

Date: February 13, 2023

From: Daniel Warren, MD

House Committee on Health and Human Services

Chair Landwehr and Members of the Committee:

Good afternoon, Chair Landwehr and Members of the Committee. My name is Daniel Warren. I am a physician in Wichita, Kansas, where I practice in the field of addiction medicine. I am writing to you in regarding HB 2390.

I am the medical director of an opioid treatment program (“methadone clinic”) as well as a treatment provider at a federally-qualified health center (FQHC). I spend the entirety of my medical practice providing treatment for people with disordered opioid use. Over the last three years, I have seen a transformation in the patterns of opioid use in my patient population—a change that has been reflected in our state’s vital statistics information. The change started with a trickle, and it is now a tidal wave. Fentanyl and similar synthetic opioids have replaced all other opioids—they are more available, less expensive, and much less safe. And they are killing Kansans in record numbers.

Without access to basic knowledge about the substances they are using, Kansans who use drugs, whether recreationally or as part of an addiction, are much less safe than they were even three years ago. We have tools to deliver more safety, one of which is consumer fentanyl testing. Test strips are simple, inexpensive, and rapidly able to detect the presence of fentanyl in a drug sample. Armed with knowledge about the fentanyl status of a drug sample, the person may make different safety choices: choosing to use the drugs with someone else nearby; making sure naloxone (Narcan) is available; using a smaller amount or in a safer method; or not using at all.

Fentanyl test strips, according to state law, are drug paraphernalia. As used for consumer testing, these test strips were not conceived of when the paraphernalia code was written initially. I strongly encourage you to update it with HB 2390. By excluding test strips from the paraphernalia code, we will allow consumers and community organizations to possess and distribute this tool without incurring criminal charges in the effort of saving a life.

I additionally support the rest of HB 2390, primarily concerning the development of an overdose fatality review board. Such a review board is likely to identify gaps in the addiction continuum of care—touch points where we could have reached our fellow Kansans before they were unrecoverable. This will help identify where to invest our resources to best meet the rising tide. We will additionally be treating fatal overdoses with the consideration that they deserve, choosing to notice and learn from the preventable death of Kansans in order to avoid the same predictable mistakes the next time.

The idea of the test strips and the review board, to me, is the same: substance use, while frequently harmful, does not have to be a death sentence. If we use the tools, experts, and other resources we have, we can make changes that will save lives. And we will demonstrate to people using drugs, with more than just words, that their lives and deaths matter.

Sincerely,

Daniel Warren, MD