Kansas Behavioral & Mental Health Profile

July, 2022

Kansas
Department for Aging
and Disability Services

Acknowledgments

The *Kansas Behavioral & Mental Health Profile* 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.

Support for identifying areas for enhancement was provided by members of the Kansas State Epidemiological Outcomes Workgroup (SEOW). The SEOW strives to support the State's prevention infrastructure by enhancing the ability to acquire, integrate, disseminate, and utilize a diverse set of behavioral health indicators and epidemiological data to inform and guide prevention efforts and build capacity to address substance abuse prevention, treatment, and mental health outcomes in a coordinated, data-driven fashion.

During the update of the Profile, membership included representatives from the following:

- The University of Kansas Center for Community Health and Development
- The Learning Tree Institute at Greenbush
- Kansas Depart for Aging and Disability Services Behavioral Health Services
- Kansas Department of Health and Environment
- Kansas Department of Transportation
- Kansas Board of Pharmacy
- The University of Kansas Poison Control Center
- Kansas Board of Emergency Medical Services
- Kansas Racing and Gaming Commission
- Kansas Bureau of Investigation
- The University of Kansas Center for Telemedicine and Telehealth
- Sedgwick County Health Department

Appreciation for the support of the Kansas Department for Aging and Disability Services (KDADS), Behavioral Health Services Commission, 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) defines behavioral health as the promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

The *Kansas Behavioral & Mental Health Profile*, first originated in 2017, was created with program planning and evaluation in mind. 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. The Profile was designed to provide a multifaceted approach to exploring and assessing behavioral health. Each indicator, or topic, was 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, needs, 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.

For each behavioral health indicator, a brief summary is provided that explains why it has been included in the Profile. In addition, a synopsis 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 for 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; and bulleted summary points about the current data.

Using Tables

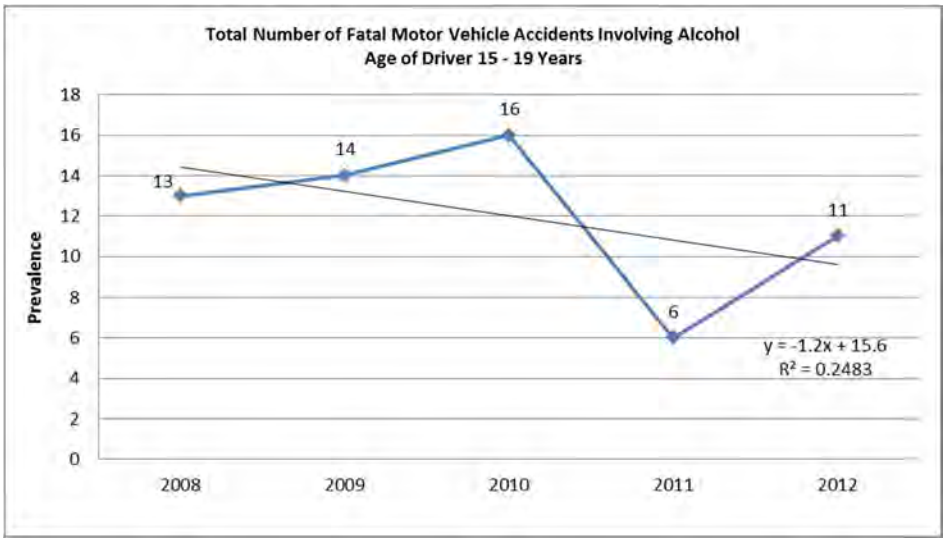
Multiple formats are utilized to present a wealth of information in a meaningful and useful manner. Tables of data are prevalent throughout the report and provide detailed information on each individual indicator. Mortality- or death-related tables utilize age-adjusted rates where possible to provide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

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

Using Graphs

Where possible, trend information is presented in graph 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 five-year trend and the line itself. The equation for the trend line is provided as well as the R-squared, a measure of how well the line fits the data.

Example:



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

PROFILE OVERVIEW

The *2022 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 originally supported in 2006 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 Profile has been enhanced and scope extended with updates occurring in 2011, 2013, 2015, 2017, and 2019. Updates included behavioral and mental health assessment and surveillance data that aligned with the Strategic Prevention Framework (SPF). 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, 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, 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 a thorough picture of substance abuse-related consequence and consumption patterns. T

Data provided in each section of the 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, and strategic planning, as well as provide 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) – 2016 - 2020

Important findings

- In Kansas, males have a higher prevalence of heavy drinking than females."
- Nationally, the prevalence of heavy drinking was 6.7% in 2020. Kansas has a slightly lower prevalence of heavy drinking among adults 18 and older (6.5%).
- From 2016 to 2020, the percentage of heavy drinking has been increasing both in Kansas and nationally.
- The highest prevalence of heavy drinking was found in the 25 to 34 year age group followed closely by those ages 35 to 44.

Graph of Five-Year Consumption Trend

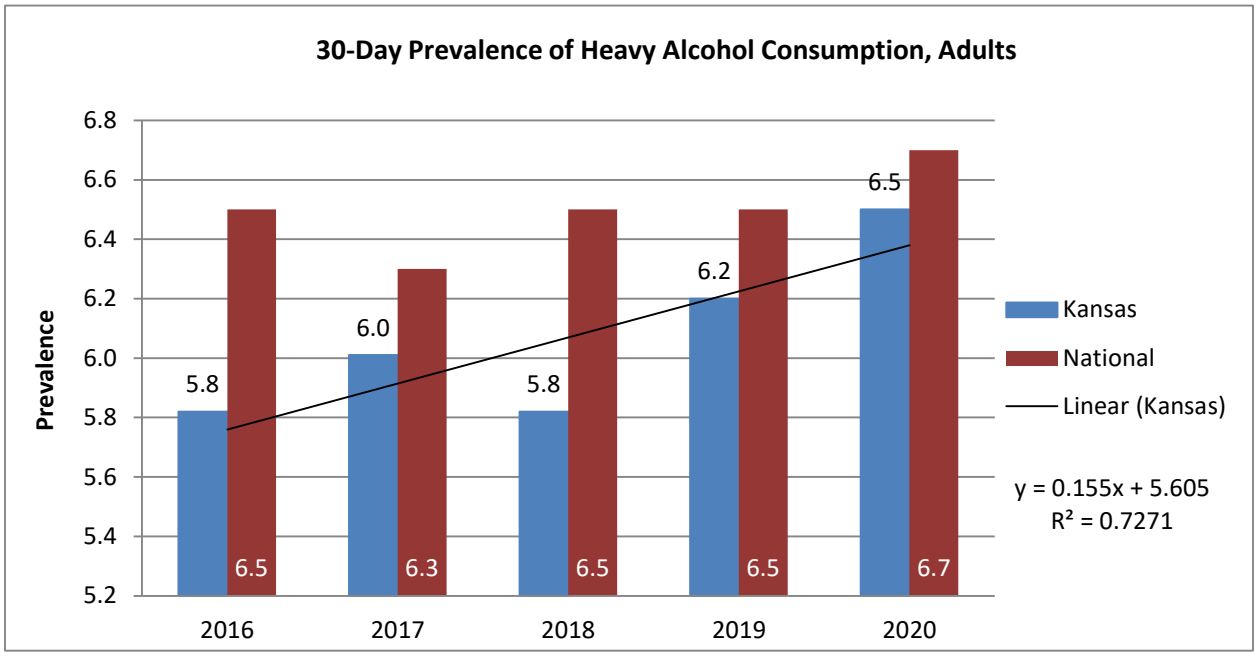


Table 1.1 Percentage of persons aged 18 and older reporting average daily alcohol consumption greater than one (women) or two (men) drinks per day for the State of Kansas by race and ethnicity, 2016-2018

Year	Overall	Race					
		White	African American	Hispanic	Native American	Asian	Multiple Race
2016	5.8	5.9		5.1			
2017	6.0	6.1	6.3	6.0			
2018	5.8	6.0	3.7	6.8			
2019	6.2	6.4		5.0			
2020	6.5	6.6	5.2	6.4			
5-Year Average	**6.1**	**6.2**	**5.1**	**5.8**	**N/A**	**N/A**	**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, 2016-2020

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2016	5.8	6.8	4.9	6.3	7.5	7.2	5.9	5.2	3.5
2017	6.0	6.9	5.2	7.2	7.1	7.4	6.5	5.4	3.5
2018	5.8	7.1	4.6	6.3	7.7	6.7	6.5	5.0	3.6
2019	6.2	7.2	5.2	7.2	7.6	8.1	6.0	6.3	3.2
2020	6.5	7.0	6.0	7.3	8.6	7.4	8.9	5.4	3.2
5-Year Average	**6.1**	**7.0**	**5.2**	**6.9**	**7.7**	**7.4**	**6.8**	**5.5**	**3.4**

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?

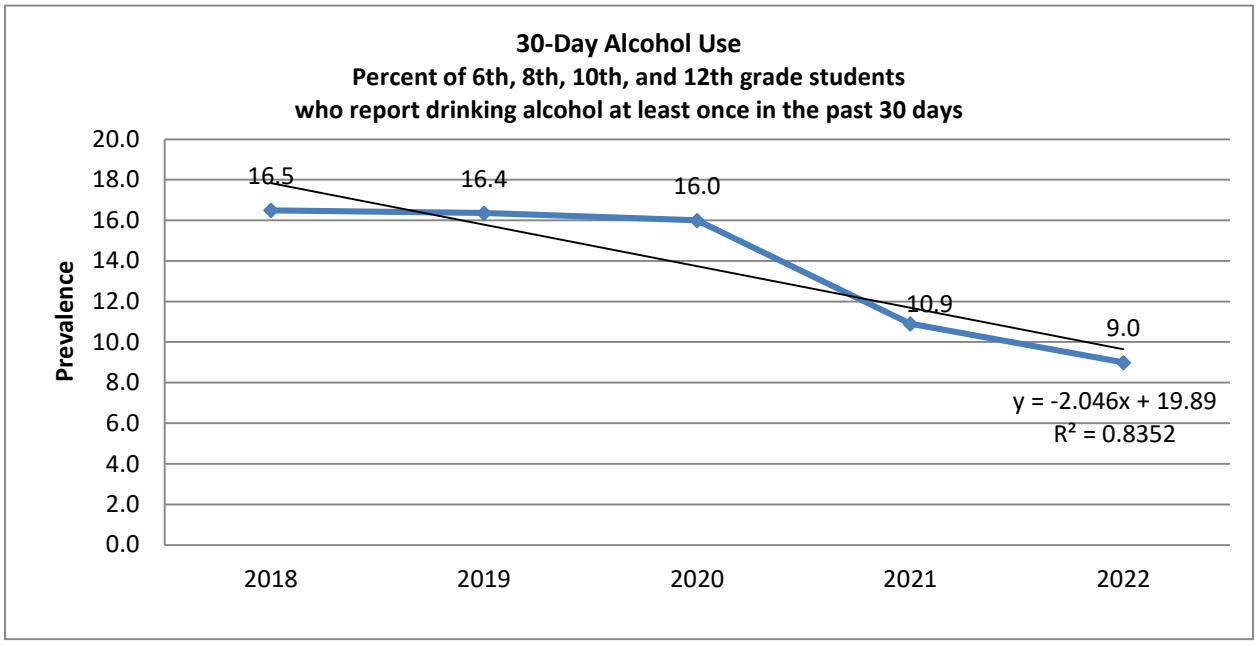
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022.

National comparison data taken from the Monitoring The Future student survey, 2018-2021.

Important findings

- There is a significant reduction in the percentage of Kansas youth that reported drinking alcohol in the past month.
- In 2021, for the first time, the percentage of 8th, 10th, and 12th graders reporting use is below the national average. In 2022, for the first time in Kansas, the percentage is below 10%.
- As grade level increases, the prevalence of alcohol consumption significantly increases.
- Females have a slightly higher prevalence of 30-day alcohol use than males.
- The highest five-year average prevalence of reported recent alcohol use was among White students and students of Hispanic ethnicity.

Graphs Five-Year Trends



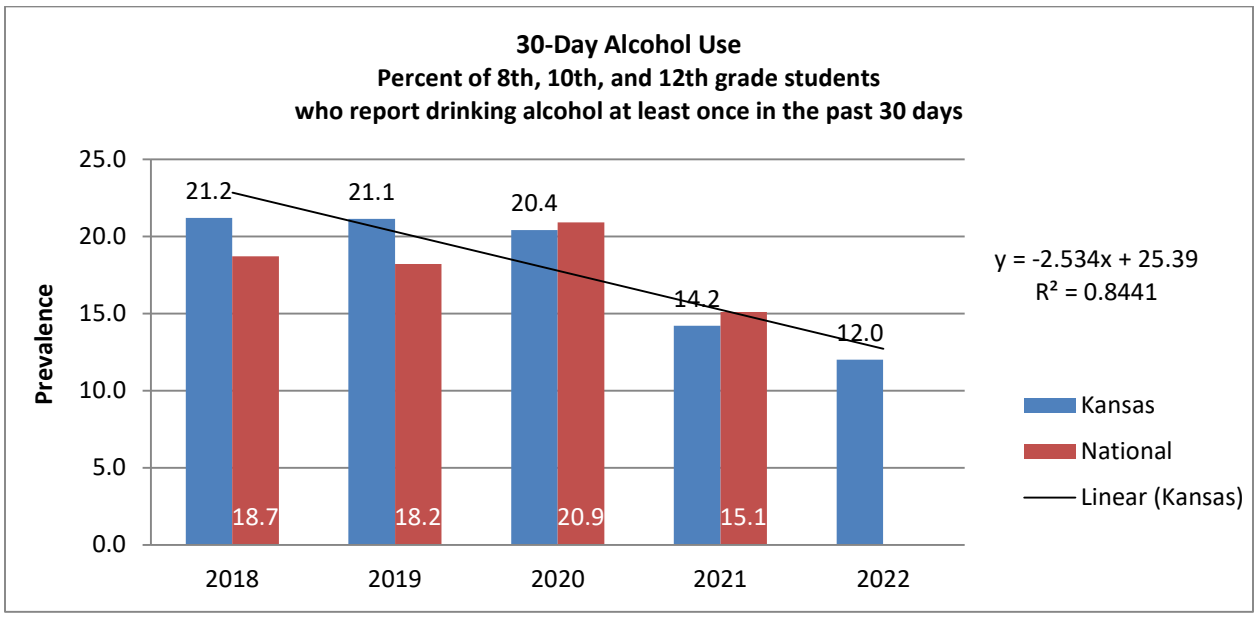


Table 1.3 Percentage of students in grades 6, 8, 10, and 12 reporting any use of alcohol within the past 30 days for the State of Kansas by grade level and gender

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	16.5	3.8	11.1	22.2	35.6	15.6	17.3
2019	16.4	4.0	11.4	22.5	34.4	14.7	17.9
2020	16.0	4.1	11.0	21.5	33.3	14.1	17.5
2021	10.9	2.4	6.5	14.9	25.5	10.0	11.8
2022	9.0	2.2	5.4	12.3	23.3	8.6	9.8
5-Year Average	**13.8**	**3.3**	**9.1**	**18.7**	**30.4**	**12.6**	**14.9**

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	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	17.5	10.5	13.0	7.7	12.4	17.7	16.2
2019	17.7	9.6	10.9	8.2	12.2	18.4	15.8
2020	16.9	9.8	14.2	8.1	14.2	17.4	15.4
2021	12.4	5.2	7.4	4.3	8.2	11.0	10.9
2022	10.3	5.0	6.7	3.3	6.9	9.7	9.1
5-Year Average	**14.9**	**8.0**	**10.4**	**6.3**	**10.8**	**14.8**	**13.5**

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 (four, for women) 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) – 2016 – 2020.

Important findings

- While the rate of adult binge drinking in Kansas decreased from 2019 to 2020, the general trend continues to increase.
- The Kansas rate of binge drinking has been higher than the national average for the past two years.
- From 2016-2020, males had a significantly higher prevalence of binge drinking than females.
- Individuals ages 25 to 34 and those with some college education exhibit the highest prevalence of binge drinking.
- Individuals that identified as multiple races reported the largest percentage of binge drinking, as did those of Hispanic ethnicity.

Graph of Five-Year Trend

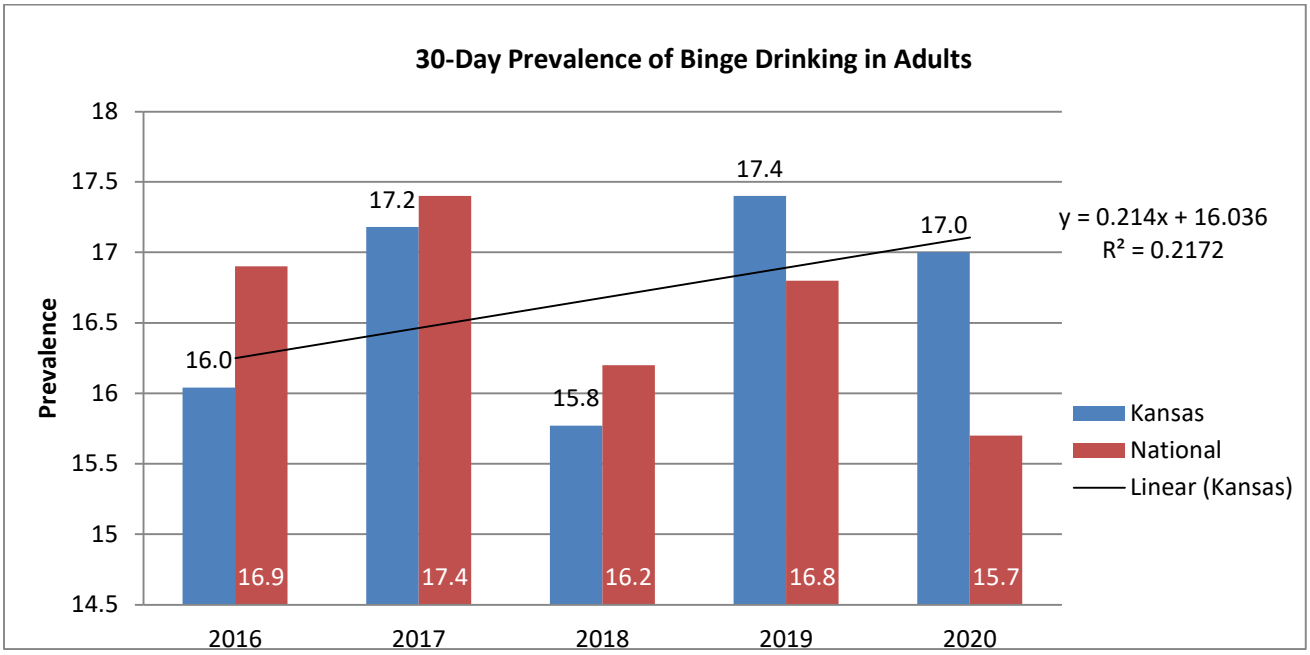


Table 1.5 Percentage of persons aged 18 and older reporting binge drinking on at least one occasion within the past 30 days by race and ethnicity, 2016-2020

Year	Overall	Race					Ethnicity	
		White	African American	Native American	Asian	Multiple Race	Hispanic	Non-Hispanic
2016	16.0	15.7	13.6			24.2	19.1	17.5
2017	17.2	17.1	16.8		9.5	20.9	19.9	15.3
2018	15.8	16.1	9.3			16.5	19.5	14.0
2019	17.4	16.6	18.1	21.8		18.8	22.0	18.5
2020	17.0	16.5	15.5	25.6		22.2	22.0	18.5
5-Year Average	**16.7**	**16.4**	**14.7**	**N/A**	**N/A**	**20.5**	**20.5**	**16.8**

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 gender and age group, 2016-2020

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2016	16.0	21.8	10.4	23.9	26.8	20.5	15.1	10.2	3.8
2017	17.2	22.1	12.4	26.4	27.4	22.4	16.9	10.7	4.5
2018	15.8	21.0	10.7	25.3	24.5	20.6	15.3	10.6	3.7
2019	17.4	22.8	12.0	26.6	27.8	24.3	15.9	11.5	3.9
2020	17.0	22.2	12.1	27.5	26.4	19.6	19.2	11.9	4.3
5-Year Average	**16.7**	**22.0**	**11.5**	**25.9**	**26.6**	**21.5**	**16.5**	**11.0**	**4.0**

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, 2016-2020

Year	Overall	Education				Income			
		Less than High School	High School or GED only	Some post-graduate	College Graduate	$15,000 - $24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 and more
2016	16.0	13.1	14.7	17.8	16.2	18.0	15.2	15.7	19.1
2017	17.2	14.4	16.9	18.6	16.8	12.2	16.3	18.5	20.7
2018	15.8	12.5	15.4	16.9	16.0	16.2	14.9	14.2	18.6
2019	17.4	15.4	16.6	19.0	16.8	12.7	16.7	18.0	20.7
2020	17.0	15.6	16.5	19.0	15.9	15.2	15.4	16.3	19.4
5-Year Average	**16.7**	**14.2**	**16.0**	**18.2**	**16.3**	**14.9**	**15.7**	**16.6**	**19.7**

30-Day 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 30 days

Why is this indicator important?

The consumption of five or more drinks on one occasion is the definition of binge drinking. Binge drinking for adolescents and young adults has many determinantal physical and mental health effects. Binge drinkers have a harder time in school, and they are more likely to drop out. Research shows that binge drinking in adolescence can worsen memory, increase the risk for obesity and heart problems, and lead to addiction into adulthood. Additionally, extreme binge drinking can lead to acute alcohol poisoning and death.

Where did we get the data?

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022.

Important findings

- Over the past five years, the prevalence of binge drinking has decreased among Kansas youth in grades 6, 8, 10, and 12.
- For all years, as grade level increases, the prevalence of binge drinking significantly increased.

Graph of Five-Year Trend

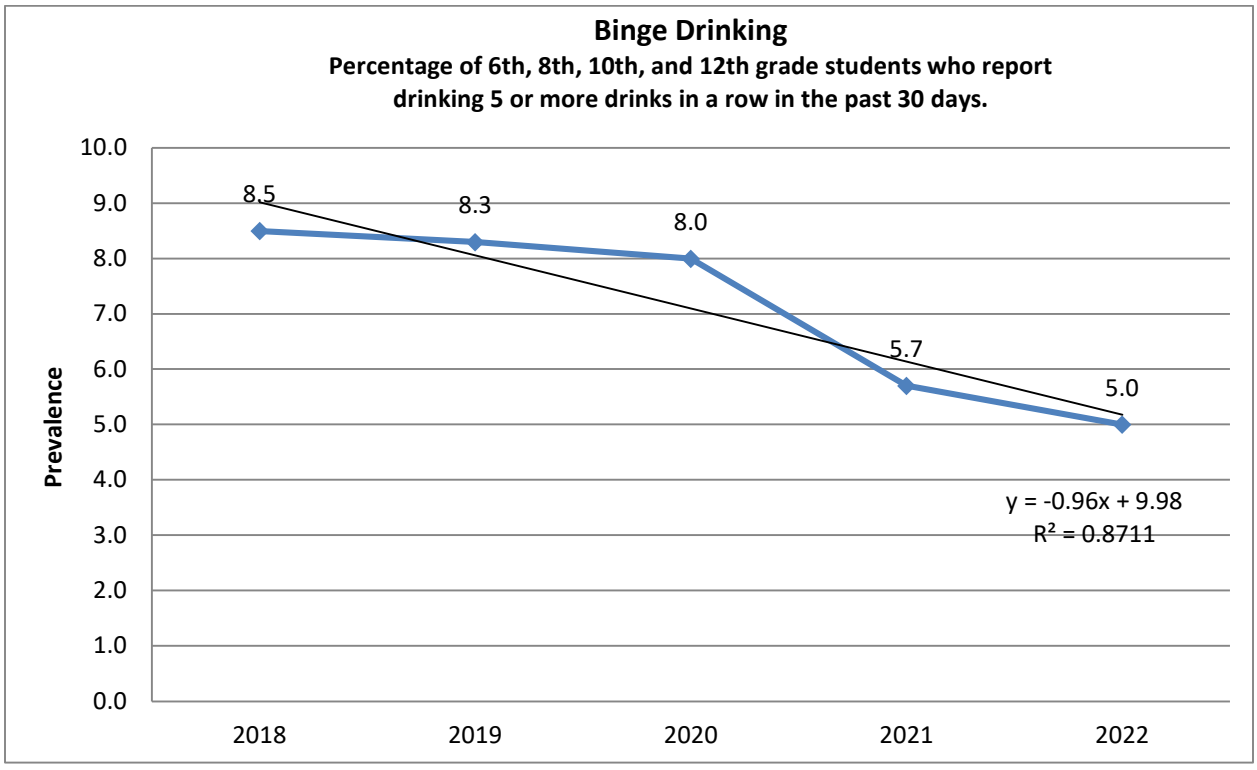


Table 1.8 Percentage of students in grades 6, 8, 10, and 12 reporting having five or more drinks in a row on at least one occasion within the past 30 days for the State of Kansas by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	8.5	1.2	4.1	11.6	21.5	8.4	8.5
2019	8.3	1.3	4.6	11.5	20.4	8.1	8.5
2020	8.0	0.7	4.1	10.7	20.3	7.8	8.3
2021	5.7	0.8	2.4	8.3	16.7	5.3	6.1
2022	5.0	0.0	2.4	7.3	15.7	5.0	5.0
5-Year Average	**7.1**	**0.8**	**3.5**	**9.9**	**18.9**	**6.9**	**7.3**

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, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	8.9	5.4	5.5	3.2	8.1	9.4	8.2
2019	8.9	5.4	5.2	1.5	6.8	9.4	8.0
2020	8.5	5.6	8.0	1.4	6.6	9.3	7.7
2021	6.5	2.5	5.3	0.0	4.6	6.1	5.6
2022	5.8	2.2	3.6	0.0	3.8	5.7	4.9
5-Year Average	**7.7**	**4.2**	**5.5**	**1.2**	**6.0**	**8.0**	**6.9**

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 can impair or alter brain development, potentially affecting both brain structure and function. This can cause cognitive or learning problems, especially when people start drinking at a young age and drinking heavily.

Where did we get the data?

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

Important findings

- The percentage of Kansas students who reported their first use of alcohol before age 13 has decreased to under 10% in the past two years.
- More males report drinking before the age of 13 than females.
- The percentage of students reporting early alcohol use increases from 6th to 8th grade and then declines from this point to 12th grade.
- Larger percentages of students that identified as Native American/Alaska Native and Hawaiian/Pacific Islander reported alcohol use before age 13. Students of Hispanic ethnicity also reported early alcohol use compared to students that identified as non-Hispanic.

Graph of Five-Year Trend

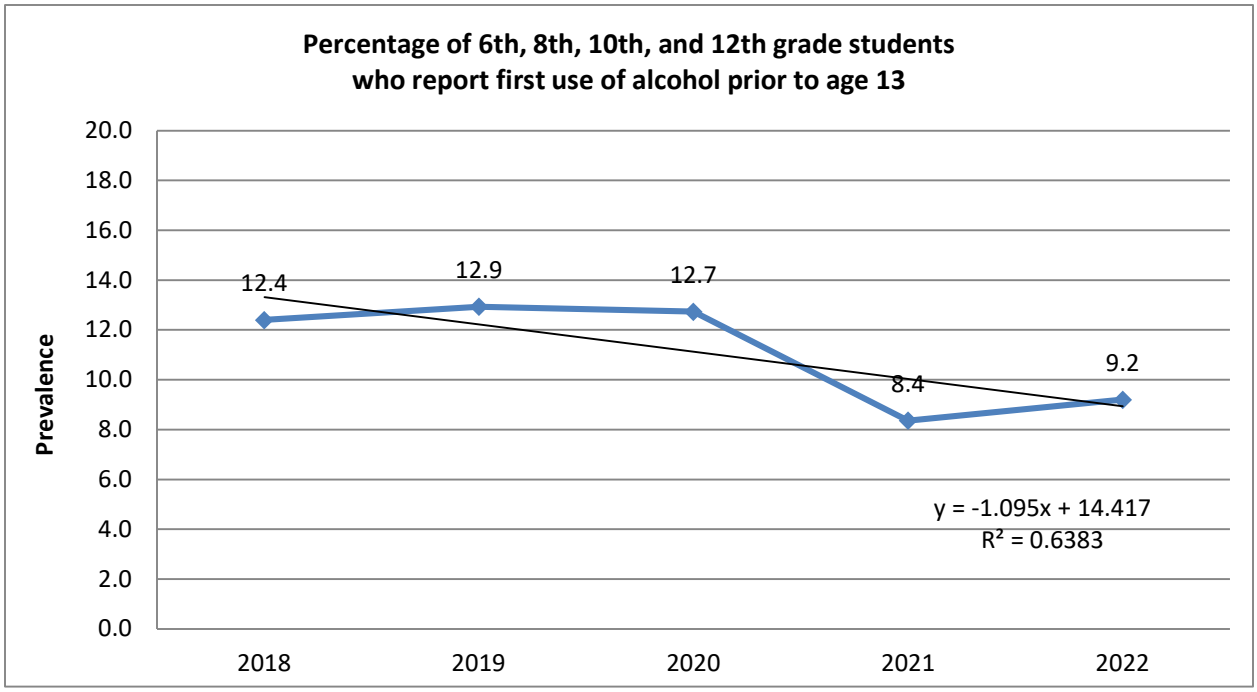


Table 1.10 Percentage of students in grades 6, 8, 10, and 12 who report first use of alcohol before age 13 for the State of Kansas by grade, gender 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	12.4	14.5	15.6	9.8	7.4	14.4	10.5
2019	12.9	15.8	16.5	9.8	6.9	14.4	11.5
2020	12.7	15.8	16.4	9.7	6.0	13.9	11.6
2021	8.4	10.1	10.5	6.9	4.4	9.0	7.8
2022	9.2	10.5	11.2	7.7	5.8	9.6	8.8
5-Year Average	**11.1**	**13.3**	**14.0**	**8.8**	**6.1**	**12.2**	**10.0**

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 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	11.5	12.9	17.3	8.2	16.0	14.5	11.8
2019	12.1	13.8	14.6	8.2	17.0	15.2	12.2
2020	11.9	13.1	16.4	7.8	14.4	14.2	12.3
2021	8.1	7.0	9.4	5.0	10.8	9.1	8.2
2022	8.8	8.0	10.2	5.5	10.9	10.6	8.8
5-Year Average	**10.5**	**11.0**	**13.6**	**6.9**	**13.8**	**12.7**	**10.7**

Perception of Great Risk of Harm from Alcohol - Adults: Percent of respondents who believed there is 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 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. Research has shown a tendency to minimize the negative feelings and risks related to alcohol among those who drink.

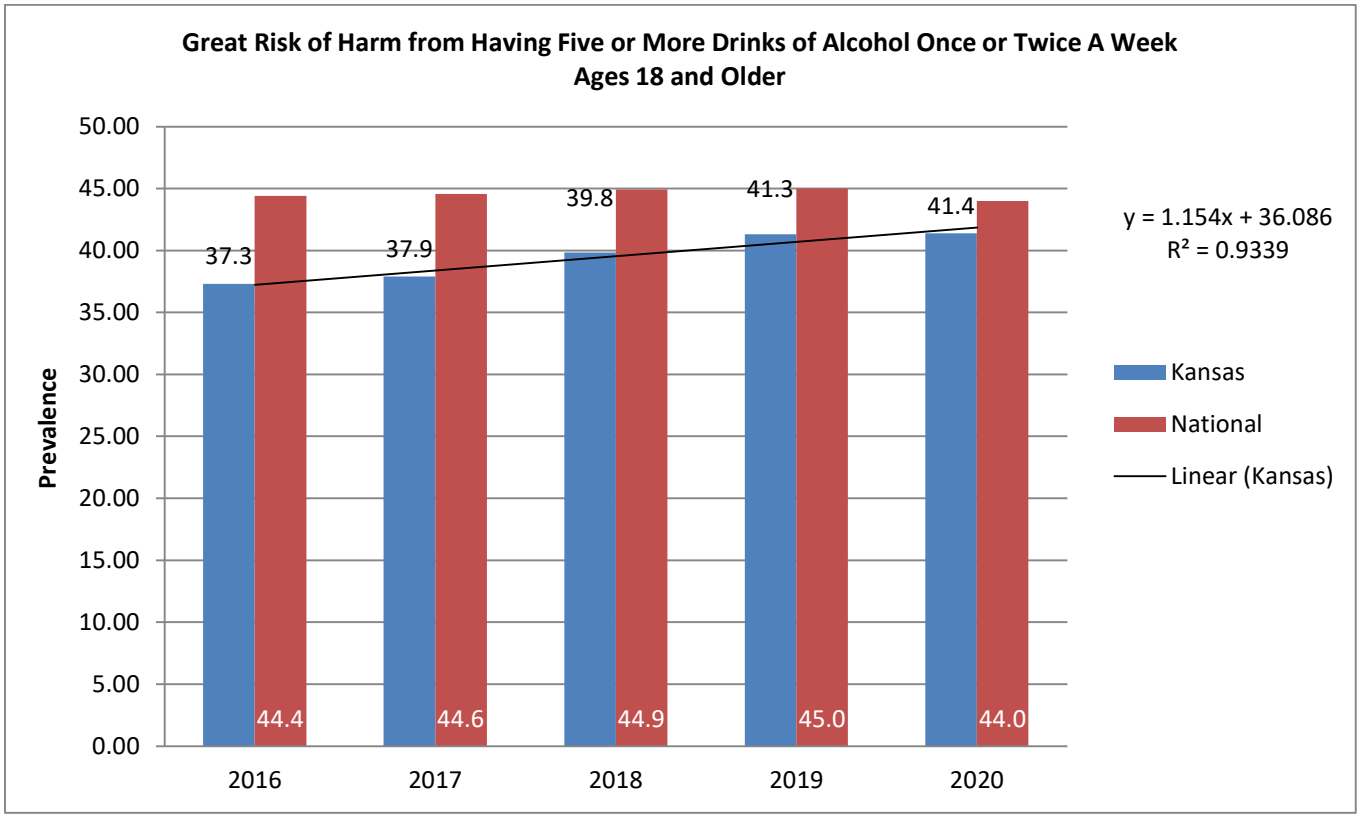
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 - 2020

Important findings

- The percentage of adults who believe there is a great risk of harm in drinking regularly has been increasing in the state of Kansas; however, the percentage of Kansas adults is consistently lower than the national average.

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?

Positive alcohol expectancies, or the belief that drinking will lead to positive, pleasurable experiences, play a key role in the drinking behavior of young adults. What a person expects from drinking not only predicts when he or she will begin drinking but also how much he or she will drink throughout young adulthood. As people age through adolescence and into young adulthood, they increasingly expect benefits from drinking and become less convinced of the risks. [1,2]

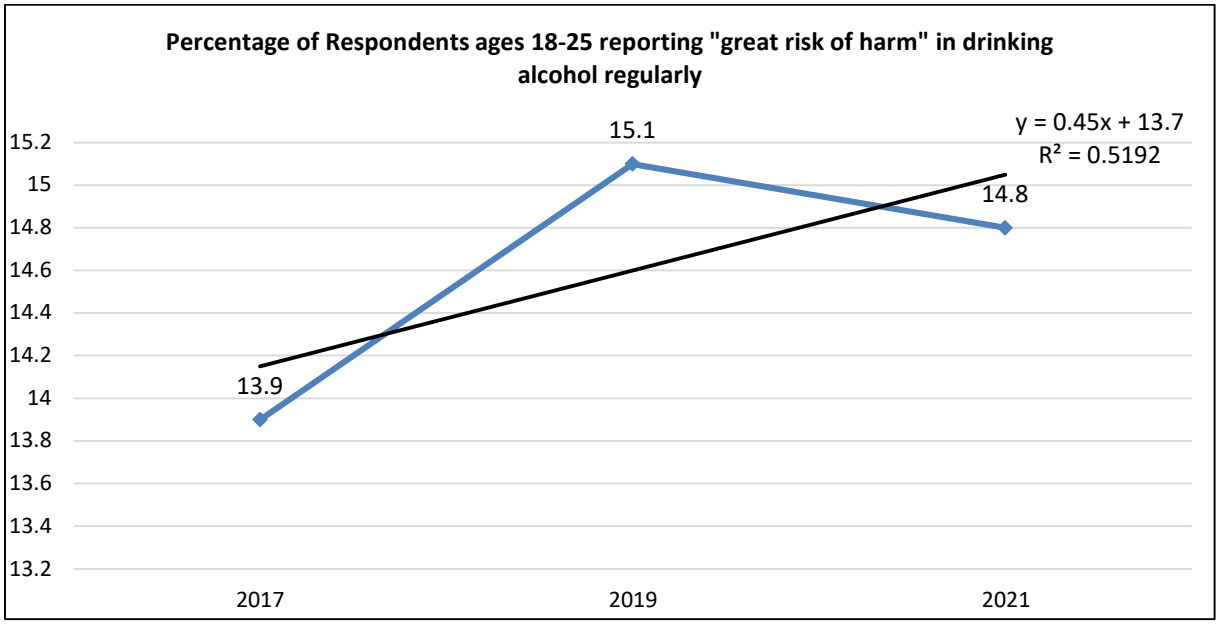
Where did we get the data?

Kansas Young Adult Surveys, 2017, 2019, and 2021

Important findings

- Kansas young adult perception of great risk of harm from drinking alcohol nearly every day increased from 2017 to 2021.
- A larger percentage of females reported great risk of harm from regular alcohol use than males.
- Young adults in college reported greater risk than young adults not in college.

Graph of Three-Year Trend



[1] **Schulenberg, J.E.,** and Maggs, J.L. A developmental perspective on alcohol use and heavy drinking during adolescence and the transition to young adulthood. *Journal of Studies on Alcohol* (Suppl. 14):54–70, 2002. PMID: 12022730

[2] **Smith, G.T.;** Goldman, M.S.; Greenbaum, P.E.; and Christiansen, B.A. Expectancy for social facilitation from drinking: The divergent paths of high-expectancy and low-expectancy adolescents. *Journal of Abnormal Psychology* 104:32–40, 1995. PMID: 7897051

Table 1.12 Percentage of respondents ages 18-25 who "great risk of harm" in drinking alcohol regularly by school enrollment status and gender, 2017-2021

Year	Overall	School Enrollment Status		Gender				
		In College	Not in College	Male	Female	Non-Binary	Unsure	Other
2017	13.9	16.5	12.8	5.2	23.0	Not Asked	Not Asked	9.2
2019	15.1	14.7	15.0	14.2	16.4	Not Asked	Not Asked	<10
2021	14.8	17.0	12.5	12.0	18.0	13.7	32.2	<10
3-Year Average	**14.6**	**16.1**	**13.4**	**10.5**	**19.1**	**N/A**	**N/A**	**N/A**

Table 1.13 Percentage of respondents ages 18-25 who "great risk of harm" in drinking alcohol regularly by race and ethnicity, 2017-2021

Year	Race						Ethnicity	
	White	African American	Native American	Asian	Other	Multi-Racial	Hispanic	Not Hispanic
2017	12.4	21.3	<10	12.5	35.8	17.2	23.1	12.7
2019	14.3	2.0	<10	17.4	20.1	21.2	14.9	15.2
2021	13.3	22.0	<10	19.1	20.1	17.4	15.2	13.8
3-Year Average	**13.3**	**15.1**	**N/A**	**16.3**	**25.3**	**18.6**	**17.7**	**13.9**

Table 1.14 Percentage of respondents ages 18-25 who "great risk of harm" in drinking alcohol regularly by income, 2017-2021

Year	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
2017	17.6	10.3	9.5	11.1	2.7	<10	<10	<10
2019	17.6	10.1	11.2	12.4	12.5	7.9	12.3	<10
2021	17.8	14.0	7.0	13.9	7.2	5.6	<10	<10
3-Year Average	**17.7**	**11.5**	**9.2**	**12.5**	**7.5**	**N/A**	**N/A**	**N/A**

Perception of Great Risk of Harm from Alcohol Use - Youth: Percent of youth in grades 6, 8, 10, and 12 who reported "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 an adolescent believes he or she 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?

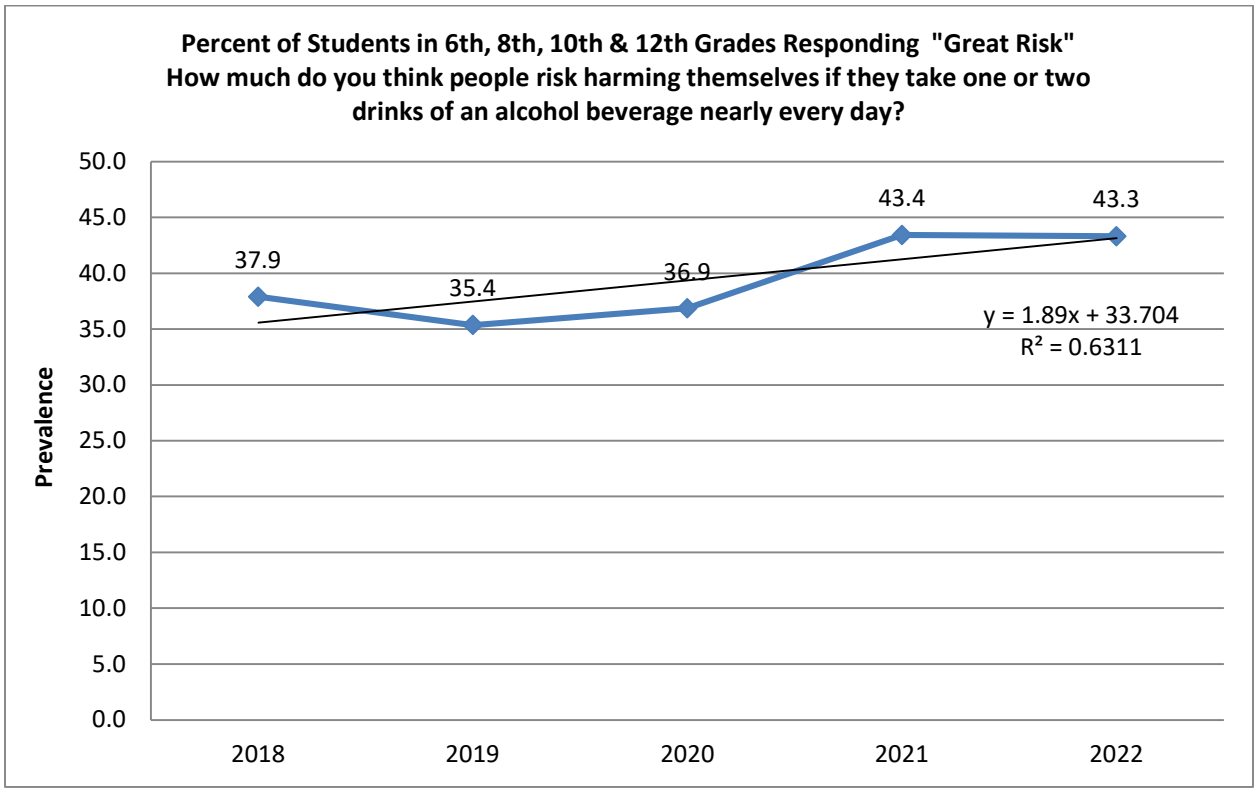
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

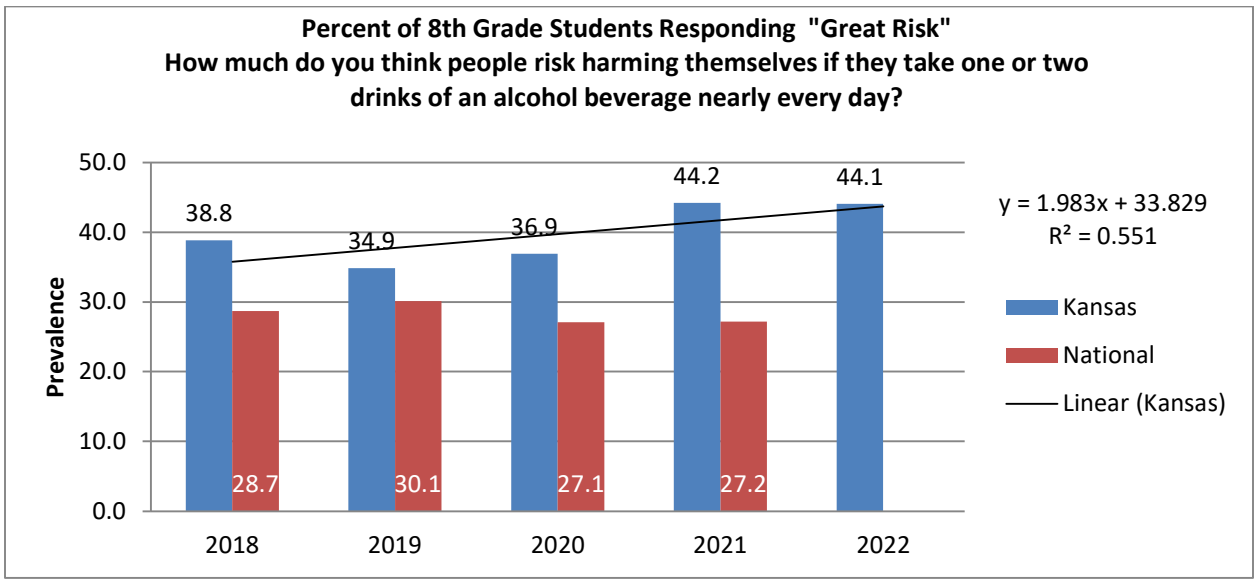
National comparison data taken from the Monitoring The Future student survey, 2018-2021

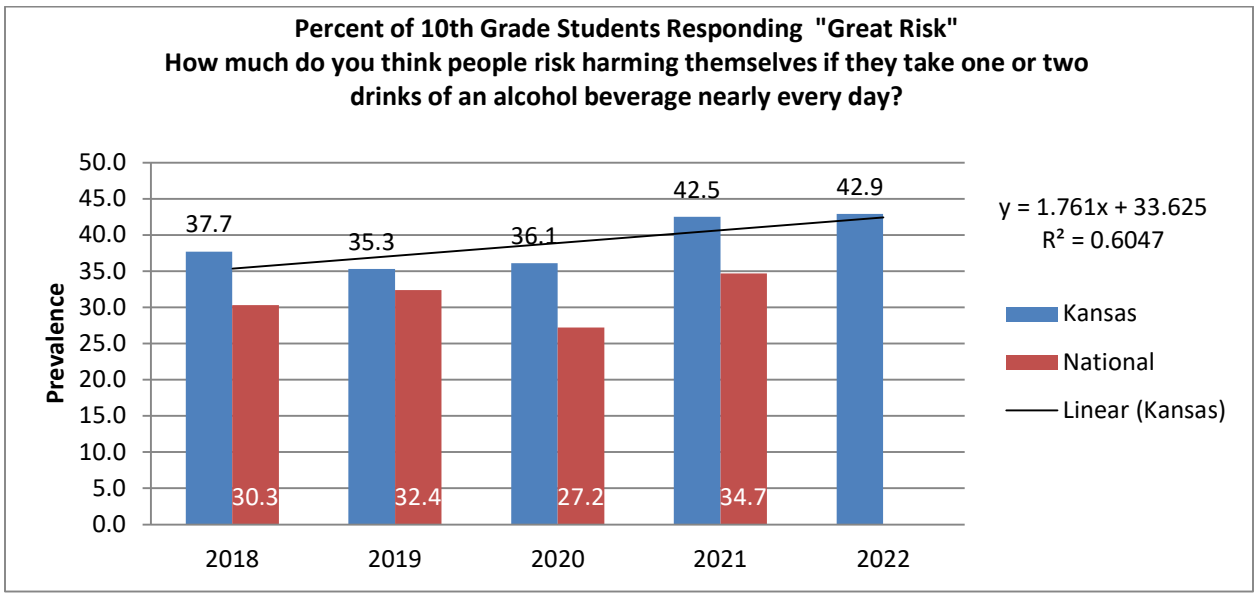
Important findings

- The percentage of Kansas students that believe there is great risk of harm from drinking alcohol nearly every day is increasing. The Kansas percentage is higher than the national average and is noted for students in 8th, 10th, and 12th grades. This trend of perceived high risk is correlated with the reduction in reported past month alcohol use in Kansas.

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
50.0
40.0
30.0
20.0
10.0
0.0
38.8
34.9
36.9
44.2
44.1
28.7
30.1
27.1
27.2
2018
2019
2020
2021
2022
y = 1.983x + 33.829
R² = 0.551
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
50.0
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
37.7
35.3
36.1
42.5
42.9
30.3
32.4
27.2
34.7
2018
2019
2020
2021
2022
y = 1.761x + 33.625
R² = 0.6047
Kansas
National
Linear (Kansas)

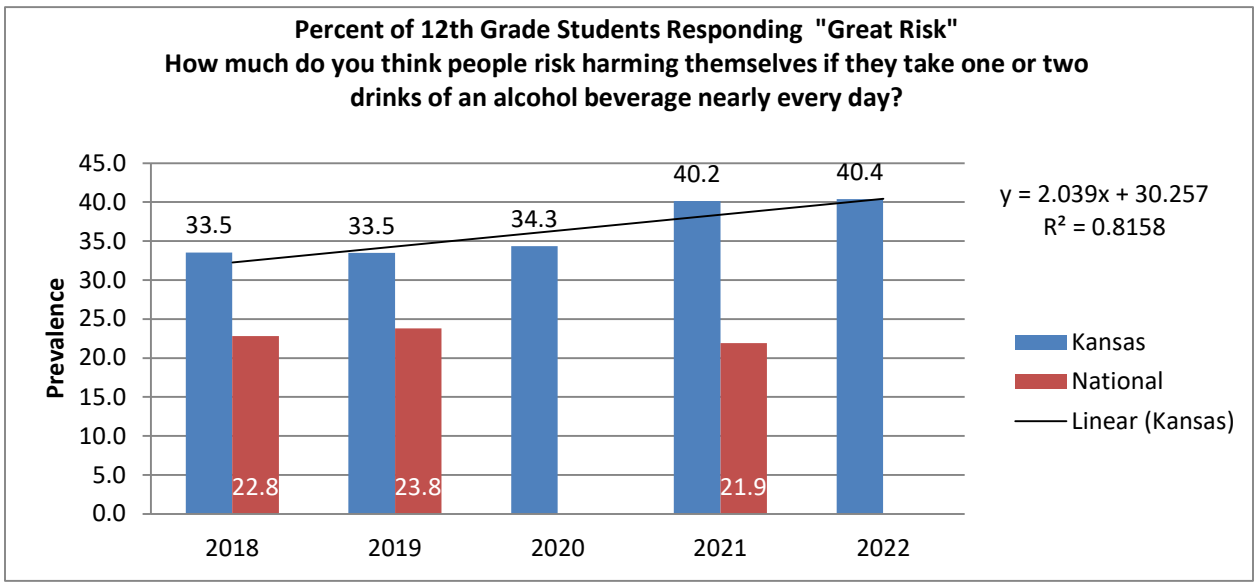

Percent of 12th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they take one or two drinks of an alcohol beverage nearly every day?
Prevalence
45.0
40.0
35.0
30.0
25.0
20.0
15.0
10.0
5.0
0.0
33.5
33.5
34.3
40.2
40.4
22.8
23.8
21.9
2018
2019
2020
2021
2022
y = 2.039x + 30.257
R² = 0.8158
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 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	37.9	39.9	38.8	37.7	33.5	34.8	40.8
2019	35.4	37.2	34.9	35.3	33.5	32.8	37.9
2020	36.9	39.1	36.9	36.1	34.3	34.1	39.5
2021	43.4	45.6	44.2	42.5	40.2	41.1	45.7
2022	43.3	44.7	44.1	42.9	40.4	41.2	45.6
5-Year Average	**39.4**	**41.3**	**39.8**	**38.9**	**36.4**	**36.8**	**41.9**

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 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	37.4	36.9	35.0	56.8	36.1	37.4	38.0
2019	34.7	33.9	37.5	51.2	34.0	35.0	35.5
2020	36.4	36.2	36.2	52.9	34.7	36.4	37.0
2021	42.5	46.2	39.2	62.5	40.2	44.3	43.2
2022	42.8	43.8	39.0	60.2	41.1	43.4	43.3
5-Year Average	**38.8**	**39.4**	**37.4**	**56.7**	**37.2**	**39.3**	**39.4**

Alcohol Use Disorder in the Past Year: Percent of persons meeting the criteria for alcohol dependence OR alcohol abuse 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.

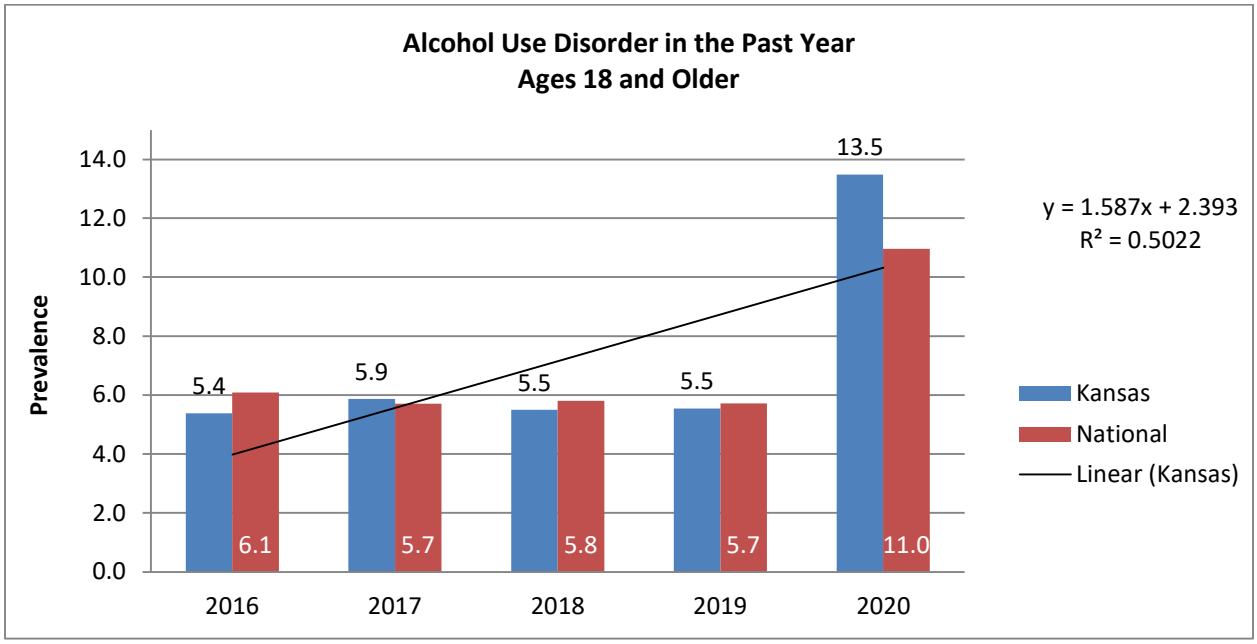
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 - 2020. The criteria used to categorize SUD among NSDUH respondents changed from the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to the fifth edition (DSM-5), resulting in some differences in who is classified as having a SUD. For this reason alone, the DSM-5 SUD estimates from 2020 are not comparable with the DSM-IV SUD estimates from prior years.

Important findings

- Yearly estimates of the percentage of adults with alcohol dependence or abuse remained fairly constant until the change of DSM-5 coding between 2019 and 2020.
- Young adults aged 18 to 25 had the largest percentage of individuals with alcohol dependence.

Graph of Five-Year Trend



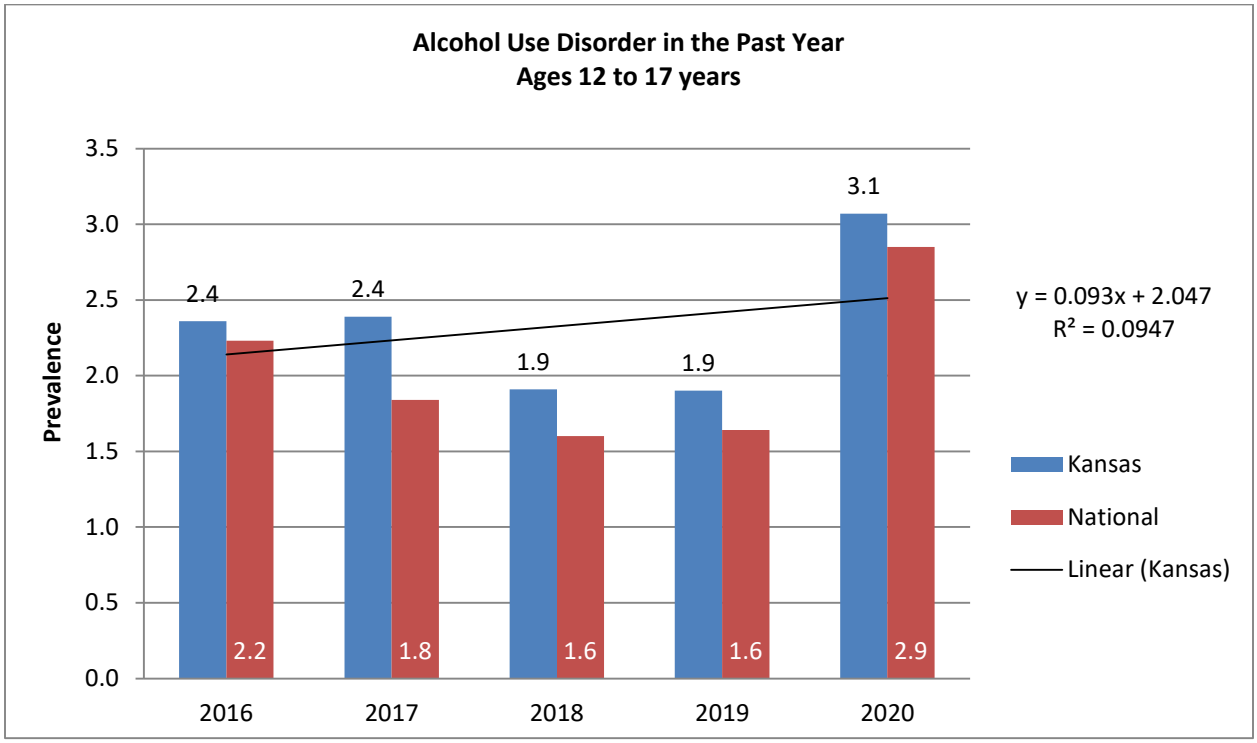


Table 1.17 Percent of respondents considered to have an alcohol disorder by age group

Year	Ages 12-17	Ages 18-25	Age 12+	Age 18+	Age 26+
2016	2.4	12.0	5.1	5.4	4.2
2017	2.4	11.3	5.5	5.9	4.9
2018	1.9	10.2	5.1	5.5	4.7
2019	1.9	10.4	5.2	5.5	4.7
2020	3.1	18.2	12.5	13.5	12.7
5-Year Average	**2.1**	**10.6**	**5.3**	**5.6**	**4.8**

Driving Under the Influence of Alcohol (Self-Reported): Percentage of Kansas young adults aged 18 to 25 in a statewide random selection survey who reported 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 Surveys, 2017, 2019, and 2021.

Important findings

- A smaller percentage of Kansas young adults (between the ages of 18 and 25) reported driving under the influence of alcohol in 2021 compared to 2019 and 2017.
- Multi-racial respondents report higher rates than do other races, followed closely by Whites.

