

Catalyst for positive community
change in Johnson County, Kansas



SUBSTANCE ABUSE PLANNING REPORT

DRUG AND ALCOHOLISM COUNCIL
OF JOHNSON COUNTY
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Executive Summary

The Drug and Alcoholism Council of Johnson County's (DAC) substance abuse research report and priorities for action emerged from a planning process committed to addressing substance abuse needs in Johnson County. The DAC, a program of United Community Services of Johnson County (UCS), is a team of representatives from the jurisdictions served and other qualified and interested volunteers who are committed to reducing alcohol and other drug problems by promoting, supporting, and advocating for the full continuum of care – prevention, education, intervention, treatment and recovery – for residents of Johnson County. Its primary activity is making recommendations to cities and County government on the allocations of local Alcohol Tax Fund for substance abuse prevention and treatment programs.

In 2009, data was collected from local, state and national sources regarding substance abuse among youth and adults in Johnson County. Additionally, the perspectives of youth, adults, prevention professionals, treatment providers, and other human service providers was sought and compiled. Staff from UCS and DAC subcommittee members worked together to create the priorities for the Council.

Key facts emerging from this report:

1. Nationally, **only 17 percent of the 23.1 million people age 12 and over with an illicit drug or alcohol problem received treatment in 2008.** Ten percent of those received treatment in a specialty facility focused on substance abuse and seven percent through a non-specialty course of treatment.
2. **Two thirds of the people entering substance abuse treatment programs also have a co-occurring mental health problem.** Attention deficit and conduct disorders were most common for youth, anxiety and depression in adults.
3. **In 2005 Kansas spent \$1.2 billion on substance abuse and related issues which is 17 percent of the state's total budget,** but only 1.5 percent went towards treatment, prevention and research. Most of these costs reflected spending in the justice, education, health, and child welfare systems.
4. The Communities That Care survey found that in 2009 **one out of three high school seniors in the county reported having binged (consuming over 5 alcoholic drinks in a single sitting) in the past two weeks prior to the survey.** This level has been relatively stable since 1995.
5. **Only five percent (2 out of 37) of substance abuse treatment facilities in Johnson County provide treatment services in Spanish** which is very limited service to a population that grew 81 percent from 2000 to 2008.
6. National studies on substance abuse tell us that **there is \$7 of benefits for every \$1 of care and \$10 of benefits for every \$1 spent on prevention – both are cost effective investments.**

Responding with Future Priorities and Actions:

Future DAC recommendations for Alcohol Tax Funding will prioritize programs and services that are evidence-based and show clear efficacy with their targeted populations. Prevention programs and treatment services that are likely to receive favorable consideration include:

1. Interventions targeting youth that impact positive social skills and enhance interpersonal relationships, promote healthy beliefs and **clear standards for self and choices related to substance abuse.**
2. Interventions targeting schools that **promote students' academic success and commitment to school,** and reinforce students' positive contributions and efforts in school and school-sponsored settings.
3. Interventions **targeting parents/families that impact attitudes** toward substance abuse and problem behaviors, their own history with substances, and conflict and communication.
4. Interventions targeting law enforcement and the broader community that **impact the availability of alcohol and other substances in the community,** affect community norms related to substance abuse and its impact, establish common protocols for handling substance abuse related violations, reinforce and recognize positive contributions by youth.
5. Treatment interventions that **are evidence-based and clearly implement principles and practices that enhance the intervention's effectiveness and the client's ability to stop using and avoid relapse.** Treatment must be readily accessible, adequate and appropriate.

Priorities for system improvement to reduce current and future substance abuse include:

1. The **increased capacity for substance abuse treatment to be delivered in Johnson County by bilingual/ bicultural service providers.** Future DAC recommendations may reflect this priority to serve a growing population, although current budget restrictions make it unlikely in 2011.
2. The **increased capacity to provide integrated treatment in Johnson County to those with co-occurring substance abuse and mental health issues.** This would require the expansion of a workforce with both mental health and substance abuse credentials. Again, future DAC recommendations may reflect this priority to serve a growing population, although current budget restrictions make it unlikely in 2011.
3. The **implementation of evidence-based community-wide policies and practices shown to reduce alcohol consumption and misuse** among youth and adults, examples of which are increasing alcohol taxes, regulating the density of alcohol outlets, and enhancing enforcement of laws prohibiting sales to minors.

In the future, requests for Alcohol Tax Funding proposals, grant review, scoring and ranking criteria will reflect the priorities identified above. **Additionally,** the DAC will consider taking specific actions consistent with identified priorities to promote, support, and advocate for the full continuum of care – prevention, education, intervention, treatment and recovery - for all Johnson County residents.

The Drug and Alcoholism Council of Johnson County, Kansas Substance Abuse Planning Report

Substance abuse affects all people in the county and community, whether one is a substance abuser, has family or friends who are, or is indirectly supporting the growing amount of county and state funds spent annually on substance abuse and addiction. The costs to our state are an enormous portion of the yearly fiscal budget, with spending on substance abuse and addiction making up almost 18 percent of the state of Kansas' budget in 2005. (16) Only elementary and secondary education and higher education represented greater portions. For those who experience substance abuse either themselves or with loved ones, the costs are also substantial, including lost years of productivity, the destruction of relationships with family and friends, loss of financial and employment histories, and unrealized personal growth. Conversely, the entire community benefits when substance abuse is prevented and/or effectively treated, with lower healthcare costs, a reduction in crimes, child abuse and neglect, and increased employment and productivity overall.

Who We Are

The Drug & Alcoholism Council of Johnson County, Kansas (DAC), a program of United Community Services of Johnson County (UCS) and founded in the 1970's, is an all-volunteer advisory body that supports and enhances the overall mission of UCS by overseeing functions related to alcohol/drug planning and allocations in Johnson County. The DAC is committed to reducing alcohol and other drug problems by promoting, supporting, and advocating for the full continuum of care – prevention, education, intervention, treatment and recovery – for residents of Johnson County. Its primary activity is making recommendations to city and County governments on the allocations of local alcohol tax finds (ATF) to substance abuse prevention and treatment programs. UCS staff provides support for the DAC, and DAC subcommittee members worked together to create the final priorities for the Council.

Focus and Goals of the Planning Process

The Drug and Alcoholism Council of Johnson County's (DAC) substance abuse report and recommendations for action emerged from a planning process committed to preventing and treating substance abuse in Johnson County in order to reduce its impact on the community. The planning process results will be used to guide future funding recommendations of finite local alcohol tax dollars to best meet the needs of Johnson County residents. The goals of the planning process were threefold: first to identify any needs or gaps in services for local residents; secondly, to determine what principles, models and strategies might be implemented to address the needs or gaps; and finally, to merge the data and input compiled from multiple sources to craft a number of recommendations consistent with best practices models on how best for the DAC to target future alcohol tax fund allocations and improve the safety net of services and programming related to substance abuse for both youth and adults in Johnson County.

What is Substance Abuse?

Substance use, abuse, and addiction (or dependence) are clearly defined and differentiated by the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. (1) *Substance use* is defined as ingesting a substance in order to produce a high, alter one's senses, or otherwise affect functioning. Abuse is a pattern of substance use leading to significant impairment in functioning. In order for a person to be classified as *abusing a substance*, one of the following must be present within a 12 month period:

- (1) recurrent use resulting in a failure to fulfill major obligations at work, school, or home;
- (2) recurrent use in situations which are physically hazardous (e.g., driving while intoxicated);
- (3) legal problems resulting from recurrent use; or
- (4) continued use despite significant social or interpersonal problems caused by the substance use.

