Kansas Profile

cigarettes

crime

treatment

traffic accidents

smoking

marijuana

prevention

heroin

health care

teen drinking

medicaid

lost productivity

cocaine

alcohol abuse

Alcohol, Tobacco & Other Drugs

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II. Kansas Profile

The population of Kansas in 1998 is about 2.6 million people, according to estimates by the U.S. Bureau of the Census. Many Kansans are employed in manufacturing enterprises, such as aircraft equipment, industrial machinery and processed foods. Two in three Kansas residents live in urban areas, including the state's three largest cities, Wichita, Kansas City and Topeka. Overall, however, Kansas is not densely populated. Most western parts of the state have fewer than ten people per square mile. The rural Kansas economy is dominated by agriculture and related industries, including livestock.

In 1997, Caucasians made up 91 percent of the state population and African Americans 6 percent, while about 3 percent of residents were of Hispanic and Native American origin. African Americans and Hispanics are more concentrated in the state's urban areas, accounting for 16 percent of the population of Wichita and 36 percent of the population of Kansas City.

Agency Organization. The Kansas Alcohol and Drug Abuse Services Commission (ADAS) is the state's alcohol and other drug treatment and prevention agency, and is part of the Kansas Department of Social and Rehabilitation Services (SRS). SRS, one of twelve cabinet-level agencies in Kansas, oversees public welfare, mental health, substance abuse, children and family services, Medicaid and disability matters statewide.

ADAS manages 13 Regional Prevention Centers which implement prevention programs throughout Kansas. It also awards grants to five Regional Alcohol and Drug Assessment Centers that provide assessment, treatment referrals, and utilization reviews. The Kansas Commission on Mental Health and Developmental Disabilities, which is also under SRS, contracts with some 30 community mental health centers. Many of these centers provide substance abuse treatment for persons with both mental health and substance abuse disorders.

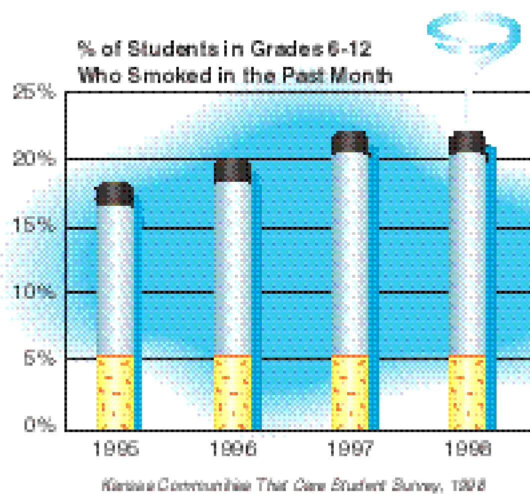
Additional cabinet-level agencies with responsibilities related to substance abuse include the Department of Corrections, which oversees treatment programs for state inmates and parolees; the State of Kansas Juvenile Justice Authority, which oversees programs and services for minors in the criminal justice system; and the Department of Health and Environment, which coordinates the state's tobacco control efforts and monitors HIV/AIDS data and vital statistics, such as alcohol and tobacco-related deaths. Other state agencies dealing with substance abuse include the Department of Education, which distributes the majority of Kansas' Safe and Drug-Free School and Communities funds; the Kansas Bureau of Investigation, a law enforcement agency which collects arrest data, including arrests for drug offenses and driving under the influence of alcohol (DUI) on local roads; the Kansas Highway Patrol, which collects data on drug seizures and DUI on state highways; and the Kansas Department of Revenue, which enforces tobacco and liquor law violations involving underage youth.

III. Substance **Abuse** in Kansas

Patterns of alcohol, tobacco and other drug use in Kansas are distinct from national trends. Some problems, such as marijuana use among Kansas adults and youth, are less common than elsewhere in the nation. Others, such as alcohol and smokeless tobacco use among teens, are more common. Intensified prevention efforts in recent years are already having an effect in some areas; the age at which young people begin drinking and smoking is rising, and overall rates of use for alcohol, tobacco and other drugs fell in the most recent youth survey.

Tobacco. Youth under age 18 cannot legally purchase or possess cigarettes or other tobacco products in Kansas. Nevertheless, in 1998, one in three 12th graders and one in five 8th graders in Kansas reported smoking cigarettes in the past month; one in four 6th graders had tried cigarettes. While smoking rates among teens in Kansas are higher than national figures, rates no longer appear to be rising as they have in previous years. For instance, 6th grade smoking rates jumped 74 percent between 1995 and 1997, but dropped 19 percent in 1998. Similar decreases occurred for 8th and 10th graders; only 12th grade smoking rates increased slightly in 1998.

Smoking Rates No Longer Rising Among Kansas Youth



Kansas Communities That Care Student Survey, 1998

Smokeless tobacco use is more prevalent among Kansas youth than it is nationally. In 1997, 33 percent of Kansas 10th graders had tried smokeless tobacco, compared to 27 percent nationwide. Past month use of smokeless tobacco by Kansas 10th graders was also higher than the rate reported nationally (14 percent vs. 9 percent). However, in 1998, rates of smokeless tobacco use dropped for 6th, 8th and 10th graders in Kansas, with a 12 percent drop from 1996 figures for all grades combined.

Kansas adults smoke cigarettes at a slightly higher rate than adults in the Midwest and across the country. In 1996, 31 percent of Kansas adults (33 percent of men and 29 percent of women) smoked cigarettes, compared to 29 percent of adults in the Midwest and nationwide.

Men dominate smokeless tobacco use in all parts of the country. However, adult men in Kansas use smokeless tobacco at rates far above the national average. In 1996, 44 percent of adult men in Kansas had tried smokeless tobacco, and 13 percent reported past month use—more than twice the national rate among men (6 percent).

Ness City

Since 1979, Kansas has taxed individual drinks served in the state at 10 percent; since 1983, the state has taxed retail liquor and beer sales at 8 percent. Although these tax rates have remained unchanged, revenues increased 37 percent between 1990 and 1997, reflecting rising alcohol consumption. Just 2 percent of the $47 million collected in 1997 in combined state liquor taxes was used for substance abuse treatment programs. The remainder went to the state general fund and to county governments for general purposes.

