

# Kansas Behavioral Health Profile

April, 2015



## **Acknowledgements**

This report, updated and revised to include an expanded array of behavioral health indicators while detailing the prevalence, patterns, and consequences of substance use across the state, was made possible through the extensive guidance, contributions, and collective expertise of individuals representing Kansas state agencies and organizations, who offered their support in the completion of this project. In particular, this report was developed and compiled by the SEOW Support Team, headed by Lisa Chaney, Director of Research and Evaluation, Southeast Kansas Education Service Center, and support team members including Ressa Friggeri and Hope McMickle, also with the Southeast Kansas Education Service Center.

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Appreciation for the support of the Kansas Department for Aging and Disability Services (KDADS), Behavioral Health Services (BHS), is further extended as this project would not have been possible without the ongoing engagement and resources extended by this agency. Special acknowledgement of the guidance and contributions of Sarah Fischer, Behavioral Health Prevention & Promotion Manager, KDADS, and Angie Brown, Prevention Program Consultant, KDADS, is also extended.

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## **Introduction**

Substance abuse is the most preventable underlying cause of disease and death in Kansas. In addition to the substantial health impact, few Kansans can claim they are unaffected by substance abuse. Stories of alcohol addiction and treatment have become commonplace in Kansas communities. Family members discuss loved ones lost to lung cancer and heart attacks caused by tobacco use. Tales of meth-related crimes ravaging small communities are declared in newspaper headlines. Most of these events are preventable when effectively addressed with evidence-based programs, policies, and practices that align with data-driven community needs.

The Kansas Behavioral Health Profile is a document created with program planning and evaluation in mind. This document provides a multifaceted approach to substance abuse in Kansas communities. Each indicator, or topic, is designed to be used as one piece of a much larger puzzle. By combining the indicators in a meaningful way, a picture can be developed of the local substance abuse or behavioral health challenges and issues. This snapshot is the first step in determining the appropriate interventions, approaches, and programs to have a significant positive impact on the community.

The purpose of the profile is to compile information from various sources to provide a comprehensive picture of the impact of substance abuse and behavioral health challenges in Kansas. Data may be presented in a graphical format or compiled into aggregate forms in order to be consistent, reliable, and stable in terms of measurement.

For each indicator a brief summary is provided that explains why it has been included in the Kansas Behavioral Health Profile. In addition, a short summary of the results is included to provide overarching themes. Following the summary, the full presentation of the information is given. Where possible, information is presented based upon gender, race, ethnicity, age, education, and other variables. This information is included as it might be relevant to program targeting and interventions.

### **Using Indicator Summary Sheets**

The first page of each indicator summarizes the information available on that particular indicator. This summary includes background information on why the indicator is important to substance abuse prevention or behavioral health promotion and bulleted summary points about the current data.

### **Using Tables**

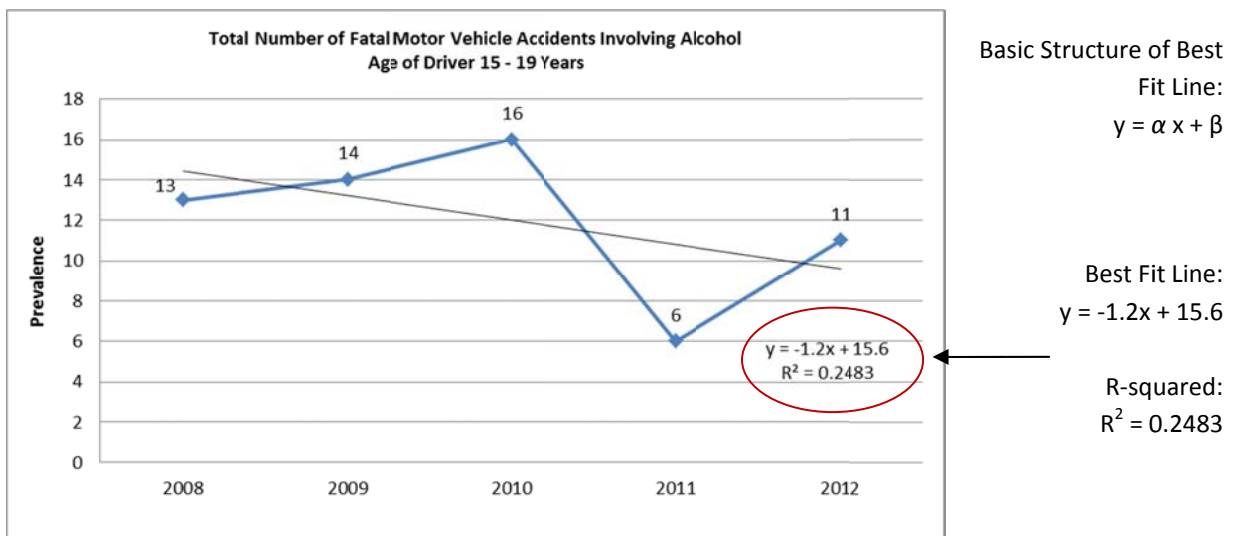
Multiple formats are utilized to present a wealth of information in a meaningful and useful manner. Tables of data are prevalent throughout the report and provide detailed information on each individual indicator. Mortality or death-related tables utilize age-adjusted rates where possible to provide directly comparable values. In addition to the age-adjusted rates, the absolute number of deaths is also listed for each mortality or death indicator.

Consumption, or "use", is expressed as the prevalence among the population. This value represents the percentage of the population that reports consuming the specific product over a given time period. This information may be useful for identifying specific high risk groups with targeted interventions to reduce overall substance abuse or behavioral health prevalence issues.

## Using Graphs

Where possible, trend information is presented in a graphical format. Five years of information are presented as feasible to produce an accurate overall trend that is not influenced by dramatic yearly changes. A trend line has been added to graphs to give an overall impression of increases or decreases over time for the general audience of the report. For the purpose of this document, a trend line, also known as a best fit line, is a linear line that minimizes the distance between all points in the five-year trend and the line itself. The equation for the trend line is provided as well as the R-squared, a measure of how well the line fits the data.

Example:



$\alpha$ (alpha) = The slope of the best fit line. This value represents how quickly the value is changing on an annual basis. A positive value represents an increase; a negative value represents a decrease.

$\beta$  (beta) = The intercept of the best fit line. This value represents the approximate value of the indicator prior to the five-year trend.

$R^2$  = This value represents how well the best fit line approximates the data. The highest value is 1, which represents a perfect linear fit. The closer this value is to 1, the better the overall fit.

The above mentioned detailed technical information is added for the audience that wishes to use more detailed epidemiological information for the interpretation of trend information.



## **PROFILE OVERVIEW**

The 2015 Kansas Behavioral Health Profile has been revised and updated through the efforts of the SEOW Support Team and guidance and recommendations of the State Epidemiological Outcomes Workgroup (SEOW). This project was supported through funding provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), awarded to enable the integration of an expanded data set inclusive of an array of behavioral health indicators. The Kansas SEOW and SEOW Support Team are coordinated by Lisa Chaney, Director of Research and Evaluation, at the Southeast Kansas Education Service Center, in partnership with and under the guidance of the Kansas Department for Aging and Disability Services (KDADS), Behavioral Health Services (BHS). The Kansas SEOW includes representation across a range of state agencies, organizations, academic institutions, and prevention service providers.

The 2015 Kansas Behavioral Health Profile significantly enhances and extends the scope of the original profile developed in 2006 and revised in 2011. The document now includes substance abuse assessment and surveillance data that align with the Strategic Prevention Framework (SPF) and includes mental and behavioral health indicators through an update of data sets and sources. With the support of KDADS, this report was developed to serve as a resource for state and local-level planning that focuses on the prevention of substance abuse and related consequences among children, youth, and adults across the lifespan, as well as on the promotion of wellness and positive emotional and behavioral health.

This document is designed to provide an in-depth, data-focused perspective on the extent of substance abuse consumption patterns and related consequences, with information presented that derives from state health agencies, treatment agencies, and law enforcement and revenue agencies. The intent is to illustrate, as completely as possible, the current state of substance abuse and its consequences to support a data-informed prioritization process as part of comprehensive state-level and community-level assessment. Utilizing a broad range of information from multiple sectors, organizations, and data sets allows for a more thorough picture of substance abuse-related consequence and consumption patterns. Newly introduced in this profile is an array of mental health treatment data, mental health and substance use disorder treatment availability indicators, problem gambling prevalence data, and a set of risk and protective factor indicators associated with substance abuse and related problems among children and youth. Also included are indicators illustrative of Adverse Childhood Experiences (ACEs) – essentially risk factors for behavioral health issues across the lifespan.

Data provided in each section of this profile describes data sources, indicators, and relevant findings, with integrated charts, tables, and graphs, focusing on the following categories: alcohol, tobacco, marijuana, prescription drugs, illicit drugs, problem gambling, mental health, and other behavioral health data. Each category is designed to illustrate, as feasible, trends and patterns associated with prevalence, treatment, consequences, morbidity, mortality, and associated risk and protective factors. In examining the extant data across this spectrum, this profile is

intended to support state and local stakeholders in the process of needs assessment, capacity development, strategic planning, guidance in the selection and implementation of strategies, programs, and services with behavioral health integration and alignment, and outcomes-based evaluation, and in so doing, improve the health, safety, quality of life, and well-being of children, youth, families, and individuals throughout Kansas.

## **Alcohol Indicators**

**Excessive Drinking – Adults:** Percentage of persons aged 18 and older reporting average daily alcohol consumption greater than one (women) or two (men) drinks per day.

**Why is this indicator important?**

The consumption of greater than one (women) or two (men) drinks on average per day is the definition of heavy drinking. Strong correlations have been found between increased heavy drinking and chronic conditions such as alcohol dependence, chronic liver disease, and increased overall mortality from all causes.

**Where did we get the data?**

Kansas Behavior Risk Factor Surveillance System (BRFSS) – 2009-2013.

**Important findings**

- Males have a higher prevalence of heavy drinking than females in Kansas.
- Nationally, the prevalence of heavy drinking was 6.2% in 2013. Kansas has a significantly lower prevalence of heavy drinking among adults 18 and older (4.6%)
- From 2007-2013, the percentage of heavy drinking was often highest among Whites and multiracial individuals.
- The highest prevalence of heavy drinking is found in the 18-24 age group. The combination of heavy drinking with the prevalence of binge drinking could produce a negative synergistic impact on the health of young adults.

### Graph of Five-Year Consumption Trend

Overall, from 2009 to 2013 heavy alcohol consumption in Kansas increased. Years 2009-2013 show a slight increase in 30-day prevalence of heavy alcohol consumption in adults. Following this, there was a slight decrease in 2010; however, 2010 was followed by a sharp increase in 30-day prevalence.

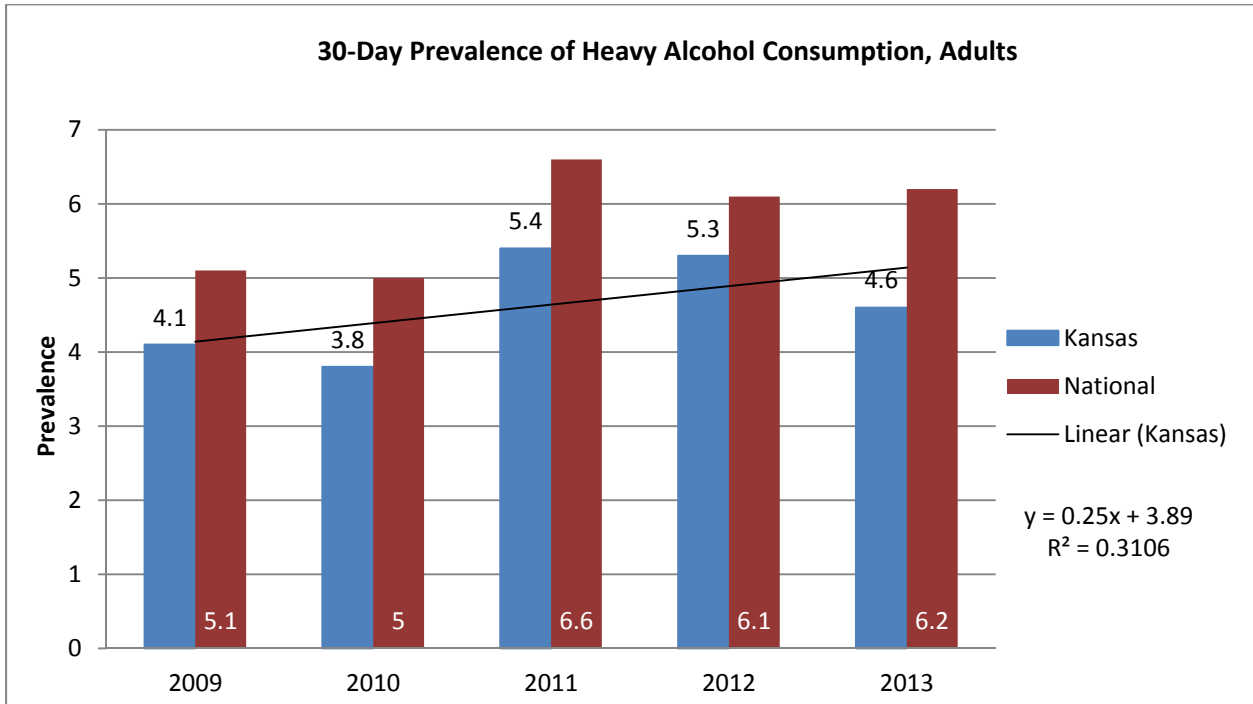


Table 1.1 Percentage of persons aged 18 and older reporting average daily alcohol consumption greater than one (women) or two (men) drinks per day for the State of Kansas by race and ethnicity, 2009-2013.

Year	Overall	Race				Ethnicity	
		White	African American	Other	Multiple Race	Hispanic	Non-Hispanic
2009	4.1	4.1	2.7	4.3	5.2	4.2	4.1
2010	3.8	4	1.5	1.8	5.6	1.5	3.2
2011	5.4	5.6	4.9	5.3	6.2	3.8	5.5
2012	5.3	5.5	4.2	2.7	8.4	3.6	5.4
2013	4.6	4.9	2.4	3	4.1	4.6	4.0
5-Year Average	<b>4.6</b>	<b>4.8</b>	<b>3.1</b>	<b>3.4</b>	<b>5.9</b>	<b>3.5</b>	<b>4.4</b>

Table 1.2 Percentage of persons aged 18 and older reporting average daily alcohol consumption greater than one (women) or two (men) drinks per day for the State of Kansas by age group and gender, 2009-2013.

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2009	4.1	5.1	3.2	6.4	5.1	3.6	4.0	4.5	1.6
2010	3.8	3.9	3.7	6.3	3.6	4.2	3.9	3.8	1.9
2011	5.4	6.6	4.3	8.9	7.2	4.9	5.7	4.4	2.2
2012	5.3	6.9	3.7	7.5	6.9	5.6	5.4	5.1	1.9
2013	4.6	5.8	3.4	5.9	5.5	4.4	5.8	4.0	2.2
5-Year Average	<b>4.6</b>	<b>5.7</b>	<b>3.7</b>	<b>7.0</b>	<b>5.7</b>	<b>4.5</b>	<b>5.0</b>	<b>4.4</b>	<b>2.0</b>

**30-Day Alcohol Consumption – Youth:** Percentage of students in grades 6, 8, 10 and 12 reporting any use of alcohol within the past 30 days.

**Why is this indicator important?**

Early initiation of alcohol consumption has been shown to increase the risk of drinking problems later in life. Alcohol is a known Central Nervous System (CNS) depressant and influences cognitive reasoning and abilities. In addition, alcohol is associated with violent behaviors.

Additionally, the purchase or consumption of alcohol by any individual under the age of 21 is illegal in Kansas.

**Where did we get the data?**

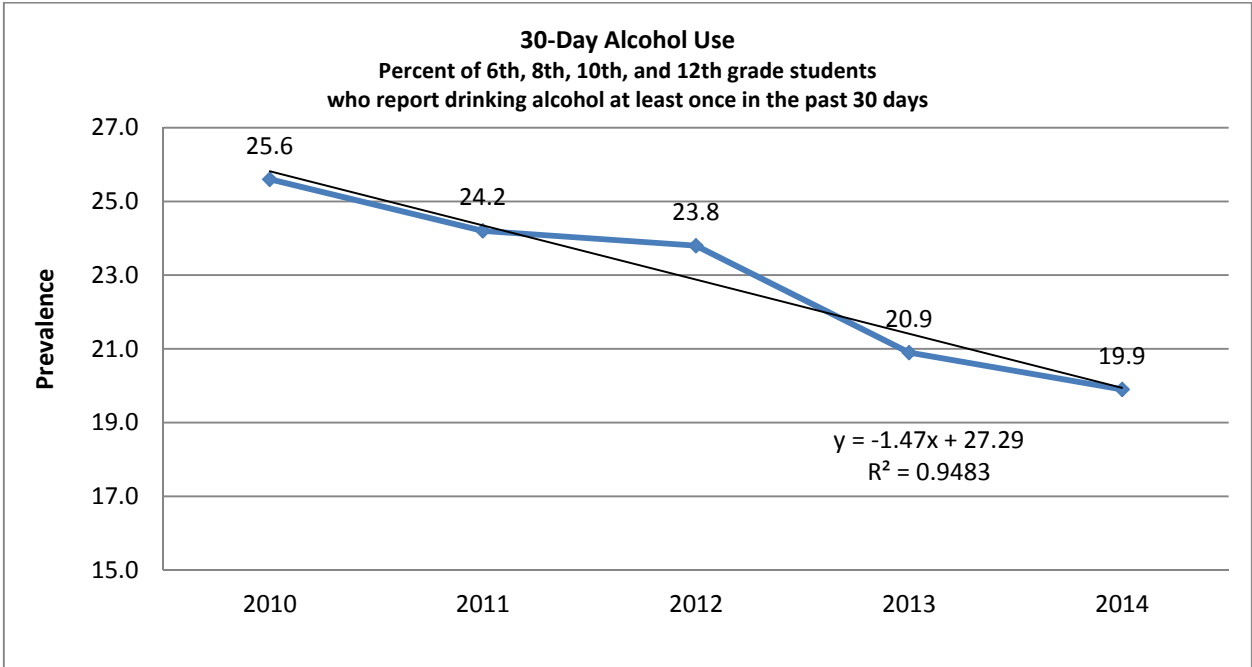
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014 and additional data taken from the Monitoring The Future student survey, 2010-2014.

**Important findings**

- As grade level increases, the prevalence of alcohol consumption significantly increases.
- Females have a slightly higher prevalence of 30-day alcohol consumption.
- Hispanics report a higher prevalence of alcohol consumption as compared to Whites, African Americans, Native Americans and Asians/Pacific Islanders.

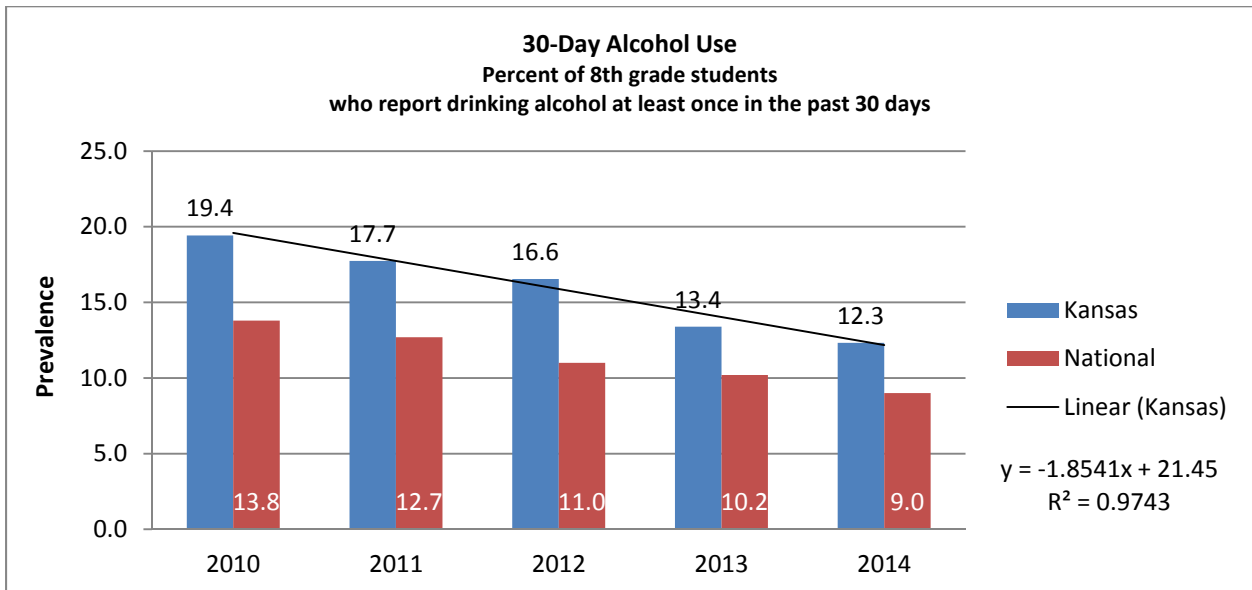
**Graphs Five-Year Trends**

From 2010-2014, there was a steady decline in the 30-day prevalence of alcohol for youth in grades 6, 8, 10 and 12.



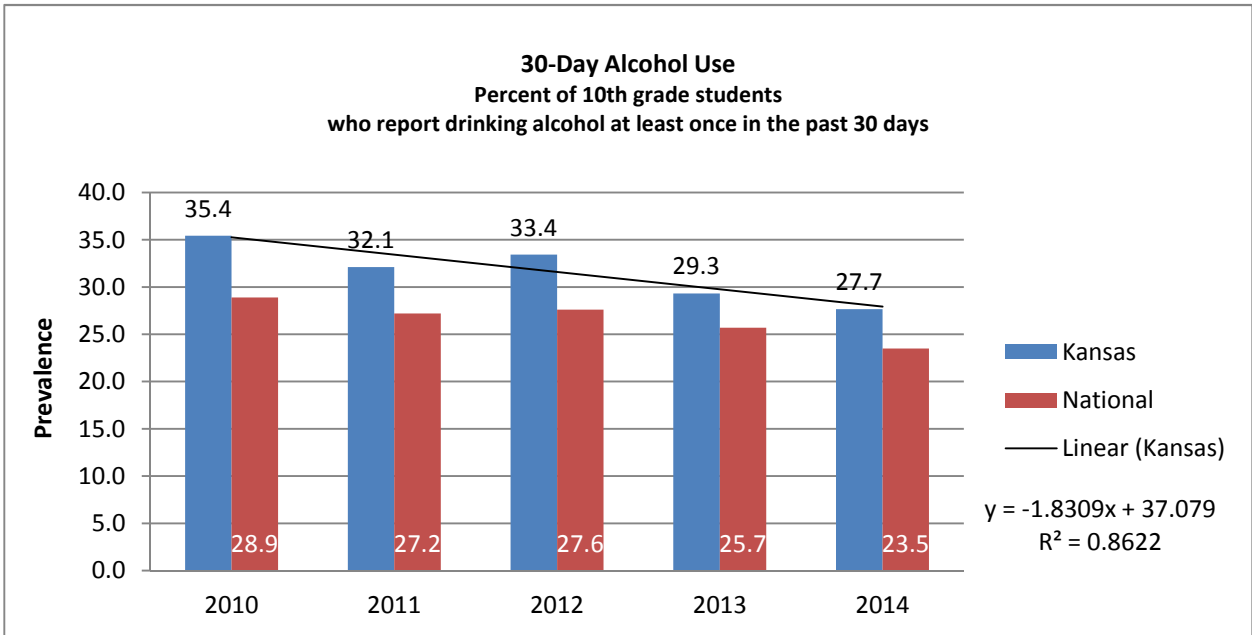
National data taken from the Monitoring the Future student survey, 2009-2013.

Although there is a sharp decline in the 30-day prevalence of alcohol consumption by 8<sup>th</sup> grade students, it is still higher than the national prevalence. However, the gap is being closed.





Students in the 10th grade also had a sharp and steady decline in the 30-day prevalence of alcohol consumption. While it is still higher than the national prevalence, the gap is being closed.



The 30-day prevalence exhibited for 12th grade follows the same pattern of sharp, steady decline as grades 8 and 10. It is still higher than the national prevalence but the gap is being closed.

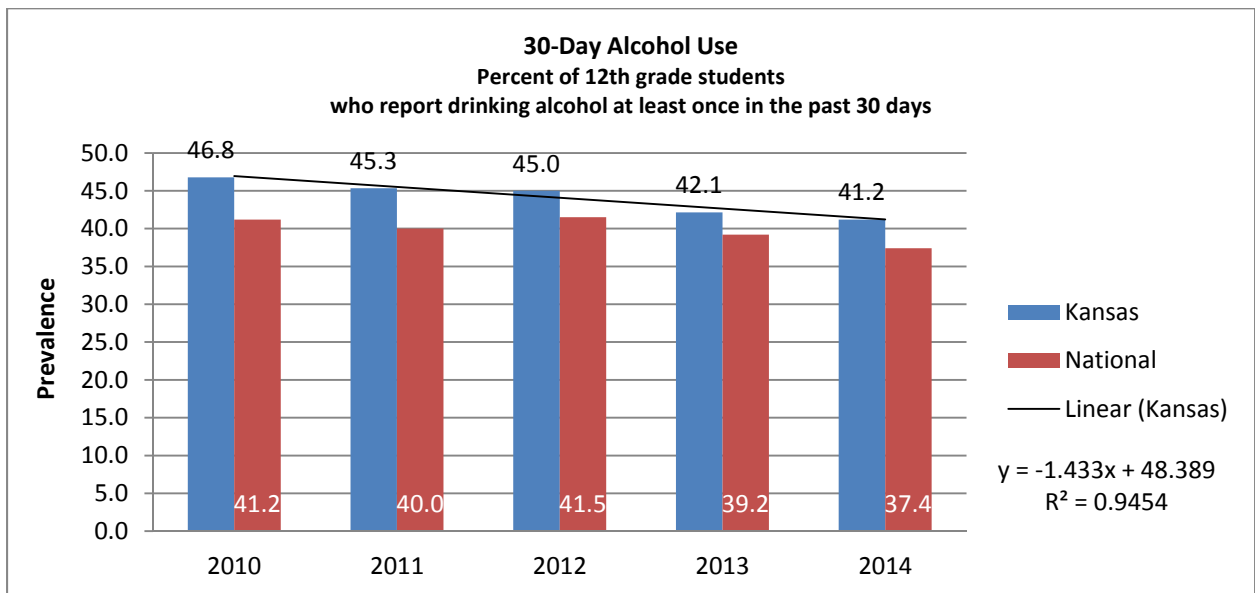


Table 1.3 Percentage of students in grades 6, 8, 10, and 12 reporting any use of alcohol within the past 30 days for the State of Kansas by grade level and gender.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	25.6	6.6	19.4	35.4	46.8	25.4	25.9
2011	24.2	6.1	17.7	32.1	45.3	23.8	24.6
2012	23.8	6.3	16.5	33.4	45.0	23.3	24.1
2013	20.9	5.0	13.4	29.3	42.2	20.5	21.2
2014	19.9	4.2	12.3	27.7	41.2	19.2	20.6
5-Year Average	<b>22.9</b>	<b>5.6</b>	<b>15.9</b>	<b>31.6</b>	<b>44.1</b>	<b>22.4</b>	<b>23.3</b>

Table 1.4 Percentage of students in grades 6, 8, 10, and 12 reporting any use of alcohol within the past 30 days for the State of Kansas race/ethnicity.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	25.6	25.9	23.1	25.2	30.4	17.1	21.4
2011	24.2	23.9	22.0	23.4	30.5	18.6	21.4
2012	23.8	23.8	21.5	23.4	28.4	16.3	20.4
2013	20.9	21.3	18.3	20.1	23.1	13.1	18.2
2014	19.9	20.4	17.7	18.8	22.3	11.6	16.7
5-Year Average	<b>22.9</b>	<b>23.1</b>	<b>20.5</b>	<b>22.2</b>	<b>26.9</b>	<b>15.4</b>	<b>19.6</b>

**30-Day Binge Drinking - Adults:** Percentage of persons aged 18 and older reporting having five or more drinks on at least one occasion (for men) and having at least four drinks on at least one occasion (for women) within the past 30 days.

**Why is this indicator important?**

The consumption of five or more drinks on one occasion is the definition of binge drinking. Strong correlations have been found between increased binge drinking and acute alcohol conditions such as injuries, alcohol related vehicle crashes, violence, and fetal alcohol spectrum disorder.

There are also associations between binge drinking and chronic liver disease.

**Where did we get the data?**

Kansas Behavior Risk Factor Surveillance System (BRFSS) – 2009-2013

**Important findings**

- Compared to the 2013 national estimates (16.8%), Kansas has a lower prevalence of binge drinking among adults aged 18 and older (15.4%).
- From 2009-2013, males had significantly higher prevalence of binge drinking than females.
- Across races, African Americans have the lowest prevalence of binge drinking.
- Individuals of college age (18-24) and those with some college education exhibit the highest prevalence of binge drinking.

### Graph of Five-Year Trend

From 2009-2013, there was an increase in adults reporting 30-day prevalence of binge drinking.

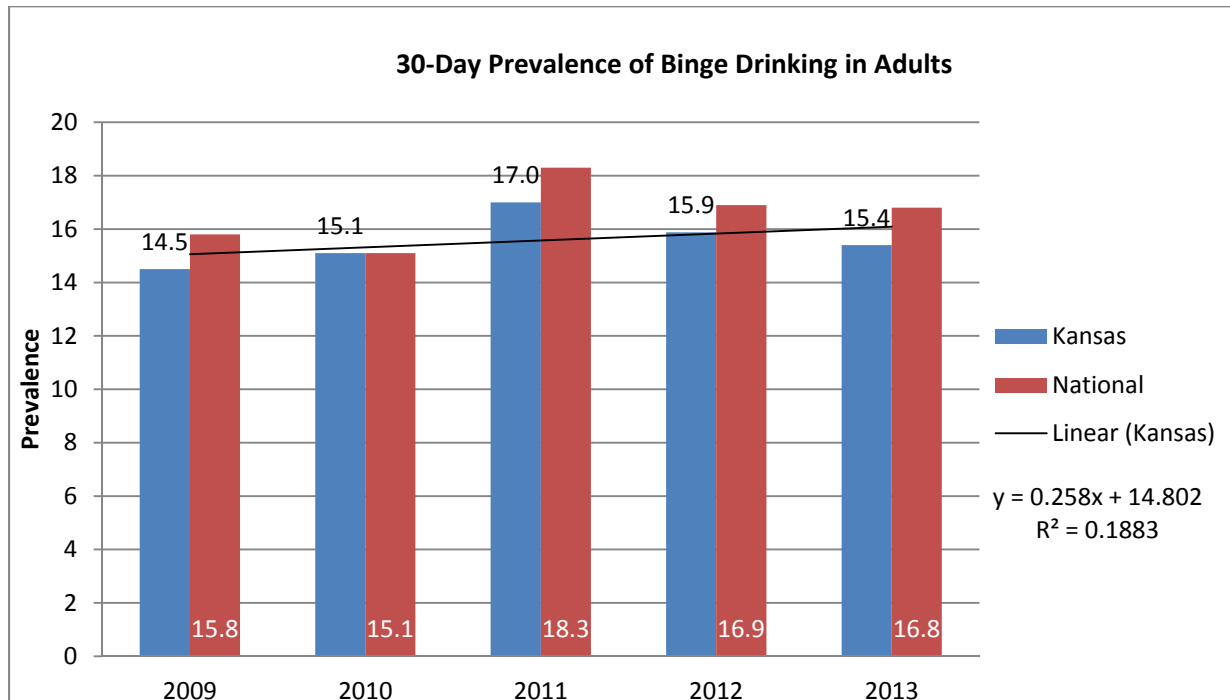


Table 1.5 Percentage of persons aged 18 and older reporting having five or more drinks on at least one occasion within the past 30 days for Kansas Counties by gender, race, and ethnicity, 2009-2013

Year	Overall	Race				Ethnicity	
		White	African American	Other	Multiple Race	Hispanic	Non-Hispanic
2009	14.5	14.8	10.7	12.6	14.7	15.6	13.2
2010	15.1	15.0	10.0	18.3	15.0	20.8	14.6
2011	17.0	16.8	12.8	16.7	22.7	21.2	17.3
2012	15.9	16.0	15.9	11.7	25.9	15.5	15.8
2013	15.4	15.6	12.6	13.9	17.6	17.2	15.2
5-Year Average	<b>15.6</b>	<b>15.6</b>	<b>12.4</b>	<b>14.6</b>	<b>19.2</b>	<b>18.1</b>	<b>15.2</b>

Table 1.6 Percentage of persons aged 18 and older reporting having five or more drinks on at least one occasion within the past 30 days for the State of Kansas by age group, 2009-2013.

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2009	14.5	19.9	9.3	22.8	22.7	18.1	13.5	9.1	2.2
2010	15.1	21.4	9.0	27.8	22.0	19.2	14.7	8.3	2.1
2011	17.0	23.1	11.2	28.3	28.0	19.5	16.4	9.2	3.1
2012	15.9	22.3	9.5	26.6	26.5	18.0	14.8	9.3	2.9
2013	15.4	21.7	9.3	24.6	25.1	17.9	15.0	9.7	3.0
5-Year Average	<b>15.6</b>	<b>21.7</b>	<b>9.7</b>	<b>26.0</b>	<b>24.9</b>	<b>18.5</b>	<b>14.9</b>	<b>9.1</b>	<b>2.7</b>

**Two-Week Binge Drinking - Youth:** Percentage of students in grades 6, 8, 10, and 12 reporting having five or more drinks in a row on at least one occasion within past two weeks.

**Why is this indicator important?**

The consumption of five or more drinks on one occasion is the definition of binge drinking. Strong correlations have been found between increased binge drinking and acute alcohol conditions such as injuries, alcohol related vehicle crashes, violence, and fetal alcohol spectrum disorder. There are also associations between binge drinking and chronic liver disease.

Additionally, the purchase or consumption of alcohol by any individual under the age of 21 is illegal in Kansas.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

**Important findings**

- For all years, as grade level increased, the prevalence of binge drinking significantly increased.
- For all years, male students had a slightly higher prevalence of binge drinking than female students.
- In 2014, Hispanics had the highest percentage for this indicator, among race/ethnic groups.
- During the past five years, the two week prevalence of binge drinking has decreased slightly among youth in grades 9-12 in Kansas.

### Graph of Five-Year Trend

From 2010-2014, there has been a steady decline in the two-week prevalence of binge drinking among grades 6, 8, 10, and 12.

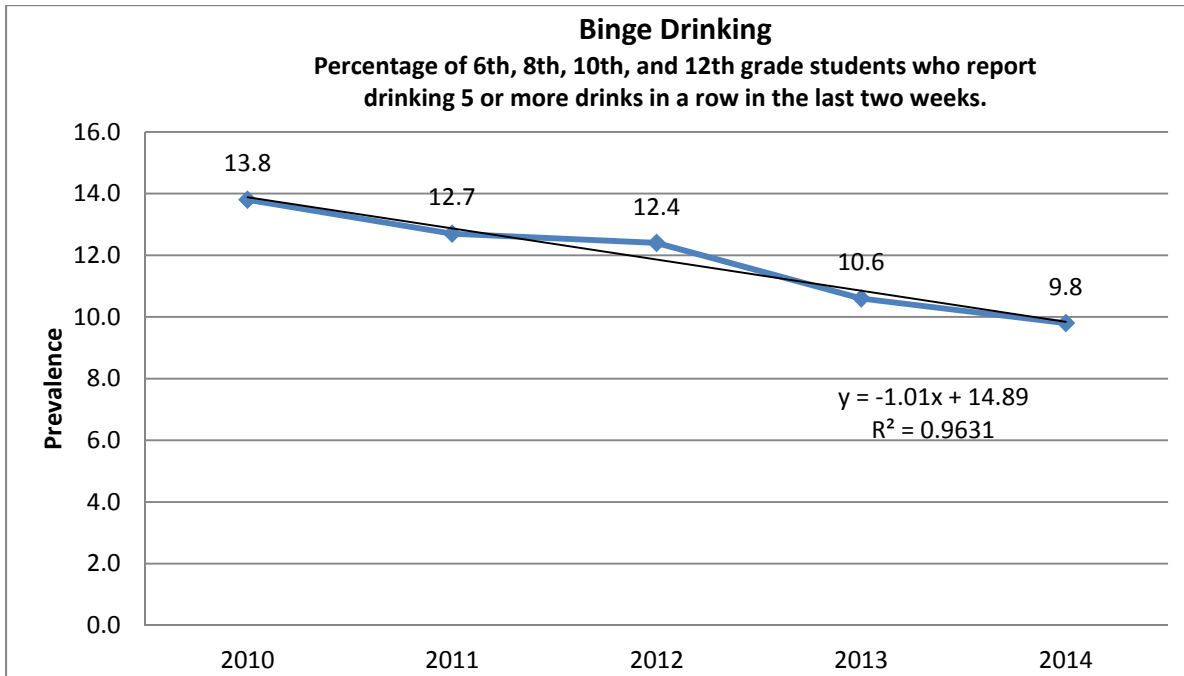


Table 1.7 Percentage of students in grades 6, 8, 10, and 12 reporting having five or more drinks in a row on at least one occasion within the past two weeks for the State of Kansas by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	13.8	2.4	8.3	19.4	29.1	14.6	13.0
2011	12.7	2.1	7.4	17.2	27.3	13.5	12.0
2012	12.4	2.1	6.8	18.1	27.0	13.2	11.7
2013	10.6	1.6	5.2	15.1	24.5	11.3	9.9
2014	9.8	1.4	4.7	13.4	23.1	10.3	9.3
5-Year Average	<b>12.4</b>	<b>2.1</b>	<b>6.9</b>	<b>17.4</b>	<b>27.0</b>	<b>13.1</b>	<b>11.7</b>

Table 1.8 Percentage of students in grades 6, 8, 10, and 12 reporting having five or more drinks in a row on at least one occasion within the past two weeks for the State of Kansas by race/ethnicity, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	13.8	13.6	13.3	13.6	18.1	9.5	11.4
2011	12.7	12.3	11.5	14.2	17.4	10.3	10.7
2012	12.4	12.3	11.4	13.3	15.8	8.6	10.2
2013	10.6	10.6	9.4	11.5	12.6	6.4	9.1
2014	9.8	9.9	8.0	9.8	11.9	5.6	8.3
5-Year Average	<b>11.9</b>	<b>11.7</b>	<b>10.7</b>	<b>12.5</b>	<b>15.2</b>	<b>8.1</b>	<b>9.9</b>



**Early Initiation of Alcohol Use:** Percentage of students in grades 6, 8, 10, and 12 who report first use of alcohol before age 13.

**Why is this indicator important?**

Early initiation, before age 13, of alcohol consumption has been shown to increase the risk of drinking problems later in life. Alcohol is a known Central Nervous System (CNS) depressant and influences cognitive reasoning and abilities. In addition, alcohol is associated with violent behaviors. Additionally, the purchase or consumption of alcohol by any individual under the age of 21 is illegal in Kansas.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

**Important findings**

- The percentage of students who report first use of alcohol before age 13 increases from 6th to 8th grade and then declines from this point to 12th grade.

### Graph of Five-Year Trend

During the 2010 to 2014, the proportion of youth in grades 6, 8, 10, and 12 who report early initiation of alcohol has decreased.

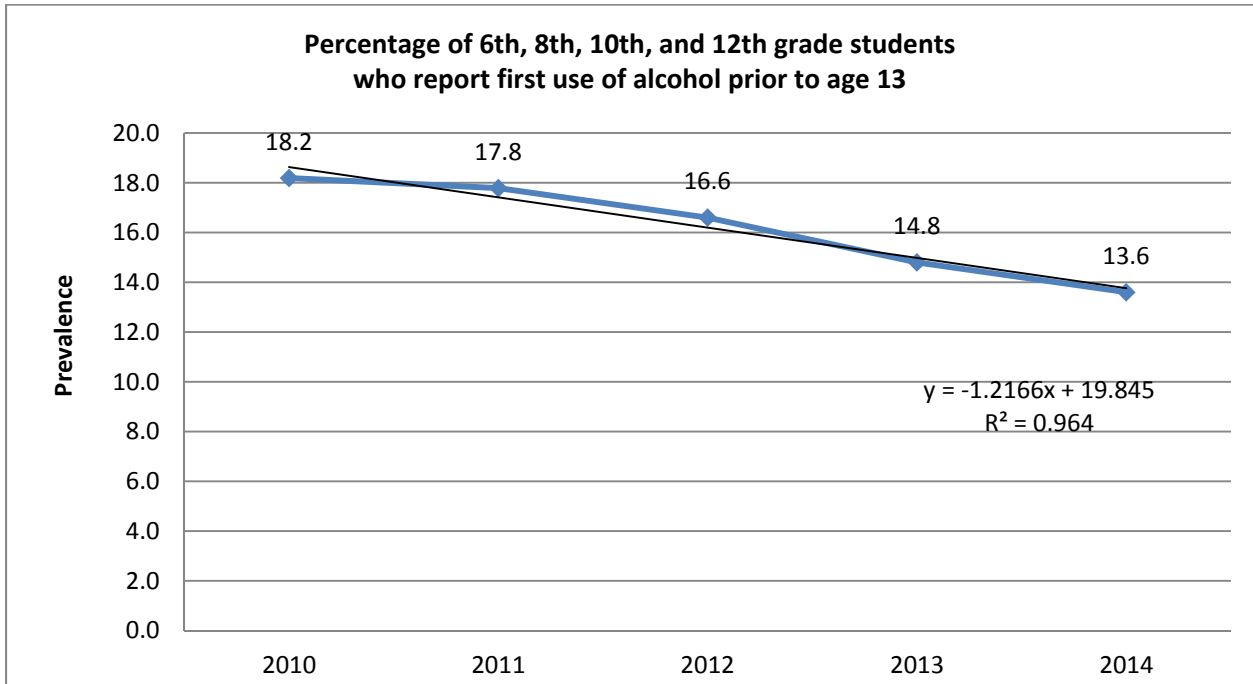


Table 1.9 Percentage of students in grades 6, 8, 10, and 12 who report first use of alcohol before age 13 for the State of Kansas by grade, gender 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	18.2	19.7	22.9	16.4	12.2	21.2	15.3
2011	17.8	18.7	23.1	16.2	11.6	20.6	15.0
2012	16.6	17.2	21.3	15.1	11.4	19.1	14.2
2013	14.8	14.7	19.3	13.7	10.1	17.3	12.4
2014	13.6	13.3	17.7	12.8	9.2	15.5	11.8
5-Year Average	<b>16.2</b>	<b>16.7</b>	<b>20.8</b>	<b>14.8</b>	<b>10.9</b>	<b>18.7</b>	<b>13.7</b>

Table 1.10 Percentage of students in grades 6, 8, 10, and 12 who report first use of alcohol before age 13 for the State of Kansas by Race 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	18.2	16.4	19.9	26.0	24.6	15.3	23.7
2011	17.8	15.8	20.5	24.5	24.0	13.8	22.7
2012	16.6	14.9	18.8	23.6	22.3	12.8	19.9
2013	14.8	13.4	17.1	22.7	18.9	10.3	18.3
2014	13.6	12.4	16.0	18.3	16.9	10.5	17.5
5-Year Average	<b>16.2</b>	<b>14.6</b>	<b>18.5</b>	<b>23.0</b>	<b>21.3</b>	<b>12.5</b>	<b>20.4</b>

**Perception of Great Risk of Harm from Alcohol - Adults:** Percent of respondents who believed there was great risk of harm from “Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week”

**Why is this indicator important?**

Perceived risk of harm associated with underage drinking, binge, or heavy episodic drinking is a risk factor associated with overall alcohol consumption, in terms of incidence and prevalence, and corresponds with a range of health and wellness issues. As perception of risk of harm decreases, a corresponding increase in consumption co-occurs as a trend.

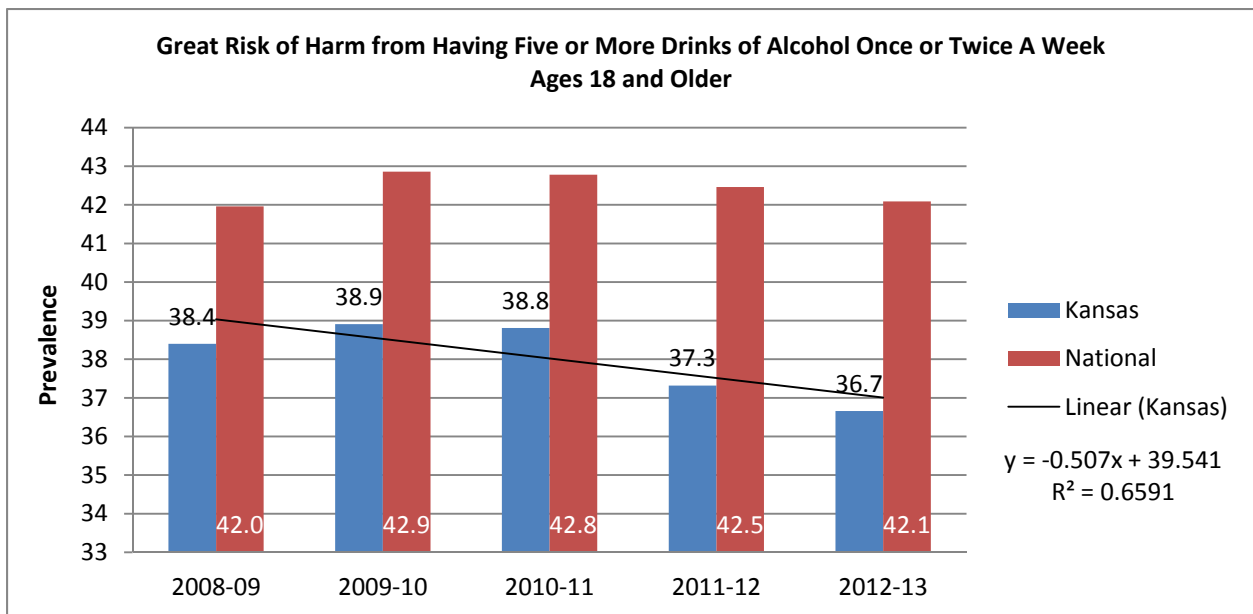
**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014.

**Important findings**

- The percentage of respondents who believe there is a great risk of harm in drinking regularly is decreasing in the state of Kansas.

**Graph of Five-Year Trend**



**Perception of Great Risk of Harm from Alcohol Use - Youth:** Percent of youth in grades 6, 8, 10, and 12 who responded “great risk” when asked: How much do you think people risk harming themselves if they take one or two drinks of an alcohol beverage nearly every day?”

**Why is this indicator important?**

The more teens believe they may be harmed by alcohol use, the less likely they are to drink. In a related fashion, research indicates that as perceived risk decreases, underage drinking increases, illustrating the importance of providing reliable, accurate, and developmentally appropriate information about the risks and consequences associated with underage alcohol consumption to children and youth.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

**Important findings**

- The percentage of students who believe there is a great risk of harm in drinking regularly is decreasing in the state of Kansas.

**Graph of Five-Year Trend**

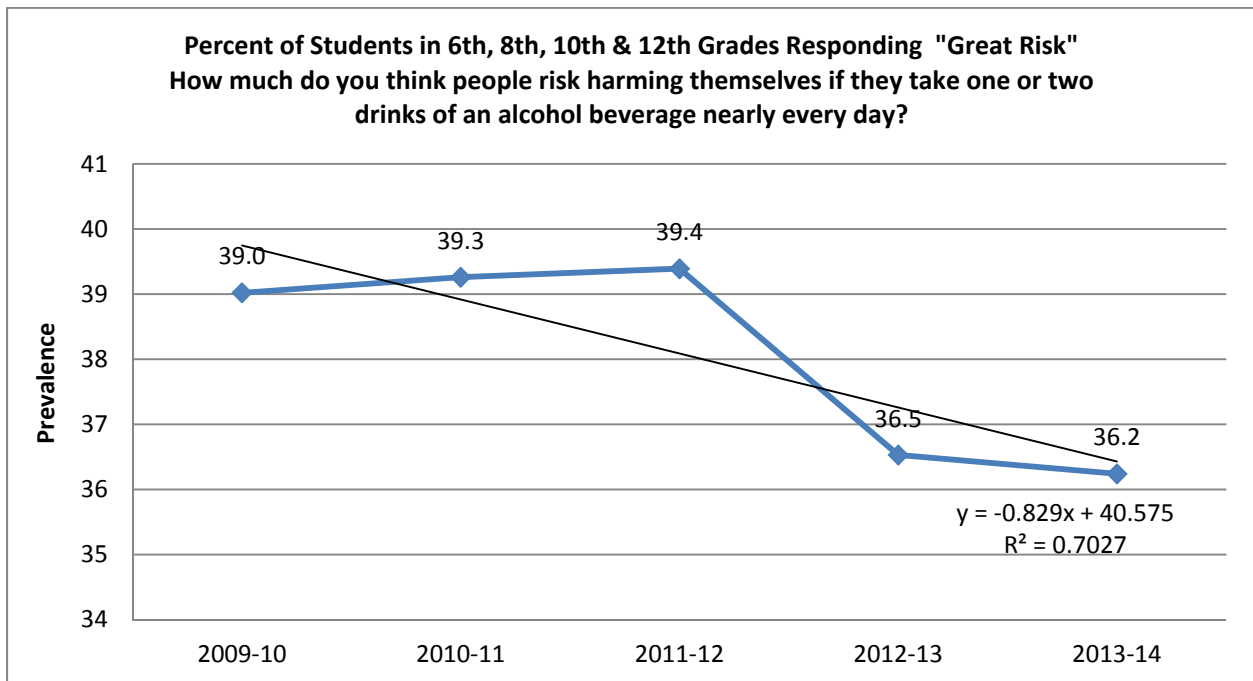


Table 1.11 Percentage of students in grades 6, 8, 10, and 12 who report “Great Risk of Harm” in drinking alcohol regularly for the State of Kansas by grade and gender 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	39.0	44.5	39.0	36.4	35.3	35.0	42.9
2011	39.3	44.3	39.0	37.0	36.0	35.3	43.2
2012	39.4	43.6	40.1	36.8	36.0	35.8	42.9
2013	36.5	40.7	38.2	33.7	32.1	33.1	39.9
2014	36.2	40.9	38.1	33.7	30.9	33.3	39.2
5-Year Average	<b>38.6</b>	<b>43.3</b>	<b>39.1</b>	<b>36.0</b>	<b>34.8</b>	<b>34.8</b>	<b>42.2</b>

Table 1.12 Percentage of students in grades 6, 8, 10, and 12 who report “Great Risk of Harm” in drinking alcohol regularly for the State of Kansas by race 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	39.0	38.1	41.6	36.9	38.6	52.2	41.3
2011	39.3	38.3	42.6	37.3	38.2	53.2	40.7
2012	39.4	38.7	42.0	37.1	38.1	51.9	39.7
2013	36.5	39.0	40.6	34.8	38.5	51.3	39.8
2014	36.2	36.2	37.1	32.2	35.4	50.2	37.5
5-Year Average	<b>38.1</b>	<b>38.0</b>	<b>40.8</b>	<b>35.7</b>	<b>37.8</b>	<b>51.8</b>	<b>39.8</b>

**Treatment Admissions - Alcohol:** Count of those admitted to treatment reporting that the primary substance for which patient admitted was alcohol.