The symptoms above in and of themselves do not meet the criteria for substance dependence as abuse is a part of this disorder. *Addiction or dependence* is a substance use history that meets the criteria for substance abuse in addition to:

- (1) continuation of use despite related problems;
- (2) increase in tolerance (more of the drug is needed to achieve the same effect); and
- (3) withdrawal symptoms.

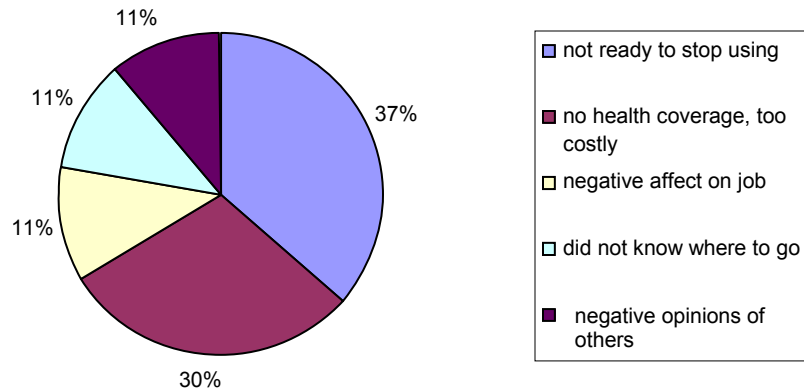
For the purpose of this report, the term substance abuse will be used to encompass the behaviors related to all three of these disorders, unless expressly specified.

Why It Goes Untreated

National data suggests that the majority of substance abuse goes untreated or undertreated, resulting in ongoing costs to the person and their family in addition to the broader community. In 2008, 23.1 million persons age 12 and older needed treatment for an illicit drug or alcohol use problem according to their own assessment, 96 percent of whom were classified with substance abuse or dependence based on their responses to the National Survey on Drug Use and Health (NSDUH). (24) Of these, only 10 percent received treatment from a specialty facility focused on substance abuse, such as an inpatient admission to a hospital, drug or alcohol rehabilitation facility or mental health center. An additional seven percent received treatment at in non-specialty facilities including self-help groups, doctors' offices, the emergency room of a hospital, prison or jail.

Based on the combination of data from NSDUH's 2005-2008 results, the five most often reported reasons for not receiving illicit drug or alcohol abuse treatment among persons aged 12 or older who needed but did not receive treatment were that they were not yet ready to stop using (37%), they had no health coverage and could not afford the cost (30%), it could have a negative effect on their job (11%), they did not know where to go for treatment (11%), or they were concerned that their treatment would cause neighbors/community to have a negative opinion of them (11%).

Top 5 Reasons that Those Needing Substance Abuse Treatment Did Not Receive It - NSDUH 2008



Cost of Substance Abuse

Substance abuse is both preventable and treatable, with evidence-based programs and practices that significantly reduce the likelihood of abuse and improve short and long term outcomes for those in recovery. And the alternative (not preventing or treating substance abusers or drug dependent persons) is too costly to those who abuse drugs and alcohol, their families, and the broader community and its limited resources. Research trying to assess the summary cost of substance abuse (including alcohol, tobacco, and illicit drugs) generally sum healthcare expenditures, lost earnings, and costs associated with crime and accidents related to substance abuse. In 2005, the State of Kansas spent \$1.2 billion dollars on substance abuse and addiction related costs, according to the National Center on Alcohol and Substance Abuse at Columbia University. (16) The burden of this spending was distributed through the State's costs for adult and juvenile corrections, health and child/family assistance, education, public safety and regulation and compliance work. The costs within these areas specifically related to substance abuse and addiction summed to over 17 percent of the State's total budget. Only elementary and secondary education and higher education budgets were greater.

While substance abuse prevention and treatment are costly, the economic benefits of the expenditures far exceed the costs of prevention and treatment. Multiple national studies have shown that the economic benefit of treatment exceeds the costs of treatment, with a conservative cost-benefit ratio of \$7 of benefit for every \$1 spent on care. (13) This cost benefit reflects a reduction in use of emergency medical care, as well as increased employment income among individuals treated for addiction. Similarly, research-based prevention programs are cost effective, with research showing that for each dollar invested in prevention, up to \$10 in treatment for alcohol or other substance abuse and criminal justice costs can be saved. (2, 6, 22, 23)

The costs of substance abuse go beyond its impact on financial resources. Substance abuse is strongly related to many public health issues and social problems, as is reflected in the national causes of mortality and morbidity. Tobacco contributes to 11-30 percent of cancer deaths in the U.S. Researchers have also found a link between the development of heart disease and the abuse of tobacco, cocaine, Ecstasy, amphetamines, and steroids. Tobacco itself is responsible for approximately 30 percent of all heart disease deaths each year. Approximately one-third of

HIV/AIDS cases reported in 2000 and the majority of hepatitis C cases in the United States are associated with injection drug use. (3, 4, 20)

Substance abuse interacts with many social problems too, such as violence and abuse. At least half of individuals arrested for major crimes including homicide, theft, and assault were under the influence of illicit drugs around the time of their arrest, and is estimated to be a major contributor to automobile crashes. Additionally, sexual or physical abuse as a child and exposure to stress are strongly correlated with substance abuse and relapse and 50-80 percent of child abuse and neglect cases substantiated by child protective services involve some degree of substance abuse by the child's parents. (18, 26)

More than \$1.2 billion was spent by the state of Kansas on substance abuse and addiction in 2005, with only 1.5 percent of the funds going to treatment, prevention and research. All other costs reflected spending in the justice system, education, health, child/family assistance, mental health/developmental disabilities, public safety, state workforce, and regulation and compliance with related laws and licensing. Eighty percent of state spending in the justice system (adult corrections, juvenile justice, and the judiciary) was related to substance abuse. (16)

Effective Responses

Both substance abuse prevention and treatment have been shown to be effective and reduce, delay, or prevent substance abuse. The importance of prevention lies in the impact it has on future use and abuse of substances and associated subsequent costs. National data indicates that in 2008, adults aged 21 or older who had first used alcohol at age 14 or younger were more than 5 times as likely to be classified with alcohol dependence or abuse than adults who had their first drink at age 21 or older (15.1% vs. 2.6%). (24)

The Office of National Drug Control Policy has developed a set of research-based principles on which effective prevention programming can be based. The principles were based on literature reviews of prevention interventions and guidance from federal departments involved with substance abuse. (21) The principles include:

- (1) programming must address appropriate risk and protective factors for the substance abuse in a defined population;
- (2) programming should use approaches that have been shown to be effective;
- (3) intervention must occur early and at important stages and transitions; and
- (4) programs must be managed effectively with ongoing monitoring and evaluation.

The Community Guide, a guide to effective policies and programs shown to prevent disease and improve health and put out by the U.S. Centers for Disease Control and Prevention, recommends four intervention to prevent excessive alcohol use. All four were found to be effective policies or practices that made a significant impact on excessive drinking, three targeting the general population and one targeting underage drinking. They include:

- (1) using regulatory authority (e.g., through licensing and zoning) to limit alcohol outlet density;
- (2) maintaining existing limits on the days on which alcoholic beverages are sold;
- (3) increasing the unit price of alcohol by raising taxes – which both reduces overall consumption and youth drinking in particular; and
- (4) enhancing the enforcement of laws prohibiting sale of alcohol to minors.

