December 13, 2006

Mike Leavitt
Secretary of Health and Human Services
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Leavitt,

The current outbreak of fatal overdoses due to heroin contaminated with clandestinely manufactured fentanyl has killed over 750 people in at least 8 states, including nearly 200 in Chicago, 150 in Detroit and nearly 100 in Philadelphia. Most of these deaths occurred since April. There is every reason to believe that the number of deaths is vastly under-reported, as many jurisdictions near these epicenters may lack resources, coordination, or expertise to monitor overdose trends and conduct toxicology tests to identify fentanyl in opioid overdoses.

This wave of overdose deaths poses an acute public health emergency and immediate threat to the lives of opiate users, while highlighting persistent weaknesses in health officials’ response to the major, on-going problem of heroin overdose. Opiate overdoses must be recognized as an epidemic whose proportions have been increasing over the past decade. For example, overdoses kill more New York City residents than do suicide or homicide, and overdose is a leading cause of death in several cities across the country, including San Francisco and Portland, Oregon. The Federal Government must seize this opportunity to craft and coordinate more intensive and effective responses to both the underlying problem of heroin and other opioid overdose and the urgencies of this devastating outbreak of fentanyl-related overdoses.

Efforts to respond to the high rates of heroin and other opioid overdose deaths have been hampered by a significant lack of epidemiological data. In many jurisdictions, opioid overdoses are not reportable, and no federal agency is responsible for tracking and documenting the incidence of fatal and non-fatal overdoses. Better surveillance would provide a vital tool to detect emerging trends and sudden increases while guiding long-term prevention efforts.

Similarly, virtually no information is available regarding the presence of fentanyl in heroin sold in different cities and states. Throughout the country, law enforcement officials, in particular the Drug Enforcement Agency, has access to street drugs collected in the course of their work. However, to our knowledge the specific information found regarding the purity of heroin and nature of contaminants (such as fentanyl) is not routinely shared with public health officials to guide overdose prevention efforts.
Several jurisdictions in the United States have developed overdose prevention programs that include education, instruction in mouth-to-mouth resuscitation and the provision of naloxone for use by lay persons. There is clear evidence that these programs are feasible and safe and evidence that these programs are associated with significant decreases in overdose deaths is growing rapidly. Some states have passed laws to allay questions of legality and liability associated with the prescribing of naloxone.

We call upon the Federal government to develop and implement a coordinated response to the fentanyl-related overdose epidemic and lay the groundwork for long-term efforts and strategies to reduce overdose deaths. Specifically:

1. We call upon the Centers for Disease Control and Prevention to design and pilot epidemiological systems and standards that will yield a more accurate picture of fatal and nonfatal opioid overdoses in the United States and are capable of early detection of emerging trends and threats. The appropriate tests for fentanyl need to be used routinely and results need to be available rapidly.

2. We call upon the National Institute of Drug Abuse to make emergency funds available as supplemental awards to existing research projects that can answer urgent questions:
   - What are the circumstances of fentanyl-related overdose deaths? Are the risk factors similar to typical heroin overdoses or are there other factors that may be helpful in prevention?
   - Are current recommendations for the dosing of the opioid overdose antidote, naloxone, sufficient for fentanyl-related overdoses, or should they be altered?
   - How are drug users responding to the presence of fentanyl and what prevention messages are helpful?

3. We call upon the Substance Abuse and Mental Health Services Administration to disseminate rapidly information about existing overdose prevention programs as models, to fund training and technical assistance on implementing overdose prevention programs, and to develop a Treatment Improvement Protocol on overdose prevention.

4. We call upon the Drug Enforcement Administration to share information with the CDC and work together to notify the public of dangerous levels of purity and presence of fentanyl and other hazardous contaminants in local drug supplies before they result in increased overdose fatalities.

