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& Recovery

June 30, 2026

Secretary Robert F. Kennedy
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

RE: Great American Recovery (91 FR 35221) - Opposition to Ending Support for Harm Reduction in Addressing the Chronic Disease of Addiction

Dear Secretary Kennedy,

I am writing in response to the Request for Information issued by the Department of Health and Human Services (91 FR 35221). I submit this comment in strong support of harm reduction programs and policies, which are effective evidence-based tools that improve health outcomes for individuals with behavioral health conditions, including substance use disorder, mental health conditions, and co-occurring mental health and substance use needs.

Omitting and rejecting the benefits of harm reduction services and supports, as contemplated in Executive Orders #14379 and #14321, undermines our capacity to identify gaps in current research, programs, and policies and prevents us from implementing evidence-based programs and policy ideas that support prevention, recovery, and treatment for individuals with substance use disorders and mental health conditions. Harm reduction programs and services support people in reducing the negative effects of substance use, and can be the entry point for many seeking treatment. Evidence-based approaches to treating behavioral health conditions recognize that substance use disorder is a chronic condition, and recovery is a process that often includes recurrences of use, in addition to periods of abstinence or decreased use. Harm reduction programs provide support and services for people who use substances by supporting them in achieving the goals they set for themselves, regardless of what their substance use looks like.

The term "harm reduction" refers to the public health framework that seeks to reduce the harms, risks, and negative consequences associated with certain behaviors, including, but not limited to,

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substance use. It emphasizes the importance of engaging people with the goal of improving their health, social, and economic outcomes through behavior change while recognizing that complete and sudden abstinence is often dangerous and can be extremely difficult to achieve, and that behavior change is complex. It celebrates the value of incremental change as an important part of this process, and that the reduction of harm is an important component of this effort. Harm reduction is not a monolith, but a way to approach the reality that people make choices that carry risks, and the goal of public health is to support their capacity to engage with health behaviors and seek help when they are ready.

Harm reduction saves lives, whether it be through providing access to life-saving opioid overdose reversal medications like naloxone, connecting individuals to voluntary substance use treatment, providing stable housing, offering drug-checking services, providing Hepatitis A and B vaccination, or providing education and supplies that help prevent wounds and the spread of infectious diseases and promote safer use techniques. The Centers for Disease Control and Prevention Provisional Drug Overdose Death Counts reveal that overdose deaths dropped nationwide by 34.91% between July 2023 and July 2025 - an effort that can be attributed in large part to expanded investments in harm reduction nationwide, including increased access to naloxone, drug checking, and other safer use supplies.

Despite the inaccurate and misleading rhetoric, harm reduction as a pragmatic public health strategy is neither novel nor radical. We all take advantage of harm reduction strategies nearly every day - the use of seatbelts, condoms, bike helmets, making dietary changes, and the use of sunscreen are all widely considered common-sense measures that reduce harm and improve health. These strategies are not designed to completely eliminate risk or guarantee safety. Instead, they build on the acceptance that the risks of certain behaviors can be mitigated by another behavior (for example, the potential dangers of driving a car, can be mitigated by wearing a seatbelt) and that building interest and skills in health-based behavior can yield positive results. As it relates to substance use, harm reduction focuses on keeping people who use substances alive by mitigating the risks and consequences of substance use, including reducing the spread of infectious diseases, preventing overdoses, expanding on-demand access to treatment, and improving physical and mental health outcomes.

Employing harm reduction strategies and tools keeps people with behavioral health conditions alive because it does not place conditions on their health and safety; rather, it affords them the opportunity to prioritize their health and seek voluntary treatment according to their timetables. Harm reduction aligns with research that demonstrates the success of incremental behavioral changes are more sustainable over time than abstinence. Harm reduction helps to build and reinforce safe practices by encouraging healthier behavior.

The Great American Recovery Initiative has the opportunity to further the goal of promoting prevention, early intervention, and treatment by employing a harm reduction approach. However,

the Administration's decision to end support for harm reduction dismisses three decades of research and six decades of investments in harm reduction practices. In addition, the Administration's decision ignores the lived experience of individuals who use substances and the important role harm reduction plays in saving lives and strengthening public health.

The top reason people with a substance use disorder have not sought treatment is that they are not yet ready to stop their substance use. Stressing an abstinence-only approach ignores the needs of this population and limits access to treatment. Our response to the needs of people who use substances requires a range of options, not a cookie cutter approach, with the belief that the reduction of harm is itself a desirable goal and that it may or may not evolve over time towards total abstinence.

As it relates to specific harm reduction services, in September 2025, HHS and SAMHSA granted $98 million to the Hepatitis C Elimination Initiative Pilot to prevent, treat, and cure Hepatitis C. This effort would be strengthened by expanding access to syringe service programs, which are extremely cost effective and, when supplemented with Hepatitis A and B vaccination, counseling, and other supports, can encourage a reduction in behaviors that lead to the transmission of Hepatitis C. Syringe service programs are associated with an estimated 50% reduction in Hepatitis C and HIV incidence, and increase access to healthcare and social services. Nearly 30 years of research shows that testing, counseling, and sterile injection supplies provided by syringe service programs prevent the transmission of infectious diseases and keep people engaged in the conversation of medical care and individual health. Executive Order #14321 threatens public health by jeopardizing access to these programs.

Additionally, Executive Order #14321 outlines a series of actions intended to effectively end support for "housing first" policies. "Housing first" is an evidence-based approach to homelessness that prioritizes providing permanent housing to individuals experiencing homelessness in order to support and empower them to work towards other personal goals, such as seeking behavioral health services. "Housing first" as an approach aligns closely with the principles of harm reduction (i.e., not conditioning housing on an individual's abstinence or participation in treatment), and has been shown to be more successful in reducing homelessness than abstinence-based or involuntary programs. "Housing first" policies act as one strategy to support individuals' social determinants of behavioral health, a series of structural factors that influence and affect behavioral health outcomes. Promoting equitable access to social support, education, employment opportunities, and housing through "housing first" policies all support behavioral health and healthy behavior change. I strongly urge the reconsideration of the decision to move away from "housing first" policies, as this approach has been shown to increase outpatient service utilization and improve behavioral health outcomes by attending to individuals' structural needs as a means of supporting overall health.

I respectfully urge the reconsideration and reversal of the decision to end support for harm reduction services, as it disregards and abandons extensive scientific research, rejects evidence-based practices, and ignores the voices of individuals with lived and living experience.

Sincerely,

MINDY DOMB
State Representative
3rd Hampshire District