A task force of the DAC was convened to provide leadership (see Appendix 1 for list of task force members). A consultant was engaged to facilitate this process. Multiple methods were utilized to gather information, which included: surveys, interviews, and a literature review. Methods were designed to answer the following questions about the continuum of substance abuse services in Johnson County:

- What are the strengths of the existing continuum?
- What pieces are missing or need strengthening?
- Who is 'falling through the cracks' or has challenges accessing services?
- What trends are being watched locally and nationally?

Findings and Lessons Learned from Surveys and Interviews

A survey was developed and administered to the 23 local prevention, intervention and treatment providers that currently receive ATF grants (see Appendix 2). In total, 100% responded to the survey. Additionally, individual interviews were conducted with twelve key stakeholders including representatives from:

- State of Kansas Department of Aging and Disability Services (KDADS)
- Cities that contribute to the ATF in Johnson County
- Johnson County Department of Corrections
- Johnson County Sheriff's Office
- Local hospitals
- Local treatment providers
- Local foundation

The following three sections (Strengths, Areas for Development and Gaps, and Other Issues) reflect results of the survey and stakeholder interviews. A list of stakeholders interviewed is included in Appendix 2.

Strengths of Substance Use Disorder (SUD) Prevention, Education, and Treatment Continuum in Johnson County

Johnson County is considered a resource-rich environment with well-educated and informed stakeholders. There is a strong existing continuum of SUD services including education, prevention, early intervention, and a broad range of substance abuse treatment providers. Service providers in Johnson County understand the connection between substance use and mental health issues and the need to address them simultaneously. There are strong community collaborations involving schools, the community mental health center, law enforcement, and Community Corrections. There are also numerous resources and services that promote strong family relationships and bonding which enhance protective factors. Overall, Johnson County is a *healthy* community, ranking number one in overall health (Robert Woods Johnson, County Health Rankings). Finally, the grant-making process facilitated by the DAC is viewed with confidence in its “due diligence” process of matching ATF to need for services in this community.

Areas for Development and Gaps in SUD Prevention, Education, and Treatment Continuum in Johnson County

Communities that Care Data

An unintended consequence of the Kansas Student Data Privacy Act was that some school districts no longer administer the Kansas Communities That Care Youth Survey (CTC). The participation rate by Johnson County students dropped from 79-81% in 2012 through 2014, to 36% in 2017. The Kansas Student Data Privacy Act requires parents to “opt-in” to release information, rather than “opt-out.” The lack of Johnson County survey data makes it difficult to identify county-wide trends (specific age groups and/or drug usage) and where to target prevention programming (see Appendix 3: 2017 CTC Survey for Johnson County).

Co-Occurring SUD and Mental Health and the Connection to Suicide

Programs that address co-occurring substance use and mental health issues were identified as both a strength and an area for development in this community. It was considered a strength because there is wide recognition that co-occurring disorders exist and need to be addressed simultaneously. It was also identified as an area for development especially for youth who are mentally unstable and/or having suicidal ideations. Additionally, services need to be developed to reduce deaths by overdose. According to the Johnson County Sheriff’s Office, in Johnson County deaths by overdose currently outnumber deaths by motor vehicles. Further, according to the Sheriff’s Office, overdose deaths may be the result of opioid abuse or suicide, and are considered to be under-counted due to the cause of death listed by the physician or coroner (for example, overdose death listed as heart failure, cardiac arrest, etc.).

Specific Areas for Prevention Expansion or Development

Develop prevention and education programs that:

- Address the use and abuse of prescription drugs and opioids after surgeries, dental work and/or sport injuries
- Educate about the impact of substance use on brain development
- Target emerging drug usage such as vaping (nicotine and cannabinoid) and the use of marijuana edibles in schools
- Expand high school sobriety programs county-wide, and
- Utilize social media for public service announcements and other prevention materials by hash tagging schools, school groups, Facebook, and Twitter

Specific Areas for Treatment Enhancement or Development

Develop or expand treatment programs that:

- Promote the understanding and use of Medication Assisted Treatment (MAT) for opioid and alcohol abuse
- Increase case management for individuals in treatment (not just individuals with severe and persistent mental illness)
- Increase use of Peer Support and Recovery Coaches (for individuals and families)
- Increase services that include family participation to support the individual in treatment and to address the impact of substance abuse on the family unit as a whole
- Increase availability of treatment for youth with multiple and complex needs
- Increase availability of treatment services for low-income individuals who do not have private insurance or Medicaid, including services for clients who qualify under the Federal Block Grant, but experience long waiting times to access needed treatment
- Increase treatment services for veterans
- Increase housing programs that support safe and sober living
- Address barriers to service including transportation, child care and hours of operation that accommodate working individuals
- Provide services in languages other than English; providers may use translators, however, services delivered in the client's native language are considered to be more effective

Other Issues Stakeholders are Watching

Emerging trends in addiction and drug usage

- The perceived increased acceptance of marijuana due to the legalization of both recreational and medical marijuana in many states
- The presence of marijuana edibles (indistinguishable from candy and cookies) in local schools
- The impact of vaping nicotine and cannabinoid oil in public places and while driving
- Cell phone and internet addiction, especially with children, and the impact on impulse control and mental health
- Indicators of opioid use and abuse in local communities that can substantiate the severity of its use and abuse levels
- The use of Narcan (nasal spray version of naloxone) by police officers and firefighters to reverse opioid overdoses

