



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of SB1433 SD2
RELATING TO HARM REDUCTION

REPRESENTATIVE GREGG TAKAYAMA, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 14, 2025 @ 9:00 AM

Room Number: 329

1 **Fiscal Implications:** none.

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

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 that 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.



SB1433 SD2 Harm Reduction Increase Needles and Syringes

COMMITTEE ON HEALTH

Rep. Gregg Takayama, Chair

Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

Friday, Mar 14, 2025: 9:00: Room 329 Videoconference

Hawaii Substance Abuse Coalition Supports SB1433 SD2:

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.

SB-1433-SD-2

Submitted on: 3/11/2025 2:41:16 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

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

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

We support SB 1433 SD2, 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.



March 11, 2025

O'ahu Youth Action Board

Est. 2017

Co-Chair

Efren Berrones

Co-Chair

Jean Grey

Vice Chair

Kahekili "Kai" Alip

Treasurer

Dawson Pahia-Kuloloia

Social Coordinator

Laleiyana "Lala" Caton

Communications Coordinator

Kyle-Ann Bobo

TESTIMONY IN STRONG SUPPORT OF SB 1433 Relating to Harm Reduction

TO: House Committee on Health

FROM: Efren Berrones- Co-Chair of O'ahu Youth Action Board

Hearing: Friday, March 14, 2025 9:00 AM

**Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the
House Committee on Health,**

Thank you for the opportunity to submit testimony in strong support of SB 1433, Relating to Harm Reduction.

My name is Efren Berrones, and I serve as the Co-Chair of the O'ahu Youth Action Board (OYAB). OYAB is a designated board composed of youth with lived experience of homelessness on O'ahu, advocating for policy changes that directly impact houseless young people. We firmly believe that any decisions affecting us must include our voices, perspectives, and lived experiences.

Hawai'i has long been a leader in harm reduction, becoming the first state in the country to establish a **Sterile Needle and Syringe Exchange Program** in 1989. This program has played a crucial role in reducing the spread of **HIV, hepatitis C, and other infectious diseases** among people who use drugs. SB 1433 builds on this legacy by **modernizing the program to a needs-based distribution model, ensuring that individuals have access to the supplies they need to stay safe.** States that have transitioned to this model have seen significant reductions in disease transmission and improved engagement with health and social services.

This issue is especially urgent for **houseless youth**, who are disproportionately impacted by substance use and its associated risks. **Studies estimate that up to 70% of youth experiencing homelessness report some form of substance use, with many using drugs as a coping mechanism for trauma, mental health struggles, or survival on the streets.** Yet, traditional treatment and prevention services often fail to meet their needs. Expanding participation in the

program to **non-injection drug users** ensures that more young people have access to harm reduction tools, education, and potential pathways to treatment when they are ready.

SB 1433 also strengthens **legal protections** for program participants, staff, and law enforcement officers, further supporting public health efforts while reducing unnecessary criminalization of individuals who access life-saving services. By updating Hawai'i's approach to harm reduction, we can continue leading the nation in evidence-based solutions that protect both individuals and communities.

We urge the Committee to pass SB 1433 and reaffirm Hawai'i's commitment to harm reduction and public health.

With Aloha,

A handwritten signature in black ink that reads "Efren Berrones". The script is fluid and cursive, with the first letters of "Efren" and "Berrones" being capitalized and prominent.

Efren Berrones
Co-Chair, O'ahu Youth Action Board
efrenb@partnersincareoahu.org



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HARM REDUCTION CENTER

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

TESTIMONY IN SUPPORT OF SB 1433, SD 2

TO: Chair Takayama, Vice Chair Keohokapu-Lee Loy, & HLT Committee

FROM: Nikos Leverenz, Policy & Advancement Manager

DATE: March 14, 2025 (9:00 AM)

Hawai'i Health & Harm Reduction Center (HHHRC) **strongly supports** SB 1433, SD 2, 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.

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee,

I **fully support SB 1433 SD2**, which better aligns the state's syringe services program with best practices including the repeal of a one-to-one limit on syringe exchange that is 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 by reducing needlestick injuries that result in Viral Hepatitis (HCV) or HIV and overdose deaths without increasing illegal injection of drugs or criminal activities. According to the Centers for Disease Control and Prevention, **participants in syringe exchange programs are five times more likely to enter drug treatment programs**. They are 3.5 times more likely to stop injecting drugs. Research also shows that more than 90 percent of syringes distributed are returned.

Syringe access is a critical component of the state's longstanding public health centered approach to HIV and other infectious diseases, including viral hepatitis (HCV). 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. Other benefits of syringe exchange programs include the following:

- Drastically reduces the exchange of contaminated needles;
- In Hawai'i, the syringe exchange centers offer free STI testing, treatment, and medical case management;
- Reduces infections caused by accidental needle sticks to users and also to the first responders that service them;
- Provides access to other services such as mental health services, drug rehabilitation, medical insurance enrollment, food and hygiene supplies and subsidies, and transportation assistance;
- Provides training and access to overdose prevention supplies; like Narcan; and
- Provides education and access to safer sex supplies.

