Kansas Behavioral & Mental Health Profile

November, 2017

AD ASTRA PER ASPERA

Kansas

Department for Aging and Disability Services

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, Greenbush - The Southeast Kansas Education Service Center, and support team members including Ressa Friggeri, Database Manager, also with the Southeast Kansas Education Service Center.

Additional support for the analysis and application of data from the previous iteration of this profile which offered invaluable support for identifying areas for enhancement was provided by members of the Kansas State Epidemiological Outcomes Workgroup (SEOW). The SEOW is an essential component of the Kansas prevention infrastructure. It is vital to the development, refinement, and analysis of prevention, treatment, and other behavioral health data used to support state, regional, and local strategic planning efforts.

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.

Introduction

The Substance Abuse Mental Health Services Administration (SAMHSA) cites behavioral health as referring to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders. Problems that range from unhealthy stress or subclinical conditions to diagnosable and treatable diseases such as serious mental illnesses and substance use disorders are included. These illnesses and disorders are often chronic in nature, but people can and do recover from them with the help of a variety of evidence-based programs, policies, and practices that align with data-driving needs.

2017 Kansas Behavioral & Mental Health Profile is a document created with program planning and evaluation in mind. This document provides a multifaceted approach to exploring and assessing behavioral health in Kansas. 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 behavioral health challenges and issues. This snapshot is the first step in determining the appropriate interventions, approaches, and programs necessary to have a significant positive impact on communities.

The purpose of the profile is to compile information from various sources to provide a comprehensive picture of the impact of behavioral health challenges in Kansas. Data may be presented in graphic 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 by gender, race, ethnicity, and age to help identify disparate populations for 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, how the indicator will change as prevention efforts increase, as well as bulleted summary points about the current data.

Using Tables

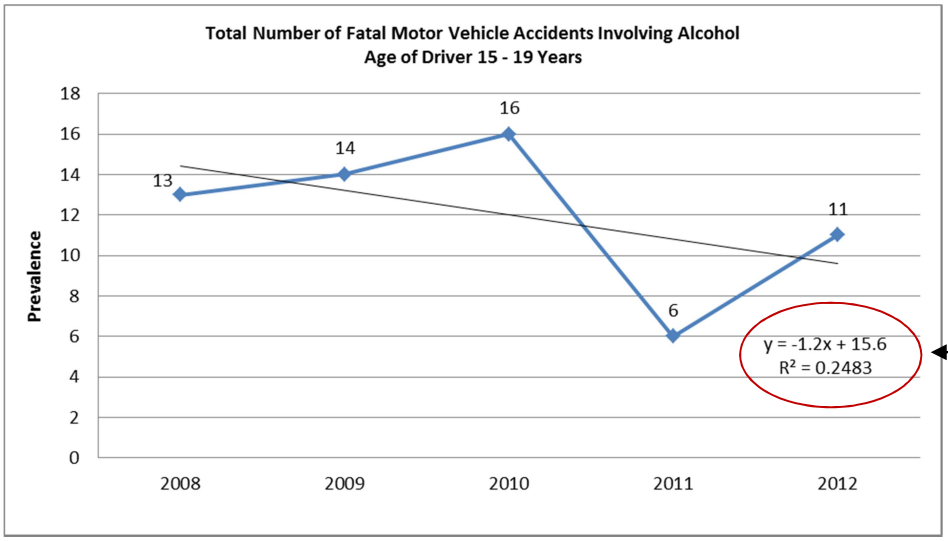
Multiple formats are utilized to present a wealth of information in a meaningful and useful manner. Tables of data are prevalent throughout the report and provide detailed information on each individual indicator. Mortality or death related tables utilize age-adjusted rates where possible to provide 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 yearly fluctuations. 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 line that minimizes the distance between all points in the 5-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:



Basic Structure of Best Fit Line:
$y = \alpha x + \beta$

Best Fit Line:
$y = -1.2x + 15.6$

R-squared:
$R^2 = 0.2483$

α(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.

β (beta) = The intercept of the best fit line. This value represents the approximate value of the indicator prior to the 5-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 2017 Kansas Behavioral & Mental 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, is coordinated by Lisa Chaney, Director of Research and Evaluation, and Ressa Friggeri, SEOW Database Manager both at the Greenbush – The Southeast Kansas Education Service Center, in partnership 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.

2017 Kansas Behavioral & Mental Health Profile significantly enhances and extends the scope of the original profile developed in 2006 and revised in 2011, 2013, and 2015 with behavioral health and mental health assessment and surveillance data that aligns with the Strategic Prevention Framework (SPF) and the inclusion of mental and behavioral health indicators through an update of data sets and sources. The 2017 profile expanded to include Kansas data for young adults (ages 18-25) and 2017 Kansas Gambling Survey data. With the support of KDADS, this report was developed to serve as a resource for 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 and mental 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 behavioral and mental health which supports 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 the depiction of a more thorough picture of substance abuse-related consequence and consumption patterns. This profile includes 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, as well as 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, and focuses 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 and 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.

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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?

Centers for Disease Control and Prevention (CDC) Behavior Risk Factor Surveillance System (BRFSS) – 2013 – 2016

Important findings

- Males have a higher prevalence of heavy drinking than females in Kansas.
- Nationally, the prevalence of heavy drinking was 6.5% in 2016. Kansas has a slightly lower prevalence of heavy drinking among adults 18 and older (5.8%)
- From 2012-2016, the percentage of heavy drinking has been increasing both in Kansas and nationally.
- The highest prevalence of heavy drinking was previously found in the 18-24 age group but has now been surpassed by those ages 25-34. 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

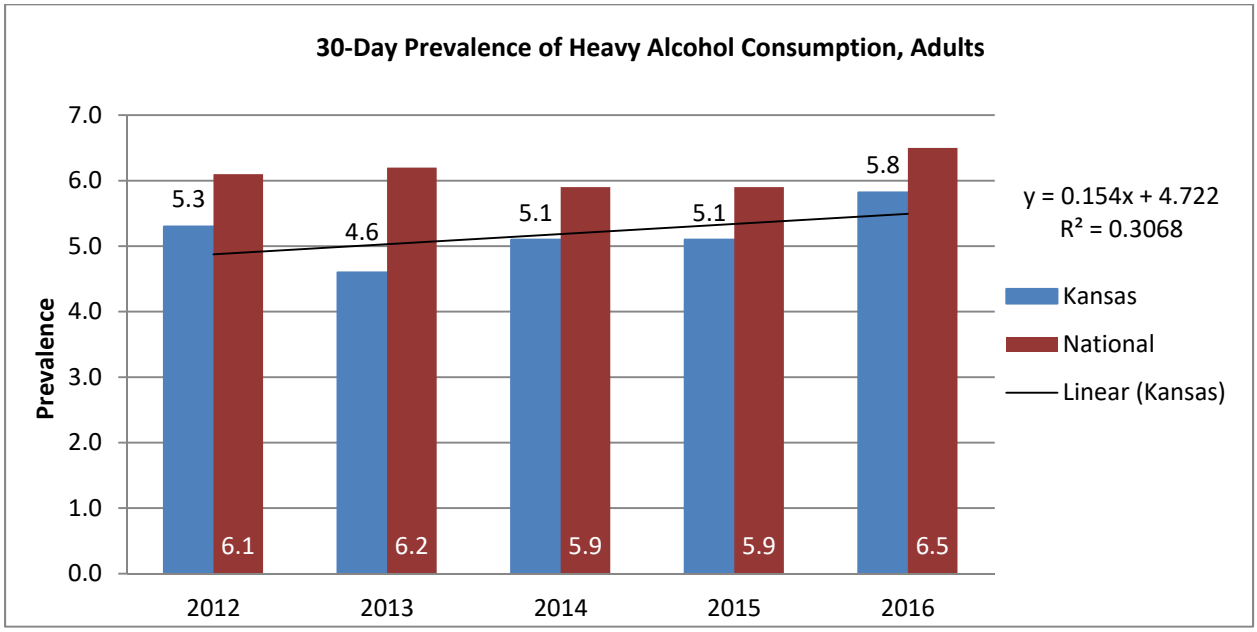


Table 1.1 Percentage of persons aged 18 and older reporting average daily alcohol consumption greater than one (women) or two (men) drinks per day for the State of Kansas by race and ethnicity, 2012-2016
Note: Race data reported under the "Other" category through 2014 is now reported separately for Native American / Alaska Native and Asian race groups.

Year	Overall	Race						Ethnicity	
		White	African American	Native American	Asian	Other	Multiple Race	Hispanic	Non-Hispanic
2012	5.3	5.5							
2013	4.6	4.9	2.5			2.1		4	
2014	5.1	5.4	4.8					4.4	
2015	5.1	5.4	4.1					4.4	
2016	5.8	5.9						5.1	
5-Year Average	**5.2**	**5.4**	**2.3**	**N/A**	**N/A**	**N/A**	**N/A**	**3.6**	**N/A**

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, 2012-2016

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2012	5.3	6.9	3.7	7.6	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
2014	5.1	6.6	3.7	7.7	4.7	5.1	6.3	4.6	3.0
2015	5.1	6.2	4.1	5.4	6.8	5.7	5.7	5.0	2.7
2016	5.8	6.8	4.9	6.3	7.5	7.2	5.9	5.2	3.5
5-Year Average	**5.2**	**6.5**	**4.0**	**6.6**	**6.3**	**5.6**	**5.8**	**4.8**	**2.7**

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?

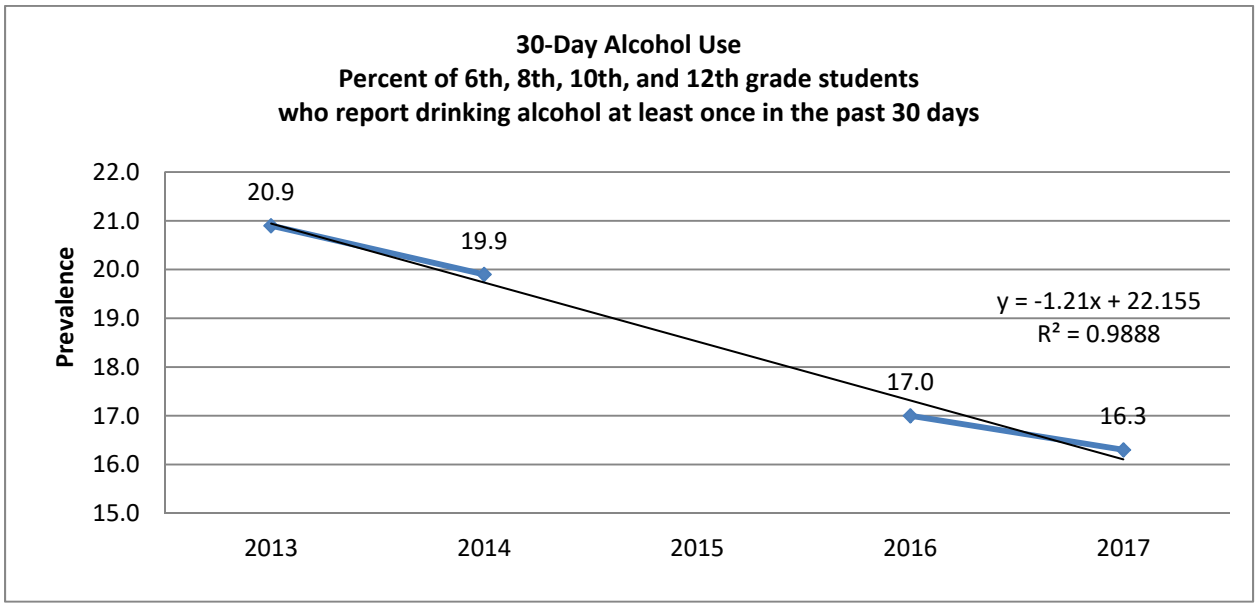
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017 - Results of the 2015 survey are not displayed due to lower participation rates in that year

National comparison data taken from the Monitoring The Future student survey, 2012-2016

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 previously reported a higher prevalence of alcohol consumption as compared to Whites, African Americans, Native Americans and Asians/Pacific Islanders. White students have since surpassed Hispanics in 2016

Graphs Five-Year Trends



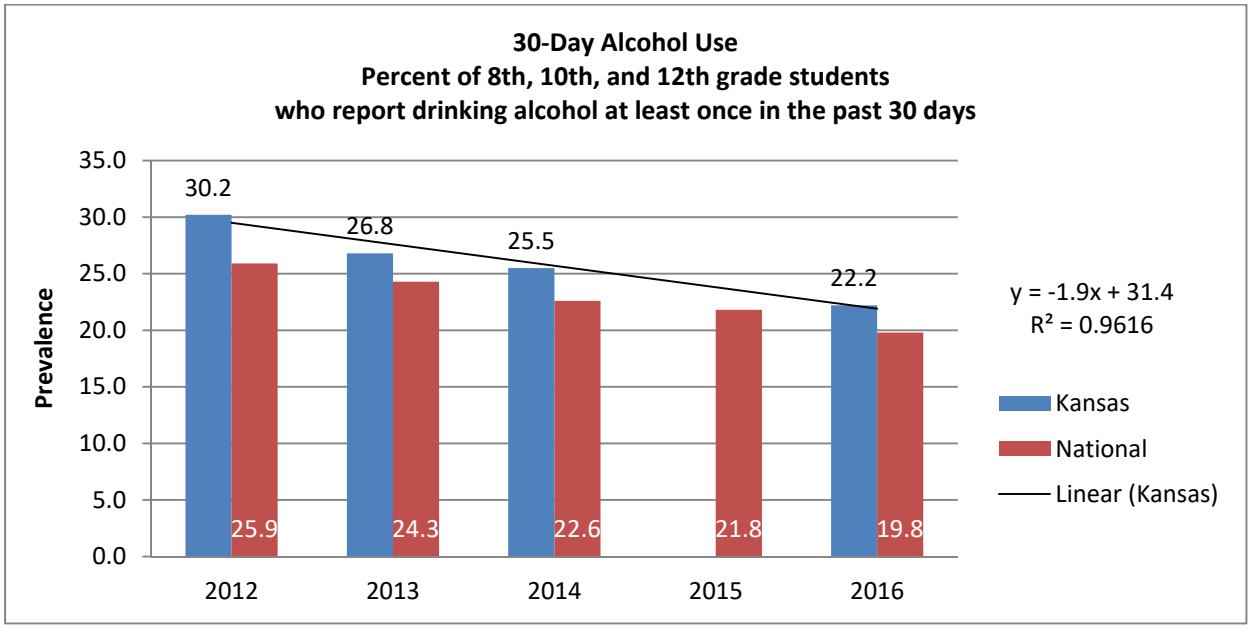


Table 1.3 Percentage of students in grades 6, 8, 10, and 12 reporting any use of alcohol within the past 30 days for the State of Kansas by grade level and gender

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	20.9	5.0	13.4	29.3	42.1	20.5	21.2
2014	19.9	4.2	12.3	27.7	41.2	19.2	20.6
2015							
2016	17.0	4.0	11.1	24.3	38.7	16.1	17.9
2017	16.3	3.7	10.6	22.8	36.8	15.0	17.5
5-Year Average	**18.5**	**4.2**	**11.9**	**26.0**	**39.7**	**17.7**	**19.3**

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 by race/ethnicity

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	20.9	21.3	18.3	20.1	23.1	13.2	18.3
2014	19.9	20.4	17.7	18.8	22.3	11.6	16.7
2015							
2016	17.0	18.3	14.0	15.5	16.8	8.7	10.7
2017	16.3	17.8	10.9	14.7	16.0	8.8	11.5
5-Year Average	**18.5**	**19.5**	**15.2**	**17.3**	**19.6**	**10.6**	**14.3**

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?

Centers for Disease Control and Prevention (CDC) Behavior Risk Factor Surveillance System (BRFSS) – 2012 – 2016

Important findings

- Compared to the 2016 national estimates (16.9%), Kansas has a slightly lower prevalence of binge drinking among adults aged 18 and older (16.0%).
- From 2012-2016, males had significantly higher prevalence of binge drinking than females.
- Individuals ages 25-34 and those with some college education exhibit the highest prevalence of binge drinking.

Graph of Five-Year Trend

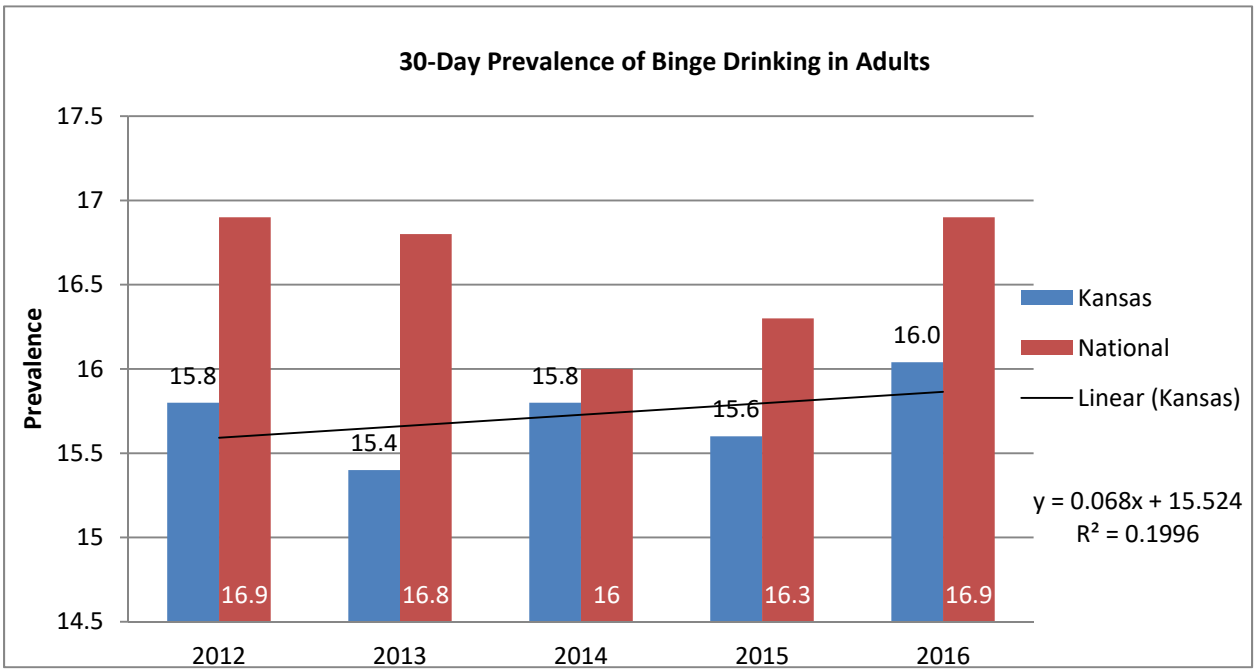


Table 1.5 Percentage of persons aged 18 and older reporting having five or more drinks on at least one occasion within the past 30 days for Kansas Counties by gender, race, and ethnicity, 2012-2016
Note: Race data reported under the "Other" category through 2014 is now reported separately for Native American / Alaska Native and Asian race groups.

Year	Overall	Race				Ethnicity	
		White	African American	Other	Multiple Race	Hispanic	Non-Hispanic
2012	15.8	15.9	16.2			9.9	24.3
2013	15.4	15.6	12.5			11	16.4
2014	15.8	16.2	9.5			10.5	15.3
2015	15.6	15.9	12.7	10	6.6	N/A	10.3
2016	16.0	15.7	13.6	16.5	N/A	N/A	24.2
5-Year Average	**15.7**	**15.9**	**12.9**	**N/A**	**N/A**	**10.5**	**18.1**

Table 1.6 Percentage of persons aged 18 and older reporting binge drinking on at least one occasion within the past 30 days for the State of Kansas by age group, 2012-2016

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2012	15.8	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	3.1
2014	15.8	22.8	9.2	26.0	25.4	20.5	14.7	9.1	3.3
2015	15.6	21.4	10.1	23.9	25.7	20.2	14.2	10.1	3.6
2016	16.0	21.82	10.44	23.9	26.8	20.5	15.1	10.2	3.8
5-Year Average	**15.7**	**22.0**	**9.7**	**25.0**	**25.9**	**19.4**	**14.8**	**9.7**	**3.3**

Table 1.7 Percentage of persons aged 18 and older reporting binge drinking on at least one occasion within the past 30 days for the State of Kansas by educational attainment and income, 2012-2016.

Year	Overall	Education				Income			
		< High School	High School only	Some post-graduate	College Graduate	$15,000 - $24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 and more
2012	15.8	12.5	14.6	17	16.9	14.0	14.8	17.9	17.9
2013	15.4	13.9	14.4	16.6	15.4	14.8	15.0	17.2	17.2
2014	15.8	12.2	14.9	17.5	16.2	15.5	14.3	16.2	18.6
2015	15.6	13.1	14.6	16.6	16.4	15.8	13.9	14.8	19.0
2016	16.0	13.11	14.68	17.83	16.23	18.0	15.2	15.7	19.1
5-Year Average	**15.7**	**13.0**	**14.6**	**17.1**	**16.2**	**15.6**	**14.6**	**16.4**	**18.4**

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, 2013-2017 - Results of the 2015 survey are not displayed due to lower participation rates in that year.

Important findings

- For all years, as grade level increases, the prevalence of binge drinking significantly increased.
- For all years, male students had a slightly higher prevalence of binge drinking than female students.
- For all years, Hispanics had the highest percentage for this indicator, among race/ethnic groups.
- Over the past five years, the two week prevalence of binge drinking has decreased slightly among youth in grades 6-12 in Kansas.

Graph of Five-Year Trend

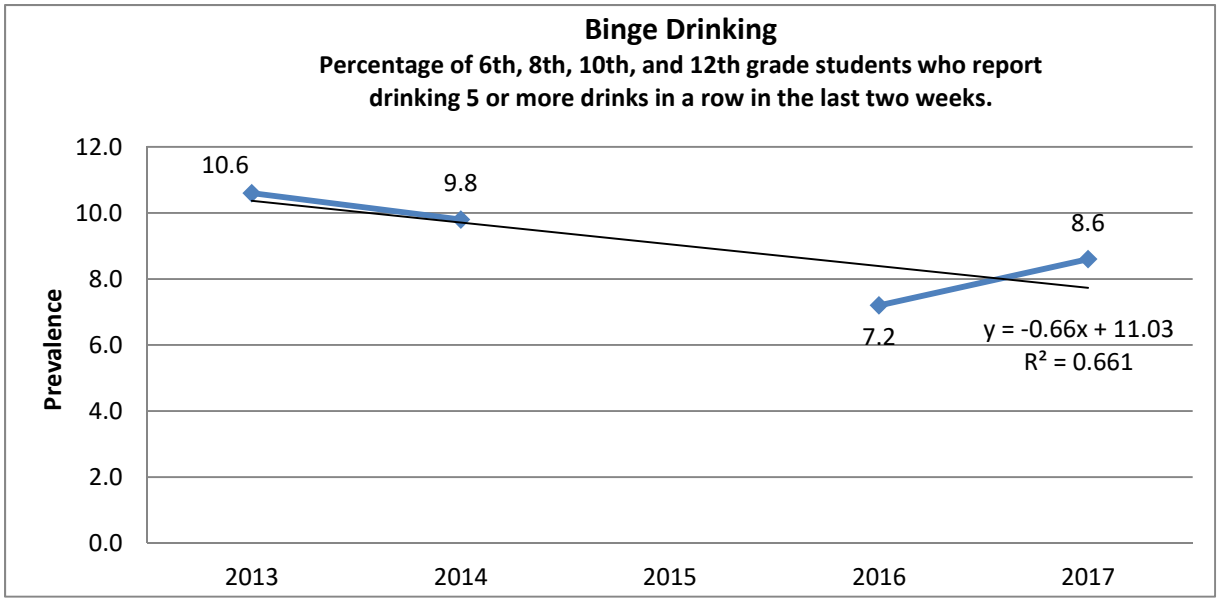


Table 1.8 Percentage of students in grades 6, 8, 10, and 12 reporting having five or more drinks in a row on at least one occasion within the past two weeks for the State of Kansas by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	10.6	1.7	5.2	15.2	24.5	11.3	9.9
2014	9.8	1.4	4.7	13.4	23.1	10.3	9.3
2015							
2016	7.2	1.0	3.5	10.2	19.4	7.6	6.7
2017	8.6	1.6	4.6	12.4	20.8	8.6	8.5
5-Year Average	**9.2**	**1.4**	**4.5**	**12.9**	**22.3**	**9.7**	**8.6**

Table 1.9 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, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	10.6	10.6	9.4	11.5	12.6	6.5	9.1
2014	9.8	9.9	8.0	9.8	11.9	5.6	8.3
2015							
2016	7.2	7.5	6.1	7.4	7.7	3.7	4.3
2017	8.6	8.9	6.4	8.4	10.1	3.4	6.4
5-Year Average	**9.1**	**9.2**	**7.5**	**9.3**	**10.6**	**4.8**	**7.0**

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, 2013-2017 - Results of the 2015 survey are not displayed due to lower participation rates in that year.

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

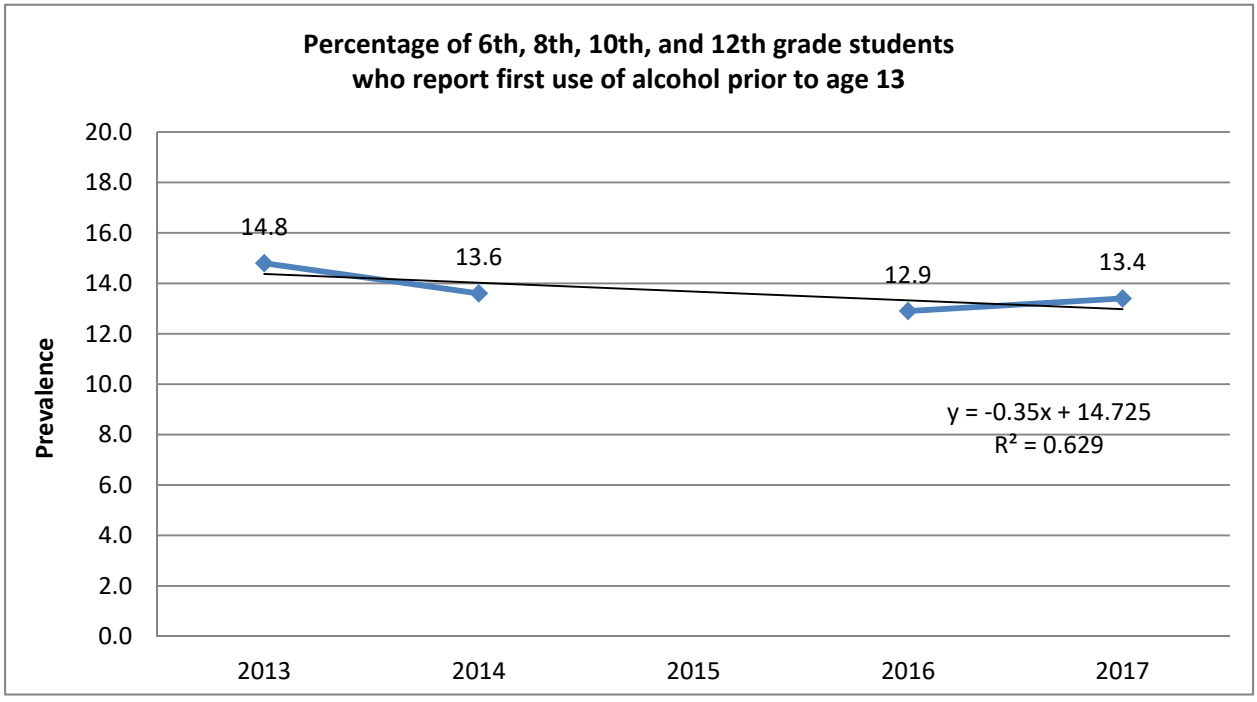


Table 1.10 Percentage of students in grades 6, 8, 10, and 12 who report first use of alcohol before age 13 for the State of Kansas by grade, gender 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	12.9	13.2	15.7	11.4	9.2	15.3	10.5
2017	13.4	14.9	16.7	11.0	8.7	15.4	11.4
5-Year Average	**13.7**	**14.0**	**17.4**	**12.2**	**9.3**	**15.9**	**11.5**

Table 1.11 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 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	14.8	13.4	17.1	22.6	18.9	10.3	18.3
2014	13.6	12.4	16.0	18.3	16.9	10.5	17.5
2015							
2016	12.9	12.1	14.5	18.8	15.5	8.6	14.5
2017	13.4	12.5	13.9	19.3	16.0	9.4	15.2
5-Year Average	**13.7**	**12.6**	**15.4**	**19.8**	**16.8**	**9.7**	**16.4**

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.

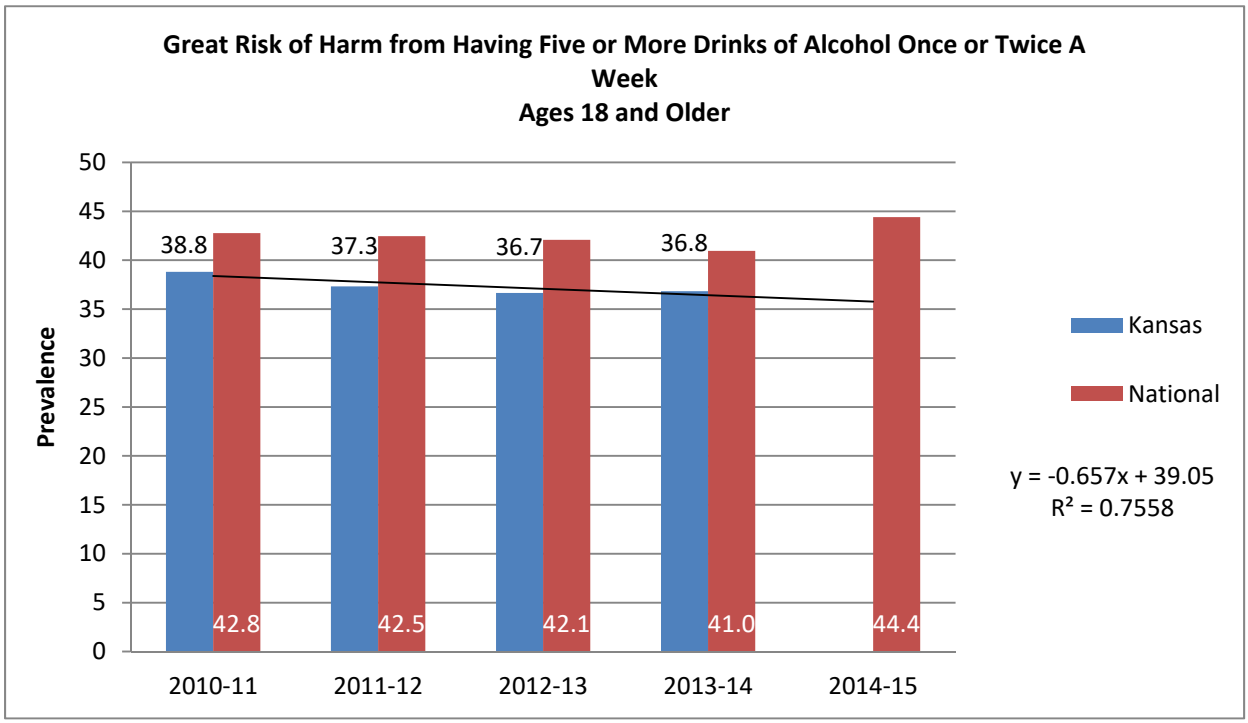
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2011 - 2015 - Due to changes in survey questionnaire and methodology, state level comparisons are not available for the 2015 results.

Important findings

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

Graph of Five-Year Trend



Perception of Great Risk of Harm from Alcohol - Young Adults: Percent of respondents who believed there was 'great risk' of harm from "How much do people risk harming themselves (physically or in other ways) if they take one or two drinks of an alcoholic beverage (beer, wine, or hard liquor) nearly every day?"

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?

Kansas Young Adult Survey, 2017

Important findings

- Females have a significantly higher perception of "great risk" (23%) than either males (5.2%) or those of other gender (9.2%)
- Those of "other" race and Hispanic origin (35.8% and 23.1%) have the highest perception or "great risk", followed by African Americans (21.3%). Lowest perception of risk were the Native Americans at 7.1%.

Table 1.12 Percentage of respondents ages 18-25 who "great risk of harm" in drinking alcohol regularly by school enrollment status and gender, 2017

Year	Overall	School Enrollment Status			Gender		
		In High School	In College	Not in School	Male	Female	Other
2017	13.9	4.7	16.5	12.3	5.2	23.0	9.2

Table 1.13 Percentage of respondents ages 18-25 who "great risk of harm" in drinking alcohol regularly by race and ethnicity, 2017

Race						Ethnicity	
White	African American	Native American, etc	Asian	Other	Multi-Racial	Hispanic	Not Hispanic
12.4	21.3	7.1	12.5	35.8	17.2	23.1	12.7

Table 1.14 Percentage of respondents ages 18-25 who “great risk of harm” in drinking alcohol regularly by income, 2017

Income							
Less than $20,000	**$20,000 to $29,999**	**$30,000 to $39,999**	**$40,000 to $49,999**	**$50,000 to $74,999**	**$75,000 to $99,999**	**$100,000 to $149,999**	**$150,000 or more**
10.3	12.7	9.5	11.1	2.7	0.0	0.0	14.8

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?

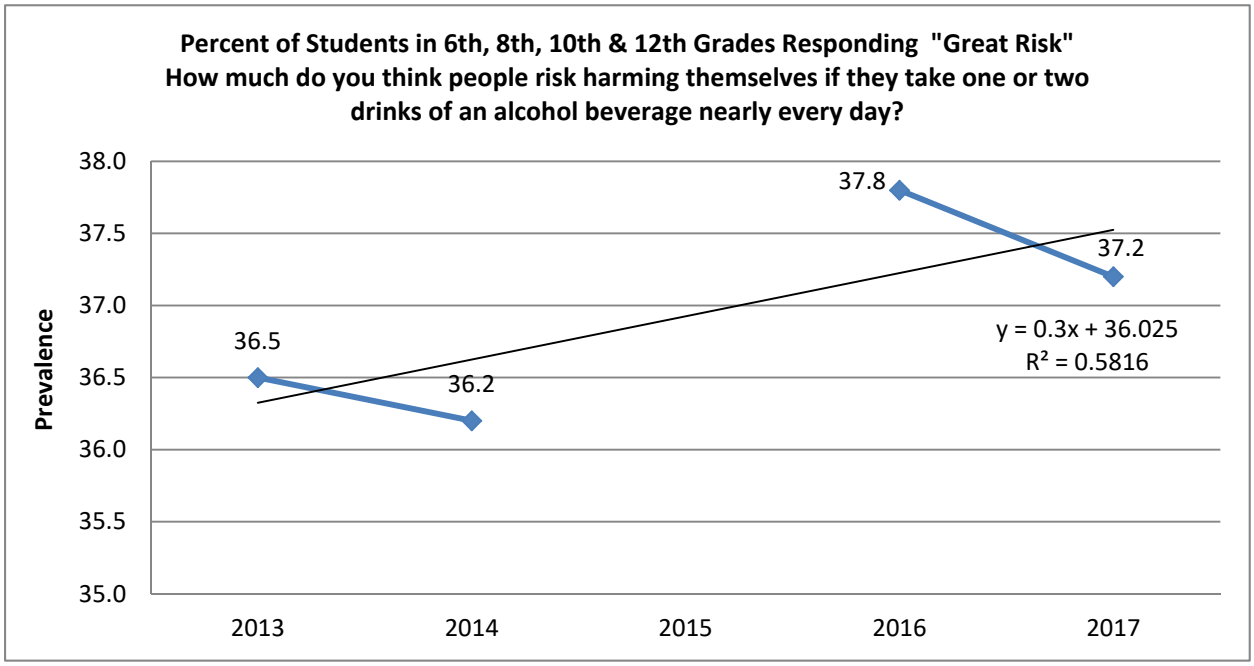
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017 - Results of the 2015 survey are not displayed due to lower participation rates in that year.

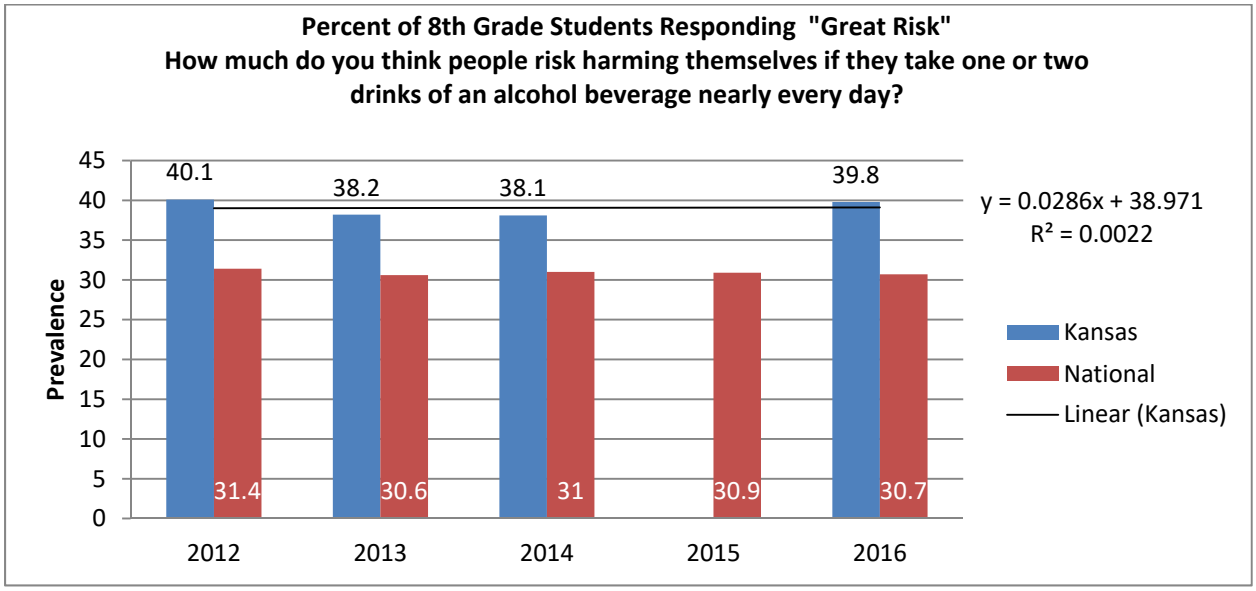
National comparison data taken from the Monitoring The Future student survey, 2012-2016.

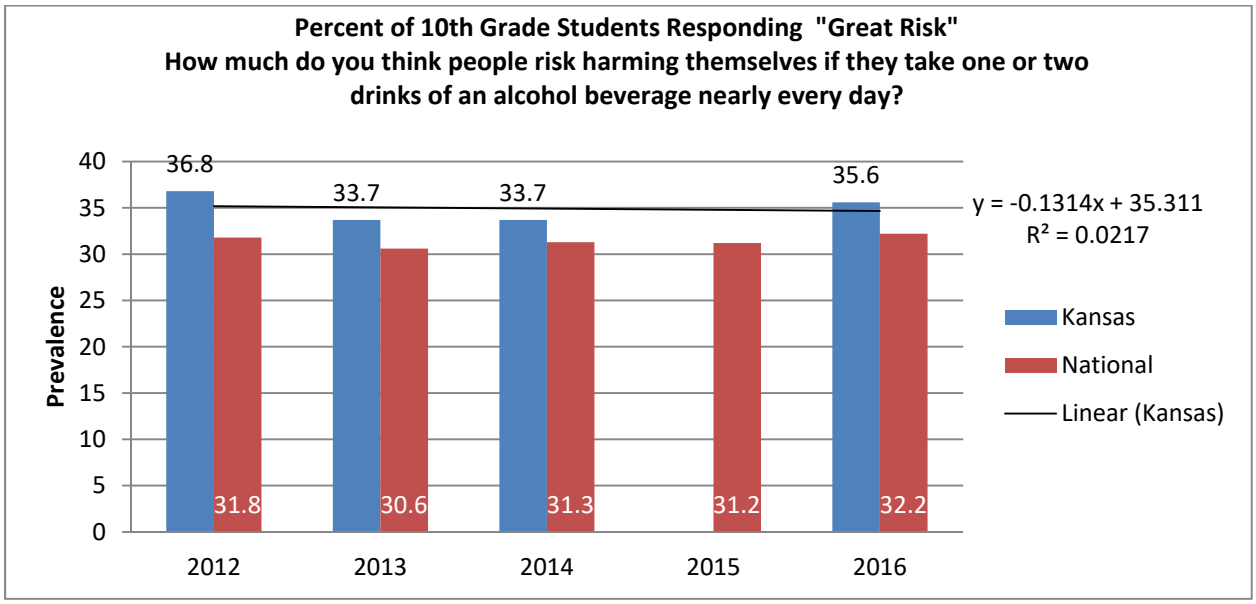
Important findings

- The percentage of students who believe there is a great risk of harm in drinking regularly decreased from 2013 to 2014 and again between 2016 and 1027 in the state of Kansas. The percentage in 2017 is still slightly above (0.7%) the 2013 result.

Graphs of Five-Year Trends




Percent of 8th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they take one or two drinks of an alcohol beverage nearly every day?
Prevalence
45
40
35
30
25
20
15
10
5
0
40.1
38.2
38.1
39.8
31.4
30.6
31
30.9
30.7
2012
2013
2014
2015
2016
y = 0.0286x + 38.971
R² = 0.0022
Kansas
National
Linear (Kansas)


Percent of 10th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they take one or two drinks of an alcohol beverage nearly every day?
Prevalence
40
35
30
25
20
15
10
5
0
36.8
33.7
33.7
35.6
31.8
30.6
31.3
31.2
32.2
2012
2013
2014
2015
2016
y = -0.1314x + 35.311
R² = 0.0217
Kansas
National
Linear (Kansas)

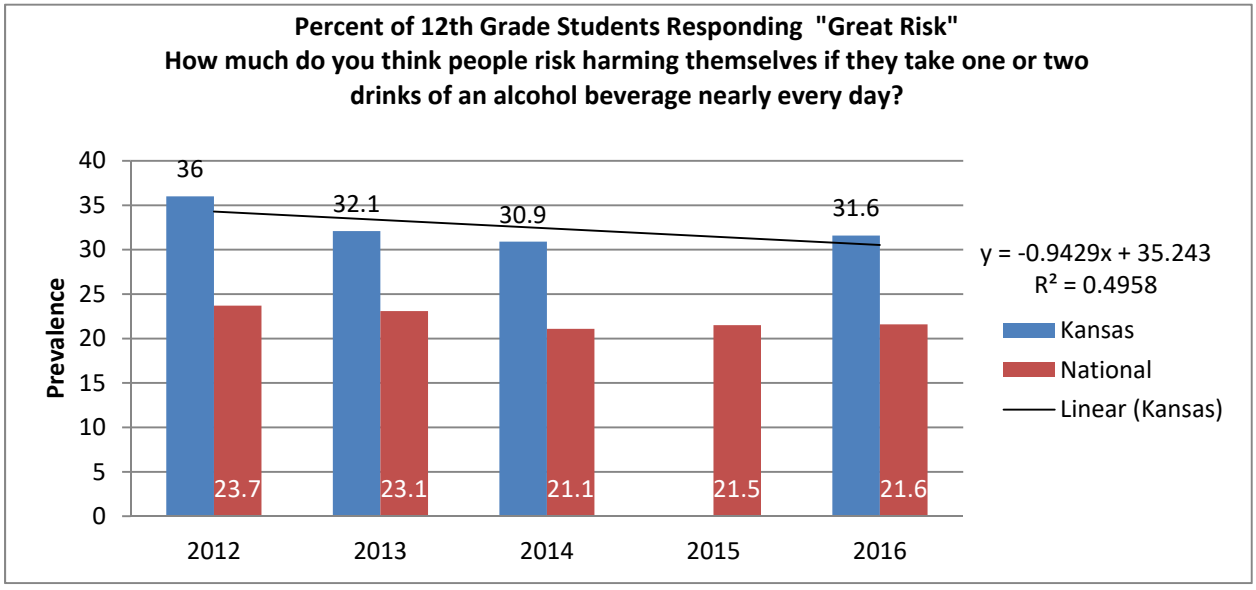

Percent of 12th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they take one or two drinks of an alcohol beverage nearly every day?
Prevalence
40
35
30
25
20
15
10
5
0
36
32.1
30.9
31.6
23.7
23.1
21.1
21.5
21.6
2012
2013
2014
2015
2016
y = -0.9429x + 35.243
R² = 0.4958
Kansas
National
Linear (Kansas)

Table 1.15 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 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	37.8	41.1	39.8	35.6	31.6	35.1	40.4
2017	37.2	39.5	38.1	36.4	33.0	34.4	39.9
5-Year Average	**36.8**	**40.9**	**38.7**	**34.3**	**31.5**	**33.8**	**39.8**

Table 1.16 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 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	36.5	36.1	37.1	32.3	35.5	50.2	37.5
2014	36.2	35.8	36.6	32.8	35.6	49.4	36.2
2015							
2016	37.8	37.5	35.2	33.0	37.4	53.8	39.0
2017	37.2	36.5	37.3	35.8	35.9	53.7	38.8
5-Year Average	**36.9**	**36.5**	**36.6**	**33.5**	**36.1**	**51.8**	**37.9**

Alcohol Dependence in the Past Year: Percent of persons meeting the criteria for alcohol dependence on the National Survey on Drug Use and Health. Dependence is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders

Why is this indicator important?

As an indicator of the extent of substance abuse disorder treatment 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.

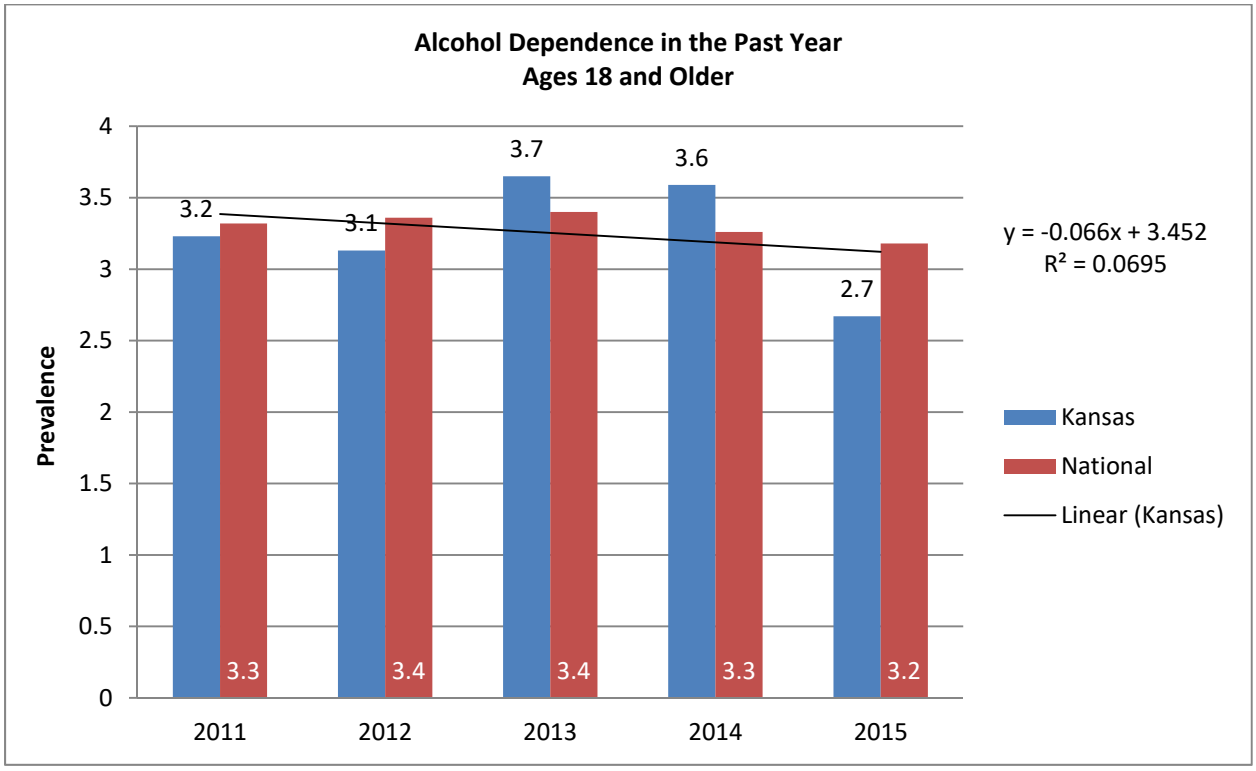
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2011 - 2015

Important findings

- In 2015, the Kansas average was above the national average for both youth estimates of those with alcohol dependence. However, the Kansas average for adult dependence was below the national average in 2015.

Graph of Five-Year Trend



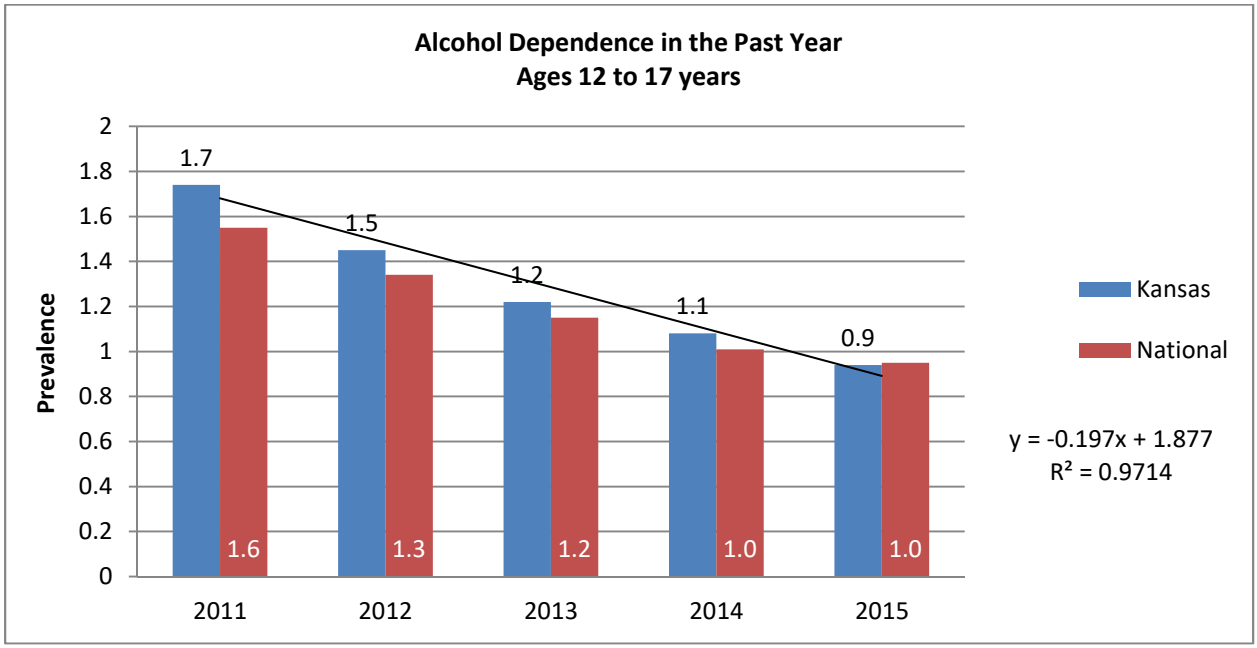


Table 1.17 Percent of respondents considered to be abusing alcohol by age group

Year	Ages 12-17	Ages 18-25	Age 12+	Age 18+	Age 26+
2011	1.7	6.9	3.1	3.2	2.6
2012	1.5	5.3	3.0	3.1	2.7
2013	1.2	5.5	3.4	3.7	3.3
2014	1.1	5.7	3.3	3.6	3.2
2015	0.9	4.8	2.5	2.7	2.3
5-Year Average	**1.3**	**5.6**	**3.1**	**3.3**	**2.8**

Driving Under the Influence of Alcohol (Self-Reported): Percentage of those interviewed, ages 18-25, who admitted to having driven a motor vehicle in the past year while under the influence of alcohol

Why is this indicator important?

Driving while impaired by alcohol poses a significant threat to public safety. Alcohol use can impair perception, cognition, attention, balance, and coordination needed for safe driving. Reducing the number of impaired drivers has been a long-term goal in the United States.

Where did we get the data?

The Kansas Young Adult Survey, 2017

Important findings

- College students are far more likely to report that they have driven under the influence of alcohol than those in high school or not in school.
- Hispanic adults (between the ages of 18 and 25) report driving under the influence of alcohol (20.4%) more often than non-Hispanic adults (18.2%).
- Those earning between $75,000 and $99,000 annually most often report driving under the influence of alcohol (64.4%).