**Why is this indicator important?**

Substance use treatment admissions are an indicator of how many individuals receive treatment for an identified, diagnosable, substance use disorder. While treatment admission data should not be considered an indicator of the magnitude of substance abuse, it does provide data relating to treatment need, incidence, resources needed, possible patterns across subpopulations, and the consequences arising from substance abuse that impact individuals, families, and communities.

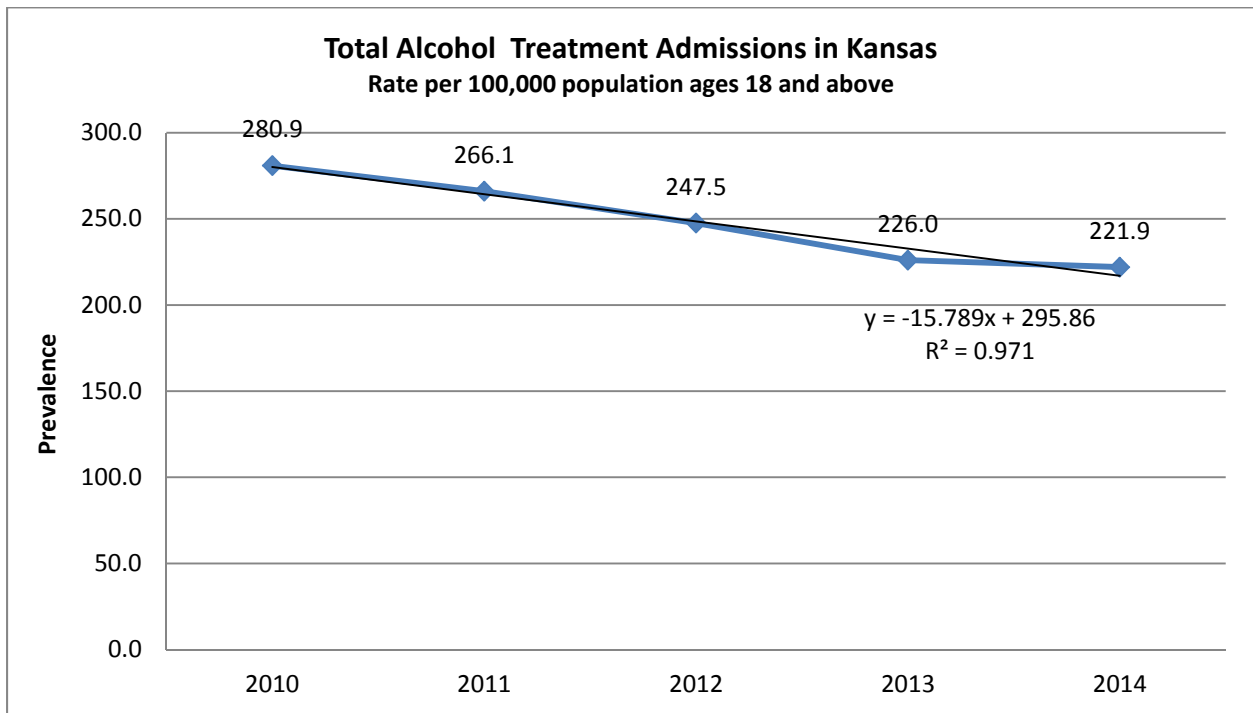
**Where did we get the data?**

KDADs special request: Treatment Episodic Data Set (TEDS) – Primary substance for which patient admitted for treatment

**Important findings**

- New admissions into alcohol treatment have steadily declined over the past five years.

**Graphs of Five-Year Trend**



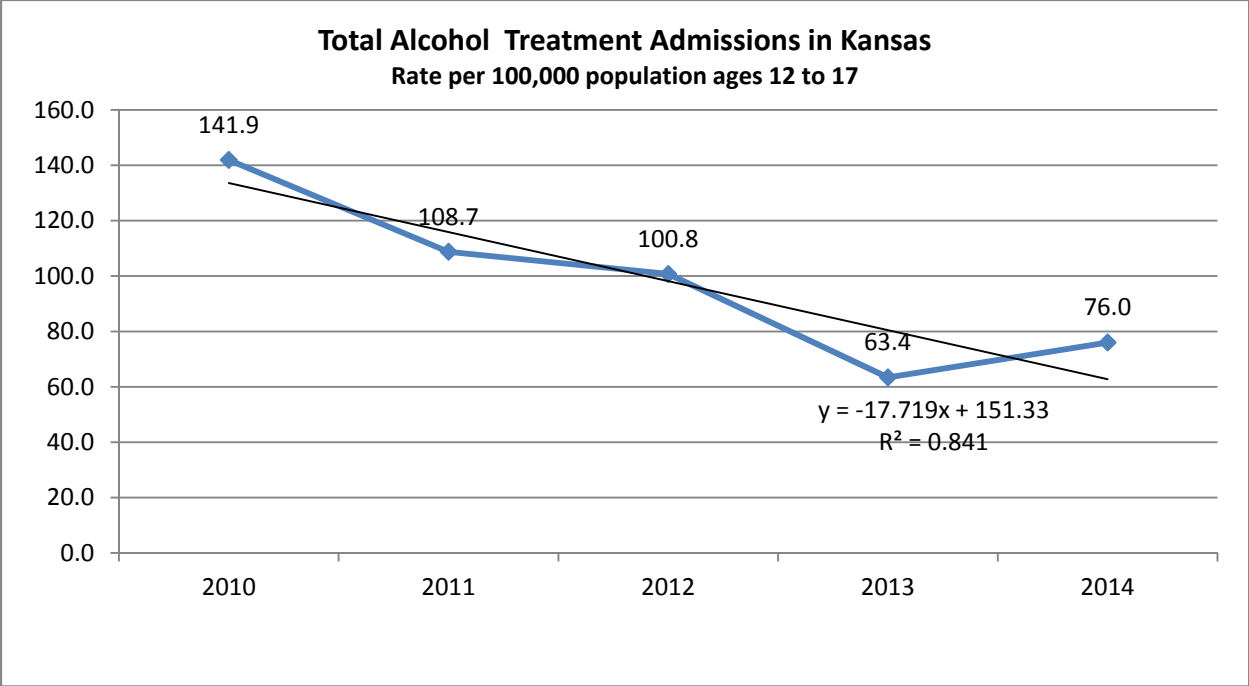


Table 2.1 Count of Substance Use Disorder Treatment Providers admissions for alcohol treatment (primary substance) by gender and SAMHSA age group for the State of Kansas, 2010-2014.

Year	Total	Gender		Age Group			
		Male	Female	12 - 17	18 +	18 - 25	26 +
2010	6310	4557	1753	338	5972	1499	4473
2011	5917	4214	1703	259	5657	1251	4406
2012	5505	3957	1548	240	5263	1089	4174
2013	4961	3573	1388	151	4806	1013	3793
2014	4908	3500	1408	181	4719	895	3824
5-Year Average	<b>5520</b>	<b>3960</b>	<b>1560</b>	<b>234</b>	<b>5283</b>	<b>1149</b>	<b>4134</b>



Table 2.2 Count of Substance Use Disorder Treatment Providers admissions for alcohol treatment (primary substance) by race and ethnicity for the State of Kansas, 2010-2014.

Year	Total	Race					Ethnicity	
		White	African American	Asian / Islander	American / Alaska Native	Other	Hispanic	Non-Hispanic
2010	6310	4938	681	50	203	438	617	5693
2011	5917	4624	625	37	202	429	577	5340
2012	5505	4307	608	33	163	394	579	4926
2013	4961	3816	566	54	162	363	523	4438
2014	4908	3732	581	44	161	390	554	4354
5-Year Average	<b>5520</b>	<b>4283</b>	<b>612</b>	<b>44</b>	<b>178</b>	<b>403</b>	<b>570</b>	<b>4950</b>

Table 2.3 Count of Substance Use Disorder Treatment Providers admissions for alcohol treatment (primary substance) by KDHE age group for the State of Kansas, 2010-2014

Year	< 15	15-24	25-44	45-64	65 +
2010	51	1386	2964	1855	54
2011	30	1167	2897	1763	59
2012	19	1044	2706	1684	50
2013	18	846	2558	1484	51
2014	14	799	2471	1547	69
5-Year Average	<b>26</b>	<b>1048</b>	<b>2719</b>	<b>1667</b>	<b>57</b>

Table 2.4 Totals Served by year: New admissions during year for alcohol treatment plus any previous admissions not released during that year, by KDHE age group.

Year	< 15	15-24	25-44	45-64	65 +	Total
2010	113	2713	5762	3465	108	12161
2011	102	2669	6409	3827	110	13117
2012	86	2579	6561	3997	114	13337
2013	84	2475	6803	4032	122	13516
2014	78	2516	7169	4305	151	14219
5-Year Average	<b>93</b>	<b>2590</b>	<b>6541</b>	<b>3925</b>	<b>121</b>	<b>13270</b>

**Persons Needing but Not Receiving Treatment - Alcohol:** Percent of persons responding that they were in need of alcohol abuse treatment that they did not receive during the past year on the National Survey on Drug Use and Health.

**Why is this indicator important?**

As an indicator of the extent of substance abuse disorder treatment need and availability, within the context of unmet need, this indicator can serve as a benchmark for the need for substance abuse treatment services and resources, as well as problem identification and referral. Needing but not receiving treatment for substance use disorders is an indicator of unmet need and thus serves as a benchmark for potential issues.

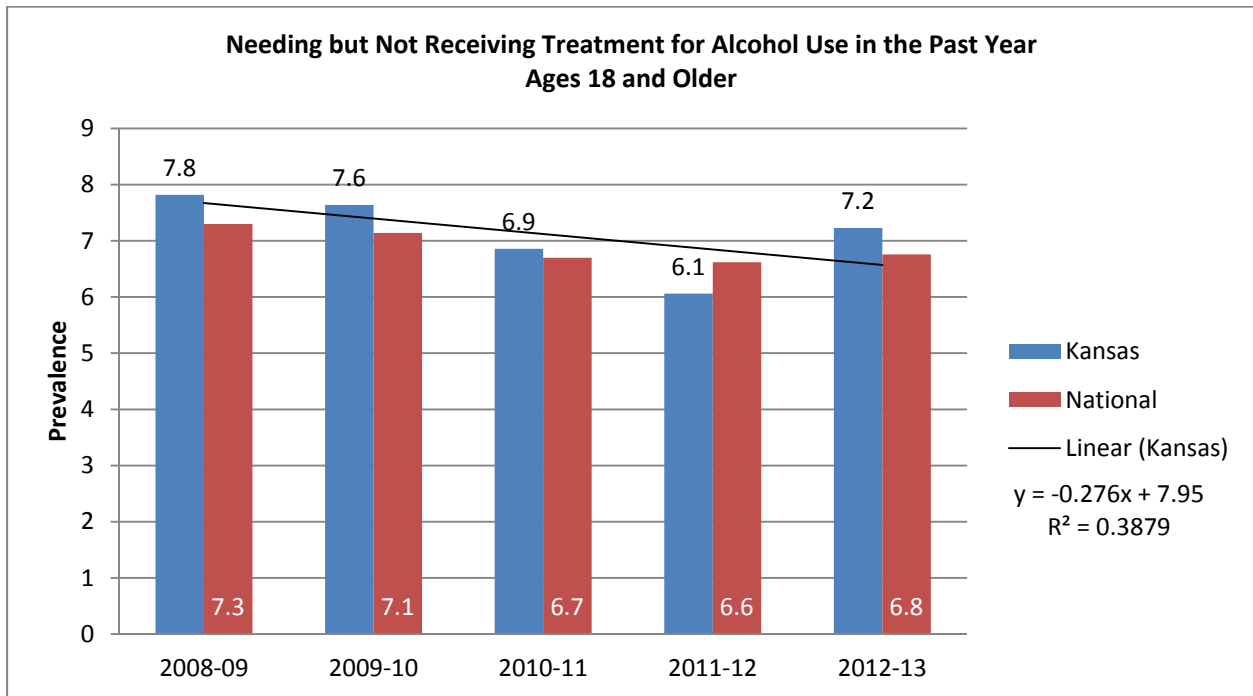
**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014.

**Important findings**

- In 2013, the Kansas average was above the national average for both adult and youth estimates of those needing but not receiving alcohol substance abuse treatment.

**Graphs of Five-Year Trend**



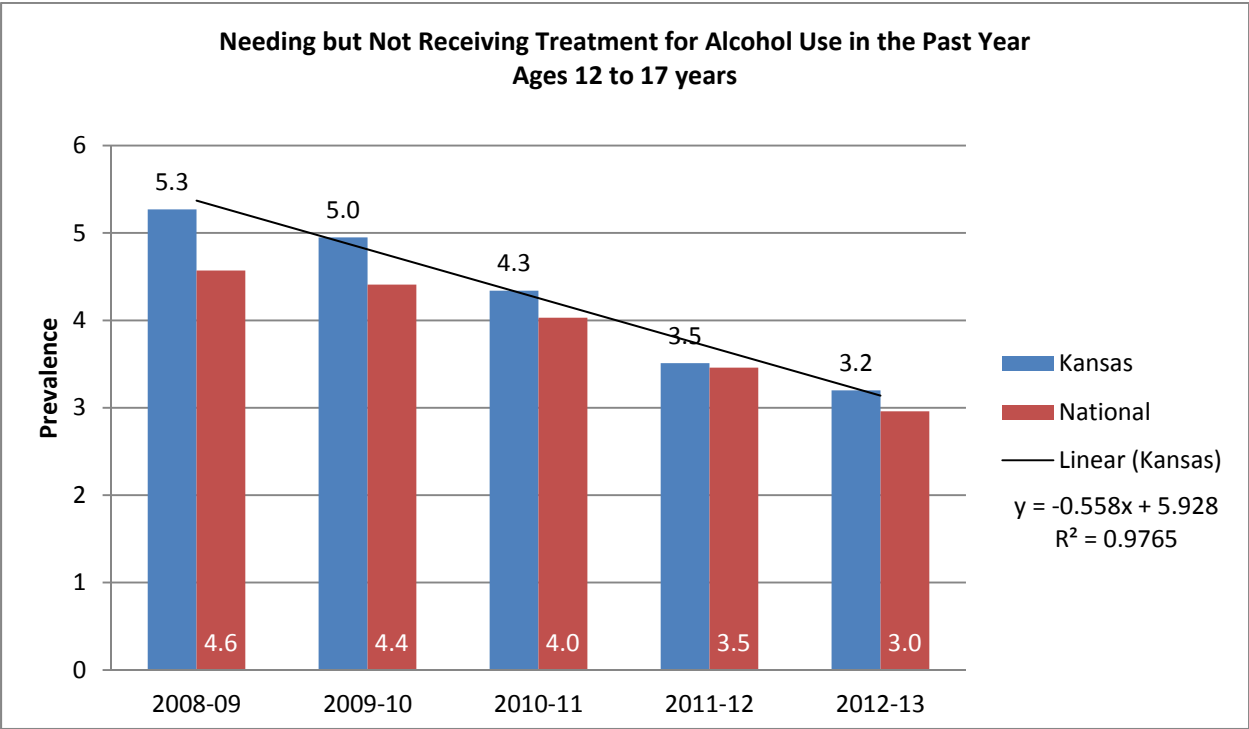


Table 2.5 Percent needing but not receiving treatment for alcohol abuse by age group

Year	Ages 12-17	Ages 18-25	Ages 12+	Ages 18+	Ages 26+
2008-09	5.3	18.3	7.6	7.8	5.9
2009-10	5.0	16.6	7.4	7.6	5.9
2010-11	4.3	15.2	6.6	6.9	5.3
2011-12	3.5	12.8	5.8	6.1	4.8
2012-13	3.2	13.0	6.8	7.2	6.2

**Suspensions / Expulsions for Alcohol Offenses:** Number of school suspensions and expulsions related to alcohol

**Why is this indicator important?**

School suspensions and expulsions related to alcohol abuse provide an additional indicator concerning dependence and abuse. Moreover, individuals who are suspended or expelled due to a substance abuse problem will have additional constraints and challenges if they are unable to complete their high school education.

**Where did we get the data?**

Kansas State Department of Education, as reported by Public Schools and School Districts in aggregate form for school years ending in 2009 - 2014.

**Important findings**

- Universally, as grade level increases, the number of suspensions related to alcohol also increases.

More information is required in the future to determine gender, racial, and ethnic differences in the number of suspensions. Additionally, information concerning the proportion of schools with policies related to substance abuse would be required for further analysis.

**Graph of Five-Year Trend**

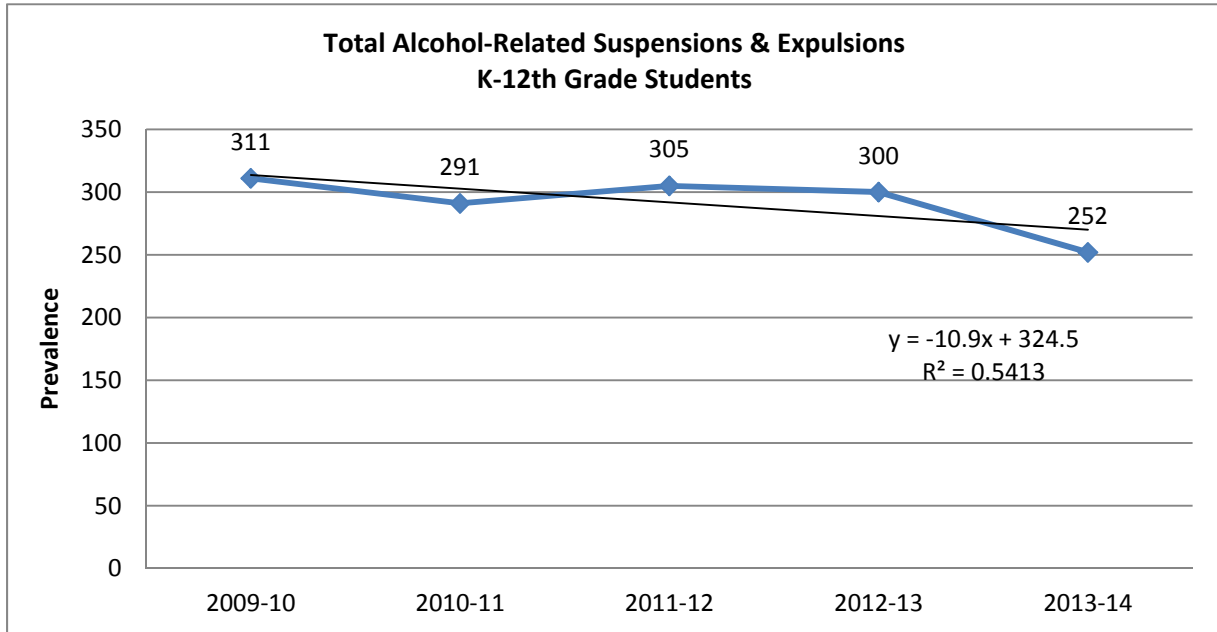


Table 3.1 Five-Year average number of students disciplined for alcohol-related offenses by grade and type of disciplinary action.

Discipline Type	Average Number of Students				
	Tenth Grade	Eleventh Grade	Twelfth Grade	Non Graded	Total Students
In-School Suspension	3	4	5	0	18
Out-of-School Suspension	56	70	96	0	300
Expulsion	0	1	1	0	5
Other	0	2	1	0	3
<b>TOTAL</b>	<b>60</b>	<b>76</b>	<b>103</b>	<b>0</b>	<b>326</b>

\* NOTE: The data for 2008-2009 and later were collected differently than the data for 2006-2007 and earlier. In addition, the reports for the 2007-2008 school year are not available because we do not have data for all schools.

**MIP Citations:** Number of citations written for Minor in Possession (MIP) of alcohol.

**Why is this indicator important?**

The impact of underage drinking in communities is a high priority nationally and in Kansas. Consumption of alcohol by individuals under the age of 21 is illegal in Kansas. Early initiation of alcohol consumption has been shown to be associated with dependence, abuse, and adverse chronic and acute outcomes.

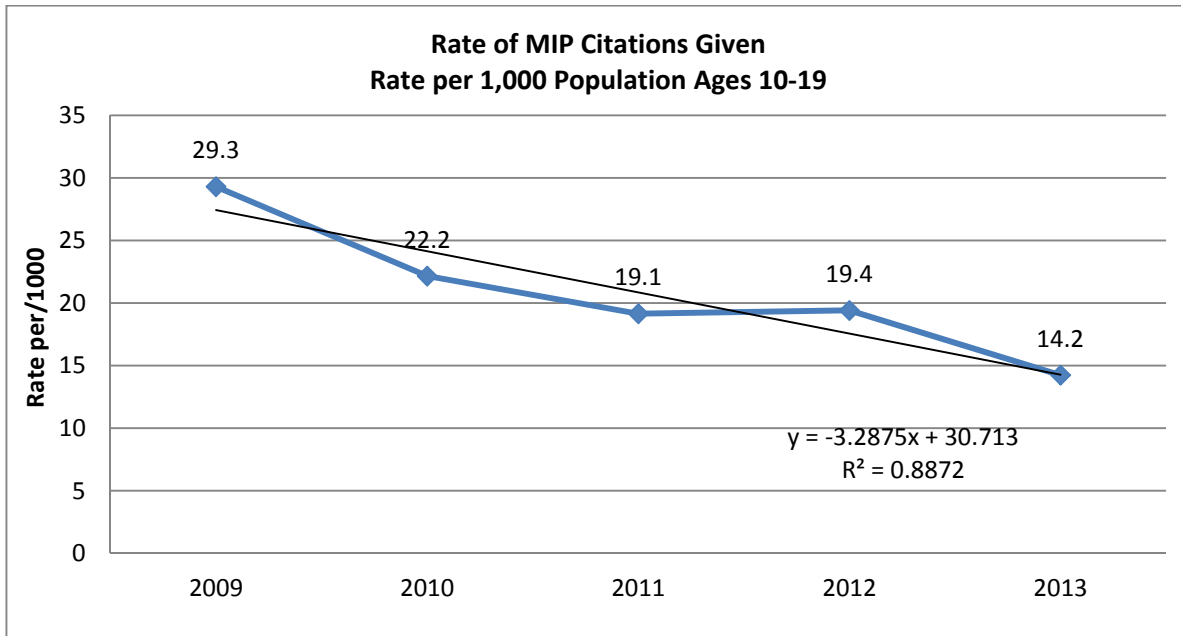
**Where did we get the data?**

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2009-2013.

**Important findings**

- The rate of MIP citations has decreased by half from 2009 to 2013.

**Graph of Five-Year Trend**



**DUI Arrests:** Number of arrests for Driving Under the Influence (DUI)

**Why is this indicator important?**

In Kansas, it is illegal to operate a motor vehicle if your blood or breath alcohol concentration (BAC) is .08 or above. In addition to being an illegal activity, having a high BAC also increases an individual’s chances of being part of a motor vehicle accident.

**Where did we get the data?**

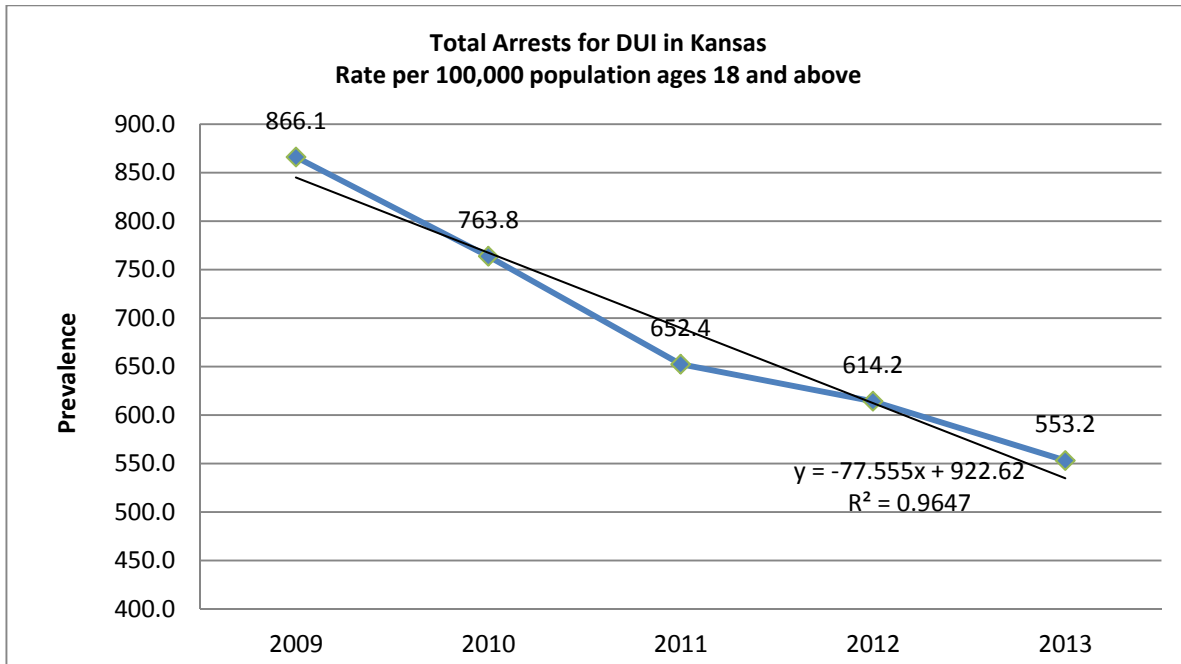
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2009-2013.

**Important findings**

- The number of adult DUI arrests has dramatically decreased over the past five years.

**Graphs in Five-Year Trends**

**Adult Arrests:**



**Juvenile Arrests:**

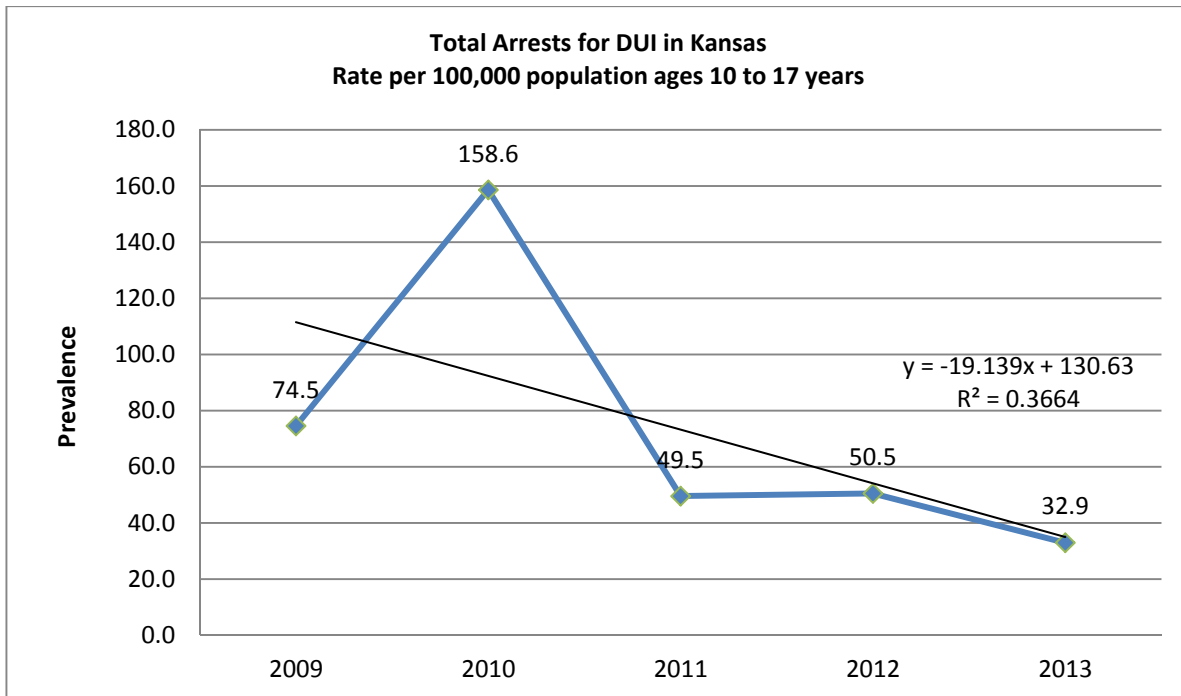


Table 3.2 Number and rate of arrests for Driving Under the Influence (DUI) for the State of Kansas by age group, 2013.

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		DUI Arrests	Rate	DUI Arrests	Rate
2009	753.2	245	74.5	17110	866.1
2010	684.9	506	158.6	16240	763.8
2011	573.8	158	49.5	13872	652.4
2012	540.7	161	50.5	13060	614.2
2013	485.3	105	32.9	11761	553.2
5-Year Average	<b>607.6</b>	<b>235</b>	<b>73.2</b>	<b>14409</b>	<b>690.0</b>



**Alcohol-Related Arrests:** Number of arrests for Drunkenness & Liquor Violations

**Why is this indicator important?**

This indicator relates to the rate of alcohol violation arrests in the population, and illustrates the profile and extent of alcohol-related crime in Kansas. It also provides data that demonstrate some of the social and legal consequences of alcohol use across the state.

**Where did we get the data?**

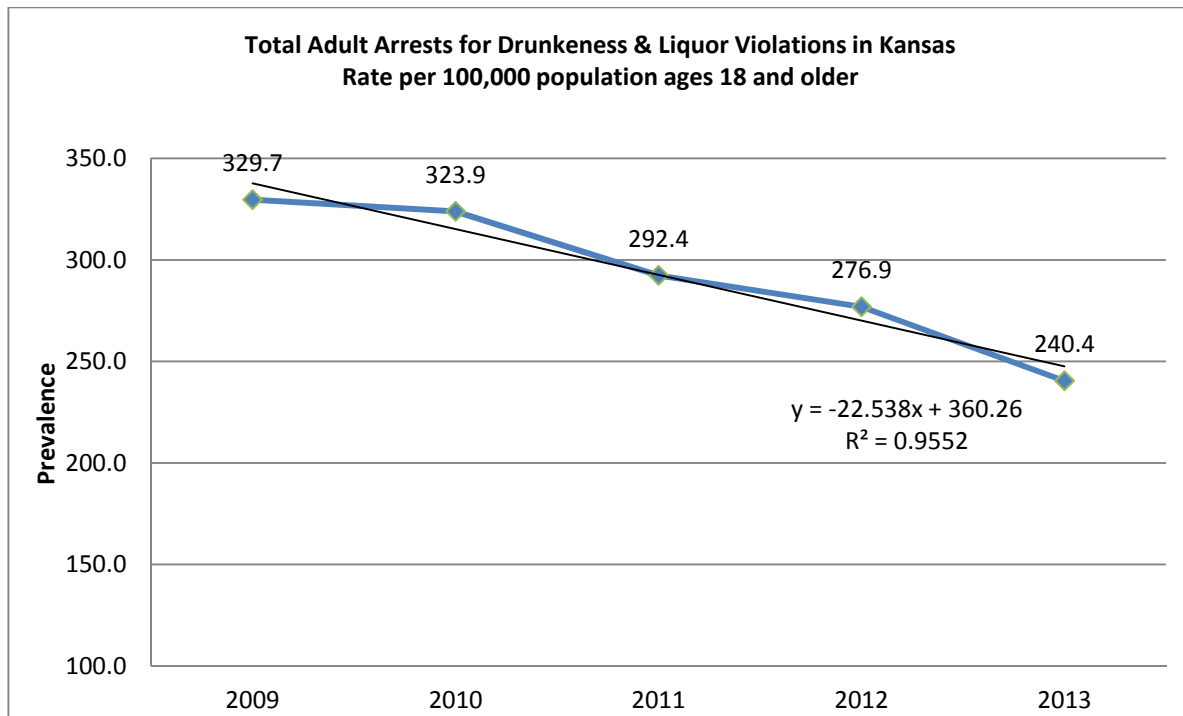
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2009-2013.

**Important findings**

- The juvenile rate of arrest for alcohol offenses was significantly higher than that of adults for the years 2005-2012.

**Graphs of Five-Year Trends**

**Adult Arrests:**



**Juvenile Arrests:**

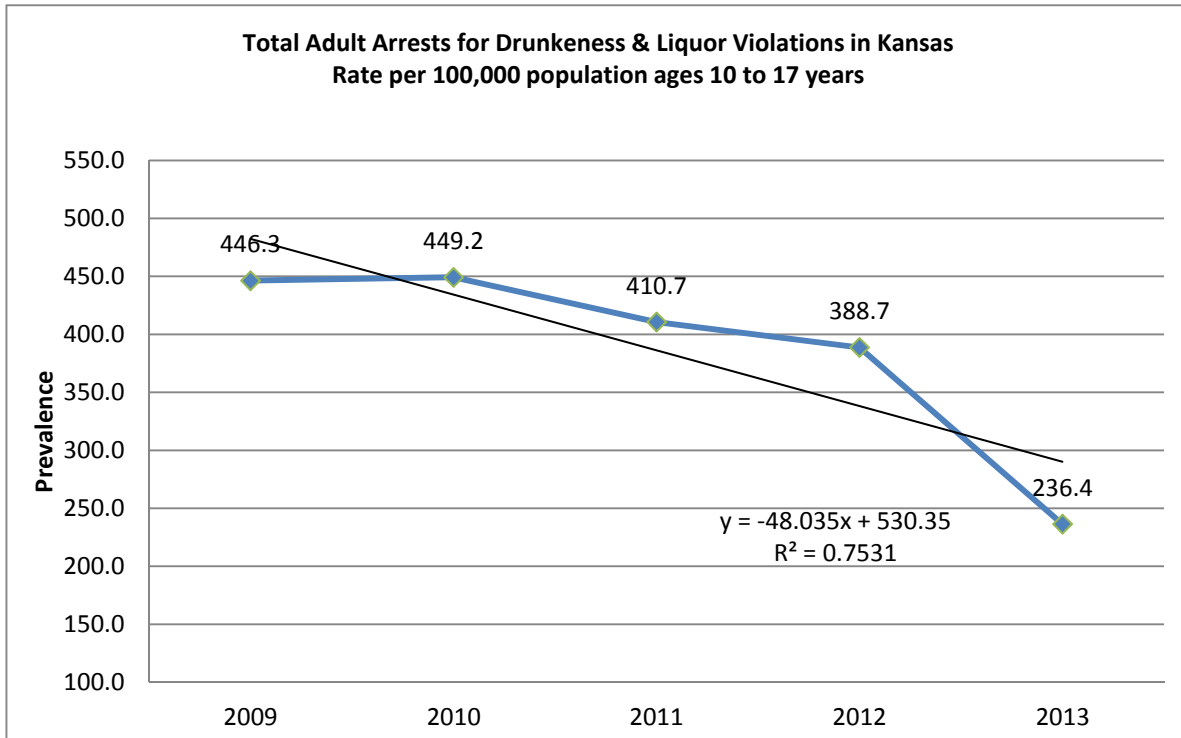


Table 3.3 Number and rate of arrests for Drunkenness and Liquor Violations for the State of Kansas by age group, 2013.

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Alcohol-Related	Rate	Alcohol-Related	Rate
2009	346.3	1467	446.3	6512	329.7
2010	340.2	1433	449.2	6886	323.9
2011	307.8	1310	410.7	6216	292.4
2012	291.5	1240	388.7	5888	276.9
2013	239.9	754	236.4	5112	240.4
5-Year Average	<b>305.1</b>	<b>1241</b>	<b>386.2</b>	<b>6123</b>	<b>292.6</b>

**Alcohol-Related Vehicle Deaths:** Number of fatal motor vehicle crashes that are alcohol related.

**Why is this indicator important?**

According to the Centers for Disease Control and Prevention, in 2010, 10,228 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third (31%) of all traffic-related deaths in the United States. Additionally, at all levels of blood alcohol concentration (BAC), the risk of being involved in a crash is greater for young people than for older people.

**Where did we get the data?**

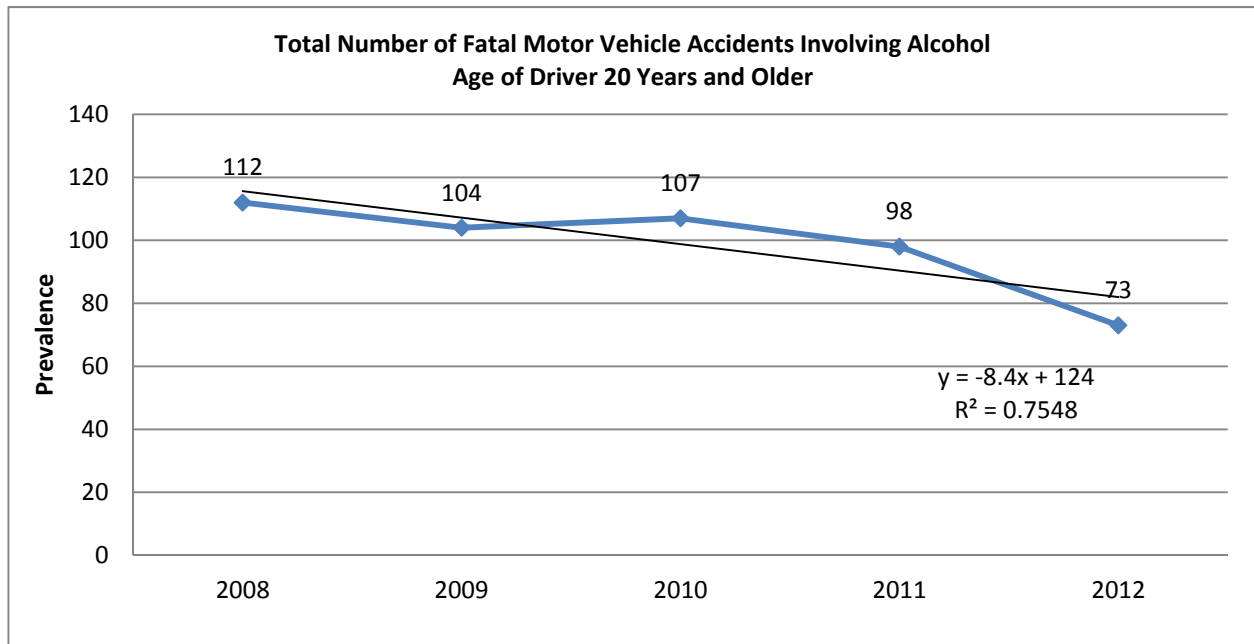
Kansas Department of Transportation, Accident Statistics – Alcohol-Related Summaries 2008-2012.

**Important findings**

- For the years 2008-2012, males had dramatically higher number of deaths from alcohol-related fatal motor vehicle crashes than females.
- For this same period, those 65 and older had the lowest number of deaths from alcohol-related fatal motor vehicle crashes.

**Graphs of Five-Year Mortality Trend**

**Adult Drivers:**



**Juvenile Drivers:**

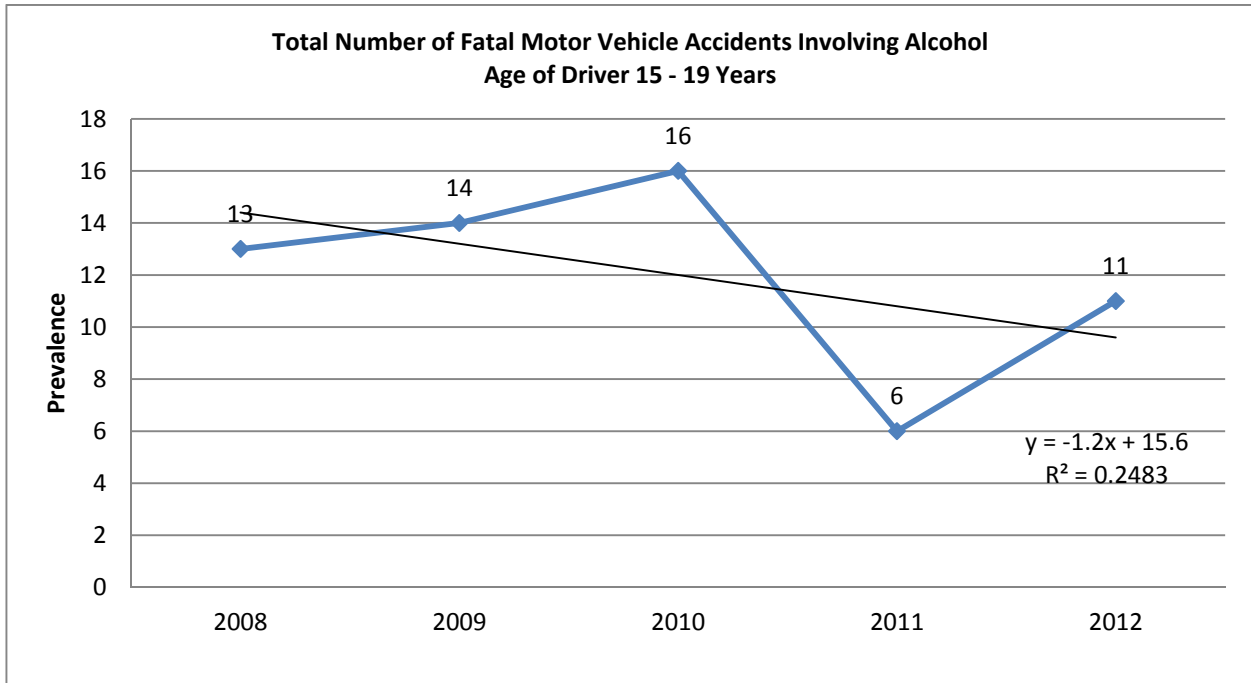


Table 4.1 Age and gender of drivers involved in alcohol-related accidents and deaths due to alcohol-related motor vehicle crashes for the state of Kansas, 2008-2012.

Year	Number of Accidents							
	Total	Gender		Driver Age				
		Female	Male	15-19	20-39	40-64	65+	ADULT
2008	107	30	92	12	62	22	4	88
2009	109	22	102	17	49	42	2	93
2010	119	34	109	13	68	38	6	112
2011	114	30	105	14	62	41	1	104
2012	118	33	103	16	64	36	7	107
5-Year Average	<b>113</b>	<b>30</b>	<b>102</b>	<b>14</b>	<b>61</b>	<b>36</b>	<b>4</b>	<b>101</b>

Table 4.2 Age and gender of drivers involved in alcohol-related accidents and deaths due to alcohol-related motor vehicle crashes for the state of Kansas, 2008-2012.

Year	Number of Deaths							
	Total	Gender		Driver Age				
		Female	Male	15-19	20-39	40-64	65+	ADULT
2008	130	43	119	13	77	42	6	125
2009	125	33	116	16	70	43	1	114
2010	139	41	124	17	79	40	7	126
2011	114	32	98	7	66	38	3	107
2012	97	24	91	13	49	29	4	82
5-Year Average	<b>121</b>	<b>35</b>	<b>110</b>	<b>13</b>	<b>68</b>	<b>38</b>	<b>4</b>	<b>111</b>

**Chronic Liver Disease Deaths:** Number of deaths from chronic liver disease per 100,000 population.

**Why is this indicator important?**

Heavy drinking over a prolonged period of time is the major cause of deaths due to chronic liver disease and cirrhosis.

**Where did we get the data?**

Kansas Department of Health and Environment, Kansas Information for Communities, Death Statistics 2009-2013.

**Important findings**

- For the years 2009-2013, males have a significantly higher age-adjusted death rate than females.
- For the years 2009-2013, age-specific death rates are highest among those individuals ages 65 and older. This highlights the association between lifelong heavy drinking and chronic disease.

**Graph of Five-Year Mortality Trend**

Overall from 2009-2013, the chronic liver disease rate has increased slightly.

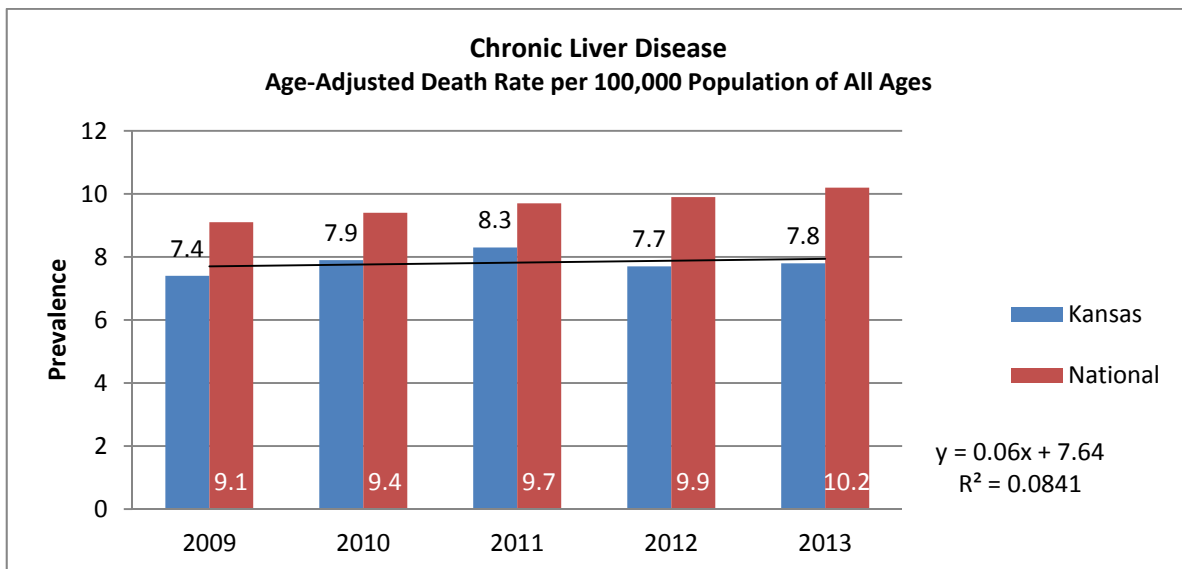


Table 4.3 Age-adjusted death rates due to Chronic Liver Disease for State of Kansas by gender and race, 2009-2013.

Year	Overall	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2009	7.4	10.1	4.8	6.8	.	.	.	7.4
2010	7.9	11.6	4.5	7.4	.	.	.	7.6
2011	8.3	12	4.7	8.1	.	.	.	8.1
2012	7.7	10.7	5	7.6	.	.	.	7.7
2013	7.8	11.4	4.5	7.4	.	.	.	7.9
5-Year Average	<b>7.8</b>	<b>11.2</b>	<b>4.7</b>	<b>7.5</b>	.	.	.	<b>7.7</b>

Table 4.4 Age-adjusted death rates due to Chronic Liver Disease for the State of Kansas by age group, 2009-2013.

Year	Overall	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2009	7.4	.	.	.	18.7	19.9
2010	7.9	.	.	.	19.3	21.8
2011	8.3	.	.	4.8	19.1	20.1
2012	7.7	0.0	0.0	3.3	18.8	20.8
2013	7.8	0.0	0.0	0.0	21.0	18.8
5-Year Average	<b>7.8</b>	<b>0.0</b>	<b>0.0</b>	<b>2.7</b>	<b>19.4</b>	<b>20.3</b>



**Alcohol-Related Deaths:** Crude rate per 100,000 population of deaths from alcohol-related causes.

**Why is this indicator important?**

Heavy drinking over a prolonged period of time is the major cause of deaths due to various alcohol-related causes such as liver disease, pancreatitis, and alcohol poisoning.

**Where did we get the data?**

Center for Disease Control (CDC) Wonder online database mortality statistics 2009-2013.

**Important findings**

- In 2013, Kansas had a significantly lower chronic liver disease age-adjusted death rate than the national estimate, 9.2 per 100,000.

