



OPIOID NEEDS ASSESSMENT

March 2019



Public Health
Prevent. Promote. Protect.

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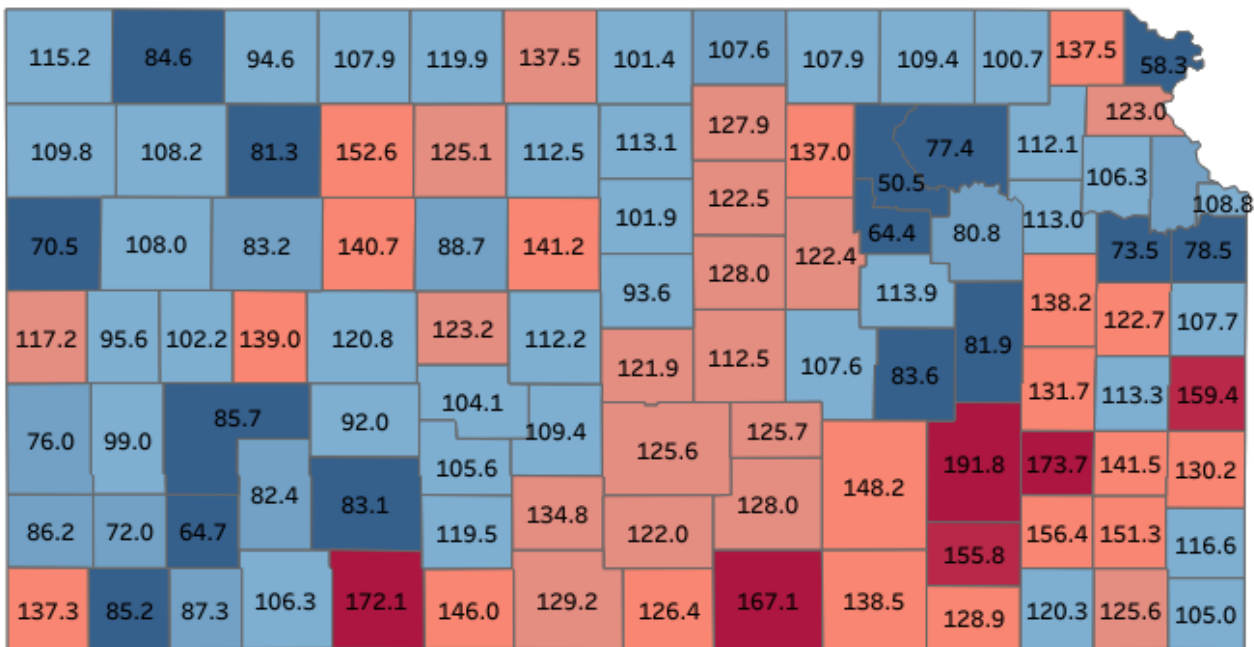
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The opioid abuse problem existing in Reno County stems from an overabundance of prescriptions written and ease of access to those prescriptions for friends and family. This statement can be supported by quantitative data and underscored by a variety of qualitative sources. According to the Reno County Community Data Book in 2016, 58.5% of residents believe that drug abuse is the most pressing health concern in Reno County. Ease of access to opioids fuel this concern. In 2017, the national average for opioid prescriptions per 100 persons was 66.5 prescriptions, for Kansas it is 76.9 per 100 people; in Reno County **112.7** opioid prescriptions were written per 100 persons. This number far exceeds state and national averages. With so many prescriptions written and available, ease of youth access also increases.

According to the Centers for Disease Control and Health and Human Services, “studies have reported an association between opioid prescribing and nonmedical use.” The same report indicates that “once they are prescribed and dispensed, prescription drugs are frequently diverted to people using them without prescriptions.” Reno County is at very high risk of youth access and abuse through diversion based on our overabundance of opioid prescriptions. The local youth shelter personnel shared that “youth are self-medicating with what is readily available...what they find in the medicine cabinet at home” and “it (opioid use in youth) will be a big problem, due to prescription drugs being so readily available.” A youth panel shared that “older people just leave pills out” while The Drug Enforcement Unit said that informants say opioids are “very easy to get” and are a “big problem.” These interviews demonstrate an access problem from family member diversion.

As if these numbers were not staggering enough, mortality files from CDC Wonder report that there were 36 overdose deaths in Reno County in 2015, and 30 in 2016. These numbers give Reno County a mortality rate of 16 which makes us the 4th highest in Kansas. As public health professionals, the numbers tell us that our county is in crisis mode and more action needs to be taken to begin to have any positive affect for citizens in our community.

Prescription Indicator Maps by Patient County of Residence, KTRACS 2016 - 2017, Kansas residents 12+ Years of Age



Source: Kansas Epidemiological Data Dashboard www.preventoverdoseks.org/kpdo_data.htm

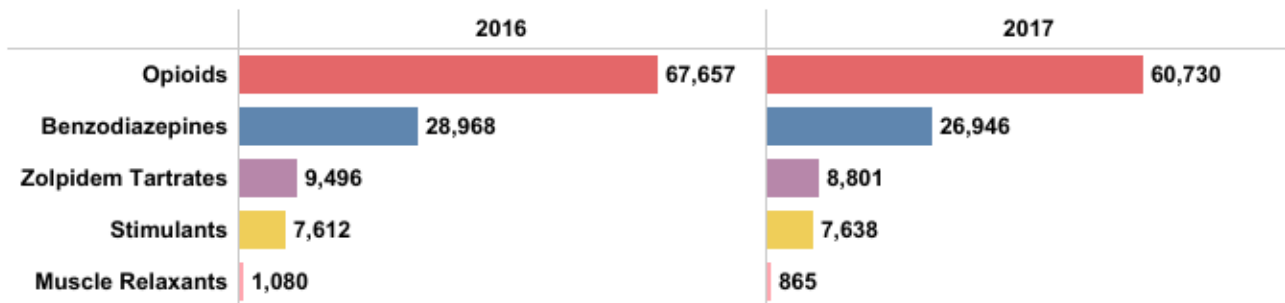
Across the state of Kansas, Prescription Drug Monitoring is administered by the Kansas Board of Pharmacy through a system called K-TRACS.

This works by connecting prescribers and pharmacists to K-TRACS through electronic health records and health information exchanges. When prescriptions are ordered and dispensed for controlled substances and other drugs of concern they are uploaded into K-TRACS. Then providers and pharmacies can search K-TRACS by patient name to see how many and how frequently a patient is seeking and filling these types of prescriptions.

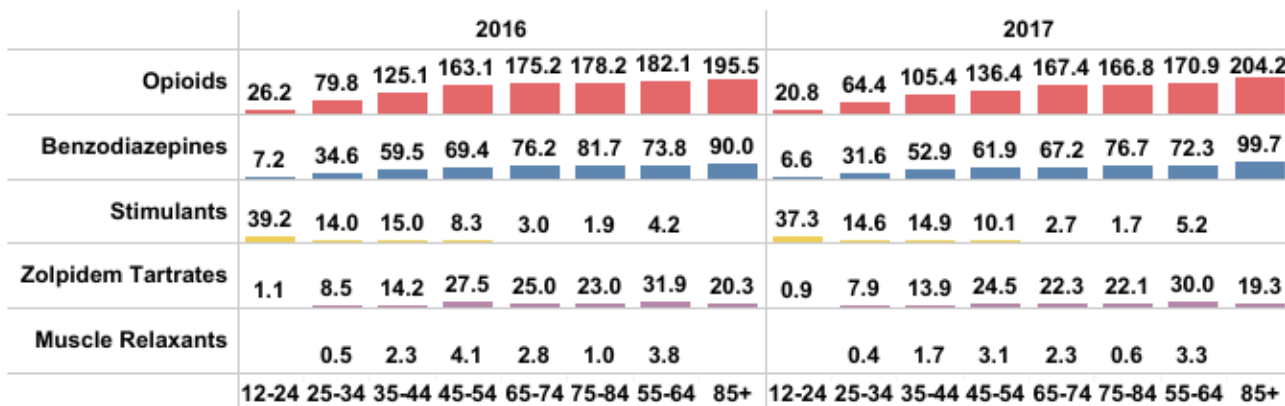
This also means that we have great data at the county and state level about the volume of prescriptions of these types. The map above shows the number of opioid prescriptions per 100. ***In Reno County, there were 125.6 opioid prescriptions per 100 people, for a total of 67,657 prescriptions in one year.***

Reno County Prescription Indicator by Type, KTRACS 2016-2017, Kansas residents 12+ Years of Age

Number of Prescriptions by Drug Class



Prescription per 100 Residents by Drug Class and Age Group



Source: Kansas Epidemiological Data Dashboard www.preventoverdoseks.org/kpdo_data.htm

Also gathered from the K-TRACS system, the graphs above show the breakdown of controlled substance prescriptions by both drug class and by age group.

