AMERICAN PSYCHIATRIC ASSOCIATION

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August 14, 2023

Substance Abuse and Mental Health Services Agency
Assistant Secretary Miriam Delphin-Rittmon
5600 Fishers Lane
Rockville, MD 20852

Re: Request for Comment: SAMHSA Harm Reduction Framework

To Assistant Secretary Delphin-Rittmon,

The American Psychiatric Association (APA) is the nation's medical specialty society that represents more than 38,000 psychiatric physicians and their patients. We are pleased to submit comments to SAMHSA's development of a harm reduction framework, which is a crucial step towards ensuring that People Who Use Drugs (PWUDs) have access to harm reduction services. While the framework itself provides equitable and evidence-based principles and pillars, **APA encourages SAMHSA to support harm reduction methods more directly through increased investment into harm reduction programs, sites, and services**. In the current era of high rates of fatal substance poisonings and other substance-related morbidity, it is critical to ensure that economic, legislative, and other barriers to these effective public health interventions are decreased so they can be as widely utilized as possible.

Harm reduction is a set of practical strategies, such as peer education, naloxone distribution, drug-checking services, public health monitoring and alert systems, syringe service programs, and safe consumption facilities. The implementation of harm reduction strategies reduces the spread of infection, decreases the potential for serious or fatal overdose, provides mechanisms for care of patients experiencing substance-related medical emergencies, increases opportunities to engage patients in treatment and care, and generally, these strategies are oriented toward any positive change, seeking to reduce negative effects of drug use and improve the conditions of PWUD.[1] However, despite a substantial evidence base for the effectiveness of harm reduction, the legality of, patient access to, and training opportunities for harm reduction approaches remain inconsistent and underutilized.

Starting on page 5 of the framework, SAMHSA lists the pillars of harm reduction including "is guided by PWUD and with lived experience, commits to deep community engagement and community building, promotes equity, rights, and reparative social justice, and offers lowest barrier access and non-coercive support". SAMHSA highlights that community partnerships with harm reduction organizations can positively shape beliefs and attitudes, reduce stigma, and ensure the wellbeing of the community at large. **APA encourages having work guided by PWUDs and those with lived experience of drug use, in collaboration with medical experts and decision**

[1] American Psychiatric Association, Resource Document on Safe Consumption Facilities, https://www.psychiatry.org/getattachment/5b48faba-bba7-4eb2-9812-04f8dc3efe3c/Resource-Document-2021-Safe-Consumption-Facilities.pdf

makers that initiate programs without judgment in a manner that is non-punitive, compassionate, humanistic, and empathetic. Furthermore, APA encourages SAMHSA to continue to clarify what effective partnerships can look like with PWUDs, the physician community, health systems, and government agencies.

On page 10 of the framework SAMHSA outlines *Core Practice Areas.* The practices listed in table 3, safer practices section, are supported by APA. **However, APA encourages SAMHSA to review the supporting evidence and add to table 3, safer practices section "safe injection sites/safe consumption facilities".** Safe injection sites are clinically proven to reduce co-morbidities and overdose rates in PWUDs. An NIH funded study on safe injection sites found a decrease in HIV cases, lower overdose rates, and a 67% decrease in ambulance calls for overdose related treatment because of safe injection site implementation.[2] In this framework, SAMHSA has already rightfully pointed to needle exchange programs and day centers as potential resources for harm reduction, therefore, the evidence-based research would support the addition of safe injection sites. SAMHSA can also consider how integrated safe consumption facilities can support access to a full continuum of care including behavioral and social services.

APA supports the policies listed in the safer access to healthcare section on page 11, table 3. Healthcare systems must ensure access to person-centered and non-stigmatizing healthcare, including medications and harm reduction and co-occurring strategies such as, mobile and take-home methadone services, mobile buprenorphine services including telehealth options for initiation and maintenance, and low-barrier opioid treatment services. APA encourages SAMHSA to prioritize models of care that ensure access, meeting the patient wherever they are. For example, mobile medications units should function with well-staffed teams of qualified health professionals that could function as a telehealth hub, if adequately resourced with mobile data technology.

On page 12 of the framework, SAMHSA commits to supporting harm reduction organizations that are by-and for their communities. **APA urges SAMHSA to develop clear action plans and evaluations around how to fund and maintain State, Local, Territorial, and Tribal (STLT) programs, to ensure further development of harm reduction programs**. While significant funding has been provided for opioid treatment and substance misuse recovery, currently, there are limited set aside funds specifically for harm reduction.

The evidence is clear, increased funding for harm reduction saves lives and money. A study on safe needle exchanges in Australia found that for every dollar invested in these programs, there was a return of more than four dollars in health care savings.[3] A similar study out of Indonesia found that expanding Opioid Agonist Therapy from 5% to 40% would avert around 2,400 HIV infections, which would translate to savings of $7,000 per case in US Dollars.[4] SAMHSA's $30 million investment towards it's Harm Reduction Grant program in 2021 was an excellent example of a commitment to increasing availability of harm

[2] Ng J, Sutherland C, Kolber MR. Does evidence support supervised injection sites? Can Fam Physician. 2017 Nov;63(11):866. PMID: 29138158; PMCID: PMC5685449.

[3] Kwon JA, Anderson J, Kerr CC, Thein HH, Zhang L, Iversen J, Dore GJ, Kaldor JM, Law MG, Maher L, Wilson DP. Estimating the cost-effectiveness of needle-syringe programs in Australia. AIDS. 2012 Nov 13;26(17):2201-10. doi: 10.1097/QAD.0b013e3283578b5d. PMID: 22914579

[4] Harm Reduction International. (2023, July 12). Making the investment case for harm reduction. Harm Reduction International. https://hri.global/publications/making-the-investment-case-cost-effectiveness-evidence-for-harm-reduction/

reduction services across the country.[5] Expansion of grant funding initiatives like this could help support training and technical assistance for community-based providers. As highlighted on page 13, table 3, resources must be available for maintaining a skilled, well-supported, and appropriately managed workforce and for sustaining community programs. **Loan forgiveness and other financial support must be made available to allow for training psychiatrist to lead harm reduction programs ensuring equitable access to the full range of harm reduction interventions for all patients.**

Thank you for the opportunity to respond to SAMHSA's commitment to increasing access to harm reduction resources, as outlined in this framework. If you have any questions or would like to discuss these comments in more detail, please contact Brooke Trainum, Director of Practice Policy at btrainum@psych.org.

Sincerely,

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CEO and Medical Director

[5] SAMHSA announces unprecedented $30 million harm reduction grant funding opportunity to help address the nation's substance use and overdose epidemic. SAMHSA. (2021, December 8). https://www.samhsa.gov/newsroom/press-announcements/202112081000