Illicit Drugs. In general, Kansas youth are less likely to use illicit drugs than youth elsewhere. For example, in 1997, fewer 10th graders in Kansas had tried marijuana than their peers nationwide (34 percent vs. 42 percent). Furthermore, in 1998, marijuana use dropped for most teens in Kansas. Among 8th graders, for example, past month marijuana use rose from 7 percent in 1995 to nearly 11 percent in 1997, but fell to 9 percent in 1998. Similar trends are found for 6th and 10th graders. Only among 12th graders did past month marijuana use continue to increase in 1998, rising to 19 percent—a 28 percent increase over their 1995 rate.

As with marijuana, LSD and cocaine use are less common among Kansas youth than among youth nationwide. For example, in 1997, 9 percent of 12th graders in Kansas had tried LSD, compared to 14 percent nationally. While the difference was less pronounced, cocaine use showed a similar pattern: 7 percent of Kansas 12th graders had tried cocaine compared to 9 percent of 12th graders nationally. These patterns held true at each grade level. However, overall rates of cocaine use are increasing among Kansas youth; in 1998, 5 percent of students in grades 6 through 12 had tried cocaine, compared to 3 percent in 1995.

While more adults in Kansas have tried marijuana than adults nationally, Kansans are less likely to be regular users. In 1996, 40 percent of Kansas adults had tried marijuana, compared to 32 percent nationally. However, just 3 percent of adults in Kansas had used marijuana at least once in the preceding month compared to 7 percent nationwide. Young adults in Kansas (those aged 18 to 25) were also less likely to use have used marijuana in the preceding month (8 percent) than young adults nationwide (13 percent). In 1998, about 6 percent of Kansas youth reported having tried amphetamines, including 10 percent of 12th graders.

One in seven Kansas adults has tried an illegal drug other than marijuana; however, fewer than one in a hundred report current use. Adult rates of amphetamine use are not measured in Kansas surveys. However, increasing numbers of arrests and seizures, as well as growing reports of methamphetamine as a drug of choice in Kansas treatment programs, indicate that methamphetamine is a growing problem in Kansas, as it is throughout the Midwest.

Topeka

Prevention. Some Kansas prevention efforts take place in school, while others are community-based. During the 1997-98 school year, virtually all of Kansas'304 school districts had alcohol, tobacco and other drug prevention programs in the elementary and middle school grades. The Kansas Department of Education offers local school systems a wide range of options for classroom-based prevention programs; these include prevention curricula designed specifically for the Kansas schools as well as nationally marketed programs. Local school systems have considerable latitude in choosing among these options.

In Kansas, 70 percent of the federal Safe and Drug-Free Schools and Communities (SDFSC) funds that go to school districts are distributed according to the size of the student population. Allotments range from $300 in the smallest rural school district to $300,000 in Wichita. Small school districts often pool their resources in Education Service Centers, which then distribute programming from the combined funds to each school. For example, the Greenbush Education Service Center in Girard, Kansas purchases prevention materials for 50 small school districts with combined SDFSC funding exceeding $240,000 annually.

School districts are required to conduct evaluations of programs funded through this mechanism. The 1998-99 school year will serve as the baseline year for program evaluation. School districts will record data on students'use of alcohol, tobacco and other drugs, as well as violence, safety and discipline problems among students, and set measurable goals and objectives which relate to behavior and attitude changes. The goals and objectives must be approved by the Kansas State Department of Education, which collects data on the types of programs funded by SDFSC funds.

Many local schools are also spearheading community mobilization efforts. Bringing together Regional Prevention Resource Centers (RPCs) and after-school programs like Big Brothers/Big Sisters, they provide youth with a continuum of prevention programming.

In addition to school-based prevention, community efforts funded by ADAS are coordinated by the 13 RPCs. The University of Kansas Work Group on Health Promotion and Community Development provides technical assistance to groups starting local coalitions. The Communities That Care initiative has attracted nationwide interest. For more details, see page 10.

Prevention

The *Kansas Profile* highlights a number of promising programs that reflect innovation in prevention, treatment and criminal justice in Kansas, many of which were suggested by members of our Advisory Panel. While the programs described are not an exhaustive list, they represent the diverse funding strategies, collaborations and designs implemented throughout the state. Wherever possible, the profile highlights programs which are based on research and have demonstrated effectiveness in reducing alcohol, tobacco or other drug use.

Hays. Tiger by the Tale. Prevention messages can be packaged in many ways, including dramatized tales and stories performed by local college students. In 1991, Fort Hays State University began a peer theater program to educate students about alcohol, illicit drugs, safe sex and other health issues. The production, called Tiger by the Tale, involves university students who receive grants from the university to perform for Fort Hays students, local public schools and other colleges around the region. The President of Fort Hays State University suggested that the program be formed at the school to teach healthy lifestyle choices. Performances are free to Fort Hays students and area public schools, while other colleges are charged $250. The production troupe performs about 15 times a year and varies their message according to the audience. The Drug and Alcohol Wellness Network, which organizes the Tiger by the Tale performances, receives funding from local grants and from Ellis County alcohol tax dollars. To learn more about the program, call (785) 628-4218.

Statewide. A Model for Caring Communities. Across the country, communities are recognizing the need to identify local risk factors for youth substance abuse as well as protective factors that can help prevent these problems. Kansas has adopted the Communities That Care (CTC) program, developed at the University of Washington, to build risk and protective factors into community prevention strategies. Kansas CTC is a research-based, community mobilization model that involves educators, volunteers and the mass media in efforts to prevent adolescent alcohol and other drug use. ADAS Regional Prevention Centers recruit local leaders for Community Prevention Boards in each county, which develop strategies to monitor and counter risk factors and reinforce protective factors within the community. The Northwest Regional Prevention Center introduced CTC in 1996, and has since applied it in many areas. For instance, findings from student surveys help the county identify improvements as well as areas that need more focus. The approach has helped Community Prevention Boards identify local risk factors, such as community norms that favor alcohol use and the availability of alcohol and other drugs. By 1998, RPCs had established the CTC program in nearly all counties. The statewide project is funded by ADAS. To learn more about Communities That Care, contact a Regional Prevention Center, or call (785) 296-3925.

