

Submitter: Cady Green
On Behalf Of:
Committee: Senate Committee On Early Childhood and Behavioral Health
Measure, Appointment or SB1573
Topic:

I vehemently oppose Senate bill 1573. Syringe exchanges are integral to public safety. Harm reduction and syringe services programs are a vital part of the continuum of care for people who are using substances and restricting access to these life saving services will harm our communities. Syringe services are an evidence based practice to prevent the spread of infectious diseases like HIV and Hepatitis. They are a vital part of our overdose prevention efforts as a major source of naloxone distribution to communities at the highest risk of overdose death. Without these programs, our already struggling health care and public health systems will be dealing with the increase cost of caring for people who have injection related injuries and deaths associated with overdoses. Additionally needle exchange services are often able to connect people to other social services like healthcare, housing resources, detox, and other social services, resulting in better continuity of care for vulnerable people.

This policy would be hardest felt in rural communities as the most as often the most effective way of providing care to people is to bring it to them. These areas may not have the populations to support a brick and mortar site but still deserve access to care.

Syringe Service programs strive to foster trust with people who are using drugs and this trust leads to increased connection to the health care system and to the drug treatment systems.

As syringe service programs are often the only means people have to safely dispose of their syringes, cutting off these programs could lead to an increase in syringe litter rather than less of it. As someone who used to work in rural communities providing syringe exchange and case management services, I can attest that loose sharps around the community significantly decreased when we started providing services in those spaces. We were also able to connect folks to resources like case management, housing, healthcare, and other social services. This reduced the number of people living outside, and reduced syringe use generally.

I urge this committee to please center evidence based public health into your thinking about this bill and vote no.

Thank you for your time