Effective treatment programs share certain characteristics. Research clearly indicates that treatment can help those with substance abuse or dependence stop using and avoid relapse. Several principles are the basis of any effective treatment program (19):

- (1) addiction/dependence is a complex but treatable disease affecting brain function and behavior;
- (2) no single treatment is appropriate for everyone;
- (3) treatment needs to be readily available;
- (4) effective treatment attends to the multiple needs of the individual, not just his or her drug abuse;
- (5) remaining in treatment for an adequate period of time is critical;
- (6) counseling and other behavioral therapies are the most commonly used forms of drug abuse treatment, and are sometimes combined with medications for increased efficacy;
- (7) an individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs;
- (8) many who are drug dependent also have other mental disorders which should be addressed;
- (9) medically assisted detoxification is only the first stage of addiction treatment and does little to change long-term abuse;
- (10) treatment does not need to be voluntary to be effective; and
- (11) drug use during treatment must be monitored continuously, as lapses do occur.

The Substance Abuse and Mental Health Services Administration provides a searchable database of 150 evidence-based program and practices that include both effective prevention and treatment programs for mental illness and substance abuse. This registry is continually being expanded as additional interventions are identified as successful. The National Registry of Evidence-based Programs and Practices (NREPP, <http://nrepp.samhsa.gov/index.asp>) is a tool that helps people, agencies and organizations identify appropriate and evidence-based interventions for their community, based on their targeted population, their goals, the community in which it will be implemented, and who is the likely organization or system to implement the intervention. This enables organizations to choose those interventions that are appropriate for them and can be implemented within the framework of their community's resources, timeframe, and budget.

As noted earlier, the majority of those needing treatment due to abuse and dependence do not receive it, even with the solid research on its effectiveness and cost-benefit, and the availability of proven effective programs. The importance of preventing abuse or getting treatment for those already dependent can be demonstrated in the numbers who die from substance abuse each year in the U.S. Alcohol consumption and illicit drug abuse kill approximately 102,000 Americans each year, and tobacco use tops the list of preventable causes of death killing 435,000 additional American yearly. (14)

Methodology

In order to best assess what needs and gaps in the continuum of substance abuse services and programming exists, data was collected from multiple sources. Local and state sources included county and state level Communities that Care data, the Johnson County District Attorney's office, Johnson County Court Services, Kansas Bureau of Investigations, Kansas Department of Transportation, Kansas Department of Health and Environment, and Kansas Social and Rehabilitation Services. The data from the 2008 National Survey on Drug Use and Health

(NSDUH) was also included for substance abuse related data not collected locally or at the state level.

Insight into what Johnson County residents, youth and adults, some substance abusers and some not, believe contributes to substance abuse and what should be done to reduce it was also gathered and compiled. Four focus groups and several one-to-one interviews were conducted to gather input on the factors promoting and preventing substance abuse among youth and adults, the impact of existing programming and services, and the barriers to accessing treatment and supportive services. Finally, events in the broader environment that affect substance abuse programming and services that emerged during 2009 were noted as context for future recommendations.

For the purpose of this report, the use and abuse of tobacco will not be examined. While tobacco is the leading cause of preventable death in the U.S., its use has consistently decreased over the past 20 years across the U.S and locally. Also, the DAC has not traditionally focused on tobacco use and abuse given its legal use among those 16 years of age and older, except in its support for prevention and reduction of smoking among school-age youth.

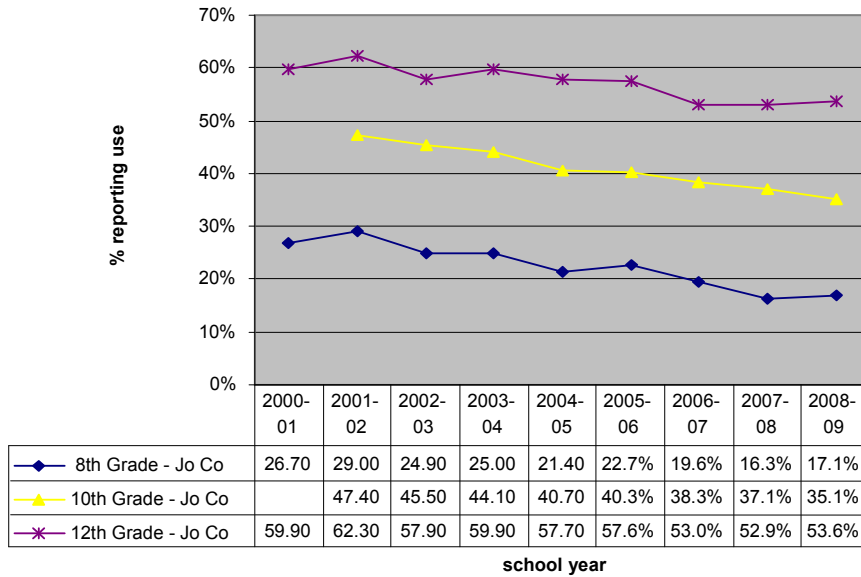
Understanding Substance Abuse in Johnson County

Substance Abuse among Youth in Johnson County

Data: What we know from local and state data about youth (18 years of age or younger) and substance abuse:

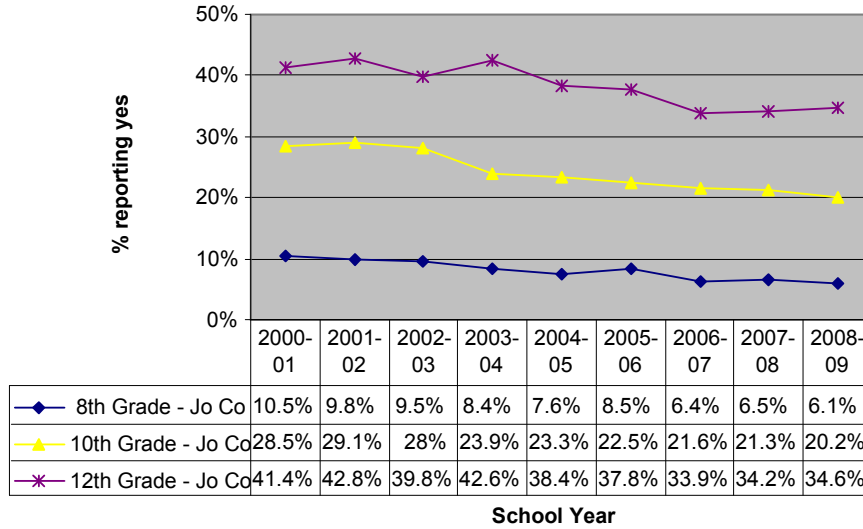
1. Alcohol is still the most likely substance to be abused by children and youth in Johnson County and is likely to be abused at home or at the homes of friends. National survey data indicates that six out of seven underage drinkers reported that their last use of alcohol was either in someone else's home or their own (56.2% and 29.6% respectively). (24)
2. Binge drinking is common among high school age students, and is reported in the past two weeks among more than one in three high school seniors in Johnson County.
 - In the 2008-2009 school year, 42 percent of 6th, 8th, 10th, and 12th graders reported using alcohol in their lifetime, more than one in four (26%) had used in the past 30 days (7). These numbers were less than the overall Kansas rates for lifetime use of alcohol (46%) and about the same for 30-day use of alcohol (27%). (7)

