



Jim Pillen
Governor

STATE OF NEBRASKA

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Mr. President, Mr. Speaker, and
Members of the Legislature
State Capitol
Lincoln, NE 68509

Dear Mr. President, Mr. Speaker, and Members of the Legislature:

With this letter, I am returning LB 307 without my approval and without my signature. I am vetoing LB 307 for the following reasons:

- Syringe Service Programs (SSPs) have been shown to increase drug deaths where they have been implemented.
- SSPs are not effective at decreasing drug usage and disease transmission when compared to other means.
- The bill as written, would allow for children of any age to participate in these programs. I do not think it is prudent to encourage minors to abuse dangerous drugs instead of seeking out the substance abuse treatment they need to overcome drug addiction.
- SSPs have the potential to expose citizens to unintended, yet equally concerning health and safety risks as a result of improperly disposed needles.

The studies the proponents of this bill have cited to demonstrate the effectiveness of SSPs in reducing the spread of HIV focus on programs that were stood up to combat the AIDS crisis in the 1980s and 1990s. Those programs differ substantially from the ongoing opioid crisis in terms of its geographic reach and lethality. Those studies also relied on small sample sizes and self-reported data regarding individuals' drug use, and typically did not consider the unintended consequences to individuals who are not receiving direct treatment.

In fact, recent studies on the effectiveness of SSPs have found these programs only contribute to a negligible reduction in HIV infections, and at the expense of greater opioid-related deaths. For example, a study published in the *Journal of Public Economics* in June 2022 found that although SSPs may decrease HIV diagnoses rates by up to 1.1%, research also indicates these programs increase opioid-related mortality rates by 2 to 3.5%, or about three more cases per county per year, due to an increase in the use of heroin and illicit fentanyl.¹

Another study published by the *National Bureau of Economic Research* comparing the health outcomes of 79 counties from 2009 to 2016, found SSPs resulted in nearly two fewer cases of HIV per county per year, while resulting in four more drug-related deaths per county each year.² Additionally, research published in the *European Journal of Public Health* analyzing HIV

¹ Packham, Analisa (2022). Syringe Exchange Programs and Harm Reduction: New Evidence in the Wake of the Opioid Epidemic. *Journal of Public Economics*.

² Packham, Analisa (2019). Are Syringe Exchange Programs Helpful or Harmful? New Evidence in the Wake of the Opioid Epidemic. *National Bureau of Economic Research*. <https://www.nber.org/papers/w26111>

prevention strategies and incidence rates in Denmark, Norway and Sweden suggest that a high level of HIV testing and counseling would be more effective in preventing HIV transmission than legal access to needles and syringes.³

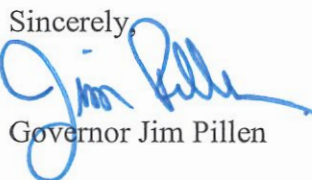
Evidence has also shown that the costs and number of needles have ballooned in cities with established SSPs. In San Francisco, for example, health department records show the city handed out 3.3 million needles at a cost of \$400,397 in fiscal year 2013-14. Just two years later, the number of needles distributed increased to 4.45 million at a cost of \$523,363.⁴

San Francisco has also struggled with inadequate disposal of dirty needles, leaving vulnerable populations like children at risk of contracting deadly diseases. Of the 400,000 needles distributed monthly, the health department estimates that about 246,000 are returned through the city's syringe access and disposal sites, leaving more than 154,000 needles a month still unaccounted for. This has led to the city paying \$750,000 a year to hire people known as the "Syringe Pick Up Crew" to collect dirty needles on the streets and at area parks. All these costs add up and will lead to increased property taxes for residents of any municipality that chooses to institute a syringe service program.

In Santa Ana, California, city officials have pushed back on state implementation of a SSP, based on prior experience with a county program several years earlier.⁵ At the time, county employees reported the removal of 14,000 needles potentially contaminated with infectious diseases, while clearing a four-mile stretch of public land. The police chief and city manager sent letters of opposition to the state last year, citing safety and health concerns associated with the program. The mayor also spoke out in opposition to the state adopted SSP.

Simply put, adoption of LB307 has the potential to expose our communities to the same issues that others have experienced, as described above. Those are but a few examples.

Additionally, Nebraskans do not think it is prudent to encourage minors to abuse dangerous drugs instead of seeking out the substance abuse treatment they need to overcome drug addiction. We should support less deadly ways of combating drug usage and the spreading of diseases. It is for these reasons that I urge you to sustain my veto of LB 307.

Sincerely,

Governor Jim Pillen

³ Amundsen, Ellen J.; Eskild, Anne; Stigum, Hein; Smith, Else; and Aalen, Odd O. (2003). *European Journal of Public Health*.

⁴ Matier & Ross (2018, May 9). Those needles littering the streets? The city gave them out. *San Francisco Chronicle*. <https://www.sfchronicle.com/bayarea/matier-ross/article/Those-needles-littering-the-streets-The-city-12898656.php>

⁵ Chow, Vivian (2023, Aug. 15) State approves needle exchange program in Santa Ana despite city's objections. *KTLA5*. <https://ktla.com/news/local-news/state-approves-needle-exchange-program-in-santa-ana-despite-citys-objections/>