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Introduction

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 including individuals, families, and businesses. The effects of SUD effects multiple community systems including child welfare, criminal justice, emergency rooms, hospitals and primary care. Issues related to SUD cost local governments and communities billions of dollars annually (Substance Abuse Mental Health Services Administration¹). A report by the Surgeon General estimates the cost to society of substance misuse to be over \$442 billion each year in health care costs, lost productivity, and criminal justice costs (Surgeon General's Report on Alcohol, Drugs, and Health: Vision for the Future).

According to the National Survey on Drug Use and Health, alcohol and drug addiction impacts approximately 20.4 million people aged twelve or older in the United States. This number has remained relatively stable since 2015. Of those impacted-:

- 71.1% had an alcohol use disorder
 - 40.7% had an illicit drug use disorder, and
 - 11.8% had both alcohol and illicit drug use disorder
- (National Survey on Drug Use and Health, 2020)

Purpose of Report

The following report provides an environmental scan of alcohol and drug use, misuse, and abuse in Johnson County, Kansas. The report is based on interviews and surveys of key stakeholders, and indicator data gathered from local, state and national sources and will be utilized to inform the Alcohol Tax Fund (ATF) grant process in Johnson County. The grant process is directed by the Drug and Alcoholism Council (DAC) and supported by United Community Services of Johnson County (UCS). The *funding priorities* for the ATF grant do not significantly change annually due to legislative restrictions on how these dollars can be spent (outlined below). The goal of this report is to ensure programs funded through the ATF grant process address issues and trends in substance use and misuse in Johnson County.

Alcohol Tax Fund

The Alcohol Tax Fund (ATF) is revenue collected from a state tax on "liquor by the drink", defined as beverages containing alcohol sold in bars and restaurants. A portion of ATF is returned to the municipality in which it was collected to address both drug and alcohol abuse issues identified at the local level. According to state statute, a portion of the 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). In Johnson County eleven municipalities contribute a portion of ATF proceeds to a pooled fund, which is allocated on an annual basis through a competitive grant making process. Combining these resources provides a synergistic impact and an efficient process for organizations to secure funding to address the identified issues.

Drug and Alcoholism Council (DAC) of Johnson County

The DAC of Johnson County is a project of Johnson County UCS which manages the annual ATF grant allocation process on behalf of Johnson County Government and multiple cities in Johnson County, Kansas. The DAC was established in 1982, by the Johnson County Board of County Commissioners, pursuant to enabling legislation under KSA §79-41a04. The DAC is comprised of representatives from the municipalities that contribute to the ATF fund, and community volunteers who have either a personal or professional interest in addressing substance abuse (see Appendix 1 for 2021 Contributing Jurisdictions and 2021 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

¹ Full citations for internal references can be found in Appendix 3

funding priorities for the 2023-2028 grant cycles, a summary of research findings, a description of methodology, and a summary of the information collected and reviewed.

2023-2028 Alcohol Tax Fund Funding Priorities

By legislative mandate (KSA §79-41a04 as amended), ATF dollars must be used to fund services or programs whose principal purpose is substance abuse education, prevention, detoxification, intervention and/or treatment. Programs funded through the ATF grant process create a substance use continuum of services. Programs are 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 involvement in activities applied during early stages of substance use which may prevent the transition from drug use to abuse.
- Substance Abuse Treatment programs are licensed by the State of Kansas to provide substance use disorder treatment services, including detoxification, and are designed to assist clients with discontinuing the use of alcohol and drugs and recovery programs supporting a reduction in relapse.

Overall priority is given to:

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

Priorities for Education and Prevention Programs include:

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

Priorities for Treatment and Intervention Programs include:

- Programs that provide effective treatment strategies for individuals with co-occurring substance use and mental health disorders.
- Programs that serve targeted populations and introduce early intervention strategies.
- Programs that incorporate Recovery Oriented Systems of Care (ROSC) which sustain and support recovery. These include providing peer support, housing, case management, and/or to linkages to recovery communities and activities.

Additional Considerations*

There are additional areas that the DAC will remain cognizant of over the next five years, including:

- Increased tolerance of marijuana due to legalization of medical and recreational use in the United States.
- The connection between substance use and, suicide overdoses within the general population and for youth.
- The impact of the pandemic on substance use, including: effects for those with co-occurring disorders, as well as social isolation and reported increased anxiety and depression. Populations to watch include school-aged youth for whom education, prevention, and early intervention were limited in 2020 and 2021 due to the pandemic, as well as adults, as data indicates adult alcohol use increased during the pandemic.
- The impact of vaping as a gateway to nicotine and drug addiction, including marijuana use.
- Indicators of opioid addiction in Johnson County, including seniors prescribed opioids during recovery from surgeries.
- The impact of increased indicators of methamphetamine and fentanyl abuse in Johnson County, and
- The habitual use of electronics as a form of addiction and its potential connection to alcohol and drug addiction.

**The 2019-2021 ATF Priorities report included additional considerations about implications of SB367 on services to juveniles; this is no longer being followed as this initiative was largely unfunded.*

Summary of Findings

Summary

Trends in use of substances, addiction, and treatment of Substance Use Disorder (SUD) are evolving both nationally and locally including:

Identified Strengths

- Johnson County is ranked number 1 in overall health rankings in the State of Kansas.
- Reported substance use among Johnson County students in all age groups has reduced in the past five years.
- Johnson County MedAct utilizes Narcan to reverse the effect of suspected drug overdoses.
- Johnson County experienced an overall reduction in prescriptions for opioids and stimulants between 2018 and 2019.
- In addition to SUD treatment providers, many organizations are addressing substance use and misuse as a root-cause issue, supporting a more effective continuum of services for addressing substance use and misuse.

Substance Use/Misuse Trends

- Tobacco and alcohol continue to be the most favored drugs-of-choice, however stimulants, especially methamphetamines, have emerged in prevalence, taxing both substance use treatment programs and criminal justice systems. Methamphetamine Use Disorder has surpassed Alcohol Use Disorder in State Funded, Block Grant Treatment; additionally, court filings where methamphetamines were present at the scene of the crime have increased by 410% in Johnson County.
- Increased tolerance and normalization of marijuana use due to legalization of medical and recreational use in the United States have made the identification and treatment of its misuse challenging.
- Indicators of the presence of opioid use and addiction in Johnson County have increased. There is an increased presence of fentanyl, that is being “cut” into other drugs resulting in an increase in drug overdoses and deaths.
- Between 2011-2020 in Kansas there was a:
 - 51% Increase in overdose deaths, and
 - 135% increase in overdose deaths involving opioids
- An increase in the percentage of motor vehicle accidents in Johnson County as compared to the State of Kansas for driving under the influence of marijuana or alcohol.

Impact of Covid-19 Pandemic

- Increased consumption of alcohol and drugs by adults.

- Increased isolation and exacerbation of co-occurring mental health issues among all ages.
- Increased anxiety and depression among children, adolescents, and young adults resulting from remote and hybrid learning, and limited prosocial activities in 2020 and 2021.
- Stay-at-home orders impacted the ability to identify individuals misusing substances and provide the opportunity for early intervention particularly among students.
- Decreased availability of substance use disorder services, specifically in detoxification beds.

Methodology

Methods utilized to gather information for this report include surveys, interviews, and indicator data. Information gathered was 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 areas need development? Who is falling through the cracks?
- What has been the impact of Covid across the substance use continuum of services?
- What, if any, impact has resulted due to the legalization of marijuana in neighboring states?
- What trends are being watched locally and nationally?

Information was obtained from:

- Prevention, intervention, and treatment providers,
- Jurisdictions that contribute to the ATF,
- Representatives from Johnson County Schools Districts,
- *Kansas Communities that Care* data,
- Law enforcement representatives including Overland Park Police, Johnson County Sheriff's Office and Johnson County Community Corrections,
- Representatives from local hospitals, MedAct, and Johnson County Medical-Examiner's office,
- State departments including Kansas Department for Aging and Disability Services (KDADS), Kansas Department of Health and Environment (KDHE), Kansas Department of Transportation (KDOT), and Kansas Office of Vital Statistics,
- Local Funders.

See Appendix 2: Key Stakeholders Interviewed for this Report for a full list of individuals interviewed and data sources.

Findings

Strengths of Existing Continuum of Services

Overall, Johnson County is a healthy community, ranking number one in overall health in the State of Kansas (Robert Woods Johnson, County Health Rankings).

Johnson County has a strong continuum of existing 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 other co-occurring issues, including mental health and homelessness, and the need to address them simultaneously. Additionally, there is an awareness of the impact of substance use across systems and sectors. Law enforcement, MedAct, the Health Department, and Medical Examiner's Office all are tracking indicator data on the impact of substance use within this County. Strong community collaborations and coalitions have been created involving schools, the community mental health center, health department, law enforcement, and Johnson County Community Corrections to understand and address the impact of substance use and misuse.

Education and prevention programs are strong in Johnson County with *Kansas Communities that Care (KCTC)* data reporting lower risk factors for substance use and misuse, and higher protective factors for Johnson County adolescents as compared to risk factors and protective factors for the State of Kansas as a whole. KCTC data also reports decreases

in substance use for all age groups in Johnson County, suggesting that targeted prevention programs are having a positive impact.

Finally, regarding intervention and treatment, Johnson County MedAct's program is a recognized as a strength. MedAct carries the life-saving drug Narcan in its ambulances to administer to individuals who may be experiencing an overdose. Between April of 2019 and July of 2021, 529 individuals received at least one dose of Narcan for possible opioid overdoses.

Issues - Trends: Areas to Address or Develop

SUD Treatment and Intervention Services

Data collected for this report indicate a number of areas for growth in the substance abuse continuum of services. Timely access to Block Grant Funded treatment services continues to be identified as an area for development as documented in previous reports. In addition, indicator data and interviews underscore the need for expanded intensive outpatient and residential treatment for teens, as well as the need for increased social and medical detoxification capacity. Similarly, data demonstrating an increase in alcohol consumption during the pandemic as well as an increase in driving accidents while under the influence of marijuana or alcohol in Johnson County reflects the need for targeted prevention and intervention programs to address this trend.

Coordinated support for individuals and households addressing substance use is critical. While Medication Assisted Treatment (MAT) is offered in Johnson County, providers indicated that MAT programs required expansion for both adults and youth to meet the demand. Comprehensive SUD services that address family issues and ancillary services such as co-occurring issues and supportive housing are indicated as an area for growth. In addition, because of the wide geographic area and limited public transportation options in Johnson County, stakeholders reported that it is critical to ensure recovery support and treatment services are available in every municipality in this county.

Methamphetamines and Fentanyl

The National Institute on Drug Abuse (NIDA) reported that methamphetamine-involved overdose deaths nearly tripled nationally between 2015 to 2019 (NIDA, 2021). The presence of methamphetamine (meth) and the opioid fentanyl have also increased locally resulting in deadly overdoses in Johnson County and other communities across the state.

Multiple indicators demonstrate the impact of the increased presence of these two drugs:

- In Kansas, the diagnosis of Methamphetamine Use Disorder has surpassed the diagnosis of Alcohol Use Disorder for Block Grant Funded SUD Treatment in the first six months of 2021.
- Heartland RADAC Clinical Substance Use Assessment data indicates the diagnosis of Stimulant Use Disorder is the highest diagnosis within the 76 counties for which they provide assessments.
- Johnson County Department of Corrections has documented a 410% increase in court filings involving meth over the past nine years. It is worth noting that overall court filings have significantly increased involving meth, however, the largest increase involves non-county residents (e.g., individuals from other counties arrested in Johnson County). The number of court filings for Johnson County residents involving Meth has actually decreased, making it necessary to monitor regional and national drug trends and develop regional responses. Relatedly, Johnson County law enforcement report increased prevalence of guns and gun violence related to these substances.

Both meth and fentanyl are coming into Johnson County from Mexico via Interstate 35 and 70 corridors and have been identified as a significant threat to this region by the Midwest High Intensity Drug Trafficking Areas (HIDTA, 2021), and confirmed by the Northeast Kansas Task Force run by the Johnson County Sheriff's office. Comprehensive community strategies, intervention, and treatment are needed to address these increases in deadly drug use.

Stimulant Prescriptions

It is notable that Johnson County accounts for approximately 31% of all prescriptions written for stimulants in Kansas and that Johnson County has a higher rate of prescriptions (37.34 per 100) than Kansas (23.9 per 100). The rate of prescription is particularly higher for individuals under the age of 25 (see pp. 13-15). While there is no correlation

between prescription stimulants being a gateway to illegal stimulants, prevalence of illicit use and abuse of prescription stimulants, alcohol, and other drugs among college students has been documented (*see, e.g.,* PubMed, NIH.gov; “Does treatment of ADHD with stimulant medications like Ritalin and Adderall increase risk of substance abuse later in life?” National Institute on Drug Abuse – NIDA).

Suicide and Overdose

The relationship between suicide, overdose, and substance use continues to be an area of concern. Between 2011 and 2020, the State of Kansas documented a 51% increase in all overdose deaths for every age group, except individuals over 65, with the highest rate of increase occurring for individuals ages 15 to 24. The State of Kansas also documented a 135% increase in overdose deaths due to opioids (*see pp. 22-23*). According to interviews with stakeholders, this increase may be the result of fentanyl being “cut” into various drugs. The Johnson County Medical Examiner’s Office has analyzed suicide data in Johnson County between 2018 and June of 2021 and concludes that 62 out of 356 suicide completions were young adults under the age of 24. While the overall suicide rate in Johnson County has decreased since 2018, drug overdose deaths increased 5% in Johnson County in 2020 (*see pp. 10, see also pp.24-26*). Since 2018, there have been 31 overdose deaths of youth under age 25, virtually all of them accidental.

Education and Prevention Programs

Education and prevention programs for children, teens, and young adults were recognized as effective and a strength according to the *Kansas Communities the Care* (KCTC) data. However, the rates at which Johnson County twelfth grade students reported using substances were significantly higher than eleventh graders and regularly met or exceeded the rate of use among all students in the State of Kansas between 2019 and 2021 (*see pp. 12-13*). This suggests that an increase in prevention programs targeting this age group may be beneficial. While reported marijuana use has decreased, many stakeholders discussed the need for prevention programs to target the normalization and the glorification of substance misuse, including marijuana, in social media.

Impact of Covid

Interviews with key stakeholders as well as survey responses identified many impacts of the Covid-19 pandemic on the substance use continuum of services; a summary of those effects follows.

Impact on Treatment and Sober Supports

Most notably, the pandemic resulted in a reduction of detoxification beds and residential SUD treatment services. Virtually all programs and recovery support groups shifted to on-line meetings which resulted in a rapid development of telehealth protocols, and secure technology for both programs and clients to access. While residential programs remained open, capacity was typically reduced by at least fifty percent since each “room” could only accommodate one client and entry into residential programs had to be staggered to avoid the possibility of a Covid-19 outbreak. Telehealth meetings were often challenging for both clients and staff, for example, many clients lacked readily available private space in their homes to engage in those telehealth meetings. Providers also reported that lack of face-to-face contact with clients and reduced interactions made it difficult to identify or confront substance misuse. When in-person services returned to SUD programs, services were often reduced due to social distancing, staffing shortages, and staff vulnerabilities with potential exposure to the virus. As of the summer of 2021, providers continue to report being extremely short-staffed and unable to fill existing positions at current rates of pay or even increased rates of pay, further limiting the delivery of needed services.

Some individuals described positive effects from virtual communication with clients including a reduction in no-shows, as well as the reduction in barriers such as transportation and childcare. As a result, some providers are exploring hybrid models of service delivery incorporating both telehealth and in-person meetings.

Isolation & Increased Behavioral Health Issues

Interviews indicate that the isolation and lack of social connectedness resulting from mandated closure of all non-essential businesses, leisure activities, travel restrictions, and gathering size restrictions contributed to increased stress and exacerbated both mental health and substance misuse issues. Unemployment spiked with many in service

industries losing hours or jobs. For those able to maintain employment, increased stress as the result of job and school changes, financial changes, political strife, and loss of housing further compounded problems. Individuals lacked access to healthy leisure and recreational activities, and many dealt with the unsettling effect of boredom. The isolation and boredom experienced during the pandemic resulted in increased mental health issues such as anxiety and depression.

Impact on Students

Stakeholder interviews clearly highlighted that the lack of structure during the day due to remote school or hybrid learning created an environment where “anxiety is at an all-time high for students”. Kids experienced a lack of supervision, resulting in higher truancy reports, and opportunities to explore high risk behaviors. After school activities and aftercare programs were cancelled, leaving students adrift. Due to continued pandemic-related restrictions, there were very limited community initiatives providing prevention and education programs and fewer opportunities to engage students in substance use programs.