30-Day Alcohol use Among Johnson County Youth



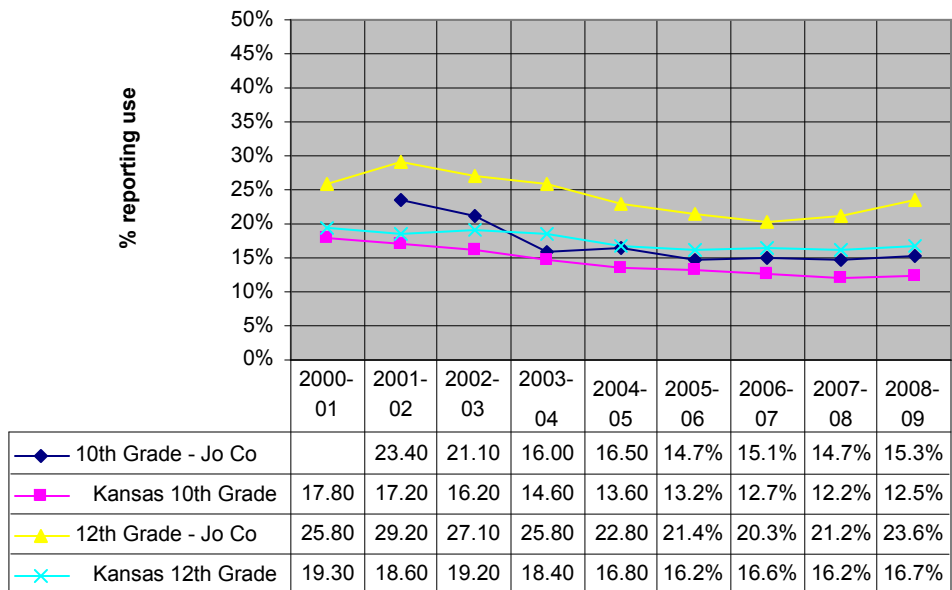
- In the same year, 35 percent of Johnson County 12th graders reported binge drinking, which is slightly higher than the overall Kansas 12th grade level (32%). (7)
- The Johnson County Sheriff's Office reports that officers regularly check local alcohol outlets to determine if they are selling alcohol to minors. Between 2007 and 2009, officers conducted 281 checks in 14 municipalities. On average, one in five retailers checked sold alcohol to a minor and were subsequently issued citations (18% in 2007, 22.5% in 2008, 21% in 2009). (Jo Co Sheriff's Office, Deputy Tom Erickson, personal communication)

Percent Reporting Binge Drinking in Past 2 Weeks among Johnson County Youth



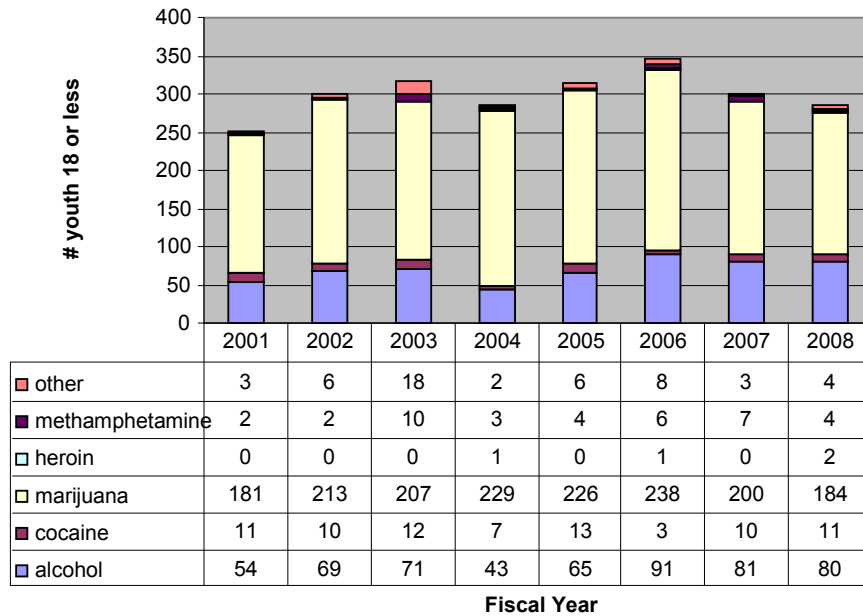
3. Marijuana is used by a significant number of students and is most likely to be identified as the primary drug of choice among youth who enter Kansas Social and Rehabilitation Services –Addiction and Prevention Services (SRS-AAPS) funded substance abuse treatment in Kansas.
 - In the 2008-2009 school year, one of four 12th graders and one of seven 10th graders in Johnson County reported using marijuana in the past 30 days. These numbers are slightly greater than the Kansas average for 10th graders (12%) and significantly greater than that of the average Kansas 12th grader (17%). (7)

**30-Day Marijuana Use among Johnson County High School Students
and Their Kansas Counterparts**



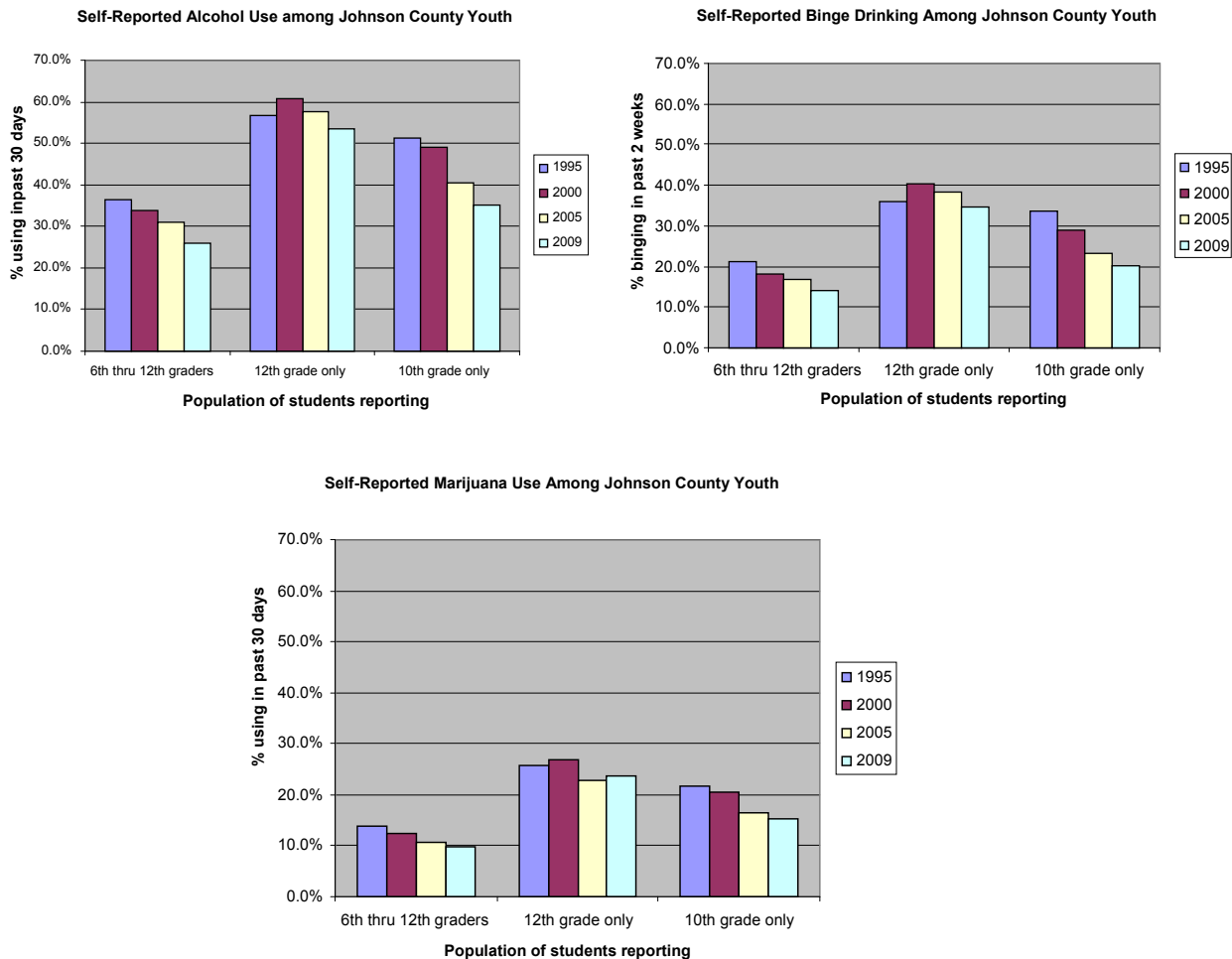
- Sixty-five percent of Johnson County residents 18 years or younger receiving SRS-AAPS funded treatment services during 2008 identified marijuana as their primary problem. (10)

