

<p>DISTRICT COURT, PUEBLO COUNTY, COLORADO 501 N. Elizabeth Street Pueblo, CO 81003</p>	
<p>COLORADO HEALTH NETWORK INC., a nonprofit corporation, and SOUTHERN COLORADO HARM REDUCTION ASSOCIATION, a nonprofit corporation;</p> <p>v.</p> <p>CITY OF PUEBLO.</p>	<p style="text-align: center;">▲ COURT USE ONLY ▲</p>
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<p style="text-align: center;">BRIEF OF AMICI CURIAE NETWORK FOR PUBLIC HEALTH LAW, COLORADO ASSOCIATION OF LOCAL PUBLIC HEALTH OFFICIALS, COLORADO PROVIDERS ASSOCIATION, COLORADO SOCIETY OF ADDICTION MEDICINE, AND HARM REDUCTION ACTION COALITION IN SUPPORT OF PLAINTIFFS</p>	

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I. Interest of Amici Curiae

The **Network for Public Health Law** (Network) provides visionary leadership in the use of law to protect, promote, and improve health and health equity. The Network provides non-partisan legal technical assistance and resources, collaborating with a broad set of partners to expand and enhance the use of practical legal and policy solutions to improve public health. The Network is committed to using public health law and policy to improve the conditions, as well as strengthen the services and systems, that make our communities safer, healthier, stronger and more equitable.¹

The **Colorado Association of Local Public Health Officials** (CALPHO) is the professional association representing Colorado's 56 local public health agencies (LPHAs). CALPHO's mission is to connect and empower local public health leaders and advocate for a strong, effective, and sustainable public health system.

The **Colorado Providers Association** (COPA) represents over 45 behavioral healthcare organizations with a focus on substance use disorder services including prevention, treatment, harm reduction, and recovery in every county of the state. COPA's members boast all provider types including single-person organizations serving rural communities, inpatient treatment facilities, hospitals, community mental health centers, and every type of recovery community organization.

The **Colorado Society of Addiction Medicine** is the Colorado chapter of the American Society of Addiction Medicine (ASAM). ASAM, founded in 1954, is a professional medical

¹ No party, party's counsel, individual or organization other than *amici* authored any part of this brief or contributed funds for its preparation or submission.

society representing over 7,000 physicians, clinicians, and associated professionals in the field of addiction medicine. As a physician-led professional community for those who prevent, treat, and promote remission and recovery from the disease of addiction, ASAM provides resources for continuing innovation, advancement, and implementation of addiction science and care.

The **Harm Reduction Action Coalition (HRAC)** educates, empowers, and advocates for the health and dignity of Denver's people who use drugs. Since 2002, the HRAC has provided direct services that curb the spread of HIV, hepatitis C, and accidental overdoses among people who use drugs. To bolster the direct service efforts as the state's largest provider, the HRAC also works closely with lawmakers, healthcare providers, law enforcement, and the general community towards a common vision of a healthier and safer Colorado.

I. Argument

Colorado is experiencing an epidemic of drug-related harm. Syringe services programs (“SSPs”) reduce that harm by providing proven, evidence-based services that prevent the spread of bloodborne infections, decrease syringe litter, connect people who use drugs to treatment and other professional care, and save both lives and resources.

Pueblo Ordinance No. 10698 criminalizes the creation, establishment, and operation of SSPs as well as participation in their services. This ordinance, if permitted to go into effect, would severely impede the function of existing SSPs and prevent the creation of new ones. This would directly and negatively impact on the health of people in Pueblo by increasing the number of opioid overdoses, HIV and hepatitis infections, and preventable deaths in and around the City.

A. Colorado is Experiencing an Epidemic of Drug-Related Harm

The continuing epidemic of overdose and other drug-related harm has had devastating effects on Colorado. Almost 35,000 people were treated in Colorado emergency departments for drug-related overdose between 2020 and 2022, almost 11,500 of those in 2022 alone. Colorado Dep't of Public Health & Env't, *Drug overdose emergency department visits at acute care hospitals in Colorado, 2016-2022*, <https://bit.ly/3VGR7xn> (last reviewed June 24, 2024). The rate of drug overdose deaths increased from 15.4 per 100,000 in 2015 to 29.8 per 100,000 in 2022, when overdose claimed the lives of 1,811 Coloradans. Ctrs. for Disease Control & Prevention, *Drug Overdose Mortality by State*, <https://bit.ly/3x5C42H> (last reviewed June 14, 2024). Eighty-eight residents of Pueblo County – at least five of whom were veterans of the U.S. Armed Forces – experienced fatal overdose in 2022, the sixth highest rate of fatal drug overdoses in the state. Colorado Dep't of Public Health & Env't, *Counts of drug overdose deaths due to any drug in Colorado, 2020-2022*, <https://bit.ly/45MbrSA> (last reviewed June 24, 2024).