Harm Reduction International has found that an annual investment of US \$1.8 million for one supervised injection program would result in **US \$7.8 million** in savings. There is evidence that a decrease in, or total cessation of, harm reduction services can lead to a spike in HIV and/or HCV infections.

I am requesting your support for SB 1433 SD2 and invite you to visit the Maui AIDS Foundation for you to get a first-hand view of the excellent services the staff provides.

Mahalo for this opportunity for me to express my support for this bill.

Linda Puppolo
Executive Director
Maui AIDS Foundation
linda@mauiids.org
808-242-4900 ext 5346

HAWAII PATRIOT REPUBLICANS

Written Testimony in Opposition to S.B. NO. 1434 S.D. 1
Submitted to the Senate Committee on Judiciary & Hawaiian Affairs
March 12, 2025

Aloha Members of the Committee,

I am writing strongly to oppose S.B. NO. 1433 S.D. 2. This bill, which shifts the state's syringe exchange from a one-to-one model to a needs-based system, opens services to non-injectors, and grants broad legal immunity, is a dangerous overreach that undermines public safety, personal accountability, and community health. I stand for limited government, law and order, and protecting our neighborhoods—values that should resonate across party lines. This isn't just ideology; it's about real risks to Hawaii's families. I urge you to vote NO, and here's why this bill fails both conservative and progressive standards.

1. Public Safety Threat: Flooding Streets with Needles

Switching to "needs-based distribution" means handing out unlimited sterile needles without requiring returns, flooding communities with drug paraphernalia. The bill claims this cuts HIV and hepatitis, but it ignores the fallout—more needles littering parks, beaches, and streets. Hawaii's strict one-to-one exchange has kept a lid on this; scrapping it invites chaos.

San Francisco's needle program shows the danger. A [2019 NBC Bay Area investigation](#) found that needs-based distribution left 400,000+ unreturned needles annually, turning public spaces into hazards. Democrats who care about safe communities should balk—this isn't harm reduction; it's harm creation.

2. Enabling Drug Use: Undermining Accountability

By ditching the one-to-one exchange and extending services to non-injectors, this bill sends a message: drug use is okay, no strings attached. Needs-based handouts remove any incentive to return used needles or seek treatment, while letting non-injectors tap program resources blurs the line between prevention and enablement. Personal responsibility—key to recovery—gets trashed.

Seattle's syringe program went this route and paid the price. A [2018 Seattle Times report](#) showed that unrestricted distribution correlated with stagnant treatment enrollment and rising overdose deaths nearby. Democrats who want real addiction solutions should see this—handouts don't heal; they prolong the problem.

3. Legal Immunity: A Free Pass for Crime

Granting immunity for drug residue on returned needles and paraphernalia like "cookers" and "cottons" is a green light for lawbreakers. Participants get a two-month shield from possession charges post-visit, and staff dodge liability entirely. This guts law enforcement's ability to hold drug users accountable, turning syringe sites into safe havens for illegal activity.

Philadelphia's needle exchange faced this mess. A [2021 Philadelphia Inquirer investigation](#) found that immunity protections led to open drug markets near sites, with dealers exploiting lax rules and police powerless to act. Democrats who value law and order and Republicans who demand accountability should agree—this ties our hands.

4. No Proven Crisis: Hawaii's System Works

The bill leans on CDC and White House claims that needs-based models cut infections better than one-to-one exchanges, but where's the evidence Hawaii's current program is failing? Since 1992, our strict exchange has curbed bloodborne diseases without the needle glut other states see. No data shows a spike in HIV or hepatitis tied to our model—why fix what isn't broken?

Baltimore's shift to needs-based distribution flopped on proof. A [2017 Johns Hopkins study](#) found no significant drop in HIV rates post-change, but a 20% rise in discarded needles citywide. Republicans demand necessity; Democrats demand results—this bill has neither.

5. Community Risk: Disposal Chaos

The bill bets on participants batching used needles for safe disposal, but immunity incentives won't guarantee it. Without a one-to-one mandate, many won't bother returning needles, leaving kids, families, and workers exposed to biohazards. The claim that staff "encourage" returns is toothless—voluntary compliance doesn't cut it.

Portland, Oregon, saw this unravel. A [2020 Willamette Week report](#) revealed that needs-based distribution tripled unreturned needles, overwhelming cleanup crews and spiking public complaints. Democrats who fight for clean, safe neighborhoods and Republicans who protect taxpayers should reject this—it's a public health gamble.

