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Idaho Slides Backwards By Prioritizing Abstinence Over Preserving Life

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Harm reduction strategies have been used for decades in many developed countries to reduce diseases and overdoses from using drugs obtained on the black market. It is a major reason why those countries have lower drug-related illness and fatality rates than the US. In recent years, many state and local jurisdictions have begun adopting these strategies. Idaho, however, recently decided to prioritize abstinence over life preservation.

This week, Idaho's Republican Governor Brad Little signed [HB 617](#) into law. The bill repeals Idaho's five-year-old law that permits harm reduction organizations to operate syringe services programs (SSPs), also called "needle exchange" programs. Idaho becomes the first state to *retrogress* from the growing trend among US jurisdictions to embrace harm reduction. Lawmakers cited concerns that SSPs enable people to use illicit drugs and grumbled that there is not enough evidence SSPs entice people with substance use disorder to enter rehab programs.

Of course, advocates of SSPs never touted them as a means of bringing people into addiction rehab programs. While people operating SSPs often connect their clients to rehab and other social services, their *raison d'être* has always been to reduce the spread of HIV, hepatitis, and other infections. On that, SSPs have an outstanding record. In addition to distributing clean syringes, SSPs also hand out bleach and other materials for users to clean their equipment and, in recent years, began giving out the opioid overdose antidote naloxone. By getting more naloxone into users' hands, SSPs will hopefully help reduce overdose deaths.

Contra SSP critics, there is no evidence that SSPs enable illicit drug use. But think about it: Do SSP critics truly believe that thousands of people have been pining to inject heroin or fentanyl that they can easily access on the black market, but the only thing stopping them is that they don't know where to obtain a clean syringe?

SSPs' record of reducing the spread of HIV, hepatitis, and other deadly infections is so impressive that the Centers for Disease Control and Prevention, the surgeons general of the [Trump](#) and Biden administrations, the National Institute on Drug Abuse, the Substance Abuse and Mental Health Services Administration, the White House Office of National Drug Control Policy, the World Health Organization, the American Public Health Association, the American Medical Association, and the American Society of Addiction Medicine all endorse SSPs and urge

lawmakers to remove legal obstacles preventing harm reduction organizations from operating them.

A 2022 Cato policy analysis explained how state-level drug paraphernalia laws provide major obstacles to SSPs and other harm reduction strategies. Until last year, Alaska was the only state never to have enacted drug paraphernalia laws. Minnesota repealed its drug paraphernalia laws last May.

Substance use disorder is a major problem in Canada, Australia, the UK, and Europe. Yet overdose rates in the US dwarf those in the rest of the developed world. A major reason is that the rest of the developed world has embraced harm-reduction strategies for decades while lawmakers in the US are only recently beginning to appreciate them. Sadly, Idaho's lawmakers are not among them.

By recriminalizing SSPs, Idaho lawmakers appear to prioritize preventing people from using illicit drugs over preventing them from dying due to illicit drug use. That places abstinence over the preservation of life.

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