IV. Crime

Over the last decade, Kansas has invested heavily in law enforcement strategies to reduce alcohol and other drug use and related crime, as well as sale of tobacco to minors. The 1990's have seen increasing drug seizures, arrests for drug offenses and stricter sentencing practices. Most criminal offenders in Kansas have significant substance abuse problems. As treatment services for criminal populations are evaluated, programs are evolving to meet the specific treatment needs of prisoners, parolees and probationers.

Arrests for Drug Offenses. In Kansas, arrests for drug offenses (possession and sale) increased 38 percent between 1990 and 1994, when there were 8,412 drug arrests. Although more recent arrest data are not available statewide, local statistics indicate that the upward trend has continued.[1] For example, in Garden City, drug arrests climbed 60 percent from 1996 to 1997. In 1997, Wichita experienced a 14 percent increase in adult drug arrests over 1993. (Marijuana possession accounted for almost 60 percent of the 3,419 adult drug arrests in Wichita in 1997.) Drug arrests are increasing in rural as well as urban areas in Kansas. For example, in 1997 there were 35 marijuana arrests in the small town of Liberal, compared to just 9 in 1990. Methamphetamine arrests are far less common, but are increasing. In 1996, for example, Topeka had 52 methamphetamine arrests—more than twice the number in 1990. Drug arrests among juveniles in Kansas are climbing faster than they are among adults. In 1994, there were 936 juvenile drug arrests in the state—nearly twice the number in 1990. For youth aged 10 to 14, drug arrests tripled during this period. Again, local data indicate that these trends have continued in recent years. In 1997, Wichita reported 145 juvenile drug arrests—a 63 percent increase over 1993. Arrests for marijuana possession accounted for the largest portion of this increase, doubling (from 51 to 102) during this period.

Driving Under the Influence. Arrests for driving under the influence of alcohol (DUI) are declining in Kansas, as they are nationwide. The number of DUI arrests made by the Kansas Highway Patrol decreased from 4,090 in 1990 to 2,323 in 1996 (a 43 percent reduction). However, these figures do not include DUI arrests made by local law enforcement officials, for which records are unavailable.

In 1996, Kansas received a grade of "B+" in a national report card published by Mothers Against Drunk Driving (MADD), which evaluates DUI laws and policies across the country. In 1993, the state passed zero tolerance laws prohibiting persons under age 21 from driving with any measurable alcohol in the bloodstream. Kansas also requires use of ignition interlock devices to keep repeat DUI offenders from driving after drinking. In 1994, the state lowered the legal blood alcohol content (BAC) limit from .1 to .08, the level recommended by MADD; only 14 other states have enacted this limit.

[1] County law enforcement officials in Kansas report annual arrest data to the Kansas Bureau of Investigation (KBI) each year. Statewide figures beyond 1994 will not be available until the end of 1998, when renovation of the KBI's central database will be complete. However, 1996 or 1997 data are available from some counties; this report provides a few examples of local figures to illustrate more recent trends.

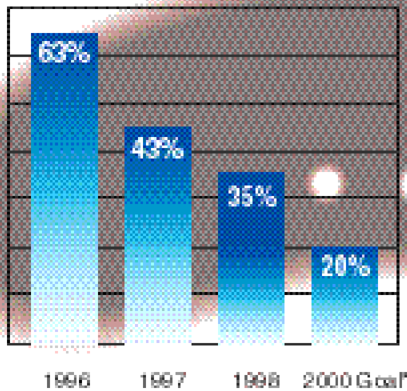
El Dorado

Tobacco Sales to Minors.

Kansas has taken bold steps to restrict minors'access to cigarettes. In 1996, the state legislature began imposing fines of up to $1,000 on retailers selling tobacco products to youth, in addition to pre-existing penalties, such as license suspension and revocation. Also, in 1996, the Kansas Attorney General began to prosecute tobacco retailers for illegal sales to minors under the Consumer Protection Act. Cigarette vending machines must now be placed in areas that can be monitored at all times, and youth caught with tobacco products (or trying to obtain them) are subject to a $25 fine.

The Synar Amendment is a Federal law requiring states to reduce tobacco purchases by youth or risk losing substance abuse prevention and treatment dollars. Like many states, Kansas conducts "youth buys" in which minors pose as potential tobacco customers while law enforcement officials monitor their transactions. In 1998, just 35 percent of the monitored youth buys in Kansas were successful in purchasing cigarettes illegally, compared to 63 percent in 1996. Kansas and the federal government have set a goal of reducing the noncompliance rate to 20 percent by the year 2000.

Tobacco Buys Get Tougher for Kansas Youth



* Federal law requires states to reduce illegal tobacco purchases by youth to 20% by the year 2000 or risk losing substance abuse prevention and treatment dollars.

Kansas Alcohol and Drug Abuse Services Commission, 1997

In 1998, the Kansas Department of Health and Environment began working with the U.S. Food and Drug Adminis–tration to provide statewide enforcement of federal regulations banning tobacco sales to minors. Kansas hopes to merge this new initiative with its existing Synar compliance checks, but currently the two systems are separate.

Sentencing Drug Offenders.

In 1997, Kansas adopted comprehensive sentencing guidelines, giving judges more discretion in sentencing drug offenders, including a sentencing grid under which defendants are given points based on their prior criminal records and current convictions. Half of U.S. states have or are developing some form of sentencing guidelines. Under Kansas'guidelines, a sentence is based on the severity of the offense (as defined by statute) and the offender's criminal history. Kansas has a separate sentencing grid for drug offenders, who account for an increasing percentage of the Kansas prison population. In 1997, nearly one in five Kansas inmates was a drug offender, compared to one in eight in 1991. While the overall inmate population increased by one-third during this period, the number in prison for drug offenses nearly doubled, rising from 731 to 1,425.

DOC also offers a range of substance abuse treatment services to parolees, including halfway houses, inpatient and outpatient programs. Mirror, Inc., a private treatment contractor in Wichita, offers 75 reintegration slots and 76 inpatient treatment slots for parolees, as well as outpatient counseling at several facilities in the state. No outcome evaluations are available for these programs, which served approximately 1,000 people in 1996.