For both years, 2016 and 2017, opioids are prescribed a rate of more than double the next type of controlled substance: benzodiazepines. Benzodiazepines affect the central nervous system and can be used for conditions related to anxiety, seizures, sleep disorders and muscle relaxing. The third type of controlled substance are stimulants, which increase alertness and energy. The next most frequently prescribed types of drugs are zolpidem tartrates, which are sedatives or sleep aids, and the last is muscle relaxants.

The following chart shows a comparison of the number of patients and number of prescriptions of each type of controlled substance that was just described. This allows us to compare the rate of prescriptions with the rate of patients.

You can see that even though twice as many people in Reno County are prescribed opioids as benzodiazepines, the number of opioid prescriptions is more than double the number of benzodiazepine prescriptions.

Reno County Prescription Indicator by Type, KTRACS 2016-2017, Kansas residents 12+ Years of Age

Indicators	Year of Data			
	2016		2017	
	Count	Rate per 100 Residents	Count	Rate per 100 Residents
Benzodiazepine Patients	5,761	10.7	5,540	10.3
Benzodiazepines	28,968	53.8	26,946	50.0
Muscle Relaxant Patients	223	0.4	215	0.4
Muscle Relaxants	1,080	2.0	865	1.6
Opioid Patients	15,470	28.7	14,297	26.5
Opioids	67,657	125.6	60,730	112.7
Stimulant Patients	1,060	2.0	1,080	2.0
Stimulants	7,612	14.1	7,638	14.2
Zolpidem Tartrate Patients	1,688	3.1	1,566	2.9
Zolpidem Tartrates	9,496	17.6	8,801	16.3

According to the Centers for Disease Control and Prevention, prescribers should consider the following when using opioids:

- Establishing realistic pain goals with the patient.
- Only prescribe the minimum number needed for expected duration of SEVERE pain.
- Starting with the lowest effective dosage. Daily dosage greater than 90 morphine milligram equivalents puts the patient at high risk.
- Starting with immediate release opioids. Extended-release or long acting opioids put the patient at high risk.
- Avoid concurrent benzodiazepine, stimulant and muscle relaxant prescriptions.

Source: CDC Guideline for Prescribing Opioids for Chronic Pain

Reno County Prescription Indicator by Type, KTRACS 2016-2017, Kansas residents 12+ Years of Age

Number of High-Risk Patients

	2016	2017
90+ Daily MME - Patients	2,162	1,927
Long-Acting Opioid Patients	890	818
Overlapping Benzodiazepines and Stimulants	179	190
Overlapping Opioids and Benzodiazepines	3,419	3,115
Overlapping Opioids and Muscle Relaxants	195	187

High-Risk Patients per 100 Residents by Age Group

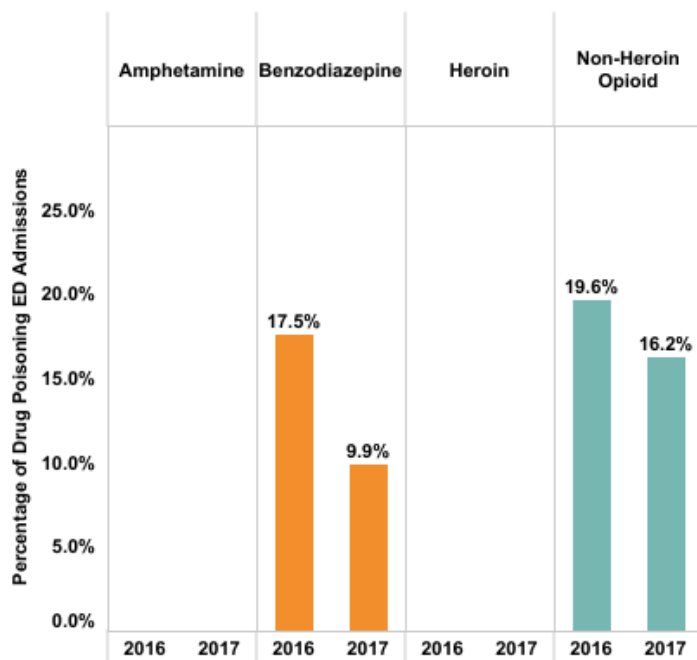
	2016								2017							
	12-..	25-..	35-..	45-..	65-..	55-..	75-..	85+	12-..	25-..	35-..	45-..	65-..	55-..	75-..	85+
90+ Daily MME - Patients	0.8	2.0	4.0	5.4	5.3	5.8	5.9	8.3	0.6	1.8	3.5	4.4	4.9	5.3	4.8	9.6
Long-Acting Opioid Patients	0.9	1.6	2.3	2.3	2.5	2.5	3.4		0.7	1.4	2.0	2.4	2.5	1.8	3.3	
Overlapping Benzodiazepines an..	0.2	0.5	0.8	0.5	0.3				0.2	0.5	0.7	0.5	0.3			
Overlapping Opioids and Benzodiazepines	1.0	4.2	6.4	7.4	8.5	8.1	11.6	14.9	0.9	3.4	5.4	6.3	8.2	7.5	10.1	17.5
Overlapping Opioids and Muscle Relaxants			0.5	0.7	0.4	0.6					0.4	0.6	0.5	0.7		

Non-Fatal Drug Poisonings in Kansas, Kansas residents, 2016 - 2017

Patient County of Residence (All=Kansas)
RENO

2016 - 2017 Emergency Department Admissions, Kansas Residents

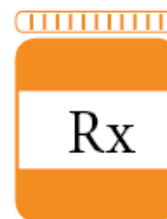
Percentage of Drug Poisoning Emergency Department Admissions by Type of Drugs or Substances, Kansas residents, 2016 - 2017



Drug Poisoning Emergency Department Admissions by Age Group and Year

Age Groups	2016	2017
00		
01-04		
05-14		
15-24	24	24
25-34	16	15
35-44	10	20
45-54	19	17
55-64	15	
65-74		
75-84		
85+		
Total:	97	111

Data Source: 2016 - 2017 Kansas Hospital Association Emergency Department Discharge Database, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment.



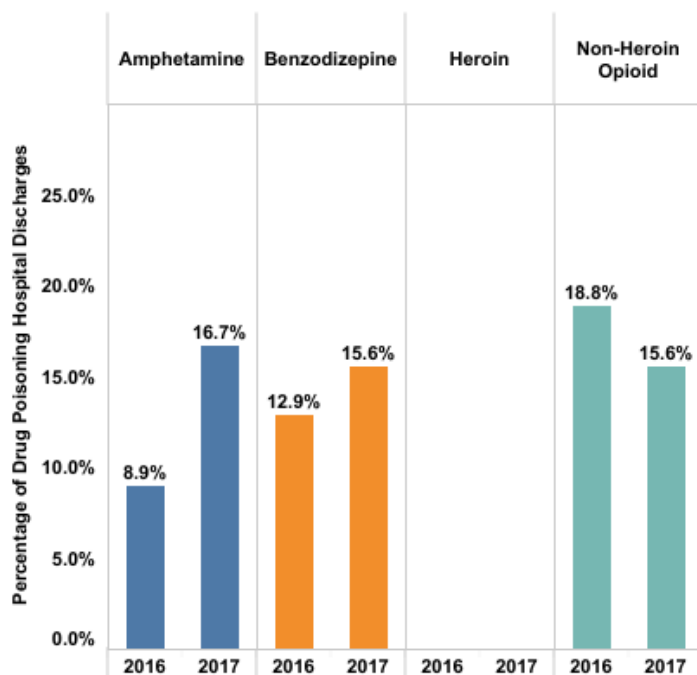
Kansas
Data-Driven
Prevention
Initiative
Program

Date Created:
10/2018

2016 - 2017 Hospital Discharges, Kansas Residents

Patient County of Residence (All=Kansas)
RENO

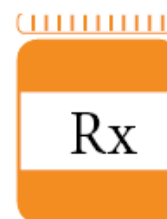
Percentage of Drug Poisoning Hospital Discharges by Type of Drugs or Substances, Kansas residents, 2016 - 2017