Increased Consumption, Misuse and Abuse

As a result of the pressures, social isolation, and increased stressors indicated above, stakeholders reported an increase in consumption of alcohol and drugs by Johnson County residents which has increased the need for detox and treatment services. Increased consumption of alcohol among adults was evident at a local hospital which saw a significant increase in patients being admitted for routine services (hip or knee replacement) and needing detoxification services while being admitted to the hospital for a short recovery stay.

Impact of Legalization of Marijuana in Neighboring States

Normalization of Marijuana Use

Both survey responses and individuals interviewed discussed minimal social consequences due to the normalization of marijuana use. The normalization of marijuana use makes it difficult to identify when the use of marijuana becomes a problem and makes marijuana users resistant to SUD treatment. Marijuana is reported to be readily available, increasing both access and social acceptance. Respondents also report that marijuana is viewed as harmless, a belief that increases the likelihood of use and perception that there is a lack of consequences associated with marijuana use.

Increase in Criminal Activity

The legalization of marijuana does not always result in lack of criminal activity. In some states the tax on legal marijuana is so high that people return to buy from dealers to purchase it at a lower cost than in dispensaries. Locally, the increase of marijuana use has resulted in an increase in Driving Under the Influence (DUI) arrests and citations for possession during traffic stops (see pp. 20-22). It is recognized that society has shifted its perception of marijuana use which requires targeted prevention and education strategies to counter misconceptions and misinformation about its use.

Indicator Data

US Census Data

The population of Johnson County has been approximately 20% of the population of Kansas since 2017. This data is presented to compare indicator data that is broken out by County and State.

	2017		2018		2019		2020	
	KS	JOCO	KS	JOCO	KS	JOCO	KS	JOCO
Total Population	2,908,718	591,305	2,911,359	598,127	2,913,314	602,401	2,937,880	606,675
% of State		20.3%		20.5%		20.7%		20.7%

Indicators of Substance Use

2017-2021 County Health Rankings Kansas Data (Robert Wood Johnson Foundation)

The County Health Rankings and Road Map is a national project of the Robert Wood Johnson Foundation. It compares the health of most counties in the United States to other counties within the same state (and nationally). It

provides an overview of how health is influenced and determined by where people live and indicators of various risk factors.

The following table reflects the number or percentage of adults based on self-reporting in the most recent survey. Comparing Johnson County to the State of Kansas, in most indicators Johnson County is lower than the state of Kansas, with the exception of Excessive Drinking, and Alcohol Related Deaths. Also, worth noting is in 2020 and 2021 reports, the drug overdose deaths increased by 9% for the State of Kansas, and 5% in Johnson County.

	2017		2018		2019		2020		2021	
	KS	JOCO	KS	JOCO	KS	JOCO	KS	JOCO	KS	JOCO
Excessive Drinking	17%	19%	17%	20%	17%	20%	19%	21%	18%	20%
Adult Smoking	18%	11%	17%	12%	17%	12%	17%	11%	18%	13%
Poor Mental Health Days	3.2	2.7	3.3	2.7	3.3	2.7	3.7	2.9	4.1	3.5
Drug Overdose Deaths (#)	992	150	974	157	975	149	991	165	1,081	173
Uninsured Adults %	14%	9%	13%	7%	12%	8%	12%	9%	12%	9%
Uninsured Adults #	246,208	32,584	219,125	26,279	209,022	28,222	208,659	31,052	207,842	31,232
Alcohol Impaired Driving Deaths #	513	39	487	36	468	38	445	32	409	30
Alcohol Impaired Driving Deaths %	27%	34%	25%	30%	24%	29%	22%	24%	20%	22%

Source: Robert Wood Johnson Website

<https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/2021-measures>

2018-2021 Kansas Communities that Care (KCTC) Data

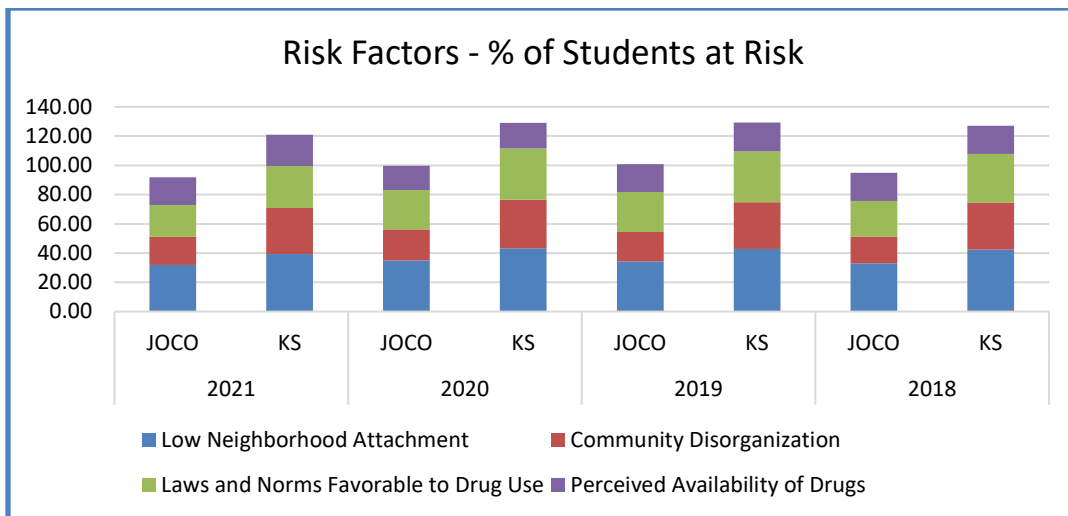
The KCTC survey is an annual survey conducted through school districts for youth in grades 6, 8, 10, and 12. It documents teen use of substances and provides information on their perceptions and attitudes toward prosocial and antisocial behavior of peers, schools, families, and communities. KCTC data was not utilized in previous ATF Funding Priority reports due to low participation rates. However, those rates have steadily increased and is now considered to be statistically reliable. The data is presented to document trends in usage and perceptions of risk and protective factors. *Note: All school districts receiving ATF funds are strongly encouraged to participate in the KCTC surveys, which may have positively impacted participation rates.*

KCTC Risks and Protective Factors

In Johnson County the risk factors are lower, and the protective factors are higher than was reported collectively for the State of Kansas.

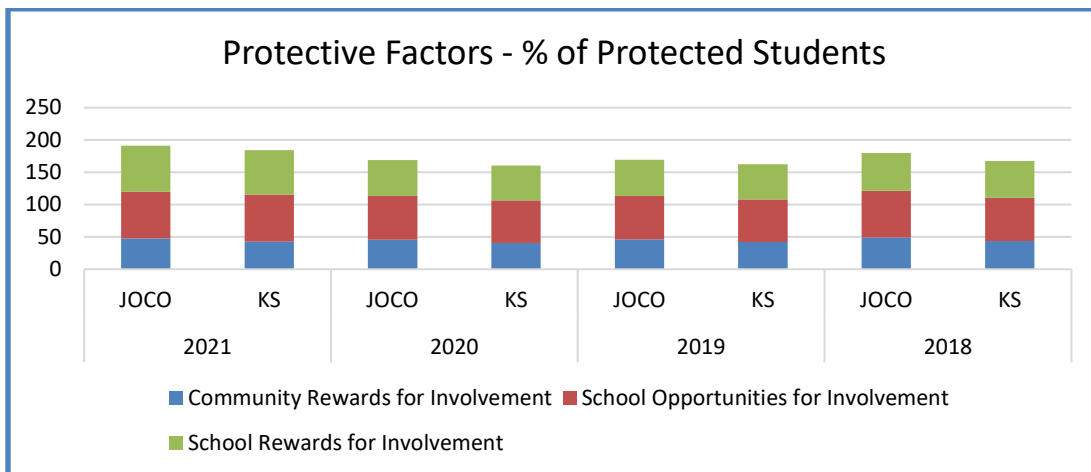
Risk Factors

Risk Factors are behaviors or environmental factors that “can result in injury and/or impede positive development among youth” (KCTC Overview and Frequently Asked Questions, 2021). The risk factors for Johnson County students are lower in all four identified categories.



Protective Factors

Protective Factors are behaviors or environmental factors that lower the likelihood of problem outcomes, or that reduces the impact of negative risk factors (youth.gov). The protective factors for Johnson County students are greater in all four identified categories.



Source: Kansas Communities that Care Survey Results 2021

<https://kctcddata.org/home/documentviewer?selectedFile=quickLinks/2021%20Overview%20and%20FAQs.pdf>

KCTC Identified Trends in Substance Use

The 5-year trend for all Johnson County Students combined decreased in 10 out of the 16 indicators.

30 Day Substance Use - All Substances	2021 JOCO	Change from Previous Year	Kansas Score	Compare to state	5 year Trend
Beer, Wine, Hard Liquor	8.2	-6.6	10.9	-2.7	Decreasing
Binge Drinking (30 Day)	4.1	-3.4	5.7	-1.6	Decreasing
Marijuana	3.5	-2.6	4.1	-7.0	Decreasing
Cigarettes	0.6	-2.1	1.6	-0.4	Decreasing
Smokeless Tobacco	0.6	-0.9	1.2	-0.7	Decreasing
Prescription Stimulant Misuse	0.6	-1.5	1.2	-0.7	Decreasing

30 Day Substance Use - All Substances	2021 JOCO	Change from Previous Year	Kansas Score	Compare to state	5 year Trend
Prescription Pain Reliever Misuse	0.5	-0.9	0.7	-0.1	Decreasing
LSD	0.4	-1.4	0.9	-0.4	Decreasing
Prescription Tranquilizer Misuse	0.3	-0.4	0.4	0.0	Decreasing
Cocaine / Crack	0.1	-0.7	0.5	-0.2	Decreasing
Vaping	4.5		6.9	-2.4	1st Year
Prescription Medication Misuse (any)	1.2	-0.6	2.0	-0.5	Level
Methamphetamines	0.1	-0.2	0.2	-0.1	Level
MDMA (ecstasy)	0.1	-0.2	0.1	0.0	Level
Heroin	0.1	-0.2	0.1	-0.1	Level
E-Cigarettes	0.0	-0.1	0.1	0.0	Level

Source: Kansas Communities the Care Student Survey Results for Johnson County, 2021

<https://results.kctcddata.org/Manage/pdrdocumentsviewer?selectedFile=10046/0/Johnson2021.pdf>

KCTC Identified Substance Use by Grade

Substance use decreased in all four indicators in all grades between 2019 and 2020. Substance use is lower for Johnson County students than the State of Kansas in all grades except twelfth.

	2019		2020		2021	
	Kansas	JOCO	Kansas	JOCO	Kansas	JOCO
30 Day Alcohol Use						
6th grade	4.0%	2.5%	4.1%	2.7%	2.4%	1.4%
8th grade	11.4%	10.2%	11.0%	8.0%	6.5%	3.0%
10th grade	22.5%	21.4%	21.5%	19.9%	14.9%	11.4%
12th grade	34.4%	39.3%	33.3%	37.2%	25.5%	24.0%
30 Day Binge Drinking						
6th grade	1.1%	0.8%	1.3%	0.6%	0.7%	0.3%
8th grade	4.6%	3.7%	4.1%	2.4%	2.4%	0.7%
10th grade	11.5%	11.4%	10.8%	9.4%	8.3%	5.6%
12th grade	20.4%	24.5%	20.3%	23.1%	16.7%	15.4%
30 Day Marijuana Use						
6th grade	0.6%	0.2%	0.6%	0.2%	0.2%	0.1%
8th grade	4.6%	3.9%	3.7%	2.4%	1.5%	0.6%
10th grade	10.6%	10.8%	10.4%	8.9%	6.7%	5.5%
12th grade	16.8%	21.0%	15.7%	17.0%	10.9%	11.3%
30 Day prescription drug misuse						
6th grade	2.9%	2.6%	3.0%	2.7%	1.2%	0.9%
8th grade	4.1%	4.1%	4.0%	3.4%	1.8%	1.1%
10th grade	4.4%	3.5%	3.9%	3.2%	1.8%	1.3%
12th grade	4.7%	5.8%	4.0%	3.7%	1.6%	1.5%

Source: Kansas Communities the Care Student Survey Results for Johnson County, 2021

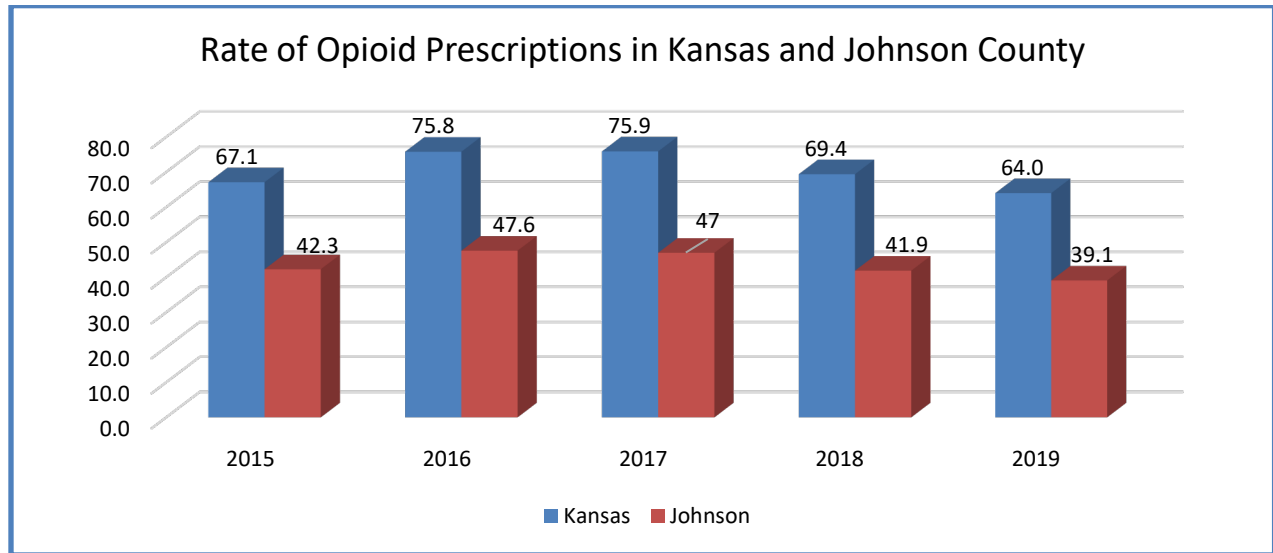
<https://results.kctcddata.org/Manage/pdrdocumentsviewer?selectedFile=10046/0/Johnson2021.pdf>

Prescription Rates for Opioids and Stimulants

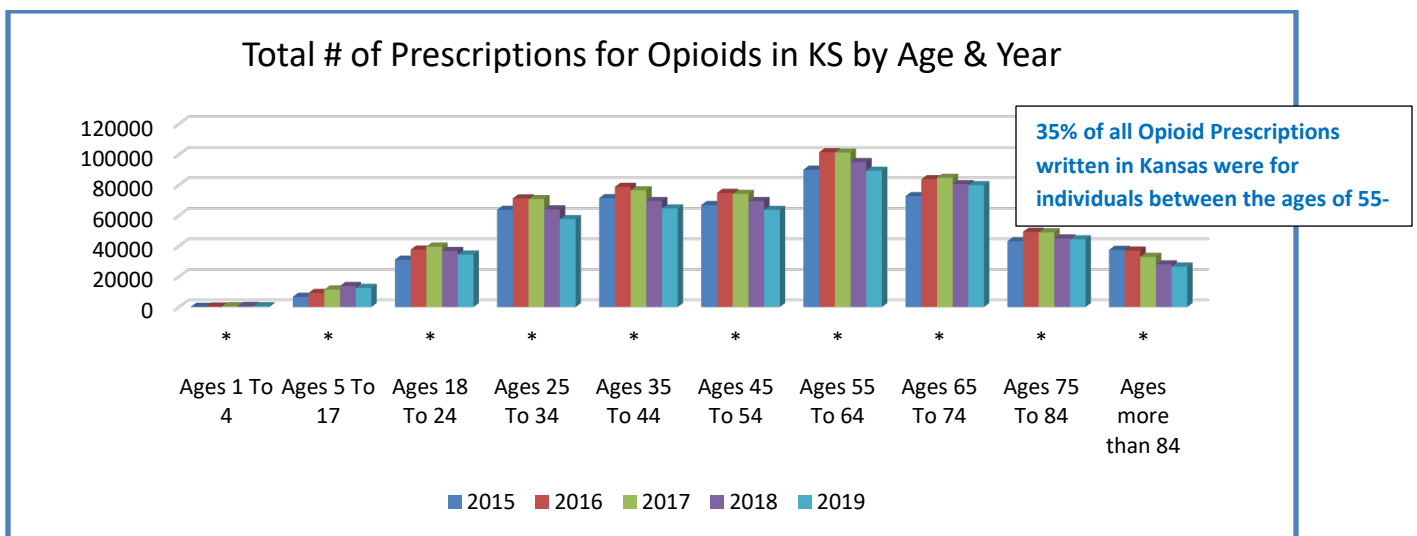
Kansas Department for Health and Environment (KDHE) tracks the number of opioid and stimulant prescriptions at the County and State levels.