Table 1.18 Percentage of respondents ages 18-25 who report having driven under the influence of alcohol within the past year by school enrollment status and gender, 2017

Year	Overall	School Enrollment Status			Gender		
		In High School	In College	Not in School	Male	Female	Other
2017	18.4	10.5	20.1	18.9	19.0	17.6	31.1

Table 1.19 Percentage of respondents ages 18-25 who report having driven under the influence of alcohol within the past year by race and ethnicity, 2017

Race						Ethnicity	
White	African American	Native American, etc	Asian	Other	Multi-Racial	Hispanic	Not Hispanic
19.4	15.9	16.2	5.5	5.8	21.0	20.4	18.2

Table 1.20 Percentage of respondents ages 18-25 who report having driven under the influence of alcohol within the past year by income, 2017

Income							
Less than $20,000	$20,000 to $29,999	$30,000 to $39,999	$40,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
12.2	18.2	24.4	28.6	23.2	64.4	58.4	21.8

Treatment Admissions - Alcohol: Count of those admitted to treatment reporting that the only 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?

Treatment Episodic Data Set (TEDS) – Only substance for which patient admitted for treatment is alcohol.

Important findings

- New admissions into alcohol treatment had steadily declined over the past four years but increased dramatically in 2016.

Graphs of Five-Year Trend

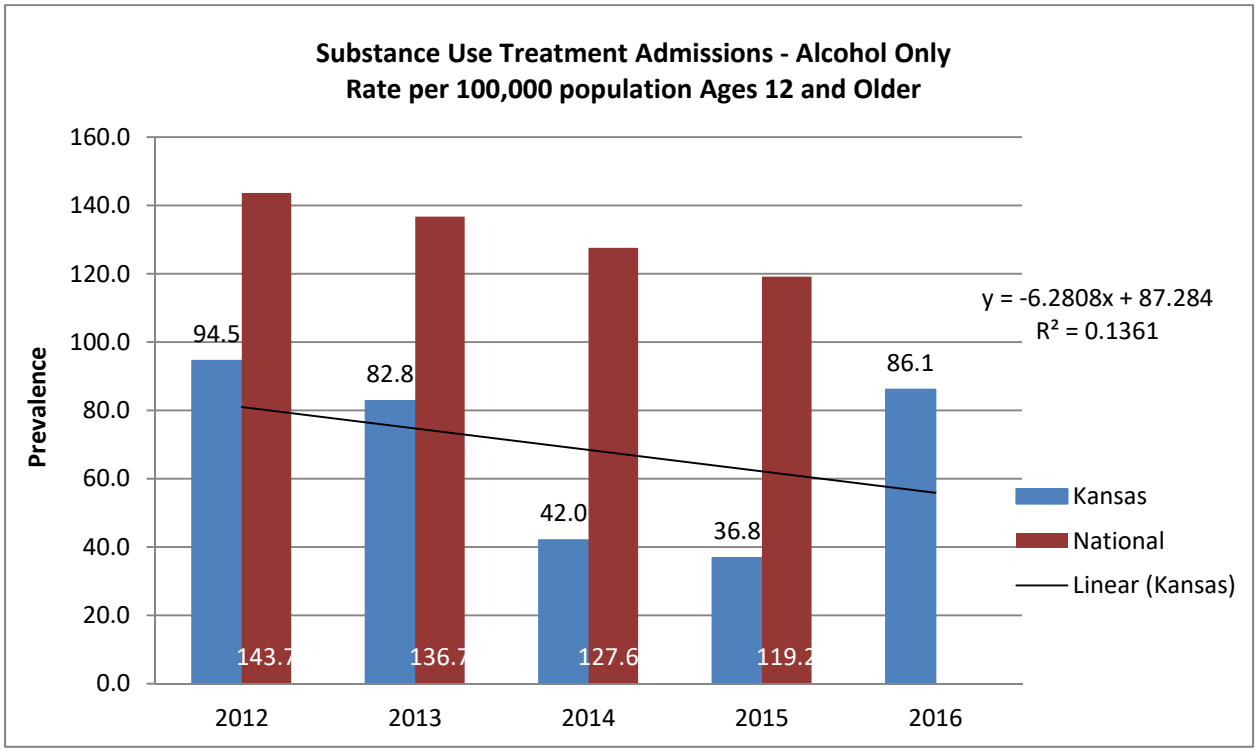


Table 2.1 Total count and percent of admissions for alcohol (as only substance) by gender and age group for the State of Kansas, 2012-2016. Note: Age group reporting changed in 2013 so that previous year data for current groupings is not available.

Year	Total	Gender		Age Group				
		Female	Male	12 - 17	18 - 25	26 - 35	36 - 50	51 +
2012	2235	28.9%	71.1%					
2013	1957	27.2%	72.8%	12.4%	26.8%	56.6%	35.0%	21.1%
2014	993	31.9%	68.1%	8.1%	25.6%	55.3%	34.7%	28.1%
2015	870	28.7%	71.3%	9.4%	26.6%	53.7%	34.8%	24.9%
2016	2036	28.2%	71.8%	8.0%	23.8%	53.5%	37.4%	27.1%
5-Year Average	**1618**	**29.0%**	**71.0%**	**9.5%**	**25.7%**	**54.8%**	**35.5%**	**25.3%**

Table 2.2 Total count and percent of admissions for alcohol (as only substance) by race for the State of Kansas, 2012-2016.

Year	Total	Race					Ethnicity	
		White	African American	American / Alaska Native	Asian / Islander	Other	Hispanic	Non-Hispanic
2012	2235	77.5%	8.1%	1.7%	0.6%	0.9%	11.2%	
2013	1957	78.6%	9.2%	2.8%	1.0%	8.4%	11.1%	88.9%
2014	993	78.9%	11.2%	3.0%	0.9%	6.0%	8.7%	91.3%
2015	870	76.4%	10.9%	4.0%	0.8%	7.8%	10.9%	89.1%
2016	2036	79.9%	9.7%	3.1%	0.5%	6.8%	10.0%	90.0%
5-Year Average	**1514**	**77.9%**	**9.9%**	**2.9%**	**0.8%**	**5.8%**	**10.4%**	**89.8%**

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.

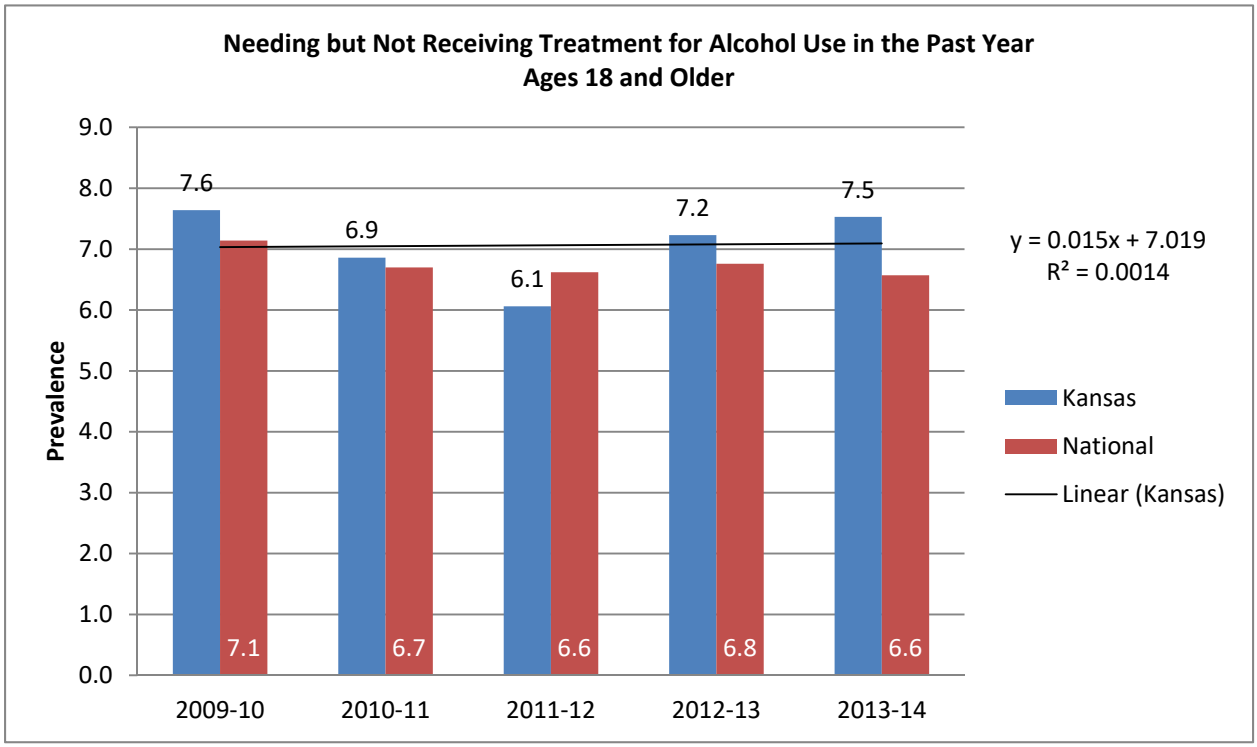
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014. Due to changes in survey questionnaire and methodology, state level comparisons are not available for the 2015 results.

Important findings

- In all years except 2012, the Kansas average was above the national average for adult estimates of those needing but not receiving alcohol substance abuse treatment.

Graph of Five-Year Trend



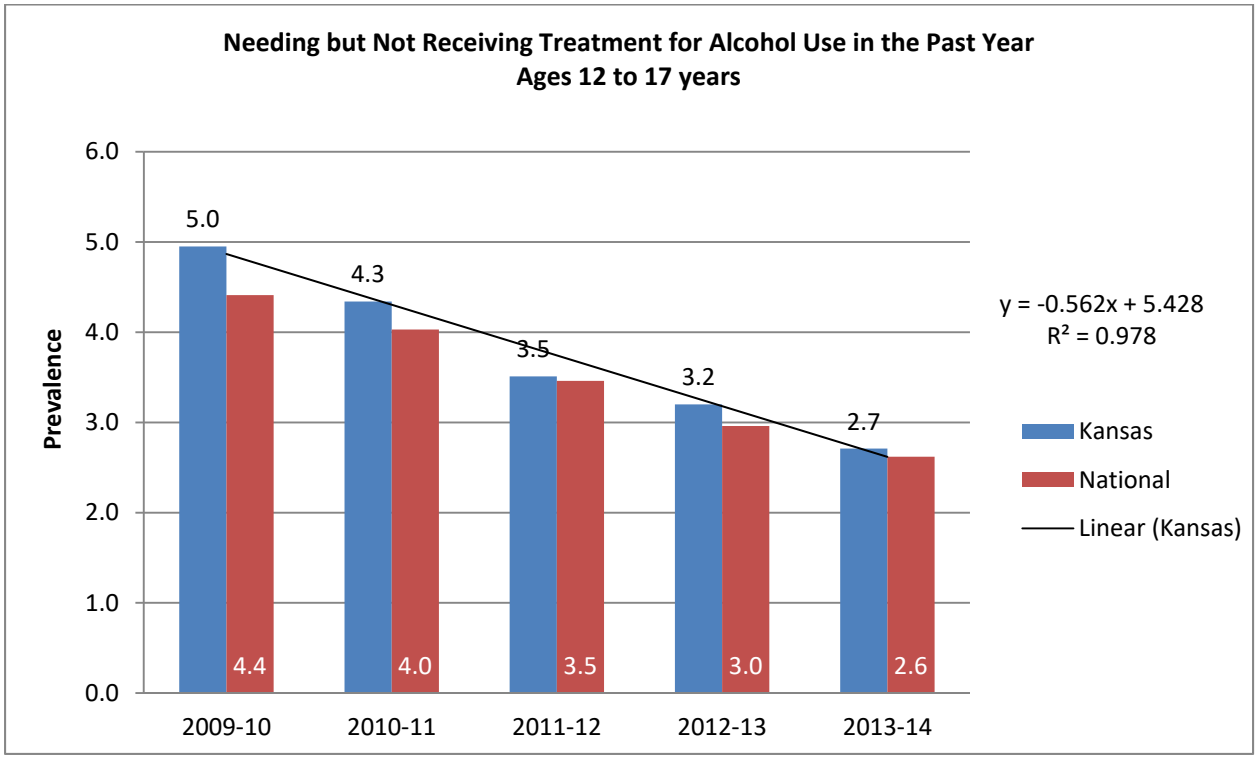


Table 2.5 Percent needing but not receiving treatment for alcohol abuse by age group 2010-2014

Year	Ages 12-17	Ages 18-25	Age 12+	Age 18+	Age 26+
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
2013-14	2.7	13.1	7.1	7.5	6.5
5-Year Average	**3.7**	**14.2**	**6.7**	**7.1**	**5.8**

Suspensions / Expulsions for Alcohol Offenses: Number and rate 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 2012 - 2016.

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

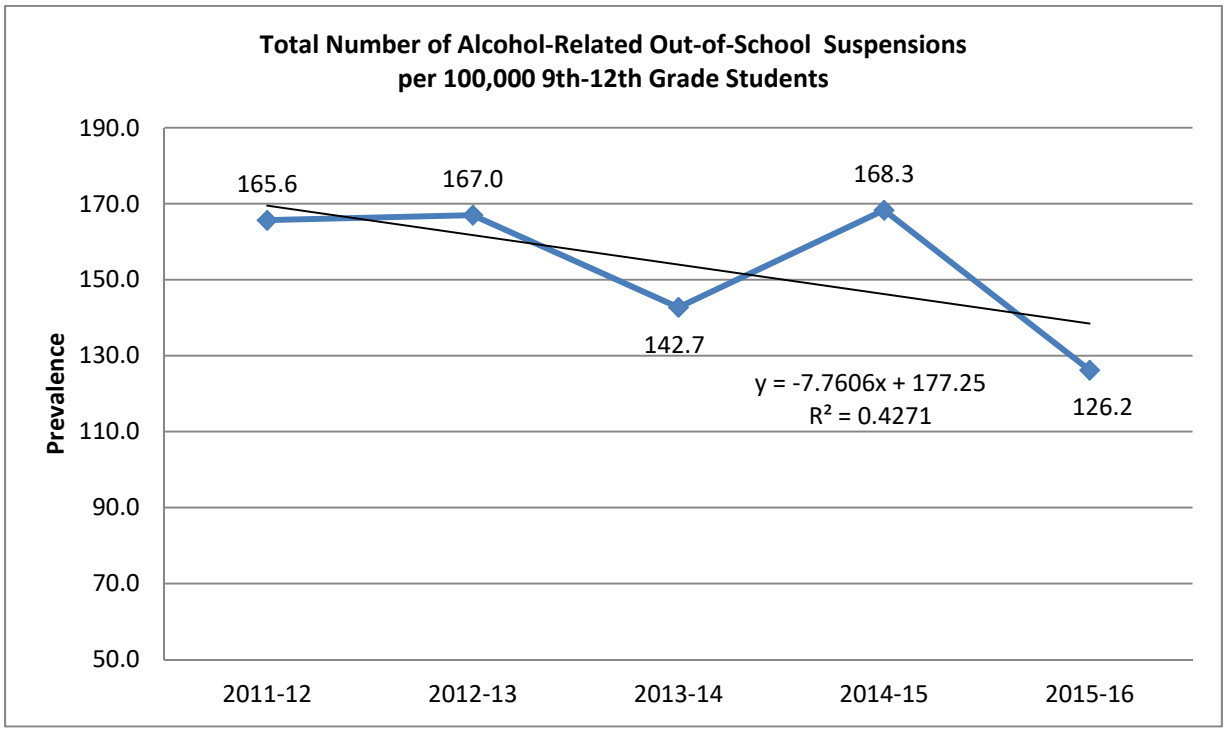
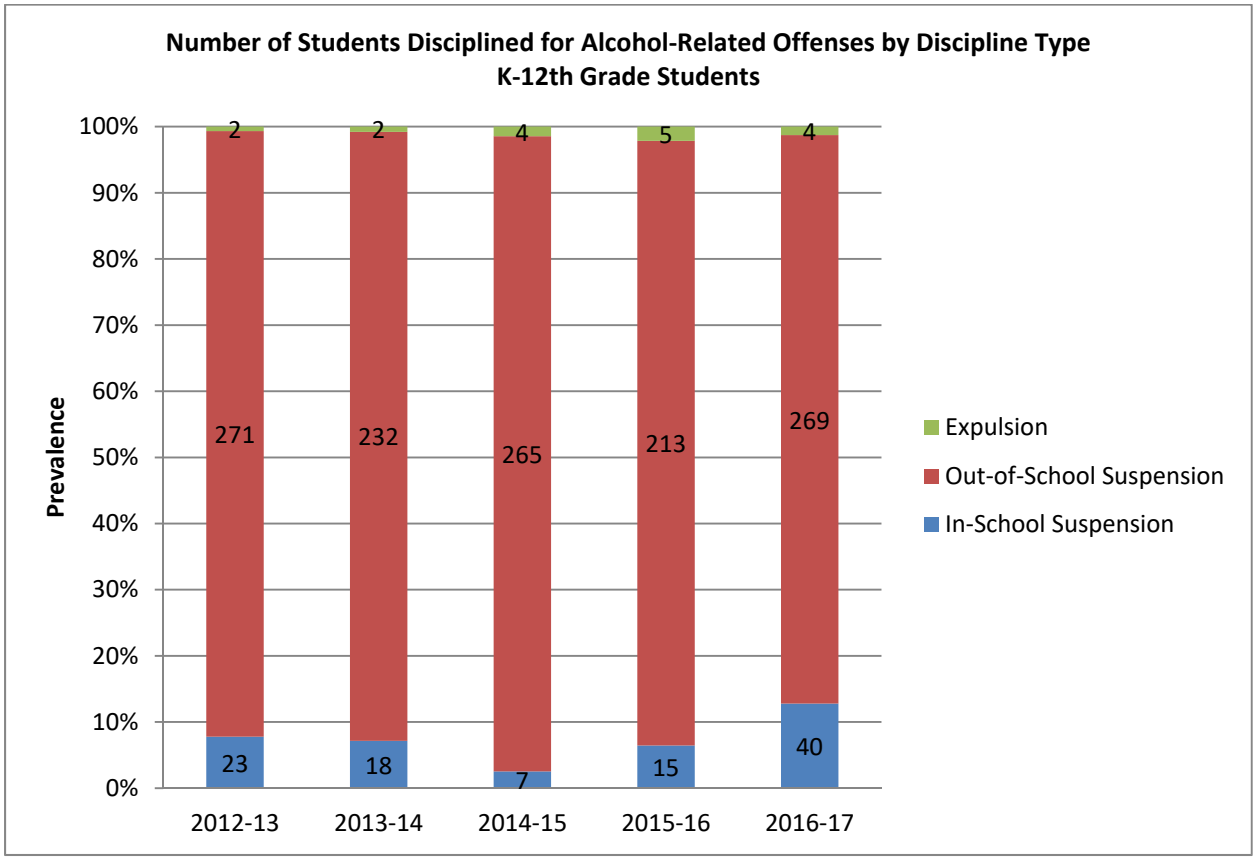


Table 3.1 Number of out-of-school suspensions (incidents) for alcohol-related offenses by grade, 2012-2016

Year	9th Grade	10th Grade	11th Grade	12th Grade	Total High School	Percent of ALL Out-of-school Suspensions
2011-12	44	49	61	74	228	8.1%
2012-13	43	58	49	80	230	7.3%
2013-14	33	41	58	66	198	6.0%
2014-15	54	57	54	71	236	6.6%
2015-16	38	36	47	58	179	5.3%
5-Year Average	**42.4**	**48.2**	**53.8**	**69.8**	**214.2**	**6.6%**



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.

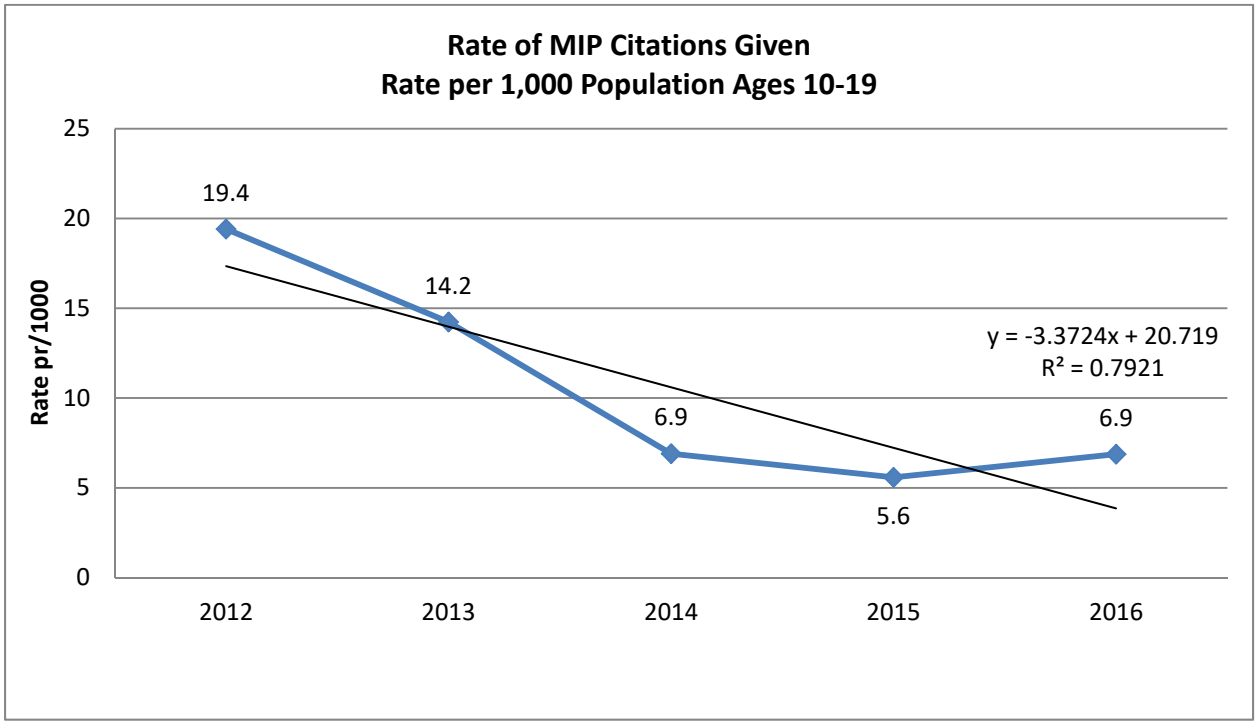
Where did we get the data?

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2012-2016.

Important findings

- The rate of MIP citations has decreased by half from 2012 to 2015 with a slight increase in 2016.

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?

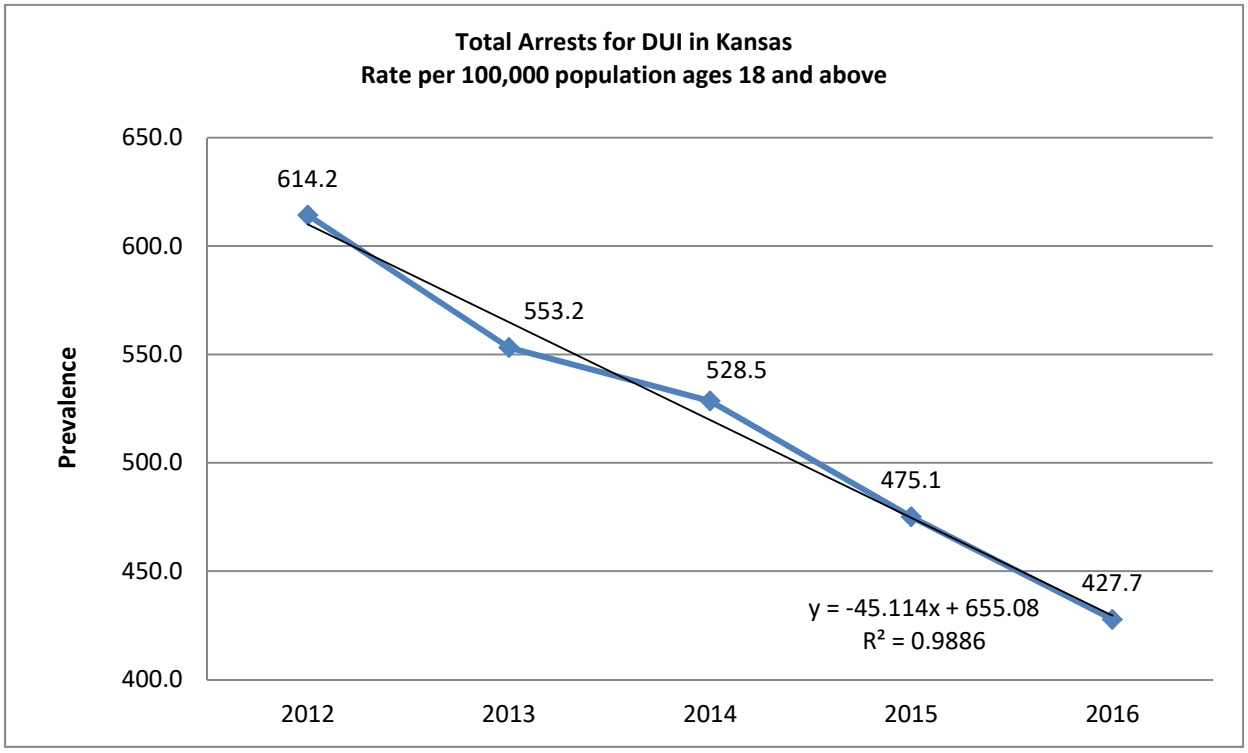
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2012-2016.

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:

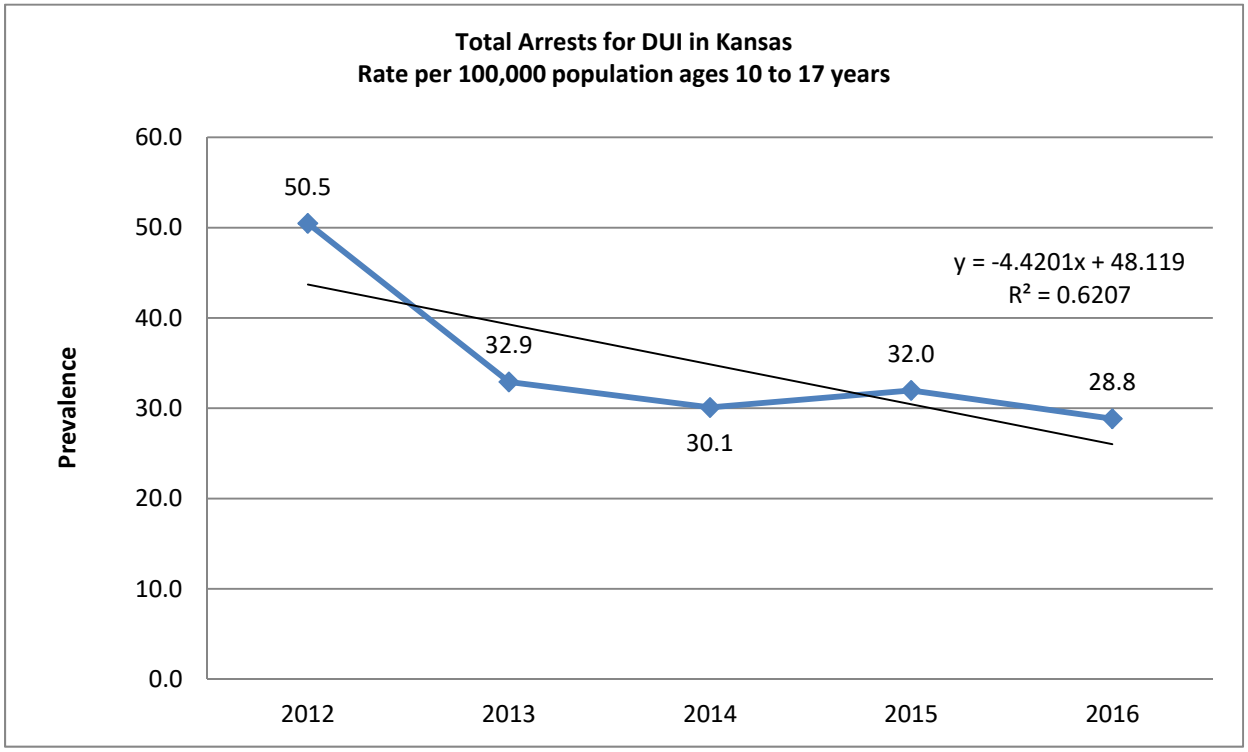


Table 3.2 Number and rate of arrests for Driving Under the Influence (DUI) for the State of Kansas by age group, 2012-2016.

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		DUI Arrests	Rate	DUI Arrests	Rate
2012	540.7	161	50.5	13060	614.2
2013	485.3	105	32.9	11761	553.2
2014	463.5	96	30.1	11237	528.5
2015	417.3	102	32.0	10101	475.1
2016	375.7	92	28.8	9094	427.7
5-Year Average	**456.5**	**111**	**34.9**	**11051**	**519.7**

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?

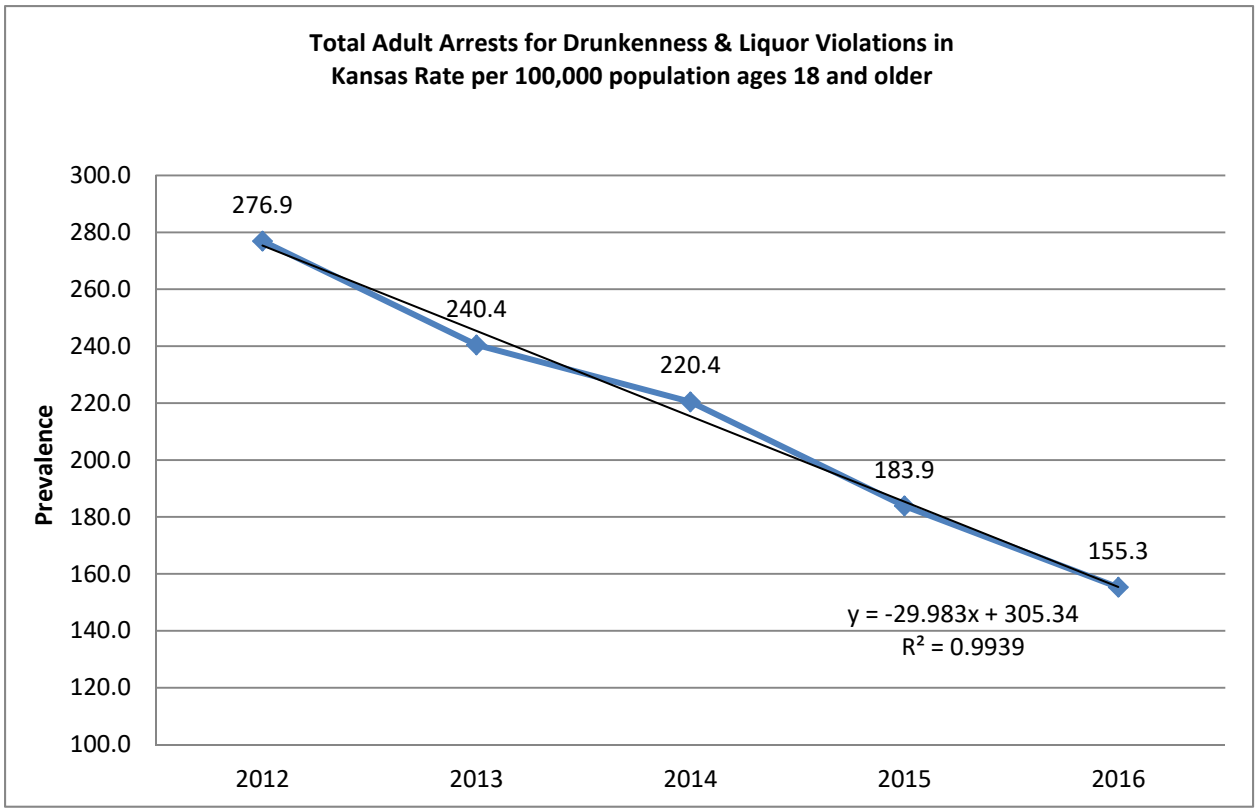
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2012-2016.

Important findings

- Both the juvenile rate of arrest for alcohol offenses and that of adults have been decreasing over the years 2012-2016.

Graphs of Five-Year Trends

Adult Arrests:



Juvenile Arrests:

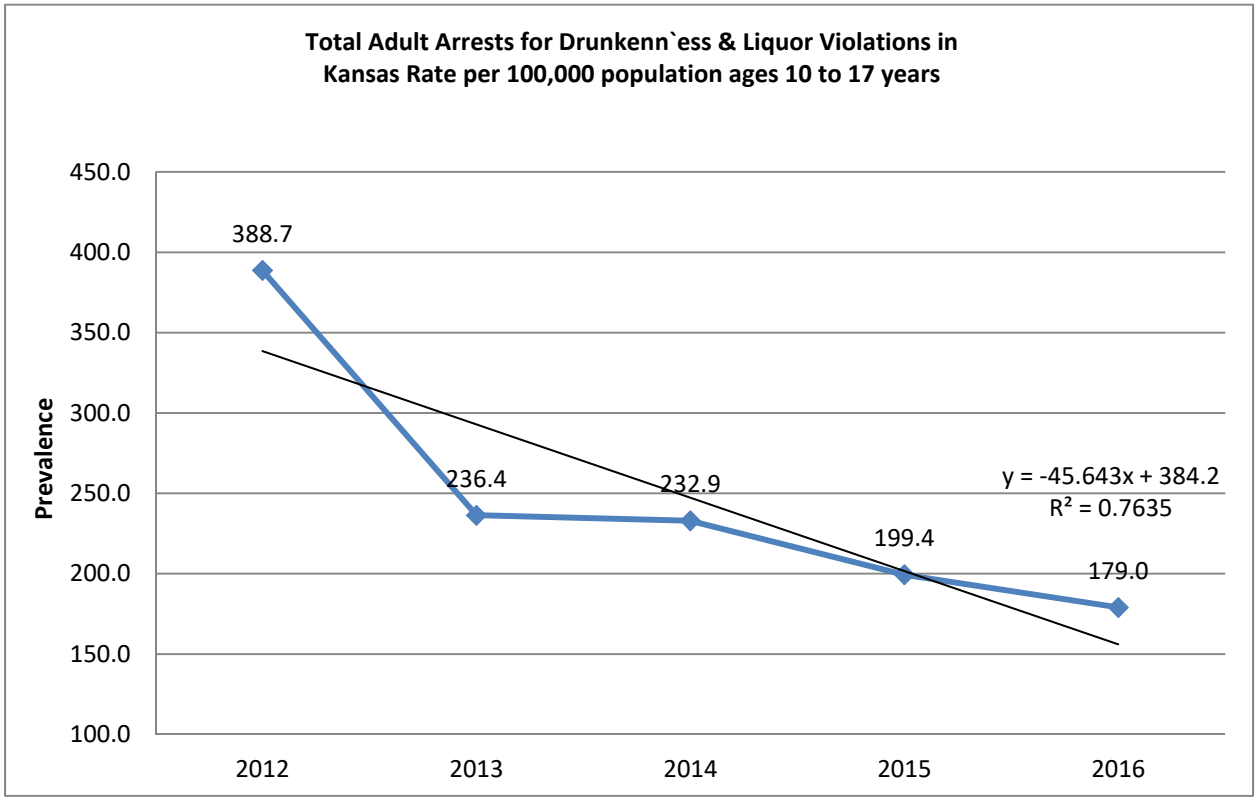


Table 3.3 Number and rate of arrests for Drunkenness and Liquor Violations for the State of Kansas by age group, 2012-2016.

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Alcohol-Related	Rate	Alcohol-Related	Rate
2012	291.5	1240	388.7	5888	276.9
2013	239.9	754	236.4	5112	240.4
2014	222.1	743	232.9	4687	220.4
2015	185.9	636	199.4	3909	183.9
2016	158.4	571	179.0	3302	155.3
5-Year Average	**219.6**	**789**	**247.3**	**4580**	**215.4**

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?

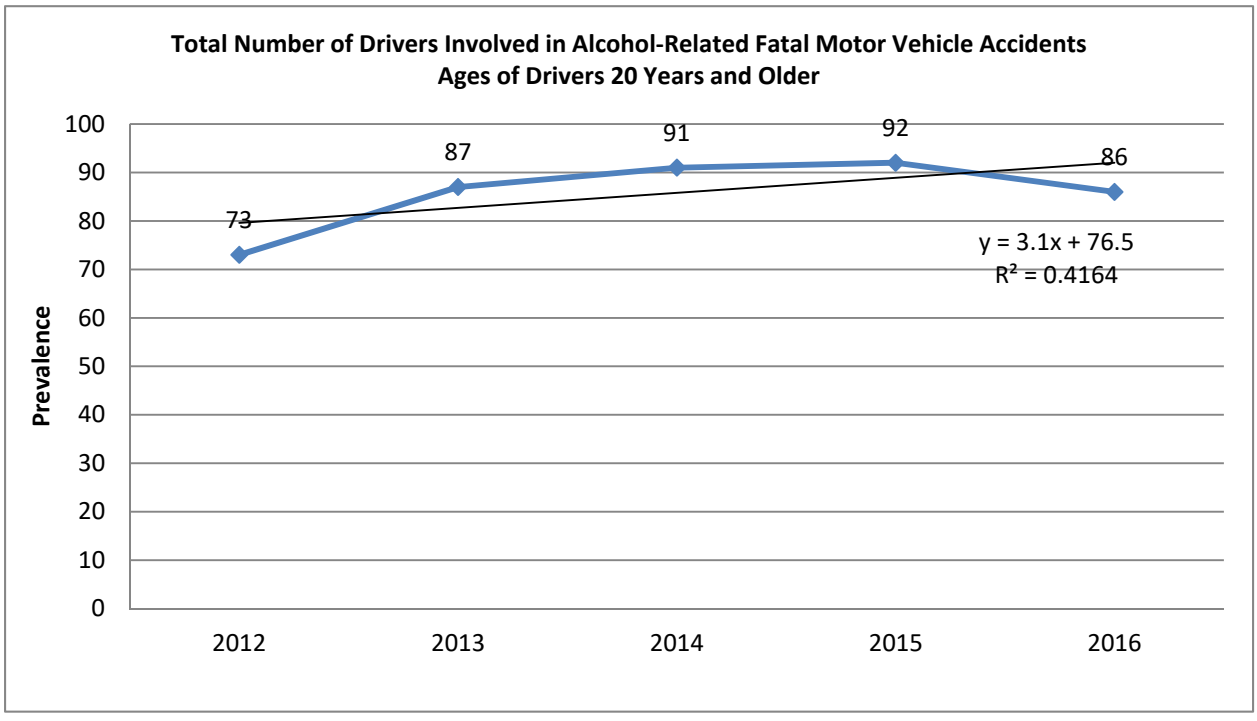
Kansas Department of Transportation, Accident Statistics – Alcohol-Related Summaries 2012-2016, prior years updated for corrections effective 2016.

Important findings

- For the years 2011-2015, males caused a dramatically higher number of deaths from alcohol-related 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, followed closely by those ages 15-19.

Graphs of Five-Year Mortality Trend

Adult Drivers:



Juvenile Drivers:

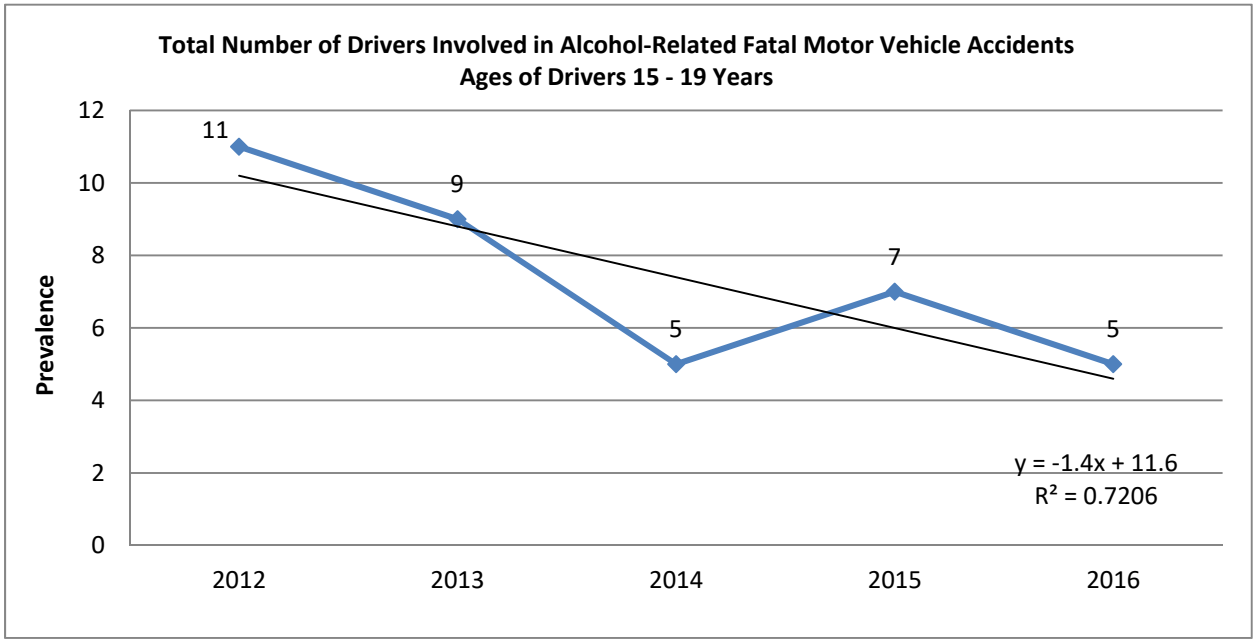


Table 4.1 Age and gender of drivers involved in fatal alcohol-related motor vehicle crashes for the state of Kansas, 2012-2016

Year	Number of Fatal Alcohol-Related Accidents							
	Total	Gender		Driver Age				
		Female	Male	15-19	20-39	40-64	65+	ADULT
2012	90	21	85	11	43	27	3	73
2013	94	22	91	9	63	20	4	87
2014	101	22	90	5	57	31	3	91
2015	71	42	87	7	46	43	3	92
2016	76	23	73	5	41	32	8	86
5-Year Average	**86**	**26**	**85**	**7**	**50**	**31**	**4**	**86**

Table 4.2 Age and gender of drivers causing deaths due to alcohol-related motor vehicle crashes for the state of Kansas, 2011-2015

Year	Number of Deaths							
	Total	Gender		Driver Age				
		Female	Male	15-19	20-39	40-64	65+	ADULT
2012	114	32	98	7	66	38	3	107
2013	102	27	97	13	49	29	4	82
2014	96	23	93	9	65	20	4	89
2015	115	27	102	5	69	33	3	105
2016	76	48	96	7	51	47	3	101
5-Year Average	**101**	**31**	**97**	**8**	**60**	**33**	**3**	**97**

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?

National and comparison data from the Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER online database, detailed mortality statistics 1999-2015 Multiple Cause of Death Files.

Disaggregated data from the Kansas Department of Health and Environment, Kansas Information for Communities, Death Statistics 2012-2016

Important findings

- For the years 2012-2016, males have a significantly higher age-adjusted death rate than females.
- For the years 2012-2016, 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

National and comparison data collected from the Center for Disease Control (CDC) WONDER database

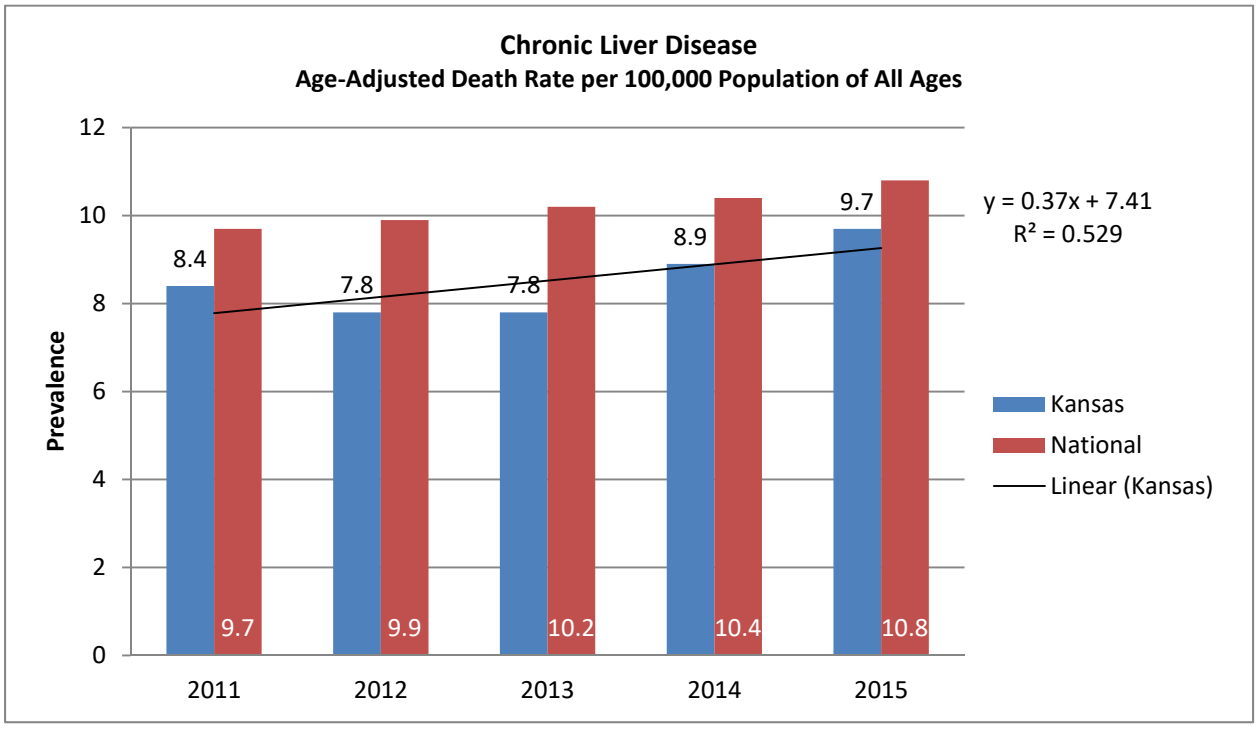


Table 4.3 Crude death rates due to Chronic Liver Disease for State of Kansas by gender and race/ethnicity, 2012-2016

Year	Overall	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2012	7.7	11.4	5.6	8.7	4.9	9.6	4	9.1
2013	7.8	12.2	5	8.5	6.3	14	4	9.2
2014	8.8	12.6	6.9	9.9	7.7	10.5	5	10.4
2015	9.6	13.1	8.3	10.4	9.1	17.5	7	11.1
2016	9.8	14.2	7.5	10.8	5.3	18.7	10	11.0
5-Year Average	**8.7**	**12.7**	**6.7**	**9.7**	**6.7**	**14.1**	**6.0**	**10.2**

Table 4.4 Crude death rates due to Chronic Liver Disease for the State of Kansas by age group, 2012-2016

Year	Overall	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2012	7.7	0.0	0.0	3.3	18.8	20.8
2013	7.8	0.0	0.0	2.6	21.0	18.8
2014	8.8	0.0	0.5	2.9	22.3	23.3
2015	9.6	0.0	0.0	3.5	24.3	25.6
2016	9.8	0.0	0.5	4.5	23.9	24.5
5-Year Average	**8.7**	**0.0**	**0.2**	**3.4**	**22.1**	**22.6**

Alcohol-Related Deaths: Age-adjusted 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?

Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER online database, detailed mortality statistics 1999-2015 Multiple Cause of Death Files.

Important findings

- In 2015, Kansas had a higher alcohol-related age-adjusted death rate than the national estimate, and is slightly higher (1.5 per 100,000 population) than reported in 2011.
- Males are more than twice as likely to die due to alcohol-related causes than are females.

Graph of Five-Year Mortality Trend

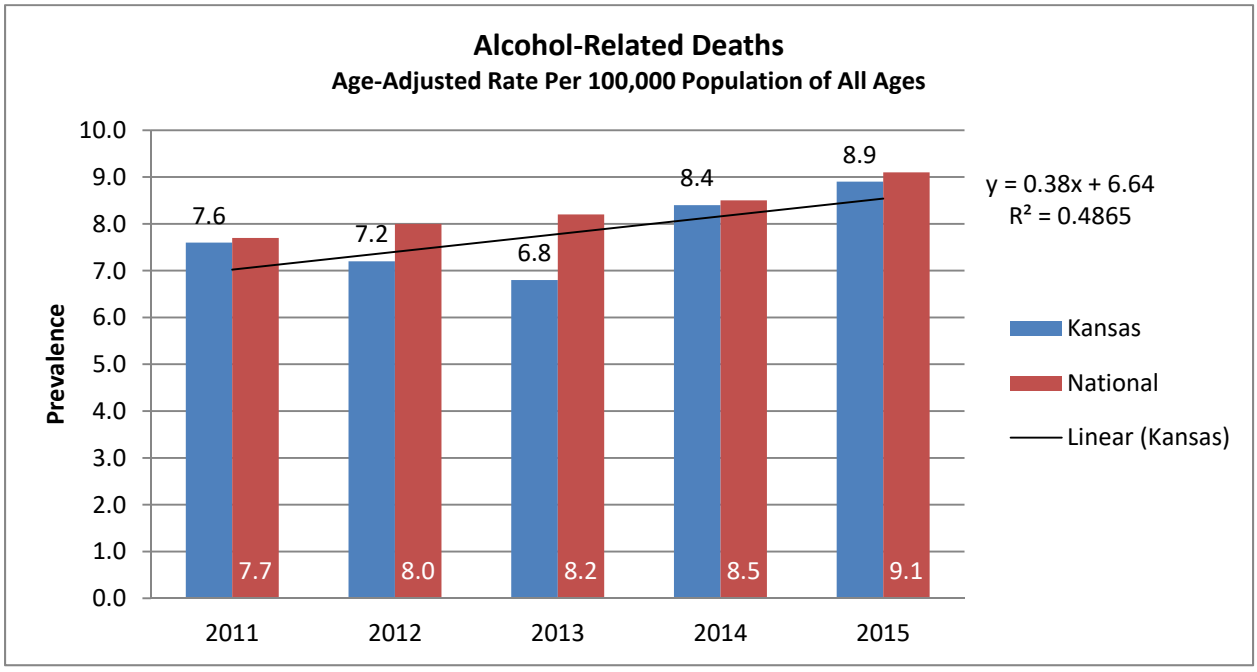


Table 4.5 Number of deaths due to alcohol-related illnesses for the State of Kansas by age group, 2011-2015

Year	Overall Rate	NUMBER DEATHS						
		Total	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years
2011	7.6	230	<20	14	37	62	81	24
2012	7.2	225	<20	16	19	69	77	27
2013	6.8	212	<20	11	21	65	73	30
2014	8.4	263	<20	10	27	76	95	39
2015	8.9	278	<20	15	32	83	100	35
5-Year Average	**8.0**	**242**	**N/A**	**12**	**27**	**71**	**85**	**31**

Table 4.6 Age-adjusted death rates due to alcohol-related illnesses for the State of Kansas by gender and race/ethnicity, 2011-2015

Year	Gender		Race				Ethnicity	
	Female	Male	White	African American	Native American	Asian / Islander	Hispanic	Not Hispanic
2011	3.2	12.2	7.7	<20	<20	<20	<20	7.7
2012	3.4	11.3	7.2	<20	<20	<20	<20	7.3
2013	3.2	10.6	6.7	<20	<20	<20	<20	6.8
2014	4.3	12.6	8.4	<20	<20	<20	9.6	8.3
2015	5.0	12.9	8.9	<20	<20	<20	8.8	9.0
5-Year Average	**3.8**	**11.9**	**7.8**	**N/A**	**N/A**	**N/A**	**9.2**	**7.8**

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?

Centers for Disease Control and Prevention (CDC) Behavior Risk Factor Surveillance System (BRFSS) – 2013 – 2016.

Important findings

- While cigarette use increased from 2009 through 2013, Kansas and national rates have been decreasing since.
- 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

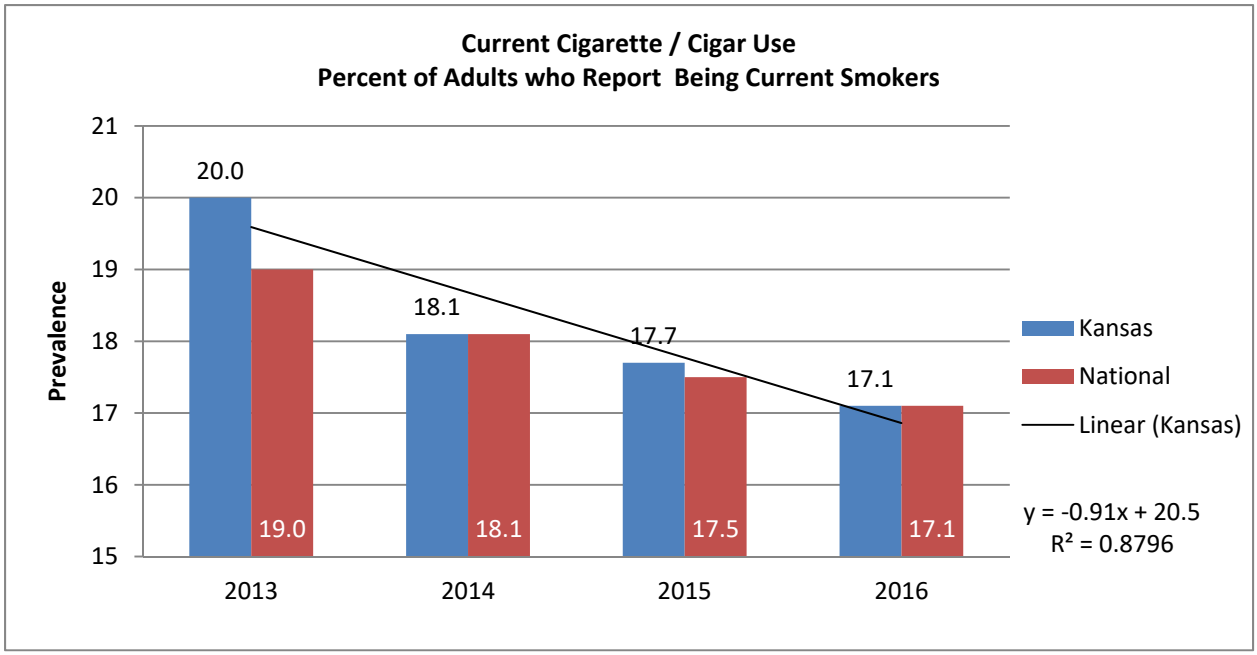


Table 5.1 Percent of adults surveyed who currently smoke cigarettes in the State of Kansas by ethnicity and race, 2012-2016 Note: Race data reported under the "Other" category through 2014 is now reported separately for Native American / Alaska Native and Asian race groups.