Public Policy

- Federal and state funding and its impact on substance abuse prevention and treatment including:
 - Changes to health care (at a national level) and impact on coverage of behavioral health
 - Uncertainties in the State of Kansas' budget and implications for human services and behavioral health
- Turnover within State of Kansas departments and subsequent impact on clients
- The impact of Senate Bill 367 including:
 - Lack of requirements for parental participation and/or treatment
 - Closing Youth Residential Care (YRC II) facilities, which coupled with a decrease in local Psychiatric Residential Treatment Facility (PRTF) beds, has resulted in a lack of community treatment options for youth with severe mental health/psychiatric concerns, complex criminal backgrounds, and a history of alcohol and drug abuse.
- Kansas Communities That Care Youth Survey – Stakeholders are paying attention to potential policy changes at the state level which would make it less burdensome for schools to administer the survey.
- The potential of expanding the use of drug courts

Literature Review

The Science of Addiction

National Geographic [“The Science of Addiction—New Discoveries About the Brain Can Help Us Kick the Habit”](https://www.nationalgeographic.com/magazine/2017/09/science-of-addiction/) (September 2017)

Video about how different drugs impact the brain’s wiring (cocaine, meth, heroin), including the impact on dopamine production and stimulation.

- The science behind cravings— “addiction hijacks the brain’s neural pathways.”
- Use of transcranial magnetic stimulation (TMS) for treating cocaine addiction (this technique also cited in pilot study by National Institute on Drug Abuse (NIDA). Further studies are now being conducted to see about the impact of TMS on other forms of addiction (e.g., smoking, drinking, gambling, binge eating).
- It takes 4-6 weeks for the brain to begin to “reset”
- Discusses baclofen and its use to treat alcohol dependency
- Discusses other forms of MAT in the treatment of addiction done with psychosocial support as an adjunct
- Discusses “mindfulness” as a technique for relapse prevention—paying attention to cravings without reacting to them

New York Times: Addiction Inc., 4-part series (December 2017)

[“The Giant Under Attack”](https://www.nytimes.com/interactive/2017/12/27/business/drug-addiction-rehab.html) (<https://www.nytimes.com/interactive/2017/12/27/business/drug-addiction-rehab.html>)

[“In Pursuit of Liquid Gold”](https://www.nytimes.com/interactive/2017/12/27/business/urine-test-cost.html) (<https://www.nytimes.com/interactive/2017/12/27/business/urine-test-cost.html>)

[“City of Addict Entrepreneurs”](https://www.nytimes.com/interactive/2017/12/27/business/new-drug-rehabs.html) (<https://www.nytimes.com/interactive/2017/12/27/business/new-drug-rehabs.html>)

[“A Doctor with a Phone and a Mission”](https://www.nytimes.com/interactive/2017/12/27/business/drug-addiction-ads.html) (<https://www.nytimes.com/interactive/2017/12/27/business/drug-addiction-ads.html>)

This series includes information about the “business” of treatment and urine analysis (UA), and personal stories of people who were accessing treatment in various parts of the country. UAs have become a very profitable industry; national corporate treatment programs are buying small local providers, and offering intensive outpatient services by day, and sober living at night (client pays rent in sober living housing). The series demonstrates implications for the industry as it becomes more profit-driven and the need to maintain standards of quality in treatment for individuals with complex health issues and needs.

Kids and Electronic Addiction

New York Times [“Is Your Child a Phone Addict”](https://www.nytimes.com/2018/01/17/well/family/is-your-child-a-phone-addict.html) (January 2018)

<https://www.nytimes.com/2018/01/17/well/family/is-your-child-a-phone-addict.html>)

The constant feedback loop creates Fear Of Missing Out (FOMO). References a 10-point questionnaire as a general assessment; cell phone use needs to be deliberate; need regular off-line time daily, and at least once a year for several days (family vacation, trips etc.). Also discusses the importance of removing phone from bedroom at night.

New York Times [“Are Teenagers Replacing Drugs with Smartphones?”](https://www.nytimes.com/2017/03/13/health/teenagers-drugs-smartphones.html?action=click&contentCollection=Well&module=RelatedCoverage®ion=EndOfArticle&pg_type=article) (March 2017)

https://www.nytimes.com/2017/03/13/health/teenagers-drugs-smartphones.html?action=click&contentCollection=Well&module=RelatedCoverage®ion=EndOfArticle&pg_type=article)

Looks at minor decrease in drug use by teens over the past decade (with the exception of marijuana) and hypothesizes about the correlation between decreased drug use and increased phone and tablet use. Reviews NIDA's plan to conduct research on the issue. References a survey by Common Sense Media (2015) that found teens ages 13-18 averaged six and a half hours of screen media time per day on social media and other activities like video games. Also references a report from the Pew Research Center (2015) that found 24% of teens ages 13-17 report being online "almost constantly" and 73% had a smart phone or access to one (up from 45% in 2007).

Common Sense "New Report Finds Teens Feel Addicted to Their Phones, Causing Tension at Home" (2016) <https://www.commonsensemedia.org/about-us/news/press-releases/new-report-finds-teens-feel-addicted-to-their-phones-causing-tension-at>

- One out of every two teens feels addicted to his or her device and the majority of parents (59%) feel their children are addicted
- 72% of teens and 48% of parents feel the need to immediately respond to texts, social-networking messages and other notifications; 69% of parents and 78% of teens check their devices at least hourly
- 77% of parents feel their children get distracted by their devices and don't pay attention when they're together at least a few times per week
- One-third of parents and teens (36% and 32% respectively) say they argue with each other daily about device use
- 56% of parents admit they check their mobile devices while driving; 51% of teens see their parents checking/using their mobile devices while driving

