



MIDWEST HIDTA KANSAS OVERDOSE REPORT - 2023





Background Information

The results of the Midwest High Intensity Drug Trafficking Area (HIDTA) 2023 Threat Assessment revealed that fentanyl and methamphetamine were the top two drug threats to the region.¹ This conclusion was made utilizing Midwest HIDTA initiative responses to a law enforcement survey (LES) and public health partner responses to the public health survey (PHS), as well as drug trend and other related information collected over the past 12 months. This is the first time fentanyl was ranked as the number one drug threat, and was obtained due to it being a major contributor to drug poisoning deaths, and violent crime.

Ongoing Causes for Concern

- Fentanyl will likely continue to pose the greatest threat to the region as the supply is expected to increase.¹
- Drug Enforcement Administration (DEA) laboratory testing in 2022, revealed 6 out of 10 fentanyl-laced counterfeit prescription pills now contain a potentially lethal dose of fentanyl, up from 4 out of 10 in 2021.²
- Fentanyl is expected to remain the greatest driver of drug poisoning deaths. Adulterants such as xylazine are of great concern to the Midwest HIDTA and will continue to be, especially if they have an increased impact on poisoning deaths in the region.¹
- Methamphetamine will endure as a significant threat to the region with its high levels of availability, demand, use, and its transportation to and through the region.¹
- Low-cost, high potency methamphetamine transported from the Southwest Border will continue to saturate both rural and metropolitan drug markets.¹
- The level of violence and crime surrounding methamphetamine production, trafficking, and use will remain a threat to both law enforcement and the public.¹

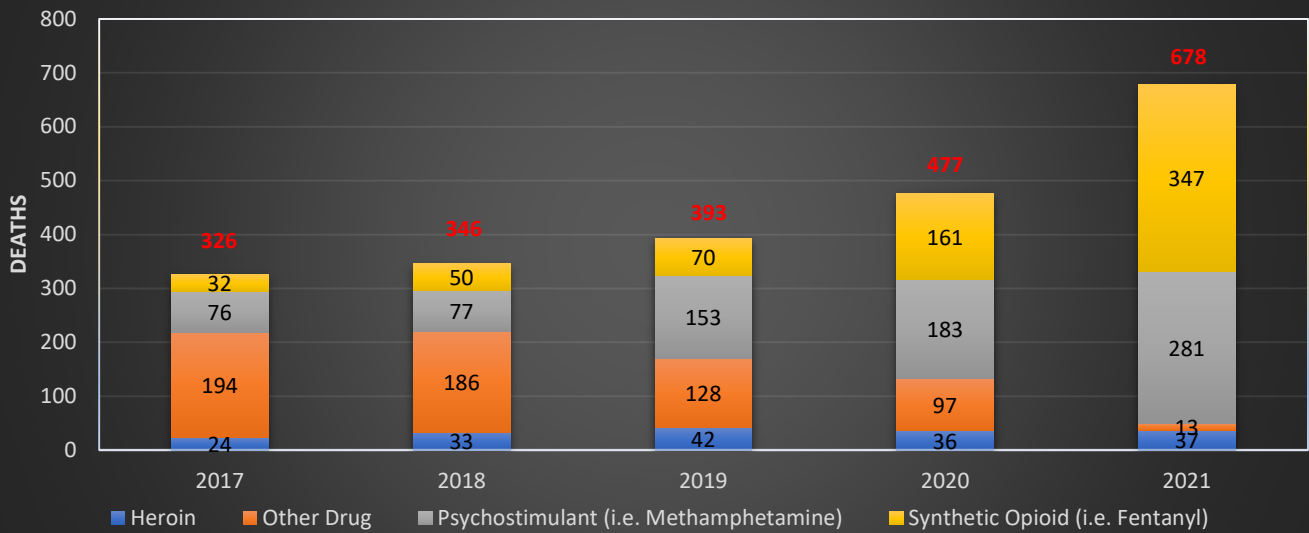
Kansas Outlook

The LES and PHS responses for Kansas coincided with the overall Midwest HIDTA results, ranking fentanyl as the primary threat and methamphetamine as the secondary threat in the state. The responses to the Kansas LES indicated the availability and use levels of fentanyl, in both pill and powder form, and methamphetamine, were all considered to be “high.”¹ The LES respondents also stated there had been an increase of fentanyl being mixed with other illicit drugs, specifically methamphetamine, which has led to an increase of overdoses.

