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Testimony from:

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

In SUPPORT of LB 165, “Authorize syringe services programs in municipalities and counties and provide exceptions to penalties related to drug paraphernalia under the Uniform Controlled Substances Act”

January 29, 2025

Judiciary Committee

Chairperson Bosn and members of the committee:

My name is Stacey McKenna. I am a resident senior fellow in Integrated Harm Reduction at the R Street Institute, a nonprofit, nonpartisan public policy research organization. We conduct policy research and outreach to promote free markets and limited, effective government in many areas, including harm reduction. This is why LB 165 is of special interest to us and we request that this letter of support be considered part of the public record.

In many ways, Nebraska is already in a better position than other parts of the United States when it comes to the negative consequences of illicit substance use. In 2021, Nebraska saw a major spike in new HIV cases—107 compared to the annual average of 81 over the past decade.¹ However, the state’s new diagnosis rate of 6 per 100,000 residents is still lower than regional (8 per 100,000 people) and national (13 per 100,000 people) levels.² Similarly, while Nebraska has not escaped the nation’s opioid overdose crisis, deaths fell by more than 26 percent last year.³

Although it is important to recognize Nebraska’s public health successes relative to the rest of the United States, the state still has work to do. Nebraska lost an estimated 143 people to overdose last year.⁴ And in 2022, more than 2,400 Nebraskans were living with HIV and 91 were newly diagnosed with the disease.⁵ The state has already taken some key steps to improve those. For example, the Department of Health and Human Services created a state-wide HIV awareness and prevention campaign to address geographical spikes and racial disparities in HIV.⁶ And lawmakers have taken on the opioid overdose crisis by increasing support for life-saving tools such as fentanyl test strips and the opioid antidote, naloxone.⁷

LB 165 would simply be another, complementary, tool that would amplify these efforts to keep Nebraskans safe and healthy by allowing communities that want to permit syringe services programs (SSPs) to authorize them. SSPs have been operating in the United States and all over the world for more



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than three decades. They are proven cornerstones in reducing the potential harms associated with drug use, and even promote treatment engagement and improve recovery outcomes.

SSPs reduce HIV and hepatitis C among participants by as much as 50 percent.⁸ And the programs are not just effective in urban centers. Research from Kentucky found that rural SSPs saw reductions in HIV, hepatitis, and skin infections comparable with those achieved in cities. What's more, the rate of new infections started to decline as soon as a month after individual SSPs opened.⁹

When it comes to preventing overdose deaths, SSPs not only reduce the risks associated with chaotic drug use, they link participants to substance use disorder treatment and can improve engagement and retention. SSPs can help reduce overdose as primary distributors of naloxone and fentanyl test strips and providers of overdose awareness and education.¹⁰ In addition, they often provide the types of services and connections—from food banks to job training or treatment referrals—that improve participants' health and lives more generally. In fact, compared to non-SSP participants who use drugs, people who engage with SSPs are three times more likely to reduce their injection frequency and up to five times as likely to enter and stay in treatment.¹¹

SSPs also keep communities healthier and safer. For example, HIV prevention can reduce transmission risk in the community broadly, and all that prevention saves taxpayer dollars—the estimated lifetime cost of treating HIV is more than \$420,000, most of which is borne by Medicaid.¹² Because SSPs collect used injection equipment and provide participants with resources for safe disposal, they also reduce syringe litter and prevent needlestick injuries, including among first responders.¹³

Finally, by prioritizing local control and community-based implementation, LB 165 simultaneously reflects Nebraskans' values while encouraging SSP best practices. The programs are at their most effective when they are tailored to meet specific community needs and priorities.¹⁴

Unfortunately, even the best prevention and treatment efforts can leave some people behind. We're seeing this in Nebraska. Although the state's numbers are better than much of the country, too many people are still suffering from the potential harms associated with illicit drug use. This not only leads to individual suffering, but can drain community resources. LB 165 is a tool that would build upon the efforts Nebraska is already taking to improve the health and safety of all of the state's residents. And it would do so in a way that prioritizes local control and community-based programming. As such, we urge you to vote in favor of LB 165 to permit Nebraska's local jurisdictions to authorize SSPs if they so choose.

Thank you for your time and consideration.