Drug Poisoning Hospital Discharges by Age Group and Year

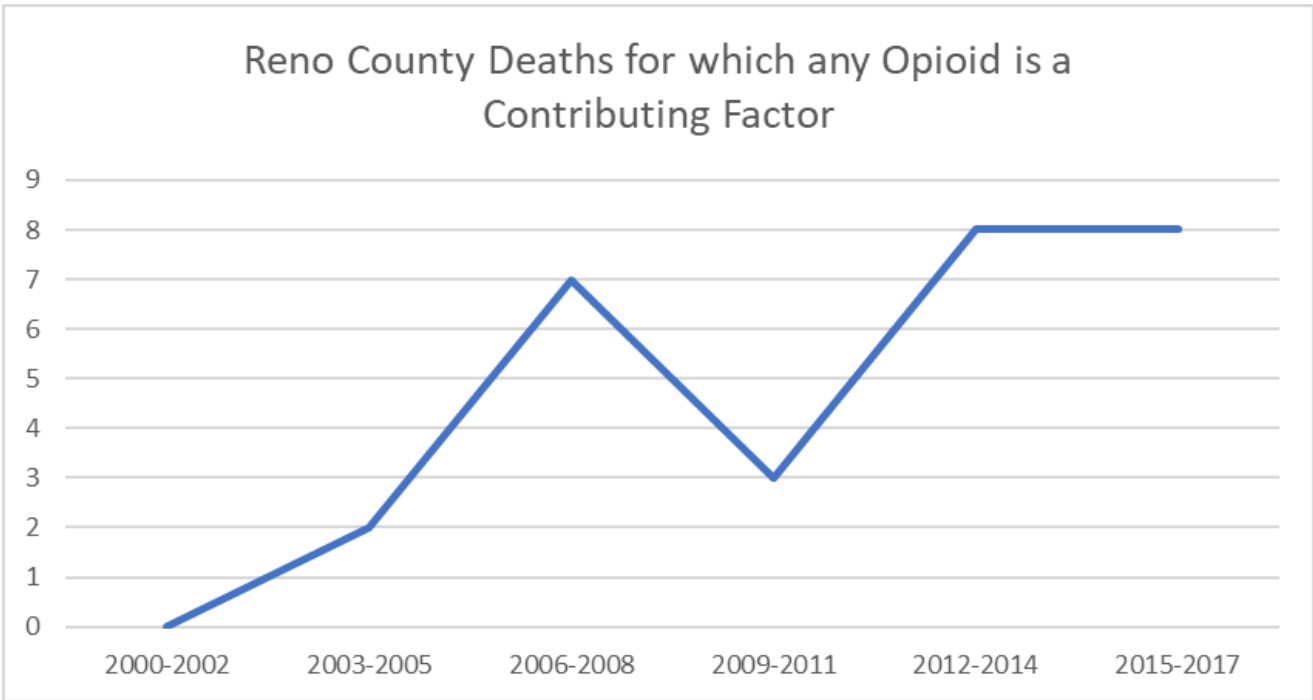
Age Groups	2016	2017
00		
01-04	10	10
05-14		7
15-24	26	25
25-34	19	15
35-44	12	21
45-54	9	9
55-64	9	
65-74		8
75-84		
85+		
Total:	101	90

Data Source: 2016 - 2017 Kansas Hospital Association Hospital Discharge Database, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment.



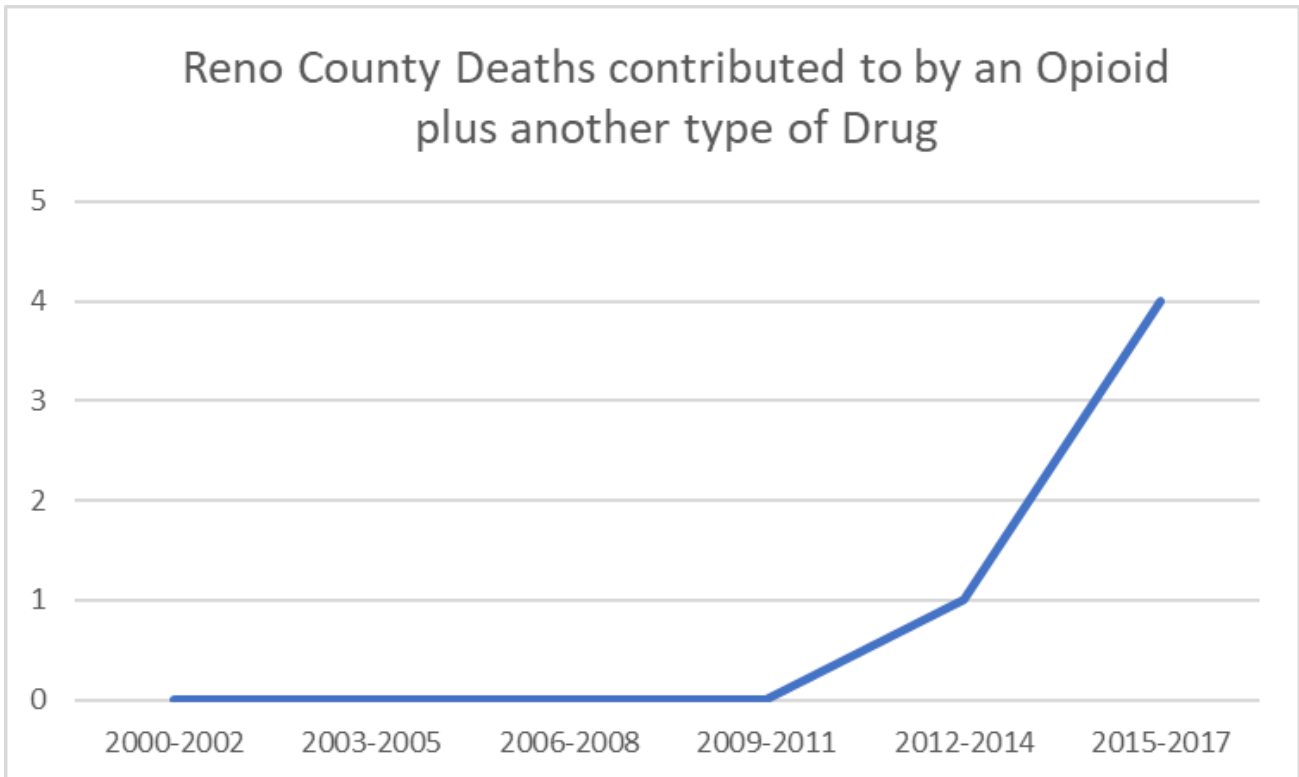
Kansas
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Prevention
Initiative
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10/2018



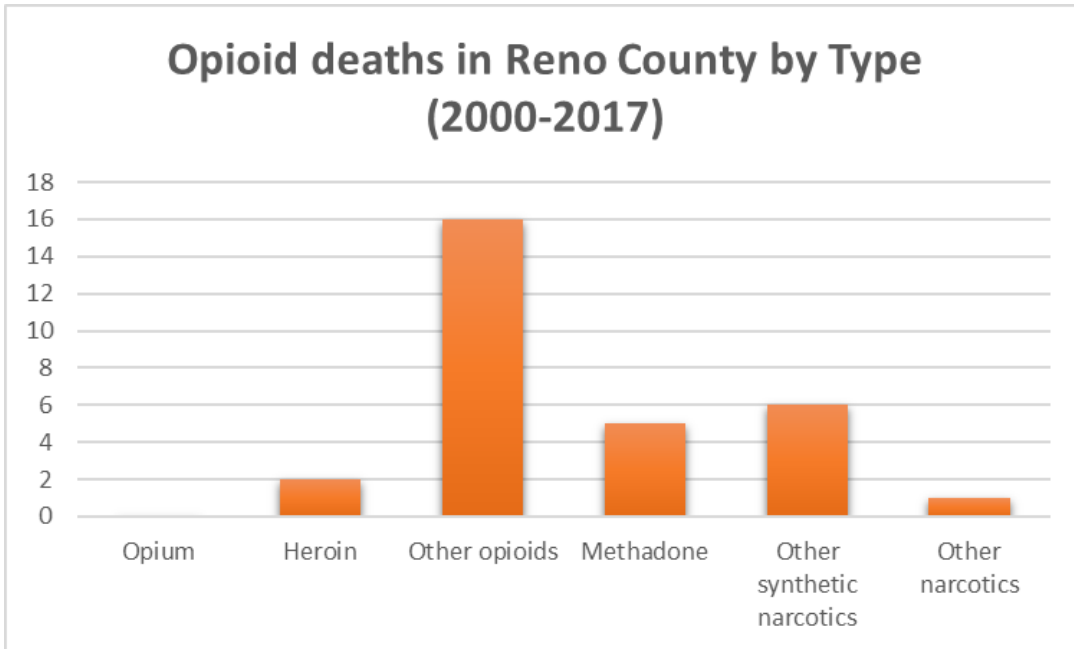
Data from KDHE Division of Public Health, Bureau of Epidemiology and Public Health Informatics, Vital Statistics Data Analysis Report (Reno County) prepared January 24, 2019.

Opioid poisoning deaths frequently involve multiple drugs, as well as other factors, so the deaths reported below may not be solely attributable to an opioid and another drug. There may be other things that contributed to these deaths that were not included in this analysis.