The epidemic, combined with limited access to sterile syringes, has also led to a dramatic increase in injection-related infections. Of new HIV diagnoses between 2017 and 2021, almost 14% occurred among people who inject drugs (PWID). Colorado Dep't of Public Health & Env't, *HIV Epidemiology Annual Report*, <http://bit.ly/3VNDpK0> (last reviewed June 17, 2024). The rate of acute hepatitis C cases in Colorado increased five-fold from 2021 to 2022. Ctrs. for Disease Control & Prevention, *Rates of Reported Cases of Acute Hepatitis C, by State or Jurisdiction*, <https://bit.ly/3RwNatR> (last reviewed June 17, 2024). From 2015 to 2019, injection drug use was the most common risk factor for hepatitis C infection, reported in over half of new diagnoses. Colorado Dep't of Public Health & Env't, *Viral Hepatitis Surveillance in Colorado*,

<https://bit.ly/3VOCIiL> (last reviewed June 24, 2024). The number of patients with infective endocarditis in the state is rapidly increasing, as is the percentage of those infections caused by lack of access to sterile syringes and other injection equipment. Jesse Paul, *The opioid crisis is breaking hearts in Colorado — and that’s forcing doctors to make tough choices*, The Colorado Sun (Sept. 12, 2018), <https://bit.ly/4cD3hOF/>. Pueblo has been particularly hard hit. Pueblo County had the ninth highest rate of new HIV diagnoses in 2022, with 13 new cases reported. Colorado Dep’t of Public Health & Env’t, *HIV in Colorado: 2022*, <https://bit.ly/3RIzsUR> (last reviewed June 24, 2024). Pueblo County also has one of the state’s highest rates of new hepatitis C infections. Colorado Dep’t of Public Health & Env’t, *Viral Hepatitis Surveillance in Colorado*, <https://bit.ly/3VOCIiL> (last reviewed June 24, 2024).

Although not as immediately salient as the immeasurable human costs associated with this dramatic increase in drug-related harm, the financial cost of these preventable infections is immense. The estimated lifetime cost of treatment for HIV is \$420,285 (in 2019 dollars) and \$84,000 for hepatitis C (in 2011 dollars). Adrienna Bingham et al., *Estimated Lifetime HIV-Related Medical Costs in the United States*, 48 *Sexually Transmitted Diseases* 299 (2021); Homie Razavi et al., *Chronic Hepatitis C Virus (HCV) Disease Burden and Cost in the United States*, 57 *Hepatology* 2164 (2013). In Colorado, the estimated lifetime cost to treat the 429 new cases of HIV and the 27 new cases of acute hepatitis C diagnosed in 2022 is \$209,345,652 in 2022 dollars. Ctrs. for Disease Control & Prevention, *Numbers and Rates of Reported Cases of Acute Hepatitis C, by State or Jurisdiction*, <https://bit.ly/3XM1jY7> (last reviewed June 17, 2024); Colorado Dep’t of Public Health & Env’t, *State of Colorado HIV Surveillance Bi-Annual Report*, <https://bit.ly/3RzRb0t> (last reviewed June 17, 2024). The lifetime cost to treat the

thirteen individuals in Pueblo who contracted HIV in 2022 will likely be over 6 million dollars.

Id. Most of these harms can be greatly reduced or eliminated altogether by ensuring that people who use drugs have ready access to sterile injection supplies and other harm reduction tools and services.

B. Syringe Services Programs Protect Against Bloodborne Disease Infection, Connect Participants with Substance Use Disorder Treatment, Decrease Syringe Litter, Prevent Overdose, Reduce Costs and Do Not Increase Crime

The benefits of SSPs have been apparent for decades. In 1995, an expert panel of the National Research Council and the Institute of Medicine found that “needle exchange programs can be effective in preventing the spread of HIV and do not increase the use of illegal drugs.”

