



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:

S.B. NO. 1433, S.D. 2, H.D. 1, RELATING TO HARM REDUCTION.

BEFORE THE:

HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

DATE: Tuesday, March 25, 2025 **TIME:** 2:00 p.m.

LOCATION: State Capitol, Room 325

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Tricia M. Nakamatsu, Deputy Attorney General

Chair Tarnas and Members of the Committee:

The Department of the Attorney General (Department) provides the following comments and concerns regarding this bill.

The bill would transition the existing needle and syringe exchange program from a one-to-one based exchange model to a needs-based exchange model that provides participants with an unlimited number of new needles and syringes per visit. In addition, the bill broadens and clarifies the scope of immunity from prosecution that is provided to program participants and to program staff.

The Department has general concerns regarding the effects that these changes may have on public safety. While the goal of reducing disease transmission, increasing referrals to treatment, and preventing the improper disposal of used syringes or needles in public areas is commendable, the distribution of an unlimited number of new syringes and needles, without requiring the return of used syringes or needles, raises significant concerns. Expecting illicit drug users to properly and safely dispose of all used needles and syringes is counterintuitive. Even if the Centers for Disease Control and Prevention "conclude[d] that . . . needs-based syringe distribution . . . is not associated with increased unsafe syringe disposal" (page 2, lines 13-17), it is our understanding that the conclusion may have been based on community complaints or feedback rather than a comprehensive accounting of all needles and syringes distributed.

The proposed section 325-114(c), Hawaii Revised Statutes (HRS), which grants immunity from prosecution for the possession or delivery of used needles or syringes, is also concerning. See page 10, lines 11-20. Unless there is evidence that syringe exchange participants and program staff are being arrested and charged for possession of illicit drugs under these circumstances, such immunity seems unwarranted. This provision could unduly restrict law enforcement and lead to unintended consequences, particularly in circumstances where a charge for possession of illicit drugs may be appropriate against syringe exchange participants or program staff, or both.

Another concern with the proposed section 325-114(c), HRS, is that it does not clearly specify how law enforcement will identify "syringe exchange participants" who qualify for the proposed immunities, prior to arrest (page 10, lines 11-20). Unless a call service or direct access to records is made available to law enforcement, at all hours of the day, it is unclear how law enforcement could verify eligibility in a timely manner. Furthermore, unless the syringe exchange programs require participants to provide government-issued identification or fingerprints, reliably confirming participant identity will be problematic.

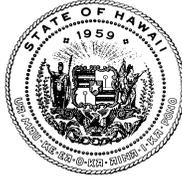
For both of these reasons, the Department requests that section 325-114(c), HRS, on page 10, lines 11-20, be removed from the bill.

Finally, the Department recommends amending the last sentence of proposed section 325-114(b) on page 10, lines 8-10, to include the words "by rule," as follows:

The department shall establish, by rule, a specific list of authorized objects, which may be updated from time to time as needed.

While we appreciate that the immunity for possession or distribution of "authorized objects," under section 325-114(b), HRS, on page 10, lines 1-10, is limited to program staff acting in the course and scope of official duties, it would be unprecedented for any department to be able to establish their own exemptions from state law, such as allowing their staff and/or contractors to distribute or possess otherwise illegal "drug paraphernalia" (see section 329-1 and 329-43.5, HRS), without at least going through a public hearings process such as rulemaking.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony in SUPPORT of SB1433 SD2 HD1
RELATING TO HARM REDUCTION

REPRESENTATIVE DAVID TARNAS, CHAIR
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Hearing Date: March 25, 2025 @ 2:00 PM

Room Number: 325

1 **Fiscal Implications:** none.

2 **Department Position:** The Department SUPPORTS this measure to improve the effectiveness of
3 the State's syringe exchange program.

4 **Department Testimony:** For more than thirty years, Hawaii's state-funded syringe exchange
5 program has improved public health by reducing the incidence of bloodborne infections related
6 to injection drug use and has been effective in supporting people who inject drugs to improve
7 their health. Syringe exchange programs prevent HIV, hepatitis C, and other bloodborne
8 infections, are cost effective, reduce drug use and drug overdoses, protect the public and first
9 responder by providing safe syringe disposal, and do not cause or increase illegal drug use or
10 other crime. While syringe exchange has been a highly effective public health intervention in
11 Hawai'i, the statutory changes proposed in this measure would allow critical improvements,
12 increasing the effectiveness and impact of the program.