Opioid Prescriptions

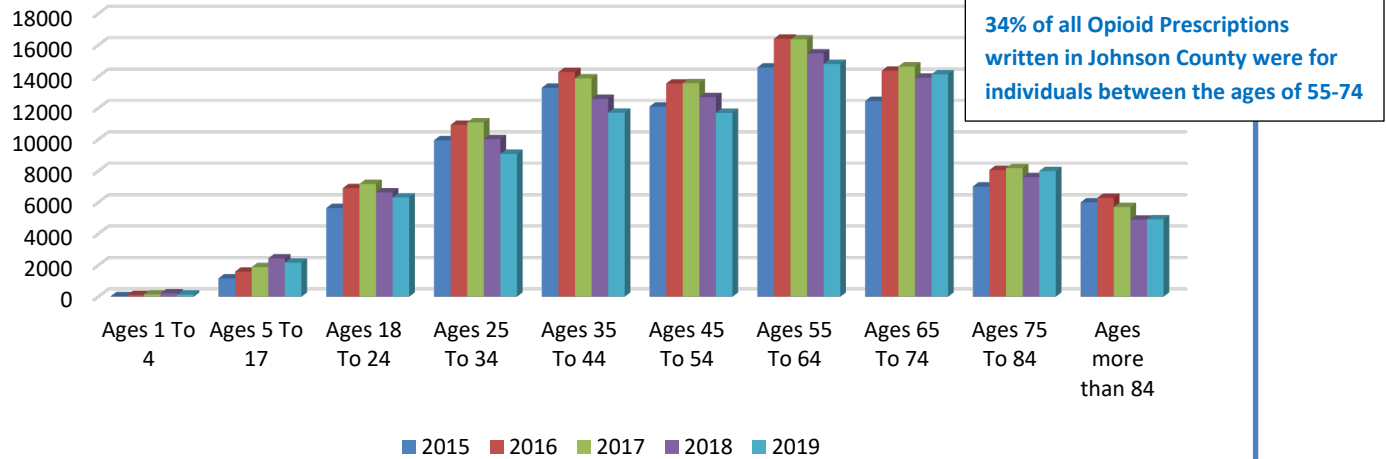
Johnson County accounts for approximately 17% of all Opioid prescriptions in Kansas and is significantly lower than the rate of prescriptions written in the State of Kansas per 100 people.



The number of prescriptions written for Opioids decreased in all age groups between 2018 and 2019 except 65-84+ year old individuals in Johnson County.



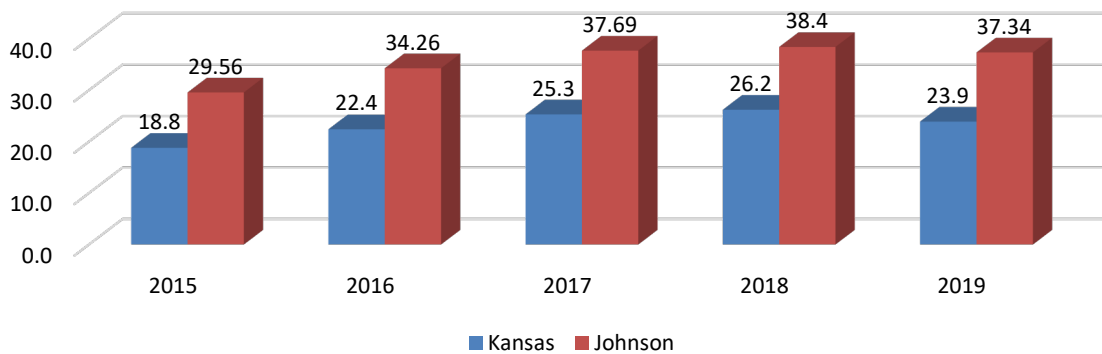
of Prescriptions for Opioids in JOCO by Age & Year



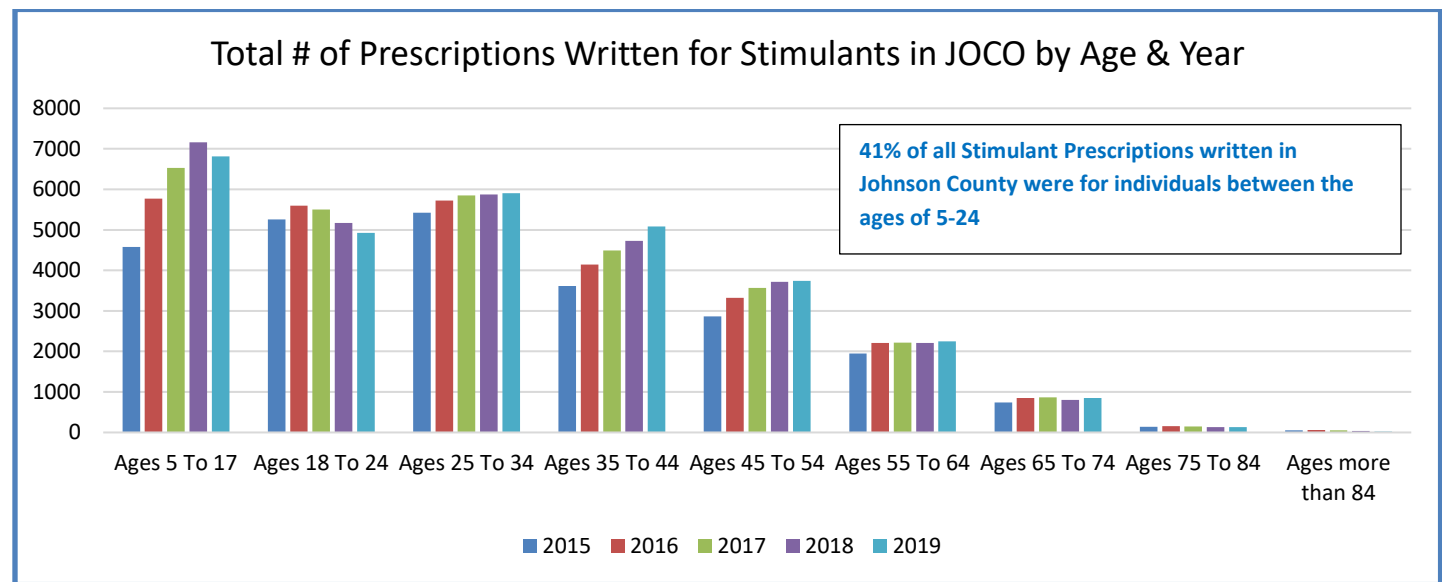
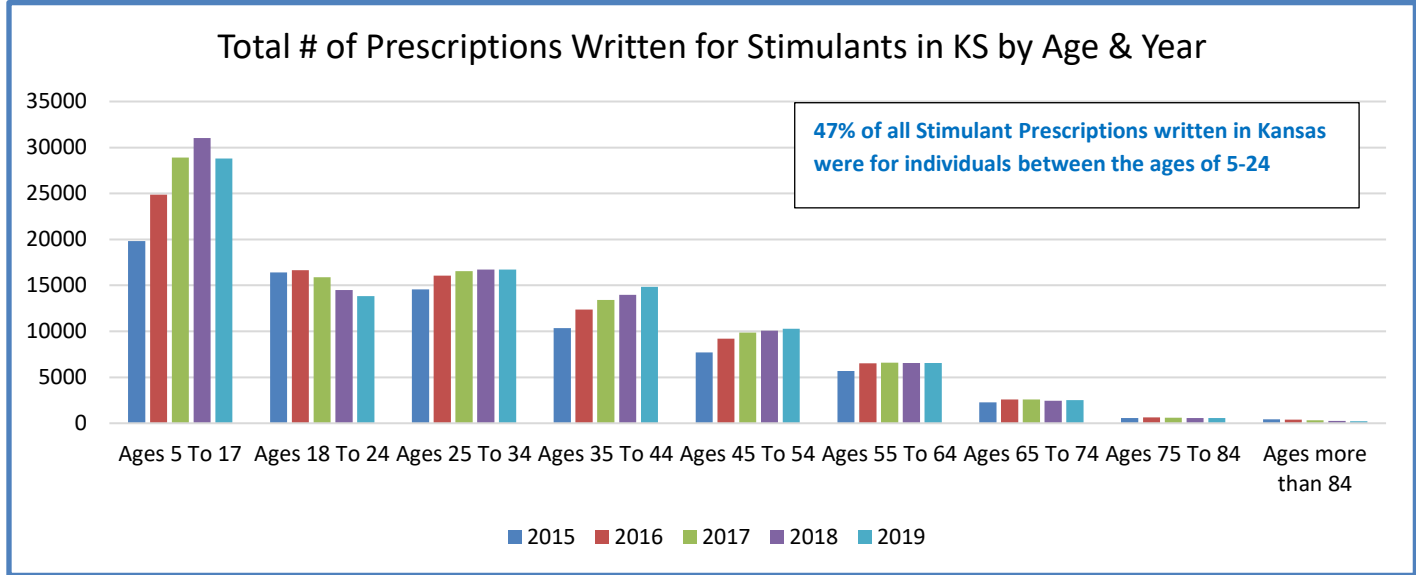
Stimulant Prescriptions

Johnson County accounts for approximately 31% of all stimulant prescriptions in Kansas and is higher than the rate of prescriptions written in the State of Kansas per 100 people.

Rate of Stimulant Prescriptions in Kansas and Johnson County



The number of prescriptions written decreased for the age groups of 5-24 and 84+ between 2018 and 2019 in both Kansas and Johnson County.



Source: K-TRACS the Kansas Prescription Drug Monitoring Program, Apriss Health Advance Analytics
<https://pharmacy.ks.gov/k-tracs/statistics>

Indicators of Substance Misuse or Abuse

Heartland Regional Alcohol and Drug Assessment Center (HRADAC) Assessment Data (FY20)

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 SUD treatment providers.

In Fiscal year 2020, Heartland RADAC completed 5,378 assessments in 76 counties in Kansas. Johnson County accounted for 1,028 (19%) of those assessments. Stimulant Use Disorder is the most common diagnosis (39%) for Heartland RADAC, followed by Alcohol Use Disorder (28%). For assessments completed in Johnson County only, Alcohol Use Disorder is highest (44%) followed by Stimulant Use Disorder (23%).

Primary Diagnosis	All HRADAC		Johnson County	
	#	%	#	%
Alcohol Use Disorder	1494	28%	448	44%
Cannabis Use Disorder	763	14%	163	16%
Hallucinogen Use Disorder	20	0%	1	0%
Inhalant Use Disorder	6	0%	1	0%
No Diagnosis	422	8%	58	6%
Opioid Use Disorder	343	6%	84	8%
Other/unknown substance use disorder (SUD)	2	0%	1	0%
Phencyclidine (PCP) Use Disorder	30	1%	2	0%
Sedative, Hypnotic, or Anxiolytic Use Disorder	40	1%	16	2%
Stimulant Use Disorder - Amphetamine Type	2099	39%	236	23%
Stimulant Use Disorder – Cocaine	142	3%	15	1%
Stimulant Use Disorder - Other/Unspecified	17	0%	3	0%
Total	5378	100%	1028	100%

Recommendation	All HRADAC		Johnson County	
	#	%	#	%
Level .5 – Early Intervention	143	3%	77	7%
Level I – Outpatient Treatment	2001	37%	419	41%
Level II – Intensive Outpatient Treatment	539	10%	80	8%
Level III.1 – Reintegration	37	1%	3	0%
Level III.2-D – Social Detox	27	1%	2	0%
Level III.3 – Intermediate Treatment – Adult	1653	31%	328	32%
Level III.5 – Intermediate Treatment – Adolescent	18	0%	8	1%
No Treatment Recommended	960	18%	111	11%
Referred to Case Management Only				
Total	5378	100%	1028	100%

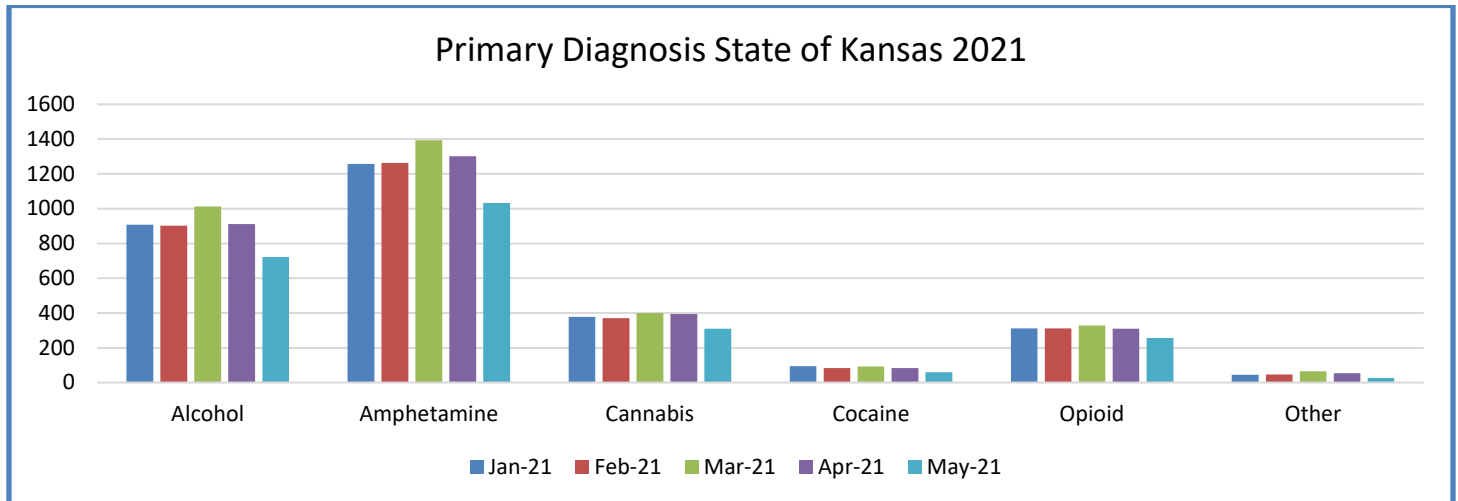
(Source: Heartland Regional Alcohol and Drug Assessment Center, FY20)

Primary Diagnosis of Individuals Receiving Block-Grant Funded Treatment

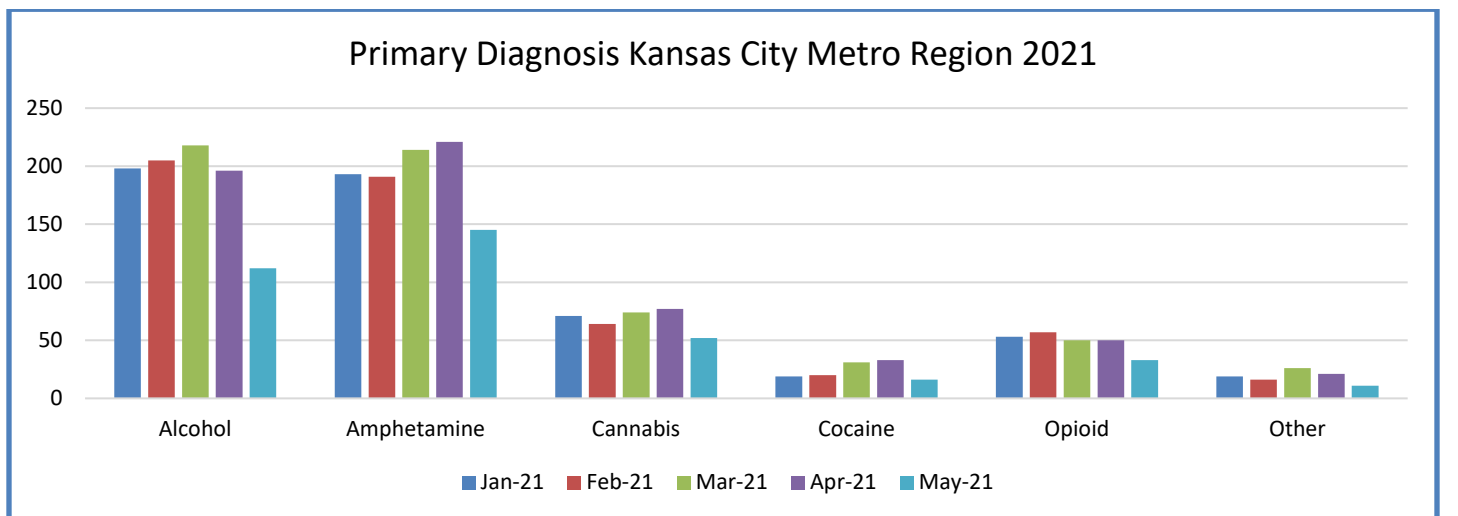
In the State of Kansas, SUD Treatment for the uninsured is paid for through a combination of Federal Block Grant dollars, State General Funds, and Fee Funds for individuals who meet Kansas Substance Abuse Block Grant income eligibility and residency criteria. The Block Grant dollars are managed by the Single State Authority (SSA) and the Kansas Department for Aging and Disability Services (KDADS), with funding managed through Beacon Health Options.