Preventing HIV Transmission: The role of sterile needles and bleach 6 (Nat’l Rsch. Council and Inst. of Med. et al. eds., 1995). In 1998, then-Secretary of Health and Human Services Donna Shalala declared that “[a] meticulous scientific review has now proven that needle exchange programs can reduce the transmission of HIV and save lives without losing ground in the battle against illegal drugs.” U.S. Dep’t of Health & Human Servs., *Research Shows Needle Exchange Programs Reduce HIV Infections without Increasing Drug Use* (Apr 20, 1998),

<https://bit.ly/3gZxhu2>. The Centers for Disease Control and Prevention summarizes the evidence for SSPs as follows:

Nearly 30 years of research has shown that comprehensive SSPs are safe, effective, and cost-saving, do not increase illegal drug use or crime, and play an important role in reducing the transmission of viral hepatitis, HIV and other infections.

Ctrs. for Disease Control & Prevention, *Safety and Effectiveness of Syringe Services Programs*, <https://bit.ly/3zgdtxP> (last reviewed June 18, 2024).

1. SSPs Protect Against Bloodborne Disease Infection

Injection drug use is not, in and of itself, a risk factor for HIV, hepatitis C, or other bloodborne disease infection. Rather, the increased risk of such infection associated with injection drug use comes almost entirely from the sharing of injection equipment between a person with an active infection and an uninfected person. Corey S. Davis et al., *Paraphernalia laws, criminalizing possession and distribution of items used to consume illicit drugs, and injection-related harm*, 109 Am. J. Pub. Health 1564-1567 (2019). Because sharing needles and other injection equipment is an extremely efficient mode for the transmission of HIV, hepatitis C, and other bloodborne diseases, the distribution of sterile syringes through SSPs is a critical means of lowering injection-related disease incidence. Indeed, the conclusion that SSPs reduce HIV transmission among people who inject drugs is “supported by the overwhelming weight of the scientific evidence.” Don C. Des Jarlais et al., *Is your syringe services program cost-saving to society? A methodological case study*, 18 Harm Reduction J. 126 (2021).

For example, following the establishment of an SSP during an HIV outbreak in 2015, Scott County, Indiana saw a “rapid reduction” in syringe sharing and other injection-related HIV risk behaviors. Monita R. Patel et al., *Reduction of Injection-Related Risk Behaviors After Emergency Implementation of a Syringe Services Program During an HIV Outbreak*, 77 J. of Acquired Immune Deficiency Syndromes 373 (2018). Similarly, the implementation of the first legal SSP in Denver, Colorado in 2012 corresponded with a decrease in syringe sharing. Tanner Nassau et al., *The Impact of Syringe Services Program Policy on Risk Behaviors Among Persons*

Who Inject Drugs in 3 US Cities, 2005-2015, 135 Public Health Reports 138S (2020). A 2014 meta-analysis found that SSPs were associated with reductions in HIV transmission among people who inject drugs. Esther J. Aspinall et al., *Are needle and syringe programmes associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis*, 43 Int'l J. of Epidemiology 235 (2014). Likewise, a 2014 review found that SSPs reduce injection risk behavior and likely reduce HIV transmission. Georgina J. MacArthur et al., *Interventions to prevent HIV and Hepatitis C in people who inject drugs*, 25 Int'l J. of Drug Pol'y 34 (2014). An analysis of three studies involving 3,241 participants found that the combination of SSPs and medication-assisted treatment was associated with a 74% reduction in the risk of hepatitis C acquisition. Lucy Platt et al., *Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs – An overview of systematic reviews*, 9 Cochrane Database of Systematic Revs. 9 (2017). In 2017, an overview of systematic reviews found that “the overall results of the included systematic reviews are supportive of the effectiveness of [SSPs] in reducing HIV transmission and [injecting risk behaviors] among [people who inject drugs], as well as in reducing HCV infection...” Ricardo M. Fernandes et al., *Effectiveness of needle and syringe programmes in people who inject drugs – An overview of systematic reviews*, 17 BMC Pub. Health 309 (2017).