Treatment for Juvenile Offenders. In 1996, Kansas legislators created the State of Kansas Juvenile Justice Authority (JJA) to handle violent youth in the criminal justice system. In the new structure, access to treatment and social services for juvenile offenders, wards of the court, and their families have been streamlined in an interdisciplinary approach. JJAprovides services in juvenile correctional facilities and contracts with community providers who may provide a variety of services, including family treatment services. JJAhas four state-run centers across Kansas, including the Larned Juvenile Correctional Facility, which houses a 20-bed residential substance abuse treatment program for youth.

JJA has 29 community planning teams (one for each judicial district) that will make recommendations and refer juveniles to treatment providers contracted by ADAS; by mid-1999, each planning team will have a strategy to provide these and other juvenile services. To plan the types of services needed, the teams will use the risk and protective factors assessments already underway in local communities as part of the Kansas Communities That Care model.

Drug Court. Drug courts place nonviolent drug abusing offenders into intensive court-supervised treatment instead of prison. Adrug court opened in Wichita in 1995. The program is open to nonviolent offenders who are addicted to illegal drugs, including those charged with petty theft as well as misdemeanor drug possession. The court supervises about 250 offenders annually. Participants are assessed a $277 court fee, as well as treatment costs, which range from $250 to $1,000 for outpatient care. Treatment lasts about a year, during which time participants must remain drug-free. The Wichita drug court has not been evaluated. Nationally, criminal recidivism among drug court graduates is about 4 percent, compared to 49 percent among drug offenders nationwide. The programs increase productivity and taxable income and reduce criminal justice costs. Although Wichita currently has the only drug court in Kansas, additional programs are under discussion among judges in other jurisdictions.

Salina

V. Health and Health Policy

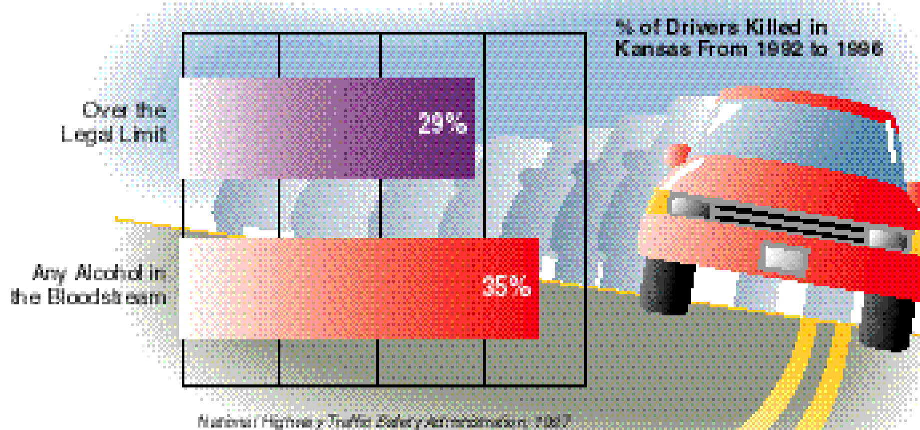
Wichita

Alcohol, tobacco and other drugs impair the health and well-being of individuals who use them, as well as those who do not, adding substantially to health care costs. Substance abuse plays a significant role in chronic illness and death, fatal car crashes, newborn health problems, and the spread of infectious diseases. Approximately 15,000 Kansas residents are in publicly-funded substance abuse treatment annually, primarily for alcohol abuse. Follow-up studies of clients in publicly-funded treatment show clear reductions in alcohol and other drug use and related problems. Kansas'new managed care system for substance abuse treatment and collaborations among state agencies promise to improve treatment access and outcomes while reducing costs.

Deaths from Substance Abuse. Alcohol, tobacco and other drug use contributes to the deaths of thousands of Kansans each year. Tobacco-related deaths comprise the largest portion; in 1996, cancers, and respiratory and cardiovascular diseases attributed to tobacco use caused more than 4,300 deaths in Kansas. Between 1991 and 1995, at least 438 people in Kansas died of alcohol-related diseases and another 305 people died from other drug-related causes, according to the U.S. Centers for Disease Control and Prevention (CDC). Noted on their death certificates were conditions such as alcoholic liver damage, cirrhosis of the liver, excessive blood alcohol levels and drug poisoning. Alcohol and other drug use were contributing factors in an additional unknown number of Kansas deaths in which the role of these substances was not specifically identified on death certificates. (Concerns about privacy—especially in small towns—may prevent many such deaths from being entered in the public record.) In addition, methamphetamine, an extremely lethal drug, is a growing problem in Kansas; it may be involved in overdose deaths that currently go undetected, since medical examiners do not screen for methamphetamine routinely.

The number of alcohol-related traffic fatalities in Kansas annually has fallen 10 percent since 1982. However, this decline is far less than the 28 percent drop nationwide during the same period. Moreover, alcohol-related traffic deaths in Kansas have increased recently. Between 1992 and 1996, the number of drivers killed in such accidents in Kansas rose 31 percent, while dropping 4 percent nationwide. Of the 1,472 drivers killed from 1992 to 1996 in Kansas, 35 percent tested positive for alcohol, and 29 percent had a blood alcohol content (BAC) of .10 or higher, which is well over the state's legal limit of .08.