New York Post "It's 'Digital Heroin': How Screens Turn Kids into Psychotic Junkies" (August 2016) <https://nypost.com/2016/08/27/its-digital-heroin-how-screens-turn-kids-into-psychotic-junkies/>

- Brain imaging shows that the use of iPads, smartphones and Xboxes affect the brain's frontal cortex (which controls executive functioning including impulse control) in the same way cocaine does
- Technology raises dopamine levels
- Clinical studies show that screens increase depression, anxiety and aggression
- Dr. Kimberly Young ("Internet Addiction") indicates that 18% of college-age internet users in the US suffer from tech addiction

New York Times "I Can't Stop: Schools Struggle with Vaping Explosion" (April 2018) <https://www.nytimes.com/2018/04/02/health/vaping-ecigarettes-addiction-teen.html>

- Cites school and health officials indicating that "Nicotine is very addictive, the pods in vaping devices have a higher concentration of nicotine than do individual cigarettes"
- References a growing body of research that indicates vaping is a gateway for adolescents to begin smoking cigarettes
- References 2017 Monitoring the Future survey on adolescent drug use which indicates 24% of high school seniors reported vaping daily

University of Kansas Law School (May 2017), "Juvenile Law in Kansas after SB367: What's Changed, What's Next" <https://law.ku.edu/sites/law.ku.edu/files/docs/recent-developments/2017/derousse-materials-juvenile-law.pdf> Article outlines the impact of Senate Bill 367 – a comprehensive juvenile reform bill that passed in the 2016 legislative session in order to reduce unnecessary detention of juveniles and implement evidence-based, community alternatives.

Indicator Data

2017 County Health Rankings Kansas Data (Robert Wood Johnson Foundation)

The following table reflects the number or percentage of adults based on self-reporting in the survey.

Indicator	Kansas	Johnson County
Excessive Drinking	17%	19%
Adult Smoking	18%	11%
Poor Mental Health Days	3.2	2.7
Drug Overdose Deaths	992 (#)	150 (#)
Uninsured Adults	14% (246,208)	9% (32,584)

*2014 National Survey on Drug Use and Health (NSDUH)

2014 NSDUH Including Sub Regions	US	Kansas	KC Metro
Drug Use Age 12 and Over	Estimated %	Estimate %	Estimate %
Illicit Drug Use in the Past Month	9.58%	6.78%	7.59%
Illicit Drug Dependence in the Last Year	2.70%	2.25%	2.11%
Binge Alcohol Use in Last Month	22.94%	24.59%	25.59%
Alcohol Dependence or Abuse in the Past Year	6.60%	7.06%	6.83%
Needing but Not Receiving Treatment in the Last Year	2.40%	1.99%	1.90%
Tobacco Use in Last Month	25.81%	27.53%	25.02%

*2016 data is available but does not include sub-region

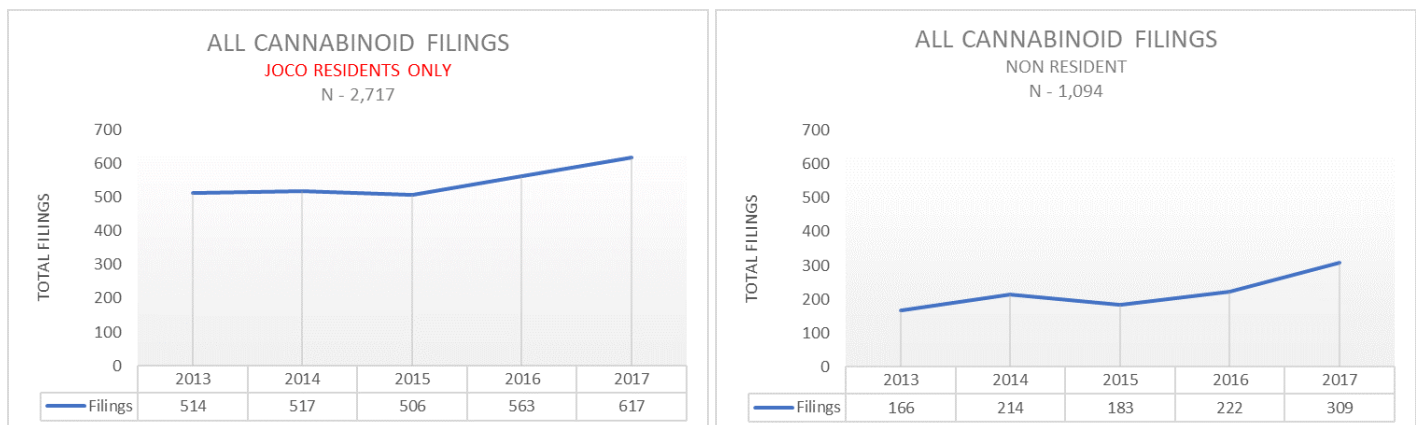
Heartland Regional Alcohol and Drug Assessment Center (HRADAC) Assessment Data

HRADAC completes clinical substance abuse assessments in 76 counties throughout the State of Kansas. This does not represent all assessments completed in these counties as some are completed by other providers. Data is not currently available from the state so this is presented as a proxy measure.