2. SSPs Connect Participants with Substance Use Disorder Treatment

In addition to minimizing the negative effects of drug use, SSPs also significantly increase the likelihood that participants' drug use will be reduced or stopped altogether. Because participants develop trusted relationships with SSP employees and volunteers, SSPs are often extremely effective at connecting them with evidence-based drug treatment. One study found

that people who used SSPs were five times more likely to start drug treatment than those who did not, and that former SSP participants were more likely to remain in treatment and report substantially reducing or ceasing drug injection. Holly Hagan et al., *Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors*, 19 J. Substance Use & Addiction Treatment 247-252 (2000). Another described SSPs as an “important bridge” to substance use treatment after finding that use of such programs was independently associated with entering detoxification. Steffanie A. Strathdee et al., *Needle-Exchange Attendance and Health Care Utilization Promote Entry into Detoxification*, 76 J. Urb. Health 448, 448 (1999). Similarly, an analysis of an SSP in New Haven, Connecticut concluded:

[The program] has also acted as a conduit to bring injectors and noninjectors alike into substance abuse treatment programs. Past criticism of SSPs included the contention that they encourage or condone illicit drug use. This report shows that SSPs can accomplish the opposite, decreasing the community-wide use of addictive and illicit drugs. *However, it must also be concluded that such gains are easily lost through the imposition of impediments to the implementation of a complete harm reduction program.*

Robert Heimer, *Can Syringe Exchange Serve as a Conduit to Substance Use Treatment?*, J. Substance Use & Addiction Treatment 183, 190 (1998) (emphasis added). A study in Baltimore, Maryland found that individuals who utilized a local SSP were more likely to enter treatment, although it may take some SSP participants a year or more to do so. Carl A. Latkin, *Needle Exchange Program Utilization and Entry into Drug User Treatment: Is*

There a Long-Term Connection in Baltimore, Maryland?, 41 Substance Use & Misuse 1991, 1997 (2009). A more recent scoping review also found that SSP participation is associated with entering substance use disorder treatment. Andrea Jakubowski, *Three decades of research in substance use disorder treatment for syringe services program participants: a scoping review of the literature*, 18 Addiction Science & Clinical Practice (2023). SSPs may help reduce drug use even among people who do not seek treatment. A study in Seattle found that SSP participants are more than twice as likely to reduce the frequency of their substance use and more than three times as likely to stop using substances entirely compared to individuals using drugs who did not access the SSP. Holly Hagan et al., *Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors*, 19 J. Substance Use & Addiction Treatment 247-252 (2000).

3. SSPs Decrease Syringe Litter

SSPs protect individuals and communities from syringe litter and needlestick injury by collecting and properly disposing of used syringes, including many not distributed by the SSP. A study completed in 2008 and 2009 compared syringe litter in a city with SSPs (San Francisco) to a city without such programs (Miami) and found eight times as many improperly disposed syringes in the city without. Hansel E. Tookes et al., *A Comparison of Syringe Disposal Practices Among Injection Drug Users in A City with Versus A City without Needle and Syringe Programs*, 123 Drug & Alcohol Dependence 255, 258 (2011). Among people using injection drugs in San Francisco, obtaining syringes from an SSP was “protective against improper disposal[.]” Lynn D. Wenger et al., *Syringe Disposal Among Injection Drug Users in San*

Francisco, 101 Am. J. Pub. Health 484, 484 (2011). Similar results were obtained in Los Angeles, where researchers found that “[h]aving received sterile syringes from [an SSP] was independently associated with lower odds of improper syringe disposal.” Brendan Quinn et al., *Syringe Disposal Among People Who Inject Drugs in Los Angeles: The Role of Sterile Syringe Source*, 25 Int. J. Drug Policy 905, 905 (2014). Moreover, following the implementation of Florida’s first SSP in 2016, researchers reported a “significant decrease in the number of improperly discarded syringes in public....” Harry Levine et al., *Syringe Disposal Among People Who Inject Drugs before and after the Implementation of a Syringe Service Program*, 202 Drug & Alcohol Dependence 13, 13 (2019). The reduction of syringe litter is an important public safety measure, particularly for law enforcement officers and other individuals who might otherwise be at risk of needle-stick injury. *See generally* John Lorentz et al., *Occupational Needlestick Injuries in a Metropolitan Police Force*, 18 Am. J. Preventative Med. 146 (2000). As many individuals both access new syringes from an SSP and return used syringes to that same SSP, a prohibition on distribution of new syringes is highly likely to result in a decrease in syringes returned to the SSP for proper disposal. Lack of new syringes does not cause individuals to stop injection drug use; rather, it causes them to re-use syringes or obtain syringes from other sources. Therefore, the ordinance, if it were to go into effect, would likely result in an increase in improperly discarded syringes in Pueblo and surrounding communities.

