

# Senate Health and Human Services Committee

*Kyle Baker 271-2609*

**SB 234-FN**, relative to hypodermic syringes and needles containing residual amounts of controlled drugs and authorizing the operation of syringe service programs in New Hampshire.

**Hearing Date:** February 14, 2017

**Time Opened:** 2:00pm

**Time Closed:** 3:00pm

**Members of the Committee Present:** Senators Bradley, Avard, Gray, Fuller Clark and Hennessey

**Members of the Committee Absent :** None

**Bill Analysis:** This bill:

I. Exempts residual amounts of controlled substances in hypodermic syringes and needles from the provisions of the controlled drug act.

II. Authorizes persons other than pharmacists to dispense hypodermic syringes and needles and allows them to be sold in retail establishments other than pharmacies.

III. Authorizes the operation of syringe service programs in New Hampshire.

**Sponsors:**

Sen. Gray

Sen. Watters

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**Who supports the bill:** Will Anderson, Sen. Watters, SD# 4; Valerie Acres, NH Medical Society; Michele Merritt, New Futures; Devon Chaffee, ACLU NH; JJ Smith, NH Public Health Association; Joe Hannon; Robin Pollini; Mary Bidgood Wilson, NH Nurse Practitioner Association; Andrew Blake; Christine Villoneue; Persephanie Lesperance; Margot LeNeveu; Dean Lemire

**Who opposes the bill:** Timothy Pifer, DOS; Elizabeth Sargent, NH Association of Chiefs of Police

**Who is neutral on the bill:** Lindsay Pierce, NH DHHS

## **Summary of testimony presented in support:**

### **Senator Gray – Senate District 6**

- After talking to many experts in the field, they all wanted a needle exchange bill.
- Expert are here to testify on the specifics

### **Joe Hannon MD – Former State Representative**

- This bill passed the house and was turned into a study commission that met over the summer.
- There is oversight. If someone has a needle exchange program they will need to report what they are giving out and if they are giving referrals for further treatment and testing.
- The reporting rules are not biographical because making someone register to be part of the program drives down the success of the program.
- Current law allowing pharmacies to sell up to 10 syringes is good but pharmacies are not doing it because they do not want that clientele in their stores.
- There is broad support for these programs from the medical societies in the state.
- This will not increase new users and does not increase usage.
- There is research that shows that needle exchange programs increase people going to treatment because they are no longer getting needles in the underground markets.
- HIV is an epidemic and we do not want this to happen in NH.
- This program does not have a significant cost .

**Sen. Bradley** – How would a person get syringes in this program?

**Rep. Hannon** – People are going to be able to get them for free from non-profits and other community health programs. We do not want to limit the organizations that can give them out because not everyone wants to go to exchanges.

### **Michelle Merritt – New Futures**

- Supports
- This bill would go a long way to reduce the spread of disease and infection due to IV drug use.
- In Manchester in 2015 there were over 540 used syringes removed from public parks.
- There is currently no incentive for safe disposal of needles because of the risk of prosecution
- 70% of users treated at Catholic Medical Center tested positive for Hepatitis C
- NH is the only New England State without a needle exchange program of some

kind.

**Dr. JJ Smith – NH Public Health Association**

- Have seen enormous growth in the spread of Hepatitis C
- Doctors have needed this for a long time.

**Robin Pollini, PhD MPH**

- Currently no reliable source of sterile syringes in Strafford County
- There is one chain in Portsmouth which sells syringes (10 per purchase) but otherwise individuals have to look out of state for new syringes
- Syringes are sold on the street, and often these have been used before. There is no way to know who used them or where they have been.
- Individuals pick up syringes they find on the ground and use them.
- At least one convenience store in the area has a lockbox in their bathroom for used syringes. There have been multiple reports of individuals breaking into this box to obtain the used syringes.
- Some individuals are making their own syringes out of household objects or used syringes, which is very unsanitary and can spread harmful diseases.
- Individuals reported using the same syringe over and over until it broke in their arm or stopped working, sometimes totaling 80-100 times.
- This causes many health problems, and can be difficult and expensive to treat which poses a burden on the health care system.
- Several individuals said they would not be comfortable safely disposing of a syringe at a syringe service program if they were at risk of arrest
- These programs benefit the public since it gets dangerous used syringes off the street
- The primary reason for individuals disposing their syringe in a public place is the risk of arrest at a safe disposal service.
- Eliminating the drug residue restrictions are key to reducing HIV and Hepatitis C transmission

**Andrew Blake – Dartmouth Medical Student**

- Exchange programs are a cost effective way to cut down on the spread of disease without increasing drug use
- Has a sister who began using heroin at 16. She obtained multiple skin infections and endocarditis that required emergency surgery. She suffered a fatal overdose at the age of 18.
- The residual amount is the tricky part of this legislation.
- Addiction is a disease and not a reflection of who the person truly is and they

should not be considered criminals because of their addiction.

**Christine Villoneue– RN**

- Implementing this program is very inexpensive when compared to the growing medical costs of the results of dirty needles.
- When a patient is undergoing antibiotics we can not let them leave because of the IV access maintained for the anti-biotics. We are worried that they would use the IV access to inject drugs which could be deadly.

**Persephanie Lesperance– Person in long term recovery**

- Began using in 2013
- Did not share needles but still contracted Hepatitis C from other contamination.
- After being diagnosed with Hepatitis C the mentality was that sharing needles was ok because she was already infected.
- Clean needles were very hard to come by and it led to the repeat use of syringe.
- Was always worried about being caught with a syringe which led to always looking to get rid of syringes.
- If you drive up and down Rt 495 between NH and MA in the spring time you will see many used needles discarded.
- This bill shows more hope for NH.

**Sen. Avard** – What was the point that got you into recovery

**Lesperance** – There was no special moment but multiple incarcerations, constantly hurting my family and a general feeling of not wanting to continue on this path. My local community health center was very supportive.

**Margot Leneveu– Dartmouth Medical Student**

- Legal syringe exchange without restriction is very important.
- Needle exchange programs are mainly for harm reduction.

**Dean Lemire – New England Recovery and Wellness**

- Is also a person in long term recovery.
- Would throw needles out the windows because of the fear of arrest.
- Was always driving and using, not for drugs but for clean needles?
- Took part in interviews with current drug users and the problems are just increasing.
- Syringes are very efficient and there is no usable amount of drugs in the syringe after the plunger has been fully depressed

## **Summary of testimony presented in opposition:**

### **Timothy Pfifer – NH Department of Safety**

- Support the needle exchange program but oppose this bill because of the residual amount of substance language.
- It only takes a small number of grains of fentanyl to overdose.
- There are also cases of impaired driving where a person refuses a blood test and the syringes would be used as evidence.
- Removes a tool from law enforcement.
- In fatal overdoses the syringes are often the only evidence the police have.
- This bill would decriminalize a possible felony amount of drugs.

**Sen. Avar** – Can you clarify the comments on a fully loaded syringe being inadmissible as evidence.

**Pfifer** – A full syringe would be without residual amounts and the semantics of the phrasing could be interpreted differently.

**Sen. Bradley** – So a residual or trace amount of fentanyl could still be lethal?

**Pfifer** – That is correct

### **Beth Sargent – NH Association of Chiefs of Police**

- Support the concept but the chiefs are against the bill as written due to the decriminalization of the trace amounts of drugs remaining in the syringe

## **Neutral Information Presented:**

**Future Action:** Pending

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Date Hearing Report completed: February 17, 2017