

February 6, 2026

To: Oregon State Legislative Assembly

Re: Opposition to SB1573 – Impacts on Rural Public Health

To Whom it May Concern,

While I work in nonprofit human services and public health, I am writing today as a community member. I live in the very small and rural town of Cave Junction. Before the first syringe exchange opened here in 2018, there were significant issues of syringe litter, and the prevalence of Hepatitis C (HCV) among people who inject drugs was close to 25%. Syringe exchange services decreased problems of discarded paraphernalia by providing safe disposal options, and helped not only to prevent further spread of HCV, but provided screening and access to HCV treatment directly to people who inject drugs, curing dozens of cases, and saving millions in lifetime treatment costs by preventing damages and chronic conditions brought on by long-term HCV infection. This, in addition to the lives saved by SSP Naloxone distribution efforts, and the individuals connected to drug treatment, mental health care, and housing through our local syringe exchange, demonstrates the importance of these evidence-based harm reduction services to public health and community wellness.

In remote rural areas, mobile or temporary syringe exchange services can often be the only option for organizations to reach at-risk populations on limited funds. Cave Junction is just over a mile and a half wide, and I worry that setting a 2,000ft radius around every school and daycare center could push services out of town entirely, making them largely inaccessible to those who need them, as lack of transportation is a well-known barrier to rural resources and services.

Furthermore, in a town this size, it would seem that under the 2,000 ft clause, local exchange services could be held liable for any paraphernalia found anywhere in town, regardless of actual source. The availability of syringes for purchase at the local pharmacy or the ability to obtain other equipment from local head shops and other sources is entirely unaccounted for. This assumption of SSP culpability seems an unfair burden, especially considering the potentially catastrophic impact of steep fines on already underfunded programs.

SB 1573 risks effectively stripping rural areas of access to proven HIV/HCV prevention models, as well as means for safe disposal of syringe waste, and other life-saving harm reduction services these programs provide. I fear that if individuals in Cave Junction and other remote rural areas like ours lose access to these services, we could see a return to higher rates of HCV, increased syringe and paraphernalia litter, and spikes in fatal overdose.

I do understand the concern regarding the safety of our neighborhoods and children, however, the models for harm reduction that I have seen implemented have reduced exposure risks and improved the health and safety of both service users and their communities.

Respectfully,



Harmony Beckett