

March 14, 2025

Testimony of Kerri Barton *against* LD 219: An Act to Limit Hypodermic Apparatus Exchange Programs to a One-for-One Exchange

Thank you to the distinguished members of the Health and Human Services Committee for the opportunity to submit testimony on this proposed amended bill.

I am a public health professional with 14 years of experience in infectious disease prevention, epidemiology, and harm reduction. I was a Maine resident from 2017-2024 and served as the Program Coordinator for the Portland Needle Exchange at Portland Public Health from 2021-2024. During that time, the program saw tremendous growth in clients accessing services, due in part to the incredibly hard working team of harm reductionists there who foster a safe and judgement-free space for people who use drugs to access the services they needed to stay safe, and also because of changes in policy that led to increased client engagement, including increased syringe distribution to meet the needs of clients and a syringe redemption program.

As a certified syringe service program (SSP) under the Maine CDC, the Portland Needle Exchange operates under the state rules, including the one-for-one exchange rule that was in effect from 2021-2022 when the Governor's Executive Order expired. During that time, I experienced significant moral injury almost every day at work. Most of the time, our clients did not have any used syringes to turn in due to reported difficulties in holding on to used syringes such as stigma, punitive shelter policies, or fear of arrest, and so we could not give them any new syringes. This resulted in anger, frustration, and disengagement from our clients, who were trying to keep themselves safe from infections and overdose. Just about every day, I heard of individuals who were breaking open sharps containers in order to access a syringe for use. This is inevitably dangerous, putting them at risk of bloodborne pathogens such as HIV and hepatitis C, and bacterial infections which can result in expensive hospitalizations and treatment. Harm Reductionists are trained experts in their field, and it is far from best practice to put the clients we serve directly in harm's way by withholding the supplies and services they need to stay safe. When our clients' needs are not met by our programs, we inevitably lose connection and engagement with them. They will stop coming in for services, including recovery and substance use treatment referrals, HIV testing, and acquisition of naloxone and fentanyl test strips to prevent overdose.

I am now a resident and Harm Reductionist practicing in Rhode Island, where there are little to no restrictions on SSP services across the state. Harm Reduction supplies, including syringes and sharps containers, are available with minimal restrictions, in some areas 24 hours a day, 7 days a week. In my time here in RI so far, I have seen significantly less syringes on the ground when compared to my time living and working in Maine. The challenges that the two states face are similar- in 2024, there were 490 suspected and confirmed fatal overdoses and 2,695 individuals experiencing homelessness in Maine, compared to 308 fatal overdoses and 2,442 individuals experiencing homelessness in Rhode Island. The difference is that Harm Reduction

programs in RI are evidence- based, and encouraged to expand and grow based on the changing needs of the clients they serve. The state recently opened an overdose prevention center in Providence, where individuals can use their previously acquired substances while being safely supervised by trained Harm Reductionists. The program has wraparound services on site, including a day space for those who are unhoused, basic needs, food, substance use treatment, and HIV/ hepatitis C testing. All drug paraphernalia that clients use in the program are safely disposed of in the building before they leave. The state of Maine might consider such a solution for the benefit of their residents, which may result in a reduction in public drug use, syringes left on the ground, and overdose fatalities.

If LD 219 were to pass, all harm reduction programs across the state of Maine would take several steps backward in the battle against the overdose crisis. People who use drugs would be forced to share and reuse syringes, and would not bother traveling into a program that will not meet their needs. There will be less distribution of naloxone and less referrals to recovery and treatment programs. Harm Reductionists would face moral injury and burnout. It would also inevitably lead to an increase in HIV infections across the state (on top of the current outbreak in Penobscot County with 21 cases at the time of this writing), with the potential to spread to other states in New England given the dense nature of our region. Now is the time to think innovatively in the approach to the overdose crisis, listen to the needs of those most impacted, and respond with evidence- based solutions that have already been proposed and implemented elsewhere, such as the implementation of overdose prevention centers, rather than restricting what few services currently exist.

I thank you for your time and would be happy to provide any additional information.

Sincerely,

Kerri Barton, MPH

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Providence, RI
LD 219

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