6. Costly Overreach: Burdening Taxpayers

Expanding the program to non-injectors and adding undefined "authorized objects" jacks up costs—funded by taxpayers—with no cap or clear budget. Annual reports and vague "research data" mandates pile on bureaucratic expenses, all for a system that risks backfiring. Hawaii can't afford to bankroll a feel-good experiment with no proven edge.

New York City's syringe program ballooned this way. A [2019 NYC Comptroller audit](#) showed costs soaring 30% after expanding scope, with little impact on infection rates and big cleanup bills. Republicans hate waste; Democrats should hate inefficiency—this bill delivers both.

Conclusion: Vote NO for Safety, Accountability, and Sanity

S.B. NO. 1433 S.D. 2 is a disaster. San Francisco littered needles, Seattle fueled overdoses, Philadelphia bred crime, Baltimore wasted effort, Portland drowned in trash, and NYC burned cash. This bill endangers communities, enables addiction, and burdens taxpayers—all without proof it's needed. Republicans demand law and order; Democrats demand safe, equitable outcomes. This fails us all. Protect Hawaii—vote NO.

Sincerely,

Andrew Crossland

Hawaii Patriot Republicans

hawaiipatriotRepublicans@gmail.com



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Testimony from:
Stacey McKenna, Resident Senior Fellow, Integrated Harm Reduction, R Street Institute

In SUPPORT of Hawaii Senate Bill 1433, “Relating to Harm Reduction.”

March 14, 2025

House Committee on Health

Chair Takayama and members of the committee:

My name is Stacey McKenna and I am a resident senior fellow in Integrated Harm Reduction at the R Street Institute. R Street is a nonprofit, nonpartisan public policy research organization that conducts policy research and outreach to promote free markets and limited, effective government in many areas, including harm reduction. We recognize that, while total abstinence from risky behaviors works for some people, it does not work for everybody and therefore will not prevent death or disease transmission at the population level.¹ Harm reduction is a practical, community-driven and evidence-based approach to public health that helps reduce the risks associated with certain behaviors – including drug use – by empowering individuals with the knowledge and tools to make safer, healthier choices.² This is why SB 1433 is of special interest to us.

In 2022, Hawaii saw 76 new cases of HIV, for an incidence rate of 5.3 per 100,000 residents.³ While sexual intercourse remains the primary driver of HIV in the state, injection drug use has become a growing risk factor in recent years: Prior to 2018, only about 14 percent of Hawaiians with HIV reported injection drug use, but in 2022, roughly 19 percent of newly diagnosed people injected drugs.⁴ In addition, although overdose deaths have declined slightly in Hawaii since 2023, the state is seeing an influx of new substances added to the drug supply, causing fluctuations in potency and endangering people who use drugs in new and changing ways.⁵ For example, the addition of xylazine to the fentanyl supply can complicate overdoses and cause debilitating soft tissue injuries.⁶ As new and unknown contaminants enter the supply, the risks will change, and organizations providing health services to people who use drugs will need to adapt quickly.⁷

SB 1433 would help address both of these issues by allowing Hawaii’s syringe service programs (SSPs) to better meet the specific needs of their participants. SSPs have been operating in the United States and all over the world for more than three decades, and in Hawaii since 1989.⁸ They are proven cornerstones in reducing the potential harm associated with drug use – cutting HIV among participants by as much as 50 percent and distributing life-saving tools such as the overdose reversal medication naloxone and drug



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checking equipment like fentanyl test strips.⁹ In addition, they promote treatment engagement and improve recovery outcomes.¹⁰

The long-standing presence of SSPs in Hawaii is likely one reason that the state's HIV and overdose death rates are lower than in much of the United States.¹¹ However, to further improve the state's ability to respond to the ever-evolving risks associated with illicit drug use, it is important to allow harm reduction organizations such as SSPs the flexibility to respond to their local and changing community needs.

Currently, Hawaii's SSPs must engage in one-for-one distribution of needles, requiring participants to turn in one or more syringes and needles for each one they receive. However, decades of evidence tell us that this is not the best way to prevent disease.¹² SB 1433 would improve the effectiveness of Hawaii's SSPs by allowing them to distribute syringes and other injection equipment according to need, rather than restricting them to one-for-one distribution. Needs-based distribution is more effective at preventing HIV and other infectious diseases, as well as deterring soft tissue injuries and subsequent risk of cardiac infections by allowing.¹³ Furthermore, increasing the number of syringes distributed can improve reach to vulnerable individuals and research shows that it does not lead to more syringe litter.¹⁴

In addition, SB 1433 would expand protections for SSP employees, volunteers and participants who are carrying supplies to or from the organizations. Since fear of arrest and prosecution are major reasons that individuals discard their used injection equipment in public would increase the likelihood that people will dispose safely of used equipment.¹⁵