Kansas National Survey of Substance Abuse Treatment Services – 2020

As of March 31, 2020, there were 170 treatment facilities in Kansas, 91 of which were private non-profit (53.5%), 53 private for-profit (31.2%), 1 state government (0.6%), and 5 federally operated (2.9%). These facilities were treating 6,387 clients, the majority of which were on an outpatient basis, 5,904 (92.4%). These facilities may accept more than 1 type of payment, the following are some of the payment options: cash or self-payment 95.3% (162), private health insurance 78.2% (133), Medicare 30% (51), Medicaid 75.9% (129), and treatment at no charge or minimal payment for clients who could not pay 47.1% (80).³

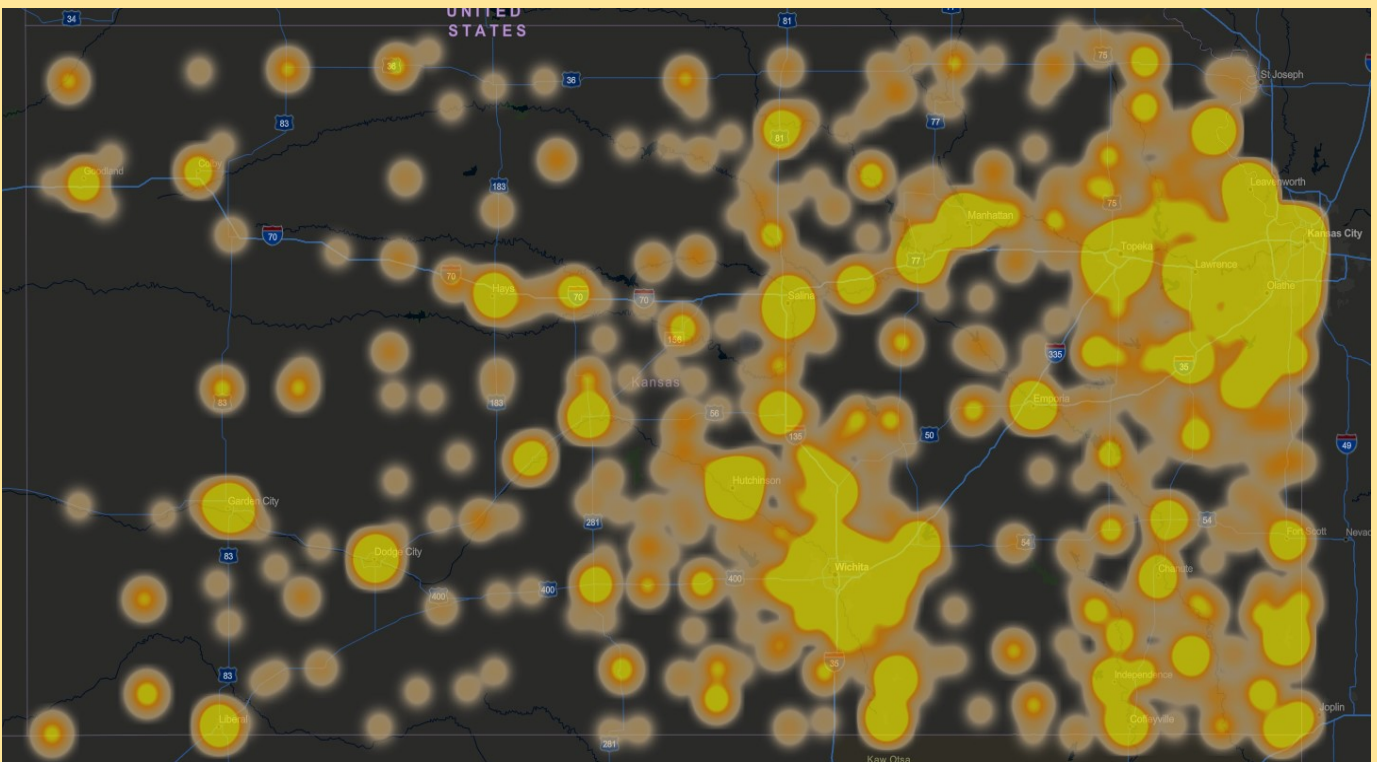
Kansas Resident Overdose Deaths 2017-2021⁴



