



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

My name is Jayden Ruff, and I am writing on behalf of the South Coast Health Equity Coalition to respectfully oppose SB 1573.

Syringe Service Programs (SSPs) are a vital, evidence-based component of the continuum of care for people who use substances. Restricting access to these programs will not reduce substance use—it will increase preventable harm, strain already overburdened health systems, and deepen inequities in rural communities like Coos and Curry Counties.

SSPs are proven to reduce the transmission of infectious diseases such as HIV and Hepatitis C, and they are a key public health strategy for preventing injection-related infections and complications. These programs are also a critical part of Oregon's overdose prevention infrastructure. SSPs are among the largest distributors of naloxone, reaching community members at the highest risk of overdose death and often serving as a first point of contact for life-saving education and support.

For rural communities, this issue is especially urgent. Requirements that restrict where SSPs can operate or place additional burdens on providers are likely to make services inaccessible for rural residents who already face limited transportation, fewer health resources, and significant barriers to treatment and care. In many rural areas, mobile syringe services are the *only* reliable option for safe syringe disposal and harm reduction support. Eliminating or limiting these services will likely result in an increase—not a decrease—in discarded syringes in the community.

SSPs also serve as a bridge into health care and treatment. These programs build trust with individuals who may otherwise avoid the health system due to stigma, fear, or past harm. That trust often leads to increased connection to primary care, behavioral health services, and substance use treatment—outcomes that support both individual wellness and public safety.

We also have serious concerns about provisions that shift liability onto SSP providers. This is not only unreasonable, it is inconsistent. Pharmacies can sell syringes without providing any of the wraparound services SSPs offer—such as safe disposal, naloxone distribution, wound care resources, or referrals to treatment. SSPs are uniquely positioned to reduce harm and improve community health outcomes, and penalizing them for performing public health work undermines the very systems Oregon relies on to prevent crisis escalation.

The South Coast Health Equity Coalition supports open dialogue about verified community concerns related to SSP placement and safety. However, we strongly oppose a one-size-fits-all approach imposed by the state. Each community has different needs, and effective placement

is best achieved through a community-based approach that includes local public health partners, local government, law enforcement, and service providers working collaboratively.

SB 1573 moves Oregon backward. It is not aligned with evidence-based public health, it increases preventable harm, and it will disproportionately impact rural communities.

For these reasons, we urge the committee to vote NO on SB 1573.

Thank you for your time and consideration.

Please feel free to contact me at **678-654-3164** or jayden@southcoastequity.org with any questions.

With deep respect and gratitude,

Sincerely,



Jayden Ruff (she/her)

Director, **South Coast Health Equity Coalition**