

January 14, 2021

Rahul Gupta
Team Lead, Office of National Drug Control Policy
President-Elect Biden's Transition Team
Washington, DC

Dear Mr. Gupta,

As we enter 2021, we write to you to express the urgent need for bold, proven solutions to end the overdose crisis and the drug war. We write to you as stakeholders that represent people who use drugs, people in recovery and family members impacted by overdose. **Below you will find our key policy recommendations for immediate agency actions upon the inauguration of the Biden Administration as well as longer-term solutions for turning the tide on overdose in the country.**

We are in a defining moment of history for the Biden Administration to show leadership and course correct the drug war's decades-long humanitarian disaster that has caused harm and violence, separated families, facilitated deportations, disenfranchised communities, fostered mistrust in healthcare and social services, and perpetuated poverty and stigma. The United States' modern war on drugs has been waged for over fifty years, and has shamefully contributed to our nation becoming the world's leader in mass incarceration and [overdose deaths](#). Black people in particular face significant overdose risk and disproportionate criminalization due to institutional racism in our systems and drug law policies. To date, the US has spent more than a trillion dollars on the war on drugs, which has done little to help, and instead has led to more harm in Black communities through mass surveillance, and targeted police violence. Because of tough-on-crime and prohibitionist policies, the country's drug supply is more deadly now than ever--evident in overdose being the leading cause of injury-related death in the US, now primarily the result of fentanyl adulterating the drug supply.

The overdose crisis has been on an exponential growth curve for nearly thirty years. The waves of the crisis can be tracked by the spike of fatalities related to prescription painkillers (1st wave), heroin (2nd wave), and fentanyl (3rd wave). In the past decade alone, overdose has devastatingly killed nearly half-million people in our country. While much attention to the crisis has been focused on white suburban and rural communities, from 2015-2016 the rates of [Black overdose deaths increased by 40%](#)--exceeding all other racial/ethnic populations. In 2018, there was a slight [decrease](#) in overall opioid overdose deaths; yet, cocaine, methamphetamine, and fentanyl related deaths continued to increase. The nation has been steadily entering the 4th wave of the crisis marked by polysubstance (stimulant

and other drugs alongside opioids) use related deaths. As of 2018, stimulant related overdose deaths (cocaine and methamphetamine) are [exceeding](#) those from prescription opioids. In provisional data for 2019, the CDC indicates nearly [72,000 people died](#) from a preventable overdose.

As the COVID-19 pandemic collided with the nation's neglected overdose epidemic there is evidence this year will surpass previous years' overdose fatalities. Impacts from COVID-19, such as physical distancing and wide-ranging unemployment, have led to isolation, stress, and despair among many people, including people who use drugs and people engaged in sex work. All of these factors are increasing overdose risk, and emerging evidence confirms fears that the overdose crisis is worsening during COVID-19. Despite a significant delay in real-time national overdose data, preliminary data indicates 2020 will be the worst year on record for fatalities. In the first three months of 2020, prior to mass shutdowns caused by the pandemic, overdose deaths had already [increased 16.4%](#). Nearly all states and the District of Columbia have [reported](#) significant increases in overdoses. The pandemic has compounded barriers in accessing and implementing harm reduction strategies such as syringe exchange programs, overdose prevention centers, peer delivered services, and medication for opioid use disorder (buprenorphine and methadone). The already fragile, underfunded infrastructure supporting drug user health is crumbling, and it shows across the nation there is an increase in adverse health outcomes for people who used drugs, including hepatitis C infections, HIV clusters, soft tissue damage and abscess, and devastating increases in preventable overdose deaths. Our communities are stuck between a pandemic and an epidemic and are struggling for relief.

Syringe Service Providers (SSPs) and other harm reduction service providers engage individuals who use drugs and are vulnerable both to adverse drug-related outcomes and COVID-19. These community-based providers work tirelessly to prevent overdose deaths and hepatitis C and HIV infections, as well as facilitate access to an array of other services including medications for addiction treatment. The American Medical Association has [recognized](#) the critical role of SSPs and other harm reduction service providers in addressing both COVID-19 and the overdose crisis, as has the Centers for Disease Control and Prevention (CDC), which [created](#) interim guidance for SSPs as essential health providers during the pandemic. Yet, SSPs and other harm reduction service providers all over the country have had to dramatically scale back services or close outright due to revenue shortfalls, including from state and local budgets, and staffing shortfalls because of COVID-19. A [survey](#) of SSPs in April 2020 found a 43% decrease in availability of services due to COVID-19. Dedicated federal funding is urgently needed now to ensure that SSPs and other harm reduction service providers have the support needed to maintain their operations and address COVID-19 and the worsening overdose crisis.

