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

02/05/2026

Chair Reynolds, Vice Chair Anderson, and members of the committee,
I am reaching out to you today on behalf of Community Outreach through Radical Empowerment (CORE) to oppose SB 1573.

Our organization serves Oregon communities through comprehensive harm reduction, case management, and street outreach services.

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 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 bear the increased cost of caring for people who have injection-related injuries and deaths associated with overdoses.

Research from the CDC confirms that people who use Syringe Services Programs are five times more likely to enter treatment for substance use disorder than those who do not. SSP participants are also three times more likely to reduce or stop injecting drugs entirely.

The 2,000-foot restriction in SB 1573 may make services completely inaccessible to rural residents. In rural communities, suitable locations for SSPs are already severely limited. 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 disease and death those communities face. In addition, 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.

We encourage open dialogue about any verified incidents related to SSP locations and advocate for a community-based approach to placement of sites rather than the state imposing blanket restrictions that eliminate services. 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.

Placing the burden of liability on syringe exchange programs is unreasonable and inconsistent with current law. Under ORS 475.525, syringes are already exempted from drug paraphernalia law, and adults can legally purchase syringes at pharmacies without a prescription. Many pharmacies sell syringes without offering the wrap-around services that syringe exchange programs provide - including safe disposal,

disease testing, overdose prevention education, naloxone distribution, and treatment referrals. SSPs should not be held to a different standard than commercial establishments.

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. Programs like ours are the solution to syringe litter, not the cause.

The cost of treating one case of HIV is approximately \$420,000 over a lifetime. The 47,936 naloxone kits we've distributed since 2020 represent thousands of lives saved and families kept intact. This bill would eliminate access to these lifesaving services based on arbitrary geographic restrictions rather than evidence or community need.

I urge this committee to please center evidence-based public health in your consideration of this bill. If concerns exist about specific SSP locations, we advocate for community-based dialogue involving SSP providers, local law enforcement, and city/county leadership to address those concerns - not blanket restrictions that will cost lives. Please vote no on SB 1573.