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HARM REDUCTION IN KANSAS

Kansas Prescription Drug and Opioid Advisory Committee



Disclaimer

The views and opinions expressed in this publication are those of the Kansas Prescription Drug and Opioid Advisory Committee Harm Reduction Workgroup and do not necessarily reflect the official policy or position of the Substance Abuse and Mental Health Services Administration, any partner agency, or any individual contributor.

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EXECUTIVE SUMMARY

The substance use disorder (SUD) and drug overdose epidemic continues to escalate in the United States. The Substance Abuse and Mental Health Services Administration (SAMHSA)¹ reported that 48.7 million Americans aged 12 and older had a SUD in 2022. Additionally, the National Center for Health Statistics reported that there were 107,941 drug overdose deaths in the U.S. in 2022.²

From a state perspective, Kansas is significantly impacted by the SUD and drug overdose epidemic. The Kansas Department of Health and Environment (KDHE) reported that 738 Kansas residents died from a drug overdose in 2022.³ This represents an 8.8% increase in the total number of drug overdose deaths from 2021, and the highest annual count in the state's history. Importantly, these figures do not account for the harms that people who use drugs (PWUD) experience such as non-fatal overdose, illness, injury, and social problems.⁴⁻⁷

While overdose death represents the devastating culmination of the SUD disease process, various debilitating conditions arise from disordered substance use. There is a demonstrated relationship between chronic exposure to substances and acute and chronic health conditions. Acutely, intoxication increases the risk of accidental injury.^{5,7,8} Additionally, disordered use increases the risk of acquiring and transmitting infectious diseases. Intravenous drug use is a known risk factor for blood-borne illnesses, such as Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and other infections; which can cause long-term health complications.^{5,7,8} These effects are influenced by the type of drug used, route of administration, and duration of exposure.^{5,7,9}

SUD is a complex condition that involves pathological seeking and use of a substance despite harmful consequences.^{1,5,7,8,10,11} These adversely impact behavior, cognition, and physical and mental health.^{1,5,7,8,11} SUD compromises psychosocial functioning, which can result in unemployment, damaged relationships, poverty, and even legal ramifications. Adverse outcomes associated with disordered use typically worsen with disease progression; especially without the adequate provision of prevention, treatment, recovery, and harm reduction services.

There is not a “one-size-fits-all” approach to SUD and overdose prevention. However, use reduction has been the mainstay of state-level efforts to address this crisis. Most of Kansas's work has centered on interventions that align with the Behavioral Health Continuum of Care, including promotion, prevention, treatment, maintenance, and recovery strategies.⁹

The Kansas Overdose Prevention Strategic Plan, along with its previous iterations, outlines harm reduction as a component of a comprehensive approach of evidence-based strategies to mitigate SUD-related harms and reduces overdoses.

The purpose of “Harm Reduction in Kansas” is to expand upon the Harm Reduction Priority Area in the Kansas Overdose Prevention Strategic Plan. This document reports current state-level harm reduction initiatives, outlines revised and newly developed objectives, strategies, and recommendations, identifies barriers to strategy implementation, and presents a rationale for expanding implementation of harm reduction in Kansas.

OVERVIEW OF HARM REDUCTION

The unified definition of harm reduction is “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use” such as disease transmission, overdose, and other injuries, without requiring abstinence from use.¹² Harm reduction is rooted in social justice principles that support health and safety. It is a movement that is “built on a belief in, and respect for, the rights of people who use drugs.”¹² Harm reduction programs provide people with tools and services to prevent the harms of substance use without preventing the behavior itself. It embraces individuals where they are, while respecting their needs, preferences, and autonomy.

Figure 1. Principles of Harm Reduction^{9,12}



Harm reduction is a component of the U.S. Department of Health and Human Services' Overdose Prevention Strategy.¹³ Examples of harm reduction include but are not limited to:

- Naloxone, a life-saving medication that reverses opioid overdoses,
- Drug checking supplies, such as fentanyl test strips, to test for the presence of harmful additives in one's drug supply to inform behavior and prevent overdose,
- Medications for opioid use disorder (MOUD), such as buprenorphine,
- Reproductive health education, services, and supplies,
- Supervised consumption sites (overdose prevention centers) to enable safer use, and
- Syringe service programs (SSPs) to reduce the risk of injuries, illness, and disease transmission from injecting drugs.

