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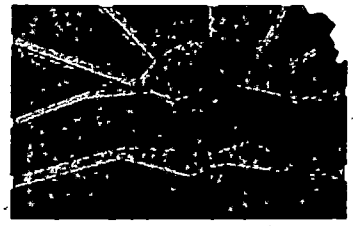
TOWARD A
DRUG-FREE



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TOWARD A
DRUG-FREE

KANSAS

A challenge and commitment for every caring Kansan.

san.

For more information contact your local or regional alcohol and drug program or Alcohol and Drug Abuse Services, Kansas Department of Social and Rehabilitation Services, 300 S.W. Oakley • Topeka, KS 66606 • (913) 296-3925.

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TOWARD A DRUG-FREE KANSAS

Special Report on Alcohol and Other Drug Abuse: Policies, Priorities and Programs

Governor's Office of Drug Abuse Programs
March 1990

MIKE HAYDEN, GOVERNOR

Message from the Governor

To the Kansas Legislature:

Alcohol and other drug abuse, addiction, violence and crime are a tragic plague upon our nation and our state. This is an epidemic which does not discriminate. It is not bound by income, race, or sex; it does not favor urban or rural dwellers; it does not spare school children or the newly born; and it will not cure itself with time. The prevention, treatment and reduction of alcohol and other drug abuse in its many forms is a personal priority for me, as I am sure it is for you.

I am pleased to present to you my administration's *Special Report on Alcohol and other Drug Abuse: Policies, Priorities and Programs.* This report strives to provide you and the people of Kansas with the most comprehensive overview of state alcohol and other drug abuse services and funding ever produced. Additionally, this report outlines a comprehensive and balanced framework designed to reduce alcohol and other drug abuse in Kansas.

We have made great progress in the funding of alcohol and drug abuse programs in Kansas. In FY 1988, when the Toward a Drug-Free Kansas Program began, our state's total anti-drug commitment was slightly over $24 million. By comparison, our FY 1991 budget recommendation calls for a total anti-drug budget of over $41.2 million. These figures reflect a 24 percent increase in state anti-drug spending; a 151 percent increase in federal funding and a 72 percent increase in total anti-drug spending in Kansas in just four years.

The goal of our Toward a Drug-Free Kansas Program is to significantly reduce the incidence of alcohol and other drug abuse. This is the first step toward the eventual eradication of drug abuse, and will in turn reduce the incidence of drug-related violence and crime. An all-out effort – by law enforcement, by courts, by schools, by public agencies, by parents, by business and industry, and by the Legislature – will be needed to reach this important goal.

Through your bipartisan support we have made significant accomplishments in combatting drug abuse. I again seek the cooperation and support of each of you. I am committed to providing the leadership, coordination and collaboration that will seek to make the 1990s a more Drug-Free decade in Kansas. I look forward to working together with you Toward a Drug-Free Kansas.

Sincerely,

MIKE HAYDEN
Governor

Progress Toward a Drug-Free Kansas

For the past three years, through our Toward a Drug-Free Kansas program and the work of literally thousands of Kansans, we have mounted the most diligent and comprehensive anti-drug strategy in Kansas history:

✔ **We called for increased drug abuse education and teacher training:**

✍ Today 95 percent of our school districts participate in the Drug-Free Schools program. Schools in this program receive drug education funding and develop anti-drug policies, teacher training and drug education programs. This program and Project STAR, Kansas School Team Training, and the Prevention Evaluation programs, are receiving nationwide acclaim for their work with school-age children.

✔ **We proposed to work with law enforcement agencies to combat drug trafficking:**

✍ To date, 82 state grants have been awarded to help local police and sheriffs departments and county and district attorneys make an unprecedented number of drug trafficking arrests and prosecutions.

✔ **We pledged to lead in the national fight against drunk driving:**

✍ Kansas is nationally recognized for its comprehensive DUI laws, which also have brought our state $4.1 million in federal funds to further fight drunk driving. Kansas DUI laws are more comprehensive than those of 47 other states. Drunk driving arrests in Kansas are up 7 percent, while alcohol-related fatalities have decreased for three years running.

✔ **We proposed that the National Guard join in the war against drugs:**

✍ Members of the Kansas National Guard have received marijuana eradication training and are now serving in a support capacity to the Kansas Bureau of Investigation's Marijuana Eradication Program.

✔ **We recognized the need for substance abuse services at our state universities:**

✍ The Governor's Task Force on Substance Abuse at Regents Universities has designed a 26-point plan to prevent and reduce substance abuse on college campuses. The universities now have expanded student drug education, intervention and support services, as well as drug screening for student athletes.

✔ **We called for swift, sure and stiff laws on drunk driving, drug use and drug trafficking:**

✍ Kansas now has tough comprehensive DUI laws, laws that clearly define drug traffickers, stiffer penalties for manufacturing drugs, and laws that allow the seizure of drug dealers' assets.

✔ **We recognized that tobacco is a gateway drug for youth:**

✍ We implemented the nation's first complete statewide ban on tobacco in schools through legislation passed by the 1988 Kansas Legislature.

✔ **We called for a totally new system of providing drug abuse prevention services:**

✍ The Kansas Regional Drug Abuse Prevention Center system was established in 1987 and currently provides 10 regional centers to assist our citizens in designing drug abuse prevention strategies.

✔ **We proposed that state government serve as a model of a drug-free workplace:**

✍ An employee assistance program for all state employees and their dependents has been established. Legislation authorizing drug testing for safety sensitive state employees was proposed, passed and implemented. The Kansas state employee Proud To Be Drug- Free Program and policies are now being duplicated by other public and private employers across the country.

✔ **We recognized that additional treatment services must be established:**

✍ We increased our treatment capacity for indigent youth, women and others on waiting lists by over 1,200 slots by expanding existing treatment centers, adding counselors and opening new facilities.

We called for statewide conferences to further train substance abuse professionals and other concerned individuals:

✍ Three major statewide substance abuse conferences were conducted in 1989.

✔ **We saw the need to involve youth in a leadership role to combat drug abuse:**

✍ A Governor's Center for Teen Leadership has been established to assist Kansas youth in leading the resistance to peer pressure to use alcohol and other drugs.

FY 1991 Priorities

The State of Kansas has an outstanding history of providing alcohol and drug abuse services for its citizens. In the last three years significant work has been done to ensure the systematic enhancement and expansion of comprehensive anti-drug services at both the state and local level. The Governor has directed that a comprehensive approach to combatting alcohol and other drug abuse must be utilized. The four elements of this comprehensive approach include: alcohol and other drug abuse education and prevention; intervention and treatment; criminal justice initiatives; and legislation. Each year Governor Hayden has recommended specific new anti-drug strategies in his State of the State Message. For the remainder of 1990, 1991 and the near future, the Governor recommends the following priorities. These should be viewed as additional strategies to those currently being implemented. The new priorities include:

Prevention and Education

To assist and support parents, school personnel, church leaders, business and industry workforces and other concerned citizens in the prevention of drug abuse, we recommend:

- The addition of two Regional Drug Abuse Prevention Centers, to complete the statewide network.
- Training of drug abuse education teams in each unified school district by 1995.
- Training of at least one DARE drug education law enforcement officer in each county by 1992.
- The provision of state government assistance to other public- and private-sector employers who wish to develop drug-free workplace policies and programs.
- Presentation of three statewide alcoholism and drug addiction conferences on these topics:
  - Children of Addiction
  - Peer Leadership for Drug-Free Youth
  - Drug Abuse Resistance Education (DARE).
- Expansion of the Drug-Free Schools Program to include 100 percent of Kansas Unified School Districts by 1991.

Treatment

To intervene with and treat alcoholics, drug addicts and others who abuse drugs, we support the entire continuum of care. To enhance and expand the continuum of care, we recommend:

- Additional drug treatment services for special populations – including women with children, expectant mothers, indigent youth and ethnic minorities.
- Special neighborhood outreach programs aimed at pregnant mothers who are at high risk for alcohol and other drug abuse.
- Expanded treatment services to reduce and further move toward the elimination of waiting lists.
- Requiring state-funded treatment centers to offer one year of follow-up counseling for clients who complete a state-funded treatment program.
- Increased monitoring of state-funded treatment effectiveness and follow-up services.
- Research into the incidence and effective treatment of alcoholism and other drug addiction in pregnant women.

Legislation

To support our citizens in their commitment to be drug-free, we recommend anti-drug legislation to target both the so-called casual user and the hardened drug dealer. We recommend:

- Establishment of drug-free school zones to keep drug dealers and their related violence away from our school children.
- Support for Kansas drug-free youth by establishing harsh penalties for adults who attempt to involve youth in drug use and drug trafficking.
- Increased user accountability – including minimum fines, incarceration, alcohol and drug evaluation and drivers license revocations for those who violate our drug laws.
- Increased maximum fines, to dissuade drug dealers who are motivated by greed and drug profiteering.

1991 Priorities (Cont.)

Enforcement

To protect our neighborhoods from drug dealers, users, drug-related crime and violence, and drunk-driving, we recommend:

- Increased grants to local communities for expanded drug enforcement, prosecution, adjudication and incarceration.
- The random drug testing of individuals who are on probation from the state district courts.
- The continued use of the Kansas National Guard in support of marijuana eradication.
- Expansion of the placement of DUI breath-testing equipment into 72 counties.
- Increased standardized DUI apprehension training for every Kansas law enforcement officer by 1992.
- Expanded DUI training for city, county and district attorneys, and municipal and district court judges.

GOOD NEWS FROM OUR WAR AGAINST SUBSTANCE ABUSE

By GOV. MIKE HAYDEN

Nearly everyday, the headlines in our newspapers give us bad news concerning the on-going tragedy of substance abuse in our society. I know that Kansans share my concern about our children and others who are affected by the scourge of drug abuse.

That's why I am pleased to report some good news regarding our state's efforts to reduce and eliminate our drug problem. A report issued to the Legislature last week shows that Kansas is making significant progress in its war against drug abuse.

The report, prepared by the Governor's Office of Drug Abuse Programs, provides the most comprehensive overview of state drug abuse services and funding ever produced. It provides evidence that Kansas is serious about its efforts to combat drug abuse, and gives warning to the drug pushers and drug users of this state that they should be on the alert: We are on the offensive.

The report shows that our efforts in this war against drug abuse are clearly providing results: Arrests of drug pushers are up; the number of DUI convictions are up; traffic-related fatalities are down; hundreds of state employees and applicants have taken drug tests; the number of schools with anti-drug programs has increased significantly; and the number of people in drug treatment programs also has increased.

Among the statistics in the report:

—DUI convictions increased by 20 percent between 1988 and 1989.

—In the 1987-88 grant period, the Kansas Drug Law Enforcement Grant Program produced 878 arrests. In the 1988-89 grant period, the program produced 2,135 drug arrests.

—Prior to 1988, there was no drug-free schools program in Kansas. Today, 95 percent of our school districts participate in the program with nearly 400,000 students taking part.

—More than 400 state employees and job applicants took drug tests under the state drug testing program started last year. In 1991, the number will increase 300 percent.

The report shows that increases in federal drug money under the Reagan and Bush administrations has helped produce the improvements. Between 1988 and 1991, anti-drug funding has increased in Kansas by 72 percent.

I have recommended that next year 78 percent of the $41 million in state anti-drug money be spent to reduce the demand for dugs and 22 percent be spent to reduce the supply of drugs.

The bottom line is that drug education, prevention, treatment and enforcement are producing results in Kansas. Much work remains to be done, but this report shows that with continued commitment by the Legislature, by our administration, and by the citizens of this state, we will continue to win important battles in our war on drugs.

NEWS

MIKE HAYDEN

GOVERNOR OF KANSAS

Kathy Peterson, Press Secretary **The Statehouse, Topeka 66612-1590** **(913) 296-4034**

For Immediate Release:
Wednesday, March 14, 1990

GOVERNOR HAYDEN RELEASES SPECIAL REPORT TO LEGISLATURE ON DRUG ABUSE PROGRAMS AND POLICIES

TOPEKA--Kansas is making significant progress in its war against drug abuse according to a special report released to the Legislature on Wednesday.

The "Special Report on Alcohol and Other Drug Abuse: Policies, Priorities and Programs" was prepared by the Governor's Office of Drug Abuse Programs. The report provides the most comprehensive overview of state drug abuse services and funding ever produced.

"Kansas is serious about its efforts to combat drug abuse, and the drug pushers and drug users of this state should be on the alert: We are on the offensive.

"This report shows that our efforts in this war against drug abuse are clearly providing results," Governor Hayden said, "arrests of drug pushers are up; the number of DUI convictions are up; traffic-related fatalities are down; hundreds of state employees and applicants have taken drug tests; the number of schools with anti-drug programs has increased significantly; and the number of people in drug treatment programs has also increased."

Governor Hayden cited statistics which showed the impact of increased funding in anti-drug programs. Among the increases cited were:

--DUI convictions increased by 20 percent between 1988 and 1989.

--In the 1987-88 grant period, the Kansas Drug Law Enforcement Grant Program produced 878 arrests. In the 1988-89 grant period, the program produced 2,135 drug arrests.

--Prior to 1988, there was no drug-free schools program in Kansas. Today, 95 percent of our school districts participate in the program with nearly 400,000 students taking part.

--More than 400 state employees and job applicants took drug tests under the state drug testing program started last year. In 1991, the number will increase 300 percent.

Governor Hayden said the report shows that increases in federal drug money under the Reagan and Bush administrations has helped produce the improvements. He said that between 1988 and 1991, anti-drug funding has increased in Kansas by 72 percent.

The report shows the Governor has recommended in FY 1991 that 78 percent of the $41 million in state drug money should be spent to reduce the demand for drugs and 22 percent be spent to reduce the supply of drugs in Kansas.

"The bottom line is that drug education, prevention, treatment and enforcement are producing results in Kansas," Governor Hayden said. "Much work remains to be done, but this report shows that with continued commitment by the legislature, by our administration, and by the citizens of this state, we will continue to win important battles in our war on drugs."

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HIGHLIGHTS

TREATMENT:

--In FY 1988, 18,891 clients were receiving treatment.

--In FY 1991, 25,173 clients will be served.

COMMUNITY PREVENTION:

--In 1987, drug abuse prevention services for communities were rare and poorly funded.

--Today we have 10 regional prevention centers that will serve 190,000 this year.

IN THE AREA OF DRUNKEN DRIVING:

--Between FY 1988 and FY 1989, DUI arrests in Kansas increased 7 percent, convictions increased by 20 percent, and fatalities dropped by 14.5 percent.

--Continued improvements are projected in these areas.

IN DRUG ENFORCEMENT:

--In the first year of the drug enforcement program, 15 agencies receiving grants made 878 arrests.

--In FY 89, 26 grantees made 2,135 drug arrests, an increase of 143 percent.

--It is projected that by 1991, the number of arrests in the drug enforcement program will double.

IN EDUCATION:

--Prior to 1988, there was no drug-free schools program.

--Today, 95 percent of Kansas school districts participate in the drug-free schools program with nearly 400,000 students participating.

DRUG TESTING:

--No state employee drug testing program existed when Governor Hayden took office.

--In 1989, about 400 employees and applicants were tested. In 1991, the number will increase 300 percent.

4129P

The Governor's Center for Teen Leadership

GCTL

MISSION

The Kansas Governor's Center for Teen Leadership (GCTL) has a mission to empower Kansas youth to lead drug-free lifestyles. Center services are designed to train and to motivate young people to serve as catalysts for positive change in their own lives and in their communities. Training focuses on specific, tangible, and proven strategies for developing leadership skills, facilitating positive change and preventing problems with alcohol and other drugs and other self-destructive behaviors.

PARTICIPANTS

Teams of high school students from across the state are recruited from schools, social organizations and churches. These students are identified as leaders in their community and are excited about being drug-free. Each team includes 6-8 high school sophomores and juniors along with two adult sponsors who are directly involved with the youth at school or in the community.

PROCESS

Teams are brought together for three to four days of leadership training at one of four spring and summer retreats. The days are action packed with workshops on communication, self-concept, prevention, drug facts, and various other youth oriented topics. Interspersed are new games, free time and creative surprises. Each team creates a plan for prevention which they implement within their school or organization upon their return home. GCTL provides followup and support services to teams following their retreat experience.

FEEDBACK

Young people and sponsors alike are excited by their involvement in the retreats and are committed to making a positive difference when they go home. Comments from students include: "It was a great retreat. I learned things and helped to put together a plan to change attitudes at school." Another student said, "Thanks for bringing us together. I believe we can make a difference." The GCTL believes they are making a difference!

FOR MORE INFORMATION

Contact Ron Alexander or Kathleen Linscott at the address and phone below.

TOWARD A DRUG-FREE KANSAS

DCCCA Center • 2200 West 25th Street, Lawrence, Kansas 66047 • (913) 841-6077

Substance Abuse Policy

The unified Substance Abuse Policy for all state employees went into effect on May 31, 1989. The policy addresses both alcohol and other drug abuse at the workplace. Employees are the State of Kansas' most valuable resource and their health and safety is a serious concern. The policy asserts that the State of Kansas cannot allow substance abuse or use which imperils the health and well-being of its employees or threatens its service to the public.

All state agencies are responsible for making a good faith effort to maintain a workplace free of substance abuse and for implementing the policy. A copy of the policy was given to all current employees and notification of the policy is part of new employee orientation.

Educational Campaign

Entitled "PROUD TO BE DRUG-FREE," the educational campaign on alcohol and drug abuse for state employees was launched with a rally on August 22, 1989. At this rally a proclamation was made by Governor Hayden declaring that state employees are "Proud To Be Drug-Free" and are leaders in promoting a drug-free workplace. Over 500 state employees attended the rally which offered free promotional items, live music, free non-alcoholic beverage sparkling juicers, educational materials and drawings to give away T-shirts sporting the program logo.

The campaign comprises a year long awareness plan with a three part focus on Work Life, Home Life and Quality of Life. Educational information on the program themes will be communicated through display materials, pamphlets distributed with paychecks, employee newsletter articles, workshops and special promotional events. To assess the awareness level of state employees, the program also includes a pre-test which was distributed in August 1989 and a post-test to be completed next August. The overall goal of the campaign is to educate employees about how substance abuse affects them, their families, their coworkers and their communities in order for employees to make informed lifestyle choices about alcohol and other drugs.

State of Kansas

DRUG-FREE WORKPLACE PROGRAM

Overview

The State of Kansas Drug-Free Workplace Program is an ongoing effort to prevent substance abuse by the state workforce. The program is designed to meet the requirements of the federal Drug-Free Workplace Act, although the scope of the Kansas program reaches beyond those requirements. This program, targeted at state employees, also complements Governor Hayden's comprehensive "Toward A Drug-Free Kansas" initiatives for all citizens of Kansas.

The Drug-Free Workplace Program for employees is a comprehensive four part program which covers areas such as prevention, intervention, detection and assistance.

LIFEline

In March 1988, LIFEline, the state employee assistance program was established to provide both assistance and intervention. Employees and their families can seek assistance through LIFEline for concerns or problems which stem from alcohol or other drug abuse. In addition, supervisors are currently receiving training on problem identification and employee referral to LIFEline.

LIFEline can be accessed through a 24-hour toll free number and puts employees in contact with trained professional counselors who are not state employees. The counselor listens to the caller's problem and then refers him or her to local resources for help. Information received by LIFEline is completely confidential.

Drug Screening

The State of Kansas implemented a Drug Screening Program for applicants and employees of safety-sensitive positions in November 1988. Safety-sensitive positions include state law enforcement officers who are authorized to carry firearms and state corrections officers. The Governor, Lieutenant Governor, Attorney General, the heads of Cabinet level agencies appointed by the Governor and employees on the Governor's staff are also covered under this program. A safer Kansas and rehabilitation, rather than punishment, are the goals of the drug screening program. Strict policies and procedures have been established to ensure the integrity and confidentiality of the program.

Drug screens have been conducted for all final applicants of safety-sensitive positions and on the basis of reasonable suspicion for a few employees in affected positions. Illegal drug abuse is evident. The program has been operating for almost a year without challenge and employee acceptance of the program has been notable.

State of Kansas

SUBSTANCE ABUSE POLICY

1. Purpose - Employees are the State of Kansas' most valuable resource and, therefore, their health and safety is a serious concern. The State of Kansas will not tolerate substance abuse or use which imperils the health and well-being of its employees or threatens its service to the public.

   The use of illegal drugs and abuse of controlled substances, on or off duty, is inconsistent with law abiding behavior expected of all citizens. Employees who use illegal drugs or abuse controlled substances or alcohol, on or off duty, tend to be less productive, less reliable and prone to greater absenteeism resulting in the potential for increased cost, delay and risk in providing services. Ultimately, they threaten the state's ability to serve the public.

   Furthermore, employees have the right to work in a drug and alcohol free environment and to work with persons free from the effects of drug or alcohol abuse. Employees who abuse drugs or alcohol are a danger to themselves, other employees and the public. In addition, substance abuse inflicts a terrible toll on the state's productive resources and the health and well-being of Kansas workers and their families.

   The State of Kansas is therefore committed to maintaining a safe and healthy workforce free from the influence of substance abuse. In addition, the State of Kansas will vigorously comply with the requirements of the Federal Drug-Free Workplace Act of 1988 and implement rules promulgated by the United States Office of Management and Budget.

2. Policy - It shall be the policy of the State of Kansas to maintain a workforce free of substance abuse.

   A. Reporting to work or performing work for the state while impaired by or under the influence of illegal drugs or alcohol is prohibited.

   B. The illegal use, possession, dispensation, distribution, manufacture or sale of a controlled substance by an employee at the worksite, during work hours, or while the employee is on duty, official state business or stand-by duty is prohibited.

   C. Violation of such prohibitions by an employee is considered conduct detrimental to state service and will result in discipline in accordance with K.S.A. 75-2949d and K.A.R. 1-10-6, or other appropriate administrative regulations.

   D. Employees are required by federal law to notify the employing state agency head or designee within five (5) days of any criminal drug statute conviction where such conviction was due to an occurrence at the worksite, during work hours, or while on duty, official business or stand-by duty.

      (1) An employee who is convicted of violating any criminal drug statute in such workplace situations as stated above will be subject to discipline in accordance with K.S.A. 75-2949d and K.A.R. 1-10-6, or other appropriate administrative regulations.

(2) A conviction means a finding of guilt (including a plea of nolo contendre) or the imposition of a sentence by a judge or jury, or both, in any federal or state court.

E. Agencies that receive federal grants or contracts must, in turn, report any such criminal drug statute convictions as stated above of their employees, engaged in the performance of a federal grant or contract, to federal agencies from which grants or contracts are received within ten (10) days after receiving notice from the employee or otherwise receives actual notice of such conviction.

F. Employees will be given a copy of the Substance Abuse Policy. Employees will be informed that they must abide by the terms of the policy as a condition of employment and of the consequences of any violation of such policy. The Substance Abuse Policy Affirmation Form is optional for current employees to read and sign. The Substance Abuse Policy Affirmation Form may be used as a means to notify current employees and provide them with a copy of the policy.

Notification of this policy is required as part of new employee orientation. The Substance Abuse Policy Affirmation Form is required for all new employees appointed on or after the effective date of this policy.

3. Assistance Program - The LIFEline Employee Assistance Program is available to state employees and their families for substance abuse education, counseling or rehabilitation. The State of Kansas encourages voluntary treatment for substance abuse. Use of the Employee Assistance Program is governed by Personnel Services Policy Statement No. 33 and related civil service statutes and administrative regulations.

4. Awareness Program - The State of Kansas will strive to educate employees about the dangers of substance abuse.

The State of Kansas will establish a Substance Abuse Awareness Program to assist employees to understand and avoid the perils of drug and alcohol abuse. The state will use the program in an ongoing educational effort to prevent and eliminate substance abuse that may affect the state workforce.

The Substance Abuse Awareness Program will contain provisions to inform employees about the: (1) dangers of alcohol and drug abuse; (2) State of Kansas Substance Abuse Policy; (3) availability of treatment and counseling for employees who voluntarily seek such assistance; and (4) sanctions the state will impose for violations of its Substance Abuse Policy.

5. Applicability - This Substance Abuse Policy applies to all state agencies. The term employees, as used in this Substance Abuse Policy, means all classified and unclassified state employees. This policy shall not be construed to prohibit or limit the drug screening program for safety-sensitive positions authorized by K.S.A. 75-4362 and related administrative regulations and policies.

6. Effective Date - This Substance Abuse Policy is effective May 31, 1989.

BM:tb

5/19/89

EMPLOYEE DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM

Program Summary

1. The title of the program is "PROUD TO BE DRUG-FREE". Governor Hayden will kick-off the program in August by signing a proclamation.

2. The program is part of an on-going campaign to prevent and eliminate alcohol and other drug abuse by the workforce.

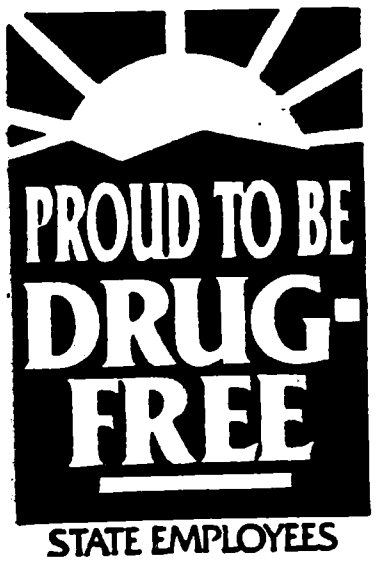
3. The employee prevention program is identified as part of Governor Hayden's comprehensive statewide program "Toward A Drug-Free Kansas" and is designed to meet the state's obligation under the federal Drug-Free Workplace Act.

4. The program comprises a yearlong education plan. The program is divided into a three part focus: employee, family and community. These areas are conveyed throughout the program as Work Life, Home Life and Quality of Life. Each month a different specific topic within those themes is addressed.

5. Information will be communicated about the program through display materials, pamphlets distributed with the paychecks, employee newsletter articles, workshops and special promotional events. Some of the workshops will be coordinated with the state's Regional Prevention Centers across the state. The program also includes an awareness pretest and post test with drawings for promotional giveaways.

6. Information presented throughout the program covers the three major aspects of alcohol and other drug abuse education: prevention, intervention and treatment.

7. The overall program goal is to educate employees about how substance abuse affects them, their families, their co-workers and their communities in order for employees to make informed lifestyle choices about alcohol and other drugs.



Division of Personnel Services
Department of Administration

SUBSTANCE ABUSE AWARENESS FOR STATE EMPLOYEES

Program Plan

PURPOSE

This educational campaign was created as part of an on-going effort to prevent substance abuse in the workplace. The plan is designed to fulfill the State's obligation to maintain a drug-free workplace in order to meet the requirements of the federal Drug-Free Workplace Act of 1988. The program complements the State's comprehensive "Toward A Drug-Free Kansas" initiatives.

The program consists of a yearlong plan to educate employees concerning the growing substance abuse dilemma and increase awareness of state employees. The program will be evaluated at the end of the year to determine effectiveness and assess future needs.

THEME AND KEY IDEAS

Program Title: Proud to be Drug-Free

... Employees
... Families
... Communities

Overall Program Logo: Sun On Horizon

Promotion Graphics for each Subtheme (inset in sun):

Workplace (Capitol)
House
Wheat

Target Audience: State Employees

The overall program goal is to educate employees about how substance abuse affects them, their families, their co-workers and their communities in order for employees to make informed lifestyle choices about alcohol and other drugs. The program is designed to identify detriments of substance abuse to the workplace, home and community and to propose a viable alternative, a drug-free workforce. Information presented through this program covers the three major aspects of alcohol and other drug abuse education: prevention, intervention and treatment and is identified with Governor Hayden's statewide program "Toward A Drug-Free Kansas".

Although workplace issues are the main focus, family concerns and community resources will be covered in the overall program concept. The program concentrates on each theme for approximately four months. The last two areas are important to include because employees are also family members and part of a community. Substance abuse in those areas is not easily separated from the work environment.

Specific topics to be addressed for each area include the following.

I. Employees - Worklife

A. Consequences of substance abuse in the workplace (policy information)

B. Substance abuse costs to health, safety and productivity

C. Identification of substance abuse and LIFEline EAP highlight

II. Families - Homelife

A. Co-dependency

B. Children of alcoholics

C. Parenting - kids and substance abuse (pre-teen, teenagers)

D. Pre-natal concerns

III. Communities - Quality of life

A. Available treatment, educational resources and recovery and relapse concerns

B. Affect of substance abuse on the community (your neighborhood) and what you can do about it

MEANS OF COMMUNICATION

To reach as many state employees as possible, several communication approaches are used. Whenever possible, existing communication vehicles will be employed and are noted below with asterisks.

I. Distribute and display materials

A. Leaflets, cards, posters, etc.

1. Main themes
2. Special events

* B. Bulletin Boards

1. Policy notification
2. Special promotion or event notices

* C. Specific topic paycheck stuffers

September	Substances and Safety: Drug and Alcohol in the Workplace
October	Is There A Problem?
December	NABS: Non-alcoholic beverages and more...
February	Children of Alcoholics: Growing Up Unheard
March	Parents: What You Can Do About Substance Abuse
June	Relapse and the Road to Recovery

* II. Promote in existing newsletters/newspapers (Kansagram, Healthquest or any agency sponsored newsletter)

A. Kick-off promotion press release

B. Specific topic articles

August	Kick-off article (Kansagram)
September	How Substance Abuse affects State Employees in the Workplace (Healthquest)
October	Article on Rally and Pretest Participation (Kansagram)
November	Pregnancy and Substance Abuse (Healthquest)
January	Recognizing Co-dependency (Healthquest)
March	Take Time Out Tips (Healthquest)
May	Did You Know...There is Help in Your Area (Healthquest)

C. Ads and promotions for workshops and special events

D. "Myth-a-Month" series on alcoholism (see attachment)

III. Coordinate presentations or workshops

* A. Regional Prevention Center activities which we promote and they provide free or offer discounts for state employees

1. Parenting Workshops

B. Co-sponsor topics with relevant agencies

1. Crimes Related to Substance Abuse

C. Video or brown bag presentation guidelines for agencies (little brown bag flyer)

1. Co-dependency

IV. Sponsor special events

A. Governor Hayden to kick-off program at rally

B. Pre/post awareness test to determine existing beliefs and awareness level and to evaluate program effectiveness

C. Special promotional activities with limited number of giveaways: T-shirts, key chains, buttons, stickers, etc.

1. Give away for attending program kickoff
2. Awareness test completion drawing
3. First to register for workshop or come to special event receive items

D. Special event guidelines sent to agencies for optional use

1. NAB Party Kits

TIMELINE

Calendar Year 1989

	May	- Obtain program concept approval - Take ideas to ad agency - Issue Substance Abuse Policy
(K)	June	- Design and print logo display materials - Educate employees about substance abuse policy and purpose of program (bulletin board) (Kansagram)
	July	- Plan and organize specific activities for program kick- off and lst theme - Meet with Reg. Prevention Center directors
(K)	August	- Publish pretest - Prepare press release about program kick-off - Inform agency administrators about program to foster support - Distribute materials to agency - Kick-off program with Governor Hayden's participation at a rally (special event) - Start promotion of workplace concerns
	September	- Focus on workplace safety issues (paycheck insert) - Identify costs of substance abuse specific to state employees (Healthquest) - Run lst Myth-a-Month
(K)	October	- Emphasize problem identification and recognition as a first step (paycheck insert) - Run story on kick-off rally and pretest (Kansagram)
	November	- Begin spotlight on family issues - Introduce prenatal concerns (Healthquest) - Send NAB party kits to agencies
(K)	December	- Suggest alternatives for holiday parties (NAB's) (paycheck insert)

(K) denotes months Kansagram will be published

Calendar Year 1990

	January	- Recognize co-dependency (Healthquest) (workshop)
(K)	February	- Discuss children of alcoholics (paycheck insert)
	March	- Feature parenting issues (paycheck insert) (workshops)
(K)	April	- Begin spotlight on community - Send video guidelines to agencies
	May	- Highlight Regional Prevention Centers (Healthquest) - Sponsor event on the topic of crimes related to substance abuse (Special Event)
(K)	June	- Identify recovery and relapse issues (paycheck insert) - Publish resource list (Healthquest)
	July	- Assess program and determine direction for next year - Run post-test
	August	- Start program for next year

(K) denotes months Kansagram will be published.

Rev. 9/89

ATTACHMENT

MYTH A MONTH SERIES ON ALCOHOLISM

Introduction for Series

Why bother to de-bunk a bunch of harmless myths about drinking? Because they're not so harmless.

For instance? If a guy thinks it is okay to smash down eight or ten beers every night because "it's only beer"...he could develop a serious drinking problem without even knowing it. We have nine million alcoholic Americans. It's become a national plague. Yet in some other societies, where they don't share our misconceptions about drinking, alcoholism is rare.

So the more we know about drinking, the better we can handle it. The better we can decide whether, where, when, why, how much, and with whom to drink.

Scheduled Myths for Series

MONTH		
September	Myth	I DON'T KNOW ANY ALCOHOLICS.
	Fact	Maybe you just don't know you know any alcoholics. Some of your best friends or coworker may have drinking problems. They don't seem "different". And they usually hide their illness, even from themselves.
November	Myth	MOST ALCOHOLICS ARE SKID ROW BUMS.
	Fact	Only 3% to 5% are. Most alcoholic people (about 70%) are married, employed, regular people. All kinds of people.
January	Myth	A FEW DRINKS CAN REALLY HELP YOU UNWIND AND RELAX.
	Fact	Maybe. But it's only temporary and if you use alcohol like a medicine, it's time to see your doctor or seek counseling.
March	Myth	THE TIME TO TEACH KIDS ABOUT DRINKING IS WHEN THEY REACH LEGAL AGE.
	Fact	By that time, they've long since learned what we can teach them. Like it or not, we teach our kids from birth. And they learn more from what they see us do than from what they hear us tell them.
May	Myth	PEOPLE WHO DRINK TOO MUCH ONLY HURT THEMSELVES.
	Fact	And their families. And their friends and their co-workers and their employer and strangers on the highway. And you.

July

Myth GIVE HIM BLACK COFFEE. THAT'LL SOBER HIM UP.

Fact Sure, in about five hours. Cold showers don't work either. Only time can get the alcohol out of the system, as the liver metabolizes the alcohol. Slowly. There's no way to hurry it.

EXTRAS

Myth IT'S NONE OF MY BUSINESS IF MY CO-WORKER'S USE DRUGS; IT DOESN'T AFFECT ME.

Fact Wrong. Your health & safety maybe at risk. Drug and alcohol abuse costs you money and create a negative work environment.

Myth IT'S IMPOLITE TO TELL A FRIEND OR CO-WORKER HE'S DRINKING TOO MUCH.

Fact Maybe if we weren't all so "polite" we couldn't have so may friends with drinking problems.

Myth "YA GOTTA HAND IT TO JOE. HE CAN REALLY HOLD HIS LIQUOR."

