

Harm Reduction Protections for Medical Practitioners, Law Enforcement HB 3028 by Reps. Bush, Pae, Waldron and Sen. John Michael Montgomery

*House Bill 3028 protects medical practitioners, law enforcement, tribes and registered social service entities who administer harm reduction programs for the purposes of **reducing the proliferation of dirty needles and connecting Oklahomans to addiction recovery services**. It also creates licensure and meaningful reporting requirements to ensure these goals are met.*

*Harm reduction syringe services are a **nationally-recognized best practice**. Oklahoma law currently prohibits licensed professionals from operating these services despite demand from medical practitioners.*

Public Health and Safety Necessity

- Data shows harm reduction syringe programs **reduce drug use** over time by connecting individuals using drugs to treatment and other support services.ⁱ There is no evidence of an increase in drug use due to such programs.
- These programs **reduce the spread of infectious diseases** like HIV and Hepatitis C.ⁱⁱ Oklahoma's rate of HIV and Hepatitis C has increased in recent years due to opioid and subsequent heroin use.ⁱⁱⁱ
- In other parts of the U.S., the rate of **violent crime has decreased** due to the implementation of a syringe exchange program.^{iv}
- Syringe service programs **protect children**. The American Academy of Pediatrics urges that "pediatricians should advocate for unencumbered access to sterile syringes ..." due to a decrease in children born with HIV/AIDS.^{viii}

Protecting Law Enforcement

- 1 in 3 law enforcement officers will experience a needle stick injury over the course of his or her career.^v Approximately 25 percent will experience more than one needle stick injury.
- Syringe programs **reduce law enforcement needle stick injuries** by 66 percent.^{vi} This bill creates oversight and reporting requirements ensuring disposal of dirty needles.

Cost savings and risk reduction for regular Oklahomans

- Decreased number of syringes in public places due to proper disposal.^{vii}
- These programs **save money** for citizens and the health care system. The estimated lifetime cost of treating a person experiencing HIV is between \$385,200 and \$618,900. The Institute of Medicine estimates that each syringe program may produce up to \$50,000 in savings per each prevented spread of HIV.^{viii}

References

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- ^{vii} Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug Alcohol Depend*. 2007;89(2-3):214-222. www.ncbi.nlm.nih.gov/pmc/articles/PMC2562866/
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