

## Advocacy Guide: Drug Overdose Reduction Act (H.R. 2855)

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Thank you for your interest in supporting the federal Drug Overdose Reduction Act. The commitment required to be an effective advocate can be as short as a one minute phone call or as long as organizing a coalition visit to an elected official. We're looking forward to assisting you in your advocacy efforts and making this process as simple for you as possible. Your Drug Overdose Reduction Act advocacy contact at the Drug Policy Alliance is overdose prevention specialist Meghan Ralston. We encourage you to contact her with any questions or requests for additional support or information. Contact Meghan at 213-382-6400, x.2, or [mralston@drugpolicy.org](mailto:mralston@drugpolicy.org).

The following tips will help you to be an effective advocate for Drug Overdose Reduction Act and help you raise awareness about preventing accidental fatal drug overdose.

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### In-District Group Visits

A face-to-face visit with an elected official or their staff (also called an 'in-district' visit) is the most influential form of advocacy. Group visits are particularly effective, especially when different organizations or constituencies are represented, such as an overdose prevention or treatment professional, a civic or community group representative and an affected individual. Most meetings typically last 15-45 minutes.

Relationships are key to effective advocacy and organizing, so we encourage you to view all interactions with congressional offices as opportunities for building relationships. Ideally, you want those offices to see you and your group as a credible, powerful, and helpful voice for your issue.

First, determine if your Representative is already cosponsoring the Drug Overdose Reduction Act. Go to <http://thomas.loc.gov>, select "Bill Number," type "HR2855" into the field and press Enter.

On the next webpage, click on the "Cosponsors" link. This page lists all current Drug Overdose Reduction Act cosponsors. A cosponsor's office can be thanked for their leadership on the issue and asked to do more, such as give a floor speech about Drug Overdose Reduction Act and the overdose crisis and urge congressional leadership to have a hearing on Drug Overdose Reduction Act. An office that has not yet cosponsored Drug Overdose Reduction Act can be urged to do so.

### Set-Up and Planning

#### 1. Assemble a Group

While it's certainly effective to arrange a visit for a single individual, we recommend putting together a delegation. Group visits are even more influential, and the experience will build relationships and lobbying skills among all participants. First, identify a rough timeframe for your visit and ask 3-5 people you know who are potentially interested in Drug Overdose Reduction Act moving forward. A small group is ideal.

#### 2. Schedule a Visit

Many offices require a written meeting request. Feel free to use the meeting request template below. Identify yourself as a constituent, provide any affiliations you have with organizations or agencies relevant to overdose prevention or public health, and request a meeting with the Representative to discuss Drug Overdose Reduction Act. Setting up a visit sometimes requires a few follow-up calls.

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## In District Group Visits: Set-Up and Planning (Cont'd)

### *Appointment Request Template*

[Your Name]  
[Your Address]

[Date]

The Honorable [full name of your representative]  
U.S. House of Representatives  
Washington, DC 20515

Dear Representative [last name]:

I am a constituent (and/or affiliated with organization or agency X) in [your city]. I'd like to [or if you are requesting on behalf of a group, list out the participants] meet with you to discuss the national crisis of drug overdose deaths and H.R. 2855, the Drug Overdose Reduction Act. I am hoping that you might be available sometime in the [specify time and date range].

I can be reached by phone at \_\_\_\_\_ or email at \_\_\_\_\_.

Thank you for considering our request to meet with you.

Sincerely,  
[Your Name]

### 3. Prepare for the Visit

Identify your best points for why the Representative should support Drug Overdose Reduction Act and assign each member of your group responsibility for covering one or more points. Please see the provided one-pager of Drug Overdose Reduction Act talking points as well as DPA's overdose report (available at [www.drugpolicy.org](http://www.drugpolicy.org)). Bringing a packet of supporting materials can really strengthen the quality and impact of your visit. If you would like to bring materials, DPA has created a packet for you to download from our website.

Compelling personal stories will stick with people longer than facts— individuals who have experienced an overdose, or who are willing to speak about a loved one's experience, will add considerable impact.

### 4. Conducting the Visit

Business-casual dress is encouraged but is not required. On group visits, it may help to gather together outside of the office beforehand to review what will be discussed and the order in which people will speak. Typically, one person takes the lead by introducing the group and the reason for the visit.

After each person has made their points, conclude your meeting with your request for action, such as, "Based on our discussion today, will you cosponsor the Drug Overdose Reduction Act?" It is very important to end the meeting with a specific request for action! A legislator or staffer may disagree or say no. That's OK. Ask them what their specific objections are, let them know that you'll provide additional information to address their concerns shortly, and then contact Meghan Ralston for further assistance. If the Representative or staffer asks you for information that you do not have, say that you do not have it but will get it in a few days.

### 5. After the Visit

Please report how the visit went to DPA. Call or email Meghan Ralston at 213-382-6400, x2, or [mrалston@drugpolicy.org](mailto:mrалston@drugpolicy.org)

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## Letters

Writing letters in your own words is an efficient and effective way to influence Representatives. Since congressional offices receive only a handful of letters on most issues, each carries real power. Please keep in mind that due to heightened security concerns, many letters do not reach congressional offices for 3-5 weeks. If you're writing about a time sensitive issue, fax your letter instead.

