COMMUNITY ACCESS NATIONAL NETWORK

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The **Community Access National Network (CANN)** is a 501(c)(3) national nonprofit organization focusing on public policy issues relating to HIV/AIDS and viral hepatitis. CANN's mission is to define, promote, and improve access to healthcare services and support for people living with HIV/AIDS and/or viral hepatitis through advocacy, education, and networking.

While CANN is primarily focused on policy matters affecting access to care for people living with and affected by HIV, we stand in firm support of all people living with chronic and rare diseases and recognize the very reality of those living with multiple health conditions and the necessity of timely, personalized care for every one of those health conditions.

We submit these comments in **SUPPORT** of continuing the State Unintentional Drug Overdose Reporting System (SUDORS).

Why This Matters to Our Community

CANN's primary focus is HIV and viral hepatitis, not overdose prevention. These issues, though, do not exist in silos. Injection drug use remains a significant transmission route for both HIV and hepatitis C virus (HCV). Many people affected by and at risk of acquiring HIV and HCV also live with co-occurring substance use disorders. When someone suffers an overdose (fatal and non-fatal), that person may also have been navigating HIV care, HCV treatment, housing instability, or mental health challenges. Surveillance systems that help us understand overdose deaths also illuminate gaps in the broader continuum of care and opportunities to intervene.

SUDORS captures information that death certificates cannot: route of administration, toxicology details, prior overdoses, mental health history, and recent exits from treatment. For those working at the intersection of infectious disease and substance use, this data is significant. It reveals whether people who inject drugs are dying or injured at higher rates in certain regions. It can signal when changes in the drug supply—such as the rise of fentanyl or xylazine—are altering risk profiles. SUDORS provides critically necessary context that shapes outreach design, resource targeting, and risk counseling.

The Current Policy Moment

Federal drug policy is shifting. In March 2025, the Department of Health and Human Services (HHS) announced that the Substance Abuse and Mental Health Services Administration (SAMHSA) would be consolidated into a new Administration for a Healthy America (AHA), with staffing reductions that have cut the agency's workforce by more than half. In July 2025, an Executive Order directed HHS to ensure SAMHSA grants do not fund "harm reduction" or "safe consumption" programs. A subsequent SAMHSA guidance letter clarified that naloxone, fentanyl test strips, and HIV/HCV prevention services remain fundable, while syringes for injection and pipes for smoking do not. The proposed FY2026 budget includes a $1 billion reduction to SAMHSA.

When policy changes, data becomes more valuable, not less. Overdose deaths declined to approximately 76,000 in the 12-month period ending February 2025, a meaningful drop from prior years. Whether that trend continues, plateaus, or reverses will depend on many variables. SUDORS is one of the few systems positioned to track outcomes with enough granularity to understand what is actually happening at the community level.

If certain interventions are restricted and overdose deaths rise, public health officials need to know. If interventions are restricted and deaths continue to fall, they need to know that as well. Surveillance is not advocacy for any particular policy, it is the infrastructure that allows for honest evaluation of policy outcomes.

Recommendations

Capture Social Determinants of Health

Overdose deaths do not occur in isolation from housing status, incarceration history, healthcare access, or economic precarity. Hospital, medical examiner, and coroner records often contain information on these factors. Integrating social determinants of health (SDOH) variables into SUDORS would allow for more nuanced analysis of why certain populations face elevated risk and what structural interventions might address underlying causes. Such data and approaches actively work to allow for efficient use of targeted resources, reducing waste, fraud, and abuse.

Protect Data Integrity and Privacy

SUDORS compiles sensitive information from death investigations. As federal agencies explore new applications of artificial intelligence and data sharing, clear governance protocols are essential. People who use drugs face significant stigma; their data—even posthumously—requires protection from misuse or unauthorized access.

Ensure State and Local Partners Have Adequate Resources

SUDORS relies on health departments retrieving and abstracting data from vital statistics, medical examiners, and coroners. The federal restructuring has created uncertainty about technical assistance and grant administration. CDC should communicate clearly about how SUDORS operations will continue and ensure cooperative agreement funding remains adequate for states to fulfill their data collection responsibilities.

Prioritize Timeliness

Surveillance data loses value when it arrives too late to inform decisions. SUDORS should aim for the fastest reasonable turnaround so that emerging trends—a new adulterant in the drug supply, a regional spike in deaths—can be identified and addressed promptly.

CANN supports the continuation of SUDORS. For people living with HIV, people living with HCV, and people navigating substance use, this system provides information that shapes care, policy, and resource allocation. At a moment when federal drug policy is in flux, maintaining and strengthening surveillance capacity serves the public health interest regardless of which policy approaches ultimately prevail.

Yours in service,

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On behalf of
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