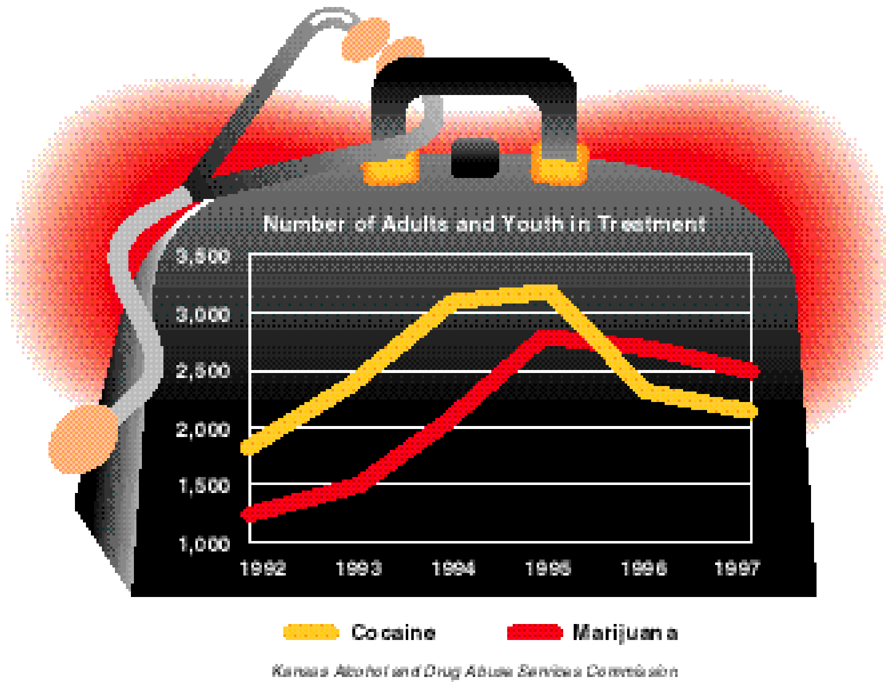
Drivers Killed on Kansas Highways Are Often Drunk



Treatment Eligibility. In 1995, while switching to managed care, ADAS tightened the eligibility requirements for publicly-funded substance abuse treatment. To be eligible, clients must be state residents with incomes lower than twice the federal poverty level ($3,478 per month for a family of four) and must not be eligible for other public treatment (such as programs for parolees and veterans). Asliding fee scale is available for clients with incomes above the cutoff. The new income requirements have shaped a treatment population that is poorer and increasingly difficult to treat. RADACs report seeing fewer clients from intact families, more homelessness and more chronic addiction.

In the first two years under the new managed care system, fewer people received publicly-funded substance abuse treatment. In 1997, more than 15,000 Kansans entered publicly-funded treatment for substance abuse—a 14 percent drop from 1995. This decline was true for all levels of care. ADAS attributes the decline almost entirely to the stricter eligibility requirements and improved assessment procedures, rather than to the managed care structure. Agency officials note that three groups of clients are now more likely to be excluded: transients and residents of other states; those who do not meet the income criteria; and those with access to some other kinds of treatment.

Marijuana Overtakes Cocaine as Primary Treatment Challenge



Kansas Alcohol and Drug Abuse Services Commission

Treatment Services. Publicly-funded substance abuse treatment is provided by private contractors throughout the state. Services include outpatient, intensive outpatient, residential ("intermediate") and halfway house ("reintegration") programs. The state funds 38 residential beds for adolescents and another 70 for women with children. The state's remaining 424 residential treatment beds are used by reintegration programs, which serve the general treatment population, not just parolees. ADAS also provides outpatient detoxification, while inpatient detoxification is provided in state hospitals.

Alcohol is the drug of choice among clients entering treatment; nearly two-thirds of all public sector clients are treated for alcohol dependency. The number of clients reporting cocaine as their primary drug of abuse declined by one-third between 1995 and 1997. Marijuana recently surpassed cocaine as the drug of choice among treatment clients, reflecting the drug's surge in popularity and increasing potency. Although still relatively small in absolute numbers, the 672 methamphetamine clients in publicly-funded treatment in 1997 represented a seven-fold increase over 1992.

Treatment

Lawrence. A Step in the Right Direction. First Step House in Lawrence is a residential treatment program for women with substance abuse problems. It was founded in 1985 by a group of recovering women who felt that other women with substance abuse problems needed gender-specific treatment services and a safe place for themselves and their children. First Step House combines job training and educational classes from the University of Kansas with substance abuse treatment. Participants have part-time jobs and receive drug counseling when they are not working. Women live at First Step House an average of three months. While the state requires at least 10 hours of counseling per week, First Step House provides 35 hours per week. The program accepts pregnant, post-partum, and parenting women. First Step House has 15 beds for women and an additional 10 beds for children. In 1997, the program served 96 women. First Step is conducting a 6-month follow-up evaluation which began during 1998. The program is supported by state, city and county funds as well as private grants. To contact First Step House, call (785) 843-9262.

Larned. A Rising Sun in Eastern Kansas. Sunrise is a residential and outpatient treatment provider serving alcohol and other drug addicted men with extensive histories of treatment and relapse. These clients typically have lost employment, family support and community ties. Since 1995, active community involvement by Sunrise clients has facilitated their recovery process and helped assuage the town's initial resistance to Sunrise's presence. Clients are expected to find jobs in the community. In this small, rural southwestern town, jobs are mainly in the agricultural and service sectors. Clients are also employed through Sunrise's catering service, which has a contract to supply meals for inmates at a local jail. Community activities, like softball games and drug-free celebrations, help make clients a part of the neighborhood. Participants are also involved in drug prevention initiatives, like Kansas Communities That Care. Since 1995, Sunrise has served 320 clients. The non-profit organization is supported by the state's managed care organization, client fees (for room and board), the catering business, and other sources. To learn more about Sunrise, call (316) 285-3462.

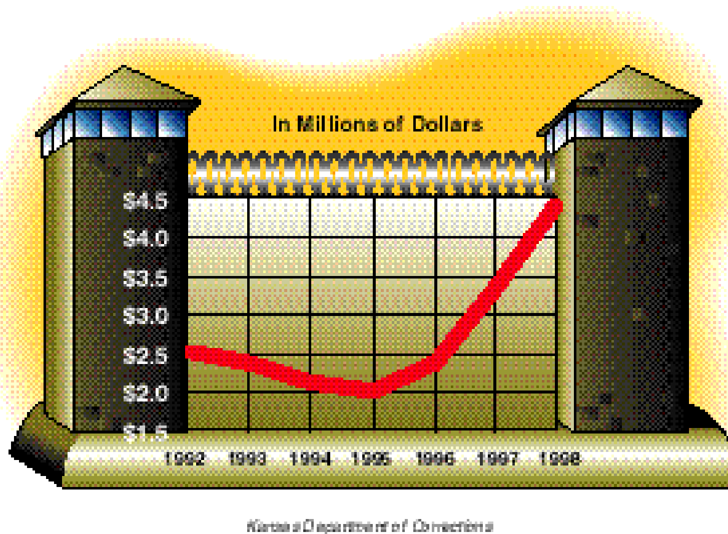
Statewide. Treatment KanWork. The Kansas welfare system (KanWork) is becoming a gateway to substance abuse treatment and recovery as well as economic self-sufficiency. During a 1995 welfare-to-work program with Cessna aircraft, one in five KanWork recipients in Cessna's job training program failed drug screens. The experience inspired an Employment Preparation Services (EPS) collaboration to integrate the substance abuse treatment needs of welfare recipients into the state's income maintenance and employment services program. In 1998, the Kansas Forum on Alcohol and Other Drug Issues in Welfare Reform and Children and Family Services launched the effort. EPS tested a screening process which involved retraining EPS case managers, who are now expected to play an intervention role in the cycle of addiction. While there is no formal evaluation linking employment outcomes with assessment and treatment in Kansas, early results show significant increases in the number of individuals screened and referred for treatment (up to 19 percent of KanWork participants in some parts of the state). To learn more about KanWork, call (785) 296-0147.

