



2025 Saline County
Opioid Community Needs Assessment

for

Saline County Health Department

April 18, 2025

2025 Opioid Community Needs Assessment

Introduction and Background

The Saline County Health Department collaborated with Wichita State University's Community Engagement Institute (CEI) to conduct an Opioid Community Needs Assessment and lead a Saline County Opioid Task Force planning session. This project aimed to collect insights from community members, service providers, and stakeholders to better understand the local impact of opioid use. The goal was to identify priorities, objectives, and strategies for opioid-related issues to inform the allocation of funding and resources.

This report summarizes the methods used to gather data, highlights how community input was collected, and outlines priorities, goals, and possible strategies identified for Saline County through this process. CEI has supported similar efforts across Kansas and provided expertise in facilitation, data analysis, and strategic planning for this project.

Components of the Needs Assessment

To develop a comprehensive understanding of opioid-related issues in Saline County, the following activities were carried out:

- **Design Team Formation:** A core planning group of CEI staff, Saline County Health Department representatives, and local stakeholders, including members of the Saline County Opioid Task Force, was established to guide and approve project components.
- **Secondary Data Compilation:** The CDC Foundation Public Health Analyst for Kansas gathered publicly available data to show trends and establish a baseline for opioid-related measures. Findings were reviewed and discussed during the Saline County Opioid Task Force planning session.
- **Community Survey:** A community survey was designed and distributed online and in paper to capture public perceptions. The survey was available in English and Spanish. CEI analyzed responses and incorporated the results into one-page, topical summaries that were reviewed and discussed during the Saline County Opioid Task Force planning session.
- **Listening Sessions:** Two in-person listening sessions were conducted to gather qualitative feedback from residents. Themes from these listening sessions informed the community priorities discussed during the Saline County Opioid Task Force planning session.
- **Saline County Opioid Task Force Planning Session:** An in-person, full-day action planning session brought together stakeholders to confirm priority areas and identify actionable goals. The session combined large-group dialogue with small-group discussion to identify relevant and clear community-informed goals and strategies.

Opioid Impact Survey

CEI's Center for Applied Research and Evaluation (CARE) conducted a survey for the Saline County Opioid Needs Assessment. The survey aimed to:

- Gauge residents' perspectives on, and understanding of, the opioid epidemic.
- Identify priorities for Salina and Saline County's opioid litigation settlement funding.

Developed in partnership with the Saline County Health Department and the Saline County Opioid Task Force, this 10-15 minute survey focused on the following topics:

- The main barriers to care for accessing substance use disorder treatment services in Saline County.
- The perceived severity of different drug-related problems in Saline County.
- Attitudes toward harm reduction and its strategies.
- Misconceptions around illicit opioids (especially fentanyl), overdose prevention, and drug policies in Kansas.
- Where residents get their information about opioids and other drugs from.
- Feelings of confidence and preparedness in responding to an opioid overdose.
- Perceptions of how stigmatizing the residents of Saline County are against community members who use illicit opioids.
- Attitudes toward various opioid settlement funding strategies.

The survey was active from November to December of 2024, and there were a total of 452 valid responses. To improve accessibility, CARE created a series of one-pagers to summarize key findings from the survey data instead of a traditional report. These one-pagers provide a comprehensive snapshot in terms of where Saline County is at with in addressing the opioid epidemic, highlighting areas of improvement for policymakers and community members alike to consider.

Secondary Data

To inform the needs assessment, CEI staff collaborated with the CDC Foundation Public Health Analyst for Kansas to compile and review publicly available secondary data. This included opioid-related indicators such as overdose rates, treatment access, prescribing patterns, and social determinants of health relevant to Saline County. These data helped identify trends, highlight service gaps, and complement community input from the survey and listening sessions. Findings were incorporated into the overall assessment to provide a more complete picture of the local opioid landscape.

Community Listening Sessions

Background

Two community listening sessions were held to gather input from residents and service providers in Saline County. These sessions were open to the public and took place in accessible, well-known locations within the community. Specific meeting information is provided below:

- January 22, 2025 – Salina Public Library, 301 W. Elm St.
- February 11, 2025 – Salina Grace Community Resource Center, 315 S. Broadway Blvd.

Both locations were chosen for their centrality and significance. The library and the community resource center are trusted spaces where people come together and access resources. Hosting the sessions in these familiar settings encouraged participation and ensured that voices from across the community were heard.

Process

Each session focused on three main objectives:

- To gather insights on how opioid use impacts the community.
- To share information transparently and create a space for community feedback.
- To collect responses on possible actions and priority needs.

The community listening sessions created an opportunity for open dialogue about personal experiences, challenges in accessing services, gaps in support, and suggestions for community action. Participants provided feedback in several ways. They could either verbally share their thoughts while the facilitator took notes or maintain anonymity by using a note-taking worksheet. This worksheet was provided to participants and collected by CEI staff at the end of each listening session.

During the listening sessions, participants responded to the following discussion prompt:

We are here to discuss how we can strengthen opioid prevention, treatment, recovery, and connections to care in Saline County. With that in mind, please consider the following questions: 1) What specific challenges or barriers do individuals and the community face? 2) What strengths or resources make a difference for individuals and the community? 3) What additional services, support, or actions are needed?

Outcomes

Two staff members from CEI reviewed and summarized input from the listening sessions, organizing key insights into themes and subthemes. These themes represent one component of the broader Saline County Opioid Needs Assessment. Together with secondary data and survey findings, the listening session input helped inform the development of priorities, goals, and potential strategies during the Saline County Opioid Task Force Planning Meeting in April 2025.

Summary of Identified Priorities

Opioid-related priorities for Saline County were shaped primarily by themes and subthemes that emerged from community listening sessions. Findings from the Opioid Impact Survey further supported and reinforced these priorities. Four key priority areas were identified, each described below. Under each description, bulleted examples highlight related subthemes that emerged during the listening sessions.

Priority: Improve Access to Treatment and Services

Description: Ensure people can find and access a full range of treatment options, regardless of geography or awareness.

- Gaps in treatment options
- Transportation or geographic barriers
- Difficulty knowing what's currently available (where to find help)

Priority: Expand Prevention, Education, and Awareness Efforts

Description: Strengthen school-based, community-wide, and family-centered approaches to prevent substance use.

- School-based prevention efforts
- Community-wide initiatives
- Support for families of people who use drugs

Priority: Reduce Stigma Toward People Who Use Drugs

Description: Address negative attitudes, behaviors, beliefs, and systemic barriers that prevent people from seeking help and support.

- Stigma within the community
- Stigma embedded in systems

Priority: Strengthen Support for People in Recovery

Description: Create more inclusive, accessible, and recovery-friendly programs, services, and community spaces.

- Recovery-oriented community events and activities
- Inclusive and accessible programs (e.g., culturally responsive, extended hours, diverse locations)

Saline County Opioid Task Force Planning Session

Background

This planning session convened task force members, community members, and partners to prioritize opioid needs assessment themes, discuss current resources, and discuss goals and strategies. It was held from 10 AM to 2 PM on April 10, 2025, at the Saline County Health Department. The session combined brief presentations with small and large group discussions.

The planning session included the following objectives:

- Review and discuss the findings from the community survey, listening sessions, and secondary data collected about the community.
- Review proposed priority areas and reach a consensus on the community's opioid priorities based on findings from the needs assessment.
- Identify meaningful goals related to the community's prioritized focus areas.

Process

CEI staff presented findings from the Saline County Opioid Community Needs Assessment, including results from the opioid impact survey, listening sessions, and secondary data. Staff from CEI presented survey and listening session findings, while staff from the CDC Foundation shared a report of secondary data about the community.

CEI facilitated a discussion on the challenges and aspirations regarding opioid-related issues in the community. Participants identified the following current challenges to making progress:

- There is a limited number of addiction counselors available.
- Funding is needed for professional staff.
- Inability for some clients to pay for services using private insurance, Medicaid, and other payment methods.
- There are misconceptions about treatment, individuals who use drugs, and harm reduction strategies.
- Challenges arise from working with outdated state regulations.
- Transportation to treatment and services outside of Saline County is a significant barrier.

Participants reviewed a summary of four proposed priority areas prepared by CEI staff based on needs assessment findings. Participants were encouraged to examine this summary and identify any critical areas that may have been overlooked or suggest any additional priority areas based on their knowledge and experience. Participants reached a consensus on the four proposed priorities, with interest expressed in the possible addition of a fifth priority related to advocacy and policy development.

The session's core activity focused on goal setting. Participants worked in small groups to:

- Identify meaningful, time-bound goals related to community-prioritized focus areas.
- Brainstorm actions achievable in the next 1–3 years.
- Prioritize goals based on urgency, impact, and feasibility.

Outcomes

Participants in the planning session identified goals and strategies for each priority area. Their recommendations are outlined below.

Priority Area: Reduce stigma toward people who use drugs

Goal 1: Launch a Stigma Reduction Campaign.

- Recruit 1 to 2 community champions to lead the effort.
- Develop a multimedia campaign with stories, posters, and videos.
- Include local voices, especially those with lived experience.

Goal 2: Implement Stigma-Awareness Training.

- Provide immersive training, such as a poverty simulation.
- Target systems: treatment providers, schools, and law enforcement.
- Evaluate changes in participant attitudes and knowledge before and after training.

Goal 3: Build a Social Media Presence.

- Create TikTok or Instagram content, possibly informed by “I’m Still a Person.”
- Share real stories of people in recovery.
- Engage youth and community members in content creation.

Priority Area: Strengthen support for people in recovery

Goal 1: Increase Access to Clean, Recovery-Supportive Housing

- Increase low-barrier and recovery-inclusive housing options like Housing First.
- Strengthen partnerships with shelter providers, such as Salina Grace.

Goal 2: Build Recovery-Friendly Employment Pathways

- Create employer partnerships and apprenticeship opportunities for those in recovery.
- Provide financial education and access to training resources.

Goal 3: Create Safe Community Spaces

- Develop dry bars, day centers, and adolescent community centers.

- Offer inclusive programming with extended hours.

Goal 4: Strengthen Family Supports

- Provide family-focused classes, workshops, and peer support groups.
- Promote family-centered recovery and parenting resources.

Priority: Improve access to treatment and services

Goal 1: Increase Availability of Treatment Services

- Expand medical detox and inpatient beds for those with co-occurring conditions.
- Recruit addiction counselors, prescribers (MAT), and others.
- Support and promote mobile and 24/7 treatment options.

Goal 2: Reduce Barriers to Access Treatment

- Increase funding for uninsured and underinsured individuals.
- Expand transportation options, especially in rural areas and for care outside the County.
- Provide support for those at risk of losing jobs, housing, custody, or pets while in treatment.

Goal 3: Simplify Access to Services

- Develop videos and toolkits to explain treatment options and the treatment process clearly.
- Provide resources in multiple languages.
- Collaborate with community health workers and peer navigators for guidance.