According to a report from Beacon Health Options, Methamphetamine Use Disorder diagnosis surpassed Alcohol Use Disorder in the Block Grant funded treatment system in Kansas during 2021. In the Kansas City metropolitan area including Douglas, Franklin, Johnson, Leavenworth and Wyandotte Counties, Alcohol Use Disorder was higher in January-

March 2021 but was surpassed by Amphetamines beginning in April 2021. *Note: Data prior to January 2021 and specific to Johnson County, was not available for trend data.*



State of Kansas	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Alcohol	907	902	1012	911	721
Amphetamine	1258	1262	1394	1301	1033
Cannabis	377	371	400	394	309
Cocaine	95	84	93	84	60
Opioid	311	312	328	309	257
Other	45	47	64	53	27
Total	2993	2978	3291	3052	2407



KC Metro	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Alcohol	198	205	218	196	112
Amphetamine	193	191	214	221	145
Cannabis	71	64	74	77	52
Cocaine	19	20	31	33	16

Opioid	53	57	50	50	33
Other	19	16	26	21	11
Total	553	553	613	598	369

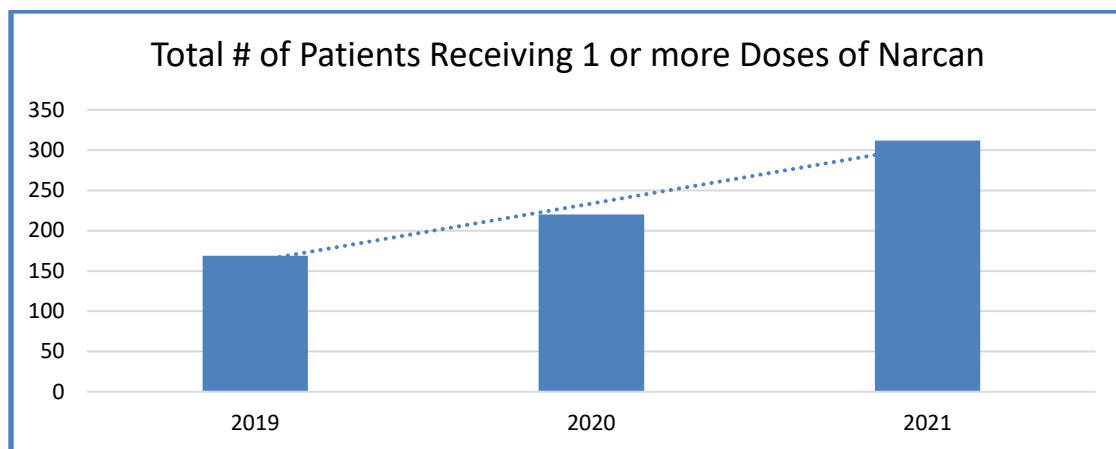
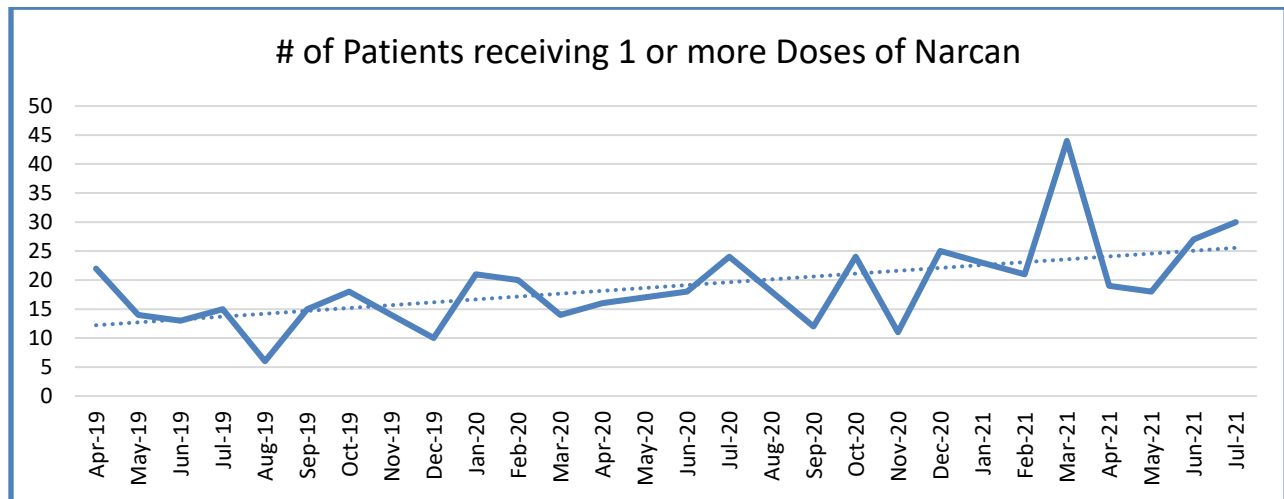
(Source: Kansas Department for Disability and Aging Services (KDADS))

Johnson County Med-Act Data

Narcan Administration by MedAct

Johnson County MedAct is the ambulance provider in Johnson County that responds to emergency 911 calls. MedAct Ambulances carry Narcan for use when it is suspected that a person may be experiencing an overdose. Narcan is a pharmaceutical drug that is used to reverse an opioid drug overdose. Between April 2019* and July of 2021 there were 82,949 total patients attended to by Johnson County Med-Act. Of those, 529 individuals received at least one dose of Narcan for possible opioid overdose.

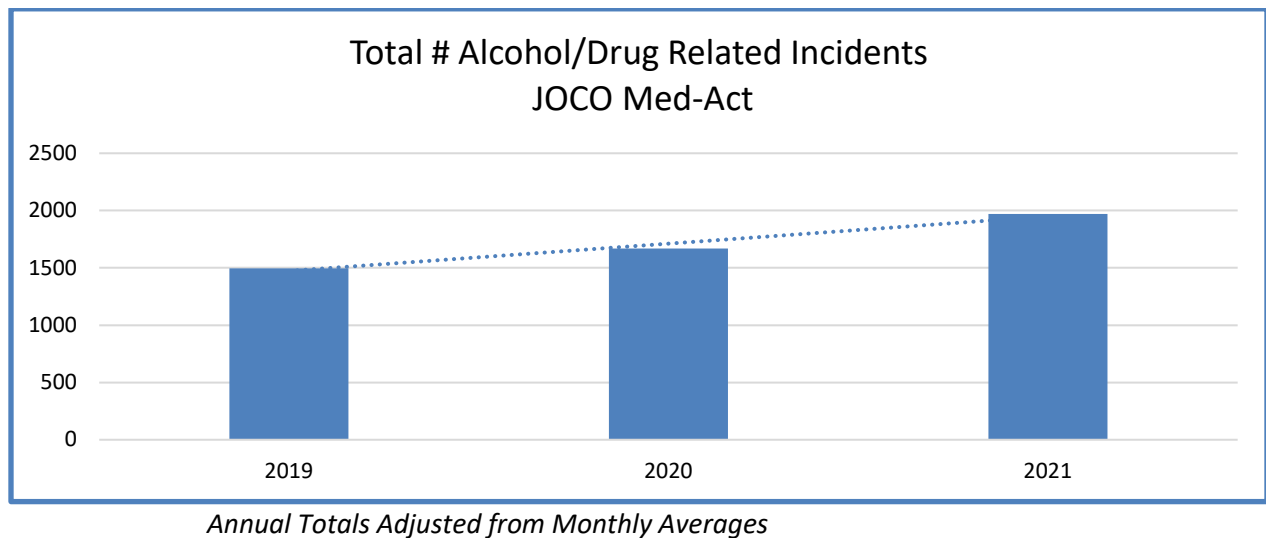
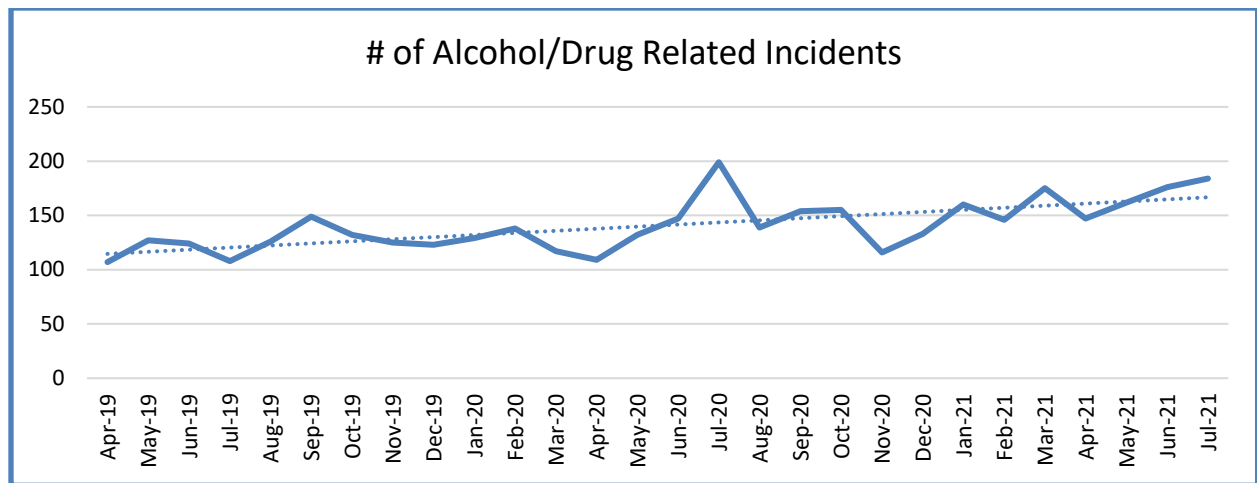
**In April of 2019 a new data tracking system was implemented by Johnson County Med-Act so comparisons to previous years are not available.*



**Annual Totals Adjusted from Monthly Averages*

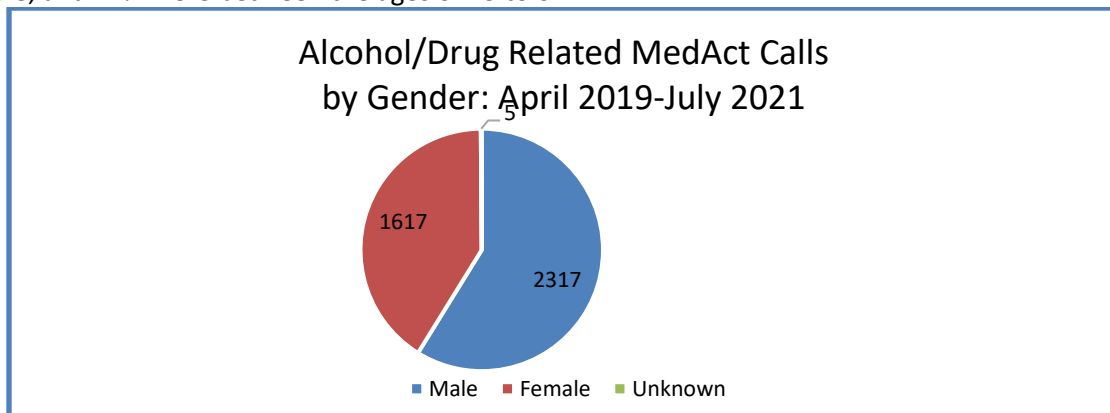
Johnson County MedAct Calls Involving Alcohol or Drugs

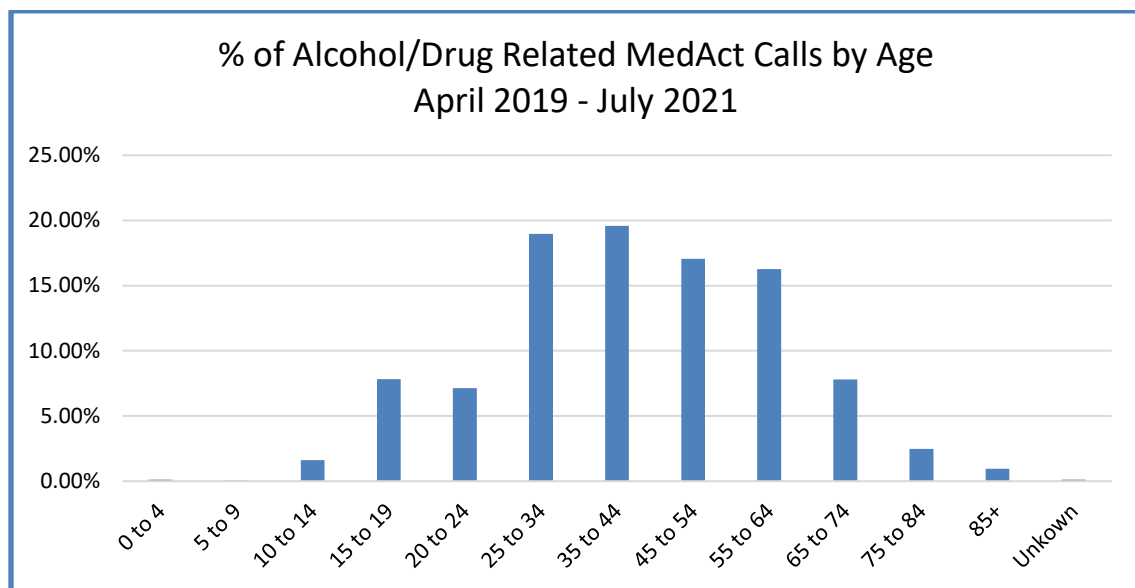
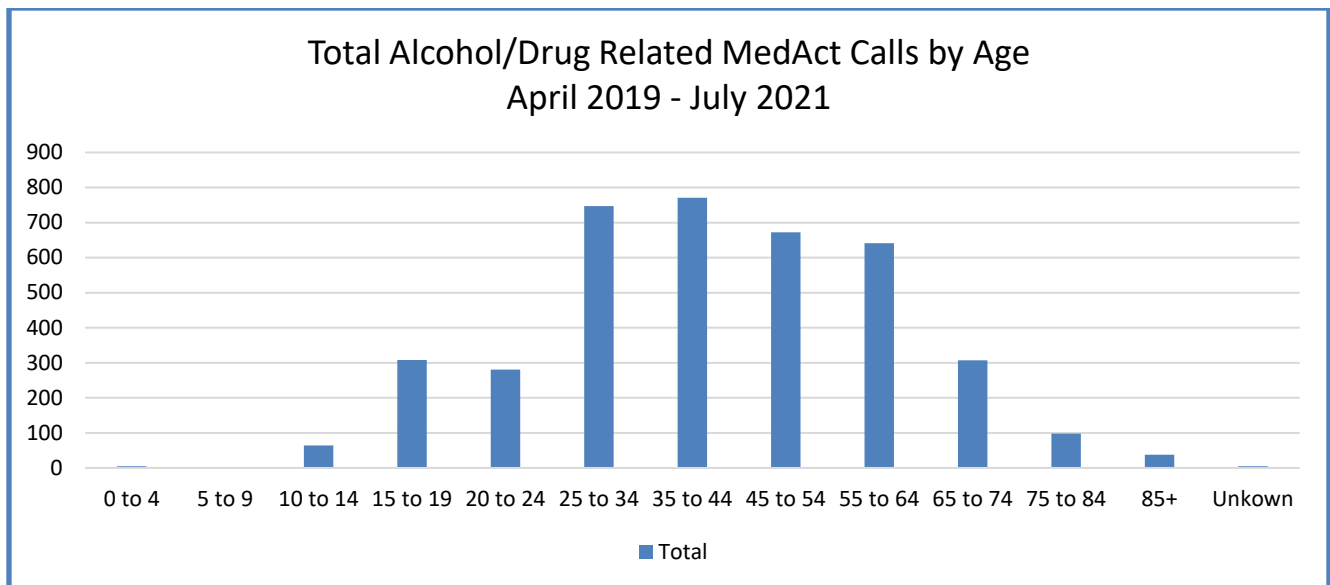
Of the 82,949 total patients, almost 5% (3,939) were due to alcohol or drug related incidents (average 140.7 per month).