4. SSPs Prevent Overdose Deaths

Nearly all SSPs, including those in Pueblo, distribute the overdose reversal medication naloxone. In 2019, SSPs nationwide distributed over 700,000 doses of this life-saving medication. Barrot H. Lambdin, *Overdose Education and Naloxone Distribution within Syringe*

Service Programs — United States, 2019, 69 Morbidity & Mortality Wkly Rep. 1117, 1118 (2020). A study of naloxone distribution to participants in an SSP in New York found that 82% reported feeling comfortable to very comfortable using naloxone if indicated and that naloxone had been administered 82 times with at least 68 of those overdose victims surviving. Tinka Markham Piper et al., *Evaluation of a Naloxone Distribution and Administration Program in New York City*, 43 Substance Use & Misuse 858, 862 (2008). Another study found that of 399 overdose events, 83% were successfully reversed using naloxone by study participants who had received training and naloxone to administer at sites throughout San Francisco. Lauren Enteen et al., *Overdose Prevention & Naloxone Prescription for Opioid Users in San Francisco*, 87 J. Urb. Health 931, 936 (2010). A more recent study of people who inject drugs in Baltimore found that the use of an SSP was associated with regularly carrying naloxone and with having recently administered naloxone. Megan Buresh et al., *Fatal Overdose Prevention and Experience with Naloxone: A Cross-sectional Study from a Community-based Cohort of People who Inject Drugs in Baltimore, Maryland*, 15 PloS ONE, 7-8 (2020).

Syringe services programs also often provide fentanyl test strips (FTS), which permit people to test drugs they intend to use to determine if they are contaminated with this particularly deadly drug. Many SSPs now distribute these low-cost devices, which can lead to SSP participants making safer decisions regarding drug use. One study of an SSP in North Carolina found that PWID who reported a positive FTS test result had five times the odds of reporting changes in drug use behavior compared to those with a negative result. Nicholas C. Peiper et al., *Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States*, 63 Int. J. Drug Policy 122-128 (2019). An evaluation

of FTP distribution in SSPs in Baltimore and Delaware found high FTS utilization in both locations, with 70% and 77% of participants using at least one FTS. Ju Nyeong Park et al., *Evaluation of fentanyl test strip distribution in two Mid-Atlantic syringe services programs*, 94 Int. J. Drug Policy 103196 (2021). Colorado Health Network has provided over 1,575 training sessions to community members on how to use fentanyl test strips to prevent fatal overdose. Colorado Health Network, *Access Point Colorado*, <https://bit.ly/3z9Pqko> (last reviewed June 18, 2024).

5. SSPs Are Cost Effective and Do Not Increase Criminal Activity

SSPs are extremely cost-effective, with one study showing that for every dollar invested in SSPs, at least 6 dollars are saved in averted costs associated with HIV. Trang Quynh Nguyen, *Syringe Exchange in the United States: A National Level Economic Evaluation of Hypothetical Increases in Investment*, 18 AIDS & Behav. 2144, 2150 (2014). Another study assessing hepatitis C prevention found that SSPs had an incremental cost savings of \$363,821 for each case avoided per 100 people using opioid drugs—the highest out of the intervention strategies analyzed. Stephen C Ijioma et al., *Cost-Effectiveness of Syringe Service Programs, Medications for Opioid Use Disorder, and Combination Programs in Hepatitis C Harm Reduction among Opioid Injection Drug Users: A Public Payer Perspective Using a Decision Tree*, 27 J. Managed Care & Specialty Pharmacy 137, 141 (2021). Further, SSPs are not associated with increased criminality or increased drug use. For example, researchers found “[n]o significant differences in arrest trends” following the introduction of a needle exchange program in Baltimore. Melissa A. Marx et al., *Trends in Crime and the Introduction of a Needle Exchange Program*, J. Pub. Health 1933, 1933 (2000). Similarly, a study in New York found no consistent association between

living near an SSP and incidence of robbery or violence. Galea Sandro et al., *Needle Exchange Programs and Experience of Violence in an Inner City Neighborhood*, 28 J. of Acquired Immune Deficiency Syndromes 282, 286–87 (2001).