13 The most important provision in this bill would permit the program to change from a strict one-
14 to-one exchange model to a need-based distribution model. In the decades since the Hawai'i
15 program began, research has found that one-to-one exchange is less effective than needs-
16 based syringe distribution. Beginning in 2020, CDC has supported needs-based approaches to
17 syringe distribution because they are more effective in reducing new HIV and viral hepatitis

1 infections as compared to restrictive one-to-one distribution. Under the current strict one-to-
2 one model, the syringe exchange must restrict syringe access by limiting the number of sterile
3 syringes and needles an individual can receive to the number of used syringes and needles they
4 have to return. Some syringes exchange participants, despite making a concerted effort to
5 reduce their risk of contracting or transmitting bloodborne infections by accessing syringe
6 exchange, are left without enough syringes and needles to use new sterile equipment each
7 time they inject. This is particular impactful on people in rural areas who may need to drive
8 many miles to reach a syringe exchange location. The syringe exchange program is required to
9 refuse syringes and needles to program participants whose syringes and needles have been
10 lost, stolen, or confiscated. Restricting access to syringes and needles in this way does not
11 prevent people from injecting drugs, it simply prevents them from using sterile equipment.
12 Once common, one-to-one syringe exchange program across the country have transitioned to
13 needs-based models. The only U.S. states that still impose strict one-to-one limits on syringe
14 exchange are Florida and Hawai'i.

15 While the current statute permits the syringe exchange program to provide sterile syringes and
16 needles, this measure would also permit distribution of other items used in the preparation and
17 consumption of illegal drugs, when the department determines that distributing such items is
18 important for preventing injury, transmission of bloodborne infections, overdose and death.

19 This measure would also provide limited legal protections to ensure that program staff have
20 adequate legal protections for performing their job duties and to provide legal protection to
21 program participants to bring used injection equipment to the program for proper disposal.

22 **Offered Amendments:** none

23 Thank you for the opportunity to testify on this measure.

SB-1433-HD-1

Submitted on: 3/21/2025 2:52:22 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Hep Free Hawaii	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

We **support SB1433 SD2 HD1**, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai‘i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O‘ahu, Kaua‘i, Maui, and Hawai‘i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.



HAWAII HEALTH &
HARM REDUCTION CENTER

677 Ala Moana Blvd, Ste 226
Honolulu, HI 96813

(808) 521-2437

www.hhhrc.org

*"Reducing harm,
promoting health,
creating wellness, and
fighting stigma
in Hawai'i and
the Pacific."*

TESTIMONY IN SUPPORT OF SB 1433, SD 2, HD 1

TO: Chair Tarnas, Vice Chair Poepoe, & JHA Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: March 25, 2025 (2:00 PM)

Hawai'i Health & Harm Reduction Center (HHHRC) **strongly supports** SB 1433, SD 2, HD 1, which better aligns the state's syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state's longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai'i's statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O'ahu, Kaua'i, Maui, and Hawai'i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

The latest annual report, required by law, [may be found on our website](#). As the report notes, the program "continues to find innovative ways to provide needed services in the field. [In] August 2021, HHHRC launched its [Medical Mobile Unit](#), bringing quality on-the-spot medical care and social services directly to underserved communities throughout O'ahu, such as HIV and HCV testing, wound care, naloxone training, and syringe exchange."

HHHRC's mission is to reduce harm, promote health, create wellness, and fight stigma in Hawai'i and the Pacific. We work with many individuals impacted by poverty, housing instability, and other social determinants of health.

Mahalo for the opportunity to provide testimony.



SB1433 SD2 HD1 Harm Reduction Increase Needles and Syringes

COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Rep. David A. Tarnas, Chair

Rep. Mahina Poepoe, Vice Chair

Tuesday, Mar 25, 2025: 2:00: Room 325 Videoconference

Hawaii Substance Abuse Coalition Supports SB1433 SD2 HD1:

ALOHA CHAIR, VICE CHAIR, AND DISTINGUISHED COMMITTEE MEMBERS. My name is Alan Johnson. I am the current chair of the Hawaii Substance Abuse Coalition (HSAC), a statewide organization for substance use disorder and co-occurring mental health disorder treatment and prevention agencies and recovery-oriented services.

Yes, increasing the number of sterile needles provided in harm reduction programs is generally a “very good” practice. Providing more than one needle per person helps reduce the risk of needle sharing, which lowers the transmission of bloodborne infections like HIV and hepatitis C. It also ensures that individuals have access to clean supplies when they need them, reducing unsafe reuse.

A needs-based exchange will reduce communicable diseases, and also ensure that other needed services are addressed, such as motivating people to address chronic substance abuse, mental health disorders, and untreated chronic physical health conditions as well as help people suffering from homelessness to engage in housing options.