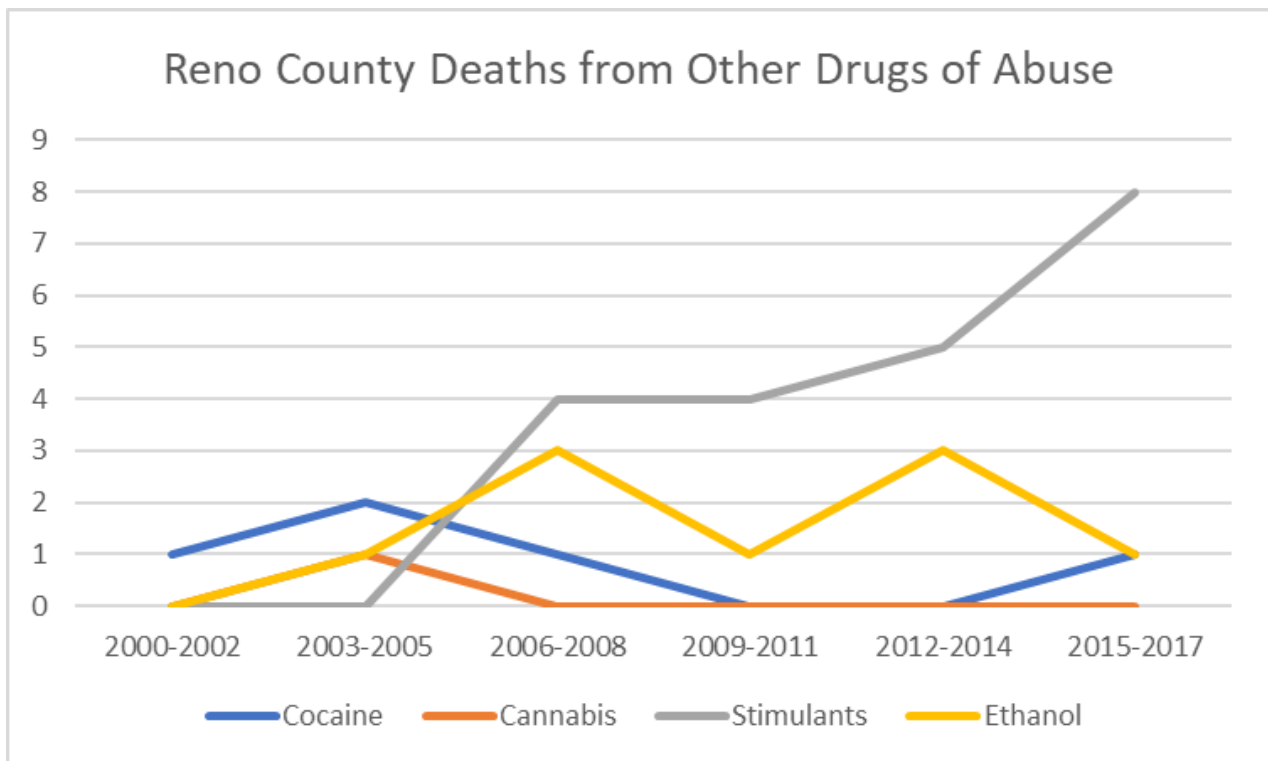


Data from KDHE Division of Public Health, Bureau of Epidemiology and Public Health Informatics, Vital Statistics Data Analysis Report (Reno County) prepared January 24, 2019.

Opioid deaths reported below are not the exclusive cause of death. There may be more than one type of opioid and/or other factors that contributed to the deaths below, so the totals below may be more than those in the preceding graphs.



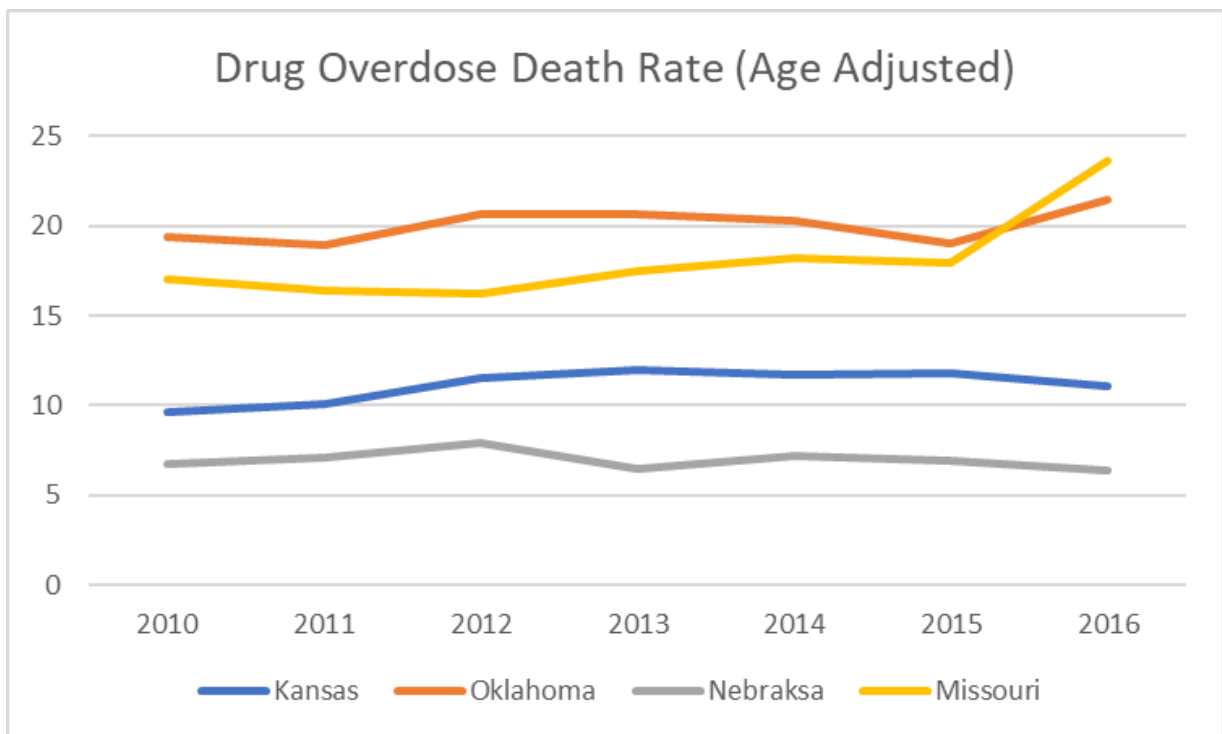
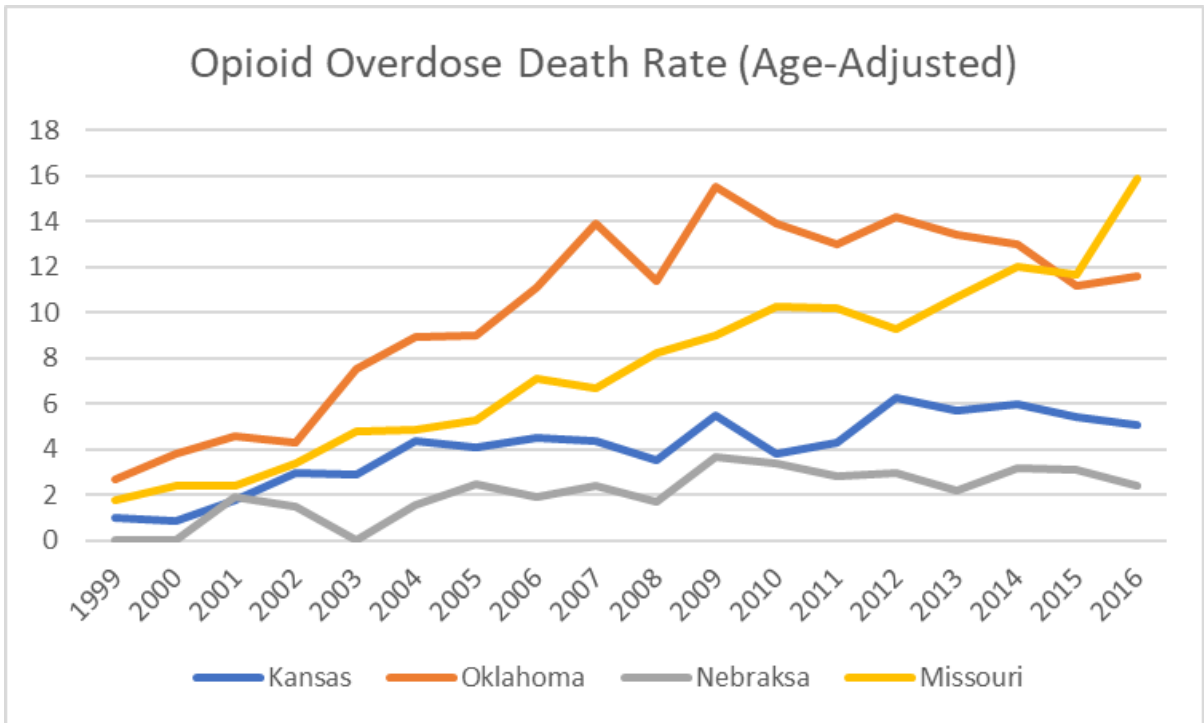
Data from KDHE Division of Public Health, Bureau of Epidemiology and Public Health Informatics, Vital Statistics Data Analysis Report (Reno County) prepared January 24, 2019.