Foster Care. Alcohol or other drug abuse is a factor among parents or guardians in 78 percent of foster care cases, according to the U.S. General Accounting Office (GAO). Kansas supported about 1,200 youth in foster care in an average month in 1996, with an estimated annual cost of $7,164 per child. Estimated expenditures for alcohol and other drug-related cases are $6.7 million annually.

Welfare. Kansas' welfare-to-work program, KanWork, serves approximately 8,300 state residents. Program administrators estimate that up to 19 percent of KanWork participants have alcohol or other drug abuse problems, with wide variation in estimates from the 12 KanWork sites across the state. The estimates are based on drug tests of KanWork participants; those testing positive in the initial screening are assessed and referred to treatment as necessary. Monthly welfare costs in Kansas (including child care, Medicaid and food stamps) are $814. Annual expenditures for participants with alcohol and other drug problems may be as high as $15 million.

Alcohol-related Traffic Accidents. Between 1992 and 1996, alcohol-related traffic accidents in Kansas rose 29 percent. In 1996, 201 of these accidents were fatal. Based on figures from the National Highway Traffic Safety Administration, direct and indirect costs related to these accidents exceeded $574 million. Kansas does not maintain records on non-fatal crashes involving alcohol, or the damage and injury costs they generate.

Prison Treatment Expenditures Increasing



Kansas Department of Corrections

Incarceration Costs for Drug Offenders. Since 1992, the Kansas Department of Corrections has spent $77.1 million on prison construction and renovations, compared to $19.2 million on prison treatment programs. In 1998, Kansas'correctional system budget is $202 million. Since drug offenders account for nearly one in five Kansas inmates, the state spends more than $25 million each year to incarcerate them (12 percent of the corrections budget). With 72 percent of the prison population needing substance abuse treatment, much of this money could be saved by placing nonviolent drug users in drug court programs. For example, about 540 of the nearly 1,425 drug offenders in Kansas prisons in 1997 were incarcerated for felony drug possession. Remanding nonviolent members of this group to drug court programs could save the state nearly $10 million annually in reduced corrections costs, while increasing the odds that these offenders will not return to custody. Expanding treatment programs for offenders could also significantly reduce recidivism rates.

Tobacco Initiatives

Statewide. Take it Outside. A1996 survey of Sedgwick County showed that 40 percent of adult smokers had children at home. Ayear later, the Kansas Health Foundation began using poignant media messages on television and in print to inform county residents of the dangers of second-hand smoke. One television spot includes a young girl telling her mother that she loves her, but wishes she did not smoke. In another, an adult woman tells her father that while he is a wonderful grandfather, his smoking is harmful to her children. The solution to these problems: Take it Outside's $4 million, multi-media, tobacco campaign from the Kansas Health Foundation. Following its start in Sedgwick County in 1997, the campaign became a statewide effort with Governor Bill Graves adding a public service announcement. In addition to television ads, the campaign uses radio, newspaper and billboard advertising to convey its message. Asurvey by the Foundation showed a 19 percent increase in public awareness of the dangers of secondhand smoke from just before Take it Outside was introduced. For more information on the Take it Outside campaign, call the Kansas Health Foundation at (316) 262-7676.

Collaborative Ventures

Statewide. Kansas Family Partnership. Community partnerships mobilize residents about substance abuse issues and relay messages on prevention and treatment for alcohol, tobacco and other drugs. The efforts of the Kansas Family Partnership (KFP) demonstrate how private groups can support these community activities. KFPis a statewide organization working in collaboration with Alcohol and Drug Abuse Services, Regional Prevention Centers and other agencies. Since its inception in 1992, KFP has sponsored numerous initiatives, including parent programming guides for minorities, a grandparents' supplement to *Preparing for the Drug-Free Years,* and coordination of the state's Red Ribbon Campaign. Statewide trainings known as Kansas Baseline and Teen Baseline allow participants to examine their beliefs about alcohol, tobacco and other drugs and learn about the consequences of use. In addition, the Kansas Family Partnership is offering its Preparing for the Drug-Free Years model to all correctional facilities in the state. KFPis an example of successful collaboration among agencies and funders. Originally developed by the Kansas Department of Social and Rehabilitation Services and the Kansas Department of Education, KFPis now a private non-profit entity, with funding from diverse institutions, including Alcohol and Drug Abuse Services, the Kansas Department of Corrections, the CSAPState Prevention Cooperative Aggreement and private donations. For more information, contact the Kansas Family Partnership at (785) 266-6161.

Statewide. Dairy Queen Offers Prevention. In 1994, Kansas Alcohol and Drug Abuse Services formed a partnership with Dairy Queen to provide substance abuse prevention and treatment information at the company's local outlets throughout the state. Alcohol and Drug Abuse Services provides pamphlets and information on alcohol and other drugs for racks placed inside the Dairy Queen stores, which are seen by hundreds of thousands of Kansas residents each year. ADAS uses existing materials, and the many Dairy Queen locations are a good way for this important information to reach the public. To learn more about this public-private partnership, contact ADAS at (785) 296-3925.

Prevention. There is considerable national interest in the Kansas Communities That Care (CTC) local prevention efforts. Kansas has identified five risk areas and ADAS targets three for its outcome measures, while local communities set their own goals. Community Prevention Boards, which are integral to this strategy, promise to foster local leadership and partnership; help create a foundation for sustained community involvement; and further the shared goals of numerous state agencies. In 1997, based on ADAS' success with the model, the new Juvenile Justice Authority adopted CTC for judicial district planning.