Many harm reduction programs in other states already distribute multiple needles at a time, along with other supplies like alcohol swabs, sterile water, and disposal containers. Expanding access to these resources aligns with public health goals by promoting safer practices and reducing the burden of preventable diseases on healthcare systems.

We appreciate the opportunity to provide testimony and are available for questions.

HAWAII PATRIOT REPUBLICANS

Written Testimony in Opposition to S.B. No. 1433

Submitted to the House Committee on Judiciary & Hawaiian Affairs

March 24, 2025

As a concerned citizen aligned with the values of personal responsibility, public safety, and limited government—principles that resonate across party lines—I urge you to vote NO on Senate Bill 1433. This bill, which seeks to shift Hawaii’s syringe exchange program from a one-to-one model to a needs-based distribution system, expand access to non-injection drug users, and grant broad legal protections, is a misguided step that threatens our communities. While harm reduction has its merits, this proposal crosses a line into enabling drug use, undermining public health, and straining our state’s resources. I appeal to Democrats and all members of this committee who care about safety, accountability, and the well-being of Hawaii’s families to reject this bill. Below, I outline the clear and objective reasons why, supported by real-world examples of negative outcomes from similar measures in other states and municipalities.

Enabling Drug Use, Not Reducing Harm

SB 1433’s shift to a “needs-based distribution” model abandons the accountability of the one-to-one exchange system, effectively handing out unlimited syringes without requiring any return of used needles. This isn’t harm reduction—it’s a blank check for addiction. Research may claim this reduces syringe sharing, but the practical outcome is a flood of needles into communities with no mechanism to ensure they’re disposed of responsibly. Look at San Francisco, where a similar liberal syringe distribution policy has led to an estimated [400,000 needles handed out monthly](#), yet streets are littered with discarded syringes—posing risks to children, families, and sanitation workers. Democrats who champion public health should see this as a warning: more needles don’t equal less harm when oversight is gutted.

Public Safety Nightmares from Needle Proliferation

The bill’s provision to protect participants from prosecution for drug residue on used syringes—extending immunity for two months after a program visit—encourages hoarding and delays disposal. This has proven disastrous elsewhere. In Seattle, the expansion of syringe services led to a [sharp increase in improperly discarded needles](#), with reports of needles in parks, playgrounds, and public restrooms doubling between 2017 and 2019. The result? A public safety crisis that disproportionately harms low-income neighborhoods—areas Democrats fight to protect. Hawaii’s tourism-driven economy and family-friendly communities cannot afford this kind of blight. Voting NO keeps our streets safe for everyone.

Overburdening Communities Already Struggling

SB 1433 opens the program to non-injection drug users, stretching resources thin and diluting focus from those at highest risk of bloodborne infections. This mirrors a failed experiment in Portland, Oregon, where syringe programs expanded services broadly, only to see [overdose rates climb by 30% between 2019 and 2021](#) as resources shifted away from targeted intervention. Democrats who advocate for equity should recognize that this bill risks neglecting the most vulnerable injection drug users—those it claims to help—while taxing Hawaii’s already strained health system. We need precision, not a catch-all approach that overwhelms our capacity.

No Evidence of Reduced Crime or Drug Use

Proponents cite studies claiming syringe programs don't increase drug use or crime, but real-world outcomes tell a different story. In Charleston, West Virginia, a syringe program's lax oversight was linked to a [spike in violent crime and overdoses](#), prompting its closure in 2018 after police reported needles fueling drug-related incidents. The bill's legal protections for staff and participants—shielding them from drug paraphernalia and residue charges—could embolden illegal activity here too. Democrats who value law and order alongside compassion should demand evidence that this won't turn Hawaii into another cautionary tale. SB 1433 offers no such assurance.

A Slippery Slope to Federal Overreach and Costs

By aligning with the White House's Model Syringe Services Program Act, this bill invites federal influence into a state matter, potentially locking Hawaii into costly mandates down the line. Look at Indiana, where federal pressure after a 2015 HIV outbreak forced syringe programs on reluctant counties, only to see [local budgets balloon and two programs shutter due to community backlash](#). Democrats who prize local control and fiscal responsibility should hesitate to tie Hawaii's hands to an untested, expansive model. Voting NO preserves our autonomy and protects taxpayers.

A Call for Common Sense Over Ideology

I respect the intent to reduce disease, but SB 1433 sacrifices practicality for idealism. It ignores the failures of other states—San Francisco's needle-strewn streets, Seattle's public health hazards, Portland's overburdened system, Charleston's crime surge, and Indiana's fiscal strain. Democrats and all committee members can agree: we need solutions that balance compassion with accountability, not policies that shift burdens onto law-abiding citizens. Rejecting this bill isn't about denying help—it's about demanding a better way.