C. Syringe Service Programs Provide Desperately Needed Services in Pueblo

Approximately twenty SSPs currently operate in Colorado. Colorado Dep't of Public Health & Env't, *Reducing Infections from Injection Drug Use*, <https://bit.ly/3VQ74CI> (last reviewed June 14, 2024). In addition to distributing new syringes and safely collecting and disposing of used ones, these SSPs also provide a myriad of other evidence-based harm reduction services including naloxone distribution and overdose prevention training, screenings for bloodborne infections, behavioral health care, and linkage to treatment.

Between January and March of 2024, Colorado Health Network's Access Point Pueblo location connected 289 participants to a therapist, 39 of whom engaged in a higher level of care after their first meeting, and 24 of whom continued to return for counseling. Colorado Health Network, *Access Point Colorado*, <https://bit.ly/3z9Pqko> (last reviewed June 18, 2024). In 2023, the two SSPs serving Pueblo ordered nearly 10,000 doses of naloxone from the state's bulk purchase fund to distribute to the community. E-mail from Sophie Feffer, Drug User Health Coordinator, Colorado Dep't of Public Health & Env't, to Corey Davis, Network for Public Health L. (June 24, 2024, 17:01 MDT) (on file with attorney for Amici Curiae). This naloxone distribution saves lives. In 2022 alone, participants of Access Point's Pueblo location reported 515 overdose reversals. Colorado Health Network, *Access Point Colorado*, <https://bit.ly/3z9Pqko> (last reviewed June 18, 2024). In addition, 266 individuals received referrals to substance use treatment and healthcare providers between March 2023 and March 2024, and 145 clients

accessed healthcare through a clinic that partners with the program. Justin Reutter, *Are needle exchange programs harmful to the Pueblo community? Here's what the data shows*, Pueblo Chieftain (Apr. 22, 2024), <https://bit.ly/4ce3W9k>. The organization also provides HIV testing services, which increased 372% from 2020 to 2023, hepatitis C testing, which increased 294% from 2020 to 2023, and syphilis testing, which increased by 210% between 2021 and 2023. *Id.*

**D. Pueblo Ordinance No. 10698 Would Immediately and Negatively Impact
Access to Evidence-Based Public Health Services**

Pueblo Ordinance No. 10698 would criminalize the establishment, operation, or participation of any SSP within Pueblo's borders. The two existing SSPs in Pueblo, operated by Colorado Health Network, Inc. ("CHN") and Southern Colorado Harm Reduction Association ("SCHRA"), would thus face criminal penalties if they continue to operate their SSPs. In response to the passage of the ordinance and in fear of criminal charges, both SSPs ceased all syringe services, including the distribution of sterile syringes and the provision of pre-filled syringes of naloxone or sterile syringes with vials of naloxone. Plaintiff's Compl. at 10.

While non-syringe services are technically permitted under the ordinance, most participants visit SSPs primarily to receive new syringes and discard used ones. It is therefore nearly inevitable that use of the other services provided by the programs – services that save both lives and taxpayer funds – will be dramatically reduced should the ordinance which prohibits SSPs from providing new syringes go into effect. Indeed, when the ordinance was briefly implemented and the two programs ceased providing syringes, CHN saw an almost 50% reduction in participant visits and SCHRA saw a 40% decline. Plaintiff's Compl. at 10.

Participants who stop using SSPs will not only lose access to syringe services; they will

also lose access to naloxone, training on how to use fentanyl test strips and reverse overdose, connections to substance use disorder treatment, behavioral health care, and screenings for bloodborne infections. This would have disastrous health consequences for both individuals and the broader community.

III. Conclusion

Individuals and communities across Colorado continue to experience an epidemic of drug-related harm. Syringe services programs have been conclusively shown to reduce that harm. Pueblo Ordinance No. 10698 would ban SSPs in Pueblo, and, if implemented, would likely lead to immediate, irreparable, and preventable harm in the form of increased bloodborne disease infection, costs to the taxpayer, and overdose deaths.

For the foregoing reasons, Plaintiffs' motion for a preliminary injunction should be granted.

Respectfully submitted this 11th day of July, 2024.

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CERTIFICATE OF SERVICE

I certify that on July 11, 2024, I served a copy of this Brief of Amici Curiae to the following attorneys by electronic service through the Colorado Courts E-Filing System:

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