

Dear Chair and Members of the Committee,

My name is Miranda Martin, and I work and live in Oregon. I am writing in strong opposition to SB1573. I understand the intention; however, the bill is written so broadly that it may unintentionally undermine community safety goals.

2,000 feet is roughly understood as 10 city blocks. This provides an undue burden on services seeking to find locations that fit the criteria. There are very few places far enough away from the facilities where I live. **This restriction would significantly limit the ability of formalized services, which operate under established safety protocols, to function effectively within the communities they currently serve.** Mobile and temporary syringe service sites are critical because they meet people where drug use is already occurring. These locations are chosen intentionally to reduce harm, prevent disease transmission, distribute naloxone, and safely collect used syringes. Harm reduction further provides important connections between people who use drugs and recovery services. SB1573 applies to programs that provide pathways to safe disposal (and not necessarily access to new syringes per line 8) which is a massive oversight.

Research and community program evaluations have consistently shown that structured, regulated programs provide greater accountability and tracking of outcomes. The problems cited in many testimonies are not about the programs receiving governmental funding. Rules already exist around substance use in those neighborhoods, such as school zones and laws that outlaw consuming substances in public. It would make sense to enforce existing regulations before implementing additional restrictions that may duplicate current statutes.

It is important for Oregon, and particularly Portland, to support and partner with programs that they are currently funding. If the intention is to stop the programs, that decision should occur through established evaluation and legislative review processes. Restricting implementation after allocating funding may reduce program effectiveness and limit responsible use of public resources. The federal government has already made it difficult enough for these programs to efficiently and effectively do their work.

Harm reduction services are important to the community. They keep people safe and alive. You cannot recover if you die. I want to live in a humane city where the most vulnerable people are not suffering because they cannot afford the nominal cost of syringes. Safer use supplies are directly related to lowering rates of Hep C, HIV/AIDS, and syphilis, as documented by multiple public health studies and (prior) CDC harm reduction guidance. Prevention is the most humane path forward, but if that's not enough incentive, paying for treatment for various blood-borne pathogens is significantly more expensive than funding preventative supplies and services. Safe syringes also impact the safety of those who do not use substances. If more people are walking around with these conditions, my risk as a community member increases. I worry about the increased risk to the health of people providing essential medical care to the community.

Thank you for your time and consideration. I urge you to carefully consider the measurable public health and community impacts this legislation may create. Good policy is built on details, evidence, and intentionality. My neighbors include the people living in a tent across the street.

Best, Miranda Martin