Harm reduction is not a novel concept. While it is often associated with substance use, it can be applied to multiple activities and conditions. Harm reduction embodies various approaches designed to lessen risks rather than to remove them in entirety.^{12,14} Figure 2 provides examples of harm reduction measures, many of which are recognized standard safety practices.¹⁵

Figure 2. What is Harm Reduction? ¹⁵



KANSAS OVERDOSE PREVENTION STRATEGIC PLAN - 2022-2027

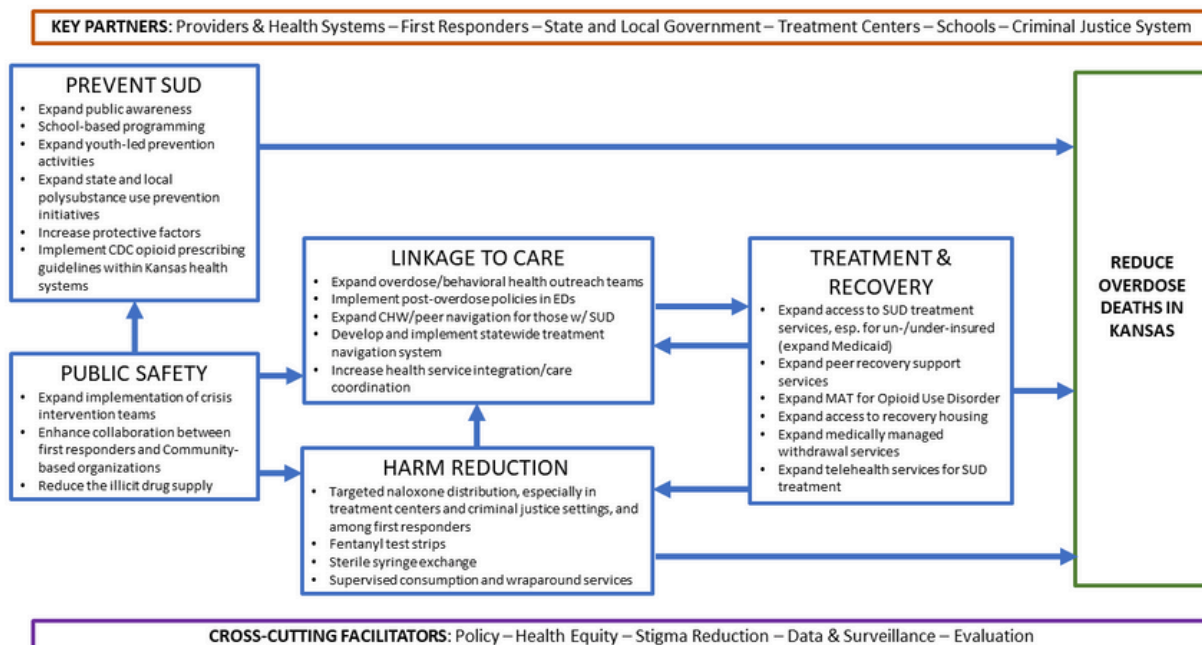
The Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC) is a grant-funded stakeholder group made up of representatives from more than fifty-five (55) organizations.⁹ The KPDOAC is facilitated by DCCCA, Inc., and is supported by the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS). The purpose of the KPDOAC is to:

- Develop, facilitate, monitor, and evaluate the Kansas Overdose Prevention Strategic Plan,
- Facilitate stakeholder collaboration and provide guidance to Kansas agencies implementing interventions to address SUD and drug overdose,
- Serve as a central clearinghouse for relevant information regarding emerging trends, data, and state-level initiatives, and
- Coordinate and promote education around the SUD and drug overdose epidemic.

Those interested in learning more and/or participating in the KPDOAC, please contact DCCCA, Inc.