Fact Don't envy Joe. Often the guy who can hold so much is developing a "tolerance" for alcohol. And tolerance can be a polite word for need.

Myth PEOPLE ARE FRIENDLIER WHEN THEY'RE DRUNK.

Fact Maybe. But they're also more hostile, more dangerous, more criminal, more homicidal and more suicidal. Half of all murders and one third of all suicides are alcohol related.

Myth "I DRIVE BETTER AFTER A FEW DRINKS."

Fact In most states, the legal definition of "driving under the influence" is a blood alcohol level of 0.10%. But scientific tests have proven that even professional drivers' abilities diminish sharply at lower levels...after just a few drinks. Not only that, but judgment is affected, too. So people think they're driving better than ever while they're really driving worse.

Myth THE REALLY SERIOUS PROBLEM IN OUR SOCIETY IS DRUG ABUSE.

Fact Right. And our number one drug problem is alcohol abuse. About 300,000 Americans are addicted to heroin. But about 9,000,000 are addicted to alcohol. It's not even close.

LIFELINE INFORMATION

WHAT IS LIFELINE?

LIFEline is the State of Kansas' Employee Assistance Program. It is designed to help any state employee who has a personal problem that may be affecting their job performance.

LIFEline can be accessed through a 24-hour, toll-free telephone number that can be called when help is needed in coping with a personal or family problem. The phone number, 1-800-284-7575, puts callers in contact with trained professional counselors who are associated with the Kansas Mental Health Consortium, a private, not-for-profit corporation. The counselor listens to the caller's problem and then suggests local resources for help.

LIFEline counselors are not State employees. They are professional, counselors working for the Mental Health Consortium under contract to the State.

WHAT IS THE GOAL OF LIFELINE?

The goal of LIFEline is to offer help to troubled employees by providing self-referral opportunities to appropriate professional resources. Self referral opportunities are also available to any employee's immediate family members.

WHO CAN USE LIFELINE?

All employees of the State of Kansas and their immediate families may call the toll-free LIFEline number. Immediate families are those individuals who are dependent upon you or live in the home with you. There is no limit to the number of calls that can be made to LIFEline.

WHAT PROBLEMS WILL LIFELINE ADDRESS?

LIFEline can provide confidential help with all kinds of problems or questions.

A sample list of situations where LIFEline can provide help includes:

- Marital problems
- Child care
- Financial trouble
- Family conflict
- Depression
- Alcohol or drugs
- Child or adolescent problems
- Aging issues
- Legal

WHAT IS THE DIFFERENCE BETWEEN LIFEline AND THE EMPLOYEE HELPLINE?

The HELPline is a toll-free number for state employees to call regarding personnel matters. The HELPline should be used if you feel your concerns have not been given enough attention or when it is difficult to reach someone to ask about state personnel information and issues. LIFEline should be used when you have personal problems that you need assistance with.

WHO PAYS THE BILL?

If a LIFEline counselor refers an employee or an immediate family member to a community mental health center the first visit is free of charge. Further visits may be paid in whole or part by the employee's health insurance. A sliding scale fee will be used if the employee or family member does not have heallth insurance or if their insurance does not cover the cost of the visit. Referrals to other community resources may or may not be free depending upon the resource provider. If there is a fee, it is the employees responsibility to pick up the costs.

WHO FUNDS THE PROGRAM?

The LIFEline program is made available through monthly employee contributions through the Health Care Commission and matching funds from the state.

WHO HAS ACCESS TO LIFELINE INFORMATION?

LIFEline is a confidential service. Only the LIFEline user and the LIFEline counselor know what has been discussed. No one else will have access to information regarding your call.

All information about the caller is completely confidential. It is not necessary for the employee or family member to identify himself or herself unless a referral is made.

The only exception to this confidentiality is if child abuse is suspected. State law requires such instances or suspected instances to be reported.

WHAT TYPE OF RECORDS ARE KEPT?

The LIFEline counselors maintain records on types of referrals made (e.g. financial, marital, emotional). A monthly composite of types and number of calls is sent to the State LIFEline coordinator for program evaluation purposes. These records contain no reference to individual callers.

DO CALLERS HAVE TO FOLLOW LIFELINE RECOMMENDATIONS?

Individuals who call the LIFEline number are free to decide for themselves whether to follow the recommendations given by a LIFEline counselor.

ARE EMPLOYEES EXPERIENCING JOB PERFORMANCE OR WORK CONDUCT PROBLEMS REQUIRED TO USE LIFELINE?

LIFEline is voluntary for employees and their immediate families. The only exception is an employee in a safety sensitive position who receives a confirmed "positive" drug screen result or the equivalent.

Supervisors are encouraged to recommend LIFEline as one of several action options an employee may take to help improve job performance or work conduct problems. However, with the above exception, supervisors cannot require an employee to utilize the LIFEline program.

WHAT IS THE RELATIONSHIP BETWEEN LIFELINE AND THE STATE'S DISCIPLINARY ACTION PROCEDURES?

Use or non-use of LIFEline will not result in any special privileges or exemptions from the State's disciplinary action procedures.

WHAT IS THE RELATIONSHIP BETWEEN LIFELINE AND LEAVE?

Employees referred to a mental health center or other community resource as a result of contact with LIFEline will be expected to use accumulated sick leave, annual leave or leave without pay if the appointment is scheduled during the employee's work hours.

WHAT IS THE RELATIONSHIP BETWEEN LIFELINE AND THE STATE OF KANSAS DRUG SCREENING PROGRAM?

Employees in "safety sensitive" positions who have received a confirmed "positive" result on a drug screen test will be referred to LIFEline. These employees are required to contact and follow the recommendations of LIFEline.

HOW DO I COMMUNICATE INFORMATION ON LIFELINE TO EMPLOYEES?

Information on LIFEline should ideally be communicated prior to the identification of a problem. You are asked to hold a short informational meeting within one month of this training to go over the LIFEline program with your employees. New employees should hear about LIFEline during orientation. And of course, employees experiencing performance problems should be reminded of the program.

HAVE YOU GOT YOUR "PROUD TO BE DRUG-FREE" T-SHIRT YET? *

Don't be left out in the cold. If you didn't win a T-shirt at the kickoff rally or from the Drug Quiz drawing, don't fret. You still have a chance to own one of these limited edition logo T-shirts.

And yes, we now have sweatshirts too. (Winter is approaching.)

Order now! Be among the first in your agency to sport this PROUD TO BE DRUG-FREE design. And remember less than 60 days till Christmas. See details below.

* Part of the "PROUD TO BE DRUG-FREE" CAMPAIGN

EMPLOYEE PROUD TO BE DRUG-FREE CAMPAIGN
T-SHIRT AND SWEATSHIRT ORDER FORM

Shirts are white with "PROUD TO BE DRUG-FREE" State Employees logo in blue and goldenrod centered on the shirt front. Cost per T-shirt ordered is $6.00; cost per sweatshirt ordered is $12.50.

Name _____
(please print)

Home Mailing Address _____
Street Apt. #

_____
City State Zip

Day-time phone ( ) _____ Agency Employed _____

Indicate how many T-shirts are ordered by size:
___S ___M ___L ___XL (Adult sizes)

_____ Total Number T-shirts Ordered

x $6.00 Cost Per T-shirt

$_____ Amount Enclosed

Indicate how many Sweatshirts are ordered by size:
___S ___M ___L ___XL (Adult sizes)

_____ Total Number Sweatshirts Ordered

x $12.50 Cost Per Sweatshirt

$_____ Amount Enclosed

Please do not send cash. All orders must be prepaid. Allow four to six weeks for delivery.

Make Check/Money Order payable to DPS Training Fund, and return form with payment to:

PROUD TO BE DRUG-FREE CAMPAIGN
Department of Administration
Division of Personnel Services
951-S, Landon State Office Building
Topeka, KS 66612-1251
ATTN: T-shirt Sales

Tips For Parents

Q. How can I tell if my child is abusing drugs or alcohol?

A. If you find alcohol, drugs, or drug paraphernalia in your child's possession, there's a strong probability that your child is using drugs. Certain behaviors also warn you that your child may be involved with drugs:

- **Abrupt change in mood or attitude**
- **Sudden decline in attendance or performance at work or school**
- **Sudden resistance to discipline at home or school**
- **Impaired relationship with family or friends**
- **Ignoring curfews**
- **Unusual flare-ups of temper**
- **Increased borrowing of money from parents or friends; stealing from home, school or employer**
- **Heightened secrecy about actions and possessions**
- **Associating with a new group of friends, especially with those who use drugs**

While these behaviors may indicate drug use, they may also reflect normal teenage growing pains. By observing your child, getting to know his or her friends, and talking to your child about problems, including drugs and alcohol, you should be able to learn whether he or she is involved.

Q. How do I help my children resist drugs?

A. Continue to offer guidance, support and unconditional love as your child becomes increasingly more independent. Children need self-confidence and a strong sense of values to resist peer pressure. Remember, even the best of children feels torn between family and friends.

Don't wait until you suspect substance use or abuse.

Get the facts about the physical and emotional effects of drug and alcohol abuse. And share where you stand often, as a reminder of the importance of this issue to your family.

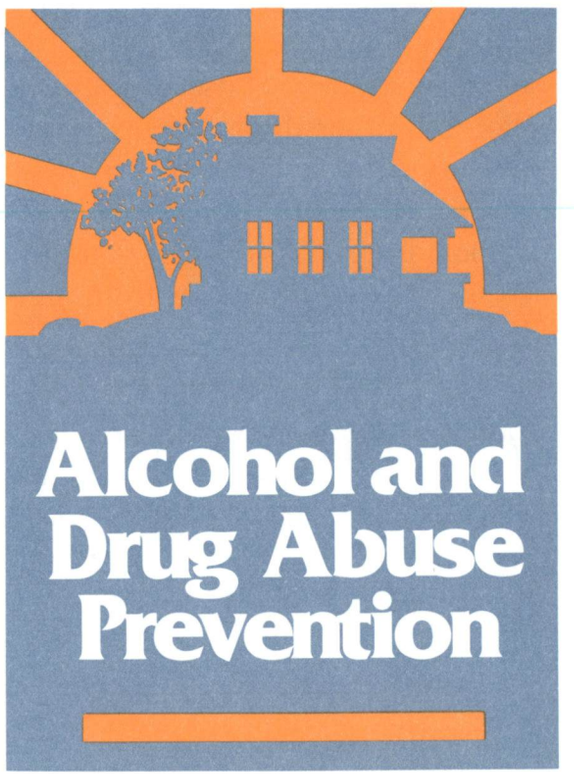
KANSAS PROUD TO BE DRUG-FREE STATE EMPLOYEES

Call **LIFEline 1-800-284-7575** if you have alcohol or drug abuse concerns, or call the **HELPline: 913-296-6666** if you need general information about our programs

Department of Administration
Division of Personnel Services

For more information about working with parents, contact your local regional prevention center or the Kansas Alcohol and Drug Abuse Services, Department of Social and Rehabilitation Services.
300 S.W. Oakley, Topeka, Kansas 66606
(913) 296-3925

Workshop For Parents



March 1990

KANSAS PROUD TO BE DRUG-FREE

Parent Training Workshop

In today's society there is no school or community untouched by the widespread use and abuse of tobacco, alcohol and other drugs. As early as elementary school, children may be feeling peer pressure to use alcohol and other drugs. As parents, you are your child's best protection from abuse of these substances.

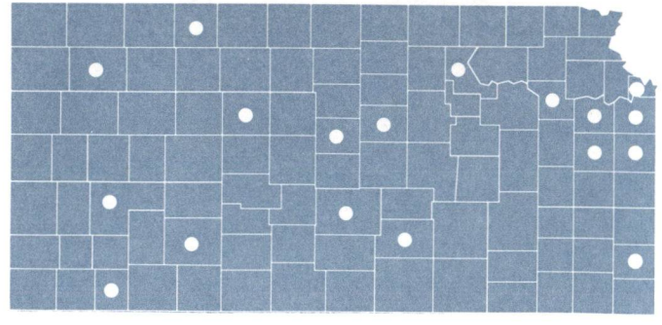
During the month of March, a series of workshops for State employees and their spouses will teach parents how to:

- Identify common warning signs of a child's use or abuse of alcohol or drugs
- Initiate a conversation with your child about alcohol and other drugs
- Deal with casual attitudes concerning the use of alcohol and drugs
- Use methods of positive discipline to help prevent alcohol and drug abuse
- Help your child to resist peer pressure

Refer to the following list of Parent Training Workshops for the coordinator nearest you, and call for details on the date, time and place.

In most locations, the workshop is being offered at a minimal charge of about $10 to cover the cost of materials. In a few locations, the workshop is offered without charge.

LOCATIONS ACROSS KANSAS



WORKSHOP FOR PARENTS

Presented By

Kansas Regional Alcohol and Drug Abuse Prevention Centers

Colby
Sue Evans . . . . . (913) 462-8152

Dodge City
Beverly Temaat 1-800 742-9519

Girard
Jacki Clark . . . . . (316) 724-6281

Garden City
Jack Johnson . . . . . (316) 276-9624

Ellsworth
Cindy Smith . . . . . (913) 825-6224

Hays
Glenda Kramer . . . . . (913) 625-5521

Hutchinson
Shirley Windsor . . . . . (316) 262-2421

KC Wyandotte
Donna Davidson . . . . . (913) 334-1100 Extension 184

KC Johnson
Mark Kenney . . . . . (913) 341-1415

Lawrence
Karen Ross . . . . . (913) 841-4138

Liberal
Kimberley Lopez . . . . . (316) 624-1951

Manhattan
Beth Hughes . . . . . (913) 539-7180

Norton
Glenda Kramer . . . . . (913) 625-5521

Ottawa
Shelley Yates . . . . . (913) 242-7100

Osawatomie
Norma Jean Pfaltzgraff . . . . . (913) 755-3151 Extension 626

Salina
Cindy Smith . . . . . (913) 825-6224

Topeka
Teresa White . . . . . (913) 235-8622

Wichita
Shirley Windsor . . . . . (316) 262-2421

State of Kansas

Drug Screening Program for Safety-Sensitive Positions

Questions and Answers
for Applicants
and State Employees

Division of Personnel Services
Department of Administration

STATE OF KANSAS
DRUG SCREENING PROGRAM

The 1988 Kansas State Legislature passed a bill, which Governor Hayden signed into law, that authorizes a drug screening program for certain state employees and applicants. "By signing this measure into law, the State of Kansas joins many other employers in the private and public sector working for a drug-free work force," Governor Hayden said. He also stated that "a safer Kansas and rehabilitation, rather than punishment, are my goals for this drug screening program."

The law charges the Division of Personnel Services with the responsibility to establish and implement the drug screening program for safety-sensitive positions. Safety-sensitive positions include state law enforcement officers who are authorized to carry firearms and state corrections officers. The Governor, Lieutenant Governor, Attorney General, the heads of Cabinet-level agencies appointed by the Governor and employees on the Governor's staff will also be tested in this program.

All announcements to recruit applicants for safety-sensitive positions will contain a statement that drug screening is required at the time an offer of employment is made. Current employees in these safety-sensitive positions may be tested if there is reasonable suspicion of illegal drug use by the employee and that the employee may be unable to perform the duties of the job safely.

Strict policies and procedures have been established to ensure the integrity and confidentiality of the program.

Questions and Answers

Q. Why is the state initiating a drug screening program for applicants and employees?

A. The program is part of the state's effort to ensure a drug-free work force. Many private and public sector employers have adopted similar programs due to concerns about employee safety. The Kansas drug screening program emphasizes rehabilitation of state employees rather than punishment.

Q. What state positions are covered by this drug screening program?

A. Safety-sensitive positions are included in the program. Safety-sensitive positions include state law enforcement officers who are authorized to carry firearms and state corrections officers. Also included are the positions of Governor, Lieutenant Governor, Attorney General, the heads of Cabinet-level agencies appointed by the Governor and employees on the Governor's staff.

Q. How many positions are covered by this drug screening program?

A. There are currently more than 2,300 positions included in this program.

Q. What about test results?

The supervisor of the position or employee will also provide information about when results will be available and how the results may affect the applicant or employee.

Q. Where can I get more information?

Contact the Division of Personnel Services in the Department of Administration at (913) 296-4278.

Q. How does drug use affect safety or work performance?

A. Workers who use drugs may be more likely to have impaired judgement or may have difficulty completing their assignments quickly, accurately and safely.

Q. Can legal medicines affect the results of the drug screen?

A. Yes. Some over-the-counter or prescription medicines can affect test results. Persons taking the drug screen will be asked to provide complete information about any over-the-counter products or prescriptions they may have taken which could affect test results.

Q. Can anyone take the test to show they are drug free?

A. No. Participation in the program is only as prescribed by law.

Q. If an applicant or employee is scheduled for a drug screening test, when and where do they go for their appointment?

The supervisor of the position or employee will provide information regarding the collection site to be used for the drug screening test and at what time the appointment is scheduled.

Q. Will all state job applicants be tested?

A. No. Only the final candidate for a designated safety-sensitive position will be required to take a drug screening test.

Q. Will all state employees be tested?

A. No. Drug screens may be conducted only for employees in safety-sensitive positions. Those employees may be asked to take a drug screen when there is reasonable suspicion of illegal drug use that may affect safety or work performance.

Q. What drugs will the screening identify?

A. The drug tests may screen for substances listed in Schedule I or II of the Kansas. Controlled Substance Act. At this time, five kinds of substances will be identified: marijuana, cocaine, PCP, opiates and amphetamines.

Q. Are drug screen results confidential?

A. Results will be considered confidential. Test results will be revealed only to those persons authorized by the Director of Personnel Services.

Q. May drug screening test results be appealed?

A. Yes. If an applicant or an employee has reason to believe that appropriate procedures were not followed, the result may be appealed in writing to the Director of Personnel Services.

Q. Are employees seeking a promotion or transfer to the safety-sensitive positions required to take a drug screening test?

A. A state employee who is not currently in a safety-sensitive position and wishes to transfer or promote into a safety-sensitive position will be required to undergo a drug screen.

Q. How are the integrity and accuracy of the screening program protected?

A. The laboratory used for testing is certified by both the federal and state governments. Controlled sample collection and stringent chain-of-custody procedures ensure sample integrity, proper identification and individual privacy.

Q. Does an employee have to take sick or annual leave in order to undergo a drug screening test?

A. The employee will be given time off with pay for that purpose. An employee who is removed from the work site pending the results of the test is also granted leave with pay.

Q. What happens if an applicant or employee refuses to take a drug test?

A. If an applicant or employee refuses to take a drug test, it is considered the same as receiving a confirmed positive result.

Q. What happens if a current employee has a confirmed positive result for drug use?

A. The employee may not be subject to disciplinary action solely on the basis of a first confirmed positive result. The employee must seek a LIFELine Employee Assistance Program referral to obtain needed evaluation, treatment or education, and provide proof that they have completed the program and are drug free. Re-tests to show that the employee has remained drug-free may be required. The employee will be subject to disciplinary action if the rehabilitation is not completed or if the employee previously had a positive drug-screen result.

Q. What happens if an applicant has a confirmed positive result for drug use?

A. A final applicant whose drug screening test result is a confirmed positive will not be offered employment. The applicant is subject to disqualification from certified lists for all safety-sensitive position vacancies and from taking Civil Service examinations for classes with safety-sensitive positions.

Recipe for: KANSAS NAB*

From: Proud To Be Drug-Free Campaign **Makes:** 32 servings

2 - 28 oz. cans pineapple juice
2 - 12 oz. cans apricot nectar
2 - 6 oz. cans frozen orange juice
2 quarts ice water

Combine all ingredients and stir.

*Non-Alcoholic Beverage

For a safe, healthy alternative to alcohol at parties.

PARTY POINTERS

OFFER NABS.* Many people choose not to drink alcoholic beverages. So offer a choice. *Non-Alcoholic Beverages

GIVE MORE THAN A DRINK. Get conversation started by introducing people who don't know each other. Have some planned activities.

KEEP 'EM NIBBLING. Food slows the rate of alcohol absorption and may slow the rate at which people drink. High protein foods that are low in salt are best.

DON'T RUSH REFILLS . Wait until the glass is empty. Even then, don't be in a hurry to refill.

DON'T LET DRINKING FRIENDS DRIVE. Make sure the guests who drink get home safely. Cold showers and black coffee don't work to sober someone up.

PROUD TO BE DRUG-FREE
STATE EMPLOYEES

Call **LIFEline 1-800-284-7575** if you have alcohol or drug abuse concerns, or call the **HELPline: 913-296-6666** if you need general information about our programs.

Department of Administration
Division of Personnel Services

1990 State of Kansas Employee Holidays

New Year's	Monday, Jan. 1, 1990
Martin Luther King Day	Monday, Jan. 15, 1990
Memorial Day	Monday, May 28, 1990
Independence Day	Wednesday, July 4, 1990
Labor Day	Monday, Sept. 3, 1990
Veteran's Day	Monday, Nov. 12, 1990
Thanksgiving	Thursday, Nov. 22, 1990
	Friday, Nov. 23, 1990
Christmas	Monday, Dec. 24, 1990
	Tuesday, Dec. 25, 1990
Discretionary Day	

Are You FREE For Lunch?

12:00 Noon, August 22nd

Join Governor Hayden on the South Capitol Steps for the kick-off rally announcing the new State Employee Program:

- Enjoy **FREE** Sundance Sparklers (non-alcoholic beverages) and listen to live music.
- **FREE** Keychains!
- **FREE** Stickers!
- **FREE** Balloons!
- **FREE** T-Shirts! Drawings for T-shirts will be held every 10 minutes.

KANSAS

PROUD TO BE DRUG-FREE

STATE EMPLOYEES

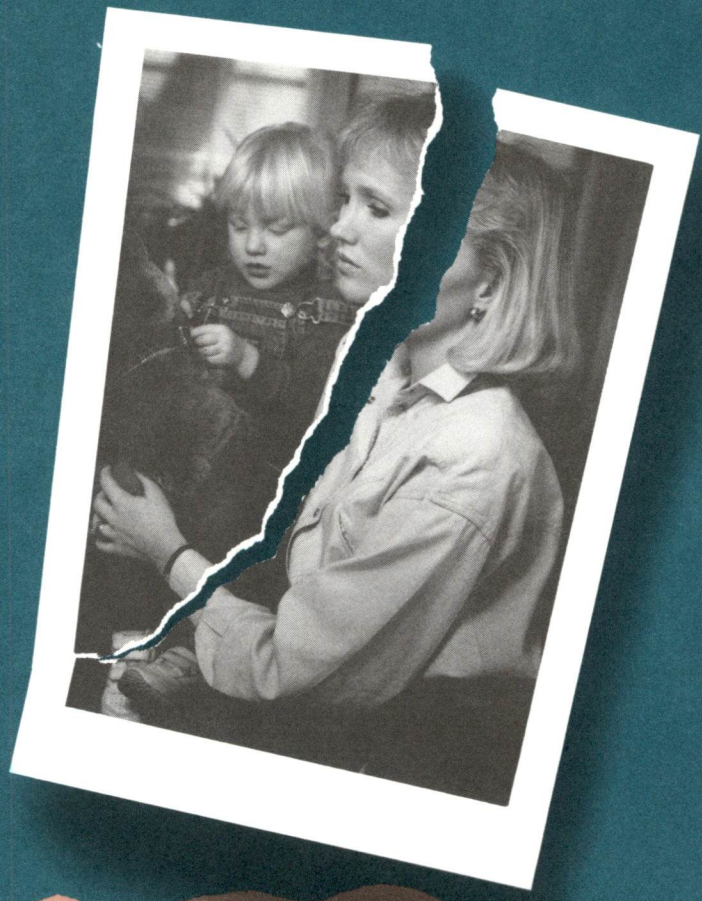
Mike Manns from KMAJ-Radio will be our noon hour host.

Plan to be there early!

In the event of rain, the rally will be moved inside to the Capitol Rotunda.

Employee Alcohol and Drug Abuse Prevention Program
Department of Administration-Division of Personnel Services

When life throws you a curve, help is on the line... LIFEline



A Free Service
Offered By
Kansas State Employees
Health Care Commission

LIFEline

A letter from your Governor:

Dear Fellow Employee:

The health-risk appraisal program, Part One of HealthCheck '88, is successfully underway. I am pleased to introduce another new service designed to help state employees and their families.

LIFEline is a 24-hour, toll-free number you can call for help in dealing with a personal or family problem. When you call this number (1-800-284-7575), a professional counselor will listen to your problem and suggest local resources.

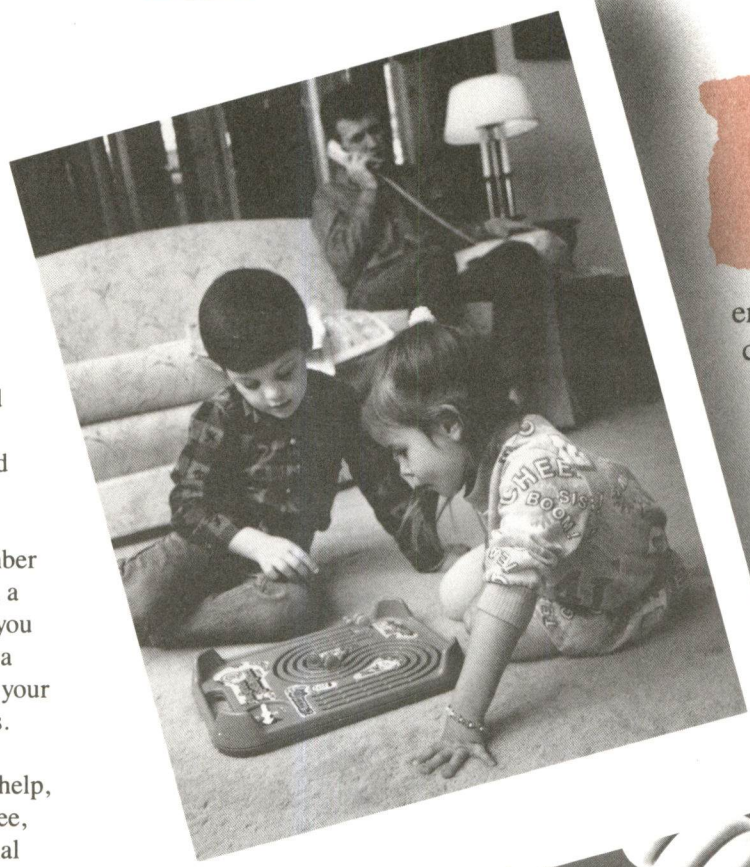
If you or your family are in need of help, take advantage of LIFEline. It's a free, voluntary and completely confidential service to help you and your family deal with everyday problems. One counseling session is also offered, if needed, without charge.

LIFEline is just one of a series of health related programs we've created as a part of HealthCheck '88 because your good health is an asset to you and to Kansas.

Sincerely,

Mike Hayden

Mike Hayden
Governor of Kansas



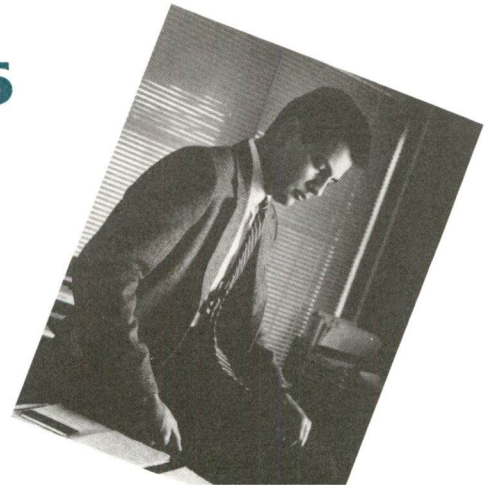
LIFEline is a free, voluntary and completely confidential information service for state employees who need help coping with family, work or financial problems.

Now, you or your family members can call this toll-free number, 24 hours a day, for help with any personal problem. A professional counselor will listen to your problem and suggest several options for help in your community.

If your LIFEline counselor refers you to your community mental health center for personal assistance, your first visit is free. Further visits may be paid in whole or in part by your health insurance plan.

LIFEline counselors are not state employees. They are trained professionals of the Kansas Mental Health Consortium, a private, not-for-profit corporation. **Confidentiality is absolutely assured.** LIFEline offers you and your family a helping hand when you need it most. **There is no limit to the number of calls you can make.** Call LIFEline day or night, and we'll be there.

1-800-284-7575



Questions and Answers

Q. Who can use LIFEline?

A. All employees of the State of Kansas and their families may use the toll-free LIFEline.

Q. If the LIFEline counselor refers me to an outside resource, who pays the bills?

A. Your first session at the community mental health center is free of charge. Other services may be covered by your health insurance plan.

Q. Can I get help for one of my family members?

A. Yes. You or anyone in your immediate family can call the LIFEline number.

Q. Who has access to the information about my call?

A. Your employer does not have access to your file. Any and all information about you is completely confidential, between you and your counselor.

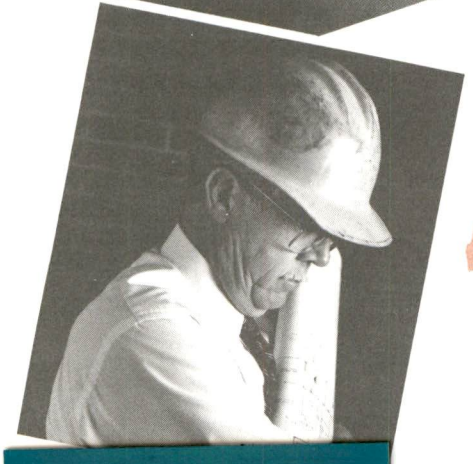
Q. Do I have to follow the recommendations given by my LIFEline counselor?

A. No. It's strictly up to you — but you'll find the information valuable.

Q. Can LIFEline help with problems other than those listed in this brochure?

A. Yes. The situations listed here are only examples of personal problems LIFEline can help you address.

1-800-284-7575



When life throws you a curve, help is on the line...

LIFEline
1-800-284-7575
Kansas State Employees Health Care Commission

Save this magnet to call LIFEline, day or night.

Here are a few examples of situations where LIFEline can help.

"SuperWoman/SuperStress"

You're a young mother in the midst of a divorce. You're having trouble making ends meet and your paycheck won't stretch to cover the bills. To top it off, your babysitter has decided to quit. Now what?

Call LIFEline.

A free call to LIFEline can put you in touch with financial services in your area, and your LIFEline counselor can suggest names and numbers of local daycare providers.

If the stress of it all has become too much for you, LIFEline can help you set up a personal counseling session at your community mental health center. Your first visit is free. If further counseling is needed, check your benefits plan for any insurance coverage questions.

"Promoted and Pressured"

You've just been promoted, but your new responsibilities seem overwhelming. To top it off, you catch every cold or flu bug around. You should feel on top of the world, not under the weather. What's the matter?

Call LIFEline.

A LIFEline counselor is a good listener and a confidential resource. If you're having trouble at work and don't feel comfortable talking to anyone, call LIFEline. Your LIFEline counselor can guide you in the right direction. What you choose to do is up to **you**. Your employer won't know you called. All calls are completely private and confidential.

"Retirement, Ready or Not"

It's been over two years since your spouse passed away, but you can't shake the sadness. It doesn't seem worth it to plan for your retirement without your loved one. Although you've been looking forward to retirement, you're still uncertain about how you can lead a meaningful and productive life. You're also worried about how you're going to manage without the additional income from a regular job.

The first step in solving any personal problem is to recognize that you have one. Then call LIFEline.

Help often comes from the most unexpected places. Your LIFEline counselor can help you identify where to go to get the answers you need.

The Effects of Stress in Your Life

Change is a natural part of life.

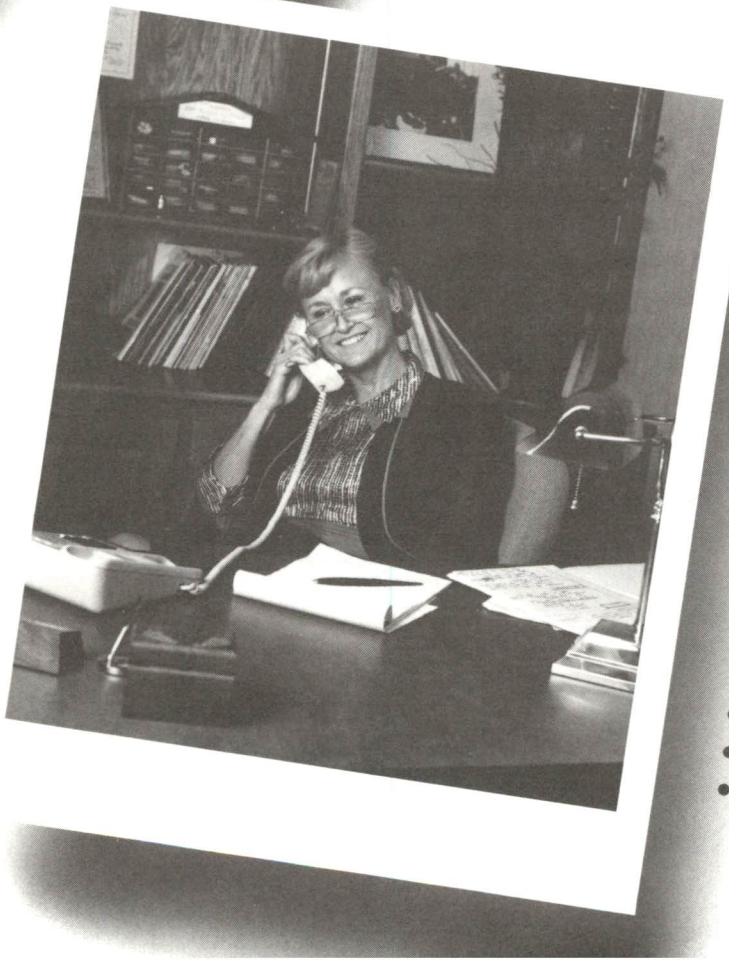
The birth of a baby, a new job, even buying a car can be a stressful event. Stress can build up before you know it.

If you or your family have been under stress from events in life, you may need the help of someone experienced in dealing with your particular problem.

The early warning signs of too much stress include:

- Inability to solve a specific problem
- Anger over minor irritation
- Sleep problems
- Loss of appetite or overeating
- Guilty feelings
- Lack of energy
- Sadness that won't go away

A call to LIFEline might provide the relief you need. Our professional counselors have access to a wide range of services in your community. They can point you in the right direction, and the information is free and completely confidential.



How do I know when LIFEline can help?

All of us need help at one time or another. You may not feel comfortable in talking with a family member or close friend. Sometimes you need an objective, knowledgeable source to turn to with a problem.

That's when you call LIFEline.

No question or problem is too small. LIFEline can provide confidential help with these problems and many more.

