

KANSAS OVERDOSE PREVENTION AND RESPONSE FRAMEWORK

2025

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First Call Alcohol/Drug Prevention and Recovery and the **Kansas Recovery Network** conducted key informant interviews of individuals with lived experience and provided their interview notes to the project staff. These organizations were instrumental in engaging their contacts to participate in the needs assessment.

Substance use disorder (SUD) treatment and behavioral health professionals and **individuals with lived experience** who spent time sharing their perspectives and experiences. Their enlightening feedback broadened our understanding of the burden of substance use disorder, drug overdose, and drug-related harms in Kansas, gaps in resources and service delivery, and overdose prevention and response resources.

Kansas residents who distributed and participated in the 2024 Public Opinion Survey on the Drug Overdose Epidemic. Survey participants provided meaningful input that expanded our knowledge of public perceptions of drug overdose prevention and response, community resources, and state action needed.

The Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC) **Overdose Prevention and Response Workgroup** critically evaluated, revised, and prioritized strategic plan overdose prevention and response strategies, and provided expertise in developing a framework for overdose prevention and response implementation and evaluation in Kansas.

WHAT IS OVERDOSE PREVENTION AND RESPONSE?

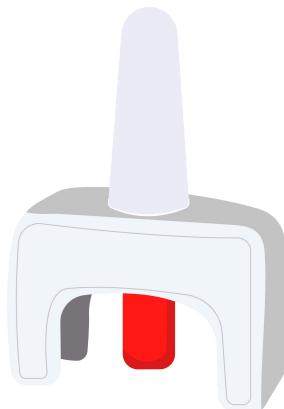
Overdose prevention and response is an evidence-based approach that decreases morbidity and mortality among people who use drugs (PWUD). It acknowledges that drug use exists, accepts that individuals may not be ready to stop substance use at a given time, and emphasizes behavioral change as an incremental process (1). Overdose prevention and response engages PWUD by meeting them where they are and providing them with practical, life-saving tools and information. Overdose prevention and response is a key pillar in the United States Department of Health and Human Services' overdose prevention strategy (2). Appendix 1 contains a one-page overview of overdose prevention and response resources.

EXAMPLES OF RESOURCES

Overdose prevention and response resources can mean many things. Examples of overdose prevention and response resources and strategies include distribution of opioid antagonists and drug checking supplies, such as fentanyl test strips. Various risk-reduction measures are used for everyday activities, such as using sunscreen, wearing seatbelts, and following traffic laws. Like overdose prevention and response, these approaches lessen the risk of injury without discontinuing the activity or behavior itself (1).

Naloxone is an essential resource when responding to an overdose. Naloxone goes by many brand names such as Narcan, ReVive, and Kloxxado (3). Naloxone is an over-the-counter opioid antagonist that reverses overdoses caused by opioids. Naloxone can be purchased at many pharmacies, and in Kansas, both naloxone and drug checking supplies are available to residents at no cost through the [Kansas Naloxone Program](#) (4).

Additionally, Kansas has protections for people who use naloxone in the event of an overdose. In 2024, Kansas passed a Good Samaritan Law that provides immunity from prosecution under certain circumstances for possession of a controlled substance if medical assistance is sought because of a drug-related overdose. The intent of this law is to encourage overdose witnesses to call emergency medical services in the event of an overdose. Here is [additional information regarding the Good Samaritan Law](#) (5).



Another example of an overdose prevention and response resource is drug checking supplies. In Kansas, test strips may be used to test for the presence of fentanyl, fentanyl analogs, ketamine, or gamma hydroxybutyric acid. These supplies are no longer considered “drug paraphernalia” and are therefore legal (6). These supplies help PWUD make informed decisions prior to using substances to promote safer use.



Overdose prevention and response resources can also include medications for opioid use disorder (MOUD), including methadone, buprenorphine, and naltrexone. MOUD is the gold standard for OUD treatment as it decreases cravings, opioid use, and overdose risk (7).

Additionally, providing reproductive health education, services, and supplies aims to prevent further harm to PWUD.

There are other overdose prevention resources that are currently illegal in the state of Kansas, including syringe service programs (SSPs) and overdose prevention centers. SSPs provide PWUD with clean syringes in exchange for used syringes. These types of programs aim to reduce disease transmission associated with using unclean syringes and needles.

Overdose prevention centers provide a safe location for PWUD to use substances with supervision of trained personnel, who can quickly react in the case of an overdose (8). Research suggests that overdose prevention centers reduce opioid overdose morbidity and mortality and increase access to treatment (8).

MYTH OR FACT

There are various myths and misconceptions regarding overdose prevention and response. A pervasive myth is that overdose prevention and response programs encourage drug use.

