Chairman Owens and Members of the Committee:

The Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services appreciates the opportunity to present proponent testimony on House Bill 2328.

**KDHE and KDADS support this bill because this legislation seeks to place harm reduction tools to reduce overdose morbidity and mortality utilizing data-driven approaches to drug overdose prevention.** Harm reduction is an evidence-based, person-centered public health approach that focuses on mitigating the harmful consequences of drug use, including transmission of infectious disease and prevention of overdose, through provision of care that is intended to be free of stigma, with safety and dignity.

**Background**

Synthetic opioids are a broad class of man-made drugs that includes prescription pain medications, as well as illicitly manufactured or distributed opioids. One such synthetic opioid, Fentanyl, is frequently prescribed legally for severe pain, but may also be manufactured or distributed through illegal means due to the demand for narcotics in the illicit drug supply. Fentanyl is often combined with other illicit drugs without the user’s knowledge. [https://www.cdc.gov/opioids/basics/Fentanyl.html](https://www.cdc.gov/opioids/basics/Fentanyl.html)

The Kansas Office of Vital Statistics identified 678 drug overdose deaths among Kansas residents in 2021. **This is a 42 percent increase in deaths compared to the 477 drug overdose deaths identified in 2020.** Of the 678 deaths in 2021, 428 involved an opioid as contributing to the cause of death (63 percent). Synthetic opioids (excluding methadone), the category that includes Fentanyl, were involved in 347 of the total deaths (51 percent).

Among Kansas residents, synthetic opioid involved overdose deaths have increased by 790 percent over the 10-year period from 2012 to 2021 – from 39 in 2012 to 347 in 2021. Overdose deaths identified among Kansas residents involving a synthetic opioid have more than doubled each year for the past two years of available data – from 70 in 2019 to 161 in 2020, and then to 347 in 2021.

This increase in opioid overdose deaths has largely been impacted by the increase in synthetic opioid involved deaths, while deaths due to heroin or other natural and semi-synthetic opioids have remained relatively steady. For more information on drug overdose death and technical
notes, visit the KDHE data dashboard here: https://www.kdhe.ks.gov/1309/Overdose-Data-Dashboard

The Kansas Department of Health and Environment supports the passage of the following:

1.) **Decriminalization of Fentanyl test strips** – Decriminalization of Fentanyl test strips would facilitate increased awareness of Fentanyl in the drug supply. The current environment is dangerous for people who use both prescription and illicit drugs as Fentanyl is an adulterant in illicit substances and counterfeit prescription pills. Fentanyl is 50-100 times more potent than heroin, lethal in minute amounts (e.g., 2 mg.) and is not detectable by sight, smell, or taste.

2.) We would also like to briefly mention the provisions offered in another package, currently being heard in House Health and Human Services with the same intent of decriminalization of Fentanyl test strips along with starting the process of amending Good Samaritan Law and establishing an Overdose Fatality Review Board to assist in combating this crisis.

The Kansas Department of Aging and Disability Services provides additional information below to support the decriminalization of test strips.

In the same way that smoke detectors alert citizens to danger, FTS can inform a user of the presence of a dangerous chemical. If a user could test for Fentanyl they could avoid the drug or at least adjust their dose to prevent death and Emergency Department/Law Enforcement intervention. FTS are a reliable, common-sense means of providing people at risk of fentanyl exposure with more information that can help decrease risk of overdose.

An evaluation of FTS use in San Francisco found they promote increased fentanyl awareness and lead people to take safety precautions to prevent overdose if fentanyl is detected.

A study involving a community-based FTS distribution program in North Carolina found that 81% of those with access to FTS routinely tested their drugs before use.


Those with a positive test result were five times more likely to change their drug use behavior to reduce the risk of overdose. In a Rhode Island study of young adults who reported using heroin, cocaine, or illicitly obtained prescription pills, “receiving a positive [fentanyl] result was significantly associated with reporting a positive change in overdose risk behavior.”


Furthermore, a study in Baltimore demonstrated a decrease in overdose deaths due to availability of FTS: A fentanyl test strip intervention to reduce overdose risk among female sex workers who use drugs in Baltimore: Results from a pilot study - PubMed (nih.gov)

This study demonstrates a tendency of users to adjust their behavior to safer use methods. It doesn’t send them running to rehab centers to get clean, but it also doesn’t send them into a coma or death either.

It saves lives.

There is no funding in this bill to purchase FTS, however if FTS were legal in Kansas, there are federal grant funding opportunities that KDADS could apply for to obtain funding to purchase FTS. KDADS already works with a large network of community partners and providers that could help distribute FTS strips to where they are most needed based on heat maps of overdose deaths. Additionally, individual Kansans could purchase their own FTS. A quick Amazon search shows that a 5-pack of FTS sells for just under $30.

In closing, KDHE and KDADS support HB 2328 to help reduce overdose death in Kansas. With your support we can use harm reduction tools such as these test strips to engage people who use drugs into SUD treatment and help reduce the cost of overdose for Kansas families and communities. Thank you for the opportunity to present testimony today.