Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan

November 2021 Annual Report

Building a collaborative response to the crisis in Kansas
Kansas Prescription Drug and Opioid Advisory Committee Partners

Kansas Department for Aging and Disability Services
Kansas Department of Health and Environment
    DCCCA
    Kansas Board of Pharmacy
    Kansas Board of Healing Arts
    Kansas State Board of Education
    Kansas Hospital Association
Kansas Department for Children and Families
    Kansas Attorney General’s Office
Kansas State Child Death Review Board
    Kansas Pharmacists Association
Drug Enforcement Administration - Wichita
    Kansas Medical Society
U.S. Department of Health and Human Services
    U.S. Department of Agriculture
    Kansas Healthcare Collaborative
Substance Abuse Center of Kansas
Greenbush - Southeast Kansas Education Service Center
    Opioid Response Network
    University of Kansas Medical Center
    American Society of Addiction Medicine
    KU Center for Telemedicine & Telehealth
        Project ECHO
        Midwest HIDTA
    Alliance for Drug Endangered Children
    Pratt Regional Medical Center
        NOW Coalition
        Awakenings KC
    Kansas Bureau of Investigation
    Kansas Association of Chiefs of Police
    Kansas Sheriffs Association
University of Kansas School of Medicine- Wichita
    Kansas Poison Control Center
    Kansas Society of Anesthesiologists
    Kansas Children’s Service League
    Kansas Drug Endangered Children Alliance
American Association of Oral & Maxillofacial Surgeons
    Heartland RADAC
    Allen County Multi-Agency Team
    Thrive Allen County
    Reno County Health Department
    Kansas Recovery Network
    Johnson County Mental Health Center
    CKF Addiction Treatment
    Stormont Vail Health
Four County Mental Health Center
    Kansas Health Institute
    Blue Valley School District
        USD 308
    Topeka Treatment Center
        The Phoenix
    Wichita State University
        Center for Change
        Teen Challenge
    Boys and Girls Club Topeka
    Sedgwick County Division of Health
Kansas Prescription Drug and Opioid Advisory Committee

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Kansas Sheriff’s Association

Robert Jacobs
KBI

Scott Johnston, MPH
KDHE

Ty Kane
Wichita State University

Lynnea Kauffman
DCF

Amber Kelly
KDHE
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Organization</th>
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<tbody>
<tr>
<td>Aaron LacKamp, MD</td>
<td>KS Society of Anesthesiologists</td>
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<td>Cissy McKinzie</td>
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<td>Greg Lakin, MD</td>
<td>Center for Change</td>
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<td>Ed Klumpp</td>
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<td>Katie Mahuron</td>
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<td>Dawn McWilliams</td>
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<td>Melanie Simpson, PhD, RN-BC</td>
<td>OCN, CHPN, CPE – KUMC</td>
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<tr>
<td>Chris Sturgeon</td>
<td>TPD</td>
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<tr>
<td>Sherrie Watkins</td>
<td>Opioid Response Network</td>
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<tr>
<td>Marsha Young</td>
<td>Topeka Treatment Center</td>
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Executive Summary

Background
In July 2018, the Kansas Prescription Drug and Opioid Advisory Committee published the Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan. The Strategic Plan was the result of a multi-sector collaborative effort among more than forty organizations and agencies to outline a systematic, coordinated approach to combatting the prescription drug and opioid crisis in Kansas. The Advisory Committee published Annual Reports to update the Strategic Plan in 2019 and 2020.

Goals
The overarching goal of the Strategic Plan and Annual Updates is to identify and implement evidence-informed interventions for prescription drug and illicit opioid misuse, abuse, and dependence, to decrease fatal and non-fatal overdoses in Kansas. The Strategic Plan and Annual Updates present a rationale for continuing current efforts, showcase progress made, outline a path forward, and propose recommendations.

Priority Areas
Each priority area contains goals, SMART objectives, strategies, and activities that are planned and/or being implemented by stakeholders. The goals, objectives, and strategies outlined in the Strategic Plan are evidence-informed, driven by Kansas-specific data, and aim to address multiple levels of impact.

Implementation
The Strategic Plan guides internal and external strategy implementation, and provides the framework for monitoring progress toward short, intermediate, and long-term outcomes of the proposed strategies. Many strategies and activities are being implemented in coordination with advisory committee partners through state and federally-funded programs. Ongoing engagement and collaboration with a broad array of stakeholders is instrumental for certain aspects of this work, as well as assuring adequate resources in implementation years.

The Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan is a living document that continues to expand as priorities and resources change. While current goals, objectives, strategies, and activities are clearly outlined, data gathered from monitoring process and outcome indicators has informed revisions to these on an annual basis to ensure relevance.

2021 Annual Report
The purpose of the 2021 Annual Update to the Strategic Plan is to demonstrate the collective impact of Strategic Plan implementation, present success stories, and identify additional strategies, recommendations, and resources needed to reach targeted objectives.
It is estimated that there were 93,331 fatal drug overdoses in 2020 in the U.S., according to provisional CDC data. This represents an approximate 29% increase in drug overdose fatalities nationwide between 2019 and 2020.\(^1\) Drug overdose fatalities increased in Kansas by 24%, from 393 to 477 in 2020. Of the 477 drug overdoses, the KDHE reported that 183 involved psychostimulants like methamphetamine, 161 involved synthetic opioids like fentanyl, and 71 involved prescription opioids. Overdose deaths that involved any prescription or illicit opioid accounted for 52% of all fatal overdoses in 2020. It should be noted that more than one drug can be involved in a fatal overdose, so these numbers are not mutually exclusive.

Fatal drug overdoses were significantly higher among the male population. Males accounted for 64% of overdose deaths while 36% were among females. Additionally, fatal overdoses were highest among those 25-54 years old. This age group made up 296, or 62%, of all overdose deaths.

Kansas is following similar overdose death trends nationally during the COVID-19 pandemic. Synthetic opioid overdoses, primarily caused by fentanyl, have driven this surge in overdose deaths. This is largely due to increased availability, accessibility and use of illegally manufactured fentanyl.\(^2\)

Fentanyl is a powerful synthetic opioid that is mixed with other drugs, like heroin and cocaine, or used as a stand-alone drug. Due to its potency, fentanyl-involved overdoses happen fast and can be difficult to reverse.\(^3\) In Kansas, synthetic opioid overdose deaths, mostly caused by fentanyl, increased by 130% from 2019 to 2020.