Overdose prevention and response strategies, like naloxone and fentanyl test strip distribution, encourage drug use.

MYTH

Providing naloxone, fentanyl test strips, and other overdose prevention and response resources does not incentivize drug use. In fact, according to Dr. Travis Rieder, an associate research professor at the Johns Hopkins Berman Institute of Bioethics, people will use drugs regardless of whether they have these resources. Withholding these resources increases the dangers associated with substance use, which in turn increases the risk of nonfatal and fatal overdose (9).

Overdose prevention and response resources and strategies discourage people from seeking treatment.

MYTH

Research suggests that many overdose prevention and response programs expand access to treatment and wrap-around services. In particular, PWUD in overdose prevention centers are more likely to access SUD treatment and detoxification services (8). Additionally, overdose prevention and response strategies provide PWUD the opportunity to seek treatment, if desired, by preventing death due to overdose.

Having a substance use disorder is a moral failing. PWUD can stop using drugs at any time.

MYTH

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), SUD is a chronic disease – similar to diabetes, heart disease, or high blood pressure (3). There are various treatment options for SUD broadly, but OUD is best managed with MOUD (7). The effectiveness of different types of MOUD is variable, however, methadone and buprenorphine have been shown to reduce opioid use and opioid-involved morbidity and mortality (10). Despite this, this treatment approach remains underutilized. In 2023, SAMHSA reported that only 18% of those with OUD were treated with MOUD (11). Much like with other chronic illnesses, MOUD may be used for weeks, months, or even years to manage OUD symptoms.

Resources and strategies like naloxone and drug testing supplies saves lives and prevents further harm.

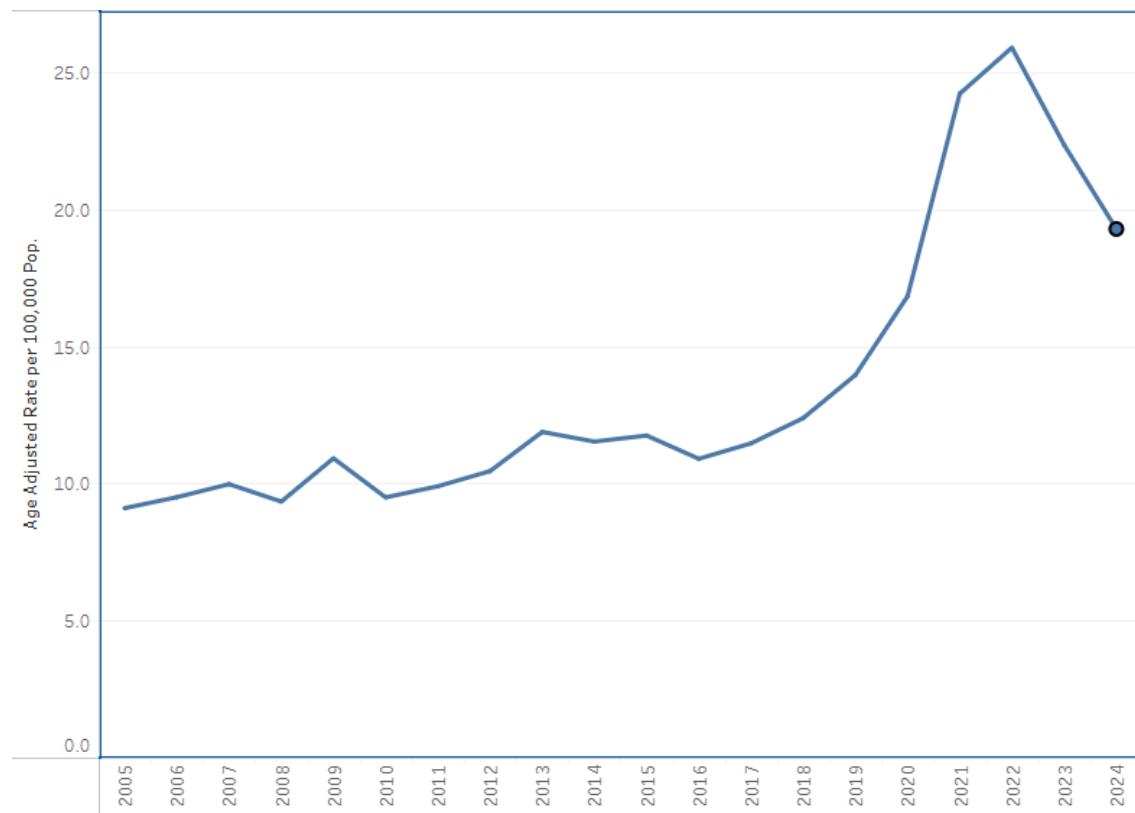
FACT

The association between SUD and various acute and chronic diseases is well established (12). PWUD have a higher risk of noncommunicable diseases, such as heart disease, lung disease, kidney disease, and cancer (9, 12). Additionally, they are at a higher risk of acquiring and transmitting communicable diseases, such as human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), chronic hepatitis, among other infections; which can lead to other long-term health complications (9). Overdose prevention and response services, particularly, MOUD, SSPs, and overdose prevention centers, have demonstrated effectiveness in reducing the risk of various diseases (8,13).

