The Unite to Face Addiction Rally: Moving Towards Science, Over Stigma

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On Sunday, October 4 I attended the Unite to Face Addiction rally on the National Mall. The rally was held to encourage people recovering from substance use disorders to join in solidarity to end stigma surrounding drug use. There were organizations with information tables at the event to provide resources to people in recovery and their families while musical entertainers, who are in recovery themselves, played songs written about addiction. The weather and vibe led to people calling the event "Sober Woodstock."

Two highlights from the event came from the US Surgeon General Vivek Murthy and Kaleo Pharmaceuticals. At the rally, Surgeon General Murthy announced that his office will be releasing its first ever report on substance abuse and health. With the release, he hopes that this will create a national landscape in which prevention, treatment and long term care are a public health priority. Another highlight came during the mass Evzio training by Kaleo representatives. This product, referred to by some people who use drugs as "talking Narcan," does not require assembly and walks a person through administering Naloxone, making delivery of this life-saving drug more accessible for more people. Kaleo's demonstration was powerful, and revealed a bridge between harm reduction and traditional treatment and recovery models.

The Unite to Face Addiction rally was spurred by two proposed federal bills that aim to expand access to overdose prevention and treatment. The Opioid Abuse Prevention and Treatment Act addresses proper prescribing and prescription take back programs. Additionally, it aims to expand access to Naloxone by removing prescription requirements, allowing it to be available more widely over-the-counter. To that end, NASTAD asserts that every person should be able to have the tools needed to save lives. Likewise, the Expanding Opportunities for Recovery Act proposes providing grants to in-patient treatment facilities so that uninsured or under-insured people who use drugs will have access to all forms of substance use treatment. As a critical component of a comprehensive drug user health strategy, NASTAD supports increased access to substance use treatment, thereby leading to a reduction in possible exposures to HIV and viral hepatitis.

At the rally, I heard the phrase "science over stigma" which is consistent with NASTAD's vision of drug user health. My role at NASTAD as the Beth Weinstein Drug User Health Fellow, is to advance

many of the issues that were raised at Unite to Face Addiction. In my introduction, I wrote about the work I have done on-the-ground with people who use drugs. I am lucky to have lived in, Colorado, a state with an advanced drug user health infrastructure. This infrastructure included laws that allows for syringe access, mobile syringe access, and participant exemption cards that provide people who inject drugs (PWID) limited immunity from arrest for syringe possession. Furthermore, Naloxone legislation permitted users and people who love users to administer Naloxone without penalty, protected prescribers from civil and criminal liability, and allowed for overdose prevention programs and pharmacists to distribute Naloxone under a doctor's license. In Colorado, PWID had several syringe disposal options including kiosks and biohazard containers in business bathrooms.

Over the coming year, the Drug User Health team at NASTAD will be continuing to gather information about drug user health needs and initiatives, like those that I mentioned from Colorado, and examining what role health departments can play in addressing the needs of this population. We are particularly interested in identifying what components of health department infrastructure are critical to begin programs that work to address overdose and the spread of viral hepatitis and HIV. As such, we will be considering many of the topics featured at the Unite to Face Addiction rally including access to Naloxone, access to substance use treatment, laws and policies that

allow for proper syringe disposal, and options for long-term recovery support.

I look forward to supporting jurisdictions that are working to strengthen their response to the health needs of communities of people who use drugs. Furthermore, I am excited to learn about ways in which health departments and community and advocacy partners are working to comprehensively meet the prevention, care, and treatment needs of people who use drugs.

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