Think about your letter as having three paragraphs, or parts. The opening part should clearly state your position and why you hold it. Urge the Representative to take specific action (e.g. cosponsor Drug Overdose Reduction Act and urge congressional action on overdose). The second part should give more information on Drug Overdose Reduction Act and evidence supporting your position. You may wish to summarize any personal experience with overdose or prevention methods here. The third part should provide final encouragement.

One page letters are ideal. Please be sure to specify you are writing about the Drug Overdose Reduction Act and include the bill number, H.R. 2855.

## Telephone Calls

Talking with your Representative or their staff definitely has an impact. The U.S. House of Representatives Switchboard is (202) 224-3121. Ask for your Representative's office by name (ex: "I'm calling for Henry Waxman's office, please.") If you don't know the name of your Representative, the switchboard operator will take your address to look up your Representative. When you've reached their office, ask to speak to the person who works on drug overdose, or simply ask that the Representative cosponsor H.R. 2855, the Drug Overdose Reduction Act.

## Social Networking/Internet

The emergence of Facebook as an organizing tool makes finding people who share your interest in overdose prevention easier. If you have a Facebook account, you can join the [Purple Ribbons for Overdose Prevention Cause](#), which is the online hub for a national campaign by the Drug Policy Alliance to bring attention to the growing and underreported crisis of preventable drug overdose. You can invite your friends to join, help to fundraise for the Cause and direct your friends to take action.

Sending emails to your friends about Drug Overdose Reduction Act and with a link to DPA's online action page (<http://www.drugpolicy.org/overdose>) is another way you can use the Internet to support the Drug Overdose Reduction Act and overdose prevention awareness.

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The Drug Policy Alliance is the nation's leading organization working to end the war on drugs. We envision a just society in which the use and regulation of drugs are grounded in science, compassion, health, and human rights. Our mission is to advance those policies and attitudes that best reduce the harms of both drug misuse and drug prohibition and to promote the sovereignty of individuals over their minds and bodies.

## Talking Points: Drug Overdose Reduction Act

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- **The Drug Overdose Reduction Act will save lives.** U.S. House Representative Donna F. Edwards (D-MD) introduced legislation (H.R. 2855) that would direct federal agencies responsible for public health and reducing drug-related harms to take action to reduce overdose deaths. The Drug Overdose Reduction Act will:
  - ✓ Support new and existing overdose prevention programs in communities across the country through the creation of a new grants program, making federal dollars available for overdose recognition and response trainings, the distribution of naloxone and other overdose prevention activities.
  - ✓ Improve the government's ability to monitor and report trends in overdose deaths, enabling public health officials and professionals to warn the public about emerging overdose threats.
  - ✓ Direct the Centers for Disease Control and Prevention to create a national strategy for reducing overdose deaths and direct the National Institute on Drug Abuse to conduct research on new and existing overdose prevention methods.
- **Overdoses nationwide more than doubled between 2000 and 2006.** More people died in the U.S. from overdose in 2006 (the latest year data is available) than from HIV/AIDS or homicide. Significant federal funding is directed toward preventing HIV/AIDS and homicide, but virtually no federal dollars are designated for overdose prevention.
- **Overdose deaths are almost as common as car crash fatalities.** Overdose is second only to motor-vehicle accidents as a leading cause of death in the U.S. And in sixteen states, overdose leads car crashes. Considering how often the media reports on a fatality in a traffic accident, it is alarming that overdose is occurring at similarly high rates.
- **Middle-aged Americans are the hardest hit by the overdose crisis.** More people aged 45 to 54 died of drug overdoses than in motor-vehicle accidents. Additionally, drug overdose is the number two killer among young adults ages 15-34.
- **Overdose affects everyone.** People from all walks of life are erroneously taking too much of a drug or combining one drug with alcohol and other drugs which increases the risk of overdose. Chronic pain patients, people suffering from temporary pain and individuals dealing with addiction to prescription medicine are dying from overdose.
- **Government overdose data needs improvement.** Standards for investigating overdose deaths, recording details about the death, and determining the underlying cause of death vary from county to county and state to state. Drugs listed on death certificates for overdoses are coded by state scientists into broad categories, such as 'sedatives'. As a result, it is difficult to identify specific drugs involved in overdoses and important details such as place of death, age and gender.
- **Lives are saved when people are trained to respond to an overdose.** One of the primary means of preventing overdose deaths is training people at-risk of an overdose and people who reside with, interact with or care for at-risk people such as family members, health care providers, spouses, law enforcement officers and correctional officers on what to do when they encounter someone who is overdosing.
- **Rescue methods buy time and save lives.** Individuals trained on how to respond to an overdose learn how to administer rescue breathing, place a victim in the recovery position and administer naloxone (a.k.a. Narcan - the prescription antidote that reverses overdoses from all opiate-based drugs including Vicodin (hydrocodone), Oxycontin (oxycodone), methadone and heroin).
- **There is currently no federal plan to reduce overdose deaths.** Federal officials have largely ignored this crisis despite the fact that many deaths are preventable.