Year	Overall	Race						Ethnicity	
		White	African American	Native American	Asian	Other	Multiple Race	Hispanic	Non-Hispanic
2012	19.4	19.7	22.4			23.8	33	10.7	24.7
2013	20	19.3	30.7			23.7	29.2	17.2	25.7
2014	18.1	17.5	25.5			20.9	40.5	14.2	26.1
2015	17.7	17.3	25.3	27.5	8.4		25.6	16	20.8
2016	17.22	16.58	25.4	29.9			31.24	14.18	25.8
5-Year Average	**18.5**	**18.1**	**25.9**	**N/A**	**N/A**	**N/A**	**31.9**	**14.5**	**24.6**

Table 5.2 Percent of adults surveyed who currently smoke cigarettes in the State of Kansas by gender and age group, 2012-2016

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2012	19.4	21.1	17.8	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	23.6	18.8	9.1
2014	18.1	19.5	16.7	18.0	24.5	19.1	19.3	18.9	9.9
2015	17.7	19.3	16.1	15.4	23.5	20.7	20.8	18.6	8.7
2016	17.2	18.73	15.71	12.4	23.5	20.9	18.9	18.7	9.8
5-Year Average	**18.5**	**20.2**	**16.8**	**17.5**	**25.6**	**20.4**	**20.9**	**18.4**	**9.3**

Table 5.2 Percent of adults surveyed who currently smoke cigarettes in the State of Kansas by educational attainment and income, 2012-2016

Year	Overall	Education				Income			
		< High School	High School only	Some post-graduate	College Graduate	$15,000 - $24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 and more
2012	19.4	31.4	24.5	19.6	8.9	27.6	21.0	19.8	12.7
2013	20.0	33.4	25.5	20.4	8.3	28.7	22.0	21.5	12.6
2014	18.1	29.9	24	18.4	7.1	29.5	21.7	15.8	10.8
2015	17.7	28.7	23.1	18.6	7.3	27.8	22.3	19.0	11.7
2016	17.2	30.04	23.94	16.69	6.78	25.7	20.5	17.8	10.8
5-Year Average	**18.5**	**30.7**	**24.2**	**18.7**	**7.7**	**27.9**	**21.5**	**18.8**	**11.7**

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?

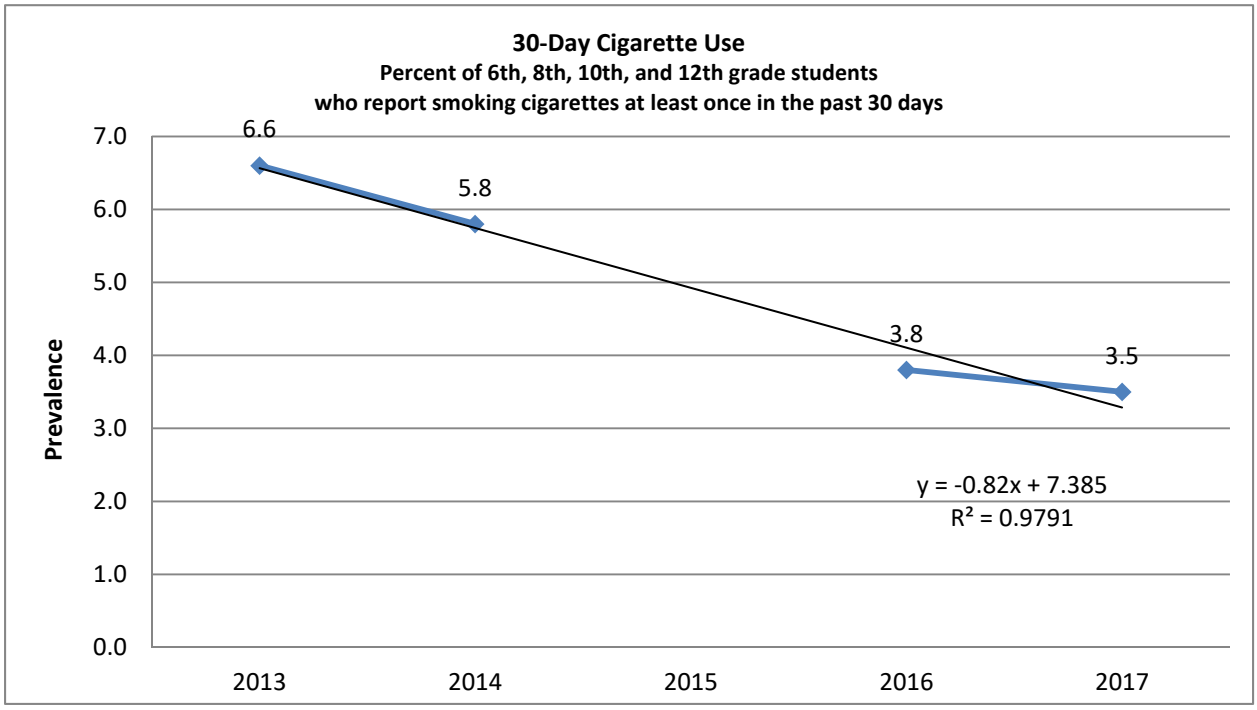
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

National comparison data taken from the Monitoring The Future student survey, 2012-2016

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 Trend



National data taken from the Monitoring The Future student survey, 2013-2016

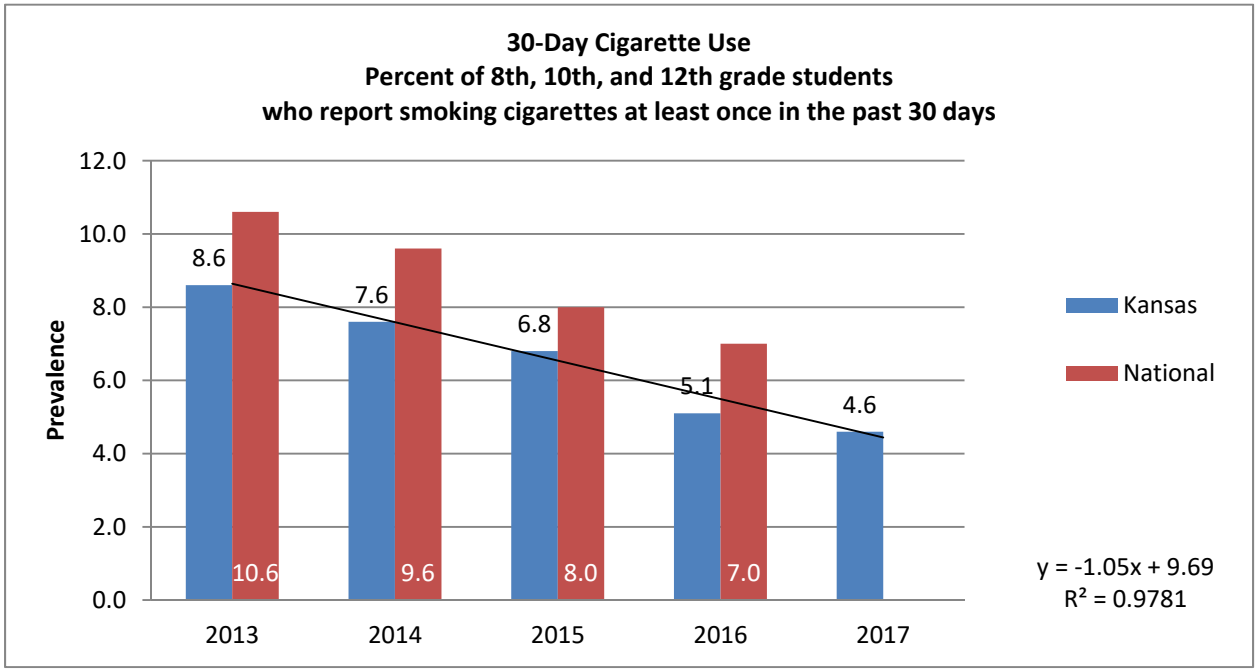


Table 5.4 Percent of students surveyed who smoked cigarettes in the past 30 days in the State of Kansas by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	3.8	0.6	2.2	5.3	9.7	3.9	3.6
2017	3.5	0.8	2.0	4.6	8.8	3.7	3.3
5-Year Average	**4.9**	**0.8**	**2.8**	**6.7**	**11.6**	**5.2**	**4.6**

Table 5.5 Percent of students surveyed who smoked cigarettes in the past 30 days in the State of Kansas by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	6.6	6.8	5.9	8.9	5.8	4.1	6.4
2014	5.8	6.1	5.1	7.4	5.3	3.0	5.8
2015							
2016	3.8	4.1	3.1	4.3	3.2	2.1	2.4
2017	3.5	3.8	3.1	5.4	2.6	1.6	2.8
5-Year Average	**4.9**	**5.2**	**4.3**	**6.5**	**4.2**	**2.7**	**4.4**

30-Day e-Cigarette Use - Youth: Percentage of students in grades 6, 8, 10, and 12 reporting any use of electronic 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?

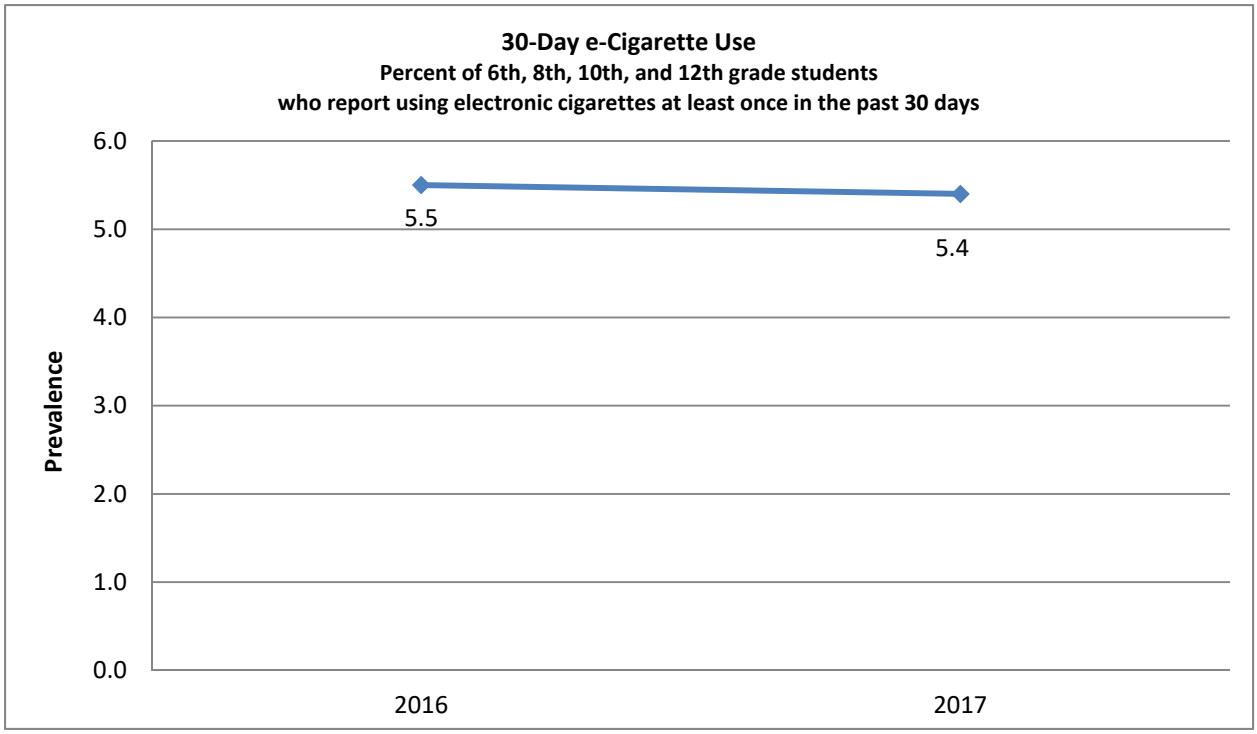
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017 (new question added 2016)

National comparison data taken from the Monitoring The Future student survey, 2012-2016

Important findings

- Female students report a slightly lower prevalence of e-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 Two-Year Trend



National data taken from the Monitoring The Future student survey, 2015-2016 (new MTF 2015)

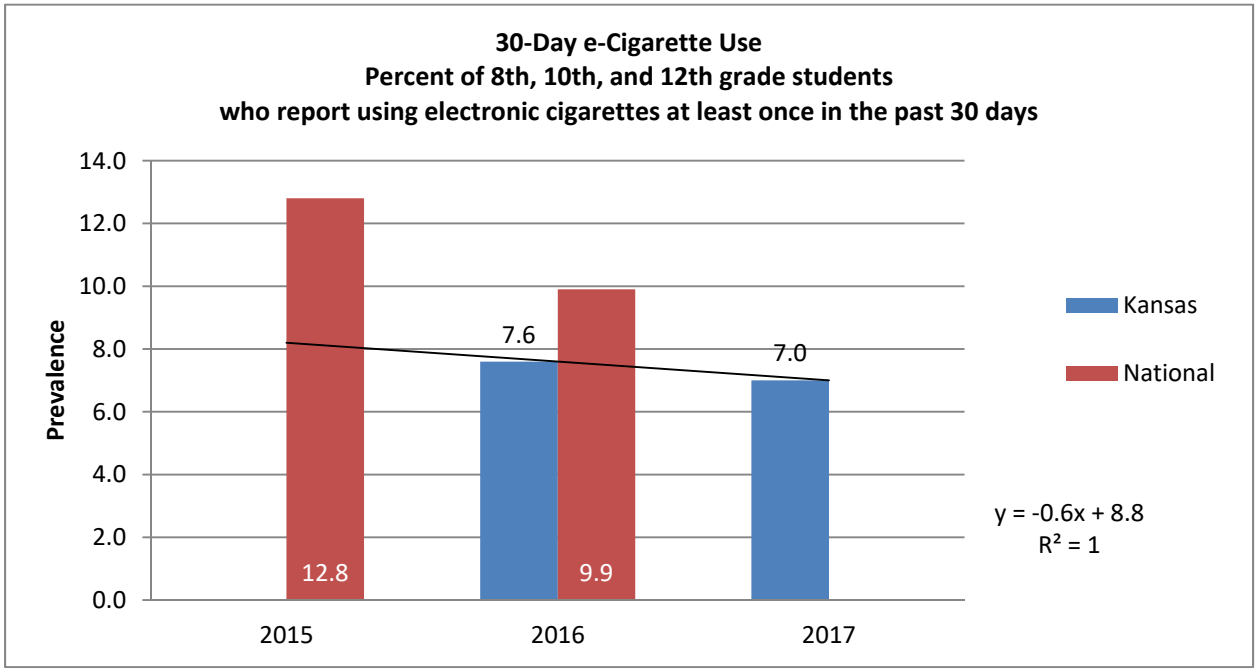


Table 5.6 Percent of students surveyed who used e-cigarettes in the past 30 days in the State of Kansas by grade and gender, 2016-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2016	5.5	1.1	4.0	8.9	12.9	6.7	4.3
2017	5.4	1.4	4.0	7.6	11.2	6.3	4.5
2-Year Average	**5.5**	**1.3**	**4.0**	**8.3**	**12.1**	**6.5**	**4.4**

Table 5.7 Percent of students surveyed who used e-cigarettes in the past 30 days in the State of Kansas by race, 2016-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2016	5.5	5.7	5.6	8.1	5.5	1.7	2.8
2017	5.4	6.0	3.7	5.5	4.4	2.2	4.8
2-Year Average	**5.5**	**5.9**	**4.7**	**6.8**	**5.0**	**2.0**	**3.8**

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

Important findings

- Percentage of students reporting having smoked prior to age 13 has been decreasing steadily over the past several years.
- Native American students report a higher prevalence of early initiation of cigarette use than any other racial group.

Graph of Five-Year Trend

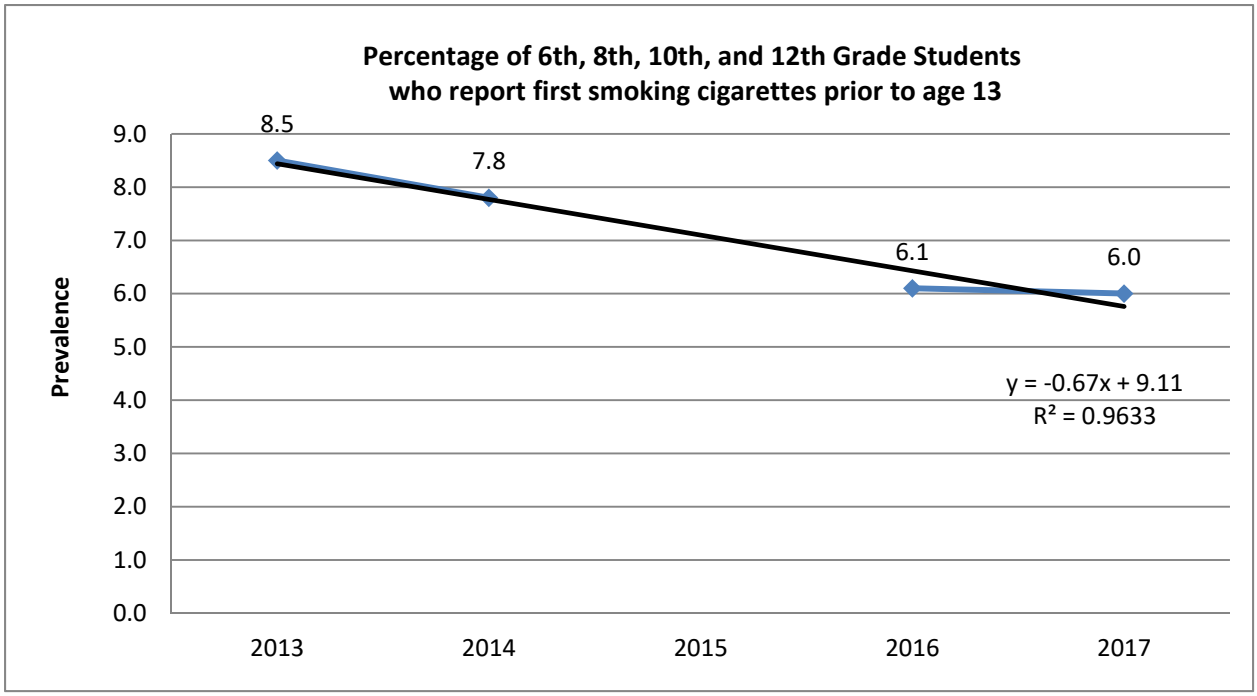


Table 5.8 Percent of students surveyed who smoked cigarettes prior to age 13 in the State of Kansas by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	8.5	5.1	9.9	10.7	8.4	9.3	7.6
2014	7.8	4.5	8.8	9.9	8.0	8.4	7.1
2015							
2016	6.1	3.5	7.1	7.1	7.4	6.6	5.6
2017	6.0	4.1	7.1	6.7	6.3	6.4	5.6
5-Year Average	**7.1**	**4.3**	**8.2**	**8.6**	**7.5**	**7.7**	**6.5**

Table 5.9 Percent of students surveyed who smoked cigarettes prior to age 13 in the State of Kansas by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	8.5	7.2	12.4	14.2	10.8	5.5	11.0
2014	7.8	6.7	11.4	13.3	9.3	5.4	10.8
2015							
2016	6.1	5.5	8.8	10.1	7.7	3.9	6.7
2017	6.0	5.4	8.0	12.0	6.8	2.8	7.3
5-Year Average	**7.1**	**6.2**	**10.2**	**12.4**	**8.7**	**4.4**	**9.0**

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?

Centers for Disease Control and Prevention (CDC) Behavior Risk Factor Surveillance System (BRFSS) – 2012 – 2016.

Important findings

- Males use smokeless tobacco products at a significantly higher rate than females.
- Rates of use begin to decline for age groups over 55 years of age.
- Highest rates of use are in 2016 are within the 18-24 and 25-34 year age groups.

Graph of Five-Year Trend

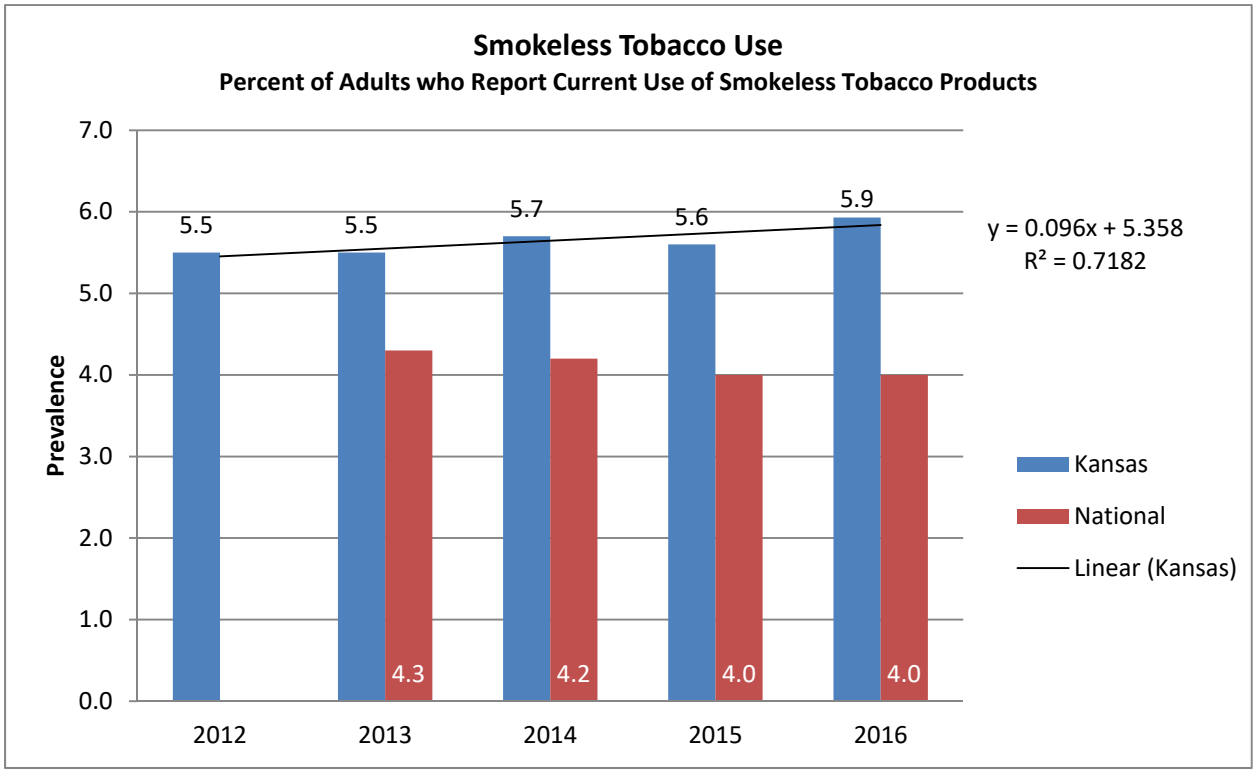


Table 5.10 Current smokeless tobacco users by race and ethnicity, 2012-2016 Note: Race data reported under the "Other" category through 2014 is now reported separately for Native American / Alaska Native and Asian race groups.

Year	Overall	Race				Ethnicity	
		White	African American	Other	Multiple Race	Hispanic	Non-Hispanic
2012	5.5	6.2	1.2			4.8	7.2
2013	5.5	5.9	3.6			3.1	7.7
2014	5.7	6.2	2.0			8.4	5.6
2015	5.6	6.3	2.6	7.2	0.3		6.5
2016	5.9	6.5	2.0	8.7	2.0		9.2
5-Year Average	**5.6**	**6.2**	**2.3**	**N/A**	**N/A**	**N/A**	**7.2**

Table 5.11 Current smokeless tobacco users by gender and age group, 2012-2016

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
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	3.7	2.3
2014	5.7	10.7	0.9	9.8	7.9	5.4	6.9	3.3	2.2
2015	5.6	10.5	0.9	6.4	6.9	8.2	7.0	3.8	2.4
2016	5.9	11.2	0.8	8.7	7.0	6.9	7.4	3.9	2.8
5-Year Average	**5.6**	**10.7**	**0.8**	**7.7**	**7.3**	**6.9**	**6.9**	**3.6**	**2.4**

Table 5.12 Current smokeless tobacco users by educational attainment and income, 2012-2016

Year	Overall	Education				Income			
		< High School	High School only	Some post-graduate	College Graduate	$15,000 - $24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 and more
2012	5.5	6.2	3.2	5.8	4.3	7.0	6.2	0.0	0.0
2013	5.5	5.5	7.5	5.7	3.1	5.4	6.5	6.3	5.7
2014	5.7	5.4	7.3	6.4	3.5	5.4	6.7	5.4	6.1
2015	5.6	4.6	7.4	6.5	3.4	5.4	5.8	7.1	6.1
2016	5.9	5.7	8.3	6.5	3.0	4.5	8.3	5.9	6.6
5-Year Average	**5.6**	**5.5**	**6.7**	**6.2**	**3.5**	**5.5**	**6.7**	**4.9**	**4.9**

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?

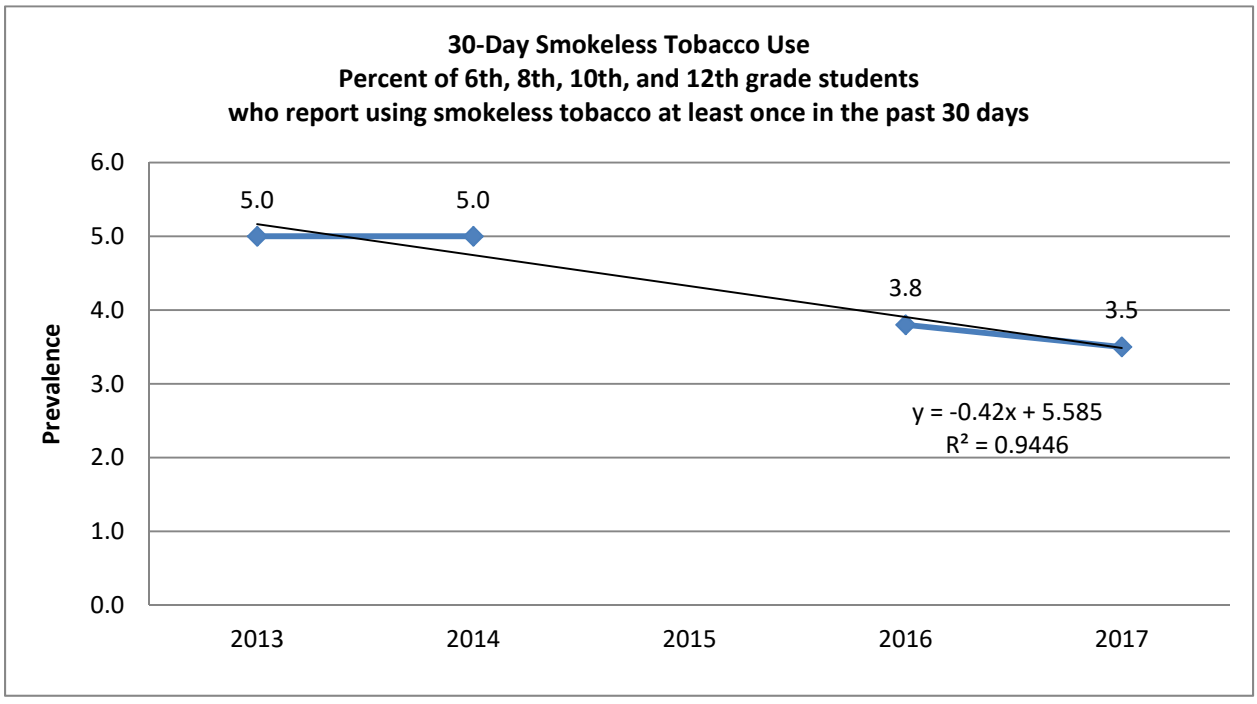
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

National comparison data taken from the Monitoring The Future student survey, 2012-2016

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



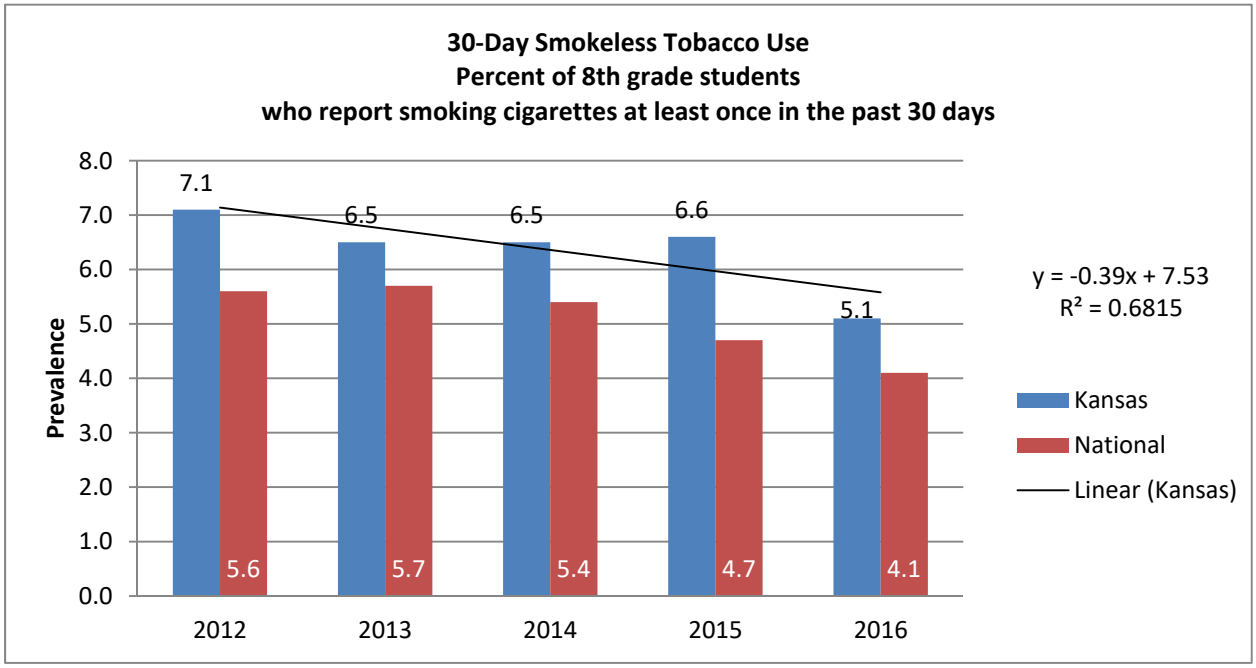


Table 5.13 Percent of students surveyed who used smokeless tobacco in the past 30 days in the State of Kansas by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	5.0	0.9	2.7	7.3	11.0	7.8	2.3
2014	5.0	0.8	2.7	6.9	11.2	7.6	2.4
2015	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2016	3.8	0.6	2.1	5.6	9.7	5.9	1.8
2017	3.5	0.8	2.1	5.0	8.0	5.2	1.8
5-Year Average	**3.5**	**0.6**	**1.9**	**5.0**	**8.0**	**5.3**	**1.6**

Table 5.14 Percent of students surveyed who used smokeless tobacco in the past 30 days in the State of Kansas by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	5.0	5.5	4.2	6.1	3.7	3.0	3.6
2014	5.0	5.5	3.6	6.6	4.1	2.2	3.9
2015	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2016	3.8	4.3	2.5	4.6	2.8	1.0	2.5
2017	3.5	4.0	2.6	4.3	2.4	1.1	2.6
5-Year Average	**3.5**	**3.9**	**2.6**	**4.3**	**2.6**	**1.5**	**2.5**

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 2012-2016.

Important findings

- From 2012-2016, 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 25.

Graph of Five-Year Trend

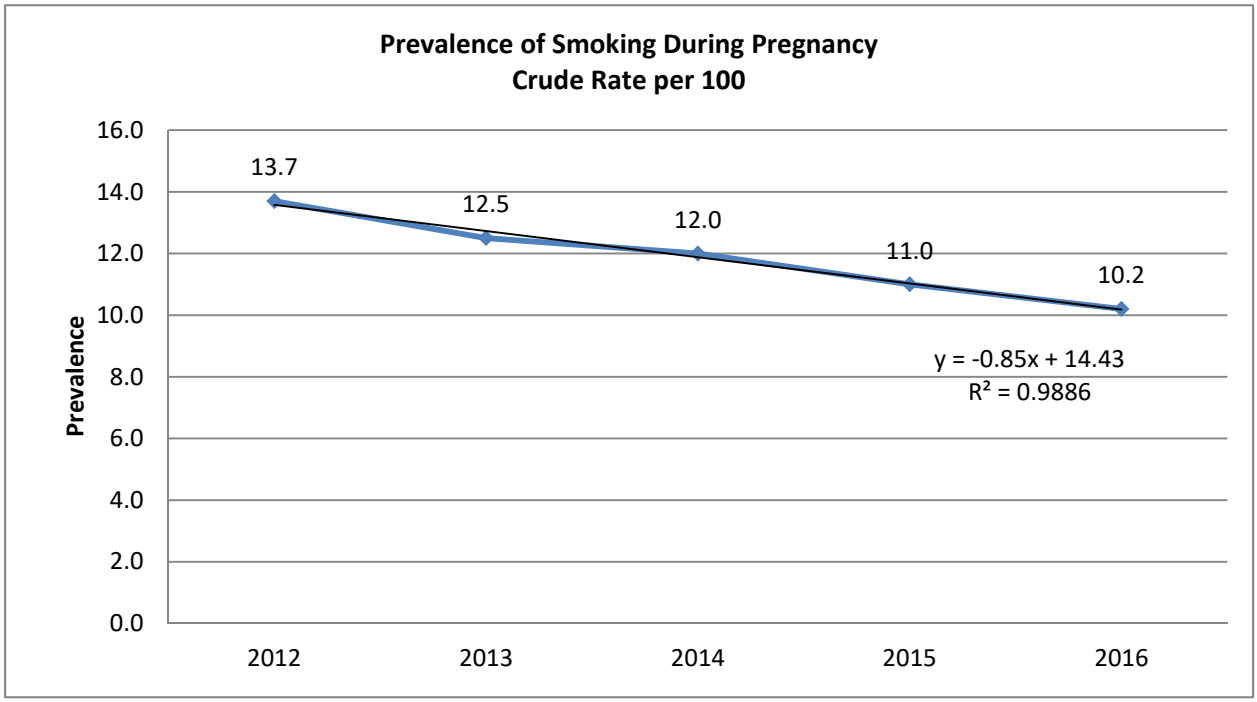


Table 5.15 Rate per 100 pregnancies that mother reporting having smoked during the pregnancy in the State of Kansas by race, 2012-2016

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2012	5,494	13.7	4,735	14.2	439	16.0	316	7.6
2013	4,825	12.5	4,167	13.0	343	13.2	315	7.7
2014	4,679	12.0	3,992	12.4	385	14.4	301	7.4
2015	4,294	11.0	3,678	11.4	320	12.1	295	7.2
2016	3,878	10.2	3,362	10.8	289	11.3	226	5.2
5-Year Average	**4,634**	**11.9**	**3,987**	**12.4**	**355**	**13.4**	**291**	**7.0**

Table 5.16 Rate per 100 pregnancies that mother reporting having smoked during the pregnancy in the State of Kansas by ethnicity and age group, 2012-2016

Year	All races		Hispanic		Non-Hispanic		10 to 14		15 to 17	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2012	5,494	13.7	315	5.0	5172	15.3	<10	N/A	89	10.7
2013	4,825	12.5	248	4.0	4576	14.1	0	0.0	49	6.8
2014	4,679	12.0	239	4.0	4437	13.5	<10	N/A	58	8.5
2015	4,294	11.0	261	4.0	4028	12.3	0	0.0	21	3.7
2016	3,878	10.2	220	4.0	3652	11.5	0	0.0	27	4.9
5-Year Average	**4,634**	**11.9**	**257**	**4.2**	**4,373**	**13.3**	**N/A**	**N/A**	**49**	**6.9**

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
2012	470	19.0	2133	21.0	1586	12.5	862	9.1	353	7.8
2013	382	18.0	1824	19.0	1474	12.1	781	8.1	315	7.1
2014	351	18.0	1689	18.0	1412	11.5	829	8.1	339	7.4
2015	308	16.0	1544	17.0	1376	11.2	722	7.1	323	6.8
2016	224	14.0	1331	15.0	1212	10.3	745	7.1	339	6.9
5-Year Average	**347**	**17.0**	**1,704**	**18.0**	**1,412**	**11.5**	**788**	**7.9**	**334**	**7.2**

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.

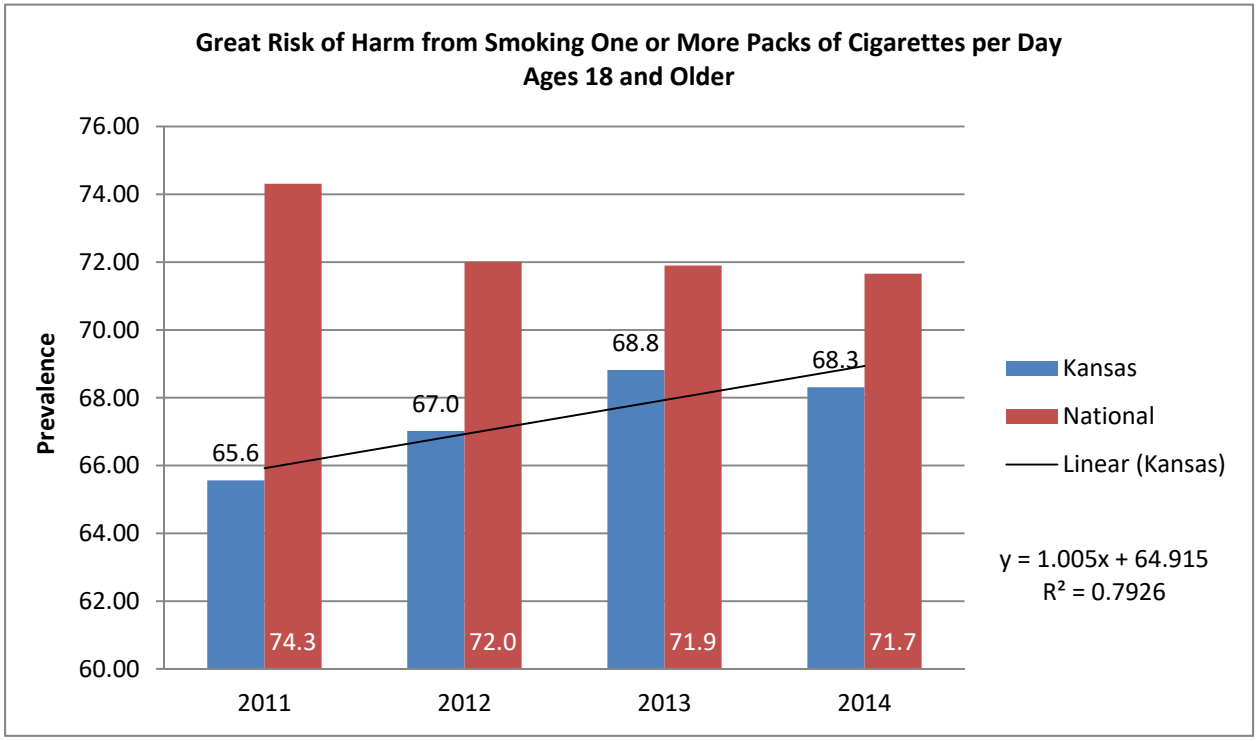
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2011- 2014. Due to changes in survey questionnaire and methodology, state level comparisons are not available for the 2015 results.

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 five years.
- A lower percentage of Kansans reported believing there is great risk of harm in smoking than the national average.

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?

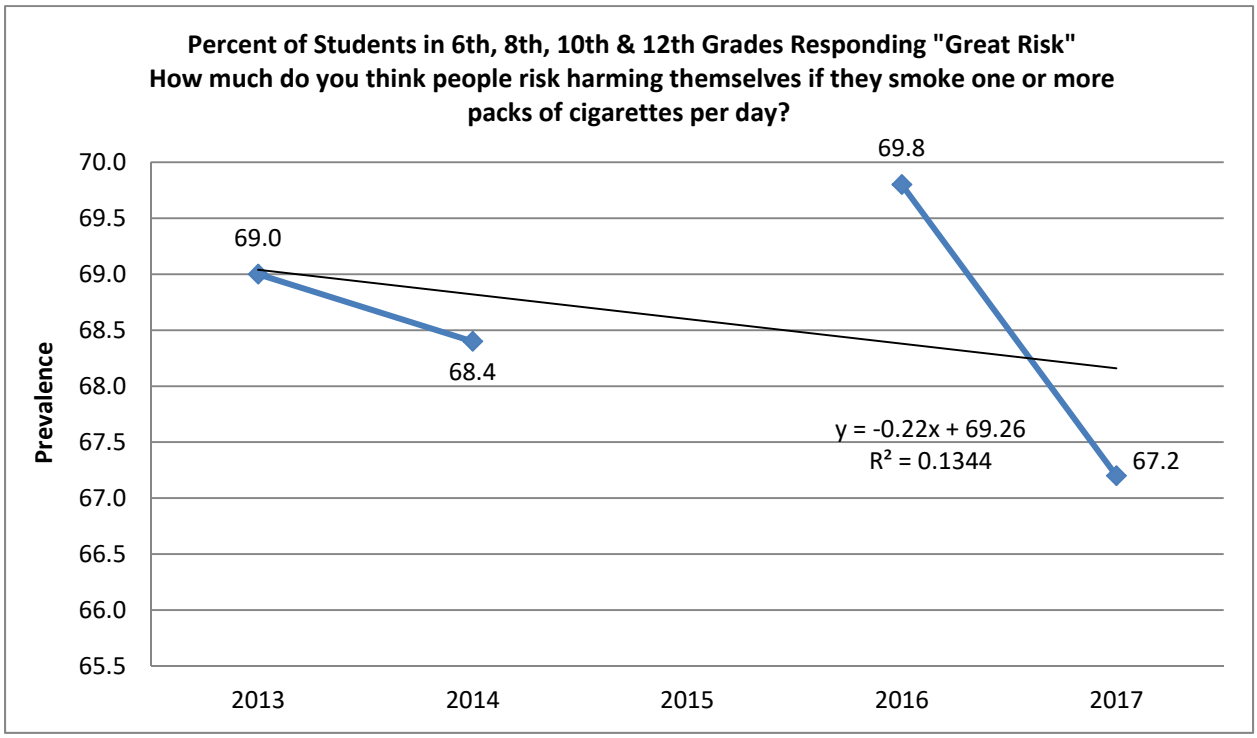
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

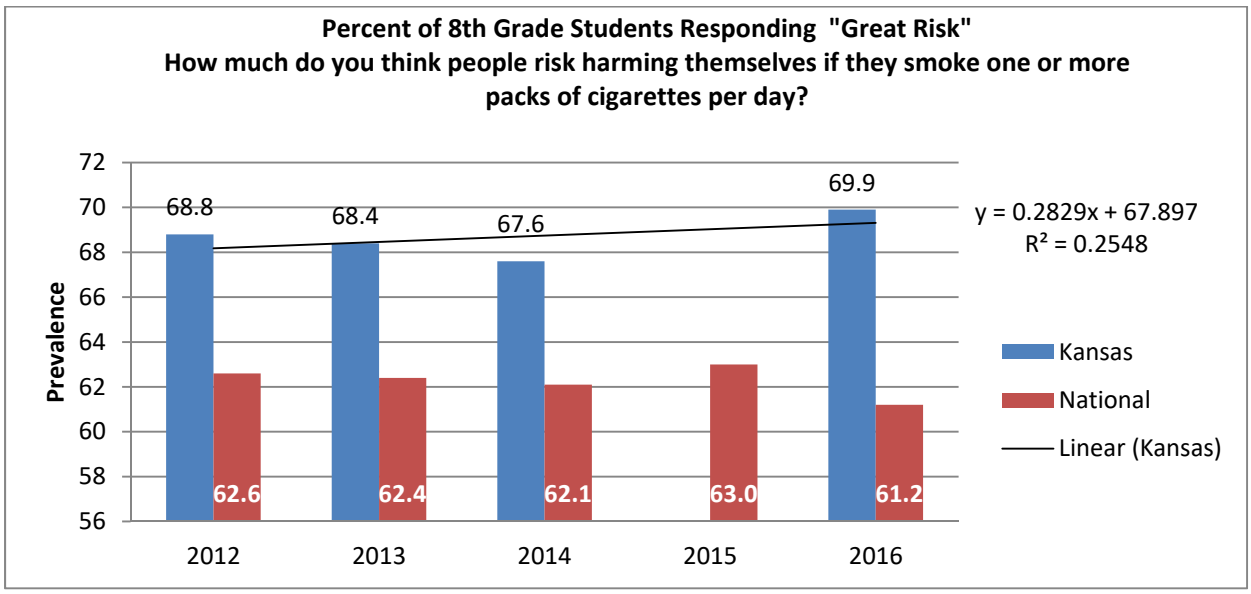
National comparison data taken from the Monitoring The Future student survey, 2012-2016

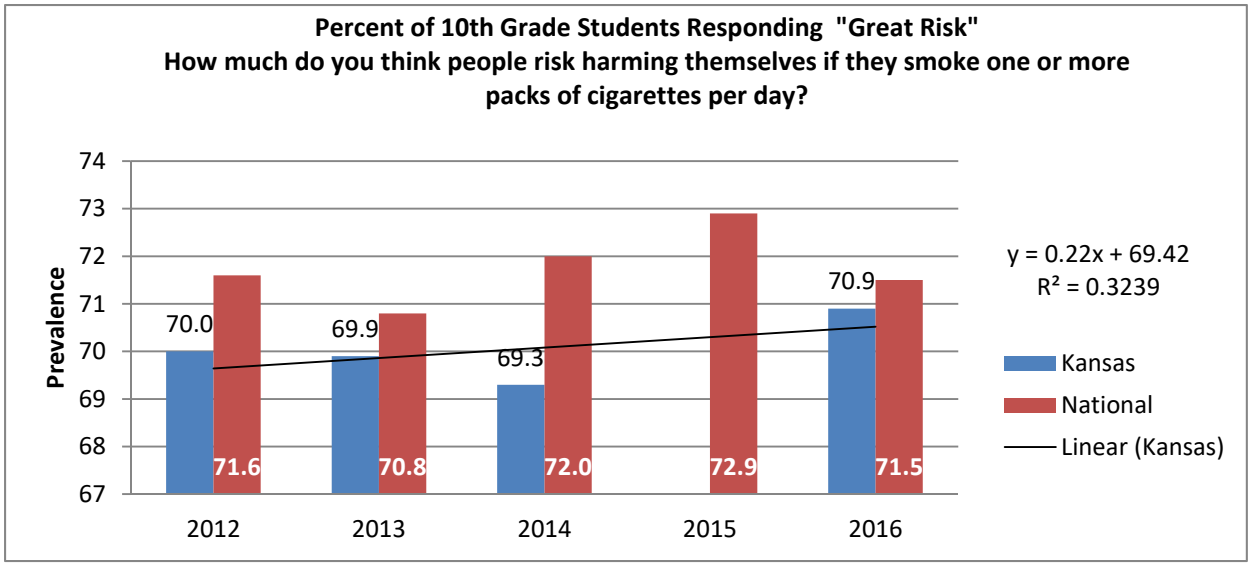
Important findings

- The percentage of students who believe there is a great risk of harm in smoking one or more packs of cigarettes per day has decreased in the state of Kansas over the last five years.

Graph of Five-Year Trend




Percent of 8th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?
Prevalence
72
70
68
66
64
62
60
58
56
68.8
68.4
67.6
69.9
62.6
62.4
62.1
63.0
61.2
2012
2013
2014
2015
2016
y = 0.2829x + 67.897
R² = 0.2548
Kansas
National
Linear (Kansas)


Percent of 10th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?
Prevalence
74
73
72
71
70
69
68
67
70.0
69.9
69.3
70.9
71.6
70.8
72.0
72.9
71.5
2012
2013
2014
2015
2016
y = 0.22x + 69.42
R² = 0.3239
Kansas
National
Linear (Kansas)

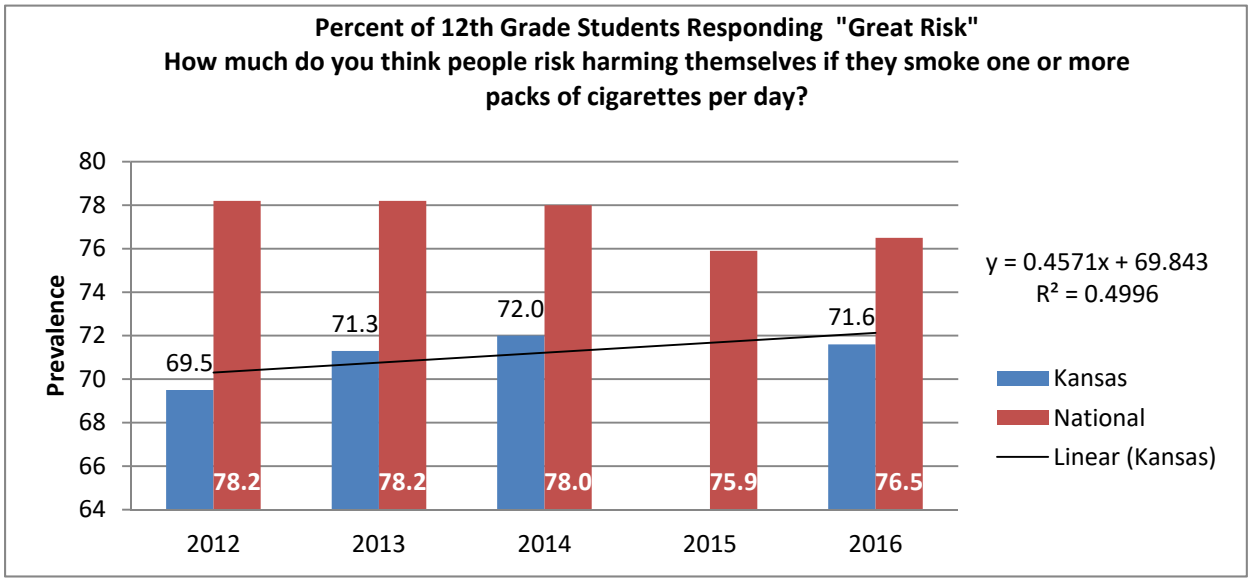

Percent of 12th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?
Prevalence
80
78
76
74
72
70
68
66
64
69.5
71.3
72.0
71.6
78.2
78.2
78.0
75.9
76.5
2012
2013
2014
2015
2016
y = 0.4571x + 69.843
R² = 0.4996
Kansas
National
Linear (Kansas)

Table 5.17 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, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	69.0	67.3	68.4	69.9	71.3	66.9	71.1
2014	68.4	65.9	67.6	69.3	72.0	66.8	70.1
2015							
2016	69.8	67.8	69.9	70.9	71.6	68.8	70.8
2017	67.2	64.6	67.0	68.8	69.5	65.9	68.5
5-Year Average	**69.1**	**67.0**	**68.6**	**70.0**	**71.6**	**67.5**	**70.7**

Table 5.18 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 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
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
2015							
2016	69.8	72.8	57.2	59.7	62.4	73.6	65.4
2017	67.2	70.7	57.6	58.7	58.1	71.2	61.7
5-Year Average	**68.6**	**71.9**	**58.8**	**59.6**	**60.5**	**71.4**	**63.2**

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?

National comparison data from the Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER online database, United States Cancer Statistics: 1999-2013 Incidence

Disaggregated data from the 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.
- African Americans have a lower age-adjusted rate of lung cancer than Whites, but remains significantly higher than those reported as "Other".
- Hispanics have a lower age-adjusted rate than non-Hispanics.