5. We call upon the Department of Health and Human Services to work with these agencies as well as with the Food and Drug Administration and the Drug Enforcement Administration to prepare a national description of the fentanyl-related overdose epidemics for Congress. This report should:
   - Identify all parts of the United States that have been involved, including a state-by-state review of fentanyl-related overdoses and deaths
   - Describe the patterns of other drugs involved in fentanyl overdoses
   - Include laboratory tests of drug samples recovered by law enforcement
   - Describe prevention measures that have been used for this fentanyl-related epidemic
Recommend surveillance systems that will assure early detection of future epidemics of overdoses and overdose deaths associated with new drugs or changes in illicit drug use so that preventive measures can be implemented early to save lives.

This report should also address the ongoing epidemic of non-fentanyl related opioid overdoses:

Describe the coordination of public health, law enforcement, substance abuse treatment, and drug enforcement agencies in understanding and responding to this epidemic.

Recommendations for prevention measures including:
  o improving drug user response to overdose including the use of naloxone (a highly effective antidote to opioid overdose) by users and their loved ones
  o improving police and emergency medical services responses to overdoses
  o substance abuse treatment availability

In closing, we urge that Federal agencies, working in consultation and collaboration with state and local government along with community groups and health and service providers, respond quickly and decisively to end the current overdose epidemic and craft a long-term strategy to reduce overdose mortality.

