

Submitter: Glyceria Tsinas
On Behalf Of: Academy of Perinatal Harm Reduction
Committee: Senate Committee On Early Childhood and Behavioral Health
Measure, Appointment or Topic: SB1573

My name is Glyceria Tsinas, and I write in opposition to this bill. My perspective is shaped by multiple realities: I am a mother, a person in recovery from opioid use disorder, and a former injection drug user. I have spent nearly 20 years providing direct harm reduction services, including street-based outreach, and I founded the Academy of Perinatal Harm Reduction, an internationally recognized leader in perinatal substance use clinical and patient/family education.

I'd like to share some history with you. Context is everything so let me be clear about what makes this work effective: harm reduction was built IN the community, not imposed on it. Few people understand the history of naloxone distribution, fentanyl test strips, and on-demand HCV and HIV testing.

These innovations didn't emerge from research labs or public health offices deciding where services should go. They were built by people living the crisis—networks of impacted individuals creating solutions within their own communities. Can you imagine facing the overdose crisis without naloxone? Where would we be if over-regulation had stopped those grassroots efforts before they began?

The legacy of this work is that it's street-based. It doesn't just claim to "meet people where they are"—it does. Outreach provides a variety of health and wellness services, referrals, and resources. For some participants, these are their only contacts with healthcare providers. Many people—including pregnant and parenting individuals—are connected to treatment, wound and other specialized care, and information they would otherwise never receive.

Programs providing outreach services are always one grant away from dissolution. Unfortunately, we are about to see a dramatic increase in the loss of the few that exist. Massive budget cuts and cuts to nonprofit funding are coming, which means more programs will close their doors and people will lose access to services they depend on to survive.

So I am asking: where are people supposed to go?

I am certain that many of my colleagues have provided you with plenty of data about the safety of harm reduction programs, so I'll spare you the repetition. I think it's safe to say that none of us—including the people that bring us here today—wish to do harm to any children.

As a mother of a 10-year-old, I try to protect my daughter while also teaching her to see clearly. Because of my work, I've raised her to treat people experiencing homelessness or mental health crises with basic human dignity—to greet them as she would a neighbor, without pity or disgust.

That is the exact opposite of what this bill does, which is marginalize and ignore vulnerable people. I don't teach my daughter that when something is hard or uncomfortable, the answer is to turn away and pretend it isn't happening. Which, only further marginalizes them and does little if anything to address the issue.

The real problem that needs addressing is one that is too complex to fix. It requires many systems and time. Which is what we do not have. So, the real victims of this are the ones who are the center of it. I am certain, that were you to ask, they would love an alternative to having to be so exposed and conduct such personal business in such open spaces. However, sometimes that may be their only option. Or, the only thing that they have to keep them hopeful enough to get through to the next day. I don't believe that anyone is a throw away person. I don't believe that any one life is more valuable than another.

So, I am asking you to consider rejecting this bill. OR, at the very least I am asking that that you have community conversations with stakeholders so that they might be able to inform whatever policies that you come up with. Always remembering our legacy as harm reductionists IN our communities.

Thank you,

Glyceria Tsinas