**Number of Youth Receiving State Funded Substance Abuse Treatment
by Primary Problem**



4. While the proportion of Johnson County youth using alcohol and marijuana is significant and at an arguably unacceptable level, the absolute levels of alcohol use, binge drinking and

marijuana use have remained relatively stable since 1995, if not trending downward. This is true even among 12th graders, who overall are most likely to report abusing substances. (7)



Perspectives: What youth, those with and without substance abuse issues, their parents, and prevention specialists tell us about substance abuse from their viewpoints

Drugs of Choice: Focus groups of youth and adults corroborate what local survey and treatment data suggest –alcohol and marijuana are most likely to be abused among children and youth and the most socially acceptable. As pointed out by one youth, alcohol requires no special connection as it is easily stolen off of shelves in stores or taken from their own or friends’ homes. Marijuana is reportedly easy to buy – one in five Johnson County youth reported that it was “very easy” to get marijuana in the 2009 Communities That Care survey. Perception of access increased with age - almost half of 12th graders (46.1%) reported it was “very easy”. (7)

However, members from all focus groups noted that there has been an increase in prescription medication abuse, with school-connected adults saying that they were more likely to see youth disciplined for having pills at school than marijuana. Parents commented that prescription abuse was difficult for them to monitor as they were less aware of the side effects and pills rarely had an odor or left a residue.

Risk Factors: Participants from focus groups with both youth and adults agree on five factors that make use or abuse of substances more likely among youth:

- (1) parents allowing it in their homes and hosting parties where substances are abused;
- (2) parents whose attitudes and/or behaviors convey that substance abuse is OK or tolerated;
- (3) family relationships in which there is conflict, especially between parents and their children;
- (4) youth being in a social environment in which their peers abuse substances or encourage use;
- and
- (5) that Johnson County's affluence and youth's access to cash and lack of supervision make substances more readily available for abuse.

Interestingly, both groups of youth – those who were abusing substances and those who were not – noted that they were not receiving a clear message from adults (parents, teachers, media) not to abuse substances.

Protective Factors: The flip side of many of the factors identified as making substance abuse more likely were offered as factors that reduced risk for substance abuse: positive family relationships with honest communication and clear role modeling from parents and other peers. Both adults and youth said that engagement in activities both inside and outside of school that appealed to youths' interests reduced risk, and adults expressed concern that youths had few recreational venues where they could just have fun and that did not encourage substance abuse. A number of those parents of youth who were already dealing with substance abuse issues and the youths themselves expressed the belief that nothing could have made it less likely that the youth abused substances. Youth themselves believed that they were strongly influenced by stories of addiction and related issues (e.g., incarceration, hospitalization, overdosing) if delivered by those who had experienced it and especially if the person speaking was close in age, and that exposure to such stories and persons would act as a deterrent to their use.

Impact of School Prevention/Education Programming: Repeatedly, youth stated that substance abuse related programming in the schools was not implemented early enough in their lives to make a significant difference – that many were already they were in late elementary and middle school grades and that information regarding drugs and alcohol, whether accurate or not, had already been obtained from their peers. In addition, youth felt that programming needed to be about prevention – not education, as information was readily available from peers, media and the internet. When asked about the impact of school-based substance abuse programming, parents reported only being aware of the DARE (Drug Abuse Resistance Education) program which was implemented in 5th grade typically. None were aware of prevention programming implemented in the middle or high school years, although all six public school districts in Johnson County have implemented prevention and education programming in their schools. School prevention specialists conveyed that the impact of substance abuse programming is limited due to the decreasing amount of resources and time to implement it, given the emphasis on academics and meeting federal standards for performance. They said that traditional programs delivered in middle school and later are “imprecise” and less effective given that children and youth have no earlier foundation in values, character building, and connectedness. Based on their grant applications for Alcohol Tax Funds, the six school districts have implemented a variety of evidence-based programs and activities in each of their systems, although Johnson County youth receive widely variable programming and access to services depending on which district, if not school, they attend.

Both youth who used and those who did not thought that prevention was key to effective programming in schools (versus education about substances) and that hearing from those who are or had been addicted and/or had been in jail due to substance abuse issues was an effective way to

deter teens from using. However, when pressed about what was ‘prevention’ vs. ‘education’, focus group participants struggled to identify ‘what’ prevention programming was. Parents and prevention specialists instead focused on keeping youth engaged in activities and supporting their interests from an early age as school-based strategies for preventing substance abuse. This included school-sponsored activities that provided alternatives to “drinking parties” and opportunities for youth to connect with caring adults (e.g. Youth Friends, “rent a parent” type programs). Additionally, parents and adults suggested that much of prevention and education programming needed to be targeted at them instead of the children and youth, although they acknowledged the challenges of delivering the message.

Impact of Non-School Programs and Strategies: Youth and adults did not share any common strategies or ideas for effective ways to prevent or reduce use among children and youth that could be implemented outside of the school setting. Youths’ responses focused on raising awareness of how many kids were not using substances in order to counter the assumption among both youth and adults, and the resulting attitudes and tolerance for abuse, that it was the norm. Additionally, they again stated that the consistent enforcement of laws, rules and contracts by law enforcement, the schools, and parents and related follow through with consequences was an important way to prevent subsequent and more serious substance abuse related issues. Interestingly it was the youth who had completed rehabilitation for substance abuse who stated that they had not felt the consequences of their choices and actions until “too late in the game”, when their parents’ interventions could no longer shield them from the repercussions of their actions. Parents and adults suggested that parenting classes and support groups for those struggling were important to make available for parents with all ages of children – not just those with newborns and toddlers. They also proposed that media messages could be used to prevent substance abuse among youth by targeting the concerns of teenagers – how substance abuse and use could impact their attractiveness, success in relationships, current and future opportunities, etc. Adults also recognized the importance of nurturing their children’s interests outside of school as a way to keep them engaged in activities in which substance abuse would not be compatible.

Sufficiency of Existing Johnson County Supports Related to Treatment: Only adults (both prevention specialists and parents of those with substance abuse problems) responded to the question regarding whether or not there were sufficient supports in Johnson County for those youth struggling with use and/or abuse, and both groups identified areas in which supports were insufficient. Insufficiencies included: (1) the inability for children and youth to receive an intake appointment quickly, as it often took four to six weeks for an appointment; (2) the lack of an agreed upon place where those kids who were high or intoxicated at school or a school-related event could be taken for their safety and that of others; (3) the lack of peer-led support groups such as Narcotics or Alcoholics Anonymous exclusively for youth; (4) the lack or insufficiency of insurance for many families who cannot then afford appropriate treatment for their child; and (5) the lack of sufficient support for the difficult work of establishing new peer groups that are supportive of a drug-free lifestyle following treatment or rehabilitation. Finally, those working within the school districts noted that sometimes it is difficult to raise awareness about the impact of drugs and alcohol because of its inconsistency with the reputation of Johnson County school system as one where all kids do well and are free from problems.