Goal 4: Integrate Mental Health and Substance Use Services

- Expand dual-diagnosis treatment options.
- Improve coordination among mental health, addiction, and primary care providers.
- Support family-inclusive treatment models for long-term healing.

Priority: Expand prevention, education, and awareness efforts

Goal 1: Start a New Coalition or Enhance a Current Wellness Coalition

- Unite community partners, including schools, nonprofits, local governments, and businesses, to pool funding for prevention, education, and recovery support.
- Enhance existing groups like Live Well to strengthen collaboration, community engagement, and efforts focused on addressing opioid-related issues.

Goal 2: Increase Awareness Through Multi-Channel Outreach

- Implement media campaigns to raise awareness about prevention, naloxone, the 911 Good Samaritan Law, and other recovery resources.
- Distribute materials at key community locations and develop a digital guide or palm card.
- Engage the community through initiatives like Fun Fact Fridays or community calendars.

Goal 3: Strengthen School-Based Programs

- Expand outreach in K-12 schools about substance use, mental health, etc.
- Collaborate with community centers to provide programming.
- Promote naloxone training and resources for students.

Goal 4: Improve Access to Resources and Training

- Create a library of trainers and topics available in the community.
- Offer webinars or in-person training for service providers and community members.
- Track who completes training sessions and which programs are being used.

Next Steps

The Saline County Community Opioid Needs Assessment and planning process has laid the groundwork for strategic, coordinated efforts to address opioid use and its impact across the county. With community input gathered, data analyzed, and goals identified, the next phase will focus on moving from planning to implementation.

The findings of this report will be crucial in guiding the allocation of local opioid settlement funds and other funding and resources.

Possible next steps include establishing a Saline County/Salina Fights Addiction Fund Grant Program. This program would pool funds from the City and County, pending approval, and use the identified priorities to shape a Request for Proposals (RFP). The intent is to mirror effective practices from other communities while tailoring the approach to meet the needs of Saline County.

Acknowledgements

This project was made possible through the generous contributions of many individuals and organizations in Saline County. We especially thank community members who shared their experiences and concerns in the opioid impact survey and listening sessions.

We appreciate those who promoted the opioid needs assessment activities to enhance community awareness and engagement. Special thanks to the Saline County Opioid Task Force for their ongoing commitment to addressing substance use in the community.

Finally, we acknowledge the technical support from the Midwest HIDTA and the CDC Foundation, and the facilitation and expertise provided by the WSU Community Engagement Institute.

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SALINE COUNTY OPIOID NEEDS ASSESSMENT: KEY TAKEAWAYS

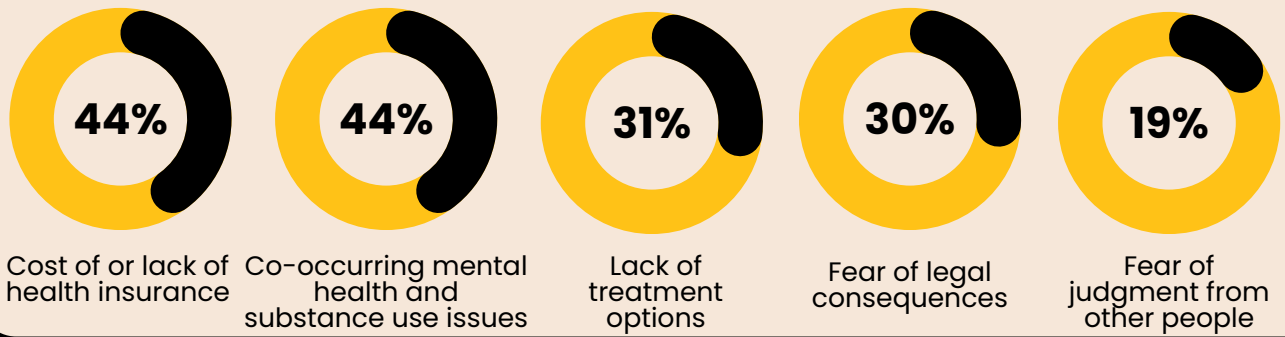
From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This executive summary highlights key findings from the survey.**

WHO PARTICIPATED IN THE SURVEY?

Most participants reside in Salina (91%), identify as White (90%), are female (70%), and know someone who has overdosed (89%). The largest share of participants hold a bachelor's degree (29%), are between the ages of 35 and 49 (34%), and have a total household income of \$50,000 to \$89,000 (30%). Additionally, 11% of participants reported prescription opioid misuse, 17% reported past or current illicit opioid use, and 14% identified as people in recovery from substance use disorder.

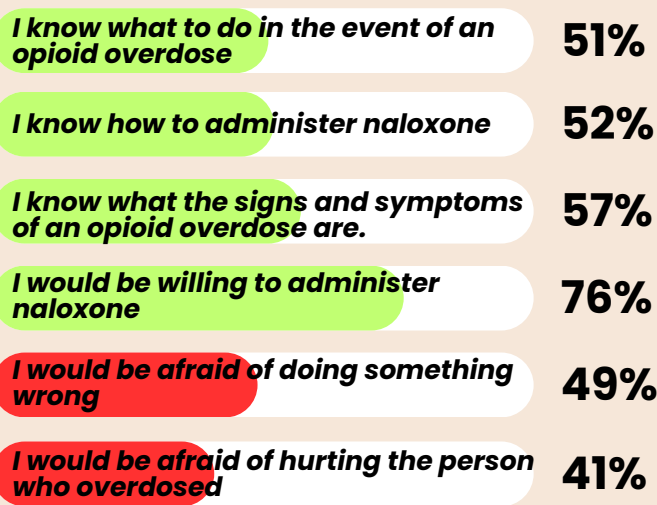
BARRIERS TO CARE

Participants were asked to select the top three barriers to accessing care for substance use disorder from a list of 16 options. The most frequently cited barriers were the **cost of or lack of health insurance** and **co-occurring mental health and substance use issues**, each identified by 44% of participants.



RESPONDING TO AN OPIOID OVERDOSE

Participants were asked to imagine encountering someone experiencing an opioid overdose and to rate on a scale of 1 (strongly disagree) to 5 (strongly agree) how prepared they would feel.



WHERE IS MORE EDUCATION NEEDED?

Participants were asked to determine the accuracy of nine statements by indicating whether each was true or false. These nine statements were based on common misconceptions about illicit opioids and related topics/issues.

- 96% knew fentanyl is often added to other drugs.
- 92% knew naloxone reverses opioid overdoses.
- 76% knew naloxone is available without a prescription.
- **46% knew fentanyl test strips are legal in Kansas.**
- **38% knew naloxone does not reverse methamphetamine or cocaine overdoses.**
- **32% knew you cannot overdose from breathing air in a room with fentanyl.**
- **23% knew you cannot overdose from merely touching fentanyl.**

STIGMA IN SALINE COUNTY

Survey participants shared their perceptions of public stigma in Saline County toward people who use illicit opioids. The results strongly suggest that **participants perceive the community as stigmatizing against individuals who use illicit opioids.**

Perceptions of PWUO	% Agree	% Disagree
Cannot be trusted	90%	4%
Are dangerous	87%	4%
Are taken less seriously	80%	8%
Their illicit opioid use is a sign of personal failure	65%	15%
Are not datable	63%	12%
Would not be accepted as a close friend	60%	12%

HOW SHOULD SALINE COUNTY SPEND ITS OPIOID SETTLEMENT FUNDING?

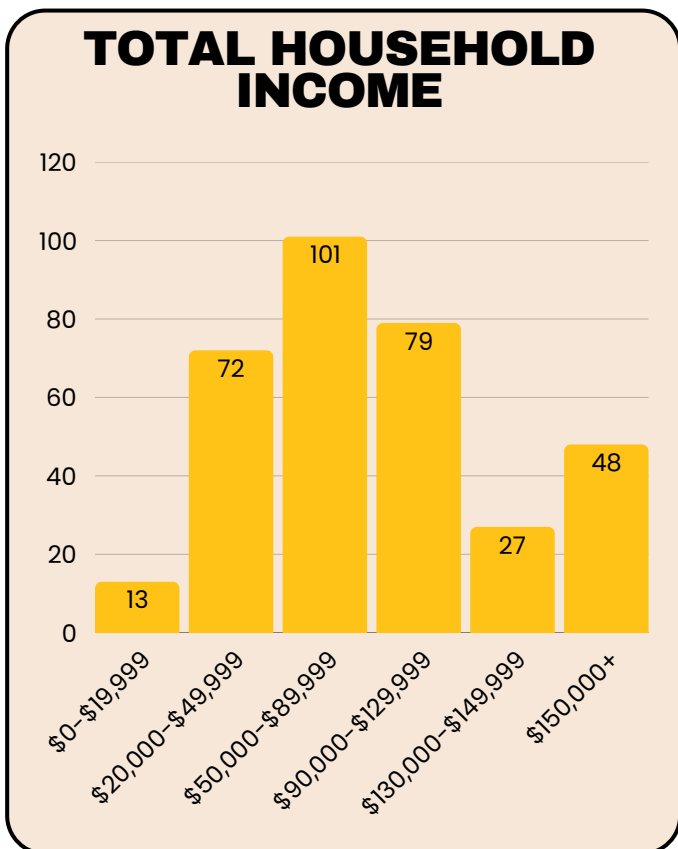
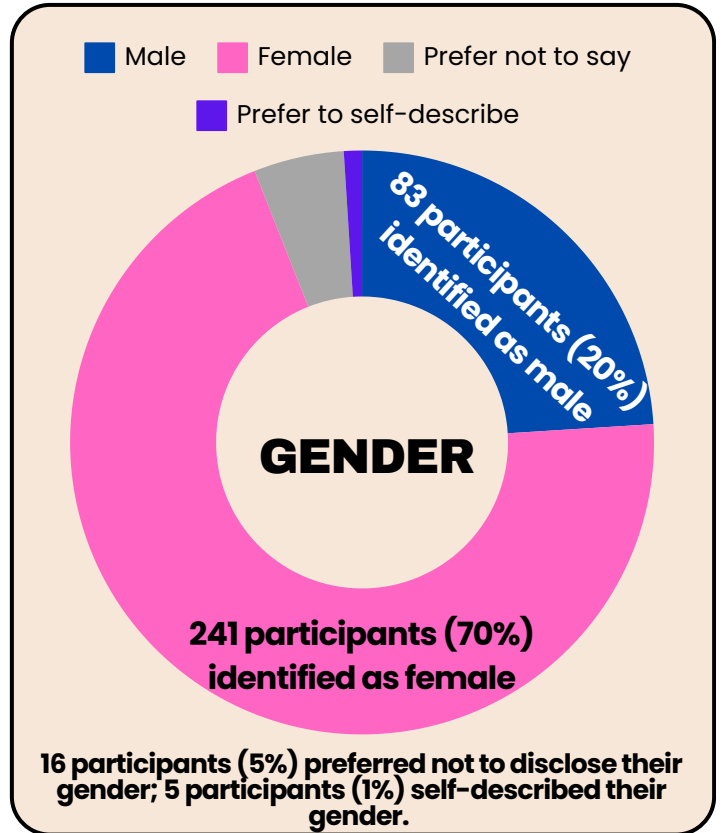
Participants rated on a scale of 1 (strongly oppose) to 5 (strongly support) how Saline County should prioritize its opioid settlement funding across 17 strategies. While all strategies received support from most participants, the five highest-rated priorities were:

1. **Underage substance use prevention** (mean = 4.69, 94% in support)
2. **Support for children/families affected by SUD** (mean = 4.67, 93% in support)
3. **Comprehensive treatment services** (mean = 4.65, 92% in support)
4. **Community education and awareness of the opioid epidemic** (mean = 4.65, 92% in support)
5. **Overdose response, aftercare, and follow-up** (mean = 4.57, 89% in support)

SALINE COUNTY OPIOID NEEDS ASSESSMENT: SURVEY PARTICIPANTS

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This section provides more information about who participated in the survey.**

Age Range	#	%
18-24	14	4%
25-34	60	17%
35-49	119	34%
50-64	95	28%
65-74	44	13%
75+	14	4%
Total	346	100%



RACE AND ETHNICITY

	#	%
American Indian or Alaska Native	10	3%
Asian	4	1%
Black or African American	11	3%
Hispanic or Latino	13	4%
Native Hawaiian or Pacific Islander	3	1%
White	310	90%
Prefer not to say	15	4%
Total	366	100%

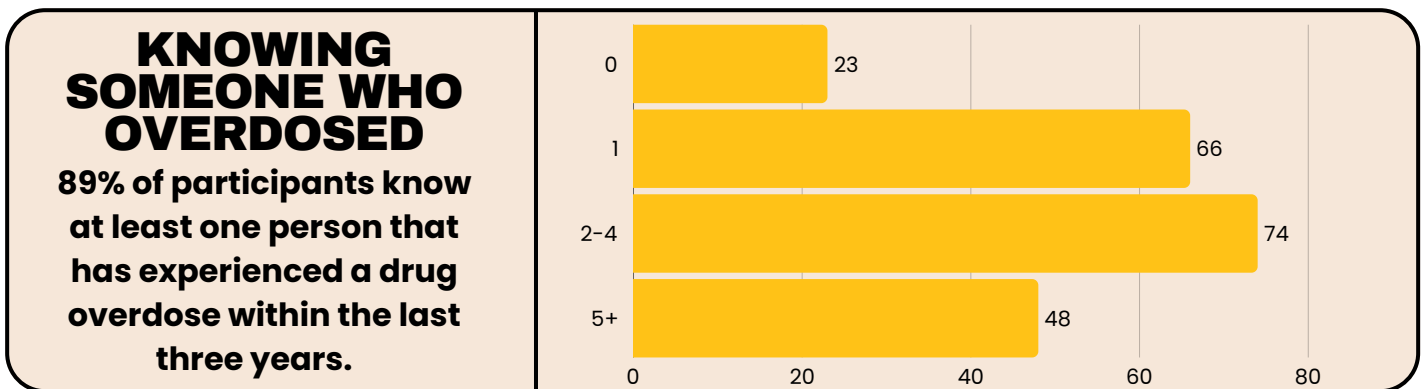
RECOVERY

Participants were asked whether they identify as **people in recovery**. Among the 347 who answered, **50 (14%)** said they do.

The most commonly reported substance(s) they are in recovery from include meth (n = 29, 60%), alcohol (n = 29, 60%), prescription opioids (n = 21, 44%), marijuana/cannabis (n = 19, 40%), and nicotine/tobacco (n = 15, 31%).

KNOWING SOMEONE WITH SUBSTANCE USE ISSUES

Out of 349 respondents, 291 (83%) know at least one person experiencing drug or alcohol use issues. Among them, 37 (11%) know one person, 120 (34%) know 2-4 people, and 134 (38%) knew 5 or more people. **68% knew someone dealing with an opioid use issue specifically.**



Participants were asked about their experiences with **prescription opioid use**. The largest group (n = 235, 68%) reported using prescription opioids as prescribed. Additionally, 74 (21%) stated they have never used prescription opioids, while **37 (11%) reported using them but experiencing difficulties with stopping or taking them as prescribed.**

Participants were also asked about their experiences with **illicit opioid use**. Most (n = 286, 82%) reported never using illicit opioids, while **57 (16%) said they had used them in the past. Additionally, 4 (1%) reported occasional use, and 1 (0.3%) reported regular use.**

EXPERIENCES WITH SUBSTANCE USE



SALINE COUNTY OPIOID NEEDS ASSESSMENT: BARRIERS TO CARE

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This section provides more information about barriers to care in Saline County.**

Which of the following do you believe are the biggest barriers to accessing substance use disorder treatment services in your county? Please select the top three.	#	%
Cost of or lack of health insurance	202	44%
Co-occurring mental health and substance use issues	202	44%
Lack of treatment options (e.g., limited availability of inpatient, outpatient, or specialized services like medication-assisted treatment)	141	31%
Fear of legal consequences	134	30%
Fear of judgment from other people	87	19%
Self-judgment and shame	85	19%
Fear of losing employment	81	18%
Not knowing where to go for help	79	17%
Lack of support from friends and family	52	11%
Other (please specify)*	41	9%
Lack of service providers	38	8%
Long wait times	31	7%
Lack of privacy and confidentiality	21	5%
Lack of childcare	18	4%
Lack of transportation	15	3%
Fear of missing school	1	0%

HOW DO THE TOP THREE BARRIERS TO CARE DIFFER BY DEMOGRAPHICS?

Gender

- Both male and female participants identified the cost of or lack of health insurance and co-occurring mental health and substance use issues as the top two barriers to care. However, their third most common barrier differed: **Men cited fear of legal consequences, while women pointed to a lack of treatment options.**

Total Household Income

- \$0-\$19,999: Cost of or lack of health insurance, **fear of legal consequences**, and **fear of losing employment**
- \$20,000-\$49,999: Cost of or lack of health insurance, co-occurring mental health and substance use issues, and **fear of legal consequences**
- All household income brackets \$50,000-89,999 and above: Co-occurring mental health and substance use issues; cost of or lack of health insurance; and lack of treatment options

Recovery Status

- No differences were identified between people who indicated they are in recovery and other respondents in the top three barriers to care.

Age

- 18-24: Fear of legal consequences and co-occurring mental health and substance use issues (tied); **fear of judgment from other people** and cost of or lack of health insurance (tied); and **lack of support from friends and family.**
- 25-34 and 50-64: Co-occurring mental health and substance use issues; cost of or lack of health insurance; and fear of legal consequences.
- 35-49: Co-occurring mental health and substance use issues; cost of or lack of health insurance; and lack of treatment options.
- 65+: Cost of or lack of health insurance; co-occurring mental health and substance use issues; and fear of legal consequences.

Note: Due to small sample sizes of specific groups, racial/ethnic differences could not be analyzed.



SALINE COUNTY OPIOID NEEDS ASSESSMENT: DRUG-RELATED PROBLEMS

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This section provides more information about the perceived severity of different drug-related problems in Saline County.**

On a scale of 1 to 5, with 1 being not severe at all and 5 being most severe, how severe are these problems in your community?	Mean (Median)	Perceived Severity of Problem*	N (%) Not Severe At All	N (%) Mildly Severe	N (%) Moderately Severe	N (%) Highly Severe	N (%) Most Severe
Drug-related poverty or homelessness	3.79 (4)	Highly Severe	11 (3%)	35 (8%)	96 (23%)	154 (38%)	113 (28%)
Easily available drugs	3.71 (4)	Highly Severe	10 (3%)	38 (9%)	105 (26%)	159 (31%)	95 (23%)
Illicit opioid use	3.71 (4)	Highly Severe	9 (2%)	43 (11%)	104 (26%)	152 (37%)	99 (24%)
General illicit drug use	3.65 (4)	Highly Severe	10 (2%)	33 (8%)	131 (32%)	151 (37%)	84 (21%)
Drug-related theft, burglary, and property crimes	3.60 (4)	Highly Severe	11 (3%)	43 (11%)	117 (29%)	160 (39%)	117 (29%)
Nonmedical use of prescription opioids	3.58 (4)	Highly Severe	10 (2%)	51 (13%)	109 (27%)	165 (41%)	71 (17%)
Drug-related domestic crime	3.46 (3)	Moderately Severe	10 (2%)	47 (12%)	147 (36%)	152 (37%)	47 (12%)
Drug overdoses	3.45 (3)	Moderately Severe	15 (4%)	57 (14%)	135 (33%)	128 (31%)	72 (18%)
Drug-related violence	3.39 (3)	Moderately Severe	14 (3%)	61 (15%)	132 (33%)	151 (37%)	48 (12%)
Youth substance use	3.36 (3)	Moderately Severe	15 (4%)	70 (17%)	126 (31%)	144 (35%)	52 (13%)
Lack of support for people who use drugs	3.25 (3)	Moderately Severe	28 (7%)	75 (18%)	129 (32%)	114 (28%)	60 (15%)
Public illegal substance use	3.18 (3)	Moderately Severe	26 (6%)	92 (23%)	126 (31%)	106 (26%)	55 (14%)
Legal substance use	3.05 (3)	Moderately Severe	33 (8%)	97 (24%)	129 (32%)	103 (26%)	40 (10%)
Drug-related traffic accidents	2.89 (2)	Mildly Severe	27 (7%)	116 (29%)	168 (42%)	62 (15%)	31 (8%)
Public legal substance use	2.82 (2)	Mildly Severe	44 (10%)	111 (28%)	134 (34%)	90 (23%)	19 (5%)
Drug litter/discarded drugs	2.50 (2)	Mildly Severe	63 (16%)	159 (31%)	120 (30%)	50 (12%)	15 (4%)