Med-Act Calls Gender and Age

59% were male, and 72% were between the ages of 25 to 64.

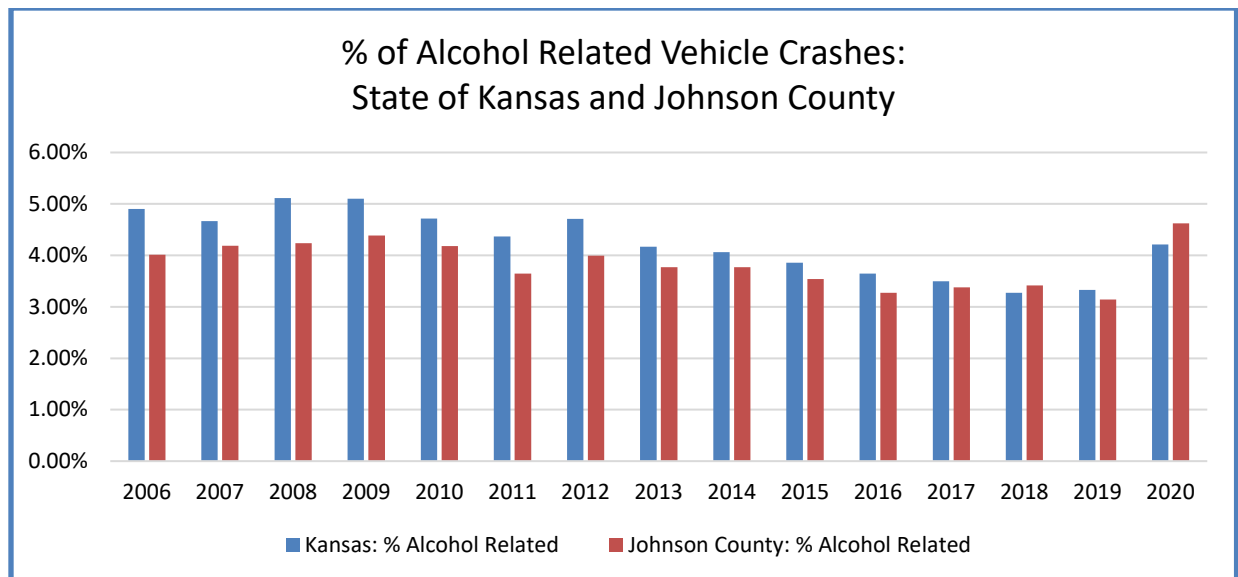




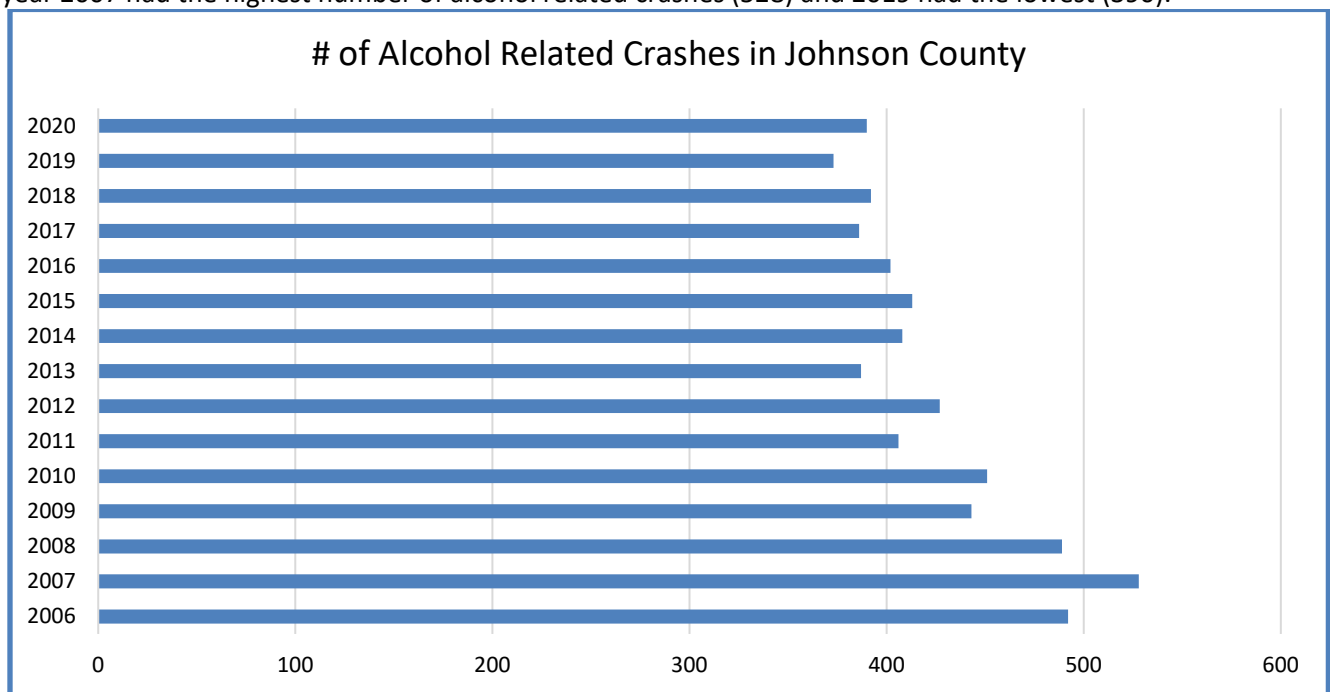
(Source: Johnson County Med-Act, Electronic Patient Care Reporting platform. Brian Schoenig, Division Chief of Systems Operations.)

KS Department of Transportation Vehicle Crash Data

In the State of Kansas, the Crash Data Unit is charged with documenting data for all motor vehicle crashes on Kansas Roadways. Included in this documentation is the total number of motor vehicle crashes involving alcohol. The percentage of crashes that involve alcohol has historically been lower in Johnson County than for the State of Kansas. However, beginning in 2017, that difference began decreasing and in 2018 and 2020 the percentage was higher in Johnson County than in the State of Kansas.



The year 2007 had the highest number of alcohol related crashes (528) and 2019 had the lowest (390).



Kansas	Total Crashes	Total Alcohol Related	% Alcohol Related	Johnson County	Total Crashes	Total Alcohol Related	% Alcohol Related	% Alcohol Related Compared to State	JoCo Compared to Previous Year
2006	65,460	3,210	4.90%	2006	12,271	492	4.01%	Lower	
2007	70,589	3,292	4.66%	2007	12,610	528	4.19%	Lower	Higher
2008	65,858	3,366	5.11%	2008	11,538	489	4.24%	Lower	Higher
2009	61,173	3,120	5.10%	2009	10,106	443	4.38%	Lower	Higher
2010	60,667	2,861	4.72%	2010	10,783	451	4.18%	Lower	Lower

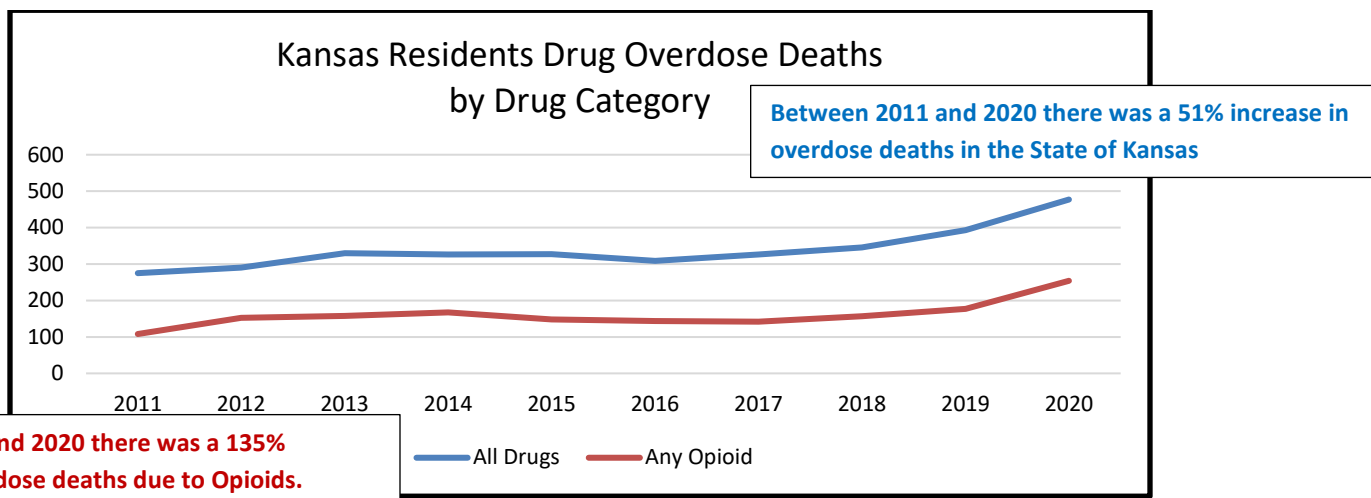
Kansas	Total Crashes	Total Alcohol Related	% Alcohol Related	Johnson County	Total Crashes	Total Alcohol Related	% Alcohol Related	% Alcohol Related Compared to State	JoCo Compared to Previous Year
2011	60,405	2,639	4.37%	2011	11,129	406	3.65%	Lower	Lower
2012	58,485	2,755	4.71%	2012	10,696	427	3.99%	Lower	Higher
2013	59,390	2,475	4.17%	2013	10,271	387	3.77%	Lower	Lower
2014	60,049	2,440	4.06%	2014	10,829	408	3.77%	Lower	Level
2015	61,518	2,374	3.86%	2015	11,660	413	3.54%	Lower	Lower
2016	65,107	2,374	3.65%	2016	12,296	402	3.27%	Lower	Lower
2017	62,929	2,200	3.50%	2017	11,430	386	3.38%	Lower	Higher
2018	65,038	2,129	3.27%	2018	11,482	392	3.41%	Higher	Lower
2019	64,934	2,160	3.33%	2019	11,865	373	3.14%	Lower	Lower
2020	52,350	2,204	4.21%	2020	8,441	390	4.62%	Higher	Higher
Total	933,952	39,599	4.24%	Total	167,407	6,387	3.82%	Lower	Lower

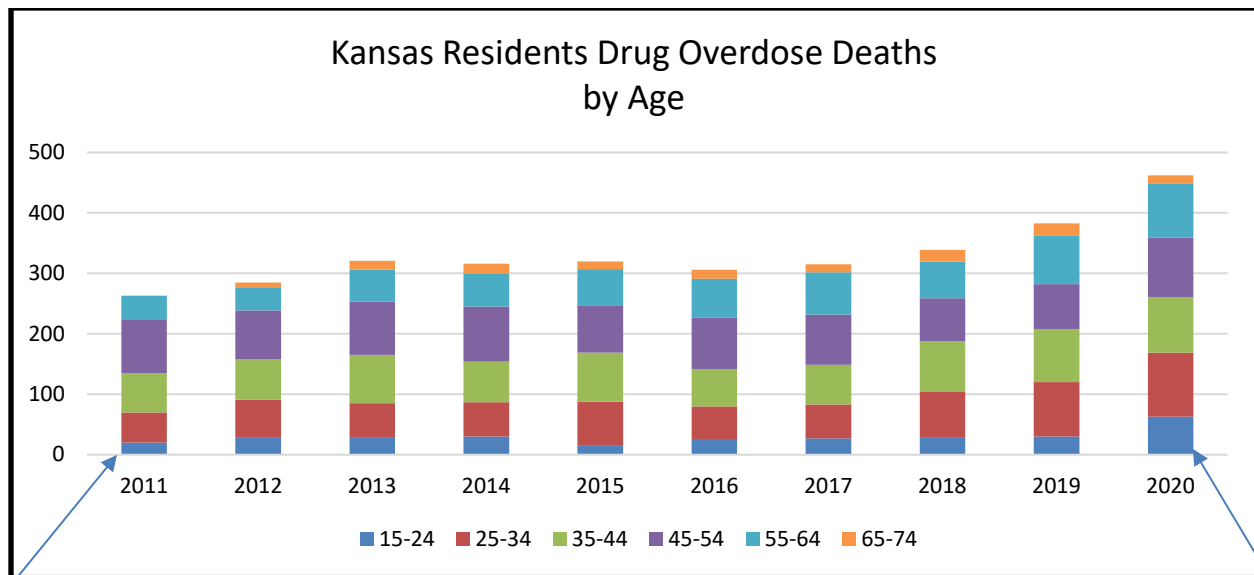
Source: KS DOT

<https://www.ksdot.org/CludosSearchResults.asp#?cludoquery=crash%20data&cludopage=1&cludorefurl=https%3A%2F%2Fwww.ksdot.org%2Fpublications.asp&cludorefpt=KDOT%3A%20Publications%20%26%20Reports&cludorefact=Crash%20&cludorefaci=1>

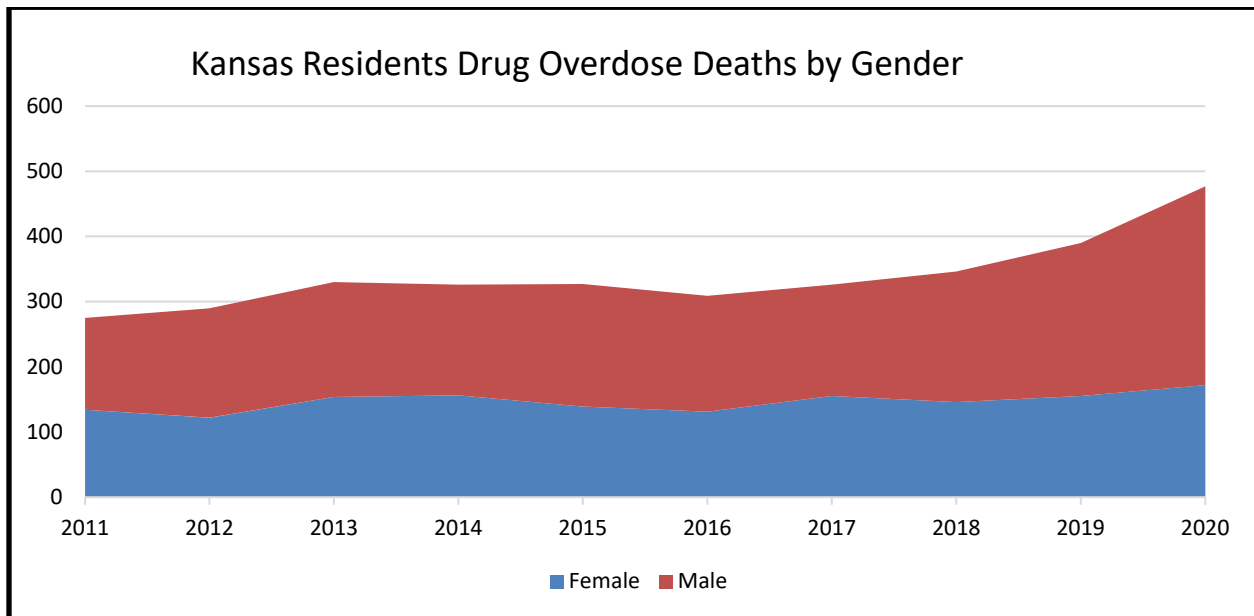
Statewide Overdose Deaths among KS Residents by Year and Drug Category

The following data was reported by the Kansas Department of Vital Statistics and is based on deaths by overdose of residents of Kansas.





