

City of Portland | Office of the Mayor and City Council



To: Committee on Health and Human Services

From: Kate Sykes, Councilor Dist. 5

Date: March 12, 2025

RE: Testimony in Opposition to LD 219

Senator Ingweren, Representative Meyer, and members of the Committee on Health and Human Services:

My name is Kate Sykes, and I represent District 5 on the Portland City Council. I also serve on the Council's Legislative & Nominating Committee, which recently voted to oppose LD 219.

I often hear concerns about improperly discarded syringes from constituents, but this bill, which would restrict syringe service programs to a one-for-one exchange model, does not offer a strategy for reducing syringe litter; it simply restricts access to clean supplies, and will likely lead to more syringe reuse and, consequently, greater public health risks.

The science is clear that needs-based syringe distribution reduces the transmission of HIV and hepatitis C, preventing life-threatening infections, and connecting individuals to treatment. The CDC, the World Health Organization, and decades of research confirm that restrictive syringe policies, such as the one proposed in LD 219, force people who use drugs to reuse or share syringes, driving up infection rates.

An outbreak of HIV or hepatitis C among people who inject drugs is not confined to that community; it is a public health crisis that affects us all. These infections spread to sexual partners, infants, and the general public. Maine already has the highest rate of acute Hepatitis C infection in the country. Any further increase in hospitalizations due to preventable infections would place an enormous financial burden on Maine's already strained healthcare system and on taxpayers. The cost of treating *a single case* of HIV or endocarditis, conditions that are preventable with harm reduction services, far exceeds the cost of properly funding syringe distribution programs. Broad coverage is the number one predictor of an effective harm reduction program, and any reduction in the number of safe needles distributed risks undermining the success of programs.

As a City Councilor, my responsibility is to all Portlanders. That includes individuals who are struggling with addiction, as well as the broader community that benefits when we implement policies grounded in evidence and compassion.

Portland has recently rolled out proactive initiatives to improve syringe disposal, including: expanded access to sharps disposal kiosks across the city; public education about safe disposal

practices; community clean-up efforts in collaboration with harm reduction organizations, and a needle buy-back pilot program that incentivizes proper disposal.

In the first six weeks of the pilot program, Portland has made clear progress in reducing improperly discarded syringes. Syringe returns to the City's Needle Exchange increased by more than 50%, while improperly disposed needles collected by staff dropped by 76%. These results prove that expanding access to safe disposal is the effective way forward. Passage of LD219 would undermine our efforts.

I urge the committee to vote "ought not to pass" and instead support initiatives that focus on safe disposal, harm reduction, and access to healthcare. Maine must continue to lead with evidence-based solutions, not retreat into policies that have failed elsewhere.

Thank you for your time and consideration.