

# United States Senate

WASHINGTON, DC 20510

October 20, 2021

Assistant Secretary Mariam Delphin-Rittmon, MD  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Dear Assistant Secretary Delphin-Rittmon,

We commend you and other leaders in President Biden's administration for your strong commitment to addressing the opioid and substance use disorder (SUD) epidemic, which has significantly worsened during the ongoing COVID-19 pandemic. We ask that you continue your strong federal support for SUD prevention, treatment and recovery efforts, and urge you to elevate and prioritize harm reduction as a key component of the needed response to this crisis.

The COVID-19 pandemic has dramatically exacerbated the opioid and SUD epidemic in this country, and the needs of patients and communities are clear. The nature of the public health emergency has increased social isolation and stress while decreasing access to treatment, supportive services and harm reduction, with significant repercussions for individuals facing addiction, particularly in communities of color already disproportionately impacted by the epidemic.<sup>1,2</sup> Reported overdoses and deaths have spiked to historic levels over the past year, with data showing that the United States experienced 92,500 overdose deaths in 2020, an astonishing increase from approximately 71,000 in 2019.<sup>3</sup> Overdose deaths continue to rise in 2021.

Given the scale of need at this moment, we must take an all-of-the-above, evidence-based approach to save lives. It has never been more important to follow the guidance of public health and addiction experts in adopting harm reduction strategies on a wide scale, including overdose prevention education, naloxone access initiatives, and syringe services programs (SSPs). These evidence-based approaches that focus on 'meeting individuals where they are' are a proven, effective tool to reduce medical emergencies, drug overdoses and deaths.<sup>4</sup> And further, SSPs provide a variety of services to reduce the rate of blood borne infections, including viral hepatitis and HIV, in individuals who engage in injection drug use (IDU). Recent IDU-linked outbreaks of hepatitis B and C and HIV demonstrate that it is critical to increase our investment in SSPs and reduce regulatory barriers to mitigate pathogen transmission and the rate of drug overdose.

We were pleased to see \$30 million in funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) to engage in harm reduction efforts included as part of the American Rescue Plan Act (P.L. 117-2). We view this funding as a down payment on a much larger need for investment in harm reduction, as well as an urgent opportunity to quickly address the direst impacts of this tragically worsening crisis. As such, we request that SAMHSA act expeditiously to direct these funds to the

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<sup>1</sup> <https://www.nytimes.com/2021/04/14/health/overdose-deaths-fentanyl-opioids-coronaviruses-pandemic.html>

<sup>2</sup> <https://www.commonwealthfund.org/blog/2021/drug-overdose-toll-2020-and-near-term-actions-addressing-it>

<sup>3</sup> <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

<sup>4</sup> <https://harmreduction.org/about-us/principles-of-harm-reduction/>

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communities and organizations that need them the most, in collaboration with key harm reduction stakeholders and partner agencies. In particular, the Centers for Disease Control and Prevention (CDC) has significant expertise in providing support and technical assistance for harm reduction efforts through its Infectious Disease and the Opioid Epidemic Program, and we ask for strong coordination with Director Walensky and her team.

SSPs are also effective at distributing naloxone - a drug that can prevent overdose deaths - both to people at risk of overdose and to other community members as a proactive measure. A study from Massachusetts found that substantially increased access to naloxone reduced opioid overdose mortality rates by 46 percent.<sup>5</sup> With additional resources, SSPs can increase ready access to naloxone and its use, which would help reduce the dramatically increasing number of overdose deaths. We are concerned by reports that there is an ongoing shortage of generic intramuscular naloxone in some states caused by a disruption in production.<sup>6</sup> We strongly urge SAMHSA to take measures to address this shortfall and ensure that naloxone can be delivered to states appropriately, in conjunction with harm reduction organizations that are currently on the ground providing such services.

Finally, we request that you take every action to ensure maximal flexibility in SAMHSA's various other block grants and targeted funding streams so that harm reduction is both eligible and emphasized as an allowable use of these resources. We will continue our push to eliminate harmful funding restrictions on SSP funding through the appropriations process, and we look forward to your continued partnership on the issue with your current authorities.

We are facing an unprecedented addiction crisis in this country, and we thank you for your tireless leadership to stop the ongoing opioid and SUD epidemic. As a part of this response, we urge you to take every opportunity to center harm reduction as a vital part of the SUD services and care continuum. We appreciate your attention to this issue.

Sincerely,



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Tammy Baldwin  
United States Senator



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Tina Smith  
United States Senator

CC:

U.S. Department of Health and Human Services, Secretary Xavier Becerra;  
Center for Disease Control and Prevention, Director Rochelle Walensky;  
White House Office of National Drug Control Policy, Acting Director Regina LaBelle

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<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/23372174/>

<sup>6</sup> <https://www.washingtonpost.com/health/2021/08/11/naloxone-demand/>