



Policy Recommendations

Applying a Public Health, Harm Reduction Approach to Drug Use in DC

To counter the impact of the War on Drugs and punitive drug-related “tough on crime” policies, many jurisdictions are legalizing Marijuana, establishing syringe exchange programs, and expanding access to naloxone. This brief non-exhaustive policy guide was created to shift laws and policies in the nation’s capital in order to apply a life-saving, harm reduction and public health approach to drug use in our community.

Expand Naloxone Access

Naloxone is an opioid antagonist that can successfully reverse opioid overdoses. The drug is available via prescription and some jurisdictions have issued standing orders, making it available at a pharmacy or community-based organization without first seeing a physician. DC Council introduced in February of 2016 a bill removing physician and pharmacist liability for disseminating naloxone via standing order and to third parties, a family member or anyone else who may witness an overdose.ⁱ However, this bill, in its current form, does not establish a naloxone distribution program, which would provide resources to community-based organization to train folks on proper naloxone injection and aftercare procedures and provide naloxone kits, similar to what is done with syringe exchange programs in the District. The Centers for Medicare & Medicaid Services (CMS) put forth best practices guidelines naming naloxone distribution programs as an effective means of expanding naloxone access.ⁱⁱ

Additionally, CMS suggests that states include naloxone on their Medicaid preferred drug lists. Once naloxone is added to the Medicaid formulary, folks with Medicaid can receive naloxone through a standing order directly from a pharmacy for an affordable cost. Currently in DC, there is only one known physician prescribing naloxone. The naloxone distributed is intramuscular naloxone, which is typically more cost-effective. Intramuscular naloxone is also user friendly, especially for communities familiar with needles and syringes. Including all three types of naloxone, intranasal, auto-injector, and intramuscular, in the DC naloxone standing order represents the most comprehensive access to the life-saving drug.

Decriminalize Small Quantity Drug Possession and Related Offenses

Throughout the country, we are beginning to treat substance use as a public health issue and apply a harm reduction philosophy. To reduce to harm associated with drug use, we should decriminalize drug possession for small quantities of illicit drugs. Marijuana legalization in the District has paved the way for decreasing criminal system expenditures for policing, arresting, and incarcerating folks for small quantities. We should move forward by doing the same with other illicit drugs. By doing so, we can foster greater health and safety, conserve law enforcement resources, and alleviate barriers to employment, housing, and other social services. In Portugal for example, they decriminalized low quantity drug possession in 2001 and over the course of 15 years have seen positive results, such as reduced rates of drug continuance, drug-induced deaths, and HIV infection among injection drug users.ⁱⁱⁱ

Ending the “One for One” Syringe Exchange Program Requirement

Currently, three needle exchange programs operate in the District of Columbia. The needle exchange program (DC NEX) was established in 2008. The purpose of the program is to disseminate unused needles to injection drug users in order to encourage safer injection practices and curb the transmission of HIV and other blood borne diseases. While the program has been very effective, the current policies require a one for one exchange^{iv}—meaning that DC NEX programs are permitted to provide new registrants with 10 unused needles and subsequent participants with as many unused needles as the amount of used needles returned.

The one for one exchange is not best practice. Rather, it doesn’t allow for DC NEX programs to meet the direct needs of our clients. The requirement also encourages clients to carry around large quantities of syringes instead of properly disposing of the needles at other safe locations. Additionally, there are difficulties with compliance when large quantities are exchanged—exchanges cannot always count every individual syringe being exchanged and current policy requires DC NEX programs to justify when they are exchanging more than the approved amount.

Decriminalize Drug Paraphernalia Possession and Deregulate Syringe Access

Participants in DC NEX programs are granted immunity against drug paraphernalia laws for carrying unused and used syringes. The Department of Health issues DC NEX program cards that are then disseminated to program recipients. These cards contain the needle exchange statute code and participant identification number. However, police often stop our clients and arrest them for carrying syringes, even when presented with the program cards. Currently, there aren't any published Metropolitan Police Department general orders about the DC NEX programs and proper protocol for identifying who is a registered. Additionally, items such as cookers and cotton and are considered drug paraphernalia, which is criminalized. HIPS provides these items to our clients and they should not be fearful of arrest because they are actively applying safer, harm reduction practices. Decriminalizing syringes and other drug paraphernalia will better protect folks against harassment, arrest, and imprisonment for keeping themselves safe. Additionally, deregulating syringe access will provide folks with the option of obtaining syringes from pharmacies without a prescription, which is particularly helpful for folks who do not feel comfortable obtaining no cost syringes from DC NEX programs.