IMPORTANCE OF OVERDOSE PREVENTION AND RESPONSE

The United States has the highest drug overdose death rate in the world (14). According to the National Center for Health Statistics (NCHS), there were 105,007 drug overdose deaths in the U.S. in 2023 (15). Provisional data from the NCHS report an estimated 81,711 drug overdose deaths between January and December 2024 (16). This significant decrease in drug overdose deaths may, in part, be attributed to public health initiatives, such as distribution of naloxone and drug-checking supplies (17). In 2022, Kansas reported 738 drug overdose deaths – a record high for the state. That number has since drastically decreased to 644 and 559 drug overdose deaths in 2023 and 2024, respectively (18). This corresponds to a 24% reduction from 2022 to 2024. This decrease is in part due to the work that Kansas is doing to prevent unnecessary overdose deaths from drug use.

FIGURE 1. RATE OF DRUG POISONING DEATHS AMONG KANSAS RESIDENTS BY DRUG TYPE, 2005-2024 (ALL INTENTS)



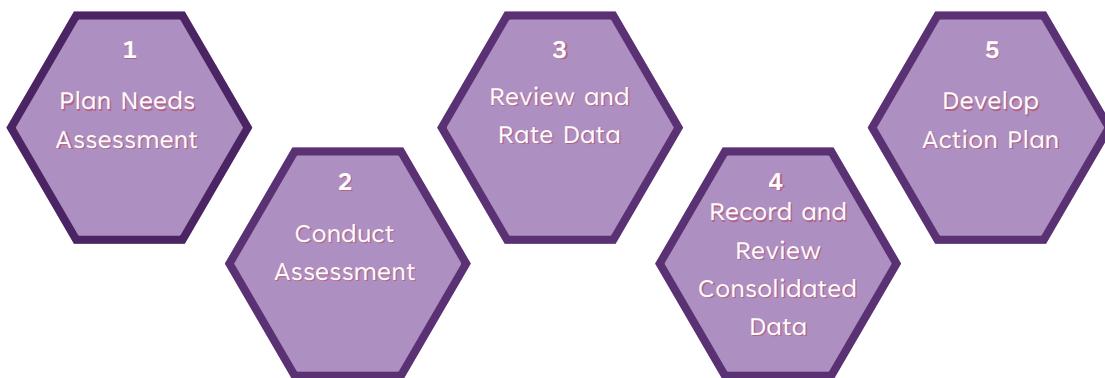
KANSAS OVERDOSE PREVENTION AND RESPONSE NEEDS ASSESSMENT

A needs assessment was conducted in Kansas to determine public and stakeholder perceptions on SUD and drug overdose, and resource availability and accessibility. The purpose of the needs assessment was to:

1. Learn about public awareness and attitudes around SUD, drug overdose, and overdose prevention and response resources,
2. Identify needs, resources, and gaps related to the SUD and drug overdose crisis,
3. Examine factors that impact access to overdose prevention and response services in Kansas.

Figure 2. shows the Centers for Disease Control and Prevention (CDC) Community Needs Assessment Framework that was used to guide all aspects of planning, developing, and implementing the needs assessment. This process involved selecting target populations, reviewing data, identifying data gaps, developing needs assessment methods, collecting, analyzing and synthesizing new data, and developing recommendations based on findings.

FIGURE 2. COMMUNITY NEEDS ASSESSMENT PROCESS



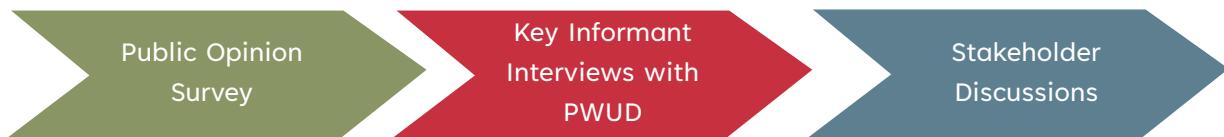
NEEDS ASSESSMENT METHODS

The needs assessment involved a three-pronged approach to data collection and analysis. This process included a public opinion survey, key informant interviews, and a synthesis of the Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC) stakeholder insights.