**Graph of Five-Year Mortality Trend**

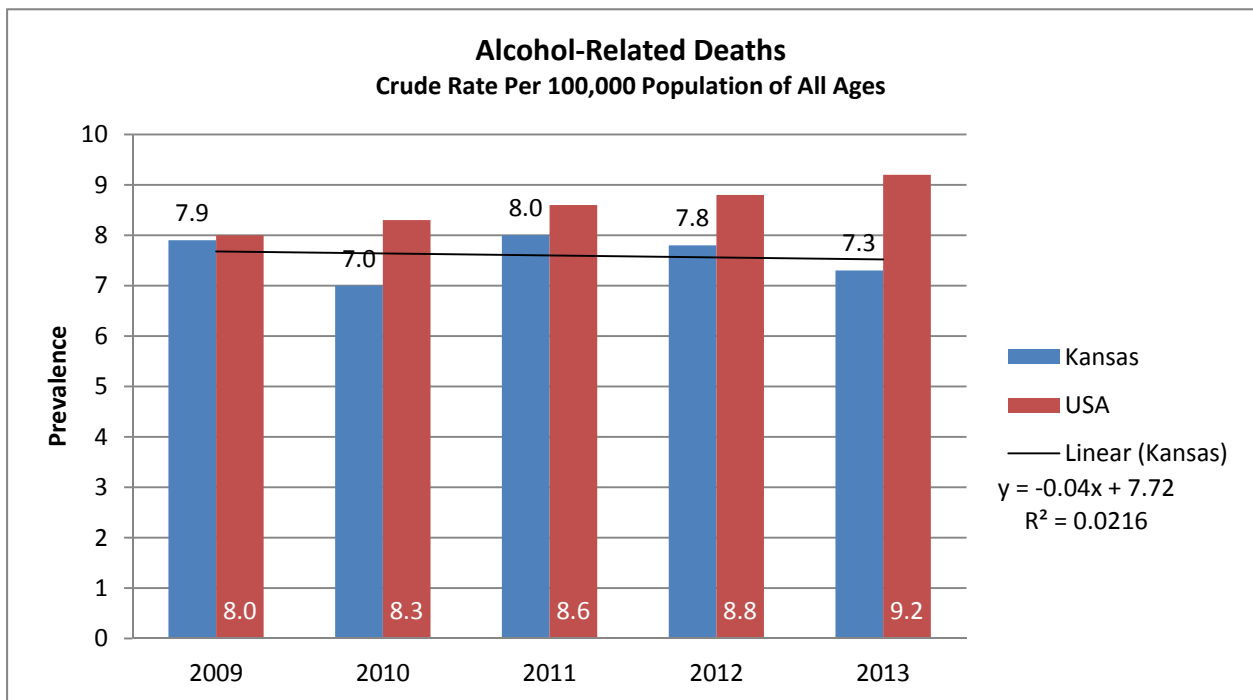


Table 4.5 Number of deaths due to alcohol-related illnesses for the State of Kansas by age group, 2009-2013.

Year	NUMBER DEATHS						
	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	Total
2009	<10	<10	16	85	73	28	225
2010	<10	<10	18	70	70	20	201
2011	<10	14	37	62	81	24	230
2012	<10	16	19	69	77	27	225
2013	<10	11	21	65	73	30	212
5-Year Average		<b>14</b>	<b>22</b>	<b>70</b>	<b>75</b>	<b>26</b>	<b>219</b>

Table 4.6 Number of deaths due to alcohol-related illnesses for the State of Kansas by gender and race, 2009-2013.

Year	Gender		Race					
	Female	Male	White	African American	Native American	Asian / Islander	Other	Hispanic
2009	53	172	204	14	<10	<10	<10	<10
2010	51	150	180	12	<10	<10	<10	13
2011	48	182	211	13	<10	<10	<10	12
2012	170	225	204	17	<10	<10	<10	12
2013	49	163	189	15	<10	<10	<10	11
5-Year Average	<b>74</b>	<b>178</b>	<b>198</b>	<b>14</b>				<b>12</b>

## **Tobacco Indicators**

**Current Smokers - Adults:** Percentage of current smokers aged 18 years & older

**Why is this indicator important?**

Tobacco use, and more specifically cigarette use, is considered the leading underlying cause of death in the United States. A significant portion of cardiovascular deaths, lung cancers, and chronic respiratory deaths are directly attributed to cigarette smoking. Additionally, environmental tobacco smoke has been shown to cause cardiovascular disease and lung cancer.

**Where did we get the data?**

Kansas Behavior Risk Factor Surveillance System (BRFSS) – 2009 – 2013.

**Important findings**

- Kansas has a slightly higher prevalence of current smokers (20%) than the National estimates (19%) in 2013.
- Males have a higher prevalence of cigarette use than females.
- In general, African Americans and Hispanics have higher percentages of current smokers 18 and older.
- A strong correlation exists between education, income and prevalence of current smokers. As education increases, the prevalence of current smokers decreases. As income increases, the prevalence of current smokers decreases.
- Persons aged 65 and older report the lowest prevalence of current smokers.

### Graph of Five-Year Trend

Overall, during the last 5 years, the prevalence of current adult smokers has slightly increased.

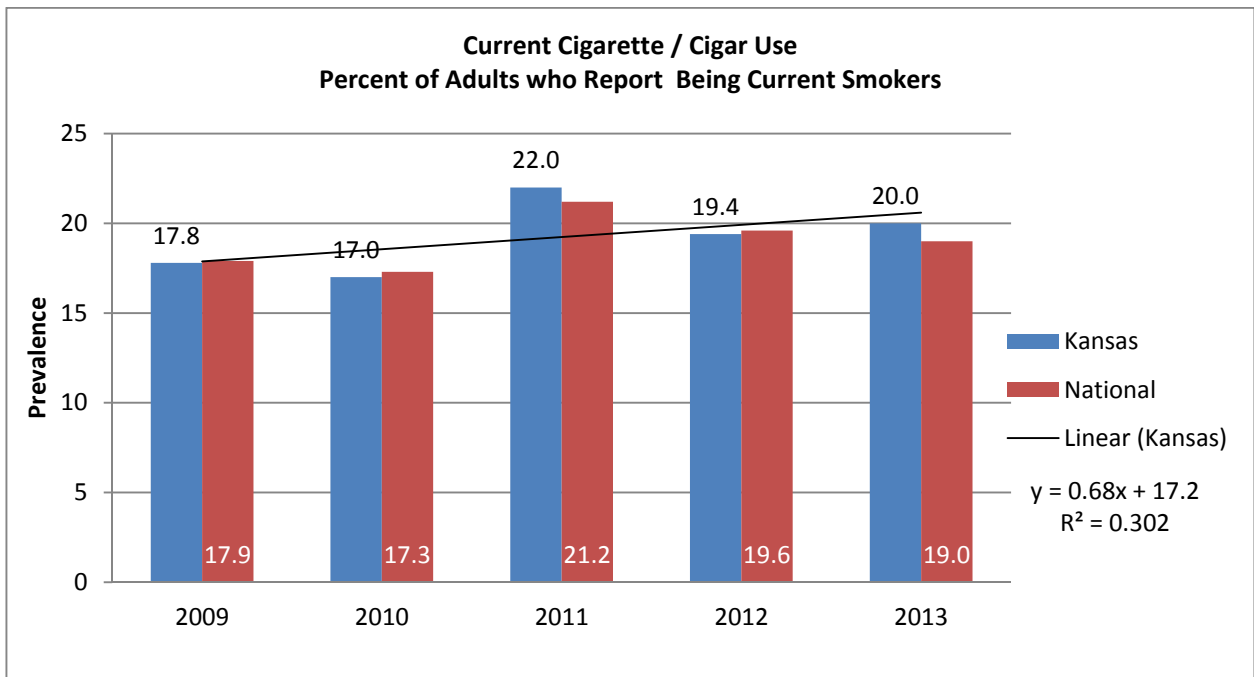


Table 5.1 Percent of adults surveyed who currently smoke cigarettes in the State of Kansas by ethnicity and race, 2009-2013.

Year	Overall	Race				Ethnicity	
		White	African American	Other	Multiple Race	Hispanic	Non-Hispanic
2009	17.8	17.1	22	21.7	31	20.5	23.0
2010	17	16.4	25.2	18.3	23.7	13.8	20.9
2011	22	21.1	28.2	29.6	29.9	22.6	27.2
2012	19.4	19.5	22.3	15	30.9	10.7	20.3
2013	20	19.4	30.3	19.3	29.1	17.2	20.3
5-Year Average	<b>19.2</b>	<b>18.7</b>	<b>25.6</b>	<b>20.8</b>	<b>28.9</b>	<b>17.0</b>	<b>22.3</b>

Table 5.2 Percent of adults surveyed who currently smoke cigarettes in the State of Kansas by gender and age group, 2009-2013.

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2009	17.8	18.6	17.1	22.0	23.2	16.7	20.9	17.1	7.7
2010	17.0	18.2	15.9	23.0	20.8	15.8	19.7	16.7	7.9
2011	22.0	24.6	19.5	24.5	30.4	23.7	25.5	18.7	9.5
2012	19.4	21.1	17.7	22.6	28.3	19.0	22.0	16.9	8.8
2013	20.0	22.3	17.8	19.2	28.1	22.4	23.5	18.8	9.1
5-Year Average	<b>19.2</b>	<b>21.0</b>	<b>17.6</b>	<b>22.3</b>	<b>26.2</b>	<b>19.5</b>	<b>22.3</b>	<b>17.6</b>	<b>8.6</b>

**30-Day Cigarette Use - Youth:** Percentage of students in grades 6, 8, 10, and 12 reporting any use of cigarettes within the past 30 days.

**Why is this indicator important?**

Tobacco use, and more specifically cigarette use, is considered the leading underlying cause of death in the United States. A significant portion of cardiovascular deaths, lung cancers, and chronic respiratory deaths are directly attributed to cigarette smoking. Environmental tobacco smoke has been shown to cause cardiovascular disease and lung cancer. Additionally, the purchase or consumption of tobacco by any individual under the age of 18 is illegal in Kansas.

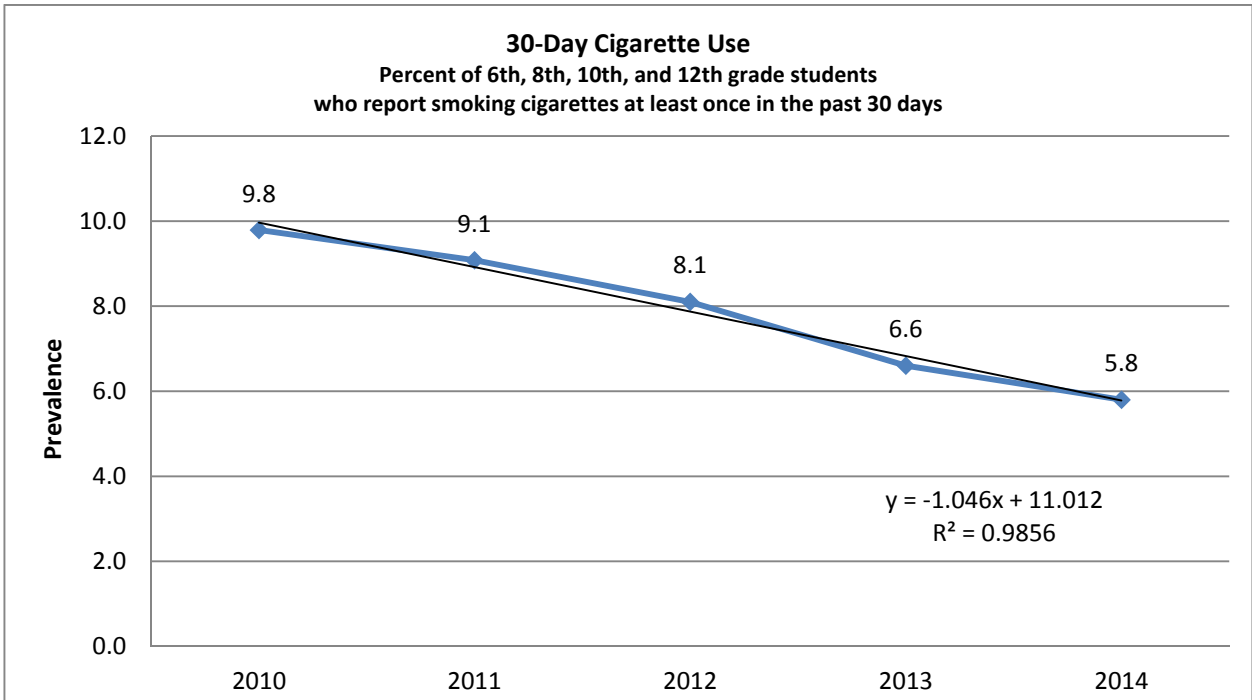
**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2009-2014.

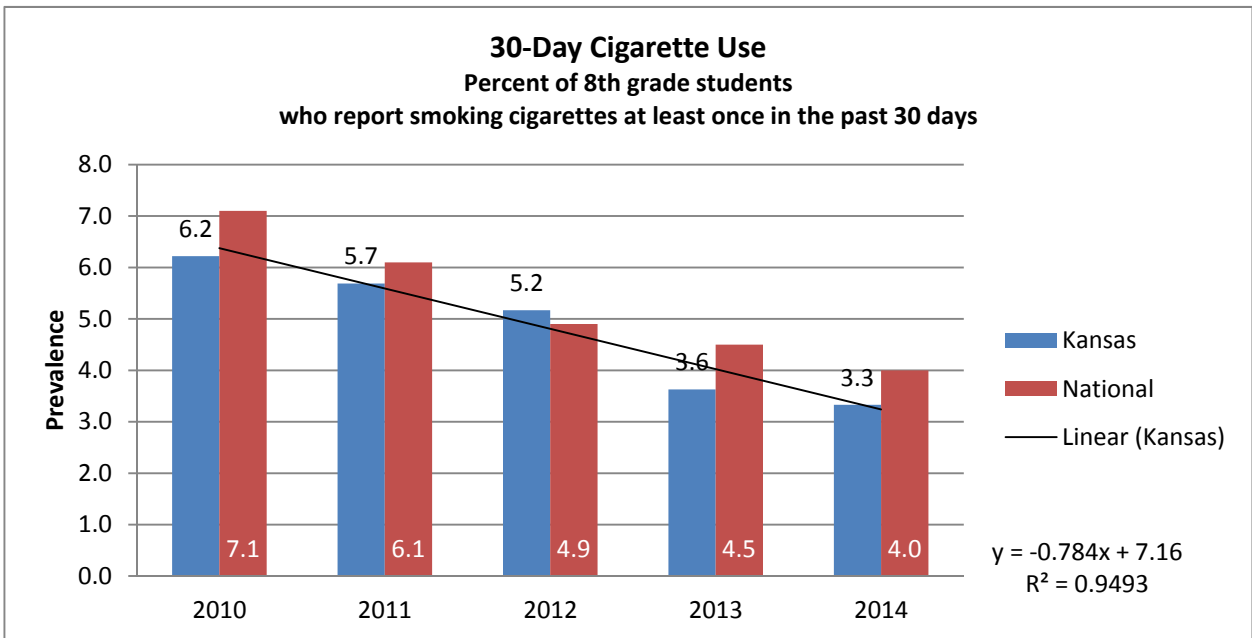
**Important findings**

- Female students report a slightly lower prevalence of cigarette use than males.
- As grade level increases, the prevalence of cigarette use significantly increases.
- Native Americans report a higher prevalence of past 30-day cigarette use than any other racial or ethnic group.

**Graphs of Five-Year Trends**



National data taken from the Monitoring The Future student survey, 2010-2014.





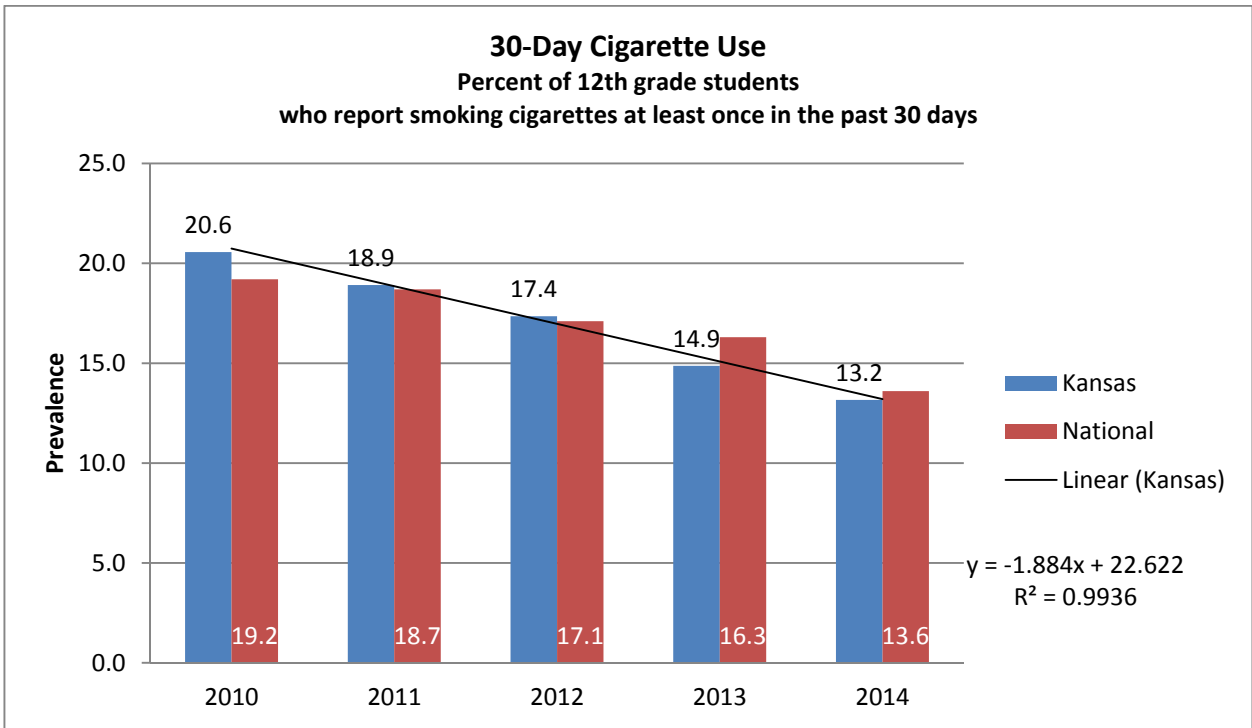
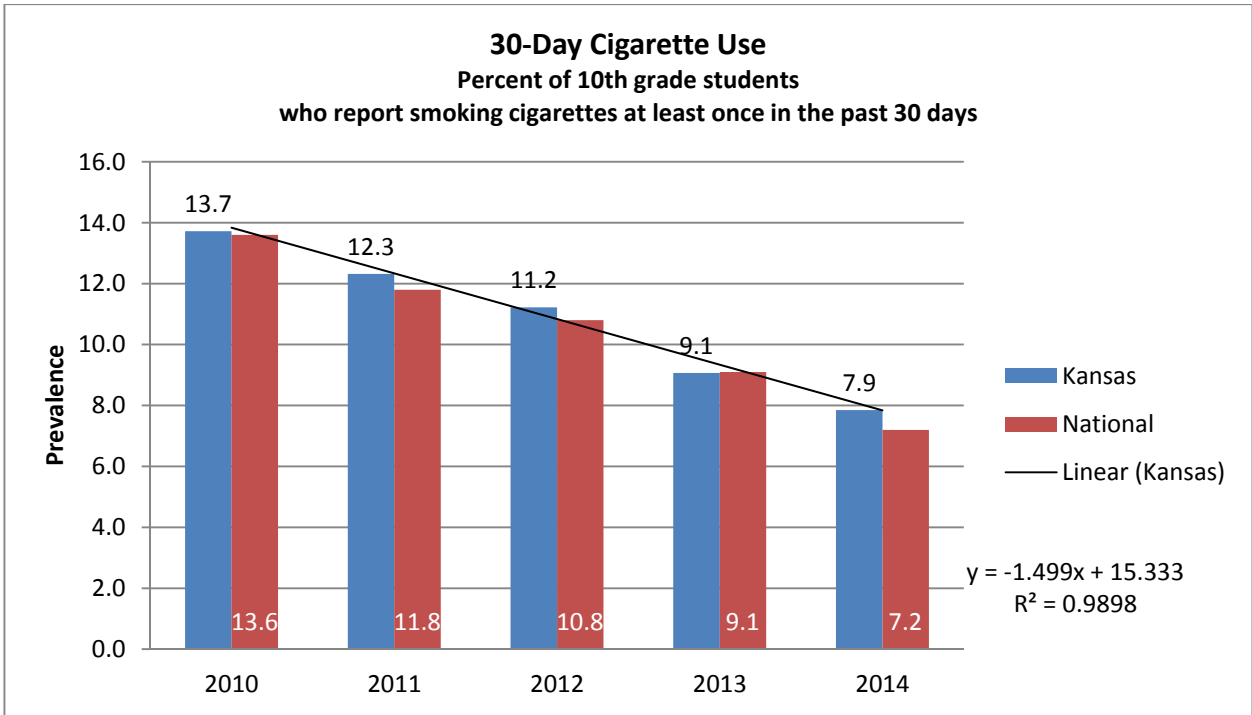


Table 5.3 Percent of students surveyed who smoked cigarettes in the past 30 days in the State of Kansas by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	9.8	1.5	6.2	13.7	20.6	10.2	9.4
2011	9.1	1.6	5.7	12.3	18.9	9.7	8.5
2012	8.1	1.5	5.2	11.2	17.3	8.7	7.6
2013	6.6	1.1	3.6	9.1	14.9	7.1	6.0
2014	5.8	0.8	3.3	7.8	13.1	6.1	5.5
5-Year Average	<b>7.9</b>	<b>1.3</b>	<b>4.8</b>	<b>10.8</b>	<b>17.0</b>	<b>8.4</b>	<b>7.4</b>

Table 5.4 Percent of students surveyed who smoked cigarettes in the past 30 days in the State of Kansas by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	9.8	9.9	9.8	12.1	10.2	5.9	9.3
2011	9.1	9.1	8.0	12.1	9.8	6.8	8.8
2012	8.1	8.2	7.8	11.3	8.2	5.0	7.8
2013	6.6	6.8	5.9	8.9	5.8	4.0	6.3
2014	5.8	6.1	5.1	7.4	5.3	3.0	5.8
5-Year Average	<b>7.9</b>	<b>8.0</b>	<b>7.3</b>	<b>10.4</b>	<b>7.9</b>	<b>4.9</b>	<b>7.6</b>

**Early Initiation of Cigarette Use:** Percentage of students in grades 6, 8, 10, and 12 who report first use of cigarettes before age 13.

**Why is this indicator important?**

Early initiation, before age 13, of tobacco consumption has been shown to increase the risk of health problems later in life. Nationally it is estimated that among adults who have ever smoked daily, over 80% tried their first cigarette before the age of 18. Additionally, the purchase or consumption of tobacco products by any individual under the age of 18 is illegal in Kansas.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2009-2014.

**Important findings**

- Male students report a higher prevalence of early initiation of cigarette use than female students.

**Graph of Five-Year Trend**

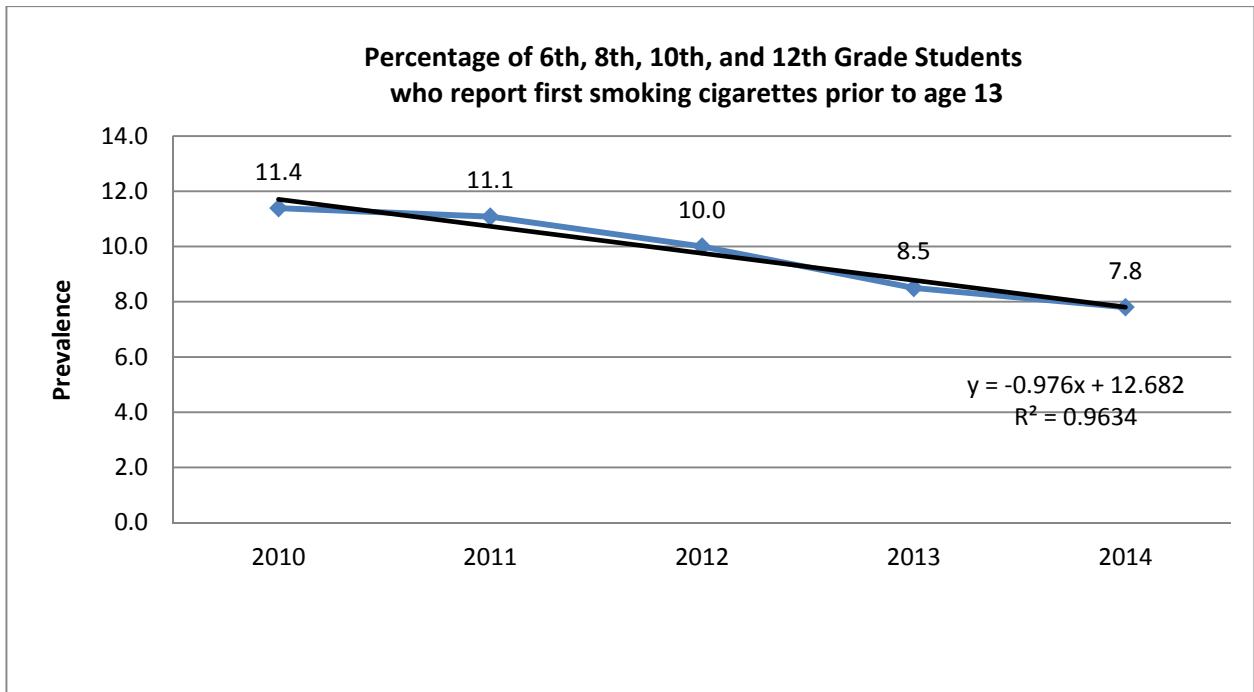


Table 5.5 Percent of students surveyed who smoked cigarettes prior to age 13 in the State of Kansas by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	11.4	13.0	13.6	12.1	12.4	10.4	9.8
2011	11.1	13.3	12.7	11.5	12.2	9.9	9.3
2012	10.0	12.0	11.6	10.4	11.0	9.0	8.4
2013	8.5	9.8	10.7	8.4	9.3	7.6	7.2
2014	7.8	8.8	9.9	8.0	8.4	7.1	6.7
5-Year Average	<b>9.8</b>	<b>11.4</b>	<b>11.7</b>	<b>10.1</b>	<b>10.7</b>	<b>8.8</b>	<b>8.3</b>

Table 5.6 Percent of students surveyed who smoked cigarettes prior to age 13 in the State of Kansas by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	11.4	9.8	15.8	17.5	16.1	7.8	16.3
2011	11.1	9.3	15.7	17.6	15.8	7.4	14.1
2012	10.0	8.4	13.9	16.7	14.1	7.4	13.0
2013	8.5	7.2	12.4	14.3	10.8	5.5	11.0
2014	7.8	6.7	11.4	13.3	9.3	5.4	10.8
5-Year Average	<b>9.8</b>	<b>8.3</b>	<b>13.8</b>	<b>15.9</b>	<b>13.2</b>	<b>6.7</b>	<b>13.0</b>

**Current Use of Smokeless Tobacco – Adults:** Percentage of Adults Who Currently Use Any Smokeless Tobacco Products.

**Why is this indicator important?**

Smokeless tobacco use is associated with a variety of cancers including: lip, esophageal and throat, bladder, and stomach. There is also a high correlation between smokeless tobacco use and cigarette use, compounding the potential for negative health impacts.

**Where did we get the data?**

Kansas Behavior Risk Factor Surveillance System (BRFSS) – 2009 – 2013.

**Important findings**

- Males use smokeless tobacco products at a significantly higher rate than females.
- Rates of use begin to decline for age groups over 45 years of age.
- Highest rates of use are within the 25-34 and 35-44 year age groups.

**Graph of Five-Year Trend**

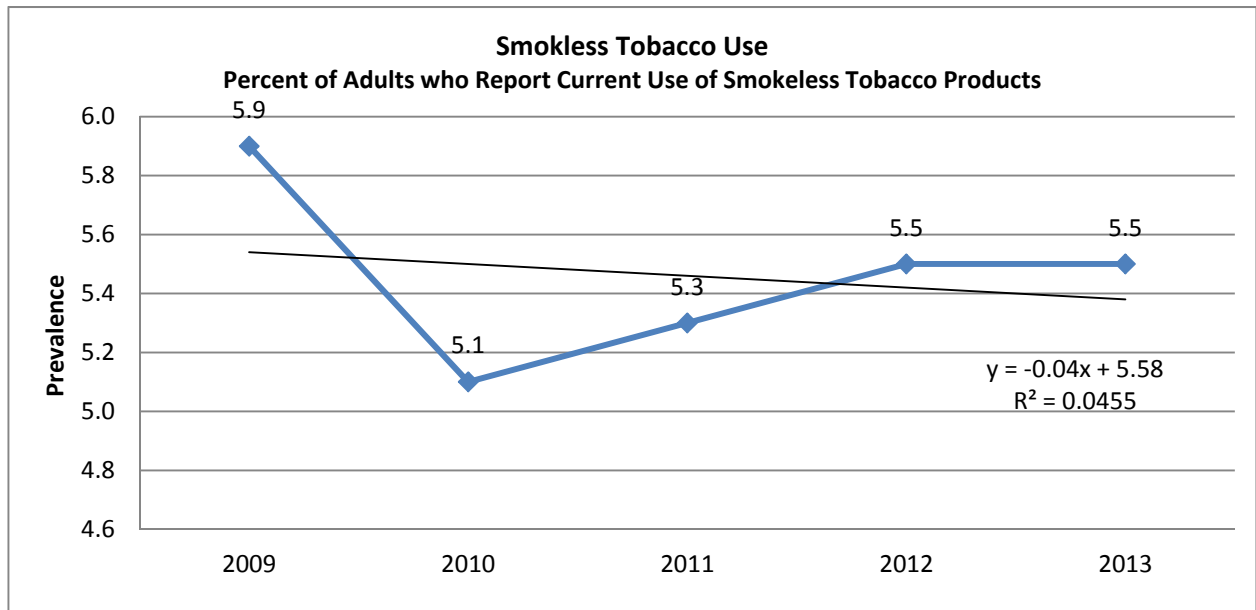


Table 5.7 Current smokeless tobacco users by race and ethnicity, 2009-2013.

Year	Overall	Race				Ethnicity	
		White	African American	Other	Multiple Race	Hispanic	Non-Hispanic
2009	5.9	6.2	2.1	2	8.3	3.2	6.0
2010	5.1	5.2	2.9	3.1	9.8	3.4	5.2
2011	5.3	5.7	1.9	3.8	7.5	4	5.5
2012	5.5	6.2	1.2	2.2	3.8	4	5.7
2013	5.5	5.8	3.6	3	7	3.8	5.7
5-Year Average	<b>5.5</b>	<b>5.8</b>	<b>2.3</b>	<b>2.8</b>	<b>7.3</b>	<b>3.7</b>	<b>5.6</b>

Table 5.8 Current smokeless tobacco users by gender and age group, 2009-2013.

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2009	5.9	10.8	1.1	6.1	8	8	6.2	4	2.7
2010	5.1	9.8	0.6	5.4	7.9	6.6	4.6	3.9	2.1
2011	5.3	10.1	0.7	6.9	8.1	7.2	5.1	2.7	2.2
2012	5.5	10.7	0.5	6.7	7.7	6.8	6.7	3.3	2.3
2013	5.5	10.4	0.7	6.7	7.1	7.2	6.3	3.8	2.4
5-Year Average	<b>5.5</b>	<b>10.4</b>	<b>0.7</b>	<b>6.4</b>	<b>7.8</b>	<b>7.2</b>	<b>5.8</b>	<b>3.5</b>	<b>2.3</b>

**30-Day Smokeless Tobacco Use – Youth:** Percentage of students in grades 6, 8, 10, and 12 reporting any use of smokeless tobacco within the past 30 days.

**Why is this indicator important?**

Smokeless tobacco use is associated with a variety of cancers including: lip, esophageal and throat, bladder, and stomach. There is also a high correlation between smokeless tobacco use and cigarette use, compounding the potential for negative health impacts. Additionally, the purchase or consumption of tobacco by any individual under the age of 18 is illegal in Kansas.

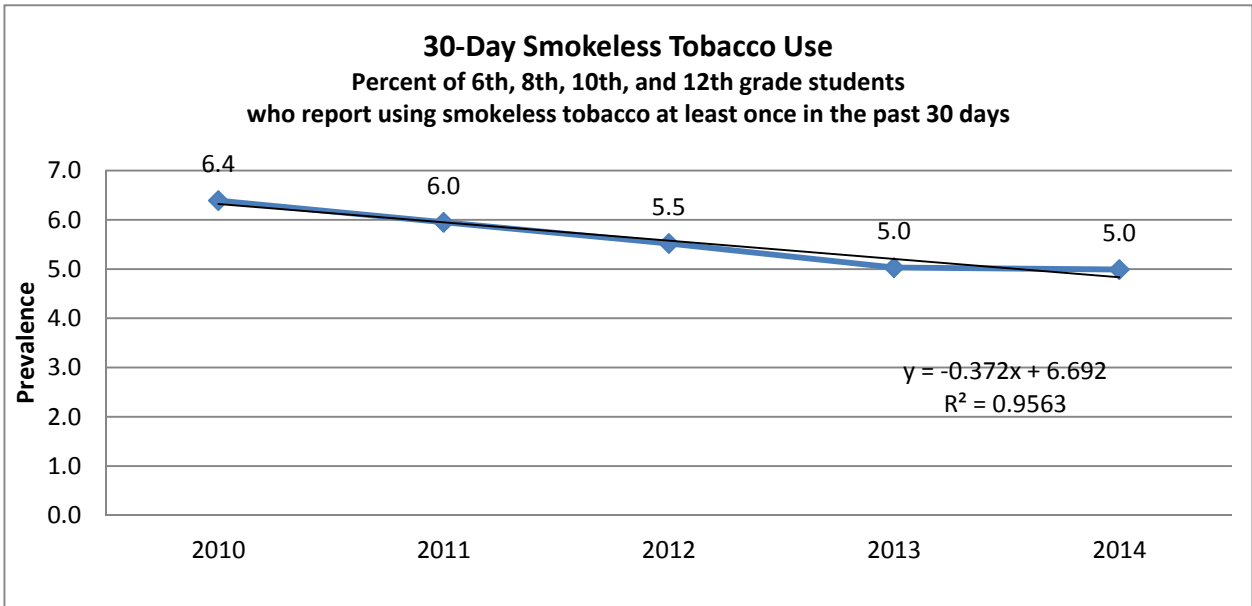
**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2009-2014.

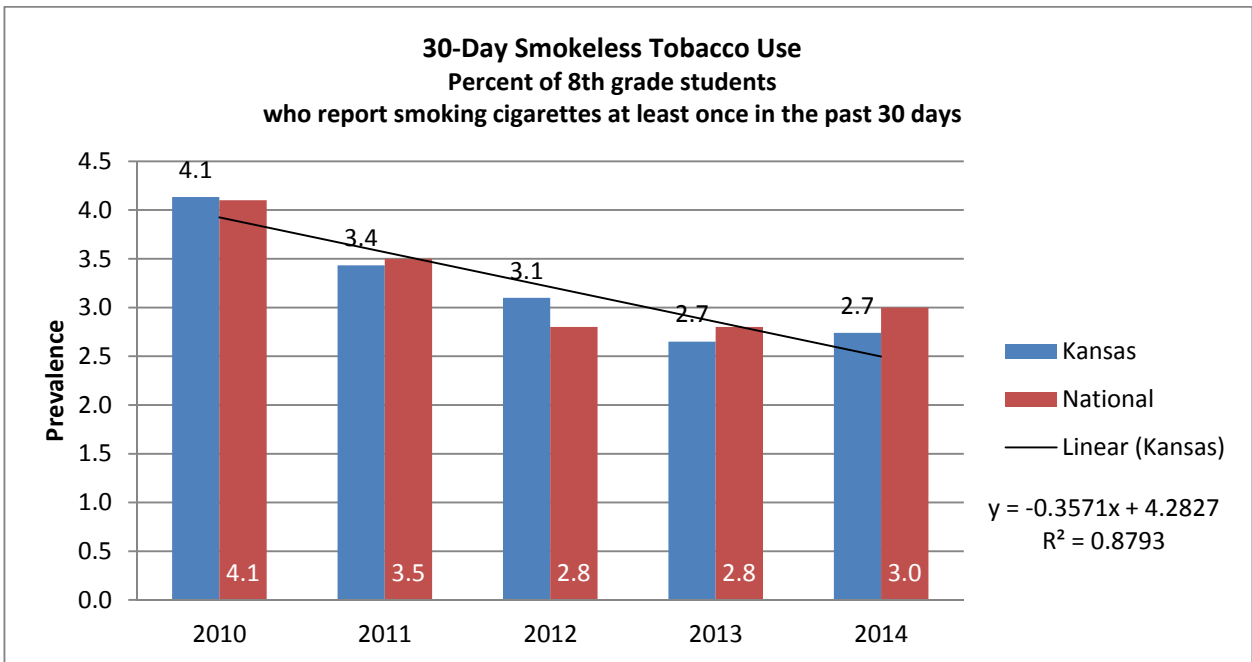
**Important findings**

- For the entire period, male students reported a significantly higher prevalence of smokeless tobacco use than female students.
- As grade level increases, use of smokeless tobacco increases greatly.
- Use of smokeless tobacco products is least prevalent among those of the Asian / Pacific Islander races and highest among Native Americans.

Graphs of Five-Year Trends



National data taken from the Monitoring the Future student survey, 2010-2014.





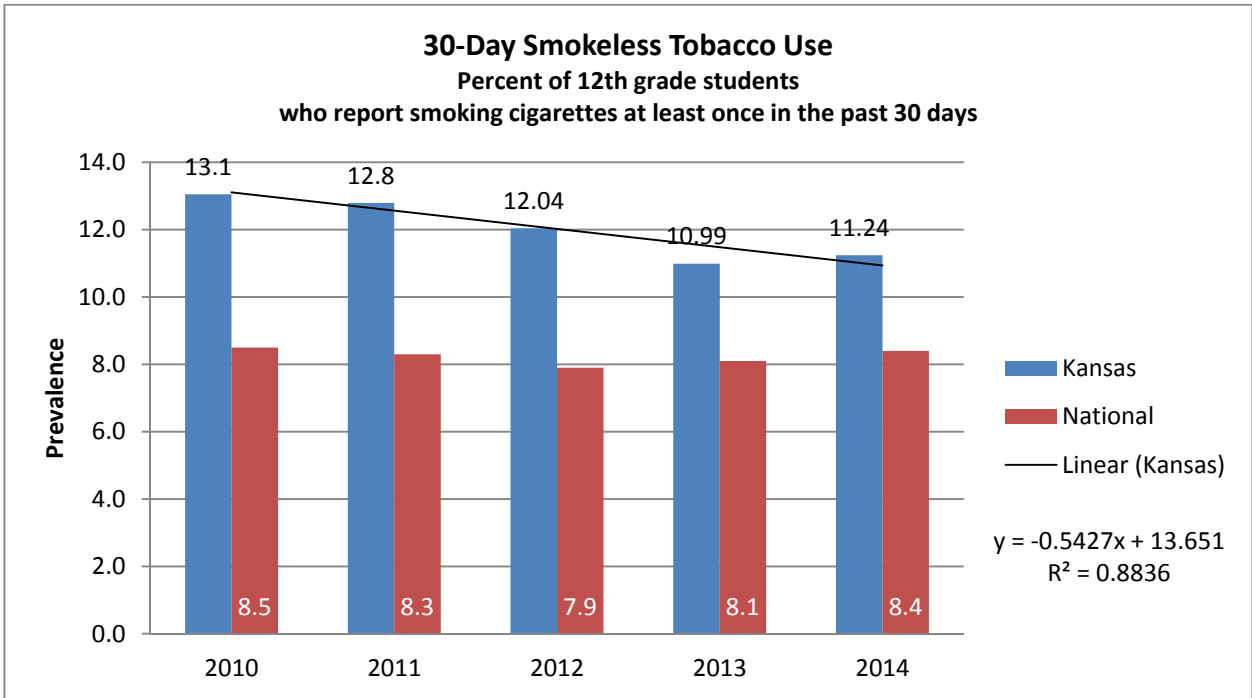
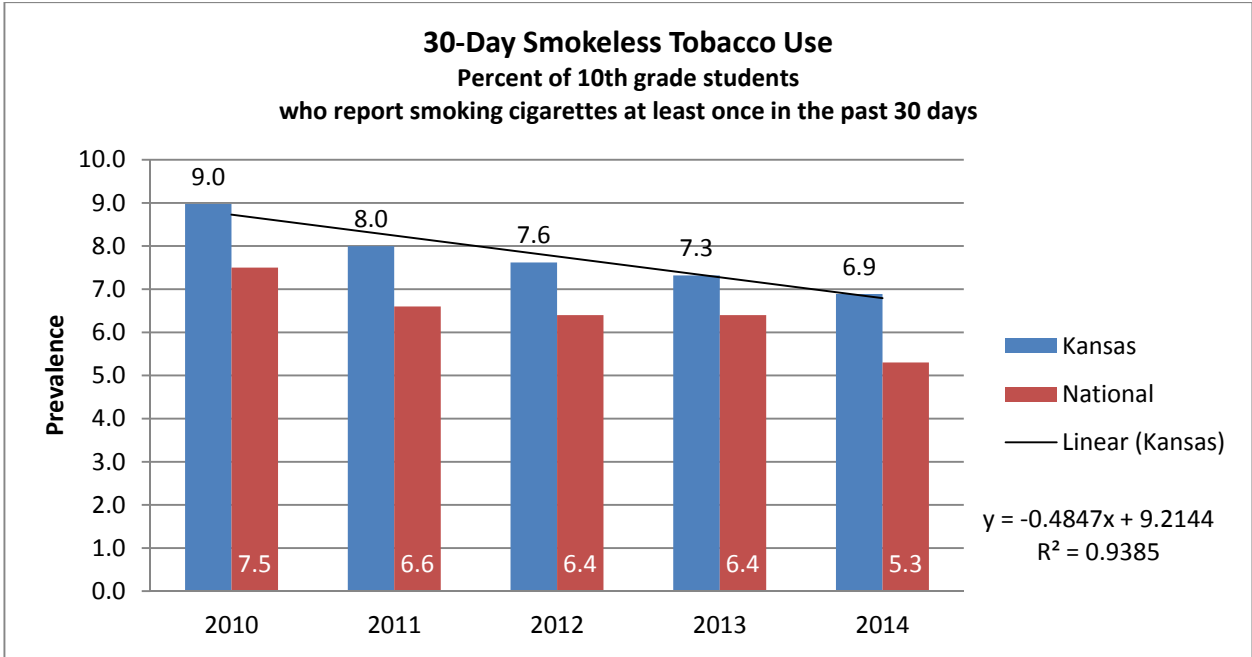


Table 5.9 Percent of students surveyed who used smokeless tobacco in the past 30 days in the State of Kansas by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	6.4	1.2	4.1	9.0	13.1	10.2	2.7
2011	6.0	1.0	3.4	8.0	12.8	9.3	2.7
2012	5.5	1.2	3.1	7.6	12.0	8.7	2.4
2013	5.0	0.9	2.6	7.3	11.0	7.8	2.3
2014	5.0	0.8	2.7	6.9	11.2	7.6	2.4
5-Year Average	<b>5.7</b>	<b>1.1</b>	<b>3.3</b>	<b>8.0</b>	<b>12.2</b>	<b>9.0</b>	<b>2.5</b>

Table 5.10 Percent of students surveyed who used smokeless tobacco in the past 30 days in the State of Kansas by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	6.4	6.7	5.9	8.5	5.6	3.6	4.7
2011	6.0	6.4	4.6	7.1	5.0	4.0	4.8
2012	5.5	6.0	4.6	7.9	4.2	3.2	4.2
2013	5.0	5.5	4.2	6.2	3.7	3.0	3.6
2014	5.0	5.5	3.6	6.6	4.1	2.2	3.9
5-Year Average	<b>5.6</b>	<b>6.0</b>	<b>4.6</b>	<b>7.2</b>	<b>4.5</b>	<b>3.2</b>	<b>4.2</b>

## **Smoking During Pregnancy:** Percentage of women who smoke during pregnancy

### **Why is this indicator important?**

Smoking during pregnancy has been shown to cause low birth weights, premature births, and is also associated with an increase in spontaneous termination of the pregnancy.

### **Where did we get the data?**

Kansas Department of Health and Environment, Center for Health and Environmental Statistics, Office of Vital Statistics, Birth Certificates 2009-2013.

### **Important findings**

- From 2009-2012, African American women had a higher percentage of women who reported smoking during their pregnancy.
- Hispanic women report a significantly lower prevalence of smoking during pregnancy than non-Hispanic women.
- Generally, the percentage of women reporting they smoked during pregnancy decreased with age after age 19.

**Graph of Five-Year Trend**

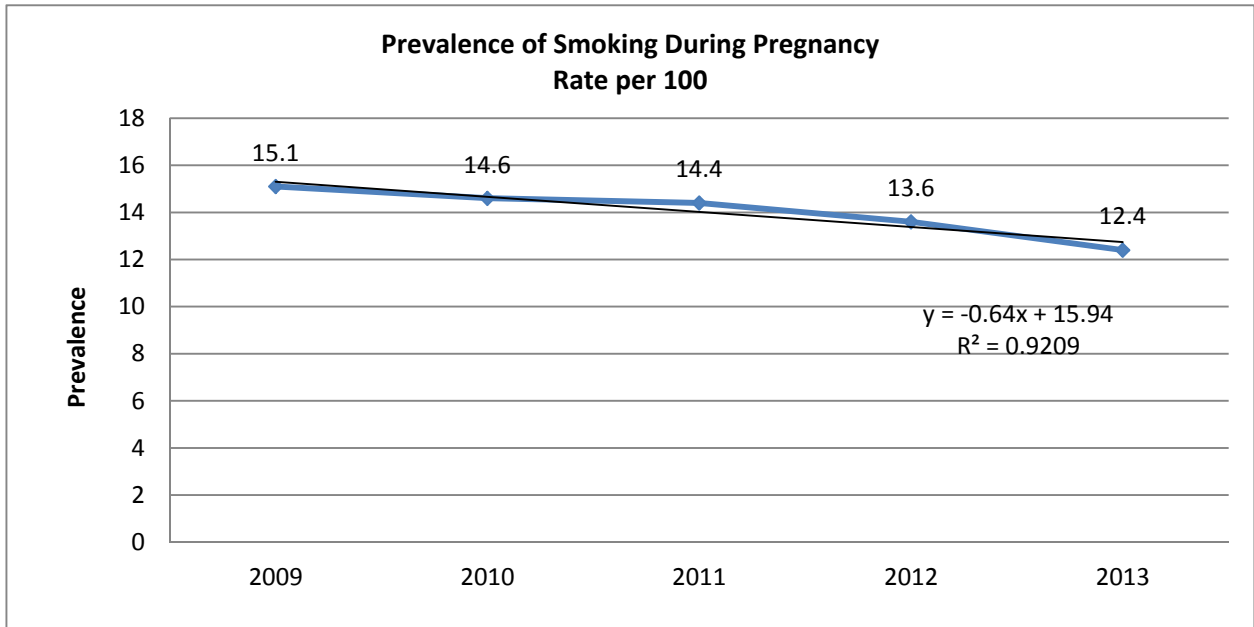


Table 5.11 Rate per 100 pregnancies that mother reporting having smoked during the pregnancy in the State of Kansas by race, 2010-2014.

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2009	6,264	15.1	5,339	15.8	528	18.3	395	8.4
2010	5,919	14.6	5,112	15.4	440	15.5	363	8.2
2011	5,704	14.4	4,871	14.9	463	16.7	367	9.0
2012	5,494	13.6	4,735	14.2	439	16.0	316	7.6
2013	4,825	12.4	4,167	13.0	343	13.2	315	7.7
5-Year Average	<b>5,641</b>	<b>14.0</b>	<b>4,845</b>	<b>14.7</b>	<b>443</b>	<b>15.9</b>	<b>351</b>	<b>8.2</b>

Table 5.12 Rate per 100 pregnancies that mother reporting having smoked during the pregnancy in the State of Kansas by ethnicity and age group, 2010-2014.

Year	All races		Hispanic		Non-Hispanic		10 to 14		15 to 17	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2009	6,264	15.1	358	5.3	5883	17.1	1	2.8	159	13.7
2010	5,919	14.6	306	4.8	5599	16.5	0	0.0	122	11.0
2011	5,704	14.4	325	5.2	5366	16.1	1	1.9	81	9.0
2012	5,494	13.6	315	5.0	5172	15.2	1	3.6	89	10.7
2013	4,825	12.4	248	4.0	4576	14.0	0	0.0	49	6.8
5-Year Average	<b>5,641</b>	<b>14.0</b>	<b>310</b>	<b>4.9</b>	<b>5,319</b>	<b>15.8</b>	<b>1</b>	<b>1.7</b>	<b>100</b>	<b>10.2</b>

Year	18 to 19		20 to 24		25 to 29		30 to 34		35 plus	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2009	706	23.0	2464	22.0	1790	14.0	795	9.0	349	8.2
2010	632	23.1	2317	21.5	1691	13.5	776	8.8	381	8.7
2011	555	21.4	2243	21.9	1658	13.2	835	9.2	331	7.8
2012	470	19.0	2133	20.9	1586	12.5	862	9.1	353	7.8
2013	382	17.8	1824	19.0	1474	12.1	781	8.1	315	7.0
5-Year Average	<b>549</b>	<b>20.9</b>	<b>2,196</b>	<b>21.1</b>	<b>1,640</b>	<b>13.1</b>	<b>810</b>	<b>8.8</b>	<b>346</b>	<b>7.9</b>

**Perception of Great Risk of Harm from Cigarettes – Adults:** Percent of respondents who believed there was great risk of harm from “Smoking one or more packs of cigarettes per day”

**Why is this indicator important?**

Risk of harm associated with tobacco use has been established to be a risk factor for the prevalence of utilization of tobacco products, among youth and adults. As the perceived risk of harm associated with use diminishes, consumption increases.

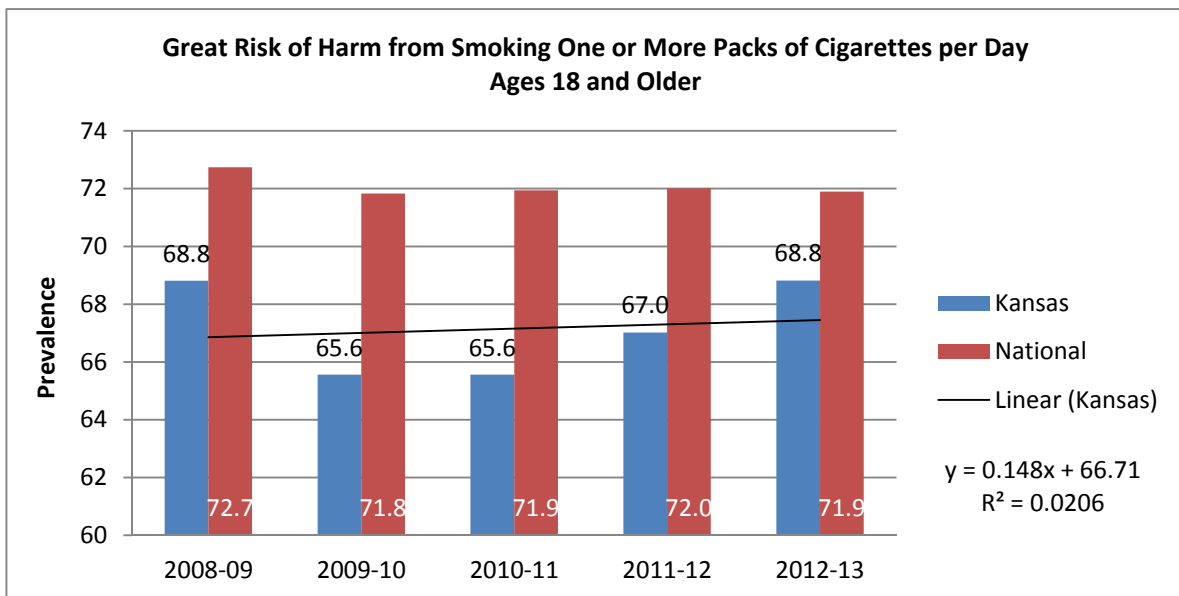
**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014.