Strengthen Good Samaritan Laws

The *Good Samaritan Overdose Prevention Amendment Act of 2012*^v limited criminal penalties for persons experiencing or intervening in an overdose if they summoned for medical help. However, this law does not go far enough. The law offers protections for the person who calls for help, yet doesn't explicitly offer protection when more than one person is around. The law also doesn't explicitly protect folks from using future search and arrest warrants that may use prior overdose call as probable cause. Additionally, the law is limited to a few offenses. By strengthening the law, we can remove a vast majority of impediments to seeking help.

Expand Drug Treatment and Maintenance Opportunities

The Addiction Prevention and Recovery Administration (APRA)^{vi} creates policies and certifies providers of drug prevention, treatment, and recovery services in DC. There is currently at least one methadone clinic in DC, which provides an opioid that moderates withdrawal symptoms. Drug maintenance and replacement therapies have been proven successful. To expand the services available in the District, DC should establish a Heroin-Assisted Treatment (HAT) program. These programs, which exist in several countries in Europe and Canada, provide legal access to drugs to folks experiencing problematic drug use. As a result, these programs have improved drug program retention, reduced the demand for illegal drugs, and improved health outcomes.^{vii}

Create Supervised Injection Facilities

Supervised injection facilities are spaces where folks can inject pre-obtained drugs under medical supervision.^{viii} These facilities operate with a legal exception to drug possession and drug paraphernalia laws. These facilities are designed to reduce the harm associated with injection drug use, such as HIV and Hepatitis C transmission and overdose. Supervised injection facilities operate in Canada and other cities throughout the world. There aren't any supervised injection facilities in the United States, however, organizations are currently advocating for pilot programs. Beginning conversations about the efficacy of supervised injection facilities and the process for implementation in the District of Columbia are great starting points in ensuring DC implements harm reduction methods that best serve the injection drug use community and the public at large.

Fund Community-Centered Harm Reduction Organizations and Programs

Harm reduction programs seek to secure the rights and safety of individuals engaging in drug use. These programs also empower folks to participate in programs and advocacy. Harm reduction programs reach these goals through education, services, and case management. However, organizations are underfunded. Funding such programs can combat barriers to accessing support due to actual or perceived stigma and discrimination.

ⁱ B21-0602, *Substance Abuse and Opioid Overdose Prevention Amendment Act*, available at <http://lims.dccouncil.us/Download/35270/B21-0602-Introduction.pdf>.

ⁱⁱ Department of Health and Human Services, *CMCS Informational Bulletin: Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction*, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-02-02-16.pdf>.

ⁱⁱⁱ Zeeshan Aleem, *14 Years After Decriminalizing All Drugs, Here's What Portugal Looks Like*, Mic (Feb. 11, 2015), available at <http://mic.com/articles/110344/14-years-after-portugal-decriminalized-all-drugs-here-s-what-s-happening#5aBBFrpd7>.

^{iv} Department of Health, *DC NEX: District of Columbia Needle Exchange Programs Policies and Procedures Manual*, at 11, available at http://doh.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/DC%20NEX%20Policy%20and%20Procedures_0.pdf.

^v B19-0754, *Good Samaritan Overdose Prevention Amendment Act of 2012*, available at <http://lims.dccouncil.us/Download/26510/B19-0754-SignedAct.pdf>.

^{vi} Department of Behavioral Health, *Addiction Prevention and Recovery Administration*, available at <http://dbh.dc.gov/page/apra>.

^{vii} Drug Policy Alliance, *Heroin Assisted Treatment*, available at <http://www.drugpolicy.org/resource/heroin-assisted-treatment-hat>.

^{viii} Drug Policy Alliance, *Supervised Injection Facilities*, available at <http://www.drugpolicy.org/supervised-injection-facilities/our-priorities>.