The KPDOAC published the Kansas Overdose Prevention Strategic Plan in January 2023.⁹ Its purpose is to serve as a guidance document, to build stakeholders' capacity to implement evidence-based SUD and overdose prevention strategies. The Strategic Plan outlines key priorities, objectives, strategies, and recommendations to reduce SUD and drug overdose in Kansas. The objectives will be measured on an annual basis to assess Strategic Plan implementation, as well as modify the state's approach when necessary. The overarching goal is to reduce the rate of fatal drug overdoses by 10% within five years.⁹

Figure 3. Kansas Strategic Plan Framework for Reducing Overdose



The Kansas Overdose Prevention Strategic Plan is centered on six focus areas that include cross-cutting strategies.⁹ Workgroups were developed for each priority area. The role of the workgroups was to provide input on strategies, including current work, barriers and facilitators to implementation, resources, sustainability, anticipated number of residents reached, anticipated level of impact, and level of priority.⁹ This information was summarized for every strategy within each priority area. Workgroup discussions were also used to identify data sources, formulate SMART objectives, and propose recommendations.

Figure 4. Priority Area Workgroups



KANSAS OVERDOSE PREVENTION STRATEGIC PLAN - HARM REDUCTION PRIORITY AREA

This section summarizes the contents of the Harm Reduction Priority Area of the Kansas Overdose Prevention Strategic Plan. This section presents the current objectives, strategies, barriers, and recommendations. This section was underdeveloped at the time of publication. The gaps in harm reduction surveillance result from the lack of centralized, standardized data sources, limited capacity to track data, and fragmented strategy implementation.

Four harm reduction objectives were developed, each of which includes baseline and target values obtained from an established data source. Notably, these objectives are specific to measuring targeted naloxone distribution only. It is pertinent to identify and develop new data sources, methods, and performance measures to monitor outcomes more effectively.

Table 1. Harm Reduction Objectives, Kansas Overdose Prevention Strategic Plan 2022-2027.⁹

Objective 1	Increase the number of naloxone kits distributed through State funding mechanisms annually from 14,596 in 2022 to 50,000 in 2027.
Objective 2	Increase the number of pharmacists permitted to dispense naloxone to patients without a prescription pursuant to 2016 HB 2217 and K.A.R. 68-7-23 from 1,469 in 2022 to 1,700 in 2027.
Objective 3	Increase the percent of adults ages 18 years and older who report “having heard of the medication naloxone” from 54.1% in 2020 to 75.0% in 2027.
Objective 4	Increase surveillance of harm reduction activities throughout the state by developing and/or identifying two (2) additional key data indicators to track in forthcoming annual reports.

The Harm Reduction Workgroup had a facilitated discussion to determine the “highest yield” strategies to be included in the Strategic Plan.⁹ Table 2 outlines the agreed-upon levels of impact and priority levels for each. “Split decisions” were given if consensus was not reached.

Table 2. Harm Reduction Strategies, Kansas Overdose Prevention Strategic Plan 2022-2027.⁹

Harm Reduction Strategies	Level of Impact	Prioritization
Targeted naloxone distribution	Moderate/High	High
Fentanyl test strips	Moderate	High
Programs for sterile syringe exchange and other injection supplies	**	High
Supervised consumption and wraparound services	**	High
Expand access to HIV and HCV/HBV testing and treatment (e.g., pre/post exposure prophylaxis)	Moderate/Low	Medium
Expand social detoxification programs	Moderate	Medium
Safe smoking supplies	Moderate	Low/Medium
Condom distribution/safe sex education among IV drug users	Low	Low

** Response not elicited or captured from workgroup discuss.

Funding, legislation, and stigma were the main barriers to harm reduction implementation at the time of publication. Unsurprisingly, these remain difficult challenges to navigate.