**Important findings**

- The percentage of respondents who believe there is a great risk of harm in smoking one or more packs of cigarettes per day has increased over the last four years but is equal to the percentage reporting the same in 2008-09.

**Graph of Five-Year Trend**



**Perception of Great Risk of Harm from Cigarettes – Youth:** Percent of youth in grades 6, 8, 10, and 12 who responded “great risk” when asked: How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?”

**Why is this indicator important?**

The more teens believe they may be harmed by tobacco use, the less likely they are to engage in the use of tobacco products, including cigarettes and smokeless tobacco. Decreases in the perceived risk of harm of a substance have been associated with increased consumption.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

**Important findings**

- The percentage of students who believe there is a great risk of harm in smoking one or more packs of cigarettes per day is decreasing in the state of Kansas.

**Graph of Five-Year Trend**

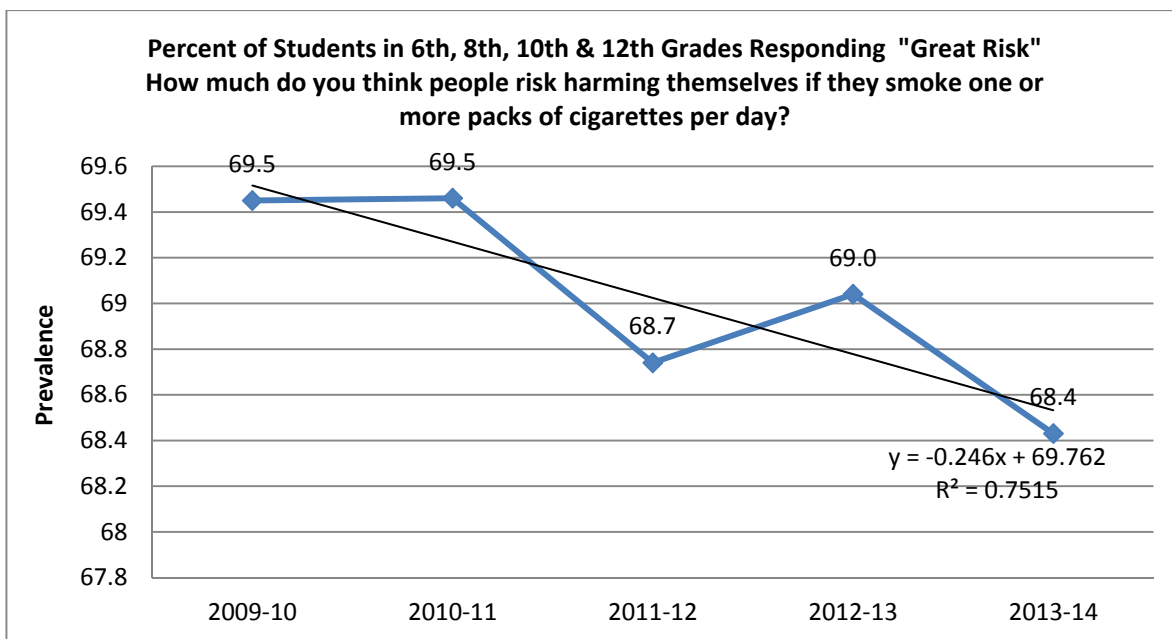


Table 5.13 Percentage of students in grades 6, 8, 10, and 12 who report “Great Risk of Harm” in smoking one or more packs of cigarettes per day for the State of Kansas by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	69.5	70.0	70.5	68.1	69.1	66.4	72.5
2011	69.5	69.6	69.2	69.3	69.8	66.5	72.5
2012	68.7	67.1	68.8	70.0	69.5	66.3	71.2
2013	69.0	67.3	68.4	69.9	71.3	66.9	71.1
2014	68.4	65.9	67.7	69.3	72.0	66.8	70.1
5-Year Average	<b>69.2</b>	<b>68.5</b>	<b>69.2</b>	<b>69.3</b>	<b>69.9</b>	<b>66.5</b>	<b>71.8</b>

Table 5.14 Percentage of students in grades 6, 8, 10, and 12 who report “Great Risk of Harm” in smoking one or more packs of cigarettes per day for the State of Kansas by race 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	69.5	71.8	63.0	62.4	60.6	70.9	66.0
2011	69.5	72.3	61.8	63.6	61.1	71.1	65.0
2012	68.7	72.1	59.7	59.3	61.0	68.7	63.4
2013	69.0	72.5	60.6	59.4	60.5	71.0	62.9
2014	68.4	71.7	59.9	60.4	61.0	69.9	62.8
5-Year Average	<b>69.0</b>	<b>72.1</b>	<b>61.0</b>	<b>61.0</b>	<b>60.9</b>	<b>70.3</b>	<b>64.0</b>



**Lung Cancer Rates:** Number of cases of cancer of the lungs and bronchus per 100,000 population.

**Why is this indicator important?**

Lung cancer is the leading cause of cancer deaths in Kansas. Research has shown that 80-90% of lung cancer cases are caused by cigarettes, particularly chronic heavy smoking.

**Where did we get the data?**

Kansas Department of Health and Environment, Kansas Information for Communities, Cancer Statistics - Cancers of the Lung and Bronchus.

**Important findings**

- Males have a significantly higher age-adjusted rate of lung cancer than females
- The age-specific rate among individuals 65 years and older is dramatically higher than that of all other age groups.
- Asian/Pacific Islanders have a lower age-adjusted rate of lung cancer than Whites, African Americans, and Native Americans. For the other races the rates are variable.
- Hispanics have a lower age-adjusted rate than non-Hispanics.

**Graph of Five-Year Trend**

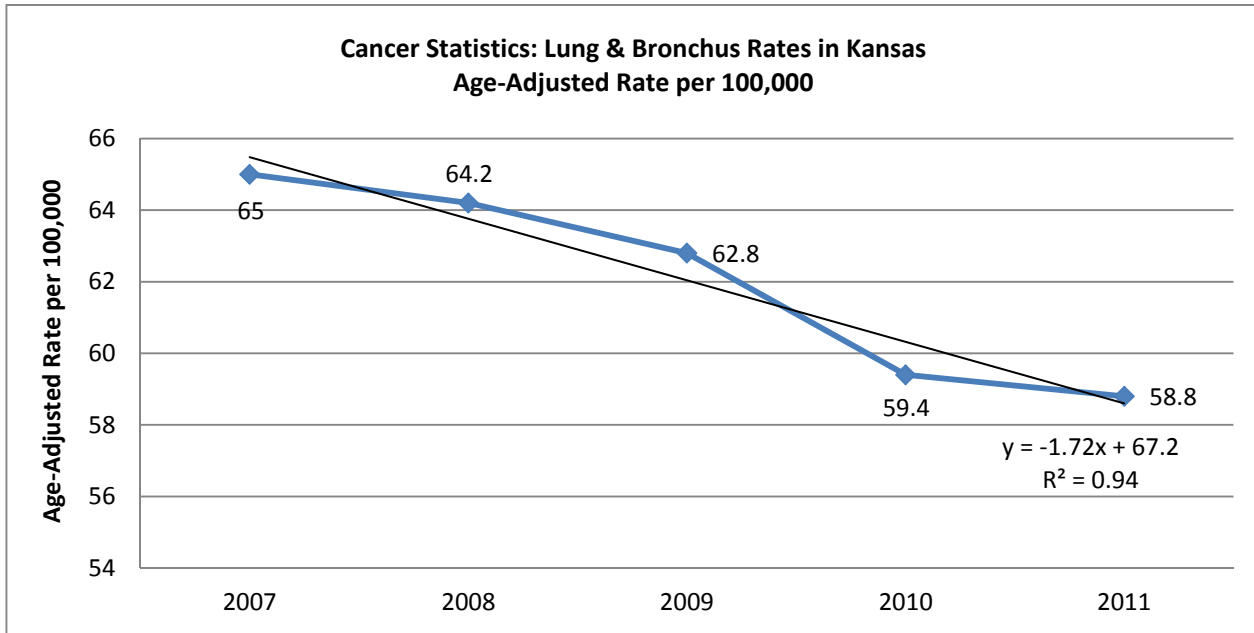


Table 6.1 Cancers of the Lungs and Bronchus, Rate per 100,000 by race, 2010-2014.

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2007	1,899	65.0	1,731	64	113	100	19	42
2008	1,903	64.2	1,753	65	87	76	20	38
2009	1,886	62.8	1,803	66	72	59	22	45
2010	1,838	59.4	1,782	64	96	78	23	36
2011	1,853	58.8	1,755	62	99	78	29	50
5-Year Average	<b>1,876</b>	<b>62</b>	<b>1,765</b>	<b>64</b>	<b>93</b>	<b>78</b>	<b>23</b>	<b>42</b>

Table 6.2 Cancers of the Lungs and Bronchus, Rate per 100,000 by gender and ethnicity, 2010-2014.

Year	Total		Male		Female		Hispanic		Non-Hispanic	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2007	1,899	65	1053	77	799	57	17	20	1784	63
2008	1,903	64	1025	74	803	57	26	23	1736	61
2009	1,886	63	988	73	898	55	28	24	1581	55
2010	1,838	59	956	69	882	52	25	25	1454	49
2011	1,853	59	996	70	857	50	25	24	1556	51
5-Year Average	<b>1,876</b>	<b>62</b>	<b>1,004</b>	<b>72</b>	<b>848</b>	<b>54</b>	<b>24</b>	<b>23</b>	<b>1,622</b>	<b>56</b>

Table 6.3 Cancers of the Lungs and Bronchus, Rate per 100,000 by age group, 2010-2014.

Year	Total	< 24		25 to 44		45 to 64		65 and over	
	Number	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2007	1,899	0	.	40	6	574	82	1285	357
2008	1,903	2	.	32	4	574	80	1295	353
2009	1,886	0	.	24	3	591	82	1269	345
2010	1,838	2	.	27	4	570	77	1240	330
2011	1,853	2	.	23	3	597	80	1233	322
5-Year Average	<b>1,876</b>	<b>1</b>	.	<b>29</b>	<b>4</b>	<b>581</b>	<b>80</b>	<b>1,264</b>	<b>341</b>

**Synar Retailer Violation Rate:** Within a statewide stratified random sample, the percentage of inspections where underage youth attempt to purchase cigarettes and retailers violate the law by selling to them. Percentage = # of violations divided by # inspections in the sample.

**Why is this indicator important?**

The data collected for Synar provide an indication of how easy or difficult it is for youth to access tobacco products. The information gathered for the Synar report can help states describe and analyze sub-state needs for prevention and education program enhancements. These data can also be used to report to the state legislature and other state and local organizations on progress made to date in enforcing youth tobacco access laws.

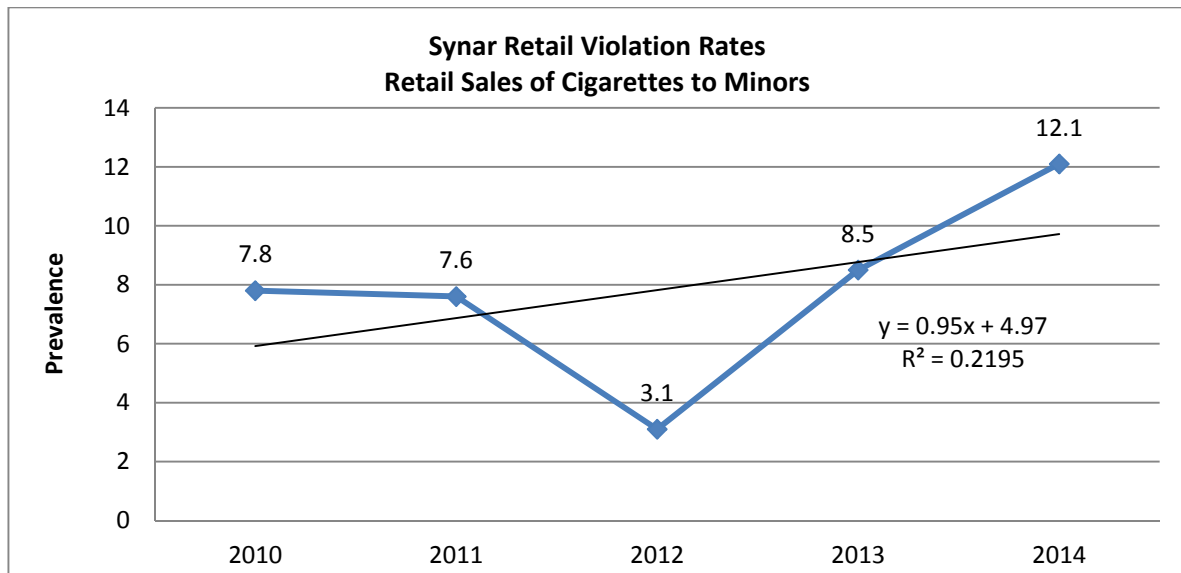
**Where did we get the data?**

The Kansas Department of Revenue Cigarette and Tobacco Enforcement Agent, Controlled Buy database (2010-2014).

**Important findings**

- Kansas is well below the 20% maximum violation allowed by the Substance Abuse and Mental Health Services Administration; however, overall violation rates are on the rise.
- After the lowest rate of violation in Kansas in 2012, rates of violations have been increasing over the past five years in Kansas.

**Graph of Five-Year Trend**



**COPD and Emphysema:** Number of deaths from chronic lower respiratory diseases per 100,000 population.

**Why is this indicator important?**

Chronic obstructive pulmonary disease and emphysema are a collection of diseases that have a strong association with cigarette smoking. Research has shown that approximately 80% of all cases are causally associated with cigarette smoking.

**Where did we get the data?**

Kansas Department of Health and Environment, Kansas Information for Communities, Death Certificates 2009-2013.

**Important findings**

- Rate of deaths from chronic lower respiratory diseases is higher for males than females.
- The age-adjusted death rates from COPD have been higher among the White population than African Americans but that has reversed in 2013.
- Rate of deaths increase with age, highest being in the 65 years and older group.
- While the Kansas death rate is higher than the national average, both have remained stable over the past five years.

**Graph of Five-Year Mortality Trend**

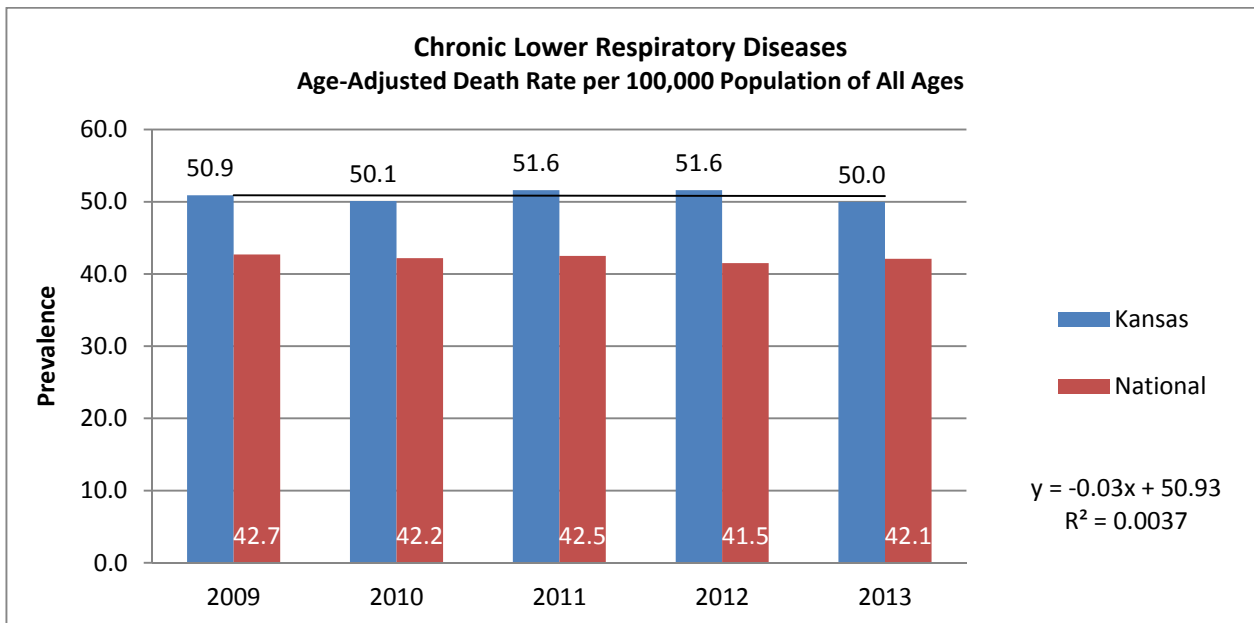


Table 6.4 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by race, 2009-2013.

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2009	823	45.3	1,470	53	49	1,470	53	1,399
2010	786	42.5	1,615	58	52	1,615	58	1,530
2011	842	45.9	1,577	56	51	1,577	56	1,505
2012	850	45.5	1,581	55	50	1,581	55	1,488
2013	861	45.1	1,654	58	52	1,654	58	1,567
5-Year Average	<b>832</b>	<b>45</b>	<b>1,579</b>	<b>56</b>	<b>51</b>	<b>1,579</b>	<b>56</b>	<b>1,498</b>

Table 6.5 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by gender and ethnicity, 2009-2013.

Year	Total		Male		Female		Hispanic		Non-Hispanic	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2009	823	45	51	1577	754	61	51	28	23	43
2010	786	43	50	1581	795	61	50	42	35	51
2011	842	46	52	1654	812	60	52	38	31	49
2012	850	46	52	1680	830	61	52	50	40	43
2013	861	45	50	1664	803	57	49	70	52	45
5-Year Average	<b>832</b>	<b>45</b>	<b>51</b>	<b>1,631</b>	<b>799</b>	<b>60</b>	<b>51</b>	<b>46</b>	<b>36</b>	<b>46</b>

Table 6.6 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by age group, 2009-2013.

Year	Total	< 24		25 to 44		45 to 64		65 and over	
	Number	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2009	823	2	.	14	.	179	25	1379	375
2010	786	3	.	9	.	206	28	1363	362
2011	842	5	.	10	.	239	32	1402	366
2012	850	3	.	13	.	253	34	1413	358
2013	861	3	.	10	.	235	32	1417	350
5-Year Average	<b>832</b>	<b>3</b>	.	<b>11</b>	.	<b>222</b>	<b>30</b>	<b>1,395</b>	<b>362</b>

**Cardiovascular disease:** Number of deaths from cardiovascular disease per 100,000 population.

**Why is this indicator important?**

Cardiovascular disease is the number one cause of death nationally and in Kansas. Tobacco use is considered the major modifiable behavior that leads to cardiovascular disease.

**Where did we get the data?**

Kansas Department of Health and Environment, Kansas Information for Communities, Death Statistics 2009-2013.

**Important findings**

- The age-specific death rate for cardiovascular disease among individuals aged 65 years and older is dramatically higher than all other age groups. This highlights the association between lifelong smoking and chronic disease.
- African-Americans have a higher age-adjusted death rate from cardiovascular disease than the White population.
- Males have a higher rate of death from cardiovascular disease than females.

**Graph of Five-Year Mortality Trend**

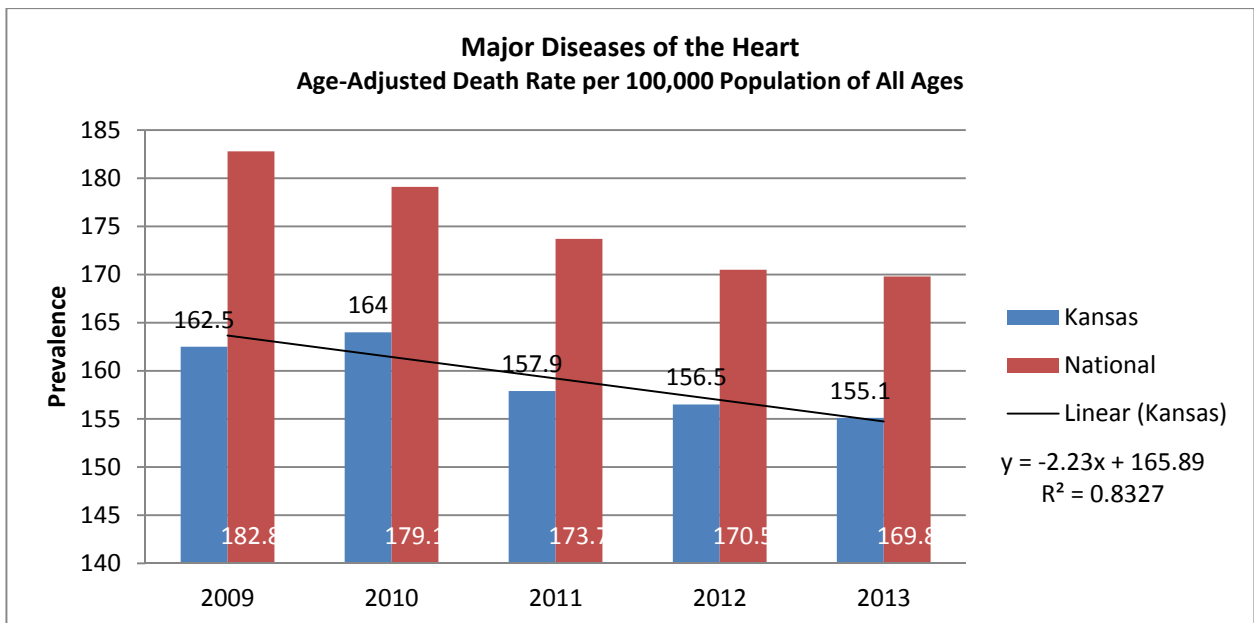


Table 6.7 Deaths due to cardiovascular diseases, Rate per 100,000 by race, 2010-2014.

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2007	5,831	162.5	5,410	177.8	269	241.5	144	319.6
2008	5,727	164.0	5,307	172.9	269	237.1	146	288.4
2009	5,681	157.9	5,267	169.0	255	210.9	153	292.3
2010	5,276	156.5	4,901	158.6	226	195.7	135	263.2
2011	5,402	155.1	5,014	160.1	222	184.1	158	295.6
5-Year Average	<b>5,583</b>	<b>159.2</b>	<b>5,180</b>	<b>167.7</b>	<b>248</b>	<b>213.9</b>	<b>147</b>	<b>291.8</b>

Table 6.8 Deaths due to cardiovascular diseases, Rate per 100,000 by gender and ethnicity, 2010-2014.

Year	Total		Male		Female		Hispanic		Non-Hispanic	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2007	5,727	178.0	2764	221.3	2963	144.4	78	77.3	5198	165.2
2008	5,681	173.4	2818	219.6	2863	137.8	106	112.3	5296	165.7
2009	5,276	162.5	2651	208.8	2625	128.5	86	82.8	5234	160.5
2010	5,402	164.0	2788	210.9	2614	127.8	115	104.4	5199	158.3
2011	5,320	157.9	2674	195.6	2646	127.8	109	100.9	5222	157.5
5-Year Average	<b>5,481</b>	<b>167.2</b>	<b>2,739</b>	<b>211.2</b>	<b>2,742</b>	<b>133.3</b>	<b>99</b>	<b>95.5</b>	<b>5,230</b>	<b>161.4</b>

Table 6.9 Deaths due to cardiovascular diseases, Rate per 100,000 by age group, 2010-2014.

Year	Total	< 24		25 to 44		45 to 64		65 and over	
	Number	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2007	5,727	14	.	111	15.5	823	114.1	4328	1177.5
2008	5,681	14	.	121	16.7	850	115.3	4417	1174.4
2009	5,276	13	.	112	15.4	876	117.6	4319	1128.7
2010	5,402	14	.	102	14.0	866	117.0	4332	1098.7
2011	5,320	16	.	104	14.2	845	115.2	4366	1077.9
5-Year Average	<b>5,481</b>	<b>14</b>	<b>.</b>	<b>110</b>	<b>15.2</b>	<b>852</b>	<b>115.8</b>	<b>4,352</b>	<b>1,131.4</b>



## **Marijuana Indicators**

**30-Day Use of Marijuana - Adult:** Percentage of persons ages 18 and older reporting use of marijuana in the past month.

**Why is this indicator important?**

The use of marijuana can lead to negative outcomes. In addition to being addictive, marijuana use is also associated with various respiratory illnesses, memory loss or impairment, and a weakened immune system. Possession or consumption of marijuana is illegal in Kansas. Marijuana is a DEA schedule I drug.

**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014.

**Important findings**

- Adult marijuana use in Kansas has been trending down slightly over the past 5 years, while that national average has increased.
- Kansas marijuana use among adults is significantly lower than the national average.
- Marijuana use is highest in the 18-25 age range for adults.

**Graph of Five-Year Trend**

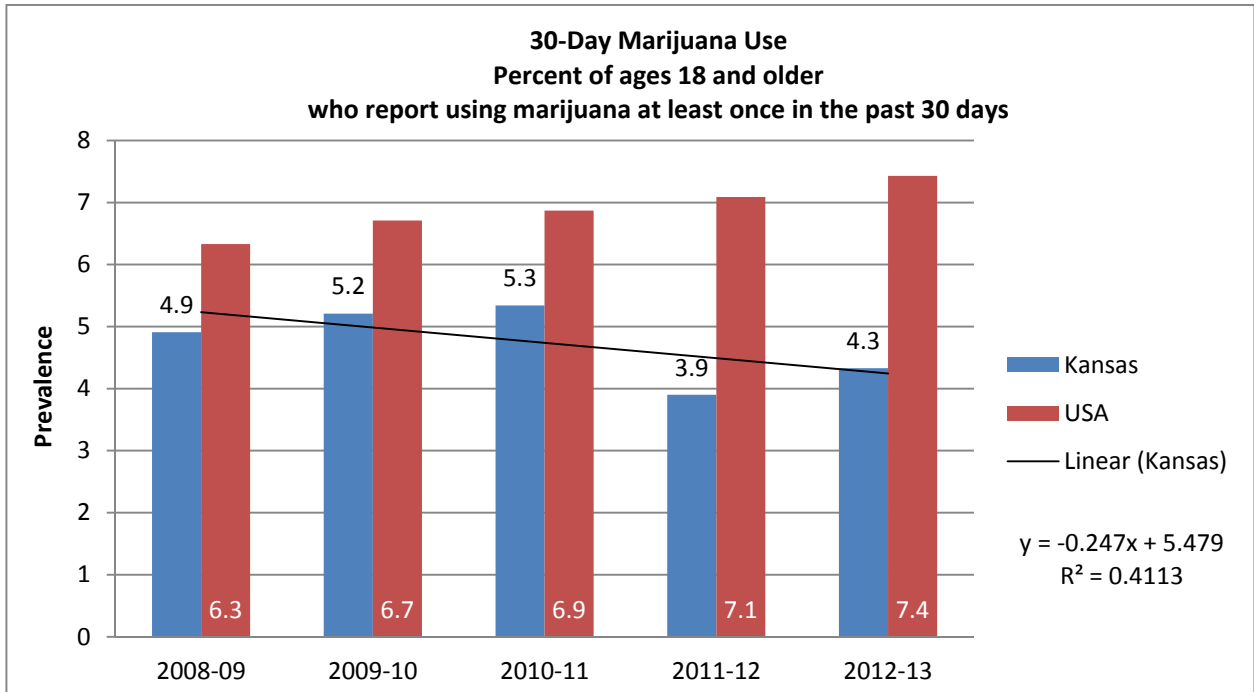


Table 7.1 Percent of adults having used marijuana in the past 30 days by age group, 2009-2013.

Year	Ages 18-25	Ages 12+	Ages 18+	Ages 26+
2008-09	6.0	13.0	3.4	4.9
2009-10	6.4	14.1	3.5	5.2
2010-11	6.3	14.4	3.6	5.3
2011-12	5.5	11.3	2.6	3.9
2012-13	5.1	12.2	2.9	4.3
5-Year Average	<b>5.9</b>	<b>13.0</b>	<b>3.2</b>	<b>4.7</b>

**30-Day Use of Marijuana -Youth:** Percentage of students in grades 6, 8, 10, and 12 reporting use of marijuana in the last 30 days.

**Why is this indicator important?**

The use of marijuana can lead to negative outcomes. In addition to being addictive, marijuana use is also associated with various respiratory illnesses, memory loss or impairment, and a weakened immune system. Possession or consumption of marijuana is illegal in Kansas. Marijuana is a DEA schedule I drug.

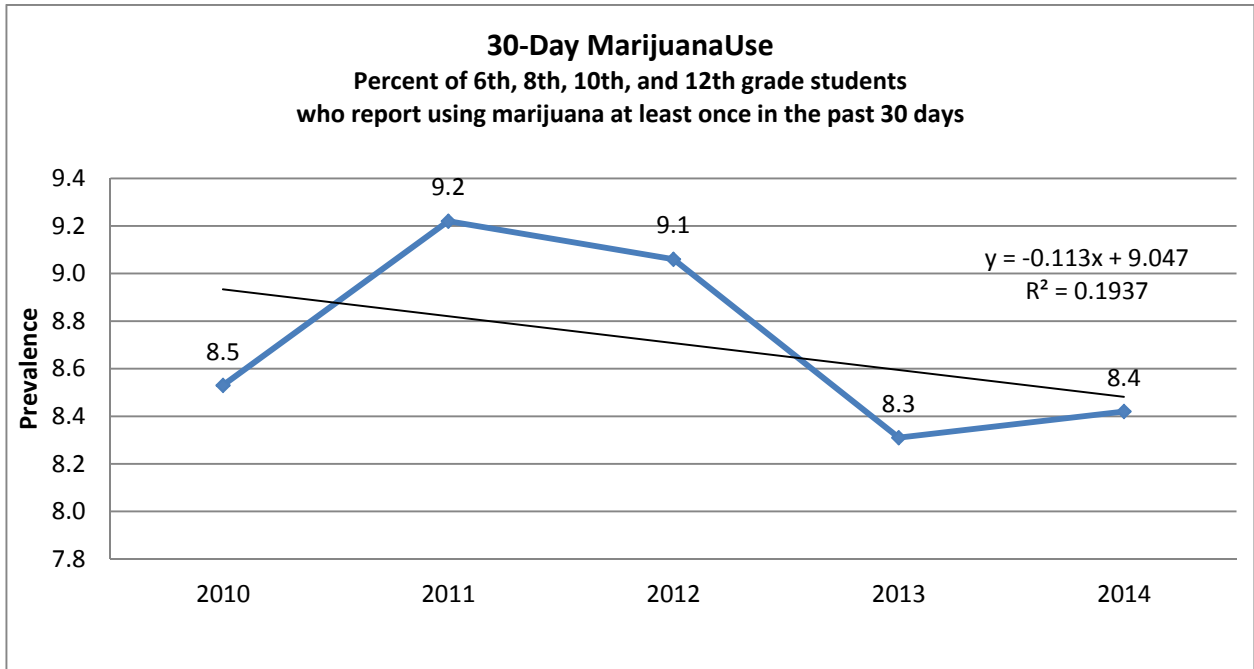
**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

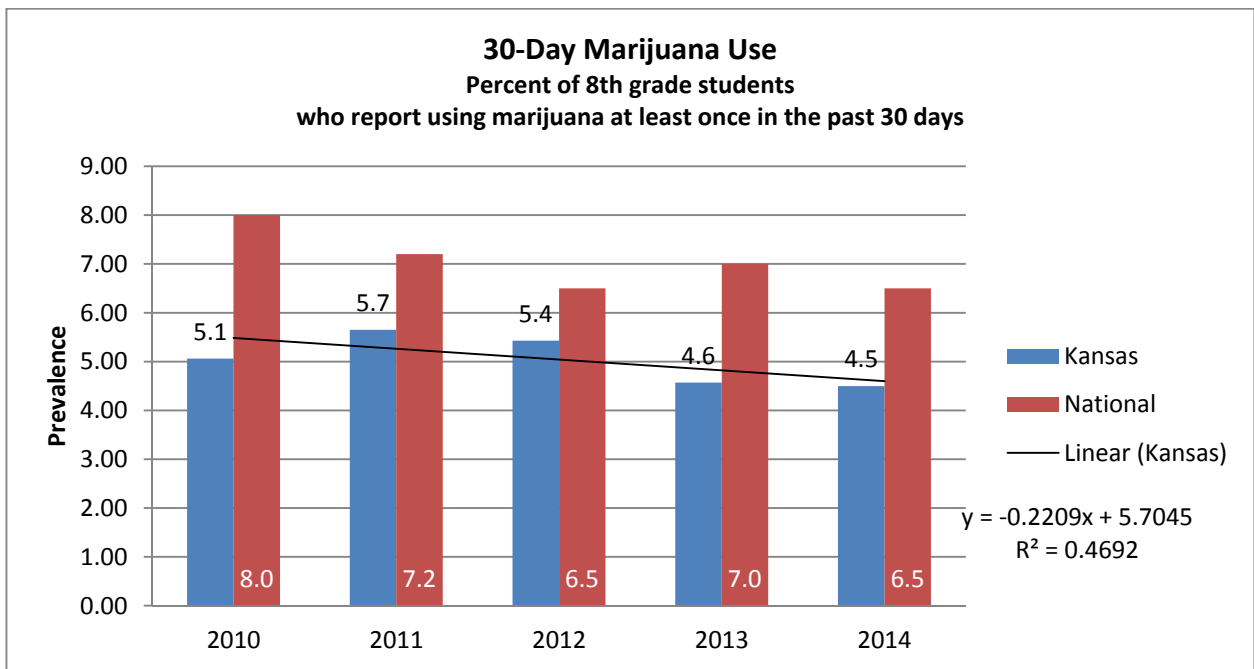
**Important findings**

- Marijuana use by Kansas teens has remained relatively unchanged from 2010.
- Males are using marijuana at a higher rate than females.
- African-American students use marijuana at a much higher rate than White students, followed closely by Native American students.
- Marijuana use increases dramatically as age increases.
- Kansas teens are using marijuana at a lower rate than the national average of 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students.

**Graph of Five-Year Trend**



National Data from the Monitoring the Future Student Survey, 2010-2014.



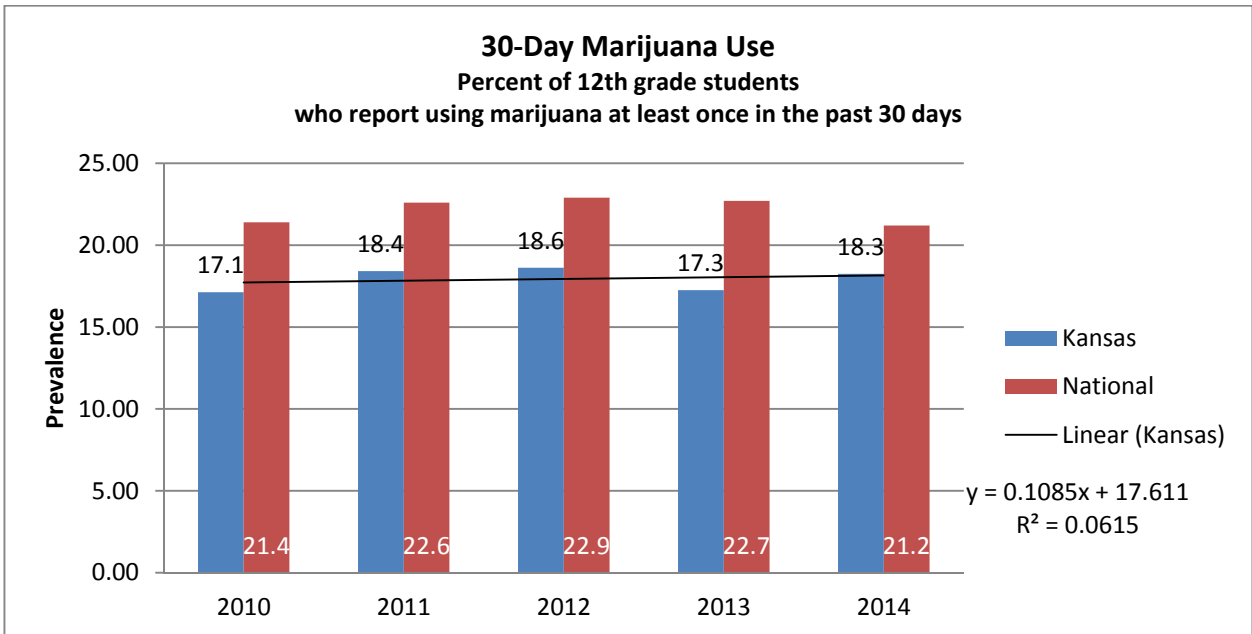
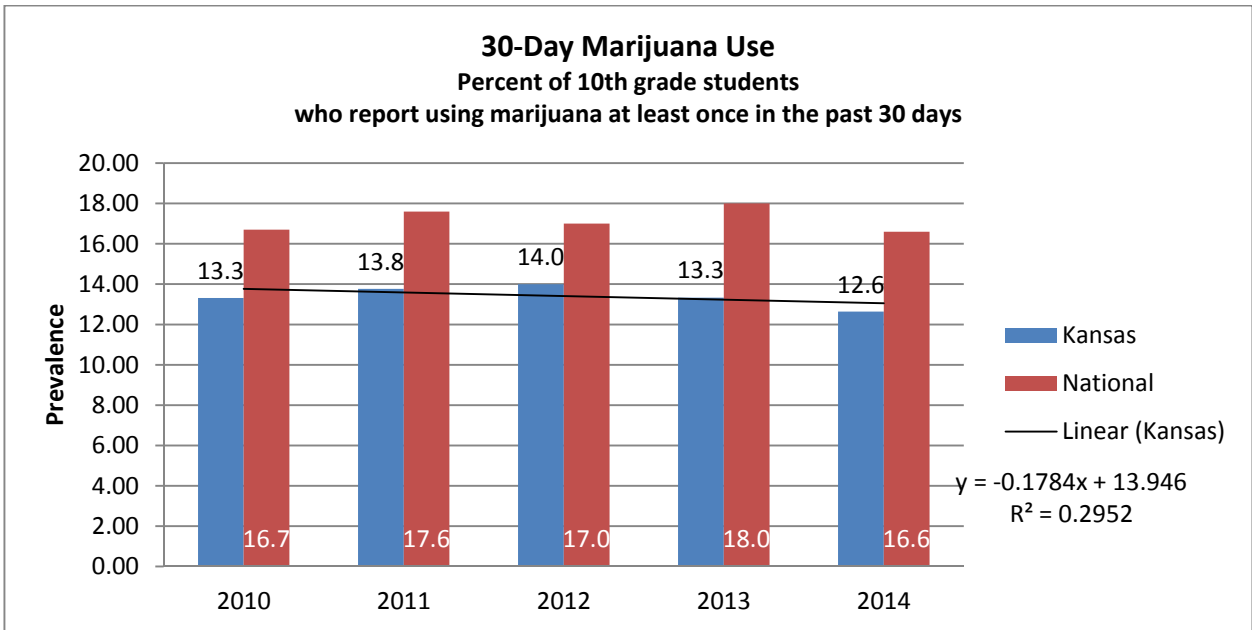


Table 7.2 Percent of students in grades 6, 8, 10, and 12 having used marijuana in the past 30 days by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	8.5	1.0	5.1	13.3	17.1	9.6	7.5
2011	9.2	1.0	5.7	13.8	18.4	10.5	8.0
2012	9.1	1.0	5.4	14.0	18.6	10.2	7.8
2013	8.3	0.8	4.6	13.3	17.3	9.3	7.4
2014	8.4	0.8	4.5	12.6	18.3	9.1	7.7
5-Year Average	<b>8.8</b>	<b>0.9</b>	<b>5.2</b>	<b>13.6</b>	<b>17.9</b>	<b>9.9</b>	<b>7.7</b>

Table 7.3 Percent of students in grades 6, 8, 10, and 12 having used marijuana in the past 30 days by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	8.5	7.8	13.1	9.6	11.3	6.6	8.8
2011	9.2	8.3	13.2	11.0	12.1	7.4	9.2
2012	9.1	8.3	12.3	10.2	11.4	6.9	9.4
2013	8.3	7.6	12.7	8.8	10.0	5.7	8.2
2014	8.4	7.7	11.4	9.7	10.4	4.8	8.9
5-Year Average	<b>8.7</b>	<b>7.9</b>	<b>12.5</b>	<b>9.9</b>	<b>11.1</b>	<b>6.3</b>	<b>8.9</b>

**Attitudes Favorable to Marijuana Use - Youth:** Percent of 6th, 8th, 10th, and 12th grade students responding “Not Wrong At All” when asked “How wrong do you think it is for someone your age to: smoke marijuana?”

**Why is this indicator important?**

Teens who believe it is not wrong to smoke marijuana are more likely to use it at some point in their lives. Favorable attitudes toward marijuana use has been identified as a risk factor associated with experimentation or more regular use, as indicated by measures of past 30-day or lifetime use. Favorable attitudes toward marijuana use send tacit messages relating to the pervasiveness and social acceptability of this issue.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

**Important findings**

- The portion of students who feel it is “not wrong at all” for someone their age to use marijuana has increased over the past 5 years.
- Favorable attitude toward marijuana use increases with age.
- As with marijuana use, African-American and Native American students have higher rates of approval than do White students.
- Although African-American students have higher rates of approval, their 5-year trend has remained stable while the approval rates of White students has been increasing.



### Graph of Five-Year Trend

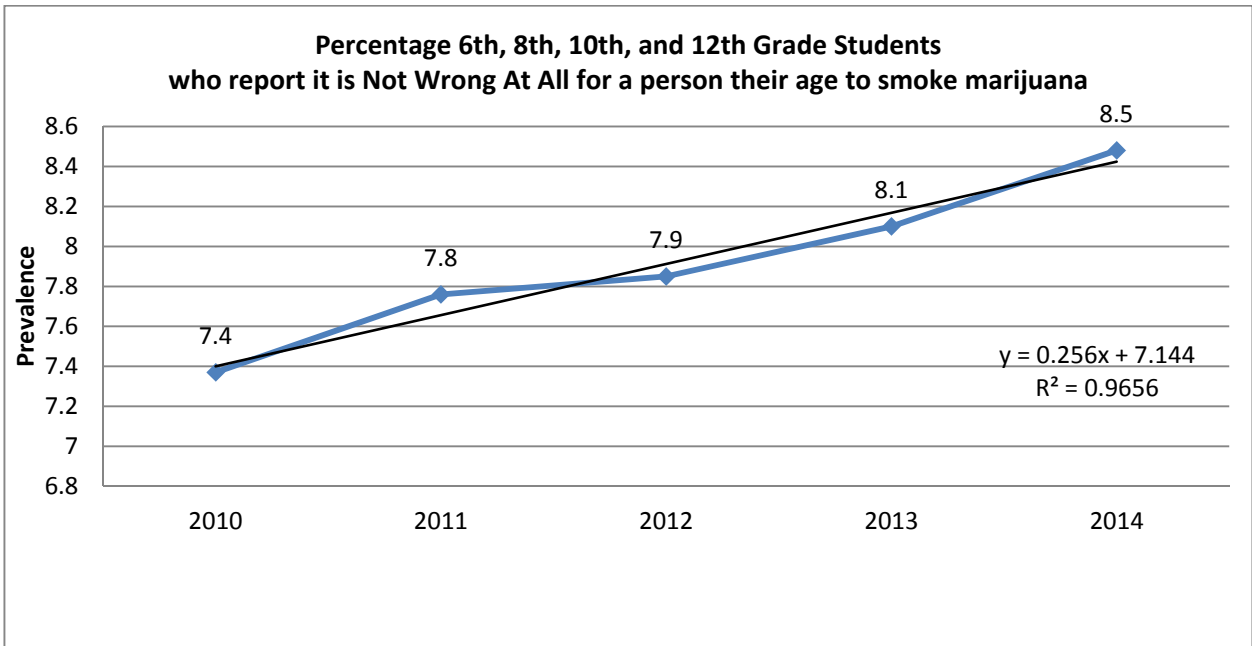


Table 7.4 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward marijuana use by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	7.4	0.8	4.3	11.5	15.2	9.0	5.8
2011	7.8	0.9	4.8	11.4	16.1	9.5	6.0
2012	7.9	0.7	4.7	12.0	17.0	9.5	6.2
2013	8.1	0.7	4.2	13.3	17.6	9.7	6.5
2014	8.5	0.8	4.1	13.0	19.5	9.8	7.1
5-Year Average	<b>7.8</b>	<b>0.8</b>	<b>4.5</b>	<b>12.1</b>	<b>16.5</b>	<b>9.4</b>	<b>6.1</b>

Table 7.5 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward marijuana use by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	7.4	6.8	11.2	8.9	8.4	5.5	8.8
2011	7.8	7.1	10.4	10.3	8.6	6.9	9.0
2012	7.9	7.5	10.3	8.7	7.9	6.5	9.1
2013	8.1	7.7	11.3	8.7	8.4	6.5	8.4
2014	8.5	8.0	11.2	10.2	8.9	6.4	9.3
5-Year Average	<b>7.9</b>	<b>7.4</b>	<b>10.9</b>	<b>9.4</b>	<b>8.5</b>	<b>6.3</b>	<b>8.9</b>

**Perception of Great Risk of Harm from Marijuana- Adults:** Percent of adults surveyed who believe there is a great risk of harm in smoking marijuana once a month.

**Why is this indicator important?**

Those individuals who believe there is a great risk in smoking marijuana are less likely to use it. Evidence indicates the existence of an associative relationship between the number of individuals who perceive lowered levels of risk of harm of marijuana use with increased incidence and prevalence.

**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014.

**Important findings**

- The portion of adults who believe there is great risk in smoking marijuana has been steadily declining over the past 5 years.
- Although national rates of perception of harm were lower than the Kansas average in 2009, they are now higher than the Kansas average.
- Perception of risk is lower in the age 18-25 group than in the ages 26 and older group.

**Graph of Five-Year Trend**

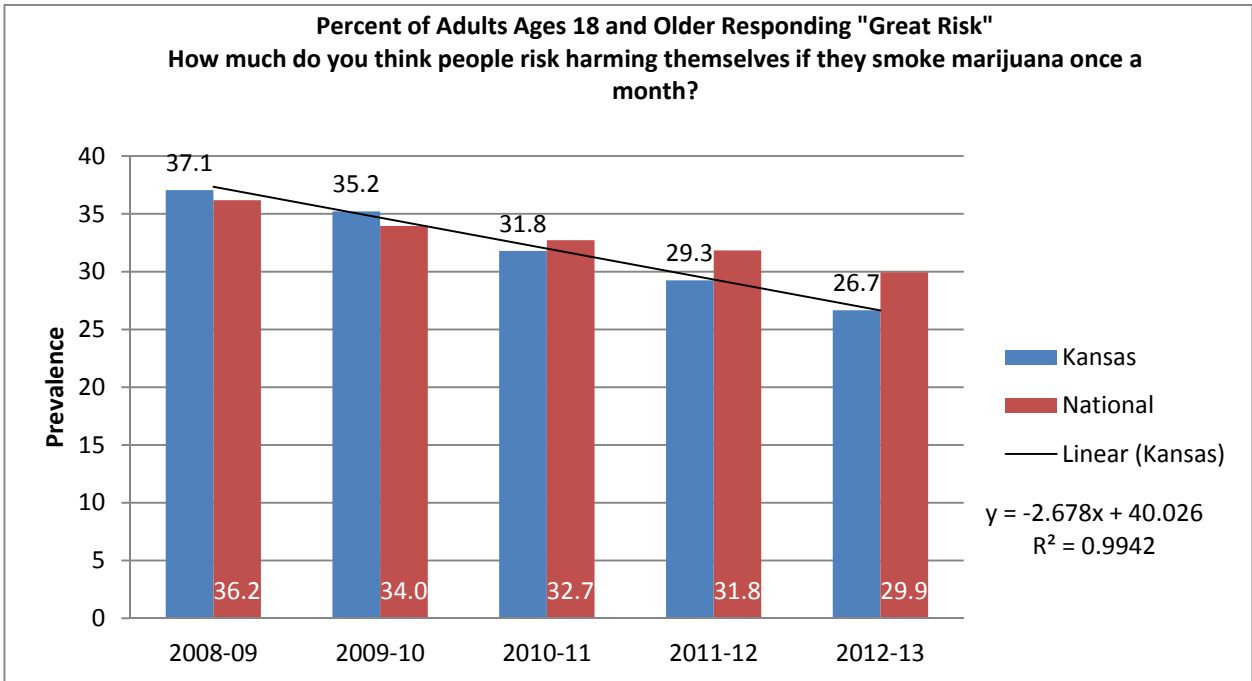


Table 7.6. Percent of adults who believe there is great risk of harm in using marijuana once a month by age group, 2009-2013.

Year	Ages 18-25	Ages 12+	Ages 18+	Ages 26+
2008-09	20.3	36.8	37.1	40.2
2009-10	17.9	34.9	35.2	38.5
2010-11	17.2	31.6	31.8	34.5
2011-12	19.7	29.3	29.3	31.0
2012-13	17.1	26.6	26.7	28.4
5-Year Average	<b>18.5</b>	<b>31.8</b>	<b>32.0</b>	<b>34.5</b>

**Perception of Great Risk of Harm from Marijuana - Youth:** Percent of 6th, 8th, 10th, and 12th grade students responding “Great Risk” when asked “How much do you think people risk harming themselves if they smoke marijuana regularly?”