The public opinion survey assessed the perceived severity of the SUD and drug overdose epidemic, the availability and accessibility of community resources and services, awareness and attitudes around overdose prevention and response, and actions needed to reduce drug overdoses. SurveyMonkey was used to develop the survey. The survey was disseminated widely through various communication channels between June and July 2024.

Key informant interviews were conducted with behavioral health providers and persons with lived experience of SUD to assess the burden of SUD and overdose, identify gaps in resources and services, and gather perspectives on drug overdose prevention and response resources. Both target audiences are highly qualified to provide this type of input based on personal and professional experiences.

FIGURE 3. COMPONENTS OF THE THREE-PRONGED NEEDS ASSESSMENT



Interview guides were audience-specific and included questions, prompts, and follow-up questions based on certain responses. Interviews followed a semi-structured format and were conducted either in person or over Zoom. Interviews conducted over Zoom were recorded for note-taking purposes. Most in-person interviews were with people with lived experience of SUD and were not recorded to maintain participant confidentiality. Project staff reviewed notes and audio files, discussed the results, and identified themes.

Finally, the needs assessment incorporated stakeholder discussions with a workgroup convened from the KPDOAC. The workgroup reviewed and revised existing strategies in the Kansas Overdose Prevention Strategic Plan and developed new recommendations, objectives, and performance measures. Members participated in multiple facilitated discussions across three topic areas, guided by a prioritization matrix to evaluate strategy relevance and impact. Formal qualitative analysis was not conducted; however, project staff independently analyzed audio recordings and meeting notes and synthesized key points.

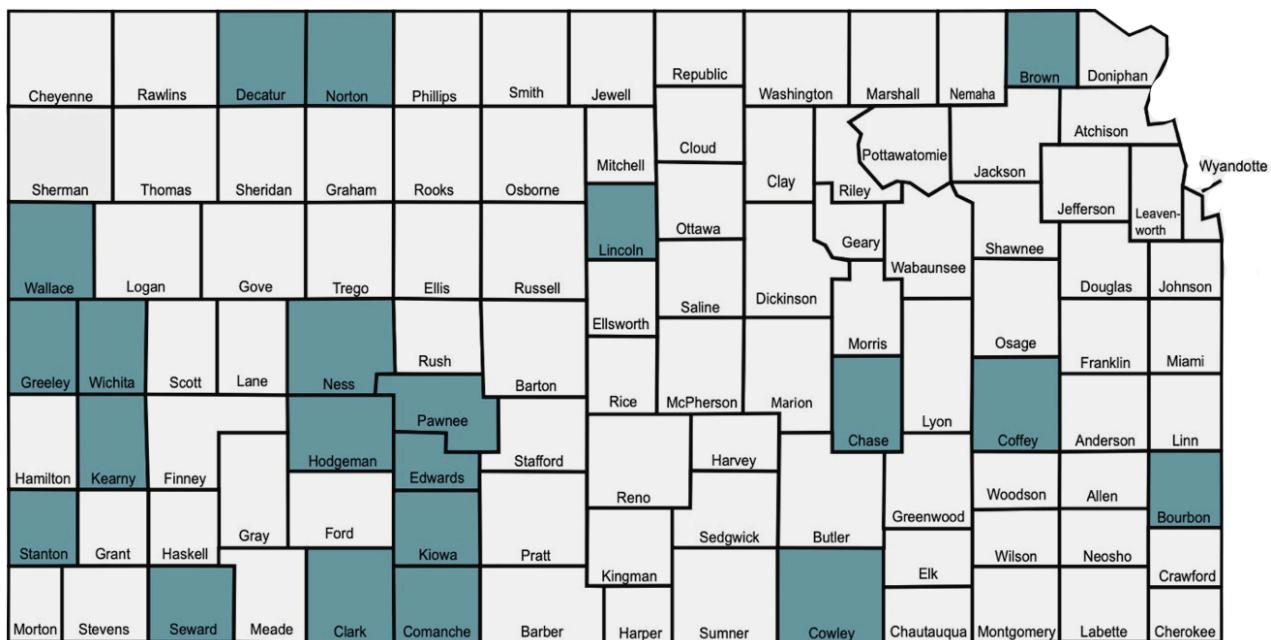
NEEDS ASSESSMENT RESULTS

KEY SURVEY FINDINGS

The public opinion survey received 673 responses and reached 81% of Kansas counties.

Figure 4 highlights the counties that were not represented by survey participants.