Kansas Overdose Deaths 2017 to 2021⁴

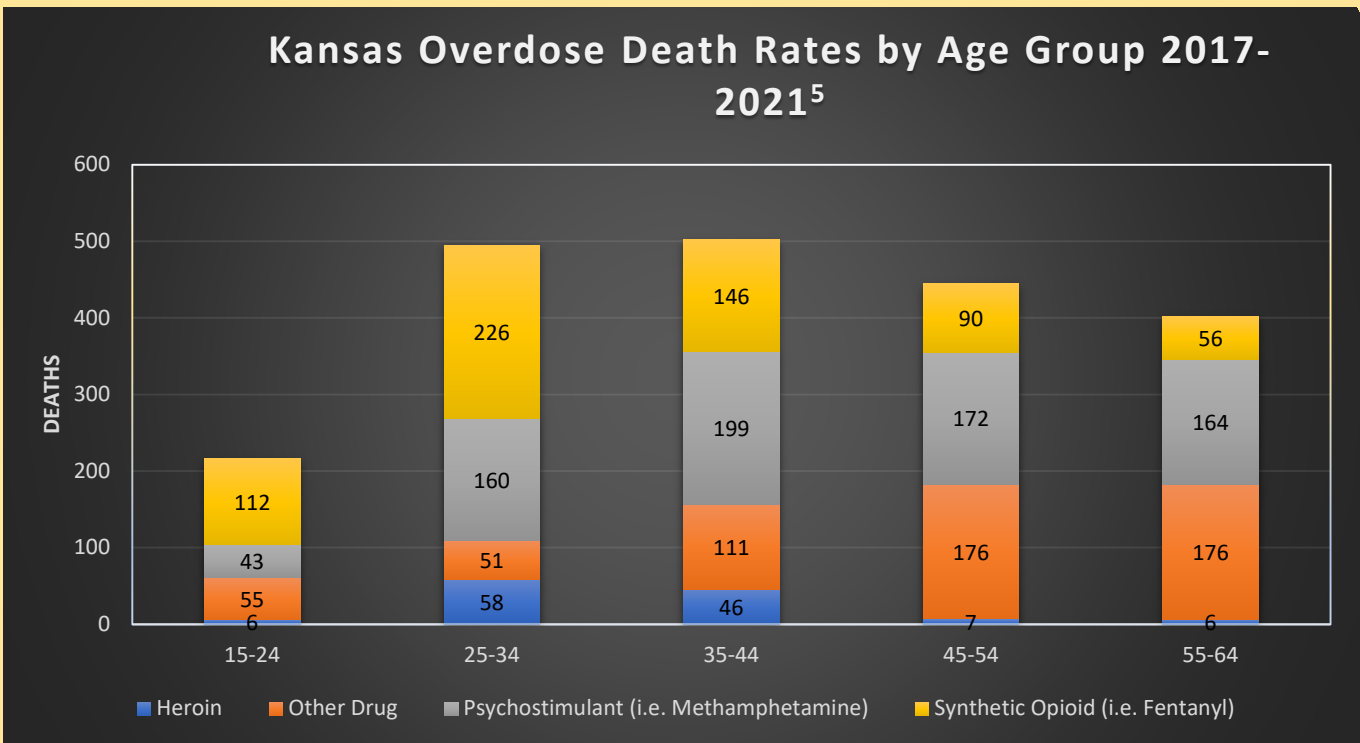
- Overdose deaths for all drugs increased 108% - 326 to 678
- Synthetic opioid (i.e. fentanyl) overdose deaths **increased 984%** - 32 to 347
- Psychostimulant (i.e. methamphetamine – excl. cocaine) overdose deaths increased 270% - 76 to 281
- The heatmap below is a visual representation of all 11,648 suspected overdoses in Kansas reported to ODMAP between May 31, 2022 to May 31, 2023