Data from KDHE Division of Public Health, Bureau of Epidemiology and Public Health Informatics, Vital Statistics Data Analysis Report (Reno County) prepared January 24, 2019.

Below are comparisons of the opioid and drug overdose death rates for Kansas, Oklahoma, Nebraska and Missouri.

Age-adjusted means that the rates are adjusted for differences in age distributions by giving each state the standard population distribution.

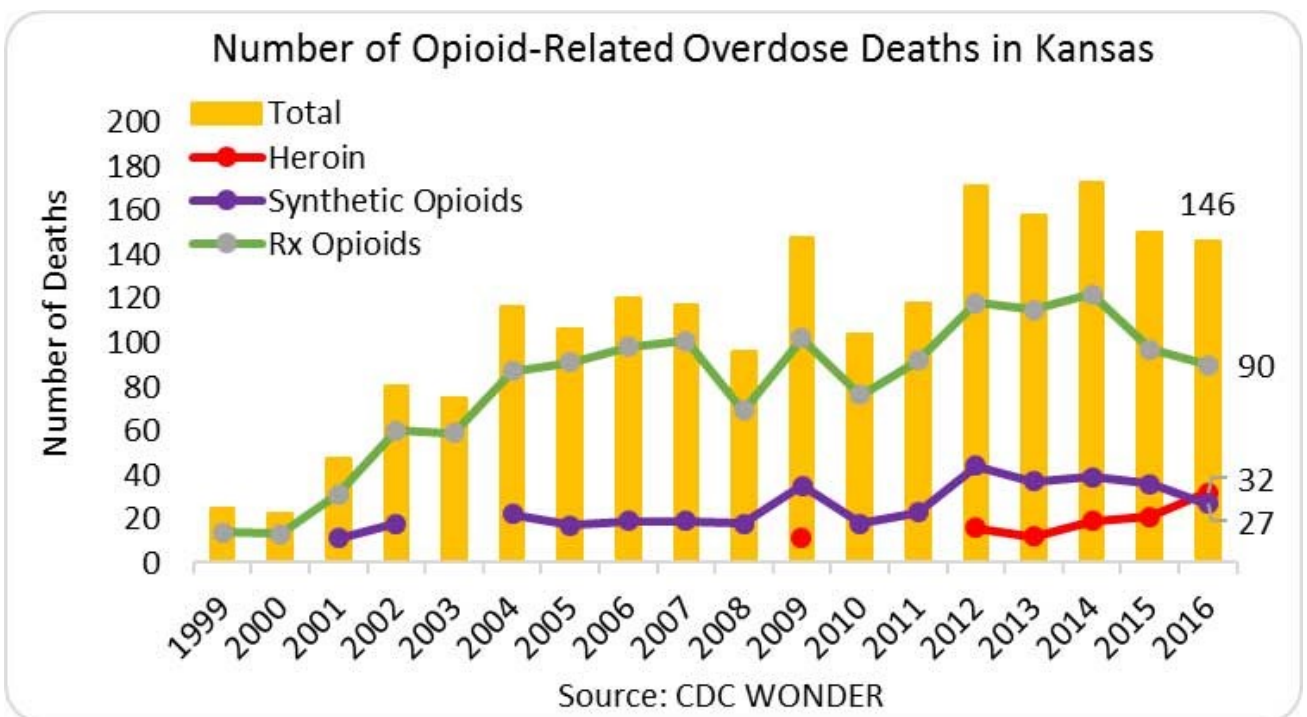
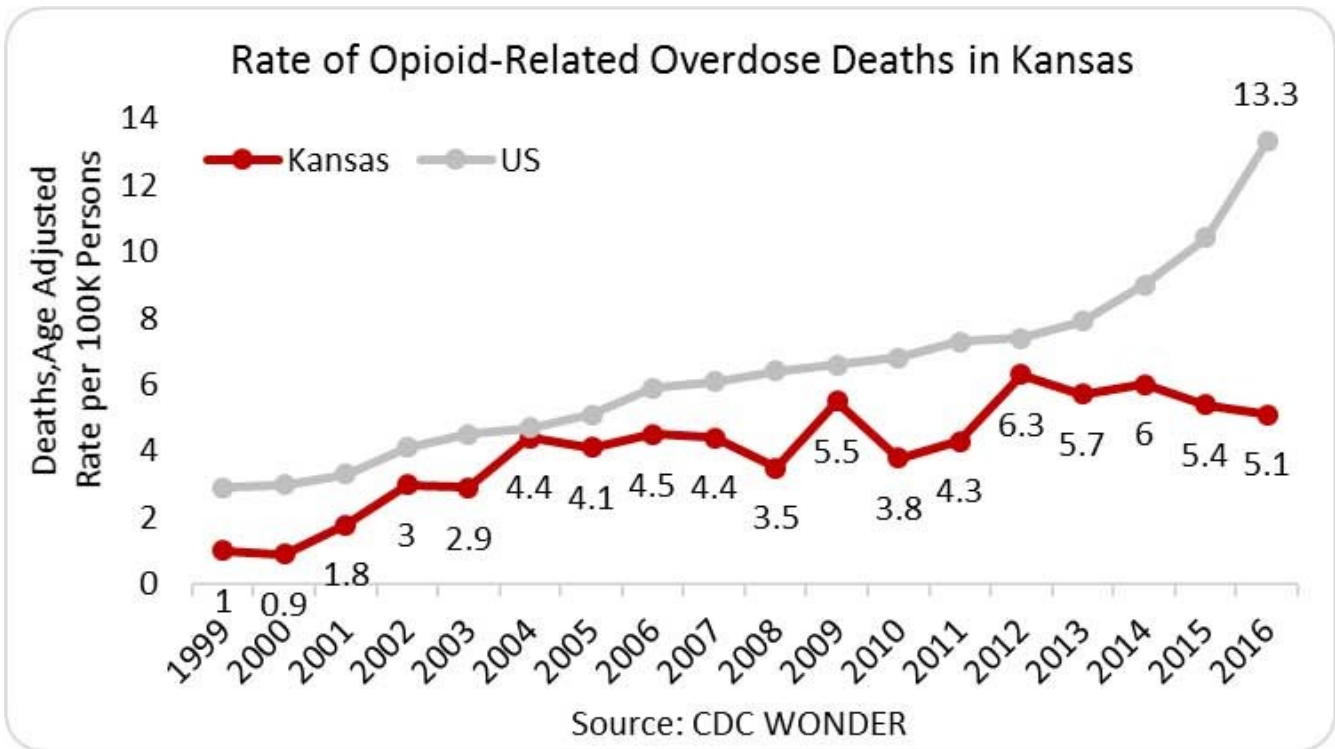


Source: Data USA (Us Census Bureau)

Below are two graphs prepared by the National Institute on Drug Abuse:

The first is a comparison of opioid deaths in Kansas over the past 18 years with national opioid deaths.

The second chart breaks down Kansas opioids death into types.



The Kansas Department for Aging and Disability Services regulates substance use treatment providers and provides a referral service to find a provider in your area:

SUBSTANCE USE TREATMENT SERVICES

Drug and Alcohol Evaluation Providers

Alcohol and Drug Assessment and Referral Programs provide assessment and referral services for individuals presenting a current or past abuse pattern of alcohol or other drug use. In order to be assessed for appropriate treatment, please contact Beacon Health Options at the number below. An assessment gathers and analyzes information regarding a client's current substance use behavior as well as the client's social, medical and treatment history. The purpose of the assessment is to obtain sufficient information for problem identification and, if appropriate, substance abuse-related treatment or referral. To schedule an assessment or to find treatment providers in your area, you may call Beacon Health Options at 1-866-645-8216 and select option 2.