The data are available on KDHE’s website in addition to other data dashboards. The mortality dashboard can be accessed at: [http://www.preventoverdoseks.org/mortality_data.htm](http://www.preventoverdoseks.org/mortality_data.htm)

### Age-Adjusted Rate of Statewide Fatal Drug Overdoses among Kansas Residents by Age Group and Year

![Age-Adjusted Rate of Statewide Fatal Drug Overdoses among Kansas Residents by Age Group and Year](image-url)
### Original, Annual & Newly Identified Plan Strategies & Recommendations

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Law Enforcement</th>
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<tr>
<td>• Education and awareness</td>
<td>• Justice-involved treatment access</td>
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<td>• Community mobilization</td>
<td>• Naloxone utilization</td>
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<tr>
<td>• Develop website</td>
<td>• Law enforcement education</td>
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<td>• Statewide campaigns</td>
<td>• 911 Good Samaritan Law</td>
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<td>• Safe use, storage, and disposal</td>
<td>• Community collaboration</td>
</tr>
<tr>
<td>• Data collection and analysis</td>
<td>• Drug take-back days</td>
</tr>
<tr>
<td>• Enhance and sustain prevention funding</td>
<td>• Drug courts/diversion</td>
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<tr>
<td>• Harm reduction strategies (^{(2019)})</td>
<td>• ODMAP (^{(2019)})</td>
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<td>• Approaches to address racial disparities (^{(2020)})</td>
<td></td>
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<tr>
<td>• Expand toxicology testing to improve mortality data quality (^{(2020)})</td>
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<th>Provider Education</th>
<th>Treatment and Recovery</th>
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<tr>
<td>• Educational opportunities</td>
<td>• Increase access to treatment</td>
</tr>
<tr>
<td>• K-TRACS enhancements, funding, and utilization</td>
<td>• Expand MAT</td>
</tr>
<tr>
<td>• Prescribing policies and guidelines</td>
<td>• Expand peer support</td>
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<tr>
<td>• SBIRT</td>
<td>• Workforce development</td>
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<tr>
<td>• Requirements in higher education</td>
<td>• Increase access to sober living</td>
</tr>
<tr>
<td>• Sex- and gender-based differences in pain (^{(2019)})</td>
<td>• Adequate insurance coverage</td>
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<tr>
<td>• ED protocols (^{(2019)})</td>
<td>• Integration of care</td>
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<td>• Academic detailing (^{(2019)})</td>
<td>• Telehealth</td>
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<td>• Older adult considerations (^{(2019)})</td>
<td>• 2003 Senate Bill 123 expansion (^{(2019)})</td>
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<td>• Naloxone dispensation tracking through K-TRACS (^{(2020)})</td>
<td>• Rural health approaches (^{(2019)})</td>
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<td></td>
<td>• Syringe services programs (^{(2020)})</td>
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<td></td>
<td>• COVID-19 Telehealth Lessons Learned (^{(2020)})</td>
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<tr>
<th>Neonatal Opioid Withdrawal Syndrome</th>
<th>Newly Identified Strategies</th>
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<tr>
<td>• Standardized screening and prevention</td>
<td>• Naloxone Programming &amp; Access</td>
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<tr>
<td>• Increase access to treatment</td>
<td>• Increase MAT</td>
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<tr>
<td>• Education; Vermont Oxford Network</td>
<td>• Evidence-based harm reduction strategies</td>
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<tr>
<td>• Data collection and analysis</td>
<td>• P.A.A.R.I.</td>
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<tr>
<td>• Tracking and monitoring</td>
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<tr>
<td>• Referrals to home visiting (^{(2019)})</td>
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<tr>
<td>• Considerations for women of childbearing age &amp; older women (^{(2020)})</td>
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For more information about the original state plan strategies please view the full [Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan](#).
Evaluation

Overview

The primary purpose of monitoring and evaluating the Strategic Plan is:

(1) **Opportunities**: to identify opportunities for enhancing or expanding Strategic Plan implementation

(2) **Support**: to garner additional community, organizational, political and financial support for PDO Strategic Plan implementation and sustainability

The PDO Strategic Plan Monitoring and Evaluation Plan was guided by CDC’s 6 Step Framework for Program Evaluation in Public Health and includes detailed information on data collection, reporting and use with a focus on both process and outcome evaluation.

Monitoring and evaluation rely on a variety of quantitative and qualitative data sources. Primary data collection sources include:

(1) **Survey**: the annual survey of funded state and community partners

(2) **Stories**: success stories from funded state and community partners

Survey results provide information on which strategies in the PDO Strategic Plan are/are not being implemented, barriers to strategy implementation, partners’ perceptions of supports needed to enhance or expand implementation and/or sustain the Plan, and coordination of strategy implementation across funded state and community partners.

Secondary data collection sources are those outlined in the State Plan Outcome Indicators table below. Monitoring outcome indicators help demonstrate the overall impact of PDO Strategic Plan implementation, highlight successes, and identify areas that may require additional support to achieve targeted objectives. Qualitative success stories from each of the five priority areas help contextualize quantitative outcomes data.

Monitoring and evaluation of the State Plan helps to ensure continuous quality improvement based on evaluation data and progress measures and guides the necessary adjustments to ensure successful State Plan implementation.

Evaluation Stakeholder Workgroup

To develop an infrastructure for leading, coordinating, monitoring, and evaluating the implementation of the Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan, the Evaluation Stakeholder Workgroup (ESW) was developed and the monitoring and evaluation plan was created.

Key staff responsible for monitoring and evaluating the PDO Strategic Plan, as part of federal funding requirements, comprise the internal PDO Strategic Plan ESW. ESW members include the KS Opioid Overdose Prevention Program Manager, KS OD2A Program Coordinator, Opioid Program Director, KS OD2A Program Evaluator, KS PDMP Epidemiologist, DCCCA Program Coordinator and Chair of the Advisory Committee, and KDADS Prevention Evaluators (Greenbush).
**State Plan Progress and Outcome Indicators**