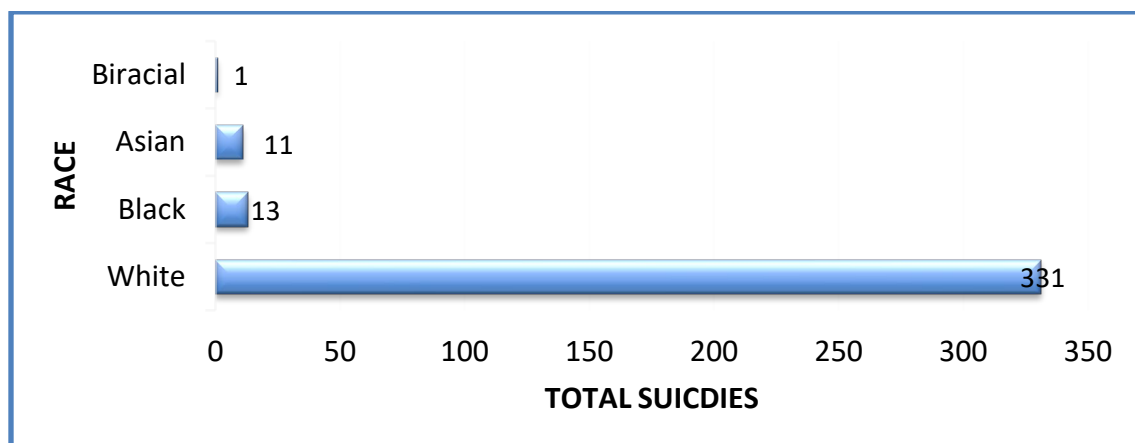
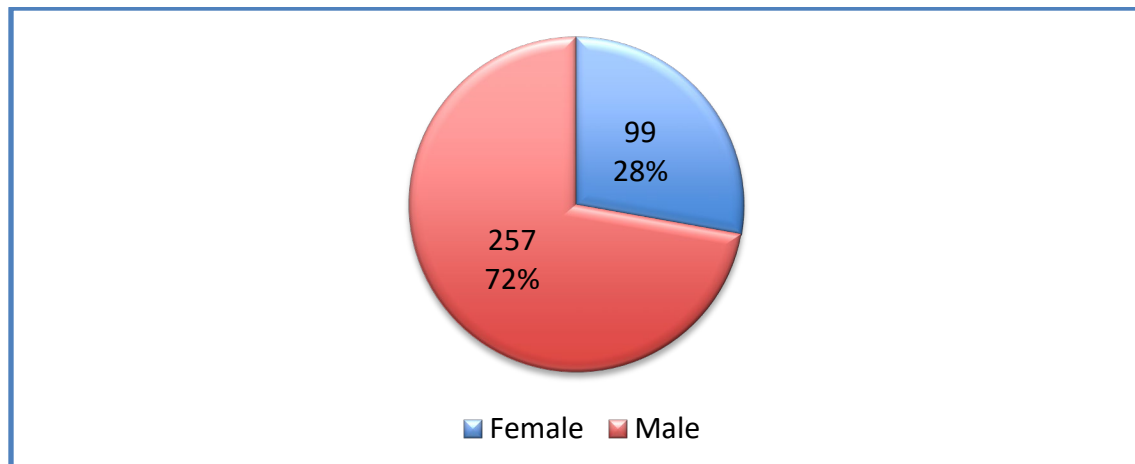
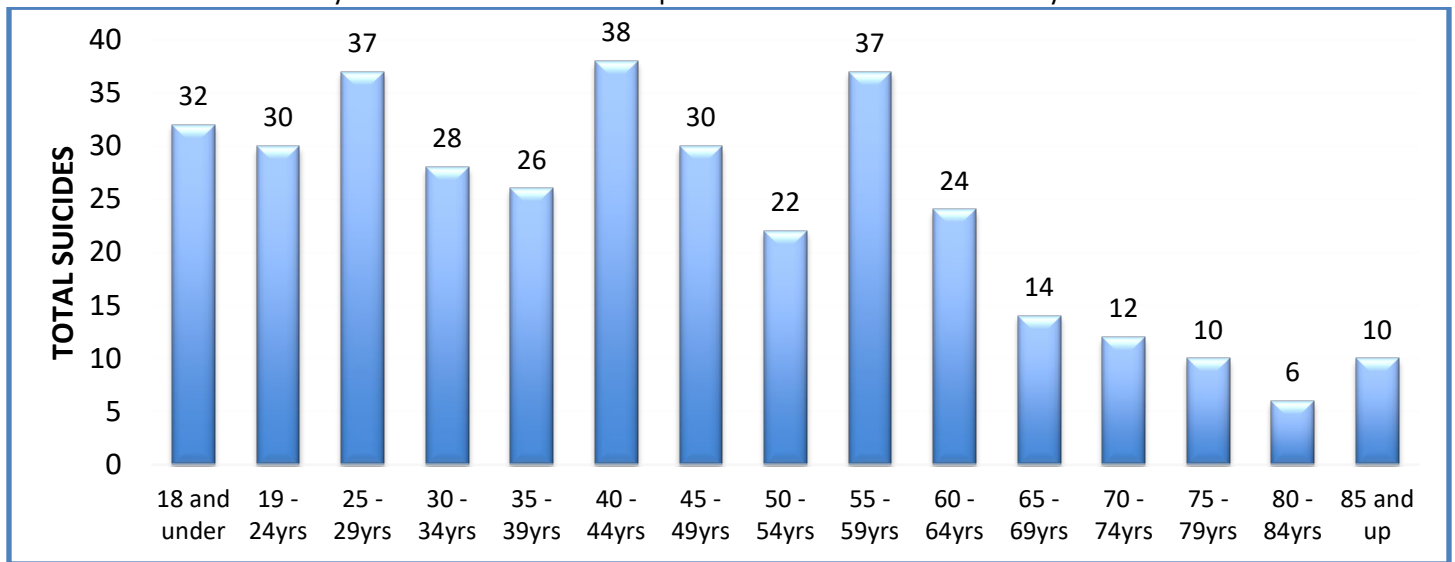
The number of individuals who died from a drug overdose increased for people between the ages of 15 to 24 between 2011 and 2020.



Source: Kansas Office of Vital Statistics Mortality Database http://preventverdoseks.org/mortality_data.htm

The following data was reported by the Johnson County Medical Examiner (JCME) and is based on deaths that occurred in Johnson County and includes non-residents who died in Johnson County.

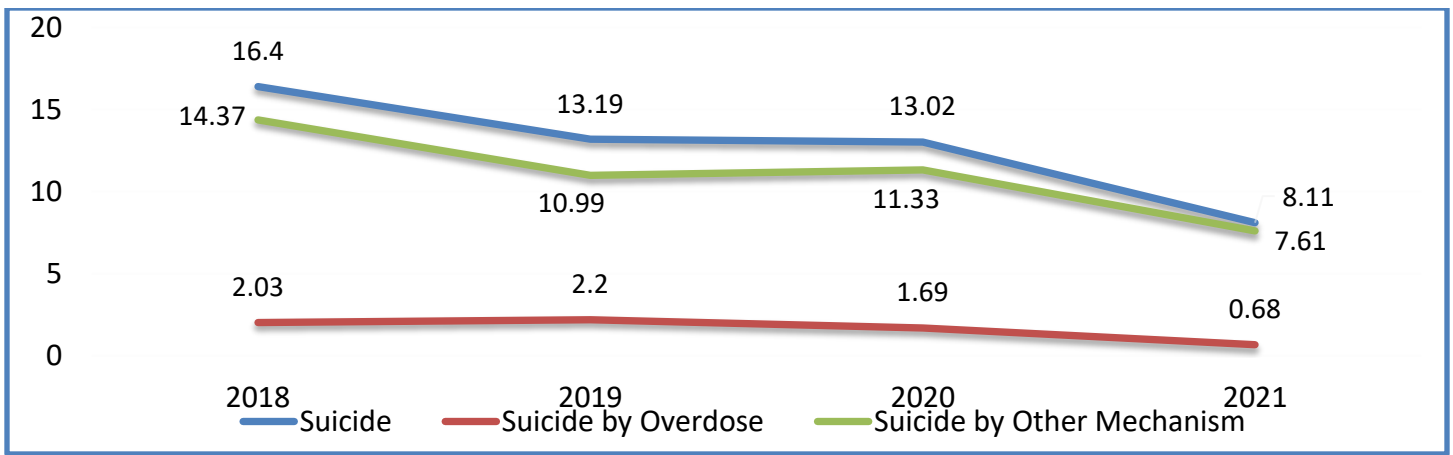
Between June 2017 and July 2021 there were 356 completed suicides in Johnson County.



Overdoses in Johnson County

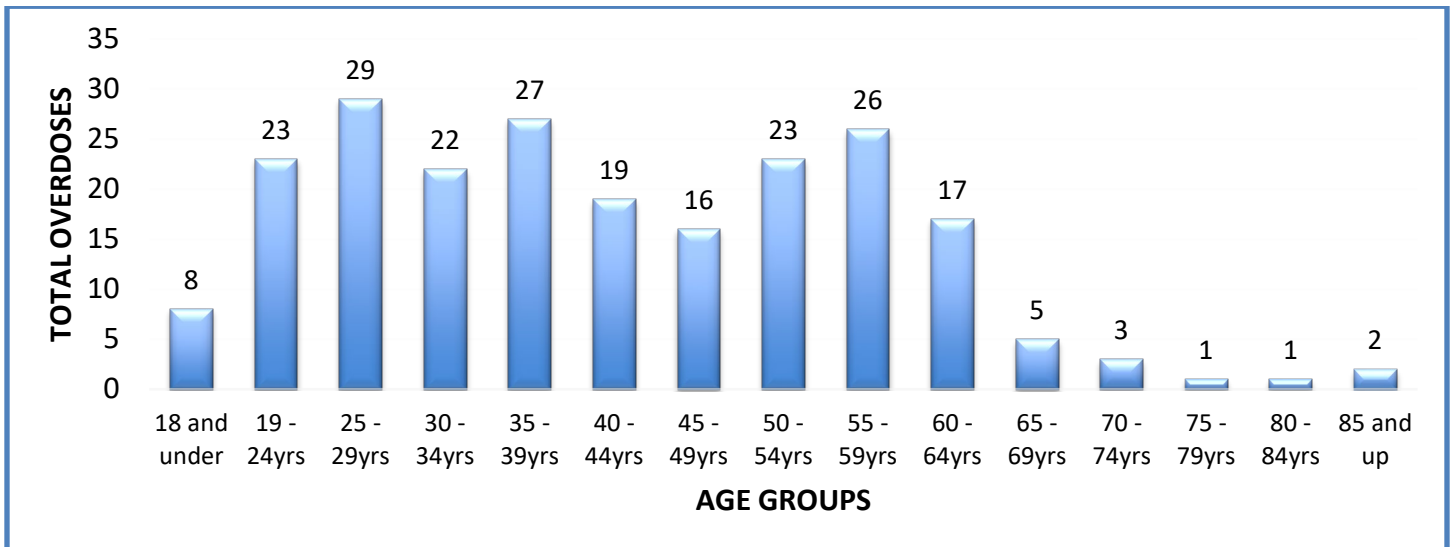
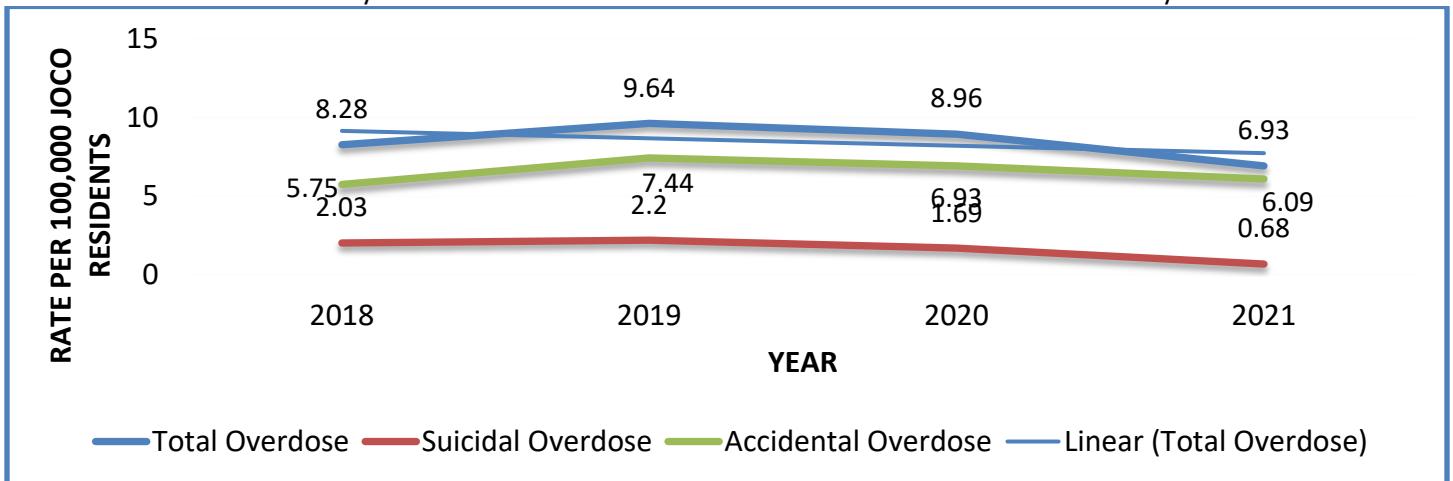
Suicide Rate by Year in Johnson County (JOCO)

The overall suicide rate per 100,000 residents decreased in Johnson County since 2018. *Note: 2021 data not complete*

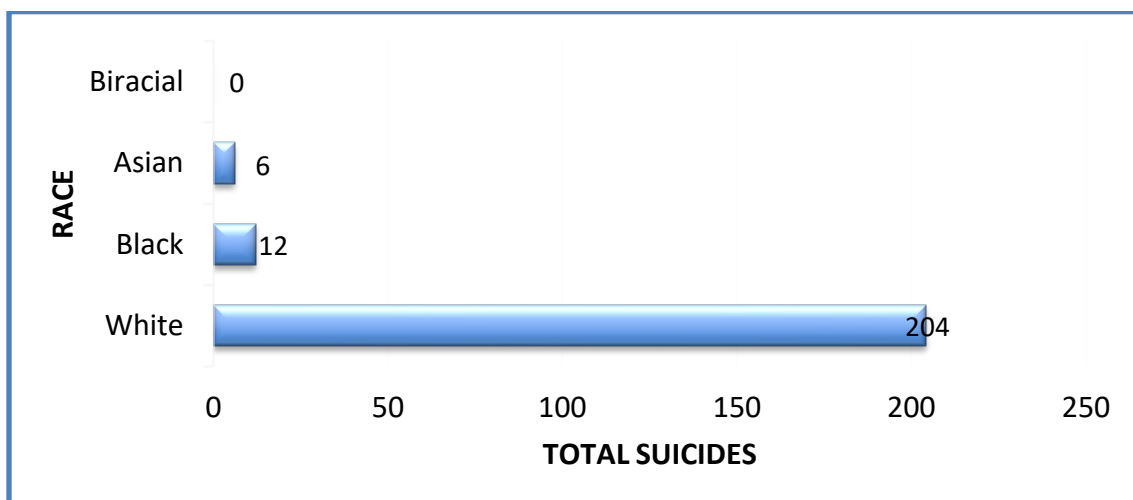
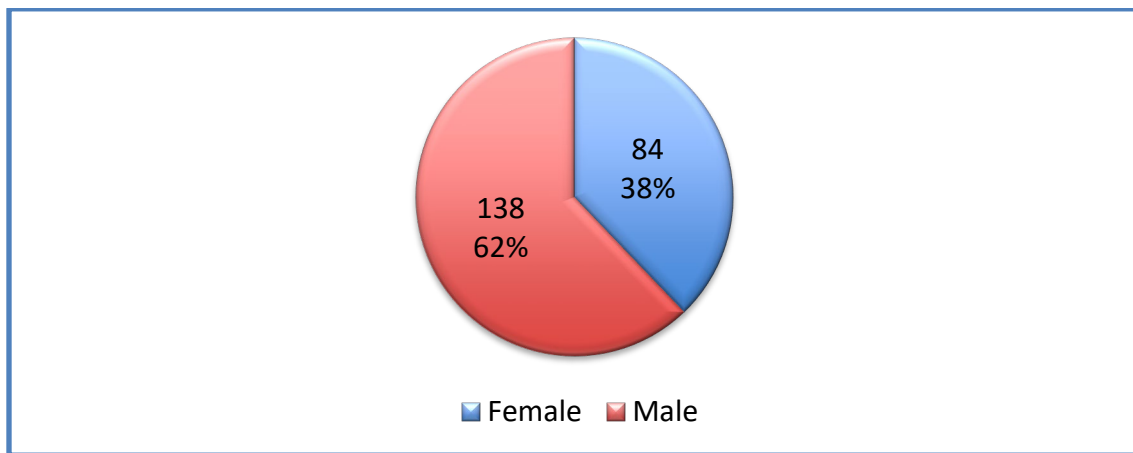
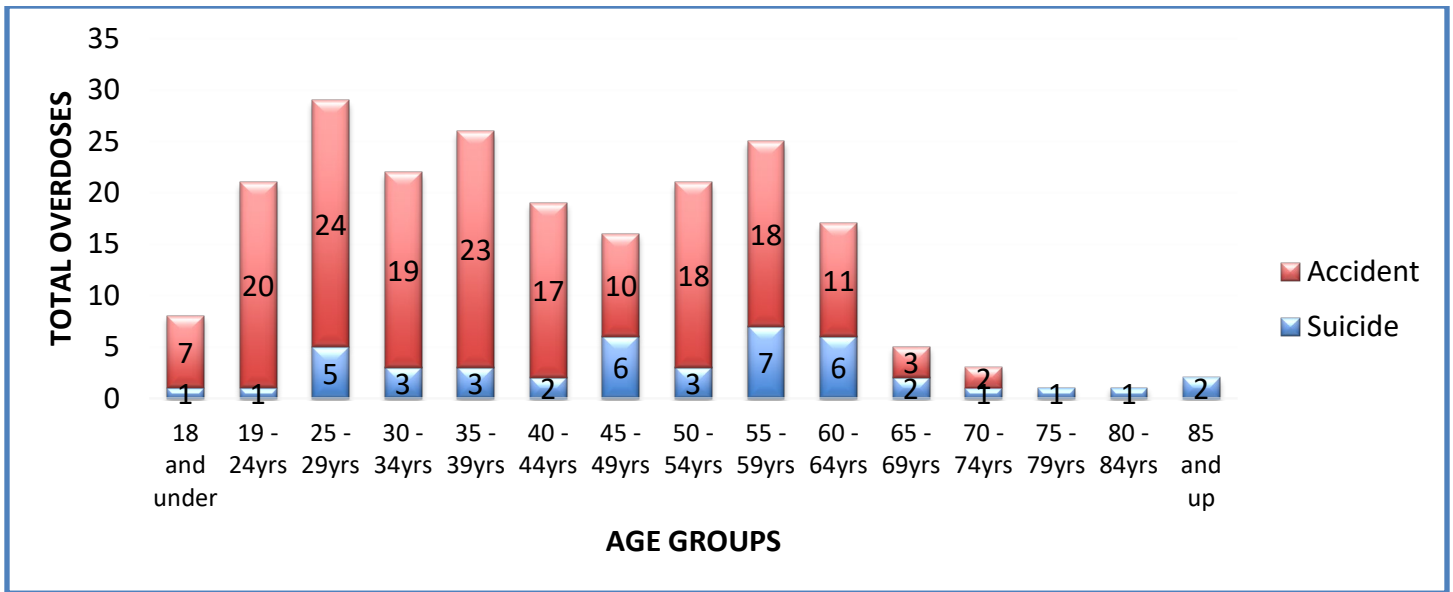


Rate per 100,000 JOCO residents

Between June of 2017 and July of 2021 there were 222 deaths due to overdose in Johnson County.