Vote NO on SB 1433 to protect Hawaii's safety, economy, and future.

Sincerely,

Andrew Crossland

Hawaii Patriot Republicans

hawaiipatriotrepublicans@gmail.com

SB-1433-HD-1

Submitted on: 3/21/2025 3:06:46 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Maddalynn Seseapasara	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

I **support SB1433 SD2 HD1**, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai’i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O’ahu, Kaua’i, Maui, and Hawai’i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

Mahalo,

Maddalynn Seseapasara

SB-1433-HD-1

Submitted on: 3/21/2025 4:18:57 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kala Fisher	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

I **support SB1433 SD2 HD1**, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai‘i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O‘ahu, Kaua‘i, Maui, and Hawai‘i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

Thank you for your time and consideration.

SB-1433-HD-1

Submitted on: 3/21/2025 4:19:51 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gregory K. Wickstrom	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

I support SB1433 SD2 HD1, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 et seq.). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai‘i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O‘ahu, Kaua‘i, Maui, and Hawai‘i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

Thanks,

Gregory K. Wickstrom

SB-1433-HD-1

Submitted on: 3/21/2025 4:35:10 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
RUSSELL ABORDO	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

I **support SB1433 SD2 HD1**, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai’i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O’ahu, Kaua’i, Maui, and Hawai’i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

SB-1433-HD-1

Submitted on: 3/21/2025 6:11:22 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Loren Ng	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

I **support SB1433 SD2 HD1**, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai’i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O’ahu, Kaua’i, Maui, and Hawai’i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

SB-1433-HD-1

Submitted on: 3/21/2025 8:54:09 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Erin Furuichi	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

I support SB1433 SD2 HD1, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 et seq.). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai’i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O’ahu, Kaua’i, Maui, and Hawai’i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

SB-1433-HD-1

Submitted on: 3/22/2025 2:01:54 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Hana Trent	Individual	Support	Written Testimony Only

Comments:

My name is Hana Trent, and I am writing in **support for SB1433 SD2 HD1**, which seeks to improve Hawaii’s needle exchange program and enhance harm reduction efforts.

Research shows that the needs-based syringe exchange model is the most effective strategy for reducing the transmission of bloodborne infections such as HIV and hepatitis C. This model has been endorsed by the CDC and SAMHSA for its efficacy in reducing the reuse of needles and improving public health outcomes, compared to the current one-to-one exchange model.

While the one-to-one exchange model has been a positive step forward, it still requires individuals to carry used needles, increasing the risk of needlestick injuries. It also poses the risk of criminal penalties for carrying used needles, which may make individuals hesitant. By adopting the needs-based model, we can reduce these risks and meet the needs of the individuals.

Furthermore, extending the services to non-injection drug users is critical to reducing harm across all populations with substance use disorders. This is particularly relevant in Hawaii, where methamphetamine use is prevalent. The stigma surrounding substance abuse already creates barriers to accessing help, so enhancing harm reduction will be essential in reaching more individuals and improving public health outcomes.

As evidence continues to support the effectiveness of the needs-based exchange model, it is vital that we listen to the experts and take appropriate measures to strengthen Hawaii’s harm reduction program. Expanding services and improving the distribution model will allow for broader reach to provide more education, resources, and support to those that need it most.

Mahalo for the opportunity to provide this testimony,

Hana Trent

SB-1433-HD-1

Submitted on: 3/22/2025 9:39:34 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Poepoe, and JHA Committee Members,

As a public health professional with over 15 years of local experience, I write in **STRONG SUPPORT of SB1433 SD2 HD1**, which would enhance current syringe exchange laws to be more effective for public health.

Evidence shows that needs-based exchange is a vital strategy to reduce communicable diseases and also increase engagement with social services among people who use drugs. This allows providers to not only prevent diseases like HIV and hepatitis, but also build connections for addressing other urgent health issues, including overdoses, substance use, and houselessness.

I volunteer at our local syringe exchange in Chinatown monthly, and I can attest that people seek services there to improve their health and access social services, even amidst ongoing substance use. As found in a recent Department of Health report (<https://health.hawaii.gov/harmreduction/people-who-use-drugs-talk-about-hep-c>), syringe exchanges in Hawai'i serve as important social service hubs for hard-to-reach communities.

The success of our local syringe exchanges is demonstrated by over 30 years of homegrown efforts in disease prevention, service connection, and community partnerships, including with law enforcement. Please support this bill to ensure that these successes continue, and even increase, local impact for health.