### Long-Term Outcomes (5+ years)

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<tr>
<td>Age-adjusted All Drug Non-Fatal Overdose Emergency Department Admission Rate per 100,000 population</td>
<td>129.2</td>
<td>133.4</td>
<td>135.9</td>
<td>130.3</td>
<td>136.7</td>
<td>115.5</td>
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<tr>
<td>Age-adjusted Non-Fatal Opioid Overdose (excluding heroin) Emergency Department Admission Rate per 100,000 population</td>
<td>19.0</td>
<td>19.3</td>
<td>17.6</td>
<td>14.2</td>
<td>27.5</td>
<td>17.2</td>
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<tr>
<td>Age-adjusted Non-Fatal Heroin Emergency Department Admission Rate per 100,000 population</td>
<td>2.5</td>
<td>3.1</td>
<td>3.7</td>
<td>4.1</td>
<td>5.4</td>
<td>2.2</td>
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<tr>
<td>*Age-adjusted All Drug Non-Fatal Overdose Hospitalization Rate per 100,000 population</td>
<td>91.1</td>
<td>94.1</td>
<td>98.7</td>
<td>100.9</td>
<td>72.39</td>
<td>82.4</td>
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<tr>
<td>*Age-adjusted Non-Fatal Opioid Overdose (excluding heroin) Hospitalization Rate per 100,000 population</td>
<td>19.8</td>
<td>17.6</td>
<td>15.6</td>
<td>13.9</td>
<td>11.61</td>
<td>18.0</td>
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<td>*Age-adjusted Non-Fatal Heroin Hospitalization Rate per 100,000 population</td>
<td>2.1</td>
<td>1.4</td>
<td>2.2</td>
<td>2.0</td>
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<td>Age-adjusted All Drug Overdose Deaths Rate per 100,000 population</td>
<td>10.9</td>
<td>11.5</td>
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<td>Age-adjusted Drug Overdose Deaths Involving Opioids (excluding heroin) Rate per 100,000 population</td>
<td>5.0</td>
<td>5.0</td>
<td>5.6</td>
<td>6.4</td>
<td>9.4</td>
<td>4.6</td>
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<td>Age-adjusted Drug Overdose Deaths Involving Natural and Semi-Synthetic Opioids Rate per 100,000 population</td>
<td>2.8</td>
<td>2.5</td>
<td>2.6</td>
<td>2.2</td>
<td>2.7</td>
<td>2.6</td>
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<td>Age-adjusted Drug Overdose Deaths Involving Synthetic Opioids Other than Methadone Rate per 100,000 population</td>
<td>0.98</td>
<td>1.21</td>
<td>1.75</td>
<td>2.6</td>
<td>6.0</td>
<td>.9</td>
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<td>Age-adjusted Drug Overdose Deaths Involving Methadone Rate per 100,000 population</td>
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<td>0.6</td>
<td>0.5</td>
<td>.6</td>
<td>0.3</td>
<td>.06</td>
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<td>Age-adjusted Drug Overdose Deaths Involving Heroin Rate per 100,000 population</td>
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<td>0.8</td>
<td>1.2</td>
<td>1.6</td>
<td>1.3</td>
<td>1.0</td>
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**Data Sources and Notes on Long-Term Outcome Indicators:**

**Morbidity:** 2016-2022 ICD-10-CM Kansas Hospital Association Emergency Department Admissions; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment. 2016-2022 ICD-10-CM Kansas Hospital Association Hospital Discharge Database; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment*(EXCLUDES PATIENTS WITH CANCER). Data Notes: In 2019, the case definition for drug overdose morbidity changed. ICD-10 CM of substance abuse disorders (F codes) are no longer included in the case definition. Indicators were calculated using 2016 as a base line. In alignment with the 2020 Healthy People Substance Use goals, improvement from baseline was defined as a 10% reduction in the occurrence of a nonfatal overdose event by specific categories. Age adjusted rates for the target counts were calculated using the direct method and the US Census 2000 as a reference population.

**Mortality:** 2016 - 2022 Kansas Vital Statistics Mortality File; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment. Indicators were calculated using 2016 as a base line. In alignment with the 2020 Healthy People Substance Use goals, improvement from baseline was defined as a 10% reduction in the occurrence of an overdose death by specific categories. Age adjusted rates for the target counts were calculated using the direct method and the US Census 2000 as a reference population.
## Evaluation

### Intermediate Outcomes (2-5 years)

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<tbody>
<tr>
<td><strong>Misuse and Abuse of Prescription Drugs</strong></td>
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<tr>
<td>Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th reporting use of prescription medications not prescribed to them in the past 30 days</td>
<td>3.70%</td>
<td>3.88%</td>
<td>3.96%</td>
<td>3.7%</td>
<td>1.59%</td>
<td>1.20%</td>
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<tr>
<td>Percentage of young adults between the ages of 18-25 in Kansas reporting use of prescription medications not prescribed to them on one or more days*</td>
<td>6.40%</td>
<td>*</td>
<td>5.78%</td>
<td>*</td>
<td>*</td>
<td>3.90%</td>
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<tr>
<td>Prevalence of adults ages 18 years and older who report using prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year</td>
<td>3.44%</td>
<td>3.45%</td>
<td>4.80%</td>
<td>4.80%</td>
<td>TBD</td>
<td>3.01%</td>
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<tr>
<td>Prevalence of adults ages 18 years and older at risk for opioid use disorder in the past year**</td>
<td>2.99%</td>
<td>2.49%</td>
<td>1.90%</td>
<td>1.60%</td>
<td>TBD</td>
<td>2.64%</td>
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<td>Prevalence of adults ages 18 to 24 years who report using prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year</td>
<td>4.86%</td>
<td>2.96%</td>
<td>***</td>
<td>***</td>
<td>TBD</td>
<td>4.31%</td>
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<tr>
<td>Prevalence of adults ages 18 to 24 years at risk for opioid use disorder in the past year*</td>
<td>6.77%</td>
<td>***</td>
<td>***</td>
<td>***</td>
<td>TBD</td>
<td>5.51%</td>
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### Use of Illicit Opioids

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<tr>
<td>Hospitalization associated with drugs with potential for abuse and dependence; all drugs, heroin poisoning, cocaine poisoning, prescription opioid poisoning, benzodiazepine-based tranquilizer poisoning, amphetamine poisoning, cocaine abuse or dependence, opioid abuse or dependence (Age Adjusted rate per 100,000 population)</td>
<td>226.4</td>
<td>249.5</td>
<td>261.7</td>
<td>289.7</td>
<td>203.69</td>
<td>208.8</td>
</tr>
<tr>
<td>Hospitalization associated with Opioid abuse or dependence (Age Adjusted rate per 100,000 population)</td>
<td>60.1</td>
<td>59.7</td>
<td>60.0</td>
<td>60.1</td>
<td>40.93</td>
<td>55.6</td>
</tr>
</tbody>
</table>

### Neonatal Opioid Withdrawal Syndrome (NOWS)

| Incidence of NOWS in Kansas, per 1,000 birth hospitalizations | 3.4 | 3.7 | 3.4 | 3.6 | 2.9 | 2.6 |

### Data Sources and Notes on Intermediate Outcome Indicators:

- **Misuse and Abuse of Prescription Drugs:** Kansas Communities That Care (KCTC) Student Survey, Kansas Young Adult Survey. *Not calculated annually due to this survey schedule. Kansas Behavioral Risk Factor Surveillance System (BRFSS)** Includes only those that were not excluded from the BRFSS 2017 OUD Module (Risk is defined as mild). 2021 Data unpublished at time of publication. ***Due to small numbers this information is suppressed and not able to be reported per KDHE data suppression guidelines

- **Use of Illicit Opioids:** 2016-2022 ICD-10-CM Kansas Hospital Association (KHA) Emergency Department Admissions; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment (KDHE). Due to the impact of COVID-19 on the healthcare, 2020 data should be interpreted with caution. Overall declines in inpatient and emergency room visits may have also have impacted non-fatal overdose reporting. The following indicators include overdose poisoning and those related to drug and opioid dependency which increased to total number of events. This includes ICD-10 CM codes for both the F and TA classification. The second indicator is for opioid dependance only (ICD-10 CM code F11).