Graph of Three-Year Trend

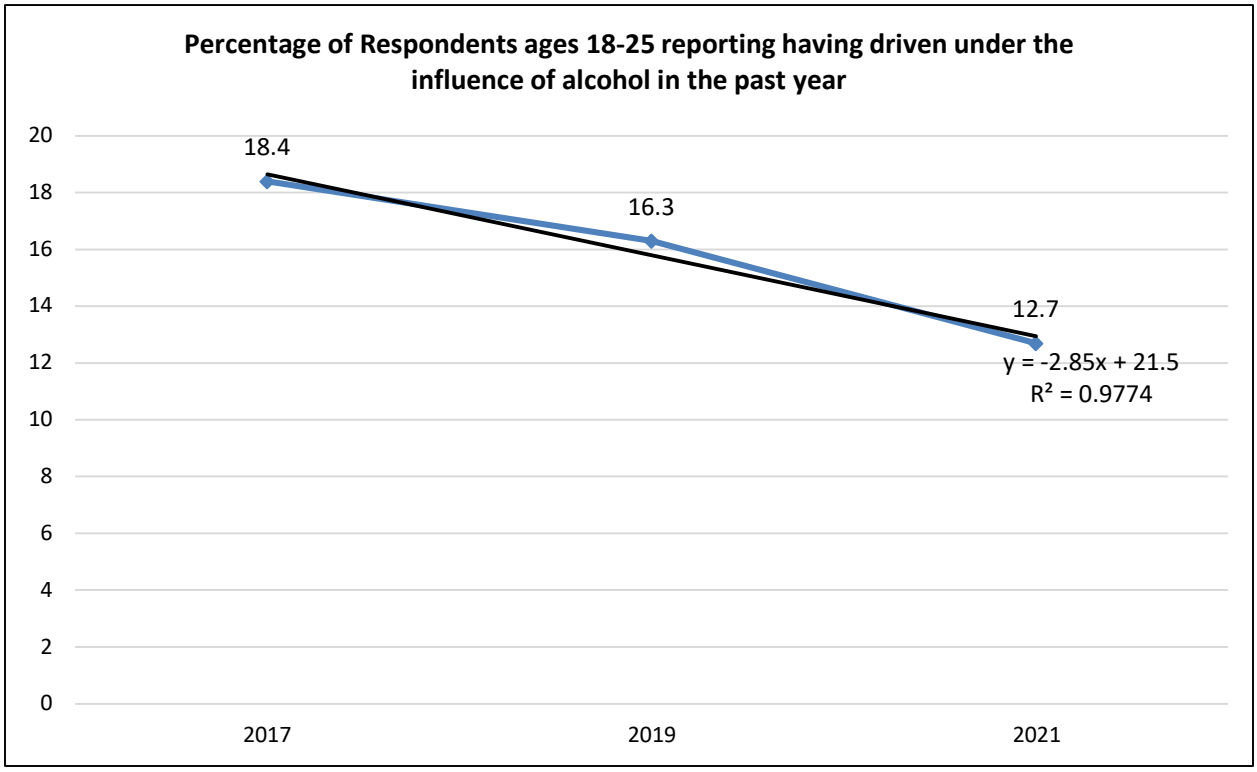


Table 1.18 Percentage of respondents ages 18-25 who report having driven under the influence of alcohol within the past year by school enrollment status and gender, 2017-2021

Year	Overall	School Enrollment Status		Gender				
		In College	Not in College	Male	Female	Non-Binary	Unsure	Other
2017	18.4	20.1	17.9	19.0	17.6	Not Asked	Not Asked	31.1
2019	16.3	14.2	18.0	19.4	13.1	Not Asked	Not Asked	<10
2021	12.7	10.6	15.6	15.9	10.9	0.0	0.0	<10
3-Year Average	**15.8**	**15.0**	**17.2**	**18.1**	**13.9**	**N/A**	**N/A**	**N/A**

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, 2017-2021

Year	Race						Ethnicity	
	White	African American	Native American	Asian	Other	Multi-Racial	Hispanic	Not Hispanic
2017	19.4	15.9	<10	5.5	5.8	21.0	20.4	18.2
2019	18.1	13.9	<10	15.8	<10	10.2	17.2	16.2
2021	12.0	18.8	<10	5.6	9.1	19.4	10.7	13.0
3-Year Average	**16.5**	**16.2**	**N/A**	**9.0**	**N/A**	**16.9**	**16.1**	**15.8**

Table 1.20 Percentage of respondents ages 18-25 who report having driven under the influence of alcohol within the past year by income, 2017-2021

Year	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
2017	16.7	12.2	24.4	28.6	23.2	<10	<10	<10
2019	10.3	25.3	19.1	24.9	23.8	22.5	40.3	<10
2021	10.5	17.7	12.3	14.7	16.1	19.2	<10	<10
3-Year Average	**12.5**	**18.4**	**18.6**	**22.7**	**21.0**	**N/A**	**N/A**	**N/A**

Treatment Admissions - Alcohol: Count of those admitted to treatment where alcohol was the primary and only substance for admission.

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 in Kansas showed a dramatic decrease from 2017 to 2018 but have steadily increased in 2019 and 2020.
- Even with increases in the past three years, the five-year trend is decreasing overall.
- The rates of treatment admission in Kansas are below the national average.
- Treatment admission rates for alcohol are highest for individuals who are White, non-Hispanic, male, and between the ages of 26 and 35.

Graphs of Five-Year Trend

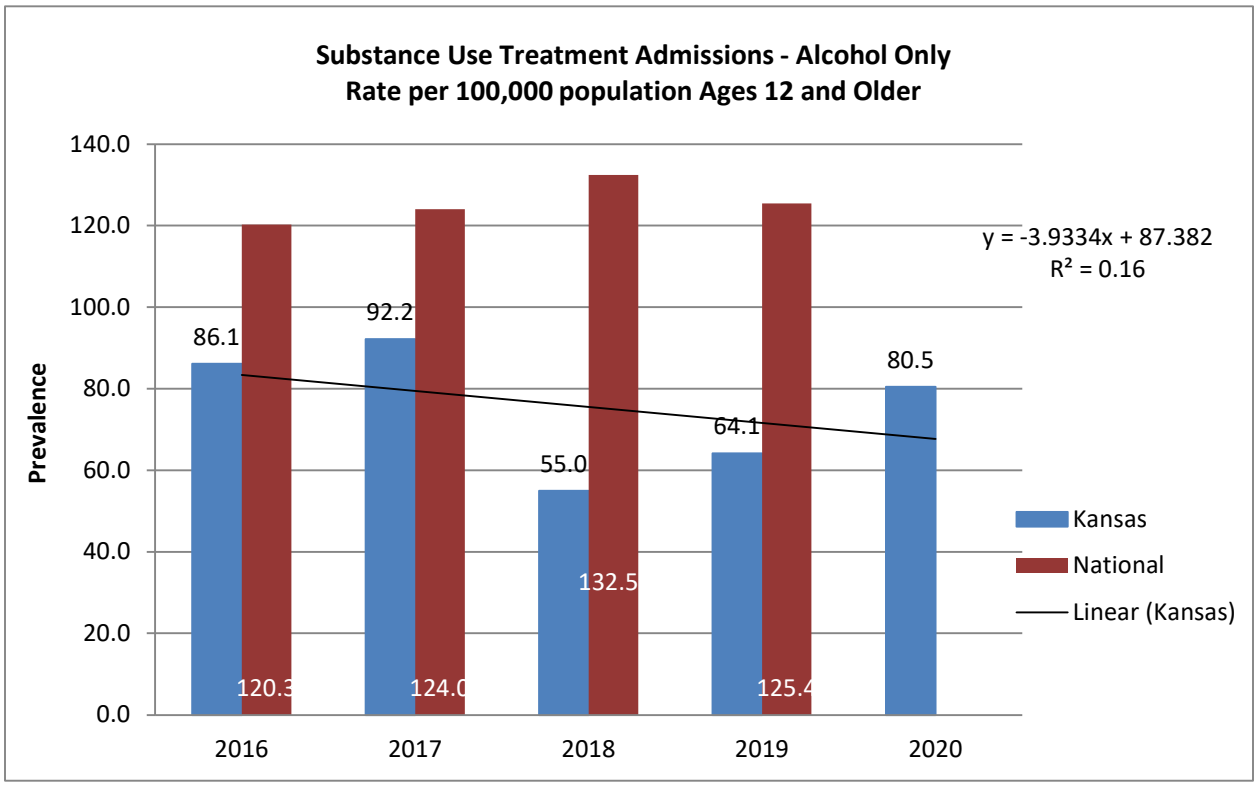


Table 2.1 Total count and percent of admissions for alcohol (as only substance) by gender and age group for the State of Kansas, 2016-2020

Year	Total	Gender		Age Group				
		Female	Male	12 - 17	18 - 25	26 - 35	36 - 50	51 +
2016	2,036	28.2%	71.8%	8.0%	23.8%	87.5%	37.4%	27.1%
2017	2,180	28.0%	72.0%	7.5%	25.8%	89.5%	36.7%	26.8%
2018	1,300	32.4%	67.6%	9.5%	29.2%	92.0%	36.1%	22.9%
2019	1,516	34.4%	65.6%	7.2%	26.4%	88.8%	38.2%	25.7%
2020	1,903	34.6%	65.4%	6.4%	28.1%	89.0%	37.5%	26.3%
5-Year Average	**1,787**	**31.5%**	**68.5%**	**7.7%**	**26.7%**	**89.4%**	**37.2%**	**25.8%**

Table 2.2 Total count and percent of admissions for alcohol (as only substance) by race for the State of Kansas, 2016-2020

Year	Total	Race					Ethnicity	
		White	African American	American / Alaska Native	Asian / Islander	Other	Hispanic	Non-Hispanic
2016	2,036	79.9%	9.7%	3.1%	0.5%	6.8%	10.0%	90.0%
2017	2,180	78.3%	10.3%	3.0%	0.8%	7.6%	12.1%	87.9%
2018	1,300	77.8%	9.6%	2.2%	1.2%	9.1%	11.4%	88.6%
2019	1,516	59.4%	6.7%	2.6%	0.5%	4.3%	8.2%	73.9%
2020	1,903	67.3%	8.9%	3.0%	0.5%	6.0%	9.6%	79.6%
5-Year Average	**1,787**	**72.5%**	**9.0%**	**2.8%**	**0.7%**	**6.8%**	**10.3%**	**84.0%**

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

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.

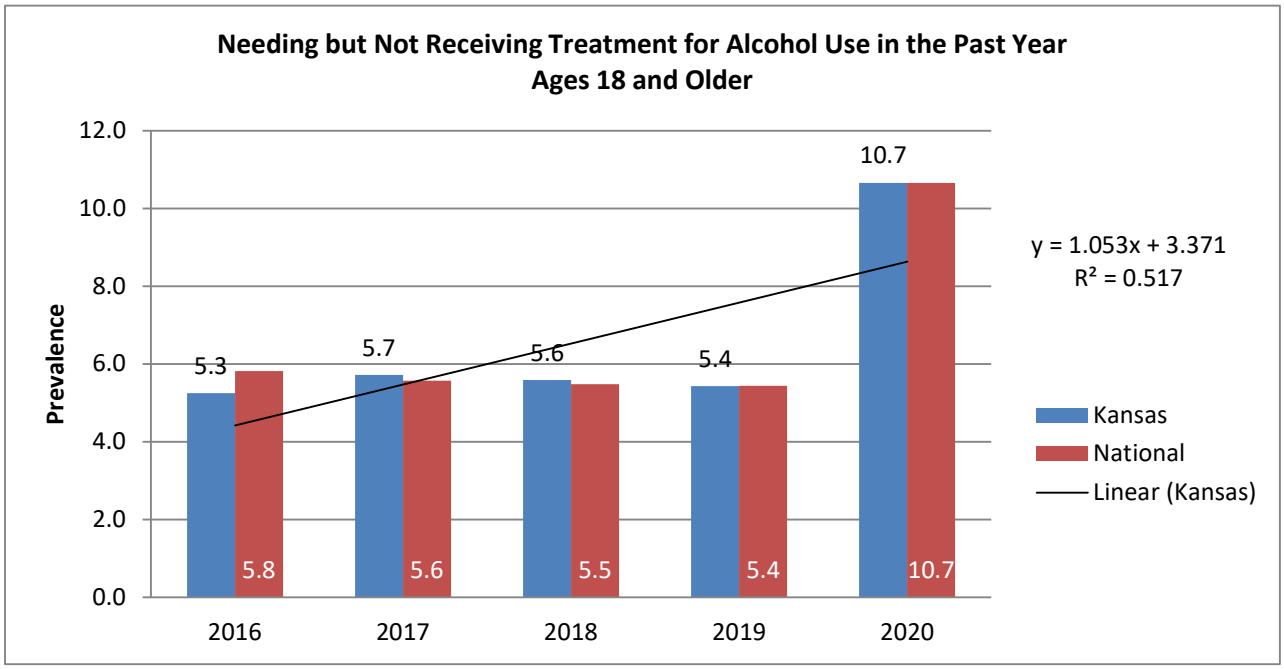
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 - 2020. The criteria used to categorize SUD among NSDUH respondents changed from the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to the fifth edition (DSM-5), resulting in some differences in who is classified as having an SUD. For this reason alone, the DSM-5 SUD estimates from 2020 are not comparable with the DSM-IV SUD estimates from prior years.

Important findings

- In all years, the Kansas average has been approximately equal to the national average for adult estimates of those needing but not receiving alcohol substance abuse treatment.
- Yearly estimates remained fairly constant until the change of DSM-5 coding between 2019 and 2020.

Graph of Five-Year Trend



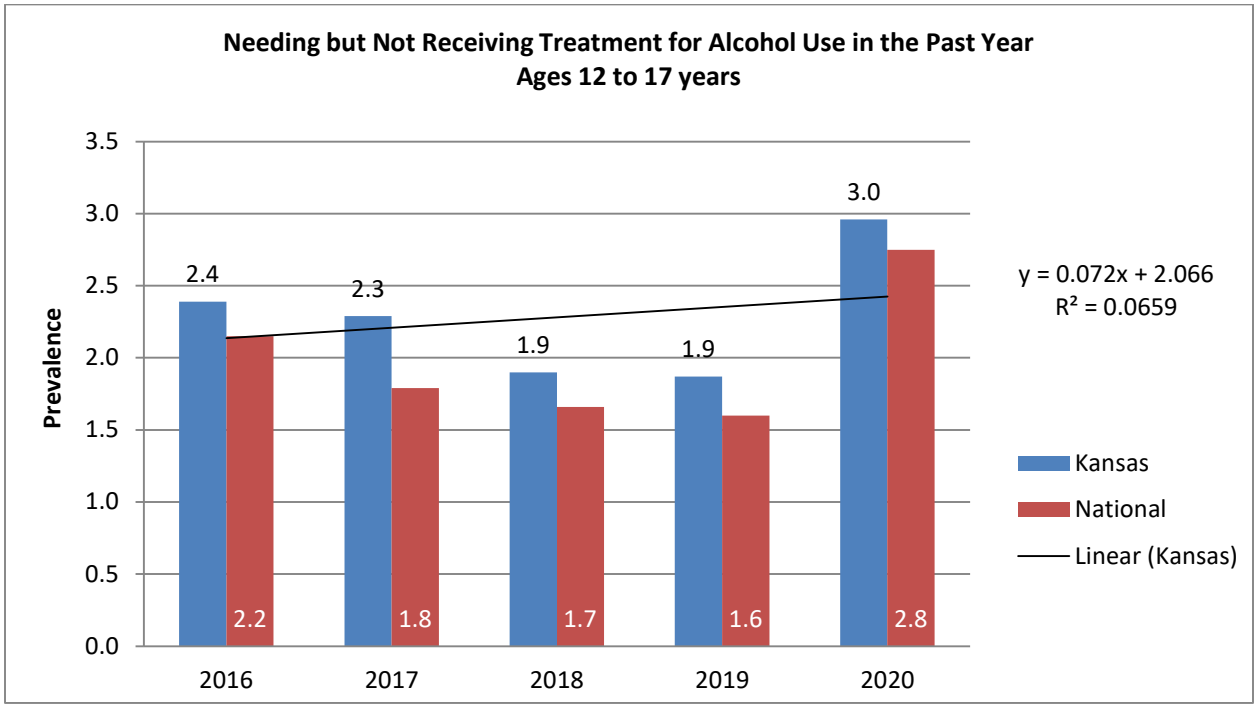


Table 2.3 Percent needing but not receiving treatment for alcohol abuse by age group 2016-2020

Year	Ages 12-17	Ages 18-25	Age 12+	Age 18+	Age 26+
2016	2.4	11.7	5.0	5.3	4.1
2017	2.3	11.3	5.4	5.7	4.7
2018	1.9	10.6	5.2	5.6	4.7
2019	1.9	10.1	5.1	5.4	4.6
2020	3.0	16.9	12.4	10.7	12.9
5-Year Average	**2.3**	**12.1**	**6.6**	**6.5**	**6.2**

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

Why is this indicator important?

Minor in possession of alcohol laws prohibit the possession, consumption, or internal possession of alcohol by underage youth. The goal of these laws is to deter youth from buying and consuming alcohol and thus reducing adverse outcomes.

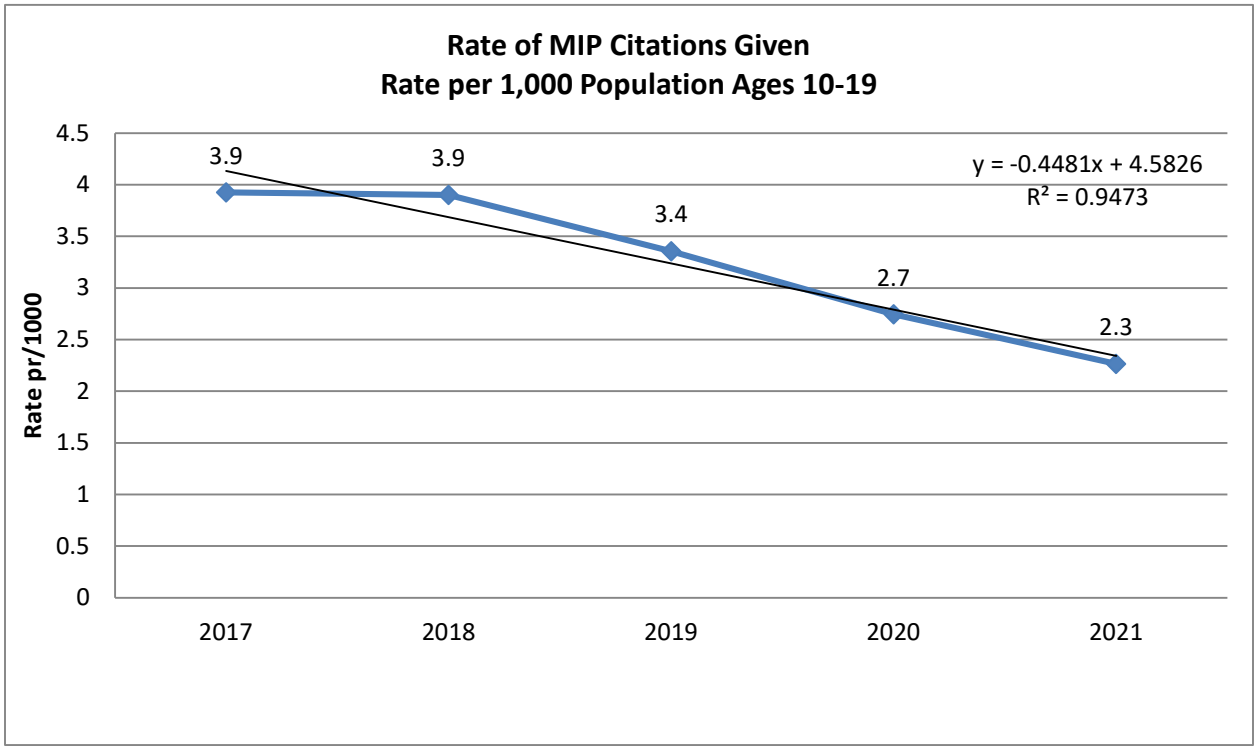
Where did we get the data?

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2017-2021

Important findings

- The rate of Minor In Possession (MIP) alcohol citations have been steadily decreasing in Kansas.

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?

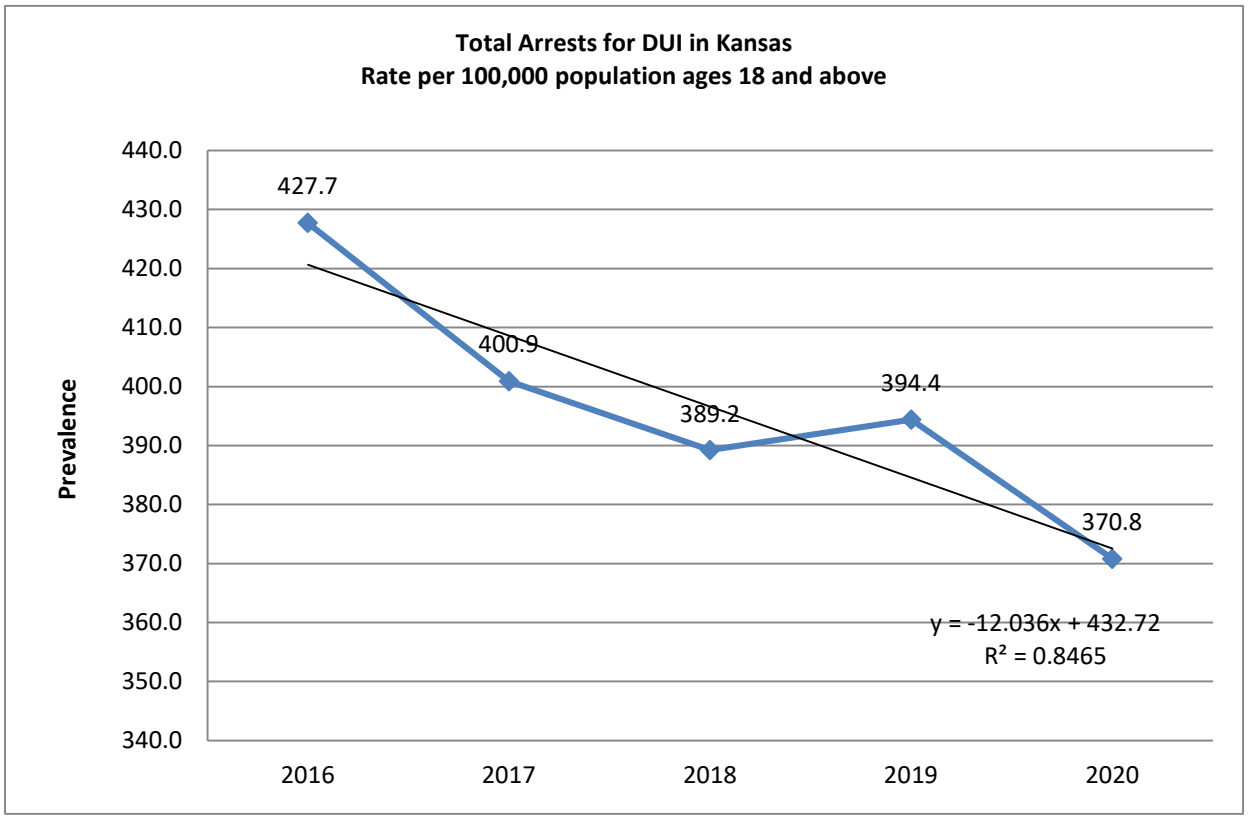
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2016-2020.

Important findings

- The rate of adult DUI arrests in Kansas has dramatically decreased from 2016 to 2020.
- The rate of juvenile (age 10 to 17) DUI arrests has increased, with the highest rate reported in 2020.

Graphs in Five-Year Trends

Adult Arrests:



Juvenile Arrests:

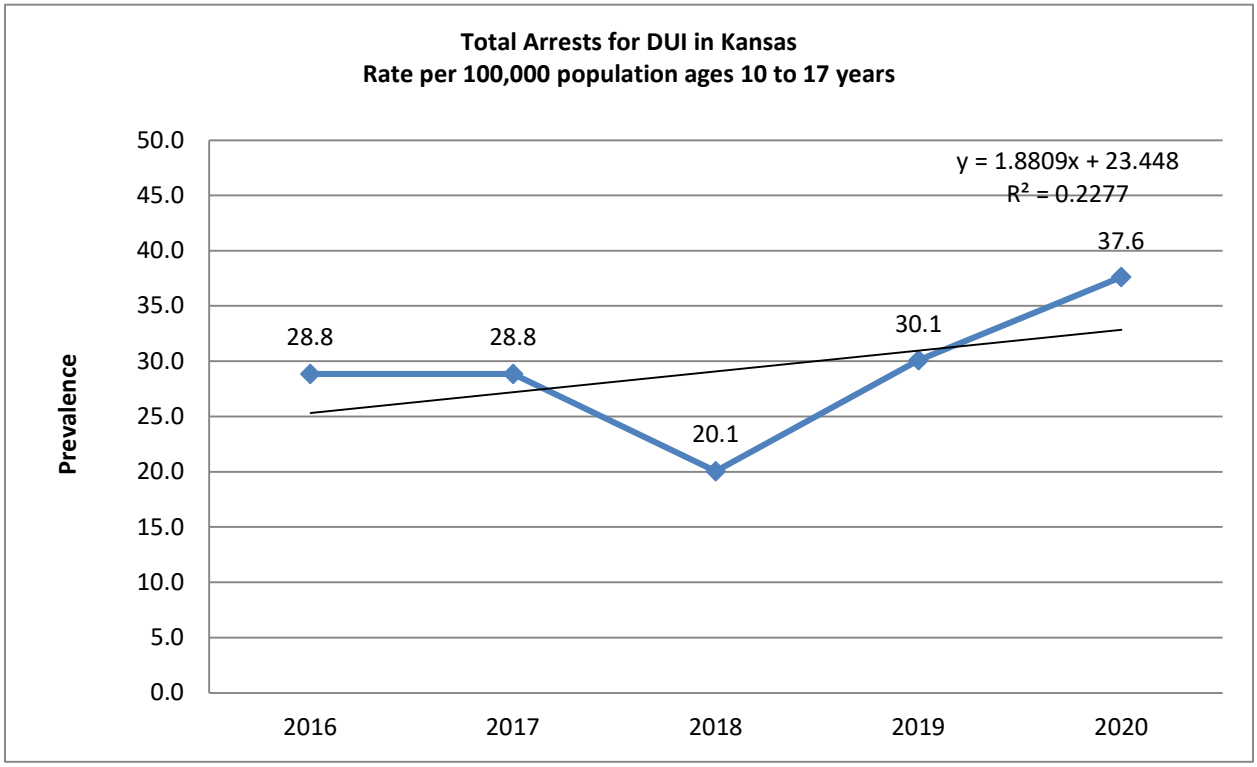


Table 3.1 Number and rate of arrests for Driving Under the Influence (DUI) for the State of Kansas by age group, 2016-2020

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		DUI Arrests	Rate	DUI Arrests	Rate
2016	375.7	92	28.8	9094	427.7
2017	352.4	92	28.8	8524	400.9
2018	341.1	64	20.1	8276	389.2
2019	346.8	96	30.1	8385	394.4
2020	327.3	120	37.6	7884	370.8
5-Year Average	**348.7**	**93**	**29.1**	**8433**	**396.6**

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?

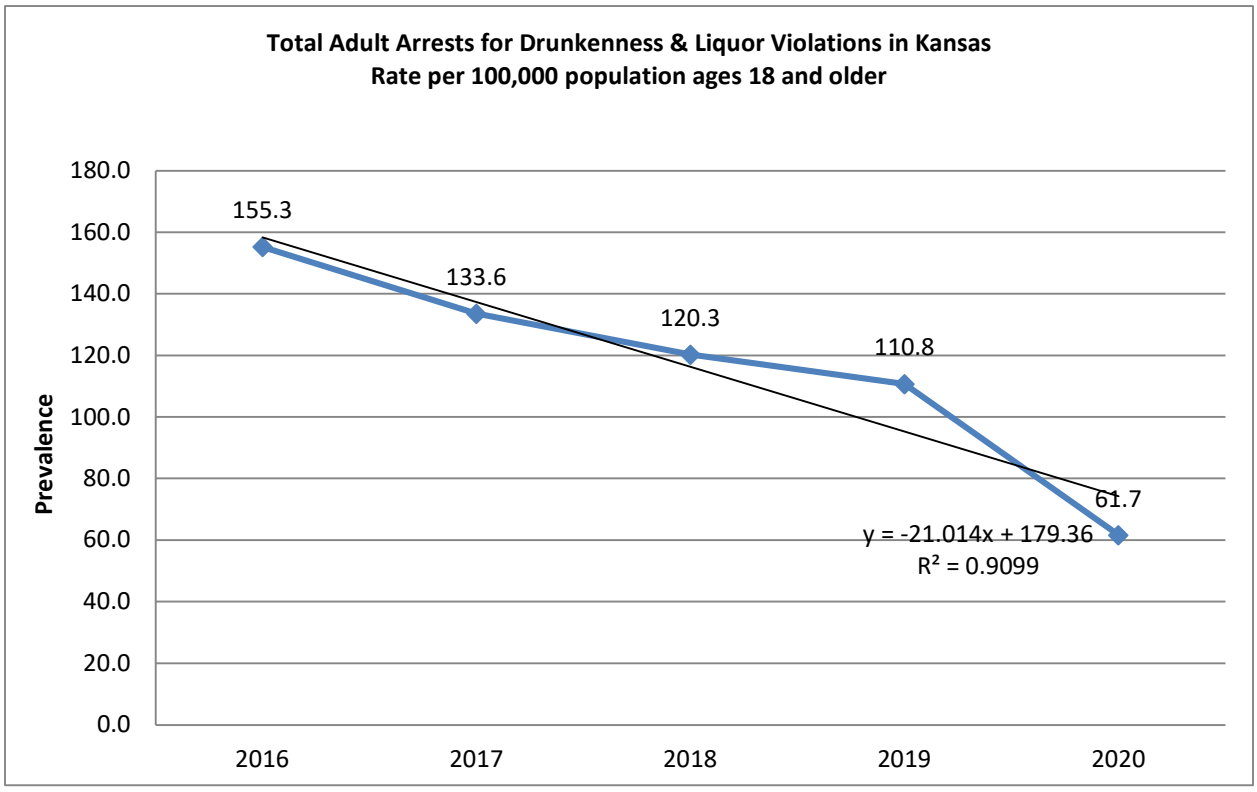
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2016-2020.

Important findings

- The rate of Kansas adult arrests for alcohol offenses has steadily decreased from 2016 to 2020.
- The rate of Kansas juvenile (age 10 to 17) arrests for alcohol offenses decreased over the five-year period but increased from 2019 to 2020.

Graphs of Five-Year Trends

Adult Arrests:



Juvenile Arrests:

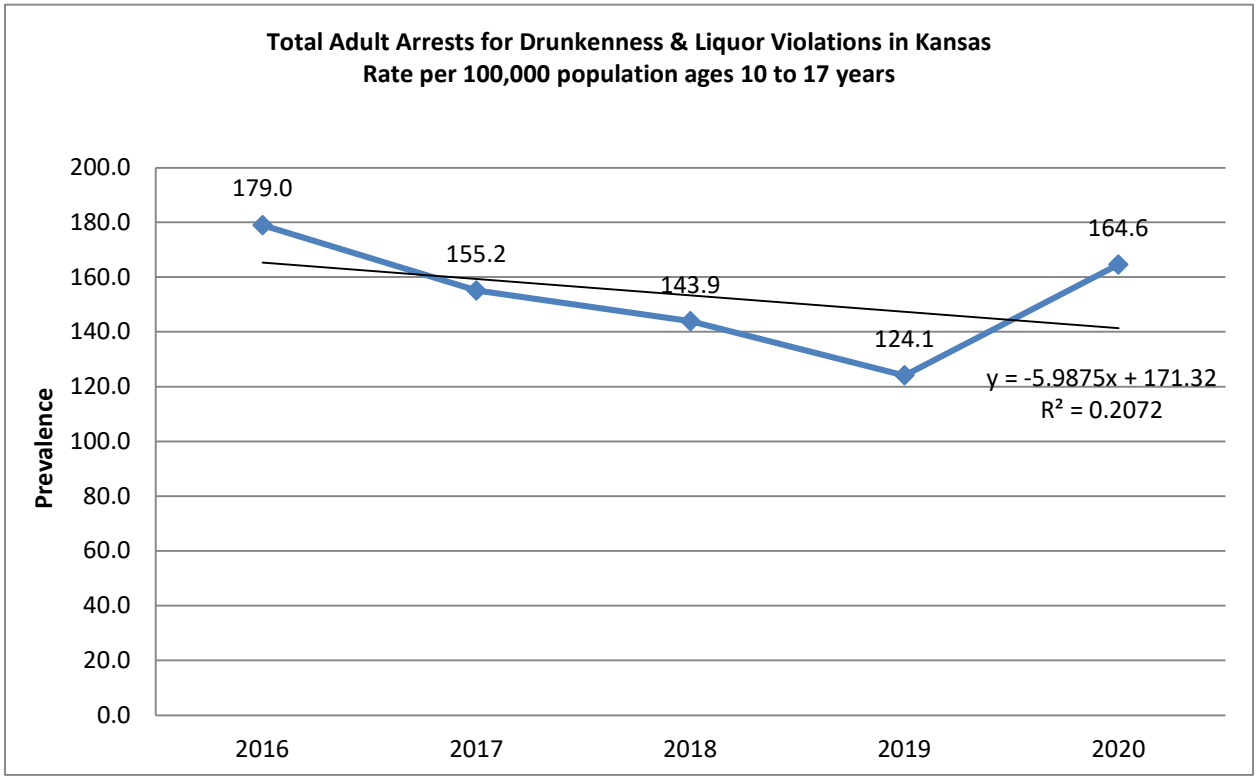


Table 3.2 Number and rate of arrests for Drunkenness and Liquor Violations for the State of Kansas by age group, 2016-2020

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Alcohol-Related	Rate	Alcohol-Related	Rate
2016	158.4	571	179.0	3302	155.3
2017	136.4	495	155.2	2841	133.6
2018	123.3	459	143.9	2557	120.3
2019	112.5	396	124.1	2355	110.8
2020	75.1	525	164.6	1311	61.7
5-Year Average	**121.2**	**489**	**153.4**	**2473**	**116.3**

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.

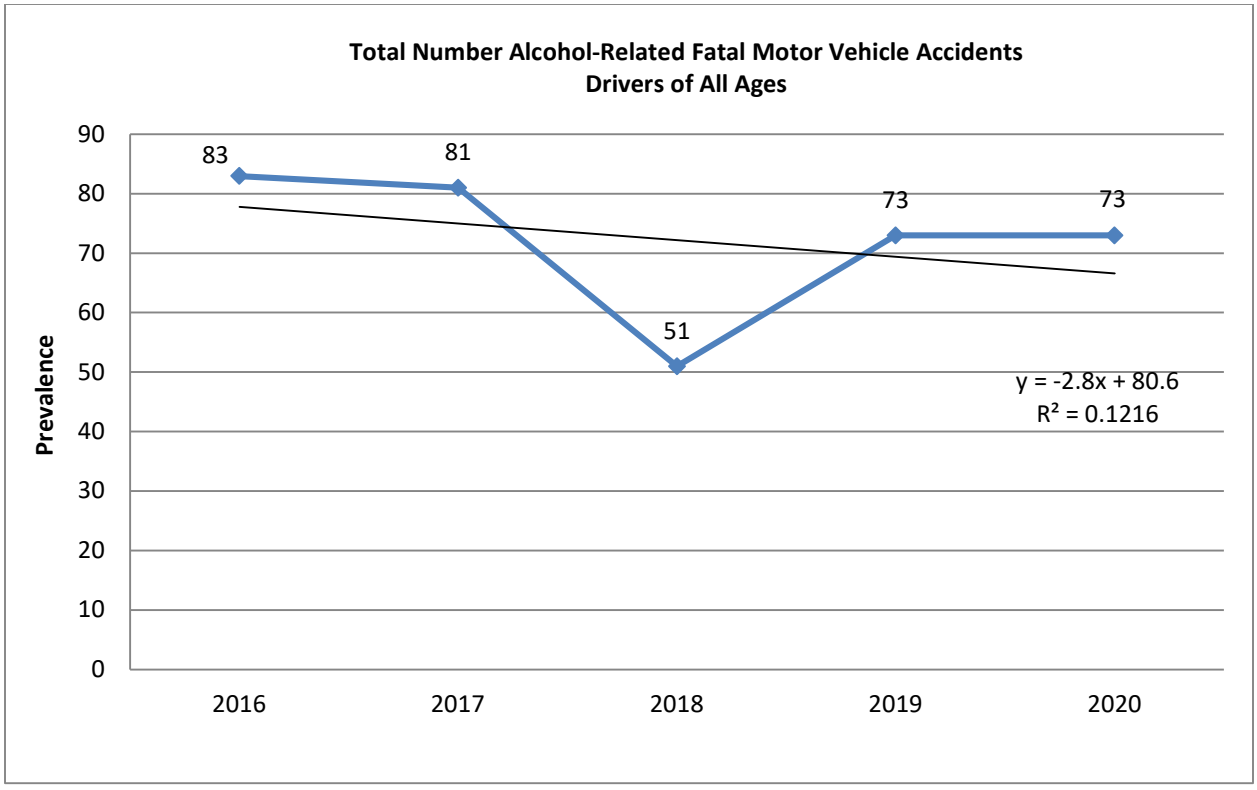
Where did we get the data?

Kansas Department of Transportation, Accident Statistics – Alcohol-Related Summaries 2016-2020, prior years updated for corrections effective 2020.

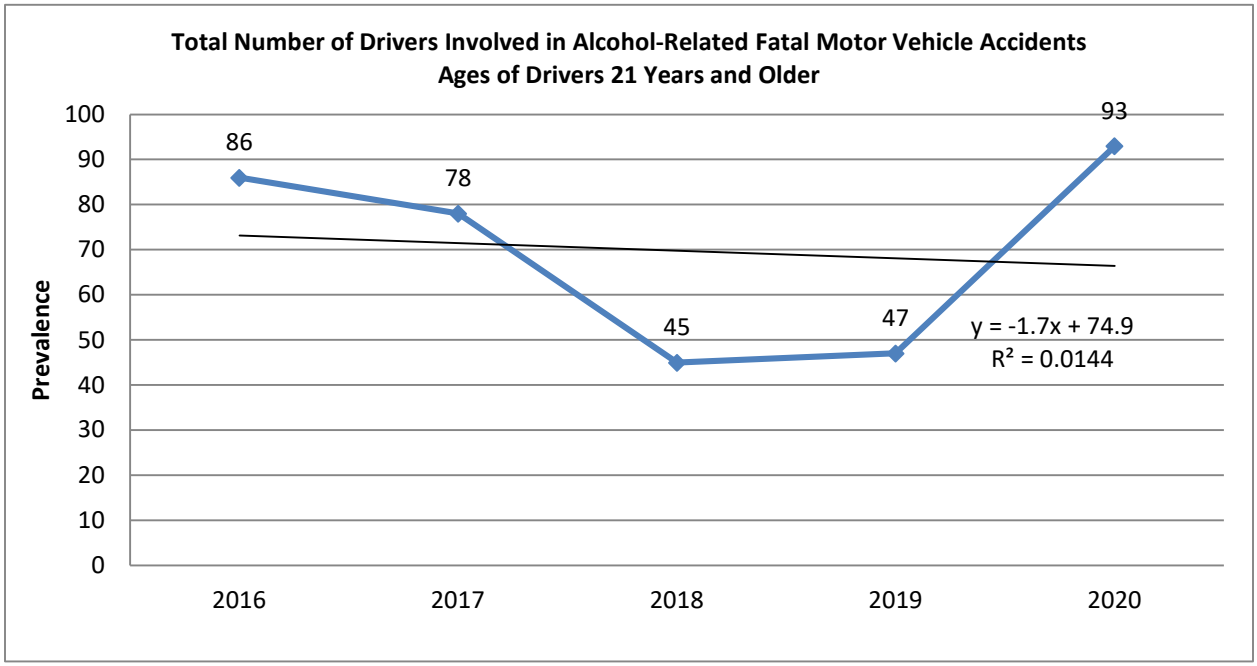
Important findings

- A drop in reported motor vehicle fatalities was noted in 2018. The number was lower in 2019 and 2020 than in 2016 and 2017.
- Male drivers were involved in more fatal alcohol-related motor vehicle crashes and deaths than females.
- For this same period, those ages 15 to 20 years had the lowest number of deaths from alcohol-related motor vehicle crashes, followed by those ages 65 and older.

Graphs of Five-Year Mortality Trend



Adult Drivers:



Juvenile Drivers:

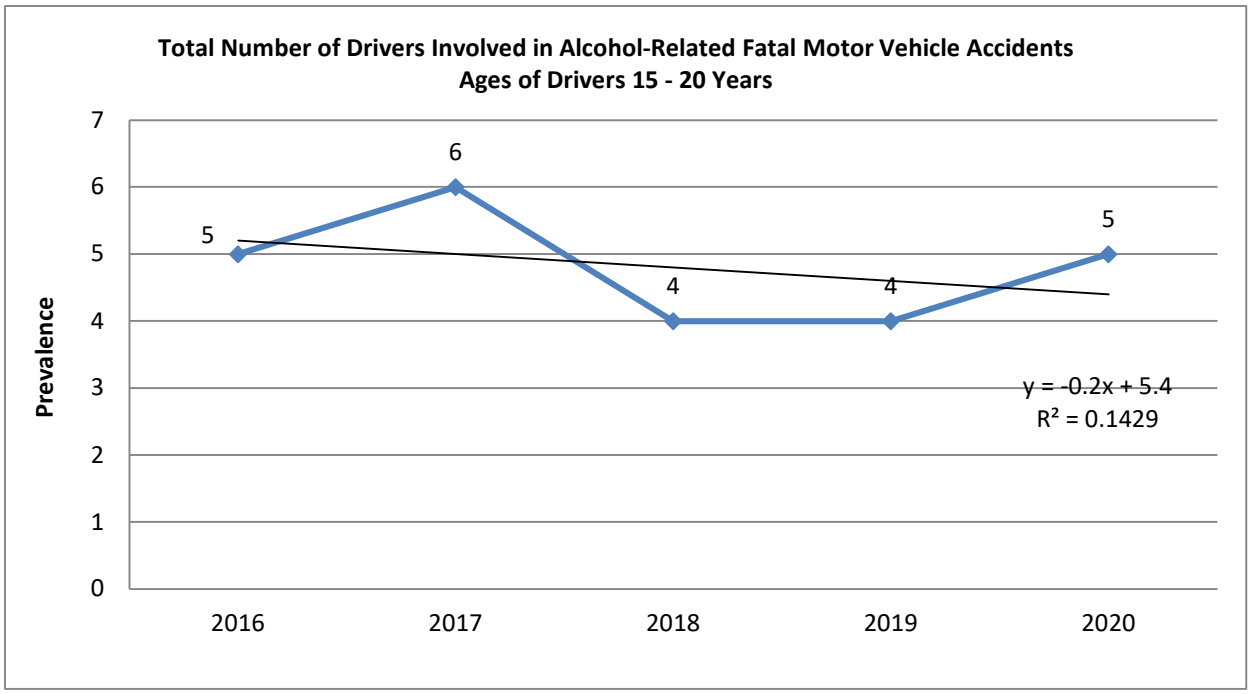


Table 4.1 Age and gender of drivers involved in fatal alcohol-related motor vehicle crashes for the state of Kansas, 2016-2020

Year	Number of Fatal Alcohol-Related Accidents							
	Total	Gender of Driver		Driver Age				
		Female	Male	15-20	21-39	40-64	65+	ADULT
2016	83	23	71	5	41	32	8	86
2017	81	17	75	6	41	32	5	78
2018	51	19	37	4	23	20	2	45
2019	73	15	66	4	24	21	2	47
2020	73	21	64	5	30	11	52	93
5-Year Average	**72**	**19**	**63**	**5**	**32**	**23**	**14**	**70**

Table 4.2 Age and gender of drivers causing deaths due to alcohol-related motor vehicle crashes for the state of Kansas, 2016-2020

Year	Number of Deaths							
	Total	Gender of Driver		Driver Age				
		Female	Male	15-20	21-39	40-64	65+	ADULT
2016	92	17	56	6	49	34	9	99
2017	90	9	62	7	46	34	6	86
2018	58	17	28	5	25	23	3	51
2019	81	13	54	5	26	24	3	53
2020	85	7	59	5	33	13	60	106
5-Year Average	**81**	**13**	**52**	**6**	**36**	**26**	**16**	**79**

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?

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Disaggregated data from the Kansas Department of Health and Environment, Kansas Information for Communities, Death Statistics 2016-2020.

Important findings

- The rate of chronic liver disease in Kansas increased from 2017 to 2020 with a large increase from 2019 to 2020 and is higher than the national average in 2020.
- Males have a significantly higher crude death rate from chronic liver disease than females.
- For the years 2016 to 2020, age-specific death rates are highest among those individuals ages 45 to 64 years, followed closely by those 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

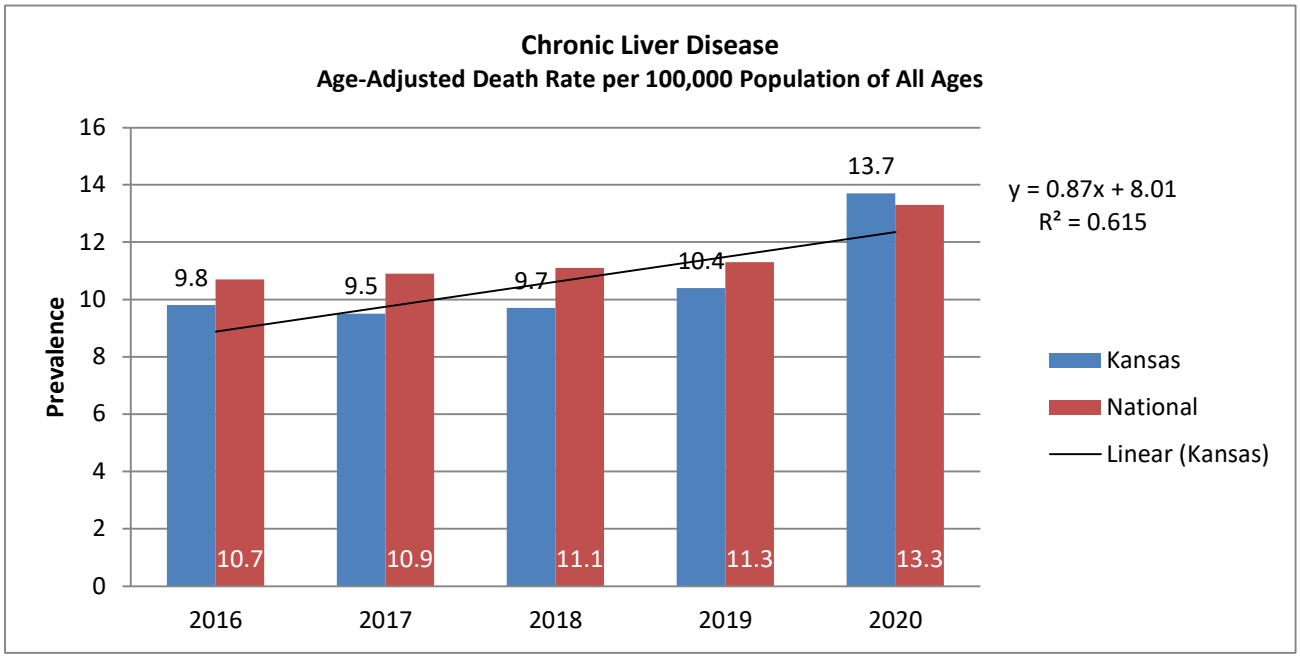


Table 4.3 Crude death rates due to Chronic Liver Disease for State of Kansas by gender and race/ethnicity, 2016-2020

Year	Overall	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2016	10.9	14.2	7.5	10.8	5.3	18.7	10.0	11
2017	10.7	13.1	5.9	8.9	11	19.6	6.6	10.4
2018	12.1	17.4	6.8	11.7	9.2	22.1	12.2	11
2019	11.8	13.4	7.5	9.9	10.1	22.8	16.2	9.3
2020	15	19.2	8.3	13.7	7.8	21.3	11.2	13.3
5-Year Average	**12.1**	**15.5**	**7.2**	**11.0**	**8.7**	**20.9**	**11.2**	**11.0**

Table 4.4 Crude death rates due to Chronic Liver Disease for the State of Kansas by age group, 2016-2020

Year	Overall	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2016	10.9	0.0	0.5	4.5	23.9	24.5
2017	10.7	0.0	0.0	4.6	23.5	24.0
2018	12.1	0.0	0.0	4.7	26.8	27.3
2019	11.8	0.0	0.5	5.6	25.3	25.7
2020	15.0	0.0	0.0	8.7	33.9	28.5
5-Year Average	**12.1**	**0.0**	**0.2**	**5.6**	**26.7**	**26.0**

Alcohol-Related Deaths: Age-adjusted rate per 100,000 population of deaths from alcohol-related causes

Why is this indicator important?

According to the Centers for Disease Control, excessive alcohol use was responsible for more than 140,000 deaths in the United States each year during 2015–2019, or more than 380 deaths per day.

Where did we get the data?

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Important findings

- Since 2017, Kansas had a higher alcohol-related age-adjusted death rate than the national rate. Highest rates were reported in 2020.
- Males were almost three times more likely to die due to alcohol-related causes than females.

Graph of Five-Year Mortality Trend

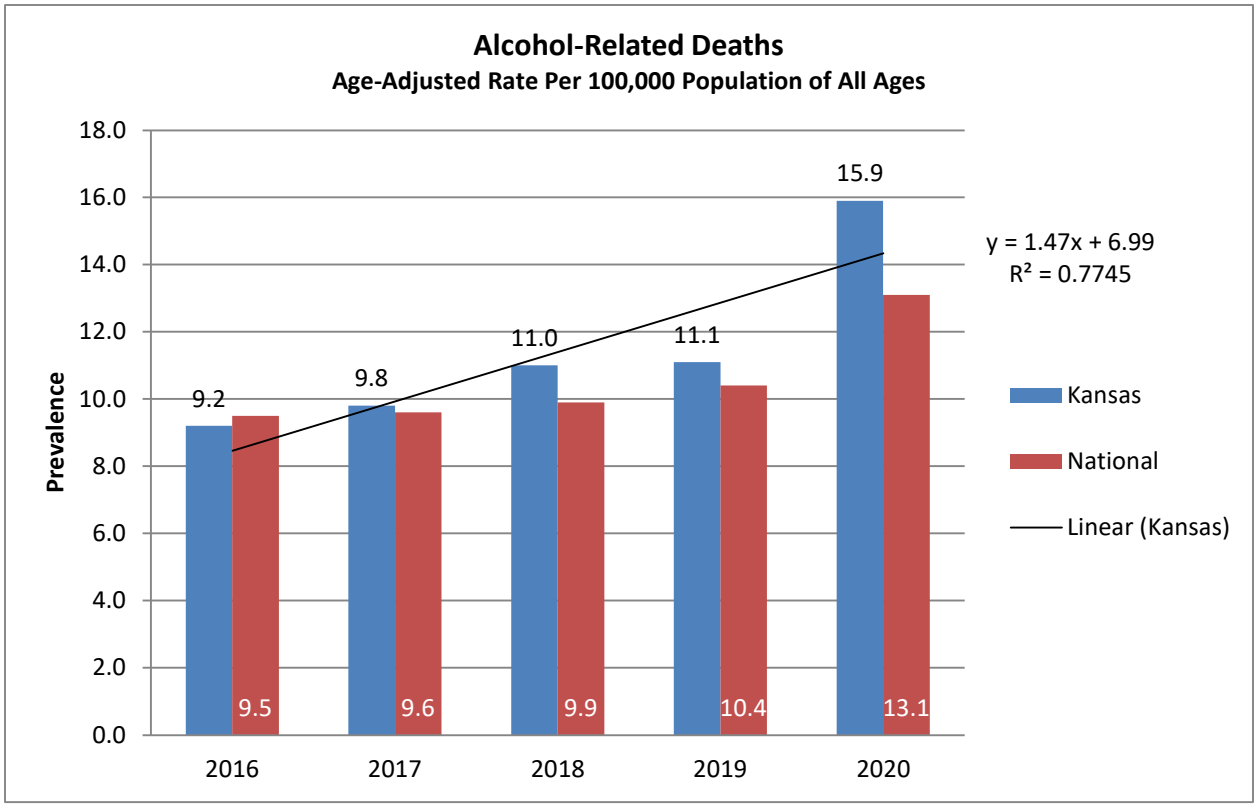


Table 4.5 Number of deaths due to alcohol-related illnesses for the State of Kansas by age group, 2016-2020

Year	Overall Rate	NUMBER DEATHS						
		Total	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years
2016	9.2	288	<20	12	28	91	96	44
2017	9.8	314	<20	<20	36	77	116	51
2018	11	358	<20	20	38	77	138	68
2019	11.1	353	<20	14	31	67	112	77
2020	15.9	489	<20	26	77	124	175	63
5-Year Average	**11.4**	**360**	**N/A**	**20**	**42**	**87**	**127**	**61**

Table 4.6 Age-adjusted death rates due to alcohol-related illnesses for the State of Kansas by gender and race/ethnicity, 2016-2020

Year	Gender		Race				Ethnicity	
	Female	Male	White	African American	Native American	Asian / Islander	Hispanic	Not Hispanic
2016	5.3	14.6	10.6	<20	<20	<20	10.0	8.9
2017	4.6	15.4	9.9	12.1	<20	<20	9.6	9.8
2018	5.4	17.0	10.9	12.9	<20	<20	18.4	10.6
2019	6.7	15.8	11.1	13.1	<20	<20	14.2	10.9
2020	7.6	24.5	16.2	16.4	<20	<20	12.3	16.2
5-Year Average	**5.9**	**17.5**	**11.7**	**13.6**	**N/A**	**N/A**	**12.9**	**11.3**

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) – 2016 – 2020.

Important findings

- The percentage of adults who reported current cigarette use has decreased since 2016, both in Kansas and across the nation.
- Males have a higher prevalence of cigarette use than females.
- In general, Native Americans have the highest percentages of current smokers 18 and older.
- A strong correlation exists between education, income, and the 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

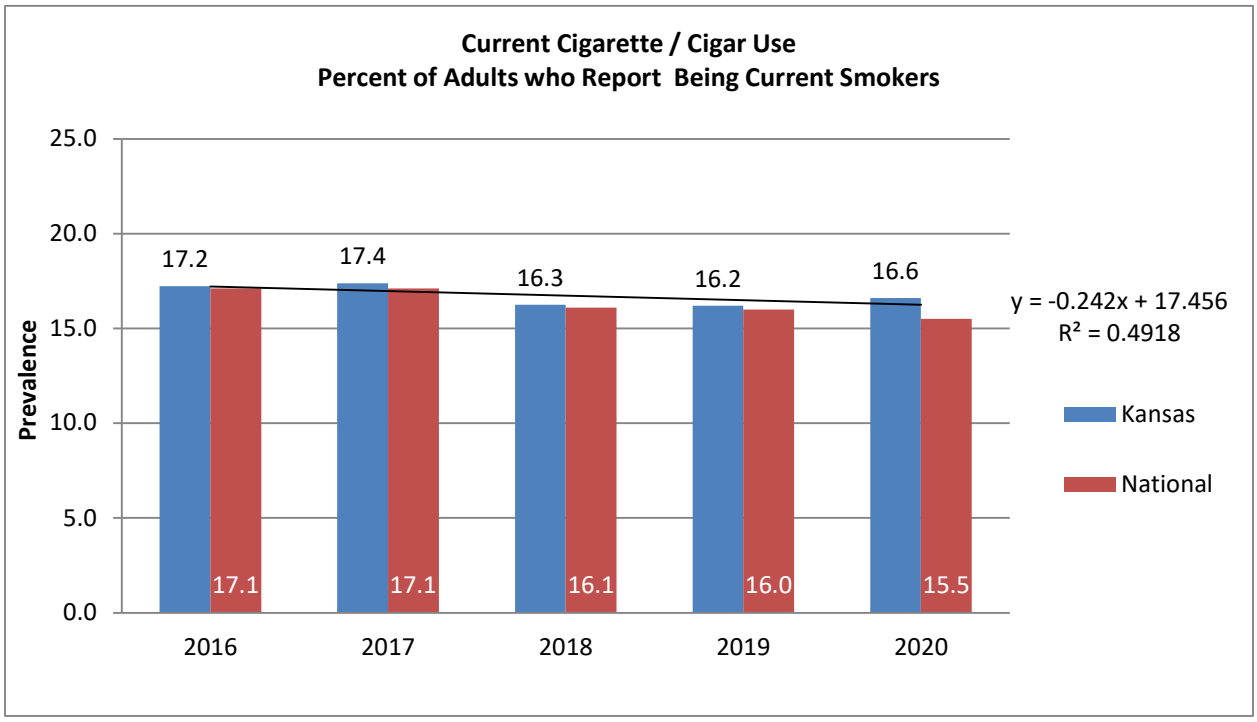


Table 5.1 Percent of adults surveyed who currently smoke cigarettes in the State of Kansas by ethnicity and race, 2016-2020

Year	Overall	Race						Ethnicity	
		White	African American	Native American	Asian	Other	Multiple Race	Hispanic	Non-Hispanic
2016	17.2	16.6	25.4	29.9			31.2	14.2	25.8
2017	17.4	17.1	23.8	40.9	5.5		27.7	15.9	23.0
2018	16.3	16.8	21.3	23.0			36.8	16.8	24.5
2019	16.2	15.3	20.6	37.4			21.8	16.6	23.8
2020	16.6	15.6	24.4	36.0			25.4	16.9	25.4
5-Year Average	**16.7**	**16.3**	**23.1**	**33.4**	**N/A**	**N/A**	**28.6**	**16.1**	**24.5**

Table 5.2 Percent of adults surveyed who currently smoke cigarettes in the State of Kansas by gender and age group, 2016-2020

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2016	17.2	18.7	15.7	12.4	23.5	20.9	18.9	18.7	9.8
2017	17.4	18.4	16.4	14.2	22.3	22.8	20.3	17.8	8.8
2018	16.3	18.3	16.3	14.1	22.3	22.1	19.3	19.7	8.2
2019	16.2	16.4	16.0	13.2	20.9	21.6	16.7	18.3	8.3
2020	16.6	18.2	15.1	10.5	20.1	20.2	21.6	19.9	9.4
5-Year Average	**16.7**	**18.0**	**15.9**	**12.9**	**21.8**	**21.5**	**19.3**	**18.9**	**8.9**

Table 5.3 Percent of adults surveyed who currently smoke cigarettes in the State of Kansas by educational attainment and income, 2016-2020

Year	Overall	Education				Income			
		Less than High School	High School or GED only	Some post-graduate	College Graduate	$15,000 - $24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 and more
2016	17.2	30.0	23.9	16.7	6.8	25.7	20.5	17.8	10.8
2017	17.4	33.6	23.0	17.4	6.5	25.9	23.4	18.0	11.4
2018	16.3	38.1	22.0	16.9	6.3	28.3	23.2	15.0	11.3
2019	16.2	34.5	19.7	16.6	6.5	25.3	20.1	15.8	10.9
2020	16.6	34.4	22.1	16.5	6.1	27.0	22.1	19.7	10.9
5-Year Average	**16.7**	**34.1**	**22.2**	**16.8**	**6.4**	**26.5**	**21.9**	**17.3**	**11.1**

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?

