




## **Pathways to Wellness: IAA steps up to the challenge to do more than harm reduction**

The People of the Interior AIDS Association - clients, staff, board members, visitors and the visible and invisible supporters – felt the ground shift beneath us in July, 2025. Fortunately, there are caring and responsible people in our government giving us guidance on how to proceed in this new land.

July 29, 2025

FROM:

THE ATTORNEY GENERAL 

SUBJECT:

GUIDANCE FOR RECIPIENTS OF FEDERAL FUNDING  
REGARDING UNLAWFUL DISCRIMINATION

This guidance clarifies the application of federal antidiscrimination laws to programs or initiatives that may involve discriminatory practices, including those labeled as Diversity, Equity, and Inclusion (“DEI”) programs.<sup>1</sup> Entities receiving federal funds, like all other entities subject to federal antidiscrimination laws, must ensure that their programs and activities comply with federal law and do not discriminate on the basis of race, color, national origin, sex, religion, or other protected characteristics—no matter the program’s labels, objectives, or intentions. In furtherance of that requirement, this guidance identifies “Best Practices” as non-binding suggestions to help entities comply with federal antidiscrimination laws and avoid legal pitfalls; these are not mandatory requirements but rather practical recommendations to minimize the risk of violations.

[Sex Work Resources](#) |  
[National Harm  
Reduction Coalition](#)

<sup>1</sup> DEI programs go by other names as well, such as Diversity, Equity, Inclusion, and Accessibility (“DEIA”) and Diversity, Equity, Inclusion, and Belonging (“DEIB”).

“This guidance emphasizes the significant legal risks of initiatives that involve discrimination based on protected characteristics and provides non-binding best practices to help entities avoid the risk of violations.” (p.2)

Fortunately, the guidelines are very clear on how to avoid prosecution. No preferential treatment (in programs receiving federal assistance) based on race, color, sex, religion or national origin (from the Civil Rights Act of 1964). The same act prohibits employment discrimination based on or motivated by the same characteristics. Title IX prohibits discrimination based on sex in education or activities receiving federal assistance. When I was in 8<sup>th</sup> grade, in 1976, this meant we had a boy on the volleyball team and two girls joined the wrestling team. It was challenging, but we figured it out.

SO...these laws are still in place... the current party in power wants to make sure that the dominant groups are not displaced in any way by other groups that may or may not have experienced some discrimination in the past. SO...theoretically, if two applicants for school or a job are equal, you can’t just pick the one who has green skin because they have been discriminated against by the dominant group. When it comes to court, I am sure that the Supremes will demonstrate to the American People the proper procedure to ensure that the law is blind to discriminatory factors.

Diversity, equity, inclusion, accessibility, belonging – words of the past. The challenge will be to start seeing all people as human beings whose sex, race, color, religion and national origin are no more important than... I am trying to think of a characteristic that is not discriminated against – eye color is the best I can think of so far. There

are established preferences by some groups, but it doesn't stand out like hair color or skin. Think about height – okay, so long as you are within the societal norms, neither too tall nor too short. Weight – same thing. Just think about those poor white men...never a program of their own to hold them up against a society that has made their lives unbearable. Yes. Sarcasm.

The DEI initiatives we had before were inadequate, but better than the status quo before we recognized that some types of people were not able to access the same resources as the dominant population. In our case “rich” can overcome race in many situations, but it helps to be white from a northern European background.

The current administration declares in the July 25, 2025 Executive Order, that SAMHSA discretionary grants do not fund programs that fail to achieve adequate outcomes, including so-called “harm reduction.” Agencies that receive HUD Housing Assistance Grants may not also operate syringe services programs (distribution of paraphernalia) without losing their HUD funding.

In summary, the new approach to homelessness, drug use, and mental illness is incarceration for crimes or “civil commitment.” Civil commitment is used very judiciously now because its victims are not criminals, but may be a danger to themselves or others. The goal is to institutionalize us out of the homelessness crisis. In China, they call this “re-education.” In Russia – more colloquially, it is the Gulag. In WWII we called it Internment in the US. In Europe, they called them concentration camps a.k.a. death camps.

