

Honorable members of the House of Health and Human Services Committee,

My name is Toi Hughes, and I come before you today as a wife, a college student, and a recovered addict.

I am writing to strongly support the passage of HB 24-1037 The Substance Use Disorders Harm Reduction bill.

Originally from Louisiana, I have called Colorado home for the past three years. Additionally, I am the outreach coordinator and a proud member of the Positive Women's Network Colorado.

At 42 years old, I have faced numerous challenges throughout my life, particularly in my struggles with substance abuse. I have been living with HIV since the age of 16. There are many reasons people choose to use drugs and mine were complicated but it was how I coped in a place that didn't support me. My only other option was suicide.

My challenges led me down a path where I encountered various diseases that nearly claimed my life. Louisiana did not start its first syringe exchange program until 2006 in New Orleans. For me, living in rural Louisiana there was no access. It was simple. If you injected drugs, you shared needles. From this practice, I acquired a bacterial infection that entered my bloodstream and the fluids surrounding my brain, resulting in a two-week hospitalization. This experience was a direct consequence of needle sharing.

In Colorado, we have done better. We have easily accessible and respectful syringe access services like those at the Harm Reduction Action Center and people can protect themselves if they choose to use drugs. Why would we go to this effort and expense to reduce harm only to make these syringes illegal? Section 4 of HB 24-1037 would remove the prohibition for people in syringe exchange programs to hold onto their supplies.

Also in this bill, we expand protections for "good samaritans" and cover the organizations which provide the supplies and training. During this crisis in overdose deaths, we need more people safely and legally able to help, not legally endanger those that do. I vividly recall the tragic loss of my best friend, who overdosed in a setting where others were also using drugs. Despite realizing she needed help, those present were too fearful to seek assistance, and lacking access to Narcan, they left her body in an abandoned house, covering it with old clothes. These harrowing experiences underscore the critical importance of harm reduction and support services for individuals struggling with addiction.

Today, I am a dedicated student on the verge of graduating with a degree in communications. I am committed to dedicating time each week to distributing Narcan and clean needles in my community, determined to prevent others from enduring the hardships I have faced. It has been nearly eight years since I last used drugs, and each day of my recovery fills me with immense gratitude and joy. I firmly believe that harm reduction initiatives offer individuals the chance to turn their lives around, just as I have done

Thank you for considering my testimony and for your dedication to improving the lives of individuals affected by addiction in Colorado

Sincerely,
Toi Hughes

Good afternoon Chair and members of the House Health and Human Services committee my name is Barb Cardell, I am the Legislative Chair of CORA, - Colorado Organizations and Individuals Representing HIV/AIDS. CORA has been representing the voices of the 14,541 Coloradans living with HIV, the countless others who are vulnerable to acquiring HIV and the organizations which serve them in the state for over 30 years.

I am honored to testify in support of HB 24-1037 - The Substances Use Disorders Harm Reduction bill .

HB 24-1037 is a wide ranging bill that seeks to address a number of critical issues impacting harm reduction efforts in our state. I strongly support this bill in its entirety and today, I write to focus on Section 4 which adds an exemption to the prohibition on possessing drug paraphernalia that a person received from an approved syringe exchange program or a program carried out by a harm reduction group.

For HIV prevention and ongoing harm reduction efforts for both HIV and substance use disorder, it is critical that people who engage with syringe exchange programs are allowed to legally retain the syringes and other drug paraphernalia they have sought out. Syringe Exchange Programs distribute sterile syringes, safer drug use supplies, and serve as an important bridge to care, including HIV testing. SEP's simply cannot function as they should – i.e. to protect public health and the public good – if folks who access services are in fear of being criminalized. From the early days of the HIV epidemic, we knew that our brothers and sisters who shared needles when injecting drugs were at increased risk of contracting HIV. Through a determined effort in Colorado, we have provided resources to this group to decrease rates of HIV. Access to syringe exchange and other harm reduction programs are often the key points of contact for both HIV testing and access to recovery services.

There are so many other points in this bill that I would love to talk further with you about: protection for good faith efforts to reverse overdoses and providers of overdose prevention tools, protection from warrant checks at hospitals, and more. However, I will stop here and again request a yes vote on this bill with a gentle reminder that harm reduction is practical; it respects a person's right to protect themselves as best meets their needs; it recognizes that drug and alcohol consumption exists on a spectrum; and most of all, harm reduction is tolerant and accepting.

Thank you for your time today and once again, I urge your support for HB 24-1037.

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Public Health

Communicable Disease Control Program

2/16/2024

Testimony on HB24-1037 – proposed bill - Colorado Legislation

Dear Committee,

My name is Dr. Georgia Babatsikos, and I am the Harm Reduction Program Manager at Boulder County Public Health, and am testifying in support of House Bill HB24-1037, which authorizes an organization operating a clean syringe exchange program to provide drug testing services through the program, amongst other important needed legislative changes.

Our agency has been operating a harm reduction program since 1989, saving lives, preventing the spread of disease and connecting clients to much needed treatment and supportive programs. We are the third oldest needle exchange program in the nation and as such we understand how harm reduction approaches can save lives and understand from our work the tragic increases in use and overdose deaths over the past decade.

