

MARICOPA REGIONAL CONTINUUM OF CARE (COC) ADVANCING RECOVERY AND PROHIBITIONS AGAINST ILLICIT DRUG ENABLEMENT POLICY

POLICY

The Maricopa Regional Continuum of Care (CoC) strictly prohibits all CoC-funded housing projects from operating drug injection sites, otherwise known as "safe consumption sites", from knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting, permitting or encouraging any of the aforementioned activities under the pretext of "harm reduction".

CoC funding recipients must certify that they will comply with this policy as part of the annual CoC Notice of Funding Opportunity (NOFO) application process. This certification does not require program participants to maintain sobriety as a condition of assistance, participate in treatment as a condition of assistance, or be evicted from housing or exited from assistance for a first-time violation of a drug-related program policy or lease requirement.

Should a CoC-funded housing project be determined to be in violation of this policy, the CoC will request the project to come into compliance with the policy. If the recipient fails to implement required corrective actions and achieve compliance, the recipient will be ineligible to apply under future CoC NOFOs until the project comes into compliance with the policy.

The CoC encourages the provision of substance use disorder treatment and recovery housing within or outside of the CoC-funded projects.

The CoC will not restrict or prohibit CoC-funded recipients to operate housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR § 578.

ATTACHMENT A. DOCUMENT VERSION HISTORY & RATIONALE

This log provides a concise record of changes to the Policy, including when updates were made, what was changed, and the rationale behind the revisions. This supports transparency, continuity, and onboarding of new leaders/staff.

VERSION HISTORY TABLE

Version	Date Approved	Section(s) Updated	Summary of Changes	Rationale / Reason for Update	Approved By
1.0	July 13, 2026	All	Adopted policy	Adopted policy	CoC Board



Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



July 29, 2025

Dear Colleague:

The U.S. remains in the midst of an evolving and dynamic overdose crisis, driven by exposure to highly potent synthetic opioids like illicitly made fentanyl and adulterants like xylazine and medetomidine in the illicit drug supply. In the past decade, over a million people have died from a drug overdose, and no segment of society has been untouched by this crisis. [CDC's latest provisional data](#) show that overdose deaths have declined 26% in the 12-months ending February 2025 compared to the prior year. Although this is a very welcome trend, this still translates to nearly 80,000 deaths a year – more than 200 Americans dying every day.

In recent years, the life-saving opioid overdose reversal medications (OORMs), naloxone and nalmefene, have been lumped into an ideological concept of harm reduction which has been used to advocate for policies that are incompatible with Federal laws and inconsistent with this Administration's priorities.

This conflation of harm reduction with OORMs has caused an unnecessary distraction from the ultimate goal of saving lives and has served as a barrier to getting lifesaving OORMs into some communities in our Nation. Yet, we know these medications are one of the most effective life-saving tools in our fight against overdose. Naloxone and nalmefene work by reversing or blocking the effects of opioids and restoring breathing. These medications are available by prescription, and naloxone is also available under standing orders, from community-based organizations, and nasal spray formulations are available over-the-counter (OTC).

Given the urgency of the overdose crisis, together, we must continue to focus our efforts on saving lives. To advance these efforts and to provide clarity on the Administration's position on harm reduction, on July 24, 2025, President Trump issued an [Executive Order \(EO\) on Ending Crime and Disorder on America's Streets](#). In the EO, the President directed the Secretary of Health and Human Services to take appropriation action to "ensure that discretionary grants issued by the Substance Abuse and Mental Health Services Administration for substance use disorder prevention, treatment, and recovery fund evidence-based programs and do not fund programs that fail to achieve adequate outcomes, including so-called "harm reduction" or "safe consumption" efforts that only facilitate illegal drug use and its attendant harm.

Moving forward, SAMHSA funds will no longer be used to support poorly defined so-called "harm reduction" activities; rather, SAMHSA is providing guidance to state agency leadership and to grantees through new award terms and conditions that provide clarity on what supplies and services previously defined under the umbrella of harm reduction can be supported with SAMHSA funding. We also are including information on services and supplies that cannot be supported with SAMHSA funds. This information will be updated on SAMHSA's website.

The following are supplies and services that **CAN be supported with SAMHSA funding**:

Life-Saving Overdose Prevention and Response Services

- Opioid overdose reversal supplies, including the purchase of naloxone and nalmefene (OORMs)
- Substance test kits, including fentanyl test strips and xylazine test strips
- Medication lock boxes and medication disposal kits
- Overdose reversal education and training services
- Distribution mechanisms (e.g., bags or metal boxes/containers) for OORMs

Infectious Disease Prevention Services

- Wound care supplies
- FDA-approved home testing kits for viral hepatitis (i.e., HBV and HCV) and HIV
- Sharps disposal kits
- Educational materials on HIV and viral hepatitis and prevention, testing, treatment, and care services
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment, and care services — including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission, and partner services
- Referral to hepatitis A and hepatitis B vaccinations (to reduce risk of viral hepatitis infection)
- Provision of education on HIV and viral hepatitis prevention, testing, and referral to treatment services
- Education and activities to reduce risk of STIs, including distributing condoms
- Provision of information on local resources and/or referrals for PrEP

Other Supplies and Services

- Nicotine cessation therapies
- Food (e.g., snacks, protein drinks, water). Food is limited to \$10 per person and must be used in the course of service engagement.

The following are supplies and services that **CANNOT be supported with SAMHSA funding**:

- **No federal funding** can be used directly or through subsequent reimbursement of grantees to purchase pipes or other supplies for safer smoking kits nor syringes or needles used to inject illicit drugs. Grant funds cannot be used to purchase any other drug paraphernalia.
- Sterile water, saline, or ascorbic acid (vitamin c) used to facilitate drug use.
- Any other supplies to promote or facilitate drug use not listed as acceptable above.

SAMHSA is committed to being a partner with you in these efforts by providing funding, technical assistance, subject matter expertise, and [best-practice resources](#) to help individuals, families, and communities support optimal OORM distribution, training, and use.

To finally bring an end to the overdose crisis and Make America Healthy Again, we have to zero in on common-sense public health approaches that focus on prevention, treatment, and long-term recovery. This includes:

- Advancing community and school-based substance misuse prevention to prevent drug use in the first place;

- Expanding access to evidence-based treatment for substance use disorders, including medications for opioid use disorder;
- Enhancing use of recovery support services, including peers, recovery coaches, recovery housing and recovery community organizations to help people achieve long-term recovery;
- Raising awareness about the toxic drug supply and the risk of drug use to individuals, families, and communities; and
- Increasing distribution, training, and use of OORMs, naloxone and nalmefene, to save lives and connect people to treatment.

We also know there is a tremendous amount of innovation that is happening in this space – whether it is innovating with data and community saturation or braiding and blending funding streams or creating new partnerships to address overdose and the infectious disease consequences linked to drug use, mental illness and homelessness – states have experiences and best practices that can be shared to help others innovate. I invite you to continue sharing your successes, your innovations, and your challenges with us and with your state colleagues.

SAMHSA remains dedicated to equipping state partners with the tools necessary to save lives, so that people can recover and improve their quality of life. Thank you for your partnership and collaboration, and we look forward to our continued focused work to save lives.

Sincerely,
/Art Kleinschmidt/

Art Kleinschmidt, Ph.D., MBA
Principal Deputy Assistant Secretary
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

Behavioral Health is Essential to Health • Prevention Works • Treatment is Effective • People Recover

Substance Abuse and Mental Health Services Administration
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • www.samhsa.gov