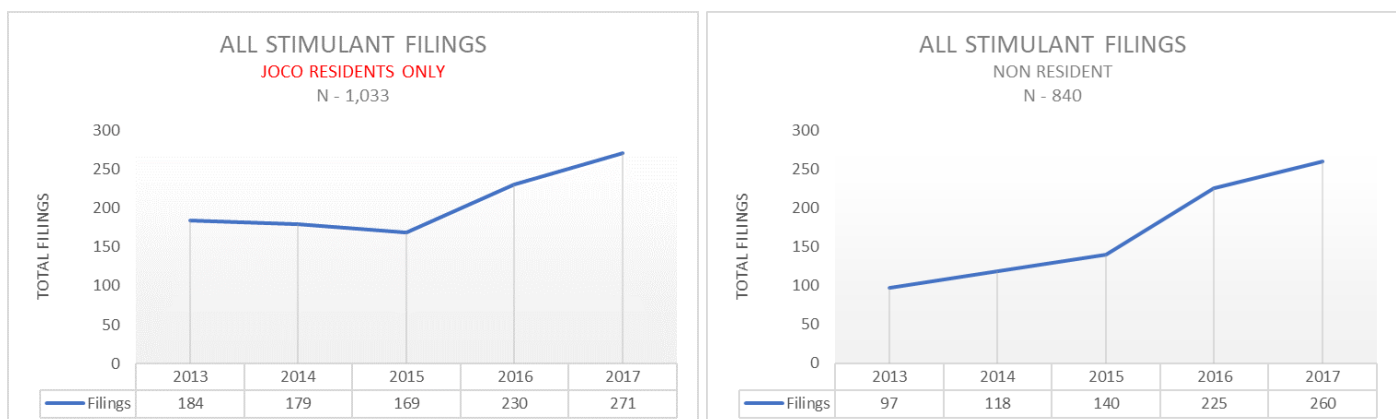
	All HRADAC		Johnson County	
Primary Diagnosis	#	%	#	%
Alcohol Use Disorder	1541	24%	318	39%
Cannabis Use Disorder	1035	16%	119	14%
Hallucinogen Use Disorder	15	0%	4	0%
Inhalant Use Disorder	11	0%	2	0%
No Diagnosis	855	13%	77	9%
Opioid Use Disorder	382	6%	74	9%
Other/unknown Substance Use Disorder	15	0%	7	1%
Phencyclidine (PCP) Use Disorder	60	1%	3	0%
Sedative, Hypnotic, or Anxiolytic Use Disorder	30	0%	5	1%
Stimulant Use Disorder - Amphetamine Type	2350	36%	196	24%
Stimulant Use Disorder – Cocaine	229	4%	16	2%
Stimulant Use Disorder - Other/Unspecified	13	0%	1	0%
Total	6,536	100%	822	100%

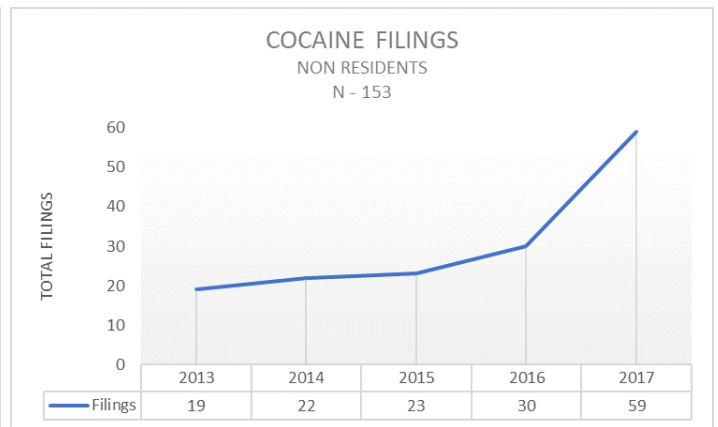
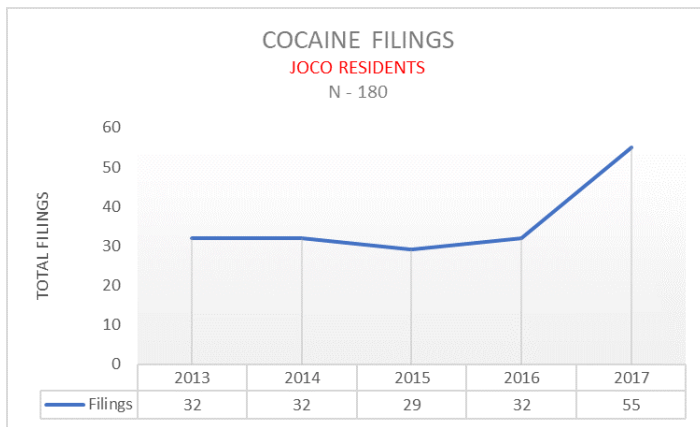
	All HRADAC		Johnson County	
Recommendation	#	%	#	%
Level .5 – Early Intervention	38	1%	18	2%
Level I – Outpatient Treatment	2433	37%	356	43%
Level II – Intensive Outpatient Treatment	529	8%	53	6%
Level III.1 – Reintegration	46	1%	4	0%
Level III.2-D – Social Detox	10	0%	1	0%
Level III.3 – Intermediate Treatment – Adult	1852	28%	214	26%
Level III.5 – Intermediate Treatment – Adolescent	36	1%	7	1%
No Treatment Recommended	1591	24%	169	21%
Referred to Case Management Only	1	0%	0	0%
Total	6,536	100%	822	100%

Trends in Drug Filings in Johnson County Court (Source: Johnson County Justice Information Management System)