SB 1433 would also expand the reach of SSPs by allowing the organizations to serve at-risk individuals even if they do not inject drugs. This shift is extremely important in the current environment. As the drug supply changes, people who did not historically use opioids are seeing fentanyl in their supply that can increase their overdose risk.¹⁶ And some people who have historically injected drugs are changing to smoking, a switch that alters but does not eliminate risk for disease and overdose.¹⁷ Thus, it is more important than ever to provide disease and overdose prevention tools as well as points of connection – many of which lead to referrals to social and mental health services as well as substance use disorder treatment – to any individual who uses drugs.¹⁸

Unfortunately, even when people have access to the best prevention and treatment, some people will continue to use illicit substances. Hawaii's long-time embrace of harm reduction is certainly part of why the state is doing better than most of the United States when it comes to preventing HIV and overdose deaths. But, too many people are still suffering from the potential harm associated with illicit drug use. This not only leads to individual suffering, but can drain community resources. SB 1433 would allow the state's already-successful SSPs to expand their services to better align with evidence-based practices



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and to adapt to the evolving circumstances in their communities. We therefore urge you to vote in favor of SB 1433.

Thank you for your time and consideration.

All the best,

Stacey McKenna, PhD
Resident Senior Fellow, Integrated Harm Reduction
R Street Institute
(970) 443-8063
smckenna@rstreet.org

¹ “Principles of Harm Reduction,” National Harm Reduction Coalition, accessed Feb. 26, 2025.
<https://harmreduction.org/about-us/principles-of-harm-reduction>.

² Ibid.

³ Josh Green and Kenneth S. Fink, “Hawaii HIV/AIDS Surveillance 2022 Annual Report,” Hawaii State Department of Health, June 30, 2023. https://health.hawaii.gov/harmreduction/files/2023/12/HIV-2023-surveillance-annual-report_20231220.pdf.

⁴ Ibid.

⁵ National Center for Health Statistics, Provisional Drug Overdose Death Counts, March 5, 2025. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>; Lynn Kawano, “In alarming trend, Hawaii saw multiple overdose deaths in 2023 involving horse tranquilizer,” *Hawaii News Now*, Jan. 23, 2024. <https://www.hawaiinewsnow.com/2024/01/04/alarming-trend-hawaii-saw-multiple-overdose-deaths-2023-involving-horse-tranquilizer>; Stacey McKenna, “What Policymakers Should Know About the Illegal Drug Supply,” R Street Institute Analysis, Feb. 20, 2025. <https://www.rstreet.org/commentary/what-policymakers-should-know-about-the-illegal-drug-supply>.

⁶ McKenna, <https://www.rstreet.org/commentary/what-policymakers-should-know-about-the-illegal-drug-supply>.

⁷ Ibid.

⁸ Hawai’i State Department of Health, “Syringe Service Programs (SSPs),” *Syringe Service Programs (SSPs)*, Harm Reduction Services Branch, Accessed March 12, 2025. <https://health.hawaii.gov/harmreduction/syringe-service-programs/#:~:text=In%201992%2C%20the%20state%20legislature,and%20to%20refer%20PWID%20to.>

⁹ “Syringe Services Programs (SSPs),” Centers for Disease Control and Prevention, Accessed March 12, 2025. https://www.cdc.gov/syringe-services-programs/php/index.html?CDC_AAref_Val=https://www.cdc.gov/ssp/docs/cdc-ssp-fact-sheet-508.pdf.

¹⁰ Ibid.

¹¹ Hawai’i State Department of Health, “HIV & AIDS,” *Learn About Diseases*, Harm Reduction Services Branch, Accessed March 12, 2025. [https://health.hawaii.gov/harmreduction/learn-about-diseases/sexually-transmitted-infections/hiv-aids/#:~:text=Data%20%26%20Statistics%2C%20Reporting%20in%20Hawaii'i&text=The%20prevalence%20rate%20\(calculated%20per,that%20of%20females%20\(33.0\);](https://health.hawaii.gov/harmreduction/learn-about-diseases/sexually-transmitted-infections/hiv-aids/#:~:text=Data%20%26%20Statistics%2C%20Reporting%20in%20Hawaii'i&text=The%20prevalence%20rate%20(calculated%20per,that%20of%20females%20(33.0);) “Mental Health in Hawaii,” Kaiser Family Foundation,



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Accessed March 12, 2025. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/hawaii>.

¹² Chelsea Boyd, “Effective Practices for Syringe Services Programs,” R Street Institute Explainer, March 5, 2025. <https://www.rstreet.org/research/effective-practices-for-syringe-services-programs>.

¹³ Chelsea Boyd, “Effective Practices for Syringe Services Programs,” R Street Institute Explainer, March 5, 2025. <https://www.rstreet.org/research/effective-practices-for-syringe-services-programs>.