The American Lung Association states that cigarette smoking during childhood and adolescence causes significant health problems among young people, including an increase in the number and severity of respiratory illnesses, decreased physical fitness, and potential effects on lung growth and function. Most importantly, this is when an addiction to smoking takes hold, often lasting into and sometimes throughout adulthood. Among adults who have ever smoked daily, 87% had tried their first cigarette by the time they were 18 years of age, and 95% had by age 21.

Where did we get the data?

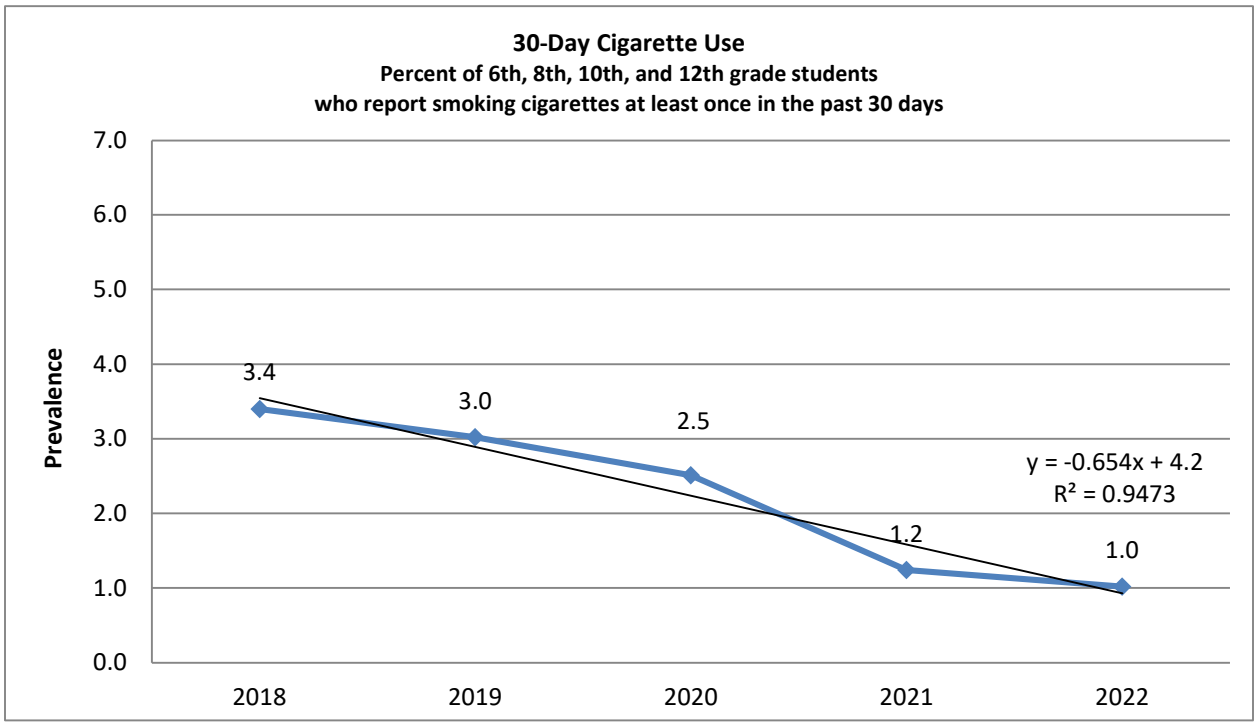
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022.

National comparison data taken from the Monitoring The Future student survey, 2018-2021.

Important findings

- Reported cigarette use by Kansas youth has steadily decreased and is at 1 percentage point in 2022.
- In 2020 and 2021, the percentage of Kansas students that reported smoking cigarettes is below the national average.
- As grade level increases, the prevalence of cigarette use significantly increases.
- Native Americans report a slightly 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, 2018-2021

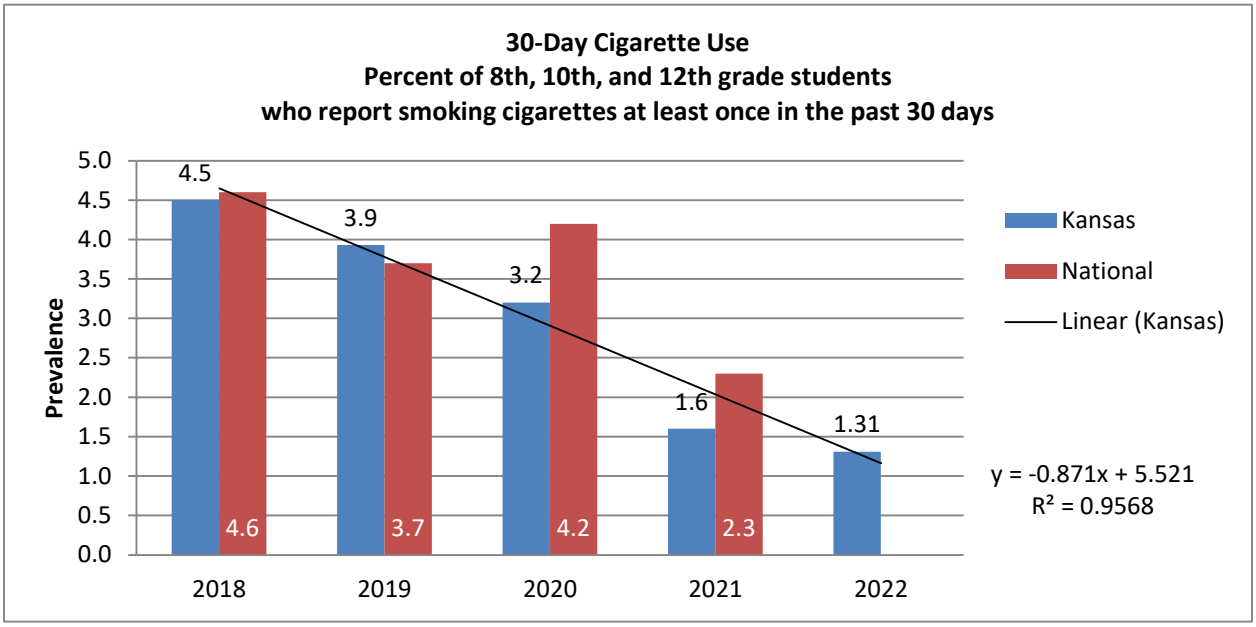


Table 5.4 Percent of students surveyed who smoked cigarettes in the past 30 days in the State of Kansas by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	3.4	0.5	2.2	4.4	8.2	3.8	3.0
2019	3.0	0.7	2.0	3.8	7.1	3.4	2.6
2020	2.5	0.7	1.8	3.3	5.3	3.0	2.1
2021	1.2	0.3	0.8	1.8	2.7	1.3	1.2
2022	1.0	0.3	0.7	1.3	2.5	1.1	0.9
5-Year Average	**2.2**	**0.5**	**1.5**	**2.9**	**5.2**	**2.5**	**2.0**

Table 5.5 Percent of students surveyed who smoked cigarettes in the past 30 days in the State of Kansas by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	3.6	2.9	3.7	1.4	4.1	3.3	3.4
2019	3.1	2.5	2.2	0.6	3.0	3.0	3.0
2020	2.5	2.7	2.4	1.1	2.9	2.6	2.5
2021	1.3	0.7	1.1	0.2	1.1	1.0	1.3
2022	1.1	0.6	1.2	0.4	0.9	0.9	1.1
5-Year Average	**2.3**	**1.9**	**2.1**	**0.7**	**2.4**	**2.2**	**2.3**

30-Day E-Cigarette Use - Youth: Percentage of students in grades 6, 8, 10, and 12 reporting any e-cigarette use within the past 30 days (changed to vaping in 2022)

Why is this indicator important?

The Centers for Disease Control and Prevention has connected e-cigarette use with lung injuries and even death in some cases. Just as in regular cigarettes, the nicotine in e-cigarettes is addictive. Nicotine exposure during adolescence and young adulthood can cause addiction and harm the developing brain. Additionally, e-cigarettes and vaping are the most common form of tobacco used by young people. While e-cigarettes are perceived as less harmful than traditional cigarettes, research has shown that youth who try e-cigarettes are at greater risk of transitioning to traditional cigarettes.

Where did we get the data?

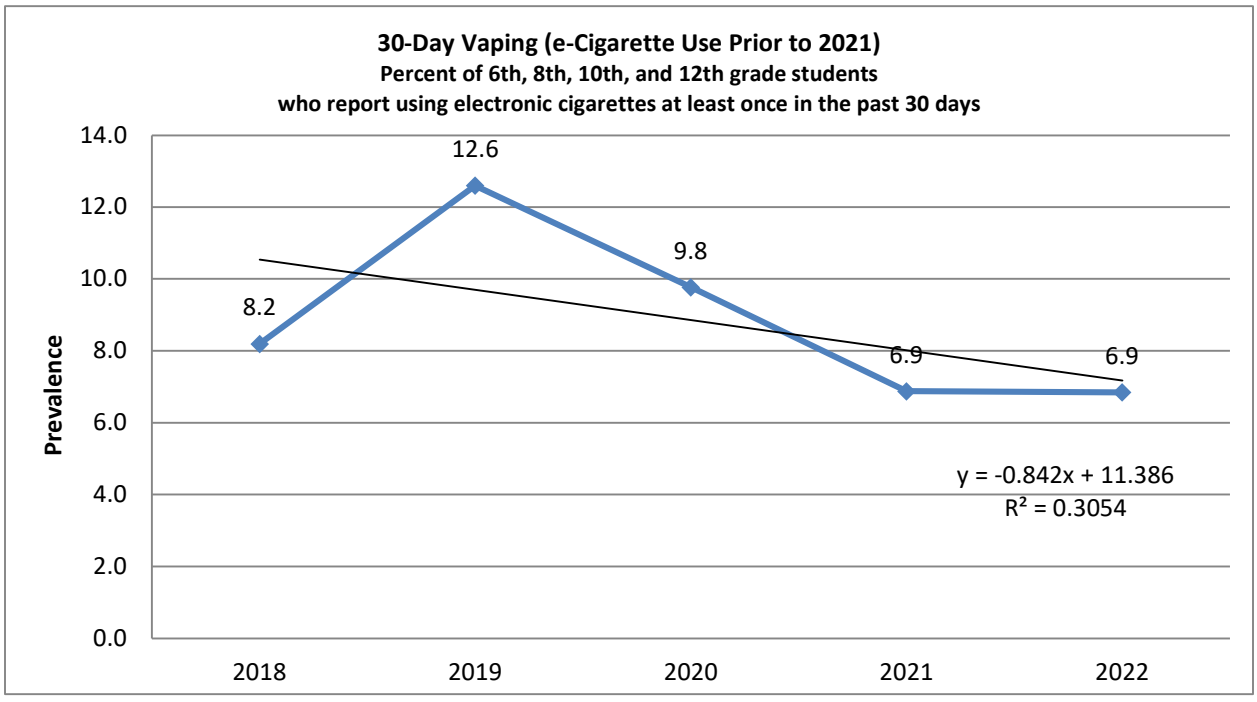
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022 (question changed from electronic cigarettes to vaping in 2022)

National comparison data taken from the Monitoring The Future student survey, 2018-2021

Important findings

- Youth vaping in Kansas reached its peak in 2019.
- More female students reported vaping than males.
- White and Hispanic students had the largest percentages that reported vaping in the past 30-days.
- The percentage of Kansas students that reported vaping in the past 30-days is lower than the national average.

Graphs of Five-Year Trend



National data taken from the Monitoring The Future student survey, 2018-2021 (MTF survey, vaping any nicotine product)

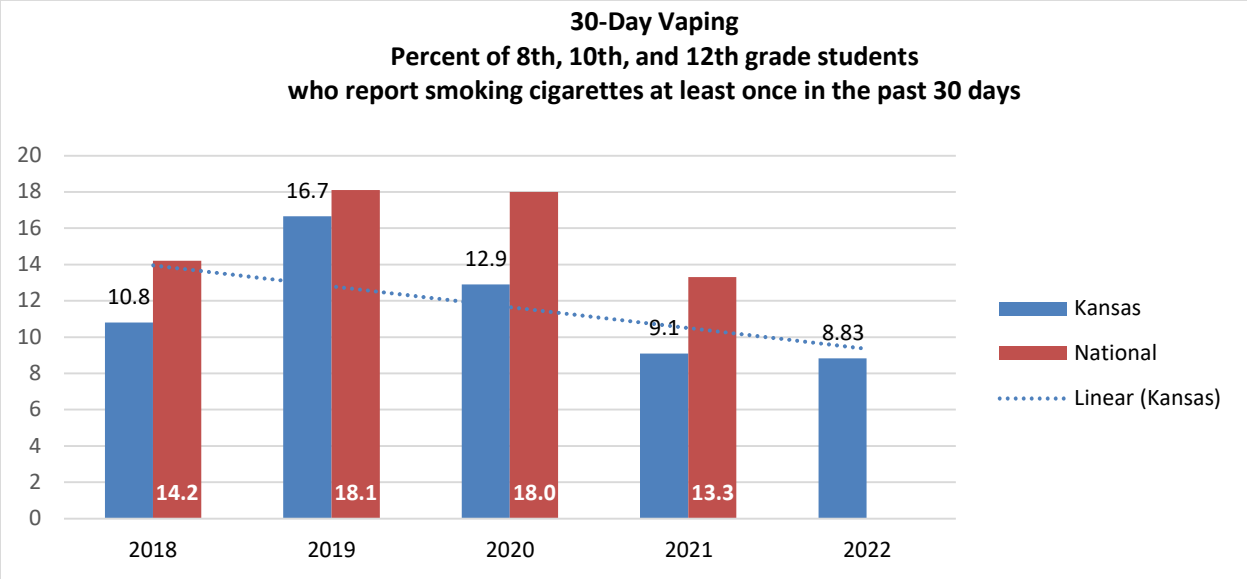


Table 5.6 Percent of students surveyed who used e-cigarettes in the past 30 days in the State of Kansas by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	8.2	1.1	5.2	12.4	17.5	9.0	7.3
2019	12.6	2.1	8.9	18.8	25.9	13.0	12.2
2020	9.8	1.7	6.2	14.2	21.4	9.7	9.8
2021	6.9	1.3	4.2	10.4	15.2	6.1	7.7
2022	6.9	1.7	4.6	9.8	15.1	5.8	7.8
5-Year Average	**8.9**	**1.6**	**5.8**	**13.1**	**19.0**	**8.7**	**9.0**

Table 5.7 Percent of students surveyed who used e-cigarettes in the past 30 days in the State of Kansas by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	8.9	5.5	6.5	4.6	6.8	7.7	8.3
2019	13.9	7.0	7.7	4.7	8.4	12.7	12.6
2020	10.4	6.3	8.5	3.6	8.9	10.6	9.6
2021	7.5	4.5	5.7	2.3	6.1	7.3	6.8
2022	7.3	5.4	5.7	2.2	5.5	7.5	6.6
5-Year Average	**9.6**	**5.7**	**6.8**	**3.4**	**7.1**	**9.1**	**8.8**

30-Day E-Cigarette Use - Young Adults: Percent of respondents who reported use of e-cigarettes in the 30 days prior to the survey

Why is this indicator important?

A study published by American Cancer Society in 2020 found young adult e-cigarette use had increased across the board, with never smokers and near-term quitters seeing the most significant increases. The findings suggest that those quitting traditional cigarettes transition to e-cigarettes and those who did not smoke traditional cigarettes previously are being introduced to nicotine through e-cigarettes.

Where did we get the data?

Kansas Young Adult Surveys, 2017, 2019, and 2021

Important findings

- Young adult use of electronic cigarettes has steadily increased from 2017 to 2021.
- Rates are higher among young adults of white and multi-racial backgrounds.

Graphs of Three-Year Trend

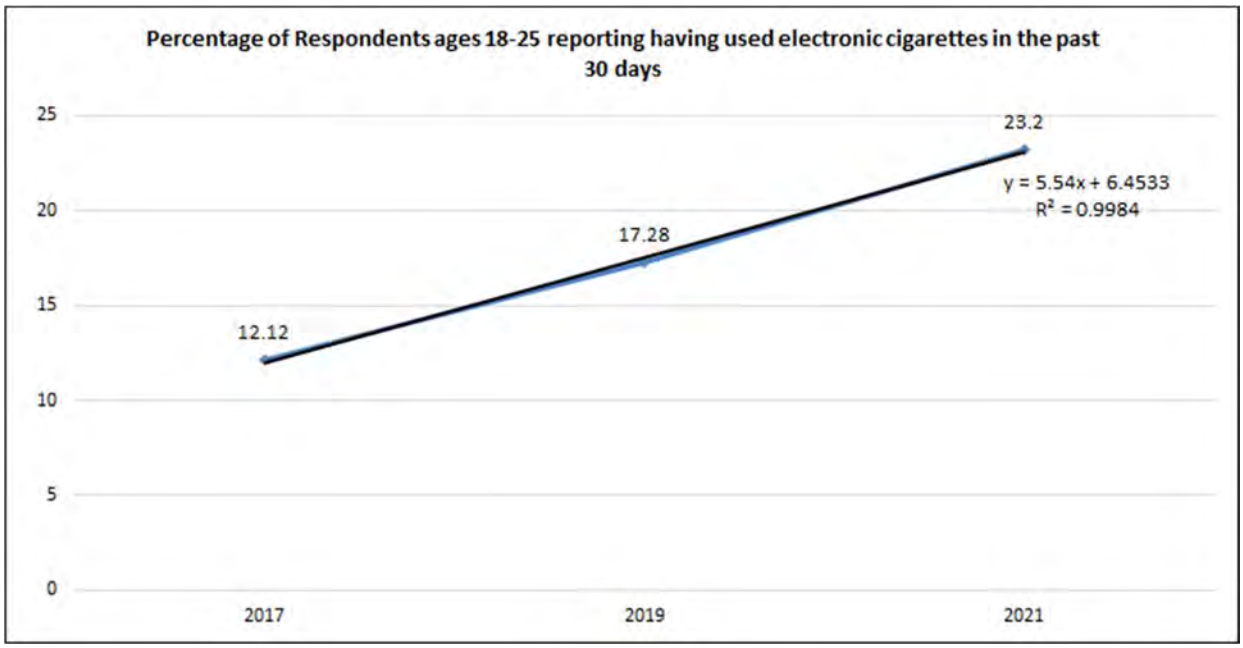


Table 5.8 Percentage of respondents ages 18-25 who report having used electronic cigarettes in the past 30 days by school enrollment status and gender, 2017-2021

Year	Overall	School Enrollment Status		Gender				
		In College	Not in College	Male	Female	Non-Binary	Unsure	Other
2017	12.12	11.8	12.3	5.2	23.0	16.9	7.2	Not Asked
2019	17.28	15.5	19.5	5.2	23.0	19.0	15.5	Not Asked
2021	23.2	20.4	25.4	5.2	23.0	23.0	24.2	14.9
3-Year Average	**17.5**	**15.9**	**19.1**	**5.2**	**23.0**	**N/A**	**N/A**	**N/A**

Table 5.9 Percentage of respondents ages 18-25 who report having used electronic cigarettes in the past 30 days by race and ethnicity, 2017-2021

Year	Race						Ethnicity	
	White	African American	Native American	Asian	Other	Multi-Racial	Hispanic	Not Hispanic
2017	11.3	8.8	<10	19.3	20.3	13.7	15.8	11.6
2019	17.5	16.5	<10	9.3	0.0	19.3	20.4	16.7
2021	24.9	15.9	<10	10.1	6.3	25.6	16.7	24.5
3-Year Average	**17.9**	**13.7**	**N/A**	**12.9**	**8.9**	**19.5**	**17.6**	**17.6**

Table 5.10 Percentage of respondents ages 18-25 who report having used electronic cigarettes in the past 30 days by income, 2017-2021

Year	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
2017	11.1	12.9	20.0	10.7	3.2	<10	<10	<10
2019	19.0	22.5	10.3	11.7	12.2	0.0	0.0	<10
2021	24.9	22.6	32.9	14.9	5.7	11.3	<10	<10
3-Year Average	**18.3**	**19.3**	**21.1**	**12.4**	**7.0**	**N/A**	**N/A**	**N/A**

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.

Where did we get the data?

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

Important findings

- The percentage of students reporting having smoked prior to age 13 has been decreased over the past five years.
- A larger percentage of Native American students reported early initiation of cigarette use than other racial groups.

Graph of Five-Year Trend

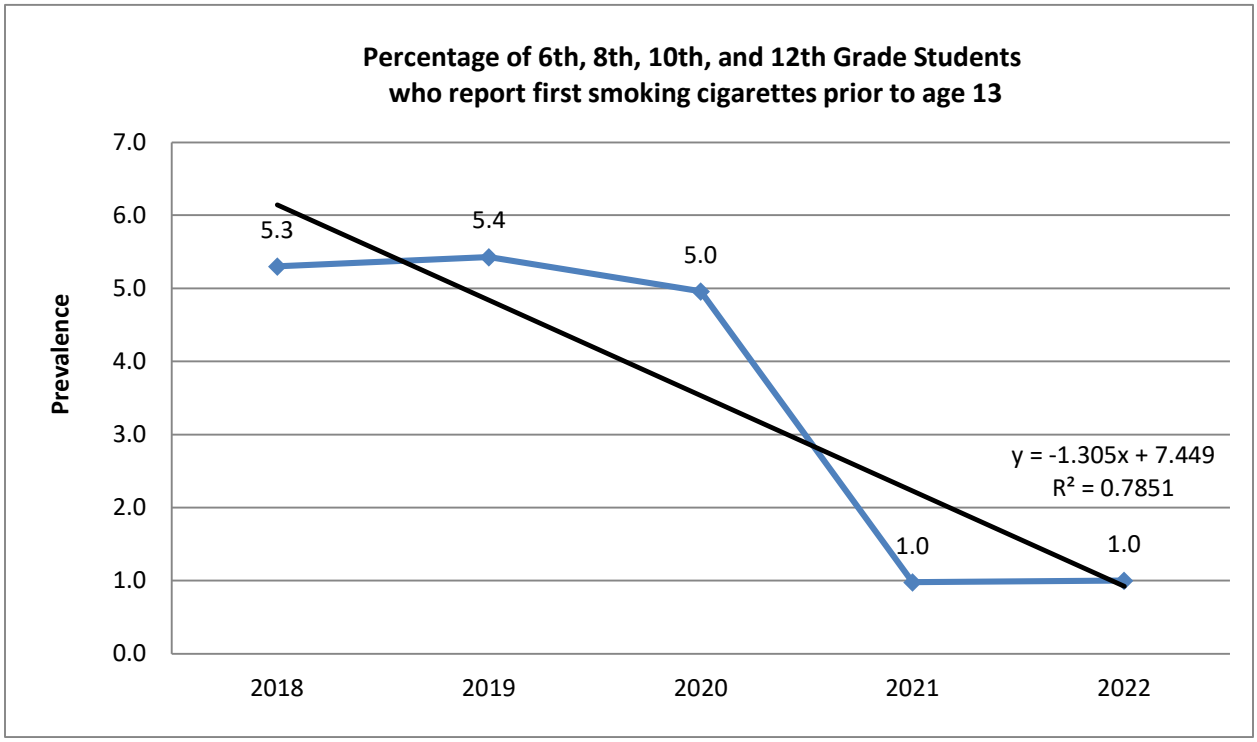


Table 5.11 Percent of students surveyed who smoked cigarettes prior to age 13 in the State of Kansas by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	5.3	3.3	6.1	6.1	5.9	5.7	4.9
2019	5.4	3.4	6.7	6.1	5.8	5.9	5.0
2020	5.0	3.7	6.0	5.5	4.7	5.3	4.6
2021	1.0	0.5	1.0	1.3	1.4	1.2	0.8
2022	1.0	0.6	1.0	1.3	1.3	1.2	0.8
5-Year Average	**3.5**	**2.3**	**4.2**	**4.0**	**3.8**	**3.9**	**3.2**

Table 5.12 Percent of students surveyed who smoked cigarettes prior to age 13 in the State of Kansas by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	4.6	6.4	6.7	2.9	8.4	6.7	4.9
2019	4.9	6.7	5.3	2.9	8.6	6.5	5.1
2020	4.4	5.7	6.8	2.5	7.9	5.9	4.7
2021	1.0	0.8	0.9	0.2	1.2	0.9	1.0
2022	1.0	0.9	0.8	0.2	1.3	0.9	1.0
5-Year Average	**3.2**	**4.1**	**4.1**	**1.7**	**5.5**	**4.2**	**3.3**

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) – 2016 – 2020.

Important findings:

- A larger percentage of adults in Kansas use smokeless tobacco products than the national average.
- 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.

Graph of Five-Year Trend

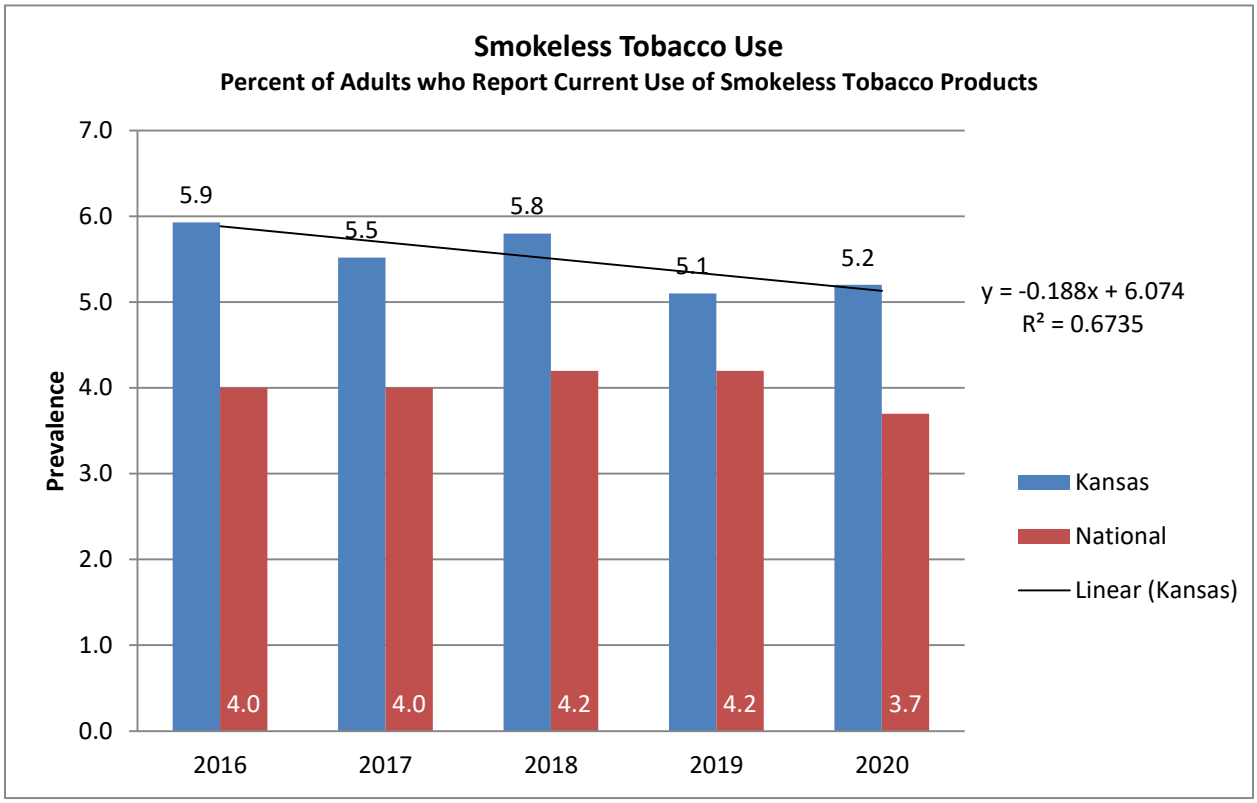


Table 5.13 Current smokeless tobacco users by race and ethnicity, 2016-2020

Year	Overall	Race						Ethnicity	
		White	African American	Native American	Asian	Other	Multiple Race	Hispanic	Non-Hispanic
2016	5.9	6.5	2.0	8.7	2.0		9.2	2.4	5.7
2017	5.5	5.9	3.8	4.9	3.8		3.6	3.9	4.4
2018	5.8	6.2	1.8	6.3	4.3		7.4	4.5	5.2
2019	5.1	5.3	4.5	12.8	3.2		8.6	1.6	6.9
2020	5.2	5.6	2.4	8.3	1.0	3.1	6.1	4.1	4.4
5-Year Average	**5.5**	**5.9**	**2.9**	**8.2**	**2.9**	**N/A**	**7.0**	**3.3**	**5.3**

Table 5.14 Current smokeless tobacco users by gender and age group, 2016-2020

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2016	5.9	11.2	0.8	8.7	7.0	6.9	7.4	3.9	2.8
2017	5.5	10.1	1.0	7.1	6.8	7.3	6.4	4.0	2.6
2018	5.8	11.4	0.7	7.1	9.3	6.0	6.6	4.2	2.7
2019	5.1	9.4	0.8	5.8	6.2	6.6	5.4	4.5	2.8
2020	5.2	9.7	0.8	4.5	7.8	6.0	7.4	3.9	2.5
5-Year Average	**5.5**	**10.4**	**0.8**	**6.7**	**7.4**	**6.6**	**6.7**	**4.1**	**2.7**

Table 5.15 Current smokeless tobacco users by educational attainment and income, 2016-2020

Year	Overall	Education				Income			
		Less than High School	High School or GED only	Some post-graduate	College Graduate	$15,000 - $24,999	$25,000 - $34,999	$35,000 - $49,999	$50,000 and more
2016	5.9	5.7	8.3	6.5	3.0	4.5	8.3	5.9	6.6
2017	5.5	7.7	7.2	5.6	3.0	5.8	4.3	5.8	6.1
2018	5.8	7.3	7.1	6.4	3.4	5.1	4.6	6.0	6.5
2019	5.1	8.1	6.1	5.7	2.4	5.4	4.0	4.4	6.2
2020	5.2	6.6	6.4	5.6	3.3	3.2	4.3	5.7	6.5
5-Year Average	**5.5**	**7.1**	**7.0**	**6.0**	**3.0**	**4.8**	**5.1**	**5.6**	**6.4**

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.

Where did we get the data?

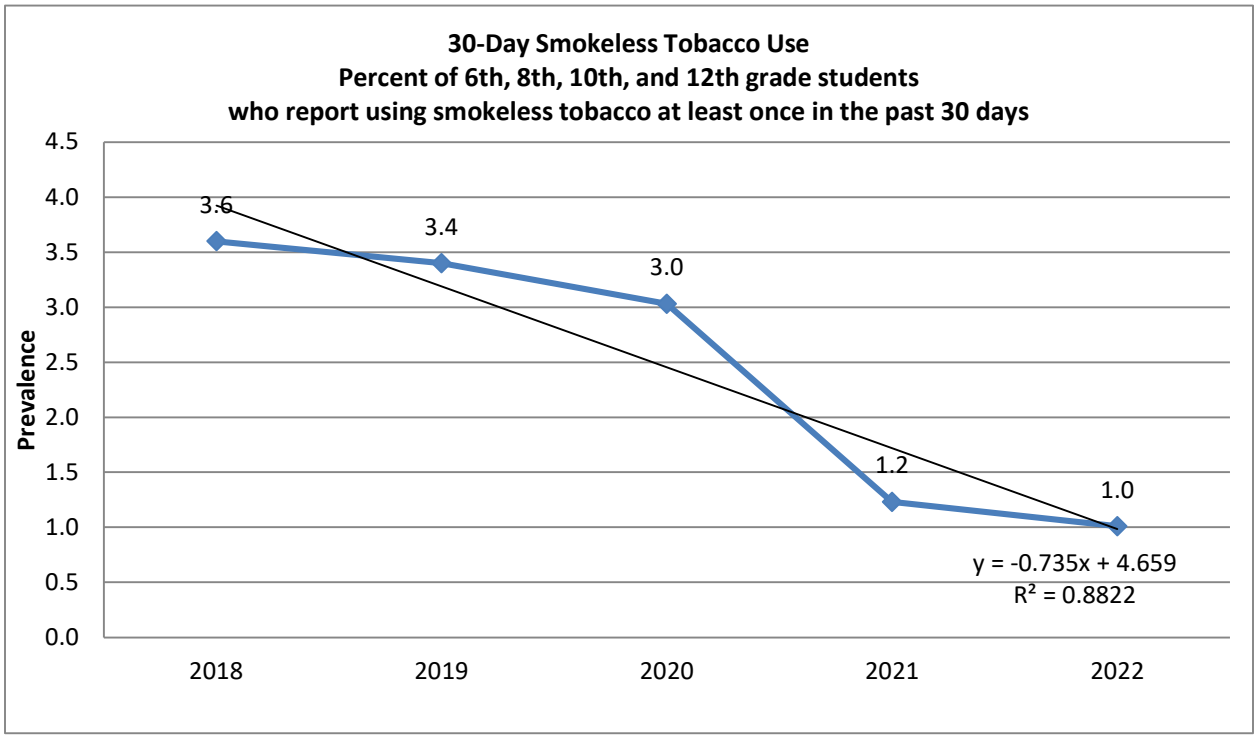
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022.

National comparison data taken from the Monitoring The Future student survey, 2018-2021

Important findings

- Similar to the reduction in use of cigarettes, smokeless tobacco use has also declined substantially among Kansas youth. Less than one percent of those surveyed reported use in 2022. Starting in 2020 Kansas use was below the national average.
- A larger percentage of male students reported using smokeless tobacco 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 race and highest among Whites.

Graphs of Five-Year Trends



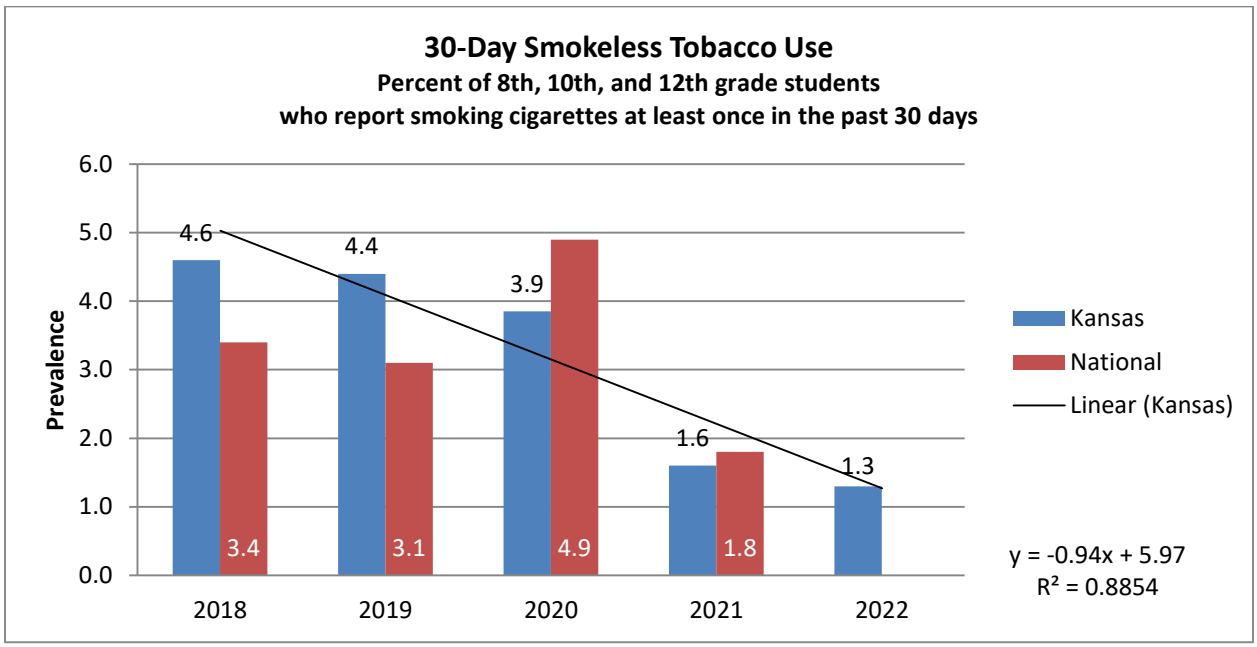


Table 5.16 Percent of students surveyed who used smokeless tobacco in the past 30 days by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	3.6	0.7	1.9	4.9	8.4	5.4	1.8
2019	3.4	0.8	2.2	4.7	7.5	4.9	2.0
2020	3.0	0.8	1.9	4.1	6.6	4.2	1.9
2021	1.2	0.3	0.7	1.7	2.9	1.9	0.6
2022	1.0	0.3	0.5	1.4	2.6	1.5	0.5
5-Year Average	**2.5**	**0.6**	**1.4**	**3.3**	**5.6**	**3.6**	**1.3**

Table 5.17 Percent of students surveyed who used smokeless tobacco in the past 30 days by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	3.8	2.7	3.7	1.4	3.5	3.1	3.7
2019	3.6	2.9	2.5	1.5	3.7	3.0	3.5
2020	3.2	2.5	3.4	0.9	2.9	2.8	3.1
2021	1.4	0.6	1.3	0.2	1.2	1.0	1.3
2022	1.1	0.8	0.8	0.3	1.2	1.0	1.0
5-Year Average	**2.6**	**1.9**	**2.3**	**0.9**	**2.5**	**2.2**	**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 2016-2020

Important findings

- The rate of women who smoked during pregnancy is declining.
- From 2016 to 2020, a larger percentage of African American women reported smoking during pregnancy.
- Hispanic women report a significantly lower prevalence of smoking during pregnancy than non-Hispanic women.
- Generally, the percentage of women that reported smoking during pregnancy decreased with age after age 25.

Graph of Five-Year Trend

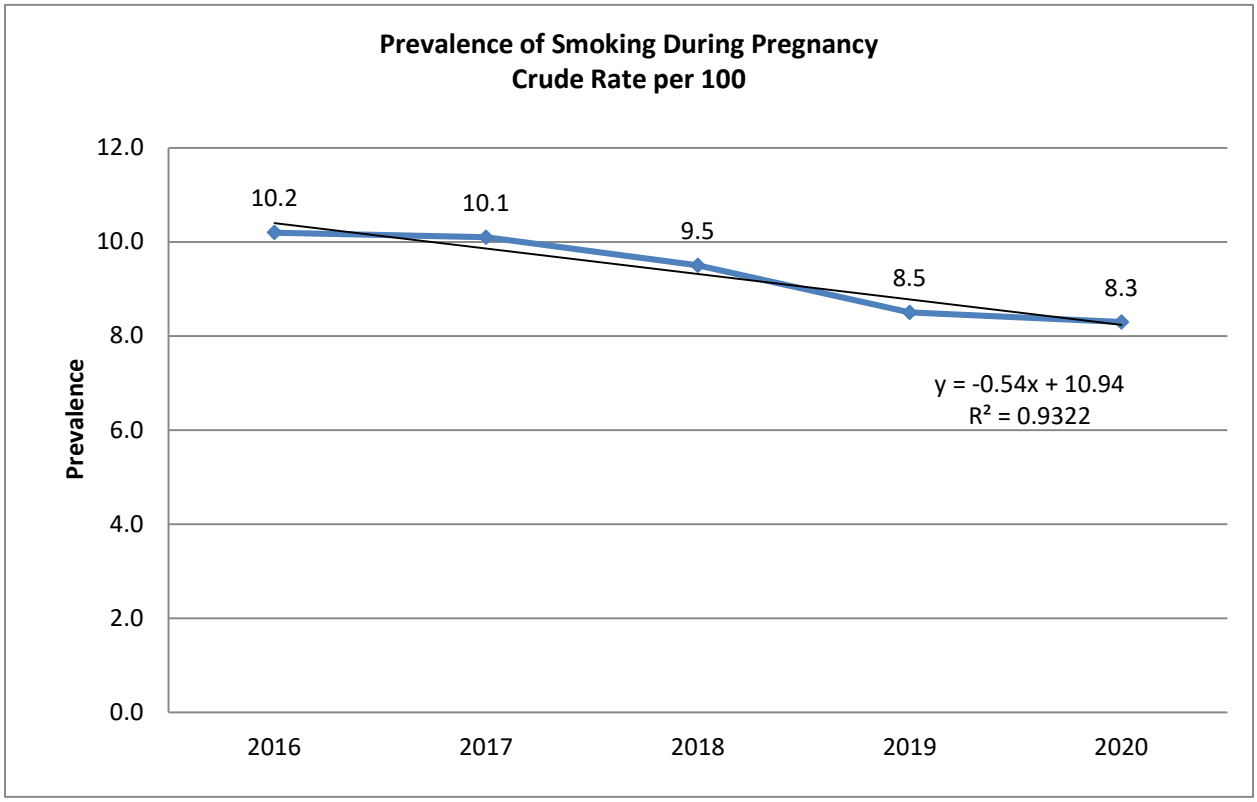


Table 5.18 Rate per 100 pregnancies that mother reported having smoked during the pregnancy in the State of Kansas by race, 2016-2020

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2016	3,878	10.2	3,362	10.8	289	11.3	226	5.2
2017	3,680	10.1	3,120	10.6	306	12.1	252	5.8
2018	3,437	9.5	2,919	10.0	265	10.3	251	5.8
2019	2,994	8.5	2,503	8.8	261	10.5	229	5.3
2020	2,798	8.3	2,347	8.4	221	9.0	228	6.1
5-Year Average	**3,357**	**9.3**	**2,850**	**9.7**	**268**	**10.6**	**237**	**5.6**

Table 5.19 Rate per 100 pregnancies that mother reported having smoked during the pregnancy in the State of Kansas by ethnicity and age group, 2016-2020

Year	All races		Hispanic		Non-Hispanic		10 to 14		15 to 17	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2016	3,878	10.2	220	4.0	3652	11.5	0	0	27	4.9
2017	3,680	10.1	229	3.9	3444	11.3	0	0	33	7.2
2018	3,437	9.5	215	3.6	3217	10.7	0	0	29	6.3
2019	2,994	8.5	214	3.5	2779	9.5	1	6	17	4.0
2020	2,798	8.3	172	2.9	2622	9.3	0	0	15	3.9
5-Year Average	**3,357**	**9.3**	**210**	**3.6**	**3,143**	**10.5**	**0.2**	**1.1**	**24**	**5.3**

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
2016	308	16.0	1544	17.0	1376	11.2	722	7.1	323	6.8
2017	224	14.0	1331	15.0	1212	10.3	745	7.1	339	6.9
2018	198	12.4	1136	14.3	1237	10.8	727	7.3	349	7.1
2019	206	14.0	1011	12.9	1139	10.0	713	7.1	339	6.7
2020	161	11.3	854	11.3	925	8.4	696	7.2	340	6.5
5-Year Average	**219**	**13.5**	**1,175**	**14.1**	**1,178**	**10.1**	**721**	**7.2**	**338**	**6.8**

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.

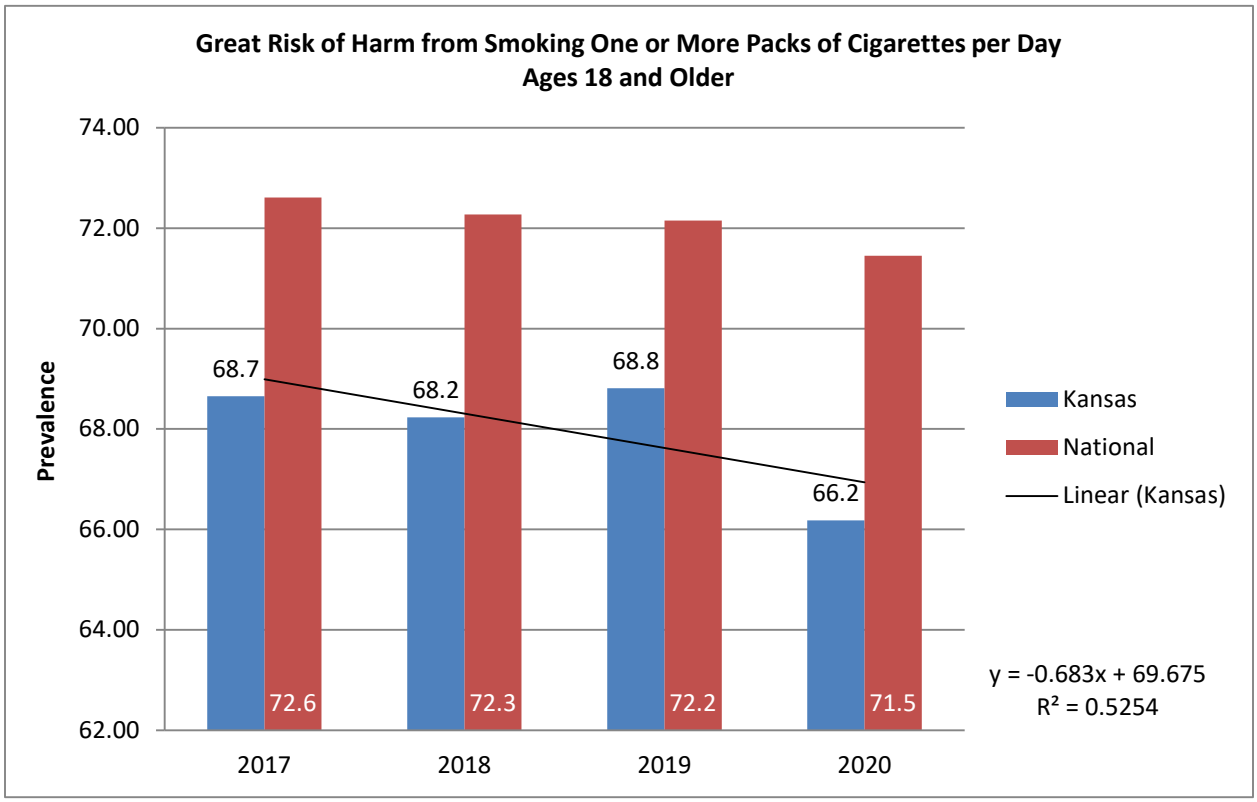
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2017- 2020

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 remained fairly steady over the last five years with a reduction shown in 2020.
- A lower percentage of Kansans reported believing there is great risk of harm in smoking one or more packs per day 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 reported "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?

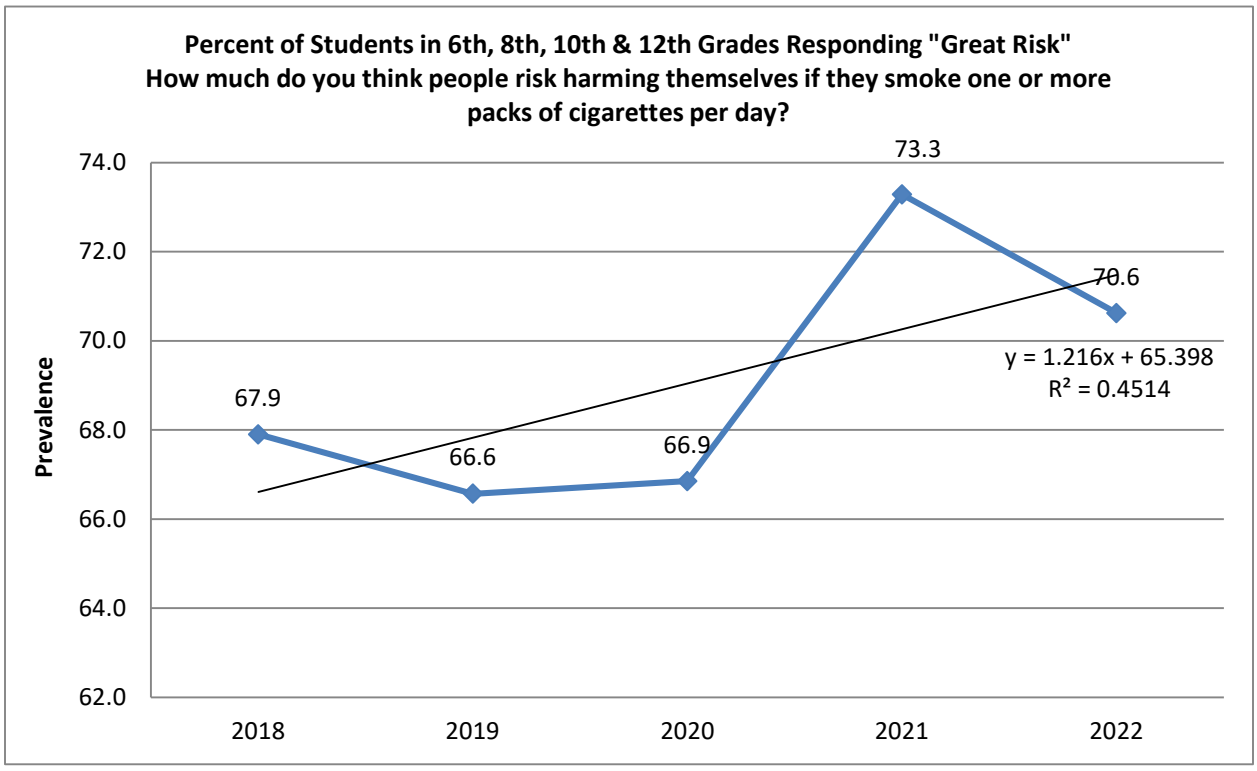
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

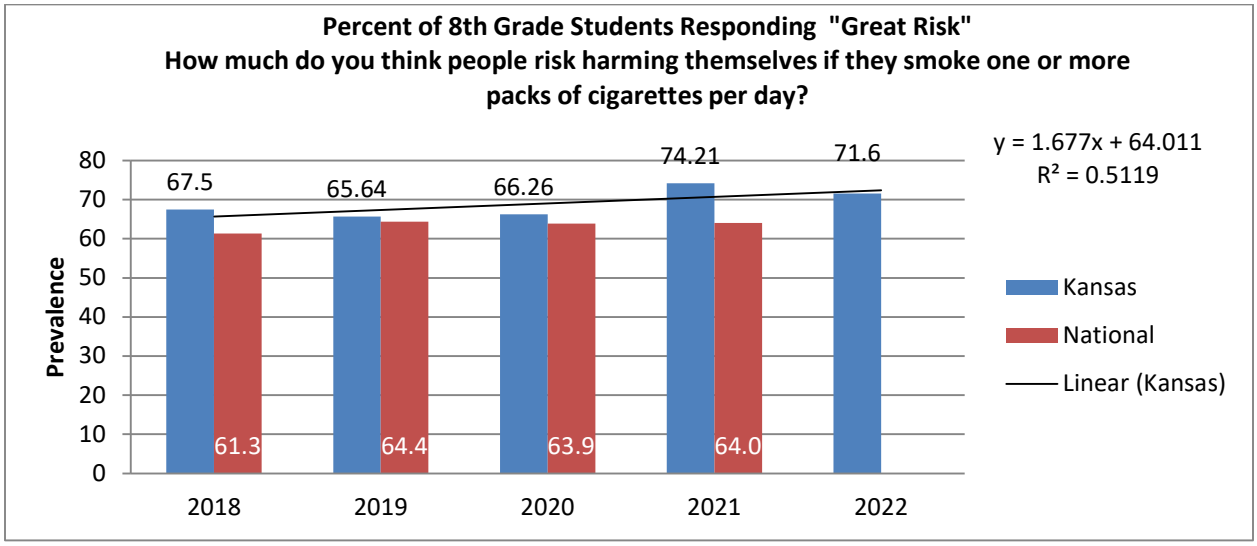
National comparison data taken from the Monitoring The Future student survey, 2018-2020

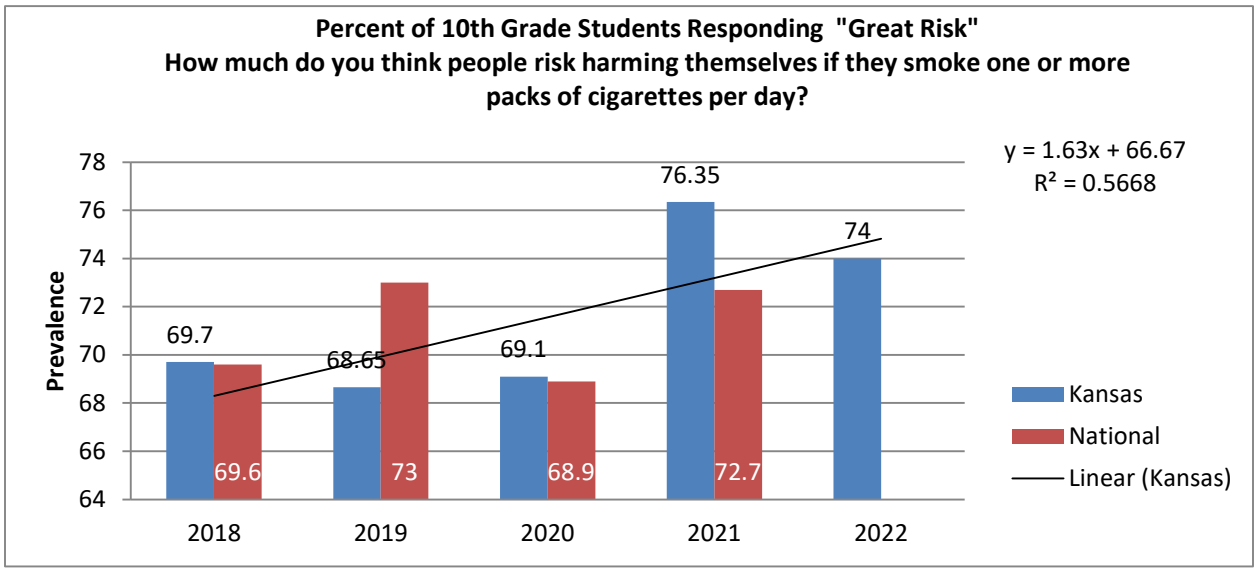
Important findings

- The percentage of Kansas students 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.
- In 2021 a larger percentage of Kansas students in 8th, 10th, and 12th grades report great risk of harm from smoking than the national average of students in those grades.

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?
y = 1.677x + 64.011
R² = 0.5119
Prevalence
80
70
60
50
40
30
20
10
0
67.5
65.64
66.26
74.21
71.6
61.3
64.4
63.9
64.0
2018
2019
2020
2021
2022
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?
y = 1.63x + 66.67
R² = 0.5668
Prevalence
78
76
74
72
70
68
66
64
69.7
68.65
69.1
76.35
74
69.6
73
68.9
72.7
2018
2019
2020
2021
2022
Kansas
National
Linear (Kansas)

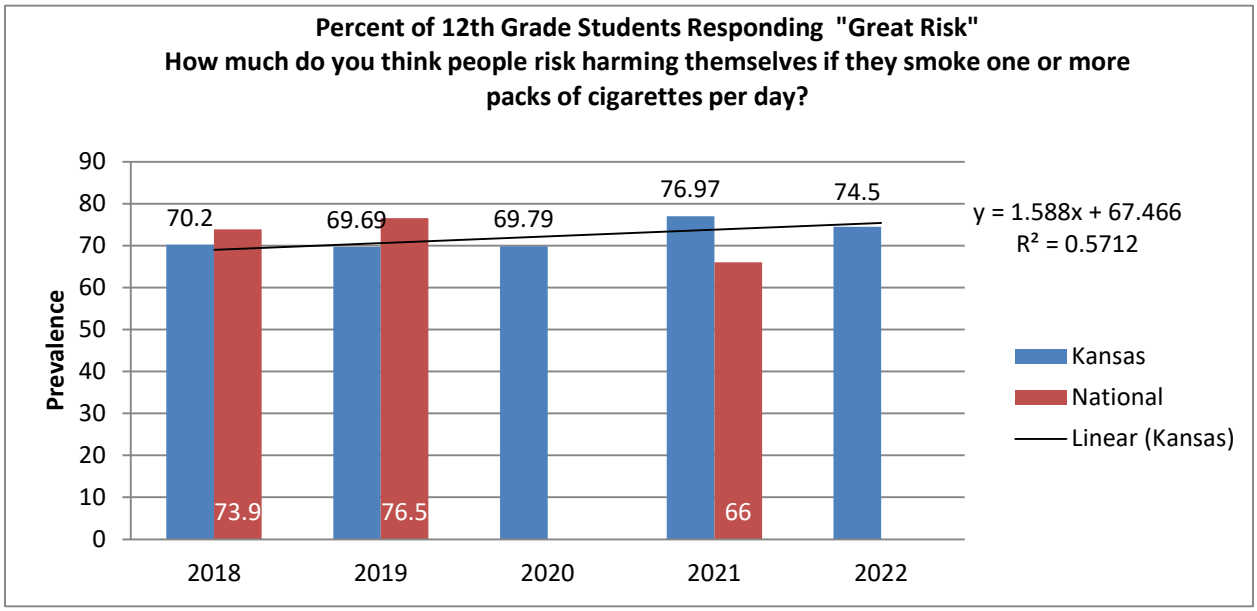

Percent of 12th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they smoke one or more packs of cigarettes per day?
y = 1.588x + 67.466
R² = 0.5712
Prevalence
90
80
70
60
50
40
30
20
10
0
70.2
69.69
69.79
76.97
74.5
73.9
76.5
66
2018
2019
2020
2021
2022
Kansas
National
Linear (Kansas)

Table 5.20 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, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	67.9	65.4	67.5	69.7	70.3	66.7	69.2
2019	66.6	63.7	65.6	68.7	69.7	65.2	67.9
2020	66.9	63.6	66.3	69.1	69.8	65.2	68.5
2021	73.3	67.2	74.2	76.4	77.0	71.2	75.4
2022	70.6	64.2	71.6	74.0	74.5	68.8	72.5
5-Year Average	**69.0**	**64.8**	**69.0**	**71.6**	**72.2**	**67.4**	**70.7**

Table 5.21 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 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	70.1	55.5	52.9	71.6	57.4	62.2	69.6
2019	68.7	53.7	52.0	70.3	58.7	61.8	68.1
2020	69.1	55.0	55.2	69.5	56.7	62.7	68.2
2021	75.6	64.1	60.0	77.6	60.8	69.5	74.5
2022	73.9	57.5	54.7	71.4	58.5	66.4	72.1
5-Year Average	**71.5**	**57.2**	**54.9**	**72.1**	**58.4**	**64.5**	**70.5**

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 minors.

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.