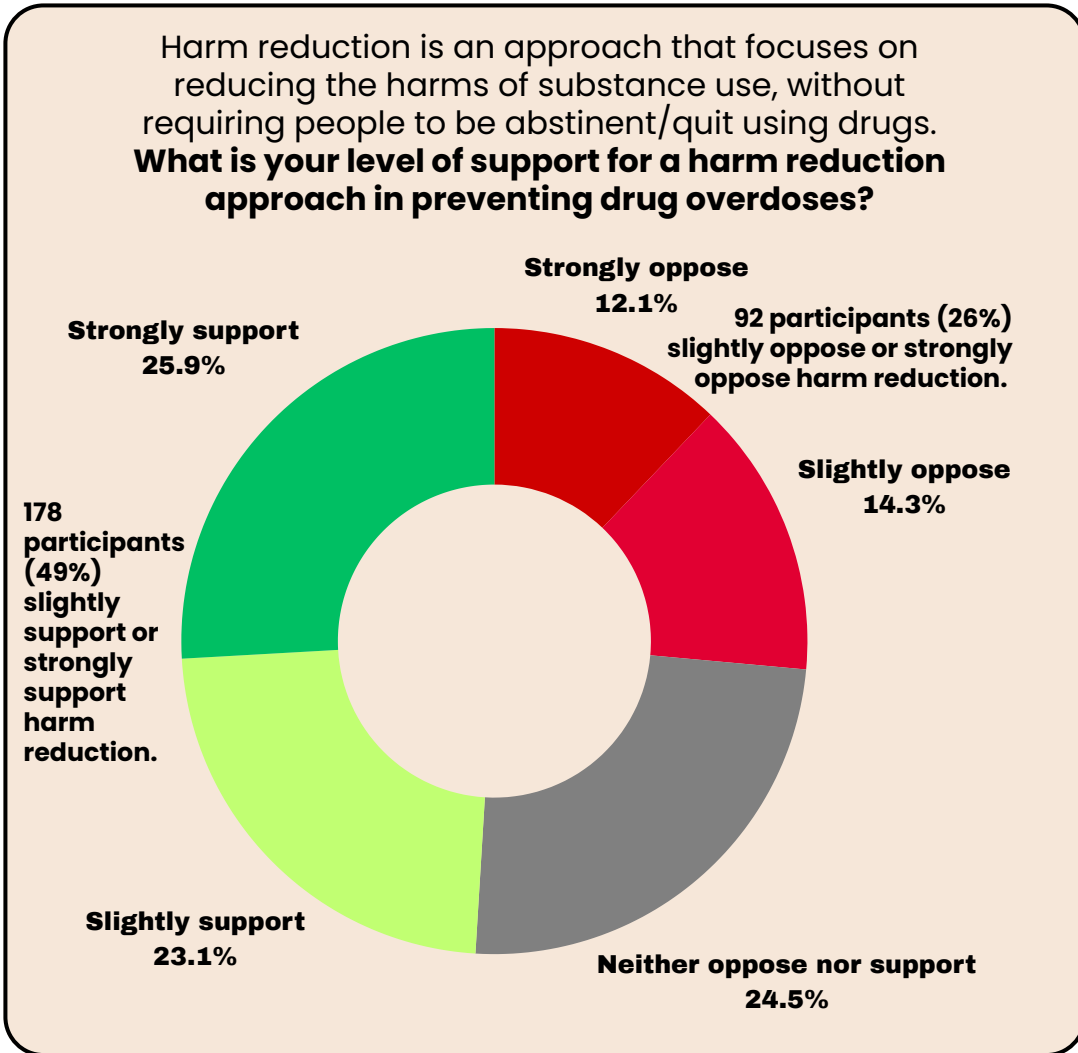
*Note: The perceived severity of a problem is determined by its median score, which is calculated by ordering all responses from lowest (1, not severe at all) to highest (5, most severe) and identifying the middle value.

SUMMARY OF DRUG-RELATED PROBLEMS IN SALINE COUNTY

Participants rated the severity of 16 different drug-related problems in Saline County on a scale from **1 (not severe at all)** to **5 (most severe)**. On average, 406 participants provided ratings for each problem. According to residents in Saline County who took the survey, there are six issues that are considered to be highly severe: **(1) drug-related poverty or homelessness; (2) easily available drugs; (3) illicit opioid use; (4) general illicit drug use; (5) drug-related theft, burglary, and property crimes; and (6) nonmedical use of prescription opioids.** Seven issues are considered to be moderately severe, including drug-related domestic crime, drug overdoses, and youth substance use. Just three issues (drug-related traffic accidents, public legal substance use, and drug litter/discarded drugs) were rated as mildly severe.

SALINE COUNTY OPIOID NEEDS ASSESSMENT: HARM REDUCTION

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This section provides more information about attitudes toward harm reduction in Saline County.**



WHAT ARE PARTICIPANTS' ATTITUDES TOWARD SPECIFIC HARM REDUCTION STRATEGIES?

To what extent do you oppose or support the following strategies?	Mean (Median)	Attitude toward Strategy*	N (%) Strongly Oppose	N (%) Slightly Oppose	N (%) Neither Oppose nor Support	N (%) Slightly Support	N (%) Strongly Support
Impaired driving prevention (designated drivers, rideshare, public transit)	4.63 (5)	Strongly Support	3 (1%)	5 (1%)	31 (9%)	44 (12%)	283 (77%)
Education on safer usage and overdose response	4.35 (5)	Strongly Support	14 (4%)	10 (3%)	42 (11%)	65 (18%)	233 (64%)
Medications for SUD	4.34 (5)	Strongly Support	9 (3%)	4 (1%)	52 (14%)	89 (24%)	211 (58%)
Naloxone distribution	4.31 (5)	Strongly Support	12 (3%)	18 (5%)	43 (12%)	65 (18%)	229 (62%)
Wound care kit distribution	4.28 (5)	Strongly Support	12 (3%)	7 (2%)	47 (13%)	99 (27%)	200 (55%)
Legal protections for people who seek or need emergency help during a drug overdose	4.19 (5)	Strongly Support	12 (3%)	20 (6%)	52 (14%)	84 (23%)	198 (54%)
Drug-checking supplies and services	4.18 (5)	Strongly Support	7 (2%)	21 (6%)	61 (17%)	75 (20%)	203 (55%)
Access to housing for homeless people that does not require them to be sober	3.04 (3)	Neither Oppose nor Support	80 (22%)	61 (16%)	67 (18%)	79 (22%)	79 (22%)
Syringe services programs (needle exchange)	3.02 (3)	Neither Oppose nor Support	101 (28%)	42 (11%)	59 (16%)	76 (21%)	87 (24%)
Safer smoking supplies distribution	2.94 (3)	Neither Oppose nor Support	78 (22%)	50 (14%)	113 (31%)	60 (17%)	62 (17%)
Safe consumption sites (safe injection sites)	2.56 (2)	Slightly Oppose	130 (36%)	61 (17%)	63 (17%)	62 (17%)	49 (13%)

*Note: The level of support for a harm reduction strategy is determined by its median score. The median is calculated by ordering all responses from lowest (1, strongly oppose) to highest (5, strongly support) and identifying the middle value.



SALINE COUNTY OPIOID NEEDS ASSESSMENT: OPIOID-RELATED KNOWLEDGE

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This section provides more detail about participants' knowledge of opioids (fentanyl), naloxone, and related topics.**

Participants were asked to determine the accuracy of nine statements by indicating whether each was true or false. These nine statements were based on common misconceptions about illicit opioids and related topics/issues.

To the best of your knowledge, rate the following statements as either true or false.	N (%) True	N (%) False	N (%) I Don't Know	N (%) Correct Answer	N (%) Incorrect Answer
<i>Fentanyl is often added to other drugs, so people may not know they are taking it.</i>	377 (96%)	5 (1%)	12 (3%)	377 (96%)	17 (4%)
<i>Naloxone is a drug that reverses the effects of opioids in the body.</i>	364 (92%)	10 (3%)	21 (5%)	364 (92%)	31 (8%)
<i>In Kansas, you can only get naloxone/Narcan with a prescription.</i>	25 (6%)	298 (76%)	71 (18%)	298 (76%)	96 (24%)
<i>Suboxone, buprenorphine, and methadone are medications that reduce opioid cravings and withdrawal symptoms.</i>	282 (72%)	14 (4%)	96 (24%)	282 (72%)	110 (28%)
<i>In Kansas, fentanyl test strips, which detect whether a drug has fentanyl in it, are illegal.</i>	51 (13%)	180 (46%)	164 (42%)	180 (46%)	231 (54%)
<i>In the State of Kansas, someone who calls 911 to help a person experiencing overdose is immune from prosecution, even if they possess or have used drugs themselves. However, they are not immune from prosecution if they are on probation, parole, or work release.</i>	169 (43%)	57 (14%)	169 (43%)	169 (43%)	226 (57%)
<i>Naloxone can be used to reverse a methamphetamine or cocaine overdose.</i>	135 (34%)	151 (38%)	107 (27%)	151 (38%)	242 (62%)
<i>You can easily overdose from merely breathing air in a room that has an opioid such as fentanyl.</i>	160 (41%)	126 (32%)	107 (27%)	126 (32%)	267 (68%)
<i>You can easily overdose from merely touching an opioid such as fentanyl.</i>	254 (65%)	92 (23%)	48 (12%)	92 (23%)	302 (77%)

SALINE COUNTY OPIOID NEEDS ASSESSMENT: INFORMATION SOURCES

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This section provides more detail about where participants get their information on opioids and other drugs.**

WHERE DO SALINE COUNTY RESIDENTS GET THEIR INFORMATION ABOUT OPIOIDS AND OTHER DRUGS FROM?

How much do you rely on the following sources to get information on opioids and other drugs?	Mean (Median)	N (%) Never	N (%) Rarely	N (%) Sometimes	N (%) Often	N (%) Very Often
Friends	2.36 (2)	116 (30%)	98 (25%)	109 (28%)	50 (13%)	16 (4%)
Family	2.14 (2)	133 (34%)	121 (31%)	92 (24%)	32 (8%)	11 (3%)
Colleagues	2.80 (3)	89 (23%)	74 (19%)	99 (26%)	78 (20%)	48 (12%)
Academic or medical websites	3.23 (3)	52 (13%)	54 (14%)	100 (26%)	120 (31%)	63 (16%)
Government	2.59 (3)	95 (24%)	86 (22%)	114 (29%)	73 (19%)	21 (5%)
Radio	2.01 (2)	158 (41%)	109 (28%)	89 (23%)	23 (6%)	9 (2%)
News outlets	2.52 (3)	83 (21%)	103 (27%)	136 (35%)	50 (13%)	16 (4%)
Physical health care providers	2.80 (3)	79 (20%)	75 (19%)	115 (30%)	81 (21%)	37 (10%)
Mental health care providers	2.69 (3)	99 (26%)	71 (18%)	104 (27%)	79 (20%)	35 (9%)
SUD treatment providers	2.57 (2)	124 (32%)	74 (19%)	82 (21%)	57 (15%)	50 (13%)
Recovery groups	2.14 (2)	189 (49%)	66 (17%)	57 (15%)	36 (9%)	38 (10%)
Social media	2.42 (2)	108 (28%)	95 (25%)	116 (30%)	45 (12%)	21 (5%)
Nonprofits and community groups	2.41 (2)	111 (29%)	94 (24%)	109 (28%)	52 (14%)	18 (5%)

Survey participants rely on academic or medical websites, physical health care providers, their colleagues, mental health care providers, and the government the most to get information about opioids and other drugs.

Note: The cells shaded in yellow indicate the median score classification.



SALINE COUNTY OPIOID NEEDS ASSESSMENT: OPIOID SETTLEMENT FUNDING

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **One survey question asked how the county should allocate funding it received through opioid litigation settlements to address the opioid epidemic and prevent drug overdoses. This section summarizes participants' attitudes toward 17 proposed strategies.**

WHAT ARE PARTICIPANTS' ATTITUDES TOWARD SPECIFIC OPIOID SETTLEMENT FUNDING STRATEGIES?

