

**Testimony for the House Committee on Appropriations
Labor, Health & Human Services, Education, and Related Agencies Subcommittee
Submitted by Laura Thomas,
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San Francisco, CA**

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Chairman DeLauro, Ranking Member Cole, and members of the Subcommittee, my name is Laura Thomas and I serve as the Director of Harm Reduction Policy at San Francisco AIDS Foundation (SFAF) in San Francisco, CA.

I am pleased to submit testimony on behalf of San Francisco AIDS Foundation, as a member of a large coalition of public health, HIV, viral hepatitis, and harm reduction organizations to urge Congress to appropriate \$120 million for the Infectious Diseases and the Opioid Epidemic program at the Centers for Disease Control and Prevention (CDC) at the Department of Health and Human Services (HHS) to save lives and address the overdose crisis by supporting and expanding access to syringe services programs (SSPs).

For nearly four decades, SFAF has promoted health, wellness, and social justice for communities most impacted by HIV, through sexual health and substance use services, advocacy, and community partnerships. SFAF has long worked to prevent overdose, HIV, and hepatitis among people who use drugs (PWUD). To save lives and keep people healthy, SFAF offers a strong harm reduction response to the syndemics of HIV, viral hepatitis, overdose, and sexually transmitted infections. Our syringe access services reach over 18,000 people per year. We provide health and harm reduction services to people who inject and use substances, including overdose prevention and response training. Our staff build relationships with participants that honor them as experts on their experience. These relationships are the foundation upon which change can be built and pathways charted to our continuum of care. Our

programs are about more than just syringe access and disposal services, though; we provide a welcoming environment, free of stigma, and connect PWUD to HCV/ HIV testing, full sexual health screenings, on-site HCV treatment, linkage to HIV care, buprenorphine, medical care, contingency management, low threshold drop-in counseling, harm reduction-based group interventions, and formalized substance use treatment counselling.

The United States is experiencing an urgent drug overdose crisis, with more than 100,000 overdose deaths expected to be counted in 2020 and potentially more in 2021. Drug overdoses are the leading cause of accidental death in the United States. 2020 overdose deaths are expected to have increased by more than 40% than the previous record year of 2019.

In 2019 there were 6,443 deaths due to overdose in my home state of California with corresponding increases in San Francisco. According to the preliminary data, we are expecting that there will be over 10,500 deaths from overdose in 2020, *the highest level ever in California*. If this estimate is correct this would represent a *63% increase over 2019, a number that likely will exceed the U.S. increase by 50 percent*. In San Francisco, we lost over 700 people to drug overdose in 2020, more than twice as many people as died of COVID-19 here last year, and an increase of 60% over the prior year. The infectious diseases associated with opioid and other drug use also have dramatically increased. Since 2010, the number of new hepatitis C infections has *increased by 380%*. Outbreaks of viral hepatitis and HIV among people who inject drugs continue to occur nationwide.

Overdose deaths have increased more dramatically among Black people and communities of color. From 2015 to 2018, overdose deaths among African Americans more than doubled (by 2.2 times) and among Hispanic people increased by 1.7 times while increasing among white, non-Hispanic people by 1.3 times. In San Francisco, African Americans are dying

from overdose at over four times the rate of whites. We must redouble our efforts to end these disparities.

SSPs are an essential component of preventing overdose deaths. SFAF proudly runs the largest syringe access and disposal program in the State of California and one of the largest and oldest in the nation. Our “Pick Up Crew” (PUC) is integral to our efforts to ensure safe syringe disposal and clean up syringe litter on our city streets. The crew is out on the streets every day, even during the pandemic, for scheduled syringe clean-up, safe disposal health education, building relationships with people who inject drugs and experience homelessness and providing Narcan (naloxone). They also reverse a lot of overdoses. My coworker Cassie describes one such situation, *“I was driving when I heard ‘I need Narcan I need Narcan.’ I pulled the car over, threw on the hazards, and jumped out with my Narcan. I saved him.”* We know we can stop this overdose crisis; that is what SSPs and people like Cassie do every day.