We are calling on the incoming Biden Administration to take bold, decisive, evidence-based action that shifts the government's response to substance use. The war on drugs has a legacy in white supremacy and classism, and has interfered with interventions proven to turn the tide on the overdose crisis and heal the traumas of criminalization. We are urging the administration to abandon criminalization as a means to address substance use, and instead ensure universal access to equitable evidence-based solutions rooted in racial and economic justice, and compassion.

Center Ending the Drug War and Overdose Crisis in the First 100 days:

- **Re-orient the Office of National Drug Control Policy (ONDCP):** ONDCP should be a beacon for evidence-based drug policies grounded in science and public health, working on an interagency basis and with Congress to advance a drug strategy grounded in science and evidence-based approaches. ONDCP should be committed to dismantling the drug war, advancing a national drug budget that prioritizes harm reduction, treatment and recovery and deprioritizes enforcement and supply side strategies that only perpetuate mass incarceration, systemic racism and the failed drug war. ONDCP should proactively work to reform executive agency policies and approaches that are not aligned with science and evidence-based practices. ONDCP should invest in researching cutting edge new health-based approaches to drugs. Finally, ONDCP should actively work within the executive branch to ensure executive agencies are aligned with these goals and work with Congress and external stakeholders to advance these priorities.
- **Include in the FY22 President's budget request and FY22 LHHS appropriations measure substantial new dedicated federal funding to support syringe services programs and other harm reduction providers.** Harm reduction providers (including syringe exchange programs) are uniquely positioned to conduct essential outreach and engagement to people at risk for overdose, and HIV and hepatitis C infections, who are not connected to services— particularly those outside of the treatment system. These programs provide education, counseling, referrals, support to people at risk of overdose, and are a critical pathway toward health and recovery for people who use drugs, as well as are essential stakeholders to achieving greater health equity and racial justice.
- **Include in the FY22 President's budget request and FY22 LHHS appropriations measure** an end to the federal ban on funding for syringes and related items used for safer syringe services for which there is no public health rationale.
- **COVID Relief Funding Must Include Dedicated Funds to Sustain Harm Reduction.** Services provided by harm reduction organizations are especially critical during the ongoing overdose crisis in the United States, and as we are seeing increases in overdose deaths during the COVID-19 pandemic. Funding is urgently needed to

sustain the work of syringe exchange programs and other harm reduction providers that have lost revenue and staffing due to the pandemic. The President-elect should support federal funding to sustain these providers in any Administration blueprint for a COVID-19 relief package.

- **Improve coordination and programming support for syringe services programs and other harm reduction providers across HHS agencies.**
- **Direct the Department of Justice (DOJ) to withdraw [litigation](#) challenging the operation of overdose prevention centers (OPCs),** also known as supervised consumption facilities, refrain from filing new lawsuits against or from prosecuting organizations that operate OPCs, and work with Congress to revise federal laws to permit the operation of OPCs.
- **Permanently extend the SAMHSA/DEA COVID-19 accommodations for methadone and buprenorphine access (the gold standard for opioid use disorder treatment),** including the option of audio-only for buprenorphine induction and consultation for people in rural or low-income circumstances without access to video-based technology, and granting 14-28 days of take-home methadone.
- **Direct the FDA to make at least one formulation of naloxone available over-the-counter.**
- **Require that state and local governments provide access to all forms of FDA-approved medications for addiction treatment (MAT) as a condition of eligibility for Department of Justice and other federal funding allocations,** and direct the Bureau of Prisons to make all forms of MAT available for people in its custody who could benefit from it.
- **Allow 21 CFR 1308.11(h)(30)34 to expire.** This temporary scheduling order authorizes the Drug Enforcement Administration to add thousands of substances to Schedule I without oversight from the Department of Health and Human Services to confirm a substance actually poses a risk to public health. This has grave implications, including increasing incarceration rates and dismantling public health strategies that effectively address fentanyl-related substances. Cases involving fentanyl-related substances added to Schedule I by this scheduling order can be subjected to harsher penalties, including the use of mandatory minimum sentences, even for miniscule amounts.