- Marital problems
- Child care
- Financial trouble
- Family conflict
- Depression
- Alcohol or drugs
- Child/adolescent problems
- Aging issues

Kansas State Employees Health Care Commission
9th Floor
Landon State Office Building
900 S.W. Jackson
Topeka, Kansas 66612-1251

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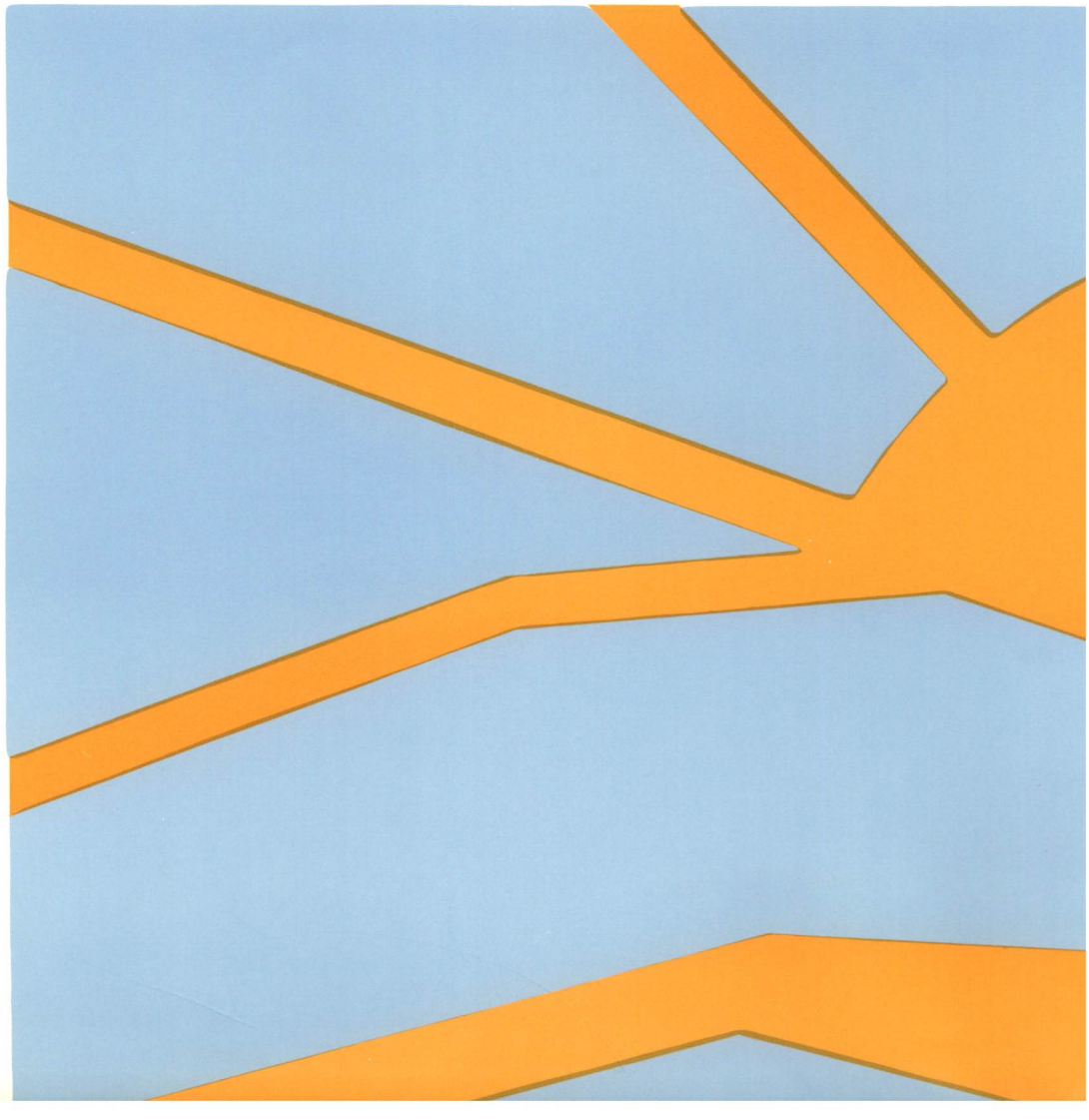
When life throws you a curve, help is on the line...

LIFEline 1-800-284-7575

TOWA
DRUG



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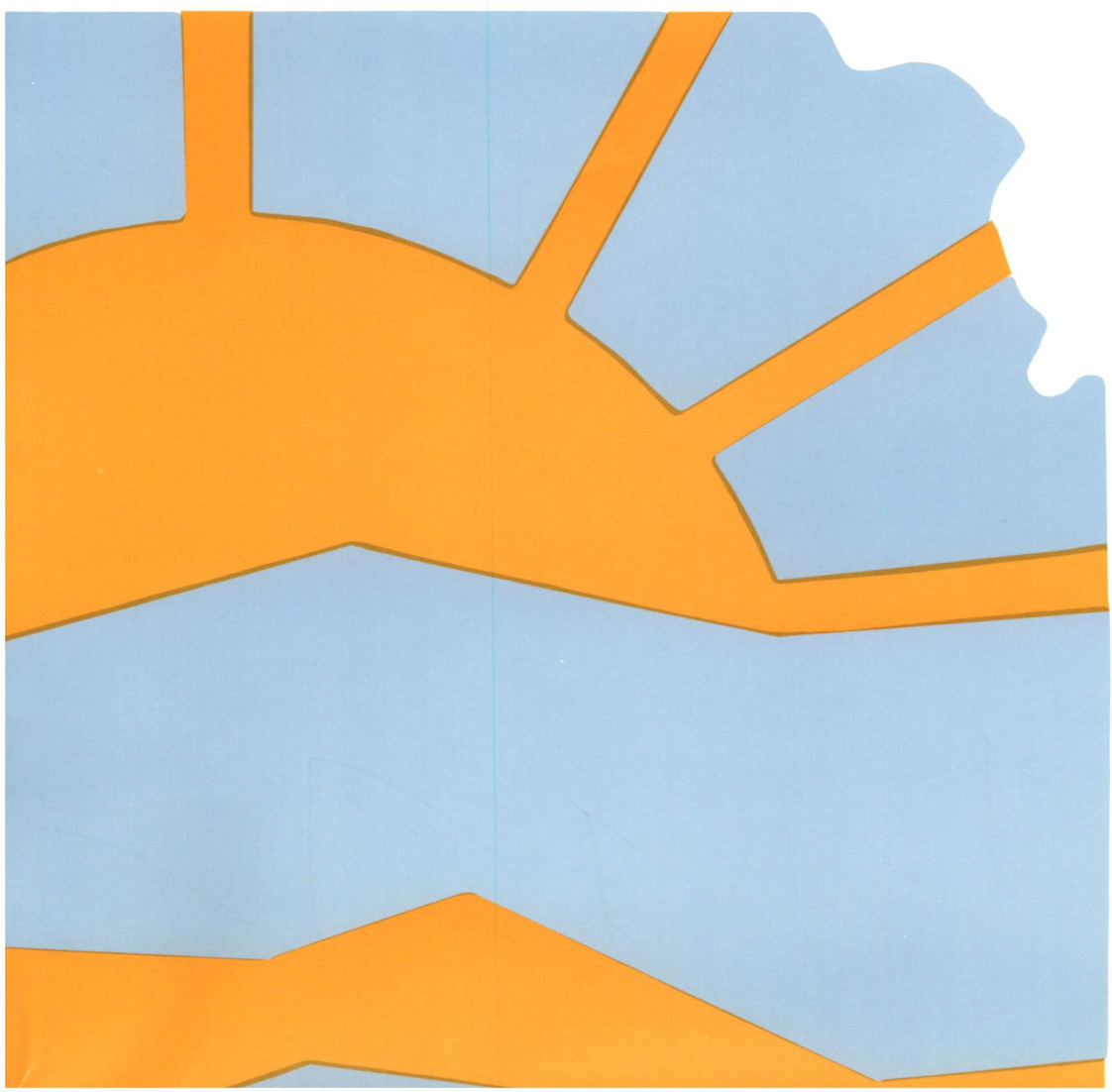
FREE



KAN

"A challenge ar
for every caring

Kansas Alcohol and
Department of Social a
300 S.
Topeka, K
(913) 2

ISAS

d commitment
g Kansan.''

Governor Mike Hayden

Drug Abuse Services
Rehabilitation Services
Oakley
sas 66606
6-3925

KANSAS SCHOOL TEAM TRAINING MAKES A POSITIVE DIFFERENCE

Participants have said:

"Finally, a way to effect positive, long-term change for young people! This program is appropriate for the kids who aren't using and want to stay that way to those that are already using but want to say no, for school climate and staff morale, for the entire community!"

"The most productive parts in this training session have been in my personal changes and attitudes toward my abilities to change things in my community, school and home. Already the positive changes I have experienced as a result of my school team training are evident in my family. I can hardly wait for school to begin!"

"All information was good, but the most productive part to me was the team finally getting to the tasks of writing the action plan. Seeing how we could work together, how we grew during this time, and learned techniques that would help back home are most satisfying and rewarding."

"I have been a classroom teacher for several years, but for the first time in my career know what it means to be truly a professional educator."

"The growth of the team and being with people who share similar concerns for young people is so important to me. I was very burned out at the end of school-now I can hardly wait to get back, due to seeing fellow team members and myself grow, learning from others and incorporating the enthusiasm from fellow training community members into our school's substance abuse prevention program."

"This program has made more positive difference in our school and for our students than any other thing we've ever done."

FOR MORE INFORMATION

Becky Ridgway, Administrator
Kansas School Team Training
Administrative Center
217 North Water
Wichita, Kansas 67202
316-833-4485

SPONSORED BY

Wichita Public Schools
Office of Substance Abuse Prevention/Intervention

FUNDED IN PART BY

Kansas Department of Social and Rehabilitation Services
Alcohol and Drug Abuse Services.

KANSAS SCHOOLS TEAMING FOR SUBSTANCE ABUSE PREVENTION

TOWARD A DRUG-FREE

KANSAS

To effect a Drug-Free Kansas, Governor Mike Hayden believes, "We need to concentrate on reducing the demand for drugs. Quiet resignation should not characterize our attitude." A Drug-Free Kansas is emerging, in part, because of

KANSAS SCHOOLS TEAMING FOR SUBSTANCE ABUSE PREVENTION.

To mobilize and provide training to school personnel contributing Toward a Drug-Free Kansas, Kansas Schools Teaming for Substance Abuse Prevention is a comprehensive, coordinated program that builds and strengthens alcohol, drug abuse and other prevention services for all young people in grades K-12 across Kansas.

LOCAL PEOPLE SOLVE LOCAL PROBLEMS

Interested persons in each community are the best resources in the development of a substance abuse prevention program tailored for each locale. Kansas School Team Training for Substance Abuse Prevention is a carefully designed, six-day program that offers five persons from each attendance center a systematic process to be utilized when addressing a variety of situations. This leads to improved school and community services, and ultimately, the development of healthy, responsible, academically successful young people, capable of resisting substance abuse.

PEOPLE ABUSE DRUGS FOR A VARIETY OF REASONS

Substance abuse problems and their solutions can differ with each location and person. Consequently, a variety of programs needs to be developed to address the varying needs of each attendance center's community. Kansas School Team Training provides specific information about alcohol and other drugs, causes of abuse and addictions, prevention skills, teaching strategies and curricula, and teaming for success.

PEOPLE SUPPORT WHAT THEY HELP CREATE

During training, each team develops an action plan, a proactive response to effect positive change in an area of identified need. The initial action plan is designed to prevent alcohol and other drug abuse in the lives of students. Use of the action planning model is also appropriate for ongoing program utilization in substance abuse prevention and other targeted concerns.

TEAMS ARE PART OF A LARGER EFFORT

At the conclusion of the intitial training, participating schools become part of the statewide network of Kansas Schools Teaming for Substance Abuse Prevention, eligible for:

Additional Training Events
Monthly Newsletter: The Kansas Connection
Lending Library: Films, Videocassettes, Kits
Comprehensive Evaluation Program
Inservice Assistance

TEAMS ARE MORE EFFECTIVE

Research data documents the following positive results for students in Kansas Schools Teaming for Substance Abuse Prevention. The following data are pre/post differences:

ELEMENTARY SCHOOLS

Schools with a High Level of Prevention Activities	Schools with a Low Level of Prevention Activities
0.5 per 100 more students began tobacco use	8.5 per 100 more students began tobacco use
3.7 per 100 more students began alcohol use	10.0 per 100 more students began alcohol use

SECONDARY SCHOOLS

Schools with a High Level of Prevention Activities	Schools with a Low Level of Prevention Activities
0.8 per 100 fewer students quit tobacco use	4.8 per 100 more students began tobacco use
3.7 per 100 more students began alcohol use	6.1 per 100 more students began alcohol use

KANSAS STUDENTS NEED PREVENTION SERVICES

* Average age of first use of alcohol is age 12.
* One out of every three 10 year olds reports feeling "some to a lot" of peer pressure to drink beer, wine, or liquor.
* By age 13, 30% of boys and 20% of girls report drinking within the past month.
* One out of every three teens has an alcohol problem - that's 4.6 million teenagers nationwide.
* Early users are at higher risk for developing alcohol and other drug problems, smoking, poor school performance, early sexual behavior.

THE WICHITA STATE UNIVERSITY COUNSELING AND TESTING CENTER

Located in Grace Wilkie Hall on the campus of Wichita State University, the Center offers complete outpatient psychological services to the university community. Staff provide a variety of training programs to local businesses and other agencies. The Center houses the Alcohol/Drug Prevention Project for WSU with staff offering training to supervisors and faculty, as well as services to chemical abusers and students in general.

The Counseling Center, and in particular the Prevention Project, now offers a program for prevention of steroid abuse. It's called "Safe Winners/Drug Free Sports."

For more information, please call or write to:

Ron Soft, M.S.
The Wichita State University
Counseling and Testing Center
320 Grace Wilkie Hall, Box 91
Wichita, Kansas 67208
(316) 689-3440

"For when the One Great Scorer comes
To write against your name
He marks-not that you won or lost
But how you played the game."

Grantland Rice, July 1954

Mail to:

SAFE WINNERS—
DRUG FREE SPORTS

offered by

The Wichita State University
Counseling Center

"The Steroid Problem and What To Do About It."

TOWARD A DRUG▲FREE KANSAS

Description

The project "Safe Winners/Drug Free Sports" was chosen because some of our finest young athletes are at risk due to the use of steroid drugs to boost performance or gain a "winning edge."

"Safe Winners/Drug Free Sports" will address the growing problem of substance abuse, especially steroid abuse, among student athletes and other youth. Educational material will be made available and the project will develop and implement programs for young athletes, and other related school personnel, youth organizers, etc.

Ron Soft, a former student athlete and current substance abuse counselor, will spearhead the project. It is believed that the Kansas community will benefit from "Safe Winners/Drug Free Sports" through increased awareness. Young athletes will find alternatives, as well as motivation, that will help them avoid these dangers.

Purpose

"Safe Winners/Drug Free Sports" was initiated to help student athletes and other young people involved in sports/athletics, administrators of schools and other youth activities, coaches, athletic directors, principles, parents, and concerned persons, learn about the problem of steroid abuse, and learn steps and strategies needed to resolve and eliminate the problem.

Goals

1. Educate the target populations about the consequences and risks of anabolic steroid use/abuse, as well as other substance abuse in sports today.
2. Involve students and youth, especially student athletes, directly in the drug prevention programming.
3. Develop a positive support system for student athletes and other youth which includes alternatives to steroid use and helps motivate them to seek healthier approaches to athletic success.
4. Generate materials for immediate and ongoing use with student athletes and youth, and those persons who work with them.
5. Consult with administrators and athletic directors, coaches, etc. to discuss potential needs and services for youth, their schools and organizations.

Who We Serve

The State of Kansas. We have initiated this project in hopes of impacting at least 1500 youth ages 11-20. We will be limited by time constraints and materials to handle those who come to us on a first come first serve basis.

Services to be offered through "Safe Winners/Drug Free Sports"

1. Consultations for program development and planning of prevention efforts
2. Materials, videos, pamphlets, etc.—resources for youth coaches, educators, etc.
3. Trainings, presentations, even workshops on steroid and other drug abuse in today's athletic world
4. Assistance to youth and student athletes, coaches, principles, athletic directors, counselors, educators, parents, personnel of youth programs, etc., to include intervention and individual counseling

Funding for the Project came through a one time grant supported by Governor Hayden's Office as part of his initiative, "**Toward a Drug-Free Kansas**."

It is also supported by the Wichita State University Prevention Project as part of the Services of the Wichita State University Counseling and Testing Center.

TOWARD A DRUG-FREE KANSAS

D.U.I. FACTS

NATIONWIDE STATISTICS:

- Over two million drunk driving collisions occur each year.
- Approximately 25,000 people are killed in alcohol-related automobile crashes each year, another 640,000 are injured.
- 500 people are killed each week in alcohol-related car crashes.
- One person dies every twenty minutes in an alcohol-related automobile crash.
- In your community, on any given Friday or Saturday night, between 8 p.m. and 4 a.m., one of the next ten drivers coming your way is driving under the influence of alcohol.
- Over 50 percent of all highway crashes involving two or more vehicles, are alcohol-related.
- It is estimated that one out of every two Americans will be involved in an alcohol-related car crash in their lifetime.
- Alcohol-related crashes are the leading cause of death for young Americans between the ages of 16 and 24 years old.
- A 12 ounce beer, or a four ounce glass of wine contain the same amount of alcohol as a "shot" (one and a half oz.) of liquor. In fact, beer contains slightly more.

KANSAS DEPARTMENT OF TRANSPORTATION
OFFICE OF TRAFFIC SAFETY
DOCKING STATE OFFICE BUILDING
TOPEKA, KANSAS 66612-1568

TOWARD A DRUG-FREE KANSAS

DRIVING UNDER THE INFLUENCE

TOWARD A DRUG-FREE KANSAS

A challenge and commitment
for every caring Kansan

"DRINKING AND DRIVING IS A CRIME AGAINST ALL OF US AND WILL NOT BE TOLERATED!"

GOVERNOR MIKE HAYDEN

IT'S THE LAW!

PENALTIES FOR DRINKING AND DRIVING

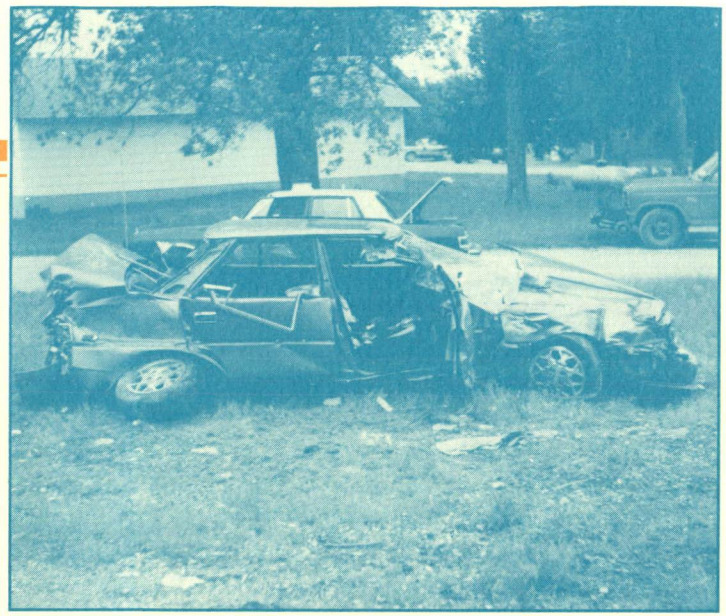
State law mandates that driving or attempting to operate a motor vehicle while having a blood alcohol concentration (B.A.C.) of .10 percent or above is a crime in Kansas.

First Offense:

- 48 hours of mandatory imprisonment.
- 100 hours of community service.
- Mandatory completion of an alcohol and drug safety action and education treatment program.
- Fines from $200 to $500, plus court costs, and evaluation fees.
- Suspension of driving privileges for 30 days or until the education and treatment program is completed, plus restricted driving privileges for an additional 330 days.

Second Offense:

- 90 days to one year of imprisonment.
- Fines from $500 to $1,000, plus court costs.



- Suspension of driving privileges until the offender completes the mandatory alcohol and drug safety action and education program, or for a period of one year, whichever is longer.

Third and/or Subsequent Offense:

- 90 days to one year of imprisonment.
- Fines from $1000 to $2500, plus court costs.
- Driver's license suspension for a period of one year.

YOUR DRIVER'S LICENSE IS A PRIVILEGE, NOT A CONSTITUTIONAL RIGHT!

TOWARD A DRUG-FREE KANSAS

DO YOU KNOW WHAT YOUR BLOOD ALCOHOL CONCENTRATION REALLY IS?

In Kansas, it is defined as the number of grams per alcohol per 100 milliliters of blood or per 210 milliliters of breath. The limit is .10 percent (B.A.C.). Use this chart to estimate your blood alcohol concentration.

BLOOD ALCOHOL CONCENTRATION (B.A.C.)

NUMBER OF DRINKS: (1 OUNCE OF 86 PROOF LIQUOR OR 12 OUNCES OF BEER)									
BODY WEIGHT	1	2	3	4	5	6	7	8	9
100	.032	.065	.097	.129	.162	.194	.226	.258	.291
120	.027	.054	.081	.108	.135	.161	.188	.215	.242
140	.023	.046	.069	.092	.115	.138	.161	.184	.207
160	.020	.040	.060	.080	.101	.121	.141	.161	.181
180	.018	.036	.054	.072	.090	.108	.126	.144	.162
200	.016	.032	.048	.064	.080	.097	.113	.129	.145
220	.015	.029	.044	.058	.073	.088	.102	.117	.131
240	.014	.027	.040	.053	.067	.081	.095	.108	.121

CAUTION! B.A.C. TO .05% | DRIVING IMPAIRED! .051 - .09% | LEGALLY DRUNK! .10% OR ABOVE

PLEASE DON'T DRINK AND DRIVE!

Party Pointers

IF YOU'RE GOING TO SERVE ALCOHOL TO ADULTS, HERE ARE SOME IDEAS FOR KEEPING THINGS UNDER CONTROL.

OFFER NAB'S One third of the adult population chooses not to drink at all. Many others who drink socially sometimes prefer not to. Some of your guests may be pregnant or taking medication and shouldn't drink. So offer a choice.

And when someone says, "no thanks" . . . don't push it.

If an alcoholic punch is served . . . make it with a noncarbonated liquid. Alcohol is absorbed faster when mixed with a carbonated liquid. Fruit juices and tea are good mixers for a punch.

GIVE MORE THAN A DRINK Introduce two people who don't know each other. Get a conversation started. Give someone a compliment . . . or a laugh. You have more to give than just drinks. A host or hostess is not just a bartender.

DON'T RUSH REFILLS Wait until the glass is empty before you offer another drink. And then don't be in a hurry . . . especially if someone seems to be coming up empty too fast.

DON'T DOUBLE UP A lot of people count their drinks. If you serve doubles they'll be drinking twice as much as they can handle. Doubling up isn't generous, it's rude. Be sure to use a jigger. This avoids "guesstimates" of how much alcohol you're pouring. Many guests will be less likely to drink to excess if the alcohol can be measured accurately.

SERVE DINNER OR SNACKS If you are going to serve dinner or an evening snack, do so before it's too late. If the "cocktail hour" goes on for hours, nobody will know what they had for dinner.

KEEP 'EM NIBBLING Not just later on, but while your guests are drinking. That's important because it slows down the rate at which alcohol is absorbed into the bloodstream. And, it may slow down the rate at which people drink. Place the food in easy-to-get-to-places. Make the snacks high protein, cheese, nuts. Protein stays in the stomach longer.

If someone drinks too much at your home, you are responsible. That's what it means to be a host. See that he or she gets home safely.

And don't think you can sober someone up in a short time with a cold shower or black coffee. It will take about one hour for every drink the person has had. Sometimes it's best to let the guest "sleep it off" instead of going home.

A way to further avoid the "too much" problem is to stop serving alcohol at least one hour before the party ends. Serve NAB's and snacks.

Be A Friend

DON'T LET THEM DRIVE

Despite your good efforts, there's always a chance someone will become intoxicated. As the professionals at the Kansas Alcohol Safety Action Project remind us, friends don't let friends drive drunk. If you choose to drink and drive, it could cost you about $2000 . . . loss of your driver's license . . . time in jail . . . your life . . . or worse yet, the life of some innocent victims. For a copy of their pamphlet, **"10 Ways To Beat A DWI,"** write Bruce Beale, Executive Director, Kansas ASAP, 2200 W. 25th, Lawrence, Kansas 66046.

TOWARD A DRUG-FREE KANSAS

A challenge and commitment for every caring Kansan

Kansas Alcohol and Drug Abuse Services
Department of Social & Rehabilitation Services
300 S.W. Oakley • Topeka, Kansas 66606
913-296-3925

NABS

Non-Alcoholic beverages

and more. . .

Cranberry Cocktail

Cranberry Cocktail (tall bottle)
1 two ltr. lemon-lime

Chill and serve over ice.

Andrew O'Donovan
Commissioner, SRS/Alcohol and Drug Abuse Services

Kocktail for Two

¾ C. (6 oz.) white grape juice
1 T. Rose's lime juice
2 fresh mint leaves

Mix the ingredients. Serve over ice. Fills two wine glasses.

No-champagne Cocktail

1 scoop fine ice
3 oz. sparkling mineral water
1 oz. simple syrup
½ oz. lemon juice
Dash of bitters
Lemon slice or twist as garnish

Place the simple syrup, lemon juice and bitters in a blender. Mix well and pour over fine ice. Add sparkling mineral water and garnish.

Pioneer's Punch

2 oz. grape juice
2 oz. cranberry juice cocktail
4 oz. cold mineral water

Combine. Serve with a lemon twist over ice cubes.

Kansas NAB

2 - 28 oz. cans pineapple juice
2 - 12 oz. cans apricot nectar
2 - 6 oz. cans frozen orange juice
2 quarts ice water

Combine the ingredients and stir. Serves 32.

Governor Mike Hayden

1-2-3 Punch

1 can Hawaiian Punch (46 oz)
1 can Pineapple/Grapefruit, frozen (needs to be thawed)
2 - 16 oz. Lemon-Lime Carbonated Beverage

Add ice and serve.
20 servings.

Winston Barton,
Secretary, Kansas Department of Social and Rehabilitation Services

Sparkling Short Cut

Sparkling apple cider
pink or white grape juice

Serve on the rocks. Add apple cider or grape juice for variations.

KANSAS ALCOHOL AND DRUG ABUSE SERVICES
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

TOWARD A DRUG-FREE KANSAS

My Baby... Strong & Healthy

Kansas Alcohol and Drug Abuse Services
Department of Social and Rehabilitation Services

300 S.W. Oakley
Topeka, Kansas 66606
913-296-3925

Text developed by the:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Alcohol Abuse and Alcoholism

The safest choice is not to drink at all during pregnancy or if you are planning pregnancy.—**U.S. Surgeon General**

For most women, pregnancy is a time of intense, often mixed, feelings. The good feelings can be very good: anticipation, pride, excitement, a sense of fulfillment. But because having a baby is such an important event in one's life, it is also natural to experience some doubts and fears along with the "highs." Even in the most wanted of pregnancies, many women wonder, can I handle the responsibility of another person for the next 18 years? Can I afford this baby? Will it be a difficult birth? And perhaps most worrisome of all, will I have a healthy, normal child?

You Can Make a Difference

Most women worry about the health of their child at some point during their pregnancy. But what many women don't know is that there are a number of things they can do during pregnancy to increase the chances of delivering a healthy baby. Regular prenatal checkups and a nutritious diet are important. But an expectant mother also should be extremely careful about the kinds and amounts of drugs she takes. In addition to many illegal drugs, several legal drugs are known to cause birth defects when taken during pregnancy. Over the past 12 years, clinical reports and studies have confirmed that alcohol exposure poses a threat to the health of the unborn child.

Alcohol: A Powerful Drug

Alcohol is so taken for granted in our society that most of us don't even think of it as a drug. Yet whenever we have wine with a meal, a gin and tonic at a party, or a beer with the late movie, we are consuming a central nervous system depressant that affects nearly every organ in our bodies. Alcohol abuse over a period of time can contribute to a number of serious disorders, including muscle and heart disease, malnutrition, digestive problems, and liver cirrhosis. It should not be surprising that this powerful, addictive drug, when used during pregnancy, also can affect the delicate and developing system of the unborn baby.

During the last decade, researchers have conducted a number of studies of infants born to women who drank heavily during pregnancy. The results are disturbing. A significant number of the infants studied were born with a definite pattern of physical, mental, and behavioral abnormalities that researchers named the "fetal alcohol syndrome." Babies with this syndrome were shorter and lighter in weight than normal, and they didn't "catch up," even after special postnatal care was provided. They also had abnormally small heads, several facial irregularities, joint and limb abnormalities, heart defects, and poor coordination. Most also were mentally retarded and showed a number of behavioral problems, including hyperactivity, extreme nervousness, and poor attention span. And for every infant born with fetal alcohol syndrome, there are several more born with only some of the features of the syndrome. When only some of the characteristics are present, they are called "alcohol-related birth defects."

How Alcohol Affects the Fetus

It may be hard to believe that alcohol can cause such devastating effects in the unborn baby. An understanding of how alcohol interacts with the fetus may help. When a pregnant woman takes a drink, the alcohol readily crosses the placenta to the fetus. It then travels through the baby's bloodstream in the same concentration as in the mother. So if the expectant mother drinks at a party, her unborn baby drinks as well. But, the tiny, developing system of the fetus is not equipped to handle alcohol, so the unborn baby must depend on its adult mother to burn up the alcohol. Unfortunately, the fetus can't say "no."

How Much Drinking Is Harmful?

Until it is very clear which women—if any—can drink alcohol safely during pregnancy, its use—even on infrequent occasions—should be avoided. Research has shown that alcohol affects all the organ systems of the developing baby. While high levels of consumption are necessary to produce all the features of fetal alcohol syndrome, alcohol-related birth defects have appeared in babies whose mothers drank smaller amounts. In fact, the more a mother drinks, the greater are the chances of health problems for her newborn baby. However, if an expectant mother avoids alcohol altogether, there is no possibility of having a child with fetal alcohol syndrome or alcohol-related birth defects.

Risk Factors

What risks are there for the woman who drinks only occasionally, but perhaps heavily each time? We still don't know the answer to this question. But we do know that the fetus gets a potent dose of alcohol each time the mother takes a drink. Since any exposure to alcohol is known to put the fetus at risk, it stands to reason that even occasional heavy drinking should be avoided.

It is well known that many people who abuse alcohol also tend to smoke a lot of cigarettes, use other drugs, pay little attention to nutrition, and generally suffer a great deal of emotional stress. All these factors are related to reproductive risk. How do we know, then, that alcohol is the real culprit in the development of birth abnormalities? Could any of these other behaviors, alone or in combination, be partially or even totally responsible for what we call the fetal alcohol syndrome or for other problems associated with alcohol use in pregnancy?

Other factors may well play a role in the development of the syndrome, and indeed they are known to be contributors to such problems as low birth weight. However, alcohol itself appears to be the only agent common to all fetal alcohol syndrome cases. Moreover, animal studies have shown that the presence of other factors—like caffeine, other drugs, tobacco, or malnutrition—are not necessary for alcohol to cause damage to the fetus. In these studies, pregnant animals that consumed alcohol gave birth to offspring with defects similar to those seen in the human fetal alcohol syndrome.

Thoughts on Drinking During Pregnancy

At this point, you may feel uncertain about how to approach drinking during pregnancy. There is much we have yet to learn about this problem, including the risks of small amounts of alcohol; whether the fetus is most susceptible to alcohol at a particular time during pregnancy; and the degree to which risk is compounded by other factors, such as nicotine use and poor nutrition. Until all the facts are in, however, it makes sense to exercise extreme caution. In fact, the U.S. Surgeon General says that *the safest choice is not to drink at all during pregnancy or if you are planning or anticipating pregnancy.* In addition, women who breast-feed should continue abstaining from alcohol until their babies are weaned.

Know the Risks We really don't know at what level alcohol begins to harm the fetus. At the lowest doses, the risks from alcohol are probably very small, but as consumption increases, so do the risks. The more alcohol an expectant mother drinks, the greater are the risks she takes with the health of her unborn baby.

Studies also show that the sooner an expectant mother stops drinking, the better are the chances that her baby will be born strong and healthy. And remember, there is *no* possibility of having a child with fetal alcohol syndrome or alcohol-related birth defects if an expectant mother avoids alcohol during her pregnancy. Until all the facts are in, this seems the safest and wisest course to follow to ensure the best possible outcome of pregnancy.

If you're accustomed to coping with tension or depression by having a few drinks, don't fill the void by using other mood-altering drugs, such as tranquilizers or antidepressants. Some of these drugs also may be harmful to the baby when taken during pregnancy. In fact, since most drugs cross the placental barrier to your baby, it is a good idea to take only those that are absolutely necessary during your pregnancy. *Check with your doctor before taking any drugs,* including simple over-the-counter medicines such as aspirin and sleeping preparations.

Alternatives to Alcohol Pregnancy changes your life in some important ways, and you're bound to feel some stress during this period. For various reasons, some women experience more anxiety and depression than usual during pregnancy. In any case, there may be times when a few friendly drinks will seem like a good antidote to whatever is troubling you. *At those times, stop and try to think of other ways you might handle your feelings.*

First, make sure you are clear about just what is bothering you. Is there any specific action you could take to improve the situation? Or would simply talking about your feelings with someone close to you help? Sometimes a long walk, some relaxing music, or some kind of creative outlet can do a lot to relieve stress. Have you ever tried meditation? Pounding a pillow to vent frustration? Writing out your feelings? You may be surprised at how effective some of these alternatives to alcohol can be.

You Can Make a Difference

There are a lot of "do's" and "don'ts" associated with pregnancy, and sometimes you may feel a bit overwhelmed by them. It often seems there is so much to suspect, reject, and avoid! But underlying all the advice and recommendations you receive is the important message that *what you do makes a difference.*

Our appreciation goes to the Office for Substance Abuse Prevention, U.S. Department of Health and Human Services for the research information.

913-296-3925

Topeka, Kansas 66606
300 SW Oakley

Kansas Department of Social and Rehabilitation Services
Alcohol and Drug Abuse Services

TOWARD A DRUG-FREE KANSAS

Someone close drinks too much

The person who has someone close who drinks too much has plenty of company. It has been said that people with drinking problems hurt only themselves. That isn't true. They also hurt their families, friends, fellow workers, employers and others. Experience has shown that at least four other persons are affected by the behavior of these persons.

The person who sets out to help a troubled drinker may at first feel quite alone, possibly embarrassed, not knowing where to turn for help. We have preserved so many wrong ideas and attitudes about the diseases of alcoholism and addiction, sometimes labeling both as a moral weakness to be hidden and endured in silence.

How do we begin to deal with the problem?