Congress must respond to the overdose crisis, as well as work to prevent and reduce infectious diseases related to drug use, such as HIV and hepatitis C by supporting and expanding access to syringe services programs (SSPs). The CDC has documented over 30 years of studies that 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.

SSPs are among the only health care services trusted and used by people who use drugs and so can effectively engage this highly stigmatized population. SSPs help protect the community (including first responders) by ensuring safe disposal of syringes, reducing rates of infectious diseases, and can help providing a pathway to effective mental health and alcohol and other drug treatment and to other medical care.

SSPs are the most effective way to get naloxone - a drug which reverses an opioid overdose – into the hands of people who use drugs, who are most likely to be at the scene of an overdose. Last year, our team distributed 36,710 doses of naloxone and nearly 4,000 overdose reversals were reported back to us. People who use drugs are an essential partner in preventing overdose fatalities and are best reached by SSPs. With additional resources, SSPs can reach more people with naloxone, which would help reduce the dramatically increasing number of overdose deaths.

Unfortunately, the nation has insufficient access to SSPs and the COVID-19 pandemic has decreased access to these life-saving services during a time when the need for services has increased dramatically. In January 2021, Drug Policy Alliance conducted a survey of SSPs that showed that *91% of respondents experienced an increase in clients in 2020*, many as a result of the COVID-19 pandemic. During this time of skyrocketing need, *42% of respondents experienced funding cuts in 2020 and expect such shortfalls to continue in 2021.* As a response to funding shortfalls, *many SSPs have been forced to lay off staff and reduce services, including SFAF, which just had to lay off four members of our SAS team.* Consequently, because of these decreased and limited resources, SSPs cannot reach the millions of people who may benefit from their life-saving services.

Federal funding would expand access to these critical and effective programs. According to the North American Syringe Exchange Network (NASEN), there are approximately 400 SSPs operating nationwide. Experts estimate that to sufficiently expand access to SSP programs, the U.S. would require approximately 2,000 programs - *5 times the number in existence now.* A recent study that assessed the startup costs of an individual program estimated that it would cost (in 2020 dollars) \$490,000 for a small rural program and \$2.1 million for a large urban program,

resulting in an average start-up cost of \$1.3 million per program. Based on these numbers the requested funding would provide an 10% increase to currently operating SSPs to help address funding shortfalls and also expand the number of SSPs nationwide.

Finally, expanding access to SSPs will reduce health care costs, including for infectious diseases treatment. Hepatitis C treatment can cost more than \$30,000 per person, while HIV treatment can cost upwards of \$560,000 per person. Averting even a small number of cases would save millions of dollars in treatment costs in a single year.

The Infectious Diseases and Opioid Epidemic Program at CDC helps to eliminate infections related to injection drug-use and improve their prevention, surveillance, and treatment. It also strengthens and expands access to syringe services programs. In FY2019, CDC began several projects to expand capacity of SSPs nationwide through technical assistance to ensure high-quality, comprehensive services and best practices. With additional FY22 funding, CDC could significantly expand SSPs at this critical time to help prevent overdose deaths, the spread of HIV and viral hepatitis and connect people to life-saving medical care.

On a personal note – long before I was hired for this job, I was a syringe access volunteer, starting in 1998. I've seen first-hand the impact that these essential services can have. I've also lost far too many friends and colleagues to overdose in that time. On behalf of all the people I love who use drugs, I ask you to increase the funding for these life-saving programs.

I want to thank the Subcommittee for its past funding of the CDC Infectious Diseases and Opioid Epidemic program and urge Congress to provide \$120 million for the program in FY22. Thank you also for your time and consideration of my testimony, and please do not hesitate to contact me at lthomas@sfaf.org or Jenny Collier at jcollier@colliercollective.org if you have questions or need additional information.