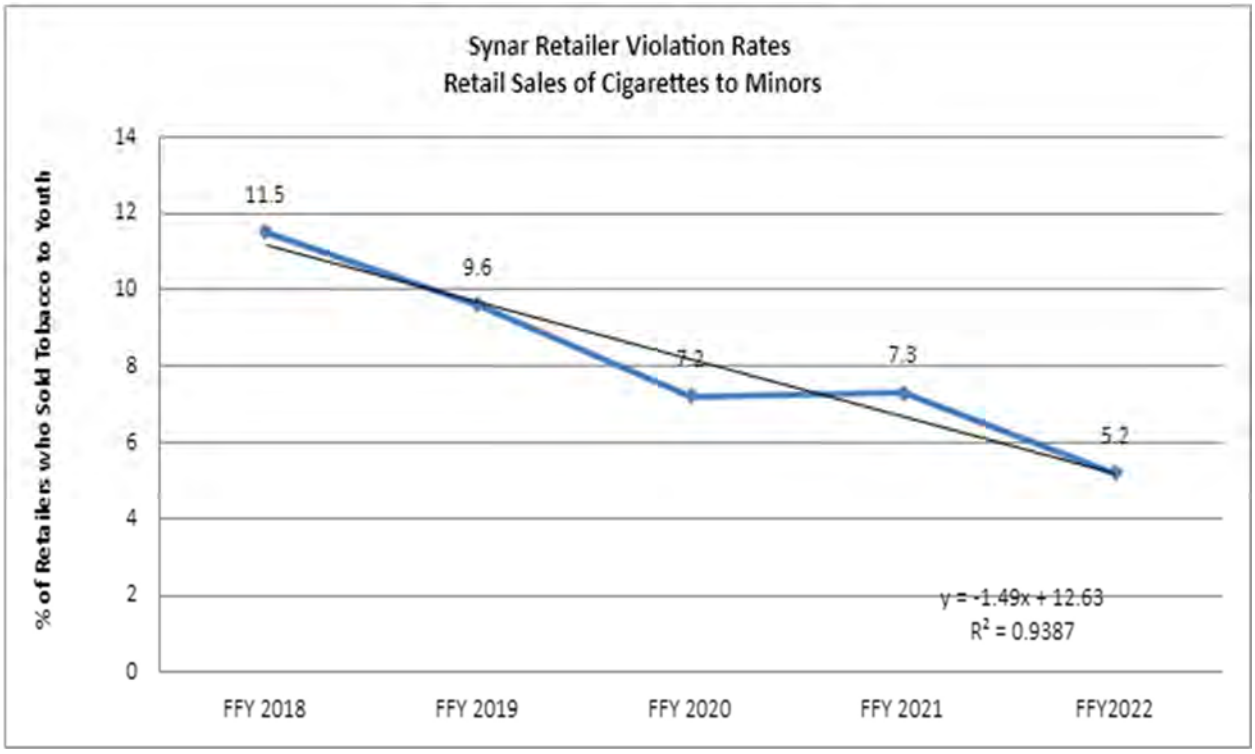
Where did we get the data?

The Kansas Department of Revenue Cigarette and Tobacco Enforcement Agent, Controlled Buy database (FFY 2018-2022)

Important findings

- Overall, the retailer violation rate, or sales of cigarettes to minors, is decreasing in Kansas.
- Kansas is well below the 20% maximum violation allowed by the Substance Abuse and Mental Health Services Administration.

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. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Disaggregated data from the Kansas Department of Health and Environment, Kansas Information for Communities, Death Statistics 2016-2020

Important findings

- The age-adjusted death rates from COPD were substantially higher among the white population than other race categories.
- The rate of deaths increased with age. The highest rate was found 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

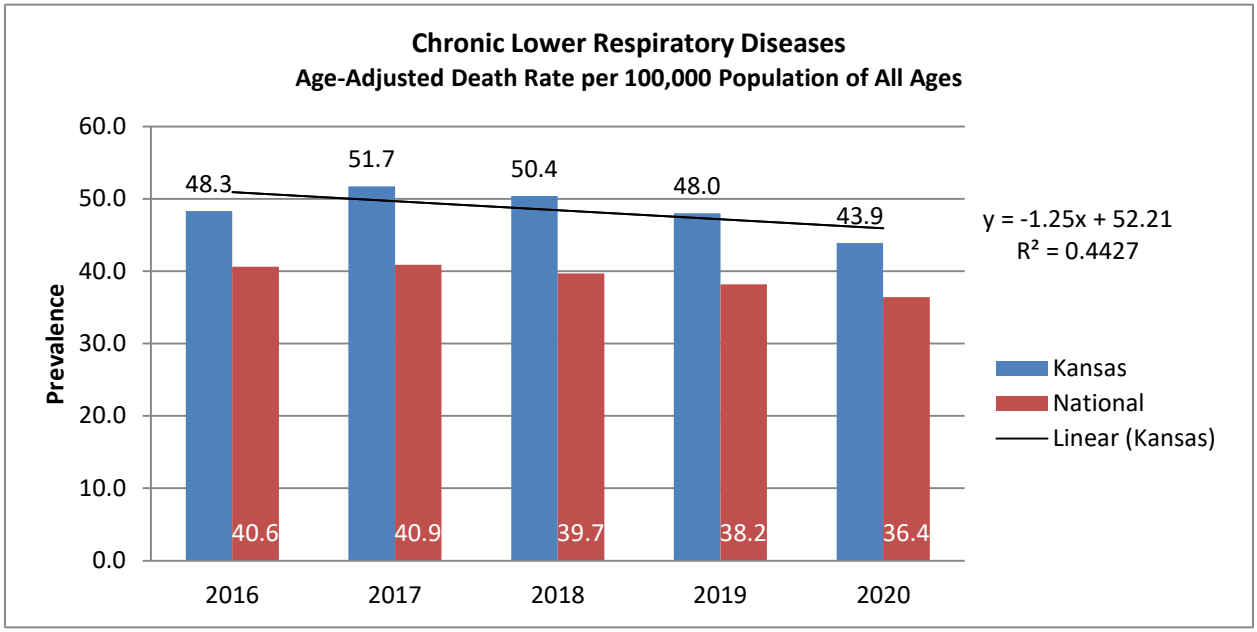


Table 7.1 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by race, 2016-2020

Year	All races		White		African-American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2016	1,653	48.2	1,545	60.3	56	27.1	43	30.9
2017	1,816	51.3	1,692	66.0	69	33.3	46	32.2
2018	1,826	50.1	1,693	66.1	66	31.9	60	41.4
2019	1,774	47.8	1,669	48.0	47	30.0	54	62.1
2020	1,630	0.0	1,498	42.8	69	43.7	55	59.4
5-Year Average	**1,740**	**39.5**	**1,619**	**56.6**	**61**	**33.2**	**52**	**45.2**

Table 7.2 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by gender and ethnicity, 2016-2020

Year	Male		Female		Hispanic		Non-Hispanic	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2016	788	54.4	865	59.3	20	6.0	1633	63.6
2017	896	61.7	920	63.0	18	5.2	1709	66.6
2018	871	60.1	955	65.4	20	5.7	1720	67.2
2019	818	50.9	956	45.8	14	3.9	1685	65.9
2020	787	48.8	843	39.9	24	15.6	1554	43.3
5-Year Average	**832**	**55.2**	**908**	**54.7**	**19**	**7.3**	**1,660**	**61.3**

Table 7.3 Deaths due to chronic lower respiratory diseases, Rate per 100,000 by age group, 2016-2020

Year	< 25		25 to 44		45 to 64		65 and over	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2016	3	.	5	0.7	212	29.2	1430	327.2
2017	1	.	12	1.6	252	35.0	1549	344.6
2018	3	.	7	0.9	285	40.2	1528	330.6
2019	1	.	8	1.1	280	40.0	1483	311.9
2020	2	.	14	1.9	225	32.6	1389	284.4
5-Year Average	**2**	.	**9**	**1.2**	**251**	**35.4**	**1,476**	**319.7**

Deaths due to 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 Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Disaggregated data from the Kansas Department of Health and Environment, Kansas Information for Communities, Death Statistics 2016-2020

Important findings

- The death rate from cardiovascular disease is smaller in Kansas than the national average.
- 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

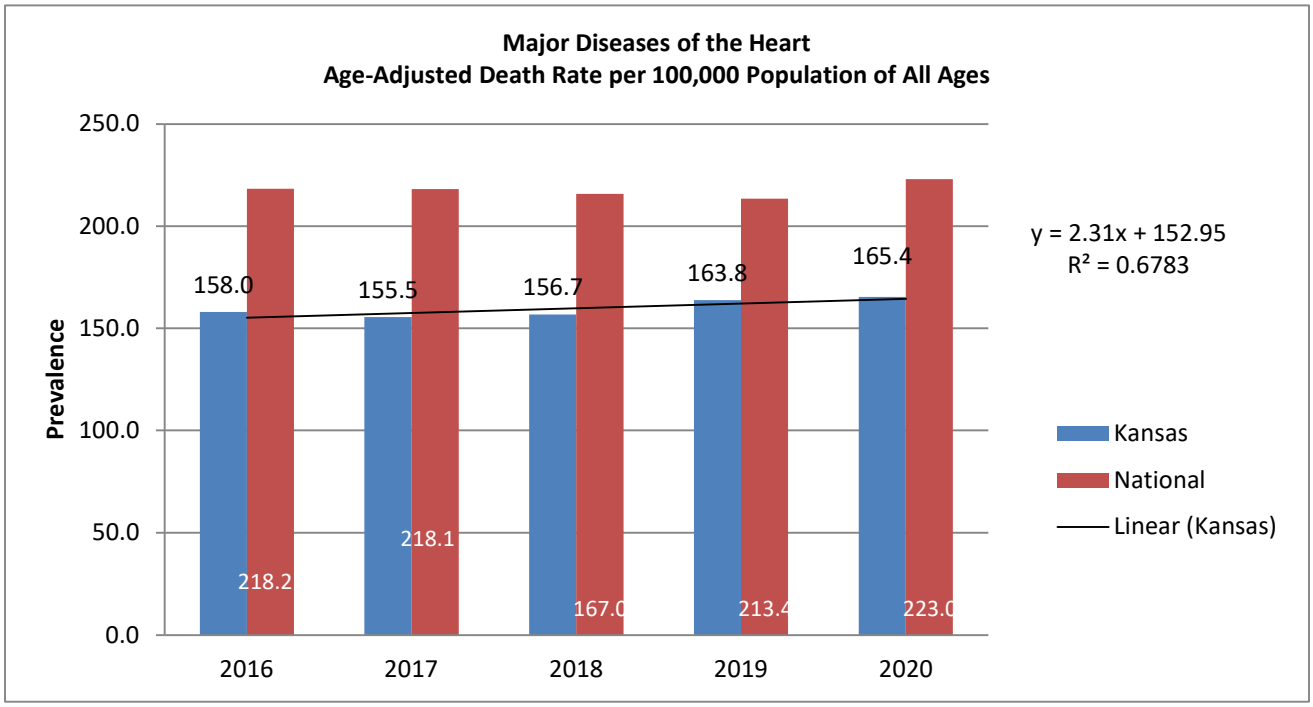


Table 7.4 Deaths due to cardiovascular diseases, Rate per 100,000 by race, 2016-2020

Year	All races		White		African American		Other	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2016	5,630	158.0	5,179	154.2	280	188.9	154	218.8
2017	5,636	155.5	5,151	150.6	292	202.8	177	227.2
2018	5,744	156.7	5,243	152.0	293	198.3	190	228.8
2019	6,058	163.8	5,509	158.4	329	217.9	204	229.6
2020	6,202	165.4	5,582	158.7	376	233.7	214	224.8
5-Year Average	**5,854**	**159.9**	**5,333**	**154.8**	**314**	**208.3**	**188**	**225.8**

Table 7.5 Deaths due to cardiovascular diseases, Rate per 100,000 by gender and ethnicity, 2016-2020

Year	Male		Female		Hispanic		Non-Hispanic	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2016	2985	200.0	2645	124.0	121	92.8	5509	150.5
2017	2962	194.6	2674	123.6	133	95.7	5212	149.7
2018	3058	197.8	2684	122.5	137	92.4	5296	150.7
2019	3255	207.8	2803	128.2	143	96.8	5551	156.7
2020	3372	211.1	2830	128.2	168	104.1	5683	158.2
5-Year Average	**3,126**	**202.3**	**2,727**	**125.3**	**140**	**96.4**	**5,450**	**153.2**

Table 7.6 Deaths due to cardiovascular diseases, Rate per 100,000 by age group, 2016-2020

Year	< 25		25 to 44		45 to 64		65 and over	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
2016	8	.	101	13.8	927	127.6	4589	1050.1
2017	3	.	100	13.6	948	130.2	4546	1066.1
2018	11	.	101	13.8	927	127.6	4589	1050.1
2019	6	.	104	14.1	903	125.6	4625	1028.8
2020	13	.	100	13.5	946	133.4	4685	1013.5
5-Year Average	**8**	.	**101**	**13.8**	**930**	**128.9**	**4,607**	**1,041.7**

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 2016 - 2020

Important findings

- Adult marijuana use in Kansas, as well as the national average, has shown an increasing trend over the past five years.
- Kansas marijuana use among adults is lower than the national average.
- Marijuana use is highest in the 18-25 age range for adults.

Graph of Five-Year Trend

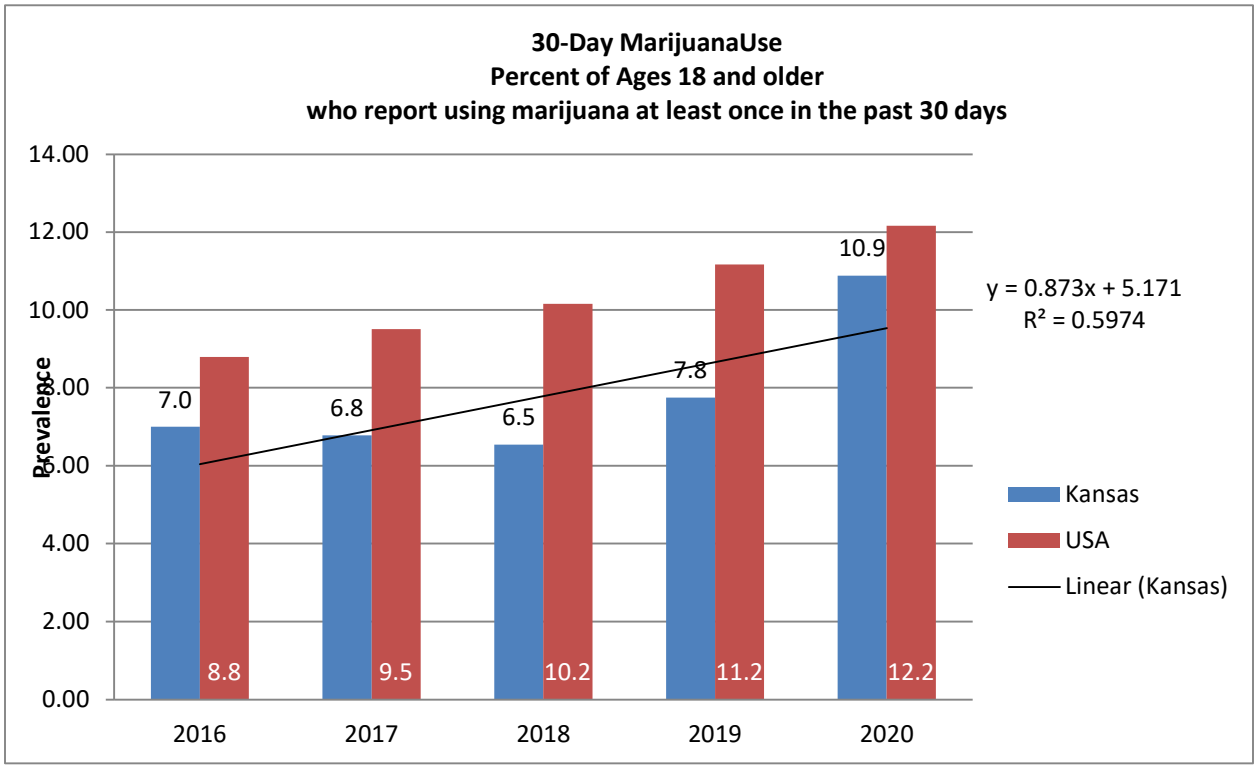


Table 8.1 Percent of adults having used marijuana in the past 30 days by age group, 2016-2020

Year	Ages 12-17	Ages 18-25	Ages 12+	Ages 18+	Ages 26+
2016	6.2	15.7	6.9	7.0	5.4
2017	5.2	16.0	6.6	6.8	5.1
2018	4.5	14.5	6.3	6.5	5.1
2019	5.0	15.4	7.5	7.8	6.4
2020	6.2	21.6	10.4	10.9	9.0
5-Year Average	**5.4**	**16.7**	**7.6**	**7.8**	**6.2**

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?

Research has shown that marijuana use can have a negative impact on physical health, psychological well-being, and multiple psychosocial outcomes. Adolescents who used marijuana more frequently and began using marijuana at an earlier age experience worse outcomes and long-lasting effects. This negative impact is also seen in the classroom. Researchers have found that compared to students who abstained, students who began using marijuana were less likely to attend class regularly, complete homework, and achieve or value good grades.

Where did we get the data?

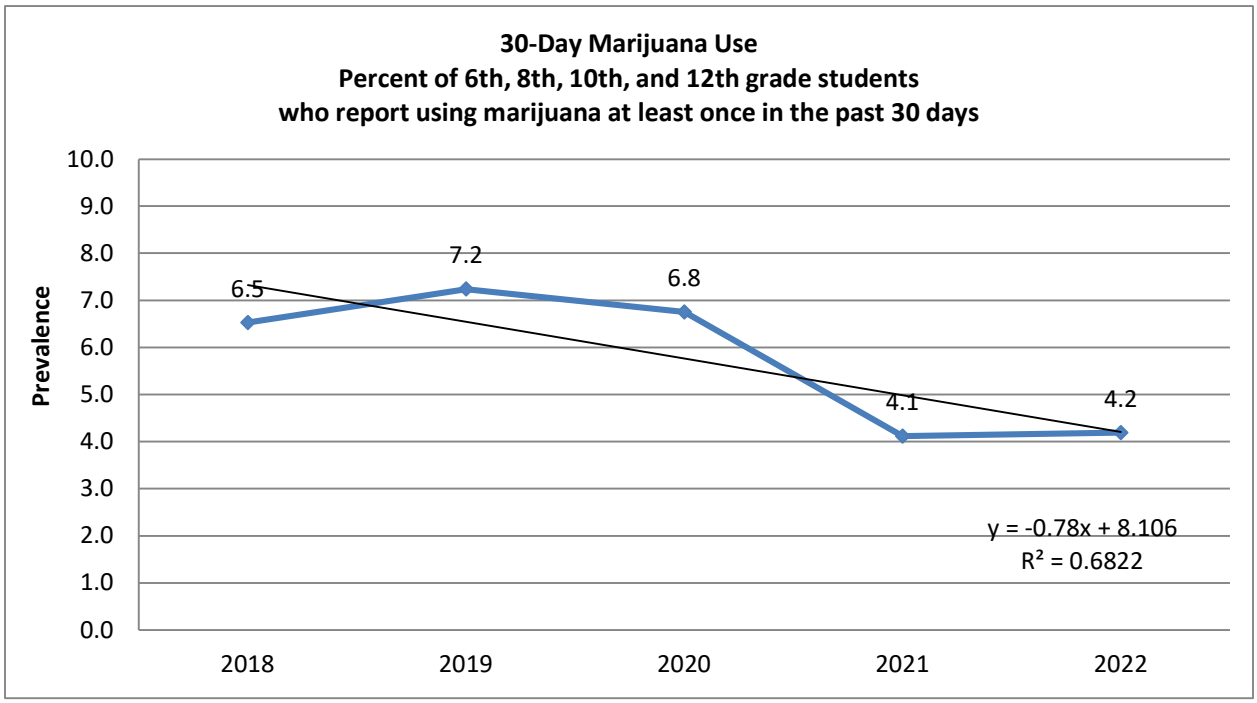
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

National comparison data taken from the Monitoring The Future student survey, 2018-2021

Important findings

- Reported youth use of marijuana has decreased since 2020 and reported use in Kansas is below the national average.
- While the fiver-year average reported marijuana use shows little difference between males and females, in 2021 and 2022, a larger percentage of females reported past 30-day use than males.
- African American students and students of Hispanic ethnicity had the largest percentages reporting past 30-day marijuana use.

Graph of Five-Year Trend



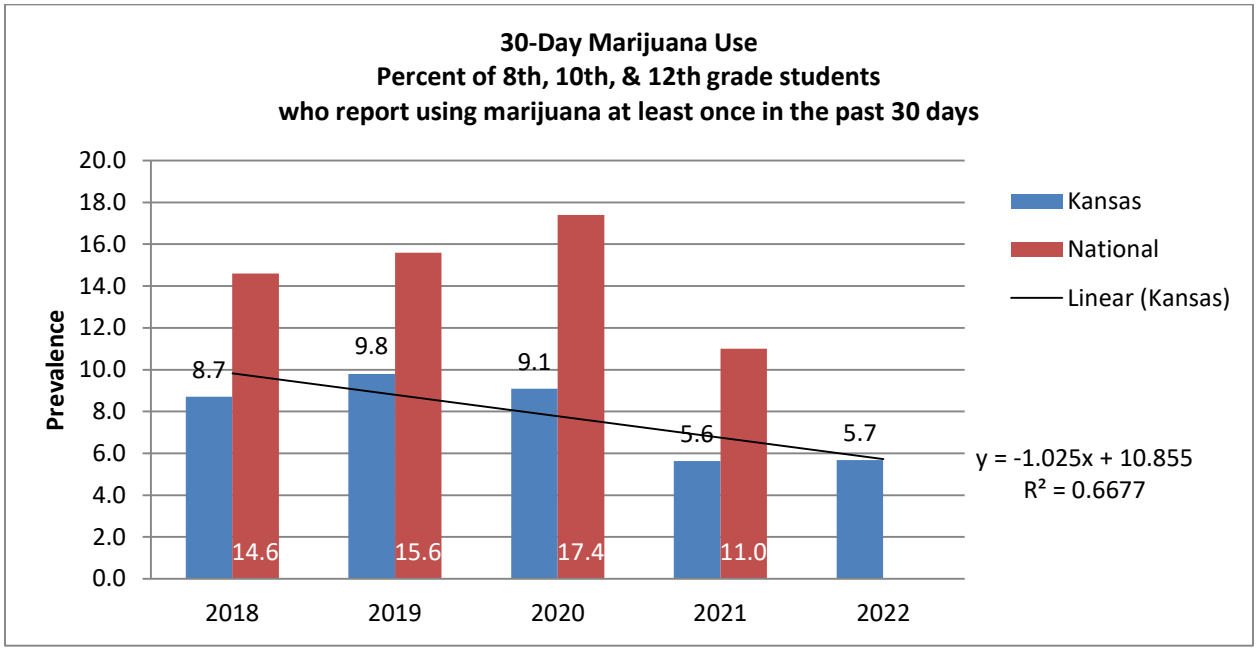


Table 8.2 Percent of students in grades 6, 8, 10, and 12 having used marijuana in the past 30 days by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	6.5	0.6	3.7	9.8	15.2	6.5	6.5
2019	7.2	0.6	4.6	10.6	16.8	7.4	7.1
2020	6.8	0.6	3.7	10.4	15.7	6.6	6.9
2021	4.1	0.2	1.5	6.7	10.9	3.9	4.4
2022	4.2	0.4	2.0	6.3	11.3	3.8	4.6
5-Year Average	**5.8**	**0.5**	**3.1**	**8.7**	**14.0**	**5.6**	**5.9**

Table 8.3 Percent of students in grades 6, 8, 10, and 12 having used marijuana in the past 30 days by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	6.1	8.3	7.6	3.5	8.5	8.5	6.0
2019	6.9	8.7	6.6	3.2	6.7	9.1	6.7
2020	6.4	7.4	6.6	3.0	7.9	9.1	6.0
2021	4.3	4.0	4.9	1.4	3.0	4.9	3.9
2022	4.3	4.3	4.1	1.6	2.9	5.1	3.9
5-Year Average	**5.6**	**6.6**	**5.9**	**2.5**	**5.8**	**7.3**	**5.3**

Attitudes Favorable to Marijuana Use - Youth: Percent of 6th, 8th, 10th, and 12th grade students reported "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?

There is a national trend toward young people taking more permissive views about marijuana. Favorable attitudes toward marijuana use have been identified as a risk factor associated with experimentation or more regular use, as indicated by measures of past 30-day or lifetime use. Additionally, 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, 2018-2022.

Important findings

- The portion of students who feel it is "not wrong at all" for someone their age to use marijuana has been decreasing in Kansas over the past two years.
- Favorable attitude toward marijuana use increases with age.
- African American students and students of Hispanic ethnicity have the highest rate of approval of marijuana use.

Graph of Five-Year Trend

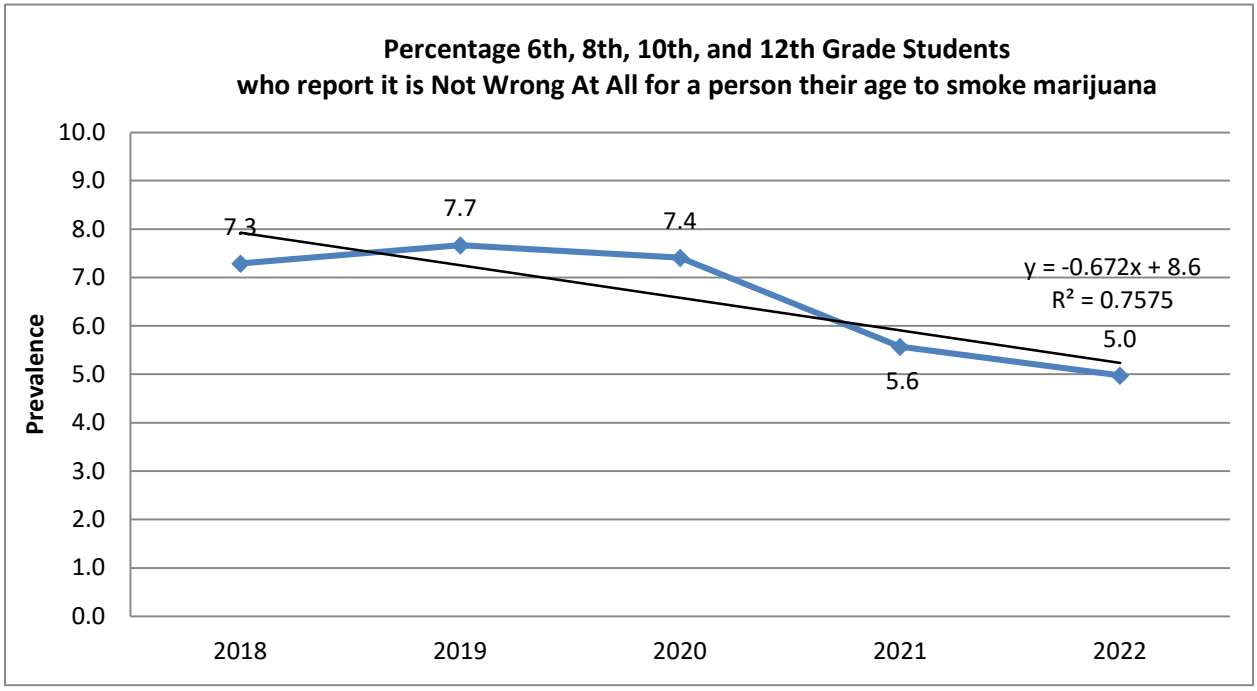


Table 8.4 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward marijuana use by grade and gender

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	7.3	0.8	4.3	11.1	17.2	8.1	6.5
2019	7.7	0.8	4.6	11.4	18.4	8.4	6.9
2020	7.4	0.7	3.9	11.5	18.1	8.1	6.8
2021	5.6	0.4	2.1	8.1	15.6	5.5	5.7
2022	5.0	0.6	2.0	7.2	14.3	4.9	5.1
5-Year Average	**6.6**	**0.7**	**3.4**	**9.9**	**16.7**	**7.0**	**6.2**

Table 8.5 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward marijuana use by race and ethnicity

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	6.8	8.9	7.2	5.1	7.6	8.9	6.9
2019	7.3	8.7	8.9	5.1	6.7	9.0	7.3
2020	7.1	8.5	5.7	4.4	7.2	8.9	7.0
2021	5.7	6.9	6.5	2.8	3.3	6.3	5.4
2022	5.1	6.0	3.7	2.6	3.1	6.0	4.6
5-Year Average	**6.4**	**7.8**	**6.4**	**4.0**	**5.6**	**7.8**	**6.2**

Driving Under the Influence of Marijuana – Young Adults (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 impairs judgment, 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 Surveys, 2017, 2019, and 2021

Important findings

- The portion of respondents who have driven under the influence in the past year is slightly higher among young adults who are not currently enrolled in college.
- Young adults of Hispanic ethnicity reported markedly higher affirmative responses in 2017 (29.2%) than young adults who are not Hispanic (14.8%) but showed no significant difference in 2019 and were lower than those who are not Hispanic in 2021.
- Young adults reporting $30,000 to $39,999 in annual income had the largest three-year average of driving under the influence of marijuana.

Graph of Three-Year Trend

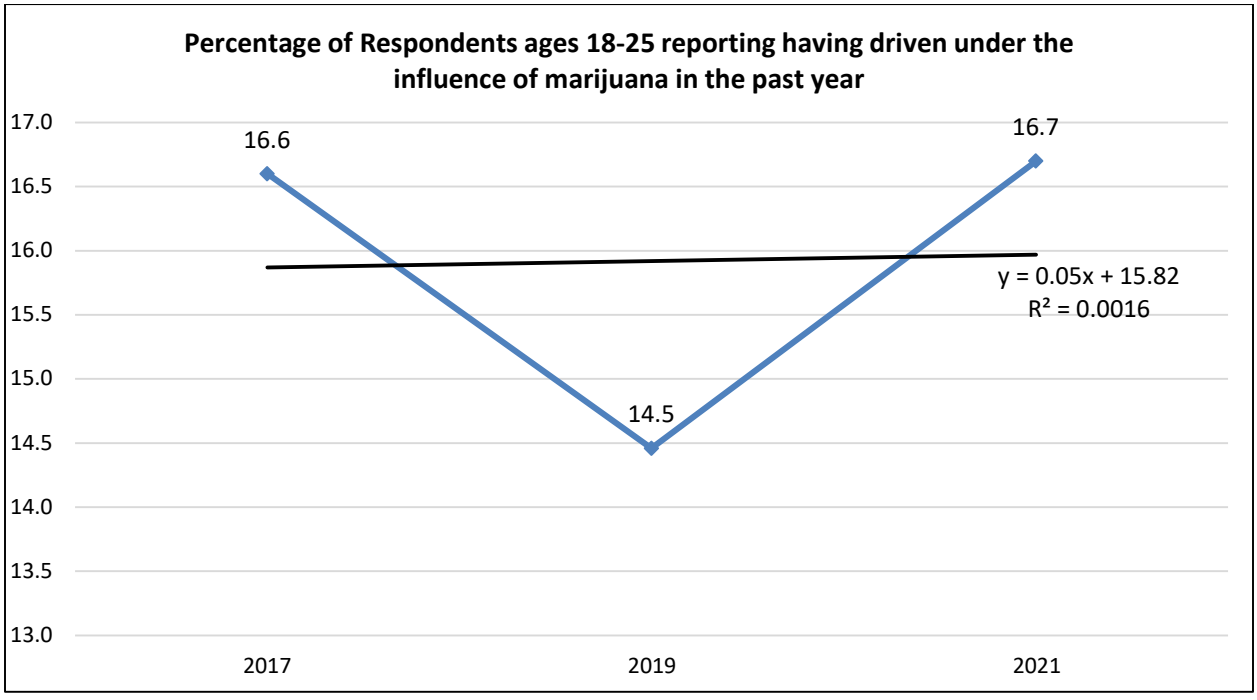


Table 8.6 Percentage of respondents ages 18-25 who report having driven under the influence of marijuana within the past year by college enrollment status and gender, 2017-2021

Year	Overall	School Enrollment Status		Gender				
		In College	Not in College	Male	Female	Non-Binary	Unsure	Other
2017	16.6	13.74	19.7	17.1	16	Not Asked	Not Asked	0
2019	14.5	11.7	18	16.7	12	Not Asked	Not Asked	<10
2021	16.7	15.3	18.2	17.4	16.6	13.6	19.6	<10
3-Year Average	**15.9**	**13.6**	**18.6**	**17.1**	**14.9**	**N/A**	**N/A**	**N/A**

Table 8.7 Percentage of respondents ages 18-25 who report having driven under the influence of marijuana within the past year by race and ethnicity, 2017-2021

Year	Race						Ethnicity	
	White	African American	Native American	Asian	Other	Multi-Racial	Hispanic	Not Hispanic
2017	17.4	8.3	<10	0.0	13.5	24.5	29.2	14.8
2019	14.0	14.7	<10	14.9	0.0	20.8	14.8	14.4
2021	16.7	13.7	<10	21.9	2.5	22.9	12.1	17.3
3-Year Average	**16.0**	**12.2**	**N/A**	**12.3**	**5.3**	**22.7**	**18.7**	**15.5**

Table 8.8 Percentage of respondents ages 18-25 who report having driven under the influence of marijuana within the past year by income, 2017-2021

Year	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
2017	16.5	14.0	20.1	19.1	9.8	28.1	40.7	21.8
2019	10.9	25.7	28.7	8.8	9.9	2.7	5.4	<10
2021	17.1	17.1	19.0	20.1	11.2	3.2	<10	<10
3-Year Average	**14.8**	**18.9**	**22.6**	**16.0**	**10.3**	**11.3**	**N/A**	**N/A**

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 2016 - 2020

Important findings

- The portion of adults who believe there is great risk in smoking marijuana has been steadily declining over the past five years.
- National rates of perception of harm from marijuana use are higher than found in Kansas.
- Perception of risk is lower in the 18 to 25 age group than in the 26 and older group.

Graph of Five-Year Trend

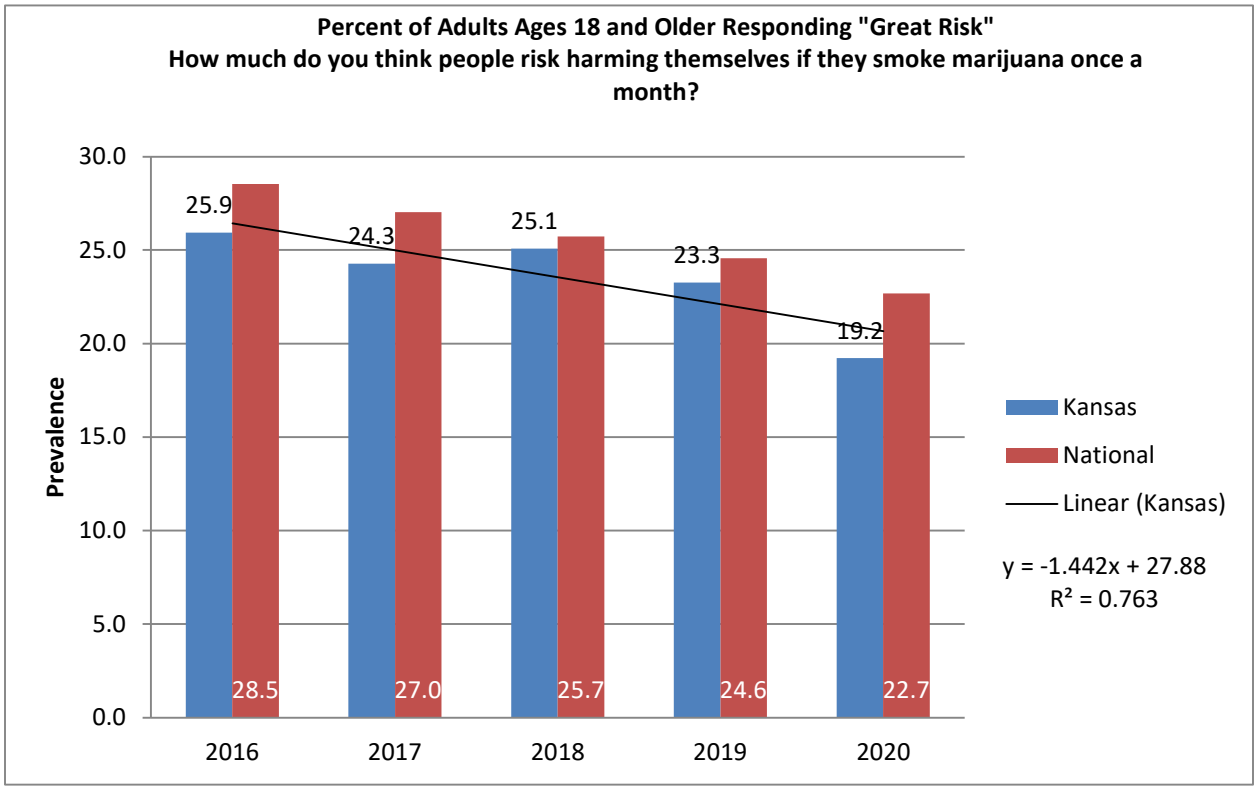


Table 8.9. Percent of adults who believe there is great risk of harm in using marijuana once a month by age group, 2013-2018

Year	Ages 18-25	Ages 12+	Ages 18+	Ages 26+
2016	26.2	28.1	14.1	28.3
2017	24.5	26.5	12.3	26.6
2018	24.9	27.0	14.3	23.6
2019	23.1	25.2	12.2	22.0
2020	19.2	20.9	9.7	19.3
5-Year Average	**23.6**	**25.5**	**12.5**	**24.0**

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

Why is this indicator important?

Marijuana is the most commonly used illicit drug in the United States and many Americans do not perceive it as potentially harmful. Additionally, data from a collection of cross-sectional surveys of middle and high school students indicated that attitudes about the risks associated with substance use are closely related to use.

Where did we get the data?

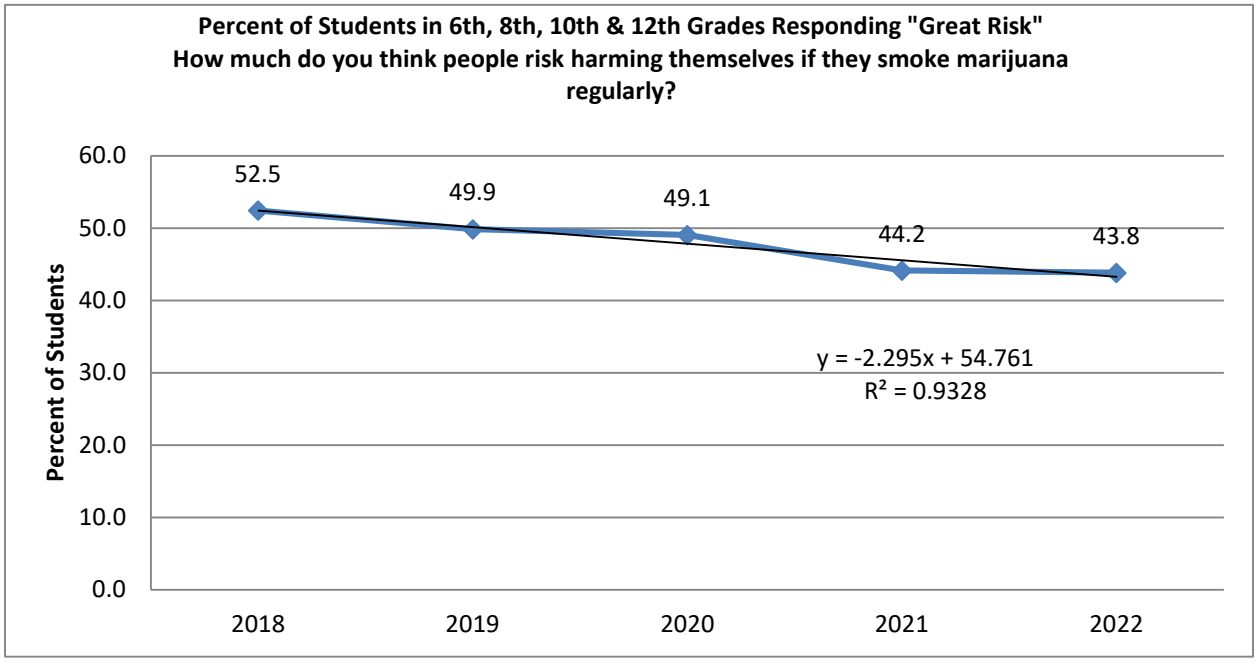
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

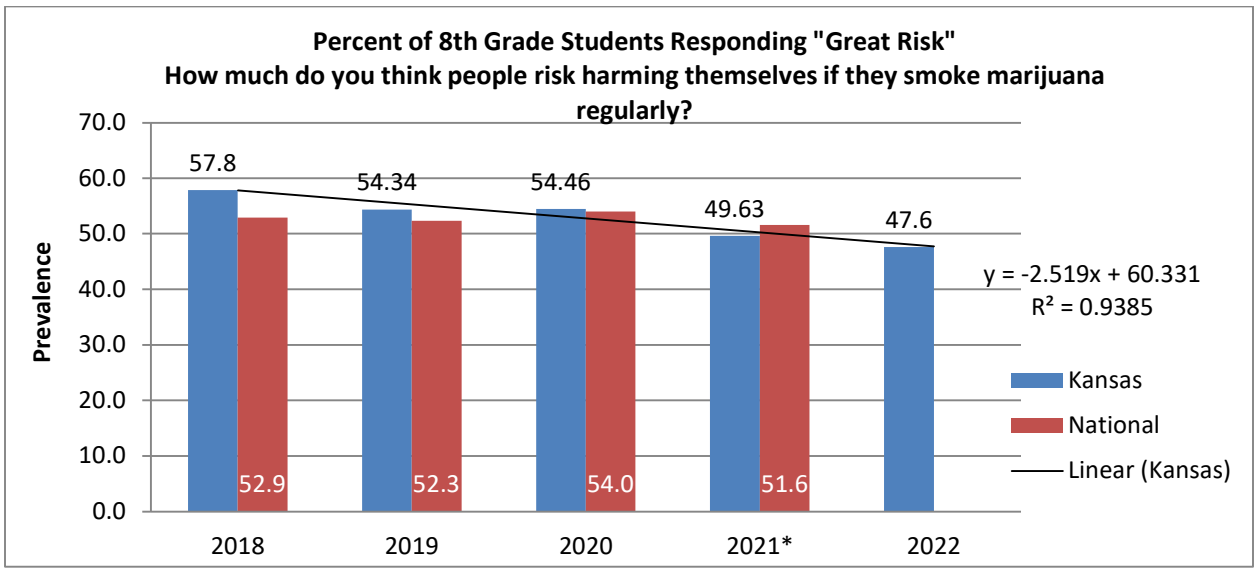
National comparison data taken from the Monitoring The Future student survey, 2018-2021

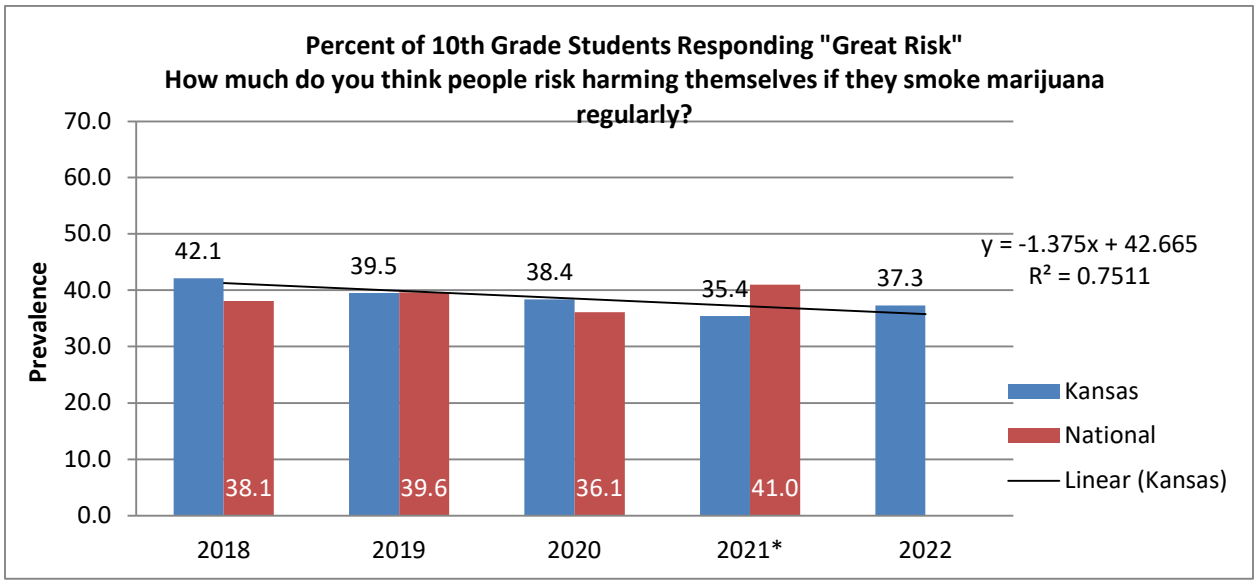
Important findings

- The portion of students who feel there is great risk for someone their age to use marijuana has decreased over the past five years.
- Perception of risk of marijuana use decreases with age.
- African American students and students of Hispanic ethnicity have lower perceived risk of harm from marijuana use than do white students.
- Female students have a greater degree of perceived risk of harm than 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
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
57.8
54.34
54.46
49.63
47.6
52.9
52.3
54.0
51.6
2018
2019
2020
2021*
2022
y = -2.519x + 60.331
R² = 0.9385
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
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
42.1
39.5
38.4
35.4
37.3
38.1
39.6
36.1
41.0
2018
2019
2020
2021*
2022
y = -1.375x + 42.665
R² = 0.7511
Kansas
National
Linear (Kansas)

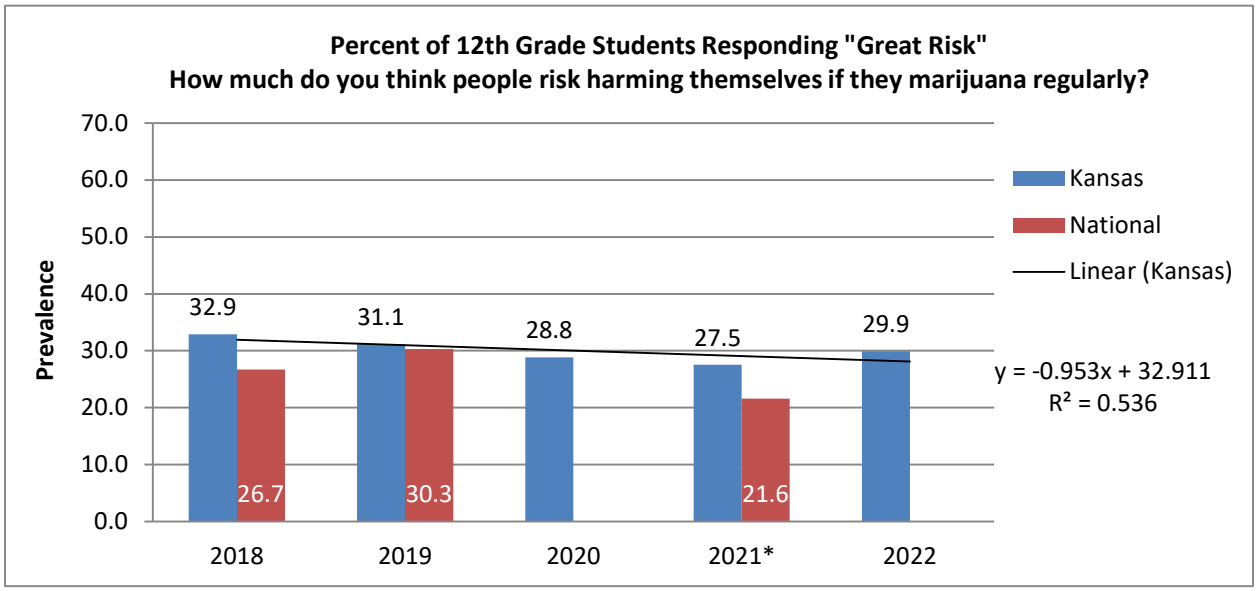

Percent of 12th Grade Students Responding "Great Risk"
How much do you think people risk harming themselves if they marijuana regularly?
Prevalence
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
32.9
31.1
28.8
27.5
29.9
26.7
30.3
21.6
2018
2019
2020
2021*
2022
Kansas
National
Linear (Kansas)
y = -0.953x + 32.911
R² = 0.536

Table 8.10 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in smoking marijuana regularly by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	52.5	69.3	57.8	42.1	32.9	49.6	55.3
2019	49.9	66.6	54.3	39.5	31.1	46.8	52.9
2020	49.1	66.2	54.5	38.4	28.8	46.1	51.9
2021	44.2	57.1	49.6	35.4	27.5	42.2	46.1
2022	43.8	54.1	47.6	37.3	29.9	42.1	45.6
5-Year Average	**47.9**	**62.6**	**52.8**	**38.5**	**30.1**	**45.4**	**50.4**

Table 8.11 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in smoking marijuana regularly by race, 2018-2022

Year	Overall	Single Race					Hispanic (of any race)
		White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native	
2018	52.5	54.6	40.5	44.9	60.4	47.9	44.6
2019	49.9	51.8	38.3	42.4	60.4	47.7	43.1
2020	49.1	50.9	37.9	46.8	58.6	43.4	42.2
2021	44.2	45.2	37.1	37.3	54.7	43.9	38.4
2022	43.8	45.2	35.0	35.7	53.3	43.9	38.1
5-Year Average	**47.9**	**49.5**	**37.8**	**41.4**	**57.5**	**45.4**	**41.3**

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, 2018-2022

Important findings

- The percentage of students reporting marijuana use prior to the age of 13 has decreased slightly over the past five years.
- Males were more likely to report early initiation of marijuana use than females.
- Asian students were the least likely to have used marijuana prior to age 13.

Graph of Five-Year Trend

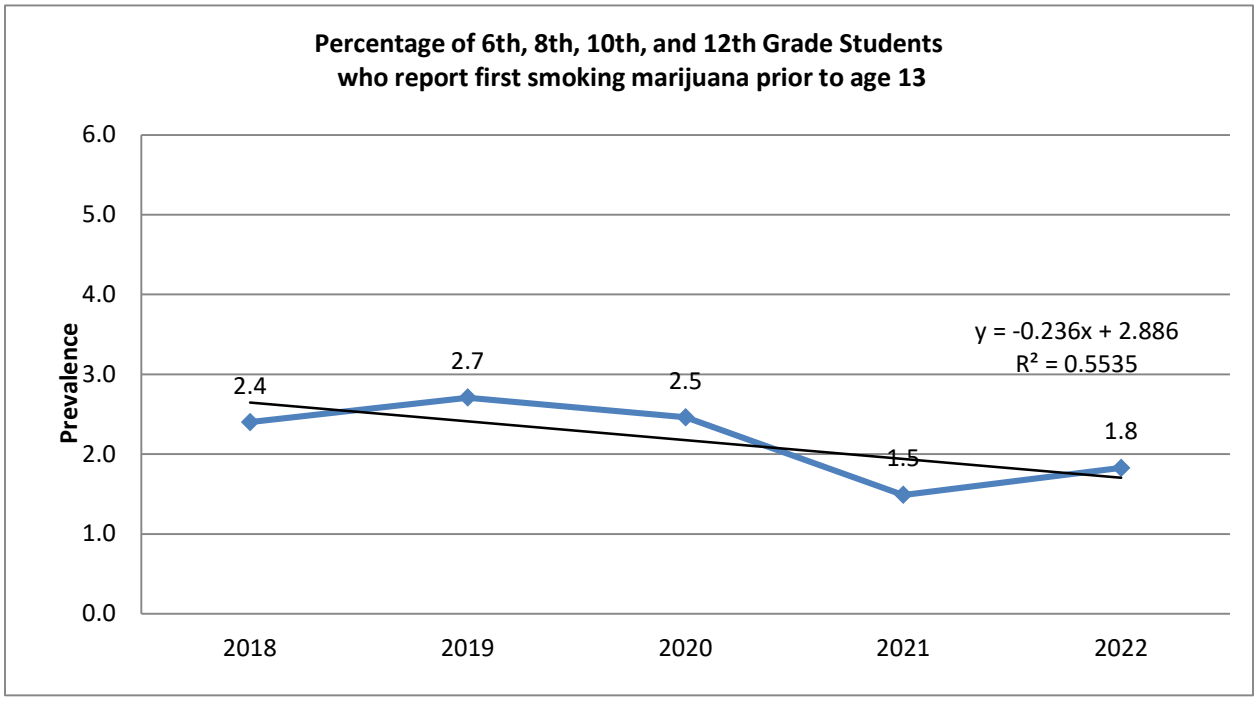


Table 8.12 Percent of students in grades 6, 8, 10, and 12 who report having used marijuana prior to age 13 by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	2.4	1.0	3.1	3.1	2.7	2.8	2.0
2019	2.7	1.2	3.7	3.3	2.7	3.2	2.2
2020	2.5	1.2	3.3	2.9	2.5	2.8	2.1
2021	1.5	0.7	1.7	2.1	1.6	1.5	1.4
2022	1.8	0.9	2.3	2.3	2.0	1.8	1.9
5-Year Average	**2.2**	**1.0**	**2.8**	**2.7**	**2.3**	**2.4**	**1.9**

Table 8.13 Percent of students in grades 6, 8, 10, and 12 who report having used marijuana prior to age 13 by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	1.9	3.9	4.3	0.9	4.3	3.9	2.0
2019	2.1	4.8	5.0	1.2	4.4	4.1	2.3
2020	1.8	4.4	4.0	0.8	4.6	3.8	2.1
2021	1.3	1.7	2.9	0.4	1.8	2.0	1.4
2022	1.6	2.8	2.2	0.4	2.0	2.3	1.7
5-Year Average	**1.7**	**3.5**	**3.7**	**0.7**	**3.4**	**3.2**	**1.9**

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

- New admissions for all age groups have been declining over the past five years.
- Treatment admissions for marijuana are predominantly white, non-Hispanic males.
- The highest admissions were found in the 18 to 25 and 26 to 35 age groups (each 25.1%).

Graphs of Five-Year Trends

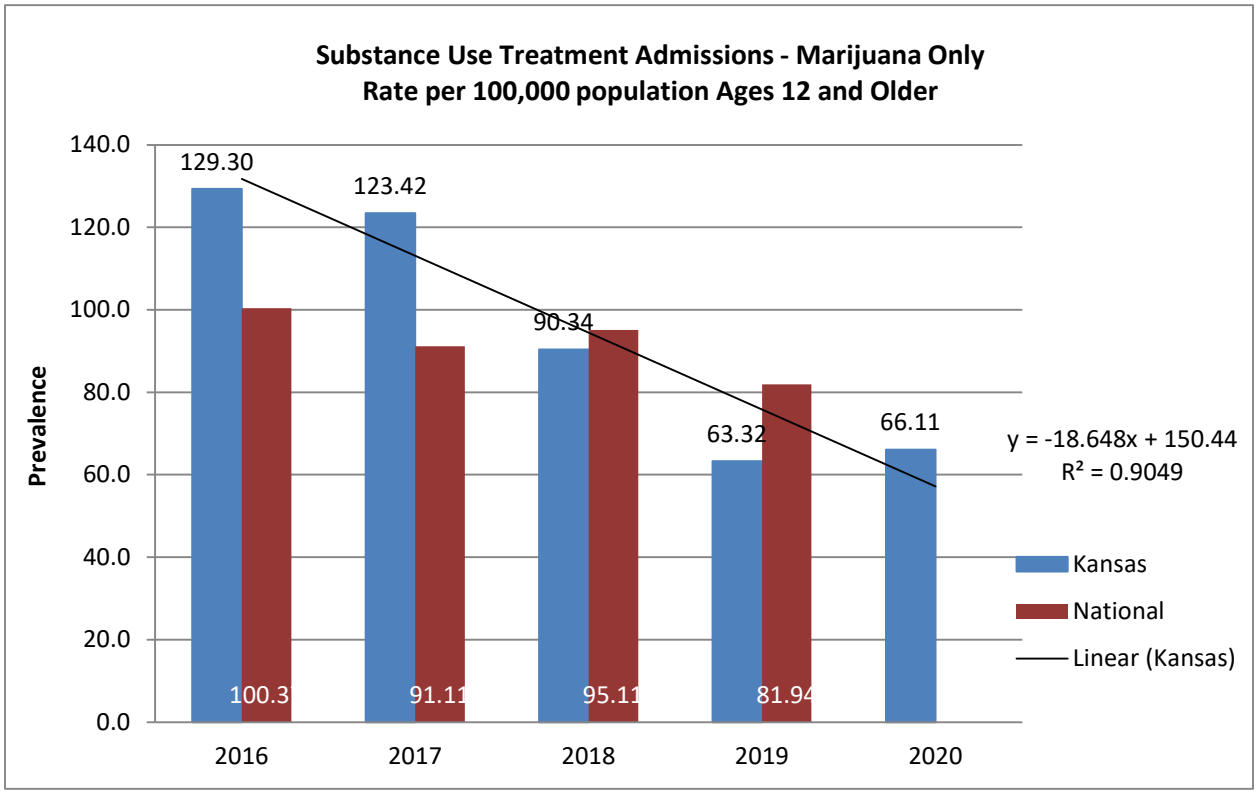


Table 9.1 Total count and percent admissions for marijuana treatment (primary substance) by gender and age group, 2016-2020

Year	Total	Gender		Age Group				
		Female	Male	12 - 17	18 - 25	26 - 35	36 - 50	51 +
2016	3,057	30.6%	69.4%	18.9%	23.4%	23.4%	11.8%	3.3%
2017	2,918	30.2%	69.8%	18.2%	24.8%	24.8%	13.1%	3.2%
2018	2,136	32.4%	67.6%	17.7%	24.4%	24.4%	13.2%	2.8%
2019	1,497	37.9%	61.9%	19.8%	27.0%	27.0%	15.9%	4.2%
2020	1,563	38.8%	61.2%	17.3%	26.0%	26.0%	15.1%	4.0%
5-Year Average	**2234**	**34.0%**	**66.0%**	**18.4%**	**25.1%**	**25.1%**	**13.8%**	**3.5%**

Table 9.2 Total count and percent of admissions for marijuana (as primary substance) by race, 2016-2020

Year	Total	Race					Ethnicity	
		White	African American	American / Alaska Native	Asian / Islander	Other	Hispanic	Non-Hispanic
2016	3,057	62.8%	21.3%	3.0%	1.1%	11.8%	16.2%	83.8%
2017	2,918	62.7%	23.1%	2.3%	1.1%	10.9%	15.9%	84.1%
2018	2,136	64.1%	22.0%	2.4%	0.7%	10.8%	15.4%	84.6%
2019	1,497	47.6%	13.4%	1.1%	0.4%	4.7%	13.1%	68.7%
2020	1,563	56.5%	15.5%	1.5%	0.5%	6.9%	12.3%	70.0%
5-Year Average	**2234**	**58.7%**	**19.1%**	**2.1%**	**0.8%**	**9.0%**	**14.6%**	**78.2%**

Prescription Drug Indicators

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

Why is this indicator important?

Opioid prescribing rates provide information about provider and patient behaviors that may contribute to the opioid epidemic. Ensuring that only appropriate patients are prescribed opioids for durations and doses that match their condition is important. After a steady increase in the overall national opioid dispensing rate starting in 2006, the total number of prescriptions dispensed peaked in 2012 at a rate of 81.3 prescriptions per 100 persons. The national rate declined from 2012 to 2020 with a rate of 43.3. per 100 persons (https://www.cdc.gov/drugoverdose/rxrate-maps/index.html).