Low High





Kansas Overdose Death Rates by Age Group 2017-2021⁵



Kansas Resident Overdose Deaths by Age and Drug Type - 2017-2021⁵

SYNTHETIC OPIOIDS	AGE RANGE				
	15-24	25-34	35-44	45-54	55-64
YEAR	15-24	25-34	35-44	45-54	55-64
2017	0	7	6	12	0
2018	0	16	6	12	11
2019	11	33	14	9	0
2020	42	53	30	17	15
2021	59	117	90	40	30
TOTALS	112	226	146	90	56

PSYCHOSTIMULANTS	AGE RANGE				
	15-24	25-34	35-44	45-54	55-64
YEAR	15-24	25-34	35-44	45-54	55-64
2017	8	13	19	17	18
2018	0	23	15	18	15
2019	14	29	45	25	36
2020	8	38	40	48	43
2021	13	57	80	64	52
TOTALS	43	160	199	172	164

HEROIN	AGE RANGE				
	15-24	25-34	35-44	45-54	55-64
YEAR	15-24	25-34	35-44	45-54	55-64
2017	0	6	0	0	0
2018	6	10	13	0	0
2019	0	18	14	0	0
2020	0	14	6	7	7
2021	0	10	13	0	0
TOTALS	6	58	46	7	7

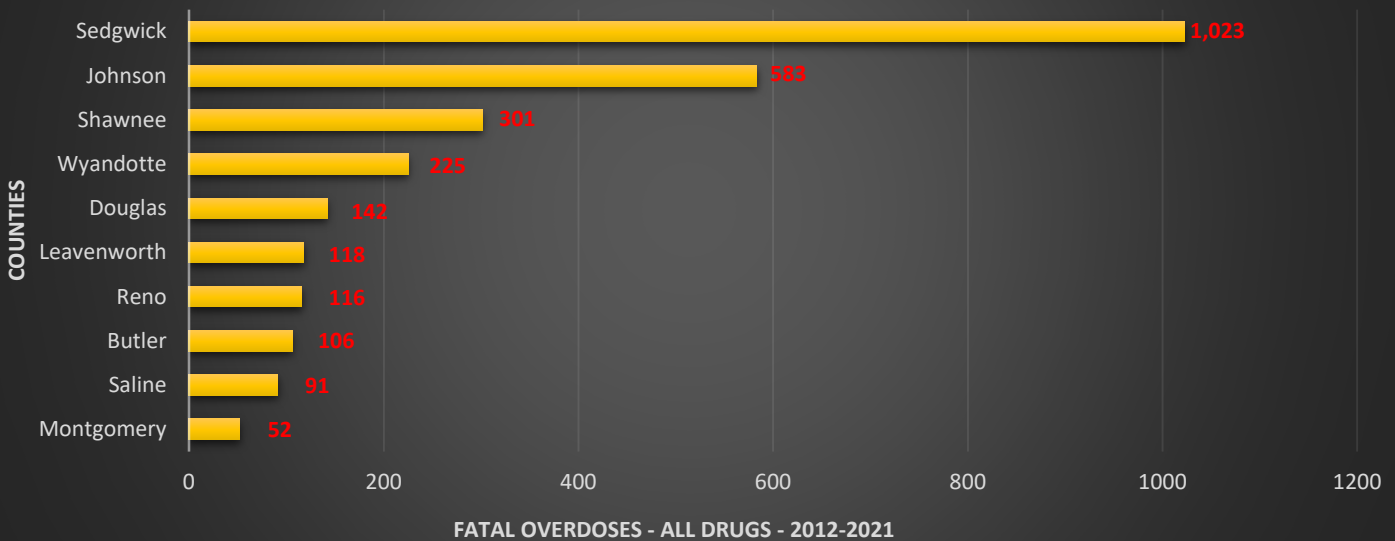
Kansas Drug Overdose Mortality Rates by Gender 2017-2021⁵