Parents were asked what they knew now that they wish they had known before or wished they could communicate to other parents and adults working with youth. Their responses again mirrored the earlier responses of both youth and adults and included that “good kids” could become abusers, that kids are street smart and capable of concealing their use, and that middle school age was the “make it or break it” point for many. They proposed that it would be beneficial for kids who had

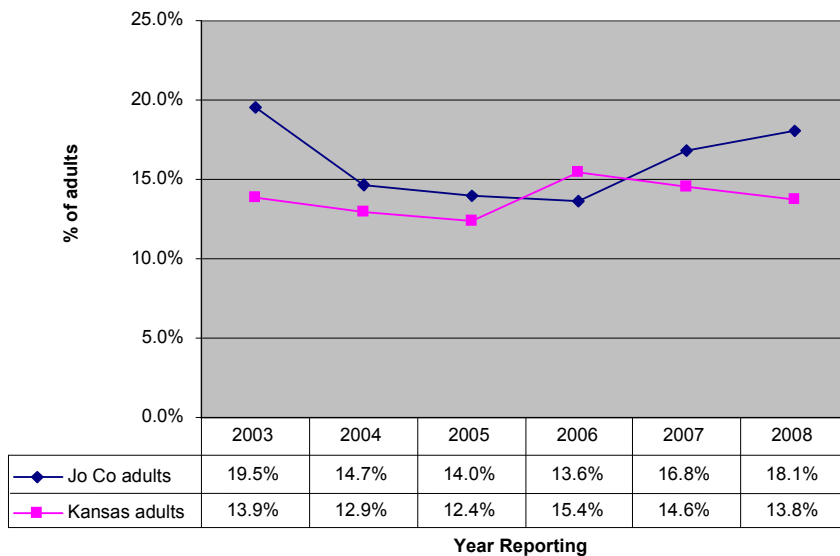
been through treatment or rehabilitation to talk with those younger than themselves about their experiences and troubles with substance abuse – and that those hearing the message would also benefit.

Substance Abuse among Adults in Johnson County

Data: What we know about substance abuse among adults from local and state data:

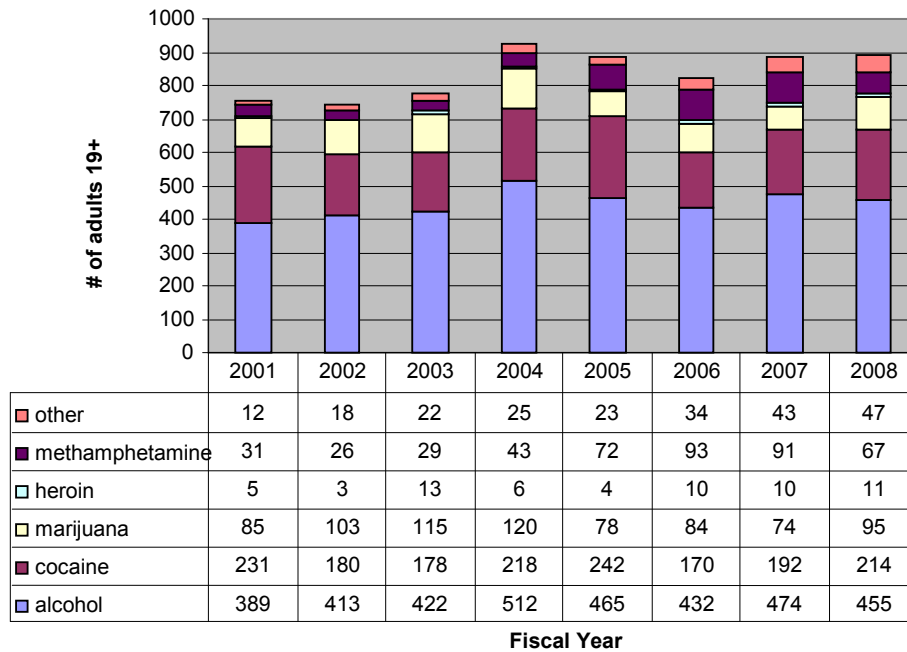
1. Alcohol continues to be the most abused substance among adults of all ages, even more so than tobacco. Since 2005, a greater percentage of Johnson County adults reported binge drinking in the past 30 days than currently used tobacco (In 2007, 18.1% reported binge drinking; 13.2% reported current tobacco use). (8, 9).
2. Binge drinking among Johnson County adults in the past 30 days has been greater than the Kansas state average in five of six years between 2002 and 2007. In 2007 (the latest data available for Johnson County), two in eleven Johnson County adults reported having engaged in binge drinking in the past 30 days (defined as five or more drinks per occasion for men, four or more drinks per occasion for women). (9) State level data indicates that men are more than twice as likely to report binge drinking than women in Kansas (19.6% vs 8.2%). (15)

**Percent Adults Reporting Binge Drinking in Past 30 Days –
Johnson County vs Kansas Residents**



3. Since 2001, alcohol has been most likely to be identified as the primary drug of choice among those adults entering Kansas SRS-AAPS funded substance abuse treatment, followed by cocaine. Marijuana is most often third across that time frame. This is in contrast to the primary drug of choice for youth entering treatment in the county which is marijuana. (10)

**Number of Adults Receiving State Funded Substance Abuse Treatment
by Primary Problem**



4. In 2008, United Community Services of Johnson County and the DAC conducted a survey of thirteen organizations providing substance abuse treatment, intervention and recovery services that were supported by local alcohol excise tax funds and serving Johnson County clients. Twelve of thirteen reported that they could provide substance abuse treatment services in a language other than English. However, 75 percent relied solely on on-call interpreters to do so, requiring coordination with other-agencies (UCS unpublished data set). In addition, of the three organizations reporting available counselors and staff that spoke Spanish, one served only children and youth, one offered assessments only, and the last was located in Wyandotte County. The need for Spanish-speaking substance abuse providers is likely to grow, given that between 2000 and 2008, the number of Hispanic residents in Johnson County grew 81 percent, from 18,000 to an estimated 32,600. The 2008 American Community Survey estimated that over 20,000 Johnson County residents spoke Spanish at home, half of which spoke English less than “very well”. (25)
5. According to the Addiction and Prevention Services (AAPS) section of the Kansas SRS, Johnson County has 37 substance abuse treatment facilities as of January, 2010. Of these 37 facilities, five report that they can provide services in the Spanish language (14%). However, three of five provide only assessment and referral services, leaving only two that provide treatment (5% of total providers listed). Neither of the two accepts AAPs funding; one of two accept Medicaid. (11)

Perspectives: What those working directly and indirectly with abusers tell us about adult substance abuse from their viewpoints

Input from treatment providers, prevention specialists, and human services providers who connect with the substance abuse treatment system in multiple ways suggests that numerous challenges to accessing treatment and supportive services exist in Johnson County, especially for specific subpopulations. Their perspectives include:

1. There are much fewer choices for those without insurance or significant financial resources. While Johnson County has a higher proportion of substance abuse providers compared to other counties, they are predominantly small singular or dual provider offices and require insurance or up front payment.
2. Because of cost, those in need of treatment may or may not be able to access the best program or level of treatment for their problem. Financial barriers continue to exist even for those with insurance – parity has not yet been achieved.
3. For those who must depend on assistance from the state, able-bodied unemployed males experience the greatest wait for treatment, as they are lowest on the priority list. For those needing and who qualify for state-supported funding in order to access treatment (Kansas SRS-AAPS) the wait for treatment beds is long due to limited funding, and often results in missed opportunities for treatment. This is so because if beds are not available when a person is ready to commit to treatment, they will often back out. Generally able-bodied adults (including women who are not pregnant) wait four to eight weeks for a treatment bed. Those who are pregnant or injection drug users are prioritized, per federal guidelines.
4. Those with the dual diagnosis of substance abuse and mental health problems will continue to struggle to get appropriate and effective treatment, due to the complexities of treatment and the lack of programming specifically targeting this population. And the proportion of persons who are substance abusers who have mental health problems is not insignificant, according to a national study. In a review of 77 studies that included 4,930 adolescents and 1,956 adults, two-thirds of patients entering substance abuse treatment programs reported at least one co-occurring mental health problem during the previous year. Attention deficit and conduct disorders were most common in young patients, while anxiety and depression were most common in older patients. (5)
5. Adults and youth without co-occurring disorders who are non-english speakers have limited access to bilingual and bicultural accredited providers for substance abuse treatment in Johnson County. While services through interpreters are available, this is a less effective way to deliver treatment and counseling. This is especially true for Spanish speaking clients, but is also a barrier for the significant deaf community in the county. The lack of Spanish-speaking providers is particularly a barrier for those with substance abuse issues who are court-ordered to be assessed and participate in a treatment program. As a court-approved provider that conducts an assessment cannot also provide treatment to reduce potential conflicts of interest and there are a limited number of approved providers, access for those seeking treatment and speaking a language other than English is further diminished.
6. There is no medical detoxification unit for the uninsured with limited ability to pay in Johnson County. The only uninsured persons that arrive at local hospitals in need of detoxification that are admitted are those that are at immediate risk of death. The social

detoxification unit ADU is increasingly receiving those in need of medical detoxification, but who have no resources to pay for it.

7. There is a need for environments that support abstinence from drugs and alcohol for adults (as there is youth), and also the consistent application and enforcement of laws and practices across all Johnson County jurisdictions.

Issues to Monitor

The factors that increase the risk for substance abuse or act as protective among youth and adults in Johnson County go beyond that of the individual themselves and their immediate environment to events in the broader community. Issues in Johnson County, the state of Kansas, and the federal budget have or will have an impact on local substance abuse and its prevention and treatment in the near future.

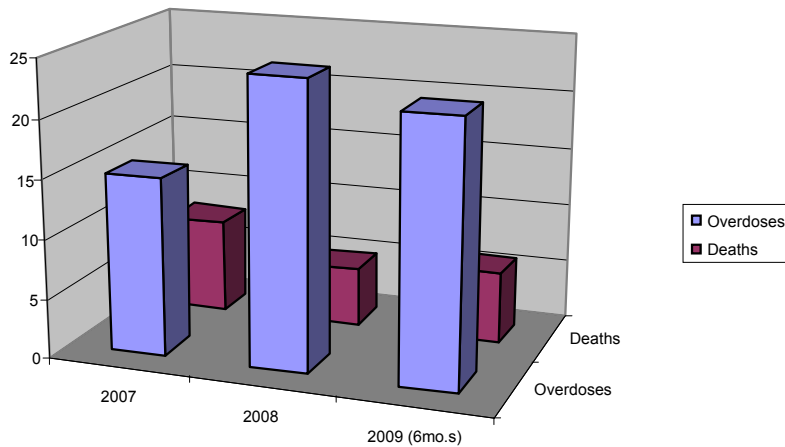
Loss of Funding

One example is the Federal Government's FY 2010 Omnibus Appropriations Bill, which is currently under review in the House and Senate. Based on the current agreement (as of Dec 9, 2009), it will totally eliminate state grants for the Safe and Drug Free Schools and Communities program. This program provides significant resources for the six local school districts to implement substance abuse prevention and education programs. Local schools in Johnson County, which have already taken major cuts to their overall budgets because of the state's fiscal crisis, will now lose an additional \$200,930 dedicated to preventing and reducing substance abuse among the county's youth and may result in the discontinuation of evidence-based prevention and education programming. Findings from the 2008 NSDUH clearly indicate that those ages 12 to 17 who reported participating in drug, tobacco, or alcohol prevention programs in school were less likely to have used illicit drugs or marijuana in the past month than those who reported no such exposure. Anticipated cuts from the Kansas 2010 Legislative Session may further reduce substance abuse prevention and education programs if alcohol tax funds set aside to support local substance abuse prevention and treatment programs and services in the county are retained to assist in balancing the State budget.

Prescription and Injection Drug Use

The abuse of prescription opiates such as those with oxycodone has resulted in an increase in injection drug use and heroin use in the county. If levels of prescription drug abuse and injection drug abuse begin increasing dramatically, prevention efforts targeting these forms of substance abuse may need to be considered. Johnson County's Adolescent Center for Treatment (ACT) and Adult Detoxification Unit have seen a substantial increase in opiate use and dependency among its residents in the past 18 months. In the first quarter of 2009, staff estimated that 21 percent of adults entering detoxification reported using heroin, and that 10 percent of youth in ACT and 14 percent of youth in outpatient services reported using heroin (Barbara Burks, personal communication). City and county law enforcement have noted a significant increase in overdoses and deaths related to opiate use too. In 2007, there were 15 overdoses in Johnson County, 24 in 2008, and in the first six months of 2009, 22 overdoses. These have resulted in 19 deaths since the beginning of 2007 (Dan Carney, City of Overland Park Police Department, personal communication). Above and beyond the danger of abusing oxycodone prescriptions and heroin in and of themselves is the risk that injection drug use brings. Injection drug use puts a user at risk for HIV and Hepatitis C transmission if sharing needles, in addition to other blood born infections. These in turn put at risk the sexual partners of those who inject drugs and future pregnancies. It is unclear how many will be

affected by this newer trend, but school prevention specialists share that recently they are more likely to detain a youth in school for possessing prescription pills than for marijuana.



Number of Opioid-Related Overdoses & Deaths in Johnson County 2007-09

Responding to New Substances

As the abuse of new substances emerges, state and local governments need to be ready to respond. New chemical substances are being manufactured that mimic or approximate the affects of banned substances, but as they did not exist previously, these substances have not yet been banned. Such a substance, K2, has emerged in Johnson County. Smoked like marijuana, it contains synthetic cannabinoids which are similar to the psycho-active ingredients in marijuana mixed with various fillers. It is problematic in several ways: one, it impairs one when using so that driving is dangerous; secondly, as the cannabinoids are a lab-produced substance, the health affect of smoking them is unknown, and finally, many youth who are in recovery or looking for an alternative to marijuana use have turned to using K2, but its use has led to many relapsing because of its similarity to marijuana according to staff working with adolescent substance abusers. The Kansas 2010 legislative session has approved a bill that would outlaw K-2 and charge those who are found with the substance with a misdemeanor crime.

Unfortunately, it is unlikely that this will be the last synthetic cannabinoid to be produced and marketed to the public for profit. State and local governments will need to be ready to respond with clear criteria by which to judge the effects of a new substance on its consumer and a protocol for having it criminalized if it is found to impair their judgment and functioning when new substances emerge.

Responses to What We Know

The DAC crafted future funding priorities for Alcohol Tax Funds and DAC activities based on a review of the research-based principles and components of effective prevention and treatment interventions for substance abuse, local data related to substance abuse, and feedback from community members and professionals.