**Why is this indicator important?**

Children and youth who do not believe that there is moderate to great risk in smoking marijuana regularly are 6.5 times more likely to smoke marijuana than their peers who do have a perception of harm associated with consumption of this substance.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

**Important findings**

- The portion of students who feel there is great risk for someone their age to use marijuana has decreased over the past 5 years.
- Perception of risk of marijuana use decreases with age.
- African-American and Native American students have lower rates of risk perception than do white students.
- Female students have a greater degree of perceived risk than do male students.

### Graph of Five-Year Trend

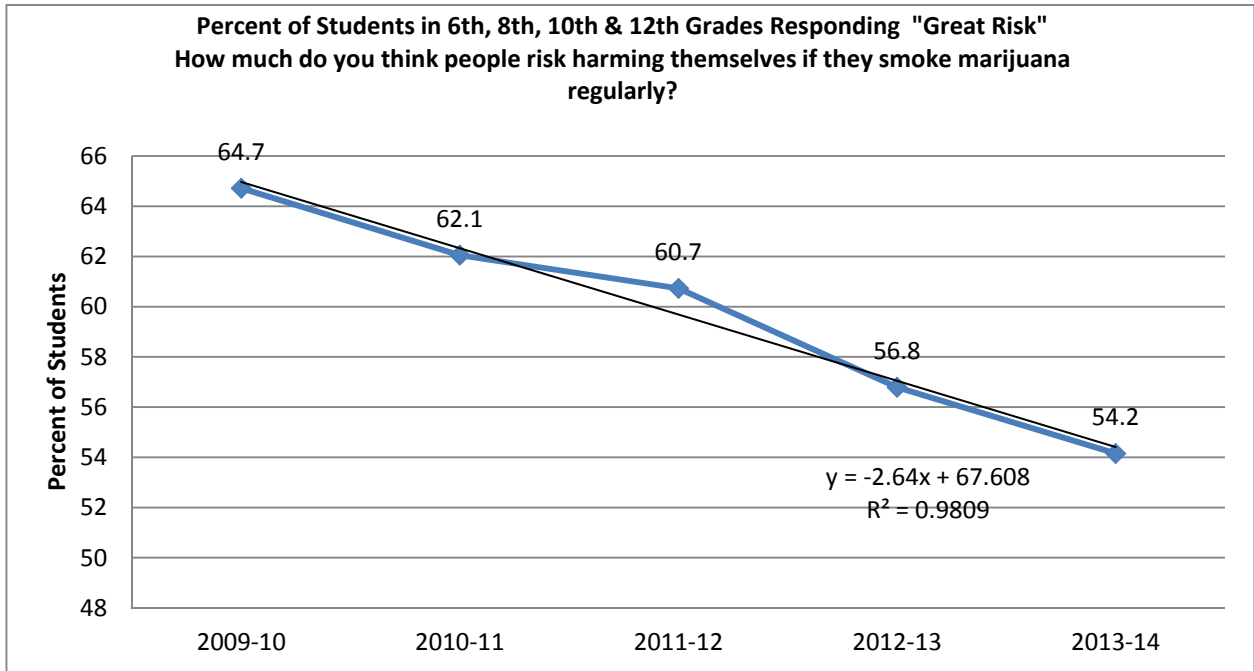


Table 7.7 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in smoking marijuana regularly by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	64.7	78.7	73.0	55.4	47.1	59.9	69.4
2011	62.1	76.4	69.3	53.9	44.9	57.1	67.0
2012	60.7	74.7	69.3	50.9	42.8	56.0	65.5
2013	56.8	73.3	64.8	45.0	38.3	52.3	61.2
2014	54.2	71.3	62.8	43.0	34.0	50.6	57.7
5-Year Average	<b>61.1</b>	<b>75.8</b>	<b>69.1</b>	<b>51.3</b>	<b>43.3</b>	<b>56.3</b>	<b>65.8</b>

Table 7.8 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in smoking marijuana regularly by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	64.7	66.8	54.4	61.2	57.1	68.7	62.2
2011	62.1	64.9	49.5	59.7	54.9	65.1	58.9
2012	60.7	63.8	48.9	54.2	53.7	63.3	57.5
2013	56.8	59.7	44.5	55.1	49.2	61.0	54.6
2014	54.2	57.1	42.1	51.0	46.5	60.5	51.1
5-Year Average	<b>59.7</b>	<b>62.4</b>	<b>47.9</b>	<b>56.2</b>	<b>52.3</b>	<b>63.7</b>	<b>56.9</b>

**Early Initiation of Marijuana Use:** Percentage of students in grades 6, 8, 10, and 12 who report first use of marijuana before age 13.

**Why is this indicator important?**

Early initiation, before age 13, of marijuana consumption has been shown to increase the risk of dependence problems later in life. Marijuana use is also associated with various respiratory illnesses, memory loss or impairment, and a weakened immune system. Possession or consumption of marijuana is illegal in Kansas. Marijuana is a DEA schedule I drug.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2009-2014.

**Important findings**

- The percentage of students reporting marijuana use prior to the age of 13 has decreased slightly over the past 5 years.
- Students in the 10<sup>th</sup> grade are most likely to report early initiation of marijuana use.
- Asian students are the least likely to have used marijuana prior to age 13.
- African-American students have higher percentages of early use than any other racial group in each year.



**Graph of Five-Year Trend**

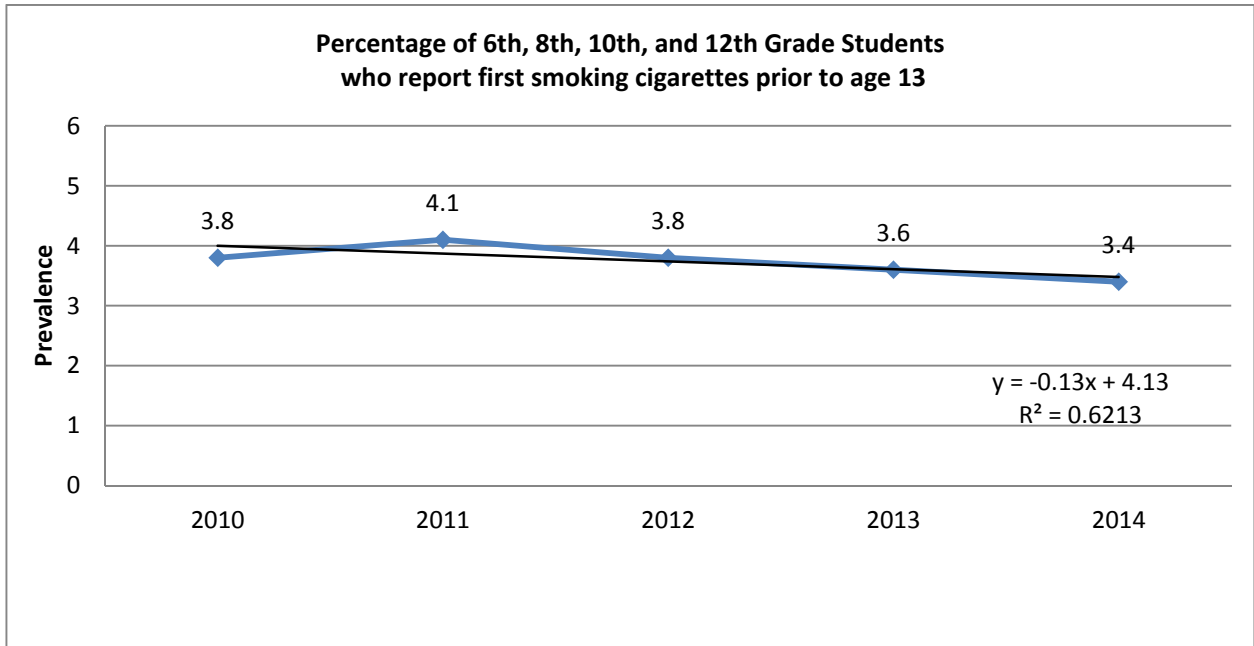


Table 7.9 Percent of students in grades 6, 8, 10, and 12 who report having used marijuana prior to age 13 by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	3.8	1.4	4.4	5.3	4.3	4.6	2.9
2011	4.1	1.6	5.3	5.1	4.5	5.2	3.0
2012	3.8	1.5	4.9	5.0	4.2	4.9	2.8
2013	3.6	1.4	4.5	5.1	3.8	4.5	2.8
2014	3.4	1.2	3.8	4.8	3.9	4.2	2.6
5-Year Average	<b>3.8</b>	<b>1.5</b>	<b>4.8</b>	<b>5.1</b>	<b>4.2</b>	<b>4.8</b>	<b>2.9</b>

Table 7.10 Percent of students in grades 6, 8, 10, and 12 who report having used marijuana prior to age 13 by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	3.8	2.8	7.4	5.7	6.5	3.1	6.3
2011	4.1	2.8	8.0	7.5	7.5	2.5	6.0
2012	3.8	2.6	7.3	6.7	6.7	2.9	5.8
2013	3.6	2.5	7.1	6.8	6.4	2.2	4.5
2014	3.4	2.5	6.3	6.3	5.5	2.3	4.4
5-Year Average	<b>3.7</b>	<b>2.6</b>	<b>7.2</b>	<b>6.6</b>	<b>6.5</b>	<b>2.6</b>	<b>5.4</b>

**Marijuana Treatment Admissions:** Count of those admitted to treatment reporting that the primary substance for which patient admitted was marijuana.

**Why is this indicator important?**

The extent of marijuana treatment admissions can serve as an indicator to which marijuana misuse and abuse is an identifiable and diagnosable disorder, and the extent to which this substance is the primary substance of choice among populations and subgroups.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Treatment Episodic Data Set (TEDS) system, 2008-2013.

**Important findings**

- Among new admissions, significantly more males have been admitted for marijuana treatment than females.
- New admissions for all age groups has been declining over the past 5 years, although total remaining in treatment (not discharged) has been steadily increasing.
- A higher number of new admissions can be seen in the 18-25 age group than any other group.

Graphs of Five-Year Trends

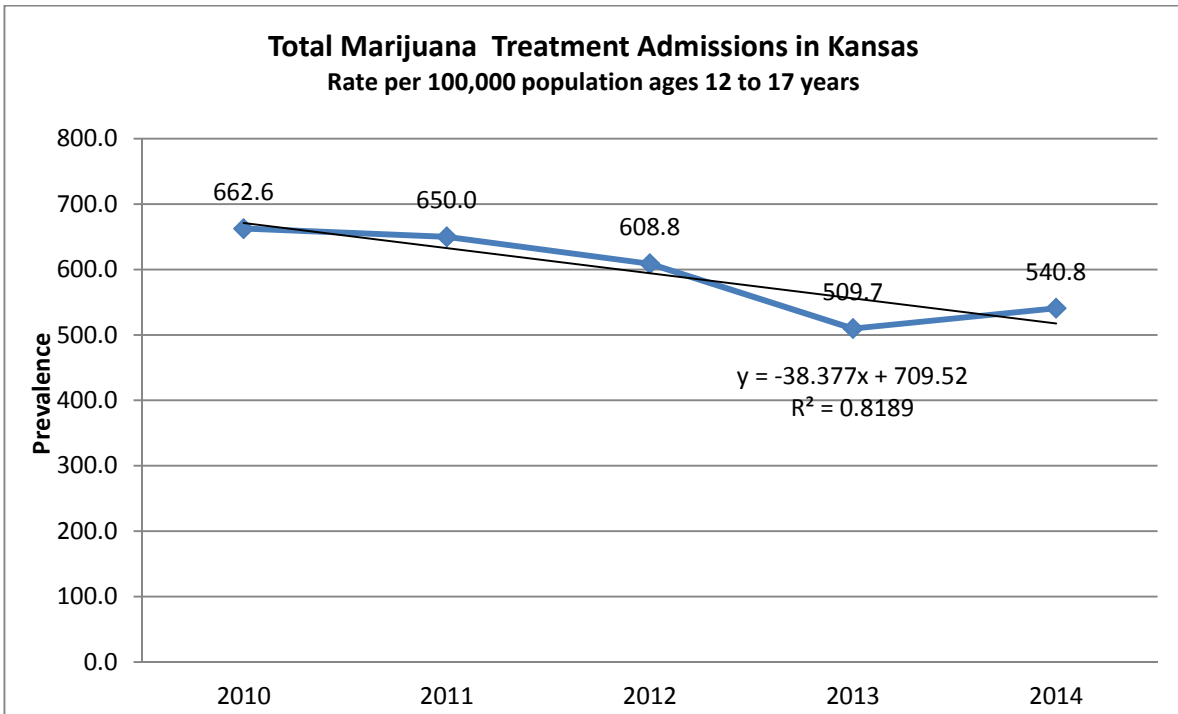
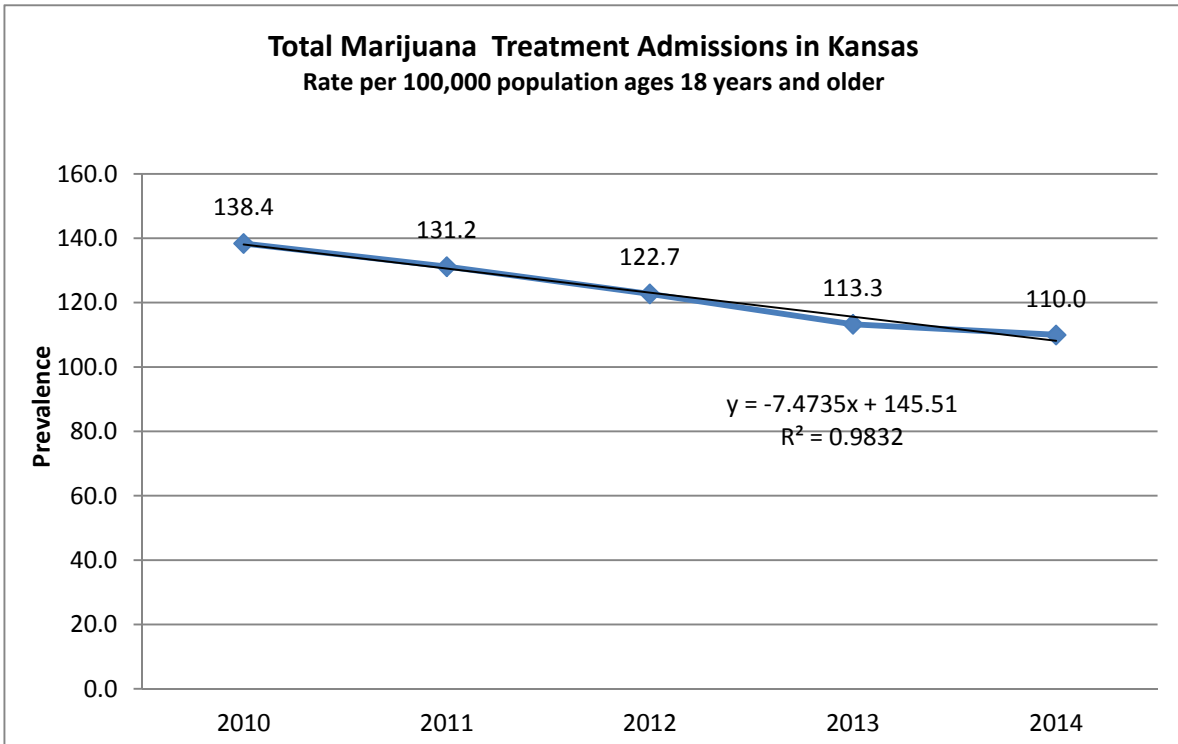


Table 8.1 Count of Substance Use Disorder Treatment Providers admissions for marijuana treatment (primary substance) by gender and SAMHSA age group for the State of Kansas, 2010-2014.

Year	Total	Gender		Age Group			
		Male	Female	12 - 17	18 +	18 - 25	26 +
2010	4522	3307	1215	1578	2942	1689	1253
2011	4339	3179	1160	1548	2789	1590	1199
2012	4062	3013	1049	1450	2609	1462	1147
2013	3623	2681	942	1214	2408	1337	1071
2014	3628	2610	1018	1288	2338	1181	1157
5-Year Average	<b>4035</b>	<b>2958</b>	<b>1077</b>	<b>1416</b>	<b>2617</b>	<b>1452</b>	<b>1165</b>

Table 8.2 Count of Substance Use Disorder Treatment Providers admissions for marijuana treatment (primary substance) by race and ethnicity for the State of Kansas, 2010-2014.

Year	Total	Race					Ethnicity	
		White	African American	Asian / Islander	American / Alaska Native	Other	Hispanic	Non-Hispanic
2010	4522	2956	936	20	106	481	675	3847
2011	4339	2792	900	13	108	507	638	3701
2012	4062	2601	887	25	79	454	594	3468
2013	3623	2266	786	10	89	457	590	3033
2014	3628	2249	813	15	75	463	617	3011
5-Year Average	<b>4035</b>	<b>2573</b>	<b>864</b>	<b>17</b>	<b>91</b>	<b>472</b>	<b>623</b>	<b>3412</b>

Table 8.3 Count of Substance Use Disorder Treatment Providers admissions for marijuana treatment (primary substance) KDHE detailed age group, 2010-2014.

Year	< 15	15-24	25-44	45-64	65 +
2010	218	2801	1303	198	2
2011	219	2695	1208	215	2
2012	198	2495	1190	176	3
2013	191	2167	1064	199	1
2014	205	2013	1217	191	2
5-Year Average	<b>206</b>	<b>2434</b>	<b>1196</b>	<b>196</b>	<b>2</b>

Table 8.4 Totals Served by year: New admissions during year for marijuana treatment plus any previous admissions not released during that year, by KDHE age group.

Year	< 15	15-24	25-44	45-64	65 +	Total
2010	430	5414	2309	368	3	8524
2011	506	6072	2606	413	3	9600
2012	538	6253	2709	422	5	9927
2013	583	6293	2757	438	4	10075
2014	674	6682	3128	463	3	10950
5-Year Average	<b>546</b>	<b>6143</b>	<b>2702</b>	<b>421</b>	<b>4</b>	<b>9815</b>

# Prescription Drug Indicators

**30-Day Prescription Drug Use– Youth:** Percentage of students in grades 6, 8, 10 and 12 reporting any use of a prescription drug not prescribed to them within the past 30 days.

**Why is this indicator important?**

Early initiation of drug use has been shown to increase the risk of drug use problems later in life. The earlier the age at which abuse of prescription drugs and other substances is initiated, the stronger the likelihood of that individual developing issues of substance abuse dependence or associated consequences later in life.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014 and additional data taken from the Monitoring The Future student survey, 2010-2014.

**Important findings**

- Nonmedical use of prescription drugs increases as age increases.
- Use of prescription drugs is highest among the Native American population.
- There is no significant difference in use between male and female students.
- Prescription drug use has been decreasing slightly over the past 5 years.



Graphs of Five-Year Trends

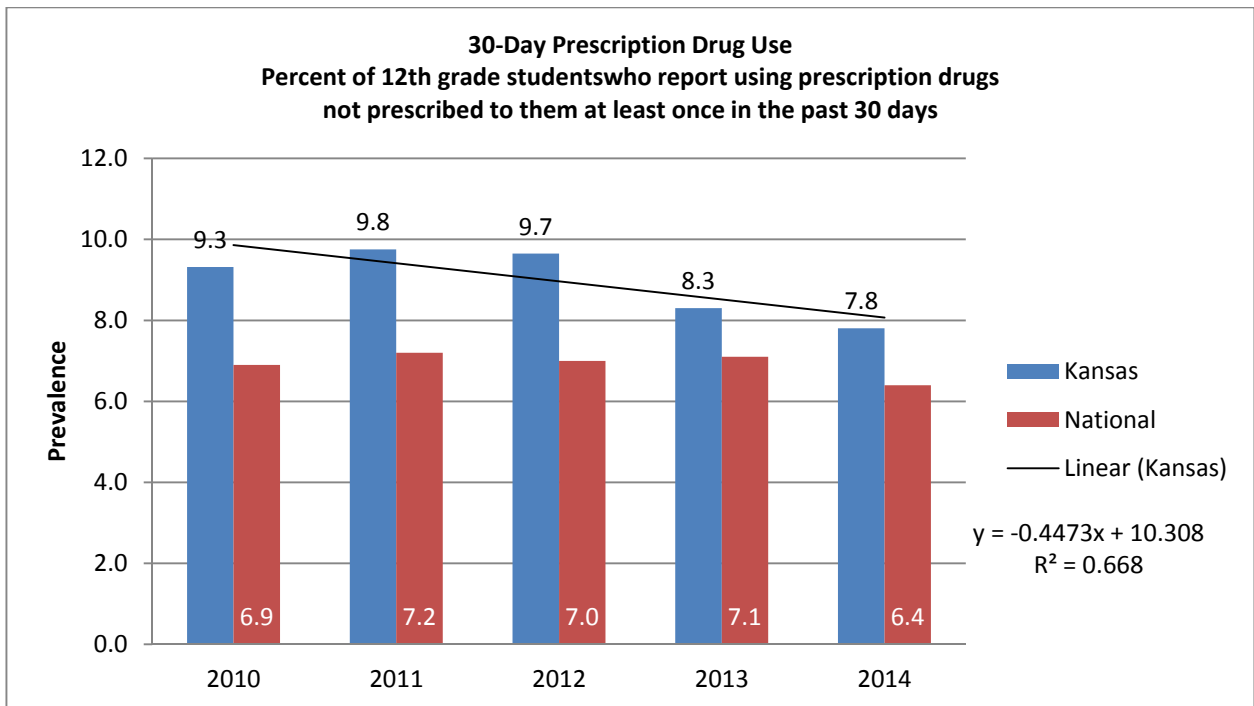
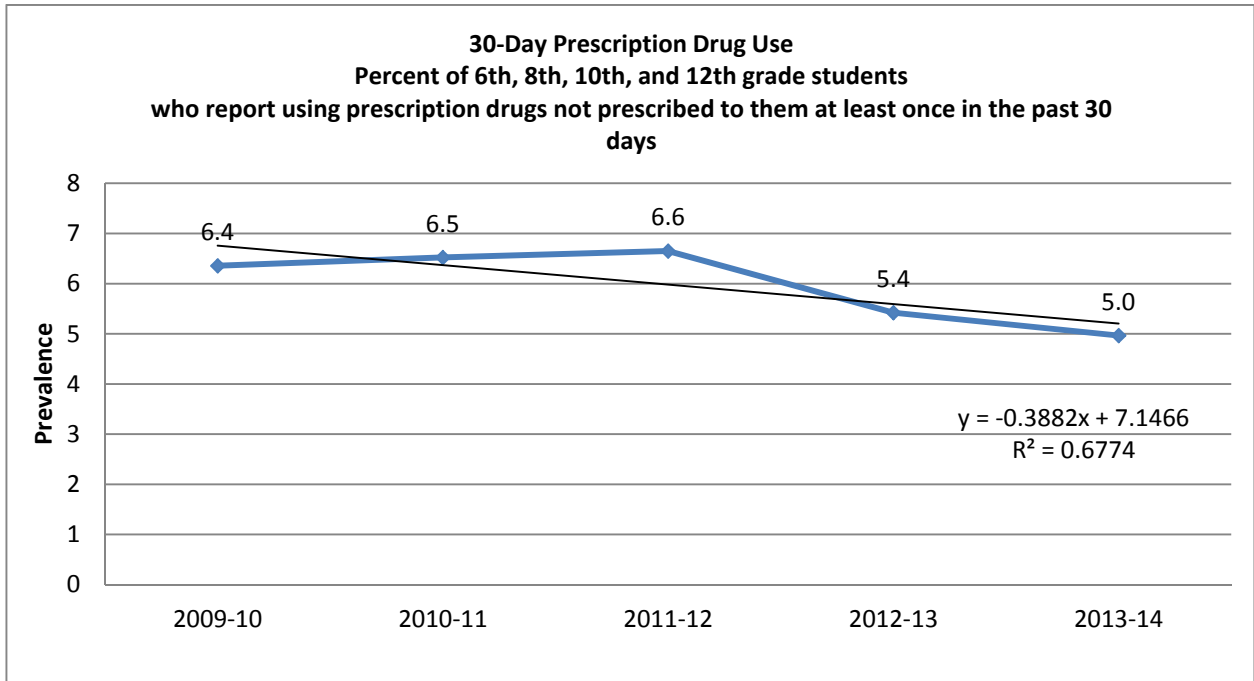


Table 9.1 Percent of students in grades 6, 8, 10, and 12 who report having taken prescription drugs not prescribed to them in the past 30 days by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	6.4	3.1	5.4	8.3	9.3	6.3	6.4
2011	6.5	3.1	5.7	8.1	9.8	6.5	6.5
2012	6.6	3.6	5.6	8.4	9.7	6.6	6.7
2013	5.4	2.7	4.2	7.2	8.3	5.4	5.5
2014	5.0	2.5	3.9	6.2	7.8	4.7	5.2
5-Year Average	<b>6.2</b>	<b>3.1</b>	<b>5.2</b>	<b>8.0</b>	<b>9.3</b>	<b>6.2</b>	<b>6.3</b>

Table 9.2 Percent of students in grades 6, 8, 10, and 12 who report having taken prescription drugs not prescribed to them in the past 30 days by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	6.4	6.1	7.5	9.4	7.0	5.2	6.8
2011	6.5	6.1	7.4	9.7	7.4	5.2	7.8
2012	6.6	6.2	7.6	9.7	7.7	5.5	8.1
2013	5.4	5.0	6.5	7.7	6.0	4.2	6.8
2014	5.0	4.6	6.3	6.6	5.7	4.2	5.7
5-Year Average	<b>6.0</b>	<b>5.6</b>	<b>7.1</b>	<b>8.6</b>	<b>6.8</b>	<b>4.8</b>	<b>7.0</b>

**30-Day Nonmedical Use of Prescription Pain Relievers - Adults:** Percentage of persons ages 18 and older reporting nonmedical use of pain relievers in the past month.

**Why is this indicator important?**

Abuse of prescription pain relievers carries a strong probability of developing dependence. Prescription pain relievers include opioid and morphine derivatives such as codeine, morphine, oxycodone HCL (OxyContin), and hydrocodone bitartrate (Vicodin). Potential negative impacts include dependence, sedation, respiratory depression, and death. Most pain relievers are DEA schedule II drugs and possession or consumption of such products is illegal in Kansas without a proper prescription. A few, such as codeine, can be found in over the counter DEA schedule V drugs.

**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014.

**Important findings**

- While there has been little change in national average over the past 5 years, Kansas has shown a decline in adult nonmedical use of prescription pain relievers.
- Usage is most prevalent in the ages 18-25 category.

**Graph of Five-Year Trend**

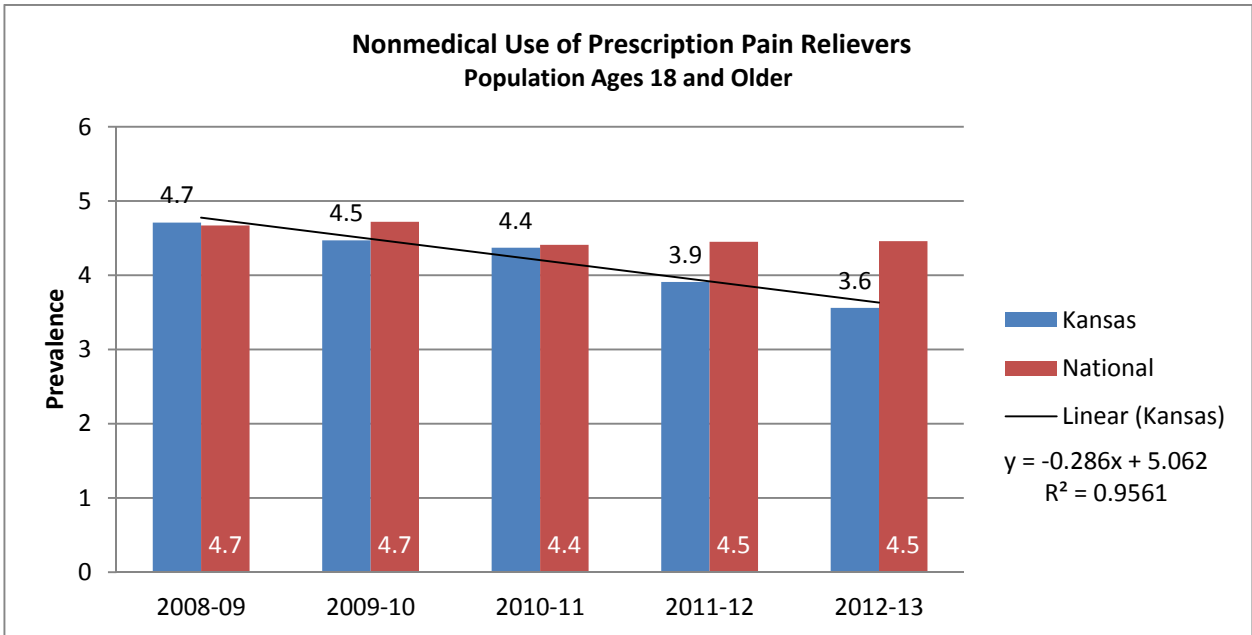


Table 9.3 Percentage of persons ages 18 and older reporting nonmedical use of pain relievers in the past month by age group, 2009-2013.

Year	Age 12+	Ages 18-25	Age 26+	Age 18+
2008-09	5	11.49	3.44	4.71
2009-10	4.71	11.15	3.2	4.47
2010-11	4.56	10.25	3.26	4.37
2011-12	4.09	8.73	3.04	3.91
2012-13	3.65	7.59	2.83	3.56
5-Year Average	<b>5</b>	<b>11.49</b>	<b>3.44</b>	<b>4.71</b>

**30-Day Use of Prescription Pain Relievers– Youth:** Percentage of students in grades 6, 8, 10 and 12 reporting any use of a prescription pain reliever not prescribed to them within the past 30 days.

**Why is this indicator important?**

Abuse of prescription pain relievers carries a strong probability of developing dependence. Prescription pain relievers include opioid and morphine derivatives such as codeine, morphine, oxycodone HCL (OxyContin), and hydrocodone bitartrate (Vicodin). Potential negative impacts include dependence, sedation, respiratory depression, and death. Most pain relievers are DEA schedule II drugs and possession or consumption of such products is illegal in Kansas without a proper prescription. A few, such as codeine, can be found in over the counter DEA schedule V drugs.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

**Important findings**

- Overall nonmedical use of prescription pain relievers has decreased over the past 5 years.
- Nonmedical use of prescription pain relievers increases as age increases.
- Use of prescription pain relievers is highest for those of Native American race.
- There is no significant difference in prevalence between male and female students.

**Graph of Five-Year Trend**

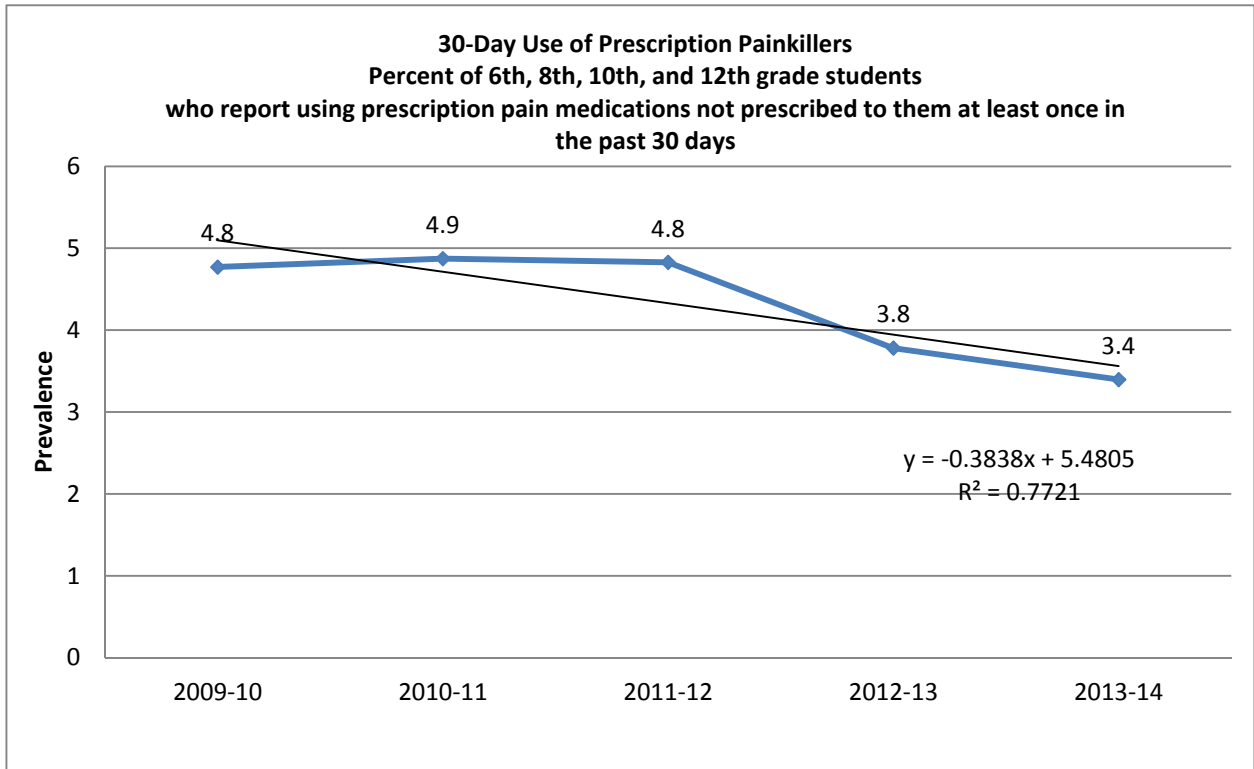


Table 9.4 Percent of students in grades 6, 8, 10, and 12 who report having taken prescription pain relievers not prescribed to them in the past 30 days by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	4.8	2.4	4.1	6.2	6.9	4.6	4.9
2011	4.9	2.4	4.5	6.1	6.8	4.8	4.9
2012	4.8	2.7	4.5	6.1	6.5	4.6	5.1
2013	3.8	2.1	3.3	4.9	5.3	3.6	3.9
2014	3.4	1.9	3.1	4.2	4.7	3.1	3.7
5-Year Average	<b>4.6</b>	<b>2.4</b>	<b>4.1</b>	<b>5.8</b>	<b>6.4</b>	<b>4.4</b>	<b>4.7</b>

Table 9.5 Percent of students in grades 6, 8, 10, and 12 who report having taken prescription pain relievers not prescribed to them in the past 30 days by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	4.8	4.5	5.6	7.1	5.6	3.5	5.0
2011	4.9	4.5	5.7	7.6	5.9	4.1	5.7
2012	4.8	4.4	5.9	7.3	5.9	4.3	5.9
2013	3.8	3.5	4.4	5.6	4.5	2.9	4.6
2014	3.4	3.0	4.4	4.8	4.3	2.9	3.9
5-Year Average	<b>4.3</b>	<b>4.0</b>	<b>5.2</b>	<b>6.4</b>	<b>5.2</b>	<b>3.5</b>	<b>5.0</b>

**Attitudes Favorable toward Prescription Drug Use - Youth:** Percent of 6th, 8th, 10th, and 12th grade students responding “Not Wrong At All” when asked “How wrong do you think it is for someone your age to: take prescription drugs not prescribed to them?”

\* See Appendix C for data limitations.

### **Why is this indicator important?**

Teens who believe it is not wrong to use prescription drugs are more likely to use them. This risk factor illustrates the associative relationship between norms and messages relating to the extent and acceptability of use of that substance, and later increases in prevalence.

### **Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2014. (Question added to survey beginning 2012-13 school year)

### **Important findings**

- Students who feel it is “not wrong at all” for someone their age to use prescription drugs has decreased slightly in the initial 2 years data collected.
- Favorable attitude toward prescription drug use increases with age.
- Native American students have higher rates of approval than do other students.
- There is a higher rate of approval among male students than female students.



Table 9.6 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward prescription drug use by grade and gender, 2013-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	3.8	1.0	2.5	5.7	7.1	4.5	3.0
2014	3.4	0.9	2.2	4.9	6.6	4.0	2.7
2-Year Average	<b>3.8</b>	<b>1.0</b>	<b>2.5</b>	<b>5.7</b>	<b>7.1</b>	<b>4.5</b>	<b>3.0</b>

Table 9.7 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward prescription drug use by race, 2013-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2013	3.8	3.4	5.3	5.6	4.2	2.8	4.3
2014	3.4	3.0	4.5	4.3	3.9	3.2	4.4
2-Year Average	<b>3.6</b>	<b>3.2</b>	<b>4.9</b>	<b>5.0</b>	<b>4.0</b>	<b>3.0</b>	<b>4.3</b>

**Perception of Great Risk of Harm from Prescription Drug Use - Youth:** Percent of youth in grades 6, 8, 10, and 12 who responded “great risk” when asked: How much do you think people risk harming themselves if they take prescription drugs not prescribed to them?”

\* See Appendix C for data limitations.

**Why is this indicator important?**

The more teens believe they may be harmed by prescription drug use, the less likely they are to use them. As perceptions of risk decrease as related to prescription drugs, the correspondent likelihood of consumption increases.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2014. (Question added to survey beginning 2012-13 school year)

**Important findings**

- The percentage of students who believe there is a great risk of harm relatively unchanged in the initial two years of data collection in the state of Kansas.
- White students perceive the most risk in use of prescription drugs.
- Female students perceive greater risk than do male students.

Table 9.8 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in prescription drug use by grade and gender, 2013-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	64.5	66.9	66.6	62.5	61.1	62.1	66.8
2014	64.4	66.8	66.4	62.7	60.6	62.0	66.7
2-Year Average	<b>64.5</b>	<b>66.9</b>	<b>66.6</b>	<b>62.5</b>	<b>61.1</b>	<b>62.1</b>	<b>66.8</b>

Table 9.9 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in prescription drug use by race, 2013-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2013	64.5	66.8	58.1	61.6	58.7	63.5	61.6
2014	64.4	66.8	57.1	61.0	59.1	62.2	60.6
2-Year Average	<b>64.4</b>	<b>66.8</b>	<b>57.6</b>	<b>61.3</b>	<b>58.9</b>	<b>62.8</b>	<b>61.1</b>

**Other Opiates & Synthetics Treatment Admissions:** Count of those admitted to treatment reporting that the primary substance for which patient admitted was other opiates or synthetic drugs.

**Why is this indicator important?**

Prescription drug abuse includes the non-medical use of psychotherapeutics. Generally three types of prescription drugs are abused: opioids (pain relievers); sedatives and tranquilizers; and stimulants. All substances share the potential for addiction. Each particular substance carries a variety of health and dependence issues with it. The most commonly abused prescription drugs are illegal to possess or consume in Kansas without a proper prescription. Most are DEA schedule II drugs.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Treatment Episodic Data Set (TEDS) system, 2008-2013.

**Important findings**

- Among new admissions, there was no significant difference between number of males and females admitted for treatment.
- New admissions rate has been increasing over the past 5 years.
- A higher number of new admissions can be seen in the 24-44 age group than any other group.

### Graphs of Five-Year Trends

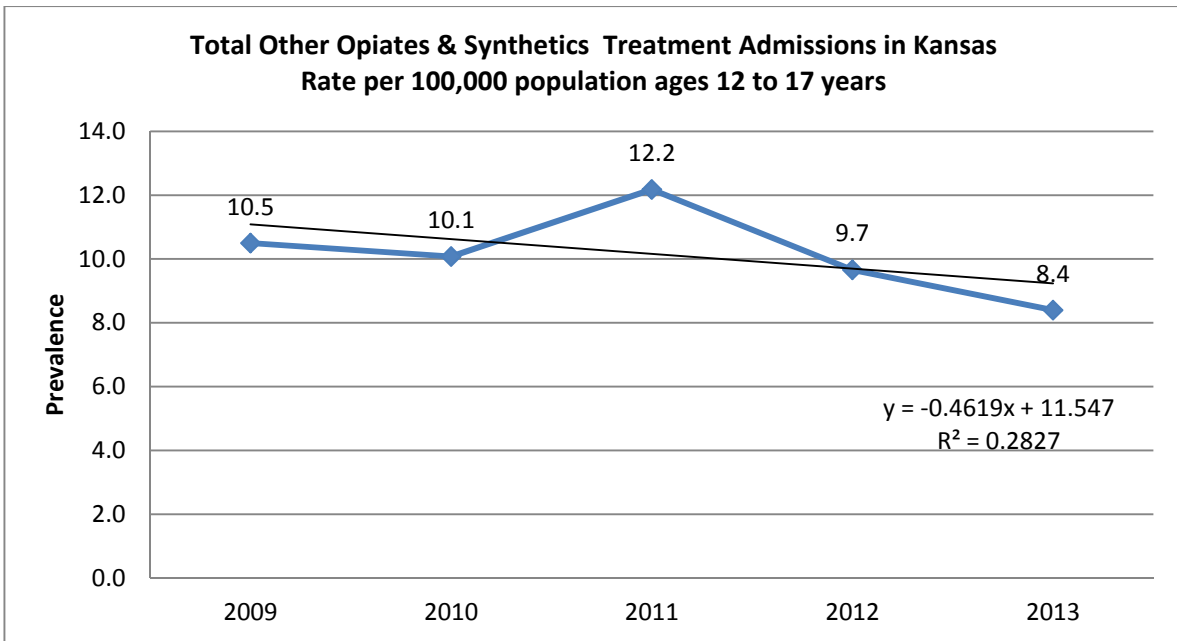
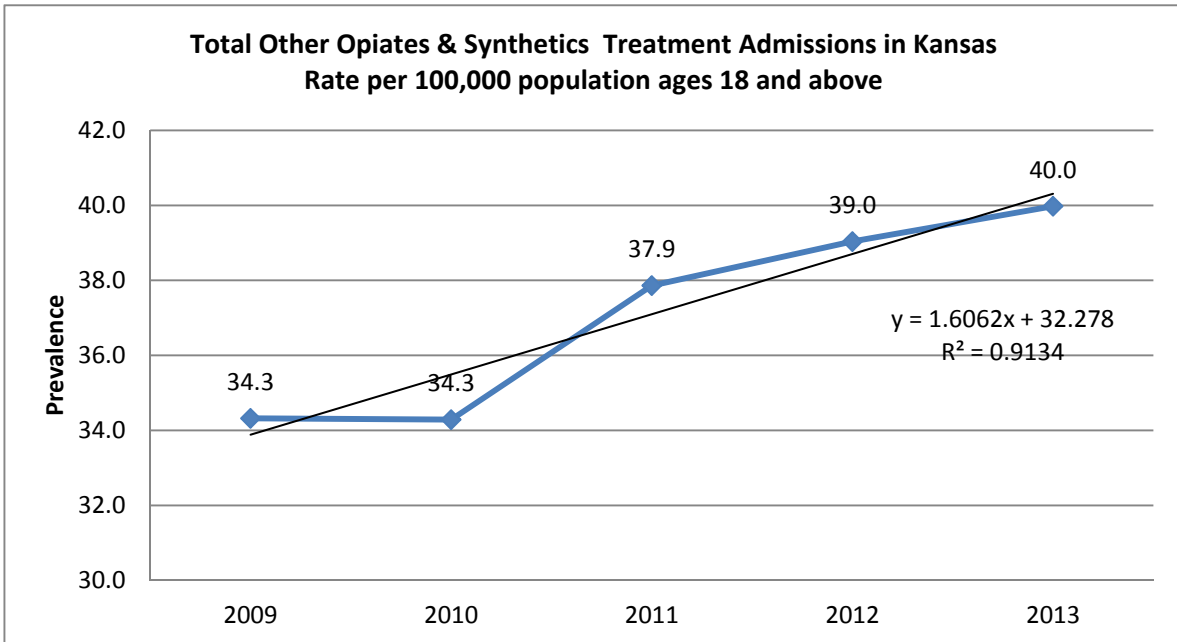


Table 10.1 Count of Substance Use Disorder Treatment Providers admissions for opiates & synthetics treatment (primary substance) by gender and age SAMHSA group for the State of Kansas, 2010-2014.

Year	Total	Gender		Age Group			
		Male	Female	12 - 17	18 +	18 - 25	26 +
2010	702	311	391	25	729	285	444
2011	755	339	416	24	805	284	521
2012	829	371	458	29	832	297	535
2013	859	398	463	23	864	308	556
2014	873	432	455	20	807	262	545
5-Year Average	<b>804</b>	<b>370</b>	<b>437</b>	<b>24</b>	<b>807</b>	<b>287</b>	<b>520</b>

Table 10.2 Count of Substance Use Disorder Treatment Providers admissions for opiates & synthetics treatment (primary substance) by race and ethnicity for the State of Kansas, 2010-2014.

Year	Total	Race					Ethnicity	
		White	African American	Asian / Islander	American / Alaska Native	Other	Hispanic	Non-Hispanic
2010	702	681	20	5	17	30	37	718
2011	755	747	33	4	14	28	57	772
2012	829	765	46	9	16	29	46	815
2013	859	792	52	6	14	24	47	840
2014	873	733	47	7	16	24	46	781
5-Year Average	<b>804</b>	<b>744</b>	<b>40</b>	<b>6</b>	<b>15</b>	<b>27</b>	<b>47</b>	<b>785</b>

Table 10.3 Count of Substance Use Disorder Treatment Providers admissions for opiates & synthetics treatment (primary substance) by KDHE age group for the State of Kansas, 2010-2014.

Year	< 15	15-24	25-44	45-64	65 +
2010	1	224	437	87	5
2011	0	228	493	106	2
2012	3	238	513	106	1
2013	3	229	546	108	1
2014	4	163	551	104	5
5-Year Average	<b>2</b>	<b>216</b>	<b>508</b>	<b>102</b>	<b>3</b>

Table 10.4 Totals Served by year: New admissions during year for opiates & synthetics treatment plus any previous admissions not released during that year, by SAMHSA age group.

Year	12 +	12 - 17	18 - 25	26 +	18 +
2009	758	35	215	508	723
2010	1055	38	330	687	1017
2011	1474	46	454	974	1428
2012	1779	60	541	1178	1719
2013	2284	77	654	1553	2207
5-Year Average	<b>1470</b>	<b>51</b>	<b>439</b>	<b>980</b>	<b>1419</b>

# Other Illicit Drug Indicators



**30-Day Use of Other Illicit Drugs - Adults:** Percentage of persons ages 18 and older reporting use of any illicit drug other than marijuana in the past month.

**Why is this indicator important?**

Past month use represents a higher level of dependence on the substance in question. Typically these individuals are at the highest risk for substance abuse related consequences. Increased experimentation may lead to greater levels of dependence over time.

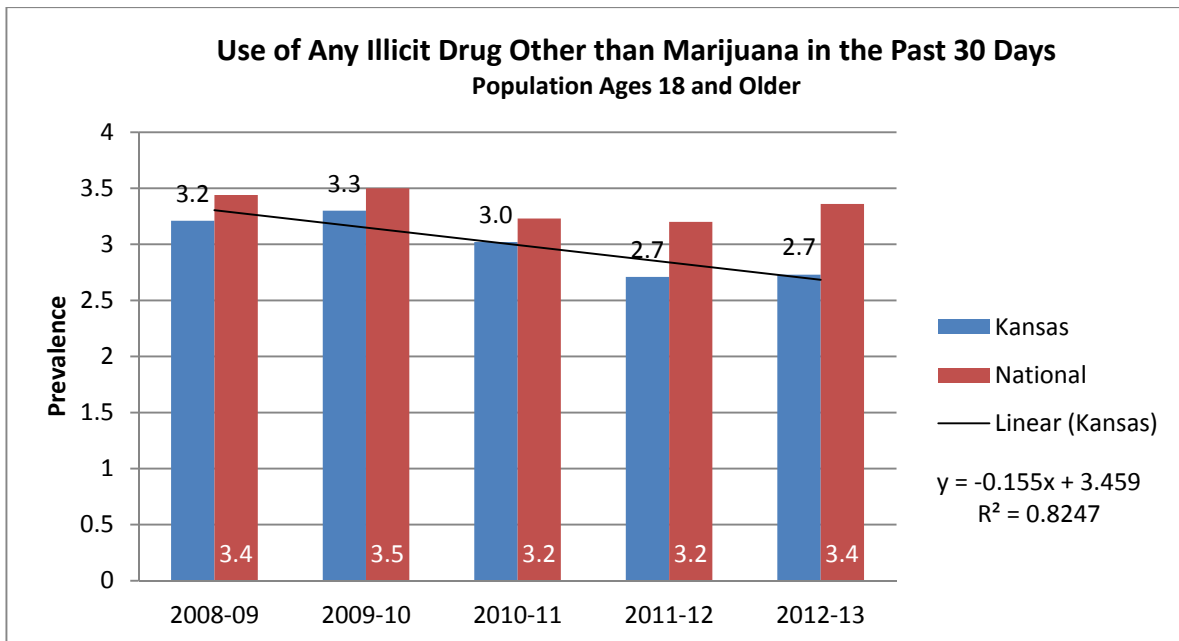
**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014.

**Important findings**

- The national rate of illicit drug use is slightly higher than use in Kansas although both have decreased over the past 5 years.
- Highest rate of use is found in the ages 18-25 range.