- **NOWS:** 2014 - 2022 KHA Hospital Discharge Database; Kansas Bureau of Epidemiology and Public Health Informatics, KDHE. **Data Notes:** Data for 2016 and onward are based on ICD-10-CM and may not be comparable to previous ICD-9-CM estimates. Cases of neonatal abstinence syndrome were identified by ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in newborn) and ICD-10-CM diagnosis code P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction). Possible iatrogenic cases, identified by ICD-9-CM diagnosis codes 765.00-765.05, 777.5x, 777.6x and 777.7, were excluded from the numerator; iatrogenic exclusion is no longer necessary in ICD-10-CM with the introduction of P96.2 (withdrawal symptoms from therapeutic use of drugs in newborn). Birth hospitalizations were identified by ICD-9-CM diagnosis codes V30.xx-V39.xx, where the 4th and 5th digit is either 00, 01, 10 or 11, and ICD-10-CM diagnosis codes of Z38.00, Z38.01, Z38.1, Z38.2, Z38.30, Z38.31, Z38.4, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.7, or Z38.8. Those with an indication of transfer from another hospital were excluded to avoid duplication.
## Evaluation

### Short-term Outcomes (1-2 years)

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<tbody>
<tr>
<td><strong>Prevention</strong></td>
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<tr>
<td>Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th who report there is “no risk” of harm in taking a medication not prescribed for you</td>
<td>10%</td>
<td>9.73%</td>
<td>10%</td>
<td>9.92%</td>
<td>7.35%</td>
<td>6.80%</td>
</tr>
<tr>
<td>Percentage of young adults between the ages of 18-25 in Kansas who report there is “no risk” of harm in taking a medication not prescribed for you*</td>
<td>2.70%</td>
<td>*</td>
<td>3.70%</td>
<td>*</td>
<td>*</td>
<td>1.5%</td>
</tr>
<tr>
<td>Number of community coalitions addressing prescription drug misuse</td>
<td>10</td>
<td>10</td>
<td>17</td>
<td>18</td>
<td>23</td>
<td>15</td>
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<tbody>
<tr>
<td><strong>Provider Education</strong></td>
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<tr>
<td>Total morphine milligram equivalents (MME) dispensed to patients per capita</td>
<td>196.8</td>
<td>127.9</td>
<td>134.2</td>
<td>129.5</td>
<td>126.7</td>
<td>121.3</td>
<td>118.0</td>
<td>116.1</td>
<td>116.1</td>
<td>97.2</td>
<td>88.13</td>
<td>75.0</td>
<td></td>
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<tr>
<td>Percentage of patients with 90+ Daily MME of opioids</td>
<td>11.1%</td>
<td>9.6%</td>
<td>9.1%</td>
<td>6.8%</td>
<td>6.7%</td>
<td>6.7%</td>
<td>6.5%</td>
<td>6.1%</td>
<td>6.7%</td>
<td>6.6%</td>
<td>6.1%</td>
<td>2.2%</td>
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<tr>
<td>Rate of patients with 5+ prescribers and 5+ dispensers in a 6-month period</td>
<td>15.4</td>
<td>6.1</td>
<td>6.2</td>
<td>6.1</td>
<td>5.8</td>
<td>5.0</td>
<td>3.5</td>
<td>3.2</td>
<td>3.3</td>
<td>2.7</td>
<td>2.9</td>
<td>0.42</td>
<td></td>
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</tr>
<tr>
<td>Percent of patients prescribed long-acting/extended-release opioids who were opioid-naive</td>
<td>8.7%</td>
<td>5.6%</td>
<td>5.6%</td>
<td>4.1%</td>
<td>4.5%</td>
<td>4.6%</td>
<td>4.3%</td>
<td>4.5%</td>
<td>4.5%</td>
<td>3.8%</td>
<td>4.2%</td>
<td>5.2%</td>
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<tr>
<td>Percent of days with overlapping opioids/benzodiazepines</td>
<td>17.7%</td>
<td>17.2%</td>
<td>16.4%</td>
<td>15.3%</td>
<td>14.2%</td>
<td>13.6%</td>
<td>16.3%</td>
<td>15.9%</td>
<td>16.0%</td>
<td>15.9%</td>
<td>15.5%</td>
<td>10.6%</td>
<td></td>
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<tr>
<td>Percent of days with overlapping opioid prescriptions</td>
<td>17.5%</td>
<td>16.3%</td>
<td>15.7%</td>
<td>15.5%</td>
<td>15.2%</td>
<td>14.8%</td>
<td>15.1%</td>
<td>14.8%</td>
<td>14.7%</td>
<td>14.9%</td>
<td>14.1%</td>
<td>10.5%</td>
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</table>

**Data Sources and Notes on Short-Term Outcome Indicators:**
- Prevention: KCTC Student Survey, Kansas Young Adult Survey. * Not calculated annually due to survey schedule.
- Provider Education: K-TRACS; Kansas Board of Pharmacy and Appriss Health Tableau Server (Dispensation Detail by Patient County [Filters include Opioid Drug = Yes, Provider out of State = No]), K-TRACS; Kansas Board of Pharmacy and Appriss Health CDC Report.
## Short-term Outcomes (1-2 years)