Aside from the physical effects of alcohol and other drug abuse, certain warning signs may indicate that a family member or friend is drinking too much or using other drugs. Although these warning signs are not foolproof, each by itself or many signs combined over time should be cause for concern.

How can I help a family member or a friend?

If someone confides in you that he or she has a problem with alcohol and drugs, some ways of dealing with the situation clearly work better than others. You should try to be:

Understanding:
Listen to reasons why he or she uses/abuses alcohol or other drugs.

Firm:
Explain why you feel that use of alcohol or other drugs is harmful and why this individual needs to seek counseling and treatment.

Supportive:
Assist the user in finding help and providing moral support through the tough times ahead.

Self-examining:
Ask yourself whether you have provided a good role model.

Help is now available in most communities. With know-how, compassion, and patience, the person with "someone close" can play a key role in his or her turnabout, treatment and recovery.

With alcohol, some of the signs to look for are:

- Does the person pour a drink as an immediate reaction when faced with any problem?
- Does the person drink until intoxicated?
- Is there a record of missed work because of drinking or an ill-disguised odor of alcohol on the breath during work hours even though attendance may be regular?
- Does the person drive a car while intoxicated?
- Has his or her home life become intolerable because of drinking or arguments resulting from drinking?
- Does he or she handle all social celebrations and stress with alcohol?

These are the signs of an adult problem drinker. It is important to note that any use of alcohol by youth is abuse and cause for concern. When these signs are present, it means that a person's drinking pattern, if not already out of control, is heading that way.

Actions that you should avoid include being:

- Sarcastic
- Accusatory
- Stigmatizing
- Sympathy seeking for yourself
- Self-blaming

Intervening in the case of a family member or friend who is a problem drinker can be very difficult and hurtful. The person with the problem will most likely deny the problem and try to put you on the defensive–"I thought you were my friend; are you calling me a drunk?" In a case such as this, what you don't do is as important as what you should do:

- Don't cover up or make excuses for the person.
- Don't take over his or her responsibilities, which will leave the person with no sense of importance or dignity.
- Don't argue with the person when he or she is drunk.
- Don't hide or dump bottles or shelter the person from situations where alcohol is present.
- Above all, don't accept responsibility for the person's actions nor guilt for his or her drinking.

Help can be given in three stages.

- **Learn about the illness and sources of treatment**
- **Guide the "someone close" to treatment and,**
- **Support the person during treatment and after. Doing this requires effort, patience, and most importantly, genuine concern.**

The long range goal is healthy living for the alcoholic or addicted person and his or her family–physical health, social health, and emotional health. This happy ending is not necessarily reached with the achievement of sobriety. Many recovering persons will succeed in living a good life without a recurrance of any personal, social or economic disasters due to drinking and other drugs.

TOWARD A DRUG-FREE KANSAS

For information about local treatment and support services, contact your phone directory or:

Kansas Department of Social and Rehabilitation Services/Alcohol and Drug Abuse Services

Order Form

Tobacco-Free Youth Signs and Stickers

1) Signs and cash register stickers are available free of charge.
2) Indicate quantity desired.
3) Fill out and return this form to:

Tobacco-Free Youth Signs
Kansas Dept. of Health & Environment
Office of Chronic Disease & Health Promotion
Landon State Office Building
900 S.W. Jackson, 10th Floor
Topeka, Kansas 66612-1290

Please send _____ signs
_____ cash register stickers

Name _____

Agency _____

Address _____

City _____ State _____ Zip Code _____

This pamphlet was developed:

- To provide you with a clear understanding of the Kansas tobacco sales law as it applies to people under eighteen years of age.
- To make you aware of the availability of free retail store signs that remind people it is illegal to sell tobacco products to anyone under 18 years old.
- To encourage you to assist your community in their efforts to reduce the availability of tobacco products to youth.

TOWARD A DRUG-FREE KANSAS

Published by:
Kansas Department of Health and Environment
Mike Hayden, Governor
Stanley Grant, Ph.D., Secretary

AMERICAN LUNG ASSOCIATION of Kansas
The Christmas Seal People®

In cooperation with the American Lung Association of Kansas and concerned citizen volunteers.
12/89

IF YOU SELL TOBACCO PRODUCTS, THIS BROCHURE IS FOR YOU.

WARNING

It is unlawful to purchase tobacco products if you are under 18 years of age.

I.D. Required

K.S.A. 79-3321
and
K.S.A. 79-3390

Kansas Department of Health and Environment
900 S.W. Jackson
Topeka, Kansas
66612-1290
(913) 296-1227

Introduction

If you sell tobacco products or if you own a store in which tobacco products are sold, this brochure is for YOU!

The health of Kansas children may go up in smoke if tobacco products continue to be sold to youth under 18 years of age. Unfortunately, surveys completed in Kansas cities and towns indicate that cigarettes and smokeless tobacco products are being sold illegally to youth. Therefore, it is imperative that we make retail store owners, managers, and sales people aware of the following:

(1) Kansas law (K.S.A. 79-3321 and 79-3390) prohibits the sales of tobacco products to persons under 18 years of age.

(2) The Kansas Tobacco-Free Youth Project is working with your community to encourage the reduction of consumption of tobacco products by youth.

(3) Retailers can support this Tobacco Free Youth Project by reducing the availability of tobacco products to youth.

(4) "No Tobacco Products Sold To Persons Under 18 Years of Age" signs are available, free of charge, to post in your store.

It makes good business sense to post these signs in your store. By doing this, you are supporting the Tobacco-Free Youth Project and showing your community that you care about the health of our children.

Tobacco Use Facts

- Cigarette smoking is the single most preventable cause of death in our society.
- The earlier in life a person begins to smoke, the greater the likelihood of early death.
- The younger one starts to smoke, the more likely they are to remain a smoker later in life and the more likely they are to become a heavy smoker.
- 90% of all smokers begin their habit as children; virtually all smokers begin smoking before age 20.
- Nationally, 51% of 8th grade students and 63% of 10th grade students report having tried cigarettes.
- Smokeless tobacco use is very high among adolescent boys. A national survey found 16% of adolescent boys between 12 and 17 years of age had used some form of smokeless tobacco during the year.
- The National Center for Disease Control reported that there are 3,200 smoking-attributable deaths each year in Kansas.

Tobacco Sales Law

K.S.A. 79-3321 AND 79-3390 are summarized as follows:

IT IS UNLAWFUL for a person to sell cigarettes to any person under eighteen years of age.

IT IS UNLAWFUL for a person under eighteen years of age to purchase cigarettes.

IT IS UNLAWFUL for a person to sell smokeless tobacco products to any person under eighteen years of age.

IT IS UNLAWFUL for a person under eighteen years of age to purchase smokeless tobacco products.

VIOLATION of these acts is a misdemeanor.

"Experts agree that the younger a person starts smoking, the more likely that person will become a heavy smoker and the harder it will be to quit. Therefore, it is very important that we steer youngsters away from using tobacco."

Governor Mike Hayden

ODY

SOPHAGUS

elicate linings of the throat
why it causes a burning sensa-

INTESTINES

e stomach's protective lining
ic or duodenal ulcers. In the
l blocks absorption of sub-
e, folic acid, xylose, fat, vita-
nd amino acids.

the alcohol taken into the
he bloodstream through the
n and duodenum. Alcohol
circulation systems and de-
. Alcohol also slows the abil-
o engulf and destroy bacteria
of blood platelets.

lls of the pancreas and can
gic pancreatitis. Pancreatitis
s and create a lack of insulin.

destroys the cells of the liver.
s bile from being properly fil-
. Jaundice develops, turning
nd the skin yellow.

nation of the heart muscle.

DDER

ning of the urinary bladder.
causes an increased loss of
ting effect.

gland caused by alcohol in-
of the male to perform sexu-
th the ability of the male and
g intercourse.

noticed effect alcohol has is
es lack of coordination, con-
stupor, anesthesia, coma,

SELF EVALUATION

YES	NO	
☐	☐	Are you in financial difficulty as a result of drinking or drugs?
☐	☐	Do you drink or do drugs alone?
☐	☐	Do you require more alcohol/other drugs to achieve the same effects?
☐	☐	Do you have the intention of getting drunk/high when going out for an evening?
☐	☐	Do you drink/do drugs more often now than you used to?
☐	☐	Do you sometimes gulp your drinks?
☐	☐	Do you drink/do drugs to relax?
☐	☐	Do you ever forget things while high?
☐	☐	Do you keep alcohol/drugs hidden for a quick pick-me-up?
☐	☐	Is your drinking and/or drug use jeopardizing your academic performance?
☐	☐	Have you ever injured yourself or other persons after drinking/drug use?
☐	☐	Do you drive after using alcohol or other drugs?
☐	☐	Is your alcohol and/or other drug use affecting your interpersonal relationships?

ARE YOUR CHANCES FOR SUCCESS AT RISK?

"Athletics is a mental game as much as a physical . . . drug and alcohol use limit your potential."
Gene Stegeman
Pittsburg State University

"Dry rush parties enable us to get to know future members as they really are rather than as alcohol makes them appear."
John Anderton
Wichita State University

"The decision you make pertaining to drug and alcohol use is a decision that will have an impact on the rest of your life."
Maureen Borland
University of Kansas

STATE & NATIONAL RESOURCES

Kansas Alcohol & Drug Abuse Services
2700 West 6th
Biddle Building
Topeka, Kansas 66606
913-296-3925

Kansas Alcoholic Beverage Control
Jayhawk Tower–2nd Floor
700 Jackson
Topeka, Kansas 66612
913-296-3946

University of Kansas Medical Center
Information Hot Line
1-800-332-4199

National Institute on Drug Abuse
Information Hot Line
1-800-662-4357

National Cocaine Hot Line
1-800-COCAINE

CAMPUS RESOURCES

For additional information or referral resources on your campus please consult:

TOWARD A DRUG-FREE KANSAS

Campus Directory
Dean of Student Life Office
Student Affairs
Student Health Service
Counseling Center

"Don't jeopardize your future with the misuse of alcohol or other drugs."
Ray Cessna
Kansas College of Technology

"Getting an education in today's fast paced world is hard enough—I can't afford to let alcohol or other drugs slow me down."
Mike Trusty
Kansas State University

This brochure is a publication
of the Kansas Board of Regents

WE WANT YOU TO SUCCEED . . .

Dear Students:

As a student at one of our Regents institutions you are demonstrating your commitment to learning, to an improved quality of life, and ultimately to a better future for yourself and others.

The abuse of alcohol and other drugs is one of the greatest threats to learning, your future, and the quality of your life. You can meet this threat by taking personal responsibility to get the facts and to live your life free from substance abuse. This brochure provides information about abused drugs and about resources that offer assistance and information.

We are fortunate in Kansas to have a Board of Regents, students, and staff committed to combating substance abuse. Your ongoing work to curb substance abuse is greatly appreciated. We must make every effort to ensure that our campuses are drug-free learning environments. It is a significant challenge, but one to which I dedicate myself. Together, let us strive toward a drug-free Kansas.

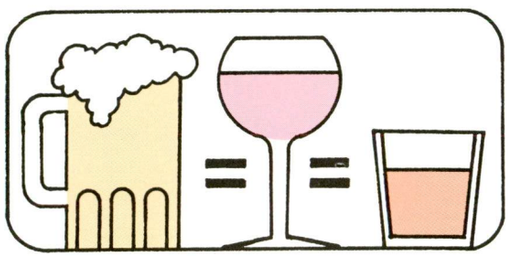
Sincerely,

Mike

MIKE HAYDEN
Governor

LEGAL DRINKING AGE

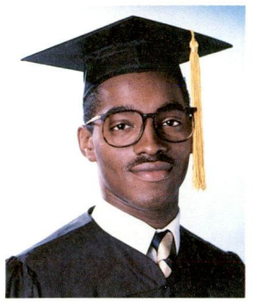
No person under 21 years old shall purchase, possess, or consume cereal malt beverages or alcoholic liquor.

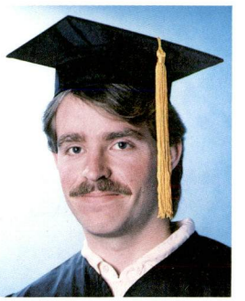


"I believe that responsible use of alcohol starts with understanding the risks."

Annette Noll
Emporia State University

DON'T LET ALCOHOL & DRUG ABUSE PUT YOU AT RISK





ALCOHOL IS DIRECTLY INVOLVED IN . . .

20% of all freezing deaths
25% of all choking deaths
36% of all pedestrian deaths
50% of all deaths from falls
50% of all teenage motor vehicle deaths
52% of all fire deaths
60% of all suicides
64% of all murders
69% of all drownings
76% of all recreational aircraft deaths
33% of all motor vehicle injuries
34% of all child abuse cases
40% of all divorces
50% of all fractures
50% of all work place problems
50% of all rapes
65% of all motorcycle crashes
69% of all recreational boating injuries
72% of all assaults and robberies
80% of all criminal court cases

"A basketball scholarship brought me to Fort Hays State University but staying clean and sober will help me graduate."

Tyrone Jackson
Fort Hays State University

OTHER DRUGS

Hallucinogens are very unpredictable. On some occasions euphoria may result; on other occasions disorientation, depression, or panic may prevail. A reaction or "trip" can occur without warning weeks or months after taking the drug.

Heroin/Narcotics are opiates and are used to relieve pain. Narcotics are both physically and psychologically addictive.

Marijuana, when smoked or burned, breaks down into over 2,000 chemicals entering the body. Two to three marijuana "joints" per day do as much damage to the body as a pack of cigarettes a day.

Nicotine is the active chemical found in tobacco. Its chief hazards are cancer of the lungs, larynx, and mouth. It is estimated that nicotine kills approximately 340,000 Americans every year.

Sedatives/Barbiturates cause motor activities and coordination to be hampered and brain functions to decrease. It is very dangerous, as well as unlawful, to drive while under the influence of any sedative.

Amphetamines/Stimulants often provide a feeling of euphoria initially. However, these feelings usually change to anxiety, depression, and fatigue—often quickly and without warning.

Anabolic Steroids (artificial male hormones) suppress the gonadotropic functions of the pituitary. Some side effects include: liver and kidney dysfunction, testicular atrophy, premature closure of bone growth plates, hair loss, and acne.

Caffeine is found in coffee, tea, cocoa, cola drinks, some aspirin and diet pills, and some non-prescription cough and cold remedies. High doses may cause nausea, diarrhea, sleeplessness, headache, nervousness, and trembling.

Cocaine/Crack is extremely physically and psychologically addictive. The effects of crack are especially intense, immediate, and potentially deadly. There is *no antidote* for a cocaine or crack overdose.

FOR ILLEGAL DRUGS, THERE IS NO SUCH THING AS RESPONSIBLE USE.

A WORD ABOUT Y

The years ahead are extre
future. The fact that you
have considered and care
Kansas Board of Regents
would like you to spend a f
also encourage you to *thin*
and share the informatio
brochure has been prepar
people who care about yo
life. Your reading and co
those efforts worthwhile.

We do not want subs or y

Norman V
Kansas Ba
Stanley Z.
Kansas Ba
Gene Bud
University
Jon Wefal
Kansas St
Warren B.
Wichita St
Robert E.
Emporia S
Donald W
Pittsburg
Edward H
Fort Hays
Anthony L
Kansas Co

KANSAS ALCOHOL AND DRUG ABUSE SERVICES

DIRECTIONS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

TREATMENT WORKS!

Is sobriety the only goal of treatment?

■ Abstinence from alcohol and drug use is necessary for recovery but it is not the only goal in recovery. Learning how to live a meaningful and comfortable life without alcohol or drug use is the primary goal of recovery. Given a relatively high dropout rate in the first weeks of treatment, a major challenge for treatment providers is keeping the client in treatment long enough to benefit from the available services.

■ The services range from efforts to help rehabilitate clients with skills that have eroded from drug abuse to basic attempts to habilitate clients with little formal training. To reduce the probability of relapse, once the basic course of treatment is completed, the client needs to maintain continuing contact with programs or become engaged in a support system for many months or years.

TOWARD A DRUG-FREE KANSAS

■ Recovery requires the resolution of family, work and social problems that were created by an addiction. It also involves the development of new and meaningful social networks. Roles, rules, and rituals of the family must be redefined and restructured. Communication skills must be learned and relearned. A life that includes wholesome living, uplifting relationships, a commitment to values outside of oneself, and spiritual growth supports long-term health and sobriety.

■ The major goal of publicly funded treatment programs is to reduce or eliminate drug use among abusers and addicts who seek treatment each year in programs across the nation. A further aim of many programs is to lessen the criminal activity that supports addiction. Indeed, the reduction of criminal activity has been one of the major justifications for public support of drug abuse treatment. Many treatment programs also seek to restore drug abusers to productive lives or to develop their capacity to support themselves.

Evaluating "success" in treatment presents challenges

■ The study of drug abuse treatment effectiveness is necessarily complex; involving an assessment of the nature of treatment provided, the problems and characteristics of clients, and outcomes attributable to interaction between treatments and clients. Because treatment has goals in addition to reducing drug abuse, evaluation of impact must be based on a consideration of multiple treatment outcomes, both behavioral and psychological. Other issues complicating evaluation include the array of programs providing treatment and the variety of clients entering treatment whose problems differ in degree of severity. The study of effectiveness thus requires consideration of many causal factors and methodological issues, some of which are common to evaluative studies and others specific to the assessment of drug abuse treatment.

■ The drug abuse treatment population is similarly complex; clients are not characterized by a common set of demographics or problems. They vary in age, social and economic background, number and type of drugs abused, health status, and psychological well-being. Some have lengthy histories of addiction and treatment, while others are entering treatment for the first time in the early stages of dependence. Clients may be highly involved in criminal activity or may not have committed any crime other than drug possession. Clients also tend to have many medical, psychological, economic, family, and legal problems in addition to their addiction.

■ Changes in client behaviors and psychological states depend on a variety of factors, including motivation to change, the potential for productive lives, effective matching of clients with treatment appropriate to their problems, and availability of quality services.

■ In the Sixth Special Report to the U.S. Congress on Alcohol and Health, the National Institute on Alcoholism and Alcohol Abuse (NIAAA) provides an extensive analysis of treatment issues, including discussion of therapeutic modalities, methods, diagnosis, nomenclature and factors affecting treatment outcome. NIAAA states in this report that "despite the complex issues involved in the evaluation of treatment, there is a growing consensus that alcoholism treatment does work."

■ There is no question that treatment works, but much more needs to be known about how and why treatment works. In general, outcomes have not been linked to the nature of treatment that clients have received. Variables in the "black box," that is, drug abuse treatment need to be better specified, and their role in producing positive outcomes better understood.

Treatment works!

■ Virtually all studies conducted over the last 15 years show that drug treatment is effective in reducing drug abuse, increasing employment, improving psychological adjustment and decreasing crime along with other negative behaviors. The evidence to support greatly increased public expenditures for treatment is overwhelming. The number of studies carried out demonstrates, as well as can be realistically expected from any set of studies, that positive changes in client functioning occur during and after drug treatment.

■ There is no question that treatment works, but much more needs to be known about how and why treatment works. The most dramatic finding is that drug abuse treatment has been notably effective in reducing drug abuse up to five years after a single treatment episode.

Kansas Fiscal Year 1989 Treatment Outcome Evaluation

Clients served in programs partially funded by SRS/Alcohol and Drug Abuses Services (ADAS) are reporting improvement from admission to follow-up six months after discharge from treatment. One hundred sixty self-reporting forms were returned correctly in fiscal year 1989.

Summary data of these 160 cases indicate the following:

Alcohol and Drug Consumption

—Forty-nine percent were abstinent from alcohol for at least four months following primary treatment.

—Forty-one percent were abstinent from drugs other than alcohol for at least four months following primary treatment.

Legal Involvements

—Persons reporting no arrests in more than six months increased from 44 percent at admission to 76 percent at follow-up.

Employment

—Seventy-three percent were employed at follow-up. Two percent were retired and 25 percent were unemployed.

—Forty-six percent of total admissions (32,678) and 46 percent of the admissions to ADAS funded programs (16,616) were employed at admission.

—Sixty-four percent of those employed were satisfied or very satisfied with their work. Only 38 percent were similarly satisfied at admission to treatment.

Special Functioning

—Eighty-one percent reported good to excellent on their ability to handle problems. This is an improvement from 58 percent at admission.

—Good to excellent general enjoyment of life improved from 64 percent at admission to 84 percent at follow-up.

—Those with close relationships to several or many others increased from 60 percent at admission to 77 percent at follow-up.

—Those strongly or very strongly agreeing to the statement, "I am valuable as a person" increased from 59 percent to 76 percent.

—The portion seeing their family as a source of support increased from 79 percent to 94 percent.

William K. McCurry, Ph.D. and Jim Schalansky, SRS/Alcohol and Drug Abuse Services compiled this information.

■ From a recently published NIDA paper entitled "Effectiveness of Drug Abuse Treatment as an AIDS Prevention Strategy":

—Since entry into treatment is associated with prompt and significant reductions in illicit drug use, with corresponding reduction in needle sharing, treatment programs will absolutely reduce HIV transmission.

—HIV seropositivity of addicts enrolled in treatment has been consistently lower then rates for addicts not in treatment.

—The effects of treatment on HIV prevalence are evident across a range of treatment modalities, with the clearest impact seen in the effects of methadone maintenance which has been found to reduce illicit opiate use by 66 to 80 percent over the first several weeks of treatment.

■ Studies by McLellan et al., showed that alcohol-dependent patients who stayed in treatment for at least 15 days showed decreases of 67 percent in their drinking; reductions of 38 percent in family problems; reductions of 61 percent in psychiatric problems; and an increase of 92 percent in earned income six months after treatment.

■ Dr. Herbert D. Kleber, Deputy Director of the Office of National Drug Control Policy, wrote in the International Review of Psychiatry (1989), "Drug dependence has been viewed as a chronic relapsing illness with an unfavorable prognosis. However, there are thousands of formerly dependent individuals in the United States and elsewhere who have remained off both illicit drugs and excess use of licit drugs like alcohol for decades, functioning as productive citizens." Dr. Kleber goes on to say that while there is no "best or sole treatment of addiction. . . there are already effective methods of treatment if the right approach for the right person can be brought together."

Treatment is cost-effective

■ TOPS estimates that in 1980, the economic cost of drug abuse to the nation was $46.9 billion; in 1983, the cost was $59.7 billion. Of this amount, crime related costs accounted for 39.1 percent. All economic measures show that the burden of crime and other economic consequences of drug abuse are lower after treatment than before. The TOPS study concludes that costs of providing drug abuse treatment were almost entirely recouped during the treatment period and that significant economic benefits resulted in each of the three modalities. Overall, costs of drug abuse decreased in the year after treatment by about 20 percent per client; costs to society declined by about 8 percent; and costs to victims of drug related crime declined by 30 percent; criminal justice costs declined by about 24 percent; and the cost of theft declined by about 11 percent.

■ Do drug abuse treatment programs pass the test of fiscal reality? In 1986, Dr. Victor Tabbush, Associate Dean and Director of Executive Education in the Graduate School of Management at the University of California, with assistance of the Economic Analysis Corporation, published *The Effectiveness and Efficiency of Publicly Funded Drug Abuse Treatment and Prevention Programs in California: A Benefit-Cost Analysis.* The purpose of the study was to determine whether state level funding of drug abuse programs is economically justified.

The results of the study show that all treatment program are "highly cost effective." Overall, benefits of treatment for all categories of drug abuse and in all modalities exceed costs by "a wide margin." According to the study, for every one dollar of funds spent for a drug treatment service, eleven dollars and fifty-four cents of social costs are saved.

■ A National Institute on Drug Abuse (NIDA) supported study (TOPS) of 10,000 individuals in treatment over a five year period determined that costs of providing drug abuse treatment were almost entirely recouped during the treatment period and significant economic benefits resulted in all modalities studied. Likewise, the National Institute on Alcoholism and Alcohol Abuse's (NIAAA) analysis of alcohol treatment outcome studies concludes that treatment is effective and that effectiveness can be improved by matching patients to the most appropriate treatments available for them.

■ The TOPS longitudinal study of 10,000 individuals admitted to treatment in 10 cities across the country during the years 1979, 1980 and 1981 concluded:

—Three to five years after treatment, less than 20 percent of the clients in any modality were regular users of any drug, except marijuana.

—Regular cocaine use was also dramatically reduced. One year abstinence rates for those who stayed in treatment at least three months show that of regular cocaine users in the three modalities, 47 percent of residential clients were abstinent from cocaine in the year after treatment; 40 percent of methadone clients were abstinent; and 46 percent of outpatient clients were abstinent.

—Abstinence rates averaged about 40 to 50 percent and the improvement rates were 70 to 80 percent, except for marijuana where abstinence rates averaged about 20 percent and improvement rates were 40 percent.

—The proportion of clients involved in predatory crimes was one-third to one-half of pre-treatment levels in all modalities when examined three to five years after treatment.

—Each modality shows a net increase in the percentage of clients employed full time, comparing the year before treatment with the second year after treatment, although gains in employment were not as dramatic as other indicators of success. This finding suggests that greater emphasis be placed on the provision of employment and training services for clients to reduce their dependence on society for support and to increase their productivity and employment as their drug abuse is reduced.

■ From the Drug Abuse Report Program (DARP), an NIDA-supported longitudinal study of 44,000 admissions to treatment between 1969 and 1974:

—While more than 50 percent of therapeutic community clients had been arrested before admission, the rate was reduced to 33 percent in the first year after treatment and to 23 percent by the third year.

—Employment increased among therapeutic community residents so that about two-thirds were gainfully employed after treatment.

—Outpatient clients' arrest records declined from 87 percent before admission to 54 percent one year after treatment and to 22 percent in the third year.

—Daily opiate use declined significantly in all modalities of treatment from nearly 100 percent to approximately 25 percent in the third year after discharge.

—Employment rose from 33 percent before admission to 57 percent in the year after discharge for all DARP clients.

—The latest follow-up of DARP clients, based on 405 opioid addicts' studies 12 years after first entering treatment, found that reduction in daily heroin use was 74 percent.

■ The NIDA paper entitled "Effect of Drug Abuse Treatment," (January 20, 1988) which reviewed DARP, TOPS and other studies begins with a resounding affirmation that treatment is effective in reducing intravenous drug abuse. Highlights of this study are:

—Studies show that IV drug abusers experience immediate reductions in illicit drug use with an average of 75 percent of clients using no illicit opiates while in treatment.

—Drug abuse treatment significantly reduces the transmission of AIDS among IV drug users, with the lowest rates of infection found among persons in treatment the longest. A recent study reported on a group of 50 methadone patients with ten or more years in treatment who showed not a single case of positive HIV serology.

An Untold "Good News" Story

Alcohol and drug abuse treatment works: It is cost effective for society, it reduces crime, it reduces individual and societal costs of health care and it reduces the demand for drugs. That is the clear conclusion of the landmark Treatment Outcome Prospective Study (TOPS), which is being heralded as the largest, most comprehensive study of the effectiveness of drug abuse treatment ever undertaken. TOPS was a multi-year study conducted by a team of investigators at the Research Triangle Institute in North Carolina. The data is based on more than 10,000 drug users who entered treatment in 1979 through 1981 at 37 selected publicly funded drug abuse treatment programs representing three modalities—outpatient methadone, residential and outpatient drug-free treatment programs.

The clients were interviewed at intake, one month after entering treatment, and at three month intervals during treatment. Samples of clients were interviewed for periods of up to five years after leaving treatment. The results of this study have also been published as a book: ***Drug Abuse Treatment—A National Study of Effectiveness****, available from the University of North Carolina Press.*

The TOPS Study is also the cornerstone of a new paper, ***Substance Abuse Treatment Outcomes: A Review of Research Findings, (Treatment Works)****, developed through the National Association of State Alcohol and Drug Abuse Directors. The paper explains more than 15 years of research evidence concerning the effectiveness of treatment programs.*

Both pieces of research remind us that we have a great untold story—treatment works. Kansas data is showing similar results. Lives are being restored and people are becoming productive citizens. During the next year we will be strengthening, and at the same time, simplifying our Kansas Treatment Outcome Program to better understand what happens to a client once they leave treatment. That alcohol and drug abuse treatment works is a story that needs to be retold again and again and is a major goal for the field in the 1990's.

Andrew O'Donovan
Commissioner

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TOWARD A DRUG-FREE KANSAS

Kansas Alcohol and Drug Abuse Services
Department of Social and Rehabilitation Services
300 SW Oakley, 2nd Fl.
Biddle Bldg.
Topeka, KS 66606-1861
913-296-3925

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Richard Ellis contributed to this edition.
Judy Donovan, Editor

KANSAS ALCOHOL AND DRUG ABUSE SERVICES

DIRECTIONS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

PREVENTION

What is prevention?

■ Prevention is a process that attempts to reduce both the supply of and the demand for alcohol and other drugs by focusing attention on three elements: the agent, the host and the environment. According to the public health model, the agent is defined as alcohol and other drugs. The host is defined as the individual and/or group, their particular susceptibilities to alcohol and other drug-related problems and their knowledge and attitudes that influence the drinking and other drug-using behavior. The environment is defined as the setting or context in which the drinking and other drug-using behavior occurs or is influenced and includes specific institutions and systems, the community in which they exist, and the larger society and its norms and mores.

■ Prevention strategies that focus on the agent are aimed at reducing both the supply of and the demand for alcohol and other drugs by addressing the following factors:

-availability
-advertising and promotion
-pricing and taxation
-enforcement
-deterrence
-content labeling
-health and safety warning labeling
-other related issues

■ Prevention strategies that focus on the host must help individuals develop and maintain healthy lifestyles, behaviors, attitudes and knowledge. They must also assist individuals in developing skills such as self-responsibility, judgment and decision making, communications and self-discipline.

The process of growing from weak to strong, from dependent to independent, from incapable to capable is called habilitation. Dr. H. Stephen Glenn says that every human being is born on our planet with only the potential to become capable, not with the capabilities themselves. Humans acquire their capabilities primarily through apprenticeship. Young human beings learn from those who have preceded them. When this apprenticeship is adequate, their toolboxes for life, which were empty at birth, are filled with the essential tools.

Characteristics of low-risk individuals, people likely to prove themselves as successful, productive human beings are:

-Strong perceptions of significance of personal capabilities. "I am capable."
-Strong perceptions of significance in primary relationships. "I contribute in meaningful ways and I am generally needed."
-Strong perceptions of personal power or influence over life. "I can influence what happens to me."
-Strong intrapersonal skills. The ability to understand strong emotions, use that understanding to develop self-discipline and self-control and learn from experience.

-Strong interpersonal skills. The ability to work with others and develop friendships through communication, cooperation, sharing, empathizing and listening.
-Strong systematic skills. The ability to respond to the limits and consequences of everyday life with responsibility, adaptability, flexibility and integrity.
-Strong judgmental skills. The ability to use wisdom and evaluate situations according to appropriate values.
-The number one predictor of a high risk young person—not only to alcohol and other drug abuse, but for delinquency, under-achievement, promiscuity and excessive peer influence is lack of perception, meaning, purpose and significance—all skills taught in alcohol and drug prevention programs.

■ Alcohol and other drug use within any society is influenced by many environmental factors:
-legal
-economic
-family
-social
-cultural
-political
-geographic
-religious
-ethnic
-educational

■ Peer influences are recognized as an important factor associated with alcohol use, particularly insofar as setting children's normative expectations about alcohol use among their peers. Since youth tend to overestimate the extent to which they believe their peers are using alcohol or other substances, prevention must focus on changing these perceptions.

■ The goal of both prevention and intervention efforts is to reduce the incidence of alcohol and other drug related problems. Prevention measures are addressed to large populations. Prevention strategies and programs are designed to build awareness, improve knowledge, change attitudes, and modify behavior of the general pubic, thereby reducing alcohol and drug-related problems.

What is an effective prevention program?

■ Effective prevention programming utilizes multiple social systems and levels within the community in a collaborative effort. Each system's involvement is necessary but not sufficient by itself to ensure the maximum success of the program. In order to impact a full range of target populations, all relevant social systems must be included. These systems may include but are not limited to:
-families
-religious institutions
-schools
-government
-public and private sector
-community groups
-law enforcement
-judicial system
-business and industry
-media
-service organizations
-health delivery systems including alcohol and drug agencies involved in providing referral, treatment and continuing care services.

■ Some prevention efforts target specific groups or individuals and do not attempt to be comprehensive in nature. Even these approaches must be developed, implemented and understood within the framework of this comprehensive system in order to maximize the effectiveness of the community's overall effort.

■ A recent study conducted by Jim Scheurich, director of evaluation services for the DCCCA Center in Lawrence, Kansas shows that Kansas schools that had implemented a comprehensive program had lower levels of cigarette, alcohol and marijuana use by students at the end of the school year when compared to a control group of schools with little or no prevention programming. The study found that for schools to be successful in their role of preventing alcohol and other drug use by youth they should:
-Establish a specially trained school drug prevention team of educators and community members.
-Ensure the involvement of the school's principal in the drug prevention team.
-Present in-services on drug education to all school staff members.

THE ROLES AND THE GOALS

Clearly times have changed. In the 1940's, the three leading school discipline problems were talking, chewing gum, and making noise. In the 1980's the three leading problems are drug abuse, alcohol use, and pregnancy. For many, using alcohol and other drugs is part of our culture. As members of this culture, young people receive messages and form impressions that it is okay to use alcohol and other drugs.

Messages are packaged in many forms, some obvious, others less so. Think about it: What impression must children get when they walk past three liquor stores in the same block on the way to school? When they see that most major sporting events are sponsored by the alcohol and tobacco industries? When they know over-the-counter and prescription drugs are widely promoted to solve minor aches and pains, to lose weight, or to look better? And when parents use drugs? Many young people might conclude that drugs fit into an exciting and successful lifestyle and that it's okay to use.

Dr. Stephen Glenn says, that as adults, our role is to help young people grow from weak to strong, from dependent to independent, from incapable to capable. This process is called habilitation. There are a few thoughts that I want to share with you concerning Dr. Glenn's research and prevention. First, the concept of habilitation has application for the entire continuum of care. I'm not suggesting that we can develop capable young people and thereby prevent the diseases of alcoholism and addiction. Prevention works primarily on reducing both the supply of and the demand for alcohol and other drugs. The new, younger clients we're seeing forces us to address habilitation issues as well as rehabilitation. Many of these clients at age 25 or 26 need to develop basic life skills as part of their recovery.

It's also important to note that in AA only one of the 12 steps of recovery deals with alcohol. The others deal with meaning, purpose, significance, relevance, status, self-discipline, judgment, responsibility--all basic prevention skills only with a different population. As Dr. Glenn explains, Dr. Bob and Bill W. foresaw the potential convergence of prevention, intervention and treatment more than 50 years ago when they wrote in the first edition of THE BLUE BOOK OF ALCOHOLICS ANONYMOUS that these are essential principles that we must share with the entire culture and especially the alcoholic. Later they became concerned that their zeal to save the culture would overshadow their concern for the alcoholic, so they deleted all reference to sharing with the entire culture in subsequent editions.