FIGURE 4. MAP OF KANSAS COUNTIES WITHOUT PUBLIC OPINION SURVEY RESPONSES



- The survey found that 80.8% of respondents agreed or strongly agreed that drug overdose is a problem in their communities.
- 81.9% of participants reported that they were concerned or very concerned with drug overdose in their community.
- 61.0% of respondents disagreed or strongly disagreed that their communities have enough resources and services available for drug overdose prevention.
- 57.5% of respondents disagreed or strongly disagreed that drug overdose prevention resources and services are easy to find in their communities for those who need them.
- 81.6% of survey participants reported that they have heard of overdose prevention and response services.
- 86.7% of respondents supported or strongly supported implementation of overdose prevention and response initiatives, whereas 5.7% reported feelings of opposition.

NEEDS ASSESSMENT RESULTS

KEY INTERVIEW FINDINGS

Much of the sentiment from the key informant interviews reflected a lack of knowledge of services provided in Kansas and how to access them, the need for overdose prevention and response policy changes, including syringe service programs (SSPs) and overdose prevention centers, and the impact that stigma has on PWUD. Key themes for both audiences are presented in Tables 1 and 2.

TABLE 1. CORE THEMES BY CONSTRUCT - PERSONS WITH LIVED EXPERIENCE

Constructs	Themes
Accessibility of Resources/Services	<ul style="list-style-type: none">Affordability influences accessibility of resources and services, particularly for SUD treatmentAvailability of services has expanded in recent yearsThere is a lack of resources and services in certain regions of KansasThere is a gap in knowledge about where to find resources and services
Need for Overdose Prevention and Response	<ul style="list-style-type: none">The majority stated that there is a need for overdose prevention and response in Kansas
Overdose Prevention and Response Services Needed	<ul style="list-style-type: none">Policy to allow SSPs & overdose prevention centersExpand naloxone distributionIncrease access to drug checking methodsPromote access to basic needs, such as housingIncrease access to HIV, HCV, and STI prevention, testing, and treatment
Recommendations	<ul style="list-style-type: none">Support comprehensive overdose prevention and response measuresPolicy changes around overdose prevention and response, SUD treatment, drug penalties, basic needs, and medical careThere is a need for diversion and/or other programs to better treat SUD and improve outcomesExpand access to mental health and SUD servicesPWUD are highly stigmatized; approaching them with compassion and understanding goes a long way

KEY INTERVIEW FINDINGS

TABLE 2. CORE THEMES BY CONSTRUCT - BEHAVIORAL HEALTH PROVIDERS

Constructs	Themes
Burden	<ul style="list-style-type: none"> • Clients impacted by SUD are younger than ever • Clients presenting for SUD services are deeper in their SUD disease process, and they are more difficult to treat • Opioid, alcohol, and methamphetamine use disorders are common diagnoses
Services Provided	<ul style="list-style-type: none"> • The organizations offered a wide range of treatment and recovery services.
Overdose Prevention and Response	<ul style="list-style-type: none"> • Comprehensive education is needed to increase awareness of overdose prevention and responses; both among the public and PWUD • There is a need to increase naloxone distribution • Aspects of overdose prevention and response may be integrated into SUD treatment • SSPs and overdose prevention centers will likely not become authorized in Kansas soon
Recommendations	<ul style="list-style-type: none"> • Increase access to SUD treatment, including medications for opioid use disorder • Promote access to basic needs among PWUD • Shift the culture around SUD (reduce stigma) • SUD/behavioral health workforce development • Medical detoxification is an avenue to treatment, but there are barriers to implementation • Consider revising SUD treatment policies/regulations to decrease administrative burden and promote better outcomes

KEY WORKGROUP FINDINGS

The workgroup highlighted that while overdose prevention and response is underway in Kansas, efforts are fragmented. Funding limitations, capacity issues, policy restrictions, stigma, and the political climate have particularly impacted implementation and scaling of overdose prevention and response programs. The workgroup discussed how these factors negatively impact PWUD and ways to address these barriers. Workgroup members also jointly revised and prioritized overdose prevention and response strategic plan strategies, for which consensus was mostly achieved.

SUMMARY OF FINDINGS

Overall, this needs assessment showed that there was consensus on resource gaps, policies, and actions needed to address the drug overdose crisis in Kansas. Specifically, Kansans have limited access to SUD and overdose prevention and response services. While Kansas offers education, treatment, and recovery supports, there are still gaps in the continuum of care, mainly due to laws, funding restrictions, workforce shortages, and coverage issues. High costs, lack of knowledge about resources, and stigma also impact access.