State Funded Drug and Alcohol Providers near Reno County, as provided by KDADS:

Mirror, Inc.: Hutchinson Outpatient Treatment Program

115 East 4th Avenue

Hutchinson, KS 67501

SACK CrossOver Recovery Center

400 West 2nd Avenue, Suite A

Hutchinson, KS 67501

Residential Treatment Program:

Mirror, Inc

130 East Fifth Street

Newton, KS 67114

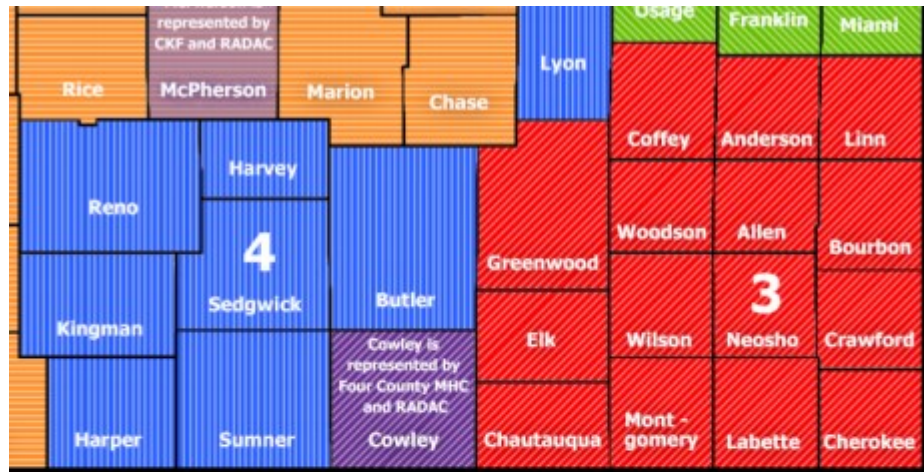
Opioid Treatment Programs

OTP's must be approved and certified by SAMHSA. These programs must include medical, counseling, vocational, educational, assessment and treatment services, as well as prescribed medications.

The medications that are currently approved for the treatment of opioid dependency are methadone, buprenorphine, and naltrexone.

Naltrexone is also known under the brand name Vivitrol and is available at two private providers in Wichita.

Kansas Opioid STR Programs are funded through SAMHSA to address opioid use nationwide. Kansas is divided into four regions for this program. Reno County is included in Region 4.



3 Four County Mental Health Center
Provided in 16 counties

Four County MHC
Brooke Ashlock, BSW, MBA
STR Regional Coordinator
Office: (620) 464-3080
Cell: (620) 330-4742
bashlock@fourcounty.com

Melissa Lunsford
Four County Mental Health Center, Inc.
(620) 332-1926
mlunsford@fourcounty.com

4 Heartland RADAC
Provided in 12 counties

Heartland RADAC and Substance Abuse Center of Kansas, Inc. (SACK)
Jason Hess
Heartland RADAC
(913) 789-0951

Chad Harmon, (SACK)
(316) 267-3825
chad@sackkansas.org

Types of services offered in Kansas:

- Acute Detoxification Treatment
- Case Management
- Crisis Intervention
- Early Intervention/Interim Treatment
- Inpatient Treatment
- Intensive Outpatient Treatment
- Intermediate Treatment
- Opioid Maintenance Outpatient Treatment
- Outpatient Treatment
- Peer Mentoring (Support)
- Person Centered Case Management
- Reintegration Treatment
- Screening, Brief Intervention and Referral for Treatment
- Social Detoxification Treatment
- Therapeutic Community Treatment

Buprenorphine

Buprenorphine is medication-assisted treatment that can be used for opioid use disorder. Buprenorphine is the first medication that has been approved to treat opioid dependency that can be dispensed from physician's offices or in other community settings under the DATA 2000 program. Brand names of buprenorphine are Bunavail, Suboxone and Zubsolv. Using the Buprenorphine Treatment Practitioner Locator, ***there is one practitioner in Reno County who can dispense buprenorphine outside of an Opioid Treatment Program.***

Source: KDADS

Methadone Programs

Methadone is a synthetic medication that is used to treat heroin and opiate addiction by filling in the receptors in the brain that are activated by opioids. Methadone works by reducing or eliminating a person's ability to get high from opioids while also decreasing cravings and withdrawal symptoms. Methadone is effective because it is excreted slowly, so it can only be taken once a day. This is important to planning community treatment options because it means that methadone maintenance programs are safe and effective for those in recovery, but they are also very time and energy intensive, both for providers and those seeking treatment. Methadone maintenance requires many encounters with a specialized provider, often every single day in the beginning of treatment.

Number and location of methadone programs can quickly become a barrier to recovery given the level of interaction required. Methadone as part of a multicomponent treatment plan has been shown to be cost effective.

Locations:

Wichita, KS

- **Addiction Behavioral Change / Matrix Center**
- **Center for Change – Wichita**
- **Metro Treatment Center**
- **Wichita Treatment Center**

Topeka/Lawrence/Overland Park/Kansas City, KS

- **Topeka Treatment Center**
- **Center for Change – Lawrence**
- **Bridgeway**
- **Kansas City Metro Methadone Program**
- **Kansas Treatment Services**

Source: KDADS, Services and Programs

Community Mental Health Center Serving Reno County:

Horizons Mental Health Center

1600 N. Lorraine, Suite 202

Hutchinson, KS 67501

Phone: (620) 663-7595

Fax: (620) 728-2036

Crisis Management Service (Call 24 hours): (620) 694-1099 (Hutchinson)

1 (800) 794-0163 (Toll Free, Crisis Management only)

COUNTIES SERVED: Barber, Harper, Kingman, Pratt, Reno
CATCHMENT AREA: Larned

Type and number of providers from all organizations licensed in Reno County:

Provider Type	Abbreviation	Number Licensed in Reno County
Addiction Counselor	LAC	13
Baccalaureate Social Worker	LBSW	55
Clinical Addiction Counselor	LCAC	20
Clinical Marriage and Family Therapist	LCMFT	13
Clinical Psychotherapist	LCP	6
Clinical Professional Counselor	LCPC	7
Master's Addiction Counselor	LMAC	11
Marriage and Family Therapist	LMFT	4
Master's Level Psychologist	LMLP	3
Master's Social Worker	LMSW	53
Psychologist	LP	5
Professional Counselor	LPC	8
Specialist Clinical Social Worker	LSCSW	29

Source: Behavioral Sciences Regulatory Board, All Seven (7) Professions Combined, Reno County, January 2019.

Designated Women's Substance Abuse Treatment Programs

There are eight designated treatment programs to meet the needs of women and their children. Pregnant women, women trying to regain custody of their children and women who use IV drugs are given priority in admission to these programs.

- Miracles, Inc. (Wichita)
- DCCCA (Lawrence)
- CMHC of Crawford County
- City on a Hill (Marienthal)
- DCCCA (Wichita)
- Ashby House (Salina)
- Mirror, Inc. (Newton)
- City on a Hill (Garden City)

From KDADS: <https://www.kdads.ks.gov/commissions/behavioral-health/consumers-and-families/services-and-programs/kansas-designated-women's-substance-use-disorder-treatment>

Effective July 1, 2017: Naloxone may be dispensed by Pharmacists

Pharmacist Dispensing pursuant to Statewide Protocol

Board Notification to Pharmacists

Instructions:

1. Read relevant laws and regulations ([HB 2217](#) and [KAR 68-7-23](#)).
2. Download the official, pre-signed [Statewide Protocol](#).
3. Review and sign the official Statewide Protocol.
4. Send a copy of the last page of the Statewide Protocol to the Board (mail, fax, or [email](#)).
5. Dispense to the patient, bystander, first responder agency, or school nurse.

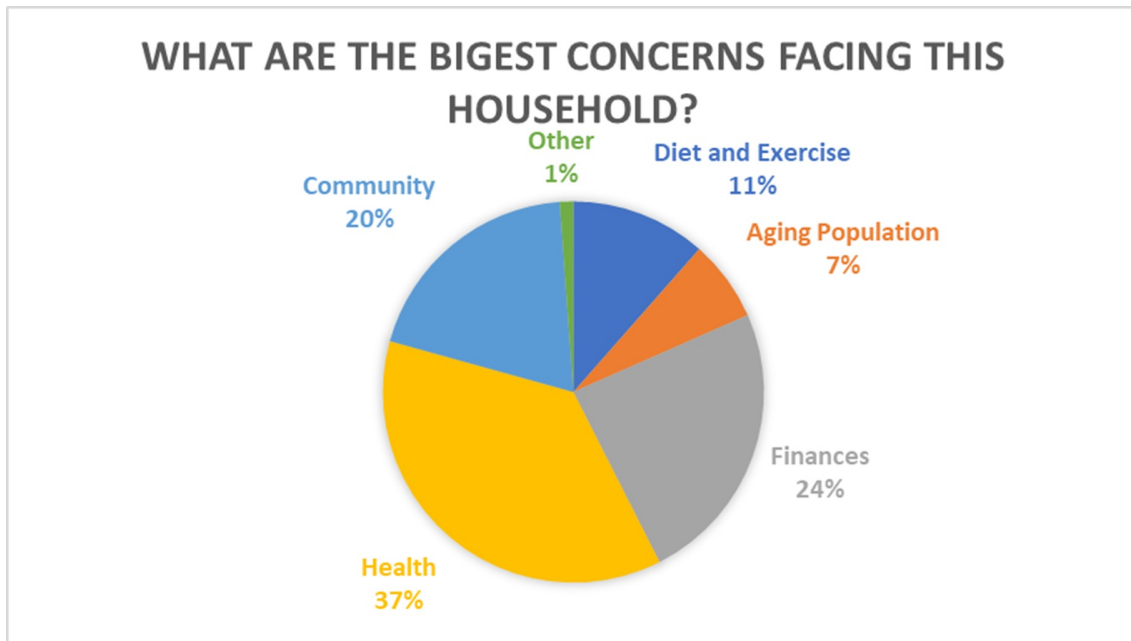
Alternatively, a pharmacist may use the blank [Statewide Protocol](#) and work with another authorizing physician. Make sure the final page is completely signed by the authorizing physician and pharmacist.