Graph of Five-Year Trend

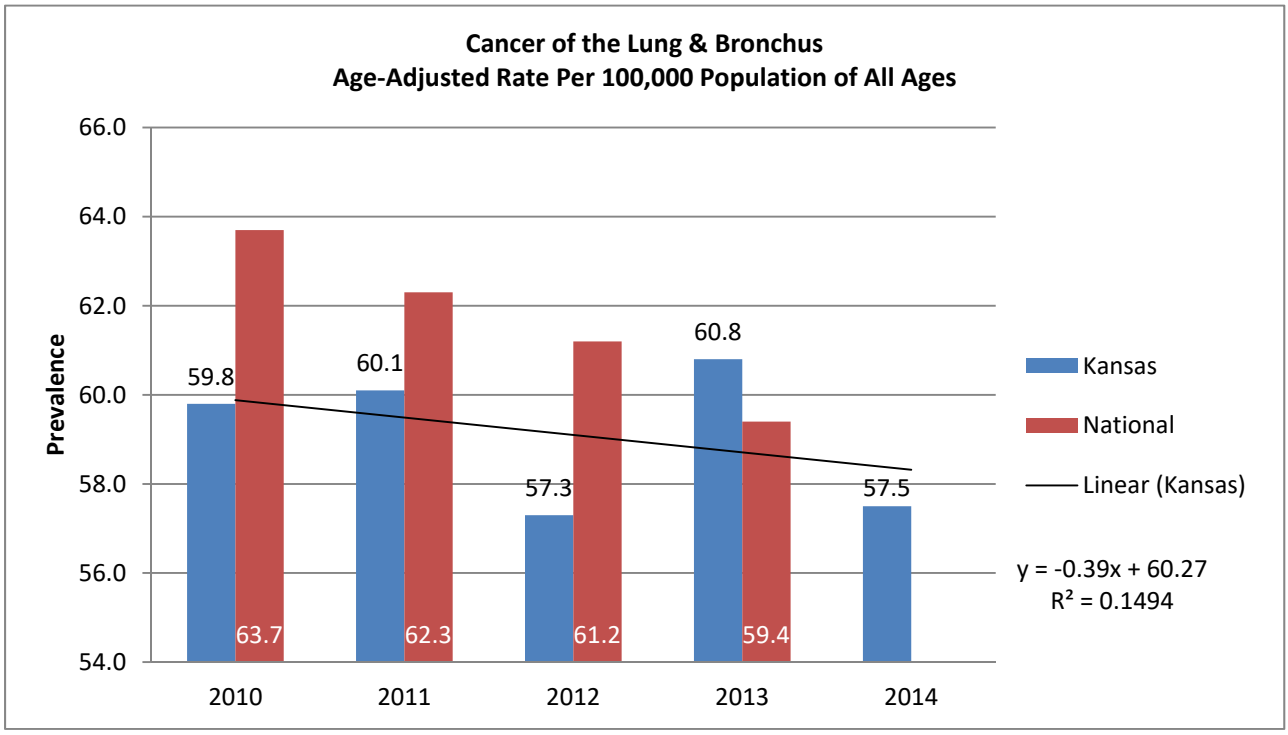


Table 6.1 Cancers of the Lungs and Bronchus, Rate per 100,000 by race, 2010-2014

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2010	1,850	59.8	1,717	59.3	99	74.3	33	46.1
2011	1,895	60.1	1,734	58.9	124	89.6	33	49.6
2012	1,849	57.3	1,718	57.1	97	68.4	34	41.3
2013	1,978	60.8	1,841	60.7	107	75.2	27	36.9
2014	1,903	57.5	1,743	56.6	105	69.9	49	57.0
5-Year Average	**1,895**	**59.1**	**1,751**	**58.5**	**106**	**75.5**	**35**	**46.2**

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
2010	1,850	59.8	967	69.4	883	52.3	25	25.0	1494	50.0
2011	1,895	60.1	1025	71.8	870	51.2	25	24.0	1641	54.1
2012	1,849	57.3	1013	69.7	836	48.1	32	29.0	1681	54.3
2013	1,978	60.8	1066	72.1	912	52.0	20	17.0	1900	60.8
2014	1,903	57.5	1016	66.9	887	50.0	29	22.0	1814	57.1
5-Year Average	**1,895**	**59.1**	**1,017**	**70.0**	**878**	**50.7**	**26**	**23.4**	**1,706**	**55.3**

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
2010	1,850	1	.	28	3.9	575	78.0	1246	331.3
2011	1,895	0	.	23	3.2	605	81.2	1267	331.1
2012	1,849	0	.	17	2.3	594	80.3	1238	314.0
2013	1,978	1	.	16	2.2	606	82.6	1355	334.5
2014	1,903	0	.	13	1.8	600	82.1	1290	310.5
5-Year Average	**1,895**	**0**	.	**19**	**2.7**	**596**	**80.8**	**1,279**	**324.3**

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

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.

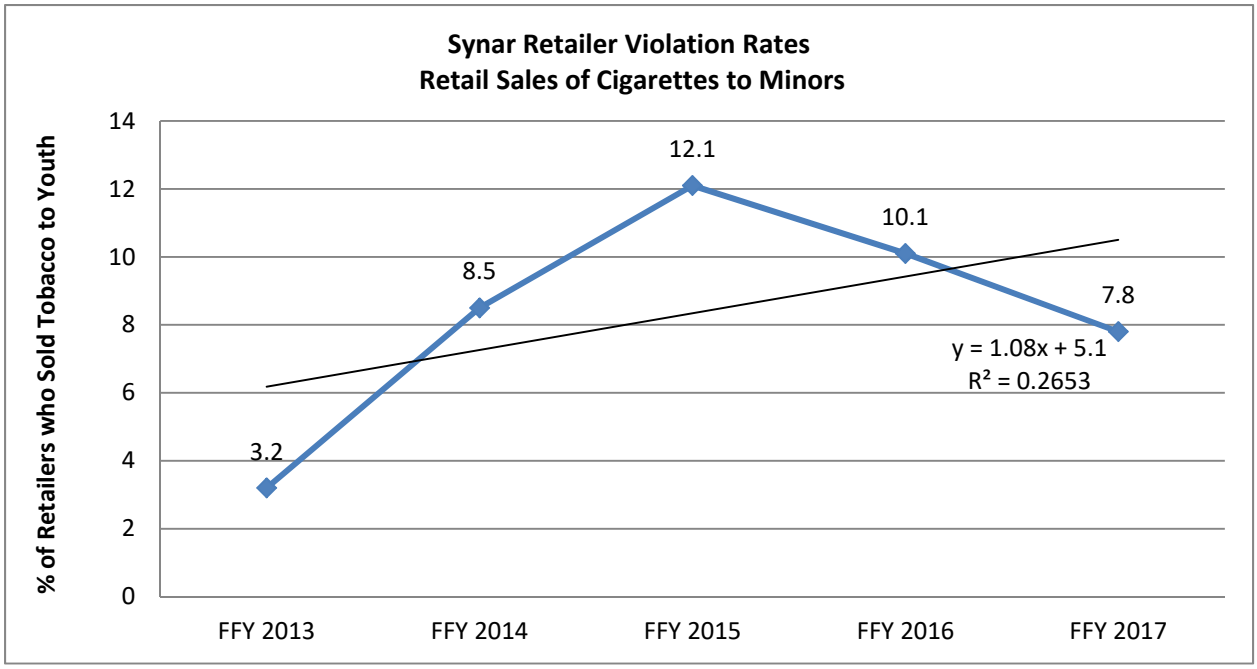
Where did we get the data?

The Kansas Department of Revenue Cigarette and Tobacco Enforcement Agent, Controlled Buy database (FFY 2013-2017).

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 increased through 2015 but are again decreasing through 2017.

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?

National and comparison data from the Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER online database, detailed mortality statistics 1999-2015 Multiple Cause of Death Files.

Disaggregated data from the Kansas Department of Health and Environment, Kansas Information for Communities, Death Statistics 2012-2016

Important findings

- The age-adjusted death rates from COPD is substantially higher among the white population than other race categories.
- 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

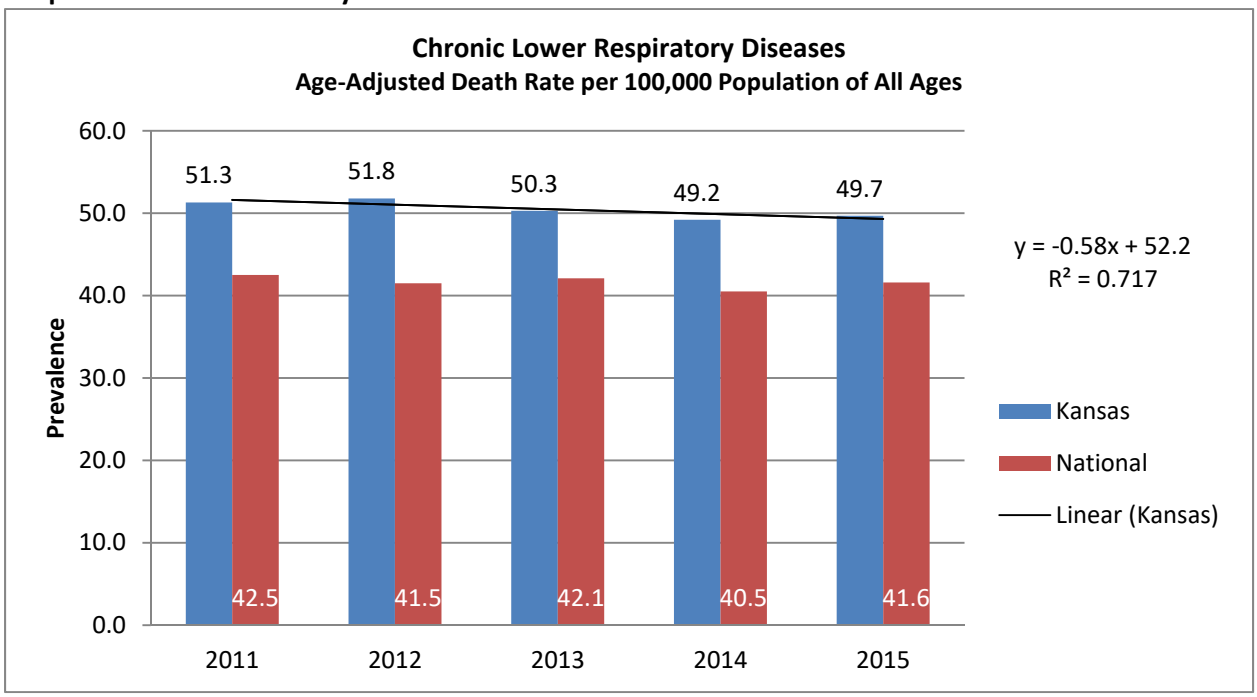


Table 6.4 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by race, 2012-2016

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2012	1,680	51.6	1,587	62.1	50	24.6	43	34.3
2013	1,664	50.0	1,548	60.5	70	34.1	45	35.0
2014	1,663	48.9	1,549	60.4	56	27.0	56	42.0
2015	1,705	49.7	1,610	62.8	51	24.4	41	29.9
2016	1,653	48.2	1,545	60.3	56	27.1	43	30.9
5-Year Average	**1,673**	**49.7**	**1,568**	**61.2**	**57**	**27.4**	**46**	**34.4**

Table 6.5 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by gender and ethnicity, 2012-2016

Year	Total		Male		Female		Hispanic		Non-Hispanic	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2012	1680	51.6	830	57.8	850	58.6	13	4.0	1667	64.9
2013	1664	50.0	803	55.7	861	59.3	13	4.0	1651	64.2
2014	1663	48.9	789	54.5	874	60.0	12	4.0	1651	64.1
2015	1705	49.7	816	56.1	889	61.0	14	4.0	1691	65.7
2016	1653	48.2	788	54.4	865	59.3	20	6.0	1633	63.6
5-Year Average	**1,673**	**49.7**	**805**	**55.7**	**868**	**59.6**	**14**	**4.4**	**1,659**	**64.5**

Table 6.6 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by age group, 2012-2016

Year	Total	< 24		25 to 44		45 to 64		65 and over	
	Number	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2012	1,680	1	.	13	1.8	253	34.2	1413	358.4
2013	1,664	0	.	10	1.4	235	32.0	1417	349.8
2014	1,663	2	.	6	0.8	261	35.7	1392	335.1
2015	1,705	2	.	8	1.1	254	34.9	1439	337.5
2016	1,653	3	.	5	0.7	212	29.2	1430	327.2
5-Year Average	**1,673**	**2**	.	**8**	**1.2**	**243**	**33.2**	**1,418**	**341.6**

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?

National and comparison data from the Centers for Disease Control and Prevention, National Center for Health Statistics. CDC WONDER online database, detailed mortality statistics 1999-2015 Multiple Cause of Death Files.

Disaggregated data from the Kansas Department of Health and Environment, Kansas Information for Communities, Death Statistics 2012-2016

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.
- Males have a higher rate of death from cardiovascular disease than females.

Graph of Five-Year Mortality Trend

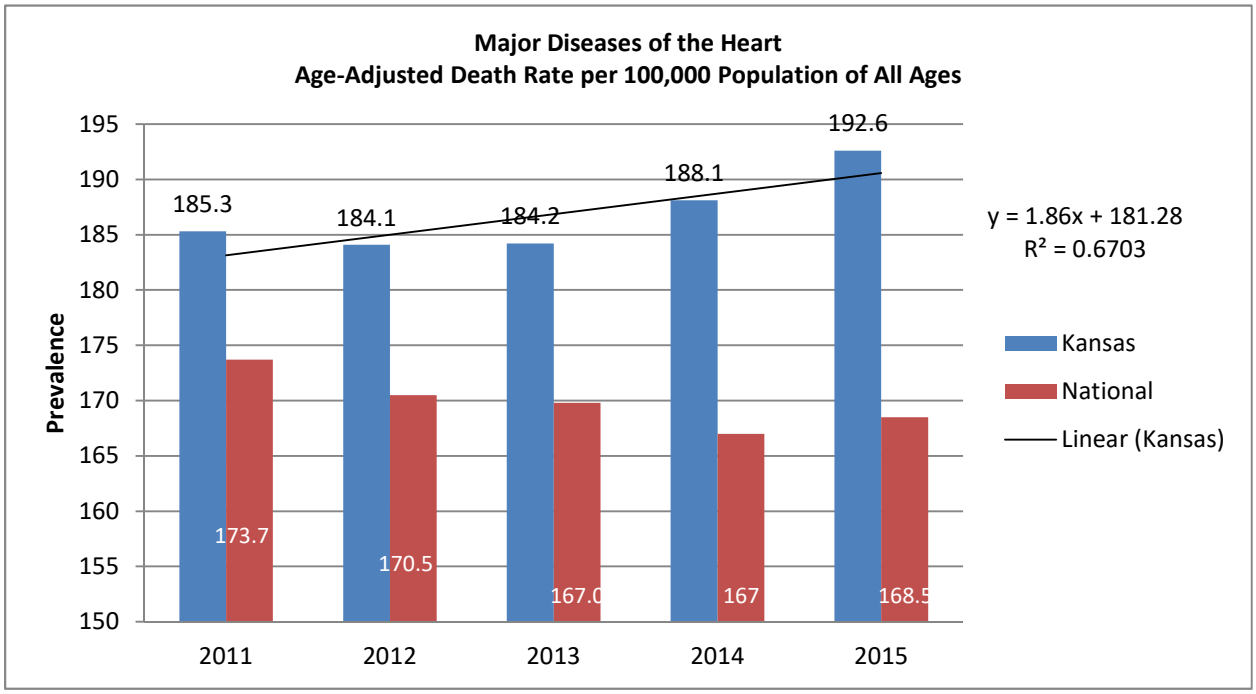


Table 6.7 Deaths due to cardiovascular diseases, Rate per 100,000 by race, 2012-2016

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2012	5,314	156.5	4,907	191.9	249	122.6	155	123.7
2013	5,331	155.1	4,902	191.5	241	117.5	181	140.6
2014	5,462	156.8	5,030	196.2	252	121.5	173	129.7
2015	5,607	158.0	5,179	201.9	250	119.4	175	127.5
2016	5,630	158.0	5,179	202.2	280	135.4	154	110.8
5-Year Average	**5,469**	**156.9**	**5,039**	**196.7**	**254**	**123.3**	**168**	**126.5**

Table 6.8 Deaths due to cardiovascular diseases, Rate per 100,000 by gender and ethnicity, 2012-2016

Year	Total		Male		Female		Hispanic		Non-Hispanic	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2012	5,314	156.5	2798	194.9	2516	173.4	115	36.0	5199	202.4
2013	5,331	155.1	2787	193.3	2544	175.2	109	34.0	5222	203.2
2014	5,462	156.8	2905	200.7	2557	175.5	110	33.0	5352	207.9
2015	5,607	158.0	2930	201.6	2677	183.6	118	35.0	5489	213.2
2016	5,630	158.0	2985	206.2	2645	181.2	121	36.0	5509	214.5
5-Year Average	**5,469**	**156.9**	**2,881**	**199.3**	**2,588**	**177.8**	**115**	**34.8**	**5,354**	**208.2**

Table 6.9 Deaths due to cardiovascular diseases, Rate per 100,000 by age group, 2012-2016

Year	Total	< 24		25 to 44		45 to 64		65 and over	
	Number	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2012	5,314	9	.	102	14.0	866	117.0	4332	1098.7
2013	5,331	8	.	104	14.2	845	115.2	4366	1077.9
2014	5,462	7	.	93	12.7	914	125.0	4437	1068.0
2015	5,607	10	.	100	13.6	948	130.2	4546	1066.1
2016	5,630	8	.	101	13.8	927	127.6	4589	1050.1
5-Year Average	**5,469**	**8**	.	**100**	**13.7**	**900**	**123.0**	**4,454**	**1,072.2**

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 2011 - 2015.

Important findings

- Adult marijuana use in Kansas, as well as the national average, has been trending upward over the past five years.
- Kansas marijuana use among adults is slightly lower than the national average.
- Marijuana use is highest in the 18-25 age range for adults.

Graph of Five-Year Trend

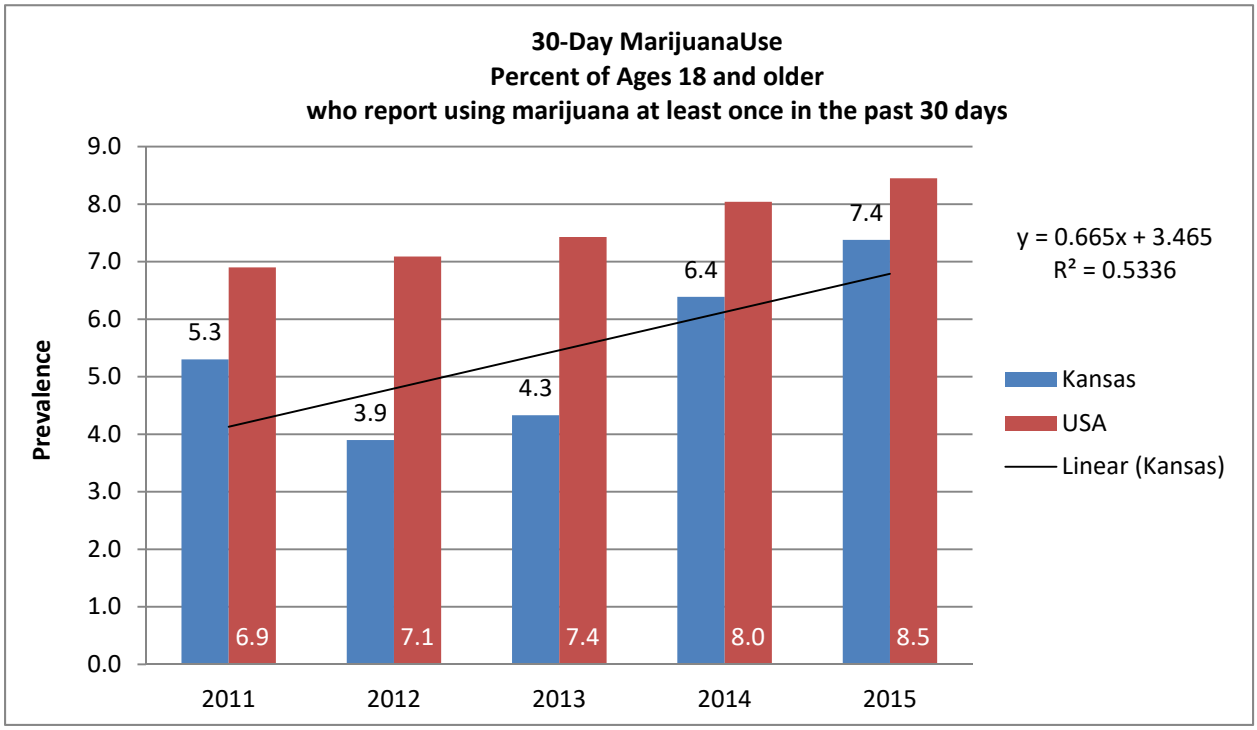


Table 7.1 Percent of adults having used marijuana in the past 30 days by age group, 2011-2015

Year	Ages 18-25	Ages 12+	Ages 18+	Ages 26+
2011	6.3	14.4	5.4	0.0
2012	5.5	11.3	4.1	3.9
2013	5.1	12.2	4.4	4.3
2014	5.9	15.1	6.3	6.4
2015	6.4	15.7	7.3	7.4
5-Year Average	**5.8**	**13.8**	**5.5**	**4.4**

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?

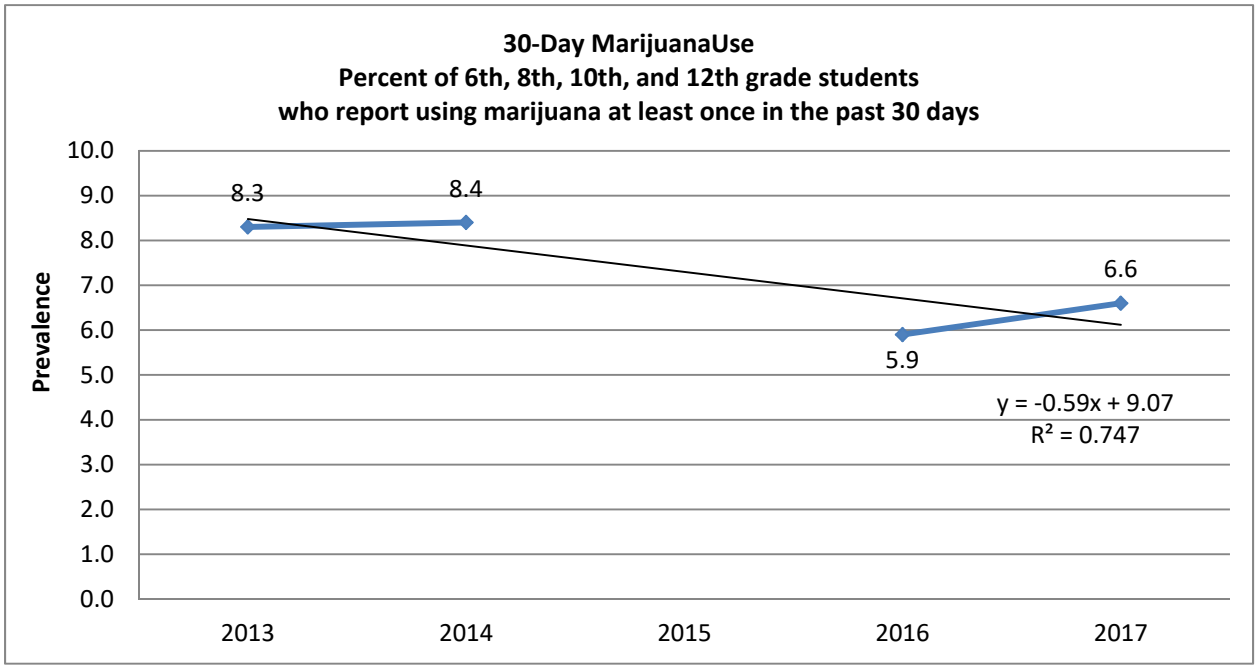
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

National comparison data taken from the Monitoring The Future student survey, 2012-2016

Important findings

- Males are using marijuana at a higher rate than females.
- African-American students use marijuana at a much higher rate than White students, followed 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 8th, 10th, and 12th grade students.

Graph of Five-Year Trend



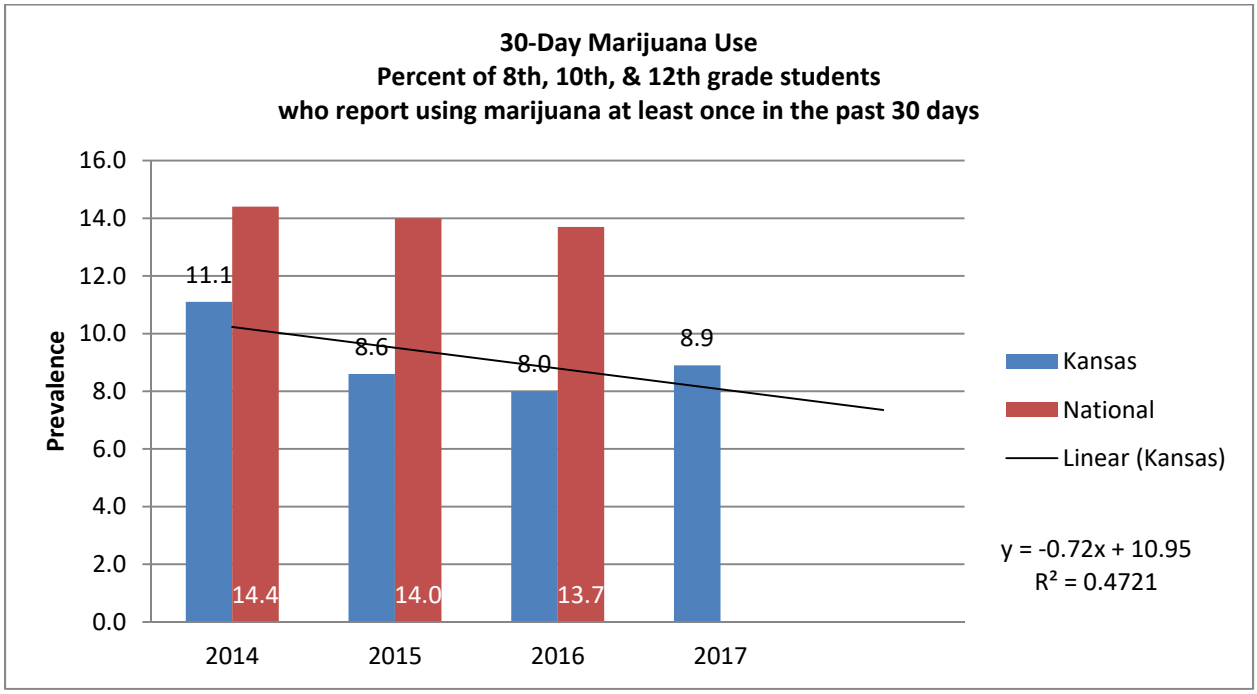


Table 7.2 Percent of students in grades 6, 8, 10, and 12 having used marijuana in the past 30 days by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	5.9	0.6	3.2	9.1	14.8	6.3	5.5
2017	6.6	0.7	4.0	9.6	15.8	6.6	6.4
5-Year Average	**7.5**	**0.7**	**4.1**	**11.7**	**16.8**	**8.2**	**6.9**

Table 7.3 Percent of students in grades 6, 8, 10, and 12 having used marijuana in the past 30 days by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	8.3	7.6	12.7	8.8	10.0	5.8	8.4
2014	8.4	7.7	11.4	9.7	10.4	4.8	8.9
2015							
2016	5.9	5.6	8.8	6.5	7.3	3.7	4.8
2017	6.6	6.2	9.5	7.1	7.9	3.2	6.2
5-Year Average	**7.3**	**6.8**	**10.6**	**8.0**	**8.9**	**4.4**	**7.1**

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

Important findings

- The portion of students who feel it is "not wrong at all" for someone their age to use marijuana has decreased 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.

Graph of Five-Year Trend

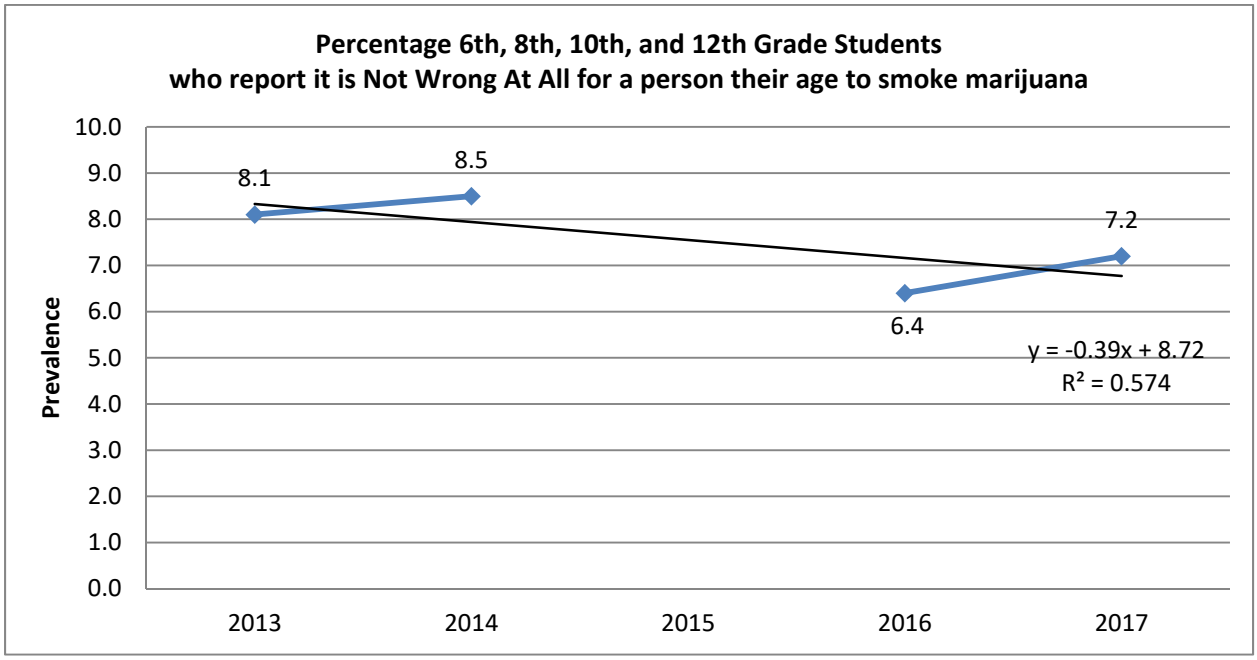


Table 7.4 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward marijuana use by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	6.4	0.6	3.5	10.0	17.1	7.3	5.5
2017	7.2	0.8	4.3	11.0	17.4	7.9	6.3
5-Year Average	**7.7**	**0.7**	**3.9**	**12.1**	**18.1**	**8.9**	**6.4**

Table 7.5 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward marijuana use by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
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
2015							
2016	6.4	6.2	8.9	7.4	6.9	4.9	6.1
2017	7.2	6.9	10.3	7.4	7.2	4.3	7.2
5-Year Average	**7.6**	**7.2**	**10.4**	**8.4**	**7.9**	**5.5**	**7.8**

Driving Under the Influence of Marijuana (Self-Reported): Percentage of those interviewed, ages 18-25, who admitted to having driven a motor vehicle in the past year while under the influence of marijuana

Why is this indicator important?

Marijuana significantly impaired judgement, motor coordination, and reaction time. Studies have found a direct relationship between blood THC concentration and impaired driving ability. According to the National Institute on Drug Abuse, marijuana is the illicit drug most frequently found in the blood of drivers who have been involved in vehicle crashes, including fatal ones.

Where did we get the data?

The Kansas Young Adult Survey, 2017

Important findings

- The portion of respondents who have driven under the influence in the past year is slightly higher in those who are not currently enrolled in school.
- Those of Hispanic ethnicity report markedly higher affirmative responses (29.2%) than do those who are not Hispanic (14.8%).
- The largest percentage of those reporting having driven under the influence of marijuana in the past year were from those reporting $100,000 to $149,000 in annual income

Table 7.6 Percentage of respondents ages 18-25 who report having driven under the influence of marijuana within the past year by school enrollment status and gender, 2017

Year	Overall	School Enrollment Status			Gender		
		In High School	In College	Not in School	Male	Female	Other
2017	16.6	14.1	13.7	17.7	17.1	16.0	17.1

Table 7.7 Percentage of respondents ages 18-25 who report having driven under the influence of marijuana within the past year by race and ethnicity, 2017

Race						Ethnicity	
White	African American	Native American, etc	Asian	Other	Multi-Racial	Hispanic	Not Hispanic
17.4	8.3	15.4	0.0	13.5	24.5	29.2	14.8

Table 7.8 Percentage of respondents ages 18-25 who report having driven under the influence of marijuana within the past year by income, 2017

Income							
Less than $20,000	$20,000 to $29,999	$30,000 to $39,999	$40,000 to $49,999	$50,000 to $74,999	$75,000 to $99,999	$100,000 to $149,999	$150,000 or more
14.0	14.8	20.1	19.1	9.8	28.1	40.7	21.8

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 2010- 2014. Due to changes in survey questionnaire and methodology, state level comparisons are not available for the 2015 results.

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

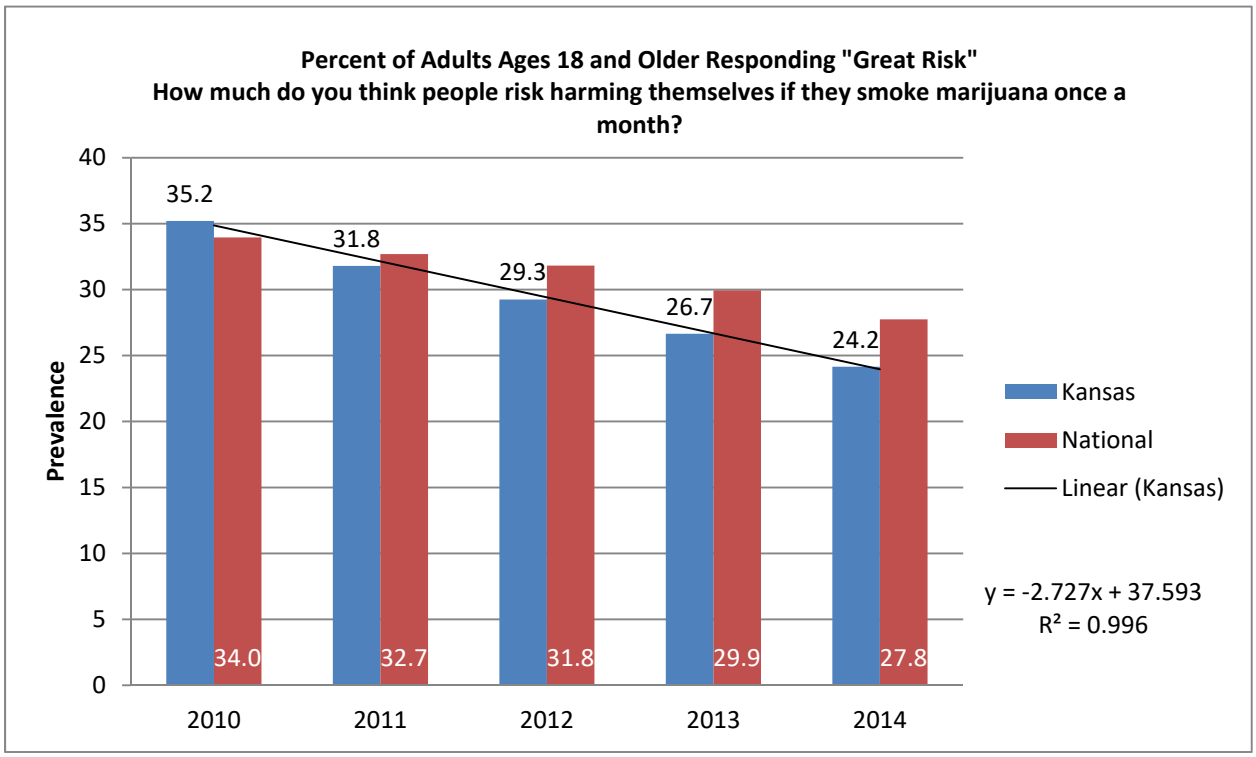


Table 7.9. Percent of adults who believe there is great risk of harm in using marijuana once a month by age group, 2010-2014

Year	Ages 18-25	Ages 12+	Ages 18+	Ages 26+
2010	17.9	34.9	35.2	38.5
2011	17.2	31.6	31.8	34.5
2012	19.7	29.3	29.3	31.0
2013	17.1	26.6	26.7	28.4
2014	12.0	24.0	24.2	26.4
5-Year Average	**18.5**	**31.8**	**32**	**34.5**

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?

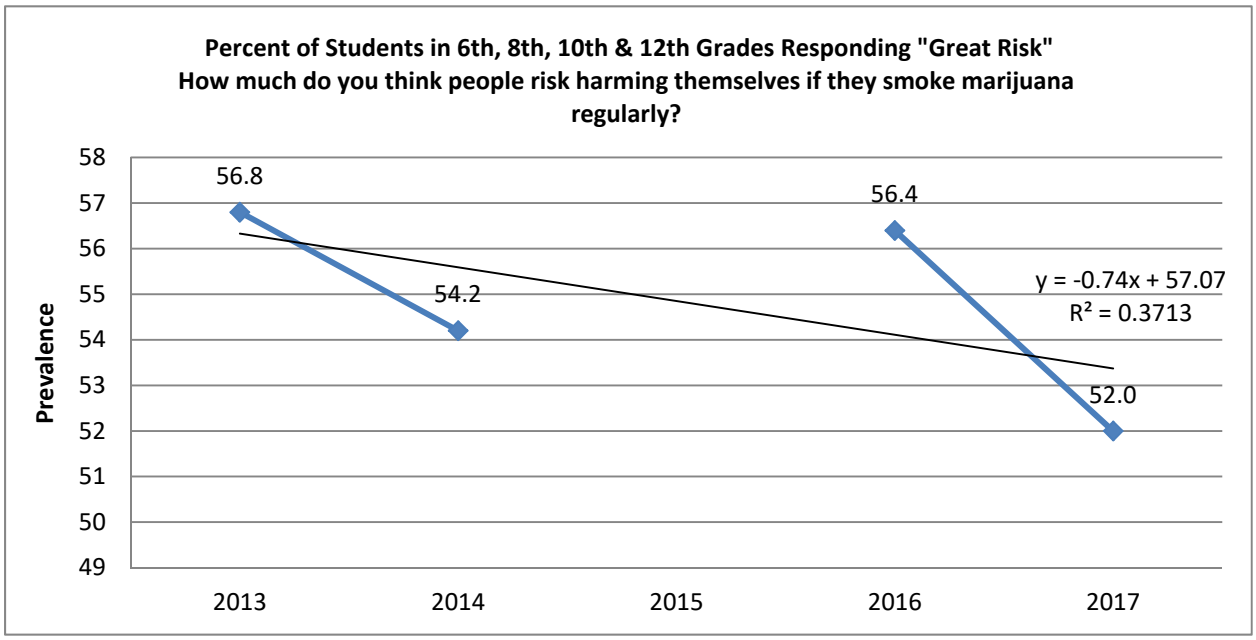
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

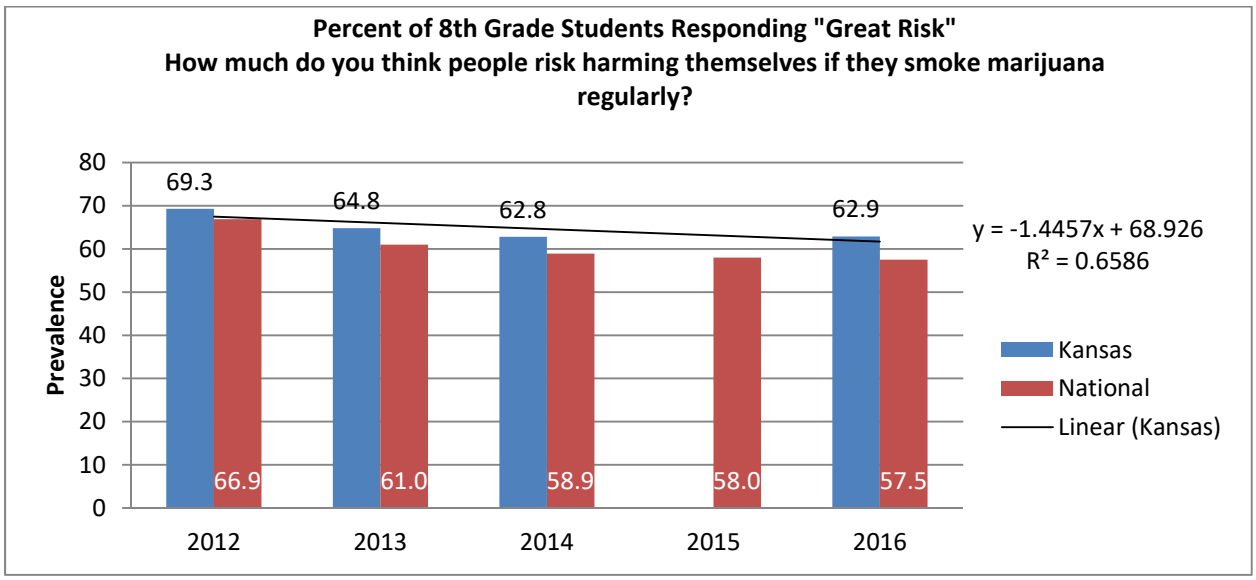
National comparison data taken from the Monitoring The Future student survey, 2012-2016

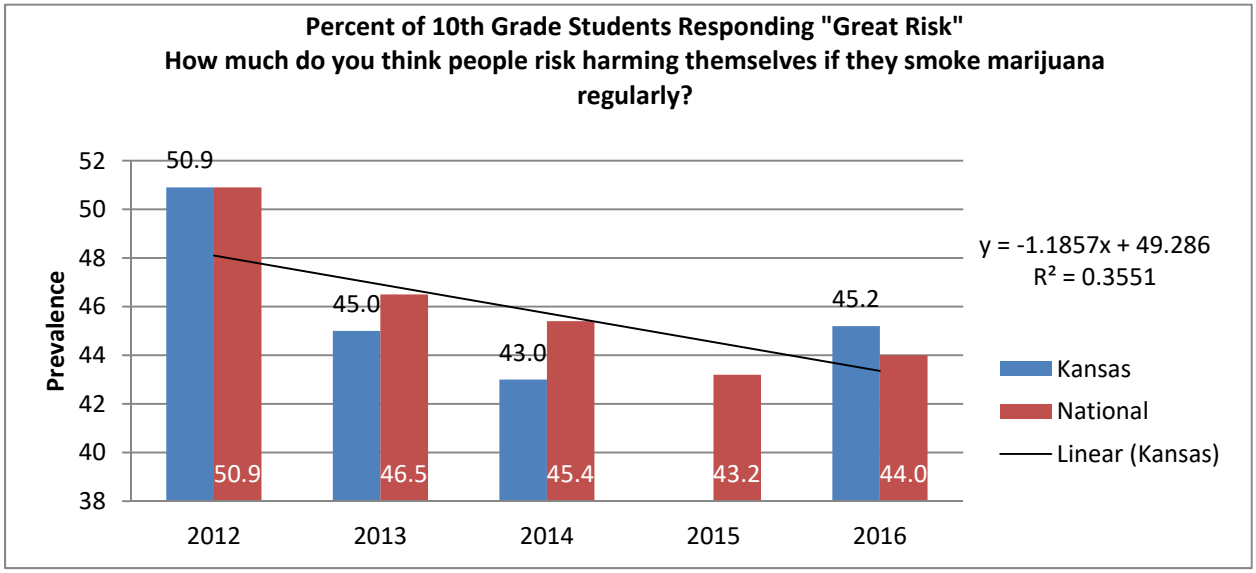
Important findings

- 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.

Graphs of Five-Year Trends




Percent of 8th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they smoke marijuana regularly?
Prevalence
80
70
60
50
40
30
20
10
0
69.3
64.8
62.8
62.9
66.9
61.0
58.9
58.0
57.5
2012
2013
2014
2015
2016
y = -1.4457x + 68.926
R² = 0.6586
Kansas
National
Linear (Kansas)


Percent of 10th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they smoke marijuana regularly?
Prevalence
52
50
48
46
44
42
40
38
50.9
45.0
43.0
45.2
50.9
46.5
45.4
43.2
44.0
2012
2013
2014
2015
2016
y = -1.1857x + 49.286
R² = 0.3551
Kansas
National
Linear (Kansas)

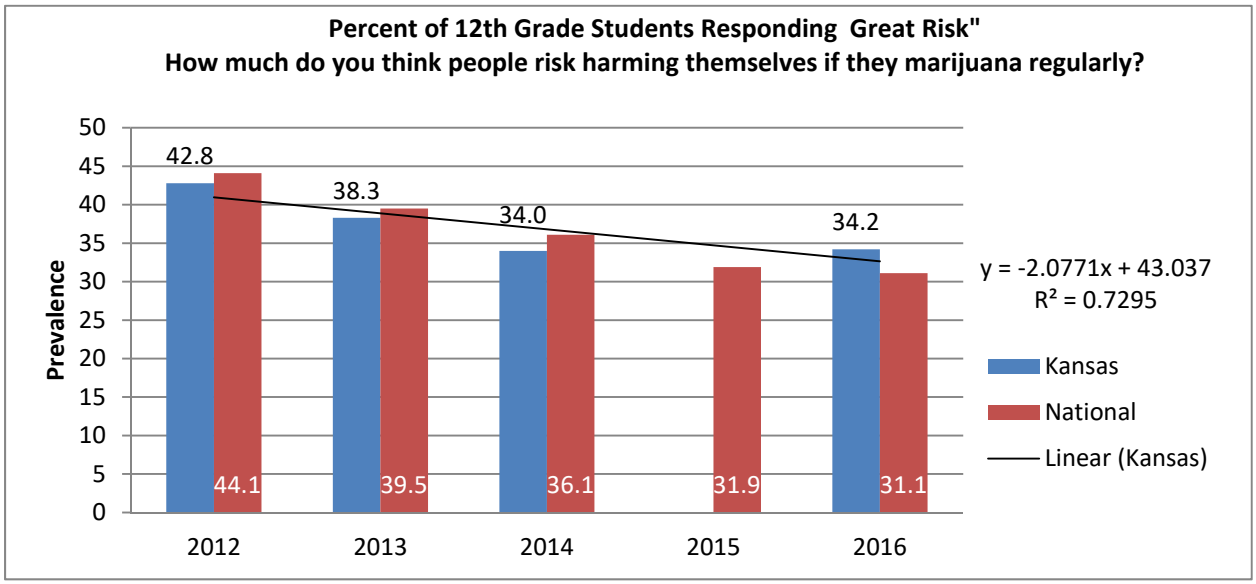

Percent of 12th Grade Students Responding Great Risk"
How much do you think people risk harming themselves if they marijuana regularly?
Prevalence
50
45
40
35
30
25
20
15
10
5
0
42.8
38.3
34.0
34.2
44.1
39.5
36.1
31.9
31.1
2012
2013
2014
2015
2016
y = -2.0771x + 43.037
R² = 0.7295
Kansas
National
Linear (Kansas)

Table 7.10 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in smoking marijuana regularly by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	56.8	73.2	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
2015							
2016	56.4	71.6	62.9	45.2	34.2	53.5	59.3
2017	52.0	68.4	57.9	41.3	30.0	48.5	55.5
5-Year Average	**55.8**	**72.0**	**63.5**	**44.4**	**35.5**	**52.1**	**59.4**

Table 7.11 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in smoking marijuana regularly by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2013	56.8	59.7	44.5	55.1	49.2	61.0	54.5
2014	54.2	57.1	42.1	51.0	46.5	60.5	51.1
2015							
2016	56.4	59.1	42.3	51.5	47.7	62.9	55.9
2017	52.0	54.6	40.2	49.3	43.4	59.7	51.9
5-Year Average	**54.9**	**57.6**	**42.3**	**51.7**	**46.7**	**61.0**	**53.4**

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

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 10th 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

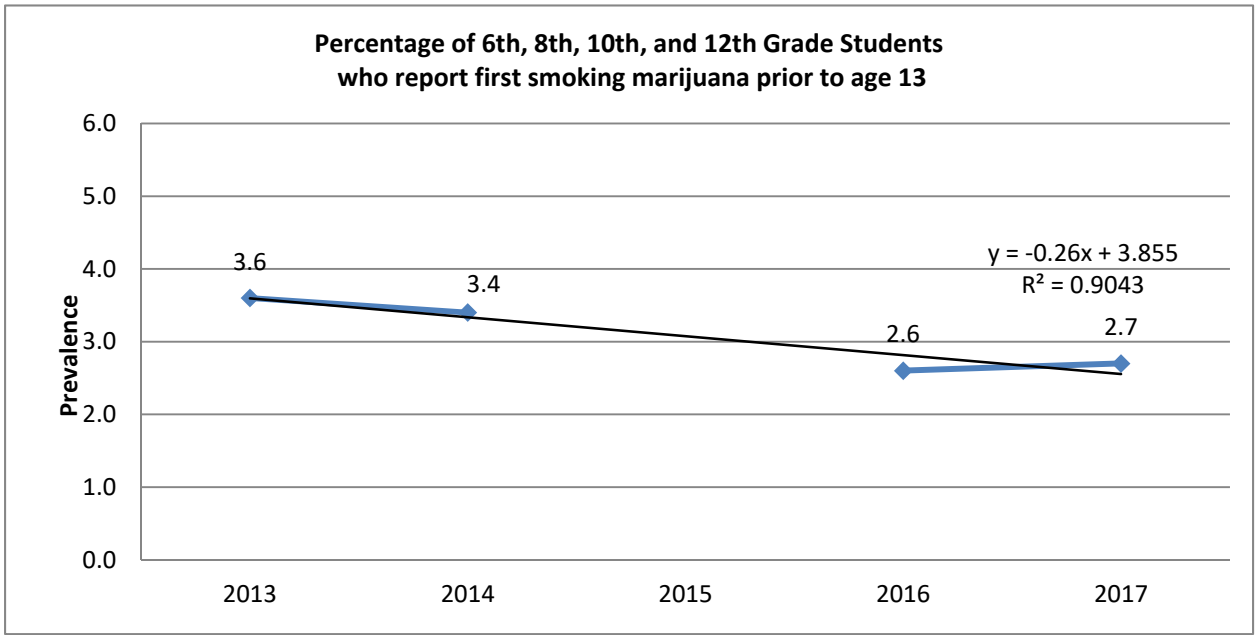


Table 7.12 Percent of students in grades 6, 8, 10, and 12 who report having used marijuana prior to age 13 by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	2.6	0.9	3.3	3.5	3.3	3.2	2.2
2017	2.7	1.1	3.3	3.6	2.9	3.1	2.2
5-Year Average	**3.2**	**1.2**	**3.9**	**4.5**	**3.7**	**4.0**	**2.5**

Table 7.13 Percent of students in grades 6, 8, 10, and 12 who report having used marijuana prior to age 13 by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2013	3.6	2.5	7.1	6.8	6.4	2.1	4.5
2014	3.4	2.5	6.3	6.3	5.5	2.3	4.4
2015							
2016	2.6	2.0	5.2	4.3	4.7	1.9	3.2
2017	2.7	1.9	5.3	4.7	4.2	1.2	3.8
5-Year Average	**3.1**	**2.2**	**6.0**	**5.5**	**5.2**	**1.9**	**4.0**

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?

Treatment Episodic Data Set (TEDS) – Primary substance for which patient admitted for treatment is marijuana.

Important findings

- Among new admissions, significantly more males have been admitted for marijuana treatment than females.
- New admissions for all age groups have been declining over the past 4 years, although there was a substantial increase in from 2014-15 to 2016 admissions.
- A higher percentage of admissions can be seen in the 26-35 age group than any other group.