However, several challenges remain before the potential of CTC will be realized throughout Kansas. First, rural communities often experience difficulty sustaining citizen involvement. In small towns, program success may rest with a few dedicated citizens, rather than a team of partners for whom the programs offer mutual benefits. Initiatives may spring up in response to an acute crisis, but lose momentum once the crisis fades. Second, despite two years of regional planning meetings involving more than 1,400 Kansans, some counties have been slow to form Community Prevention Boards. Third, local challenges are diverse; individual Community Prevention Boards must adapt CTC for their own needs, rather than simply replicating what is being done elsewhere.

Recommendations for ADAS and Regional Prevention Centers:

- Use local substance abuse indicator data to educate local leaders about cost-effective programs. Articulate clear target goals that can be measured at the community level.
- Clarify the goals of the Communities That Care model at the local level and build grassroots support for its continued implementation statewide.
- Expand the reach of local initiatives to encompass broad systemic change, including workplace, treatment, prevention, criminal justice and public health, and educational partnerships.
- Provide Community Prevention Boards with sufficient resources, visibility and standards to produce these systemic changes.

Local school systems can choose from a wide range of classroom-based prevention programs, including curricula designed specifically for Kansas schools. Small school districts in Kansas have creatively combined limited resources to fund programs none could afford on their own. There are also ongoing efforts to evaluate programs and to combine in-school and after-school efforts to provide youth with a continuum of programming. Providing a consistent and continuous prevention message will strengthen all of these efforts, as will a renewed emphasis on long-term effectiveness.

Recommendations for the Department of Education:

- Encourage schools to choose research-based classroom prevention programs with proven track records. Assist schools in identifying such programs.
- Facilitate local collaboration between schools and Community Prevention Boards to ensure that in-school and after-school program curricula are complementary and comprehensive.
- Encourage schools to use indicator data to guide program choices at the local level.

Dighton

Treatment for Juveniles. The State of Kansas Juvenile Justice Authority (JJA) oversees treatment resources for youth in the Kansas criminal justice system, many of whom use alcohol and other drugs. Making services available to youth before they begin to commit crimes is cost-effective. While rates of drug use are lower among Kansas youth than youth nationwide, their rates are rising. If this trend continues, the need for early intervention and treatment will become increasingly urgent.

Recommendations for State of Kansas Juvenile Justice Authority:

- Collaborate with ADAS to develop strategies for early intervention and treatment before a child has a criminal record.
- Encourage school systems to develop policies for identifying adolescent alcohol and other drug use that include referral to RADACs where appropriate.
- Develop mechanisms for sharing information with ADAS agencies so that assessment, placement and treatment decisions in both systems can have the benefit of a full treatment history.

Treatment Needs and Access. RADAC outreach programs screen clients and identify treatment needs in rural communities. For example, RADAC screeners travel throughout the counties to identify treatment needs. ADAS is also working with the Kansas Managed Care Organization to identify local resources, such as providers who can travel to rural communities. Nevertheless, rural communities face multiple treatment access challenges, including geographic distance, lack of public transportation, concerns about confidentiality, community prejudice, and inadequate support services. In addition, sparsely populated areas of the state often do not have clients in sufficient numbers to sustain local treatment programs.

Recommendations for ADAS and the Kansas Managed Care Organization:

- Build awareness in rural communities that substance abuse prevention, intervention and treatment operate along a continuum, and that intervention and treatment strengthen prevention efforts.
- Form outreach collaborations between RADACs and the RPCs to emphasize early identification and intervention.
- Broaden RADAC rural outreach efforts to include churches, rural primary health care centers, and other natural gathering places to identify treatment needs in the general population.
- Create incentives for community providers to build community outreach and transportation into their programs.
- Facilitate linkages between treatment delivery systems and the other rural social support agencies that refer clients to treatment or support those in recovery.

Marion

Kansas has a new prison-based therapeutic community program which includes key elements research has shown to be effective in reducing recidivism; the treatment is intensive and long (9 to 18 months), with aftercare to help offenders maintain treatment gains in the community. The challenge for the Department of Corrections will be implementing this new program while continuing to expand and improve its other treatment programs.

Recommendations for the Department of Corrections:

- Articulate a clear interagency strategy to meet the treatment needs of parolees and prisoners with short sentences (who are currently ineligible for prison-based treatment programs).
- Build a broad range of outcomes into future program evaluations. Collaborate with university researchers experienced in longitudinal outcome evaluations to facilitate these efforts and determine the cost-effectiveness of current treatment strategies.

Early intervention for criminally-involved youth and other mechanisms that open treatment doors provide valuable opportunities to reduce drug use and recidivism among nonviolent drug offenders. The Wichita drug court has made a strong start, and can serve as a model for other jurisdictions in the state.

Recommendations for State and Local Criminal Justice Agencies:

- Build bridges to state and local prevention and treatment agencies to create a continuum of services for youth.
- Compare long-term outcomes for drug court participants to a control group of non-participants, including rates of illicit drug use, employment, and criminal recidivism, as well as costs to society.

Recommendations for the State Supreme Court and Attorney General's Office:

- Expand drug courts to include additional jurisdictions, using the leverage of the criminal justice system to get more nonviolent offenders into drug treatment.
- Create drug courts for nonviolent felony drug possession offenders, who are increasing in numbers in Kansas prisons.

Kansas Health Foundation, (316) 262-7676, is a private philanthropic organization with a mission to improve the health of all Kansans. The Foundation funds grants in 6 primary areas: children, leadership, public health, rural health, health promotion and disease prevention, primary care education, and health policy and research. As one example of a recent program, in 1997, the Kansas Health Foundation launched a statewide $4 million secondhand smoke public health media campaign. The Campaign asked smokers to Take It Outside, using messages by children and those who care about them to illustrate the dangers of secondhand smoke. Project Freedom is another example of the Foundation's prevention initiatives.

Kansas Highway Patrol, (785) 296-6800, maintains safety on Kansas highways. The Highway Patrol collects data on drunk driving arrests, drug arrests and drug seizures on state highways.