- Male overdose deaths **increased 161%** - from 171 to 446
- Females overdose deaths increased 50% - from 155 to 232

Kansas Drug Overdose Mortality Rates by Race 2020-2021⁶

- White: 2020 – 318 deaths (75.5%); 2021 – **483 deaths** (74.8%); 51.9% increase.
- Black: 2020 – 45 deaths (10.7%); 2021 – 73 deaths (11.3%); 62.2% increase.
- Hispanic: 2020 – 35 deaths (8.3%); 2021 – 59 deaths (8.6%); **68.6% increase.**

Top 10 Counties with the Highest Mortality Counts - All Drug Types – 2012-2021⁷

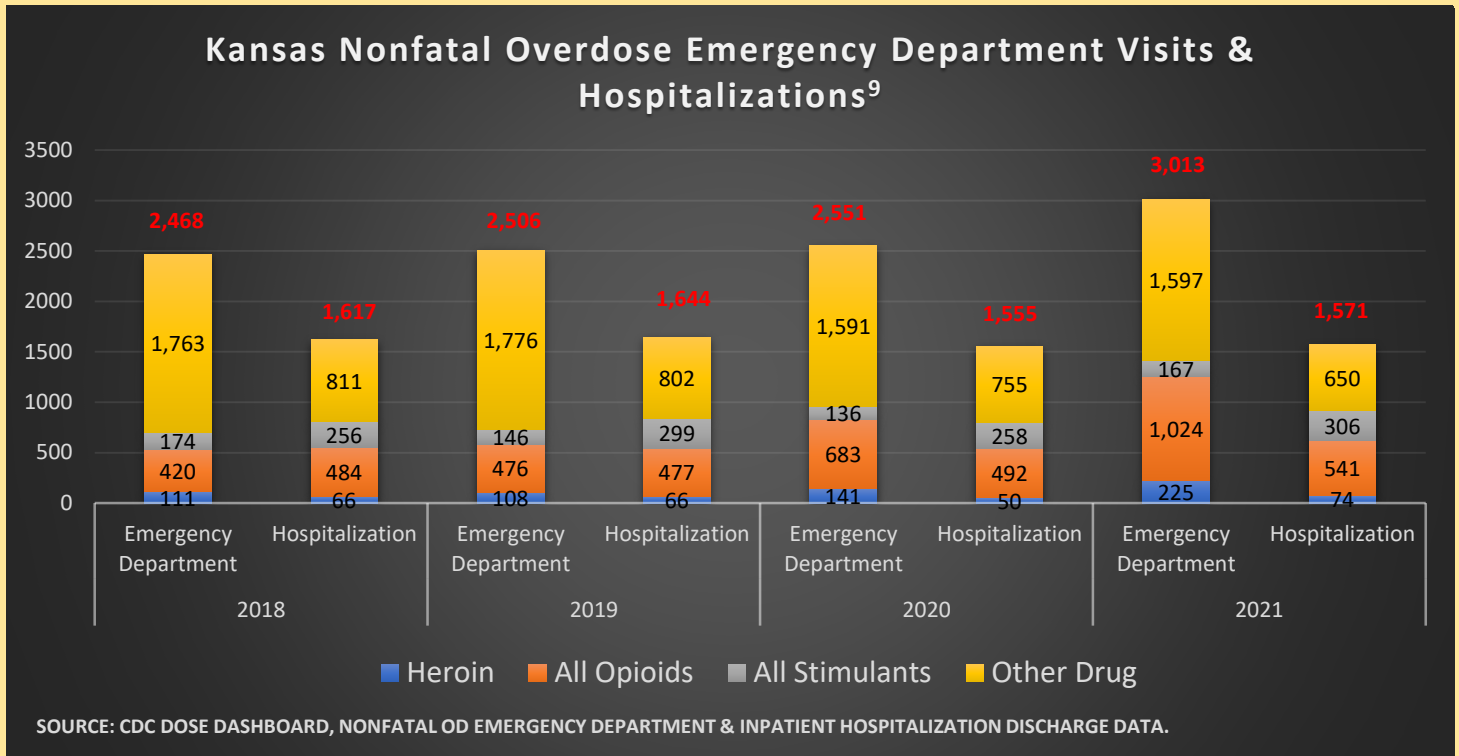


The top four counties with the highest fatal overdose counts remained consistent regardless of the drug type. Nine of the ten were also in the top ten most populated counties in Kansas, with the lone exception being Montgomery County, which was ranked nineteenth in population in 2021/2022 estimates.⁷