Graphs of Five-Year Trends

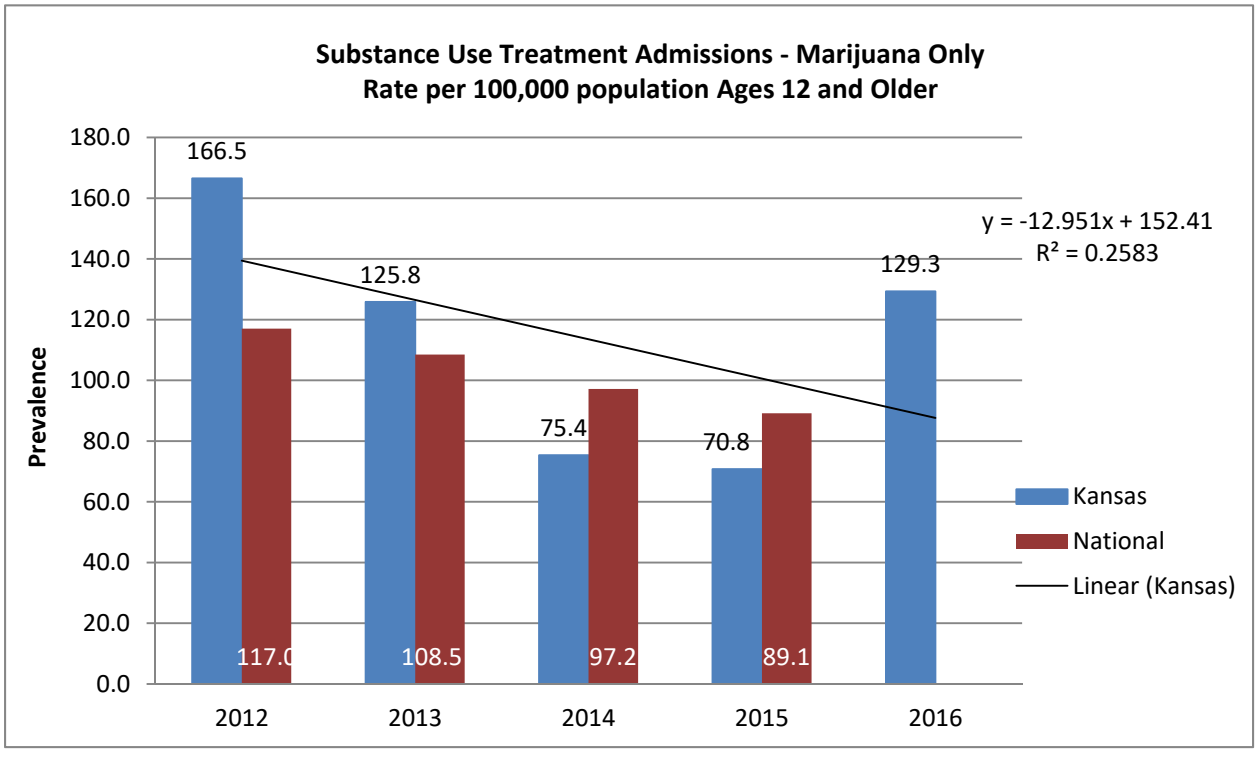


Table 8.1 Total count and percent admissions for marijuana treatment (primary substance) by gender and age group for the State of Kansas, 2012-2016

Year	Total	Gender		Age Group				
		Female	Male	12 - 17	18 - 25	26 - 35	36 - 50	51 +
2012	3937	26.0%	74.0%					
2013	2975	25.9%	74.1%	17.6%	19.4%	54.4%	8.8%	2.7%
2014	1782	30.8%	69.2%	13.9%	21.2%	54.3%	9.2%	2.8%
2015	1673	27.7%	72.3%	17.5%	21.9%	56.6%	10.4%	2.7%
2016	3057	30.6%	69.4%	18.9%	23.4%	56.8%	11.8%	3.3%
5-Year Average	**2685**	**28.2%**	**71.8%**	**17.0%**	**21.5%**	**55.5%**	**10.1%**	**2.9%**

Table 8.2 Total count and percent of admissions for marijuana (as primary substance) by race for the State of Kansas, 2012-2016

Year	Total	Race					Ethnicity	
		White	African American	American / Alaska Native	Asian / Islander	Other	Hispanic	Non-Hispanic
2012	3937	60.1%	20.9%	1.7%	0.9%	2.1%	14.4%	
2013	2975	62.4%	21.8%	2.5%	0.8%	12.5%	16.0%	84.0%
2014	1782	61.7%	22.9%	2.4%	0.9%	12.1%	16.5%	83.5%
2015	1673	63.1%	21.2%	2.5%	1.1%	12.1%	16.7%	83.3%
2016	3057	62.8%	21.3%	3.0%	1.1%	11.8%	16.2%	83.8%
5-Year Average	**2592**	**61.8%**	**21.7%**	**2.3%**	**0.9%**	**9.7%**	**16.0%**	**83.7%**

Prescription Drug Indicators

Opioid Prescribing Rates: Estimated rate of opioid prescriptions per 100 residents

Why is this indicator important?

The United States is in the midst of an opioid crisis. In 2015, six times more opioids per resident were dispensed in the highest-prescribing counties than in the lowest-prescribing counties. Taking prescription opioids for longer periods of time or in higher doses increases the risk of addiction, overdose, and death.

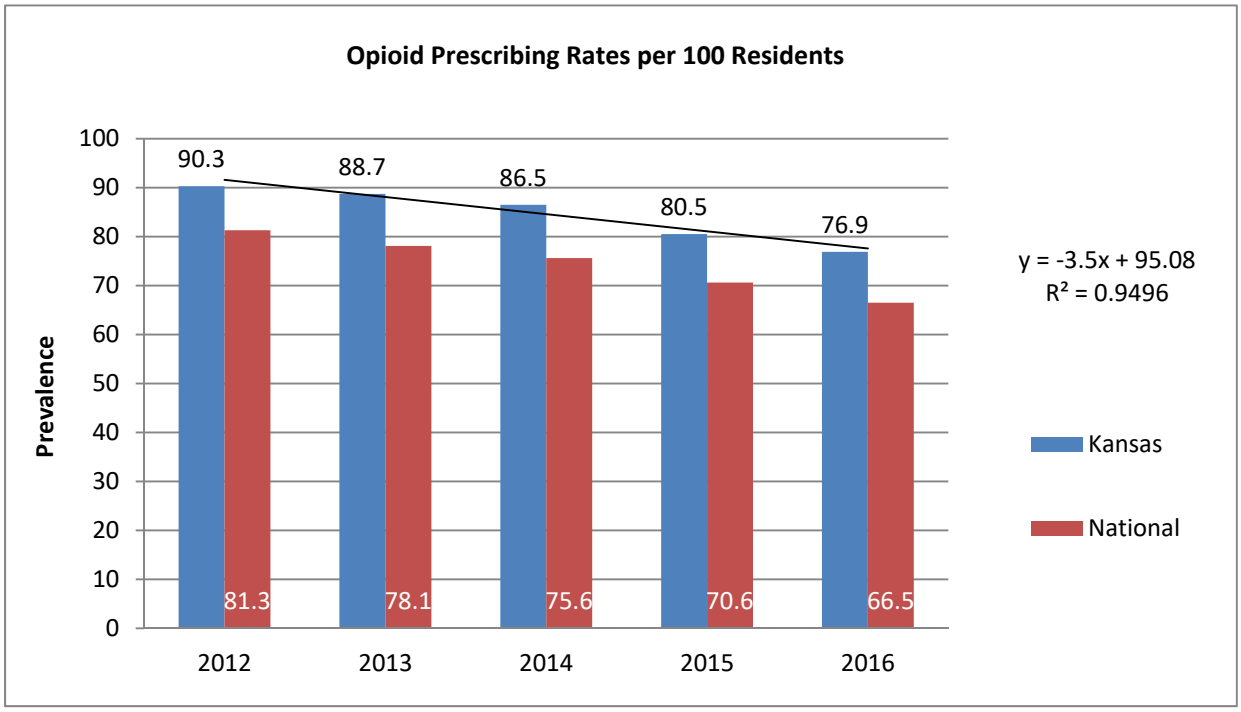
Where did we get the data?

Centers for Disease Control and Prevention – National Center for Injury Prevention and Control: U.S. Prescribing Rate Maps by State, 2012-2016

Important findings

- Prescribing rates for Kansas and nationally have been decreasing over the past 5 years.
- Kansas prescribing rates have remained approximately 10 persons per 100 higher than the national average over time.

Graphs of Five-Year Trends



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?

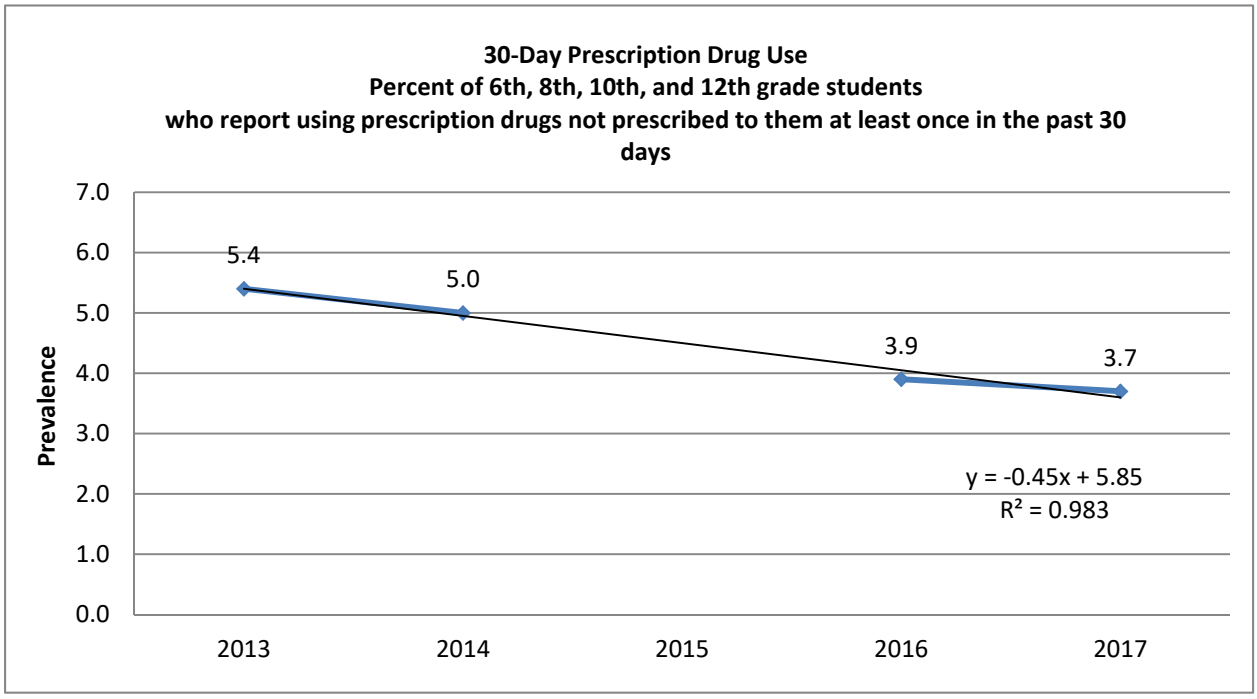
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

National comparison data taken from the Monitoring The Future student survey, 2012-2016

Important findings

- Nonmedical use of prescription drugs increases as age increases.
- Use of prescription drugs is highest among the Native American population, followed closely by those of African American descent.
- 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



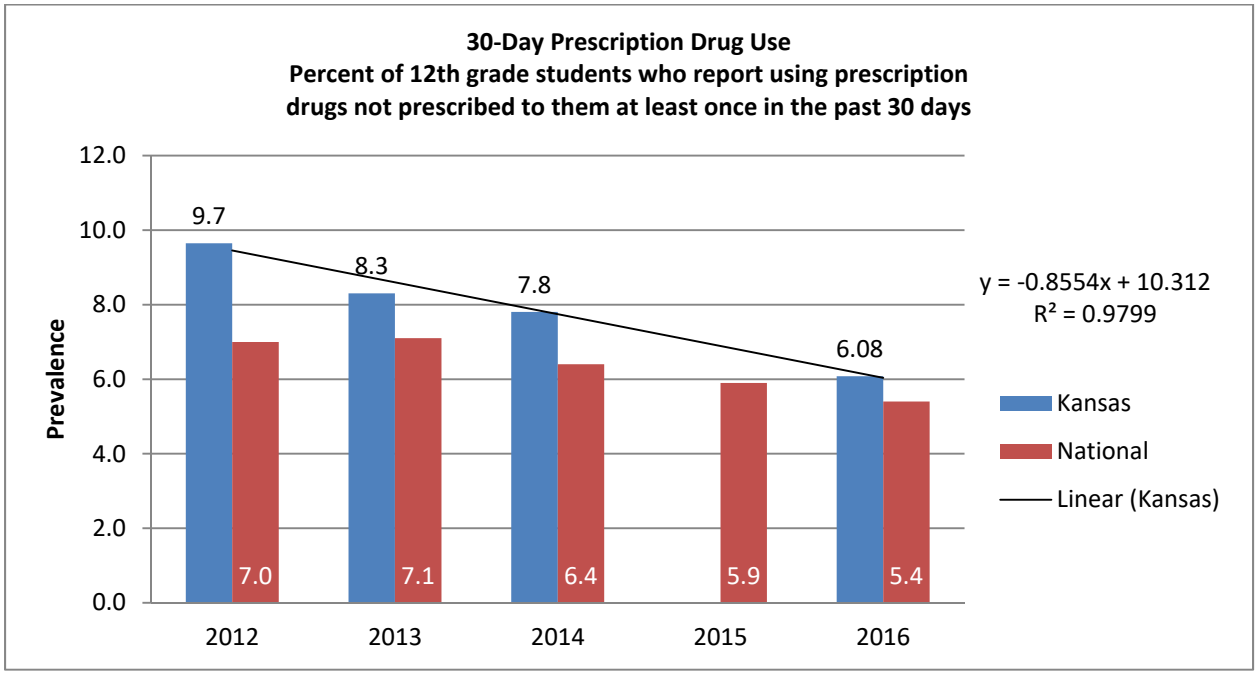


Table 9.1 Percent of students in grades 6, 8, 10, and 12 who report having taken prescription drugs not prescribed to them in the past 30 days by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	5.4	2.8	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
2015							
2016	3.9	2.4	3.5	4.3	6.1	3.6	4.1
2017	3.7	2.5	3.4	4.4	5.3	3.5	3.9
5-Year Average	**4.8**	**2.6**	**3.9**	**5.9**	**7.4**	**4.6**	**4.9**

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, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	5.4	5.0	6.6	7.8	6.0	4.3	6.8
2014	5.0	4.6	6.3	6.6	5.7	4.2	5.7
2015							
2016	3.9	3.5	5.8	5.9	5.0	2.3	3.9
2017	3.7	3.6	4.4	4.7	4.0	2.5	3.0
5-Year Average	**4.5**	**4.2**	**5.8**	**6.3**	**5.2**	**3.3**	**4.9**

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 2010 - 2014. Due to changes in survey questionnaire and methodology, state level comparisons are not available for the 2015 results.

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

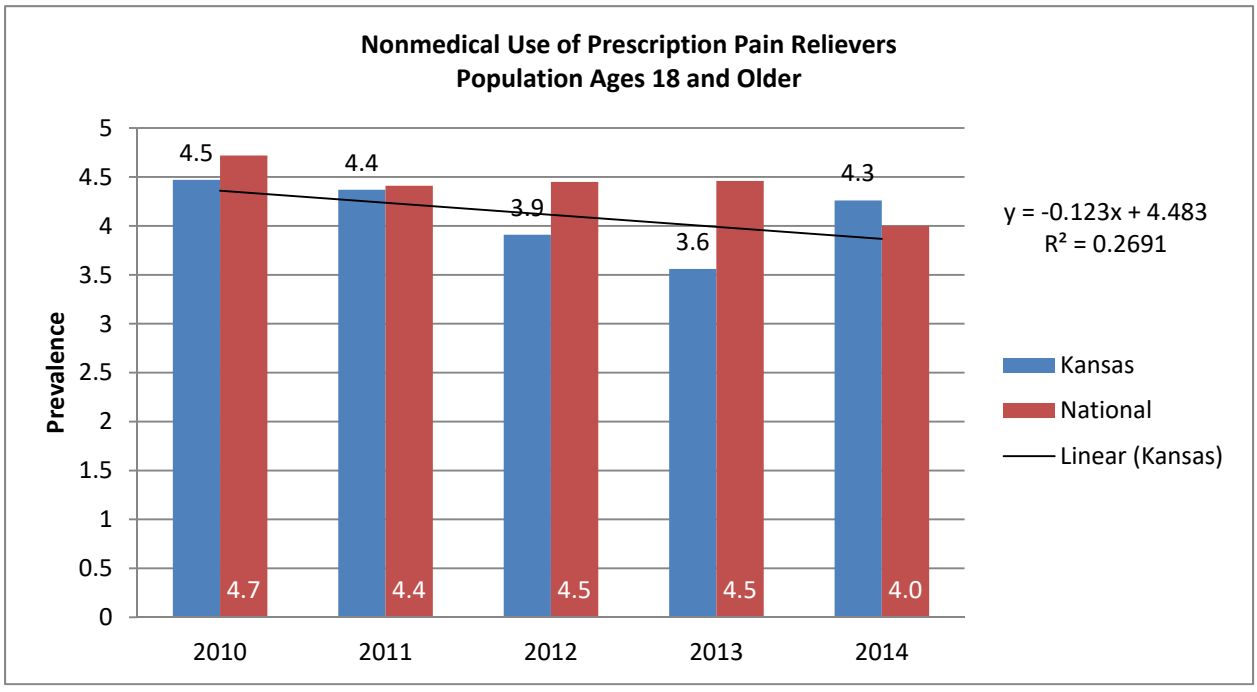


Table 9.3 Percentage of persons ages 18 and older reporting nonmedical use of pain relievers in the past month by age group, 2010-2014

Year	Age 12+	Ages 12-17	Ages 18-25	Age 26+	Age 18+
2010	4.7	6.8	11.2	3.2	4.5
2011	4.6	6.2	10.3	3.3	4.4
2012	4.1	5.7	8.7	3.0	3.9
2013	3.7	4.4	7.6	2.8	3.6
2014	4.3	4.5	8.5	3.5	4.3
5-Year Average	**4.3**	**5.5**	**9.2**	**3.2**	**4.1**

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

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

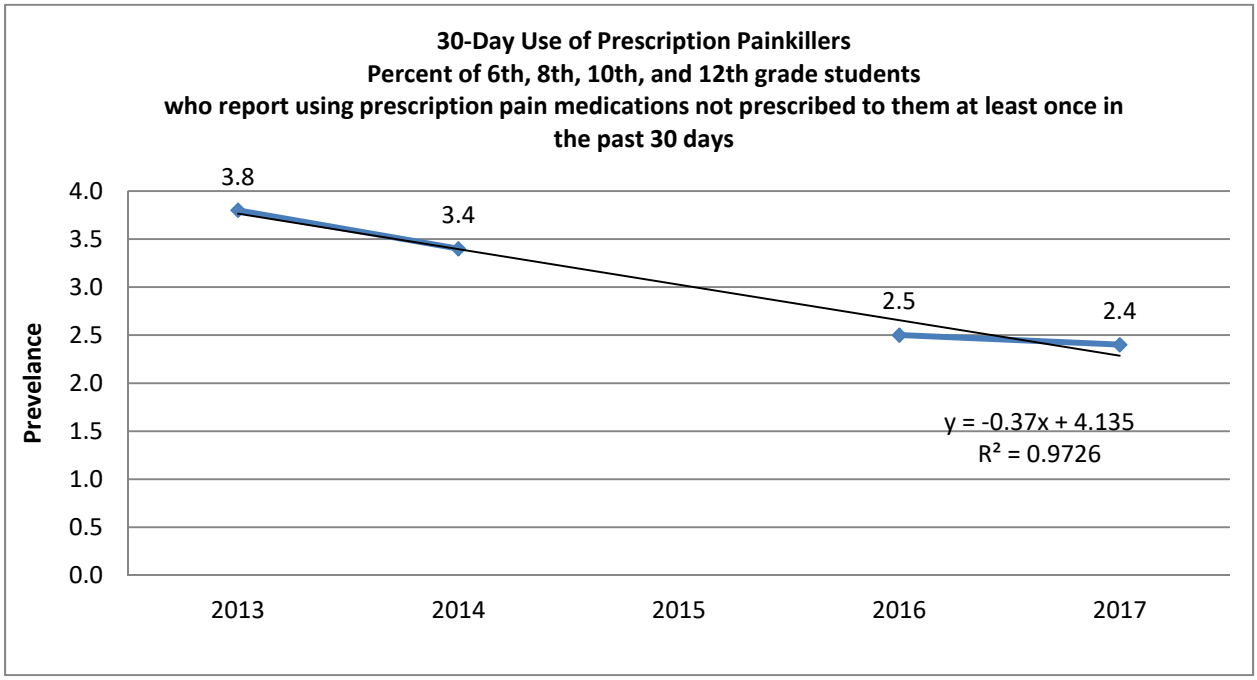


Table 9.4 Percent of students in grades 6, 8, 10, and 12 who report having taken prescription pain relievers not prescribed to them in the past 30 days by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	2.5	1.9	2.6	2.5	3.2	2.3	2.6
2017	2.4	1.9	2.4	2.6	2.8	2.3	2.5
5-Year Average	**3.2**	**2.0**	**3.0**	**3.9**	**4.4**	**3.0**	**3.4**

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, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
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
2015							
2016	2.5	2.2	3.8	4.3	3.5	1.4	2.8
2017	2.4	2.3	2.7	2.9	2.5	1.8	2.1
5-Year Average	**3.0**	**2.8**	**3.8**	**4.4**	**3.7**	**2.3**	**3.4**

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?"

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

Important findings

- Students who feel it is “not wrong at all” for someone their age to use prescription drugs has decreased slightly over the past five years.
- Favorable attitude toward prescription drug use increases with age.
- African American students have higher rates of approval than do other students in 2017.
- There is a higher rate of approval among male students than female students.

Graph of Five-Year Trend

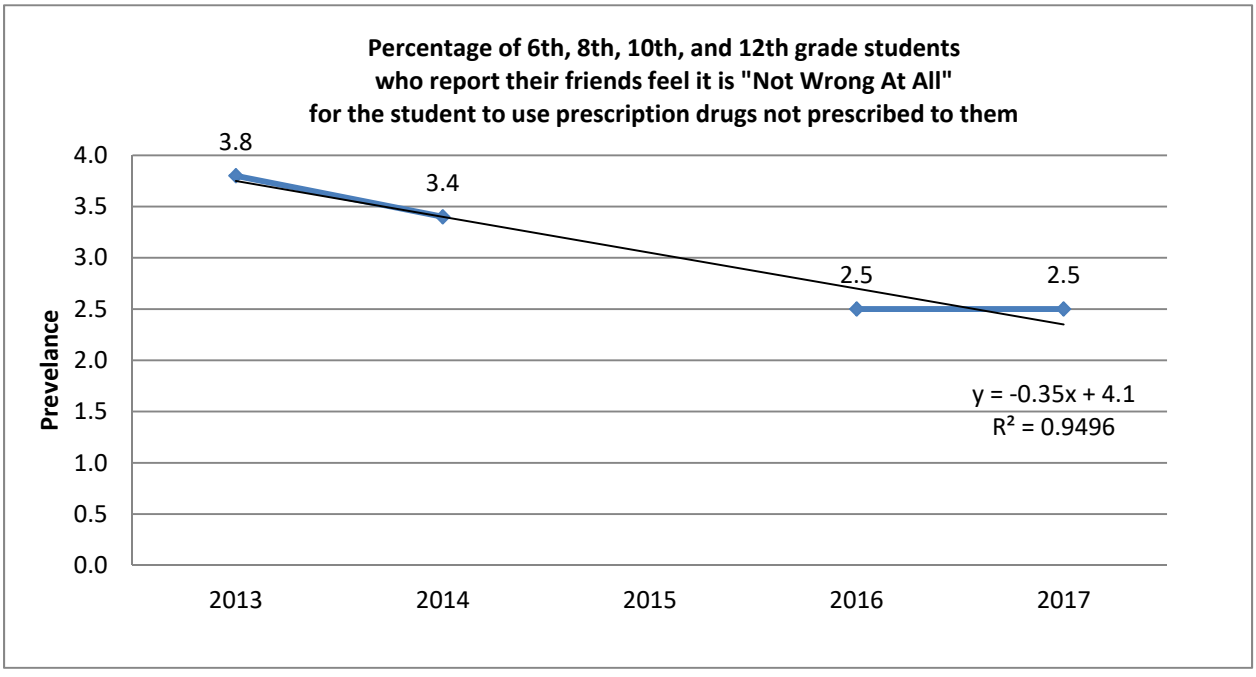


Table 9.6 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward prescription drug use by grade and gender, 2013-2017

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
2015							
2016	2.5	0.9	1.6	3.2	6.0	3.0	1.9
2017	2.5	1.0	1.9	3.3	4.8	2.9	2.1
5-Year Average	**3.8**	**1.0**	**2.5**	**5.7**	**7.1**	**4.5**	**3.0**

Table 9.7 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward prescription drug use by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	3.8	3.4	5.3	5.7	4.2	2.8	4.3
2014	3.4	3.0	4.5	4.3	3.9	3.2	4.4
2015	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2016	2.5	2.3	3.4	3.0	3.0	2.4	2.4
2017	2.5	2.3	3.7	2.2	2.7	2.2	3.1
5-Year Average	**3.6**	**3.2**	**4.9**	**5.0**	**4.1**	**3.0**	**4.4**

Perception of Great Risk of Harm from Prescription Drug Misuse - 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?"

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

Important findings

- The percentage of students who believe there is a great risk of harm has increased slightly over the past five years in the state of Kansas.
- White students perceive the most risk in use of prescription drugs, followed closely by Asian / Pacific Islanders.
- Female students perceive greater risk than do male students.

Graph of Five-Year Trend

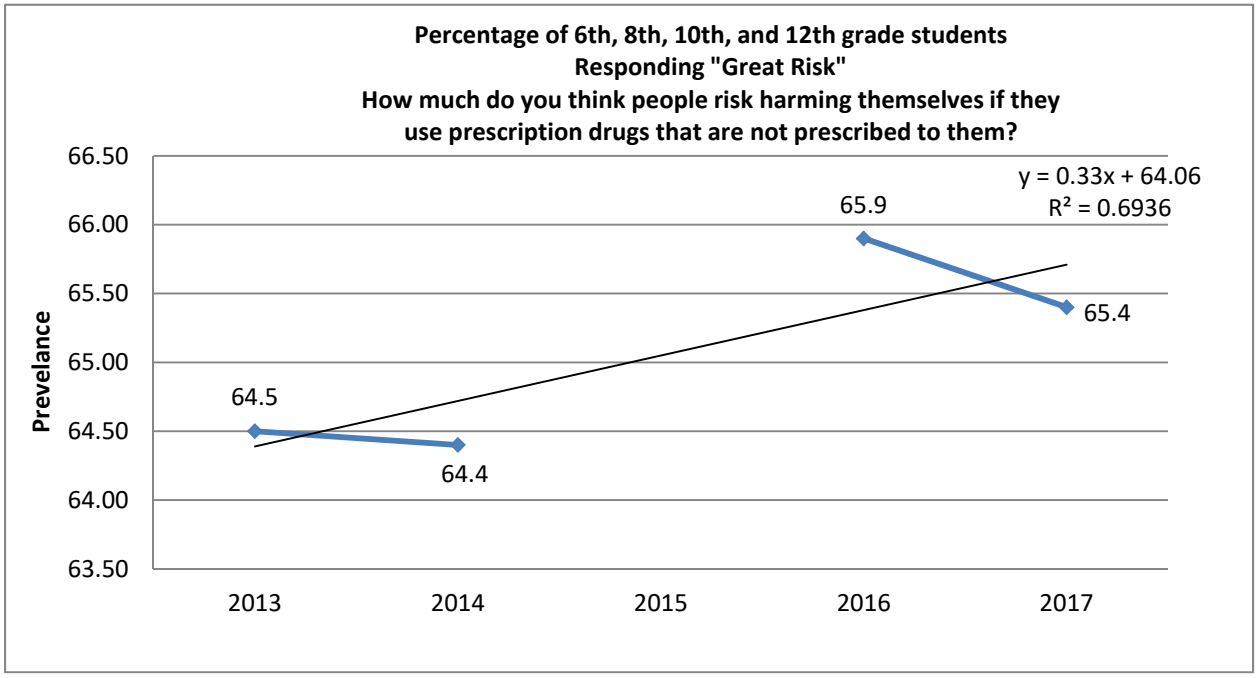


Table 9.8 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in prescription drug use by grade and gender, 2013-2017

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
2015							
2016	65.9	66.7	68.4	64.5	62.3	64.1	67.7
2017	65.4	65.9	66.7	64.7	63.3	63.1	67.6
5-Year Average	**64.5**	**66.9**	**66.6**	**62.5**	**61.1**	**62.1**	**66.8**

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, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	64.5	66.8	58.1	61.7	58.7	63.6	61.5
2014	64.4	66.8	57.1	61.0	59.1	62.2	60.6
2015							
2016	65.9	68.0	57.5	59.7	60.3	66.4	64.7
2017	65.4	67.9	56.0	61.6	58.7	67.0	63.3
5-Year Average	**64.5**	**66.8**	**57.6**	**61.4**	**58.9**	**62.9**	**61.1**

Perception of Great Risk of Harm from Prescription Drug Misuse - Young Adults: Percent of adults ages 18-25 who responded "great risk" when asked: How much do you think people risk harming themselves if they take prescription drugs not prescribed to them?"

Why is this indicator important?

The more people 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?

The Kansas Young Adult Survey, 2017

Important findings

- High school students report "great risk" from prescription drug misuse (67.9%) than those not enrolled in school (52%) or those in college (49.2%).
- Those reporting "Other" race and those of Hispanic ethnicity have higher perception of risk than other races (87.6%)

Table 9.10 Percentage of respondents ages 18-25 who "great risk of harm" in prescription drug misuse by school enrollment status and gender, 2017

Year	Overall	School Enrollment Status			Gender		
		In High School	In College	Not in School	Male	Female	Other
2017	50.3	67.9	49.2	52.0	40.9	60.6	26.1

Table 9.11 Percentage of respondents ages 18-25 who "great risk of harm" in prescription drug misuse by race and ethnicity, 2017

Race						Ethnicity	
White	African American	Native American, etc	Asian	Other	Multi-Racial	Hispanic	Not Hispanic
47.7	53.8	62.6	66.9	87.6	54.2	52.4	49.9

Table 9.12 Percentage of respondents ages 18-25 who “great risk of harm” in prescription drug misuse by income, 2017

Income							
Less than $20,000	**$20,000 to $29,999**	**$30,000 to $39,999**	**$40,000 to $49,999**	**$50,000 to $74,999**	**$75,000 to $99,999**	**$100,000 to $149,999**	**$150,000 or more**
51.7	49.9	50.6	41.7	37.2	53.4	24.1	36.6

Other Opiates & Synthetics Treatment Admissions: Count of those admitted to treatment reporting that the primary substance for which patient admitted were 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?

Treatment Episodic Data Set (TEDS) – Primary substance for which patient admitted for treatment is marijuana.

Important findings

- Females were more likely to be admitted for treatment than males.
- New admissions have been declining over the past 4 years, although there was a substantial increase in from 2014-15 to 2016 admissions.
- A higher number of new admissions can be seen in the 26-35 age group than any other group.

Graphs of Five-Year Trends

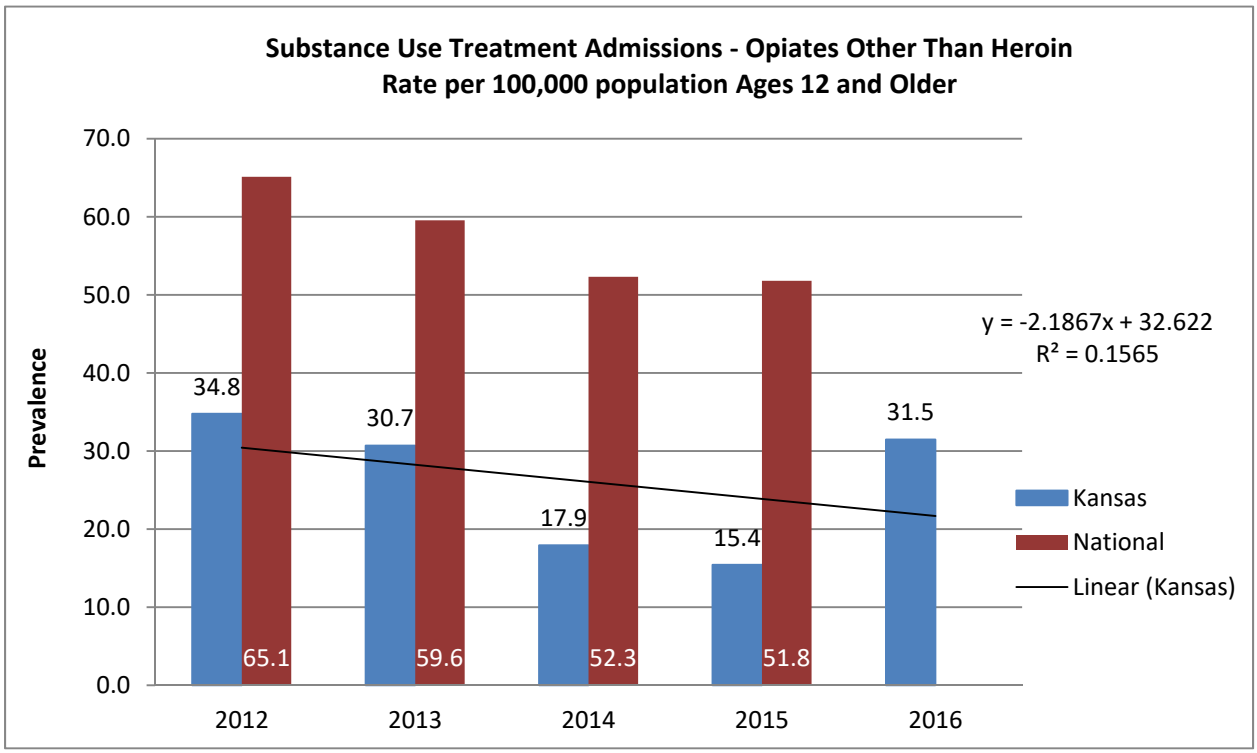


Table 10.1 Total count and percent admissions for other opiates treatment (primary substance) by gender and age group for the State of Kansas, 2012-2016. Note: Age group reporting changed in 2013 so that previous year data for current groupings is not available.

Year	Total	Gender		Age Group				
		Female	Male	12 - 17	18 - 25	26 - 35	36 - 50	51 +
2012	822	53.9%	46.1%					
2013	726	51.9%	48.1%	23.4%	42.2%	64.8%	21.2%	5.3%
2014	424	56.8%	43.2%	18.2%	45.3%	69.4%	24.1%	6.3%
2015	365	60.8%	39.2%	17.0%	47.7%	70.4%	20.9%	9.1%
2016	744	56.7%	43.3%	16.9%	48.8%	69.9%	22.6%	7.3%
5-Year Average	**616**	**56.0%**	**44.0%**	**18.9%**	**46.0%**	**68.6%**	**22.2%**	**7.0%**

Table 10.2 Total count and percent of admissions for other opiates treatment (as primary substance) by race/ethnicity for the State of Kansas, 2012-2016

Year	Total	Race					Ethnicity	
		White	African American	American / Alaska Native	Asian / Islander	Other	Hispanic	Non-Hispanic
2012	822	85.8%	5.0%	2.1%	0.6%	1.0%	5.6%	
2013	726	89.8%	5.4%	1.5%	0.6%	2.8%	5.5%	94.5%
2014	424	88.7%	6.1%	1.9%	0.2%	3.1%	5.0%	95.0%
2015	365	89.6%	4.1%	2.2%	1.1%	3.0%	7.1%	92.9%
2016	744	85.3%	6.7%	3.4%	0.0%	4.6%	6.3%	93.7%
5-Year Average	**584**	**88.5%**	**5.2%**	**1.9%**	**0.6%**	**2.5%**	**5.9%**	**94.0%**

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.

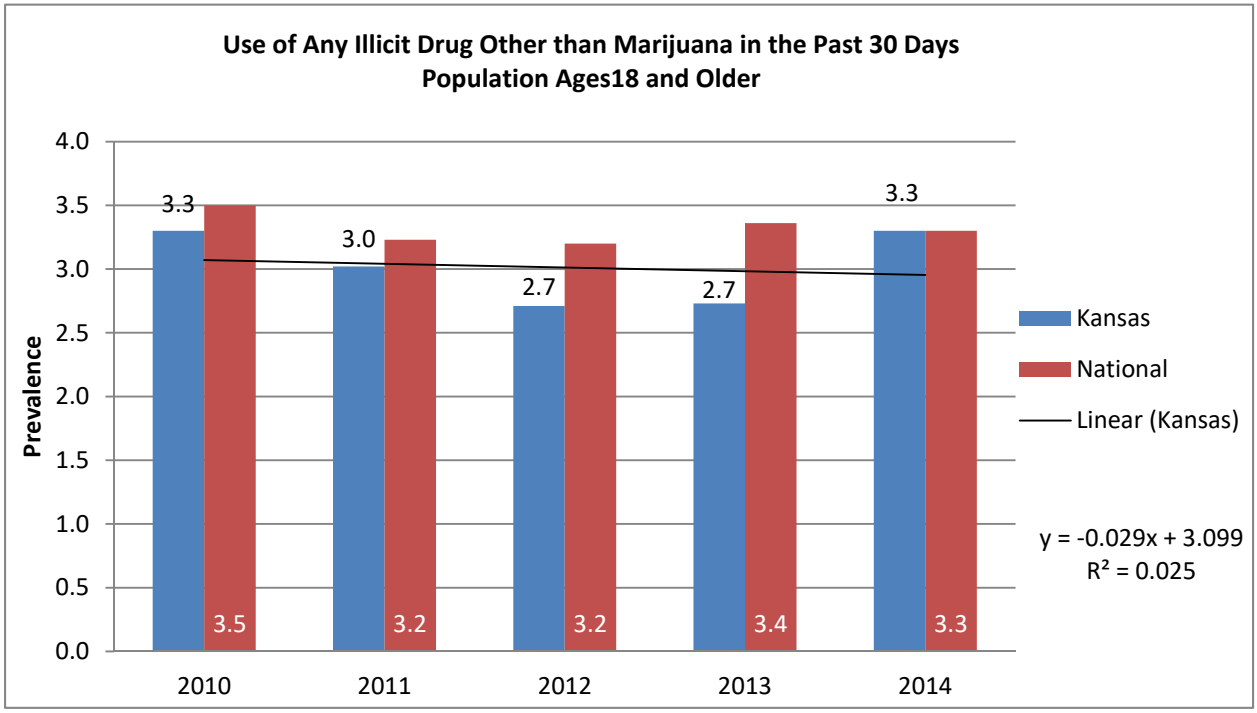
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2009 - 2014. Due to changes in survey questionnaire and methodology, state level comparisons are not available for the 2015 results.

Important findings

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

Graphs of 5-Year Trends



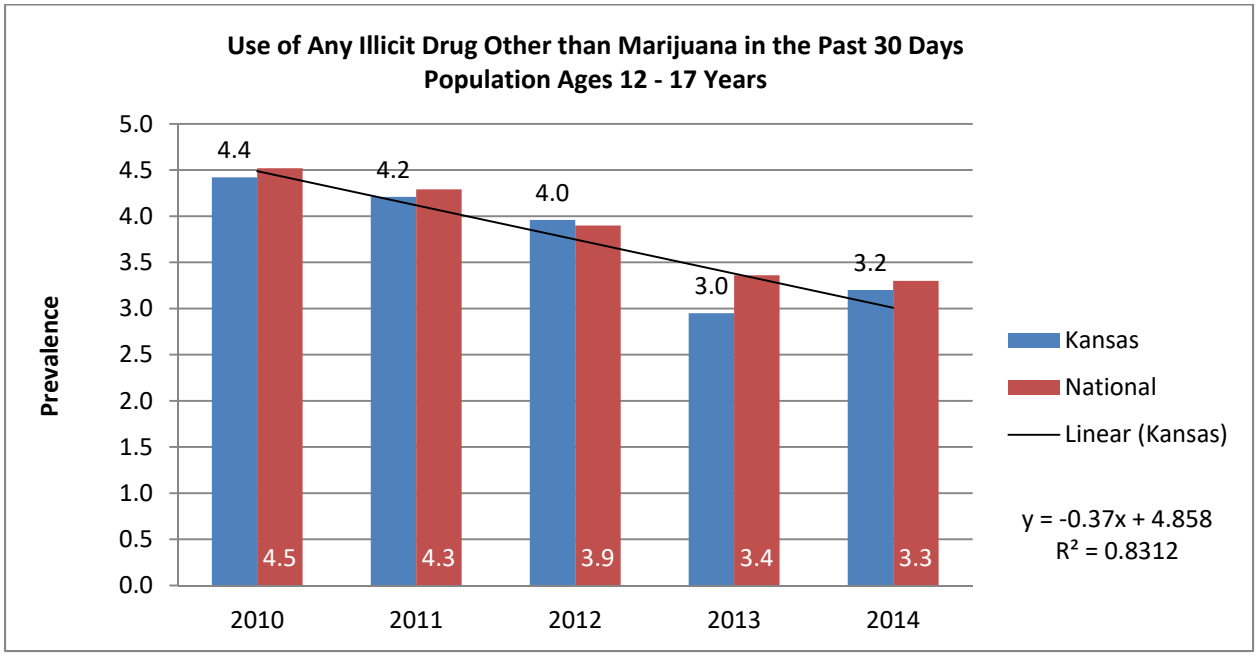


Table 11.1 Percent reporting use of any illicit drug other than marijuana in the past 30 days by SAHMSA age group, 2010-2014

Year	Age 12+	Ages 12-17	Ages 18-25	Age 26+	Age 18+
2010	3.4	4.4	8.1	2.4	3.3
2011	3.1	4.2	6.9	2.3	3.0
2012	2.8	4.0	5.5	2.2	2.7
2013	2.8	3.0	5.7	2.2	2.7
2014	3.3	3.2	6.8	2.7	3.3
5-Year Average	**3.1**	**3.7**	**6.6**	**2.4**	**3.0**

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

Important findings

- Student use of illicit drugs has been declining steadily over the past 5 years.
- Students of Asian / Pacific Islander descent are less likely to use illicit drugs than students of other racial groups.

Graph of Five-Year Trend

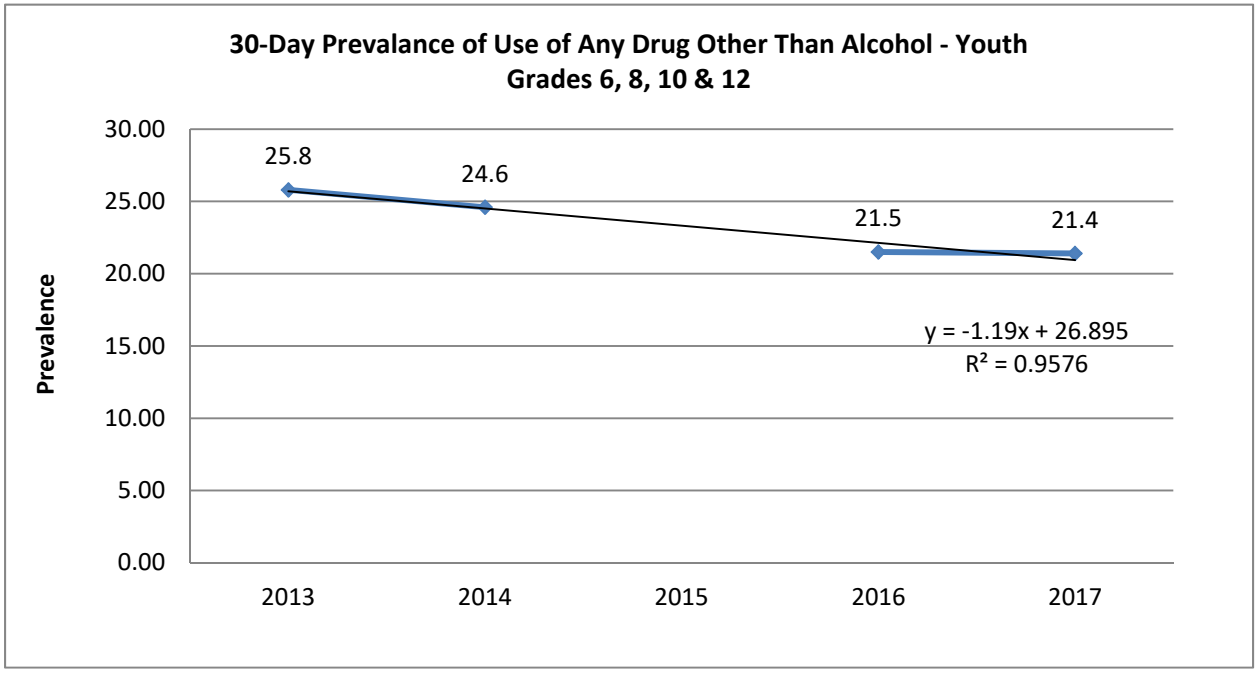


Table 11.2 Percent of students in 6th, 8th, 10th, and 12th grades reporting use of any illicit drug other than alcohol in the past 30 days by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	25.8	9.7	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
2015							
2016	21.5	8.5	15.9	28.9	42.8	20.8	22.2
2017	21.4	8.7	16.1	27.8	41.8	20.2	22.5
5-Year Average	**24.0**	**8.8**	**17.2**	**32.2**	**45.2**	**23.5**	**24.4**

Table 11.3 Percent of students in 6th, 8th, 10th, and 12th grades reporting use of any illicit drug other than alcohol in the past 30 days by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2013	25.8	25.6	26.4	27.9	28.9	17.6	24.7
2014	24.6	24.4	25.3	25.6	28.2	15.6	22.5
2015							
2016	21.5	22.2	21.3	21.6	22.8	12.8	16.1
2017	21.4	22.3	19.4	21.5	22.1	13.1	17.8
5-Year Average	**23.3**	**23.6**	**23.1**	**24.2**	**25.5**	**14.8**	**20.3**

30-Day Use of Various Other Drugs - Youth

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.

Graph of Five-Year Trend

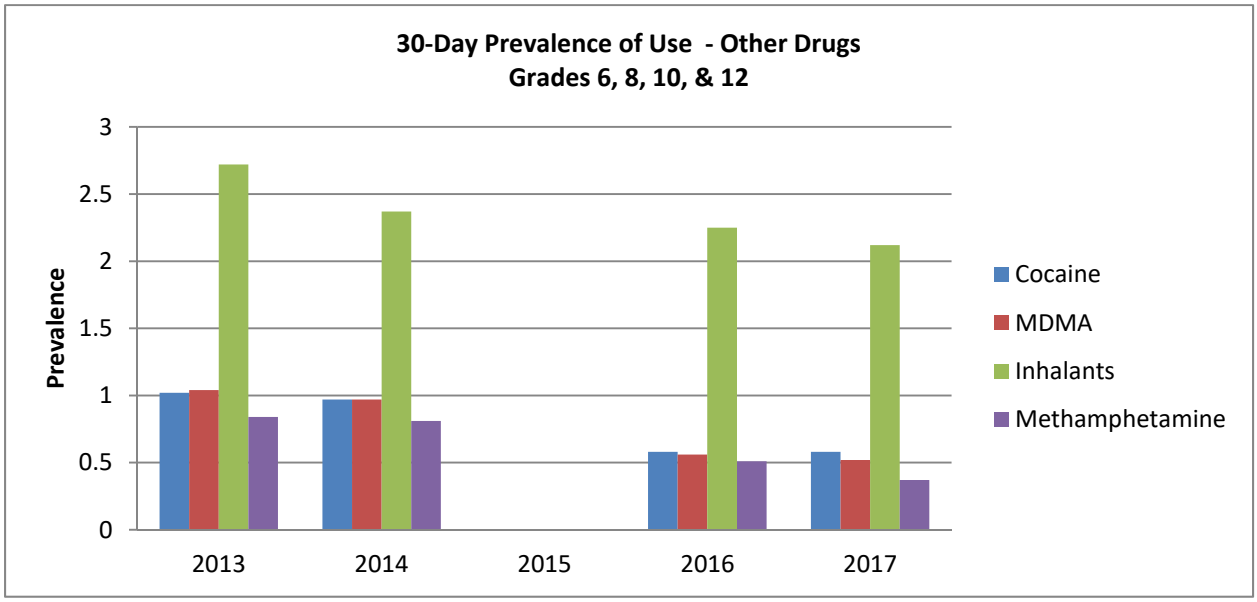


Table 11.4 Percent of students in 6th, 8th, 10th, and 12th grades reporting use of the illicit drug specified in the past 30 days by grade and gender, 2013-2017

30-Day Use		GENDER		GRADE			
Substance	**ALL**	**Female**	**Male**	**6th**	**8th**	**10th**	**12th**
Cocaine or crack	0.8	0.6	1.1	0.3	0.7	1.1	1.5
MDMA (Ecstasy)	0.8	0.6	1.1	0.2	0.6	1.2	1.5
Inhalants	2.5	2.6	2.3	2.7	3.2	2.0	1.5
Methamphetamines	0.7	0.5	0.8	0.2	0.5	1.0	1.2

Table 11.5 Percent of students in 6th, 8th, 10th, and 12th grades reporting use of the illicit drug specified in the past 30 days by race, 2013-2017

30-Day Use		RACE					
Substance	**ALL**	**White**	**African American**	**Asian / Pacific Islander**	**Native American**	**Hispanic**	**Other Races**
Cocaine or crack	0.83	0.60	1.56	0.89	1.35	1.38	1.08
MDMA (Ecstasy)	0.82	0.65	1.45	0.85	1.37	1.08	1.08
Inhalants	2.45	2.10	3.30	2.00	4.08	3.24	3.34
Methamphetamines	0.68	0.57	1.19	0.64	0.94	0.82	0.93

Treatment Admissions – Other Illicit Drugs: Count of those admitted to treatment reporting that the primary substance for which patient admitted was smoked cocaine (crack), other cocaine, heroin, or methamphetamines

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?

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 percent of admissions for smoked cocaine (crack) is substantially among African Americans than any other racial group (60.2% of admissions).
- Percent admissions for 'other cocaine' have higher rates in the 12-20 age groups than the other various substances.

National Comparison – Percent of Admissions for Various Drugs

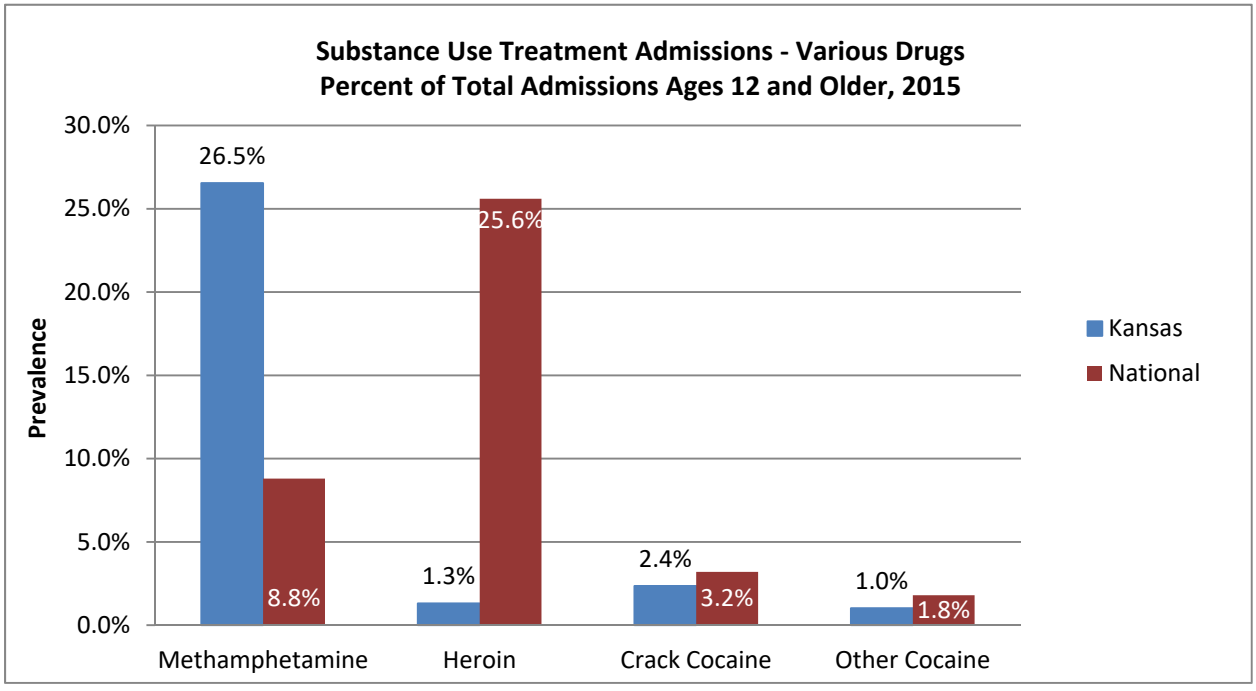


Table 12.1 Total count and percent admissions for treatment of various other drugs by primary substance of abuse, 2012-2016

Year	Total Admissions	Smoked Cocaine (Crack)		Other Cocaine		Heroin		Methamphetamine	
		Num	Pct	Num	Pct	Num	Pct	Num	Pct
2012	13,200	643	4.9%	171	1.3%	140	1.1%	2,308	17.5%
2013	10,869	394	3.6%	117	1.1%	158	1.5%	2,415	22.2%
2014	6,405	185	2.9%	53	0.8%	85	1.3%	1,690	26.4%
2015	5,737	135	2.4%	49	0.9%	75	1.3%	1,523	26.5%
2016	12,959	319	2.5%	132	1.0%	237	1.8%	4,421	34.1%
5-Year Average	**9,834**	**335**	**3.2%**	**104**	**1.0%**	**139**	**1.4%**	**2,471**	**25.4%**

Table 12.2 Percent admissions for treatment of various other drugs by gender and race/ethnicity, 2012-2016

Substance	Gender		Race					Ethnicity	
	Female	Male	White	African American	Native Am / Alaska Native	Asian / Islander	Other	Hispanic	Non-Hispanic
Methamphetamine	46.2%	53.8%	86.0%	5.0%	3.1%	0.5%	5.4%	8.9%	91.1%
Heroin	43.5%	56.5%	89.5%	6.8%	0.8%	0.0%	3.0%	8.0%	92.0%
Crack Cocaine	45.8%	54.2%	34.2%	60.2%	1.3%	0.0%	4.4%	7.2%	92.8%
Other Cocaine	37.9%	62.1%	45.5%	42.4%	0.8%	0.8%	10.6%	12.9%	87.1%

Table 12.2 Percent admissions for treatment of various other drugs by age, 2012-2016

Substance	12 - 17 years	18-20 years	21-25 years	26-30 years	31-35 years	36-45 years	46-55 years	56-64 years	65+ years
Methamphetamine	2.2%	4.4%	16.0%	21.3%	20.9%	24.1%	9.1%	1.9%	0.0%
Heroin	1.3%	3.4%	18.1%	30.4%	17.7%	20.6%	5.1%	3.3%	0.0%
Crack Cocaine	0.6%	0.3%	2.2%	4.7%	8.5%	23.8%	42.4%	17.6%	0.0%
Other Cocaine	12.1%	8.3%	12.1%	13.6%	18.9%	18.9%	12.1%	3.0%	0.8%

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

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 Native American and African-American race groups.
- Males have a higher prevalence of illegal drug sales than do females.

