

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

Chair Reynolds, Vice Chair Anderson and members of the committee

I am a citizen residing in Gold Beach, Curry County and reaching out to you today to oppose SB 1573.

I have worked as a Board member and Advisory Board member for HIV Alliance (HIVA) in Eugene, which provides services to Curry County and other rural counties neighboring Curry County. I am aware of some of the difficulties of preventing HIV and preventing harm to persons both living with HIV and persons with a high risk of contracting HIV. I personally have lived with HIV for over 15 years and remained healthy because I have the resources to do so. However, I am also aware that many if not most persons contracting HIV do not have the resources to stay healthy and every case of HIV causes an increased financial strain on both the State and the Insurance system in addition to the cost of human suffering. These costs can be reduced and, in many cases, eliminated by taking effective steps to reduce risk and harm to those most at risk for contracting HIV. In addition, by providing means to keep HIV patients on their medication and healthy, organizations like HIV Alliance in Eugene protect the entire Oregon Community.

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 lifesaving 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 overdose prevention efforts undertaken by HIVA and 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 increased cost of caring for people who have injection related injuries and deaths associated with overdoses and the increased risk of these patients contracting HIV and Hepatitis and the associated increased costs and risk for the entire Oregon community.

The requirement may make the service inaccessible to rural residents. Syringe exchange services are proven to prevent HIV/HCV and overdose; therefore, loss of sites in rural communities is likely to increase the burden of substance those communities face. Moreover, loss of SSP in rural locations will likely result in an increase of discarded syringes. In many communities, mobile SSP is the only resource for safe disposal of syringes.

I strongly support the safe placement of critical public health services, but I believe that a better result here is for the organizations that provide these services to have open dialogue with the affected community about any verified incidents related to SSP location and resolve these matters at the local level rather than a state-imposed requirement that may be appropriate for urban areas but not for rural areas. As a result, I would advocate for a community-based approach to placement of sites rather than the state telling communities where to place sites. Each community is different and has different needs, and SSP providers and communities benefit from active engagement with local law enforcement and local county and city leadership. This is what results in safe placement of critical public health services.

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. Placing the burden of liability on syringe exchange programs is unreasonable. Many pharmacies sell syringes without offering the wrap around services that syringe exchange programs provide.

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