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<tbody>
<tr>
<td><strong>Treatment and Recovery</strong></td>
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</tr>
<tr>
<td>Number of Buprenorphine waivered prescribers practicing in Kansas</td>
<td>97</td>
<td>176</td>
<td>230</td>
<td>218</td>
<td>150</td>
</tr>
<tr>
<td>Ratio of substance use disorder treatment providers in Kansas that accept clients on opioid medication</td>
<td>0.57</td>
<td>.78</td>
<td>.59</td>
<td>.61</td>
<td>0.65</td>
</tr>
<tr>
<td>Ratio of detoxification facilities in Kansas that accept clients on opioid medication</td>
<td>0.42</td>
<td>.95</td>
<td>.46</td>
<td>.48</td>
<td>0.63</td>
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<tr>
<td><strong>State-level Indicator</strong></td>
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<tr>
<td>Rate of Kansas prescribers who prescribed buprenorphine opioids indicated for Medication-assisted Treatment (MAT) per 100,000 residents</td>
<td>7.1</td>
<td>10.2</td>
<td>10.5</td>
<td>19.9</td>
<td>22.36</td>
</tr>
<tr>
<td>Rate of Kansas patients who filled buprenorphine opioids indicated for Medication-assisted Treatment (MAT) per 100,000 residents</td>
<td>90.2</td>
<td>97.5</td>
<td>108.8</td>
<td>114.7</td>
<td>126.96</td>
</tr>
<tr>
<td>Percentage of Kansas counties with prescribers who prescribed buprenorphine opioids indicated for Medication-assisted Treatment (MAT)</td>
<td>27%</td>
<td>39%</td>
<td>31%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td><strong>State-level Indicator</strong></td>
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<tr>
<td><strong>Law Enforcement</strong></td>
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<tr>
<td>Number of Kansas law enforcement officers who receive the Kansas Law Enforcement Training Center's (KLETC) opioid crisis training</td>
<td></td>
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<tr>
<td>Percentage of law enforcement agencies responding to the Naloxone survey that indicated they allowed carry and use of Naloxone</td>
<td>-</td>
<td>-</td>
<td>53.3%</td>
<td>59.2%</td>
<td>65.3%</td>
</tr>
<tr>
<td><strong>State-level Indicator</strong></td>
<td></td>
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<tr>
<td><strong>Neonatal Opioid Withdrawal Syndrome</strong></td>
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<tr>
<td>Ratio of birthing centers in Kansas in which the Vermont Oxford Network (VON) NOWS Universal Training Program is implemented</td>
<td>0%</td>
<td>49.2%</td>
<td>52.4%</td>
<td>55%</td>
<td>55%</td>
</tr>
</tbody>
</table>

### Data Sources and Notes on Short-Term Outcome Indicators:

**Treatment and Recovery:** SAMHSA DATA Waivered Practitioners Locator, SAMHSA Treatment Locator, K-TRACS; Kansas Board of Pharmacy and Appris Health Advanced Analytics Report.

**Law Enforcement:** Kansas Law Enforcement Naloxone Survey (Administration to begin October 2019), KLETC Course Records.

The Kansas Department of Health and Environment, Bureau of Health Promotion, Overdose Prevention Program released a survey to local law enforcement organizations across the state regarding naloxone policy implementation and officer carry/use of naloxone. Of the 405 local law enforcement agencies, a total of 207 agencies responded to at least one cycle of the survey (three cycles were conducted 2019, 2020, and 2021), representing 50.9% of all local agencies. Of the agencies that responded, 133 or 64.6% indicated that they allowed officers to carry and use naloxone. Overall, through the Kansas Law Enforcement Naloxone Survey, 32.8% of local Kansas law enforcement organizations are known to allow their officers to carry and use naloxone.
Annual Stakeholder Survey

The Advisory Committee conducted the first annual stakeholder survey in April 2019 to assess the status of Strategic Plan implementation. This survey was repeated in May 2020 and May 2021. This survey was designed to collect information on which strategies within the Strategic Plan are and are not being implemented by state and community partners, barriers to strategy implementation, and perceived supports needed to implement strategies.

Approximately 120 state and community partners engaged in prescription drug and opioid related initiatives were invited to participate in the electronic survey, and 41 respondents completed the 2021 survey. 53.7% of respondents reported implementing prevention and/or response strategies at the community-level only. Nearly half (45.5%) of respondents used KDHE Opioid Overdose Crisis Response Cooperative Agreement funding. Additional funding sources included Kansas Department for Aging and Disability Services (KDADS) State Opioid Response (SOR) (36.4%), Drug Free Communities (DFC) (24.2%), Health and Rural Services Administration (HRSA) (12.1%), Drug Enforcement Administration (DEA) (6.1%), Bureau of Justice Administration (BJA) (3.0%), Department of Children and Families (DCF) (3.0%), and Other (18.2%).

The annual stakeholder survey included the following revisions in 2021:

- Removed question regarding which sectors representatives are partnering with.
- Shortened descriptions of activities where applicable for conciseness.
- The question was asked “how” COVID-19 has impacted your organization’s ability to implement prescription drug and opioid misuse and overdose strategies rather than asking “if” COVID-19 has impacted implementation. This question included responses for positive and negative impacts to be listed.
- The scale related to strategy implementation was adapted to measure the following as compared to previous years only including currently implementing, plan to implement, or do not plan to implement. The scale in 2021 included:
  - Recently implementing (<1 year)
  - On-going implementation (1+ years)
  - No longer implementing
  - Plans for future implementation
  - Do not plan to implement
- Added newly identified strategies from 2020 report, and removed completed strategies,
- The following question regarding sustainability efforts was added: “How is your organization planning to sustain strategy implementation beyond existing project funding periods?”
- Added a question regarding technical assistance needed related to each priority category.
Response patterns varied across and within focus areas. Some focus areas generally have more strategies overall reported as currently/plan to implement compared to other focus areas (e.g. prevention vs. NOWS). In addition, some strategies within each focus area are more commonly reported as currently/plan to implement as compared to other strategies.

Overall, respondents indicated the most widespread implementation of Prevention and Law Enforcement strategies, followed by Provider Education strategies. In 2021, the rate of reported implementation of Prevention, Treatment and Recovery, and Law Enforcement strategies increased compared to 2020; while Provider Education and NOWS strategy implementation decreased. This may be due to impacts related to COVID-19 and provider education and an expected reduction in NOWS strategy implementation, as most of the strategies for this priority area were associated with projects that have been completed and are being sustained.

In 2021, the stakeholder survey was revised to ask for common barriers experienced outside of funding barriers. This was because this barrier is consistently reported each year in each category. Commonly cited barriers to Prevention and Provider Education strategy implementation included COVID-19, lack of time/staff, lack of buy-in, and stigma. Commonly cited barriers to implementing Law Enforcement strategies included lack of funding/funding restrictions, as well as lack of buy-in from law enforcement. Treatment & Recovery commonly cited the lack of providers and geographic barriers as barriers to strategy implementation. Commonly cited barriers to implementing Neonatal Opioid Withdrawal Syndrome (NOWS) strategies included lack of opportunity/low birth volume overall and of substance-exposed/NOWS infants.

Commonly cited positive impacts COVID-19 has had on organizations’ abilities to implement PDO-related strategies included: use of technology to host virtual trainings, events, and stakeholder meetings improved accessibility, more time for programmatic and strategic planning, continued provision of services, including new referrals for SUD services, and reduction in drug-seeking behavior due to change in operation response.

Commonly cited negative impacts COVID-19 has had on organizations’ abilities to implement PDO-related strategies included: inability to convene partners and stakeholders in-person, and staff time directed toward the COVID-19 response.