Graph of Five-Year Trend

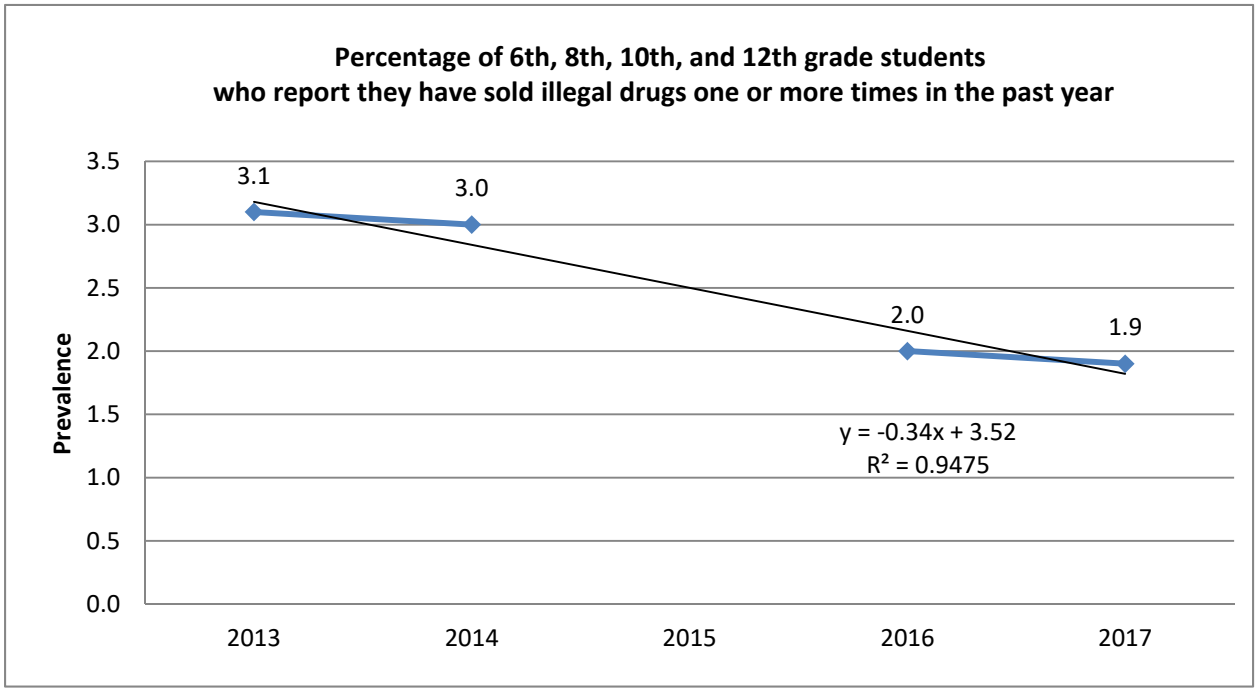


Table 13.1 Percent of students in 6th, 8th, 10th, and 12th grades reporting sale of any illicit in the past year by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	2.0	0.3	1.2	2.9	4.9	2.6	1.4
2017	1.9	0.3	1.2	3.1	4.2	2.4	1.5
5-Year Average	**2.5**	**0.4**	**1.5**	**4.0**	**5.4**	**3.3**	**1.7**

Table 13.2 Percent of students in 6th, 8th, 10th, and 12th grades reporting sale of any illicit in the past year by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc	Hispanic	Asian / Islander	Other
2013	3.1	2.7	4.7	4.8	3.8	2.5	3.7
2014	3.0	2.7	4.3	4.2	3.7	2.2	3.4
2015	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2016	2.0	1.8	2.9	2.2	2.8	1.3	1.8
2017	1.9	1.8	2.5	2.3	2.4	1.1	2.1
5-Year Average	**2.0**	**1.8**	**2.9**	**2.7**	**2.5**	**1.4**	**2.2**

Suspensions / Expulsions for Drug Offenses: Number and rate of school suspensions and expulsions related to drugs (other than 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 2012 - 2016.

Important findings

- Generally, as grade level increases, the number of suspensions and expulsions related to drugs decreases.

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

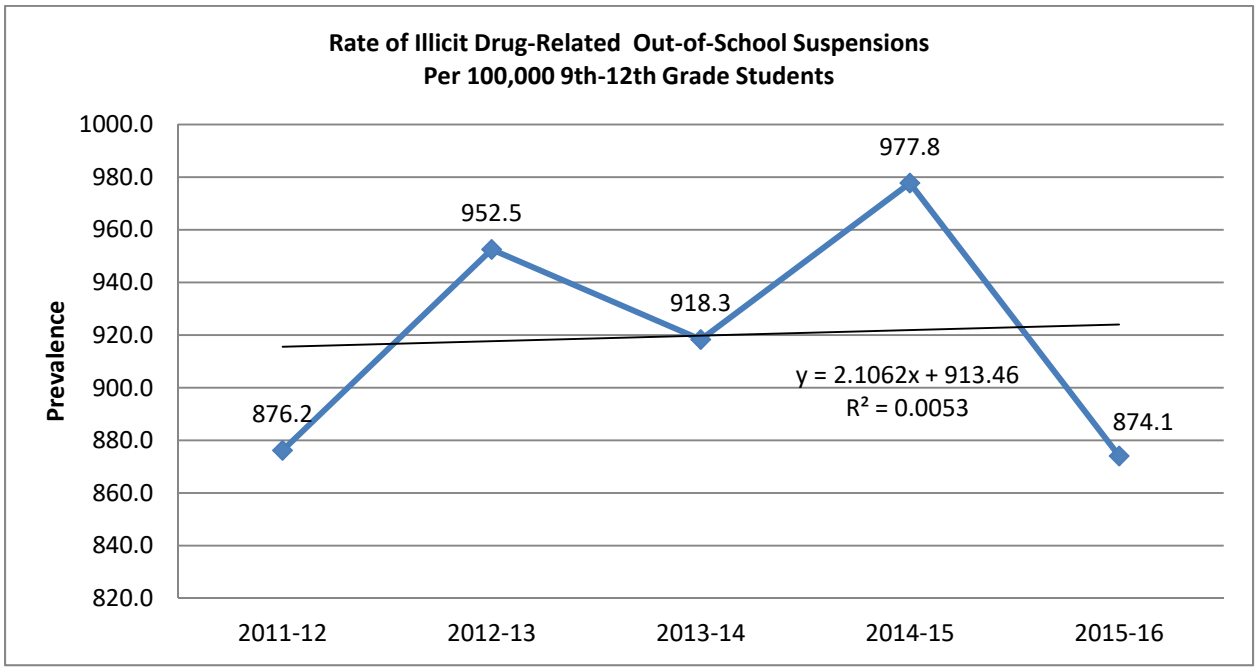
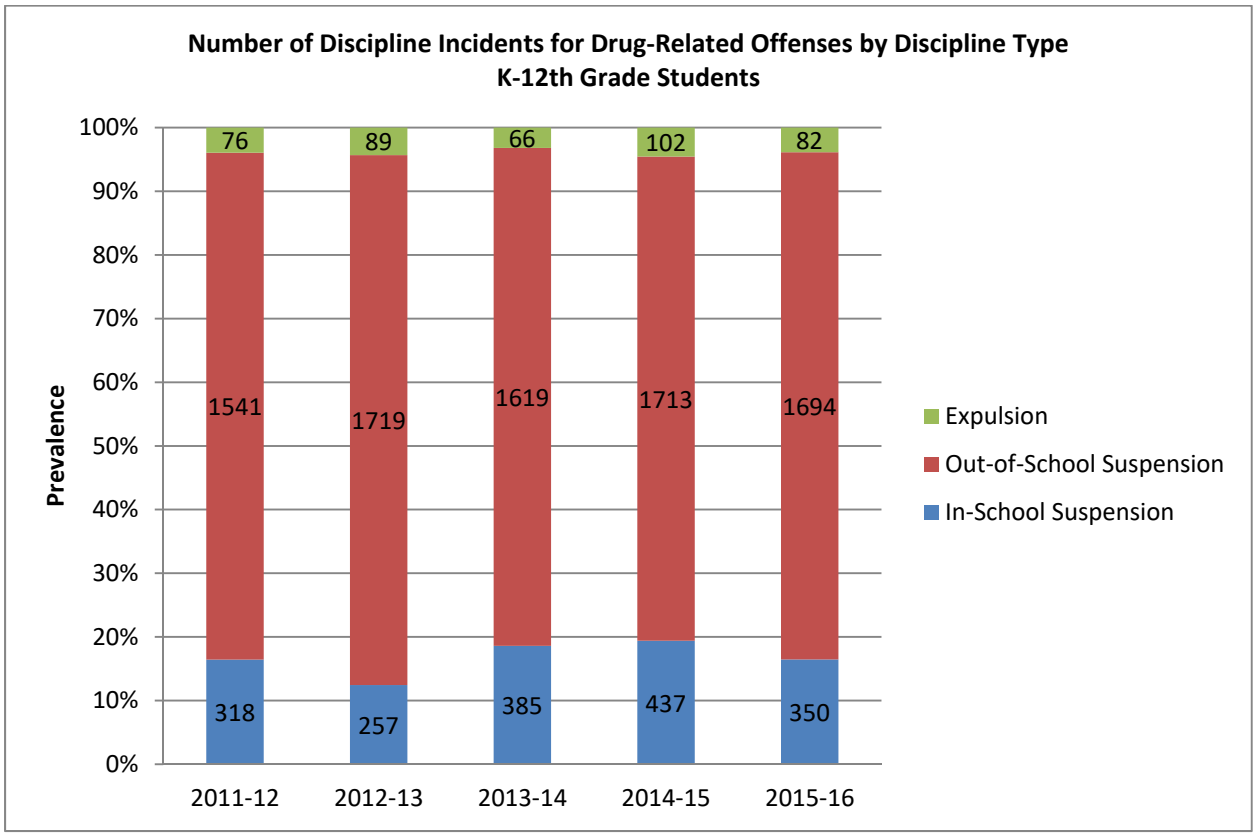


Table 13.3 Number of out-of-school suspensions (incidents) for drug-related offenses by grade, 2012-2016

Year	9th Grade	10th Grade	11th Grade	12th Grade	Total High School Drug-Related	Percent of ALL Out-of-school Suspensions
2011-12	343	341	292	230	1206	42.6%
2012-13	359	348	371	234	1312	41.8%
2013-14	347	375	332	220	1274	38.4%
2014-15	368	395	366	242	1371	38.3%
2015-16	331	333	328	248	1240	36.6%
5-Year Average	**349.6**	**358.4**	**337.8**	**234.8**	**1280.6**	**39.5%**



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.

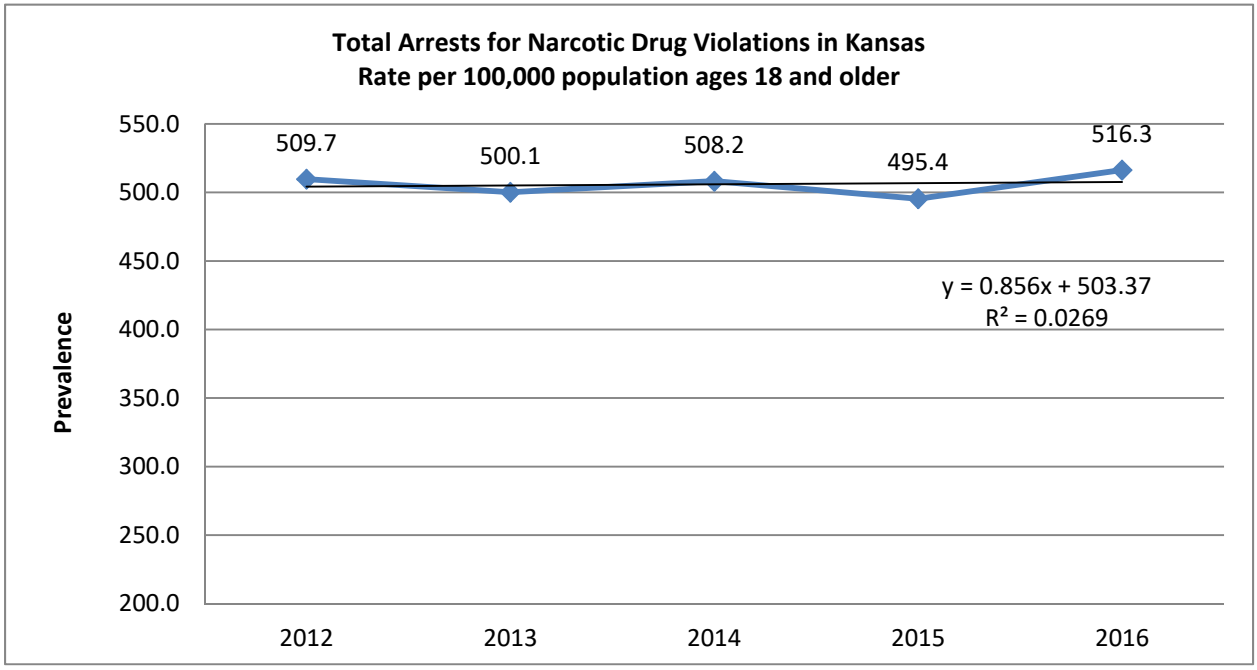
Where did we get the data?

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2012-2016

Important findings

- Rates of narcotic drug violation arrests have remained relatively stable over the past 5 years for the adult age group.
- Juvenile rates of arrest have trended downward overall from 2012 through 2016.

Graphs of Five-Year Trends



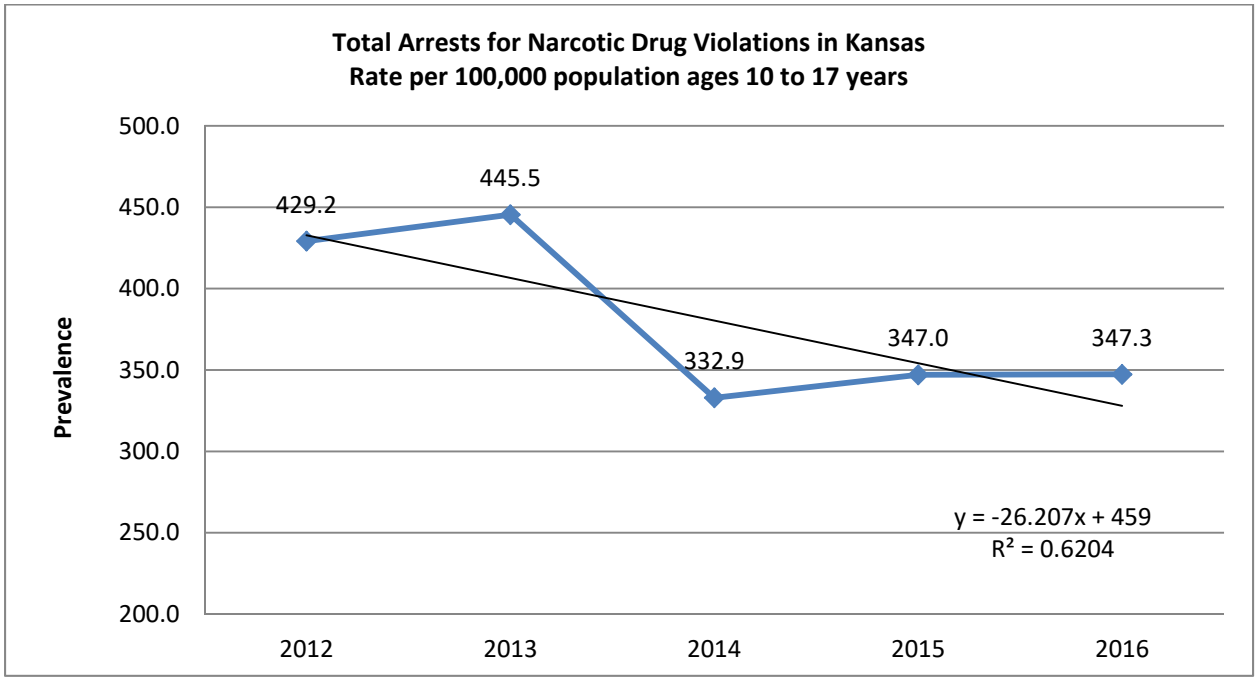


Table 13.4 Rate of arrests for narcotic drug violations by age group, 2012-2016

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Narcotic Drugs	Rate	Narcotic Drugs	Rate
2012	499.2	1369	429.2	10837	509.7
2013	493.0	1421	445.5	10633	500.1
2014	485.3	1062	332.9	10805	508.2
2015	476.0	1107	347.0	10533	495.4
2016	494.3	1108	347.3	10978	516.3
5-Year Average	**489.6**	**1213**	**380.4**	**10757**	**505.9**

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.

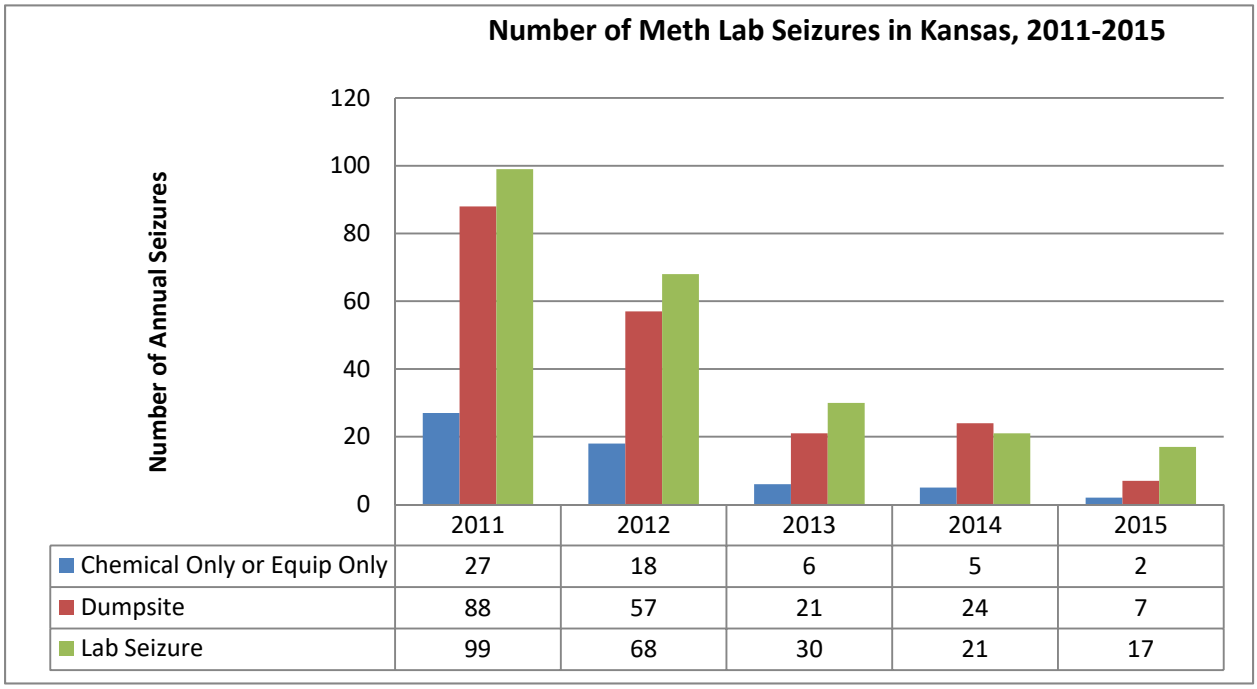
Where did we get the data?

Drug Enforcement Administration Environmental Photographic Interpretation Center's (EPIC) National Clandestine Laboratory Seizure System, 2011-2015

Important findings

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

Graph of Five-Year Trend



	2011	2012	2013	2014	2015
Chemical Only or Equip Only	27	18	6	5	2
Dumpsite	88	57	21	24	7
Lab Seizure	99	68	30	21	17

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 2011-2015.
*See Appendix A for full data definition.

Important findings

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

Graph of Five-Year Trend

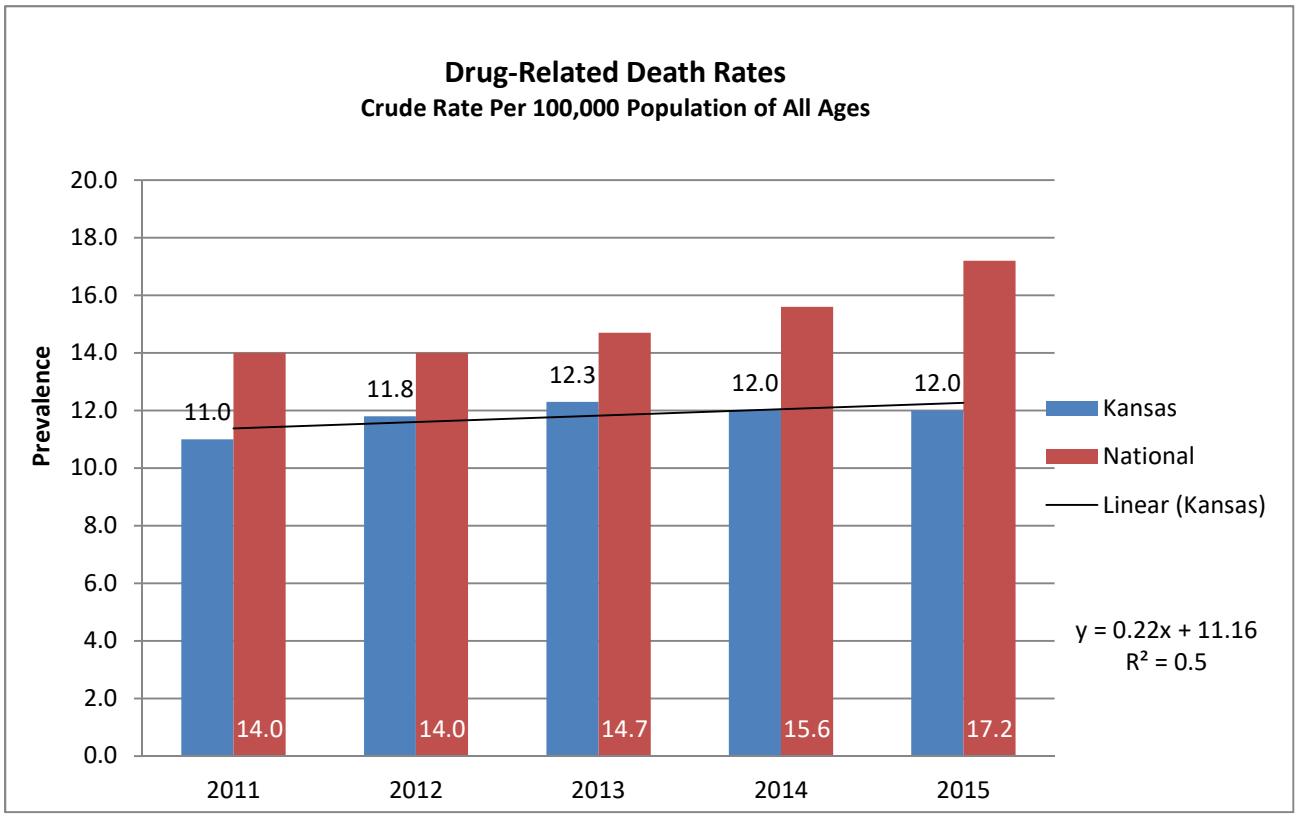


Table 14.1 Deaths due to any drug-related cause, Rate per 100,000 by race, 2011-2015

Year	Gender		Race					
	Female	Male	White	African American	Native American	Asian / Islander	Hispanic	Not Hispanic
2011	149	168	289	20			10	304
2012	144	197	320	16				330
2013	165	191	330	17			25	328
2014	165	184	324	15			12	334
2015	144	205	318	22			10	333
5-Year Average	**153.4**	**189**	**316**	**18**	**N/A**	**N/A**	**14.25**	**326**

Table 14.2 Deaths due to any drug-related cause, Rate per 100,000 by age group, 2011-2015

Year	NUMBER DEATHS						
	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	Total
2011	22	55	71	107	43		317
2012	34	76	73	98	45	11	341
2013	33	60	85	97	54	16	356
2014	34	58	69	93	64	17	349
2015	19	74	87	79	67	13	349
5-Year Average	**28.4**	**64.6**	**77**	**94.8**	**54.6**	**14.25**	**342.4**

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, 2013-2017. Results of the 2015 survey are not displayed due to lower participation rates in that year.

Important findings

- Thirty-day rate of students having gambled for anything of value has declined slightly over the past 5 years.
- Percent of students gambling increases as age / grade increases.
- Male students are significantly more likely to gamble than female students.
- Slightly higher rates are seen among the Hispanic students.

Graph of 5-Year Trend

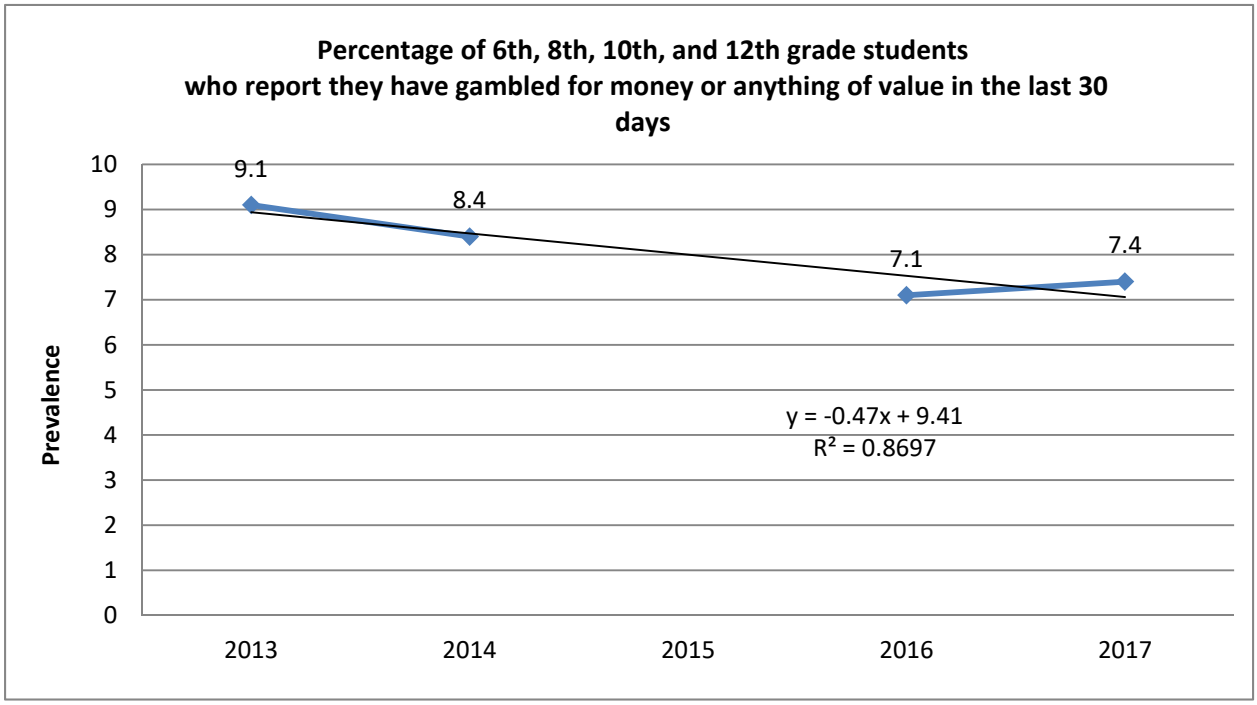


Table 15.1 Percent of students in 6th, 8th, 10th, and 12th grades reporting that they have gambled for something of value during the past 30 days by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
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
2015							
2016	7.1	3.7	6.3	8.5	12.8	10.9	3.4
2017	7.4	4.5	6.8	8.4	11.8	11.5	3.3
5-Year Average	**8.0**	**4.7**	**7.5**	**9.2**	**12.4**	**12.4**	**3.7**

Table 15.2 Percent of students in 6th, 8th, 10th, and 12th grades reporting that they have gambled for something of value during the past 30 days by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2013	9.1	8.4	11.0	11.5	11.1	7.8	9.9
2014	8.4	7.8	9.7	9.7	10.2	7.2	8.9
2015							
2016	7.1	7.2	7.6	6.5	7.9	6.1	5.4
2017	7.4	7.1	7.7	7.4	8.9	5.3	7.3
5-Year Average	**8.0**	**7.6**	**9.0**	**8.8**	**9.5**	**6.6**	**7.9**

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 and 2017 telephone surveys (see data limitations in Appendix C).

Important findings

- Gambling in the 18-24 year age range has decreased by almost 20% while the largest increase in gambling behavior was seen in the 65+ years group (from 29.3 to 42.9).
- Respondents of the Native American 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 last 30 days by race and gender, 2014 and 2017

Year	Race					Gender	
	White	African American	Asian	Native American	Hispanic	Male	Female
2012	47.6	57.7	71.7	59.4	59.7	59.4	44.3
2017	47.5	53.9	29.8	69.7	49.2		

Table 15.4 Percent of adults surveyed who participated in at least one type of gambling activity during the course of the last 30 days by age group, 2012 and 2017

Year	Age Group					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2012	59.8	64.5	59.5	48.0	49.2	29.8
2017	38.7	47.4	45.9	58.8	53.5	42.9

Problem Gambling Treatment: Count of patients admitted for treatment of gambling disorders during 2012 through 2015

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.

Four-Year Trend Data

Table 16.1 Number of gambling treatment admissions by gender and age group, 2012-2015

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	1	49	4	15	27	35	21	9
2015	61	71	0	20	30	43	31	8
4-Year Average	**41**	**66**	**3**	**14**	**28**	**36**	**28**	**14**

Table 16.2 Number of gambling treatment admissions by race and ethnicity, 2012-2015

Year	Total	Race					Ethnicity	
		White	African American	Native American, etc	Asian / Islander	Other	Hispanic	Not Hispanic
2012	128	107	11	1	4	5	9	119
2013	118	97	10	1	1	7	18	97
2014	112	87	8	0	10	3	10	101
2015	132	94	8	3	6	14	14	109
4-Year Average	**123**	**96**	**9**	**1**	**5**	**7**	**13**	**107**

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), 2012 – 2016

Important findings

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

Graph Five-Year Trend

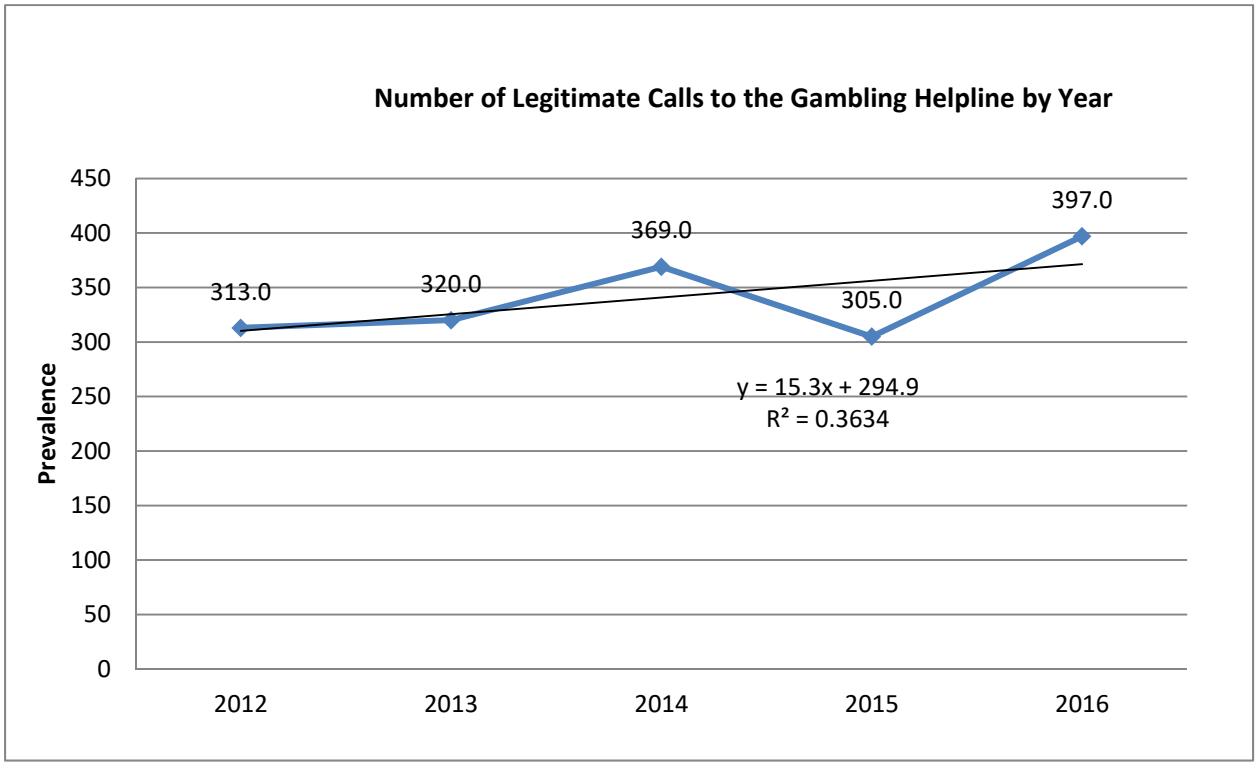


Table 16.3 Number of gambling helpline calls by gender and race, 2012-2016

Year	Total	Gender		Race					
		Male	Female	White	African American	Asian / Islander	Hispanic	Native American	Other
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
2015	305	173	132	188	22	21	25	2	6
2016	397	170	148	163	20	21	14	3	6
5-Year Average	**341**	**170**	**155**	**199**	**23**	**15**	**20**	**3**	**5**

Table 16.4 Number of gambling helpline calls by age group, 2012-2016

Year	Age Group							
	< 18	18-24	25-34	35-44	45-54	55-64	65 older	Unknown / Refused
2012	0	8	44	61	73	52	18	59
2013	0	11	42	56	71	53	25	58
2014	1	15	51	71	80	54	46	53
2015	1	12	47	58	61	52	22	0
2016	1	7	26	45	57	46	26	0
5-Year Average	**1**	**11**	**42**	**58**	**68**	**51**	**27**	**34**

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.

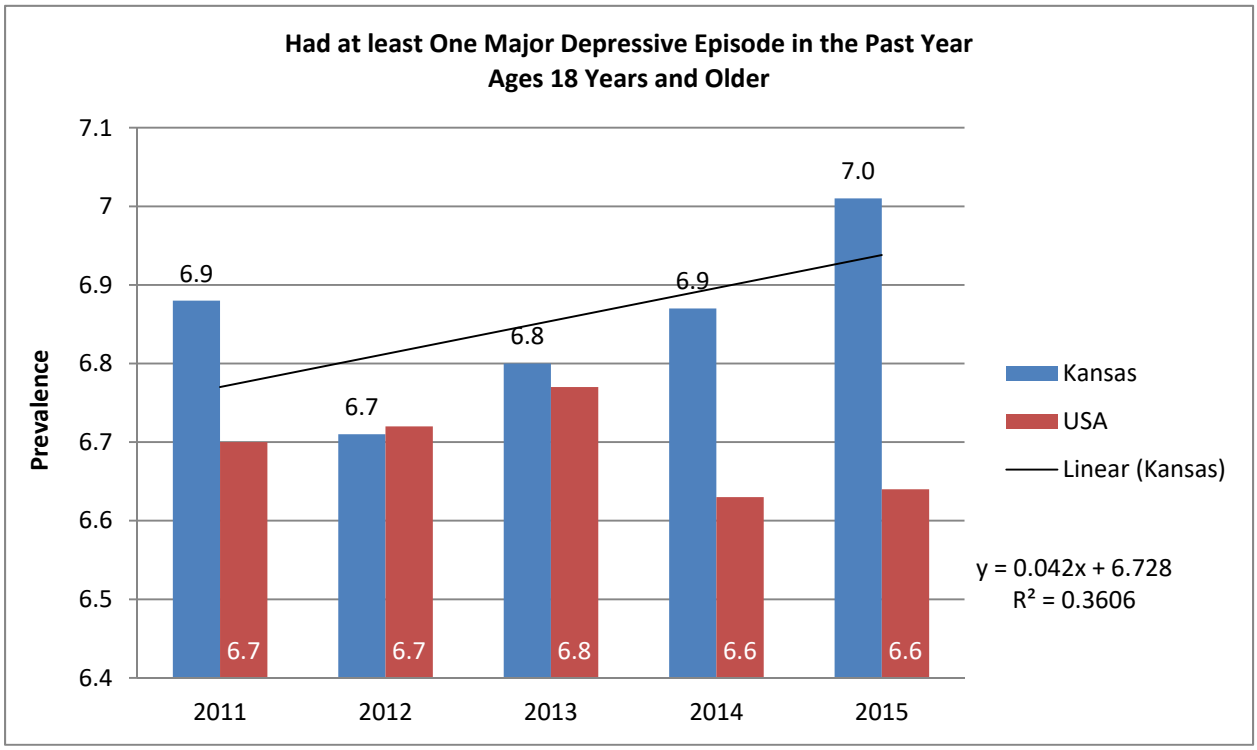
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2011 – 2015

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



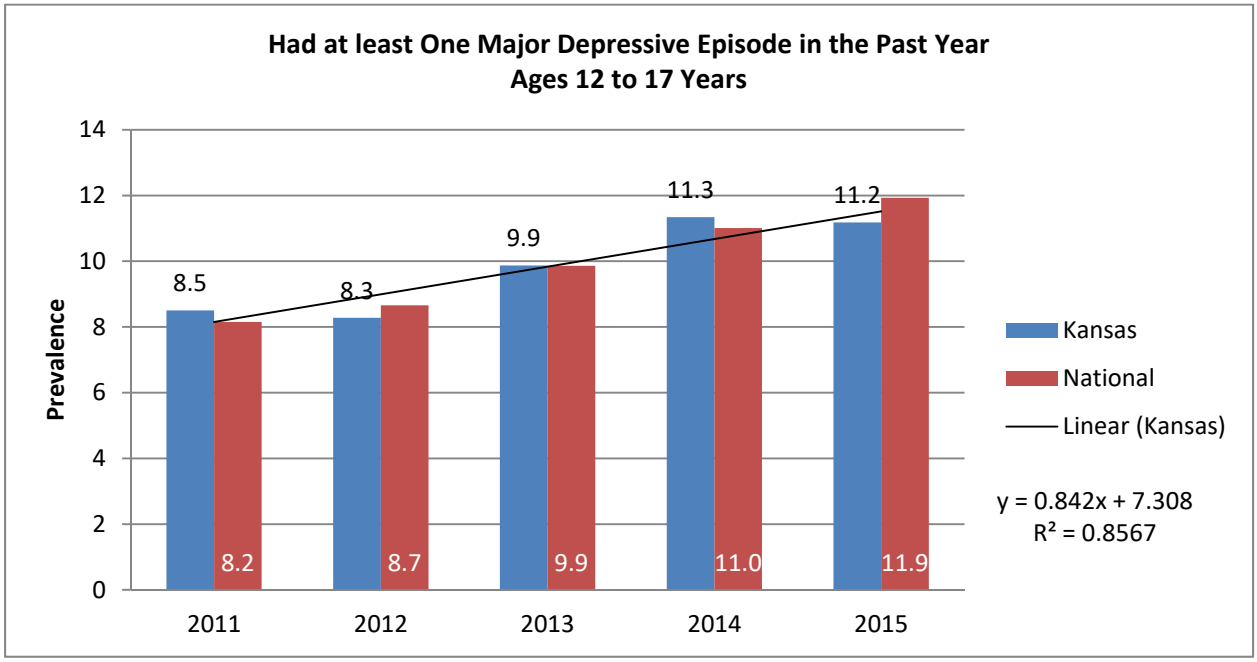


Table 17.1 Percent of population reporting having had at least one major depressive episode in the past year by age group, 2011-2015

Year	Ages 12-17	Ages 18-25	Age 26+	Age 18+
2011	8.5	8.4	6.6	6.9
2012	8.3	8.6	6.4	6.7
2013	9.9	8.7	6.5	6.8
2014	11.3	8.2	6.6	6.9
2015	11.2	9.8	6.5	7.0
5-Year Average	**9.8**	**8.7**	**6.5**	**6.9**

Depression: Percent of population responding 'yes' to the question "Have you ever been told that you have a form of depression?"

Why is this indicator important?

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

Where did we get the data?

Centers for Disease Control and Prevention (CDC) Behavior Risk Factor Surveillance System (BRFSS) – 2012 – 2016

Important findings

- Percent of adults reporting having a form of depression has been generally lower for Kansas residents than the national average.
- Percent of population reporting depression has increased over the past 5 years.
- Depression is most often reported in the ages 45-54 category.

Graphs of Five-Year Trends

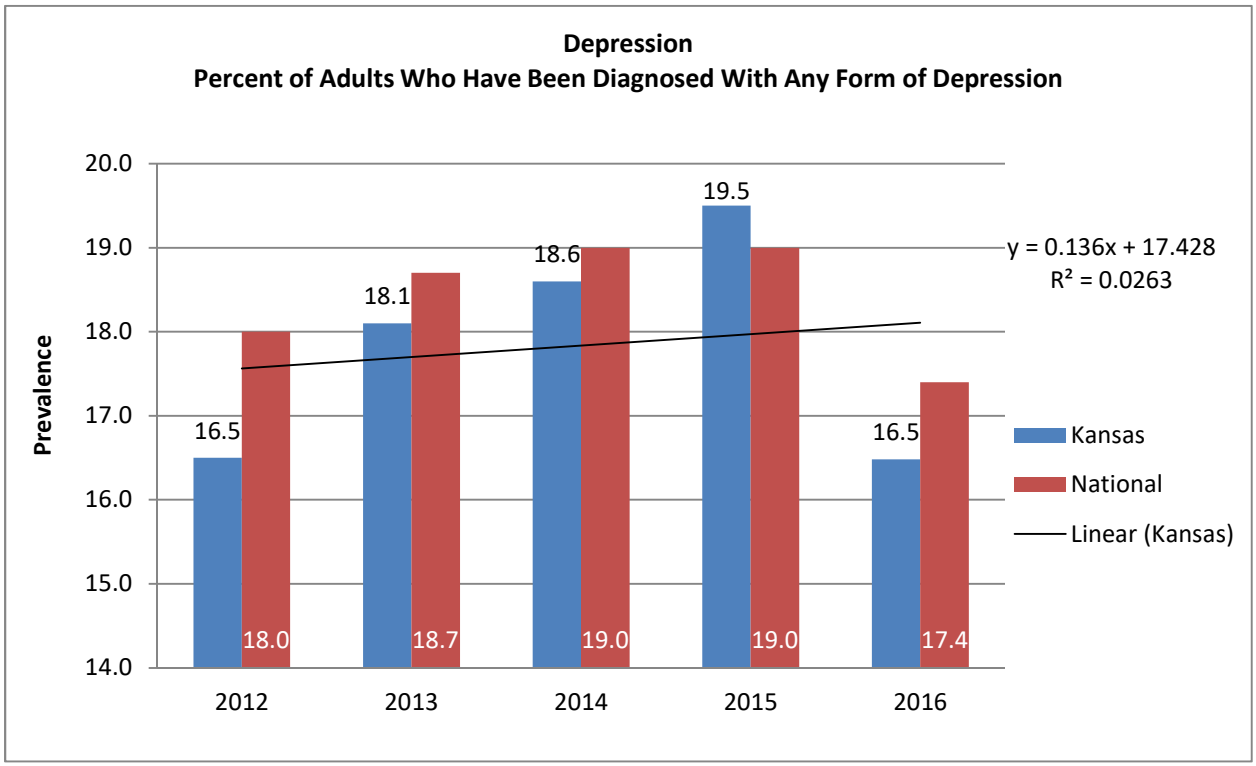


Table 17.2 Percentage of persons aged 18 and older reporting having been told they have depression by race and ethnicity, 2012-2016 Note: Race data reported under the "Other" category through 2014 is now reported separately for Native American / Alaska Native and Asian race groups.

Year	Overall	Race						Ethnicity	
		White	African American	Native American	Asian	Other	Multiple Race	Hispanic	Non-Hispanic
2012	16.5	16.8	17.1			11.7	28.5	13.4	0.0
2013	18.1	18.8	15.9			14.4	26.1	13.9	0.0
2014	18.6	19.0	18.0			14.6	33.1	14.6	0.0
2015	19.5	20.0	19.9	36.2	4.5		31.5	13.9	0.0
2016	16.5	17.1	13.6	23.8			25.2	12.6	0.0
5-Year Average	**17.8**	**18.3**	**16.9**	**30.0**	**N/A**	**13.6**	**28.9**	**13.7**	**0.0**

Table 17.3 Percentage of persons aged 18 and older reporting having been told they have depression for the State of Kansas by gender and age group, 2012-2016

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2012	16.5	12.5	20.3	15.7	18.6	16.9	18.9	18.0	11.0
2013	18.1	13.2	22.9	15.5	18.3	19.6	20.6	20.8	14.0
2014	18.6	12.7	24.3	16.8	19.6	18.6	20.9	22.1	13.9
2015	19.5	13.6	25.2	18.0	20.1	20.3	22.6	20.7	15.6
2016	16.5	11.8	21.0	17.1	17.8	17.8	16.3	18.2	12.7
5-Year Average	**17.8**	**12.8**	**22.7**	**16.6**	**18.9**	**18.6**	**19.9**	**20.0**	**13.4**

Table 17.4 Percentage of persons aged 18 and older reporting having been told they have depression for the State of Kansas by educational attainment and income, 2012-2016

Year	Overall	Education				Income			
		Less than High School	High School only	Some post-graduate	College Graduate	$15,000 - $24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 and more
2012	16.5	20.2	16.9	18.2	12.6	20.6	15.9	14.1	12.0
2013	18.1	20.1	17.6	20.4	15.0	23.9	17.8	16.1	13.4
2014	18.6	22.6	18.9	19.1	16.2	24.4	18.3	14.9	14.6
2015	19.5	21.6	19.1	22.2	15.6	27.1	20.9	18.4	14.9
2016	16.5	16.9	17.6	18.3	13.1	20.3	18.1	15.5	12.4
5-Year Average	**17.8**	**20.3**	**18.0**	**19.6**	**14.5**	**23.3**	**18.2**	**15.8**	**13.5**

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.

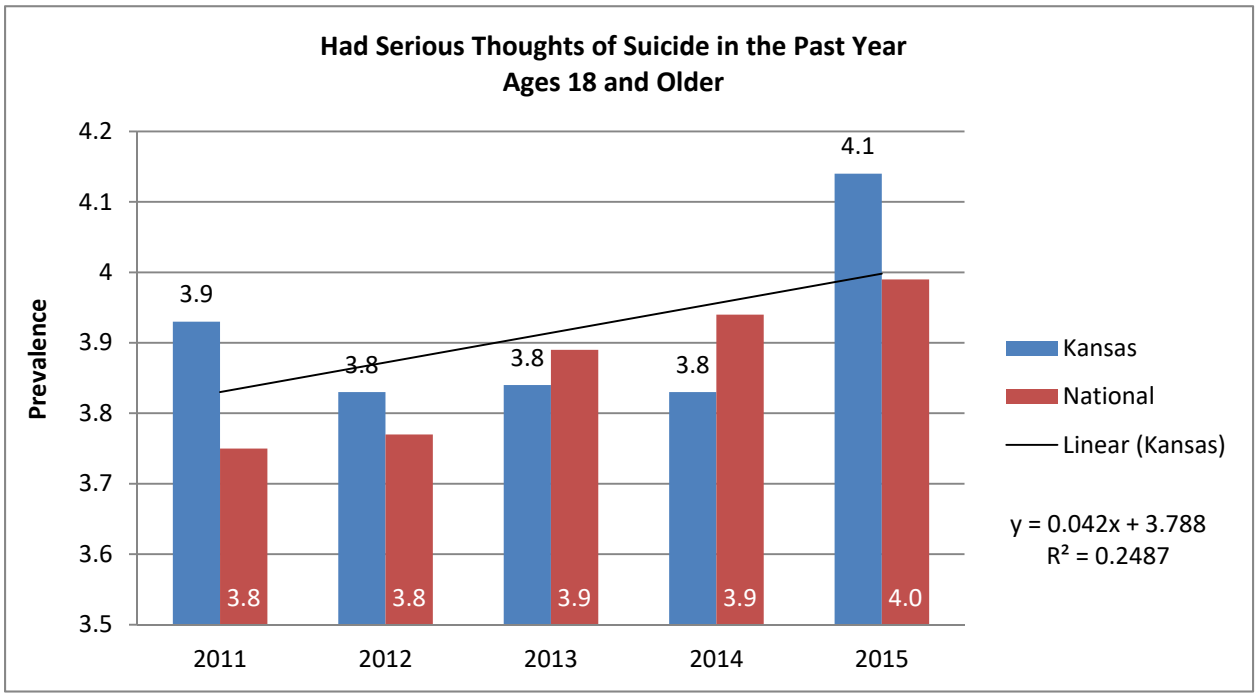
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2011 - 2015

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 (7.91% in 2015).

Graph of Five-Year Trend



Persons Served in Community Mental Health Programs: Number and rate per 1,000 people served by Community Mental Health Treatment Centers, 2012-2016

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 2012-2016

Important findings

- The number of individuals served in community mental health programs has remained relatively stable, although the rate per 1,000 in Kansas remains more than double the national average.
- Individuals aged 21-64 constituted 61% of admissions over a three-year timeframe.

Graph of Three-Year Trend

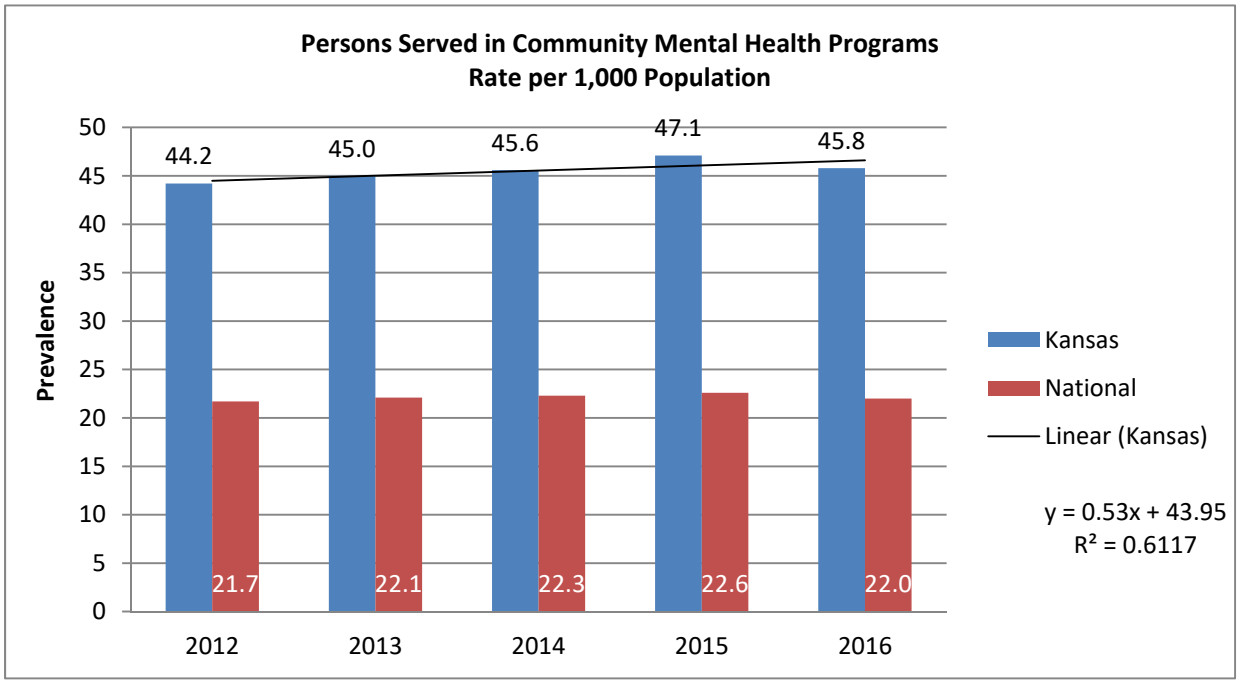


Table 18.1 Persons served in community mental health programs by gender and age, 2012-2016

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
2012	66,952	51.8%	22.1	59,388	47.8%	21.1	35,969	28.0%	25.9
2013	68,211	52.6%	47.0	60,554	46.7%	42.2	36,113	27.8%	49.9
2014	69,110	51.9%	22.8	61,758	48.0%	21.8	36,322	27.5%	26.7
2015	71,540	52.1%	23.1	63,971	47.8%	21.9	37,451	28.0%	27.7
2016	69,524	52.2%	47.7	62,674	47.0%	43.1	35,745	26.8%	49.7
5-Year Average	**68,091**	**52.1%**	**30.6**	**60,567**	**47.5%**	**28.4**	**36,135**	**27.8%**	**36.0**

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
2012	7,678	4.8%	24.5	77,310	62.6%	23.4	5,384	4.5%	6.7
2013	7,840	6.0%	60.2	79,064	60.9%	48.3	5,749	4.4%	14.6
2014	8,000	4.5%	24.7	80,403	63.5%	24.6	6,144	4.5%	6.5
2015	8,309	4.3%	24.3	83,227	62.8%	24.6	6,525	4.8%	6.9
2016	8,254	6.2%	65.4	81,189	60.9%	49.5	7,011	5.3%	16.4
5-Year Average	**7,839**	**5.1%**	**36.5**	**78,926**	**62.3%**	**32.1**	**5,759**	**4.5%**	**9.3**

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, 2012-2016

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 2012-2016

Important findings

- Over a five-year time frame, individuals aged 21-64 represented the largest number of persons served by state mental health authority services, but highest rates were found in those aged 13-17.
- Males represented the largest number and highest rate of persons served by state mental health authority services over the five-year period as well as on an annual basis.