PTCE [Naloxone Pharmacist Resource and Education Center](#)

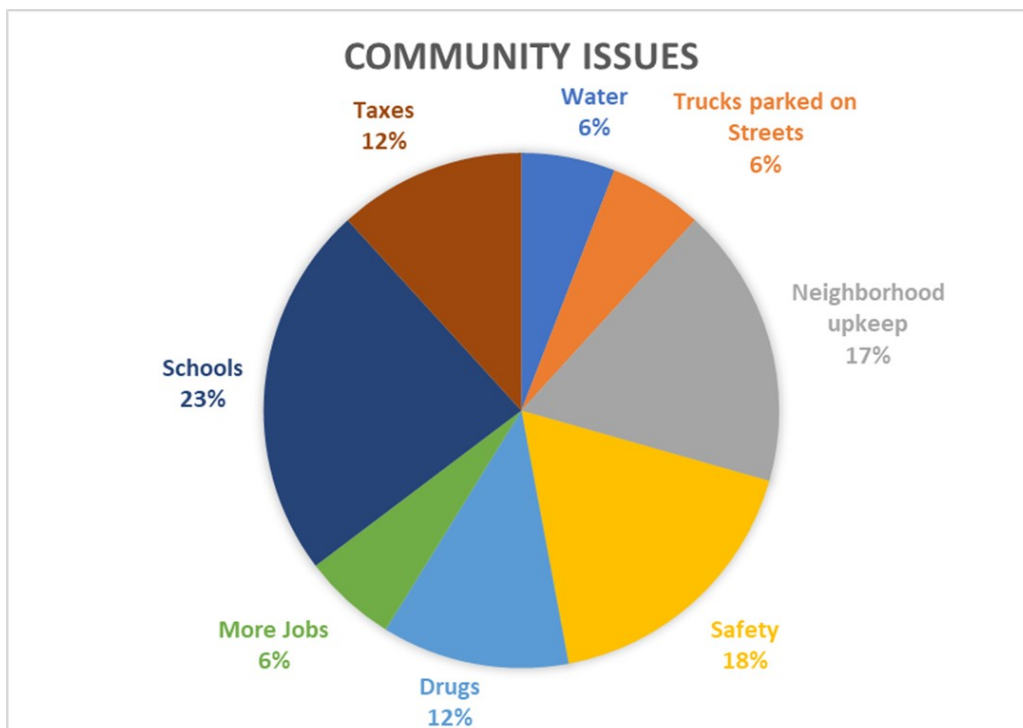
Source: Kansas Board of Pharmacy: <https://pharmacy.ks.gov/resources-consumer-info-2/naloxone>

Responses from the Community Health Assessment Survey

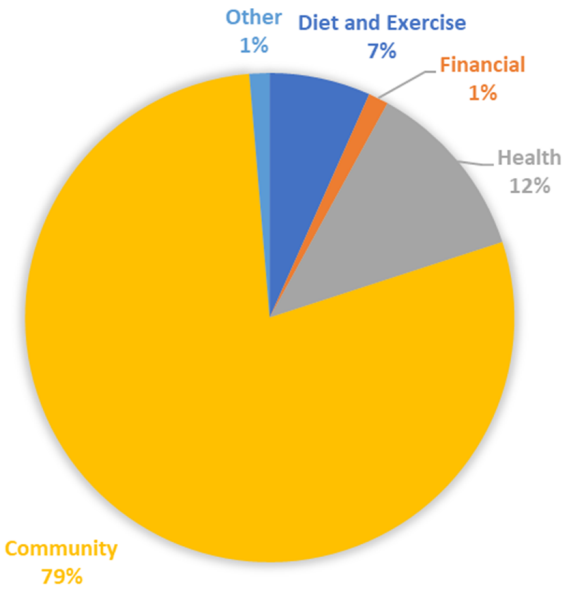
In October of 2018, door to door surveys were conducted by the Healthcare Access Taskforce to gather information about the health of communities in Reno County. Selected survey responses that relate to this issue follow:



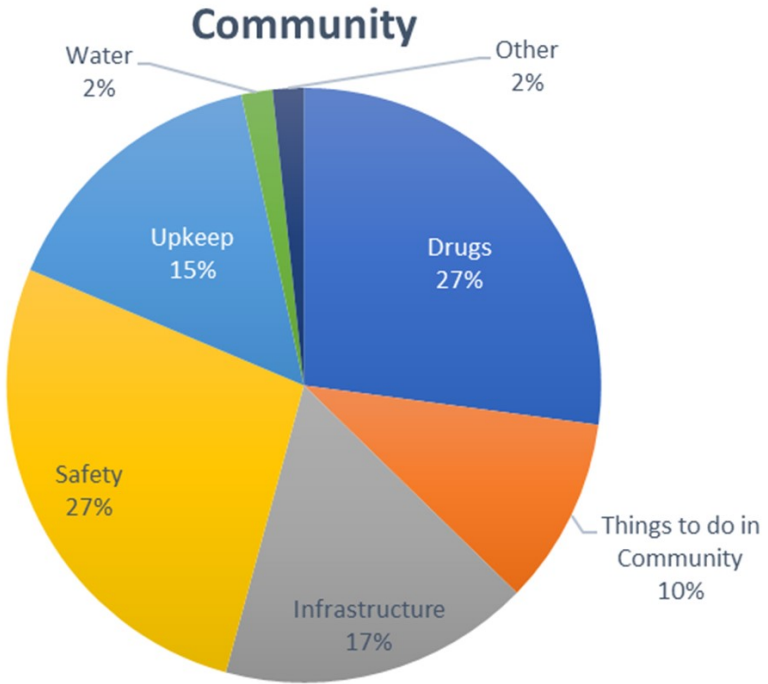
Of the 20% who answered community, here is how those responses break down further:



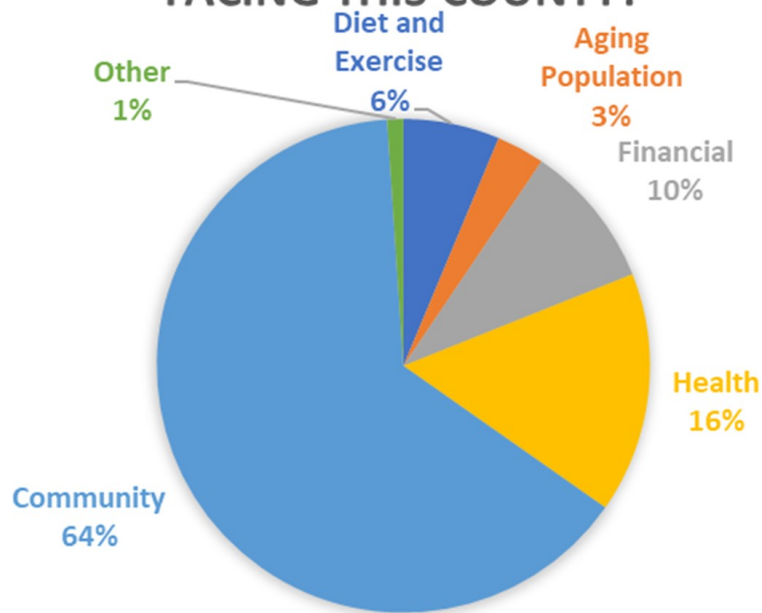
WHAT ARE THE BIGGEST CONCERNS FACING THIS NEIGHBORHOOD?