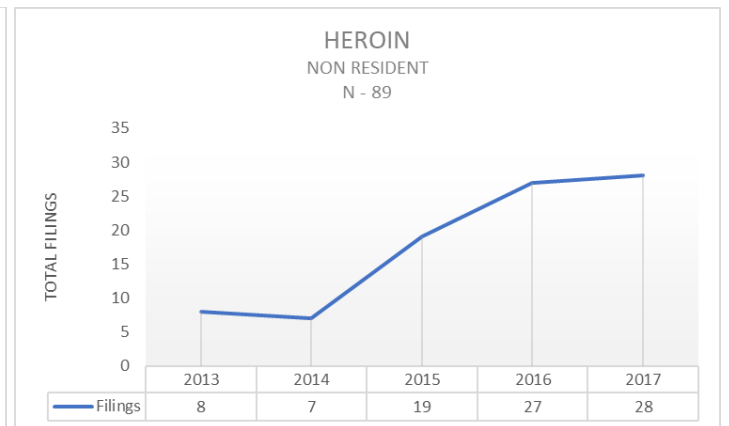
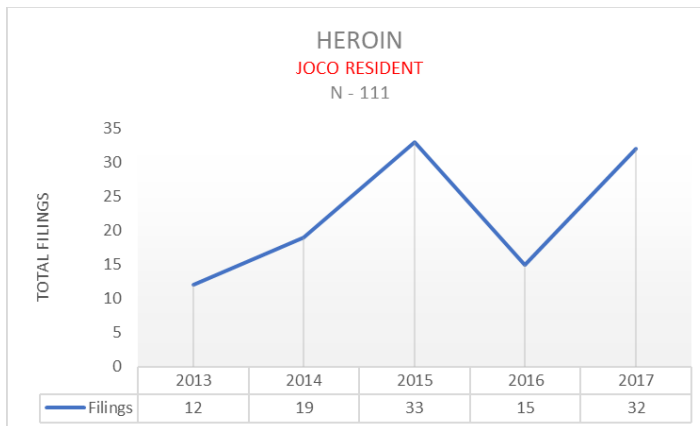
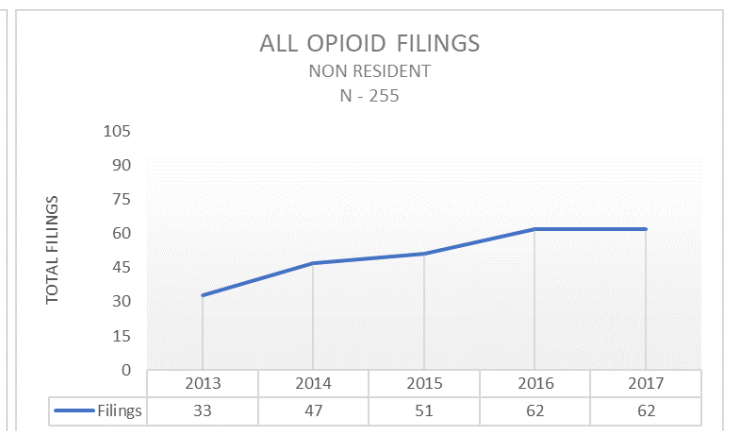
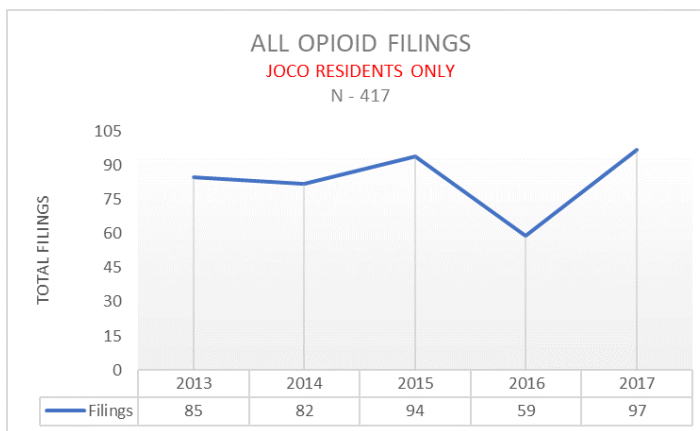


Note: There was a 39% increase in cannabinoid filings from 2016-2017 for non-residents.





Note: From 2013 to 2017, there was a 72% increase in cocaine filings on Johnson County residents and a 97% increase in non-resident filings. Additionally, methamphetamine filings have continued to steadily increase.



Johnson County Kansas Crime Laboratory Drug Identification Statistics (Source: Johnson County Sheriff's Office Criminalistics Laboratory)

The following table (page 11) reflects the results of substances tested for trials from all municipalities in Johnson County for the past ten years. The drugs listed were identified based on materials that were seized by law enforcement officers at the time of arrest, traffic stop, or of a crime, and are tested for evidence in criminal trials. All drugs seized are not submitted for testing. These results are included in this report to demonstrate the various types of illegal substances that are present in Johnson County.

	Total 2006	Total 2007	Total 2008	Total 2009	Total 2010	Total 2011	Total 2012	Total 2013	Total 2014	Total 2015	Total 2016*
Category											
Designer Drugs	6	12	35	197	220	89	258	111	80	83	48
MDMA	92	69	35	64	50	96	60	143	77	30	22
Pseudo/Ephed	1	1	0	0	0	1	1	0	2	0	1
Methamphetamine	364	426	214	290	237	194	422	549	484	590	683
Steroids	9	1	15	11	44	139	28	10	11	10	60
Pharmaceuticals	135	258	266	477	544	398	528	1070	616	590	827
Cocaine	666	459	296	375	385	232	155	170	175	95	140
Heroin	4	13	30	97	56	63	55	46	71	79	131
Cathine/Cathinone (Khat)	2	2	0	49	0	0	0	0	0	0	15
Ketamine	18	18	3	19	1	7	0	0	0	0	0
GHB/GBL	1	1	3	4	0	4	1	1	0	0	0
PCP	3	3	3	4	4	5	6	16	4	11	9
LSD	2	6	5	1	24	11	8	2	16	4	50
Marijuana/THC	1417	2176	1376	1488	2053	2101	1672	1575	1698	1915	2057
Psilocin/Bufotenine	37	23	7	10	13	34	26	33	30	13	46
Synthetic Cannabinoids					410	1123	649	654	315	137	66
Substituted Cathinones	0	0	0	1	27	220	179	284	71	19	1
Opium	0	0	0	0	0	0	1	0	0	0	0
Presence Not Confirmed	0	0	0	0	0	0	4	0	0	0	0
No Controlled Substance	228	193	181	296	514	607	638	491	498	373	360
Quantity Not Sufficient	41	45	59	21	24	36	19	19	10	16	30
Miscellaneous	3	0	0	16	33	13	25	22	27	37	44
Total	3029	3706	2528	3420	4639	5373	4735	5196	4185	4002	4590