**Graphs of 5-Year Trends**



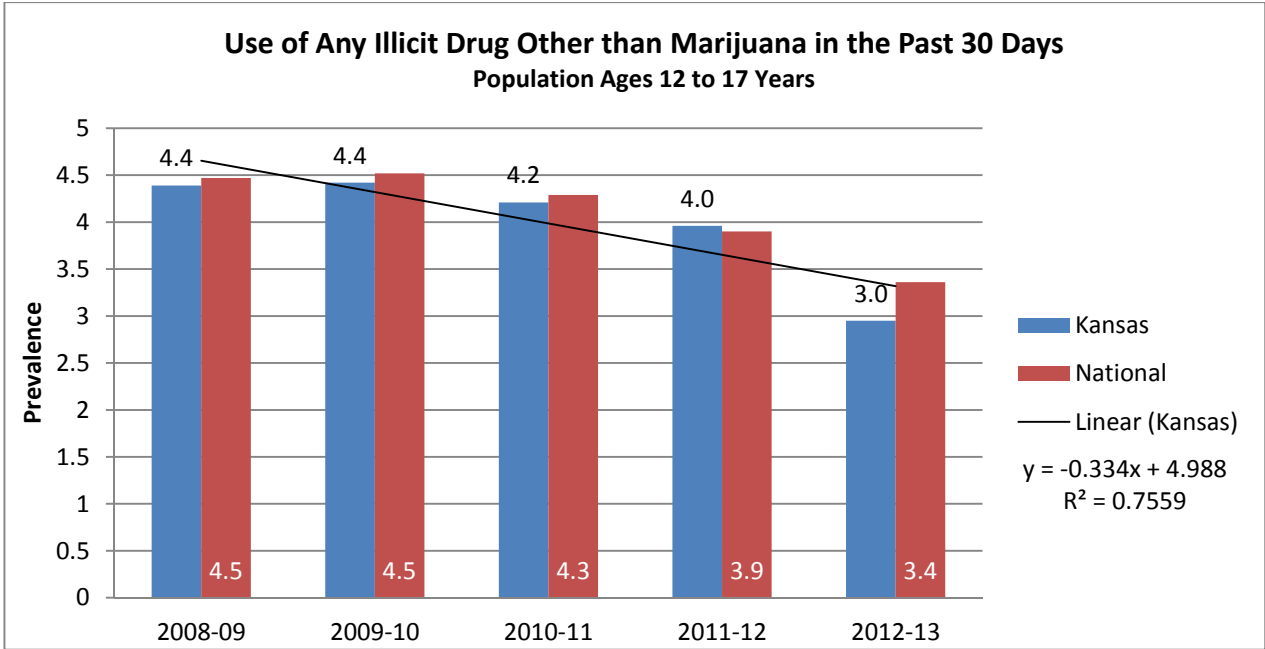


Table 11.1 Percent reporting use of any illicit drug other than marijuana in the past 30 days by SAHMSA age group, 2009-2013.

Year	Age 12+	Ages 12-17	Ages 18-25	Age 26+	Age 18+
2008-09	3.33	4.39	7.3	2.45	3.21
2009-10	3.41	4.42	8.11	2.38	3.3
2010-11	3.14	4.21	6.88	2.3	3.02
2011-12	2.84	3.96	5.53	2.2	2.71
2012-13	2.75	2.95	5.68	2.2	2.73
5-Year Average	<b>3.33</b>	<b>4.39</b>	<b>7.3</b>	<b>2.45</b>	<b>3.21</b>

**30-Day Consumption of Other Illicit Drugs– Youth:** Percentage of students in grades 6, 8, 10 and 12 reporting any use of any illicit drug (other than alcohol) within the past 30 days.

**Why is this indicator important?**

Past month use represents a higher level of dependence on the substance in question. Typically these individuals are at the highest risk for substance abuse related consequences. Increased experimentation may lead to greater levels of dependence over time.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2010-2014.

**Important findings**

- Student use of illicit drugs has declined over the past 5 years.

**Graph of Five-Year Trend**

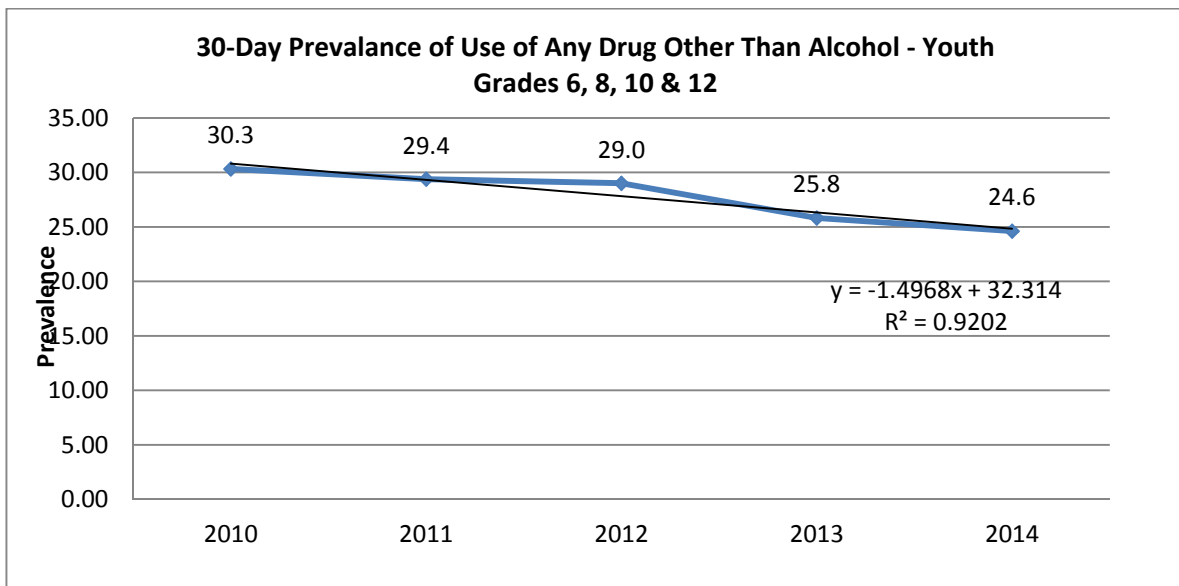


Table 11.2 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting use of any illicit drug other than alcohol in the past 30 days by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	30.3	11.8	24.5	40.1	50.5	30.4	30.3
2011	29.4	11.4	23.7	37.5	49.3	29.3	29.5
2012	29.0	11.6	22.4	38.7	49.5	28.9	29.1
2013	25.8	9.6	18.4	34.9	46.7	25.6	26.0
2014	24.6	8.2	17.2	32.7	46.0	24.1	25.1
5-Year Average	<b>28.6</b>	<b>11.1</b>	<b>22.2</b>	<b>37.8</b>	<b>49.0</b>	<b>28.5</b>	<b>28.7</b>

Table 11.3 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting use of any illicit drug other than alcohol in the past 30 days by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2010	30.3	30.1	30.3	32.5	35.6	22.3	27.7
2011	29.4	28.5	29.9	30.3	36.5	23.4	28.2
2012	29.0	28.5	29.2	30.9	34.5	21.6	27.0
2013	25.8	25.6	26.4	28.0	28.9	17.5	24.6
2014	24.6	24.4	25.3	25.6	28.2	15.6	22.5
5-Year Average	<b>27.8</b>	<b>27.4</b>	<b>28.2</b>	<b>29.5</b>	<b>32.8</b>	<b>20.1</b>	<b>26.0</b>

### 30-Day Youth – Various Drugs

#### Cocaine

The use of cocaine can lead to negative outcomes. In addition to being highly addictive, cocaine users experience a tolerance that requires more and more product to produce the same level of intoxication. Cocaine use is associated with irregular heartbeats, weight loss, respiratory failure, strokes, seizures, and damage to the nasal passage/cavity. Possession or consumption of cocaine is illegal in Kansas without a proper prescription. Cocaine is a DEA schedule II drug.

#### Ecstasy

Ecstasy is a stimulant associated with mild hallucinogenic effects and increased sensitivity to touch. Additionally, ecstasy use is associated with increased body temperature, dehydration, impaired memory, renal failure, and under certain conditions death. Possession or consumption of ecstasy is illegal in Kansas. Ecstasy is a DEA schedule I drug.

#### Inhalants

The use of inhalants includes all substances that can be huffed or inhaled in a poorly ventilated area to produce intoxicating effects. Examples include glue, solvents such as paint thinners, and gases such as butane. The use of inhalants is associated with memory impairment, shortness of breath, muscle weakness, unconsciousness and sudden death. The products used as inhalants are generally legal in Kansas and do not require any special process to acquire them.

#### Methamphetamine

Methamphetamine, or meth, is a stimulant with a high potential for abuse. Nonprescription meth is made in a variety of homegrown labs with highly volatile chemicals. In addition to producing a highly addictive substance, these labs have the potential to contaminate the environment. Abusing meth carries the potential for the following negative impacts: tolerance, irregular heartbeats, memory loss, extreme anorexia, hallucinations, loss of teeth, and death. Possession or consumption of meth is illegal in Kansas without a proper prescription. Meth is a DEA schedule II drug.

Table 11.4 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting use of the illicit drug specified in the past 30 days by grade and gender, 2010-2014.

30-Day Use		GENDER		GRADE			
Substance	ALL	Female	Male	6th	8th	10th	12th
Cocaine or crack	1.19	0.89	1.48	0.41	1.01	1.57	1.97
MDMA (Ecstasy)	1.22	0.91	1.52	0.29	0.95	1.75	2.09
Inhalants	3.35	3.47	3.19	3.57	4.47	2.90	2.11
Methamphetamines	0.96	0.77	1.13	0.30	0.64	1.36	1.70

Table 11.5 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting use of the illicit drug specified in the past 30 days by race, 2010-2014.

30-Day Use		RACE					
Substance	ALL	White	African American	Asian / Pacific Islander	Native American	Hispanic	Other Races
Cocaine or crack	1.19	0.86	2.03	1.93	2.06	1.53	1.54
MDMA (Ecstasy)	1.22	0.98	2.13	1.89	1.55	1.52	1.70
Inhalants	3.35	2.81	4.29	5.42	4.73	2.84	4.79
Methamphetamines	0.96	0.79	1.56	1.51	1.16	1.09	1.33

**Treatment Admissions – Other Illicit Drugs:** Count of those admitted to treatment reporting that the primary substance for which patient admitted was cocaine, heroin, ecstasy, methamphetamines, or PCP.

**Why is this indicator important?**

The number of substance abuse treatment admissions is bound by both the need and the capacity for treatment. As such, while treatment admissions data do not provide a good indication in isolation of population-level substance use or abuse, it does offer a strong indication of service usage and the impact of illicit and other drug use on the behavioral healthcare system.

**Where did we get the data?**

KDADs special request: Treatment Episodic Data Set (TEDS) – Primary substance for which patient admitted for treatment

**Important findings**

- Five-year trend data, and annual admissions data indicate that methamphetamine remains the primary illicit substance of abuse across this classification in Kansas.
- The methamphetamine admissions count has nearly doubled during the five-year period between 2010 and 2014.
- Both cocaine and ecstasy, as primary substances abused at treatment admission, have decreased since 2010

**Data for Five-Year Trend**

Table 12.1 Count of Substance Use Disorder Treatment Providers admissions for selected other illicit drugs treatment (primary substance) by year for the State of Kansas.

Year	Overall	Substance				
		Cocaine	Heroin	Ecstasy	Meth	PCP
2010	15174	1217	161	21	1901	58
2011	14535	986	150	15	1998	69
2012	14213	861	166	18	2395	69
2013	13594	613	200	10	2993	60
2014	13822	550	181	11	3412	52
5-Year Average	<b>14379</b>	<b>919</b>	<b>169</b>	<b>16</b>	<b>2322</b>	<b>64</b>

Table 12.2 Count of Substance Use Disorder Treatment Providers admissions for other illicit drug treatment (primary substance) by gender and KDHE age group for the State of Kansas, 5-year average, 2010-2014.

Substance	Total	Gender		Age Group				
		Male	Female	< 15	15-24	25-44	45-64	65 +
Cocaine	845	471	374	1	66	421	352	4
Heroin	172	102	69	0	54	94	23	1
Ecstasy	15	10	6	0	10	4	0	0
Methamphetamine	2540	1348	1191	2	563	1675	298	2
PCP	62	31	31	0	8	53	1	0

Table 12.3 Count of Substance Use Disorder Treatment Providers admissions for other illicit drug treatment (primary substance) by race and ethnicity for the State of Kansas, 5-year average, 2010-2014.

Substance	Total	Race					Ethnicity	
		White	African American	Asian / Islander	American / Alaska Native	Other	Hispanic	Non-Hispanic
Cocaine	845	375	410	6	409	42	623	3412
Heroin	172	144	16	2	83	7	62	783
Ecstasy	15	10	4	0	7	0	14	158
Methamphetamine	2540	2277	70	17	1226	110	2	14
PCP	62	11	49	0	31	1	181	2359



**Sale of Illegal Drugs - Youth:** Percentage of students in grades 6, 8, 10, and 12 who report they have sold illegal drugs one or more times in the past year.

**Why is this indicator important?**

The willingness to sell illegal drugs represents a deep acceptance of drug culture by an individual. Youth who engage in such acts place themselves at greater risk for developing drug dependence problems, criminal charges, and acts of violence.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2009-2014.

**Important findings**

- Rate of students reporting sale of illegal drugs has declined slightly over the past 5 years.
- Rate of sales increases with age.
- Highest rates are seen in the African-American race group.
- Males have a higher prevalence of illegal drug sales than do females.

**Graph of Five-Year Trend**

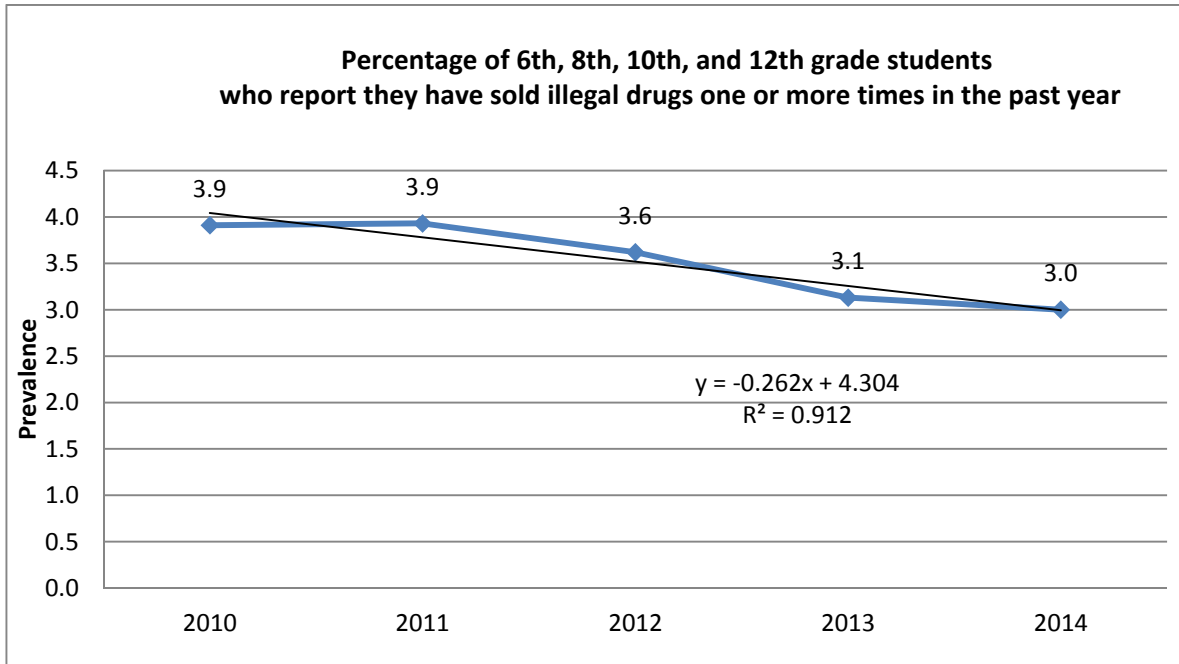


Table 13.1 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting sale of any illicit in the past year by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	3.9	0.4	2.4	6.2	7.7	5.3	2.5
2011	3.9	0.5	2.6	6.0	7.6	5.4	2.4
2012	3.6	0.5	2.3	5.7	7.1	4.9	2.3
2013	3.1	0.5	1.8	5.0	6.3	4.2	2.0
2014	3.0	0.4	1.6	4.8	6.0	4.0	2.0
5-Year Average	<b>3.5</b>	<b>0.5</b>	<b>2.1</b>	<b>5.5</b>	<b>7.0</b>	<b>4.8</b>	<b>2.3</b>

Table 13.2 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting sale of any illicit in the past year by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	3.9	3.4	6.5	5.2	5.4	3.5	4.9
2011	3.9	3.3	6.0	5.3	5.6	4.0	4.5
2012	3.6	3.1	5.6	4.6	4.5	3.4	4.5
2013	3.1	2.7	4.7	4.9	3.8	2.4	3.6
2014	3.0	2.7	4.3	4.2	3.7	2.2	3.4
5-Year Average	<b>3.5</b>	<b>3.0</b>	<b>5.4</b>	<b>4.8</b>	<b>4.6</b>	<b>3.1</b>	<b>4.2</b>

**Arrests for Narcotic Drug Violations:** Number of arrests related to possession/ consumption/ sale of narcotic drugs.

**Why is this indicator important?**

The possession and/or consumption of narcotic drugs is illegal without the proper prescription appropriate for the substance’s DEA schedule. The sale of illicit substances is an indirect measure of the demand for various substances as well as an indirect measure of the quantity of each substance throughout the state.

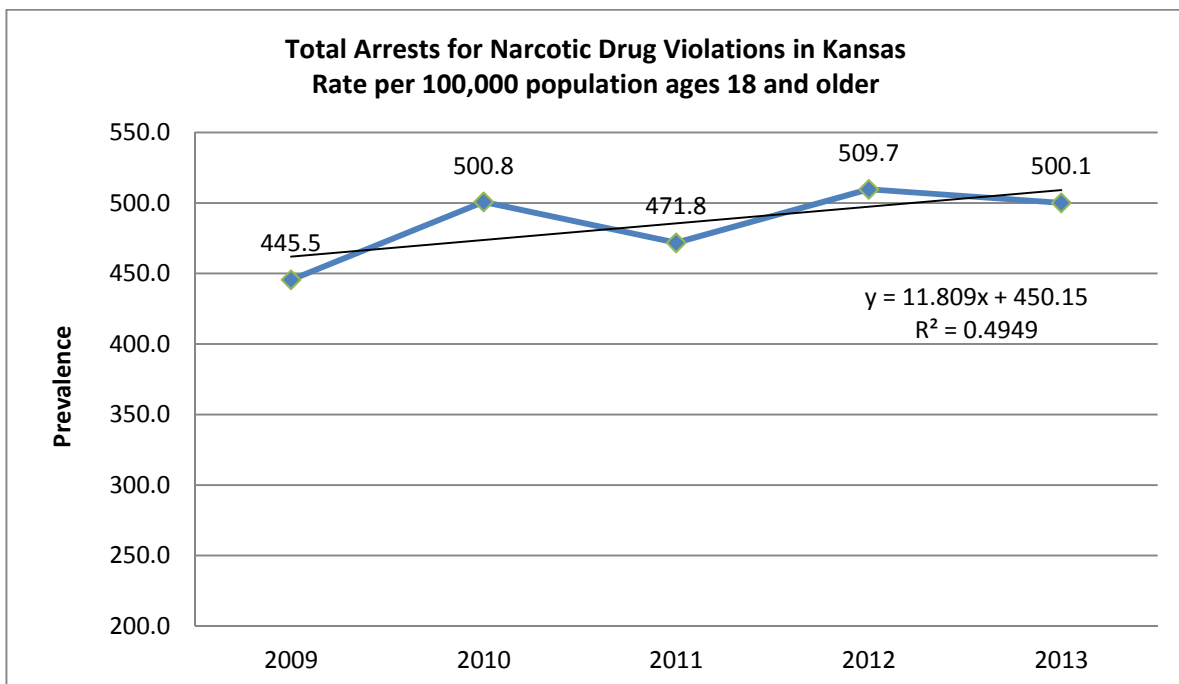
**Where did we get the data?**

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2013.

**Important findings**

- Rates of narcotic drug violation arrests have been increasing over the past 5 years for the adult age group.
- Juvenile rates of arrest have increased but at a lesser degree than adult arrests.

**Graphs of Five-Year Trends**



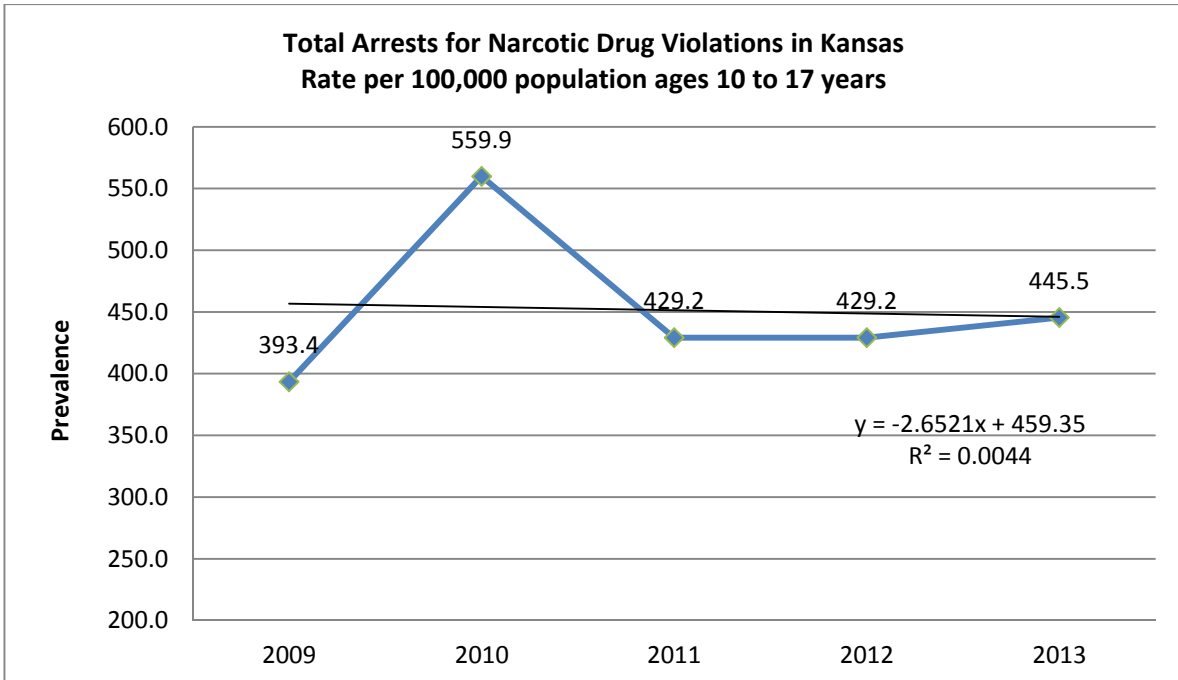


Table 13.3 Rate of arrests for narcotic drug violations by age group, 2009-2013.

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Narcotic Drugs	Rate	Narcotic Drugs	Rate
2009	438.1	1293	393.4	8801	445.5
2010	508.5	1786	559.9	10647	500.8
2011	466.2	1369	429.2	10031	471.8
2012	499.2	1369	429.2	10837	509.7
2013	493.0	1421	445.5	10633	500.1
5-Year Average	<b>481.0</b>	<b>1448</b>	<b>451.4</b>	<b>10190</b>	<b>485.6</b>

**Meth Lab Seizures:** Number of Clandestine Meth Lab Seizures

**Why is this indicator important?**

The production of methamphetamine (meth) utilizes and produces many chemical hazards. In addition to being a marker of potential supply, thus giving information on demand, this is also a marker of potentially dangerous sites to the population at large.

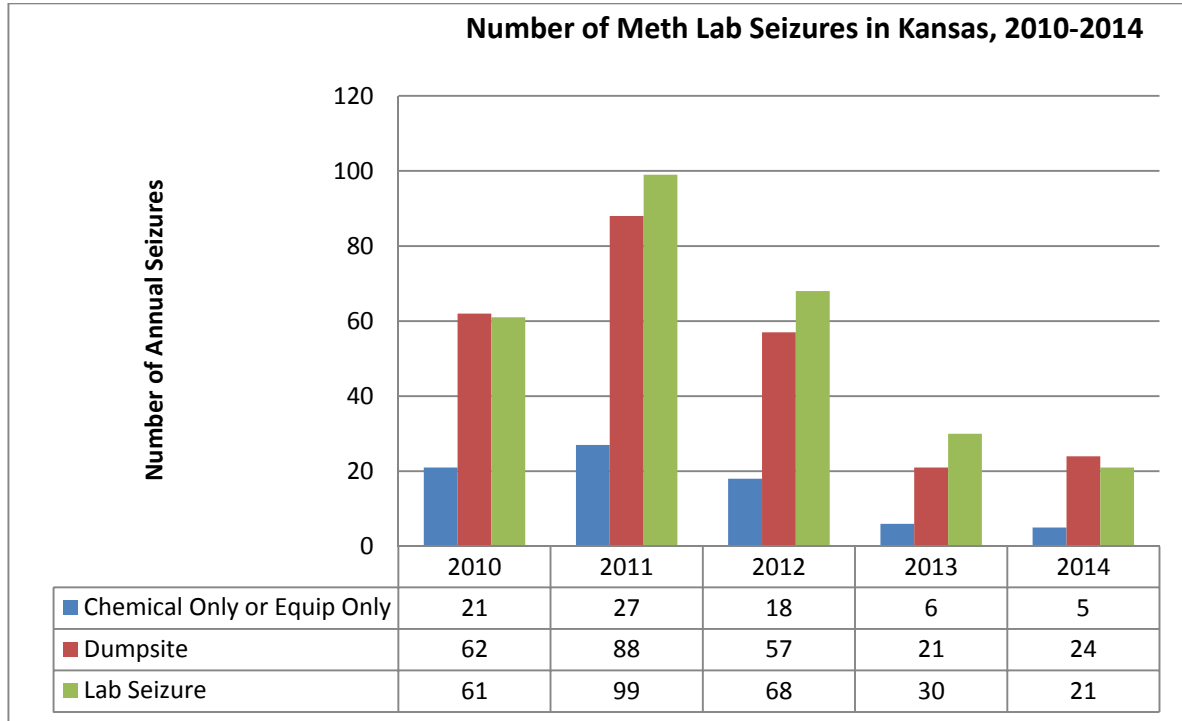
**Where did we get the data?**

Drug Enforcement Administration Environmental Photographic Interpretation Center's (EPIC) National Clandestine Laboratory Seizure System, 2009-2013.

**Important findings**

- Meth lab seizures of all types have been declining over the past 5 years.

**Graph of Five-Year Trend**



**Drug-Related Deaths:** Crude rate per 100,000 population of deaths from drug-related causes.

**Why is this indicator important?**

Death is the most extreme consequence associated with substance abuse . In most cases, where the substance(s) played a direct role in the individual’s death, it was preventable.

**Where did we get the data?**

Center for Disease Control (CDC) Wonder online database mortality statistics, Drug-Related Death Rates 2009-2013.

\*See Appendix A for full data definition.

Kansas Department of Health and Environment – Kansas Health Statistics Report No. 63, February 2015, Deaths by Acute Poisoning Due to Drugs, by Contributing Cause.

**Important findings**

- Rates of drug-related deaths have increased over the past 5 years.
- Kansas' rate of drug-related deaths is lower than the national average.

**Graph of Five-Year Trend**

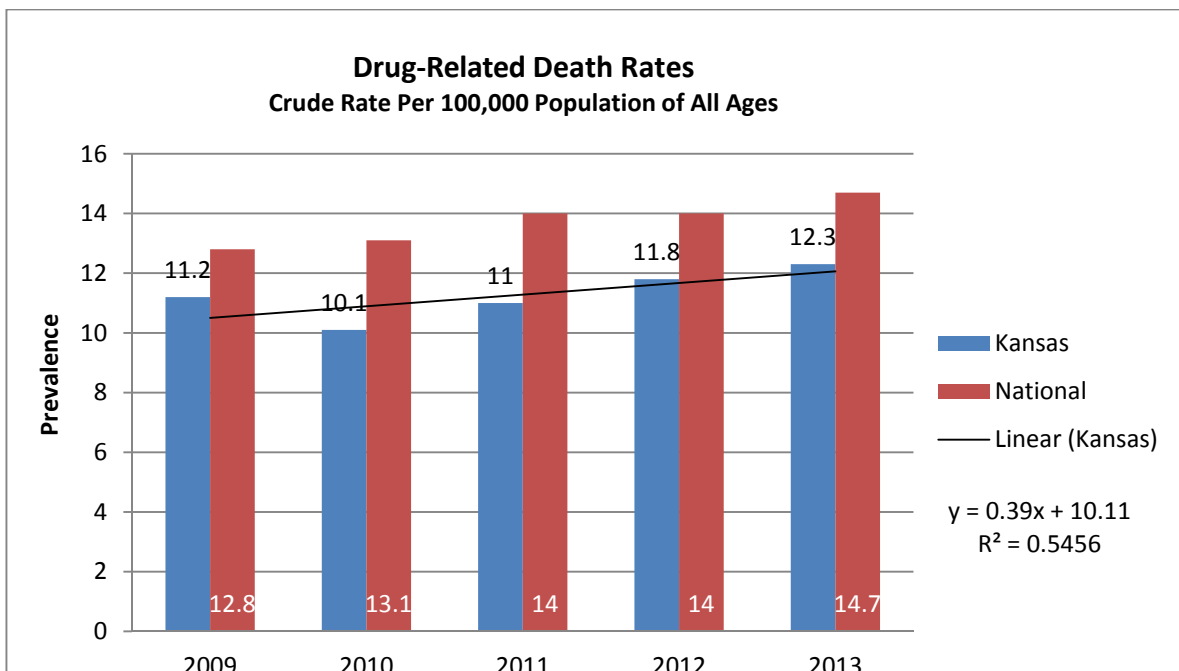


Table 14.1 Kansas Department of Health and Environment – Kansas Health Statistics Report No. 63, February 2015: Deaths by Acute Poisoning Due to Drugs, by Contributing Cause, by Year, Kansas Residents, 2009-13.

<b>Underlying cause of death</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>Total</b>
All acute drug poisonings	297	274	277	298	329	1475
<b>Contributing causes of death</b>						
Heroin	10	8	7	14	12	51
Opioid analgesics	127	94	100	142	143	606
Cocaine	13	12	13	10	9	57
Other narcotics	8	7	5	4	6	30
Benzodiazepines	11	6	7	16	25	65
Psychostimulants (includes amphetamines)	15	17	19	25	34	110
Other specified drugs	16	16	16	22	25	95
Unspecified drugs	179	160	171	150	198	858



## **Problem Gambling Indicators**

**30-Day Gambling Prevalence - Youth:** Percent of students in grades 6, 8, 10, and 12 who report having gambled for anything of value in the past 30 days.

**Why is this indicator important?**

Self-reported gambling in the past 30-days among youth is an indicator of more regular or consistent involvement in this behavior and correlates with other behavioral health risk factors.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2009-2014.

**Important findings**

- Thirty-day rate of students gambling for anything of value has declined slightly over the past 5 years.
- Percent of students gambling increases as age / grade increases.
- Male students are more likely to gamble than female students.
- Highest rates are seen in the Native American race group.

**Graph of 5-Year Trend**

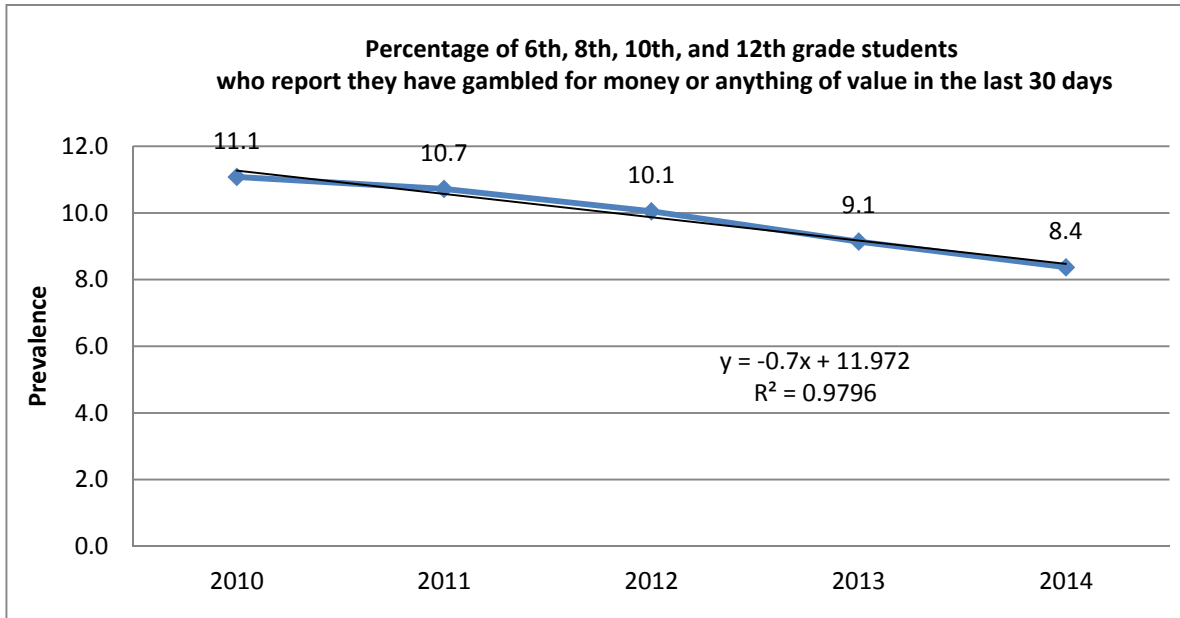


Table 15.1 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting that they have gambled for something of value during the past 30 days by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	11.1	7.2	11.1	12.1	14.9	17.1	5.2
2011	10.7	7.3	10.2	11.8	14.5	16.4	5.1
2012	10.1	6.6	9.8	11.3	13.5	15.3	4.8
2013	9.1	5.5	9.1	10.4	12.9	14.1	4.2
2014	8.4	5.1	7.9	9.4	12.2	12.9	3.9
5-Year Average	<b>9.9</b>	<b>6.3</b>	<b>9.6</b>	<b>11.0</b>	<b>13.6</b>	<b>15.2</b>	<b>4.6</b>

Table 15.2 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting that they have gambled for something of value during the past 30 days by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	11.1	10.2	14.2	13.5	14.2	11.1	12.4
2011	10.7	9.8	12.5	14.0	13.6	10.7	11.4
2012	10.1	9.4	11.8	13.0	12.4	8.8	9.9
2013	9.1	8.4	11.0	11.5	11.1	7.7	9.9
2014	8.4	7.8	9.7	9.7	10.2	7.2	8.9
5-Year Average	<b>9.9</b>	<b>9.1</b>	<b>11.8</b>	<b>12.3</b>	<b>12.3</b>	<b>9.1</b>	<b>10.5</b>

**Problem Gambling Prevalence - Adult:** Percent of adults who report having participated in selected gambling activities during the past year and most recent 30 days.

**Why is this indicator important?**

As an indicator of extent and frequency, past 30-day or past-year gambling participation provides information relating to the prevalence of adult gambling activities.

**Where did we get the data?**

Gambling Behaviors and Attitudes Among Adult Kansans, 2012 telephone survey (see data limitations in Appendix C).

**Important findings**

- Males have a higher prevalence of gambling than females in both the past year and 30-day time frames.
- Respondents of Asian race had higher gambling rates than those of any other group.

Table 15.3 Percent of adults surveyed who participated in at least one type of gambling activity during the course of the past year and / or last 30 days by race and gender, 2014.

Time Period	Race					Gender	
	White	African American	Asian	Native American	Hispanic	Male	Female
Past Year	74.9	83.5	83.7	81.3	77.6	83.2	70.8
Last 30 Days	45.9	55.7	69.8	62.5	58.5	58.1	42.8

Table 15.4 Percent of adults surveyed who participated in at least one type of gambling activity during the course of the past year and / or last 30 days by age group, 2014.

Time Period	Age Group					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
Past Year	80.0	83.5	82.5	71.5	80.4	62.0
Last 30 Days	58.5	60.7	58.3	46.8	48.6	29.3

**Problem Gambling Treatment:** Count of patients admitted for treatment of gambling disorders during 2012 through 2014.

**Why is this indicator important?**

Treatment admissions for problem gambling serves as an indicator of the extent to which individuals received treatment for compulsive or pathological gambling behavior, and offers information that informs considerations relating to treatment capacity and need.

**Where did we get the data?**

ValueOptions of Kansas treatment services provided under the direction of the Kansas Department of Aging and Disability Services (KDADS).

**Important findings**

- The majority of those admitted for gambling addiction treatment are within the 35 to 64 year age groups.

**Three-Year Trend Data**

Table 16.1 Number of gambling treatment admissions by gender and age group, 2012-2014.

Year	Gender		Age Group					
	Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2012	55	73	4	9	28	29	38	19
2013	48	70	2	13	26	36	22	19
2014	62	49	4	15	27	35	21	9
3-Year Average	<b>55</b>	<b>64</b>	<b>3</b>	<b>12</b>	<b>27</b>	<b>33</b>	<b>27</b>	<b>16</b>

Table 16.2 Number of gambling treatment admissions by race and ethnicity 2012-2014.

Year	Overall	Race					Ethnicity	
		White	African American	Native American, etc.	Asian / Islander	Other	Hispanic	Not Hispanic
2012	128	107	11	3	2	5	9	119
2013	118	97	10	1	1	7	21	97
2014	112	87	8	0	10	3	11	101
3-Year Average	<b>119</b>	<b>97</b>	<b>10</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>14</b>	<b>106</b>

**Problem Gambling Helpline Calls:** Count of calls received by the Kansas Problem Gambling Helpline per fiscal year.

**Why is this indicator important?**

The ramifications and impact of compulsive gambling or problem gambling behavior on the lives of individuals is extensive; as a general indicator of the extent to which individuals are aware of the Helpline resource and make use of this service, this indicator provides valuable information relating to the number of individuals who are personally concerned about their gambling activities, or concerned about another individual’s gambling behavior.

**Where did we get the data?**

Kansas Problem Gambling Helpline, funded by the Kansas Department of Aging and Disability Services (KDADS) , 2010 – 2014.

**Important findings**

- Number of legitimate calls to the Kansas Gambling Helpline has been increasing over the past 5 years.

**Graph Five-Year Trend**

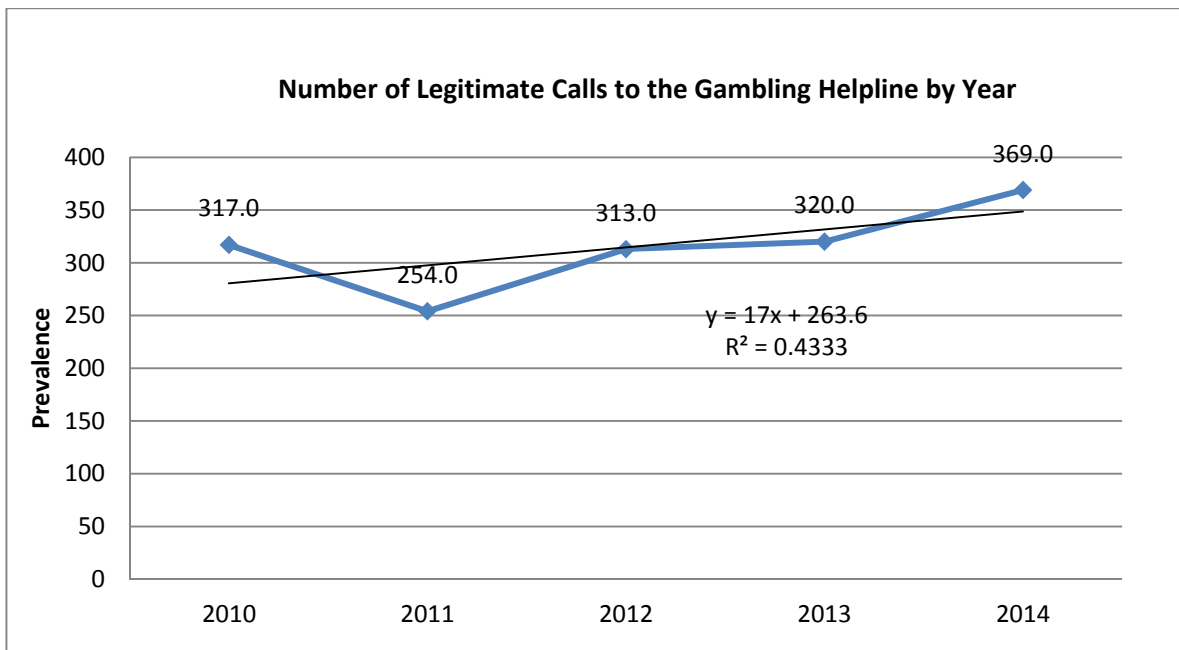




Table 16.3 Number of gambling helpline calls by gender and race, 2010-2014.

Year	Total	Gender		Race					
		Male	Female	White	African American	Asian / Islander	Hispanic	Native American	Other
2010	317	160	157	173	22	5	24	4	4
2011	254	132	122	157	18	11	8	0	9
2012	313	156	157	198	23	8	17	3	5
2013	320	156	164	207	21	11	14	4	5
2014	369	195	174	237	30	13	29	2	5
5-Year Average	<b>315</b>	<b>160</b>	<b>155</b>	<b>194</b>	<b>23</b>	<b>10</b>	<b>18</b>	<b>3</b>	<b>6</b>

Table 16.4 Number of gambling helpline calls by age group, 2010-2014.

Year	Age Group								
	< 18	18-24	25-34	35-44	45-54	55-64	65 older	Unknown	Refused
2010	0	31	25	51	73	42	16	76	0
2011	0	4	28	57	72	34	12	5	37
2012	0	8	44	61	73	52	18	0	49
2013	0	11	42	56	71	53	25	0	59
2014	1	15	51	71	80	54	46	0	53
5-Year Average	<b>0</b>	<b>14</b>	<b>38</b>	<b>59</b>	<b>74</b>	<b>47</b>	<b>23</b>	<b>16</b>	<b>40</b>

## **Mental Health Indicators**

**Major Depressive Episodes:** Percent of population reporting having at least one major depressive episode in the past year.

**Why is this indicator important?**

The link between mental health and substance abuse is well established. Experiencing episodes of depression or anxiety in the past year is associated with higher rates of substance abuse.

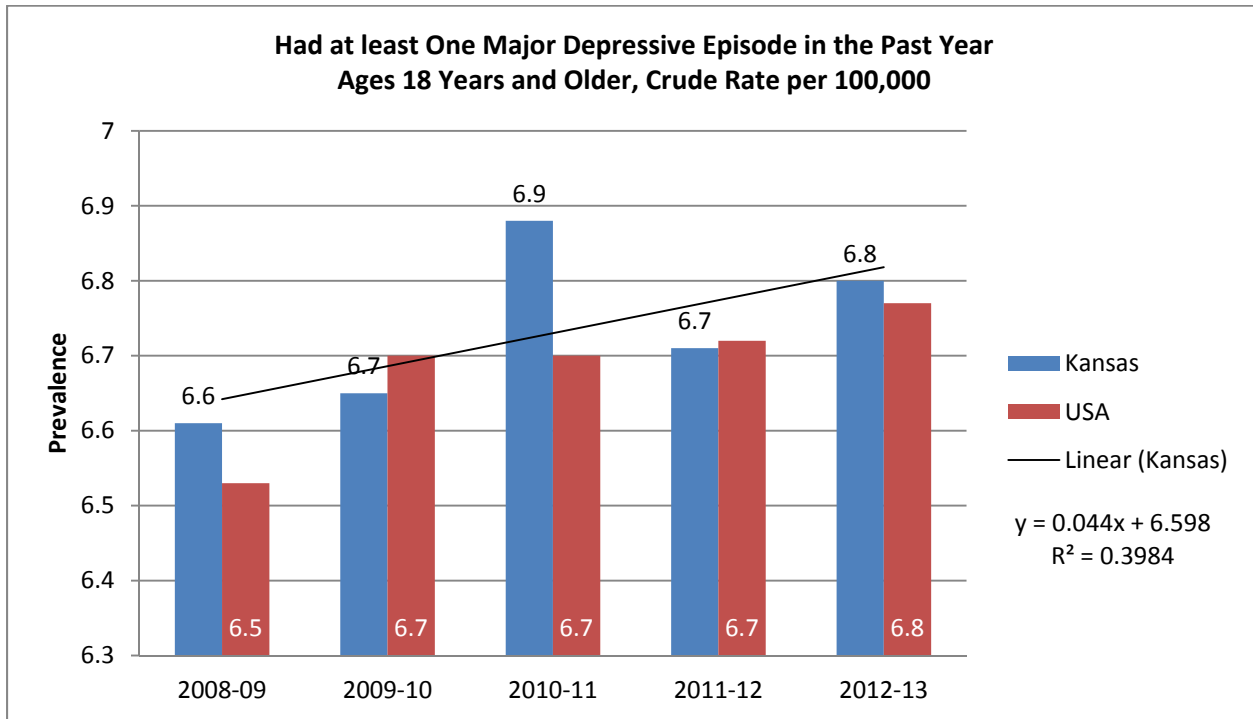
**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 – 2014.

**Important findings**

- Percent of adults reporting having had at least one depressive episode in the last year is higher for Kansas residents than the national average.
- Percent of population reporting depressive episodes has increased over the past 5 years.
- Depressive episodes are most prevalent in the ages 12-17 category.

**Graphs of Five-Year Trends**



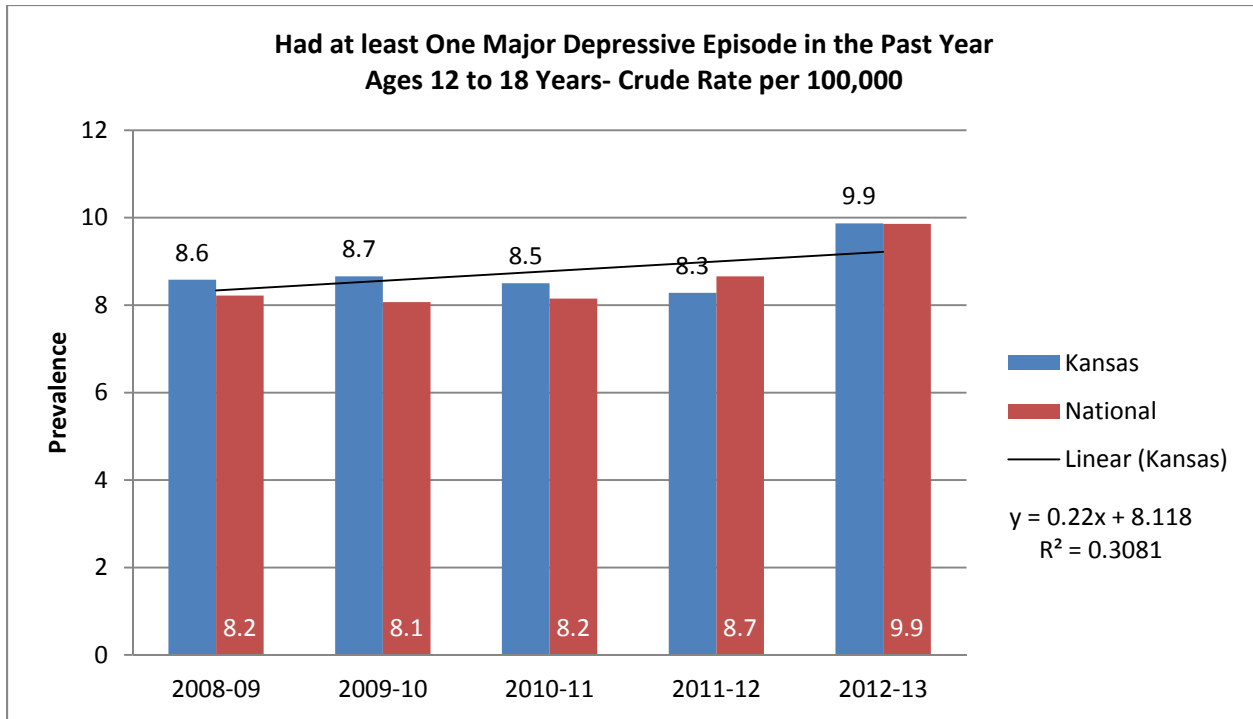


Table 17.1 Percent of population reporting having had at least one major depressive episode in the past year by age group, 2009-2013.

Year	Ages 12-17	Ages 18-25	Age 26+	Age 18+
2008-09	8.6	8.4	6.3	6.6
2009-10	8.7	8.7	6.3	6.7
2010-11	8.5	8.4	6.6	6.9
2011-12	8.3	8.6	6.4	6.7
2012-13	9.9	8.7	6.5	6.8
5-Year Average	<b>8.8</b>	<b>8.6</b>	<b>6.4</b>	<b>6.7</b>

**Suicidal Ideation:** Percent of adult population surveyed reporting having had serious thoughts of suicide in the past year.

**Why is this indicator important?**

Suicide is the most tragic consequences of major depressive disorders. Abuse of alcohol or other drugs may increase emotional problems leading to suicidal ideation or suicidal behavior.

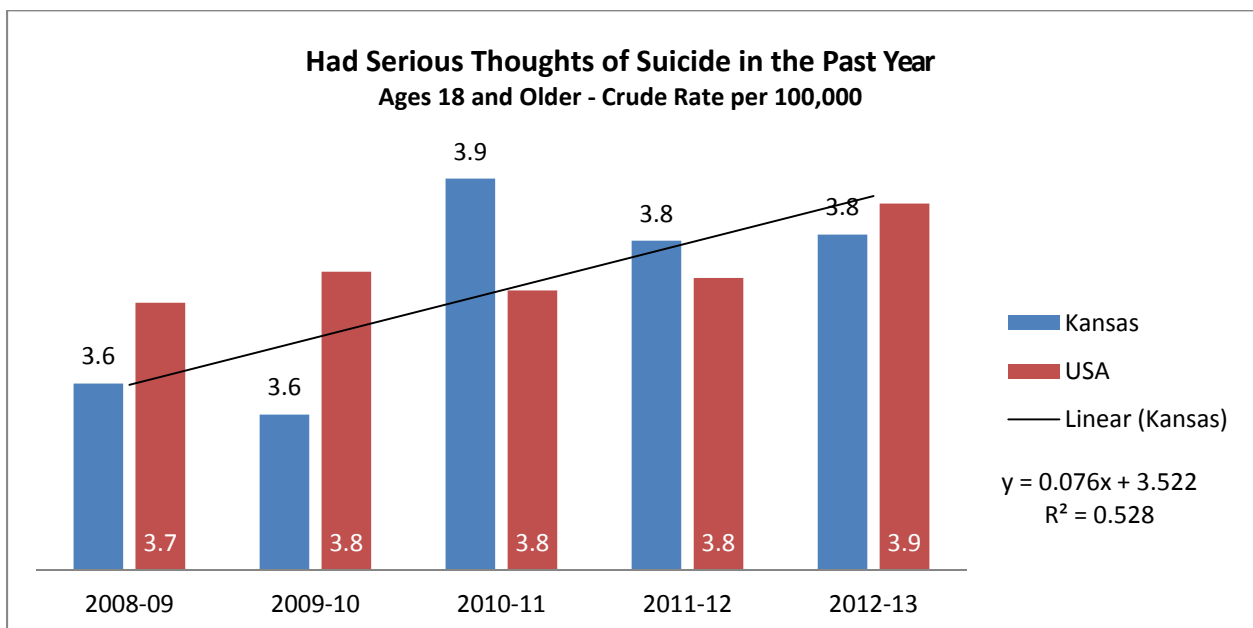
**Where did we get the data?**

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014.