It is in my nature to go a little over the top. I hope I am now. The United States of America just bombed Nigeria and Venezuela. We pay for the elimination of the Palestinian people. I see no hope that we are “above” incarcerating homeless people with substance use or mental illness problems. The private prison industry is booming with current immigration policy. Cruelty is an effective profit center.



## **Meet the Alaska Prescription Drug Monitoring Program - PDMP**

The Prescription Drug Monitoring Program is a nationwide initiative implemented by the States as they choose. I am familiar with the PDMP, but I thought I would look it up like it was new. First, it has many layers of security. The Alaska Board of Pharmacy gets credit for creating the database that records Schedule II-IV controlled substances dispensed in Alaska (AK Dept of Commerce).

“This program is designed to improve patient care and to encourage cooperation and coordination among state, local, and federal agencies and other states to reduce the misuse, abuse, and diversion of controlled substances.”



### **Alaska**

#### [PDMP state profile](#)

Schedule II drugs that will be entered in the PDMP include prescription opioids, Adderall and Ritalin. These have a high potential for abuse, severe psychological or physical dependence.

Schedule III drugs: “Moderate to low potential for physical and psychological dependence.” For example: Tylenol with codeine, ketamine, anabolic steroids, testosterone.

Schedule IV drugs: Drugs with a low potential for abuse and low risk of dependence. Xanax, Soma, Darvon, Valium, Ativan, Ambien, Tramadol.

[Controlled Substances - Alpha Order](#) – The whole list from the DEA.

**Knowledge is power.** Prescribers had an outsized role in fueling the opioid epidemic for profit and misguided “compassion.” The PDMP shows prescribing patterns and can identify providers who may be contributing to a problem. The PDMP can also guide prescribing by revealing potentially harmful drug interactions.

It is certainly not perfect, but it is regulated and as secure as a human-created database can be, which means that so long as providers keep their log in

**PDMP** (*Continued from page 2*) information secure, random people cannot get in and find out what medications you are being prescribed. It is here with us for the foreseeable future.

Having worked with people who sincerely believe that they need to be prescribed opioids and benzodiazepines, for example, we can be very compelling. And annoying. And we are truly in need and only trying to get our needs met.

Your suggestions don't always hit home. Go to treatment? Easy to say, but first I have to get over the mountain of my fear, pain, hopelessness and anger. If I cannot see myself in your treatment program, I cannot get there. It is NOT accessible to me. Send all the taxis you want.

The **unintended consequence** of the PDMP, perhaps one of many, is that pharmaceutical grade opioids and other drugs are not available to me. I will look for it on the street and it may look like oxycodone, but it's fentanyl and I don't care right now that I can't judge

In Alaska, **fentanyl** remains the most lethal overdose drug in Alaska, contributing to 73% of overdose deaths in 2024. Most fentanyl-involved deaths also included another substance such as methamphetamine or another opioid. (4)

how much to take to "get well" or to just feel it take me over.

Just say no? It's in my arm, or up my nose, or in my lungs before I knew I was going to use. A hit of meth to pick me up. Maybe tomorrow I will ask about treatment again.

The PDMP is with us, for better or for worse. Depends on your perspective. AI will undoubtedly change the power of the database. Everyone whose life touches it must treat it with respect and not a small dose of fear for what it means for privacy of doctors and patients.

[HIV Update — Alaska, 2020–2024](#)

[Preventing HIV with PrEP | HIV | CDC](#)

[PrEP Support at IAA](#) (907)452-4222 ext. 100; call or text Ryan Pennington at (907)313-4013; or email us at [info@interioraids.org](mailto:info@interioraids.org).

## References:

### 1. PRESIDENTIAL ACTIONS

ENDING CRIME AND DISORDER ON AMERICA'S STREETS

Executive Orders

July 24, 2025

### 2. Office of the Attorney General

Washington, DC 20530

July 29, 2025

MEMORANDUM FOR ALL FEDERAL AGENCIES

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SUBJECT: GUIDANCE FOR RECIPIENTS OF FEDERAL FUNDING REGARDING UNLAWFUL DISCRIMINATION

### 3. [Prescription Drug Monitoring Program, Professional Licensing, Division of Corporations, Business and Professional Licensing](#)

### 4. Alaska Facts and Figures 2024 Drug Overdose Mortality Update (Updated 12/08/2025)

[2024 Drug Overdose Mortality Update](#)