Kansas Sentencing Commission, (785) 296-0923, is an informational resource on sentencing and numerous criminal justice topics, including the use of intermediate sanctions. The Commission publishes an annual report providing analysis of sentencing patterns under the sentencing guidelines. In 1997, the Commission's statewide sentencing database was expanded to include all felony probation sentences, facilitating more thorough monitoring of the sentencing practices.

Regional Alcohol and Drug Assessment Centers (RADACs) screen potential substance abuse treatment clients. With the advent of managed care in Kansas in 1996, RADACs were created in five locations around the state to match clients with the proper level of treatment. RADACs determine financial eligibility, provide assessment of alcohol and other drug problems and refer clients to treatment programs close to their homes. Alist of the RADACs is provided on page 35.

Southeast Kansas Education Service Center - Greenbush, (316) 724-6281, compiles data from the Communities That Care Student Survey in private and public schools statewide. The Service Center also maintains archives on a variety of data indicators, including health, crime and education.

Tobacco Free Kansas Coalition, (785) 272-8396, is an umbrella organization for many anti-tobacco initiatives around the state. The Coalition developed the Kansas Strategic Plan for Tobacco Use Prevention Control which sets the goals of reducing youth tobacco use and public exposure to environmental tobacco smoke; increasing health professional involvement in tobacco use prevention and cessation; and developing a statewide resource clearinghouse and program network for tobacco use prevention and cessation. The Kansas Smokeless Kids Initiative (KSKI), (785) 272-8396, helps staff Coalition activities, provides materials for Coalition mailings, and maintains organizational membership records and financial information. KSKI coordinates media coverage concerning the Coalition's efforts and activities. KSKI has helped organize several events in conjunction with the Coalition, including the annual SmokeFree Teens Are Rising (STAR) Rallies in Topeka, a youth-led anti-tobacco initiative.

University of Kansas Work Group on Health Promotion and Community Development at the University of Kansas, (785) 864-0533, aims to enhance community health and development through collaborative research, teaching and service. Work Group staff assist community partnerships in building capacities to address issues of local importance, including substance use and abuse, adolescent pregnancy, and urban development, and rural health. Web address: http://ctb.lsi.ukans.edu/wg/

Sources

Behind Bars: Substance Abuse and America's Prison Population. New York: The National Center on Addiction and Substance Abuse, 1998.

Frank J. Chaloupka & Henry Wechsler. "Price, tobacco control policies, and smoking among young adults." *Journal of Health Economics,* 1997, 16:359-373.

Child Abuse and Neglect: A Look at the States. Child Welfare League of America, 1997.

"Easy-to-concoct drug often makes users turn violent." USA Today, September 10, 1997, p. 1A.

Bridget F. Grant and Deborah A. Dawson. "Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey." *Journal of Substance Abuse,* 1997, 9:103-110.

J. David Hawkins & Richard F. Catalano, *Communities That Care: Action for Drug Abuse Prevention.* San Francisco, CA: Jossey-Bass Publishers, 1992.

Robert H. Poresky, "Kansas Alcohol and Drug Treatment Effectiveness Follow-up Study: 1995 Longitudinal Effects Report." Manhattan, KS: Kansas State University, School of Family Studies and Human Services, 1997.

Rating the States: A Report Card on the Nation's Attention to the Problem of Alcohol- and Other Drug-Impaired Driving. Irving TX: Mothers Against Drunk Driving, 1996.

Kansas Sources

Alcohol and Drug Abuse Services Commission

Fiscal Year Framework, 1998.

Kansas Alcohol and Drug Abuse Services Prevention Needs Assessment, 1996.

Kansas Alcohol and Drug Treatment Effectiveness Follow-up Study: 1996 Longitudinal Treatment Effects Report.

Kansas Alcohol and Other Drug Screening and Treatment Program (Summary), 1996.

Kansas Communities That Care Student Survey, 1997.

Kansas Department of Corrections

Corrections Briefing Report (1997).

Offender Programs Evaluation, Volume I (1997).

Offender Programs Evaluation, Volume II (1998).

Statistical Profile, FY1996 Offender Population.

Statistical Profile, FY1997 Offender Population.

Kansas Sentencing Commission

1998 Annual Report.

Kansas Sentencing Guidelines, Desk Reference Manual (1997).

Other Kansas Sources

Annual Report. Department of Revenue, 1996.

Health Risk Behaviors of Kansas, 1992-1995. Department of Health and Environment, 1996.

Kansas Marijuana Eradication Report. Kansas Bureau of Investigation, 1994-97.

Kansas Strategic Plan for Tobacco Use Prevention and Control. Tobacco Free Kansas Coalition, 1996.

Unpublished data. Wichita Police Department, 1998.

Unpublished data. Liberal Police Department, 1998.

Unpublished data. Topeka Police Department, 1998.

Federal Sources

Department of Health and Human Services

Uniform Facility Data Set (UFDS): Data for 1996 and 1980-1996. SAMHSA, Office of Applied Studies, 1997.

Rural Issues in Alcohol and Other Drug Abuse Treatment. Technical Assistance Publication Series 10. SAMHSA, Center for Substance Abuse Treatment, 1994.

Monitoring the Future Study. National Institute on Drug Abuse, 1997.

Preliminary Results from the 1996 National Household Survey on Drug Abuse. SAMHSA, Office of Applied Studies, 1997.

HIV/AIDS Surveillance Report. Centers for Disease Control and Prevention, December 1996.

Gregory Bloss, "The Economic Costs of FAS." *Alcohol and Health Research World,* 18(1). National Institute on Alcohol Abuse and Alcoholism, 1994.

Department of Justice

Drugs, Crime, and the Justice System: A National Report from the Bureau of Justice Statistics. Office of Justice Programs, Bureau of Justice Statistics, 1992.

The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision. Office of Justice Programs, National Institute of Justice, 1995.

National Highway Traffic Safety Administration

The Economic Costs of Motor Vehicle Crashes (1996).

Traffic Safety Facts, 1996: State Alcohol Estimates (1997).

Other Federal Sources

Foster Care: Parental Drug Abuse Has Alarming Impact on Young Children. General Accounting Office, 1994.

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