Table 3. Barriers to Harm Reduction Strategy Implementation⁹

Funding	There is a significant gap in state funding directed toward harm reduction activities. Naloxone funding at the state level is limited and is unable to meet the needs of Kansas residents and local organizations.
Legislation	There are many legislative barriers to harm reduction. Currently, distribution of fentanyl test strips, SSPs, supervised consumption, and safe smoking supplies are unallowable in some capacity in the state.* Additionally, there is seemingly low political will to enact legislative change.
Stigma	Stigma around harm reduction concepts and activities act as a significant barrier. Harm reduction experts frequently cited stigma as a barrier to presenting harm reduction strategies to their communities.

**Fentanyl test strips were illegal at the time of publishing the Kansas Overdose Prevention Strategic Plan.*

The Harm Reduction Workgroup proposed recommendations to promote harm reduction in Kansas. The purpose of this document is to fulfill a component of Recommendations 1 and 2.

Table 4. Harm Reduction Recommendations

Recommendation 1: Develop an overarching state harm reduction strategy document to guide how to advocate for, implement, and discuss harm reduction within organizations and communities.
Recommendation 2: Facilitate training opportunities to increase understanding of harm reduction strategies and implementation in Kansas.
Recommendation 3: Increase inter-state collaboration efforts to learn best practices from states implementing harm reduction, to inform future implementation in Kansas.



HARM REDUCTION ADVANCEMENTS IN KANSAS

There is mounting evidence demonstrating the efficacy of harm reduction interventions in preventing transmission of bloodborne infections, preventing overdose death, and promoting access to treatment and other resources.^{12,14-19} Despite this, Kansas has been slow to adopt harm reduction policies.⁹ This largely stems from widespread misconceptions regarding SUD and the ongoing stigmatization of PWUD. Specifically, syringe service programs (SSPs) and supervised consumption sites remain illegal in Kansas per KSA 21-5706 and KSA 21-5710.

However, Kansas has made strides in advancing harm reduction legislation. In 2021, the KSA 75-778, the Kansas Fights Addiction (KFA) Act established a process to use opioid settlement funding to prevent, reduce, and treat substance use disorder. KFA has integrated KPDOAC harm reduction priority area strategies into their grant programming as allowable projects. Additionally, in 2023, Senate Bill 174 amended the definition of drug paraphernalia to exclude “tests used to detect the presence of fentanyl, ketamine, or gamma-hydroxybutyric acid (GHB).”²⁰ The decriminalization of fentanyl test strips allowed state agencies and other organizations to use federal funding to purchase these supplies. Finally, in 2024, Kansas passed House Substitute for Senate Bill No. 419 which enacted a Good Samaritan Law to provide legal protection for those who call 911 in response to an overdose. This is an important step to reducing overdose deaths in Kansas despite concerns regarding qualification criteria.

Grant funding initiatives have been the cornerstone to expanding harm reduction work in Kansas. For example, several harm reduction initiatives were made possible by the KFA opioid settlement funding, including naloxone, MOUD, housing, among others. Additionally, DCCCA, Inc. has scaled up the Kansas Naloxone Program by leveraging funding sources. Many more local and community-based efforts are also underway.



HARM REDUCTION PRIORITY AREA UPDATES

The Harm Reduction Workgroup was initially developed in Fall 2022. It was composed of state and local public health agencies, SUD treatment facilities, individuals in recovery, and other community-based organizations. The KPDOAC voted to reinstitute the Harm Reduction Workgroup in the September 2023 meeting due to an overwhelming response to advance harm reduction activities and projects. The Harm Reduction Workgroup was tasked with participating in three workgroup meetings to brainstorm, plan, and coordinate an agreed-upon activity.

DCCCA conducted a survey to identify one activity for the workgroup to address. Participants were required to select one activity from a list of predetermined activities, shown in Table 5. These activities were derived from current strategic plan strategies and recommendations, as well as former prioritization matrices.

Survey responses were split across strategies, though, the 55% of respondents selected a planning strategy. The majority of respondents indicated that the workgroup should develop an overarching harm reduction strategy document that outlines data, current work, strengths and weaknesses, funding, recommendations, and policy priorities. “Harm Reduction in Kansas” was developed to fulfill this deliverable.