Most of our prevention efforts in Kansas that have focused on the individual have been effective. National research indicates that we must broaden our work to the entire community. Kansas is fortunate to have an involved Governor, concerned media, caring health professionals, and involved citizens. How do we blend all of these elements together to further impact attitudes and more importantly behaviors? Research is sorely lacking. This is an area where we are truly pioneers and requires that once again we all work together for solutions.

Andrew O'Donovan
Commissioner

environmental policy approach also addresses public policy, that is, those laws, regulations, formal and informal rules and understandings that are adopted on a collective basis to guide individual and collective behavior. The environmental approach attempts to put a balance back in our public policies that have favored and continue to favor market interests, over the health and welfare of our citizens.

■ The goal of an environmental public policy approach to prevention is to contribute to the creation of an environment that is conducive to the lowest possible level of alcohol-related problems. Public policies need to:

-promote an environment conducive to abstention and low-risk drinking;
-reduce factors in the social and cultural environment that encourage heavy drinking in the general public and any drinking in high-risk groups;
-promote changes in the physical environment that will reduce risks of injuries occurring when high-risk drinking takes place.

■ It makes little sense to give one set of health information in a school program when our communities are barraged with promotions that glamorize alcohol use; when alcohol is increasingly available in a wider and wider set of social occasions and commercial settings; when alcohol is offered at prices that are the same or less than other beverages; and when alcohol is explicitly characterized in the I.R.S. Code as ordinary and necessary to the conduct of the nation's business.

■ Not only have researchers recommended community-wide prevention efforts involving multiple systems and strategies, several state that we must also address alcohol problem prevention through public policy efforts not only at the community level but at the state and national levels as well.

What must be done to prevent problems in a community?

■ Although more research is needed to determine which strategies and approaches work best, the following appear to be essential components:

-communicate a clear, non-use message for youth through all community channels, policies and practices;
-role modeling of moderate, low-risk use of alcohol by adults of legal age;
-skillbuilding to enhance social/interpersonal communication skills, peer resistance, problem-solving, media promotions/portrayal analysis, and the ability to ask for help;
-promoting bonding and attachments to family, peers, schools, and religion and belief in general, social norms, values and expectations;
-increasing the perceived benefits of health enhancing behaviors and decreasing the perceived benefits of health-compromising behaviors;
-providing referral, counseling or treatment services for children or families in need of help.

These strategies require an integrated approach and consistent messages transmitted through the mass media, through group training programs, and through one-on-one counseling in order for behavior change and maintenance to occur.

-Establish a drug prevention curriculum for students with policies against drug use by students.
-Conduct frequent drug prevention meetings to design and evaluate prevention activities.
-Conduct a variety of student anti-drug programs.
-Involve parents in the school's drug abuse prevention program.
-Include drug abuse prevention and treatment professionals in the school's anti-drug programs.
-Provide additional training for the school drug prevention team members.
-Evaluate the school's impact on student alcohol and drug knowledge, attitudes and use.

Who influences our youth?

■ The persistence of youth in their use of alcohol and other drugs might be interpreted simply as successful (if unintended) socialization into prevailing adult norms. Such an interpretation would help to emphasize our point about looking to the broader community environment for the main influences on children. The present societal environment is permeated with messages about alcohol and drugs that range from tolerance to glamorization.

■ Numerous environmental factors appear to influence adolescent use of alcohol. Exposure to social settings favorable to alcohol use, such as parties or unsupervised group gatherings may reinforce or increase a predisposition to use alcohol. Longitudinal surveys of high school students have found that parties and small groups are the most common settings in which teenage drinking occurs.

■ The expectations, social norms, policies, and practices of the community play an influencing role in the use of alcohol by youth. Access to bars and liquor stores, the relatively low cost of alcoholic beverages (their cost has not gone up as fast as the average price of all goods and services), and general relaxation of restrictions on the availability of alcohol are factors that influence adolescent drinking patterns. Adolescents will use substances acceptable to the community before they begin to use drugs that are strongly disapproved.

■ Children are exposed to large amounts of advertising and promotion of alcoholic beverages, particularly on TV. Each year the alcohol industry spends well over $1 billion on advertising. Estimates of teenage exposure to beer, wine, and distilled spirits advertising is about 1000 ads per year.

■ The media has a tremendous impact on children today, Dr. H. Stephen Glenn says: "Up to the age of 18, children spend an average of 18,000 hours watching television. During that time they see an average of 180,000 minutes of commercials which teach them that self-medication and instant gratification are desirable, that warmth and closeness are easily obtainable through using the right product or service, and the greatest success our sports heroes and other celebrities can aspire to involves hustling beverage and products."

■ Parental factors emerge as the strongest influence on the 8 to 12 year old group. Specifically, parental disapproval of alcohol and other drug use by youth, setting clear expectations for non-use and fostering family relationships and social competencies may hold the greatest promise for prevention.

Public policy and environmental responses: Are they part of a comprehensive program?

■ The environmental policy approach addresses environmental factors, that is the social and physical contexts within which drinking and other drug use occurs (including factors such as availability and advertising) as well as agent facts, the prevention of alcohol itself (including alcohol packaging, labeling and price). The

Questions this research raises.

-What are we attempting to prevent?

-How can we apply the concept of habilitation in prevention programming? Treatment centers?

-How do we develop clear public policies about alcohol and drug abuse?

-How does awareness and education impact attitudes and behavior?

-Is there a model process or program for community involvement to reduce alcohol and other drug abuse?

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TOWARD A DRUG-FREE KANSAS

Kansas Alcohol and Drug Abuse Services
Department of Social and Rehabilitation Services
300 SW Oakley, 2nd Fl.
Biddle Bldg.
Topeka, KS 66606-1861
913-296-3925

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CONTRIBUTOR: David Palmer

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TOWARD A DRUG-FREE KANSAS

Governor's Report Indicates Progress With War On Drugs

Kansas is making significant progress in its war against drug abuse according to a special report released to the Kansas Legislature in mid-March.

The "Special Report on Alcohol and Drug Abuse: Policies, Priorities and Programs" was prepared by the Governor's Office of Drug Abuse Programs. The 60-page report was designed to:

- Review accomplishments.
- Outline priorities for new drug-free policies, programs and services in fiscal year 1991.
- Review state agencies which provide drug abuse services.
- Summarize the extent of state agency coordination.
- Analyze expenditures and recommendations for drug-free programs and services.

"Kansas is serious about its efforts to combat drug abuse, and the drug pushers and drug users of this state should be on the alert: We are on the offensive.

"This report shows that our efforts in this war against drug abuse are clearly providing results," Governor Hayden said.

"Arrests of drug pushers are up; the number of DUI convictions are up; traffic-related fatalities are down; hundreds of state employees and applicants have taken drug tests; the number of schools with anti-drug programs has increased significantly; and the number of people in drug treatment programs has also increased."

Governor Hayden said the report shows that increases in federal drug money under the Reagan and Bush administrations has helped produce the improvements. He said that between 1988 and 1991, anti-drug funding has increased in Kansas by 72 percent.

The report shows the Governor has recommended in fiscal year 1991 that 78 percent of the $41 million in state drug money should be spent to reduce the demand for drugs and 22 percent be spent to reduce the supply of drugs in Kansas.

"The bottom line is that drug education, prevention, treatment and enforcement are producing results in Kansas," Governor Hayden said. "Much work remains to be done, but this report shows that with continued commitment by the legislature, by our administration, and by the citizens of this state, we will continue to win important battles in our war on drugs."

(Story continued on page 3.)

Mother - Child Program Opens

Governor Mike Hayden was the first to sign a Toward A Drug-Free poster during the opening of the new Kansas Mothers and Children Reintegration Program located in Abilene. Clarence Thompson, director of the Dickinson County Council on Alcohol and other Drugs and a crowd of 150 people participated in the ceremonies. (Photo courtesy of the Abilene Reflector-Chronicle.)

(See story on back page.)

Across The Continuum

By Andrew O'Donovan
ADAS Commissioner

A year ago, the KANSAS CONTINUUM launched a new look and a new direction. In an effort to capture the spirit of the Toward A Drug-Free Kansas movement, we have wanted to provide more local news and interviews with Kansans who are making a difference. We also have to keep in mind that this is an ADAS publication and I have a direct responsibility to keep you informed of ADAS policies, issues, and initiatives. So, how do we keep you aware of ADAS directions and, at the same time, present the range of groups and programs that we directly or indirectly work with to reduce alcohol and other drug abuse?

We think that we can accomplish both goals. To help guide us toward a more balanced publication, one that meets your needs, we have created a KANSAS CONTINUUM advisory committee. The members are Galen Davis, the Governor's Special Assistant on Drug Abuse; Frank Brentine, a professional who will be the publication's primary link to the alcohol and drug associations; ADAS staff Ron Miller and Susie Herrman; and Judy Donovan, the editor.

The immediate result of the committee has been new columns, and consistent areas of information and emphasis such as "People And Projects" and "In The Field."

My column, "Across The Continuum," will present the ADAS view on issues impacting the continuum of care. People who have worked with me know that I welcome ideas and suggestions so I encourage you to respond to the column — positively or negatively.

As I noted last year, we're committed to making the CONTINUUM your newsletter.

Newsletter published by Alcohol and Drug Abuse Services, Kansas Department of Social and Rehabilitation Services

Renewal House To Ease Transition Following Treatment

A ribbon-cutting ceremony and open house was held in March to dedicate Renewal House, the new men's reintegration program in Pittsburg. Renewal House is a new 5400 square foot home located at 606 E. Atkinson. Shown is Richard Pfeiffer, director of the Community Mental Health Center of Crawford County; Andrew O'Donovan, ADAS commissioner; and a Pittsburg County Commissioner.

Renewal House is an important step for southeast Kansas, said Galen Davis, the Governor's special assistant on drug abuse, during the ribbon-cutting ceremonies in Pittsburg.

The new program is the result of a $125,000 grant awarded last fall to the Community Health Center of Crawford County for a ten-bed reintegration house for men.

Renewal House will help ease the transition back into the community following primary alcohol and drug treatment. The program's goal is to promote a drug-free lifestyle with improved functioning in the mental, spiritual, physical, social and vocational aspects of the resident's life. Residents must stay a minimum of three months or a maximum of eight months with the average stay expected to be six months.

After the resident leaves, follow-ups will be done to evaluate success — maintaining abstinence, employment, and a positive support system.

Residents will have access to staff counselors and are expected to attend self-help groups such as Alcoholics Anonymous each week. They are expected to find work within the first 30 days.

The men will also learn how to cook with the help of an individual from the Kansas State University's Extension Office. This will help increase their social skills and they'll be learning how to cook meals for themselves said Phillip Cummings, the Renewal House program director.

"Because of their background, the experience will be a new behavior for them."

A typical day at Renewal House has the residents rising at 6 a.m. during the week and ready for work, school or continuing a job search by 7 a.m. They help prepare lunch and following eating, they enter group counseling. In the afternoon, they do yard-work or other types of physical labor.

Dinner is served at 6:30 p.m., followed by a community meeting of the residents. The meeting provides an opportunity to air grievances such as others not doing their share of the housework.

Later they have free time but must be in the facility by 10 p.m. with lights out by 11 p.m. Saturdays are spent housecleaning and Sundays are considered a "free" day.

"By developing their strengths through support groups, employment and a new set of friends, recovering alcohol and drug abusers have a better chance of maintaining their sobriety," Cummings said.

Children Of Addiction Is Topic For Summer Governor's Conference

Watch your mail for information about the Governor's Conference on Children of Addiction to be held August 12, 13 and 14 at the Wichita Marriott Hotel in Wichita.

National and state experts will address issues facing professionals in treatment, prevention, education and health who come in contact with children and families affected by alcohol and drug addiction. Strategies for adults, young children and other special populations will be addressed.

The national speakers include:
Loretta P. Finnegan, M.D.
Mother Clara Hale and Lorraine Hale, Ph.D.
Elaine Johnson, Ph.D.
Cardwell Nuckols, M.A.
Joseph A. Pursch, M.D.

The conference, presented by the Kansas Governor's Office in cooperation with ADAS and the University of Kansas Division of Continuing Education, is a follow-up from last year's conference on Children of Alcoholics.

Oliver-Diaz

Kansans Provide Input For Federal Strategies

Kansas is a model state, said Phillip Oliver-Diaz, the assistant deputy director for prevention, office of demand reduction, located in the Office of National Drug Control Policy in Washington, D.C. He met in Wichita recently with 40 Kansas alcohol and other drug professionals for input on federal strategies. Oliver-Diaz said there is a push at the federal level to create community partnerships to reduce alcohol and drug abuse. The round-table discussion was coordinated by the Kansas Governor's Office.

In The Field

By Frank Brentine, M.S., SCADC

Many people working in a specialized type of work, especially in the delivery of human services, use the agrophase: *in the field*. . ."I am working in the field of alcoholism and drug addiction." I hear that spoken quite frequently and even use it myself now and then.

I plan to write a regular column in the KANSAS CONTINUUM about the people who belong to associations and units of government or the private sector and are working *in the field* of alcoholism and other drug addictions. I thought I would title my column *In The Field*.

In the column today I'd like to briefly highlight the subjects of future columns:

KADACA

The Kansas Alcoholism and Drug Addiction Counselors Association. This organization was a merger of the Kansas Alcoholism Counselors Association (KACA) and Kansas Drug Counselors Association (KDCA).

KACA was founded in early 1974 in order to unify counselors and others working in the alcoholism field. The main objectives were to strengthen the professional and educational qualifications of its members and to maintain the disease concept of alcoholism. Certification of its members took place in 1975.

The Kansas Drug Counselors (KDCA) had the same objective as KACA, focusing on all mood/mind altering addictive substances.

The merger of these associations took place in 1984 and there are now over 400 certified members throughout Kansas. Tom Gregoire of Salina, Kansas, is president of KADACA. The new director is Bill Stinchcomb, who is located at 404 West 7th, Topeka, Kansas. The telephone number is 913-235-2400.

KAADPD

The Kansas Association of Alcohol and Drug Program Directors. The purpose of this organization, founded in 1978, is to provide its membership with networking and support in order to speak with one voice when providing Kansas with programs across the continuum of care. Currently the Association has 40 members representing prevention/education, intervention and treatment programs. Jane Morrissey is the president and her office and telephone number are: 603 SW Topeka Boulevard, Topeka, Kansas, 913-235-8622.

Frank Brentine

KCASAPCA

The Kansas Community Alcohol Safety Action Projects Coordinators Association was formerly incorporated in 1981. Members now consist of 27 community alcohol and drug safety action programs located throughout the state of Kansas. These programs are principally responsible for the evaluation, education, treatment and referral to treatment of all DUI offenders who are convicted or granted diversion. Clarence Thompson of Abilene is the chairperson of the organization and can be reached at 913-263-1081.

Regional Prevention Centers

The most recent development in the alcoholism and drug addiction field is in the area of prevention. Kansas now has ten Regional Prevention Centers in place throughout the state. They were brought into being July 1987. There are approximately 40 prevention/intervention specialists working in these centers, helping schools and local communities come to terms regarding alcohol/drug education, prevention and intervention, and empowering the local people to solve local problems.

Recently the directors of these Prevention Centers formed an executive committee and appointed Karen Ross from Lawrence as their first chairperson. For further information Karen may be contacted at her office: 913-841-4138.

The agricultural metaphor of *"working in the field"* may be an apt one since the farmer must prepare the ground, plant the seed and wait and let "nature take its course." So too, people working the *alcohol and drug field* work hard to teach and encourage people to take advantage of their *programs*, and leave the results to other positive emotional and spiritual forcesat work within the people touched by addiction.

People And Projects

Anne Nioce is the new coordinator for Mirror Inc.'s Women's and Children Reintegration Program, located in Newton.

Brandon Hoops has been named the executive director of the Smoky Hill Foundation for Chemical Dependency Inc., Hays.

C.L. Engebritson is the executive director of the Central Kansas Foundation for Alcohol and Chemical Dependency in Salina. **Cindy Smith** is the director of the new North Central Kansas Alcohol and Drug Regional Prevention Center, located in the same facility.

Cynthia Breitenbach is the new director of the Women's Recovery Center in Topeka, a program of DCCCA Inc. in Lawrence. She is the former ADAS director of research, program development and training.

Dr. Mark Kenney is the director of the new Johnson/Leavenworth Alcohol and Drug Regional Prevention Center.

Glendia Henley has been selected as the new Kansas Coordinator of the Southwest Regional Center for Drug-Free Schools and Communities.

Jack Hansen is the program director for RAP (Recovering Adolescent Program), a program of Recovery Services Council, Inc. in Wichita.

Carolyn Miller, an ADAS alcohol/drug consultant, has accepted a Social Services Administrator II position with SRS/Mental Health and Retardation.

During March, the **Kansas Department of Administration** sponsored a series of parenting workshops on alcohol and drug prevention for State employees and their spouses. throughout the state. The workshops were presented by the Kansas Alcohol and Drug Regional Prevention Centers, as part of the State employees "Proud To Be Drug-Free" campaign.

Approximately 1800 high school students attended **Club Coca-Cola**, an alcohol and drug-free dance party at the Cotillion Ballroom held recently in Wichita. Sponsors were the Wichita/Sedgwick County Regional Prevention Center, ADAPT (Agencies for Alcohol and Drug Prevention and Treatment), KKRD Radio, Wendy's and Coca-Cola.

Send your news items to "People And Projects" °/o Kansas Continuum, ADAS, 300 SW Oakley, Topeka, 66606.

ations

At a March 14 press conference, Governor Hayden presented the Legislature with the most comprehensive overview ever produced on state-sponsored drug abuse programs and services. "The people up here with me today represent the frontline troops in our battle," he said. Representatives from the drug education, prevention, intervention/treatment, law enforcement, traffic safety and corrections attended.

Drug abuse treatment should match the client's needs. The majority of alcoholism and drug addiction clients can be adequately treated on an outpatient basis. Research and experience indicate that outpatient treatment is the most effective and cost-efficient approach for the majority of clients. State-funded detoxification, residential and halfway house treatment services are necessary in approximately 20 percent of the cases.

Emphasizing the importance of aftercare in the treatment continuum. Follow-up services should be available for at least one year after a client completes a state-funded treatment program to ensure support for recovering alcoholics and addicts.

Expansion of outreach and drug treatment services for special populations. Outreach and treatment services should be expanded for special populations such as indigent youth, pregnant women, women with children, ethnic minorities and underserved regions of the state.

Increased drug and drunk driving enforcement and prosecution at the local level. Kansas is composed of many varied communities, many of which have different needs when it comes to drug abuse prosecution and enforcement. Local authorities are often the best authorities on enforcement strategies for their home turf. Therefore, the majority of state funding for drug enforcement and prosecution should be distributed to local entities — cities, counties and multi-jurisdictional task forces. The KBI should continue to provide investigative and drug analysis support to local communities. The state's anti-drug funding strategy should be updated annually with input from all levels of the criminal justice system.

The Governor will continue to provide leadership in the coordination of state-sponsored anti-drug policies, programs and funding.

Kansas government must assess state needs for alcohol and drug abuse services and respond accordingly. We must provide the leadership to deliver these resources to Kansas citizens in a balanced, effective and cost-efficient manner. Furthermore, our state leaders must serve as viable drug-free role models.

For a copy of the report, contact Galen Davis, the Governor's Special Assistant on Drug Abuse, Capitol Building, Room 265E, Topeka, 66212-1590.

ADAS Report Features National Study Proving That Treatment Works

Alcohol and drug abuse treatment works. It is cost-effective for society. It reduces crime. It reduces individual and societal costs of health care and it reduces the demand for drugs.

That is the conclusion of a study, "Substance Abuse Treatment Outcomes: A Review of Research Findings" developed through the National Association of State Alcohol and Drug Abuse Directors.

ADAS has incorporated these findings into the latest issue of DIRECTIONS, the bi-monthly research publication.

For a free copy of DIRECTIONS, "Treatment Works," contact Judy Donovan at ADAS, 913-296-3925.

Fast Facts

- Women frequently use other drugs in combination with alcohol, placing themselves at a higher risk of physical and psychological impairment.
- Eleven percent of pregnant women surveyed in one study use drugs, including heroin, methadone, cocaine, amphetamines, PCP and marijuana.
- If a man and a woman of similar weight drink the same amount of alcohol, 30 percent more alcohol will enter the woman's bloodstream because women have less of a certain stomach enzyme that digests alcohol. And alcoholic women may lack that enzyme altogether.
- Alcohol use by pregnant women is the leading known cause of mental retardation in newborns. Fetal alcohol syndrome (FAS), marked by dysfunction of the central nervous system, prenatal and postnatal growth deficiency, and facial malformations, strikes one to three out of every 1,000 newborn babies. That works out to 3,600 to 10,000 babies a year. And the incidence of fetal alcohol effects (FAE), a less severe version of FAS, is at least three times that of FAS.
- Women continue to be under-represented in alcoholism and drug treatment programs. Women make up less than 25 percent of all clients in publicly funded alcohol treatment admissions and about 30 percent of drug treatment admissions, although women make up a much larger percentage of the total alcohol- and drug-dependent population.
- Alcohol and drug use while pregnant or nursing is a leading cause of birth defects and infant mortality. This is a problem that is increasing among Kansas mothers. Each month in Wichita, for example, an estimated 10 cocaine-addicted babies are born. Similarly, it is estimated that 8 percent of the babies born in Kansas City are cocaine-addicted.

Sources: Kansas Governor's 1990 Legislative message, the National Council on Alcoholism and Drug Dependence, Inc. fact sheet, and the Office of Substance Abuse Prevention. For more research information, contact Kate Ames-Oliver at ADAS, 913-296-3925.

Governor's Report Cites Progress Toward A Drug-Free Kansas, Outlines Policy Conside

(Story continued from front page.)

The following is from the Governor's Special Report on Alcohol and Other Drug Abuse.

For the past three years, through our Toward a Drug-Free Kansas program and the work of literally thousands of Kansans, we have mounted the most diligent and comprehensive drug strategy in Kansas history:

Progress Toward A Drug-Free Kansas

We called for increased drug abuse education and teacher training. Today 95 percent of our school districts participate in the Drug-Free Schools program. Schools in this program receive drug education funding and develop anti-drug policies, teacher training and drug education programs. This program and Project STAR, Kansas School Team Training, and the Prevention Evaluation programs, are receiving nationwide acclaim for their work with school-age children.

We proposed to work with law enforcement agencies to combat drug trafficking. To date, 82 state grants have been awarded to help local police and sheriff's departments and county and district attorneys make an unprecedented number of drug trafficking arrests and prosecutions.

We pledged to lead in the national fight against drunk driving: Kansas is nationally recognized for its comprehensive DUI laws, which also have brought our state $4.1 million in federal funds to further fight drunk driving. Kansas DUI laws are more comprehensive than those of 47 other states. Drunk driving arrests in Kansas are up seven percent, while alcohol-related fatalities have decreased for three years running.

We proposed that the National Guard join in the war against drugs: Members of the Kansas National Guard have received marijuana eradication training and are now serving in a support capacity to the Kansas Bureau of Investigation's Marijuana Eradication Program.

We recognized the need for substance abuse services at our state universities: The Governor's Task Force on Substance Abuse at Regents universities has designed a 26-point plan to prevent and reduce substance abuse on college campuses. The universities now have expanded student drug education, intervention and support services as well as drug screening for student athletes.

We called for swift, sure and stiff laws on drunk driving, drug use and drug trafficking: Kansas now has tough comprehensive DUI laws, laws that clearly define drug traffickers, stiffer penalties for manufacturing drugs, and laws that allow the seizure of drug dealers' assets.

We recognized that tobacco is a gateway drug for youth: We implemented the nation's first complete statewide ban on tobacco in schools through legislation passed by the 1988 Kansas Legislature.

We called for a totally new system of providing drug abuse prevention services: The Kansas Regional Drug Abuse Prevention Center system was established in 1987 and currently provides ten regional centers to assist our citizens in designing drug abuse prevention strategies.

We proposed that state government serve as a model of drug-free workplace: An employee assistance program for all state employees and their dependents has been established. Legislation authorizing drug testing for safety sensitive state employees was proposed, passed and implemented. The Kansas state employee Proud To Be Drug-Free Program and policies are now being duplicated by other public and private employers across the country.

We recognized that additional treatment services must be established: We increased our treatment capacity for indigent youth, women and others on waiting lists by over 1,200 slots by expanding existing treatment centers, adding counselors and opening new facilities.

We called for statewide conferences to further train substance abuse professionals and other concerned individuals: Three major statewide substance abuse conferences were conducted in 1989.

We saw the need to involve youth in a leadership role to combat drug abuse: A Governor's Center for Teen Leadership has been established to assist Kansas youth in leading the resistance to peer pressure to use alcohol and other drugs.

Policy Considerations

Alcohol and other drug abuse is a vast and complex dilemma that requires a variety of policy responses. The following Kansas policy course is based on the analysis of statewide alcohol and drug abuse data — arrest, treatment, education and funding information. Kansas state and local criminal justice, treatment, social service and education professionals continue to provide input into our alcohol and other drug abuse policies. Strategies and funding also are closely reviewed to ensure a fully integrated national, state and local course of action for Kansas.

Kansas anti-drug policies that comprise the Toward a Drug-Free Kansas Program include:

Repudiation of drug abuse. Illicit drug use, drug trafficking, drunk driving, alcohol and other drug-related violence and crime must be repudiated by every Kansan.

Updating of anti-drug and drunk driving laws. State statutes must be reviewed annually and revised as needed to support and reflect our commitment to fighting alcohol and other drug abuse in its many forms.

Continuation of supply and demand reduction policies. It is crucial to have a comprehensive and balanced policy which aims to 1) reduce the supply of illicit drugs, through the criminal justice system; and 2) reduce the demand for drugs, through legislation, drug education, prevention and treatment services.

Expansion of drug abuse education and prevention services. School-based drug education and teacher training, as well as community based drug prevention services through the Kansas Regional Drug Abuse Prevention Centers, must be increased. This important strategy, which targets alcohol and other drug abuse before it starts, is far-reaching and cost-effective. Drug prevention and education activities involve youth, parents and other involved individuals to reduce drug abuse.

Provision of a continuum of alcoholism and addiction treatment services. The diseases of alcoholism and other drug addiction are primary, progressive, chronic and potentially fatal if not intervened with and treated. Therefore, a continuum of intervention, primary treatment and aftercare services should be offered in regional areas throughout the state and accessible to all needy Kansans.

(Story continued on page 4.)

Governor's Leadership Center Empowers Kansas Teenagers

Drugs and teens just don't mix. Yet, at an alarming rate, the use of alcohol and other drugs among high school youth continues at unacceptable levels. Evidence of this is the fact that alcohol-related crashes are the greatest cause of death among teenagers. A new alcohol and drug prevention initiative is underway to empower Kansas youth to lead drug-free lifestyles.

The Governor's Center for Teen Leadership, operated by DCCCA Center in Lawrence, is funded by the Kansas Department of Transportation. Services will train and motivate young people to be catalysts for positive change in their lives and in their communities.

"We perceive Kansas youth as being part of the drug abuse solution, not the problem," Ron Alexander, the Governor's Center director, said.

"There's so much being said about the youthful drug abuse problem in our country. What we have is a cultural problem, not a young person's problem."

The Center's approach is to treat young people as resources, not as problems. Therefore, the Center's training services, primarily through Leadership Retreats, will focus on proven strategies for developing leadership skills, facilitating positive change and preventing problems with alcohol, other drugs and self-destructive behaviors.

Participants at the retreats include teams of high school sophomores, juniors and adult sponsors. The teams are brought together for two to four days of on-site, residential training with workshops on communication, self-concept, peer pressure and drug topics. Each team will develop a plan for addressing alcohol and other drug problems in their school or community once they return home.

The retreat staff are trained, qualified, and committed adults such as educators, prevention program professionals and members from the medical community and law enforcement.

Four retreats are scheduled for 1990. The first was held in early April at Wildwood in La Cygne. The others are scheduled for the following:

- June 19-22
  Bethany College, Lindsborg
- July 17-20
  Sterling College, Sterling
- August 8-10
  White Memorial Camp, Council Grove

We are truly committed to empowering youth, Alexander said.

"We believe they will make the necessary, positive changes in their schools and other organizations. Our role is to train them and to facilitate their endeavors."

For more information about registration requirements and costs for the Leadership Retreats contact the Governor's Center for Teen Leadership, 2200 W. 25th, Lawrence, 66047, 913-841-4138.

New Program For Women, Children Opens In Abilene

Governor Mike Hayden officially opened the Kansas Mothers and Children Reintegration Program in Abilene in February saying "this is a great day of hope for those who would otherwise be hopeless."

The center is one of three new specially designed programs in Kansas to provide treatment for women with the diseases of alcoholism and drug addiction. In addition to providing services for women clients, these programs are unique because they allow the women to bring their children to the treatment program to live with them.

For far too long, women addicted to alcohol and other drugs have suffered in silence while friends and family minimized, justified, and covered up the fact that a woman could be alcoholic or drug addicted, Governor Mike Hayden said.

"And when this reality finally could no longer be ignored, everyone involved suffered even more because there was no special place where a woman could turn for help."

The Dickinson County Council on Alcohol and Other Drugs received a $187,000 grant from ADAS last fall to initiate the program. The grant was written to provide services for 10 women and five children.

"Because of a special partnership between Clarence Thompson, the staff and board of directors, other Abilene citizens, and our Toward A Drug-Free Kansas Program, we have made this treatment center for women with children a reality," Governor Hayden said.

"It is important to note that this type of program is not only unique for Kansas but is rare throughout the entire nation. We truly are on the cutting edge of providing this important type of treatment."

For more information contact Donna Thompson, program director, at 409 NW Third, Abilene, 913-263-1081.

Kansas Continuum

Winston Barton, SRS Secretary
Andrew O'Donovan, Commissioner
Judy Donovan, Editor
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300 S.W. Oakley
Topeka, KS 66606

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Governor's Pledge

Your pledge to "Just Say No" to alcohol and drugs is important for you and for all Kansans. As governor, I thank you for your commitment and I pledge to work with you as we move Toward A Drug-Free Kansas.

Mike Hayden

Mike Hayden, Governor

Just say no.

an important step...

TOWARD A DRUG-FREE KANSAS

TOWARD A DRUG-FREE KANSAS

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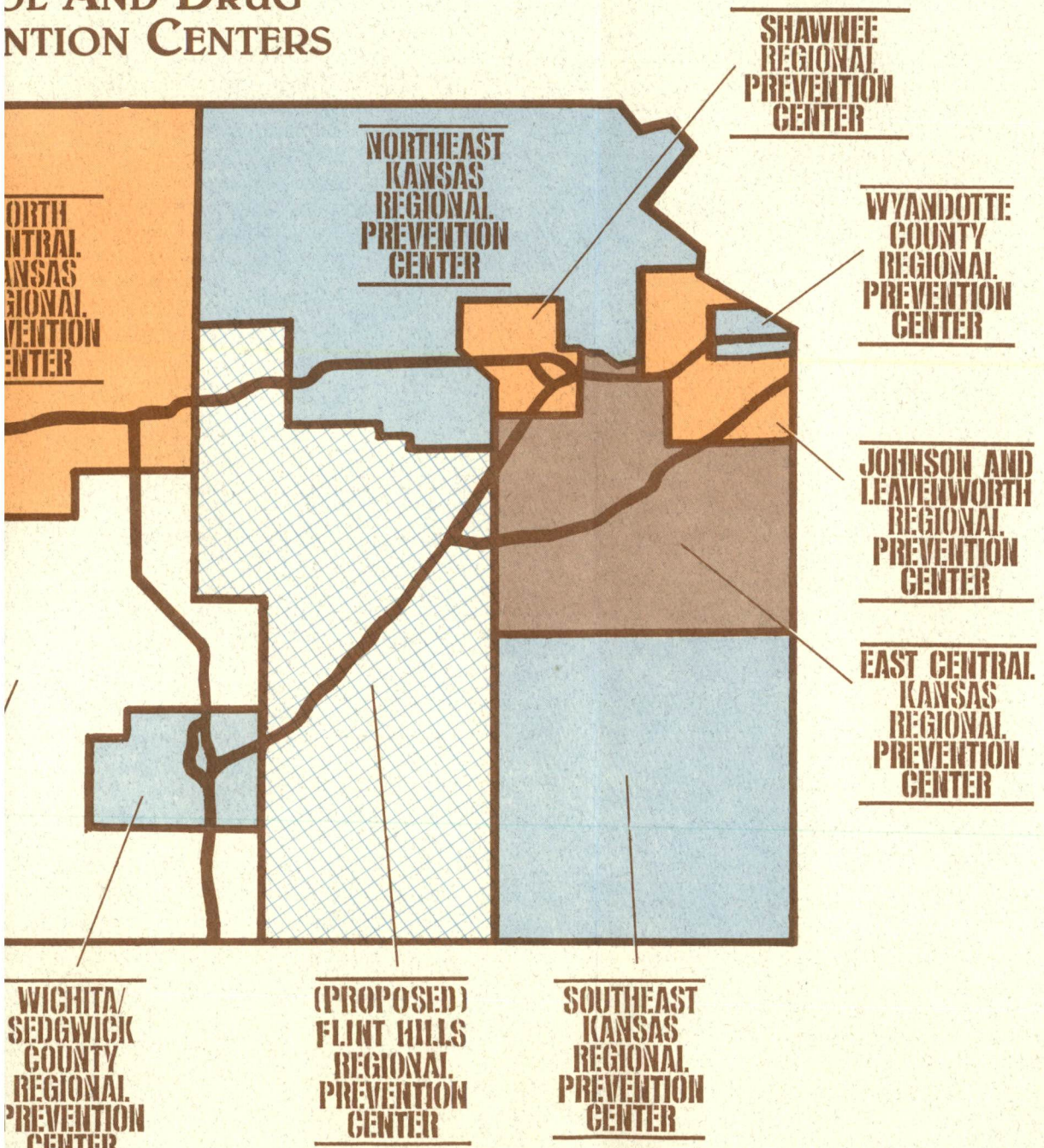

YOUR PASSPORT TO COMMUNITY PREVENTION

THE KANSAS ALCOHOL AND DRUG REGIONAL PREVENTION CENTERS

If you need assistance, and there isn't a center in your area, contact:

Kansas Alcohol and Drug Abuse Services,
Department of Social and Rehabilitation Services
300 SW Oakley
Topeka, Kansas 66606
913-296-3925

TOWARD A DRUG-FREE KANSAS

KANSAS ALCOH
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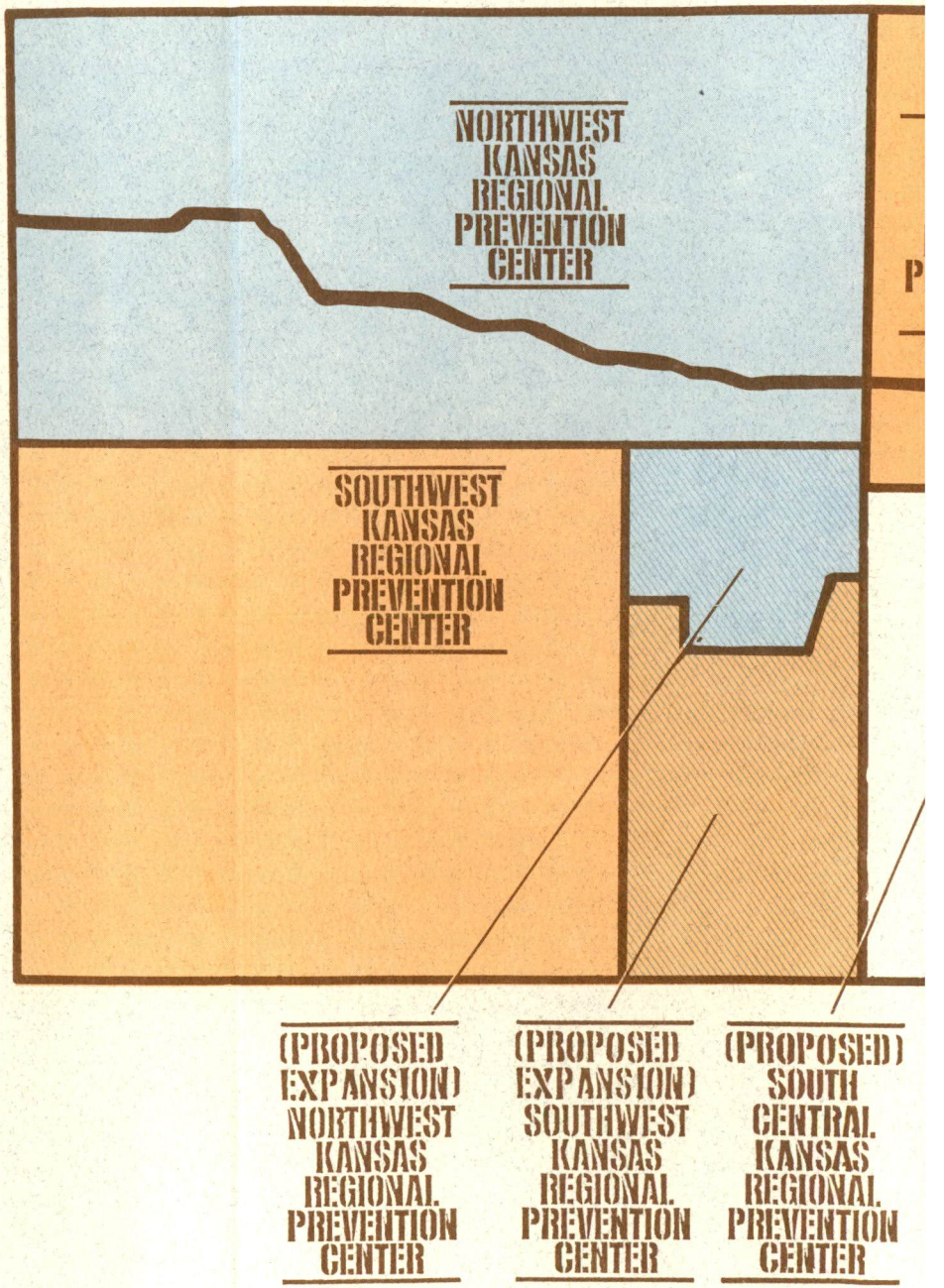


STARTING LIFE'S ADVENTURE

Prevention is an adventure in discovering life's possibilities and in building the hopes and dreams of our young people. The abuse of alcohol and other drugs can postpone or destroy those dreams. The damage can last a lifetime.