**Important findings**

- Fewer adults in Kansas report having had suicidal thoughts in the past year than the national average.
- The percentage of those reporting having had serious thoughts of suicide during the twelve months preceding the survey has been increasing over the past 5 years.
- Suicidal thoughts are most prevalent in the ages 18-25 category.

**Graph of Five-Year Trend**



**Mental Health Treatment:** Admissions to Community Mental Health Treatment, Top 20 Diagnosis

**Why is this indicator important?**

Experiencing psychological distress in the past year is associated with substance abuse, and as a co-occurring issue, substance abuse may in some instances exacerbate the issues associated with mental health center treatment admission.

**Where did we get the data?**

Kansas Department of Aging & Disability Services (KDADS), Treatment Episodic Data Set (TEDS)

**Important findings**

- Mood disorders accounted for the largest percentage - over one-third of presenting issues at intake/admission, on annual basis and across a three-year period.
- Adjustment disorder and anxiety disorder were the second and third, respectively, most common diagnoses at admission.

Table 18.1 CMHT admissions for top 20 diagnosis, 2011-2013.

<b>Diagnosis</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>AVERAGE</b>	<b>% Admissions</b>
Episodic mood disorders	14524	14532	14498	14518	34.86%
Adjustment reaction	6940	6944	6538	6807	16.35%
Anxiety-dissociative disorder	4958	5022	5294	5091	12.23%
Hyperkinetic syndrome-childhood	3833	3936	3754	3841	9.22%
Depressive disorder	2753	2568	2352	2558	6.14%
Disturbance conduct	2427	2400	2276	2368	5.69%
Schizophrenic	1081	1247	1159	1162	2.79%
Child and adolescent disturbances	1445	1246	1283	1325	3.18%
Unknown	862	900	1062	941	2.26%
Unknown causes morbidity	687	768	529	661	1.59%
Other nonorganic psychoses	450	484	539	491	1.18%
Nondependent drug abuse	470	342	274	362	0.87%
Drug dependence	463	309	251	341	0.82%
Personality disorders	296	300	251	282	0.68%
Pervasive developmental disorders	242	218	234	231	0.56%
Alcohol depend syndrome	260	188	153	200	0.48%
Adverse effects	152	162	128	147	0.35%
Transient mental disorders	143	123	105	124	0.30%
Special syndromes	103	99	73	92	0.22%
Persis Mental Disorders	148	87	64	100	0.24%
<b>TOTAL ADMISSIONS Top 20</b>	<b>42237</b>	<b>41875</b>	<b>40817</b>	<b>41643</b>	<b>100.00%</b>
<b>TOTAL INDIVIDUALS</b>	<b>40392</b>	<b>39208</b>	<b>37534</b>	<b>39045</b>	

**Persons Served in Community Mental Health Programs:** Number and rate per 1,000 people served by Community Mental Health Treatment Centers, 2010-2013

**Why is this indicator important?**

The number of individuals receiving services is a useful indicator that helps illustrate both treatment capacity and treatment need, although not a standalone indicator of the total extent or pervasiveness of the behavioral health issue in terms of prevalence or incidence.

**Where did we get the data?**

Kansas Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System, Output Tables 2010-2013.

**Important findings**

- The number of individuals served in community mental health programs has remained relatively stable, although the rate per 1000 in Kansas remains more than double the national average.
- Individuals aged 21-64 constituted 61% of admissions over a three-year timeframe.

**Graph of Five-Year Trend**

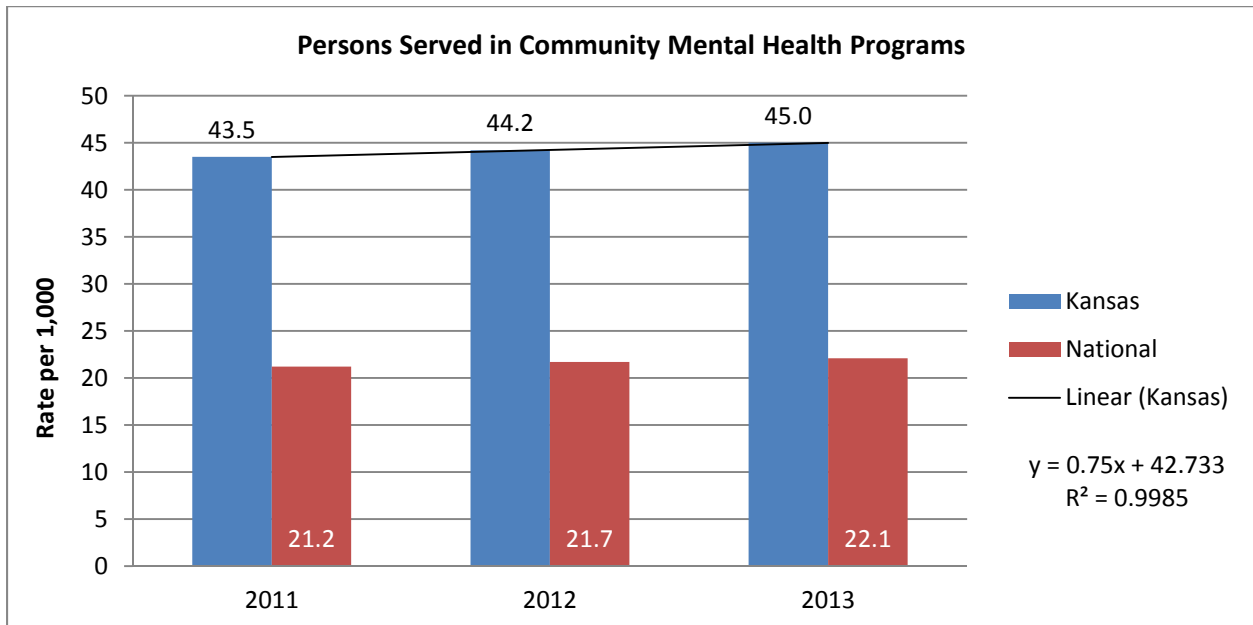


Table 18.2 Persons served in community mental health programs by gender and age, 2011-2013.

Year	Female			Male			Age 0-17		
	Number	% of Total	Rate per 1,000	Number	% of Total	Rate per 1,000	Number	% of Total	Rate per 1,000
2011	64,808	52.8%	45.7	57,671	47.0%	41.2	34,546	28.1%	49.0
2012	66,952	52.8%	46.3	59,388	46.8%	41.7	35,969	28.4%	49.7
2013	68,211	52.6%	47.0	60,554	46.7%	42.2	36,113	27.8%	49.9
3-Year Average	<b>66657</b>	<b>52.7%</b>	<b>46.3</b>	<b>59204</b>	<b>46.8%</b>	<b>41.7</b>	<b>35543</b>	<b>28.1%</b>	<b>49.5</b>

Year	Age 18-20			Age 21-64			Age 65+		
	Number	% of Total	Rate per 1,000	Number	% of Total	Rate per 1,000	Number	% of Total	Rate per 1,000
2011	7,705	6.3%	59.3	75,083	61.2%	46.5	5,146	4.2%	14.0
2012	7,678	6.1%	59.0	77,310	60.9%	47.3	5,384	4.2%	14.1
2013	7,840	6.0%	60.2	79,064	60.9%	48.3	5,749	4.4%	14.6
3-Year Average	<b>7741</b>	<b>6.1%</b>	<b>59.5</b>	<b>77152</b>	<b>61.0%</b>	<b>47.4</b>	<b>5426</b>	<b>4.3%</b>	<b>14.2</b>



**Persons Served by State Mental Health Authority:** Number and rate per 1,000 people (Adults with SMI and children with SED) served by Community Mental Health Treatment Centers, 2010-2013.

**Why is this indicator important?**

Diagnoses of serious mental illness or serious emotional disorder among children and youth at admission to community mental health treatment services serves as an indicator of the number of individuals experiencing behavioral health difficulties, with implications for treatment need and capacity.

**Where did we get the data?**

Kansas Mental Health National Outcome Measures (NOMS): CMHS Uniform Reporting System, Output Tables 2010-2013.

**Important findings**

- Over a three-year time frame, individuals aged 21-64 represented the largest number of persons served by community mental health services, followed by youth aged 13-17.
- Males represented the largest number and highest rate of persons served by community mental health services over a three-year period as well as on an annual basis.

**Graph of Five-Year Trend**

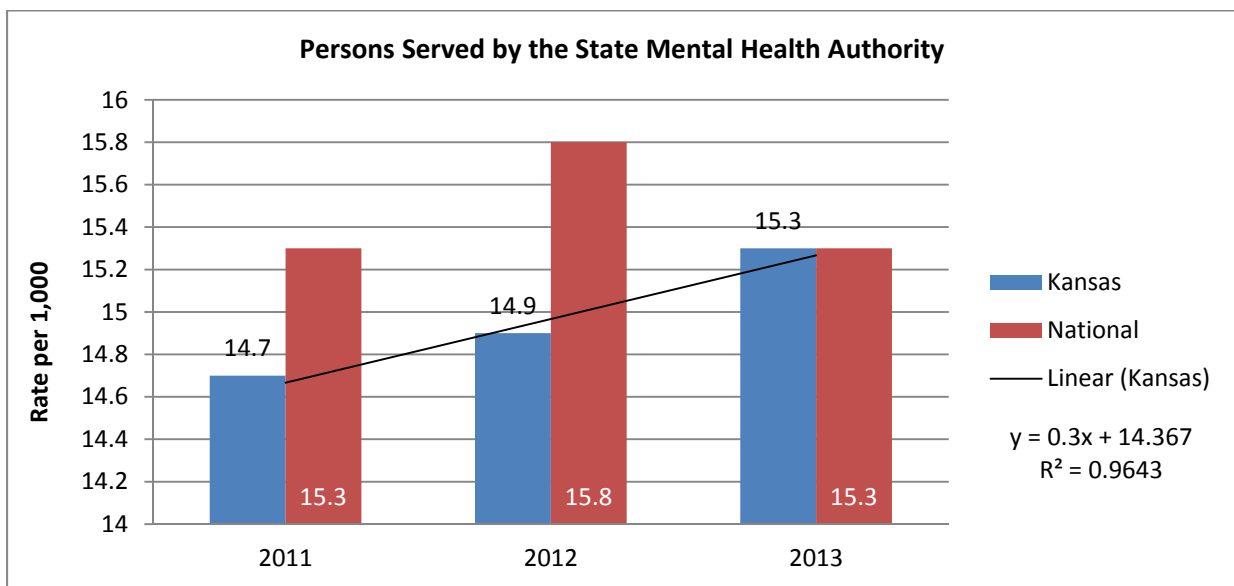


Table 18.3 Persons served by the State Mental Health Authority by age group, 2011-2013.

Year	Age 0-12		Age 13-17		Age 18-20		Age 21-64		Age 65-74	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2011	11,852	23.1	9,447	49.2	3,114	24.0	15,986	9.9	708	3.9
2012	12,257	23.3	9,965	50.5	3,230	24.8	16,438	10.1	766	3.9
2013	12,341	23.4	10,148	51.5	3,387	26.0	17,027	10.4	846	4.1
3-Year Average	<b>12,150</b>	<b>23.3</b>	<b>9,853</b>	<b>50.4</b>	<b>3,244</b>	<b>24.9</b>	<b>16,484</b>	<b>10.1</b>	<b>773</b>	<b>4.0</b>

Table 18.4 Persons served by the State Mental Health Authority by race, 2011-2013.

Year	White		African-American		Asian		Native American, etc.		Hawaiian / Islander	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2011	30,203	12.1	4,754	27.2	268	4.1	1,933	65.8	71	31.7
2012	31,160	12.4	4,903	27.8	344	4.8	1,842	54.5	81	28.0
2013	32,188	12.8	4,903	27.4	397	5.3	1,748	51.5	88	29.8
3-Year Average	<b>31,184</b>	<b>12.4</b>	<b>4,853</b>	<b>27.5</b>	<b>336</b>	<b>4.7</b>	<b>1,841</b>	<b>57.3</b>	<b>80</b>	<b>29.8</b>

Table 18.5 Persons served by the State Mental Health Authority by gender and ethnicity, 2011-2013.

Year	Female		Male		Hispanic		Not Hispanic	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2011	18,144	12.8	23,152	16.5	2,373	9.0	38,855	15.2
2012	18,852	13.0	24,004	16.8	2,716	8.8	40,079	15.6
2013	19,489	13.4	24,486	17.1	2,867	9.0	41,053	16.0
3-Year Average	<b>18,828</b>	<b>13.1</b>	<b>23,881</b>	<b>16.8</b>	<b>2,652</b>	<b>8.9</b>	<b>3,9996</b>	<b>15.6</b>

**Mental Health Programs Availability:** Number of facilities offering mental health services, 2007-2011.

**Why is this indicator important?**

The number of facilities offering mental health services helps to provide an illustration of the availability and accessibility of mental health services across the state.

**Where did we get the data?**

National Survey of Substance Abuse Treatment Services (N-SSATS): State Profiles - Kansas, 2007-2011.

**Important findings**

- The largest number of treatment facilities and the facilities serving the largest percentage of individuals (69%) are substance abuse-specific providers.
- Mixed services providers, that is those offering both substance abuse treatment and mental health services, constituted the second most common category of service provision, at nearly 18%.

**Graph of Five-Year Trend**

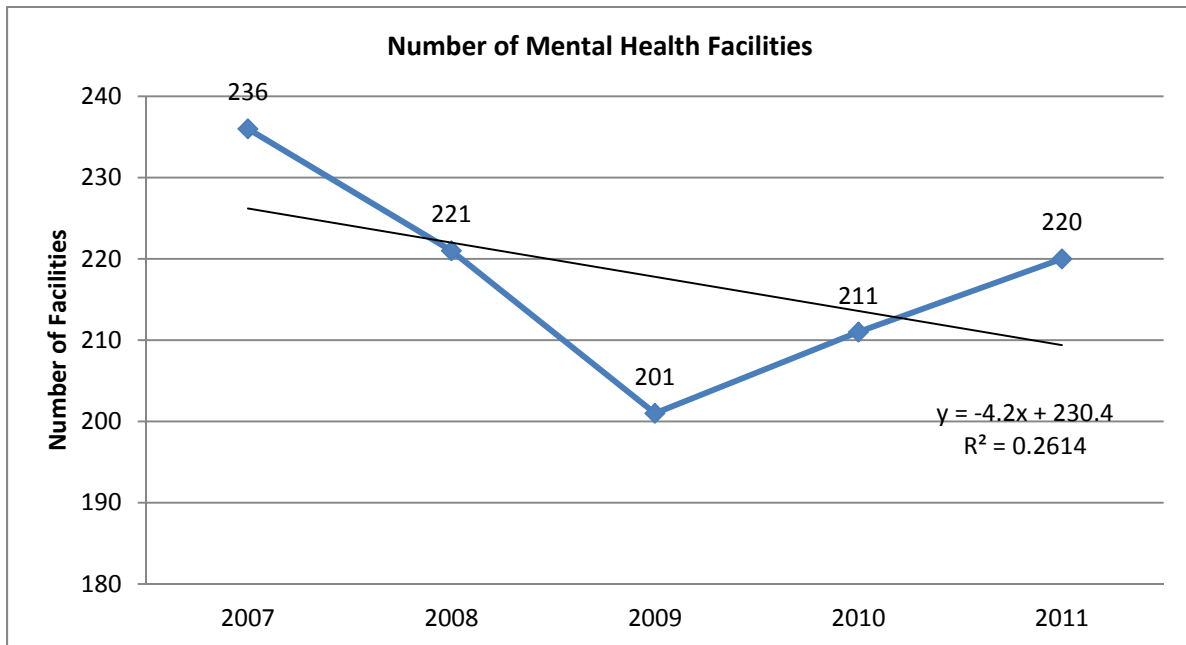


Table 18.6 Number of facilities by primary focus of treatment provided and percent of total patients, 2007-2011.

Year	Substance abuse treatment services		Mental health services		Mix of mental health and substance abuse treatment services		General health care	
	Facilities	% Patients	Facilities	% Patients	Facilities	% Patients	Facilities	% Patients
2007	149	68.3	44	15.8	37	15.1	1	0.5
2008	127	70.3	36	10.2	53	17.4	0	0
2009	120	67.1	25	11.3	52	19.4	2	1
2010	136	69.7	24	7.6	45	19.4	3	1.6
2011	139	71.2	34	7.2	40	17.7	4	2.6
5-Year Average	<b>132</b>	<b>69.3</b>	<b>28</b>	<b>10.4</b>	<b>46</b>	<b>17.8</b>	<b>3</b>	<b>1.1</b>

Table 18.7 Number of facilities by type of care provided and percent of total patients, 2007-2011.

Year	Regular Outpatient		Intensive Outpatient		Detoxification		Methadone	
	Facilities	% Patients	Facilities	% Patients	Facilities	% Patients	Facilities	% Patients
2007	226	69.4	109	12.8	21	1	9	7.7
2008	209	70.5	103	11.9	13	0.4	8	9.3
2009	191	69	90	11.7	12	0.7	7	12.3
2010	200	68.5	106	9.5	12	0.2	7	14.5
2011	207	66.3	101	9.3	10	0.1	7	17.4
5-Year Average	<b>199</b>	<b>68.7</b>	<b>99</b>	<b>11.0</b>	<b>11</b>	<b>0.5</b>	<b>7</b>	<b>12.2</b>

**Suicide:** Number of deaths from suicide per 100,000 population.

**Why is this indicator important?**

Suicide rates are highly correlated to alcohol and illicit drug abuse. Individuals suffering from chronic depression may begin to self-medicate, causing a higher than expected suicide rate.

**Where did we get the data?**

Kansas Department of Health and Environment, Center for Health and Environmental Statistics, Office of Vital Statistics, Death Certificates 2009-2013.

**Important findings**

- Rates of death by suicide have been increasing both nationally and in Kansas over the past 5 years.
- There is a higher rate of suicide in Kansas than the national average.

**Graph of Five-Year Trend**

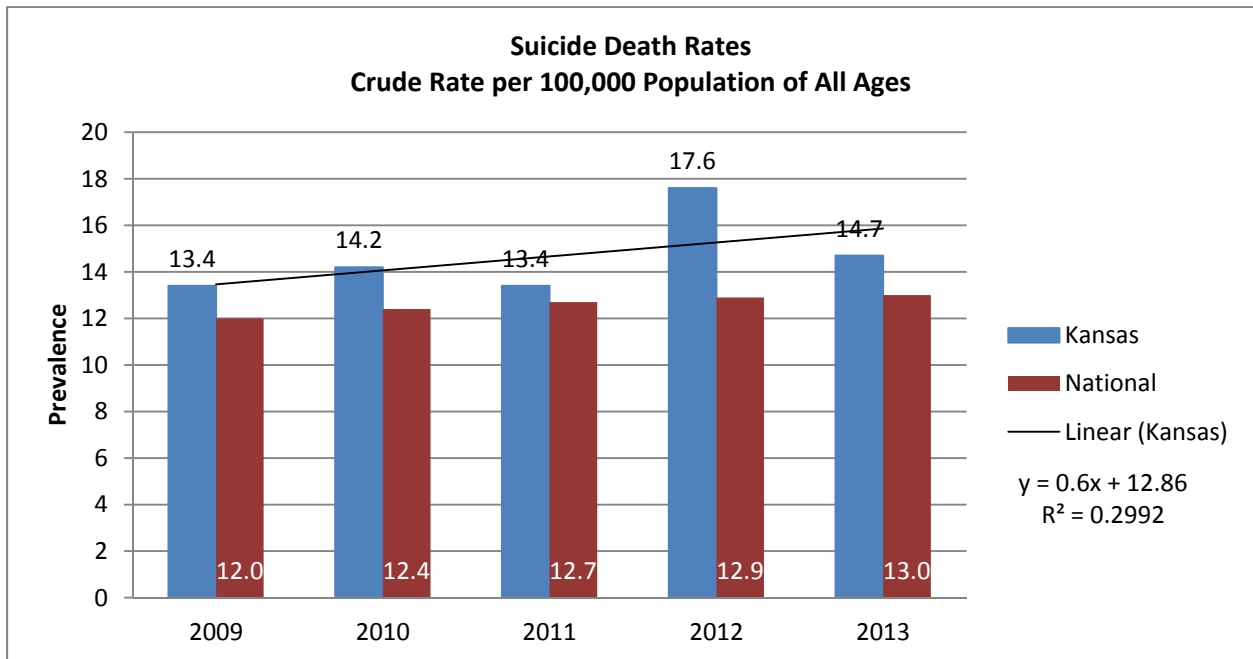


Table 19.1 Suicide death rates by gender, race and ethnicity, 2009-2013.

Year	Overall	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2009	13.4	22.6	4.6	13.7	6	13.8	6.5	14.0
2010	14.2	22.4	6.2	14.5	9.3	11.9	7.5	15.1
2011	13.4	21.9	5.3	13.9	5	17.3	7.8	13.9
2012	17.6	29	6.6	17.7	8.2	23	11.3	18.2
2013	14.7	24.3	5.5	14.7	9.5	19.7	3.9	15.9
5-Year Average	<b>14.7</b>	<b>24.0</b>	<b>5.6</b>	<b>14.9</b>	<b>7.6</b>	<b>17.1</b>	<b>7.4</b>	<b>15.4</b>

Table 19.2 Suicide death rates by age group, 2009-2013.

Year	Overall	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2009	13.4	0.7	10.4	18.8	18.3	16.6
2010	14.2	0.7	15.2	18.9	22.2	10.9
2011	13.4	0.3	16.3	16.8	18.3	14.9
2012	17.6	0.8	19.1	22.9	24.3	18.8
2013	14.7	0.7	13.4	17.8	23.2	16.3
5-Year Average	<b>14.7</b>	<b>0.6</b>	<b>14.9</b>	<b>19.0</b>	<b>21.3</b>	<b>15.5</b>

**Homicide:** Number of deaths from homicide per 100,000 population

**Why is this indicator important?**

Homicide rates have been found to be correlated to alcohol and illicit drug abuse. Violence is a common side effect of both acute intoxication from alcohol as well as multiple illicit drugs.

**Where did we get the data?**

Kansas Department of Health and Environment, Center for Health and Environmental Statistics, Office of Vital Statistics, Death Certificates 2009-2013.

**Important findings**

- Males have a significantly higher age-adjusted death rate from homicide than females.
- African Americans have a significantly higher age-adjusted death rate from homicide than Whites.
- Individuals ages 25-44 have a slightly higher age-specific death rate from homicide than individuals in the other age groups.

**Graph of Five-Year Trend**

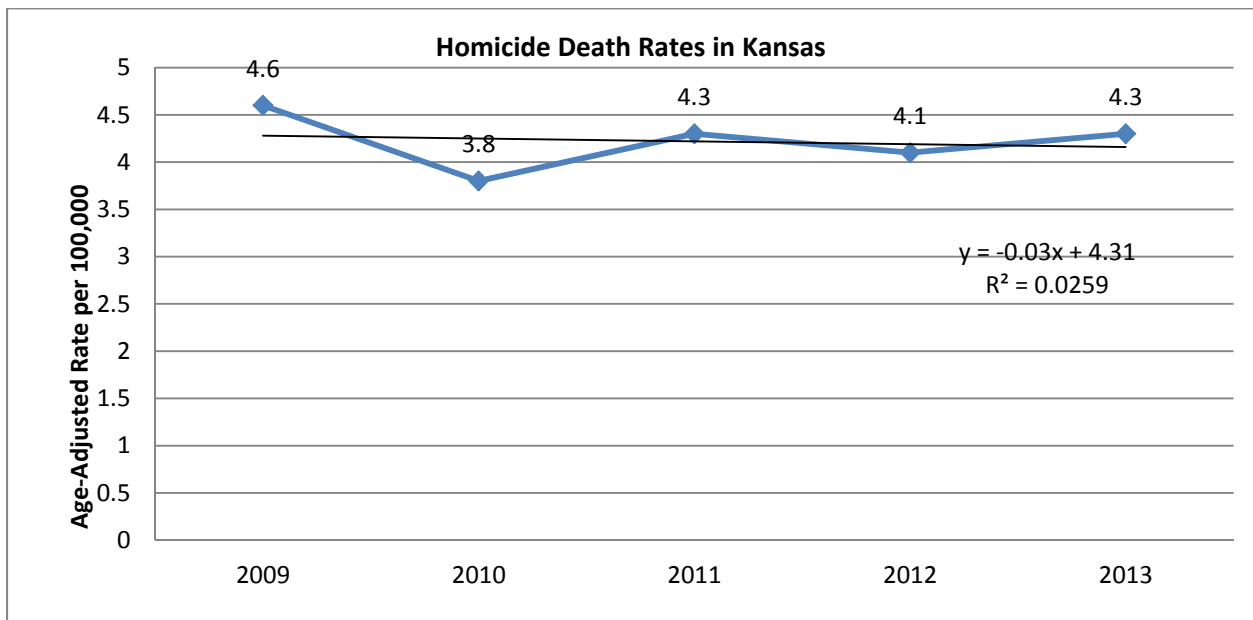


Table 19.3 Homicide death rates by gender, race and ethnicity, 2009-2013.

Year	Overall	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2009	4.6	6.4	2.8	2.9	19.6	.	9.8	4.1
2010	3.8	5.6	2	2.2	15.3	.	.	3.6
2011	4.3	6.1	2.3	2.7	16.8	.	0	4.2
2012	4.1	5.7	2.4	2.5	17.2	.	0	4.1
2013	4.3	6	2.5	2.5	19.6	.	0	4.2
5-Year Average	<b>4.2</b>	<b>6.0</b>	<b>2.4</b>	<b>2.6</b>	<b>17.7</b>		<b>2.5</b>	<b>4.0</b>

Table 19.4 Homicide death rates by age group, 2009-2013.

Year	Overall	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2009	4.6	.	7.3	7.9	.	.
2010	3.8	.	.	6.6	3.1	.
2011	4.3	.	8.3	6.5	3.6	.
2012	4.1	.	6.0	7.0	2.8	.
2013	4.3	.	5.5	7.4	3.8	.
5-Year Average	<b>4.2</b>		<b>6.8</b>	<b>7.1</b>	<b>3.3</b>	



## **Other Indicators**

**Out of Home Placements:** Number of children removed to out-of-home placement by Kansas Department for Children & Families by cause.

**Why is this indicator important?**

The number of children removed from the home is an indicator that helps illustrate some of the extent to which children and youth are potentially exposed to Adverse Childhood Experiences, which are associated with a wide range of behavioral health issues, both in terms of mental health and/or substance abuse.

**Where did we get the data?**

Kansas Department of Children & Families, Count data was provided from the Foster Care / Adoption Summary Reports, 2011-2014.

**Important findings**

- Number of children being removed from their home has been increasing over the past 5 years.
- More children are removed due to parent substance abuse than any other cause.

**Graph of Five-Year Trend**

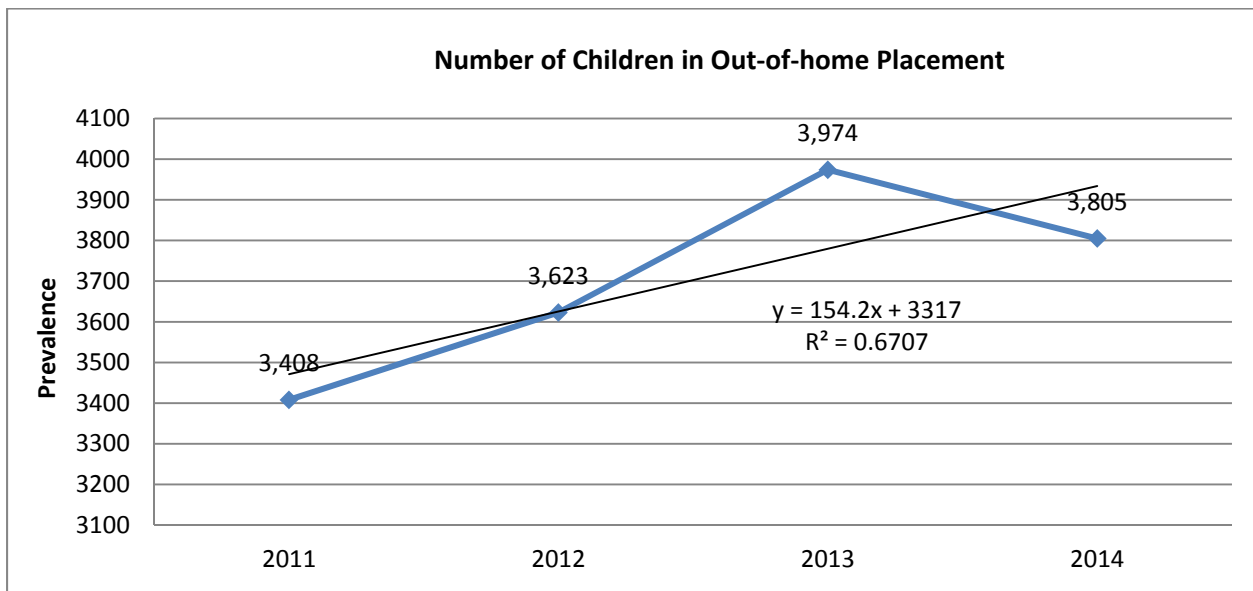


Table 20.1 Out-of-Home Child Placement by Removal Reason, 2011-2014.

<b>Reason</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Parent Substance Abuse	606	668	763	747
% Parent Substance Abuse	17.8%	18.4%	19.2%	19.6%
Neglect	450	431	560	574
% Neglect	13.2%	11.9%	14.1%	15.1%
Physical Abuse	508	555	578	533
% Physical Abuse	14.9%	15.3%	14.5%	14.0%
Other Removals	437	507	576	446
% Other	12.8%	14.0%	14.5%	11.7%
Caretakers Inability to Cope	295	275	357	335
% Caretakers Inability to Cope	8.7%	7.6%	9.0%	8.8%
Lack of Supervision	262	285	300	330
% Lack of Supervision	7.7%	7.9%	7.5%	8.7%
Child Behavior Problem	239	271	247	240
% Child Behavior Problem	7.0%	7.5%	6.2%	6.3%
Abandonment	171	130	154	175
% Abandonment	5.0%	3.6%	3.9%	4.6%
Emotional Abuse	184	188	170	171
% Emotional Abuse	5.4%	5.2%	4.3%	4.5%
Sexual Abuse	172	204	171	159
% Sexual Abuse	5.0%	5.6%	4.3%	4.2%
Truancy	84	109	98	95
% Truancy	2.5%	3.0%	2.5%	2.5%

**Child Removal from the Home due to Parent Substance Abuse:** Number of children placed in out-of-home placement by Kansas Department of Children & Families due to parent substance use.

**Why is this indicator important?**

Parental substance abuse has been identified as a risk factor for adolescent problem behaviors including substance abuse, and has also been established as an Adverse Childhood Experience associated with the potential development of behavioral health issues.

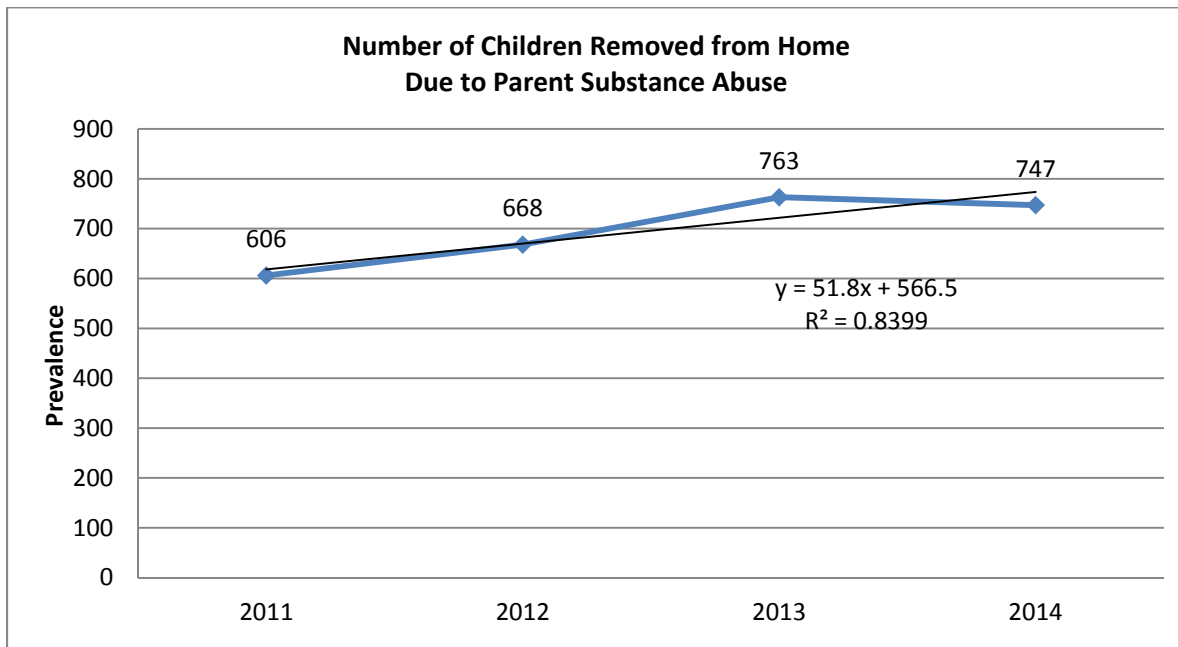
**Where did we get the data?**

Kansas Department of Children & Families, Count data was provided from the Foster Care / Adoption Summary Reports, 2011-2014.

**Important findings**

- Number of children in out-of-home placement has increased over the past 5 years.

**Graph of Five-Year Trend**



**Low Family Attachment:** Percentage of students in grades 6, 8, 10, and 12 who are considered “at risk” on the low family attachment scale.

**Why is this indicator important?**

Family attachment and bonding creates conditions in which children and young people are buffered against risk factors that may exist in the community, school, or individual-peer domains, and serves as an important familial protective factor for substance abuse and other health or behavior problems.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2009-2014.

**Important findings**

- Rate of students considered at risk on the low family attachment scale has declined slightly over the past 5 years.
- Those most at risk are in the 10<sup>th</sup> grade age group.
- Highest rates are seen in the African-American race group.

**Graph of Five-Year Trend**

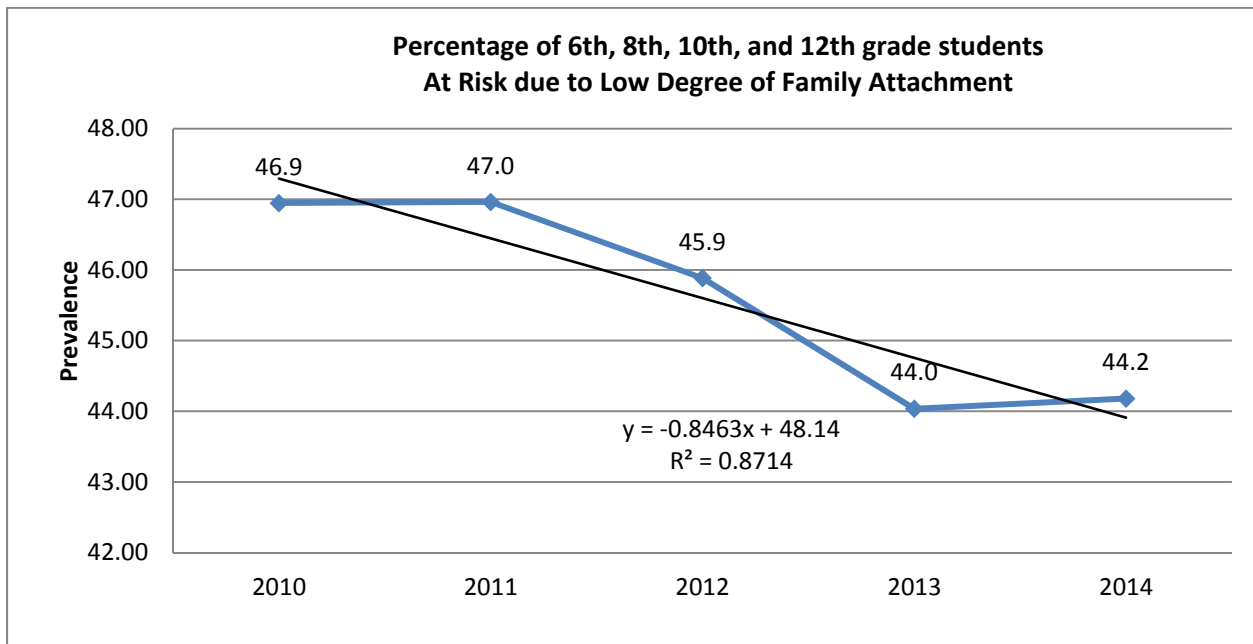


Table 20.2 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting at risk due to low family attachment by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	46.9	45.1	47.0	53.8	40.6	47.1	46.8
2011	47.0	45.9	48.0	52.4	40.4	47.1	46.8
2012	45.9	45.0	45.9	51.7	39.6	46.6	45.2
2013	44.0	42.5	43.5	50.6	38.2	43.8	44.3
2014	44.2	42.4	42.6	51.7	38.4	43.6	44.7
5-Year Average	<b>45.6</b>	<b>44.2</b>	<b>45.4</b>	<b>52.0</b>	<b>39.4</b>	<b>45.6</b>	<b>45.5</b>

Table 20.3 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting at risk due to low family attachment by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	46.9	44.0	58.7	57.6	52.3	53.3	54.5
2011	47.0	43.8	56.3	54.3	54.6	50.8	53.1
2012	45.9	42.7	56.0	54.0	51.8	49.3	56.2
2013	44.0	40.6	56.1	53.1	51.0	48.0	52.6
2014	44.2	41.1	54.4	52.8	50.5	44.2	51.6
5-Year Average	<b>45.6</b>	<b>42.4</b>	<b>56.3</b>	<b>54.4</b>	<b>52.0</b>	<b>49.1</b>	<b>53.6</b>

**Poor Family Management:** Percentage of students in grades 6, 8, 10, and 12 who are considered “at risk” on the poor family management scale.

**Why is this indicator important?**

Family management problems, or issues with family involvement and functioning, serve as a risk factor for adolescent problem behaviors including substance abuse, violence, delinquency, teen pregnancy, and school dropout.

**Where did we get the data?**

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2009-2014.

**Important findings**

- Rate of students considered at risk due on the poor family management scale has declined over the past 5 years.
- Those most at risk are in the 6<sup>th</sup> grade age group.
- Highest rates are seen in the African-American race group.

**Graph of Five-Year Trend**

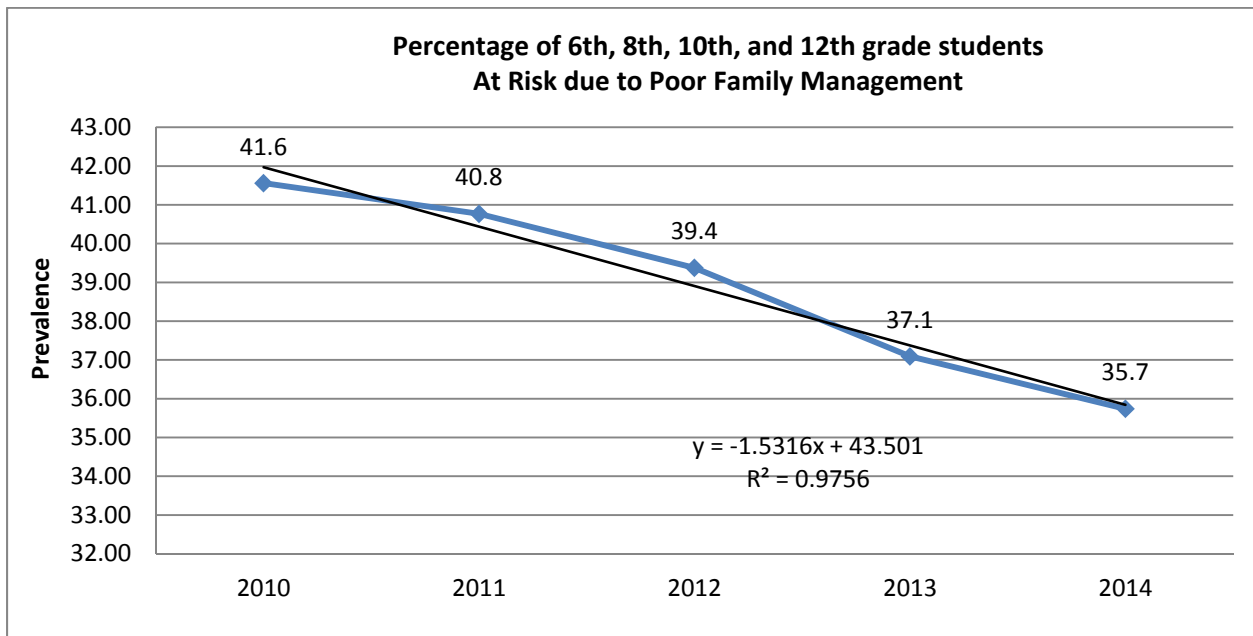


Table 20.4 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting at risk due to poor family management by grade and gender, 2010-2014.

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2010	41.6	43.6	42.8	41.1	38.1	45.4	37.8
2011	40.8	43.4	43.0	38.6	37.9	44.8	36.9
2012	39.4	43.3	40.4	36.9	36.5	43.3	35.5
2013	37.1	40.8	37.8	35.6	33.7	40.7	33.5
2014	35.7	39.5	35.8	34.4	33.2	38.9	32.6
5-Year Average	<b>38.9</b>	<b>42.1</b>	<b>39.9</b>	<b>37.3</b>	<b>35.9</b>	<b>42.6</b>	<b>35.3</b>

Table 20.5 Percent of students in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades reporting at risk due to poor family management by race, 2010-2014.

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2010	41.6	38.8	48.1	50.6	49.8	46.6	46.4
2011	40.8	37.7	46.5	49.6	51.0	44.2	44.9
2012	39.4	36.6	44.9	43.8	48.0	42.6	45.6
2013	37.1	34.5	42.8	42.8	44.2	40.6	42.2
2014	35.7	33.0	41.4	42.0	42.9	37.3	42.4
5-Year Average	<b>38.9</b>	<b>36.1</b>	<b>44.7</b>	<b>45.8</b>	<b>47.2</b>	<b>42.2</b>	<b>44.3</b>



**Property Crimes:** Rates of arrests for burglary, theft, motor vehicle theft and arson per 100,000 population.

**Why is this indicator important?**

Drug-related offenses include stealing property to pay for a drug habit. The number of property crimes in an area may be indicative of the level of dependence of individuals in the area. Depending on the level of addiction and the substance, drug habits can be extremely expensive and require other criminal activities to fund the habit.

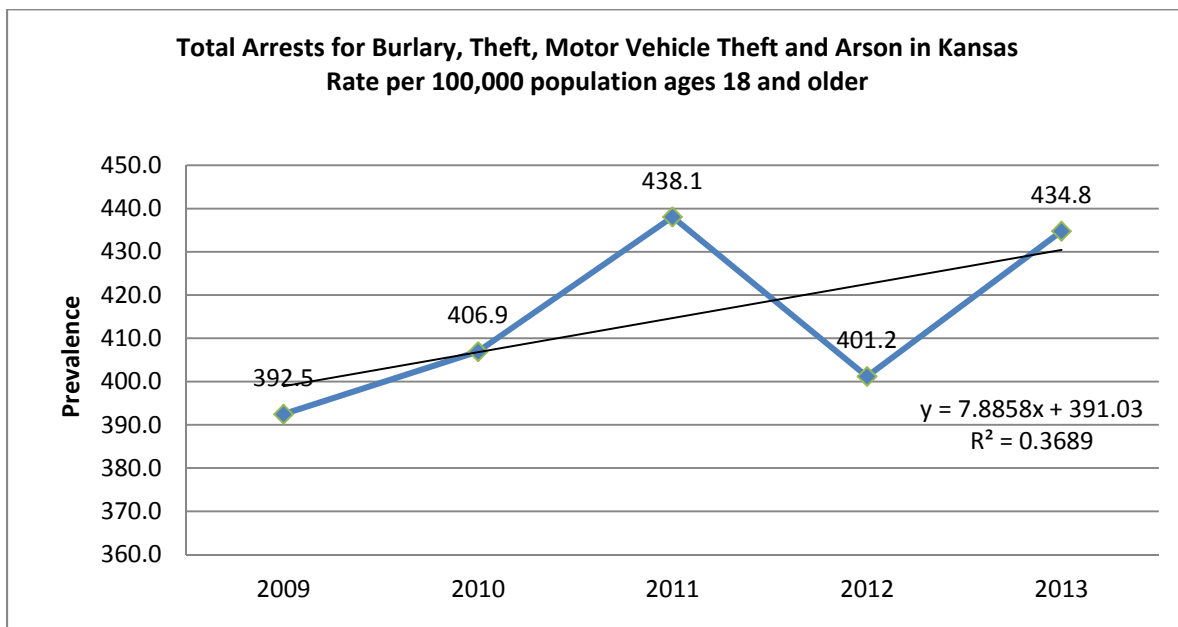
**Where did we get the data?**

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2013.

**Important findings**

- Rates of arrests for property crimes have increased over the past 5 years for the adult age group.
- Rates of arrests for property crimes have decreased over the past 5 years for the juvenile age group.

**Graphs of Five-Year Trends**



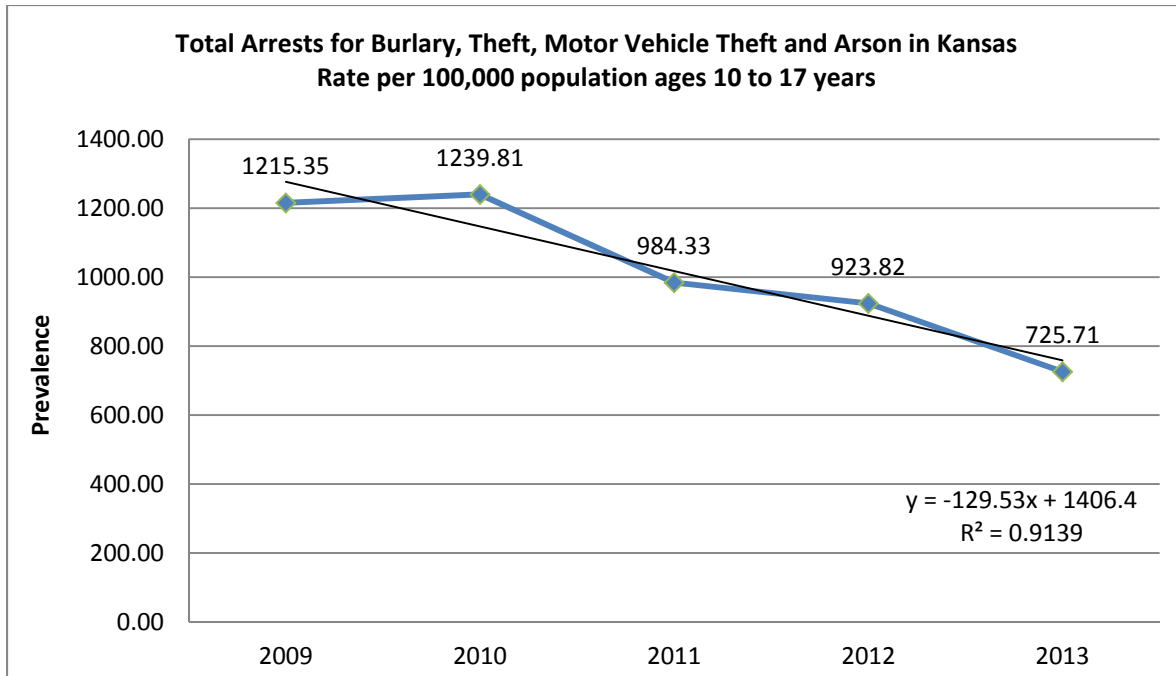


Table 20.6 Rate of arrests for various property crimes by age group, 2009-2013.

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Property Crimes	Rate	Property Crimes	Rate
2009	509.9	3995	1215.4	7753	392.5
2010	515.6	3955	1239.8	8652	406.9
2011	509.3	3140	984.3	9314	438.1
2012	469.4	2947	923.8	8530	401.2
2013	472.7	2315	725.7	9244	434.8
5-Year Average	<b>495.4</b>	<b>3270</b>	<b>1017.8</b>	<b>8699</b>	<b>414.7</b>

**Personal Crimes:** Rates of arrest for simple and aggravated assaults, sexual assaults, and robberies.

**Why is this indicator important?**

All types of assaults have been found to be correlated to alcohol and illicit drug abuse. Violence is a common side effect of both acute intoxication from alcohol as well as multiple illicit drugs. Additionally, specific illicit drugs are commonly used in sexual assaults and are referred to as “date rape” drugs.