Graph of Three-Year Trend

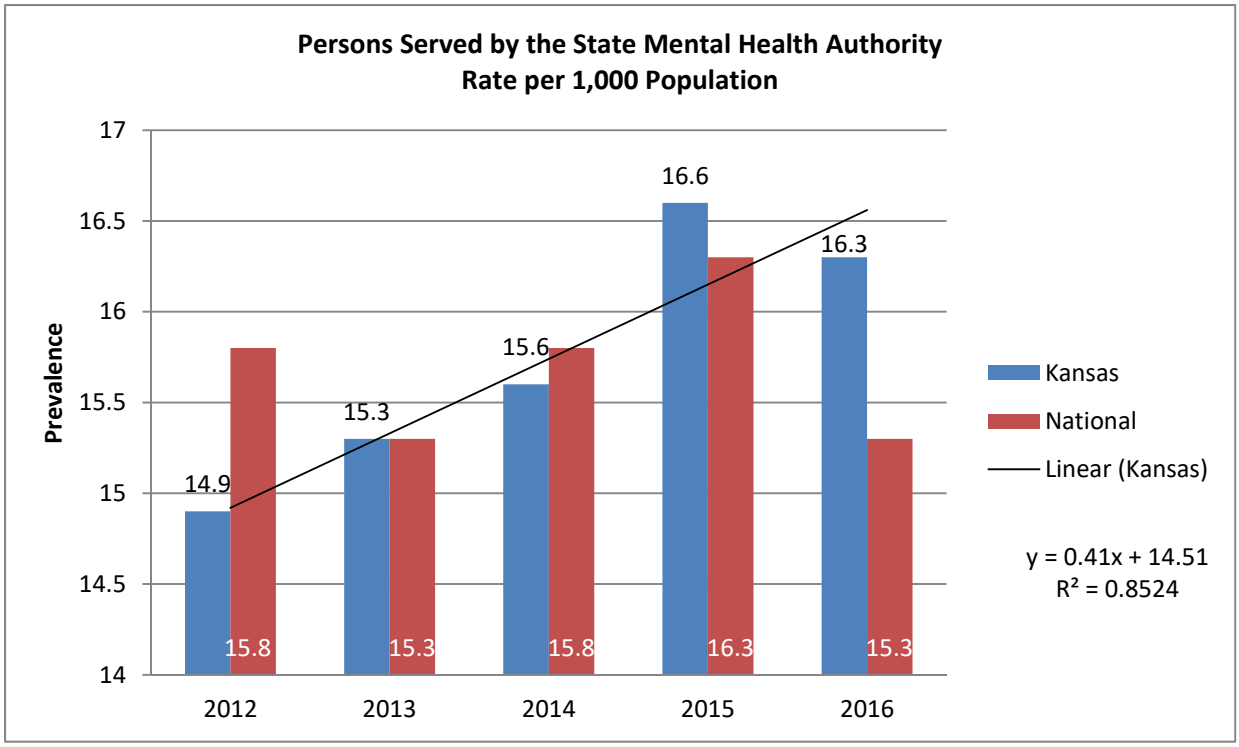


Table 18.2 Persons served by the State Mental Health Authority by age group, 2012-2016

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
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
2014	12,069	23.0	10,532	52.9	3,606	28.3	17,791	10.9	920	4.2
2015	12,219	23.3	10,927	54.8	3,819	30.1	19,815	12.1	1,065	4.7
2016	11,775	22.6	10,936	54.9	3,964	31.4	19,175	11.7	1,094	4.7
5-Year Average	**12,132**	**23.1**	**10,502**	**52.9**	**3,601**	**28.1**	**18,049**	**11.0**	**938**	**4.3**

Table 18.3 Persons served by the State Mental Health Authority by race, 2012-2016

Year	White		African-American		Multi-Racial		Native American, etc		Asian	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2012	31,160	12.4	4,903	27.8	1,184	15.5	1,842	54.5	344	4.8
2013	32,188	12.8	4,903	27.4	1,249	16.0	1,748	51.5	397	5.3
2014	33,337	13.2	5,064	28.1	1,306	16.5	1,719	50.0	455	5.9
2015	35,599	14.1	5,149	28.4	1,519	18.7	1,656	47.7	502	6.2
2016	34,855	13.8	5,225	28.6	1,494	18.0	1,601	46.0	519	6.1
5-Year Average	**33,428**	**13.3**	**5,049**	**28.1**	**1,350**	**16.9**	**1,713**	**49.9**	**443**	**5.7**

Table 18.4 Persons served by the State Mental Health Authority by gender and ethnicity, 2012-2016

Year	Female		Male		Hispanic		Not Hispanic	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
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
2014	20,127	13.9	25,039	17.4	2,970	9.2	42,141	16.4
2015	22,041	15.1	26,065	18.0	3,457	10.5	44,545	17.3
2016	21,450	14.7	25,786	17.7	3,410	10.1	43,737	17.0
5-Year Average	**20,392**	**14.0**	**25,076**	**17.4**	**3,084**	**9.5**	**42,311**	**16.5**

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?

National and trend data from Centers for Disease Control and Prevention, National Center for Health Statistics - CDC WONDER online database, detailed mortality statistics 1999-2015 Multiple Cause of Death Files

Demographic data from Kansas Department of Health and Environment, Center for Health and Environmental Statistics, Office of Vital Statistics, Death Certificates 2012-2016

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

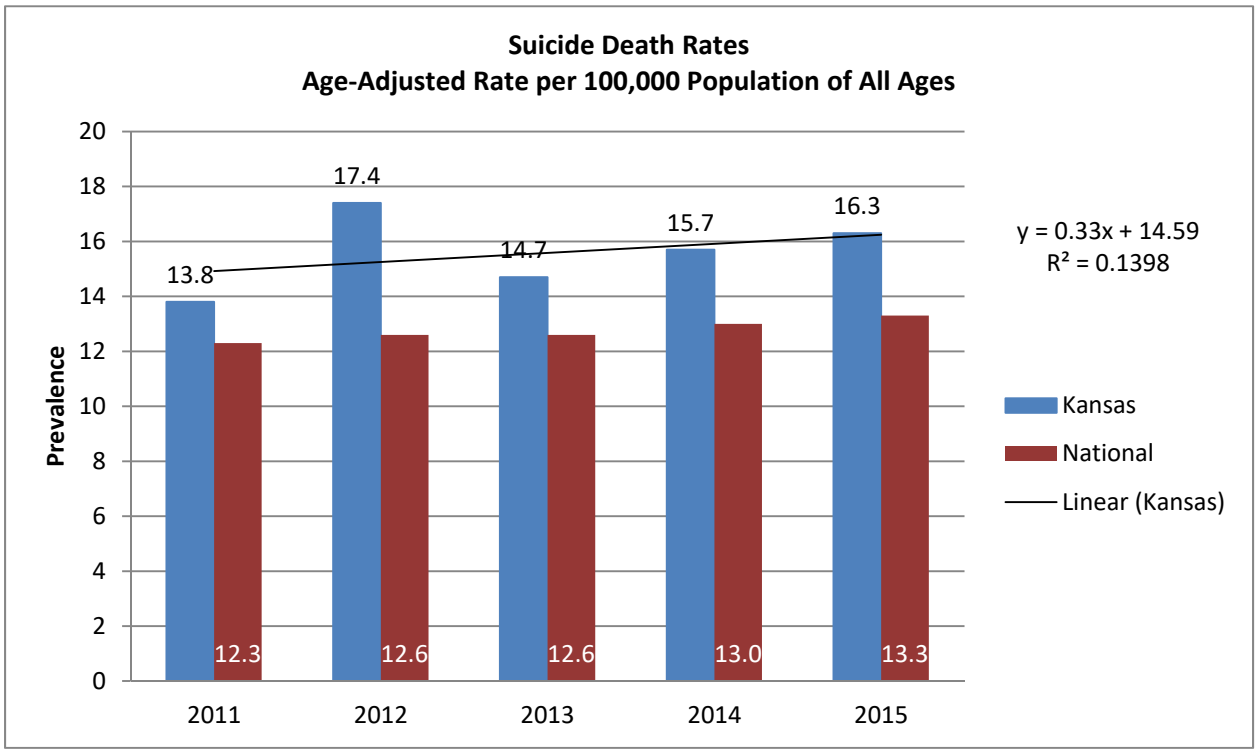


Table 19.1 Suicide death rates by gender, race and ethnicity, 2012-2016

Year	Overall	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2012	17.4	28.8	6.3	17.8	8.4	24.7	9.8	18.5
2013	14.7	24	5.5	14.9	9.3	18.6	3.7	16.1
2014	15.7	24.7	6.7	15.8	5.8	25.5	9.4	16.4
2015	16.3	25.7	7.1	16.1	8.6	31.3	9.5	17.3
2016	17.8	27.7	7.6	17.3	9.7	33.1	8.9	18.8
5-Year Average	**16.4**	**26.2**	**6.6**	**16.4**	**8.4**	**26.6**	**8.3**	**17.4**

Table 19.2 Suicide death rates by age group, 2012-2016

Year	Overall	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2012	17.5	0.8	19.1	22.9	24.3	18.8
2013	14.7	0.7	13.4	17.8	23.2	16.3
2014	15.6	0.8	13.3	20.2	23.0	18.5
2015	16.4	1.0	14.8	22.4	22.8	18.3
2016	17.6	1.2	17.0	26.8	22.8	16.5
5-Year Average	**16.4**	**0.9**	**15.5**	**22.0**	**23.2**	**17.7**

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?

National and trend data from Centers for Disease Control and Prevention, National Center for Health Statistics - CDC WONDER online database, detailed mortality statistics 1999-2015 Multiple Cause of Death Files

Demographic data from Kansas Department of Health and Environment, Center for Health and Environmental Statistics, Office of Vital Statistics, Death Certificates 2012-2016

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 15-44 have a much higher age-specific death rate from homicide than individuals in the other age groups.

Graph of Five-Year Trend

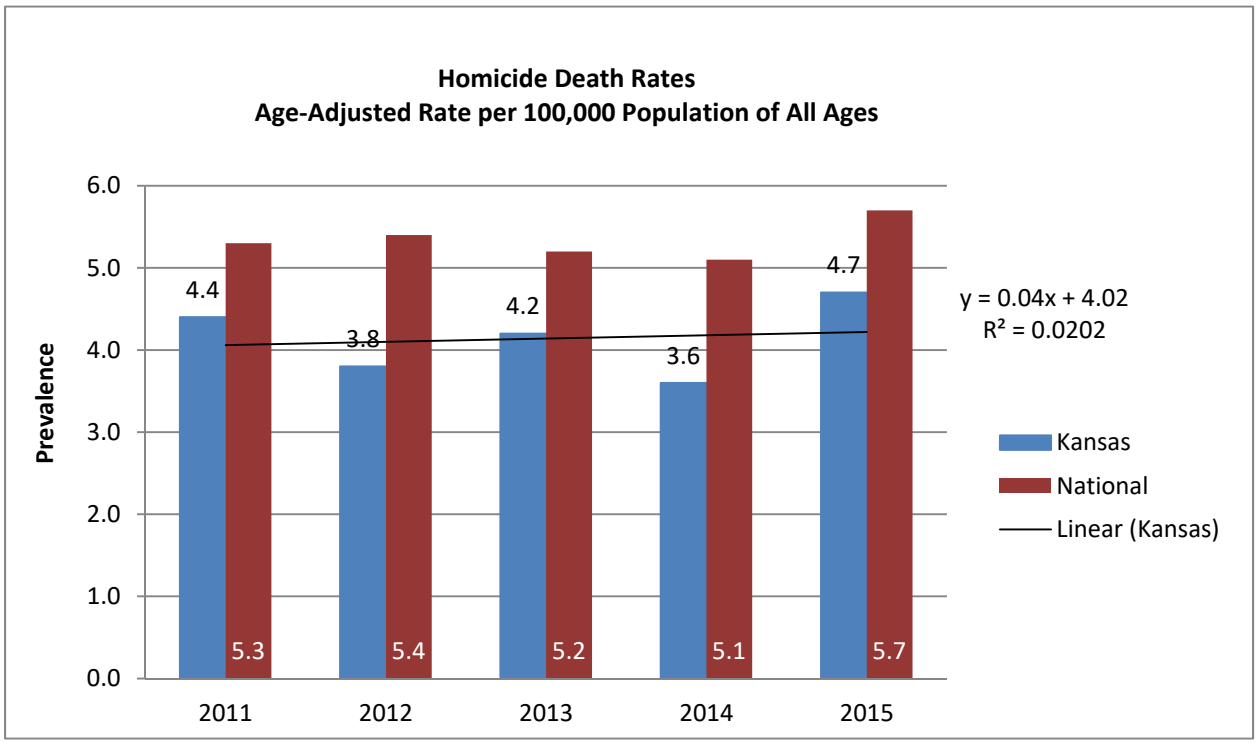


Table 19.3 Homicide death rates by gender, race and ethnicity, 2012-2016

Year	Overall	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2012	4.1	5.4	2.2	2.3	17.2	11.2	3.8	3.8
2013	4.3	6.0	2.3	2.5	20.0	11.7	4.9	4.0
2014	3.7	5.3	2.0	2.2	16.9	10.5	4.9	3.5
2015	4.6	6.2	2.7	2.5	18.6	18.2	8.0	4.0
2016	5.3	7.9	2.3	2.9	24.7	16.5	7.1	4.8
5-Year Average	**4.4**	**6.2**	**2.3**	**2.5**	**19.5**	**13.6**	**5.7**	**4.0**

Table 19.4 Homicide death rates by age group, 2012-2016

Year	Overall	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2012	3.8	1.0	6.0	7.0	2.8	1.8
2013	4.1	2.1	5.5	7.4	3.8	0.5
2014	3.6	2.0	6.9	5.2	2.6	1.7
2015	4.5	1.8	10.8	6.1	3.3	0.9
2016	5.1	1.0	9.8	8.7	4.4	1.1
5-Year Average	**4.2**	**1.6**	**7.8**	**6.9**	**3.4**	**1.2**

Other Related 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, 2012-2016

Important findings

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

Graph of Five-Year Trend

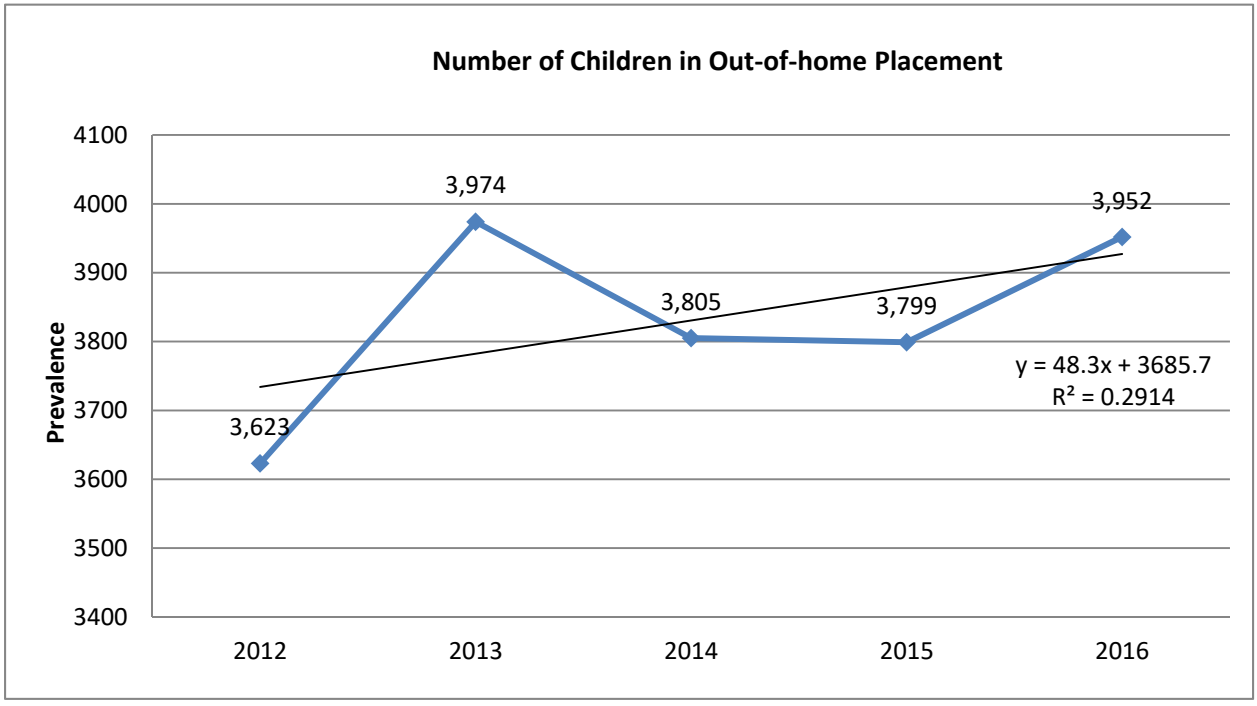


Table 20.1 Out-of-Home Child Placement by Removal Reason, 2012-2016

Reason	2012	2013	2014	2015	2016
Neglect	431	560	574	640	755
% Neglect	11.9%	14.1%	15.1%	17.0%	19.0%
Parent Substance Abuse	668	763	747	617	635
% Parent Substance Abuse	18.4%	19.2%	19.6%	16.0%	16.0%
Physical Abuse	555	578	533	608	549
% Physical Abuse	15.3%	14.5%	14.0%	16.0%	14.0%
Lack of Supervision	285	300	330	385	524
% Lack of Supervision	7.9%	7.5%	8.7%	10.0%	13.0%
Other Removals	507	576	446	373	360
% Other	14.0%	14.5%	14.0%	10.0%	9.0%
Emotional Abuse	188	170	171	280	274
% Emotional Abuse	5.2%	4.3%	4.5%	7.0%	7.0%
Caretakers Inability to Cope	275	357	335	247	250
% Caretakers Inability to Cope	7.6%	9.0%	8.8%	7.0%	6.0%
Child Behavior Problem	271	247	240	237	226
% Child Behavior Problem	7.5%	6.2%	6.3%	6.0%	6.0%
Sexual Abuse	204	171	159	164	186
% Sexual Abuse	5.6%	4.3%	4.2%	4.0%	5.0%
Abandonment	130	154	175	162	139
% Abandonment	3.6%	3.9%	4.6%	4.0%	4.0%
Truancy	109	98	95	86	54
% Truancy	3.0%	2.5%	2.5%	2.0%	1.0%

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.

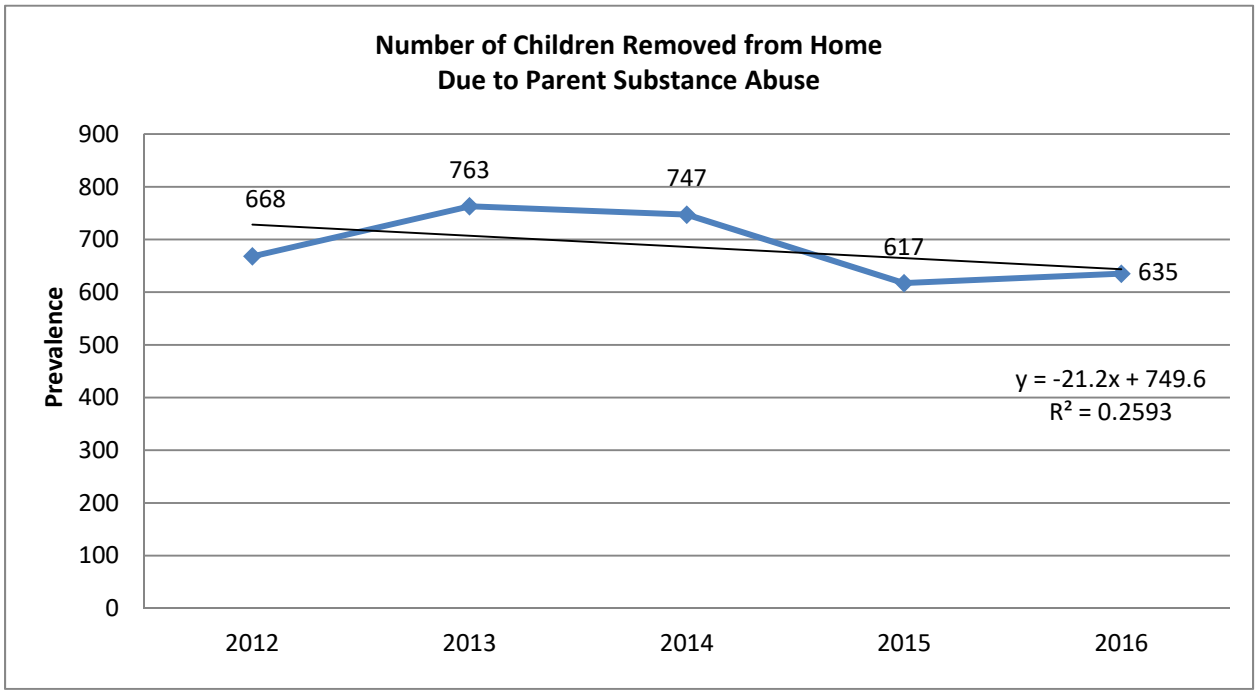
Where did we get the data?

Kansas Department of Children & Families, Count data was provided from the Foster Care / Adoption Summary Reports, 2012-2016

Important findings

- Although the number of children in out-of-home placement has increased over the past 5 years, the number removed specifically due to parent substance abuse has decreased slightly.

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, 2013-2017 - Results of the 2015 survey are not displayed due to lower participation rates in that year.

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 10th grade age group.
- Highest rates are seen in the African-American race group with lowest rates seen with the White students.

Graph of Five-Year Trend

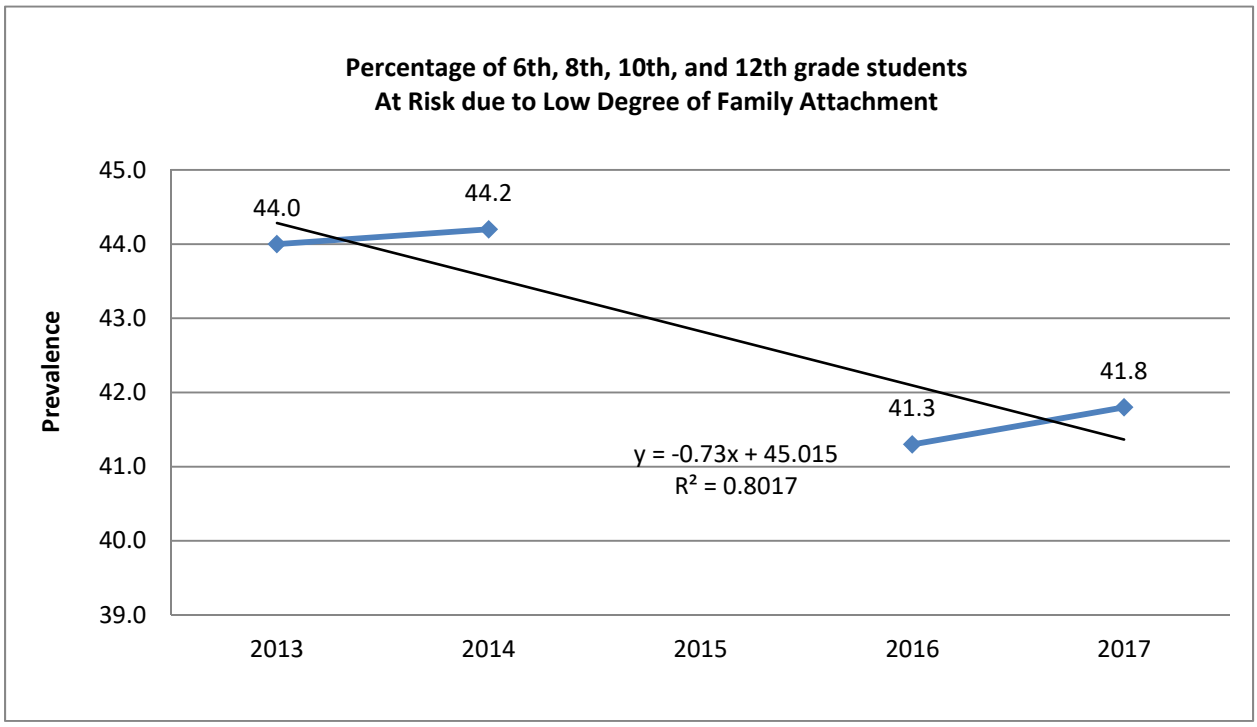


Table 20.2 Percent of students in 6th, 8th, 10th, and 12th grades reporting at risk due to low family attachment by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	44.0	42.5	43.6	50.6	38.2	43.8	44.3
2014	44.2	42.4	42.6	51.7	38.4	43.6	44.7
2015							
2016	41.3	40.2	39.7	47.4	37.4	40.6	41.9
2017	41.8	40.7	41.6	46.4	37.5	40.5	43.0
5-Year Average	**42.8**	**41.5**	**41.9**	**49.0**	**37.9**	**42.1**	**43.5**

Table 20.3 Percent of students in 6th, 8th, 10th, and 12th grades reporting at risk due to low family attachment by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2013	44.0	40.6	56.0	53.2	51.0	48.0	52.6
2014	44.2	41.1	54.4	52.8	50.5	44.2	51.6
2015							
2016	41.3	38.7	53.3	48.5	47.8	39.7	49.3
2017	41.8	38.7	54.5	47.1	48.3	43.0	49.5
5-Year Average	**42.8**	**39.8**	**54.6**	**50.4**	**49.4**	**43.7**	**50.8**

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, 2013-2017 - Results of the 2015 survey are not displayed due to lower participation rates in that year.

Important findings

- Rate of students considered at risk on the poor family management scale has declined over the past 5 years.
- Those most at risk due to poor family management are in the 6th grade age group. As age / grade increases, reported risk decreases.
- Highest rates are seen in the African-American, Native American, and Hispanic race groups.

Graph of Five-Year Trend

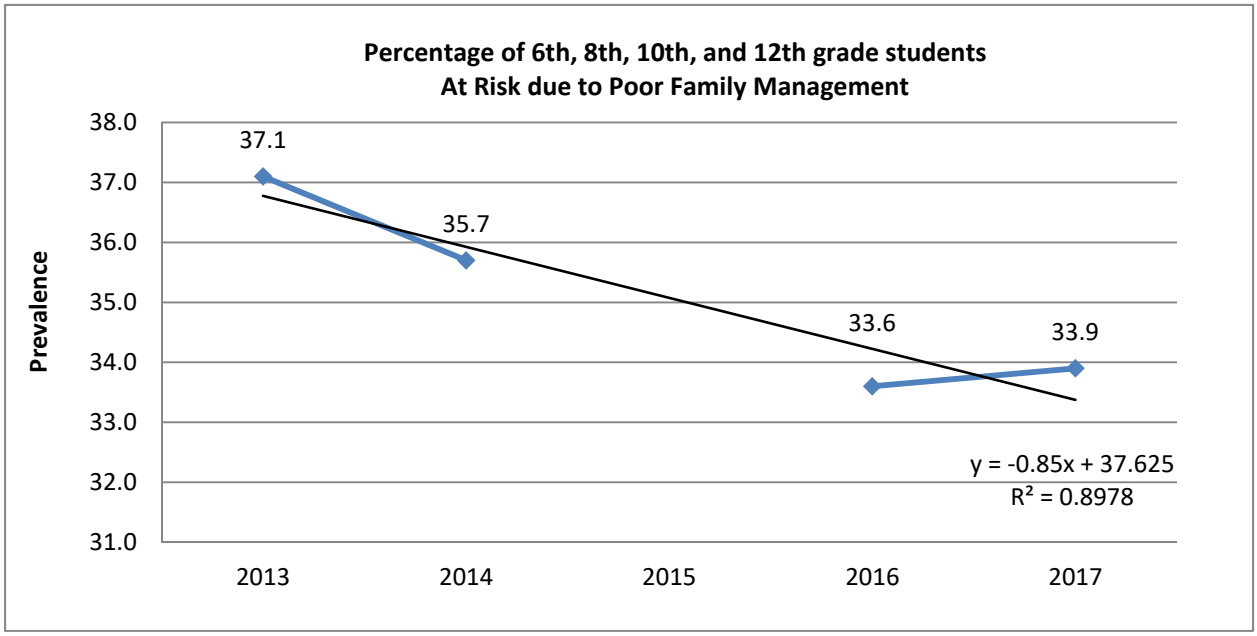


Table 20.4 Percent of students in 6th, 8th, 10th, and 12th grades reporting at risk due to poor family management by grade and gender, 2013-2017

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2013	37.1	40.8	37.9	35.6	33.7	40.7	33.5
2014	35.7	39.5	35.8	34.4	33.2	38.9	32.6
2015							
2016	33.6	38.6	33.5	30.4	31.1	37.2	30.1
2017	33.9	39.3	34.0	30.5	31.1	37.2	30.8
5-Year Average	**35.1**	**39.6**	**35.3**	**32.7**	**32.3**	**38.5**	**31.8**

Table 20.5 Percent of students in 6th, 8th, 10th, and 12th grades reporting at risk due to poor family management by race, 2013-2017

Year	Overall	Race					
		White	African American	Native American, etc.	Hispanic	Asian / Islander	Other
2013	37.1	34.5	42.8	42.9	44.2	40.5	42.2
2014	35.7	33.0	41.4	42.0	42.9	37.3	42.4
2015							
2016	33.6	31.2	41.1	42.5	40.5	33.5	40.1
2017	33.9	31.0	45.6	41.4	40.5	35.6	39.2
5-Year Average	**35.1**	**32.4**	**42.7**	**42.2**	**42.0**	**36.7**	**41.0**

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?

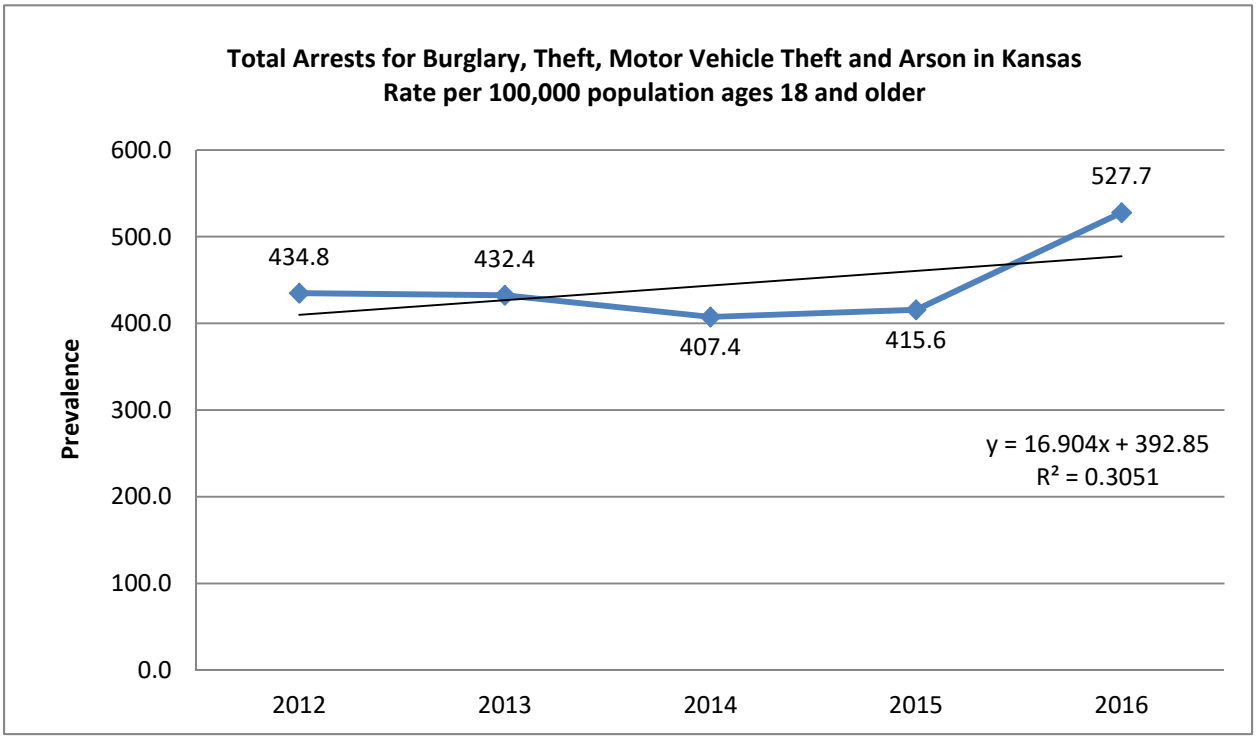
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2012-2016

Important findings

- Rates of arrests for property crimes have continued to increase over the past 5 years for the adult age group.
- Rates of arrests for property crimes have decreased significantly over the past 5 years for the juvenile age group.

Graphs of Five-Year Trends

Adult Arrests:



Juvenile Arrests:

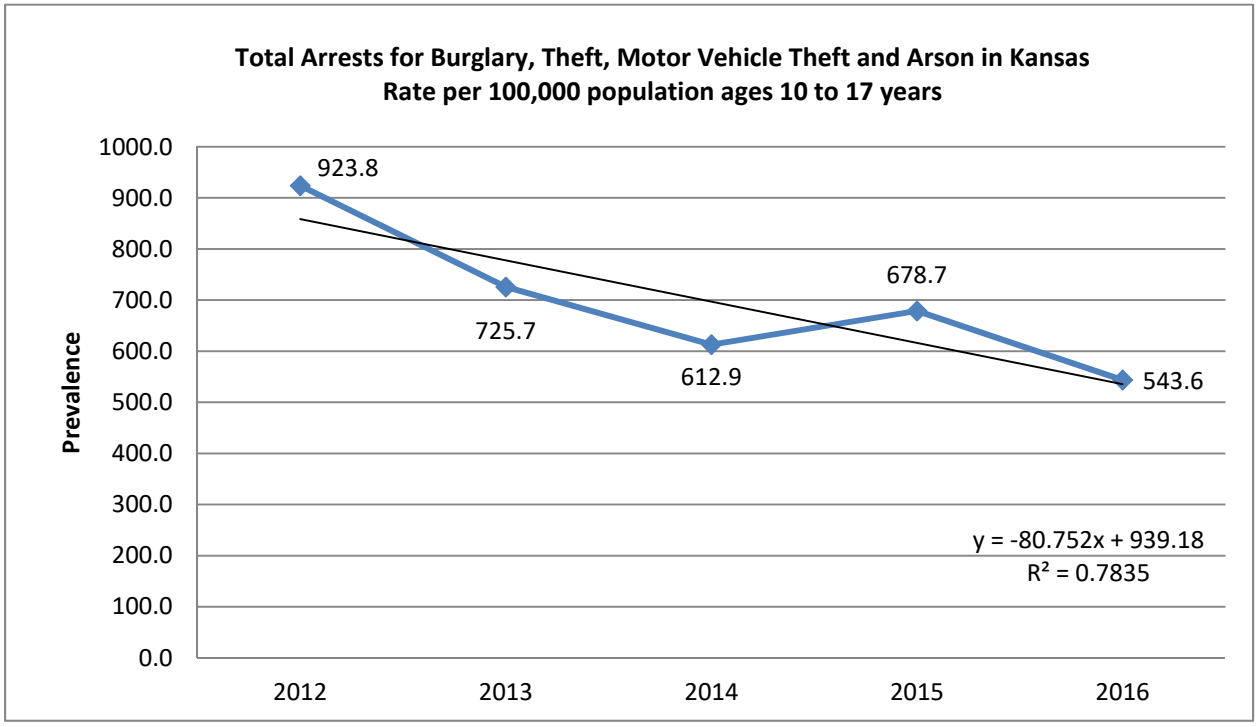


Table 20.6 Rate and number of arrests for various property crimes by age group, 2012-2016

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Property Crimes	Rate	Property Crimes	Rate
2012	498.6	2947	923.8	9244	434.8
2013	470.6	2315	725.7	9193	432.4
2014	434.2	1955	612.9	8661	407.4
2015	449.9	2165	678.7	8837	415.6
2016	529.7	1734	543.6	11219	527.7
5-Year Average	**476.6**	**2223**	**696.9**	**9431**	**443.6**

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?

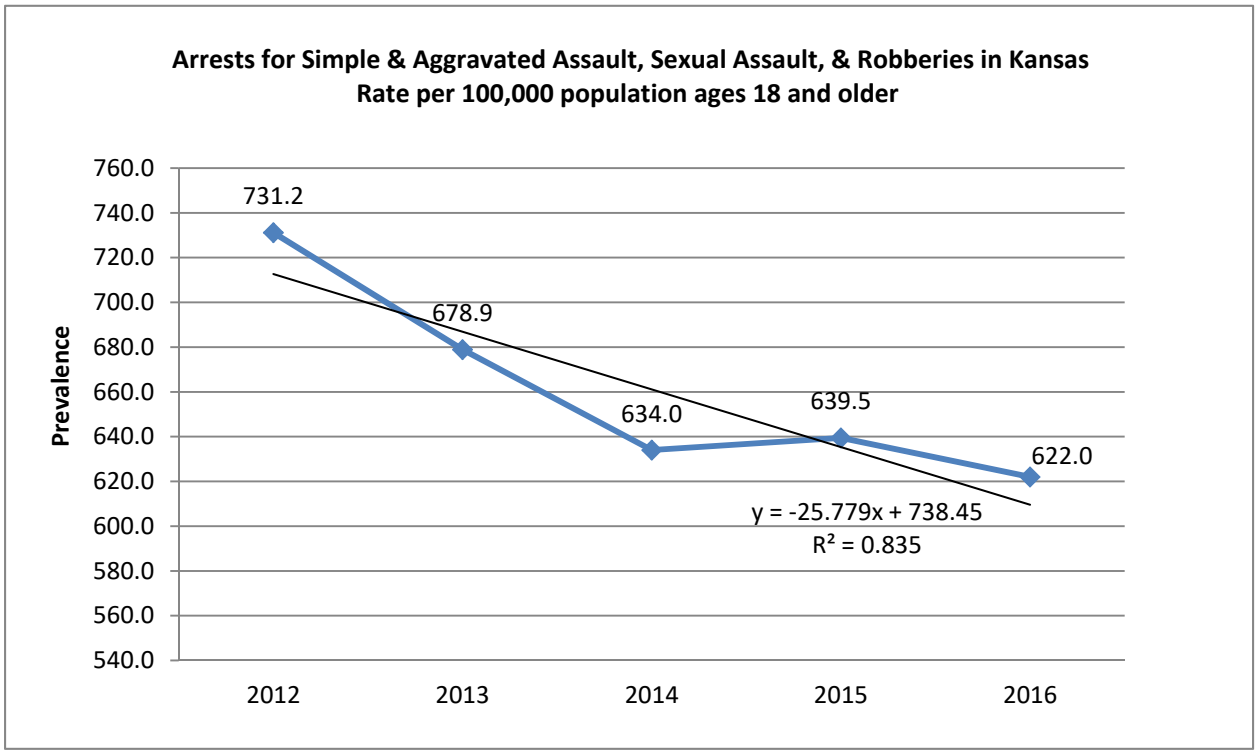
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2012-2016

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

Adult Arrests:



Juvenile Arrests:

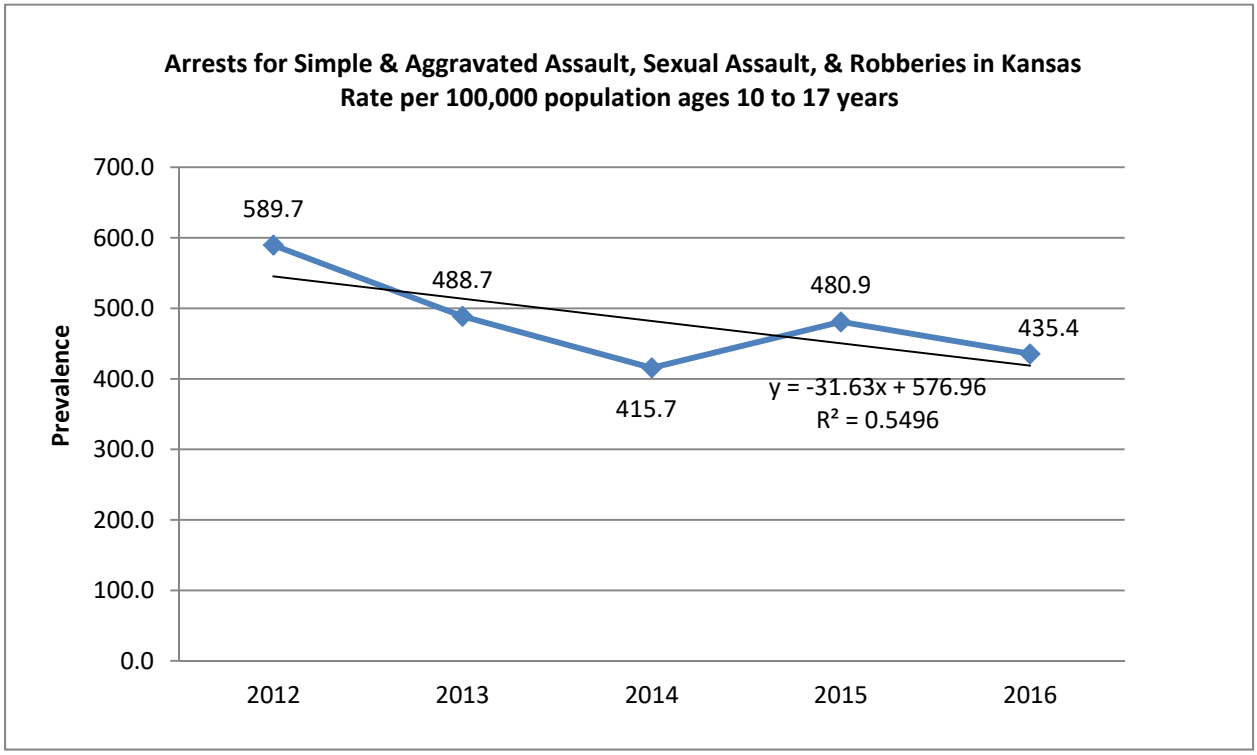


Table 20.7 Rate and number of arrests for various personal crimes by age group, 2012-2016

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Personal Crime	Rate	Personal Crime	Rate
2012	712.7	1881	589.7	15546	731.2
2013	654.1	1559	488.7	14435	678.9
2014	605.5	1326	415.7	13480	634.0
2015	618.8	1534	480.9	13596	639.5
2016	597.7	1389	435.4	13225	622.0
5-Year Average	**637.8**	**1538**	**482.1**	**14056**	**661.1**

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, 2012-2016

Important findings

- Rates of arrest for prostitution have been decreasing 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

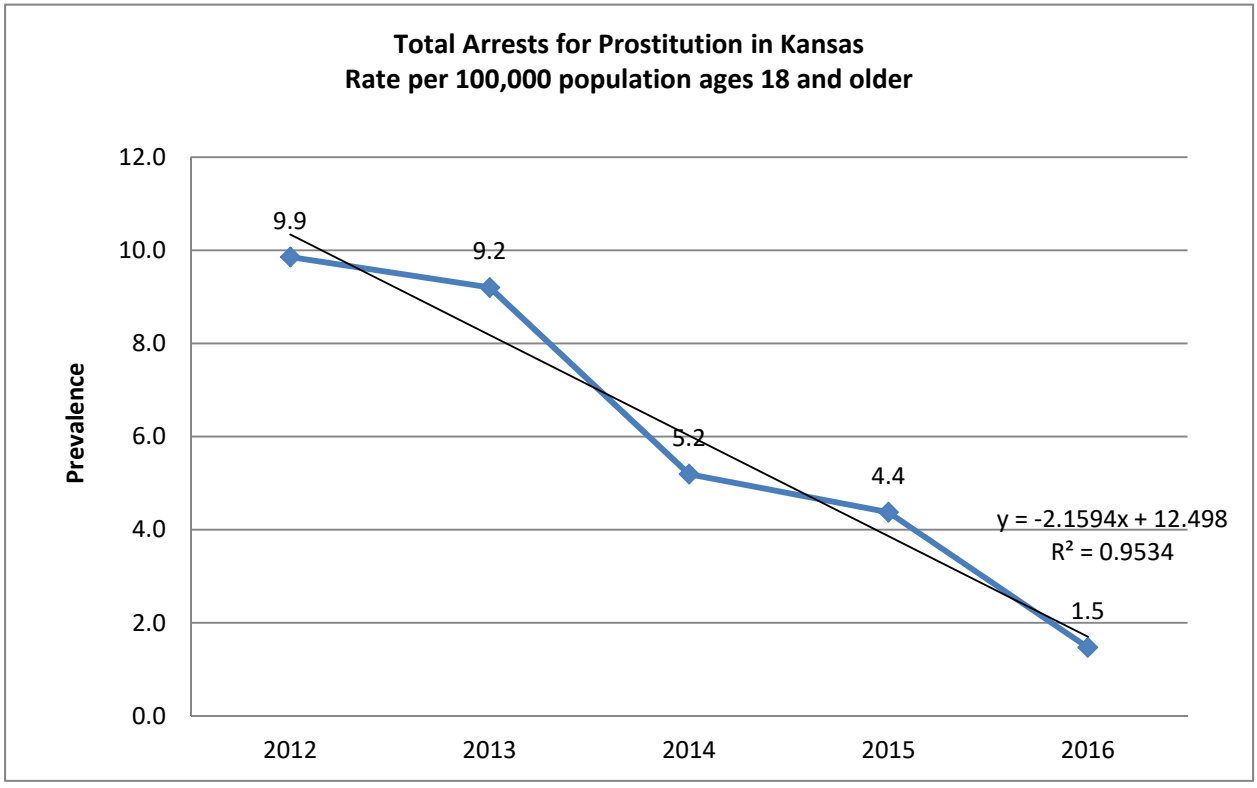


Table 20.8 Rate and number of arrests for prostitution by age group, 2012-2016

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Prostitution	Rate	Prostitution	Rate
2012	9.9	2	0.6	239	11.2
2013	9.2	5	1.6	220	10.3
2014	5.2	0	0.0	127	6.0
2015	4.4	1	0.3	106	5.0
2016	1.5	0	0.0	36	1.7
5-Year Average	**6.0**	**2**	**0.5**	**146**	**6.8**

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.

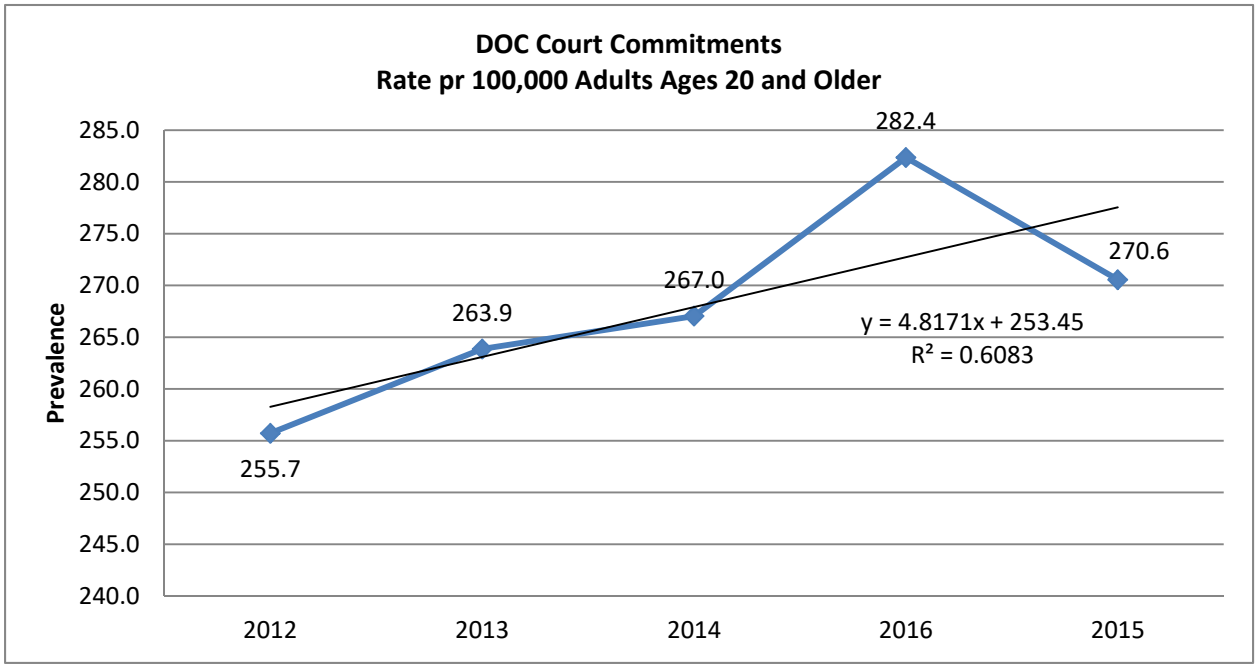
Where did we get the data?

Special request: Kansas Department of Corrections – Adult New Court Commitments, 2012-2015

Important findings

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

Graph of Five-Year Trend



Kansas County Data Maps

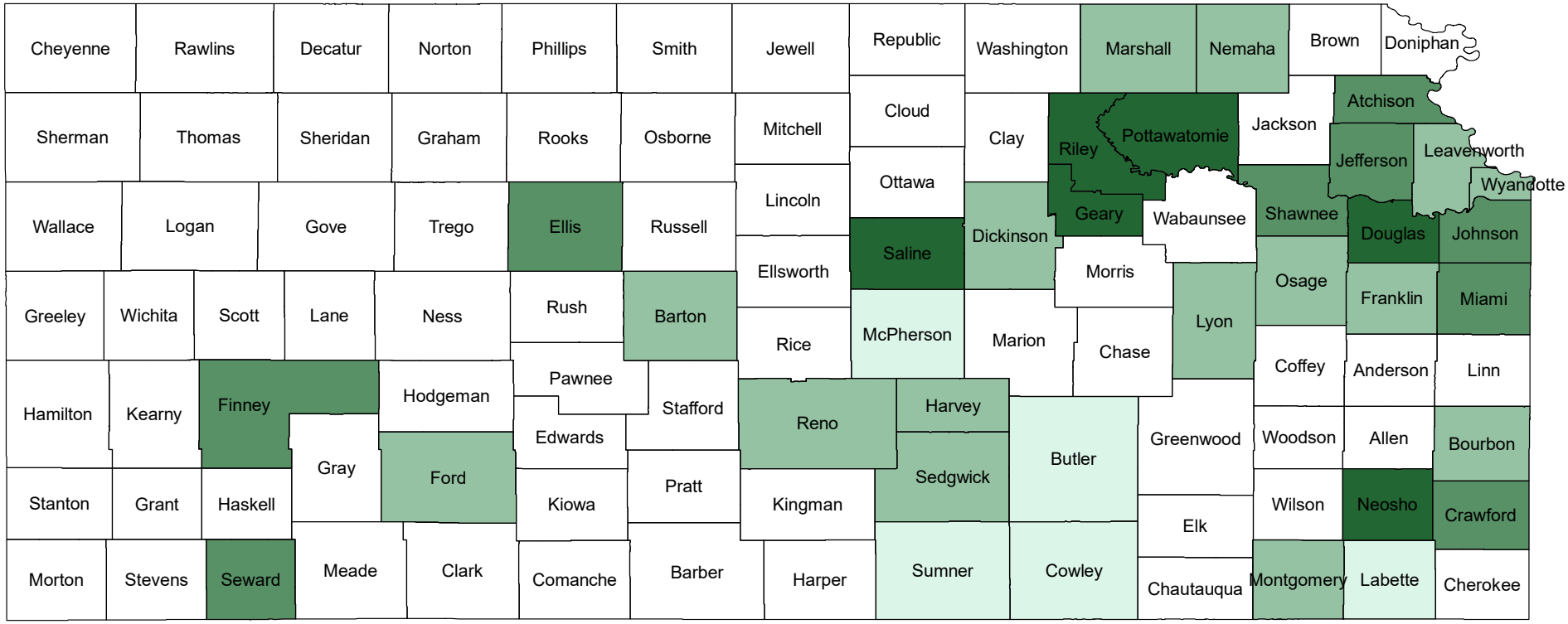
30-Day Binge Drinking – Adults
Kansas BRFSS, 2015

Data Not Available at County Level

Percentage of individuals who respond that on one or more of the previous 30 days they have consumed five of more drinks during one occasion.