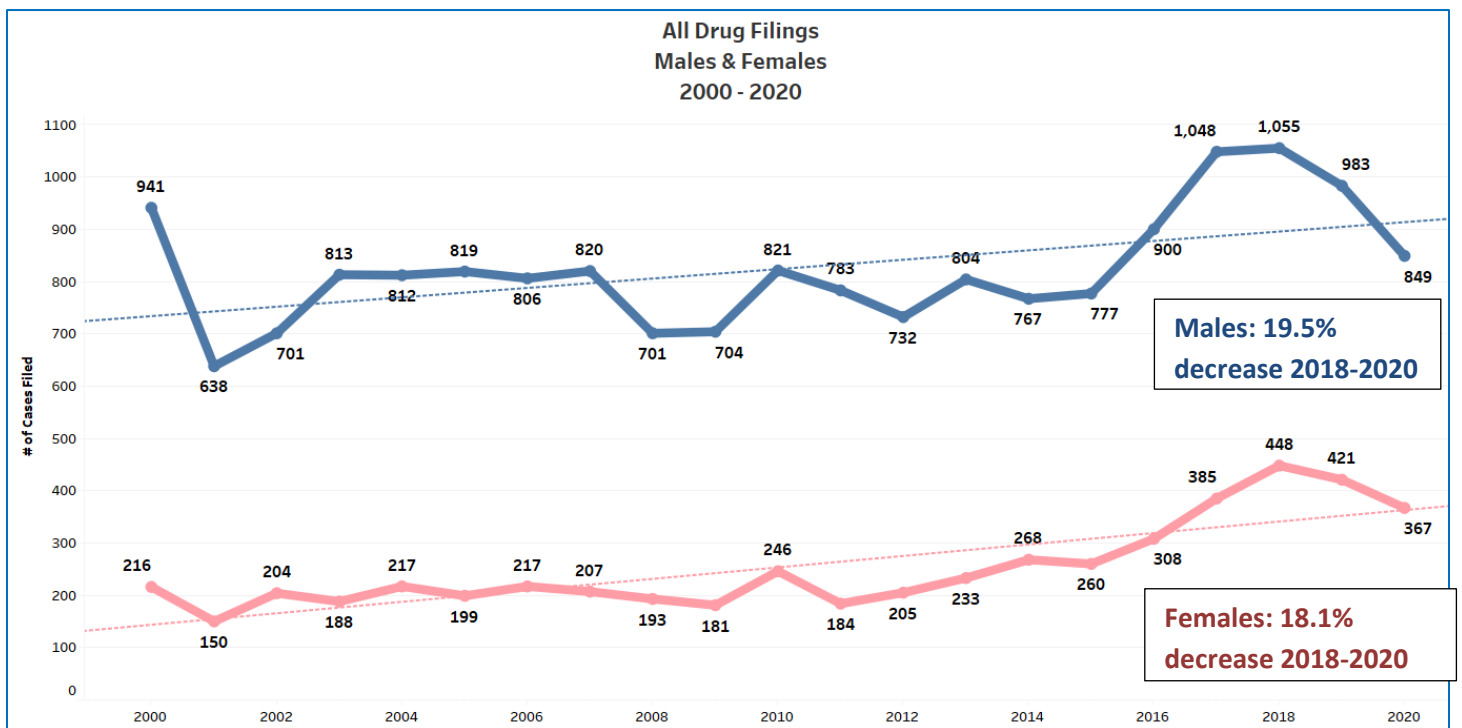
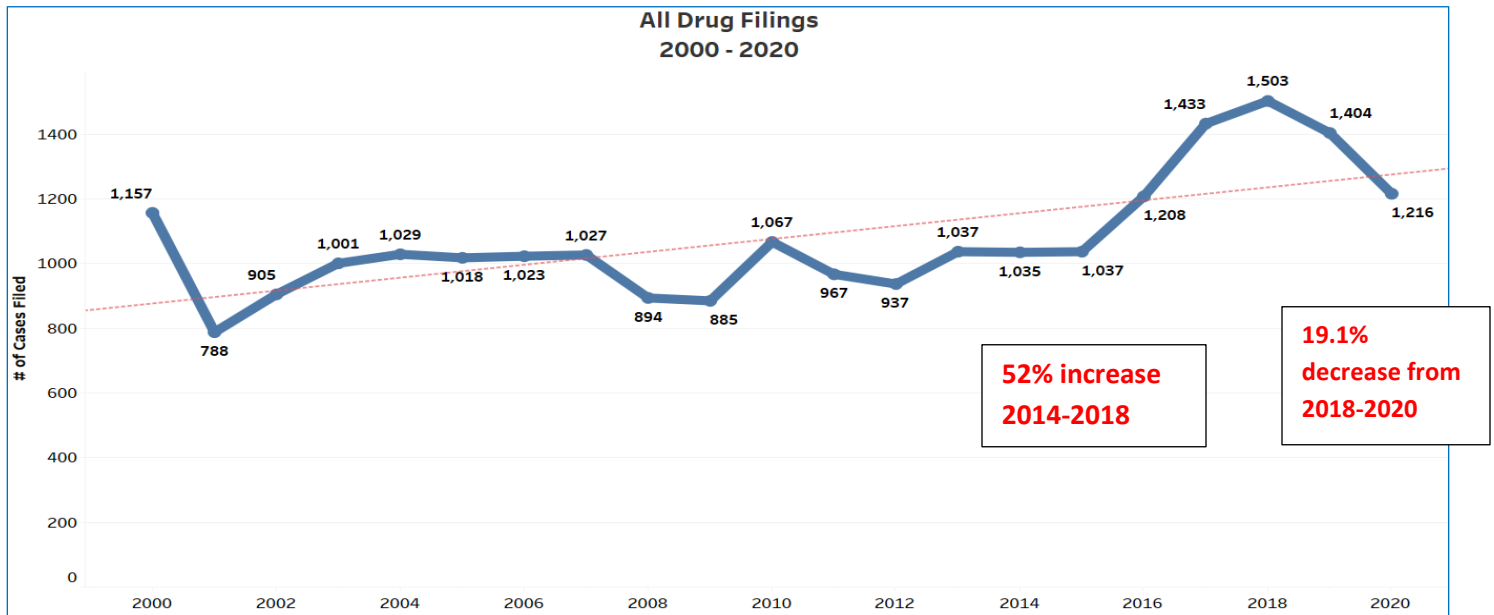


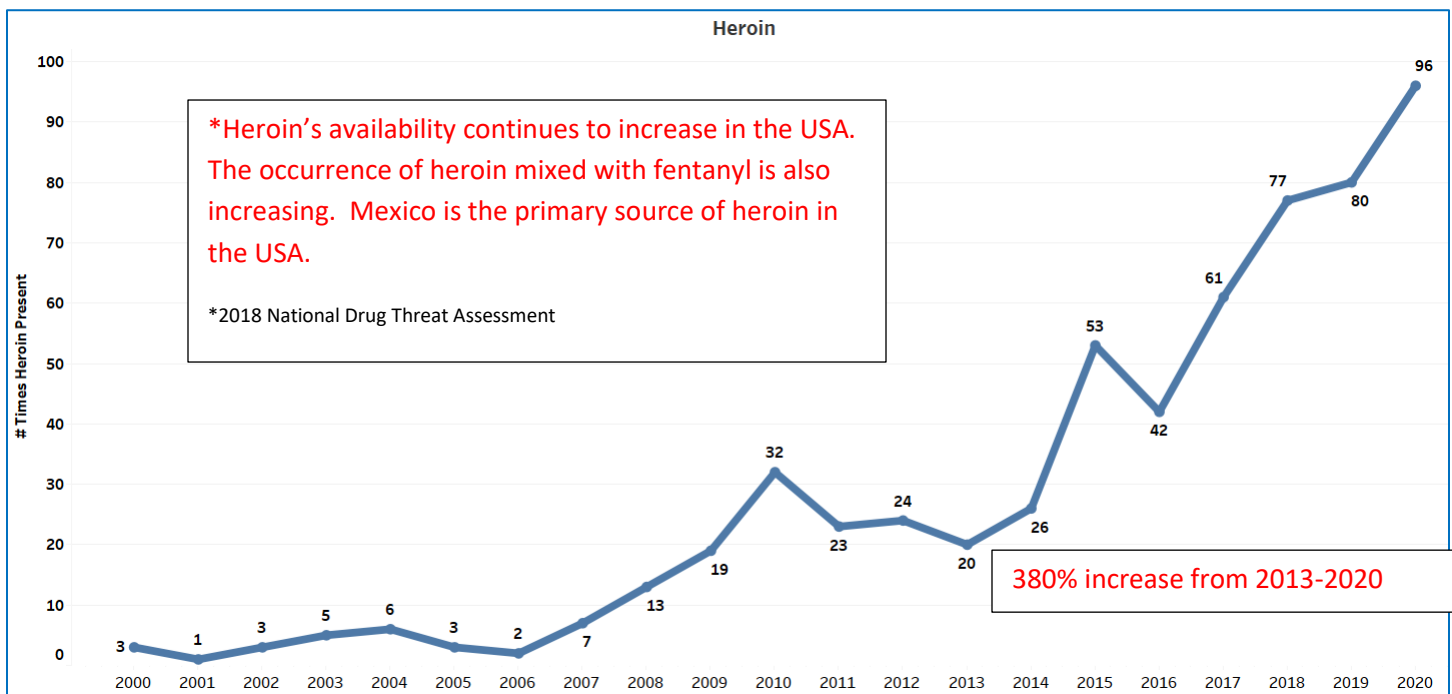
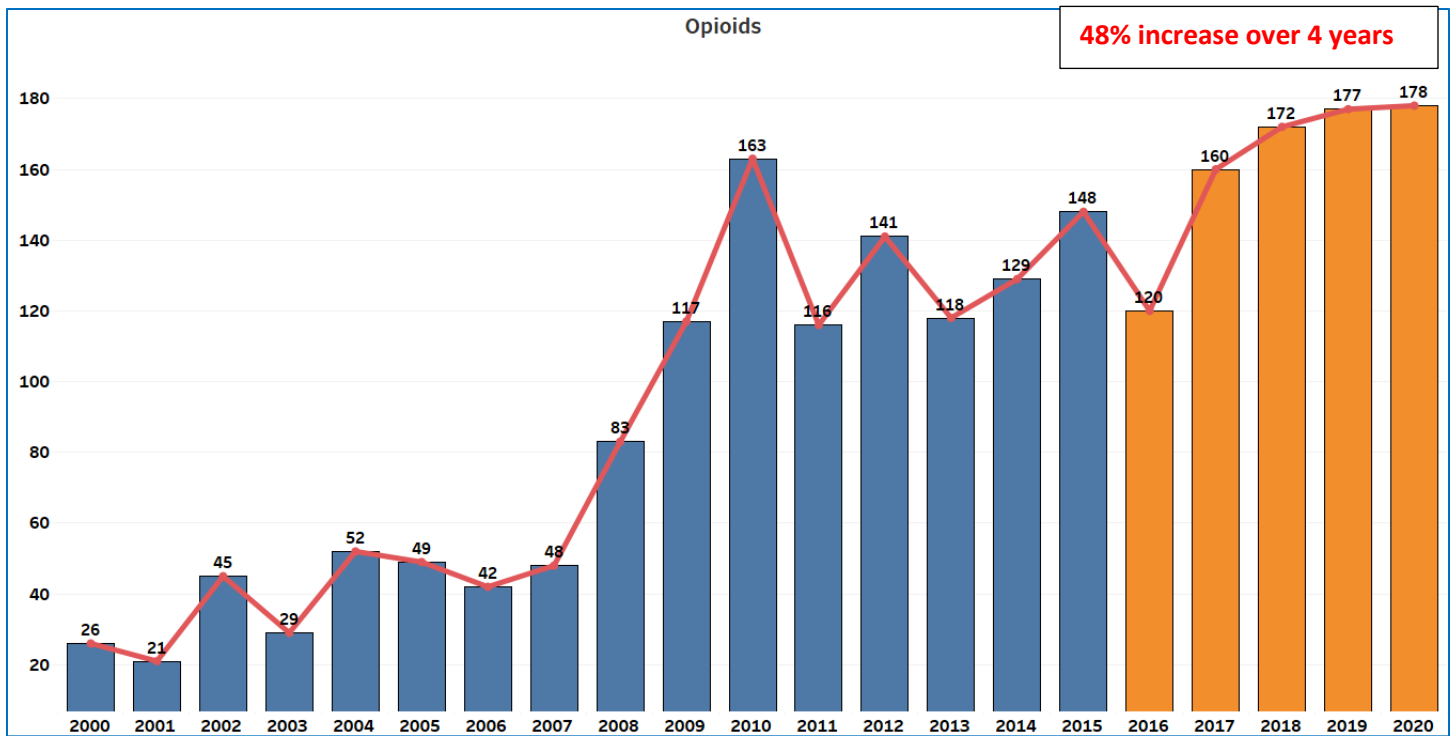
The majority of overdose deaths in Johnson County were accidental.

