

Bridging the Urban/ Rural Divide: A Student Policy Challenge

THE KANSAS SUBSTANCE ABUSE PREVENTION ACT

Presented By:

Ella Rhuems

Braiden Bangalan

Jacob McCarty

Junior

Senior

Sophomore

Dole Institute
Student

Dole Institute
Student

Dole Institute
Student

Advisory Board

Advisory Board

Advisory Board

Abstract:

The issue of substance use disorder is a significant and ongoing challenge in the United States, impacting millions of individuals and families across the country. Over [48 million](#) Americans have struggled with addiction within the past year (1), and today, nearly everyone knows someone with an addiction disorder.

Through this proposal, we hope to give insight into the root causes of addiction, shed light on current addiction treatments, and finally suggest a new policy that will help to tackle this crisis in both rural and urban areas.

Background

While most people are familiar with addiction, many are unaware that substance use disorders are categorized as mental health disorders in the Diagnostic Statistical Manual. Today, the DSM distinguishes between two categories of [Substance Use Disorders](#): Substance Dependence: which most people typically refer to as “addiction”, and Substance abuse: a less severe, more sporadic use of scheduled substances, but one that still causes functional impairment. (2)

Here, it is important to note that substance abuse is highly likely to evolve into substance dependence. By treating those in “early”, less severe stages of the disorder, we aim to [prevent](#) substance abuse from becoming dependent. (8)

Root Causes of Addiction

While fully understanding addiction is rooted in advanced neuroscience, the easiest way to understand addiction is through reward centers. In each of our brains, we have a series of receptors that make up circuits. These reward circuits release different neurohormones that stimulate a response from humans. Each person’s reward circuits are “wired” differently- the amount of receptors in each circuit varies by person. Fewer receptors allow a smaller amount of each hormone to cause a greater response than with more receptors. This is genetic. That's why addiction is heritable. It is estimated that genetics play a 40-60% role in our susceptibility to substances due to the differences in our dopamine ([d2\) receptors](#). (3)

Because of the role the brain circuits play in the formation of a substance abuse disorder, the DSM classifies substance dependency and abuse as mental health disorders. We believe the key to reducing substance abuse and dependence in both rural and urban areas is treating these disorders like we treat other mental health disorders.

Proposal:

HB 2847: The Kansas Substance Abuse Prevention Act: an elaboration upon proposed SB264; the Kansas Fights Addiction Act.

[SB264](#) allowed the Kansas Attorney General to fund and create the [Kansas Fights Addiction Grant Review Board](#) (5) and [Municipalities Fight Addiction fund](#). (6) These boards review and approve funding for eligible agencies that provide services in Kansas to fight substance abuse.(4) HB2847 Will expand on this bill to allocate the following:

10% of KFA grant funding will be allocated to state mental health and substance abuse treatment facilities for establishing rural satellite offices that:

- Offer comprehensive harm reduction services.
- Provide mental health counseling through appointment-based providers, crisis services, and group therapy.
- Refer individuals to long-term treatment facilities as needed.
- Administer mental health medications and FDA-approved medications for opioid use disorder.
- Address the stigma prevalent in rural areas around substance abuse by hosting educational community events.

10% of KFA grant funding will be allocated to state healthcare systems, and mental health and substance abuse treatment facilities in urban areas for establishing mobile vehicular clinics designed to service underrepresented populations without access to services including mental health treatment, harm reduction services, and resources for substance use disorders. Additionally, this funding will create spaces for telehealth access in libraries for free public use.

5% of the annual MFA funds will be allocated for state-wide implementation of [services](#) at public university student health centers. (7) Key strategies include:

- Widespread availability of Naloxone, Narcan, and other FDA-approved drugs for reversing opioid overdoses.
- Expanded training for students on effectively using these drugs.
- Enhanced substance abuse education to foster supportive communities.
- Provision of Medication-Assisted Treatment (MAT) and increased access for uninsured individuals.
- Education programs for youth to prevent substance misuse.
- Awareness training for healthcare providers, EMTs, law enforcement, and first responders.
- Collaboration with existing mental health services for treatment and recovery support, including referrals for various therapy options

Why This Works

This issue is highly prevalent in both urban and rural communities. The difference between the two is that [rural communities](#) (9) have less access to treatment, and a higher stigma surrounding the issue; In contrast, [urban communities](#) (10) have more treatment options and specialized care, but those who need care cannot access it due to financial burden, transportation, or lack of education. Additionally, in each of these communities, there is little effort to educate young people in a realistic way that does not stigmatize or glamorize substance use.

We believe the problem of substance use disorder can be improved in Kansas by creating more sites for resources in rural communities, bringing the resources to those who cannot access them in urban communities, and using college campuses to educate young populations.

References:

1. <https://americanaddictioncenters.org/addiction-statistics>
2. Hasin DS, O'Brien CP, Auriacombe M, Borges G, Bucholz K, Budney A, Compton WM, Crowley T, Ling W, Petry NM, Schuckit M, Grant BF. DSM-5 criteria for substance use disorders: recommendations and rationale. *Am J Psychiatry*. 2013 Aug;170(8):834-51. doi: 10.1176/appi.ajp.2013.12060782. PMID: 23903334; PMCID: PMC3767415 <https://pmc.ncbi.nlm.nih.gov/articles/PMC3767415/>
3. Trifilieff P, Martinez D. Imaging addiction: D2 receptors and dopamine signaling in the striatum as biomarkers for impulsivity. *Neuropharmacology*. 2014 Jan;76 Pt B(0):498-509. doi: 10.1016/j.neuropharm.2013.06.031. Epub 2013 Jul 10. PMID: 23851257; PMCID: PMC4106030.
4. SB264: https://www.kslegislature.gov/li_2022/b2021_22/measures/documents/sb264_01_0000.pdf
5. <https://sunflowerfoundation.org/kansas-fights-addiction/>
6. <https://sunflowerfoundation.org/wp-content/uploads/2024/08/2024-MFAF-Guidance-First-and-Second-Conversation-final.pdf>
7. <https://sunflowerfoundation.org/wp-content/uploads/2024/08/Rev.-1-Kansas-MFAF-Guide-to-Strategic-Opioid-Settlement-Allocation-.pdf>
8. Fishbein DH, Sloboda Z. A National Strategy for Preventing Substance and Opioid Use Disorders Through Evidence-Based Prevention Programming that Fosters Healthy Outcomes in Our Youth. *Clin Child Fam Psychol Rev*. 2023 Mar;26(1):1-16. doi: 10.1007/s10567-022-00420-5. Epub 2022 Dec 21. PMID: 36542196; PMCID: PMC9768412. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9768412/>
9. <https://solutions.edc.org/sites/default/files/Preventing-Substance-Misuse-in-Rural-Settings.pdf>
10. Pullen E, Oser C. Barriers to substance abuse treatment in rural and urban communities: counselor perspectives. *Subst Use Misuse*. 2014 Jun;49(7):891-901. doi: 10.3109/10826084.2014.891615. Epub 2014 Mar 10. PMID: 24611820; PMCID: PMC3995852. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3995852/>