The Advisory Committee used survey findings to generate recommendations for the 2021 Annual Update to the Strategic Plan. This included identifying opportunities for enhancing, expanding, and sustaining Strategic Plan implementation, and identifying new strategies that may have not been included in the original Strategic Plan nor previous Annual Updates.
**Success Stories**

**K-TRACS: Educating the Next Generation of Healthcare Providers**
To fill knowledge gaps and boost educational opportunities during the COVID-19 pandemic, K-TRACS, the Kansas prescription drug monitoring program (PDMP), began outreach efforts with healthcare profession programs at many colleges and universities across the state. As students approached graduation from their nurse practitioner, physician assistant, and pharmacy programs, K-TRACS provided education about best practices for using the PDMP in clinical practice. While only 40% of students reported that they had previously used K-TRACS, 95% indicated that they planned to use K-TRACS in their future clinical practice following education on the program.

**DCCCA Naloxone Program**
DCCCA continued to build the statewide naloxone program funded with SOR dollars from KDADS. The program provides training and naloxone at no cost to individuals and organizations in Kansas. As of 9/30/2021, DCCCA has provided 9,325 naloxone kits and training to more than 2,200 individuals across the state.

**SACK Residential Treatment in Hutchinson**
The Substance Abuse Center of Kansas (SACK) and New Beginnings opened a new social detox and in-patient treatment facility in Hutchinson, KS. The facility will be licensed for 40 beds, with six beds designated to social detoxification. This new facility will help close the gap to access to treatment services in the area.

**Safe Streets Wichita**
Safe Streets Wichita mailed letters containing the pre-signed statewide protocol to 608 pharmacists in Sedgwick and Butler counties to encourage the pharmacists to become a naloxone dispenser. As a result of this effort, Safe Streets Wichita received an email from a pharmacist in Wichita stating that she was excited to receive the letter and had signed the protocol and returned the form to the Kansas Board of Pharmacy.

**Kansas Recovery Network – Reno County**
Addicts Against Overdose, now known as the Kansas Recovery Network, in Reno County has made strides to implement harm reduction strategies in their community and across the state. They have assisted communities in implementing harm reduction strategies. They were recently granted 501(c)(3) status which will assist them in continuing to expand upon their efforts.
Kansas Pain Clinic Closure Response Protocol

KDHE, in collaboration with ASTHO, CDC, and state and community stakeholders, developed a comprehensive, multi-level response protocol to enable a coordinated approach in the event of a sudden pain clinic closure. This protocol was designed to mitigate the risk of overdose among displaced pain patients and those with substance use disorders. This process involved participation in a virtual workshop to effectively identify stakeholders, and determine roles and responsibilities for pre-planning, immediate, and long-term response phases for pain clinic closure events. This flowchart outlines protocol steps and designated roles among the assessment team (A-team) and clinic closure response team (CCRT). This protocol is a living document that will be evaluated and revised annually or as needed, and may be adapted at the community level.

1. Kansas Board of Healing Arts informs key partners that a prescriber is no longer able to provide care to patients (“clinic closure”).
2. KDHE identifies, recruits, and convenes Assessment Team (A-Team) members. DUA/MOU processes for key data sharing addressed.
3. A-Team develops performance measures for response implementation, and criteria/threshold for activating the response protocol.
4. Contingent on location, Clinic Closure Response Team (CCRT) members are recruited, trained, and provided job descriptions. Communications structure established between teams.
6. A-Team activates CCRT/notifies CCRT. Tasks delegated to local partners to be completed within 24 hours. Local ICS is set up and duties are assigned/prioritized.
7. A-Team provides technical assistance to CCRT lead (LHD). Strategic deployment of state-level resources as applicable. CCRT performs duties within each scope of practice.
8. A-Team and CCRT facilitate external communications of the incident as appropriate; ensuring consistent messaging. Explore PSAs using other messaging formats (radio, social media, etc.).
9. CCRT Lead directs demobilization procedures with IMS. Direct CCRT hot wash and prepare for after action review.
10. CCRT Lead coordinates demobilization with IMS and maintains situational awareness. A-Team and CCRT maintain consistent communication.
11. KDHE collects and analyzes data sources to monitor the threat. Outcome evaluation performed (data on key PMs from each phase). Report prepared and shared with the A-Team and CCRT.
13. Threat persists: Return to Phase 3 and contact CDC’s EOC for assistance. Continue communications structure and established processes between teams.
Newly Identified Strategies and Recommendations

**Statewide Naloxone Programming and Access**

In 2020, the statewide naloxone program was established. This program provides free naloxone kits and training on administration to any individual or organization in Kansas. The statewide program was established to both meet the needs of Kansans and to avoid duplication among agencies. Having a centralized naloxone program with hub locations across the state enables leveraging of limited state resources for this initiative. Since the initiation of the program, 9,325 kits have been received and more than 2,200 individuals have been trained. In recent months, the program has experienced increased demand due to the sharp increase in overdose deaths.

- It is recommended that the state continues to sustain and expand funding for statewide naloxone programming.

The KPDOAC supports the following recommendations from the Kansas Citizens’ Committee on Alcohol and Other Drug Abuse (KCC), a subcommittee of the Governor’s Behavioral Health Planning Council:

- Increased access, training, and utilization of naloxone: While naloxone has been available for years via prescription, direct distribution to those at risk for overdose, their family members, and first responders is the most effective strategy. We recommend requiring first responders to receive training, funding direct distribution, and requiring pharmacies to participate in dispensing without prescription. In order to sustainably improve access to naloxone at the time of hospital discharge, we also recommend legislation similar to Colorado HB20-1065, which requires insurers to reimburse hospitals for the cost of the naloxone.

**Increase Medication Assisted Treatment (MAT)**

As opioid use disorder (OUD) increases in Kansas, the number of treatment providers available to offer medication-assisted treatment has also increased. KDADS conducted a gap analysis to determine the number of MAT providers practicing in Kansas, and the distance that patients are required to travel to receive services. While there is still work to be done, Kansas is headed in the right direction. In 2018, twenty (20) counties or 19% of Kansas had a local MAT provider. Currently, in 2021, forty-three (43) counties or 41% of Kansas counties have a local MAT provider. The 22% increase over three years is in part due to the collaborative work of many partners such as the Kansas Prescription Drug and Opioid Advisory Committee, Governor’s Behavioral Health Services Planning Council and subcommittees, State grantees of Federal grants, State agencies, providers, and other stakeholders. When comparing the 2020 census population of the state to the population in each county that has a local provider, we found that 80.3% of Kansas residents have a local MAT provider in their county.
The map below depicts the gaps in MAT providers in Kansas.

The KPDOAC recommends that the state and partners continue to implement a myriad of strategies and efforts to increase access to treatment, including MAT.

