

**Testimony for the House Committee on Appropriations
Labor, Health & Human Services, Education, and Related Agencies Subcommittee
Submitted by Mark Jenkins,
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Chairman DeLauro, Ranking Member Cole, and members of the Subcommittee, I am Mark Jenkins a service-connected, disabled veteran of the U.S. Air Force and founder and Executive Director of Connecticut Harm Reduction Alliance (CTHRA), formerly the Greater Hartford Harm Reduction Coalition (GHHRC). *I am pleased to submit testimony on behalf of CTHRA and as a member of a large coalition of public health, HIV, viral hepatitis, and harm reduction organizations to urge Congress to appropriate \$150 million for the Infectious Diseases and the Opioid Epidemic program at the Centers for Disease Control and Prevention (CDC) to save lives and address the opioid overdose crisis by supporting and expanding access to harm reduction and syringe services programs (SSPs).*

Founded originally in 2014, the Connecticut Harm Reduction Alliance houses both the Greater Hartford Harm Reduction Coalition and Sex Workers and Allies Network (SWAN) programs. CTHRA promotes the dignity and wellbeing of individuals and communities impacted by drug use, homelessness, and sex work. Through advocacy, training and service, CTHRA ensures the availability, adequacy, accessibility, and acceptability of services and resources that remediate the adverse consequences of substance use. The Alliance offers a wide range of services helping people who use drugs to avoid overdose and live longer healthier lives. These include SSPs to help prevent HIV, viral hepatitis, and endocarditis (heart) infections; HIV and Hepatitis C screenings; Narcan/Naloxone distribution (a drug that reverses opioid overdose)

along with overdose prevention training; shelter and housing referrals; education on Substance Use Disorders and referrals to treatment; transportation; and more.

Shamefully, the U.S. currently has a crisis in drug overdose that has both been overshadowed by the COVID-19 pandemic and in which services directed specifically towards people who use drugs in a trusting and respectful way have rarely been funded. Nearly 108,000 people died from overdose in 2021 (up 10% in 2020 and from 74% in 2015) with deaths trending to increase in 2022. In Connecticut where CTHRA seeks to prevent overdose and end disease transmission related to intravenous drug use, there were 1,550 deaths due to overdose in 2021. (A rate of 42.98 per 100,000). This represents a 11.9 % increase over 2020, a 25.9% increase over 2019, and a 44.9% increase over 2018! This is more than the population of the towns of Canaan, Colebrook, Union or Warren and 150 more fatal overdoses than in 2020. (Connecticut Data Dashboard, 2015 to 2022; Heather Clinton). Thirty years ago, when syringe services programs (SSPs) were rolled out statewide, there were around 650 new HIV diagnoses every year attributed to injection drug use. Over the last five years, CT has averaged 16 cases a year. That's a 97.5% reduction in incidence, and SSPs led this movement toward HIV elimination. *Without expanded resources to respond to the current increases in demand for services we are in jeopardy of backsliding and seeing rates of hepatitis C and other infectious diseases increase as well as overdose deaths continue to skyrocket.*

A recent news [article](#) noted that teenage overdose fatalities associated with synthetic opioid drugs, such as fentanyl, have tripled over the last two years. Overall, youth between the ages 15 and 24 experienced an increase of 49% in fatal drug overdoses from 2019 to 2020, the largest increase in an age group in the U.S. according to CDC data. One issue is that many people, not just teens, who overdose are unaware of the presence of fentanyl until it is too late.

This is true in Connecticut where most overdose are related to fentanyl. CTHRA is working to respond to the change in drug supply by collaboration with DOP and NEHIDTA to increase drug checking statewide.