These findings support the continuation of existing programs, the development of new recommendations, and the expansion of overdose prevention and response strategies to improve the health and safety of PWUD in Kansas. Table 3 presents key findings and recommendations generated from the needs assessment.

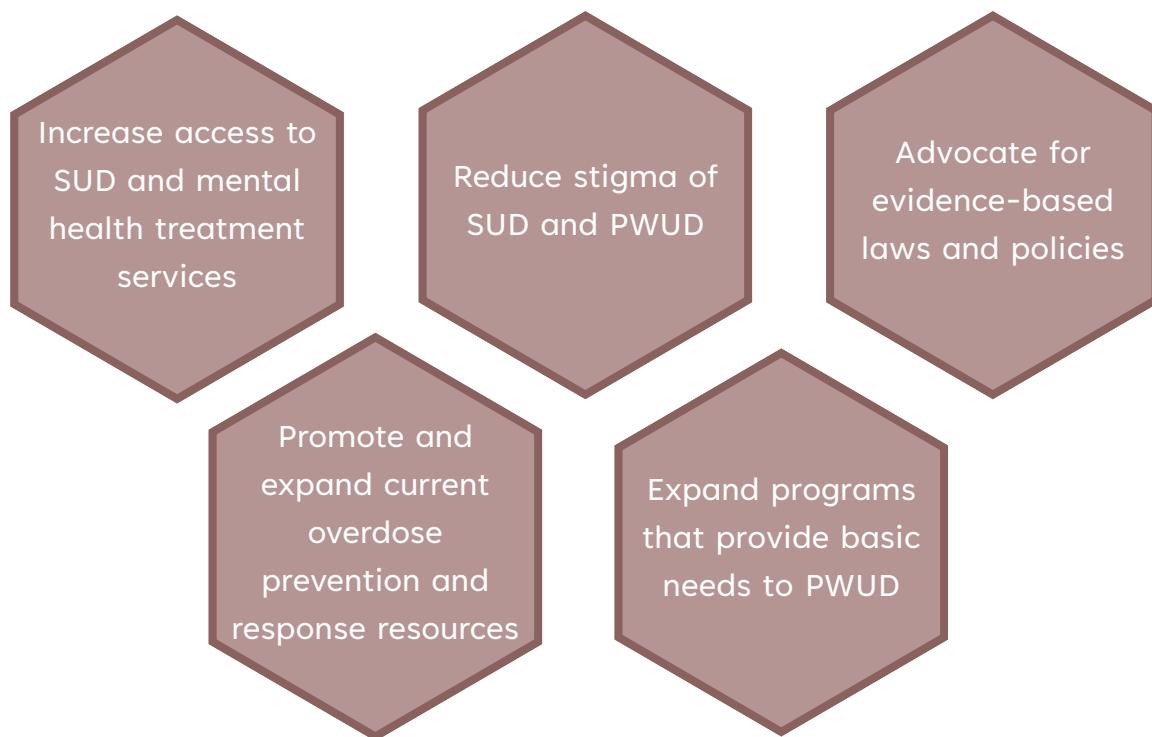
TABLE 3. KEY NEEDS ASSESSMENT FINDINGS AND RECOMMENDATIONS

Key Findings	Recommendations
There is a lack of knowledge on SUD and drug overdose prevention, response, and services	<ul style="list-style-type: none"> Execute audience specific trainings around SUD myths/facts, state/local services, and overdose prevention/response Develop a comprehensive public facing repository of resources Develop media campaigns around SUD myths/facts, state/local services and resources, and overdose prevention/response
Access to SUD and mental health services is limited	<ul style="list-style-type: none"> Increase funding support for SUD, behavioral health, and mental health services, including medications for OUD Co-locate and integrate services to increase accessibility among PWUD
There is growing need of and support for overdose prevention and response	<ul style="list-style-type: none"> Advocate for evidence based policies specifically, safe use and disposal supplies, overdose prevention centers, and comprehensive drug checking Increase awareness that overdose prevention and response is a component to a comprehensive overdose strategy Expand upon current efforts Develop a centralized process/system to track the distribution of state-funded resources/services (e.g. naloxone) Integrate overdose prevention and response services with existing community prevention and treatment programs including for infectious disease testing/treatment
Basic needs (e.g. food, water, and shelter) are critical for recovery	<ul style="list-style-type: none"> Provide aid to secure housing, find employment and promote access to other wraparound services for PWUD and those in recovery
PWUD disproportionately experience stigma, which negatively impacts health outcomes	<ul style="list-style-type: none"> Evaluate the effects of stigma on health behaviors and outcomes Develop and disseminate a stigma reduction toolkit Conduct trainings to various audiences aimed to reduce stigma around SUD and PWUD Meaningfully engage those with lived experience to guide development, planning, and implementation of interventions that support stigma reduction

KANSAS OVERDOSE PREVENTION AND RESPONSE FRAMEWORK

Across all data collection methods, there were five strategic focus areas that emerged to improve overdose prevention and response services in Kansas.