**Evidence-Based Harm Reduction Strategies**

Evidence-based harm reduction strategies are an important piece of the puzzle to address the overdose epidemic. According to NIDA, multiple studies have shown that harm reduction strategies do not encourage drug use, contrary to popular belief. Due to the recent significant increases in overdose deaths in Kansas and across the nation, it is crucial for our state to address the epidemic with a comprehensive approach that includes various strategies, this includes harm reduction strategies. Kansas falls behind the curve in this arena. The most recent harm reduction policy that has been implemented in Kansas is the naloxone bill in 2017. This was a success for our state, however, various harm reduction strategies are still illegal in Kansas such as syringe exchange programs and fentanyl test strips. According to Safe Streets Wichita’s recent harm reduction report, fentanyl test strips can assist in the identification of potentially “lethal concentrations of fentanyl” to help reduce overdose deaths.

- The KPDOAC recommends that the state increase testing for fentanyl for all suspected overdoses. Without this data we may be underestimating fentanyl overdoses in our state.
The KPDOAC endorses the following harm reduction recommendations from the Kansas Citizens’ Committee on Alcohol and Other Drug Abuse (KCC), a subcommittee of the Governor’s Behavioral Health Planning Council:

- **911 Good Samaritan Laws (GSLs):** In a drug overdose crisis situation, lives are lost when bystanders fear that calling for medical assistance would lead to arrest and prosecution. Due to the high prevalence of drug overdoses not reported to first responders (Tracy, et al, 2005), most states have enacted GSLs that provide legal protection for individuals who call 911 in the event of a drug overdose. Kansas has not enacted a GSL. We recommend a comprehensive 911 GSL for drug overdoses in conjunction with adequate funding for education and prevention efforts that increase awareness and understanding among first responders, health care professionals, and the public.

- **Fentanyl contamination testing:** Increases in drug overdose deaths have been primarily attributed to illicitly manufactured synthetic opioids like fentanyl. Fentanyl test strips (FTS) allow people using drugs to screen for lethal concentrations of fentanyl, promoting safer, informed decision-making about substance use. FTS are currently considered paraphernalia in Kansas and are therefore not legally accessible. An amendment to HB 2277, which passed the KS House of Representatives, would have decriminalized FTS; however, it has not yet passed the Kansas Senate. We recommend removal of barriers to legal use of FTS as well as the implementation of community-based training and distribution of FTS.

- **Facilitation of syringe services programs (SSPs) and syringe disposal sites:** Kansas is suffering the consequences of the national HIV, HCV, and overdose syndemic. The Kansas Opioid Vulnerability Assessment in 2020 showed that rural and frontier communities in Kansas may be more at risk from these consequences of injection drug use. Syringe service programs (SSPs) reduce these harms by providing access to both sterile syringes and proper disposal of used syringes. Furthermore, SSPs serve as a linkage for people who use drugs to SUD treatment services. The same paraphernalia laws in Kansas that prohibit legal possession of FTS also prohibit dispensing and possessing sterile needles, syringes, and other injection equipment. We recommend changing state law so that SSPs can operate and people who use drugs can properly dispose of used injection equipment.

- **Increased access to and utilization of medication-assisted treatment (MAT) in disenfranchised, underserved populations:** MAT, primarily for opioid and alcohol use disorder, combines medication with psychotherapy to ensure better health care and outcomes for individuals with SUD. For opioid use disorder (OUD), MAT reduces illicit opioid use, overdoses, and involvement in the criminal legal system; improves retention in treatment; and ensures pathways to long-term recovery. The need for MAT is especially
evident considering high rates of SUD among justice-involved individuals, overly prohibitive access to MAT in correctional facilities in Kansas, as well as a major unmet need for MAT in rural/frontier communities and communities of color. We recommend removing institutional barriers to the provision of MAT in all incarceration settings and expanding the number of MAT providers and programs.

- **Increased screening and surveillance of overdoses:** Overdose Detection Mapping Application Program (ODMAP) allows first responders and coroners to log an overdose in real time into a centralized mapping database. Through real-time, accessible data provided by ODMAP, communities are able to adapt to emergent substance trends by implementing or expanding overdose prevention strategies in high overdose areas. ODMAP has already been utilized in a few Kansas counties, but the benefits of increasing surveillance of overdoses will be most pronounced when ODMAP is used by multiple agencies and entities across the entire state. We recommend that all counties and the state of Kansas implement ODMAP.

### Lived Experience Statewide Advisory Board

Engaging individuals with lived experience of substance use disorder is an integral part to ensuring a comprehensive and effective approach to preventing and treating substance use disorders. This sector is not always represented in coalition or committee work, however it consistently is noted as an area of need. This population is often more difficult to engage in coalition or committee work. To increase engagement among individuals with lived experience, the KPDOAC recommends the state develop a statewide advisory board comprised of individuals with lived experience of SUD. This would reduce the burden placed on those willing to participate by having them serve on one board rather than several different committees. This would also provide the opportunity to advise and consult with all committees in need of this expertise such as the KPDOAC and the Governor’s Behavioral Health Services Planning Council and the council’s 9 subcommittees.

### Police Assisted Addiction and Recovery Initiative

The Police Assisted Addiction and Recovery Initiative (P.A.A.R.I.) is a national movement of more than 600 police departments in 34 states. P.A.A.R.I.’s mission is to create non-arrest and early diversion pathways to treatment and recovery. This initiative is designed to reduce overdose deaths and drug-related harms, expand access to substance use disorder treatment, reduce crime, and improve trust between law enforcement and the community. P.A.A.R.I. utilizes various models to identify and engage those at-risk of overdose and help connect them to services.
According to the P.A.A.R.I. website, the Wichita Police Department is the only law enforcement agency in Kansas that partners with P.A.A.R.I. We recommend that Kansas local law enforcement agencies join P.A.A.R.I. and implement P.A.A.R.I. programs to the extent possible per state and local law.

P.A.A.R.I. provides funding, and no-cost recovery programs, training, and technical assistance to law enforcement agencies. Organizations may sign up for free at www.paariusa.org/police.

**KDHE Emergency Department Visits Cluster Analyses Project**

In response to increases in drug overdose morbidity and mortality, and as part of the Overdose Data to Action CDC cooperative agreement, the Kansas Department of Health and Environment recently began a project to quickly identify and analyze clusters of overdose Emergency Department Visits (EDVs) in the state. An overdose cluster is a group of Zip Code Tabulation Areas (ZCTAs) where the observed rate of overdose EDVs in a month is higher than what would be expected based on the population in the area and the overall Kansas overdose EDV rate for the past year.

While the analysis for the year 2020 was conducted retrospectively, this project is currently moving forward with monthly analysis in 2021. Counties determined to have an unusually high amount of overdose EDVs as well as significant overdose clusters will be contacted as necessary by the KDHE team. This will aid in the effort to rapidly inform local health departments of changing conditions in overdoses taking place across Kansas.

A full report containing the results of this analysis will be coming soon from KDHE at www.preventoverdoseks.org.

