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Chairman Dolan, Vice-Chair Burke, Ranking Member Sykes and members of the Committee. My name is Dennis Cauchon, and I am president of Harm Reduction Ohio, a non-profit organization that supports drug policies based on science, evidence and public health. Last November, we co-sponsored (with the Ohio State University College of Public Health) a "best practice" conference on syringe programs. Every syringe program in Ohio attended the two-day conference, which was partially funded by the Centers for Disease Control and Prevention.

I wholeheartedly support the proposed amendment to add up to $500,000 to the budget to for syringe services programs. Today, 20 of Ohio's 88 counties have syringe programs, sometimes called "needle exchanges." More are in the process of starting programs, and a little money would make a big difference.

Syringe programs are a high priority for many local health departments because blood-borne infectious disease – HIV, hepatitis C and endocarditis (a heart infectious) -- are increasingly spread in Ohio through the use of unsterile syringes by people who use drugs. Syringe programs are a cost-effective way to lower taxpayer-funded health care. The diseases prevented are extremely expensive to treat, and Medicaid pays most of these costs. The legislature authorized syringe programs in the 2015 budget for a good reason.

Many people fear these programs promote drug use and cause people to avoid treatment. Those are reasonable questions that have been studied in-depth. If you Google "CDC" and "syringe program fact sheet," you'll get a summary (with footnotes) of what research has found. In short, syringe programs **do not** increase drug use or crime but syringe programs:

- **Do** increase people who inject drugs seeking treatment by a factor of five.
- **Do** reduce overdose death.
- **Do** reduce needlestick injuries among first responders.

These are important fact to know. Although it may sound counterintuitive, research shows that, in addition to reducing the spread of disease, funding syringe programs is *the best, most cost-effective way* to achieve our universally held drug policy goals: educing overdose death, increasing access to and use of treatment, and protecting first respinders from the risk of getting stuck by infected needles. Syringe programs cause a wide range of benefits because they are currently the only way for the public health system to reach this stigmatized population.

Today, Ohio syringe programs are funded by local taxes and donations. Most programs operate on a shoestring. Many are open only two hours per week; a couple programs are open for short periods once every two weeks. Programs struggle to follow best because they can't afford to do much more than the minimum.

This amendment would not solve funding problems, but it would make a meaningful difference, especially in rural counties and programs surviving on inside millage and donations. The amendment provides up to $15,000 per fiscal year for each syringe program, up to a maximum of $500,000 per year, for the next two years. The state's 20 programs would get about $300,000 in fiscal year 2020.

This amendment will help the Ohio Department of Health's effort to financially stabilize the state's syringe programs. Last year, ODH requested – and the CDC approved – spending federal HIV prevention money on syringe programs. DH explained to the CDC that Ohio's rates of infectious disease transmission among people who inject drugs was growing fast. This did not surprise the CDC. As you likely know, the CDC sent a quick response team to the Cincinnati area in response to an HIV outbreak last year. The Cincinnati *Enquirer* headline summed up the CDC recommendation: "Boost access to syringe exchange to curb Cincy HIV spike, CDC says."

This amendment will make the state a financial partner with local health departments and federal health authorities in using syringe programs to keep people who use drugs healthy and alive while respecting taxpayers' need for prudent fiscal management.

Thank you.