- Synthetic Opioid OD deaths: Sedgwick (245), Johnson (144), Shawnee (68), and Wyandotte (59).⁷
- Psychostimulant OD deaths: Sedgwick (258), Shawnee (130), Johnson (107), and Wyandotte (64).⁷
- Heroin OD deaths: Sedgwick (497), Johnson (392), Shawnee (137), and Wyandotte (100).⁷

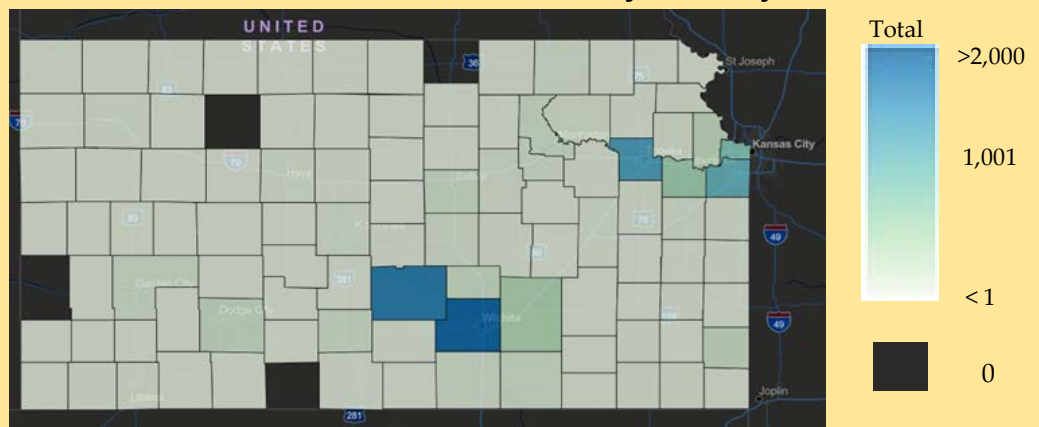
HIDTA INITIATIVE	SEIZED DRUG - YEAR - AMOUNT							
	FENTANYL (GRAMS)				METH/ICE (GRAMS)			
	2020	2021	2022	TOTAL	2020	2021	2022	TOTAL
GARDEN CITY/FINNEY COUNTY DTF	1	466	9,991	10,458	252	4,008	60,330	64,590
KC DEA INTERDICTION	19,325	15,719	9,672	44,716	58,355	806,892	75,105	940,352
KC FBI COMBINED TF	200	1,268	5,781	7,249	29,766	18,889	73,719	122,374
KC/OVERLAND PARK DEA TF	1,091	1,344	13,641	16,076	199,204	128,211	81,127	408,542
KANSAS INTERDICTION SUPPORT KHP	44,360	62,536	52,849	159,745	195,761	291,787	337,915	825,463
NORTHEAST KANSAS DTF	0	1,200	560	1,760	0	2,216	2,121	4,337
TOPEKA DEA TASK FORCE	0	2,000	0	2,000	10,061	76,718	48,391	135,170
WICHITA DEA TASK FORCE	0	6,579	6,198	12,777	22,300	55,859	12,417	90,576
TOTALS	64,977	91,112	98,692	254,781	515,699	1,384,580	691,125	2,591,404

The above statistics for both fentanyl and methamphetamine, document the amounts seized by the Midwest HIDTA funded initiatives operating in Kansas. Over the past three years, these initiatives have seized over **127,000,000** potentially **lethal doses of fentanyl**, and almost **13,000,000** potentially **lethal doses of methamphetamine**.⁸



- Emergency department visits involving “All Opioids” had the greatest increase between 2018 and 2021 – **143.8%** (420 to 1,024)⁹
- Emergency department visits involving “Heroin” had the second largest increase between 2018 and 2021 – **102.7%** (111 to 225)⁹
- In patient hospitalizations involving “All Stimulants” had the greatest increase between 2018 and 2021 – **19.5%** (256 to 306)⁹
- In patient hospitalizations involving “Heroin” had the second largest increase between 2018 and 2021 – **12.1%** (66 to 74)⁹

Kansas Naloxone Distribution by County



- Of the top 10 counties naloxone has been distributed to, 8 of them were also on the list of counties with the highest mortality counts; the exceptions being Saline and Montgomery counties.