FIGURE 5. STRATEGIC FOCUS AREAS TO IMPROVE OVERDOSE PREVENTION AND RESPONSE



FOCUS AREA 1: Increase Access to Treatment

Key Strategies:

- Expand MOUD access across multiple settings (e.g., emergency departments, primary care offices, carceral settings)
- Promote service integration (e.g., primary care, behavioral and mental health, wraparound and social services)
- Expand telehealth services for SUD treatment, including MOUD
- Increase peer navigation/support services across various settings

FOCUS AREA 2: Reduce Stigma

Key Strategies:

- Conduct an evaluation to determine the severity and impact of SUD-related stigma in Kansas
- Design and implement stigma-reduction campaigns
- Provide education to various target audiences (e.g., providers, law enforcement)
- Engage PWUD and people with lived experience in overdose prevention and response program design, implementation, and evaluation

FOCUS AREA 3: Policy and Advocacy

Key Strategies:

- Conduct a policy analysis to determine legislation that currently inhibits implementation of overdose prevention and response services
- Advocate for evidence-based legislative change based on policy analysis findings

FOCUS AREA 4: Promote and Expand Overdose Prevention and Response Resources

Key Strategies:

- Evaluate the Kansas Overdose Prevention Plan to assess progress made toward strategy implementation statewide
- Expand naloxone distribution and training
- Increase public education around SUD and drug overdose prevention and response
- Launch public awareness campaigns to promote overdose prevention and response

FOCUS AREA 5: Expand Programs to Provide Basic Needs

Key Strategies:

- Implement a “housing first” model to provide supportive and recovery housing
- Support partnerships with community-based organizations that provide PWUD with essential services, such as food assistance and housing resources
- Promote programs that help clients obtain documentation and access other services
- Facilitate access to job training and employment support programs

ACTIONABLE STEPS FOR COMMUNITIES

- Build community awareness and reduce stigma by hosting trainings and awareness events that promote overdose prevention and response initiatives, highlighting person-first language and the positive impacts of overdose prevention and response.
- Create or join a local coalition that works to lessen the burden of SUD and advocate for evidence-based strategies and policies in the community.
- Host a naloxone and drug checking supplies distribution event and provide information on the importance of overdose prevention and response strategies as well as stigma reduction.
- Create a low-barrier naloxone distribution site where community members can access naloxone.
- Involve PWUD in an advisory capacity and provide compensation for their time.
- Build partnerships with local government, school districts, hospitals, EMS, and businesses to work together on a shared cause.

LEGISLATIVE CONSIDERATIONS

Kansas has lagged in passing legislation to advance overdose prevention and response initiatives despite the strong evidence base for such initiatives. This may be partially attributed to stigma surrounding PWUD and SUD in general (19). Specifically, overdose prevention centers and SSPs remain illegal at the time of this publication per KSA 21-5706 and KSA 21-5710 (19). While SSPs and overdose prevention centers are illegal in Kansas, many states have these resources established. See Appendix 2 for more information on states with legal SSPs.

Kansas has passed legislation on the use, possession, and distribution of test trips to detect fentanyl, ketamine, and gamma-hydroxybutyric acid. Kansas also passed a Good Samaritan law. Nationally, naloxone became an over-the-counter drug, which expanded access to this life-saving medication. It is essential to identify and advocate for evidence-based policies to further overdose prevention and response strategies. The SUD landscape changes often, and our policies should change accordingly to best serve PWUD.

Reducing stigma is a key component of advocating for legislative change. Using story telling and person-first language is impactful when discussing overdose prevention and response strategies with legislators.

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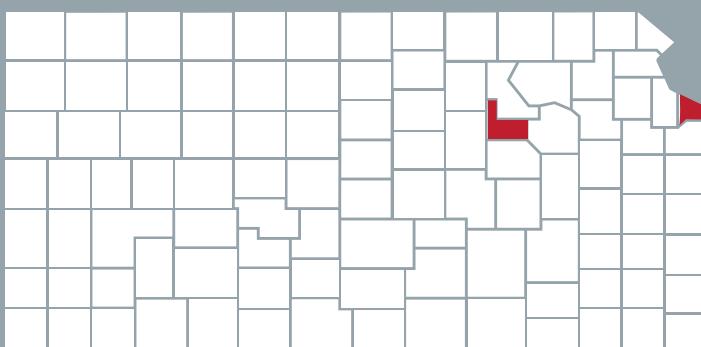
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OVERDOSE PREVENTION AND RESPONSE

WHAT IS OVERDOSE PREVENTION AND RESPONSE?