Table 5. Harm Reduction Survey Response Options

Evaluation	Develop and implement a formative evaluation for harm reduction in Kansas
Evaluation	Develop and implement an outcome/impact evaluation plan for current harm reduction efforts
Planning	Create and overarching harm reduction guidance document outlining data, current work, strengths/weaknesses, funding, recommendations and policy priorities
Planning	Meet with states doing harm reduction, gather information and recommendations to guide efforts
Education	Develop KS-specific educational materials for decision makers regarding harm reduction EBPs
Education	Organize an advocacy day with state/local partners; provide education to decision makers
Education	Educate providers on HCV screening, diagnostic testing, test interpretation, and treatment
Coordination	Develop a central reporting system process to track and monitor harm reduction activities
Coordination	Host a coordinated, multi-agency harm reduction event (e.g., FTS/naloxone distribution)
Public Awareness	Develop an updated public-facing list/map of harm reduction resources across Kansas
Public Awareness	Design and implement a harm reduction media campaign
Other	Please specify

The workgroup convened three times between December 2023 and February 2024 to discuss and revise the existing harm reduction strategies, and develop new recommendations, objectives, and performance measures. This process was similar to the initial strategic planning process.

Objectives

The harm reduction objectives were limited in scope at the time of publication, resulting from limited established data sources to adequately surveil interventions and outcomes. The workgroup updated baseline data for Objectives 1-3. Additionally, they developed new outcome evaluation indicators to demonstrate progress made toward new strategy implementation. These include objectives for public awareness and sentiment toward harm reduction, state-level funding, and drug checking equipment distribution. State-level HIV and HCV incidence rates were also added as proxy measures for injection drug use. Updated indicators will be measured in subsequent annual reports and strategic plan iterations.

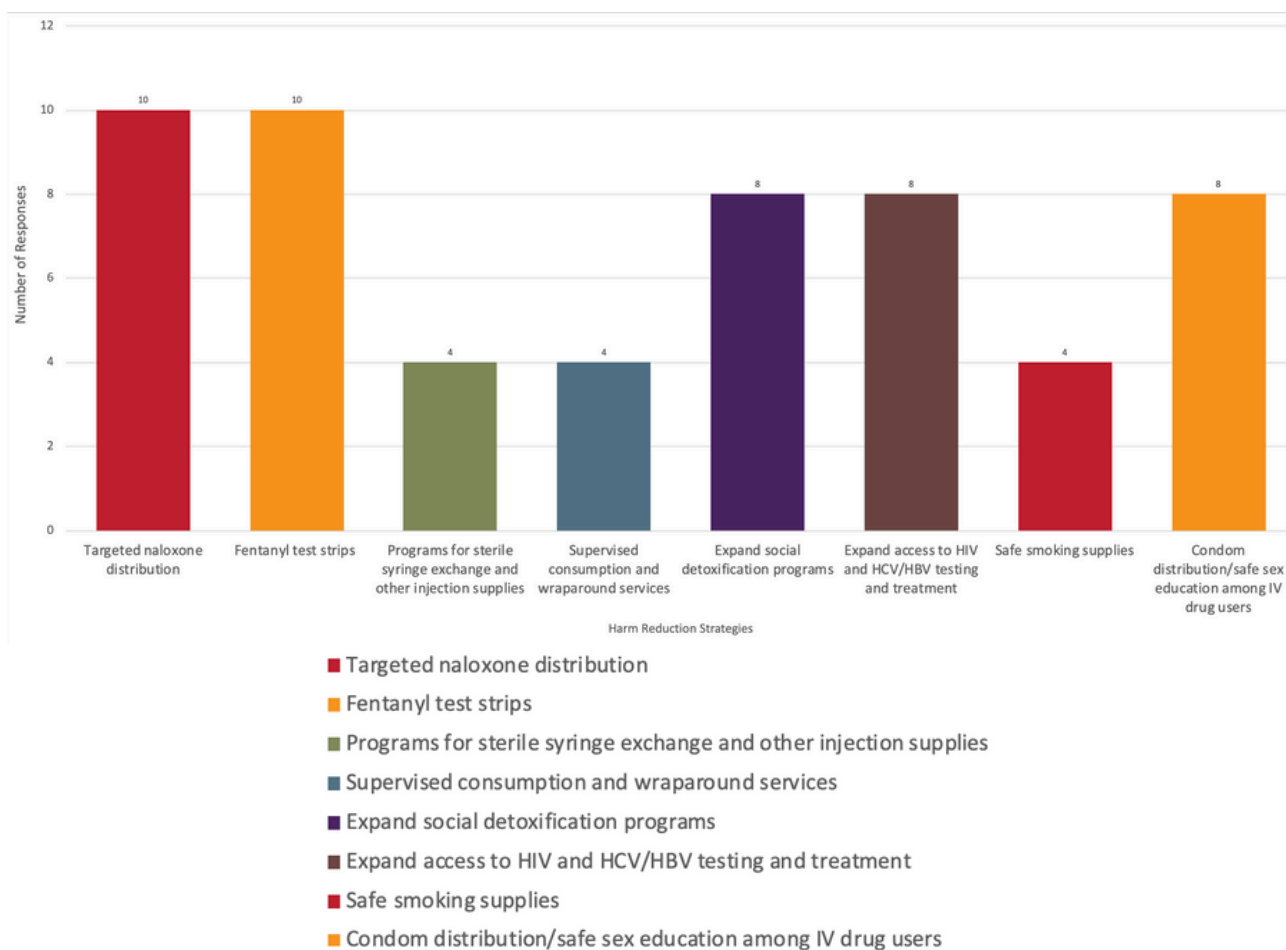
Table 6. Updated Harm Reduction Objectives