Preventing substance abuse among Kansas youth is everybody's business. Whether you're a student, a parent, an educator, a health professional, a civic leader, a business person or a concerned citizen, you have an important role to play. No one person or program alone can prevent alcohol and other drug abuse. Partnerships and alliances are essential in building a coordinated, comprehensive, community-wide prevention effort. That's where the Regional Prevention Centers and other groups come in.

The state's new Alcohol and Drug Regional Prevention Centers were launched in July 1987 as part of Governor Mike Hayden's "Toward A Drug-Free Kansas" program. The centers provide information, assistance, training and outreach to people who influence or motivate children and youth. This includes parents, teachers, civic leaders, law enforcement, and the clergy.

Primarily funded by the Kansas Alcohol and Drug Abuse Services, within the Department of Social and Rehabilitation Services, the network of centers is a catalyst for innovative, coordinated, consistent prevention services in a community.

THE JOURNEY BEGINS

The centers strive to provide quality and comprehensive prevention and intervention services. While there are statewide goals for all centers, specific services are tailored to meet local needs.

Here are some examples of what they do:

- provide brochures, audio-visuals, statistics, research and other resources through a Resource Clearinghouse
- offer training in effective prevention strategies for parents, schools and community leaders
- encourage the development of Just Say No To Drugs Clubs and SADD Chapters
- develop workshops to educate about the diseases of alcoholism, addiction and the impact on the family and community
- assist in identifying and implementing alcohol and drug curriculum
- plan targeted awareness campaigns and special events
- design student assistance programs or a similar process to intervene in a young person's alcohol and drug problem
- mobilize communities in debating and deciding appropriate norms around the issues of alcohol and drug abuse
- assist with statewide programs such as School Team Training for Substance Abuse Prevention, Intervention Team Training, Drug-Free Schools, Project Graduation, and Project STAR.

THE DESTINATION

Developing effective substance abuse prevention programs requires a long-term commitment to helping young people develop positive life skills—confidence, self-esteem, self-discipline, judgment, and the ability to resist alcohol and other drugs. These skills are not learned overnight. The process begins at birth and continues through adulthood from experiences at home, in school and in the community.

To further this process, the centers develop strategies based on the following goals:

- reducing the risk of alcohol and other drug abuse and addiction
- increasing positive lifestyle choices and developing healthy, responsible behaviors
- delaying the age of first use of alcohol and other drugs and supporting children and youth in being drug-free
- delivering prevention and intervention services primarily through training people who impact or motivate children and youth
- using existing networks, systems, groups, and individuals to support and encourage prevention services
- developing and providing services for high-risk children and youth

ROUTES TO TAKE

National and state research supports that a combination of critical elements are necessary to change alcohol and drug attitudes and behaviors. Single focus programs are important but not as effective as a comprehensive approach. The Regional Centers encourage a variety of approaches in a community and a combination of these critical elements:

- life skills training
- drug-free alternatives
- social policy development, or clear, consistent messages, policies and rules about alcohol and drug use and abuse
- initiatives to mobilize and generate community involvement
- intervention programs

ACCEPT THE CHALLENGE

The journey toward comprehensive substance abuse prevention services has already started in the following regional centers. Contact them. Get involved in seeking solutions. They are an important passport toward a drug-free Kansas.

EAST CENTRAL KANSAS REGIONAL PREVENTION CENTER

2200 W. 25th Street
Lawrence, KS 66046
(913) 841-4138
and
112 E. 17th
Ottawa, KS 66067
(913) 242-7100

Serves: Anderson, Coffey, Douglas, Franklin, Linn, Miami and Osage Counties

JOHNSON AND LEAVENWORTH REGIONAL PREVENTION CENTER

9900 Mission Rd.
Overland Park 66206
(913) 341-1415 or 341-1421

Serves: Johnson and Leavenworth Counties

NORTH CENTRAL KANSAS REGIONAL PREVENTION CENTER

1805 S. Ohio
Salina, KS 67401
(913) 825-6289

Serves: Cloud, Ellsworth, Jewell, Lincoln, Mitchell, Ottawa, Republic and Saline Counties

NORTHEAST KANSAS REGIONAL PREVENTION CENTER

2001 Claflin
Manhattan, KS 66502
(913) 539-5337

Serves: Atchison, Brown, Clay, Doniphan, Geary, Jackson, Jefferson, Marshall, Nemaha, Pottawatomie, Riley, Wabaunsee and Washington Counties.

NORTHWEST KANSAS REGIONAL PREVENTION CENTER

485 North Court
Colby, KS 67701
(913) 462-8152
and
2209 Canterbury Road, Suite C
Hays, KS 67601
(913) 625-5521

Serves: Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Norton, Osborne, Phillips, Rawlins, Rooks, Russell, Sheridan, Sherman, Smith, Thomas, Trego and Wallace Counties

SHAWNEE REGIONAL PREVENTION CENTER

Casson Building, 2nd Floor
Topeka, KS 66603
(913) 235-8622

Serves: Shawnee County

SOUTHEAST KANSAS REGIONAL PREVENTION CENTER

R. R. 4
Girard, KS 66743
(316) 724-6281

Serves: Allen, Bourbon, Cherokee, Crawford, Labette, Montgomery, Neosho, Wilson and Woodson Counties

SOUTHWEST KANSAS REGIONAL PREVENTION CENTER

801 Campus Drive
Garden City, KS 67846
(316) 276-7611

Serves: Clark, Finney, Ford, Gray, Greeley, Grant, Hamilton, Haskell, Hodgeman, Kearny, Lane, Meade, Morton, Ness, Scott, Seward, Stanton, Stevens and Wichita Counties

WICHITA/SEDGWICK COUNTY REGIONAL PREVENTION CENTER

1421 East Second
Wichita, KS 67214
(316) 262-2421

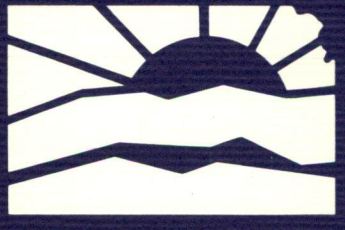
Serves: Sedgwick County

WYANDOTTE COUNTY REGIONAL PREVENTION CENTER

7250 State Avenue
Kansas City, KS 66112
(913) 334-1100

Serves: Wyandotte County

TOWARD A DRUG-FREE



KANSAS

Special Report on Alcohol and Other Drug Abuse: Policies, Priorities and Programs

Governor's Office of Drug Abuse Programs
March 1990

Special Report on Alcohol and Other Drug Abuse: Policies, Priorities and Programs

Governor's Office of Drug Abuse Programs
March 1990

Message from the Governor

To the Kansas Legislature:

Alcohol and other drug abuse, addiction, violence and crime are a tragic plague upon our nation and our state. This is an epidemic which does not discriminate. It is not bound by income, race, or sex; it does not favor urban or rural dwellers; it does not spare school children or the newly born; and it will not cure itself with time. The prevention, treatment and reduction of alcohol and other drug abuse in its many forms is a personal priority for me, as I am sure it is for you.

I am pleased to present to you my administration's *Special Report on Alcohol and other Drug Abuse: Policies, Priorities and Programs.* This report strives to provide you and the people of Kansas with the most comprehensive overview of state alcohol and other drug abuse services and funding ever produced. Additionally, this report outlines a comprehensive and balanced framework designed to reduce alcohol and other drug abuse in Kansas.

We have made great progress in the funding of alcohol and drug abuse programs in Kansas. In FY 1988, when the Toward a Drug-Free Kansas Program began, our state's total anti-drug commitment was slightly over $24 million. By comparison, our FY 1991 budget recommendation calls for a total anti-drug budget of over $41.2 million. These figures reflect a 24 percent increase in state anti-drug spending; a 151 percent increase in federal funding and a 72 percent increase in total anti-drug spending in Kansas in just four years.

The goal of our Toward a Drug-Free Kansas Program is to significantly reduce the incidence of alcohol and other drug abuse. This is the first step toward the eventual eradication of drug abuse, and will in turn reduce the incidence of drug-related violence and crime. An all-out effort – by law enforcement, by courts, by schools, by public agencies, by parents, by business and industry, and by the Legislature – will be needed to reach this important goal.

Through your bipartisan support we have made significant accomplishments in combatting drug abuse. I again seek the cooperation and support of each of you. I am committed to providing the leadership, coordination and collaboration that will seek to make the 1990s a more Drug-Free decade in Kansas. I look forward to working together with you Toward a Drug-Free Kansas.

Sincerely,

MIKE HAYDEN
Governor

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Introduction

In March 1987, Governor Hayden presented the Kansas Legislature with a plan to provide the most diligent and comprehensive anti-drug program in this state's history. That report, entitled *Toward a Drug-Free Kansas,* established the importance of a comprehensive and balanced plan of drug abuse education and prevention, treatment, enforcement and legislation. The Governor also established an Office of Drug Abuse Programs to assist in providing leadership and coordination for state and local agencies involved in drug abuse services. Since its inception, the staff of this office has taken an active role in the planning, coordination and administration of anti-drug policies and programs in Kansas.

Each year since taking office, Governor Hayden has presented his overall strategy and specific priorities in combatting drug abuse in his State of the State Message. The annual Governor's Budget Recommendations reflect Governor Hayden's commitment to utilizing all available funding sources to expand state-sponsored alcohol and drug abuse services. This special report was drafted in an effort to further inform the Legislature and citizens of Kansas about the Toward a Drug-Free Kansas Program.

Specifically, this report is designed to:

- ❑ Review accomplishments;
- ❑ Outline priorities for new drug-free policies, programs and services in FY 1991;
- ❑ Review state agencies which provide drug abuse services;
- ❑ Summarize the extent of state agency coordination; and
- ❑ Analyze expenditures and recommendations for drug-free programs and services.

This report offers a capsulated review of past, present and future state-sponsored anti-drug efforts. However, any analysis of such services must recognize that *government alone cannot win a war on drugs.* We need the help of all caring Kansans who are willing to accept the challenge of making their own lives, their families, their schools, their workplaces and their communities drug-free. For our children, and for our communities, we must all dedicate ourselves to the goal of a drug-free Kansas. The Governor's Office of Drug Abuse Programs is committed to a close working relationship with the Kansas Legislature, with state and local agencies, and with the citizens of Kansas as we mutually strive for a healthier, safer and drug-free state.

—— *Galen Davis*
Governor's Special Assistant on Drug Abuse

Progress Toward a Drug-Free Kansas

For the past three years, through our Toward a Drug-Free Kansas program and the work of literally thousands of Kansans, we have mounted the most diligent and comprehensive anti-drug strategy in Kansas history:

✔ **We called for increased drug abuse education and teacher training:**

✍ Today 95 percent of our school districts participate in the Drug-Free Schools program. Schools in this program receive drug education funding and develop anti-drug policies, teacher training and drug education programs. This program and Project STAR, Kansas School Team Training, and the Prevention Evaluation programs, are receiving nationwide acclaim for their work with school-age children.

✔ **We proposed to work with law enforcement agencies to combat drug trafficking:**

✍ To date, 82 state grants have been awarded to help local police and sheriffs departments and county and district attorneys make an unprecedented number of drug trafficking arrests and prosecutions.

✔ **We pledged to lead in the national fight against drunk driving:**

✍ Kansas is nationally recognized for its comprehensive DUI laws, which also have brought our state $4.1 million in federal funds to further fight drunk driving. Kansas DUI laws are more comprehensive than those of 47 other states. Drunk driving arrests in Kansas are up 7 percent, while alcohol-related fatalities have decreased for three years running.

✔ **We proposed that the National Guard join in the war against drugs:**

✍ Members of the Kansas National Guard have received marijuana eradication training and are now serving in a support capacity to the Kansas Bureau of Investigation's Marijuana Eradication Program.

✔ **We recognized the need for substance abuse services at our state universities:**

✍ The Governor's Task Force on Substance Abuse at Regents universities has designed a 26-point plan to prevent and reduce substance abuse on college campuses. The universities now have expanded student drug education, intervention and support services, as well as drug screening for student athletes.

✔ **We called for swift, sure and stiff laws on drunk driving, drug use and drug trafficking:**

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✔ **We called for a totally new system of providing drug abuse prevention services:**

✍ The Kansas Regional Drug Abuse Prevention Center system was established in 1987 and currently provides 10 regional centers to assist our citizens in designing drug abuse prevention strategies.

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✔ **We called for statewide conferences to further train substance abuse professionals and other concerned individuals:**

✍ Three major statewide substance abuse conferences were conducted in 1989.

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✍ A Governor's Center for Teen Leadership has been established to assist Kansas youth in leading the resistance to peer pressure to use alcohol and other drugs.

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Alcohol and other drug abuse is a vast and complex dilemma that requires a variety of policy responses. The following Kansas policy course is based on the analysis of statewide alcohol and drug abuse data – arrest, treatment, education and funding information. Kansas state and local criminal justice, treatment, social service and education professionals continue to provide input into our alcohol and other drug abuse policies. National drug policies, strategies and funding also are closely reviewed to ensure a fully integrated national, state and local course of action for Kansas.

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- **Repudiation of drug abuse.** Illicit drug use, drug trafficking, drunk driving, alcohol and other drug-related violence and crime must be repudiated by every Kansan.

- **Updating of anti-drug and drunk driving laws.** State statutes must be reviewed annually and revised as needed to support and reflect our commitment to fighting alcohol and other drug abuse in its many forms.

- **Continuation of supply and demand reduction policies.** It is crucial to have a comprehensive and balanced policy which aims to 1) reduce the *supply* of illicit drugs, through the criminal justice system; and 2) reduce the *demand* for drugs, through legislation, drug education, prevention and treatment services.

- **Expansion of drug abuse education and prevention services.** School-based drug education and teacher training, as well as community based drug prevention services through the Kansas Regional Drug Abuse Prevention Centers, must be increased. This important strategy, which targets alcohol and other drug abuse before it starts, is far-reaching and cost-effective. Drug prevention and education activities involve youth, parents and other involved individuals to reduce drug abuse.

- **Provision of a continuum of alcoholism and addiction treatment services.** The diseases of alcoholism and other drug addiction are primary, progressive, chronic and potentially fatal if not intervened with and treated. Therefore, a continuum of intervention, primary treatment and aftercare services should be offered in regional areas throughout the state and accessible to all needy Kansans.

- **Drug abuse treatment should match the client's needs.** The majority of alcoholism and drug addiction clients can be adequately treated on an outpatient basis. Research and experience indicate that outpatient treatment is the most effective and cost-efficient approach for the majority of clients. State-funded detoxification, residential and half-way house treatment services are necessary in approximately 20 percent of the cases.

- **Emphasizing the importance of aftercare in the treatment continuum.** Follow-up services should be available for at least one year after a client completes a state-funded treatment program to ensure support for recovering alcoholics and addicts.

- **Expansion of outreach and drug treatment services for special populations.** Outreach and treatment services should be expanded for special populations such as indigent youth, pregnant women, women with children, ethnic minorities and underserved regions of the state.

- **Increased drug and drunk driving enforcement and prosecution at the local level.** Kansas is composed of many varied communities, many of which have different needs when it comes to drug abuse prosecution and enforcement. Local authorities are often the best authorities on enforcement strategies for their home turf. Therefore, the majority of state funding for drug enforcement and prosecution should be distributed to local entities – cities, counties and multi-jurisdictional task forces. The KBI should continue to provide investigative and drug analysis support to local communities. The State's anti-drug funding strategy should be updated annually with input from all levels of the criminal justice system.

- **The Governor will continue to provide leadership in the coordination of state-sponsored anti-drug policies, programs and funding.**

- **Kansas government must assess state needs for alcohol and drug abuse services and respond accordingly.** We must provide the leadership to deliver these resources to Kansas citizens in a balanced, effective and cost-efficient manner. Furthermore, our state leaders must serve as viable drug-free role models.

FY 1991 Priorities

The State of Kansas has an outstanding history of providing alcohol and drug abuse services for its citizens. In the last three years significant work has been done to ensure the systematic enhancement and expansion of comprehensive anti-drug services at both the state and local level. The Governor has directed that a comprehensive approach to combatting alcohol and other drug abuse must be utilized. The four elements of this comprehensive approach include: alcohol and other drug abuse education and prevention; intervention and treatment; criminal justice initiatives; and legislation. Each year Governor Hayden has recommended specific new anti-drug strategies in his State of the State Message. For the remainder of 1990, 1991 and the near future, the Governor recommends the following priorities. These should be viewed as additional strategies to those currently being implemented. The new priorities include:

Prevention and Education

To assist and support parents, school personnel, church leaders, business and industry workforces and other concerned citizens in the prevention of drug abuse, we recommend:

- The addition of two Regional Drug Abuse Prevention Centers, to complete the statewide network.
- Training of drug abuse education teams in each unified school district by 1995.
- Training of at least one DARE drug education law enforcement officer in each county by 1992.
- The provision of state government assistance to other public- and private-sector employers who wish to develop drug-free workplace policies and programs.
- Presentation of three statewide alcoholism and drug addiction conferences on these topics:
  - Children of Addiction
  - Peer Leadership for Drug-Free Youth
  - Drug Abuse Resistance Education (DARE).
- Expansion of the Drug-Free Schools Program to include 100 percent of Kansas Unified School Districts by 1991.

Treatment

To intervene with and treat alcoholics, drug addicts and others who abuse drugs, we support the entire continuum of care. To enhance and expand the continuum of care, we recommend:

- Additional drug treatment services for special populations – including women with children, expectant mothers, indigent youth and ethnic minorities.
- Special neighborhood outreach programs aimed at pregnant mothers who are at high risk for alcohol and other drug abuse.
- Expanded treatment services to reduce and further move toward the elimination of waiting lists.
- Requiring state-funded treatment centers to offer one year of follow-up counseling for clients who complete a state-funded treatment program.
- Increased monitoring of state-funded treatment effectiveness and follow-up services.
- Research into the incidence and effective treatment of alcoholism and other drug addiction in pregnant women.

Legislation

To support our citizens in their commitment to be drug-free, we recommend anti-drug legislation to target both the so-called casual user and the hardened drug dealer. We recommend:

- Establishment of drug-free school zones to keep drug dealers and their related violence away from our school children.
- Support for Kansas drug-free youth by establishing harsh penalties for adults who attempt to involve youth in drug use and drug trafficking.
- Increased user accountability – including minimum fines, incarceration, alcohol and drug evaluation and drivers license revocations for those who violate our drug laws.
- Increased maximum fines, to dissuade drug dealers who are motivated by greed and drug profiteering.

1991 Priorities (Cont.)

Enforcement

To protect our neighborhoods from drug dealers, users, drug-related crime and violence, and drunk-driving, we recommend:

- Increased grants to local communities for expanded drug enforcement, prosecution, adjudication and incarceration.
- The random drug testing of individuals who are on probation from the state district courts.
- The continued use of the Kansas National Guard in support of marijuana eradication.
- Expansion of the placement of DUI breath-testing equipment into 72 counties.
- Increased standardized DUI apprehension training for every Kansas law enforcement officer by 1992.
- Expanded DUI training for city, county and district attorneys, and municipal and district court judges.

State Agency Coordination

Governor Mike Hayden is committed to strong leadership in the coordination and delivery of drug abuse services by state agencies. Currently, 20 state agencies provide drug abuse services as a specific part of their authorized mission. These include agencies of the executive branch, the judicial branch, and independently elected boards. To enhance communication and coordination, Governor Hayden established an Inter-Agency Coordinating Committee on Substance Abuse. The committee represents state agencies which provide drug abuse services and is chaired by the Governor's Special Assistant on Drug Abuse.

This special Inter-Agency Coordinating Committee provides communication and assistance across agency lines, thus maximizing the efficient use of funding and resources and reducing the likelihood of duplication. Cooperation among committee members – and the agencies represented – has been excellent. An organizational chart of state agencies and offices which provide alcohol and drug abuse services is available upon request from the Governor's Office of Drug Abuse Programs.

There are several factors that complicate the coordination and prioritization of anti-drug expenditures. Alcohol and other drug abuse, addiction, violence and crime impact a broad spectrum of Kansans. And drug addiction and abuse often foster other problems – child abuse, spouse abuse or unemployment, for example – which in turn necessitate state services. The complexity of the problems generated by alcohol and drug abuse requires a variety of responses, and oftentimes these responses cut across agency lines, requiring the objective leadership of the Governor and the Legislature.

Federal funding for substance abuse services comes from several agencies – the U.S. Departments of Justice, Education, Transportation, and Health and Human Services – and each agency attaches its own strict mandates for the specific use of its funds by state governments. The State of Kansas often has little or no discretion in the use of federal anti-drug funding.

A comprehensive view of the drug problem in Kansas is necessary to guide state spending. The State's diverse needs for anti-drug services, the federal restrictions attached to funding, and the statutory requirements governing the use of such funds must be considered when determining anti-drug funding priorities. These factors are considered annually when we propose anti-drug priorities and expenditures. Decisions of this magnitude have benefited from the unprecedented involvement of the Governor's leadership in anti-drug initiatives. The Governor's leadership will continue to ensure state agency coordination and collaboration.

State Agency Funding Recommendations

The following section is a brief description of the state agencies that provide alcohol and drug abuse services. Also included are the estimated expenditures for FY 1990 and recommended expenditures for FY 1991. Each state agency's role in combatting drug abuse has been reviewed to insure that they are providing a specialized and/or statutorily required service. The Governor's Office of Drug Abuse Programs has reviewed the services and funding of these state agencies with them to insure inter-agency coordination.

Drug Interdiction and Law Enforcement Support (Enforcement)

Adjutant General

The Adjutant General's Department receives funds for state operations from the U.S. Department of Defense to support the drug enforcement activities of state and local law enforcement agencies. The funds allow Kansas National Guard personnel and equipment to be used to provide aerial and ground support to state and local law enforcement agencies and for the transportation of confiscated drugs and contraband.

Drug enforcement support activities of the Adjutant General's Department are coordinated through the Kansas Bureau of Investigation. In FY 1990, the National Guard has flown 415 hours to date in support of drug law enforcement. It has been estimated that 10,800 cultivated marijuna plants – with an estimated value of $18.7 million – were eradicated through the National Guard Support Mission.

FY 1990 Estimated	FY 1991 Recommended
$348,900	$351,100

Administration, Department of

Governor's Office of Drug Abuse Programs
(Enforcement, Prevention/Education)

The Governor's Office of Drug Abuse Programs researches alcohol and other drug abuse issues, provides policy recommendations to the Governor, provides coordination for the state agencies that deliver alcohol and drug services, and directly administers two federal grant programs. The two programs are entitled "Toward a Drug-Free Kansas Criminal Justice Anti-Drug Grant Program" and "Toward a Drug-Free Kansas Governor's Discretionary Prevention Grant Program."

The Criminal Justice Grant Program provides grants for drug enforcement, prosecution, and demand reduction acitivities. In FY 1990, 39 grants totaling approximately $1.3 million were distributed to 37 cities and counties and two state agencies. Because of recent actions by Congress, there will be a significant increase in funds for this program in FY 1991. In FY 1990, the Governor's Discretionary Prevention Grant Program awarded 12 grants to community and parent groups for drug abuse prevention efforts.

FY 1990 Estimated	FY 1991 Recommended
$1,559,835	$4,837,451

Division of Personnel Services

1. Drug Screening Program
(Enforcement, Prevention/Education)

The 1988 Legislature authorized a drug screening program to be administered by the Division of Personnel Services (DPS). The law provides that drug screening will be required for certain elected and appointed officials, and applicants for safety-sensitive jobs. Employees already in safety-sensitive jobs may be required to undergo drug screening if there is reasonable suspicion that they are using illegal drugs. All test results are confidential. Drug screening was implemented November 1, 1988. During FY 1989, a total of 403 drug screens were administered. DPS estimates this number will increase three-fold by 1991.

There are 2.0 FTEs associated with the drug screening program. The program provides coordination and oversight of the integrity and effectiveness of the laboratory facility and collection sites; evaluation of drug screening procedures; identification of modifications required due to changes in technology; training of employ-

ees and supervisors; and maintenance of participant records. In addition, the staff refers employees to the State's Employee Assistance Program for confidential assistance. Employee rehabilitation, not punishment, is the goal of the drug screening program.

At the Governor's direction, the Director of Personnel Services established a drug-free workplace program in March 1989 to address alcohol and drug abuse prevention among state employees. The program provides educational materials and workshops about alcohol and drug abuse to insure the State's compliance with the federal Drug-Free Workplace Act of 1988. Provision of this program is a necessary prerequisite for Kansas' continued receipt of federal funds.

FY 1990 Estimated	FY 1991 Recommended
$205,933	$195,348

2. Employee Assistance Program (EAP) (Intervention)

Part of the State's Employee Assistance Program is LIFEline, a 24-hour, toll-free telephone number available to all state employees and their families. LIFEline is part of the Health Promotion Unit within DPS. Employees and family members may call LIFEline to receive confidential assistance for a variety of problems, including alcohol and other drug abuse. When an employee or family member calls, a professional counselor listens to the problem and refers the caller to the appropriate community resources. During FY 1989, 3 percent of all LIFEline calls related to alcohol and drugs.

Attorney General

Kansas Bureau of Investigation

1. Investigation (Enforcement)

Drug investigations and analysis are interrelated with other investigations which make estimating costs extremely difficult. The figures provided by KBI represent the direct costs of drug investigations and analysis, and do not include indirect costs. KBI field agents are stationed at strategic locations throughout the state to conduct investigations and assist local law enforcement agencies, including drug-related investigations. The KBI has 14 agents assigned to a Special Services/Narcotics Unit. Of the 14 agents, two are assigned to locate and eradicate marijuana, and the others are assigned to respond to requests from local enforcement agencies for investigative and undercover work.

Investigations are financed primarily from the State General Fund. There are two special revenue funds used to finance drug-related investigations: the Evidence Purchase and Investigation Fund and the Federal Drug Enforcement Fund for the eradication of marijuana.

FY 1990 Estimated	FY 1991 Recommended
$706,150	$668,150

2. Prosecution (Enforcement)

An Assistant Attorney General is assigned to the KBI to handle prosecutions, post-conviction proceedings and other legal matters. The KBI estimates that a significant portion of the Assistant Attorney General's time is spent on drug and alcohol cases. For FY 1990, an estimated $18,000 is attributed to prosecutorial expenditures on drug and alcohol-related cases

FY 1990 Estimated	FY 1991 Recommended
$18,000	$18,250

3. Crime Prevention Unit (Education/Prevention)

There are 2.0 FTEs assigned to the KBI Crime Prevention Unit. This unit provides instructional services and printed materials for public education on crime prevention, including information concerning alcohol and drugs. All expenditures are from the State General Fund.

FY 1990 Estimated	FY 1991 Recommended
$26,300	$27,035

4. Forensic Laboratory Program (Enforcement)

The forensic laboratories at Great Bend and Topeka provide forensic examinations and services to law enforcement agencies within the State. In addition to the examination of evidence, lab personnel provide expert testimony in Kansas criminal court proceedings regarding the results of examinations. There are six different laboratory sections where 28 different types of examinations are performed.

Although most examinations involving alcohol- and drug-related crimes are performed in the Chemistry Unit, several other units may also examine the evidence, depending on the nature of the crime. The KBI estimates costs of alcohol-and drug-related examinations performed in the laboratories as follows:

FY 1990 Estimated	FY 1991 Recommended
$423,700	$433,800

Corrections, Department of

Institutional Substance Abuse Programs

1. Alcohol and Drug Addiction Primary Treatment (ADAPT) (Intervention/Treatment)

Substance abuse programs are offered at seven Kansas correctional facilities. The ADAPT program is an intensive day treatment program, usually 45 days in length, and usually providing at least eight hours of structured alcohol and drug abuse activities each day, including ten hours per week in group or individual counseling. The total number of treatment slots for FY 1990 is 275, in which 1,780 inmates will receive primary treatment.

Additionally, beginning in FY 1990, inmates in four of these facilities also have access to alternative substance abuse counseling and aftercare counseling programs. Substance abuse counseling is suitable for inmates whose substance abuse problem is not deemed serius enough to warrant treatment – 300 slots will serve 1,200 inmates in this capacity.

Aftercare counseling is designed as a six-month program to provide a bridge between intensive treatment and reintegration into society – 600 inmates will receive aftercare treatment in 300 slots in FY 1990. Also in FY 1990, all inmates will receive substance abuse educational workshops during their orientation at a correctional facility.

FY 1990 Estimated	FY 1991 Recommended
$1,215,958	$1,192,810

Community Substance Abuse Programs

1. Intermediate Treatment (Treatment)

The intermediate treatment program provides a 24-hour therapeutic setting for diagnostic and primary treatment to clients whose history of substance abuse demonstrates a need for an intensive treatment environment. The program provides a minimum of 40 hours per week of structured activities, including 10 hours of individual, group or family counseling. The treatment also provides resocialization services, including discharge planning, alternative planning, job-seeking and job-placement skills, and socialization skills. A total of 47 slots are available for this program in FY 1990.

FY 1990 Estimated	FY 1991 Recommended
$490,287	$507,644

2. Reintegration Treatment (Treatment)

The reintegration treatment program (halfway house) provides a supportive, 24-hour residential living environment for recovering substance abusers. Available services include alcohol and drug counseling, discharge counseling and vocational counseling. In FY 1989, eight slots were available. The level of reintegration services will increase in FY 1990.

FY 1990 Estimated	FY 1991 Recommended
$301,243	$294,699

Corrections (Cont.)

3. Day Treatment (Treatment)

This program provides intensive treatment to clients who normally do not stay at the facility but meet for approximately four hours per day. The program is designed to allow employed clients to continue working while in treatment.

FY 1990 Estimated	FY 1991 Recommended
$28,500	$28,500

4. Outpatient Counseling (Treatment)

This program provides outpatient alcohol and drug abuse counseling in a therapeutic setting on both a scheduled and non-scheduled basis to clients functioning within the community. The program offers individual, group, motivational and crisis intervention counseling. In FY 1990, the agency anticipates 225 slots will be available.

FY 1990 Estimated	FY 1991 Recommended
$241,660	$241,686

Education, Department of

Drug-Free Schools Programs
(Prevention/Education)

In FY 1988 the Kansas Department of Education began receiving federal funds under the Anti-Drug Abuse Act of 1986 for direct technical assistance to school districts in developing local anti-drug and alcohol education programs. Grants were made to states on the basis of school-age population; 90 percent of each state's entitlement must be passed through to local units.

In FY 1990 an estimated 288 Kansas school districts will receive direct technical assistance, with more than 3,500 teachers and administrators participating in staff development and leadership activities. Once trained, these teachers and administrators will work with students and community members to promote drug abuse prevention activities.

FY 1990 Estimated	FY 1991 Recommended
$1,912,094	$3,875,211

Other Programs

In addition to the aforementioned program, the Kansas Department of Education incorporates anti-drug abuse information, as appropriate, into other activities – i.e. through curriculum assistance in driver education training and health and physical education. Specific costs are difficult to determine.

Fee-Funded Agencies

Impaired Provider Programs
(Intervention/Treatment)

Six licensing agencies provide intervention services for professionals under their jurisdiction who are impaired because of alcohol or other drug abuse. These programs are funded from the agencies' fee funds. The agencies contract with professional associations and other organizations to provide these services.