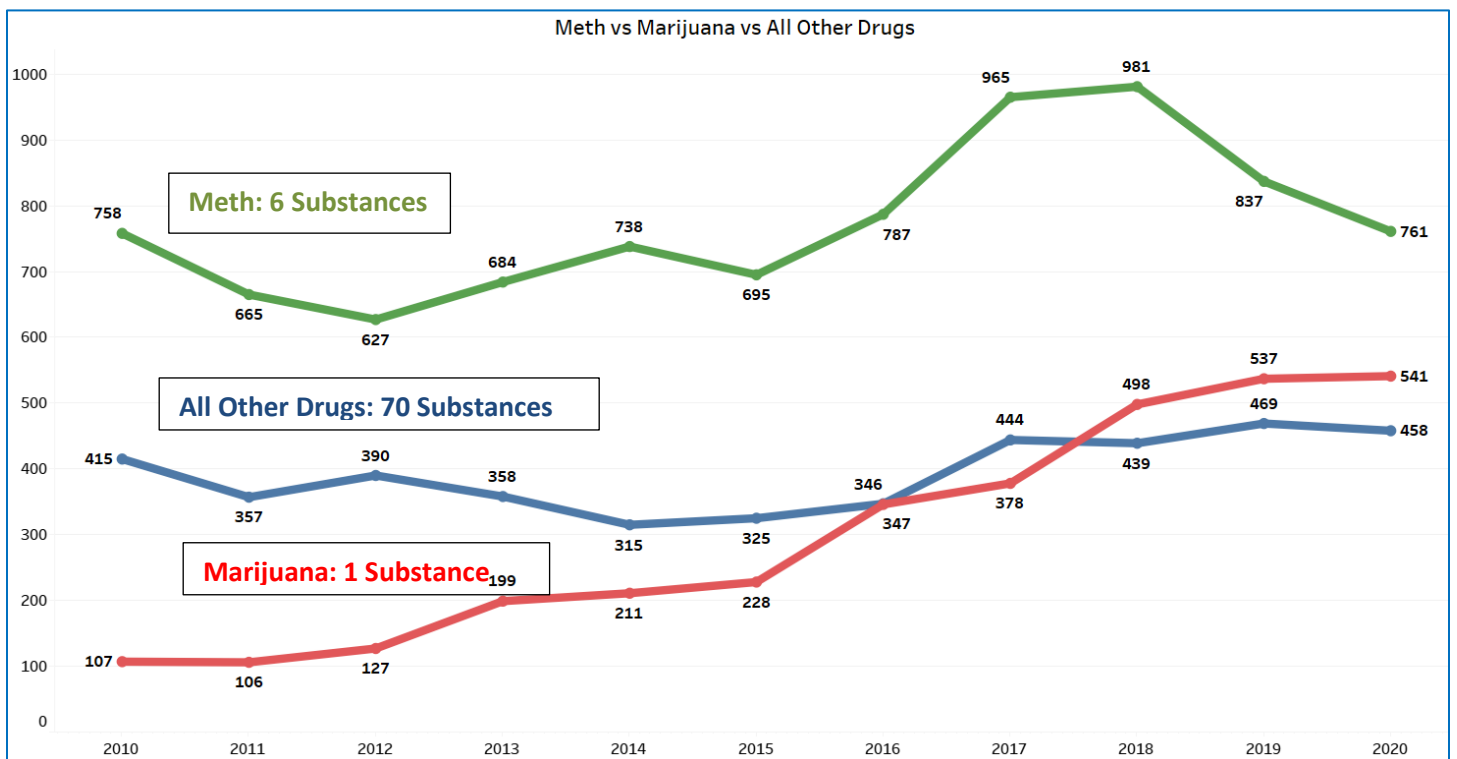
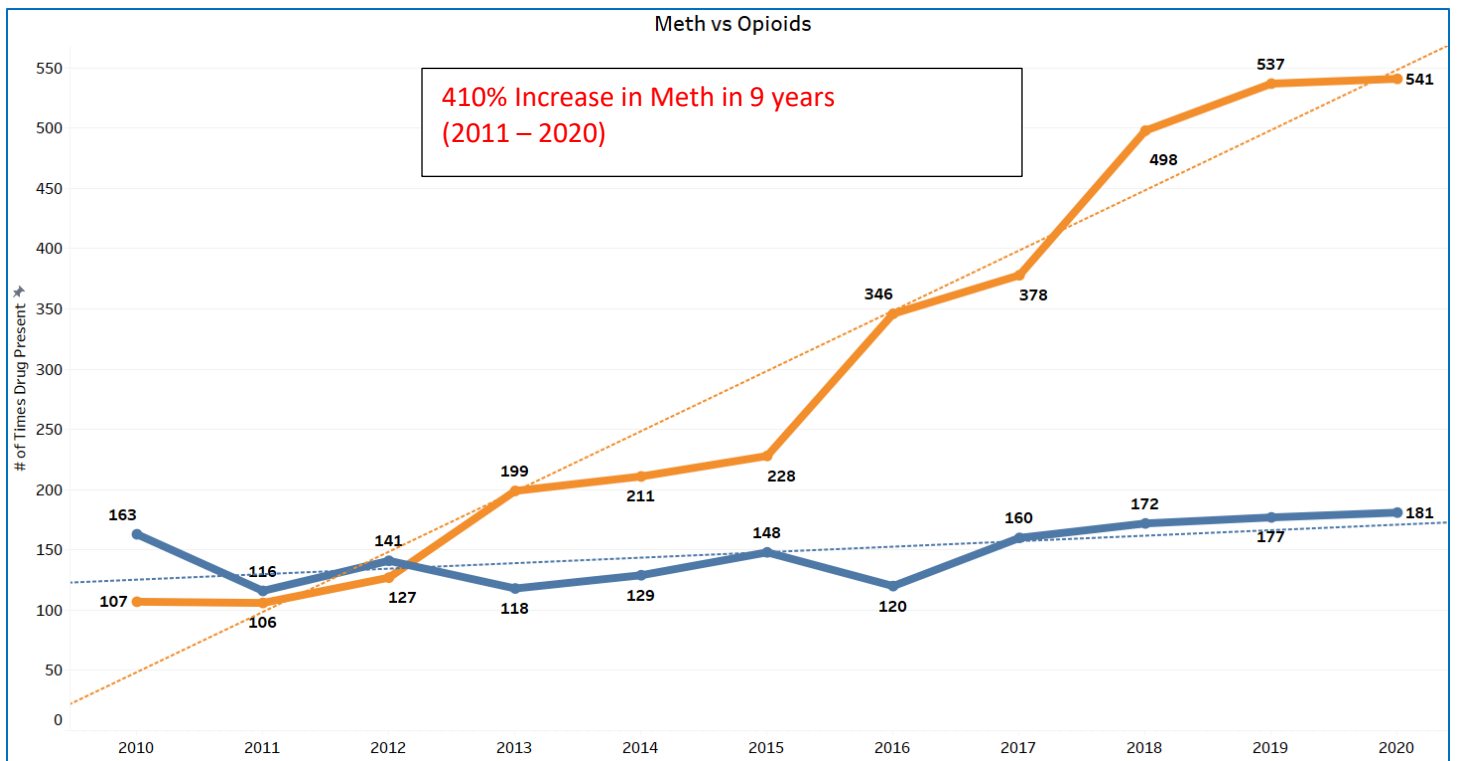


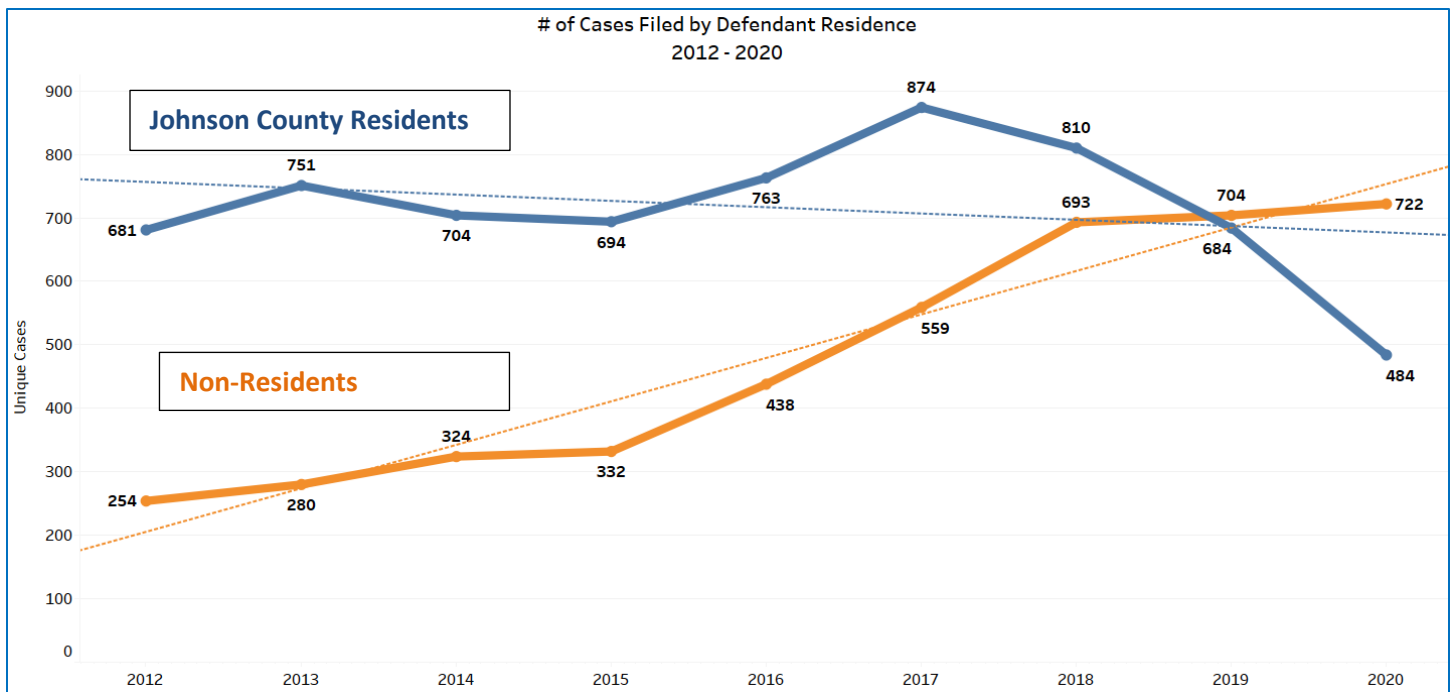
Source: Johnson County Medical Examiner
 Elizabeth Holzschuh, Epidemiologist II – Johnson County Health & Environment
 Slides prepared by: Gabriel Hawkins, Epidemiologist I - Johnson County Health & Environment
 Johnson County Drug Filing

The following data reflects the number of cases filed in Johnson County involving drugs. This data reflects the presence of an illegal substance in Johnson County at the time a crime was committed and charges filed. It does not reflect the number of convictions.









Source: Johnson County Department of Corrections – Johnson County Drug Filing Data

Robert Sullivan, Director

Slides prepared by: Brian Seidler, Innovation Principal Analyst with Johnson County Budget and Financial Planning

See Appendix 3 for Data Sources

APPENDICES

Appendix 1: Contributing Jurisdictions to 2021 Alcohol Tax Fund (ATF)

Contributing Jurisdictions to 2021 Alcohol Tax Fund*

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

**DeSoto will contribute to this fund in 2022*

2021 Drug and Alcoholism Council (DAC) Membership

Afam Akamelu Community Volunteer	Judge Jenifer Ashford* 10 th Judicial District Court	Jason Bohn Renew Counseling Center
Chief David Brown City of Lenexa Representative	Michelle Decker City of Olathe Representative	Allison Dickinson* Johnson County Government
Captain Troy Duvanel City of Merriam Representative	Mickey Sandifer City of Shawnee Representative	Chan Brown Kansas Health Foundation
Jen Jordan-Spence City of Gardner Representative	Stefanie Kelley* City of Leawood Representative	Martha LaPietra MD Community Volunteer
Sharon Morris* Olathe Public Schools	Jaime Murphy City of Overland Park Representative	Bureau Chief Daryl Reece Johnson County Sheriff's Office
Councilperson Piper Reimer City of Prairie Village Representative	Liana Riesinger City of Mission Representative	Kevin Schutte Johnson County BOCC Representative
Catherine Triplett Triplett Law Firm	Charlene Whitney Community Volunteer	

*Ex Officio Member (non-voting)

Appendix 2: Key Stakeholders Interviewed for Report

Honorable Jennifer Ashford District Magistrate Judge	Charles, Bartlett Director of Adult Services	Jason Bohn Clinical Director, Adolescents
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10 th Judicial District Johnson County, Kansas	Behavioral Health Services Commission Kansas Department for Disability and Aging	The Anxiety Center @ Renew
Megan Clark Prevention Coordinator Johnson County Mental Health	Jen Jordan-Spence Grant Program Coordinator City of Gardner – Finance Department	Dr. Martha Lapietra, MD Cottonwoods Springs
Rennie Shuler-McKinney Director of Clinical Services and Behavioral Health Advent Health Shawnee Mission	Cissy McKinzie Block Grant/SUD Program Manager Kansas Department for Disability and Aging	Brad Hart Senior Program Officer Health Forward Foundation
Elizabeth Holzschuh Epidemiologist II Johnson County Health & Environment	Major Daryl Reece Johnson County Sherriff's Office	Brian Schoenig Division Chief, Systems Operations Johnson County MedAct
Robert Sullivan Director Johnson County Department of Corrections	Lieutenant Colonel Sonta Wilburn Deputy Chief of Police – Operations Bureau Overland Park Police Department	

Appendix 3: Data Sources

Indicator data was gathered from the following local, state and national sources

Introduction

Substance Abuse and Mental Health Services Administration (SAMHSA), “Key Substance Use and Mental Health Indicators in the United States: Reults from the 2019 National Survey on Drug Use and Health”, September 2020.

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR1PDFW090120.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA): “Briefing on Substance Use and Treatment and Recovery in the United States”.

https://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Briefing_Substance_Use_Treatment.pdf

Surgeon General’s Report on Alcohol, Drugs, and Health: Vision for the Future – Time for a Change

<https://addiction.surgeongeneral.gov/vision-future/time-for-a-change>

Census Data: Census.gov

Indicators of Substance Use

Robert Wood Johnson County Health Rankings – adult indicators in Johnson County and Kansas

<https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/2021-measures>

Kansas Communities the Care Data (KCTC) – youth indicators in Johnson County and Kansas

Kansas Communities the Care Student Survey Results for Johnson County, 2021

<https://results.kctcdata.org/Manage/pdrdocumentsviewer?selectedFile=10046/0/Johnson2021.pdf>

Risk and Protective Factors for Youth

<https://youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth>

Kansas Department of Health and Environment (KDHE) Opioid and Stimulant Prescription Drug Data – in Johnson County and Kansas

<https://pharmacy.ks.gov/k-tracs/statistics>

Indicators of Substance Misuse and Abuse

Heartland RADAC – Assessment Data – Sara Jackson, Director of Clinical Services

Kansas Department for Aging and Disability Services (KDADS) and Beacon Health Options SUD Treatment Data – adults in Johnson County, Kansas City Metro, and Kansas – Charles Bartlett, Director of Adult Services & Cissy McKinzie, Block Grant/SUD Program Manager.

Johnson County MedAct Data – Johnson County

Johnson County Med-Act, Electronic Patient Care Reporting platform. Brian Schoenig, Division Chief of Systems Operations.

Kansas Department Of Transportation (KDOT) Vehicle Crash Data – in Johnson County and Kansas

<https://www.ksdot.org/CludosSearchResults.asp#?cludoquery=crash%20data&cludopage=1&cludorefurl=https%3A%2F%2Fwww.ksdot.org%2Fpublications.asp&cludorefpt=KDOT%3A%20Publications%20%26%20Reports&cludorefact=Crash%20&cludorefaci=1>

Kansas Department of Health and Environment (KDHE): Statewide Overdose Deaths – State of Kansas

Kansas Office of Vital Statistics Mortality Database http://preventverdoseks.org/mortality_data.htm

Johnson County Medical Examiner Overdose and Suicide Data – Johnson County

Elizabeth Holzschuh, Epidemiologist II – Johnson County Health & Environment

Slides prepared by: Gabriel Hawkins, Epidemiologist I - Johnson County Health & Environment

Johnson County Court Filings – Johnson County

Other Sources & Literature Reviewed:

“2020 Annual Report JCOCO District Attorney”

<https://da.jocogov.org/sites/da.jocogov.org/files/2020%20Annual%20Report%20Changes.pdf>

Johnson County Suicide Prevention Coalition Annual Report, January 2020

<https://files.constantcontact.com/116c7021601/8b09b632-674e-473d-9a0c-8044ca7e0166.pdf>

“Kansas Opioid Vulnerability Assessment”

Shrestha S, Pustz J, Jacque E, Sawyer J, Feng W, Lingwall C, and Stopka TJ. Kansas Opioid Vulnerability Assessment, June 2020

“2021 Midwest High Intensity Drug Trafficking Areas (HIDTA)Threat Assessment”, Midwest HIDTA, June 2021

<https://www.hidtaprogram.org/emergingthreats.php>

“Marijuana Legalization in the Midwest: The Potential Impact” HIDTA March, 2019

https://www.researchgate.net/publication/333646106_Marijuana_Legalization_in_the_Midwest_The_Potential_Impact

“Kansas 2020 Mental Health National Outcome Measures (NOMS)”, SAMHSA Uniform Reporting System 2020

<https://www.samhsa.gov/data/report/2020-uniform-reporting-system-urs-table-kansas>

“Behavioral Health Barometer Kansas Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services”, 2020

https://store.samhsa.gov/?search_api_fulltext=Behavioral%20Health%20Barometer%20Kansas%20Volume%206&sort_bef_combine=search_api_relevance_DESC

“A Preliminary Look at the Mental Health and Substance Use-related Effects of the Covid-19 Pandemic” Disaster Technical Assistance Center Supplemental Research Bulletin, SAMHSA, 2021

<https://www.samhsa.gov/sites/default/files/dtac/mental-health-substance-use-effects-covid-pandemic-srb.pdf>

“Meth Use Trends” National Institute on Drug Abuse (NIDA), September 2021

<https://www.drugabuse.gov/news-events/news-releases/2021/09/methamphetamine-involved-overdose-deaths-nearly-tripled-between-2015-to-2019-nih-study-finds>