To what extent do you oppose or support the following strategies?	Mean	N (%) Strongly Oppose	N (%) Slightly Oppose	N (%) Neither Oppose nor Support	N (%) Slightly Support	N (%) Strongly Support
<i>Underage substance use prevention</i>	4.69	4 (1%)	2 (0%)	16 (5%)	55 (16%)	278 (78%)
<i>Support for children and families affected by SUD</i>	4.67	3 (1%)	7 (2%)	20 (6%)	44 (12%)	281 (79%)
<i>Community education and awareness of the opioid epidemic</i>	4.65	1 (0%)	3 (1%)	21 (6%)	70 (20%)	261 (73%)
<i>Comprehensive treatment services (inpatient, outpatient, medications for SUD, counseling, detox, etc.)</i>	4.65	4 (1%)	6 (2%)	17 (5%)	55 (16%)	273 (77%)
<i>Overdose response, aftercare, and follow-up</i>	4.57	7 (2%)	4 (1%)	28 (8%)	57 (16%)	259 (73%)
<i>Access to treatment in jails and prisons</i>	4.52	6 (2%)	8 (2%)	28 (8%)	67 (19%)	248 (70%)
<i>Recovery programming, coaching, housing, and support services</i>	4.51	4 (1%)	9 (3%)	29 (8%)	72 (20%)	240 (68%)
<i>Linkages to integrated care (combined behavioral and physical health care)</i>	4.50	5 (1%)	3 (1%)	42 (12%)	64 (18%)	239 (68%)
<i>Screening and assessment for SUD</i>	4.43	4 (1%)	7 (2%)	41 (11%)	84 (24%)	219 (62%)
<i>Employment and vocational training and assistance</i>	4.42	7 (2%)	4 (1%)	44 (12%)	79 (22%)	221 (62%)
<i>Health and wellness (drug-free spaces, safe spaces, physical and mental wellbeing)</i>	4.40	7 (2%)	10 (3%)	41 (12%)	73 (21%)	223 (63%)
<i>Provider education and practice on safe prescribing, opioid stewardship, and pain management alternatives</i>	4.39	7 (2%)	6 (2%)	51 (14%)	70 (20%)	222 (62%)
<i>Re-entry support for justice-involved individuals</i>	4.37	7 (2%)	6 (2%)	50 (14%)	79 (22%)	213 (60%)
<i>Improved access to harm reduction supplies</i>	4.34	11 (3%)	17 (5%)	29 (8%)	80 (23%)	218 (61%)
<i>Diversion programs to connect people to treatment instead of incarceration</i>	4.22	17 (5%)	16 (5%)	36 (10%)	91 (26%)	196 (55%)
<i>Concrete wraparound supports (food, housing, transportation, and childcare)</i>	4.21	13 (4%)	16 (5%)	51 (14%)	78 (22%)	197 (55%)
<i>Legal assistance</i>	3.91	20 (6%)	25 (7%)	69 (20%)	93 (26%)	147 (41%)

All proposed strategies received support from at least 60% of participants. Notably, four strategies (**youth substance use prevention, support for children and families affected by SUD, community education and awareness, and comprehensive treatment services**) garnered over 90% support. These results affirm the importance of not just investing in one strategy but to have a comprehensive, layered approach.



SALINE COUNTY OPIOID NEEDS ASSESSMENT: STIGMA IN SALINE COUNTY

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **One of the scales in the survey was a modified version of the Perceived Public Stigma Scale by Palamar et al. (2011), designed to assess participants' perceptions of how the community treats Saline County residents who use illicit opioids. This section summarizes those findings.**

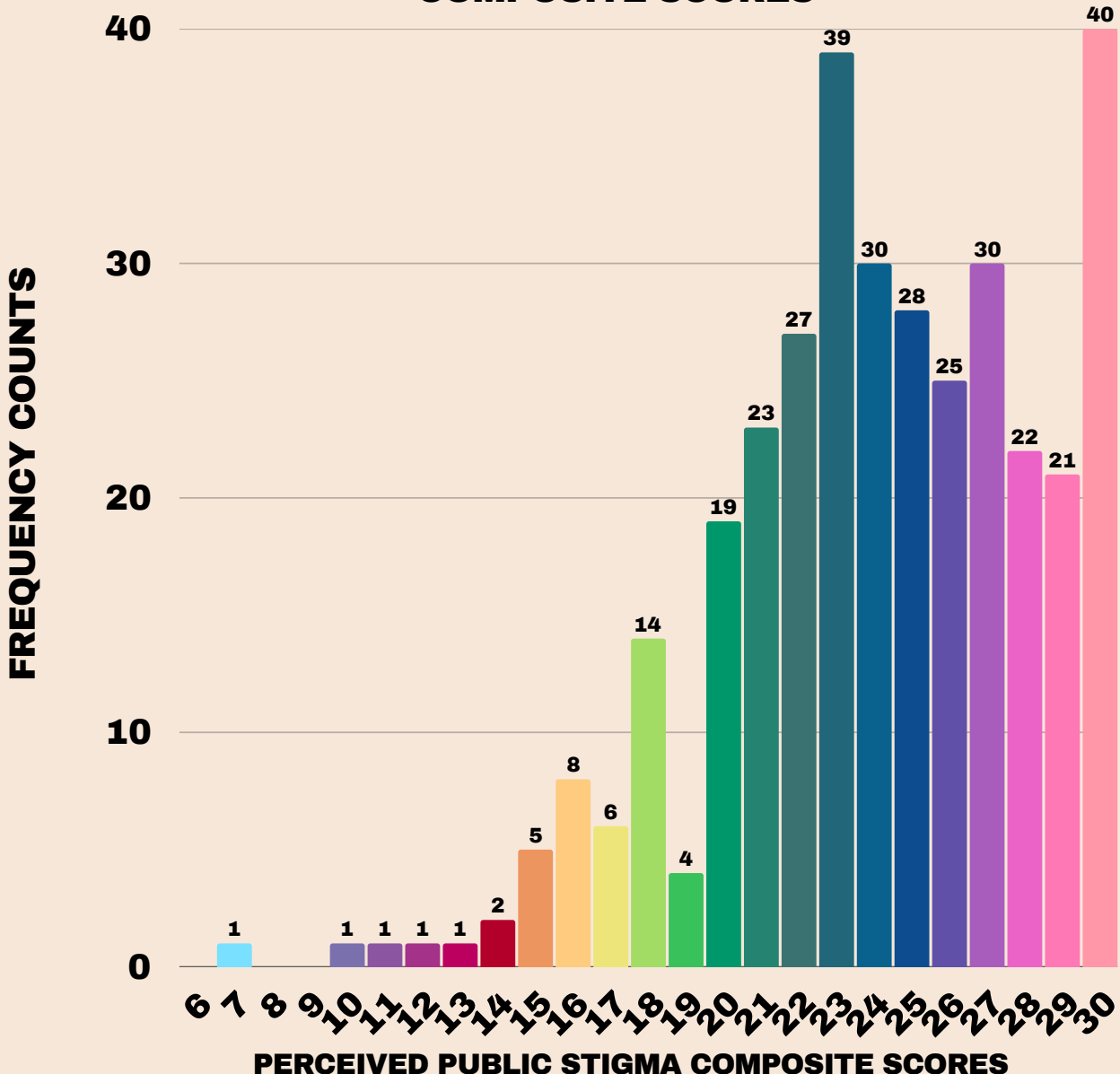
The next few questions will ask you about your perceptions of stigma against people who use illicit opioids in Saline County. For this survey, stigma refers to negative attitudes, behaviors, or beliefs. Please select from strongly disagree to strongly agree for each question.

Most people in Saline County...	Mean	N (%) Strongly Disagree	N (%) Slightly Disagree	N (%) Neither Agree nor Disagree	N (%) Slightly Agree	N (%) Strongly Agree
Believe individuals who use illicit opioids cannot be trusted.	4.38	3 (1%)	10 (3%)	22 (6%)	131 (38%)	182 (52%)
Believe individuals who use illicit opioids are dangerous.	4.24	3 (1%)	11 (3%)	31 (9%)	155 (45%)	147 (42%)
Will take the opinions of someone who uses illicit opioids less seriously.	4.16	5 (1%)	24 (7%)	40 (12%)	118 (34%)	159 (46%)
Would not date someone who uses illicit opioids.	3.84	9 (3%)	33 (9%)	86 (25%)	93 (27%)	125 (36%)
Feel that illicit opioid use is a sign of personal failure.	3.76	18 (5%)	34 (10%)	68 (20%)	119 (34%)	108 (31%)
Would not accept someone who uses illicit opioids as a close friend.	3.75	8 (2%)	35 (10%)	95 (27%)	107 (31%)	102 (29%)

WHEN THE ITEMS IN THE PERCEIVED PUBLIC STIGMA SCALE ARE TURNED INTO A COMPOSITE SCORE, THE AVERAGE SCORE IS 24 (OUT OF A POTENTIAL 30 POINTS).

THE RESULTS STRONGLY SUGGEST THAT PARTICIPANTS PERCEIVE THE COMMUNITY AS STIGMATIZING AGAINST INDIVIDUALS WHO USE ILLICIT OPIOIDS.

FREQUENCY COUNTS OF PERCEIVED PUBLIC STIGMA COMPOSITE SCORES



SALINE COUNTY OPIOID NEEDS ASSESSMENT: OPIOID OVERDOSE RESPONSE

From November to December 2024, Saline County residents aged 18 and older participated in the Saline County Opioid Needs Assessment Survey, sharing their perspectives on opioid-related issues in the community and providing insights on potential solutions. A total of 452 valid responses were collected. **This section provides more information about participants' feelings of confidence and preparedness in responding to an opioid overdose.**

Imagine if you came across someone who might be experiencing an opioid overdose. On a scale of 1 to 5, with 1 being *strongly disagree* and 5 being *strongly agree*, how much do you agree with each of the following statements?

Statements	Mean	N (%) Strongly Disagree	N (%) Slightly Disagree	N (%) Neither Agree nor Disagree	N (%) Slightly Agree	N (%) Strongly Agree
<i>I would be willing to administer naloxone</i>	4.17	22 (6%)	15 (4%)	50 (14%)	68 (19%)	208 (57%)
<i>I know what the signs and symptoms of an opioid overdose are</i>	3.38	58 (16%)	54 (15%)	44 (12%)	106 (29%)	101 (28%)
<i>I know how to administer naloxone</i>	3.23	106 (29%)	33 (9%)	35 (10%)	49 (13%)	140 (39%)
<i>I know what to do in the event of an opioid overdose.</i>	3.22	89 (25%)	47 (13%)	41 (11%)	67 (18%)	118 (33%)
<i>I would be afraid of doing something wrong.</i>	3.20	73 (20%)	45 (13%)	64 (18%)	95 (26%)	84 (23%)
<i>I would be afraid the person who overdosed might be hostile or aggressive.</i>	3.51	39 (11%)	39 (11%)	73 (20%)	122 (34%)	89 (25%)
<i>I would be afraid of hurting the person who overdosed.</i>	2.93	84 (23%)	70 (19%)	62 (17%)	83 (23%)	64 (18%)
<i>I would be afraid of causing withdrawal symptoms in the person who overdosed.</i>	2.24	147 (41%)	67 (18%)	88 (24%)	31 (9%)	28 (8%)

76% of participants would be willing to administer naloxone.

