



Colorado Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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Re: COSAM's support to eliminate the 1,000-foot restriction for syringe service programs near schools/daycares

Dear Denver City Council,

On behalf of the Colorado Society of Addiction Medicine (COSAM), the medical specialty society representing physicians and other clinicians who specialize in the treatment of addiction, **we write to support the elimination of the 1,000-foot restriction for syringe service programs (SSPs).**

The current ordinance that regulates syringe service programs dates back to 1997, and includes requirements that are not supported by evidence and do not exist in most other jurisdictions. In particular, the ordinance, Sec. 24-157, limits the city from authorizing more than three SSPs, and forbids the programs that are approved from operating within 1,000 feet of any "elementary and/or secondary school meeting all the requirements of the compulsory education laws of the state or a licensed day care center," with the exception of mobile outreach workers. Both of these restrictions make it impossible for these programs to adequately serve the needs of city residents.

Three syringe exchanges currently operate in the city and are subject to the rules and regulations of the Denver Department of Public Health and Environment. Two have been operating fixed sites since February 2012. In addition to providing new syringes and removing used ones from circulation, they perform many other life-saving activities, including providing the overdose reversal medication naloxone and connecting people to evidence-based treatment. They have proven to be good neighbors and positive members of their communities for more than a decade. However, three facilities are not nearly enough to serve the greater than 700,000 people who live in Denver's more than 150 square miles. Additionally, the limitation on operating within 1,000 feet from schools and childcare centers has been an ongoing challenge for the programs that do exist. Because there are so many schools and daycare facilities in the city, it is nearly impossible for SSPs to find space in areas where they are easily accessible to those that need them most (please see attached map). This challenge has been exacerbated recently due to an increasingly tight real estate market, particularly since most SSPs do not own the buildings in which they operate.

There is no evidence to support these restrictions. SSPs have been shown time and time again to reduce bloodborne disease transmission, connect people who use drugs to treatment and other services, and improve public safety.¹ This is likely why other municipalities with restrictions have repealed them in recent (the District of Columbia in 2019 and Pittsburgh in 2014). We do not know of any other jurisdictions that artificially limit the number of SSPs that can operate.

Why we need to eliminate the 1,000-foot restriction:

1. These restrictions have no public health or public safety benefit.
2. The ordinance is out of conformity of the statewide law. In 2010, syringe exchange legislation passed allowing public health counties to opt-in. Denver is the only county in the state with an ordinance. In 2019, legislation passed allowing hospitals to provide syringe exchange without board of health approval. In 2020, legislation passed that board of health approval is not needed for a syringe access program—except in Denver they would need a variance from the board of health because the citywide cap is at three programs, per this current ordinance.
3. These restrictions likely cause harm, including increasing the number of people in the city who contract bloodborne diseases like HIV and hepatitis C and the number of people who experience fatal opioid overdose by restricting access to syringes, drug checking equipment, naloxone, and referrals to evidence-based treatment.
4. The restrictions are directly at odds with the Administration's goals of increasing access to SSPs, as evidenced by the generous funding provided to these programs. As addiction-treatment professionals, **we urge the committee to support this action.** Please do not hesitate to contact me if there is any other assistance we can provide.

Sincerely,

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Public Policy Liaison, COSAM
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CC:

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¹ CDC. (2024). *Safety and Effectiveness of Syringe Services Programs*. Centers for Disease Control and Prevention. <https://www.cdc.gov/syringe-services-programs/php/safety-effectiveness.html>