Priorities for ATF grant funding include:

1. Prevention programming and interventions that reduce substance abuse among youth and subsequent abuse and associated morbidity and mortality in adulthood are crucial. As funds for such programming are limited and possibly decreasing, all interventions put in place should be evidence-based and show clear efficacy with their targeted population. Future DAC recommendations for ATF grant funding will prioritize those programs and interventions that are evidence-based and clearly target appropriate populations at risk and substance-abuse related risk and protective factors. Evidence-based programs that are likely to receive favorable consideration would include some of the following components based on related risk and protective factors:
 - a. Interventions targeting youth that impact positive social skills and enhance interpersonal relationships, promote healthy beliefs and clear standards for self and choices related to substance abuse
 - b. Interventions targeting schools that promote students' academic success and commitment to school, implement mechanisms that quickly re-direct youth when identified as failing academically, and reinforce students' positive contributions and efforts in school and school-sponsored settings
 - c. Interventions targeting parents/families that impact attitudes toward substance abuse and their involvement in problem behaviors, their own history with substances, conflict and communication among family members regarding expectations, attachment, and consequences for choices
 - d. Interventions targeting law enforcement and the broader community that impact the availability of alcohol and other substances in the community, affect community norms related to substance abuse and its impact, establish common protocols for handling substance abuse related violations, reinforce and recognize positive contributions by youth
2. Treatment for substance abuse must be readily accessible, adequate, and appropriate for all seeking it in order to reduce the impact of substance abuse on the community. Evidence-based practices and principles should be implemented in treatment facilities to enhance their clients' success (e.g., reducing waiting times for treatment, offering services in the language and culture of the client, addressing both the substance abuse and mental health issues of the client in an integrated way, retaining clients in treatment for an adequate time, etc.). Future DAC recommendation for ATF grant funding will prioritize those interventions that are evidence-based and clearly implement principles and practices that increase the intervention's effectiveness and the client's ability to stop using and avoid relapse.

Priorities for system improvement include:

1. Given that treatment for substance abuse should be based on evidence-based principles of effectiveness that include providing services in the language of the client, a creative response by local providers is needed to build the capacity of the current providers network to deliver services with staff that are bilingual/bicultural in order to meet the need of growing diversity in the community. The DAC may consider incorporating workforce capacity building as one of its priorities in future rounds of funding to support local efforts to expand and address identified

needs, but current budget restrictions make it difficult to project when and if that would be possible.

2. Given that treatment for substance abuse should be based on evidence-based principles of effectiveness that include addressing co-occurring substance abuse and mental health issues in an integrated fashion to enhance effectiveness, a creative response by local providers is needed to build the capacity of the current providers network to deliver services with staff are both certified as substance abuse counselors and licensed as mental health professionals. The DAC may consider incorporating workforce capacity building as one of its priorities in future rounds of funding to support local efforts to expand and address identified needs, but current budget restrictions make it difficult to project when and if that would be possible.
3. As alcohol is likely to be abused and may result in dependence for adults and youth, the implementation of evidence-based community-wide policies and practices shown to reduce alcohol consumption and misuse among both adults and youth is a priority. Examples of such proven interventions include:
 - a. increasing alcohol taxes,
 - b. regulating the density of alcohol outlets,
 - c. maintaining and possibly expanding restrictions on days of sale, and
 - d. enhancing enforcement of laws prohibiting sales to minors.

While it is unlikely that the DAC could lead the implementation of such interventions given its scope, it will monitor community-based efforts to reduce alcohol consumption and support those policy and practice changes in the broader community that are consistent with research that clearly demonstrates their effectiveness in reducing substance abuse.

Putting priorities into action

The DAC will consider taking specific actions consistent with its priorities. Among the actions that will be considered include:

1. Prevention/Interventions targeting parents/families:
 - Promote establishing “family rules” about alcohol and other substances through schools and school-related events – reaching out to parents and adults who interact with youth and challenging them to set clear boundaries about substance abuse and commit to holding youth and themselves accountable.
 - Promote increased awareness of the supply side of the equation for acquiring alcohol and prescription medications among youth – the parents, grandparents, neighbors of youth who hold on to old medications or make alcohol easily accessible. Utilize public service announcements (PSAs), online newsletters, fall sports programs, school publications, etc. as a medium to reach adults likely to be suppliers, whether knowingly or not.
2. Prevention/Interventions targeting law enforcement and the broader community:
 - Advocate for the consistent enforcement of laws around DUI and minor in possession for adults and youth by law enforcement and the courts system in Johnson County. Build the capacity of the existing DUI system in Kansas to enable accurate data tracking, implement

research driven responses to offenses, and put in place consistent standards for treatment and education programming.

- Educate parents and other adults about locking up their prescription medications (or throwing them away appropriately) and knowing the signs of prescription drug use among youth. This could be accomplished in part by using the presentation re: oxycodone and heroin use developed by the Overland Park Police Department (Fall 2009) or a similar presentation as an educational tool.
3. Advocate for using local tax funds, private dollars, and other incentives to creatively build the capacity of local substance abuse treatment providers to grow a bilingual /bicultural workforce. Very limited resources are available for those who are Spanish speaking – there is a very limited workforce that is bilingual and bicultural that is accredited as substance abuse treatment providers in Johnson County, while the number of Spanish speaking residents has increased dramatically.
 4. Similarly, advocate for using local tax funds, private dollars, and other incentives to creatively build the capacity of local substance abuse treatment providers to expand the number of providers who are both accredited as substance abuse counselors and as mental health professionals, in order to address the treatment needs for those with dual diagnoses.
 5. Stay informed of community-based efforts by organizations working to implement practices and policies known to reduce alcohol consumption and misuse among both adults and youth, and if consistent with the DAC's priorities, support their efforts.

APPENDIX

2009 DRUG & ALCOHOLISM COUNCIL of JOHNSON COUNTY

Lill Bajich-Bock, President; Johnson County Community College *

Mark Leiker, Vice-president; Johnson County Sheriff's Dept.

Amy McGaha, MD, Secretary, American Academy of Family Physicians

Steve Benz, Gardner Public Safety Dept., City of Gardner Representative

Lucy Brown, Substance abuse treatment provider; Grant Review Subcommittee Chair

Cheryl Carpenter-Davis, ED, Associate Dean, Metropolitan Community College – Blue River,
City of Mission Representative

Pam Crandall, Community Volunteer *

Becky Fast, Congressman Dennis Moore's Office

Heather Gonzales, Phoenix Family Housing Corp.

Robert Hashagen, retired Kansas SRS

Michael Helmer, Prudential Real Estate Agent, City of Shawnee Representative

Curt Hoover, Assistant City Prosecutor, City of Olathe Representative,

Michael Kelly, Prairie Village City Council Member, City of Prairie Village Representative

Mary Moss, Overland Park Court Services, City of Overland Park Representative

Kimberly B. Reene, Principal, Create to Connect Marketing Services, City of Leawood
Representative *

Dan Sullivan, Ellerbe Becket, Lenexa City Council Member, City of Lenexa Representative,

Charlene Whitney, Johnson County Court Services

Carmen Williams, Clinical Professional Counselors, LLP

* Denotes Substance Abuse Planning Process subcommittee members

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About United Community Services

For more than 40 years UCS has spearheaded efforts to make vital human services available to individuals and families in Johnson County, especially those facing challenges. This neutral, nonprofit organization brings together **human service providers, policymakers, funders and community leaders to address issues impacting the well-being of residents**. These partnerships ensure that the collective human service impact in Johnson County is far greater than the accomplishments individual organizations can achieve working alone. In addition to providing leadership for community-based planning, UCS provides information and trend analysis while playing a vital role in securing funding for the area's human service organizations.