- 12,000 (85.3%) of the 14,070 naloxone kits distributed in Kansas, were done so by DCCCA.
- Top 10 Kansas Counties Naloxone Distributed to: Sedgwick (4385), Reno (1761), Shawnee (1412), Johnson (1169), Wyandotte (864), Douglas (606), Butler (487) Leavenworth (271), Crawford (200), and Ford (191). DCCCA was the primary donor, with assistance from Kansas Recovery Network, Safe Streets Wichita, and Wyandotte County Health Department.



XYLAZINE - POTENTIAL IMPACT ON OVERDOSE NUMBERS

Xylazine is a sedative and muscle relaxant, approved for veterinary use, but is not approved for humans to use by the Food and Drug Administration (FDA); it is also not a controlled substance under the Controlled Substances Act (CSA). In April of 2023, the Office of National Drug Control Policy declared xylazine and the combination of xylazine and fentanyl an emerging threat.

Individuals who use opioids containing xylazine are higher risks for fatal overdoses, as it can worsen respiratory depression during an overdose. Since it is not an opioid, xylazine does not respond to the use of naloxone (an opiate analgesic); **however**, it should still be utilized to combat the effects of the opioid, even if xylazine, or another adulterant, is suspected to be a contributing factor.

- Xylazine is commonly referred to as “tranq” or “tranq dope” by illicit users/distributors.
- Xylazine’s effects are purported to last longer, creating the illusion of a more sustained “high” from the fentanyl ingested.
- Illicit drugs containing xylazine are ingested multiple ways, to include orally, snorting, smoking, and intravenous injection (the most common).
- Users of illicit drugs containing xylazine, who become dependent, can develop substantial withdrawal symptoms, and severe necrotic skin ulcerations.

Xylazine is most commonly found mixed with fentanyl. In 2022, the DEA reported 7% of illegally manufactured fentanyl (IMF) pills and 23% of IMF powder that were seized contained xylazine. According to the Center for Disease Control (CDC), from January 2021-June 2022, xylazine was detected in 9.0% (4,859) of the 53,969 IMF-involved deaths, and co-involved in 6.9% (3,735); these numbers were obtained from 32 reporting jurisdictions, one of which was Kansas.¹⁰

In Kansas, from January 2021-June 2022, there were between **1 and 9 IMF-involved overdose deaths with xylazine** detected; the **percentage of IMF-involved overdose deaths with xylazine** detected was **0.1% - 0.9%**.¹⁰ The dramatic rise in the detection of xylazine in IMF, and in IMF-involved overdose deaths, could be a combination of increased veracity of testing procedures, and the actual increased presence of xylazine in the drug supply. As attempts are made to schedule xylazine, the presence of xylazine and other sedatives, i.e. medetomidine, will continue to require monitoring. History has shown that replacement substances/analogs have commonly surfaced following scheduling.

REFERENCES

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Most Frequently Asked Questions of the Midwest HIDTA Kansas Overdose Response Strategy (ORS) Team:

1) **Question-** What drug is causing the most overdose deaths in Kansas?