All the best,



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¹ Paul Hammel, "Nebraska sees rise in new HIV cases, especially in rural areas, but cause unclear," *Nebraska Examiner*, July 20, 2022. <https://nebraskaexaminer.com/briefs/nebraska-sees-rise-in-new-hiv-cases-especially-in-rural-areas-but-cause-unclear>.

² AIDSvu, "Understanding the Current HIV Epidemic in Nebraska," *AIDSvu*, 2024. <https://map.aidsvu.org/profiles/state/nebraska/overview>.

³ "Provisional Drug Overdose Death Counts," national Vital Statistics System, Centers for Disease Control and Prevention, Jan. 15, 2025. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

⁴ Ibid.

⁵ AIDSvu, "Understanding the Current HIV Epidemic in Nebraska," *AIDSvu*, 2024. <https://map.aidsvu.org/profiles/state/nebraska/overview>.

⁶ Alycia Davis, "HIV Prevention Awareness Campaign," News Release, Nebraska Department of Health and Human Services, Sept. 6, 2024. <https://dhhs.ne.gov/Pages/HIV-Prevention-Awareness-Campaign.aspx>.

⁷ Nebraska Department of Health and Human Services, "Nebraska State Opioid Response Naloxone Program," Accessed Jan. 23, 2025. <https://stopodne.com/wp-content/uploads/2023/03/First-Responder-FAQ.pdf>; Nebraska LB 1355, "A bill for an act relating to public health and welfare," Approved by the Governor April 16, 2024. <https://nebraskalegislature.gov/FloorDocs/108/PDF/Slip/LB1355.pdf>.

⁸ "Syringe Services Programs (SSPs)," Centers for Disease Control and Prevention, Feb. 8, 2024. <https://www.cdc.gov/syringe-services-programs/php/index.html#:~:text=The%20best%20way%20to%20prevent,in%20HIV%20and%20HCV%20infections>.

⁹ Cameron Bushling et al., "Syringe services programs in the Bluegrass: Evidence of population health benefits using Kentucky Medicaid data," *The Journal of Rural Health*, 38: 3, (Sept. 19, 2021), pp. 620-629. <https://onlinelibrary.wiley.com/doi/abs/10.1111/jrh.12623>.

¹⁰ "Syringe Services Programs: A NACo Opioid Solutions Strategy Brief," National Association of Counties, Jan. 23, 2023. <https://www.naco.org/resource/syringe-services-programs-naco-opioid-solutions-strategy-brief>.

¹¹ "FAQs for Syringe Services Programs," Centers for Disease Control and Prevention, Accessed Jan. 23, 2025. https://www.cdc.gov/syringe-services-programs/php/faq/?CDC_AAref_Val=https://www.cdc.gov/ssp/syringe-services-programs-faq.html.

¹² Adrienna Bingham et al., "Estimated Lifetime HIV-Related Medical Costs in the United States," *Sexually Transmitted Diseases*, 48: 4, (April 2021), pp. 299-304. https://journals.lww.com/stdjournal/abstract/2021/04000/estimated_lifetime_hiv_related_medical_costs_in.15.aspx; Lindsey Dawson et al., "Medicaid and People with HIV," *KFF*, March 27, 2023. [https://www.kff.org/hiv/aids/issue-brief/medicaid-and-people-with-hiv/#:~:text=Medicaid%20is%20the%20largest%20source,estimated%20\\$5.4%20billion%20in%20FY22](https://www.kff.org/hiv/aids/issue-brief/medicaid-and-people-with-hiv/#:~:text=Medicaid%20is%20the%20largest%20source,estimated%20$5.4%20billion%20in%20FY22).



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¹³ Harry Levine et al., "Syringe disposal among people who inject drugs before and after the implementation of a syringe services program," *Drug and Alcohol Dependence*, 202, (Sept. 1, 2019), pp. 13-17.

<https://www.sciencedirect.com/science/article/abs/pii/S0376871619301978>.

¹⁴ Emanuel Krebs et al., "The impact of localized implementation: determining the cost-effectiveness of HIV prevention and care interventions across six U.S. cities," *AIDS*, 34: 3, (March 1, 2020), pp. 447-458.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC7046093>.