**Overdose Fatality Review Board (OFRB)**

Understanding the factors that led to an overdose death and the potentially missed intervention opportunities plays a key role in getting a grasp on the current drug overdose crisis in Kansas. The KDHE has conducted a number of meetings with internal and external partners to assess the barriers and next steps needed to establish an Overdose Fatality Review Board (OFRB) within the state. Several other states have been successful with this endeavor on both the state-level and local-level. KDHE is hoping to learn from their successes and challenges to establish a state-level, multidisciplinary review team. KDHE plans for this team to meet quarterly to conduct case reviews of a pre-determined number of overdose deaths that occurred within the state. KDHE is
Newly Identified Strategies and Recommendations

currently in-process of developing OFRB legislation and hopes to attain legislative approval in 2022.

Opioid Settlement

In a news release from Kansas Attorney General Schmidt on September 1, 2021, the Purdue settlement for $35 million over 10 years was approved. However, the final total depends on Purdue asset liquidation over the next few years. Kansas is also seeking additional settlements, and it is estimated that Kansas would be paid between $90-$190 million over 17 years with all four settlements combined. Previous reports indicate that funds should be used for drug treatment and addiction abatement. For more information regarding opioid settlements in Kansas, please view the associated news release.
The Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan is a living document that expands as priorities and resources change.

While current goals, objectives, strategies, and activities are clearly outlined, data gathered from monitoring process and outcome indicators have informed revisions to these on an annual basis to ensure relevance.

This annual report will be the final one for the 2018 – 2022 Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan. The Kansas Prescription Drug and Opioid Advisory Committee will begin the development of a new 5-year strategic plan in 2022.

Goals of the Annual Update

1. Demonstrate the Collective Impact of the Strategic Plan Implementation
2. Showcase Success Stories
3. Identify Additional Strategies
4. Aid in Revisions to Goals, Objectives, Strategies, and Activities

Priority Areas

- Prevention
- Provider Education
- Treatment & Recovery
- Law Enforcement
- Neontal Opioid Withdrawal Syndrome
**New Resources**

**DCCCA Naloxone Program**
DCCCA provides free naloxone (Narcan) Nasal spray and training to community organizations and any Kansas resident. DCCCA is funded for this project by the Kansas Department of Aging and Disability Services (KDADS) through the State Opioid Response (SOR) grant initiative from the Substance Abuse and Mental Health Services Administration (SAMHSA). To request naloxone and training visit: [https://www.dccca.org/naloxone-program/](https://www.dccca.org/naloxone-program/)

**Learn. Lock. Lead Opioid Media Campaign**
DCCCA and WSU partnered to develop a new opioid media campaign to align with the existing It Matters KS campaign focusing on opioid prevention and utilizing the positive social norming framework. To learn more and view materials developed visit: [www.Knowmoreks.org](http://www.Knowmoreks.org)

**Opioid Response Network**
SAMHSA funds the Opioid Response Network (ORN). The ORN has local consultants in all 50 states and nine territories to respond to local needs by providing free educational resources and training to states, communities and individuals in the prevention, treatment, and recovery of opioid use disorders and stimulant use. [https://opioidresponsenetwork.org/](https://opioidresponsenetwork.org/)

**SAMHSA New Office of Recovery**
The new office gives SAMHSA a dedicated team to support its efforts to grow and expand recovery support services by promoting policies, programs, and services to those in or seeking recovery. [https://www.samhsa.gov/newsroom/press-announcements/202109300228](https://www.samhsa.gov/newsroom/press-announcements/202109300228)

**Telehealth for Opioid Use Disorder Toolkit: Guidance to Support High Quality Care**
PCSS has released a new free toolkit, designed to help clinicians delivery high quality care via telehealth for the treatment of opioid use disorder (OUD).

**Pharmacologic, Physical, and Cognitive Pain Alleviation for Musculoskeletal Extremity/Pelvis Surgery – Clinical Practice Guideline**
The guideline is intended to be used by all qualified and appropriately trained providers and surgeons involved in alleviation of patient pain and improve function after musculoskeletal injury or orthopaedic surgery. It is also intended to serve as an information resource for decision makers and developers of practice guidelines and recommendations. [https://www.aaos.org/globalassets/quality-and-practice-resources/dod/painalleviationcpg.pdf](https://www.aaos.org/globalassets/quality-and-practice-resources/dod/painalleviationcpg.pdf)
DEA Counterfeit Pills Fact Sheet
The Drug Enforcement Administration (DEA) issued a Public Safety Alert warning Americans of the alarming increase in the lethality and availability of fake prescription pills containing fentanyl and methamphetamine. DEA’s Public Safety Alert, the first in six years, seeks to raise public awareness of a significant nationwide surge in counterfeit pills that are mass-produced by criminal drug networks in labs, deceptively marketed as legitimate prescription pills, and are killing unsuspecting Americans at an unprecedented rate. The DEA has made available the Counterfeit Pills Fact Sheet and Fact Card to help educate on this issue.

Health Equity in the Response to Drug Overdose Webpage
The Division of Overdose Prevention and the National Association of County and City Health Officials (NACCHO) partnered to curate tools and resources designed to help health departments consider root causes across populations and interconnected upstream factors when addressing drug overdoses in their jurisdictions.

CDC New Resources for Healthcare Executives to Improve Opioid Prescribing
CDC released new resources to support healthcare executives in their ongoing efforts to improve safety related to opioid prescribing. The Creating a Culture of Safety for Opioid Prescribing: A Handbook for Healthcare Executives contains insights and advice from healthcare executives and quality improvement leaders from health systems representing urban, suburban and rural settings. In the handbook, they share their experiences with engaging with internal and external stakeholders, working across interdisciplinary teams, leveraging data to inform strategies, and implementing training and educational efforts, to transform opioid prescribing practices throughout the health system. The Quality Improvement & Care Coordination When Prescribing Opioids for Chronic Pain video series shares stories from healthcare leaders about how they applied quality improvement and care coordination measures to improve opioid prescribing practices.
https://www.cdc.gov/opioids/healthcare-admins/index.html


4. NIDA. Drug overdose deaths in 2020 were horrifying. Radical change is needed to address the drug crisis. National Institute on Drug Abuse website. [Link](https://www.drugabuse.gov/about-nida/noras-blog/2021/08/drug-overdose-deaths-in-2020-were-horrifying-radical-change-needed-to-address-drug-crisis).

Disclaimer
The views and opinions expressed in this publication are those of the Kansas Prescription Drug and Opioid Advisory Committee and do not necessarily reflect the official policy or position of the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, or any of the listed agencies.

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Mission: To foster an environment that promotes security, dignity and independence for all Kansans.

Mission: To provide social and community services to improve the safety, health, and well-being of those we serve.

Mission: To protect and improve the health and environment of all Kansans.