57% of participants know what the signs and symptoms of an opioid overdose are.

A little over 50% of participants know how to administer naloxone.

51% of participants know what to do in the event of an opioid overdose.

Nearly half of all participants reported they would be afraid of doing something wrong in the event of an opioid overdose.

59% of participants are afraid the person who overdosed will be hostile or aggressive.

41% of participants are afraid that they would hurt the person who overdosed.

17% of participants would be afraid of causing withdrawal symptoms.

Saline County Opioid Community Needs Assessment

These are the themes and subthemes from the Community Listening Sessions held on January 22 and February 11, 2025.

Count of comments by theme and sub-theme: Challenges and Barriers

Theme	Sub-Theme	Count of Comments
Access to treatment and services	Gaps in available treatment options	14
	Transportation or geographic challenges	11
	Funding for programs or services	9
	Insurance issues	8
	Cost of treatment or services	4
	Concerns about pets	2
	Funding for treatment or prevention programs	2
	Lack of prevention services	2
Education and awareness	Community education and awareness	14
	Youth education and awareness	9
	Parents/Guardians	6
	Effective communication strategy	4
	Harm reduction education	3
	Misinformation	3
Negative stigma toward people who use drugs	Community stigma	10
	Stigma in systems (legal, employment)	2
People don't know how or where to access treatment	Knowing where to find help	9

**Bolded rows indicate the seven sub-themes with the most comments.*

Count of comments by theme and sub-theme: Strengths and Resources

Themes	Sub-Themes	Count of Comments
Collaboration among organizations	Collaboration for planning	24
	Inter-agency communications or referrals	22
Community knowledge about treatment and recovery	Community education and awareness	4
	Subject-matter-expertise and leadership	4
Community programs and services	Community events, outreach and education	6
	Crisis Services	5
	Harm reduction	5
	Programs and services	5
	Jobs	2
	Law enforcement	2
	Transportation	2
	Housing	1
	Mental health	1
	Schools	1
Peer mentors and navigators		7
Strong recovery community		8
Support groups		6
Treatment and recovery services	Specific named services	13
	Drug court	3
	Quality of care	3
	Sober living homes	3
	Telehealth	3
	Crisis services	2
	Medication assisted treatment (MAT)	3
	Mental health	2
	Compassionate providers of services	1
	Screening	1

**Bolded rows indicate the five themes or sub-themes with the most comments.*

Count of comments by theme and sub-theme: What's needed?

Themes	Sub-Themes	Count of Comments
Treatment		45
Community events or activities	Supporting long-term recovery	5
	Youth	8
Decrease the availability of drugs in the community		2
Education and prevention	Community	19
	Youth	7
	Stigma	4
	Family members	3
	Recovery	3
	Schools	3
	Naloxone	2
Funding		6
Harm reduction		4
Inclusive (e.g., office hours, geographic, cultural, etc.)		8
Post-overdose resources		2
Support for youth (e.g, mentoring, parent support)		6
Supporting basic needs (e.g., jobs, food, housing, training)		13
Transparency in resource allocation		5

**Bolded rows indicate the five themes or sub-themes with the most comments.*

Saline County Opioid Community Needs Assessment

These are the themes for each discussion question from the community listening sessions held on January 22 and February 11, 2025.

What specific challenges or barriers do individuals and the community face?

- Access to treatment and services
- Education and awareness
- Negative stigma toward people who use drugs
- People don't know how or where to access treatment

What strengths or resources make a difference for individuals and the community?

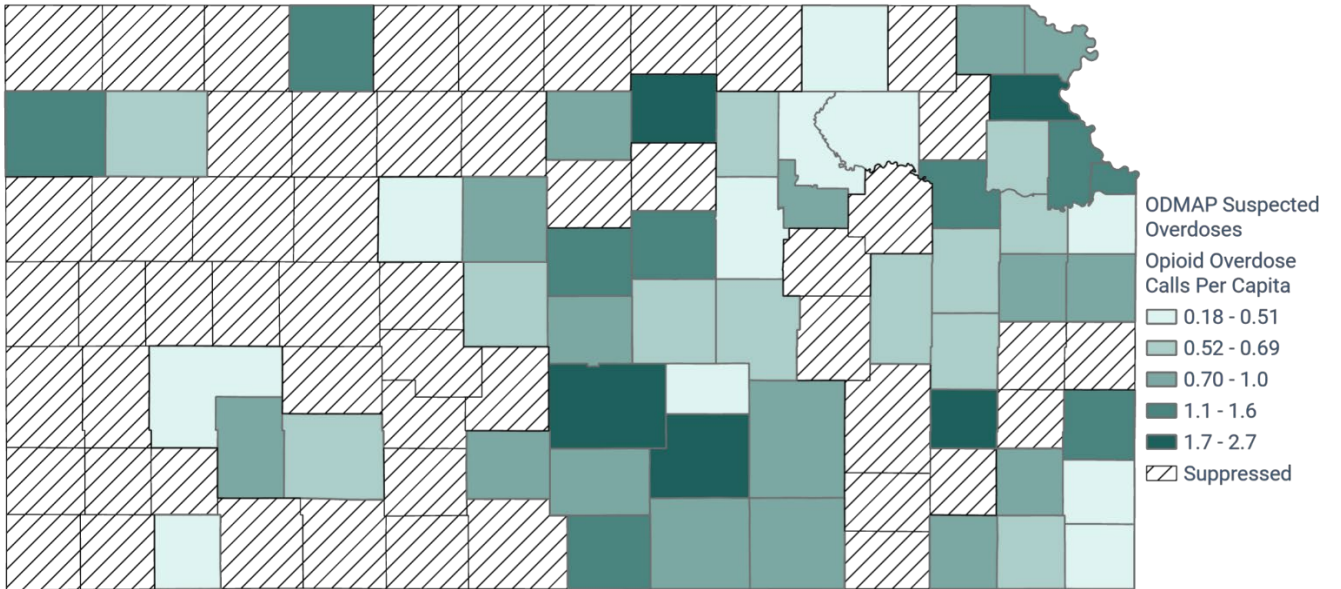
- **Collaboration among organizations**
- Community knowledge about treatment and recovery
- Community programs and services
- Peer mentors and navigators
- **Strong recovery community**
- Support groups
- **Treatment and recovery services**

What additional services, support, or actions are needed?

- **Treatment**
- **Community events or activities**
- Decrease the availability of drugs in the community
- **Education and prevention**
- Funding
- Harm reduction
- **Inclusive (e.g., office hours, geographic, cultural, etc.)**
- Post-overdose resources
- Support for youth (e.g. mentoring, parent support)
- **Supporting basic needs (e.g., jobs, food, housing, training)**
- Transparency in resource allocation

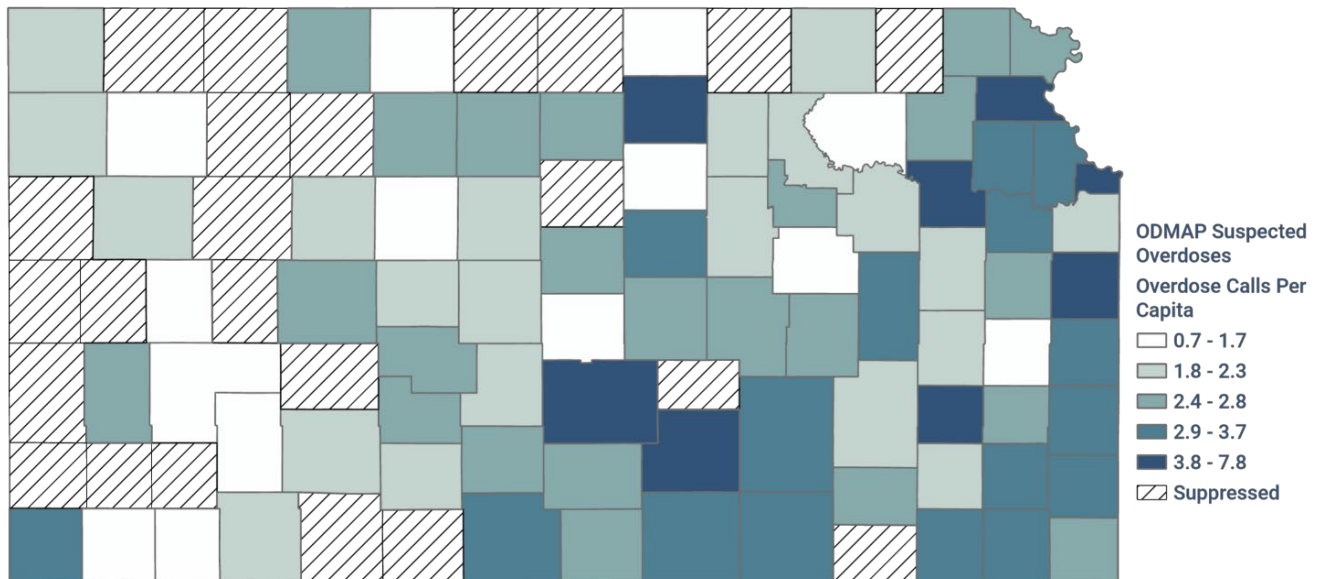
***Bold denotes the highest number of total responses for that theme.**

Figure 1: Suspected Opioid Overdose Calls per 1,000 People (2024)