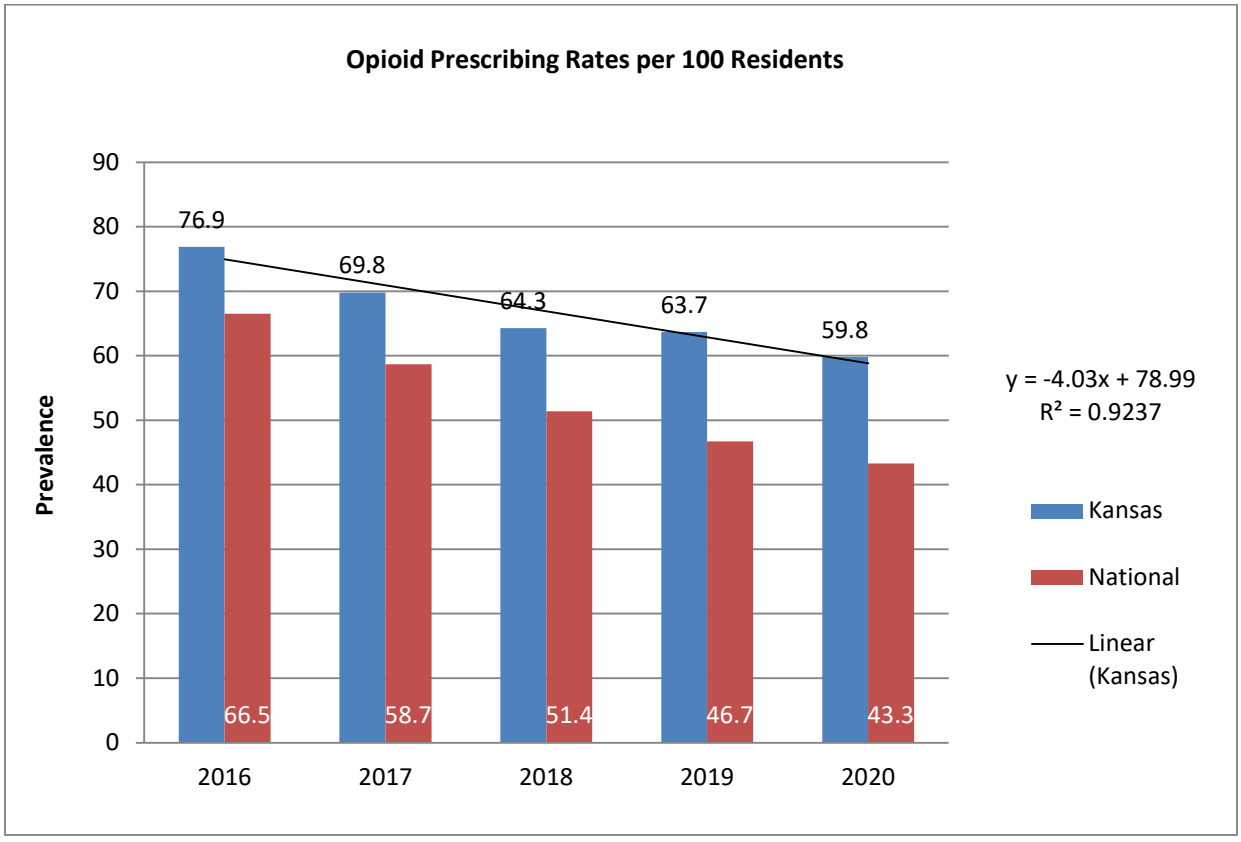
Where did we get the data?

Centers for Disease Control and Prevention – National Center for Injury Prevention and Control: U.S. Prescribing Rate Maps by State, 2016-2020

Important findings

- Nationally and in Kansas, opioid prescribing rates have declined the past five years.
- Kansas prescribing rates remained approximately 10 persons per 100 higher than the national average from 2016 to 2020.

Graphs of Five-Year Trends



30-Day Prescription Drug Misuse– 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?

Abuse of prescription drugs 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.

Where did we get the data?

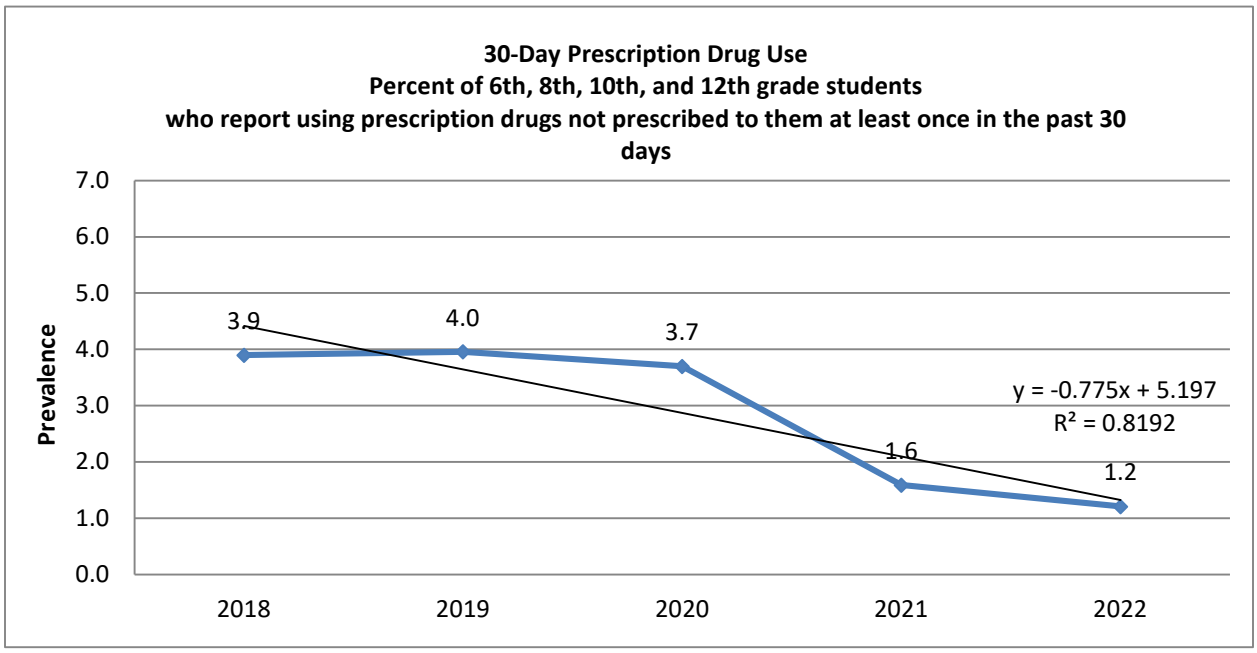
Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

National comparison data taken from the Monitoring The Future student survey, 2018-2021

Important findings

- There has been a small reduction in the percentage of Kansas students that reported prescription drug misuse in the past five years.
- Kansas prescription drug misuse by youth was lower than the national average starting in 2021.
- There was no significant difference in reported misuse between male and female students.

Graphs of Five-Year Trends



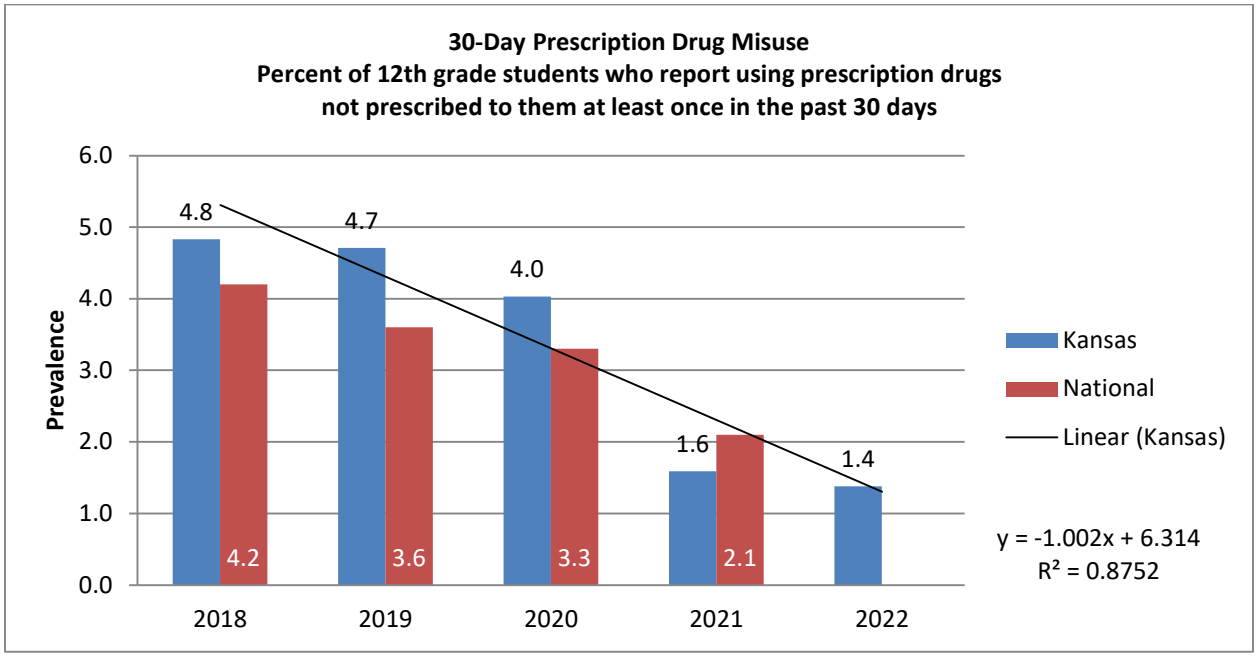


Table 10.1 Percent of students in grades 6, 8, 10, and 12 who report having taken prescription drugs not prescribed to them in the past 30 days by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	3.9	2.8	3.8	4.3	4.8	3.7	4.0
2019	4.0	2.9	4.1	4.4	4.7	3.9	4.0
2020	3.7	3.0	4.0	3.9	4.0	3.4	4.0
2021	1.6	1.2	1.8	1.8	1.6	1.3	1.8
2022	1.2	0.9	1.3	1.4	1.4	1.0	1.4
5-Year Average	**2.9**	**2.2**	**3.0**	**3.2**	**3.3**	**2.7**	**3.0**

Table 10.2 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, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	3.7	4.6	4.4	2.1	4.4	4.6	3.7
2019	3.7	4.7	4.0	3.4	5.2	4.5	3.8
2020	3.4	4.7	5.0	2.4	4.3	4.5	3.5
2021	1.5	1.7	2.2	0.9	2.0	1.8	1.5
2022	1.1	1.4	1.9	0.9	1.6	1.3	1.2
5-Year Average	**2.7**	**3.4**	**3.5**	**1.9**	**3.5**	**3.3**	**2.7**

Nonmedical Use of Prescription Pain Relievers - Adults: Percentage of persons ages 18 and older reporting nonmedical use of pain relievers in the past year

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 2016 - 2020

Important findings

- Nationally there has been a reduction in the percentage of adults misusing prescription pain relivers; however, Kansas has shown little change over the past five years.
- Misuse is most prevalent in the 18 to 25 age category.

Graph of Five-Year Trend

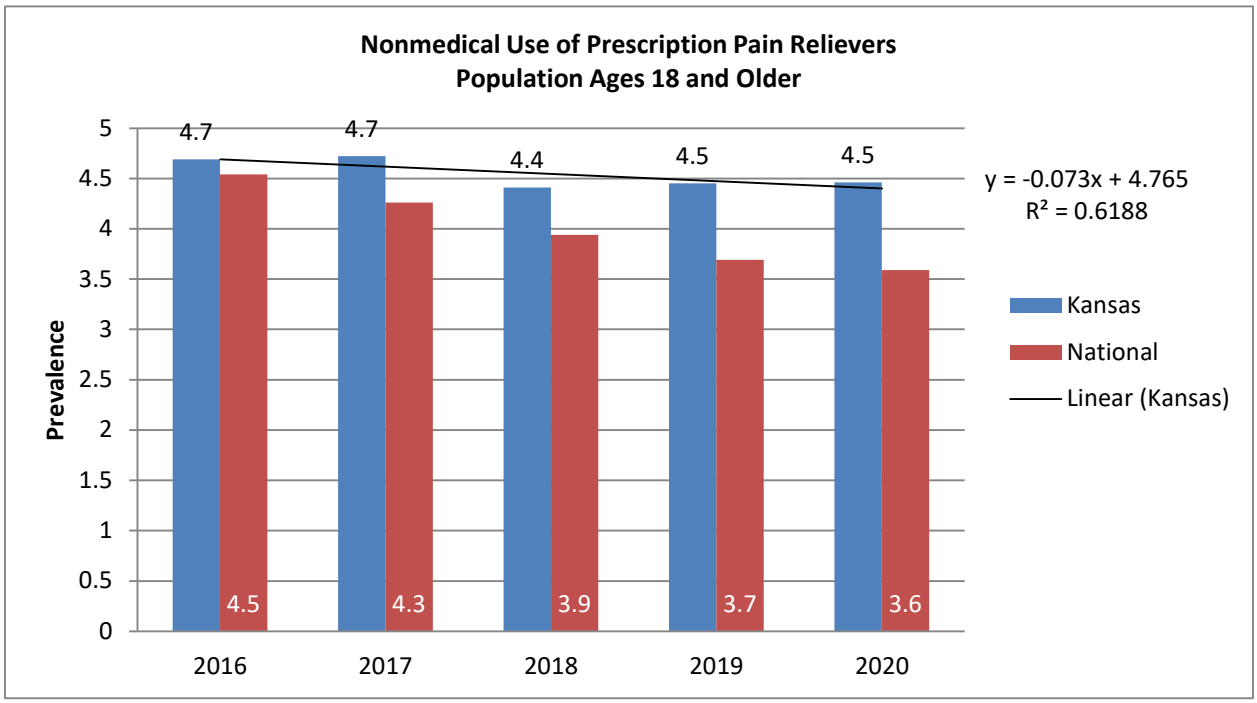


Table 10.3 Percentage of persons reporting nonmedical use of pain relievers in the past month by age group, 2016-2020

Year	Age 12+	Ages 12-17	Ages 18-25	Age 26+	Age 18+
2016	4.7	4.2	8.0	4.1	4.7
2017	4.6	3.6	7.5	4.2	4.7
2018	3.9	2.9	7.3	3.5	4.1
2019	3.8	2.6	6.3	3.5	3.9
2020	3.4	2.1	5.6	3.2	3.6
5-Year Average	**4.1**	**3.1**	**6.9**	**3.7**	**4.2**

30-Day Misuse 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, 2018-2022

Important findings

- Overall nonmedical use of prescription pain relievers has decreased among Kansas youth over the past five years.
- A larger percentage of female students reported misuse of prescription pain relivers than males.

Graph of Five-Year Trend

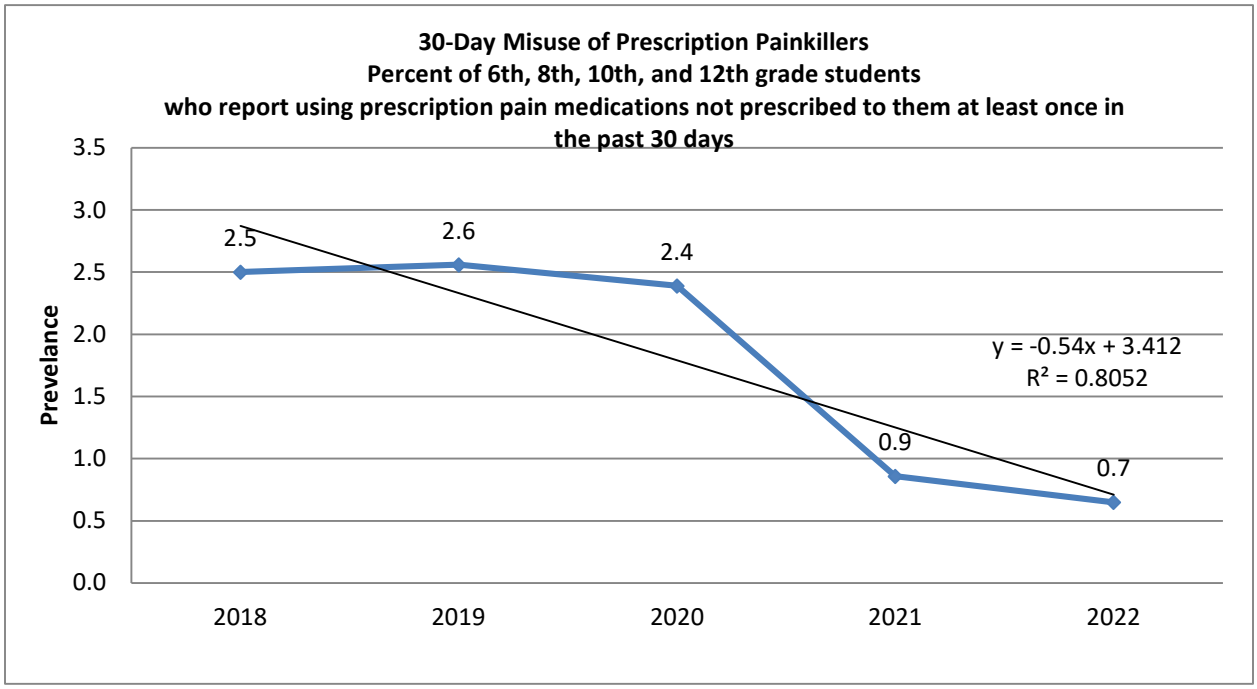


Table 10.4 Percent of students in grades 6, 8, 10, and 12 who report having taken prescription pain relievers not prescribed to them in the past 30 days by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	2.5	2.2	2.7	2.5	2.5	2.3	2.7
2019	2.6	2.2	2.9	2.8	2.4	2.4	2.7
2020	2.4	2.3	2.8	2.3	2.0	2.1	2.6
2021	0.9	0.8	1.1	0.8	0.7	0.7	1.1
2022	0.7	0.6	0.7	0.7	0.6	0.5	0.8
5-Year Average	**1.8**	**1.6**	**2.0**	**1.8**	**1.6**	**1.6**	**2.0**

Table 10.5 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, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	2.3	3.0	3.3	1.6	3.0	3.0	2.4
2019	2.4	3.5	2.2	2.2	3.4	2.9	2.4
2020	2.1	3.2	3.5	1.9	2.7	2.9	2.2
2021	0.8	1.1	1.3	0.6	1.3	1.0	0.8
2022	0.6	0.9	1.4	0.6	0.9	0.7	0.6
5-Year Average	**1.6**	**2.3**	**2.3**	**1.4**	**2.3**	**2.1**	**1.7**

Attitudes Favorable toward Prescription Drug Use - Youth: Percent of 6th, 8th, 10th, and 12th grade students reported “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, 2018-2022

Important findings

- Students who feel it is “not wrong at all” for someone their age to use prescription drugs not prescribed to them has decreased slightly over the past five years.
- Favorable attitudes toward prescription drug use increased with age.
- A larger percentage of African American students reported rates of approval of misuse than other students.
- A larger percentage of male students reported approval of prescription rain reliver misuse than females.

Graph of Five-Year Trend

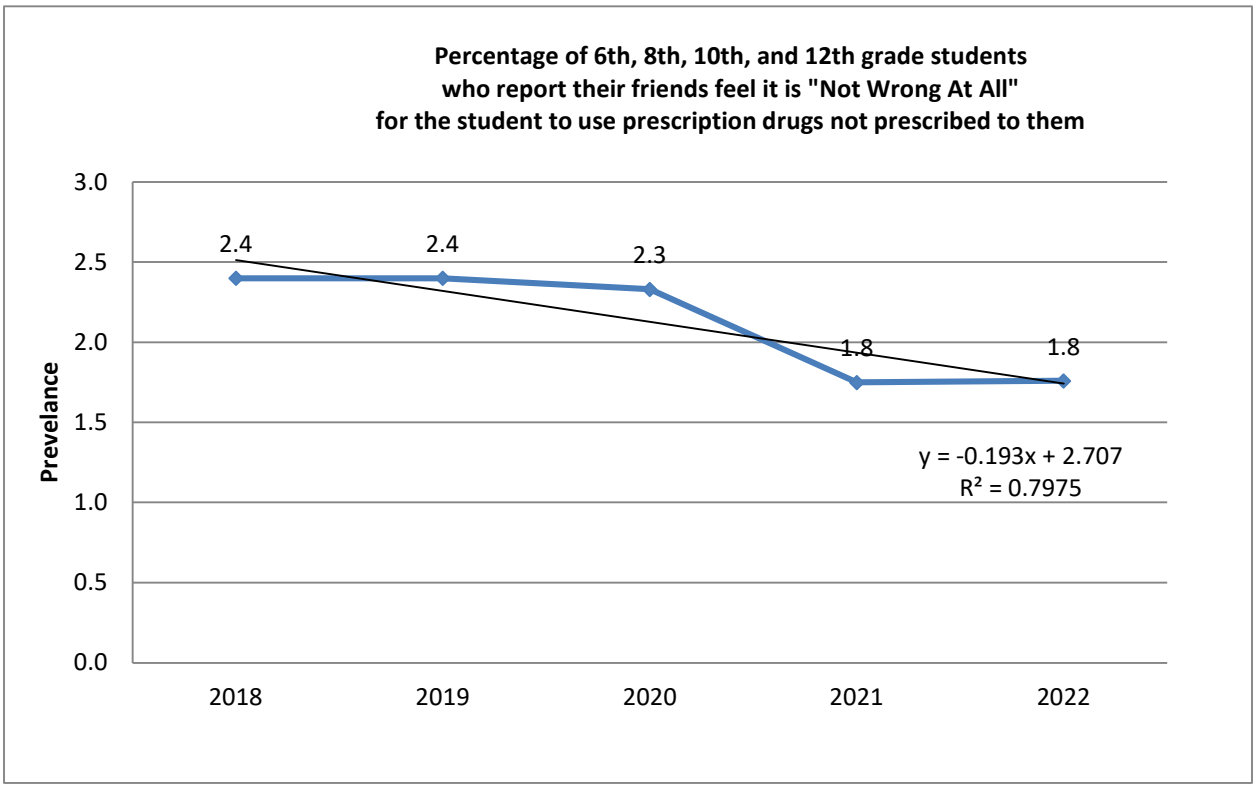


Table 10.6 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward prescription drug use by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	2.4	1.0	2.0	3.2	4.1	3.0	1.8
2019	2.4	1.0	2.0	3.1	4.1	2.9	1.9
2020	2.3	1.0	1.8	3.4	3.8	2.8	1.8
2021	1.8	0.6	1.3	2.6	3.2	1.9	1.6
2022	1.8	0.8	1.3	2.4	3.3	1.9	1.7
5-Year Average	**2.1**	**0.9**	**1.7**	**2.9**	**3.7**	**2.5**	**1.7**

Table 10.7 Percent of students in grades 6, 8, 10, and 12 with a favorable attitude toward prescription drug use by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	2.2	3.0	2.6	1.5	2.0	2.8	2.3
2019	2.1	3.5	1.8	1.8	2.2	3.1	2.2
2020	2.1	3.0	1.7	1.5	2.8	2.9	2.2
2021	1.6	2.7	0.9	1.3	1.7	2.1	1.7
2022	1.7	2.8	2.3	1.0	1.5	2.0	1.7
5-Year Average	**2.0**	**3.0**	**1.8**	**1.4**	**2.0**	**2.6**	**2.0**

Perception of Great Risk of Harm from Prescription Drug Misuse - Youth: Percent of youth in grades 6, 8, 10, and 12 who reported "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?

A common misperception is that prescription drugs are safer or less harmful to one's body than other kinds of drugs which may result in a false perception that use, and misuse is less risky. However, there are many short- and long-term health consequences associated with prescription drug use, particularly those not prescribed. Educating adolescents and their parents about the risks of drug misuse and abuse can play a role in combating the problem.

Where did we get the data?

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

Important findings

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

Graph of Five-Year Trend

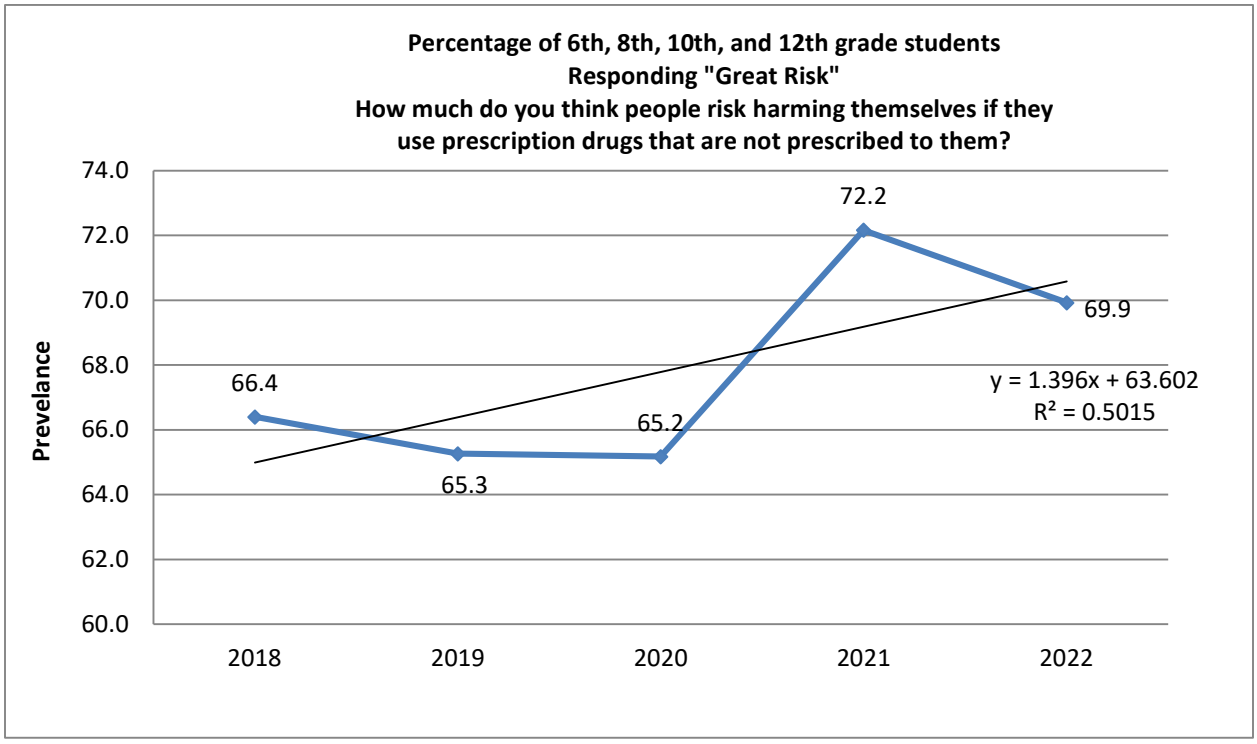


Table 10.8 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in prescription drug use by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	66.4	67.1	67.1	66.2	64.5	63.9	68.7
2019	65.3	64.8	65.3	65.6	65.6	63.1	67.4
2020	65.2	64.8	65.3	65.5	65.3	63.2	67.1
2021	72.2	68.7	72.9	73.6	74.5	70.4	74.0
2022	69.9	66.4	69.7	72.2	73.0	68.3	71.8
5-Year Average	**67.8**	**66.3**	**68.0**	**68.6**	**68.6**	**65.8**	**69.8**

Table 10.9 Percent of students in grades 6, 8, 10, and 12 who believe there is great risk in prescription drug use by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	68.3	55.0	54.0	65.1	59.0	61.5	67.8
2019	67.2	53.1	53.5	65.6	61.4	60.3	66.8
2020	67.4	54.1	57.2	63.5	58.8	61.0	66.6
2021	73.9	65.3	62.8	73.0	63.3	69.6	73.0
2022	72.6	58.8	55.4	69.2	61.2	66.1	71.3
5-Year Average	**69.9**	**57.2**	**56.6**	**67.3**	**60.7**	**63.7**	**69.1**

Perception of Great Risk of Harm from Prescription Drug Misuse - Young Adults: Percent of adults ages 18-25 who reported "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 Surveys, 2017, 2019, and 2021

Important findings

- From 2017 to 2021 there was a slight increase in the percentage of Kansas young adults that reported great risk of harm from prescription drug misuse.
- Young adults in college reported greater risk than young adults not in college.
- Female respondents reported greater perception of harm from prescription drug misuse than males.

Graph of Three-Year Trend

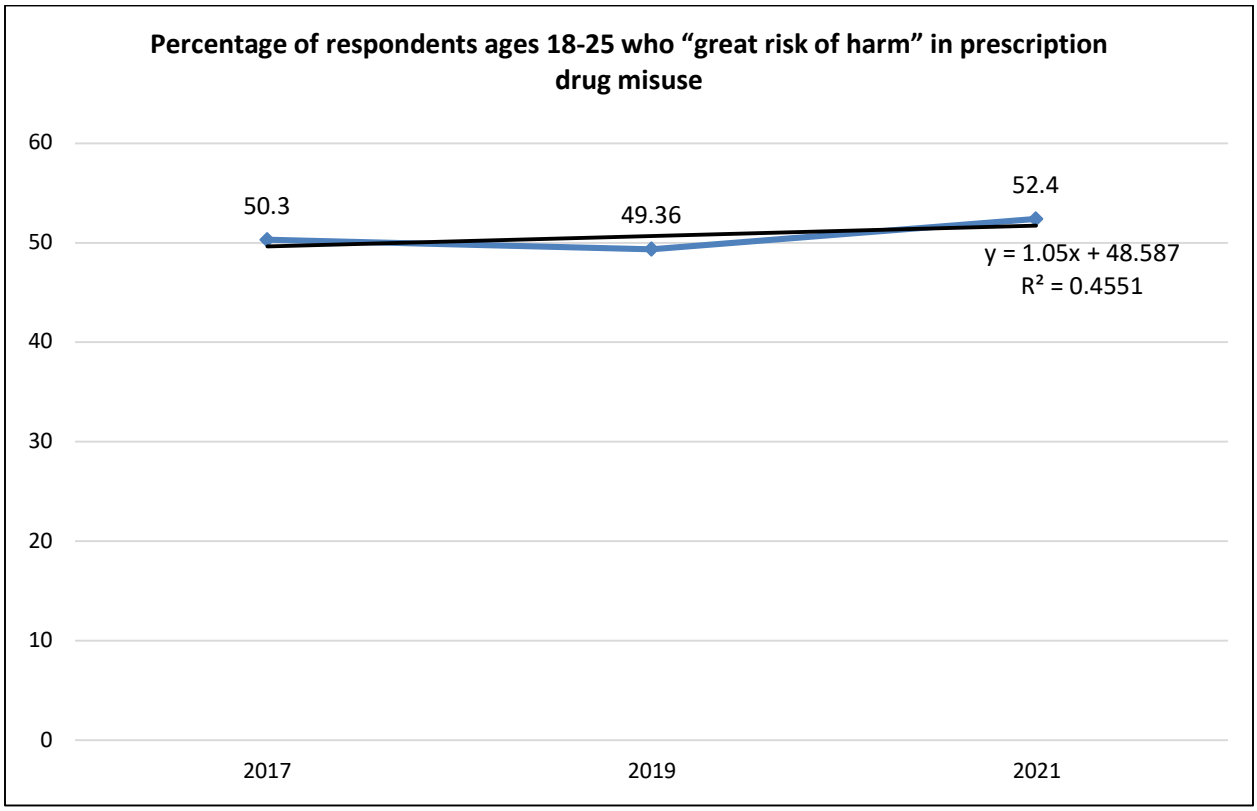


Table 10.10 Percentage of respondents ages 18-25 who believe there is “great risk of harm” in prescription drug misuse by school enrollment status and gender, 2017-2021

Year	Overall	School Enrollment Status		Gender				
		In College	Not in College	Male	Female	Non-Binary	Unsure	Other
2017	50.3	49.2	52.9	40.9	60.6	Not Asked	Not Asked	26.1
2019	49.4	53.1	47	44.9	54	Not Asked	Not Asked	<10
2021	52.4	49.7	53	48.2	59.6	26	60.8	<10
3-Year Average	**50.7**	**50.7**	**51.0**	**44.7**	**58.1**	**N/A**	**N/A**	**N/A**

Table 10.11 Percentage of respondents ages 18-25 who believe there is “great risk of harm” in prescription drug misuse by race and ethnicity, 2017-2021

Year	Race					Ethnicity	
	White	African American	Native American	Asian	Multi-Racial	Hispanic	Not Hispanic
2017	47.7	53.8	<10	66.9	87.6	52.4	49.9
2019	48.4	54.3	<10	50.0	<10	39.4	50.9
2021	52.3	47.9	<10	39.8	61.1	64.5	49.7
3-Year Average	**49.5**	**52.0**	**N/A**	**52.2**	**N/A**	**52.1**	**50.2**

Table 10.12 Percentage of respondents ages 18-25 who believe there is “great risk of harm” in prescription drug misuse by income, 2017-2021

Year	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
2017	51.7	49.9	50.6	41.7	37.2	<10	<10	<10
2019	48.7	46.5	55.4	54.9	44.0	34.6	74.0	<10
2021	54.6	51.9	51.4	47.5	38.7	70.3	<10	<10
3-Year Average	**51.7**	**49.4**	**52.5**	**48.0**	**40.0**	**N/A**	**N/A**	**N/A**

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

Important findings

- Females were more likely to be admitted for opiate use treatment than males.
- New admissions for opiate treatment have shown a decrease over the past five years.
- A higher number of individuals in the 18 to 25 and 26 to 35 age groups were admitted for treatment than any other age groups.

Graphs of Five-Year Trends

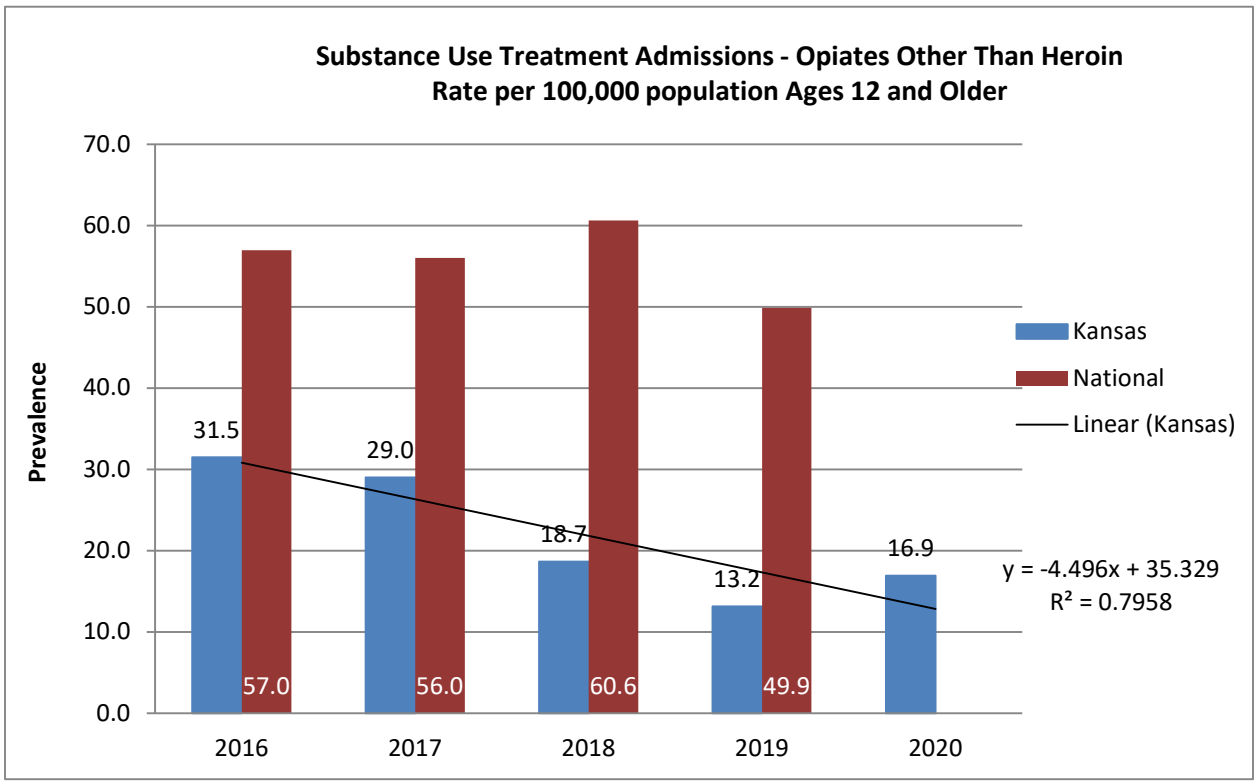


Table 11.1 Total count and percent admissions for other opiates treatment (primary substance) by gender and age group for the State of Kansas, 2016-2020

Year	Total	Gender		Age Group				
		Female	Male	12 - 17	18 - 25	26 - 35	36 - 50	51 +
2016	744	56.7%	43.3%	16.9%	48.8%	48.8%	22.6%	7.3%
2017	686	55.8%	44.2%	13.1%	50.7%	50.7%	25.7%	6.9%
2018	441	50.3%	49.7%	13.2%	46.7%	46.7%	27.0%	9.7%
2019	311	55.6%	44.4%	12.5%	38.9%	38.9%	33.4%	10.9%
2020	400	51.8%	48.3%	9.8%	45.0%	45.0%	29.8%	9.3%
5-Year Average	**516**	**54.0%**	**46.0%**	**13.1%**	**46.0%**	**46.0%**	**27.7%**	**8.8%**

Table 11.2 Total count and percent of admissions for other opiates treatment (as primary substance) by race/ethnicity for the State of Kansas, 2016-2020

Year	Total	Race					Ethnicity	
		White	African American	American / Alaska Native	Asian / Islander	Other	Hispanic	Non-Hispanic
2016	744	85.3%	6.7%	3.4%	0.0%	4.6%	6.3%	93.7%
2017	686	85.0%	5.2%	3.8%	1.3%	4.7%	9.5%	90.5%
2018	441	86.2%	6.1%	2.9%	1.6%	3.2%	6.8%	93.2%
2019	311	66.9%	2.6%	1.3%	0.0%	1.0%	3.5%	75.9%
2020	400	71.5%	5.0%	1.8%	0.5%	4.8%	5.8%	77.8%
5-Year Average	**516**	**79.0%**	**5.1%**	**2.6%**	**0.7%**	**3.7%**	**6.4%**	**86.2%**

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.

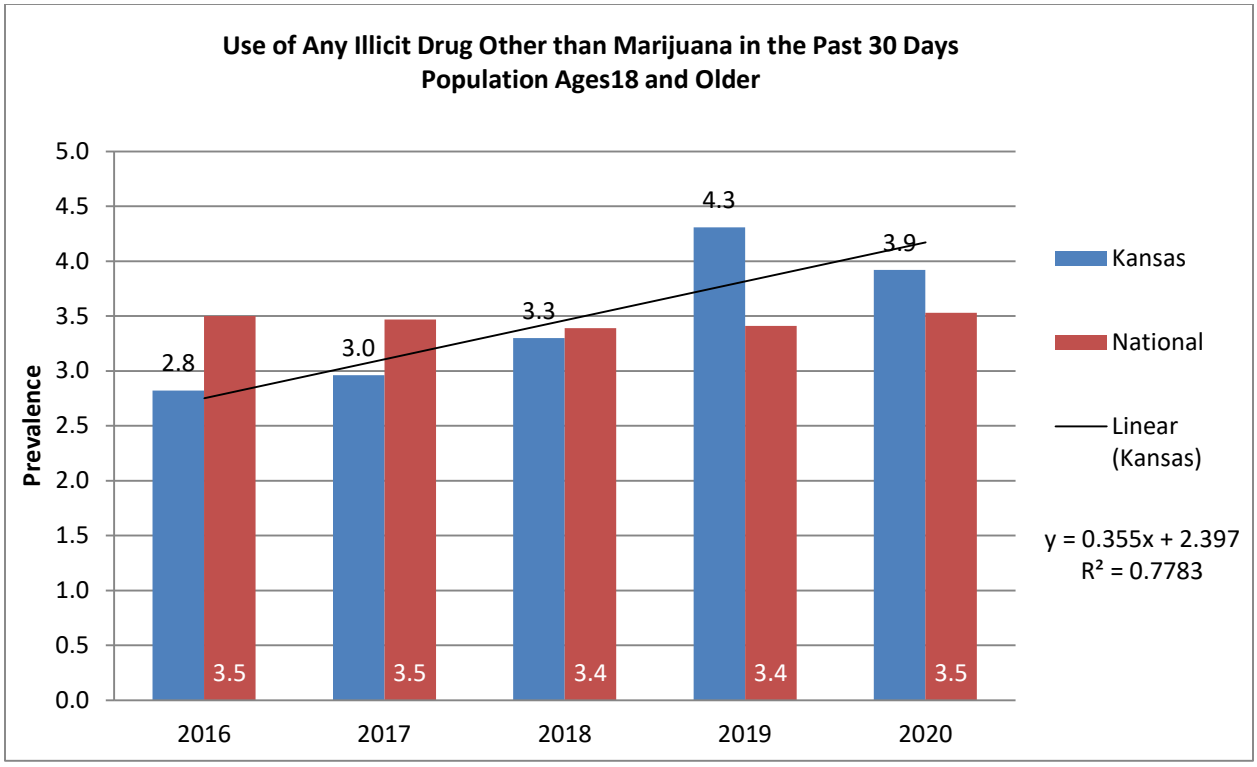
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 - 2020

Important findings

- The percentage of Kansas adults using illicit drugs is higher than the national average and trending up.
- The largest percentage of reported illicit drug use in Kansas is found in the 18 to 25 age group.
- The percentage of Kansas youth aged 12 to 17 using illicit drugs is higher than the national average and is trending down.

Graphs of 5-Year Trends



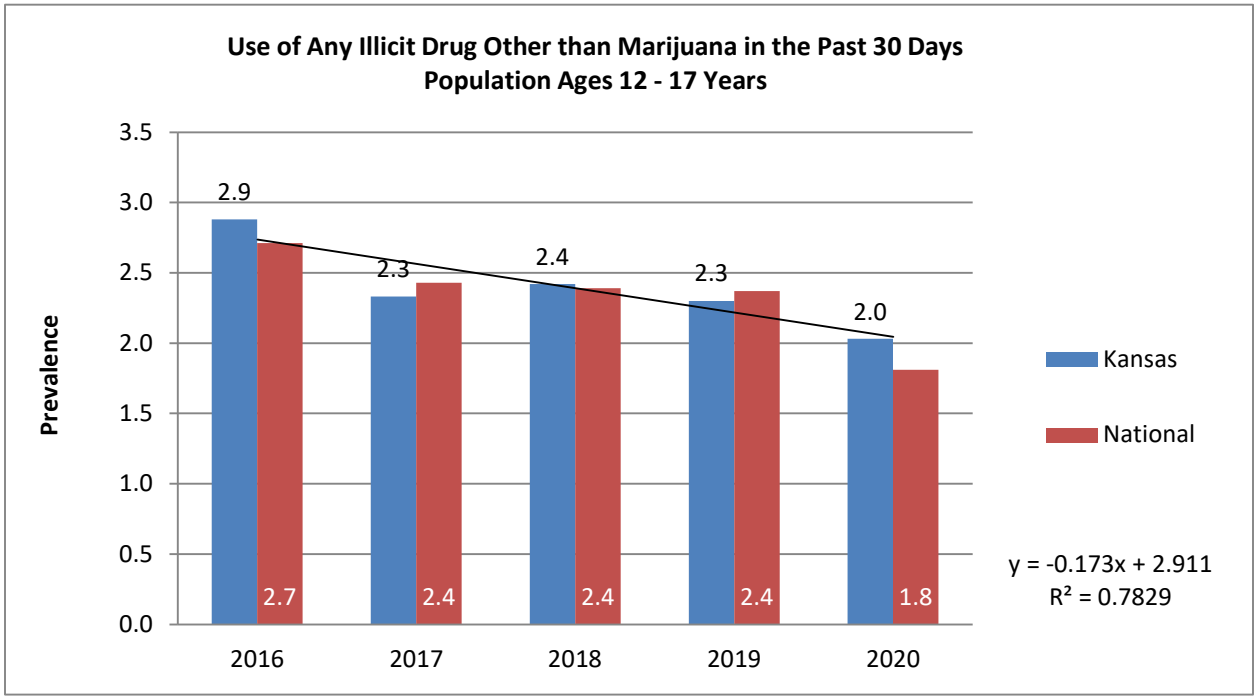


Table 12.1 Percent reporting use of any illicit drug other than marijuana in the past 30 days by SAHMSA age group, 2016-2020

Year	Ages 12+	Ages 12-17	Ages 18-25	Ages 26+	Ages 18+
2016	2.8	2.9	5.4	2.4	2.8
2017	2.9	2.3	5.2	2.6	3.0
2018	3.2	2.4	6.2	2.8	3.3
2019	4.1	2.3	6.7	3.9	4.3
2020	3.7	2.0	5.8	3.6	3.9
5-Year Average	**3.4**	**2.4**	**5.9**	**3.0**	**3.5**

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 or marijuana) within the past 30 days

Why is this indicator important?

Taking drugs when young can interfere with developmental processes occurring in the brain. 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, 2018-2022

Important findings

- The percentage of Kansas students reporting use of illicit drugs has decreased over the past five years.
- Students of Native American/Alaska Native descent were more likely to report use of illicit drugs than students of other racial groups.

Graph of Five-Year Trend

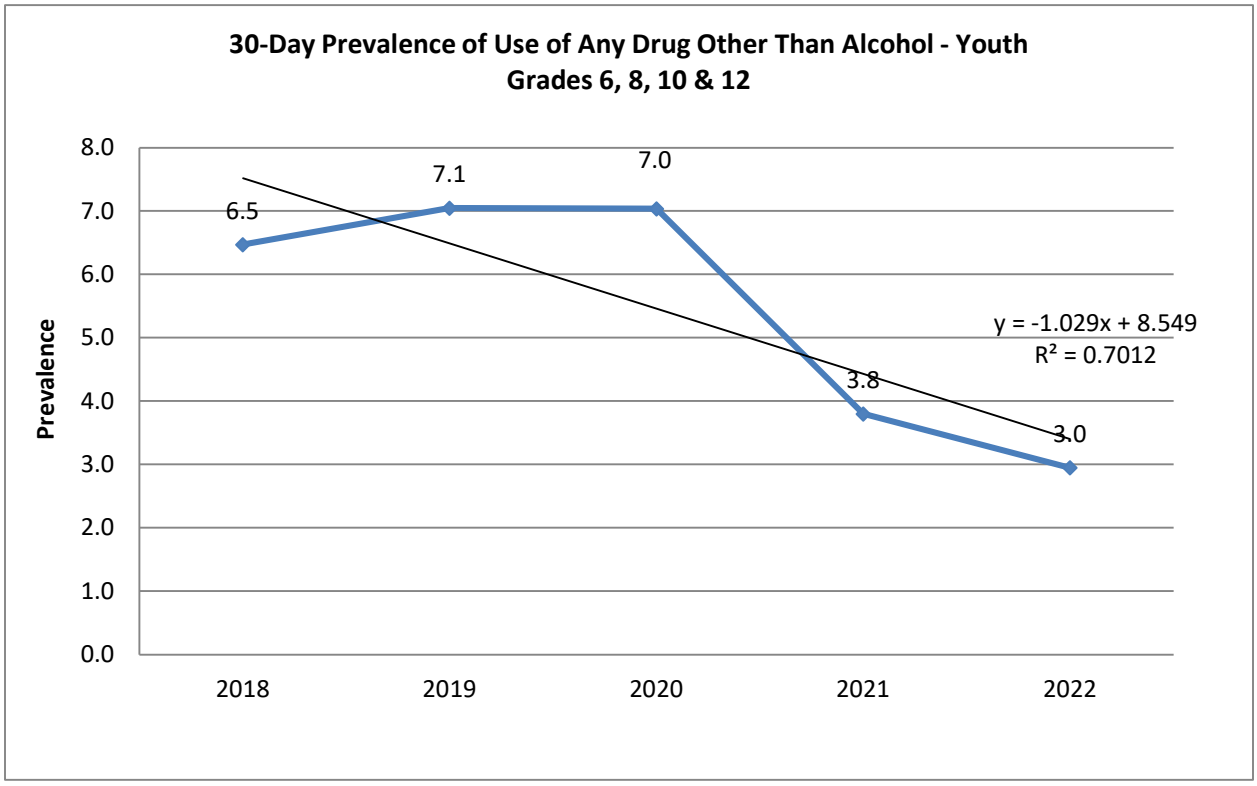


Table 12.2 Percent of students in 6th, 8th, 10th, and 12th grades reporting use of any illicit drug other than alcohol in the past 30 days by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	6.5	5.3	6.7	6.7	7.4	6.6	6.3
2019	7.1	6.4	7.9	6.7	7.1	7.0	7.1
2020	7.0	6.9	7.9	6.5	6.5	6.6	7.5
2021	3.8	4.4	4.0	3.4	3.1	3.5	4.0
2022	3.0	2.9	3.2	2.8	2.7	2.8	3.1
5-Year Average	**5.5**	**5.2**	**6.0**	**5.2**	**5.4**	**5.3**	**5.6**

Table 12.3 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, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	6.0	7.6	7.7	3.5	9.8	7.6	6.2
2019	6.6	8.0	9.3	5.6	9.4	7.9	6.8
2020	6.6	7.9	9.2	4.9	7.9	8.1	6.7
2021	3.5	4.0	5.3	2.4	6.1	4.2	3.7
2022	2.8	3.3	4.1	2.1	3.9	3.3	2.8
5-Year Average	**5.1**	**6.2**	**7.1**	**3.7**	**7.4**	**6.2**	**5.2**

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

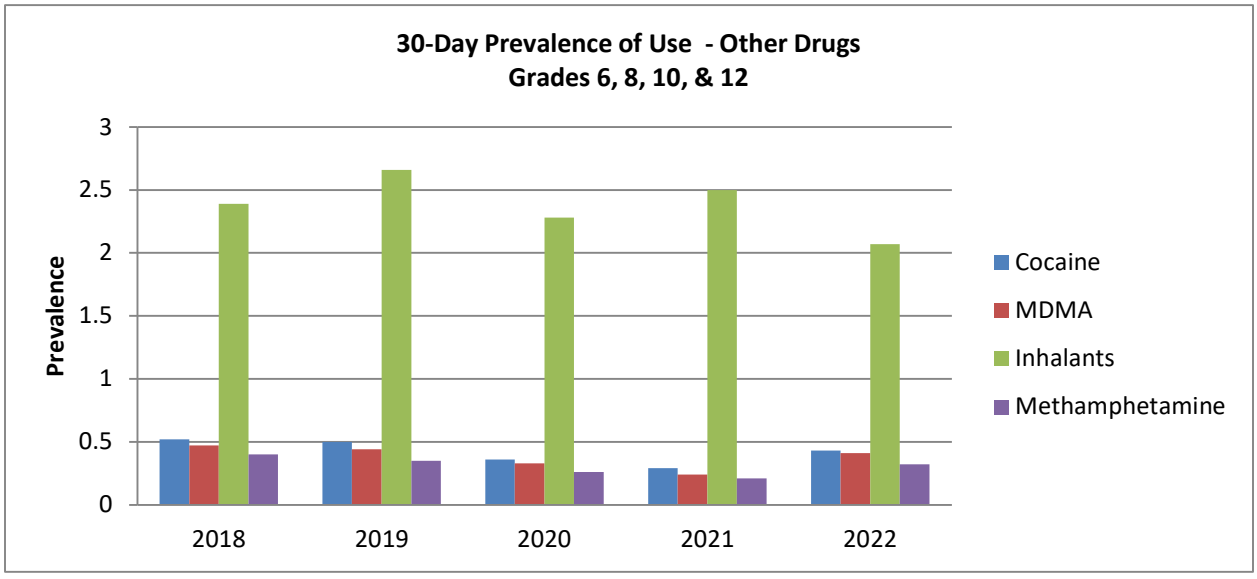


Table 12.4 Percent of students in 6th, 8th, 10th, and 12th grades reporting use of the illicit drug specified in the past 30 days by grade and gender, 2018-2022

30-Day Use		GENDER		GRADE			
Substance	**ALL**	**Female**	**Male**	**6th**	**8th**	**10th**	**12th**
Cocaine or crack	0.4	0.3	0.4	0.2	0.2	0.5	0.7
MDMA (Ecstasy)	0.3	0.2	0.4	0.1	0.2	0.4	0.6
Inhalants	2.3	2.5	2.1	3.0	3.0	1.6	1.0
Methamphetamines	0.3	0.2	0.3	0.1	0.2	0.4	0.4

Table 12.5 Percent of students in 6th, 8th, 10th, and 12th grades reporting use of the illicit drug specified in the past 30 days by race, 2018-2022

30-Day Use		RACE					
Substance	**ALL**	**White**	**African American**	**Asian**	**Native American**	**Multi-Racial**	**Hispanic (Any Race)**
Cocaine or crack	0.36	0.30	0.66	0.24	0.37	0.57	0.53
MDMA (Ecstasy)	0.33	0.27	0.63	0.25	0.38	0.58	0.44
Inhalants	2.28	2.10	2.67	1.54	3.22	3.44	2.48
Methamphetamines	0.26	0.20	0.50	0.20	0.30	0.40	0.32

Methamphetamine Use in the Past Year - Adults: Percent of respondents who reported the use of methamphetamine in the past year.

Why is this indicator important?

Methamphetamine not only changes how the brain works, but also speeds up the body's systems to dangerous, sometimes lethal, levels—increasing blood pressure and heart and respiratory rates. People who repeatedly use meth may also experience anxiety, paranoia, aggression, hallucinations, and mood disturbances.

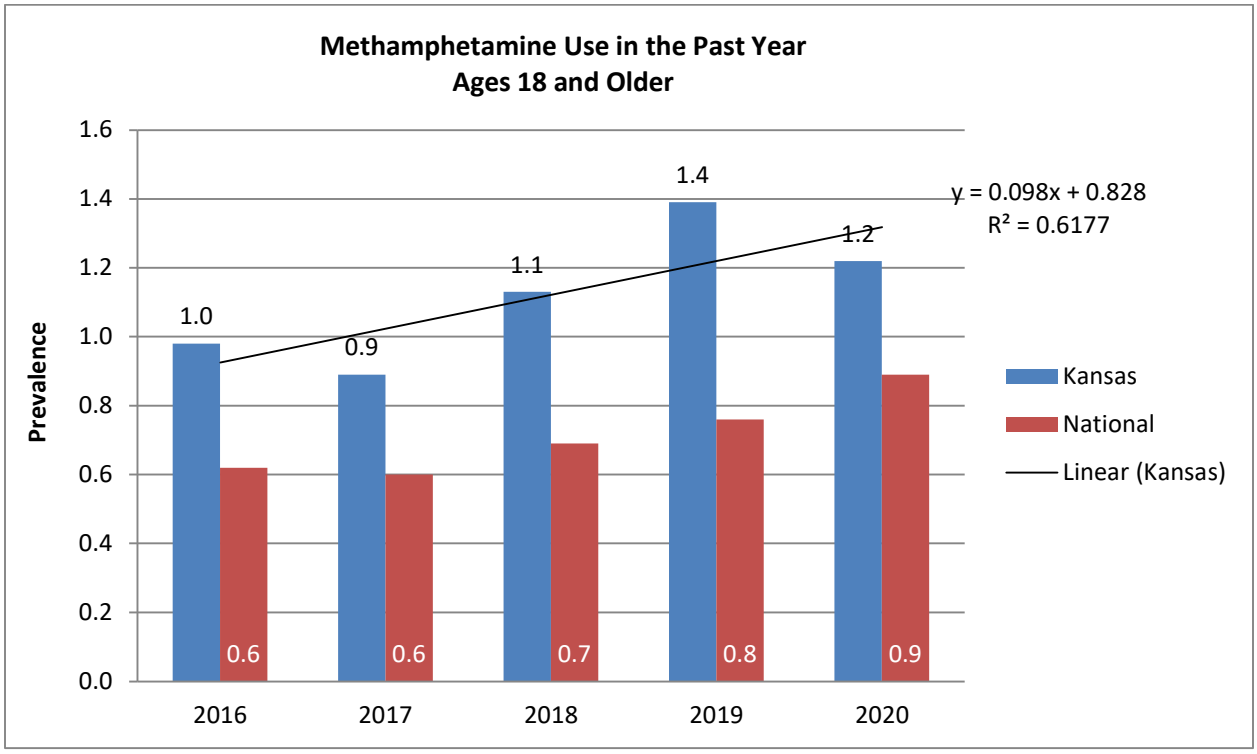
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 - 2020

Important findings

- The percentage of adults reporting methamphetamine use in the past year has been increasing in Kansas.
- Adults reporting use of methamphetamine in the past year is higher in Kansas than the national average.

Graph of Five-Year Trend



Substance Use Disorder in the Past Year: Percent of persons meeting the criteria for substance use dependence (other than alcohol) OR substance abuse 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.

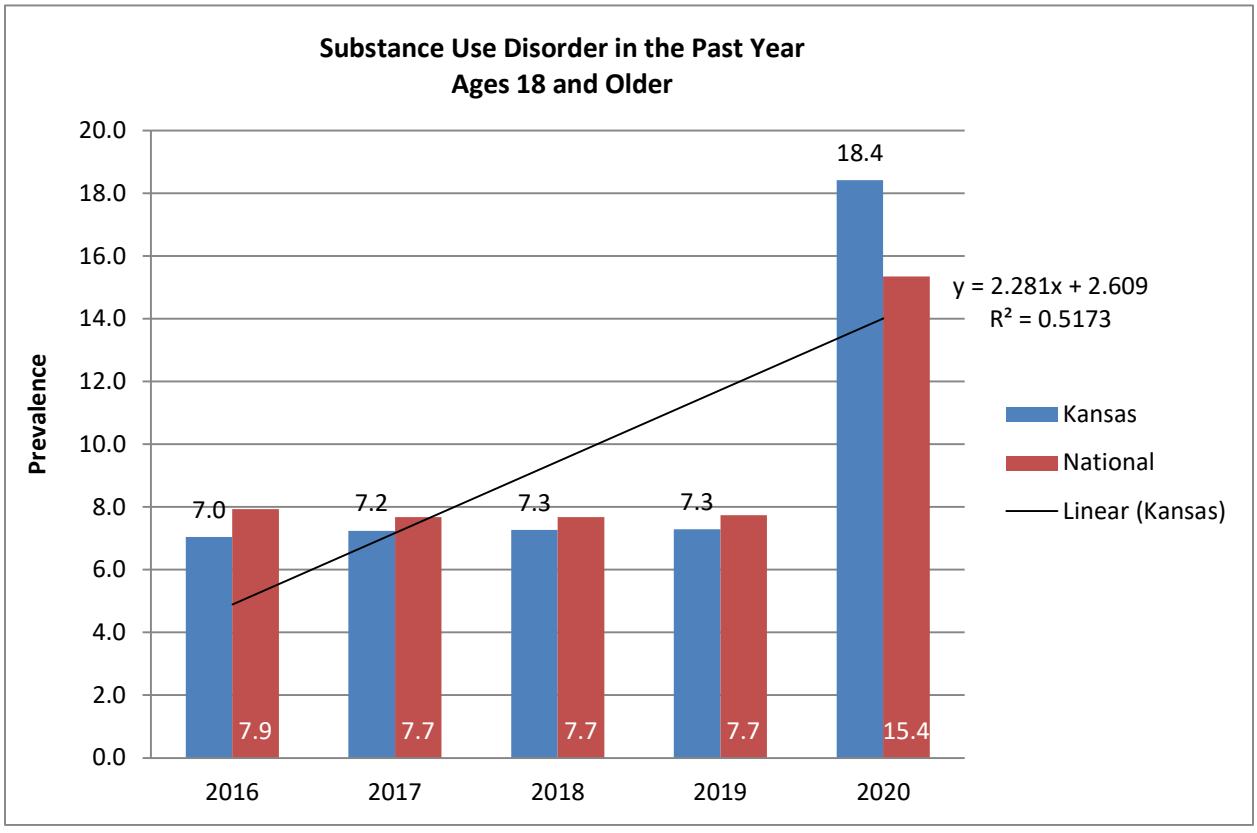
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 - 2020

Important findings

- From 2016 to 2019, the Kansas average has been approximately equal to the national average of substance use disorders. Currently, the rate in Kansas has surpassed the national average.
- Yearly estimates remained fairly constant until the change of DSM-5 coding between 2019 and 2020.
- Young adults aged 18 to 25 represented the largest percentage of adults diagnosed with substance use disorder.