Mahalo,

Thaddeus Pham (he/him)

Makiki, HI

SB-1433-HD-1

Submitted on: 3/23/2025 3:41:28 AM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Griff Jurgens	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Tarnas, Vice Chair Poepoe, and members of the committee.

I **support SB1433 SD2 HD1**, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai’i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O‘ahu, Kaua‘i, Maui, and Hawai‘i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

SB-1433-HD-1

Submitted on: 3/24/2025 6:29:16 AM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelly Kuulei Copeland	Individual	Support	Written Testimony Only

Comments:

To whom it may concern,

I am writing to express my support for the Hawai‘i Syringe Exchange Program and to highlight its critical role in our community. Despite its often-unseen success, the program is essential for public health and safety.

The program provides clean syringes and sterile injection supplies to reduce the transmission of diseases like HIV and hepatitis C, saving lives and lowering healthcare costs. It also connects individuals with health services, counseling, and treatment programs, promoting recovery and reducing discarded syringes in public spaces.

Bill SB1433 SD2 HD1 is crucial as it:

Mends the distribution system: Shifts from a one-to-one exchange to a needs-based distribution system, ensuring participants receive sufficient sterile supplies.

Expands access: Authorizes non-injection drug user participation, increasing access to harm reduction services.

Enhances legal protections: Modifies liability for program participants, staff, and law enforcement officers, ensuring safer operations.

These changes align the program with best practices and facilitate better harm reduction services delivery across the state.

For over three decades, Hawai‘i’s syringe services program has kept HIV transmission rates low among persons who use drugs and their intimate partners. The program operates through mobile units, appointments, and fixed sites on O‘ahu, Kaua‘i, Maui, and Hawai‘i Island, providing overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings, and referrals for medical care.

Since its inception, the program has shown significant progress. In 1993, the CHOW Project exchanged 35,365 syringes, and by 2014, this number had increased to 974,847. In 2018, the CHOW Project merged with the Life Foundation to form the Hawai‘i Health & Harm Reduction Center (HHHRC), which continues to administer the program. From 2021 to 2024, the program

distributed over 1.5 million syringes, provided thousands of naloxone kits, and conducted numerous HIV and HCV screenings. In 2019 alone, the program exchanged more than 1.18 million syringes, effectively keeping used syringes out of public spaces and minimizing accidental needle-sticks.

Community support for Bill SB1433 SD2 HD1 has been strong, with many recognizing the importance of harm reduction services in maintaining public health and safety. The bill has passed several legislative hurdles with significant backing from health committees and community organizations.

This testimony is in support of a bill to move our syringe exchange program to a needs-based syringe services program.

I urge you to support Bill SB1433 SD2 HD1 and recognize its vital contribution to our community's well-being.

Mahalo,

Kelly K. Copeland

SB-1433-HD-1

Submitted on: 3/24/2025 9:13:04 AM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
KYAW LWIN MAUNG	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

I **support SB1433 SD2 HD1**, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai’i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O‘ahu, Kaua‘i, Maui, and Hawai‘i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

Mahalo,

Kyaw Lwin Maung

SB-1433-HD-1

Submitted on: 3/24/2025 9:21:41 AM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joshua Kawika Marcus	Individual	Support	Written Testimony Only

Comments:

I support this bill

SB-1433-HD-1

Submitted on: 3/24/2025 9:21:46 AM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Vanessa Murthy	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe and members of the committee

I **support SB1433 SD2 HD1**, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai‘i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O‘ahu, Kaua‘i, Maui, and Hawai‘i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

SB-1433-HD-1

Submitted on: 3/24/2025 12:02:57 PM

Testimony for JHA on 3/25/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andrea Staley	Individual	Support	Written Testimony Only

Comments:

Dear Chair Tarnas, Vice Chair Poepoe, and members of the JHA Committee,

I strongly support SB1433 SD2 HD1, which better aligns the state’s syringe services program with best practices, including the repeal of a one-to-one limit outlined in the enabling statute (HRS §325-111 *et seq.*). The changes in this bill will help better facilitate harm reduction services delivery across the state.

Syringe access is a critical component of the state’s longstanding public health-centered approach to HIV and other infectious diseases, including viral hepatitis. For over three decades, Hawai‘i’s statewide syringe services program has effectively kept HIV transmission rates low among persons who use drugs and their intimate partners. The program currently operates through mobile units, appointments, and fixed sites on O‘ahu, Kaua‘i, Maui, and Hawai‘i Island. Participants have access to overdose prevention supplies, safer sex supplies, no-cost HIV and HCV screenings and follow-up care, and referrals that can assist with access to medical insurance and sustained medical care, including behavioral health treatment.

Mahalo for the opportunity to provide testimony.