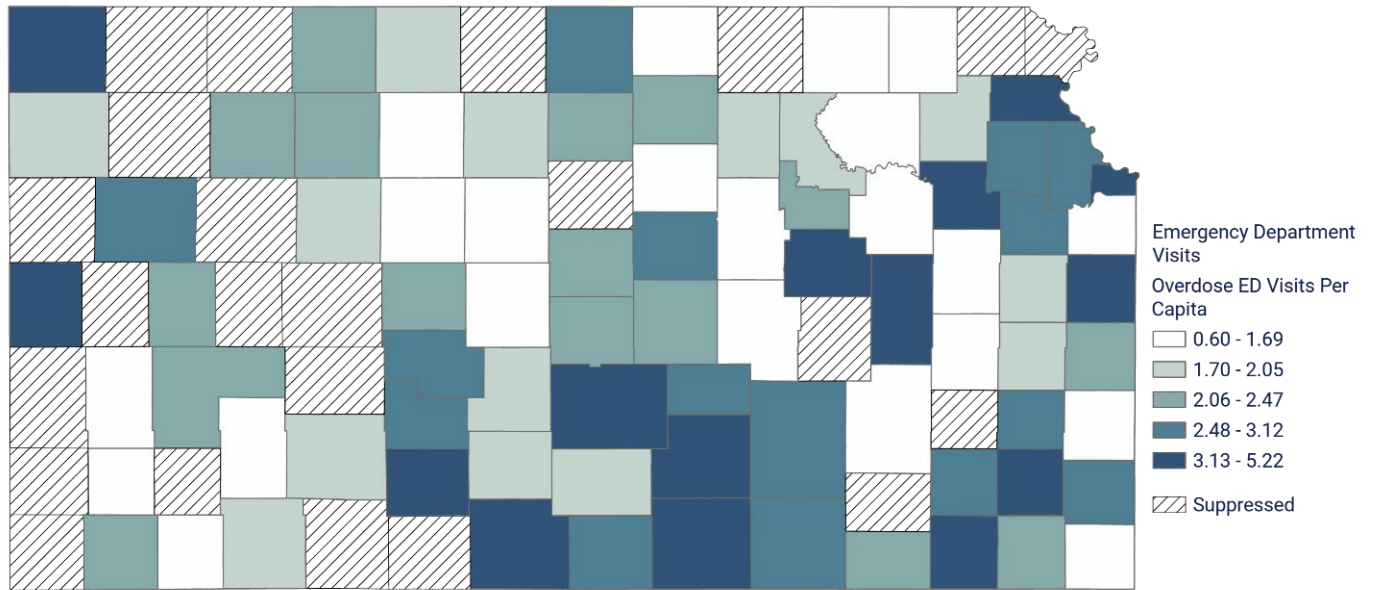
Source: Kansas Board of EMS, ODMAP (2024)

Figure 2: Suspected Overdose (All Drug Types) EMS Calls per 1,000 People (2024)



Source: Kansas Board of EMS, ODMAP (2024)

Figure 3: Suspected Overdose ED Visits per 1,000 People (2024)



Source: ESSENCE (2024)

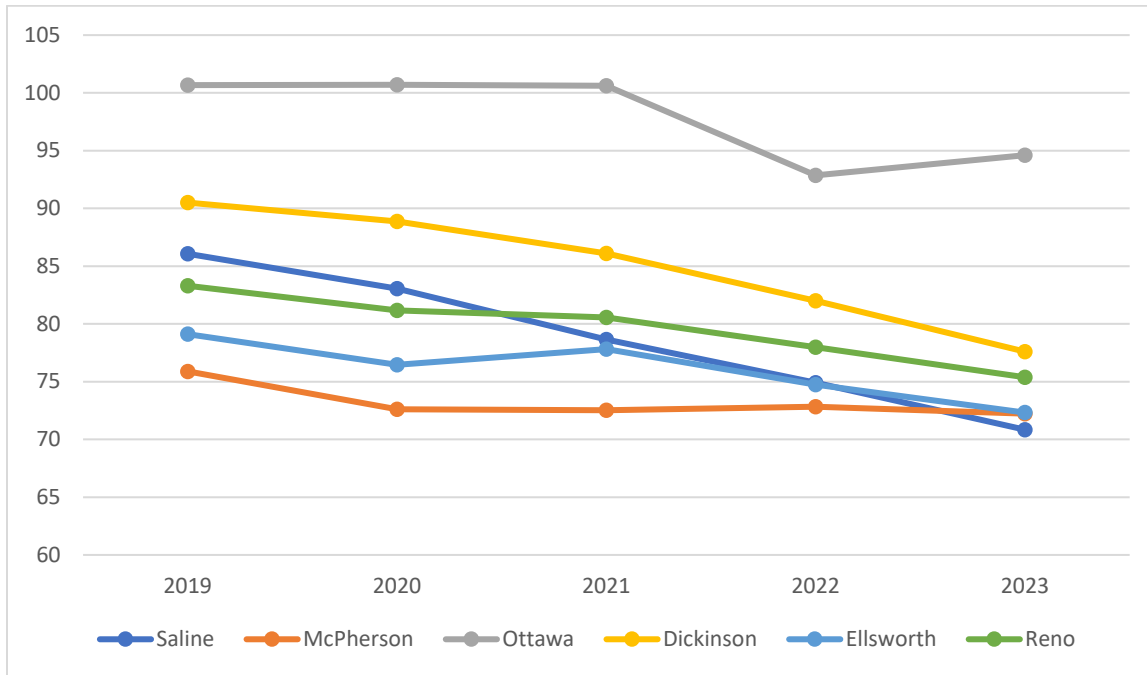
Table 1: Overdose Fatality Data

<p>Overdose Fatalities by Substance Type 2018 to 2023 (CDC WONDER, 2024):</p> <ul style="list-style-type: none"> • Opioid: 32 • Psychostimulants: 45 <p>Note: These numbers include duplicates for cases that identified both opioids and psychostimulants as a cause of death.</p>
<p>Overdose Fatalities by Intentionality 2018 to 2023 (CDC WONDER, 2024):</p> <ul style="list-style-type: none"> • Unintentional: 50 • Intentional: Suppressed
<p>Unintentional OD Fatalities by Gender 2018 to 2023:</p> <ul style="list-style-type: none"> • Male: 35 • Female: 15
<p>Unintentional OD Fatalities by Age Group 2018 to 2023:</p> <ul style="list-style-type: none"> • 25 to 34: 18 • 35 to 44: 10 • Other Age Group: 22

Saline County Opioid Community Needs Assessment, Secondary Data, April 2025

Source: CDC WONDER (2024)

Figure 4: Opioid Prescriptions per 100 People



Source: KTRACS (2024)

Table 2: Suspected Overdose by Primary Substance (2024)

	Fentanyl	Other Opioids	Benzodiazepines	Methamphetamine
Overdose Events	17	19	10	66
Naloxone Administration	7	10	3	2

Note : 197 total EMS calls for suspected overdose. 30 Naloxone administrations.

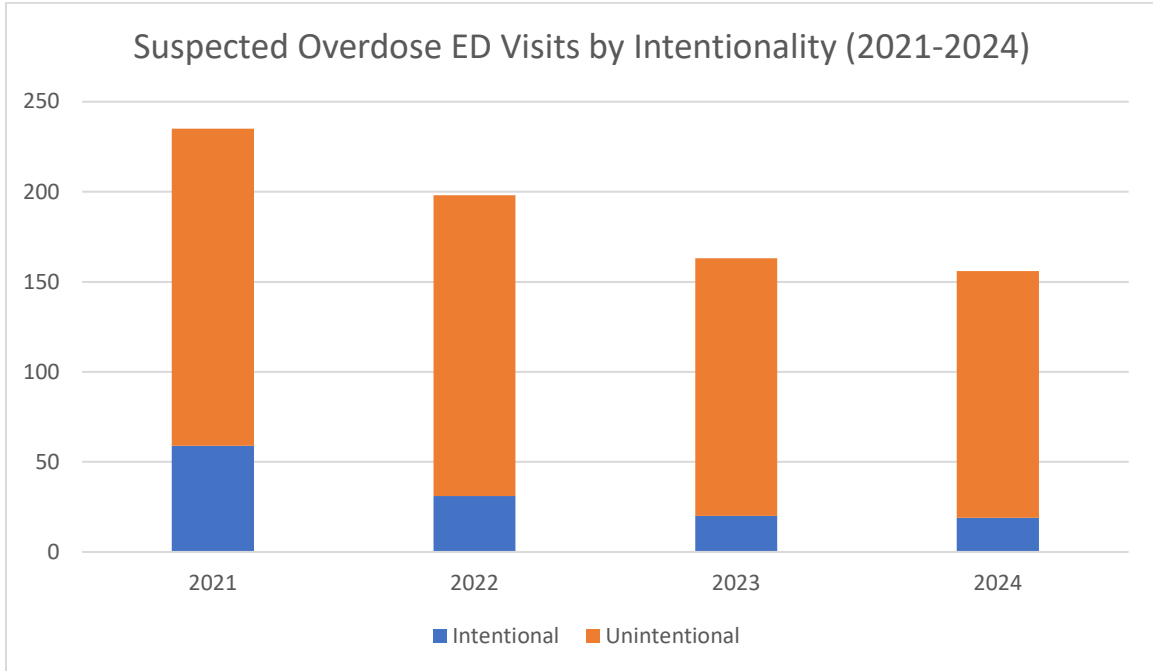
Source: Kansas Board of EMS, ODMAP (2024)

Table 3: Suspected Overdose by Secondary Substance (2024)

	Fentanyl	Other Opioids	Benzodiazepines	Methamphetamine
Overdose Events	6	3	3	9
Naloxone Administration	3	2	1	1

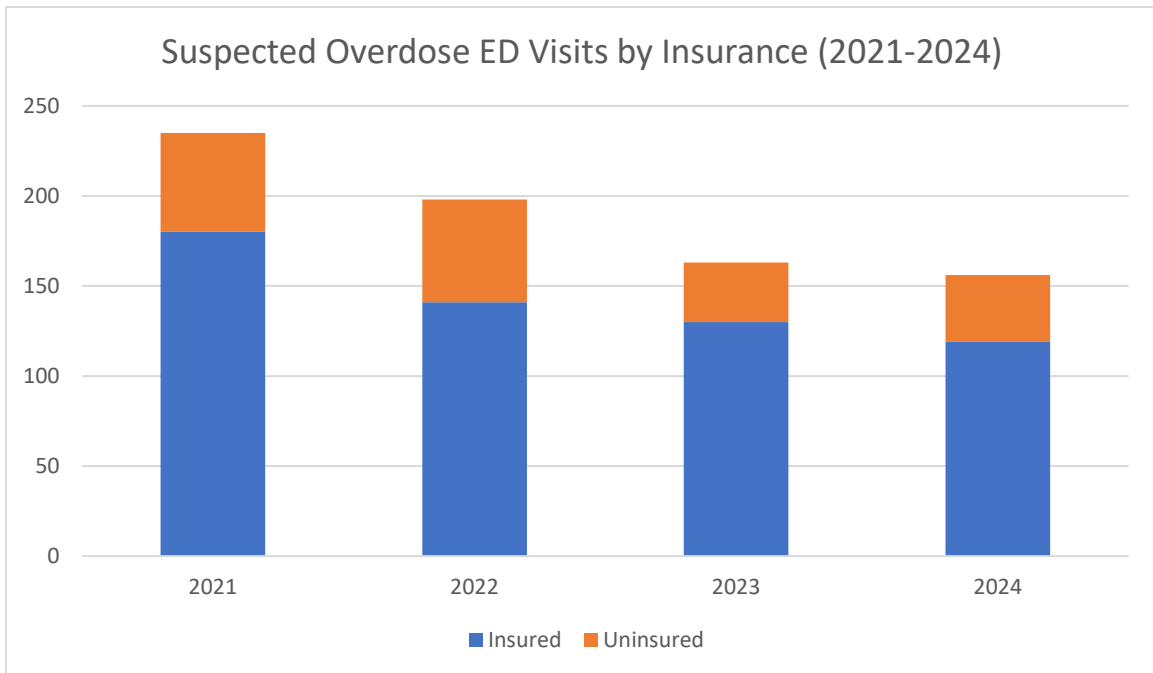
Source: Kansas Board of EMS, ODMAP (2024)

