

Vote NO on Harm Reduction and Overdose Prevention Center Amendments that Reduce the Ability to Save Lives, Connect People to Care & Treatment, and Reduce Costs

Aug 4, 2022

A large coalition of organizations working to save lives from preventable overdose urge Senators to Vote NO on any amendments that create further restrictions on harm reduction activities. Such amendments include those that would prohibit federal funding for overdose prevention centers, “paraphernalia,” “syringes,” or “pipes or other cylindrical objects” that harm reduction organizations use as tools to provide outreach to people who use drugs and which prevent overdose; infectious diseases such as HIV, hepatitis C and endocarditis (heart infection); and death.

Talking Points:

Harm reduction programs keep people who use drugs alive and safe; often result in reduced drug use and increased entry into drug treatment; and do not increase drug use or crime:

- **Most of the nearly 108,000 people who died of drug overdose in 2021 had insufficient or no access to harm reduction services.** Federal funding supports a very small percentage of harm reduction services nationwide, contributing to the severe gap in these services. The last two years have been the deadliest time in the overdose crisis, and Congress and the Administration should lead by supporting access to all interventions that could help save lives, including prevention, treatment, recovery and harm reduction services.
- **Harm reduction organizations and interventions seek to prevent harm, including overdose and death, to people who use drugs.** This work includes interventions that keep people safe when they use, as well as improving access to care, treatment, and other support services, ***including for people who smoke drugs, a group which is not mutually exclusive from those who inject.***
 - Engaging with harm reduction programs can help people reduce their drug use and some people stop using completely. [According to the CDC](#), new users of Syringe Services Programs (SSPs) ***are 5 times more likely to enter drug treatment.***
 - People who inject drugs and who have engaged regularly with an SSP are nearly ***3 times as likely to reduce their injection frequency*** as people who have never used an SSP.
 - Studies show that harm reduction and SSPs programs ***do not increase drug use or crime.***

Smoking pipes are critical to reducing the transmission of infectious diseases and saving lives by reducing the risk of fatal overdose:

- **Providing access to clean and safe smoking pipes helps to prevent sharing of drug use equipment which can increase transmission of infectious diseases.**
 - Sharing non-injection drug using equipment, such as pipes, which are used to smoke stimulants, such as methamphetamine, as well as opioids, such as heroin, is associated with increased transmission of viral hepatitis.
- **Providing clean and safe pipes also prevents physical injury from broken bottles or other makeshift pipes.** Using broken bottles or other unsafe implements to smoke drugs can injure people by either by burning or cutting their lips, mouth, or face. Such injuries increase the risk of serious infections, such as skin, bone, and heart infections (endocarditis), as well as increases the risk of infectious diseases transmission between individuals sharing unclean or unsafe implements.

- **Providing pipes to people who smoke drugs increases their engagement with public health and harm reduction organizations that also facilitate access to other urgently needed care and support services.** Many organizations, including syringe services programs, use providing pipes as a way to engage people who smoke drugs, such as methamphetamines. This engagement increases delivery of and linkage to care, treatment, and support services, including Substance Use Disorder treatment.
- **Provision of pipes reduces the risk of fatal overdose.** Some drug users report smoking as opposed to injecting drugs as a way *to titrate consumption to reduce the risk of overdose*. NIDA’s [Cocaine Research Report](#) reviewed literature on “safe smoking” and found consensus in the medical literature that *safe inhalation interventions (such as pipes) help reduce fatality risk*.

“Crack pipe” is not a technical term but a racist trope that stigmatizes and harms Black people and people who use drugs and need access to care.

- **People object to the term crack pipe because it is not a technical term but a racist trope specifically targeting Black people.**
 - Such stigmatizing terminology underscores decades of inequitable laws and policies that have harmed and criminalized Black people and other people of color, and that have reduced access to life-saving services, such as harm reduction and drug treatment, for BIPOC communities. From 2015 to 2018, overdose deaths increased among African Americans 2.2 times and Hispanic people 1.7 compared to an increase of 1.3 times among white people.
 - While white people have used crack at similar rates, demonization of crack use led to a 100 to 1 (now 18 to 1) sentencing disparity between crack and powder cocaine despite the fact they are chemically the same substance.
 - Use of this trope and widespread misinformation about crack and harm reduction undermines the ability of Congress and the Administration to [advance racial justice and equity in its approach to drug policy](#) as called for in the Biden Administration’s drug policy strategy.

Overdose Prevention Centers have a long, proven track record of preventing overdose deaths

- OPCs provide overdose prevention services, such as access to naloxone (the medication that reverses opioid overdose) as well as medical care and support, such as testing for HIV and hepatitis, treatment for other infections, and connection to substance use disorder treatment and other medical care and support. These services save lives, decrease the spread of infectious disease, and improve access to needed care.
- OPCs have been in existence for over 35 years, since 1986. Studies and experience show that there has not been a recorded death at an OPC since their creation.
- A [study of Insite](#), a long-time and experienced OPC, showed a **35% drop** in the fatal overdose rate in the area around the site after it opened.
- A [July 2022 JAMA article](#) notes that in its first two months of operation, OnPoint NYC, the first U.S. OPC reversed 125 overdoses and had no deaths, which tracks outcomes at facilities worldwide.
- One month after opening the OPC in Washington Heights, the NYC Parks Department reported a 92.3% decrease in syringe litter and other drug use equipment (from 13,000 in Nov to 1,000 in December) from a public park very near the OPC, and community support for the OPC has grown since its opening.