¹⁴ Ricky N. Bluthenthal et al., “Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients,” *Drug and Alcohol Dependence*, 89: 2-3 (Feb. 5, 2007), pp. 214-222. <https://pmc.ncbi.nlm.nih.gov/articles/PMC2562866>.

¹⁵ Carol Y. Franco et al., “‘We’re actually more of a likely ally than an unlikely ally’: relationships between syringe services programs and law enforcement,” *Harm Reduction Journal*, (Aug. 4, 2021). <https://pmc.ncbi.nlm.nih.gov/articles/PMC8336277>.

¹⁶ Karla D. Wagner et al., “Prevalence of fentanyl in methamphetamine and cocaine samples collected by community-based drug checking service,” *Drug and Alcohol Dependence*, 252 (Nov. 1, 2023). <https://www.sciencedirect.com/science/article/pii/S0376871623012231>.

¹⁷ Victoria Colliver, “Smoking Fentanyl, Rising in SF, Is a Deadly New Risk for Overdose,” *UCSF News*, May 22, 2024. <https://www.ucsf.edu/news/2024/05/427651/smoking-fentanyl-rising-sf-deadly-new-risk-overdose>.

¹⁸ Stacey McKenna, “Why Harm Reduction Organizations Distribute Safer (Drug) Smoking Supplies,” R Street Institute Analysis, June 26, 2024. <https://www.rstreet.org/commentary/why-harm-reductionists-distribute-safer-drug-smoking-supplies>.

SB-1433-SD-2

Submitted on: 3/11/2025 3:43:41 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jason Yaris	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I **support SB 1433 SD2**, 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-SD-2

Submitted on: 3/11/2025 11:02:48 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

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

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and HLT Committee Members,

As a public health professional with over 15 years of local experience, I write in **STRONG SUPPORT of SB1433 SD2**, 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 who seek services there care deeply about their health. 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 health 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-SD-2

Submitted on: 3/12/2025 6:21:26 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

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

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee

I **support SB 1433 SD2**, 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.

All the best,

Griff

SB-1433-SD-2

Submitted on: 3/12/2025 1:43:01 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Bryan Chin, DNP, APRN, FNP-BC	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and members of the committee,

I support SB 1433 SD2, 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.

-Bryan Chin, DNP, APRN, FNP-BC

Wailuku, Hawai‘i 96793

SB-1433-SD-2

Submitted on: 3/12/2025 5:36:42 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Bronson Teixeira	Individual	Oppose	Written Testimony Only

Comments:

Aloha, I stand in strong opposition to this bill, mahalo.

SB-1433-SD-2

Submitted on: 3/12/2025 5:39:58 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jan K Baldado	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I oppose SB 1433 SD2.

Mahalo nui.

SB-1433-SD-2

Submitted on: 3/12/2025 5:53:29 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Russell Garcia	Individual	Oppose	Written Testimony Only

Comments:

I am vaccine injured and I am against vaccine period the only people supporting this is doctors because when you sick like me you are always at the doctors office . It a business and if you have a sick population doctors and their investors make millions. I oppose this bill. I don't want my tax money funding any vaccine period

SB-1433-SD-2

Submitted on: 3/12/2025 6:00:20 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Brett Kulbis	Individual	Oppose	Remotely Via Zoom

Comments:

Chair Takayama and Committee Members,

My name is Brett Kulbis, I'm a 26yr Navy Veteran and I live in Ewa Beach.

I STRONGLY OPPOSE SB-1433.

SB-1433, will fundamentally alter Hawaii's Sterile Needle and Syringe Exchange Program. This bill poses significant risks to public safety and community health while potentially enabling drug use.

Shifting to a needs-based distribution system from the current one-to-one exchange model could lead to a dramatic increase in needle litter, as seen in cities like San Francisco. This change threatens the safety of our beaches, parks, and public spaces, putting children and residents at risk of accidental needle sticks.

Expanding the program to include non-injection drug users sends a dangerous message that normalizes drug use. Rather than addressing the root causes of addiction, this approach risks encouraging and enabling substance abuse.

The proposed liability protections for program participants, staff, and law enforcement may have unintended consequences. While intended to remove barriers to participation, these protections could be exploited and potentially hinder law enforcement efforts to address drug-related crimes.

Furthermore, this bill creates an open-ended program without clear limits or solutions to addiction. It risks straining our state's resources and budget, potentially at the expense of other vital services and treatment programs.

Instead of expanding this program, we should focus on evidence-based addiction treatment and prevention strategies that address the underlying issues of substance abuse.

I urge you to vote no on SB1433 and prioritize solutions that truly help those struggling with addiction while maintaining the safety and well-being of all Hawaii residents.

