

May 29, 2020

Office of Mayor Muriel Bowser

John A. Wilson Building
1350 Pennsylvania Ave. NW
Washington, DC 20004

Chairman Phil Mendelson

The Committee of the Whole
The Council of the District of Columbia
1350 Pennsylvania Ave. NW
Washington, DC 20004

Chairman Charles Allen

The Committee on the Judiciary and Public Safety
The Council of the District of Columbia
1350 Pennsylvania Ave. NW
Washington, DC 20004

CC: Councilmember Kenyan R. McDuffie, Councilmember Anita Bonds, Councilmember David Grosso, Councilmember Elissa Silverman, Councilmember Robert C. White, Jr., Councilmember Brianne Nadeau, Councilmember Mary M. Cheh, Councilmember Brandon T. Todd, Councilmember Vincent C. Gray, Councilmember Trayon White, Sr., Deputy Mayor Wayne Turnage

RE: COVID-19 AND THE HEALTH AND SAFETY OF PEOPLE WHO USE DRUGS (PWUD) IN THE DISTRICT OF COLUMBIA

Dear Mayor Bowser, Chairman Mendelson, Chairman Allen and other Councilmembers,

HIPS and the Drug Policy Alliance urge the Mayor and the City Council of the District of Columbia to immediately lift the criminalization of public health equipment – safer snorting and smoking kits – currently classified as ‘drug paraphernalia’, to prevent the spread of COVID-19, promote the health and safety of people who use drugs (PWUD) and protect public health. We also urge the District to lift the 1-to-1 exchange cap on syringe exchange, a best practice recommended by NASTAD and implemented elsewhere to help limit in-person contact and reduce transmission of COVID-19.

The Need for Increased Access for Harm Reduction Tools

In the midst of this global pandemic, medication-assisted treatment (MAT) restrictions have been significantly loosened nationally to assure people in treatment continue to have access to medications and services. Already vulnerable, people who use drugs are at a significantly increased risk of contracting COVID-19 when access to harm reduction tools and programs is reduced. Similar measures should be taken to assure access to harm reduction tools for people in active use who, through the sharing of smoking and snorting devices may come in contact with saliva and respiratory droplets of others, which current scientific understanding of COVID-19 transmission indicates is likely to spread the disease.

The distribution of safer smoking and snorting supplies is good public health practice. Providing safer smoking and snorting equipment has long been a recognized harm reduction practice for its myriad public health benefits, including the prevention of disease transmission such as HIV and viral hepatitis, and the promotion of an alternative route of administration than injection. Safer smoking and/or snorting kits are currently already distributed by many harm reduction programs, including SPARC in Baltimore, Chicago Recovery Alliance (CRA), the People’s Harm Reduction Alliance (PHRA) in Seattle, GLIDE in San Francisco, the San Francisco AIDS Foundation (SFAF), the Lower East Side Harm Reduction Center and

Washington Heights CORNER Project (both in New York), and the New York Harm Reduction Educators (NYHRE).

Proposed Changes

Harm reduction tools including smoking and snorting kits should be explicitly excluded from the category “drug paraphernalia” under D.C. law, and access to these items should be decriminalized as well to permit the distribution of safer snorting and smoking kits by community health organizations – like HIPS. We respectfully request that the definition of “drug paraphernalia” contained in DC ST § 48-1101(3) include the following paragraph:

“Drug paraphernalia does not include supplies provided for the purpose of reducing the transmission of contagious diseases; these supplies include but are not limited to smoking kits and snorting kits the purpose of which is to prevent shared use of such items.”

We also request that DC ST § 48-1101(3)(D) be deleted from the statute to effectuate the purpose of the Opioid Overdose Treatment and Prevention Omnibus Act of 2018, which affirmed the intent of the Council to maintain a safe supply and prevent overdoses.

Finally, we request a change to the District of Columbia Needle Exchange Programs Policies and Procedures Manual in light of COVID-19. The manual currently stipulates that needle exchanges conducted after a client’s initial encounter with syringe service providers (SSPs) operate on a 1-to-1 exchange basis. However, the World Health Organization (WHO)’s guidelines and research on SSPs suggest that this policy reduces client enrollment, encourages re-use of syringes, and increases the risk of viral transmission.¹ Ample additional research supports these findings, including a 2015 study conducted in Baltimore examining their needle exchange program practices.²

A 1-to-1 exchange is restrictive to syringe service programs under normal circumstances; during a public health crisis where access to services has been drastically limited, it is a policy with disastrous potential for people in active use. We request the Council follow the suggested policy of the American Medical Association³ and the National Association of State and Territorial AIDS Directors (NASTAD)⁴ which has already been implemented in Maine⁵ and lift the restriction to 1-to-1 syringe exchange.

We believe these three changes in D.C. law and policy will reduce COVID-19 transmission risk and infections for the good of all D.C. residents.

**Sincerely,
HIPS and Drug Policy Alliance**



¹ World Health Organization (2007). Guide to starting and managing needle and syringe programmes.

² Sherman, S. G., Patel, S. A., Ramachandran, D. V., Galai, N., Chaulk, P., Serio-Chapman, C., & Gindi, R. M. (2015). Consequences of a restrictive syringe exchange policy on utilisation patterns of a syringe exchange program in Baltimore, Maryland: Implications for HIV risk. *Drug and alcohol review*, 34(6), 637–644. <https://doi.org/10.1111/dar.12276>.

³ American Medical Association (April 10, 2020). AMA urges states to adopt new Maine needle, syringe exchange policy. Retrieved at <https://www.ama-assn.org/press-center/press-releases/ama-urges-states-adopt-new-maine-needle-syringe-exchange-policy>.

⁴ NASTAD (April 2020). COVID 19 Suggested Health Department Actions to Support Syringe Service Programs (SSPs). Retrieved at https://www.nastad.org/sites/default/files/resources/docs/covid-19_hd_recommendations_for_ssp_support_final_04.06.20.pdf.

⁵ Janet T. Mills, Governor of Maine, Executive Order 27, FY 19/20 (March 30, 2020). Retrieved at <https://www.maine.gov/governor/mills/sites/maine.gov.governor.mills/files/inline-files/EO%2027.pdf>.