Of the 79% who answered community, here is how those responses break down further:

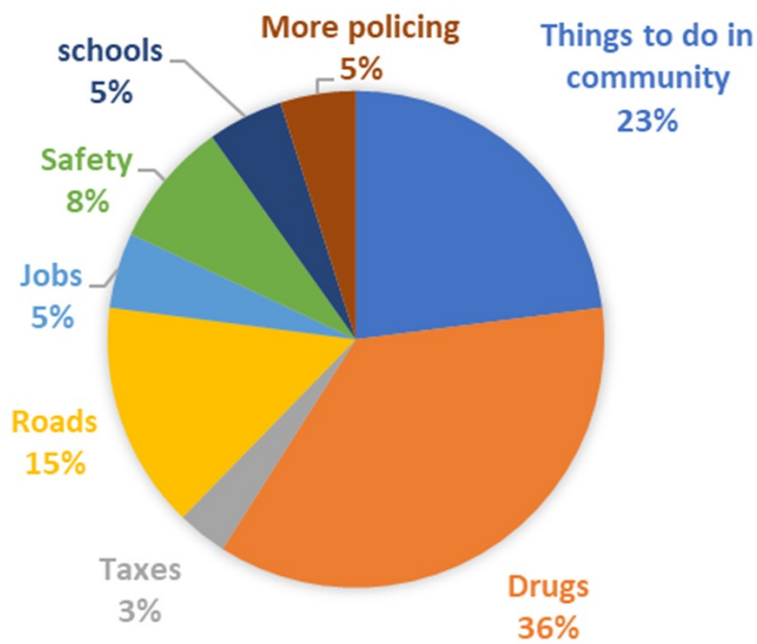


WHAT ARE THE BIGGEST CONCERNS FACING THIS COUNTY?

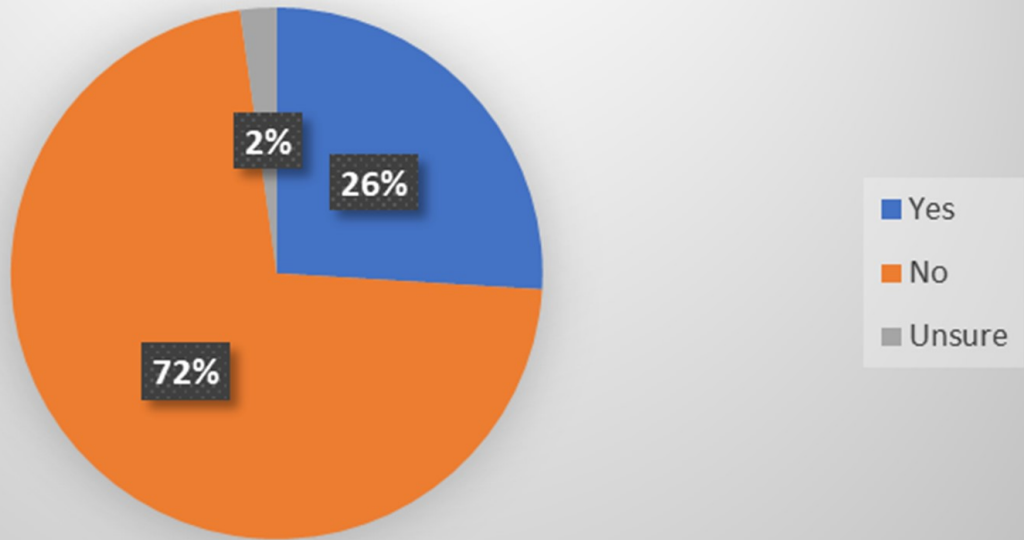


Of the 64% who answered community, here is how those responses break down further:

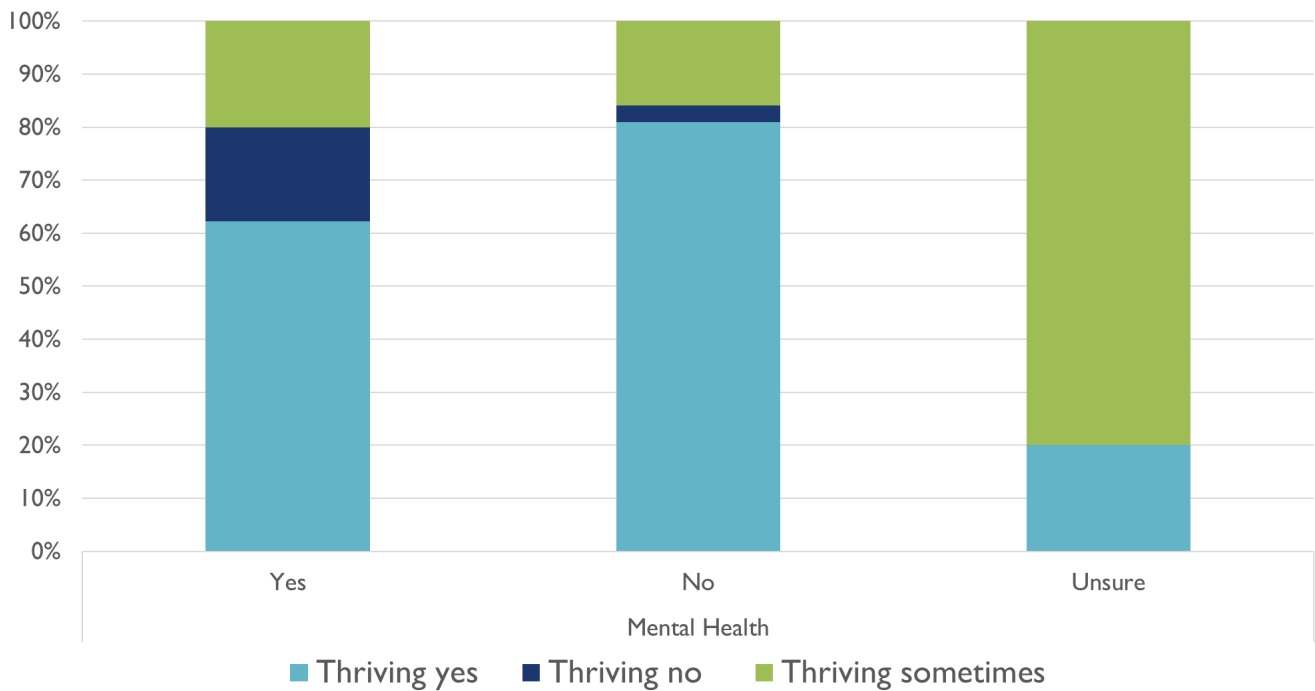
COMMUNITY



Does anyone in the household struggle with mental health?



Thriving In Relationship to Mental Health Status



Current members of the Drug Impact Task Force were surveyed in January 2019 to aid in the development of a strategic plan for opioid response in Reno County.

Members were asked to identify opportunities for and barriers to reducing opioid use in Reno County.

Three themes were identified as needs for Reno County in responses to both of these questions:

Treatment: subscribing provider (2), methadone clinic, treatment availability, treatment options, detox, rehab, alternatives

Education: education (7), awareness (3), understanding, stigma, proactivity in schools, support from community

Resources: funding for a clinic (4), resources, people can't afford treatment

Drug Impact Task Force members were also asked what data sources they use in planning their work within their organizations:

- Opioid use disorder diagnosis rates
- Rates of Reno County residents receiving treatment in Wichita
- Overdose numbers
- Action plans from other states
- Kansas Communities that Care Survey
- Kansas Behavioral and Mental Health Profile
- CDC Overdose Maps
- Conduct own focus groups
- KDHE data
- Anecdotal data from providers
- Arrest numbers
- National, state and local overdose rates
- New Beginnings data

And the following data sources were identified as missing:

- Local opioid misuse data
- More accurate overdose numbers at all level
- Narcan administration numbers
- Examples of what is working in other communities
- Forecasts and trends for opioids use
- Law enforcement and judicial data that can be separated into drug class

References

- CDC Guideline for Prescribing Opioids for Chronic Pain. <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- Kansas Board of Pharmacy: Naloxone Dispensing Policy.
<https://pharmacy.ks.gov/resources-consumer-info-2/naloxone>
- Kansas Behavioral Sciences Regulatory Board, All Seven (7) Professions Combined, Reno County, January 2019.
- Kansas Hospital Association, 2016-2017 Hospital Discharge Database, prepared by Bureau of Epidemiology and Public Health Informatics, KDHE.
- KDADS, Treatment Providers. https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/opioid-str/opioid-treatment-programs-in-kansas.pdf?sfvrsn=1b8607ee_0
- KDADS Resource Directory: <https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/mental-health-resource-directory.pdf?>
- KDADS: Women's Treatment Centers. <https://www.kdads.ks.gov/commissions/behavioral-health/consumers-and-families/services-and-programs/kansas-designated-women's-substance-use-disorder-treatment>
- KDADS, Services and Programs, <https://www.kdads.ks.gov/commissions/behavioral-health/consumers-and-families/services-and-programs/methadone-maintenance-treatment>
- KDHE Division of Public Health, Bureau of Epidemiology and Public Health Informatics, Vital Statistics Data Analysis Report (Reno County) prepared January 24, 2019.
- KTRACS, Kansas Epidemiological Data Dashboard, Prescription and Patient Metrics 2016-2017. Accessed from www.preventoverdoseks.org/kpdo_data.htm.
- National Institute on Drug Abuse. Kansas Opioid Summary. February 2018. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/kansas-opioid-summary>