10.10% - 12.70% | 12.71% - 15.10% | 15.11% - 17.80% | 17.81% - 24.40%

State of Kansas: 15.60%



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

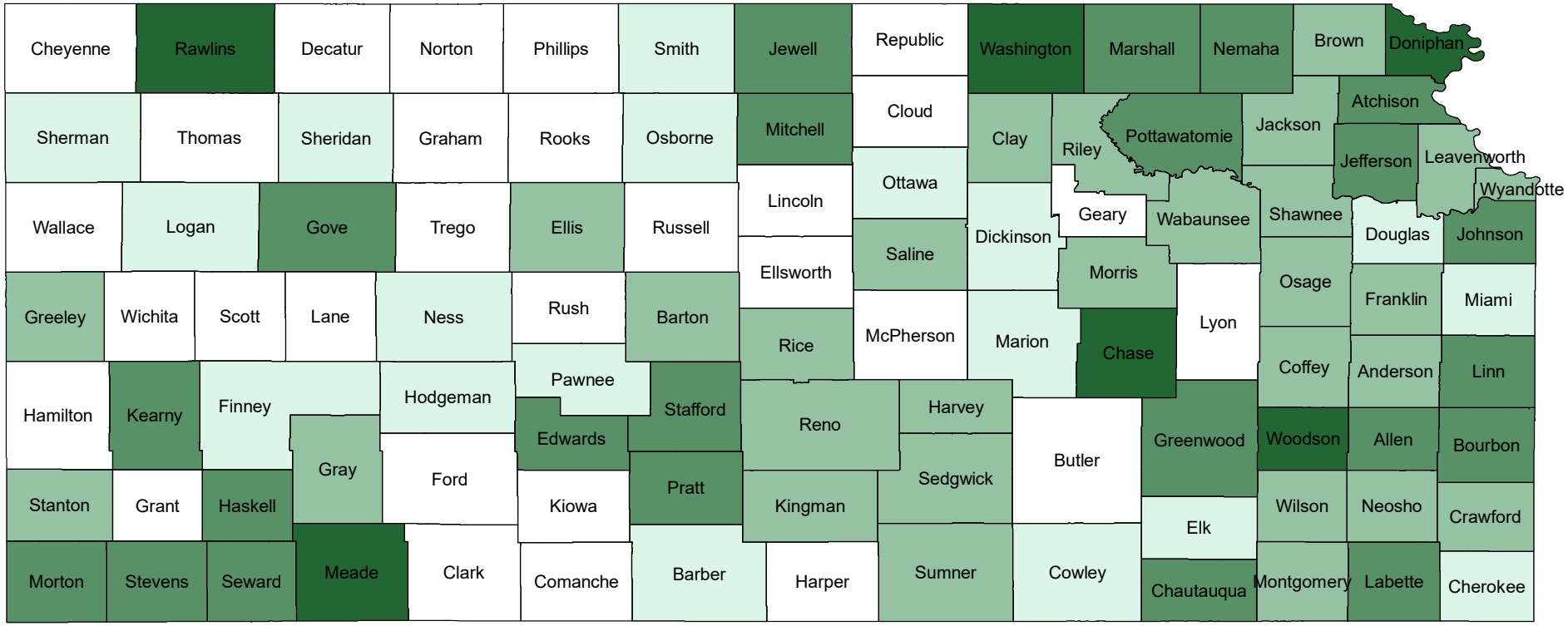
Two-Week Binge Drinking - Youth
KCTC Student Survey, 2017

Data Not Available at County Level

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 survey.

2.90% - 6.10% | 6.11% - 9.70% | 9.71% - 15.20% | 15.21% - 32.80%

State of Kansas: 8.57%



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

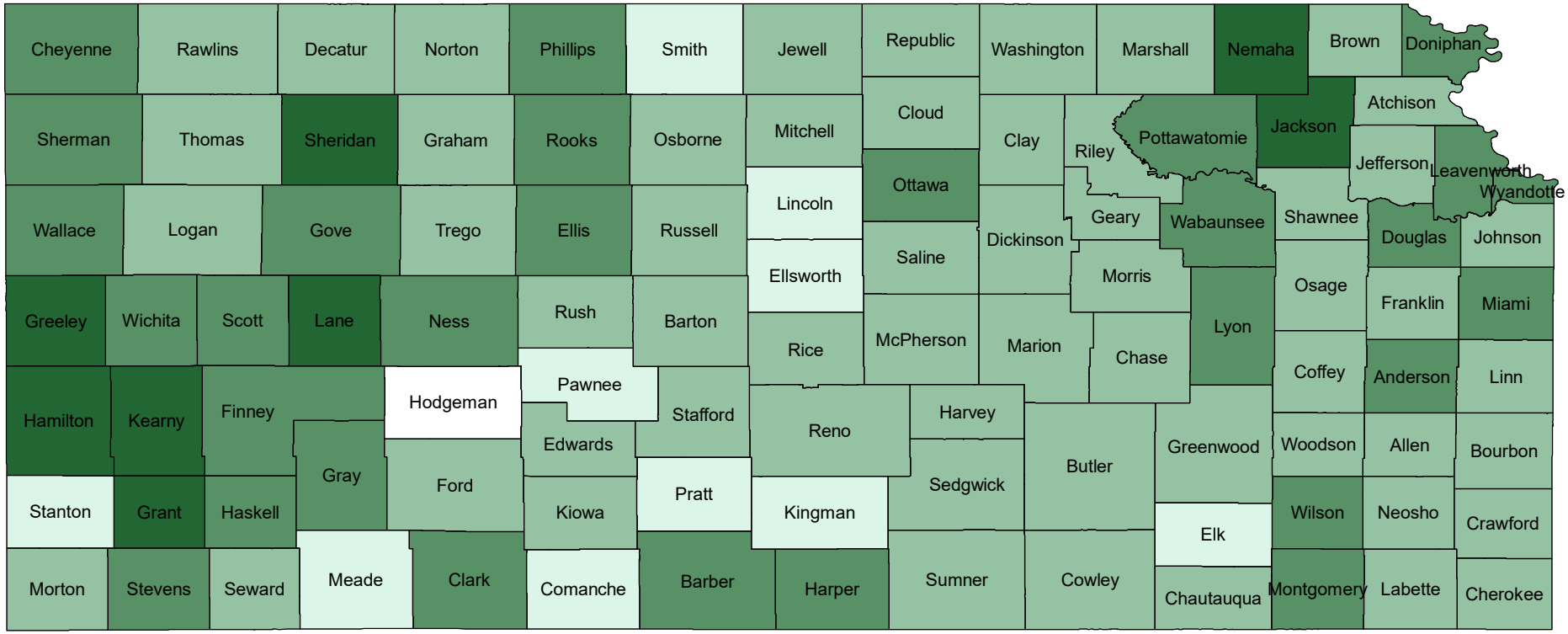
Percent of Motor Vehicle Accidents that were Alcohol-Related
Kansas Department of Transportation, 2015

Data Not Available at County Level

Percentage of those motor vehicle accidents in where alcohol was a contributing factor in the incident.

0.00% - 1.30% | 1.31% - 4.20% | 4.21% - 6.70% | 6.71% - 13.60%

State of Kansas: 3.80%



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

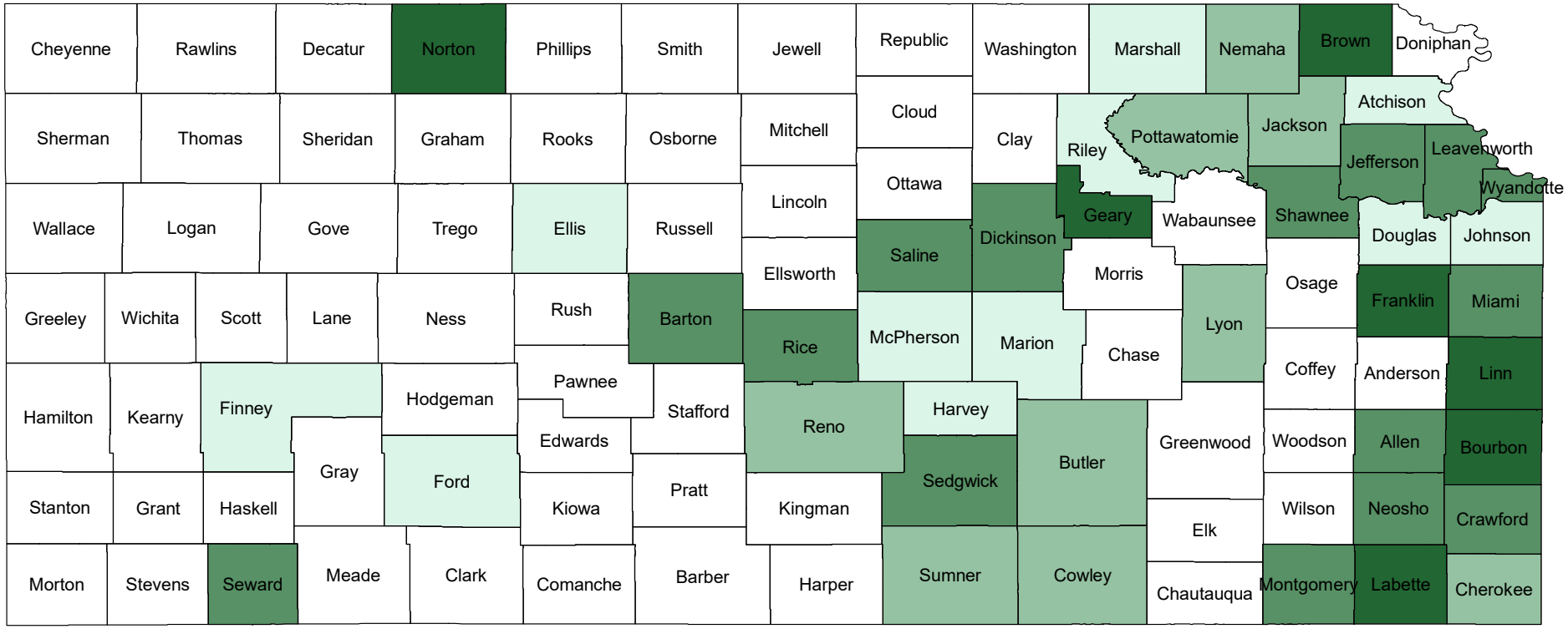
Current Smokers - Adult
Kansas BRFSS, 2015

Data Not Available at County Level

Percentage of individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke “some days” or “everyday”.

11.20% - 15.80% | 15.81% - 19.90% | 19.91% - 24.10% | 24.11% - 31.90%

State of Kansas: 17.70%



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

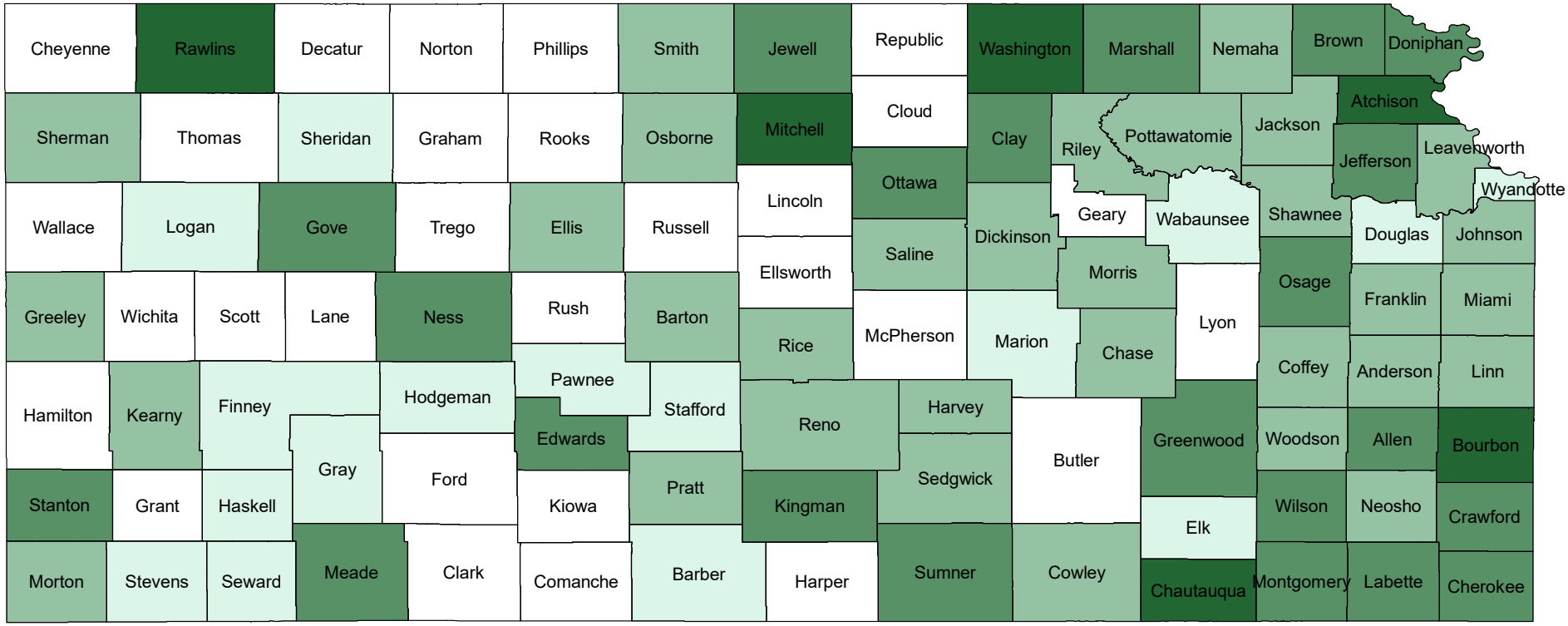
30-Day Cigarette Use - Youth
KCTC Student Survey, 2017

Data Not Available at County Level

The percentage of 6th, 8th, 10th, and 12th graders who reported smoking cigarettes at least once to the question:
"How frequently have you smoked cigarettes during the past 30 days?"

0.00% - 2.30% 2.31% - 4.50% 4.51% - 7.70% 7.71% - 10.70%

State of Kansas: 3.51%



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

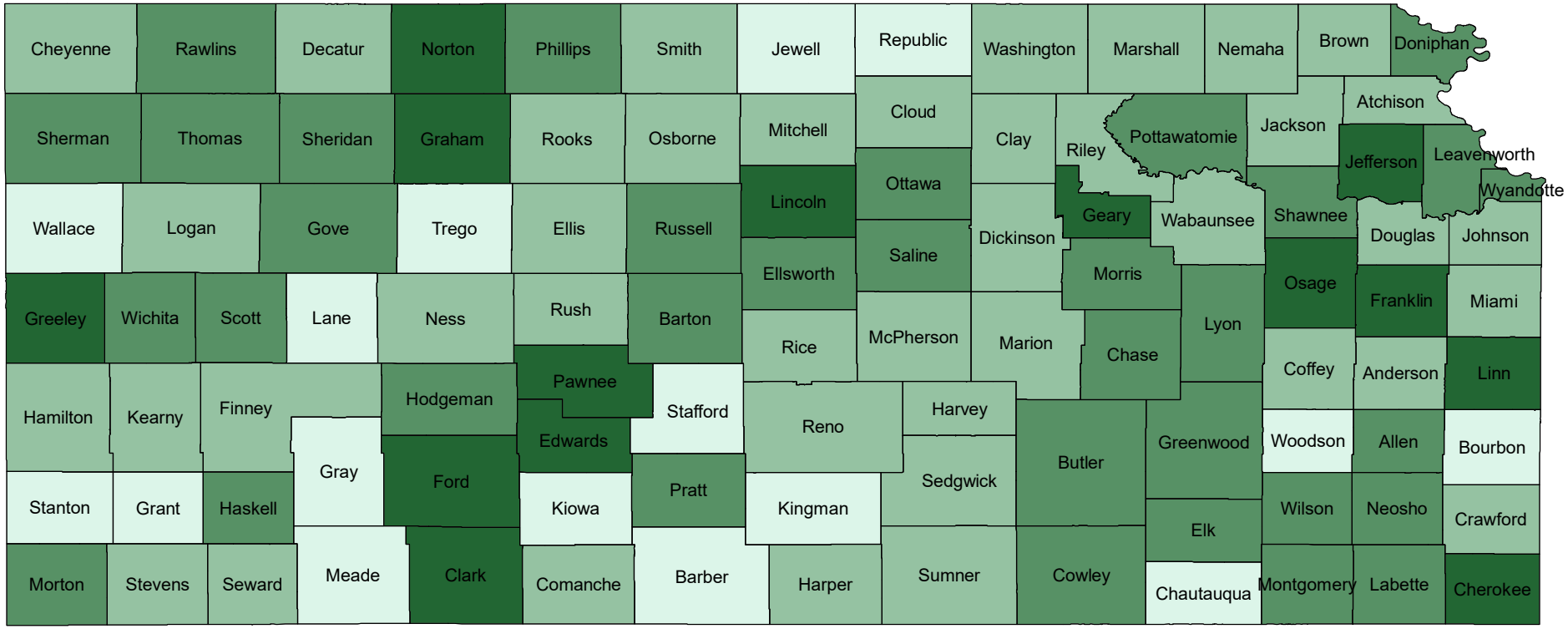
Tobacco-Related Deaths
Kansas Department of Health & Environment, 2016

Data Not Available at County Level

Percentage of deaths for which the attending physician indicated on the death certificate that tobacco use contributed to the death.

4.80% - 17.90% 17.91% - 25.70% 25.71% - 34.60% 34.61% - 52.40%

State of Kansas: 25.40%



Prepared by:

Greenbush
Research & Evaluation Department

Classification Method: Jenks Natural Breaks

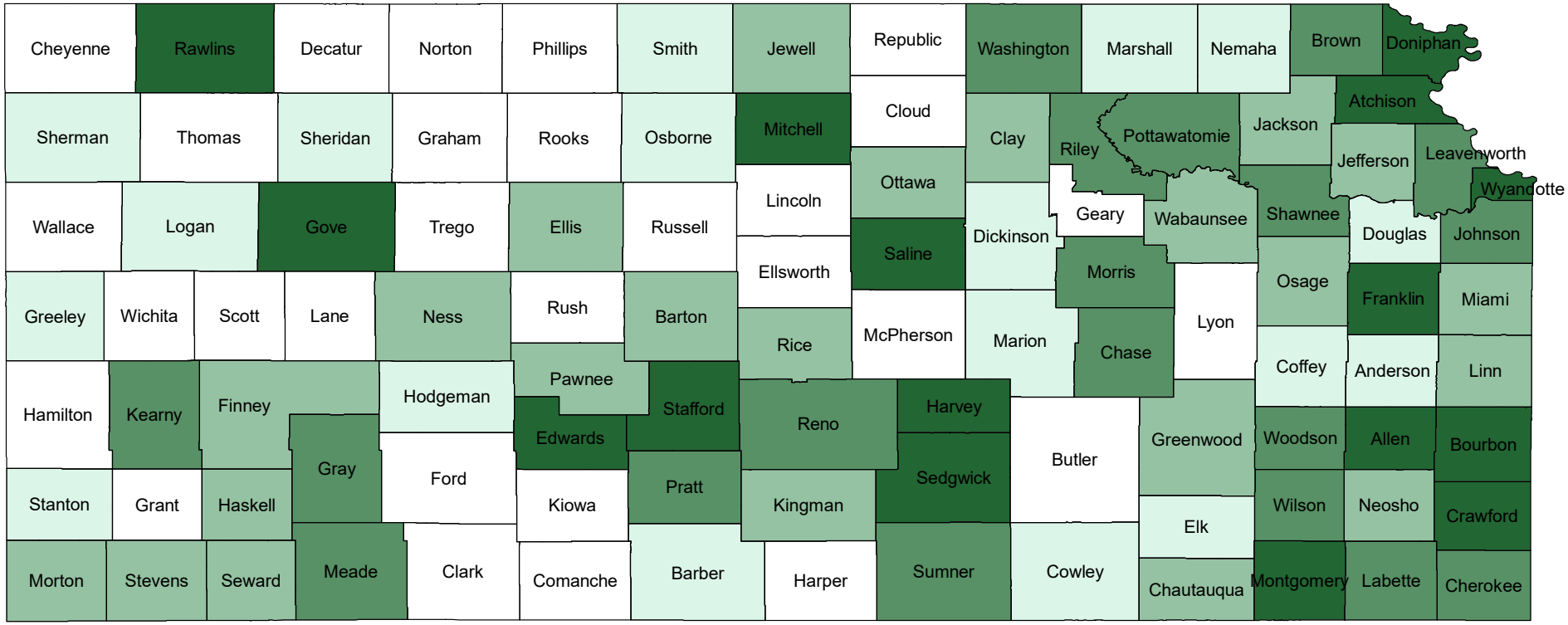
30-Day Use of Marijuana - Youth
KCTC Student Survey, 2017

Data Not Available at County Level

The percentage of 6th, 8th, 10th, and 12th graders who reported using marijuana at least once in the 30 days prior to completing the survey.

0.00% - 3.00% 3.01% - 5.30% 5.31% - 7.40% 7.41% - 12.70%

State of Kansas: 6.55%



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

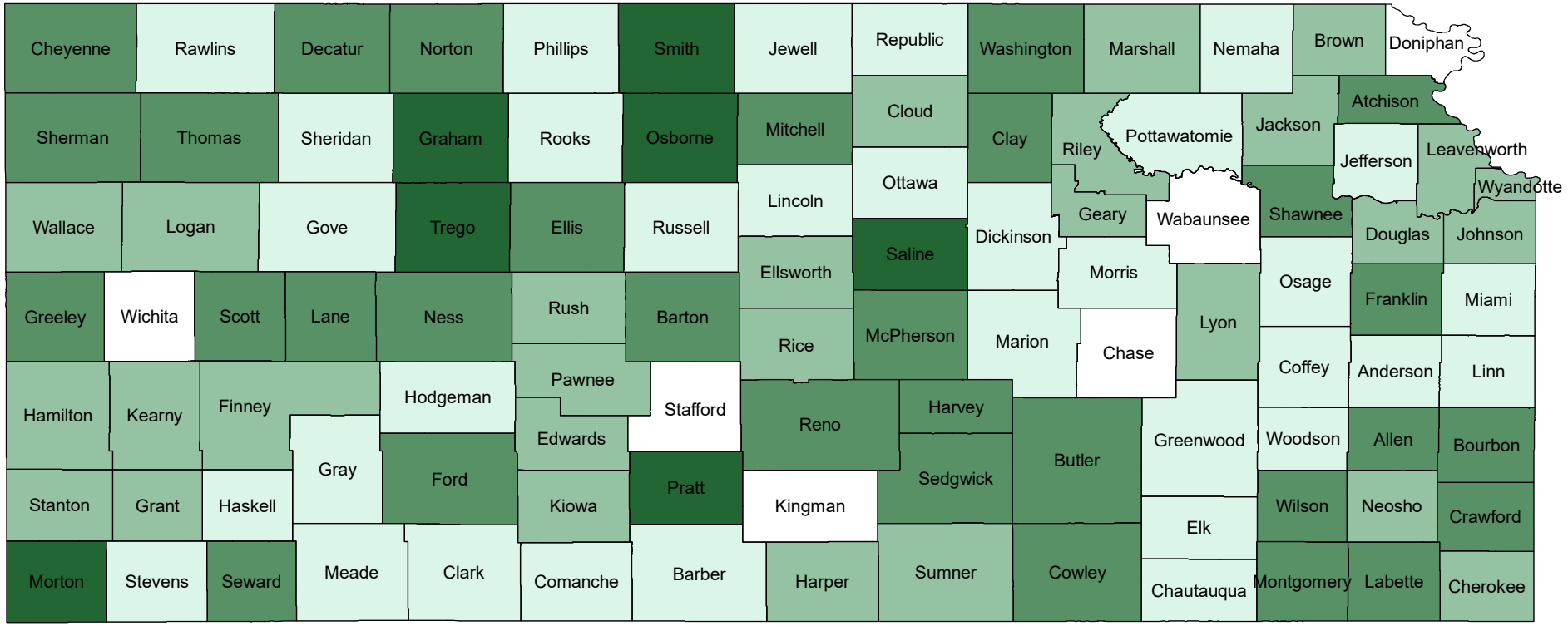
Opioid Prescribing Rates
Center for Disease Control and Prevention, 2016

Data Not Available at County Level

Rate of all retail opioid prescriptions dispensed per 100 persons.

0.30- 29.90 | 29.91 - 76.60 | 76.61 - 117.30 | 117.31 - 184.80

State of Kansas: 76.90



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

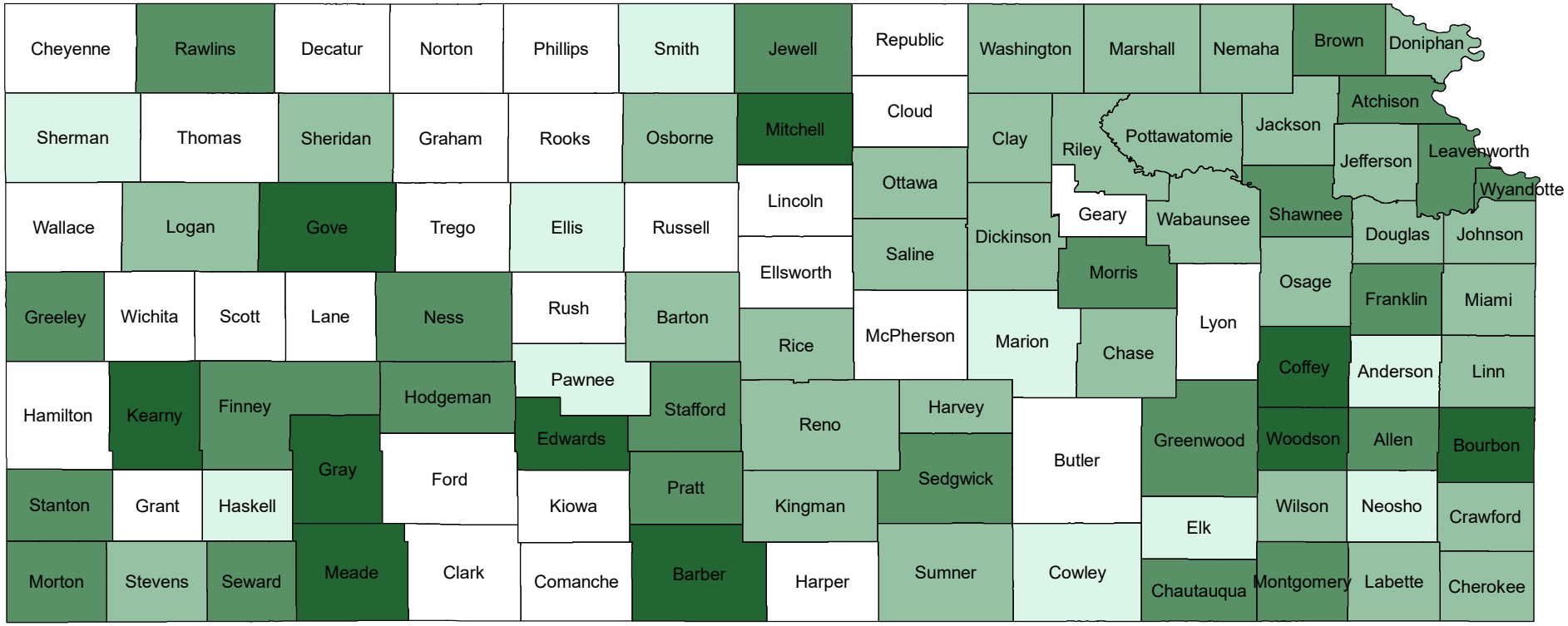
30-Day Use of Prescription Pain Relievers - Youth
KCTC Student Survey, 2017

Data Not Available at County Level

The percentage of 6th, 8th, 10th, and 12th graders who reported use of prescription pain relievers that was not prescribed to them at least once in the 30 days prior to completing the survey

0.00% - 1.50% | 1.51% - 2.50% | 2.51% - 3.80% | 3.81% - 7.10%

State of Kansas: 2.38%



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

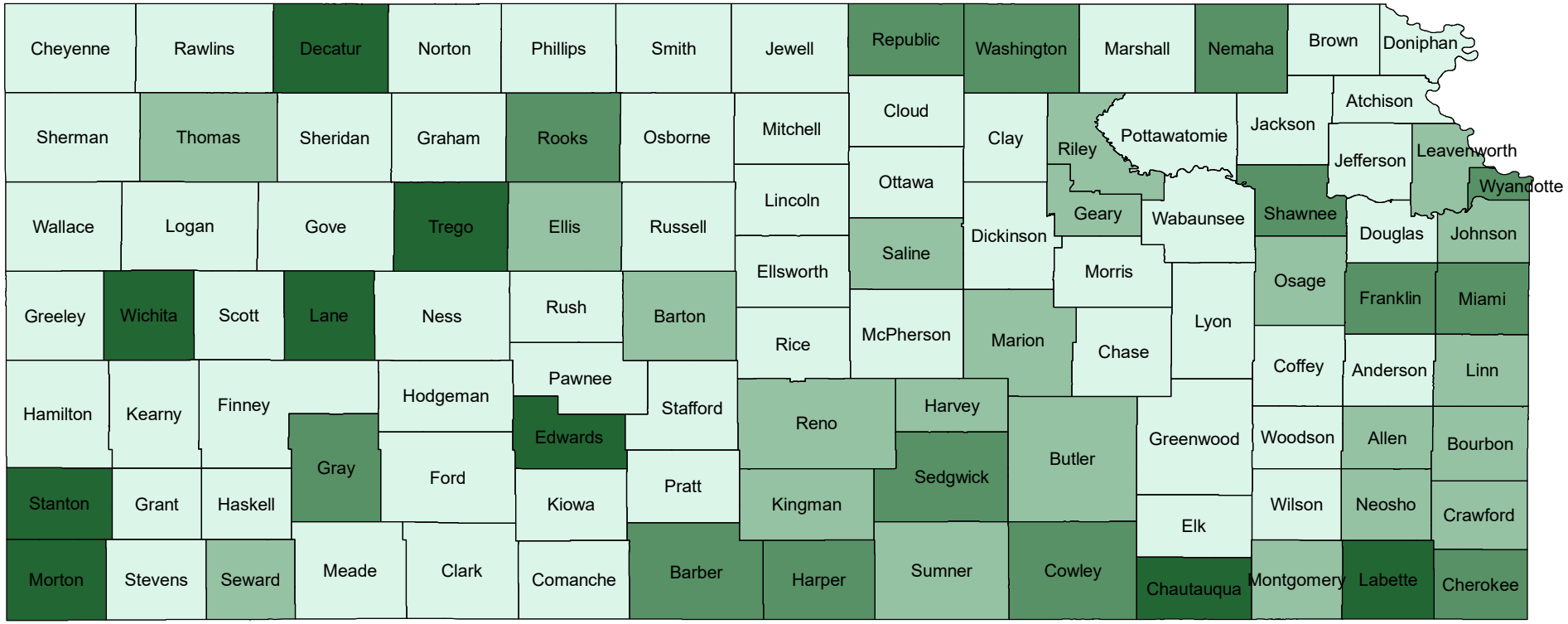
Psychotropic Drug Poisonings
Kansas Information for Communities - Hospital Discharge Data

Data Not Available at County Level

Rate per 10,000 population of hospital discharges for which the primary diagnosis was accidental poisoning by a psychotropic drug

0.00 - 0.50 | 0.51 - 1.40 | 1.41 - 2.30 | 2.31 - 6.10

State of Kansas: 1.10



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

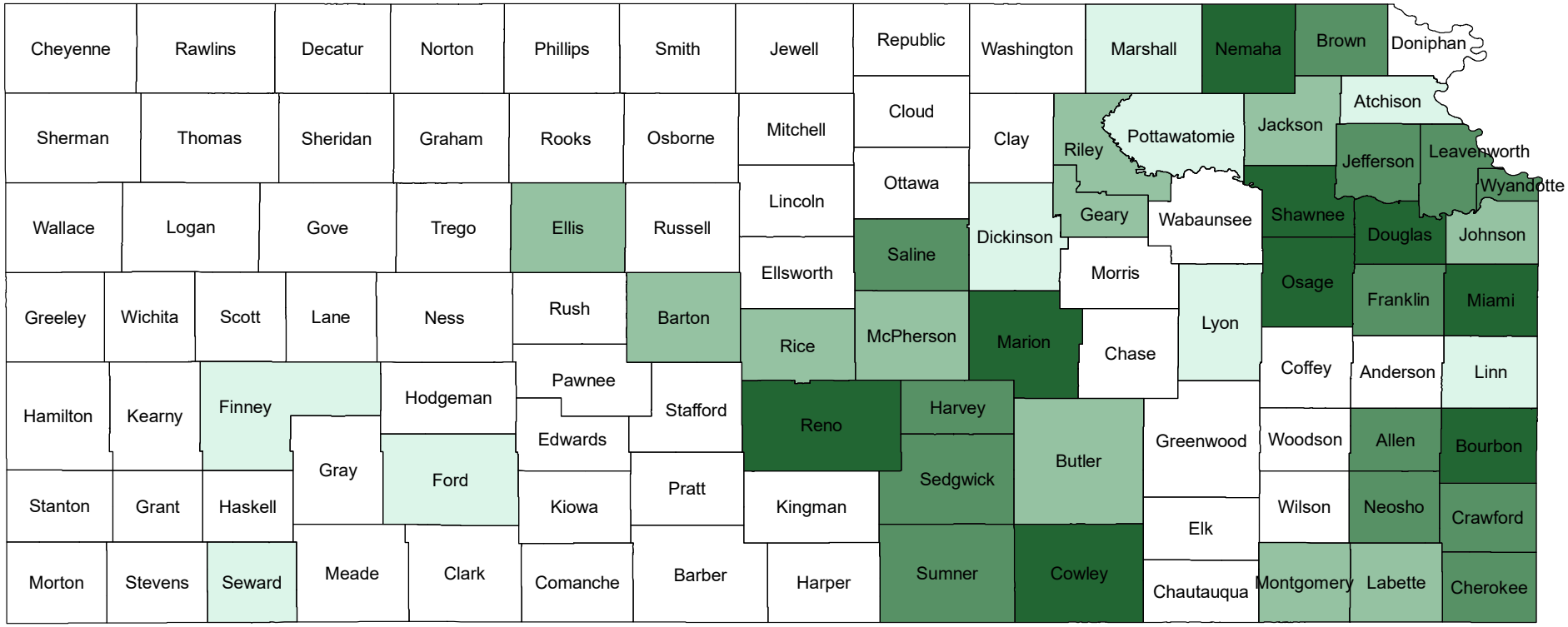
Depression - Adult
Kansas BRFSS, 2015

Data Not Available at County Level

Percent of adult population responding 'yes' to the question "Have you ever been told that you have a form a depression"

11.30% - 15.30% | 15.31% - 19.10% | 19.11% - 22.00% | 22.01% - 25.90%

State of Kansas: 19.40%



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

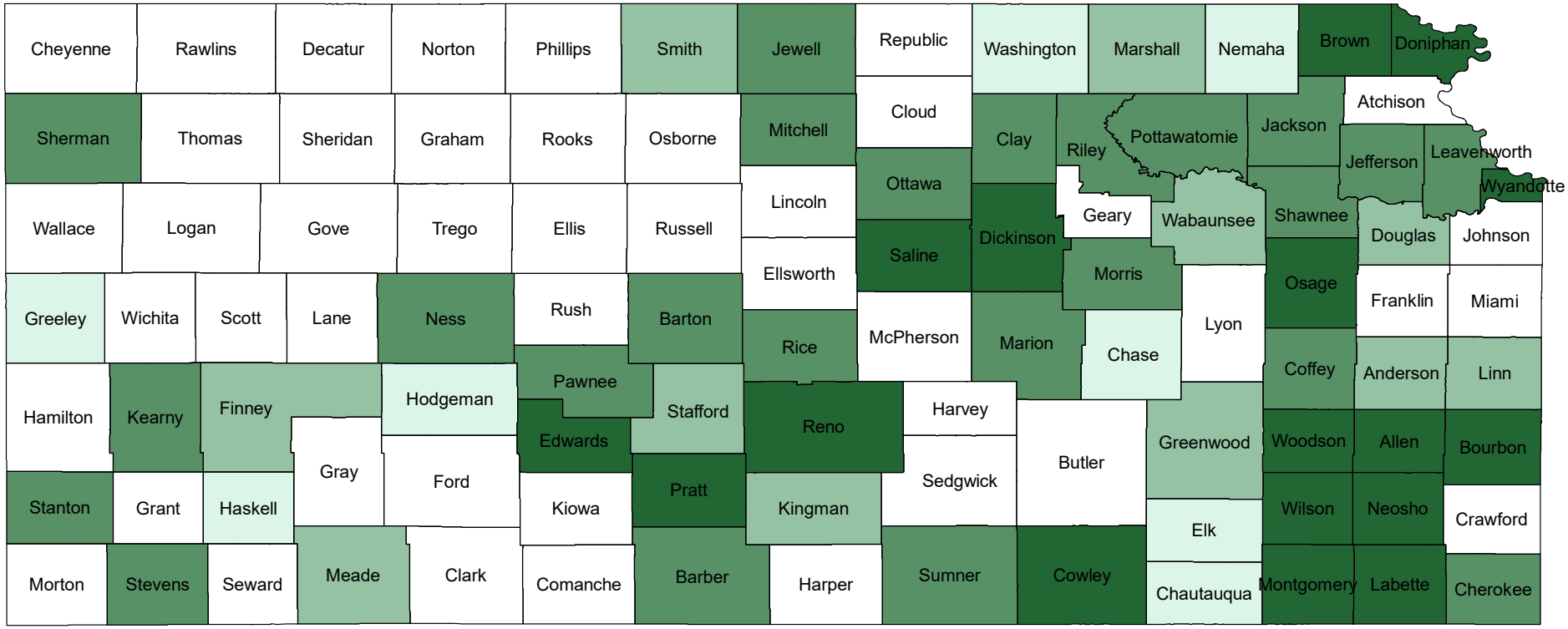
Depression - Youth
KCTC Student Survey, 2017

Data Not Available at County Level

The percentage of 6th, 8th, 10th, and 12th graders who responded "yes" to the following question : “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”

13.80% - 19.60% 19.61%- 23.70% 23.71% - 28.00% 28.01% - 34.10%

State of Kansas: 26.32%



Classification Method: Jenks Natural Breaks

Prepared by:

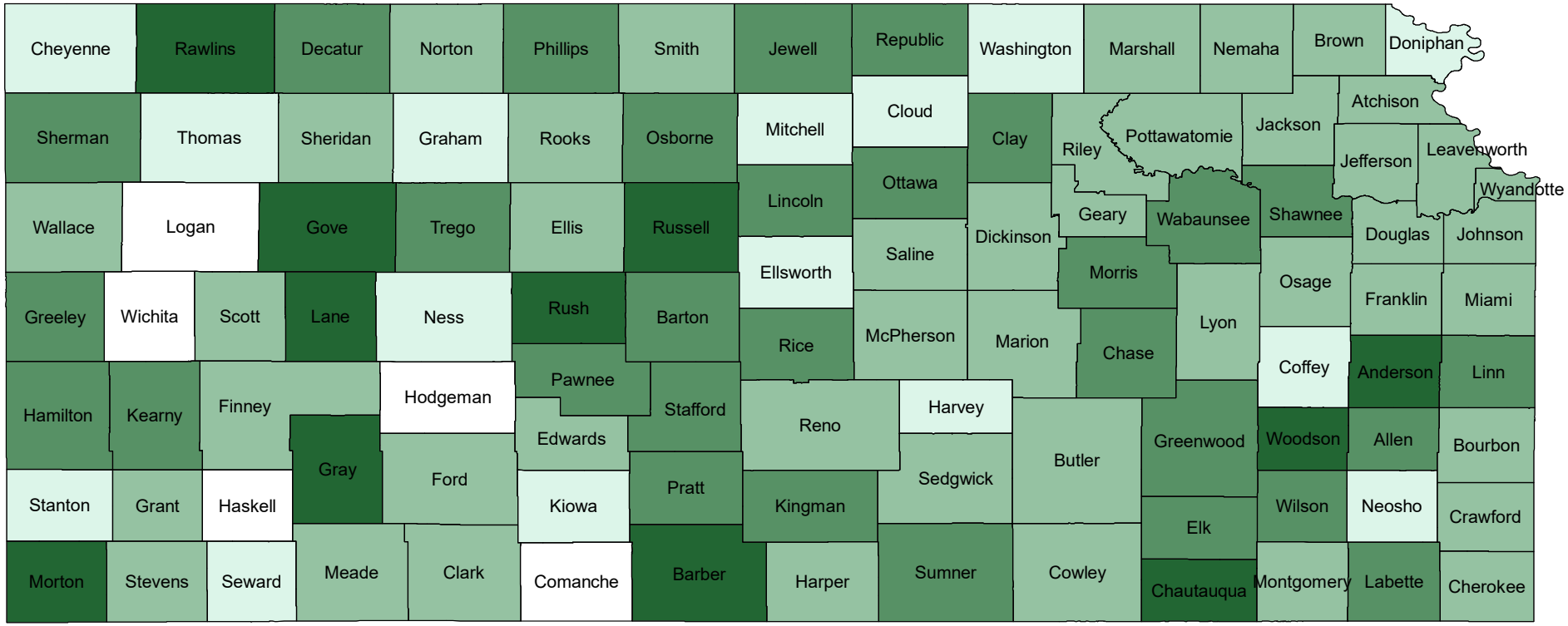
Greenbush
Research & Evaluation Department

Suicide Rate
Kansas Information for Communities Death Statistics, 2012-2016

Data Not Available at County Level

Age-adjusted rate per 100,000 population whose underlying primary cause of death is listed on their death certificates as suicide.

3.50 - 12.00 12.01 - 19.80 19.81 - 28.10 28.11 - 53.10



Classification Method: Jenks Natural Breaks

Prepared by:

Greenbush
Research & Evaluation Department

Appendix A: Data Sources

Behavior Risk Factor Surveillance System (BRFSS) - The BRFSS is a random digit dialing (RDD) telephone survey administered by the Kansas Department of Health and Environment of adults ages 18 and older. The CDC has developed the questionnaire to ensure compatibility across states. Core questions are asked annually each year in all states and states have the option of adding in additional 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 Oct 31, 2017 11:33:00 AM)
United States Cancer Statistics: 1999 - 2013 Incidence, **WONDER Online Database** - United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2016. Accessed at http://wonder.cdc.gov/cancer-v2013.html on Nov 2, 2017 3:22:23 PM
U.S. Prescribing Rate Maps: National Center for Injury Prevention and Control. (Accessed at https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html on August 7, 2017 at 9:18 AM)

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 herein. The data and any supporting documentation relied upon by EPIC to prepare this report are the property of the originating agency.

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. The survey is funded by the Kansas Department of Aging and Disability Services and administered by Greenbush – The Southeast Kansas Education Service Center.

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 Gambling Survey - The Kansas Gambling Survey asks randomly selected Kansas adults about their gambling behavior and attitudes. Using random selection methods, the survey was first administered in 2012 using telephone interview method and again in 2017 (n=1,755) using a combination of paper and online methods. The 2017 survey expanded content beyond gambling to collect behavior health data including substance use, depression, and suicide. This survey is funded by the Kansas Department of Aging and Disability Services (KDADs) and administered by Greenbush – The Southeast Kansas Education Service Center.

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.
Hospital Discharge Statistics Diagnosis Data – Data used in KIC Hospital Discharge queries are provided by the Kansas Hospital Association (KHA). Data are reported on a calendar year basis, compiled from surveys submitted by most Kansas community hospitals. While most of the state's hospitals are community hospitals that submit, facilities that are not included are: hospital units of institutions, long-term care hospitals, psychiatric hospitals, federal hospitals, and alcoholism and chemical dependency facilities.

Kansas Problem Gambling Helpline - Kansas Department of Aging and Disability Services contracts with Kansas Health Solutions to operate the Problem Gambling. 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.

Kansas Young Adult Survey -The Kansas Young Adult Survey measures behavioral health among Kansans aged 18-25. In addition to asking about use of alcohol, tobacco, and other drugs, this survey addresses major sources of stress, general health, mental health and depression, and perceived risk of harm from substance use. It also includes questions related to prescription drug misuse, knowledge of proper disposal of unused drugs, gambling, and driving safety.

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 trends 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.
Treatment Episode Data Set (TEDS) - TEDS provides information gathered by the Substance Abuse & Mental Health Services Administration (SAMHSA) on the demographic and substance abuse characteristics of the 1.8 million annual admissions to treatment for abuse of alcohol and drugs in facilities that report to individual State administrative data systems. Accessed March 30, 2017 at https://wwwdasis.samhsa.gov/webt/tedsweb/tabYearDotChooseYearWebTable?t_state=KS.

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 of 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?”

30-Day Alcohol Consumption - Youth: The percentage of 6th, 8th, 10th, and 12th graders who reported binge drinking of alcohol at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is “During the past 30 days, on how many days did you have 5 or more drinks on the same occasion? (By 'occasion', we mean at the same time or within a couple of hours of each other).” The responses 1-4 occasions, 5-9 occasions, and 10 or more occasions were combined to calculate the percentage.

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 1 time, 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.

Alcohol Dependence – Adult / Youth: Alcohol Use Disorder is defined as meeting criteria for alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders. It is based on responses to the following questions on the SAMHSA National Survey on Drug Use and Health survey.
1. Spent a great deal of time over a period of a month getting, using, or getting over the effects of the substance; 2. Unable to keep set limits on substance use or used more often than intended;
3. Needed to use substance more than before to get desired effects or noticed that using the same amount had less effect than before; 4. Unable to cut down or stop using the substance every time he or she tried or wanted to; 5. Continued to use substance even though it was causing problems with emotions, nerves, mental health, or physical problems; and 6. Reduced or gave up participation in important activities due to substance use. An additional question pertaining to withdrawal symptoms was asked for the following six drugs: alcohol, pain relievers, cocaine, heroin, sedatives, and stimulants. The withdrawal question asked the respondent if they had experienced substance specific withdrawal symptoms at one time that lasted for longer than a day after they cut back or stopped using. The specific number and type of listed withdrawal symptoms varied by substance. A respondent was defined as having alcohol, pain reliever, cocaine, heroin, sedative, or stimulant dependence (DEPNDALC, DEPNDANL, DEPNDCOC, DEPNDHER, DEPNDSED, DEPNDSTM) if the respondent reported a positive response to three or more of the seven dependence criteria (including the six standard criteria listed above plus a seventh withdrawal symptom criteria).

Driving While Under the Influence of Alcohol (Self-Reported): The percentage of respondents ages 18-25 who responded "Yes" when asked "During the past 12 months, have you driven a vehicle while you were under the influence of alcohol?" (Kansas Young Adult Survey).

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 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 (i.e., 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.

30-Day Electronic Cigarette Use - Youth: The percentage of 6th, 8th, 10th, and 12th graders who reported using electronic cigarettes (e-Cigarettes) at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is "During the LAST 30 DAYS, on how many occasions (if any) have you used electronic cigarettes (e-cigarettes)?" The responses less than one to two days, three to five days, six to nine days, ten to nineteen days, and twenty to thirty days 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 "every day." 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 number of 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.

Tobacco-Related Deaths: Percentage of deaths for which the attending physician indicated on the death certificate that tobacco use contributed to the death.

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-10codes 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 about.

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.

Driving Under the Influence of Marijuana (Self-Reported): The percentage of respondents ages 18-25 who responded “Yes” when asked “During the past 12 months, have you driven a vehicle while you were under the influence of marijuana?” (Kansas Young Adult Survey).

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 patient admitted was marijuana as entered into the Treatment Episodic Data Set (TEDS).

Opioid Prescribing Rates: Rate of all retail opioid prescriptions dispensed per 100 persons.

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.” 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 that was not prescribed to them at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is “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 using prescription drugs that were not prescribed to them 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: use prescription drugs that are not prescribed to them?" The response "Great Risk" was used to calculate the percentage.

Perception of Great Risk of Harm from Prescription Drugs - Young Adults: Perception of harm of prescription drug use is the percentage of respondents ages 18-25 who reported perception of great risk of harm if using prescription drugs that were not prescribed to them. The survey question is "How much do you think people risk harming themselves (physically or in other ways) 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 patient 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 Methamphetamine.

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.

Psychotropic Drug Poisonings: For the purpose of this document, psychotropic Drug Poisonings is the crude rate per 10,000 population with a hospital discharge diagnosis code of 241, poisoning by psychotropic agents.

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 and the 2017 Kansas Gambling 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.

Depression - Adult: Percent of adult population responding ‘yes’ to the question “Have you ever been told that you have a form a depression” on the CDC Behavioral Risk Factor Surveillance System (BRFSS) annual survey.

Depression - Youth: The percentage of 6th, 8th, 10th, and 12th graders who responded "yes" to the following question on the Kansas Communities That Care Survey: “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?”

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.

Hospital Discharges with a Diagnosis of Mood Disorder or Self-Injury / Suicide Attempt: Number of patients discharged from a Kansas community hospital with a diagnosis code of 657 (Mood disorders) or 662 (Suicide and intentional self-inflicted injury). Rates per 100,000 calculated using 2010 U.S. Census total population data.
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: The percentage of 6th, 8th, 10th, and 12th graders 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: The percentage of 6th, 8th, 10th, and 12th graders 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).

Hospital Discharge Data Limitations

Community hospitals are asked to submit data voluntarily to KHA which in turns compiles the dataset and provides it to the state of Kansas. While most of the state's hospitals are community hospitals that submit, facilities that are not included are: hospital units of institutions, long-term care hospitals, psychiatric hospitals, federal hospitals, and alcoholism and chemical dependency facilities.

The number of hospitals that submit varies from year to year. The KHA dataset may also contain discharge data on Kansas residents who were treated at community hospitals in adjacent states. The quantity of those records varies annually. Hospital discharge data includes information on patients who were admitted and had a length-of-stay of greater than 24 hours. Emergency department data are not included. Specialty hospital data are not included.

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.

Kansas Young Adults Survey
The Kansas Young Adults Study was designed to recruit subjects between the ages of 18 to 25. Subjects were recruited from two randomly drawn listed samples among subjects believed to meet the target parameters based on residence and age. The address-based sample of cell phone users were recruited first and yielded N=224 completed. The registered voter sample, limited to cell phone users, were recruited during the second wave and yielded N=772 completed observations. Participants recruited from the registered voter list were weighted in proportion to the state parameter of registered voters.

Kansas Gambling Survey
These surveys, conducted in Kansas in 2012 and 2017, focused on individuals in and around the gaming regions of the state. The surveys are a cross-sectional snapshot of gambling behavior and attitudes at single points in time. With only one data value per question, comparability and reliability cannot be tested and the ability to draw conclusions is 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 2012 survey was a telephone survey, it introduces sampling bias as it excludes community members who do not have a telephone. The 2017 survey used a combination of paper and online methods. And, as with any survey, the Kansas Gambling surveys capture only 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

Centers for Disease Control and Prevention – National Center for Injury Prevention and Control, Opioid Prescribing Rate limitations

Source for all prescribing data: QuintilesIMS Transactional Data Warehouse (TDW) 2006–2016. QuintilesIMS TDW is based on a sample of approximately 59,000 retail (non-hospital) pharmacies, which dispense nearly 88% of all retail prescriptions in the U.S. For this database, a prescription is an initial or refill prescription dispensed at a retail pharmacy in the sample, and paid for by commercial insurance, Medicaid, Medicare, or cash or its equivalent. Data does not include mail order pharmacy data.

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.

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 counties.

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 the 72.4% 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 database. 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 indicator 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 no 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:

Data sources for which absolute values at the State or community level were available with demographic information. Examples include vital statistics and crime reports.

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.

Data sources for which convenient samples are available at the State or community level with demographic information.

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.

AnalysisSoftware 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.