In the U.S. overdose deaths have increased most dramatically among Black people and communities of color. Since 2015, overdose deaths have been rising most rapidly among Black and Hispanic or Latino communities. In 2020, Black people had the largest percentage increase in overdose mortality at 48.8%. The Hispanic or Latino community experienced a 40.1% increase in overdose deaths as compared to White people who experienced a 26.3% increase. American Indians and Alaska Natives experienced the highest rate of overdose mortality of all ethnic groups in 2020 - a rate 30.8% higher than that of white people. ***We must work to end these disparities and to prevent overdose entirely.***

CTHRA's Mobile 1 Network consists of 4 teams of people including Ambassadors who have the trust of the community. We engaged approximately 3,500 participants, distributed 4,200 Narcan doses, and reversed over 300 drug overdoses in 2021. Our staff are especially cognizant that people who use drugs may have had poor relationships with police and medical professionals; we work to build relationships based on trust and non-judgmental respect. We "meet folks where they are at," in their time, place, language, and lived experience. CTHRA utilizes a treatment on demand model, connecting people when they are ready – directly to medical, mental health, and drug treatment services, along with transportation. ***Our goal is to reduce the negative consequences of drug use and to incorporate a range of strategies to help people who use drugs stay safe and alive while we connect them to urgently needed care.***

We are especially proud of the work at SWAN, which was founded in 2016 and recently joined CTHRA, which runs structured support groups and hosts educational sessions for sex

workers including, yoga, meditation, and self-defense. SWAN works to help engage people in the medical community to better serve sex workers, improve health and provide access to harm reduction supplies like naloxone.

Congress is ideally positioned to help us fashion a new response to this deadly epidemic. While the US has funded drug prevention and treatment programs, until recently almost no funding has been directed towards programs that work with people who use drugs. This creates a major services gap, particularly when other programming in the medical or criminal legal systems may stigmatize people who use drugs. Providing funding for SSPs would help prevent drug overdoses and deaths by educating people on signs of an overdose and how to respond. As previously noted, CTHRA distributed over 4,000 doses of naloxone and responded and reversed to 300 overdoses in 2021. CTHRA is proud to be an important part of preventing overdose deaths in Connecticut.

Sadly, both Connecticut and nation do not have nearly enough access to SSPs. A March 2020 North American Syringe Access Network (NASN) survey of 173 SSPs – almost 40% of SSPs nationwide - showed a 43% increase in request for SSP services. CTHRA has felt this pressure. We have become the state’s largest distributor of sterile syringes, exchanging over 750,000 syringes in 2021, and received over 600,000 in return. Our need has outpaced supplies. Funding for SSPs in Connecticut has remained the same while demands on SSP for life-saving services have skyrocketed.

Hundreds of studies over more than 30 years show that SSPs reduce overdose deaths and infectious diseases transmission rates as well as increase the number of individuals entering substance use disorder treatment. These studies also confirm that SSPs do not increase illicit drug use or crime and save money.

The Infectious Diseases and Opioid Epidemic Program is the ideal place for Congress to appropriate the \$150 million. CDC is the nation's expert SSPs and host a technical assistance center that coordinates with SAMHSA on this issue. With additional FY23 funding, CDC could significantly expand SSPs at this critical time to help prevent overdose deaths and the spread of HIV, viral hepatitis, and other infectious diseases, all while connect people to life-saving medical care, including drug treatment. ***In fact, new recipients of SSP services are 5 times more likely to enter drug treatment.***

On a personal note – I started working in this field as an AIDS Risk Reduction Outreach Worker for the Perception programs in Willimantic and have long sought to deliver services to our most difficult-to-reach populations. I have been privileged to work in, and gained the trust of, people in Connecticut's neighborhoods that have been most impacted by a lack of accessibility to services. As a personal milestone, I recently celebrated 25 years free from drug use. I have witnessed how this devastating disease impacts our community on daily basis. I truly believe to whom much is given, much is required. This is why I do this work and why I so passionately urge the subcommittee to assist us in saving lives through SSPs and other overdose prevention services.

I want to thank the Subcommittee for its past funding of the CDC Infectious Diseases and Opioid Epidemic program and urge Congress to provide \$150 million for the program in FY23. Thank you also for your time and consideration of my testimony, and please do not hesitate to contact me at markj@ct-hra.org or Jenny Collier at jcollier@colliercollective.org if you have questions or need additional information.