*2016 data is through December 5, 2016 when the computer system changed.

2016 Top 10 Compounds*	Items
Marijuana	1541
Methamphetamine	683
Tetrahydrocannabinol (THC)	516
Alprazolam	384
No controlled substances	360
Cocaine	140
Heroin	131
Amphetamine	92
Oxycodone	82
Lysergic acid diethylamide (LSD)	50

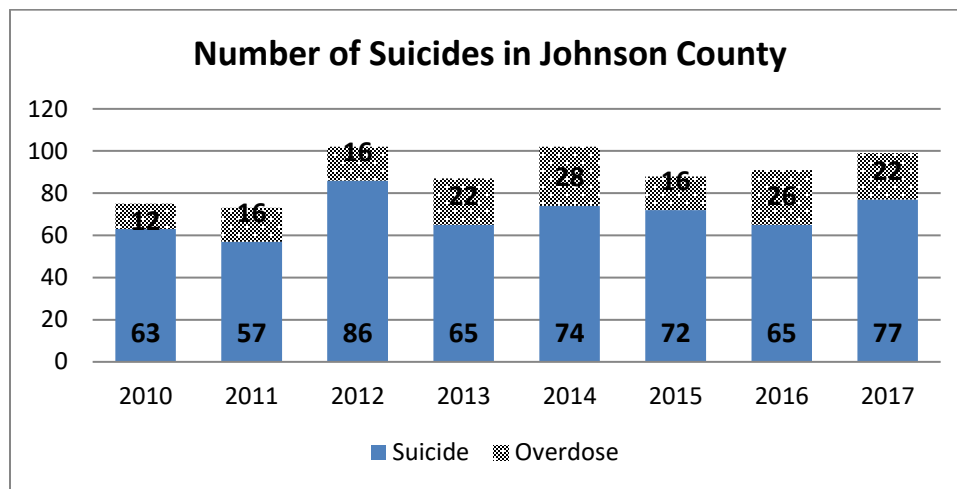
2016 Top 10 Pharmaceuticals	Items
Alprazolam	384
Amphetamine	92
Oxycodone	82
Morphine	42
Hydrocodone	40
Clonazepam	37
Diazepam	23
Zolpidem	16
Buprenorphine	15
Methylphenidate	13

*Compounding includes the combining or mixing of two or more drugs

Suicide

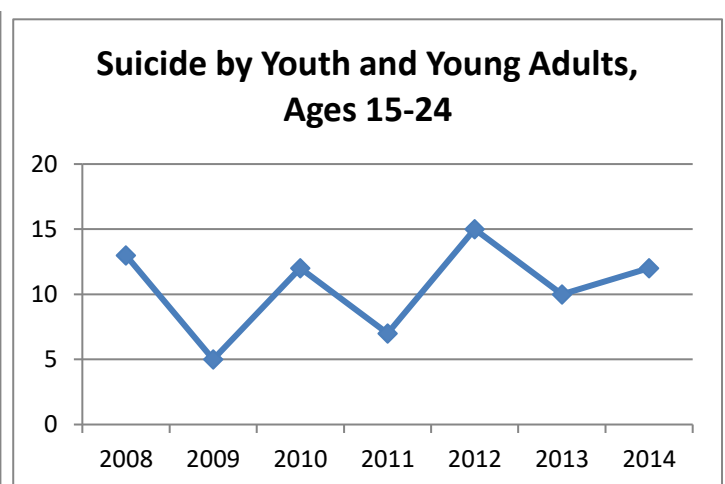
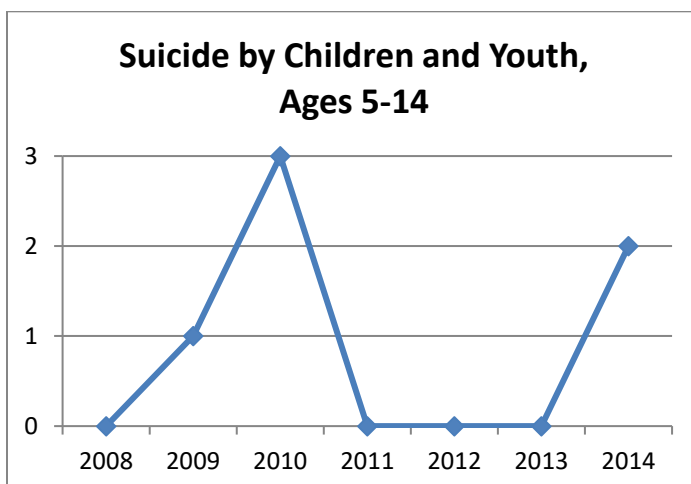
Alcohol and drug use is recognized as a contributing factor to some suicide attempts and completions. A recent report from Kansas Health Institute (KHI) stated, “suicide often occurs because of a complex combination of factors including mental disorders, substance abuse, and other treatable illnesses. It is included with drug overdoses and alcohol-related liver mortality in what have been called ‘Deaths of Despair’ by some researchers” (Death by Suicide: Disparities in the Sunflower State, KHI 2018).

