

Submitter: Wesley Lobdell

On Behalf Of:

Committee: Senate Committee On Early Childhood and Behavioral Health

Measure, Appointment or Topic: SB1573

Dear Chair Reynolds, Vice Chair Anderson, and Members of the Committee,

My name is Wesley Lobdell. I am a person in recovery and I work in the behavioral health and addictions field. I support individuals at many different stages of change, including people actively using substances, people seeking treatment, and people rebuilding their lives after involvement with the justice system. My perspective comes from both lived experience and professional work in our communities.

I strongly oppose Senate Bill 1573.

In the work I do, I see firsthand how prevention and harm reduction services keep people alive long enough to access care. Syringe service programs are one of the most effective public health tools we have to reduce the spread of bloodborne illnesses such as hepatitis C and HIV. These programs do not increase drug use; instead, they reduce disease transmission, connect people to testing and treatment, and often serve as a first entry point into healthcare and recovery supports.

Oregon continues to experience high rates of hepatitis C, particularly in rural and underserved areas. Preventing infection through access to sterile supplies and safe disposal is far less costly than treating advanced disease and reduces long-term strain on our healthcare and behavioral health systems.

In many rural communities, syringe service programs are also the only safe syringe disposal option available. When these services are restricted, syringes do not disappear. They end up in public spaces—parks, sidewalks, bathrooms, and school areas—creating unnecessary safety risks for families and community members. Syringe services reduce this risk through return programs, disposal options, and routine community cleanup efforts that directly improve public safety.

The 2,000-foot restriction around schools and childcare centers proposed in SB 1573 would effectively eliminate mobile and temporary syringe services in many rural areas, where schools are centrally located. This would leave entire communities without access to safe disposal or disease prevention services.

Oregon already faces a shortage of treatment and recovery resources. Restricting evidence-based prevention services before expanding treatment capacity creates more harm and increases the risk of preventable illness and death.

As someone in recovery and as a behavioral health professional, I know that recovery is possible—but only if people survive long enough to access support and care.

SB 1573 would move Oregon backward at a significant human and financial cost. I respectfully urge you to oppose this bill and support evidence-based public health approaches that protect communities, reduce harm, and save lives.

Thank you for your time and consideration.