Figure 5: Suspected Overdose ED Visits by Intentionality (2021-2024)



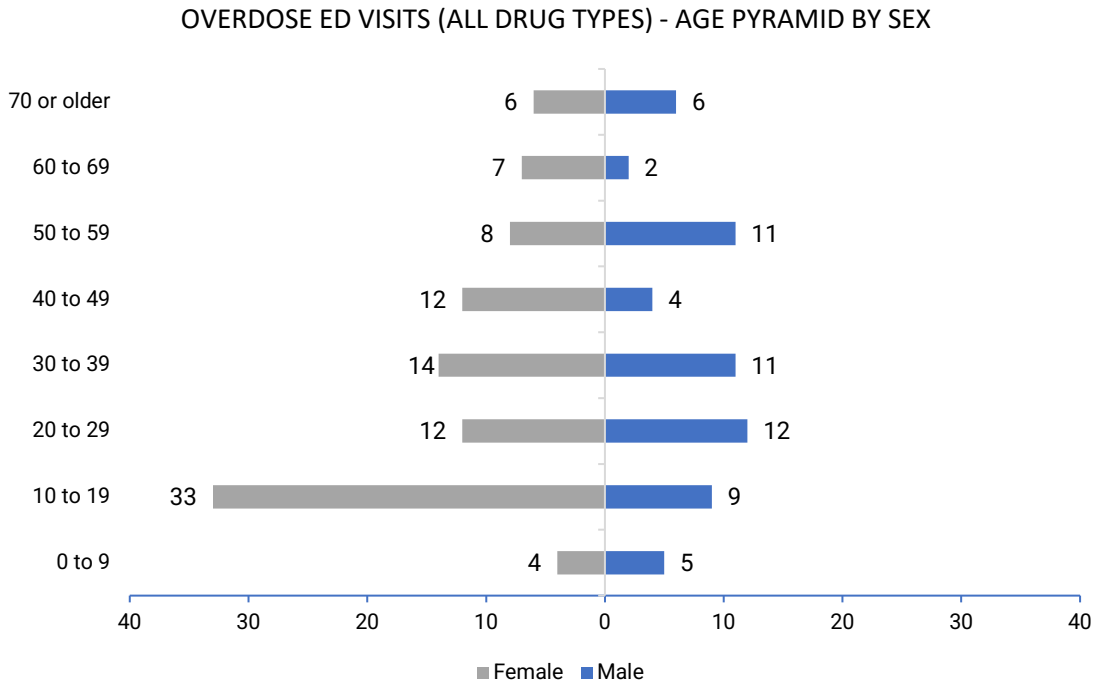
Source: ESSENCE (2024)

Figure 6: Suspected Overdose ED Visits by Insurance (2021-2024)



Source: ESSENCE (2024)

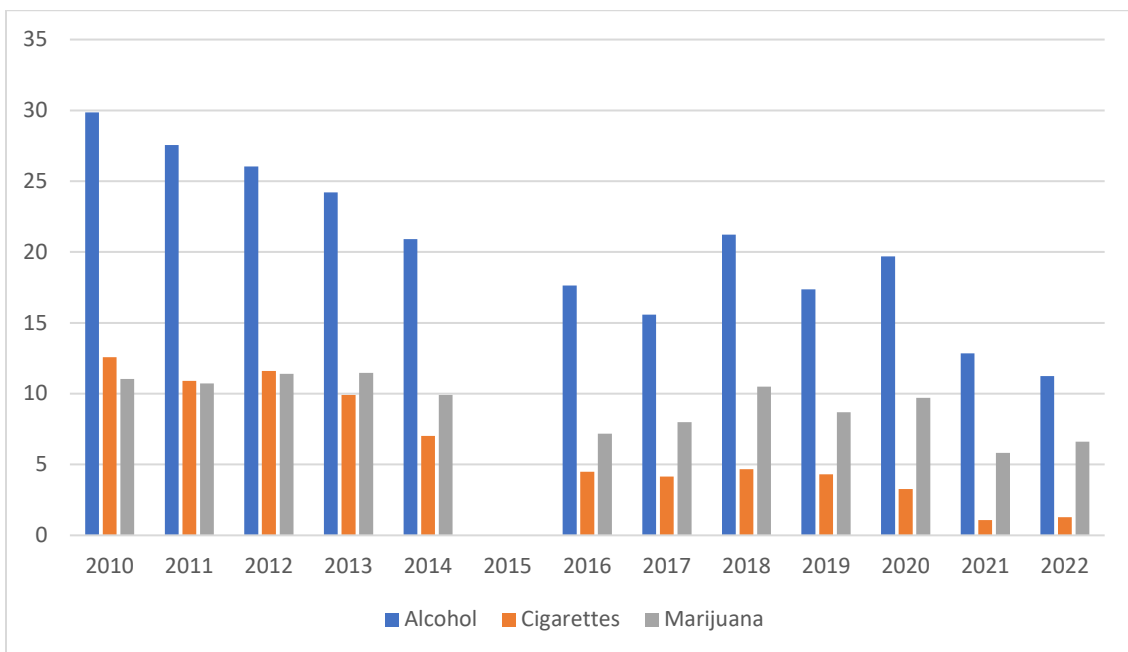
Figure 7: Overdose ED Visits (All Drug Types) – Age Pyramid by Sex



Note : 17% female and 4.4% male overdose ED Visits labeled as suicide attempts. 4.4% male

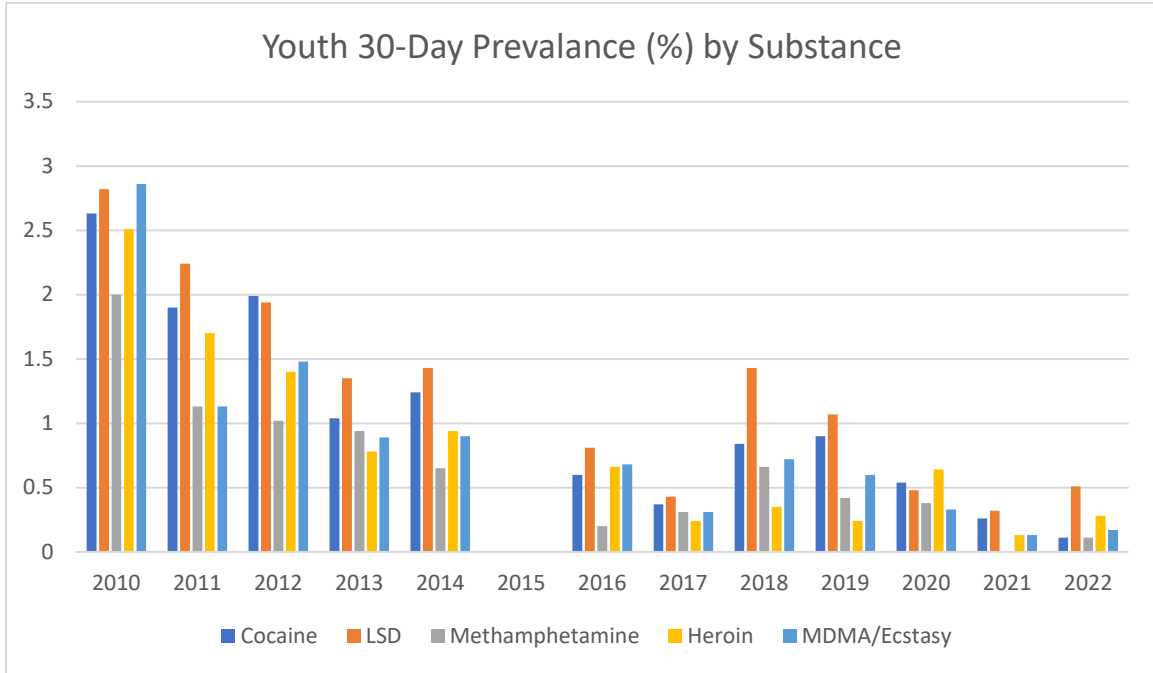
Source: ESSENCE (2024)

Figure 8: Youth 30-Day Prevalence (%) by Substance



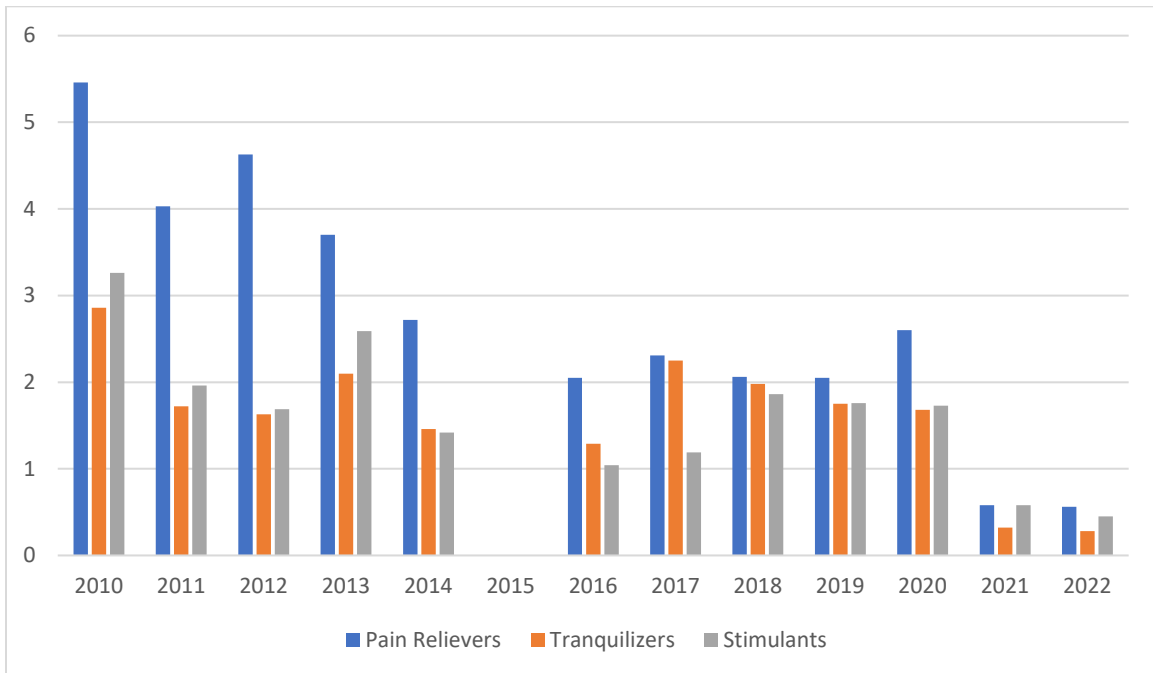
Source: Kansas Communities That Care (2024)

Figure 9: Youth 30-Day Prevalence (%) by Substance



Source: Kansas Communities That Care (2024)

Figure 10: Youth 30-Day Prevalence (%) of Prescription Drug not Prescribed by Doctor



Source: Kansas Communities That Care (2024)