SB-1433-SD-2

Submitted on: 3/12/2025 6:04:56 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Cari Sasaki	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE SB1433. Needle / syringe distribution programs have already failed where it has been tried (ex. San Francisco) and does not result in "harm reduction." However, drug-related crime does rise in these areas and there will be more dirty needles littering our neighborhoods for children and pets to come in contact with. This measure will waste tax dollars and not produce the intended result.

SB-1433-SD-2

Submitted on: 3/12/2025 6:24:42 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael alapai	Individual	Oppose	Written Testimony Only

Comments:

Josh green is nuts I oppose this bill

SB-1433-SD-2

Submitted on: 3/12/2025 6:46:37 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lesha Mathes	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. This has been tried in other states. It is a major fail! It will bring an open-ended needs based distribution program. It will bring increased litter of used needles which will be a hazard to children and others. It does nothing to help people get off of drugs and in fact encourages drug use. This is a lose lose proposition.

SB-1433-SD-2

Submitted on: 3/12/2025 7:41:11 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Larry Duclayan	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I am writing to respectfully oppose Hawaii Senate Bill SB1433, which proposes the implementation of a syringe exchange program for drug addicts, modeled after programs like those in San Francisco. While I recognize the intent to address public health concerns such as HIV prevention among persons who inject drugs (PWID), I have serious concerns about the potential unintended consequences and lack of comprehensive harm reduction strategies in this bill.

First, evidence from syringe exchange programs, such as those studied in San Francisco (as noted in the National Institutes of Health and Harm Reduction Journal research), shows mixed outcomes. While some studies suggest a reduction in needle-sharing, others indicate no significant decline in risky behaviors among participants who do not consistently engage with the program. Moreover, the bill’s focus on distributing free syringes without sufficient emphasis on prevention, treatment, and rehabilitation raises concerns about enabling drug use rather than addressing its root causes. This could inadvertently contribute to an increase in drug-related crimes, as highlighted in the post and supported by research on injection drug use-related crime hot spots.

Second, the bill lacks clear provisions for integrating syringe exchange with robust harm reduction strategies, such as overdose prevention education, access to drug treatment programs, and mental health support. The National Harm Reduction Coalition emphasizes that effective harm reduction must address the social determinants of drug use, including poverty, trauma, and isolation, which this bill does not adequately address. Without these components, SB1433 risks becoming a superficial solution that fails to protect public health or support individuals in recovery.

Third, I am concerned about the potential public safety risks, including increased littering of used syringes in communities and the absence of data on how this program will be monitored to ensure it does not exacerbate drug use or crime rates. The post’s criticism of similar programs in other states, such as San Francisco, underscores these concerns, and Hawaii’s unique cultural and geographic context may not align with the outcomes observed elsewhere.

I urge the committee to vote "No" on SB1433 unless amendments are made to include comprehensive harm reduction strategies, rigorous oversight, and a focus on treatment and

prevention rather than solely syringe distribution. Hawaii deserves a balanced approach that prioritizes both public health and community safety.

Mahalo for considering my testimony.

Respectfully,

Larry Duclayan

SB-1433-SD-2

Submitted on: 3/12/2025 7:42:29 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Carol D. Yokoyama	Individual	Oppose	Written Testimony Only

Comments:

Please STRONGLY OPPOSE SB1433. Why would this State use our hard earned tax dollars to support drug addicts' addictions by supplying them with syringes/needles?? This bill promotes drug use. All of you voting on this bill should go visit the cities that have this similar program and really see how much of a failure those programs have been. Keep our children and pets safe at the beaches and parks by voting NO on SB1433 to stop additional needle litter.

SB-1433-SD-2

Submitted on: 3/12/2025 7:55:24 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Barry Yokoyama	Individual	Oppose	Written Testimony Only

Comments:

Please vote NO on SB1433. This bill seems to promote drug use.

SB-1433-SD-2

Submitted on: 3/12/2025 8:06:02 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Laurence Limasa	Individual	Oppose	Written Testimony Only

Comments:

I oppose.

SB-1433-SD-2

Submitted on: 3/12/2025 8:10:55 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
JoAnn Salakielu	Individual	Oppose	Written Testimony Only

Comments:

I Strongly oppose this bill.

Please do not vote for it.

SB-1433-SD-2

Submitted on: 3/12/2025 8:21:24 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Vanessa Karsin	Individual	Oppose	Written Testimony Only

Comments:

Not only is it a safety risk for our children if they find needles on the ground but also data has shown crime has gone up in cities that have this. You talk about a climate crisis, this will increase the trash on the Islands.

SB-1433-SD-2

Submitted on: 3/12/2025 8:36:56 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
J Pualani Vendiola	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this bill

SB-1433-SD-2

Submitted on: 3/12/2025 9:32:49 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Cheryl Rzonca	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB 1433 and ask you to oppose it too. We should not be funding any illegal drug paraphernalia which encourages people to continue with their unhealthy and illegal habits. This makes us an accessory to a crime and provides no incentive for addicts to rehabilitate.