Agency	FY 1990 Estimated	FY 1991 Recommended
Board of Healing Arts	$200,058	$210,532
Board of Pharmacy	$22,529	$22,000
Kansas Dental Board	$14,000	$17,000
Board of Nursing	$45,000	$50,000
Board of Veterinary Examiners	$20,700	$25,700
Board of Optometry Examiners	$3,500	$5,000

Health & Environment, Department of

Certification of Breath Alcohol Instruments and Operators
(Enforcement)

The Kansas Department of Health and Environment (KDHE) has statutory responsibility for certifying evidential breath-testing instruments and operators. The Breath Alcohol Unit of the KDHE Laboratory provides training and performance evaluation for operators of evidential breath alcohol measurement instruments.

Operating expenditures are used to support training and certification requests for instruments and operators. Five Highway Patrol personnel assist KDHE as trainers in this effort. Currently, 84 law enforcement laboratories meet the requirements for breath alcohol certification. In FY 1988, KDHE provided 750 law enforcement personnel with improved technical knowledge through operator certification programs. KDHE estimates 1,750 individuals will participate in certification programs in FY 1990.

Through federal funds, under a sub-grant received through the Kansas Department of Transportation, funding is available for the purchase of breath alcohol testing equipment for additional local law enforcement agencies. The KDHE certification program provides a major source of statewide information from each breath alcohol agency as to number of tests, measured alcohol concentrations, refusals and alcohol-related accidents and fatalities.

FY 1990 Estimated	FY 1991 Recommended
$220,000	$363,200

Approval of Drug-Testing Laboratories
(Intervention/Treatment)

Kansas law includes laboratories which perform tests for Schedule I and II controlled substances in the list of labs which must be approved by the Secretary of KDHE. Implementing rules and regulations became effective October 2, 1989. Thirteen labs currently are approved and several others are in various stages of the approval process. Annual on-site evaluations insure compliance with certification requirements. KDHE has worked closely with the Department of Corrections and the Office of Judicial Administration in the implementation of the regulations. The estimated fiscal impact is expected to be minimal, since the majority of the labs performing such tests already have KDHE approval for clinical laboratory certification.

KDHE (Cont.)

Alcohol and Drug Education Activities
(Prevention/Education)

Through several divisions and offices, KDHE provides drug and alcohol information in pamphlets, films and other materials to local health departments, schools, citizens, community groups and health care professionals. As alcohol and drug abuse information may be only a portion of the information contained in such promotion materials, it is difficult to arrive at actual costs.

FY 1990 Estimated	FY 1991 Recommended
$26,000	$26,200

Fetal Alcohol Syndrome Reporting
(Prevention/Education)

Kansas law requires hospital administrators to report fetal alcohol syndrome, as well as congenital malformations and other problems in infants up to one year of age, to the Secretary of KDHE. Such reports are entered into the birth certificate computer program, thereby allowing continued monitoring of such conditions. Eight cases of fetal alcohol syndrome were reported in 1987, the last year for which complete statistics are available. Administrative costs to the department are minimal, since such reporting is linked to other required reporting activities.

AIDS Health Education/Risk Reduction, Alcohol and Drug Abuse
(Prevention/Education)

All AIDS Health Education /Risk Reduction programs funded by or through KDHE identify the risk of HIV transmission due to risk behavior such as the use of alcohol and drugs. KDHE staff coordinates with SRS/ADAS in program planning and development and attends ADAS training. Administrative costs are difficult to determine.

Women, Infants and Children (WIC) and Related Programs
(Prevention/Education)

As part of ongoing school health and maternal/child health programs, KDHE provides general information on alcohol and drug abuse. New regulations of the federally funded WIC program require the provision of information on drug and alcohol abuse to expectant mothers. Education and referral information will be provided as a part of ongoing client services, usually through local health departments. Costs to KDHE are minimal and cannot be separated from overall program expenditures.

Model Projects for Pregnant and Postpartum Women and Infants
(Prevention/Education)

KDHE, in cooperation with SRS/ADAS, has submitted an application for a federal grant known as "Model Projects for Pregnant and Postpartum Women and Their Infants." If approved, this grant will provide five years of funding, beginning with $212,000.

Kansas Highway Patrol

Alcohol Traffic Safety Grant
(Enforcement, Prevention/Education)

The Kansas Highway Patrol plans to conduct statewide training through at least FY 1993 in the detection, apprehension and prosecution of drunk drivers. The Patrol will furnish four existing officers to train 5,000 Kansas law enforcement officers, breath alcohol machine operators, prosecutors and judges in the proper use of breath alcohol devices.

The goal of the program is to increase DUI arrests from the 14,353 reported in 1987 to 32,000 annually. Working closely with KDHE, an effective support system is being developed to assist local agencies in administering their DUI programs. This program is funded by a Kansas Department of Transportation grant (Federal Section 408 Program).

Two additional programs have been implemented under this grant. An innovative program to encourage the use of designated drivers was introduced in the Wichita area during the 1989 holiday season. Expansion of this program is expected statewide in 1990. Also in 1989, Highway Patrol personnel attended three instructor training classes and developed courses on field sobriety tests, traffic safety, drinking and driving and youth drug abuse.

FY 1990 Estimated	FY 1991 Recommended
$53,167	$115,385

Motorcycle Enforcement Safety Grant
(Enforcement)

The primary goal of this program is enforcement of the 55 mph speed limit. A secondary goal is increased DUI arrests. Therefore, for the purposes of this report, funding is not reported as strictly "alcohol and drug" funds by KDOT or KHP. This program does impact on DUI arrests.

This grant from KDOT provides for the purchase of 10 motorcycles, supporting equipment, training and salaries for a three-year period. The motorcycle officers are assigned to the metropolitan areas of Kansas City and Wichita. They will work the areas where it is difficult for an officer in a patrol car to function due to traffic volume and highway design. They will work the DUI check lanes with troopers from their area and be a definite asset toward our DUI enforcement efforts.

FY 1990 Estimated	FY 1991 Recommended
$617,631	$415,050

Marijuana Eradication Program
(Enforcement)

The Patrol continues to be actively engaged, with the Federal Drug Enforcement Administration (DEA), in the eradication of marijuana. The Patrol's aircraft troop received $8,700 for reimbursement of aircraft fuel and to purchase two video cameras. The Patrol will actively pursue this program again in the upcoming marijuana growing season.

FY 1990 Estimated	FY 1991 Recommended
$8,700	$8,700

Judicial Administration, Office of

Alcohol and Drug Safety Action Program (ADSAP)

(Treatment)

K.S.A. 8-1008 establishes community-based alcohol and drug safety action programs to provide the following: 1) pre-sentence alcohol and drug evaluations of any person convicted of DUI; 2) supervision of all persons convicted of DUI whose sentences or terms of probation required completion of an ADSAP program or an alcohol and drug treatment program; 3) alcohol and drug evaluation of those eligible for diversion; and 4) supervision of all persons required by a diversion agreement to complete an ADSAP program or an alcohol and drug abuse treatment program.

A fee of $110 is assessed against all persons convicted of driving under the influence of alcohol or drugs or entering into a diversion agreement. The fee may be waived if the individual is indigent. The assessment is charged by municipal and district courts and deposited in the respective court's alcohol and drug safety fund. Generally, the administrative judge of the judicial district certifies ADSAP programs in the judicial district.

If the administrative judge declines to certify ADSAP programs, then the Secretary of SRS is authorized to certify the ADSAP programs in that judicial district. The law provides that if the Secretary of SRS certifies the ADSAP programs, 15 percent of the $110 fee assessed against the person and collected by the court is transferred to SRS. Money collected by the court is to be used only for the expense of purchasing services, except that not more than 10 percent of the money may be expended to recover the expenses of the court. The Office of Judicial Administration does not collect data on ADSAP funds of the municipal and district courts.

Alcohol Traffic Safety Grant
(Education)

The Office of Judicial Administration has a one-year federal Highway Safety Act grant (Section 408) from the Kansas Department of Transportation to be used for training municipal, district and appellate judges on various aspects of the Kansas DUI laws.

Drug Testing Program
(Enforcement)

Governor Hayden has recommended $50,000 in State General Funds in FY 1991 for a pilot drug testing program for probationers. These funds may be used as a match for additional federal funds to expand the program.

FY 1990 Estimated	FY 1991 Recommended
- 0 -	$50,000

Regents, Board of

Alcohol and Drug Abuse Education
(Education)

Programs and activities of the Kansas Board of Regents and the Regents institutions, relating to alcohol and drug abuse education, intervention and support services, are directed primarily toward two targeted audiences – i.e. institution employees and the students who attend one of the seven colleges or universities which make up the Regents system of public higher education.

The Board of Regents has appointed a system-wide Committee on Substance Abuse/Regents institutions, composed of representatives from each Regents institution. The primary focus of this group is student education and awareness. Activities include:

- The printing and distribution of an educational pamphlet to all students during the Fall of 1988;
- Support for campus programs related to the National Collegiate Alcohol Awareness Week and the National Collegiate Drug Abuse Awareness Week;
- Assistance with the establishment of local campus, "Boost Alcohol Consciousness Concerning the Health of University Students" (BACCHUS) chapters;
- The planning and sponsoring of Regents Conferences on Substance Abuse Issues; and
- The coordination of efforts to join the National Network of Drug-Free Colleges and Universities.

The Athletic Directors of the Regents institutions have worked together to support the publication of a nationally distributed textbook, *Athletes At Risk: Drugs and Sport,* which is expected to be a leading educational publication in this field.

Each Regents institution offers several on-going programs which provide student education and support services with respect to substance abuse issues. These efforts are provided via different outlets campus-wide – e.g. in classrooms, in residence halls, in Greek organizations, through athletic departments, through counseling services, through student health services, and through student affairs offices. Students are encouraged to assume leadership roles in many of the programs and activities.

Each institution also offers numerous on-going programs to assist its employees. Each campus follows the dictates of the federal Drug-Free Workplace Act of 1988. Alcohol and drug abuse education programs for faculty and staff are integral parts of campus Employee Assistance Programs. These programs provide education, intervention and referral services to help employees cope with personal problems and concerns which could affect their satisfactory job performance. The campuses also coordinate and work with DPS to provide employee services and assistance.

Neither the Board of Regents nor the Regents institutions receive appropriations from the state of Kansas specifically related to substance abuse. Most activities and programs are provided as a part of other campus operations and are funded by the State General Fund and/or student fees. In 1987, the Board of Regents did receive an allocation of $100,000 from the Governor's Office specifically for substance abuse activities. These funds have supported the activities and work of the system-wide committee.

Additionally, many of the campuses and/or faculty are recipients of federal, state, local or private grants which fund important substance abuse research and educational efforts. Many campus faculty and administrators are national leaders in the field of substance abuse education.

FY 1990 Estimated	FY 1991 Recommended
$1,416,536	$1,416,536

Revenue, Department of

Division of Vehicles: Driver Control/Driver License Bureau (Enforcement)

The Driver Control Bureau maintains individual driver history records and takes appropriate action against individual license privileges when dictated by statute or court. This includes the processing of DUI-related convictions, diversion agreements and license reinstatements. In FY 1989 the Bureau imposed approximately 14,000 DUI license suspensions and diversion agreements and processed 14,400 refusals/failures of chemical tests to detect blood alcohol content. The bureau also monitored 13,000 individuals who were required to maintain proof of financial security on file with the Division due to DUI convictions.

The Driver License Examination Bureau is responsible for the examination and licensure of drivers. This bureau administered approximately 5,400 driving tests for reinstatement of privileges suspended as a result of DUI convictions.

The Driver Control Bureau has 7 FTEs devoted exclusively to the processing of DUI-related convictions. This amounts to an estimated $132,200 in salaries, wages and benefits in FY 1990.

FY 1990 Estimated	FY 1991 Recommended
$132,200	$138,000

Division of Taxation – Legal
(Enforcement)

In 1987 the Kansas Legislature authorized the taxation of marijuana and other controlled substances. This legislation requires any person in possession of marijuana or other controlled substance to purchase tax stamps; it also provides both civil and criminal penalties for failure to pay the tax.

Referrals of persons found to be in possession of controlled substances without the appropriate tax stamps are made by local and state law enforcement agencies. An assessment is made by the Department of Revenue, based on the information provided. In the event of an appeal (which would first be heard by the Department of Revenue), the taxpayer has the burden of proving the assessment to be in error.

This legislation was the subject of a constitutional challenge. The Kansas Supreme Court upheld the constitutionality of the law and further challenges have not been brought.

To date, the number of referrals has not necessitated additional personnel or equipment. Two attorneys and three other staff devote approximately 10 percent of their time to drug law enforcement.

FY 1990 Estimated	FY 1991 Recommended
$10,300	$10,300

Revenue (Cont.)

Division of Alcoholic Beverage Control – Criminal Fraud Unit
(Enforcement)

The Division of Alcoholic Beverage Control has statutory responsibility to regulate and enforce the Kansas Liquor Control Act. In addition to this responsibility, the 31 Revenue Enforcement Agents are charged with the responsibility of enforcement of the marijuana and controlled substance tax laws.

Revenue Agents are stationed throughout Kansas. Agents have full law enforcement authority and work closely with local and state agencies in investigations pertaining to alcohol and drug tax violations. Revenue Agents make arrests and issue summons for violations and request administrative actions against licensees under the authority of the Director of the Division of Alcoholic Beverage Control. Agents perform financial and criminal background investigations of licensees and potential licensees to insure compliance with legal licensing requirements.

Agents assist local law enforcement agencies in drug raids and identify assets and resources which may be used to satisfy drug tax violations assessments. Agents perform net worth investigations and provide resource documentation to determine taxable assets which might not otherwise be seized under the drug tax statutes. A revenue analyst is assigned to the ABC Division to coordinate drug asset investigations with the Division of Taxation and the Legal Services Bureau, to insure that investigative information is provided for asset seizure of drug violators. This position works closely with investigations, audit, taxation and legal services to insure full compliance with drug tax laws.

The Division provides educational presentations to law enforcement, liquor industry, student and citizen groups. These presentations are designed to enhance compliance and increase awareness of the problems relating to violations of the liquor laws and abuse of alcohol. Law enforcement training includes information concerning the drug tax laws and the role of the Revenue Enforcement Agents in the investigation of violations, both criminal and adminsitrative.

FY 1990 Estimated	FY 1991 Recommended
$1,331,648	$1,380,644

Social and Rehabilitation Services, Department of

Alcohol and Drug Abuse Services (ADAS)

Alcohol and Drug Abuse Services (ADAS), within the Department of Social and Rehabilitation Services (SRS), was created in 1975 to plan, develop and implement a regional program of prevention, intervention and treatment services. ADAS employs 27 FTEs, and its main functions include:

- ❑ Funding, monitoring and evaluating treatment and prevention programs;
- ❑ Collecting, developing and disseminating accurate information; and
- ❑ Providing program development services such as training and technical assistance.

FY 1990 Estimated	FY 1991 Recommended
$1,103,890	$1,122,903

1. ADAS Treatment Services (Treatment)

Nearly 50 percent of the 32,500 admissions to Kansas treatment programs in FY 1989 were served by 52 ADAS-funded treatment programs for indigent clients. These funds provide 37 outpatient treatment programs and 600 beds for residential programs.

➡ **Social Detoxification Programs**

Social detoxification programs last 21 days or less and provide 24-hour, non-hospital treatment to persons under the influence of alcohol or other drugs. These programs are for persons undergoing social detoxification who are free from severe physical or psychiatric complications. They serve clients who are ambulatory, require no physical restraints, and have the ability to benefit from a structured non-hospital setting. Continuous supervision of the client is provided by specially trained staff.

FY 1990 Estimated	FY 1991 Recommended
$700,328	$700,327

SRS (Cont.)

➦ Intermediate Programs

Intermediate programs provide 24-hour diagnostic/primary treatment services to residential clients. These programs are for clients who have a history of alcohol and/or drug abuse which demonstrates a need for time-limited intensive treatment. Clients must be detoxified, ambulatory and capable of self-care. These clients do not require major medical or psychiatric care. In the past two years an added emphasis has been placed on continuing care counselors assisting clients with recovery once they leave primary treatment.

FY 1990 Estimated	FY 1991 Recommended
$3,353,127	$3,863,960

➦ Outpatient Programs

Outpatient programs provide non-residential alcohol/drug abuse treatment in a therapeutic setting. Services are provided to individuals and their families with a history of alcohol/drug abuse. Outpatient services are directed to individuals whose physical and emotional status allows them to function in their communities.

Outpatient day treatment services are intensive (at least 20 hours in a five-day week). Clients are detoxified, ambulatory, capable of self-care, and do not require major medical or psychiatric care. Counseling, structured activities, employment and recreation are major focuses of day treatment. Medical services, psychometric testing, alcohol/drug abuse education and referral services are available as needed.

FY 1990 Estimated	FY 1991 Recommended
$1,662,313	$1,762,313

➦ Group Home Loan Program

The 1989 Legislature authorized this loan program for drug treatment center improvements.

FY 1990 Estimated	FY 1991 Recommended
$110,000	$110,000

➦ Reintegration Programs

Reintegration programs provide 24-hour, supportive residential accommodations for recovering alcohol/drug abusers who have completed preliminary treatment. Counseling and structured activities assist the clients in re-entering society, with a focus on gainful employment and maintaining recovery after leaving the program. These programs are for clients who are detoxified, ambulatory, capable of self-care and not in need of acute medical or psychiatric care.

FY 1990 Estimated	FY 1991 Recommended
$1,650,049	$1,650,049

➦ Youth Home Counselors

ADAS funds eight alcohol and drug addiction counselors who are stationed in youth group homes throughout Kansas. These group homes are in Kansas City, Topeka, Newton, Wichita, Garden City and Pittsburg.

FY 1990 Estimated	FY 1991 Reecommended
$240,000	$240,000

➦ Other Miscellaneous

This includes recent federal grants to SRS/ADAS to reduce treatment waiting lists, to produce research data and to expand prevention services.

FY 1990 Estimated	FY 1991 Recommended
$529,980	$580,000

SRS
(Cont.)

2. ADAS Licensure and Certification (Treatment)

All facilities, public and private, which provide habilitation or rehabilitation services to substance abusers must be either licensed or certified according to state statute. ADAS consultants review facilities for safety standards, program policies, personnel manuals, treatment services and compliance with federal confidentiality laws. The number of programs licensed or certified has increased from 157 in FY 1984 to 336 in FY 1989. Approximately 40 percent of these licensed program services are exclusively for indigent clients. The costs for these services are included in the administration expenditures.

3. ADAS Prevention Services (Prevention/Education)

The Alcohol and Drug Regional Prevention Centers began in 1987 as part of the "Toward a Drug-Free Kansas" program. There currently are 10 centers, the goal being 12 centers by FY 1991 so all 105 Kansas counties will have access to these prevention services.

The Regional Prevention Centers provide information, consultation, training and other assistance to individuals or groups who work with children and youth in their communities. Participants include teachers, parents, youth leaders, churches and civic and social groups. Services include: information, drug-free alternative activities, social policy development, community coordination and development, life skills development and intervention training. The Regional Prevention Centers provided services to an estimated 165,370 Kansans in FY 1989.

In addition to the Regional Prevention Centers, ADAS funds several specialized grants. These include School Team Training for Substance Abuse Prevention; Kansas Project STAR (Students Taught Awareness and Resistance), in cooperation with the Ewing Kauffman Foundation; a program for Spanish-speaking persons in Wyandotte County; and a program for women in the Johnson County area. ADAS funds a comprehensive evaluation program to determine the effectiveness of ADAS-funded prevention programs and the Kansas Drug-Free Schools initiative.

FY 1990 Estimated	FY 1991 Recommended
$1,813,307	$2,228,762

4. ADAS Resource Center (Prevention/Education)

ADAS maintains a Resource Center for the distribution of drug awareness pamphlets, booklets, films and videos. In the last 12 months, nearly 500,000 pieces of printed material and 64,000 posters were distributed.

SRS Youth Centers

1. Alcoholism Unit Directors (Treatment)

The 1989 Legislature approved funding for full-time Alcoholism Unit Directors at the state's four Youth Centers for FY 1990. Three of the positions were funded from the State General Fund, at $25,000 per position. The remaining position, at the Youth Center at Beloit, was funded through the federal Alcohol, Drug Abuse and Mental Health Block Grant. The Alcoholism Unit Directors are responsible for assessment, staff training and program development. Their role is to insure that all program elements infuse drug and alcohol issues into the regular activities. In addition, they will design programs at the Youth Centers which incorporate elements of prevention, education and treatment.

FY 1990 Estimated	FY 1991 Recommended
$100,440	$108,837

2. After-Care (Treatment)

SRS currently contracts with Valley Hope Association for after-care outpatient support services for 100 youth returning from the Youth Centers to the three metropolitan areas of the state. As of June 30, 1989, 60 youth from the Youth Center at Topeka, one from the Youth Center at Larned, 20 from the Youth Center at Beloit and 11 from the Youth Center at Atchison received outpatient treatment at Valley Hope.

FY 1990 Estimated	FY 1991 Recommended
$85,000	$85,000

SRS (Cont.)

Income Maintenance and Medical Services

1. Medical Assistance (Treatment)

Under the Medical Assistance Program, reimbursement is provided for inpatient hospital services and for detoxification for medical conditions due to drug and alcohol abuse. There currently are 29 certified medical units in the state, including units at two state mental health hospitals. Detoxification services may be provided at any general hospital.

Until July 1, 1989, reimbursement for inpatient substance abuse treatment was handled on a per diem basis, and the medical necessity of the admission to the hospital was reviewed concurrently with the inpatient stay. For KAN Be Healthy participants, inpatient substance abuse treatment was covered at up to three admissions per lifetime and up to 45 days per admission. For other Medical Assistance recipients, substance abuse treatment was covered at up to three admissions per lifetime and up to 25 days per admission. Detoxification was covered at up to eight days per admission.

Effective July 1, 1989, the Medical Assistance Program began using the diagnosis-related groups (DRG) reimbursement method for all types of inpatient care. The Program now requires prior authorization for inpatient substance abuse treatment; prior authorization is *not* required for detoxification. There are five DRGs for substance abuse treatment, including detoxification.

The reimbursement amount for each DRG was determined from the paid claims history for such services. However, reimbursement for some of the DRGs appears to be illogical, in light of discrepancies in past claims history. The correction of problems in reimbursement amounts is underway.

SRS plans to shift funds and service emphasis from inpatient hospital treatment to community-based intermediate treatment. This will occur as savings in inpatient hospital care are identified and applied to intermediate alternatives. SGF funding, based upon inpatient savings, will be transferred from the Medical Assistance Program to ADAS, to assist in the expansion of intermediate-level treatment programs.

Expansion of existing intermediate programs and development of new programs will proceed by specific locations. As intermediate programs are developed, reimbursement for inpatient hospital treament in that locality will cease. Reimbursement for detoxification will continue to be made to any general hospital.

Through this process, SRS will continue to secure federal participation at the current level. In fact, federal participation may expand – SGF currently appropriated to ADAS (and not matched with federal funds) through Medicaid carries the potential for a future federal match. More clients will be served, at significantly lower cost per capita, and more federal dollars will be drawn to the treatment system. This savings in state general funds to is further discussed in Appendices A and B.

FY 1990 Estimated	FY 1991 Recommended
$4,500,000	$3,270,000

2. General Assistance for Persons in Alcohol/Drug Treatment (Treatment)

The General Assistance (GA) Program provides cash assistance to individuals and families who do not qualify for Aid to Families with Dependent Children or Supplemental Security Income and who, with a few exceptions, are considered unemployable. GA clients are typically over age 54 or disabled. The average monthly grant is $136, which most recipients receive directly. For indigent persons in alcohol and drug treatment facilities, GA funds are incorporated into the overall grant to the facility. The amount of GA funding in the grant is based on previous numbers of GA eligibles served by that facility.

FY 1990 Estimated	FY 1991 Recommended
$511,438	- 0 -

Osawatomie State Hospital

Substance Abuse Program (Treatment)

This 45-bed, 30-day evaluation and treatment program is similar to the Larned State Hospital Substance Abuse Program, which is described on Page 44.

FY 1990 Estimated	FY 1991 Recommended
$1,094,943	$1,149,479

SRS (Cont.)

Larned State Hospital

1. Substance Abuse Program (Treatment)

This 20-bed, 30-day program provides evaluations and mental health services to adults who need full-time inpatient treatment for substance abuse. Patients may be either admitted voluntarily or committed through civil proceedings.

2. Chemical Dependency Recovery Program (Treatment)

This 43-bed, 30-day evaluation and treatment program is part of the Special Security Program (SSP) at Larned State Hospital. Although persons committed by the district courts are treated in this program, the majority of patients are minimum- and medium-security prisoners in the custody of the Department of Corrections. The program serves all Kansas counties. The program's budget is contained in the SSP budget and the exact annual cost is not available The approximate cost, based on the SSP cost-per-bed, is shown below.

FY 1990 Estimated	FY 1991 Recommended
$2,260,340	$2,361,688

Mental Health and Retardation Services

Community Mental Health Centers (Treatment)

Community mental health centers provide substance abuse treatment and are reimbursed through grants from ADAS or through the Medical Assistance program. Funding pertaining to these grants for alcohol and drug services is included in the ADAS section.

Transportation, Department of

Highway Traffic Safety
(Enforcement, Prevention/Education)

The U.S. Department of Transportation Section 402 Program provides federal funds to state and local governments to foster increased local efforts in alcohol/highway safety, safety belt usage, speed limit compliance and other safety programs. KDOT allocates approximately 85 percent of Section 402 funds to local units of government. The remaining funds are used for state agency projects. Section 402 funding also supports prevention and education efforts through various youth programs, such as the annual Project Graduation workshops.

KDOT developed a three-year Highway Safety Plan for Federal FY 1988 through Federal FY 1990. The annual goal has been to reduce the number of alcohol-related fatalities and injury crashes in Kansas. Based on size, need and availability of local support, the following sites were selected for funding: Wichita, Sedgwick County, El Dorado, Hutchinson, Overland Park, Salina, Topeka and Lawrence.

Using nighttime fatalities as a surrogate measure, KDOT reports that the number of fatalities has dropped from 2,286 in 1980 to 1,746 in 1988. The goal for 1990 is a 10 percent decrease, or a reduction to 1,404 total fatalities.

FY 1990 Estimated	FY 1991 Recommended
$1,011,165	$867,712

KDOT (Cont.)

Alcohol Traffic Safety
(Enforcement, Prevention/Education)

The U.S. Department of Transportation Section 408 Program provides federal funds to state and local governments as an incentive for development and implementation of drunk/drugged driving countermeasures. Basic and supplemental grant criteria require substantiated increases each year in DUI arrests, DUI convictions, public information efforts, etc. The grant is available for a maximum of five years; continued funding is contingent upon increased performance in each previous year. Statewide initiatives implemented in years one and two, FY 1989 and FY 1990, respectively, include:

- Training of municipal and district court judges in DUI adjudication, funded through the Supreme Court;
- Training of prosecutors through the Kansas County and District Attorney's Association;
- Dissemination of a public information and education campaign toward targeted groups;
- Local community assistance in the development of task forces to promote awareness and support identified needs;
- Implementation of a statewide standardized breathtesting system, funded through KDHE;
- Training of all law enforcement officers in detection, apprehension and field sobriety testing through the Kansas Highway Patrol;
- The purchase of a gas chromatograph for automated processing of blood samples at the KBI;
- The purchase of preliminary breathtesting devices to distribute to law enforcement agencies statewide; and
- Establishment of a statewide youth leadership training center aimed at the development of drug-free lifestyles among youth.

DUI arrests have increased 44 percent, from 9,986 in 1980 to 14,405 in 1988 . The projected increase for 1989 is 7 percent, or 15,413 arrests. The goal for 1990 is 10 percent, or an increase to 16,954.

DUI convictions rose from 6,057 in 1980 to 12,194 in 1988. The projected increase for 1989 is 21 percent, to 14,632. The goal for 1990 is an increase of 10 percent, to 16,096.

FY 1990 Estimated	FY 1991 Recommended
$335,062	$335,062

ALCOHOL TRAFFIC SAFETY
(Enforcement, Prevention/Education)

The U.S. Department of Transportation Section 410 Program is an alcohol incentive grant program being considered by Congress for initial funding this year. If authorized, Section 410 will be structured similarly to Section 408, but will be available for only three years. A contingency of $690,000 was budgeted by KDOT in FY 1991, assuming Kansas' qualification. Enhancement and expansion of the Section 408 program is planned at this time.

FY 1990 Estimated	FY 1991 Recommended
- 0 -	$690,000

Treasurer, State

Local Alcoholic Liquor Aid
(Treatment, Prevention/Education)

K.S.A. 79-41a01 *et seq* imposes a 10 percent tax on gross receipts derived from sales of alcoholic liquor by private clubs. Consumers pay the tax to private club operators, and the operators remit the tax to the Department of Revenue. The Department of Revenue deposits liquor tax receipts in the State Treasury as follows: 70 percent to the Local Alcoholic Liquor Fund, 25 percent to the State General Fund, and 5 percent to the SRS Community Alcoholism and Intoxication Programs Fund.

The State Treasurer is responsible for quarterly distributions to cities and counties from the Local Alcoholic Liquor Fund. Each city generally receives 70 percent of liquor taxes collected within city limits; counties receive 70 percent of liquor taxes collected outside of city limits. [For cities with populations of 6,000 or less, 23 1/3 percent of the liquor taxes collected from clubs within city limits is remitted to the county, rather than to the city.]

State law dictates that one-third of the money returned to cities and counties be used for local general funds, one-third for local parks and recreation funds, and one-third for local Special Alcohol and Drug Programs funds. Consequently, although $8.1 million will be returned to local governments in each fiscal year, only $2.9 million will be used for local alcohol and drug services.

State law also requires that money in the local Special Alcohol and Drug Programs fund be spent on alcohol and drug abuse prevention, education, intervention and/or treatment. In all instances, the city or county governing body is responsible for approving grant awards.

FY 1990 Estimated	FY 1991 Recommended
$2,902,666	$2,902,666

Boating Safety
(Treatment, Prevention/Education)

The Department of Wildlife and Parks uses state operations funds from the Boating Fee Fund to purchase brochures, billboard advertisements and TV public service announcements which emphasize the danger of alcohol and other drug use while boating.

FY 1990 Estimated	FY 1991 Recommended
$20,000	$20,000

Wildlife and Parks, Department of

Appendices

State Agency Expenditures: FY 1988 – FY 1991

Appendix A:
Alcohol and Drug Abuse Expenditures

The tables and charts in Appendix A show the estimated and recommended state agency anti-drug expenditures for FY 1990 and FY 1991. This section also includes a four-year comparison of state-sponsored alcohol and drug abuse program expenditures. The following narrative explains several trends and policies which are reflected in the subsequent tables.

State and Federal Funding

We have made significant progress in the funding of alcohol and drug abuse programs in Kansas, thanks to the strong commitment of both our Governor and our Legislature. Moreover, the federal Anti-Drug Abuse Acts of 1986 and 1988 and the National Drug Strategy of 1989 have dramatically boosted our State's ability to increase anti-drug services and programs. In SFY 1988, when the Toward a Drug-Free Kansas Program began, our state's total anti-drug commitment was slightly over $24 million ($15,017,601 in state funding and $9,020,825 in federal funding). By comparison, Governor Hayden's SFY 1991 budget recommendation calls for a total anti-drug budget of over $41.2 million ($18,564,865 in state funding and $22,672,124 in federal funding).

These figures reflect a 24 percent increase in state anti-drug spending; a 151 percent increase in federal drug funding and a 72 percent increase in total anti-drug spending in Kansas in just four years! Clearly, Kansas is continuing its commitment to expanding anti-drug abuse services.

Prevention, Treatment and Enforcement Services

Historically, both Kansas and the federal government have responded to the problems of alcohol and drug abuse with larger investments in treatment and significantly smaller investments in education, prevention and enforcement. As a comparative illustration we selected 1988 as the base year, since this was the first full year to be impacted by the new federal Anti-Drug Abuse Act, which resulted in new federal funds for all three areas of anti-drug programs in our state. In FY 1988, for example:

- 74 percent – $17,799,779 – of all anti-drug funds were spent on treatment services;
- 15 percent – $3,677,281 – of the funds were spent on prevention and education programs; and
- 11 percent – $2,561,366 – of the funds were spent on anti-drug enforcement initiatives.

By contrast, Governor Hayden's FY 1991 budget recommendations for anti-drug spending propose a more balanced approach:

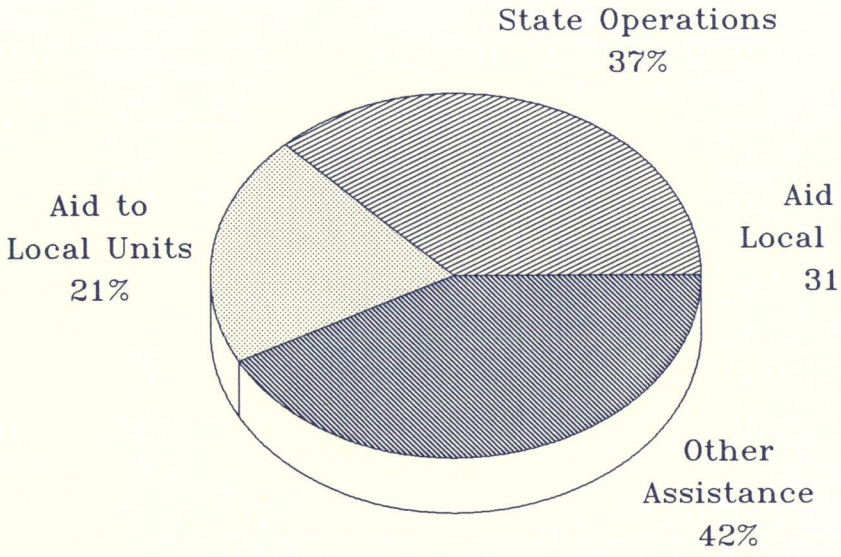
- 53 percent – $21,704,603 – of all anti-drug funds be spent on treatment services, a 22 percent increase over the 1988 expenditure level.
- 25 percent – $10,249,142 – of the funds be spent on prevention and education programs, a 179 percent increase over the 1988 expenditure level. [This figure reflects a relatively small expenditure in 1988 in this category and significantly increased federal funds since then.]
- 22 percent – $9,283,244 – of the funds be spent on enforcement initiatives, a 262 percent increase over the 1988 expenditure level. [This figure reflects a relatively small expenditure in 1988 in this category and significantly increased federal funds since then, particularly in the last federal appropriation.]

