

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

Chair and Members of the Committee,

Thank you for the opportunity to testify. I oppose SB 1573 because it is rooted in fear and stigma, not evidence. This bill, by restricting where syringe service programs (SSPs) can operate and opening them up to civil lawsuits, will do exactly the opposite of what good public health policy should do: it will increase harm, not reduce it.

Let's be clear about the evidence:

SSPs save lives.

Decades of rigorous research show that SSPs reduce HIV and hepatitis C transmission, increase linkage to treatment (including addiction treatment), and are associated with decreases in injection-related infections and overdose mortality. SSPs do not increase drug use or crime in communities. The Centers for Disease Control and Prevention, the World Health Organization, and leading public health institutions all endorse SSPs as a core harm reduction strategy. Oregon's own data support this.

This bill undermines community health.

Restricting mobile and temporary SSP services within an arbitrary radius of schools and childcare facilities may sound intuitive to some, but the evidence does not show that safe needle access near schools causes harm to children. In fact, access to sterile supplies reduces the number of contaminated needles in public spaces, which protects children, families, and staff at schools and childcare facilities. Making it harder for SSPs to operate pushes people who inject drugs into unsafe behaviors and environments.

Civil liability for SSPs is dangerous public policy.

This bill invites lawsuits rather than centering public health. Creating a private cause of action against SSPs, with statutory damages, chills providers from offering lifesaving services and shifts attention from proven prevention strategies to litigation. Policies should protect public health infrastructure, not weaponize courts against it.

A rebuttable presumption based on discarded needles is flawed.

Finding discarded needles in an area is not evidence that an SSP did anything wrong. People who inject drugs will still inject drugs; the presence of used syringes is a symptom of unmet health needs, not proof of program failure. SSPs reduce

improper disposal by giving people tools and education to handle supplies safely.

Oregonians will suffer if this bill passes.

Cuts to access — especially mobile and temporary sites — will hit hardest in rural areas and for people with transportation barriers. People who inject drugs will have less access to sterile supplies, fewer opportunities to connect with health services, and fewer pathways to recovery. That means more infections, more overdoses, more hospitalizations, and more preventable death.

We have the evidence. We have the public health consensus. We have a moral obligation to reduce harm, not erect barriers based on stigma.

SB 1573 does not protect public health. It endangers it.

Please vote NO on SB 1573.

Thank you.