Graph of Five-Year Trend



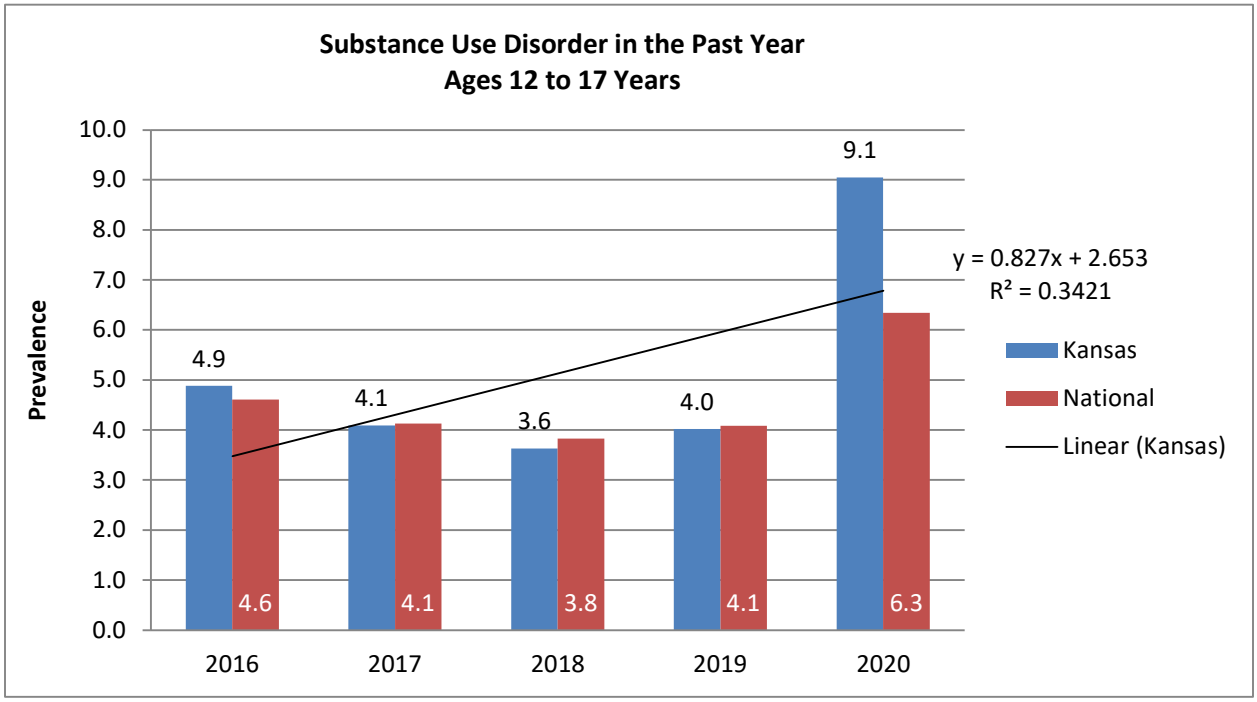


Table 12.6. Percent diagnosed with a substance use disorder by age group, 2016-2020

Year	Ages 12+	Ages 12-17	Ages 18-25	Ages 26+	Ages 18+
2016	6.82	4.88	15.06	5.59	7.04
2017	6.92	4.09	14.05	6.02	7.24
2018	6.91	3.63	13.75	6.13	7.27
2019	6.96	4.02	14.15	6.09	7.29
2020	17.50	9.05	29.10	16.59	18.42
5-Year Average	**9.0**	**5.1**	**17.2**	**8.1**	**9.5**

Persons Needing but Not Receiving Treatment - Substance Use: Percent of persons responding that they were in need of substance 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.

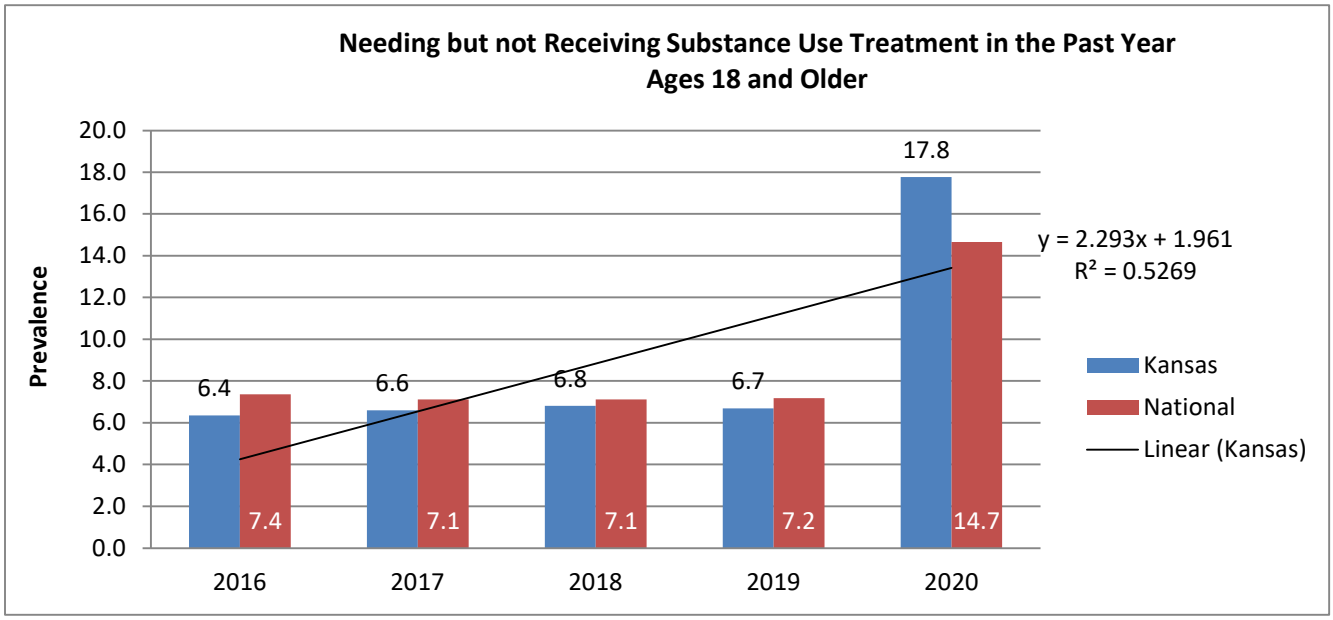
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 - 2020. The criteria used to categorize SUD among NSDUH respondents changed from the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to the fifth edition (DSM-5), resulting in some differences in who is classified as having an SUD. For this reason alone, the DSM-5 SUD estimates from 2020 are not comparable with the DSM-IV SUD estimates from prior years.

Important findings

- From 2016 to 2019, the Kansas average was approximately equal to the national average for adult estimates of those needing but not receiving substance abuse treatment.
- Yearly estimates remained fairly constant until the change of DSM-5 coding between 2019 and 2020.
- In 2020, a larger percentage of Kansas adults and youth reported needing but not receiving substance use treatment than the national average, with the largest percentage being those in the 18 to 25 age group.

Graph of Five-Year Trend



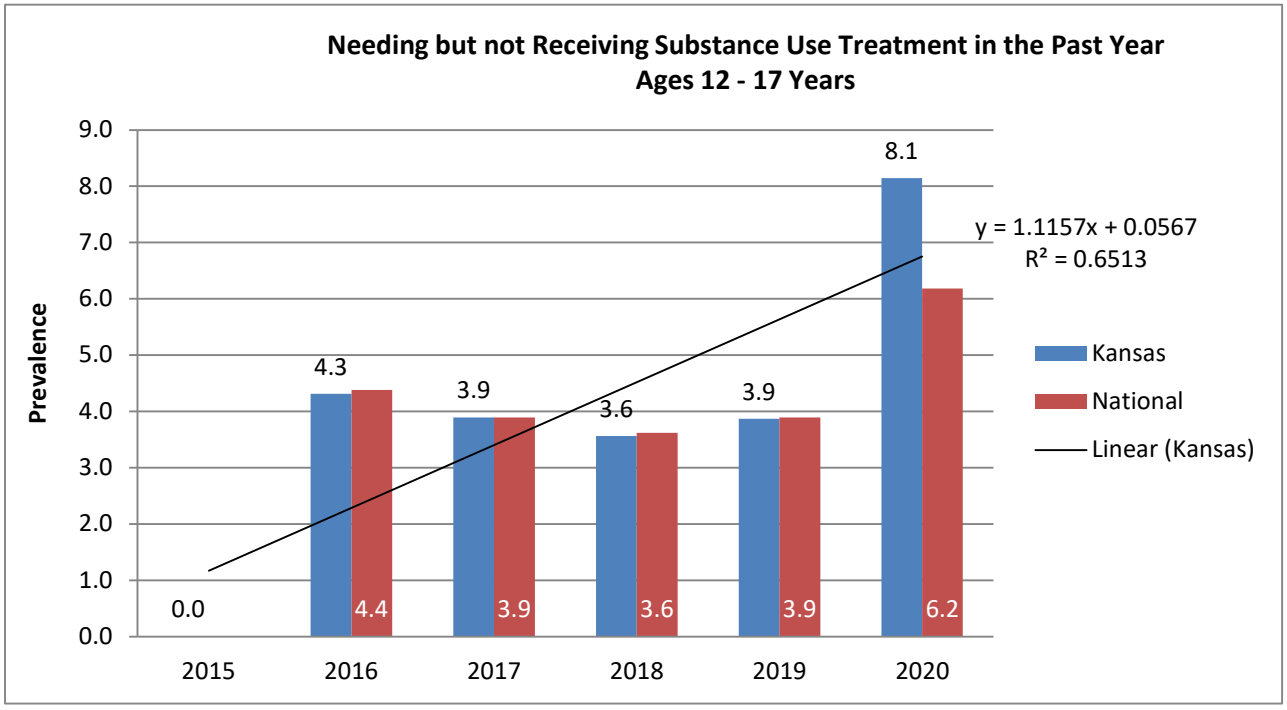


Table 13.1. Percent needing but not receiving treatment for substance abuse by age group 2016-2020

Year	Ages 12+	Ages 12-17	Ages 18-25	Ages 26+	Ages 18+
2016	6.2	4.3	14.3	4.9	6.4
2017	6.3	3.9	13.6	5.3	6.6
2018	6.5	3.6	13.4	5.6	6.8
2019	6.4	3.9	13.2	5.5	6.7
2020	16.8	8.1	28.1	16.0	17.8
5-Year Average	**8.4**	**4.8**	**16.5**	**7.5**	**8.8**

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 Amphetamines (including methamphetamine)

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 amphetamines / methamphetamine remain the primary illicit substance of abuse across this classification in Kansas. Admissions for amphetamines are significantly higher than the national average.
- The largest percentage of admissions for amphetamines (74.5%), heroin (80.5%), and other than smoke cocaine (41.7%) is highest among individuals who reported their race as white. The percent of admissions for smoked cocaine (crack) is highest among individuals who reported African American (55% of admissions).

National Comparison – Percent of Admissions for Various Drugs

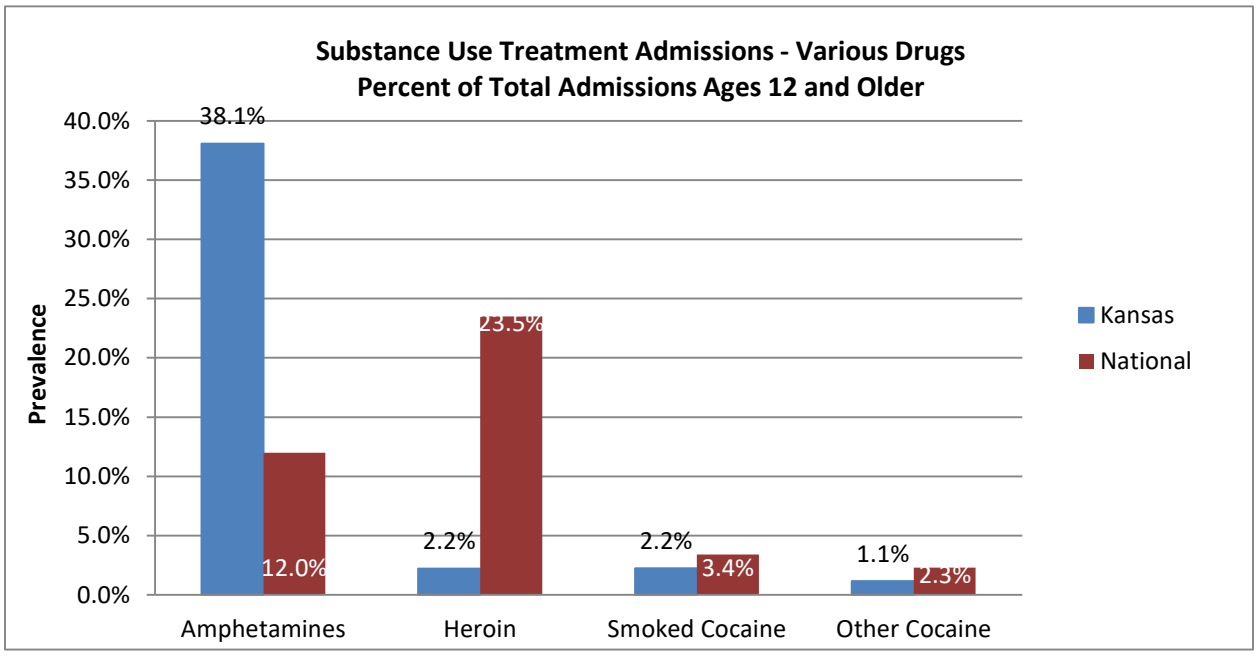


Table 13.2 Total count and percent admissions for treatment of various other drugs by primary substance of abuse in Kansas, 2016-2020

Year	Total Admissions	Smoked Cocaine (Crack)		Other Cocaine		Heroin		Amphetamines	
		Num	Pct	Num	Pct	Num	Pct	Num	Pct
2016	12,959	319	2.5%	132	1.0%	237	1.8%	4,421	34.1%
2017	13,111	311	2.4%	157	1.2%	274	2.1%	4,702	35.9%
2018	8,534	162	1.9%	109	1.3%	191	2.2%	2,892	33.9%
2019	8,706	209	2.4%	97	1.1%	213	2.4%	3,802	43.7%
2020	10,118	210	2.1%	114	1.1%	255	2.5%	4,334	42.8%
5-Year Average	**10,686**	**242**	**2.2%**	**122**	**1.1%**	**234**	**2.2%**	**4,030**	**38.1%**

Table 13.3 Percent admissions for treatment of various other drugs in Kansas by gender and race/ethnicity, 5-year average 2016-2020

Substance	Gender		Race					Ethnicity	
	Female	Male	White	African American	Native Am / Alaska Native	Asian / Islander	Other	Hispanic	Non-Hispanic
Amphetamines	51.6%	48.4%	74.5%	5.1%	2.9%	0.7%	4.2%	8.7%	81.3%
Heroin	51.8%	51.6%	80.5%	5.7%	1.6%	0.5%	3.2%	6.8%	85.3%
Smoked Cocaine	54.5%	45.5%	30.7%	54.6%	2.1%	0.6%	2.7%	5.7%	87.1%
Other Cocaine	38.9%	61.1%	41.7%	33.5%	1.3%	1.5%	10.9%	17.3%	77.2%

Table 13.4 Percent admissions for treatment for various other drugs in Kansas by age, 5-year average 2016-2020

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
Amphetamines	1.4%	3.4%	13.0%	20.7%	22.0%	26.2%	10.4%	2.7%	0.1%
Heroin	0.6%	2.2%	16.1%	32.8%	18.6%	20.3%	5.7%	3.4%	0.3%
Smoked Cocaine	0.7%	1.3%	2.4%	3.4%	9.1%	23.3%	37.6%	20.3%	2.0%
Other Cocaine	3.3%	7.2%	15.9%	19.4%	16.0%	19.7%	11.6%	6.9%	0.0%

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, 2018-2022

Important findings

- The percentage of Kansas students reporting sale of illegal drugs has decreased slightly over the past five years.
- The percentage of reported illegal drug sales increased with age.
- The largest percentage of students reporting sale of illegal drugs was Native Hawaiian / Pacific Islanders.
- A larger percentage of males reported illegal drug sales than females.

Graph of Five-Year Trend

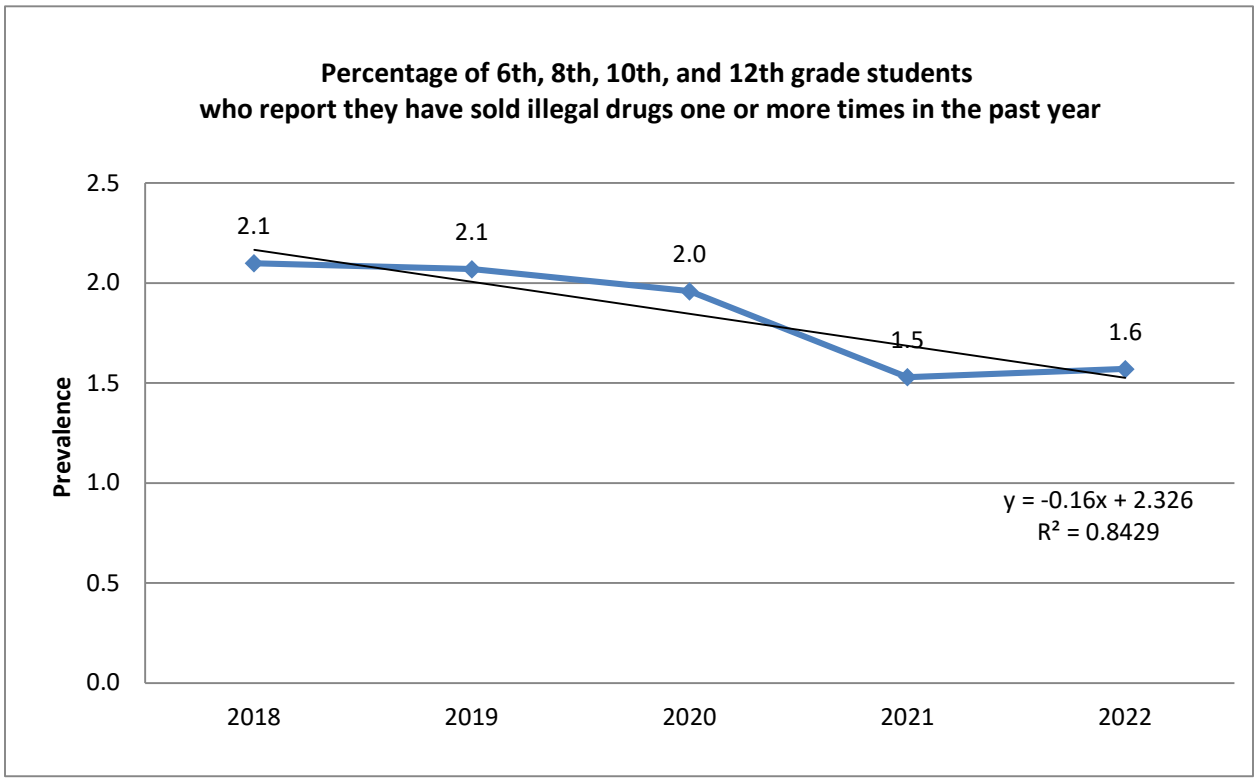


Table 14.1 Percent of students in 6th, 8th, 10th, and 12th grades reporting sale of any illicit in the past year by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	2.1	0.3	1.3	3.5	4.0	2.7	1.4
2019	2.1	0.3	1.5	3.4	4.1	2.7	1.5
2020	2.0	0.3	1.3	3.1	4.0	2.5	1.5
2021	1.5	0.2	0.9	2.6	3.2	1.9	1.2
2022	1.6	0.3	1.0	2.3	3.7	1.9	1.2
5-Year Average	**1.9**	**0.3**	**1.2**	**3.1**	**3.8**	**2.4**	**1.4**

Table 14.2 Percent of students in 6th, 8th, 10th, and 12th grades reporting sale of any illicit in the past year by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	1.8	2.4	2.5	1.1	2.4	2.8	1.8
2019	1.9	3.1	3.1	0.9	2.1	2.7	1.9
2020	1.7	2.2	1.9	0.9	2.6	2.9	1.7
2021	1.5	1.8	1.9	0.8	1.4	2.0	1.4
2022	1.6	1.7	2.8	0.7	1.4	2.0	1.4
5-Year Average	**1.7**	**2.2**	**2.5**	**0.9**	**2.0**	**2.4**	**1.7**

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.

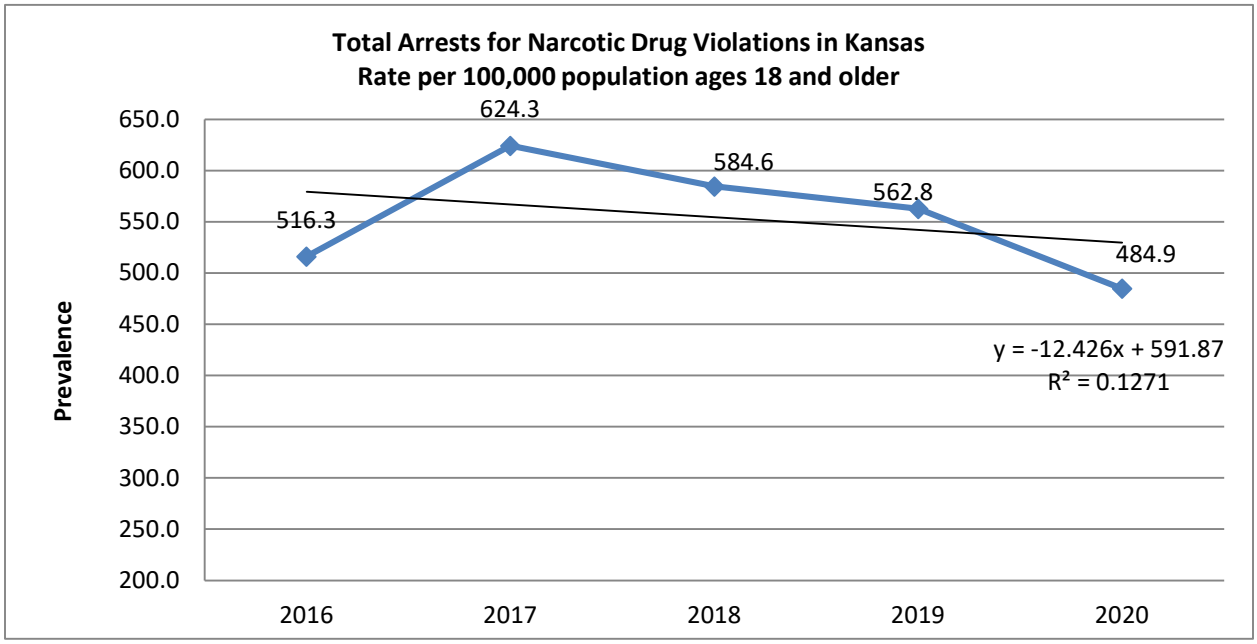
Where did we get the data?

Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2018-2020

Important findings

- Rates of adult narcotic drug violation arrests decreased slightly over the past five years.
- Juvenile rates of narcotic drug violation arrests decreased from 2018 to 2020 and are on a downward trend.

Graphs of Five-Year Trends



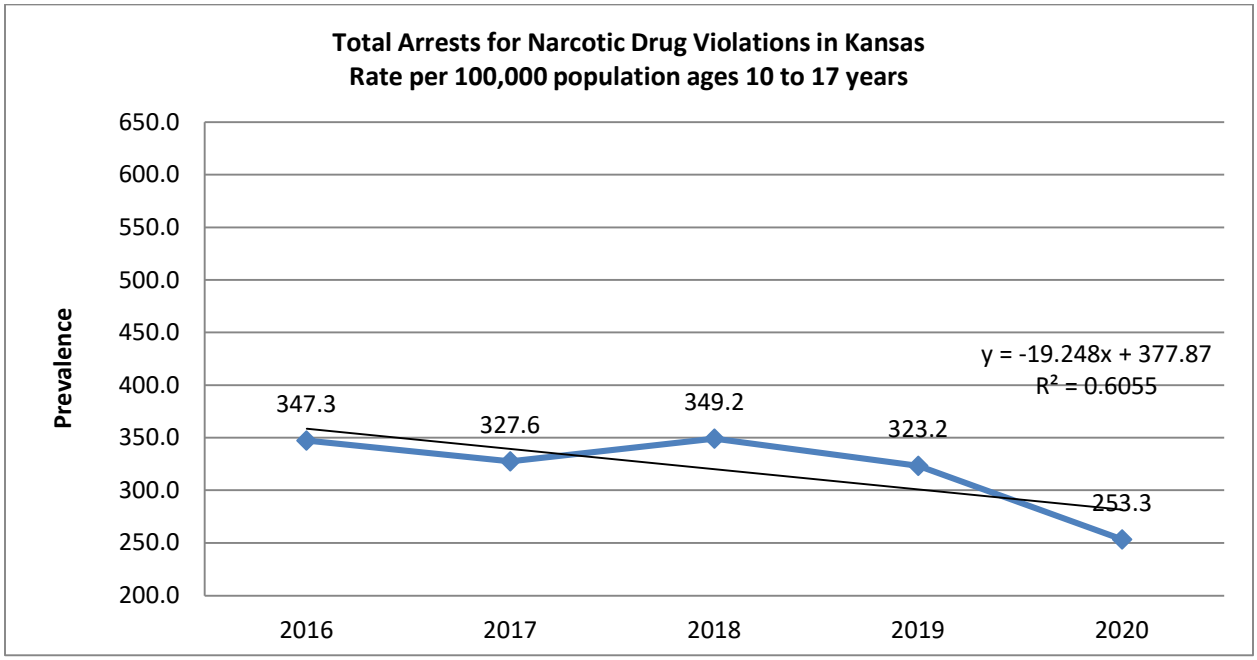


Table 14.3 Rate of arrests for narcotic drug violations by age group, 2016-2020

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Narcotic Drugs	Rate	Narcotic Drugs	Rate
2016	494.3	1108	347.3	10978	516.3
2017	585.6	1045	327.6	13273	624.3
2018	553.9	1114	349.2	12430	584.6
2019	531.6	1031	323.2	11967	562.8
2020	454.7	808	253.3	10310	484.9
5-Year Average	**524.0**	**1021**	**320.1**	**11792**	**554.6**

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.

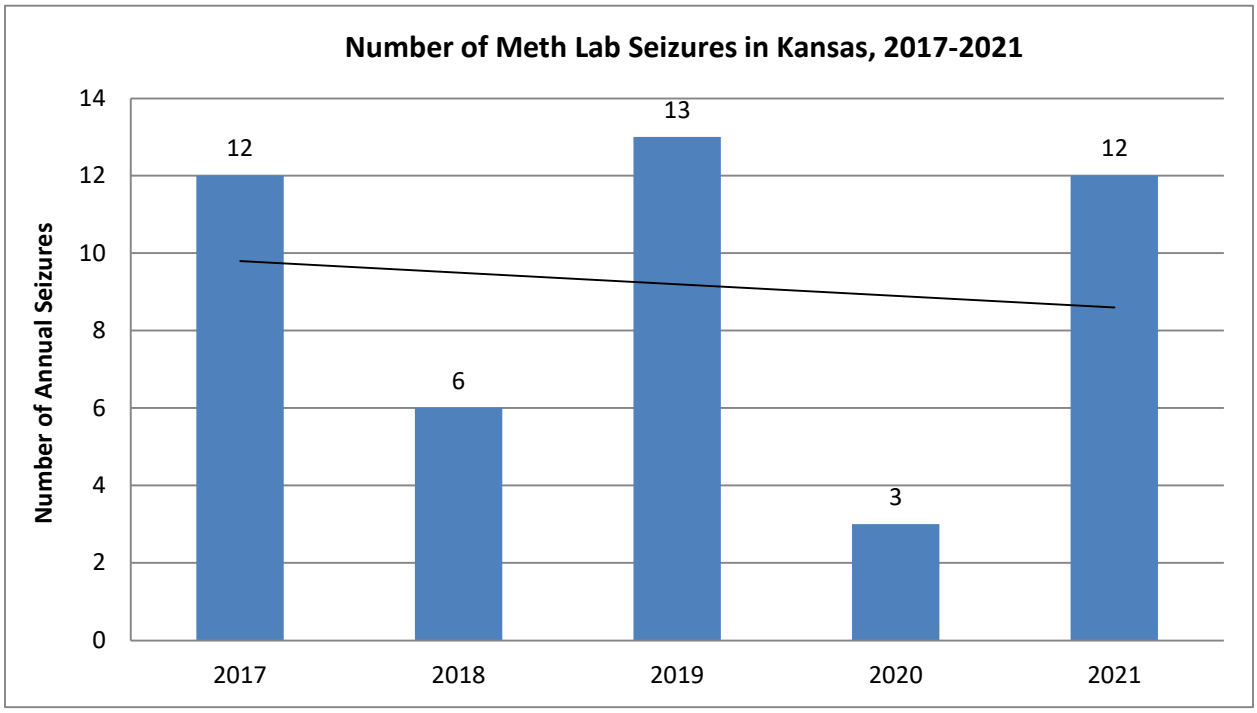
Where did we get the data?

Drug Enforcement Administration Environmental Photographic Interpretation Center's (EPIC) National Clandestine Laboratory Seizure System, 2017-2021

Important findings

- Meth lab seizures have been declining over the past five years with the exception of Chemical or Equipment Only seizures, which have increased slightly.

Graph of Five-Year Trend



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

Why is this indicator important?

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

Where did we get the data?

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Important findings

- Drug-related deaths have increased every year over the past five years.
- The rate of drug-related deaths is lower in Kansas than the national average.
- African Americans and individuals in the 45 to 54 age group comprise the largest percentages of drug-related deaths.

Graph of Five-Year Trend

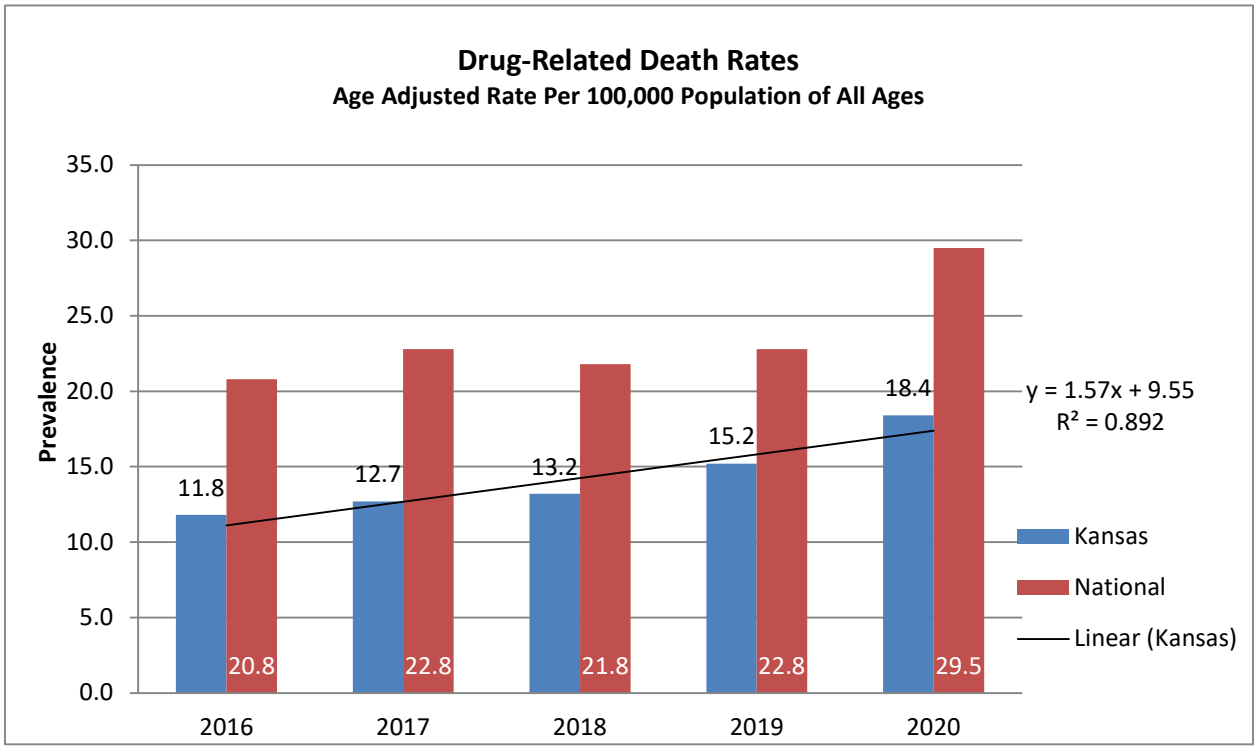


Table 15.1 Deaths due to any drug-related cause, rate per 100,000 by gender and race, 2016-2020

Year	Gender		Race					
	Female	Male	White	African American	Native American	Asian / Islander	Hispanic	Not Hispanic
2016	9.8	13.7	11.8	14.0	Suppressed	Suppressed	Suppressed	12.4
2017	11.8	13.6	12.9	15.6	Suppressed	Suppressed	6.7	13.2
2018	11.1	15.2	13.5	16.5	Suppressed	Suppressed	Suppressed	14.0
2019	12.2	15.2	14.9	26.3	Suppressed	Suppressed	9.2	15.6
2020	13.6	23.2	18.1	28.0	Suppressed	Suppressed	11.4	18.8
5-Year Average	**11.7**	**16.2**	**14.2**	**20.1**	**N/A**	**N/A**	**9.1**	**14.8**

Table 15.2 Deaths due to any drug-related cause, rate per 100,000 by age group, 2016-2020

Year	COUNT	CRUDE RATE PER 100,000 POPULATION					
	Total	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years
2016	333	6.5	15.1	19.3	25.4	18.3	Suppressed
2017	360	6.5	15.4	21.3	26.9	21.1	Suppressed
2018	371	7.0	20.4	24.1	22.9	18.7	8.0
2019	430	7.3	25.6	25.8	25.0	24.0	9.6
2020	521	15.3	29.1	27.4	32.7	28.6	Suppressed
5-Year Average	**403**	**8.5**	**21.1**	**23.6**	**26.6**	**22.1**	**N/A**

Opioid Overdose Deaths: Number and rate of opioid deaths per 100,000 population

Why is this indicator important?

The misuse of prescription medication and opioid-based drugs has become a major public health concern due to significant increase in related overdose deaths. Misuse or abuse includes taking medication that was prescribed for another person or obtained through non-pharmacy means, or for a purpose other than what it was prescribed. Additionally, misuse includes taking these medications in higher doses than prescribed. Opioid overdose is often characterized by a decrease in breathing rate which if not quickly addressed leads to death.

Where did we get the data?

Kansas Department of Health and Environment, Division of Public Health Overdose Mortality Dashboard

Important findings

- Opioid overdose deaths have steadily increased in Kansas.
- Opioid overdose deaths are highest for individuals aged 35 to 44.

Graph of Five-Year Trend

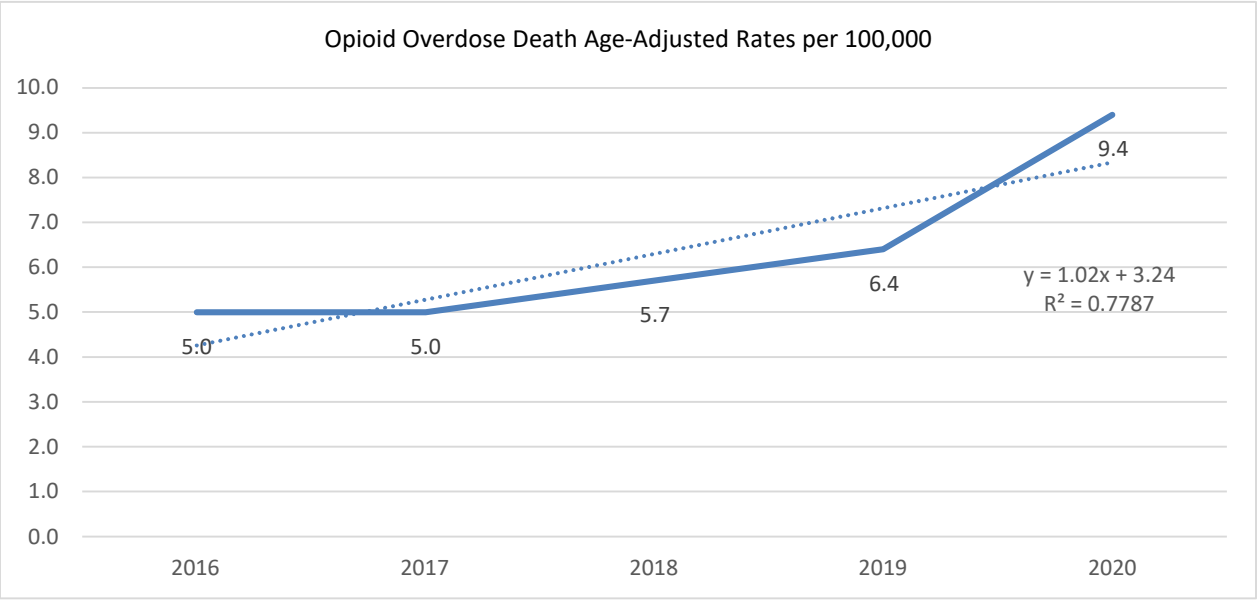


Table 15.3 Deaths due to overdose of any opioid, Number by age group and gender

Year	Total	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	Female	Male
2016	144	13	29	31	29	35	6	63	81
2017	142	16	21	29	35	32	6	64	78
2018	157	13	38	40	32	25	8	63	94
2019	177	15	52	42	32	31	0	69	108
2020	254	48	70	48	40	36	0	88	166
5-Year Average	**175**	**21**	**42**	**38**	**34**	**32**	**4**	**69**	**105**

Table 15.4 Deaths due to overdose of any opioid, Rate per/100k by age group and gender

Year	Total	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	Female	Male
2016	5.0	0.0	7.6	8.9	8.3	9.5	2.7	4.3	5.7
2017	5.0	3.7	5.5	8.2	10.0	8.8	2.2	4.5	5.3
2018	5.7	0.0	9.9	11.1	9.8	6.9	3.0	4.7	6.7
2019	6.4	3.6	13.5	11.5	9.8	8.3	0.0	4.9	7.7
2020	9.4	12.1	19.2	13.4	12.4	10.2	0.0	6.7	11.9
5-Year Average	**6.3**	**3.9**	**11.1**	**10.6**	**10.1**	**8.7**	**1.6**	**5.0**	**7.5**

Problem Gambling Indicators

Past Year Gambling Prevalence - Youth: Percent of students in grades 6, 8, 10, and 12 who report having gambled for anything of value in the past year

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, 2018-2022

Important findings

- The percentage of Kansas students that reported having gambled for anything of value in the past year has decreased slightly over the past five years.
- Reported gambling increases as age increases.
- Male students are significantly more likely to report gambling than females.
- Asian students were least likely to report past year gambling.

Graph of 5-Year Trend

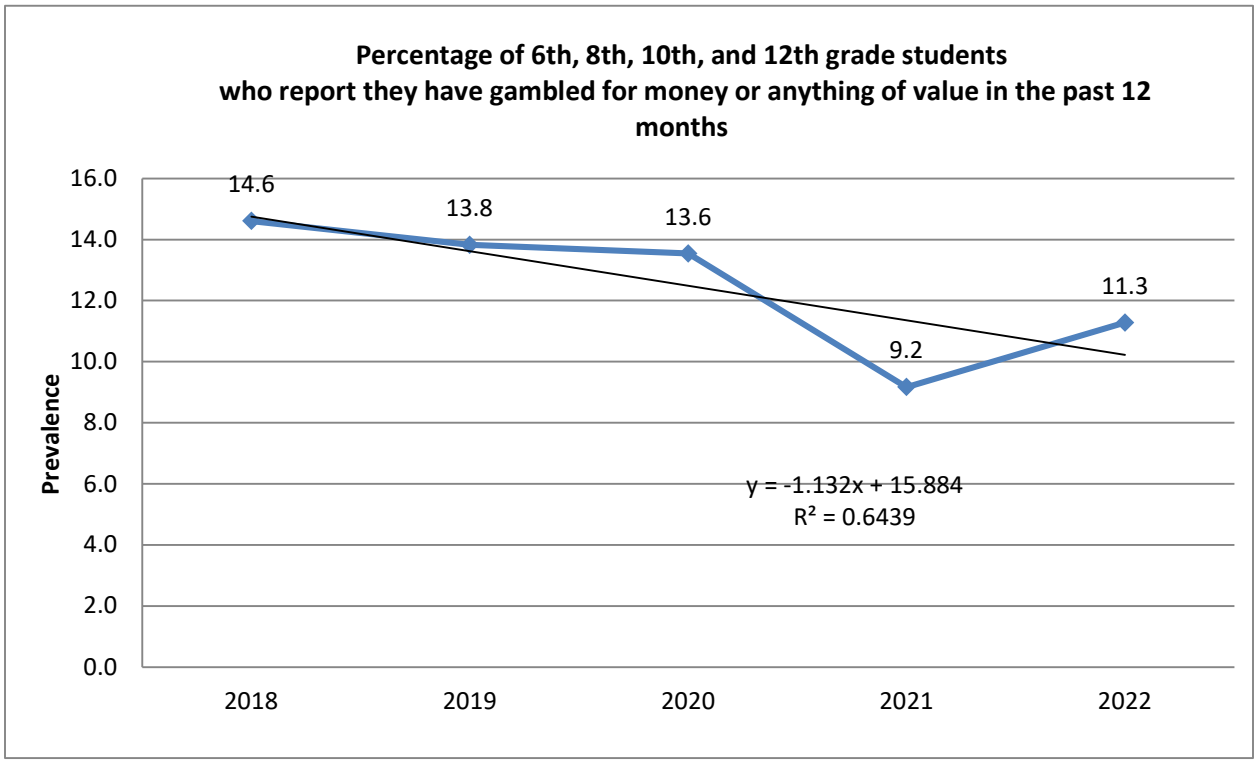


Table 16.1 Percent of students in 6th, 8th, 10th, and 12th grades reporting that they have gambled for something of value during the past 30 days by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	14.6	9.3	14.6	16.6	20.1	22.0	7.4
2019	13.8	8.8	14.2	15.7	18.7	20.7	7.1
2020	13.6	8.8	13.8	15.5	18.2	20.1	7.2
2021	9.2	6.4	9.1	9.8	12.5	14.1	4.6
2022	11.3	8.0	11.7	11.8	15.1	17.2	5.7
5-Year Average	**12.5**	**8.3**	**12.7**	**13.9**	**16.9**	**18.8**	**6.4**

Table 16.2 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, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	14.2	14.4	15.6	11.3	15.9	15.7	14.3
2019	13.6	13.8	13.7	10.5	12.8	14.2	13.8
2020	13.3	12.2	13.0	10.8	14.5	14.3	13.3
2021	9.3	7.9	10.6	6.4	8.4	9.1	9.2
2022	11.2	10.6	12.8	9.6	11.6	12.8	10.8
5-Year Average	**12.3**	**11.8**	**13.2**	**9.7**	**12.6**	**13.2**	**12.3**

Problem Gambling Treatment: Count of patients admitted for treatment of gambling disorders during 2017 through 2021

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.

Five-Year Trend Data

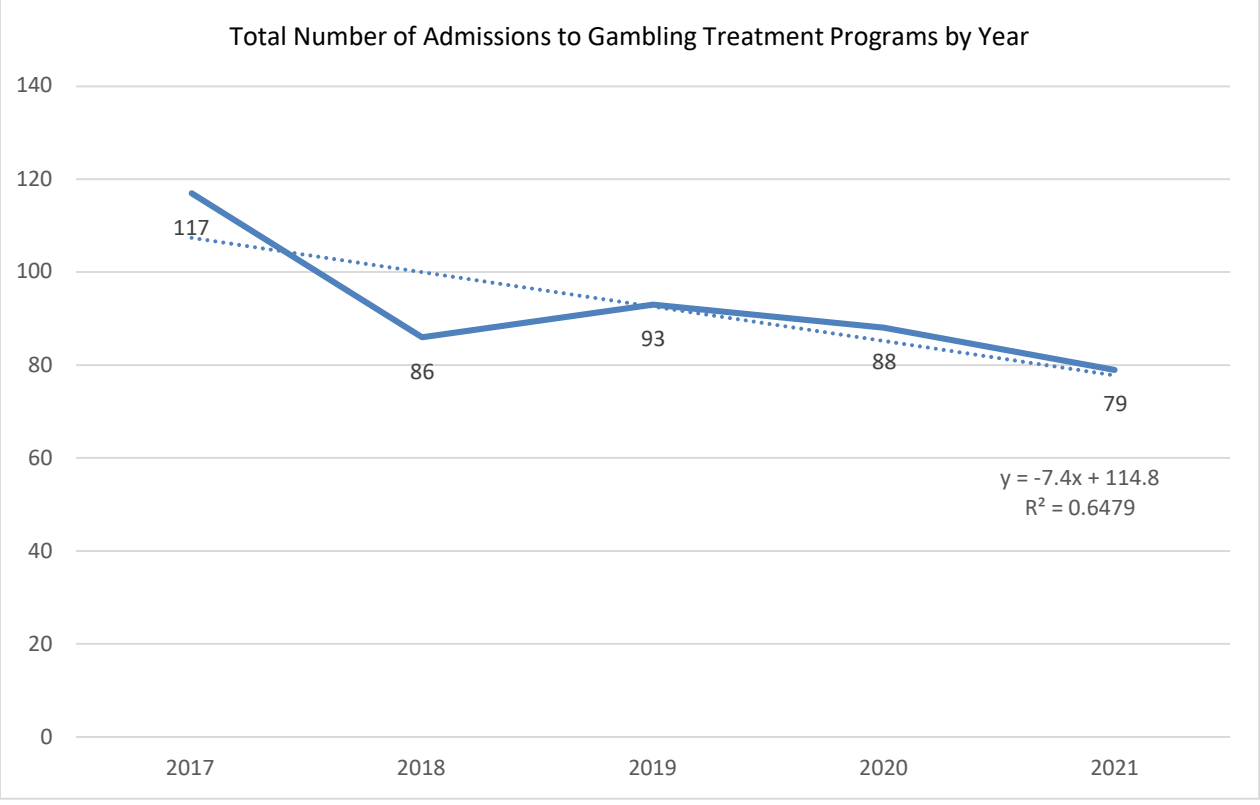


Table 17.1 Number of gambling treatment admissions by race and gender, 2017-2021

Year	Total	Race					Gender	
		White	African American	Native American	Asian / Islander	Other	Male	Female
2017	117	96	8	4	3	5	57	60
2018	86	66	11	2	1	6	44	42
2019	93	80	2	0	4	7	49	44
2020	88	77	5	2	2	2	49	39
2021	79	66	9	2	2	0	39	40
5-Year Average	**93**	**77**	**7**	**2**	**2**	**4**	**48**	**45**

Table 17.2 Number of gambling treatment admissions by age group, 2017-2021

Year	Age Group					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2017	1	17	24	36	27	12
2018	0	15	19	20	23	9
2019			Not Available			
2020	3	22	44	48	53	29
2021	2	35	33	54	50	31
5-Year Average	**2**	**22**	**30**	**40**	**38**	**20**

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), 2017 – 2021

Important findings

- The number of legitimate calls to the Kansas Gambling Helpline has been decreasing over the past 5 years.
- More males called the helpline than females.
- The majority of helpline calls are from individuals within the 35 to 64-year age groups.

Graph Five-Year Trend

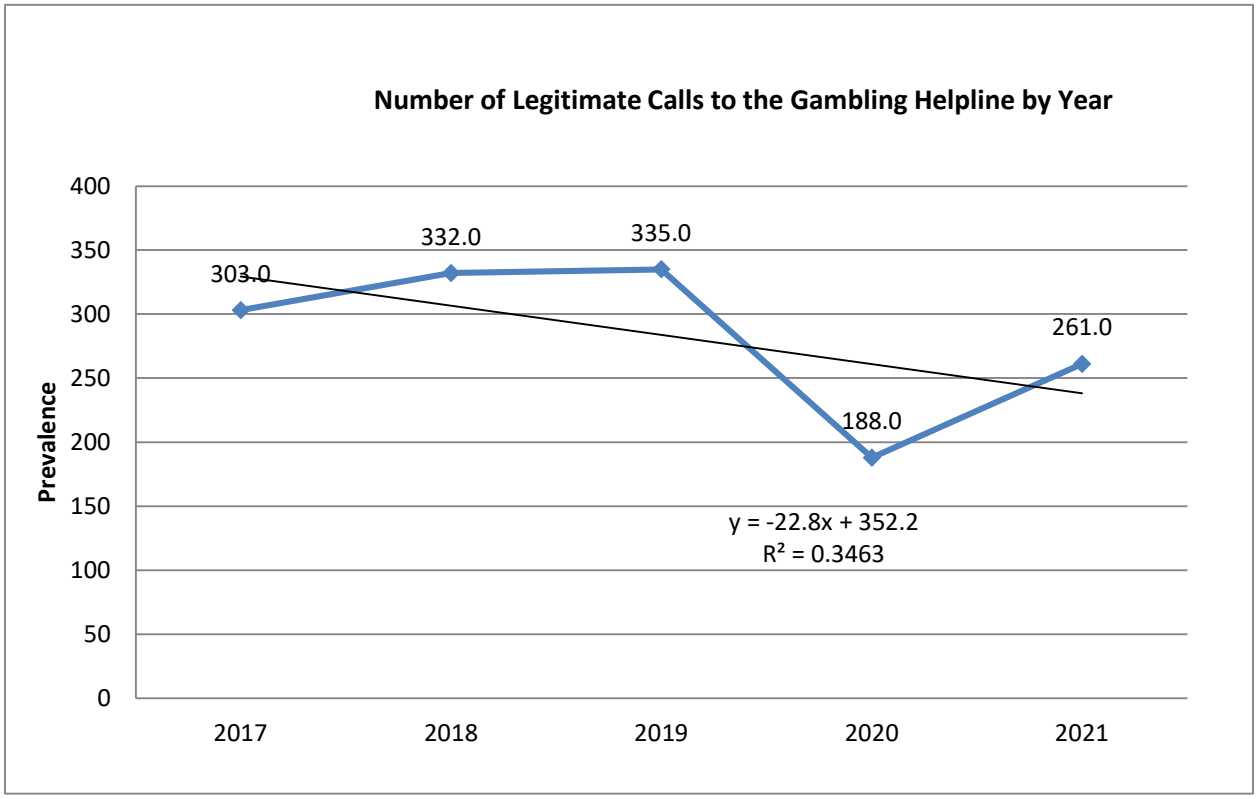


Table 17.3 Number of gambling helpline calls by gender and race, 2017-2021

Year	Total	Gender		Race					
		Male	Female	White	African American	Asian / Islander	Hispanic	Native American	Other
2017	303	174	129	163	20	21	15	5	0
2018	332	162	119	139	14	17	25	2	0
2019	335	167	129	141	25	25	14	3	0
2020	188	114	74	76	7	11	14	1	0
2021	261	137	124	84	19	13	15	4	0
5-Year Average	**284**	**151**	**115**	**121**	**17**	**17**	**17**	**3**	**0**

Table 17.4 Number of gambling helpline calls by age group, 2017-2021

Year	Age Group							
	< 18	18-24	25-34	35-44	45-54	55-64	65 older	Unknown / Refused
2017	1	9	39	48	66	40	27	60
2018	0	6	32	47	54	51	24	48
2019	0	13	32	56	54	44	31	46
2020	1	6	29	32	21	18	12	53
2021	0	10	27	38	33	25	18	43
5-Year Average	**0**	**9**	**32**	**44**	**46**	**36**	**22**	**50**

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?

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think, and behave and can lead to a variety of emotional and physical problems. Depression can also be associated with thoughts of suicide. Additionally, 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.

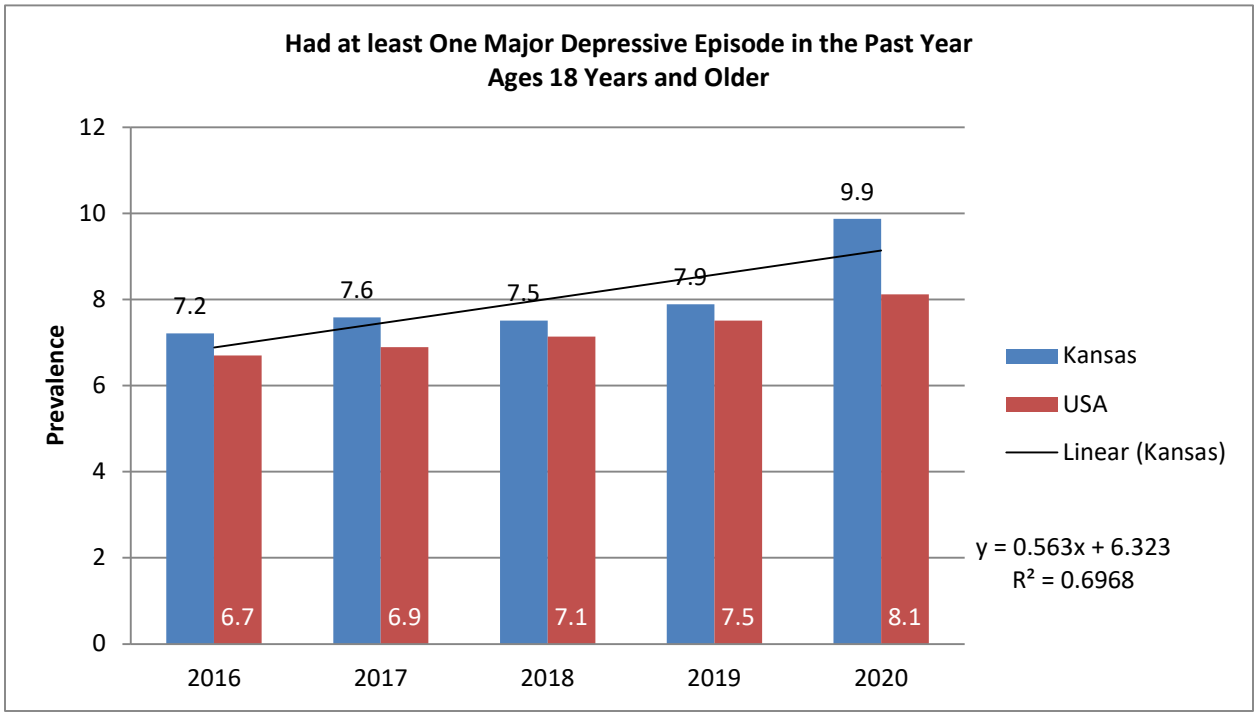
Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 – 2020

Important findings

- The percentage of adults reporting at least one depressive episode in the last year is higher for Kansas residents than the national average.
- The percentage of the population reporting depressive episodes has increased over the past five years.
- Depressive episodes are most prevalent in youth aged 12 to 17 (15.2%) and young adults aged 18 to 25 (14.0%).

Graphs of Five-Year Trends



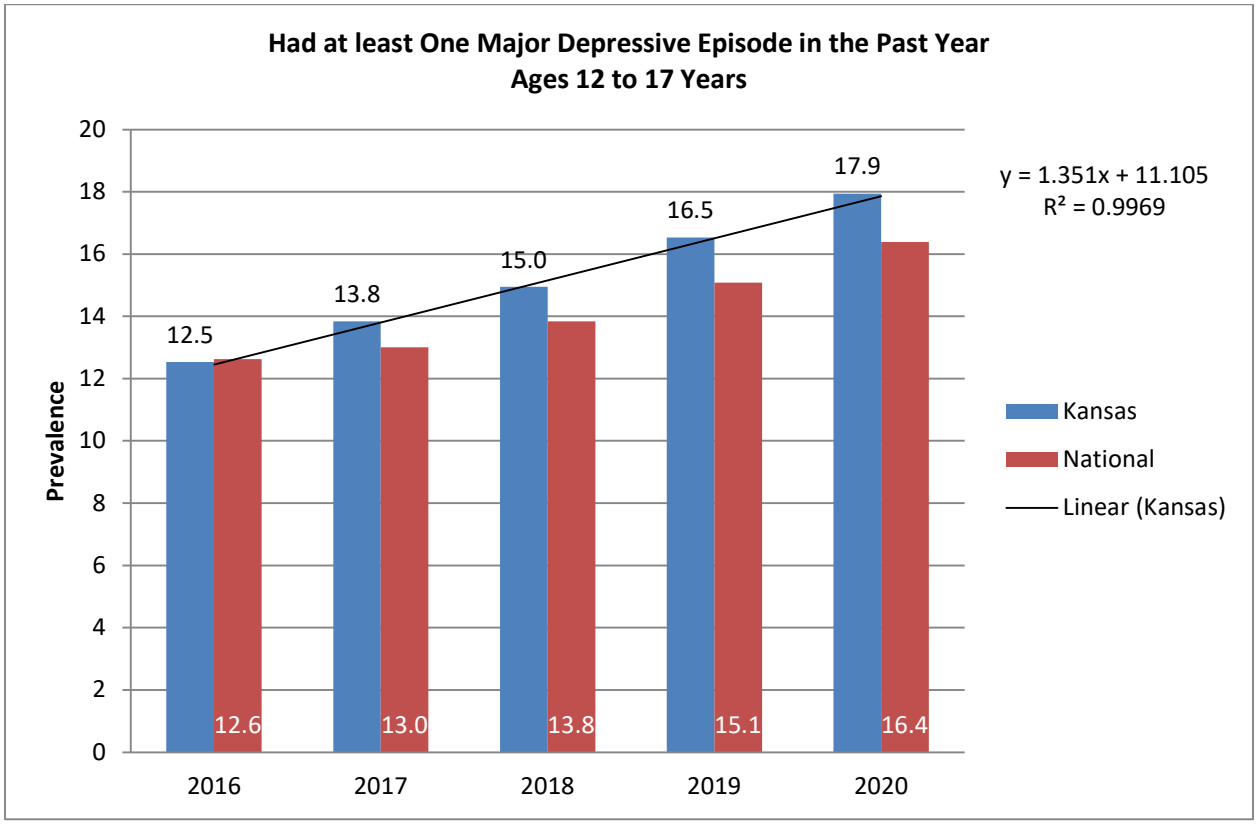


Table 18.1 Percent of population reporting having had at least one major depressive episode in the past year by age group, 2016-2022

Year	Ages 12-17	Ages 18-25	Age 26+	Age 18+
2016	12.5	10.9	6.5	7.2
2017	13.8	11.9	6.8	7.6
2018	15.0	13.1	6.5	7.5
2019	16.5	14.6	6.7	7.9
2020	17.9	19.6	8.2	9.9
5-Year Average	**15.2**	**14.0**	**7.0**	**8.0**

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

Why is this indicator important?