SB-1433-SD-2

Submitted on: 3/12/2025 10:01:20 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Blaine De Ramos	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose SB1433. The governor and any legislator that wants to supply needles to drug users should be happy and willingly to give funds from their own salaries. I do not want my tax dollars paying for a drug addicts choices.

SB-1433-SD-2

Submitted on: 3/12/2025 10:35:17 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
James K. Rzonca	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill. Work on putting dealers in jail, not enabling users. I used to be a drug user, if the state helped enable my drug use, it would have been much harder to quit.

SB-1433-SD-2

Submitted on: 3/12/2025 11:05:49 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Susan Kuwaye	Individual	Oppose	Written Testimony Only

Comments:

Strongly oppose. Are we as a state doing so well that we can afford to provide for addicts. This will draw drug users to the islands and increase our homeless population, impacting law enforcement, medical emergency facilities, welfare services, beaches and parks. Are our governing leadership seeking to destabilize and devaluate our communities? Good to remember our state motto: Ua Mau ke Ea o ka Aina i ka Pono. The life of the land is perpetuated in righteousness.

SB-1433-SD-2

Submitted on: 3/12/2025 11:54:12 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Susan wadas	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill and do not want my tax money to support syringes for drug addicts. This is what they choose to do. Have you not seen what has happened in San Francisco? Where this has become law, it has not helped the drug problem, it has only made it worse.

This does nothing to help the addicts. They need treatment and prevention help.

Thank you ,

Susan Wadas

SB-1433-SD-2

Submitted on: 3/12/2025 11:57:04 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Monica J Medina	Individual	Oppose	Written Testimony Only

Comments:

Aloha Committee Members,

I'm writing to strongly oppose SB1433. Calling the bill "Harm Reduction" is ironic when it seeks to put more syringes on our Hawaiian lands for the use of illegal and dangerous drugs.

Drug addicts, especially ones on the streets, in our public parks and on our beaches are not responsible law abiding citizens who will be looking out for the welfare of our keiki and kupuna by disposing of their medical hazardous waste properly. Even those who throw them into public trash receptacles will be putting city and county workers at risk of being stuck and contracting AIDS, Hepatitis, or other contagions. This is NOT PONO and upside-down thinking.

Providing "Harm Reduction" to criminals and INCREASING risk of HARM to the rest of us in Hawaii? A'ole! I don't want my grandbabies to have an exponentially greater risk of stepping on needles because my tax dollars bought thousands of them for drug addicts.

Please vote "NO" on this dangerous bill.

Mahalo,

Monica Medina

SB-1433-SD-2

Submitted on: 3/13/2025 2:10:47 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Terry Murakami	Individual	Oppose	Written Testimony Only

Comments:

I oppose.

By giving free syringes out (funded by Hawaii tax payers) this will increase litter of needle syringes in public.

I have worked jobs where I had to deal with syringes carelessly discarded. This puts people, especially children and pets at serious risk.

There's also no focus on treatment and prevention strategies.

Cities like San Francisco also implemented similar programs and had disastrous results.

SB-1433-SD-2

Submitted on: 3/13/2025 2:11:05 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Donna Bareng	Individual	Oppose	Written Testimony Only

Comments:

I am writing to strongly oppose SB1433, which proposes to implement an open-ended, needs-based distribution program for needles. I firmly believe that this approach is flawed and will create more harm than good for our communities, especially our children and pets.

This proposed needle distribution program has the potential to increase the presence of discarded needles in public spaces, leading to serious health and safety risks. Children and pets, who are particularly vulnerable, could come into contact with used needles, which could result in devastating injuries and the transmission of infectious diseases like HIV and Hepatitis C. The reality is that this type of program does not ensure proper disposal of needles, and in places like San Francisco, we have already seen a rise in discarded needles in public parks and on streets, creating a dangerous environment for families and residents.

Furthermore, SB1433 does not adequately address the root causes of drug addiction, nor does it focus on the critical areas of treatment, prevention, and mental health support. Rather than providing an endless supply of needles, we should be investing in programs that focus on long-term solutions, such as addiction recovery services, mental health care, and prevention education. These efforts are essential for truly helping those affected by substance abuse and preventing future generations from falling into the same cycles of addiction and harm.

There is also a real concern that this bill could lead to an increase in drug-related crime. When we provide open access to needles without any substantial focus on rehabilitation or treatment, we risk enabling drug use without offering a meaningful path to recovery. Additionally, areas with high levels of open drug use and discarded needles often see a rise in property crime, public disturbances, and other criminal activity, further straining our community resources and law enforcement.

Instead of perpetuating a cycle of harm, we must prioritize policies that focus on healing, recovery, and prevention. This includes expanding access to mental health services, supporting addiction recovery programs, and addressing the systemic issues that lead individuals to turn to drugs in the first place.