A Vision for the Future - Turning the Tide on the Overdose Crisis and the Failed Drug War in the Next Four Years

In the coming years, we will need all the proven tools to decrease the harm and preventable deaths in our communities. We urge the Biden Administration to be bold and support:

- The **Mainstreaming Addiction Treatment (MAT) Act** which eliminates the redundant and outdated requirement that practitioners apply for a separate waiver (X Waiver)

through the Drug Enforcement Administration (DEA) to prescribe buprenorphine for the treatment of substance use disorder. ([H.R. 2482](#) | [S. 2074](#))

- The **Reducing Barriers to Substance Use Treatment Act** which prohibits state Medicaid programs from requiring prior authorization for medication-assisted treatment ([H.R. 3925](#))
- The **Comprehensive Addiction Resources Emergency (CARE) Act** which invests heavily in the overdose crisis and brings people directly impacted by the crisis to help decide where resources would be best targeted locally. Modeled on the Ryan White CARE Act, the CARE Act establishes a new blueprint for addressing the devastating effects of the overdose crisis. ([H.R. 2569](#) | [S. 1365](#))

Like the President-elect, we too have watched the nation stigmatize our loved ones for substance use, and, instead of faltering, we unconditionally love and support them. And, like the President-elect, we too have experienced the insurmountable grief brought on by the loss of family members. Many of us feel like we are in a perpetual state of mourning caused by the policies of the drug war.

It is our strong hope and belief that ending the drug war that has inflicted incredible harm in communities across this nation, and centering evidence-based solutions to address the overdose crisis, could be a great catalyst for a national transformation. We cannot wait another year to address the skyrocketing deaths, harm from the criminal-legal system, and heartbreak in our nation. The time for urgent, bold change is now.

Respectfully,

A New PATH (Parents for
Addiction Treatment &
Healing)
A New Way of Life
Academy of Perinatal
Harm Reduction
ACT UP Philadelphia
(AIDS Coalition To
Unleash Power)
AIDS Care Ocean State
AIDS Foundation Chicago
AIDS United
AIM Angels In Motion
Allies for Health +
Wellbeing

Any Positive Change Inc.
APLA Health
Atlanta Harm Reduction
Baltimore Harm
Reduction Coalition
Being Alive - Los Angeles
Bernalillo County
Beyond the Pod
Birches
Black Futurists Group
Broken No More
C4 Recovery
California Society of
Addiction Medicine

Carolinas CARE
Partnership
Center for Law and Social
Policy (CLASP)
Center for Popular
Democracy
Center for Prevention
Services
Center for Public Health
Law Research
Central City Concern
CHPLA
Citizen Action of New
York
Clare Housing

Clare Matrix	Georgians for a Healthy Future	Highlands Health: Laurel Highlands Free & Charitable Medical Clinic
Clergy for a New Drug Policy	GLIDE	HIPS
Coalition for Health Care of NC	GMHC	HIV Education and Prevention Project of Alameda County (HEPPAC)
Columbia White Coats for Black Lives	Goods & Services	HIV/HCV Resource Center
Community Action for Social Justice	GoodWorks: North Alabama Harm Reduction	Hoosier Action
Community Alliance on Prisons - Hawai'i	Guilford County Solution to The Opioid Problem (GCSTOP)	Housing Works
Community Legal Services in East Palo Alto	Harlem United	Humboldt Area Center for Harm Reduction (HACHR)
Crossroads Treatment Centers	Harm Reduction Action Center	Idaho Harm Reduction Project
DanceSafe	Harm Reduction Coalition of San Diego	Ideal Option
Department of Behavioral Health Services	Harm Reduction Coalition of Santa Cruz County	Indiana Recovery Alliance
Desert AIDS Project	Harm Reduction Michigan	Institute of the Black World 21st Century
Down Home NC	Harm Reduction Services	Intercambios Puerto Rico Inc.
Drug Policy Alliance	Harm Reduux PVD	Interior AIDS Association
Drug Policy Forum of Hawaii	Harris Silver, MD, MPH, Consultant in Drug Policy and Advocacy	Latino Commission on AIDS
Elton John AIDS Foundation	Hawaii Cannabis Industry Association	Legal Action Center
End Hep C SF	Hawaii Health & Harm Reduction Center	Live4Lali
Evergreen Health	Health Equity Alliance	Los Angeles Community Health Project
Exceptional Minds	Health Policy Network, LLC	Maine Access Points
Exchange Union	HealthRIGHT 360	Maine Harm Reduction Consulting
Facente Consulting	Heartland Alliance	Maine People's Alliance
Faith in Harm Reduction	Hellbender Harm Reduction Fund	MCAVHN Care and Prevention Network
Faith In Public Life	Hep Free Hawaii	MPact/Fijate Bien Program
Families for Sensible Drug Policy	Hepatitis C Mentor and Support Group-HCMSG	Murf Meyer is Self-Medicated
Family Services Network of New York	High Rockies Harm Reduction	
Fayetteville PACT		
Fresno Barrios Unidos		
Georgetown Medical AIDS Advocacy Network		