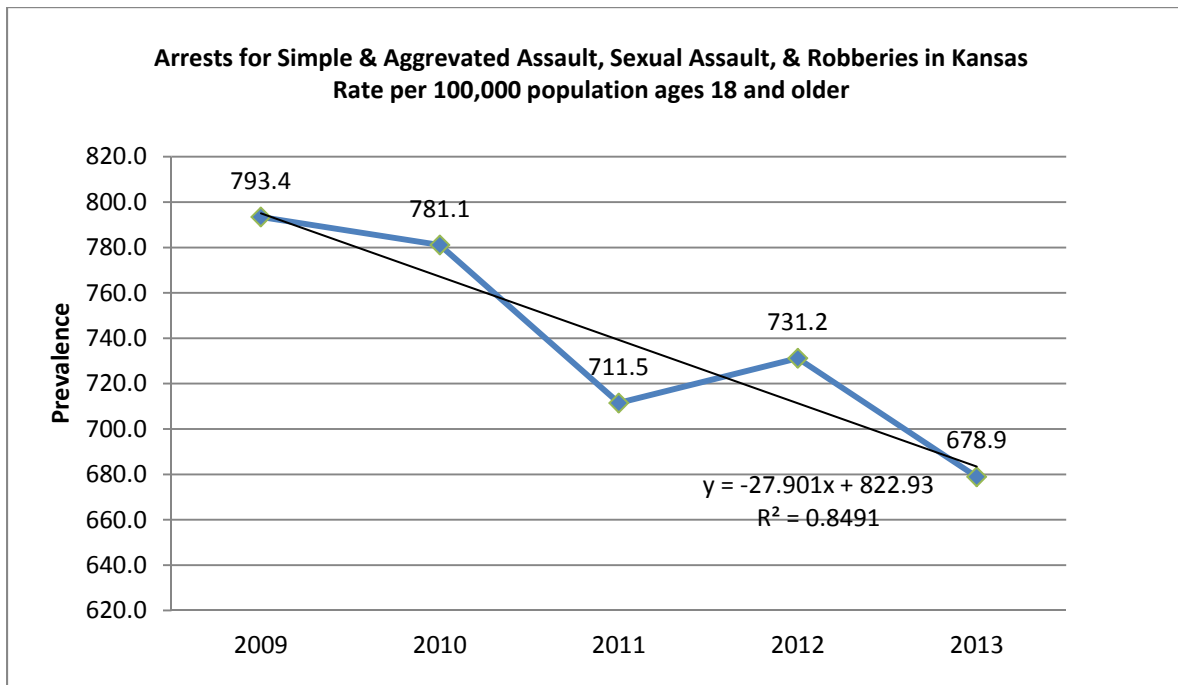
**Where did we get the data?**

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2009-2013.

**Important findings**

- Rates of arrests for personal crimes has decreased dramatically for the adult age group in the past 5 years.
- Rates of arrests for juvenile age group has decreased but at a slower rate than that of adults.

**Graphs of Five-Year Trends**



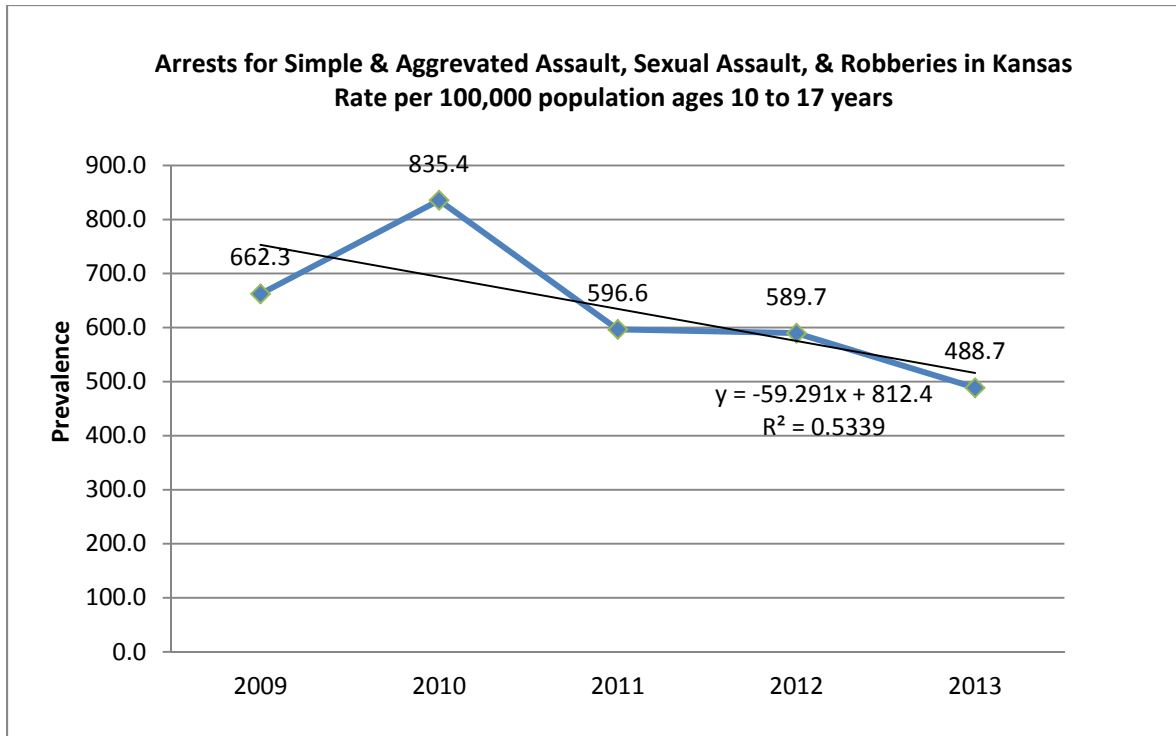


Table 20.7 Rate of arrests for various personal crimes by age group, 2009-2013.

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Personal Crime	Rate	Personal Crime	Rate
2009	774.7	2177	662.3	15674	793.4
2010	788.2	2665	835.4	16608	781.1
2011	696.5	1903	596.6	15127	711.5
2012	712.7	1881	589.7	15546	731.2
2013	654.1	1559	488.7	14435	678.9
5-Year Average	<b>725.2</b>	<b>2037</b>	<b>634.5</b>	<b>15478</b>	<b>739.2</b>

**Prostitution:** Number of arrests for prostitution

**Why is this indicator important?**

Increased prostitution in a region may be indicative of increased drug related crimes and drug use. Prostitution is associated with substance abuse in many ways. Females arrested for prostitution are among the most likely to test positive for drugs at arrest. The street value of methamphetamine is often difficult to assess as many people pay for the drug through prostitution. Depending on the level of addiction and the substance, drug habits can be extremely expensive and require other criminal activities to fund the habit.

**Where did we get the data?**

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2013

**Important findings**

- Rates of arrest for prostitution have decreased over the past five years.
- Juvenile arrests for prostitution are so low as to not warrant a five-year trend graph.

**Graph of Five-Year Trend**

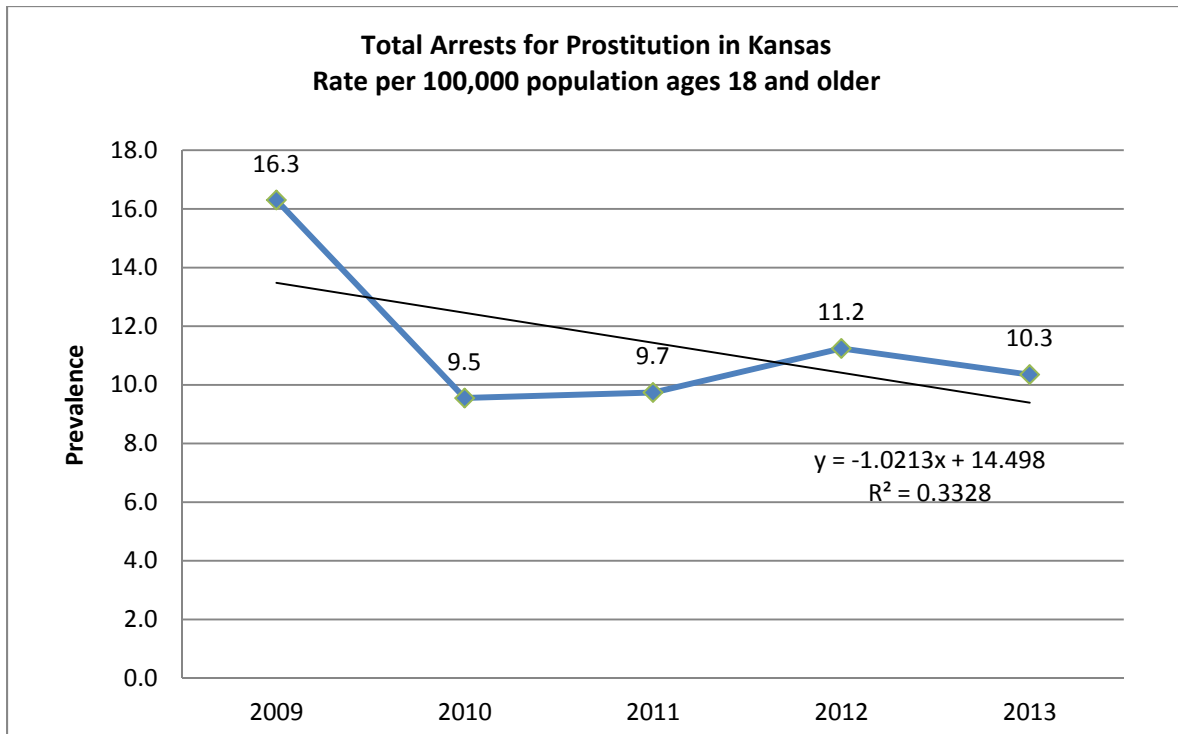


Table 20.8 Rate of arrests for prostitution by age group, 2009-2013.

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Prostitution	Rate	Prostitution	Rate
2009	16.3	0	0.0	322	16.3
2010	9.5	2	0.6	203	9.5
2011	9.7	1	0.3	207	9.7
2012	11.2	2	0.6	239	11.2
2013	10.3	5	1.6	220	10.3
5-Year Average	<b>11.4</b>	<b>2</b>	<b>0.6</b>	<b>238</b>	<b>11.4</b>

**Adult Court Commitments:** New court commitments, adult population by fiscal year.

**Why is this indicator important?**

The number of court commitments serves as an indicator that helps illustrate the scope of consequences associated with behavioral health issues among adults in the state.

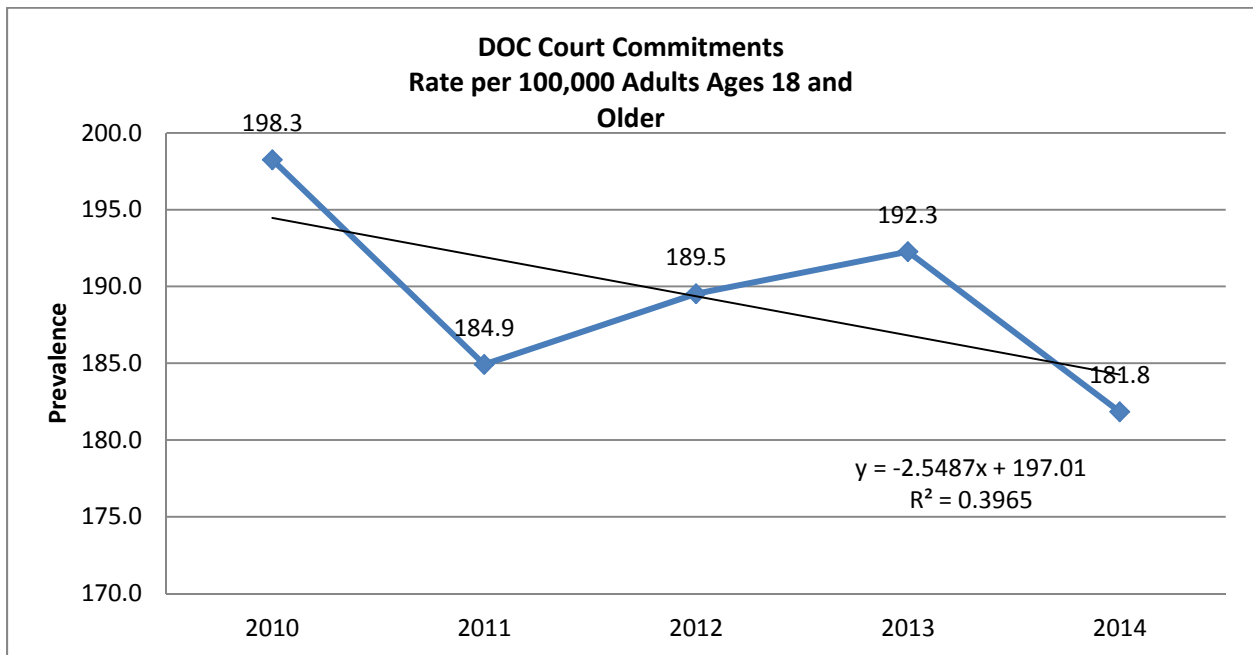
**Where did we get the data?**

Kansas Department of Corrections annual reports – Adult Court Commitments, 2009-2014.

**Important findings**

- Adult court commitments have been decreasing over the past five years.

**Graph of Five-Year Trend**



## Appendix A: Data Sources

**Behavior Risk Factor Surveillance System (BRFSS)** – The BRFSS is a random digit dialing (RDD) telephone survey. The CDC has developed the questionnaire to ensure compatibility across states. Core questions are asked annually all states and states have the option of adding in supplemental questions concerning specific health behaviors and conditions.

**Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database-** Data are from the Multiple Cause of Death Files, 1999-2013, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Data set is published by the U.S. Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Office of Analysis and Epidemiology. The county-level national mortality and population data has been derived from the U.S. records of deaths (death certificates) since 1979. Death rates are calculated per 100,000 persons. (Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Mar 27, 2015 4:36:19 PM)

**Drug Enforcement Administration (DEA) - Environmental Photographic Interpretation Center's (EPIC) Database :** Methamphetamine Clandestine Lab Seizure Statistics reports include only that information that has been reported to EPIC by contributing agencies and may not necessarily reflect total seizures nationwide. Data is reported without corroboration, modification, or editing by EPIC, and, accordingly, EPIC cannot guarantee the timeliness, completeness, or accuracy of the information reported therein. The data and any supporting documentation relied upon by EPIC to prepare this report are the property of the originating agency.

**Gambling Behaviors and Attitudes Among Adult Kansans** - This 2012 study was conducted by Kansas City-based WhitworthBallou, LLC, on behalf of KDADS. It was the first statewide study of adult gambling behaviors and attitudes since the opening of three state-owned casinos. Utilizing telephone survey methods, researchers interviewed 1,600 anonymous adults in late 2012. Respondents were randomly selected from landline and cell phone numbers located across the state.

**Kansas Bureau of Investigation (KBI)** – Information from local and statewide law enforcement is reported to KBI. The information collected is on the number of offenses reported to law enforcement as well as the number or arrests made. In some law enforcement agencies only summary information is reported and not detailed individual accounts.

**Kansas Communities That Care (KCTC)** -The KCTC is a school-based survey for students in grades 6, 8, 10, and 12 in Kansas. The KCTC is utilized to gather information concerning youth prevalence of various risk factors such as alcohol, tobacco, other drugs, gang involvement, and many others. In addition, the KCTC is utilized to gather information concerning individual and community risk and protective factors.

**Kansas Department of Aging & Disability Services (KDADS)** – Data was provided from the Treatment Episodic Data Set (TEDS) regarding community mental health admissions and substance abuse treatment admissions.



**Kansas Department for Children & Families: Prevention and Protection Services**— Count data was provided from the Foster Care / Adoption Summary Reports site regarding children removed from the home into out of home placement by primary removal reason.

**Kansas Department of Corrections (KDOC)**— Count data was obtained from the KDOC Annual Report – Offender Population /Adult Court Commitments map as to the number of adult admissions during each fiscal year by county of offender commitment.

**Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics, Office of Health Assessment**—Data was provided from KDHE regarding deaths due to illicit drugs as underlying cause, specified by mortality due to external causes as unintentional drug poisoning and psychiatric causes based on psychiatric diagnosis.

**Kansas Department of Revenue Cigarette and Tobacco Enforcement Agent, Controlled Buy database** – Kansas performs unannounced compliance checks on a random sample of all retailers and vendors of tobacco. Specifically these compliance checks are used to monitor the sales of tobacco to minors. Alcohol and Beverage Control (ABC) imposes fines upon individuals failing these checks. Results of the SYNAR report are used in the Kansas Substance Abuse Prevention and Treatment Block Grant.

**Kansas Department of Transportation**—Data was obtained from accident statistics reports (Alcohol-Related Summaries) regarding the number of motor vehicle accidents which involved alcohol, the number of those accidents resulting in fatalities, and the age of the drivers involved.

**Kansas Information for Communities (KIC) –**

**Death Statistics** KIC is based on resident data compiled from death certificates filed with the Bureau of Epidemiology and Public Health Informatics at the Kansas Department of Health and Environment. This KIC module will produce counts, population-based crude death rates, and population-based age adjusted death rates. All three of these measures can be calculated by cause of death, year, age-group, sex, race, Hispanic origin, and county of residence.

**Birth Statistics** KIC is based on resident data (See residency compiled from birth certificates filed with Bureau of Epidemiology and Public Health Informatics at the Kansas Department of Health and Environment.) This KIC module includes only live birth outcomes. Most statistics on live births are reported as a percentage of the total number of events. Births where an outcome or characteristic is missing are excluded from the total number of events. While every effort is made to assure the KIC data summaries parallel the results in the Kansas Annual Summary of Vital Statistics, some slight differences may occur.

**Cancer Statistics** KIC is based on Kansas resident data compiled from reports of cancer cases provided to the Kansas Cancer Registry (KCR), which is operated by the University of Kansas Medical Center under a Kansas Department of Health and Environment contract. This KIC module produces counts, population-based crude rates, and population-based age-adjusted rates.

**Kansas Problem Gambling Helpline** – Kansas Department of Aging and Disability Services contracts with Kansas Health Solutions to operate the Problem Gambling Helpline . Trained professionals

are available 24 hours a day to answer questions, explain warning signs and treatment options, and provide referrals for certified problem gambling counselors.

**Kansas State Department of Education (KSDE)** – The KSDE data collection systems provides information on all school based offenses. Information is collected on the nature of suspensions and expulsions, including if the offense is related to alcohol, tobacco, or other drugs.

**Kansas Vital Statistics (KVS)** – The KVS provide information on all births, pregnancies, marriages, divorces, and deaths in Kansas and among Kansas residents. Information is collected on many risk and protective factors surrounding the event as well as extensive demographic information. Information is available at the statewide and sub-state level.

**Monitoring The Future (MTF)** – The MTF survey is an annual school-based survey of youth in grades 8, 10, and 12 nationally. The MTF survey is utilized to gather national trend information concerning drug use trend and patterns.

**National Survey of Substance Abuse Treatment Services (N-SSATS)** – The N-SSATS (formerly the Uniform Facility Data Set) is an annual census of all treatment facilities listed on the I-SATS. Information is collected on the location, organization, structure, services, and utilization of substance abuse treatment facilities in the United States. The data are used for program administration and policy analysis. Information from the survey is also used to compile and update the National Directory of Drug and Alcohol Abuse Treatment Programs and the on-line Substance Abuse Treatment Facility Locator, two widely used resources for referrals to treatment.

**National Survey on Drug Use or Health (NSDUH)** – The NSDUH is an annual household survey of individuals aged 12 and older. The main foci of the survey are to obtain information concerning consumption patterns and dependence of alcohol, tobacco, and other illicit drugs. Over sampling occurs to provide statewide level estimates in addition to national estimates.

**SAMHSA's Center for Mental Health Services (CMHS): Kansas Mental Health National Outcome Measures (NOMS)** – Community Mental Health Services Uniform Reporting System provides guidance and technical assistance to decision makers at all levels of government on the design, structure, content, and use of mental health information systems, with the ultimate goal of improving the quality of mental health programs and services delivery. CMHS operates the only program in the nation that focuses on the development of data standards that provide the basis for uniform, comparable, high-quality statistics on mental health services, making it a model in the health care statistics field.

**ValueOptions of Kansas** - Under the direction of the Kansas Department for Aging and Disability Services (KDADS), ValueOptions administers inpatient and outpatient substance use disorder treatment services for members eligible for Substance Abuse Prevention and Treatment (SAPT) BHS funded services and all addiction services funded by the Problem Gambling and Addictions Fund.

## **Appendix B: Data Definitions**

**Excessive Drinking - Adults:** For the purpose of this document, heavy drinking will be defined as the proportion of males who indicate consuming more than two alcoholic beverages per day and females who indicate consuming more than one alcoholic beverage per day. The survey questions utilized for this are as follows: “During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?” and “One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?”

**30-Day Alcohol Consumption - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported drinking alcohol at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is “On how many occasions have you had beer, wine, or hard liquor during the past 30 days?” The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

**30-Day Binge Drinking - Adults:** For the purpose of this document, binge drinking will be defined as the proportion of individuals who respond that on one or more of the previous 30 days they have consumed five or more drinks during one occasion. The survey question utilized for this is as follows, “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?”

**Two-Week Binge Drinking - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported having 5 or more drinks in a row at least once in the two weeks prior to completing the Kansas Communities That Care Survey. The survey question is “Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?” The responses 1time, 2 times, 3-5 times, 6-9 times, and 10 or more times were combined to calculate the percentage.

**Early Initiation of Alcohol Use:** The percentage of 6th, 8th, 10th, and 12th graders who reported using alcohol before the age of 13 on the Kansas Communities That Care Survey. The survey question is “How old were you when you first had more than a sip or two of beer, wine, or hard liquor (for example vodka, whiskey, or gin)?” The responses 10 or younger, 11, and 12 were combined to calculate the percentage.

**Perception of Great Risk of Harm Alcohol - Adults:** Percent of respondents who believed there was great risk of harm from drinking alcohol at various levels of frequency on the SAMHSA National Drug Use and Health Survey. Respondents were asked to assess the extent to which people risk harming themselves physically and in other ways if they have five or more drinks of an alcoholic beverage once or twice a week. Response options were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk. Percent shown is those responding “great risk” only.

**Perception of Great Risk of Harm from Alcohol - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported perception of great risk of harm if drinking every day on the Kansas Communities That Care Survey. The survey question is “,How much do you think people risk harming themselves (physically or in other ways) if they: take one or two drinks of an alcohol beverage (beer, wine, liquor) nearly every day?” The response "Great Risk" was used to calculate the percentage.

**Treatment Admissions - Alcohol:** Count of those admitted to treatment reporting that the primary substance for which patient admitted was alcohol as entered into the Treatment Episodic Data Set (TEDS).

**Persons Needing but Not Receiving Treatment - Alcohol:** The percent of persons in need of alcohol abuse treatment that responded they did not receive during the past year according to the SAMHSA National Survey on Drug Use and Health survey. Respondents were classified as needing treatment for an alcohol use problem if they met at least one of three criteria during the past year: (1) dependence on alcohol; (2) abuse of alcohol; or (3) received treatment for alcohol use at a specialty facility (e.g., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

**Suspensions and Expulsions for Alcohol Offenses:** For the purpose of this document, youth suspensions and expulsions for alcohol include all individuals where one of the circumstances leading to suspension or expulsion from an elementary, middle, or high school is related to alcohol.

**Minor In Possession (MIP) Citations:** For the purpose of this document, minor in possession of alcohol will be defined as the number of citations written to individuals under the age of 21 who possess alcohol or have consumed alcohol.

**Driving Under the Influence (DUI) Arrests:** For the purpose of this document, driving under the influence of alcohol will be defined as the number of arrests made where an individual is operating a vehicle and has a BAC of .08 or greater.

**Alcohol-Related Arrests:** For the purpose of this document, alcohol related arrests will be defined as the number of incidences reported to law enforcement agencies for drunkenness and liquor violations.

**Alcohol-Related Vehicle Deaths:** For the purpose of this document, alcohol related vehicle deaths are defined as those motor vehicle drivers involved in a fatal accident where alcohol was a contributing factor in the incident.

**Chronic Liver Disease Deaths:** For the purpose of this document, chronic liver disease deaths are defined as those individuals whose underlying primary cause of death is listed on their death certificate as International Classification of Disease, Version 10 (ICD – 10) codes K70 and K73-K74.

**Alcohol-Related Deaths:** For the purpose of this document, alcohol-related deaths are defined as those individuals whose underlying primary cause of death is considered alcohol-induced as defined by the Center for Disease Control (CDC) and includes the following ICD codes: E24.4, F10.0, F10.1, F10.2,

F10.3, F10.4, F10.5, F10.6, F10.7, F10.8, F10.9, G31.2, G62.1, G72.1, I42.6, K29.2, K70.0, K70.1, K70.2, K70.3, K70.4, K70.9, K85.2, K86.0, R78.0, X45, X65, Y15.

**Current Smokers - Adult:** For the purpose of this document, current smokers will be defined as the proportion of individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke “some days” or “everyday”. The survey questions utilized for this are as follows: “Have you smoked at least 100 cigarettes in your entire life?” and “Do you now smoke cigarettes every day, some days, or not at all?”

**30-Day Cigarette Use - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported smoking cigarettes at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is, “How frequently have you smoked cigarettes during the past 30 days?” The responses less than one cigarette per day, one to five cigarettes per day, about one-half pack per day, about one pack per day, about one and one-half packs per day, and two packs or more per day were combined to calculate the percentage.

**Early Initiation of Cigarette Use:** The percentage of 6th, 8th, 10th, and 12th graders who reported smoking cigarettes before the age of 13 on the Kansas Communities That Care Survey. The survey question is, “How old were you when you first smoked a cigarette, even just a puff?” The responses 10 or younger, 11, and 12 were combined to calculate the percentage.

**Current Use of Smokeless Tobacco - Adults:** For the purpose of this document, current smokeless tobacco users will be defined as the proportion of individuals who report they have ever tried smokeless tobacco and currently use smokeless tobacco “some days” or “everyday”. The survey questions utilized for this are as follows: “Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?” and “Do you currently use chewing tobacco or snuff every day, some days, or not at all?”

**30-Day Use of Smokeless Tobacco - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported using smokeless tobacco at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is, “How frequently have you used smokeless tobacco during the past 30 days?” The responses once or twice, once or twice a week, about once a day, and more than once a day were combined to calculate the percentage.

**Smoking During Pregnancy:** For the purpose of this document, current smokers during pregnancy will be defined as the proportion of pregnant women who indicate at the time of birth that they have smoked cigarettes during their pregnancy. Information is recorded as part of the live birth records.

**Perception of Great Risk of Harm from Cigarettes - Adults:** Percent of respondents who believed there was great risk of harm from smoking cigarettes at various levels of frequency on the SAMHSA National Drug Use and Health Survey. Respondents were asked to assess the extent to which people risk harming themselves physically and in other ways if they smoke one or more packs of cigarettes per day. Response options were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk. Percent shown is those responding “great risk” only.

**Perception of Great Risk of Harm from Cigarettes- Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported perception of great risk of harm if smoking one or more packs of cigarettes per day on the Kansas Communities That Care Survey. The survey question is, "How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?" The response "Great Risk" was used to calculate the percentage.

**Lung Cancer Rates:** Number of cases and rate per 100,000 population of those diagnosed with cancers of the lung and bronchus. Kansas resident data compiled from reports of cancer cases provided to the Kansas Cancer Registry (KCR), which is operated by the University of Kansas Medical Center under a Kansas Department of Health and Environment contract. This KIC module produces counts, population-based crude rates, and population-based age-adjusted rates.

**Synar Retailer Violation Rates:** The percentage of inspections (controlled buys) where underage youth attempt to purchase cigarettes and retailers violate the law by selling to them. Percentage = # of violations divided by # inspections in the sample.

**Deaths from Chronic Lower Respiratory Diseases:** For the purpose of this document, COPD and emphysema deaths are defined as those individuals whose underlying primary cause of death is listed on their death certificate as ICD-10 codes J40- J47.

**Cardiovascular Diseases:** For the purpose of this document, cardiovascular disease deaths are defined as those individuals whose underlying primary cause of death is listed on their death certificate as ICD-10 codes I00-I78.

**30-Day Use of Marijuana - Adult:** The percentage of persons ages 18 and older reporting use of marijuana in the past month on the SAMHSA National Survey on Drug Use and Health. Measures of use of marijuana in the respondent's lifetime, the past year, and the past month were derived from responses to the question.

**30-Day Use of Marijuana – Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported using marijuana at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is, "On how many occasions (if any) have you used marijuana during the past 30 days?" The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

**Attitudes Favorable to Marijuana Use - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported the belief that it is Not Wrong at all to smoke marijuana when completing the Kansas Communities That Care Survey. The survey question is "How wrong do you think it is for someone your age to: smoke marijuana?" The response "Not Wrong at All" was used to calculate the percentage.

**Perception of Great Risk of Harm from Marijuana- Adults:** The percent of adults surveyed who believe there is a great risk of harm in smoking marijuana on the SAMHSA National Drug Use and Health Survey. Respondents were asked to assess the extent to which people risk harming themselves

physically and in other ways when they use marijuana. Response options were (1) no risk, (2) slight risk, (3) moderate risk, and (4) great risk.

**Perception of Great Risk of Harm from Marijuana -Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported perception of great risk of harm if drinking every day on the Kansas Communities That Care Survey. The survey question is, "How much do you think people risk harming themselves (physically or in other ways) if they: smoke marijuana regularly?" The response "Great Risk" was used to calculate the percentage.

**Early Initiation of Marijuana Use:** The percentage of 6th, 8th, 10th, and 12th graders who reported using marijuana before the age of 13 on the Kansas Communities That Care Survey. The survey question is "How old were you when you first smoked marijuana?" The responses 10 or younger, 11, and 12 were combined to calculate the percentage.

**Marijuana Treatment Admissions:** Count of those admitted to treatment reporting that the primary substance for which the patient was admitted was marijuana as entered into the Treatment Episodic Data Set (TEDS).

**30-Day Prescription Drug Use – Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported use of prescription drugs not prescribed to them at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey questions are, "On how many occasions (if any) in the past 30 days have you: 1) "used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor?" 2) "used prescription tranquilizers, such as Xanax, Valium, or Ambien, not prescribed for you by a doctor?" and 3) "used prescription stimulants, such as Ritalin, Adderall, or Concerta, not prescribed for you by a doctor" during the past 30 days? The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions on ANY OF THE THREE QUESTIONS were combined to calculate the percentage.

**30-Day Nonmedical Use of Prescription Pain Relievers - Adults:** Percentage of persons ages 18 and older reporting nonmedical use of pain relievers in the past month on the SAMHSA National Survey on Drug Use and Health. Measures of use of nonmedical psychotherapeutic agents in the respondent's lifetime, the past year, and the past month were derived from responses to the question about recency of use: "How long has it been since you last used any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling it caused?"

**30-Day Use of Prescription Pain Relievers - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported use of prescription pain relievers not prescribed to them at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is "On how many occasions have you ..... used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor during the past 30 days?" The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

**Attitudes Favorable toward Prescription Drug Use - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported the belief that it is not wrong at all to use prescription drugs on the Kansas

Communities That Care Survey. The survey question is, "How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?" The response "Not Wrong at All" was used to calculate the percentage.

**Perception of Great Risk of Harm from Prescription Drugs - Youth:** For the purpose of this report, perception of harm of prescription drug use is the percentage of 6th, 8th, 10th, and 12th graders who reported perception of great risk of harm if drinking every day on the Kansas Communities That Care Survey. The survey question is, "How much do you think people risk harming themselves (physically or in other ways) if they: if they use prescription drugs that are not prescribed to them?" The response "Great Risk" was used to calculate the percentage.

**Other Opiates & Synthetics Treatment Admissions:** Count of those admitted to treatment reporting that the primary substance for which the patient was admitted was other opiates or synthetic drugs as entered into the Treatment Episodic Data Set (TEDS).

**30-Day Use of Other Illicit Drugs - Adults:** For the purpose of this document, 30-day illicit drug use is the proportion of individuals who respond they have consumed a particular illicit substance in the past month. Results are tabulated per substance. Possible substances include the following: cocaine, crack, heroin, LSD, ecstasy, inhalants, nonmedical use of psychotherapeutics, pain relievers, tranquilizers, sedatives, stimulants, and methamphetamines.

**30-Day Consumption of Other Illicit Drugs - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported using ANY illicit drug other than alcohol at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey questions are, "On how many occasions (if any) have you used: MDMA (ecstasy), heroin, prescription drugs, steroids, marijuana, LSD, cocaine or crack, inhalants, or methamphetamines, during the past 30 days?" The responses ON ANY ONE OR MORE SUBSTANCES of 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

**30-Day Cocaine Use - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported using cocaine at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is, "On how many occasions (if any) have you used cocaine or crack during the past 30 days?" The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

**30-Day Ecstasy Use - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported using ecstasy at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is, "On how many occasions (if any) have you used MDMA ("ecstasy") during the past 30 days?" The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

**30-Day Inhalant Use - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported using inhalants at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is, "On how many occasions (if any) have you sniffed glue, breathed the contents



of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?" The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

**30-Day Methamphetamine Use - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported using methamphetamines at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is, "On how many occasions (if any) have you taken methamphetamines during the past 30 days?" The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions and 40, or more occasions were combined to calculate the percentage.

**Treatment Admissions - Other Illicit Drugs:** Count of those admitted to treatment reporting that the primary substance for which patient admitted was cocaine, heroin, ecstasy, methamphetamines, or PCP as entered into the Treatment Episodic Data Set (TEDS).

**Sale of Illegal Drugs - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported the sale of illegal drugs at least once in the past year prior to completing the Kansas Communities That Care Survey. The survey question is, "How many times in the past year (the last 12 months) have you sold illegal drugs?" The responses 1 to 2 times, 3 to 5 times, 6 to 9 times, 10 to 19 times, 20 to 29 times, 30 to 39 times, and 40 + times were combined to calculate the percentage.

**Arrests for Narcotic Drug Violations:** For the purpose of this document, narcotic drug violations will be defined as the number of arrests made for narcotic drug violations as defined by the Kansas Bureau of Investigation.

**Meth Lab Seizures:** For the purpose of this document, meth lab seizures will be defined as the number of law enforcement seizures of meth lab equipment, meth labs, and meth lab dumpsites.

**Drug-Related Deaths:** For the purpose of this document, drug-related deaths are defined as those individuals whose underlying primary cause of death is considered drug-induced as defined by the Center for Disease Control (CDC) and includes the following ICD codes: D61.1 , E16.0 , E24.2 , E27.3 , F11.1 , F11.2 , F11.3 , F11.7 , F11.9 , F12.1 , F12.2 , F12.9 , F13.1 , F13.3 , F13.7 , F13.9 , F14.1 , F14.2 , F14.9 , F15.1 , F15.2 , F15.4 , F15.9 , F16.1 , F16.9 , F17.9 , F18.1 , F19.1 , F19.2 , F19.3 , F19.4 , F19.7 , F19.9 , G21.1 , G25.4 , G72.0 , I95.2 , J70.4 , L27.0 , M80.4 , X40 , X41 , X42 , X43 , X44 , X60 , X61 , X62 , X63 , X64 , X85 , Y10 , Y11 , Y12 , Y13 , Y14.

**30-Day Gambling Prevalence - Youth:** The percentage of 6th, 8th, 10th, and 12th graders who reported having gambled at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is, "In the last 30 days, have you gambled for money or anything of value?" The "Yes" responses were used to calculate the percentage.

**Problem Gambling Prevalence - Adult:** Percent of adults surveyed during the Gambling Behaviors and Attitudes Among Adult Kansans 2012 telephone survey who report having participated in ANY of the following selected gambling activities during the past year and past 30 days: 1) Played the slot machines,

video poker, video keno, or video blackjack at a casino 2) Played table games at a casino, such as poker, roulette, craps or blackjack 3) Played a state lottery game or a multi-state lottery, bought scratchers tickets, or played pull-tabs 4) Bet on team sports with friends or through an office pool 5) Bet money on horse races 6) Played bingo for money or prizes 7) Gambled on the internet 8) Bet on games of personal skill, such as pool, bowling, video games, basketball, or golf with friends or family 9) Played cards for money or possessions with friends or family, outside of a casino 10) Participated in fantasy sports leagues that involve money

**Problem Gambling Treatment:** Count of patients admitted for treatment of gambling disorders.

**Problem Gambling Helpline Calls:** Count of calls considered legitimate received by the Kansas Problem Gambling Helpline per fiscal year.

**Major Depressive Episodes:** Percent of population reporting having at least one major depressive episode (MDE) in the past year. MDE, as defined in NSDUH, is based on the definition of MDE in the DSM-IV (APA, 1994) and is measured for the lifetime and past year periods. Lifetime MDE is defined as having at least five or more of nine symptoms of depression in the same 2-week period in a person's lifetime, in which at least one of the symptoms was a depressed mood or loss of interest or pleasure in daily activities. Respondents who had MDE in their lifetime were defined as having past year MDE if they had a period of depression lasting 2 weeks or longer in the past 12 months while also having some of the other symptoms of MDE. It should be noted that, unlike the DSM-IV criteria for MDE, no exclusions were made in NSDUH for depressive symptoms caused by medical illness, bereavement, or substance use disorders. Treatment for MDE in adults is defined as seeing or talking to a health professional or other professional or using prescription medication for depression in the past year.

**Suicidal Ideation:** Percent of adult population surveyed reporting having had serious thoughts of suicide in the past year according to the SAMHSA National Survey on Drug Use and Health. The question asks all adult respondents if at any time during the past 12 months they had serious thoughts of suicide.

**Mental Health Treatment Admissions:** Admissions to Community Mental Health Treatment, Top 20 Diagnosis as entered into Treatment Episodic Data Set (TEDS).

**Persons Served in Community Mental Health Programs:** Number and rate per 1,000 people served by Community Mental Health Treatment Centers (CMHC) as entered into the CMHS Uniform Reporting System.

**Persons Served by State Mental Health Authority:** Number of adults with a serious mental illness (SMI) and children with a severe emotional disorder (SED) served by Community Mental Health Treatment Centers.

**Mental Health Programs Availability:** Number of facilities offering various mental health services as per the Kansas National Survey of Substance Abuse Treatment Services (N-SSATS).

**Suicide:** For the purpose of this document, suicide deaths are defined as those individuals whose underlying primary cause of death is listed on their death certificate as ICD-10 codes X60-X84 and Y87.0.

**Homicide:** For the purpose of this document, homicide deaths are defined as those individuals whose underlying primary cause of death is listed on their death certificate as ICD-10 codes X85-Y09 and Y87.1.

**Out of Home Placements:** Number of children removed to out-of-home placement by Kansas Department of Children & Families by cause.

**Child Removal from the Home due to Parent Substance Abuse:** Number of children placed in out-of-home placement by Kansas Department of Children & Families due to parent substance use.

**Low Family Attachment:** Percentage of students in grades 6, 8, 10, and 12 who are considered “at risk” on the low family attachment scale. The scale includes an aggregation of the following questions: 1) Do you feel very close to your mother? 2) Do you share your thoughts and feelings with your mother? 3) Do you feel very close to your father? 4) Do you share your thoughts and feelings with your father?

**Poor Family Management:** Percentage of students in grades 6, 8, 10, and 12 who are considered “at risk” on the poor family management scale. The scale includes an aggregation of the following questions: 1) The rules in my family are clear. 2) My parents ask if I've gotten my homework done. 3) When I am not at home, one of my parents knows where I am and who I am with. 4) Would your parents know if you did not come home on time? 5) If you drank some beer or wine or hard liquor for example, vodka, whiskey, or gin without your parents' permission, would you be caught by your parents? 6) My family has clear rules about alcohol and drug use. 7) If you carried a handgun without your parents' permission, would you be caught by your parents? 8) If you skipped school without your parents' permission, would you be caught by your parents?

**Arrests for Property Crimes:** For the purpose of this document, property crimes will be defined as the number of incidences reported to law enforcement agencies for burglary, theft, motor vehicle theft, and arson.

**Arrests for Personal Crimes:** For the purpose of this document, personal crimes will be defined as the number of incidences reported to law enforcement agencies for simple assault, aggravated assault, sexual assault, and robberies.

**Arrests for Prostitution:** For the purpose of this document, prostitution will be defined as the number of arrests for prostitution.

**Adult Court Commitments:** Count of new court commitments made during given fiscal year shown as number of adults incarcerated.

## **Appendix C: Data Limitations**

### **Mortality Data Limitations**

In order to maintain confidentiality, strict suppression guidelines are set for reporting and interpreting vital statistics mortality information. No cell or derivation of a cell (percent, rate) with a value of less than 10 may be displayed. As additional stratification variables are incorporated into the document, the balance between accuracy and confidentiality will become a driving factor for the depth of information available. Sub-state analysis is possible for most mortality indicators; however it may not be possible to produce estimates for all communities for every given year for every indicator.

In order to provide accurate interpretations of mortality data, absolute values must be converted into age-adjusted rates. Age-adjusted rates become extremely unstable as the absolute number of cases falls below twenty (20).

### **Criminal Offenses Data Limitations**

Currently, all law enforcement agencies are required to report offenses to the Kansas Bureau of Investigation in a timely, standardized fashion. While this is the case with the majority of agencies, select agencies do not consistently report all offenses. If the agency represents a large portion of the Kansas population, incorrect interpretations may occur based on this missing information. Additionally, some agencies report only aggregate level information on offenses. This limits the ability to stratify indicators by demographic information such as Age, Gender, and Race/Ethnicity.

### **Survey Data Limitations**

Many of the prevalence estimates are based upon a variety of surveys in Kansas as well as national surveys. Each survey has a particular design that incorporates strengths and limitations in the data system. The data limitations are discussed below for the major surveys represented in this document.

### **Behavior Risk Factor Surveillance System (BRFSS)**

The BRFSS is a random digit dial telephone survey of non-institutionalized adults. As the BRFSS is a telephone based survey, it excludes community members who do not have a telephone.

Additionally, in recent year the BRFSS has had differential non-response based on age due to the growing trend of cell phone usage as the only form of telephone communication. The BRFSS does not include institutionalized individuals, and therefore may provide an underestimate of individuals with severe substance abuse dependence. As with any survey, the BRFSS captures self-reported information.

### **Kansas Communities That Care (KCTC)**

The KCTC survey is a school based survey of risk/protective factors among youth in grades 6, 8, 10, and 12. All schools in Kansas with the selected grades are invited to participate on an annual basis; however the survey methodology is a census sample and does not take into account sampling procedures. As the KCTC is a school based survey it may exclude youth with severe substance abuse dependence and therefore provide an underestimate of substance abuse consumption. Additionally, the results of the KCTC are not weighted to reflect sample design or non-response/participation rates. As with any survey, the KCTC captures self-reported information.

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

The NSDUH is a national household survey of substance abuse related behaviors and risk factors. In order to provide state-level estimates for substance abuse related data points, multiple years must be combined as well as imputed to provide estimates. Small Area Estimation (SAE) is used to provide estimates for indicators in Kansas. The limitation for SAE is in the evaluation of change within indicators as they are based upon multiple influences and a change may reflect outside influences rather than an inherent change in the indicator. As with any survey, the NSDUH captures self-reported information.

### **Prescription Drug Data Limitations**

Two reported prescription drug questions from the Kansas Communities That Care student survey are based on only two years of data collection. Trends cannot be calculated with less than three years' data and as such, results should be interpreted with caution.

- Attitudes favorable toward prescription drug use
- Perception of Great Risk of harm from prescription drug use

### **Problem Gambling Data Limitations**

#### **Problem Gambling Helpline**

Data reported from the Problem Gambling Helpline represent only individuals who have the toll free number to call and those who actually do call in. As such, it is likely an underestimate of individuals with problem gambling issues and concerns. Additionally, data were not provided in a way to separate responses from the 80% who were calling on their own behalf versus the 20% of concerned "others".

### **Problem Gambling Treatment Data**

Data reported for problem gambling treatment represent only those individuals who are seen at least once for treatment through the Kansas problem gambling treatment provider. The data do not include individual who seek or receive treatment through private insurance or other means.

### **Gambling Behavior and Attitudes Among Adult Kansas – Survey**

This 96-item phone survey was conducted in Kansas in 2012 and focused on individuals in and around the gaming regions of the state. The survey was a cross-sectional snapshot of gambling behavior and attitudes at a single point in time. With only one data value per question, comparability and reliability cannot be tested and the ability to draw conclusions are limited. As such, results should be interpreted with caution. Additionally, generalization of result may be limited especially when drawing inferences based on subgroups consisting of small size. As the survey is a telephone survey, it introduces sampling bias as it excludes community members who do not have a telephone. And, as with any survey, the Gambling Behavior and Attitudes Among Adult Kansas survey captures self-reported information.

### **Mental Health Data Limitations**

Data provided for admissions to community mental health treatment include only the count or number of individuals. This does not allow for calculation of a percentage or rate. Data provided did not allow for breakdown of demographic variables to determine potential subgroup needs.

Additionally, data reflect only those admitted for treatment and does not account for individuals in need of treatment but not admitted to or receiving mental health treatment.

## **Appendix D: Data Gaps**

Multiple data gaps have been identified through the process of identifying indicators and data sources to populate such indicators. These gaps are identified below.

### **Sub-state analysis**

In order to provide useful program planning and evaluation information, data points must be able to capture community level change as well as state level change. Community is often defined as a county in Kansas; however large counties are often seen as multiple communities.

Absolute indicators such as vital statistics can be broken down to communities with the understanding that if the number of cases becomes too small then the value will be masked for confidentiality purposes.

For adults, the Kansas Behavior Risk Factor Surveillance System (BRFSS) requires a minimum denominator of 50 individuals; smaller denominators result in inaccurate information. It is not currently possible to provide BRFSS information for all 105 Kansas counties at this time due to the denominator limitation. Currently, the National Survey of Drug Use or Health (NSDUH) is not available for community level analysis. This limitation is critical as the NSDUH is the only source for consumption related data among adults aged 18 and over.

For youth, the Kansas Communities That Care (KCTC) student survey provides county level analysis for 90% of Kansas counties. However, new 2014 legislation changing the way data is collected in schools, may reduce the amount of sub-state data that will be available for analysis.

### **Low participation and response rates**

Some databases in Kansas suffer from low participation rates at the community level on an annual basis. This limits analysis of time-trends as the sample from one year may not reflect the sample from the next year. An example includes the Kansas Bureau of Investigation incidence and offense data base. Historically not all law enforcement agencies have reported to the database on a consistent basis. When large agencies in Kansas fail to report, it significantly alters the information available and is generally not compatible with other years of information. At the community level, not all communities participate in survey gathering information each year. This limits the ability to provide local level information for local programs.

### **Race and Ethnicity definitions**

Each database in Kansas records the race and ethnicity of individuals differently. Some data systems combine the two variables, while other databases have the capability to separate out ethnicity from race. Currently the only uniform definition that exists is the OMB-15 guidelines for recording ethnicity and race, and not all systems follow these guidelines.

Additionally, limited data exists for small, minority populations in Kansas. Currently most data systems are designed to report race in three categories only: White, African American, and Other. The “Other” category does not provide enough information for program planning among each of the groups that comprise the “Other” category.

### **Tribal information**

Kansas is home to a multitude of Native American populations. Limited information exists on the urban Indian populations in Kansas. Virtually no population based information exists for the four (4) Indian reservations in northeastern Kansas.

### **Incarcerated population**

The databases that currently contain information on the offender population (both adult and youth) are currently not linked to the population based information. It is unclear from the current surveillance systems how the offender population impacts the population at large as they are reintroduced into the community.



## **Appendix E: Methodology**

### **Indicator Selection**

The Kansas Substance Abuse Profile Team (KSAPT) identified selection criteria as well as specific data sources to populate each substance abuse indicator. All potential indicators were discussed by the KSAPT design team in order to apply the selection criteria. Once the KSAPT design team applied the selection criteria, recommendations were made to the group at large and a final inclusive list was compiled.

#### **Criteria:**

- As requested, the current profiles expanded data sources to include broader behavioral health issues including those correlated but not directly, causally linked to Alcohol, Tobacco, or Other Drugs. This includes risk factors for behavioral health problems.
- Population based indicator. An indicator based on the entire population or with the ability to be generalized to the entire population is given priority over an indicator that does not reflect the population. Should no indicator be identified as population based, secondary indicators are considered with reservations.
- Index indicator. Due to the complex nature of an index which is dependent on multiple independent variables, no index indicators are included in the statewide profile.
- Statewide and sub-state analysis available. An indicator that provides statewide analysis is required for inclusion. Priority is given to indicators that provide information on a sub-state level including the following, but not limited to: geographic stratification, age stratification, gender stratification, race stratification, ethnicity stratification, and socioeconomic stratification.
- Temporal analysis available. An indicator that provides multiple years of data for analysis is given priority over a one time or periodic indicator.
- Appropriate at statewide level. An indicator related to the consequences and consumption patterns of a behavioral health concern (e.g. substance use, mental health, problem gambling) is required for inclusion in the statewide profile. Indicators that encompass the risk and protective factors, also known as causal factors, are included in the list of potential indicators at the community level.

#### **Data Source Hierarchy of Inclusion**

In the event where two data sources are identified to potentially populate an indicator the following selection criteria is applied to determine the best fit, in descending order of priority:

1. Data sources for which absolute values at the State or community level are available with demographic information. Examples include vital statistics and crime reports.
2. Data sources for which annual data are available across the spectrum of target audience. Surveys with reliable and valid information available at the State or community level with demographic categorization and direct national comparison. Examples include the Kansas Communities That Care Student Survey and Behavior Risk Factor Surveillance Survey.
3. Data sources for which convenient samples are available at the State or community level with demographic information. Examples include Hospital Discharge Data.
4. Data sources for which synthetic estimates are available at the State or community level with demographic information. An example includes the National Survey on Drug Use or Health at the community level.

## **Analysis**

### **Software Packages:**

Microsoft® Excel 2010

Statistical Package for the Social Sciences (SPSS) V21

### **Age-adjusted Rates**

All age-adjusted rates are calculated using the estimates for the Kansas population in the appropriate year. For example, deaths due to cardiovascular disease in 2010 utilize the 2010 Kansas population to calculate the age specific rates. The 2010 US Standard population is utilized to calculate the expected number of deaths and summed across all age strata to produce the age-adjusted rate.