Although federal and state treatment spending has increased over the four years, these increases have not been as great as the corresponding increases in prevention, education and enforcement. Again, because the base for treatment spending is significantly larger than in the other two areas, it is impossible to show similar percentage gains over the four years reflected in the tables. The total spending recommended for treatment in FY 1991 is lower than the FY 1989 actual and FY 1990 estimated. This reflects the savings Kansas has realized by implementing a new SRS reimbursement system for general hospitals serving Medicaid/MediKan clients. This savings is reviewed in Appendix B. The FY 1991 General Assistance reduction also contributes to the lower total.

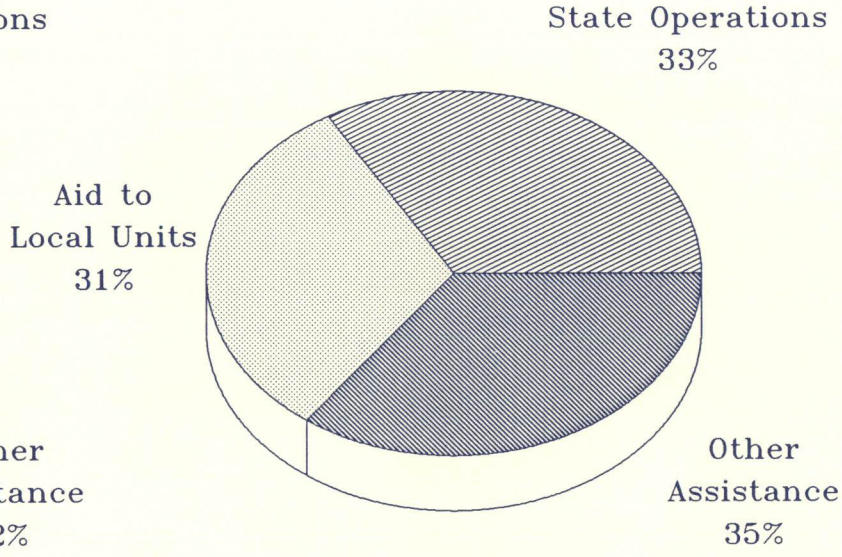
It should be remembered that although there is some reduction in total treatment spending, this reduction has *not* come from the major SRS/ADAS programs. In fact, SRS/ADAS has averaged a $1 million funding increase for each of the four reported years. In FY 1990, SRS/ADAS started seven new treatment programs, added continuing care counselors in five cities and added five waiting list reduction programs. SRS/ADAS further anticipates adding new treatment services for special populations and for those in under-served locations, as well as two new waiting list reduction programs.

In FY 1991 Kansas will boast the most comprehensive and balanced anti-drug program in state history. This is a direct result of the strong commitment of Governor Hayden, the Kansas Legislature and the People of Kansas, and reflects the long-term investments we have made Toward a Drug-Free Kansas.

Alcohol and Drug Abuse Programs
By Category



FY 1990
$35,847,577



FY 1991
$41,236,989

Alcohol and Drug Abuse Programs By Category

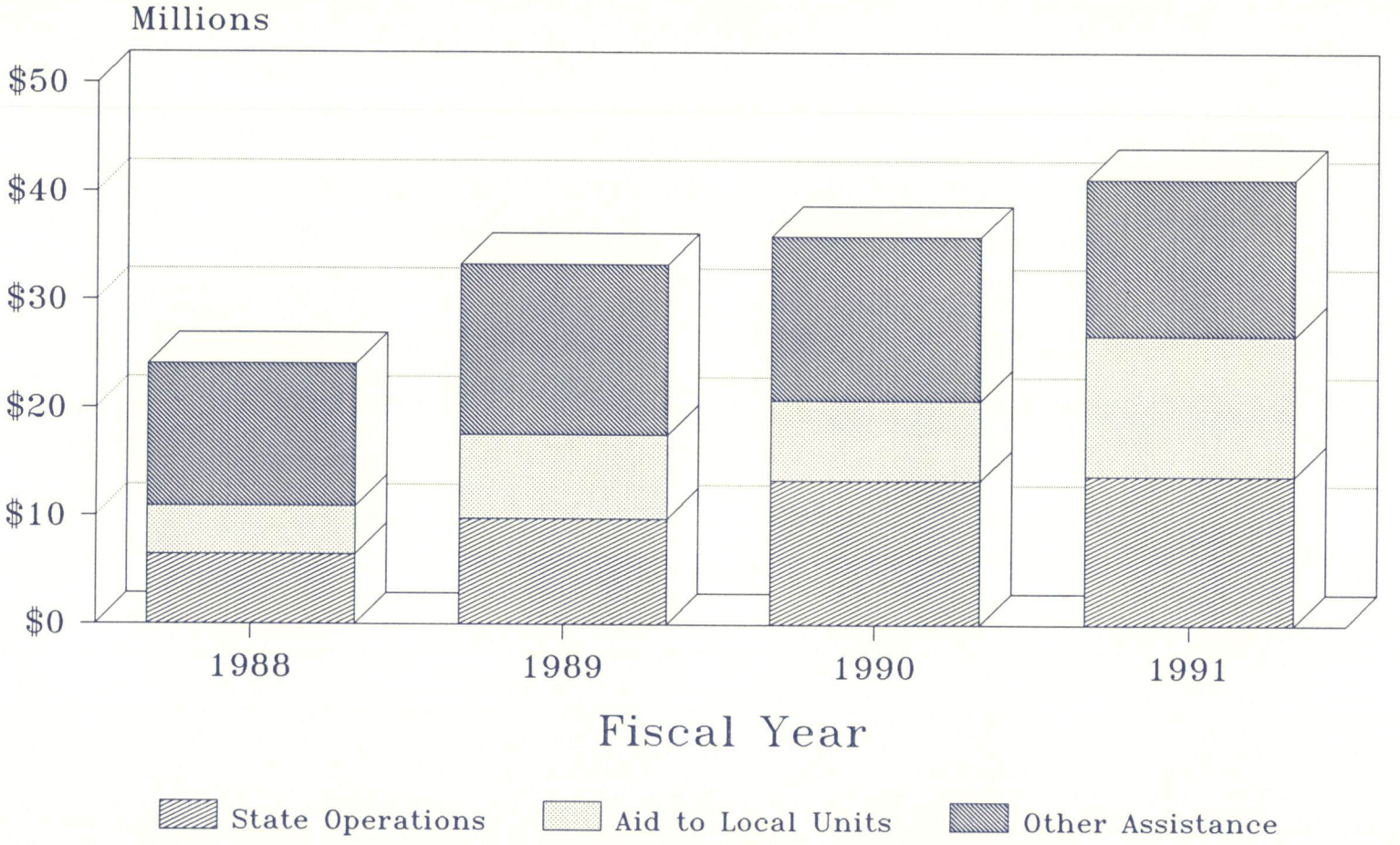


TABLE 1

ALCOHOL AND OTHER DRUG ABUSE PROGRAMS

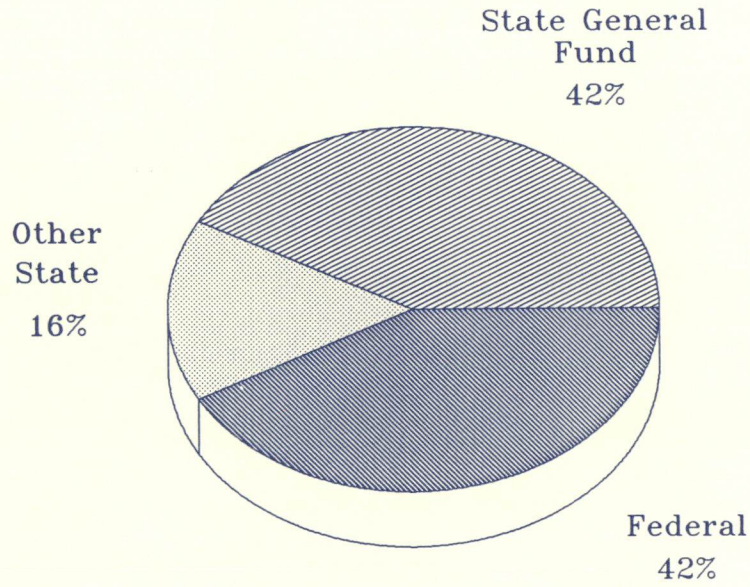
State Agency Expenditures -- By Category
FY 1990 - FY 1991

Agency/Program	FY 1990 State Operations	FY 1990 Local Aid	FY 1990 Other Assist.	FY 1990 Total	FY 1991 State Operations	FY 1991 Local Aid	FY 1991 Other Assist.	FY 1991 Total
Adjutant General	$ 348,900	---	---	348,900	351,100	---	---	351,100
Administration, Dept. of	$ 494,663	1,416,105	---	1,910,768	489,676	4,688,123	---	5,177,799
Attorney General	$ 1,174,150	---	---	1,174,150	1,147,235	---	---	1,147,235
Corrections, Dept. of	$ 2,277,648	---	---	2,277,648	2,272,339	---	---	2,272,339
Education, Dept. of	$ 180,415	1,731,679	---	1,912,094	402,914	3,472,297	---	3,875,211
Fee Fund Agencies								
Kansas Dental Board	$ 14,000	---	---	14,000	17,000	---	---	17,000
Board of Healing Arts	$ 200,058	---	---	200,058	210,532	---	---	210,532
Board of Pharmacy	$ 22,529	---	---	22,529	22,000	---	---	22,000
Board of Nursing	$ 45,000	---	---	45,000	50,000	---	---	50,000
Board of Optometry Exam.	$ 3,500	---	---	3,500	5,000	---	---	5,000
Board of Veterinary Exam.	$ 20,700	---	---	20,700	25,700	---	---	25,700
Health & Environment. Dept. of	$ 246,000	---	---	246,000	389,200	---	---	389,200
Highway Patrol	$ 679,498	---	---	679,498	539,135	---	---	539,135
Judicial Administration	$ ---	---	---	---	50,000	---	---	50,000

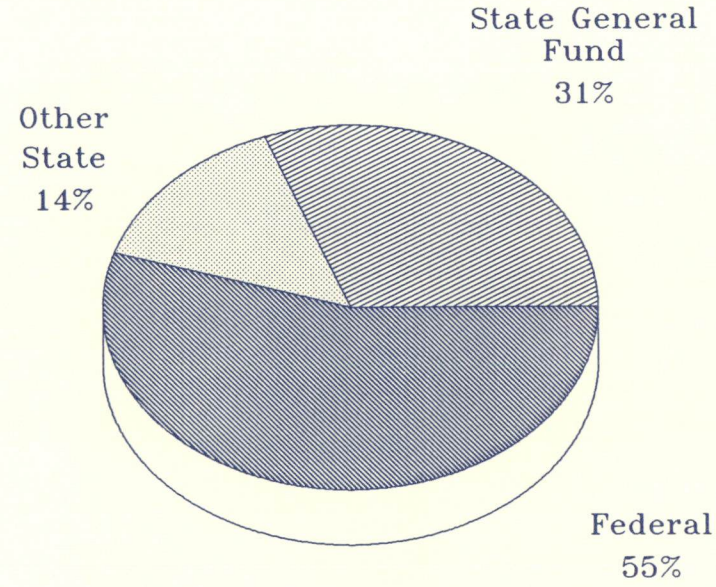
TABLE 1 (cont.)

Agency/Program	FY 1990 State Operations	FY 1990 Local Aid	FY 1990 Other Assist.	FY 1990 Total	FY 1991 State Operations	FY 1991 Local Aid	FY 1991 Other Assist.	FY 1991 Total
Regents, Board of	$ 1,416,536	---	---	1,416,536	1,416,536	---	---	1,416,536
Revenue, Dept. of	$ 1,474,148	---	---	1,474,148	1,528,944	---	---	1,528,944
Social & Rehabilitation Services, Dept. of	$ 1,204,330	---	15,155,542	16,359,872	1,231,740	---	14,490,411	15,722,151
State Hospital, Larned	$ 2,260,340	---	---	2,260,340	2,361,688	---	---	2,361,688
State Hospital, Osawatomie	$ 1,094,943	---	---	1,094,943	1,149,979	---	---	1,149,979
Transportation, Dept. of	$ 118,000	1,346,227	--	1,464,227	110,000	1,892,774	---	2,002,774
Treasurer, State	$ ---	2,902,666	---	2,902,666	---	2,902,666	---	2,902,666
Wildlife and Parks, Dept. of	$ 20,000	---	---	20,000	20,000	---	---	20,000
TOTAL	**$13,295,358**	**7,396,677**	**15,155,542**	**35,847,577**	**13,790,718**	**12,955,860**	**14,490,411**	**41,236,989**

Alcohol and Drug Abuse Programs
By Funding Source



FY 1990
$35,847,577



FY 1991
$41,236,989

Alcohol and Drug Abuse Programs By Funding Source

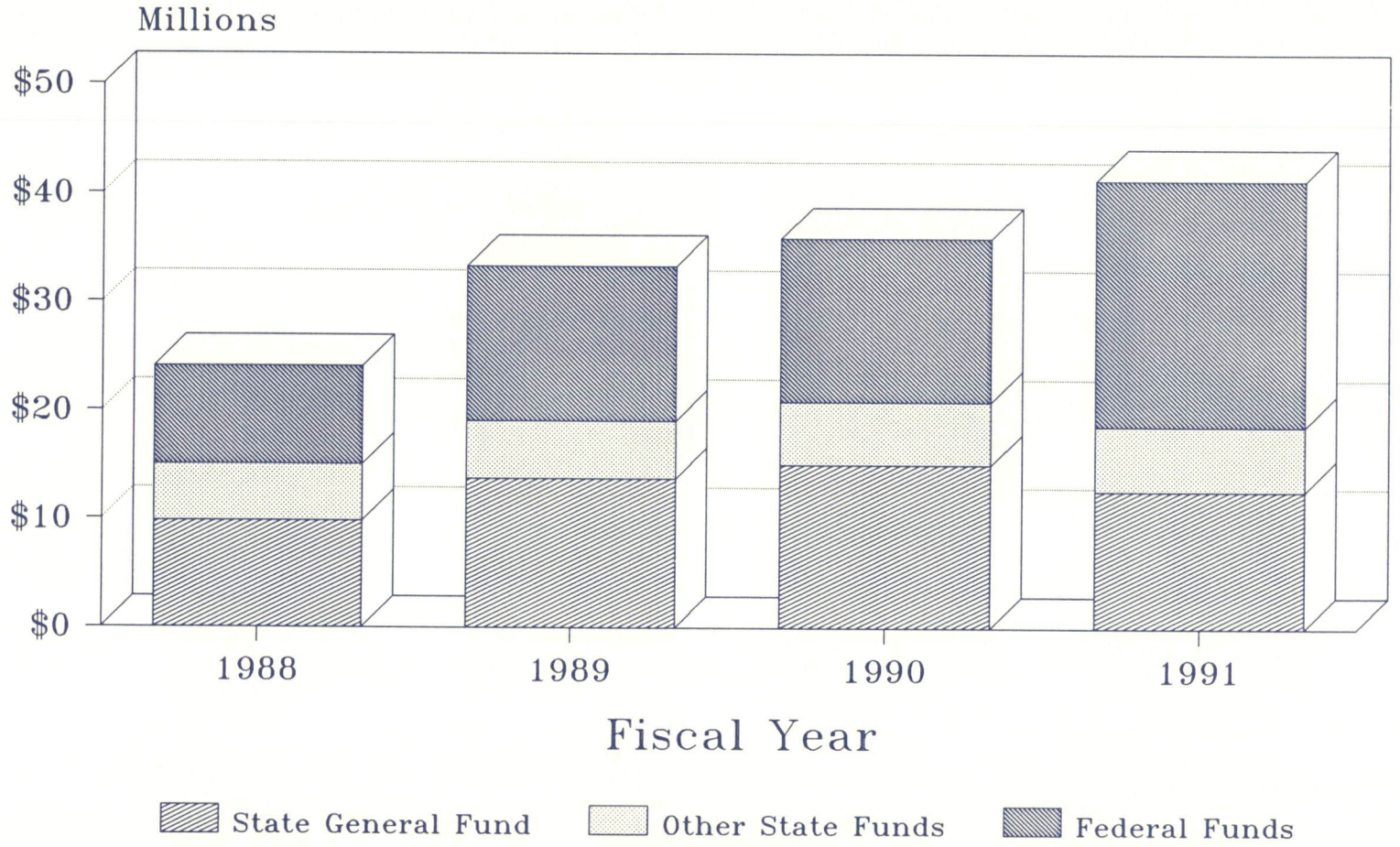


TABLE 2

ALCOHOL AND OTHER DRUG ABUSE PROGRAMS

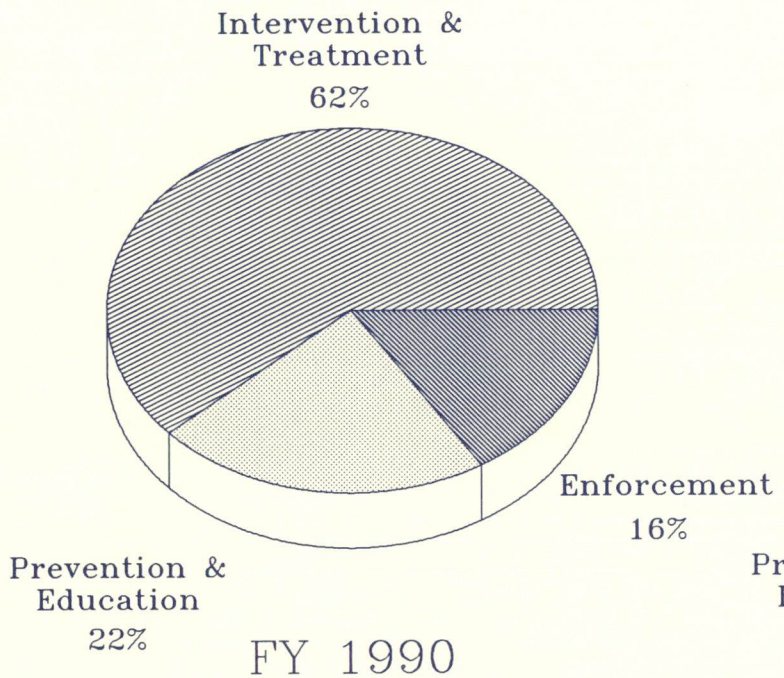
State Agency Expenditures -- By Source
FY 1990 - FY 1991

Agency/Program	FY 1990 State General Fund	FY 1990 Other State	FY 1990 Federal	FY 1990 Total	FY 1991 State General Fund	FY 1991 Other State	FY 1991 Federal	FY 1991 Total
Adjutant General	$ ---	---	348,900	348,900	---	---	351,100	351,100
Administration, Dept. of	$ 241,864	145,000	1,523,904	1,910,768	232,680	145,000	4,800,119	5,177,799
Attorney General	$ 1,093,158	---	80,992	1,174,150	1,100,875	---	46,360	1,147,235
Corrections, Dept. of	$ 2,277,648	---	---	2,277,648	2,272,339	---	---	2,272,339
Education, Dept. of	$ 17,700	---	1,894,394	1,912,094	15,875	---	3,859,336	3,875,211
Fee Fund Agencies								
Kansas Dental Board	$ ---	14,000	---	14,000	---	17,000	---	17,000
Board of Healing Arts	$ ---	200,058	---	200,058	---	210,532	---	210,532
Board of Pharmacy	$ ---	22,529	---	22,529	---	22,000	---	22,000
Board of Nursing	$ ---	45,000	---	45,000	---	50,000	---	50,000
Board of Optometry Exam.	$ ---	3,500	---	3,500	---	5,000	---	5,000
Board of Veterinary Exam.	$ ---	20,700	---	20,700	---	25,700	---	25,700
Health & Environment, Dept. of	$ 26,000	---	220,000	246,000	26,000	---	363,200	389,200
Highway Patrol	$ ---	---	679,498	679,498	---	---	539,135	539,135
Judicial Administration	$ ---	---	---	---	50,000	---	---	50,000

TABLE 2 (cont.)

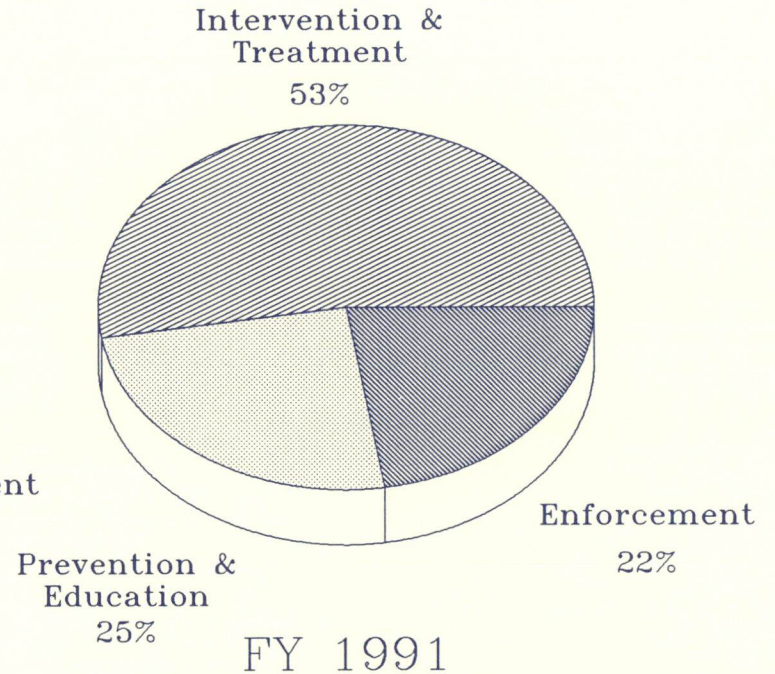
Agency/Program	FY 1990 State General Fund	FY 1990 Other State	FY 1990 Federal	FY 1990 Total	FY 1991 State General Fund	FY 1991 Other State	FY 1991 Federal	FY 1991 Total
Regents, Board of	$ 10,000	44,187	1,362,349	1,416,536	10,000	44,187	1,362,349	1,416,536
Revenue, Dept. of	$ 1,341,948	132,200	---	1,474,148	1,390,944	138,000	---	1,528,944
Social & Rehabilitation Services, Dept. of	$ 7,101,973	2,002,523	7,255,376	16,359,872	5,173,035	1,997,694	8,551,422	15,722,151
State Hospital, Larned	$ 1,940,169	97,700	222,471	2,260,340	1,414,128	151,231	796,329	2,361,688
State Hospital, Osawatomie	$ 928,558	166,385	---	1,094,943	926,586	223,393	---	1,149,979
Transportation, Dept. of	$ ---	---	1,464,227	1,464,227	---	---	2,002,774	2,002,774
State Treasurer	$ ---	2,902,666	---	2,902,666	---	2,902,666	---	2,902,666
Wildlife and Parks, Dept. of	$ ---	20,000	---	20,000	---	20,000	---	20,000
TOTAL	**$14,979,018**	**5,816,448**	**15,052,111**	**35,847,577**	**12,612,462**	**5,952,403**	**22,672,124**	**41,236,989**

Alcohol and Drug Abuse Programs
By Program



FY 1990

$35,847,577



FY 1991

$41,236,989

Alcohol and Drug Abuse Programs
By Program

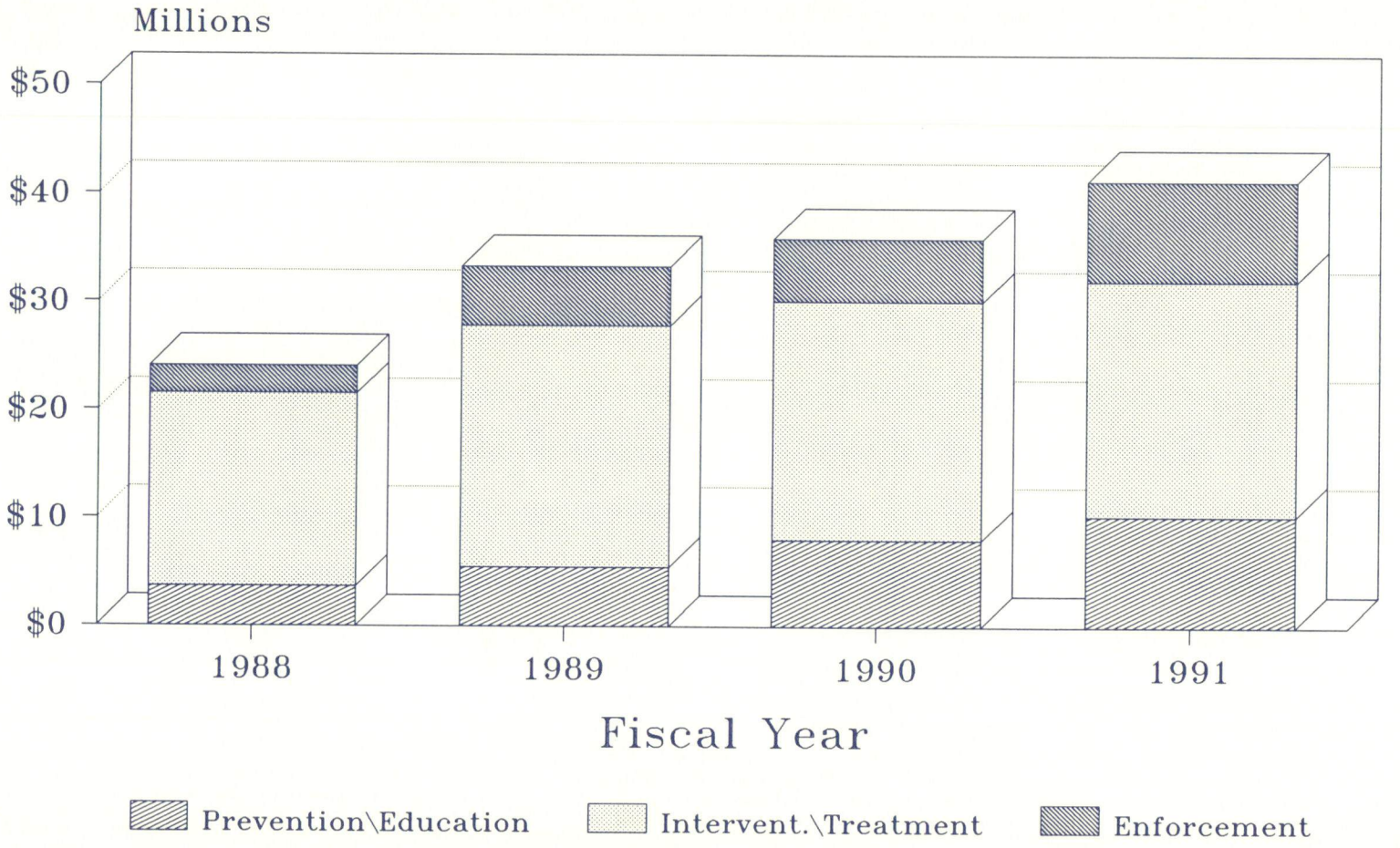


TABLE 3

ALCOHOL AND OTHER DRUG ABUSE PROGRAMS

State Agency Expenditures -- By Function
FY 1990 - FY 1991

Agency/Program	FY 1990 Prevention/ Education	FY 1990 Inter-vention/ Treatment	FY 1990 Enforce-ment	FY 1990 Total	FY 1991 Prevention Education	FY 1991 Inter-vention/ Treatment	FY 1991 Enforce-ment	FY 1991 Total
Adjutant General	$ ---	---	348,900	348,900	---	---	351,100	351,100
Administration, Dept. of	$ 532,045	205,933	1,172,790	1,910,768	557,305	195,348	4,425,146	5,177,799
Attorney General	$ 26,300	---	1,147,850	1,174,150	27,035	---	1,120,200	1,147,235
Corrections, Dept. of	$ ---	2,277,648	---	2,277,648	---	2,272,339	---	2,272,339
Education, Dept. of	$ 1,912,094	---	---	1,912,094	3,875,211	---	---	3,875,211
Fee Fund Agencies								
Kansas Dental Board	$ ---	14,000	---	14,000	---	17,000	---	17,000
Board of Healing Arts	$ ---	200,058	---	200,058	---	210,532	---	210,532
Board of Pharmacy	$ ---	22,529	---	22,529	---	22,000	---	22,000
Board of Nursing	$ ---	45,000	---	45,000	---	50,000	---	50,000
Board of Optometry Exam.	$ ---	3,500	---	3,500	---	5,000	---	5,000
Board of Veterinary Exam.	$ ---	20,700	---	20,700	---	25,700	---	25,700
Health & Environment, Dept. of	$ 26,000	---	220,000	246,000	26,000	---	363,200	389,200
Highway Patrol	$ ---	---	679,498	679,498	---	---	539,135	539,135

TABLE 3 (cont.)

Agency Program	FY 1990 Prevention/ Education	FY 1990 Intervention/ Treatment	FY 1990 Enforcement	FY 1990 Total	FY 1991 Prevention Education	FY 1991 Intervention/ Treatment	FY 1991 Enforcement	FY 1991 Total
Judicial Administration	$ ---	---	---	---	---	---	50,000	50,000
Regents, Board of	$ 1,416,536	---	---	1,416,536	1,416,536	---	---	1,416,536
Revenue, Dept. of	$ ---	---	1,474,148	1,474,148	---	---	1,528,944	1,528,944
Social & Rehabilitation Services, Dept. of	$ 2,507,083	13,852,789	---	16,359,872	2,396,735	13,325,416	---	15,722,151
State Hospital, Larned	$ ---	2,260,340	---	2,260,340	---	2,361,688	---	2,361,688
State Hospital, Osawatomie	$ ---	1,094,943	---	1,094,943	---	1,149,979	---	1,149,979
Transportation, Dept. of	$ 708,708	---	755,519	1,464,227	1,097,255	---	905,519	2,002,774
State Treasurer	$ 833,065	2,069,601	---	2,902,666	833,065	2,069,601	---	2,902,666
Wildlife and Parks, Dept. of	$ 20,000	---	---	20,000	20,000	---	---	20,000
TOTAL	**$ 7,981,831**	**22,067,041**	**5,798,705**	**35,847,577**	**10,249,142**	**21,704,603**	**9,283,244**	**41,236,989**

TABLE 4

ALCOHOL AND OTHER DRUG ABUSE PROGRAMS

FY 1988 - FY 1991

Expenditures - By Category

	State Operations	Local Aid	Other Assistance	Total
FY 1988	$ 6,437,769	$ 4,435,239	$13,165,418	$24,038,426
FY 1989	9,724,531	7,748,333	15,777,632	33,250,496
FY 1990	13,295,358	7,396,677	15,155,542	35,847,577
FY 1991	13,790,718	12,955,860	14,490,411	41,236,989

Expenditures - By Source

	State General Fund	Other State	Federal	Total
FY 1988	$ 9,789,515	$ 5,228,086	$ 9,020,825	$24,038,426
FY 1989	13,714,059	5,294,950	14,241,487	33,250,496
FY 1990	14,979,018	5,816,448	15,052,111	35,847,577
FY 1991	12,612,462	5,952,403	22,672,124	41,236,989

Expenditures - By Function

	Prevention/ Education	Intervention/ Treatment	Enforcement	Total
FY 1988	$ 3,677,281	$17,799,779	$ 2,561,366	$24,038,426
FY 1989	5,434,782	22,363,021	5,452,693	33,250,496
FY 1990	7,981,831	22,067,041	5,798,705	35,847,577
FY 1991	10,249,142	21,704,603	9,283,244	41,236,989

Appendix B:

SRS General Hospital Reimbursement/ Alcohol And Drug Treatment Needs

[October 13, 1989]

A major thrust of the Department of Social and Rehabilitation Services this past year has been the implementation of a new and enhanced reimbursement system for general hospitals serving Medicaid/MediKan recipients. The Governor recommended in his budget, and the Legislature supported, an enhanced funding package of over $10 million to implement a Diagnosis Related Group (DRG) reimbursement system to better meet hospital costs of provided services to the needy of the state. A particular focus was the financial plight of rural hospitals, which realized a 53 percent increase in Medicaid/MediKan reimbursement.

A central feature of the DRG system is reimbursement of hospital costs based upon the intensity of services required by a patient, taking into consideration the patient's presenting problem or diagnosis.

Since inpatient alcohol and drug treatment services are less intensive than certain medical/surgical procedures, reimbursement for these services are at a lower rate. The rates for alcohol and drug treatment were calculated including information from other states, because it appeared that the reimbursement for this service would be too high in comparison with other high-technology services such as intensive care services. During SFY 1989, which ended June 30, Medicaid/MediKan expenditures for all combined alcohol and drug inpatient services, for 1,183 recipients, totaled $8.5 million or an average of about $7,228 for each admission. During FY 1990, just beginning, reimbursement is expected to be $6.4 million or $5,430 for each admission, assuming the same level of admissions.

However, it is essential to note that, while reductions are occurring in alcohol and drug inpatient reimbursement, increases are occurring for other hospital services. When viewed across all hospital services, nearly all hospitals are benefiting from this new system with enhanced funding. A few exceptions are noted in hospitals which heavily invsted in alcohol and drug treatment programs at a time when reimbursement for these services were unusually high.

A recent concern has been that some admissions to inpatient hospitals for alcohol and drug treatment have not been related to medical necessity. It is the Department's belief, based upon sound professional advice, that admissions to acute care general hospitals for alcohol and drug addiction should occur only for detoxification and stabilization of serious medical and psychiatric conditions.

In response to this concern the Department developed, beginning July 1, a prior approval process for all alcohol and drug inpatient treatment admissions. This process has created some fairly dramatic changes in the pattern of hospital admissions. Roughly half of all requests were denied during the first 30 days, as lacking medical necessity for admission.

There was no question as to the need for alcohol or drug treatment, only a question as to the appropriateness and accompanying high cost of admission to an acute care hospital setting.

The impact of this prior approval process has been both a surprise and concern to the Department, especailly since it represents no change in policy by the Department, but rather a change in method of review.

Community and provider concern was also expressed, primarily from the perspective of lack of alternate treatment resources for persons being denied inpatient hospital admission. The Department shared this concern. Pre-admission criteria were relaxed to take into account treatment problems which could not readily be treated in alternate care programs. This has relieved the concern at this time.

The Department, through Alcohol and Drug Abuse Services, is beginning discussions with community treatment providers on the use of Medicaid program funds to expand community-based programs. Federal regulations, under the optional service for rehabilitation, allow Medicaid payment for alcohol and drug treatment provided by community-based programs. It is the intent of the Department to utilize State General Funds granted to community programs through ADAS as match to secure federal Medicaid funds. This will allow the community programs to expand to meet the need for resources within existing state general funds.

The adolescent intermediate programs will be enrolled as Medicaid providers within the near future. The adult programs will be enrolled later when plans for funding and control of expenditures are completed.

There is an important role for acute care inpatient hospital programs in the treatment of alcohol and drug abuse. Likewise, community-based non-hospital programs are also needed and can be funded at a lesser cost and, therefore, serve greater numbers of persons in need of treatment. It is important that a balance exist in the provisions of these services.

——*Winston Barton*
Secretary, SRS