The following table documents the number of suicides, including those caused by overdose in Johnson County between 2010 and 2017 according to the Johnson County Sheriff’s Coroner Call-out Log.



Suicide in Johnson County –Practicum Report by Gabriel Hawkins, MA (2016) submitted to the Department of Preventive Medicine and Public Health and the Faculty of the Graduate School of the University of Kansas.

This practicum report includes suicide trends for multiple age groups according to Kansas death certificates between the years of 2008 and 2014. Demographically, white middle-aged men (between 45-54) showed multiple risk factors for suicide. The following two tables demonstrate total suicides between 2008 and 2014 for Johnson County individuals 5 to14 years-old and 15 to 24 years-old. The KHI report indicates that suicide is the second-leading cause of death for individuals 15 to 24 years-old (KHI 2018).



Alcohol Related Crashes in Kansas and in Johnson County

KS Department of Transportation Fact Book on Crash Data (2006-2016)

Kansas	Total Crashes	Total Alcohol Related	% Alcohol Related		Johnson County	Total Crashes	Total Alcohol Related	% Alcohol Related
2006	65,460	3,210	5%		2006	12,271	492	4%
2007	70,589	3,292	5%		2007	12,610	528	4%
2008	65,858	3,366	5%		2008	11,538	489	4%
2009	61,173	3,120	5%		2009	10,106	443	4%
2010	60,634	2,820	5%		2010	10,785	448	4%
2011	60,082	2,569	4%		2011	10,978	390	4%
2012	58,245	2,683	5%		2012	10,566	401	4%
2013	58,472	2,394	4%		2013	9,703	351	4%
2014	59,533	2,400	4%		2014	10,665	395	4%
2015	60,473	2,310	4%		2015	11,309	389	3%
2016	61,844	2,211	4%		2016	12,273	400	3%

Johnson County Med-Act Narcan Administrations

The following table reflects the total number of times Johnson County Med-Act administered Narcan (naloxone) to unconscious individuals when a potential overdose was suspected. This medication is designed to rapidly reverse opioid overdoses. FirstWatch Trigger is a software that is used by the county to continually mine medical records and search for free text in the narrative referencing “heroin” or “opioids.” These measures are presented together because there are occasions when Narcan is administered and the individual is not revived (not opioid overdose), as well as times when two doses of Narcan are administered.

Year	2017	2016	2015	2014	2013	2012	2011	2010
Total # Narcan Administrations	273	268	264	234	219	244	257	219
FirstWatch Trigger		273	212	161				

Additional Supporting Information

Vaping

Use of electronic cigarettes also referred to as vape pens has become a national trend for both adolescents and adults. Vaping devices utilize liquid forms of nicotine and other substances to create an inhalable vapor. Vaping has become a popular way to consume many forms of drugs including:

- Liquid THC
- Bath Salts
- Flakka
- Hash Oil
- Synthetic marijuana
- Psychedelics

Interviews with Johnson County Sheriff’s Office, and Johnson County Adolescent for Treatment (ACT) indicate:

- Many people are vaping THC oil which does not smell; people vape it in public places and while driving.
- 100% of ACT residents who were asked, said if they were a non-smoker, they would be willing to try an E-Cig for the first time rather than smoking a regular cigarette.

- 100% of ACT residents who were asked, agreed they know students at their school who were not drug users prior to E-Cigs, but started using drugs after they began using E-cigarettes.
- ACT residents report they have used E-cigarettes to inhale other drugs such as Hash Oil, K2 Oil, etc. Many report they had smoked an E-Cig while in school attending a class.

SAMHSA Federal Update: Brief summary of presentation to DAC in November 2017 by Kimberly Nelson, SAMHSA Regional Administrator

Opioids are a pressing issue that has hit the Midwest. Naloxone, the opioid reversal drug, can be purchased with state prevention funding, if allowed by the state. Naloxone is costly, but important for first responders. The President's budget suggests a cut to the SAMHSA budget, but Congress still must finalize his recommendations. The Kansas block grant has been released and it includes a reduction in funds for mental health (community mental health centers will be impacted). Some states are expanding access to medication assisted treatment (very few such options in Kansas). Federal legislation has encouraged states to allow nurse practitioners and physician assistants to prescribe medication assisted treatment. Kansas has this option in place, extending the reach of physicians and promoting access. Serious mental illness is also a priority, but less clearly formulated to date. The [White House Opioid report](#) has recently been released and contains 55 recommendations. The [National Survey on Drug Use and Health](#) data was recently released.

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University of Kansas Law School (May 2017), “Juvenile Law in Kansas after SB367: What’s Changed, What’s Next” (<https://law.ku.edu/sites/law.ku.edu/files/docs/recent-developments/2017/derousse-materials-juvenile-law.pdf>)

US Department of Health and Human Services, “Healthy People 2020” <https://www.healthypeople.gov/>

APPENDIX

**Appendix 1: Contributing Jurisdictions to 2018 Alcohol Tax Fund (ATF)
2018 Drug and Alcoholism Council Membership
2019-2021 ATF Funding Priorities Task Force**

Contributing Jurisdictions to 2018 Alcohol Tax Fund

Johnson County, Gardner, Leawood, Lenexa, Merriam, Mission, Olathe, Overland Park, Prairie Village and Shawnee

