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On Behalf Of:

Committee: Senate Committee On Early Childhood and Behavioral Health

Measure, Appointment or Topic: SB1573

I am reaching out to you today to urge you to oppose SB 1573.

Harm reduction and syringe services programs are a vital part of the continuum of care for people who are in recovery from substance use, and restricting access to these life-saving services will harm our communities, raising the rates of fatal overdoses and increasing hospital admissions, ultimately compounding preventable deaths and costing taxpayers more money.

Syringe services are a thoroughly proven evidence-based approach to preventing the spread of infectious diseases like HIV and Hepatitis and engaging with people experiencing active addiction. They are a vital part of our overdose prevention efforts, providing a major source of naloxone (Narcan) distribution to the communities at the greatest risk of overdose death, putting it directly in the hands of the people with the highest chance of responding to overdose events. Without these programs, our already struggling public health systems will be overloaded dealing by the increase cost of caring for people with injection related injuries, blood-borne pathogens, and overdoses. Overdose deaths will increase and emergency care will become more difficult for everyone to access due to the easily foreseeable increase in preventable hospital admissions.

This policy would be hardest felt in rural communities, as most often the most effective way of providing care to vulnerable people is to bring it to them. Many areas in Oregon may not have the population numbers to support brick-and-mortar syringe access services, but the people who live there still deserve access to care.

Syringe Service programs are uniquely effective in the continuum of recovery support options because they serve to foster trust with people who are using drugs, leading to increased connection to healthcare and substance use treatment programs for people who may otherwise fall through the cracks and lack access to health and social services. Many people only gain access to treatment and wrap-around care by first starting at low-barrier services that offer compassionate care.

Harm reduction is not an alternative to recovery, but a crucial step on that road for many people. Effectively treating addiction requires a realistic approach that offers as many points of access to services as possible, because like any other complex medical or social issue there is no one-size-fits-all cure; everyone starts at different places on the path towards wellness, and limiting the points of access will decrease

engagement with addiction services overall.

Because syringe service programs are often the only means people have to safely dispose of their syringes (collecting used needles and distributing safe sharps disposal containers), cutting off these programs would lead to an increase in syringe litter, not a decrease.

I urge this committee to center evidence-based public health information as you consider the ramifications of this bill, and vote NO.

Thank you for your time.