Experiencing episodes of depression or anxiety is associated with higher rates of substance abuse, and possible suicide thoughts, plans and attempts. Understanding a diagnosis of depression and its various forms may help individuals manage symptoms and mitigate negative consequences.

Where did we get the data?

Centers for Disease Control and Prevention (CDC) Behavior Risk Factor Surveillance System (BRFSS) – 2016 – 2020

Important findings

- The percentage of adults reporting having a form of depression is similar for Kansas and the national average.
- Multi-racial adults comprised the largest percentage of individuals who had been told they had a form of depression.
- A larger percentage of females reported they had been told they had a form of depression than males.
- A diagnosis of Depression was most often reported in the 18 to 34 age groups.

Graphs of Five-Year Trends

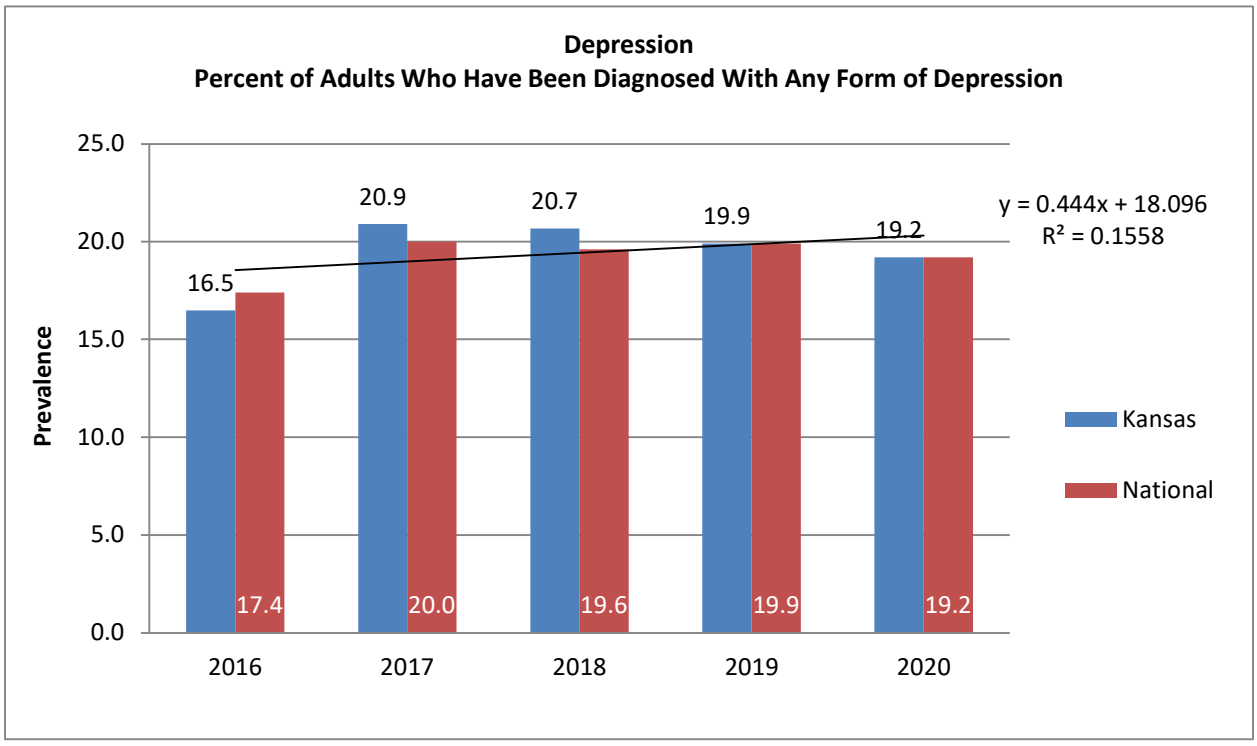


Table 18.2 Percent of persons aged 18 and older reporting having been told they have depression by race and ethnicity, 2016-2020

Year	Overall	Race						Ethnicity	
		White	African American	Native American	Asian	Other	Multiple Race	Hispanic	Non-Hispanic
2016	16.5	17.1	13.6	23.8	0.0	0.0	25.2	12.6	17.1
2017	20.9	21.3	18.8	31.8	6.6	0.0	37.3	21.1	21.3
2018	20.7	21.1	17.6	28.1	9.1	2.0	28.5	14.8	21.1
2019	19.9	19.9	15.4	24.4	9.2	0.0	28.0	21.6	19.9
2020	19.2	19.7	17.0	27.2	0.0	22.4	20.8	16.2	19.7
5-Year Average	**19.4**	**19.8**	**16.5**	**27.0**	**5.0**	**4.9**	**27.9**	**17.3**	**19.8**

Table 18.3 Percent of persons aged 18 and older reporting having been told they have depression by gender and age group, 2016-2020

Year	Overall	Gender		Age Group					
		Male	Female	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65+ years
2016	16.5	11.8	21.0	17.1	17.8	17.8	16.3	18.2	12.7
2017	20.9	15.3	26.4	23.8	20.9	21.6	21.8	22.1	16.7
2018	20.7	14.6	26.6	24.1	23.2	21.1	20.1	22.2	15.3
2019	19.9	14.3	25.3	27.2	22.9	23.4	17.2	19.5	12.3
2020	19.2	12.7	25.5	24.5	24.9	20.0	18.0	17.7	12.8
5-Year Average	**19.4**	**13.7**	**25.0**	**23.3**	**21.9**	**20.8**	**18.7**	**19.9**	**14.0**

Table 18.4 Percent of persons aged 18 and older reporting having been told they have depression by educational attainment and income, 2016-2020

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
2016	16.5	16.9	17.6	18.3	13.1	20.3	18.1	15.5	12.4
2017	20.9	30.1	20.9	21.8	16.5	30.1	21.3	21.5	15.3
2018	20.7	28.4	21.0	22.0	16.2	30.9	24.4	20.6	14.5
2019	19.9	28.3	18.5	21.1	17.0	27.9	22.8	21.2	15.0
2020	19.2	28.0	18.5	21.2	14.8	29.8	24.1	18.4	14.4
5-Year Average	**19.4**	**26.3**	**19.3**	**20.9**	**15.5**	**27.8**	**22.1**	**19.4**	**14.3**

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 consequence 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 2016 - 2020

Important findings

- A larger percentage of adults in Kansas reported having 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 five years.
- Suicidal thoughts are most prevalent in the ages 18 to 25 category (15.1% in 2020).

Graph of Five-Year Trend

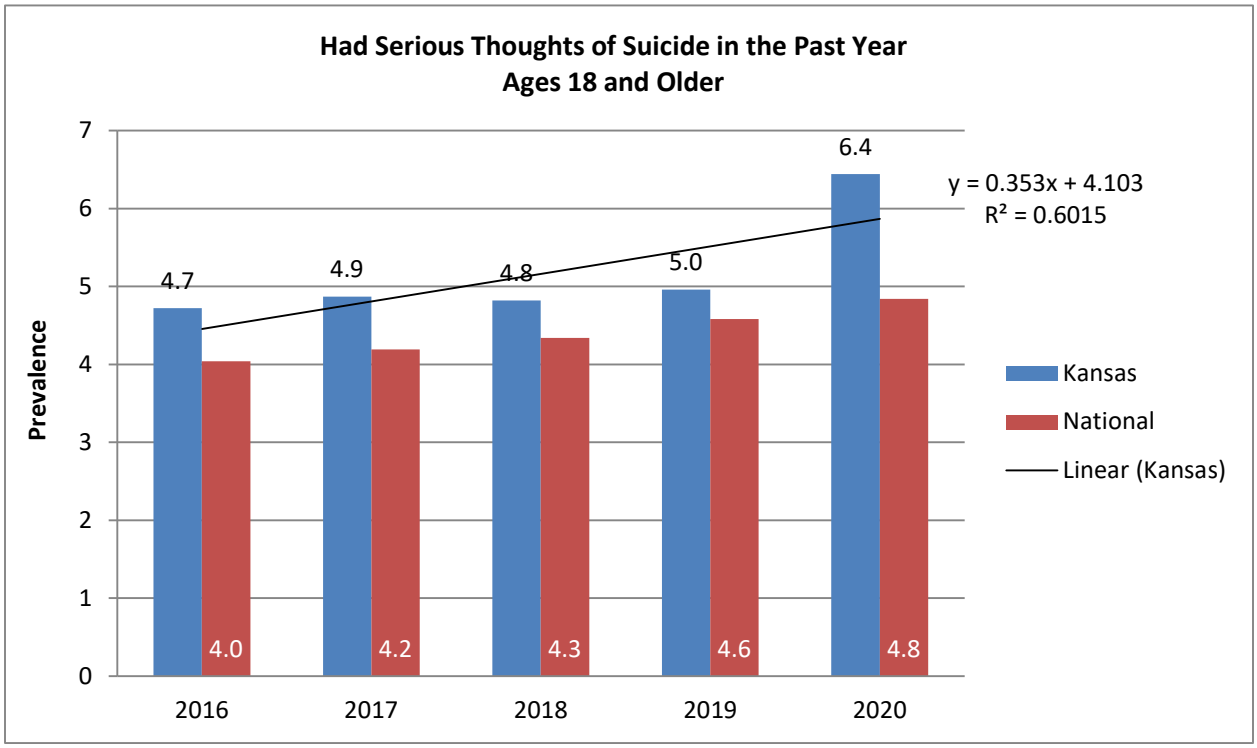


Table 18.5 Percent of adult population surveyed reporting having had serious thoughts of suicide in the past year by age group

Year	18-25	26+	18+
2016	9.34	3.88	4.72
2017	10.29	3.90	4.87
2018	11.75	3.60	4.82
2019	11.39	3.68	4.96
2020	15.07	4.95	6.44
5-Year Average	**11.6**	**4.0**	**5.2**

Diagnosis of Any Mental Illness - Adults: Percent of population reporting having been diagnosed with any mental illness (AMI) in the past year

Why is this indicator important?

According to the National Institute of Mental Health, any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness). Mental health problems can have negative influences on homelessness, poverty, employment, safety, and the local economy. They may impact the productivity, ability of children and youth to succeed in school, and can lead to disruptions within a family and the community.

Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 – 2020. The criteria used to categorize SUD among NSDUH respondents changed from the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to the fifth edition (DSM-5), resulting in some differences in who is classified as having an SUD. For this reason alone, the DSM-5 SUD estimates from 2020 are not comparable with the DSM-IV SUD estimates from prior years.

Important findings

- The percentage of adults reporting a mental illness diagnosis in the last year is higher for Kansas residents than the national average.
- The percentage of the population reporting mental illnesses has increased over the past five years.
- Mental illness diagnoses are most prevalent in the ages 18 to 25 category.

Graphs of Five-Year Trends

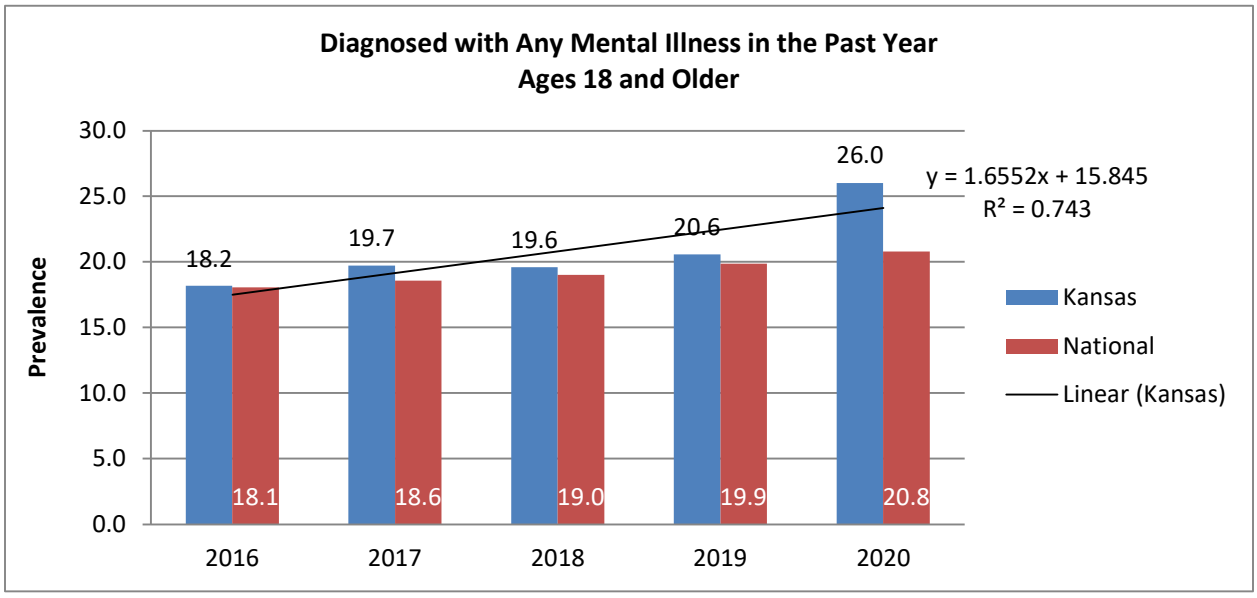


Table 18.6 Percent of adult population having been diagnosed with any mental illness (AMI) in the past year by age group

Year	18-25	26+	18+
2016	21.42	17.58	18.17
2017	24.72	18.81	19.71
2018	27.09	18.26	19.59
2019	27.90	19.28	20.56
2020	34.79	24.50	26.02
5-Year Average	**27.2**	**19.7**	**20.8**

Diagnosis of a Serious Mental Illness - Adults: Percent of population reporting having been diagnosed with a serious mental illness (SMI) in the past year

Why is this indicator important?

According to the National Institute of Mental Health, serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Where did we get the data?

SAMHSA National Survey on Drug Use and Health (NSDUH) – Summaries of National Findings and Detailed Tables 2016 – 2020. The criteria used to categorize SUD among NSDUH respondents changed from the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to the fifth edition (DSM-5), resulting in some differences in who is classified as having an SUD. For this reason alone, the DSM-5 SUD estimates from 2020 are not comparable with the DSM-IV SUD estimates from prior years.

Important findings

- The percentage of adults reporting a serious mental illness diagnosis in the last year is higher for Kansas residents than the national average.
- The percentage of the population reporting serious mental illnesses has increased over the past five years.
- Serious mental illnesses are most prevalent in the ages 18 to 25 category.

Graphs of Five-Year Trends

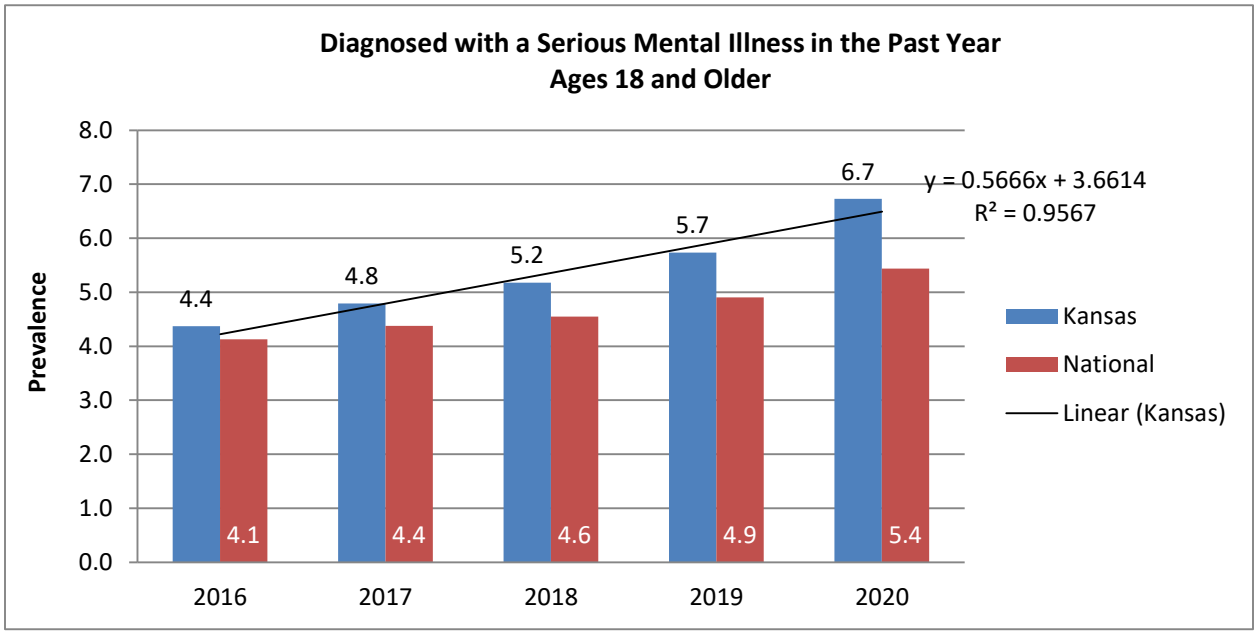


Table 18.7 Percent of adult population having been diagnosed with a serious mental illness in the past year by age group

Year	18-25	26+	18+
2016	5.91	4.09	4.37
2017	7.17	4.37	4.79
2018	8.64	4.56	5.18
2019	9.93	5.00	5.74
2020	13.28	5.60	6.73
5-Year Average	**9.0**	**4.7**	**5.4**

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

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 2016-2020

Important findings

- The rate 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 to 64 constituted 61.8% of admissions over a five-year timeframe.

Graph of Three-Year Trend

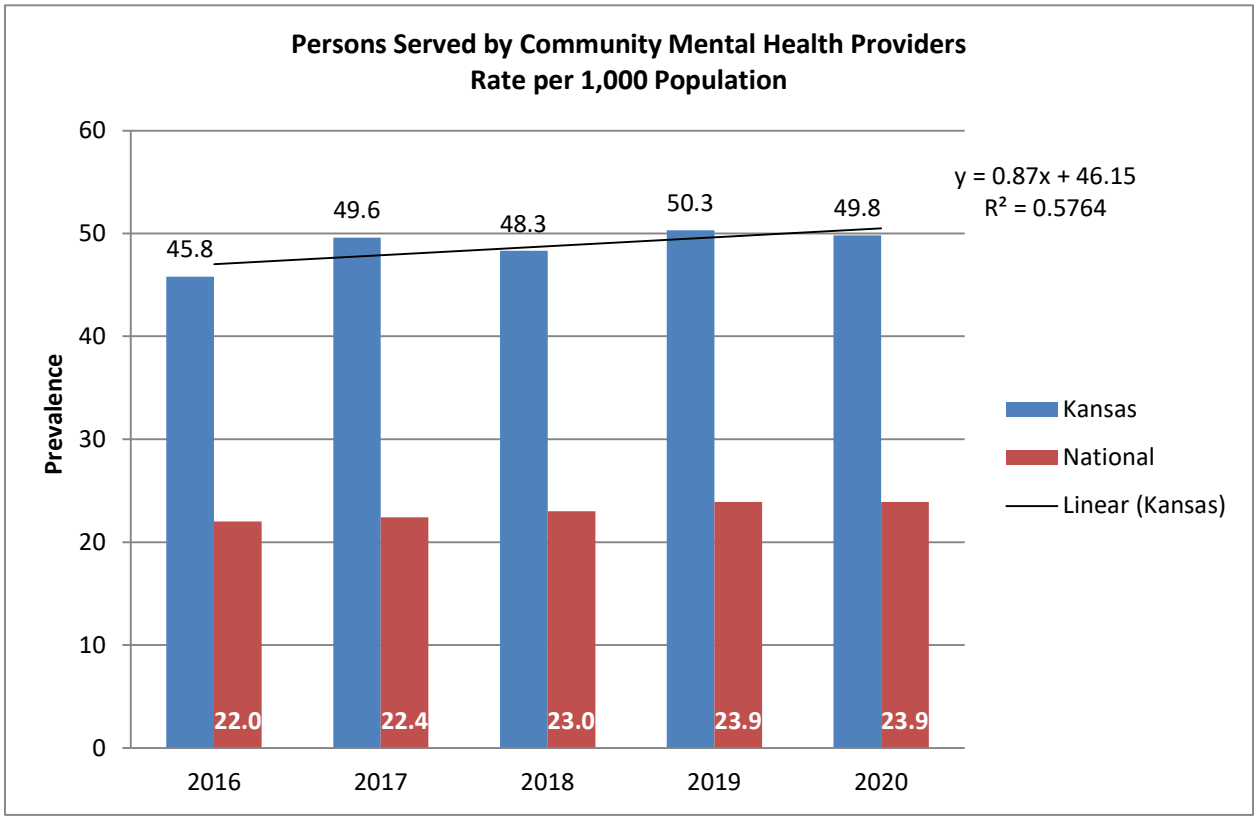


Table 19.1 Persons served in community mental health programs by gender and age, 2016-2020

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
2016	69,524	51.90%	22.8	62,674	48.00%	21.8	8,254	27.50%	26.7
2017	76,095	52.10%	23.1	67,275	47.80%	21.9	9,134	28.00%	27.7
2018	74,368	52.20%	47.7	65,630	47.00%	43.1	8,881	26.80%	49.7
2019	77,019	52.70%	52.1	68,855	46.60%	46.5	9,397	26.50%	53.5
2020	77,003	52.90%	50.9	68,026	46.70%	45.2	9,385	26.60%	52.5
5-Year Average	**74,802**	**52.36%**	**39.3**	**66,492**	**47.22%**	**35.7**	**9,010**	**27.08%**	**42.0**

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
2016	8,254	4.50%	24.7	81,189	63.50%	24.6	7,011	4.50%	6.5
2017	9,134	4.30%	24.3	88,065	62.80%	24.6	7,901	4.80%	6.9
2018	8,881	6.20%	65.4	85,466	60.90%	49.5	8,255	5.30%	16.4
2019	9,397	6.30%	73.3	88,676	61.00%	54	9,091	5.50%	18.1
2020	9,385	6.30%	71.4	88,762	60.80%	52.5	9,714	5.90%	18.4
5-Year Average	**9,010**	**5.52%**	**51.8**	**86,432**	**61.80%**	**41.0**	**8,394**	**5.20%**	**13.3**

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

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 2016-2020

Important findings

- Over a five-year timeframe, individuals aged 0 to 17 represented the highest rate served by state mental health authority services.
- Males had a larger number and higher rate of persons served by state mental health authority services over the five-year period as well as on an annual basis compared to females.
- Non-Hispanic ethnicity represented a higher rate than Hispanic ethnicity.

Graph of Three-Year Trend

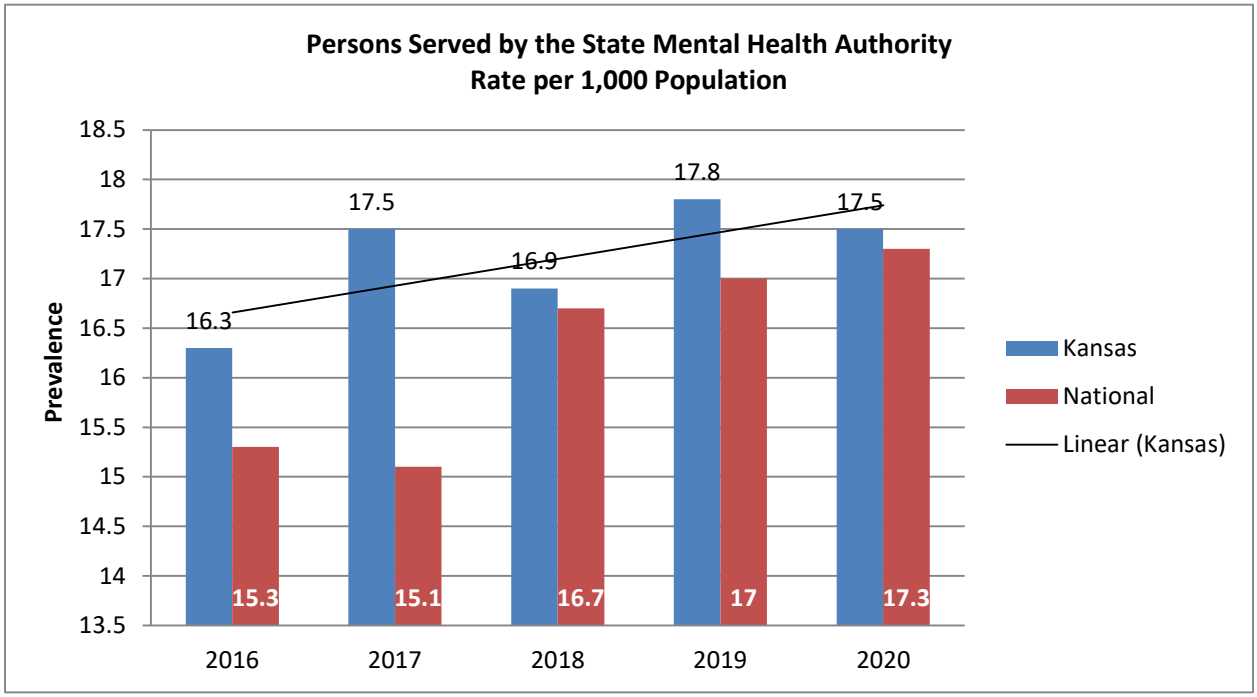


Table 19.2 Persons served by the State Mental Health Authority by age group, 2016-2020

Year	Age 0-17		Age 18-20		Age 21-24		Age 25-64		Age 65 and Over	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2016	22,711	38.8	3,964	31.4					1,386	3.1
2017	24,765	42.2	4,260	34.2					1,488	3.2
2018	24,343	41.5	3,784	30.4	2,409	16.2	16,941	12	1,512	3.2
2019	25,723	44.1	4,084	32.6	2,590	14	17,676	11.7	1,702	3.5
2020	24,870	43.2	4,163	33.1	2,635	15.3	9,652	12.2	36,841	8.2
5-Year Average	**24,482**	**41.9**	**4,051**	**32.3**	**2,545**	**15.2**	**14,756**	**11.9**	**8,586**	**4.2**

Table 19.3 Persons served by the State Mental Health Authority by race, 2016-2020

Year	White		African American		Multi-Racial		Native American, etc.		Asian	
	Num	Rate	Num	Rate	Num	Rate	Num	Rate	Num	Rate
2016	34,855	13.8	5,225	31.5	1,494	18	1,601	46	519	6.1
2017	36,735	14.6	5,659	29.2	2,191	25.9	1,522	44	560	6.5
2018	34,906	13.9	5,235	31.1	2,860	33.1	1,375	39.7	572	6.4
2019	37,240	14.8	5,556	37.8	2,921	33.2	1,366	39.2	615	6.7
2020	5,407	30.3	1,326	0	4,016	0	608	6.5	89	24.1
5-Year Average	**29,829**	**17.5**	**4,600**	**25.9**	**2,696**	**22.0**	**1,294**	**35.1**	**471**	**10.0**

Table 19.4 Persons served by the State Mental Health Authority by gender and ethnicity, 2016-2020

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
2016	21,450	14.7	25,786	17.7	3,410	10.1	43,737	17
2017	23,195	15.9	27,573	19	3,958	11.7	46,597	18.1
2018	22,634	15.5	26,353	18.1	4,114	11.8	44,477	17.3
2019	23,829	16.3	27,945	19.3	4,495	12.8	46,884	18.3
2020	23,485	16.1	27,540	19	4,523	12.7	46,074	18
5-Year Average	**22,919**	**15.7**	**27,039**	**18.6**	**4,100**	**11.8**	**45,554**	**17.7**

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

Why is this indicator important?

Suicide is a preventable public health concern and requires a public, behavioral health approach to prevention efforts. Individuals, families, and whole communities are affected when someone dies by suicide. Suicide is complex, multi-faceted, and emotionally and financially costly. Additionally, suicide rates are highly correlated to alcohol and illicit drug abuse

Where did we get the data?

National and trend data from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Demographic data from Kansas Department of Health and Environment, Center for Health and Environmental Statistics, Office of Vital Statistics, Death Certificates 2016-2020

Important findings

- Rates of death by suicide have been fairly stable both nationally and in Kansas over the past five years.
- The suicide death rate in Kansas is sustainably higher than the national average.
- The highest rates are indicated for individuals who are white, non-Hispanic, male, and between the ages of 25 to 44.
- The largest increase in suicide rate is for youth and young adults in the 15 to 24 age range, from 7.9 in 2016 to 14.5 in 2020.

Graph of Five-Year Trend

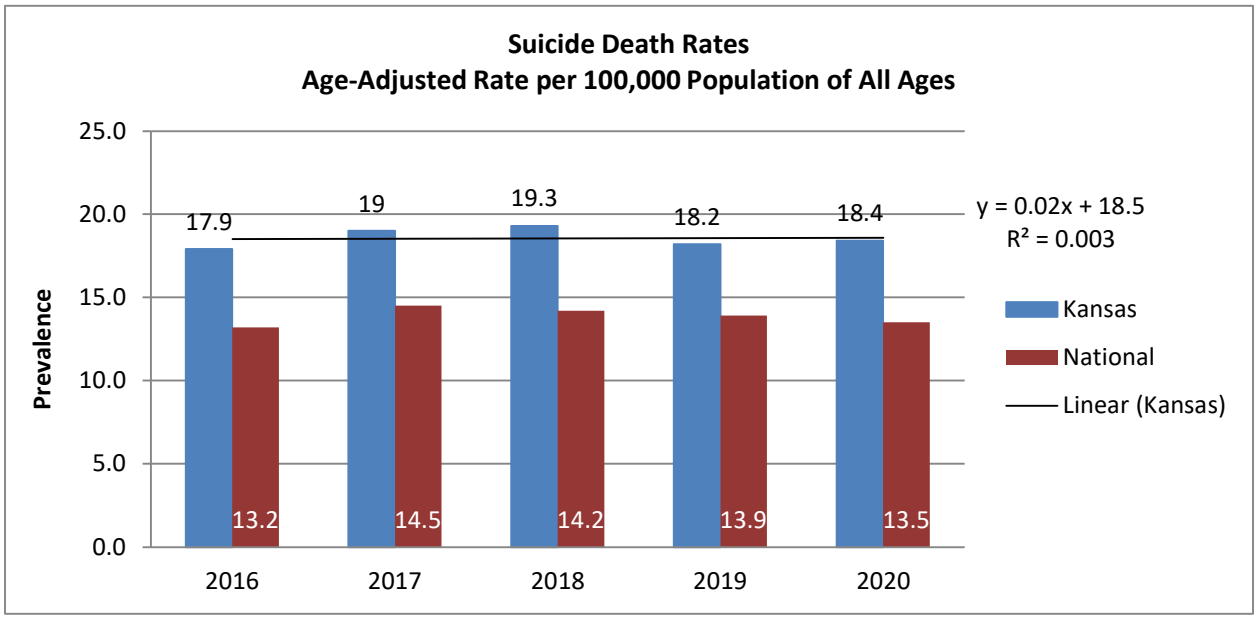


Table 20.1 Suicide death rates by gender, race, and ethnicity, 2016-2020

Year	Overall Age-Adjusted	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2016	17.9	28.2	7.9	18.5	12.7	Suppressed	9.9	18.7
2017	19.1	30.1	8.3	19.7	12.1	Suppressed	9.5	20.1
2018	19.3	30.4	8.2	19.9	13.4	Suppressed	9.8	20.2
2019	18.2	29	7.7	19.2	12	Suppressed	12.5	18.4
2020	18.4	28.7	8.2	19.0	13.5	Suppressed	13.1	18.6
5-Year Average	**18.6**	**29.3**	**8.1**	**19.3**	**12.7**	**N/A**	**11.0**	**19.2**

Table 20.2 Suicide death rates by age group, 2016-2020

Year	Overall Crude Rate	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2016	17.7	1.2	7.9	12.4	10.2	13.4
2017	19.0	1.0	11.8	13.3	13.9	7.7
2018	19.1	1.5	24.7	28.4	22.4	16.4
2019	4.7	1.0	11.4	13.6	10.0	6.6
2020	18.2	1.4	14.5	16.5	15.1	7.1
5-Year Average	**15.7**	**1.2**	**14.1**	**16.8**	**14.3**	**10.2**

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. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Demographic data from Kansas Department of Health and Environment, Center for Health and Environmental Statistics, Office of Vital Statistics, Death Certificates 2016-2020

Important findings

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

Graph of Five-Year Trend

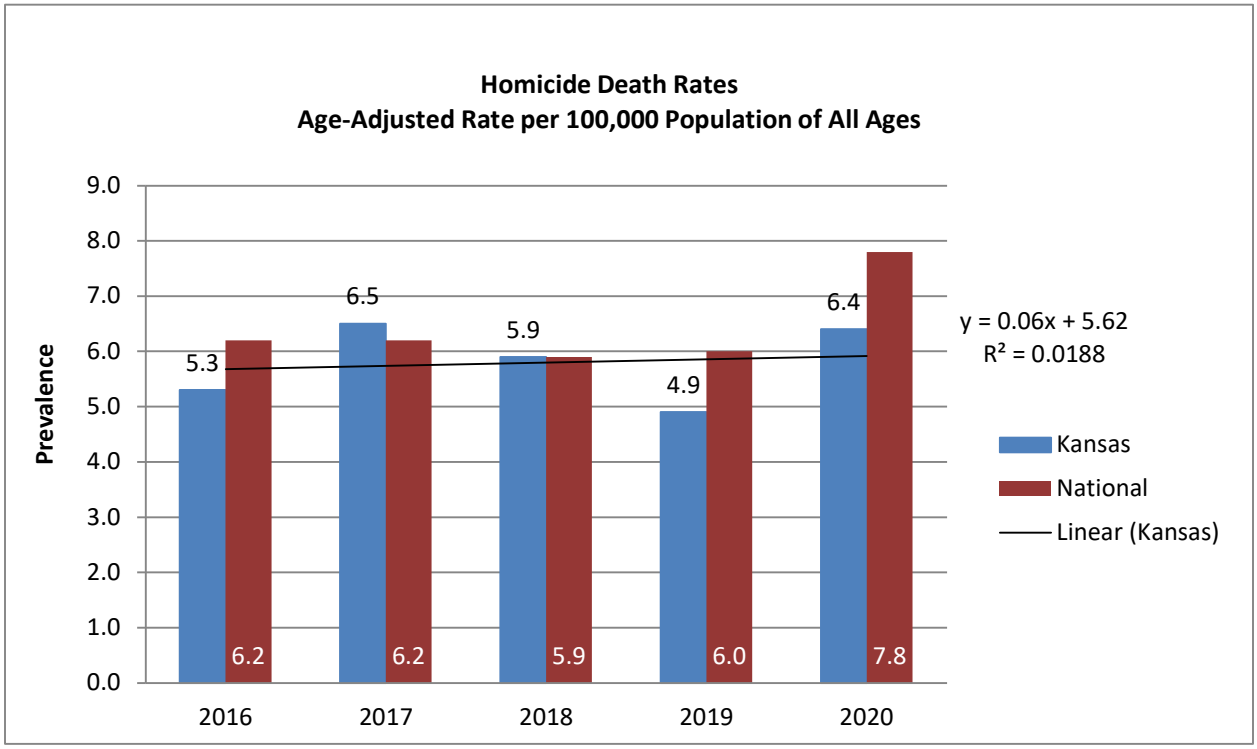


Table 20.3 Homicide death rates by gender, race, and ethnicity, 2016-2020

Year	Overall	Gender		Race			Ethnicity	
		Male	Female	White	African American	Other	Hispanic	Non-Hispanic
2016	5.3	19.7	4.2	5.7	26.4	N/A	Suppressed	12.2
2017	6.5	21.0	5.1	5.0	31.6	N/A	Suppressed	13.3
2018	5.9	20.1	4.5	5.5	27.8	N/A	Suppressed	12.5
2019	4.9	21.4	4.6	5.5	30.4	N/A	Suppressed	13.1
2020	6.4	11.1	2.8	4.4	44.4	N/A	9.4	6.2
5-Year Average	**5.8**	**18.7**	**4.2**	**5.2**	**32.1**	**N/A**	**N/A**	**11.5**

Table 20.4 Homicide death rates by age group, 2016-2020

Year	Overall Crude Rate	Age Group				
		Under 15 years	15-24 years	25-44 years	45-64 years	65+ years
2016	5.1	0.0	9.6	17.4	6.2	7.8
2017	6.4	0.0	11.3	20.7	12.5	7.7
2018	5.5	0.0	9.9	22.2	0.0	11.5
2019	4.7	0.0	7.8	15.5	0.0	5.8
2020	6.7	0.0	15.1	22.4	0.0	10.1
5-Year Average	**5.7**	**0.0**	**10.7**	**19.6**	**3.7**	**8.6**

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, 2017-2021

Important findings

- The number of children in Kansas being removed from their home has been decreasing over the past five years.
- More children are removed from their home due to lack of supervision than any other cause (20%). This followed closely by parent neglect (18%) and physical abuse (17%).

Graph of Five-Year Trend

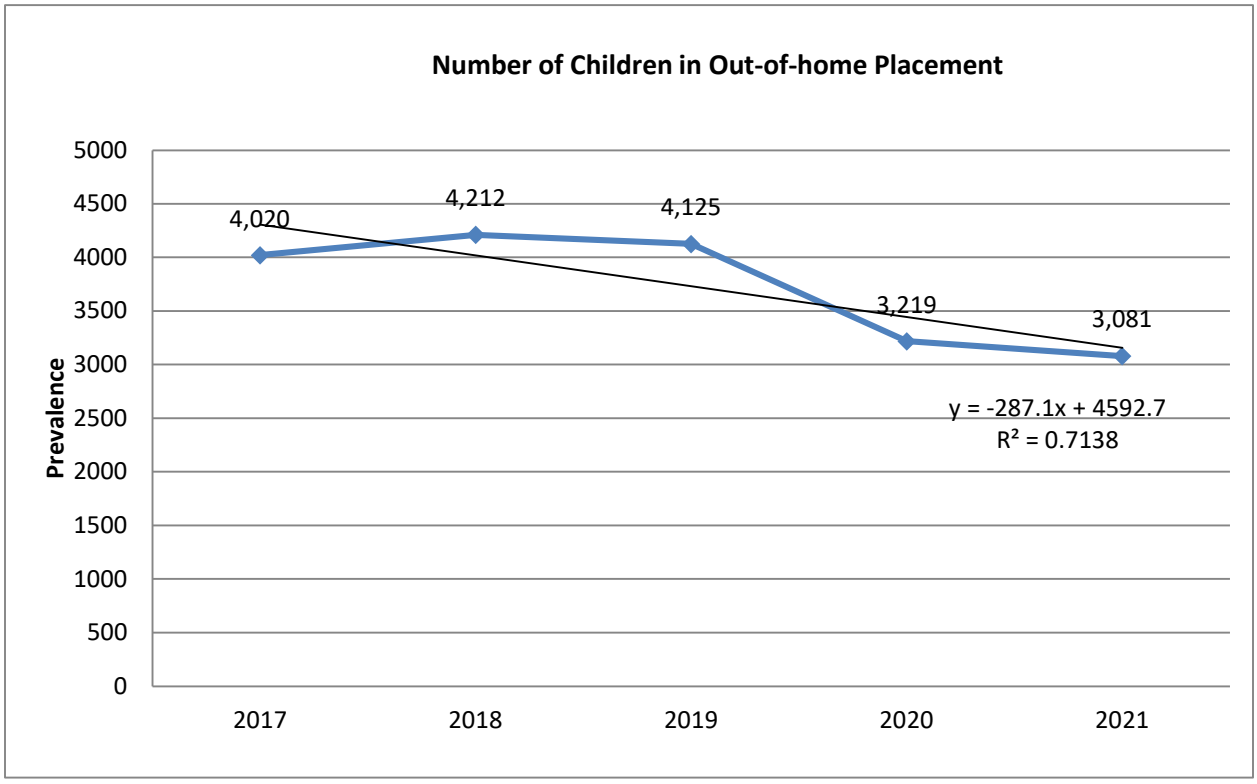


Table 21.1 Out-of-Home Child Placement by Removal Reason, 2017-2021

Reason	2017	2018	2019	2020	2021
Lack of Supervision	631	661	610	494	609
% Lack of Supervision	16.0%	16.0%	15.0%	15.0%	20.0%
Neglect	766	842	743	619	543
% Neglect	19.0%	20.0%	18.0%	19.0%	18.0%
Physical Abuse	584	718	805	578	529
% Physical Abuse	15.0%	17.0%	20.0%	18.0%	17.0%
Emotional Abuse	323	294	436	324	277
% Emotional Abuse	8.0%	7.0%	11.0%	10.0%	9.0%
Caretakers' Inability to Cope	184	150	227	279	277
% Caretakers Inability to Cope	5.0%	4.0%	6.0%	9.0%	9.0%
Parent Substance Abuse	619	615	367	241	208
% Parent Substance Abuse	15.0%	15.0%	9.0%	7.0%	7.0%
Sexual Abuse	168	183	246	186	182
% Sexual Abuse	4.0%	4.0%	6.0%	6.0%	6.0%
Other Removals	310	292	262	196	141
% Other	8.0%	7.0%	6.0%	6.0%	5.0%
Abandonment	191	238	214	143	150
% Abandonment	5.0%	6.0%	5.0%	4.0%	5.0%
Child Behavior Problem	204	191	192	134	142
% Child Behavior Problem	5.0%	5.0%	5.0%	4.0%	5.0%
Truancy	40	28	23	25	23
% Truancy	1.0%	1.0%	1.0%	1.0%	1.0%

Child Removal from the Home due to Parent Substance Abuse: Number of children placed out-of-home 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.

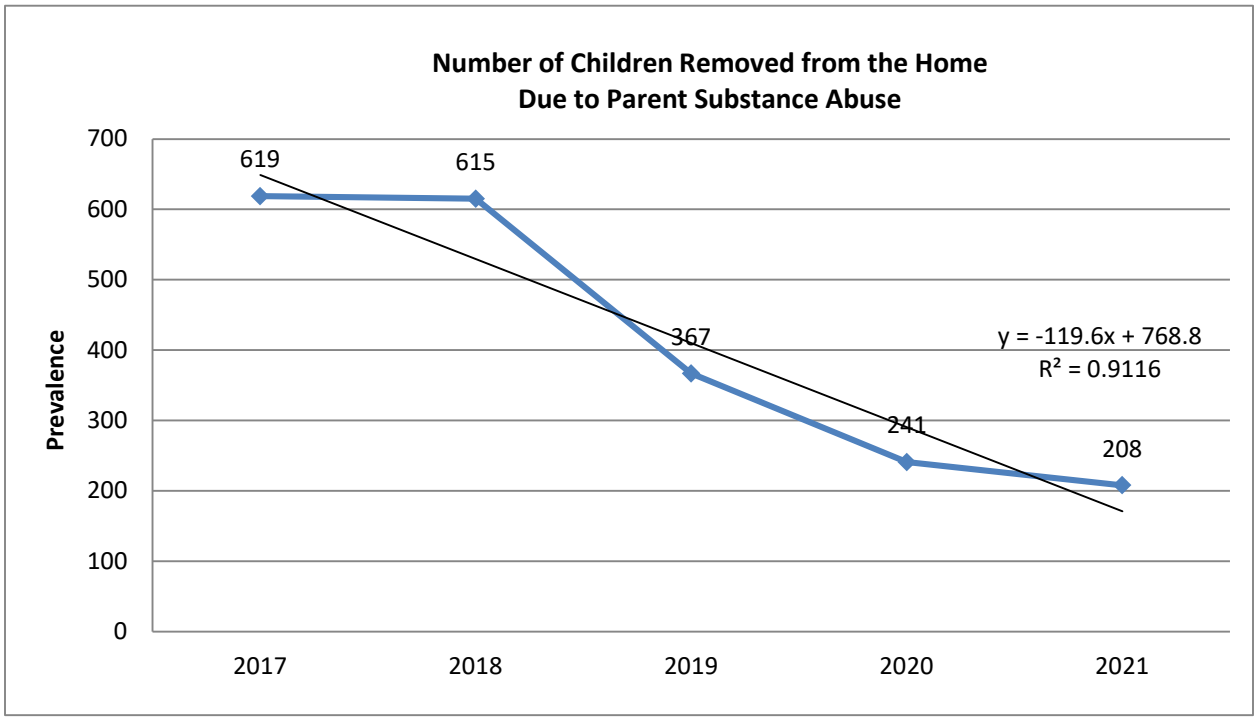
Where did we get the data?

Kansas Department of Children & Families, Count data was provided from the Foster Care / Adoption Summary Reports, 2017-2021

Important findings

- Both the number of children in out-of-home placement and the number removed specifically due to parent substance abuse has decreased over the past five years.

Graph of Five-Year Trend



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

Why is this indicator important?

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

Where did we get the data?

Kansas Department for Aging and Disability Services, Behavioral Health Services, Kansas Communities That Care (KCTC) Survey, 2018-2022

Important findings

- The percentage of students considered at risk on the low family attachment scale has decreased over the past five years, particularly in recent years 2021 and 2022.
- The largest percentage of youth at risk has consistently been reported for students in the 10th grade.
- African American students represent the largest percentage at risk and white students represent the lowest percentage at risk.

Graph of Five-Year Trend

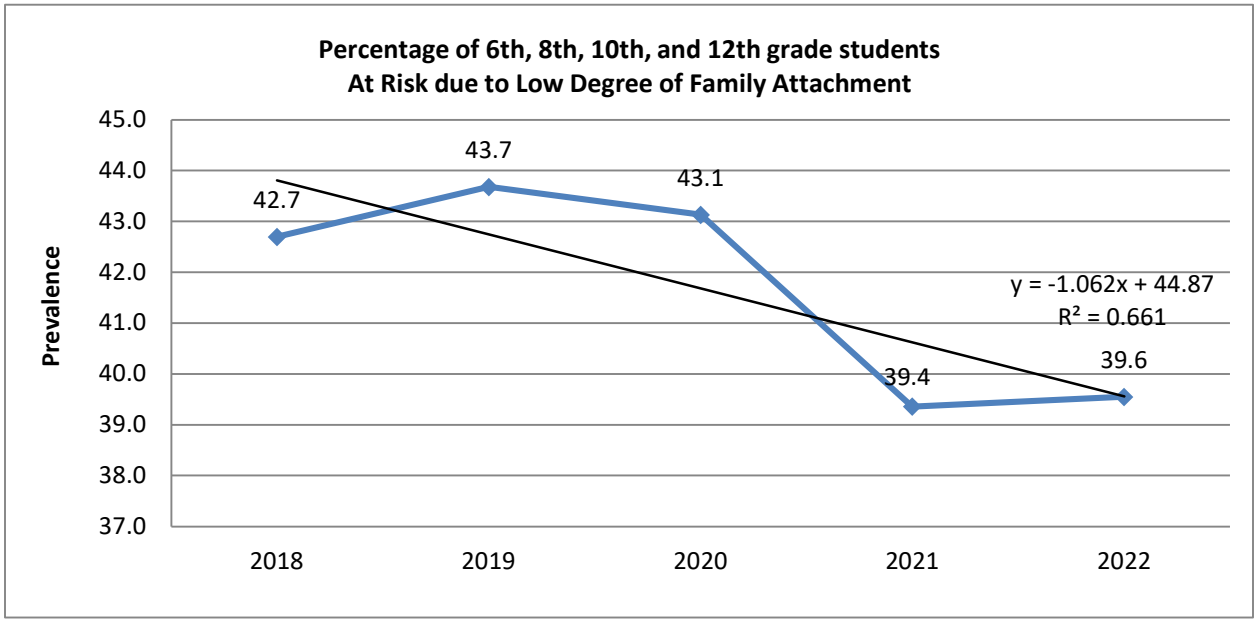


Table 21.2 Percent of students in 6th, 8th, 10th, and 12th grades reporting at risk due to low family attachment by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	42.7	40.7	41.5	48.0	40.0	41.8	43.6
2019	43.7	42.1	43.5	49.1	39.1	42.0	45.3
2020	43.1	42.0	42.7	48.4	38.9	41.2	45.0
2021	39.4	41.5	38.6	44.8	30.6	37.7	40.7
2022	39.6	41.3	38.7	44.2	32.2	37.5	41.6
5-Year Average	**41.7**	**41.5**	**41.0**	**46.9**	**36.1**	**40.0**	**43.2**

Table 21.3 Percent of students in 6th, 8th, 10th, and 12th grades reporting at risk due to low family attachment by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	39.8	56.9	49.8	44.1	53.2	48.4	41.2
2019	40.7	57.7	53.2	47.9	50.4	49.8	41.9
2020	40.2	55.3	52.4	43.1	52.4	49.2	41.3
2021	37.1	45.9	49.4	41.8	45.5	45.0	37.9
2022	37.3	45.4	49.3	42.8	43.1	45.4	37.6
5-Year Average	**39.0**	**52.2**	**50.8**	**43.9**	**48.9**	**47.6**	**40.0**

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, 2018-2022

Important findings

- The percentage of students considered at risk on the poor family management scale has increased over the past five years.
- Those most at risk due to poor family management are in the 6th grade age group. As age / grade increases, the percentage of youth at risk decreases.
- Pacific Islander and Native American students represent the largest percentage at risk due to poor family management.

Graph of Five-Year Trend

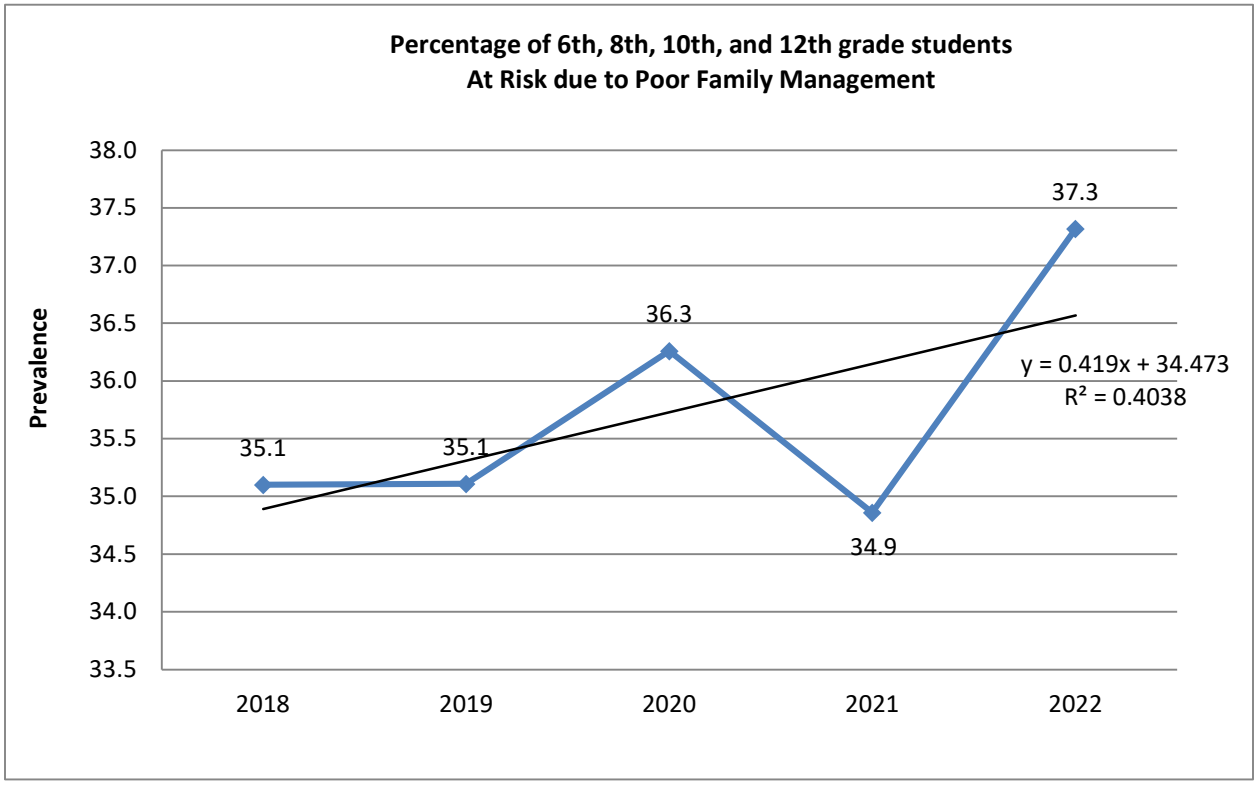


Table 21.4 Percent of students in 6th, 8th, 10th, and 12th grades reporting at risk due to poor family management by grade and gender, 2018-2022

Year	Overall	Grade Level				Gender	
		6th Grade	8th Grade	10th Grade	12th Grade	Male	Female
2018	35.1	41.1	34.9	31.5	33.4	39.0	31.5
2019	35.1	42.7	36.5	30.2	29.8	38.6	31.7
2020	36.3	44.0	36.5	31.9	31.3	39.3	33.4
2021	34.9	44.8	35.2	29.3	27.7	36.7	33.0
2022	37.3	46.0	37.1	32.2	31.6	39.1	35.4
5-Year Average	**35.3**	**43.1**	**35.8**	**30.7**	**30.5**	**38.4**	**32.4**

Table 21.5 Percent of students in 6th, 8th, 10th, and 12th grades reporting at risk due to poor family management by race, 2018-2022

Year	Single Race					Hispanic (of any race)	Non-Hispanic
	White	African American	Hawaiian / Pacific Islander	Asian	Native American / Alaska Native		
2018	32.9	45.6	46.5	36.0	46.6	39.8	33.9
2019	32.8	45.5	48.8	40.8	41.5	40.0	33.6
2020	33.9	48.1	49.2	35.3	47.1	41.0	34.8
2021	32.6	41.6	53.4	32.2	47.4	39.0	33.7
2022	34.4	47.0	51.2	40.7	47.7	42.1	35.7
5-Year Average	**33.3**	**45.6**	**49.8**	**37.0**	**46.1**	**40.4**	**34.3**

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

Why is this indicator important?

The Department of Justice concludes that there is cumulative evidence of a consistent pattern of correlation between drug abuse and crime. 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?

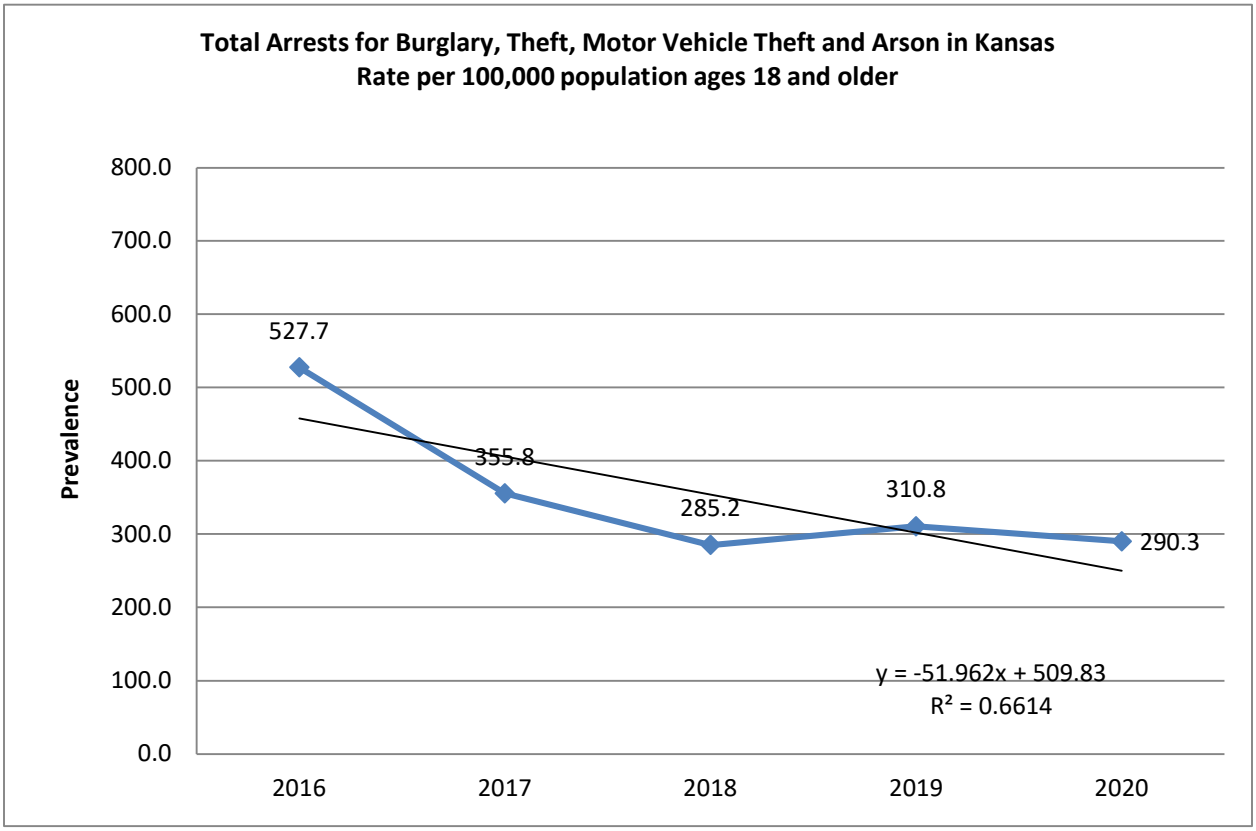
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2016-2020

Important findings

- Rates of arrests for property crimes have declined over the past five years for both adults and juvenile offenders.