I strongly urge this committee to reconsider SB1433 and to prioritize policies that protect the health and safety of our communities, especially our most vulnerable, while also focusing on effective solutions that can help those struggling with addiction in a sustainable and compassionate way.

Mahalo for your time and consideration.

SB-1433-SD-2

Submitted on: 3/13/2025 6:58:07 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Linda Miyata	Individual	Oppose	Written Testimony Only

Comments:

Please vote No. Providing syringes will enable addicts to continue to mask their root problems. Look for healthier solutions to free them from their drug addictions.

SB-1433-SD-2

Submitted on: 3/13/2025 7:29:57 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Richard Domingo	Individual	Oppose	Written Testimony Only

Comments:

I STRONGLY OPPOSE SB1433.

This seems like it would only create a much more dangerous environment for everyone. If anything, there should be a designated facility for these types of things to occur full of staff and not this trade-in type of deals. that why you get your program and the needles stay off the streets and away from the kids. I OPPOSE.

SB-1433-SD-2

Submitted on: 3/13/2025 8:09:38 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Denise Veal	Individual	Oppose	Written Testimony Only

Comments:

I am opposed vehemently. Why would you give free needles to someone who is doing illegal drugs? Why are you encouraging their drug use? This doesn't keep the drug user safe. This threatens their lives! I'm having difficulty putting into words any kind of argument because this is so ridiculous.

Starting with the city that this bill is modeled after, San Francisco. It used to be a beautiful city. It is now filthy and trashed. Hawaii is quickly heading down that road. I don't want to see my HOME become even more like that. This bill will only push Hawai'i further down that road.

Secondly, I fail to see how enabling drug use helps the drug user get off of drugs. The term drug addiction is used for a reason. The user will do whatever they have to to get their next high.

Some are so far gone that they don't care who they hurt, including themselves. So, again, why are we encouraging and enabling them?

This will also create danger to others. Needles left on the street where children may find them.

Depending on the drug used, there could be increased violent crimes. and the list goes on and on.

Vote no. There's nothing good about this bill. It's only harms everyone.

SB-1433-SD-2

Submitted on: 3/13/2025 8:47:20 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Leilani Maxera	Individual	Support	Written Testimony Only

Comments:

I am writing in support of SB 1433. One for one exchange of syringes is bad public health. If you deny someone a new syringe who needs one, they are not going to just change their mind about injecting drugs that day - not having the clean equipment they need leads to reusing syringes (which has a greater risk of skin and blood infections) or sharing with someone else (which risks HIV, HCV, and other bloodborne infections). Hawai'i is one of the last syringe exchanges that exists working off a one for one model. Studies have shown for decades that a distribution-based model best meets the goals of syringe exchange - minimizing the harms of injection drug use. I have worked and volunteered with five different syringe exchange programs over a 17 year span, including managing the statewide syringe exchange in Hawai'i for almost 7 years - the only one of them with a one for one model. I have seen firsthand that distribution-based models work best. It is an outdated law that does not embody true harm reduction policy, and it is beyond due to be changed.

SB-1433-SD-2

Submitted on: 3/13/2025 9:16:38 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mariano Castillo	Individual	Oppose	Written Testimony Only

Comments:

I oppose sb1433

SB-1433-SD-2

Submitted on: 3/13/2025 9:57:22 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ryan Willis	Individual	Oppose	Written Testimony Only

Comments:

I Strongly Oppose

SB-1433-SD-2

Submitted on: 3/13/2025 9:58:39 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kanoe Willis	Individual	Oppose	Written Testimony Only

Comments:

I Strongly Oppose

SB-1433-SD-2

Submitted on: 3/13/2025 10:25:47 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Justin Kaawa	Individual	Oppose	Written Testimony Only

Comments:

Strongly oppose

SB-1433-SD-2

Submitted on: 3/13/2025 11:53:10 AM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
kim santos	Individual	Oppose	Written Testimony Only

Comments:

Please vote no as the distribution of needles has been proven in other states to harm not help the community. Addicts need help to come out of addiction not given free access to supplies to continue in their illegal, yes, illegal activity. Our tax dollars should not fund illegal activities.

SB-1433-SD-2

Submitted on: 3/13/2025 12:20:33 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Terri Yoshinaga	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bad bill.

SB-1433-SD-2

Submitted on: 3/13/2025 1:15:55 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Chanara Caey Richmond	Individual	Oppose	Written Testimony Only

Comments:

I oppose SB1433. Chanara Richmond HD42

SB-1433-SD-2

Submitted on: 3/13/2025 9:16:10 PM

Testimony for HLT on 3/14/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dayna Matsumura	Individual	Oppose	Written Testimony Only

Comments:

Oppose.