Overdose prevention and response 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 sobriety”.^{1,2}



Forms of Overdose Prevention and Response

Legal in Kansas Currently not legal in Kansas

- Reproductive health education, services, and supplies.
- Medications for opioid use disorder, such as buprenorphine.
- Drug checking supplies such as fentanyl test strips to detect the presence of harmful additives in one’s drug supply to inform behavior and prevent overdose.

- Naloxone: a life-saving medication that reverses opioid overdoses.
- Supervised consumption sites, or overdose prevention centers, to enable safer use.
- Syringe service programs (SSPs) to reduce risk of injuries, illness, and disease transmission from injecting drugs.³

MYTH

Overdose prevention and response enables substance use.

FACT

New users of overdose prevention and response programs are five times more likely to enter drug treatment and about three times more likely to stop using drugs than those who don’t use the programs.⁴

- Kansas had 750 new cases of Hepatitis C in 2022.⁵
- Wyandotte & Geary Counties have a higher rate of HIV diagnoses than the national average.⁶
- Safe syringe programs are associated with a 50% decrease in HIV and Hepatitis C incidence.⁷

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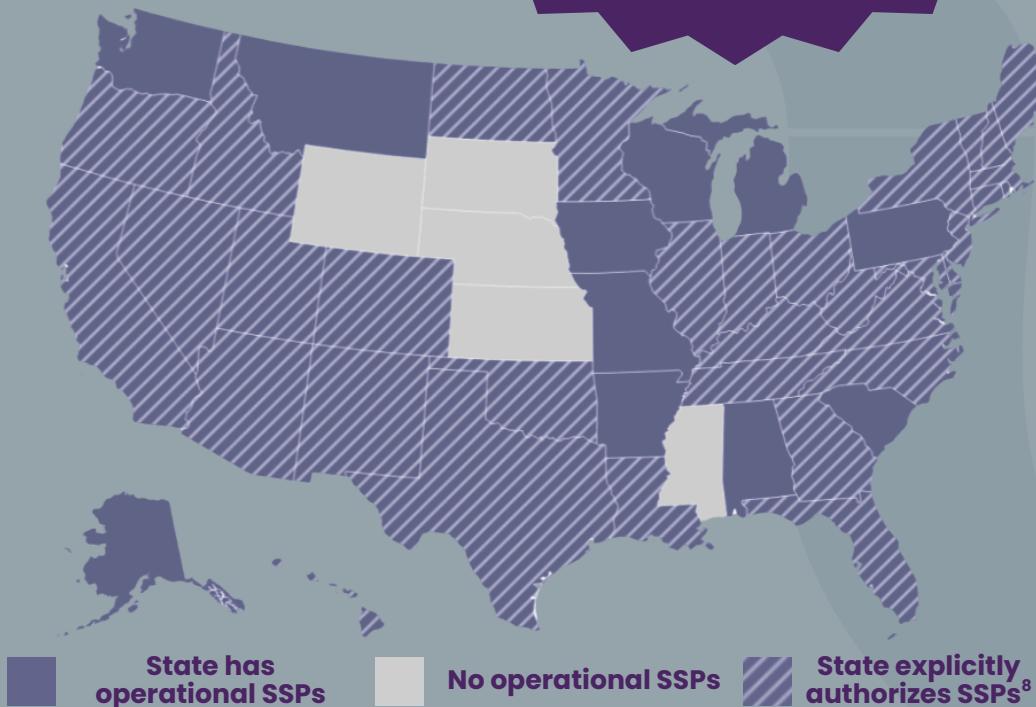
OVERDOSE PREVENTION AND RESPONSE LEGISLATION



For every dollar invested in overdose prevention and response, research indicates a \$4.35 return in societal benefits.¹



Safe syringe programs (SSPs) are associated with a 50% decrease in Hepatitis C and HIV incidence.²



WHAT IS OVERDOSE PREVENTION AND RESPONSE?

Overdose prevention and response 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 sobriety.”^{3,4}

KANSAS DATA

The national average for new HIV diagnoses is 13 out of every 100,000 people. In Wyandotte County, that number is 20 out of every 100,000, and in Geary County it is 19 out of every 100,000.⁵

There were 750 new Hepatitis C cases in Kansas in 2022; up from 647 in 2021.⁶

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86.7% OF KANSAS RESIDENTS INDICATE THAT THEY SUPPORT OVERDOSE PREVENTION AND RESPONSE.⁷



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