Answer- FENTANYL. Fentanyl is a Schedule II controlled substance, similar to morphine but about 100 times more potent. Fentanyl is typically used to treat patients with chronic severe pain or severe pain following surgery. Illicit fentanyl, primarily manufactured in foreign clandestine labs and smuggled into the United States through Mexico, is being distributed across the country and sold on the illegal drug market. According to the CDC, synthetic opioids (like fentanyl) are the primary driver of overdose deaths in the United States. Synthetic opioids (**fentanyl**) were responsible for **347 overdose deaths in Kansas in 2021**, a **984% increase** from 2017 (32 to 347).⁴

Fentanyl is mixed with other illicit drugs to increase the potency of the drug, sold as powders and nasal sprays, and increasingly pressed into pills made to look like legitimate prescription opioids. Because there is no official oversight or quality control, these counterfeit pills often contain lethal doses of fentanyl. Because of fentanyl's potency and low cost, drug dealers have been mixing fentanyl with other drugs including heroin, methamphetamine, and cocaine, to increase their profit margin; thereby increasing the likelihood of a fatal interaction.

2) **Question-** What are the signs of a fentanyl/opioid overdose?

Answer- Warning signs of an overdose include unresponsiveness or loss of consciousness; shallow or no breathing; limp body (though may be rigid with fentanyl); snoring, choking or gurgling sounds; small/constricted, 'pinpoint' pupils; cold or clammy skin, discolored lips or fingernails (pale blue).

3) **Question-** How much fentanyl does it take to cause an overdose and possible death?

Answer- Two milligrams of fentanyl can be lethal depending on a person's body size, tolerance and past usage. Drug trafficking organizations typically distribute fentanyl by the kilogram. One kilogram of fentanyl has the potential to kill 500,000 people.

<https://www.dea.gov/resources/facts-about-fentanyl>.

4) **Question-** Can I assume that any drug purchased illegally will contain fentanyl?

Answer- YES. The majority of illicit pills contains fentanyl; 82.3% of opioid-involved overdose deaths involved synthetic opioids. **There is no way of knowing if it contains a lethal dose until it is too late.** (<https://www.cdc.gov/drugoverdose>) DEA laboratory testing in 2022, revealed **6 out of 10 fentanyl-laced counterfeit prescription pills now contain a potentially lethal dose of fentanyl**, up from 4 out of 10 in 2021.



- 5) **Question-** Is there a medication I can give to someone who is experiencing a drug overdose from an opioid/fentanyl?

Answer- Yes. Naloxone (brand names Narcan and Evzio) is a medicine that rapidly reverses an opioid overdose by blocking the effects of opioids in the brain. It can restore normal breathing within 2 to 3 minutes in a person whose breath has slowed, or even stopped, as a result of opioid overdose. More than one dose of naloxone may be required when stronger opioids like fentanyl are involved.

- 6) **Question-** Can anyone access naloxone in Kansas, and if so, how?

Answer- YES. The state of Kansas has established a system through DCCCA to provide free Narcan (naloxone) nasal spray and training to community organizations and any Kansas resident. Naloxone will be mailed to you at no cost. You can learn more about this program by going to <https://www.dccca.org/naloxone-program>. Many local organizations also have naloxone for distribution, including local public health agencies, recovery community organizations, etc.

- 7) **Question-** What if I come across someone I think may be experiencing a fentanyl/ opioid overdose? Should I administer naloxone?

Answer- YES. Naloxone is used to temporarily reverse the effects of an opioid overdose. Naloxone should be given right away and does not take the place of emergency medical care. Call for emergency medical help right away after giving naloxone, even if the person wakes up. Based on the amount of opioids in a person's system, a repeat dose may be necessary and can be given 2 to 3 minutes after the initial dose. Naloxone is safe and effective in children for known or suspected opioid overdose. Naloxone will NOT harm someone who does not have opioids in their system. If someone is having a medical emergency other than an opioid overdose, giving them naloxone will not have any effect or cause them additional harm. www.cdc.gov

- 8) **Question** – What should we be aware of regarding the emerging threat of Xylazine?

Answer - Xylazine is a sedative and muscle relaxant, that is approved for veterinary use; it is also not a controlled substance under the Controlled Substances Act (CSA). Since it is not an opioid, **xylazine does not respond to the use of naloxone**. However, xylazine is most commonly found mixed with fentanyl, which is a controlled substance, and the possession of which can lead to criminal charges. **Reiterating the primary issue is still the delivery substance adulterated with xylazine, typically fentanyl, not the simply the xylazine itself at this time.**