



City of North Bend

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Proposed Testimony in Support of Syringe Disposal & Community-Based SSP Models

Chair and Members of the Committee,

My name is Brian Waddington, and I serve as the Assistant Chief of the North Bend Fire Department. I am submitting this testimony to share our agency's experience with syringe disposal partnerships and the public safety benefits of community-based Syringe Service Programs (SSPs).

Restrictions such as a 2,000-foot buffer requirement would be extremely challenging in rural communities. In many areas, these restrictions would effectively eliminate access to SSP services altogether. Unlike urban settings, rural communities do not have excess locations or brick-and-mortar facilities available to absorb these limitations. When SSP services are reduced or eliminated, we see increased risks — including higher rates of HIV and hepatitis C transmission, more skin and soft tissue infections, increased overdose risk, and an increase in improperly discarded syringes.

From a public safety standpoint, syringe disposal is critical. Over the past year alone, through a coordinated partnership, more than **650,000 syringes were safely collected and destroyed** in our region. This effort directly reduces needle-stick injury risk for firefighters, law enforcement officers, public works employees, hospital staff, and members of the public.

This work is made possible through a collaborative model involving **HIV Alliance**, **Advanced Health**, local fire departments, and **Bay Area Hospital**. In this model, Advanced Health funds sharps drop boxes, local fire departments provide secure and accessible locations, Bay Area Hospital ensures proper destruction, and HIV Alliance coordinates collection and monitoring. This partnership allows for safe syringe disposal for everyone — including individuals who use syringes for medical reasons — while keeping communities cleaner and safer.

Importantly, we are not aware of verified issues related to SSP site placement in the communities where these services currently operate. HIV Alliance has provided SSP services in Oregon for over 20 years and works closely with local law enforcement, city leadership, county officials, and community partners — including faith-based organizations — to ensure responsible siting and active monitoring of locations. This local, community-driven approach has proven far more effective than one-size-fits-all statewide restrictions.

Mobile SSP services are especially critical in rural areas, where they are often the *only* means of safe syringe disposal. Eliminating or restricting these services due to liability concerns or siting requirements would likely increase the number of discarded syringes in public spaces — the exact outcome we should be working to prevent.

As a fire department and public safety agency, we strongly support reasonable, evidence-based solutions that reduce harm and improve safety. These include adequate staffing for SSP programs, publicly accessible sharps disposal boxes, and clear requirements for safe disposal policies. We have seen firsthand that partnerships like the one described above work — not just for public health, but for first responders and the broader community.

We encourage the Legislature to consider models that support collaboration, local decision-making, and proven harm-reduction strategies rather than policies that unintentionally limit services in rural Oregon. From our perspective, syringe disposal programs are not only a public health benefit — they are a public safety necessity.

Thank you for the opportunity to provide this testimony.

Respectfully,
Brian Waddington
Assistant Chief
North Bend Fire Department