From the beginning of our program in 1989 for about 20 years, Boulder County saw very few changes in the number of people seeking services. However, by 2014, these numbers reached over 600 and in 2023, our program had over 7,603 service encounters with individuals. This rise has aligned with the national opioid epidemic.

We know that the drastic increase in numbers is tied to the mental and behavioral health crises that our community, our state, and our nation are facing.

And as these challenges continue to rise, as fentanyl and other substances continues to infiltrate the illicit drug market, Colorado must develop a multipronged approach to save lives.

Drug checking as a strategy will provide timely information to program participants so they can make critical harm reduction decisions. It will also provide timely information about the local drug market in Boulder County, track data in a consistent way in order to analyze aggregate data and trends. We work closely with the Boulder County Drug Task force and the County DA's office to communicate any information on substances that appear in the community and increased deaths due to such substances, but much of the time we have to wait months for toxicology reports and they come too late, after someone's loved one has died from an overdose.

Having a legal drug checking program will allow us to:



- Increase awareness of potentially harmful contents within the drug supply for individuals to be able to make informed harm reduction decisions and reduce overdoses.
- Improve information about the drug market in Boulder by tracking the data from testing drugs.
- Use collected data to put out harm reduction messages to professionals, community, and people who use drugs (PWUD) about specific drugs and their effects with timely public health warnings.

Research shows that people who use drugs who also engage in harm reduction programming are **5 times more likely** to go into treatment than people who are not engaged in harm reduction programming. People who come in for drug checking are more likely, therefore, to access treatment services than people who do not engage in a harm reduction program.

Passing this bill means that Colorado recognizes that we are in a public health crisis, and this crisis requires every tool in our tool-box.

In our work to stop the cycle of addiction, municipalities must have the option and opportunity to help manage this nationwide crisis at the local level.

Boulder County respectfully requests your support of House Bill 24-1037 and I am available to answer any questions.

Thank you,



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Dear Members of the House & Health and Human Services Committee,

My name is Rica Rodriguez-Hernandez. I am the Founder and Executive Director of Promotores De Esperanza (PDE). PDE is a harm reduction service organization that provides peer recovery coaching and training scholarships, peer-led support groups, AcuDetox services, and community-based overdose education and prevention training and services along with free Naloxone, Fentanyl & Xylazine test strip distribution. We currently partner with Caring for Denver, DDPHE, the CDC, and Colorado Health Foundation on the Overdose 2 Action, and other grants to bring BIPOC-led, bilingual, non-clinical recovery peer support services across Colorado.

I writing in strong support of HB 24-1037, a bill that reduces warrant checking for people who use drugs in hospital settings. With the continued criminalization of people who use drugs and the volatility of the massively toxic illicit drug supply, we need people in the community accessing medical services. People should not have to fear for their freedom when accessing medical services. Systems such as healthcare settings lose the trust of patients by running warrants and locking them up for attempting to access medical attention. **People can not find recovery if they are not alive, and we can't keep them alive if they are not seeking the critical medical attention that they need and deserve without the worry of being incarcerated during a medical crisis or emergency.** People who use drugs and healthcare providers have had a tumultuous relationship for years. It is counter productive to our public health goals and inhumane to use a medical crisis for the gain of the criminal legal system.

HR24-1037 clarifies that civil and criminal immunity protects a person who acts in good faith to furnish or administer an opioid antagonist and also protects a person who distributes the opioid antagonist.

One of the services my organization Promotore de Esperanza provides is lifesaving overdose education and prevention and aftercare. Recently, my team had the privilege of educating a classroom of junior high school students about overdose awareness, Naloxone administration and post-overdose community aftercare. We educated and supplied two young ladies with Naloxone. . After our presentation, one of the young ladies was in a vehicle at Kennedy High School when three of her friends overdosed. She shared with us one week after the nearly fatal incident, that she was able to save her friends by administering Naloxone thanks to the lifesaving education provided by my team.

She said quite honestly that she considered running away from the scene when it happened. She was worried that she would get into trouble, but then she remembered that my team had educated her about the "Good Samaritan" laws and other protections in place in Colorado. She made the life-saving decision to administer Naloxone to three of her friends and also complied with the law

and waited for EMS to arrive. Two of her friends regained consciousness before EMS arrived, and one required additional support from EMS, but all three were saved by her that day. (See the news article, "[1 hospitalized after suspected drug overdose at JFK High School.](#)")

We were ecstatic that she felt safe coming back to my team for more Naloxone the next week. She is now educating her peers about the dangers of street drugs and how to save a life with Naloxone.

People in vulnerable and marginalized communities are largely impacted by the lifelong effects of persecution during this health crisis. Again, I am writing in strong support of HB 24-1037. I respectfully ask that you all wear your harm reduction lenses when voting to pass this critical bill out of committee. It will impact thousands of Colorado's most vulnerable communities. Thank you for your time

Respectfully,

Rica Rodriguez-Hernandez, CPFS
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