2018 DAC Membership

Judge Jenifer Ashford* 10th Judicial District	Major David Brown City of Lenexa Representative	Captain Troy Duvanel City of Merriam Representative
Jennifer Granger SAIC	Nikki Green Shawnee Mission Medical Center	Jill Grube City of Shawnee Representative
Brad Hart Healthcare Foundation of Greater Kansas City	Jen Jordan-Spence City of Gardner Representative	Martha Lapietra, MD IPC-The Hospitalist Company
Cathy Lawless City of Leawood Representative	Emily Meissen-Sebelius City of Prairie Village Representative	Jaime Murphy City of Overland Park Representative
Christina O'Neil O'Neil on Barkley	Chris Oliver* Shawnee Mission School District	Major Daryl Reece Johnson County Sheriff's Office
Liana Riesinger City of Mission Representative	Rev. Kevin Schutte Johnson County BOCC Representative	Jill Vincente City of Olathe Representative
Charlene Whitney* Community Volunteer		<i>*Ex Officio Member (non-voting)</i>

2019-2021 ATF Funding Priorities Task Force

Honorable Jenifer Ashford, 10th Judicial District
Major David Brown, Retired Lenexa Police Department
Jen Jordan-Spence, City of Gardner, Grant Program Coordinator
Cathy Lawless, Community Volunteer
Marya Schott, United Community Services, Director of Resource Allocation
Megan Toal, Consultant, Toal and Associates

Appendix 2: 2018 DAC Members and Key Stakeholders Interviewed for Report 2018 ATF Providers

2018 DAC Members and Key Stakeholders Interviewed for this Report

Charles Bartlett, Kansas Department for Aging and Disability Services (KDADS)
Dr. Martha Lapietra, Cottonwood Springs Hospital and IPC-The Hospitalist Company (DAC)
Susan Sherman, City of Olathe
Danielle Dulin, City of Lenexa
Jen Jordan-Spence, City of Gardner (DAC)
Nikki Green, Shawnee Mission Medical Center (DAC)
Margo Quiriconi, Children's Mercy Hospital, Community Health Initiatives
Robert Sullivan, Johnson County Department of Corrections
Major Daryl Reece, Johnson County Sheriff's Office (DAC)
Brad Hart, Healthcare Foundation of Greater Kansas City (DAC)

2018 ATF Prevention, Intervention and Treatment Providers Surveyed for this Report

(Surveys were anonymous.)
Blue Valley School District, USD 229
De Soto School District, USD 232
Olathe School District, USD 233
Shawnee Mission School District, USD 512
Spring Hill School District, USD 230
Artists Helping the Homeless
Boys and Girls Club of Greater Kansas City, Olathe Club
Cornerstones of Care
First Call Alcohol/Drug Prevention & Recovery
Friends of Recovery Association (Oxford Houses)
Heartland Regional Alcohol and Drug Assessment Center
Johnson County Court Services
Johnson County Department of Corrections
Johnson County District Attorney's Office
Johnson County Mental Health Center: Prevention Services and Dual Diagnosis Adult Outpatient Treatment/
Adult Detox Unit/Adolescent Center for Treatment
KidsTLC, Inc.
KVC Behavioral Healthcare, Inc.
Lorraine's House, Inc.
Mirror, Inc.
Preferred Family Healthcare, Inc., Olathe Office
SAFEHOME, Inc.
The Family Conservancy

Appendix 3: 2017 Kansas Communities That Care

According to Greenbush/Southeast Kansas Education Service Center, “Reports showing Kansas Communities That Care (KCTC) Youth Survey data provide an objective profile of the problem behaviors, risk factors and protective factors that exist in your communities. This information highlights strengths and challenges, which help in the development of a focused prevention plan. Data from the KCTC Survey is used to help school and community planners assess current conditions and prioritize areas of greatest need. Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). Survey results help schools and communities make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.” (www.kctcdata.org)

The Kansas Communities That Care Survey is given to students in the 6th, 8th, 10th and 12th grades, usually between December 1 and January 31. The participation rate by Johnson County students dropped from 79-81% in 2012 through 2014, to 36% in 2017. Percentage of participation is based upon total number of 6th, 8th, 10th, and 12th grade students in the County (public and private schools). The lack of Johnson County survey data makes it less reliable for identifying county-wide trends (not statistically reflective of the County), however, individual school districts which administer the survey and have significant participation, are able to compare their district and building results over time.

2017 Johnson County Kansas CTC Survey Data

- 53.9% of students report within past 12 months, they have talked to at least one parent about dangers of tobacco, alcohol, or drug use.
- 16.7% of students report they have tried cigarettes, e-cigarettes, vape pens or e-hookahs.

Alcohol is the most likely substance abused: 31.9% used at least once in lifetime; 19.5% used in past 30 days.

- Average age when had first drink was 13.8 years-old.
- Average age when began drinking one/two times per month was 15.3 years-old.
- 30-day alcohol use increased 194% from 8th grade to 10th grade (8.55% to 25.15%); and, it increased 86% from 10th grade to 12th grade (25.15% to 46.77%).

Marijuana

- 13.1% of surveyed students reported use of marijuana in their lifetime,
- 7.3% of survey students reported use of marijuana in past 30-days,
- The average age when first smoked marijuana was 14.8

Use of prescription pain relievers not prescribed

- 2% of students responded “at least once” to question asking number of occasions used during past 30 days.
- 5.5% percent of students responded “at least once” to question asking number of occasions used during lifetime.

Use of prescription stimulants not prescribed

- 2% percent of students responded “at least once” to question asking number of occasions used during past 30 days.
- 5.1% percent of students responded “at least once” to question asking number of occasions used over lifetime.