Objective 1: Naloxone	Increase the number of naloxone kits distributed through State funding mechanisms annually from 14,596 in 2022 to 50,000 in 2027.
Objective 2: Naloxone	Increase the number of pharmacists permitted to dispense naloxone to patients without a prescription pursuant to 2016 HB 2217 and K.A.R. 68-7-23 from 1,469 in 2022 to 1,700 in 2027.
Objective 3: Awareness	Increase the percent of adults ages 18 years and older who report “having heard of the medication naloxone” from 62.0% in 2023 to 75.0% in 2027.
Objective 4: Awareness	Increase the number of Kansas residents ages 18 and older who report having “heard harm reduction services” from a 2023 baseline (to be determined) to 75.0% in 2027.
Objective 5: Support	Increase the number of Kansas residents ages 18 and older who “support” or “strongly support” implementing harm reduction services in Kansas from a 2023 baseline (to be determined) to 75.0% in 2027.
Objective 6: Funding	Increase the number of funding sources from that support state-level harm reduction initiatives from four in 2023 to five in 2027.
Objective 7: HIV	Decrease the annual incidence rate of HIV in Kansas by 10% from a 2023 baseline (to be determined) by 2027.
Objective 8: HCV	Decrease the annual incidence rate of HCV in Kansas by 10% from a 2023 baseline (to be determined) by 2027.
Objective 9: Fentanyl Test Strips	Increase the number of fentanyl test strips distributed through State funding mechanisms annually by 25.0% from a 2023 baseline (to be determined) by 2027.

Harm Reduction Strategies

DCCCA conducted a survey of workgroup members to determine which harm reduction strategies should be included in “Harm Reduction in Kansas.” 90.9% of participants selected naloxone and fentanyl test strips. 72.7% of participants selected expand social detoxification programs, expand access to HIV, HCV, and HBV testing and treatment, and condom distribution/safe sex education among IV drug users. Syringe service programs, supervised consumption, and safe smoking supplies were the least supported with 36.4% of participants selecting those strategies.

Figure 5. Strategy Inclusion Survey Results



From there, the workgroup had facilitated discussions guided by a prioritization matrix to determine strategy revisions, priority level, and anticipated impact for most of the strategies. Zoom polls were used to measure objective responses for closed-ended questions. Table 7 presents the discussion questions.

