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HHS pledges more effort, resources toward harm reduction for drug users



A pill bottle without a label is among the signs of addiction. (Sarah L. Voisin/The Washington Post)

By Lenny Bernstein Today at 10:00 a.m. EDT

Health and Human Services Secretary Xavier Becerra outlined the Biden administration's strategy for curbing drug overdoses Wednesday, committing more federal support for harm reduction techniques such as distribution of clean syringes and test strips used to check street drugs for hidden fentanyl.

The four-part strategy also includes measures to prevent drug addiction, in part by continuing to reduce the inappropriate prescribing of opioids; expand medication-based treatment, which research has shown to be the most effective approach; and improve support for people recovering from substance use disorder.

With the estimated number of overdose deaths soaring toward 100,000 per year, Becerra said in an interview Tuesday that "we're changing the way we do this." He added: "We know what works. We've had years of evidence now."

From 1999 to 2019, an HHS report released Wednesday notes, 840,000 people died of drug overdoses. By some estimates, there have been 20 to 30 times as many nonfatal overdoses.

Biden campaigned on a major expansion of drug use prevention, treatment and recovery efforts. Much of what Becerra announced Wednesday, including harm reduction efforts, was contained in a statement of priorities for the administration's first year released in March by the White House Office of National Drug Control Policy.

Though some officials oppose it, many experts consider harm reduction a more promising approach than prosecution of drug users or the many failed campaigns to keep drugs from coming into the United States. But it is also a measure of how dire the overdose crisis has become: Fentanyl has so thoroughly infiltrated the illegal drug supply that users often cannot be sure what they are consuming, and the government must act simply to keep them alive and disease free.

"We really are seeing something we've never seen before," said Jon Zibbell, a senior public health scientist at the think tank RTI International, who studies street drug use.

Becerra said the federal government would spend more to expand the distribution of naloxone, the antidote to opioid overdoses, although there is a shortage of the drug currently; fund programs where drug users can exchange used syringes for clean ones, to reduce needle sharing that transmits infections such as HIV and hepatitis C; and distribute test strips that allow users to determine if the powerful opioid fentanyl has been laced into cocaine, methamphetamine and counterfeit pills.

Asked whether the government would allow supervised consumption sites, the most controversial facet of harm reduction, where people are monitored while using drugs, Becerra said: "When it comes to harm reduction, we are looking for every way to do that. ... We probably will support the efforts of states that are using evidence-based practices and therapies."

Becerra noted that the decision was outside his "lane," but as California's attorney general, he was a supporter of the facilities, where drug users are monitored by staff or volunteers equipped with naloxone and oxygen to respond to overdoses. Some offer referral to treatment and other services to substance abusers.

Widespread in Canada and Europe, the sites are credited with saving many thousands of lives of people who accidentally overdose; no one has ever died in one of the oldest and best-known supervised sites in Vancouver. But some experts and officials believe the facilities encourage drug use and attract drug users to the sites.

Under the Trump administration, the Justice Department went to court and defeated a nonprofit group's attempt to open such a site in Philadelphia. Any change in government policy would be a major shift in approach. A Justice Department spokesman declined to comment. The White House did not respond to requests for comment Tuesday.

Jurisdictions including Rhode Island, New York City, Massachusetts and California are preparing to open such sites, hoping the Biden administration will refrain from cracking down as the drug epidemic grows more critical.

"We're looking for innovative ways to address" the drug epidemic, said Alex Kral, an epidemiologist with RTI International. If the federal government is finally indicating support for these sites, "we can finally see if they are equally helpful in the U.S. as they are around the world."

The HHS plan also calls for expanding the number of doctors who can prescribe the treatment drug buprenorphine by surmounting rules that require hours of training for those caregivers. It calls for reducing the stigma surrounding substance use disorder that keeps people from seeking

treatment. Polls show that many Americans still consider addiction a personal failing or weakness rather than a disease. And the plan acknowledges the need to maximize "health equity for disproportionately affected populations" as "an essential component of each priority area, objective, and activity."

Overall, the plan "does the three things you have to do to reverse an addiction epidemic: prevent people from developing the disorder, treat those who have it, and keep those you can't treat alive," Keith Humphreys, a Stanford University psychiatry professor who worked as a drug policy expert in the Obama White House, said in an email.

"We can't let the trauma of covid let us forget that we will likely lose 100,000 of our fellow citizens to drug overdose," he wrote. "Every time I say or read that number, it shocks me again."

Zibbell was less encouraged. "Everything in there is kind of stuff we're already doing," he said. "I see nothing in there that's really evolving to the nature of the crisis."

But Becerra said the Biden administration is devoting more resources to the crisis than ever before.

"We're not going to wait," he said. "And there's going to be some friction. We'll take some heat. But at the end of the day, there will be some loved ones still alive."

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