Graphs of Five-Year Trends

Adult Arrests:



Juvenile Arrests:

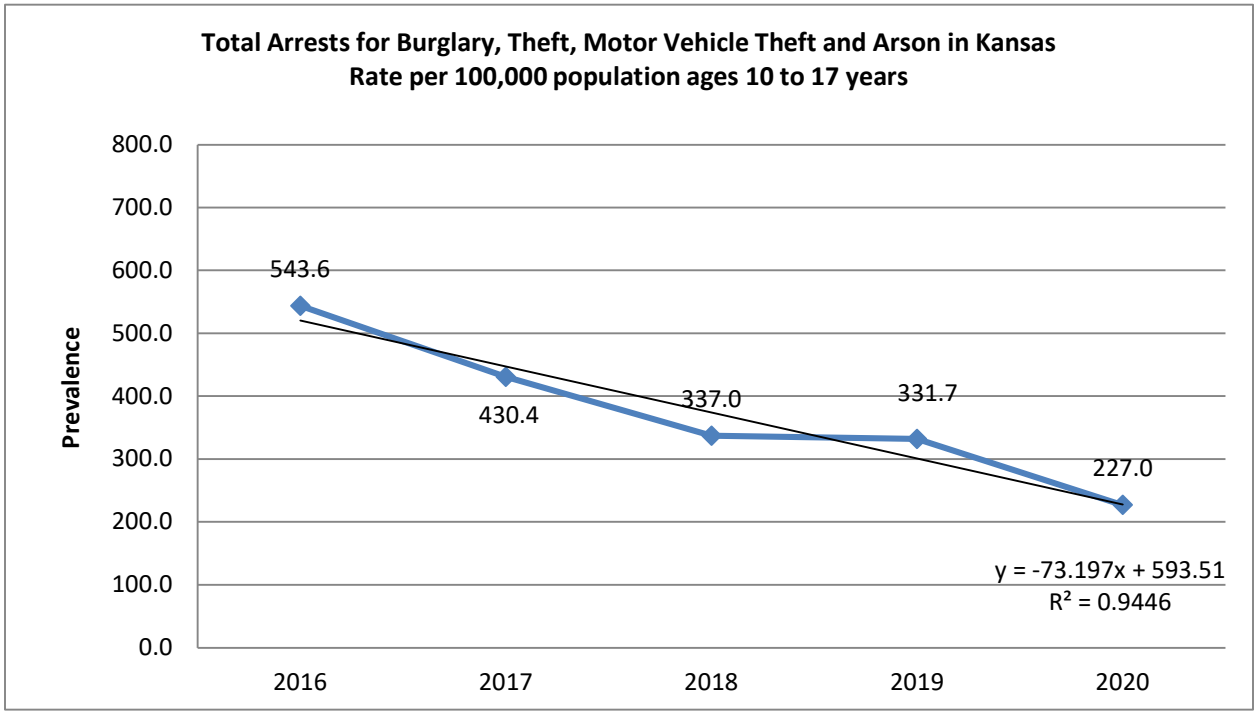


Table 21.6 Rate and number of arrests for various property crimes by age group, 2016-2020

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Property Crimes	Rate	Property Crimes	Rate
2016	529.7	1734	543.6	11219	527.7
2017	365.5	1373	430.4	7564	355.8
2018	291.9	1075	337.0	6063	285.2
2019	313.5	1058	331.7	6608	310.8
2020	282.1	724	227.0	6173	290.3
5-Year Average	**356.5**	**1193**	**373.9**	**7525**	**353.9**

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

Why is this indicator important?

Many 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?

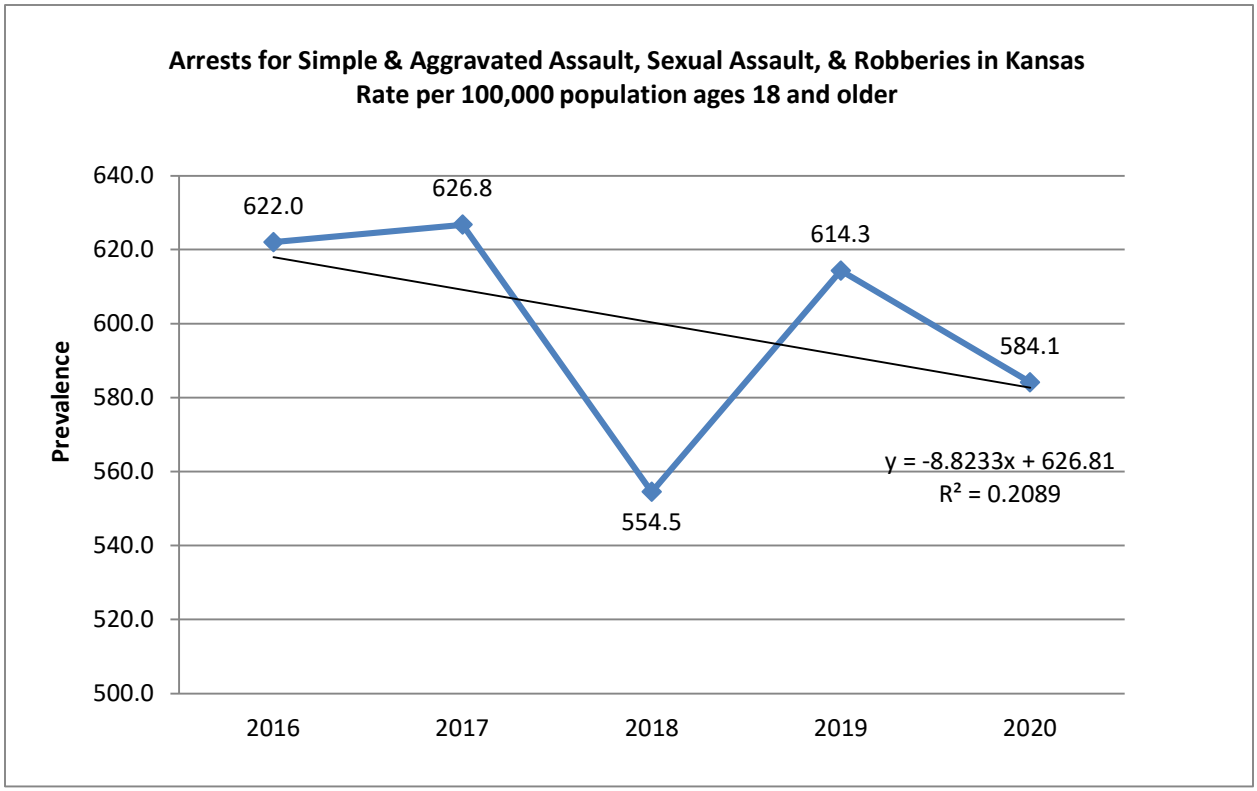
Kansas Bureau of Investigation as reported by offense and arrest reports submitted by local law enforcement agencies, 2016-2020

Important findings

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

Graphs of Five-Year Trends

Adult Arrests:



Juvenile Arrests:

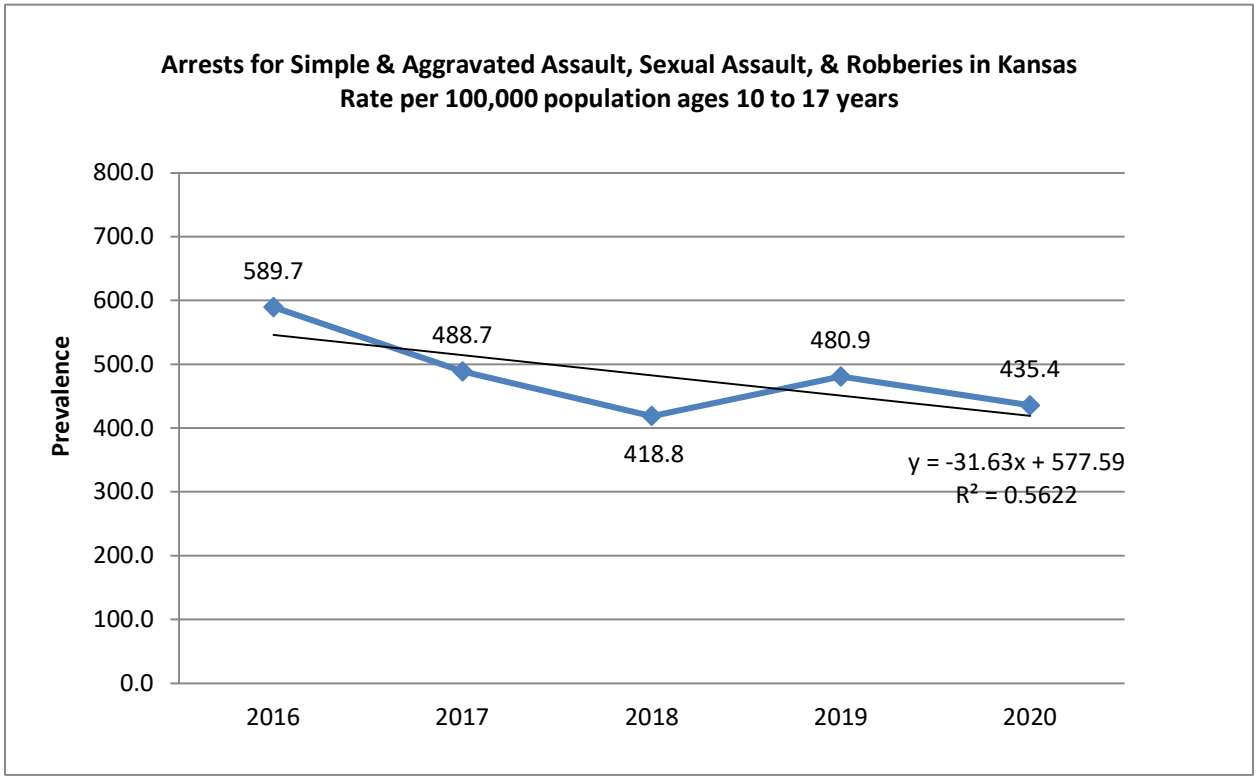


Table 21.7 Rate and number of arrests for various personal crimes by age group, 2016-2020

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Personal Crime	Rate	Personal Crime	Rate
2016	617.8	1881	589.7	13225	622.0
2017	608.7	1559	488.7	13326	626.8
2018	536.8	1336	418.8	11790	554.5
2019	596.9	1534	480.9	13062	614.3
2020	564.7	1389	435.4	12419	584.1
5-Year Average	**585.0**	**1540**	**482.7**	**12764**	**600.3**

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, 2016-2020

Important findings

- Rates of arrest for prostitution have decreased over the past five years.
- The five-year average for juvenile arrests for prostitution is 0.1 per 100,000.

Graph of Five-Year Trend

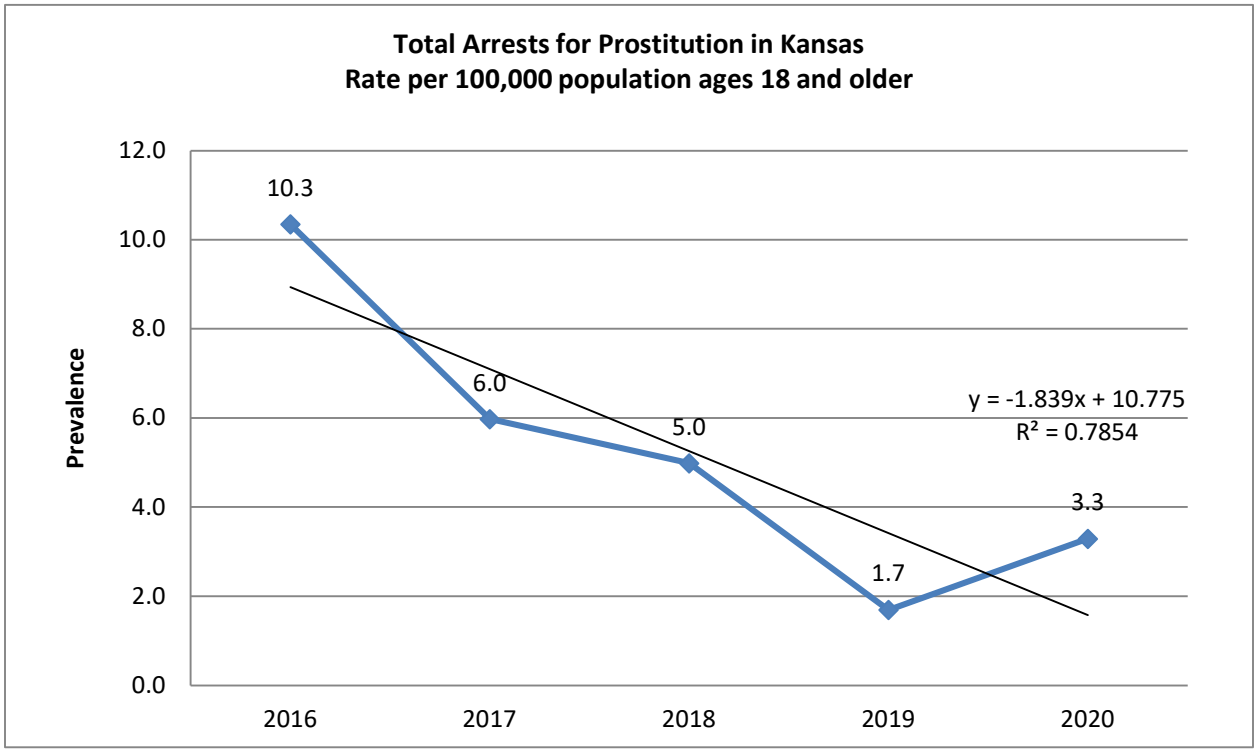


Table 21.8 Rate and number of arrests for prostitution by age group, 2016-2020

Year	Overall Rate	JUVENILE ARRESTS		ADULT ARRESTS	
		Prostitution	Rate	Prostitution	Rate
2016	9.0	0	0.0	220	10.3
2017	5.2	0	0.0	127	6.0
2018	4.3	0	0.0	106	5.0
2019	1.5	1	0.3	36	1.7
2020	2.9	1	0.3	70	3.3
5-Year Average	**4.6**	**0**	**0.1**	**112**	**5.3**

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.

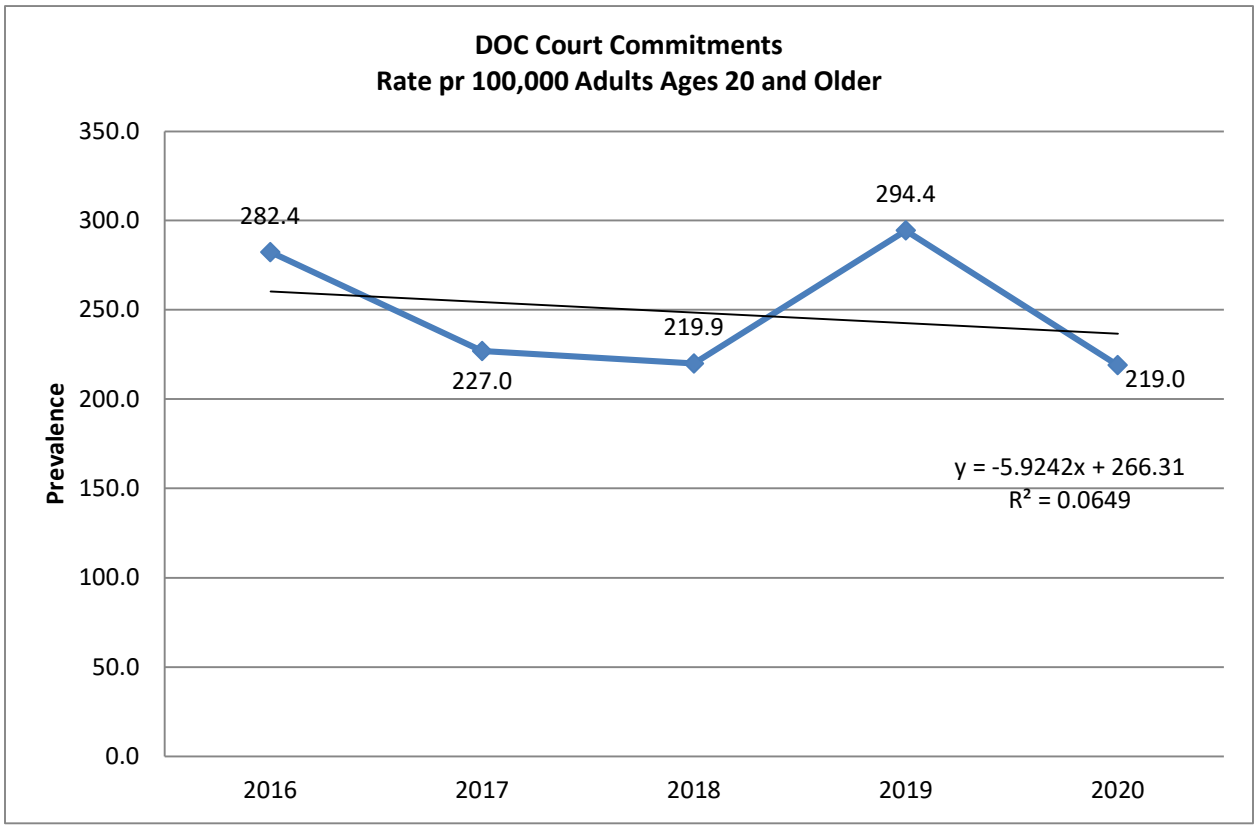
Where did we get the data?

Special request: Kansas Department of Corrections – Adult New Court Commitments, 2016-2020

Important findings

- Adult court commitments have decreased over the past five years.
- After a spike in 2019, the number of court commitments reported in 2020 was the lowest it had been in five years.

Graph of Five-Year Trend



Kansas County Data Maps

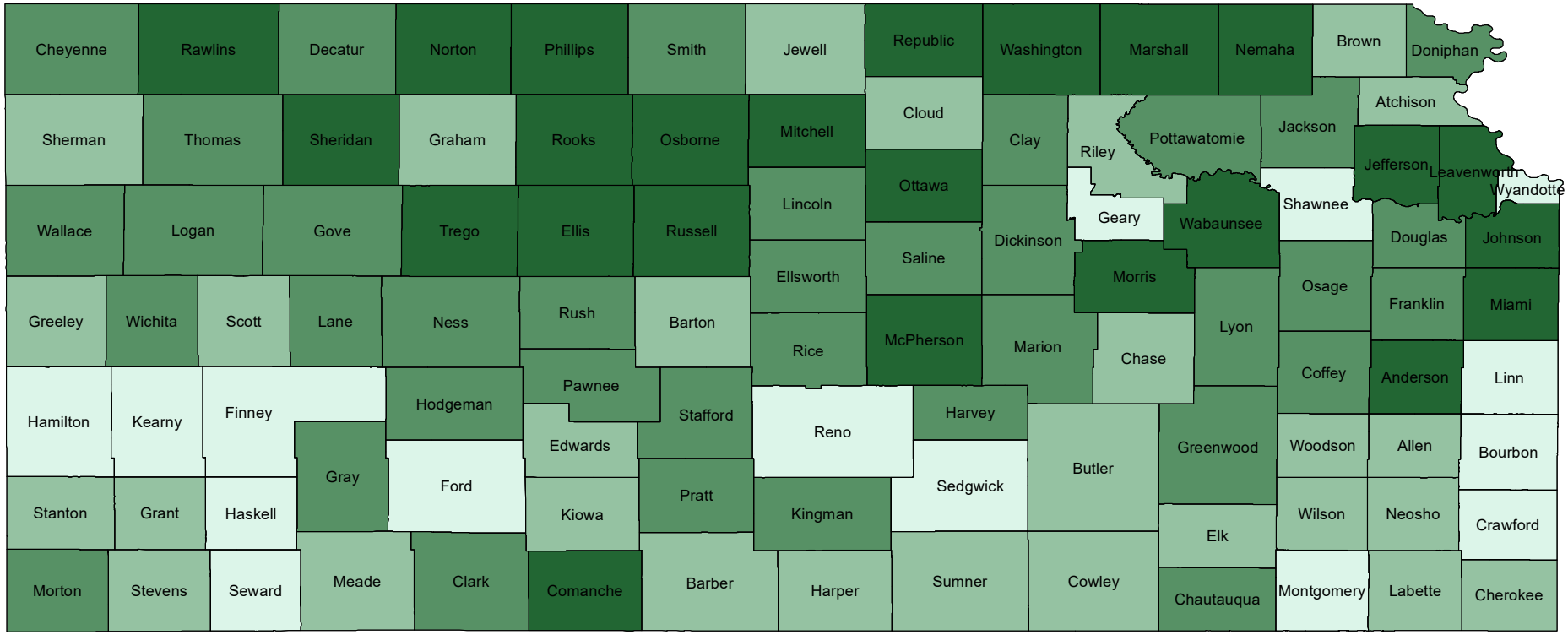
30-Day Heavy Drinking – Adults
Kansas BRFSS, 2018

Data Not Available at County Level

Excessive Drinking is the percentage of adult respondents reporting either binge drinking or heavy drinking. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day.

14.90 - 16.80 | 16.81 - 18.40 | 18.41 - 19.50 | 19.51 - 22.00

State of Kansas: 18.21



Classification Method: Jenks Natural Breaks

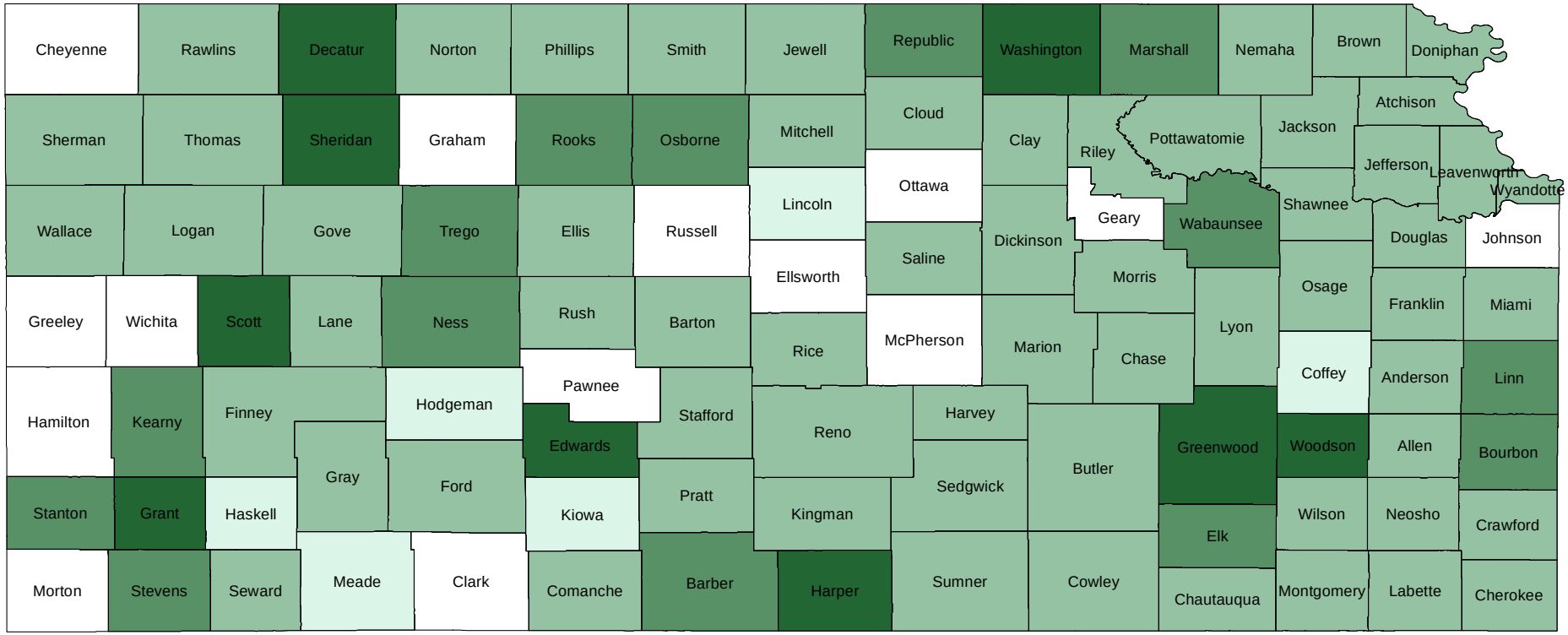
30-Day Binge Drinking - Youth
KCTC Student Survey, 2022

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 30 days prior to completing the survey.

0.00 - 3.00 | 3.01 - 8.70 | 8.71 - 13.00 | 13.01 - 20.60

State of Kansas: 5.04



Classification Method: Jenks Natural Breaks

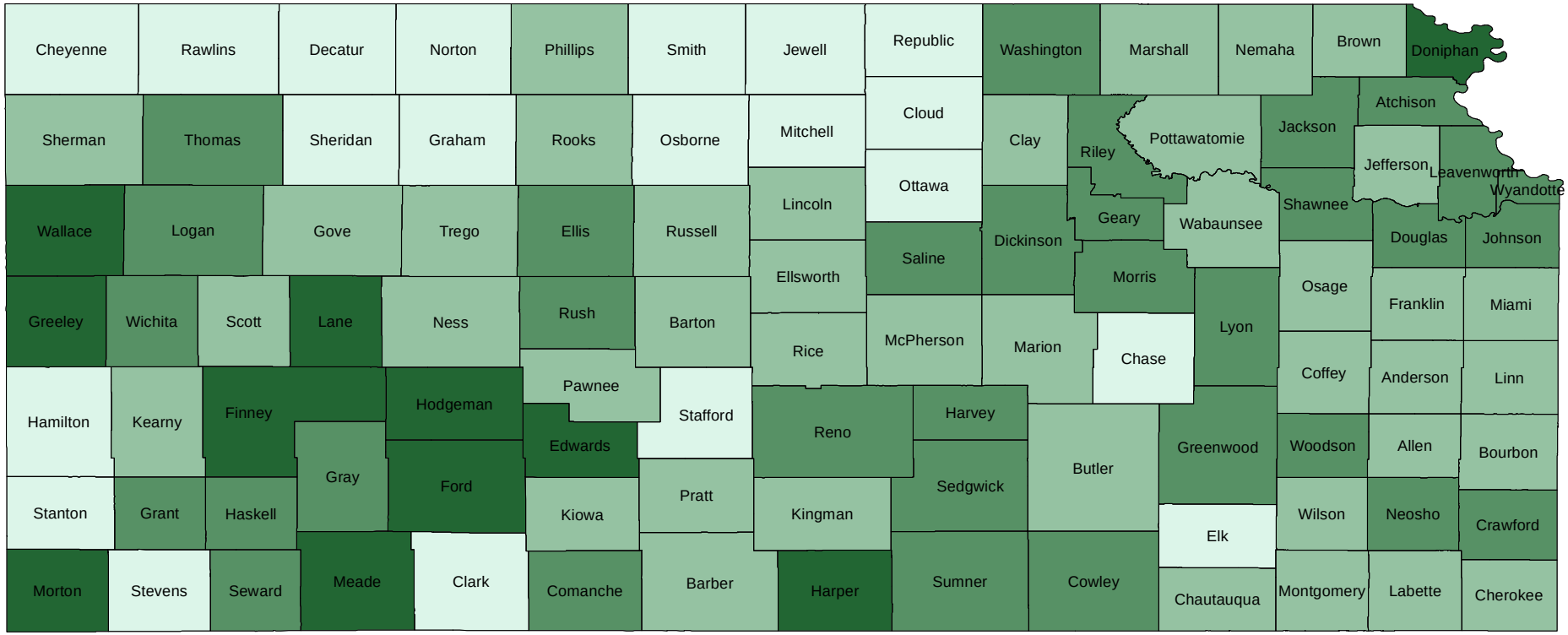
Percent of Motor Vehicle Accidents that were Alcohol-Related
Kansas Department of Transportation, 2020

Data Not Available at County Level

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

0.00 - 1.41 | 1.42 - 3.30 | 3.31 - 5.62 | 5.63 - 13.64

State of Kansas: 4.11



Classification Method: Jenks Natural Breaks

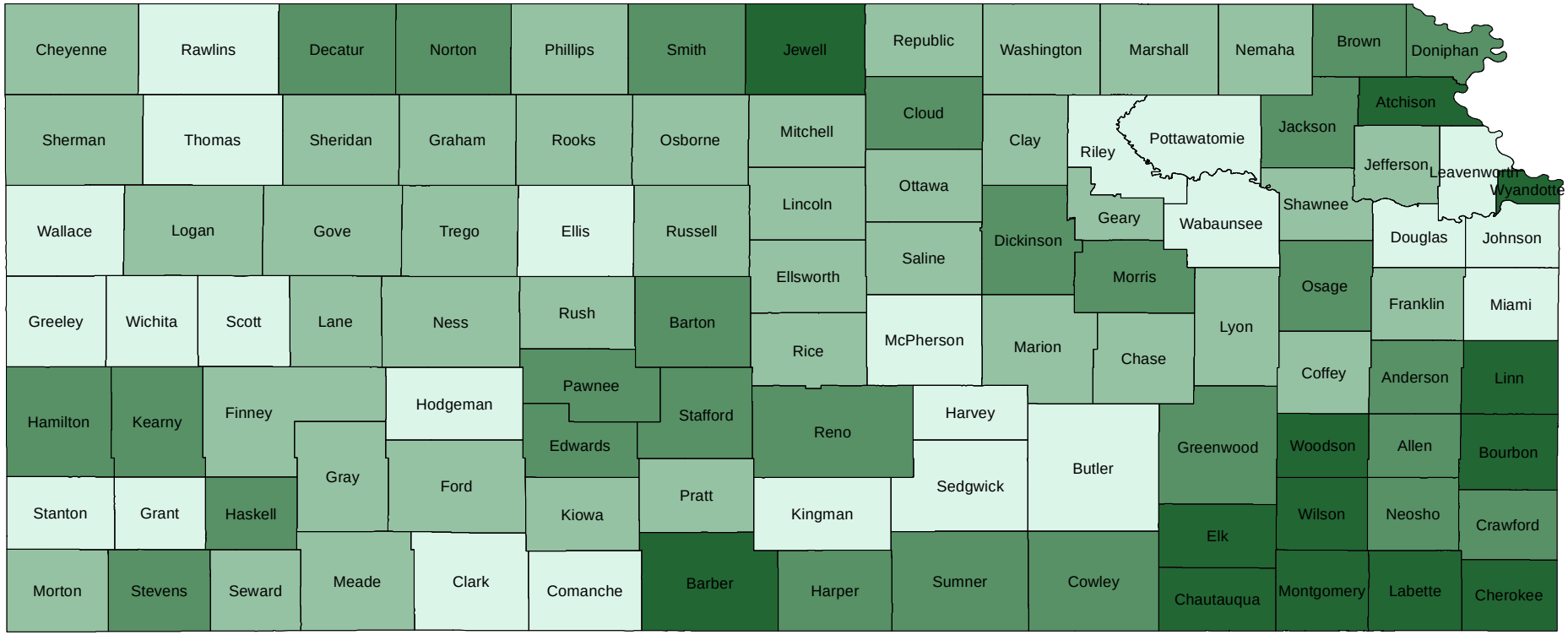
Current Smokers - Adults
Kansas BRFSS, 2018

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”.

12.55 - 18.81 | 18.82 - 20.45 | 20.46 - 22.14 | 22.15 - 25.01

State of Kansas: 17.94



Classification Method: Jenks Natural Breaks

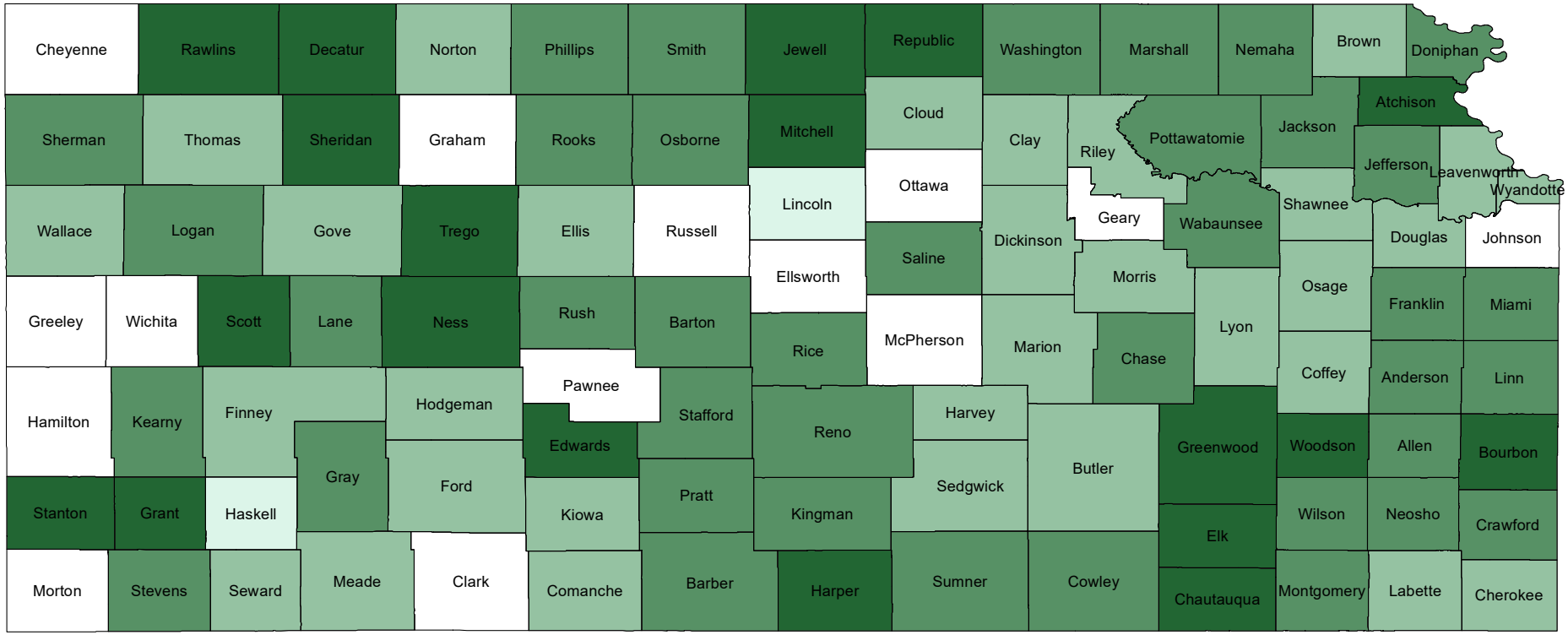
30-Day Vape Use - Youth
KCTC Student Survey, 2022

Data Not Available at County Level

The percentage of 6th, 8th, 10th, and 12th graders who reported use of a vaping product at least once to the question: “How frequently have you vaped during the past 30 days?”

0.00 - 3.00 | 3.01 - 7.30 | 7.31 - 11.70 | 11.71 - 25.30

State of Kansas: 6.85



Classification Method: Jenks Natural Breaks

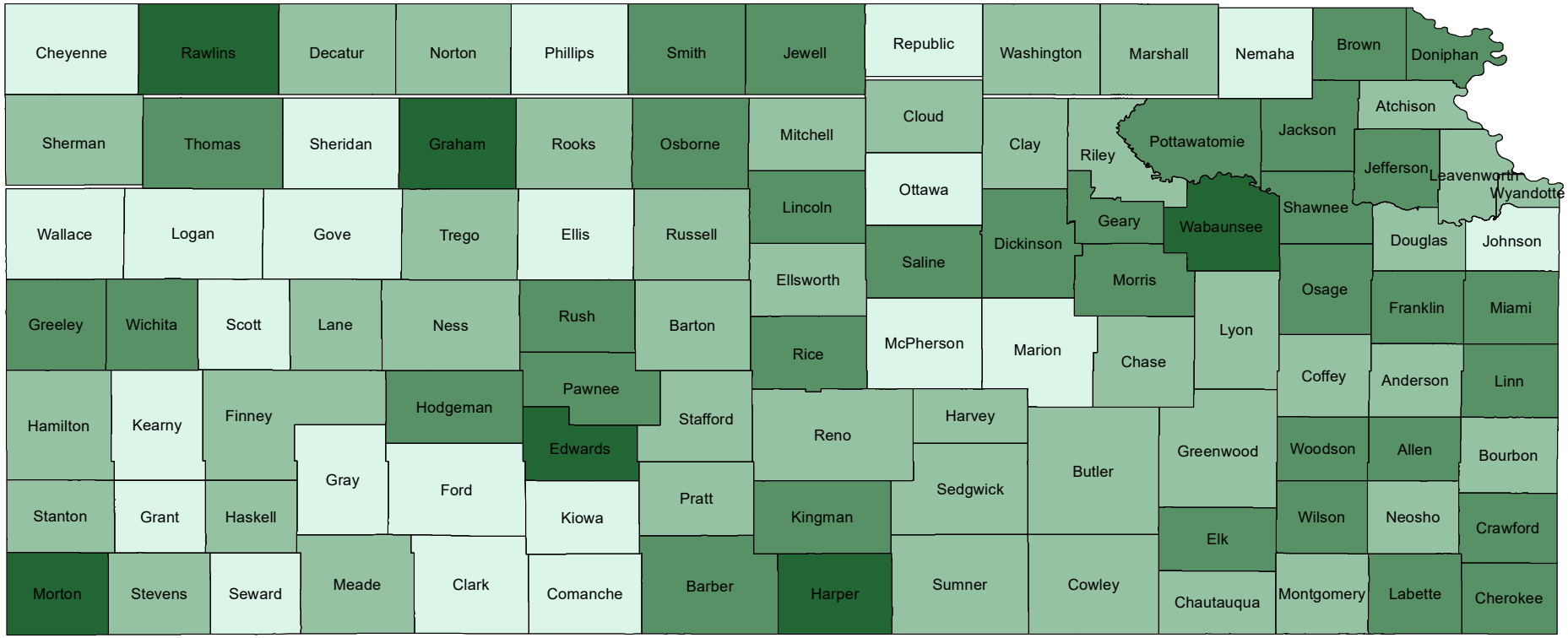
Tobacco-Related Deaths
Kansas Department of Health & Environment, 2020

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.

2.90 - 16.70 | 16.71 - 25.80 | 25.81 - 35.40 | 35.41 - 48.10

State of Kansas: 22.90



Classification Method: Jenks Natural Breaks

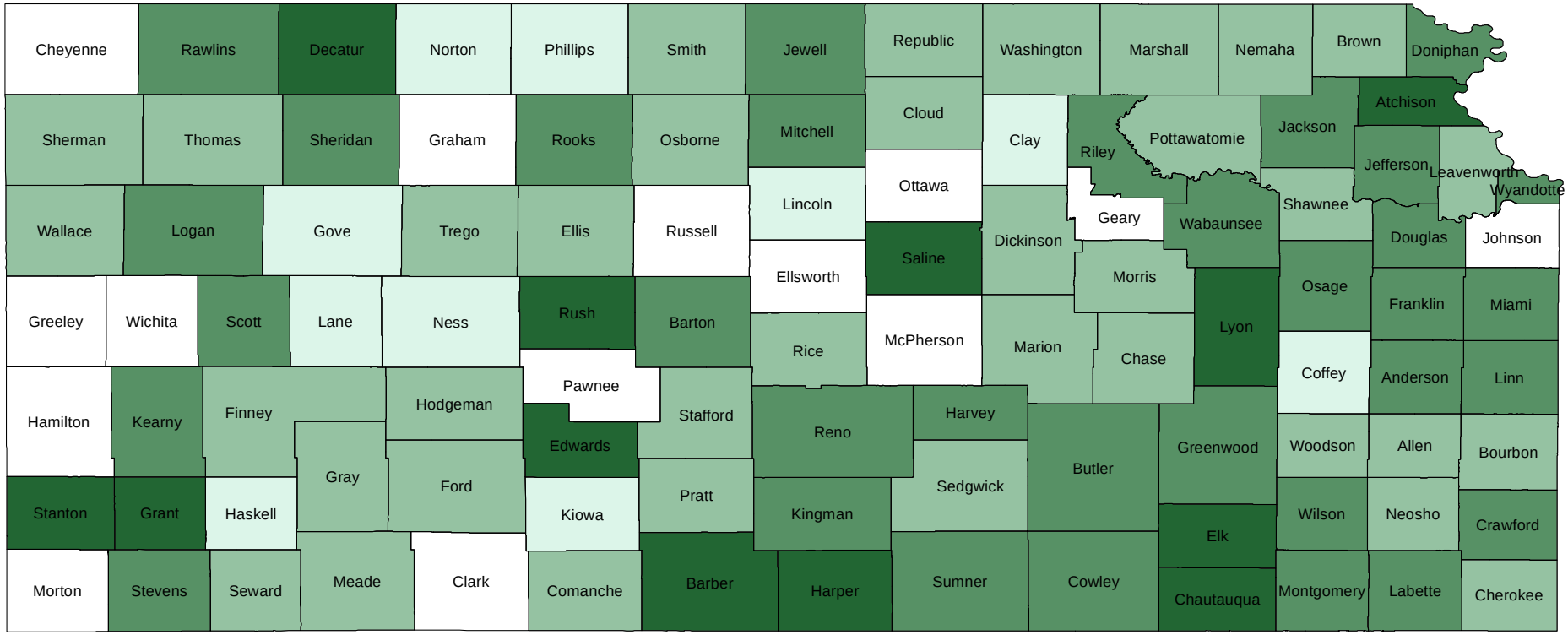
30-Day Use of Marijuana - Youth
KCTC Student Survey, 2022

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 - 1.20 | 1.21 - 4.00 | 4.01 - 6.20 | 6.21 - 11.10

State of Kansas: 4.19



Classification Method: Jenks Natural Breaks

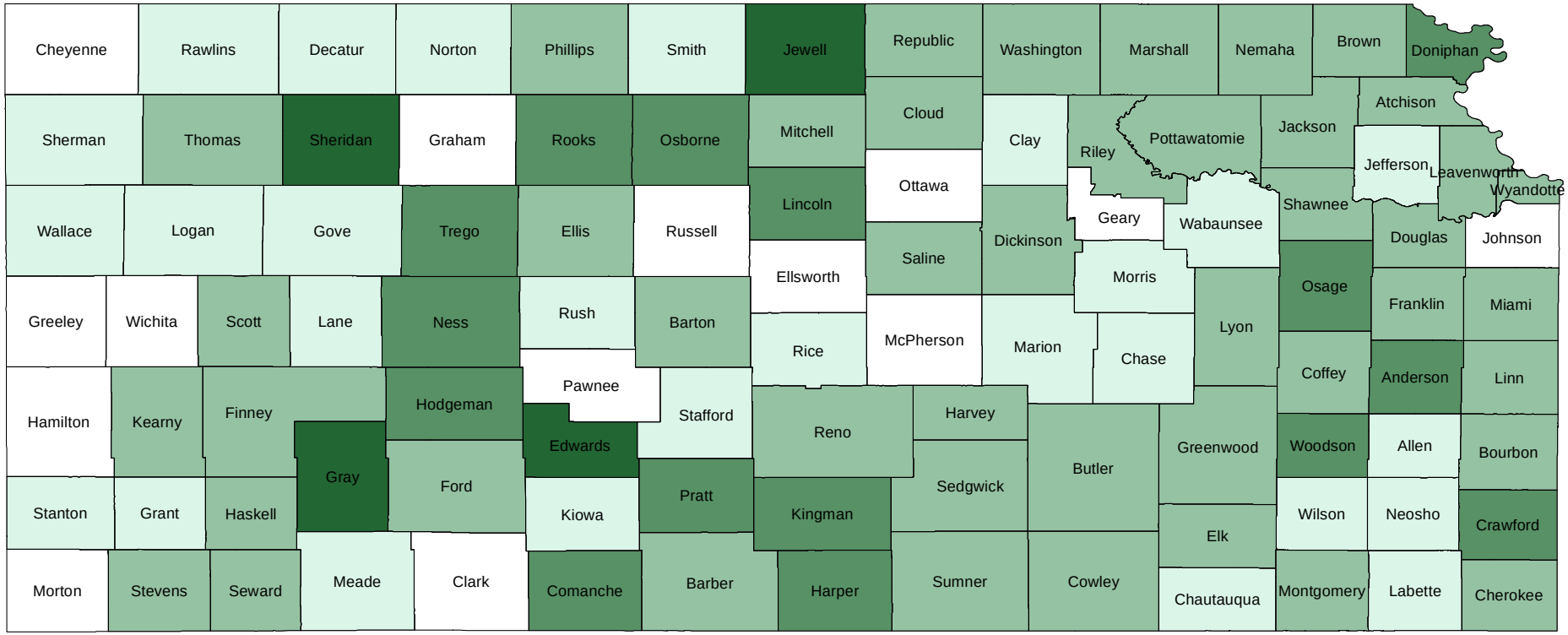
Opioid Prescribing Rate

Data Not Available at County Level

Estimated rate of opioid prescriptions per 100 residents

0.00 - 0.30 | 0.31 - 1.00 | 1.01 - 1.90 | 1.91 - 3.40

State of Kansas: 18.21



Classification Method: Jenks Natural Breaks

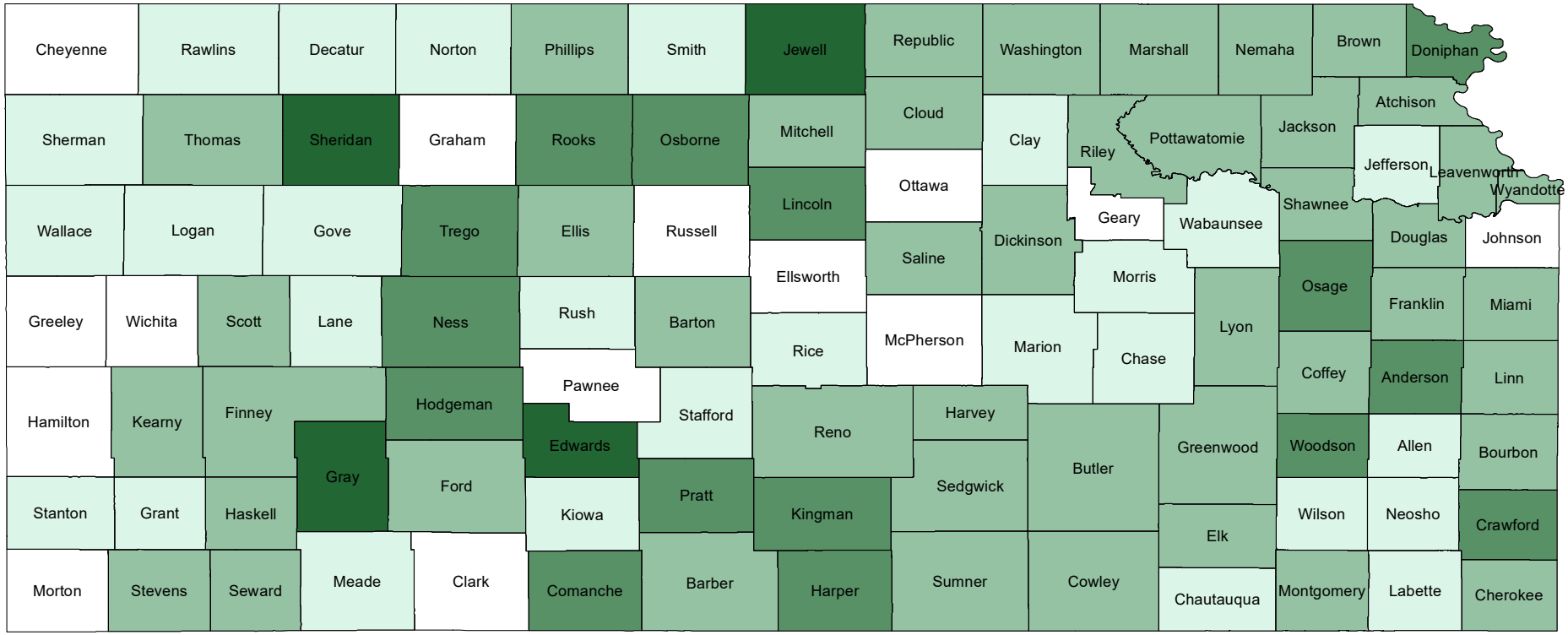
30-Day Use of Prescription Pain Relievers - Youth
KCTC Student Survey, 2022

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 - 0.30 | 0.31 - 1.00 | 1.01 - 1.90 | 1.91 - 3.40

State of Kansas: 0.65



Classification Method: Jenks Natural Breaks

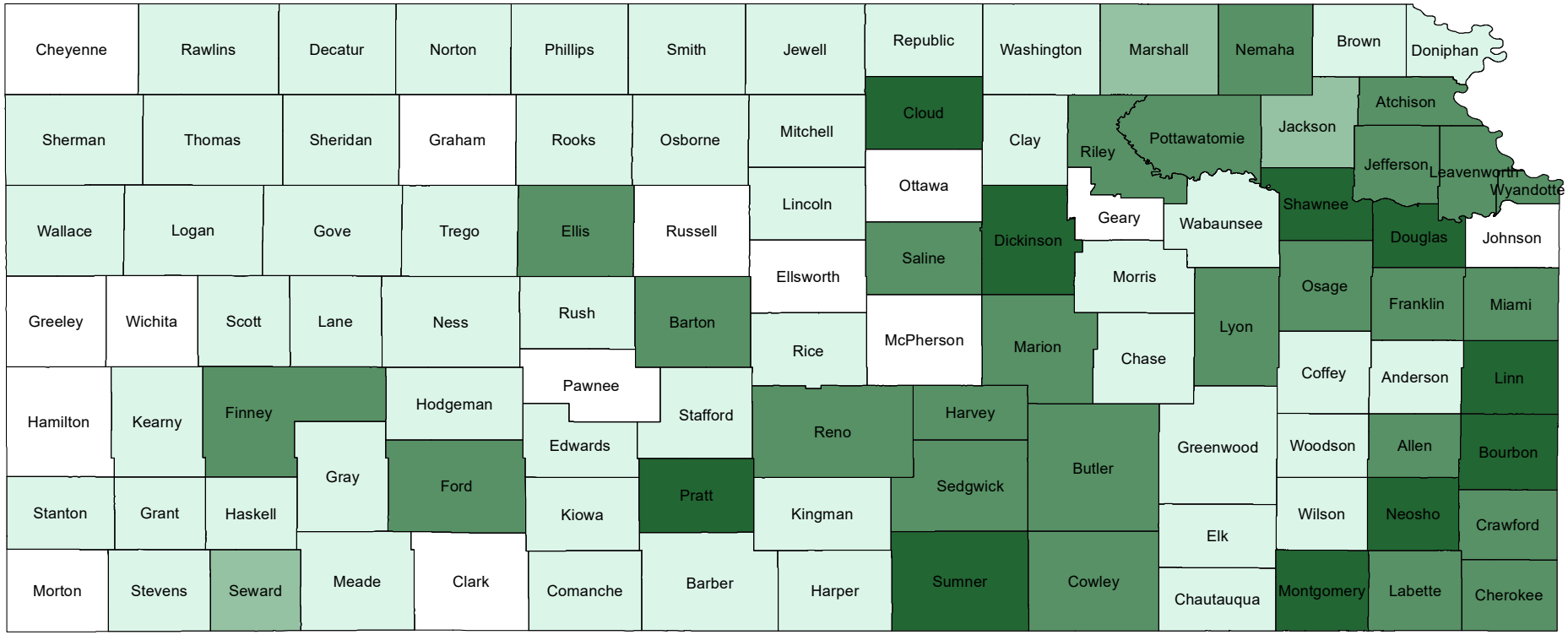
Depression - Youth
KCTC Student Survey, 2022

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?”

0.00 - 7.82 | 7.83 - 15.65 | 15.66 - 23.47 | 23.48 - 31.30

State of Kansas: 38.39



Classification Method: Jenks Natural Breaks

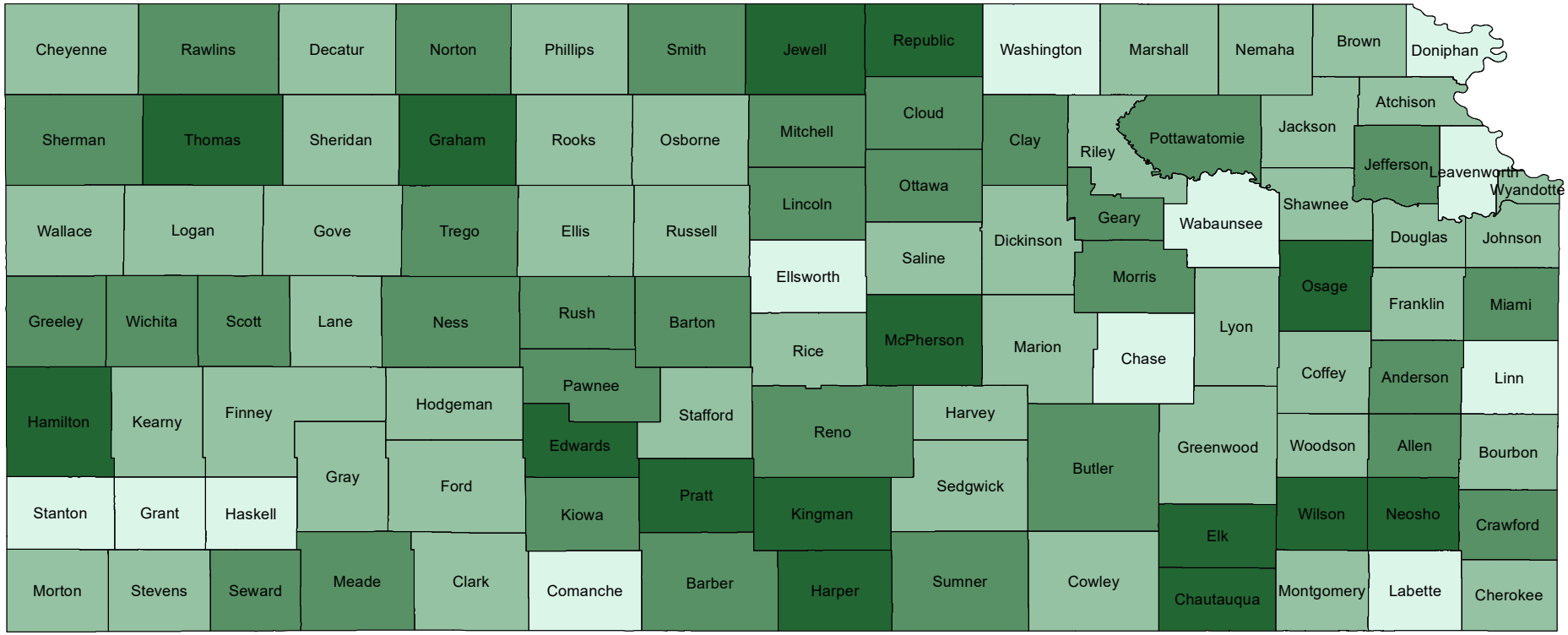
Suicide Rate
Kansas Information for Communities Death Statistics, 2016-2020

Data Not Available at County Level

Death rate per 100,000 population over the past 5-years

0.00 - 9.40 | 9.41 - 19.80 | 19.81 - 32.40 | 32.41 - 51.20

State of Kansas: 18.21



Classification Method: Jenks Natural Breaks

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 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 - Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.Death rates are calculated per 100,000 persons. (Accessed at http://wonder.cdc.gov/ucd-icd10.html on July 30, 2021 11:33:00 AM)

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, 2022 at 11:24 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 of 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 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. Deaths due to opioid overdose were provided via the Division of Public Health Overdose Mortality Dashboard.

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

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

Kansas Information for Communities (KIC)

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

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

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

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 data, 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 provide 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.

30-Day 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 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?” 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 from 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 5th 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 was 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. Survey wording changed from e-cigarettes to vaping in 2021.

30-Day Electronic Cigarette Use - Young Adults: The percentage of respondents ages 18-25 who reported using electronic cigarettes at least once in the 30 days prior to completing the survey. The survey question is "In the past 30 days, how frequently (if at all) have you used electronic cigarettes?" The responses only one or two times, about once a day, more than once a day, and once or twice a week were combined to calculate the percentage. (Kansas Young Adult Survey).

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-10 codes I00-I78.

30-Day Use of Marijuana - Adult: The percentage of persons ages 18 and older reporting use of marijuana in the past month on the SAMHSA National Survey on Drug Use and Health. Measures of use of marijuana in the respondent's lifetime, the past year, and the past month were derived from responses to the question “How long has it been since you last used marijuana or hashish? “ 1 Within

the past 30 days / 2 More than 30 days ago but within the past 12 months / 3 More than 12 months ago.

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.

Past Year Nonmedical Use of Prescription Pain Relievers - Adults: Percentage of persons ages 18 and older reporting nonmedical use of pain relievers in the past year 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 were not prescribed to them at least once in the 30 days prior to completing the Kansas Communities That Care Survey. The survey question is “Have you used prescription pain relievers, such as Vicodin, OxyContin, or Tylox, not prescribed for you by a doctor during the past 30 days?” The responses 1-2 occasions, 3-5 occasions, 6-9 occasions, 10-19 occasions, 20-39 occasions, and 40 or more occasions were combined to calculate the percentage.

Attitudes Favorable toward Prescription Drug Use - Youth: The percentage of 6th, 8th, 10th, and 12th graders who reported the belief that it is not wrong at all to use prescription drugs on the Kansas Communities That Care Survey. The survey question is “How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?” The response "Not Wrong at All" was used to calculate the percentage.

Perception of Great Risk of Harm from Prescription Drugs - Youth: For the purpose of this report, perception of harm of prescription drug use is the percentage of 6th, 8th, 10th, and 12th graders who reported perception of great risk of harm if 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.

Past Year Use of Methamphetamine – Adult: The percentage of respondents ages 18 and older reporting use of methamphetamine at any time during the past year.

Substance Use Disorder: The percentage of respondents meeting criteria for illicit drug or alcohol dependence or abuse. Dependence or abuse is based on definitions found in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

Needing but Not Receiving Substance Use Treatment: Respondents were classified as needing treatment for a substance use problem if they met the criteria for a substance use disorder as defined in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center). Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

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.

Opioid Overdose 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: T40.0, T40.1, T40.2, T40.3, T40.4, and T40.6, which includes opium, other or unspecified narcotics, as well as opioids where the type of opioid was not specified.

Past Year Gambling Prevalence - Youth: The percentage of 6th, 8th, 10th, and 12th graders who reported having gambled at least once in the 12 months prior to completing the Kansas Communities That Care Survey. The survey question is “In the past year, 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.

Diagnoses of Any Mental Illness: 10 variables pertain to the creation of the variables on mental illness. These variables include total scores from the psychological distress and impairment scales, the predicted probability of serious mental illness (SMI), and indicators of various levels of mental illness. Mental Illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (MHSS-SCID), which is based on the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Three categories of mental illness severity are defined based on the level of functional impairment: mild mental illness, moderate mental illness, and serious mental illness (SMI). Any mental illness (AMI) includes individuals in any of the three categories

Diagnosis of a Serious Mental Illness: See definition above and the definition of "Serious mental illness" definition based on the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) scales.

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 turn, compiles the dataset and provides it to the state of Kansas. While most of the state's hospitals are community hospitals that submit data, 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 Survey 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.

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 three years of data collection. Trends cannot be calculated with less than three years of 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 communities.

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

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

For youth, the Kansas Communities That Care (KCTC) student survey provides county level analysis for 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 Native American populations in Kansas. Virtually no population based information exists for the four (4) reservations in northeastern Kansas.

Incarcerated population

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

Appendix E: Methodology

Indicator Selection

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

Criteria:

As requested, the current profiles expanded data sources to include broader behavioral health issues including those correlated but not directly, causally linked to Alcohol, Tobacco, or Other Drugs. This includes risk factors for behavioral health problems.

Population based indicator. An indicator based on the entire population or with the ability to be generalized to the entire population is given priority over an indicator that does not reflect the population. Should no indicator be identified as population based, secondary indicators are considered with reservations.

Index indicator. Due to the complex nature of an index which is dependent on multiple independent variables, no index indicators are included in the statewide profile.

Statewide and sub-state analysis available. An indicator that provides statewide analysis is required for inclusion. Priority is given to indicators that provide information on a sub-state level including the following, but are not limited to; geographic stratification, age stratification, gender stratification, race stratification, ethnicity stratification, and socioeconomic stratification.

Temporal analysis available. An indicator that provides multiple years of data for analysis is given priority over a one-time or periodic indicator.

Appropriate at statewide level. An indicator related to the consequences and consumption patterns of a behavioral health concern (e.g. substance use, mental health, problem gambling) is required for inclusion in the statewide profile. Indicators that encompass the risk and protective factors, also known as causal factors, are included in the list of potential indicators at the community level.

Data Source Hierarchy of Inclusion

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

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.