NASTAD
National Alliance for HIV
Education and Workforce
Development
National Association of
Social Workers
National Center on
Domestic Violence,
Trauma and Mental
Health
National Council on
Alcoholism and Drug
Dependence-Maryland
Chapter
National Harm Reduction
Coalition
National Health Care for
the Homeless Council
National Health Law
Program
National Viral Hepatitis
Roundtable
Native American
Community Clinic
NC Survivors' Union
Needle Exchange
Emergency Distribution
(NEED)
NEU Health Solutions, Inc.
New Hampshire
Progressive Coalition
New Hampshire Youth
Movement
New Jersey Citizen Action
New Jersey Harm
Reduction Coalition
New Life Recovery
Homes
New York Harm
Reduction Educators /

Washington Heights
Corner Project
NEXT Harm Reduction
NM Center on Law and
Poverty
No Overdose Baton
Rouge
North Carolina AIDS
Action Network
North Carolina Council of
Churches
North Carolina Harm
Reduction Coalition
One Voice Recovery Inc.
Open Aid Alliance
Our Sacred Circles
Parent Support Network
Partnership for Safety
and Justice
Partnership to End AIDS
Status, Inc.
Peer Network of New
York
People's Action
Points of Distribution
Positive Health Project
Preventing Overdose and
Naloxone Intervention
(PONI)
Prevention Partnership,
Inc
Prevention Point
Pittsburgh
Progressive Doctors
Progressive Leadership
Alliance of Nevada
Progressive Maryland
Public Defender
Association
Public Justice Center

PUSH Buffalo
Radiant Health Centers
Reading Risk Reduction
RI Communities for
Addiction Recovery
Efforts (RICARES)
RI Medical Society
Rights & Democracy
River Valley Organizing
Root and Rebound
Reentry Advocates
San Francisco AIDS
Foundation
San Francisco Drug
Users' Union
San Francisco Hepatitis C
Task Force
Sarah Webster Fabio
Center for Social Justice
SELF, Inc.
SFDPH
SHOTS Tulsa
Showing Up for Racial
Justice Ohio
Sierra Harm Reduction
Coalition
SIR Addiction Services
Consulting
Slash Stigma, Inc.
SLO Bangers Syringe
Exchange and Overdose
Prevention Program
SOAR-Solutions Oriented
Addiction Response
Social Justice Law Project
Sonoran Prevention
Works
Southern Tier AIDS
Program

Southside Harm
Reduction Services
Southwest Recovery
Alliance
St. Ann's Corner of Harm
Reduction, Inc.
St. James Infirmary
StoptheDrugWar.org
Students for Sensible
Drug Policy
Substance Use Policy,
Education, and Recovery
PAC
Tapestry Health
Prevention Partnership,
Inc.
Tennessee Justice Center
Texas Criminal Justice
Coalition
Texas Harm Reduction
Alliance
Texas Overdose
Naloxone Initiative (TONI)
The Committee to Elect
Aimy Steele
The Lieving Group, LLC
The Mountain Center
The Never Alone Project
The Ordinary People
Society
The People's Harm
Reduction Alliance
The People's Lobby
The Porchlight Collective
SAP
The Sidewalk Project
The Source LGBT+ Center
Transgender Law Center
Transgender Resource
Center of New Mexico

Truth Pharm Inc.
TRYSTEREO/New
Orleans Harm Reduction
Coalition
Twin City Harm
Reduction Collective
Unified HIV Health and
Beyond
Union for Reform Judaism
UNMH Addictions and
Substance Abuse
Programs
UPMC for You, Inc.
VICTA
VOCAL-NY
VOCAL-WA
West Oakland Punks
with Lunch
Western North Carolina
AIDS Project
Women With A Vision
WV Citizen Action Group