Sincerely,

Harm Reduction Coalition
22 West 27th St.
New York, NY 10001

Access Works! Harm Reduction Services, Minneapolis, MN
Addictions Solutions, New York, NY
AIDS Center of Queens County, Inc., Rego Park, New York
AIDS Community Research Initiative of America (ACRIA), New York, NY
AIDS Foundation of Chicago, Chicago, IL
AIDS Institute, Washington, DC
AIDS Project of East Bay, Oakland, CA
AIDS/HIV Health Alternatives, North Hollywood, California
AIDS Resource Center Of Wisconsin, Green Bay, WI
American Health Services, Van Nuys, California
American Medical Student Association, Reston, VA
Asian & Pacific Islander Wellness Center, San Francisco, CA
Beth Israel Medical Center Methadone Maintenance Treatment Program, New York, NY
Better World Advertising, New York, NY
Bexar Area Harm Reduction Coalition, San Antonio, TX
Black Coalition on AIDS, San Francisco, CA
Brower Residents Committee, New York, NY
Calabasas Treatment Center, Reseda, California
Center for Addictive Problems, Chicago, IL
Center for AIDS Outreach and Prevention, New York, New York
Center for Health and Gender Equity (CHANGE), Tacoma Park, Maryland
Central City Hospitality House, San Francisco CA
Central City SRO Collaborative, San Francisco, CA
Central City Concern-Community Engagement Project, Portland, OR
Chemical Dependency Institute, Beth Israel Medical Center
Chicago Recovery Alliance, Chicago IL
Chrysalis/Whitebird Clinic, Eugene OR
CitiWide Harm Reduction, Bronx, NY
Clinica Msr Oscar Romero, Los Angeles, CA
Coalition on Homelessness, San Francisco, CA
Commission for the Study of Crime and Addictions, San Juan, Puerto Rico
Community Health Action of Staten Island, Staten Island, NY
Community HIV/AIDS Mobilization Project (CHAMP), New York, NY, Providence, RI
Clean Needles Now, Los Angeles, CA
Connecticut Harm Reduction Coalition, New Haven CT
Dance Safe, New York NY
Drug Policy Alliance, New York, NY
Drug Policy Forum of Hawaii, Honolulu, HI
East Harlem HIV CARE Network, New York, NY
El Dorado Mental Health, Van Nuys, California
Exponents, New York, NY
F.O.U.N.D., Los Angeles, California
Foundation for Integrative AIDS Research (FIAR), Brooklyn, NY
Foundations Medical Center The Family Doctors, Pittsburgh, PA
Gay Men’s Health Crisis, New York, NY
Generations Project, Tri-City Health Center, Fremont CA
Greenwich House, New York, NY
Harm Reduction Program, Public Health Division/Infectious Disease Bureau, New Mexico Department of Health, Santa Fe, New Mexico
Harm Reduction Project, Salt Lake City, UT
Harm Reduction Services, Sacramento, CA
Harm Reduction Therapy Center, San Francisco, CA
Hepatitis C Action & Advocacy Coalition (HAAC), New York/San Francisco
Hepatitis C Association, Scotch Plains, NJ
Hepatitis Education Project, Seattle, WA
Hepatitis Education Project, Seattle, WA
HIV Center for Comprehensive Care, St.Luke's Roosevelt Hospital, NY, NY
HIV Education and Prevention Project of Alameda County/ Casa Segura, Oakland, CA
HIV Resource Center, Roseburg, OR
Homeless Health Care, Los Angeles, CA
Housing Works, New York, NY
Interfaith Drug Policy Initiative, Washington, D.C.
International Center for the Advancement of Addiction Treatment, New York, NY
King County Bar Association Drug Policy Project, Seattle, WA
Life Guard, Rock Island IL
Lower East Side Harm Reduction Center, New York, NY
Marin Services for Women, Greenbrae, CA 94904
Maryland Chapter National Association of Methadone Advocates, Baltimore, MD
Medical Marijuana Policy Advocacy Project, Chicago IL
Medius Institute for Gay Men's Health, New York, NY
Mendocino Co. AIDS Network, Ukiah CA
Midwest Harm Reduction Institute, Chicago IL
Mission Neighborhood Resource Center, San Francisco, CA
Mount Sinai Hospital Narcotics Rehabilitation Center, New York, NY
National Association of Methadone Advocates, New York, NY
National Lawyers Guild, Drug Policy Committee, New York, NY
New England Chapter, National Association of Methadone Advocates, Webster, MA
National Minority AIDS Council, Washington, DC
Needle Exchange Program of Asheville, North Carolina
NYC AIDS Housing Network, Brooklyn, NY
New York Diagnostic Center, New York, NY
New York Harm Reduction Educators, Bronx NY
New York State Psychological Association Addictions Division, New York, NY
North Carolina Harm Reduction Coalition Inc, Jamestown, NC
November Coalition Foundation, Colville, WA
Nuestras Familias Latino Family Institute, West Covina, CA
Open Door Community Health Centers, Arcata CA
Opiate Dependence Resource Center, Brattleboro, VT
Opportunity Health Partners, Palo Alto, CA
Pan Pacific Consulting, North Hollywood, California
Power Inside, Baltimore, MD
Prostitutes of New York (PONY), New York, NY
Project Safe, Philadelphia PA
Prevention Point Philadelphia, Philadelphia PA
Public Health - Seattle & King County, WA
Recovery Options, Los Angeles, California
Ruth M. Rothstein CORE Center, Chicago, IL 60612
Safe Horizon Streetwork Lower East Side, New York, NY
Safe Recovery, Howard Center for Human Services, Burlington VT
Safer Alternatives thru Networking & Education (SANE), Sacramento CA
St. Ann's Corner of Harm Reduction, New York, NY
San Antonio AIDS Foundation, San Antonio, TX
San Francisco Behavioral Health Center, San Francisco General Hospital, San Francisco, CA
San Francisco Department of Public Health, San Francisco, CA
Springfield Users' Council, Springfield, MA
Somerville Cares About AIDS, Somerville MA
Somerville Department of Health, Somerville MA
Status C Unknown, Inc., HCV Advocacy, Suffolk County, New York
STOP AIDS Project, San Francisco, CA
Street Health Works, San Francisco CA
Tenderloin Health, San Francisco, CA
Test Positive Aware Network, Chicago, IL
The International Community of Women Living with HIV and AIDS (ICW), Washington DC
The Perinatal Council, Oakland, CA
The Woodhull Freedom Foundation, Washington, DC
Treatment Action Group, New York NY 10012
Test Positive Aware Network, Chicago IL
Turning Point, Brooklyn, NY
UCSF San Francisco General Hospital Internal Medicine Primary Care Residents, San Francisco, CA
Unitarian Universalist Association of Congregations, Washington DC
Utah AIDS Foundation, Salt Lake City UT
Vera Institute of Justice, New York, NY
VOCAL NY Drug Users
Washington Heights CORNER Project, New York, NY
Western Pacific MedCorp, Glendale, California
Western Psychiatric Institute and Clinic, Addiction Medicine Services, Pittsburgh, PA
WORLD (Women Organized to Respond to Life-threatening Diseases), Oakland, CA