Table 7. Facilitated Discussion Questions

1. How is this strategy currently being implemented in the State?
2. What are the barriers/challenges of implementing this strategy?
3. What factors facilitate strategy implementation?
4. How is progress assessed/what data sources are used for tracking and monitoring?
5. What level of impact does this strategy make on SUD/drug overdose in the State?
6. How should this strategy be prioritized in the State Harm Reduction Guidance Document?

Strategies were revised based on partner input in meetings and survey data. Most of the strategies were unchanged. Table 8 illustrates how strategies were revised.

Table 8. Updated Harm Reduction Strategies

Original Strategies	Revised Strategies
1: Targeted naloxone distribution	***
2: Fentanyl test strips	Targeted distribution of drug checking supplies
3: Programs for sterile syringe exchange and other injection supplies	Advance policy for harm reduction interventions that are not currently legal in Kansas
4: Supervised consumption and wraparound services	
5: Expand access to HIV and HCV/HBV testing and treatment (e.g., pre/post exposure prophylaxis)	***
6: Expand social detoxification programs	***
7: Safe smoking supplies	***
8: Condom distribution/safe sex education among IV drug users	Integrated reproductive health education, services and supplies

***Strategy was unchanged.

Strategy 2 was revised to “drug checking supplies” to reflect the need for the ability to test for other lethal drugs in one’s supply. Additionally, testing for ketamine and GHB are allowable per the revised legislation.

Strategies 3 and 4 were combined to “advance policy for harm reduction interventions that are not currently legal in Kansas.” The workgroup felt that these should not be strategies due to their current illegality. This change is to reflect ¹⁴work that can be done to support advocacy and policy around these interventions.

Finally, Strategy 7 was revised to “integrated reproductive health education, services and supplies,” modeling standardized SAMHSA language.

Table 9. Updated Harm Reduction Strategies and their Levels of Impact and Priority

Harm Reduction Strategies	Level of Impact	Prioritization
1: Targeted naloxone distribution	High	High
2: Targeted distribution of drug checking supplies	High	High
3: Advance policy for harm reduction interventions that are not currently legal in Kansas	High	Low
4: Expand access to HIV and HCV/HBV testing and treatment (e.g., pre/post exposure prophylaxis)	Moderate	Low
5: Expand social detoxification programs	Moderate	Medium
6: Safe smoking supplies	Low	Low/Medium
7: Integrated reproductive health education, services and supplies	Moderate	High

Recommendations

The Harm Reduction Workgroup proposed additional recommendations to promote this work in Kansas. These were collected from workgroup meeting discussions and surveys.

- Implement a “nothing about us without us” approach – engage PWUD and empower them to provide guidance to state-level priorities and recommendations
- Develop educational materials for key decision makers regarding harm reduction principles and practices
- Develop and implement an overarching harm reduction campaign
- Streamline naloxone distribution, particularly in high-burden region, by developing a centralized access and reporting system
- Amend policies that limit access to or implementation of harm reduction
 - E.g., revise KSA 21-5709 to include a broader definition of “drug checking equipment” to include other chemicals and testing methods

Summary

Harm reduction aims to prevent the harms associated with substance use without requiring abstinence. It is a critical component of an evidence-based approach to overdose prevention. This document outlines a framework for implementing and evaluating harm reduction initiatives with the goal of improving health equity among PWUD. It is important to note that “Harm Reduction in Kansas” is not all-encompassing. This is a living document that may be adapted as state resources and priorities change.

Many of the revised harm reduction strategies are underway. However, significant work is needed to build political will and capacity for harm reduction services. The Harm Reduction Workgroup endorses “Harm Reduction in Kansas” and commits to supporting and expanding implementation of evidence-based harm reduction initiatives.

Resources

1. [North American Syringe Exchange Network](#)
2. [Never Use Alone Hotline](#)
3. [Harm Reduction Legal Project](#)
4. [Harm Reduction Resource Center](#)
5. [SAMHSA Harm Reduction Framework](#)
6. [Kansas Naloxone Program](#)
7. [Kansas Recovery Network](#)
8. [Harm Reduction Toolkits for Providers](#)
9. [Next Distro](#)
10. [ODMAP](#)

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