

May 8, 2019



The Honorable Elizabeth Warren  
309 Hart Senate Office Building  
Washington, DC 20510

The Honorable Elijah Cummings  
2163 Rayburn House Office Building  
Washington, DC 20515

Dear Senator Warren and Representative Cummings:

On behalf of the Drug Policy Alliance, I am writing to thank you for your leadership for introducing the Comprehensive Addiction Resources Emergency (CARE) Act in the 116<sup>th</sup> Congress. This legislation is urgently needed now to scale up the federal response to the overdose crisis and provide communities with the resources necessary to adequately address this public health emergency.

In 2017, more than 70,000 people died from drug overdoses across the country, the highest death toll from drug overdoses ever recorded in the United States.<sup>1</sup> As drug overdose rates have climbed communities have struggled to effectively respond to this crisis. Crumbling treatment and public health infrastructures, lack of coordination among stakeholders responding to this crisis and insufficient support from the federal government have severely limited the ability of local officials to act. The CARE Act would fundamentally change this dynamic by providing robust federal funding directly to communities that can help resolve these systemic challenges.

The CARE Act commits \$100 billion over ten years to help communities scale up evidence-based responses to the overdose crisis, including effective treatment, harm reduction and early intervention and support services crucial to ending the overdose crisis. The introduction of the CARE Act comes at a critical time when communities across the country are racing to keep up with the emergence of fentanyl and other rapidly changing conditions on the ground.

The last time that our country faced a public health emergency that came close to approaching the scale of today's overdose crisis was the HIV/AIDS crisis, which at its peak in the mid-1990s claimed the lives of at least 50,000 people annually.<sup>2</sup> Congress responded to this public health crisis by passing the Ryan White CARE Act in 1990, which immediately implemented the largest federal program focused exclusively on HIV care, treatment and support services.<sup>3</sup>

To date, Congress has appropriated roughly \$61 billion in Ryan White CARE Act funds to address the HIV/AIDS crisis which is widely credited in driving down the HIV/AIDS mortality rate in the U.S.<sup>4</sup> The CARE Act is modeled on this Ryan White approach, targeting federal discretionary resources to states, localities and tribal nations most affected by the crisis.

The CARE Act would similarly boost local efforts to prevent, treat and reduce harms associated with the overdose crisis and enable local health officials and other stakeholders to make determinations about priorities and resource allocation. We applaud the inclusion of people directly impacted by drug use and punitive drug policies in local decision making, knowing how critical these voices are to the goal of ensuring that funds are targeted where they are most needed.

For decades, punitive approaches to drugs have failed to reduce substance use and overdose. Congress has poured billions of dollars into incarcerating and policing drug offenders at the expense of our nation's treatment and health systems. The CARE Act would help shift federal resource priorities where they belong, supporting health-centered and evidence-based approaches to substance use disorder and the overdose crisis. It is also critically important to the mission of saving lives that this legislation provides sustained support to harm reduction services, including \$500 million per year to expand access to naloxone in community settings.

The Drug Policy Alliance looks forward to working with you and your colleagues to advance the CARE Act and participating in efforts to impart on Congress why this legislation should be a top priority for the remainder of this session.

Sincerely,

A handwritten signature in black ink, appearing to read "Grant Smith". The signature is fluid and cursive, with the first name "Grant" being more prominent than the last name "Smith".

Grant Smith  
Deputy Director, National Affairs  
Drug Policy Alliance

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<sup>1</sup> Hedegaard H, Miniño AM, Warner M. Drug overdose deaths in the United States, 1999–2017. NCHS Data Brief, no 329. Hyattsville, MD: National Center for Health Statistics. 2018.

<sup>2</sup> Osmond DH, Epidemiology of HIV/AIDS in the United States, HIV InSite Knowledge Base Chapter, University of California San Francisco

<sup>3</sup> Health Resources and Services Administration, Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017. <http://hab.hrsa.gov/data/data-reports>. Published December 2018.

<sup>4</sup> Drug Policy Alliance estimate of total Ryan White CARE Act funding appropriated FY91 through FY19, in today's dollars using these sources: Health Resources and Services Administration, Ryan White & Global HIV/AIDS Programs, Ryan White HIV/AIDS Program Appropriations History FY91-FY10. <https://hab.hrsa.gov/livinghistory/legislation/funding.htm>; Health Resources and Services Administration, Ryan White & Global HIV/AIDS Programs, Ryan White HIV/AIDS Program Appropriations History FY11-FY19. <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-funding>